

Derby and Derbyshire Pharmaceutical Needs Assessment 2022-2025





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This Pharmaceutical Needs Assessment has been produced for both Derby City Council and Derbyshire County Council Health & Wellbeing Boards.



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COVID-19 pandemic

The PNA Steering Group wishes to acknowledge the efforts of all those continuing to provide pharmacy services throughout the pandemic and in its aftermath.



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EXECUTIVE SUMMARY

The Health and Social Care Act 2012 transferred responsibility for producing a Pharmaceutical Needs Assessment (PNA) from Primary Care Trusts to Health and Wellbeing Boards (HWB). The PNA is a statement of current pharmaceutical services provided in the local area. It assesses whether or not provision is satisfactory to meet the health, wellbeing and care needs of the local population, and makes recommendations where gaps are identified. PNAs must be used as the basis for determining market entry to a pharmaceutical list. Figure 1 highlights the numbers of community pharmacies in the Derby and Derbyshire area.

COVID-19 pandemic

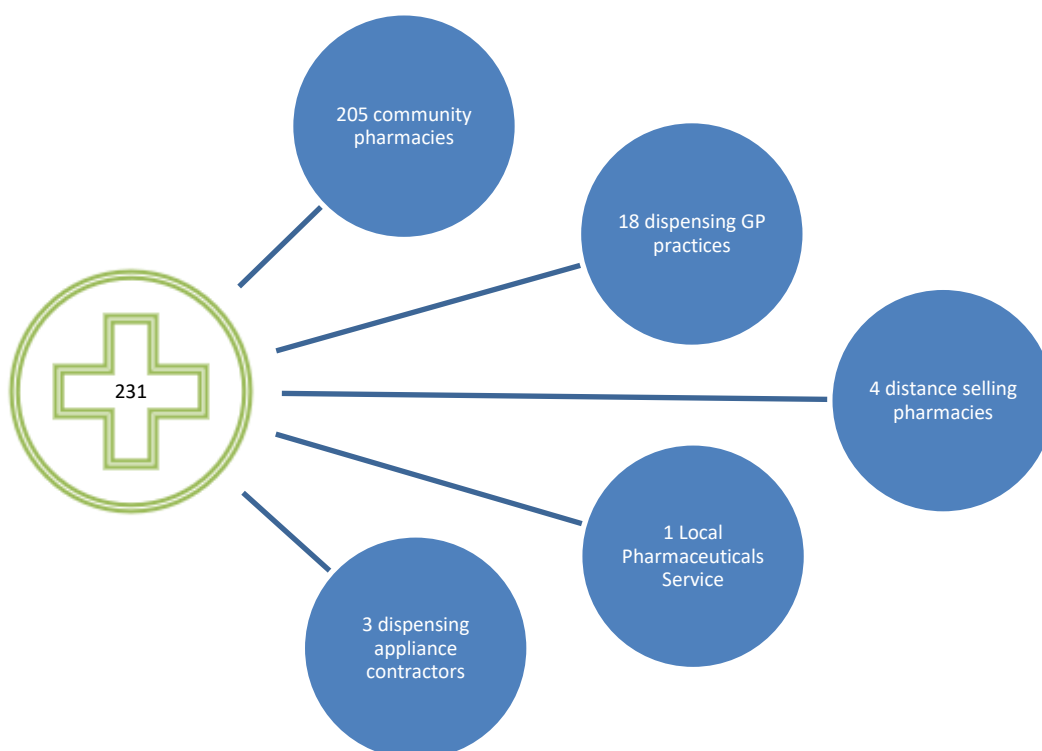
The COVID-19 pandemic has shown just how valuable the network of community pharmacies is. Pharmacy doors remained open for the duration of the pandemic when other areas of the NHS became harder to access. Pharmacies also contributed significantly to the vaccination efforts, delivering around 22 million COVID vaccinations so far. As well as this, pharmacies distributed a total of almost 15 million lateral flow devices in just 6 months, with 97% of pharmacies taking part in the service. Pharmacies were also commissioned to provide a prescription delivery service during the pandemic to ensure vulnerable or self-isolating patients could continue to receive the medicines they rely on.

As well as offering these COVID-specific services, pharmacies continued to offer other essential services to their communities including:-

- Dispensing over 1 billion prescriptions per year on behalf of the NHS
- Providing hundreds of thousands of NHS clinical services every year
- Administering record numbers of flu vaccinations, almost 5 million this autumn
- Relieving pressure on General Practice and hospitals by advising patients with minor ailments, through the NHS Community Pharmacist Consultation Service, as well as offering advice to walk-in patients

Key findings

Figure 1 Summary of community pharmacy numbers in Derby and Derbyshire





- There were an estimated 21 pharmacies to every 100,000 population in England.
- The 205 community pharmacies across Derby and Derbyshire represented a rate of 19 per 100,000.
- In Derby City there were 54 pharmacies, at 21 per 100,000, whilst in Derbyshire there are 151, at 19 per 100,000.
- At a District level, the rate varied from 23 (High Peak) to 13 pharmacies per 100,000 (South Derbyshire)
- Derbyshire Dales District had the greatest concentration of dispensing GP Practices (9, 50%)
- Of the distance selling pharmacies, two were in Derby, one in Erewash and one in North East Derbyshire
- Of the dispensing appliance contractors, two were based in Derby, one in Chesterfield
- There was one Local Pharmaceutical Service based in Chesterfield.

The Community Pharmacy Contractual Framework categorises pharmaceutical services as Essential, Advanced and Enhanced:-

- Essential services are those which all pharmacy contractors will provide and are commissioned by NHS England. These are currently:-
 - Dispensing Appliances
 - Dispensing Medicines
 - Disposal of unwanted medicines
 - Public Health (promotion of healthy lifestyles)
 - Repeat Dispensing/electronic Repeat Dispensing
 - Signposting
 - Support for Self Care
 - Discharge Medicines Service (from February 2021)
- Advanced services, also commissioned by NHS England, can be provided by contractors once accreditation requirements have been met. These are currently:-
 - New Medicines Service (NMS)
 - Appliance Use Reviews (AUR)
 - Population level flu vaccination
 - Community Pharmacist Consultation Service (CPCS)
 - Hypertension Case Finding (Blood Pressure Check) Service
 - Hepatitis C Testing
 - Smoking Cessation Service
 - Stoma Appliance Customisation
 - Between March 2021 and March 2022 pharmacies also provide LFD testing distribution and the Pandemic Delivery Service
- Locally commissioned, or enhanced services, are those that can be commissioned by NHS England, Local Authorities or Clinical Commissioning Groups, in response to the needs of the local population (The Secretary of State for Health, 2005). Pharmacy contractors can choose whether they wish to provide advanced or enhanced services. As of April 2022, these were in Derby City & Derbyshire:-
 - Emergency Supply of medicines Service (ESS)
 - Palliative Care Drug Stockist Scheme.
 - Needle Exchange.
 - Supervised Consumption
 - Emergency Hormonal Contraception (EHC)
 - Extended Care Services:-
 - Tier 1 services including the UTI and acute bacterial conjunctivitis (ABC) services.
 - Tier 2a skin services (pharmacy must deliver Tier 1 services)
 - Tier 3 Ear, Nose & Throat services – suspended during the Covid pandemic but re-introduction of a limited ear service expected soon.
 - Covid vaccination services are also provided under a LES from NHSE&I



Key pharmacy provision headlines:-

- 99% offered the New Medicines Service (NMS)
- 2 offered Appliance Use Reviews (AUR)
- 88% were registered to provide population level flu vaccination
- 89% offered the Community Pharmacist Consultation Service (CPCS)
- 77% provided the Hypertension Case Finding (Blood Pressure Check) Service¹
- 16% signed up for Smoking Cessation¹
- 8% offered Stoma Appliance Customisation
- 32% offered Needle Exchange.
- 70% offered Supervised Consumption
- 48% provided Emergency Hormonal Contraception (EHC)
- 47% offered Extended Care Services at Tier 1, 47% offering Tier 2 and 37% were signed up for Tier 3 (currently suspended)¹
- 14% offered Covid vaccination services

Access to and availability of community pharmacy has been examined at different levels as part of this PNA. Twenty of the 205 pharmacies within the area (rate of two per 100,000 population) have 100-hour contracts. To ensure pharmacy provision on bank holidays/ substitute bank holidays, NHS England commissions a voluntary Out of Hours service in Derbyshire. Derby and Derbyshire have good public transport networks and most households, particularly in the more remote areas of the county, have access to a car. In rush hour/peak traffic conditions a pharmacy should still be accessible within a 5-minute drive for more than 90% of people. For the remaining 10%, most will be within a 10-minute drive with only a small volume of population having to travel for longer. In recent years community pharmacy has had to adapt to new technologies and digital services, both as adopted by the NHS and used by the general public. For the public, the need to be able to access provision remotely (through internet, postal and telephone channels), has grown gradually. Guidance published since the 2015-2018 PNA by the General Pharmaceutical Council in 2015² recognises two types of pharmacy: the 'traditional' service, where all aspects, including the sale and supply of medicines and advice, takes place in the registered premises; and 'at a distance', or Distance Selling Pharmacies, including on the internet.

It is an important part of the PNA process to consider future housing provision. Local authorities establish their housing needs and targets through their local plans. The city's housing needs were identified as over 16,000 new homes between 2011 and 2028, and a minimum target of 11,000 new homes are planned to be provided over this period in Derby itself. The remaining 5,000 of these will be built in Amber Valley and South Derbyshire as urban extensions to the city to ensure that Derby's needs are met in sustainable locations. There are expected to be in excess of 7,000 new homes built overall, on the edge of Derby but outside its administrative area, by 2028.

Across the Derbyshire County area, in excess of 50,000 new homes are planned over periods to the year 2033. Provision for health facilities, including pharmacy, will be determined through discussions with the relevant commissioning organisations. The annual delivery of new homes is expected to rise to over 1,000 a year in the coming years.

Key housing plan targets:

- Amber Valley: 9,000 by 2028 (contributing to 7,000 urban extension on edge of Derby)
- Bolsover: 3,600 by 2033
- Chesterfield: 4,269 by 2033, with the potential to increase to 8,863 new homes
- Derbyshire Dales: 6,440 by 2033
- Erewash: 6,250 by 2028
- High Peak: 1,681 by 2022
- North East Derbyshire: 6,600 by 2031
- South Derbyshire: 12,000 by 2028 (contributing to 7,000 urban extension on edge of Derby)

¹ Excluding Glossopdale pharmacies

² General Pharmaceutical Council, 2015



Health, wellbeing and care needs are varied and wide ranging across both HWB areas. Derby is a particularly young ethnically and culturally diverse city. One in five residents is aged under 18. A recent population profiling exercise identified 182 nationalities resident across the 30 square mile area. Derby has a large Roma/Gypsy Traveller community. It also has significant Eastern European and South Asian communities. Generally, the health of the population of Derby is worse than the England average. Although it is no longer one of the most deprived local authorities in England about 21% of children live in poverty. Life expectancy for both men and women is lower than the national average, and significant inequalities exist. For men, life expectancy is currently 11.1 years lower in the most deprived areas of the city than in the least deprived. For women the difference is 19.2 years. The rate of smoking related deaths is worse than average for England in Derby, as are hospital admissions for alcohol-related conditions and self-harm. The risk of early death (before 75 years of age) from cardiovascular diseases is greater in Derby than the England average. Prevalence of certain long-term conditions, such as diabetes, are higher than average.

Top 3 causes of death (excluding COVID-19) where life expectancy could be gained³:

- Derby males:
 - 1 Coronary Heart Disease
 - 2 Other external causes (accidents, self-harm, assault)
 - 3 Dementia & Alzheimer's disease
- Derby females:
 - 1 Chronic lower respiratory diseases
 - 2 Dementia & Alzheimer's disease
 - 3 Lung cancer
- Derbyshire males:
 - 1 Coronary Heart Disease
 - 2 Other external causes (accidents, self-harm, assault)
 - 3 Chronic lower respiratory diseases
- Derbyshire females:
 - 1 Other cancers (excluding Lung cancer)
 - 2 Chronic lower respiratory diseases
 - 3 Other external causes (accidents, self-harm, assault)

Derbyshire is a diverse mix of expansive rural extents and village locations, as well as more bustling market towns, such as Chesterfield, and urban conurbations in close proximity to major transport links and other cities. The health of the population of Derbyshire is varied between areas as compared with the England average. Overall approximately 16.3% of children live in low-income families and life expectancy for both men and women is worse than for England, and the gap in life expectancy is 13.7 years for men and 13.5 years for women between the most and least deprived areas. The rates of admission for self-harm and alcohol-related conditions are significantly higher than the England average. The prevalence of both obesity and smoking in pregnancy is also higher than average.

Pharmacy teams play a pivotal role as a community and health asset within local areas. In Public Health England's paper, Pharmacy: A way forward for Public Health in 2017 (Public Health England, Opportunities for action through pharmacy for public health, 2017), a range of interventions are suggested for pharmacies to act and be a part of supporting the health of individuals, families and communities in the localities they service. High quality public health and clinical interventions drive delivery that is focused on prevention, health improvement and protection of local communities. The recent Community Pharmacy Clinical Services Review⁴ made several

³ Life expectancy years gained if most deprived quintile in the area had the same mortality rates as the least deprived quintile in the area (Public Health England, Segment Tool, 2022)

⁴ Murray (2016)



recommendations to renew efforts to make the most of the existing clinical services that community pharmacies can provide.

Statement of pharmaceutical need: Derby City

Based on the information collated, the PNA found that the pharmaceutical need in the Derby City Health & Wellbeing Board area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.

Statement of pharmaceutical need: Derbyshire County

Based on the information collated, the PNA found that the pharmaceutical need in the Derbyshire County Health & Wellbeing Board area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.



1 INTRODUCTION

1.1 Background and purpose

The Health Act 2009 instructed National Health Service (NHS) Primary Care Trusts (PCTs) to publish an assessment of needs for pharmaceutical services in its area. This assessment formed the basis for determining market entry onto a 'Pharmaceutical List', i.e. reviewing pharmacy applications to ensure adequate pharmaceutical provision to meet needs within their area.

The Health and Social Care Act 2012 established Health and Wellbeing Boards (HWB) with defined statutory duties in every upper tier Local Authority area in England. These Boards comprise elected members and system leaders, representing local health and social care organisations and other key partners. Underpinned by the Health and Wellbeing Strategy, the Board works in partnership to improve the health and wellbeing of their local population and reduce health inequalities and promote integration. With the abolition of PCTs, the Health and Social Care Act 2012 transferred the production of Pharmaceutical Needs Assessments (PNAs) to Health and Wellbeing Boards (HWBs) from 1st April 2013. At the same time the responsibility for using these PNAs as the basis to determine market entry transferred to NHS England under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

The PNA is a statement of current pharmaceutical services provided in the local area. It assesses whether or not provision is satisfactory for the local population given the health and care needs experienced which could be impacted on by appropriate pharmaceutical services. As part of this process, a consultation on the PNA is also undertaken to hear views directly from stakeholders. The preparation and consultation on the PNA should take account of the statutory Joint Strategic Needs Assessment and other relevant strategies, such as the children and young people's plan, the local housing plan and the crime and disorder strategy in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

If a pharmacist or dispensing appliance contractor wants to provide pharmaceutical services, they are required to apply to the NHS to be included on the pharmaceutical list. The PNA informs the market entry process and provides NHS England with the information it will need to consider applications to amend or, where appropriate, to allow entry to the list of pharmaceutical service providers within the HWB area. This includes:-

- Determining market entry of new NHS pharmaceutical service providers
- Determining relocation or change of business premises of existing pharmaceutical service providers
- Determining changes of pharmaceutical services provided by any current individual pharmaceutical services provider.

1.1.1 Legislative and Policy Background

The PNA is fundamentally a commissioning tool, used primarily by NHS England to identify the pharmaceutical needs of the local population and to support the decision-making process for pharmacy applications. It is also be used to inform the planning of other services that can be delivered by community pharmacies to meet the health needs of the local population. This PNA replaces the previous joint Derby and Derbyshire PNA 2018-2021⁵. It represents the third publication of this assessment since 2010 when it was produced in a Primary Care Trust (PCT) setting. The Health and Social Care Act 2012 transferred duties and functions of PCTs, to NHS England and local Clinical Commissioning Groups (CCGs) from 1st April 2013.

The NHS Regulations 2013 set out the legislative basis for developing and updating PNAs. Under these regulations, each HWB must:-

- Assess the need for pharmaceutical services in its area
- Publish a statement of its assessment and of any revised assessment, relating to:
 - 1 All the pharmaceutical services that may be provided under arrangements made by NHS England

⁵ Muirhead (2018).



- 2 the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list
- 3 the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services) or
- 4 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)

A guidance document⁶ setting out the requirements of the regulations, remains largely unchanged in terms of information to be included in the PNA.

Stipulations of Department of Health Regulations for PNA, under the Health and Social Care Act 2012

The regulations must make provision:-

- as to information which must be contained in a statement
- as to the extent to which an assessment must take account of likely future needs
- specifying the date by which a Health and Wellbeing Board must publish the statement of its first assessment
- as to the circumstances in which a Health and Wellbeing Board must make a new assessment

The regulations may in particular make provision:-

- as to the pharmaceutical services to which an assessment must relate
- requiring a Health and Wellbeing Board to consult specified persons about specified matters when making an assessment
- as to the manner in which an assessment is to be made
- as to matters to which a Health and Wellbeing Board must have regard when making an assessment

In accordance with the regulations, HWBs, as a minimum, must publish a statement of revised assessment within three years of the publication of the previous document. In addition, HWBs will make a new assessment of pharmaceutical need as soon as is reasonably practicable, should it identify any significant changes to the availability of pharmaceutical services that have occurred since the publication of this 2022 PNA. This will be undertaken only where, in the Boards' view, the changes are so substantial that the publication of a new assessment is a proportionate response.

On 5 December 2016, amendments to the NHS Regulations 2013⁷ came into force to implement changes to the 2016/17 Community Pharmacy Contractual Framework (CPCF):-

Pharmacy consolidations (mergers)

- NHS pharmacy businesses may apply to consolidate the pharmaceutical services provided on two or more sites onto a single site (i.e. to merge multiple businesses into one). Such consolidations could require a change in the ownership of one of the businesses in question and a process will be in place to facilitate such consolidations.
- Applications to consolidate will be dealt with as "excepted applications" under the 2013 Regulations, which means in general terms they will not be assessed against the pharmaceutical needs assessment (PNA) produced by the Health and Wellbeing Board (HWB). Instead, they will follow a simpler procedure, the key to which is whether a gap in pharmaceutical service provision would be created by the consolidation.

Community pharmacy core funding was reduced by 8% from £2.8bn in 2015/16 to £2.6bn in 2017/18 and has remained at that level since. In practice this means real terms funding is reducing year on year, as inflationary pressures are not taken into account. This has led to the closure of some pharmacies and reductions in opening hours of others.

⁶ Department of Health (2013)

⁷ Pharmaceutical and Local Pharmaceutical Services (SI 2013/349)



In 2016, as part of the two-year final funding package imposed upon community pharmacies in England, the Department of Health and Social Care (DHSC) confirmed the introduction of a Pharmacy Access Scheme (PhAS), with the stated aim of ensuring that a baseline level of patient access to NHS community pharmacy services is protected. DHSC states that the PhAS will protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services. A revised scheme starting in January 2022 seeks to continue to support patient access to isolated, eligible pharmacies. It is funded to no more than £20 million from the Community Pharmacy Contractual Framework (CPCF). Eligibility for PhAS continues to be based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy, although there are changes to the detailed eligibility criteria. PhAS Payments have changed from the 2016 scheme and are now based on a bell curve distribution, with larger and smaller volume eligible dispensing pharmacies receiving lower PhAS payments.

1.1.2 Murray Review

The Murray Review of Community Pharmacy Services (Murray, Community Pharmacy Clinical Services Review, 2016)⁸ supported the view that Sustainability and Transformation Plans (STPs) could hold great opportunity for community pharmacy. Specifically, they could be the vehicle to providing a coherent strategy toward the commissioning of pharmacy services that in the current landscape, are split across multiple commissioners. Furthermore, that they offer the chance to develop coherent, system-wide services and pathways to deliver better care⁹. As part of the process towards a much more integrated community pharmacy, Public Health England, working alongside the Pharmacy and Public Health Forum have begun to publish a suite of quality-assured case studies intended to mobilise pharmacy in respect of public health delivery and ultimately, contributing to STP's in relation to prevention¹⁰. One such example is the development of healthy living pharmacies, the benefits of which are shown in Figure 2 below.

Figure 2 The impact of Healthy Living Pharmacies (Public Health England, Healthy living pharmacy: intro infographics for presentations, 2016)



1.1.3 Sustainability & Transformation Plans

In 2016 the NHS published its Shared Planning Guidance (NHS England, NHS Operational Planning and Contracting Guidance 2017-2019, 2016). This included a requirement for local areas to produce a Sustainability and Transformation Plan (STP) to cover the period October 2016 to March 2021. The purpose of the STP (now termed

⁸ Murray (2016)

⁹ Pharmaceutical Services Negotiating Committee (2016)

¹⁰ Public Health England, Pharmacy and Public Health Forum (2017),



Sustainability and Transformation Partnership) was to show how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View (NHS England, NHS Five Year Forward View, 2014) vision for better health, better patient care and improved NHS efficiency. The STP sought to address three ‘gaps’ in health and wellbeing, care and quality, and finance and efficiency. Within the guidance, specific ambitions for pharmaceutical services were presented. These included the provision of clinical pharmacists in GP practices and care homes and integrating the role of pharmacists into pathways of care. For example, there was an expectation that CCGs would consider the value provided by a community pharmacy minor ailments service, and the contribution to better medicines use by patients with long term conditions.

1.1.4 Integrated Care System

In January 2019, the NHS Long Term Plan set out the aim that every part of England will be covered by an Integrated Care System (ICS), by April 2021, replacing STPs, but building on their good work to date. ICSs are population-based models of care that integrate primary, secondary, community and other health and care services and are a way of creating shared local responsibility for:-

- Managing NHS resources more efficiently/effectively to improve quality of care and access to care, improve health outcomes, and reduce inequalities in quality, access and outcomes. This means being able to focus both on delivering financial and performance standards, and addressing the population health challenges within each system
- Building wider partnerships with local government and other community partners to help address wider determinants of health and wellbeing and provide better, more independent lives for people with complex needs, and
- Creating the capacity to implement system-wide changes
- Most STPs have now evolved into ICSs, in which 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

The belief is that local services can provide better and more joined-up care for patients when different organisations work together in this way. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. And systems can better understand data about local people’s health, allowing them to provide care that is tailored to individual needs.

By working alongside councils and drawing on the expertise of others such as local charities and community groups, the NHS can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.

Specifically, in the context of implementation of the NHS Long Term Plan (LTP), ICSs should take forward the five major practical changes to the NHS service model described in Chapter 1, namely:

- Boost ‘out-of-hospital’ care, and finally dissolve the historic divide between primary and community services
- The NHS will re-design and reduce pressure on emergency hospital services
- People will get more control over their own health, and more personalised care when they need it
- Digitally enabled primary and outpatient care will go mainstream across the NHS, and
- Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new ICSs
- In return, ICS leaders gain greater freedoms to manage the operational and financial performance of services in their area. They will draw on the experience of the Vanguard sites, which led the development of new care models across the country



1.1.5 Primary Care Networks

The NHS LTP described the development of Primary Care Networks (PCNs), which were subsequently established in 2019 as an objective of the Network Contract Directed Enhanced Service (DES) for general practices. A PCN consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations. They are the 'building block' of local healthcare systems and generally cover local populations of 30-50,000. PCNs are in their third year of existence and the continued ambitions for PCNs over the next three years include systematically delivering new services to implement the LTP and achieving clear, positive and quantified impacts for people, patients and the wider NHS. There are approximately 1,250 PCNs across England. The intention of PCNs is to be wider than general practice, incorporating a range of community providers, including community pharmacy. The Network Contract DES, from April 2020, required general practices, as part of their PCN, to collaborate with non-GP providers, such as community pharmacy. NHS England and NHS Improvement (NHSE&I) expect to see this collaboration reflected in the Network Agreement, which is agreed by all PCN member general practices, with community pharmacy being a key partner in PCNs. PCNs will be critically important to the development of primary care services over the next few years, and it is therefore essential that community pharmacy is fully engaged in PCNs.

1.1.6 Pharmacy Integration Fund

The Pharmacy Integration Fund (PhIF) was established in 2016 to accelerate the integration of:

- Pharmacy professionals across health and care systems to deliver medicines optimisation for patients as part of an integrated system
- Clinical pharmacy services into primary care networks building on the NHS Five Year Forward View and NHS Long Term Plan (LTP)

The NHS LTP (Jan 2019) is the driver for determining the PhIF priorities. The ambition to move to a new service model sets out five practical changes to be achieved by 2024:

- Boosting 'out of hospital care' to dissolve the historic divide between primary and community health services
- Redesign and reduce pressure on emergency hospital services
- Deliver more personalised care when it is needed to enable people to get more control over their own health
- Digitally enable primary and outpatient care to go mainstream across the NHS
- Local NHS organisations to focus on population health and local partnerships with local authority funded services and through new ICSs everywhere

The Community Pharmacy Contractual Framework (CPCF) agreement 2019-2024 sets ambition for developing new clinical services for community pharmacy. The PhIF pilots and evaluates these services

Nationally, the GP Long Term Plan sets out ambitions to explore a 'pharmacy connection scheme' to reduce in-hours and out-of-hours workload for GPs by redirecting minor ailments to pharmacists, rather than to GPs. This is the Community Pharmacist Consultation Service (CPCS) which is now live within community pharmacies.

Services that have been commissioned include:

- NHS Community Pharmacist Consultation Service (CPCS) – commissioned as an Advanced Service since November 2019 from NHS 111 providers and since November 2020 from General Practices
- NHS Community Pharmacy Blood Pressure Checks Service – commissioned as an Advanced Service since October 2021
- NHS Discharge Medicines Service (DMS) – commissioned as an Essential Service since February 2021. NHS Trusts are able to refer patients who would benefit from extra support with their medicines after they are discharged from hospital to their community pharmacy. This is a national priority and opportunity.¹¹ This will improve patient safety at transitions of care and reduce readmissions to hospital

¹¹ National Institute for Health and Care Excellence. (2017)



- Expansion of New Medicines Service – expansion of the Advanced Service from 4 medicines groups to 12 medicines groups since September 2021, including medicines for depression
- Smoking Cessation from secondary care – commissioned as an Advanced Service from March 2022: Inpatients who start a stop smoking attempt in hospital will be able to be referred to a community pharmacy to continue their stop smoking journey once they are discharged

Current PhIF pilot work includes:

- Routine monitoring and supply of contraception in community pharmacy (pilot)
- Pilot for additional routes into CPCS with referral pathways from Emergency Departments and Urgent Treatment Centres
- Pilot for an additional route into the Smoking Cessation Service from maternity units to include pregnant women and other members of their households
- Pilot for a further expansion of NMS to include antidepressants
- Exploring national scheme for pharmacists and technicians to gain access to information, working with SPS Medicines Information Services
- Workforce development

1.2 COVID-19 Pandemic

The COVID-19 pandemic has shown just how valuable the network of community pharmacies is. Pharmacy doors remained open for the duration of the pandemic when other areas of the NHS became harder to access. Pharmacies also contributed significantly to the vaccination efforts, delivering around 22 million COVID vaccinations so far. As well as this, pharmacies distributed a total of almost 15 million lateral flow devices in just 6 months, with 97% of pharmacies taking part in the service. Pharmacies were also commissioned to provide a prescription delivery service during the pandemic to ensure vulnerable or self-isolating patients could continue to receive the medicines they rely on.

As well as offering these COVID-specific services, pharmacies continued to offer other essential services to their communities including:-

- Dispensing over 1 billion prescriptions per year on behalf of the NHS
- Providing hundreds of thousands of NHS clinical services every year
- Administering record numbers of flu vaccinations, almost 5 million this autumn
- Relieving pressure on General Practice and hospitals by advising patients with minor ailments, through the NHS Community Pharmacist Consultation Service, as well as offering advice to walk-in patients

1.3 Process for producing the PNA

The PNA has been undertaken in line with the requirements of the NHS Regulations 2013 under the oversight of the Derby and Derbyshire PNA Steering Group. Organisational membership of the group is as follows:

- Derby City Council (Public Health)
- Derbyshire County Council (Public Health)
- Representation from the Derby City & Derbyshire CCG
- The Local Pharmaceutical Committee
- NHS England – Midlands Team

This Pharmaceutical Needs Assessment was originally due to be completed by April 2021, but owing to the ongoing COVID-19 pressures across all sectors, the Department of Health and Social Care (DHSC) suspended the requirement to publish renewed PNAs until October 2022.

The group had its first meeting in December 2021. At that time it was agreed that a full draft PNA should be developed and prepared for June 2022 when it would be consulted upon for 60 days.

The group has met regularly throughout the PNA process.



1.3.1 *In scope*

This Pharmaceutical Needs Assessment has been produced for both Derby City Council and Derbyshire County Council Health and Wellbeing Boards. It is therefore concerned with the needs of the resident population of Derby and Derbyshire. However, given the commissioning responsibilities of the NHS Clinical Commissioning Groups and going forward the Integrated Care Service (Joined up Care Derbyshire, JUCD), the needs of the registered populations of Derby City & Derbyshire CCG are also discussed. In these cases, the population will be resident not only in Derby and Derbyshire but also neighbouring Local Authority areas, travelling into Derbyshire for GP practice care. Overall responsibility for the health needs of these populations will rest with neighbouring Health and Wellbeing Boards.

It has been an important part of the PNA process to consult with these areas and ensure that population health needs are entirely accounted for, and that pharmaceutical services provision is considered in its widest geographical sense. This has been particularly relevant in the case of the High Peak District area of Derbyshire. NHS services, including community pharmacy, for the Glossopdale area of the High Peak, have been commissioned locally by NHS Tameside and Glossop CCG and nationally by NHS England – North Team. From July 2022 onwards these will be the responsibility of JUCD.

In accordance with the NHS Regulations 2013, the PNA steering group considered how to assess the differing needs of the localities in the area. It concluded that the best approach was to divide Derbyshire into its constituent eight District and Borough Councils, with Derby City as a separate entity, as was the approach with the previous PNA 2015. A summary narrative of geographic and demographic information for each area has been produced, as well as a more detailed review of wider population health, care and social needs across the JUCD area as a whole. Where available, these needs have been explored at a more granular level, including by Electoral Ward for Derby given the density of the population.

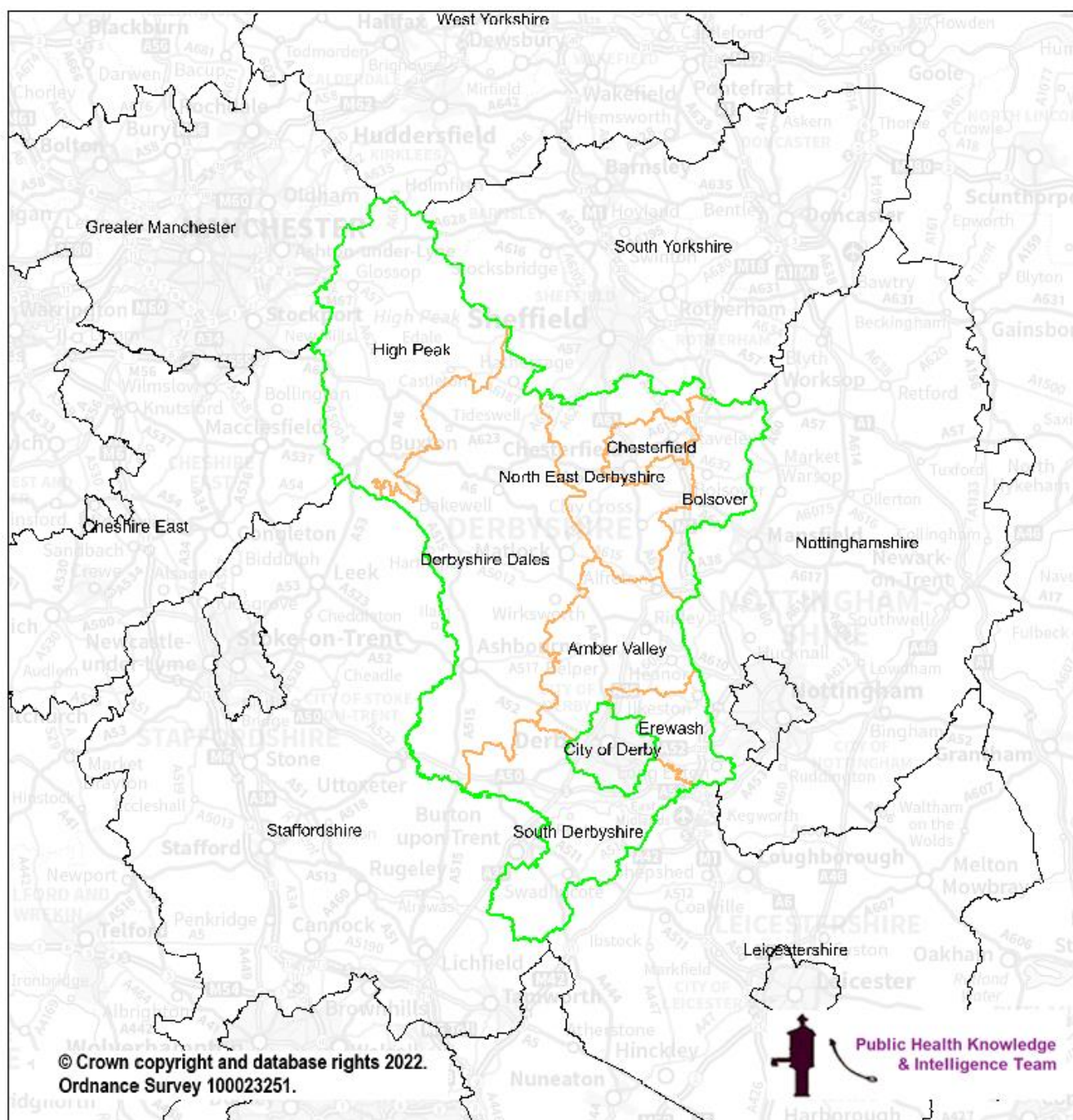
Community pharmacy provision is equally explored at a District and Derby City level. Where access is concerned, this has been determined on the basis of access to ‘traditional’ pharmacy – that is, where all parts of the service take place within the registered pharmacy premises. Whilst it is acknowledged that the role of distance selling pharmacy, including internet-based services, has grown considerably in recent years, there is limited access to information to inform our understanding of how these services are utilised by the local population.

1.3.2 *Consultation*

A public and professional stakeholder survey to seek views on pharmaceutical need was carried out in June, July & August of 2022. The survey was online and available as hard copy on request. Survey results were considered in the overall assessment of need. Other areas where community pharmacy could contribute to improving health needs are also identified.



Figure 3: Derby, Derbyshire and surrounding Local Authority areas





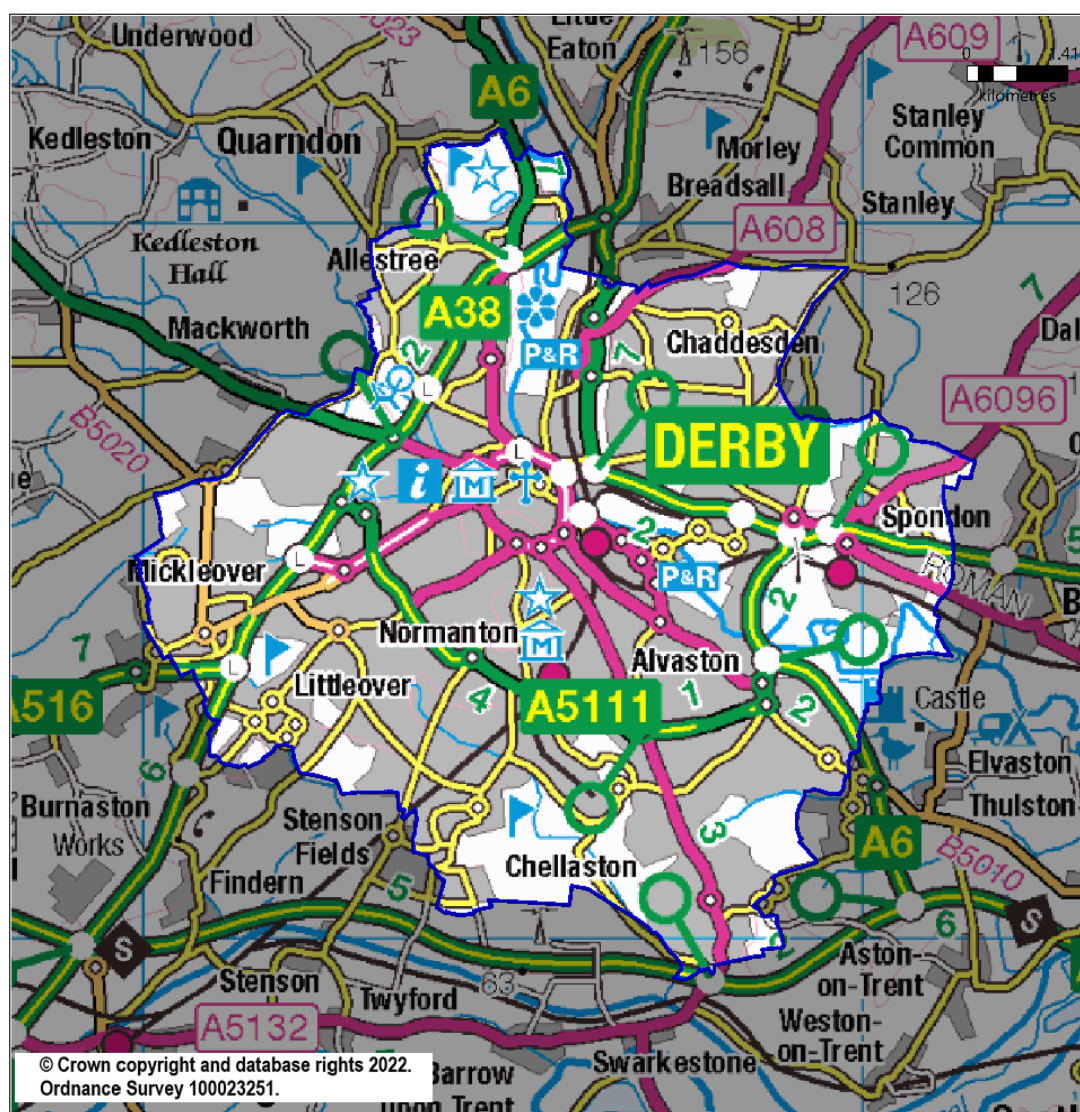
2 PNA LOCALITY PROFILES

The following section offers individual PNA summary profiles at a Derby City and Derbyshire District level, drawing insight from our understanding of the demographic characteristics, health needs and pharmaceutical provision, and whether it is felt that this provision is adequate on the basis of access and availability of services within each area. Each is discussed in greater detail in later sections of the document. Pharmaceutical services are accurate as of April 2022.

2.1 Derby City

Derby City lies upon the banks of the River Derwent and is located in the south of the county of Derbyshire. It is comprised of 17 wards that are characterised by varying levels of deprivation and ethnic diversity. These range from the lower levels within Allestree and Mickleover to higher levels across Arboretum and Normanton. The city's key points of interest include the Cathedral Quarter, Silk Mill Museum and Darley Abbey. Housing developments range from the modern, more affluent residential areas of Mickleover and Oakwood to the large council housing estates within Chaddesden. There are a number of assets to the area that include its parks and nature reserves, which are distributed across the wards. There are also a diversity of religious sites and community facilities.

Figure 4: Map of Derby

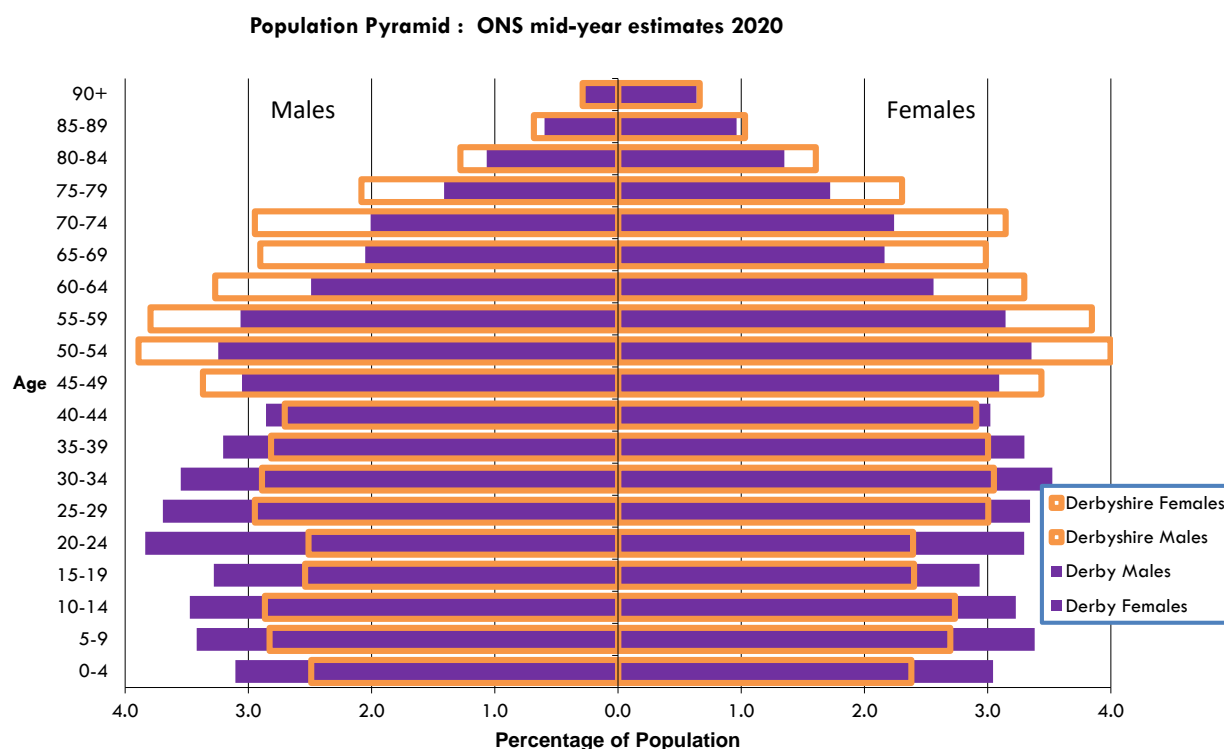




Population

Derby has a population of 256,814 (Office for National Statistics, Population Estimates for UK, England and Wales, Scotland and Northern Ireland: mid-2020). It is a relatively young city with a higher proportion of 20-34 year-olds (21.2%) than individuals over 65 years (16.5%). Derby has a higher proportion of younger people and a smaller proportion of older people than Derbyshire as a whole. However, the proportion of older people over 65 is expected to increase by 21.3% by 2043.

Figure 5: Derby City Population Pyramid



Employment

The city's largest employers specialise in manufacturing, extending across renowned businesses such as Rolls Royce, Toyota Motor Manufacturing and Bombardier. There are also several smaller creative companies that range from textiles to filmmaking.

NHS Services

There are 25 General Practices across the city, in addition to branch practices and walk-in centres, one of which is a dispensing practice. University Hospitals of Derby and Burton NHS Foundation Trust provide both acute hospital and community-based health services. Its hospitals consist of Royal Derby Hospital, Queen's Hospital Burton, Florence Nightingale Community Hospital, Samuel Johnson Community Hospital and Sir Robert Peel Community Hospital. These provide a range of inpatient and outpatient medical and surgical specialities, intensive care, maternity services, community and children's services and accident and emergency care.

There are 54 pharmacies in the area that provide a range of services, including vaccinations, medicines use review, needle exchange supply and supervised consumption. Seven of these are '100' hour pharmacies that provide evening and weekend services, in addition to the core essential services (dispensing, repeat dispensing, disposal of waste medicines, self-care, signposting and promotion of health lifestyles). There are 2 Dispensing Appliance Contractors in Derby. Figure 6 shows the pharmacy services provided in Derby.

Poverty



Approximately 11,145 children (21.1%) live in poverty in the city. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this ranges from 3.9% of the population of Allestree to 36.4% in Sinfin.

Quality of health

The city is affected by significantly higher rates of premature mortality from cardiovascular diseases, liver disease and respiratory disease than the national average.

Figure 6: Pharmaceutical services provided in Derby

NHS England	Derby		Joined Up Care Derbyshire	
	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
New Medicine Service (NMS)	51	20	199	25
100-hour pharmacy ¹²	7	3	20	2
Flu vaccination (population)	48	19	181	22
Palliative care drugs stockist scheme	3	2	36 ¹³	3
Emergency Supply Service (ESS)	42	16	154 ¹³	14
Appliance Use Reviews (AUR)	1	0	2	0
Community Pharmacist Consultation Service (CPCS)	52	20	183	23
Hypertension Case Finding Service	-	-	157 ¹³	15
Hepatitis C Testing	0	0	0 ¹³	0
Smoking Cessation	-	-	32 ¹³	3
Stoma Appliance Customisation	4	2	16	2
Discharge Medicines Service	35	14	146	18
Covid vaccination services	5	2	28	3
Extended Care Services				
Tier 1 services	31	12	107 ¹³	10
Tier 2a skin services	27	11	90 ¹³	9
Tier 3 Ear, Nose & Throat services	-	-	75 ¹³	7

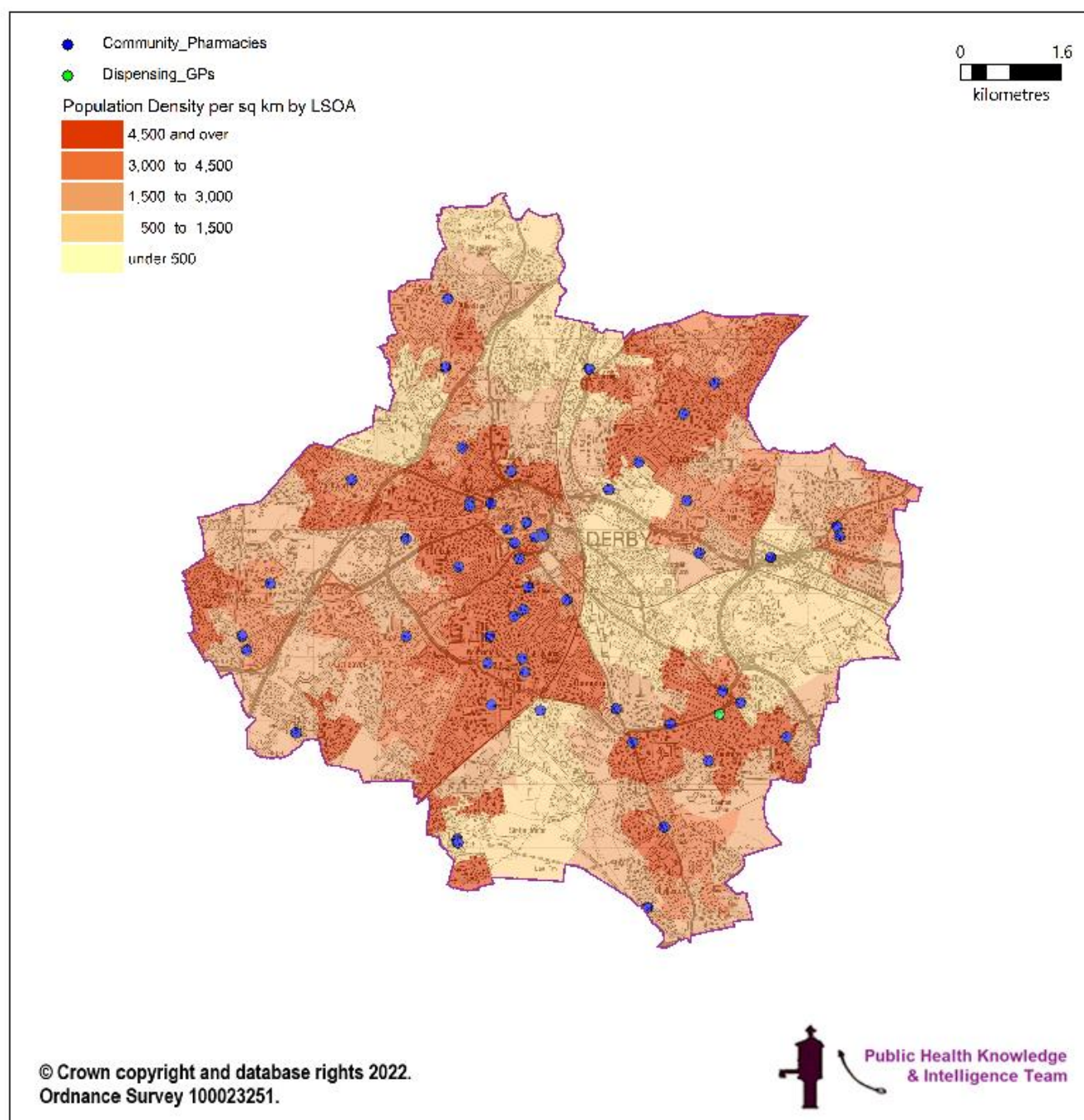
¹² 100-hour pharmacy provision has been included in individual Derby and District pharmaceutical services tables throughout this section. Whilst not a commissioned service, it was felt appropriate to reflect the number of pharmacies operating with 100-hour conditions as an indication of increased access and availability.

¹³ Excluding Glossopdale



Local Authority (Public Health)				
Emergency Hormonal Contraception	32	12	98	9
Supervised Consumption	42	16	144	14
Needle Exchange	23	9	66	6

Figure 7: Map of pharmaceutical service coverage in Derby



Accessibility



There are 21 pharmacies to every 100,000 population in Derby, the same as the national average. There are seven 100-hour pharmacies in the city. There is also one Dispensing GP. Almost 100% of the population are within 1.6km (1 mile, representing an approximately 20-minute walk) of a pharmacy.

Strategic priorities and key health needs

Our ambition in the city is that the population start life well, live well and stay well and age well and die well. We are prioritising a number of areas that we know are contributing to reduced life expectancy and healthy life expectancy; morbidity; and health inequalities. These priorities are:-

- Reducing smoking prevalence
- Increasing the number of children and adults who are a healthy weight
- Reducing harmful alcohol consumption
- Increasing the number of adults and children, are participating in physical activity
- Increasing the number of people in Derby who have positive mental and emotional wellbeing
- Reducing the number of children living in low income households
- Increasing access to safe, suitable, and affordable housing.

Future housing plans

The Derby City Plan outlines a target to establish 11,000 new homes to 2028. Between 2011 and 2017, 3,000 have already been built. The annual delivery of new homes is expected to rise to over 1,000 a year in the coming years.

Statement of pharmaceutical need: Derby City

This PNA found that the pharmaceutical need in the Derby City Health & Wellbeing Board area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.



2.2 Derbyshire County and Districts

2.2.1 Amber Valley

The district of Amber Valley encompasses the four market towns of Alfreton, Belper, Heanor and Ripley, in addition to several villages and smaller settlements. Whilst the eastern area is primarily urban, the western part is more rural, with countryside surrounding the villages and town of Belper.

The borough ranks 167th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are pockets of deprivation in which 10% of its lower super output areas rank within the most deprived 20% nationally.

The latest census data highlights a markedly higher proportion of owner-occupied households than the national average (74.1% compared with 63.3%). Despite this, there are hidden elements of deprivation in which a minority of households are affected by overcrowding (3.2%) and a lack of central heating (2.2%). The area's nature reserves and award-winning parks, heritage features and architecture, make this an ideal location for being physically active as well as a high-quality environment for tourists.

