NHS Croydon

Pharmaceutical Needs Assessment

Version 1

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Contents

Executive Summary and Recommendations

The publication in February 2011 of a pharmaceutical needs assessment (PNA) is required by legislation which was passed in May 2010. Its goal is to have a fair and transparent process for ensuring the right pharmaceutical services are commissioned in the right place, accessible at the right time for patients and delivered to the right standards.

The regulations require Primary Care Trusts to consider all providers of pharmaceutical services. However, as the intent it to use the document to regulate the market entry of new pharmacies by March 2012, it is this group of providers that has been the primary focus for the document.

The PNA has had input from major stakeholders:
- Community pharmacists
- Croydon LPC
- Members of the Stakeholder Steering Group (membership includes representation from secondary care, LPC, LMC and patient groups)
- Chapter authors of the Joint Strategic Needs Assessment.
- Public Health Intelligence.

A 60 day consultation period is required by the regulations where wider stakeholder views were sought.

The PNA references the Strategic Plan for Croydon in that it has concentrated on the need for services and themed its response to match the eight care pathways identified in the plan. The PNA reiterates many of the messages in the JSNA (which is the foundation for the Strategic Plan) and provides an insight into how pharmaceutical services could contribute to services provision thus improving outcomes.

The goal of the Pharmaceutical Needs Assessment (PNA) is to ensure that the right pharmaceutical services are commissioned in the right place, accessible at the right time for patients and delivered to the right standards. The effective and appropriate commissioning of pharmaceutical services will continue to deliver:
- support for the safe and effective use of medicines;
- improved access and capacity in primary care;
- reduced avoidable admissions and reduced bed days;
- improved access to health and well-being services; and
- support for prescribers to make more clinically cost effective use of resources.

The challenge will be to address health inequalities and close the gap relating to the life expectancies between the most affluent and the most deprived areas of Croydon in a time of financial constraint, whilst bringing care closer to home.

Recommendations of PNA

This summarises the key findings of the PNA for Core Dispensing Services and the care pathways. They must be considered together with financial resources and health priorities for the population as a whole. The first sections presents describes general considerations that apply to all commissioning areas.

Priorities for Commissioning Decisions

All commissioners should explore the potential of using community pharmacy and other providers of pharmaceutical services for the screening and early detection of long term conditions and serious diseases as well as services to provide on going management and support of these patients. Consideration needs be given to the existing and required skill sets of providers when commissioning these services. In particular, the ongoing training needs associated with new staff.

Core Dispensing Services

- Additional essential service provision has been identified as necessary in the Mayday cluster. Particular attention being given to Sunday opening, the needs of out of hour and A&E users and increased dispensing staff hours.
- Sunday provision needs to be strengthened in the New Addington & Selsdon and Coulsdon & Purley clusters.
- Work to ensure staffing levels are appropriate for current and potential service delivery.
- All pharmacies need to have consultation areas with computer and internet access.
- Other facilities such as sinks and compliance with infection control standards may be desirable in order to provide an expanded range of enhanced services.

Staying Healthy

- Review of Weight Management Services
    - structured approach to service provision
    - commissioning of services in areas of high prevalence
    - integration with services for other chronic diseases.
- Review of BMI service to consider decommissioning of service from non providers.
- Community pharmacy is a well placed provider to recruit and to accept referrals from other health care professionals for smoking cessation advice. Training for counter staff (first point of contact with the public) could be considered in order to increase recruitment levels.
- Immunisation service commissioned from Community Pharmacy to run alongside public health campaigns
- Increase in the number of providers able to administer Flu vaccinations, particularly in areas with an elderly or at risk population.
- Hep B and C screening/vaccination and treatment by community pharmacy.
- Improved record keeping of patients using the needle exchange and supervised administration services.
- Better referral to treatment agencies for hepatitis

Children & Young People

- Provision of HPV immunisations for young women, particularly those who may have missed their school appointment.
- Provision of oral contraception by community pharmacists under Patient Group Direction.

Long Term Conditions

- Commissioned services from community pharmacies in areas of high prevalence and poor blood sugar control to support patients in self management. In particular pharmacies with languages relevant to the Bangladeshi community could be used to help this group of patients.
- Formalised asthma service for the borough.
- Formalised COPD service for the borough.
- Increased identification (screening services) of CHD in primary care.
- CHD services linked to diabetes and smoking services- targeted at the high risk populations.
- Ensure anticoagulation services has sufficient capacity and is located closer to peoples homes.
- Increased capacity for specialised advice to care homes.

Mental Health & Learning Disabilities

- Consider the provision of monitoring and support for patients moved into the community.

Urgent Care

- Increased uptake of the Pharmacy First minor ailments service through promotion of service to both clinicians and patients.

Introduction

This section outlines the purpose of the PNA and its links to wider commissioning processes. It contains a summary of the key benefits of pharmaceutical services and what they can contribute to the wider provision of public health services.

This assessment of pharmaceutical needs has been developed in response to new legislation published in May 2010. It replaces all previous assessments.

The Health Act 2009 provides organisations with the power to develop PNAs for use as the basis for determining market entry to NHS pharmaceutical services provision. The PNA is therefore a key tool in the process of achieving high quality, accessible services, responsive to local needs.

The vision is:

Longer, healthier lives for all the people in Croydon

There are three key principles underpinning this vision:

- Enable people to improve their health
- Rebalance the healthcare system
- Improve patient experience, safety and quality

The health outcomes which will indicate success in these areas are:

• Life expectancy	– 78.3 to 78.5 years for men – 82.0 to 82.7 years for women
• Health inequalities: slope index	– 10.6 to 8.7 for men – 5.7 to 5.1 for women
• Coronary Heart Disease deaths	– 78.9 to 76.4 per 100,000
• Chronic Obstructive Pulmonary Disease deaths	– 28.5 to 22.5 per 100,000
• Teenage Pregnancy	– 53.4 to 50.2 per 100,000
• Low birth weight babies	– 8.4% to 8.2%
• MMR aged 2	– 79% to 95%
• Childhood obesity	– 11.1% to 9.7%

• Control of diabetes	– 38% to 50%
• People's satisfaction: overall	– 70.9 to 75.7
• Improve recovery rates in psychological therapies	

Community pharmacy has a role to play in achieving many of these outcomes. This document lays the foundations for future strategic commissioning (or decommissioning) of pharmaceutical services to meet the needs of the Croydon population. It is important to note that commissioning decisions cannot be taken in isolation and will need to be considered in light of financial resources and priorities at that time. This document is a tool to be used when considering access times, new services or new pharmacies. It is not a tool to be used for performance management in community pharmacy, but current performance and activity levels of existing providers and any possible factors contributing to poor activity levels will need to be considered in the commissioning process.

Pharmacy in England: Building on Strengths - delivering the future (published April 2008) set out a programme for pharmaceutical services and identified practical, achievable ways in which pharmacists and their teams can contribute to improving patient care through delivering personalised pharmaceutical services. The white paper acknowledged there was much overall good provision and good practice amongst providers. However, it revealed areas of concern. For example:

- 30% - 50% of patients do not take medicines as intended.
- 4% to 5% of all hospital admissions are due directly to medicine-related problems.
- 58% of patients do not receive information about the side effects of the medicines they are prescribed.

The Strategic plan (2009/10 – 2014/15) has identified that Croydon faces major change in the years between 2010 and 2015. Current health trends, combined with changes in the make-up of our local population, will, if not addressed, lead to demand for health services that is beyond our current capacity and our current budget. It is also the time at which we expect national NHS budgets, after several years of unprecedented growth, to either remain static or to reduce in real terms.

To tackle these and other concerns, there needs to be holistic care planning and synergy between the services provided by the various healthcare providers.

The primary source of health need data for the PNA has come from the Joint Strategic Needs Assessment (JSNA) and the background public health data. The JSNA has been used to inform the NHS Croydon Strategic Plan 09/10 – 14/15. The strategic plan details Croydon's population & health needs, provider landscape, goals and priority outcomes. The PNA is an integral part of the JSNA and will:

- enable NHS Croydon to strengthen commissioning of pharmaceutical services in response to the identified health needs and priorities of the Croydon population;
- provide a transparent process for the decision making behind commissioning of pharmaceutical services; and
- recognise the public health role of pharmacy beyond the supply of medicines.

The recent NHS white paper – Equity & Excellence: Liberating the NHS acknowledges the increasing importance of community pharmacy and the provision of pharmaceutical services in delivering the health agenda.

> 3.22 …….The community pharmacy contract, through payment for performance, will incentivise and support high quality and efficient services, including better value in the use of medicines through better informed and more involved patients. Pharmacists, working with doctors and other health professionals, have an important and expanding role in optimising the use of medicines and in supporting better health…….

It is anticipated that, from March 2012, the PNA will be the tool which will be used to make decisions on market entry i.e. The commissioning of new pharmacy providers, and will replace the current regulatory system for dealing with new applications.

Current regulations (The National Health Service (Pharmaceutical Services) Regulations 2005) as amended, describe the criteria which must be used when granting an application to the pharmaceutical list. In the Control of Entry regulations the "necessary or expedient test" followed basic principles in order to ensure adequate provision of services and adequate patient choice within a neighbourhood. There are exemptions to these regulations, for example 100 hour pharmacies. A fuller explanation is provided in Appendix 1 - Control of Entry – Market Entry.

This document recognises that adequate provision and patient choice should still underpin commissioning decisions. However, this has to be considered together with financial resources and health priorities for the population as a whole.

To enable its use as a tool for commissioning / decommissioning services it needs to be a working document and will be updated regularly. To facilitate this process, it has been divided into sections, which can be individually updated when small scale reviews are undertaken on an annual basis. The document will be reviewed as a whole before February 2014. Responsibility for the PNA, its content and review currently lies with NHS Croydon. This may be subject to change pending new legislation.

Supplementary statements will be issued where there have been changes in the availability of pharmaceutical services and where the Contract Management Panel has agreed that a revised PNA would be a disproportionate response.

This document is structured into three sections with two accompanying Annexes

Section 1	Introduction, summary, recommendations and overview.
Section 2	Provision of essential, enhanced and advanced services set in the context of NHS Croydon's agreed care pathways.
Section 3	Reference material
Annex A	Map Community Pharmacies and Community Pharmacy District List
Annex B	Background and process information

In **Section 1** the summary of health needs and pharmaceutical services describes the demographics of Croydon and the current provision across the borough of pharmaceutical services, concentrating mainly on those that are provided through community pharmacy, but also including those that are provided elsewhere, if the information is relevant to this needs assessment.

The vision for 2015 is described for each of eight care pathways: staying healthy, maternity; children and young people (inc. sexual health); planned care; urgent care; long term conditions; mental health and learning disabilities and end of life**.**

Section 2, Part 1 considers the provision of core dispensing services across the borough, broken down into the individual population clusters.

Section 2, Part 2 has been themed into the care pathways prioritised and described in the Strategic Plan for Croydon. Each care pathway is considered in greater detail and the pharmaceutical services that contribute to or could contribute to, improved patient outcomes.

It should be noted that there is a variable amount of data presented within these care pathways. It varies depending on the impact that pharmaceutical services could have on the care pathways and the amount of data available as at 1st September 2010.

Section 3 contains supporting material such as the Glossary and References together with acknowledgments to the numerous contributors to the PNA.

Annex A is a stand alone document that contains a map showing all Community Pharmacies and the District List which details opening hours and NHS Services provided. This Annex will be updated in line with supplementary statements if appropriate.

Annex B is a stand alone document that describes the process NHS Croydon undertook to produce the PNA, including a summary of the results of the public consultation.

The Croydon Primary Care and Community Health Services Strategy, published in 2009 identified six population clusters (described in Section 1) in which health care service providers would work together to ensure people received joined up care services matched to local need. Health portraits for the six clusters were developed and pharmaceutical services are described within these clusters where it is relevant to local health needs. The six population clusters cover the following areas:

- Near Mayday Hospital, west to Broad Green and north to Bensham Manor and Norbury
- Thornton Heath, covering part of Selhurst, Upper Norwood and South Norwood
- Near East Croydon station and south towards Broad Green, Waddon and Croham
- Woodside, Shirley, Ashburton and Heathfield
- New Addington, Selsdon and Ballards, and part of Sanderstead
- Purley, Coulsdon, Kenley and part of Sanderstead

In 2010 NHS Croydon published their strategic plan which described a total of three polysystems which will be used as the geographical area for service delivery. The polysystems will have a hub and spoke structure, with three new hubs which will use the

extensive infrastructure of existing health services, including GP practices, health centres, pharmacies, opticians, dentists, social care centres, children's centres and treatment at home. Each polysystem will have a "hub site" which will act as the primary site for specific care pathways. Health portraits are yet to be compiled for the polysystems but are in development.

Data used in this needs assessment has therefore come from a variety of different sources and some of the data has been collected by different geographical areas. These areas include super output areas, electoral wards, and clusters.

- Electoral wards are political units of geography whose boundaries are managed by the electoral commission; ward boundaries change over time.
- Super Output Areas (SOAs) are administrative units of geography which have been established by the Office of National Statistics(ONS). SOA boundaries do not change and provide a consistent basis for tracking changes in the population over time. These areas can be aggregated up to ward level, however, ward boundaries do change occasionally as electoral boundaries are redrawn and links between any one SOA and a particular ward can be lost.
- Clusters are geographical areas in which health care service providers would work together to ensure people received joined up care services matched to local need.

Where appropriate, the resulting assessment of health needs and existing services have been described at cluster level. Service delivery will be organised by Polysystem.

SECTION 1

Summary of Health Needs and Pharmaceutical Services

This section outlines the health profile and needs of the population in Croydon in relation to the provision of pharmaceutical services.

Our Population and Health Need

Croydon has a growing population and one that is changing in composition. According to new GLA projections (2009) the population of Croydon is set to grow to 356,400 by 2016 and 366,500 by 2021 with the greatest increase in age groups over 50 years.

At 42%, the proportion of the population from Black & Minority Ethnic (BME) groups is equal to the London average. However, unlike many areas of London with settled BME populations, Croydon is still changing in profile with this proportion expected to increase to 43% in 2013 and 47% by 2018. It is anticipated that by 2026 the majority of residents of Croydon will be from BME background.

A particular change in demographics is expected to result from the fact that the current "London Plan" requires that Croydon Council makes provision for the development of at least 11,000 new homes over the next ten years, with the greatest areas of growth likely to be around Croydon town centre.

The London Plan also sets the target that 50% of new homes should be affordable housing. This will impact upon community infrastructure requirements and the demand for, and mix of, individuals using public services.

The pattern of socio-economic deprivation in Croydon is complex, with areas of affluence sitting alongside areas of significant disadvantage. This is why Croydon is sometimes referred to as a "patchwork borough". The data in Section 2, Part 2 will demonstrate how socio-economic deprivation is a major factor in early mortality.

The three biggest killers in Croydon are:

- Circulatory disease (33%)
- Cancer (26%)
- Respiratory disease (16%)

As part of developing our primary and community services strategy and our three polysystems NHS Croydon has identified six population clusters and developed portraits of health needs driven by the Joint Strategic Needs Assessment. Health portraits are refreshed annually to take account of the public health intelligence reports from each area. We also know there are existing variations between population clusters in Croydon summarised in Table 1 below and this combined information is driving locally focused service development.

Table 1

Cluster	Key Features
Mayday	• Above average numbers of children and adults of child bearing age (people aged 0-4s and 20-39) • Above average numbers of immigrants • Above average lone parent, social rented, temporary and overcrowded housing • Above average termination of pregnancy and teenage conception rates • Above average unemployment and benefit receipt
Thornton Heath	• Above average numbers of children and adults of child bearing age (people aged 0-4s and 25-49) • Above average numbers of people from Black & Black British ethnic groups • Above average teenage conceptions and lone parents • Above average unemployment • Above average social rented and overcrowded housing
East Croydon	• Above average numbers of children and adults of child bearing age (people aged 0-4s and 25-44) • Above average numbers of immigrants • Above average social rented, temporary and overcrowded housing
Woodside Shirley	• Above average numbers of people aged 50+ • Below average numbers of immigrants • Average levels of deprivation, income, employment, housing and crime
New Addington & Selsdon	• Below average numbers of people aged under 5 and 20-49. Above average numbers aged 5-19 and 55+ • Below average numbers of immigrants and people from Black & Minority Ethnic groups • Above average numbers of teenage mothers • Below average levels of unemployment and overcrowded housing
Purley & Coulsdon	• Above average numbers of people aged 45+ • Below average numbers of immigrants and people from Black & Minority Ethnic groups • Above average percentage of nursing and residential home residents • Below average levels of unemployment, benefit receipt and poor housing.

The characteristics of the Croydon population have to be viewed alongside their health needs. The JSNA has used national and peer PCT benchmarking information and predictive models to inform the priorities and targets which led to the agreed commissioning priorities. Deprivation is a factor in the disease areas featured in this assessment. A map illustrating the level of deprivation in Croydon can be found in Figure 1 Pharmacies By Deprivation on page 22.

The local health profile for 2009 showed how people's health in Croydon compared to the England average. Drawing on this data it was agreed with the Local Authority three joint areas that would positively impact on health at key life stages.

Joint Working Area	Priority Health Outcomes
A great start	Low Birth Weight Immunisation Childhood Obesity
Thriving Teens	Teenage pregnancy
Healthier Later Life	COPD CHD Diabetes

The seven health outcomes were brought up to ten by the addition of life expectancy, health inequalities and patient satisfaction which cut across all three work areas.

In order to deliver on the three joint work areas the focus is on the following eight care pathways:

- **Staying Healthy** – By 2015 communities and individuals will be more involved and active participants in improving their own health.
- **Maternity** – By 2015 there will be safer, higher quality maternity care for all women and their babies in Croydon
- **Children and Young People (includes sexual health)** – By 2015 there will be safer, higher quality, integrated care for children and young people, in clinically appropriate locations, as close to home as possible
- **Planned Care** – By 2015 integrated care pathways will be delivered in primary and secondary care settings to facilitate the delivery of clinically effective patient care. The emphasis will be on providing care closer to home.
- **Urgent Care** – By 2015 we will have access to urgent care services that are fully integrated with the everyday GP services close to where people live. Reduced demand on Accident & Emergency services will ensure that these services are available to patients with life threatening conditions.
- **Long Term Conditions** – By 2015 services for patients with Long Term conditions such as diabetes, Coronary Heart Disease (CHD) and Chronic Obstructive Pulmonary Disease (COPD) will take a whole system approach to reducing the disease burden, inequalities of care and mortality.
- **Mental Health and Learning Disabilities** – By 2015 people will have improved access to effective evidence based services, and many more will receive personalised care packages designed to meet individual needs
- **End of Life** – By 2015 people will have improved access to end of life care services that place the wishes and needs of the patient and family at the centre of care

This thematic approach to service delivery will be developed in each of the three polysystems. The polysystems will have a hub and spoke structure. The three hubs which will use the extensive infrastructure of existing health services, including GP practices, health centres, pharmacies, opticians, dentists, social care centres, children's centres and treatment at home. Each hub will act as the primary site for specific care

pathways, specific conditions or approaches to care. Pathways such as planned care and mental health will have a primary centre in each polysystem.

It must also not be forgotten that there are groups of people who find it more difficult to access services.

Easy to Overlook People

Croydon has a cohort of easy to overlook people that come from a variety of backgrounds. These include travellers, asylum seekers and the homeless; typically they will be unregistered patients and some will have language barriers. This group will access medical services through the GP Led Health Centre (based within the Edridge Road Community Health Centre (ERCHC)) in central Croydon and the Rainbow centre based in Thornton Heath. Additional access to minor injuries clinics is available at New Addington Minor Injuries Unit and the minor injuries clinic based at ERCHC. This group of people will also access medical services through Croydon University Hospital A&E.

Pharmaceutical services available through community pharmacy, are located in close proximity to all these locations (either on site or very close). In addition ERCHC has a 100 hour pharmacies close by providing additional to pharmaceutical services outside the opening times of the medical service. The minor Injuries clinic at New Addington, the Rainbow Centre (serving homeless people) and Mayday A&E are not similarly served with pharmacies providing long opening hours.

Older People

By 2030 a quarter of the population will be 65 and older. While life expectancy is increasing, the chances of a healthy life in later years, is not. Women can expect to live longer with more years in poor health. Enjoying a healthy later life can be a product of having had a healthy lifestyle. Therefore in order to ensure the best outcome for later life many of the population will need to adopt healthier behaviour throughout the course of their life.

The rising age of the population also means increased numbers of people with dementia. This area of older people's health is covered under Section 2 Part 2.5 on mental health.

Older people are frequent users of pharmaceutical services. Many have chronic conditions and may have repeat prescriptions for four or more medicines. Pharmaceutical services have not been specifically commissioned for this group of people, however many are provided free of charge by local community pharmacists. These include prescription collection and home delivery and the provision of monitored dose systems (MDS). NHS Croydon has also recommended that people over 65 on four or more medicines should be considered for a Medicines Use Review as part of a preferred patient group for this advanced service.

The POP bus (Partnership for Older People) is a joint service operated by the Local Authority and NHS Croydon. A PCT pharmacist is represented on the team and provides advice on medicines to older people and/or their carers. The bus is able to visit different locations across Croydon including residential accommodation, sheltered accommodation, social clubs and lunch clubs, high streets, shopping centres, community events etc. Links are also made to local community pharmacies (within the vicinity of the "bus stop"). Where

appropriate, referrals/recommendations are made from the bus to the patient's local community pharmacy for Medicine Use reviews and the Pharmacy First Scheme. However, there is no formal referral process from the bus to the pharmacy. There may be scope for strengthening this part of the process to provide greater uptake of the community pharmacy services and more signposting from community pharmacy to other health related and non-health services for older people.

The Joint Strategic Needs Assessment (JSNA) has a chapter, currently in development, dedicated to living well later in life.

Pharmaceutical Service Provision

Community Pharmacy Services

The community pharmacy contractual framework consists of a National Contract (essential and advanced services) funded nationally via a PCT allocation. The essential services are provided by all community pharmacies- see Table 2.

Table 2

Essential Services	
• Dispensing • Repeat dispensing • Waste Management • Health Promotion	• Signposting • Support for Self Care • Clinical Governance

Advanced services, see Table , can only be provided by accredited pharmacists or appliance contractors. At 1st September 2010 Croydon has 71 pharmacies and one appliance contractor able to provide advanced services.

Table 3

Advanced Services	
• Medicines Use Review • Prescription Intervention	• Appliance Use Review • Stoma Customisation

There is a list of enhanced services that can be commissioned locally by the PCT. All services have national specifications which can assist PCTs in commissioning services; however, the enhanced services provided by Croydon community pharmacists have been modified to meet local need. See Table 4

Table 4

Enhanced Services (Currently commissioned)	Enhanced Services (potential*)
• Anticoagulation Monitoring • Care Home Advice & Support • Minor Ailment Scheme- Pharmacy First • Needle & Syringe Exchange Scheme • Out of Hours • Patient Group Direction for Emergency Hormonal Contraception and Chlamydia treatment • Screening- chlamydia • Stop Smoking • Supervised Administration	• Disease Specific Management • Supplementary Prescribing • Schools Service • Prescriber Support • Gluten Free Food Supply • Language Access Service • Medication Review Service • Medicines Assessment & Compliance • On Demand Availability of Specialist drugs • Domiciliary services * *This list is not exhaustive*

This list contains those that currently have national specifications. It is likely that the range of services delivered by pharmacists will increase as care for patients moves closer to home and commissioners look to more cost effective delivery. It is evident that there are

many opportunities for community pharmacy to provide services within the care pathways that would improve both patient experience (services quicker and closer to home) and outcomes. Examples of this would be services such as:

- immunisation and vaccination,
- early detection and screening for diseases such as diabetes, cancers, COPD
- support for patients with specific health or social needs (either help with managing their conditions and medications where disease management is poor).

However, commissioners should not be constrained by lists but consider the needs of the population and the best method of provision. Emerging services include; early cancer detection, GP audit, interface support (eg Medicines review pre/post discharge from hospital), health trainers/health living centres, chronic medication services.

