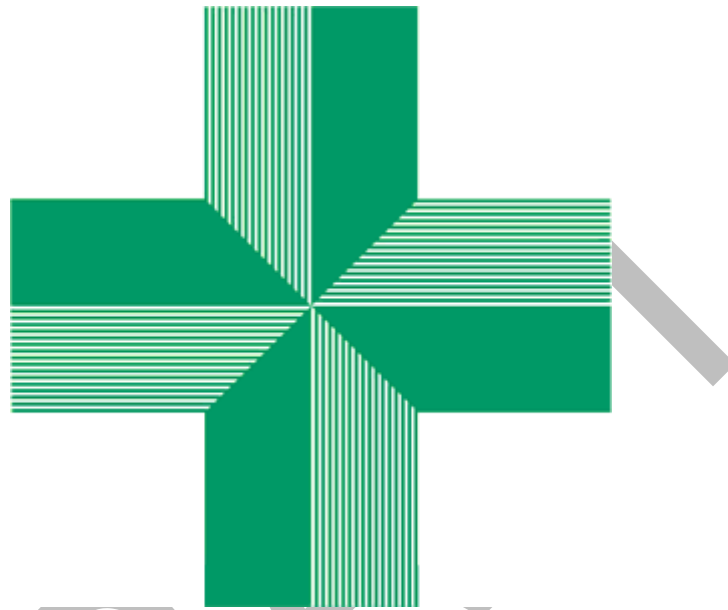




Devon



**PHARMACY NEEDS
ASSESSMENT
2011-2014**

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Contents	Page
1. Executive Summary	4
2. Introduction and Context	6
3. Process Summary	9
4. Overview of the area - Identifying Health Needs	10
5. Localities – definition and description	14
6. Local health needs	15
7. Current Provision	61
8. Outcomes of the consultation process	62
9. Future Development	62
10. Shaping the Future	63
11. Conclusion	63
12. Map of pharmacies in Devon	65
13. References	66
14. Glossary	66
15. Appendices	68

1.0 Executive Summary

By law, all primary care trusts in England must publish a Pharmaceutical Needs Assessment (PNA) by 1 February 2011. PNAs will be used to determine whether applications to provide new pharmaceutical and dispensing services will be approved; for example, opening a new pharmacy or moving to new premises. The PNA will also help NHS Devon to ensure there is sufficient access to the services a pharmacy provides to meet the health needs of the population and will inform the NHS Devon Strategic framework and Primary Care Strategies.

The PNA includes links to the pharmacy white paper, world class commissioning, market entry and JSNAs. It was developed in partnership with Devon colleagues and the LPC and stakeholders involved in development including the PBC consortium and individual pharmacies (through completion of a questionnaire). Consultation with interested parties will inform the final version of the document.

The geographical area of the PCT has been divided into 28 market towns plus the city of Exeter for the purpose of reviewing service provision, to tie in with the Joint Strategic Needs Assessment (JSNA).

Access to pharmacies needs to address opening times, travelling distances and physical access to premises. Access to community pharmacy in Devon is good, with no household more than 27 minutes drive from a community pharmacy (the average being under 5 minutes drive). Dispensing doctors increase the availability of pharmaceutical services in rural areas, and the majority of pharmacies provide a prescription collection and delivery service.

There are 141 pharmacies in NHS Devon, which includes eight 100-hour pharmacies, and the supply of pharmacy services is generally good. One of those pharmacies is internet/mail-order only. In areas not served by 100 hour pharmacies, NHS Devon commissions an out-of-hours service to ensure adequate pharmacy provision.

There are 106 General Practices in the same area, with no known plans for expansion. 31 of the 106 general practices are dispensing practices, meaning they can dispense to any patients registered with them who live more than 1.6km (1 mile) from the nearest pharmacy.

There are currently eight 100-hour a week pharmacies in NHS Devon (with a further three applications in at the time of writing) which ensure patients have access to pharmaceutical services at a wide range of time to suit more of the population. Any reduction in the opening hours of those pharmacies would create a significant gap in service provision.

A number of locally commissioned enhanced services are offered in pharmacies, including services for drug misusers; supervised consumption of methadone and needle and syringe exchange; and sexual health services such as emergency hormonal contraception and Chlamydia screening. There is also a locally enhanced service for stop smoking support. We are also piloting a Domiciliary MUR service running for 11 months to March 2011. The majority of pharmacies in NHS Devon offer Medicine Use Reviews as an advanced service.

Appendices 6 and 7 detail the current services provided by community pharmacy in NHS Devon. The maps also show alternative providers of services such as stop smoking support and chlamydia screening. We are confident that there are no gaps in service provision when taking into account all service providers, but we will continue to assess provision as part of our ongoing commissioning cycle.

Current pharmacy provision per head of population is close to the UK average, and we do not anticipate the need for further pharmacies to support the growing population. The UK

average is 20 pharmacies per 100,000 head of population, in NHS Devon that figure is 19. There are currently applications in for three further 100-hours pharmacies, which will further improve pharmacy provision in the county.

NHS Devon oversees the clinical governance for community pharmacy as part of the monitoring of the contractual framework. We work with pharmacies to develop their knowledge and skills on specifically targeted areas such as safeguarding children and adults, the development of the clinical governance leads in pharmacies, Controlled Drugs Management and encouraging the reporting of and sharing the learning from significant events.

We will continue to administer effective and robust monitoring processes to ensure high quality services. By undertaking monitoring visits and annual self-assessments we can monitor how the pharmacy contract is being implemented and target areas for improvement.

World Class Commissioning guidance requires PCTs to outline the 'patient offer' which should clearly state the range of services available and what patients can expect to be provided at their local pharmacy. It should also include minimum standards.

The patient offer from NHS Devon is as follows:

You can expect your pharmacy to provide you with a wide range of services. These include accurate and timely dispensing of medicines including repeatable NHS prescriptions, disposal of unwanted medicines, support and advice for self care and healthy lifestyles, and signposting where necessary to other health and social care providers. Most pharmacies will also provide you with a confidential consultation to help you get the best out the medicines you are taking.

You can expect your pharmacy to meet the following standards: to be open at least 40 hours a week - most pharmacies in Devon are open longer; to clearly show their opening hours and, when closed to clearly show the location and times of pharmacies; to have information available in an easily accessible form on the services provided in the form of a practice leaflet; to, at least once a year, ask you what you think about their services through a patient questionnaire.

2.0 Introduction

This Pharmaceutical Needs Assessment (PNA) is published by NHS Devon (the PCT) to fulfil the requirements of Section 128A of the NHS Act 2006. A copy of this document is available on the PCT website at <http://www.devonpct.nhs.uk/>

The White Paper, Pharmacy in England: Building on Strengths – delivering the future, published on 3rd April 2008 by the Department of Health (DH), set out the Government's programme for a 21st Century pharmaceutical service. The paper identified practical, achievable ways in which pharmacists and their teams can contribute to improving patient care through delivering personalised pharmaceutical services in the coming years. It therefore proposed structural changes to primary legislation and actions to reform the current regulatory system.

Subsequently, the Health Act 2009 contained the powers needed to require PCTs to develop and publish PNAs and use them as the basis for determining market entry to NHS pharmaceutical services provision subject to further regulations. Finally, the National Health Service (Pharmaceutical Services) (Amendment) SI 2010/914 Regulations 2010 (the Regulations), which came into force on 24th May 2010, covered the development and publication of PNAs. The development of this PNA and its subsequent publication was carried out in accordance with these Regulations, requiring all PCTs to produce, consult on and publish a PNA by 1st February 2011.

The white paper, Pharmacy in England: building on strengths – delivering the future, sets out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across the country. For example:

- 50% of patients don't take medicines as intended
- 4% to 5% of all hospital admissions are due to medicines-related problems.

To tackle these and other concerns, the white paper suggests that more must be done by PCTs as they aspire to world class standards of commissioning for their whole population. This is reinforced in the Operating Framework for the NHS in England 2009/10, which states that PCTs should pay due regard to the white paper when developing pharmaceutical services.

The new government has confirmed the need for PCTs to produce a PNA. The White Paper "Equity and Excellence: Liberating the NHS", published in July 2010 confirms the need for the commissioning of high quality pharmaceutical services: ***The community pharmacy contract, through payment for performance, will incentivise and support high quality and efficient services, including better value in the use of medicines through better informed and more involved patients. Pharmacists, working with doctors and other health professionals, have an important and expanding role in optimising the use of medicines and in supporting better health. Pharmacy services will benefit from greater transparency in NHS pricing and payment for services.***

The PNA is a key tool in the process of achieving high quality, accessible services, responsive to local needs. The development of robust JSNAs to support planning processes is core to the vision of world class commissioning. PNAs should become an integral part of

each JSNA. This will enable PCTs to strengthen their commissioning of pharmaceutical services and best identify and respond to the needs of their local population. It will recognise the public health role of pharmacy beyond simply the supply of medicines.

Control of Entry

Before a pharmacy can provide NHS pharmaceutical services, an application needs to be granted by the PCT. The National Regulations governing 'control of entry' have been revised and new rules went live on 1st April 2005. There is still a 'control of entry test' but four types of application are **exempted** from this:

1. Wholly Internet or mail order pharmacies that provide a full professional service.
2. Pharmacies located in out-of-town and out-of-town-centre shopping centres of >15,000 sq metres.
3. Pharmacies that intend to open for more than 100 hours per week. (*PCTs will be required to 'de-list' any pharmacy that consistently fails to meet the terms of the exemption unless there is good cause*).
4. Applications from members of a consortium establishing a new one-stop primary care centre:
 - The centre must offer a wide range of primary care and community based services in addition to usual GP services, e.g. dentistry, optometry, podiatry, other social or community based services, to a registered population of around 18,000-20,000 patients.
 - This exemption only applies to centres that are part of the PCT's Strategic Service Development Plans (SSDP) or equivalent.

The four exemptions require applicants to provide a 'full and prescribed range of services' and for exemptions 2-4 this range can be defined by the PCT. The pharmaceutical needs assessment provides a robust and defensible assessment of the services that the PCT will stipulate as '*must be provided*' from applicants seeking a new pharmacy contract, using one of these exemptions. There are currently no pharmacies in Devon in the exemption categories 2 and 4, but there are eight 100-hour pharmacies, with three further applications in process at the time of writing. NHS Devon requires these pharmacies to undertake all Locally Enhanced Services it deems necessary for that locality.

Controlled Localities

A controlled locality is an area which has been determined to be 'rural in character'. The overall objective of defining rural areas as controlled localities is to help the PCT ensure that patients in rural areas have access to pharmaceutical services which are no less adequate than would be the case in a non controlled locality.

Where a PCT has determined that an area is controlled (i.e. rural in character), provided certain conditions are met, doctors as well as pharmacies can dispense medicines for patients. However, GPs may only dispense NHS prescriptions for their own patients who live in a controlled locality and live more than 1.6 km (1 mile) (as the crow flies) from a pharmacy. The main purpose of this is to ensure patients in rural areas who might have difficulty getting to their nearest pharmacy can access the medicines they need.

Patients that live in a non controlled area or within 1.6 km (1mile) of a pharmacy must access their pharmaceutical services from a pharmacy.

The PCT may review, consider and determine the question of whether an area is, or continues to be, a controlled locality at any time. The question may also be raised at any time by the Local Pharmaceutical Committee or the Local Medical Committee.

N.B. NHS Devon is in the process of producing comprehensive maps of our controlled localities and expect to have these completed by the time the final PNA is published in February 2011 (subject to any appeals).

Reserved Locations

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

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

The Pharmacy Contract

A new contract for community pharmacy services was implemented on 1st April 2005. The new Pharmacy contract focuses on improving the range and quality of services provided by community pharmacies. Payment by the NHS is no longer almost entirely based on volume of prescriptions dispensed.

The new contract incorporates three levels of service:

- **Essential Services** – these services must be provided by all contractors and are part of the national contract.
- **Advanced Services** – these services are part of the national contract but pharmacists will need to be accredited to provide them and pharmacy premises will need to meet specified national standards.
- **Enhanced Services** – these services will be commissioned locally by Primary Care Trusts (PCT). Nationally agreed service specifications and benchmark prices have been developed but there is room for local negotiation.

The full contractual framework for community pharmacies can be found at Appendix 5, with full details of essential and advanced services at Appendix 6. Additional services commissioned by NHS Devon (Locally Enhanced Services) are detailed in Appendix 7

3.0 Process Summary

This Pharmaceutical Needs Assessment has been devised by the Pharmaceutical Needs Assessment Steering Group for NHS Devon, NHS Plymouth and Torbay Care Trust. The core membership of the group that met monthly from May 2010 until the completion of the PNA included:

- Non Executive Director (Chair)
- Primary Care Contracts Leads (Commissioning)
- Medicines Management Leads
- Public Health Representatives
- Local Medical Committee
- Local Pharmaceutical Committee
- Others co-opted as necessary

Additional stakeholder engagement included the issue of a questionnaire to all community pharmacies in the Trust and the inclusion of a representative of LINKs (Local Involvement Networks) in the steering group.

Informing the PNA

Information has been gathered from key national documents for drivers and guidance on developing PNAs. We have also set the strategic and commissioning context for the PCT using the NHS Devon Joint Strategic Needs Assessment (JSNA) and planning frameworks. Data have been collected through collaboration with the local authority.

We also conducted a survey of community pharmacies in NHS Devon (see Appendix 2 and 3)

Consultation is being undertaken using the Department of Health template consultation form. The following interested parties are being consulted:

- Devon Local Medical Committee
- All GP practices in NHS Devon
- Devon Local Pharmaceutical Committee
- NHS Devon Community pharmacies
- Appliance contractors
- NHS Devon Dispensing doctors
- The Local Involvement Network (LINK)
- Health Overview and Scrutiny Committee
- Equality and Diversity Group
- Exeter City Council
- Devon County Council
- NHS Devon Locality Commissioning Boards
- NHS Plymouth
- NHS Somerset
- Cornwall & Isles of Scilly PCT

The consultation will run for 60 days from 15 September to 14 November 2010.

A report of the consultation will be produced using the DH sample template and will accompany the first draft of the PNA at the January board meeting. The final PNA will be approved by the Trust board for publication on 1st February 2011.

4.0 Overview of Devon Health Needs

This PNA refers to the part of Devon served by NHS Devon and Devon County Council which spans 2534 square miles. It is the third largest county in England and the seventh most sparsely populated bringing with it rural benefits and challenges.

Population

- The population of Devon is currently more than 750,000
- The population is predicted to rise to 967,800 in 2031
- Devon has an older population compared to the national average
- There is a proportionally lower than average number of people aged 25-39 and children aged less than 10 years.