Figure 8: Map of Amber Valley

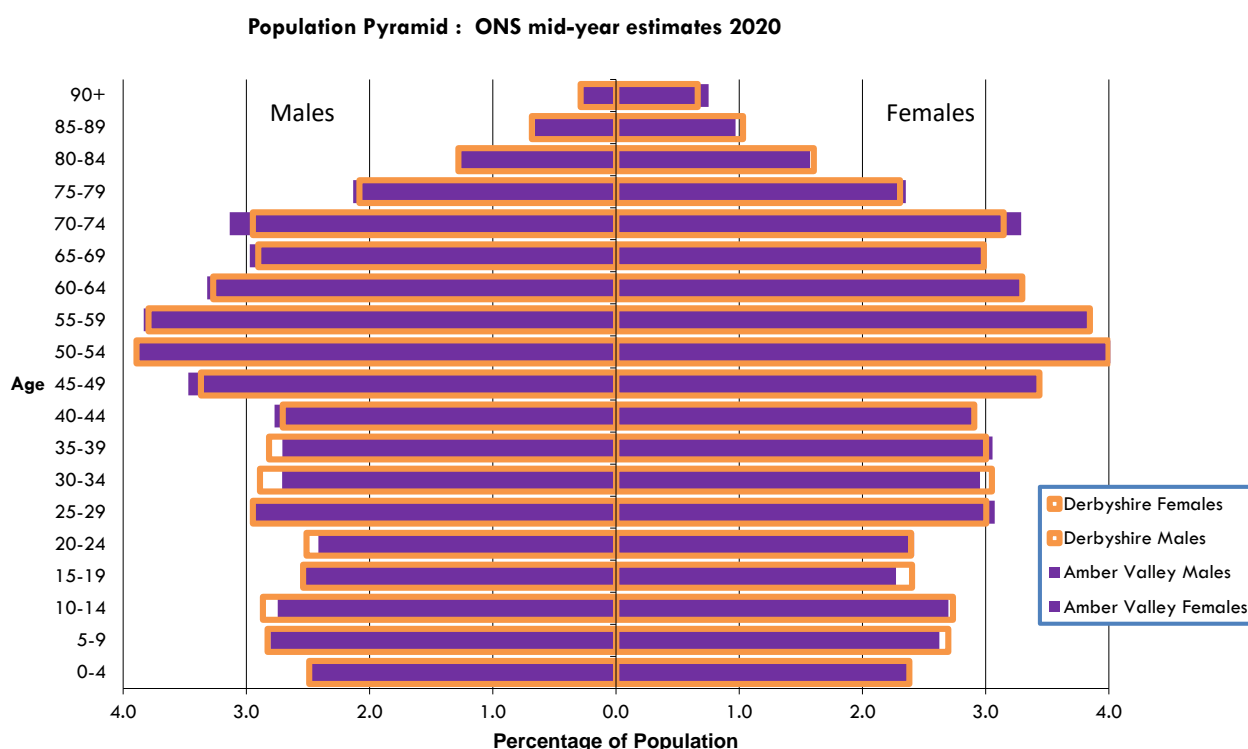




Population

Amber Valley has a population of 128,829 that is expected to increase to 145,446 by 2043. Black and minority ethnic individuals form a relatively low proportion, with less than 4% who are not White British. The age structure of Amber Valley is generally similar to Derbyshire as a whole. Older people over 65 years constitute 22% of the population, which is the same as the national average. By 2043, however, this is expected to increase to 28%.

Figure 9: Amber Valley Population Pyramid



Employment

Major businesses in the area specialise in retail, manufacturing, health, education and the provision of bespoke services such as tourism. The district is home to the head office of Thorntons (a leading confectionary brand), as well as a number of retail outlets across all four market towns. Leading manufacturing companies include HL Plastics – one of the district's largest employers and Alfreton Trading Estate, which comprises industrial/warehouse units.

NHS Services

There are 14 General Practices within the district – four of which are branch practices and one of which is a dispensing practice. Ripley Hospital is the main community hospital in the area. The majority of its services are provided by Derbyshire Community Health Services NHS Foundation Trust. These include cardiology, neurology and paediatrics services. Derby Teaching Hospitals NHS Foundation Trust provides diabetic medicine and diagnostic physiological measurement within the hospital. There are 25 pharmacies in the district all offering essential services in addition to those shown in Figure 10.

Poverty

It is estimated that 3,140 children (15%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 3% in the Duffield to 28.6% in Aldercar and Langley Mill.



Quality of health

Within Amber Valley, there is a significantly higher rate of premature mortality from cardiovascular diseases considered preventable. The percentage of adults classified as overweight or obese is also significantly higher than the national average.

Accessibility

At time of publication of this document, there are 19 pharmacies to every 100,000 population in Amber Valley compared to the national average of 21. Figure 11 demonstrates that most of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy.

Strategic priorities and key health needs

Priorities in Amber Valley include mental health and wellbeing, maintaining healthy weight and reducing physical inactivity, and supporting older people. Key additional health needs include (but are not limited to):

- Child poverty
- Children with Special Education Need and/or Disability
- Violent crime and antisocial behaviour
- Recorded Diabetes
- Homelessness
- Smoking during pregnancy
- Breastfeeding

Future housing plans

The emerging Local Plan for Amber Valley estimates that around 9,000 dwellings will be built by 2028, some of which will contribute to the 7,000 homes being built as urban extensions to the edge of Derby. The other 6 largest sites (of over 300 units) will be in Alfreton, Heanor, Ripley, and North of Derby.



Figure 10: Pharmaceutical services provided in Amber Valley

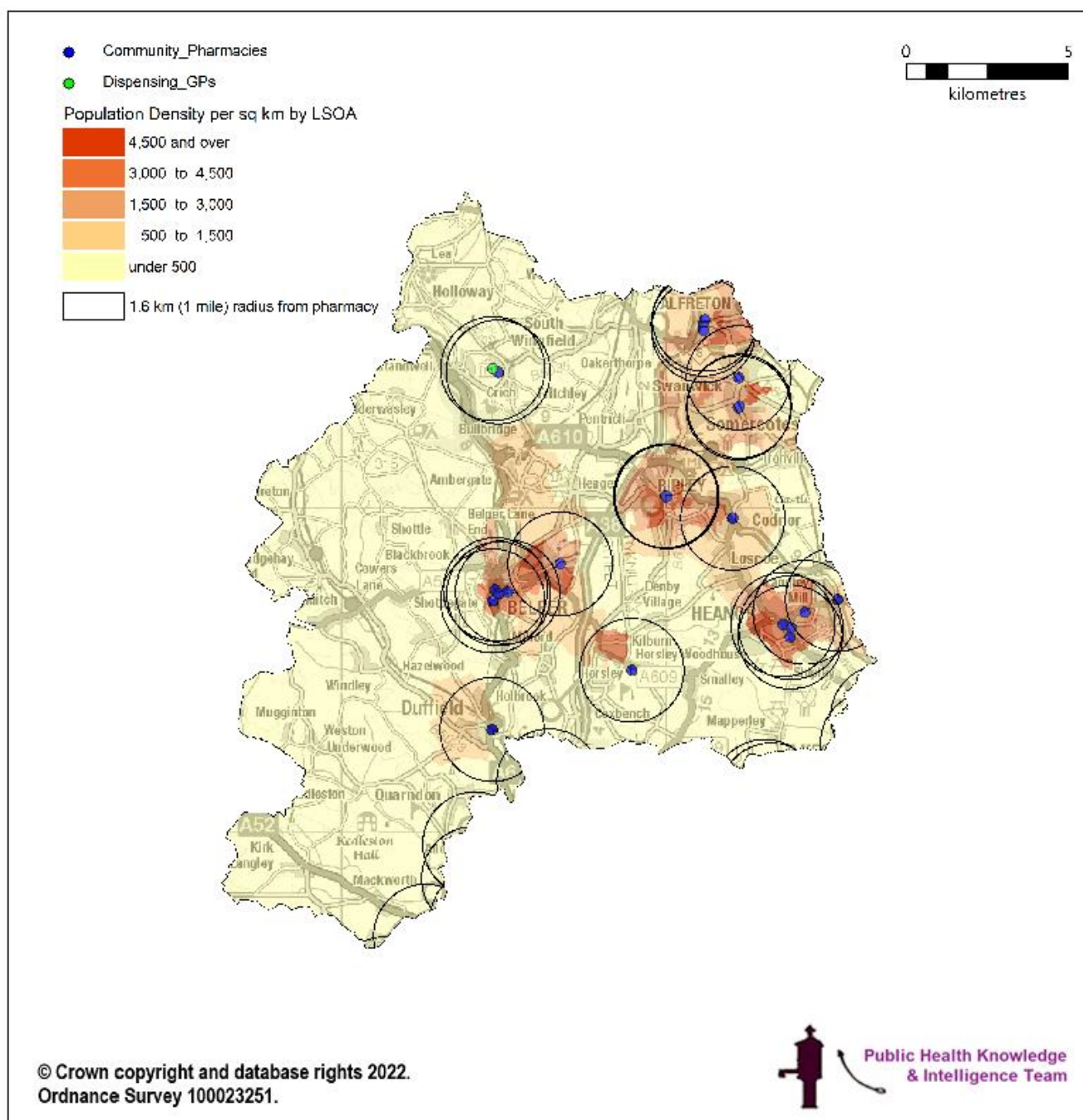
NHS England	Amber Valley		Joined Up Care Derbyshire	
	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
New Medicine Service (NMS)	24	19	202	25
100-hour pharmacy ¹⁴	3	1	20	2
Flu vaccination (population)	23	19	181	22
Palliative care drugs stockist scheme	7	5	36 ¹⁵	3
Emergency Supply Service (ESS)	11	14	154 ¹⁵	15
Appliance Use Reviews (AUR)	0	0	2	0
Community Pharmacist Consultation Service (CPCS)	23	18	183	23
Hypertension Case Finding Service	-	-	157 ¹⁵	15
Hepatitis C Testing	0	0	0	0
Smoking Cessation	-	-	32 ¹⁵	3
Stoma Appliance Customisation	3	2	16	2
Discharge Medicines Service	14	11	146	18
Covid vaccination services	3	2	28	3
Extended Care Services				
Tier 1 services	15	12	107 ¹⁵	10
Tier 2a skin services	14	11	90 ¹⁵¹⁵	9
Tier 3 Ear, Nose & Throat services	-	-	75 ¹⁵	7
Local Authority (Public Health)				
Emergency Hormonal Contraception	9	7	98	9
Supervised Consumption	18	14	144	14
Needle Exchange	7	5	66	6

¹⁴ 100-hour pharmacy provision has been included in individual Derby and District pharmaceutical services tables throughout this section. Whilst not a commissioned service, it was felt appropriate to reflect the number of pharmacies operating with 100-hour conditions as an indication of increased access and availability.

¹⁵ Excluding Glossopdale



Figure 11: Map of pharmaceutical service coverage in Amber Valley



Statement of pharmaceutical need: Amber Valley

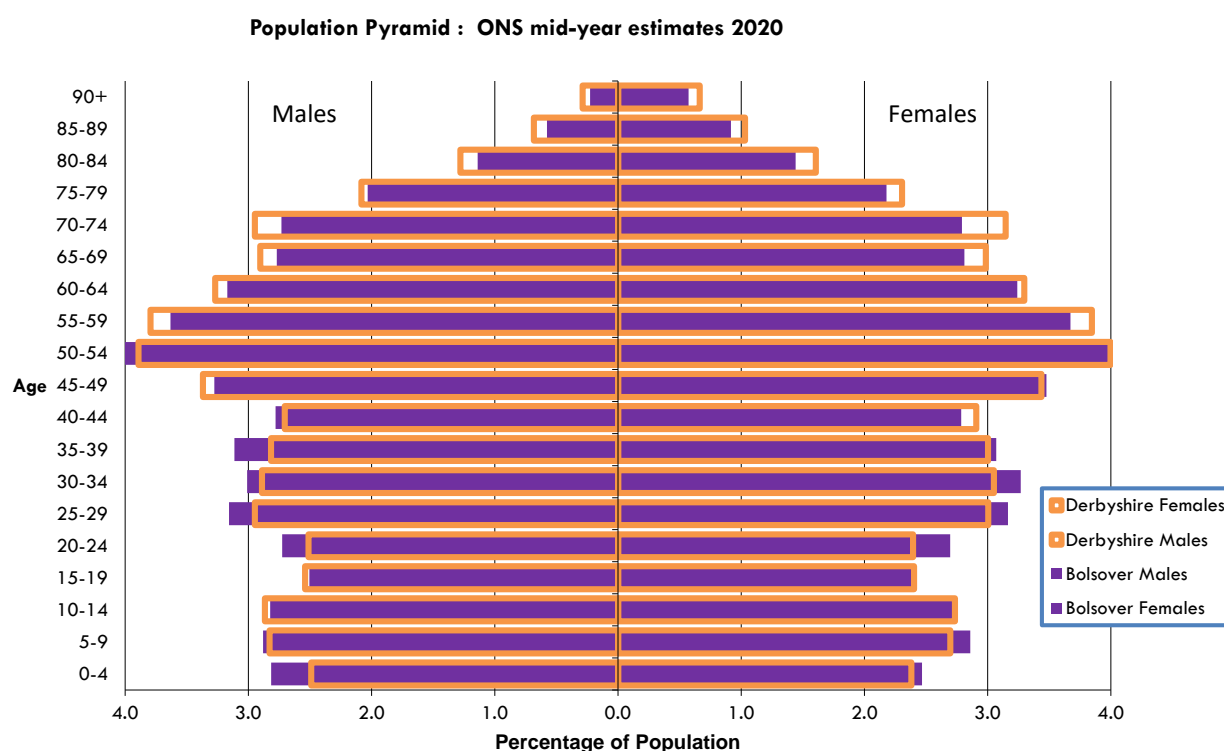
This PNA found that the pharmaceutical need in the Amber Valley area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.



Population

Bolsover has a population of 81,305 that is expected to increase to 92,436 by 2043. 20% of its population are aged 65 and over, which is less than the national average of 22%. The age structure of Bolsover is generally similar to Derbyshire as a whole. It is anticipated that by 2043, there will be a smaller proportion of younger and middle-aged people and a greater proportion of older people aged 70 and over. Black and minority ethnic individuals form 3.7% of the local population, which is lower than the Derbyshire (4.2%) and national (20.2%) average.

Figure 13: Population Pyramid for Bolsover



Employment

Business administration and manufacturing are key employment sectors within the area.

NHS Services

There are 12 General Practices across the district, as well as 17 pharmacies all offering essential services in addition to those shown in Figure 14. Three of the GP surgeries are branch practices and two provide dispensing services. Bolsover Hospital was the main community hospital in the area but was permanently closed in early 2019. It provided the following services which were transferred to the Castle Street Medical Centre:

- Community therapy services
- Intermediate care services
- Older people's mental health
- Falls prevention, and continence

Poverty

Approximately 2,835 children (20.5%) live in poverty, significantly higher than the national average of 17%. These children live in income-deprived families experiencing deprivation relating to low income. At a ward level this varies from 5.7% in Barlborough to 34.5% in Bolsover North and Shuttlewood.



Figure 14: Pharmaceutical services provided in Bolsover

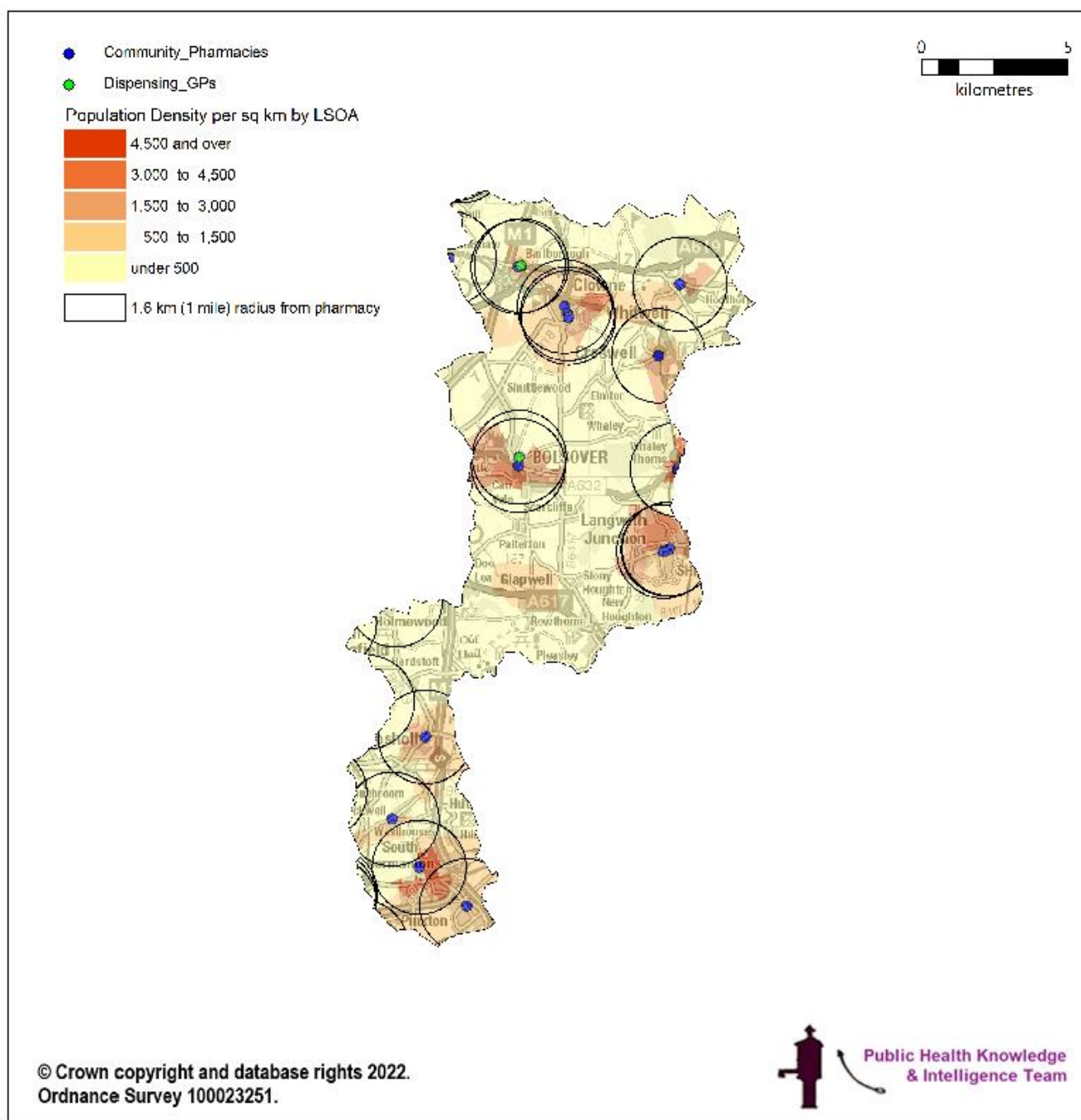
NHS England	Bolsover		Joined Up Care Derbyshire	
	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
New Medicine Service (NMS)	17	21	202	25
100-hour pharmacy ¹⁶	2	2	20	2
Flu vaccination (population)	14	17	181	22
Palliative care drugs stockist scheme	2	2	36 ¹⁷	3
Emergency Supply Service (ESS)	11	14	154 ¹⁷	15
Appliance Use Reviews (AUR)	-	-	2	0
Community Pharmacist Consultation Service (CPCS)	13	16	183	23
Hypertension Case Finding Service	-	-	157 ¹⁷	15
Hepatitis C Testing	0	0	0	0
Smoking Cessation	-	-	32 ¹⁷	3
Stoma Appliance Customisation	2	2	16	2
Discharge Medicines Service	13	16	146	18
Covid vaccination services	3	4	28	3
Extended Care Services				
Tier 1 services	7	9	107 ¹⁷	10
Tier 2a skin services	7	9	90 ¹⁷	9
Tier 3 Ear, Nose & Throat services	-	-	75 ¹⁷	7
Local Authority (Public Health)				
Emergency Hormonal Contraception	5	6	98	9
Supervised Consumption	13	16	144	14
Needle Exchange	7	9	66	6

¹⁶ 100-hour pharmacy provision has been included in individual Derby and District pharmaceutical services tables throughout this section. Whilst not a commissioned service, it was felt appropriate to reflect the number of pharmacies operating with 100-hour conditions as an indication of increased access and availability.

¹⁷ Excluding Glossopdale



Figure 15 : Map of pharmaceutical service coverage in Bolsover



Quality of health

Of particular note are the district's significantly higher rates of premature mortality from cancer and respiratory disease. The average health related quality of life for older people is significantly lower than national average.

Accessibility

There are 21 pharmacies to every 100,000 population in Bolsover, compared to the national average of 21. There are two 100-hour pharmacies (12% of the total). Figure 15 demonstrates that most of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy.



Strategic priorities and key health needs

Priorities in Bolsover include tackling smoking during pregnancy, reducing inequalities in healthy life expectancy, and mental health and wellbeing. Key additional health needs include (but are not limited to):

- Child poverty
- Children with Special Education Need and/or Disability
- Road traffic incidents and casualties
- Violent crime and antisocial behaviour
- Unemployment
- Educational attainment
- Early deaths from cancer
- Home care provision

Future housing plans

The Bolsover local Plan Consultation Draft (BLPCD) was published for consultation in October 2016, which included a housing target for the district of 3,600 dwellings during the period of 2018 to 2033. Four strategic growth sites are identified in the BLPCD at Bolsover North (900 dwellings), Clowne Garden Village (1,100 dwellings), the former Whitwell Colliery (200 dwellings) and former Coalite Chemical Works (600 dwellings).

Statement of pharmaceutical need: Bolsover

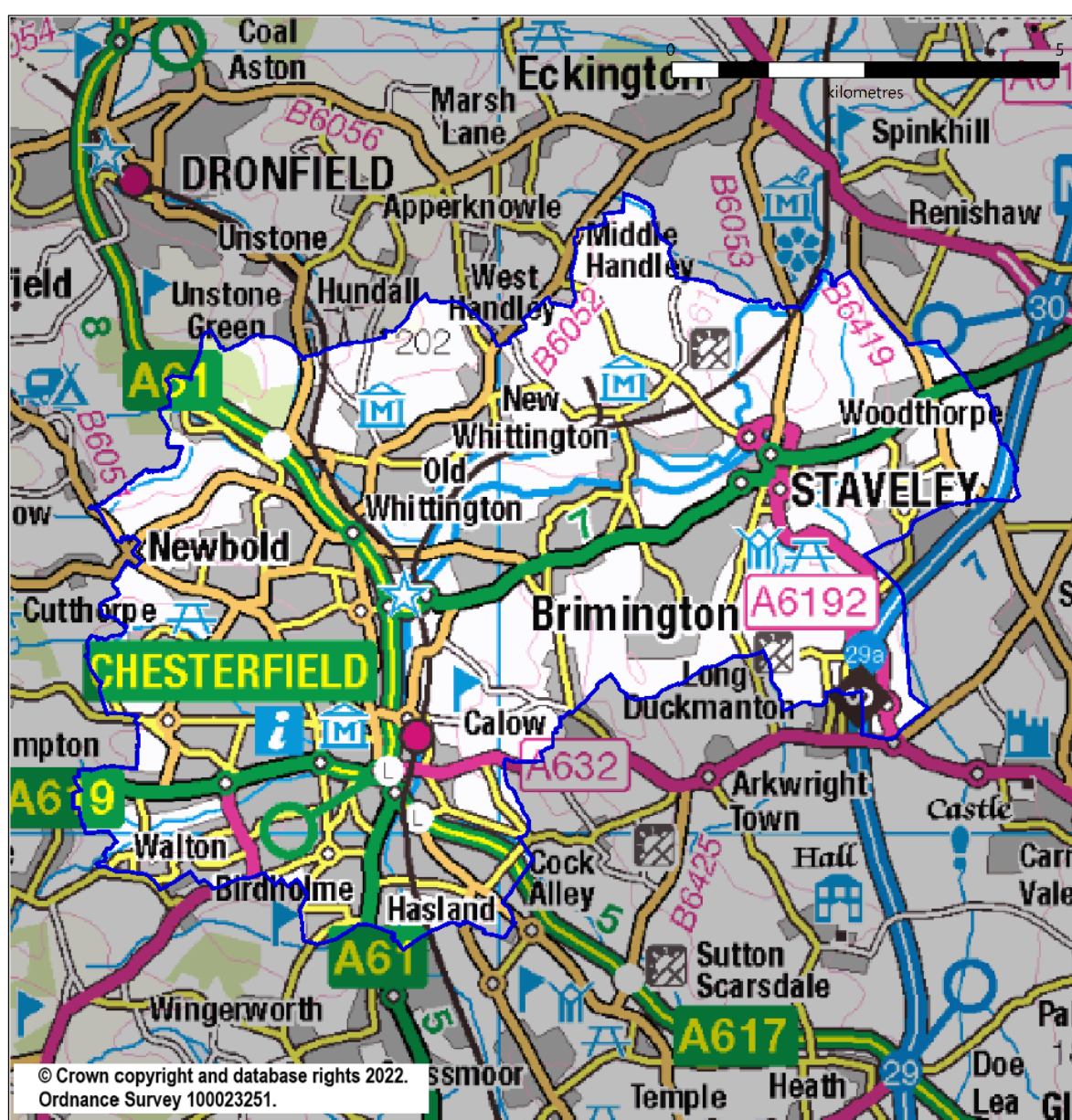
This PNA found that the pharmaceutical need in the Bolsover area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.



2.2.3 Chesterfield

Primarily urban, Chesterfield contains the two market towns of Staveley and Chesterfield and is known as the gateway to the Peak District. It is a major centre of employment that attracts almost 20,000 commuters every day. Despite this, the area is relatively deprived and ranks 86th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. 29% of its lower super output areas rank within the most deprived 20% nationally. Census data indicates that 28.8% of households are deprived in two or more dimensions. This is higher than the Derbyshire (25.2%) and national average (24.8%). Chesterfield is surrounded by unspoilt countryside, which serves as an enabler of physical activity. It also has a number of key attractions such as Creswell Crags – a world famous archaeological site, and Hardwick Hall – one of Britain's finest Elizabethan houses.

Figure 16: Map of Chesterfield





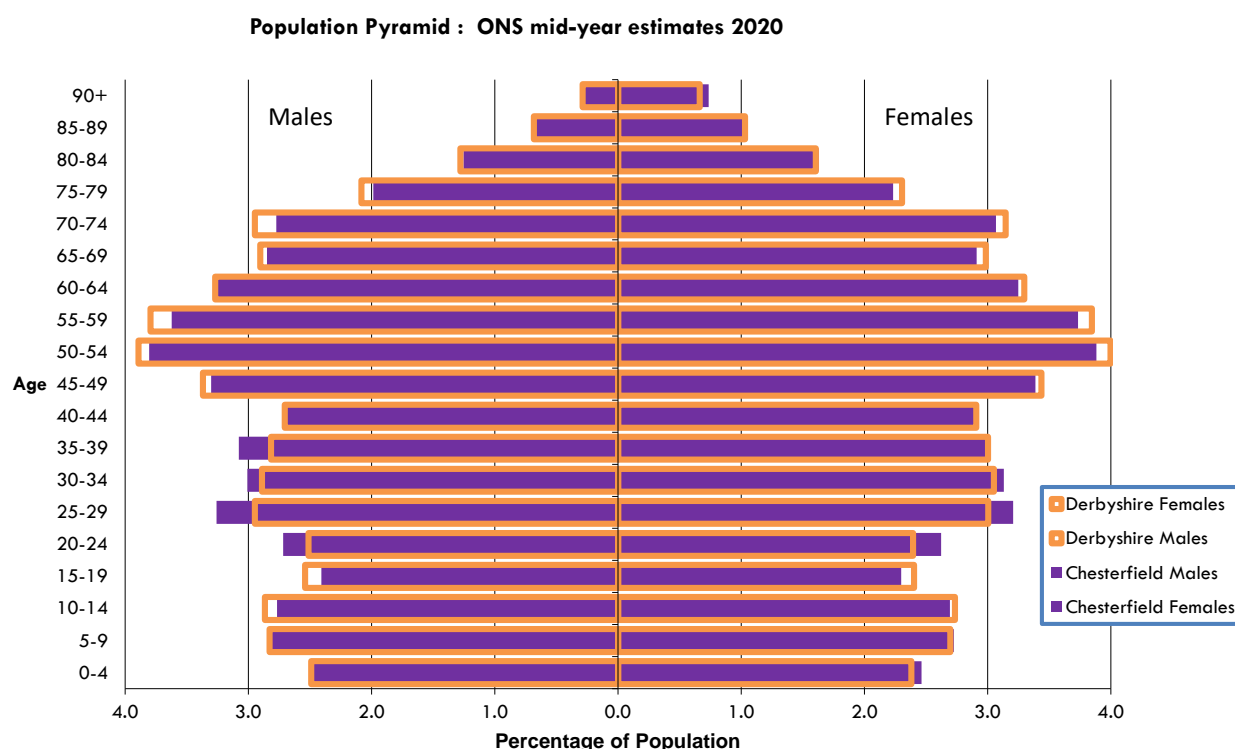
Population

Chesterfield has a population of 104,930 that is expected to increase to 110,052 by 2043. The district has a similar age structure to Derbyshire as a whole. 22% of residents are aged 65 and over, which is expected to increase to 26% by 2043. The proportion of black and ethnic minorities is relatively low (5.1%), although this is marginally higher than the Derbyshire average (4.2%).

Employment

Chesterfield's largest employer is the Post Office administration department, which is located on the edge of the town centre. Health, retail, manufacturing, and education form a significant proportion of employment openings in this town. Some of the borough's largest manufacturing employers include Robinsons and Franke Sissons Ltd.

Figure 17: Chesterfield Population Pyramid



NHS Services

There are 9 General Practices across the district. Three of these are branch practices and one provides dispensing services. Chesterfield Royal Hospital and Walton Hospital provide acute and community services within the area. The former provides a broad range of clinical services, including pathology, cardiology, palliative care and maternity services. The latter provides a psychiatry service and support for older people's mental health in addition to intermediate care services on behalf of Derbyshire Healthcare NHS Foundation Trust and Derbyshire Community Health Services NHS Foundation Trust.

There are 21 community pharmacies and one Dispensing Appliance Contactor in Chesterfield. Chesterfield Royal Hospital also provides a Local Pharmaceuticals Service.

Poverty

Approximately 3,568 children (20%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 3% in Walton to 35.6% in Rother.



Figure 18: Pharmaceutical services provided in Chesterfield

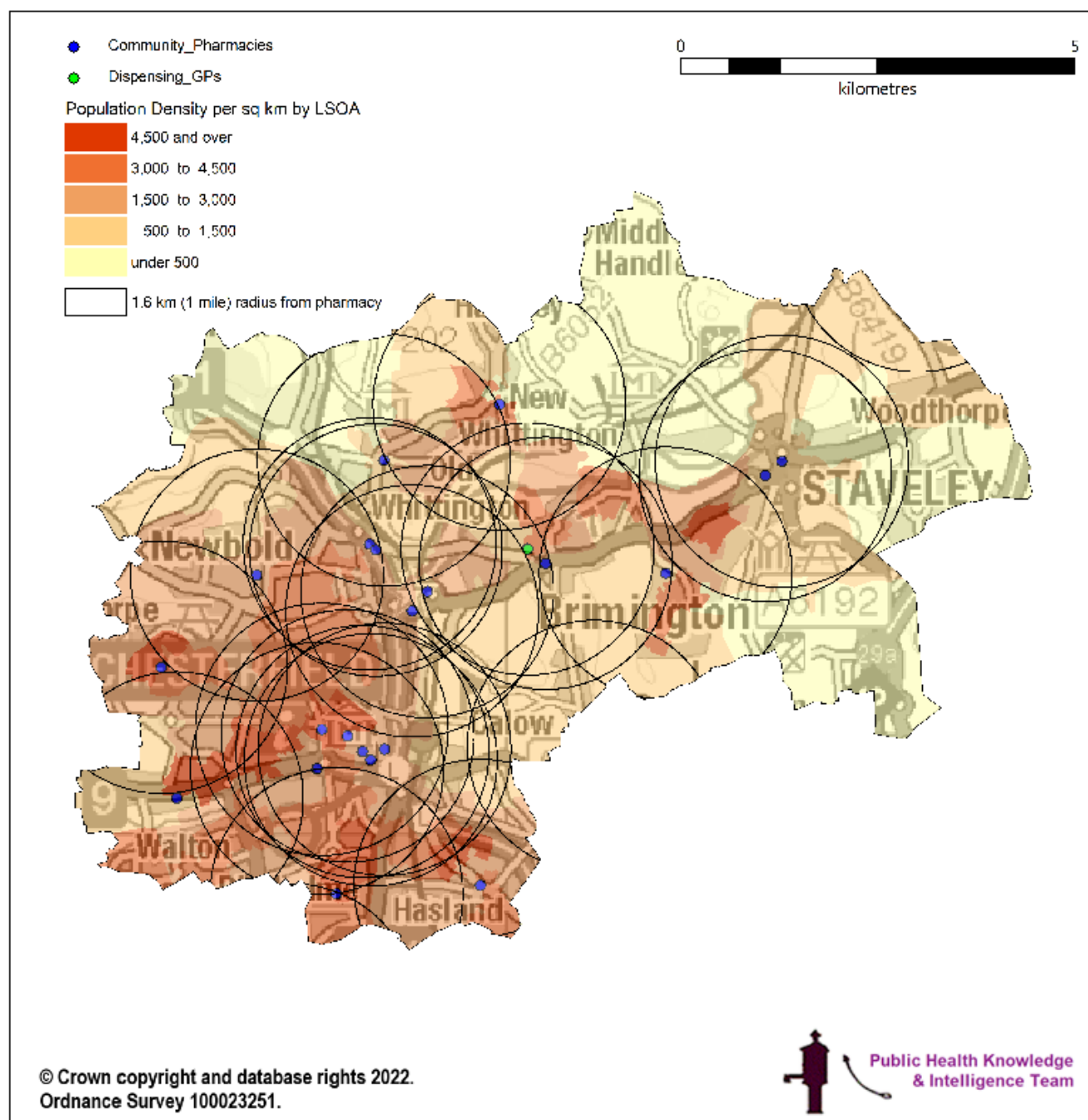
NHS England	Chesterfield		Joined Up Care Derbyshire	
	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
New Medicine Service (NMS)	20	19	202	25
100-hour pharmacy ¹⁸	2	2	20	2
Flu vaccination (population)	18	17	181	22
Palliative care drugs stockist scheme	1	1	36 ¹⁹	3
Emergency Supply Service (ESS)	17	16	154 ¹⁹	15
Appliance Use Reviews (AUR)	1	1	2	0
Community Pharmacist Consultation Service (CPCS)	20	19	183	23
Hypertension Case Finding Service	-	-	157 ¹⁹	15
Hepatitis C Testing	0	0	0 ¹⁹	0
Smoking Cessation	0	0	32 ¹⁹	3
Stoma Appliance Customisation	3	3	16	2
Discharge Medicines Service	18	17	146	18
Covid vaccination services	4	4	28	3
Extended Care Services				
Tier 1 services	10	10	107 ¹⁹	10
Tier 2a skin services	8	8	90 ¹⁹	9
Tier 3 Ear, Nose & Throat services	-	-	75 ¹⁹	7
Local Authority (Public Health)				
Emergency Hormonal Contraception	11	10	98	9
Supervised Consumption	14	13	144	14
Needle Exchange	9	9	66	6

¹⁸ 100-hour pharmacy provision has been included in individual Derby and District pharmaceutical services tables throughout this section. Whilst not a commissioned service, it was felt appropriate to reflect the number of pharmacies operating with 100-hour conditions as an indication of increased access and availability.

¹⁹ Excluding Glossopdale



Figure 19: Map of pharmaceutical service coverage in Chesterfield



Quality of health

The area is affected by significantly higher rates of premature mortality from all cardiovascular diseases, cancer and respiratory disease.

Accessibility

There are 19 pharmacies to every 100,000 population in Chesterfield, compared to the national average of 21. There are two 100-hour pharmacies (10% of the total). Figure 19 demonstrates that most of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy.



Strategic priorities and key health needs

Strategic priorities and key health needs priorities in Chesterfield include encouraging healthier lifestyles, good mental health and wellbeing, and developing community resilience. Key additional health needs include (but are not limited to):

- Child poverty
- Violent crime and antisocial behaviour
- Unemployment
- Educational attainment
- Life expectancy in males and females
- Excess weight
- Hospital stays for alcohol-related harm

Future housing plans

Chesterfield Borough Council published the Chesterfield Borough Local Plan Consultation Draft in January 2017, with emphasis on concentrating new development within walking distance of the Borough's town, district and local centres and focusing on areas that are in need of regeneration. The Local Plan proposed a new housing requirement for the Borough of 4,269 dwellings (272 per annum) over the period 2016 to 2033. 69 potential housing allocation sites were identified with an overall capacity to accommodate 3,980 houses, together with 4 reserve sites at Dunston and Upper Newbold, which could accommodate 952 houses. Five Regeneration Priority Areas are identified which could accommodate 3,932 houses. In total, these three potential sources of housing land supply could accommodate 8,863 new homes.

Statement of pharmaceutical need: Chesterfield

This PNA found that the pharmaceutical need in the Chesterfield area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.



2.2.4 Derbyshire Dales

Derbyshire Dales is a large geographical area covering 307 square miles, which encompasses much of the Peak District National Park. The area is renowned for its outstanding beauty and is punctuated by over 100 small villages and three main market towns. The district is the least deprived in Derbyshire, ranking 265th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation (where 1 is the most deprived). However, there are small pockets of deprivation in which 2% of its lower super output areas are amongst the most deprived 10% nationally. The latest census profile highlights that 48.6% of households are not deprived in any dimension, which is greater than the Derbyshire (43.5%) and national (42.5%) average.

Figure 20: Map of Derbyshire Dales

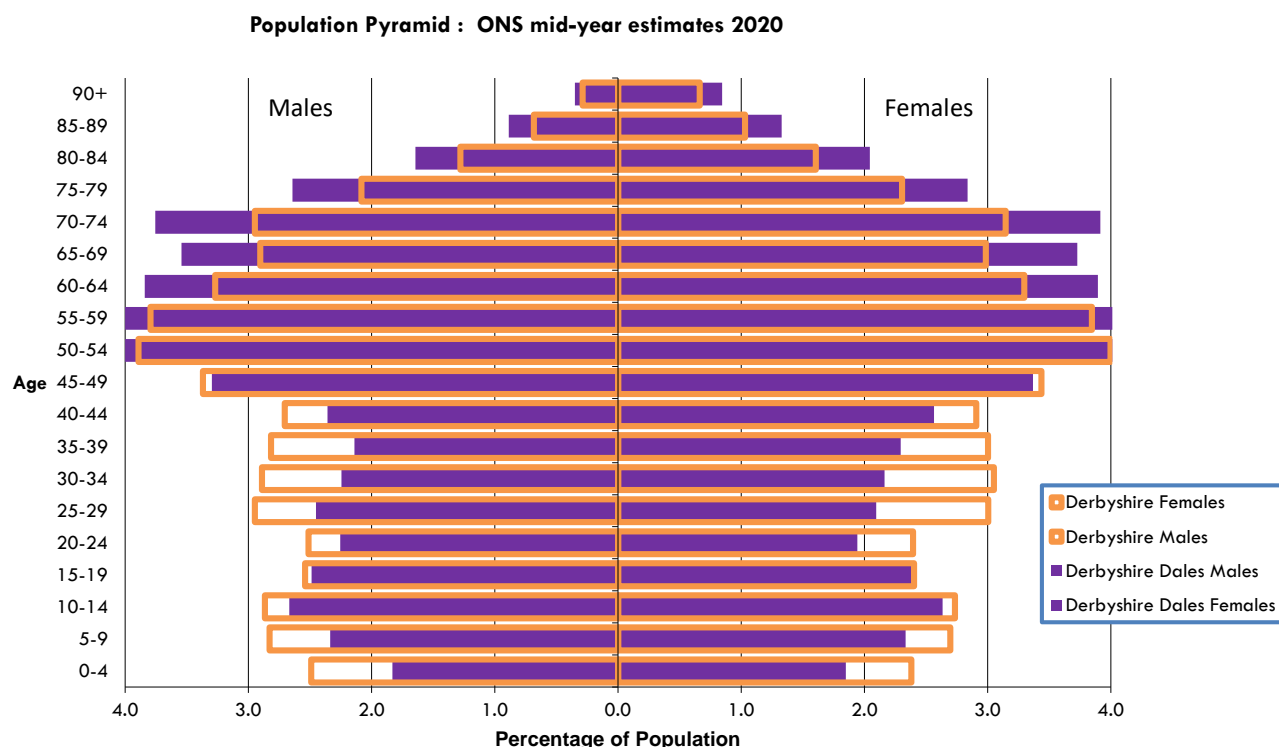




Population

Derbyshire Dales has an estimated population of 72,422 that is projected to increase to 77,190 by 2043. With 27% of the population aged 65 and over, the borough is generally older than Derbyshire and England as a whole, which highlights a greater need for health and social care. The proportion of older people over 65 is expected to increase to 35% by 2043. The proportion of black and minority ethnic residents (3.2%) is lower than the Derbyshire (4.2%) and national average (20.2%).

Figure 21: Derbyshire Dales Population Pyramid



Employment

Derbyshire Dales has a thriving local economy that includes the traditional sectors of farming and quarrying in addition to innovative businesses that include design firms and small and medium sized manufacturers. Providing accommodation and food services, as well as retail and public administration form a significant proportion of employment openings in this town. Major employers include the public sector and DSF Refractories & Minerals Ltd – the largest shaped refractory producer in the UK.

NHS Services

There are 12 General Practices across the district. 7 of these are branch practices and 9 provide dispensing services to local residents. Whitworth Hospital is the main community hospital in the area, and provides a range of services, including musculoskeletal, community therapy and intermediate care services on behalf of Derbyshire Community Health Services NHS Foundation Trust. There are 10 pharmacies within the district all offering essential services in addition to those shown in Figure 22.

Poverty

Approximately 960 children (8.7%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies from 2.5% in Doveridge and Sudbury to 21.4% in Matlock St Giles.



Figure 22: Pharmaceutical services provided in Derbyshire Dales

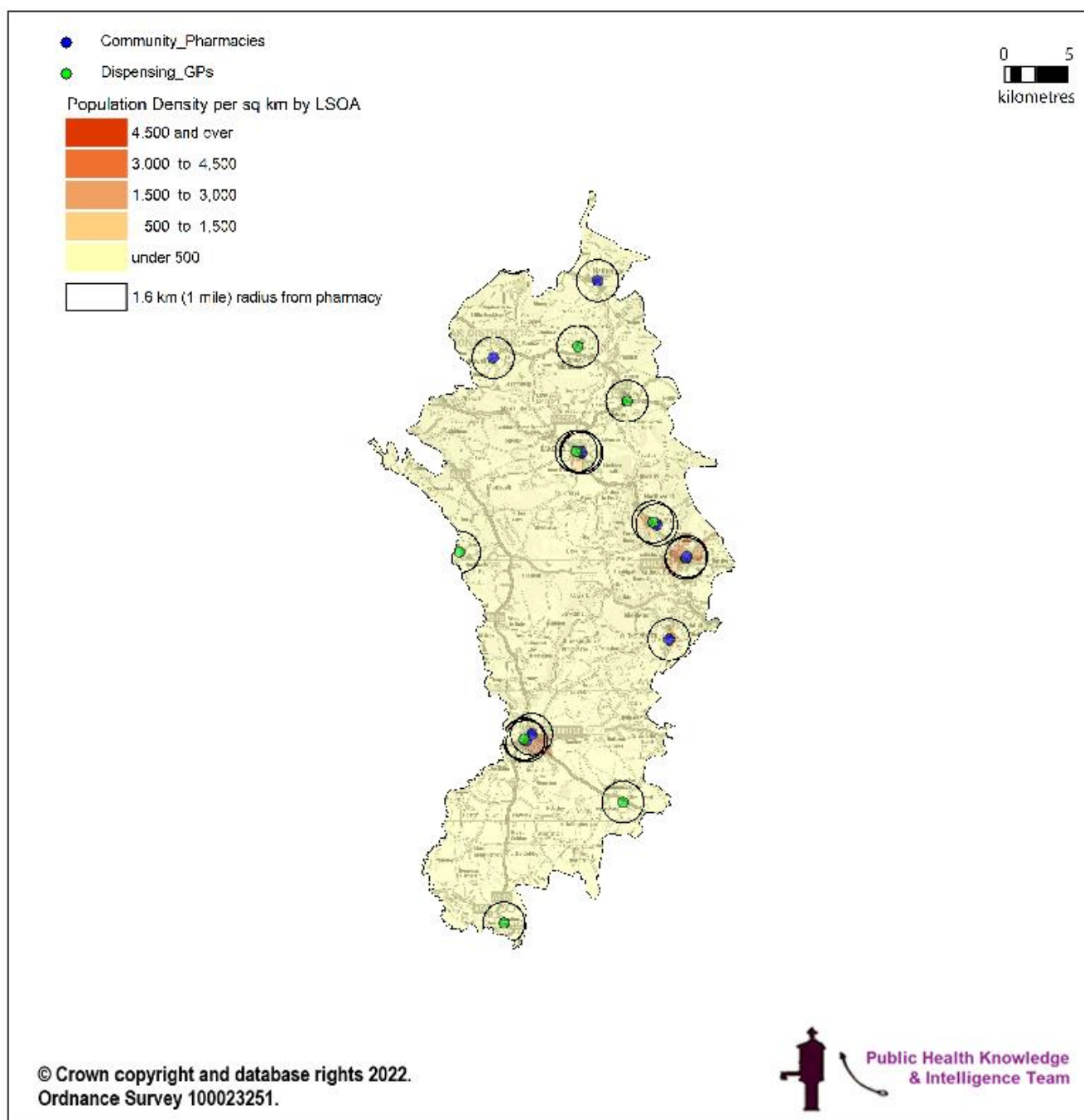
NHS England	Derbyshire Dales		Joined Up Care Derbyshire	
	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
New Medicine Service (NMS)	10	10	202	25
100-hour pharmacy ²⁰	0	0	20	2
Flu vaccination (population)	9	9	181	22
Palliative care drugs stockist scheme	3	4	36 ²¹	3
Emergency Supply Service (ESS)	7	10	154 ²¹	15
Appliance Use Reviews (AUR)	0	0	2	0
Community Pharmacist Consultation Service (CPCS)	7	7	183	23
Hypertension Case Finding Service	-	-	157 ²¹	15
Hepatitis C Testing	0	0	0	0
Smoking Cessation	0	0	32 ²¹	3
Stoma Appliance Customisation	1	1	16	2
Discharge Medicines Service	6	8	146	18
Covid vaccination services	2	3	28	3
Extended Care Services				
Tier 1 services	3	4	107 ²¹	10
Tier 2a skin services	2	3	90 ²¹	9
Tier 3 Ear, Nose & Throat services	-	-	75 ²¹	7
Local Authority (Public Health)				
Emergency Hormonal Contraception	1	1	98	9
Supervised Consumption	6	8	144	14
Needle Exchange	1	1	66	6

²⁰ 100-hour pharmacy provision has been included in individual Derby and District pharmaceutical services tables throughout this section. Whilst not a commissioned service, it was felt appropriate to reflect the number of pharmacies operating with 100-hour conditions as an indication of increased access and availability.

²¹ Excluding Glossopdale



Figure 23: Map of pharmaceutical service coverage in Derbyshire Dales



Quality of health

The area performs comparably or significantly better than the national average in relation to disease-related indicators. However, the chlamydia detection rate amongst 15–24-year-olds is significantly worse than the national average.

Accessibility

There are 14 pharmacies to every 100,000 population in Derbyshire Dales, lower than the national average of 21, but supported by the dispensing practices. There are no 100-hour pharmacies in the area. Figure 23 demonstrates that, considering the highly rural nature of the district, much of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy or dispensing practice.



Strategic priorities and key health needs

Priorities in Derbyshire Dales include reducing health inequalities, increasing healthy life expectancy, and improving mental health and wellbeing for residents. Key additional health needs include (but are not limited to):

- Fuel poverty
- Road traffic incidents and casualties
- Unpaid care provision
- Travel time to services (specifically GPs)
- Diagnosis of Dementia
- Living well with a long-term health condition or care need
- Financial inclusion
- Community resilience and networks
- Recovery from the pandemic

Future housing plans

The Derbyshire Dales Local Housing Plan was submitted to the Secretary of State in December 2016 and was subject to an Examination in Public between 9 May and 23 May 2017. The plan sets out an overall housing requirement for 6,440 dwellings over the period 2013 to 2033, with the main focus for housing growth being on the three main market towns of Ashbourne, Matlock and Wirksworth. The Plan identifies 28 housing site allocations, the main ones of which are at Ashbourne Airfield: 1,100 dwellings; Middle Peak Quarry, Wirksworth: 645 dwellings; Gritstone Road, Matlock: 430 dwellings; and Halldale Quarry: 220 dwellings.

Statement of pharmaceutical need: Derbyshire Dales

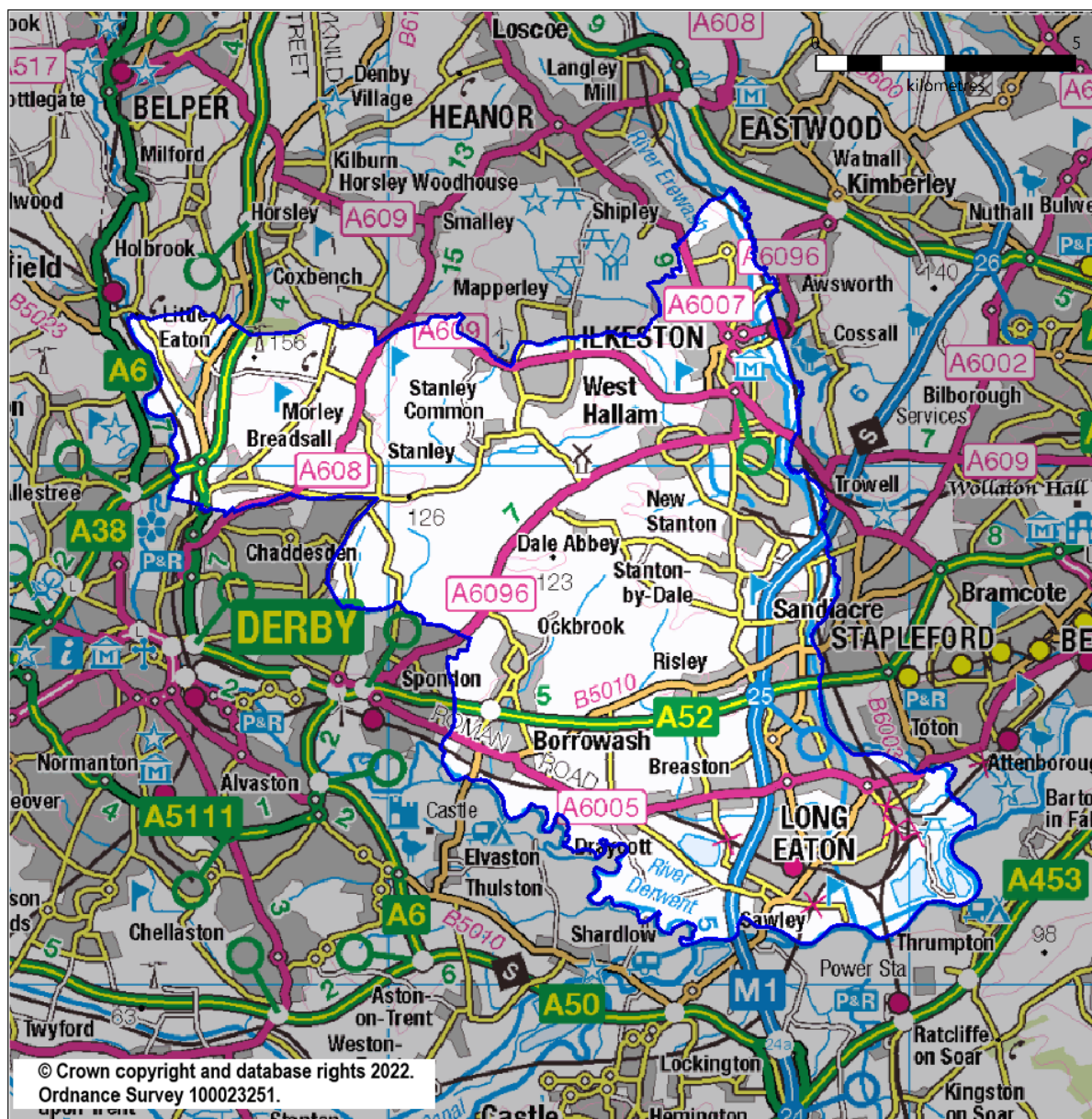
This PNA found that the pharmaceutical need in the Derbyshire Dales area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.