A fuller list of services commissioned in Croydon is available in *Appendix 19 - List of Commissioned Services Available in Croydon*.

Pharmacies normally operate a 40 hour or a 100 hour contract. They are obliged to be open for their contracted hours. These are called the core hours and can not be varied without permission from the Primary Care Trust. In addition they may choose to open for additional hours which are called supplementary hours. These hours may be varied provided the PCT is given 90 days notice.

Pharmaceutical services are also offered by providers either than community pharmacies e.g. general practice, family planning and community health services, who may offer services such as smoking cessation or emergency hormonal contraception etc. This information will be presented in this PNA, where relevant in order to identify whether or not gaps in such services exist locally.

Professional Pharmaceutical Advice

A team of pharmacists currently employed by NHS Croydon provide professional pharmaceutical advice to a range of providers and commissioners of health and social services in Croydon. A wide range of clinicians are engaged by the team to promote high quality cost-effective medicines management in Croydon, in line with NICE, NSFs, safety alerts and other national guidance.

The team contributes to patient safety, quality of health services and governance by promoting systems for the safe and secure handling of medicines. This includes supporting development of medicine related policies, procedures and guidelines and the facilitation of learning from medicine related incidents and complaints received by NHS Croydon and its contractors.

Systems are in place for clinical and cost monitoring and communications with secondary care in relation to prescribing to promote seamless delivery of care to patients. This is achieved through having a successful area prescribing committee with membership from Croydon Health Services, South London and Maudsley Trust, doctors, nurses, pharmacists and lay members. The chief pharmacist is a member of the SWL prescribing committee which develops policy across the sector.

A medicine management work plan is developed each year to manage the financial and clinical risk associated with primary care prescribing. Regular monitoring data is available on a quarterly basis to all practices which illustrates the GP practice's performance against other local practices on cost and quality prescribing indicators. In addition, each practice in Croydon receives an annual visit from a pharmacist where a comprehensive report on practice prescribing is discussed and action plans for management of prescribing is agreed. Joint working, coordinated by the pharmacy team, on initiatives such as specials and waste between the GPs and community pharmacies, have had a significant impact on prescribing spend.

The team respond to prescribing queries from doctors, nurses, other healthcare professionals and members of the public. Pharmaceutical advice for more complex queries is provided by the UK Medicines Information Service based at Guy's Hospital.

The professional support for the development of Community Pharmacy services under the National Contract framework and development of this Pharmaceutical Needs Assessment is contained within the NHS Croydon pharmacy team. Delivery of key health inequalities targets are supported by the pharmacy which is responsible for the development of community pharmacy public health services as described in the DH Choosing Health through Pharmacy report[1].

Croydon does not have any dispensing doctors but pharmaceutical services are also offered by providers other than community pharmacies e.g. general practice (65 practices), contraception and sexual health services (CASH), community health services, walk in services etc. who may offer services such as smoking cessation or emergency hormonal contraception etc. This information will be presented in this PNA, where relevant, in order to identify whether or not gaps in such services exist locally.

At 1st October 2010 there were 73 community pharmacies providing essential services. This includes one internet pharmacy, one Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) based in the Purley & Coulsdon Cluster and one Local Pharmaceutical Service (LPS) in the East Croydon Cluster. The number of items dispensed by Croydon Pharmacies is nearly 10,000 higher than those prescribed (Jan – Mar 2009). This means that Croydon pharmacists are net providers of services to non-NHS Croydon registered patients commuting into the borough. Therefore recognition needs to be given to the fact that there are numbers of patients not registered with Croydon GPs who access pharmaceutical services within Croydon.

The healthy living hub, based in the centre of Croydon, provides advice on staying healthy and signposting to other service providers. Croydon University Hospital Trust provides specialist pharmaceutical services as do the other significant providers of secondary and tertiary care services commissioned for Croydon patients; the main ones being St George's, Guys & St Thomas' and Kings. In particular Guys & St Thomas' provide specialist advice to professionals within Croydon. The POP bus (Partnership for Older People) has a PCT pharmacist represented on the team providing advice on medicines to older people and/or their carers (see older people below).

[1] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4107494

Croydon has one appliance provider located in Thornton Heath. This company supplies patients across the country but is not the only appliance provider for Croydon residents.

1. Needs Assessment for Core Dispensing Services

This section describes
- **Where are we now?** *Current service provision*
- **What do we need?** *Service need and opportunities, overprovision and decommissioning.*

for the identified health priorities for each cluster within NHS Croydon

For clarity, colour coding will be used to identify each

Where are we now?
What do we need?

Where are we now?
All Community Pharmacies in Croydon were contacted and asked to fill in a questionnaire. 58 of the 72 made a return. (The community pharmacy at Edridge Road Community Health Centre was not open at the time.) A copy of the questionnaire can be found in Annex A.

A map showing community pharmacy provision (by deprivation) is shown in Figure 1 Pharmacies By Deprivation below. This map is required by the regulations and will be kept up to date to reflect changes in provision. Annex A also contains this same map and it is this version that will be updated to reflect any changes to provision. Detailed maps showing pharmacy provision set against other criteria can be found in *Appendix 2 - Map of Pharmacy Provision Pharmacy Provision with Ethnicity* and *Appendix 4 – Map of Pharmacy Provision with Population Density*.

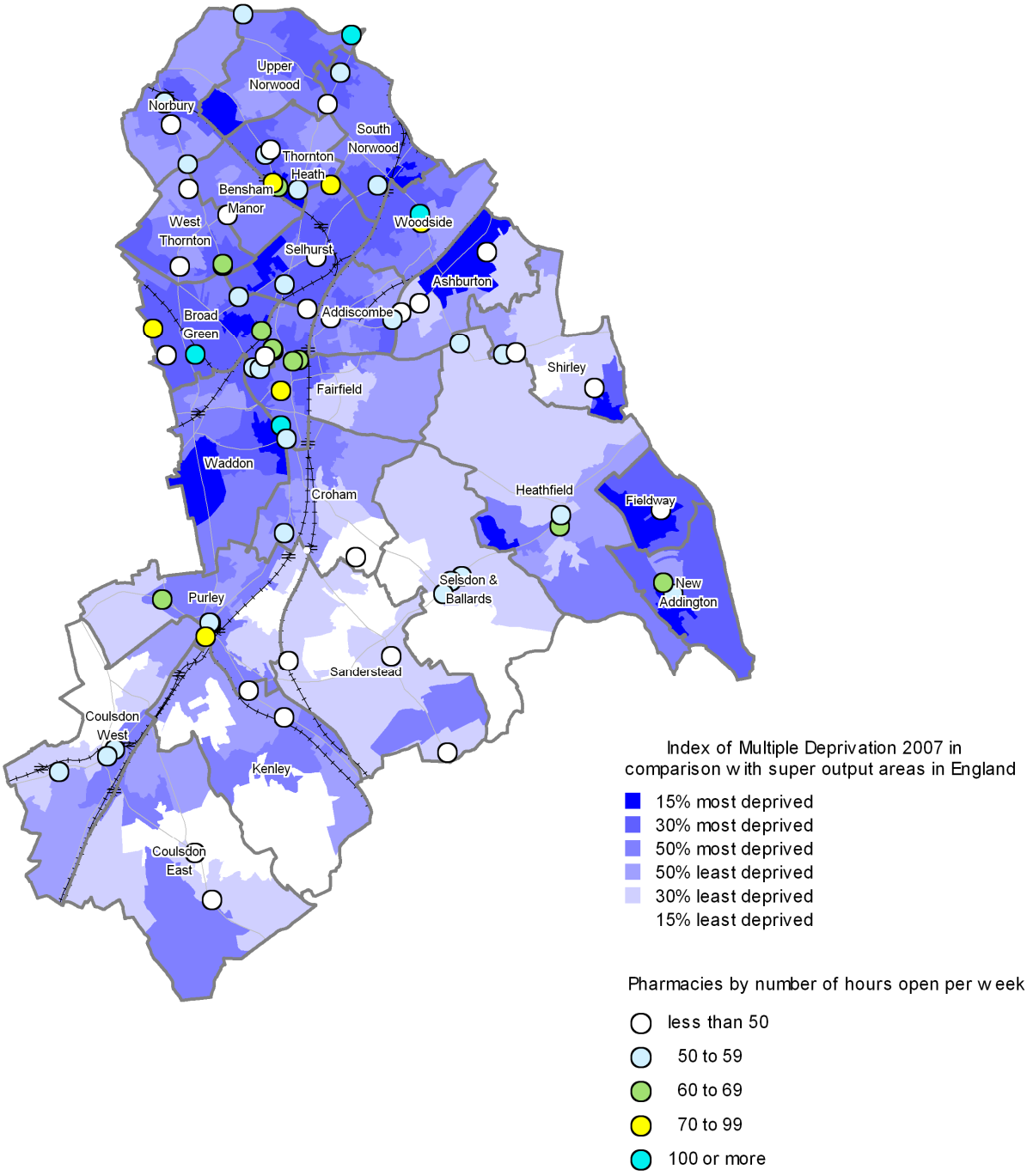
The level of deprivation in Croydon is slightly less than the London average (deprivation level ranked 20th of the 33 London Boroughs) but there are large variations within the borough. Sanderstead and Selsdon & Ballards are among the 10% least deprived wards in London while Fieldway and New Addington are among the 30% most deprived. Fieldway is the most deprived ward in the whole of South West London. The six most deprived super output area (SOA)[2] in South West London are also in Croydon, all in different wards (Fieldway, New Addington, Broad Green, South Norwood, Upper Norwood and Shirley).

From recent information gained during our Diversity Assessment, a high proportion of the BME population (compared to the overall borough proportion) can be found in three of the five most deprived wards in Croydon; Broad Green, Selhurst and South Norwood. It can also be seen that areas of Broad Green have the highest levels of

[2] Super Output Areas (SOAs) are aggregated from output areas used in the 2001 Census and there are 220 of them in Croydon of approximately 1,500 populations each.

deprivation in terms of income, employment, health and disability, education, skills and training and crime domains of the index of multiple deprivation. Areas of West Thornton have one of the worst levels of overcrowding in the borough.
The map below shows the deprived areas in Croydon.

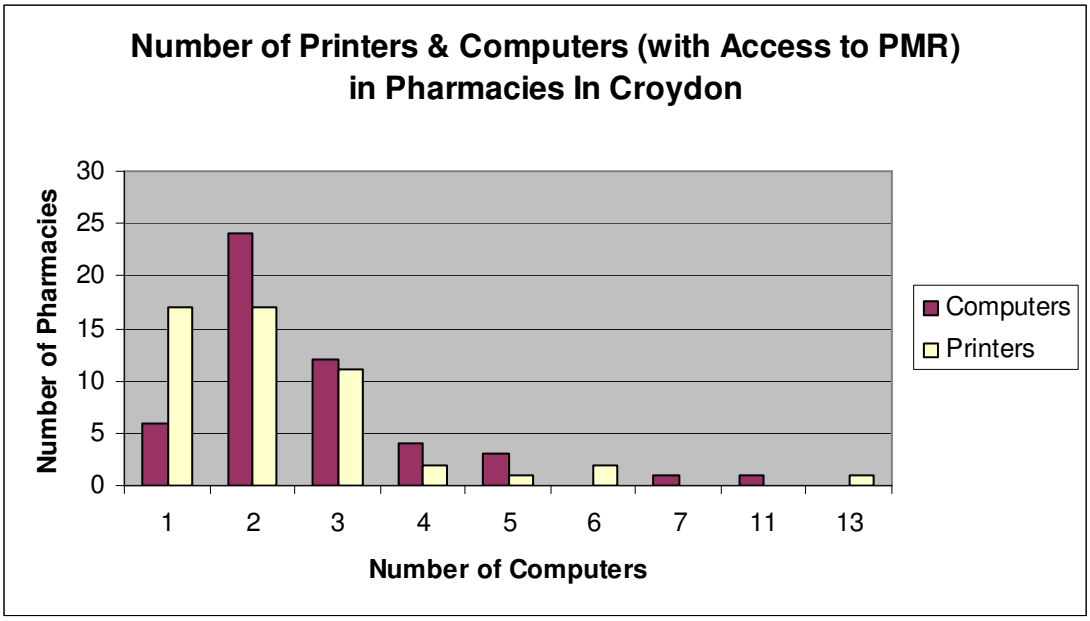
Figure 1 Pharmacies By Deprivation



Community pharmacy premises vary considerably over Croydon, both in size and in presentation. Of the 58 respondents 44 indicated that they had carried out work to their premises with 80% having carried out the work in the last five years (ranging from full refits to replacement shop fronts). Several are considering work (or more work) with the addition of consulting rooms being most frequently mentioned. Several of the pharmacies indicated that they had unused space that could be utilised to provide NHS services. The majority of consulting rooms have a sink and access to a computer. Around half meet infection control standards which allow them to provide the full range of enhanced services including vaccinations.

The majority of respondents had at least two computers with access to Patient Medical Records (PMR) and at least one printer - with some having significantly more as can be seen in Figure 2.

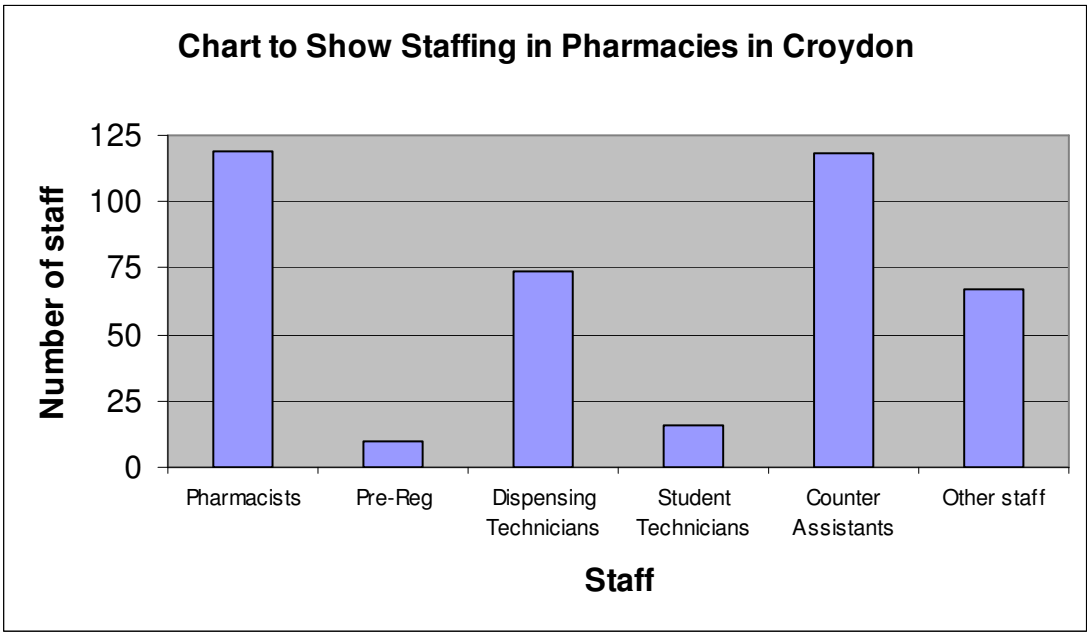
Figure 2



99% of computers were running Windows software version 2003 or more recent and are networked. All pharmacies that responded had access to the internet but 50% of those had access restricted to specific sites.

Details of the staffing mix of those Pharmacies responding is shown in Figure 3. Figures indicate that many pharmacists work part time as do most other staff except dispensing technicians who are mainly employed full time.

Figure 3



The languages spoken by pharmacy staff in Croydon are shown in Figure 4

The primary languages spoken in addition to English are Hindi and Gujarati. This does not necessarily reflect the ethnicity of Croydon but could prove useful if community pharmacy were involved in outreach projects to specific ethnic groups.

Figure 4

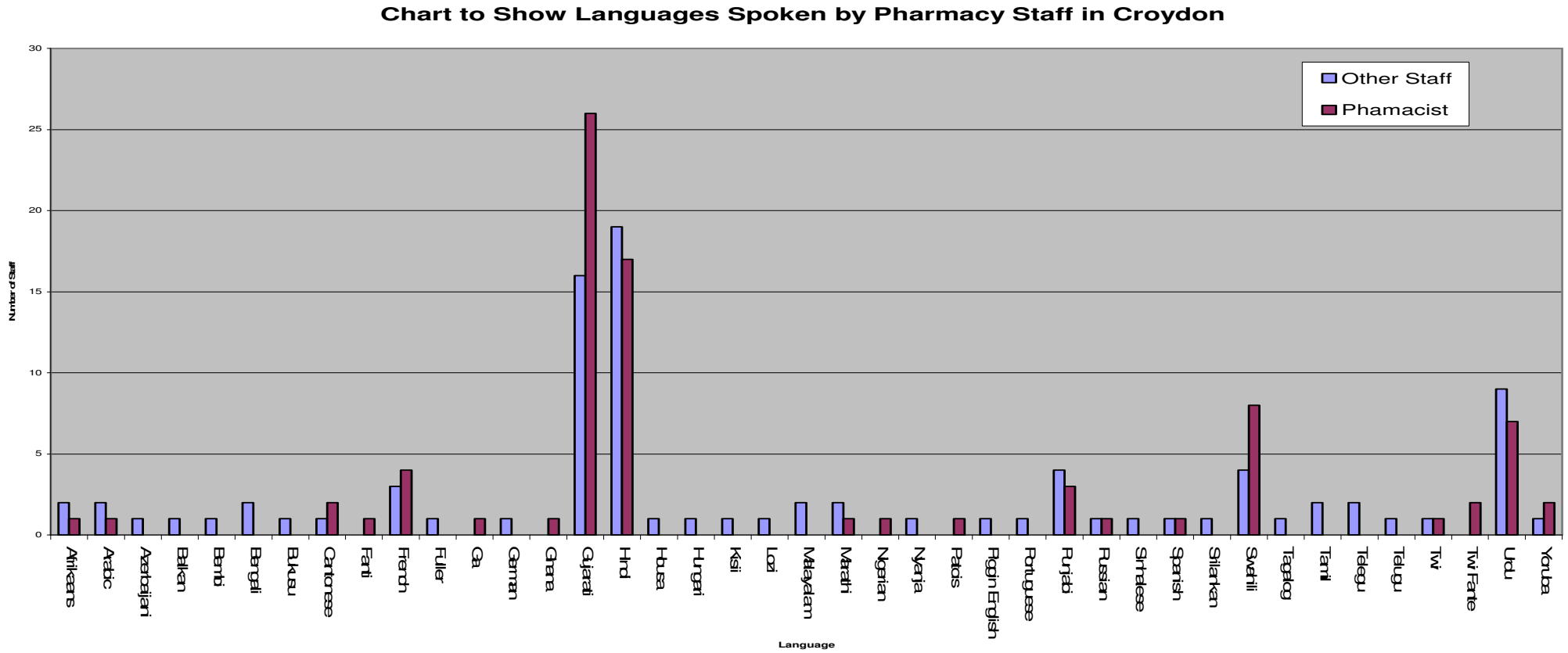


Chart to Show Languages Spoken by Pharmacy Staff in Croydon
Other Staff
Phamacist
Number of Staff
0
5
10
15
20
25
30
Afrikaans
Arabic
Azerbaijani
Balkan
Bambi
Bengali
Bukusu
Cantonese
Farsi
French
Fuller
Ga
Gamman
Ghana
Gujarati
Hindi
Hausa
Hungari
Kisii
Lozi
Malayalam
Marathi
Nigerian
Nyanja
Pakis
Pidgin English
Portuguese
Punjabi
Russian
Sinhalese
Spanish
Silarkan
Swahili
Tagalog
Tamil
Telegu
Telugu
Twi
Twi Fante
Urdu
Yoruba
Language

Table 5 below shows community pharmacy coverage, each of which provides all seven essential services for the six clusters in Croydon. The internet pharmacy has been excluded from this analysis.

Table 5

Cluster	Approx. Opening hours per 1000 patients per week	Opening hours per 1000 items dispensed (based on 12 month period)	Approx Dispensing staff per 1000 prescription items dispensed (based on 12 month period)	Number 100 hour pharmacies	Saturday Coverage	Sunday coverage
1.Mayday	6.3	35.2	20.6	0	33	0
4.Thornton Heath	13.4	59.7	30.6	1	83	18
2.East Croydon[3]	14.1	57.1	33.1	2	115	53
3.New Addington & Selsdon	10.9	42.6	21.6	0	57	11 Supplementary
5.Woodside Shirley	10.2	41.8	28.8	1	75	15
6.Purley & Coulsdon[4]	11.2	44.0	22.6	0	92	12 Supplementary
Croydon	**10.8**	**46.2**	**26.5**	**4**	**454**	**109**

Data sources – ePACT.net, MIS statements from PPD for financial year 2009-10

Cover across the week is summarised in Table 6 below. Areas for improvement are highlighted.

[3] The LPS pharmacy, based at the GP led Health Centre in the East Croydon Cluster was opened on 14th September 2010. The pharmacy hours are included along with the additional hours for Saturdays and Sundays. As there was little dispensing information available at the time of writing no information on dispensing staff hours has been included

[4] There is one ESPLPS in the Purley & Coulsdon cluster. ESPLPS scheme were developed to protect low volume essential small pharmacies. However, the national ESPLPS scheme ends in March 2013 and this may be an opportunity to develop an LPS which will maximise benefit to patients.

Table 6

Cluster	Monday To Friday Access	Saturday Access	Sunday Access
1.Mayday	9:00 - 18:30 core cover supplementary cover to 19:30	9:00 - 17:30 core cover supplementary cover to 18:00	No Cover
4.Thornton Heath	7:00 – 24:00 core cover	7:00 – 22:00 core cover	11:00 – 17:00 core cover supplementary cover from 9:30
2.East Croydon[1]	7:00 – 23:00 core cover	7:00 – 23:00 core cover	8:00 – 20:00 core cover
3.New Addington & Selsdon	9:00 - 19:00 core cover supplementary cover to 20:00	9:00 - 19:00 core cover	9:00 - 16:00 supplementary cover
5.Woodside Shirley	8:00 – 22:30 core cover	8:00 – 22:30 core cover	9:30 – 22:30 core cover
6.Purley & Coulsdon	8:30 - 18:00 core cover supplementary cover to 21:00	8:30 - 15:00 core cover supplementary cover from 7:30 to 21:30	10:00 - 16:00 supplementary cover

Croydon shares a border with Bromley, Surrey, Lambeth, Sutton & Merton. Pharmacies on the border of these areas will be serving the Croydon population. These are illustrated in *Appendix 5 – Map of Cross Border Community Pharmacy Provision*.

What do we need?

With a health agenda focussing on care closer to home it is reasonable to expect community pharmacy to play an ever increasing role in the provision of enhanced services. To do this it is vital that each pharmacy has a consultation area that is fit for purpose. For those wishing to expand service provision over and above consultation to more clinical areas of practice, other facilities such as sinks, wet floors and space to dispose of sharps etc will be mandatory.

Information Technology (IT) provision appears to be adequate in Pharmacies, with most having more than one computer and the additional computer being located in the consultation area. As Croydon moves to electronic methods of capturing consultation information the advantage of doing so in a live setting will intensify, and computing and internet availability within the consultation area will become increasingly important.

Croydon needs a well trained and willing workforce to deliver effective pharmaceutical services in areas of health need. Skill mix is important, as is the appropriate training of all staff in order that potential clients for services such as stop smoking and screening can be recruited and supported.

All Croydon residents should have access to dispensing services within a reasonable distance of either their home, or the point at which the prescription is issued. Whilst 24 hour coverage is impractical, there needs to be some relationship between prescribing and dispensing. The link between deprivation and health needs indicates a greater need for providers to support self care and help manage existing conditions.

The maps showing community pharmacy provision set against deprivation and population would suggest that there are pockets within Croydon with higher than average population and deprivation but lower than average provision (when comparing opening hours). These areas are Fieldway, Shrublands, Ashburton and Waddon. People living in Waddon are likely to access services in Sutton & Merton. People living in Ashburton and Shrublands are likely to access services in Bromley. However no cross border provision is available to Fieldway.

