

NHS TAYSIDE

PHARMACEUTICAL CARE SERVICES
PLAN
2016-2019

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2016-2019

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NHS TAYSIDE - PHARMACEUTICAL CARE SERVICES PLAN (April 2016 Update)

EXECUTIVE SUMMARY

NHS Tayside covers an area of 7,527 square kilometres, providing health services to a population of approximately 413,800 people living throughout Angus (population = 116,660), Dundee (population = 148,260) and Perth and Kinross (population = 148,880), based on the 2014 mid-year population estimate.

Existing Pharmaceutical Services

NHS Tayside provides health services to a population of approximately 413,800 people living throughout Angus, Dundee and Perth and Kinross. The local demographic profiles show that there are pockets of social disadvantage across the three localities, with the largest share in Dundee City. The populations of Angus and Perth and Kinross have larger proportions of middle-aged and older people and sections of their communities distributed through rural areas.

This Pharmaceutical Care Services Plan compares pharmaceutical care service provided by community pharmacy to an assessment of what services the population needs, taking local issues into account. Consideration is then given as how any identified shortfall might be addressed, including recommendations.

It should be noted that pharmaceutical services in the community setting are also provided in the HSCPs through pharmacist employed by NHS Tayside; these services are outside the current scope of this plan

Existing Pharmaceutical Services

There are 92 contracted community pharmacies in Tayside. These are well distributed across the region and appear to meet the access needs of the vast majority of the population. There appears to be unmet pharmaceutical care needs in most of the health and social care localities across Tayside, relating to low levels of implementation of the current community pharmacy contract elements relating to quality and quantity of services provided. Locally agreed services have developed across the region according to the priorities of NHS Tayside and are described here.

Local Population Needs

The pharmaceutical needs of the population are considered under three appendices, describing in detail how the population profile of each locality is met by the pharmacy services established within it.

Conclusions

- The distribution of pharmacy premises is sufficient to deliver pharmaceutical care services as required by the current pharmaceutical regulations. However variance in the quality and level of services across localities needs addressed
- There are a good range of services providing access to pharmaceutical care across Tayside, for people with disabilities. Most pharmacies now have accessible, confidential rooms that are DDA compliant, from which to provide care.
- Further work on polypharmacy and medicines waste needs to be undertaken, to improve the health gain achieved from the medicines resource. The Realistic

Medicine agenda, is expected to make significant changes on how medicines are used

- Further work to improve the pharmaceutical care of people living in supported care at home is required.
- Prescription for Excellence requires that independent community pharmacist prescribers are available in each locality to meet the needs of patients and the priorities of NHS Tayside.
- Out-of-hours services are being redesigned and a more efficient service arrangement put in place. Community pharmacy will be able to make a bigger contribution to the needs of each locality. A prerequisite of this development is access to the Clinical Portal. An additional training course, "Managing Common Clinical Conditions", is being offered to increase the pace of change, alongside a range of local PGD's for common conditions.
- The new specification for opioid substitution therapy is being implemented to enable more holistic care of this cohort of patients
- Variance in outcomes of smoking cessation services from community pharmacy should be addressed to enable a more effective service that meets the needs of priority groups
- The provision of sexual health services from community pharmacies, including the supply of emergency hormonal contraception, should be further developed to address further needs of the population.

Acknowledgements:

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Karen Melville	Principal Pharmacist, Substance Misuse Services
Diane Robertson	Chair, Area Pharmaceutical Committee
Kathryn Wood	Principal Pharmacist, Older People's Services
Andrew Radley	Consultant in Public Health (Pharmacy) Lead Officer

Glossary:

Pharmaceutical Care Services (PCS) are defined either as:

Additional Core Services – These are required to be offered by all pharmacies that have arrangements with an NHS Board to provide PCS. The four additional core services are namely; the Minor Ailment Service (MAS); the Public Health Service (PHS); the Acute Medication Service (AMS); the Chronic Medication Service (CMS)

Locally negotiated services are locally negotiated arrangements that Boards enter into with pharmaceutical service providers to meet defined needs in local communities.

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NHS TAYSIDE

PHARMACEUTICAL CARE SERVICES PLAN

1.0 INTRODUCTION

The Smoking, Health and Social Care (Scotland) Act 2005 contains the provisions which provide the regulations and directions to cover the new community pharmacy contract. NHS Boards are required to prepare and publish a Plan; the Pharmaceutical Care Services Plan (PCA (P) (2007) 25). The PCS Plan is intended to fulfil two main functions, to:

- provide a comprehensive picture of the range, nature and quality of pharmaceutical care provided within the NHS Board area; and
- identify needs and gaps in the provision of pharmaceutical care within the NHS Board area.

From 1 April 2011, the NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011, require NHS Boards to publish their Pharmaceutical Care Services Plan on their websites, reflecting the current provision of services in the Board area. A duty is placed on Boards to have regard to this plan when determining the outcome of new applications to join the pharmaceutical list. Applicants are required to provide evidence that an application be granted in order to secure adequate provision of services.

This version of the NHS Tayside PCS Plan does not include pharmaceutical care services provided by the managed pharmacy services. It is envisaged that a future plan will include such information.

This plan describes the breadth of pharmaceutical care services available to the population of Tayside from the existing network of community pharmacies.

1.1 Aims of Pharmaceutical Care Services Planning

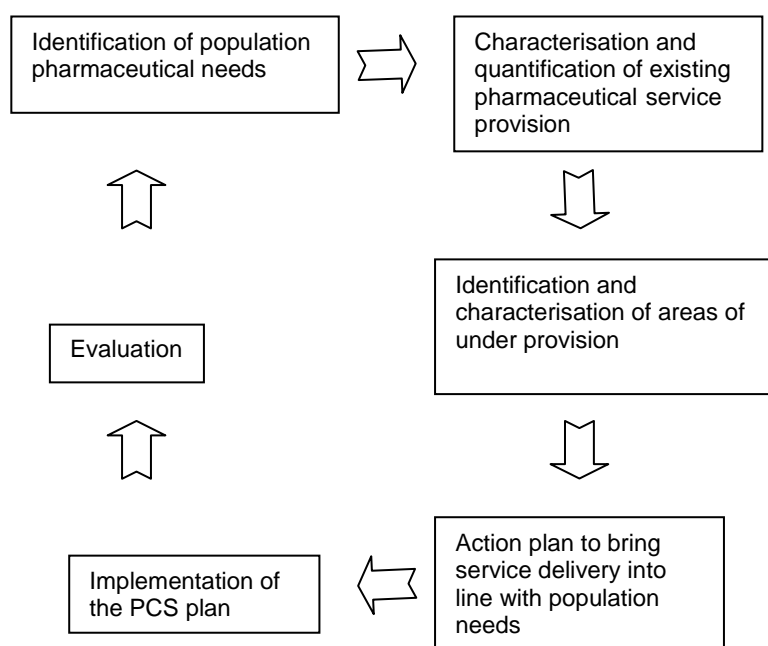
The aim of the Pharmaceutical Care Service planning process is to assess local needs for community pharmaceutical services and identify where there is a gap in current provision so that services can be directly matched to needs. This PCS planning cycle is summarised below in *Figure 1*.

1.2 Principles of Pharmaceutical Care Needs Assessment

Pharmaceutical care needs assessment should:-

- Be developed robustly in a transparent process and engage key stakeholders, including strategic IJB planning groups
- Describe services in terms of person, place and time
- Tackle historical inequalities in service provision and uptake
- Be responsive to new sources of information and data and to changing practice
- Support national developments and changes in service provision
- Be valid and reliable across the NHS Board area
- Follow a nationally agreed framework

Figure 1: The Pharmaceutical Care Services Planning Cycle



Adapted from Scottish Needs Assessment Programme (SNAP) – Needs assessment in primary care: a rough guide.

The core purpose of the PCS plan is the identification of unmet needs for pharmaceutical services. These needs should be considered in terms of person, place and time i.e. patient or social group; geographical community or location; time e.g. out of hours. These unmet needs will fall into two categories:

1. Additional pharmaceutical services
2. Locally negotiated services

A secondary function of the plan is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services.

2.0 COMMUNITY PHARMACY IN NHS TAYSIDE

Community pharmacists are the most accessible of all health care professionals and are positioned at the interface between NHS care and self-care. Patients access pharmacists regularly when they come in to collect prescriptions, and can use this readily available source of advice to support the way they manage their illnesses and improve their health. This role of community pharmacy is an important and increasing aspect for promoting self-care and is rapidly being augmented to include prescribing and assessment roles for a range of long-term conditions and self-limiting illnesses

Prescription for Excellence: A vision and Action Plan, describes the policy direction for pharmacy in Scotland reflecting the priorities contained in the Government's 2020 Vision Route Map and Quality Strategy Ambitions. The strategy requires pharmacists to deploy and develop their expertise in the therapeutic use of medicines and to deliver this contribution within the integration agenda for health and social care teams.

Pharmacy services provide pharmaceutical care for patients and this requires pharmacists to work to ensure that individuals derive the maximum benefit they can from the medicines they use to improve their quality of life. The vision for medicines use regards the patient as an equal partner in safe-guarding and maintaining their own health. Patients require to be given enough information to enable them to make informed decisions about their care and the absolute risk reduction that the use of medication brings. Pharmaceutical care is a key component of safe and effective healthcare and requires pharmacists to work in partnership with patients and health and social care professionals to obtain optimal outcomes with medicines. Services should be planned to enable all patients to receive high quality pharmaceutical care, especially those from vulnerable groups, with complex health needs, including multimorbidities and those in care homes.

Prescription for Excellence provides the vision that all pharmacists providing NHS pharmaceutical care will be independent prescribers working in collaborative partnerships with medical practitioners, who will continue to have overall responsibility for diagnosis. An essential role of the pharmacist working within the team will be to initially assess the patient for potential issues to help inform the choice of medication. In addition they will be responsible for the continual monitoring of the effects and side effects of the medicines and making adjustments to dose and therapeutic agent within agreed parameters.

The NHS continues to face increasing workplace pressures. The inclusion of the clinical pharmacists into the primary care team is intended to increase the clinical capacity and assist in addressing the increasing demands in primary care as our population ages and the complexity of their care increases. Critical to the effective coordination of the skills and contribution of the pharmacy resource is effective communication and leadership of the different elements of the pharmacy team. Addressing assessed needs for medicines and services should drive the provision of pharmaceutical care for communities and for the populations of people served by community pharmacy

Tayside has 92 community pharmacies that are located across three Community Health Partnership Areas; Angus, Dundee and Perth and Kinross. The population served by the pharmacies in Tayside is currently over 413,800, but is projected to increase by 14.1% in population to 469,606 in 2037 (*based on 2012 population projection figures*), The 2012 based projections predict that across Tayside's local authority areas, the population will increase in both Dundee City (+15.6% to 170,811) and Perth & Kinross (+24.2% to 183,468), while remaining fairly similar in Angus (-0.8% to 115,327).

Information on the current populations of Tayside demonstrates that each individual pharmacy can be estimated to be serving a population of around 4,400 people. This

compares to the neighbouring areas of Forth Valley (3,953 patients per Pharmacy), Fife (3,534 patients per pharmacy) and Grampian (4,225 patients per pharmacy).

Table 17: Community Pharmacies in NHS Tayside (August 2015)

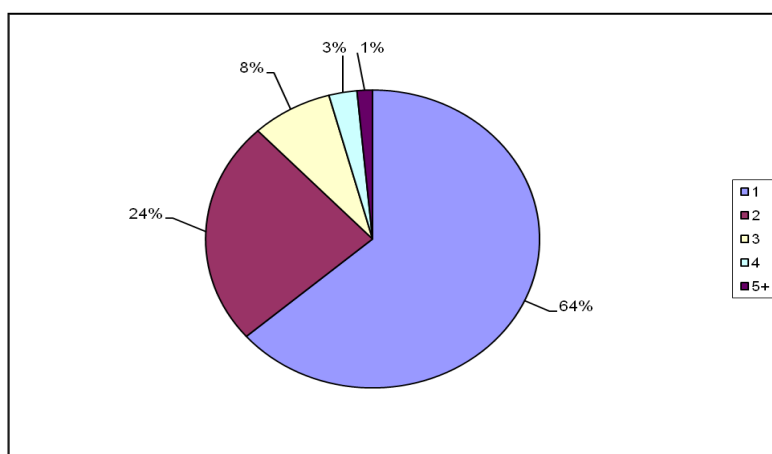
Location	Number of community Pharmacies	Population (Mid-Year Estimates 2014)	Population per community Pharmacy
NHS Tayside	92	413,800	4,498
Angus	23	116,660	5,072
Dundee	36	148,260	4,118
Perth and Kinross	33	148,880	4,512

There is no standard as to the number of people that should be served by a pharmacy but Table 14 shows that there are some differences in the average population served by each pharmacy between the three CHP areas, with Angus having the greatest number of patients per pharmacy and higher dispensary workloads (mean 7,676 items per month, with NHST average of 6,992). The number of items dispensed during 2014/15 grew by 3.59%, 2.59%, 3.18% for Angus, Dundee and Perth and Kinross respectively, compared to 2013/14.

Research published recently by the Universities of Aberdeen and East Anglia, investigating community pharmacy management of minor illnesses, demonstrated that these services were effective and cost-effective strategies for managing patients (MIN Study 2014). Consultations for minor illnesses continue to place a burden on high-cost service providers. Research published by these authors suggested equivalence of health-related outcomes for presentations of symptoms similar to those in high-cost settings. The lower costs associated with management of these patient in pharmacies, provides evidence of the requirement to shift the way care is provided.

Data from the Prescribing Information System (PIS), demonstrates that 64% of patients use one pharmacy exclusively, with a further 24% using two pharmacies in 2014/2015 (Figure 17). During these 12 months, 338,000 people utilised pharmacies in Tayside; 215,000 people used just one pharmacy. Approximately 82% of the population of Tayside had a prescription dispensed within this period.

Figure 10: Percentage of Patients Utilising One or More Pharmacies in Tayside



Source:PIS 2015

Needs of different populations vary according to differing disease burdens e.g. cardiovascular disease displays a social gradient with increasing levels of disease moving from social class I to V and of differing lifestyle behaviours. The same is true with ethnicity

where different ethnic groups display different levels of cardiovascular risk factors e.g. smoking and disease. In order to ensure that pharmaceutical care services are accessible, meet treatment goals and deliver health improvement, NHS Tayside should work to ensure that local planning reflects the diversity of needs within the local population. Maps included in Appendix 1 show the location of the pharmacies within each CHP. Pharmacies are located widely across Tayside within centres of population.

2.1 Opening Hours

The availability of a pharmacy in a locality is an enabling factor in the ability of the population to get access to effective healthcare. Pharmacies not only provide dispensing services for patients requiring prescribed medication, but also advice on minor ailments and self-care and provision of the different services available through patient group directions. The population of Tayside requires access to the four additional core pharmaceutical care service elements, as well as the range of locally negotiated services identified as necessary to meet local need. To date Scottish research confirms that peak hours for visits to community pharmacies are between 9 am - 12 noon (43%) and 2 - 5 pm (32%). However, increasingly for some services, including the supply of emergency hormonal contraception and emergency medicines supplies, most uptake occurs over the weekend period.

Pharmacies must provide opening hours of five and a half days per week. These must cover 9.00am to 5.30pm on 5 days of the week. They can be closed for 1 hour during the middle of the day and offer one day per week of a 9am to 1pm opening (NHS Tayside Primary Care Services: Hours of Service). There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances and need, to suit the requirements at individual locations (Table 16).

Several pharmacies have extended hours to 6pm and many offer a service all day on Saturday and on Sundays in Dundee and Perth and Kinross. The number of the pharmacies in each CHP that are open until 5.30pm*; open until 6.00pm*; open between 6pm and 8pm*; open on Saturday morning only; open all day Saturday; and open on Sunday are shown in the table below. (*on weekdays)

Table 18: Community pharmacy opening Hours in NHS Tayside (February 2010)

Locality	Number of Contracts	Weekday Hours			All Saturday	Sunday Number of Contracts
		To 5.30pm	5.30pm to 6pm	6pm to 8pm		
Angus Locality	24	14	10	0	22	2
Dundee Locality	34	21	11	2	27	3
Perth & Kinross Locality	34	21	11	2	24	4

There is one pharmacy closed on a Saturday, based within a Health Centre (Dundee). Under the new negotiated arrangement, pharmaceutical services are provided by pharmacies normally open on Saturdays and Sundays across each Locality. Arrangements for the Christmas and New Year periods are set out in Table 16.

Pharmacies are increasingly recognised as important partners in provision of Out-Of-Hours services, managing minor ailments and promoting self-care. Integration of the pharmacy effort into the multi-disciplinary Out-of-Hours service is an important step in the current redesign, as outlined in the Scottish Government's Review of Out of Hours Primary Care

Table 19: Community Pharmacy Rota Service in NHS Tayside (February 2010) operational in the Christmas and New Year holiday period

	Pharmacy open	Localities Covered
Group A	One pharmacy to be open (in Arbroath)	Arbroath, Carnoustie, Frioockheim, Letham.
Group B	Two pharmacies to be open (one in Forfar, the other in Montrose)	Brechin, Edzell, Forfar, Kirriemuir, Montrose
Group C	Four pharmacies to be open (within the central and city centre areas of Dundee)	Dundee, Invergowrie, Monifieth, Muirhead.
Group D	One pharmacy to be open (in Perth)	Bridge of Earn, Errol, Perth, Scone
Group E	One pharmacy to be open	Kinross, Milnathort
Group F	One pharmacy to be open (in Crieff)	Auchterarder, Comrie Crieff
Group G	One pharmacy to be open (in Pitlochry)	Aberfeldy, Dunkeld, Pitlochry, Stanley
Group H	One pharmacy to be open (in Blairgowrie)	Alyth, Blairgowrie, Coupar Angus

In Angus and Perth and Kinross, rota services are well distributed to cover rural populations.

2.2 Travel Time

Previous national research has indicated that 86% of the population are within 20 minutes travelling time of their pharmacy and 44% are within 10 minutes. This data also showed that 47% of respondents travelled by car and 42% walked. The majority (83%) started and ended their journey at home with only 8% travelling from their place of work. This data is broadly supported by a UK wide survey showed that 56% of respondents were a short walk away from a pharmacy with an additional 22% further than a short walk but less than one mile. The respondents in this survey reported a mean distance of travel of 0.8 miles to a pharmacy. When travelling to a community pharmacy 54% of respondents reported travelling by foot, 36% drive themselves, 3% drive others, 5% travel by bus and 1% by bike.

2.3 Access and Facilities of Community Pharmacy Premises in NHS Tayside

The General Pharmaceutical Council has published standards for registered pharmacies that are designed to strengthen the regulation of pharmacies and improve the quality of pharmacy practise. These move away from a prescriptive or rules-based approach and focus on what pharmacies are achieving for patients and people who use pharmacy services. Pharmacy owners and superintendents (when the pharmacy is company-owned) are accountable for how well the standards are being achieved. The standards recognise that owners and superintendents are responsible for creating and maintaining a physical and organisational environment in which pharmacy can be practised safely and effectively.

The standards are set out under five principles which describe arrangements for safe and effective pharmacy care.

Principle 1 – looks at identifying and managing risks in your pharmacy

Principle 2 – looks at staffing issues

Principle 3 – is about the pharmacy premises

Principle 4 – is about delivery of pharmacy services

Principle 5 – is about equipment and facilities.

2.4 Information Technology

Pharmacies require secure and confidential access to information about patients, medicines and NHS developments. Many pharmacies still cannot access the routine clinical datasets that clinicians rely upon to inform their decisions about patient care. A pilot project in NHS Tayside is currently trialling access to this information to a group of independent contractors. The intention of NHS Tayside is to roll this facility out to all community pharmacies that have the supporting IT infrastructure. The roll out will be dependent on the outcomes of the pilot which will be defined through a robust evaluation supported by Robert Gordon University.

2.5 Community Pharmacy Workforce

Community pharmacy services are delivered by a trained and knowledgeable workforce. Approximately two-thirds of all registered pharmacists are employed within community pharmacy. The pharmacist provides an expert source of knowledge about medicines to the public with a number of pharmacists possessing specialised areas of competence in the areas in which they work. Table 17 and 18 below shows the number of staff in Tayside and in the individual HSCPs according to the role titles.

Information obtained previously from the register of the Royal Pharmaceutical Society of Great Britain indicates that there are approximately 350 pharmacists with a registered address in Tayside. Work to increase opportunities for pharmacist prescribers is being undertaken through the Public Health Service and locally negotiated services.

Table 20: Numbers of Community Pharmacists Working Regularly in Pharmacies in NHS Tayside

	Angus	Dundee	Perth & Kinross	Tayside
Pharmacists	41	38	29	108
Independent Prescribers	2	2	4	8
Practising IP	1	1	2	4

Pharmacy technicians are now a regulated profession and as such are required to practise according to the GPhC codes and standards which sets the patient as the central focus. It is a requirement for pharmacy technicians to be responsible for identifying and addressing their own professional development needs through participation in continuing professional development (CPD). Individual pharmacy technicians are accountable for their own practice. Together, this provides an assurance of quality which will generate a confidence in the professional practice of the pharmacy technician workforce.

The availability of a skilled pharmacy technician workforce is critical to enable the process of allowing pharmacy practice to take on the changes required by the new pharmacy contract. NHS Tayside has the following numbers of registered technicians available as a part of its workforce.

Table 21: Numbers of Registered Pharmacy Technicians by locality

	Angus	Dundee	Perth & Kinross	Tayside
Registered Pharmacy Technicians	60	78	68	206

Pharmacy Technician: a professional person who is registered with the GPhC and is responsible and accountable for their acts and omissions. The role of a pharmacy

technician within community pharmacy is to order, maintain and supply medicines to patients, provide information to help people get the most from their medicines, dispense prescriptions and to supervise other pharmacy staff.

Accuracy Checking Pharmacy Technician: A pharmacy technician who has completed a recognised Accuracy Checking Pharmacy Technician (ACPT) training programme. ACPTs carry out the final accuracy check on dispensed prescriptions which have been clinically screened by a pharmacist.

Technician Training Support in NHS Tayside

The Lead Pharmacy Technician for Education, Training and Development manages the local delivery of relevant accredited education and training programmes and uses expert knowledge to advise NHS Tayside staff in hospital and community sectors on pharmacy staff development related issues. Training support is offered to individual trainees to provide practical advice, peer support and encouragement.

The Lead Pharmacy Technician has formed a training partnership with a recognised pharmacy training provider to deliver the ACPT course locally in Tayside. This training has been well received by small chain and independent pharmacies. To date 43 community pharmacy technicians in Tayside have completed the training and gone on to practice as ACPTs. Pharmacies from multiple groups also train ACPTs but use their own in-house training programmes.

Additional training is provided in response to service need, for example, smoking cessation training sessions and CPD training. An education and training steering group for pharmacy technicians and support staff provide direction for the training support provided within Tayside. In addition, the Lead Pharmacy Technician works in partnership with NHS Education for Scotland to provide evening learning sessions for pharmacy technicians and support staff on topics of interest.

By increasing the number of qualified pharmacy staff in Tayside, it is more likely that the service can meet the challenges of the community pharmacy contract.

2.6 Additional Core Pharmaceutical Care Services

All community pharmacies are required to provide the four additional core pharmaceutical care services:

- Minor Ailments Service
- Public Health Service
- Unscheduled Care
- Chronic Medication Service

2.6(a) Minor Ailment Service (MAS)

The Right Medicine made a commitment to introduce schemes to allow patients to use the pharmacy of their choice as the first port of call for the treatment of common illnesses on the NHS. Following the completion of a service in two pilot areas the service was rolled out nationwide in July 2006. The service aims to:-

- Improve access for patients
- Promote care through the community pharmacy setting
- Transfer care from GPs and nurses to pharmacists where it is appropriate
- Help address health inequalities

- Assist the primary care team to achieve their 48 hour access commitment

Patients who are registered with a Scottish GP and who are exempt from prescription charges (with the exception of people who are resident in a care home, temporary residents or those who have bought a prepayment certificate) must register with a community pharmacy to receive the service. A pharmacist can provide advice, treatment or a referral to another health care professional according to the patients' needs. The provision of the service is supported by the e-Pharmacy programme. All community pharmacies are required to possess the necessary software functionality.

Payment for the service is made on a capitation basis calculated on the number of registrations held within the Central Patient Registration System which is hosted by National Support Services. The calculation is carried out on the last day of each month.

2.6(b) Public Health Service (PHS)

The Right Medicine made a commitment to further develop the role of community pharmacy contractors and their staff in public health through:-

- providing a health promoting environment in their Community Pharmacies
- promoting healthy lifestyles
- offering opportunistic interventions in areas such as alcohol, self care, smoking cessation and emergency hormonal screening

The Public Health Service was initiated in July 2006, and further enhanced with the use of window frontage in July 2007.

During 2008/9 it was agreed that national service specifications would be adopted for smoking cessation, and a sexual health service for emergency hormonal contraception.

The Public Health Service aims to:-

- promote self care
- make use of windows/frontage and/or display space in pharmacies to promote health
- provide access to appropriate health education information, materials and support
- encourage a more pro-active approach to self care and health promotion
- offer opportunistic interventions to promote health
- provide a rolling programme of pharmacy based health promotion activities

The Public Health Service covers three core activities:-

- a health promoting philosophy
- health promoting activities
- a health promoting environment

Health protection, health improvement and promoting medicine safety should be an integral part of a pharmacist's holistic approach to pharmaceutical care services.

In the spirit of "Health Promoting Health Service" all interactions between community pharmacists and their support staff with patients and the general public allows for the giving of opportunistic advice on healthy living and the encouragement and support for patients to self care.

Health Promoting Activities

Community Pharmacy contractors are involved in two areas of Health Promotion activities. These support the NHS Health Promoting Campaigns and support patients by providing smoking cessation services and sexual health services.

Community pharmacy contractors have supported campaigns on topics such as Flu Vaccination, Meningitis and Physical Activity. The support is provided partly by the insertion of a poster in the community pharmacy window and the adoption by the pharmacy staff of opportunistic consistent health promotion messages about the topic.

Between NHS Health Promoting Campaigns generic display materials supporting new community pharmacy contract services such as the Minor Ailment Service are used.

Community Pharmacy contractors offer smoking cessation services and emergency hormonal contraception supply to support patients in improving their health.

Health Promoting Environment

Community pharmacy contractors provide an area inside their premises to support health improvement activities, including the display of health promotion campaign materials and access to appropriate health education information and support materials.

Community pharmacy contractors are encouraged to ensure that staff, patients and customers are aware of Smoke Free Scotland legislation and community pharmacy contractors comply with the requirements of the legislation banning smoking in public places.

2.6(b)(i) Smoking Cessation

The Scottish Government's tobacco control strategy, *Creating a Tobacco-Free Generation*, sets out a vision of a society where almost no one smokes. Community pharmacies in Tayside play a key role in achieving this policy objective through provision of smoking cessation services. The new service specification for pharmacies enables them to prescribe varenicline for their patients using a PGD and to report their activity through an on-line tool.

2.6(b)(ii) Sexual Health Services

The Scottish Government commissioned a national Sexual Health Service as part of the Community Pharmacy contract through PCA(P)(2008)17 which has allowed all pharmacies in Tayside to supply Emergency Hormonal Contraception (EHC). Pharmacies are the main supplier of EHC in Tayside, with pharmacies offering seven day services and those located in city centres, being most heavily accessed by young women. Work to develop a bridging contraception service is currently on-going

The Sexual Health and Blood Borne Virus Framework, aims to improve the sexual health and blood borne virus outcomes achieved and to support those in our communities who are most vulnerable, A priority is to ensure that high quality treatment, care and support is accessible for all whenever, and wherever, they require it. Community pharmacy has a role to play in achieving the objectives of this strategy, through treatment, referral and sign-posting, but also through provision of an increased range of services within the pharmacy.

2.6 (c) Unscheduled Cares

Unscheduled care can be described as:-

“NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day.”

In the past the largest group of patients requiring unscheduled care tended to use one of the following routes:

- an urgent appointment with their GP
- advice from NHS 24
- referral to the Out of Hours service via NHS 24

Service developments, implemented within community pharmacy, have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays such service developments implemented by community pharmacy contractors include:-

- The National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances
- Community pharmacy Direct Referral to local Out of Hours services
- The NHS Minor Ailment service

National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances

The PGD for urgent provision of repeat medicines and appliances has been developed by NHS 24 on behalf of NHS Scotland, and implemented by NHS Boards. The PGD enables community pharmacy contractors to provide patients with up to one prescribing cycle of their repeat medicines and appliances when the patient’s prescriber is unavailable, the surgery is closed or an out-of-hours system is in operation.

Patient Group Directions (PGD) are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for prescribing treatment. By using the national PGD for the urgent supply of repeat medicines and appliances pharmacists can provide a supply of the patient’s medicine for up to the equivalent of the quantity of medicine normally prescribed for the patient.

2.6(d) Chronic Medication Service (CMS)

The Chronic Medication Service (“CMS”) provides personalised pharmaceutical care by a pharmacist to patients with long term conditions. It is underpinned by a systematic approach to pharmaceutical care in order to improve a patient’s understanding of their medicines and to work with the patient to maximise the clinical outcomes from the therapy.

The Chronic Medication Service (CMS) merges two previous policy initiatives: serial dispensing and Pharmaceutical Care Model Schemes (PCMS) and helps to deliver the Government’s vision for ‘Better Health Better Care’.

The chronic medication service aims to encourage joint working between GPs and community pharmacists to improve patient care by:-

- Identifying and prioritising risk from medicines

- Minimising adverse drug reactions
- Address existing and prevent potential problems with medicines
- Provide structured follow-up and interventions where necessary

The chronic medication service is underpinned by a framework for pharmaceutical care planning based on the Clinical Resource and Audit Group (CRAG) Framework document *Clinical Pharmacy Practice in Primary Care*.

The framework is described in more detail in *Establishing Effective Therapeutic Partnerships*, the CMS advisory group report produced under the chairmanship of Professor Lewis Ritchie.

2.7 Locally Negotiated Pharmaceutical Care Services

Locally negotiated pharmaceutical care services have been developed by NHS Tayside to meet specific needs within the population. These services are currently operated through locally negotiated contracts and not provided by all pharmacies. Under the legislation contained in the Smoking Health and Social Care Act (Scotland) 2005, it is the duty of NHS Boards to secure the pharmaceutical care services necessary to meet these needs. The pharmaceutical care services plan defines the specific needs of different sections of the population for locally negotiated pharmaceutical care services.

2.7 (a) Advice to Care Homes

A Locally Enhanced Scheme (LES) is commissioned by Tayside Health Board to provide and improve the quality of pharmaceutical care for patients living within the care home setting. The LES has a particular focus on care home beds with nursing care and an emphasis on systems and processes for ordering and storage of medicines, medication compliance record keeping, administration and disposal of medicines and appliances, direct patient care with respect to the clinical and cost effective use of medicines.

The SLA is designed to augment the previous dispensing and/or delivery service that community pharmacies provided. The SLA aims to ensure a uniform approach to the services provided to care homes from community pharmacies and so improve the profile of variance, cost and harm attributed to the use of medicines in this sector. A further aim of the LES is to improve communications between general practice and community pharmacists in regard to the patients within the care homes.

Community Pharmacy Prescribing Clinics

A community pharmacist Independent Prescribing clinic for medicines for dementia is being set up in an area with a high proportion of older people, in order to provide prescription and monitoring of these medicines within the community. The national pilot of the Teach and Treat model of education will be set up to facilitate retraining of some existing IPs. These will then deliver IP clinics in communities

2.7(b) Pharmaceutical Care of Service Users Requiring Opioid Replacement Therapy.

In common with other countries in the developed world, Scotland faces a significant challenge from rising levels of substance misuse. The Road to Recovery is the Scottish Policy document on substance misuse treatment and accessibility. This document lays out the guidance on recovery-focussed services and treatment modalities. The emphasis in this document is on recovery-focussed treatment plans and the opportunity for people who use drugs to seek treatment in their own environments.

The Scottish Government Policy documents *Getting It Right for Every Child* and *Getting Our Priorities Right* outline the effect of parental substance misuse on children and families. These documents set out the guidance on early intervention to families affected by substance misuse to ensure the best possible outcomes for children through maintaining the family unit where possible. Commitment 13 within the Mental Health Act set out a pathway for substance misuse services and mental health services to work together to provide a holistic service for individuals with co-morbidity.

Prescription for Excellence places pharmacists as a central resource for optimising the use of medicines and supporting patients to achieve the best possible outcomes from their treatments. Quality of care in community pharmacy has been characterised as consisting of accessibility, effectiveness and positive perceptions of the experience of care (Halsall 2012). The provision of a high quality pharmaceutical care service, which meets the aspirations of Prescription for Excellence, requires that the way that ORT is delivered is reviewed.

Opiate Replacement Therapy (ORT)

ORT through community pharmacies is a public health service delivering important and beneficial health outcomes (Kidd 2013). Service user and professional perspectives are an important factor in enhancing value and utilisation (Saramunee 2014). ORT patients have higher rates of chronic disease and multi-morbidity than others from similar communities (O'Toole 2014) and problems with access to local resources and facilities has been cited as a reason why the health of the poorest is damaged and health inequalities increased (McIntyre 2008).

In Tayside all community pharmacies are willing to provide the dispensing and supervision of opiate replacement therapies. Negotiations with the contractors committee locally has seen an agreement around moving towards a contract which will have more emphasis on pharmaceutical care.

The Specialist Pharmacists in Substance Misuse, and the Directors of Pharmacy will continue to work nationally to agree a standard specification.

2.7(c) Tayside Community Pharmacy Palliative Care Network

This initiative was developed in response to concerns expressed in accessing palliative care medicines for patients being cared for at home. Twenty six community pharmacies throughout Tayside form the Tayside Community Pharmacy Palliative Care Network (Table 1). The pharmacies in the scheme stock an agreed range of palliative care medicines.

Patients or their carers continue to use their usual community pharmacy to obtain prescriptions. The community pharmacies participating in the scheme are only accessed

when the patient's usual community pharmacy cannot supply the palliative care medicine(s) within the time-scale required.

The aims of the scheme are to:-

- Allow timely access to palliative care medicines for patients being cared for at home.
- Provide information regarding palliative care medicines to patients, carers and healthcare professionals.

Table 22: Localities with Community Pharmacies Holding Palliative Care Medicines Stock List

Locality	
Angus	Arbroath (2 pharmacies)
	Brechin
	Carnoustie
	Forfar
	Kirriemuir
	Monifieth
	Montrose (2 pharmacies)
Dundee	Broughty Ferry
	Dundee (4 pharmacies)
Perth & Kinross	Aberfeldy
	Auchterarder
	Blairgowrie
	Crieff
	Kinross
	Milnathort
	Perth (4 pharmacies)
	Pitlochry
	Scone

During 2014/15:

- Network members recorded involvement in 1024 episodes of care.
- Sixty five community pharmacy staff attended one of three palliative care update days. 100% rated the event as meeting their learning needs and 96% would recommend the sessions to others.
- For the first time, two of the above learning events were developed specifically for and attended by pharmacy technicians and support staff.

The Network work plan for 2015/16 will seek to:

- maximise community pharmacy's contribution to delivering Healthcare Improvement Scotland's. *Palliative and end of life care indicators*, and
- embed the Network's work within NHS Tayside's response to The Scottish Government's. *Prescription for Excellence*.

2.7(d) Immunisation

In 2006, it was recognised that community pharmacies could be utilised to improve occupational influenza immunisation rates. A programme of training and service implementation was undertaken and now immunisation is provided from 59 of Tayside's ninety two pharmacies. Community pharmacies have been involved in several immunisation campaigns, including for influenza immunisation for NHS staff, local authority care workers, poultry workers and recently human papilloma virus immunisation for young women.

2.7(e) Alcohol Brief Intervention

Tackling alcohol misuse is a priority for the Scottish Government. A part of the policy document, "*Changing Scotland's Relationship with Alcohol: A Framework for Action*", health boards were asked to develop services that deliver screening and brief intervention. Community pharmacy was identified as a route through which alcohol brief interventions could be delivered to the population and especially to disadvantaged communities. Pharmacies within Tayside currently contribute around 120 ABIs per month for this service.

3.0 Relating Population Needs to the Provision of Pharmaceutical Care Services

The Pharmaceutical Care Services Plan for NHS Tayside, aims to ensure that community pharmacy services are fit to meet our population's changing needs. Our services must have the capacity and capability to deliver modern, evidence-based and sustainable model of healthcare to enable them to respond positively to the *2020 Vision*

There has been a sustained, coherent drive underpinning health policy in Scotland in the last decade in favour of prevention, more integrated public services, a more prominent role for patients in their own care and a shift in the balance of care from secondary care to the community.

Achieving Sustainable Quality in Scotland's Healthcare: a 2020 Vision sets out the Scottish Government's ambition that everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- we have integrated health and social care;
- there is a focus on prevention, anticipatory care and supported self-management;
- where hospital treatment is required, and cannot be provided in a community setting, daycase and short stay will be the norm;
- whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions; and
- there will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

The next 20 years will see significant demographic, cultural and technological change. If we are to meet mounting pressures of demand, the expectations of our patients and keep pace with advances in clinical care to realise the vision of modern healthcare for the 21st century, there is no option but to change the way we deliver services. NHS resources and services need to be reshaped to reflect a different pattern of service, with the balance of investment shifting from acute care to primary and community care. Community pharmacy is an integral part of the delivery of this change. Our community pharmacies are based close to each of our communities and are preferentially accessed by disadvantaged populations and vulnerable groups

Achieving the 2020 vision requires a radical departure from the current model of care. In particular, we need to prioritise preventative interventions and enhanced community provision, coupled with more integrated approaches to delivery of healthcare, based on

joined up care pathways and where professionals work across settings as part of integrated multidisciplinary teams. Community pharmacy should be the first contact point for people with self-limiting conditions, minor ailments and medication related problems. Developing the capability and capacity of community pharmacy to deliver this role is a major objective for the pharmacy service in Tayside

There has been considerable progress made in recent years to integrate health and social care, however, we still have a model of healthcare that is largely centred on hospital care and where there is still too great a separation between primary and secondary care.

Prescription for Excellence sets out the direction of travel for pharmacy, and describes how all community pharmacists should work within integrated primary care team, as independent prescribers to support the use of long-term medication by people through provision of advice, prescribing and review.

The NHS Board strategy *Communities in Control* and more recently the views of patients and the public on development of our *Vision and Values* has informed what we understand matters to patients and local people about their health services and what they need and want from future healthcare. Pharmacy services will be designed and delivered according to the assessed needs of the people who use our services. Services will be implemented to meet these needs and the performance of services will be assessed from this perspective.

Enhancing patient experience, using the evidence of best practice, is the principle driver and will contribute to better patient experience, better tailored to individual needs as well as improved outcomes and a reduction in health inequalities experienced by some of the most vulnerable and marginalised individuals in our community. The delivery of this change in emphasis for pharmacy services will be driven by research evidence and guidance produced locally and nationally. The implementation of changes to the configuration of pharmaceutical care in Tayside will be guided by assessment of the different needs in each of the localities, and through consultation with stakeholders and partners across health and social care.

Changes to pharmacy services should result in patients having greater control and influence over their care within a system that is easier for individuals to navigate for both patients and professionals. The health literacy needs of people who use our services is of principal concern. Future planning of services therefore must take cognisance of local needs.

Improving the health outcomes of local people and enhancing the experience that patients have of our services requires that they are at the centre of decision making and enables so that they can take better care of their own and their family's health. The NHS provides support advice and intervention for people with health issues, however, the responsibility for maintaining the best health possible lies with the individual and their family. The choices they make about how they live their life has enormous implications for their own quality of life and for the health that they will enjoy. The responsibility to design services that meet the individual needs of people is matched by the responsibility of the individual to live the healthiest life they can.

Medicines can play a vital role in maintaining health. Using medicines thoughtfully and to enable the best possible health is a shared responsibility between the patient and health care professionals. Many older people are burdened by the prescription of too many medicines. Providing information on the absolute risk reduction provided by medication, about the benefits of taking medication as prescribed and about the likelihood of experiencing side-effects is a key responsibility of the pharmacy service. Reducing the burden of polypharmacy contributes to a demonstrable shift towards a preventative and anticipatory model of care. The Chief Medical Officer described "Realistic Medicine" in her Annual Report in 2016, and this describes the overuse of medication as a major challenge for the NHS in Scotland.

Moving away from a culture dominated by prescribing to one in which individuals and communities look holistically at how they can improve their health and well-being requires fundamental change in the way services are constructed. Achieving this will require clinicians in both primary and secondary care to provide the effective leadership required to support behaviour change and deliver care across settings as part of integrated multi-disciplinary and multi-agency, community based teams.

The use of medication for people in supported environments also needs review. Current systems are focussed on the delivery of medication as prescribed. A more engaging approach is required in which the people receiving the medication understand the reason why each of their medications is prescribed and can make choices about what they take.

Integration of adult health and social care is a key part of the Scottish Government's commitment to public service reform. The development of Integration Joint Boards (IJBs) will ensure that *"health and social care provision is joined-up and seamless, especially for people with long term conditions and disabilities, many of whom are older people.* Community pharmacy services will be a regular item of business for these boards, given the key responsibility of community pharmacy services to deliver preventative and anticipatory services, support self-care, manage patients with self-limiting illness and minor ailments and provide care and support for patients with long-term conditions.

Prescription for Excellence published in September 2013, describes the strategic direction for pharmacy services for the next 10 years. It affirms the requirement for NHS pharmaceutical care to adapt new, innovative models, signalling an enhanced professional independence of pharmacists working in collaboration with other health and social professionals and the third sector to prevent ill health and to deliver the best possible health outcomes for patients from their medicines.

Key trends

The top 10 causes of death account for 44% of all deaths in Scotland. In Tayside cancer, circulatory disease and respiratory disease accounted for 70% of premature mortality (those dying under the age of 75) in Tayside in 2013. Deaths due to substance misuse accounted for 2% of the total. Prevalence and mortality rates of some conditions may be reduced by preventative measures such as not smoking, being a healthy weight; being physically active; drinking within the recommended limits and eating a healthy diet.

Smoking rates have reduced in recent years. However, almost a quarter of adults (23.4%) in Tayside are smokers. The health harm is considerable: 1,352 deaths in Tayside were estimated to be attributable to smoking in 2012 and 2013. Community pharmacy are responsible for delivering the services to stop Tayside smoking.

The prevalence of obesity across the UK has more than doubled in the last 25 years and it is estimated that by 2050, 60% of men, 50% of women and 25% of children will be obese. In Tayside, more than 66% of adults are currently overweight or obese and 22.5% of Primary 1 school children are assessed as at risk of overweight or obesity. Being obese or overweight increases the risk of developing a range of serious diseases including type 2 diabetes, hypertension, heart disease and some cancers; as well as contributing to premature death. The implementation of care bundles through community pharmacy for specific diseases will start to provide assurance that the medicines provided to treat these conditions are being used optimally and that the outcomes achieved by patients are the best they can be.

Excessive long-term alcohol consumption can cause serious damage to the liver and brain. Tayside has a high rate of alcohol related deaths (21.5 per 100,000 population in 2012) and local authority comparisons showed that Dundee has amongst the highest rates in Scotland. There is a clear deprivation gradient - people in the more deprived areas are 4.7 times more

likely to be admitted to hospital with an alcohol-related condition and alcohol related mortality is four times higher. A growing number of community pharmacies are now providing screening and brief intervention for alcohol use. The alcohol brief interventions provided by pharmacies are targeted at communities experiencing socio-economic deprivation.

Illicit drug misuse causes significant social, physical and psychological harm, including transmission of blood borne viruses, specifically hepatitis C, injecting related injuries, and contributes to increased demands on health services. Prevalence of problem drug use in Tayside is higher than the national average. People in the most deprived areas are over 19 times more likely to be admitted with a drug-related condition to hospital. Dundee City has the highest rate of drug related deaths in Scotland. A new opioid replacement service specification has been implemented across Tayside in 2015. This new community pharmacy specification aims to provide more holistic care and to be focussed on supporting recovery.

High or low levels of literacy affect an individual's capacity to look after their own health as well as the way they access services. There is evidence to show that people with low health literacy have a higher risk of hospital admission and higher use of emergency department services. People with a low level of literacy also have difficulties in using their medicines appropriately and may experience poorer outcomes.