Ethnicity

- 96.6% of the Devon population is White, with only 3.1% of this group stating that they are not 'White British'
- The smallest ethnic group is Black with 4,400 residents
- The proportion of different ethnic backgrounds has increased greatly
- In 2009 4.9% of school entrants were from a minority ethnic background. This has shown a steady increase since 2005 from 2.9%.

Disease Prevalence

- In 2007, almost 2,200 people died prematurely (before the age of 75 years) in Devon
- The commonest cause of premature death was coronary heart disease (CHD) with 366 deaths, the second biggest which was lung cancer with 156 premature deaths

Births, Deaths & Life Expectancy

- Devon experienced 7,172 live births with 8,333 deaths in 2008.
- Inward migration of 5,500 meant that the population of Devon continued to grow.
- In Devon, life expectancy is higher by comparison with England and Wales.
- The longest life expectancy is 87.5 years (in Chagford in West Devon) and the shortest is 74.7 years (in Ilfracombe in North Devon).

Access to Pharmaceutical Services

Rurality brings with it problems of accessibility. The issue of accessibility cuts across all age groups, from children and young people, through to young adults and families to retired and older people. The distance that rural patients live from primary care and hospital services has been found to have a profound effect on their likely use of such services. This 'distance decay effect' has resulted in rural patients showing lower levels of health services utilisation than their urban counterparts. Nationally, for example, this has been seen to cause late or after death diagnosis of common cancers.

Rural Devon however, does experience high levels of personal mobility with 80.9% of households having a car compared to the national average of 73.2%. However, for the 19.1% without use of a private vehicle, accessibility and mobility are very difficult.

However, access to community pharmacy in Devon is good, with no household more than 27 minutes drive from a community pharmacy (the average being under 5 minutes drive). Dispensing doctors increase the availability of pharmaceutical services in rural areas, and the majority of pharmacies provide a prescription collection and delivery service.

NHS Devon Strategic Priorities

4.1 The National Picture:

The National PSA targets are set out below, taken from Choosing Health for Pharmacy 2005-2015:

Some Public Health Priorities for Pharmacy

Overall Priority	National PSA target	Pharmacy contribution	Population health impact
1 REDUCING SMOKING			
	Reduce adult smoking rates to 21% or less by 2010, & to 26% in 'routine' & 'manual' groups	Opportunistic brief advice No-smoking campaigns Specialist NHS Stop Smoking Service, including nicotine replacement therapy (NRT) etc.	****
2 HEART DISEASE, STROKES AND CANCER			
	Reduce mortality rates by 2010 from heart disease and stroke by at least 40% in people under 75, with a 40% reduction in the inequalities gap Reduce mortality rates by 2010 from cancer by at least 20% in people under 75, with a 6% reduction in the inequalities gap	Information & advice on healthy lifestyle (smoking, diet, physical activity, etc.) Campaigns – national or local Secondary prevention/risk factor monitoring and advice, etc.	***
	Skin cancer prevention	Information and advice	**
3 UNDER-18 CONCEPTION RATE			
	Reduce the under-18 conception rate by 50% by 2010, as part of a broader strategy to improve sexual health	Emergency hormonal contraception under Patient Group Directions (PGD) Supply of condoms Signposting to other sources of advice and support Sexual health advice and screening as part of integrated system	***
4 OBESITY AMONG CHILDREN			
	Halt the year-on year rise in obesity among children under 11 by 2010, in the context of a broader strategy to tackle obesity in the population as a whole	Targeted information & advice on diet and physical activity Weight reduction programmes including supply of anti-obesity medicines	**
5 REDUCE HEALTH INEQUALITIES			
	Reduce health inequalities by 10% by 2010 as measured by infant mortality & life expectancy at birth (& see priority 2 above)	Signposting to services to: improve housing, improve income among the poorest, support to families with young children, health literacy Target services to reduce smoking, improve diet, coronary heart disease (CHD) risk, etc., on disadvantaged groups PCT investment in pharmacies in areas with the worst health indicators Community action & advocacy; provide floor space for community groups, etc.	**

Overall Priority	National PSA target	Pharmacy contribution	Population health impact
6 LONG-TERM CONDITIONS			
	Improve health outcomes for people with long-term conditions by offering a personalised care plan for vulnerable people most at risk; and improve care in primary care and community settings	Providing support to patients & other professionals in the effective use of medicines. Promotion of healthy lifestyles Support for self care Disease-specific care management Work with case managers	**
7 SUICIDE AND UNDETERMINED INJURY			
	Reduce mortality rates from suicide and undetermined injury by 20% by 2010	Provide information & advice Signpost or refer to appropriate local services	*
8 OTHER INTERVENTIONS TO IMPROVE HEALTH AND REDUCE HEALTH INEQUALITIES			
	Safe and effective use of medicines	Opportunistic advice Medicines – use reviews and prescription intervention service. Reporting of adverse drug reactions Helping to reduce medication errors	***
	Services for substance misusers	Supervised consumption of methadone and other medicines Needle and syringe exchange schemes, plus information & advice	***
	Immunisation services	Identifying and referring clients Offering floor space to other professionals Administering the immunisation	***
	Management of asthma	Opportunistic advice Involvement/lead in asthma care pathway	**
	Children & young people	Effective use of medicines Signposting Child Health Promotion Programme, Healthy Start, Extended Schools	**
	Men's health	Information & advice	**
	Reduction of harm from alcohol	Opportunistic advice Brief interventions Offering floor space to other professionals	* *

We estimated the potential population health impact of pharmacy interventions from the importance of the identified health problem and the strength of the available evidence for the intervention.

- * = some impact
- ** = moderate impact
- *** = considerable impact
- **** = major impact

Ambitions for the South West in relation to National PSA Targets

As set out in “Improving health: Ambitions for the South West”.

Smoking

- Reduce the smoking levels in the South West to equal the best in Europe.

Reduction of harm from alcohol

- Half the rise in hospital admissions for alcohol-related harm and achieve a downward trend by 2013.

Under 18 conception rate

- Achieve a minimum of 50% reduction in under-18 conception rates in each Primary Care Trust by 2013 (from the 1998 baseline)
- Reduce the year-on-year rise in sexually transmitted infections

Obesity among children

- Reverse the trend in childhood obesity to achieve a clear downward trend in the level of childhood obesity by 2013

Immunisation services

- By 2012 achieve a minimum of 90% immunisation against measles, mumps and rubella (MMR) in all Primary Care Trusts, with a regional average vaccination rate of at least 95%

Priorities for NHS Devon

NHS Devon has published its own strategic plan, in association with Devon County Council entitled "The Way Ahead, Five Years of Improvement."

There are six strategic aims set out in The Way Ahead 2010-2015:

- Health as good as it can be - prevention and early intervention
- Care as local as possible, and as specialised as necessary
- The best possible treatment – that is continuously improving
- The right support for people – with complex needs
- The most effective use of all of our resources – for maximum impact
- A say and influence – promoting partnerships in care

There are ten priority outcomes defined in the strategy for 2010- 2015:

- Improve life expectancy for people in Devon, bringing the areas of lowest life expectancy up to the level of the best
- Target extra support to address health inequalities for people in deprived communities and others who need our help most
- Help people who smoke, especially those who find it difficult to stop, to give up smoking and stay smoke free
- Support young people through positive action to reduce the levels of unplanned teenage pregnancies
- Enable good early starts to life, promoting the normality of childbirth and reducing the rate of caesarean sections
- Reduce the level of alcohol related harm in Devon, with less people admitted to hospital for alcohol related harm
- Reduce deaths in under-75 year olds, through active prevention for conditions amenable to healthcare, such as cancer and coronary heart disease.
- Reduce the impact of stroke, including ensuring scans are available within a pre-determined timescale
- Help carers to care and have a life of their own improving their access to a range of carers breaks

- Help people to have a good end to life, and where it is possible to plan supporting people to die at home if this is their choice

Finally, there are 17 strategic initiatives:

- Health Inequalities Reduction
- Prevention and Early Intervention
- Stop Smoking Programme
- Alcohol Harm Reduction
- Reducing Teenage Pregnancies
- Healthy Pregnancies and the Normality of Childbirth
- Supporting the most Vulnerable Children and Young People
- Optimising Elective Care Pathways
- Optimising Urgent Care pathways
- Improving Mental health and Wellbeing
- Stroke Care Pathway
- Chronic Disease Management
- Improving Health and Wellbeing for people with Learning Disabilities
- Ageing Well
- Carers Support Programme
- End of Life Care
- Delivering the Dementia Care Strategy

All of the above feed into the 6 key World Class Commissioning Outcomes

- Reduce Health Inequalities
- Increase Life expectancy
- Reduce mortality rate from causes amenable to health care
- Increase numbers of smokers quitting
- Reduce alcohol related hospital admissions
- Reduce under 18 conception rate

5.0 Localities – definition and description

In accordance with Part 1A (Regulation 3G[1e]) of the Regulations, the PCT considered how to assess the differing needs of different localities in the area. The concept of neighbourhoods will not continue under the new legislative provisions. Therefore, the current arrangements for determining market entry will in future no longer apply.

The various options for dividing the population into distinct localities were considered based on the geographic, demographic and social characteristics of the PCT. It concluded that the best approach to this process was to divide the PCT into the 28 market towns, plus the city of Exeter. The Joint Strategic Needs Assessment (JSNA) agreed between the PCT and Devon District Council was based on the same town-level data to assess needs - the population of Devon is mainly centred on the 28 Devon market and coastal towns and the City of Exeter.

The aim of the Joint Strategic Needs Assessment is to identify current and future health and well being needs and inform future service planning and delivery. It provides town profiles with detailed assessment of current need and service activity at a local level.

In terms of neighbours the PCT has direct borders with the following PCTs:

- NHS Plymouth
- Torbay Care Trust

- Cornwall & Isles of Scilly PCT
- NHS Somerset
- NHS Dorset

See map at section 12 for the breakdown of localities.

6.0 Local Health Needs

The following information is a summary of the Town Profiles of the JSNA, highlighting key issues raised within the main needs assessment for health and social care within NHS Devon. ***It is intended that the information provided here is read in conjunction with the published JSNA, which is refreshed annually.*** In addition, prevalence information is included.

Ashburton/Buckfastleigh

Deprivation	The Ashburton and Buckfastleigh area has above average levels of deprivation with particular issues in terms of income, crime and housing. In general the urban centres in this area are generally much more deprived than the surrounding rural areas. Buckfastleigh itself is the most deprived urban area, with Ashburton being relatively deprived. Rural areas around Ashburton/Buckfastleigh are less deprived than the Devon rural average, but more deprived than the England rural average.
Population Projection	The population of Ashburton / Buckfastleigh is predicted to increase by 322 people between 2006 and 2021 – a rise of 3.5%. The largest change is predicted to be in the 70 to 74 age group with an increase of 38.6%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 201 to 1,935 – a fall of 9.4%. The 20 to 44 year age band is also predicted to see a reduction, in this case of 116 to 2,418 or 4.6%. The 45 to 64 age group should see an increase of 142 people (5.3%) to 2,828. The older age groups (65 years and older) are due to see an increase in number of 497. This equates to a 27.6% increase over the 15 years that these projections cover and will take the population in this group up to 2,298. The largest change is predicted to be in the 70 to 74 age group with an increase of 38.6%. The birth rate is in line with the Devon average, with slightly higher rates in Buckfastleigh.
Life Expectancy	Life expectancy is above the Devon average, with the longest life expectancy seen in the rural hinterland. Life expectancy in the Ashburton/Buckfastleigh area is slightly above the average for Devon. Life expectancy in the rural

	hinterland was generally longer than in the towns.	
Hospital Admissions	The rate of Accident and Emergency attendances is also slightly above the Devon average, although non-elective admissions to hospital, which cover emergencies, maternities and transfers, are below the Devon average.	
Alcohol-related hospital admissions	The rate of alcohol-related hospital admissions is above the Devon average, with the highest rates seen in Ashburton. The Ashburton/Buckfastleigh area has a higher rate of alcohol-related admissions to Devon as a whole. The highest rate of admissions is seen in the town of Ashburton itself, which accounts for 88 admissions per year.	
Under-18 Conceptions	Levels of under 18 conceptions were below average in Ashburton, and above average in Moorland ward, which also includes Moretonhampstead to the North. Due to small numbers rates were suppressed in Buckfastleigh.	
Smoking prevalence	Smoking prevalence in the Ashburton town area is 25%.	
Diabetes & CHD	The prevalence ratio for Diabetes is 0.72 and for CHD is 0.71	
Necessary Services: Current Provision	No of Pharmacies:	5 Provision available between 9am and 6pm on a Monday to Friday. Please refer to the rotas at Appendix 10 for Sunday & bank holiday opening.
	GP Surgeries:	2 0 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	Pharmacy stop smoking support is limited in the Ashburton area. The stop smoking LES is open to all pharmacies and we would encourage pharmacies to sign up to this service. A pharmacy alcohol intervention service is being piloted in Devon, the evaluation of which will inform future commissioning decisions for similar services.	

Axminster

Deprivation	The Axminster area has below average levels of deprivation, although there are some issues around access to housing and services. In general the urban centre is more deprived than the surrounding rural areas. However, Axminster town is less deprived than the average for other urban centres in Devon and England. Rural areas around Axminster are less deprived than the Devon rural average, but more deprived than the England rural average.
Population Projection	The population of Axminster is predicted to increase by 905 people between 2006 and 2021 – a rise of 6.9%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 286 to 2,105 – a fall of 12%. The 20 to 44 year age band is also predicted to see a reduction, in this case of 55 to 2,913 or 1.9%. The 45 to 64 age group should see an increase of 135 people (3.5%) to 4,062. The older age groups (65 years and older) are due to see an increase in number of 1,111. This equates to a 29.7% increase over the 15 years that these projections cover and will take the population in this group up to 4,857. The largest change is predicted to be in the 70 to 74 age group with an increase of 46.4%. The birth rate is in line with the Devon average, with slightly higher rates in the urban area.
Life Expectancy	Life expectancy in the Axminster area is above the average for Devon. Life expectancy in the rural hinterland was generally longer than in the towns.
Hospital Admissions	The rate of Accident and Emergency attendances is well below the Devon average, as is the rate of non-elective (emergency, maternity and transfer) admissions to hospital.
Alcohol-related hospital admissions	The Axminster area has a significantly lower rate of alcohol-related admissions than Devon as a whole. The highest rate of admissions is seen in the surrounding rural hinterland, although this is still below average for rural areas in Devon. There are around 200 admissions per year in the area.
Mortality Rates	Death rates are consistently below the Devon average, the rate of death from circulatory conditions significantly below the Devon average.
Under-18 Conceptions	Levels of under 18 conceptions were above average in Axminster town, and significantly above average in the Axminster Rural ward to

	the East, which includes Millwey. Due to small numbers rates elsewhere were suppressed.
Smoking prevalence	Smoking prevalence in the Axminster town area is 20.65%.
Diabetes & CHD	The prevalence ratio for Diabetes 0.68 and for CHD is 0.67
Necessary Services: Current Provision	No of Pharmacies: 2 Provision available between 8.45am and 19.15pm Monday to Friday and 9am-12.30pm on a Saturday. Please refer to the rotas at Appendix 10 for Sunday & bank holiday opening.
	GP Surgeries: 1 1 dispensing practice
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.
Other relevant services: current provision	See Appendix 9
Other relevant services: gaps in provision	We do not consider there to be any gaps in the provision of relevant pharmaceutical services in Axminster.