Croydoc (GP out of hours) will be providing prescriptions outside conventional opening hours. Currently there is no Sunday pharmacy provision within the Mayday cluster. In addition the Mayday Cluster is poorly served for opening hours per 1000 patients and 1000 dispensed items and also dispensing staff per 1000 items and yet is one of the more deprived areas in Croydon.[5] However, good transport links to the centre of Croydon, which has better coverage at weekends, and cross border provision from Lambeth (one pharmacy dispenses over 10% of prescriptions from Mayday cluster GPs) is currently addressing this need for mobile residents.

Sunday provision for New Addington & Selsdon and Coulsdon & Purley clusters rely on supplementary hour coverage only. This means Sunday service is vulnerable particularly over key holiday weekends. Saturday provision in New Addington also relies heavily on supplementary provision. However, there are good transport links to the centre of Croydon where pharmacy provision is plentiful.

Number of dispensing staff per 1000 scripts is low in the Mayday and New Addington & Selsdon Clusters. These are clusters with pockets of high deprivation and likely to require more services to meet the populations health needs. More work needs to done to ensure that staffing meets the needs of current and potential service provision.

The growing population in the Centre of Croydon will be adequately served as additional provision has already been provided in the form of the LPS pharmacy. This is reflected in the number of pharmacies, and dispensing staff per 1000 patients, where East Croydon is the highest.

Summary

Essential Services: 73 Pharmacies (one LPS, one ESPLPS and 4 100 hour pharmacies) offering an average of 10.8 hours opening time per 1000 patients, plus one internet pharmacy. Access is good during weekdays but becomes patchy at weekends. The majority of pharmacies have consulting rooms and most have computer and internet access within the consulting room. There are a variety of languages spoken by staff with Hindi and Gujarati being the most common after English.
Additional essential service provision in the Mayday cluster. Particular attention being given to Sunday opening, the needs of out of hour and A&E

[5] Under review – NHS Croydon Contracts Management Panel 8 October 2010

users and increased dispensing staff hours.

Sunday provision needs to be strengthened in the New Addington & Selsdon and Coulsdon & Purley clusters.

Work to ensure staffing levels are appropriate for current and potential service delivery.

All pharmacies need to have consultation areas with computer and internet access.

Other facilities such as sinks and compliance with infection control standards may be needed in order to provide an expended range of enhanced services.

2. Needs Assessment by Care Pathway

In the summary of health needs and pharmaceutical services (Page 12) the target for 2015 was described for each of the eight care pathways. Community pharmacy is well placed to contribute to these through essential and advanced services as well as local enhanced services. Appropriate commissioning of pharmaceutical services will be vital to achieving the identified targets. It is acknowledged that as more patients are moved closer to home for their care, the complexity of cases in the community will increase. As well as contributing to care, pharmaceutical services will help prevent admissions and re-admissions.

These next sections will give a brief background on the current need and service provision for each of the care pathways (extracted from Public Health data).

2.1. Care Pathway: Staying Healthy

By 2015 communities and individuals will be more involved and active participants in improving their own health.

By focusing on the areas of greatest potential health gain i.e. reducing the incidence of obesity and lowering smoking rates there is a significant potential for reducing risk of coronary heart disease, hypertension, stroke, diabetes and cancers as well as reducing inequalities in life expectancy.

Other factors that will have an impact on health, are improving the uptake of flu vaccine in 'at risk' groups and older people, and increased harm reduction initiatives in drug misusers. Each of these four areas is described below. However, providers of pharmaceutical services within the community can make a significant contribution to the broader issues facing public health.

Obesity

(Childhood obesity is included in Children and Young People)

Britain now has the highest obesity rates in Europe. Obesity increases the prevalence of diseases such as diabetes, cancer and heart disease[6]. Healthy Weight, Healthy Lives – Croydon Joint Strategic Needs Assessment 2009-10 included data from the Health Survey for England which showed that around one in four of all adults in Croydon are obese; by the age of 45 over 60% are overweight or obese, and there is a clear link with deprivation. Some black and minority ethnic groups are at high risk of obesity, which in turn further increases their risk of developing long term conditions such as diabetes. Being overweight or obese, especially for women, significantly increases the risk of developing cancer, heart disease and diabetes. Overall it is estimated that more than 850 people in Croydon died during the last five years because of their obesity.

[6] D. Haslam & W James, Obesity, The Lancet Volume 366, Issue 9492, Pages 1197-1209

The report has identified that weight management services in Croydon have not been developed in a systematic or strategic way. One of the recommendations from the report is that a full needs assessment and review of the current range of NHS funded or provided weight management services for adults is required to ensure that investment is appropriately targeted and focused on achieving health outcomes. The findings of this review must be taken into account when considering what pharmaceutical services can support the aim of reducing the prevalence of obesity.

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Maps illustrating prevalence of obesity with deprivation and service provision by community pharmacies (those providing weight management, BMI highlighted) can be found in *Appendix 6 - Obesity Prevalence with Community Pharmacy based Weight Management Services.* As can be seen from the map there are areas of high prevalence of obesity (New Addington & Fieldway) with no community pharmacy provision for weight management, yet a service is commissioned in an area of low prevalence (Sanderstead). Whilst the majority of pharmacies offer BMI checks, uptake of this services has dropped off significantly in the last twelve months with only a handful of pharmacies actively providing this service.

Summary

Essential Services: • Promotion of healthy lifestyles i.e. Public health advice for those who are overweight • Public health campaigns (up to 6 different campaigns are organised each year) • Signposting to weight management service providers. Enhanced services: • BMI Risk measurement (currently under review) • Weight management service - programme of weight management including provision of orlistat under Patient Group Direction if appropriate. Other providers also offer services to support weight management.
Review of Weight Management Services • structured approach to service provision • commissioning of services in areas of high prevalence • integration with services for other chronic diseases. Review of BMI service to consider decommissioning of service from non providers.

Smoking cessation

Smoking contributes more than any other identifiable risk factor to inequalities in healthy life expectancy.

Currently 21% of the Croydon population smoke. Smoking related disease is responsible for

1 in 5 deaths, causing nearly 500 deaths in Croydon during 2008. Nationally it costs the NHS at least 5.2 billion annually and our own modelling predicts that smoking is probably costing NHS Croydon in excess of 7 million pounds annually. Smoking cessation is an inexpensive way of significantly improving the health of the population, both in terms of longevity and quality of life.

Smoking cessation services seek to reduce smoking prevalence by supporting smokers to quit; the Department of Health measure being a 4-week quit. Statutory services are tasked with helping 665 people per 100,000 of the population aged 16 and over to quit smoking. The local target in 2009-10 was 1797. The target for 2010-11 is 1926.

The Croydon Stop Smoking Service is a team of specialists working to assist people who wish to stop smoking in Croydon. The team itself provides face-to-face work in clinics around the borough in a range of contexts and a proportion of their work involves supporting a network of over 150 trained professionals to deliver smoking cessation services in community-based sites, especially though GP practices and pharmacies. 52 pharmacies provide smoking cessation services however there is widespread variation in activity, from one pharmacy achieving 95 quits in a 12 month period, whilst 7 providers achieved none. All community advisers, including community pharmacists, have their work incentivised through a service level agreement (SLA) arrangement, whereby they are currently paid a bonus for a full CO-verified (carbon monoxide) quit. The stop smoking service is responsible for the recruitment, training, deployment, support and performance management of community advisers through a range of systems.
The service also supports the Croydon University Hospital in meeting its CQUINs (Commissioning for Quality and Innovation) smoking-related targets at Croydon University Hospital and is a partner in the new Healthy Living Hub at Croydon Central Library.

Additionally Croydon has contracted an outside Provider, Solutions 4 Health, to deliver a proportion of its quit target (500 quits). Solutions 4 Health are targeting BME (Black, minority ethic) communities, workplaces, and Young People in particular.

Ward:	**% smoking prevalence**	**Ward:**	**% smoking prevalence**
Fieldway	34.6	Fairfield	20.2
New Addington	31.3	Heathfield	20
Woodside	26	Bensham manor	19.2
Selhurst	25.5	Kenley	18.7
Waddon	24.8	West Thornton	18.5
South Norwood	24	Shirley	17.8
Broad Green	23.7	Coulsdon East	17.7
Addiscombe	23.1	Purley	17.7
Thornton Heath	22.4	Norbury	17.1
Ashburton	22.2	Coulsdon West	15.6
Upper Norwood	21.6	Selsdon and Ballards	13.8
Croham	20.4	Sanderstead	13

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A map showing Smoking Cessation Service provision (and quit rates) against smoking prevalence can be found in Appendix 7 - Smoking Prevalence with Stop Smoking Adviser Services.

Summary

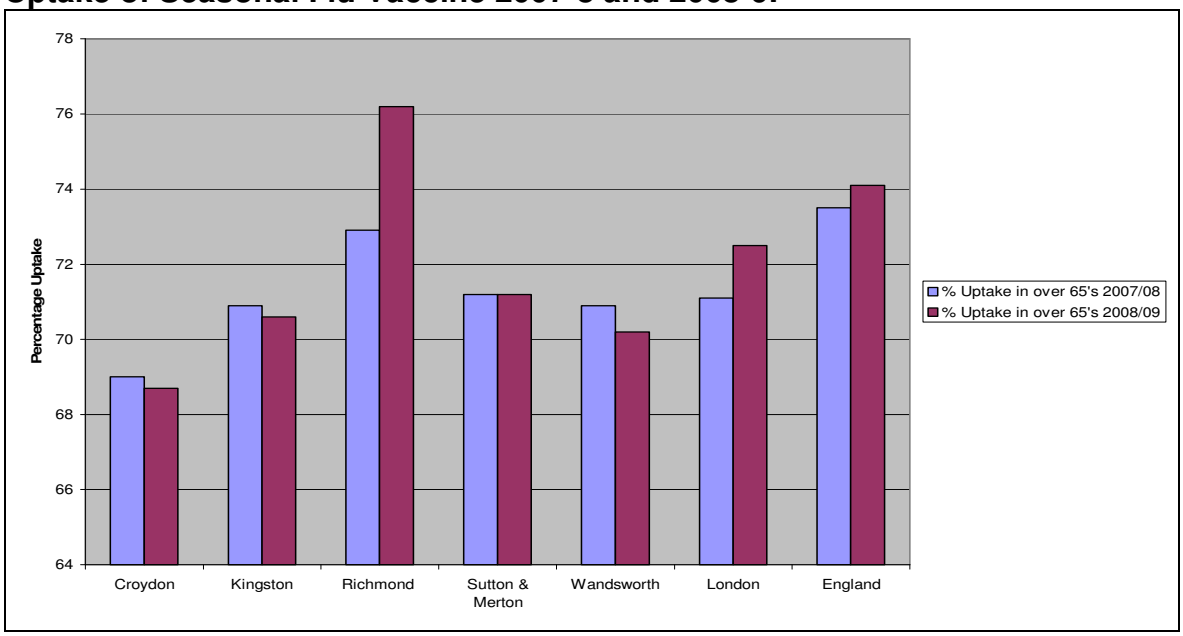
Essential Services: • Promotion of healthy lifestyles i.e. Public health advice for those who smoke • Public health campaigns (up to 6 different campaigns are organised each year) • Sign posting to stop smoking service providers Enhanced services: • Smoking cessation advice Other providers also offer services to support smoking cessation.
Community pharmacy is a well placed provider to recruit and to accept referrals from other health care professionals for smoking cessation advice. Training for counter staff (first point of contact with the public) could be considered in order to increase recruitment levels.

Immunisations

Vaccine against influenza is offered each autumn and winter season to risk groups registered with GP practices. This includes all over 65 year olds, people with long term conditions, carers of vulnerable people at risk of flu and from 2010-11 pregnant women. Flu vaccine is offered annually because of the mutability of the flu virus, with new strains appearing each year.

The Department of Health (DH) coverage target for flu is 70%, the World Health Organisation (WHO) target is 75%. Coverage in the over 65 at risk group is dropping in Croydon (see Figure 5 below), and is poor compared to the rest of south west London. Coverage in the under 65 at risk groups is increasing, and is currently around 45%.

Figure 5
Uptake of Seasonal Flu Vaccine 2007-8 and 2008-9.



There is a significant difference in uptake of flu vaccine between wards in Croydon and a slight trend towards higher uptake in less deprived wards.

Currently this is a service which is not commissioned from community pharmacy; however over 15 pharmacies provide a private flu vaccination service.

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Summary

Essential Services:
- Public health campaigns (up to 6 different campaigns are organised each year)
- Sign posting to service providers

Enhanced Services:
- Flu vaccinations currently offered as a private service from 17 pharmacies.

Other providers also offer flu vaccinations.

Immunisation service commissioned from Community Pharmacy to run alongside public health campaigns
Increase in the number of providers able to administer Flu vaccinations, particularly in areas with an elderly or at risk population.

Harm Reduction

The Croydon Drug and Alcohol Team (DAAT) assessment of local need for adult substance misuse services (January 2009) estimates there are over 2,500 problematic drug users in Croydon. It is estimated that over 60% use opiates and over 70% use crack

cocaine with 25% injecting. Nearly 75% of problem drug users are thought to be male. 11% are thought to be aged between 15-24, 35% aged 25-34 and 53% aged 35-64 years.

The prevalence of alcohol and drug dependency is closely linked to the level of deprivation and as is shown in *Appendix 8 - Drug and Alcohol Dependence – by Deprivation*. White British, white Irish and mixed are the most likely groups to have an alcohol or drug dependency, see *Appendix 9 - Drug and Alcohol Dependence – by Ethnicity and Sex*.

Of the estimated 2,500 drug users (PDU) in Croydon it is thought that over 200 are known to services but are not in treatment. Furthermore, over 1,500 are not know to treatment (treatment naïve, or never had treatment) even though a quarter of these are in contact with Drugs Intervention Programmes (DIPs). However, many of those not in treatment programmes may be accessing the needle exchange services provided by community pharmacies highlighting the importance advice and signposting that is part of the needle exchange scheme.

The service user survey (response from 52 service users) highlighted that 48% agreed that they had been offered a Hep B vaccination whilst 33% disagreed and only 38% agreed they had been offered a Hep C test. Local performance around tests and vaccinations for both Hep B and C being offered to clients is in need of improvement.

There are currently 16 community pharmacies providing local enhanced needle exchange schemes and 36 community pharmacies providing local enhanced supervised administration of methadone or bupenorphine (SAM/SAB). Maps of provision can be found in *Appendix 10 - Map of Pharmacy Provision of Supervised Methodone and Buprenorphine Services* and *Appendix 11 - Map of Pharmacy Provision of Needle Exchange Services*.

The distribution within the borough is shown in Table 7 below:

Table 7

Polysystem	Cluster	Needle Exchange		SAM/SAB	
		Service offered by community pharmacies	Service Uptake Activity	Service offered by community pharmacies	Service Uptake Activity/clients
Mayday	Mayday	-		3	28/7
	Thornton Heath/Upper Norwood	3	148	6	44/8
Central	East Croydon	5	868	10	83/31
	Woodside /Shirley	3	170	4	26/16
Purley	New Addington / Selsdon	3	7	5	14/5
	Purley / Coulsdon	2	16	6	7/4

Data for the period January to March 2010

One of the key issues that was highlighted in the Croydon DAAT assessment report was the quality of record keeping 25% of records did not show gender, 62% did not show ethnicity, 67% did not show main drug used and only 18% of clients were recorded as being in treatment.

Hepatitis C
Up to date information on the prevalence and treatment of patients within the IDU population is currently unavailable. Information from 2007 has been supplied.

Cautious estimates of the prevalence of hepatitis C virus (HCV) puts Croydon's Intravenous Drug Users (IDU) at greater than 50%. i.e. half of those IDUs who have been injecting for 5 years will have been exposed to HCV. Thus the majority of those injecting for more than 5 years will have HCV. Also those starting to inject are likely to be exposed to HCV fairly quickly, and thus should be a key target group for preventive interventions such as outreach and safer injection advice. There was a recommendation that as there are likely to be many undiagnosed HCV infections voluntary confidential diagnostic testing for HCV should be easy for all IDUs to access. Needle exchanges and substitution therapies should also be widely available, and these services should all have onsite access to voluntary confidential diagnostic testing for HCV (and other blood born viruses).

In 2007 it was estimated that in Croydon there were 2526 people with Hep C, however only approximately 11 people started treatment in 2006/7.

Croydon has open access services to ensure IDUs have access to clean injecting equipment and paraphernalia. These are available through SLAM based at Lantern Hall, KCA (an independent provider of substance misuse services) and community pharmacies. Attending IDUs are encouraged to get screened for hepatitis so they can be referred for treatment. We work to national targets that IDUs ensure that 100% of new presentations are screened and those wishing to receive treatment are referred to services.

Currently HepC testing is offered by GUM clinics, the Substance Misuse Team (South London and the Maudsley Trust) at Lantern Hall and KCA in addition to GP practices.

Summary

Essential services: • Public health campaigns (up to 6 different campaigns are organised each year) • Brief interventions • Signposting Enhanced services: • Needle Exchange • Supervised administration of methadone or buprenorphine Other providers also offer Services to people with drug and alcohol dependence.
Hep B and C screening/vaccination and treatment by community pharmacy. Improved record keeping Referral to treatment agencies

2.2. Maternity

By 2015 there will be safer, higher quality maternity care for all women and their babies in Croydon.

There are no pharmaceutical services which are specific to maternity. However the promotion of healthy lifestyles, through healthy eating, regular exercise and reduction in alcohol consumption are all relevant. Pharmacists and their staff have a role advising women who are pregnant or planning pregnancy as well as promoting breastfeeding. In addition there is the general advice on the safe use of medicine in pregnancy.

Summary

Essential services: • Promotion of healthy lifestyles i.e. Public health advice for those who are overweight • Public health campaigns (up to 6 different campaigns are organised each year) • Signposting
No additional services identified.

2.3. Children & Young People (includes sexual health)

By 2015 there will be safer, higher quality, integrated care for children and young people, in clinically appropriate locations, as close to home as possible.

Croydon has the largest population of children and young people of any London borough. There are three areas which are high priority in Croydon: obesity, sexual health and immunisations. Each of these areas is briefly described below. All services for children and young people should be tailors to the needs of this age group and also consider the vulnerable groups including looked after children.

Childhood Obesity

Health survey for England data for 2006 suggests that over 12,000 children living in Croydon are obese. Of these 750 are one year olds. If these children remain obese it is likely to seriously affect their health later in life. Between the ages of 4 and 5 and 10 and 11, a significant number of children become overweight or obese. This is more likely to happen with boys than with girls. Black and black British children are at particular risk of overweight and obesity at any age. There is a clear link between deprivation and higher rates of overweight and obesity. By the age of 11, about 20% of children are obese, and more than 33% of children are overweight or obese

There have been innovative developments in weight management services for children in Croydon. Boost Croydon is a programme commissioned from MyTime Active. It has two components: a prevention programme based in children's centres, for children aged 0 to 5 and a holistic weight management service for children aged 4 to 13.

Children identified as obese through the national child measurement programme are signposted to the service.

Summary

Essential services: • Promotion of healthy lifestyles i.e. Public health advice for those who are overweight • Public health campaigns (up to 6 different campaigns are organised each year) • Signposting to existing services
No additional services identified

Immunisations

Immunisation saves lives.

The national childhood immunisation programme protects children and young people against serious diseases, such as measles, meningitis C and polio, which can lead to permanent disability or even death. Immunised children are also less likely to be a source of infection to others, meaning that those who can't be immunised will still benefit. This is known as population or 'herd' immunity and is only the case when 90-95% children are immunised. If the numbers get too low, the population is not adequately protected and outbreaks will occur. As the epidemiology of some diseases changes, certain immunisation schedules have also been altered e.g. a more targeted approach to BCG immunisation has been adopted.

Community Health services deliver the school programme through the immunisation team, which provides HPV, MMR and the final school boosters.

A safety net immunisation team deliver services to easy to overlook populations.

Table 8 below illustrates the national childhood immunisation schedule.

Table 8

When to immunise	What vaccine is given	By whom
Two months old	Pneumococcal (PCV) Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib)	GP
Three months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) MenC	GP
Four months old	Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) Pneumococcal (PCV) MenC	GP
12 months old	Hib/MenC	GP
13 months old	PCV Measles, mumps and rubella (MMR)	GP

Three years and four months old	Diphtheria, tetanus, pertussis and polio (DTaP/IPV) Measles, mumps and rubella (MMR)	GP
Twelve to thirteen years old (Girls only)	Human papilloma virus (HPV)	Immunisation Team in school
Thirteen to eighteen years old	Tetanus, diphtheria and polio (Td/IPV)	Immunisation Team or GP

There are a number of selective childhood immunisation programmes that target children at particular risk of certain diseases, such as hepatitis B, tuberculosis, influenza and pneumococcal.

From April 2009 to March 2010, 91.2% Croydon children aged 1 year had completed their primary immunisations against diphtheria, tetanus, polio and Hib. By age 2 years, 83.7% had had their MMR, 76.5% their PCV and 85.6% had received Hib/MenC. 77.3% children received their second MMR by aged 5 years and 80.2% had received their preschool booster.

The World Health Organisation recommends an uptake of 90-95% for childhood immunisations to achieve herd immunity and prevent outbreaks. Although Croydon uptake increases year by year and in 2009 an additional 2420 children received their immunisations at the recommended ages, further improvements in uptake is required for all immunisations; and particularly PCV, MMR and preschool booster.

Evidence shows that children and young people at increased risk of low uptake of immunisations include: looked after children; children and young people who have missed previous immunisations (whether as a result of parental intent or otherwise); children with physical or learning difficulties; children of teenage or lone parents; children not registered with a GP; younger children from large families; children who are hospitalised; minority ethnic groups; vulnerable children, such as those whose families are travellers, asylum seekers or homeless (Department of Health, 2005).

A schools based immunisation programme to protect against cervical cancer began in September 2008. All girls in Croydon schools aged 12-13 years (Year 8) are offered the Human Papilloma Virus (HPV) vaccine, which involves three immunisations over a six month period. This programme offers an unprecedented opportunity to protect young women against viruses that cause about one in seven cases of cervical cancer.

As a relatively new programme, and young women require three vaccines to maximise the benefit, ongoing health promotion for the HPV programme is important. If a school appointment is missed young women are offered the opportunity to attend a community clinic

Last updated August 2010

Summary

Essential services:
- Promotion of healthy lifestyles i.e. Public health advice for at risk groups
- Public health campaigns (up to 6 different campaigns are organised each year)
- Signposting to existing services

Provision of HPV immunisations for young women, particularly those who may have missed their school appointment.

Sexual health

145,900 residents (43%) in Croydon are between 15 – 44 years old, where sexual activity is highest (source: GLA London Plan Projection, 2009).

Between 2005 and 2008, the number of cases at the GUM clinic rose from approximately 800 to 1400, with young people aged 16-24 accounted for 66% of the diagnoses.

Croydon has a higher proportion of females of a fertile age compared to the England average. Therefore, one might anticipate high demand for contraceptive services. There is a high rate of teenage conceptions (see Figure 6 below) at 60 per 1000, higher than both the London and national rates. Data released by the Office of National Statistics show that Croydon has a higher rate of termination in under 18s (29.0 per 1000 under 18 year olds) than the London (25 per 1000) or England (19 per 1000) average.

Figure 6 below illustrates conception rate by ward for 2005-2007 which is the latest figures available in this format. However, recent figures show the rate falling in Croydon to 41.5 per 1000 women aged between 15 and 17 which is a 33% decrease from the same period in 2008 where the figure was 62 per 1000.