Although rates have decreased in recent years, age standardised rates of psychiatric hospitalisation have been consistently higher in Tayside than the national average. Prescribing for anxiety/depression/psychosis has increased in the last 5 years from 14.7% to 17.1% of the population and is higher than the national average. 96% of all mental health presentations in Tayside are now managed in General Practice. Ageing is associated with increased burden of long-term conditions and chronic disease. A snapshot from the Scottish Patients at Risk of Readmission and Admission (SPARRA) database in January 2014 showed that there were 5,262 Tayside individuals (or 6.2% of the population) aged 65 years or over found to have a 40% risk of being admitted to hospital as an emergency within a year. Dependency ratios are expected to increase from 0.54 to 0.70 over the next 25 years resulting in an increasing burden on the working age population and likely increase on demand for health services.

In 2013, the main causes of death in Tayside's older population were malignant neoplasms, accounting for 27.0% of deaths to those aged 65+ years, CHD (13.1%), dementia & Alzheimer's disease (12.2%) and cerebrovascular disease (9.5%) were the next most common causes of death in the older population.

In recent years, there have been some significant improvements in the health of people living in Tayside. Survival rates for many cancers have improved significantly and rates of premature mortality have fallen for cancer, coronary heart disease (CHD), cerebrovascular disease (CVD) and respiratory disease. Nevertheless, there remain significant health challenges relating to an ageing and more obese population as well as in addressing the marked inequalities that still blight many of our communities and contribute higher levels of ill health and early avoidable death.

The driver diagram below is included to demonstrate how the priorities and development of pharmacy services is closely aligned to national strategy and local direction. The driver diagram sets out the scope of the challenge to be met and will be use to assess how effective leadership has been in delivering this agenda. It is important that the drivers and developments described in this document are owned by all members of the pharmaceutical service and that this contribution is welcomed by partners, colleagues and stakeholders in the wider health and social care system.

Our Ambitions through to 2020

Aim	Primary Drivers	Secondary Drivers
<p>Develop the skill mix models for the pharmacy team (Pharmacists, Pharmacy Technicians and Pharmacy Support Workers) to release clinical capacity ensuring all patients, regardless of their age and setting of care, receive high quality pharmaceutical care from clinical pharmacist independent prescribers.</p> <p>The Pharmacy Service will be delivered through collaborative partnerships with the patient, carer, GP and the other relevant health, social care, third and independent sector professionals so that every patient gets the best possible outcomes from their medicines, and avoiding waste and harm.</p>	<p>Prevention, maintaining existing health through anticipation, co-production & self-management</p>	<ul style="list-style-type: none"> Establish and evaluate a range of pharmaceutical care services that provide specified standards of care for patients: respiratory health; cardiovascular health; alcohol and substance misuse; mental health; chronic pain; sexual health; children and vulnerable adults Prioritise early intervention through supporting the ECS roll out across Tayside Robust population health data, health intelligence and health economics drive service planning Implement and publish a new model for pharmaceutical care planning that enables identification of gaps in pharmaceutical services in Tayside as required by PCA(P)(7)(2011) based on evaluation and research Establish and evaluate methods of caseloads that support effective prescribing review and long-term conditions management in each of the Tayside localities
	<p>Joined up pathways between primary and secondary care & between clinical services</p>	<ul style="list-style-type: none"> Integrated, evidence based care pathways are in place Integrated multi-disciplinary teams work across settings and in community 'hubs' to co-ordinate, provide early intervention, step up and step down care Effective integrated information technology and eHealth linkages Identify clinical leadership within each of the Health and Social Care Localities to increase the capacity and capability of the pharmacy service. Engaging the entire pharmacy workforce in delivering for the communities that they serve.
	<p>Enhanced community provision</p>	<ul style="list-style-type: none"> Establish and evaluate a range of pharmaceutical care services that provide specified standards of care for patients: respiratory health; cardiovascular health; alcohol and substance misuse; mental health; chronic pain; sexual health; children and vulnerable adults Construct, pilot and evaluate models to assure the quality of pharmaceutical care for patients receiving a range of high-tech medication and 'homecare' medicines through their community pharmacies Establish and evaluate methods of caseloads that support effective prescribing review and long-term conditions management in each of the Tayside localities Plan for introduction e-Health systems to be available to community pharmacists operating within locality pharmacy teams
	<p>Hospital admissions are prevented or short as possible & people enabled to go home as soon as it is appropriate</p>	<ul style="list-style-type: none"> Develop agreed criteria for referral and admission for inpatient care Enhanced focus on ambulatory care and treatment Provide the evidence base for delivering robust 7 day services and demonstrate how this model supports patient flow, improves patient care and reduces patient risk. Outcomes should include prevention of admission, reduce length of stay and increase sustainability of discharge Proactive discharge management at the point of referral or admission of priority code 1 patients to the locality based teams Implement and evaluate eMedicines Management in secondary care to enable a more efficient and responsive provision of medicines to individual patients Explore, define and agree the role of the Pharmacy Technician at ward level to undertake more advanced clinical activities
	<p>Safe, effective and high quality care</p>	<ul style="list-style-type: none"> Develop and implement a governance framework for routine use of patient identifiable data and risk assessments to enable effective targeting and delivery of care Establish capacity plans for clinical pharmacy services, including locality teams, based on assessed needs, that ensure that effective pharmaceutical care can be delivered to each patient, by independent pharmacist prescribers Establish capacity plans for medicines supply chain services that ensure ability to deliver all required activities safely Improved Information Provision to Prescribers Evidence/best practice drives practice and planning decisions Strengthen the governance framework for the provision of medicines from Homecare companies Lead the delivery of system-wide medicines management strategies to improve the quality and cost-efficiency of prescribing practice. Reduce the amount of medicines wasted through a programme of activities and initiatives to improve systems and behaviours Work with front line staff to optimise medicines supply chain systems using lean methodology and risk management approaches to further improve quality, efficiency and effectiveness Implement and evaluate eWard Stock Management in secondary care to make best use of information technology in streamlining processes Implement electronic systems for ordering, preparing worksheets and labels for all aseptic products to improve patient safety Improved governance for the prescribing, procurement, storage and supply of unlicensed medicines
	<p>Enabling infrastructure, workforce and organisational culture</p>	<ul style="list-style-type: none"> Establish the required core standards of competency required for Pharmacists and Pharmacy Technicians working at general and advanced level and the method of assessment or confirmation of practice. Develop a clear career pathway to enable staff development and succession planning, supported by appropriate education, training and development opportunities Establish foundation practice development programmes for all Pharmacists across NHS Tayside (including Community Pharmacy) utilising the emerging frameworks which enable development and demonstration for core generalist practice. Strengthened (clinical and distributed leadership) or leadership and management skills Foster professionalism and promote NHS Tayside values and behaviours Patient and public engagement on the positive role of Pharmaceutical Care Organisational development plan supports culture change (iMatter) Financial and workforce plans in place to deliver future care model Explore development opportunities for pharmacy support workers and procurement staff

4.0 Summary

NHS Tayside provides health services to a population of approximately 413,800 people living throughout Angus, Dundee and Perth and Kinross. The local demographic profiles show that there are pockets of social disadvantage across the three localities, with the largest share in Dundee City. The populations of Angus and Perth and Kinross have larger proportions of middle-aged and older people and sections of their communities distributed through rural areas.

This Pharmaceutical Care Services Plan compares current pharmaceutical care service provision to an assessment of what services the population needs, taking local issues into account. Consideration is then given as how any identified shortfall might be addressed, including recommendations.

Existing Pharmaceutical Services

There are 92 contracted community pharmacies in Tayside. These are well distributed across the region and appear to meet the access needs of the vast majority of the population. There appears to be unmet healthcare needs in most of the health and social care localities across Tayside, relating to incomplete implementation of the current community pharmacy contract elements as described. Locally agreed services have developed across the region according to the priorities of NHS Tayside and are described here.

Local Population Needs

The pharmaceutical needs of the population are considered under three appendices, describing in detail how the population profile of each locality is met by the pharmacy services established within it.

Conclusions

- The distribution of pharmacy premises is sufficient to deliver pharmaceutical care services as required by the current pharmaceutical regulations. However variance in the quality and level of services across localities needs addressed
- There are a good range of services providing access to pharmaceutical care across Tayside, for people with disabilities. Most pharmacies now have accessible, confidential rooms that are DDA compliant, from which to provide care.
- Further work on polypharmacy and medicines waste needs to be undertaken, to improve the health gain achieved from the medicines resource. The Realistic Medicine agenda, is expected to make significant changes on how medicines are used
- Further work to improve the pharmaceutical care of people living in supported accommodation is required.
- Prescription for Excellence requires that independent community pharmacist prescribers are available in each locality to meet the needs of patients and the priorities of NHS Tayside.
- Out-of-hours services are being redesigned and a more efficient service arrangement put in place. Community pharmacy will be able to make a bigger contribution to the needs of each locality. A prerequisite of this development is access to the Clinical Portal. An additional training course, "Managing Common

Clinical Conditions”, is being offered to increase the pace of change, alongside a range of local PGD’s for common conditions.

- The new specification for opioid substitution therapy is being implemented to enable more holistic care of this cohort of patients
- Variance in outcomes of smoking cessation services from community pharmacy should be addressed to enable a more effective service that meets the needs of priority groups
- The provision of sexual health services from community pharmacies, including the supply of emergency hormonal contraception, should be further developed to address further needs of the population.

Forward to Appendices

In the appendices to this document data about the pharmaceutical care services provided to each of the 3 Tayside local authority areas is summarised.

Appendix 1 – Angus

Appendix 2 – Dundee

Appendix 3 – Perth and Kinross

Within these 3 areas, data has been grouped into the individual localities that are used to plan the implementation of Health and Social Care Integration.

Angus	Dundee	Perth and Kinross
North East	Strathmartine	North Perthshire
North West	Lochee	Perth City
South East	West End	South Perthshire
South West	Coldside	
	Maryfield	
	North East	
	East End	
	The Ferry	

Within each of the identified localities, a profile of the local population and pharmacy services provided to them is set out. A map showing the locations and coverage of the population by the pharmacies is shown. A summary of the services is provided.

Person Centred

This section includes the population regularly using a pharmacy; the dispensing volume; the identity of the general practice providing the greatest number of prescriptions; the main age groups of population using the pharmacies and the number of care home residents. A Pharmaceutical Needs Weighting Score is also included. This index measure provides a marker for the proportion of older people and the proportion of the population experiencing social deprivation (SIMD). Scores for this measure are between 1 and 2, with a score nearer to 2 indicating a larger proportion of older people and / or greater amounts of social deprivation.

Table 2 within the profiles shows some details of the number of people receiving medicines from a selection of BNF chapters. Data within the Prescribing Information System for Scotland (PIS), enabled information about any prescribed medicine to be related to a number of different comparators.

The Minor Ailments Service enable groups including children, families and older people to consult with a pharmacist and obtain medicines at no charge, to support them in self-care.

Safe

Data in this section looks at the number of people receiving selected medication with a narrow therapeutic index, important side-effects or a monitoring requirement. These medicines require closer monitoring and are the focus of an element of the national pharmacy contract.

This section also contains data on the amount of polypharmacy within a locality. Polypharmacy is where a patient receives a large number of medicines. People who receive a large number of medicines may not be aware of what the medicines are intended to help or how to take the medicines correctly. People receiving a large number of medicines may also be more likely to suffer adverse effects from the medicines and the combination of medicines.

Effective

This section lists the activity of the pharmacies in carrying out a number a national contract elements and locally enhanced services. Activity in this section demonstrates the contribution of the pharmacies in addressing pharmaceutical care needs within their local communities

Chronic Medication Service (CMS) – A monitoring and advice service for people with long term conditions that is part of the National Pharmacy Contract

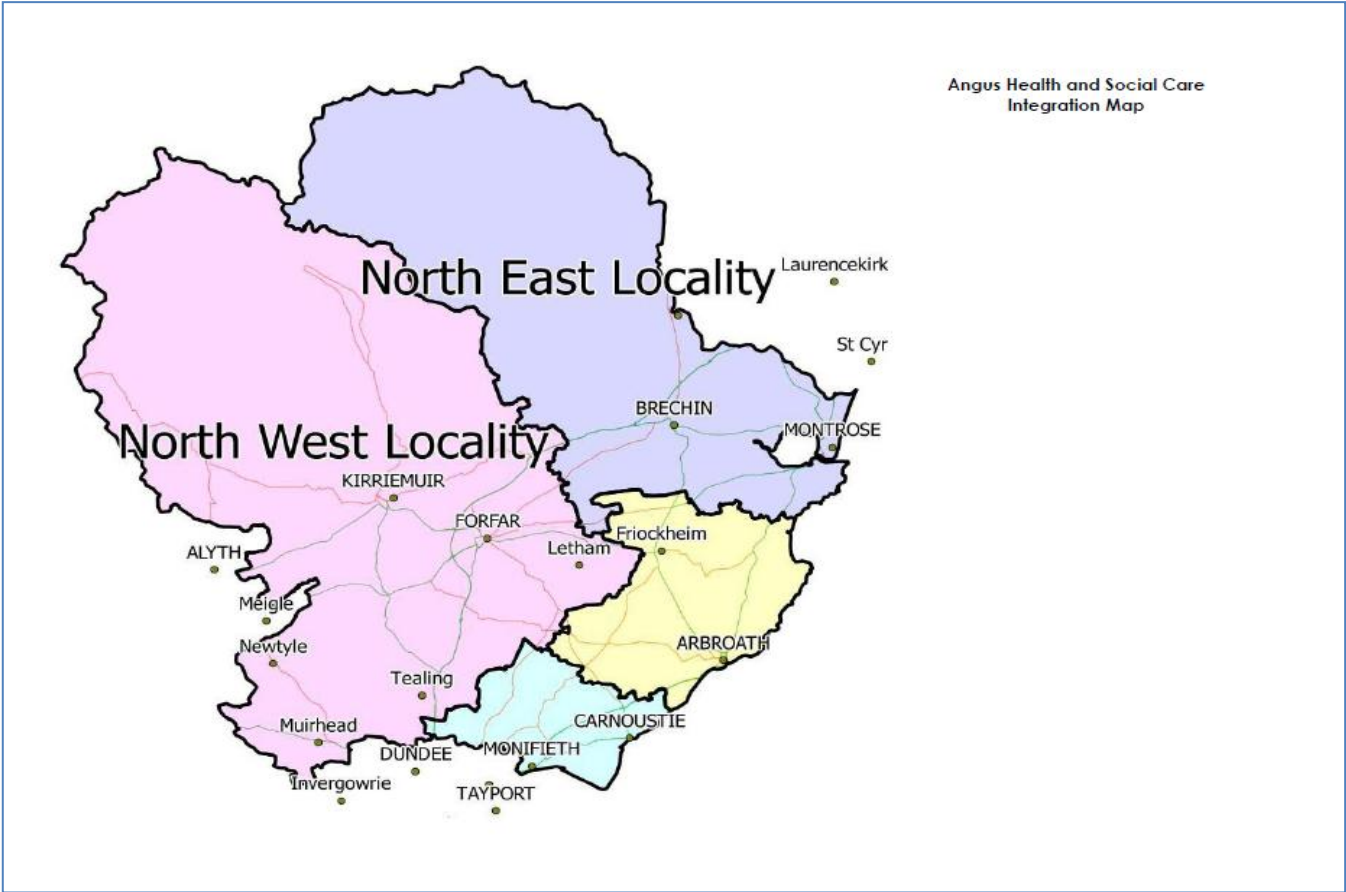
New Medicines Intervention Service Tools (NMIST) – A structured intervention tool to help people prescribed new medication get the best outcomes from it. NMIST that is part of the National Pharmacy Contract

Public Health Service (PHS) – This part of the National Pharmacy contract and consists of provision of smoking cessation support and supply of emergency hormonal contraception. Data on smoking cessation support will be updated soon. This will provide a more informed picture of activity following the change in the smoking cessation specification.

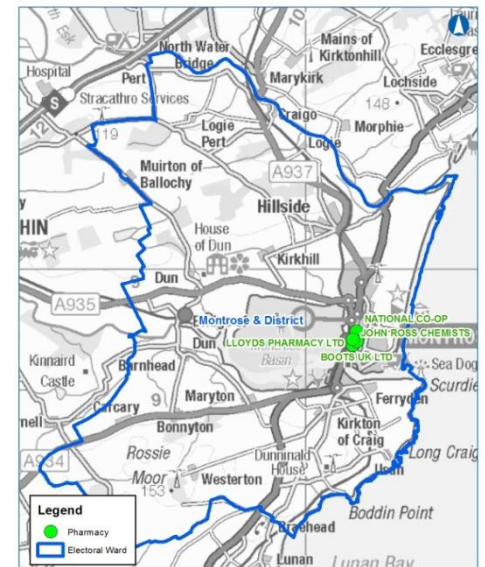
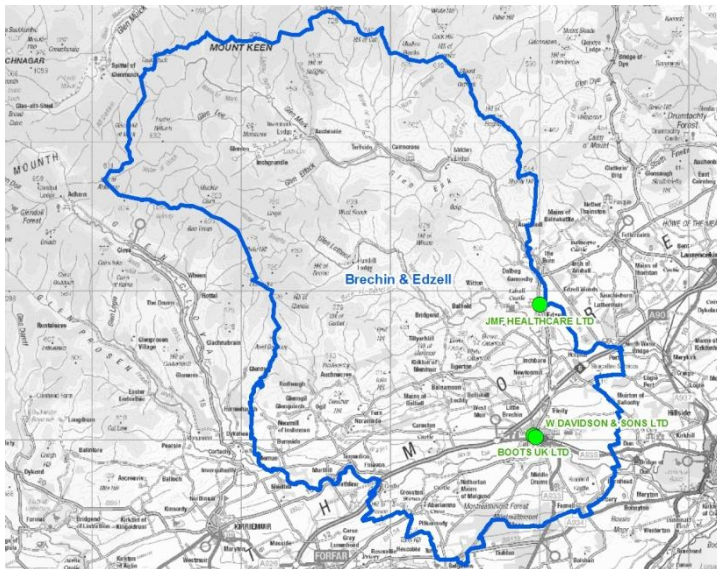
Data on two Locally Enhanced Services (LES) are also included. The LES on alcohol brief interventions enables people using a pharmacy to receive advice on the safe use of alcohol. A LES for people receiving pharmaceutical care for Opioid Substitution Therapy (Methadone) is also included

Angus

Pharmaceutical Care Services Plan



North East Locality

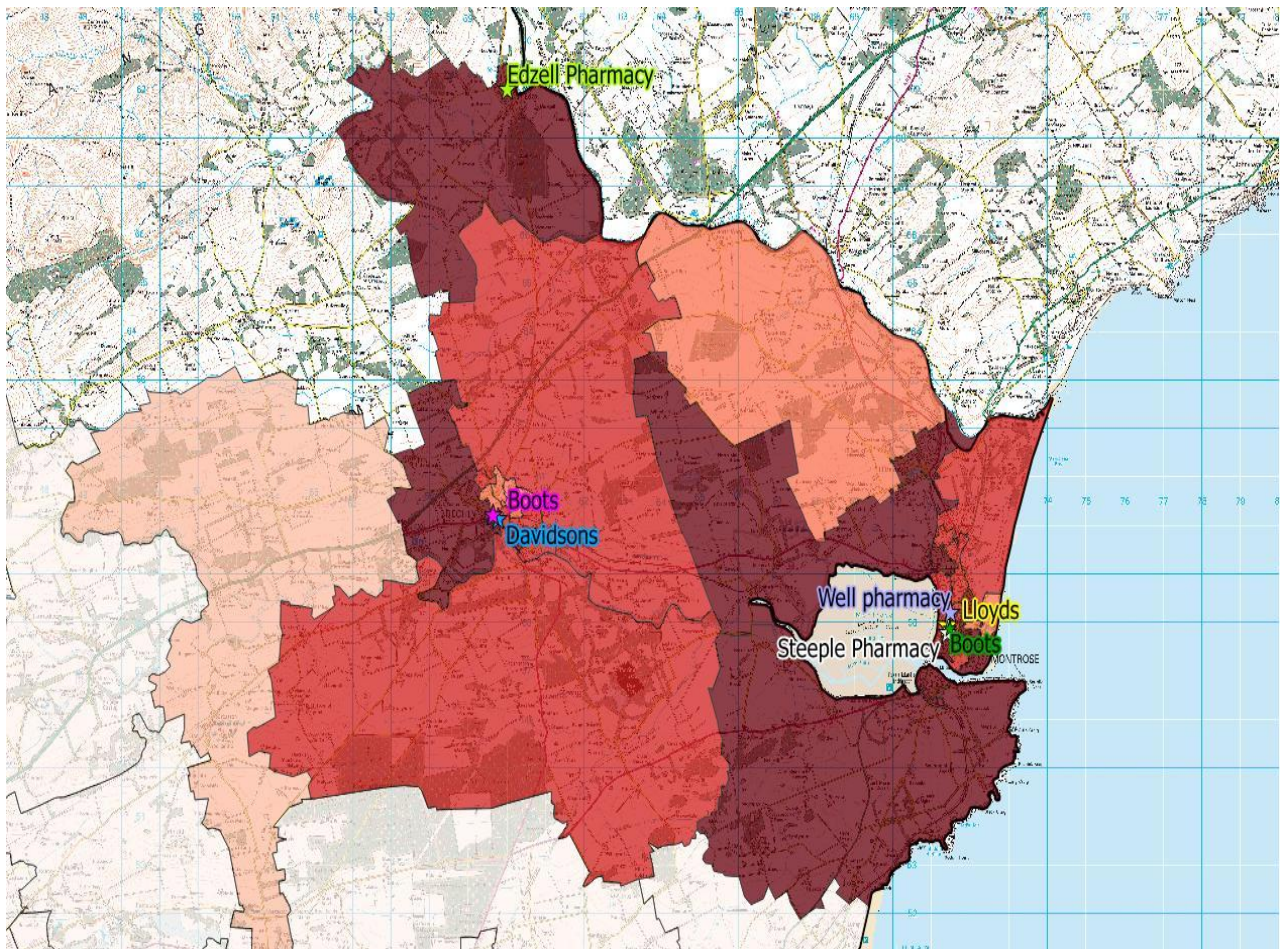


Demography

Title	North East	%	Angus	%	Scotland	%
Population						
Total Population 2011	26,292		115,978		5,295,403	100.0%
Total Population 0-15	4,486	17.1%	20,258	17.5%	916,331	17.3%
Total Population 16-64	16,520	62.8%	72,659	62.6%	3,488,738	65.9%
Total Population 65+	5,286	20.1%	23,061	19.9%	890,334	16.8%
Median age	43		44		41	
Ethnicity						
White British	24,982	95.0%	111,200	95.9%	4,862,787	91.8%
White Other	943	3.6%	3,268	2.8%	221,620	4.2%
Mixed or multiple ethnic groups	71	0.3%	264	0.2%	19,815	0.4%
Asian, Asian Scottish or Asian British	211	0.8%	921	0.8%	140,678	2.7%
Caribbean or Black	20	0.1%	75	0.1%	6,540	0.1%
African	37	0.1%	125	0.1%	29,638	0.6%
Other ethnic groups	28	0.1%	125	0.1%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	84,940	100.0%	19,246	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	2,815	14.6%	12,122	14.3%	529,816	13.3%
Full time employed	7,534	39.1%	33,532	39.5%	1,573,416	39.6%
Self employed	1,510	7.8%	7,219	8.5%	297,693	7.5%
Unemployed	851	4.4%	3,541	4.2%	189,414	4.8%
Full time student	474	2.5%	2,436	2.9%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	3,413	17.7%	15,377	18.1%	591,667	14.9%
Full time student	700	3.6%	3,163	3.7%	218,412	5.5%
Looking after home or family	778	4.0%	2,876	3.4%	141,542	3.6%
Long term sick or disabled	788	4.1%	3,218	3.8%	203,975	5.1%

Other	383	2.0%	1,456	1.7%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	6,498	27.3%	26,163	29.8%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	5,616	24.8%	23,744	25.8%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	2,782	13.3%	12,760	12.8%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	2,307	10.9%	10,431	10.6%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	4,603	23.6%	22,622	21.1%	1,142,662	26.1%
Households						
Total Household Spaces	12,246	96.1%	51,616	95.4%	2,473,881	100.0%
With residents	585	3.9%	2,096	4.6%	2,372,777	95.9%
Vacant	7,275	64.9%	33,500	59.4%	64,462	2.6%
Owner Occupied	2,298	15.1%	7,771	18.8%	1,470,986	62.0%
Local Authority	754	6.4%	3,323	6.2%	312,745	13.2%
Housing Association	1,705	11.6%	5,990	13.9%	263,674	11.1%
Private Rented	214	2.0%	1,032	1.7%	263,459	11.1%
Other	12,246	96.1%	51,616	95.4%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	5,078	19.3%	21,979	19.0%	1,040,371	19.6%
Activities not limited	21,214	80.7%	93,999	81.0%	4,255,032	80.4%
General Health						
Very Good	13,157	50.0%	60,413	52.1%	2,778,481	52.5%
Good	8,767	33.3%	37,120	32.0%	1,575,000	29.7%
Fair	3,209	12.2%	13,302	11.5%	644,881	12.2%
Bad	907	3.4%	3,949	3.4%	226,154	4.3%
Very Bad	252	1.0%	1,194	1.0%	70,887	1.3%
Provision of unpaid care						
No unpaid care	24,130	91.8%	105,396	90.9%	4,803,172	90.7%
1 to 49 hours per week	1,574	6.0%	7,802	6.7%	360,149	6.8%
50 or more hours per week	588	2.2%	2,780	2.4%	132,082	2.5%

North East Angus Locality



Person-centred

A total of 19,399 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 152,000 items were presented at the pharmacies for dispensing from Brechin Medical Practice (29% of pharmacy total). A total of 5,519 patients attending the pharmacies were over the age of 65 years and 2,643 were below the age of 18 years. A total of 289 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 2 below.

Table 2: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	7,006
3.Respiratory	3.1 Bronchodilators	2,018
4.Central Nervous System	4.1 Hypnotics and anxiolytics	758
	4.2 Drugs used in psychosis and related disorders	533
	4.3 Antidepressants	3,623
	4.7.2 Opioid Analgesics	1,286
	4.8 Anti-epileptics	1,113
	4.9 Drugs used in Parkinson's disease	168
5.Infections	4.11 Drugs for Dementia	83
	5.1.1 Penicillins	1,395

	5.1.2 Cephalosporins	28
6.Endocrine	6.1.1 Insulins	346
	6.1.2 Anti-diabetic drugs	1,069
	6.6 Drugs affecting bone metabolism	469
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	1,202
8.Cancer	8.3.4.1 Breast cancer	92
	8.3.4.2 Prostate cancer	59
9.Nutrition and blood	9.5.1 Calcium supplements	35
10.Musculo-Skeletal	10.1.1 NSAIDs	1,471

Minor Ailments (Sept 2015): 5,098 registered patients; 190 new registrations and 675 updates – items 835

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	56	561	613
Methotrexate	132	1,171	1,197
Warfarin	452	3,850	4,583
Total	640	5,582	6,393
Pharmacy HR	124		

The Total Number of UPIs (640) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

16 patients prescribed 10+ distinct BNF chapters (no high risk) (9 patients over the age of 65 years)

342 patients prescribed 10+ distinct BNF chapters (high risk) (236 patients over the age of 65 years)

845 patients prescribed 5+ distinct BNF chapters (no high risk) (270 patients over the age of 65 years)

4,726 patients prescribed 5+ distinct BNF chapters (high risk) (2,422 patients over the age of 65 years)

Effective

CMS Registrations (December 2015):3,150 patients registered for CMS; 3,371 PCR records with risk assessment complete

NMIST: 206 new medicines interventions carried out

PHS Activity:

Smoking Cessation (Jan 2015-Dec 2015)

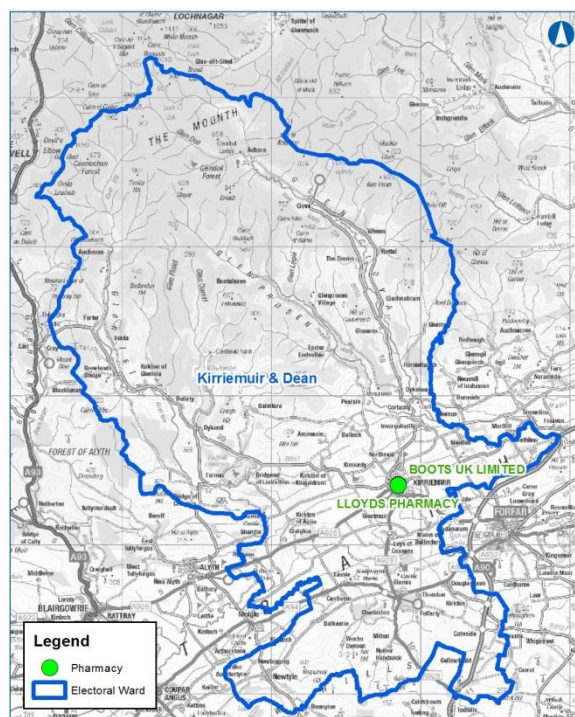
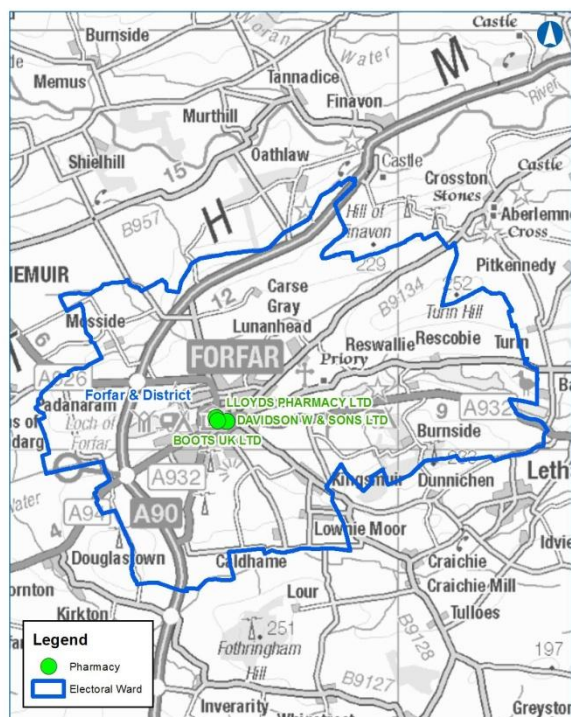
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
246	111	45	56	23

Emergency Hormonal Contraception – 192 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions – Nil

Methadone care plans required – 83 (04/2016)

North West Locality

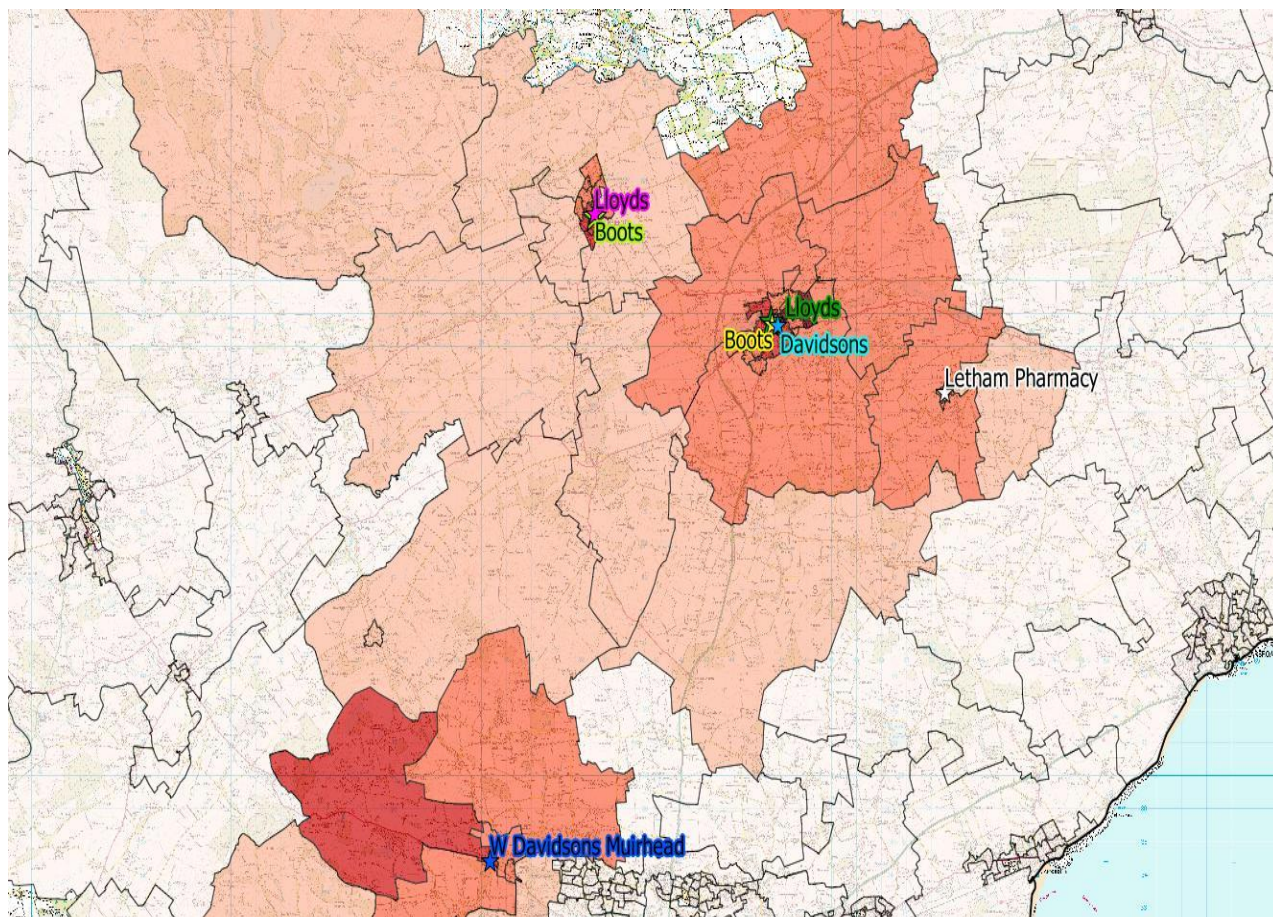


Demography

Title	North West	%	Angus	%	Scotland	%
Population						
Total Population 2011	36,357		115,978		5,295,403	100.0%
Total Population 0-15	6,244	17.2%	20,258	17.5%	916,331	17.3%
Total Population 16-64	22,857	62.9%	72,659	62.6%	3,488,738	65.9%
Total Population 65+	7,256	20.0%	23,061	19.9%	890,334	16.8%
Median age	45		44		41	
Ethnicity						
White British	35,001	96.3%	111,200	95.9%	4,862,787	91.8%
White Other	901	2.5%	3,268	2.8%	221,620	4.2%
Mixed or multiple ethnic groups	78	0.2%	264	0.2%	19,815	0.4%
Asian, Asian Scottish or Asian British	261	0.7%	921	0.8%	140,678	2.7%
Caribbean or Black	25	0.1%	75	0.1%	6,540	0.1%
African	45	0.1%	125	0.1%	29,638	0.6%
Other ethnic groups	46	0.1%	125	0.1%	14,325	0.3%
White British	35,001	96.3%	111,200	95.9%	4,862,787	91.8%
Economic activity, benefits and tax credits						
All people age 16 to 74	26,756	100.0%	19,246	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	3,666	13.7%	12,122	14.3%	529,816	13.3%
Full time employed	10,821	40.4%	33,532	39.5%	1,573,416	39.6%
Self employed	2,669	10.0%	7,219	8.5%	297,693	7.5%
Unemployed	981	3.7%	3,541	4.2%	189,414	4.8%
Full time student	753	2.8%	2,436	2.9%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	4,736	17.7%	15,377	18.1%	591,667	14.9%

Full time student	980	3.7%	3,163	3.7%	218,412	5.5%
Looking after home or family	793	3.0%	2,876	3.4%	141,542	3.6%
Long term sick or disabled	905	3.4%	3,218	3.8%	203,975	5.1%
Other	452	1.7%	1,456	1.7%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	8,173	27.1%	6,498	29.8%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	7,298	24.2%	5,616	25.8%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	3,940	13.1%	2,782	12.8%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	3,076	10.2%	2,307	10.6%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	7,626	25.3%	4,603	21.1%	1,142,662	26.1%
Households						
Total Household Spaces	16,804		12,246	95.4%	2,473,881	100.0%
With residents	16,030	95.4%	585	4.6%	2,372,777	95.9%
Vacant	774	4.6%	7,275	59.4%	64,462	2.6%
Owner Occupied	10,461	65.3%	2,298	18.8%	1,470,986	62.0%
Local Authority	2,384	14.9%	754	6.2%	312,745	13.2%
Housing Association	780	4.9%	1,705	13.9%	263,674	11.1%
Private Rented	1,981	12.4%	214	1.7%	263,459	11.1%
Other	424	2.6%	12,246	95.4%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	6,741	18.5%	21,979	19.0%	1,040,371	19.6%
Activities not limited	29,616	81.5%	93,999	81.0%	4,255,032	80.4%
General Health						
Very Good	19,000	52.3%	60,413	52.1%	2,778,481	52.5%
Good	11,741	32.3%	37,120	32.0%	1,575,000	29.7%
Fair	4,107	11.3%	13,302	11.5%	644,881	12.2%
Bad	1,168	3.2%	3,949	3.4%	226,154	4.3%
Very Bad	341	0.9%	1,194	1.0%	70,887	1.3%
Provision of unpaid care						
No unpaid care	32,950	90.6%	105,396	90.9%	4,803,172	90.7%
1 to 49 hours per week	2,567	7.1%	7,802	6.7%	360,149	6.8%
50 or more hours per week	840	2.3%	2,780	2.4%	132,082	2.5%

North West Angus Locality



Person-centred

A total of 25,303 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 190,000 items were presented at the pharmacies for dispensing from Academy Medical Centre (29% of pharmacy total). A total of 7,852 patients attending the pharmacies were over the age of 65 years and 3,209 were below the age of 18 years. A total of 464 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 2 below.

Table 2: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	9,831
3.Respiratory	3.1 Bronchodilators	2,502
4.Central Nervous System	4.1 Hypnotics and anxiolytics	1,165
	4.2 Drugs used in psychosis and related disorders	500
	4.3 Antidepressants	4,631
	4.7.2 Opioid Analgesics	2,069
	4.8 Anti-epileptics	1,486
	4.9 Drugs used in Parkinson's disease	228
5.Infections	4.11 Drugs for Dementia	175
	5.1.1 Penicillins	1,697

	5.1.2 Cephalosporins	39
6.Endocrine	6.1.1 Insulins	475
	6.1.2 Anti-diabetic drugs	1,262
	6.6 Drugs affecting bone metabolism	683
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	1,856
8.Cancer	8.3.4.1 Breast cancer	162
	8.3.4.2 Prostate cancer	96
9.Nutrition and blood	9.5.1 Calcium supplements	73
10.Musculo-Skeletal	10.1.1 NSAIDs	1,937

Minor Ailments (Sept 2015): 5,460 registered patients; 192 new registrations and 868 updates – items 902

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	66	669	713
Methotrexate	214	1,514	1,524
Warfarin	586	4,420	5,479
Total	866	6,603	7,716
Pharmacy HR	172		

The Total Number of UPIs (866) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

23 patients prescribed 10+ distinct BNF chapters (no high risk) (17 patients over the age of 65 years)

619 patients prescribed 10+ distinct BNF chapters (high risk) (433 patients over the age of 65 years)

1,097 patients prescribed 5+ distinct BNF chapters (no high risk) (390 patients over the age of 65 years)

7,165 patients prescribed 5+ distinct BNF chapters (high risk) (3,770 patients over the age of 65 years)

Effective

CMS Registrations (December 2015):3,393 patients registered for CMS; 3,177 PCR records with risk assessment complete

NMIST: 172 new medicines interventions carried out

PHS Activity:

Smoking Cessation ((Jan 2015-Dec 2015))

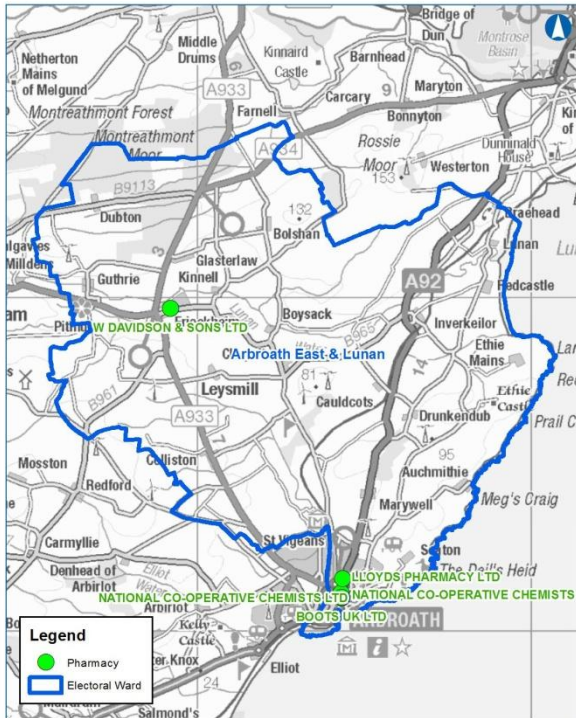
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
293	169	58	103	35

Emergency Hormonal Contraception – 139 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions – Nil

Methadone care plans required –132 (04/2016)

South East Locality

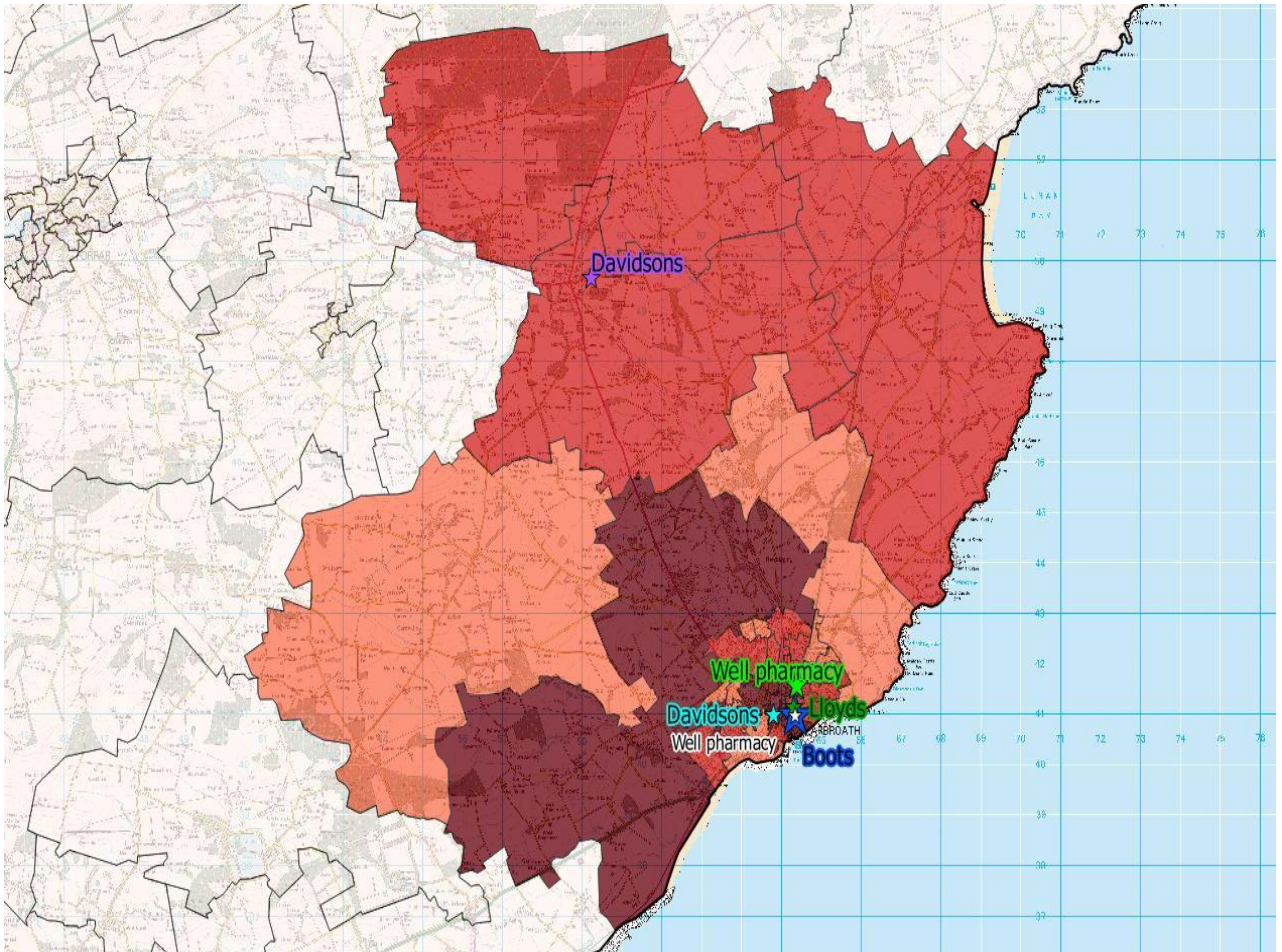


Demography

Title	South East	%	Angus	%	Scotland	%
Population						
Total Population 2011	29,023		115,978		5,295,403	100.0%
Total Population 0-15	5,168	17.8%	20,258	17.5%	916,331	17.3%
Total Population 16-64	18,404	63.4%	72,659	62.6%	3,488,738	65.9%
Total Population 65+	5,451	18.8%	23,061	19.9%	890,334	16.8%
Median age	42		44		41	
Ethnicity						
White British	27,795	95.8%	111,200	95.9%	4,862,787	91.8%
White Other	944	3.3%	3,268	2.8%	221,620	4.2%
Mixed or multiple ethnic groups	49	0.2%	264	0.2%	19,815	0.4%
Asian, Asian Scottish or Asian British	193	0.7%	921	0.8%	140,678	2.7%
Caribbean or Black	11	0.0%	75	0.1%	6,540	0.1%
African	19	0.1%	125	0.1%	29,638	0.6%
Other ethnic groups	12	0.0%	125	0.1%	14,325	0.3%
White British	27,795	95.8%	111,200	95.9%	4,862,787	91.8%
Economic activity, benefits and tax credits						
All people age 16 to 74	21,349	100.0%	19,246	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	3,095	14.5%	12,122	14.3%	529,816	13.3%
Full time employed	7,990	37.4%	33,532	39.5%	1,573,416	39.6%
Self employed	1,613	7.6%	7,219	8.5%	297,693	7.5%
Unemployed	1,188	5.6%	3,541	4.2%	189,414	4.8%
Full time student	646	3.0%	2,436	2.9%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	3,632	17.0%	15,377	18.1%	591,667	14.9%
Full time student	828	3.9%	3,163	3.7%	218,412	5.5%

Looking after home or family	854	4.0%	2,876	3.4%	141,542	3.6%
Long term sick or disabled	1,078	5.0%	3,218	3.8%	203,975	5.1%
Other	425	2.0%	1,456	1.7%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	7,366	30.9%	6,498	29.8%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	6,206	26.0%	5,616	25.8%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	3,112	13.0%	2,782	12.8%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	2,713	11.4%	2,307	10.6%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	4,458	18.7%	4,603	21.1%	1,142,662	26.1%
Households						
Total Household Spaces	13,607		12,246	95.4%	2,473,881	100.0%
With residents	13,101	96.3%	585	4.6%	2,372,777	95.9%
Vacant	506	3.7%	7,275	59.4%	64,462	2.6%
Owner Occupied	7,574	57.8%	2,298	18.8%	1,470,986	62.0%
Local Authority	2,278	17.4%	754	6.2%	312,745	13.2%
Housing Association	1,530	11.7%	1,705	13.9%	263,674	11.1%
Private Rented	1,504	11.5%	214	1.7%	263,459	11.1%
Other	215	1.6%	12,246	95.4%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	5,808	20.0%	21,979	19.0%	1,040,371	19.6%
Activities not limited	23,215	80.0%	93,999	81.0%	4,255,032	80.4%
General Health						
Very Good	14,779	50.9%	60,413	52.1%	2,778,481	52.5%
Good	9,294	32.0%	37,120	32.0%	1,575,000	29.7%
Fair	3,456	11.9%	13,302	11.5%	644,881	12.2%
Bad	1,119	3.9%	3,949	3.4%	226,154	4.3%
Very Bad	375	1.3%	1,194	1.0%	70,887	1.3%
Provision of unpaid care						
No unpaid care	26,438	91.1%	105,396	90.9%	4,803,172	90.7%
1 to 49 hours per week	1,823	6.3%	7,802	6.7%	360,149	6.8%
50 or more hours per week	762	2.6%	2,780	2.4%	132,082	2.5%

South East Angus Locality



Person-centred

A total of 20,025 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 169,000 items were presented at the pharmacies for dispensing from Arbroath Medical Centre (32% of pharmacy total). A total of 5,478 patients attending the pharmacies were over the age of 65 years and 2,744 were below the age of 18 years. A total of 181 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 2 below.