2.2.5 Erewash

The borough of Erewash lies to the east of Derby and the west of Nottingham. It is comprised of fourteen civil parishes and the towns of Ilkeston, Long Eaton and Sandiacre. Whilst the east is predominantly urban, the west is more rural with isolated villages. Erewash ranks 168th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are small pockets of deprivation in which 11 of 73 lower super output areas are amongst the most deprived 20% nationally. Furthermore, the proportion of households that are deprived in two or more dimensions (25.6%) is greater than the Derbyshire and national average (25.2% and 24.8% respectively).

Figure 24: Map of Erewash

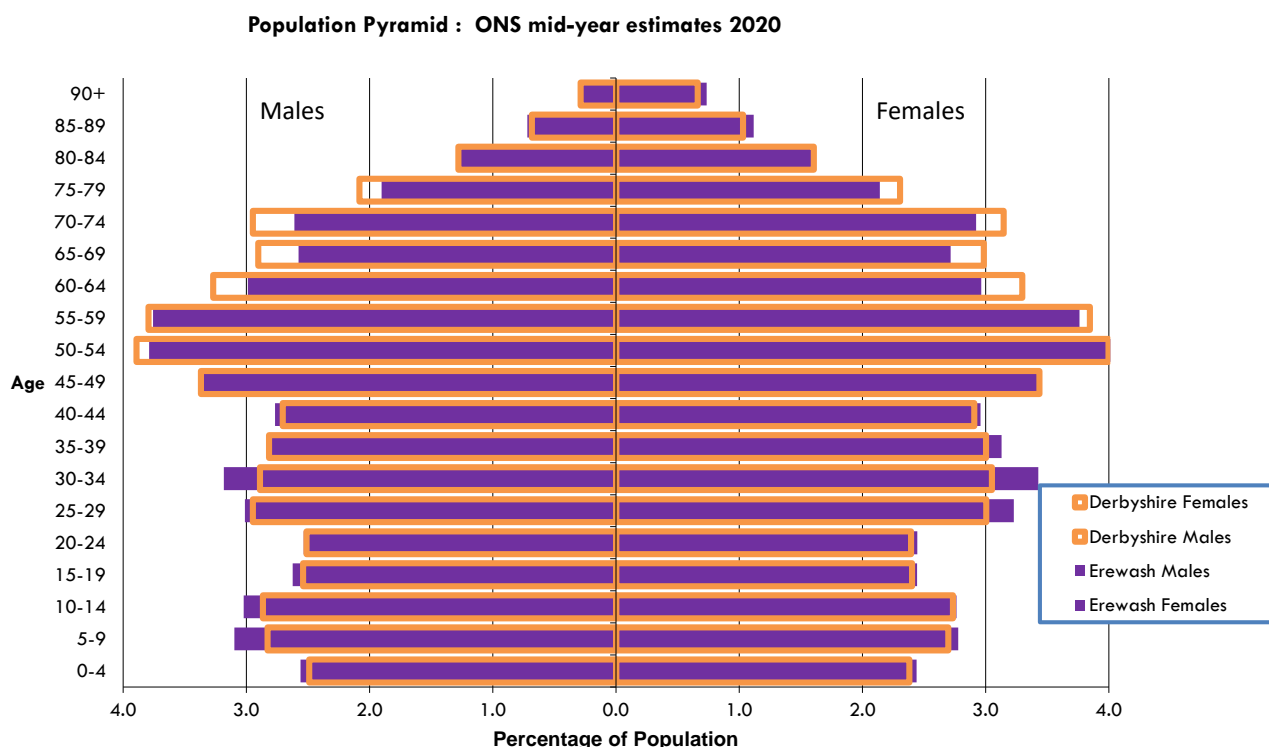




Population

Erewash has an estimated population of 115,332 that is projected to increase to 124,391 by 2043. The population of Erewash is generally young, with a relatively similar age composition to Derbyshire as a whole. In Erewash, there are a greater proportion of individuals aged 20-39 (24%) than that of those over 65 (21%). The proportion of black and minority ethnic residents is marginally higher than the Derbyshire average (4.8% compared with 4.2%).

Figure 25: Erewash Population Pyramid



Employment

Manufacturing and health are key employment sectors in the area and provide more than a quarter of jobs. Major manufacturing companies within this sector include Stanton Precast Concrete and Saint-Gobain PAM UK. In recent years, there has been employment growth in retail and accommodation and food services.

NHS Services

There are 14 General Practices within the borough. 8 of these are branch practices and 2 provide dispensing services to local residents. Ilkeston Community Hospital provides a range of services on behalf of Derbyshire Community Health Services NHS Foundation Trust. These include general surgery and therapy services, as well as dermatology and musculoskeletal services. There are 25 pharmacies across the district, and two 100-hour pharmacies located here. Each pharmacy offers a range of essential services in addition to those shown in Figure 26.

Poverty

Approximately 3,519 children (17.1%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 5.4% in Breaston to 44.1% in Cotmanhay.

Quality of health

Of note in the area is the significantly higher rate of premature mortality from liver disease amongst females.



Figure 26: Pharmaceutical services provided in Erewash

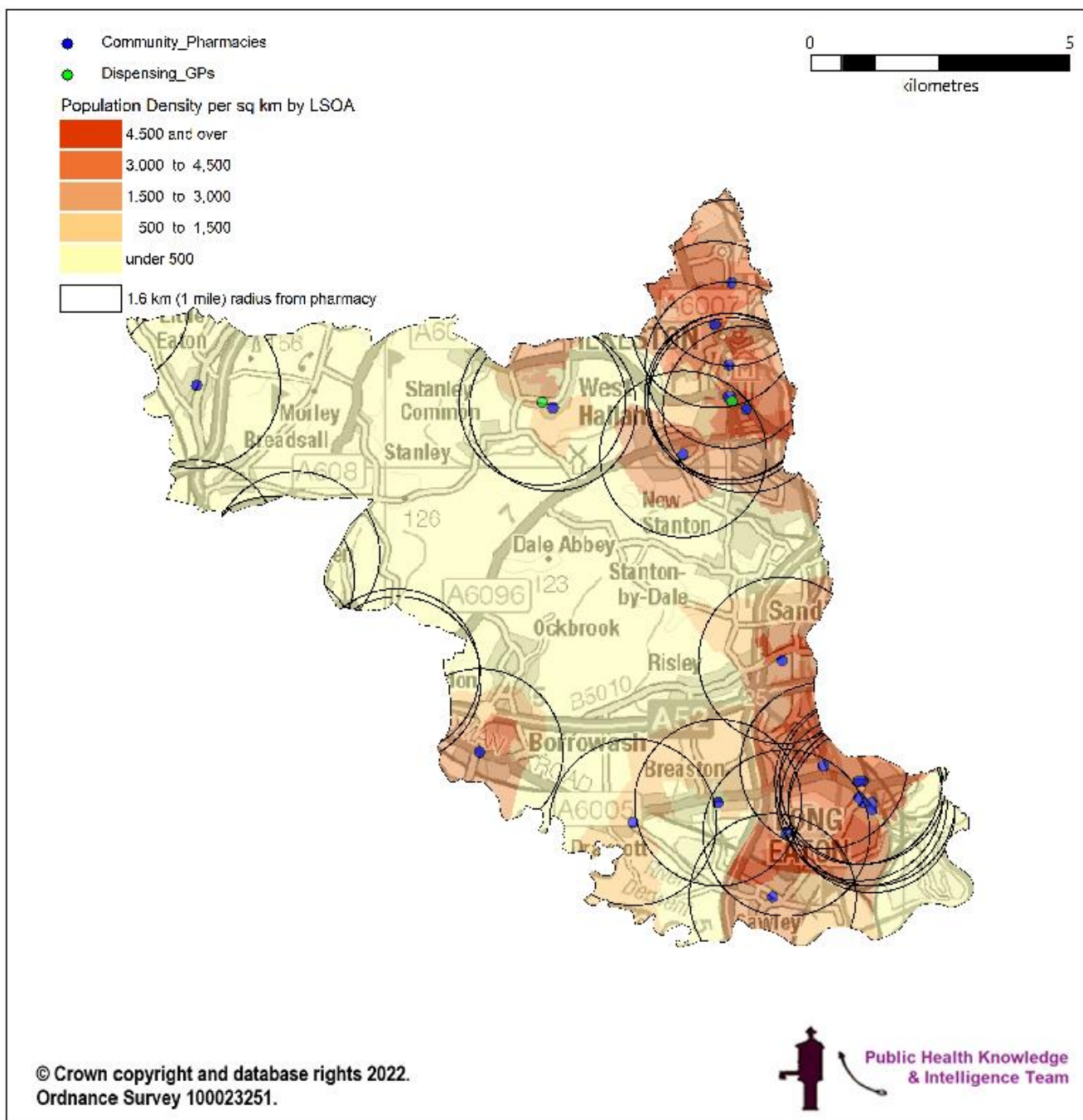
NHS England	Erewash		Joined Up Care Derbyshire	
	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
New Medicine Service (NMS)	23	20	202	25
100-hour pharmacy ²²	3	2	20	2
Flu vaccination (population)	23	20	181	22
Palliative care drugs stockist scheme	8	7	36 ²³	3
Emergency Supply Service (ESS)	19	16	154 ²³	15
Appliance Use Reviews (AUR)	0	0	2	0
Community Pharmacist Consultation Service (CPCS)	22	19	183	23
Hypertension Case Finding Service	-	-	157 ²³	15
Hepatitis C Testing	0	0	0	0
Smoking Cessation	-	-	32 ²³	3
Stoma Appliance Customisation	1	1	16	2
Discharge Medicines Service	19	16	146	18
Covid vaccination services	5	4	28	3
Extended Care Services				
Tier 1 services	15	13	107 ²³	10
Tier 2a skin services	13	11	90 ²³	9
Tier 3 Ear, Nose & Throat services	-	-	75 ²³	7
Local Authority (Public Health)				
Emergency Hormonal Contraception	14	12	98	9
Supervised Consumption	15	13	144	14
Needle Exchange	4	3	66	6

²² 100-hour pharmacy provision has been included in individual Derby and District pharmaceutical services tables throughout this section. Whilst not a commissioned service, it was felt appropriate to reflect the number of pharmacies operating with 100-hour conditions as an indication of increased access and availability.

²³ Excluding Glossopdale



Figure 27: Map of pharmaceutical service coverage in Erewash



Accessibility

There are 20 pharmacies to every 100,000 population in Erewash, compared to the national average of 21. There are two 100-hour pharmacies in the area (10% of the total). Figure 27 demonstrates that most of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy.

Strategic priorities and key health needs

Strategic priorities and key health needs Priorities in Erewash include encouraging healthy lifestyles, raising aspirations of young people, and reducing alcohol misuse. Key additional health needs include (but are not limited to):

- Child poverty
- Violent crime and antisocial behaviour
- Unemployment



- School absenteeism
- Home care provision
- Excess weight
- Recorded Diabetes

Future housing plans

The Erewash adopted Core Strategy has a target for 6,250 new residential dwellings to be built for the plan period 2011 to 2028, with large developments at Stanton and Ilkeston. Of these new dwellings, a target of 1,200 affordable homes over the plan period is considered appropriate.

Future housing plans

The Erewash adopted Core Strategy has a target for 6,250 new residential dwellings to be built for the plan period 2011 to 2028, with large developments at Stanton and Ilkeston. Of these new dwellings, a target of 1,200 affordable homes over the plan period is considered appropriate.

Statement of pharmaceutical need: Erewash

This PNA found that the pharmaceutical need in the Erewash area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.



2.2.6 High Peak

The borough of High Peak is located within the northwest of Derbyshire and contains the five market towns of Glossop, New Mills, Whaley Bridge, Chapel-en-le-Frith and Buxton. The area largely comprises the Peak District National Park; a popular tourist destination that also covers parts of Yorkshire, Staffordshire, and Cheshire. High Peak ranks 202nd out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are small pockets of deprivation in the area. For instance, 21.7% of households are deprived in two or more dimensions, although this is lower than the Derbyshire (25.2%) and national average (24.8%).

Figure 28: Map of High Peak

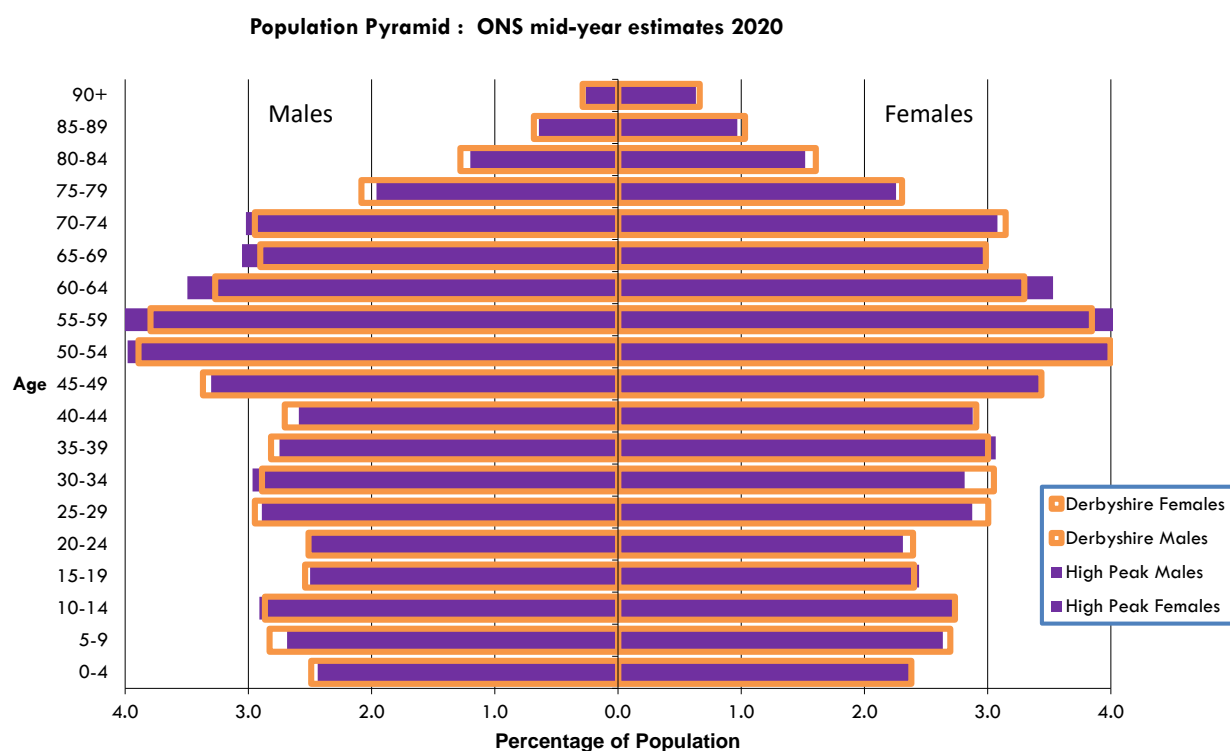




Population

High Peak has an estimated population of 92,633 that is expected to increase to 100,066 by 2043. The population of the borough is generally similar to Derbyshire as a whole, although the former has a marginally higher proportion of middle-aged people aged 45-64. The proportion of black and minority ethnic residents is generally comparable with the Derbyshire average (4.1% and 4.2% respectively).

Figure 29: High Peak Population Pyramid



Employment

Manufacturing, health, education and retail form the largest employment sectors in High Peak. Major employers include Concept Life Sciences – a leading UK provider of drug research services, and Hope Construction Materials.

NHS Services

There are 14 General Practices within High Peak. Four of these are branch practices and one provides dispensing services to local residents. Cavendish Hospital provides a range of community hospital services within the district on behalf of Derbyshire Community Health Services NHS Foundation Trust and Stockport NHS Foundation Trust. Services from the latter include diabetic medicine, geriatric medicine, ophthalmology and pain management. There are 21 pharmacies across the district all offering essential services in addition to those shown in Figure 30

Poverty

Approximately 1,921 children (12.2%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this varies considerably from 4% in Sett to 38.3% in Gamesley.

Quality of health

Of particular note in the area is the emergency hospital admissions rate for hip fractures in people aged 65 and over, which is significantly higher than the national and regional average.



Figure 30: Pharmaceutical services provided in High Peak

NHS England	High Peak		Joined Up Care Derbyshire	
	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
New Medicine Service (NMS)	19	21	202	25
100-hour pharmacy ²⁴	0	0	20	2
Flu vaccination (population)	16	17	181	22
Palliative care drugs stockist scheme	2 ²⁵	3	36 ²⁵	3
Emergency Supply Service (ESS)	9 ²⁵	15	154 ²⁵	15
Appliance Use Reviews (AUR)	0	0	2	0
Community Pharmacist Consultation Service (CPCS)	16	17	183	23
Hypertension Case Finding Service	0 ²⁵	0	157 ²⁵	15
Hepatitis C Testing	0	0	0	0
Smoking Cessation	0 ²⁵	0	32 ²⁵	3
Stoma Appliance Customisation	1	1	16	2
Discharge Medicines Service	16	17	146	18
Covid vaccination services	1	1	28	3
Extended Care Services				
Tier 1 services	6 ²⁵	10	107 ²⁵	10
Tier 2a skin services	4 ²⁵	7	90 ²⁵	9
Tier 3 Ear, Nose & Throat services	-	-	75 ²⁵	7
Local Authority (Public Health)				
Emergency Hormonal Contraception	6	6	98	9
Supervised Consumption	12	13	144	14
Needle Exchange	6	6	66	6

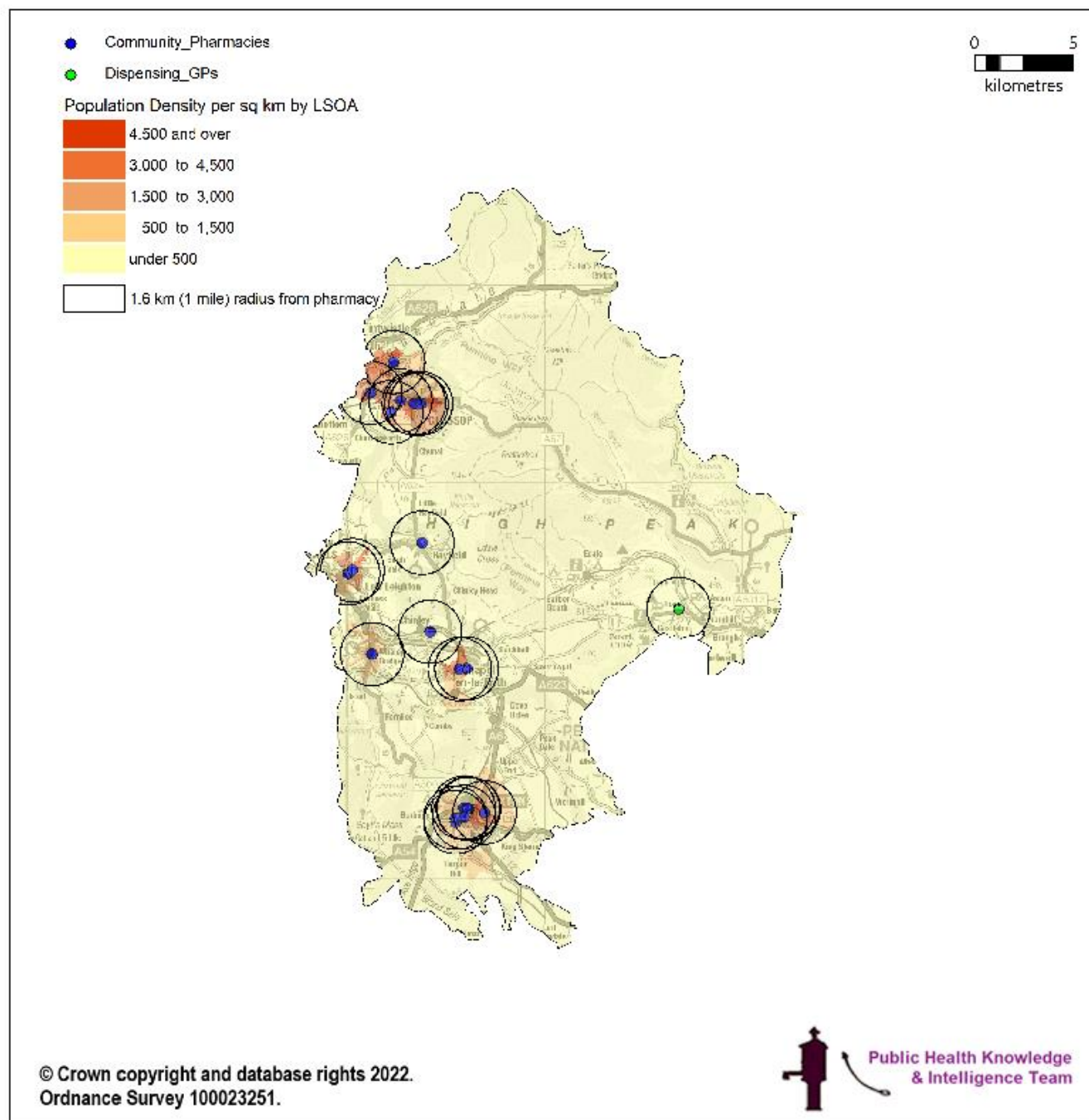
²⁴ 100-hour pharmacy provision has been included in individual Derby and District pharmaceutical services tables throughout this section. Whilst not a commissioned service, it was felt appropriate to reflect the number of pharmacies operating with 100-hour conditions as an indication of increased access and availability.

²⁵ Excluding Glossopdale



In addition, 7 pharmacies in Glossopdale, commissioned by Tameside & Glossop CCG, provide minor ailments and minor eye conditions services. After July 2022 JUCD will continue to commission these services until July 2023 when they will be reviewed.

Figure 31: Map of pharmaceutical service coverage in High Peak



Accessibility

There are 23 pharmacies to every 100,000 population in High Peak, compared to the national average of 21. There are no 100-hour pharmacies in the area. Figure 31 demonstrates that, considering the highly rural nature of the borough, much of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy or dispensing practice.



Future housing plans

The High Peak Local Housing Plan was adopted on 14 April 2016. The plan sets out a housing requirement for 7,000 new dwellings (350 per annum) over the period 2011 – 2031, with growth distributed across three Sub-Areas as follows: Glossop dale 958 – 1,242 dwellings; Central Area: 1,065 – 1,171 dwellings; and Buxton 1,136 – 1,526 dwellings.

Strategic priorities and key health needs

Priorities in the High Peak area include reducing smoking during pregnancy, inequalities in healthy life expectancy, and increasing rates of breastfeeding. Key additional health needs include (but are not limited to):

- Fuel Poverty
- Long-term unemployment
- School absenteeism
- Educational attainment
- Hospital stays for alcohol-specific conditions in young people
- Travel time to services (specifically GPs)
- Hip fractures

Statement of pharmaceutical need: High Peak

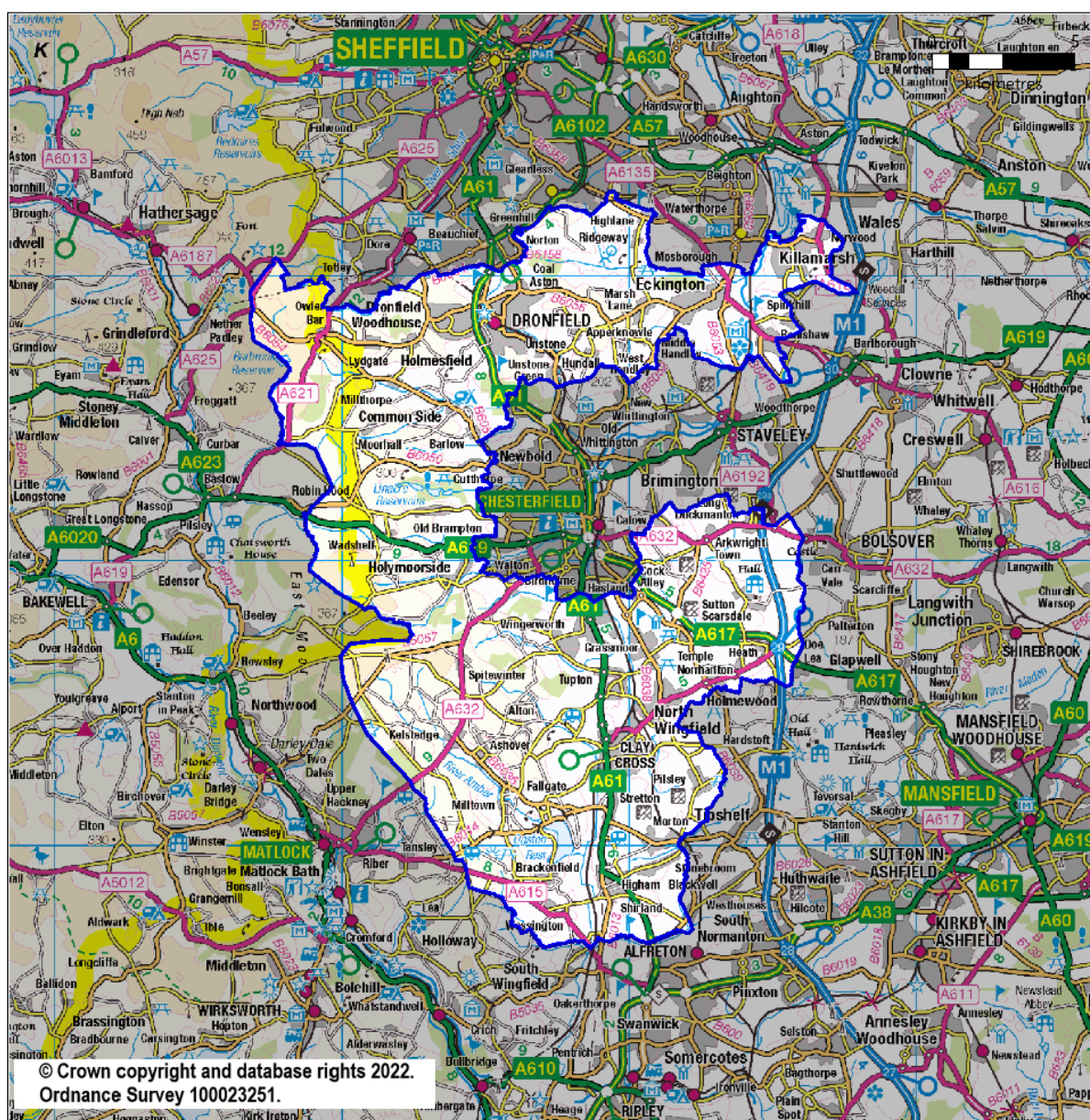
This PNA found that the pharmaceutical need in the High Peak area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.



2.2.7 North East Derbyshire

The district of North East Derbyshire has a combination of rural and urban areas covering approximately 100 square miles. It contains the market towns of Dronfield, Clay Cross, Killamarsh and Eckington, and surrounds the neighbouring borough of Chesterfield to the north, west and south. The district ranks 177th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. However, there are significant levels of inequality in which 10% of its lower super output areas are amongst the 20% most deprived nationally. The latest census data indicates that 25.7% of households are deprived in two or more dimensions. This is greater than the Derbyshire (25.2%) and national average (24.8%).

Figure 32: Map of North East Derbyshire

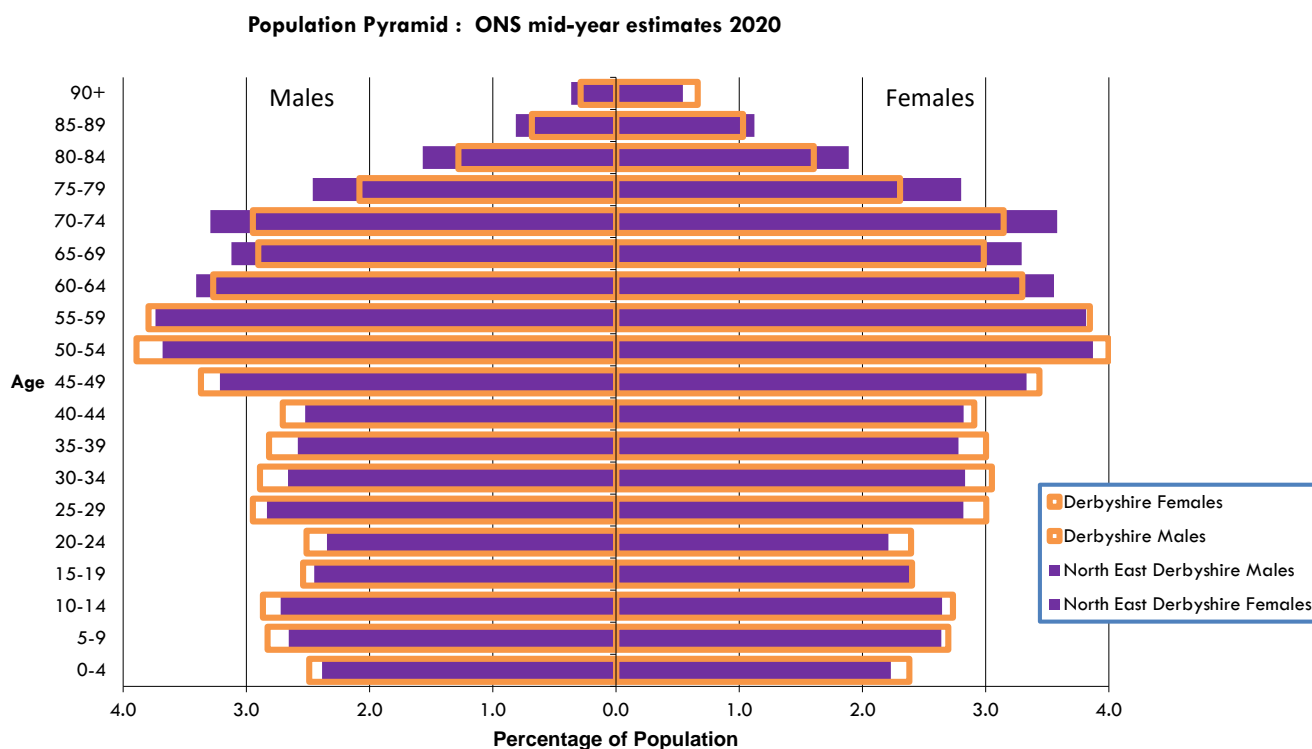




Population

North East Derbyshire has a population of 102,216 that is expected to increase to 110,583 by 2043. The population of North East Derbyshire is generally older than that of Derbyshire as a whole, with a greater proportion of individuals aged 65 and over (25% compared with 22%). There are a smaller proportion of black and minority ethnic residents than the Derbyshire and national average (3.1% compared with 4.2% and 20.2%).

Figure 33: North East Derbyshire Population Pyramid



Employment

Manufacturing is a major employment sector, accounting for 22% of employment within the district. Health, education, accommodation and food services, as well as retail comprise a significant proportion of employment in this area. Major retail centres are distributed across the town centres of Clay Cross, Dronfield, Eckington and Killamarsh.

NHS Services

There are 12 General Practices within North East Derbyshire. 9 of these are branch practices, and one provides dispensing services to local residents. There are 3 community hospitals within the area, namely Clay Cross Hospital, Scarsdale Hospital and Walton Hospital. These provide a range of services on behalf of Derbyshire Community Health Services NHS Foundation Trust. Walton Hospital also provides mental health and older people's services on behalf of Derbyshire Healthcare NHS Foundation Trust. There are 21 pharmacies within the district all offering essential services in addition to those shown in Figure 26.

Poverty

Approximately 2,332 of children (14.5%) live in poverty. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this ranges from 2.8% in Wingerworth to 33.5% in Grassmoor.



Figure 34: Pharmaceutical services provided in North East Derbyshire

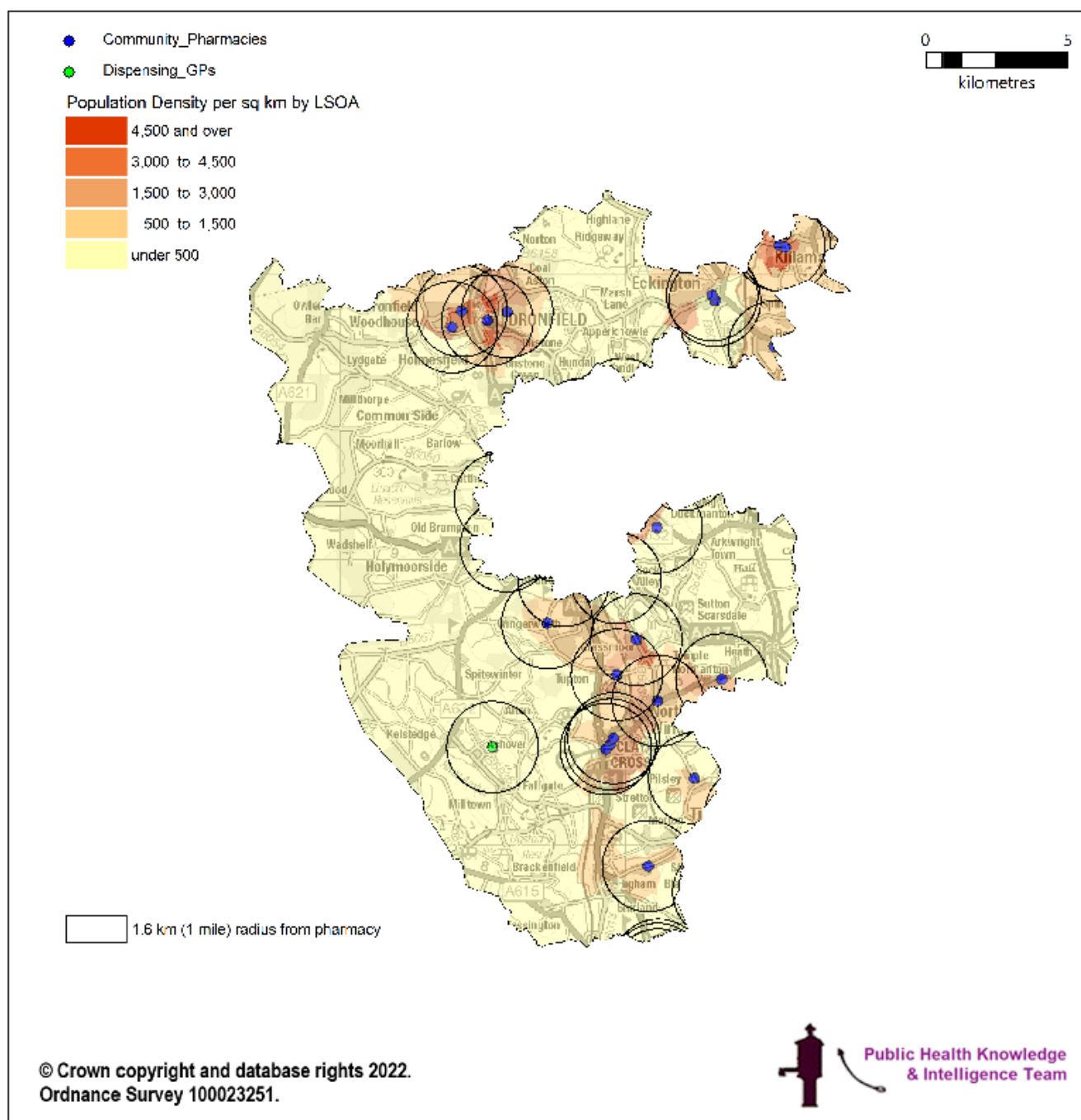
NHS England	North East Derbyshire		Joined Up Care Derbyshire	
	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
New Medicine Service (NMS)	20	20	202	25
100-hour pharmacy ²⁶	2	2	20	2
Flu vaccination (population)	18	18	181	22
Palliative care drugs stockist scheme	4	4	36 ²⁷	3
Emergency Supply Service (ESS)	17	17	154 ²⁷	15
Appliance Use Reviews (AUR)	0	0	2	0
Community Pharmacist Consultation Service (CPCS)	18	18	183	23
Hypertension Case Finding Service	-	-	157 ²⁷	15
Hepatitis C Testing	0	0	0	0
Smoking Cessation	0	0	32 ²⁷	3
Stoma Appliance Customisation	1	1	16	2
Discharge Medicines Service	17	17	146	18
Covid vaccination services	3	3	28	3
Extended Care Services				
Tier 1 services	10	10	107 ²⁷	10
Tier 2a skin services	6	6	90 ²⁷	9
Tier 3 Ear, Nose & Throat services	-	-	75 ²⁷	7
Local Authority (Public Health)				
Emergency Hormonal Contraception	11	11	98	9
Supervised Consumption	15	15	144	14
Needle Exchange	5	5	66	6

²⁶ 100-hour pharmacy provision has been included in individual Derby and District pharmaceutical services tables throughout this section. Whilst not a commissioned service, it was felt appropriate to reflect the number of pharmacies operating with 100-hour conditions as an indication of increased access and availability.

²⁷ Excluding Glossopdale



Figure 35: Map of pharmaceutical service coverage in North East Derbyshire



Quality of health

Of particular note in the area is the significantly higher proportion of adults classed as overweight or obese and hospital admission episodes for alcohol-related conditions in females.

Accessibility

There are 20 pharmacies to every 100,000 population in North East Derbyshire, compared to the national average of 21. There are two 100-hour pharmacies in the area (10% of the total). Figure 35 demonstrates that, considering the highly rural nature of much of the borough, much of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy or dispensing practice.



Strategic priorities and key health needs

Priorities in North East Derbyshire include smoking during pregnancy, reducing inequalities in healthy life expectancy, and increasing rates of breastfeeding. Key additional health needs include (but are not limited to):

- Unemployment and economic activity
- Home care provision
- Excess weight
- Hospital stays for self-harm
- Hospital stays for alcohol-related harm
- Recorded Diabetes

Future housing plans

The North East Derbyshire Local Plan Consultation Draft (LPCD) was published in February 2017. In this district the target is to build 6,600 homes by 2031. The largest sites are expected to be The Avenue, Wingerworth (up to 1,100 homes) Biwater, Clay Cross (up to 1,000 homes), Dronfield, Eckington, Killamarsh and Coalite near Bolsover.

Statement of pharmaceutical need: North East Derbyshire

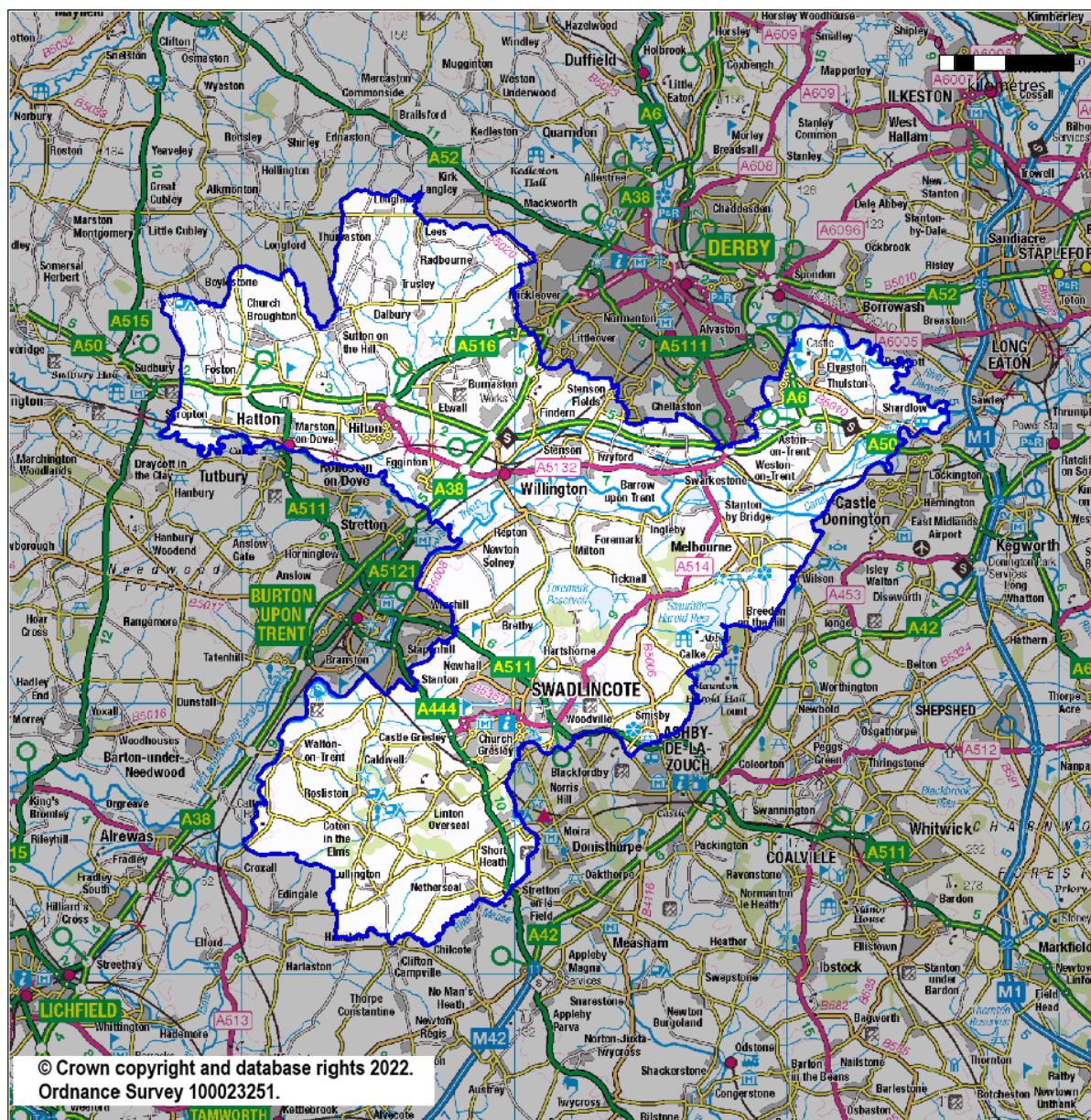
This PNA found that the pharmaceutical need in the North East Derbyshire area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.



2.2.8 South Derbyshire

The South Derbyshire district is largely rural and covers a third of the National Forest; a varied landscape area that incorporates ancient woodlands and wildlife habitats. It also contains the market towns of Melbourne and Swadlincote and the town of Hilton. The area has a relatively low level of deprivation and ranks 218th out of 316 English local authority districts in the 2019 English Index of Multiple Deprivation, where 1 is the most deprived. A significant proportion of households are not deprived in any dimension (48.9%), which is higher than the Derbyshire (43.5%) and national (42.5%) average.

Figure 36: Map of South Derbyshire

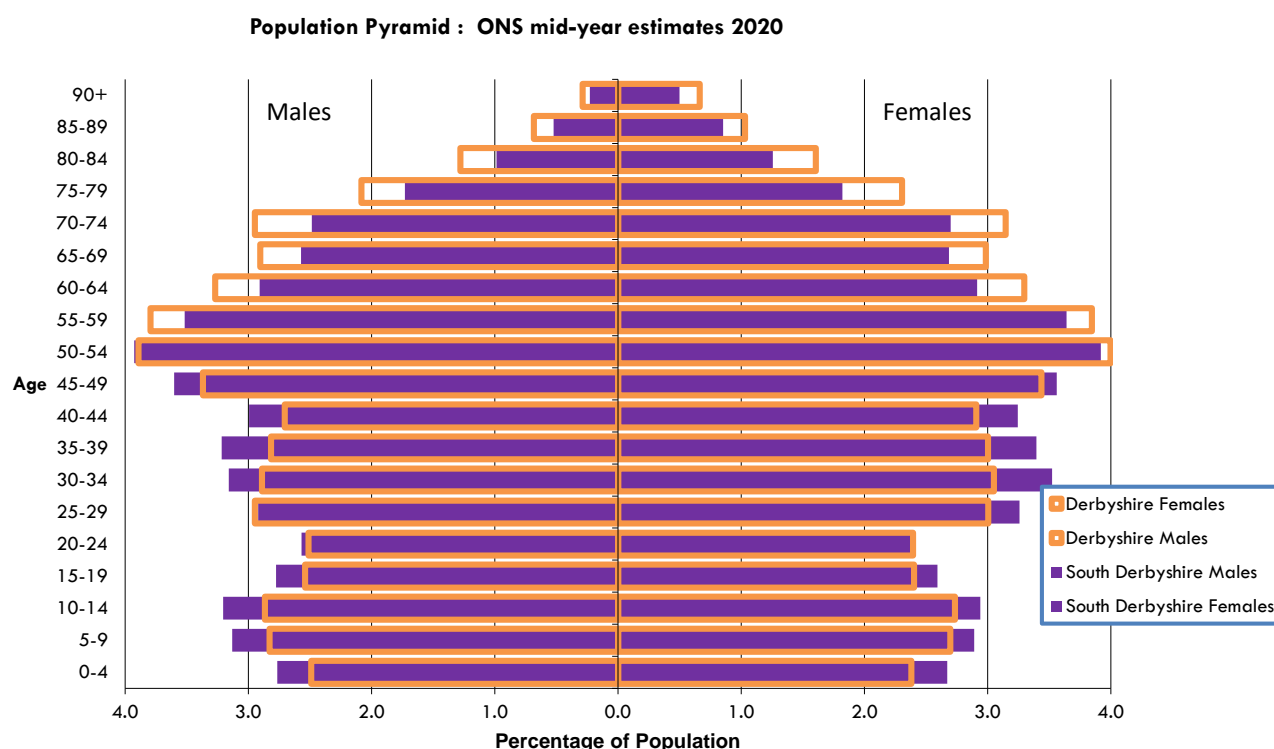




Population

The district has a population of 109,516 that is expected to increase to 135,951 by 2043. The age structure of South Derbyshire is marginally younger than Derbyshire with a higher proportion of younger to middle-aged people aged 25-49 (33%). The proportion of black and minority ethnic residents (6.0%) is greater than the Derbyshire average but considerably lower than the national average (4.2% and 20.2% respectively).

Figure 37: South Derbyshire Population Pyramid



Employment

Manufacturing accounts for a large proportion of employment within the area. Key businesses include Toyota Motor Manufacturing and JCB, which is involved in the production of construction and agricultural equipment. Health and education also comprise a large proportion of employment within the district.

NHS Services

There are 8 General Practices within the district. Three of these are branch practices and there are no dispensing practices. There are also 15 pharmacies within the district all offering essential services in addition to those shown in Figure 38.

Poverty

Approximately 2,153 children (11.4%) live in poverty in South Derbyshire. These children live in income-deprived families who experience deprivation relating to low income. At a ward level this ranges from 3.6% in Aston to 18% in Newhall and Stanton.

Quality of health

Of particular note in the area is the high level of excess winter deaths within all ages but particularly in those aged 85+.



Figure 38: Pharmaceutical services provided in Southern Derbyshire

NHS England	South Derbyshire		Joined Up Care Derbyshire	
	No. pharmacies	Rate per 100,000	No. pharmacies	Rate per 100,000
New Medicine Service (NMS)	14	13	202	25
100-hour pharmacy ²⁸	2	2	20	2
Flu vaccination (population)	12	11	181	22
Palliative care drugs stockist scheme	6	5	36 ²⁹	3
Emergency Supply Service (ESS)	12	11	154 ²⁹	15
Appliance Use Reviews (AUR)	0	0	2	0
Community Pharmacist Consultation Service (CPCS)	12	11	183	23
Hypertension Case Finding Service	-	-	157 ²⁹	15
Hepatitis C Testing	0	0	0	0
Smoking Cessation	0	0	32 ²⁹	3
Stoma Appliance Customisation	0	0	16	2
Discharge Medicines Service	8	7	146	18
Covid vaccination services	2	2	28	3
Extended Care Services				
Tier 1 services	10	9	107 ²⁹	10
Tier 2a skin services	9	8	90 ²⁹	9
Tier 3 Ear, Nose & Throat services	-	-	75 ²⁹	7
Local Authority (Public Health)				
Emergency Hormonal Contraception	9	8	98	9
Supervised Consumption	9	8	144	14
Needle Exchange	4	4	66	6

²⁸ 100-hour pharmacy provision has been included in individual Derby and District pharmaceutical services tables throughout this section. Whilst not a commissioned service, it was felt appropriate to reflect the number of pharmacies operating with 100-hour conditions as an indication of increased access and availability.

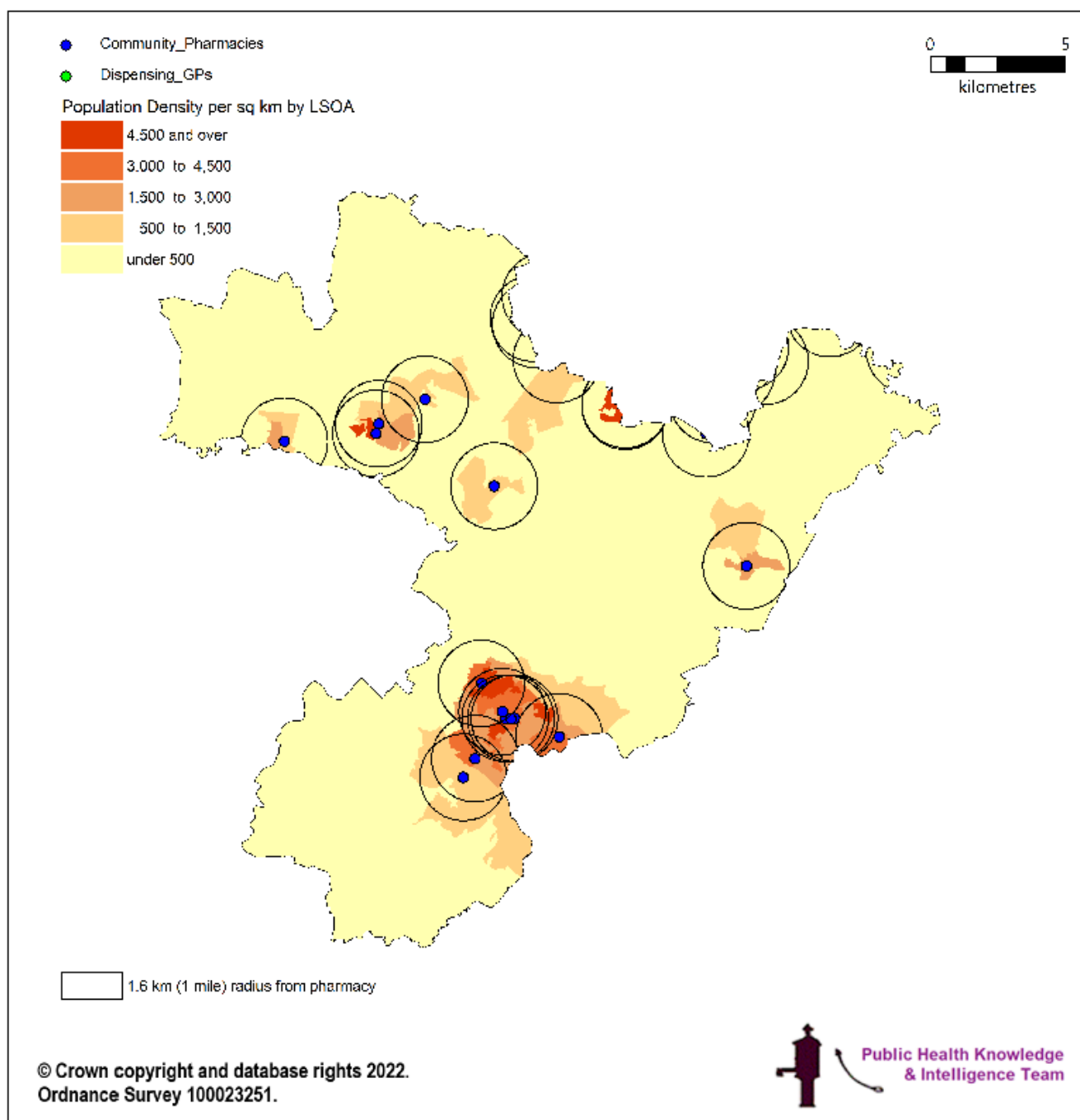
²⁹ Excluding Glossopdale



Accessibility

There are 13 pharmacies to every 100,000 population in South Derbyshire, compared to the national average of 21. There are two 100-hour pharmacies in the area (13% of the total). Figure 39 demonstrates that, considering the highly rural nature of much of the borough, much of the population will be within 1.6km (a 1 mile walk of approximately 20 mins) of a pharmacy or dispensing practice some of which may within the Derby City boundary.