Barnstaple

Deprivation	Barnstaple contains some of the most deprived areas in Devon, although levels of deprivation in the surrounding rural areas, Fremington and Landkey were much lower. The urban centre of Barnstaple is much more deprived than the other areas, and well above Devon and national averages. The rural hinterland is more deprived than Fremington and Landkey, and is also more deprived than the England rural average.
Population Projection	The population of Barnstaple is predicted to increase by 2,184 people between 2006 and 2021 – a rise of 4.9%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 528 to 10,405 – a fall of 4.8%. The 20 to 44 year age band is also predicted to see a reduction, in this case of 766 to 12,229 or 5.9%. The 45 to 64 age group should see an increase of 198 people (1.6%) to 12,508. The older age groups (65 years and older) are due to see an

	<p>increase in number of 3,280. This equates to a 39.5% increase over the 15 years that these projections cover and will take the population in this group up to 11,593. The largest change is predicted to be in the 70 to 74 age group with an increase of 53.3%. The birth rate is above the Devon average, with around 500 births a year in the area.</p>	
Life Expectancy	<p>Life expectancy in the Barnstaple area is below the average for Devon. Life expectancy in the rural hinterland was generally longer than in the towns, although the differences between the urban areas are not great.</p>	
Hospital Admissions	<p>The rate of Accident and Emergency attendances is below the Devon average, although non-elective admissions to hospital, which cover emergencies, maternities and transfers, are the highest in Devon. The highest admission and attendance rates are seen in the urban centre of Barnstaple.</p>	
Alcohol-related hospital admissions	<p>The level of alcohol-related admissions is one of the highest in Devon, with particularly high levels seen in the urban centre.</p>	
Mortality Rates	<p>Death rates are consistently with the Devon average, with significantly higher levels for total deaths from all causes.</p>	
Under-18 Conceptions	<p>Levels of under 18 conceptions were above average in most parts of the town of Barnstaple. Rates outside the town were either below the Devon average, or suppressed due to small numbers.</p>	
Smoking prevalence	<p>Smoking prevalence in the Barnstaple town area is 25.14%.</p>	
Diabetes & CHD	<p>The prevalence ratio for Diabetes is 0.82 and for CHD is 0.80</p>	
Necessary Services: Current Provision	No of Pharmacies:	<p>8</p> <p>1 operates as a 100 hour pharmacy giving essential extended hours access to pharmaceutical services early in the mornings in the evenings and at weekends.</p> <p>Provision available between 7am and 11pm Monday to Friday and 7am and 9pm on a Saturday. Provision on a Sunday is between 10am and 15.30pm. Please</p>

		refer to the rota at Appendix 10 for bank holiday opening hours.
	GP Surgeries:	6 1 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	With a 100-hour pharmacy in the town, provision of relevant pharmaceutical services is good. A pharmacy alcohol intervention service is being piloted in the town, the evaluation of which will inform future commissioning decisions for similar services.	

Bideford

Deprivation	The Bideford area has above average levels of deprivation, with issues around education, health and income. In general the urban centres in this area are generally much more deprived than the surrounding rural areas. Bideford itself is the most deprived urban area, with Northam being relatively deprived. Rural areas around Bideford and in the Hartland area are more deprived than both the Devon and the England rural average.
Population Projection	The population of Bideford / Northam is predicted to increase by 4,874 people between 2006 and 2021 – a rise of 13.2%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 242 to 8,126 – a fall of 2.9%. The 20 to 44 year age band is also predicted to see a reduction, in this case of 529 to 9,390 or 5.3%. The 45 to 64 age group should see an increase of 1,709 people (15.8%) to 12,522. The older age groups (65 years and older) are due to see an increase in number of 3,936. This equates to a 49.8% increase over the 15 years that these projections cover and will take the population in this group up to 11,847. The largest change is predicted to be in the 70 to 74 age group with an increase of 61.8%. The birth rate in the Bideford area is slightly higher than the Devon average.
Life Expectancy	Life expectancy in the Bideford area is the second lowest in Devon.
Hospital Admissions	The rate of Accident and Emergency attendances is above the Devon average and

	non-elective admissions to hospital, which cover emergencies, maternities and transfers, are also above the Devon average.	
Alcohol-related hospital admissions	The Bideford area has the second highest rate of alcohol-related admissions in Devon as a whole. The highest rate of admissions is seen in the town of Bideford itself, which accounts for over 350 admissions per year.	
Mortality Rates	Death rates are significantly higher than the Devon average for all causes and all age circulatory mortality.	
Under-18 Conceptions	Levels of under 18 conceptions were below average in Northam, and above average in five of the area's wards inclusive of Bideford. Due to small numbers rates were suppressed in other areas.	
Smoking prevalence	Smoking prevalence in the Bideford town area is 24.7%.	
Diabetes & CHD	The prevalence ratio for Diabetes is 0.79 and for CHD is 0.78	
Necessary Services: Current Provision	No of Pharmacies:	6 Provision available between 8.30am and 6pm Monday to Friday and 9pm until 5.15pm on a Saturday. Please refer to the rotas at Appendix 10 for Sunday & bank holiday opening.
	GP Surgeries:	4 1 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	Whilst Bideford has some very real health needs, provision of relevant pharmaceutical services is generally good. A pharmacy alcohol intervention service is being piloted in Devon, the evaluation of which will inform future commissioning decisions for similar services.	

Braunton

Deprivation	Braunton is not a deprived area. Both urban and rural deprivation is below the Devon and England averages.
Population Projection	The population of Braunton is predicted to

	<p>increase by 729 people between 2006 and 2021 – a rise of 6.6%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 148 to 2,102 – a fall of 6.6%. The 20 to 44 year age band is also predicted to see a reduction, in this case of 2501 to 2,639 or 8.7%. The 45 to 64 age group should see an increase of 49 people (1.6%) to 3,077. The older age groups (65 years and older) are due to see an increase in number of 1,079. This equates to a 40.2% increase over the 15 years that these projections cover and will take the population in this group up to 3,761. The largest change is predicted to be in the 70 to 74 age group with an increase of 54.2%. The birth rate is in line with Devon's average.</p>	
Life Expectancy	<p>Life expectancy is slightly higher than Devon's average.</p>	
Hospital Admissions	<p>The rate of Accident and Emergency attendances is less than the Devon average although non-elective admissions to hospital, which cover emergencies, maternities and transfers, are slightly above the Devon average.</p>	
Alcohol-related hospital admissions	<p>The Braunton area has a higher rate of alcohol-related admissions to Devon as a whole. Braunton centre accounts for 177 admissions per year (76.8% of the area's total). However, the rate of admission is higher in the hinterland area.</p>	
Mortality Rates	<p>Death rates are consistent below the Devon average, although with no significant differences present.</p>	
Under-18 Conceptions	<p>Levels of under 18 conceptions were above average in Braunton East ward, Due to small numbers rates were suppressed in the other wards.</p>	
Smoking prevalence	<p>Smoking prevalence in the Braunton town area is 20.73%.</p>	
Diabetes & CHD	<p>Prevalence ratio for Diabetes is 0.78 and for CHD is 0.95</p>	
Necessary Services: Current Provision	<p>No of Pharmacies:</p>	<p>2</p> <p>Provision available between 8.30am and 6pm Monday to Friday and 9am until 4.30pm on a Saturday. Please refer to the rotas at Appendix 10 for Sunday & bank holiday opening.</p>

	GP Surgeries:	1 0 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	We do not consider there to be any gaps in the provision of relevant pharmaceutical services in Braunton. A pharmacy alcohol intervention service is being piloted in Devon, the evaluation of which will inform future commissioning decisions for similar services.	

Crediton

Deprivation	Overall deprivation is in line with the Devon average, although the rural hinterland is more deprived than the urban centre, with particular issues around access to housing and services. In general the urban centre of Crediton is less deprived than the surrounding rural area. Crediton urban centre is less deprived than the Devon and national averages for urban areas, whereas the surrounding rural area is more deprived than the Devon and national averages for rural areas.
Population Projection	The population of Crediton is predicted to increase by 1,105 people between 2006 and 2021 – a rise of 5.6%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 338 to 4,336 – a fall of 7.2%. The 20 to 44 year age band is also predicted to see a reduction, in this case of 773 to 4,704 or 14.1%. The 45 to 64 age group should see an increase of 625 people (10.7%) to 6,466. The older age groups (65 years and older) are due to see an increase in number of 1,591. This equates to a 43.5% increase over the 15 years that these projections cover and will take the population in this group up to 5,251. The largest change is predicted to be in the 70 to 74 age group with an increase of 58.8%. The birth rate is above the Devon average, with equally high rates in the urban and rural areas.
Life Expectancy	Life expectancy is broadly in line with the Devon average, with no major urban and rural difference
Hospital Admissions	The rate of Accident and Emergency attendances is well below the Devon average, and non-elective admissions to hospital, which

	cover emergencies, maternities and transfers, are slightly below the Devon average.	
Alcohol-related hospital admissions	The Crediton area has a significantly lower rate of alcohol-related admissions than surrounding areas and Devon as a whole. Whilst admission rates are higher in the town, they are still well below the Devon urban area average.	
Mortality Rates	Whilst death rates in Crediton are typically below the Devon average, the difference is not statistically significant.	
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were lower than the Devon average in central Crediton. The rates in surrounding rural wards were suppressed due to the small numbers involved.	
Smoking prevalence	Smoking prevalence in the Crediton town area is 21.68%.	
Diabetes & CHD	The prevalence ratio for Diabetes is 0.63 and for CHD is 0.64	
Necessary Services: Current Provision	No of Pharmacies:	4 1 operates as a 100 hour pharmacy giving essential extended hours access to pharmaceutical services early in the mornings in the evenings and at weekends. Provision available between 7am and 10pm Monday to Friday and 7am until 9pm on a Saturday. Provision on a Sunday is between 9am and 3pm. Please refer to the rotas at Appendix 10 for bank holiday opening hours.
	GP Surgeries:	5 3 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	We do not consider there to be any gaps in the provision of relevant pharmaceutical services in the town.	

Cullompton

Deprivation	Overall deprivation is well below the Devon average, although the urban centre is more deprived than the rural hinterland. In general the urban centre of Cullompton is more deprived than the surrounding rural area. Cullompton urban centre is less deprived than the Devon and national averages for urban areas. The surrounding rural area is less deprived than the Devon average and roughly equivalent to the national average.
Population Projection	The population of Cullompton is predicted to increase by 2,681 people between 2006 and 2021 – a rise of 12.3%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 61 to 5,259 – a fall of 1.1%. The 20 to 44 year age band is also predicted to see a reduction, in this case of 415 to 6,048 or 6.4%. The 45 to 64 age group should see an increase of 1,055 people (17.3%) to 7,136. The older age groups (65 years and older) are due to see an increase in number of 2,102. This equates to a 52.3% increase over the 15 years that these projections cover and will take the population in this group up to 6,122. The largest change is predicted to be in the 70 to 74 age group with an increase of 70.4%. The birth rate is above the Devon average, with a higher birth rate in the urban centre.
Life Expectancy	Life expectancy is broadly in line with the Devon average, with longer average life expectancy in the rural hinterland.
Hospital Admissions	The rate of Accident and Emergency attendances is below the Devon average, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are slightly above the Devon average.
Alcohol-related hospital admissions	The Cullompton area has a slightly lower rate of alcohol-related admissions than Devon as a whole. Admission rates are higher in the hinterland areas, which are also higher than the Devon's rural average.
Mortality Rates	Whilst death rates in Cullompton vary in relation to the Devon average, the difference is not statistically significant.
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were higher than the Devon average in central Cullompton and Tale Vale. Rates were lower in Lower Culm and neighbouring Broadclyst. The rates in surrounding rural wards were suppressed due to small numbers.

Smoking prevalence	Smoking prevalence in the Cullompton town area is 22.52%.
Diabetes & CHD	The prevalence ratio for Diabetes is 0.73 and for CHD is 0.70
Necessary Services: Current Provision	No of Pharmacies: 4 1 operates as a 100 hour pharmacy giving essential extended hours access to pharmaceutical services early in the mornings in the evenings and at weekends. Provision available between 8am and 10pm Monday to Friday and 8.30am until 9pm on a Saturday. Provision on a Sunday is between 10am and 3.30pm. Please refer to the rota at Appendix 10 for bank holiday opening hours.
	GP Surgeries: 3 2 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.
Other relevant services: current provision	See Appendix 9
Other relevant services: gaps in provision	We do not consider there to be any gaps in the provision of relevant pharmaceutical services in the town.

Dartmouth

Deprivation	Overall deprivation is in line with the Devon average, the Townstal area of the town is much more deprived, with a much greater proportion of children in deprived households than the Devon average. In general the urban centre of Dartmouth is more deprived than the surrounding rural area. Dartmouth urban centre matches Devon's average but is less deprived than the national average. The surrounding rural area is slightly less deprived than the Devon average but greater than the national average for rural areas.
Population Projection	The population of Dartmouth is predicted to

	<p>increase by 365 people between 2006 and 2021 – a rise of 3.8%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 231 to 1,528 – a fall of 13.1%. The 20 to 44 year age band is also predicted to see a reduction, in this case of 216 to 1,983 or 9.8%. The 45 to 64 age group should see a decrease of 92 people (3%) to 3,082. The older age groups (65 years and older) are due to see an increase in number of 904. This equates to a 35.8% increase over the 15 years that these projections cover and will take the population in this group up to 3,431. The largest change is predicted to be in the 70 to 74 age group with an increase of 50%. The birth rate is in line with the Devon average, with around 75 births per year.</p>	
Life Expectancy	<p>Life expectancy is broadly in line with the Devon average.</p>	
Hospital Admissions	<p>The rate of Accident and Emergency attendances is above the Devon average, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are well below the Devon average. Admission and attendance rates are much higher in the urban centre compared to the rural hinterland.</p>	
Alcohol-related hospital admissions	<p>The Dartmouth area has a slightly lower rate of alcohol-related admissions Devon as a whole. Whilst admission rates are higher in the town, they are still slightly below the Devon urban area average.</p>	
Mortality Rates	<p>Cancer and Circulatory death rates in Dartmouth are slightly lower than the Devon average. These variations are not statistically significant.</p>	
Under-18 Conceptions	<p>Levels of conceptions amongst females aged below 18 were higher than the Devon average in the Dartmouth and Kingswear ward. The rates in surrounding rural wards were suppressed due to the small numbers</p>	
Smoking prevalence	<p>Smoking prevalence in the Dartmouth town area is 27.80%.</p>	
Diabetes & CHD	<p>The prevalence ratio for Diabetes is 0.59 and for CHD is 0.64</p>	
Necessary Services: Current Provision	No of Pharmacies:	<p>2</p> <p>Provision available between 8.30am and 5.15pm Monday to Friday and 8.30am until 5.15pm on a Saturday. Provision on a Sunday is between 8.30am and 2.30pm. Please refer to the rota at Appendix 10 for bank holiday opening hours.</p>

	GP Surgeries:	1 0 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	We do not consider there to be any gaps in the provision of relevant pharmaceutical services in the town.	