Recommendations within the JSNA chapter on sexual health which are relevant to pharmaceutical services can be summarised as follows;

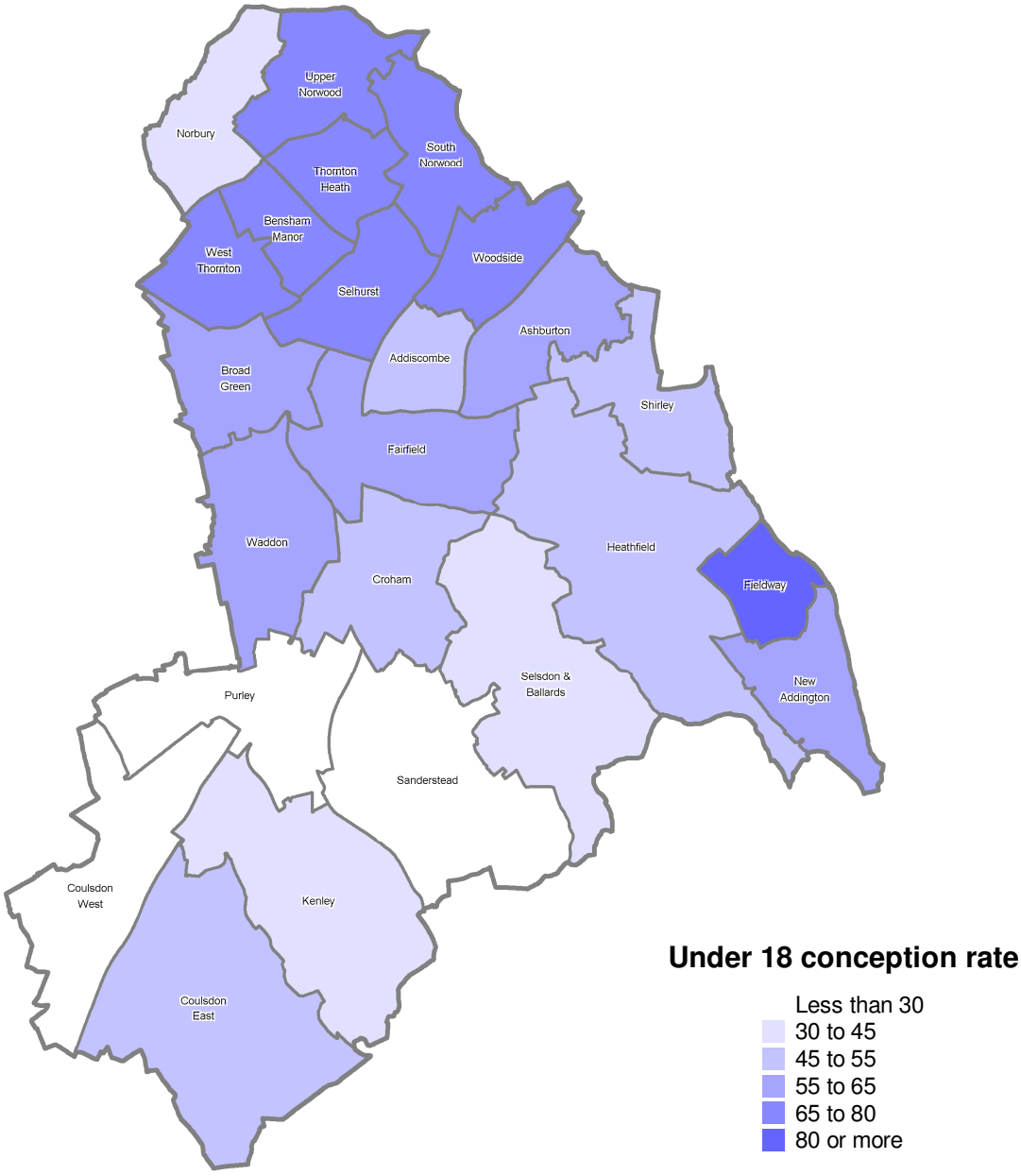
Increased access to, availability and uptake of all methods of contraception

- Increase health promotion activities in core services
- Increase the uptake of Chlamydia screening by those at highest risk of infection i.e. those having unprotected sex and presenting for EHC
- Continue to develop young people focussed sexual health and contraception services

There are clear links between social deprivation and sexual health

Contraceptive and sexual health services in Croydon can be found in a number of different provider settings including community pharmacy. There is an overlap between contraceptive services and sexual health services and to improve patient access and experience the future aim is to combine these services where possible.

Figure 6
Under 18 conception rate by ward, 2005-2007



Source: Office for National Statistics

Croydon University Hospital (formerly Mayday) Genito Urinary Medicine (GUM) and Contraceptive and Sexual Health (CASH) Services have combined to provide a GUM-SH partnership managing a network of Sexual Health provision across the borough.

Croydon University Hospital GUM Clinic is an open access clinic and may provide services to non-Croydon residents. Likewise, GUM clinics situated close to Croydon's border; Beckenham, St Helier and St George's hospitals could be providing services to Croydon

residents. There are dedicated sessions for young people at the Croydon University Hospital GUM clinic, but not for gay, lesbian, bisexual or transgender.

Contraceptive and Sexual Health (CASH) Services are provided from Edridge Road Community Health Centre and Parkway and there are sexual outreach services which are targeted at young people in locations like colleges.

Oral contraception is available from all GPs. Long Acting Reversible Contraception (LARC) e.g. implants, intra uterine devices treatments are commissioned or available from 40 GP clinics (however uptake and delivery of this service is variable). Condoms are available from a variety of clinics, outreach services and community pharmacies (through the C-card scheme). Work is also ongoing to develop an oral contraception service available from community pharmacy.

Figures for the supply of Emergency Hormonal Contraception are given in Table 9 below. Pharmacies are the largest supplier of emergency hormonal contraception (EHC) in Croydon. In addition, pharmacies would have sold EHC outside the EHC scheme i.e. over the counter sales.

Table 9

Year	**GP Provision of EHC**	**Community Pharmacy Provision of EHC under PGD**	**CASH Service (Family planning and WIC) Provision of EHC**	**Total**
2006-2007	2,220	2919	2,824	7963
2007-2008	2,068	2197	2726	6991
2008-2009	2,063	2813	2,770	7646
2009-2010	1,905	2694	2367	6966

The Chlamydia screening programme in Croydon had a target of 25% (11,000) young people aged 15-24 in 2009-2010. This was narrowly missed with 9,810 young people tested as part of the programme. With the highest proportion of positive tests compared to the South West sector it could be inferred that Croydon is targeting the service appropriately. Analysis of the rate of positive tests by screening site in Croydon showed that the Walk In Centre had the highest positivity rate of 13.5%, followed closely by pharmacies with12.4%. See Appendix 12 - Map of Chlamydia Screen Coverage with (2009-2010) with Community Pharmacies for details of community pharmacy provision.

Chlamydia screening for a wider age group and treatment is also available from selected pharmacies as well as clinics and GP practice sites. Currently 15 pharmacists across 9 pharmacies offer additional services through a sexual health local enhanced service (LES).

There is significant potential to increase the number of Chlamydia tests performed in core services (GP practices, pharmacies, contraception and sexual health). In particular only 2% were carried out by pharmacies (total 193). 18 out of the 40 pharmacies that are able to screen for Chlamydia did not perform any tests in the six months between April and

September 2009. Appendix 12 - Map of Chlamydia Screen Coverage with (2009-2010) with Community Pharmacies shows Chlamydia screen coverage and community pharmacies with an enhanced SLA to supply Emergency Hormonal Contraception. Pharmacies should offer a Chlamydia screen at every consultation, but as 2,694 EHC treatments were provided by pharmacies in 2009-2010 the figures suggest significant missed opportunities both for screening and subsequent treatment. The fact that not all pharmacists have a toilet for customer use may be a factor.

Croydon is currently working with a number of other local boroughs in London to train up community pharmacists to provide oral contraception under Patient Group Direction (PGD)

Last updated August 2010

Summary

Essential services: • Promotion of healthy lifestyles • Public health campaigns (up to 6 different campaigns are organised each year) Enhanced Services: Chlamydia Screening provided by 40 community pharmacies Chlamydia Screening for extended age group, EHC and Chlyamydia treatment provided by a further 9 pharmacies.
Provision of oral contraception by community pharmacists under Patient Group Direction.

2.4. Long Term Conditions

By 2015 services for patients with Long Term conditions such as diabetes, Coronary Heart Disease (CHD) and Chronic Obstructive Pulmonary Disease (COPD) will take a whole system approach to reducing the disease burden, inequalities of care and mortality.

Increasing the proportion of people with long term conditions supported to be independent and in control of their condition is a Local Area Agreement priority. Work to achieve this is undertaken in partnership with the Local Authority .

People with long-term conditions want greater control of their lives, to be treated sooner before their condition causes more serious problems and to enjoy a good quality of life. This means transforming the lives of people with long-term conditions to move away from the reactive care based in acute settings toward a more systematic patient-centered approach, where care is rooted in primary and community settings and underpinned by strong partnerships across the whole health and social care spectrum.

When considering the commissioning of services to support the management of long term conditions more consideration needed to be given to the existing skill sets and required skills sets. This would allow for workforce planning and development and better use of NHS resources.

Diabetes

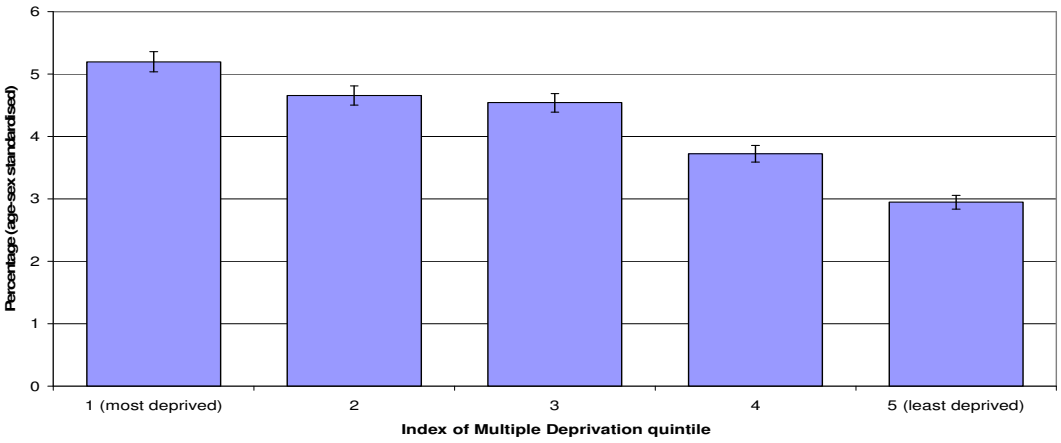
Diabetes is a significant health issue in Croydon with one in 23 of all registered patients diagnosed with the condition. A detailed account of diabetes in Croydon and recommendations for prevention and treatment can be found in a dedicated chapter of the JSNA. Diabetes services can be summarised as follows

GPs – diagnosis, care planning, annual review, monitoring, initiation and management of insulin.
Community pharmacies – Dispensing, vascular risk check pilot, public health promotion, medicines use review, signposting and referrals
Croydon Community Integrated Diabetes Service - provides a range of services including the delivery of structured education programmes, dietetics and care for patients with more complex needs.

A map of diabetes prevalence is provided in Appendix 13 - Diabetes Prevalence with Community Pharmacies .

Croydon falls in the low expenditure/poor outcomes quadrant when looking at the relationship between health outcomes and expenditure. Factors which increase the prevalence of diabetes include; deprivation, age, ethnicity. Factors which increase risk include obesity. Figure 7 illustrates the link between diabetes and deprivation

Figure 7
Diabetes prevalence rates are 70% greater in the most deprived than in the least deprived areas of Croydon



Key findings from the diabetes chapter in the JSNA relating to pharmaceutical service provision are that;

- There are currently very few services explicitly engaged in diabetes prevention
- There are numerous voluntary and community sector organisations that, whilst not having a diabetes focus, are working with populations that may have high risk of diabetes such black and minority ethnic groups and older people.

Commissioning recommendations which have relevance to the provision of pharmaceutical services are.

- General practices supported to improve levels of blood glucose control and identify undiagnosed patients.
- Interventions targeted at deprived communities experiencing high levels of prevalence and poor levels of blood glucose control.
- Interventions that target local ethnic communities with high levels of prevalence and poor levels of blood glucose control, including specific interventions aimed at Bangladeshi patients.
- Diabetes awareness campaigns.
- Engagement of public and patients to increase awareness of local diabetes strategy.
- Services which enable patient self-management including increasing delivery of structured education programmes and improving the effectiveness of self-monitoring.

Last updated August 2010

Summary

Essential services:

- Promotion of healthy lifestyles i.e. Public health advice for those who are overweight
- Public health campaigns (up to 6 different campaigns are organised each year)
- Signposting to other relevant services.

Enhanced Services • Weight Management
Commissioned services from community pharmacies in areas of high prevalence and poor blood sugar control to support patients in self management. In particular pharmacies with languages relevant to the Bangladeshi community could be used to help this group of patients.

Respiratory

Asthma

Asthma has become more common over the last 30 years, but we still do not know why this is. There may be many contributory factors which are a result of our changing lifestyles. For example, we are more likely to have centrally heated homes with fitted carpets and little ventilation, ideal conditions for the house-dust mite, a very common asthma trigger that lives in soft furnishings. Our diets now include fewer fresh foods some evidence suggests that eating plenty of fruit and vegetables can help to reduce asthma symptoms. Other theories include less exposure of young children to infections than previously. This would explain why younger siblings and children who attend day nurseries have a lower risk of developing asthma. Asthma develops more commonly in children whose parents smoke (RCP 1992). Although both tobacco smoke pollution and other air pollution can cause or exacerbate symptoms in people who already have asthma, there is no evidence that air pollution other than tobacco smoke actually causes asthma.

An average primary care organisation dealing with 330,000 people can expect to be treating 45,000 people for asthma, with 439 emergency hospital admissions emergency and eight deaths due to asthma each year.

Despite the significance of chronic respiratory conditions such as asthma, there are no routine NHS information systems that enable us to look at the differing prevalence across London. Though there are some local analyses (e.g. based on local health surveys or around individual general practices or hospitals), our main sources of information across London have to be based on the most severe manifestation of illness when people are admitted to hospital or die.

Recent studies have demonstrated a marked international variation in prevalence of asthma but less is known about ethnic differences within countries and in particular the impact of migration on developing asthma. Within country comparisons have shown that despite originating from countries of low asthma prevalence South Asian and Afro-Caribbean people in the UK are significantly more likely to be admitted to hospital for asthma than whites[7]. This may relate to access and use of primary care.

Asthma as we know affects children as much as adults. What is interesting is the difference in gender – more males than females in childhood, which then reverses in adult

[7] Netuveli, Hurwitz, Sheik; Ethnic variations in incidence of asthma episodes admission in England and Wales: a national study of 502,482 patients in primary care, Respiratory Research 2005 Accessed 10.8.10 http://respiratory-research.com/content/6/1/120

hood, changing over at about age 30. It is not known if this reflects gender patterns of use of GP.

The different ethnic-age profiles may indicate a need for differential health promotion for different age groups in different ethnic groups. Recorded prevalence of asthma by age varies quite significantly between ethnic groups.

There do not appear to be any differences in asthma reviews in the last 15 months by sex, ethnic group, deprivation index or ward of residence.

Charts illustrating this can be found in Appendix 14 - Asthma Prevalence.

Appendix 15 - Asthma and Smoking shows patients who smokes with a diagnosis of asthma – this is a very typical pattern for respiratory disease in Croydon, as smoking is concentrated in areas of the borough where there are large white British and white Irish populations, who tend to smoke more than other ethnic groups.

Looking at the relationship with social deprivation, smoking and asthma –there is a very clear social class gradient – again a very typical chronic disease pattern.

There is some room for improvement for residents of some wards in recording advice on smoking cessation given during an asthma consultation.

Whilst overall admissions have been steadily rising, with a higher trend in admissions from more deprived wards, emergency admissions have been steadily dropping, indicating better management in primary care and via self care, combined possibly with a different admission threshold policy by hospitals. There is an interesting ethnic profile for elective admissions, but admissions per se do not appear to have an ethnic bias. We are an outlier compared to London, with more admissions than our comparison group. Comparing hospital admissions to the London cluster, Croydon PCT has significantly more admissions per 1000. (2009-10 rolling average)

Mortality has been steadily lowering, although the direction of travel for men and women is different. The under 75 mortality rate has the same profile. There are very small numbers dying therefore the rate fluctuates quite widely each year. Rates in Croydon are improving and approaching London rates.

There is no formalised asthma service within Croydon. Advice on compliance and technique is provided by GPs, practice nurses in an ad-hoc manner through opportunistic appointments to organised asthma clinics. Community pharmacists may provide advice within an MUR (Medicine use Review) but there is no imperative or incentive to target asthma patients.

Last updated August 2010

Summary

Essential services:

- Promotion of healthy lifestyles i.e. Public health advice for those who are overweight
- Public health campaigns (up to 6 different campaigns are organised

each year) Enhanced Services; • Stop Smoking Services Advanced Services: • MUR on an opportunistic basis on compliance and inhaler technique.
Formalised asthma service for the borough.

COPD

Chronic Obstructive Pulmonary Disease (COPD) is a progressive, largely preventable disease, which leads to damaged airways and systemic manifestations. It is the fourth leading cause of death in England and Wales and Croydon has a higher than the national average mortality rate. Almost half of all deaths are associated with social class inequality.

The estimated prevalence of COPD is 4.5% in Croydon, which is expected to rise to 4.6% over the next five years. However Croydon GP recorded prevalence (2008-2009) is 0.7% demonstrating under diagnosis and/or under recording. The London average recorded prevalence is 1.7%. COPD has been identified as high priority in the NHS Croydon Operating Plan for 2010/11.

The ethnic profile of COPD mirrors that of smoking prevalence in the borough, in that white British and white Irish people are more likely to have COPD, and are more likely to smoke. Smoking is highly prevalent amongst Bangladeshi men and whilst there is not a large Bangladeshi community in Croydon, COPD is fairly common in this ethnic group. There is an association between smoking, COPD and deprivation and the number of patients with COPD who smoke is linked to the social deprivation of the area in which the GP practice is situated. It is the most deprived who are most likely to die from COPD.

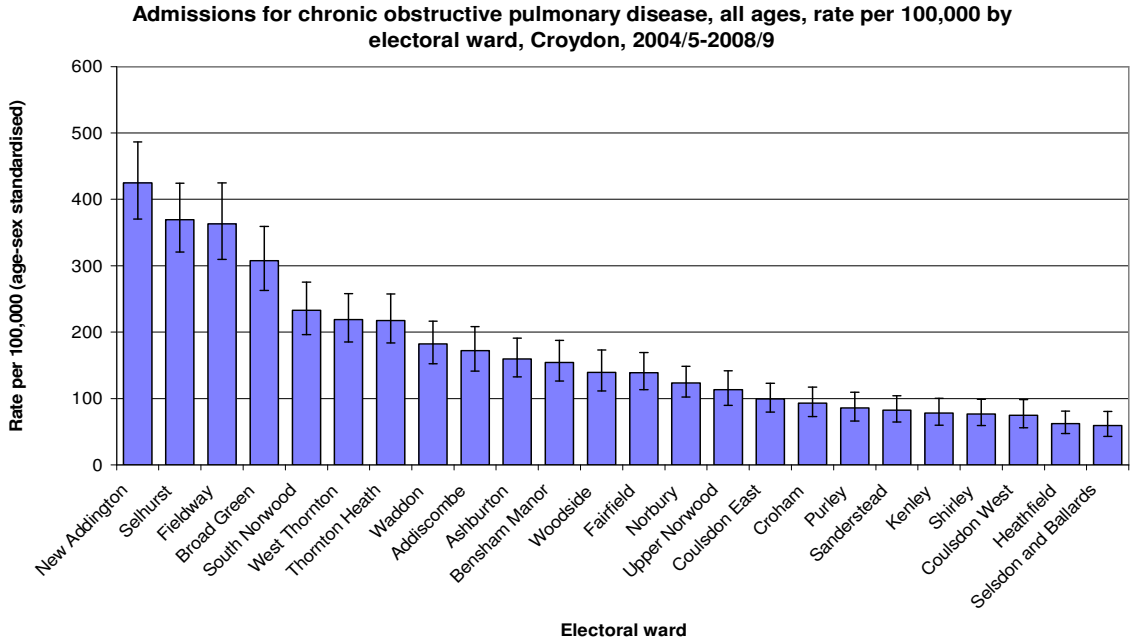
Recently smoking related illnesses have caused around 400 deaths per year in the borough, or nine every week. Smoking cessation is an inexpensive and effective early intervention measure for driving down smoking related morbidity and mortality. Stop smoking services are described in more detail under Staying Healthy (Section 2 Part 2.1)

Effective management of COPD include,

- Stop smoking – both as a prevention of COPD and to reduce severity and frequency of exacerbation of the disease once established
- Flu vaccination and pneumococcal vaccine
- Access to expert patient or self management programme
- Improved diagnosis particularly in areas of deprivation
- Effective inhaled therapy
- Pulmonary rehabilitation

Emergency Admissions by ward are shown in Figure 8 below.

Figure 8



Emergency admissions in Croydon are highest from the most deprived wards and the trend is upwards.

Last updated August 2010

Summary

Essential services: • Promotion of healthy lifestyles i.e. Public health advice for those who are overweight • Public health campaigns (up to 6 different campaigns are organised each year) Enhanced Services; • Stop Smoking Services Advanced Services: • MUR on an opportunistic basis on compliance and inhaler technique.
Formalised COPD service for the borough.

Tuberculosis

Services for Patients with Tuberculosis are currently overseen by Croydon University Hospital Chest Clinic. However, one bespoke service has been provided for a complex patient with multiple needs who is having difficulty accessing the standard service.

Summary

Essential services: • Promotion of healthy lifestyles Enhanced Services; • A bespoke service for one patient
No additional services identified

Coronary Heart Disease,

Coronary Heart Disease (CHD) is also known as ischaemic heart disease. It is caused by the build up of fatty plaques (atherosclerosis) in the blood vessels supplying the heart.

Atherosclerosis is a preventable process. There are 'modifiable' and 'non-modifiable' risk factors.

Non-modifiable;	age, male gender, ethnicity
Modifiable;	smoking, hypercholesterolaemia, hypertension, diabetes mellitus, deprivation

Treatments are focussed in the areas of primary prevention (medical and lifestyle interventions for modifiable risk factors), secondary prevention (ongoing modification of risk factors, rehabilitation) and interventional procedures

There is evidence to suggest that

(i) for those who quit smoking, vascular risk is reduced by 35%,
(ii) for those who comply with recommended levels of physical activity, risk of CVD is reduced by 14%, and
(iii) weight management may reduce risk by 36%[8].

Coronary heart disease is the biggest single cause of death amongst both male and female Croydon residents. In 2007 it caused 329 deaths, 28% of total deaths[9].

The death rate has been falling steadily in recent years, and has halved since 1993. This mirrors the national picture. Approximately 42% of the mortality decrease nationally is attributed to medical and surgical treatments, principally secondary prevention medication and heart failure treatment. Only 4% is accounted for by revascularisation. About 58% is attributable to changes in risk factors, the largest being a fall in smoking prevalence[10], see Appendix 17 - CHD Mortality, Prevalence and Deprivation

However, expected prevalence for Croydon's population, given its age, sex and ethnic make-up, has been estimated as 1.33 times higher than the recorded prevalence[11]. In the GP Quality Outcome Framework. This suggests under-recording, or under-diagnosis, within primary care.

Over the next ten years there is a projected increase in the number of older people and numbers from ethnic minority groups in Croydon (GLA 2007 population predictions), leading to above average levels of diabetes and hypertension. CHD prevalence is expected to increase by over 40% from 9,000 (actual diagnosed) to 13,000 by 2018.

GP recorded CHD prevalence shows a patchy distribution across the borough, see Appendix 16 - Coronary Heart Disease (CHD) Prevalence with Community Pharmacies.

[8] DH; Putting prevention first. Vascular Checks risk assessment and management - Impact Assessment

[9] Office for National Statistics Annual Death Extracts, 2007

[10] Unal, B., Critchley, J.A., Fidan, D. and Capewell, S. (2004). Explaining the decline in coronary heart disease mortality in England and Wales between 1988 and 2000. *Circulation* 109 (9); 1101-7.

[11] London Health Observatory modelled prevalence www.lho.org.uk

Pockets of relatively high prevalence occur in New Addington and Fieldway, Broad Green and West Thornton, and also in parts of Sanderstead and Coulsdon. Coulsdon is known to have a higher proportion of residents aged over 65 years. Highest prevalence is in Fieldway (3.1% +/- 0.3), lowest prevalence is in Kenley (1.8% +/- 0.2).