Figure 39: Map of pharmaceutical service coverage in South Derbyshire





Strategic priorities and key health needs

Strategic priorities in South Derbyshire are:-

- Health inequalities between different communities are reduced
- People are supported to improve both their physical and mental wellbeing
- Older people, people with dementia and other long-term conditions and their carers have a good quality of life, retain their independence for as long as possible, and receive the support they need at the end of their lives
- Reducing social isolation and loneliness
- Supporting communities to respond to and recover from the impact of the Covid 19 pandemic

Key additional health needs include (but are not limited to), reducing excess weight in adults and children, reducing smoking during pregnancy, reducing inequalities in healthy life expectancy and increasing breastfeeding.

Future housing plans

South Derbyshire have an adopted local plan which sets a housing target of around 12,000 new homes between 2011 and 2028. Many of these will be on the edge of Derby so are included in the 7,000 urban extensions on the edge of Derby City, but they will also have several thousand new homes in South Derbyshire away from the city.

Statement of pharmaceutical need: South Derbyshire

This PNA found that the pharmaceutical need in the South Derbyshire area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.



3 POPULATION HEALTH NEEDS

3.1 Population characteristics

The populations of Derby and Derbyshire were estimated as 256,814 and 807,183 people respectively in 2020 (Figure 40). Since 2012 the population has increased:

- Derby City population has grown by 6,232 people (2.5% increase over the decade)
- Derbyshire County population has grown by 33,457 people (4.3% increase over the decade)

Figure 40: ONS mid-2020 population estimates

	Derby	Derbyshire	East Midlands	UK
Males	127,639	396,425	2,407,678	33,145,709
Females	129,175	410,758	2,457,905	33,935,525
All people	256,814	807,183	4,865,583	67,081,234

3.1.1 Age

In Derby City, 160,852 (62.6%) of the population are aged 16-64 years, compared to Derbyshire where 493,210 (61.1%) of the population are in this age group.

- Derby City has a higher proportion of younger people (aged <40 years) than England
- One in every four residents of Derby is a child or young person (aged <18 years)
- Derbyshire County has a higher proportion of middle aged and older adults than national average.

Figure 41: Mid 2020 population pyramid for Derby with England comparison

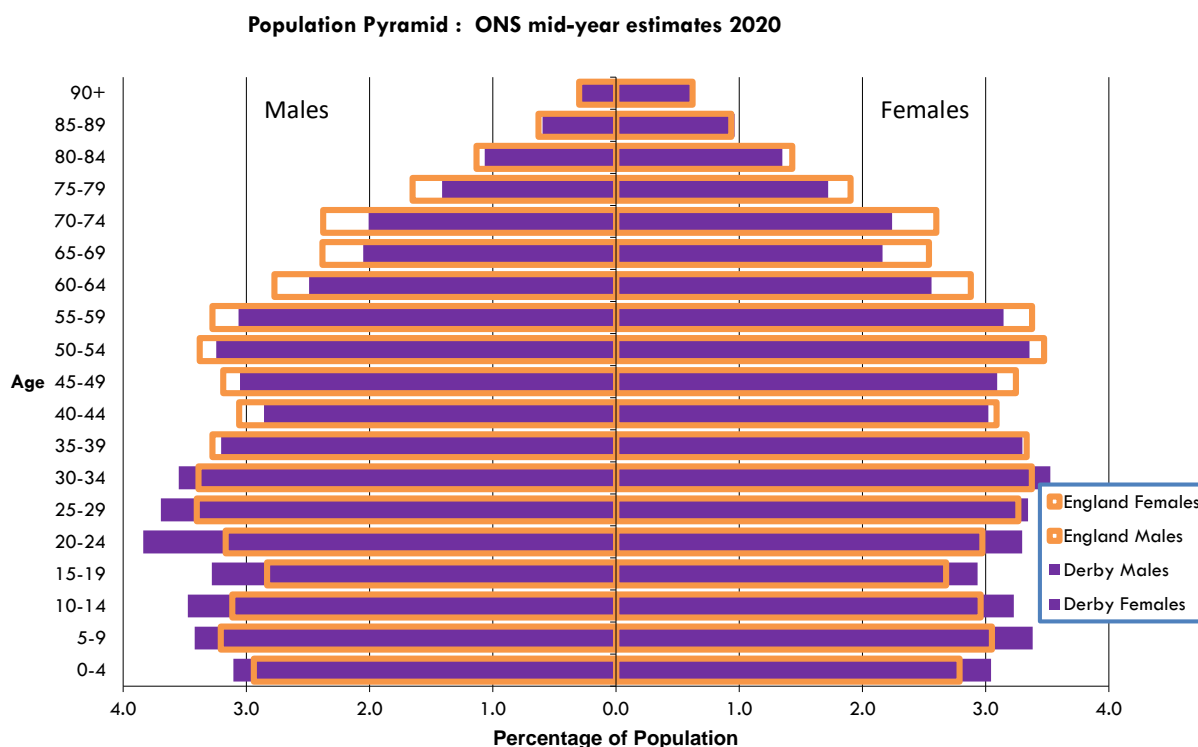
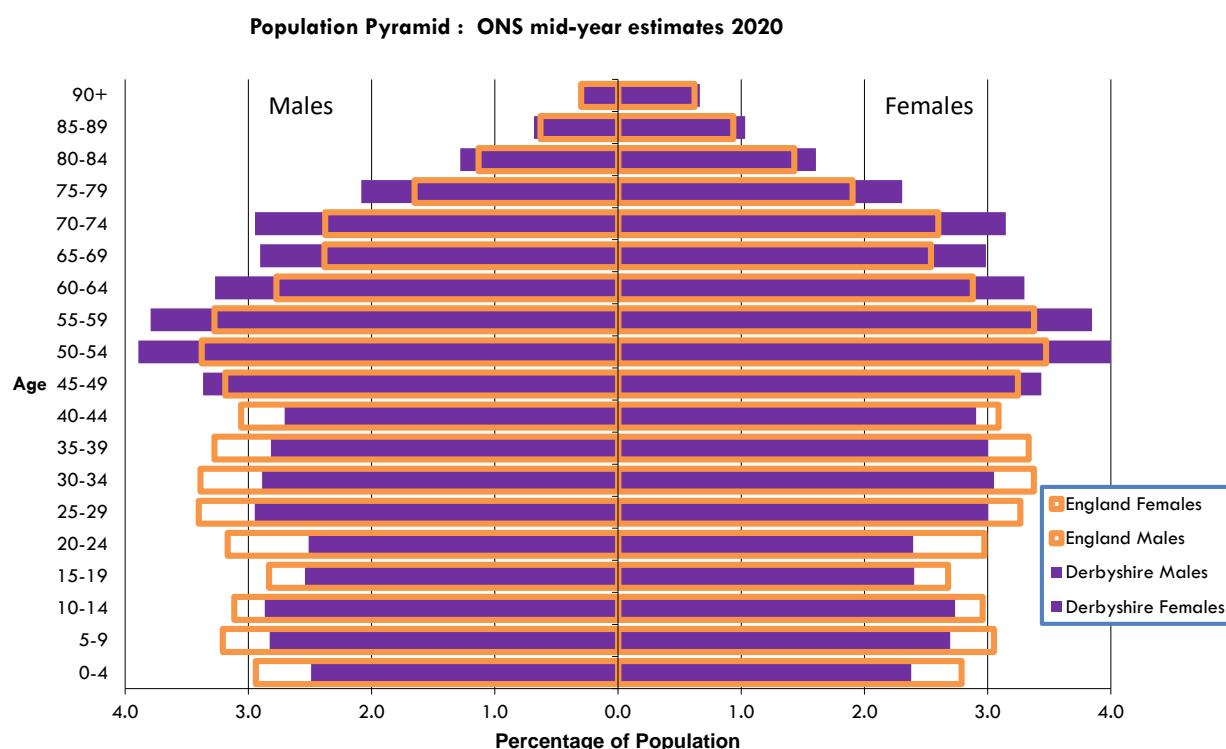




Figure 42: Mid 2020 population pyramid for Derbyshire with England comparison



Specifically, the population estimates by age groups (Figure 43) indicate high proportions of young people in Derby, Bolsover, Erewash and South Derbyshire and high proportions of older people living in Derbyshire Dales and North East Derbyshire.

Figure 43: ONS Mid-2020 population estimates for Derby City and Derbyshire districts

	Age Groups								
Local authority districts	<18		18-39		40-64		65+		Total
	N	%	N	%	N	%	N	%	N
Derby	59,691	23	78,013	30	76,749	30	42,361	16	256,814
Amber Valley	24,188	19	30,961	24	44,833	35	28,847	22	128,829
Bolsover	16,047	20	21,102	26	27,739	34	16,417	20	81,305
Chesterfield	19,874	19	27,010	26	35,535	34	22,511	21	104,930
Derbyshire Dales	12,261	17	13,909	19	26,326	36	19,926	28	72,422
Erewash	22,950	20	29,511	26	39,062	34	23,809	21	115,332
High Peak	17,596	19	22,146	24	32,918	36	19,973	22	92,633
North East Derbyshire	18,726	18	23,381	23	34,711	34	25,398	25	102,216
South Derbyshire	23,115	21	28,827	26	37,486	34	20,088	18	109,516

3.1.2 Census resident population

The census is taken every ten years and is an opportunity to capture a detailed snapshot of the population and various characteristics. The most recent census was conducted in 2021, however, the data is not yet available at the time of the PNA publication. The last available census data from 2011 provided a usual resident population by age groups for the Derby City wards (Figure 44 & Figure 45) and the Derbyshire Districts (Figure 46 & Figure 47), further demonstrating that a large number of people in younger age groups reside in Derby and a large number of middle-aged adults reside in Derbyshire.



Figure 44: The 2011 Census usual resident population by broad age band, Derby wards and England

	Age Bands					
Area Name	0-4	5-15	16-24	25-64	65-84	85+
Abbey	1,063	1,479	3,480	7,636	1,383	293
Allestree	624	1,664	1,120	6,520	3,201	493
Alvaston	1,332	1,936	2,160	8,651	1,852	324
Arboretum	1,761	2,535	3,150	9,536	1,394	214
Blagreaves	780	1,757	1,365	6,551	2,263	339
Boulton	917	2,009	1,672	6,902	2,083	293
Chaddesden	862	1,818	1,490	6,835	2,075	333
Chellaston	1,089	2,292	1,429	7,994	2,049	345
Darley	745	1,197	3,398	7,535	1,642	380
Derwent	1,271	2,110	1,768	7,020	1,717	216
Littleover	901	2,388	1,401	7,749	1,678	258
Mackworth	897	1,510	3,052	6,722	1,650	349
Mickleover	683	1,543	1,235	7,408	2,700	453
Normanton	1,798	2,888	2,332	8,224	1,520	309
Oakwood	907	1,774	1,448	7,517	1,459	154
Sinfin	1,443	2,618	1,971	7,592	1,326	178
Spondon	670	1,415	1,233	6,311	2,432	316
Derby	17,743	32,933	33,704	126,703	32,424	5,245
England	3,318,449	6,704,387	6,284,760	28,044,331	7,480,401	1,180,128

Figure 45: Percentage of 2011 Census resident population in broad age band, Derby wards and England

	Age Bands					
Area Name	0-4 (%)	5-15 (%)	16-24 (%)	25-64 (%)	65-84 (%)	85+ (%)
Abbey	6.9	9.6	22.7	49.8	9.0	1.9
Allestree	4.6	12.2	8.2	47.9	23.5	3.6
Alvaston	8.2	11.9	13.3	53.2	11.4	2.0
Arboretum	9.5	13.6	16.9	51.3	7.5	1.2
Blagreaves	6.0	13.5	10.5	50.2	17.3	2.6
Boulton	6.6	14.5	12.1	49.7	15.0	2.1
Chaddesden	6.4	13.6	11.1	51.0	15.5	2.5
Chellaston	7.2	15.1	9.4	52.6	13.5	2.3
Darley	5.0	8.0	22.8	50.6	11.0	2.6
Derwent	9.0	15.0	12.5	49.8	12.2	1.5
Littleover	6.3	16.6	9.7	53.9	11.7	1.8
Mackworth	6.3	10.6	21.5	47.4	11.6	2.5
Mickleover	4.9	11.0	8.8	52.8	19.3	3.2
Normanton	10.5	16.9	13.7	48.2	8.9	1.8
Oakwood	6.8	13.4	10.9	56.7	11.0	1.2
Sinfin	9.5	17.3	13.0	50.2	8.8	1.2
Spondon	5.4	11.4	10.0	51.0	19.6	2.6
Derby	7.1	13.2	13.5	50.9	13.0	2.1
England	6.3	12.6	11.9	52.9	14.1	2.2



- A comparatively large proportion of the population in the Derby wards of Normanton, Derwent, Arboretum and Sinfin are young children aged 0-4 years.
- The wards of Sinfin, Normanton and Littleover have a greater than national average proportion of children aged 5-15 years.
- One-in-five people in the wards Darley, Abbey and Mackworth are aged 16-24 years. These wards are located together and share the location of the University of Derby.
- The ward with the highest proportion of the population of working age (25-64 years) is Oakwood.
- Allestree, Spondon, and Mickleover have the greatest proportion of resident older adults (65+ years).

Figure 46: The 2011 Census usual resident population by broad age band, Derbyshire districts and England

Area Name	Age Bands					
	0-4	5-15	16-24	25-64	65-84	85+
Amber Valley	6,404	15,064	12,063	65,999	19,728	3,051
Bolsover	4,275	9,399	7,988	40,420	12,042	1,742
Chesterfield	5,778	12,415	10,958	55,346	16,513	2,778
Derbyshire Dales	3,077	8,740	6,152	37,320	13,640	2,187
Erewash	6,527	13,606	12,259	59,693	17,361	2,635
High Peak	4,961	11,515	9,677	49,070	13,701	1,968
North East Derbyshire	4,799	11,525	9,730	52,051	18,386	2,532
South Derbyshire	5,724	12,977	9,461	51,822	12,893	1,734
Derbyshire	41,545	95,241	78,288	411,721	124,264	18,627
England	3,318,449	6,704,387	6,284,760	28,044,331	7,480,401	1,180,128

Figure 47: Percentage of 2011 Census resident population in broad age band, Derbyshire districts and England

Area Name	Age Bands					
	0-4 (%)	5-15 (%)	16-24 (%)	25-64 (%)	65-84 (%)	85+ (%)
Amber Valley	5.2	12.3	9.9	54.0	16.1	2.5
Bolsover	5.6	12.4	10.5	53.3	15.9	2.3
Chesterfield	5.6	12.0	10.6	53.3	15.9	2.7
Derbyshire Dales	4.3	12.3	8.7	52.5	19.2	3.1
Erewash	5.8	12.1	10.9	53.3	15.5	2.4
High Peak	5.5	12.7	10.6	54.0	15.1	2.2
North East Derbyshire	4.8	11.6	9.8	52.6	18.6	2.6
South Derbyshire	6.1	13.7	10.0	54.8	13.6	1.8
Derbyshire	5.4	12.4	10.2	53.5	16.1	2.4
England	6.3	12.6	11.9	52.9	14.1	2.2

- There are fewer young children proportionally in all the Derbyshire districts (range: 4.3% to 6.1%) than the England average (6.3%).
- The percentage of school aged children in all the districts is similar to England.
- All districts have fewer young adults aged 16-24 years, than England (11.9%).
- The highest proportion of working aged adult population is found in the South Derbyshire district (54.8%).
- The majority of the districts have higher than national average proportions of older adult populations. In particular, the Derbyshire Dales and North East Derbyshire districts have 22.3% and 21.2% of adults aged 65+ comprising the resident population.



3.1.3 Predicted population growth

Continued growth in overall population across England is expected but increases will be unequal, with London, East of England and the South East regions experiencing rapid growth (4.9%, 5.0% and 4.4% respectively) and the North East the slowest (2.3%) over the ten year period of mid-2018 and mid-2028. The population projections are predicted to vary more widely across the local authorities, with Barrow-in-Furness in North West England preparing for a fall in population by 3.3% and Tower Hamlets within London region preparing for vast growth of 16%.

The population of Derby is projected to rise by:

- 6,244 between 2018 and 2028 (approximately 2.4% rise)
- 10,848 between 2018 and 2043 (approximately 4.1% rise)

The population of Derbyshire is projected to rise by:

- 45,646 between 2018 and 2028 (approximately 5.7% rise)
- 54,328.3 between 2018 and 2043 (approximately 6.5% rise)

The following population pyramids below show the population growth in Derby City and Derbyshire districts for the next 10 and 25 years.