Table 2: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	7,160
3.Respiratory	3.1 Bronchodilators	2,411
4.Central Nervous System	4.1 Hypnotics and anxiolytics	1,089
	4.2 Drugs used in psychosis and related disorders	565
	4.3 Antidepressants	3,834
	4.7.2 Opioid Analgesics	1,566
	4.8 Anti-epileptics	1,305
	4.9 Drugs used in Parkinson's disease	167
	4.11 Drugs for Dementia	108

5.Infections	5.1.1 Penicillins 5.1.2 Cephalosporins	1,371 35
6.Endocrine	6.1.1 Insulins 6.1.2 Anti-diabetic drugs 6.6 Drugs affecting bone metabolism	369 1,021 529
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	1,329
8.Cancer	8.3.4.1 Breast cancer 8.3.4.2 Prostate cancer	100 63
9.Nutrition and blood	9.5.1 Calcium supplements	49
10.Musculo-Skeletal	10.1.1 NSAIDs	1,443

Minor Ailments (Sept 2015): 4,673 registered patients; 180 new registrations and 593 updates – items 550

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	41	424	454
Methotrexate	136	1,141	1,161
Warfarin	436	3,475	4,194
Total	613	5,040	5,809
Pharmacy HR	164		

The Total Number of UPIs (613) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

8 patients prescribed 10+ distinct BNF chapters (no high risk) (5 patients over the age of 65 years)
493 patients prescribed 10+ distinct BNF chapters (high risk) (313 patients over the age of 65 years)
946 patients prescribed 5+ distinct BNF chapters (no high risk) (299 patients over the age of 65 years)
5,603 patients prescribed 5+ distinct BNF chapters (high risk) (2,612 patients over the age of 65 years)

Effective

CMS Registrations (December 2015): 2,668 patients registered for CMS; 2,369 PCR records with risk assessment complete

NMIST: 237 new medicines interventions carried out

PHS Activity:

Smoking Cessation ((Jan 2015-Dec 2015))

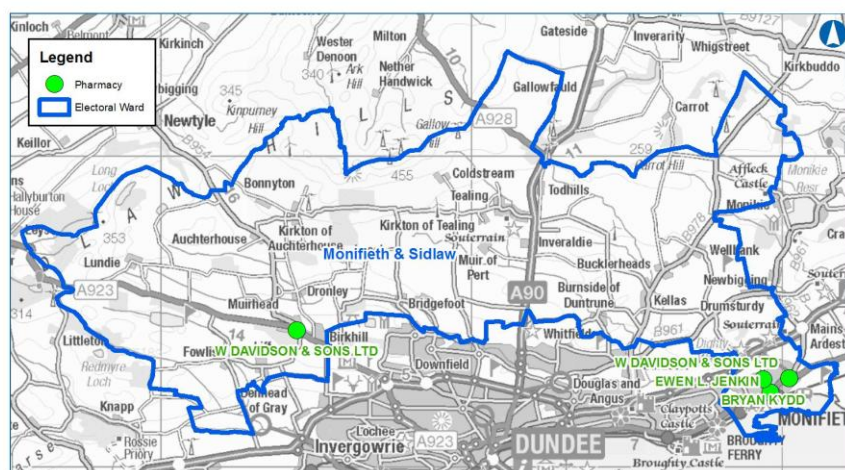
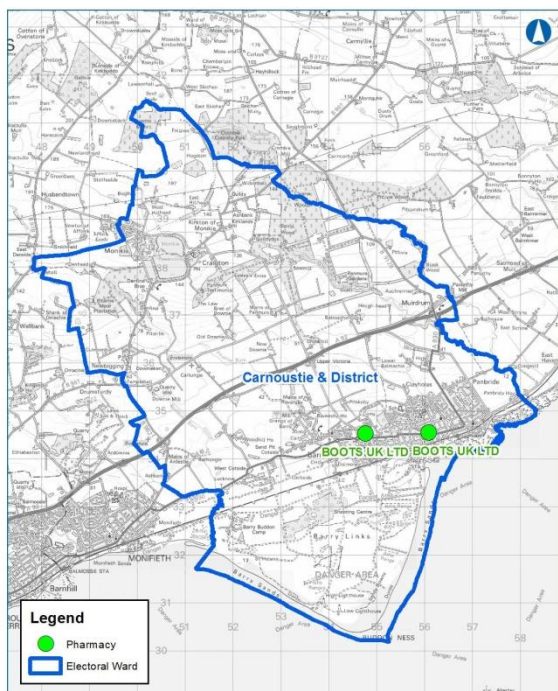
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
199	129	65	69	35

Emergency Hormonal Contraception – 154 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions – Nil

Methadone care plans required– 142 (04/2016)

South West Locality

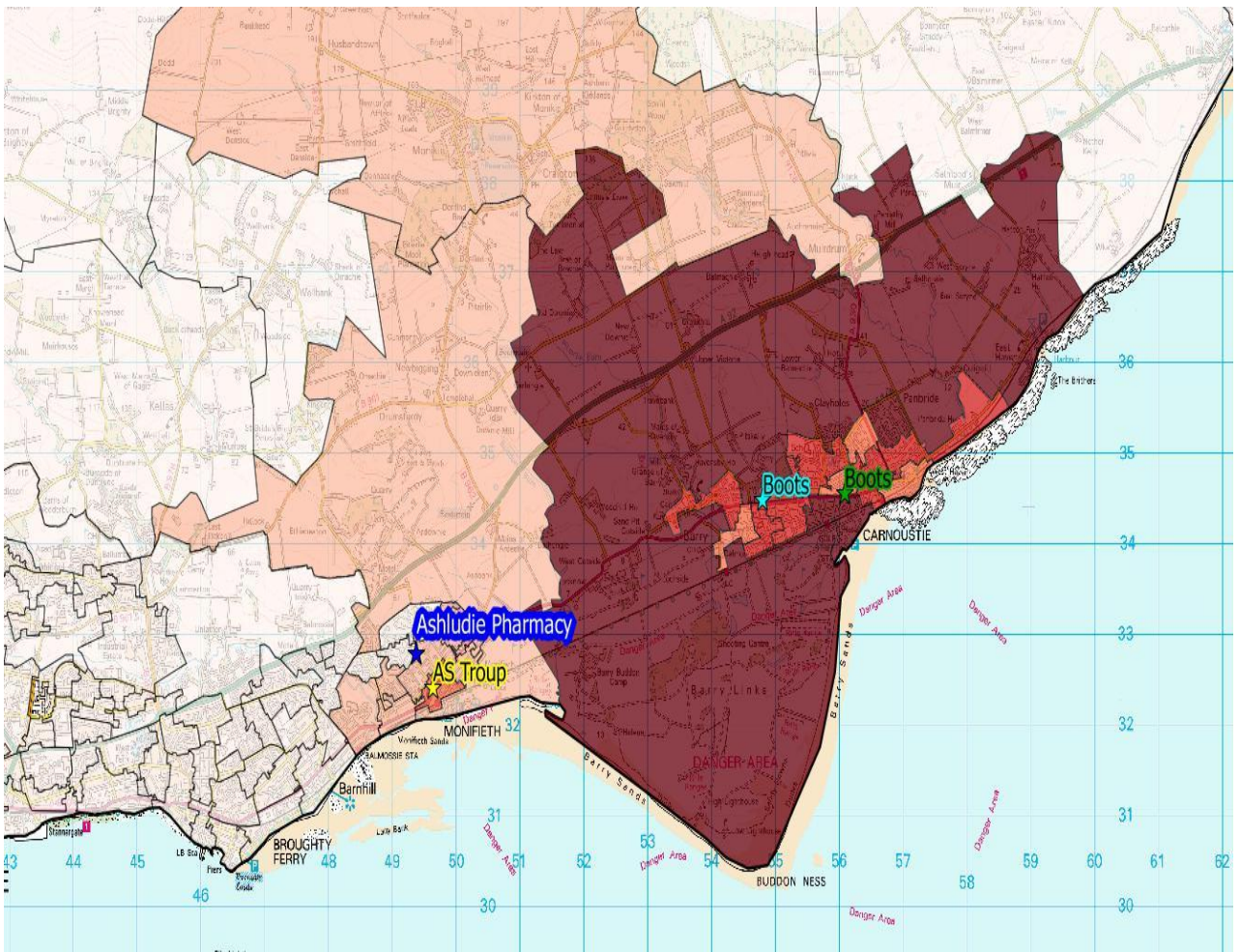


Demography

Title	South West	%	Angus	%	Scotland	%
Population						
Total Population 2011	24,306		115,978		5,295,403	100.0%
Total Population 0-15	4,360	17.9%	20,258	17.5%	916,331	17.3%
Total Population 16-64	14,878	61.2%	72,659	62.6%	3,488,738	65.9%
Total Population 65+	5,068	20.9%	23,061	19.9%	890,334	16.8%
Median age	47		44		41	
Ethnicity						
White British	23,422	96.4%	111,200	95.9%	4,862,787	91.8%
White Other	480	2.0%	3,268	2.8%	221,620	4.2%
Mixed or multiple ethnic groups	66	0.3%	264	0.2%	19,815	0.4%
Asian, Asian Scottish or Asian British	256	1.1%	921	0.8%	140,678	2.7%
Caribbean or Black	19	0.1%	75	0.1%	6,540	0.1%
African	24	0.1%	125	0.1%	29,638	0.6%
Other ethnic groups	39	0.2%	125	0.1%	14,325	0.3%
White British	23,422	96.4%	111,200	95.9%	4,862,787	91.8%
Economic activity, benefits and tax credits						
All people age 16 to 74	17,589	100.0%	19,246	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	2,546	14.5%	12,122	14.3%	529,816	13.3%
Full time employed	7,187	40.9%	33,532	39.5%	1,573,416	39.6%
Self employed	1,427	8.1%	7,219	8.5%	297,693	7.5%
Unemployed	521	3.0%	3,541	4.2%	189,414	4.8%

Full time student	563	3.2%	2,436	2.9%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	3,596	20.4%	15,377	18.1%	591,667	14.9%
Full time student	655	3.7%	3,163	3.7%	218,412	5.5%
Looking after home or family	451	2.6%	2,876	3.4%	141,542	3.6%
Long term sick or disabled	447	2.5%	3,218	3.8%	203,975	5.1%
Other	196	1.1%	1,456	1.7%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	4,126	20.7%	6,498	29.8%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	4,624	23.2%	5,616	25.8%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	2,926	14.7%	2,782	12.8%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	2,335	11.7%	2,307	10.6%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	5,935	29.8%	4,603	21.1%	1,142,662	26.1%
Households						
Total Household Spaces	10,470		12,246	95.4%	2,473,881	100.0%
With residents	10,239	97.8%	585	4.6%	2,372,777	95.9%
Vacant	231	2.2%	7,275	59.4%	64,462	2.6%
Owner Occupied	8,190	80.0%	2,298	18.8%	1,470,986	62.0%
Local Authority	811	7.9%	754	6.2%	312,745	13.2%
Housing Association	259	2.5%	1,705	13.9%	263,674	11.1%
Private Rented	800	7.8%	214	1.7%	263,459	11.1%
Other	179	1.7%	12,246	95.4%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	4,352	17.9%	21,979	19.0%	1,040,371	19.6%
Activities not limited	19,954	82.1%	93,999	81.0%	4,255,032	80.4%
General Health						
Very Good	13,477	55.4%	60,413	52.1%	2,778,481	52.5%
Good	7,318	30.1%	37,120	32.0%	1,575,000	29.7%
Fair	2,530	10.4%	13,302	11.5%	644,881	12.2%
Bad	755	3.1%	3,949	3.4%	226,154	4.3%
Very Bad	226	3.1%	1,194	1.0%	70,887	1.3%
Provision of unpaid care						
No unpaid care	21,878	90.0%	105,396	90.9%	4,803,172	90.7%
1 to 49 hours per week	1,838	7.6%	7,802	6.7%	360,149	6.8%
50 or more hours per week	590	2.4%	2,780	2.4%	132,082	2.5%

South West Angus Locality



Person-centred

A total of 16,230 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 230,000 items were presented at the pharmacies for dispensing from Carnoustie Medical Group (55% of pharmacy total). A total of 5,335 patients attending the pharmacies were over the age of 65 years and 2,028 were below the age of 18 years. A total of 232 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 2 below.

Table 2: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	6,192
3.Respiratory	3.1 Bronchodilators	1,480
4.Central Nervous System	4.1 Hypnotics and anxiolytics	771
	4.2 Drugs used in psychosis and related disorders	279
	4.3 Antidepressants	2,837
	4.7.2 Opioid Analgesics	1,094
	4.8 Anti-epileptics	903
	4.9 Drugs used in Parkinson's disease	111

	4.11 Drugs for Dementia	133
5.Infections	5.1.1 Penicillins	1,172
	5.1.2 Cephalosporins	31
6.Endocrine	6.1.1 Insulins	288
	6.1.2 Anti-diabetic drugs	746
	6.6 Drugs affecting bone metabolism	403
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	1,066
8.Cancer	8.3.4.1 Breast cancer	98
	8.3.4.2 Prostate cancer	49
9.Nutrition and blood	9.5.1 Calcium supplements	30
10.Musculo-Skeletal	10.1.1 NSAIDs	1,150

Minor Ailments (Sept 2015): 3,574 registered patients; 214 new registrations and 332 updates – items 370

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	29	237	259
Methotrexate	109	865	875
Warfarin	438	3,707	4,542
Total	576	4,809	5,676
Pharmacy HR	97		

The Total Number of UPIs (576) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

12 patients prescribed 10+ distinct BNF chapters (no high risk) (8 patients over the age of 65 years)
365 patients prescribed 10+ distinct BNF chapters (high risk) (272 patients over the age of 65 years)
768 patients prescribed 5+ distinct BNF chapters (no high risk) (299 patients over the age of 65 years)
4,265 patients prescribed 5+ distinct BNF chapters (high risk) (2,398 patients over the age of 65 years)

Effective

CMS Registrations (December 2015): 1,815 patients registered for CMS; 2,088 PCR records with risk assessment complete

NMIST: 100 new medicines interventions carried out

PHS Activity:

Smoking Cessation ((Jan 2015-Dec 2015))

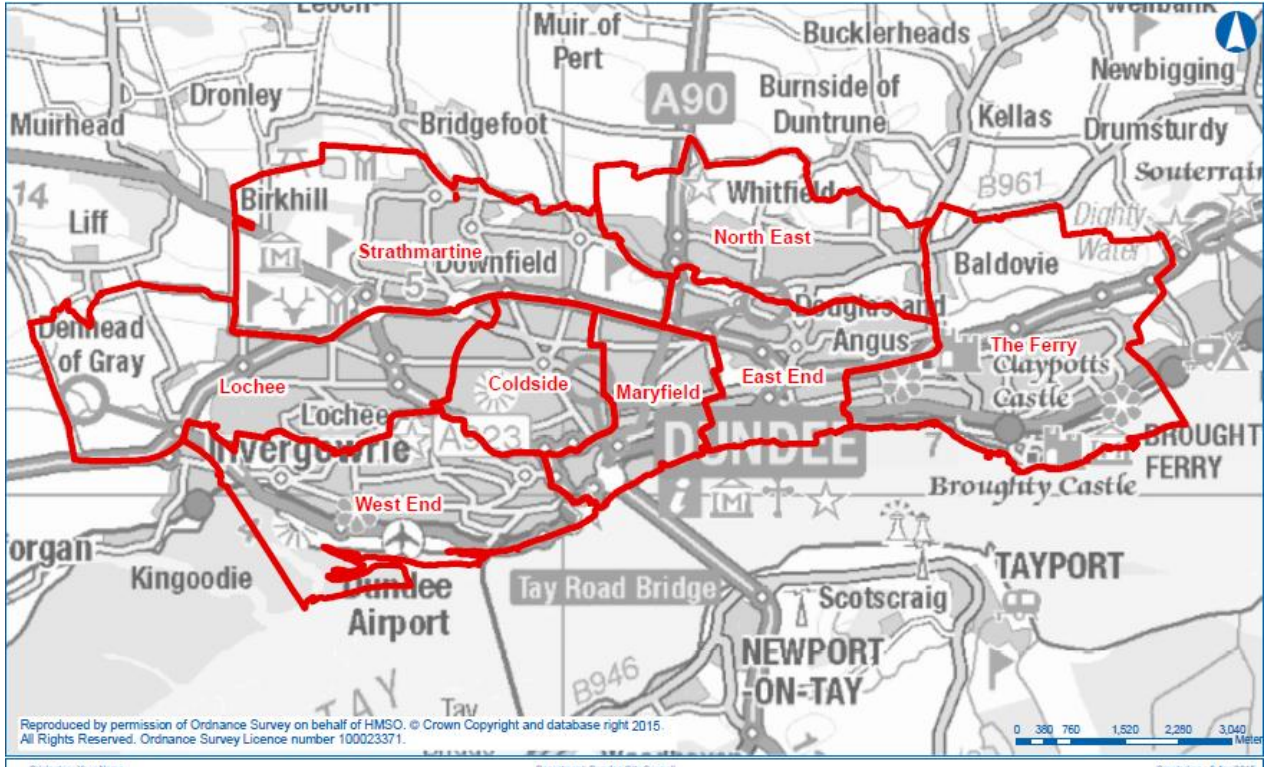
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
101	57	56	34	34

Emergency Hormonal Contraception – 44 (Q2 2014/15 to Q1 2015/16)

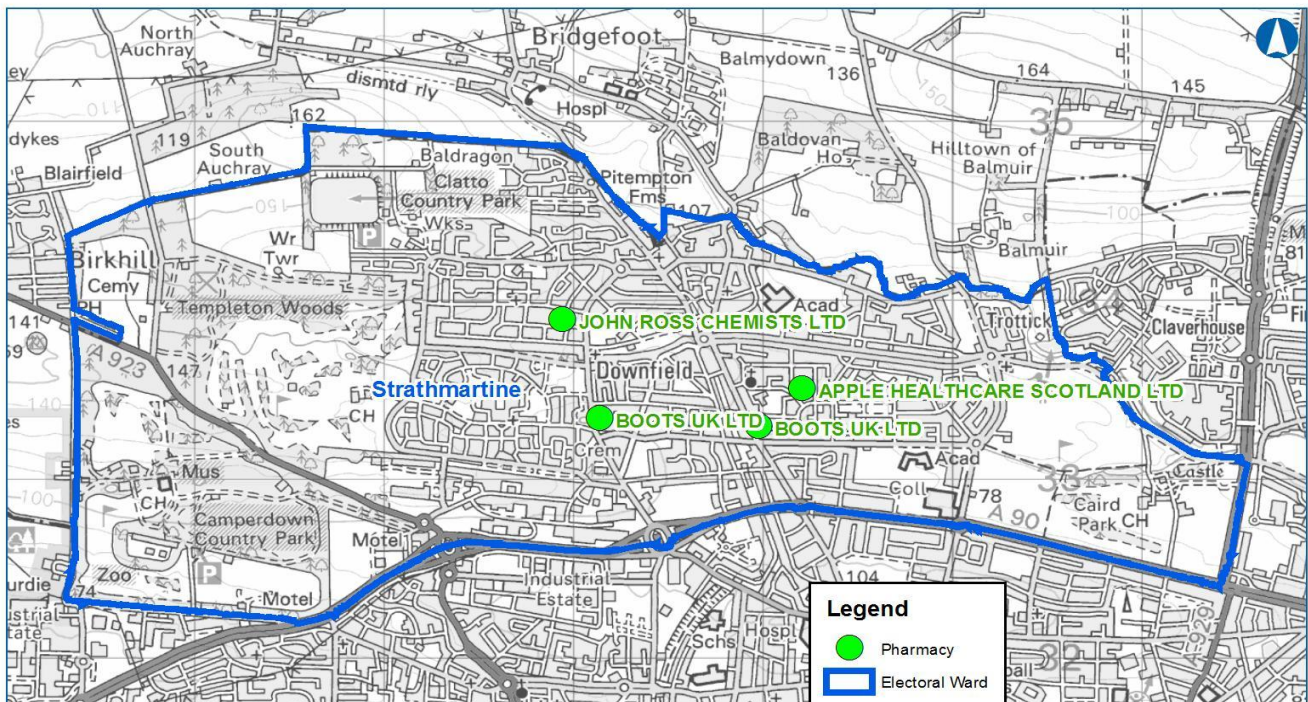
Alcohol Brief Interventions – Nil

Methadone care plans required 9– (04/2016)

Dundee City Pharmaceutical Care Services Plan



Strathmartine

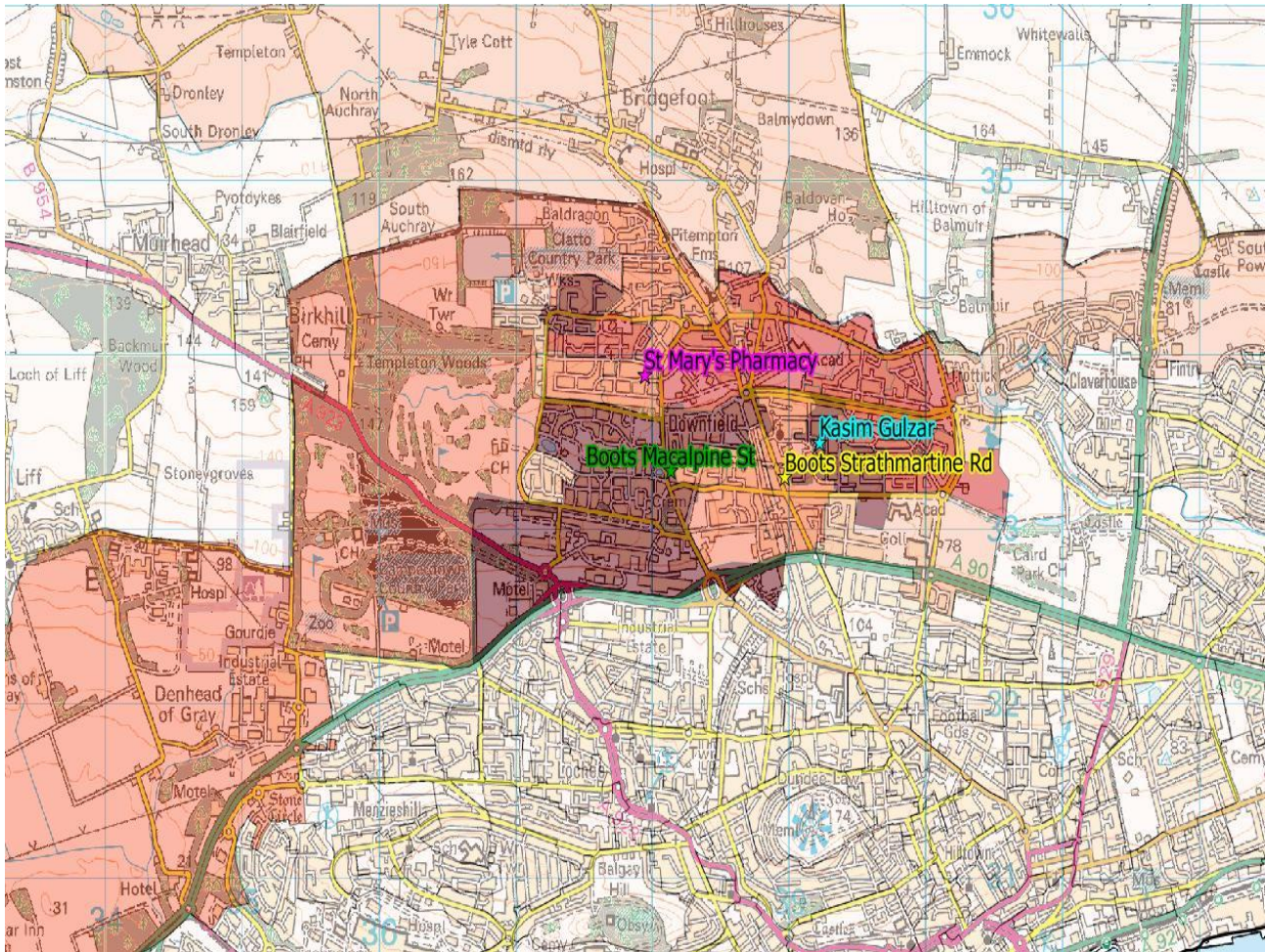


Demography

Title	Strathmartine	%	Dundee	%	Scotland	%
Population						
Total Population 2011	19,387		147,268		5,295,403	100.0%
Total Population 0-15	3,958	20.4%	23,704	16.1%	916,331	17.3%
Total Population 16-64	12,384	63.9%	98,967	67.2%	3,488,738	65.9%
Total Population 65+	3,045	15.7%	24,597	16.7%	890,334	16.8%
Median age	40		38		41	
Ethnicity						
White British	18,720	96.6%	131,610	89.4%	4,862,787	91.8%
White Other	402	2.1%	6,850	4.7%	221,620	4.2%
Mixed or multiple ethnic groups	45	0.2%	685	0.5%	19,815	0.4%
Asian, Asian Scottish or Asian British	124	0.6%	5,838	4.0%	140,678	2.7%
Caribbean or Black	16	0.1%	269	0.2%	6,540	0.1%
African	58	0.3%	1,170	0.8%	29,638	0.6%
Other ethnic groups	22	0.1%	846	0.6%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	14,151	100.0%	111,319	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	2,174	15.4%	13,971	12.6%	529,816	13.3%
Full time employed	5,414	38.3%	38,595	34.7%	1,573,416	39.6%
Self employed	681	4.8%	5,405	4.9%	297,693	7.5%

Unemployed	843	6.0%	6,384	5.7%	189,414	4.8%
Full time student	496	3.5%	7,366	6.6%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	2,236	15.8%	15,847	14.2%	591,667	14.9%
Full time student	560	4.0%	11,232	10.1%	218,412	5.5%
Looking after home or family	567	4.0%	3,543	3.2%	141,542	3.6%
Long term sick or disabled	899	6.4%	6,732	6.0%	203,975	5.1%
Other	281	2.0%	2,244	2.0%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	5,113	33.1%	33,208	27.0%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	4,395	28.5%	28,185	23.0%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	1,856	12.0%	19,238	16.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	1,532	9.9%	12,278	10.0%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	2,533	16.4%	30,655	25.0%	1,142,662	26.1%
Households						
Total Household Spaces	8,400	100.0%	71,625	100.0%	2,473,881	100.0%
With residents	8,161	97.2%	69,193	97.0%	2,372,777	95.9%
Vacant	239	2.8%	1,731	2.4%	64,462	2.6%
Owner Occupied	5,016	61.5%	34,885	50.4%	1,470,986	62.0%
Local Authority	1,555	19.1%	12,826	18.5%	312,745	13.2%
Housing Association	1,080	13.2%	7,971	11.5%	263,674	11.1%
Private Rented	472	5.8%	12,921	18.7%	263,459	11.1%
Other	38	0.5%	590	0.9%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	4,114	21.2%	30,711	20.9%	1,040,371	19.6%
Activities not limited	15,273	78.8%	116,557	79.1%	4,255,032	80.4%
General Health						
Very Good	10,015	51.7%	75,918	51.6%	2,778,481	52.5%
Good	5,810	30.0%	44,382	30.1%	1,575,000	29.7%
Fair	2,408	12.4%	18,027	12.2%	644,881	12.2%
Bad	863	4.5%	6,731	4.6%	226,154	4.3%
Very Bad	291	1.5%	2,210	1.5%	70,887	1.3%
Provision of unpaid care						
No unpaid care	17,476	90.1%	134,196	91.1%	4,803,172	90.7%
1 to 49 hours per week	1,235	6.4%	6,833	4.6%	360,149	6.8%
50 or more hours per week	676	3.5%	6,239	4.2%	132,082	2.5%

Strathmartine Locality



Person-centred

A total of 13,222 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 90,000 items were presented at the pharmacies for dispensing from Downfield Surgery (33% of pharmacy total). A total of 2,959 patients attending the pharmacies were over the age of 65 years and 2,089 were below the age of 18 years. A total of 16 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.30. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 1 below.

Table 1: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	4,147
3.Respiratory	3.1 Bronchodilators	1,406
4.Central Nervous System	4.1 Hypnotics and anxiolytics	660
	4.2 Drugs used in psychosis and related disorders	278
	4.3 Antidepressants	2,623
	4.7.2 Opioid Analgesics	1,018
	4.8 Anti-epileptics	854
	4.9 Drugs used in Parkinson's disease	99
	4.11 Drugs for Dementia	49
5.Infections	5.1.1 Penicillins	669

	5.1.2 Cephalosporins	8
6.Endocrine	6.1.1 Insulins	229
	6.1.2 Anti-diabetic drugs	605
	6.6 Drugs affecting bone metabolism	204
7.Urinary Tract	7.4 Drugs for genito-urinary disorders	751
8.Cancer	8.3.4.1 Breast cancer	63
	8.3.4.2 Prostate cancer	22
9.Nutrition and blood	9.5.1 Calcium supplements	26
10.Musculo-Skeletal	10.1.1 NSAIDs	796

Minor Ailments (Sept 2015): 3,223 registered patients, 135 new registrations and 601 updates – items 515

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	18	189	203
Methotrexate	70	533	548
Warfarin	190	1,341	1,694
Total	278	2,063	2,445
Pharmacy HR	43		

The Total Number of UPIs (278) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

- 8 patients prescribed 10+ distinct BNF chapters (no high risk) (6 patients over the age of 65 years)
- 188 patients prescribed 10+ distinct BNF chapters (high risk) (110 patients over the age of 65 years)
- 499 patients prescribed 5+ distinct BNF chapters (no high risk) (140 patients over the age of 65 years)
- 3,082 patients prescribed 5+ distinct BNF chapters (high risk) (1,225 patients over the age of 65 years)

Effective

CMS Registrations (December 2015): 1,473 patients registered for CMS, 1,528 PCR records with risk assessment complete

NMIST: 39 new medicines interventions carried out

PHS Activity:

Smoking Cessation (January 2015 –December 2015)

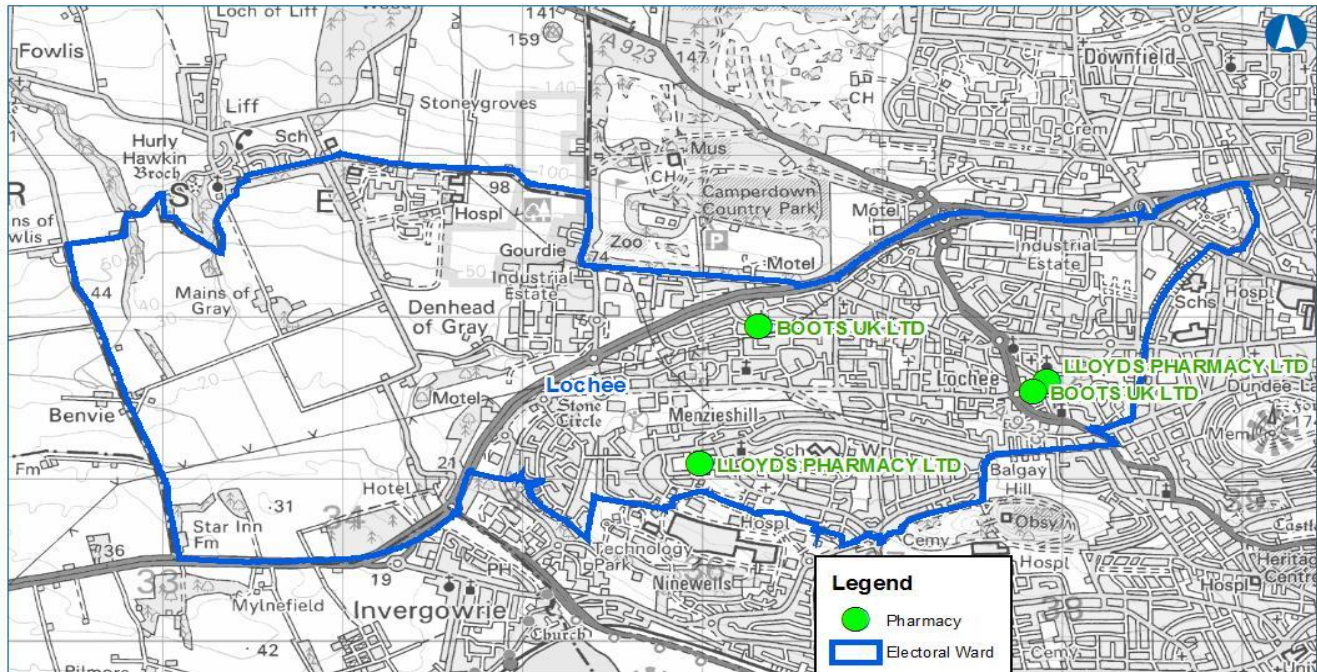
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
181	87	48	47	26

Emergency Hormonal Contraception – 90 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions - Nil

Methadone care plans required- 114 (04/2016)

Lochee

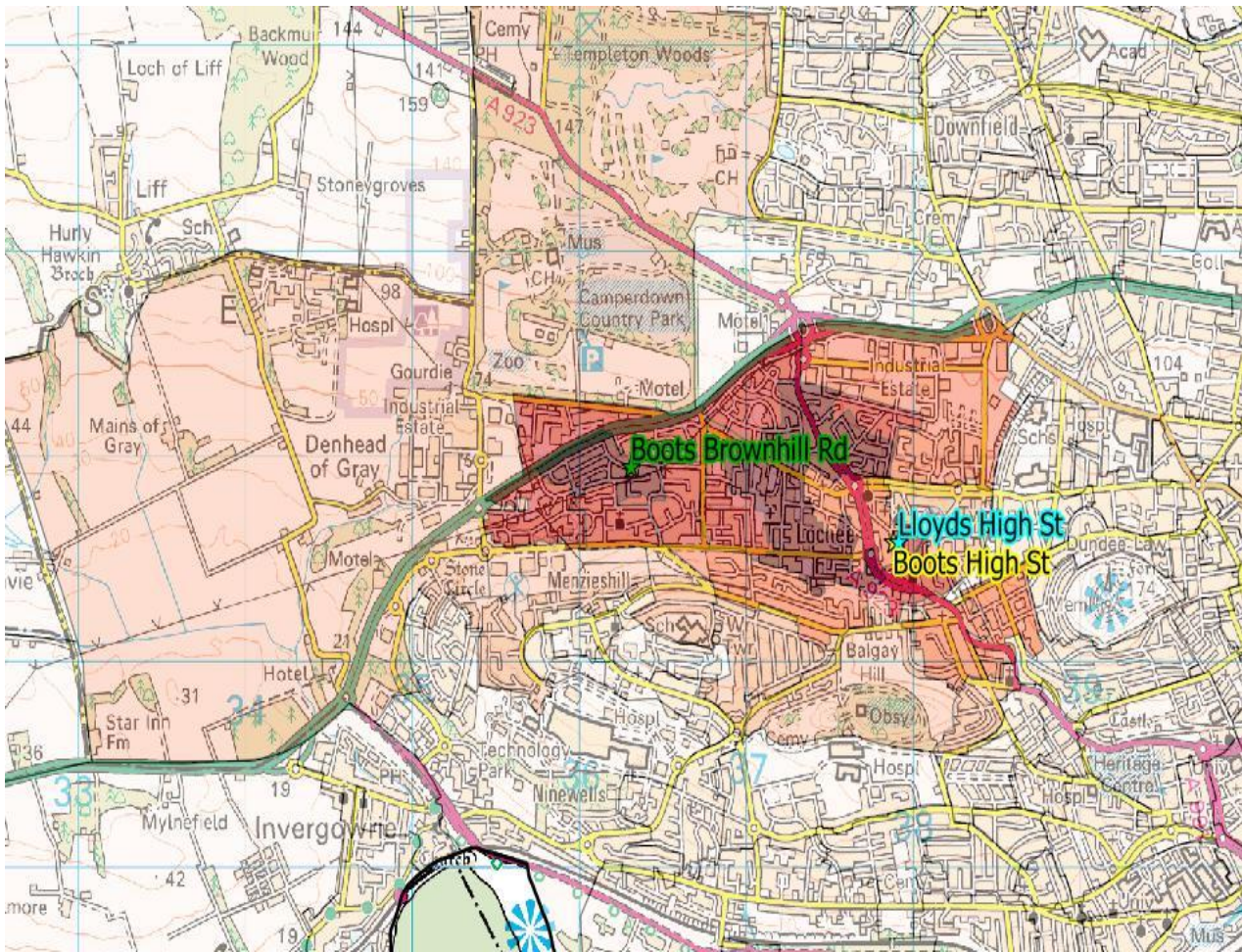


Demography

Title	Lochee	%	Dundee	%	Scotland	%
Population						
Total Population 2011	19,223		147,268		5,295,403	100.0%
Total Population 0-15	3,472	18.1%	23,704	16.1%	916,331	17.3%
Total Population 16-64	12,161	63.3%	98,967	67.2%	3,488,738	65.9%
Total Population 65+	3,590	18.7%	24,597	16.7%	890,334	16.8%
Median age	41		38		41	
Ethnicity						
White British	17,841	92.8%	131,610	89.4%	4,862,787	91.8%
White Other	548	2.9%	6,850	4.7%	221,620	4.2%
Mixed or multiple ethnic groups	78	0.4%	685	0.5%	19,815	0.4%
Asian, Asian Scottish or Asian British	488	2.5%	5,838	4.0%	140,678	2.7%
Caribbean or Black	21	0.1%	269	0.2%	6,540	0.1%
African	133	0.7%	1,170	0.8%	29,638	0.6%
Other ethnic groups	114	0.6%	846	0.6%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	13,854	100.0%	111,319	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	1,902	13.7%	13,971	12.6%	529,816	13.3%
Full time employed	5,032	36.3%	38,595	34.7%	1,573,416	39.6%
Self employed	607	4.4%	5,405	4.9%	297,693	7.5%
Unemployed	1,020	7.4%	6,384	5.7%	189,414	4.8%

Full time student	520	3.8%	7,366	6.6%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	2,174	15.7%	15,847	14.2%	591,667	14.9%
Full time student	688	5.0%	11,232	10.1%	218,412	5.5%
Looking after home or family	543	3.9%	3,543	3.2%	141,542	3.6%
Long term sick or disabled	1,046	7.6%	6,732	6.0%	203,975	5.1%
Other	322	2.3%	2,244	2.0%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	5,228	33.0%	33,208	27.0%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	4,223	27.0%	28,185	23.0%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	1,974	13.0%	19,238	16.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	1,441	9.0%	12,278	10.0%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	2,885	18.0%	30,655	25.0%	1,142,662	26.1%
Households						
Total Household Spaces	9,695	100.0%	71,625	100.0%	2,473,881	100.0%
With residents	9,287	96.0%	69,193	97.0%	2,372,777	95.9%
Vacant	364	3.8%	1,731	2.4%	64,462	2.6%
Owner Occupied	4,594	49.5%	34,885	50.4%	1,470,986	62.0%
Local Authority	2,971	32.0%	12,826	18.5%	312,745	13.2%
Housing Association	714	7.7%	7,971	11.5%	263,674	11.1%
Private Rented	934	10.1%	12,921	18.7%	263,459	11.1%
Other	74	0.8%	590	0.9%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	4,571	23.8%	30,711	20.9%	1,040,371	19.6%
Activities not limited	14,652	76.2%	116,557	79.1%	4,255,032	80.4%
General Health						
Very Good	9,131	47.5%	75,918	51.6%	2,778,481	52.5%
Good	6,077	31.6%	44,382	30.1%	1,575,000	29.7%
Fair	2,598	13.5%	18,027	12.2%	644,881	12.2%
Bad	1,094	5.7%	6,731	4.6%	226,154	4.3%
Very Bad	323	1.7%	2,210	1.5%	70,887	1.3%
Provision of unpaid care						
No unpaid care	17,437	90.7%	134,196	91.1%	4,803,172	90.7%
1 to 49 hours per week	1,216	6.3%	6,833	4.6%	360,149	6.8%
50 or more hours per week	570	3.0%	6,239	4.2%	132,082	2.5%

Lochee Locality



Person-centred

A total of 10,624 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 63,000 items were presented at the pharmacies for dispensing from Lochee Health Centre (25% of pharmacy total). A total of 2,843 patients attending the pharmacies were over the age of 65 years and 1,322 were below the age of 18 years. A total of 46 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.50. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 1 below.