Broadly speaking early mortality from ischaemic heart disease, that is mortality rate for the under 75 year olds, is higher in the north than the south. It is concentrated in the central part of the borough (from Broad Green and Waddon in the west to Ashburton in the east), and Fieldway, which has both the highest prevalence and highest mortality rate. Early mortality is five times higher in Fieldway (82.6/100,000 persons) than for Selsdon and Ballards (lowest rate -19.8/100,000 persons). Early mortality is not especially high in Upper Norwood and Norbury, nor in Coulsdon. Mortality rates for all age groups shows that it is highest in the most deprived super output areas.

The geographical variation in mortality described in the previous section can, at least in part, be explained by deprivation. It has been estimated that 31.5% of the gap in life expectancy between males living in the most and least deprived quintiles in Croydon is due to circulatory disease (32.6% for females)[12]. Of these, coronary heart disease is the single biggest contributor. Men living in the most deprived quintile would expect to gain 1.14 years of life expectancy if their mortality rate from CHD was the same as in the least deprived quintile in Croydon. Women would gain 0.8 years. The death rate from CHD is twice as high in the most deprived quintile than in the least deprived quintile, and early mortality is three times as high. However this inequality gap has reduced over the past 5 years.

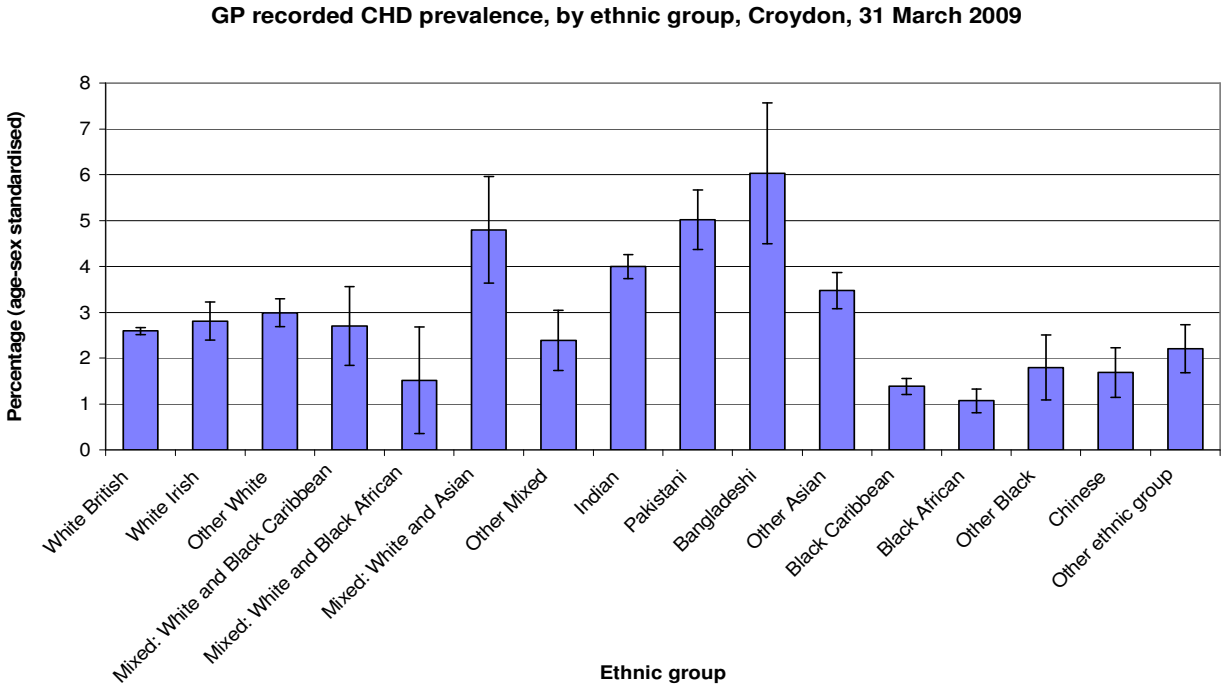
Admission data shows that people living in the most deprived quintile are significantly more likely to be admitted as an emergency than as an elective, while people living in the least deprived quintile are significantly more likely to be admitted for elective procedures. This may indicate more severe disease within deprived communities, or under-treatment. See Appendix 18 – CHD Elective & Emergency Admissions

Mortality data is not available by ethnicity. However, South Asian ethnicity is known to confer a 1.5% increased mortality from CHD[13]. Nationally, excess prevalence amongst South Asians is reported to be about 40% or more although there is some debate as to whether the increased risk in these groups is mediated through their increased prevalence of diabetes and hypertension.

Prevalence and admission rates among the South Indian (India, Pakistan, Bangladesh) and Mixed: White and Asian groups are significantly higher than for Croydon's population as a whole. See Figure 9 below. Indians in Croydon are at least 75% more likely to develop CHD and Bangladeshis are at least 100% more likely than the population as a whole.

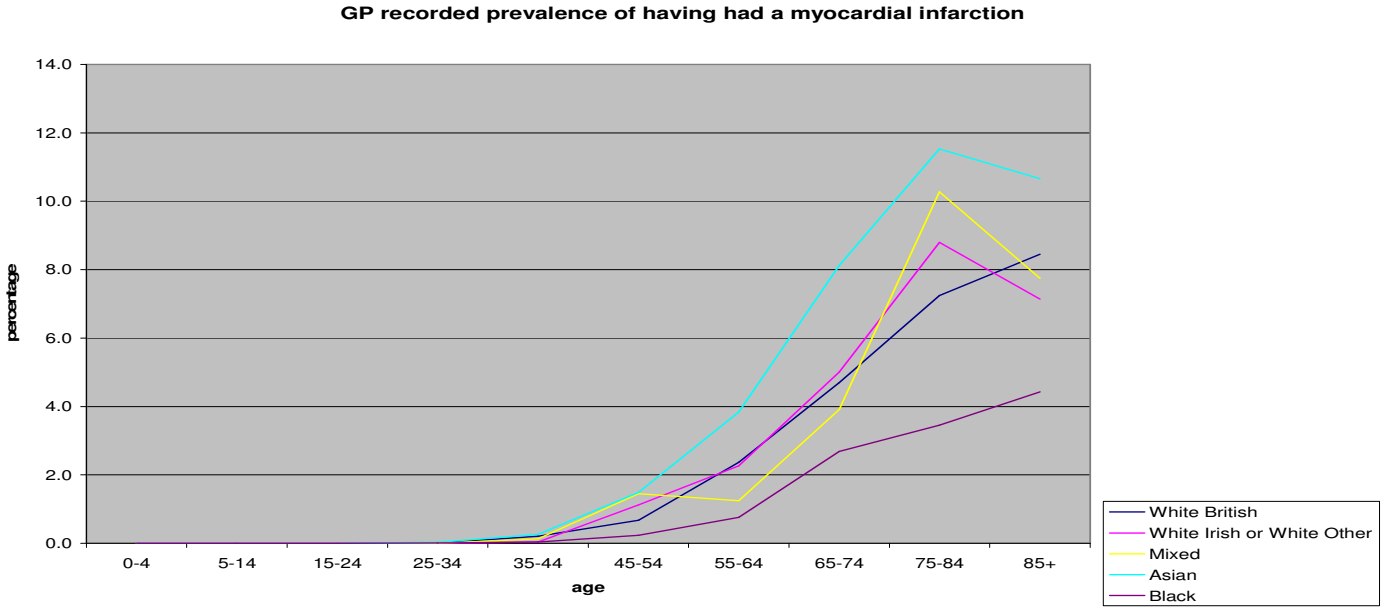
[12] London Health Observatory Inequalities Tool, http://www.lho.org.uk
[13] Putting prevention first: Vascular checks risk assessment and management - impact assessment. Department of Health.

Figure 9



Analysis of GP recorded prevalence of MI shows that once over the age of 45, Asians suffer their first myocardial infarction earlier than the other ethnic groups and a greater proportion of them suffer at least one MI. See Figure 10 below.

Figure 10



By the time they reach 80yrs, 1 in 8 of them will have suffered an MI, compared to 1 in 14 White British. Croydon's excess prevalence in this group appears to be higher than the national pattern quoted above, although this may reflect the high prevalence of diabetes within these groups.

Rates are lowest amongst Black African, mixed White and Black African, and Chinese groups.

Mortality rates for both genders have fallen at a similar rate over recent years. However, men in Croydon remain twice as likely to die from CHD as women and three times as likely to die before the age of seventy five. Much of this additional risk is non-modifiable thus men should be targeted early to reduce other modifiable risk factors (e.g. smoking, hypertension, hypercholesterolaemia) in order to tackle this inequality.

The GP local enhanced service has been adapted for 2009/10 in view of the launch of the Vascular Risk Assessment screening by DH. It targets the 40-74 year old age group and CVD risk assessment now incorporates a face-to-face discussion of risk, and appropriate onward referral for lifestyle services to reduce risk where necessary. It also incorporates BMI recordings. There are incentives to target men, ethnic minorities and patients with identified mental health problems or learning disabilities.

An enhanced health check service is currently being piloted by 6 community pharmacies (as at 1 September 2010). It assesses risk for patients between 40 and 74 for CHD, diabetes and incorporates BMI recordings.

Within the community there is a small team of cardiac nurse specialists whose work is largely reactive, focussed on cardiac rehabilitation.

There is a Rapid Access Chest Pain clinic at Mayday. 4 consultant cardiologists, all interventionists, perform elective angiography and percutaneous interventions (PCI) at Mayday.

Within Croydon much of the CHD inequality may be linked to high diabetes prevalence, particularly within ethnic groups, and that the two diseases should be tackled in combination. Language and cultural barriers may limit access for many ethnic minorities. Leadership is currently lacking and is crucial for tackling CHD inequalities.

The recommendations from the Health Needs Assessment 2009

- Link these findings to the Health Needs Assessments for Diabetes and Smoking for a combined approach
- Increase identification of CHD in primary care. The proposal for the Vascular Risk Assessment targets men and ethnic minorities but misses people from low incomes, yet it is here the biggest inequality in Croydon appears to be. Incorporate NICE recommendations to identify and support these populations. Incentives may be important in increasing targeting of high-risk populations.

Key points from the JSNA

- CHD is the biggest single cause of death within Croydon.
- Although prevalence and mortality rates are lower than the national average, it has been estimated that up to a third of cases currently go undiagnosed in primary care.
- CHD is associated with certain ethnicities and age; the increased risk amongst South Asians in Croydon may be higher than in other parts of the country.
- CHD mortality is significantly associated with deprivation.
- CHD is the single biggest contributor to the life expectancy gap between the most and least deprived wards in the borough.

- The most deprived quintile is more likely to be admitted as an emergency for CHD, whilst the least deprived quintile are more likely to be admitted as a elective.
- The most deprived quintile is slightly but significantly less likely to have well controlled hypertension, hypercholesterolaemia, and a documented smoking status.

Patients on anticoagulants are currently managed in both primary and secondary care. Monitoring services in the community are offered by two GP practices and 2 community pharmacies. However, as more patients are moved into the community it is likely that this service will need to be expanded.

Last updated August 2010

Summary

Essential services: • Promotion of healthy lifestyles i.e. Public health advice for those who are overweight • Public health campaigns (up to 6 different campaigns are organised each year) Enhanced Services; • Stop Smoking Services • Anticoagulation monitoring GP local enhanced service - Vascular Risk Assessment Community Pharmacy Health Check Pilot
Increased identification of CHD in primary care. Services linked to diabetes and smoking services- targeted at the high risk populations. Ensure anticoagulation services has sufficient capacity and is located closer to peoples homes.

People in Care Homes

In Croydon there are over 170 care homes plus sheltered accommodation for older people. We have 29 care homes providing nursing care for older people and 24 providing residential care only. There are also 82 homes for people with learning disabilities and 24 homes for mental disorders (excluding learning disabilities). Almost all of the residents will have at least one long term condition and many of them will have multiple co-morbidities. Often their needs will be more complex than people living in their own homes.

The majority of care homes will have residents who will be on medication and many of these will not be able to manage their medication for themselves and will rely upon staff to assist them to self-administer or more commonly to take over the whole responsibility of managing and administering medicines.

Care homes often prefer to have medicines repacked into a monitored dosage system and many of the community pharmacists will provide this service. It should be noted that there is little evidence that the use of monitored dosage systems result in improved patient outcomes for residents in care homes and where these systems are being supplied, it is by agreement between pharmacy and care home.

Care homes are regulated by the Care Quality Commission and they have to meet The Essential Standards of Quality and Safety, which includes the management of medicines. NHS Croydon currently commissions accredited community pharmacists to provide free monitoring and advice to care homes on the safe handling of medicines. This advice is offered to all the care homes in Croydon within a 3 year cycle. It includes an audit of medicine management, the agreement of an action plan and training relevant to the areas identified in the audit.

Where there is an identified need for clinical pharmacy input this is currently provided by Primary Care Trust pharmacists.

In addition there is limited funding to provide a more bespoke service to care homes where particular issue have arisen, and to date we have 5 care homes who have been offered this service.

Last updated September 2010

Summary

At 1st September 2010 there were 14 accredited community pharmacists providing our care home advice service. Over 100 visits have been made to care homes participating in the scheme in the last 3 years. Clinical medication reviews have taken place in three care homes.
Increased capacity for specialised advice to care homes.

2.5. Mental Health & Learning Disabilities

By 2015 people will have improved access to effective evidence based services, and many more will receive personalised care packages designed to meet individual needs

The joint Mental Health Strategy for Croydon is currently under revision. It will cover mental health services for adults, older adults and younger people with psychosis (Early Intervention Team). It does not cover mental health services for children and adolescents (CAMHS).

The term 'mental health problem' is now commonly used when discussing psychiatric difficulties. The term 'the mentally ill ' is seen as stigmatizing when mental health problems are very common and can affect anyone at any age.

- At any one time it is estimated that 1 in 6 adults will be suffering from one of the common mental health problems.
- 1 in 4 people will experience a mental Health problem at some point in their lives. Between 0.5% and 1% of the population have a serious mental health problem (this includes bipolar affective disorders and schizophrenia).
- Dementias affect 5% of people over the age of 65 and 20% of those over 80.

Despite this, the reality is that there is still a huge lack of knowledge about mental illness in the general population, which treatments are effective and, if people have a more complex and long term illness, how best to support them to get back into mainstream life and activities.

The treatment of people with mental health problems is most effectively achieved through jointly delivered and focused primary, community and secondary services, which include prevention and the promotion of good mental health at all levels.

Data collected from GP practice indicate that in March 2009 there were 14 practices in Croydon with a significantly higher prevalence of psychotic and severe mental illness. These practices are mainly in the north of the borough in the Thornton Health cluster and around East Croydon. This does not include people not registered with a GP; migrants, the homeless, travellers and asylum seekers, therefore the prevalence may be underestimated.

Services for people with mental health problems vary from talking therapies (counselling and cognitive behaviour therapy) to specialised services offered by a range of crisis and outreach teams. Services for more complex patients are provided primarily by the South London and Maudsley NHS Foundation Trust, (SLAM), and also by a combination of statutory and voluntary sector inputs as the person starts to recover. Early intervention is seen as one of the critical elements which will minimise the long term effects of having the illness.

Contact with a community mental health team, or, in an emergency through the Accident and Emergency Department at Croydon University Hospital, are likely to be the initial point of contact for many people experiencing mental health problems for the first time.

Croydon's Perinatal Mental Health Pilot Service has been included as a site for the National Perinatal Project. Croydon's pilot service was run in Thornton Heath from three GP Practices with a focus on the most vulnerable women in that community - women from Black Minority Ethnic background, women with pre-existing mental illness and those substance misuse and HIV. Since July 2009, over 50 referrals have been made to the specialist health visitor and over 300 supportive visits made to women experiencing perinatal depression.

Croydon Memory Service is a national beacon site, and the model used has being taken up in other parts of the UK. It provides a low cost, high-throughput, generic service to enable early identification and intervention in dementia. It is a good example of partnership working with joint ownership by health services, social services and the voluntary sector. The CMS is providing treatment in line with NICE guidelines.

Medication surgeries were introduced in 2009 in Tamworth Rd for users and carers to meet pharmacists. Pharmacists are provided by the South London and Maudsley (SLAM) NHS Foundation Trust.

Particular groups in the Croydon population warrant mentioning either because of their numbers in Croydon, or because they are a priority group.

These groups are:

- People with long term conditions
- Older adults experiencing common mental health problems
- Women prior to or after giving birth
- People suffering from dementia

Work is now beginning to put together a profile for mental health needs across Croydon. As more patients are moved into the community there is an increasing need for monitoring and support within the primary care setting. In particular, help with medication is key in assisting patients with complex conditions. This could take the form of limiting drug supplies, regular attendance at pharmacies and monitored dispensing.

Learning disabilities is covered under care homes.

Last updated September 2010

Summary

Essential services: • Public health campaigns (up to 6 different campaigns are organised each year) • Sign posting to services
Consider the provision of monitoring and support for patients moved into the community .

2.6. Urgent Care

By 2015 we will have access to urgent care services that are fully integrated with the everyday GP services close to where people live. Reduced demand on Accident & Emergency services will ensure that these services are available to patients with life threatening conditions.

The Croydon Primary Care and Community Health Services Strategy outlined a service development plan up to 2012/13 in order to deliver health services closer to where people live.

Urgent care services are currently provided from the Edridge Road Community Health Centre (a GP led service in East Croydon – 12 hour coverage), Croydon University Hospital (formerly Mayday) Accident and Emergency (24 hour coverage) and a nurse led minor injuries unit located in New Addington (12 hour coverage).

The strategic plan builds on this provision. Croydon University Hospital hub will provide 24 hour primary care orientated urgent care access cover for the borough. The A&E suite at Croydon University Hospital will be re-designated as an emergency department, only receiving blue light London Ambulance admissions or those triaged at the urgent care centre.

Services will continue to be provided through Edridge Road Community Health Centre and the Nurse led minor injuries clinic. They will provide primary care orientated urgent care access for minor ailment and some minor injury services with 12 hour coverage. The need for a further urgent care centre (with x-ray) with access for minor illness and injury has been identified.

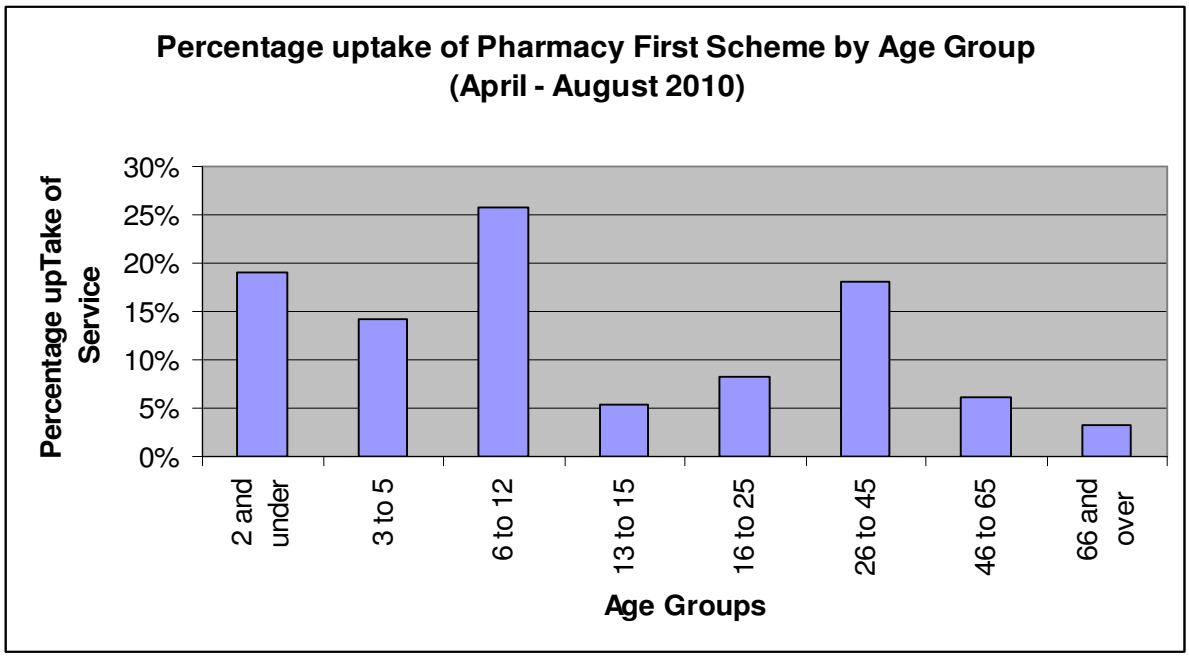
Out of hours GP services are currently based at Croydon University Hospital and there are plans to have an OOH service based at Purley Hospital.

There is an out of hours pharmacy service (accessible via a mobile phone link) which is provided Monday to Saturday nights from 8pm to 9am and on weekends from 8pm Saturday to 9am Monday, plus bank holidays 7pm to 9am for the dispensing of palliative care drugs, urgent prescriptions and advice.

Community pharmacists are the front line health care professional for patients who want to self- treat and who can afford to obtain their own treatment. In addition 72 pharmacies (excluding the internet pharmacy) are commissioned to provide a Pharmacy First minor ailment scheme, aimed primarily at those patients who qualify for free prescriptions and who would otherwise go to A&E or their GP practice to obtain a prescription for a minor ailment. Appropriate use of this service can reduce the pressure on A&E and free up GPs for more complex conditions. This service is currently being accessed by up to 1000 patients per month (over 1000 consultations are carried out per month). The most common conditions being fever, hay fever (seasonal), head lice and sore throats. The service is accessed by a variety of ethnic groups; 49% classify themselves as white British, 51% from black and other ethnic minorities. This is consistent with the ethnic mix of Croydon's population but does not necessarily reflect the relative health needs of the different ethnic population.

The age profile of those accessing the service is shown below in Figure 11.

Figure 11



As can be seen from the chart the uptake by those over 65 years of age is the lowest and work needs to be done to encourage this group of patients to access the service as well as promotion to the BME community where particular health needs have been identified that are relevant to the service.

Last updated August 2010

Summary

Enhanced services Out of hours pharmacy services Pharmacy First minor ailments service provided by 72 pharmacies
Increased uptake of the Pharmacy First minor ailments service through promotion of service to both clinicians and patients.

2.7. End of Life

By 2015 people will have improved access to end of life care services that place the wishes and needs of the patient and family at the centre of care.

Towards the end of life the emphasis for pharmaceutical services changes from actively treating disease areas to focusing on quality of life for example ensuring adequate pain control and promptly treating any distressing symptoms.

There is an increasing emphasis on allowing people to die in the place of their choosing and for most people this is in their own home, or in their care home and not to be admitted into hospital unnecessarily.

Many of our nursing homes have been working towards the Gold Standard Framework and 23 of the 27 nursing care homes are working to achieve this standard. The result should be that the number of people staying in their homes for the end of life is increasing. Early data shows there has been a rise of 10% (from 56% to 66%) of deaths occurring in participating homes. There are plans to extend this to include care homes providing personal care (residential homes) to enable more people to end their lives in their own home. For those who do not live in a care home, but remain in their own home, support is given through GPs and District Nurses with St Christopher's Hospice providing specialist support. St Christopher's also provide specialist support to care home staff.

A formulary of palliative care medicines, which should be available out of hours, has been agreed with St Christopher's, Croydoc (OOH GP service) and the community pharmacists who provide access to medicines in the OOH pharmacy service. This ensures that medicines, which are vital to maintaining quality of remaining life, are accessible at any time.

Last updated September 2010

Enhanced services Out of hours pharmacy services
No additional pharmaceutical services identified.