Figure 48: Population projection pyramid for Derby 2028

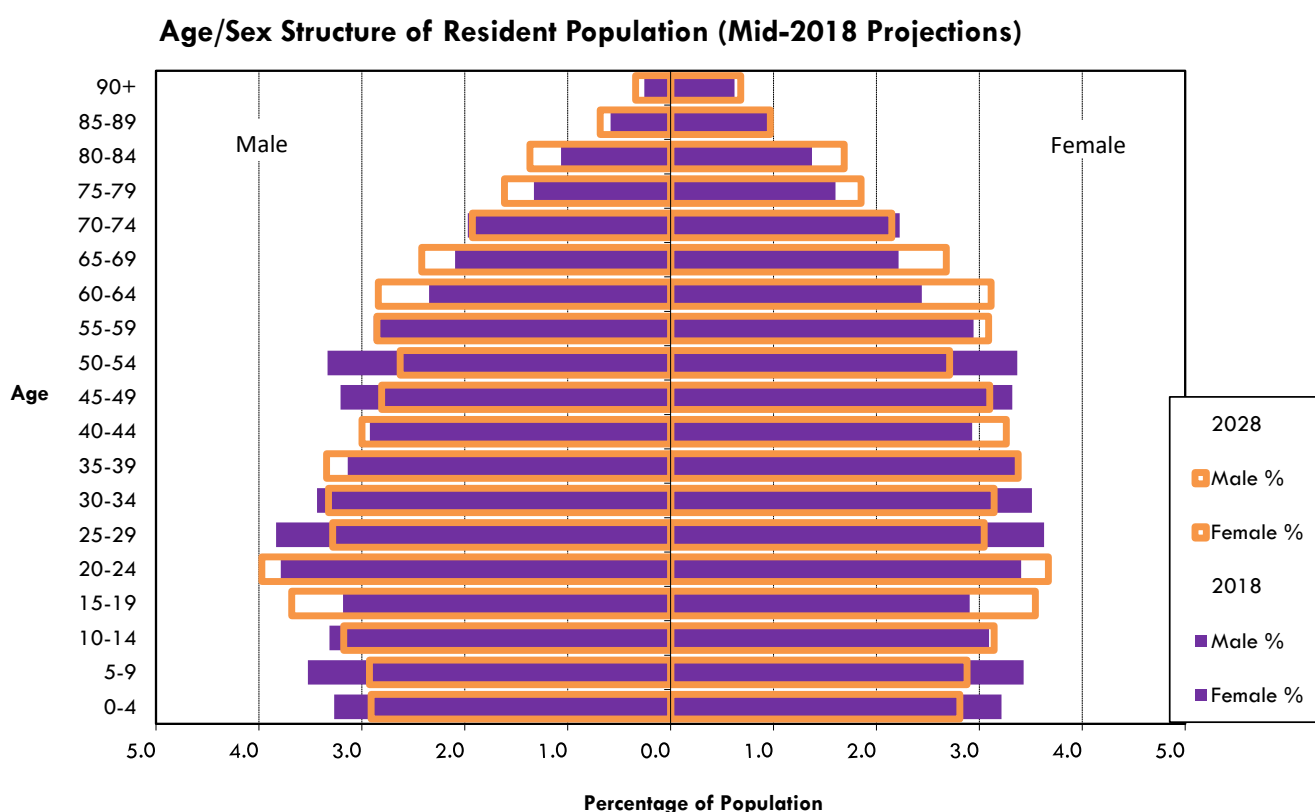




Figure 49: Population projection pyramid for Derby 2043

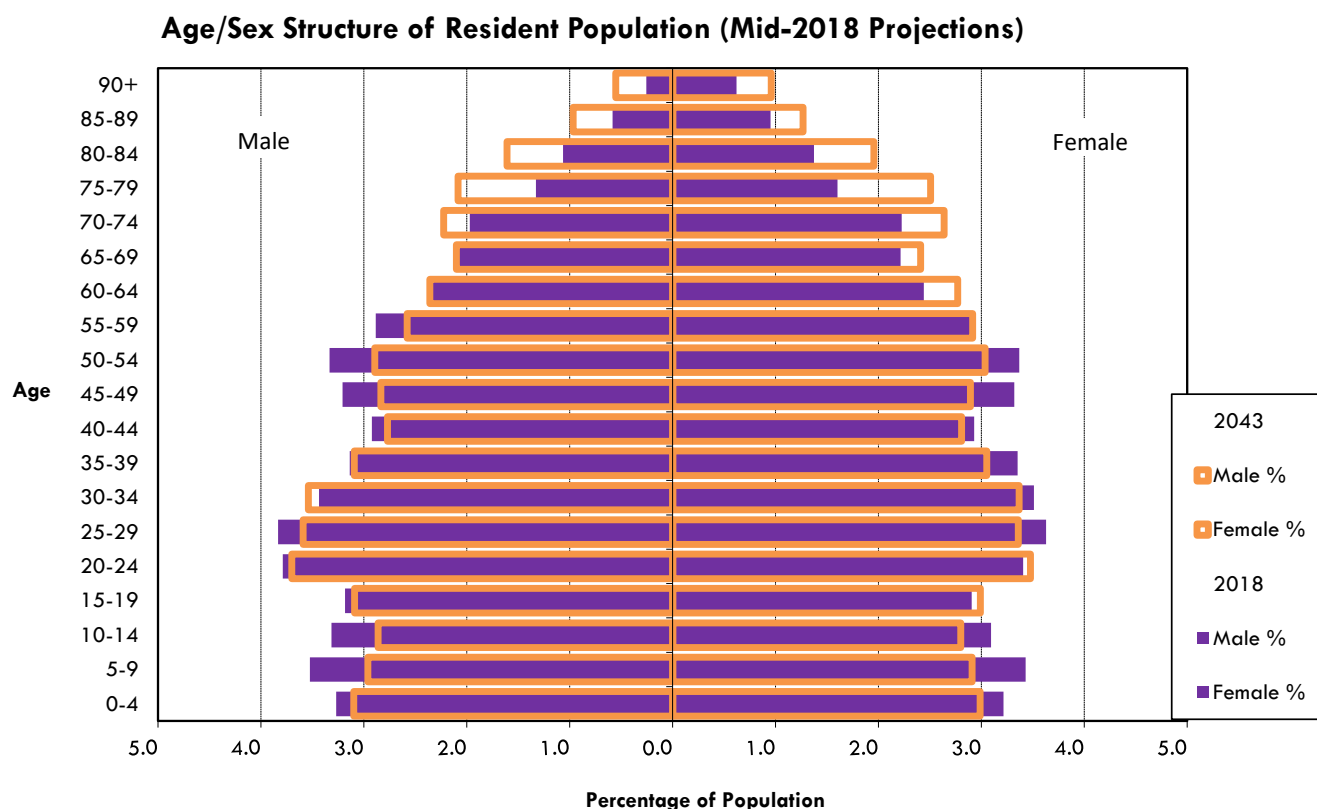


Figure 50: Population projection pyramid for Amber Valley 2028

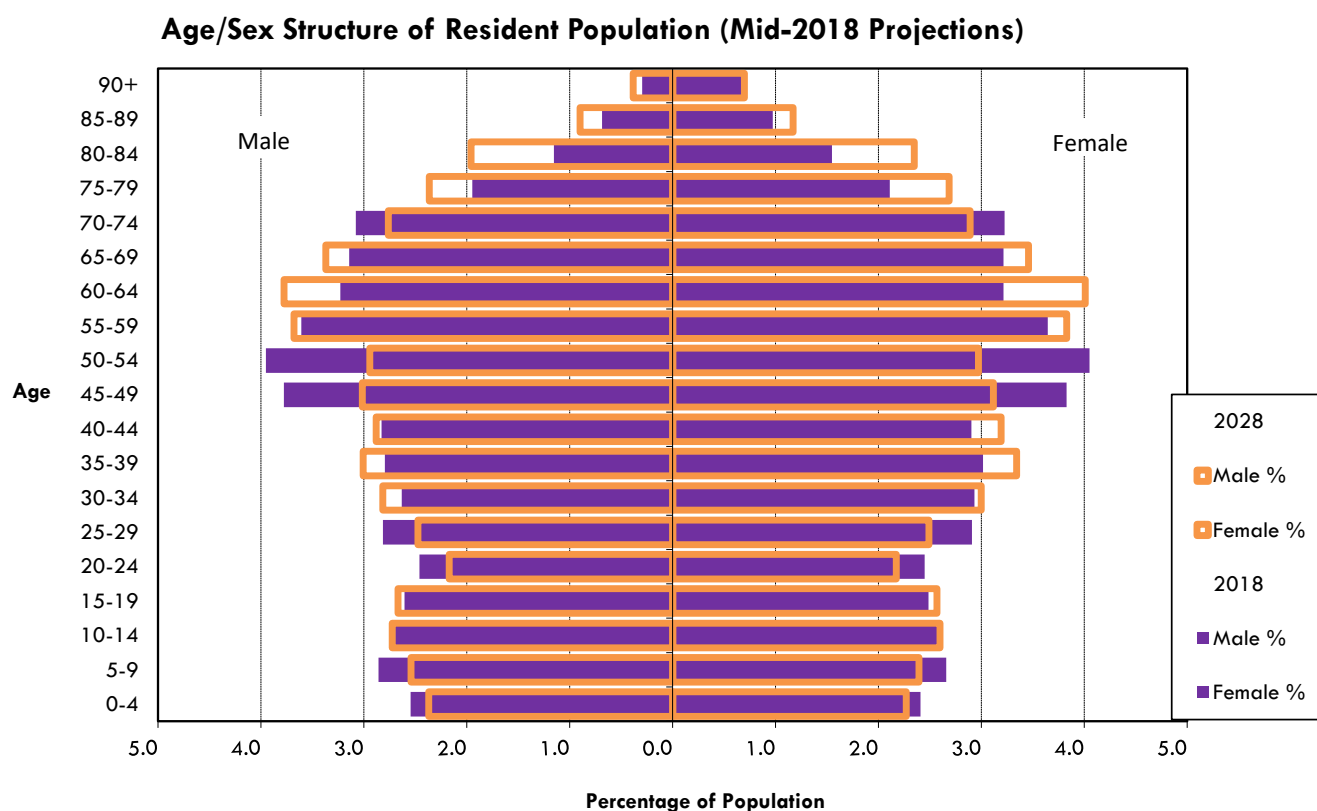




Figure 51: Population projection pyramid for Amber Valley 2043

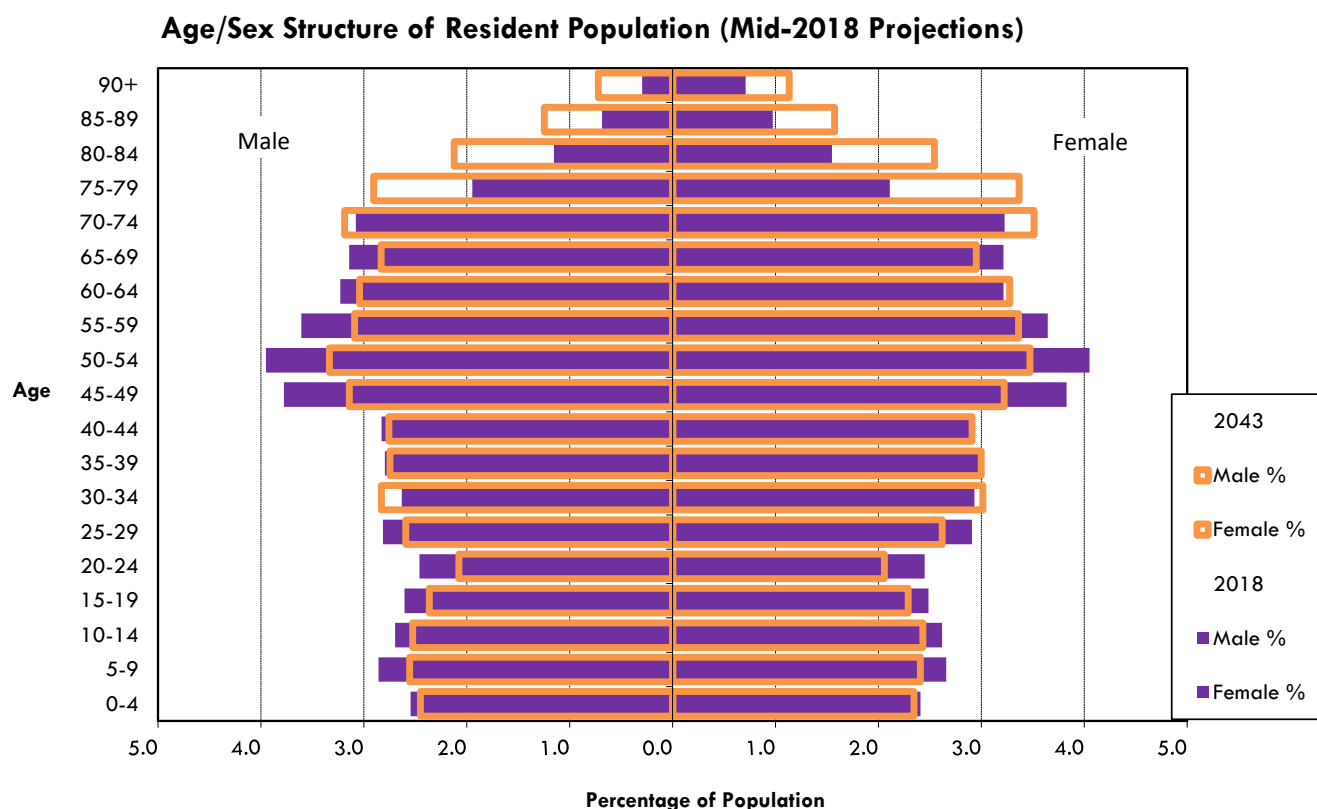


Figure 52: Population projection pyramid for Bolsover 2028

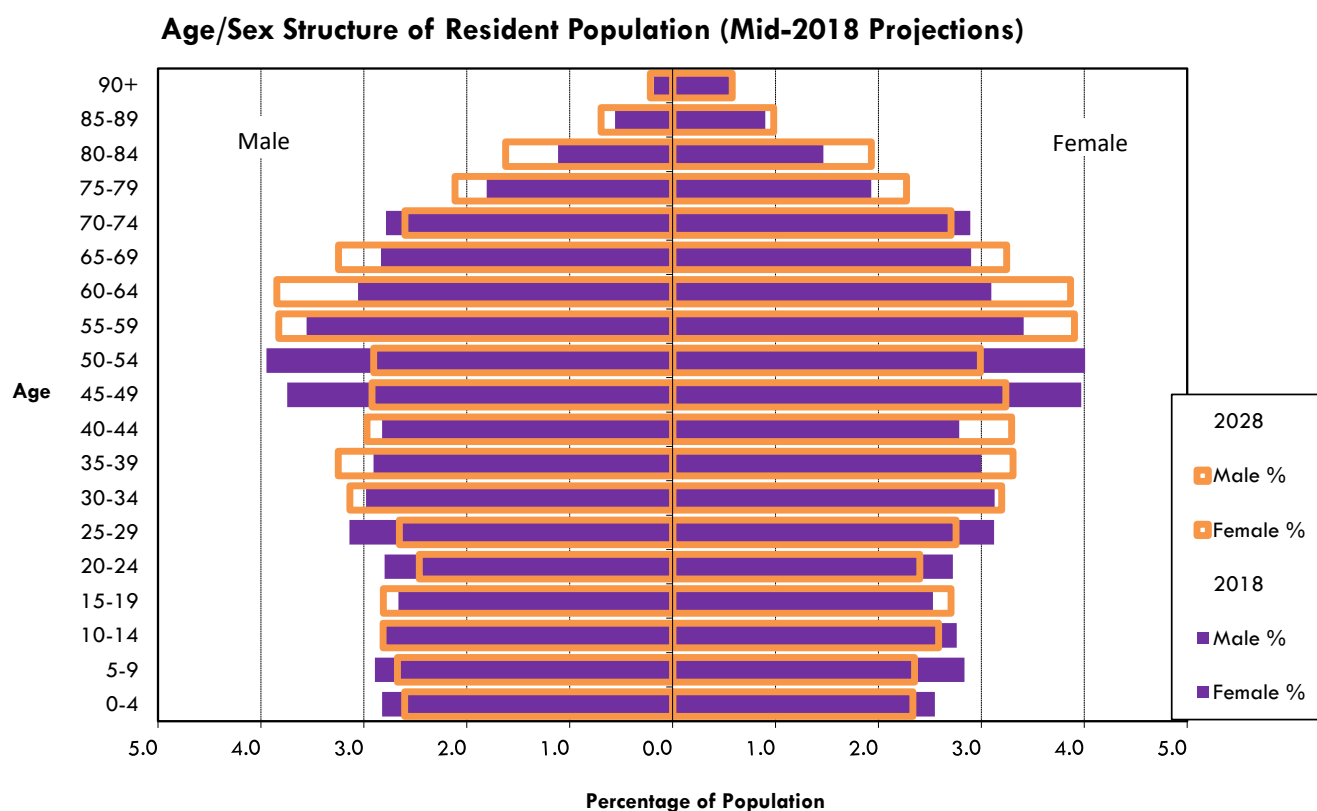




Figure 53: Population projection pyramid for Bolsover 2043

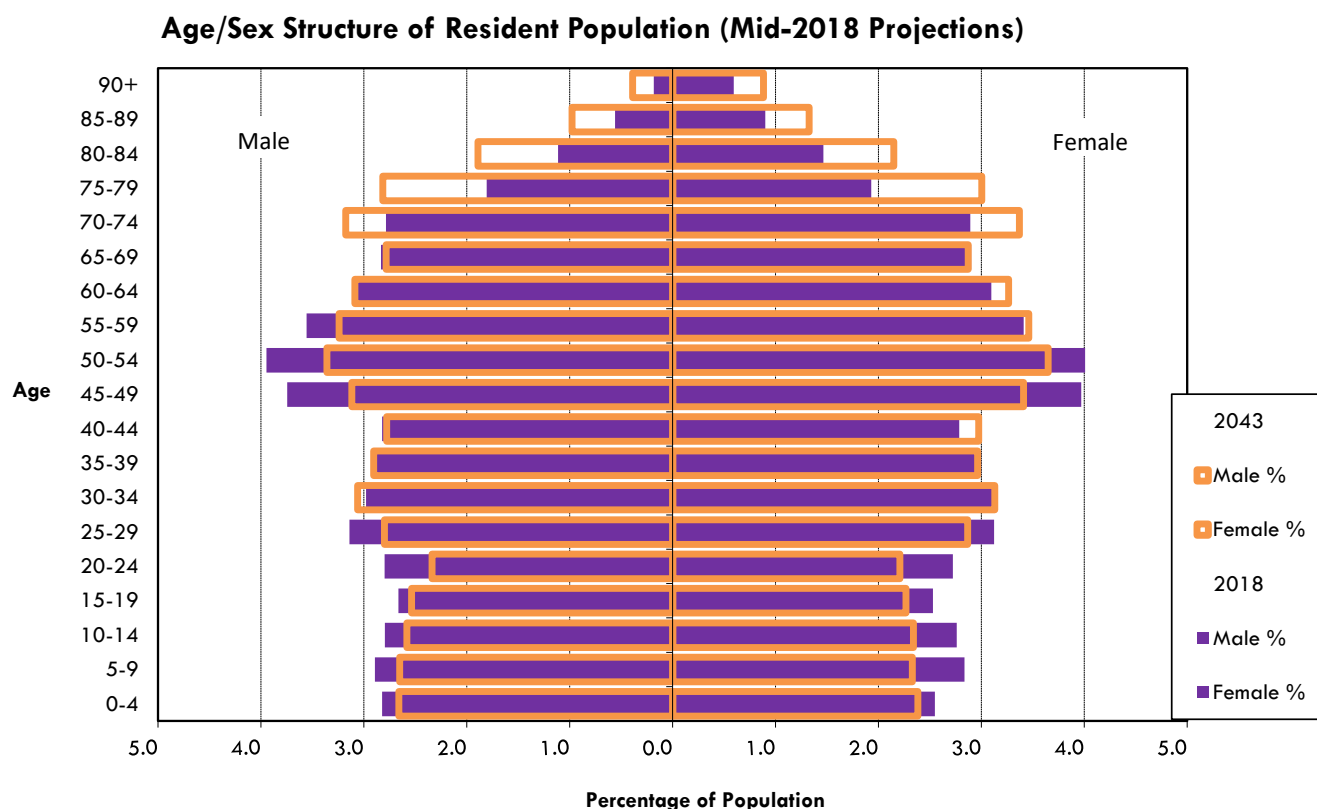


Figure 54: Population projection pyramid for Chesterfield 2028

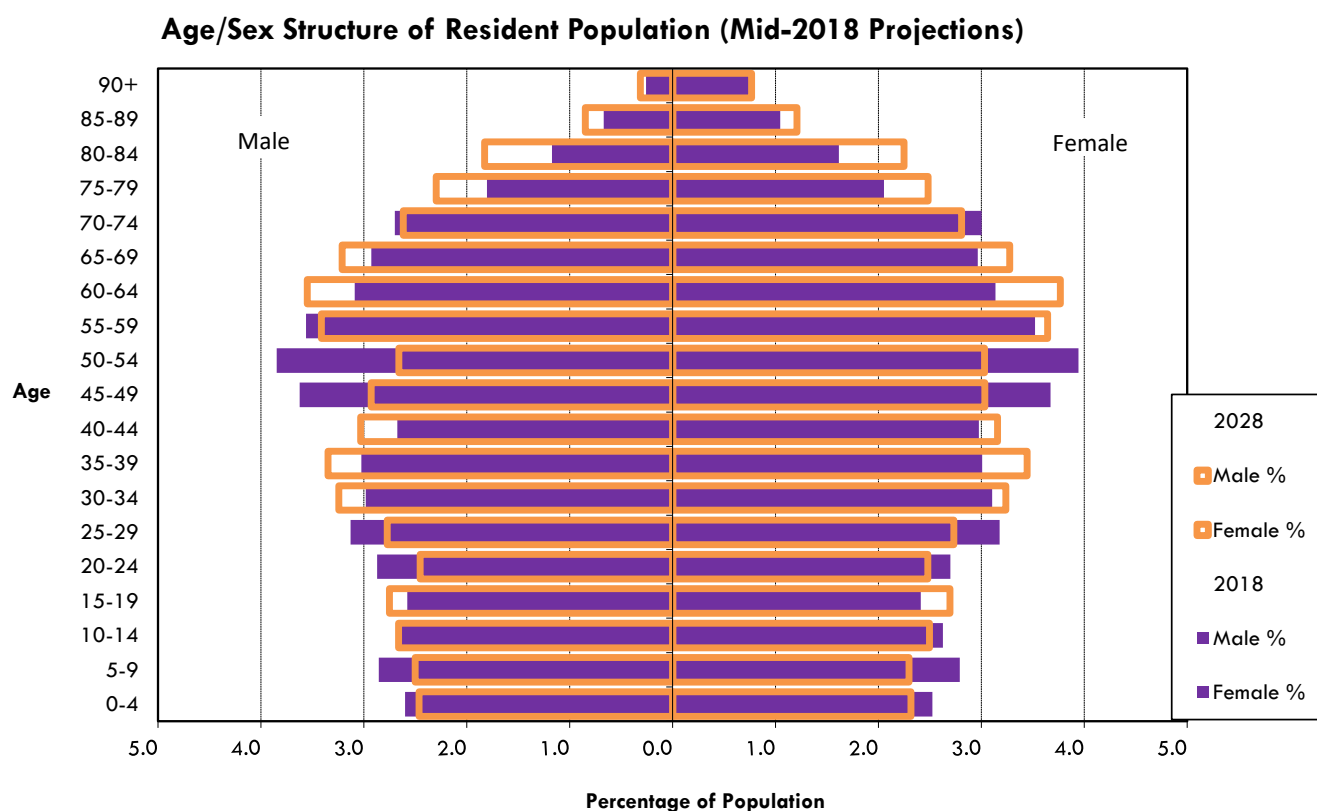




Figure 55: Population projection pyramid for Chesterfield 2043

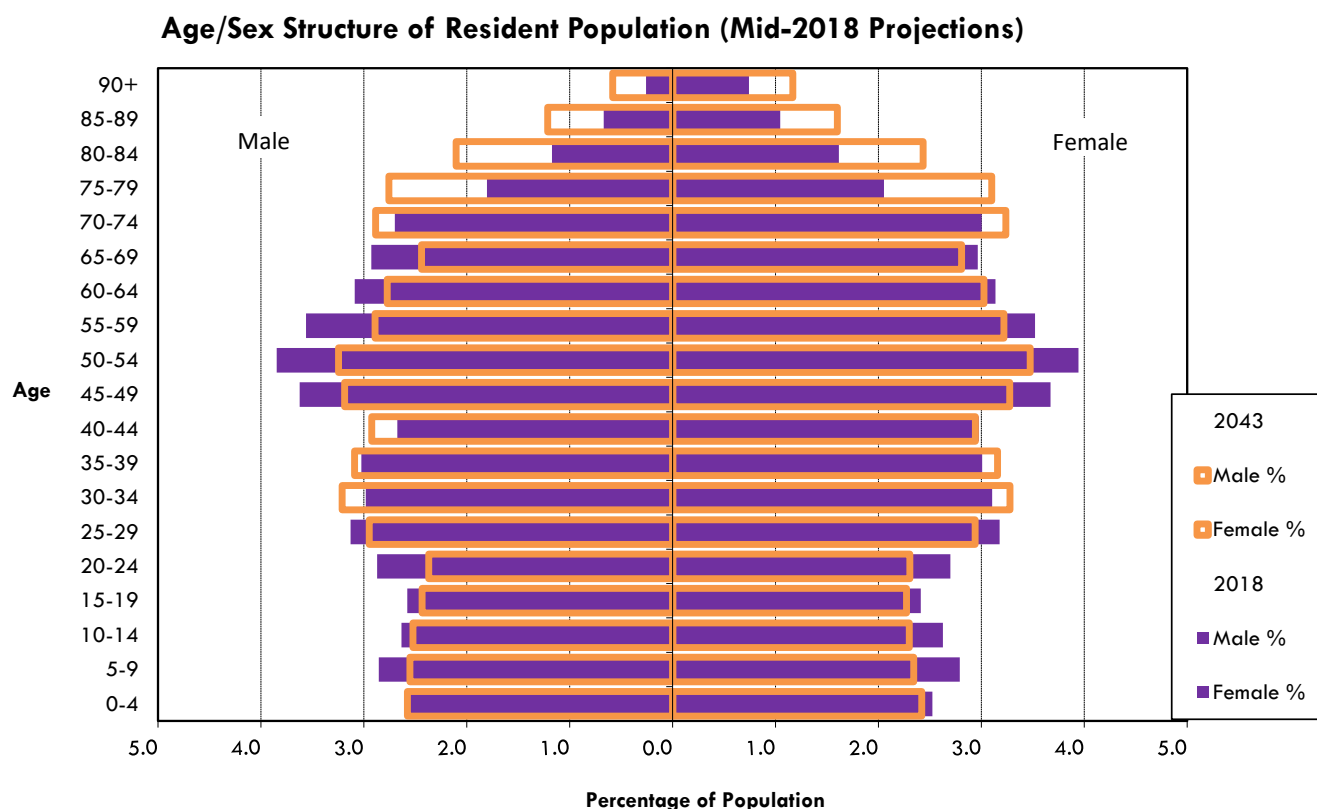


Figure 56: Population projection pyramid for Derbyshire Dales 2028

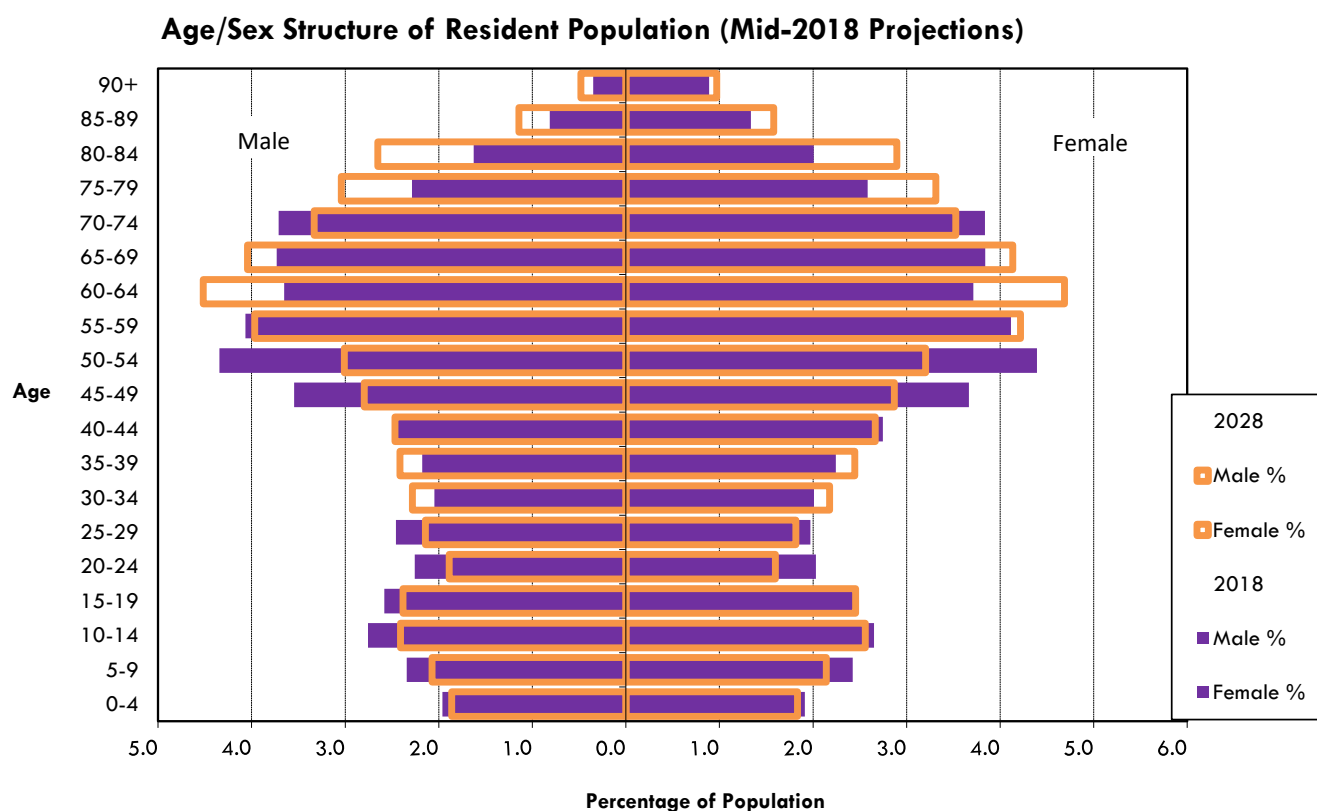




Figure 57: Population projection pyramid for Derbyshire Dales 2043

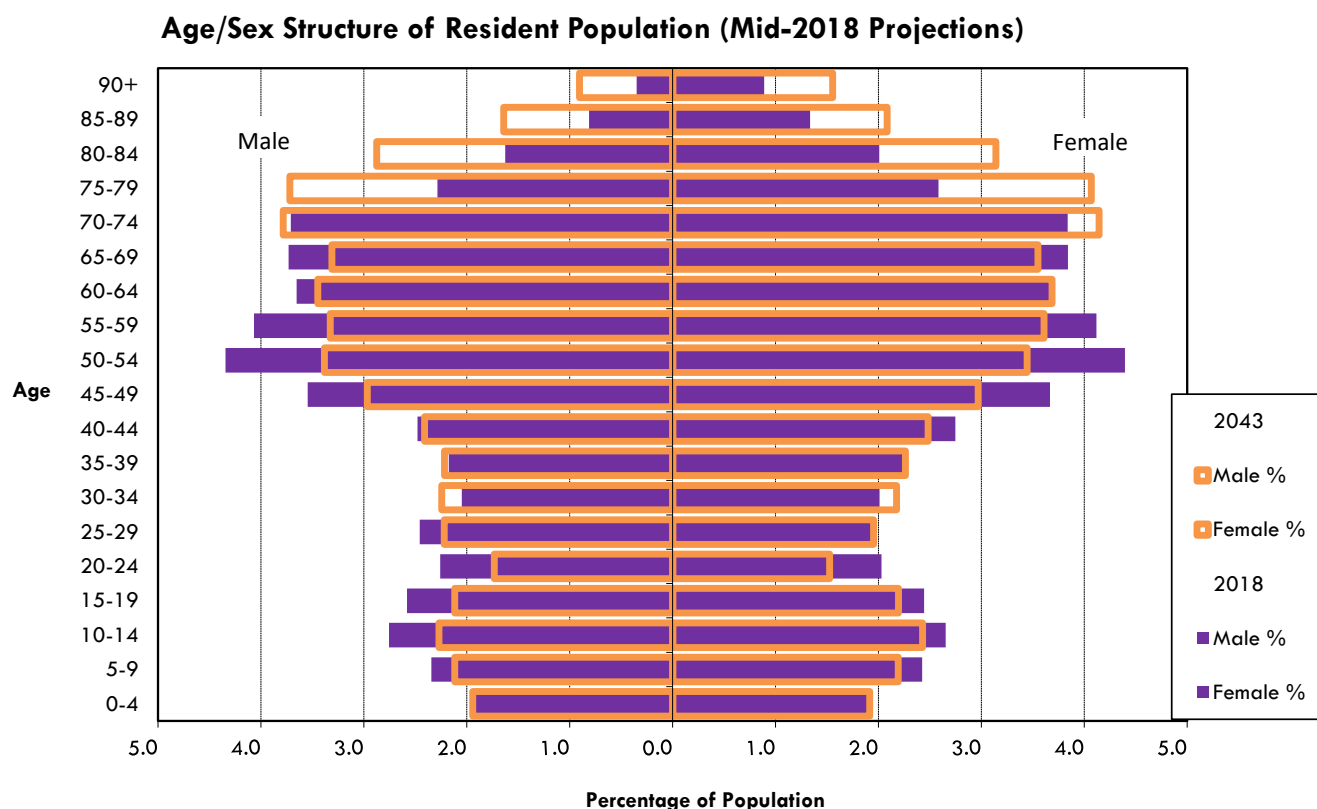


Figure 58: Population projection pyramid for Erewash 2028

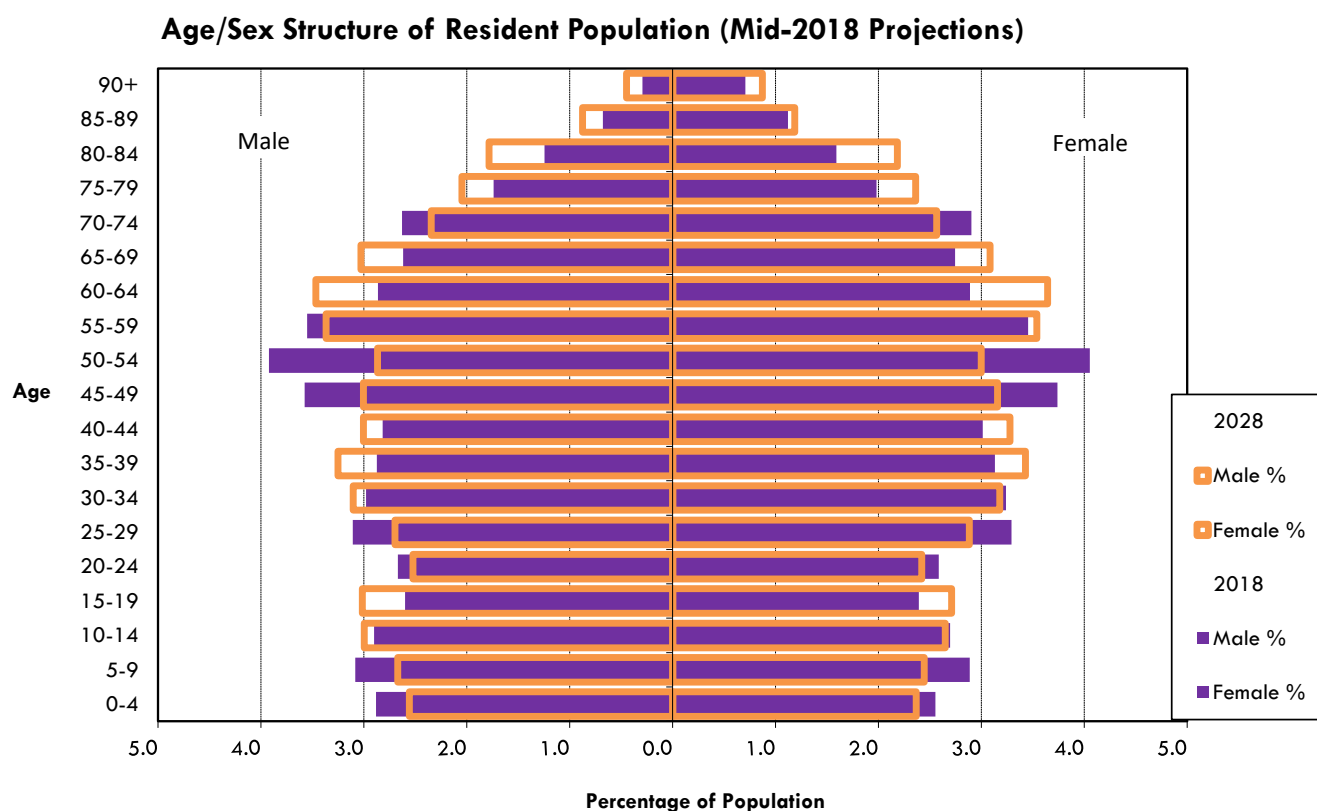




Figure 59: Population projection pyramid for Erewash 2043

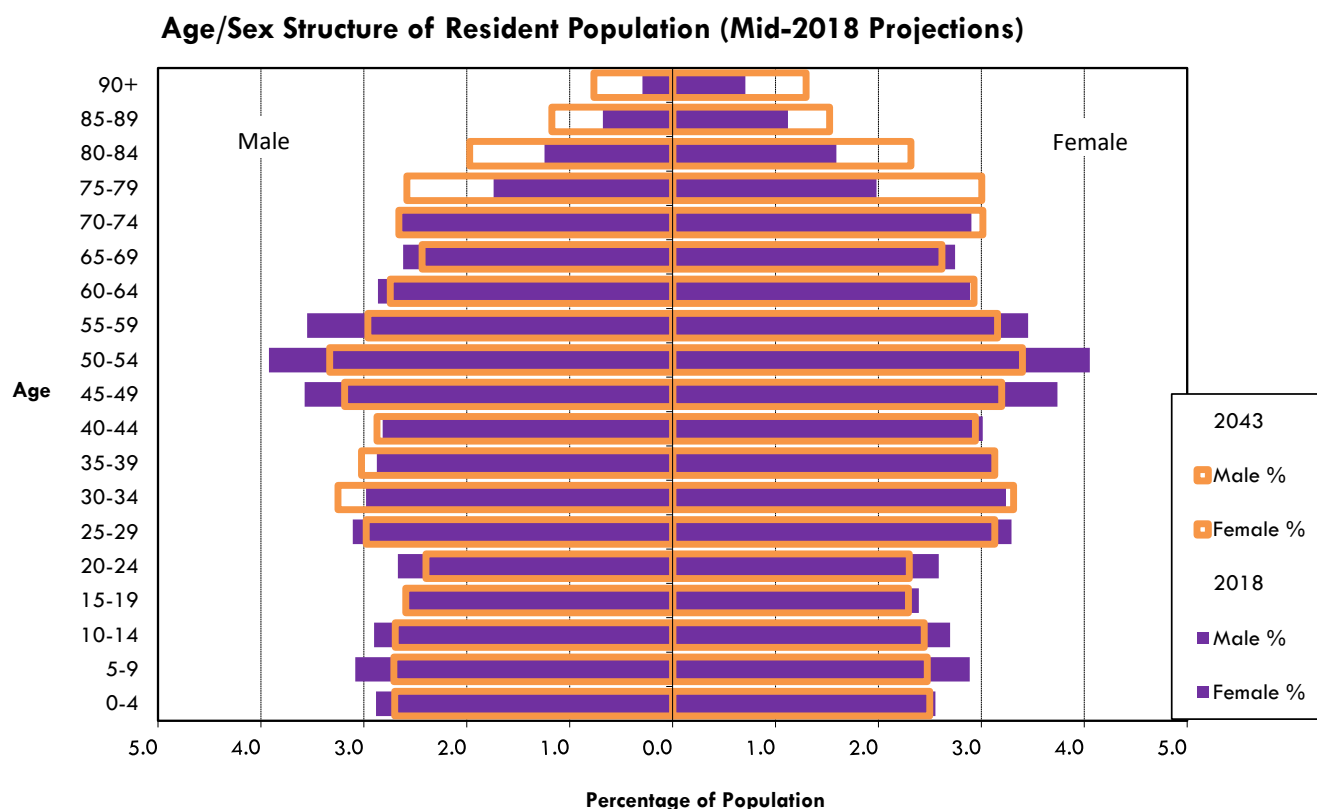


Figure 60: Population projection pyramid for High Peak 2028

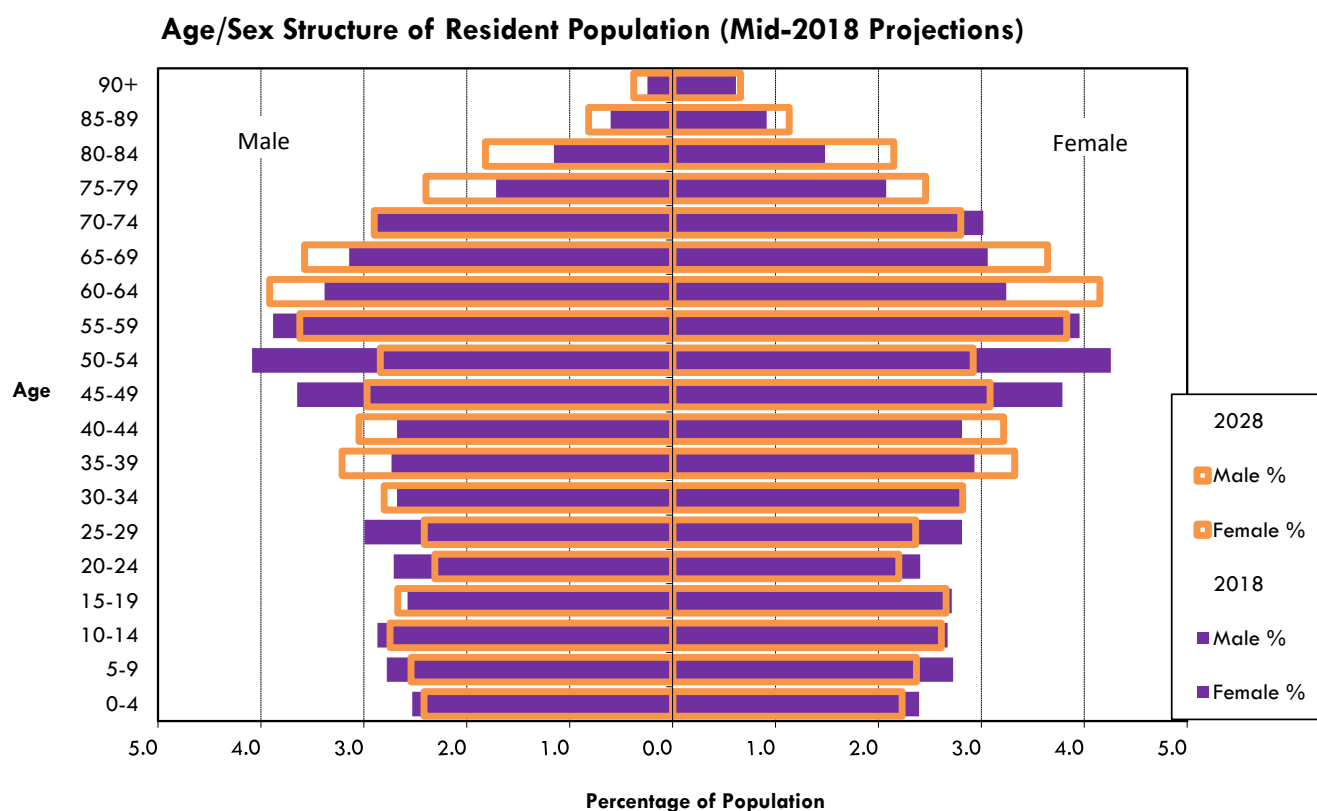




Figure 61: Population projection pyramid for High Peak 2043

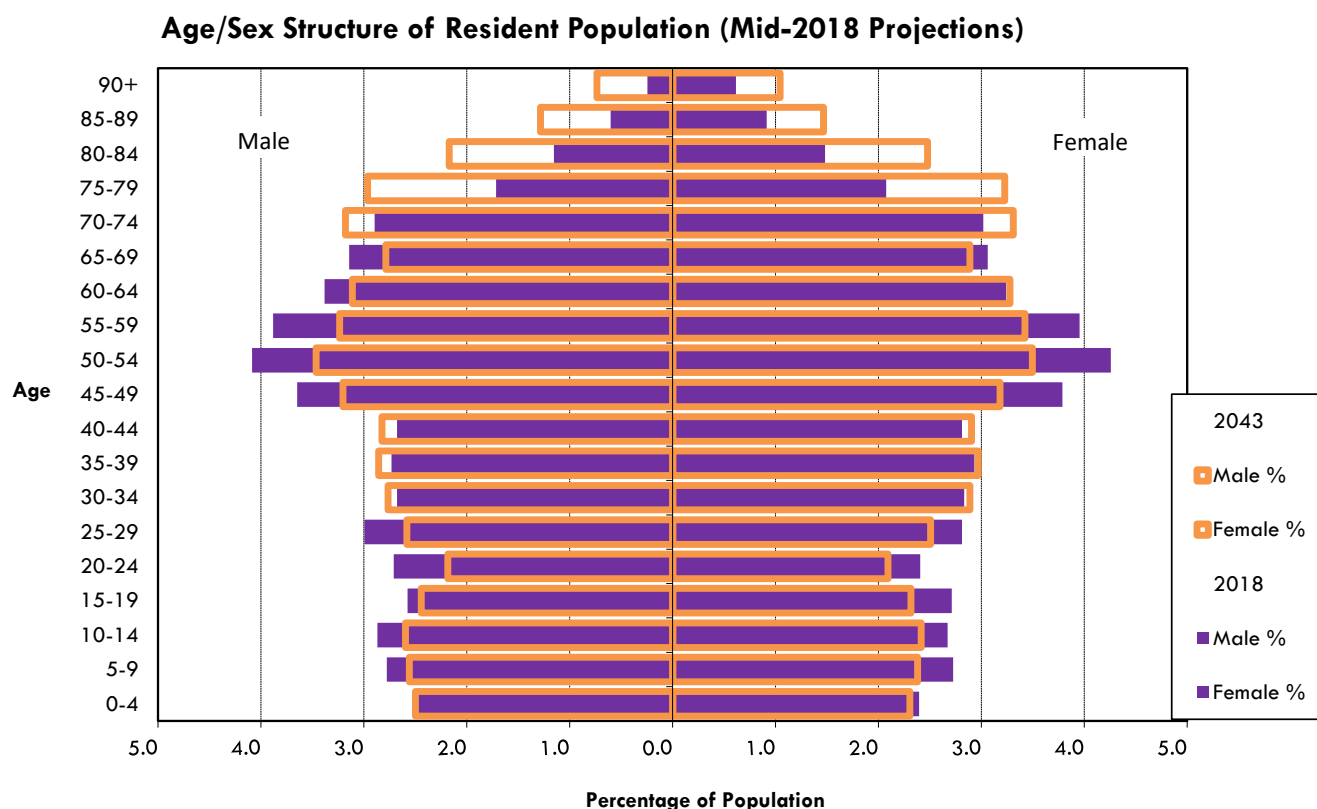


Figure 62: Population projection pyramid for North East Derbyshire 2028

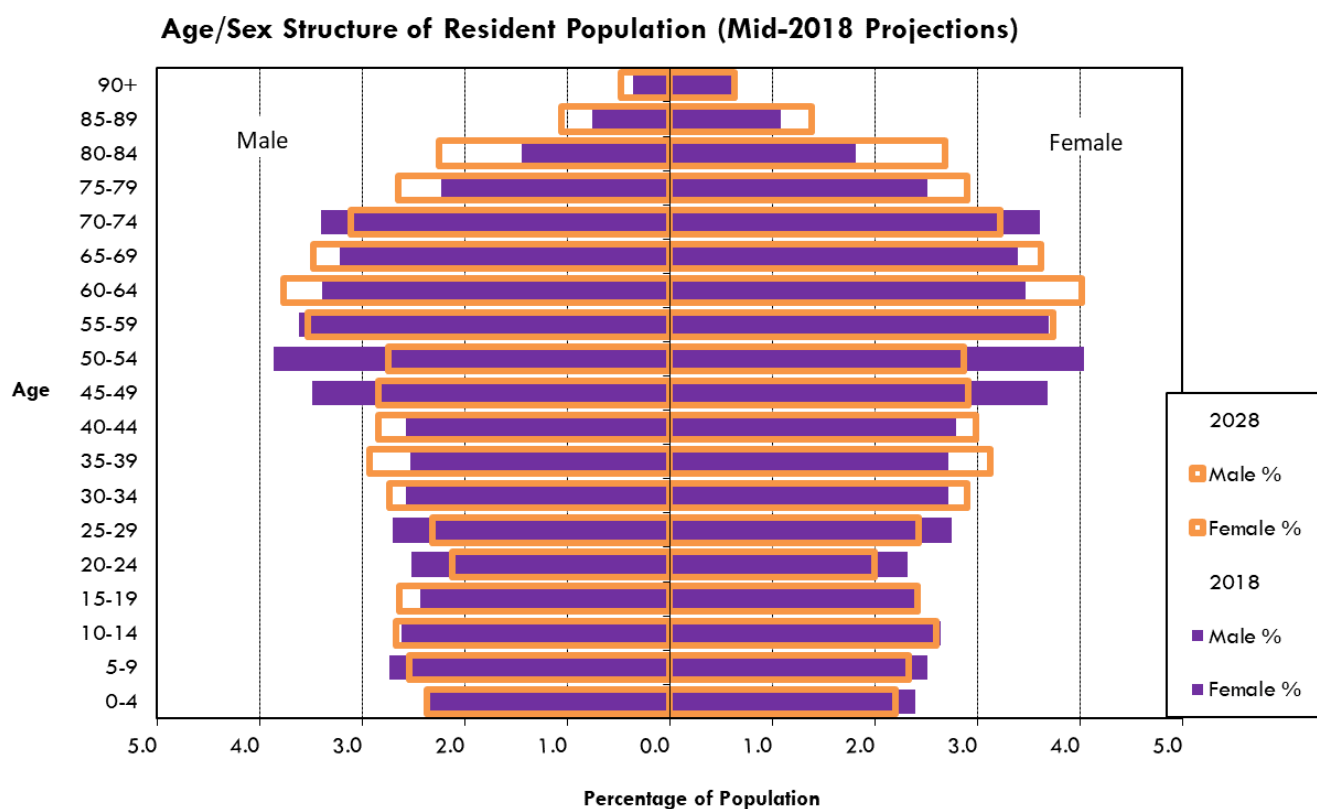




Figure 63: Population projection pyramid for North East Derbyshire 2043

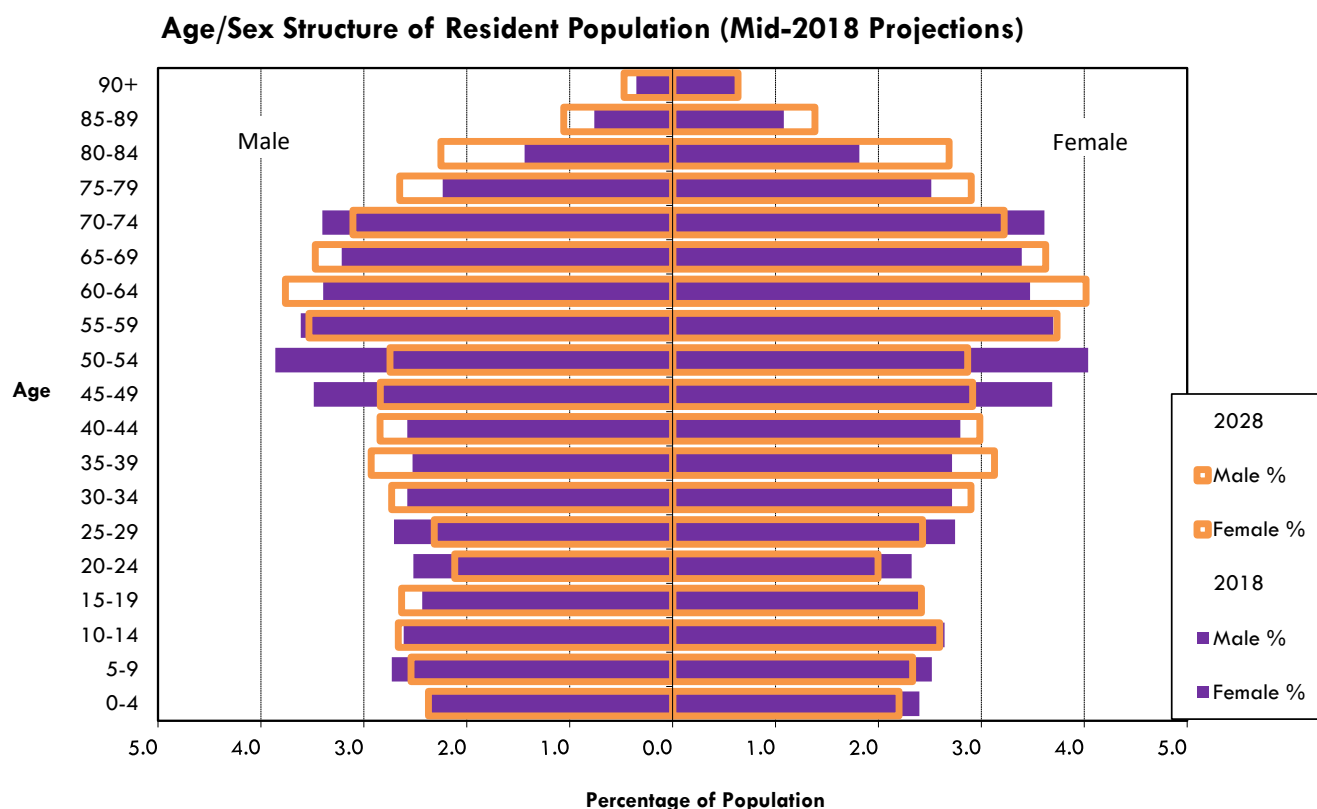


Figure 64: Population projection pyramid for South Derbyshire 2028

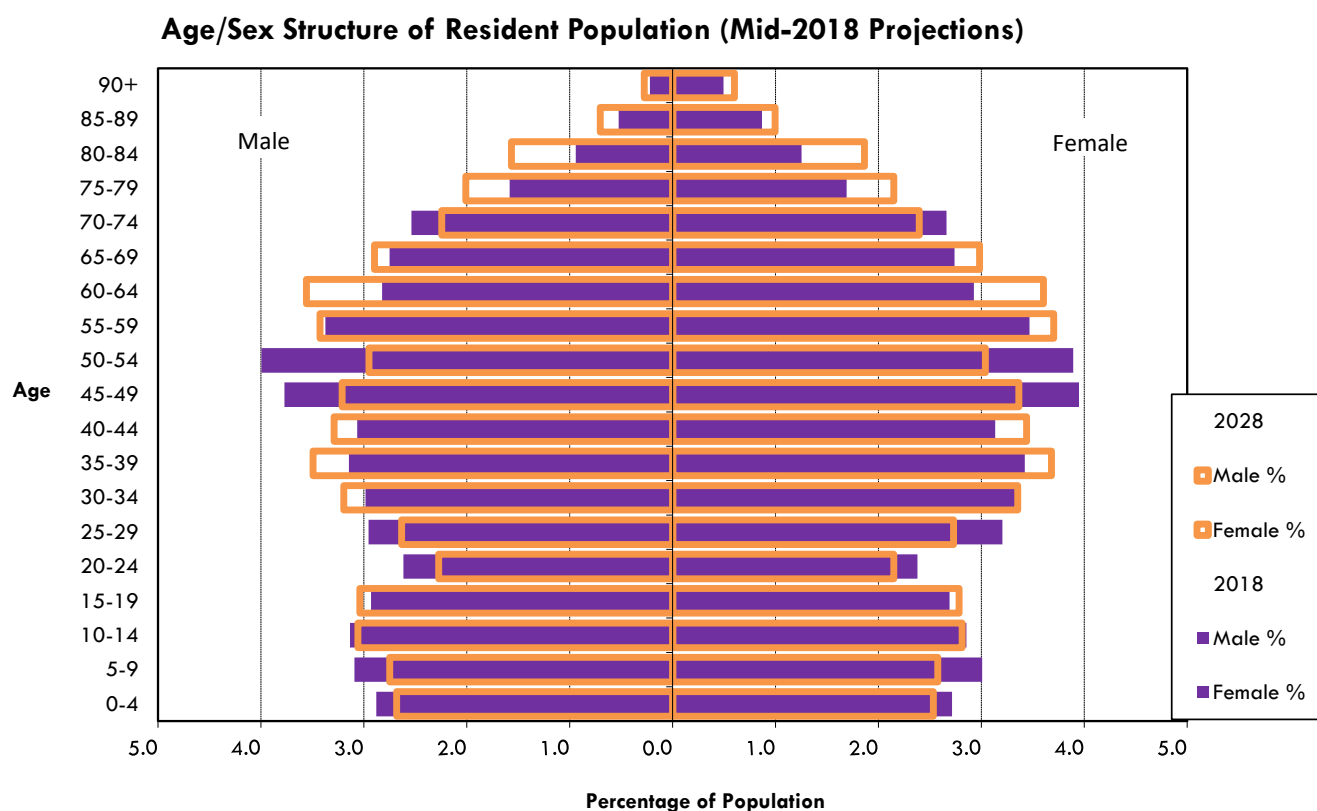
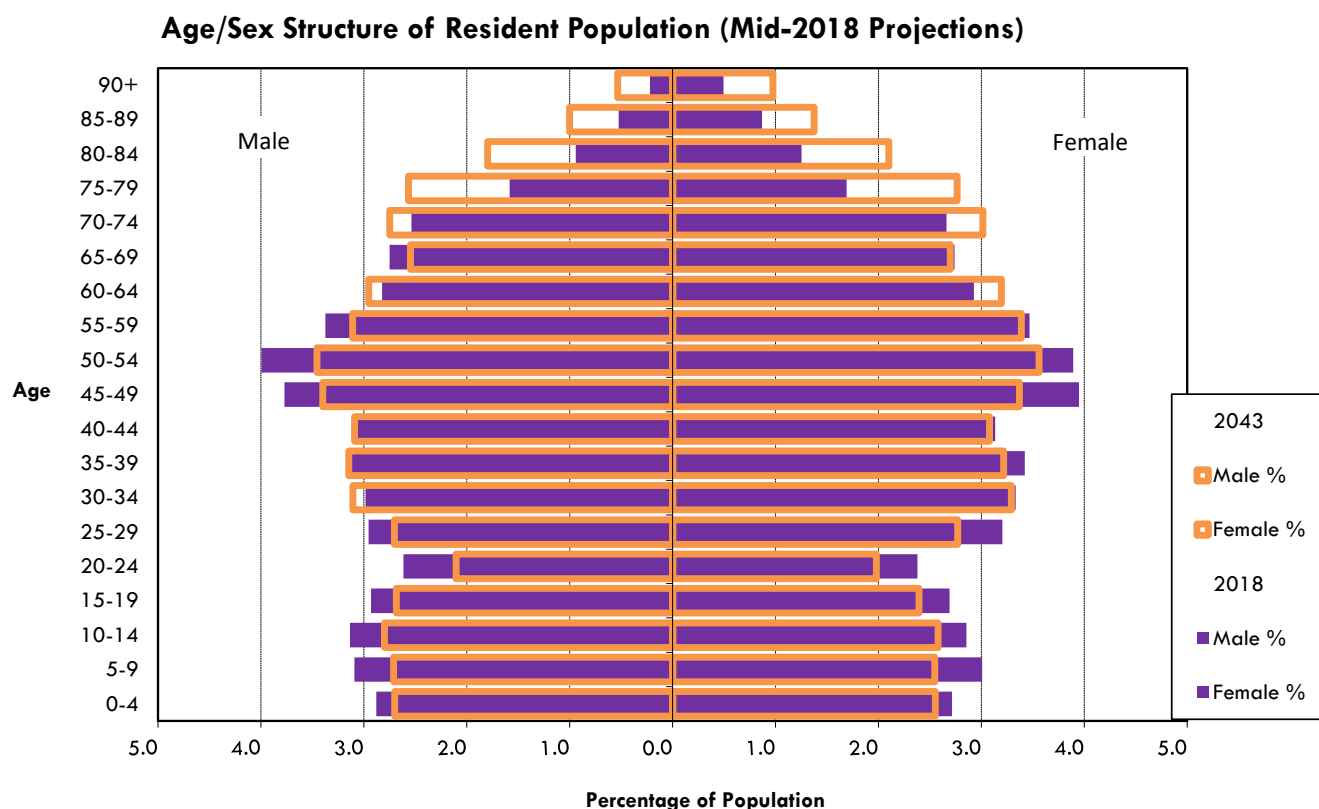




Figure 65: Population projection pyramid for South Derbyshire 2043



3.1.4 Housing developments

Derby

The City Council has set a target for a minimum of 11,000 new homes to be provided in the city between 2011 and 2028. The city's housing needs were identified as over 16,000 new homes between 2011 and 2028. About 5,000 however, of these will be built in Amber Valley and South Derbyshire mainly as urban extensions to the city to ensure that the city's needs are met in sustainable locations. There are expected to be in excess of 7,000 new homes built on the edge of Derby but outside its administrative area by 2028. Provision for health facilities will be determined through discussions with the relevant commissioning organisations. In Derby about 3,000 new homes have already been built between 2011 and 2017. This leaves about 8,000 more dwellings to be provided by 2028 to ensure that the minimum target of 11,000 is met. The housing trajectory indicates that over 3,500 new homes will have been built between 2014 and 2019 in the city. The annual delivery of new homes is expected to rise to over 1,000 a year in coming years. The Derby City 2017-2020 major housing trajectory detail is included in Appendix 1.

Derbyshire districts

The 2018-2020 housing development proposals in Derbyshire are outlined by each district in Appendix 2.

Amber Valley

The emerging Local Plan for Amber Valley estimates that around 9,000 dwellings will be built by 2028, some of which will contribute to the 7,000 homes being built as urban extensions to the edge of Derby. The other six largest sites (of over 300 units) will be in Alfreton, Heanor, Ripley, and North of Derby.

Bolsover

The Bolsover Local Plan Consultation Draft (BLPCD) was published for consultation in October 2016, which included a housing target for the district of 3,600 dwellings during the period of 2018 to 2033. Four strategic



growth sites are identified in the BLPCD at Bolsover North (900 dwellings), Clowne Garden Village (1,100 dwellings), the former Whitwell Colliery (200 dwellings) and former Coalite Chemical Works (600 dwellings).

Chesterfield

Chesterfield Borough Council published the Chesterfield Borough Local Plan Consultation Draft in January 2017, with emphasis on concentrating new development within walking distance of the Borough's town, district and local centres and focusing on areas that are in need of regeneration. The Local Plan proposed a new housing requirement for the Borough of 4,269 dwellings (272 per annum) over the period 2016 to 2033. 69 potential housing allocation sites were identified with an overall capacity to accommodate 3,980 houses, together with four reserve sites at Dunston and Upper Newbold, which could accommodate 952 houses. Five Regeneration Priority Areas are Pharmaceutical Needs Assessment 2018-2021 Derby City & Derbyshire County Page 76 identified which could accommodate 3,932 houses. In total, these three potential sources of housing land supply could accommodate 8,863 new homes.

Derbyshire Dales

The Derbyshire Dales Local Housing Plan was submitted to the Secretary of State in December 2016 and was subject to an Examination in Public between 9 May and 23 May 2017. The plan sets out an overall housing requirement for 6,440 dwellings over the period 2013 to 2033, with the main focus for housing growth being on the three main market towns of Ashbourne, Matlock and Wirksworth. The Plan identifies 28 housing site allocations, the main ones of which are at Ashbourne Airfield: 1,100 dwellings; Middle Peak Quarry, Wirksworth: 645 dwellings; Gritstone Road, Matlock: 430 dwellings; and Halldale Quarry: 220 dwellings.

Erewash

The Erewash adopted Core Strategy has a target for 6,250 new residential dwellings to be built for the plan period 2011 to 2028, with large developments at Stanton and Ilkeston. Of these new dwellings, a target of 1,200 affordable homes over the plan period is considered appropriate.

High Peak

The High Peak Local Housing Plan was adopted on 14 April 2016. The plan sets out a housing requirement for 7,000 new dwellings (350 per annum) over the period 2011 – 2031, with growth distributed across three Sub-Areas as follows: Glossop dale 958 – 1,242 dwellings; Central Area: 1,065 – 1,171 dwellings; and Buxton 1,136 – 1,526 dwellings.

North East Derbyshire

The North East Derbyshire Local Plan Consultation Draft (LPCD) was published in February 2017. In this district the target is to build 6,600 homes by 2031. The largest sites are expected to be The Avenue, Wingerworth (up to 1,100 homes) Biwater, Clay Cross (up to 1,000 homes), Dronfield, Eckington, Killamarsh and Coalite near Bolsover.

South Derbyshire

South Derbyshire have an adopted Local Plan which sets a housing target of around 12,000 new homes between 2011 and 2028. Many of these will be on the edge of Derby so are included in the 7,000 urban extensions on the edge of Derby city, but they will also have several thousand new homes in South Derbyshire away from the city.

Residential care housing

A number of proposed residential care schemes in Derbyshire, that are either subject to planning applications or have gained planning approval in the last three years, are detailed in Appendix 3.

Student accommodation

Student accommodation has recently been built in Derby and additional student housing has either been granted planning permission for developments (Babington Lane; Cathedral Road) or is under construction for anticipated completion next year (Agard Street).



3.1.5 Locality Overview Charts

Spine charts provide the means to view several indicators at a glance on one page, and at a snapshot in time. Normally, spine charts demonstrate how one area compares with others across a range of measures. The England average is provided as a benchmark, along with the England range (best and worst) and the interquartile range (grey shading) for all Local Authorities. In this instance, both Derby and Derbyshire, and the eight District areas are presented to highlight inequalities within the Derbyshire STP area more clearly. The 'LA Value' is colour coded to indicate if the value for the area is significantly different from the England average. Some indicators are coloured to denote statistical significance (Red, Amber, Green) while others, where it was not appropriate to apply a scale of 'better' or 'worse', are colour coded by lower/higher values (Dark Blue, Amber, Light Blue).

Key points:

- Both Derby and Derbyshire have significantly higher rates of smoking during pregnancy than the England average
- Both Derby and Derbyshire have significantly lower rates of breastfeeding initiation.
- Derby has a significantly higher infant mortality rate than the England average
- Both Derby and Derbyshire have significantly higher premature birth rates
- Derby also has a significantly higher teenage conception rate
- Derby has a significantly higher rate of alcohol-specific hospital admissions for the population as a whole, whereas in Derbyshire the rate is significantly greater in young people
- Both Derby and Derbyshire have significantly lower rates of Chlamydia screening
- Derby has a significantly lower rate of MMR vaccination
- Both Derby and Derbyshire have a significantly lower rate of HPV vaccination
- Derbyshire has a significantly greater prevalence of excess weight in adults and in Reception age children, while in Derby it is significantly greater in Year 6 children
- Both Derby and Derbyshire have significantly higher rates of emergency hospital admissions for intentional self-harm than the England average
- Incidence of TB is significantly higher in Derby
- Derby has a significantly higher smoking attributable mortality rate than the England average
- Premature (U75) mortality rates from cancer, cardiovascular diseases and respiratory diseases are all significantly higher for Derby.
- Life expectancy at birth for both males and females is significantly lower in both Derby and Derbyshire



Figure 66: Derby and Derbyshire Health Profile 1

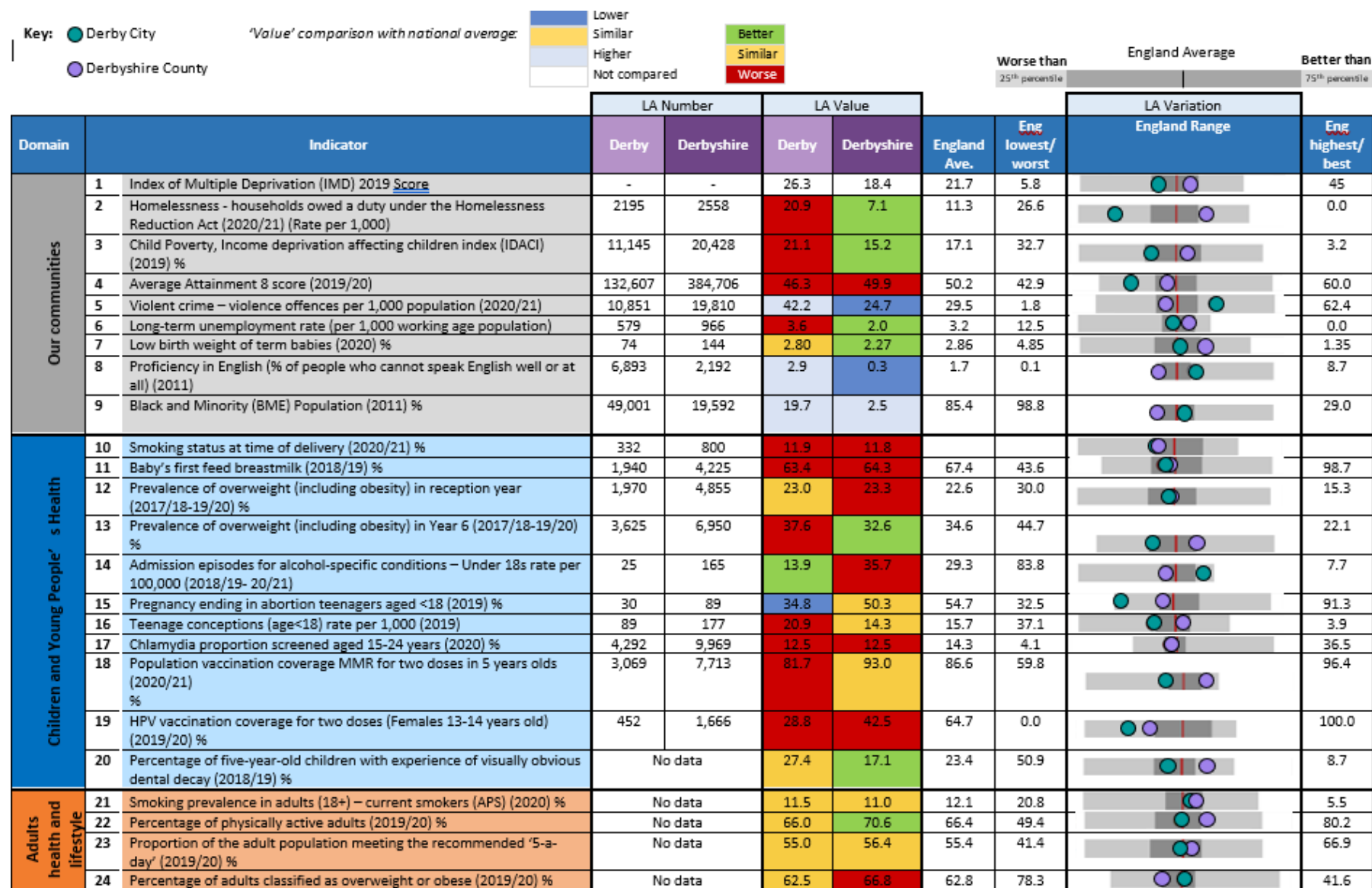




Figure 67: Derby and Derbyshire Health Profile 2

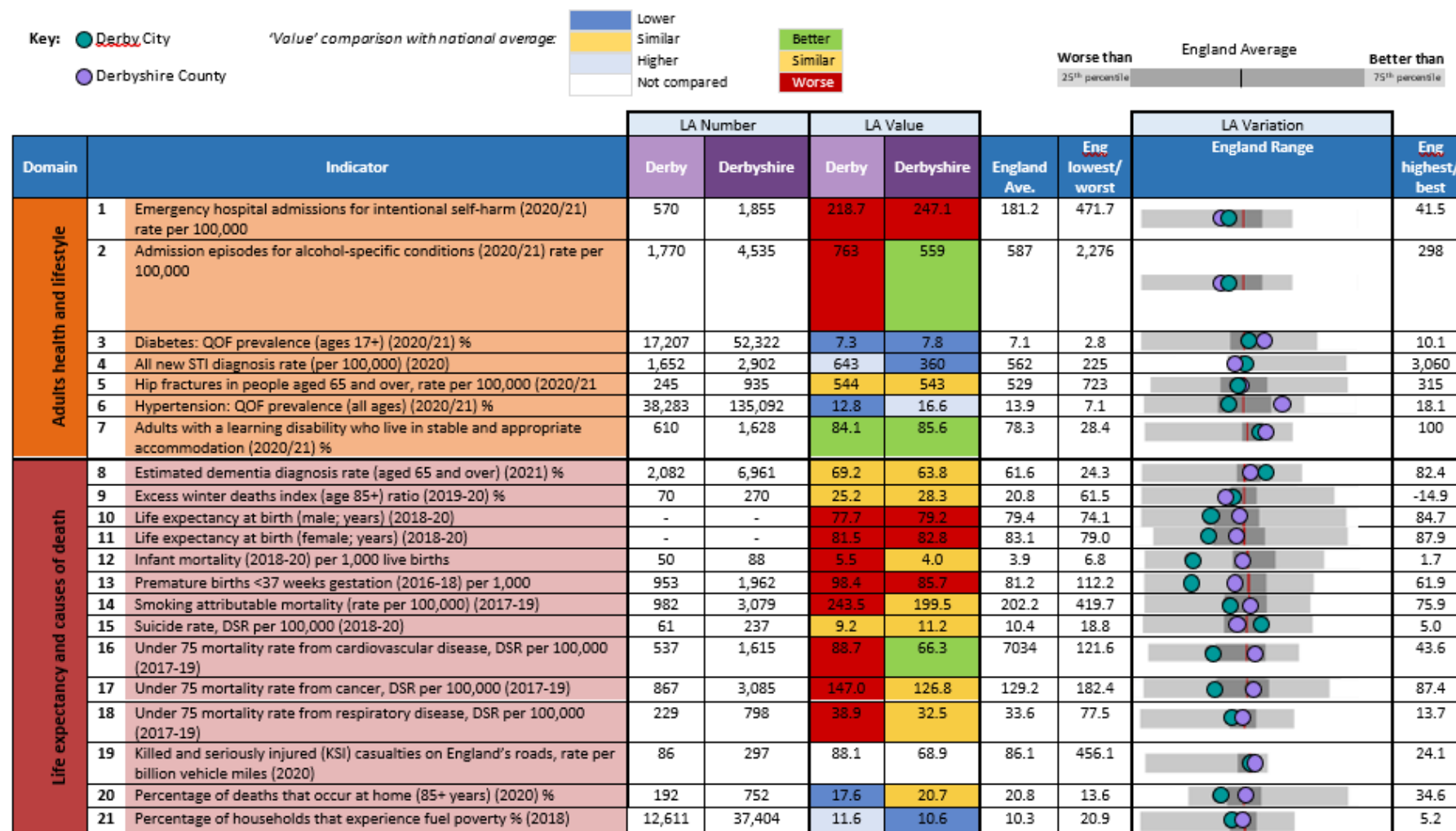


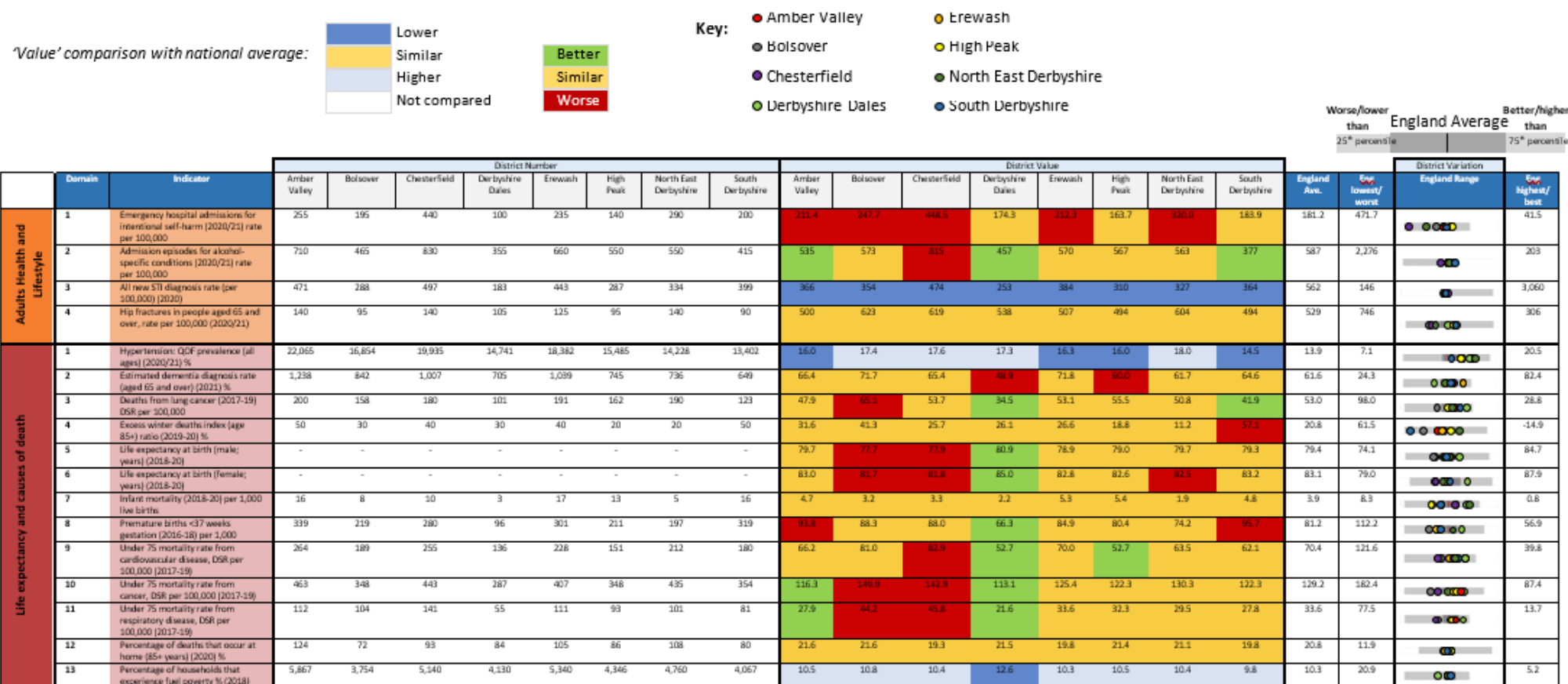


Figure 68: Derbyshire District Health Profile 1





Figure 69: Derbyshire District Health Profile 2





3.1.6 Life expectancy

The life expectancy in both Derby City and Derbyshire is lower than the national average. Life expectancy is disproportionately lower for people living in deprived areas. For males, there is a difference of 10 years between the most and least deprived wards in Derby, and a difference of 10.6 years in Derbyshire. For females the difference is 11.7 years between the most and least deprived wards in Derby, and a difference of 7.1 years in Derbyshire.

Figure 70: Life expectancy at birth, in years, 2019-20 (Office for Health Improvement and Disparities, Fingertips, 2022)

	Derby	Derbyshire	England
Male	77.7	79.2	79.4
Female	81.5	82.8	83.1

3.1.7 Population segmentation

Mosaic Public Sector³⁰ offers the opportunity to segment the population into groups and types based on particular characteristics – spanning demographic, geographic, lifestyle, social and behavioural traits. In Derby the most frequent groups (of a total of 16) are 'I Family Basics', 'H Aspiring Homemakers' and 'J Transient Renters', signifying 41% of the city's total population. Whereas in Derbyshire the most frequent groups are 'H Aspiring Homemakers', 'G Domestic Success' and 'D Rural Reality', representing 35% of the county's population (Figure 49).

Figure 71: Mid-2020 population estimates for Derby City and Derbyshire across Mosaic Groups

Mosaic Public Sector Group Labels	Derbyshire Total	Derby Total
A City Prosperity	2	587
B Prestige Positions	44,553	14,711
C Country Living	69,419	0
D Rural Reality	76,017	0
E Senior Security	59,064	22,107
F Suburban Stability	68,888	15,276
G Domestic Success	81,184	20,359
H Aspiring Homemakers	126,961	35,341
I Family Basics	66,333	43,976
J Transient Renters	70,606	27,114
K Municipal Tenants	33,269	7,385
L Vintage Value	44,172	14,540
M Modest Traditions	63,111	13,802
N Urban Cohesion	829	22,794
O Rental Hubs	10,152	20,891
U Unclassified	0	0

The top three Mosaic Groups in Derby represent three very different groups of people: Families with limited resources who have to budget to make ends meet; younger householders settling down in housing priced within their means; single people privately renting low-cost homes for the short term. In Derbyshire, the top three Mosaic Groups characterise: thriving families who are busy bringing up children and following careers; young

³⁰ Experian Ltd (2016)



families starting out in careers and homes; householders living in less expensive homes in village communities. Figure 72 and Figure 73 provide key features of the common Mosaic Groups in Derby and Derbyshire.

Figure 72: Most common Mosaic groups in Derby

Key Supported Group	Core Features (Group)	Engagement & Communications	Who We Are
Family Basics Family Basics are families with children who have limited budgets and can struggle to make ends meet. Their homes are low cost and are often found in areas with fewer employment options. Key features include: Families with lots of children Council/HA tenants Low discretionary income Low affluence Internet via smartphone Games consoles	School-age children 3 bedrooms Low value terraces No qualifications Low to mid household income Low outstanding mortgage Unemployed Solar panels Single trip travel insurance Water poverty	Advert Response Channel Internet In-store Telephone (In order of preference) Household Technology High	Who We Are Age 36-40 16.0% Household Income £40k-£49k 30.2% Household Composition Family + other adults 26.6% Number of Children 1 child 33.4% Tenure Council/HA 56.9% Property Type Terraced 49.4%
Aspiring Homemakers Aspiring Homemakers are younger households who have, often, only recently set up home. They usually own their homes in the suburbs, which they have chosen to fit their budget. Key features include: Families with young children 3 bedrooms High outstanding mortgage Internet via smartphone Texts and photos on smartphone Order from takeaways	Families with 2+ children Singles Millennials Homeowners with mortgages Full-time employment Modern houses Newly moved in Generation X/Xennial parents Mid household income University degrees A Level Education	Advert Response Channel Internet Email Post (In order of preference) Household Technology Medium	Who We Are Age 31-35 20.8% Household Income £40k-£49k 30.2% Household Composition Family 29.9% Number of Children No children 33.7% Tenure Owned 76.2% Property Type Semi-detached 42.9%
Transient Renters Transient Renters are single people who pay modest rents for low cost homes. Mainly younger people, they are highly transient, often living in a property for only a short length of time before moving on. Key features include: Young singles and homesharers Millennials Rent low value terraces Internet via smartphone High social networking Don't use landlines	Home built 1871-1919 Single Parents Singles and homesharers 2 bedrooms Low discretionary income Fuel and water poverty A-Level Education Vocational qualifications Living here for <1 year Coping on present income Whole/retail trade; repair of vehicles	Advert Response Channel Internet In-store Telephone (In order of preference) Household Technology High	Who We Are Age 18-25 23.1% Household Income £20k-£29k 34.2% Household Composition Single 48.3% Number of Children No children 66.1% Tenure Rented 63.0% Property Type Terraced 57.2%



Figure 73: Most common Mosaic groups in Derbyshire

Key Supported Group	Core Features (Group)	Engagement & Communications	Who We Are
Aspiring Homemakers Aspiring Homemakers are younger households who have, often, only recently set up home. They usually own their homes in the suburbs, which they have chosen to fit their budget. Key features include: Families with young children 3 bedrooms High outstanding mortgage Internet via smartphone Texts and photos on smartphone Order from takeaways	Families with 2+ children Singles Millennials Homeowners with mortgages Full-time employment Modern houses Newly moved in Generation X/Xennial parents Mid household income University degrees A Level Education	Advert Response Channel Internet Email Post (In order of preference) Household Technology Medium	Who We Are Age 31-35 20.8% Household Income £40k-£49k 30.2% Household Composition Family 29.9% Number of Children No children 33.7% Tenure Owned 76.2% Property Type Semi-detached 42.9%
Domestic Success Domestic Success are typically families with children, who are balancing bringing up their children and following their careers. They tend to be affluent, professional families living in upmarket housing in cities or mid-range suburbs. Key features include: Families with children Mid to high household income Monthly discretionary income under £1000 Very high mortgage debt Internet via smartphone Online shoppers	Modern houses Married couples School-age children Middle-aged singles Generation X University degrees Homeowners Mid-sized, detached houses High value, pre-war properties 2+ children	Advert Response Channel Internet In-store Email Household Technology Very High	Who We Are Age 41-45 19.9% Household Income £70k-£99k 37.6% Household Composition Family 46.6% Number of Children 2 children 42.9% Tenure Owned 92.0% Property Type Detached 38.9%
Rural Reality Householders living in inexpensive homes in rural areas. They are often reliant on the local economy for jobs and have long travel times to larger towns. Key features include: Rural areas Oil/solid fuel central heating Internet at home Free mobile phone apps Watch TV Comprehensive car insurance	Older households with no children Co-operative membership Garden or allotment Low income Homeowners Retired singles and couples Fuel and water poverty No qualifications	Advert Response Channel Internet In-store Email (In order of preference) Household Technology Low	Who We Are Age 51-55 12.9% Household Income £20k-£29k 23.7% Household Composition Single 41.6% Number of Children No children 77.0% Tenure Owned 66.7% Property Type Semi-detached 38.2%



3.2 Vulnerable groups

3.2.1 Ethnicity

In England, 20.2% of the population are from Black or Minority Ethnic (BME) communities, and in the East Midlands, 14.6% (Office for National Statistics, 2011 Census data). Comparably, Derby has a higher proportion and Derbyshire a much lower percentage of BME communities than the national average with 24.7% and 2.5% respectively. In Derby this figure had risen from 15.7% in 2001. The Asian/Asian British community is the largest ethnic group in Derby comprising 12.6% of the total population. Within this group, the Pakistani community represented the largest BME group in Derby (5.9%), and the Indian community were the second largest BME group (4.4%).