Table 1: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	3,663
3.Respiratory	3.1 Bronchodilators	1,255
4.Central Nervous System	4.1 Hypnotics and anxiolytics	719
	4.2 Drugs used in psychosis and related disorders	319
	4.3 Antidepressants	2,293
	4.7.2 Opioid Analgesics	890
	4.8 Anti-epileptics	769
	4.9 Drugs used in Parkinson's disease	90
	4.11 Drugs for Dementia	58
	5.1.1 Penicillins	582
	5.1.2 Cephalosporins	11

6.Endocrine	6.1.1 Insulins	185
	6.1.2 Anti-diabetic drugs	554
	6.6 Drugs affecting bone metabolism	222
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	638
8.Cancer	8.3.4.1 Breast cancer	44
	8.3.4.2 Prostate cancer	18
9.Nutrition and blood	9.5.1 Calcium supplements	29
10.Musculo-Skeletal	10.1.1 NSAIDs	575

Minor Ailments (Sept 2015): 1,688 of registered patients,130 new registrations and 294 updates – items 328

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	17	188	211
Methotrexate	65	450	459
Warfarin	179	1,354	1,680
Total	261	1,992	2,350
Pharmacy HR	38		

The Total Number of UPIs (261) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

6 patients prescribed 10+ distinct BNF chapters (no high risk) (6 patients over the age of 65 years)

172 patients prescribed 10+ distinct BNF chapters (high risk) (99 patients over the age of 65 years)

396 patients prescribed 5+ distinct BNF chapters (no high risk) (148 patients over the age of 65 years)

2,567 patients prescribed 5+ distinct BNF chapters (high risk) (1,242 patients over the age of 65 years)

Effective

CMS Registrations (December 2015): 1,543 patients registered for CMS, 1,710 PCR records with risk assessment complete

NMIST: 45 new medicines interventions carried out

PHS Activity:

Smoking Cessation (January 2015 –December 2015)

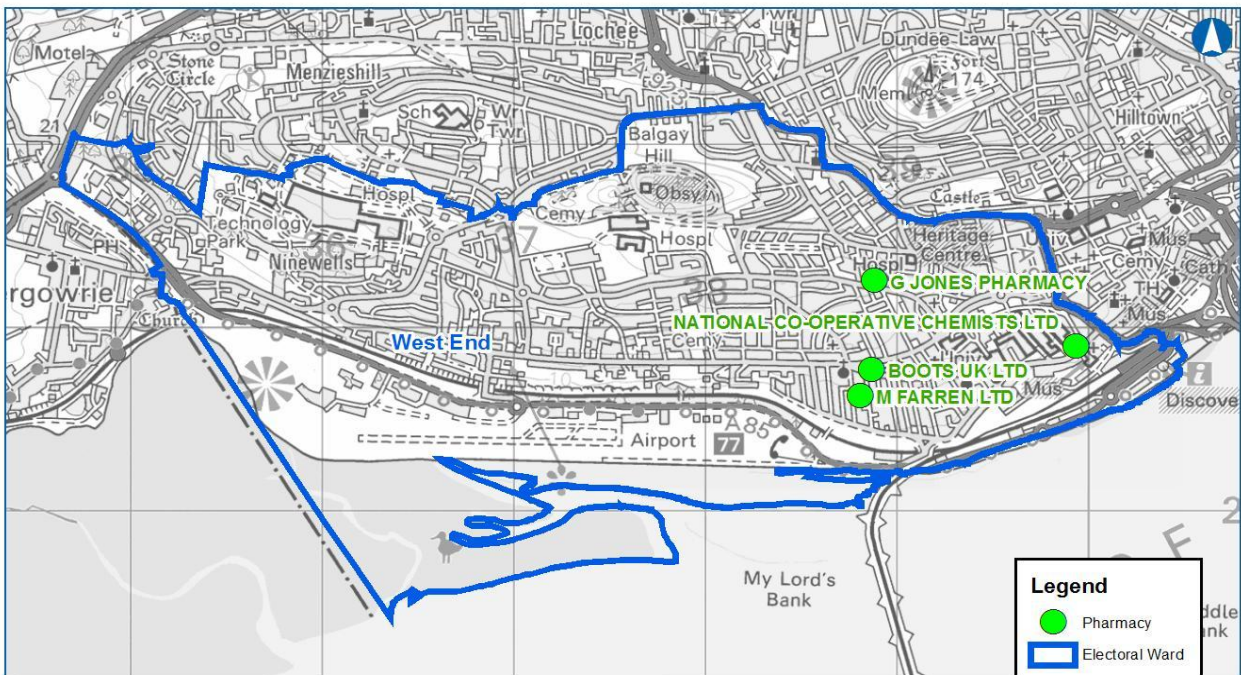
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
78	35	45	16	21

Emergency Hormonal Contraception – 89 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions – Nil

Methadone care plans required – 104 (04/2016)

West End

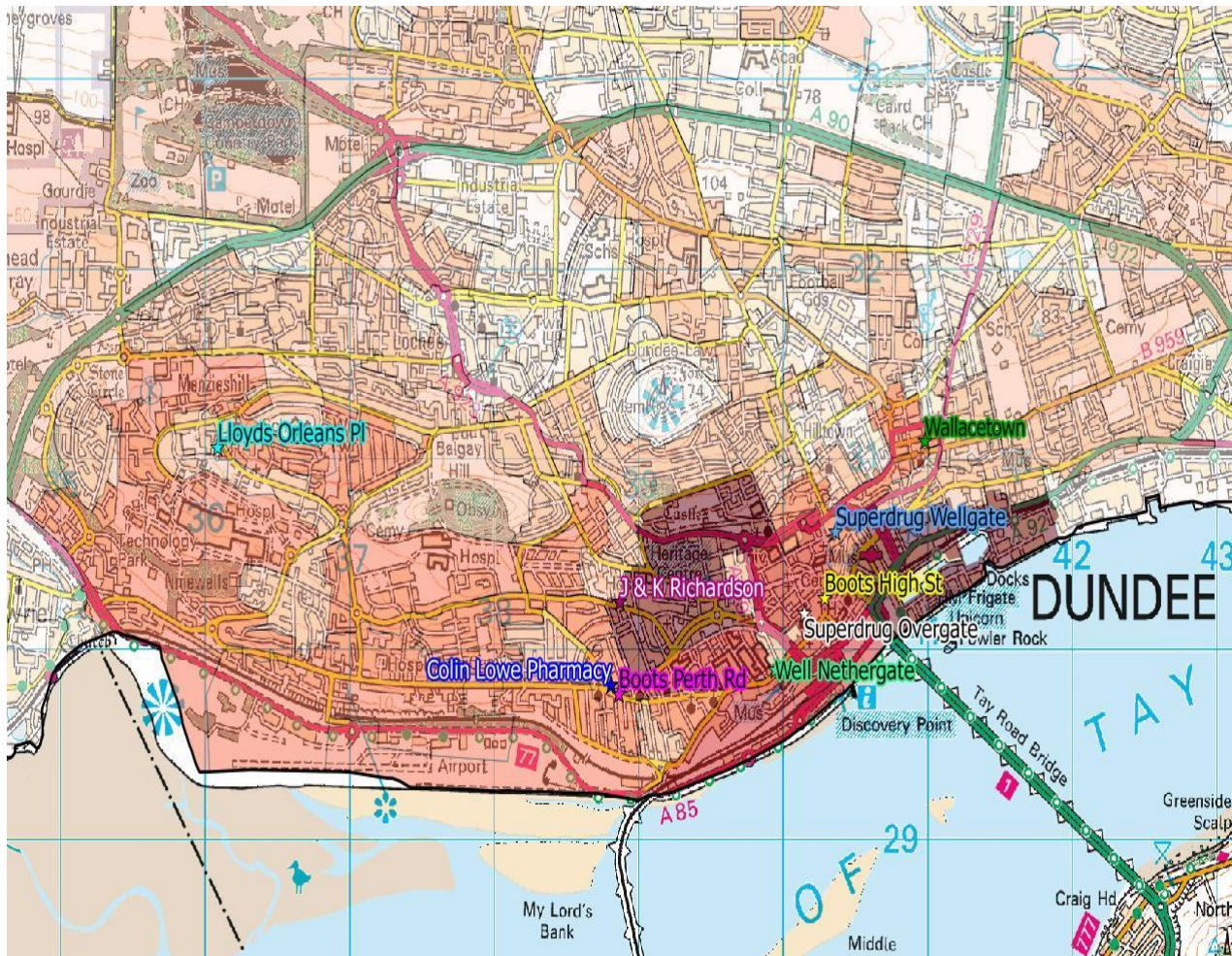


Demography

Title	West End	%	Dundee	%	Scotland	%
Population						
Total Population 2011	20,625		147,268		5,295,403	100.0%
Total Population 0-15	1,968	9.5%	23,704	16.1%	916,331	17.3%
Total Population 16-64	16,262	78.8%	98,967	67.2%	3,488,738	65.9%
Total Population 65+	2,395	11.6%	24,597	16.7%	890,334	16.8%
Median age	26		38		41	
Ethnicity						
White British	15,810	77.0%	131,610	89.4%	4,862,787	91.8%
White Other	1,965	10.0%	6,850	4.7%	221,620	4.2%
Mixed or multiple ethnic groups	190	0.9%	685	0.5%	19,815	0.4%
Asian, Asian Scottish or Asian British	1,825	8.8%	5,838	4.0%	140,678	2.7%
Caribbean or Black	67	0.3%	269	0.2%	6,540	0.1%
African	461	2.2%	1,170	0.8%	29,638	0.6%
Other ethnic groups	307	1.5%	846	0.6%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	17,354	100.0%	111,319	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	1,331	7.7%	13,971	12.6%	529,816	13.3%
Full time employed	4,592	26.5%	38,595	34.7%	1,573,416	39.6%
Self employed	724	4.2%	5,405	4.9%	297,693	7.5%
Unemployed	619	3.6%	6,384	5.7%	189,414	4.8%
Full time student	2,553	14.7%	7,366	6.6%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	1,386	8.0%	15,847	14.2%	591,667	14.9%

Full time student	5,009	28.9%	11,232	10.1%	218,412	5.5%
Looking after home or family	306	1.8%	3,543	3.2%	141,542	3.6%
Long term sick or disabled	616	3.5%	6,732	6.0%	203,975	5.1%
Other	218	1.3%	2,244	2.0%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	2,438	13.0%	33,208	27.0%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	2,380	13.0%	28,185	23.0%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	5,155	28.0%	19,238	16.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	1,759	9.0%	12,278	10.0%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	6,925	37.0%	30,655	25.0%	1,142,662	26.1%
Households						
Total Household Spaces	9,401	100.0%	71,625	100.0%	2,473,881	100.0%
With residents	9,115	97.0%	69,193	97.0%	2,372,777	95.9%
Vacant	260	2.8%	1,731	2.4%	64,462	2.6%
Owner Occupied	3,542	38.9%	34,885	50.4%	1,470,986	62.0%
Local Authority	802	8.8%	12,826	18.5%	312,745	13.2%
Housing Association	1,087	11.9%	7,971	11.5%	263,674	11.1%
Private Rented	3,370	37.0%	12,921	18.7%	263,459	11.1%
Other	314	3.4%	590	0.9%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	3,015	14.6%	30,711	20.9%	1,040,371	19.6%
Activities not limited	17,610	85.4%	116,557	79.1%	4,255,032	80.4%
General Health						
Very Good	12,263	59.5%	75,918	51.6%	2,778,481	52.5%
Good	5,837	28.3%	44,382	30.1%	1,575,000	29.7%
Fair	1,698	8.2%	18,027	12.2%	644,881	12.2%
Bad	654	3.2%	6,731	4.6%	226,154	4.3%
Very Bad	173	0.8%	2,210	1.5%	70,887	1.3%
Provision of unpaid care						
No unpaid care	19,334	93.7%	134,196	91.1%	4,803,172	90.7%
1 to 49 hours per week	1,014	4.9%	6,833	4.6%	360,149	6.8%
50 or more hours per week	277	1.3%	6,239	4.2%	132,082	2.5%

West End Locality



Person-centred

A total of 38,858 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 93,000 items were presented at the pharmacies for dispensing from Family Medical Group (12% of pharmacy total). A total of 9,363 patients attending the pharmacies were over the age of 65 years and 3,311 were below the age of 18 years. A total of 1,358 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.30. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 1 below.

Table 1: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	11,274
3.Respiratory	3.1 Bronchodilators	3,349
4.Central Nervous System	4.1 Hypnotics and anxiolytics	2,047
	4.2 Drugs used in psychosis and related disorders	1,372
	4.3 Antidepressants	7,498
	4.7.2 Opioid Analgesics	2,504
	4.8 Anti-epileptics	2,273
	4.9 Drugs used in Parkinson's disease	320
5.Infections	4.11 Drugs for Dementia	281
	5.1.1 Penicillins	1,925

	5.1.2 Cephalosporins	49
6.Endocrine	6.1.1 Insulins	608
	6.1.2 Anti-diabetic drugs	1,538
	6.6 Drugs affecting bone metabolism	668
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	1,874
8.Cancer	8.3.4.1 Breast cancer	138
	8.3.4.2 Prostate cancer	72
9.Nutrition and blood	9.5.1 Calcium supplements	71
10.Musculo-Skeletal	10.1.1 NSAIDs	1,585

Minor Ailments (july 2014): 4,178 registered patients, 301 new registrations and 499 updates – items 684

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	74	792	854
Methotrexate	178	1,242	1,253
Warfarin	548	4,064	5,004
Total	800	6,089	7,111
Pharmacy HR	136		

The Total Number of UPIs (800) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

38 patients prescribed 10+ distinct BNF chapters (no high risk) (28 patients over the age of 65 years)

728 patients prescribed 10+ distinct BNF chapters (high risk) (468 patients over the age of 65 years)

1,653 patients prescribed 5+ distinct BNF chapters (no high risk) (590 patients over the age of 65 years)

8,407 patients prescribed 5+ distinct BNF chapters (high risk) (3,937 patients over the age of 65 years)

Effective

CMS Registrations (December 2015): 3,493 patients registered for CMS, 4,115 PCR records with risk assessment complete

NMIST: 145 new medicines interventions carried out

PHS Activity:

Smoking Cessation (January 2015 –December 2015)

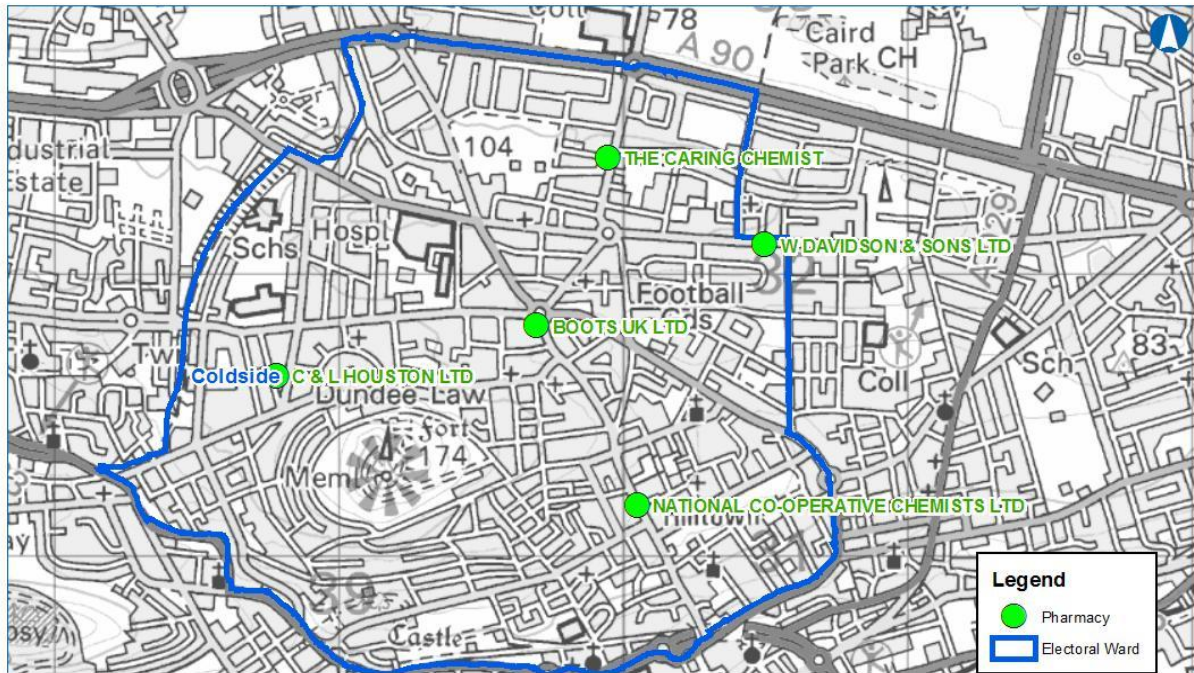
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
314	155	49	82	26

Emergency Hormonal Contraception – 2,012 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions – 399 (Q1 2015 –Q4 2015)

Methadone care plans required – 360 (04/2016)

Coldside

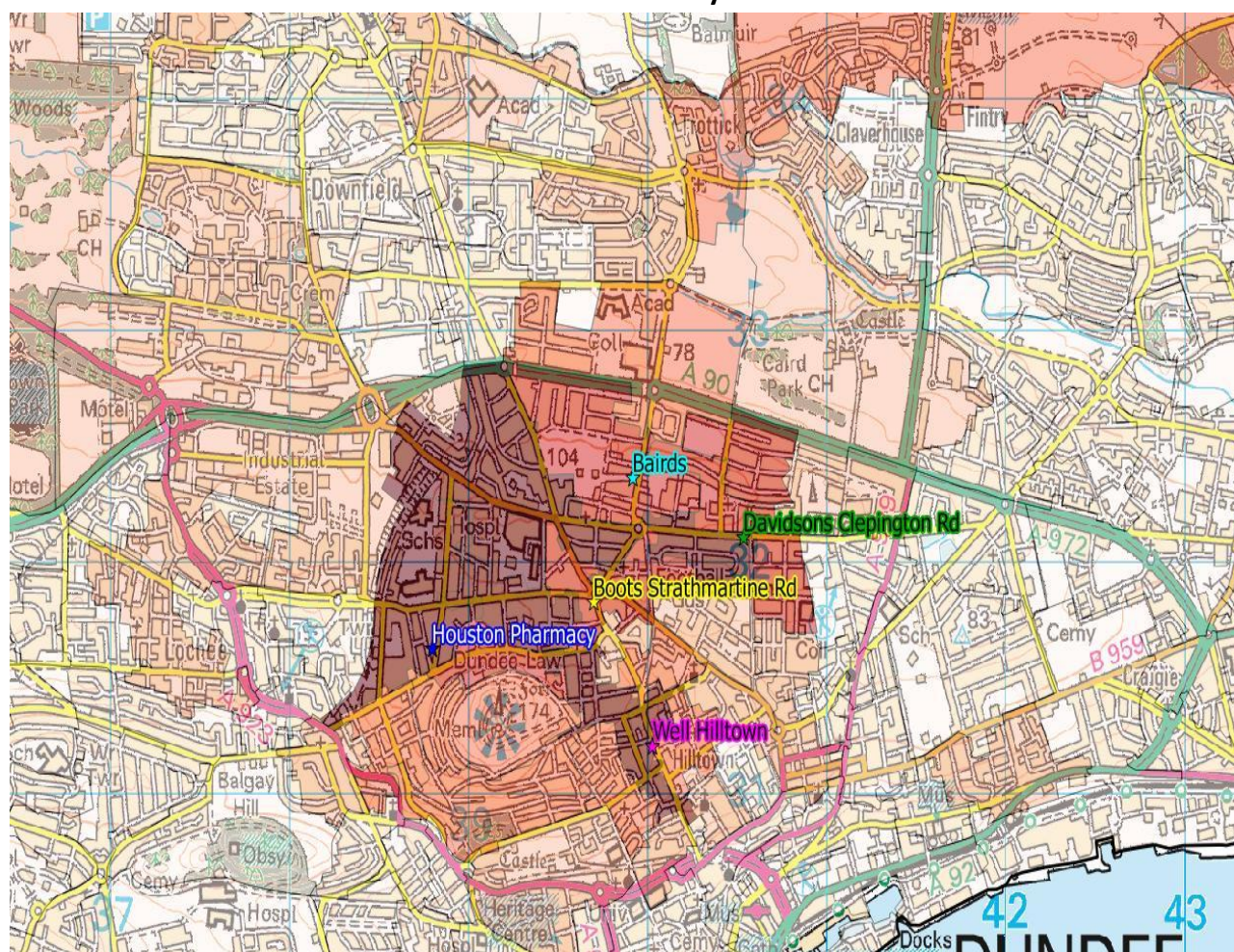


Demography

Title	Coldside	%	Dundee	%	Scotland	%
Population						
Total Population 2011	19,956		147,268		5,295,403	100.0%
Total Population 0-15	2,305	11.6%	23,704	16.1%	916,331	17.3%
Total Population 16-64	13,748	68.9%	98,967	67.2%	3,488,738	65.9%
Total Population 65+	3,903	19.6%	24,597	16.7%	890,334	16.8%
Median age	39		38		41	
Ethnicity						
White British	17,016	85.3%	131,610	89.4%	4,862,787	91.8%
White Other	1,315	6.6%	6,850	4.7%	221,620	4.2%
Mixed or multiple ethnic groups	107	0.5%	685	0.5%	19,815	0.4%
Asian, Asian Scottish or Asian British	1,111	5.6%	5,838	4.0%	140,678	2.7%
Caribbean or Black	52	0.3%	269	0.2%	6,540	0.1%
African	218	1.1%	1,170	0.8%	29,638	0.6%
Other ethnic groups	137	0.7%	846	0.6%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	15,665	100.0%	111,319	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	1,677	10.7%	13,971	12.6%	529,816	13.3%
Full time employed	5,086	32.5%	38,595	34.7%	1,573,416	39.6%
Self employed	653	4.2%	5,405	4.9%	297,693	7.5%
Unemployed	979	6.2%	6,384	5.7%	189,414	4.8%
Full time student	1,209	7.7%	7,366	6.6%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	2,434	15.5%	15,847	14.2%	591,667	14.9%

Full time student	1,653	10.6%	11,232	10.1%	218,412	5.5%
Looking after home or family	390	2.5%	3,543	3.2%	141,542	3.6%
Long term sick or disabled	1,189	7.6%	6,732	6.0%	203,975	5.1%
Other	395	2.5%	2,244	2.0%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	5,344	30.0%	33,208	27.0%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	3,772	21.0%	28,185	23.0%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	2,505	14.0%	19,238	16.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	1,829	10.0%	12,278	10.0%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	4,204	24.0%	30,655	25.0%	1,142,662	26.1%
Households						
Total Household Spaces	11,224	100.0%	71,625	100.0%	2,473,881	100.0%
With residents	10,848	97.0%	69,193	97.0%	2,372,777	95.9%
Vacant	257	2.3%	1,731	2.4%	64,462	2.6%
Owner Occupied	4,401	40.6%	34,885	50.4%	1,470,986	62.0%
Local Authority	2,622	24.2%	12,826	18.5%	312,745	13.2%
Housing Association	1,104	10.2%	7,971	11.5%	263,674	11.1%
Private Rented	2,610	24.1%	12,921	18.7%	263,459	11.1%
Other	111	1.0%	590	0.9%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	4,913	24.6%	30,711	20.9%	1,040,371	19.6%
Activities not limited	15,043	75.4%	116,557	79.1%	4,255,032	80.4%
General Health						
Very Good	9,034	45.3%	75,918	51.6%	2,778,481	52.5%
Good	6,454	32.3%	44,382	30.1%	1,575,000	29.7%
Fair	2,939	14.7%	18,027	12.2%	644,881	12.2%
Bad	1,120	5.3%	6,731	4.6%	226,154	4.3%
Very Bad	409	2.0%	2,210	1.5%	70,887	1.3%
Provision of unpaid care						
No unpaid care	18,291	91.7%	134,196	91.1%	4,803,172	90.7%
1 to 49 hours per week	1,152	5.8%	6,833	4.6%	360,149	6.8%
50 or more hours per week	513	2.6%	6,239	4.2%	132,082	2.5%

Coldside Locality



Person-centred

A total of 17,409 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 51,000 items were presented at the pharmacies for dispensing from Hillbank Health Centre (12% of pharmacy total). A total of 5,335 patients attending the pharmacies were over the age of 65 years and 1,658 were below the age of 18 years. A total of 1,205 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.50. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 1 below.

Table 1: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	5,956
3.Respiratory	3.1 Bronchodilators	1,679
4.Central Nervous System	4.1 Hypnotics and anxiolytics	1,268
	4.2 Drugs used in psychosis and related disorders	788
	4.3 Antidepressants	3,593
	4.7.2 Opioid Analgesics	1,375
	4.8 Anti-epileptics	1,237
	4.9 Drugs used in Parkinson's disease	192
5.Infections	4.11 Drugs for Dementia	208
	5.1.1 Penicillins	979

	5.1.2 Cephalosporins	17
6.Endocrine	6.1.1 Insulins	273
	6.1.2 Anti-diabetic drugs	802
	6.6 Drugs affecting bone metabolism	364
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	996
8.Cancer	8.3.4.1 Breast cancer	76
	8.3.4.2 Prostate cancer	38
9.Nutrition and blood	9.5.1 Calcium supplements	39
10.Musculo-Skeletal	10.1.1 NSAIDs	797

Minor Ailments (Sept 2015): 3,036 registered patients, 146 new registrations and 613 updates – items 828

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	51	542	599
Methotrexate	67	448	450
Warfarin	322	2,386	2,852
Total	440	3,376	3,901
Pharmacy HR	55		

The Total Number of UPIs (440) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

18 patients prescribed 10+ distinct BNF chapters (no high risk) (14 patients over the age of 65 years)

390 patients prescribed 10+ distinct BNF chapters (high risk) (283 patients over the age of 65 years)

793 patients prescribed 5+ distinct BNF chapters (no high risk) (339 patients over the age of 65 years)

4,446 patients prescribed 5+ distinct BNF chapters (high risk) (2,441 patients over the age of 65 years)

Effective

CMS Registrations (December 2015): 1,103 patients registered for CMS, 1,385 PCR records with risk assessment complete

NMIST: 113 new medicines interventions carried out

PHS Activity:

Smoking Cessation (January 2015 –December 2015)

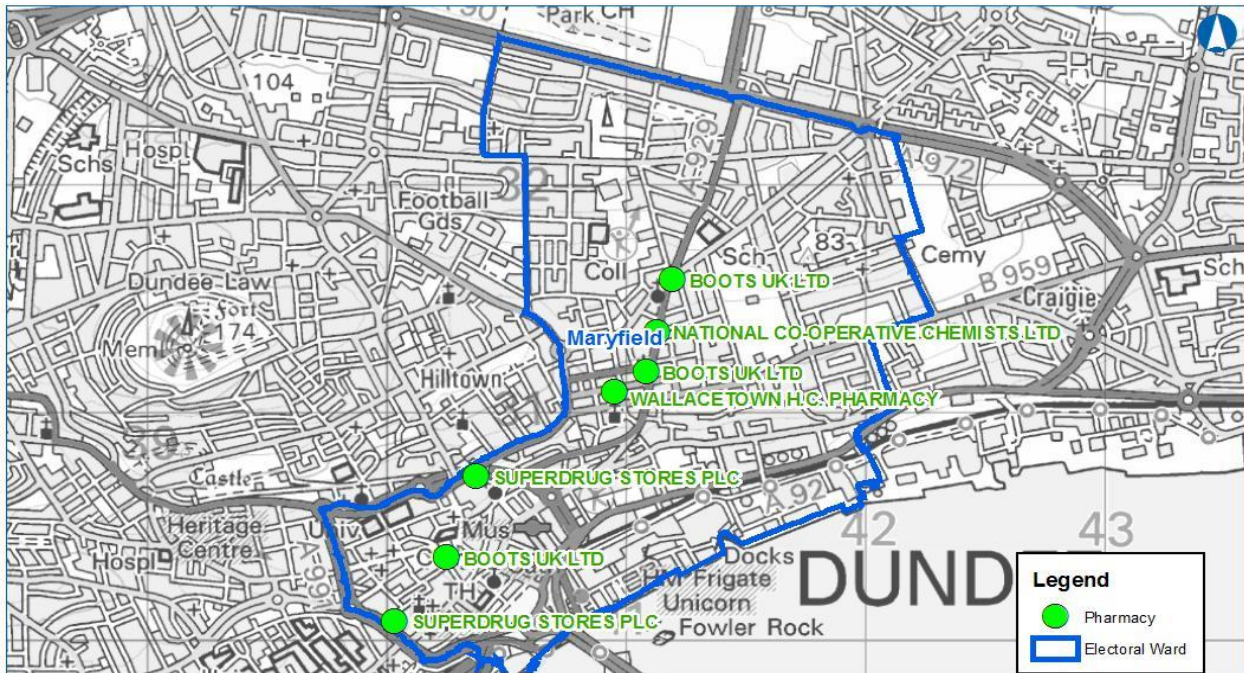
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
272	132	49	81	30

Emergency Hormonal Contraception – 121 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions - 617 (Q1 2015 –Q4 2015)

Methadone care plans required – 224 (04/2016)

Maryfield

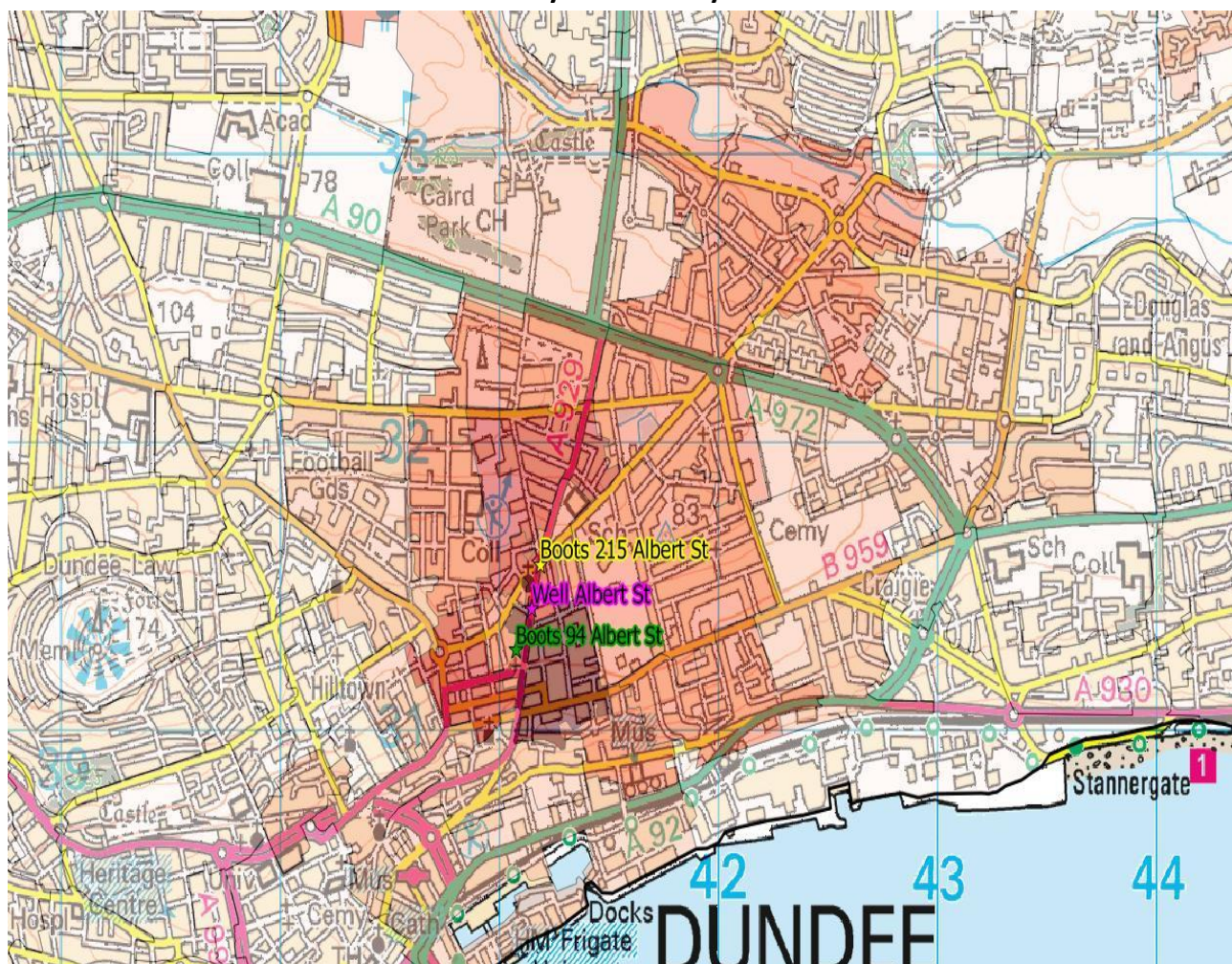


Demography

Title	Maryfield	%	Dundee	%	Scotland	%
Population						
Total Population 2011	16,397		147,268		5,295,403	100.0%
Total Population 0-15	1,898	11.6%	23,704	16.1%	916,331	17.3%
Total Population 16-64	12,476	76.1%	98,967	67.2%	3,488,738	65.9%
Total Population 65+	2,023	12.3%	24,597	16.7%	890,334	16.8%
Median age	31		38		41	
Ethnicity						
White British	13,155	80.2%	131,610	89.4%	4,862,787	91.8%
White Other	1,416	8.6%	6,850	4.7%	221,620	4.2%
Mixed or multiple ethnic groups	82	0.5%	685	0.5%	19,815	0.4%
Asian, Asian Scottish or Asian British	1,370	8.4%	5,838	4.0%	140,678	2.7%
Caribbean or Black	52	0.3%	269	0.2%	6,540	0.1%
African	184	1.1%	1,170	0.8%	29,638	0.6%
Other ethnic groups	138	0.8%	846	0.6%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	13,523	100.0%	111,319	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	1,450	10.7%	13,971	12.6%	529,816	13.3%
Full time employed	4,703	34.8%	38,595	34.7%	1,573,416	39.6%
Self employed	641	4.7%	5,405	4.9%	297,693	7.5%
Unemployed	811	6.0%	6,384	5.7%	189,414	4.8%
Full time student	1,317	9.7%	7,366	6.6%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	1,318	9.7%	15,847	14.2%	591,667	14.9%
Full time student	1,827	13.5%	11,232	10.1%	218,412	5.5%
Looking after home or family	354	2.6%	3,543	3.2%	141,542	3.6%

Long term sick or disabled	780	5.8%	6,732	6.0%	203,975	5.1%
Other	322	2.4%	2,244	2.0%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	3,162	21.8%	33,208	27.0%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	2,838	19.6%	28,185	23.0%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	2,465	17.0%	19,238	16.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	1,696	11.7%	12,278	10.0%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	4,338	29.9%	30,655	25.0%	1,142,662	26.1%
Households						
Total Household Spaces	9,037	100.0%	71,625	100.0%	2,473,881	100.0%
With residents	8,628	95.5%	69,193	97.0%	2,372,777	95.9%
Vacant	239	2.6%	1,731	2.4%	64,462	2.6%
Owner Occupied	3,166	36.7%	34,885	50.4%	1,470,986	62.0%
Local Authority	777	9.0%	12,826	18.5%	312,745	13.2%
Housing Association	1,421	16.5%	7,971	11.5%	263,674	11.1%
Private Rented	3,170	36.7%	12,921	18.7%	263,459	11.1%
Other	94	1.1%	590	0.9%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	2,978	18.2%	30,711	20.9%	1,040,371	19.6%
Activities not limited	13,419	81.8%	116,557	79.1%	4,255,032	80.4%
General Health						
Very Good	8,623	52.6%	75,918	51.6%	2,778,481	52.5%
Good	4,998	30.5%	44,382	30.1%	1,575,000	29.7%
Fair	1,886	11.5%	18,027	12.2%	644,881	12.2%
Bad	677	4.1%	6,731	4.6%	226,154	4.3%
Very Bad	213	1.3%	2,210	1.5%	70,887	1.3%
Provision of unpaid care						
No unpaid care	15,133	92.3%	134,196	91.1%	4,803,172	90.7%
1 to 49 hours per week	940	5.7%	6,833	4.6%	360,149	6.8%
50 or more hours per week	324	2.0%	6,239	4.2%	132,082	2.5%

Maryfield Locality



Person-centred

A total of 14,896 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 32,000 items were presented at the pharmacies for dispensing from Park Avenue Medical Centre (15% of pharmacy total). A total of 2,340 patients attending the pharmacies were over the age of 65 years and 1,961 were below the age of 18 years. A total of 63 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.50. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 1 below.

Table 1: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	3,163
3.Respiratory	3.1 Bronchodilators	1,147
4.Central Nervous System	4.1 Hypnotics and anxiolytics	692
	4.2 Drugs used in psychosis and related disorders	403
	4.3 Antidepressants	2,599
	4.7.2 Opioid Analgesics	839
	4.8 Anti-epileptics	788
	4.9 Drugs used in Parkinson's disease	78
	4.11 Drugs for Dementia	30
5.Infections	5.1.1 Penicillins	724

	5.1.2 Cephalosporins	6
6.Endocrine	6.1.1 Insulins	210
	6.1.2 Anti-diabetic drugs	500
	6.6 Drugs affecting bone metabolism	123
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	559
8.Cancer	8.3.4.1 Breast cancer	28
	8.3.4.2 Prostate cancer	13
9.Nutrition and blood	9.5.1 Calcium supplements	11
10.Musculo-Skeletal	10.1.1 NSAIDs	686

Minor Ailments (Sept 2015): 1,976 registered patients, 144 new registrations and 309 updates – items 386

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	22	200	223
Methotrexate	43	291	300
Warfarin	123	868	1,038
Total	188	1,359	1,561
Pharmacy HR	25		

The Total Number of UPIs (188) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

2 patients prescribed 10+ distinct BNF chapters (no high risk) (1 patient over the age of 65 years)

155 patients prescribed 10+ distinct BNF chapters (high risk) (49 patients over the age of 65 years)

561 patients prescribed 5+ distinct BNF chapters (no high risk) (111 patients over the age of 65 years)

2,488 patients prescribed 5+ distinct BNF chapters (high risk) (721 patients over the age of 65 years)

Effective

CMS Registrations (December 2015): 970 patients registered for CMS; 1,325 PCR records with risk assessment complete

NMIST: 34 new medicines interventions carried out

PHS Activity:

Smoking Cessation (January 2015 –December 2015)

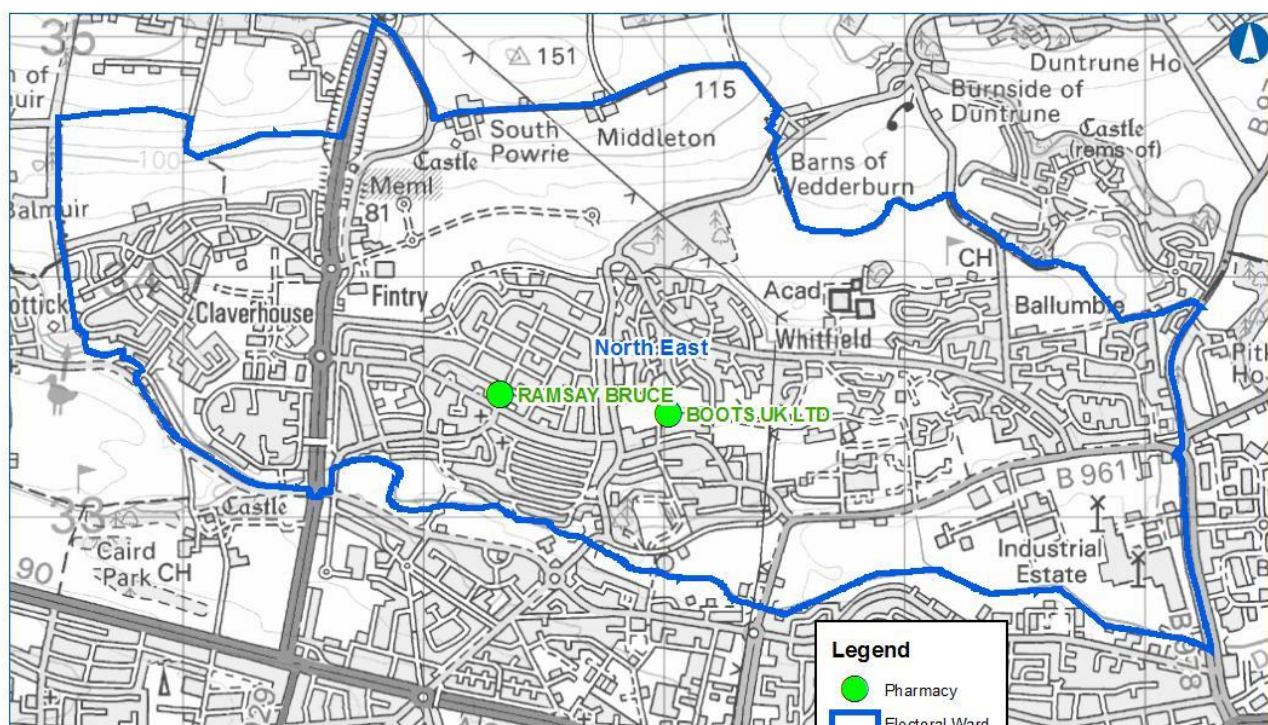
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
24	14	58	4	17

Emergency Hormonal Contraception –207 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions – – 60 (Q1 2015 –Q4 2015)

Methadone care plans required – 196 (04/2016)

North East

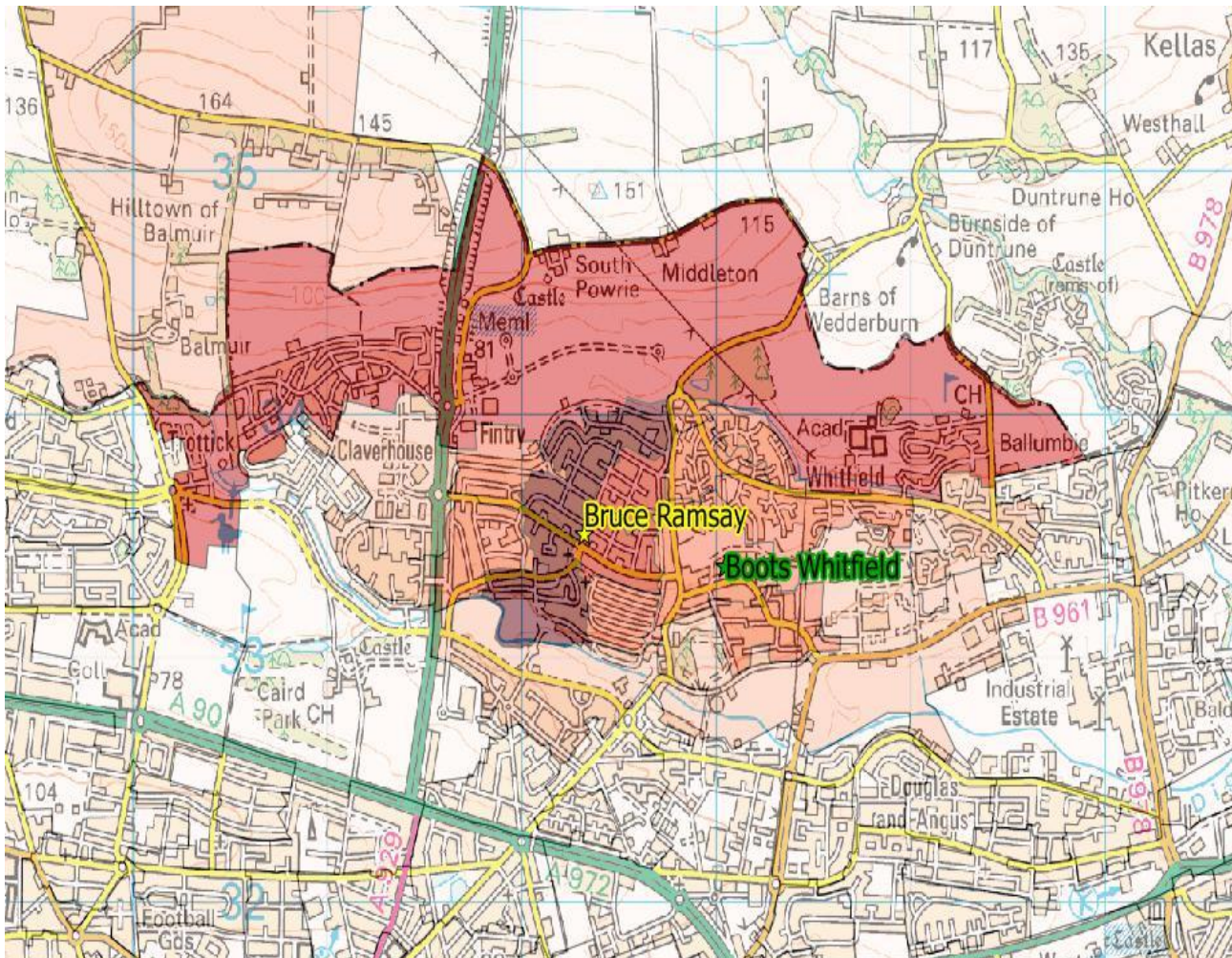


Demography

Title	North East	%	Dundee	%	Scotland	%
Population						
Total Population 2011	15,667		147,268		5,295,403	100.0%
Total Population 0-15	3,713	23.7%	23,704	16.1%	916,331	17.3%
Total Population 16-64	10,172	64.9%	98,967	67.2%	3,488,738	65.9%
Total Population 65+	1,782	11.4%	24,597	16.7%	890,334	16.8%
Median age	36		38		41	
Ethnicity						
White British	14,989	95.7%	131,610	89.4%	4,862,787	91.8%
White Other	388	2.5%	6,850	4.7%	221,620	4.2%
Mixed or multiple ethnic groups	44	0.3%	685	0.5%	19,815	0.4%
Asian, Asian Scottish or Asian British	180	1.1%	5,838	4.0%	140,678	2.7%
Caribbean or Black	13	0.1%	269	0.2%	6,540	0.1%
African	31	0.2%	1,170	0.8%	29,638	0.6%
Other ethnic groups	22	0.1%	846	0.6%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	11,296	100.0%	111,319	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	1,824	16.1%	13,971	12.6%	529,816	13.3%
Full time employed	4,240	37.5%	38,595	34.7%	1,573,416	39.6%
Self employed	529	4.7%	5,405	4.9%	297,693	7.5%
Unemployed	848	7.5%	6,384	5.7%	189,414	4.8%
Full time student	371	3.3%	7,366	6.6%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	1,479	13.1%	15,847	14.2%	591,667	14.9%
Full time student	435	3.9%	11,232	10.1%	218,412	5.5%

Looking after home or family	530	4.7%	3,543	3.2%	141,542	3.6%
Long term sick or disabled	777	6.9%	6,732	6.0%	203,975	5.1%
Other	263	2.3%	2,244	2.0%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	3,958	33.1%	33,208	27.0%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	3,671	30.7%	28,185	23.0%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	1,410	11.8%	19,238	16.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	1,129	9.4%	12,278	10.0%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	1,786	14.9%	30,655	25.0%	1,142,662	26.1%
Households						
Total Household Spaces	6,847	100.0%	71,625	100.0%	2,473,881	100.0%
With residents	6,537	95.5%	69,193	97.0%	2,372,777	95.9%
Vacant	194	2.8%	1,731	2.4%	64,462	2.6%
Owner Occupied	3,491	53.4%	34,885	50.4%	1,470,986	62.0%
Local Authority	804	12.3%	12,826	18.5%	312,745	13.2%
Housing Association	1,720	26.3%	7,971	11.5%	263,674	11.1%
Private Rented	500	7.6%	12,921	18.7%	263,459	11.1%
Other	22	0.3%	590	0.9%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	3,097	19.8%	30,711	20.9%	1,040,371	19.6%
Activities not limited	12,570	80.2%	116,557	79.1%	4,255,032	80.4%
General Health						
Very Good	8,268	52.8%	75,918	51.6%	2,778,481	52.5%
Good	4,574	29.2%	44,382	30.1%	1,575,000	29.7%
Fair	1,872	11.9%	18,027	12.2%	644,881	12.2%
Bad	702	4.5%	6,731	4.6%	226,154	4.3%
Very Bad	251	1.6%	2,210	1.5%	70,887	1.3%
Provision of unpaid care						
No unpaid care	14,197	90.6%	134,196	91.1%	4,803,172	90.7%
1 to 49 hours per week	976	6.2%	6,833	4.6%	360,149	6.8%
50 or more hours per week	494	3.2%	6,239	4.2%	132,082	2.5%

North East Locality



Person-centred

A total of 7,631 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 36,000 items were presented at the pharmacies for dispensing from Mill Practice (22% of pharmacy total). A total of 1,470 patients attending the pharmacies were over the age of 65 years and 1,265 were below the age of 18 years. A total of 4 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.70. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 1 below.