Glossary

BMI	Body Mass Index	LTC	Long Term Condition
BP	Blood Pressure	LTLI	Long Term Limiting Illness
CASH	Contraception and sexual health services	MDS	Monitored Dosage System
CHD	Coronary Heart Disease	MUR	Medicines Use Review
CKD	Chronic Kidney Disease	NHSIC	NHS Information Centre
COPD	Chronic Obstructive Pulmonary Disease	NICE	National Institute of Clinical Excellence
CPPQ	Community Pharmacy Patient Questionnaire	NRT	Nicotine Replacement Therapy
CSP	Commissioning Strategy Plan	NSF	National Service Framework
CQUIN	Commissioning for Quality and Innovation	ONS	Office of National Statistics
CVD	Cardio Vascular Disease	PCI	Percutaneous interventions
DH	Department of Health	PCT	Primary Care Trust
		PGD	Patient Group Direction
DIP	Drug Intervention Programme	PMR	Patient Medication Record
EHC	Emergency Hormonal Contraception	PNA	Pharmaceutical Needs Assessment
EPS	Electronic Prescription Service	PWP	Pharmacy White Paper
GP	General Practitioner	QOF	Quality and Outcomes Framework
GUM Clinic	Genito Urinary Clinic	RD	Repeat Dispensing
HbA1c	Glycosylated haemoglobin	SHA	Strategic Health Authority
IUD	Intrauterine device or intrauterine contraceptive device	SLA	Service Level Agreement
HF	Heart Failure	SLAM	South London and Maudsley Trust
JSNA	Joint strategic needs assessment	WCC	World Class Commissioning
LMC	Local Medical Committee	WHO	World Health Organisation
LPC	Local Pharmaceutical Committee		

Community pharmacy contract	The community pharmacy contract is made up of three service levels: **Essential Services**, **Advanced Services** and **Enhanced Services**. A definition can be found on 17.
Consultation facilities / area	Most community pharmacies now have an area in the pharmacy where the patient and pharmacist

	can have a private consultation. The design and specification of these facilities varies from pharmacy to pharmacy.
Commissioning for Quality and Innovation	The CQUIN payment framework makes a proportion of providers' income conditional on quality and innovation. Its aim is to support the vision set out in ***High Quality Care for All*** of an NHS where quality is the organising principle. The framework was launched in April 2009 and helps ensure quality is part of the commissioner-provider discussion everywhere.
Croydon Health Services	The integration of Croydon Community Health Services with Mayday Hospital NHS Trust
Dispensing Assistant	A member of staff that has an NVQ 2 or is working towards NVQ 2 in dispensing
Dispensing Technician	A member of staff that has an NVQ 3 or is working towards NVQ 3 in dispensing
ePACT.net	ePACT.net is an application which allows nominated users at the PCT/Trusts/National Level to electronically access prescription data.
EPS release 2	The latest development of the Electronic Prescription Service which removes the need for the patient to obtain or present a paper prescription.
Hub Site	
Medicines Use Review	The service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions. The MUR process attempts to establish a picture of the patient's use of their medicines - both prescribed and non-prescribed. The review will help patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. A report of the review will be provided to the patient and to their GP where there is an issue for them to consider.
Cluster	Clusters are geographical areas in which health care service providers would work together to ensure people received joined up care services matched to local need.
Pharmacist	A registered pharmacist has typically completed five years of training which includes a degree and post graduate training.
Pharmacy	A registered pharmacy premises that is regulated by the General Pharmaceutical Council and is included in the PCT's pharmaceutical list.
Pharmacy Assistant	A member of staff that has a medicines counter

	assistant qualification.
Pharmacy White Paper	Published in April 2008, the PWP sets out the government's reform agenda for pharmacy.
Poly System	A polysystem is the latest terminology from the Department of Health (DoH) to describe care in the community ('out of hospital care').
Prescription item(s)	Each medicine on a prescription is counted as one item. A prescription may have many items.
Quartile	One of four division which divide a series of data into four equal parts
Quintile	One of five division which divide a series of data into five equal parts
Repeat Dispensing	Repeat dispensing is a mechanism by which the patient's GP may issue the pharmacist with a prescription to dispense at agreed intervals for on-going treatment. The benefits of repeat dispensing are that it removes the need for the patient to return to the practice for a repeat prescription between reviews. It allows patients to be treated for periods up to one year without returning to the GP. Around 80% of prescriptions are repeat prescriptions. Repeat dispensing also has benefits for pharmacists; it allows the workflow in the pharmacy to be shaped to match the resources in the pharmacy and smoothes out peaks and troughs in demand.
South London and Maudsley Trust	South London and Maudsley NHS Foundation Trust provides the widest range of NHS mental health services in the UK. They provide substance misuse services for people who are addicted to drugs and / or alcohol. Their services include the Maudsley Hospital and Bethlem Royal Hospital. They work closely with the Institute of Psychiatry, King's College London. They are part of King's Health Partners Academic Health Science Centre.
UK Medicines Information Service	A resource to support medicines management initiatives

References & Useful Links

The following links provide information on the production of pharmaceutical needs assessments and access to much of the information that has been used to inform this document.

NHS Pharmaceutical Regulation 2010

Pharmacy in England: – Building on Strengths – Delivering the Future. Regulations under the Health Act 2009: Pharmaceutical Needs Assessment

Joint Strategic Needs Assessment

Croydon Observatory

London Health Observatory

Acknowledgements

We would like to thanks the members of the Stakeholder Steering Group and sub groups who have made a significant contribution to this first Pharmaceutical Needs Assessment. Contributions were also received from the following people:

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Elizabeth Hughes	Family Nurse
Daniel MacIntyre	Diabetes Network Manager
Kate Naish	Public Health Strategic Lead (YP & TP)
Mercy Nimako	Harm Reduction Co-ordinator
David Osborne	Senior Public Health Information Analyst
Kate Woollcombe	Consultant in Public Health

List of Appendices

Appendices

Appendix 1 - Control of Entry – Market Entry

The current process of granting new pharmacy contract applications or relocations of existing contracts is called Control of Entry. This is set down in the National Health Service (Pharmaceutical Services) regulations 2005, since amended. The regulations apply to all applications to be included in the pharmaceutical list under the necessary or expedient route. There are four types of applications which are exempt from the necessary or expedient test.

1. Wholly Internet or mail order pharmacies that provide a full professional service.

2. Pharmacies located in out-of-town and out-of-town-centre shopping centres of more than15,000 sq metres as determined by the Secretary of State.

3. Pharmacies that intend to open for more than 100 hours per week.

4. Applications from members of a consortium establishing a new one-stop primary care centre as defined by the regulations[14].

Proposed Regulatory Revisions

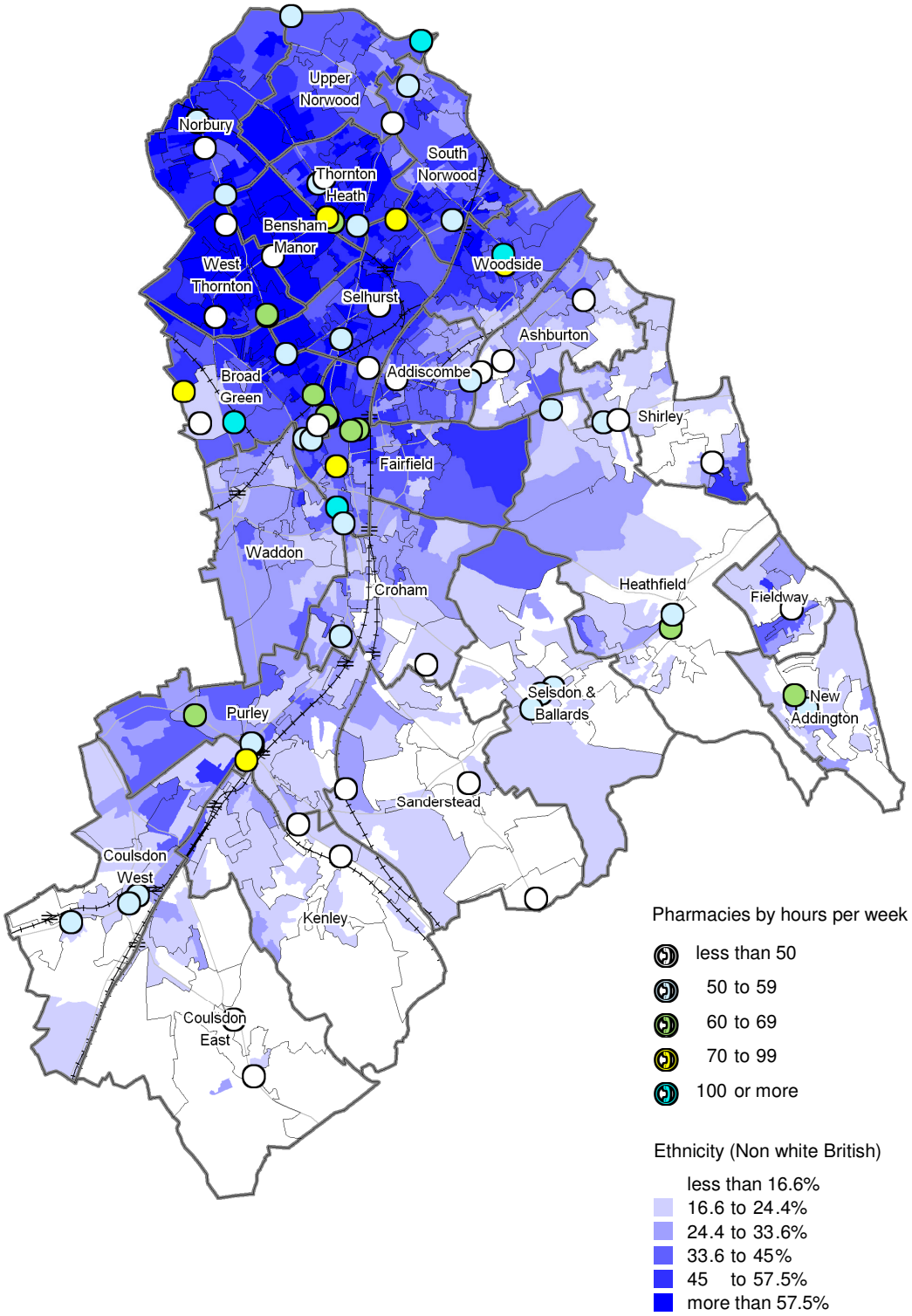
The Department of Health has published its proposals for legislative change for pharmacy as part of the Health Bill. The Health Bill received Royal Assent on 12th November 2009. The Act contains a number of reforms to NHS pharmaceutical services. These will include:-

- Market entry - replacing the current control of entry system with a market entry system, based on PCTs' Pharmaceutical Needs Assessments (PNA).
- Quality and performance - PCTs will have new powers to ensure good standards are met**.**

[14] http://www.legislation.gov.uk/uksi/2010/914/contents/made

Appendices

Appendix 2 - Map of Pharmacy Provision Pharmacy Provision with Ethnicity



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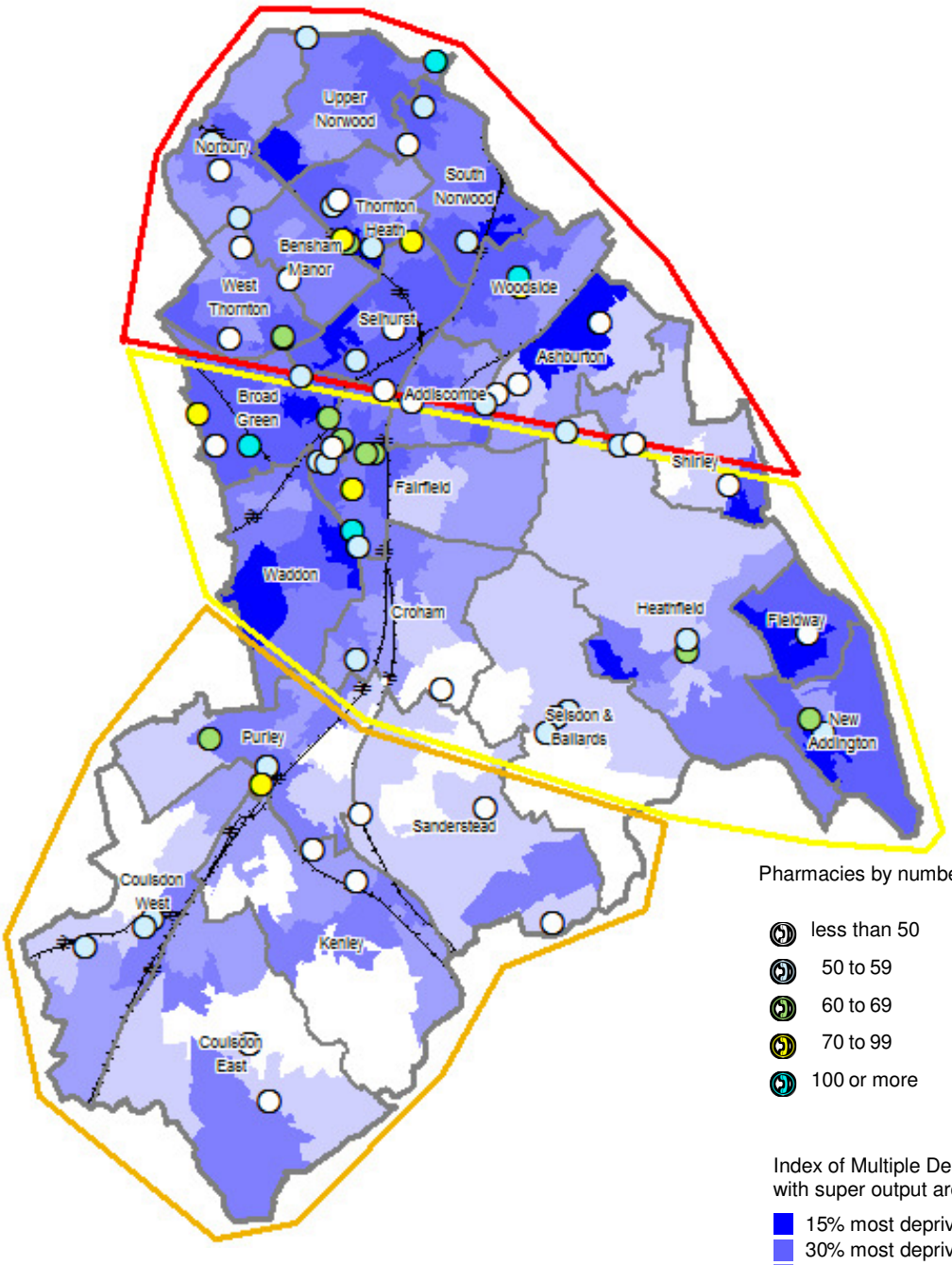
Appendix 3 – Map of Pharmacy Provision with Deprivation



Pharmacies by number of hours open per week

- less than 50
- 50 to 59
- 60 to 69
- 70 to 99
- 100 or more

Index of Multiple Deprivation 2007 in comparison with super output areas in England

- 15% most deprived
- 30% most deprived
- 50% most deprived
- 50% least deprived
- 30% least deprived
- 15% least deprived

- Mayday cluster
- Central Croydon cluster
- Purley cluster

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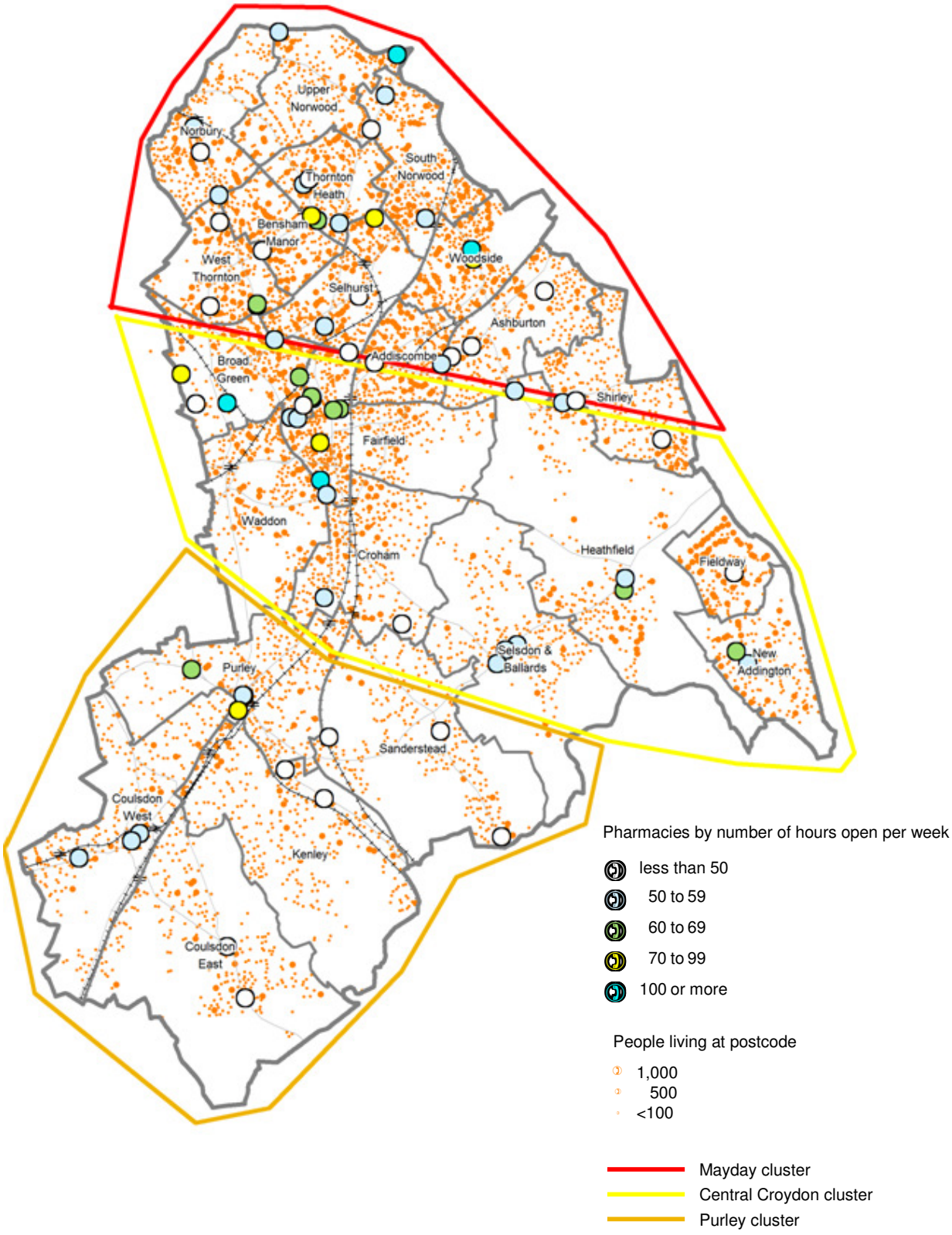
Appendix 4 – Map of Pharmacy Provision with Population Density



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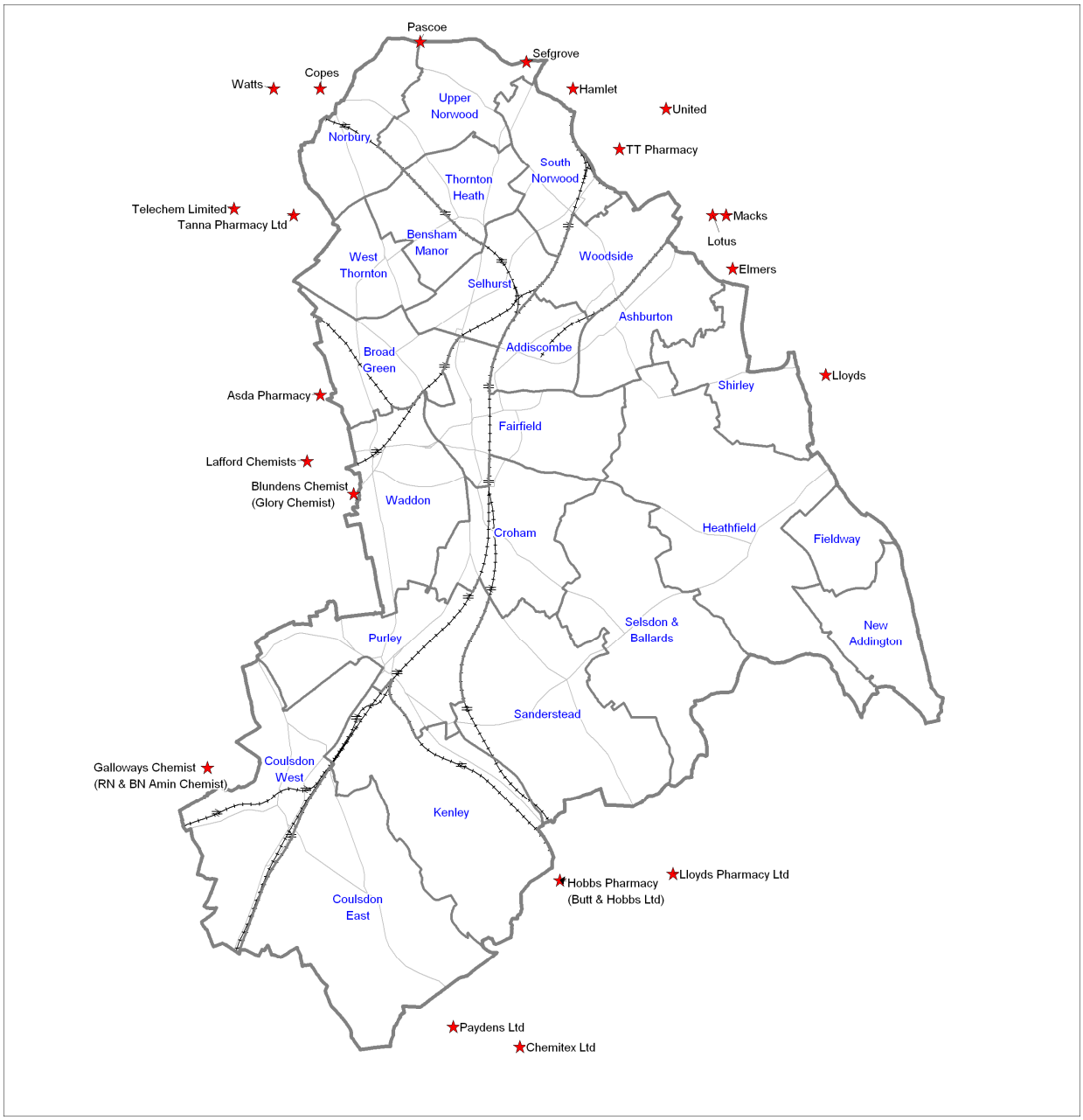
Appendix 5 – Map of Cross Border Community Pharmacy Provision