Figure 74: Ethnicity breakdown by ward in Derby (NOMIS from Census 2011)

2011 ward	White		Mixed/ multiple ethnic groups		Asian/Asian British		Black/ African/ Caribbean/ Black British		Other ethnic group	
	Number	%	Number	%	Number	%	Number	%	Number	%
Abbey	11,260	73.4	591	3.9	2,620	17.1	662	4.3	201	1.3
Allestree	13,028	95.6	127	0.9	308	2.3	87	0.6	72	0.5
Alvaston	14,315	88.1	541	3.3	786	4.8	500	3.1	113	0.7
Arboretum	8,289	44.6	764	4.1	7,689	41.4	1,131	6.1	717	3.9
Blagreaves	8,787	67.3	439	3.4	2,951	22.6	577	4.4	301	2.3
Boulton	12,611	90.9	387	2.8	495	3.6	312	2.2	69	0.5
Chaddesden	12,867	95.9	234	1.7	181	1.3	91	0.7	40	0.3
Chellaston	13,467	88.6	385	2.5	1,054	6.9	240	1.6	52	0.3
Darley	13,555	91.0	368	2.5	501	3.4	291	2.0	182	1.2
Derwent	13,243	93.9	323	2.3	237	1.7	239	1.7	60	0.4
Littleover	9,972	69.4	404	2.8	3,294	22.9	356	2.5	349	2.4
Mackworth	13,099	92.4	328	2.3	374	2.6	298	2.1	81	0.6
Mickleover	12,945	92.3	214	1.5	616	4.4	165	1.2	82	0.6
Normanton	7,153	41.9	803	4.7	7,261	42.5	1,151	6.7	703	4.1
Oakwood	12,488	94.2	240	1.8	361	2.7	143	1.1	27	0.2
Sinfin	10,747	71.0	901	6.0	2,234	14.8	971	6.4	275	1.8
Spondon	11,925	96.3	183	1.5	133	1.1	106	0.9	30	0.2

In Derby, the highest proportions of BME communities reside in Normanton and Arboretum (Figure 74). In Derbyshire, South Derbyshire and Chesterfield have the highest rates of BME communities compared to the rest of Derbyshire (Figure 75).

Figure 75: Ethnicity breakdown by ward in Derby (NOMIS from Census 2011)

Local Authority	White		Mixed/ multiple ethnic groups		Asian/Asian British		Black/ African/ Caribbean/ Black British		Other ethnic group	
	Number	%	Number	%	Number	%	Number	%	Number	%
Amber Valley	120,023	98.1	980	0.8	929	0.8	253	0.2	124	0.1
Bolsover	74,452	98.1	514	0.7	612	0.8	267	0.4	17	0.0
Chesterfield	100,172	96.5	1,094	1.1	1,591	1.5	782	0.8	148	0.1
Derbyshire Dales	70,117	98.6	466	0.7	398	0.6	87	0.1	48	0.1



Erewash	108,765	97.0	1,269	1.1	1,383	1.2	536	0.5	128	0.1
High Peak	88,954	97.9	944	1.0	711	0.8	184	0.2	99	0.1
North East Derbyshire	97,084	98.0	786	0.8	795	0.8	236	0.2	122	0.1
South Derbyshire	90,527	95.7	1,062	1.1	2,375	2.5	425	0.4	222	0.2
Derbyshire County	750,094	97.5	7,119	0.9	8,795	1.1	2,770	0.4	908	0.1

3.2.2 Migrant population

The growing size and diversity of the proportion of the UK population who were born overseas has implications for meeting health needs. In England, 1.65% of the population stated that they cannot speak English well or at all. Derbyshire had a much lower rate of 0.29%, while in Derby 2.9% of the population had limited English language skills. In the county area, Bolsover followed by Chesterfield have the highest proportion of residents with limited English language skills. In Derby, 13.9% of its population were born outside of the UK, with residents from at least 180 different countries. The majority of those born outside of the UK are from the Middle East and Asia, and Europe. Similar to other cities across the Midlands, the majority of the non-UK born population in Derby have lived in the UK for 10 years or more (Census, 2011). In Derbyshire, 9% of the population were migrants (Census, 2011). Across Derbyshire the distribution of migrant registrations varies (Figure 76). Across the county the rate for migrant GP registrations is 1.7 per 1,000 population, while in Derby the rate is 11.5 per 1,000 population. Both of these figures fall lower than the national rate of 11.7 per 1,000 population.

Migrants (%)

< 7.55
7.55 - 8.73
8.74 - 10.43
10.44 - 13.83
13.84 - 18.28
>= 18.24

Derby City Council

The population proportion of migrants in Derbyshire and Derby middle super output areas

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 Date: 18/10/2017
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Contact: Lella Whiteley
 Department: Public Health
 Telephone Number: 01332 383111

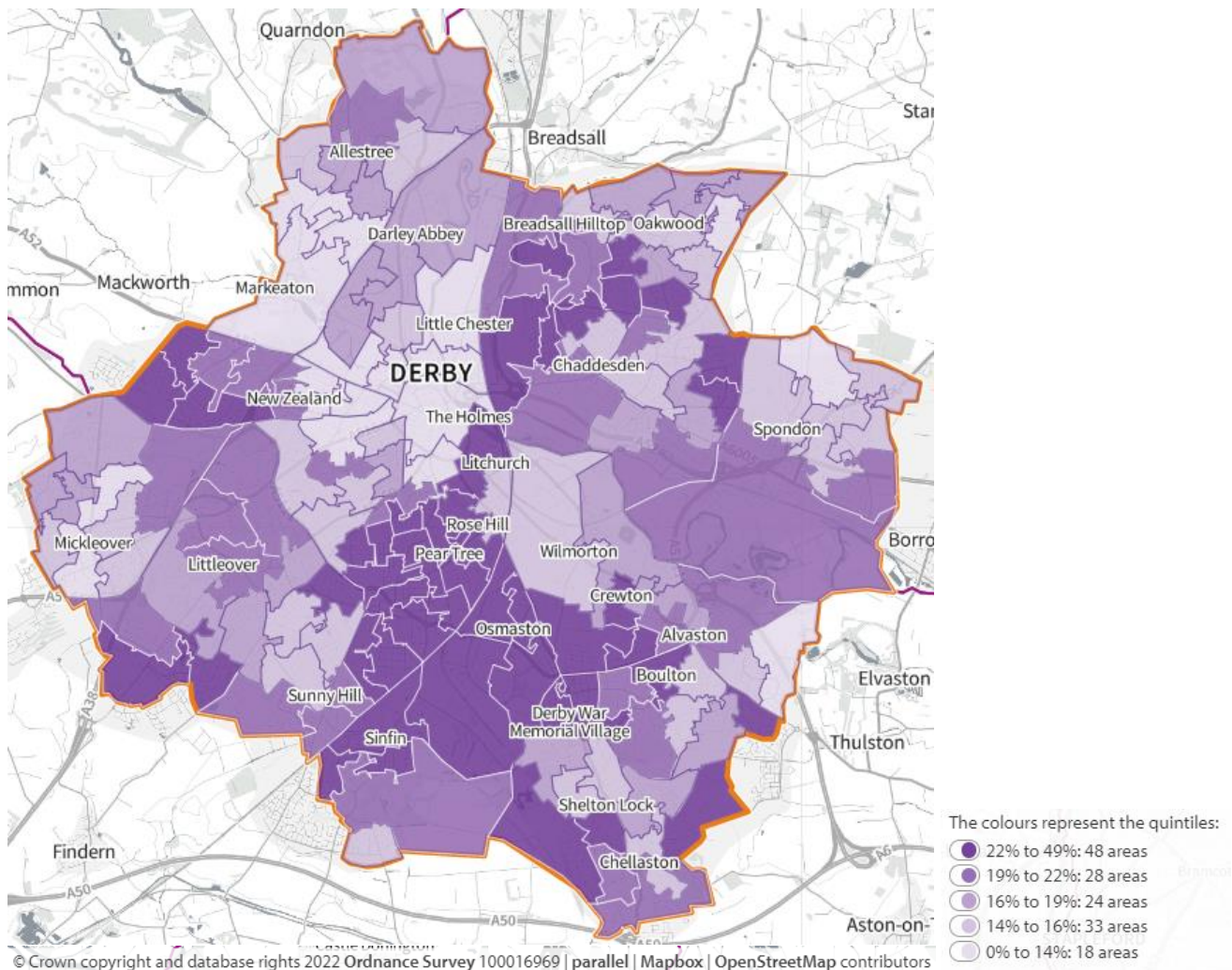
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3.2.3 Children

Derby City has a young population: in 2020, 21.0% of the population were aged <16 years compared to 19.2% in England as a whole. It is apparent that a high proportion of children reside in the centre and the south of Derby city (Figure 77).

Figure 77: Population of children aged 0-15 years (%) in Derby city (Reproduced directly from the Office for Health Improvement and Disparities, 2022)



The population estimates indicate that 15.9% and 13.3% of the population, in Derby and Derbyshire respectively, are of primary and secondary school age (Figure 78). In comparison to England as a whole (14.6%), there is a slightly higher proportion of school age children in Derby city, and slightly lower proportion in Derbyshire. Around one-quarter (24.4%) of Derby's population is aged 0-18 years, in comparison to one-fifth (20.1%) in Derbyshire. Both of these proportions fall above and below the proportion of England as a whole (22.5%). The Office for Health Improvement and Disparities' Child Health Profile³¹ enables a detailed examination of the health of children and young people in Derby and Derbyshire with England comparison. Generally, the health and wellbeing of children in Derbyshire is similar or better than the England average, but across a number. The child mortality rates in Derby and Derbyshire (10.5 per 100,000, and 11.7 per 100,000) are similar to England (10.3 per 100,000).

³¹ Office for Health Improvement and Disparities (2022)



However, the infant mortality is significantly higher in Derby (5.5 per 1,000) than England (3.9 per 100,000), although Derbyshire (4.0 per 1,000) is similar to England.

Figure 78: ONS Mid-2020 population estimates for persons aged 0-18 years

	Derby		Derbyshire		England	
Age	Number	Proportion of total population (%)	Number	Proportion of total population (%)	Number	Proportion of total population (%)
0-4	15,795	6.4	39,320	4.9	3,239,447	5.7
5-16	40,908	15.9	107,110	13.3	8,240,816	14.6
17-18	6,061	2.4	16,173	2.0	1,219,636	2.2
Total 0-18	62,764	24.4	162,603	20.1	12,699,899	22.5
Total population	256,814	100.0	807,183	100.0	56,550,138	100.0

In 2017/18 - 2019/20, there were 35,755 A&E attendances in 0-4 year olds in Derby (714.0 per 1,000) which was significantly higher than the rate in England (642.5 per 1,000). Derbyshire had 73,445 A&E attendances for children under five years, and this was a significantly lower rate (607.8 per 1,000) than national average. Both Derby and Derbyshire perform better than England for hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years (54.2 per 10,000 in Derby; 86.6 per 10,000 in Derbyshire; 97.8 per 10,000 in England in 2019/20).

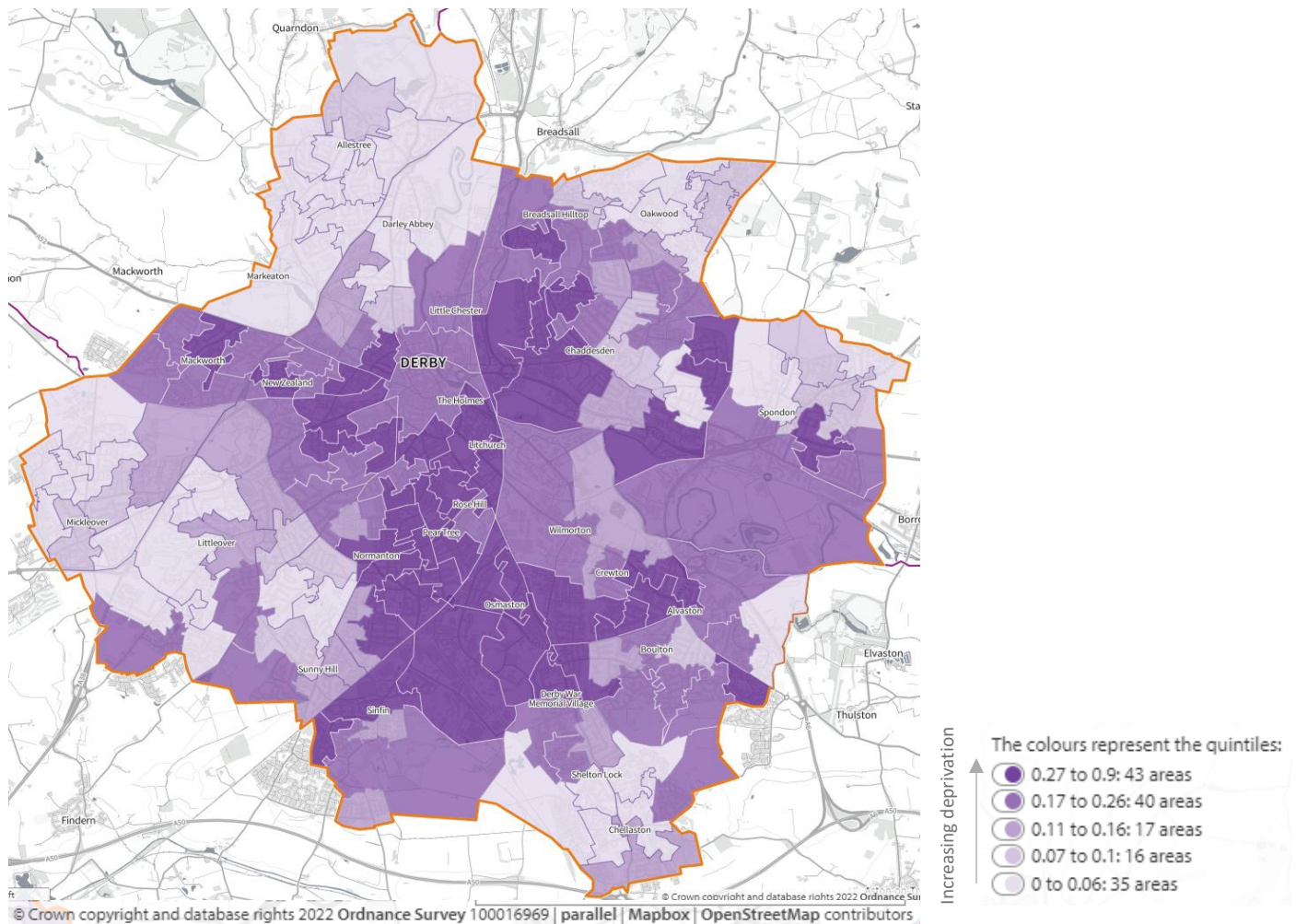
Derby and Derbyshire differ in terms of child poverty, with 21.0% of Derby children (all dependent children under 20 years) in low-income families compared with 15.0% of Derbyshire children. The England average falls in the middle of these proportions with 17.0% of children in poverty. The map showing child poverty across Derby city (Figure 79) illustrates that child poverty is unequally distributed across the city, with more children residing in poverty in the centre and south areas, and less child poverty on the fringes of the city.

Both Derby and Derbyshire had lower than average GCSE achievement for 16 year olds in 2015/16. Only 44.8% of children in Derby and 54.8% of children in Derbyshire achieved 5A*-C GCSEs (including English and Maths) compared to 57.8% achieved in England as a whole. In fact, Derby reported the lowest percentage in England in 2015/16.



Figure 79: Child poverty across Derby city (Reproduced directly from the Office for Health Improvement and Disparities, 2022)

% of all dependent children under 20 years living in income deprived households, English indices of deprivation



3.2.4 Children and adults in care

Derby City (108 per 10,000 <18 population) has significantly higher rates of children in care (aged under 18 years) compared to the national average (67 per 10,000 <18 population). Comparably, Derbyshire has significantly lower rates of children in care, with a rate of 58 per 10,000 <18 population. Figures for both Derby and Derbyshire have been increasing and getting worse since 2017.

Data for adults indicated that in Derby and Derbyshire 4.3 and 3.4 per 1,000 adults, respectively, with learning disabilities were receiving long-term support from local authorities. This is higher than the England rate (3.5 per 1,000 population).

84.2% of Derby's supported adult population with learning disabilities were living in settled accommodation; higher than the national average (77.3%). Whereas 77.4% of Derbyshire's supported adult population with learning disabilities were living in settled accommodation. Contrastingly, the national average for adults with learning disabilities living in unsettled accommodation (16.9%) was higher than for Derby (15.1%) but not for Derbyshire (22.1%). Of particular note, Derby had no supported adults with learning disabilities living in severely unsatisfactory accommodation.



3.2.5 People with disabilities

Long term disabilities

Figure 80 shows the number of people in the 2011 Census who reported long term health problems or disabilities which mean that day-to-day activities are limited a little or a lot. In Derbyshire, 20.4% of the resident population have reported that day-to-day activities are limited a little or lot. This is higher than the national average of 17.6% across the population. This difference may reflect the older population of residents in Derbyshire. In Derby, 18.7% of the population have a long-term health problem where activities are limited.

Figure 80: Number and proportion of population living with a limiting long term health problem or disability, 2011 (NOMIS, 2022).

Local authority/ country	Day-to-day activities limited a lot	Day-to-day activities limited a little	Total population in 2011 Census
Derby	21,984	24,472	248,752
(%)	8.8	9.8	100.0
Derbyshire	74,564	82,469	769,686
(%)	9.7	10.7	100.0
England	4,405,394	4,947,192	53,012,456
(%)	8.3	9.3	100.0

Hearing impaired people

The data below in Figure 81 indicates that 399 people per every 100,000 population aged 18-64 are registered Deaf or hard of hearing in Derby. This is significantly higher than rates in Derbyshire (126 per 100,000) and the national average (173 per 100,000).

Figure 81 : Rate of people (per 100,000) registered Deaf or hard of hearing, 2009/10 (Office for Health Improvement and Disparities Fingertips, 2017) (NOMIS, 2017)

	Derby	Derbyshire	England
People aged 18-64 registered Deaf or hard of hearing	399	126	173
People aged 65-74 registered Deaf or hard of hearing	658	620	620
People aged 75+ registered Deaf or hard of hearing	4238	2774	3089

Visual disabilities

The rate of people registered blind or partially sighted was higher in Derby than Derbyshire across both age groups. The national average rate of people aged 75+ registered as blind or partially sighted was higher than both Derby and Derbyshire's rate. Whereas the national average for people aged 65-74 was higher than Derbyshire but lower than Derby's rate (Figure 82).



Figure 82: Rate of people (per 100,000) registered blind or partially sighted, 2019/20 (Office for Health Improvement and Disparities Fingertips, 2022):

	Derby	Derbyshire	England
People aged 65-74 registered blind or partially sighted	800	170	536
People aged 75+ registered blind or partially sighted	3,049	1,171	3,429

3.2.6 Other distinct population groups

Prison populations are at high risk of poor health, social and emotional outcomes whilst within prison environments and upon release. HMP Foston Hall is a women's closed category prison, located to the west of Derby city in the South Derbyshire district. It has an operational capacity of 349 across eight wings. Nearby there is also the HMP Sudbury prison which is an open prison for adult males who fit the category D criteria. The operational capacity is 581 spread mostly across single or double rooms.

According to the 2011 Census, 1,259 people were recorded as serving in the Armed Forces in the city of Derby and districts of Derbyshire. The highest number, 250 people, live in Derby city.

Statutory homeless households are some of the most vulnerable in society and at risk of adverse outcomes. In 2020/21, the rate of statutory homelessness, where households are in temporary accommodation, was lower in Derby (0.9 per 1,000) than the England average (4.0 per 1,000). Derbyshire's rate (0.3 per 1,000) was lower than Derby's and England's.

Derbyshire is home to the Peak District National Park and as such attracts many visitors from day trippers to people staying for several weeks throughout the calendar year. It is estimated that there are 13.25 million visitors a year to the Peak District³² (STEAM, 2018), and is one of the most popular national parks in the UK.

On average, Gypsy and Traveller population have poorer health, educational and social outcomes than the general population. In Derby, 1.98% of school children have a Gypsy/Roma ethnicity, which is the highest proportion in any local authority in the country. The national average of the proportion of school children who are Gypsy/Roma is 0.30% in England. In contrast, Derbyshire is 0.04% which is below England as a whole. There are Gypsy and Traveller pitch sites in both Derby and Derbyshire:

- In Derby there are 17 'permanent' pitches at the site Imari Park on Russell Street in Sinfin ward.
- In Derbyshire there are:
 - 26 long stay pitches (22 trailers, four transit) at Woodyard Lane in Foston, South Derbyshire district.
 - Eight short-stay pitches (eight trailers) at Lullington Crossroads, near Swadlincote, South Derbyshire district.
 - 20 long-stay pitches (16 trailers, four transit) at Corbriggs, Winsick, near Chesterfield, North East Derbyshire district.
 - 20 short-stay pitches (20 trailers) at Blackridge, Pleasley, Bolsover district.

³² Global Tourism Solutions (UK) Ltd (2018)



3.2.7 Breastfeeding populations

The World Health Organization recommends exclusive breastfeeding in the first six months after birth for babies in all countries. Current breastfeeding rates fall short. Three in four mothers in England begin breastfeeding their babies after birth, and by the time the babies are 6-8 weeks old the women still breastfeeding has reduced by around 40%. In Derby the rate for breastfeeding initiation is slightly lower than the average in England. In Derbyshire, the rate for breastfeeding initiation is similar to the England average, but breastfeeding prevalence at 6-8 weeks after birth falls below the England average and Derby (Figure 83).

Figure 83: Mothers who breastfeed after birth and at 6-8 weeks later, %, 2019/20 (Office for Health Improvement and Disparities, 2016)

	Derby	Derbyshire	England
Breastfeeding initiation	66.7%	73.4%	74.5%
Breastfeeding prevalence at 6-8 weeks after birth	44.1%	41.6%	48.0%

3.2.8 Transportation

29% of the 102,271 households in Derby and 20% of the 332,637 households in Derbyshire, had no cars or vans availability compared to 80% which did in the 2011 census.

3.2.9 Deprivation

One of the most common used measures of inequality is the Index of Multiple Deprivation (IMD) which provides a weighted calculation of local measures of deprivation in England. The latest statistics of English Indices of Deprivation was released in 2019. The IMD provides an indication of the locations of the most deprived, as well as the least deprived, local populations. However, it is possible that there are deprived people living in less deprived areas and people who are not deprived living in highly deprived locations.

Of the 151 Upper tier Local Authorities in England that are ranked by an average rank, Derbyshire ranks 103rd, with 4% of the area falling within the 10% most deprived nationally. Bolsover is Derbyshire's most deprived district, ranked 58th of 316 local authority districts, followed by Chesterfield ranked 86th. Derbyshire Dales is Derbyshire's least deprived district, ranked 265th, followed by South Derbyshire ranked 218th. Derby is ranked at 90th, with 16% of Derby LSOAs in the most deprived 10% nationally. Derby has improved from rank 84th in 2015 to 90th in 2019. However, a large proportion of the population remain on the deprived end of the scale. The low rank position illustrates that many people in Derby are experiencing deprivation.

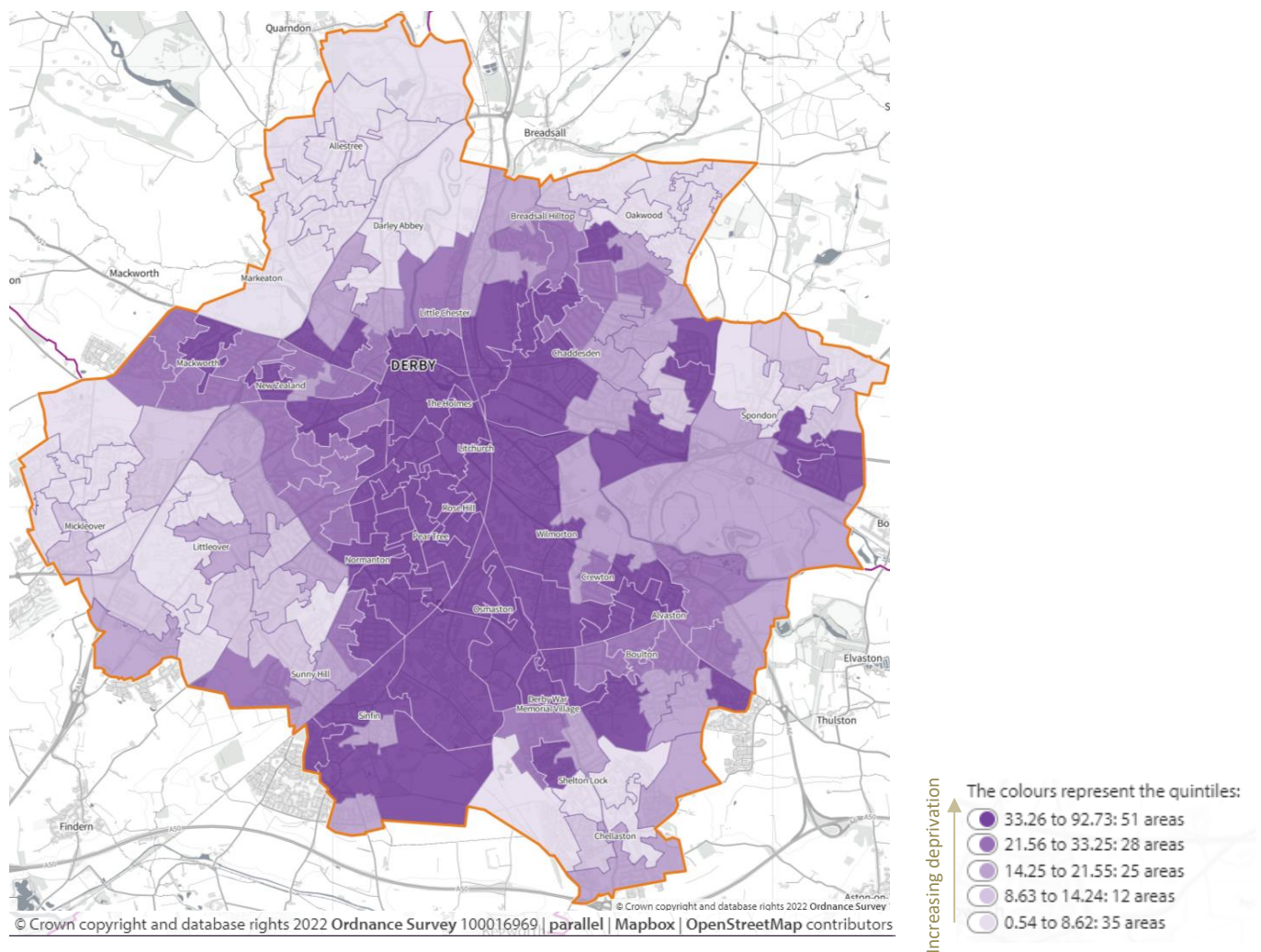
Figure 84: Local authority deprivation rank by average rank

Local Authority	LA rank 2015	LA rank 2019	Change
Amber Valley	162	167	5
Bolsover	61	58	3
Chesterfield	85	86	1
Derby	84	90	6
Derbyshire Dales	258	265	7
Erewash	149	168	19
High Peak	198	202	4
North East Derbyshire	190	177	13
South Derbyshire	230	218	12



The seventeen wards within Derby City spread across the IMD 2019 Deciles. Derby is one of the 20% most deprived districts/unitary authorities in England and about 21% (11,145) of children live in low-income families. Pockets of deprivation are mainly concentrated within Arboretum, Normanton, Sinfin, and Derwent, all within the top 10% most deprived areas in England. These wards are characterised by high rates of unemployment and households with a lower than average annual income. Conversely, Allestree and Mickleover are amongst the least deprived 10% of wards in the country. This translates into vast health inequalities between Derby's wards. For example, a child born in Allestree could expect to live up to 12 years longer than a child born in Arboretum. The map (Figure 85) shows the areas of Derby that are most deprived include Arboretum, Normanton, Sinfin, Derwent, Abbey and Boulton. In comparison to the least deprived areas of Allestree, Mickleover, Littleover, Oakwood and Chellaston. The map illustrates that the most deprived deciles are generally found in the city centre and along two lines laying north-to-south and east-to-west. The least deprived areas tend to be located on the city fringes in the suburbs.

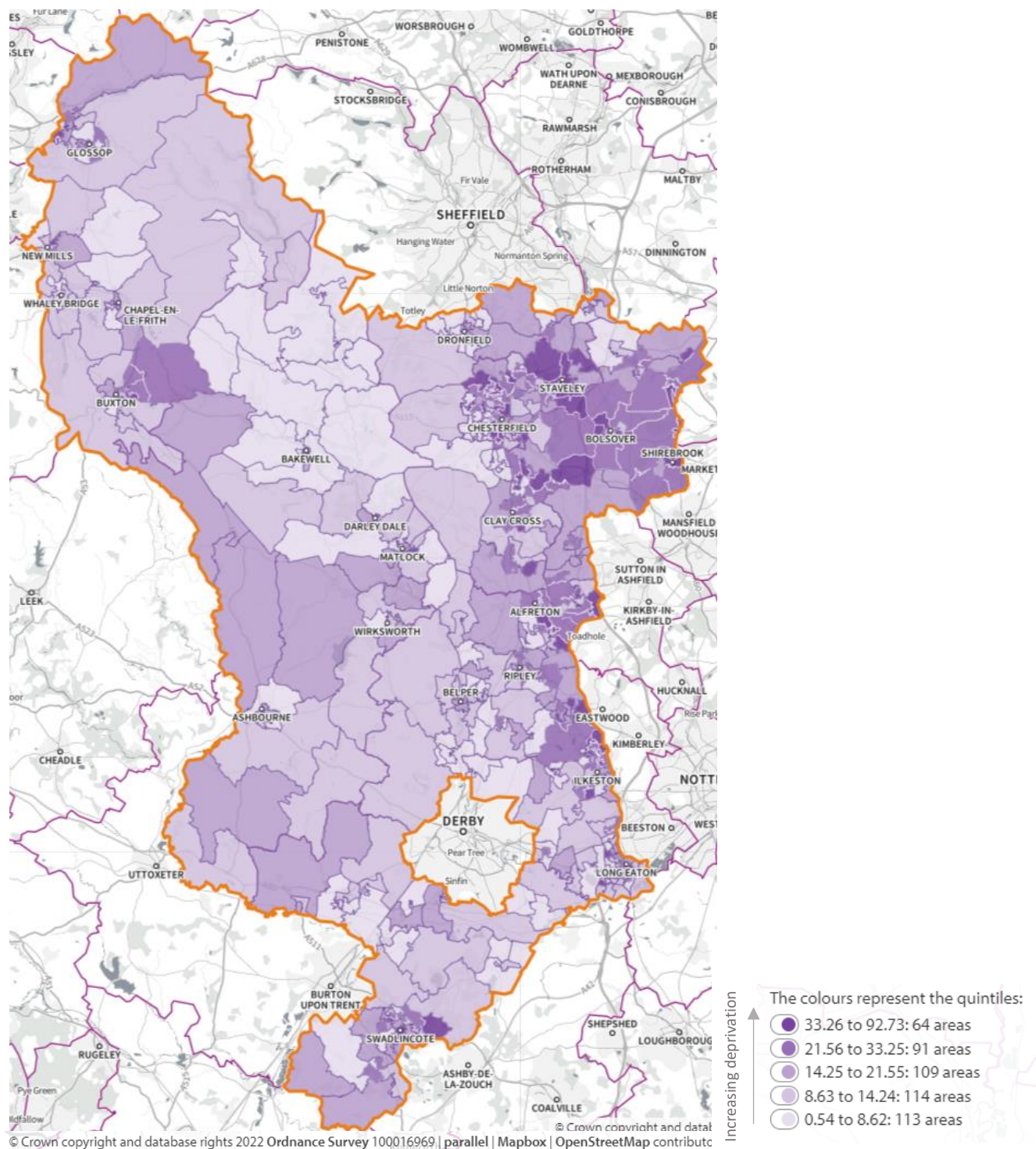
Figure 85: Deprivation in Derby City (Reproduced directly from the Office for Health Improvement and Disparities, 2022)



The map of Derbyshire (Figure 86) covers a much larger area than Derby, but roughly, the more deprived areas are found on the east side. Bolsover and Chesterfield are particularly visible as having the most deprived areas. However, the county of Derbyshire is overall less deprived than England.



Figure 86: Deprivation in Derbyshire County (Reproduced directly from the Office for Health Improvement and Disparities, 2022)





3.3 Causes of ill health

This section describes the leading causes of ill health and mortality across Derby and Derbyshire. The highest mortality rates across Derbyshire, for all causes, for all individuals under 75 years, are in the Bolsover and Chesterfield districts. Lowest mortality rates were in the Derbyshire Dales. The contents in the summary table below will be explored in the following ill health subsections.

Figure 87: Deaths from all causes, under 75 years, standardised mortality ratio 2015-2019 (Office for Health Improvement and Disparities, 2022).

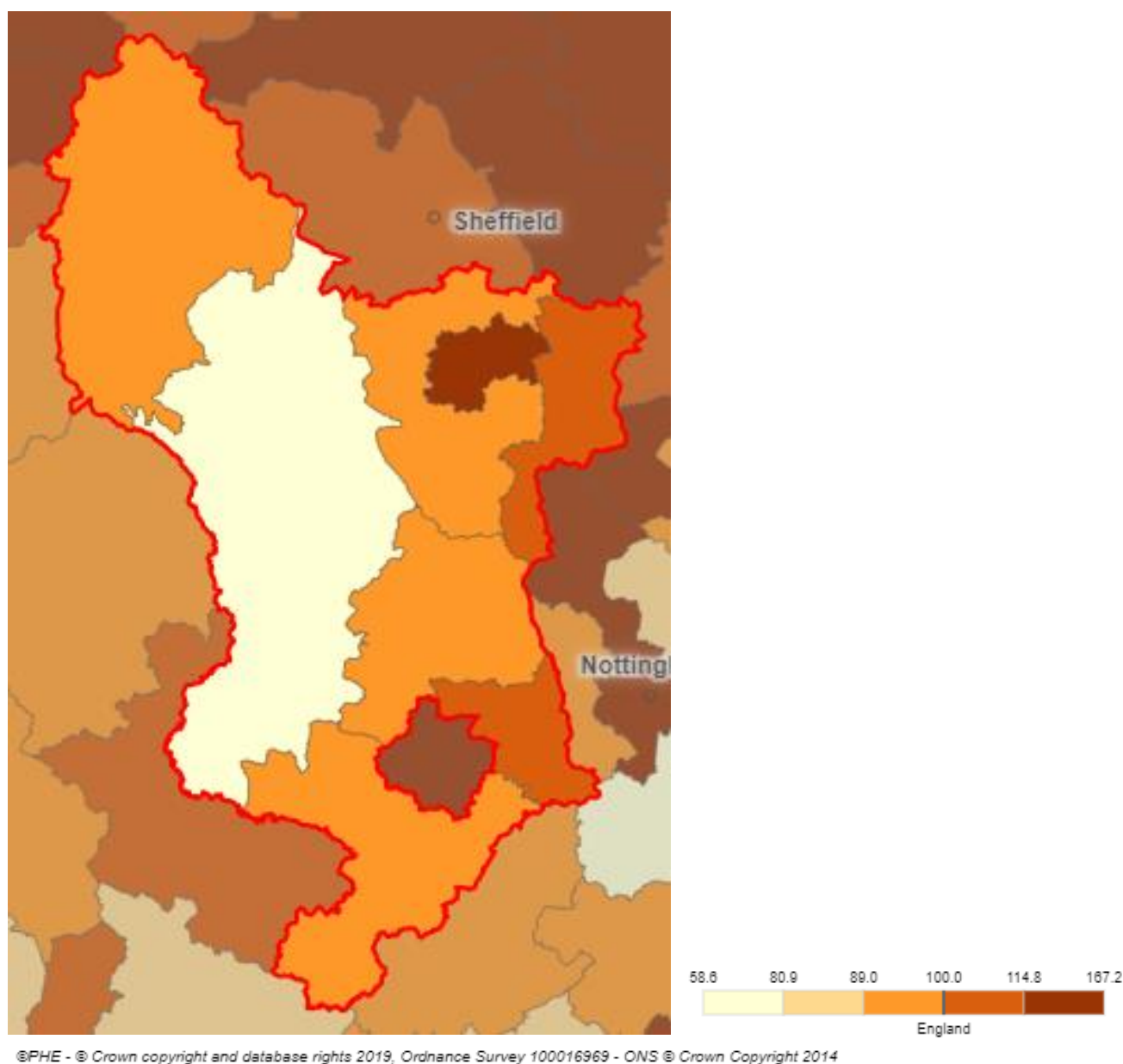




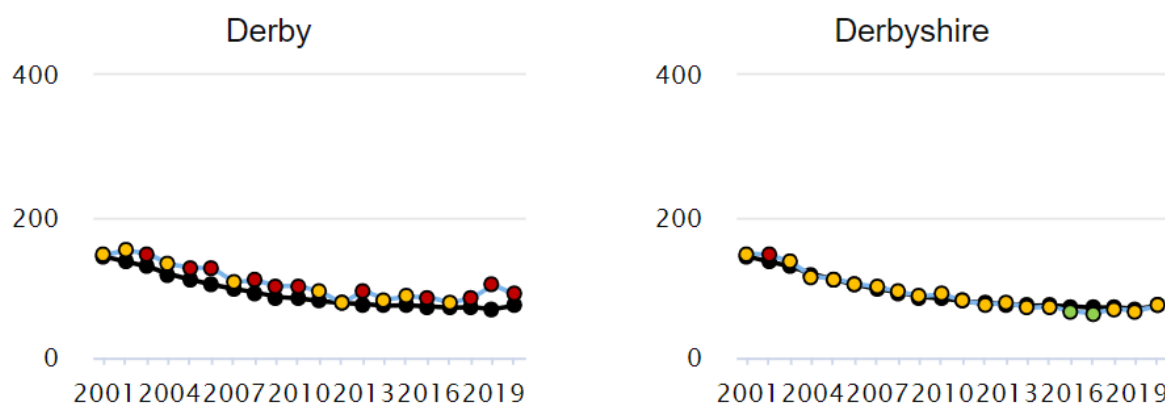
Figure 88: Directly standardised rates (per 100,000) mortality from selected conditions, under 75 years, 2020 (Office for Health Improvement and Disparities, 2022).

	Derby	Derbyshire	England
Mortality from CVD	88.7	73.3	73.8
Mortality from cancer	138.5	126.6	125.1
Mortality from respiratory disease	35.6	23.8	29.4
Mortality from injuries	19.4	14.9	14.4
Mortality from liver disease	20.1	10.9	10.8

3.3.1 Cardiovascular disease

Cardiovascular disease has a multifactorial aetiology with a number of potentially modifiable risk factors. Age, sex, cigarette smoking, blood pressure, total cholesterol and high-density lipoprotein (HDL) cholesterol, physical activity levels and sedentary behaviour are all factors. The rate of mortality from cardiovascular disease (CVD) in Derby and Derbyshire was 88.7 and 73.3, respectively, in persons less than 75 years of age per 100,000 population. This was higher in Derby, than the national and regional averages of 73.8 and 75.7 per 100,000, respectively. Overall, the trend data shows that under 75 mortalities from cardiovascular diseases has fallen since 2001 (Figure 89), with a rise in 2019 in Derby. Among people aged 65 and over, the rate of mortality from cardiovascular disease in Derbyshire (1,033.8 per 100,000 population) was slightly higher than the national average of 1,007.0 per 100,000 population.

Figure 89: Under 75 mortality rate (per 100,000) from all cardiovascular diseases 2001-2020, in Derby and Derbyshire (Office for Health Improvement and Disparities, 2022).



3.3.2 Cancers

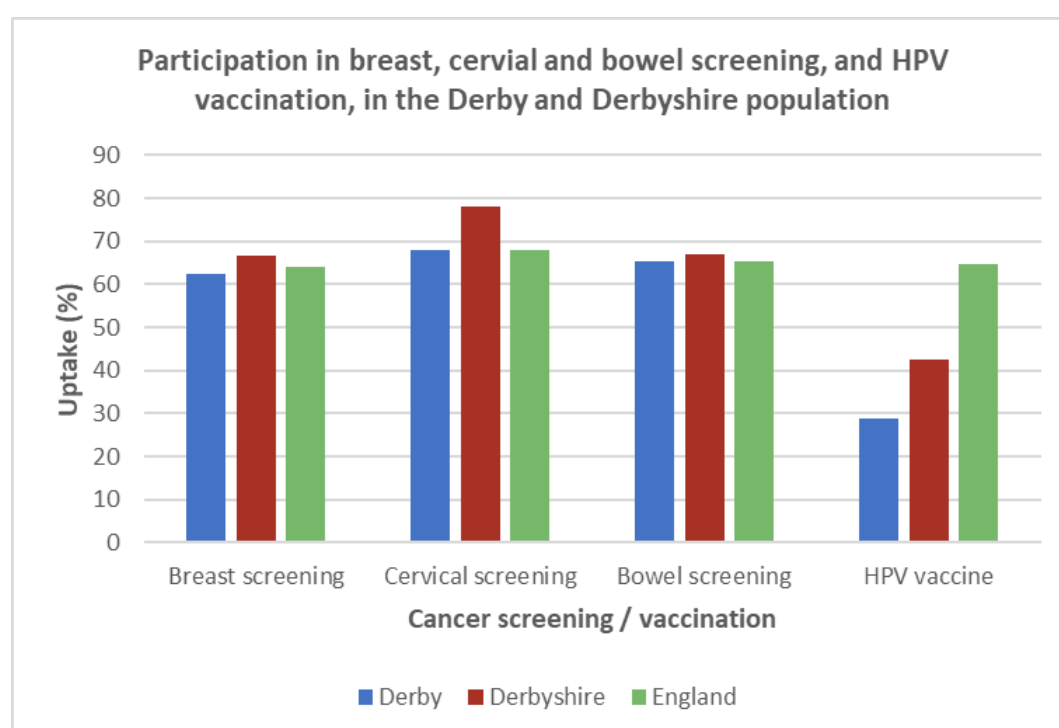
Cancer is the second leading cause of death globally. Yet 30-50% of all cancer cases are preventable by healthy lifestyle choices such as avoidance of tobacco; accounting for approximately 25% of cancer deaths (World Health Organisation, 2022).



Screening / Vaccination Uptake

- 66.6% and 62.3% of individuals were screened for breast cancer in 2021 in Derbyshire and Derby, respectively, compared to the national average of 64.1%.
- In the last 3 years in Derby and Derbyshire, 62.4% of persons aged between 50-70 screened for breast cancer. The national average was 61.3%.
- 67% of people in 2021 screened for bowel cancer in Derbyshire, which was higher than Derby (65.5%) and the national average of 65.2%.
- 42.5% of 13–14-year-old girls in Derbyshire and 28.8% in Derby have had the 2-dose course of the HPV vaccine to protect against cervical cancer, which was significantly lower than the national average (64.7%).

Figure 90: Screening and vaccination uptake (%) in eligible Derby and Derbyshire populations



Cancer incidence

- In 2014-18 the incidence ratio of all cancers in Derby and Derbyshire were similar, with incidence ratios of 101.8 and 99.5, respectively.
- The incidence of prostate cancer was significantly lower than the national average in Derby (91.7) and similar in Derbyshire (97.3).
- In Derbyshire, the incidence ratio of lung cancer was 95.4 during 2014-18, which was lower than Derby's at 111.7.

Cancer mortality

- In Derbyshire, mortality rate from lung cancer in 2020 was 52.0 per 100,000. While in Derby and England this value was 52.6 and 49.6, respectively

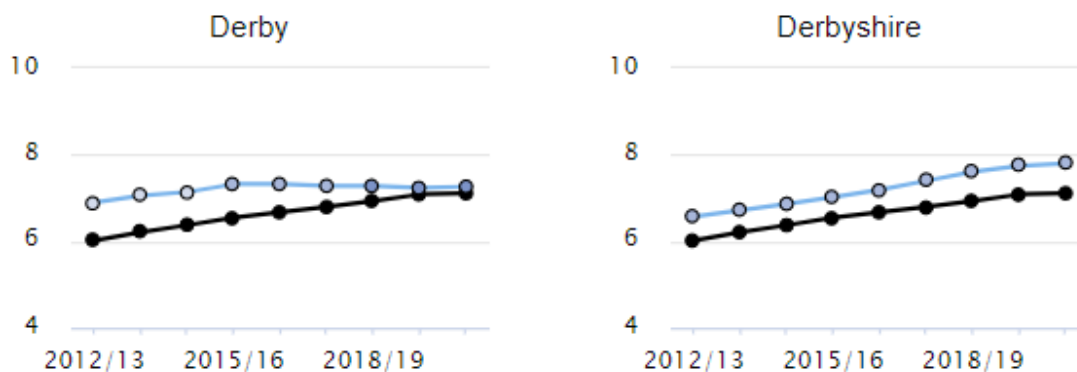


- The under-75 years of age mortality rate from cancer in 2017-19 was 126.8 per 100,000 population in Derbyshire and 147.0 per 100,000 population in Derby.
- The under 75 years of age mortality rate from cancers considered preventable in Derbyshire, was 50.4 per 100,000 population and 65.5 per 100,000 population in Derby in 2017-19.

3.3.3 Diabetes

There are an estimated 3.9 million people living with diabetes in the UK (Diabetes UK, 2022). For all adults and children, it is estimated that 10% of people with diabetes have Type 1, and 90% have Type 2. The risk of developing Type 2 diabetes can be reduced by changes in lifestyle (Diabetes UK, 2022). QOF prevalence data (2020/21) indicates that both Derby (7.3%) and Derbyshire (7.8%) have a higher prevalence of diabetes compared to England (7.1%) as a whole. The trend has increasingly risen over the past 5 years in Derbyshire (Figure 91).

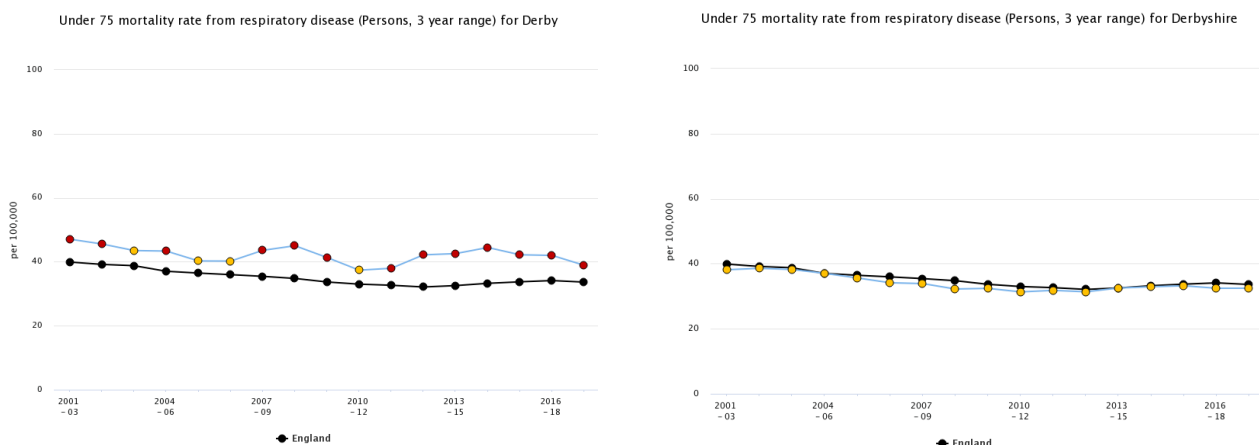
Figure 91: Diabetes: QOF prevalence (17+ %) 2012/13 – 2020/21, in Derby and Derbyshire (Office for Health Improvement and Disparities, Fingertips, 2022).



3.3.4 Respiratory Diseases

The UK has the highest mortality rates from respiratory disease in Europe, affecting 1 in 5 people (Public Health England, 2019). Between 2017 and 2019 the rate for under 75 mortality from respiratory disease was higher than the England average (33.6 per 100,000 population) in Derby City (38.9 per 100,000 population), while in Derbyshire it was slightly lower (32.5 per 100,000 population). Mortality from respiratory disease in under 75s considered preventable was also higher than national average (20.2 per 100,000 population) in Derby (23.8 per 100,000 population). Rates were slightly lower than the England average in Derbyshire (19.4 per 100,000 population).

Figure 92: Respiratory disease mortality in Derby and Derbyshire populations aged under 75 years, 2001-03 to 2017-19 (Office for Health Improvement and Disparities, Fingertips, 2022).





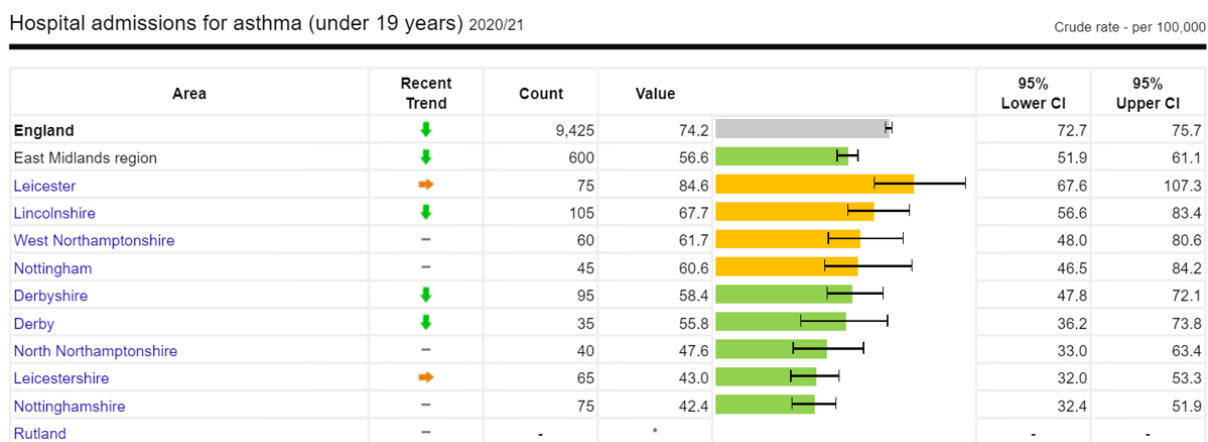
3.3.5 Chronic Obstructive Pulmonary Disease

The mortality rate from chronic obstructive pulmonary disease (COPD) in Derby (57.6 per 100,000) was higher than the national average (52.8 per 100,000), while the rate in Derbyshire (54.8 per 100,000) was similar in 2017-2019.