Dawlish

Deprivation	Overall deprivation is well above the Devon average, with higher deprivation in the urban centre and particular issues in relation to employment, health and crime. The urban centre of Dawlish is much more deprived than the surrounding rural area. Dawlish urban centre is more deprived than the Devon average for urban areas. The surrounding rural area is less deprived than the Devon rural average but slightly more deprived than the national average.
Population Projection	The population of Dawlish is predicted to increase by 2,153 people between 2006 and 2021 – a rise of 14.2%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 71 to 3,022 – a fall of 2.3%. The 20 to 44 year age band is predicted to see an increase of 99 to 3,814 or 2.7%. The 45 to 64 age group should also see an increase, in this case of 698 people (15.9%) to 5,096. The older age groups (65 years and older) are due to see an increase in number of 1,426. This equates to a 36.4% increase over the 15 years that these projections cover and will take the population in this group up to 5,342. The largest change is predicted to be in the 70 to 74 age group with an increase of 49.4%. The birth rate is in line with the Devon average, with higher rates in the urban centre.
Life Expectancy	Life expectancy in the Dawlish area is less than the average life expectancy in Devon. Longer average life expectancy is seen in the surrounding rural area.
Hospital Admissions	The rate of Accident and Emergency attendances is above the Devon average,

	although non-elective admissions to hospital, which cover emergencies, maternities and transfers, are slightly below the Devon average.	
Alcohol-related hospital admissions	The Dawlish area has a slightly higher rate of alcohol-related admissions than surrounding areas and Devon as a whole. Admission rates are higher in the hinterland and well above the Devon rural average.	
Mortality Rates	Death rates in Dawlish are typically higher than the Devon average. The difference is only statistically significant for all cause mortality rate for the under 75s.	
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were lower than the Devon average in Dawlish South West. The rates in Dawlish Central and North East and Kenton with Starcross were higher than the national average.	
Smoking prevalence	Smoking prevalence in the Dawlish town area is 22.40%.	
Diabetes & CHD	The prevalence ratio for Diabetes is 0.67 and for CHD is 0.74	
Necessary Services: Current Provision	No of Pharmacies:	5 1 operates as a 100 hour pharmacy giving essential extended hours access to pharmaceutical services early in the mornings in the evenings and at weekends. Provision available between 8am and 11.00pm Monday to Friday and 8am and 11pm on a Saturday. Provision on a Sunday is between 9am and 5.30pm. Please refer to the rota at Appendix 10 for bank holiday opening hours.
	GP Surgeries:	1 0 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	With a 100-hour pharmacy in the town, provision of relevant pharmaceutical services is good. The 100-	

	hour pharmacy has been involved in an alcohol intervention pilot, the evaluation of which will inform future commissioning decisions.
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Exeter

Deprivation	Overall deprivation is above the Devon average, with particular pockets of deprivation in city centre areas Wonford, Whipton and Mincinglake, and particular issues around crime, health, education and deprivation affecting children. The urban centre of Exeter is more deprived than the Devon average, whereas Exminster is much less deprived. Exeter urban area is however less deprived than the urban national average. Exeter urban area is more deprived than the rural surrounds but these rural areas are more deprived than the national rural average but less deprived than the Devon rural average
Population Projection	The population of Exeter is predicted to increase by 24,525 people between 2006 and 2021 – a rise of 18%. The total number in the younger age groups (from 0 to 19) is predicted to increase by 2,034 to 31,890 – a rise of 6.8%. The 20 to 44 year age band is also predicted to see an increase, in this case of 10,254 to 63,967 or 19.1%. The 45 to 64 age group should see an increase of 5,004 people (16%) to 36,190. The older age groups (65 years and older) are due to see an increase in number of 7,233. This equates to a 33.3% increase over the 15 years that these projections cover and will take the population in this group up to 28,959. The largest change is predicted to be in the 70 to 74 age group with an increase of 48.4%. The birth rate is below the Devon average, which is mainly due to the large student population.
Life Expectancy	Life expectancy in the Exeter area is marginally below average life expectancy in Devon. Longer average life expectancy is seen in Exminster and the surrounding rural hinterland.
Hospital Admissions	Both the rate of Accident and Emergency attendances and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are in line with the Devon average.
Alcohol-related hospital admissions	The Exeter area has a slightly higher rate of alcohol-related admissions than Devon as a whole. Admission rates are considerable higher in Exeter than Exminster and are higher than the Devon urban average.
Mortality Rates	Mortality rates are higher than the rest of Devon for all measures and four of these (all causes,

	male, under 75 and circulatory) are statistically significant.
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 are significantly higher in four wards of Exeter (Priory, St Davids, St James' and Exwick). Most city wards are above the Devon average, although rates are lower in outlying rural areas
Smoking prevalence	Smoking prevalence in the Exeter city area is 26.31%.
Diabetes & CHD	The prevalence ratio for Diabetes is 0.71 and for CHD is 0.70
Necessary Services: Current Provision	No of Pharmacies: 24 3 operate as a 100 hour pharmacy giving essential extended hours access to pharmaceutical services early in the mornings in the evenings and at weekends. Provision available between 7am and 11pm on a Monday to Friday and 7am until 9pm on a Saturday. Provision on a Sunday is between 9am and 4.30. Please refer to the rota at Appendix 10 for bank holiday opening hours.
	GP Surgeries: 22 2 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.
Other relevant services: current provision	See Appendix 9
Other relevant services: gaps in provision	With three 100-hour pharmacies in the town, provision of relevant pharmaceutical services is good. The evaluation of a pharmacy alcohol intervention pilot will inform future commissioning decisions.

Exmouth

Deprivation	Overall deprivation is in line with the Devon average, although the urban centre of Exmouth is much more deprived than Budleigh Salterton, Woodbury and the surrounding rural areas. In
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	<p>general the urban centre of Exmouth is more deprived than the surrounding rural area. Exmouth urban centre is less deprived than the Devon and national averages for urban areas, whilst the level of deprivation in Budleigh Salterton, Woodbury and the rural hinterland is very low.</p>
Population Projection	<p>The population of Exmouth is predicted to decrease by 373 people between 2006 and 2021. – a fall of 0.8%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 1,753 to 8,553 – a fall of 17%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 840 to 11,717 or 6.7%. The 45 to 64 age group should see a decrease of 159 people (1.3%) to 11,903. The older age groups (65 years and older) are due to see an increase in number of 2,379. This equates to a 20.9% increase over the 15 years that these projections cover and will take the population in this group to 13,749. The largest change is predicted to be in the 70 to 74 age group with an increase of 37.9%. The birth rate is below the Devon average, although the highest rate was in Woodbury.</p>
Life Expectancy	<p>Life expectancy in the Exmouth area is in line with average life expectancy in Devon. Woodbury has the longest average life expectancy at 84.9 years.</p>
Hospital Admissions	<p>The rate of Accident and Emergency attendances is well above the Devon average (2nd highest), although non-elective admissions to hospital, which cover emergencies, maternities and transfers, are slightly below the Devon average.</p>
Alcohol-related hospital admissions	<p>The Exmouth area has a lower rate of alcohol-related admissions than Devon. Whilst admission rates are higher in Exmouth town, they are still below the Devon urban area average. Woodbury has a particularly low rate, well below the rural average for Devon.</p>
Mortality Rates	<p>Whilst death rates in Exmouth vary in relation to the Devon average, the differences are not statistically significant.</p>
Under-18 Conceptions	<p>Levels of conceptions amongst females aged below 18 were significantly higher in Exmouth Town and Littleham wards, higher in Withycombe Raleigh and Woodbury, and lower in Exmouth Halsdon and Brixington wards.</p>
Smoking prevalence	<p>Smoking prevalence in the Exmouth town area is 22.02%.</p>
Diabetes & CHD	<p>The prevalence ratio for Diabetes 0.70 and for CHD is 0.81</p>
Necessary Services: Current	No of Pharmacies: 11

Provision		Provision available between 8am and 8pm on a Monday to Friday and 8am until 8pm on a Saturday. Provision on a Sunday is between 10am and 3.30m. Please refer to the rota at Appendix 10 for bank holiday opening hours.
	GP Surgeries:	7 2 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

Great Torrington

Deprivation	Overall deprivation is in line with the Devon average, although the rural hinterland is more deprived than the urban centre, with particular issues around access to housing and services. In general the urban centre of Great Torrington is in line with the average for Devon and below the national average. In comparison the Great Torrington rural area is above the Devon rural average and well above the national average and more deprived than the urban centre.
Population Projection	The population of Great Torrington is predicted to increase by 940 people between 2006 and 2021 – a rise of 7.8%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 212 to 2,674 – a fall of 7.3%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 319 to 2,894 or 9.9%. The 45 to 64 age group should see an increase of 434 people (11.9%) to 4,084. The older age groups (65 years and older) are due to see an increase in number of 1,036. This equates to a 44.3% increase over the 15 years that these projections cover and will take the population in this group up to 3,380. The largest change is predicted to be in the 70 to 74 age group with an increase of 55.9%.

Life Expectancy	Life expectancy in the Great Torrington area is higher than the average life expectancy in Devon. The rural area has a higher than average total life expectancy and in particular for the female population.	
Hospital Admissions	The rate of Accident and Emergency attendances is well below the Devon average, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are slightly higher than the Devon average.	
Alcohol-related hospital admissions	The Great Torrington area has a slightly higher rate of alcohol-related admissions than Devon. Both urban and rural rates are higher than the corresponding Devon averages.	
Mortality Rates	Whilst death rates in Great Torrington are typically below the Devon average, the difference is only statistically significant for all cause female mortality.	
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were lower than the Devon average in Torrington ward, which covers the urban centre. The rates in surrounding rural wards were suppressed due to the small numbers involved.	
Smoking prevalence	Smoking prevalence in the Great Torrington town area is 23.08%.	
Diabetes & CHD	The prevalence ratio for Diabetes is 0.81 and for CHD is 0.87	
Necessary Services: Current Provision	No of Pharmacies:	1 Provision available between 9am and 5.30pm on a Monday to Friday and 9am until 7.15pm on a Saturday. Please refer to the rotas at Appendix 10 for Sunday & bank holiday opening.
	GP Surgeries:	3 2 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

Holsworthy

Deprivation	Overall deprivation is above the Devon average,
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	<p>and the rural hinterland is notably more deprived than the urban centre, with particular issues around access to housing and services. In general the urban centre of Holsworthy is marginally more deprived than the Devon average but less deprived to the national urban average. In comparison, the Holsworthy rural area is more deprived than the urban areas with marked increased levels of deprivation to both the Devon and the national rural average. The rural area is also much more deprived than the urban centre.</p>
Population Projection	<p>The population of Holsworthy is predicted to increase by 1,866 people between 2006 and 2021 – a rise of 13.7%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 114 to 2,911 – a fall of 3.8%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 209 to 3,287 or 6%. The 45 to 64 age group should see an increase of 651 people (15.8%) to 4,780. The older age groups (65 years and older) are due to see an increase in number of 1,538. This equates to a 51.2% increase over the 15 years that these projections cover and will take the population in this group up to 4,539. The largest change is predicted to be in the 70 to 74 age group with an increase of 63.2%. The birth rate is above the Devon average, with a particularly high rate in the urban centre.</p>
Life Expectancy	<p>Life expectancy in the Holsworthy area is lower than the average life expectancy in Devon. Both urban and rural areas have lower life expectancy to the average for Devon.</p>
Hospital Admissions	<p>The rate of Accident and Emergency attendances is the lowest in Devon, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are also well below the Devon average.</p>
Alcohol-related hospital admissions	<p>The Holsworthy area has a lower rate of alcohol-related admissions than surrounding areas and Devon as a whole. Admission rates are higher in the town (and above the Devon urban average) and much lower in the hinterland (below the rural average for Devon).</p>
Mortality Rates	<p>Whilst death rates in Holsworthy are often higher than the Devon average, the differences are not statistically significant.</p>
Under-18 Conceptions	<p>Levels of conceptions amongst females aged below 18 were higher than the Devon average in the Holsworthy and Waldon wards. The rates in surrounding rural wards were suppressed due to the small numbers involved.</p>
Smoking prevalence	<p>Smoking prevalence in the Holsworthy town area</p>

	is 18.45%.	
Diabetes & CHD	The prevalence ratio for Diabetes is 0.76 and for CHD is 0.65	
Necessary Services: Current Provision	No of Pharmacies:	2 Provision available between 7.30am and 6pm on a Monday to Friday 9am until 7.15pm on a Saturday. Please refer to the rotas at Appendix 10 for Sunday & bank holiday opening.
	GP Surgeries:	2 1 dispensing practice
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

Honiton

Deprivation	Overall deprivation is below the Devon and national averages, although the rural hinterland is more deprived than both the urban centre, and averages for rural areas elsewhere in Devon and England. In general the urban centre of Honiton is less deprived than the surrounding rural area. Honiton urban centre is less deprived than the Devon and national averages for urban areas, whereas the surrounding rural area is more deprived than the Devon and national averages for rural areas.
Population Projection	The population of Honiton is predicted to decrease by 36 people between 2006 and 2021 – a fall of 0.2%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 623 to 3,110 – a fall of 16.7%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 305 to 4,209 or 6.8%. The 45 to 64 age group should see a decrease of 33 people (0.7%) to 4,567. The older age groups (65 years and older) are due to see an increase in number of 925. This equates to a 23.2% increase over the 15 years that these projections cover and will take the population in this group up to 4,919. The largest change is predicted to be in the 70 to 74 age group with an

	increase of 38.9%. The birth rate is above the Devon average, and is particularly high in the urban centre.	
Life Expectancy	Life expectancy in the Honiton area is above average for Devon, with longer average life expectancy seen in the rural hinterland.	
Hospital Admissions	The rate of Accident and Emergency attendances is the highest in Devon, possibly on account of a prominent Minor Injury Unit in the town, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are well above the Devon average.	
Alcohol-related hospital admissions	The Honiton area has a slightly lower rate of alcohol-related admissions than Devon but a higher rate in comparison to the locality and district. Admission rates for both urban and rural areas are slightly below the equivalent Devon averages.	
Mortality Rates	Whilst death rates in Honiton are typically below the Devon average, the difference is not statistically significant.	
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were lower than the Devon average in the two urban wards in Honiton. Rates were higher in the neighbouring ward of Tale Vale. The rates in surrounding rural wards were suppressed due to the small numbers involved.	
Smoking prevalence	Smoking prevalence in the Honiton town area is 22.52%.	
Diabetes & CHD	The prevalence ratio for Diabetes is 0.66 and for CHD is 0.78	
Necessary Services: Current Provision	No of Pharmacies:	4 Provision available between 8.30am and 6.30pm on a Monday to Friday and 8.30am until 5.15 on a Saturday. Provision on a Sunday is between 10am and 3.30pm. Please refer to the rotas at Appendix 10 for bank holiday opening hours.
	GP Surgeries:	2 0 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	

Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.
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Ilfracombe

Deprivation	Deprivation is the highest in Devon, with urban and rural areas well above the respective national and local averages. Deprivation was particularly high in relation to income, employment, health and crime. Ilfracombe has particularly high levels of urban deprivation. The urban centre of Ilfracombe is more deprived than both the Devon and national urban averages. The surrounding rural area is more deprived than the Devon and national averages for rural areas and is broadly comparable to the Devon urban average.
Population Projection	The population of Ilfracombe is predicted to increase by 1,295 people between 2006 and 2021 – a rise of 7.4%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 141 to 3,804 – a fall of 3.6%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 278 to 4,300 or 6.1%. The 45 to 64 age group should see an increase of 193 people (3.6%) to 5,540. The older age groups (65 years and older) are due to see an increase in number of 1,521. This equates to a 42.7% increase over the 15 years that these projections cover and will take the population in this group up to 5,081. The largest change is predicted to be in the 70 to 74 age group with an increase of 57.3%.
Life Expectancy	Life expectancy in the Ilfracombe area is the lowest in Devon. The urban life expectancy is lower than the average for Devon. However life expectancy in the hinterland is longer than the Devon rural average.
Hospital Admissions	The rate of Accident and Emergency attendances is well above the Devon average, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are the second highest in Devon.
Alcohol-related hospital admissions	The Ilfracombe area has the highest rate of alcohol-related admissions in Devon. Admission rates are high for both urban and rural areas, but notably higher in the urban area in comparison to the Devon urban average.
Mortality Rates	Death rates in Ilfracombe are uniformly and

	significantly above the Devon average, although the differences for cancer deaths are not statistically significant
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were lower than the Devon average in Combe Martin higher in Ilfracombe West and significantly higher in the urban centre. The rates in surrounding rural wards were suppressed due to the small numbers involved.
Smoking prevalence	Smoking prevalence in the Ilfracombe town area is 27.59%.
Diabetes & CHD	The prevalence ratio for Diabetes is 0.80 and for CHD is 0.71
Necessary Services: Current Provision	No of Pharmacies: 6 Provision available between 8.30am and 7.15pm on a Monday to Friday and 8.30am until 5.15pm on a Saturday. Please refer to the rotas at Appendix 10 for Sunday & bank holiday opening.
	GP Surgeries: 2 0 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.
Other relevant services: current provision	See Appendix 9
Other relevant services: gaps in provision	The PCT is working with pharmacies in the area to ensure there is adequate provision of EHC, chlamydia and stop smoking services available in the town in order to address the health needs identified.

Ivybridge

Deprivation	Overall deprivation is well below the Devon average, although the rural hinterland is more deprived than the urban centres of Ivybridge and Bickleigh. The urban centres of Ivybridge and Bickleigh are much less deprived than the surrounding rural area. Ivybridge urban centre is much less deprived than the Devon and national averages for urban areas, whereas the surrounding rural area is more deprived than the national average for rural areas but is less deprived than the average for rural Devon.
Population Projection	The population of Ivybridge is predicted to

	<p>increase by 7,657 people between 2006 and 2021 – a rise of 22.2%. The total number in the younger age groups (from 0 to 19) is predicted to increase by 165 to 8,657 – a rise of 1.9%. The 20 to 44 year age band is also predicted to see an increase, in this case of 934 to 10,751 or 9.5%. The 45 to 64 age group should see an increase of 2,013 people (18.8%) to 12,739. The older age groups (65 years and older) are due to see an increase in number of 4,545. This equates to an 82.2% increase over the 15 years that these projections cover and will take the population in this group up to 10,077. The largest change is predicted to be in the 70 to 74 age group with an increase of 102.5%. The birth rate is slightly below the Devon average, although it is slightly higher in Bickleigh.</p>	
Life Expectancy	<p>Life expectancy in the Ivybridge area is in line with average life expectancy in Devon, although Bickleigh has a much lower life expectancy than the average for Devon, mainly due to a high proportion of residential and nursing homes.</p>	
Hospital Admissions	<p>The rate of Accident and Emergency attendances is well below the Devon average, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are the lowest in Devon.</p>	
Alcohol-related hospital admissions	<p>The Ivybridge area has a significantly lower rate of alcohol-related admissions than Devon. Whilst admission rates are higher in the town, they are still well below the Devon urban area average.</p>	
Mortality Rates	<p>Whilst death rates in Ivybridge fluctuate slightly above or below the Devon average, the difference is not statistically significant.</p>	
Under-18 Conceptions	<p>Levels of conceptions amongst females aged below 18 were above the Devon average in Ivybridge Filham and Cornwood and Sparkwell wards. The rates in other wards were either lower or suppressed due to the small numbers involved.</p>	
Smoking prevalence	<p>Smoking prevalence in the Ivybridge town area is 19.68%.</p>	
Diabetes & CHD	<p>The prevalence ratio for Diabetes is 0.65 and for CHD is 0.83</p>	
Necessary Services: Current Provision	No of Pharmacies:	<p>5</p> <p>Provision available between 8.45am and 5.15pm on a Monday to Friday and 9am until 5.15pm on a Saturday. Please refer to the rotas at Appendix 10 for</p>

		Sunday & bank holiday opening.
	GP Surgeries:	6 3 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

Kingsbridge

Deprivation	Overall deprivation is below the Devon average, with higher deprivation in the urban centre. There are some issues however in relation to employment and child health. In general the urban centre of Kingsbridge is slightly more deprived than the surrounding rural area. Kingsbridge urban centre is less deprived than the Devon and national averages for urban areas, whereas the surrounding rural area is more deprived than the national average for rural areas and slightly more deprived than the Devon rural average.
Population Projection	The population of Kingsbridge is predicted to increase by 1,141 people between 2006 and 2021 – a rise of 6.5%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 378 to 3,012 – a fall of 11.2%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 291 to 3,502 or 7.7%. The 45 to 64 age group should see a decrease of 74 people (1.4%) to 5,361. The older age groups (65 years and older) are due to see an increase in number of 1,884. This equates to a 37.6% increase over the 15 years that these projections cover and will take the population in this group up to 6,897. The largest change is predicted to be in the 70 to 74 age group with an increase of 52.1%.
Life Expectancy	Life expectancy in the Kingsbridge area is above the average in Devon. Longer average life expectancy is seen in the rural hinterland. The birth rate is below the Devon average, with higher rates in the urban centre.
Hospital Admissions	The rate of Accident and Emergency attendances is well below the Devon average, and similarly non-elective admissions to hospital, which cover emergencies, maternities and transfers are below the Devon average.

Alcohol-related hospital admissions	The Kingsbridge area has a significantly lower rate of alcohol-related admissions than surrounding areas and Devon as a whole. Whilst admission rates are higher in the town, they are still well below the Devon urban area average.	
Mortality Rates	Death rates in Kingsbridge are mainly below the Devon average, with statistically significant differences for all causes, males and circulatory disease.	
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 in the Kingsbridge area were suppressed due to the small numbers involved.	
Smoking prevalence	Smoking prevalence in the Kingsbridge town area is 23.08%.	
Diabetes & CHD	The prevalence ratio for Diabetes is 0.66 and for CHD is 0.70	
Necessary Services: Current Provision	No of Pharmacies:	4 Provision available between 8.45am and 5.30pm on a Monday to Friday and 9am until 5.15pm on a Saturday. Provision on a Sunday is between 9am and 5.15pm. Please refer to the rotas at Appendix 10 for Bank Holiday opening hours.
	GP Surgeries:	3 1 dispensing practice
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

Lynton/Lynmouth

Deprivation	Overall deprivation is in line with the Devon average, although the rural hinterland is more deprived than the urban centre, with particular issues around the living environment and deprivation affecting children. In general the
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	urban centre of Lynton/Lynmouth is less deprived than the surrounding rural area. Lynton/Lynmouth urban centre is less deprived than the Devon and national averages for urban areas, whereas the surrounding rural area is more deprived than the Devon and national averages for rural areas.	
Population Projection	The population of Lynton / Lynmouth is predicted to remain almost unchanged, decreasing by just 5 people between 2006 and 2021 – a fall of 0.2%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 54 to 418 – a fall of 11.4%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 86 to 511 or 14.4%. The 45 to 64 age group should see a decrease of 35 people (4.4%) to 761. The older age groups (65 years and older) are due to see an increase in number of 170. This equates to a 31.3% increase over the 15 years that these projections cover and will take the population in this group up to 713. The largest change is predicted to be in the 70 to 74 age group with an increase of 44.9%. The birth rate is below the Devon average.	
Life Expectancy	Life expectancy in the Lynton/Lynmouth area is below the Devon average. Average life expectancy is longer in the rural hinterland compared to the urban centre.	
Hospital Admissions	The rate of Accident and Emergency attendances is below the Devon average, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are well below the Devon average.	
Alcohol-related hospital admissions	The Lynton/Lynmouth area has a lower rate of alcohol-related admissions than surrounding areas and Devon as a whole, although the difference is not statistically significant.	
Mortality Rates	Whilst death rates in Lynton/Lynmouth are typically above the Devon average, given the small numbers involved the difference are not significant.	
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 in the area were either below the Devon average or suppressed due to the small numbers involved.	
Smoking prevalence	Smoking prevalence in the Lynton/Lynmouth town area is 23.52%.	
Diabetes & CHD	The prevalence ratio for Diabetes is 0.59 and for CHD is 0.62	
Necessary Services: Current Provision	No of Pharmacies:	1 Provision available between 8am and 6.30pm on a Monday to Friday and 8am until

		11am on a Saturday. Please refer to the rotas at Appendix 10 for Sunday & bank holiday opening.
	GP Surgeries:	1 0 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

Moretonhampstead

Deprivation	Overall deprivation is well below the Devon average, and lowest in the town itself, although some issues exist around access to housing and services and the living environment. In general the urban centre of Moretonhampstead is less deprived than the surrounding rural area. The urban area is much less deprived than similar areas in Devon and England, whilst the rural area is more deprived than the England average.
Population Projection	The population of Moretonhampstead is predicted to increase by 213 people between 2006 and 2021 – a rise of 5%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 81 to 859 – a fall of 8.6%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 58 to 990 or 5.5%. The 45 to 64 age group should see an increase of 100 people (7.4%) to 1,459. The older age groups (65 years and older) are due to see an increase in number of 252. This equates to a 27.8% increase over the 15 years that these projections cover and will take the population in this group up to 1,157. The largest change is predicted to be in the 70 to 74 age group with an increase of 38.9%. The birth rate is below the Devon average, with no major urban and rural difference.
Life Expectancy	Life expectancy in the Moretonhampstead area is slightly below the Devon average, with no major differences between urban and rural areas.
Hospital Admissions	The rate of Accident and Emergency attendances is well below the Devon average, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are also below the

	Devon average. Admission and attendance rates are slightly higher in the rural areas compared with the urban centre.
Alcohol-related hospital admissions	The Moretonhampstead area has the lowest rate of alcohol-related admissions in Devon, with both urban and rural areas well below the respective urban and rural averages for Devon.
Mortality Rates	Death rates in Crediton are typically in line with or just below the Devon average.
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were above the Devon average in Moorland ward, which contains the town of Moretonhampstead.
Smoking prevalence	Smoking prevalence in the Moretonhampstead town area is 19.96%.
Diabetes & CHD	The prevalence ratio for Diabetes is 0.55 and for CHD is 0.47
Necessary Services: Current Provision	No of Pharmacies: 1 Provision available between 8.45am and 5.30pm on a Monday, Tuesday, Thursday and Friday. Provision for Wednesday is 8.45am to 12.30pm and 8.45am until 12.30pm on a Saturday. Please refer to the rotas at Appendix 10 for Wednesday, Sunday & bank holiday opening.
	GP Surgeries: 1 0 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.
Other relevant services: current provision	See Appendix 9
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.

Newton Abbot

Deprivation	Deprivation is greatest in urban parts of Newton Abbot, whilst the surrounding rural areas and smaller towns such as Kingskerswell and Bovey Tracey are less deprived. In general the urban centres in this area are generally much more
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	deprived than the surrounding rural areas. Newton Abbot itself is the most deprived urban area, with Kingskerswell and Bovey Tracey the least deprived. Rural areas around Newton Abbot are much less deprived than the Devon and England rural averages.
Population Projection	The population of Newton Abbot is predicted to increase by 9,059 people between 2006 and 2021 – a rise of 13.3%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 140 to 16,131 – a fall of 0.9%. The 20 to 44 year age band is predicted to see an increase of 1,152 to 20,747 or 5.9%. The 45 to 64 age group should also see an increase, in this case of 2,996 people (15.9%) to 21,819. The older age groups (65 years and older) are due to see an increase in number of 5,051. This equates to a 37.7% increase over the 15 years that these projections cover and will take the population in this group up to 18,432. The largest change is predicted to be in the 70 to 74 age group with an increase of 49.7%. Birth rates in the area are above the Devon average, with particularly high rates in Bovey Tracey
Life Expectancy	Life expectancy in the Newton Abbot area is slightly above the average for Devon. Life expectancy in the rural hinterland was generally longer than in the towns, although Kingskerswell did have the longest life expectancy
Hospital Admissions	The rate of Accident and Emergency attendances is also marginally above the Devon average, although non-elective admissions to hospital, which cover emergencies, maternities and transfers, are below the Devon average. Within the area the highest rates of admission and attendance are generally seen in the urban area of Newton Abbot, although highest rates of hospital admissions were also seen in Chudleigh and Kingsteignton.
Alcohol-related hospital admissions	The Newton Abbot area has a similar rate of alcohol-related admissions to Devon as a whole. The highest rate of admissions is seen in the town of Newton Abbot itself, which accounts for over 250 admissions per year.
Mortality Rates	Death rates are consistent with the Devon average, with no significant differences present.
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were above average in parts of Newton Abbot and Kingsteignton. The rates in surrounding rural wards and areas such as Bovey Tracey and Chudleigh were below average.
Smoking prevalence	Smoking prevalence in the Newton Abbott town area is 22.93%.