Table 1: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	2,275
3.Respiratory	3.1 Bronchodilators	956
4.Central Nervous System	4.1 Hypnotics and anxiolytics	510
	4.2 Drugs used in psychosis and related disorders	205
	4.3 Antidepressants	1,736
	4.7.2 Opioid Analgesics	665
	4.8 Anti-epileptics	600
	4.9 Drugs used in Parkinson's disease	50
	4.11 Drugs for Dementia	29
5.Infections	5.1.1 Penicillins	531

	5.1.2 Cephalosporins	7
6.Endocrine	6.1.1 Insulins	141
	6.1.2 Anti-diabetic drugs	340
	6.6 Drugs affecting bone metabolism	136
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	407
8.Cancer	8.3.4.1 Breast cancer	30
	8.3.4.2 Prostate cancer	11
9.Nutrition and blood	9.5.1 Calcium supplements	9
10.Musculo-Skeletal	10.1.1 NSAIDs	480

Minor Ailments (Sept 2015): 1,508 registered patients, 71 new registrations and 282 updates – items 304

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	11	94	99
Methotrexate	44	328	331
Warfarin	111	820	995
Total	166	1,242	1,425
Pharmacy HR	14		

The Total Number of UPIs (166) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

- 1 patient prescribed 10+ distinct BNF chapters (no high risk) (0 patients over the age of 65 years)
- 161 patients prescribed 10+ distinct BNF chapters (high risk) (88 patients over the age of 65 years)
- 294 patients prescribed 5+ distinct BNF chapters (no high risk) (76 patients over the age of 65 years)
- 1,847 patients prescribed 5+ distinct BNF chapters (high risk) (687 patients over the age of 65 years)

Effective

CMS Registrations (December 2015): 639 patients registered for CMS; 731 PCR records with risk assessment complete

NMIST: 33 new medicines interventions carried out

PHS Activity:

Smoking Cessation (January 2015 –December 2015)

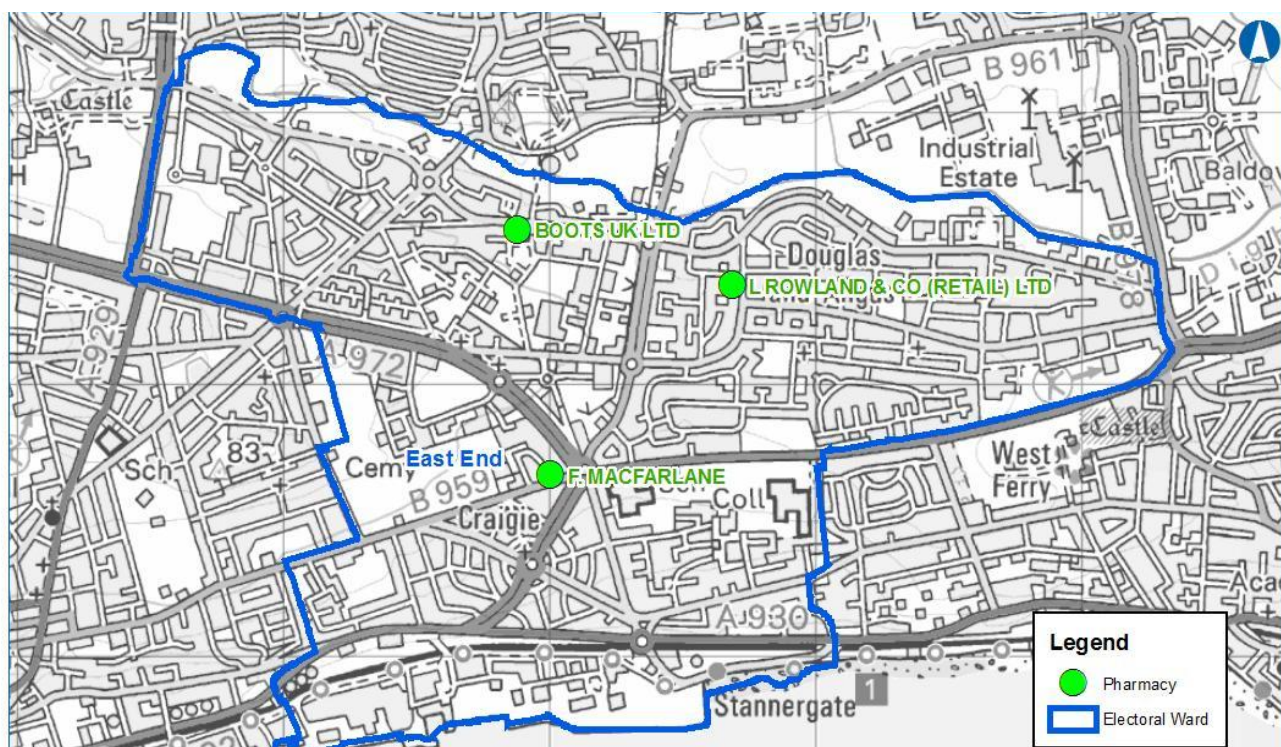
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
116	60	51.7	37	32

Emergency Hormonal Contraception – 48 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions – Nil

Methadone care plans required– 88 (04/2016)

East End

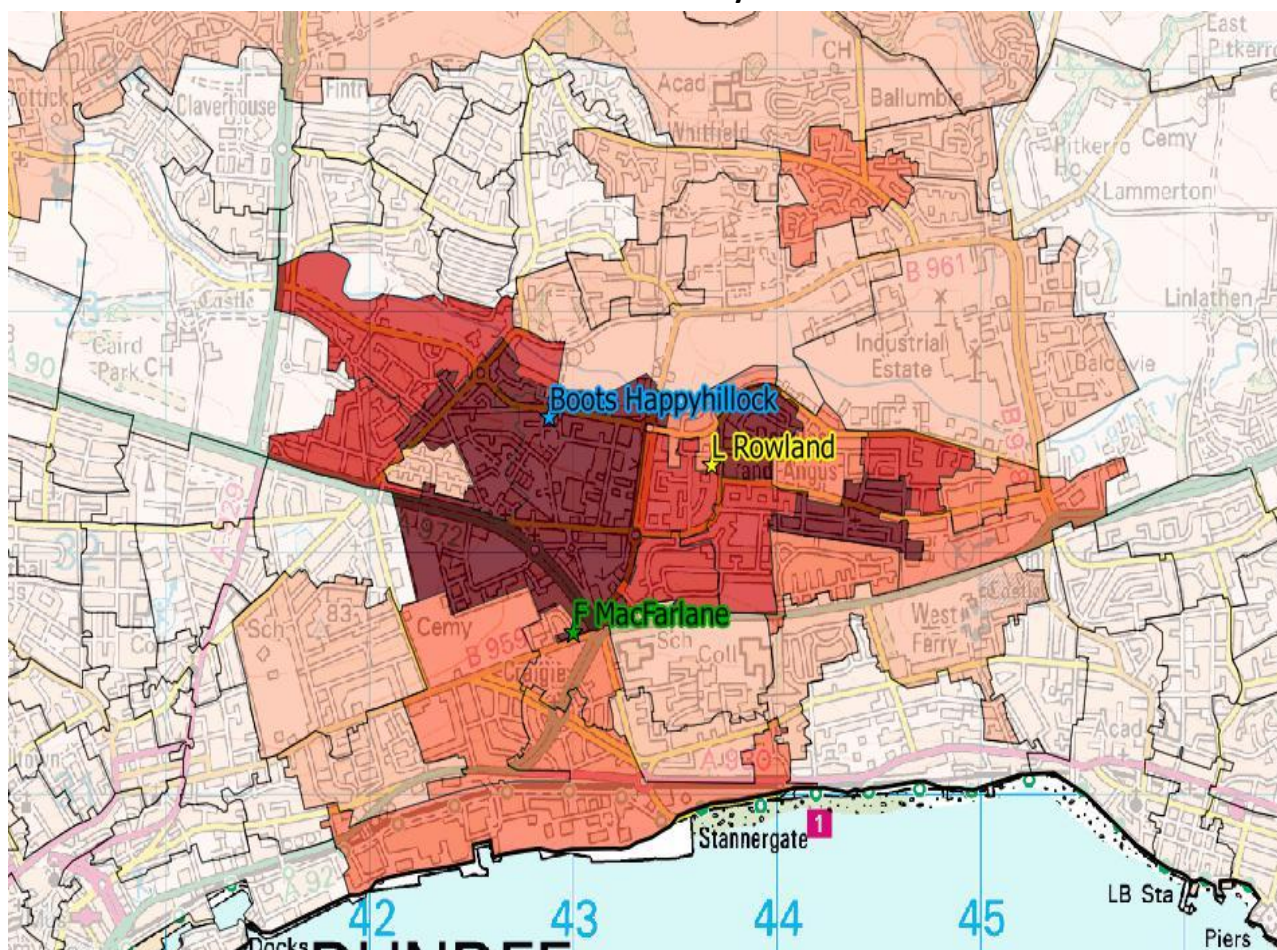


Demography

Title	East End	%	Dundee	%	Scotland	%
Population						
Total Population 2011	16,550		147,268		5,295,403	100.0%
Total Population 0-15	3,307	20.0%	23,704	16.1%	916,331	17.3%
Total Population 16-64	10,285	62.1%	98,967	67.2%	3,488,738	65.9%
Total Population 65+	2,958	17.9%	24,597	16.7%	890,334	16.8%
Median age	40		38		41	
Ethnicity						
White British	15,744	95.1%	131,610	89.4%	4,862,787	91.8%
White Other	327	2.0%	6,850	4.7%	221,620	4.2%
Mixed or multiple ethnic groups	48	0.3%	685	0.5%	19,815	0.4%
Asian, Asian Scottish or Asian British	321	1.9%	5,838	4.0%	140,678	2.7%
Caribbean or Black	22	0.1%	269	0.2%	6,540	0.1%
African	43	0.3%	1,170	0.8%	29,638	0.6%
Other ethnic groups	45	0.3%	846	0.6%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	11,696	100.0%	111,319	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	1,797	15.4%	13,971	12.6%	529,816	13.3%
Full time employed	3,907	33.4%	38,595	34.7%	1,573,416	39.6%
Self employed	467	4.0%	5,405	4.9%	297,693	7.5%
Unemployed	906	7.7%	6,384	5.7%	189,414	4.8%
Full time student	409	3.5%	7,366	6.6%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						

Retired	1,814	15.5%	15,847	14.2%	591,667	14.9%
Full time student	523	4.5%	11,232	10.1%	218,412	5.5%
Looking after home or family	554	4.7%	3,543	3.2%	141,542	3.6%
Long term sick or disabled	1,019	8.7%	6,732	6.0%	203,975	5.1%
Other	300	2.6%	2,244	2.0%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	5,053	38.2%	33,208	27.0%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	3,656	27.6%	28,185	23.0%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	1,548	11.7%	19,238	16.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	1,156	8.7%	12,278	10.0%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	1,830	13.8%	30,655	25.0%	1,142,662	26.1%
Households						
Total Household Spaces	7,979	100.0%	71,625	100.0%	2,473,881	100.0%
With residents	7,776	97.5%	69,193	97.0%	2,372,777	95.9%
Vacant	203	2.6%	1,731	2.4%	64,462	2.6%
Owner Occupied	3,625	46.6%	34,885	50.4%	1,470,986	62.0%
Local Authority	2,922	37.6%	12,826	18.5%	312,745	13.2%
Housing Association	572	7.4%	7,971	11.5%	263,674	11.1%
Private Rented	588	7.6%	12,921	18.7%	263,459	11.1%
Other	53	0.7%	590	0.9%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	4,261	25.7%	30,711	20.9%	1,040,371	19.6%
Activities not limited	12,289	74.3%	116,557	79.1%	4,255,032	80.4%
General Health						
Very Good	7,631	46.1%	75,918	51.6%	2,778,481	52.5%
Good	4,695	28.4%	44,382	30.1%	1,575,000	29.7%
Fair	2,578	15.6%	18,027	12.2%	644,881	12.2%
Bad	1,043	6.3%	6,731	4.6%	226,154	4.3%
Very Bad	33	0.2%	2,210	1.5%	70,887	1.3%
Provision of unpaid care						
No unpaid care	14,863	89.8%	134,196	91.1%	4,803,172	90.7%
1 to 49 hours per week	1,075	6.5%	6,833	4.6%	360,149	6.8%
50 or more hours per week	612	3.7%	6,239	4.2%	132,082	2.5%

East End Locality



Person-centred

A total of 11,577 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 38,000 items were presented at the pharmacies for dispensing from Family Medical Group (16% of pharmacy total). A total of 2,627 patients attending the pharmacies were over the age of 65 years and 1,680 were below the age of 18 years. A total of 15 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.30. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 1 below.

Table 1: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	3,761
3.Respiratory	3.1 Bronchodilators	1,235
4.Central Nervous System	4.1 Hypnotics and anxiolytics	621
	4.2 Drugs used in psychosis and related disorders	307
	4.3 Antidepressants	2,420
	4.7.2 Opioid Analgesics	957
	4.8 Anti-epileptics	818
5.Infections	4.9 Drugs used in Parkinson's disease	78
	4.11 Drugs for Dementia	50
	5.1.1 Penicillins	670
	5.1.2 Cephalosporins	14

6.Endocrine	6.1.1 Insulins	202
	6.1.2 Anti-diabetic drugs	577
	6.6 Drugs affecting bone metabolism	232
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	644
8.Cancer	8.3.4.1 Breast cancer	44
	8.3.4.2 Prostate cancer	17
9.Nutrition and blood	9.5.1 Calcium supplements	18
10.Musculo-Skeletal	10.1.1 NSAIDs	649

Minor Ailments (Sept 2015): 2,095 of registered patients, 87 new registrations and 366 updates – items 520

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	27	276	302
Methotrexate	47	303	316
Warfarin	198	1,297	1,619
Total	272	1,876	2,237
Pharmacy HR	41		

The Total Number of UPIs (272) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

4 patients prescribed 10+ distinct BNF chapters (no high risk) (3 patients over the age of 65 years)

192 patients prescribed 10+ distinct BNF chapters (high risk) (118 patients over the age of 65 years)

458 patients prescribed 5+ distinct BNF chapters (no high risk) (134 patients over the age of 65 years)

2,780 patients prescribed 5+ distinct BNF chapters (high risk) (1,160 patients over the age of 65 years)

Effective

CMS Registrations (December 2015): 926 patients registered for CMS, 1,009 PCR records with risk assessment complete

NMIST: 28 new medicines interventions carried out

PHS Activity:

Smoking Cessation (January 2015 –December 2015)

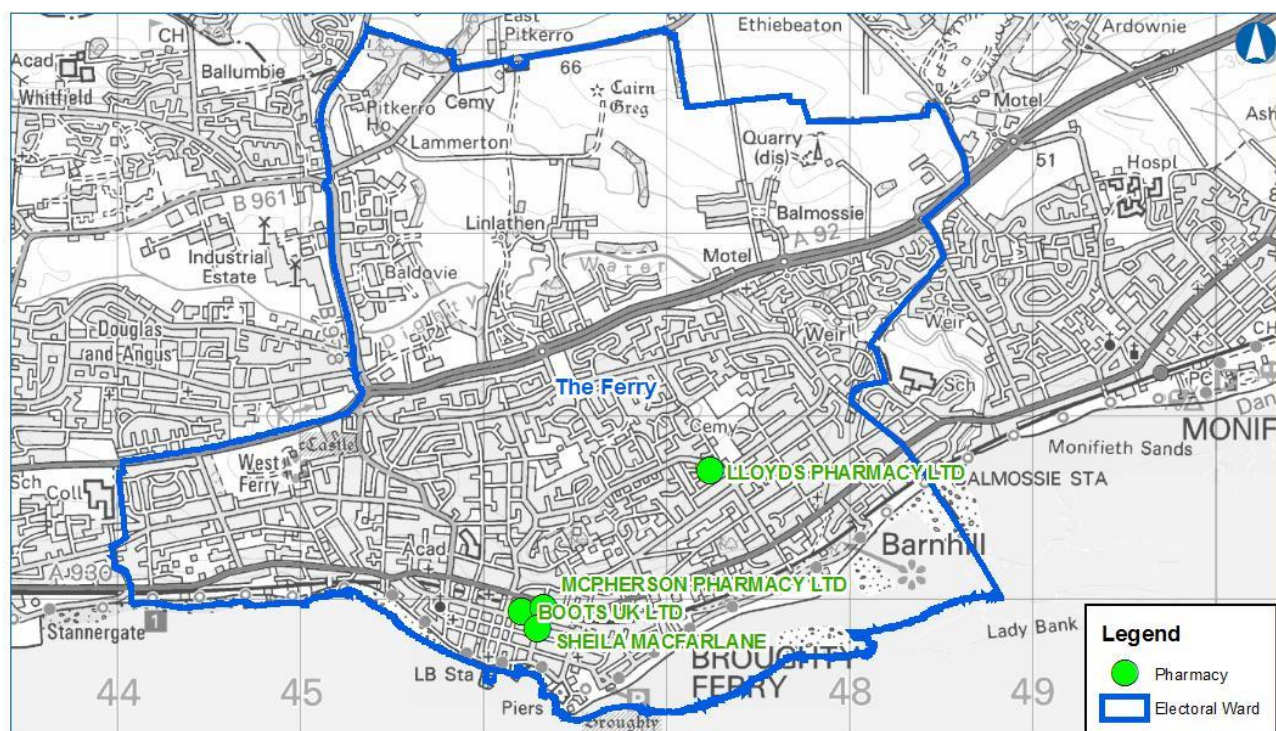
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
94	29	31	17	18

Emergency Hormonal Contraception – 74 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions – Nil

Methadone care plans required– 116 (04/2016)

The Ferry

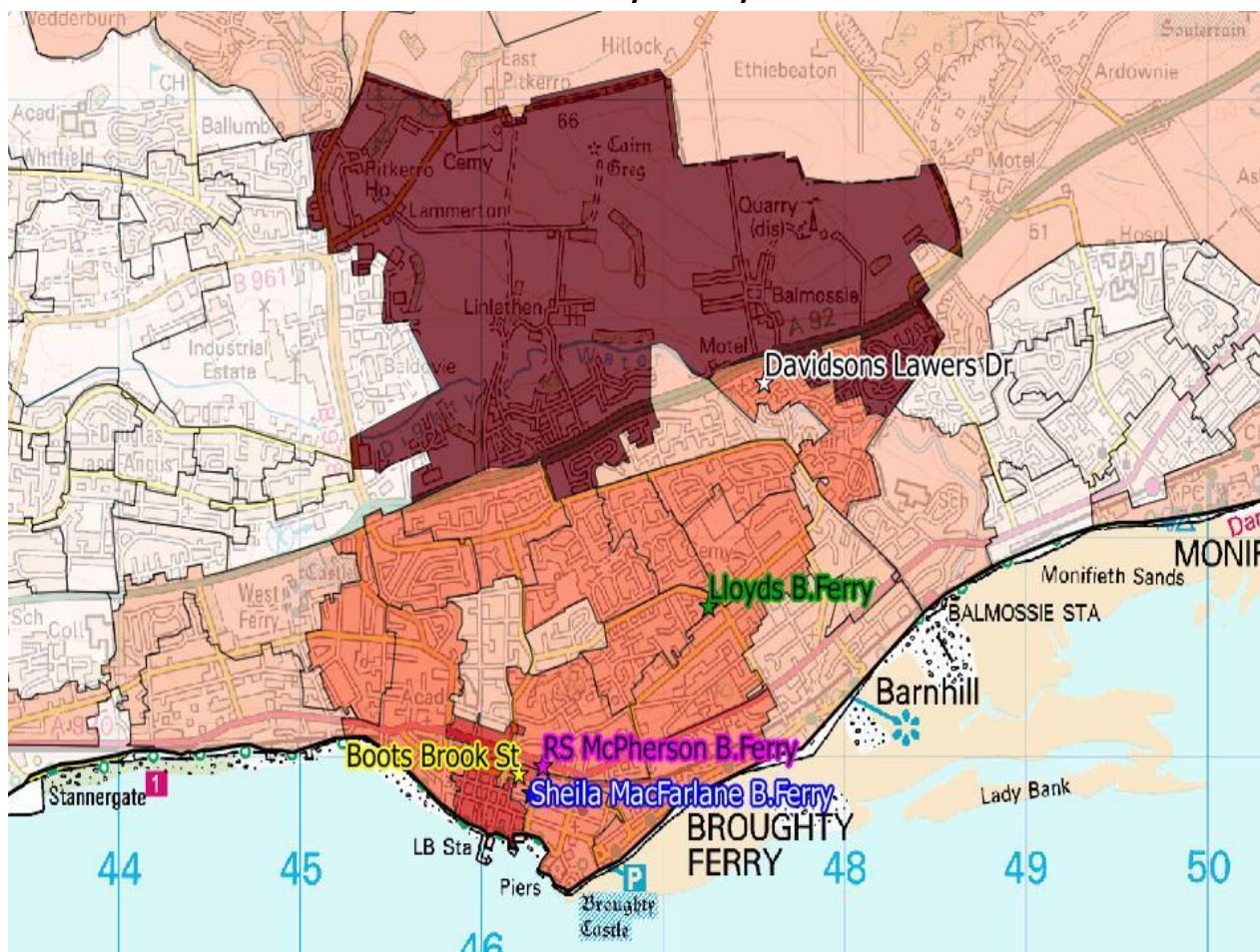


Demography

Title	The Ferry	%	Dundee	%	Scotland	%
Population						
Total Population 2011	19,463		147,268		5,295,403	100.0%
Total Population 0-15	3,083	15.8%	23,704	16.1%	916,331	17.3%
Total Population 16-64	11,479	59.0%	98,967	67.2%	3,488,738	65.9%
Total Population 65+	4,901	25.2%	24,597	16.7%	890,334	16.8%
Median age	47		38		41	
Ethnicity						
White British	18,335	94.2%	131,610	89.4%	4,862,787	91.8%
White Other	489	2.5%	6,850	4.7%	221,620	4.2%
Mixed or multiple ethnic groups	91	0.5%	685	0.5%	19,815	0.4%
Asian, Asian Scottish or Asian British	419	2.2%	5,838	4.0%	140,678	2.7%
Caribbean or Black	26	0.1%	269	0.2%	6,540	0.1%
African	42	0.2%	1,170	0.8%	29,638	0.6%
Other ethnic groups	61	0.3%	846	0.6%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	13,780	100.0%	111,319	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	1,816	13.2%	13,971	12.6%	529,816	13.3%
Full time employed	5,621	40.8%	38,595	34.7%	1,573,416	39.6%
Self employed	1,103	8.0%	5,405	4.9%	297,693	7.5%
Unemployed	358	2.6%	6,384	5.7%	189,414	4.8%
Full time student	491	3.6%	7,366	6.6%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	3,006	21.8%	15,847	14.2%	591,667	14.9%
Full time student	537	3.9%	11,232	10.1%	218,412	5.5%

Looking after home or family	299	2.2%	3,543	3.2%	141,542	3.6%
Long term sick or disabled	406	2.9%	6,732	6.0%	203,975	5.1%
Other	143	1.0%	2,244	2.0%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	2,912	17.8%	33,208	27.0%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	3,250	19.8%	28,185	23.0%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	2,328	14.2%	19,238	16.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	1,736	10.6%	12,278	10.0%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	6,154	37.6%	30,655	25.0%	1,142,662	26.1%
Households						
Total Household Spaces	9,042	100.0%	71,625	100.0%	2,473,881	100.0%
With residents	8,841	97.8%	69,193	97.0%	2,372,777	95.9%
Vacant	174	1.9%	1,731	2.4%	64,462	2.6%
Owner Occupied	7,034	79.6%	34,885	50.4%	1,470,986	62.0%
Local Authority	373	4.2%	12,826	18.5%	312,745	13.2%
Housing Association	273	3.1%	7,971	11.5%	263,674	11.1%
Private Rented	1,064	12.0%	12,921	18.7%	263,459	11.1%
Other	97	1.1%	590	0.9%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	3,762	19.3%	30,711	20.9%	1,040,371	19.6%
Activities not limited	15,701	80.7%	116,557	79.1%	4,255,032	80.4%
General Health						
Very Good	10,953	56.3%	75,918	51.6%	2,778,481	52.5%
Good	5,667	29.1%	44,382	30.1%	1,575,000	29.7%
Fair	2,048	10.5%	18,027	12.2%	644,881	12.2%
Bad	578	3.0%	6,731	4.6%	226,154	4.3%
Very Bad	217	1.1%	2,210	1.5%	70,887	1.3%
Provision of unpaid care						
No unpaid care	17,465	89.7%	134,196	91.1%	4,803,172	90.7%
1 to 49 hours per week	1,555	8.0%	6,833	4.6%	360,149	6.8%
50 or more hours per week	443	2.3%	6,239	4.2%	132,082	2.5%

The Ferry Locality



Person-centred

A total of 15,854 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 135,000 items were presented at the pharmacies for dispensing from Broughty Family Healthcare (36% of pharmacy total). A total of 5,806 patients attending the pharmacies were over the age of 65 years and 1,789 were below the age of 18 years. A total of 553 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 1 below.

Table 1: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	6,276
3.Respiratory	3.1 Bronchodilators	1,173
4.Central Nervous System	4.1 Hypnotics and anxiolytics	869
	4.2 Drugs used in psychosis and related disorders	400
	4.3 Antidepressants	2,675
	4.7.2 Opioid Analgesics	1,065
	4.8 Anti-epileptics	810
	4.9 Drugs used in Parkinson's disease	155
	4.11 Drugs for Dementia	164
5.Infections	5.1.1 Penicillins	1,037

	5.1.2 Cephalosporins	23
6.Endocrine	6.1.1 Insulins	269
	6.1.2 Anti-diabetic drugs	669
	6.6 Drugs affecting bone metabolism	418
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	1,068
8.Cancer	8.3.4.1 Breast cancer	113
	8.3.4.2 Prostate cancer	51
9.Nutrition and blood	9.5.1 Calcium supplements	26
10.Musculo-Skeletal	10.1.1 NSAIDs	686

Minor Ailments (Sept 2015): 3,447 of registered patients, 169 new registrations and 600 updates – items 664

Safe

High Risk Medicines (October 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	44	427	455
Methotrexate	89	690	705
Warfarin	365	2,707	3,181
Total	489	3,824	4,341
Pharmacy HR	90		

The Total Number of UPIs (489) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

26 patient prescribed 10+ distinct BNF chapters (no high risk) (19 patients over the age of 65 years)
361 patients prescribed 10+ distinct BNF chapters (high risk) (280 patients over the age of 65 years)
917 patients prescribed 5+ distinct BNF chapters (no high risk) (434 patients over the age of 65 years)
4,029 patients prescribed 5+ distinct BNF chapters (high risk) (2,502 patients over the age of 65 years)

Effective

CMS Registrations (December 2015): 1,569 patients registered for CMS, 1,703 PCR records with risk assessment complete

NMIST: 73 new medicines interventions carried out

PHS Activity:

Smoking Cessation (January 2015 –December 2015)

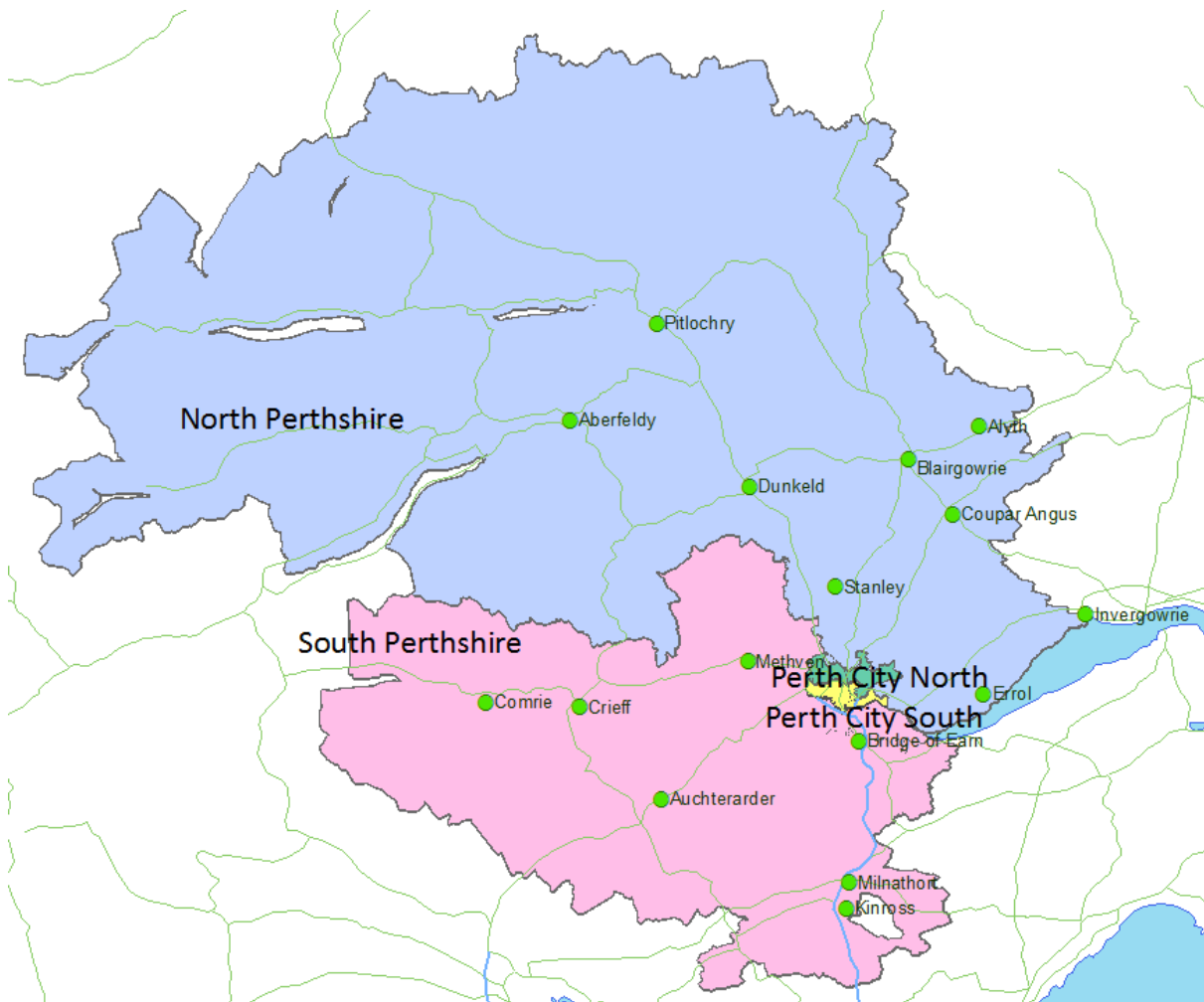
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
121	50	41	26	21

Emergency Hormonal Contraception – 116 (Q2 2014/15 to Q1 2015/16)

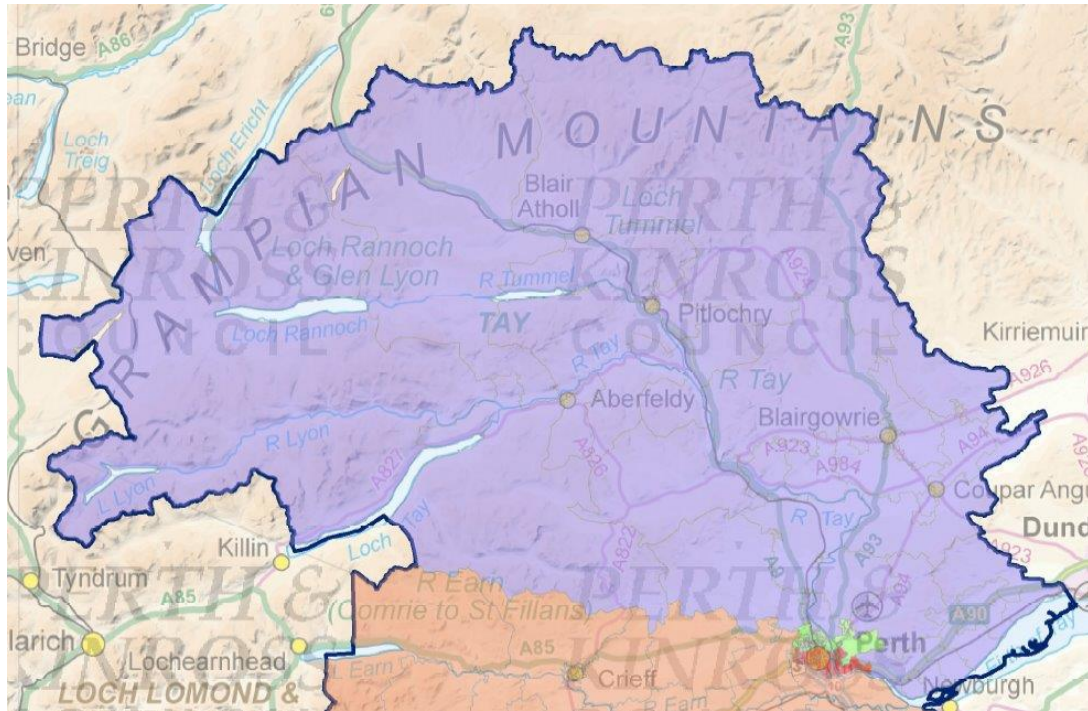
Alcohol Brief Interventions – Nil

Methadone care plans required – 33 (04/2016)

Perth and Kinross Health and Social Care Partnership Pharmaceutical Care Services Plan



North Perthshire

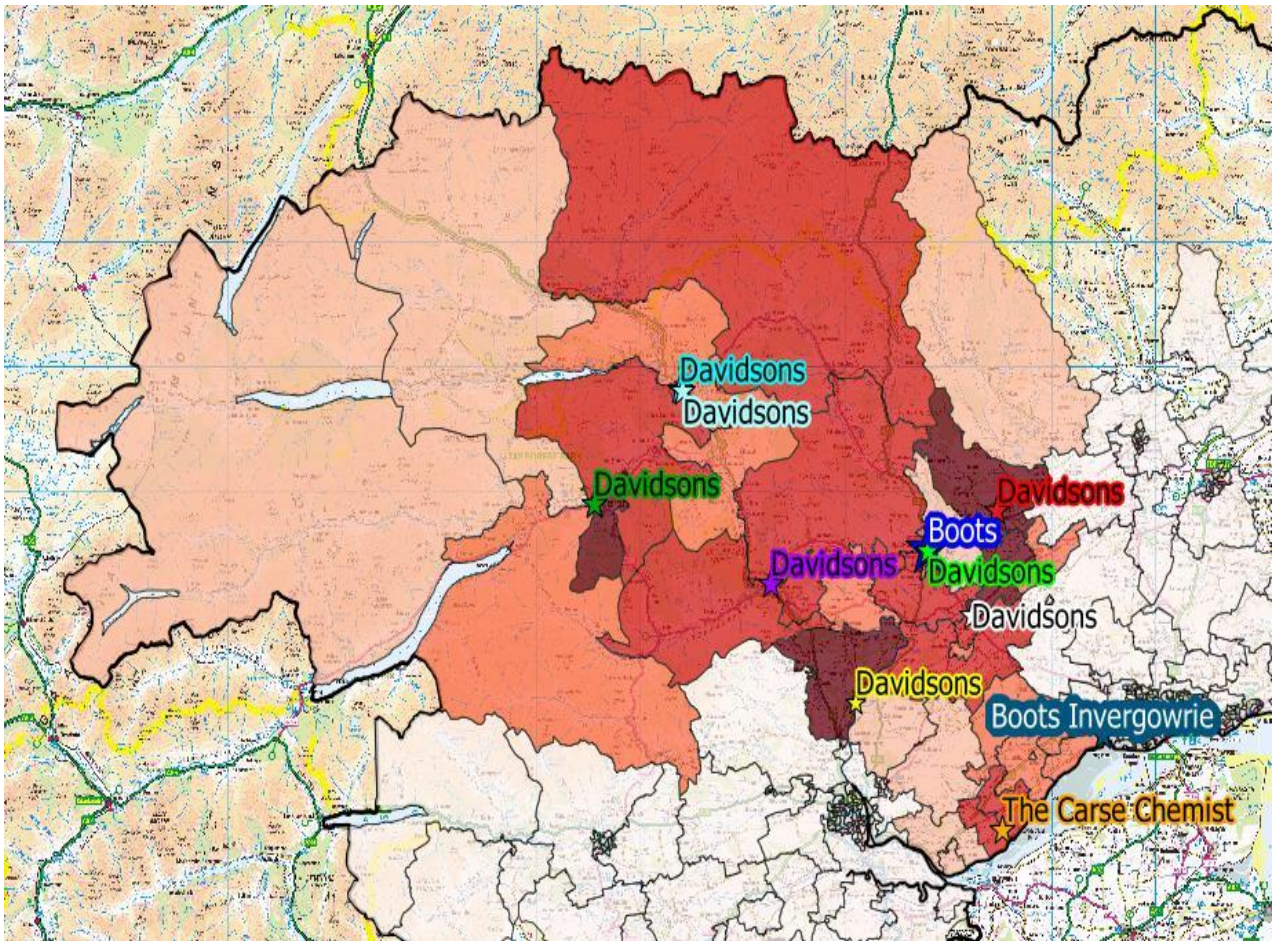


Demography

Title	North Perthshire	%	Perth & Kinross	%	Scotland	%
Population						
Total Population 2011	49,972	100.0%	146,652	100.0%	5,295,403	100.0%
Total Population 0-15	8,177	16.4%	25,175	17.2%	916,331	17.3%
Total Population 16-64	30,934	61.9%	91,914	62.7%	3,488,738	65.9%
Total Population 65+	10,861	21.7%	29,563	20.2%	890,334	16.8%
Median age	46		44		41	
Ethnicity						
White British	46,824	93.7%	136,513	93.1%	4,862,787	91.8%
White Other	2,438	4.9%	7,163	4.9%	221,620	4.2%
Mixed or multiple ethnic groups	125	0.3%	471	0.3%	19,815	0.4%
Asian, Asian Scottish or Asian British	427	0.9%	1,852	1.3%	140,678	2.7%
Caribbean or Black	38	0.1%	232	0.2%	6,540	0.1%
African	46	0.1%	151	0.1%	29,638	0.6%
Other ethnic groups	74	0.1%	270	0.2%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	36,852	100.0%	107,546	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	5,053	13.7%	15,340	14.3%	529,816	13.3%
Full time employed	14,574	39.5%	43,142	40.1%	1,573,416	39.6%
Self employed	4,630	12.6%	11,451	10.6%	297,693	7.5%
Unemployed	1,054	2.9%	3,581	3.3%	189,414	4.8%
Full time student	789	2.1%	2,879	2.7%	148,560	3.7%

Economically inactive (as a % of those age 16 to 74)						
Retired	6,867	18.6%	18,460	17.2%	591,667	14.9%
Full time student	1,051	2.9%	3,782	3.5%	218,412	5.5%
Looking after home or family	1,056	2.9%	3,265	3.0%	141,542	3.6%
Long term sick or disabled	1,160	3.1%	3,583	3.3%	203,975	5.1%
Other	618	1.7%	2,063	1.9%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	10,001	23.9%	28,406	23.4%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	9,296	22.2%	27,391	22.5%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	5,720	13.7%	17,015	14.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	3,832	9.2%	11,780	9.7%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	12,946	31.0%	36,885	30.4%	1,142,662	26.1%
Households						
Total Household Spaces	23,924	100.0%	68,578	100.0%	2,473,881	100.0%
With residents	21,978	91.9%	64,777	94.5%	2,372,777	95.9%
Vacant	1,946	8.1%	3,801	5.5%	64,462	2.6%
Owner Occupied	14,815	67.4%	42,694	65.9%	1,470,986	62.0%
Local Authority	2,228	10.1%	7,473	11.5%	312,745	13.2%
Housing Association	977	4.4%	3,647	5.6%	263,674	11.1%
Private Rented	3,290	15.0%	9,474	14.6%	263,459	11.1%
Other	668	3.0%	1,489	2.3%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	9,239	18.5%	26,499	18.1%	1,040,371	19.6%
Activities not limited	40,733	81.5%	120,153	81.9%	4,255,032	80.4%
General Health						
Very Good	13,157	26.3%	60,413	41.2%	2,778,481	52.5%
Good	8,767	17.5%	37,120	25.3%	1,575,000	29.7%
Fair	3,209	6.4%	13,302	9.1%	644,881	12.2%
Bad	907	1.8%	3,949	2.7%	226,154	4.3%
Very Bad	252	0.5%	1,194	0.8%	70,887	1.3%
Provision of unpaid care						
No unpaid care	45,304	90.7%	133,344	90.9%	4,803,172	90.7%
1 to 49 hours per week	3,539	7.1%	10,126	6.9%	360,149	6.8%
50 or more hours per week	1,129	2.3%	3,182	2.2%	132,082	2.5%

North Perthshire Locality



Person-centred

A total of 30,654 patients used the pharmacies within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 126,000 items were presented at the pharmacies for dispensing from Ardblair Medical Practice (17% of pharmacy total). A total of 10,166 patients attending the pharmacies were over the age of 65 years and 3,894 were below the age of 18 years. A total of 381 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacies to dispense prescriptions for specific BNF chapters is given in Table 2 below.