3.3.6 Asthma

The rate of asthma hospital admissions in children and teenagers in Derby and Derbyshire is below the national average (Figure 93).

Figure 93: Rate of asthma hospital admissions (per 100,000) in under 19 year-olds, 2020/21 (Office for Health Improvement and Disparities, Fingertips, 2022).



3.3.7 Depression and mental health

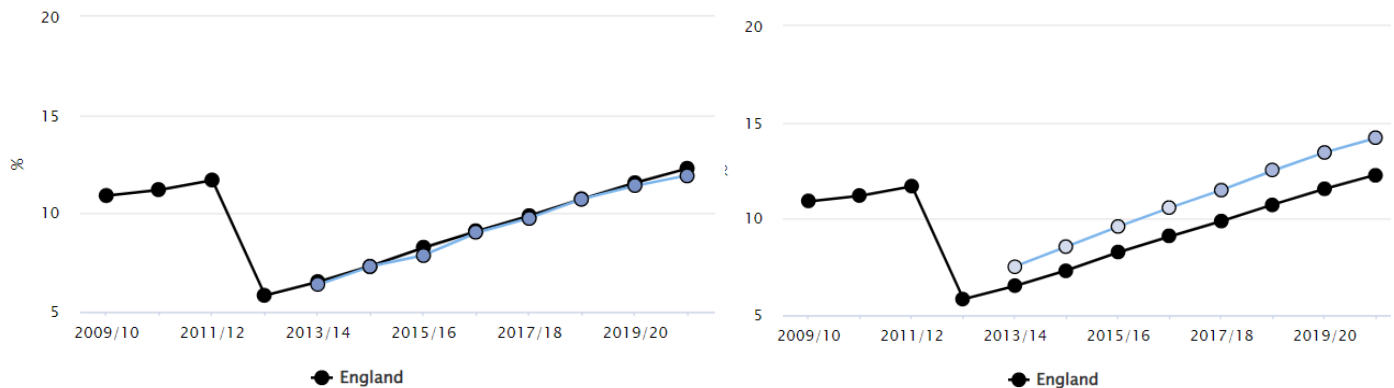
Mental health conditions are common across society and are a large contributor to premature death and frequently coexist with various physical ill health conditions. It is demonstrated that people with severe mental illnesses (SMI), on average, die prematurely: there is a 10-25 year life expectancy reduction in SMI patients (Mental Health Foundation, 2016).

In 2020/21, 11.0% of a Derby sample self-reported a low happiness score. This was higher than the England (9.2%) Derbyshire (6.8%) proportions. However, in contrast, the prevalence of adult depression was higher (14.2%) in Derbyshire than the national average (12.3%), while in Derby the prevalence was lower (11.9%) than in England. Notably, all indicators portray an upward trend of increasing prevalence of depression in adults. However, it is not clear whether this indicates an increasing prevalence of depression experienced in the population or an increase in the practice of recording depression on disease registers.

Throughout 2020/21, the proportion of adults in contact with secondary mental health services who lived in stable and appropriate accommodation in Derby (69%) and Derbyshire (81%), was higher than the national average (58%). However, Derby's rate has shown a slightly decreasing trend in recent years, whereas Derbyshire's rate has been relatively stable. Suicide rates in Derby (9.2 per 100,000) were slightly lower than the national average (10.4 per 100,000), but slightly higher in Derbyshire (11.2 per 100,000).



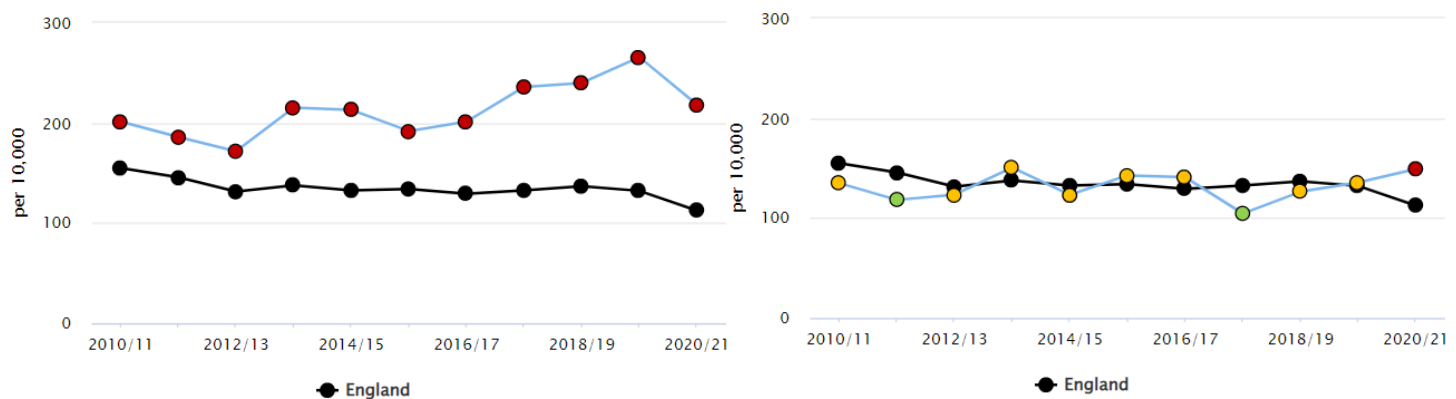
Figure 94: Prevalence (%) of depression recorded in the Derby and Derbyshire adult population, 2009/10 to 2019/20 (Office for Health Improvement & Disparities, 2022).



3.3.8 Injuries

Injuries are a major cause of hospital admission and premature mortality in children and young people. The hospital admissions rate due to injuries in children under 5 years old was 66.5 per 10,000 in Derby in 2020/21. This was significantly lower than the national rate of 108.7 per 10,000. Derbyshire was similar to the national average at 99.2 per 10,000 (Office for Health Improvement & Disparities, 2022). Further examination of the hospital admission injury data at district level illustrates diverging rates. The rate of hospital admissions for injuries in young people (15-24 years) is higher in the districts of Chesterfield and Amber Valley compared to neighbouring districts and the England average (Figure 95).

Figure 95: Rate per 10,000 of hospital admissions for injuries in young people (15-24 years) in districts Chesterfield and Amber Valley between 2010/11 and 2020/21 (Office for Health Improvement & Disparities, 2022).



3.3.9 Palliative care

Palliative care is the active holistic care of patients with advanced progressive illness, helping managing pain and other distressing symptoms. A palliative care package also involves psychological, social, and spiritual support for the patient and their families (NCPC, 2015). Care can take place in the patient's home, in care homes or hospices, or in hospitals, dependent on needs and preference.

For both Derby and Derbyshire, rates are comparable with the national average across the majority of indicators that come under end-of-life care. However, the percentage of hospital deaths amongst all age groups was



significantly higher in Derby compared to the national and Derbyshire averages: almost half of deaths in Derby occurred in hospital during 2020.

Comparably, deaths occurring at home were significantly lower in Derby (24.8%), while they were higher in Derbyshire (28.0%) and nationally (27.4%). National evidence indicates that people living in the most deprived quintile are significantly more likely to die in hospital than individuals living in other quintiles.

Figure 96: Place of death (%) for all ages, 2020 (Office for Health Improvement & Disparities, 2022).

	Derby	Derbyshire	England
Hospital deaths	44.2	41.5	41.9
Care home deaths	23.8	24.1	23.7
Hospice deaths	4.9	4.4	4.5
Home deaths	24.8	28.0	27.4
Deaths in other places	2.3	2.1	2.5

3.3.10 Lifestyle

Risk factors for disease

Figure 97 represents some of the key risk factors for disease across Derby and Derbyshire. Of particular note, smoking prevalence is significantly high in Derby (17.8%). In Derby, 30% of adults abstain from drinking alcohol, while in Derbyshire only 9.6% abstain, which falls significantly lower than the national average (15.5%). Alcohol consumption along with the percentage of adults carrying excess weight in Derbyshire (68.3%) could be contributing factors to the evidently higher prevalence of Hypertension (16.1%), compared to Derby (13.4%) and England (13.8%).

Figure 97: Prevalence (%) of key risk factors for ill health (Office for Health Improvement & Disparities, 2022).

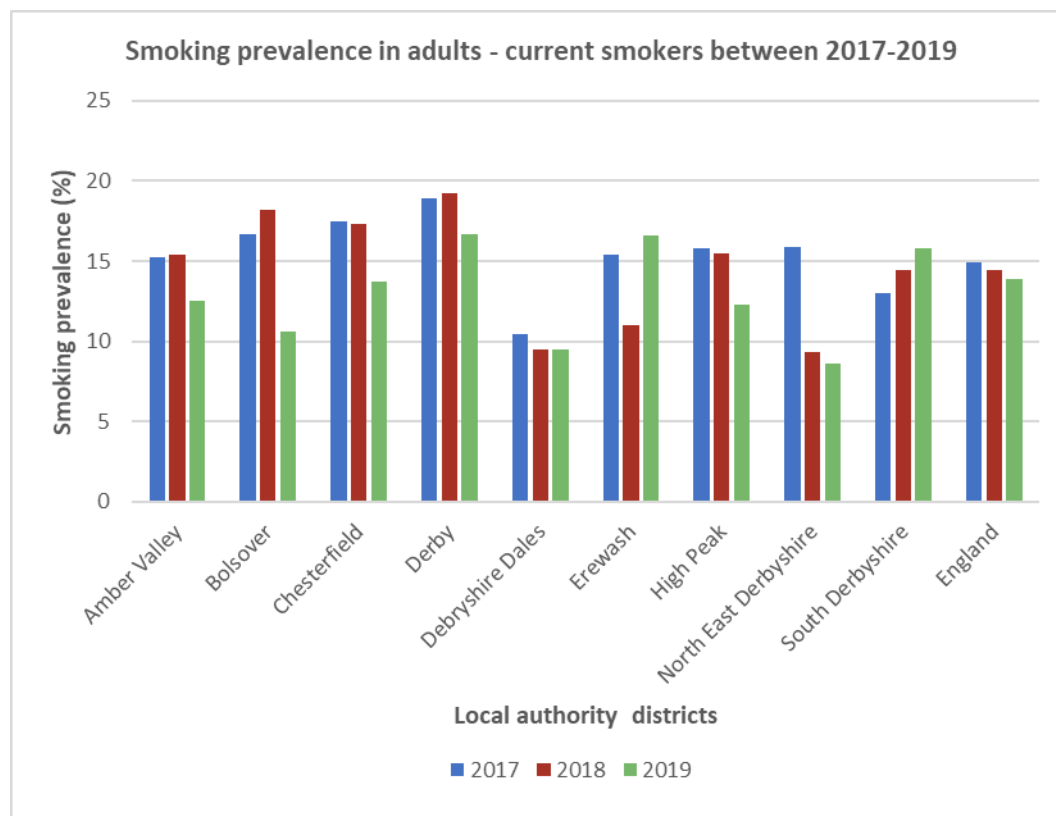
	Derby	Derbyshire	England
Smoking prevalence in adults –current smokers (2020)	11.5	11.0	12.1
Hypertension: QOF prevalence (2020/21)	12.8	16.6	13.9
Physically active adults (2019/20)	66.0	70.6	66.4
Adults who abstain from drinking alcohol (2015-18)	24.4	10.6	16.2
Proportion of the population meeting the recommended '5-a-day' on a usual day, adults (2019/20)	55.0	56.4	55.4
Adults classified as overweight or obese (2019/20)	62.5	66.8	62.8

3.3.10.1 Smoking

In 2020 in Derby, the smoking prevalence in adults for current smokers is 11.5% which is similar to the national average of 12.1% and in Derbyshire of 11.0% (Annual Population Survey, 2020, cited within Office for Health Improvement and Disparities, 2022).



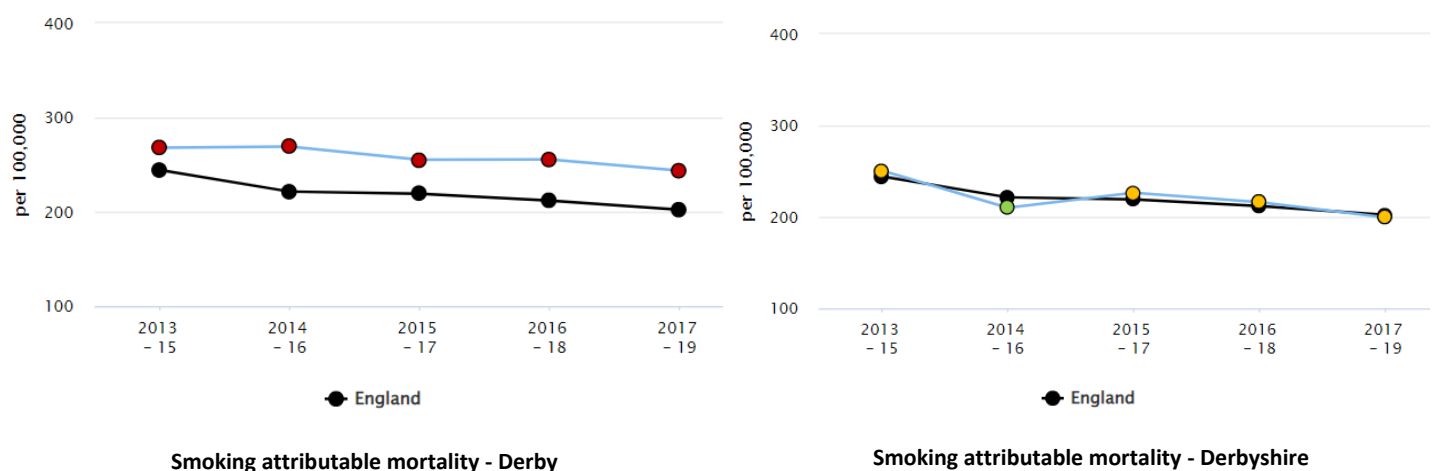
Figure 98: Smoking prevalence (%) in adults between 2017-2019 (Office for Health Improvement & Disparities, 2022).



All local authority districts had a similar smoking prevalence to the national average in 2019. Smoking prevalence has dramatically reduced in Bolsover and North East Derbyshire in recent years but has increased in Erewash and South Derbyshire.

In 2017-19, the smoking attributable mortality in Derby was 243.5 per 100,000, which was significantly higher than the England rate of 202.2 per 100,000. Derbyshire's rate was similar to the England average (199.5 per 100,000) (Figure 99).

Figure 99: Smoking attributable mortality rate per 100,000, 2017-19 (Office for Health Improvement & Disparities, 2022)





3.3.10.2 Drugs and alcohol misuse

Drug misuse

- The opiate treatment population was higher in Derby (5.5%) compared to the national rate (4.7%, but lower in Derbyshire (4.0%). 32.2% of non-opiate drug users successfully left treatment in Derby, which was similar to the national rate (33.0%) and slightly higher than in Derbyshire (29.7%).
- Nationally, the death rate from drugs misuse was 5.0 per 100,000 population in 2018-20. The rate was similar for Derbyshire (5.4 per 100,000), however, significantly higher in Derby (6.2 per 100,000 population). Of the deaths in Derby, 10.4 per 100,000 population were males, which is significantly higher than the national average (7.3 per 100,000) and Derbyshire (7.3 per 100,000).
- Derby and Derbyshire had similar proportions of people who had taken drugs (excluding cannabis) in the last month at age 15 in 2014/15 to the national average (Derby 0.9%, Derbyshire 0.8%, England 0.9%).
- Both Derby and Derbyshire had a higher number of deaths during drug treatment than would be expected in the population (Derby SMR 1.12, Derbyshire 1.09).
- The proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months in England was 82.0% in 2019. The proportions in Derby and Derbyshire were lower than the national average (Derby 79.2%, Derbyshire 66.7%).

Alcohol misuse

- In 2015-18 in Derby and Derbyshire, 12.1% and 18.2% respectively of the adult population binge drink, in comparison to the national average (15.4%).
- In 2020/21, Derby had a higher rate (2.4 per 1,000 population) of adults in treatment at specialist alcohol misuse services, compared to Derbyshire (1.7 per 1,000 population) and nationally (1.4 per 1,000).
- Derby and Derbyshire had slightly lower proportions of people who successfully completed alcohol treatment in 2020 than the national average (Derby 34.2%, Derbyshire 33.6%, England 35.3%).
- Derbyshire had a significantly higher proportion of those who had ever had an alcoholic drink by the age of 15 (71.9%) than the national average (62.4%). Whereas, Derby had a significantly lower proportion (58.3%).

Alcohol and related diseases

Alcohol misuse and alcohol related problems, especially binge drinking and alcohol-related liver disease, are major public health concerns which have the potential to result in death. The national average for alcohol specific mortality in 2020 was 13 per 100,000. The rate was similar in Derbyshire (13.1 per 100,000 population) but was significantly higher in Derby (22.3 per 100,000 population). Specific diseases can be related to the overuse of alcohol. Figure 100 shows the rates of admissions for intentional self-poisoning were higher in both Derby and Derbyshire than the national average. The rates for admissions for alcoholic liver disease were higher in both Derby and Derbyshire than the national average. The admission rate for mental and behavioural disorders due to alcohol misuse were higher than the national average in Derby, rates however, were lower in Derbyshire.



Figure 100: Directly standardised rate per 100,000 of alcohol conditions and co-occurring disease (Office for Health Improvement and Disparities, 2022).

	Derby	Derbyshire	England
Admission episodes for mental and behavioural disorders due to use of alcohol condition (Broad) (2020/21)	409	318	379
Admission episodes for alcohol-related cardiovascular disease conditions (2020/21)	783	614	613
Admissions for intentional self-poisoning by and exposure to alcohol condition (Narrow) (2020/21)	61.7	70.9	43.1
Admission episodes for alcoholic liver disease condition (Broad) (2020/21)	255.6	136.1	128.3
Incidence rate of alcohol-related cancer (2016/18)	38.44	38.98	37.77

3.3.10.3 Obesity

Being overweight (BMI between 25 and 29) and obese (BMI 30 and over) is associated with diabetes type II, coronary heart disease, stroke, cancer, and hypertension, to list the most common conditions. 21.0% of primary school children in Year 6 and 62.8% of adults in England are categorised as obese (Office for Health Improvement & Disparities, 2019/20). The UK now has the highest level of obesity in Western Europe. In the last 30 years the obesity levels have trebled, and it is projected that if this trend continues, half of the UK population could be obese by 2050 (NHS Choices, 2015). Obesity rates increase throughout childhood.

The proportion of reception-aged children classified as obese is similar in Derby (9.2%), Derbyshire (8.9%) and England (9.9%). However, Derby has a higher proportion of obese Year 6 children (23.9%) than Derbyshire (19.7%) and the national average (21.0%). This increasing trend continues into adulthood; however, Derbyshire has a higher proportion of obese adults (66.8%) than Derby (62.5%) and England 62.8%).

Childhood obesity has rapidly increased for reception children in the district of South Derbyshire in from 2015/16 to 2018/19 (Figure 101). In Bolsover (Figure 102), obesity prevalence increased from 2015/16 to 2018/19 but has decreased in recent years. Increases in obesity have been seen in Derby City and Bolsover for children in the last year of primary school, Year 6 (Figure 103 & Figure 104).

Figure 101: Prevalence of obesity in reception-aged children in South Derbyshire

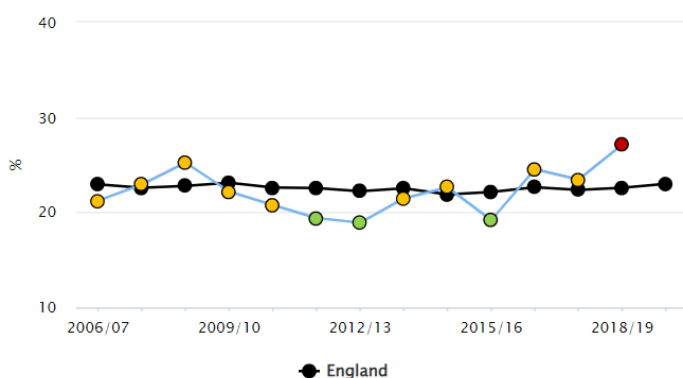


Figure 102: Prevalence of obesity in reception-aged children in Bolsover

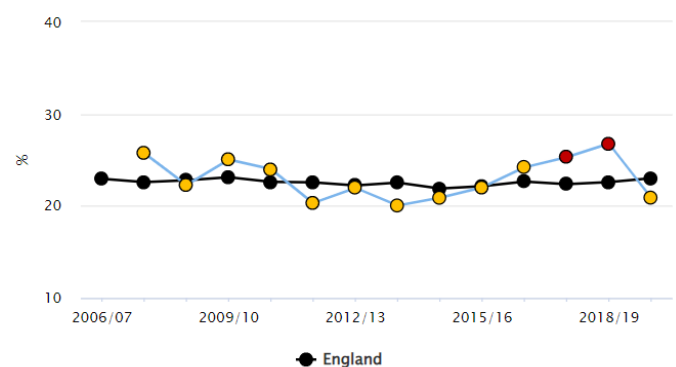




Figure 103: Prevalence of obesity in children in Year 6 in Derby

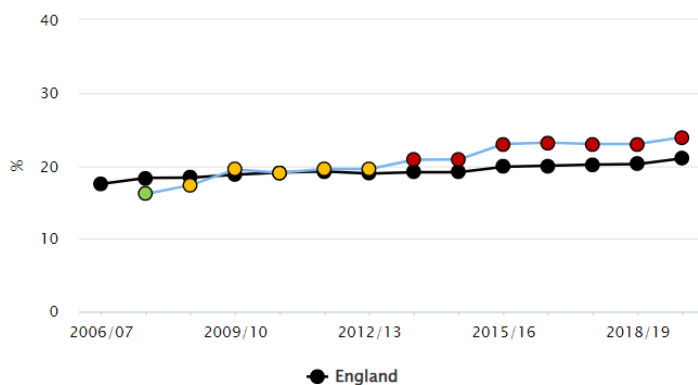
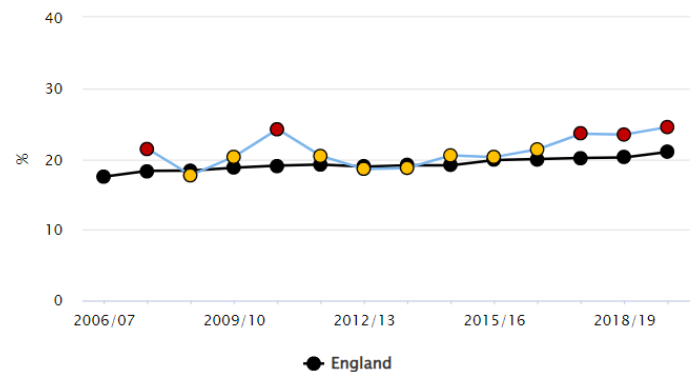


Figure 104: Prevalence of obesity in children in Year 6 in Bolsover



The percentage of adults classified as overweight or obese (BMI greater than or equal to 25kg/m²) was 62.8% in England, 66.8% in Derbyshire and 62.5% in Derby (2019/20). There is variation in the proportion of obese adults across Derbyshire, with a greater proportion residing in Erewash, Amber Valley, Bolsover, and Chesterfield. In Derby City, a greater proportion reside in Spondon, Mickleover and Allestree.

Maternal obesity is measured as a BMI of 30kg/m² and above at the first antenatal consultation. In England 22.1% of women of childbearing age are overweight or obese. Maternal obesity poses health risks to both the pregnant women (e.g. gestational diabetes) and the baby in utero and after birth (e.g. macrosomia, still birth) (Office for Health Improvement and Disparities, 2018/19).

3.3.10.4 Sexual health and teenage pregnancy

The three areas of sexually transmitted infections (STI), reproductive health and teenage pregnancies provide an overview of sexual health across Derby and Derbyshire.

HIV & STI

Figure 105: Rate per 100,000 of infectious diseases (Office for Health Improvement & Disparities, 2022)

	Derby	Derbyshire	England
Chlamydia detection rate, 15-24 years old (2020)	1,505	1,246	1,408
Syphilis diagnostic rate (2020)	7.4	3.8	12.2
Gonorrhoea diagnostic rate (2020)	127	51	101
Genital warts diagnostic rate (2020)	40.1	34.4	48.6
Genital herpes diagnostic rate (2020)	37.8	28.0	36.3
HIV diagnosed prevalence rate aged 15+ (2020)	2.18	0.65	1.91

There is a lower detection rate of chlamydia in the Derbyshire population (1,246 per 100,000) compared to the national average (1,408 per 100,000), but higher detection rate in Derby's population (1,505 per 100,000).

Reproductive health

Derbyshire has the lowest over 25s abortion rate in England in comparison to all of the other counties (Figure 106). The over 25s abortion rate in Derbyshire is 8.6 per 1,000 and in England the rate is 14.5 per 1,000. A higher rate of pelvic inflammatory disease was evident in Derbyshire (259.1 per 100,000 population) in 2015/16 compared to the national average (237.0 per 100,000 population). Rates of cervical cancer registrations were



higher in both Derby (11.5 per 100,000 population) and Derbyshire (10.3 per 100,000 population) compared to England (9.6 per 100,000 population).

Figure 106: Reproductive health indicators (Office for Health Improvement & Disparities, 2022)

	Derby	Derbyshire	England
Under 18s conception rate, per 1,000 (2019)	20.9	14.3	15.7
Under 18s conceptions leading to abortion, % (2019)	34.8	50.3	54.7
Under 18s birth rate, per 1,000 (2015)	7.5	3.6	4.1
Under 18 births, % (2020/21)	0.9	0.6	1.8

Teenage pregnancy

There is a lower conception rate in teenagers aged under 18 in Derbyshire (14.3 per 1,000) compared to England (15.7 per 1,000). Comparably, there is a higher conception rate in teenagers aged under 18 in Derby (20.9 per 1,000). A greater proportion of under 18s conceptions lead to abortion in England (54.7%) compared to Derbyshire (50.3%) and Derby City (34.8%). Derby City has a significantly higher birth rate in under 18s (7.5 per 1,000), compared to Derbyshire (3.6 per 1,000) and England (4.1 per 1,000). Teenage pregnancies (mothers aged under 18) account for 0.9% of pregnancies in Derby, 0.6% in Derbyshire, compared to 1.8% in England.

Figure 107: Teenage pregnancy in Derby and Derbyshire (Office for Health Improvement & Disparities, 2022)

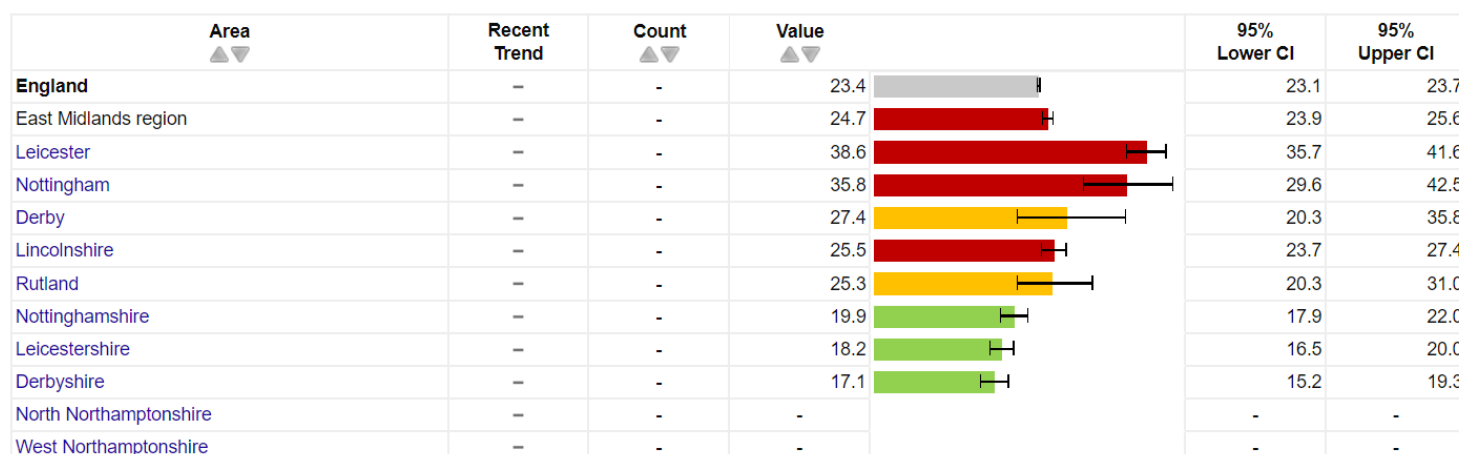
	Derby	Derbyshire	England
Total abortion rate, per 1,000 (2020)	18.2	14.5	18.9
Over 25s abortion rate, per 1,000 (2020)	16.2	13.0	17.6
Abortions under 10 weeks, % (2020)	85.5	86.2	88.1
Total prescribed LARC excluding injections rate, per 1,000 (2020)	43.2	42.2	34.6
Women choose injections at SRH Services, % (2020)	4.3	5.5	8.1
Women choose user-dependent methods at SRH Services, % (2020)	69.6	71.1	54.9
Women choose hormonal short-acting contraceptives at SRH Services, % (2020)	62.6	66.4	41.7
Pelvic inflammatory disease (PID) admissions rate, per 100,000 (2019/20)	208.9	238.6	254.7
Ectopic pregnancy admissions rate, per 100,000 (2019/20)	109.4	59.6	90.0
Cancer screening coverage - cervical cancer (aged 25 to 49 years old) (2021)	68.1	78.2	68.0

3.3.16 Oral Health

Derby performs similarly to the national average for children's oral health. 27.4% of Derby's 5-year-old children experienced visually obvious dental decay in 2018/19. This is slightly poorer but not statistically significant difference than the national average of 23.4%. In Derbyshire, less children experienced visually obvious dental decay (17.1%). Figure 108 shows the variation of this variable across the East Midlands region, with Derbyshire having the lowest proportion.



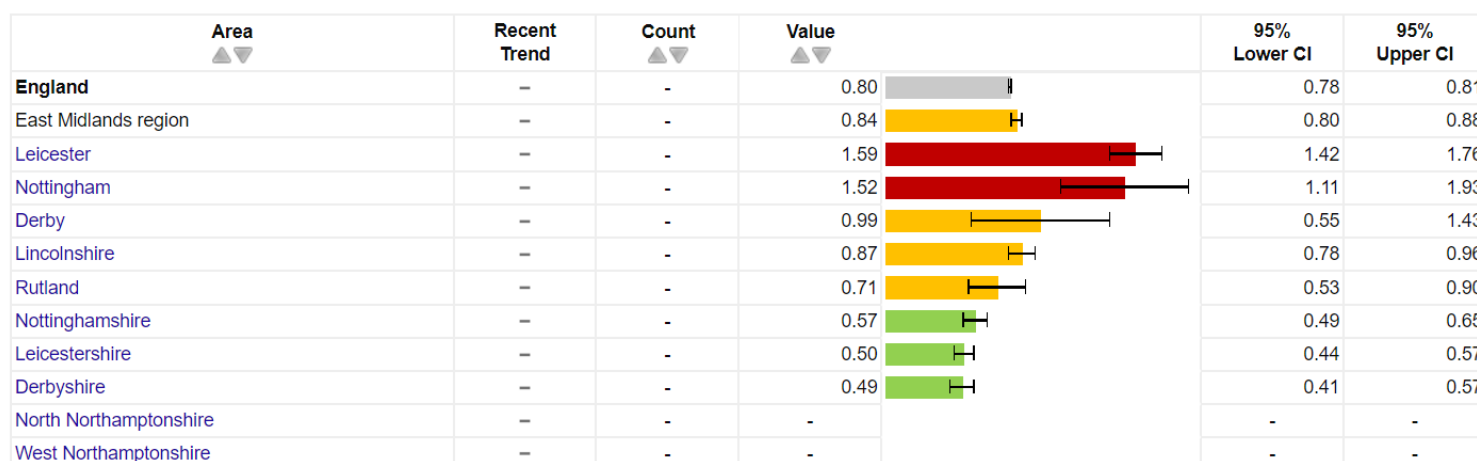
Figure 108: Proportion (%) of five-year-old children who experienced visually obvious dental decay.



Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children (Biennial publication - latest report 2019) <https://www.gov.uk/government/collections/oral-health-surveys-and-intelligence-children>

The average number of decayed, missing or filled teeth (dmft) is significantly higher in Derby with five-year-olds having 0.99 dmft on average compared to 0.80 dmft nationally. In contrast, oral health in five-year-old children is much better in Derbyshire with children having on average only 0.49 dmft (Figure 109).

Figure 109: Mean number of decayed, missing or filled teeth in five-year-olds, 2018/19 (Office for Health Improvement & Disparities, 2022).



Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2019

3.4 Life expectancy gaps

3.4.1 PHE Segment Tool: segmenting life expectancy gaps by cause of death

Life expectancy at birth in England is 79.6 years for males and 83.1 for females. Life expectancy across the country varies by local authority. The table below (Figure 110) illustrates that life expectancy is lower than the national average in Derby, Bolsover, Chesterfield and South Derbyshire for males and females and in Amber Valley and North East Derbyshire for females. However, life expectancy is exceeding the national average in Derbyshire Dales and High Peak for males and females.



Figure 110: Life expectancy across Derby and Derbyshire districts, 2015-17 (Office for Health Improvement and Disparities Segmentation Tool)

	Life expectancy at birth (2015-17)		Absolute gap in life expectancy between LA and England in years	
	Male	Female	Male	Female
England	79.6	83.1		
Derby	78.5	82.7	-1.1	-0.5
Amber Valley	79.6	82.6	0.0	-0.5
Bolsover	77.9	81.5	-1.6	-1.6
Chesterfield	77.9	82.1	-1.7	-1.0
Derbyshire Dales	80.8	84.2	1.2	1.1
Erewash	79.5	83.4	0.0	0.3
High Peak	79.9	83.3	0.3	0.1
North East Derbyshire	79.7	82.9	0.2	-0.2
South Derbyshire	79.3	82.5	-0.3	-0.7

Figure 111 shows the life expectancies for the most and least deprived quintiles of each local authority area across Derbyshire and the absolute gap in life expectancy between these quintiles for males and females. There is a large life expectancy gap between the most deprived and least deprived quintiles for males and females across all local authorities. The greatest gap in life expectancy for males is in Erewash, followed by Derby and Amber Valley. For females, the largest gap in life expectancy is in Chesterfield, followed by Derby. The smallest gap for both males and females are in Derbyshire Dales, followed by Bolsover.

Figure 111: Life expectancy across Derby and Derbyshire districts by the least and most deprived areas, 2015-17 (Office for Health Improvement and Disparities Segmentation Tool)

	Life expectancy in most deprived quintile of LA (2015-17)	Life expectancy in most deprived quintile of LA (2015-17)	Life expectancy in least deprived quintile of LA (2015-17)	Life expectancy in least deprived quintile of LA (2015-17)	Absolute gap in life expectancy between most deprived and least deprived quintile of LA	
	Males	Females	Males	Females	Males	Females
Derby	74.8	78.5	82.4	85.5	-7.6	-7.0
Amber Valley	75.0	79.0	82.7	85.6	-7.6	-6.6
Bolsover	74.6	79.1	80.4	83.5	-5.8	-4.4
Chesterfield	74.4	79.1	81.7	86.5	-7.2	-7.4
Derbyshire Dales	79.1	83.1	81.6	85.8	-2.5	-2.7
Erewash	75.0	80.0	83.3	85.4	-8.3	-5.3
High Peak	76.5	80.3	83.0	85.6	-6.5	-5.2
North East Derbyshire	76.5	80.4	83.5	87.0	-7.0	-6.6
South Derbyshire	77.4	81.8	84.5	87.0	-7.1	-5.3

The table below (Figure 112) enables greater understanding of the gap in life expectancy between local authorities and the national average. In Derby, the largest proportion for lower than national life expectancy in males is caused by circulatory ill-health (23.9%), and early deaths are predominately caused by digestive diseases



in females (36%). Cancer is the main cause of early deaths in females in Amber Valley (27.9%), males in South Derbyshire (39.1%), as well as males and females in Bolsover (44.6% & 42.8%, respectively). In Chesterfield, the main causes are circulatory ill-health in males (28.2%), and respiratory ill-health in females (40.33%). A number of district male and female rows are absent from the table, and this indicates that the LE is above the England average (Amber Valley male; Derbyshire Dales male and female; Erewash female; High Peak male and female; North East Derbyshire male).

Figure 112: Breakdown of the life expectancy gap between LA as a whole and England as a whole, by broad cause of death, 2015-17 (Office for Health Improvement and Disparities Segmentation Tool)

Percentage difference	Circulatory	Cancer	Respiratory	Digestive	External causes	Mental & behavioural	Other	Deaths <28 days
Derby (Males)	23.9	23.3	20.0	7.7	0	7.8	5.8	11.6
Derby (Females)	13.9	12.1	10.9	24.8	0	23.2	0.4	14.7
Amber Valley (Females)	14.7	27.9	4.4	5.9	0	7.8	24.7	14.6
Bolsover (Males)	11.9	44.6	23.3	0	4.7	14.2	1.4	0
Bolsover (Females)	8.9	42.8	16.9	7.9	0	15.1	8.4	0
Chesterfield (Males)	28.2	13.9	15.1	8.0	25.3	9.6		
Chesterfield (Females)	1.9	33.4	40.3	4.1	2.1	12.1	0	6.0
Erewash (Males)	0	0.1	19.6	47.2	0	33.1	0	0
North East Derbyshire (Females)	0	19.7	22.0	0	58.1	0	0.1	0
South Derbyshire (Males)	0	39.1	31.6	3.2	0	0	0	26.1
South Derbyshire (Females)	8.3	0.4	9.0	5.4	6.7	15.1	41.0	14.1

3.4.2 Health Inequalities

“Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.”³³

Figure 113 below shows the distribution of income deprivation across electoral wards in Derbyshire. On the left, the wards Gamesley, Arboretum, Rother, Sinfin and Normanton feature due to a high number and percentage of income deprivation. The wards with the lowest income deprivation include Brailsford, Clifton and Bradley, Wingerworth and Allestree.

³³NICE (2012)



Figure 113: Income deprivation by electoral ward across Derbyshire (Office for Health Improvement and Disparities – Local Health, 2019)

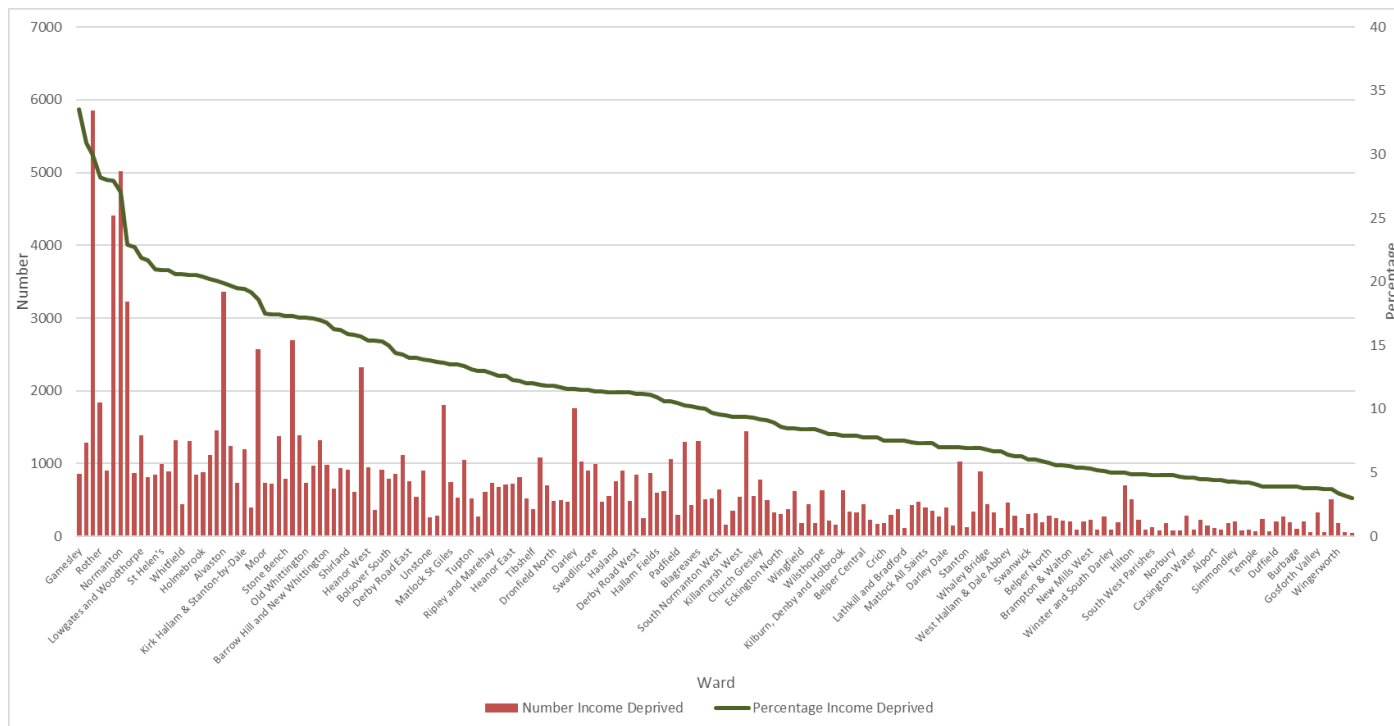


Figure 114 enables the visualisation of income deprivation at local authority level across Derbyshire. This shows higher proportions of income deprivation in Derby and along the east of Derbyshire in Bolsover and Chesterfield.

Figure 114: Income deprivation across local authority areas in Derbyshire, 2019 (%) (Ministry of Housing and Local Government, 2019)

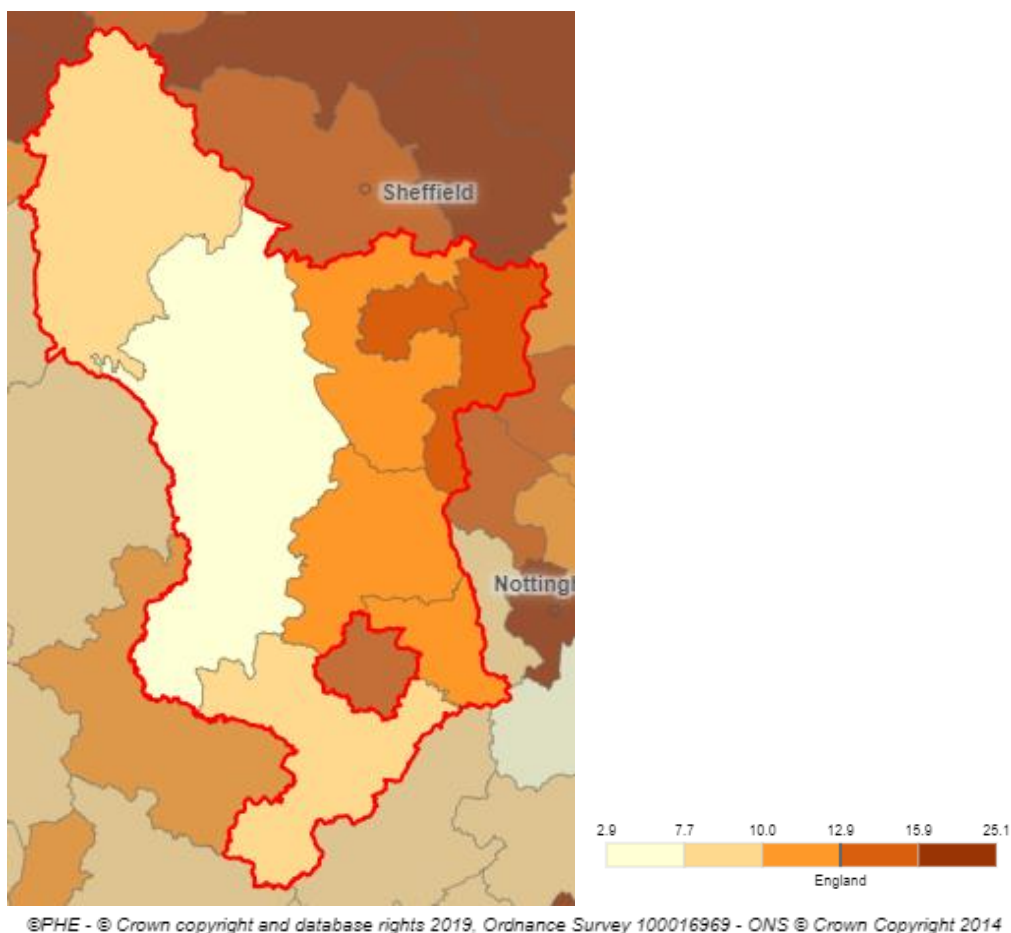




Figure 115 shows inequalities in important high-burden diseases. Shirebrook North, Clay Cross North, Ridgeway and Marsh Lane and Gamesley are wards in Derbyshire with the highest inequalities. In contrast, wards with the lowest include Hilton, Little Hallam, Doveridge and Sudbury, Alport and Hope Valley.

Figure 115: Highest and lowest wards in Derbyshire for the Global Burden of Disease conditions causing the largest burden.

GBD by cause	Indicator	Ward with lowest	Ward with highest
Low back and neck pain	Limiting long term illness or disability (%)	Hilton	Shirebrook North
Ischemic heart disease	Emergency hospital admissions for CHD (SAR)	Little Hallam	Clay Cross North
Cerebrovascular disease	Emergency hospital admissions for stroke (SAR)	Doveridge and Sudbury	Ridgeway & Marsh Lane
Chronic obstructive pulmonary disease	Emergency hospital admissions for COPD (SAR)	Alport	Ridgeway & Marsh Lane
Tracheal, bronchus, and lung cancer	Incidence of lung cancer (SAR)	Hope Valley	Gamesley



3.5 Health profiles and identified health needs

PHE/OHID produce annual Health Profiles for each local authority in England. These health profiles provide an overview of local health issues, priorities and needs and allow for comparisons to England and other local authorities. The health of people in Derby is generally poorer than the England average. Derby is one of the 20% most deprived local authorities in England and about 24% (12,800) of children live in relatively low income families. Life expectancy for both men and women is lower than the England average. The health of people in Derbyshire is varied compared with the England average. About 15% (20,200) of children live in relatively low income families. Life expectancy for both men and women is lower than the England average. In the tables below, the best outcomes are health outcomes where the rate in Derby and Derbyshire is better than national average. The health priorities section links to outcomes where the area is comparatively worse than the national average and therefore highlights a need. These tables provide a summary of much of the content discussed in the earlier sections of this health needs chapter.

Figure 116: Summary of PHE/OHID Local Authority Profile - Derby

Derby	
Best Outcomes	Health priorities
Killed and seriously injured (KSI) rate on England's roads	Under 75 mortality rate from all causes
Estimated dementia diagnosis rate	Mortality rate from all cardiovascular diseases
Hospital admission rate for alcohol-specific conditions	Mortality rate from cancer
New STI diagnoses rate (exc. chlamydia aged <25)	Emergency hospital admission rate for intentional self-harm
	Hospital admission rate for alcohol-related conditions
	Percentage of adults classified as overweight or obese
	Smoking prevalence in adults in routine and manual occupations
	Teenage conception rate
	Percentage of smoking during pregnancy
	Percentage of breastfeeding initiation
	Infant mortality rate
	Year 6: Prevalence of obesity (including severe obesity)
	Percentage of children in low income families
	Average GCSE attainment (average attainment 8 score)
	Statutory homelessness rate - eligible homeless people not in priority need



Figure 117: Summary of PHE/OHID Local Authority Profile - Derbyshire

Derbyshire	
Best Outcomes	Health priorities
Killed and seriously injured (KSI) rate on England's roads	Emergency hospital admission rate for intentional self-harm
Mortality rate from all cardiovascular diseases	Hospital admission rate for alcohol-specific conditions
Estimated diabetes diagnosis rate	Hospital admission rate for alcohol-related conditions
Teenage conception rate	Percentage of adults classified as overweight or obese
Year 6: Prevalence of obesity (including severe obesity)	Percentage of smoking during pregnancy
Percentage of children in low income families	Average GCSE attainment (average attainment 8 score)
Statutory homelessness rate - eligible homeless people not in priority need	
Violent crime - hospital admission rate for violence (including sexual violence)	
New STI diagnoses rate (exc. chlamydia aged <25)	
TB incidence rate	



4 NHS COMMUNITY PHARMACY

Community pharmacists are highly trained and accessible healthcare professionals. Pharmacies are a part of the wider NHS family, but unlike other services can often be found open and available to offer anything from medicines to advice, when other healthcare professionals are unavailable. They come in varying types, sizes and settings. Many of us will be familiar with the traditional and often convenient means of travelling to access a pharmacy, be that one of the large independent chains found in our towns and cities, pharmacies in supermarkets, hospitals, or attached to a local GP practice. They can also be found in much smaller, rural communities as individually owned premises. Community pharmacy is available to everyone and can often be found concentrated in more deprived neighbourhoods where need is greatest. In recent times community pharmacies have had to adapt to new technologies and an increasingly digital society, and a number are now operating 'at a distance' from the population through online, internet-based channels. In the future, the health and care system as a whole will need to ensure that community pharmacy is integrated and embedded within the transforming NHS and Social Care landscape.

4.1 Community pharmacy providers

There are currently 231 pharmaceutical providers across Derby and Derbyshire, including 205 community pharmacies, 4 distance selling pharmacies, 18 dispensing GP practices, 3 Dispensing Appliance Contractors and 1 Local Pharmaceuticals Service.

Figure 118: Registered Community Pharmacies by Derby and Derbyshire District

District	Pharmacies	Population	Pharmacies per 100,000
Derby	54	256814	21
Amber Valley	25	128829	19
Bolsover	17	81305	21
Chesterfield	21	104930	20
Derbyshire Dales	10	72422	14
Erewash	23	115332	20
High Peak	21	92633	23
North East Derbyshire	20	102216	20
South Derbyshire	14	109516	13

There are an estimated 21 registered pharmacies to every 100,000 people in England³⁴. This figure has fallen from when the previous PNA was published and is at its lowest since 2015/16. Figure 118 demonstrates how the number and corresponding rates of community pharmacy providers by Derby and Derbyshire District compare to the national average. For the JUCD footprint as a whole, there are 19 pharmacies per 100,000 population. Derby City has a similar rate (21 per 100,000) while the Derbyshire County area has a lower than average rate (18 per 100,000), although this cannot be regarded as a thorough-going indicator of the adequacy of pharmacy services.

Much of the GP dispensing provision for Derbyshire is concentrated in the rural areas of the county which mitigates this lower concentration of premises.

³⁴ NHSBA (2021)



4.1.1 Distance Selling Pharmacies

Derby and Derbyshire have four distance selling pharmacies registered to premises in Erewash, North East Derbyshire and Derby City (2). These pharmacies receive prescriptions via the post or internet and dispense and deliver by courier, post or delivery driver. Data is unavailable as to the source of individual prescription requests to these four pharmacies, but it is important to note that there is no limit to the geographical area which they may cover. They are required to provide a national service. Distance Selling Pharmacies are not allowed to provide Essential Services face to face but may provide Advanced and Enhanced Services if they are unrelated to the provision of Essential Services.³⁵

4.1.2 Dispensing GP practices

Dispensing GP practices provide dispensing services in rural areas where patients may otherwise have difficulty accessing a community pharmacy, or where it is not viable for a community pharmacy to operate. This facility is only available to patients who live at a distance of more than 1 mile, or 1.6km from traditional premises. Nationally, dispensing doctors provide primary healthcare to nearly nine million UK rural patients. Nearly 3.6 million of these patients live remotely from a community pharmacy and at the patient's request, have their GPs dispense the medicines that they prescribe for them. In total, approximately 7% of all prescription items are dispensed by doctors³⁶.