Diabetes & CHD	The prevalence ratio for Diabetes is 0.83 and for CHD is 0.72	
Necessary Services: Current Provision	No of Pharmacies:	9 1 operates as a 100 hour pharmacy giving essential extended hours access to pharmaceutical services early in the mornings in the evenings and at weekends. Provision available between 7am and 10pm on a Monday to Friday and 7am until 9.00pm on Saturday. Provision from Sunday is between 10am and 3.30pm. Please refer to the rotas at Appendix 10 to for bank holiday opening hours.
	GP Surgeries:	8 2 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

Okehampton

Deprivation	The rural hinterland is more deprived than the urban centre, with particular issues around access to housing and services, living environment, and education. In general the urban centre of Okehampton is less deprived than the surrounding rural area. The rural hinterland is much more deprived than the Devon and England averages for rural areas.
Population Projection	The population of Okehampton is predicted to increase by 2,956 people between 2006 and 2021 – a rise of 12.4%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 142 to 5,099 – a fall of 2.7%. The

	<p>20 to 44 year age band is also predicted to see a decrease, in this case of 317 to 5,927 or 5.1%. The 45 to 64 age group should see an increase of 344 people (4.7%) to 7,730. The older age groups (65 years and older) are due to see an increase in number of 3,071. This equates to a 62.3% increase over the 15 years that these projections cover and will take the population in this group up to 7,999. The largest change is predicted to be in the 75 to 79 age group with an increase of 77.3%. The birth rate is above the Devon average, and is particularly high in the urban centre.</p>	
Life Expectancy	<p>Life expectancy in the Okehampton area is slightly above the Devon average, with longer life expectancy seen in the rural hinterland.</p>	
Hospital Admissions	<p>The rate of Accident and Emergency attendances is well below the Devon average, whilst rates of non-elective admissions to hospital, which cover emergencies, maternities and transfers, are slightly above the Devon average. Rates of admission and attendance are consistently higher in the urban area compared with the surrounding rural area.</p>	
Alcohol-related hospital admissions	<p>The Okehampton area has a significantly lower rate of alcohol-related admissions than surrounding areas and Devon as a whole. Whilst admission rates are higher in the town, they are still below the Devon urban area average.</p>	
Mortality Rates	<p>Whilst death rates in Okehampton are typically below the Devon average, the difference is only significant for overall female mortality.</p>	
Under-18 Conceptions	<p>Levels of conceptions amongst females aged below 18 were higher than the Devon average in the Okehampton East ward. The rates in surrounding rural wards were suppressed due to the small numbers involved.</p>	
Smoking prevalence	<p>Smoking prevalence in the Okehampton town area is 21.83%.</p>	
Diabetes & CHD	<p>The prevalence ratio for Diabetes is 0.74 and for CHD is 0.67</p>	
Necessary Services: Current Provision	No of Pharmacies:	4
	GP Surgeries:	5
	<p>Provision available between 8.45am and 5.15pm on a Monday to Friday and between 9am and 12.30pm on a Saturday. Please refer to the rotas at Appendix 10 for Sunday & bank holiday opening.</p>	

		2 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

Ottery St Mary

Deprivation	Overall deprivation is well below the Devon average, with the lowest levels seen in parts of the town and West Hill. There are some issues around access to housing and services. Both the urban and rural areas of Otter St Mary are much less deprived than similar urban and rural areas elsewhere in Devon and England. This gap is particularly evident for the urban area. The urban centre of Ottery St Mary is less deprived than the surrounding rural area.
Population Projection	The population of Ottery St. Mary is predicted to decrease by 159 people between 2006 and 2021 – a fall of 1.1%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 558 to 2,802 – a fall of 16.6%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 315 to 3,334 or 8.6%. The 45 to 64 age group should see a decrease of 32 people (0.7%) to 4,372. The older age groups (65 years and older) are due to see an increase in number of 746. This equates to a 22.6% increase over the 15 years that these projections cover and will take the population in this group up to 4,044. The largest change is predicted to be in the 70 to 74 age group with an increase of 38.5%. The birth rate is below the Devon average, with higher birth rates seen in the rural hinterland.
Life Expectancy	Life expectancy in the Ottery St Mary area is highest in Devon. The longest life expectancy is seen in the urban centre.
Hospital Admissions	The rate of Accident and Emergency attendances is below the Devon average, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are also below the Devon average.
Alcohol-related hospital admissions	The Ottery St Mary area has a significantly lower rate of alcohol-related admissions than Devon as a whole. Whilst admission rates are higher in

	the rural area, they are still well below the Devon rural area average.
Mortality Rates	Death rates in Ottery St Mary are uniformly below the Devon average, and significantly so for all cause mortality, females, males and under 75's.
Under-18 Conceptions	Teenage conception rates in the wards in the Ottery St Mary area are typically either below the Devon average or suppressed due to the small numbers involved. The only exception is Tale Vale to the North, although most of the ward lies outside the area.
Smoking prevalence	Smoking prevalence in the Ottery St Mary town area is 18.75%.
Diabetes & CHD	The prevalence ratio for Diabetes is 0.58 and for CHD is 0.73
Necessary Services: Current Provision	No of Pharmacies: 2 Provision available between 9am and 6.30pm Monday to Friday and 9am until 4.30pm on a Saturday. Please refer to the rotas at Appendix 10 for Sunday & bank holiday opening.
	GP Surgeries: 1 0 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.
Other relevant services: current provision	See Appendix 9
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.

Seaton

Deprivation	Overall deprivation well below the Devon average, although with slightly higher deprivation in the urban centre compared with the rural hinterland. In general the urban centre of Seaton is slightly more deprived than the surrounding rural area. Both the urban centre and rural hinterland are less deprived than similar urban and rural areas in Devon and England.
Population Projection	The population of Seaton is predicted to increase by 932 people between 2006 and 2021 – a rise of 7.4%. The total number in the younger age

	<p>groups (from 0 to 19) is predicted to decrease by 289 to 1,918 – a fall of 13.1%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 115 to 2,439 or 4.5%. The 45 to 64 age group should see an increase of 134 people (3.8%) to 3,658. The older age groups (65 years and older) are due to see an increase in number of 1,202. This equates to a 28.2% increase over the 15 years that these projections cover and will take the population in this group up to 5,457. The largest change is predicted to be in the 70 to 74 age group with an increase of 45.2%. The birth rate is well below the Devon average, although rates are slightly higher in the urban centre.</p>	
Life Expectancy	<p>Life expectancy in the Seaton area is higher than average life expectancy in Devon. Average life expectancy is slightly longer in the rural hinterland compared with the urban centre.</p>	
Hospital Admissions	<p>The rate of Accident and Emergency attendances is well below the Devon average, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, are also below the Devon average. Attendance and admission rates are generally slightly higher in the urban centre compared with the rural hinterland.</p>	
Alcohol-related hospital admissions	<p>The Seaton area has a rate of alcohol-related admissions in line with Devon as a whole.</p>	
Mortality Rates	<p>Death rates in Seaton are typically below the Devon average, and death rates from all causes, and for under 75s are significantly below the Devon average.</p>	
Under-18 Conceptions	<p>Due to low numbers of teen conceptions across the whole area, the rates in all wards were suppressed due to the small numbers involved.</p>	
Smoking prevalence	<p>Smoking prevalence in the Seaton town area is 21.50%.</p>	
Diabetes & CHD	<p>The prevalence ratio for Diabetes is 0.70 and for CHD is 0.68</p>	
Necessary Services: Current Provision	No of Pharmacies:	4 Provision available between 8.30am and 5.30pm on a Monday to Friday and 9am until 5.15pm on a Saturday. Please refer to the rotas at Appendix 10 for Sunday & bank holiday opening.
	GP Surgeries:	2 0 dispensing practices

Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

Sidmouth

Deprivation	Overall deprivation is well below both Devon and national average. In general the urban centre of Sidmouth is less deprived than the surrounding rural area. Both areas are also much less deprived than the corresponding Devon and England urban and rural average deprivation scores.
Population Projection	The population of Sidmouth is predicted to increase by 647 people between 2006 and 2021 – a rise of 3.8%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 472 to 2,411 – a fall of 16.4%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 297 to 3,078 or 8.8%. The 45 to 64 age group should remain almost unchanged, decreasing by just 2 people (0.04%) to 4,617. The older age groups (65 years and older) are due to see an increase in number of 1,418. This equates to a 22.7% increase over the 15 years that these projections cover and will take the population in this group up to 7,657. The largest change is predicted to be in the 70 to 74 age group with an increase of 39.7%. The birth rate is well below the Devon average, and is particularly low in the urban centre.
Life Expectancy	Life expectancy in the Sidmouth area is the second highest in Devon, with no significant difference between the urban and rural areas.
Hospital Admissions	The rate of Accident and Emergency attendances is below the Devon average, and non-elective admissions to hospital, which cover emergencies, maternities and transfers, is also below the Devon average.
Alcohol-related hospital admissions	The Sidmouth area has the second lowest rate of alcohol-related admissions in the county. Both the town area and rural hinterland were well below the respective Devon urban and Devon rural averages.
Mortality Rates	Death rates are consistency below the Devon average, and significantly so for all causes, male deaths and circulatory diseases.

Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were higher than the Devon average in Sidford and Newton Poppleford & Harpford. The rates in surrounding rural wards were suppressed due to the small numbers involved.
Smoking prevalence	Smoking prevalence in the Sidmouth town area is 19.35%.
Diabetes & CHD	The prevalence ratio for Diabetes is 0.61 and for CHD is 0.75
Necessary Services: Current Provision	No of Pharmacies: 4 Provision available between 8.30am and 6pm on a Monday to Friday and 9am until 5.15pm on a Saturday. Provision on a Sunday is between 10am and 3.30pm. Please see rotas at Appendix 10 for bank holiday opening hours.
	GP Surgeries: 1 0 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.
Other relevant services: current provision	See Appendix 9
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.

South Molton

Deprivation	Deprivation is above the Devon average, with the rural hinterland typically more deprived than the urban centre. There are particular issues around income and access to services for children. In general the urban centre of South Molton is less deprived than the surrounding rural area. South Molton urban centre is less deprived than the Devon and national averages for urban areas, whereas the surrounding rural area is more deprived than the Devon and national averages for rural areas.
Population Projection	The population of South Molton is predicted to increase by 1,886 people between 2006 and 2021 – a rise of 14.7%. The total number in the younger age groups (from 0 to 19) is predicted to increase by 48 to 2,893 – a rise of 1.7%. The 20 to 44 year age band is predicted to remain almost unchanged, decreasing by just 8 people

	<p>to 3,219 or 0.2%. The 45 to 64 age group should see an increase of 327 people (8.5%) to 4,197. The older age groups (65 years and older) are due to see an increase in number of 1,519. This equates to a 53% increase over the 15 years that these projections cover and will take the population in this group up to 4,383. The largest change is predicted to be in the 70 to 74 age group with an increase of 67%. The birth rate is above the Devon average, with the highest rates in the urban centre.</p>	
Life Expectancy	<p>Life expectancy in the South Molton area is below average life expectancy in Devon. The shortest average life expectancy was seen in the urban centre.</p>	
Hospital Admissions	<p>The rate of Accident and Emergency attendances is well below the Devon average, whilst the rate of non-elective admissions to hospital, which cover emergencies, maternities and transfers, is slightly above the Devon average.</p>	
Alcohol-related hospital admissions	<p>The South Molton area has a significantly higher rate of alcohol-related admissions than the Devon average. The highest admission rates were seen in the urban centre, which was well above the Devon urban average.</p>	
Mortality Rates	<p>Whilst death rates in South Molton are consistently above the Devon average, the difference is not statistically significant.</p>	
Under-18 Conceptions	<p>Levels of conceptions amongst females aged below 18 were above average in the town of South Molton. The rates in surrounding rural wards were suppressed due to the small numbers involved</p>	
Smoking prevalence	<p>Smoking prevalence in the South Molton town area is 19.14%.</p>	
Diabetes & CHD	<p>The prevalence ratio for Diabetes is 0.77 and for CHD is 0.78</p>	
Necessary Services: Current Provision	No of Pharmacies:	2 Provision available between 9am and 7.30pm Monday to Friday and 9am until 5.15pm on a Saturday. Provision on a Sunday is between 3pm and 5.15pm. Please see rotas at Appendix 10 for bank holiday opening hours.
	GP Surgeries:	3 1 dispensing practices

Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town, although the evaluation of a pharmacy alcohol intervention pilot will inform future commissioning decisions.	

Tavistock

Deprivation	Whilst overall deprivation is below the Devon average, particularly high levels of deprivation are seen in the wider rural area compared to similar areas locally and nationally. In general the urban centre of Tavistock, along with other key settlements are less deprived than the surrounding rural area. Tavistock urban centre is less deprived than the Devon and national averages for urban areas, whereas the surrounding rural area is much more deprived than the Devon and national averages for rural areas.
Population Projection	The population of Tavistock is predicted to increase by 726 people between 2006 and 2021 – a rise of 2.5%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 726 to 5,749 – a fall of 11.2%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 1,039 to 6,279 or 14.2%. The 45 to 64 age group should see a decrease of 411 people (4.6%) to 8,501. The older age groups (65 years and older) are due to see an increase in number of 2,902. This equates to a 49% increase over the 15 years that these projections cover and will take the population in this group up to 8,827. The largest change is predicted to be in the 75 to 79 age group with an increase of 62%. The birth rate is in line with the Devon average, with around 230 births per year.
Life Expectancy	Life expectancy in the Tavistock area is slightly above average life expectancy in Devon, with no significant differences within the town area.
Hospital Admissions	The rate of Accident and Emergency attendances is well below the Devon average, whilst the rate of non-elective admissions to hospital, which cover emergencies, maternities

	and transfers, is slightly above the Devon average. The highest admissions and attendance rates come from the rural hinterland.
Alcohol-related hospital admissions	The rate of alcohol-related admissions in the Tavistock area is in line with the Devon average. Whilst below the towns of Tavistock and Bere Ferrers, the admission rate in the rural hinterland is well above the Devon rural average.
Mortality Rates	Although death rates in Tavistock are typically below the Devon average, the difference is not statistically significant.
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were above the Devon average in the wards Tavistock North, Tavistock South West and Bere Ferrers. The rates in surrounding rural wards were suppressed due to small numbers.
Smoking prevalence	Smoking prevalence in the Tavistock town area is 22.20%.
Diabetes & CHD	The prevalence ratio for Diabetes is 0.64 and for CHD is 0.70
Necessary Services: Current Provision	No of Pharmacies: 5 Provision available between 8am and 7.30pm on a Monday to Friday and 8am until 5.15pm on a Saturday. Provision on a Sunday is between 10am and 3.30pm. Please see rotas at Appendix 10 for bank holiday opening hours.
	GP Surgeries: 5 3 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.
Other relevant services: current provision	See Appendix 9
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.