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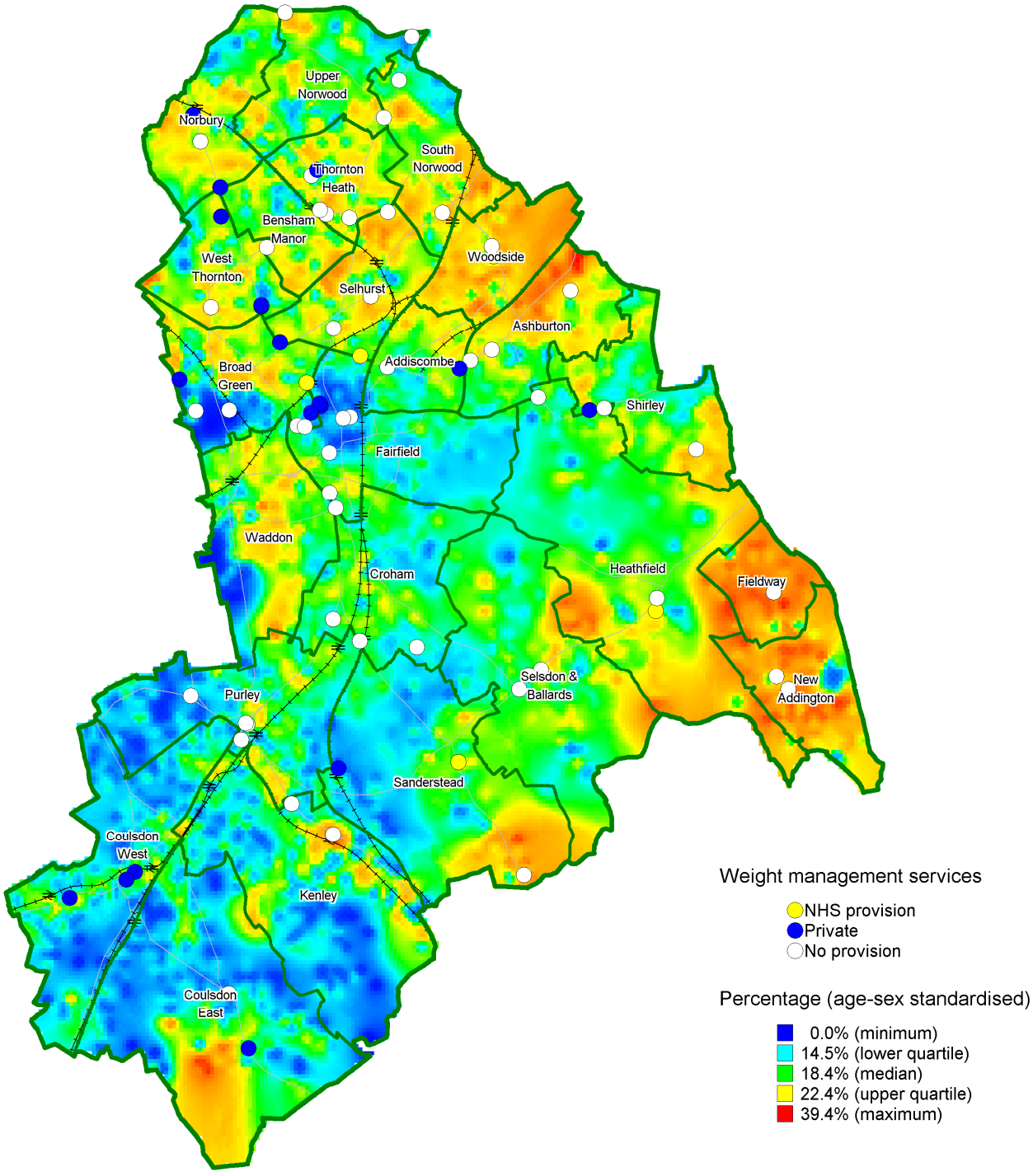
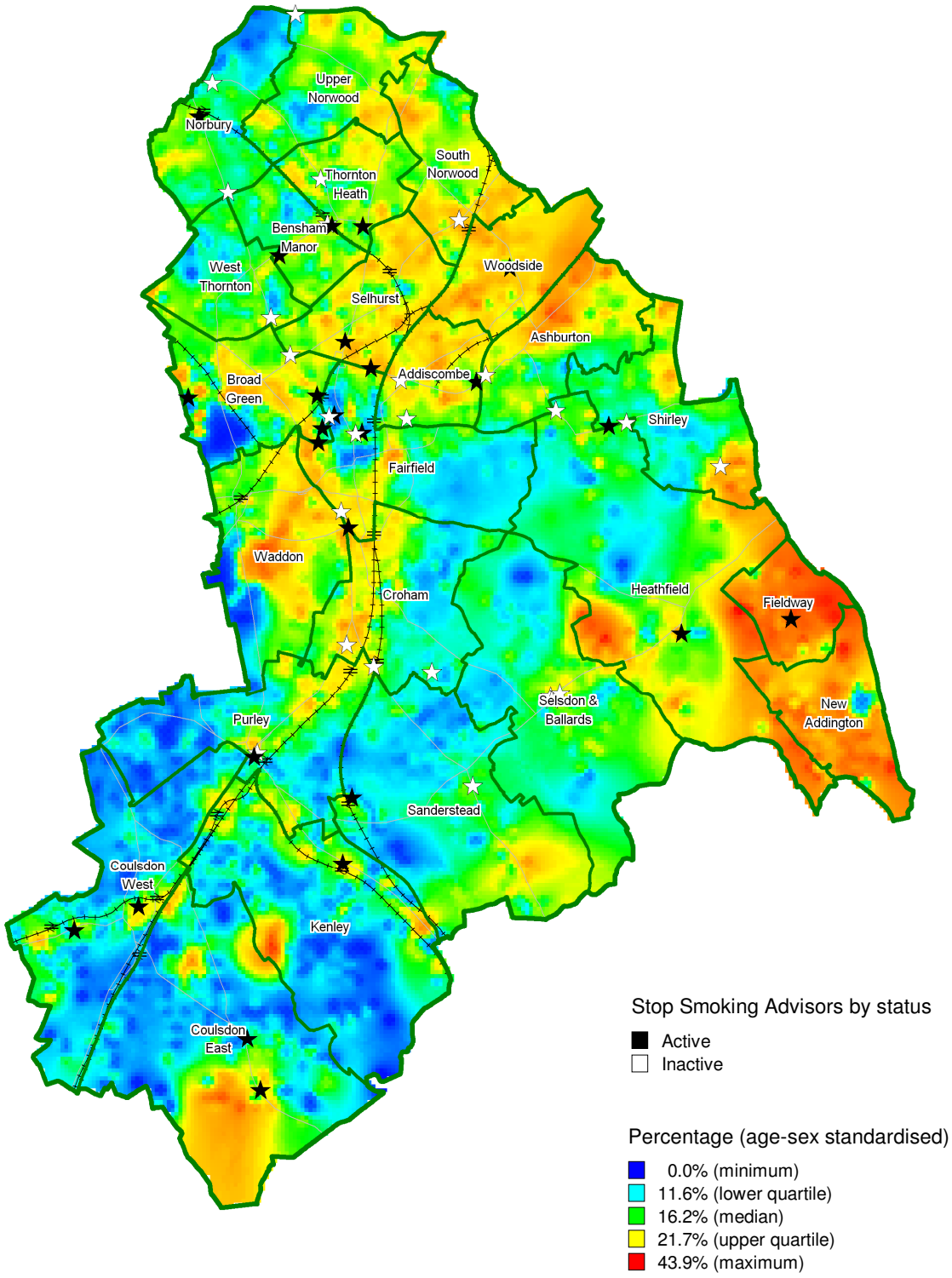
Appendix 6 - Obesity Prevalence with Community Pharmacy based Weight Management Services.



Appendix 7 - Smoking Prevalence with Stop Smoking Adviser Services



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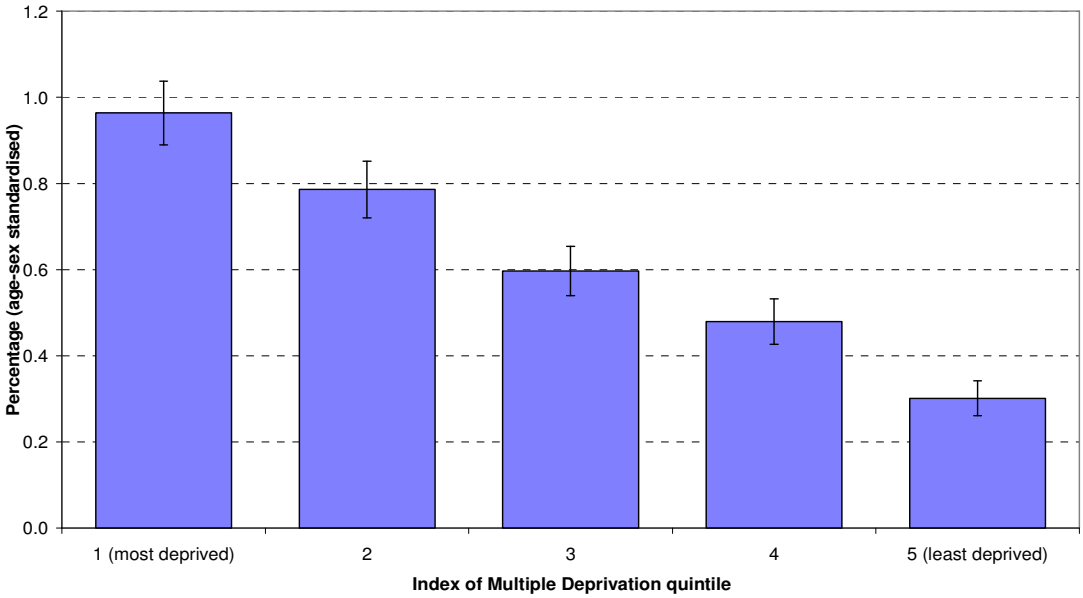
Appendix 8 - Drug and Alcohol Dependence – by Deprivation

Figure 12

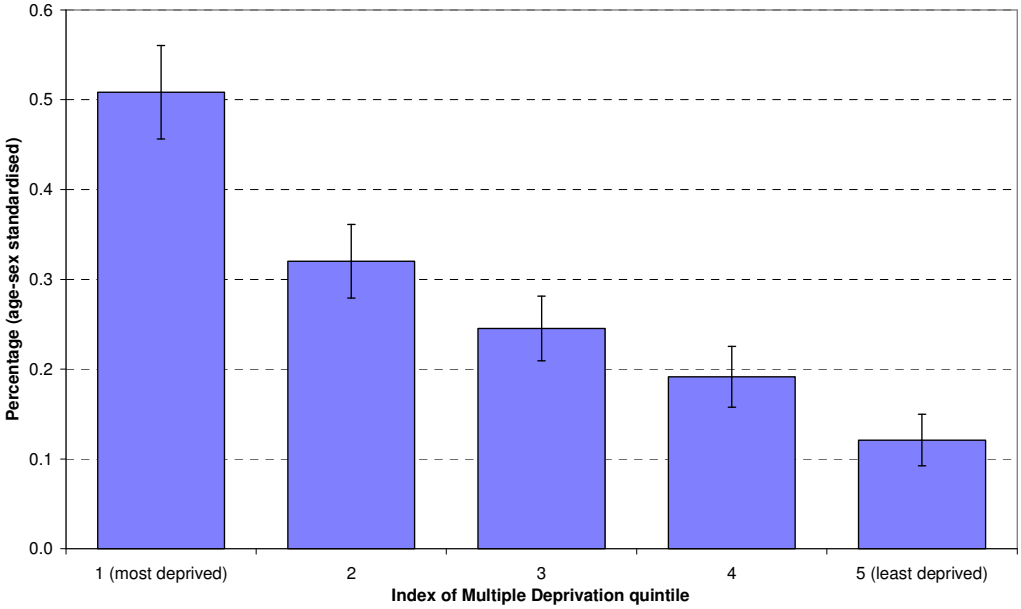
GP recorded prevalence of alcohol dependence, by Index of Multiple Deprivation quintile, Croydon super output areas, 31 March 2009



Source: Croydon general practices, March 2009 and IMD 2007

Figure 13

GP recorded prevalence of drug dependence, by Index of Multiple Deprivation quintile, Croydon super output areas, 31 March 2009



Source: Croydon general practices, March 2009 and IMD 2007

Appendices

Appendix 9 - Drug and Alcohol Dependence – by Ethnicity and Sex

Figure 14

GP recorded prevalence of alcohol dependence, by ethnic group and sex, Croydon, 31 March 2009

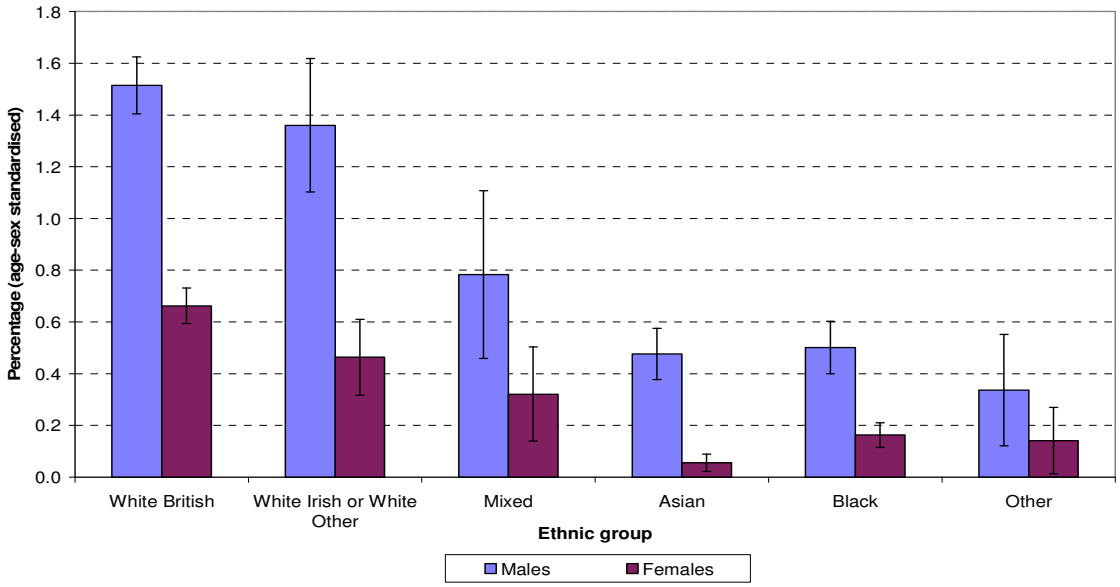
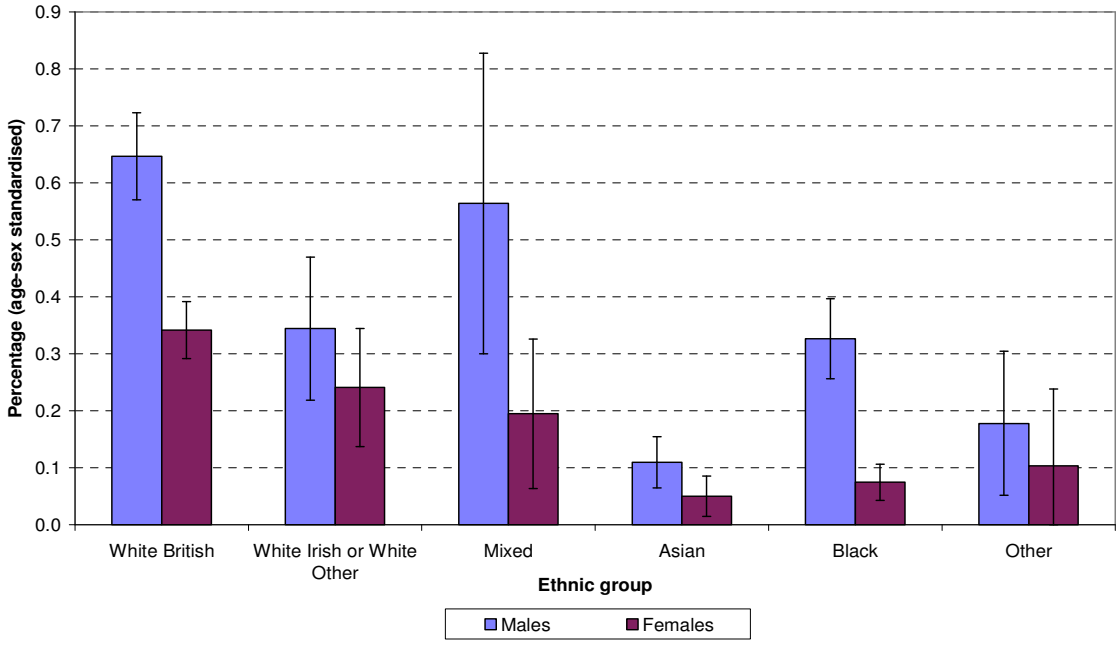


Figure 15

GP recorded prevalence of drug dependence, by ethnic group and sex, Croydon, 31 March 2009



Source: Croydon general practices, March 2009

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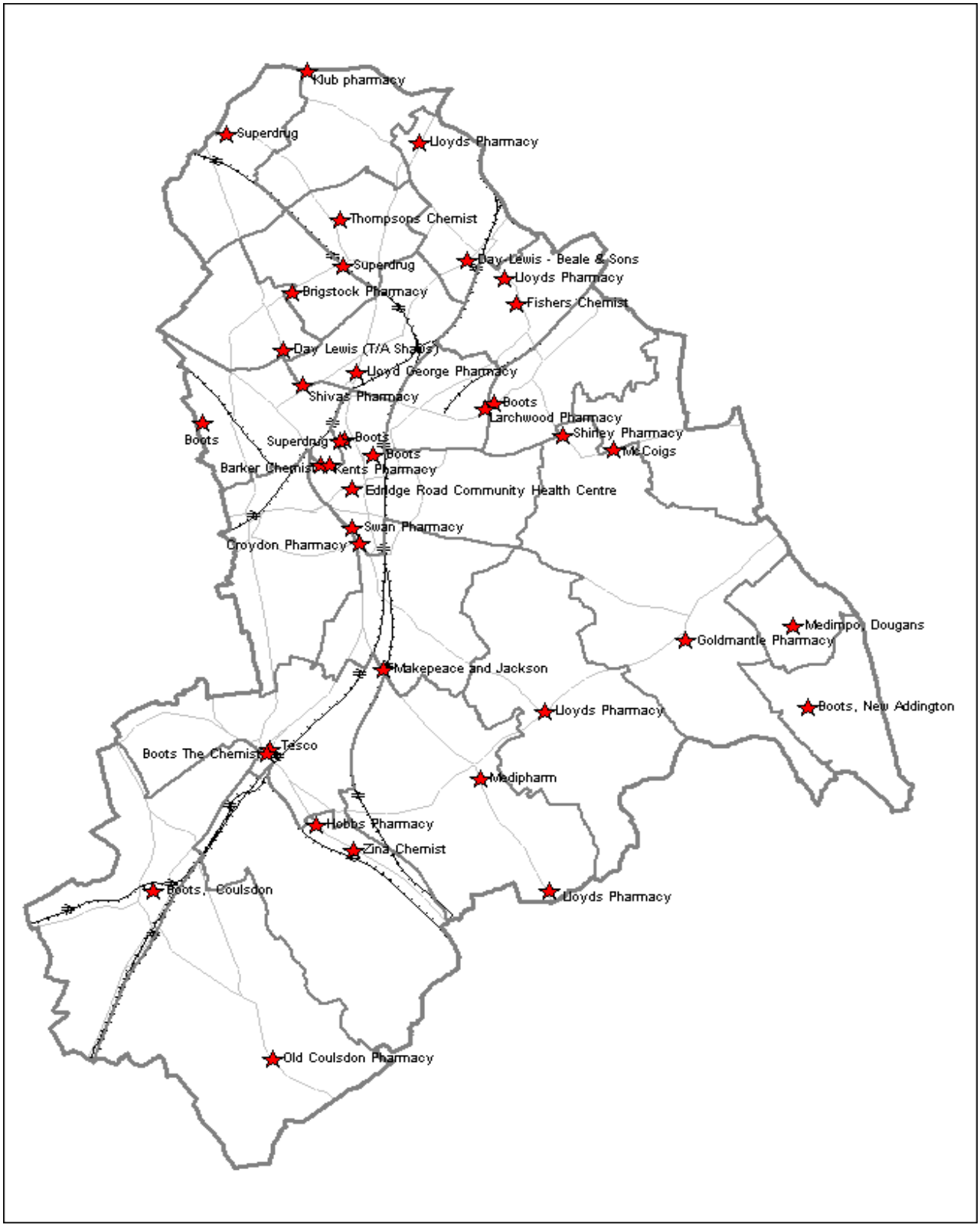
Appendix 10 - Map of Pharmacy Provision of Supervised Methodone and Buprenorphine Services



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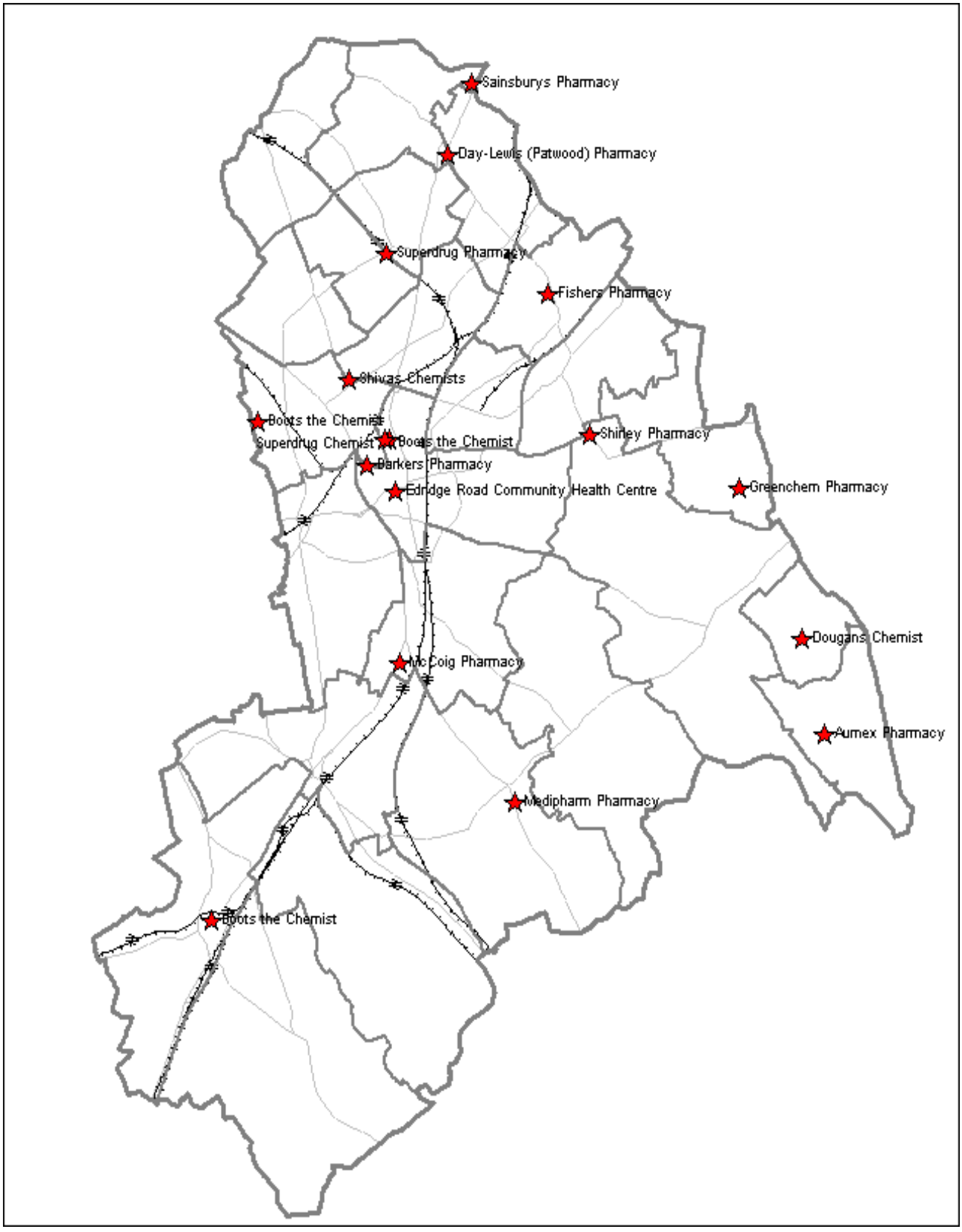
Appendix 11 - Map of Pharmacy Provision of Needle Exchange Services