Table 2: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	11,402
3.Respiratory	3.1 Bronchodilators	2,752
4.Central Nervous System	4.1 Hypnotics and anxiolytics	1,655
	4.2 Drugs used in psychosis and related disorders	530
	4.3 Antidepressants	4,817
	4.7.2 Opioid Analgesics	2,295

	4.8 Anti-epileptics	1,448
	4.9 Drugs used in Parkinson's disease	253
	4.11 Drugs for Dementia	76
5.Infections	5.1.1 Penicillins	2,099
	5.1.2 Cephalosporins	52
6.Endocrine	6.1.1 Insulins	547
	6.1.2 Anti-diabetic drugs	1,441
	6.6 Drugs affecting bone metabolism	755
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	2,075
8.Cancer	8.3.4.1 Breast cancer	188
	8.3.4.2 Prostate cancer	107
9.Nutrition and blood	9.5.1 Calcium supplements	57
10.Musculo-Skeletal	10.1.1 NSAIDs	2,274

Minor Ailments (Sept 2015): 9,772 registered patients, 386 new registrations and 1,527 updates – items 1,581

Safe

High Risk Medicines (December 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	77	665	731
Methotrexate	234	1,994	2,008
Warfarin	759	6,242	7,668
Total	1,070	8,901	10,407
Pharmacy HR	275		

The Total Number of UPIs (1,070) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

26 patients prescribed 10+ distinct BNF chapters (no high risk) (21 patients over the age of 65 years)

678 patients prescribed 10+ distinct BNF chapters (high risk) (515 patients over the age of 65 years)

1,568 patients prescribed 5+ distinct BNF chapters (no high risk) (664 patients over the age of 65 years)

7,838 patients prescribed 5+ distinct BNF chapters (high risk) (4,458 patients over the age of 65 years)

Effective

CMS Registrations (November 2014): 4,607 patients registered for CMS; 5,080 PCR records with risk assessment complete

NMIST: 786 new medicines interventions carried out

PHS Activity:

Smoking Cessation (January 2015 – December 2015)

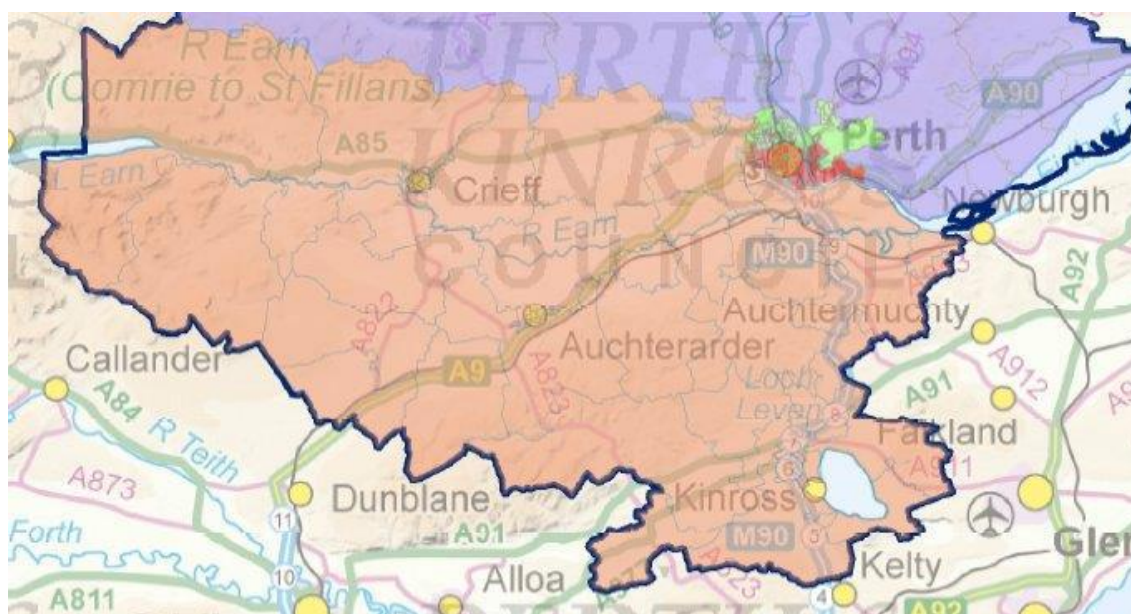
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
254	106	42	49	19

Emergency Hormonal Contraception – 176 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions – – 10 (Q1 2015 –Q4 2015)

Methadone care plans required– 39 (04/2016)

South Perthshire

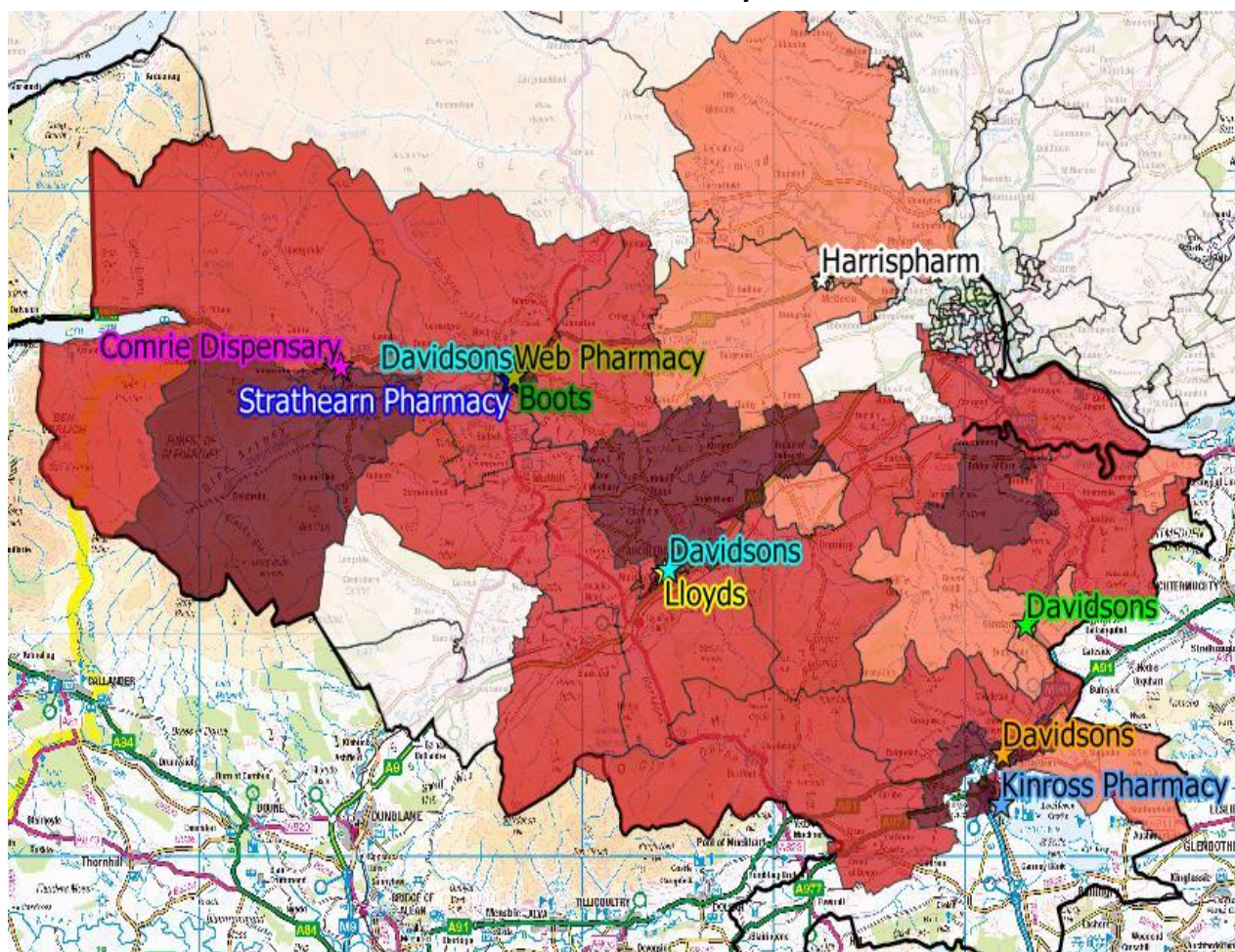


Demography

Title	South Perthshire	%	Perth & Kinross	%	Scotland	%
Population						
Total Population 2011	45,770		146,652	100.0%	5,295,403	100.0%
Total Population 0-15	8,394	18.3%	25,175	17.2%	916,331	17.3%
Total Population 16-64	27,958	61.1%	91,914	62.7%	3,488,738	65.9%
Total Population 65+	94,18	20.6%	29,563	20.2%	890,334	16.8%
Median age	45		44		41	
Ethnicity						
White British	43,387	94.8%	13,6513	93.1%	4,862,787	91.8%
White Other	1,724	3.8%	7,163	4.9%	221,620	4.2%
Mixed or multiple ethnic groups	148	0.3%	471	0.3%	19,815	0.4%
Asian, Asian Scottish or Asian British	369	0.8%	1,852	1.3%	140,678	2.7%
Caribbean or Black	61	0.1%	232	0.2%	6,540	0.1%
African	33	0.1%	151	0.1%	29,638	0.6%
Other ethnic groups	48	0.1%	270	0.2%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	33,036	100.0%	107,546	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	4,683	14.2%	15,340	14.3%	529,816	13.3%
Full time employed	12,601	38.1%	43,142	40.1%	1,573,416	39.6%
Self employed	4,229	12.8%	11,451	10.6%	297,693	7.5%
Unemployed	938	2.8%	3,581	3.3%	189,414	4.8%
Full time student	835	2.5%	2,879	2.7%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	5,912	17.9%	18,460	17.2%	591,667	14.9%
Full time student	1,495	4.5%	3,782	3.5%	218,412	5.5%

Looking after home or family	1,118	3.4%	3,265	3.0%	141,542	3.6%
Long term sick or disabled	810	2.5%	3,583	3.3%	203,975	5.1%
Other	415	1.3%	2,063	1.9%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	7,560	20.2%	28,406	23.4%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	7,892	21.1%	27,391	22.5%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	5,560	14.9%	17,015	14.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	3,549	9.5%	11,780	9.7%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	12,815	34.3%	36,885	30.4%	1,142,662	26.1%
Households						
Total Household Spaces	19,307	94.3%	68,578	100.0%	2,473,881	100.0%
With residents	1,169	5.7%	64,777	94.5%	2,372,777	95.9%
Vacant	13,941	72.2%	3,801	5.5%	64,462	2.6%
Owner Occupied	1,577	8.2%	42,694	65.9%	1,470,986	62.0%
Local Authority	805	4.2%	7,473	11.5%	312,745	13.2%
Housing Association	2,434	12.6%	3,647	5.6%	263,674	11.1%
Private Rented	550	2.8%	9,474	14.6%	263,459	11.1%
Other	19,307	94.3%	1,489	2.3%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	7,829	17.1%	26,499	18.1%	1,040,371	19.6%
Activities not limited	37,941	82.9%	120,153	81.9%	4,255,032	80.4%
General Health						
Very Good	13,477	29.4%	60,413	41.2%	2,778,481	52.5%
Good	7,318	16.0%	37,120	25.3%	1,575,000	29.7%
Fair	2,530	5.5%	13,302	9.1%	644,881	12.2%
Bad	755	1.6%	3,949	2.7%	226,154	4.3%
Very Bad	226	3.1%	1,194	0.8%	70,887	1.3%
Provision of unpaid care						
No unpaid care	41,496	90.7%	133,344	90.9%	4,803,172	90.7%
1 to 49 hours per week	3,341	7.3%	10,126	6.9%	360,149	6.8%
50 or more hours per week	933	2.0%	3,182	2.2%	132,082	2.5%

South Perthshire Locality



Person-centred

A total of 26,646 patients used the pharmacy within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 124,000 items were presented at the pharmacy for dispensing from St. Margaret's Health Centre (20% of pharmacy total). A total of 8,581 patients attending the pharmacy were over the age of 65 years and 3,647 were below the age of 18 years. A total of 462 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacy to dispense prescriptions for specific BNF chapters is given in Table 2 below.

Table 2: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	9,627
3.Respiratory	3.1 Bronchodilators	2,406
4.Central Nervous System	4.1 Hypnotics and anxiolytics	1,564
	4.2 Drugs used in psychosis and related disorders	383
	4.3 Antidepressants	4,078
	4.7.2 Opioid Analgesics	1,868
	4.8 Anti-epileptics	1,315

	4.9 Drugs used in Parkinson's disease	202
	4.11 Drugs for Dementia	82
5.Infections	5.1.1 Penicillins	1,655
	5.1.2 Cephalosporins	27
6.Endocrine	6.1.1 Insulins	444
	6.1.2 Anti-diabetic drugs	1,206
	6.6 Drugs affecting bone metabolism	728
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	1,658
8.Cancer	8.3.4.1 Breast cancer	177
	8.3.4.2 Prostate cancer	99
9.Nutrition and blood	9.5.1 Calcium supplements	37
10.Musculo-Skeletal	10.1.1 NSAIDs	1,689

Minor Ailments (Sept 2015): 7,062 registered patients, 338 new registrations and 1,150 updates – items 1,384

Safe

High Risk Medicines (November 2014):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	55	558	620
Methotrexate	162	1,291	1,304
Warfarin	588	4,361	5,362
Total	805	6,210	7,286
Pharmacy HR	188		

The Total Number of UPIs (805) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

22 patients prescribed 10+ distinct BNF chapters (no high risk) (15 patients over the age of 65 years)

549 patients prescribed 10+ distinct BNF chapters (high risk) (412 patients over the age of 65 years)

1,263 patients prescribed 5+ distinct BNF chapters (no high risk) (514 patients over the age of 65 years)

6,499 patients prescribed 5+ distinct BNF chapters (high risk) (3,664 patients over the age of 65 years)

Effective

CMS Registrations (November 2014): 3,795 patients registered for CMS; 4,125 PCR records with risk assessment complete

NMIST: 437 new medicines interventions carried out

PHS Activity:

Smoking Cessation (January 2015 – December 2015)

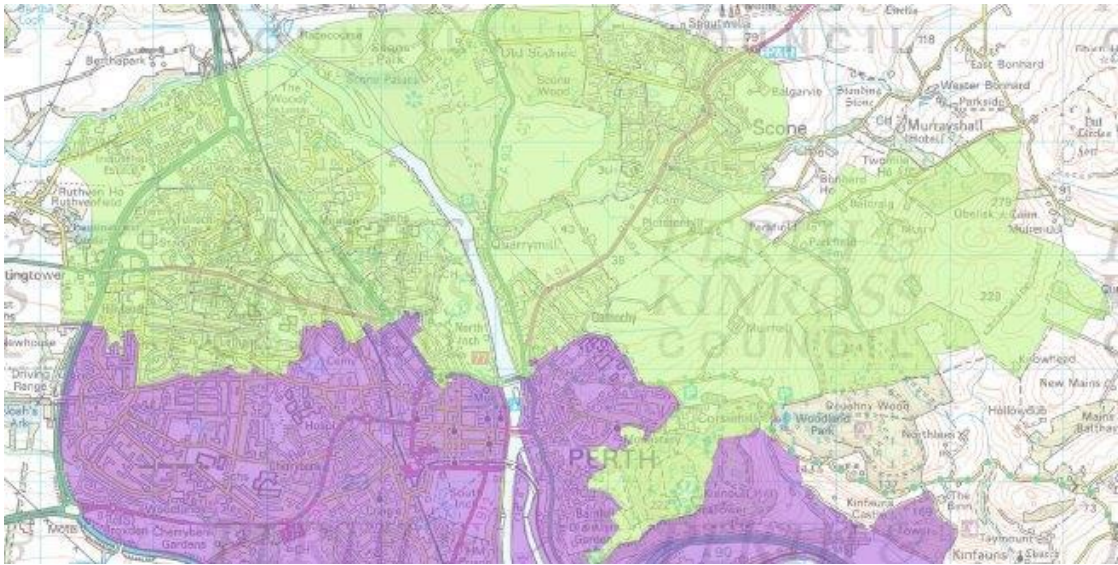
Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
176	102	58	55	31

Emergency Hormonal Contraception – 212 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions – 76 (Q1 2015 –Q4 2015)

Methadone care plans required – 31 (04/2016)

Perth City North

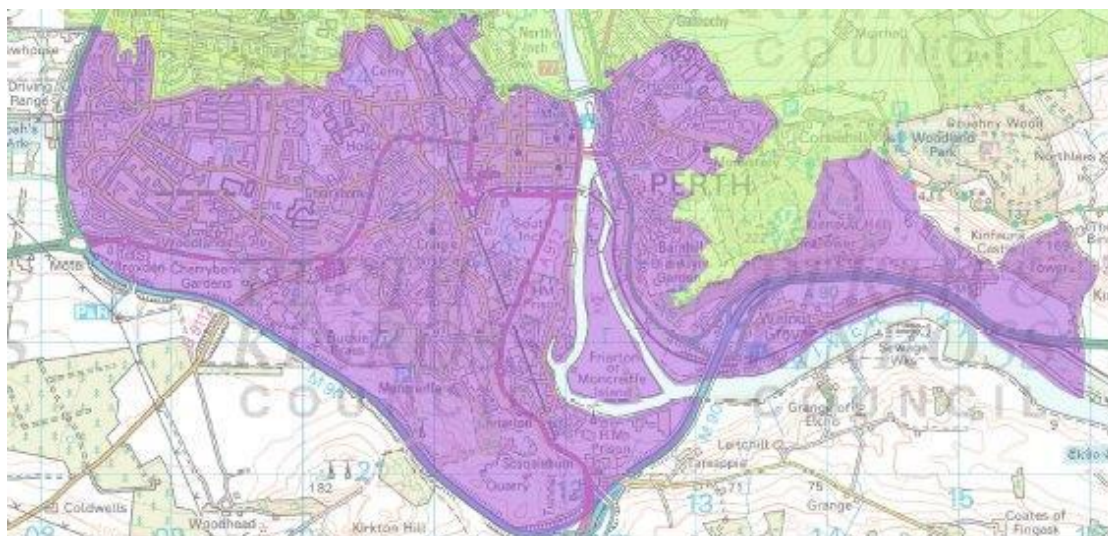


Demography

Title	Perth City North	%	Perth & Kinross	%	Scotland	%
Population						
Total Population 2011	25,664	100.0%	146,652	100.0%	5,295,403	100.0%
Total Population 0-15	4,854	18.9%	25,175	17.2%	916,331	17.3%
Total Population 16-64	16,393	63.9%	91,914	62.7%	3,488,738	65.9%
Total Population 65+	4,417	17.2%	29,563	20.2%	890,334	16.8%
Median age	40		44		41	
Ethnicity						
White British	23,442	91.3%	13,6513	93.1%	4,862,787	91.8%
White Other	1,529	6.0%	7,163	4.9%	221,620	4.2%
Mixed or multiple ethnic groups	91	0.4%	471	0.3%	19,815	0.4%
Asian, Asian Scottish or Asian British	441	1.7%	1,852	1.3%	140,678	2.7%
Caribbean or Black	61	0.2%	232	0.2%	6,540	0.1%
African	30	0.1%	151	0.1%	29,638	0.6%
Other ethnic groups	70	0.3%	270	0.2%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	18,622	100.0%	107,546	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	2,961	15.9%	15,340	14.3%	529,816	13.3%
Full time employed	7,908	42.5%	43,142	40.1%	1,573,416	39.6%
Self employed	1,141	6.1%	11,451	10.6%	297,693	7.5%
Unemployed	876	4.7%	3,581	3.3%	189,414	4.8%
Full time student	597	3.2%	2,879	2.7%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	2,670	14.3%	18,460	17.2%	591,667	14.9%
Full time student	623	3.3%	3,782	3.5%	218,412	5.5%
Looking after home or family	610	3.3%	3,265	3.0%	141,542	3.6%
Long term sick or disabled	897	4.8%	3,583	3.3%	203,975	5.1%

Other	339	1.8%	2,063	1.9%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	6,182	29.7%	28,406	23.4%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	5,440	26.1%	27,391	22.5%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	2,765	13.3%	17,015	14.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	2,089	10.0%	11,780	9.7%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	4,334	20.8%	36,885	30.4%	1,142,662	26.1%
Households						
Total Household Spaces	11,799	100.0%	68,578	100.0%	2,473,881	100.0%
With residents	11,544	97.8%	64,777	94.5%	2,372,777	95.9%
Vacant	255	2.2%	3,801	5.5%	64,462	2.6%
Owner Occupied	6,336	54.9%	42,694	65.9%	1,470,986	62.0%
Local Authority	2,597	22.5%	7,473	11.5%	312,745	13.2%
Housing Association	1,119	9.7%	3,647	5.6%	263,674	11.1%
Private Rented	1,364	11.8%	9,474	14.6%	263,459	11.1%
Other	128	1.1%	1,489	2.3%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	4,949	19.3%	26,499	18.1%	1,040,371	19.6%
Activities not limited	20,715	80.7%	120,153	81.9%	4,255,032	80.4%
General Health						
Very Good	19,000	74.0%	60,413	41.2%	2,778,481	52.5%
Good	11,741	45.7%	37,120	25.3%	1,575,000	29.7%
Fair	4,107	16.0%	13,302	9.1%	644,881	12.2%
Bad	1,168	4.6%	3,949	2.7%	226,154	4.3%
Very Bad	341	1.3%	1,194	0.8%	70,887	1.3%
Provision of unpaid care						
No unpaid care	23,448	91.4%	133,344	90.9%	4,803,172	90.7%
1 to 49 hours per week	1,570	6.1%	10,126	6.9%	360,149	6.8%
50 or more hours per week	646	2.5%	3,182	2.2%	132,082	2.5%

Perth City South

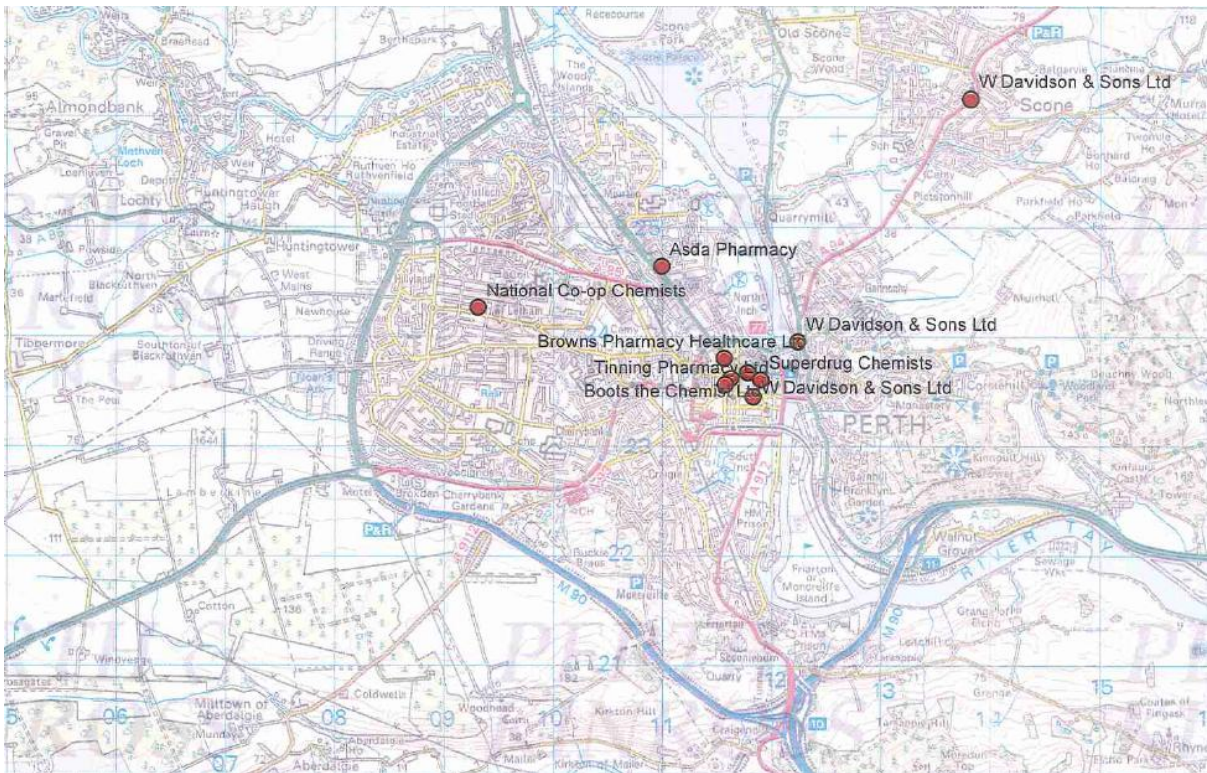


Demography

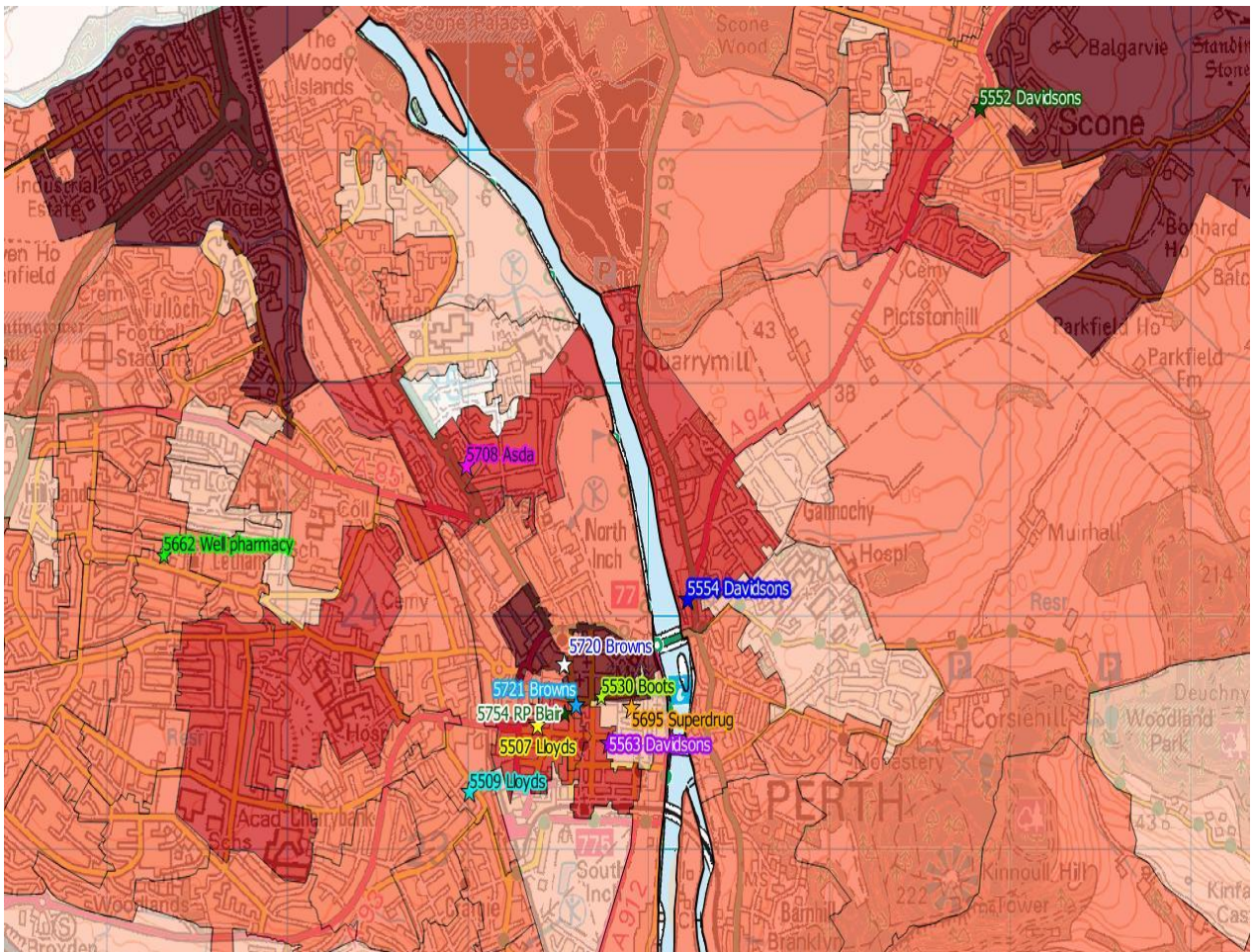
Title	Perth City South	%	Perth & Kinross	%	Scotland	%
Population						
Total Population 2011	25,246	100.0%	146,652	100.0%	5,295,403	100.0%
Total Population 0-15	3,750	14.9%	25,175	17.2%	916,331	17.3%
Total Population 16-64	16,629	65.9%	91,914	62.7%	3,488,738	65.9%
Total Population 65+	4,867	19.3%	29,563	20.2%	890,334	16.8%
Median age	43		44		41	
Ethnicity						
White British	22,860	90.5%	13,6513	93.1%	4,862,787	91.8%
White Other	1,472	5.8%	7,163	4.9%	221,620	4.2%
Mixed or multiple ethnic groups	107	0.4%	471	0.3%	19,815	0.4%
Asian, Asian Scottish or Asian British	615	2.4%	1,852	1.3%	140,678	2.7%
Caribbean or Black	72	0.3%	232	0.2%	6,540	0.1%
African	42	0.2%	151	0.1%	29,638	0.6%
Other ethnic groups	78	0.3%	270	0.2%	14,325	0.3%
Economic activity, benefits and tax credits						
All people age 16 to 74	19,036	100.0%	107,546	100.0%	3,970,530	100.0%
Economically active (as a % of those age 16 to 74)						
Part time employed	2,643	13.9%	15,340	14.3%	529,816	13.3%
Full time employed	8,059	42.3%	43,142	40.1%	1,573,416	39.6%
Self employed	1,451	7.6%	11,451	10.6%	297,693	7.5%
Unemployed	713	3.7%	3,581	3.3%	189,414	4.8%
Full time student	658	3.5%	2,879	2.7%	148,560	3.7%
Economically inactive (as a % of those age 16 to 74)						
Retired	3,011	15.8%	18,460	17.2%	591,667	14.9%
Full time student	613	3.2%	3,782	3.5%	218,412	5.5%
Looking after home or family	481	2.5%	3,265	3.0%	141,542	3.6%
Long term sick or disabled	716	3.8%	3,583	3.3%	203,975	5.1%

Other	691	3.6%	2,063	1.9%	76,035	1.9%
Education (Highest level of qualification)						
No qualifications	4,663	21.7%	28,406	23.4%	1,173,116	26.8%
Level 1 (standard grd, foundation, general or credit)	4,763	22.2%	27,391	22.5%	1,010,875	23.1%
Level 2 (Higher, adv higher or equivalent)	2,970	13.8%	17,015	14.0%	627,423	14.3%
Level 3 (SVQ level 4 or equivalent)	2,310	10.7%	11,780	9.7%	424,996	9.7%
Level 4 (degree, professional qualification, or equivalent)	6,790	31.6%	36,885	30.4%	1,142,662	26.1%
Households						
Total Household Spaces	12,379	100.0%	68,578	100.0%	2,473,881	100.0%
With residents	11,948	96.5%	64,777	94.5%	2,372,777	95.9%
Vacant	431	3.5%	3,801	5.5%	64,462	2.6%
Owner Occupied	7,602	63.6%	42,694	65.9%	1,470,986	62.0%
Local Authority	1,071	9.0%	7,473	11.5%	312,745	13.2%
Housing Association	746	6.2%	3,647	5.6%	263,674	11.1%
Private Rented	2,386	20.0%	9,474	14.6%	263,459	11.1%
Other	143	1.2%	1,489	2.3%	61,913	2.6%
Health and Caring						
Long term health condition or disability						
Activities limited	4,482	17.8%	26,499	18.1%	1,040,371	19.6%
Activities not limited	20,764	82.2%	120,153	81.9%	4,255,032	80.4%
General Health						
Very Good	14,779	58.5%	60,413	41.2%	2,778,481	52.5%
Good	9,294	36.8%	37,120	25.3%	1,575,000	29.7%
Fair	3,456	13.7%	13,302	9.1%	644,881	12.2%
Bad	1,119	4.4%	3,949	2.7%	226,154	4.3%
Very Bad	375	1.5%	1,194	0.8%	70,887	1.3%
Provision of unpaid care						
No unpaid care	23,096	91.5%	133,344	90.9%	4,803,172	90.7%
1 to 49 hours per week	1,676	6.6%	10,126	6.9%	360,149	6.8%
50 or more hours per week	474	1.9%	3,182	2.2%	132,082	2.5%

Distribution of Perth City Pharmacies



Perth City Locality



Person-centred

A total of 40,676 patients used the pharmacy within the last 12 months and presented at least two prescription forms. Between November 2014 and October 2015 over 181,000 items were presented at the pharmacy for dispensing from Taymount Surgery (19% of pharmacy total). A total of 11,411 patients attending the pharmacy were over the age of 65 years and 4,925 were below the age of 18 years. A total of 883 patients were resident in a care home. The Pharmaceutical Needs Weighting Score is calculated as 1.00. The number of individual patients who used the pharmacy to dispense prescriptions for specific BNF chapters is given in Table 2 below.

Table 2: Numbers of Individual Patients (UPIs) presenting prescriptions by selected BNF Chapter

BNF Chapter	Chapter Reference No.	Unique patient Identifiers
2.Cardiovascular	2.0 Cardiovascular drugs	13,931
3.Respiratory	3.1 Bronchodilators	3,799
4.Central Nervous System	4.1 Hypnotics and anxiolytics	2,243
	4.2 Drugs used in psychosis and related disorders	873
	4.3 Antidepressants	7,122
	4.7.2 Opioid Analgesics	2,891
	4.8 Anti-epileptics	2,340

	4.9 Drugs used in Parkinson's disease	308
	4.11 Drugs for Dementia	79
5.Infections	5.1.1 Penicillins	2,284
	5.1.2 Cephalosporins	45
6.Endocrine	6.1.1 Insulins	742
	6.1.2 Anti-diabetic drugs	1,842
	6.6 Drugs affecting bone metabolism	1,073
7.Urinary Tract	7.4 Drugs for genitor-urinary disorders	2,566
8.Cancer	8.3.4.1 Breast cancer	253
	8.3.4.2 Prostate cancer	116
9.Nutrition and blood	9.5.1 Calcium supplements	81
10.Musculo-Skeletal	10.1.1 NSAIDs	2,364

Minor Ailments (Sept 2015): 8,970 registered patients; 472 new registrations and 1,149 updates – items 1,405

Safe

High Risk Medicines (December 2015):

Medicine	Number of UPIs	Number of Prescriptions	Number of Items
Lithium	108	1,244	1,454
Methotrexate	259	1,920	1,931
Warfarin	914	6,923	8,587
Total	1,281	10,087	11,972
Pharmacy HR	183		

The Total Number of UPIs (1,281) will not necessarily represent unique patients as they may be on one or more HR Medicine.

Polypharmacy:

48 patients prescribed 10+ distinct BNF chapters (no high risk) (32 patients over the age of 65 years)

789 patients prescribed 10+ distinct BNF chapters (high risk) (548 patients over the age of 65 years)

1,841 patients prescribed 5+ distinct BNF chapters (no high risk) (731 patients over the age of 65 years)

9,738 patients prescribed 5+ distinct BNF chapters (high risk) (4,837 patients over the age of 65 years)

Effective

CMS Registrations (November 2014): 5,308 patients registered for CMS, 5,843 PCR records with risk assessment complete

NMIST: 260 new medicines interventions carried out

PHS Activity:

Smoking Cessation (January 2015 – December 2015)

Number of Quits	4 Week Quits	Percent 4 Week Quits	12 Week Quits	Percent 12 Week Quits
424	197	46	92	22

Emergency Hormonal Contraception – 718 (Q2 2014/15 to Q1 2015/16)

Alcohol Brief Interventions – – 16 (Q1 2015 –Q4 2015)

Methadone care plans required– 277 (04/2016)

2.0 DESCRIBING THE HEALTH OF THE POPULATION OF TAYSIDE

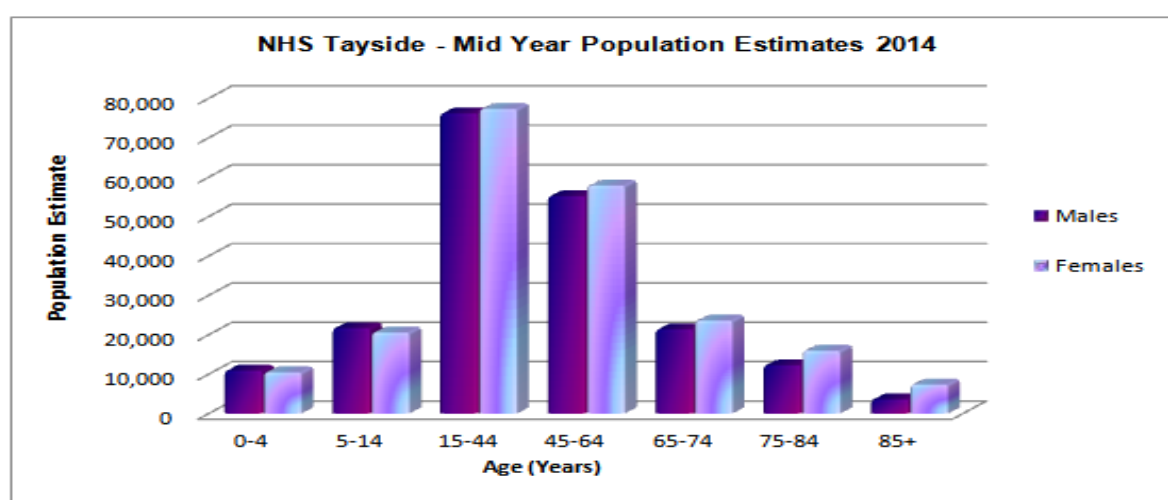
2.1 Population Profile

Taking into consideration the age structure, ethnicity, rurality and deprivation of the Tayside population, the diversity of health requirements in the local community is varied.

2.1.1 Tayside Population Estimate

From the National Records of Scotland's (NRS) mid-year population estimates as at June 30th 2014, NHS Tayside had a population of 413,800, a slight increase of 0.4% from the previous year. Figure 2 displays NHS Tayside's population by gender and age group. Although a smaller proportion of population is found at the lower and higher age ends of the range, it is these people who generally have a higher level of health needs.

Figure 2. Population of NHS Tayside by Age Group and Gender, as at June 30th 2014



Source: NRS Mid-Year Population Estimates, 2014 (January 2016)

NHS Tayside encompasses three local authority areas; 28.2% of the Tayside population reside in Angus, 35.8% in Dundee City and 36.0% in Perth and Kinross during 2014. Table 1 summarises the population profile of Tayside by gender and age group, as at June 30th, 2014.

Table 1. Population Profile of NHS Tayside, as at June 30th, 2014

Area of Residence	Gender	Age Groups (Years)							All Ages
		0-4	5-14	15-44	45-64	65-74	75-84	85+	
NHS Tayside	Male	10,862	21,612	76,153	55,133	21,328	12,206	3,566	200,860
	Female	10,427	20,547	77,281	57,840	23,590	15,918	7,337	212,940
	All	21,289	42,159	153,434	112,973	44,918	28,124	10,903	413,800
Angus	Male	2,972	6,385	19,508	16,457	6,756	3,666	1,025	56,769
	Female	2,971	6,023	19,617	17,094	7,392	4,637	2,157	59,891
	All	5,943	12,408	39,125	33,551	14,148	8,303	3,182	116,660
Dundee City	Male	4,185	7,256	31,368	17,496	6,190	3,722	1,145	71,362
	Female	4,012	6,903	32,593	18,651	7,068	5,333	2,338	76,898
	All	8,197	14,159	63,961	36,147	13,258	9,055	3,483	148,260
Perth & Kinross	Male	3,705	7,971	25,277	21,180	8,382	4,818	1,396	72,729
	Female	3,444	7,621	25,071	22,095	9,130	5,948	2,842	76,151
	All	7,149	15,592	50,348	43,275	17,512	10,766	4,238	148,880

Source: NRS Mid-Year Population Estimates, 2014 (January 2016)

In 2014, there were 49% males and 51% females (*all ages*). As the population ages, the male to female ratio becomes more apparent, especially within the elderly population, with more females surviving in the older age groups. In 2014 these proportions become 40% and 60% respectively for those aged 75+ years.

Of the three Tayside local authority areas, Dundee City has the largest student population, while Angus and Perth & Kinross have the larger elderly population.

- Within Angus 25,633 persons aged 65+ years, account for 22.0% of the total Angus population and 28.2% of the Tayside population
- Within Dundee City 25,796 persons aged 65+ years, account for 17.4% of the total Dundee City population and 35.8% of the Tayside population
- Within Perth & Kinross 32,516 persons aged 65+ years, account for 21.8% of the total Perth & Kinross population and 36.0% of the Tayside population
- There are in total 83,945 residents aged 65+ years residing within Tayside in 2014, accounting for 20.3% of the population¹.

Table 2 summarises the population profile of Tayside by each locality across the three local authority areas by broad age group, as at June 30th, 2014.