Teignmouth

Deprivation	Deprivation in Teignmouth is above the Devon average, with particular issues around income, crime and employment. The rural area around the town is much less deprived. In general the urban centre of Teignmouth is much more deprived than
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	the surrounding rural area. The pattern of urban and rural deprivation in Teignmouth is similar to the profile for England as a whole.	
Population Projection	The population of Teignmouth is predicted to increase by 2,342 people between 2006 and 2021 – a rise of 12.2%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 144 to 3,766 – a fall of 3.7%. The 20 to 44 year age band is predicted to see an increase of 32 to 4,588 or 0.7%. The 45 to 64 age group should also see an increase, in this case of 739 people (13.4%) to 6,266. The older age groups (65 years and older) are due to see an increase in number of 1,715. This equates to a 32.6% increase over the 15 years that these projections cover and will take the population in this group up to 6,979. The largest change is predicted to be in the 70 to 74 age group with an increase of 45.5%. The birth rate is in line with the Devon average, with around 150 births per year.	
Life Expectancy	Life expectancy in the Teignmouth area is above the average life expectancy in Devon. Longer average life expectancy is seen in the rural area.	
Hospital Admissions	The rate of Accident and Emergency attendances is above the Devon average, whilst the rate of non-elective admissions to hospital, which cover emergencies, maternities and transfers, is below the Devon average. Higher admission and attendance rates are seen in the urban centre.	
Alcohol-related hospital admissions	The Teignmouth area has a significantly higher rate of alcohol-related admissions than the Devon average. The admission rate is particularly high in the urban centre of Teignmouth.	
Mortality Rates	Whilst death rates in Teignmouth are typically below the Devon average, the difference is not statistically significant.	
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were lower than the Devon average in most areas of Teignmouth, although they were above average in the Teignmouth West ward.	
Smoking prevalence	Smoking prevalence in the Teignmouth town area is 23.45%.	
Diabetes & CHD	The prevalence ratio for Diabetes is 0.71 and for CHD is 0.72	
Necessary Services: Current Provision	No of Pharmacies:	6 Provision available between 9am and 5.30pm on a Monday to Friday and 9am until 5.15pm on a Saturday. Provision on a Sunday is between 10am and 2.30pm. Please see rotas at Appendix 10 for

		bank holiday opening hours.
	GP Surgeries:	4 0 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

Tiverton

Deprivation	Overall deprivation is above the Devon average, in terms of both urban and rural deprivation. There were particular issues around education, crime, access to services and children in need. In general the urban centre of Tiverton is more deprived than the surrounding rural area. Tiverton urban centre is more deprived than the Devon urban average, and the surrounding rural area is more deprived than the Devon and national averages for rural areas.
Population Projection	The population of Tiverton is predicted to increase by 3,378 people between 2006 and 2021 – a rise of 9.5%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 346 to 8,113 – a fall of 4.1%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 1,084 to 8,762 or 11%. The 45 to 64 age group should see an increase of 1,344 people (13.4%) to 11,337. The older age groups (65 years and older) are due to see an increase in number of 3,464. This equates to a 48.4% increase over the 15 years that these projections cover and will take the population in this group up to 10,615. The largest change is predicted to be in the 70 to 74 age group with an increase of 65%.
Life Expectancy	Life expectancy in the Tiverton area is in line with average life expectancy in Devon, with the longest average life expectancy seen in the surrounding rural area.
Hospital Admissions	The rate of Accident and Emergency attendances is above the Devon average, whilst non-elective admissions to hospital, which cover emergencies, maternities and transfers, are slightly below the Devon average. Admission and attendance rates in the urban area are higher than in the surrounding rural hinterland.

Alcohol-related hospital admissions	The Tiverton area has a lower rate of alcohol-related admissions than the Devon average. Whilst admission rates are higher in the town, they are fairly consistent with the Devon urban area average.	
Mortality Rates	Death rates in the Tiverton are broadly in line with the Devon average.	
Under-18 Conceptions	Levels of conceptions amongst females aged below 18 were higher than the Devon average in the main urban wards in Tiverton. The rates in surrounding rural wards were suppressed due to the small numbers involved	
Smoking prevalence	Smoking prevalence in the Tiverton town area is 22.23%.	
Diabetes & CHD	The prevalence ratio for Diabetes is 0.74 and for CHD is 0.68	
Necessary Services: Current Provision	No of Pharmacies:	5 Provision available between 8.45am and 6pm Monday to Friday and 8.30am until 5.15pm on a Saturday. Provision on a Sunday is between 10am and 3.30pm. Please see rotas at Appendix 10 for bank holiday opening hours.
	GP Surgeries:	4 1 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

Totnes

Deprivation	Overall deprivation is in line with the Devon average, although there are issues around income, employment and the health domain. The urban centre is much more deprived than the rural hinterland. In general the urban centre of Totnes is much more deprived than the surrounding rural area. Deprivation in the town is in line with the England urban average. Whilst less deprived than the urban centre, the rural area is more deprived than the national averages
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	for rural areas.	
Population Projection	<p>The population of Totnes is predicted to increase by 355 people between 2006 and 2021 – a rise of 1.7%. The total number in the younger age groups (from 0 to 19) is predicted to decrease by 597 to 4,059 – a fall of 12.8%. The 20 to 44 year age band is also predicted to see a decrease, in this case of 435 to 4,972 or 8%. The 45 to 64 age group should see a decrease of 242 people (3.7%) to 6,274. The older age groups (65 years and older) are due to see an increase in number of 1,629. This equates to a 35.3% increase over the 15 years that these projections cover and will take the population in this group up to 6,243. The largest change is predicted to be in the 70 to 74 age group with an increase of 50.3%. The birth rate is well below the Devon average, with slightly higher rates seen in the rural areas.</p>	
Life Expectancy	<p>Life expectancy in the Totnes area is slightly above the average life expectancy in Devon. The longest average life expectancy is seen in the rural hinterland.</p>	
Hospital Admissions	<p>The rate of Accident and Emergency attendances is slightly above the Devon average, whilst non-elective admissions to hospital, which cover emergencies, maternities and transfers, are well below the Devon average. Admission and attendance rates in the town are typically much higher than the rural hinterland.</p>	
Alcohol-related hospital admissions	<p>The Totnes area has alcohol-related admission rates broadly in line with the Devon average. Whilst admission rates are higher in the town, the rural hinterland is only slightly lower, and is well above the Devon rural average.</p>	
Mortality Rates	<p>Whilst death rates in Totnes are typically below the Devon average, the difference is not statistically significant.</p>	
Under-18 Conceptions	<p>Levels of conceptions amongst females aged below 18 were higher than the Devon average in Totnes Town ward and lower in Bridgetown ward. The rates in surrounding rural wards were suppressed due to the small numbers involved.</p>	
Smoking prevalence	<p>Smoking prevalence in the Totnes town area is 23.13%.</p>	
Diabetes & CHD	<p>The prevalence ratio for Diabetes is 0.67 and for CHD is 0.68</p>	
Necessary Services: Current Provision	No of Pharmacies:	<p>3</p> <p>Provision available between 8.30am and 6.00pm on a Monday to Friday and 9am until 5.30pm on a Saturday. Please refer to the rotas</p>

		at Appendix 10 for Sunday & bank holiday opening.
	GP Surgeries:	20 dispensing practices
Necessary Services: gaps in provision	The PCT does not consider that there are any gaps in the provision of pharmaceutical services in the town.	
Other relevant services: current provision	See Appendix 9	
Other relevant services: gaps in provision	The PCT does not consider that there are any gaps in the provision of other relevant pharmaceutical services in the town.	

7.0 Current Service Provision

There are currently 141 community pharmacies in NHS Devon. 99 of these are national multiples, and 11 are supermarket pharmacies. There are eight pharmacies open for 100-hours a week, with three further applications pending at the time of writing. There is one wholly mail-order/internet pharmacy based in Devon.

Access to community pharmacy in Devon is good, with no household more than 27 minutes drive from a community pharmacy (the average being under 5 minutes drive). Dispensing doctors increase the availability of pharmaceutical services in rural areas, and the majority of pharmacies provide a prescription collection and delivery service.

Appendix 10 details the opening hours of community pharmacies in NHS Devon. Where we have previously identified a gap in service provision, we have commissioned pharmacies in those areas to open for extended hours. We are confident that access to community pharmacy is sufficient, and that there are currently no gaps in service provision. As with other pharmacy services, we will continue to assess this provision as part of our ongoing commissioning cycle.

There are currently eight 100-hours a week pharmacies in NHS Devon, with another three applications pending, which ensure patients have access to pharmaceutical services at a wide range of time to suit more of the population. **Any reduction in the opening hours of those pharmacies would create a significant gap in service provision.**

Appendix 9 details the current services provided by community pharmacy in NHS Devon. The maps also show alternative providers of services such as stop smoking support and chlamydia screening. We are confident that there are no gaps in service provision when taking into account all service providers, but we will continue to assess provision as part of our ongoing commissioning cycle.

Dispensing GP Practices and other providers

Dispensing doctors provide a valuable service in providing dispensing services in rural areas where a pharmacy may not sustain sufficient commercial business to be viable. However,

dispensing doctors cannot supply over the counter medicines to patients as there may be a perceived conflict of interest.

For dispensing doctors on its dispensing doctors list, for the purposes of this assessment, the PCT has only identified and considered dispensing of drugs and appliances services as pharmaceutical services.

There are 31 dispensing practices in NHS Devon, who may dispense to patients who live more than 1.6km (1 mile) from the nearest pharmacy.

All of these take part in the Dispensary Services Quality Scheme which is managed by the NHS Devon primary care team together with the medicines management team. The dispensing doctors will be consulted on the PNA.

Hospital pharmacies dispense to patients on discharge from hospital. There are pharmacies at the Royal Devon and Exeter hospital and North Devon District hospital. We will consult with the pharmacists at these hospitals on the recommendations of the PNA.

NHS Devon has one internet/mail order pharmacy, and three dispensing appliance contractors. Dispensing appliance contractors are unable to supply medicines. Most specialise in supplying stoma appliances.

Appendix 8 details Dispensing GP practices and appliance contractors in NHS Devon.

Clinical Governance

NHS Devon oversees the clinical governance for community pharmacy as part of the monitoring of the contractual framework. We work with pharmacies to develop their knowledge and skills on specifically targeted areas such as safeguarding children and adults, the development of the clinical governance leads in pharmacies, Controlled Drugs Management and encouraging the reporting of and sharing the learning from significant events.

We will continue to administer effective and robust monitoring processes to ensure high quality services. By undertaking monitoring visits and annual self-assessments we can monitor how the pharmacy contract is being implemented and target areas for improvement.

8.0 Outcomes of Consultation Process

This section will be completed after the consultation is closed.

9.0 Future Development

Current pharmacy provision per head of population is close to the UK average, and we do not anticipate the need for further pharmacies to support the growing population. The UK average is 20 pharmacies per 100,000 heads of population, in NHS Devon that figure is 19. There are currently three additional applications for 100-hours pharmacies, which will further improve pharmacy provision in the county.

There are plans for a new town in the South Hams, Sherford (close to the Plymouth City boundary). The plan is for 5,500 homes with around 12,000 population. This project is in considerable delay, and very recently the South Hams District Council have confirmed that the first occupation of the first house won't be until around Spring 2012 at the earliest. NHS

Devon will continue to monitor this situation, and will issue a supplementary statement to this PNA should the population of the town impact on local pharmaceutical need.

There are also plans for a new town in East Devon, Cranbrook. It is likely that the first 150 – 250 houses will be built towards the end of 2011. Currently Cranbrook has planning permission for 2,900 homes (6380 population) and it will grow eventually to around 5,000 homes (11,000 population). It is estimated that the growth will be around 450 homes per year from year two. As with the development at Sherford, NHS Devon will continue to monitor this situation, and will issue a supplementary statement to this PNA should the population of the town impact on local pharmaceutical need.

The PNA will undergo a fundamental review every three years, with a small-scale review annually. If there are any substantial changes affecting access to community pharmacy, NHS Devon will decide if a new assessment is necessary outside of these times.

10.0 Shaping the Future

Choice of services commissioned within primary care should be based on providing the right care by the right people in the right place. The principles of a community pharmacy strategy for NHS Devon include:

- Provide choice in service providers where appropriate for the patient, health need and location but also recognise where it is appropriate for Community Pharmacy to be the sole provider and can deliver a defined part of the patient care pathway. Pharmacy could be one of a number of providers and should work in collaboration not competition.
- Continue to build on the strengths of current services offered within Community Pharmacy and to increase uptake of stop smoking and EHC enhanced services.
- Pharmaceutical services must be known by the patient. There is a national need to change the perception of the public regarding pharmacy e.g. screening, signposting, medicines use
- Medicines are at the core: Medicines Use Reviews should be directed and integral to patient care pathways as appropriate (Long term conditions, maintenance and six-monthly reviews)
- Collaboration between healthcare professionals is essential, particularly Community Pharmacy and GPs
- Pharmacy has much to contribute on public health and wellness
- Repeat dispensing is core to delivering efficiency in service and reducing waste

11.0 Conclusion

There is a real challenge to continue to improve the health of people in NHS Devon; we have an ageing population, and there is a 12.8-year age gap between the localities with the highest and lowest life expectancy.

Access to community pharmacy in Devon is good, with no household more than 27 minutes drive from a community pharmacy - with the average drive time being under five minutes,

less than three kilometres. Dispensing doctors increase the availability of pharmaceutical services in rural areas, and the majority of pharmacies provide a prescription collection and delivery service.

There are currently eight 100-hour a week pharmacies in NHS Devon, and a further three applications in at the time of writing, which ensure patients have access to pharmaceutical services at a wide range of time to suit more of the population. Any reduction in the opening hours of those pharmacies would create a significant gap in service provision.

The intentions identified in “The Way Ahead” outline NHS Devon’s commitment to delivering a more strategic and long-term approach to commissioning services, with a clear focus on delivering our targets and improving health outcomes for patients.