In England, any new pharmacy application in a controlled locality³⁷ will be considered against the current pharmaceutical services regulations. If successful, the pharmacy will gain the protection of the 1.6km radius for their dispensing rights. Patients who live within 1.6km of the new pharmacy will usually then lose their right to receive the GP dispensing service. If the total population living with a 1.6km radius of the new pharmacy is less than 2,750 people, then the patients who currently receive the GP dispensing service may choose to either remain with that service or use the new pharmacy. This is known as a reserved location.

Given the rural nature of much of Derbyshire, there are 18 dispensing GP practices offering this service to their registered and eligible populations, 9 of which are located in Derbyshire Dales. The rural area of the north Dales has the greatest concentration of dispensing practices covering the surroundings of towns and villages such as Ashover, Bakewell, Baslow, Darley Dale, Eyam and Tideswell. The south Dales has the second largest concentration, and covers the surrounding areas of Ashbourne, Brailsford and Hulland.

Figure 119: Dispensing GP Practice locations by District

District	Dispensing practices	Dispensing list size	Total list size
Derby	1	3004	300379
Amber Valley	1	2224	138377
Bolsover	2	4485	97079
Chesterfield	1	638	113414
Derbyshire Dales	9	31860	85495
Erewash	2	1344	112947
High Peak	1	3935	96958
North East Derbyshire	1	2116	79158
South Derbyshire	0	0	93233

³⁵ The Secretary of State for Health (2013)

³⁶ Dispensing Doctors' Association (2016)

³⁷ A controlled locality is a geographical area judged to be rural in nature by NHS England. NHSE may review the rural status of an area – a request that can also be made by a Local Medical Committee and a Local Pharmaceutical Committee, providing no determination has been made in the previous five years. The five year rule does not apply if there has been a significant change in the population or in the housing provision (Dispensing Doctors' Association, 2016)



4.1.3 Dispensing Appliance Contractors

Dispensing Appliance Contractors (DAC) are unable to supply medicines. They do, however, specialise in support for both Ostomy and Urology patients, including in the supply of stoma care products. In 2020/21 there were 112 appliance contractors actively dispensing in England³⁸. NHS England currently commission three DACs in Derby and Derbyshire. These are:

- ATOS Care, Cardinal Business. Centre. 10. Nottingham. Road. Derby. DE1 3QT
- Fittleworth Medical Limited, Ground Floor, 61 Canal Street, Derby, DE1 2RJ
- Salts Healthcare Limited, Holywood House Annexe, Holywell Street, Chesterfield, S41 7SH

A contract for appliance contractors was published in April 2010, which allows appliance contractors to provide Appliance Use Reviews (AUR) and stoma customisation services (SCS) in addition to essential services. Community Pharmacies who dispense appliances can also choose to provide these advanced services. Dispensing appliance contractors provide services nationally. Pharmacies are also able to supply many of these specialised products on request.

4.1.4 Out-of-area providers

The Pharmacy Regulations require Local Authorities (LA) to identify any pharmaceutical services that are provided outside of their area and do not contribute towards meeting the need for pharmaceutical services in the LAs area, but which have secured improvements, or better access, to pharmaceutical services within its area. To meet this requirement, consideration has also been given in this assessment to pharmaceutical services provided by community pharmacy contractors on neighbouring pharmaceutical lists.

Derby City has direct borders with only Derbyshire County. Derbyshire County, however, has boundaries with Kirklees, Barnsley, Sheffield, Rotherham, Nottinghamshire, Leicestershire, Staffordshire, East Cheshire, Stockport, Tameside and Oldham.

Analysis of prescribing data during the production of the PNA indicated that the number of prescriptions dispensed by community pharmacies outside the area was small (less than 4%) and consistent with known commuter and shopping activity. Given that there have been no major changes to the system or infrastructure surrounding access to traditional community pharmacy, it was agreed that out of area providers are likely to have had no discernible impact on the provision of specific pharmaceutical services across Derby and Derbyshire. It is however, acknowledged that access to 'at a distance' pharmacy through online channels will have grown considerably in recent years. Further, community pharmacy premises just over the border from Derbyshire have been considered to determine appropriate levels of access.

4.1.5 The effectiveness of pharmaceutical services

In a recent evidence review³⁹, described the evidence base underpinning the essential, advanced and locally commissioned services provided by community pharmacies. A summary of the services reviewed is provided below.

4.1.5.1 Essential and Advanced Services

Repeat Dispensing

The repeat dispensing scheme introduced in 2002 was received positively from General Practitioners (GPs) and patients alike. It allowed patients to collect repeat prescriptions without repeated visits to their GP, thus minimising workload and wastage. However, there are considerable variations in the uptake of this across clinical commissioning groups. This suggests that repeat prescribing should be incentivised for community pharmacies and GPs.

³⁸ NHSBA (2021)

³⁹ Wright D. (2016)



New Medicines Service

This was introduced in 2011 to improve medicines adherence in patients with newly prescribed asthma, hypertension, COPD, type II diabetes and antiplatelet/anticoagulant therapy. A randomised control trial⁴⁰ commissioned by the UK government showed a statistically significant improvement in composite adherence (measured by adherence and persistence) after ten weeks when intervention and control groups were compared. There was, however, a lack of data at 26 weeks. It is important to note that the participants were unblinded to the intervention, which means that social desirability bias may have influenced the results.

Influenza vaccinations

The influenza vaccination has been available through community pharmacies since 2015. The vaccine is targeted at high-risk groups, namely people over 65 years, individuals with long term conditions, pregnant women and those living in long-stay care facilities. Overall, the evidence suggests that this is a cost-effective service that has been linked with increased levels of uptake and choice for patients.

4.1.5.2 Clinical Enhanced Services

Chronic disease management

Community pharmacists have an integral role in chronic disease management, and it has recently been recommended that they assume responsibility for the management of patients with controlled hypertension⁴¹. International evidence suggests that community pharmacists can support patients with diabetes effectively through medication review, monitoring and adherence interventions to improve both control of HbA1C and blood pressure. Nationally, however, there is a need for high-quality economic evaluations. For instance, pharmacist led support for COPD was identified as cost-effective from a 2014 UK study⁴². However, there were significant dropouts after six months that were linked with errors in the design process such as the absence of a control group and the use of three different elements to the intervention. The latter makes it difficult to ascertain the contribution of each element to the final outcome.

Care homes services

There is evidence to suggest that there is an 8-10% chance of an error in the prescribing, dispensing or administration of a medicine in care homes⁴³. Systematic reviews suggest that involving community pharmacists can improve the quality of prescribing. The cost-effectiveness however, of the intervention is unknown.

4.1.5.3 Public Health Services

Emergency hormonal contraception supply

There is currently no evidence available in relation to the cost-effectiveness of Emergency Hormonal Contraception (EHC) supply services provided by community pharmacies. The service is, however, linked with reduced waiting times in comparison with EHC provision through family planning clinics. Furthermore, the provision of EHC through community pharmacies is not linked with adverse effects such as a reduced use of other contraceptives or an increase in risky sexual behaviour⁴⁴.

Chlamydia screening and treatment services

Chlamydia screening was introduced in England in 2010 and is designed to identify the condition and treat it before it progresses to pelvic inflammatory disease (PID) and eventual infertility. This has been demonstrated as being a cost-effective service⁴⁵. A systematic review of the provision of chlamydia screening through community

⁴⁰ Elliott et al. (2015)

⁴¹ Dispensing Doctor's Association (2014).

⁴² Wright, et al. (2015).

⁴³ Barber, et al. (2009).

⁴⁴ Raine, et al. (2005)

⁴⁵ Adams, Turner, & Edmunds (2007)



pharmacies showed that community pharmacists were competent in providing the test, and that patients found the location convenient and accessible⁴⁶.

Case finding

a. Type II diabetes screening

There is evidence that community pharmacists can effectively screen for Type II diabetes. Research in the UK suggests that screening with intervention for diabetes and impaired glucose tolerance for those between 45 and 75 is likely to be cost-effective. However, the cost-effectiveness of diabetes screening alone is uncertain. Potential strategies to improve this include targeting those at a greater risk and using more sensitive screening methods.

b. Chronic Obstructive Pulmonary Disease (COPD) case finding

A COPD case finding service delivered through community pharmacies has been shown to identify a significant proportion of patients with undiagnosed COPD. This can incentivise patients to access smoking cessation services, which has led to an improved quality of life and reductions in future costs to the NHS⁴⁷. There is a need to prevent disease progression through the early identification of COPD. This can be achieved through monitoring patients who frequently request cough medicines or antibiotic prescriptions for chest infection.

c. Health checks

The NHS health check programme was introduced in 2009 for all eligible patients (i.e. those who are between 40 and 74 years of age, not pregnant, have not received another NHS health check within five years and have not been pre-diagnosed with medical conditions such as hypertension and diabetes). National evaluations have demonstrated improvements in behavioural and psychological risk factors after their introduction. The programme has been linked with significant benefits of early diagnosis of hypertension and type II diabetes⁴⁸. Community pharmacists have the potential to support improvements in the uptake of NHS Health Checks. There is evidence that they can identify appropriate patients, and that they respond positively to receiving this service through community pharmacies.

Harm reduction services

Community pharmacists provide supervised consumption of opioid substitution medicines for patients who are dependent on opioids. A review of the effect of supervision on methadone-related deaths between 1993 and 2008 showed that the number of deaths reduced from 20 per 1 million defined daily doses of methadone to 2 in Scotland, and from 25 to 6 in England⁴⁹. Needle and syringe programmes are also designed to minimise harm to users and have been shown to be a cost-effective use of resources.

Weight management

A systematic review⁵⁰ of public health interventions by community pharmacists revealed that community-based weight management services were as effective as other primary care strategies, although the cost-effectiveness of this service remains unclear.

Brief alcohol interventions

Two RCTs in the UK have not demonstrated long-term benefits of brief alcohol interventions delivered via community pharmacies⁵¹, highlighting the need for more research and evidence before this service can be adopted in community pharmacies.

Smoking cessation

⁴⁶ Gudka, et al. (2013)

⁴⁷ Wright, Twigg, & Thornley (2015).

⁴⁸ Robson, et al. (2016)

⁴⁹ Strang, et al. (2010)

⁵⁰ Brown, et al. (2016)

⁵¹ Watson (2011), Dhital, et al. (2015).



This includes the provision of smoking cessation services and nicotine replacement therapy (NRT). There is evidence that community pharmacy led smoking cessation services are both effective and cost-effective. A recent systematic review of 12 RCTs showed that patients in the intervention group were significantly more likely to quit compared with control groups and those receiving usual care⁵².

In summary, there is a good evidence base underpinning most essential, advanced and locally commissioned services. However, there is a need for more robust economic evaluations of new services. It is also apparent that current funding models place more emphasis on payment by activity (i.e. quantity) than quality, which can be measured by outcomes or value. It has been proposed that “value-based contracts” should be introduced as part of an integrated quality outcomes framework between general practitioners and community pharmacists⁵³. In an independent review undertaken by Richard Murray⁵⁴, community pharmacy services are described as having a significant potential to support the prevention element of Sustainability and Transformation Plans (STPs)⁵⁵. However, there is currently a poor availability of information to inform decision making. Greater levels of interconnectivity are required to enable pharmacy staff to share clinical information about patient care. Murray also recommends a move from national towards the local commissioning of services. Community pharmacists have an integral role in ensuring that these services are more tailored to the needs of individual communities.

4.1.6 *The role of digital and new technologies*

Poor integration (with other parts of the NHS), lack of interoperability of digital clinical systems and wider system design issues were noted by the Community Pharmacy Clinical Services Review subgroup of the expert advisory group headed by Richard Murray, Director of Policy at the King’s Fund, to be key thematic barriers to community pharmacies providing clinical services.⁵⁶

Access to data was a further determinant, specifically the poor availability of information required to inform clinical decision making. To overcome it, the review of community pharmacy concluded that greater steps would need to be taken to reach digital maturity and interconnectivity to allow pharmacies to see, document and share clinical information about patient care with the clinical records held by other healthcare professionals.

For the public, the importance of digital and new technologies has grown exponentially in recent years. A review of the future pharmacist workforce undertaken by the Centre for Workforce Intelligence⁵⁷ that, “The future pharmacist workforce is particularly (and in many cases uniquely) affected by changes in technology, lifestyle behaviours and changes in the wider commercial environment. The essential broader role pharmacists may play in contributing to the delivery of community-based healthcare and public health, combined with the many complex factors shaping the profession, signify the importance of adopting a flexible approach, combined with careful monitoring and review.”

Guidance published by the General Pharmaceutical in 2015⁵⁸ recognised two types of pharmacy: the ‘traditional’ service, where all aspects, including the sale and supply of medicines and advice, takes place in the registered premises; and ‘at a distance’, including on the internet. The guidance concludes that pharmacy must adapt and change to meet the needs of a society advancing in use of new technologies, and that different ways of providing pharmacy services are already becoming commonplace. Examples of alternate (to traditional) means of the population accessing community pharmacy include:

- Electronic prescription service (EPS)⁵⁹
- Delivery services from the registered pharmacy to patients in their usual places of residence
- Mail order and ‘Click and Collect’ services

⁵² Brown, et al. (2016)

⁵³ Wright D. (2016)

⁵⁴ Murray (2016)

⁵⁵ Superseded by Integrated Care Services e.g. Joined UP Care Derbyshire

⁵⁶ Pharmaceutical Services Negotiating Committee (2016)

⁵⁷ Centre for Workforce Intelligence, 2013

⁵⁸ General Pharmaceutical Council, 2015

⁵⁹ www.systems.hscic.gov.uk/eps



- Internet pharmacy service, owned and operated by either the registered pharmacy or by a third-party business.

4.2 Funding Community Pharmacy

Funding of community pharmacy comes from several sources:-

- NHS Community Pharmacy contractors are paid for services they provide under the community pharmacy contractual framework according to a set of fees and allowances agreed between the Department of Health and Pharmaceutical Services Negotiating Committee. These are published in the Drug Tariff each month. The whole framework is being reviewed nationally. The community pharmacy contractual framework is the mechanism the NHS uses to contract pharmaceutical service from community pharmacy contractors
- Local Commissioners: Additional income comes from providing services commissioned locally by CCGs, Local Authorities such as smoking cessation and needle exchange services
- Sale of goods and service over the counter

For most pharmacies, over 80% of their funding comes from their NHS contract, contracted under the Community Pharmacy Contractual Framework (CPCF). The Department of Health has announced cuts to the funding of pharmacies and there is concern that this could impact on the viability of some pharmacies. At this time the full impact of how many pharmacies might close is not known. In order to mitigate the risk of pharmacy closures, the Pharmacy Access Scheme (PhAS) has been introduced. Subject to fulfilling certain criteria, a pharmacy could qualify for payments to bridge the funding reduction.

4.2.1 Community Pharmacy Contractual Framework

NHS England is the national commissioner for NHS community pharmacy services. Its role is to ensure that the NHS provides safe, high quality patient care and services within community pharmacy, and to ensure that the NHS operates within its means. The NHS regulations categorise pharmaceutical services as Essential, Advanced, and Enhanced. Essential services are those which all pharmacy contractors will provide and are commissioned by NHS England. Advanced services, also commissioned by NHS England in the global sum from the national contractual framework, can be provided by contractors once accreditation requirements have been met. Locally commissioned, or enhanced services, are those that can be commissioned by NHS England on a regional basis, Local Authorities and Clinical Commissioning Groups in response to the needs of the local population. Pharmacy contractors can choose whether they wish to provide advanced or enhanced services. The Pharmaceutical Services Negotiating Committee (PSNC) leaflet, NHS Community Pharmacy Services – a summary⁶⁰ provides examples of services that the public can expect to be able to access under each of the three levels of services. It is important to note that locally commissioned, enhanced services will vary area by area nationwide.

Following the Five Year Forward View in October 2014 and the General Practice Forward View in April 2016, NHSE's Chief Pharmaceutical Officer commissioned The King's Fund to undertake an Independent Review of Community Pharmacy Clinical Services⁶¹. This was determined by:

- The changing patient and population need for healthcare, in particular the demands of an ageing population with multiple long-term conditions.
- Emerging models of pharmaceutical care provision from the UK and internationally.
- The evidence of sub-optimal outcomes from medicines in primary care settings.
- The need to improve value through integration of pharmacy and clinical pharmaceutical skills into patient pathways and the emerging new care models.

⁶⁰ Pharmaceutical Services Negotiating Committee (2013)

⁶¹ Murray (2016).



As discussed earlier, the review makes recommendations for commissioning models and clinical pharmacy services, aimed at ensuring community pharmacy is better integrated with primary care and making far better use of community pharmacy and pharmacists⁶².

Figure 120: The NHS Community Pharmacy Contractual Framework (contract) example services

Essential Services	Advanced Services	Enhanced Services
Dispensing Appliances	New Medicines Service (NMS)	Emergency Supply of medicines Service (ESS)
Dispensing Medicines	Appliance Use Reviews (AUR)	Palliative Care Drug Stockist Scheme.
Disposal of unwanted medicines	Population level flu vaccination	Needle Exchange.
Public Health (promotion of healthy lifestyles)	Community Pharmacist Consultation Service (CPCS)	Supervised Consumption
Repeat Dispensing/electronic Repeat Dispensing	Hypertension Case Finding (Blood Pressure Check) Service	Emergency Hormonal Contraception (EHC)
Signposting	Hepatitis C Testing	Extended Care Services
Support for Self Care	Smoking Cessation Service	
Discharge Medicines Service	Stoma Appliance Customisation	

4.2.1.1 Essential services

Under the community pharmacy contractual framework, essential services are defined as those services or core activities that must be provided by all community pharmacy contractors. These are nationally agreed services and are not open to local negotiation. These include:

- Dispensing of medicines/appliances
- Repeat dispensing
- Disposal of waste/unwanted medication
- Promotion of healthy lifestyles (Public Health)
- Signposting of patients
- Support for self-care
- Clinical governance
- Discharge Medicines Service

4.2.1.2 Dispensing NHS Prescriptions

A range of nationally and locally available data has been sourced to assess capacity of Derby and Derbyshire pharmacies to dispense prescriptions generated by GPs.

The EPS sends electronic prescriptions from GP surgeries to pharmacies, eventually removing the need for most paper prescriptions (NHS Digital, 2017). In 2020/21 all but one pharmacy in the JUCD footprint⁶³ were dispensing via EPS and almost 93% of prescriptions were dispensed using EPS⁶⁴.

⁶² NHS England (2016).

⁶³ JUCD for 2020/21 excluded Glossopdale pharmacies which were included in the Greater Manchester STP

⁶⁴ NHSBA 2021, General Pharmaceutical Services in England 2015/16 to 2020/21



In 2020/21 a total of 15,897,810 items were prescribed within the Derby and Derbyshire area and dispensed across the country. Further analysis shows that:-

- 88% of these prescriptions were dispensed within Derbyshire community pharmacies
- 7% were dispensed by general practices
- 4% were through Distance Selling Pharmacies
- 1% were dispensed by appliance suppliers

Figure 121 below demonstrates that the dispensing workload of pharmacies in the JUCD footprint is somewhat lower than the national average, based on activity in 2020/21.

Figure 121: Prescription items dispensed 2020/21) - Pharmacy contractors only (NHS Business Services Authority, 2021)

	Number of community pharmacies	Total number of items dispensed	Average items per pharmacy
JUCD	205	13,938,079	67,991
England	10719	879,026,544	82,006

An additional 199,707 prescriptions were dispensed by the four Appliance Contractors in the same period.

Other key activity headlines for October 2017 across both pharmacy and appliance contractors, include:-

- 23,605 New Medicine Service interventions
- 128 Appliance Use Reviews
- 11,806 Stoma Customisation
- 7,149 Community Pharmacist Consultations.

4.2.1.3 Pharmacy Quality Scheme

The Department of Health introduced 'Quality Payments', into the community pharmacy contractual framework in 2017, to reward high quality in community pharmacies. This consists of gateway criteria i.e. those criteria a pharmacy must reach in order to gain payment for other quality related domains. Since the introduction of 'quality payments', the gateway criteria have changed over the years to ensure a continued quality improvement approach.

Currently the three gateway criteria are:-

- 1) Advanced service - Each contractor needs to have completed 20 New Medicine Service interventions between 1st April 2021 and 5th April 2022.
- 2) Safety report and demonstrable learnings from the Centre for Pharmacy Postgraduate Education (CPPE) Look-Alike, Sound-Alike (LASA) e-learning. This has two parts:
 - a) CPPE LASA e-learning and assessment - All pharmacy professionals must have completed and passed this course, and
 - b) New Safety Report - Each pharmacy must have a new safety report to replace one completed in 2020.
- 3) Risk Review. This has two parts:
 - a) CPPE risk management e-learning and assessment, which must be completed by all pharmacy professionals, and
 - b) Risk review of the whole pharmacy, specifically including management to minimise transmission of COVID-19

Once a community pharmacy contractor has achieved all of these, they are able to complete seven quality domains. A payment can be claimed for each of these providing the pharmacy meets the domain.

Figure 122: Seven quality criteria in the community pharmacy contract



Domain	Description
Medicines Safety and Optimisation	Audit of patients taking anti-coagulants
Respiratory	Personalised asthma plans, inhaler technique check, return of unwanted and unused inhalers Training for pharmacy professionals in conducting consultations remotely
Digital	Training for pharmacy professionals in conducting consultations remotely
Primary Care Networks	To work jointly with PCN GPs on the annual influenza vaccination programme
Prevention	Infection prevention control and antimicrobial stewardship ^{*65}
Addressing unwarranted variation in care	Training requirement for all pharmacy professionals on health inequalities
Health living support	Training around weight management for all pharmacy staff and all staff able to refer patients to local services.

4.2.1.4 Urgent and emergency medicine supply

154 of 205 (75%) community pharmacies in Derby and Derbyshire provide the locally commissioned Emergency Supply of Medicines Service (ESS) which allows patients who urgently require medicines to obtain them without the need for a prescription.

⁶⁵ Antimicrobial stewardship (AMS) refers to an organisational or healthcare system-wide approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness. Addressing antimicrobial resistance through improving stewardship is a national medicines optimisation priority, led by NHS England and supported by Public Health England. NICE (2013)



4.2.2 Locally Commissioned Services

The largest group of potential locally commissioned services fall under the heading of ‘public health’. Examples of services which have been commissioned here and elsewhere include:

- Substance misuse services: including needle and syringe services; supervised consumption of medicines to treat addiction; Hepatitis testing and vaccination; provision of naloxone to drug users for use in emergency overdose situations
- Sexual health services: including emergency hormonal contraception services; condom distribution; Chlamydia screening and treatment; HIV testing; contraception advice and supply (including oral and long-acting reversible contraception)
- Stop smoking services: proactive promotion of smoking cessation through to provision of full NHS stop smoking programmes
- NHS Health Checks for people aged 40-74 years: carrying out a full vascular risk assessment and providing advice and support to help reduce the risk of heart disease, strokes, diabetes and obesity
- Weight management services: promoting healthy eating and physical activity through to provision of weight management services for adults who are overweight or obese
- Alcohol misuse services: providing proactive brief interventions and advice on alcohol with referral to specialist services for problem drinkers
- Pandemic and Seasonal ‘Flu services: providing continuity of dispensing of essential medicines, provision of antiviral medicines; ‘flu vaccination’ services commissioned by Local Authority Public Health Teams for employees of the city and county councils.

Arrangements for monitoring locally commissioned services may be set out in local contracts or Service Level Agreements (SLA).

Derby City and Derbyshire County Councils Public Health Departments commission enhanced services for the local Derby and Derbyshire population. Enhanced services for the Glossopdale area of the High Peak District of Derbyshire were previously commissioned by NHS Tameside and Glossop CCG; from July 2022 these will fall under the remit of JUCD. NHSE also commission certain local services.

Figure 123: Summary of community pharmacy services and definitions in JUCD footprint, by commissioner

Commissioner	Service	Definition
NHS England	New Medicine Service (NMS)	An advanced service for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence ⁶⁶
	Flu vaccination (population)	Refers to pharmacies that are registered to provide the flu vaccination service for 2017/18, for the at risk eligible population. ⁶⁶
NHS England (Midlands)	Palliative Care Drug Stockist scheme	Refers to pharmacies supplying palliative care and specialist medicines when in receipt of a prescription, the demand for which may be urgent and/or unpredictable. They are commissioned to have the drugs in stock ready when a prescription arrives ⁶⁶
	Emergency Supply Service (ESS)	Refers to pharmacies who offer a pharmacist assessment of whether there is urgent need for medicines, in circumstances where it is impracticable for the patient to obtain a prescription before the next dose is due ⁶⁶

⁶⁶Pharmaceutical Services Negotiating Committee (2022).



	Extended Care Services	Refers to pharmacies where GP practices may redirect patients with urinary tract infections, impetigo, infected insect bites or infected eczema. Pharmacist may also independently supply and administer medicines to walk-in patients not directed from GPs ⁶⁷
Local Public Health	Supervised Consumption	Refers to pharmacies offering a supervised service of the consumption of prescribed medicines at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient ⁶⁷
	Needle Exchange	Refers to pharmacies providing access to sterile needles/syringes, and sharps containers for return of used equipment – to promote safe injecting practice and reduce transmission of infections amongst misusers ⁶⁷

Figure 124 highlights the number of pharmacies in Derby, Derbyshire and each District area, providing NHSE, Public Health and NHS CCG commissioned services. These are provided in more detail in district summary profiles that appear earlier in the document.

Other key points include:-

- 99% of pharmacies are signed up to the New Medicines Service
- 12% of pharmacies are not currently (in March 2022) registered to provide the advanced flu vaccination service. In Erewash, every pharmacy is registered.
- Over three-quarters of pharmacies are involved in hypertension case finding
- Almost half of pharmacies offer the locally commissioned Emergency Hormonal Contraception, with as many as two-thirds in South Derbyshire and as few as one-third in Bolsover
- Over three-quarters of pharmacies offer the supervised consumption service in Bolsover and North East Derbyshire
- Almost half of pharmacies are signed up to provide Tier1 and Tier 2 Extended Care Services

⁶⁷ Pharmaceutical Services Negotiating Committee (2022).



Figure 124: Pharmacies offering community services by District - number

District	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire	Derbyshire	Derby	JUCD
New Medicine Service (NMS)	25	17	20	10	23	19	20	14	148	51	199
100-hour pharmacy	3	2	2	0	2	0	2	2	13	7	20
Flu vaccination (population)	23	14	18	9	23	16	18	12	133	48	181
Palliative care drugs stockist scheme ⁶⁸	7	2	1	3	8	2	4	6	33	3	36
Emergency Supply Service (ESS) ⁶⁸	20	11	17	7	19	9	17	12	112	42	154
Appliance Use Reviews (AUR)	0	0	1	0	0	0	0	0	1	1	2
Community Pharmacist Consultation Service (CPCS)	23	13	20	7	22	16	18	12	131	52	183
Hypertension Case Finding Service ⁶⁸	-	-	-	-	-	-	-	-	-	-	157
Hepatitis C Testing	0	0	0	0	0	0	0	0	0	0	0
Smoking Cessation Service ⁶⁸	-	-	-	-	-	-	-	-	-	-	32
Stoma Appliance Customisation	3	2	3	1	1	1	1	0	12	4	16
Discharge Medicines Service	14	13	18	6	19	16	17	8	111	35	146
Covid vaccination services	3	3	4	2	5	1	3	2	23	5	28
Emergency Hormonal Contraception	9	5	11	1	14	6	11	9	66	32	98
Supervised Consumption	18	13	14	6	15	12	15	9	102	42	144
Needle Exchange	7	7	9	1	4	6	5	4	43	23	66
Extended Care Services ⁶⁸											
Tier 1 services	15	7	10	3	15	6	10	10	76	31	107
Tier 2a skin services	14	7	8	2	13	4	6	9	63	27	90
Tier 3 Ear, Nose & Throat services	-	-	-	-	-	-	-	-	-	-	75

⁶⁸ Excluding Glossopdale



Figure 125: Pharmacies offering community services by District – percentage

District	Amber Valley	Bolsover	Chesterfield	Derbyshire Dales	Erewash	High Peak	North East Derbyshire	South Derbyshire	Derbyshire	Derby	JUCD
New Medicine Service (NMS)	100	100	95	100	100	90	100	100	98	94	97
100-hour pharmacy	12	12	10	0	9	0	10	14	9	13	10
Flu vaccination (population)	92	82	86	90	100	76	90	86	88	89	88
Palliative care drugs stockist scheme ⁶⁹	28	12	5	30	35	10	20	43	22	6	18
Emergency Supply Service (ESS) ⁶⁹	80	65	81	70	83	43	85	86	74	78	75
Appliance Use Reviews (AUR)	0	0	5	0	0	0	0	0	1	2	1
Community Pharmacist Consultation Service (CPCS)	92	76	95	70	96	76	90	86	87	96	89
Hypertension Case Finding Service ⁶⁹	-	-	-	-	-	-	-	-	-	-	77
Hepatitis C Testing	0	0	0	0	0	0	0	0	0	0	0
Smoking Cessation Service ⁶⁹	-	-	-	-	-	-	-	-	-	-	16
Stoma Appliance Customisation	12	12	14	10	4	5	5	0	8	7	8
Discharge Medicines Service	56	76	86	60	83	76	85	57	74	65	71
Covid vaccination services	12	18	19	20	22	5	15	14	15	9	14
Emergency Hormonal Contraception	36	29	52	10	61	29	55	64	44	59	48
Supervised Consumption	72	76	67	60	65	57	75	64	68	78	70
Needle Exchange	28	41	43	10	17	29	25	29	28	43	32
Extended Care Services ⁶⁹											
Tier 1 services	60	41	48	30	65	29	50	71	50	57	52
Tier 2a skin services	56	41	38	20	57	19	30	64	42	50	44
Tier 3 Ear, Nose & Throat services	-	-	-	-	-	-	-	-	-	-	37

⁶⁹ Excluding Glossopdale



In addition, 7 pharmacies in Glossopdale, commissioned by Tameside & Glossop CCG, provide minor ailments and minor eye conditions services. After July 2022 JUCD will continue to commission these services until July 2023, when they will be reviewed.

4.3 Access and availability

For the purposes of this assessment, whilst the growing use of distance selling pharmacies is acknowledged, given the difficulty in measuring the activity, access will be determined on expected use of 'traditional' pharmacy. That is, physical location from registered premises so to consider ease of travel and physical attendance for services. A searchable database of pharmacies, with opening times, is available here:-

<https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>

4.3.1 Opening hours

The opening hours used in this section are based on the total opening hours (both 'core' and 'supplementary' hours) recorded by NHS England - Midlands Team at the end of December 2021.

Figure 126: Contracted hours per week

Opening Hours	33.75		40 to <100		100+		Grand Total
District	Number	Rate per 100,000	Number	Rate per 100,000	Number	Rate per 100,000	
Amber Valley			22	17	3	2	19
Bolsover			15	18	2	2	21
Chesterfield			19	18	2	2	20
Derbyshire Dales			10	14		0	14
Erewash			21	18	2	2	20
High Peak	1	1	20	22		0	23
North East Derbyshire			18	18	2	2	20
South Derbyshire			12	11	2	2	13
Derbyshire	1	0	137	17	13	2	19
Derby			47	18	7	3	21
JUCD	1		184	17	20	2	19

Hayfield Pharmacy in the High Peak area of Derbyshire opens for a total of 33.75 hours per week following an appeal to provide less than the usual 40 hours minimum, in 2014. The regulations state in respect of pharmacy opening hours: -

Pharmacy opening hours: general "23.—(1) An NHS pharmacist (P) must ensure that pharmaceutical services are provided at P's pharmacy premises— (a) for 40 hours each week; (b) for not less than 100 hours each week, in the case of premises in respect of which a 100 hours condition applies; (c) if the NHSCB or a Primary Care Trust, or on appeal the Secretary of State, has directed that pharmaceutical services are to be provided at the premises for fewer than 40 hours per week, provided that the person listed in relation to them provides those services at set times and on set days, at the times and on the days so set; (d) if a Primary Care Trust, or on appeal the Secretary of State, has (under previous Regulations) directed that pharmaceutical services are to be provided at the premises for more than 40 hours per week, and at set times and on set days, at the times and on the days so set; or (e) if the NHSCB or a Primary Care Trust, or on appeal the Secretary of State, has directed that pharmaceutical services are to be provided at the premises for more than 40 hours each week, but only on set times and on set days as regards the additional opening hours— (i) for the total number of hours each week required by virtue of that direction, and (ii) as regards the additional opening hours for which the person listed in relation to the premises is required to provide pharmaceutical services by virtue of that direction, at the days on which and times at which that person is required to provide pharmaceutical services during those additional opening hours, as set out in that direction, but the NHSCB may, in

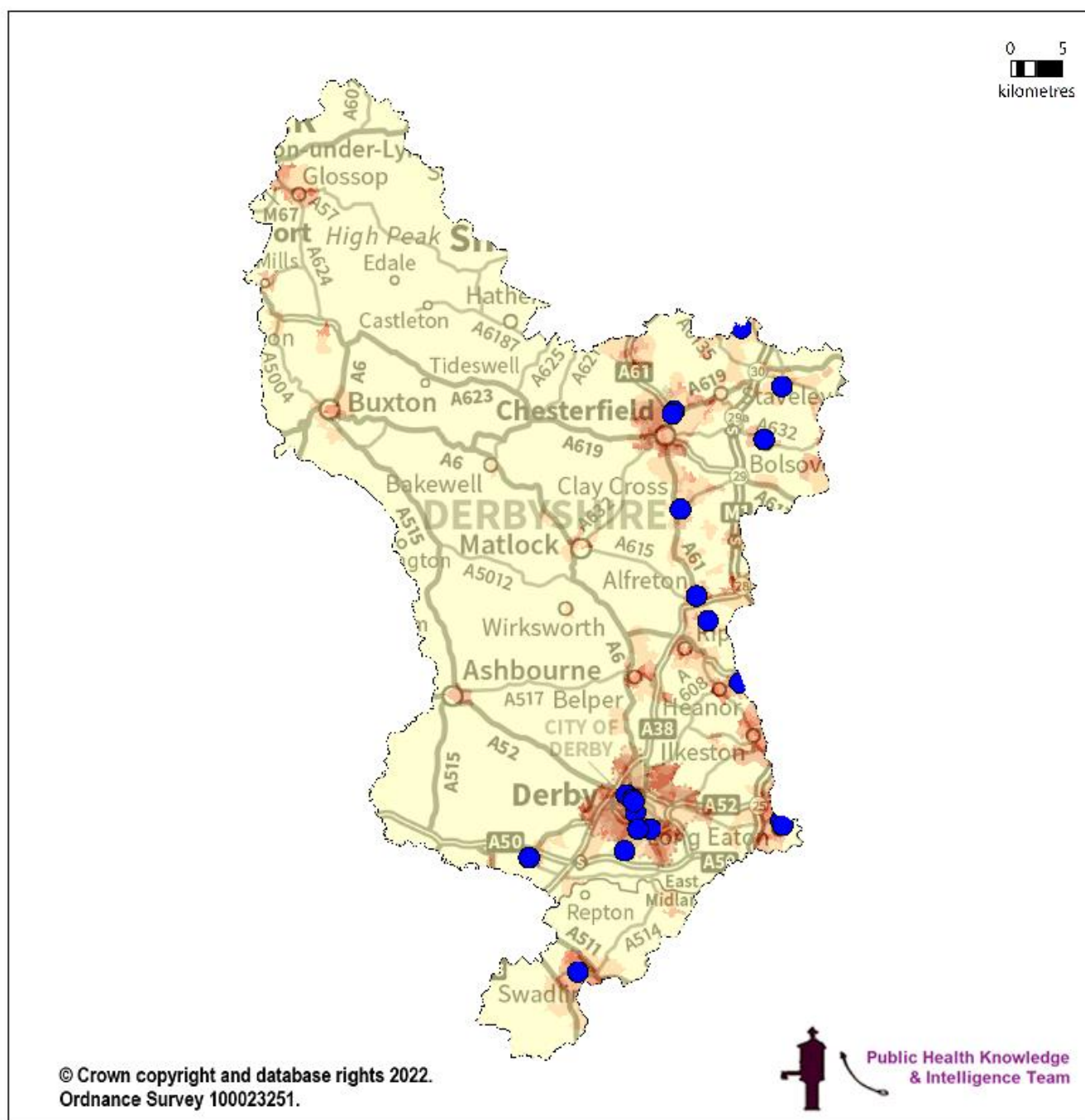


appropriate circumstances, agree a temporary suspension of services for a set period, where it has received 3 months' notice of the proposed suspension."

4.3.2 Out of Hours Enhanced Service

Community Pharmacies are allowed to close on a declared bank holiday or a substitute bank holiday under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. To ensure pharmacy provision on bank holidays/substitute bank holidays, NHS England commissions an out of hours enhanced service in Derbyshire. Participation by the pharmacies is usually on a voluntary basis, unless the needs of the people in an area are not met in which case NHS England have the power to issue a direction requiring a pharmacy to open. Pharmacies open on bank holidays/substitute bank holidays will provide the full range of services that the pharmacy usually provides.

Figure 127: Map of 100-hour pharmacy locations in Derby and Derbyshire, with population density

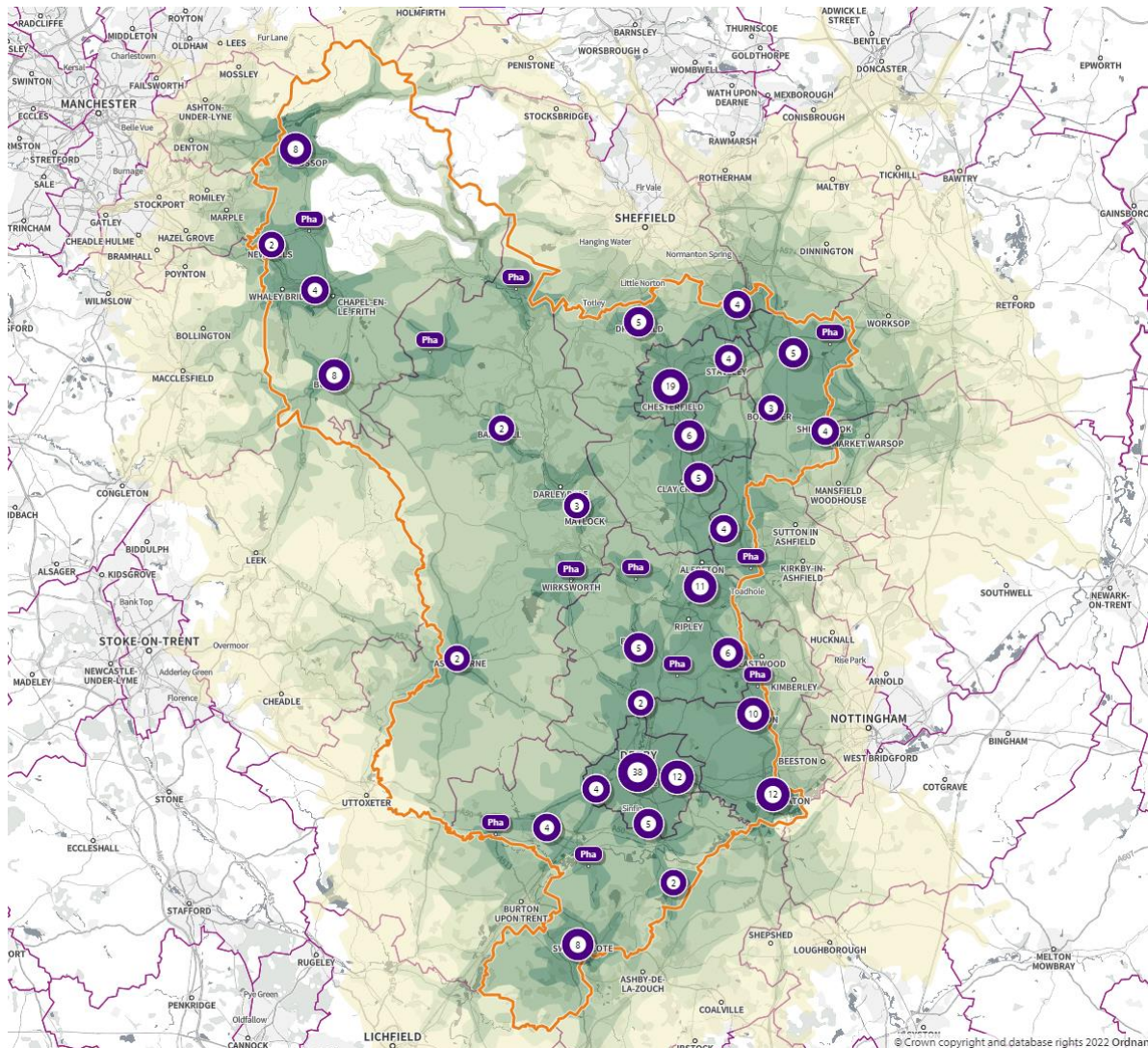




4.3.3 Travel and transport

Derby and Derbyshire have good public transport networks and most households, particularly in the more remote areas of the county, have access to a car. In rush hour/peak traffic conditions a pharmacy should still be accessible within a 5-minute drive for more than 90% of people. For the remaining 10%, most will be within a 10-minute drive with only a small volume of population having to travel for longer.

Figure 128: Map of drive times in peak traffic conditions from pharmacies in Derby and Derbyshire; PHE SHAPE Atlas 18/05/22



The most up to date public transport route maps can be found here:-

Derby: https://derbysbus.info/images/derby_a.pdf

Derbyshire: <https://derbysbus.info/maps/county.htm>



4.4 Locally commissioned services under review

Significant changes to community pharmacy provision post consultation and publication of this document, will be reflected in future supplementary publications. At this time, the following items are noted:

4.4.1 *Minor ailments*

With an ever-increasing demand on NHS services, the NHS at a national and local level is constantly reviewing the products, services and treatments it provides to ensure that its resources are being used efficiently to provide the best health outcomes for the population. This enables the NHS to target its resources at frontline services and people with the most urgent clinical needs. Following review of the introduction of the Self-Care policy the minor ailments scheme was decommissioned in January 2019.

Minor ailments and minor eye conditions services commissioned by Tameside & Glossop CCG from Glossopdale pharmacies will continue to be commissioned by JUCD between July 2022 and July 2023, when they will be reviewed.

4.4.2 *Change of hours*

Community pharmacies constantly reflect upon and amend core and supplementary hours depending on demand for services from the local population. Alterations to the pharmaceutical list are collated centrally for the Derby and Derbyshire area, by NHS England - Midlands. The opening hours presented in this document are accurate as at January 2022.



5 CONSULTATION

5.1 Consultation requirements

The NHS regulations set out that:

- HWBs must consult the bodies set out in Regulation 8 at least once during the process of developing the PNA. Any neighbouring HWBs who are consulted should ensure any LRC in the area which is different from the LRC for the original HWB's area is consulted
- There is a minimum period of 60 days for consultation responses, and
- Those being consulted can be directed to a website address containing the draft PNA but can, if they request, be sent an electronic or hard copy version.

5.2 Consultation activities

Formal consultation with stakeholders took place between 23 June and 22 August 2022. The consultation was hosted on <https://letstalk.derby.gov.uk/> along with the draft PNA. The consultation was also open to members of the public.

5.3 Consultation responses

- Response to the consultation was very limited, a total of five responses being received. One each from an NHS provider, a Derbyshire Pharmacist and a Derby City Pharmacy Contractor, as well as three from Derbyshire County Pharmacy Contractors.
- All agreed or strongly agreed that the purpose of the PNA was clearly explained.
- Three agreed or strongly agreed that the process for producing the PNA was clearly described, with the other two neither agreeing nor disagreeing.
- All agreed or strongly agreed that the locality profiles of the PNA effectively summarise the demographic characteristics, health need and pharmaceutical provision for each locality.
- Four of the five agreed that the PNA accurately reflects the current provision of pharmaceutical services in their area and clearly describes the services available in the Derby and Derbyshire areas. The fifth highlighted a typographical error which has been corrected.
- All felt that the PNA has provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises.
- Two found no inaccuracies in the document, one said there were inaccuracies and two didn't know.
- Four agreed or strongly agreed with the conclusions of the PNA; one neither agreed nor disagreed.
- One respondent, who strongly agreed with the above statements, commented that gaps in service provision for diabetes risk assessment and health education and asthma control assessment have not been identified in the PNA.
- One respondent wished to draw attention to changes in the opening hours of a number of Boots pharmacies in the Derby City and Derbyshire County area, most of which came into effect on the 28th February and were notified to NHS England.



5.4 Public survey

Healthwatch Derby ran a social media survey on pharmacy services during May 2022.

- 41% of respondents used their pharmacy more than once a month
- 89% said their pharmacy met their needs to a fair or great amount
- 86% said they would be likely or very likely to recommend their pharmacy

When asked what additional services they would like to see, one respondent asked for UTI home testing kits, one respondent wanted to bring back a larger range of lower priced and own brand products, and one respondent stated that they were not aware of the full range of services available.

5.5 Comments from other sources

The inclusion of statistics for Deaf people was welcome and should be used more widely.

The limit of 28 days supply of medications was a problem for some people, especially those with difficulties with access.

Sometimes labels were put on medicines packaging covering up key instructions.

Problems with accessibility at a number of (unnamed) pharmacies were mentioned, which do not seem to have been challenged by the NHS.

The length of time taken for a prescription to get from GP to pharmacy and then be dispensed to the customer was flagged as an issue.

Some pharmacies seem unaware of the problems faced by visually impaired people.



6 FUTURE REQUIREMENTS/DEVELOPMENTS

6.1 Health & Wellbeing Strategy

Local health and wellbeing strategies and actions plans focus locally on materialising the potential of prevention at scale, to improve the health of the population⁷⁰ (Public Health England, 2017). Locally, the vision of both the Derby⁷¹ and Derbyshire⁷² Health and Wellbeing Strategies is to improve the health and wellbeing of people and reduce health inequalities, with an emphasis on integrating services and partnership working. Pharmacies are a key enabler in influencing the success of this strategy implementation through: promoting prevention and early intervention; promoting control, independence and responsibility; building strong and resilient individuals and communities; and making every contact count.

6.2 Delegation of NHSE commissioning to Integrated Care Boards

The intention is that responsibility for commissioning all pharmaceutical, general ophthalmic and dental services be delegated to Integrated Care Boards from 1 April 2023. This will mean that from that date Joined Up Care Derbyshire will be the commissioner for all advance and enhanced pharmaceutical services in the city and county area.

6.3 Pharmacist Independent Prescribers

The Royal Pharmaceutical Society⁷³ argues the case for pharmacist to be able to use their clinical skills:-

As demand for health care increases and medication regimes become more specialised and complex, the role of the pharmacist independent prescriber has become increasingly important in the delivery of high-quality clinical care.

The fusion of the unique in-depth understanding of medicines by pharmacists together with the competence to prescribe without the need to consult another prescriber is a significant asset to our health services. It offers patients and other health professionals' real opportunities in improved access to care and shifting capacity in the health care system.

While non-medical prescribing was introduced in the United Kingdom some 30 years ago, the opportunities to harness the skills of pharmacist independent prescribers in clinical care have yet to be fully realised.

Greater use of pharmacist independent prescribers, within the multi-professional team will increase patient access to care, improve capacity in the healthcare system and improve individual outcomes.

⁷⁰ <https://www.gov.uk/government/groups/pharmacy-and-public-health-forum>

⁷¹ <https://www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/healthandsocialcare/publichealth/hwbs-plan-on-a-page-2021.pdf>

⁷² <https://www.derbyshire.gov.uk/site-elements/documents/pdf/social-health/health-and-wellbeing/derbyshire-health-and-wellbeing-strategy-2022.pdf>

⁷³ <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/pharmacist-independent-prescribers#r1>



7 CONCLUSIONS

Health inequalities refer to the differences in health status or in the distribution of health determinants between different population groups. For example: by geography, demography or socio-economic status. Equity is the absence of avoidable or remedial differences among population groups. In health, it refers to the “fair” distribution of resources or opportunities according to population need. Evidence would suggest that in the current system, despite the founding principles of the National Health Service (NHS), the availability of good medical care tends to vary inversely with the need for the population served – the ‘Inverse Care Law’. Proportionate universalism, that is the resourcing and delivering of services at a scale and intensity proportionate to the level of need across a given area, should be a key driver for commissioners.

Availability and access to community pharmacy has strengthened considerably over the years. In this respect, not only should the physical access to pharmaceutical premises be considered, but also the availability of GP dispensing, online access through the internet and out of the Derbyshire area provision that are likely to be supporting the local population. There has been some contraction in the number of physical premises since the last PNA, largely for economic reasons, including a number of consolidations of geographically adjacent pharmacies.

Following the analysis of health and care needs, geographical mapping of pharmaceutical services, consultation with both professionals and the public; the PNA Steering Group has determined that pharmaceutical need is adequately met by current pharmacy provision in both Derby and Derbyshire. Pharmaceutical need will next be reviewed in 2025 when the PNA is revisited, or in the interim in the event of significant changes affecting need.

7.1 Statements of Pharmaceutical Need

Statement of pharmaceutical need: Derby City

Based on the information collated, the PNA found that the pharmaceutical need in the Derby City Health & Wellbeing Board area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.

Statement of pharmaceutical need: Derbyshire County

Based on the information collated, the PNA found that the pharmaceutical need in the Derbyshire County Health & Wellbeing Board area is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed again in 2025 when the PNA is revisited, or in the event of significant changes affecting need in the interim years.

7.2 Recommendations

Given the evidence available at time of publication, it is recommended that stakeholders proactively consider the role of community pharmacy in the context of an evolving local health and care system, and especially in the context of Primary Care Networks. Some consideration must be given to how the current economic crisis will affect the viability of pharmacies as business in the next few years.

Community pharmacies offer a range of services to promote the health and wellbeing of local populations, whilst also tackling health inequalities. Pharmacy staff are knowledgeable in areas of prevention, health promotion, behaviour change, as well as treatment of conditions, and the general public hold this in high regard.



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9 ADDENDUM

Since this report was completed and sent for consultation one pharmacy in Derby has ceased to provide pharmaceutical services. As there are several other pharmacies in close proximity to this one it is believed that this closure will not constitute a significant issue. It will be reflected in any subsequent updates or supplementary statements.



Appendix 1 Strategic Housing Land Availability Assessments

Derby

<https://www.derby.gov.uk/environment-and-planning/planning/policy/strategic-housing-employment-land-availability-assessment/>

Amber Valley

<https://www.ambervalley.gov.uk/planning/planning-policy/housing-land-supply/>

Bolsover

https://www.bolsover.gov.uk/index.php?option=com_content&view=article&id=95

Chesterfield

<https://www.chesterfield.gov.uk/SHLAA/Final%202009%20SHLAA.pdf>

Derbyshire Dales

<https://www.derbyshiredales.gov.uk/images/documents/L/Local%20Plan%20evidence%20base%20docs%20July%202016/Full%20SHLAA%20Appendices%2016%20REDUCED.pdf>

Erewash

[https://www.erewash.gov.uk/planning-policy-section/shlaa-2019.html#:~:text=A%20SHLAA%20represents%20one%20of,\(c\)%20of%20the%20NPPE.](https://www.erewash.gov.uk/planning-policy-section/shlaa-2019.html#:~:text=A%20SHLAA%20represents%20one%20of,(c)%20of%20the%20NPPE.)

High Peak

<https://www.highpeak.gov.uk/article/1392/Strategic-Housing-and-Employment-Land-Availability-Assessment-SHELAA>

North East Derbyshire

<https://www.ne-derbyshire.gov.uk/documents/local-plan-examination-library/03-supporting-documents-evidence-base/housing/eb-hou6a-housing-land-availabiltiy-assessment-laa-and-policy-assessment>

South Derbyshire

<https://www.southderbyshire.gov.uk/our-services/planning-and-building-control/planning/planning-policy/evidence-base-2/district-wide-evidence>