Table 2. Population Profile of NHS Tayside by Local Authority Area Localities, as at June 30th, 2014

Local Area	Locality	Age Groups (Years) - Both Genders				
		All Ages	00-19	20-59	60-74	75+
Angus	North East	26,445	5,685	13,447	4,711	2,602
	North West	36,238	7,666	17,960	7,062	3,550
	South East	29,502	6,450	15,161	5,217	2,674
	South West	24,475	5,315	11,468	5,033	2,659
	Total Pop.	116,660	25,116	58,036	22,023	11,485
Dundee City	Coldside	20,214	3,521	11,956	2,818	1,919
	East End	16,174	4,033	8,290	2,435	1,416
	Lochee	19,929	4,543	10,703	2,781	1,902
	Maryfield	17,977	3,051	11,821	2,009	1,096
	North East	16,035	4,505	8,614	2,181	735
	Strathmartine	19,116	4,727	9,895	3,010	1,484
	The Ferry	20,147	3,896	9,743	3,772	2,736
	West End	18,668	3,486	12,076	1,856	1,250
Total Pop.	148,260	31,762	83,098	20,862	12,538	
Perth & Kinross	North Perthshire	50,802	9,995	25,009	10,332	5,466
	Perth City North	25,992	6,045	13,795	3,880	2,272
	Perth City South	24,974	4,558	13,649	4,241	2,526
	South Perthshire	47,112	10,764	22,583	9,025	4,740
	Total Pop.	148,880	31,362	75,036	27,478	15,004

Source: NRS Small Area Mid-Year Population Estimates, 2014 [Amalgamated totals from data zones] (January 2016)

The small area populations in Table 2 highlight those localities across Tayside which are currently home to the more senior residents of the local community. This may prove useful in any planning of services and resources within the NHS to meet the care needs required within this growing elderly population, which is predicted to continue to increase in the coming years.

¹ Care Homes : The elderly do not all reside in their own homes. Across Tayside's three local authority areas, as at March 2015 there were 99 care homes for older people (those aged 65 or older). The majority (78) were private care homes, the others were run by the voluntary sector or are Local Authority/NHS care homes. These 99 Tayside care homes provide 3,705 registered places to 3,092 residents, of which 2,937 were long stay residents and 155 were short stay and respite care residents. As at March 2015, the care home occupancy rate in Angus was 88.0%; in Dundee City 84.3% and in Perth & Kinross 79.4%.

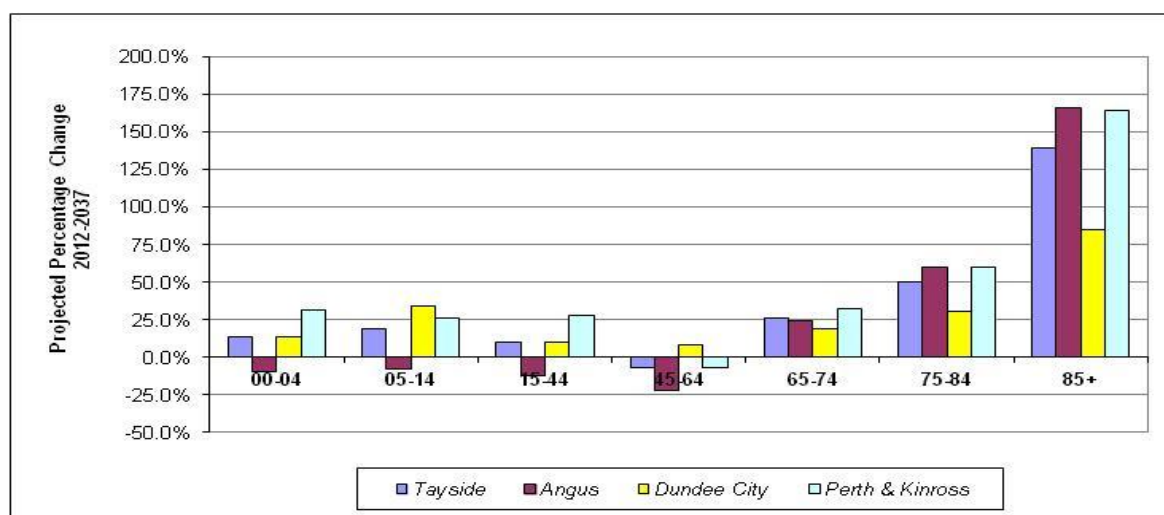
2.1.2 Tayside Population Projections²

National Records Scotland (NRS) estimates that NHS Tayside will increase by 14.1% in population to 469,606 in 2037 (based on 2012 population projection figures). The 2012 based projections predict that across Tayside's local authority areas, the population will increase in both Dundee City (+15.6% to 170,811) and Perth & Kinross (+24.2% to 183,468), while remaining fairly similar in Angus (-0.8% to 115,327).

In general, Tayside's population is ageing, particularly with increases in the population aged 65 and over. While those aged 65 and over account for 19.5% (80,350) of the 2012 population, this age group is anticipated to increase to representing 25.4% (119,513) of the population in 2037. The 85+ band is expected to make the largest increase by 2037. The population of this age band is anticipated to increase by 139.7% (24,801) in Tayside as a whole, 165.8% (8,050) in Angus, 85.3% (6,100) in Dundee City and 164.5% (10,651) in Perth and Kinross.

While the overall population across Tayside is predicted to increase by 2037, there are differences within the age bands. Between 2012 and 2037, the 45-64 age group is expected to decrease across Tayside (-6.7%), as well as within Angus (-22.1%) and Perth & Kinross (-7.1%). In addition, Angus is also projected to show population decreases in all age groups below 44 years of age. These changes are summarised in Figure 3 which presents the projected percentage changes in the population by age group between 2012 - 2037.

Figure 3. Projected Percentages in the Population by Age Group, 2012-2037



Source: NRS Population Projections, 2012 Based (January 2016)

Projected Change in Age & Gender. Projected population estimates predict that the male proportion of the population will increase over the coming years. In 2012, 43.7% of the Tayside population aged 65 and over were male, compared with the projected 45.3% in 2037. This proportion change may potentially be a factor to consider when planning service needs in the community.

The age and gender structure of the populations for the three Tayside local authority areas are shown in Figure 4.1 – 4.3, comparing 2012 estimates with the 2037 projection figures.

Figure 4. The Population Profile of the Three Tayside Local Area, Population Estimate 2012 & Projected Population 2037 (2012 based)

Figure 4.1. Angus Profile

² Population projections can be useful for planning and providing services, however they have limitations and should be viewed with some caution and are continually updated.

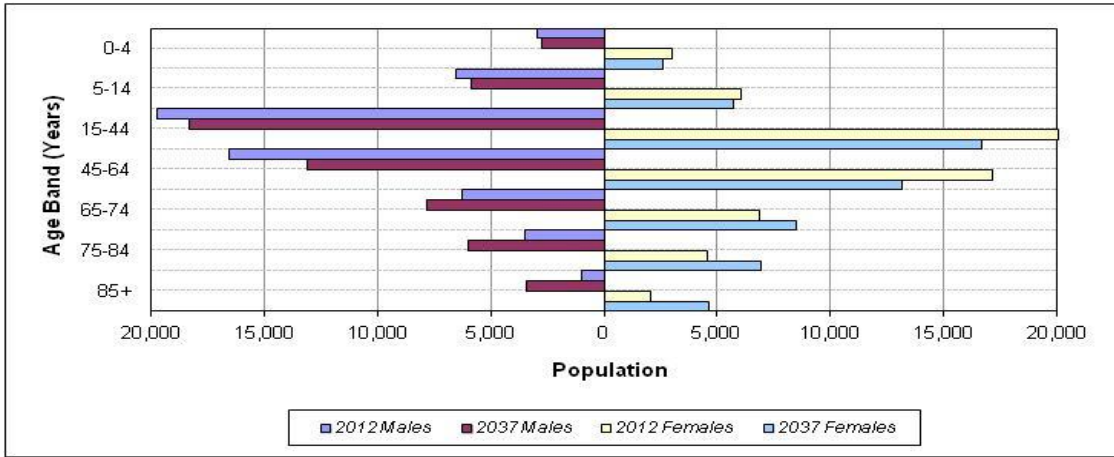


Figure 4.2. Dundee City Profile

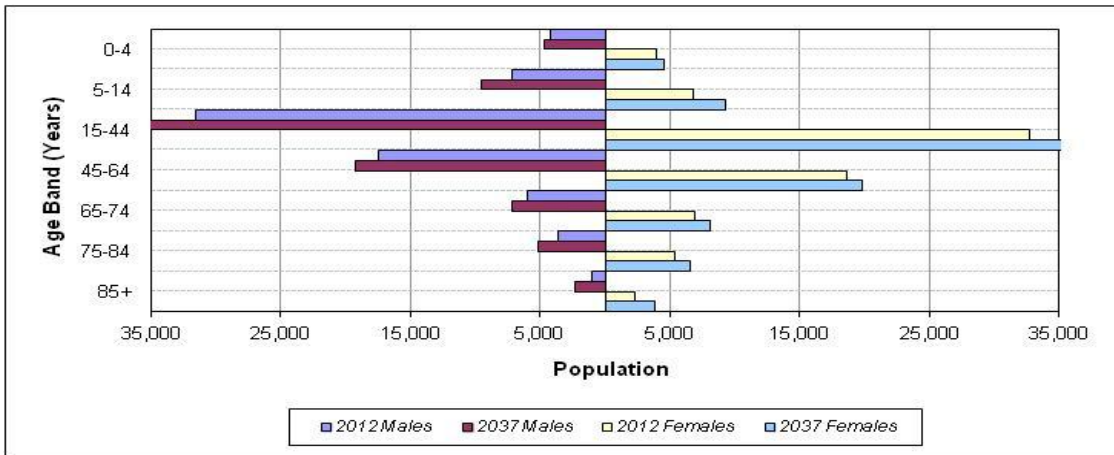


Figure 4.3. Perth & Kinross Profile

Fig 4.1 - 4.3 Source: NRS Mid-Year Population Estimates [2012] & Population Projections [2037] (January 2016)

2.1.3 Tayside Ethnic Population

Over the last decade between the 2001 Census and 2011 Census, the non-white ethnic population within Tayside has increased by over 5,500 individuals to 13,294 (7,495 in 2001). The proportion of the total Tayside population, accounted for by this non-white ethnic population group, increased from 1.9% to 3.2% over the last decade.

Table 3 summarises the 2011 census figures for Tayside's ethnic groups (all ages³), showing that at the time of the census, 'Asian' (inc. Scottish & British) recorded the largest non-white ethnic population group within Tayside (2.1% of the Tayside population; N = 8,611), followed in proportion by the 'African' (0.4% of the Tayside population; N = 1,527), and then both the 'Other -' and 'Mixed/Multiple -' ethnic population groups (0.3% of the Tayside population each; N = 1,241 & 1,420 respectively).

Table 3. Summary of Tayside's Ethnic Population Groups (Census 2011)

Administrative Area	All People	Ethnic Groups (Census 2011)							All Non-White Ethnic Groups
		White ^a	Asian, Asian Scottish or Asian British ^b	African ^c	Caribbean or Black ^d	Other Ethnic Groups ^e	Mixed or Multiple Ethnic Groups		
Tayside	409,709	396,415	8,611	1,527	495	1,241	1,420	13,294	
		96.8%	2.1%	0.4%	0.1%	0.3%	0.3%	3.2%	
Angus	115,978	114,468	921	125	75	125	264	1,510	
		98.7%	0.8%	0.1%	0.1%	0.1%	0.2%	1.3%	
Dundee City	147,268	138,460	5,838	1,170	269	846	685	8,808	
		94.0%	4.0%	0.8%	0.2%	0.6%	0.5%	6.0%	
Perth & Kinross	146,652	143,676	1,852	232	151	270	471	2,976	
		98.0%	1.3%	0.2%	0.1%	0.2%	0.3%	2.0%	

Source: Census 2011 (www.scotlandscensus.gov.uk) Release 2A, Table KS201SC "Ethnic Group by Health Board and Council Area" (January 2016)

Notes

- a. Encompasses: White: Scottish; White: Other British; White: Irish; White: Gypsy/Traveller; White: Polish; White: Other White
- b. Encompasses: Pakistani, Pakistani Scottish or Pakistani British; Indian, Indian Scottish or Indian British; Bangladeshi, Bangladeshi Scottish or Bangladeshi British; Chinese, Chinese Scottish or Chinese British; Other Asian
- c. Encompasses: African, African Scottish or African British; Other African
- d. Encompasses: Caribbean, Caribbean Scottish or Caribbean British; Black, Black Scottish or Black British; Other Caribbean or Black
- e. Encompasses: Arab, Arab Scottish or Arab British; Other ethnic group

All three of Tayside's council areas have recorded increases in their non-white ethnic population groups between the 2011 and previous census. As displayed in Table 3, of Tayside's three council areas, Dundee City recorded the highest proportion of non-white ethnic groups within it's own council area population (6.0% of the Dundee population; N = 8,808). Dundee City's non-white ethnic population accounted for 66.3% of Tayside's total non-white ethnic population, the largest contribution of Tayside's three council areas.

Tables 3.1 - 3.4 detail the 2011 census figures for Tayside's ethnic population sub-groups (or communities). Of the recorded 'White' ethnic population (Table 3.1) within Tayside, following the communities of 'Scottish' and 'Other British', which account for the majority of this population group, 'Other White' and 'Polish' account for the next largest proportions within the Tayside population (2.0%; N = 8,051 & 1.3%; N = 5,486 respectively) at the time of the census.

With regards to Tayside's white ethnic population communities recorded by the 2011 Census at council area level (Table 3.1), Perth & Kinross recorded the largest⁴ proportion of 'Polish' residents, 1.7% of the Perth & Kinross population (N = 2,482), compared with Dundee City (1.4%; N = 1,990) and Angus (0.9%; N = 1,014) council area populations.

Table 3.1 Tayside's 'White' Ethnic Population Communities (Census 2011)

Ethnic Group: White	
---------------------	--

³ Of the 77,221 persons aged 65+ years recorded under the 2011 Census across Tayside, 509 (0.7%) were recorded as a non-white ethnic population. Across all three of Tayside's local authority areas 'Asian' (inc. Scottish & British), from the 2011 Census, was recorded as the largest non-white ethnic older population group for those aged 65+ years. In Angus this encompassed 92 individuals, 308 in Dundee and a further 109 in Perth & Kinross.

⁴ As was recorded across Tayside as a Health Board, within each council area of Tayside, 'Scottish White', 'Other British' and 'Other White' accounted for the majority (in descending order) of each council areas collective 'White' ethnic population group.

Administrative Area	All People	Scottish	Other British	Irish	Gypsy / Traveller	Polish	Other White	White Total ⁱ
Tayside	409,709	345,923	33,221	3,032	702	5,486	8,051	396,415
		84.4%	8.1%	0.7%	0.2%	1.3%	2.0%	96.8%
Angus	115,978	102,316	8,884	530	189	1,014	1,535	114,468
		88.2%	7.7%	0.5%	0.2%	0.9%	1.3%	98.7%
Dundee City	147,268	123,827	7,783	1,369	98	1,990	3,393	138,460
		84.1%	5.3%	0.9%	0.1%	1.4%	2.3%	94.0%
Perth & Kinross	146,652	119,916	16,597	1,136	415	2,482	3,130	143,676
		81.8%	11.3%	0.8%	0.3%	1.7%	2.1%	98.0%

Source: Census 2011 (www.scotlandscensus.gov.uk) Release 2A, Table KS201SC "Ethnic Group by Health Board and Council Area" (January 2016)

Table 3.2 Tayside's 'Asian' Ethnic Population Communities (Census 2011)

Administrative Area	All People	Ethnic Group: Asian, Asian Scottish or Asian British					Asian Total ⁱⁱ
		Pakistani, Pakistani Scottish or Pakistani British	Indian, Indian Scottish or Indian British	Bangladeshi, Bangladeshi Scottish or Bangladeshi British	Chinese, Chinese Scottish or Chinese British	Other Asian	
Tayside	409,709	2,644	2,165	400	1,999	1,403	8,611
		0.6%	0.5%	0.1%	0.5%	0.3%	2.1%
Angus	115,978	266	163	17	264	211	921
		0.2%	0.1%	0.0%	0.2%	0.2%	0.8%
Dundee City	147,268	2,047	1,417	310	1,274	790	5,838
		1.4%	1.0%	0.2%	0.9%	0.5%	4.0%
Perth & Kinross	146,652	331	585	73	461	402	1,852
		0.2%	0.4%	0.0%	0.3%	0.3%	1.3%

Source: Census 2011 (www.scotlandscensus.gov.uk) Release 2A, Table KS201SC "Ethnic Group by Health Board and Council Area" (January 2016)

Of the 'Asian' ethnic population (Table 3.2), the 'Pakistani' community represented the largest proportion of the Asian population within Tayside (0.6% of the Tayside population; N = 2,644), followed closely by both the 'Indian' and 'Chinese' communities, each representing 0.5% of the Tayside population (N = 2,165 & 1,999 respectively).

Table 3.3 Tayside's 'Caribbean or Black' Ethnic Population Communities (Census 2011)

Administrative Area	All People	Ethnic Group: Caribbean or Black			Caribbean or Black Total ⁱⁱⁱ
		Caribbean, Caribbean Scottish or Caribbean British	Black, Black Scottish or Black British	Other Caribbean or Black	
Tayside	409,709	315	127	53	495
		0.1%	0.0%	0.0%	0.1%
Angus	115,978	52	18	5	75
		0.0%	0.0%	0.0%	0.1%
Dundee City	147,268	167	66	36	269
		0.1%	0.0%	0.0%	0.2%
Perth & Kinross	146,652	96	43	12	151
		0.1%	0.0%	0.0%	0.1%

Source: Census 2011 (www.scotlandscensus.gov.uk) Release 2A, Table KS201SC "Ethnic Group by Health Board and Council Area" (January 2016)

Table 3.4 shows that of those recorded as 'Other' ethnic populations residing within Tayside at the time of the 2011 Census, the 'Arab' community represented the largest proportion of this population (0.2% of the Tayside population, N = 982).

Table 3.4 Tayside's 'African' and 'Other' Ethnic Population Communities (Census 2011)

Administrative Area	All People	Ethnic Group: African			Other Ethnic Groups			Mixed or Multiple Ethnic Groups
		African, African Scottish or African British	Other African	African ^{iv} Total	Arab, Arab Scottish or Arab British	Other ethnic group	Other Ethnic ^v Group Total	
Tayside	409,709	1,515	12	1,527	982	259	1,241	1,420
		0.4%	0.0%	0.4%	0.2%	0.1%	0.3%	0.3%
Angus	115,978	124	1	125	96	29	125	264
		0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.2%
Dundee City	147,268	1,163	7	1,170	693	153	846	685
		0.8%	0.0%	0.8%	0.5%	0.1%	0.6%	0.5%
Perth & Kinross	146,652	228	4	232	193	77	270	471
		0.2%	0.0%	0.2%	0.1%	0.1%	0.2%	0.3%

Source: Census 2011 (www.scotlandscensus.gov.uk) Release 2A, Table KS201SC "Ethnic Group by Health Board and Council Area" (January 2016)

Table 3.1 – 3.4 Notes:

- i. White Total encompasses: White: Scottish; White: Other British; White: Irish; White: Gypsy/Traveller; White: Polish; White: Other White
- ii. Asian Total: "Asian, Asian Scottish or Asian British" encompasses Pakistani, Pakistani Scottish or Pakistani British; Indian, Indian Scottish or Indian British; Bangladeshi, Bangladeshi Scottish or Bangladeshi British; Chinese, Chinese Scottish or Chinese British; Other Asian
- iii. Caribbean/Black Total encompasses: Caribbean, Caribbean Scottish or Caribbean British; Black, Black Scottish or Black British; Other Caribbean/Black
- iv. African Total encompasses: African, African Scottish or African British; Other African
- v. Other Ethnic Group Total encompasses: Arab, Arab Scottish or Arab British; Other ethnic group

The non-white ethnic communities across Tayside's three local areas recorded within the 2011 Census included:

Angus

- There were 1,510 non-white ethnic residents, representing 1.3% of the total Angus population, an increase in proportion from 0.8% recorded in the 2001 Census.
- These 1,510 Angus residents accounted for 11.4% of the total Tayside non-white ethnic population on Census day.
- Those identifying as Asian accounted for the highest proportion of the total Angus population (0.8%; N = 921). Within this Asian population, the 'Pakistani', 'Chinese' and 'Other Asian' communities, each accounted for 0.2% of the total Angus population.

Dundee City

- There were 8,808 non-white ethnic residents, representing 6.0% of the total Dundee City population. This represented an increase from 3.7% recorded in the 2001 Census.
- These 8,808 Dundee residents accounted for 66.3% of Tayside non-white ethnic population on Census day.
- Those recorded as belonging to the Asian population accounted for the highest proportion of the total Dundee City population (4.0%; N = 5,838).
- Within Dundee City's Asian population, the 'Pakistani' community accounted for the largest proportion of this population (1.4%; N = 2,047), with the 'Indian' (1.0%; N = 1,417) and 'Chinese' (0.9%; N = 1,274) communities representing the subsequent largest proportions within this council area.
- Dundee City recorded the highest proportion of 'African', 'Caribbean or Black' and 'Arab' (Other Ethnic Groups) communities, compared with its Tayside counterparts.

Perth & Kinross

- There were 2,976 non-white ethnic residents, representing 2.0% of the total Perth & Kinross population. This represented an increase from 1.0% recorded in the 2001 Census.
- These 2,976 Perth & Kinross residents accounted for 22.4% of Tayside non-white ethnic population on Census day.
- Those recorded as belonging to the Asian population accounted for the highest proportion of the Perth & Kinross population (1.3%; N = 1,852).
- Within Perth & Kinross's Asian population, the 'Indian' community accounted for the largest proportion of this population (0.4%; N = 585), with both the 'Chinese' and 'Other Asian' communities, each accounting for a further 0.3% of the total Perth & Kinross population.

2.1.4 Tayside Deprivation (SIMD)

Health and deprivation are linked on various levels. People from deprived areas have higher incidence and prevalence of all the major diseases, have higher mortality rates and show higher rates of health damaging behaviours, such as smoking and poor nutrition. Patterns of higher access to primary care but lower access to secondary care tend to be demonstrated by those living in deprived areas. Access to screening is lower and there is higher likelihood of late presentation with disease among people in deprived areas.

Scottish Index of Multiple Deprivation (SIMD 2012)⁵: The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool as an area-based measure of deprivation. The SIMD categorises Scotland into 6,505 small areas (data zones), each containing around 350 households (average 800 people living in each). The Index provides a relative ranking for each data zone, from 1 (most deprived) to 6,505 (least deprived). This results in a comprehensive picture of relative area deprivation across Scotland and can be used to target policies and resources at the places with greatest need.

Table 4 summarises the SIMD 2012 for Tayside's three local authorities⁶. The table shows that Dundee City has the largest proportion of data zones in every deprived category, both in terms of Local and National Share compared with its other Tayside counterparts.

Table 4. SIMD 2012: Local and National Share of Data Zones in the Most Deprived 5%, 10%, 15% & 20% by Local Authority Area

Level of Deprivation	Data	Local Authority			
		Angus	Dundee City	Perth & Kinross	Scotland
5% Most Deprived	No. of Data zones	0	19	2	325
	Local Share ⁱ (%)	0.0	10.6	1.1	5.0
	National Share ⁱⁱ (%)	0.0	5.8	0.6	100.0
10% Most Deprived	No. of Data zones	2	36	2	651
	Local Share ⁱ (%)	1.4	20.1	1.1	10.0
	National Share ⁱⁱ (%)	0.3	5.5	0.3	100.0
15% Most Deprived	No. of Data zones	3	55	6	976
	Local Share ⁱ (%)	2.1	30.7	3.4	15.0
	National Share ⁱⁱ (%)	0.3	5.6	0.6	100.0
20% Most Deprived	No. of Data zones	9	69	11	1301
	Local Share ⁱ (%)	6.3	38.5	6.3	20.0
	National Share ⁱⁱ (%)	0.7	5.3	0.8	100.0
Total Number of Data Zones		142	179	175	6,505

Source: SIMD 2012, Tables 2.1a-2.1d & Table 2.2a-2.2d, Scottish Government Website (January 2016)

Notes:

i. 'The 'Local Share' is the proportion of an area's data zones that fall into the 15% most deprived in Scotland. This measure is not influenced by the size of an area and so picks out areas with concentrations of deprived data zones whether these areas are big or small. Example: An area consists of 300 data zones, 30 data zones fall into the 15% most deprived category, and the local share is 10% (30/300).

ii. The 'National Share' is the proportion of the most deprived data zones in Scotland that are found in a particular area e.g. local authority. The 15% most deprived in Scotland that fall in a particular Local Authority area. This measure is heavily influenced by the size of an area since bigger areas will have more data zones and so are more likely to have more data zones in the 15% most deprived than smaller areas. Example: 976

⁵ SIMD is regularly updated, most currently available measure being SIMD 2012. SIMD identifies deprived areas, not deprived individuals, not everyone living in a deprived area is deprived, and not all deprived people live in deprived areas.

⁶ Community Health Partnership (CHP) numbers and local/national share percentages equal to Tayside local authority level.

data zones are in the 15% most deprived areas in Scotland. If an area was built up of 300 data zones and 30 of its data zones were in the 15% most deprived, then its national share would be 3% (30/976).

Local Authority National Shares: 57.0% of Scotland's 15% most deprived (976) data zones are located in five local authorities: Glasgow (29.6%), North Lanarkshire (10.2%), Fife (5.9%), Dundee City (5.6%; 55 data zones), and Edinburgh (5.5%). These five local authorities contain 37% of Scotland's population.

In SIMD 2012, 3 (0.3%) of the 976 data zones in the 15% most deprived data zones in Scotland were found in Angus. A further 6 (0.6%) data zones were found in Perth & Kinross in terms of National Share.

Local Authority Local Shares: The five local authorities with the largest local share of Scotland's 15% most deprived data zones are Glasgow (41.6%), Inverclyde (40.0%), Dundee (30.7%; 55 data zones), West Dunbartonshire (26.3%), and North Ayrshire (25.7%). These are the same five local authorities as in SIMD 2009.

In SIMD 2012, 3 (2.1%) of Angus's 142 data zones were found in the 15% most deprived data zones in Scotland, in comparison 6 (3.4%) of Perth & Kinross's 175 data zones were found in the 15% most deprived data zones in Scotland.

Health Boards: Tayside Health Board had 64 data zones in the 15% most deprived, 12.9% of the Local Share and 6.6% of the National Share. This can be compared with the Scottish Health Board, 'Greater Glasgow & Clyde' with the largest proportion of their data zones in the 15% most deprived in both Local and National Shares of 30.1% and 45.4% respectively.

Most Deprived: The most deprived data zone in Angus in the overall SIMD 2012 was S01000626, found in the Intermediate Zone of 'Arbroath Warddykes'. With a rank of 509, it is amongst the 10% most deprived areas in Scotland.

Amongst the 5% most deprived areas in Scotland are the two most deprived data zones in each of Dundee City and Perth & Kinross. In the overall SIMD 2012, the most deprived data zone in Dundee City was S01001253 (Intermediate Zone - Whitfield), a rank of 54, while in Perth & Kinross the most deprived data zone was S01005075 (Intermediate Zone - Muirton), with a rank of 137.

SIMD Health Domain: The health domain within SIMD identifies areas with a higher than expected level of ill-health or mortality for the age-sex profile of the population using a set list of indicators^{7,8}.

Table 5 summarises the Local and National Shares of SIMD 2012 for the distribution of the 15% most deprived data zones in the health domain for Tayside three local authority areas.

Table 5. Local and National Share of Data Zones in the 15% Most Deprived on the Health Domain in SIMD 2012, for Tayside's Local Authorities

Tayside Local Authority	15% MOST DEPRIVED DATA ZONES HEALTH DOMAIN / SIMD 2012					
	National Share			Local Share		
	Total Data Zones	No. Data Zones	Percent (%)	Total Data Zones	No. Data Zones	Percent (%)
Angus	976 (Scotland)	1	0.1	142	1	0.7
Dundee City		35	3.6	179	35	19.6
Perth & Kinross		8	0.8	175	8	4.6

⁷ a. Standardised Mortality Ratio b. Hospital episodes related to alcohol use c. Hospital episodes related to drug use d. Comparative Illness Factor e. Emergency admissions to hospital f. Proportion of population being prescribed drugs for anxiety, depression or psychosis g. Proportion of live singleton births of low birth weight

⁸ The indicators used are the same as for SIMD 2009, however there has been a change to the methodology for three of the health indicators; SIMD 2012 now uses continuous inpatient stays (CISs) to count the total number of stays in NHS hospitals. As a result of the change, caution should be used when interpreting change between the SIMD 2009 and SIMD 2012 health domains, as they are not directly comparable.

Source: SIMD 2012 – Local Authority Individual Reports, Scottish Government Website (January 2016)

i) Angus Health Domain: The most health deprived data zone in Angus in SIMD 2012 is S01000620, found in the Intermediate Zone of 'Arbroath Warddykes', ranked at 777, it is amongst the 15% most health deprived areas in Scotland.

ii) Dundee Health Domain: The most health deprived data zone in Dundee City in SIMD 2012 is S01001200, found in the Intermediate Zone of 'Linlathen and Midcraigie', ranked as 128, it is amongst the 5% most health deprived areas in Scotland.

iii) Perth & Kinross Health Domain: The most health deprived data zone in Perth & Kinross in SIMD 2012 is S01005075, found in the Intermediate Zone of 'Muirton' and ranked as 201, it is amongst the 5% most health deprived areas in Scotland.

SIMD 2012: Tayside Population Estimates as at June 30th, 2014

Figures 5.1, 5.2 and 5.3 show the population structure of each Tayside CHP by SIMD 2012 quintile.

The charts show that the Dundee City has the largest deprived population (Quintile 1) across Tayside's three local authority areas for both males and females.

In comparison, both Angus and Perth & Kinross have their largest population portion within quintile 4, representing a more affluent (less deprived) male and female population.

Figure 5. Tayside Population Estimates 2014 (as at June 30th) by SIMD 2012 Quintile

Figure 5.1. Angus Population Estimates by SIMD 2012 Quintile (as at 30th June 2014)

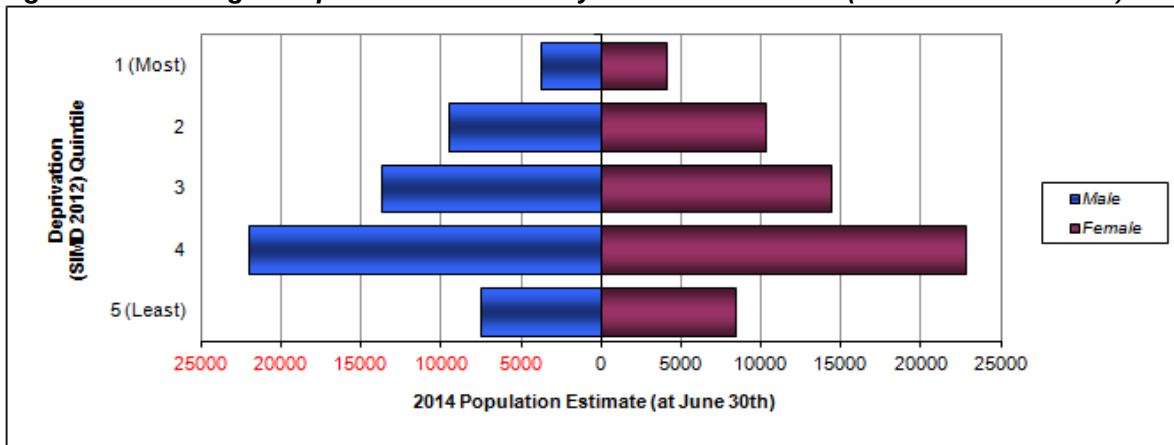


Figure 5.2. Dundee Population Estimates by SIMD 2012 Quintile (as at 30th June 2014)

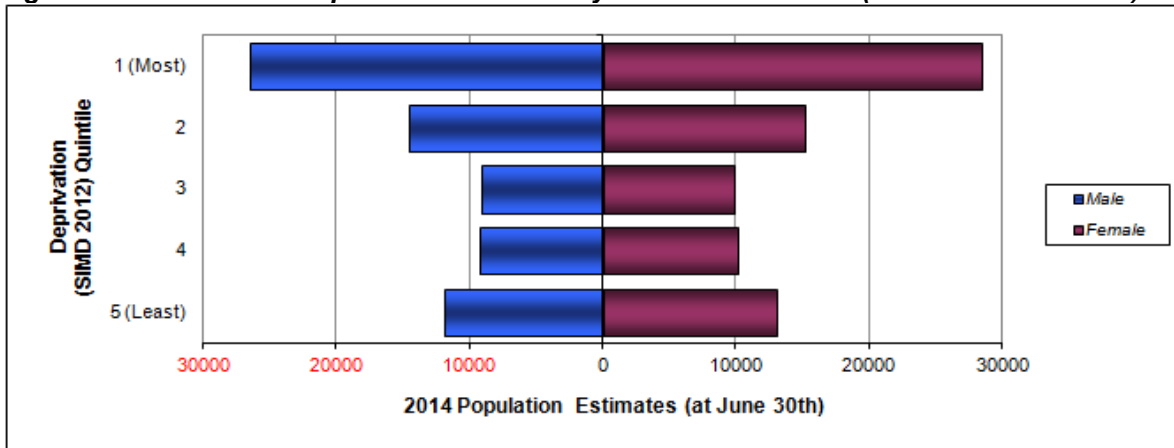


Figure 5.3. Perth and Kinross Population Estimates by SIMD 2012 Quintile (as at 30th June 2014)

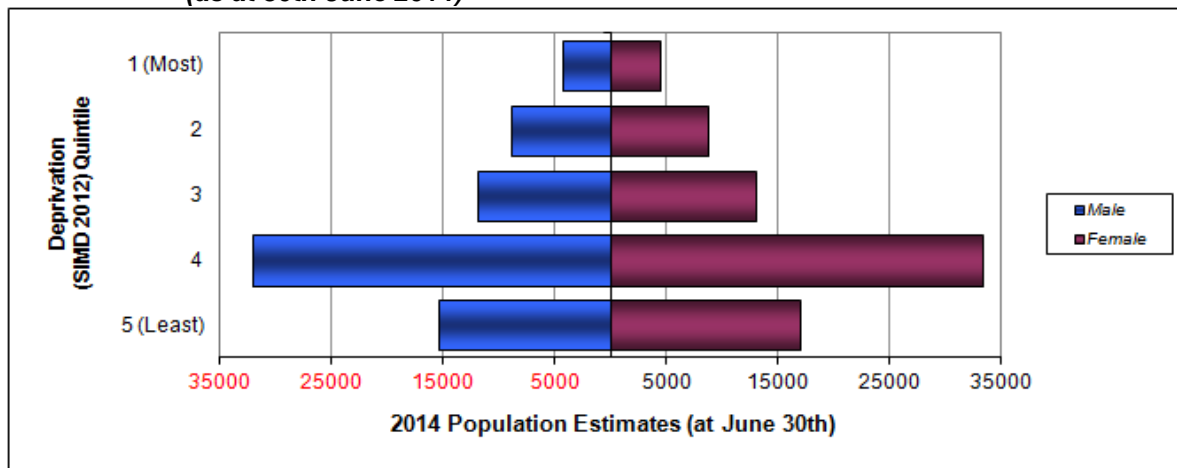


Fig 5.1 - 5.3 Source: NRS - Small Area Population Estimates (2014, Based on 2001 Data Zones) & SIMD 2012 - Scottish Government (January 2016)

2.1.5 Tayside Rurality

The population density varies considerably between local authority areas across Tayside. While Dundee City's density is 2,478 persons per square kilometre in 2014, Angus and Perth & Kinross recorded much lower densities of 53 and 28 persons per square kilometre respectively.

The 'Scottish Government Urban Rural Classification' provides a standard definition of urban, rural and remote areas across Scotland; by use of a 6- and 8- fold classification systems. Updated every two years, the classification incorporates the most recent Small Area Population Estimates (SAPE) and accessibility based on drive time analysis to differentiate between accessible and remote areas in Scotland.

Note: The Remote Small Towns and Remote Rural categories in the 8-fold classification should not be confused with the similarly labelled categories in the 6-fold classification.

Tables 6.1 & 6.2 show the percentage of the population classed as urban, rural and remote for Tayside and its three local authorities with Scottish comparisons for the period 2013/14.

Table 6.1 Percentage of Population in each Urban Rural Classification by 6-Fold Urban Rural Classification and Area of Residence, 2013-14

Area of Residence	Large Urban Areas	Other Urban Areas	Accessible Small Towns	Remote Small Towns	Accessible Rural	Remote Rural
Scotland	34.5	35.1	9.3	3.4	11.7	6.1
Tayside	38.3	26.6	6.8	4.0	19.1	5.2
Angus	7.6	53.6	11.8	0.0	25.4	1.5
Dundee	99.5	0.0	0.0	0.0	0.5	0.0
Perth & Kinross	1.2	31.9	9.8	11.1	32.6	13.4

Source: Scottish Government Urban Rural Classification 2013-14 (January 2016)

Notes: The 6-Fold Classification System for Remote and Rural Areas (2013-2014)

1 Large Urban Areas - Settlements of 125,000 or more people.

2 Other Urban Areas - Settlements of 10,000 to 124,999 people.

3 Accessible Small Towns - Settlements of 3,000 to 9,999 people and within 30 minutes drive of a settlement of 10,000 or more.

4 Remote Small Towns - Settlements of 3,000 to 9,999 people and with a drive time of over 30 minutes to a settlement of 10,000 or more.

5 Accessible Rural - Areas with a pop. of less than 3,000 people, and within a 30 minute drive time of a settlement of 10,000 or more.

6 Remote Rural - Areas with a pop. of less than 3,000 people, and with a drive time of over 30 minutes to a settlement of 10,000 or more.

Table 6.2 Percentage of Population in each Urban Rural Classification by 8-Fold Urban Rural Classification and Area of Residence, 2013-14

Area of Residence	Large Urban Areas	Other Urban Areas	Accessible Small Towns	Remote Small Towns	Very Remote Small Towns	Accessible Rural	Remote Rural	Very Remote Rural
Scotland	34.5	35.1	9.3	2.2	1.3	11.7	3.2	2.9
Tayside	38.3	26.6	6.9	4.0	0.0	19.1	4.7	0.5
Angus	7.6	53.6	11.8	0.0	0.0	25.5	1.5	0.0
Dundee	99.5	0.0	0.0	0.0	0.0	0.5	0.0	0.0
Perth & Kinross	1.2	31.9	9.8	11.1	0.0	32.6	12.0	1.4

Source: Scottish Government Urban Rural Classification 2013-14 (January 2016)

Note: The 8-Fold Classification System for Remote and Rural Areas (2013-2014)

1 Large Urban Areas - Settlements of 125,000 or more people.

2 Other Urban Areas - Settlements of 10,000 to 124,999 people.

3 Accessible Small Towns - Settlements of 3,000 & 9,999 people, within 30 minutes drive of a settlement of 10,000 or more.

4 Remote Small Towns - Settlements of between 3,000 & 9,999 people, with a drive time of over 30 minutes to a settlement of 10,000 or more.

5 Very Remote Small Towns - Settlements of 3,000 & 9,999 people, with a drive time of over 60 minutes to a settlement of 10,000 or more.

6 Accessible Rural - Areas with a pop. of less than 3,000 people, within a 30 minute drive time of a settlement of 10,000 or more.

7 Remote Rural - Areas with a pop. of less than 3,000 people, with a drive time of over 30 minutes but less than 60 minutes to a settlement of 10,000 or more.

8 Very Remote Rural - Areas with a pop. of less than 3,000 people, and with a drive time of over 60 minutes to a settlement of 10,000 or more.

Across Tayside during 2013/14, the majority of the population (38.3%) resided within 'large urban areas' with a further 26.6% living within 'other urban areas'. In comparison, 5.2% of the Tayside population was living in 'remote rural areas', with a further 19.1% residing in 'accessible rural areas'.

Within Dundee City 99.5% of the population were classified as living in 'large urban areas', while across Angus the majority of the population (53.6%) resided within 'other urban areas'. In comparison, in Perth & Kinross the majority of the population comprised of a combination of both those living in 'Other Urban Areas' and 'Accessible Rural', accounting for 31.9% and 32.6% of the Perth & Kinross population respectfully.

2.2 The Health Status of Tayside's Population

2.2.1 Life Expectancy

'Life Expectancy' (LE) at birth is a common measure of mortality, useful in comparing the 'health' of one country to another. It is an estimate of the average number of years a newborn infant is expected to live if current mortality rates continue to apply. Between males and females, and among different geographical and socio-economic groups, there can be considerable variations. All figures should be viewed as providing a general indication of LE, rather than precise and robust figures.

The expectation of life at birth in Scotland has improved greatly over the last 30 years and improvements in life expectancy at birth are projected to continue. Women continue to live longer than men; however the gap has been closing over more recent years.

While both Scottish male and female life expectancy has continued to increase to 77.05 years for males and 81.06 years for females (2012-2014 based), these figures remain below the UK average of 79.07 years and 82.81 years respectively. Therefore the Scottish population can expect to live shorter lives than the rest of the UK by more a year. Table 7 shows that Scottish LE is the lowest of its UK counterparts when comparing the current 2012-14 based figures.

Table 7. Life Expectancy at Birth (in years) by UK Area of Residence, (2012-14 based)

Area of Residence	Males (Years)	Females (Years)
UK (All)	79.07	82.81
England	79.35	83.05
Wales	78.40	82.29
Northern Ireland	78.25	82.28
Scotland	77.05	81.06

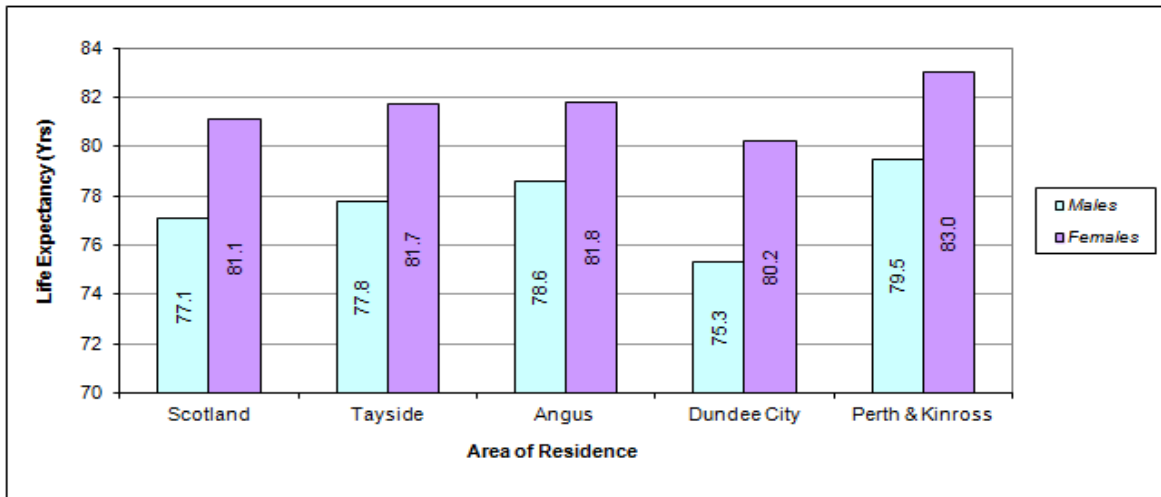
Source: National Life Tables, United Kingdom, 2012-2014, Office of National Statistics (January 2016)

The continued increases in life expectancy can be attributed to the improvements in mortality at older age. Scotland's lower life expectancy can be associated with higher levels of alcohol consumption, a greater smoking prevalence and higher levels of cardio-vascular diseases in Scotland compared to the other constituent countries of the UK⁹.

The current life expectancy at birth for Tayside males is 77.8 years and 81.7 years for females (2012-2014 based). These figures are very slightly higher than the Scottish life expectancy estimates for both genders as summarised in Figure 6, which displays the life expectancy for Tayside males and females by local authority.

Figure 6. Life Expectancy at Birth (in Years) by Area of Residence (2012-14 based)

⁹ Office of National Statistics: Scottish Health Survey - UK comparisons: The Scottish Government, 2010.



Source: Life Expectancy, National Records of Scotland (NRS) and National Statistics (January 2016)

There are variations in life expectancy across Tayside's local authority areas:

- Both males and females in Angus and Perth & Kinross have higher life expectancies than the Scottish average. The latter displaying the highest life expectancy of the three local Tayside areas.
- Dundee City males and females have the lowest life expectancy compared with both its Tayside counterparts and the Scottish estimates.
- Dundee City males are expected to live 4.2 years less than those in Perth and Kinross, with a corresponding difference of 2.8 years less in females.

Table 8 summarises the latest available LE figures by deprivation and displays the variations in the life expectancy at birth for the most deprived (MD) areas and least deprived (LD) areas across Tayside three local areas. As expected those living in most deprived areas have a lower life expectation than those who live in more affluent areas.