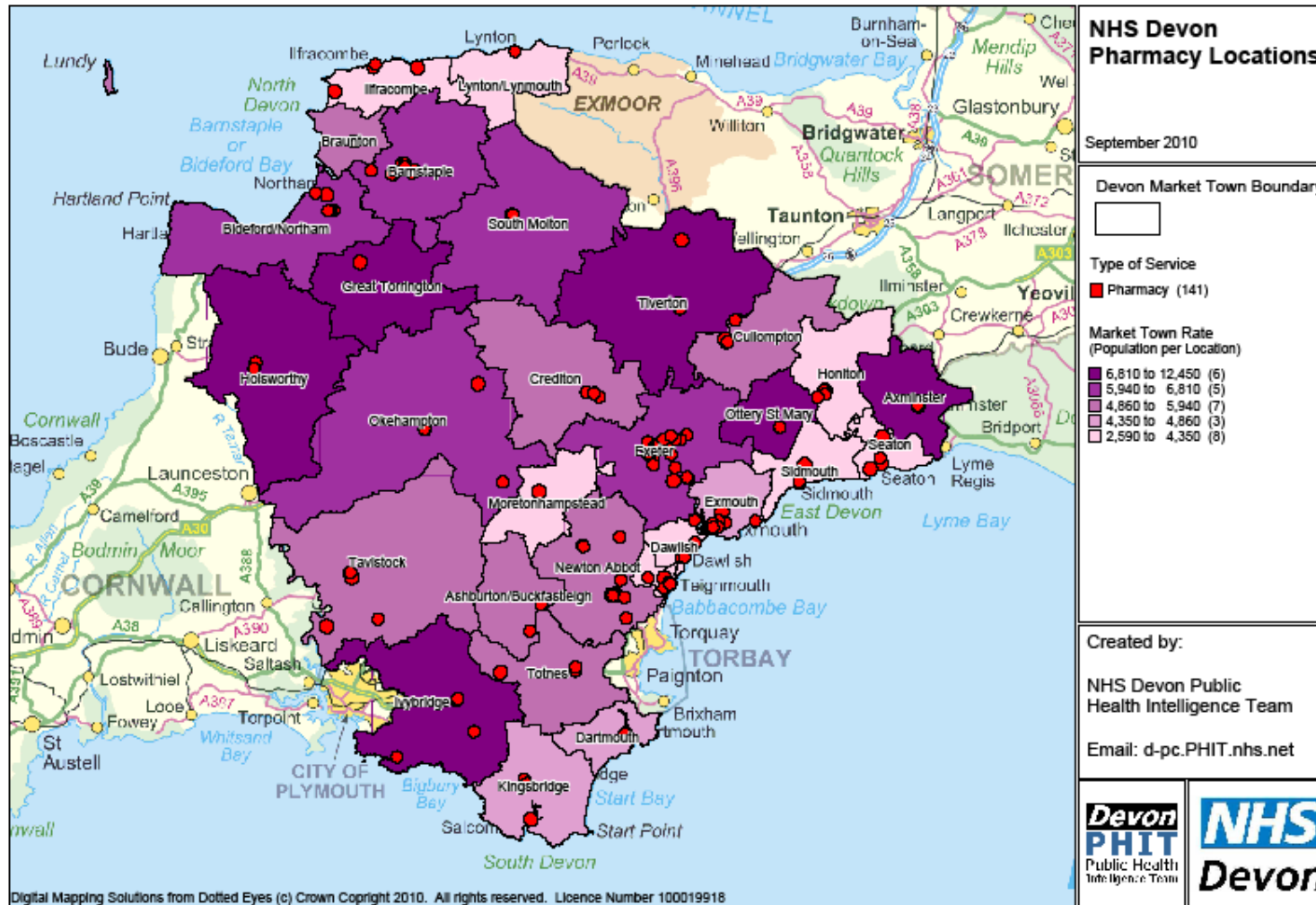
A number of locally commissioned enhanced services are offered in pharmacies, including services for drug misusers: supervised consumption of methadone and needle and syringe exchange; and sexual health services such as emergency hormonal contraception and Chlamydia screening. There is also a locally enhanced service for stop smoking support. We are also piloting a Domiciliary MUR service running for 11 months to March 2011. The majority of pharmacies in NHS Devon offer Medicine Use Reviews as an advanced service.

Appendix 9 details the current services provided by community pharmacy in NHS Devon. The maps also show alternative providers of services such as stop smoking support and chlamydia screening. We are confident that there are no gaps in service provision when taking into account all service providers, but we will continue to assess provision as part of our ongoing commissioning cycle.

Current pharmacy provision per head of population is close to the UK average, and we do not anticipate the need for further pharmacies to support the growing population. The UK average is 20 pharmacies per 100,000 head of population, in NHS Devon that figure is 19. There are currently applications in for three further 100-hours pharmacies, which will further improve pharmacy provision in the county.

Particular examples of the contribution that community pharmacy can make to NHS Devon priorities are the promotion of healthy lifestyles: maintaining healthy weight, stopping smoking, sexual health, alcohol intervention, long-term conditions and preventing drug misuse, all of which are included in the pharmacy White Paper. NHS Devon may need to work to strengthen links between pharmacy and public health teams to enable greater integration with targeted public health campaigns.

12.0 Map of NHS Devon areas



13.0 References

- Devon Joint Strategic Needs Assessment 2010
- Devon Public Health Annual Report 2008
- Pharmacy in England: building on strengths - delivering the future - Regulations under the Health Act 2009: Pharmaceutical Needs Assessments
- World Class Commissioning: Improving Pharmaceutical Services
- Choosing Health through pharmacy: A Programme for Pharmaceutical Public Health 2005-2015
- Equity and excellence: Liberating the NHS July 2010

14.0 Glossary

100 Hours Pharmacy	A pharmacy that has been granted an NHS contract under a control of entry exemption requiring it to open for at least 100 hours per week.
Any Willing Provider	A procurement model that PCTs can use to develop a register of providers accredited to deliver a range of specified services within a community setting.
Appliance Use Review	An Advanced Service provided either by a pharmacist or dispensing appliance contractor health professional to improve the patient's knowledge and use of specified appliances.
Supervised consumption service	An enhanced service where individuals on a Buprenorphine/methadone programme take their medication under supervision in a private room within the pharmacy.
Commissioning	A continuous cycle of activities that underpins and delivers on the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.
Community pharmacy contractors	A pharmacy that holds an NHS contract with the PCT (see Community Pharmacy Contractual Framework)
Community pharmacy contractual framework	The nationally agreed NHS pharmacy contract that community pharmacies operate under when providing NHS services
Controlled locality	An area which has been determined to be 'rural in character'.
Diagnostics	Procedures used to distinguish one disease from another e.g. laboratory tests, x-rays, endoscopies
Dispensing appliance contractors	Appliance suppliers are a specific sub-set of NHS pharmacy contractors but, as the title suggests, they specialise in the supply (on prescription) of appliances, notably stoma and incontinence appliances. Appliance suppliers are subject to different remuneration arrangements to community pharmacists, but they must follow the same procedures to become an NHS contractor by applying for entry to an NHS Board's pharmaceutical list, and thereby are subject to same terms of service as detailed in regulations.
Dispensing doctor	A GP who may dispense NHS prescriptions for their own patients who live in a controlled locality and live more that 1.6 km (1 mile)

	(as the crow flies) from a pharmacy.
ePACT	Electronic Prescribing Analysis and Cost. A service which provides analysis of prescribing data held on the NHS Prescriptions Services prescribing database.
GP Access Centre	The purpose of a GP Access Centre is to improve access to GP services. They are generally open from 8am – 8pm, 7 days a week every day of the year. They offer bookable GP appointments and also walk in services so that they can provides services to registered and non registered patients.
JSNA (Joint Strategic Needs Assessment)	Joint Strategic Needs Assessment describes a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness.
LINKs (Local Involvement Networks)	LINKs are made up of individual members and voluntary sector representatives. They cover all publicly funded health and social care services in an area, no matter who provides them. They make it easier for people who commission and manage health and care services to talk to communities and find out what they want. LINKs are part of the local accountability and scrutiny arrangements and have powers requiring health and social care managers to respond to them.
LMC (Local Medical Committee)	Local Medical Committees are the local representative organisations for General Practitioners (GPs) in a local health economy area, e.g. within a PCT. They represent all GPs in their geographical area on clinical and professional matters.
Long term condition	Those conditions (eg diabetes, asthma and arthritis) that cannot, at present, be cured but whose progress can be managed and influenced by medication and other therapies.
LPC (Local Pharmacy Committee)	Local Pharmacy Committees are the local representative organisation for Pharmacists in a local health economy area, e.g. within a PCT. They represent all Pharmacists in their geographical area on clinical and professional matters.
LPS	Local Pharmaceutical Services. A pharmacy contract commissioned locally for NHS pharmaceutical services, tailored to meet specific requirements.
Market entry	The route by which new NHS pharmacy contracts are considered and granted.
Medicines Use Review and Prescription Intervention Service	The medicines use review (MUR) service is a structured review that is undertaken by an accredited pharmacist, in premises that have been accredited, to help patients to manage their medicines more effectively and provide patients with appropriate information and advice about their medicines. The purpose of carrying out a MUR is to improve the person's knowledge, understanding and use of the medicines that they have been prescribed.
Methadone	Methadone hydrochloride is a medicine which is used as a substitute for an opioid drug (eg heroin). Methadone can be used in two ways: withdrawal therapy , where the doses of medication are gradually reduced over time before the treatment is withdrawn, and maintenance therapy , where you receive regular doses of medication on a longterm basis. It can also used to relieve moderate to severe pain.
Minor ailments scheme	Scheme that enables pharmacists to advise people with illnesses that can be treated at home, eg colds, stomach upsets etc, avoiding the need to see a GP

Minor Injuries Unit	Examples of minor injuries are cuts, bruises, scalds and suspected closed limb fractures. The role of a minor injury unit or service would be to provide treatment for such minor injuries.
Out of hours service	Healthcare cover provided outside the normal working hours of community health care professionals, usually from 6pm-8am Monday – Friday and 24 hours during weekends and Bank Holidays.
Palliative care	Supportive Service for those who are living with disease that is not curable e.g. cancer or multiple sclerosis.
Patient group direction	Patient Group Directions (PGDs) are NHS documents permitting the supply of prescription only medicines (POMs) to groups of patients, without individual prescriptions.
Prescription	An order provided by a medical professional e.g. doctor advising of the type and dose of medication for the treatment of illness that is available only with written instructions from a medical professional.
Prescription Intervention service	See Medicines Use Review
Primary care	Services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic practitioners together with district nurses and health visitors, with administrative support.
PSNC	Pharmaceutical Services Negotiating Committee. The body recognised by the Secretary of State for Health as the representative of community pharmacy on NHS matters.
Reserved location	A reserved location is designated, in a controlled locality, where the total patient population within 1.6km (1 mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received.
Screening service	A service that, through a simple test can diagnose potential illness at various stages of development. Screening can be carried out for various conditions, e.g. Chlamydia and other sexually transmitted diseases.
Sexual health service	A service that provides advice on sexual health and family planning, medical treatment and the promotion of sexual health and wellbeing to men, women and adolescents.
SHA (Strategic Health Authority)	Strategic health authorities (SHA) are part of the structure of the current. Each SHA is responsible for enacting the directives and implementing financial policy as dictated by the Department of Health at a regional level. Each SHA area contains various NHS Trusts which take responsibility for running or commissioning local NHS services. The SHA is responsible for strategic supervision of these services.
Stop smoking/ smoking cessation service	NHS services provided to people who want to stop smoking. Services include the use of medication, group support and counselling.
Substance misuse	The use of addictive substances such as drugs and alcohol.

Direct Age Standardised Rate (DASR)

The DASR for an area is the number of deaths, usually expressed per 100,000, that would occur in that area if it had the same age structure as the standard population and the local age-specific rates of the area applied. This allows rates of mortality, admission and other factors to be directly compared across areas with very different population structures.

The DASR is calculated by dividing the number of deaths by the actual local population in a particular age group multiplied by the standard population for that particular age group and summing across the relevant age groups. The rate is usually expressed per 100,000.

95% confidence intervals are usually calculated for DASRs to give an indication of the level of uncertainty of the calculation. Where rates in an area are based on small counts, greater fluctuations over time are likely, and these intervals are added to highlight the extent to which we would expect these rates to vary under normal conditions. This allows us to establish if differences from other areas are significant or not.

Alcohol-Related Admissions

Alcohol-related admissions relate to admissions to hospital where alcohol is suspected to be the cause. This covers acute admissions where alcohol is likely to be the immediate cause or a contributory factor (poisonings, accidents), chronic long-term conditions where alcohol is the cause of admission or is likely to be a contributory factor (liver cirrhosis, hypertension, pancreatitis etc.), and mental disorders due to alcohol use. For conditions where alcohol is likely to be a contributory factor, a certain percentage of total admissions for that condition are estimated to be alcohol-related. This proportion varies by age and sex, for example 69% of pedestrian traffic accident affecting males between 16 and 24 are thought to be alcohol-related. Admissions for all these conditions and age groups are combined to produce estimated numbers and rates of admissions for local areas.

Population Projections

The projections have been prepared using the Chelmer population projection model at the district level to project 5 year age groups. These projections are then split into parish projections on the basis of the age/sex ratios from the 2001 population census applied to all of the 5 year age groups. The resultant detailed parish data is then aggregated into the defined Devon Town areas. The base data used by the Chelmer model is the 2001 mid year estimates by district prepared by the Office for National Statistics in the light of the 2001 census. This data has been adjusted by updating the model to use the 2005 mid year estimates, the latest available at the time of preparation, and the births and deaths data up to 2006. The figures in this report are based on the migration rate over the last 20 years of data but modified slightly for some districts to take account of capacity restraints in Exeter, for example, and the building of new communities at Cranbrook and Sherford. This projection is very similar to that used for the current Structure Plan for Devon. The usual 'health warning' applies to these projections. They are projections based on trends which may change and the further away the date the more the uncertainty increases. In addition, the smaller the area the more uncertain the projections particularly for individual or small age groupings. BME (Black & Minority Ethnic Communities) estimates are based on the 2001 Census.

Prevalence Ratios

A prevalence ratio is a measure of the difference between observed and expected prevalence (General Practice Quality of Outcomes Framework (QOF) measures) providing an estimate of unmet need. The reported QOF prevalence for CHD and Diabetes are consistently lower than the prevalence estimate derived from national models across all Devon areas. The ratio can suggest that in some areas of Devon, a substantial proportion of people with both Diabetes and CHD are not currently recorded as having the condition by their GP practices and thus not necessarily receiving all the appropriate preventative care.

15.0 Appendices

Appendix 1	Steering Group Terms of Reference
Appendix 2	Pharmacy Questionnaire
Appendix 3	Summary of Questionnaire responses
Appendix 4	Consultation Responses
Appendix 5	Community Pharmacy Contractual Framework
Appendix 6	Essential & Advanced Pharmacy Services
Appendix 7	Enhanced Services currently commissioned by NHS Devon
Appendix 8	Other service providers
Appendix 9	Current Service Provision
Appendix 10	Pharmacy Opening Hours

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