Table 8. Expectation of Life at Birth for Tayside Council Area by Split Level of Deprivation, for the period 2009-2013

Deprivation MD = most deprived 15% LD = least deprived 85%	Expectation of Life at Birth	
	Male (Years)	Female (Years)
Angus LD	79.2	81.6
Angus MD	73.6	78.7
Angus (2009-2013)	78.3	81.2
Dundee City LD	75.4	80.2
Dundee City MD	69.9	75.3
Dundee City (2009-2013)	74.6	79.4
Perth & Kinross LD	79.9	83.0
Perth & Kinross MD	74.8	79.9
Perth & Kinross (2009 - 2013)	79.2	82.6

Source: Life Expectancy by Deprivation (2009-2013), National Records of Scotland [NRS]; (January 2016)

2.2.2 Prevalence of Specific Disease & Health Conditions

Prevalence rates are increasingly sought as an important source of information on the level of different types of health problems in the population. The Quality & Outcomes Framework (QOF) represents one of the main sources of potential income for general practices (GP surgeries) across the UK and is a fundamental part of the new General Medical Services (GMS) contract¹⁰, introduced on 1st April 2004. An important element of the QOF register data is the collection of data on the prevalence of specific diseases or health conditions.

Prevalence is a measure of the burden of a disease or health condition in a population at a particular point in time (and is different to *incidence*, which is a measure of the number of *newly diagnosed* cases within a particular time period). Prevalence data within the QOF are collected in the form of practice "registers". A QOF register may count patients with one specific disease or condition, or it may include multiple conditions. There may also be other criteria for inclusion on a QOF register, such as age or recency of diagnosis.

Prevalence data derived from QOF disease registers are of clear interest from a public health perspective. They can potentially be used to examine variations in the prevalence of the chronic diseases, but they should be interpreted with caution. A major reason for this is that they are what are known as "raw" or "crude" rates - which means that they take no account of differences between practice populations in terms of their age or gender profiles, or other factors that influence the prevalence of health conditions.

A QOF prevalence rate is simply the total number of patients on the register, expressed as a proportion or percentage of the total number of patients registered with the practice. They are not adjusted to account for patient age distribution or other factors that may differ between general practices. In addition, while the registers may be restricted (e.g. to only include persons over a specified age) the QOF prevalence rate is based on the total number of persons registered with the practice (practice list size) at one point in time^{11 12 13}.

NHS Tayside QOF Data: Table 9 summarises the QOF prevalence rates for all QOF listed conditions (based on all contract types) for NHS Tayside and its three local community health partnership (CHP) areas, during the period April 2014 to March 2015.

Across NHS Tayside and its three local HSCPs, 'hypertension' is the QOF condition with the highest prevalence rate of all QOF listed conditions, as is also true across NHS Scotland. Tayside's hypertension prevalence rate for 2014/15 was recorded as 14.89 per 100 patients. Locally, Angus CHP displayed the highest hypertension prevalence rate (16.15 per 100 patients) of the three Tayside HSCPs; with Perth & Kinross's prevalence rate of 15.05, compared with Dundee City CHP rate of 13.93 per 100 patients. NHS Tayside and its three HSCPs all displayed prevalence rates higher than the Scottish figure of 13.85 per 100 patients during this period.

Subsequently, those conditions across NHS Tayside, with the next highest prevalence rates (*of 4.0 or more per 100 patients*) were Asthma (6.11); Diabetes (5.15); Depression (4.80); CHD (4.22). Of these conditions, both NHS Tayside's Diabetes and CHD prevalence rates were higher than the Scottish figures during 2014/15, with Scottish prevalence rates of 4.85 and 4.14 respectively.

¹⁰ Participation by general practices in the QOF is voluntary - QOF is part of the GMS contract and so practices with other contract types are not automatically expected to take part.

¹¹ QOF prevalence figures may differ from prevalence figures from other sources because of coding or definitional issues.

¹² Year-on-year changes in the size of QOF registers are influenced by various factors including demographic changes, improvements in case findings, changes in definition, data recording, diagnostic practice etc.

¹³ Further information on QOF - <http://www.isdscotland.org/Health-Topics/General-Practice/Quality-And-Outcomes-Framework/Information-for-users-of-QOF-register-and-prevalence-data.asp>

Table 9. Quality & Outcomes Framework (QOF) Based Prevalence Rates (Crude Rates per 100 patients) by Tayside Local Area, April 2014 - March 2015

QOF Register Condition	Practices With Reportable QOF (All Contract Types) ^{iv} Number of Patients on this QOF Register / Raw Prevalence Rate (per 100 patients) ⁱⁱⁱ							
	NHS Tayside		Angus CHP		Dundee CHP		Perth & Kinross CHP	
	No. Patients on QOF Register	Prevalence Rate	No. Patients on QOF Register	Prevalence Rate	No. Patients on QOF Register	Prevalence Rate	No. Patients on QOF Register	Prevalence Rate
Atrial Fibrillation	7,868	1.86	2,210	2.01	2,685	1.57	2,973	2.08
Asthma	25,888	6.11	6,563	5.96	10,723	6.29	8,602	6.01
Cancer	9,688	2.29	2,635	2.39	3,477	2.04	3,576	2.50
CHD (Coronary Heart Disease)	17,880	4.22	5,044	4.58	6,919	4.06	5,917	4.13
CKD (Chronic Kidney Disease)	13,519	3.19	3,914	3.55	5,335	3.13	4,270	2.98
COPD (Chronic Obstructive Pulmonary Disease)	10,247	2.42	2,556	2.32	4,907	2.88	2,784	1.94
Dementia	4,119	0.97	1,086	0.99	1,546	0.91	1,487	1.04
Depression	20,342	4.80	3,877	3.52	9,129	5.35	7,336	5.12
Diabetes	21,822	5.15	5,953	5.41	8,834	5.18	7,035	4.91
Heart Failure	3,906	0.92	880	0.80	1,676	0.98	1,350	0.94
Hypertension	63,100	14.89	17,783	16.15	23,766	13.93	21,551	15.05
Mental Health	4,176	0.99	915	0.83	1,893	1.11	1,368	0.96
Osteoporosis	516	0.12	137	0.12	204	0.12	175	0.12
Peripheral Arterial Disease	4,411	1.04	1,183	1.07	2,007	1.18	1,221	0.85
Rheumatoid arthritis	2,619	0.62	771	0.70	918	0.54	930	0.65
Stroke & TIA	10,353	2.44	2,893	2.63	3,958	2.32	3,502	2.45

Source: ISD Website – QOF Database (January 2016)

Notes:

i. Although the QOF is part of the new General Medical Services (GMS), practices with other contract types (17C or 2C) may also choose to use the QOF. These figures include data from practices of any contract type, and are therefore based on larger numbers of practices than tables based on GMS practices alone.

ii. QOF registers may relate to a single condition or number of conditions. May be restrictions on who is counted, e.g. according to age.

iii. Prevalence = number of patients on the specified QOF register, divided by list size, multiplied by 100.

iv. Tayside 66 practices (423,906 list size); Angus 16 practices (110,127 list size); Dundee 25 practices (170,581 list size) and Perth & Kinross 25 practices (143,198 list size). List size is the total number of patients registered to the practice, as at 1st January in the given financial year.

Several of these QOF conditions are also listed as 'Long Term Conditions (LTCs) including; Asthma, Cancer, Coronary Heart Disease (CHD), COPD, Dementia, Diabetes, Heart Failure, Hypertension and Stroke/TIA.

Asthma: In 2014/15 both Angus (5.96 per 100 patients) & Perth & Kinross (6.01 per 100 patients) had a prevalence rate slightly lower than the Scottish prevalence rate of 6.33, while Dundee City was very similar, with a rate of 6.29. (NHS Tayside prevalence rate = 6.11 per 100 patients)

Cancer: The NHS Tayside cancer prevalence rate (2.29) is very similar to the Scottish rate of 2.30 per 100 patients. Dundee CHP held a prevalence rate of 2.04 per 100 patients, a rate lower than the Scottish figure during 2014/15; in comparison both the Angus CHP (2.39) and Perth & Kinross CHP (2.50) prevalence rates were slightly higher.

CHD: In 2014/15, both the Dundee CHP (4.06) and Perth & Kinross CHP (4.13) prevalence rates were slightly lower than the Scottish rate of 4.14 per 100 patients. In comparison, Angus CHP held a prevalence rate of 4.58 per 100 patients, a rate slightly higher than the Scottish figure, as was the NHS Tayside prevalence rate of 4.22 per 100 patients.

COPD: Across NHS Tayside there was slight variation in COPD prevalence. For the period 2014/15, Tayside's prevalence rate was 2.42, slightly higher compared with Scotland's 2.21 per 100 patients. The three local areas within NHS Tayside ranged from the Perth & Kinross CHP rate of 1.94, to 2.32 in Angus CHP and 2.88 in Dundee CHP per 100 patients.

Dementia¹⁴: All NHS Tayside's three HSCPs recorded dementia prevalence rates slightly higher, than the Scottish rate of 0.78 per 100 patients in 2014/15. (NHS Tayside = 0.97; Angus CHP = 0.99; Dundee CHP = 0.91; Perth & Kinross CHP = 1.04 per 100 patients.)

Diabetes: All NHS Tayside's three HSCPs recorded diabetes prevalence rates slightly higher, than the Scottish rate of 4.85 per 100 patients in 2014/15. NHS Tayside's prevalence rate was 5.15, while Angus HSCP held the highest prevalence rate (5.41) of the three Tayside HSCPs. (Dundee CHP = 5.18; Perth & Kinross CHP = 4.91 per 100 patients.)

Heart Failure: NHS Tayside's prevalence rate for heart failure was 0.92 per 100 patients, slightly higher than the 0.82 rate for Scotland in 2014/15. Of the three NHS Tayside HSCPs, only Angus CHP recorded a prevalence rate slightly less than Scotland (0.80 per 100 patients); Dundee City and Perth & Kinross HSCPs recorded heart failure prevalence rates of 0.98 and 0.94 respectively.

Hypertension: During 2014/15, all NHS Tayside's HSCPs recorded hypertension prevalence rates higher than the Scottish rate of 13.85 per 100 patients. The prevalence rates per 100 patients ranged from 13.93 in Dundee City, to 15.05 in Perth & Kinross and 16.15 in Angus CHP (Tayside prevalence rate = 14.89 per 100 patients).

Stroke/TIA: All NHS Tayside's three HSCPs recorded stroke/TIA prevalence rates higher than the Scottish rate of 2.16 per 100 patients in 2014/15. (NHS Tayside = 2.44; Angus CHP = 2.63; Dundee CHP = 2.32; Perth & Kinross CHP = 2.45 per 100 patients)

2.2.3 Mortality

The calculation of crude death rates per 1,000 population permits a direct comparison between different locations and age bands. Table 10 summarises the crude death rates comparing Scotland, Tayside and its three local authority areas for 2014. Tayside and its three local authority areas do not differ greatly from the crude death rates of Scotland in 2014, across any age band.

Table 10. Crude Death Rates per 1,000 Population by Age Band, 2014

Area of Residence	All Ages	Age Band (Years) at Death							
		0-19	20-44	45-64	65-74	75-84	85+	00-74	75+
Scotland	10.1	0.3	1.0	5.3	18.7	52.4	153.7	4.1	79.1
Tayside	10.7	0.4	0.9	5.2	16.7	47.4	146.0	4.0	74.9
Angus	11.2	0.2	0.9	4.6	16.9	46.4	155.2	4.1	76.5
Dundee City	10.8	0.6	1.0	7.3	19.3	55.9	144.7	4.4	80.6
Perth & Kinross	10.1	0.3	0.7	3.9	14.5	41.0	140.2	3.5	69.0

Source: National Records of Scotland (NRS) - Vital Events Death Table 5.2, 2014 (Based on Year of Death Registration) and Mid-Year Population Estimates, June 30 2014 (January 2016)

As is expected death rates increase with age. For those aged less than 45 years, the crude death rate, regardless of area of residence, is 1.0 or less per 1,000 population. This rate steadily increases to a Scottish crude death rate of 153.7, compared with 146.0 per 1,000 population across Tayside residents in 2014.

In the more senior age bands there is some variation between Tayside's three local authority areas. In both the age bands of 65-74 years and 75-84 years, Dundee City recorded the highest Tayside local area crude death rates (19.3 and 55.9 respectfully) as shown in Table 10. In those residents aged 85+ years, the highest crude death rate was recorded in Angus, with a rate of 155.2 per 1,000 population; compared with both Dundee City (144.7) and Perth & Kinross (140.2) rates. In addition, the Angus death rate is slightly higher than the Scottish rate (153.7) in 2014.

In 2014, as in previous years, both cancer and heart disease are the major causes of death across Tayside residents. Deaths from 'Malignant Neoplasms' (i.e. cancer) accounted for 29.1% (1,282

¹⁴ Dementia: Slightly more common in women than in men. More prevalent with age, especially in those aged 65+. Alzheimer Scotland¹⁴ estimate within Tayside in 2015, 2.0% of the total population will be dementia sufferers, and of these individuals 9.5% of the total population are aged 65+ years. Similar proportions are estimated across Tayside's 3 local areas.

deaths) of the 4,408 Tayside resident deaths in 2014; in addition to 28.8% (1,268 deaths) from 'Diseases of the Circulatory System' (I00-I99) of all Tayside resident deaths in this year.

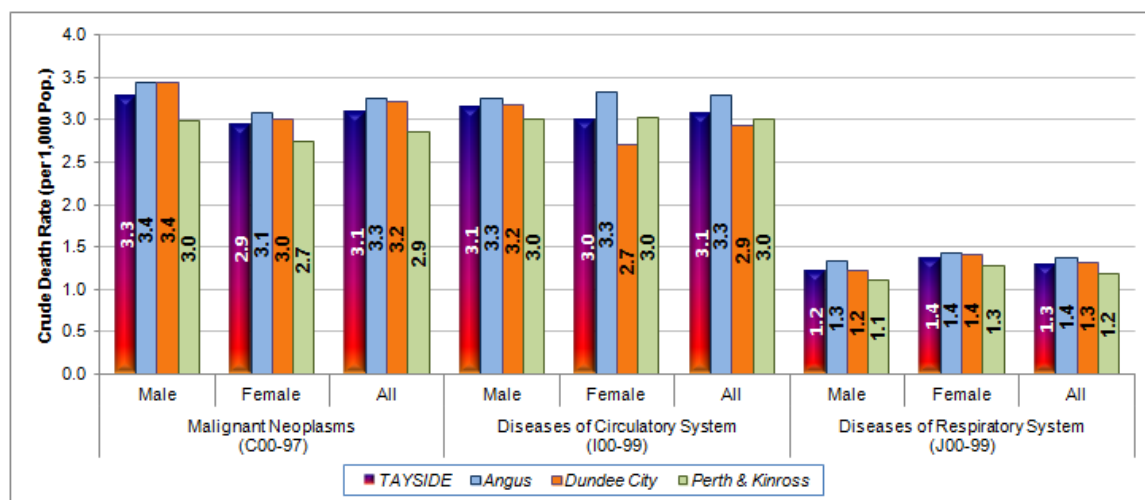
The subsequent highest cause of death amongst Tayside residents in 2014 was from 'Diseases of the Respiratory System', accounting for a further 12.1% (534 deaths). These three diseases accounted for 70.0% of all Tayside deaths in 2014, but highlights the considerable difference in the proportions of the main causes of death between this diagnosis and the former two.

The difference can be further emphasised when utilising the crude death rates for these top three causes as a comparative measure. The crude death rates for 'Malignant Neoplasms' and 'Diseases of the Circulatory System' were very similar for all Tayside residents (*all ages*), each recording a rate of 3.1 deaths per 1,000 population. In comparison 'Diseases of the Respiratory System' as a cause of death recorded a crude death rate of 1.3 deaths per 1,000 population.

Similar figures were recorded across all three Tayside local authority areas, the crude death rates per 1,000 population are displayed in Figure 7.

- Malignant Neoplasms ranged from 2.9 in Perth & Kinross to 3.3 in Angus.
- Diseases of the Circulatory System ranged from 2.9 in Dundee City to 3.3 in Angus.
- Diseases of the Respiratory System ranged from 1.2 in Perth & Kinross to 1.4 in Angus.

Figure 7. Top Three Causes of Death: Crude Death Rates per 1,000 Population by Tayside Local Authority Area and Gender, 2014



Source: National Records of Scotland (NRS) - Vital Events Death Table 6.3, 2014 (Based on Year of Death Registration) and Mid-Year Population Estimates, June 30 2014 (January 2016)

Also shown in Figure 7 is that the crude death rates are fairly similar between the genders across Tayside residents (*all ages*) for these three top causes of death. In both Malignant Neoplasms and 'Diseases of the Circulatory System' the male rate is either the equal to or marginally higher than the female rate. In contrast deaths from 'Diseases of the Respiratory System' record the slightly higher rate in females.

Table 11 summarises the cause of death in 2014 for Tayside residents by gender and local authority area. Within the three primary level classification groupings of cause of death, there were particular diseases which accounted for substantial proportions of Tayside resident deaths in 2014.

Of the 1,268 'Circulatory System' deaths

- 46.8% (N=593) were from Ischaemic Heart Disease (I20-I25)
- 25.9% (N=329) were from Cerebrovascular Diseases (I60-I69)

Of the 1,282 'Malignant Neoplasm' deaths (*representing 4.5% or more of these deaths*)

- 22.9% (N=294) were from Malignant neoplasm of trachea bronchus and lung (C33-C34).
- 7.2% (N=92) were from Malignant neoplasm of breast (C50) - *both genders*
- 5.9% (N=75) each from Malignant neoplasm of lymphoid, haematopoietic and related tissue (C81-C96) and Malignant neoplasm of prostate (C61)
- 5.6% (N=72) were from Malignant neoplasm of oesophagus (C15)

- 5.4% (N=69) were from Malignant neoplasm of the pancreas (C25)
- 5.1% (N=66) each from Malignant neoplasm of colon and Malignant neoplasm of rectum and anus
- 4.8% (N=62) were from Malignant neoplasm of the uterus and ovary (C53-C56)

Of the 534 'Respiratory System' deaths

- 46.4% (N=248) were from Chronic lower respiratory diseases (J40-J47)
- 28.7% (N=153) were from Pneumonia (J12-J18)

Table 11. Tayside Resident Deaths by Main Cause of Death, 2014
(Based on ICD10 Primary Level Classification Grouping)

Main Cause of Death (ICD10)	Gender All Ages	Area of Residence			
		Tayside	Angus	Dundee City	Perth & Kinross
Malignant neoplasms (C00-97) <i>i.e. Cancer</i>	Male	657	195	245	217
	Female	625	185	231	209
	All	1,282	380	476	426
Diseases of the circulatory system (I00-99)	Male	631	185	227	219
	Female	637	199	208	230
	All	1,268	384	435	449
Diseases of the respiratory system (J00-99)	Male	243	76	87	80
	Female	291	85	109	97
	All	534	161	196	177
Diseases of the nervous system and the sense organs (G00-H95)	Male	121	37	46	38
	Female	137	41	41	55
	All	258	78	87	93
Mental and behavioural disorders (F00-99)	Male	126	36	48	42
	Female	199	66	60	73
	All	325	102	108	115
Diseases of the digestive system (K00-93)	Male	112	21	59	32
	Female	113	29	42	42
	All	225	50	101	74
External causes of morbidity and mortality (V01-Y98)	Male	105	26	50	29
	Female	63	16	31	16
	All	168	42	81	45
<i>All Other Causes of Death</i>	<i>All</i>	<i>348</i>	<i>109</i>	<i>120</i>	<i>119</i>
Total Causes of Death, 2014	Male	2,134	619	808	707
	Female	2,274	687	796	791
	All	4,408	1,306	1,604	1,498

Source: National Records of Scotland (NRS) - Vital Events Death Table 6.3, 2014 (Based on Year of Death Registration) and Mid-Year Population Estimates, June 30 2014 (January 2016)

2.2.4 Other Health Factors

There are many elements which influence the health and mortality of a population, while poor diet and physical inactivity are primary factors; there are several "risk" factors which have a direct impact on a population's health and therefore the burden carried by local health services. The most common risk factors are smoking, sexual health and substance misuse.

i. Smoking

It is estimated that in 2004 in Scotland, more than 13,000 deaths were attributable to smoking, equating to 24% of all deaths for that year. Between 2000 and 2004, it was estimated that 21% (4,991) of all deaths in Tayside were attributable to smoking. The greatest percentage of smoking-attributable deaths in Tayside occurred in the male 35-69 years category. Both in Angus and Perth & Kinross, it is estimated that 20% of deaths are due to smoking and this percentage is slightly higher in Dundee City at 23%¹⁵.

¹⁵ No update study has never been replicated.

The Scottish Health Survey 2008-2011, estimated that 23% of adults in Tayside were current smokers compared to the Scottish average of 25%. The percentage of males smoking was very slightly higher than the percentage of females. However, in the youngest and oldest age bands, more females than males smoked¹⁶.

Within Tayside, there was a variation in the percentage of smokers across the three local authority areas, with Dundee City having the highest smoking prevalence at 28% of the adult population followed by Angus (18%) and then Perth and Kinross (16%) according to the Scottish Household Survey 2014.

The most current release of statistics from the national minimum dataset for smoking cessation services is for 2014. Of the 5,412 quit attempts made in Tayside in 2014, 24.2% (1,312) were recorded as successful quits at the one month follow-up. Of the remaining 4,100 cases, 1,055 (19.5%) had smoked in the last two weeks and 3,045 (56.3%) were 'lost to follow-up'/unknown. Table 19 shows the difference in the proportion successfully quitting at one month follow-up across the three Tayside CHP areas.

Table 12. Number and percentage of successful quits at one month follow-up in Tayside in 2014 by CHP

CHP Area	Total number of quit attempts	Successful quits at one month follow-up	
		Number	Percentage
Angus	1,580	369	23.4%
Dundee	2,056	508	24.7%
Perth & Kinross	1,736	436	25.1%

Source: National minimum dataset for Smoking Cessation Services, ISD website (January 2016)

Of the 4,808 quit attempts made via Pharmacy Services in Tayside in 2014, 23.1% were successful quits at one month follow-up, 19.2% reported smoking in the last two weeks and 42.1% were lost to follow-up.

From a total of 5,412 quit attempts made/quit dates set between 1st January and 30th September 2014 in Tayside, 1,312 (24.4%) were recorded as successful quits at the one month follow-up and 621 (11.5%) had still quit at three months.

ii. Sexual Health - Teenage Pregnancy

Scotland has a higher rate of teenage pregnancy¹⁷ than most other Northern and Western European countries and reducing unintended teenage pregnancy is a priority for the Scottish Government. Teenage pregnancy have been consistently decreasing in recent years and continue to decline in 2013¹⁸ across Scotland.

Since the recent peak in 2007, all NHS health boards have recorded a reduction in their rate of teenage pregnancies. In 2013 NHS Borders recorded the highest rate of teenage pregnancy in the under 16s with 5.8 per 1,000 female population; while NHS Fife recorded the highest rates in both the under 18s and under 20s with rates of 31.6 and 48.4 respectively.

NHS Tayside has also shown a general steady decline in the rate of teenage pregnancy since 2007. However over the years, the Tayside teenage conception rates have been consistently higher than the Scottish average and until recently, were the highest in Scotland in all age groups. In the last few years, the gap between national and local Tayside rates has closed.

In 2013, Tayside teenage pregnancy rates were:

- Tayside's under 16s pregnancy rate was 5.6 per 1,000 females compared to 4.7 for Scotland.

¹⁶ Next SHS board level data to be published 2016

¹⁷ Data derived from registrations of births and stillbirths and from notifications of therapeutic abortions

¹⁸ 2013 is the most recent year for which data is available (released July 2015) – as at January 2016.

A decrease from the previous year's rate of 7.8 in this age group.

- Only NHS Forth Valley (rate=5.7) and NHS Borders (rate=5.8) held slightly higher rates in comparison.
- Tayside's under 18s pregnancy rate was 27.2 per 1,000 females compared to 24.5 for Scotland. A decrease from the previous year's rate of 31.9 in this age group.
 - Only NHS Lothian (rate=28.7) and NHS Fife (rate=31.6) held higher rates in comparison.
- Tayside's under 20s pregnancy rate was 37.6 per 1,000 females compared to 37.7 for Scotland. A decrease from the previous year's rate of 44.1 in this age group.
 - Only NHS Lothian (rate=39.8), NHS Forth Valley (rate=39.2) and NHS Fife (rate=48.4) held higher rates in comparison.

Across the local authority areas within Scotland, Clackmannanshire recorded the highest rate in those aged under 16 with a rate of 11.5 per 1,000 female population. Dundee City recorded the highest rate in those aged under 18 with a rate of 43.9, both for the aggregated period 2011/13¹⁹. It was Clackmannanshire that once again recorded the highest rate in those aged under 20s with a rate 63.2 per 1,000 female population in 2013 (single year of reporting).

Inequalities are observed between Tayside's three local authority areas. For the current aggregated period of 2011 to 2013, and the previous period, Tayside's local authority teenage pregnancy rates are displayed in Table 13.

Of the three local Tayside areas, across all three age groups, Perth & Kinross have in general held the lowest teenage pregnancy rate in recent years. In comparison, Dundee City, which has far higher deprivation than its other two Tayside counterparts, consistently has much higher rates of teenage pregnancy; including some of the highest in Scotland over the years. However, the rates across all three local Tayside areas have been showing a declining trend in recent years.

Table 13. Number and Rates of Teenage Pregnancy by Age of Conception for Tayside's Local Authority Areas

Age Band	Tayside Local Area	2010- 2012 ^a		2011 – 2013 ^a	
		Number	Rate	Number	Rate
Under 16 ^a	Angus	35	5.6	32	5.3
	Dundee City	79	11.6	75	11.2
	Perth & Kinross	34	4.2	27	3.4
Under 18 ^b	Angus	181	28.2	163	25.7
	Dundee City	352	50.0	318	43.9
	Perth & Kinross	200	24.7	171	21.0
Age Band	Tayside Local Area	2012 ^e		2013 ^e	
		Number	Rate	Number	Rate
Under 20 ^c	Angus	152	44.3	132	38.9
	Dundee City	256	50.5	223	44.3
	Perth & Kinross	156	36.3	121	28.7

Source: ISD Scotland - NRS registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967. ISD Scotland - National Release (January 2016)

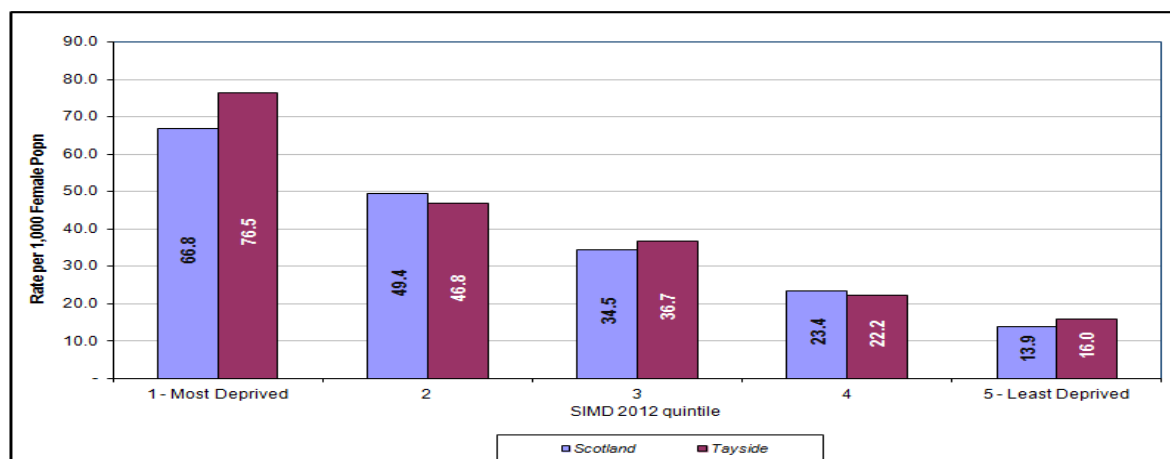
Table 13 Notes:

- a. For reasons of confidentiality, under 16s and under 18s are no longer published on an annual basis, rather a 3 year aggregate.
- b. Includes all pregnancies in women aged under 16. Rate calculated using female population aged 13-15 (per 1,000 population).
- c. Includes all pregnancies in women aged under 18. Rate calculated using female population aged 15-17 (per 1,000 population).
- d. Includes all pregnancies in women aged under 20. Rate calculated using female population aged 15-19 (per 1,000 population).
- e. Single year of reporting

¹⁹ For reasons of confidentiality, under 16s and under 18s are no longer published on an annual basis, rather a 3 year aggregate.

There is a strong link between teenage pregnancy and deprivation across all age groups, with an increase in teenage conception rates as deprivation increases. Tayside has higher rates of teenage pregnancy in the most deprived quintile compared with Scotland. Figure 8 displays the variation within the Scottish Index of Multiple Deprivation (SIMD 2012) quintiles for those aged under 20 years (15-19 years) across Tayside and Scotland and clearly displays the increase in teenage conception rates as deprivation increases.

Figure 8. Teenage Pregnancy Rate per 1,000 Females (<20 Years) by SIMD 2012 Quintile Scotland & Tayside Residents , 2013



Source: NRS registered births and stillbirths & Notifications (to the Chief Medical Officer for Scotland) of abortions performed under the Abortion Act 1967. ISD Scotland - National Release (January 2016)

Under 16s: It is estimated that the rate of teenage pregnancy in under 16s in the most deprived areas in 2013 is 3.7 times the rate in the least deprived areas (8.3 per 1,000 and 2.3 per 1,000 respectively) across Scotland. In Tayside the rate in the most deprived quintile is 7.8 per 1,000, however the rate in the least deprived quintile is suppressed due to the potential risk of disclosure.

Under 18s: Scottish teenage pregnancy rates for under 18s in the most deprived areas are 4.2 times greater than the least deprived (43.0 per 1,000 compared to 10.2 per 1,000 respectively). In Tayside the rate in the most deprived quintile is 59.2 per 1,000, compared with the rate in the least deprived quintile of 14.5 per 1,000, representing a likelihood of 4.1 times more in deprived areas.

Under 20s: Those Scottish females aged under 20 years living in the most deprived areas are 4.8 times more likely to experience a pregnancy as someone living in the least deprived areas in 2013 (66.8 per 1,000 compared 13.9 per 1,000). In Tayside the rate in the most deprived quintile is 76.5 per 1,000, compared with the rate in the least deprived quintile of 16.0 per 1,000, representing a likelihood of 4.8 times more in deprived areas.

iii. Sexually Transmitted Infections (STIs)

Recent years have seen an increase in sexually transmitted infections (STIs), with the highest rates found in those aged 16-25 years in both genders. This increase in rates can be partly explained by the increase in clinical activity and higher rates of case finding.

Chlamydia

In Scotland, 16,320 diagnoses of genital chlamydial infection were recorded in 2014, a decrease of 6% from the previous year (N=17,371), the lowest annual total over the last decade. Within Tayside, as a board of residence, there were 1,582 laboratory diagnoses of genital chlamydial infection during 2014, representing 9.7% of the Scottish figure.

The Tayside rate of genital chlamydial infection has in general decreased over the last decade from a crude rate of 440.2 per 100,000 population in 2005 to 382.3 in 2014. However, data from laboratory diagnoses shows that there has been a slight increase (4.6%), in the number of Tayside diagnoses for genital chlamydia between 2013 (N=1,513) and the 2014 figure.

Across Scotland in 2014, the majority (61%) of genital chlamydia diagnoses were made in women, this has been the trend over the last decade. The highest rate of diagnoses in women (*over 600 diagnoses per 100,000 population*) were recorded in NHS Lothian (rate=732), NHS Tayside (rate=714) and NHS Grampian (rate=606).

In comparison the highest rate of diagnoses in men (*over 400 diagnoses per 100,000 population*) were recorded in NHS Tayside (rate=470), NHS Lothian (rate=440) and NHS Greater Glasgow & Clyde (rate=402).

For those aged under 25 years, rates of diagnosis are much higher than for the overall diagnosed population. NHS Tayside, NHS Lothian and NHS Dumfries & Galloway have recorded the highest rates for both men and women under the age of 25 in 2014.

- Females (*over 2,500 diagnoses per 100,000 population*) - NHS Tayside (rate=2,933), NHS Lothian (rate=2,884) and NHS Dumfries & Galloway (rate=2,636)
- Males (*over 1,200 diagnoses per 100,000 population*) - NHS Tayside (rate=1,527), NHS Lothian (rate=1,295) and NHS Dumfries & Galloway (rate=1,294)

Table 14 summarises the diagnoses rates for Tayside & Scottish residents, displaying the variation between gender and age for genital chlamydial infection in 2014.

Table 14. Chlamydia Diagnosis Numbers and Rate per 100,000 Population in Tayside and Scotland by Age and Gender, 2014

Area of Residence	Gender	All Ages		Under 25 years	
		Number	Rate per 100,000 popn ¹	Number	Rate per 100,000 popn ²
Tayside	Female	965	714	796	2933
	Male	617	470	424	1527
Scotland	Female	9,976	556	7,669	2280
	Male	6,265	361	3,704	1083

Source: Health Protection Scotland / HPS Report - Genital herpes simplex, genital chlamydia and gonorrhoea infection in Scotland: laboratory diagnoses 2005 – 2014. Table 7a & 7b released June 2015 (January 2016)

Table 14 Note: Rates based on NRS population estimate as at 30 June 2014 using ages 1) 15-64 and 2) 15-24 as denominator

HIV Infection

NHS Scotland laboratories in 2014 reported positive HIV-antibody test results for 374 persons not previously recorded as HIV-positive. It is currently estimated that there are 4,856 persons living in Scotland who have been diagnosed HIV-positive²⁰. The numbers of HIV reports per year within the Tayside resident population are small over the last decade, and are displayed in Table 15.

Table 15. Number of Tayside HIV reports by year, 2005-2014; as at 31st December 2014

Year	HIV Reports	Year	HIV Reports	Year	HIV Reports
2005	17	2009	23	2013	31
2006	24	2010	27	2014	22
2007	28	2011	32		
2008	31	2012	18		

Source: Health Protection Scotland, HPS Report - HIV infection and AIDS: Quarterly report to 31 December 2014 – Table 3, released March 2015 (January 2016)

²⁰ Allowing for known and presumed migration of infected persons

A cumulative total of 779 reports of HIV infection attributable to Tayside have been recorded as at 31 December 2014. Allowing for deaths and outward migration, it is estimated that 366 diagnosed HIV infected individuals are alive and currently attributable to Tayside. Table 16 displays the number of new HIV diagnoses in 2014 and the total burden of the disease as at 31st December 2014 in Tayside.

Table 16. Tayside's New HIV reports and current status of living diagnosed persons, as at 31st December 2014

Cases Reported During Year to 31 st December 2014		HIV Reports
		22
Current Status of Living Diagnosed Persons	Estimated ¹ Diagnosed Individuals Alive at 31/12/14	366
	Number Attending ² for Monitoring	286
	Recently report (but not yet attended for specialist care)	13
	% of diagnosed individuals attending or recently reported	82%
% of attenders on treatment at any level		93%

Source: Health Protection Scotland, HPS Report - HIV infection and AIDS: Quarterly report to 31 December 2014 – Table 5 released March 2015 (January 2016)

Table 16 Notes:

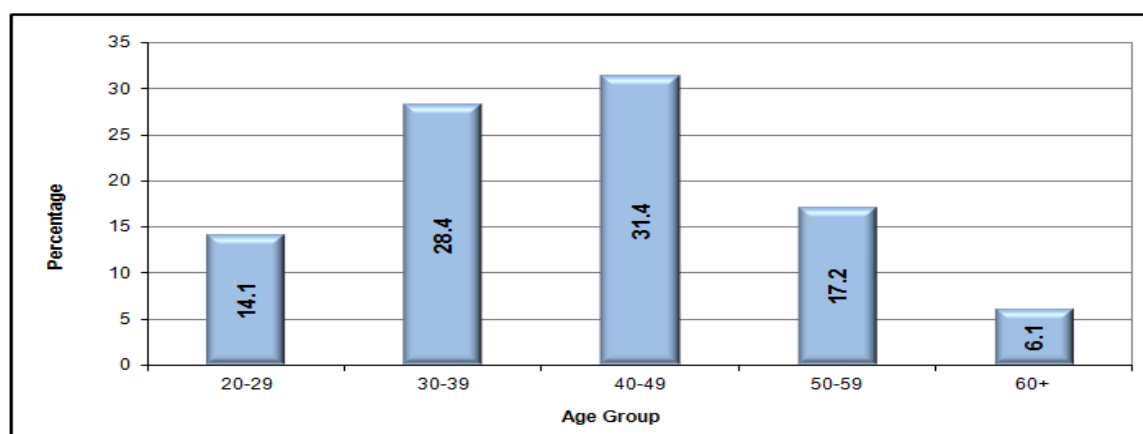
1. Estimate is calculated by adding number currently attending, number recently reported but not yet attending and number lost to follow-up, then allowing for outward migration of non-Scots lost to follow-up. See Terms and definitions.
2. Individuals alive, not known to have left Scotland, and recording at least one attendance within the previous 12 months as at 30 Sept 2014.
3. Individuals reported within the past 15 months who have not yet attended for monitoring at a specialist clinic.

Hepatitis C

Over the last decade the number of cases of hepatitis C has been on the increase. For the calendar year ending 31st December 2013²¹, 1,903 new cases of hepatitis C antibody-positivity were diagnosed across Scotland, with 11.5% (218) of these being in Tayside. In comparison in 2003, there were 81 cases in Tayside, representing 4.9% of the Scotland figure ($N=1,642$).

As at 31st December 2013, the total²² number of cases recorded in Tayside diagnosed hepatitis C antibody positive was 2,898. Of these, 499 (17.2%) were known to have passed. Of the 2,399 cases not known to have died, almost one third (31.4%) are aged 40-49 years, with a further 28.4% aged 30-39 years, as at 31st December 2013. Figure 9 shows the age distribution of the individuals diagnosed with hepatitis C across Tayside residents as at December 2013.

Figure 9. Age Distribution of Hepatitis C Antibody Positive Cases Tayside Residents, as at 31st December 2013



Source: Health Protection Scotland / HPS Surveillance of known hepatitis C antibody positive cases in Scotland: Results to 31 December 2013 – Table 6 (January 2016)

Syphilis

²¹ Data for 2013 is provisional and may be subject to change

²² Includes persons diagnosed prior to 2003.

Across Scotland during 2005 and 2008, there were peak numbers of infectious syphilis diagnoses recorded. However, the annual totals observed between 2009 and 2013 represent a gradual decrease from this period. This decline has continued in 2014 where 159 cases of infectious syphilis were reported across Scotland, a small reduction from the 169 reported in 2013.

During 2014 ten of the fourteen Scottish NHS health boards recorded a proportion of their residents as having a diagnosis of infectious syphilis. Most cases were diagnosed at sexual health clinics in NHS Greater Glasgow & Clyde (N=50, 31.4%) and NHS Lothian (N=46, 28.9%). In addition, 19 cases (11.9%) were reported from NHS Tayside, 17 from NHS Lanarkshire, 8 from NHS Fife and NHS Grampian and five or fewer from NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Forth Valley and NHS Highland.

Genital Herpes (Simplex)

In 2014²³, the highest annual number of genital herpes cases were reported over the last decade. There were 3,420 reports of laboratory diagnosed genital herpes infection, a 15% increase from the 2,989 reported in 2013 across Scotland.

Across Tayside residents, there has been a steady increase in diagnosed cases since 2006, an increase in crude rate of genital herpes from 21.5 in 2006 to 100.3 in 2014 per 100,000 population. The 2014 figure is the highest number of genital herpes cases recorded in the last decade across Tayside residents. The 415 reports of laboratory diagnosed genital herpes infection, displayed an increase of 18.2% from the previous year (2013, N=351). Health boards of residence such as NHS Highland, NHS Fife, NHS Grampian and NHS Lothian, have all recorded even greater increases (20+%) between 2013 and 2014.

Tayside residents held the highest rates (per 100,000 population²⁴) of genital herpes in 2014, for both males and females, across the Scottish boards of residence.

- Females (*over 150 diagnoses per 100,000 population*) - NHS Tayside (rate=218, N=294), NHS Grampian (rate=168) and NHS Dumfries & Galloway (rate=164)
- Males (*over 70 diagnoses per 100,000 population*) - NHS Tayside (rate=92, N=121), NHS Dumfries & Galloway (rate=78) and NHS Greater Glasgow & Clyde (rate=75)
- Both Tayside's male and female rates for genital herpes were higher than the Scottish rates in this year (Scottish Rates: male=59 and female=133).

Gonorrhoea

Over the last decade the crude diagnosis rate of gonorrhoea has increased across Tayside from 13.5 in 2005 to 20.8 in 2014 per 100,000 population. Across Scotland in 2014, there were 1,814 (rate=34) reported diagnoses of gonorrhoea, an increase of 13.7% from the 2013 (N=1,598). Similarly across Tayside residents the number of diagnosed cases increased by 16.2% from 74 in 2013 to 86 cases in 2014.

These figures are thought to relate to the use of "NAATs" (*N. gonorrhoeae* nucleic acid amplification tests) since 2012. They have been in routine use across Scotland during this time resulting in an associated increase in extragenital testing. Thus, a proportion of the increase in diagnoses is due to more effective testing, however, Health Protection Scotland, suggest that it is also likely that the incidence of infection has also increased. Testing strategy has now stabilised and epidemiological trends since 2013 will be more comparable.

²³ Laboratory reports do not distinguish between primary and recurrent infections and no de-duplication is carried out across previous years to remove recurrent infections, this data reflects all individuals tested and diagnosed during 2014.

²⁴ Rates based on NRS population estimate as at 30 June 2014 using ages 15-64 as denominator

Unlike genital herpes and chlamydia, the majority of gonorrhoea diagnoses are reported in males. The higher number and rate of infection in males is thought to be largely due to an increase in the transmission by men who have sex with men.

In 2014, when comparing Tayside's gonorrhoea infection rates (per 100,000 population²⁵);

- Tayside's male rate of 33 (N=66) and female rate of 9 (N=20) rates were lower than the comparable Scottish rates (male=52; female=17).
- For males the highest rate was 190 per 100,000 population recorded in NHS Greater Glasgow & Clyde (*at over 100 per 100,000 population*)
- For females the highest rate was 36 per 100,000 population, recorded in NHS Lothian (*at over 30 per 100,000 population*)

iv. Harm Reduction

Levels of needle and syringe (direct) sharing have increased since the late 1990s. Data from across the UK suggests that more than a quarter of Injecting Drug Users (IDUs) reported direct sharing in 2005. The sharing of other injecting related equipment remains more common. Recent work in Scotland has demonstrated that the environment in which injecting takes place can also have an influence injecting practices. There is evidence that groin injection, which presents particular risks to health, is becoming more common. These findings highlight the need to reinforce harm reduction advice and intervention about injection hygiene, vein care and risk management.

Numbers of Drug Users and Injectors in Tayside

- In Tayside, there were 961 new individuals reported to the Scottish Drug Misuse Database in 2012/13, an increase of 141 (17.2%) individuals from 2011/12. Of these 961 individuals, the largest proportion were from Dundee City.
- Data on current injecting behaviour in Tayside was not reported due to data quality issues in 2012/13. There were 243 current injectors in 2011/12 (34% of all new clients). The percentage of users who reported currently injecting in 2011/12 was 54% in Angus, 28% in Dundee City and 36% in Perth & Kinross.
- The report "Estimating the National and Local Prevalence of Problem Drug Misuse in Scotland" by ISD Scotland published in 2014 with 2012/13, estimated that there were approximately 4,600 drug users in Tayside, a prevalence rate of 1.73% of the population aged 15-64. Within Tayside localities, there were 700 (a rate of 0.96%) in Angus, 2,800 (2.80%) in Dundee City and 1,100 (1.20%) in Perth & Kinross.
- Needle exchanges offer users clean injecting equipment to help mitigate these risks. Exchanges in Tayside distributed 650,772 needles in 2014/15.

²⁵ Rates based on NRS population estimate as at 30 June 2014 using ages 15-64 as denominator