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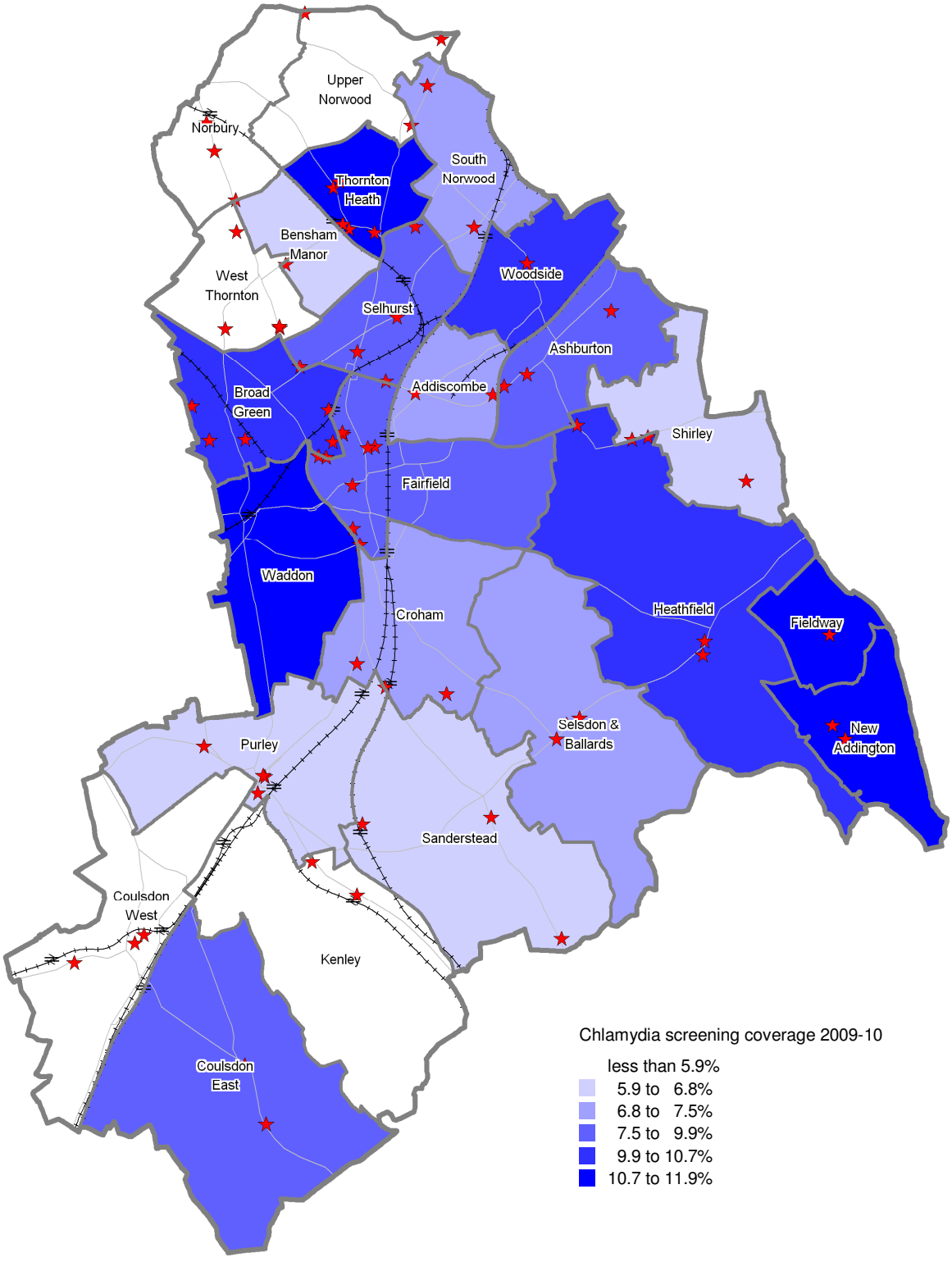
Appendix 12 - Map of Chlamydia Screen Coverage with (2009-2010) with Community Pharmacies



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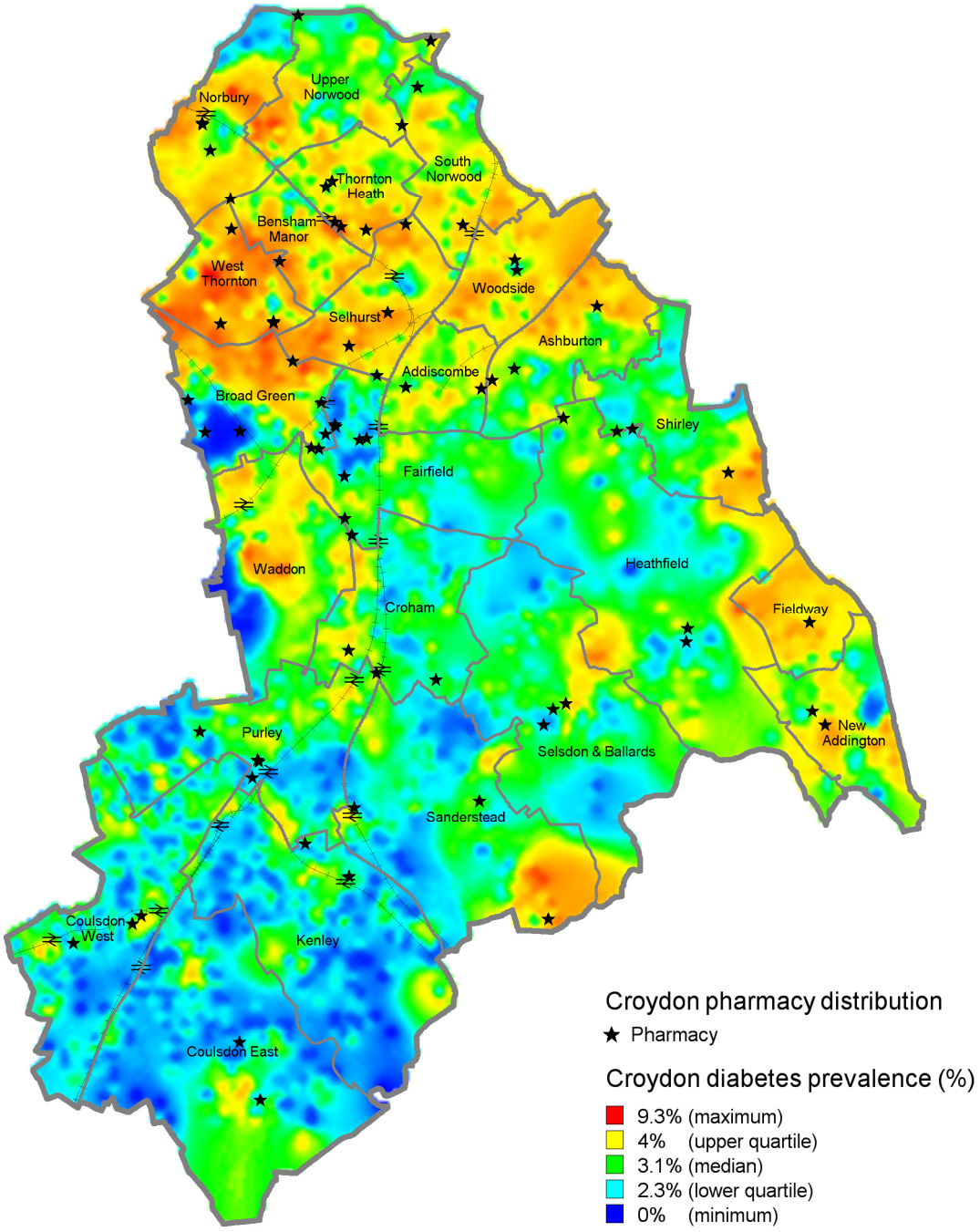
Appendix 13 - Diabetes Prevalence with Community Pharmacies



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Appendix 14 - Asthma Prevalence

Figure 16

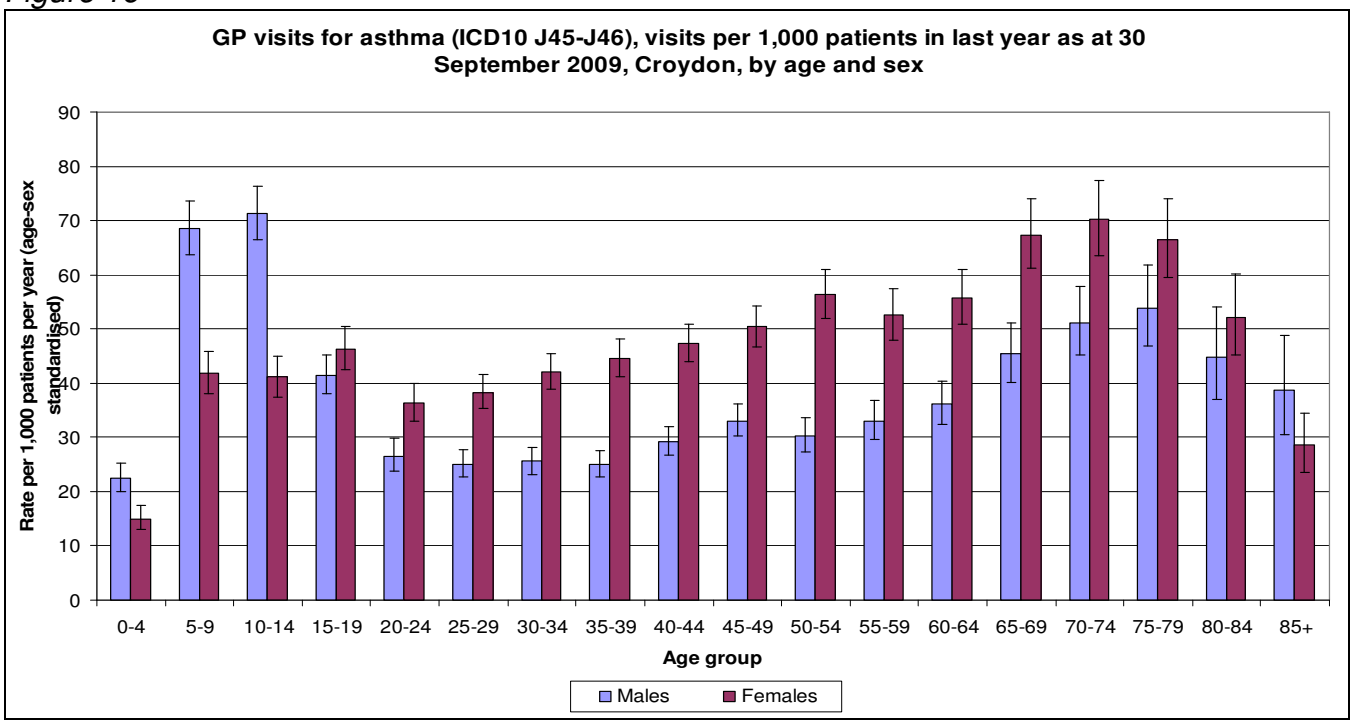
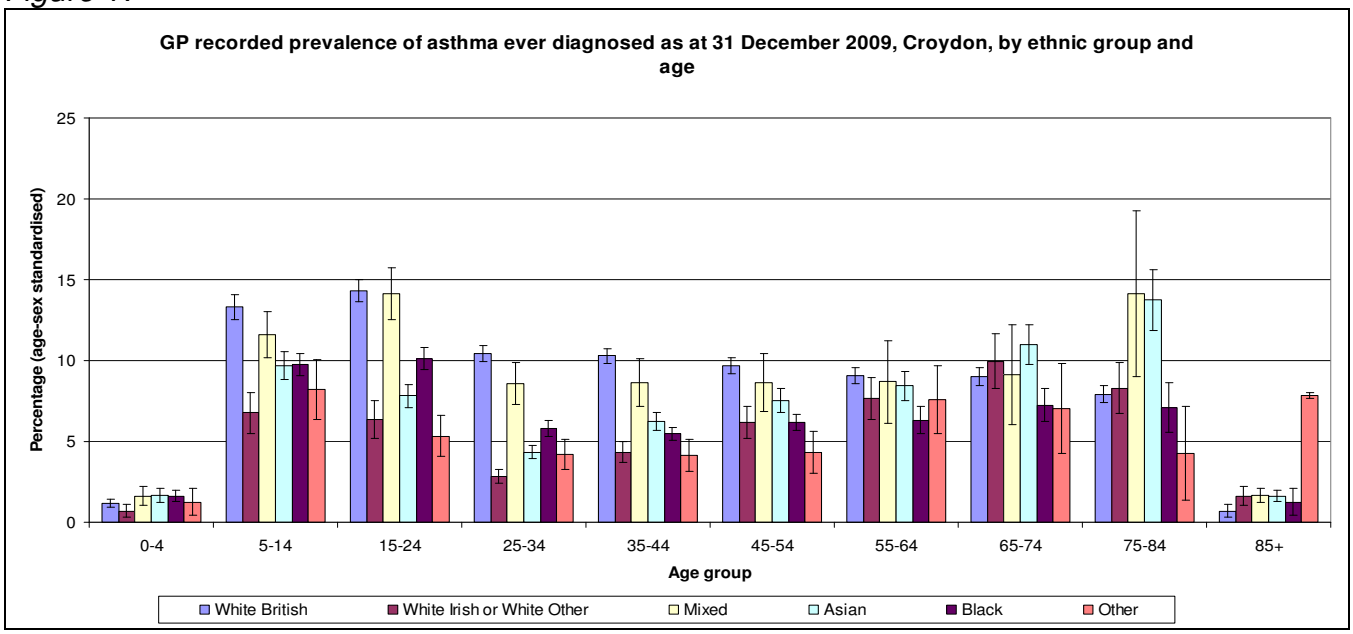


Figure 17



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Appendix 15 - Asthma and Smoking

Figure 18

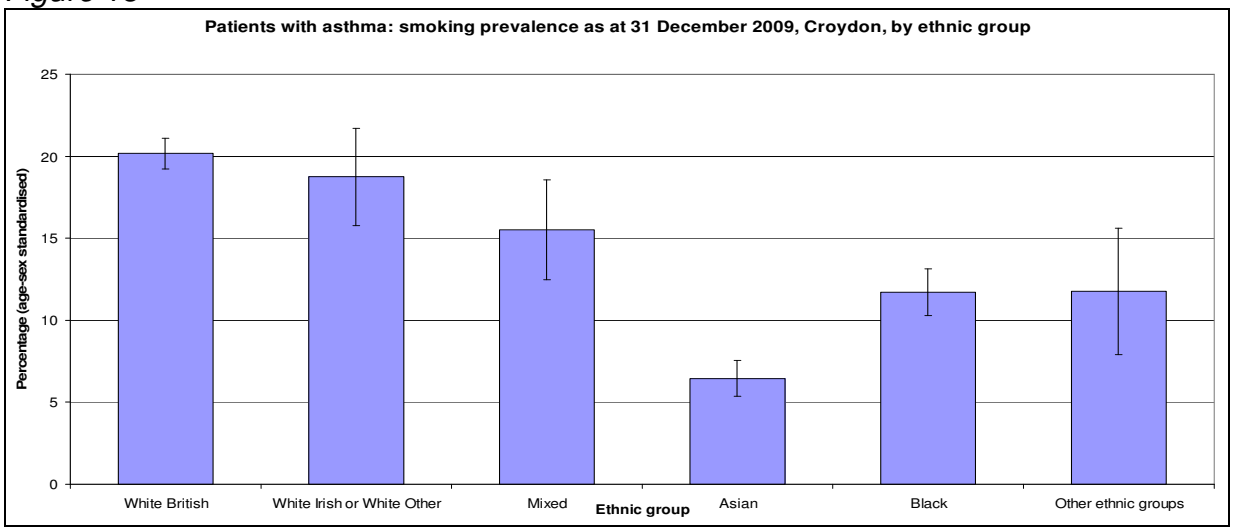

Figure 19

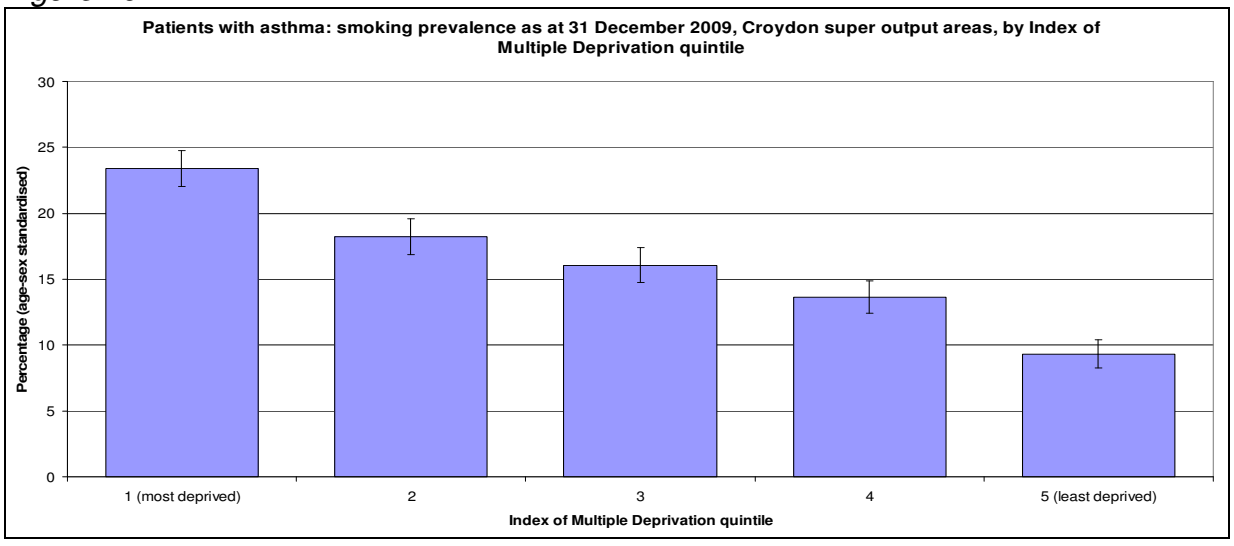

Figure 20

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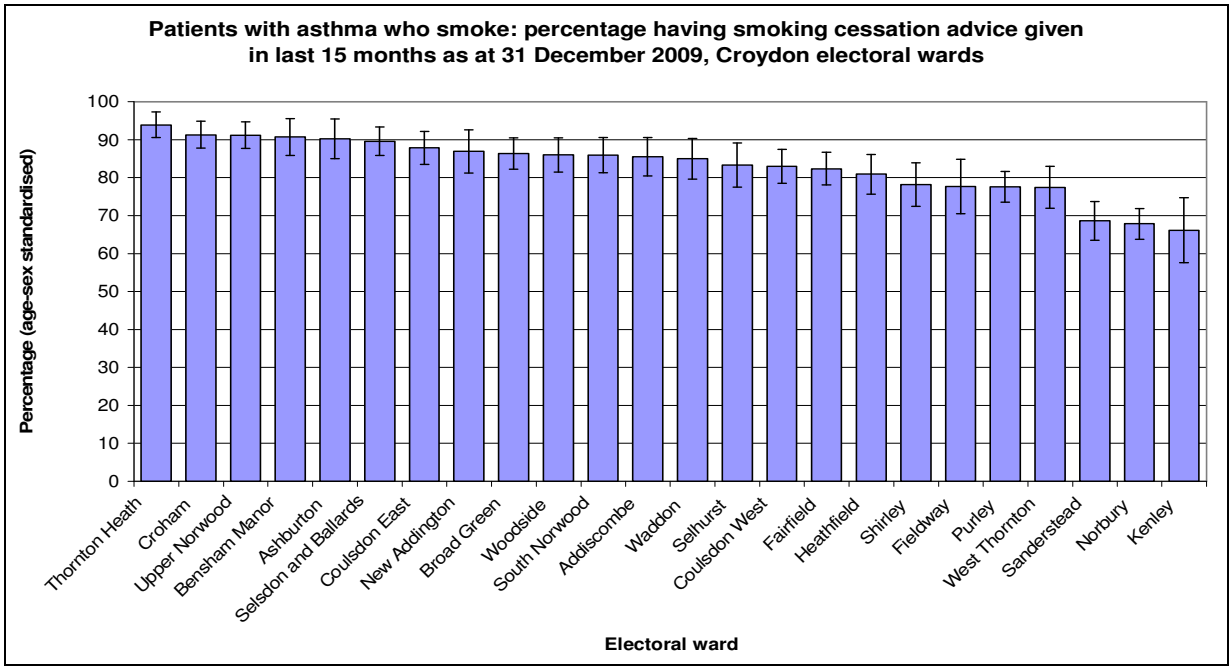
Patients with asthma who smoke: percentage having smoking cessation advice given in last 15 months as at 31 December 2009, Croydon electoral wards
Percentage (age-sex standardised)
100
90
80
70
60
50
40
30
20
10
0
Thornton Heath
Croham
Upper Norwood
Bensham Manor
Ashburton
Selsdon and Ballards
Coulsdon East
New Addington
Broad Green
Woodside
South Norwood
Addiscombe
Waddon
Selhurst
Coulsdon West
Fairfield
Heathfield
Shirley
Fieldway
Purley
West Thornton
Sanderstead
Norbury
Kenley
Electoral ward

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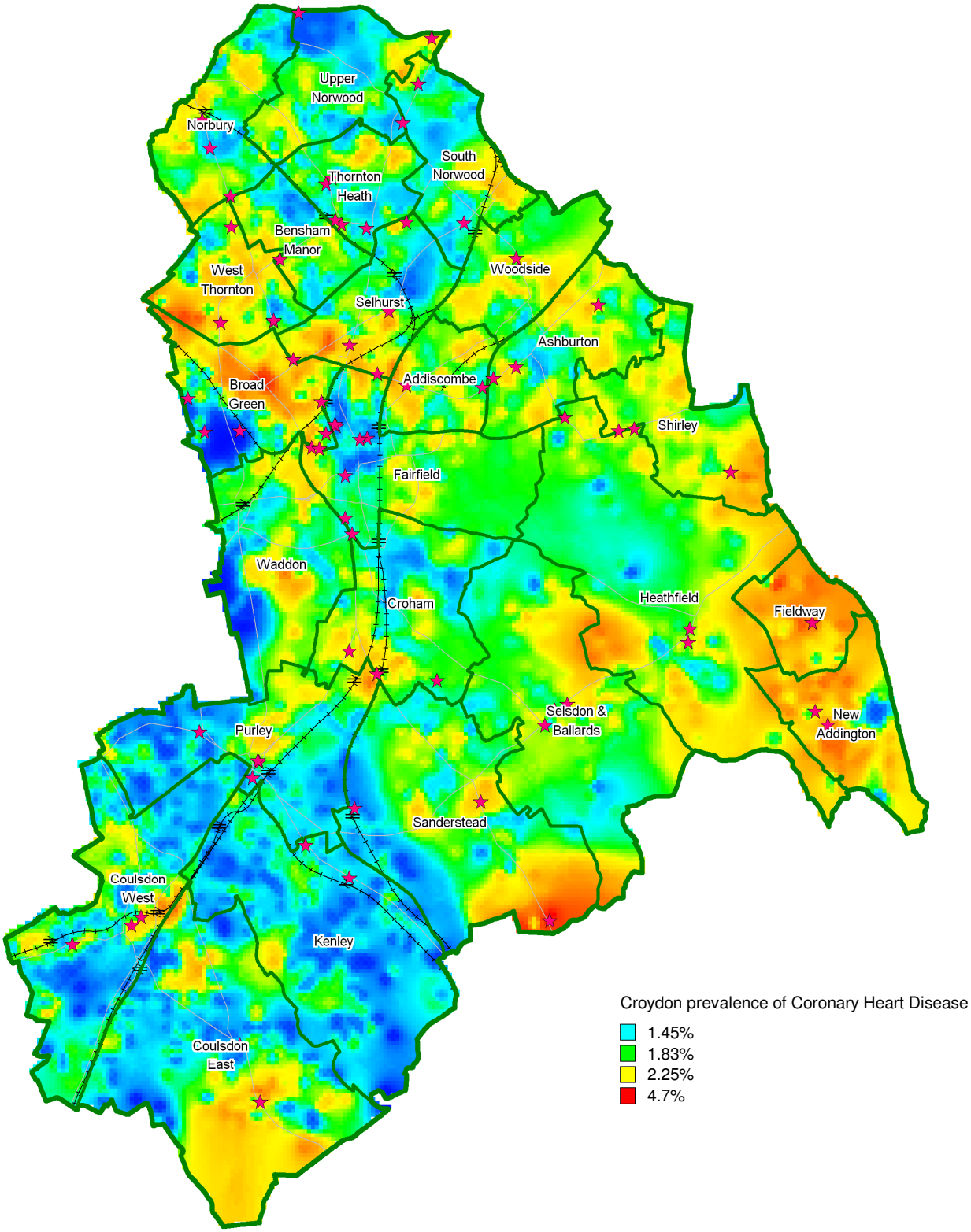
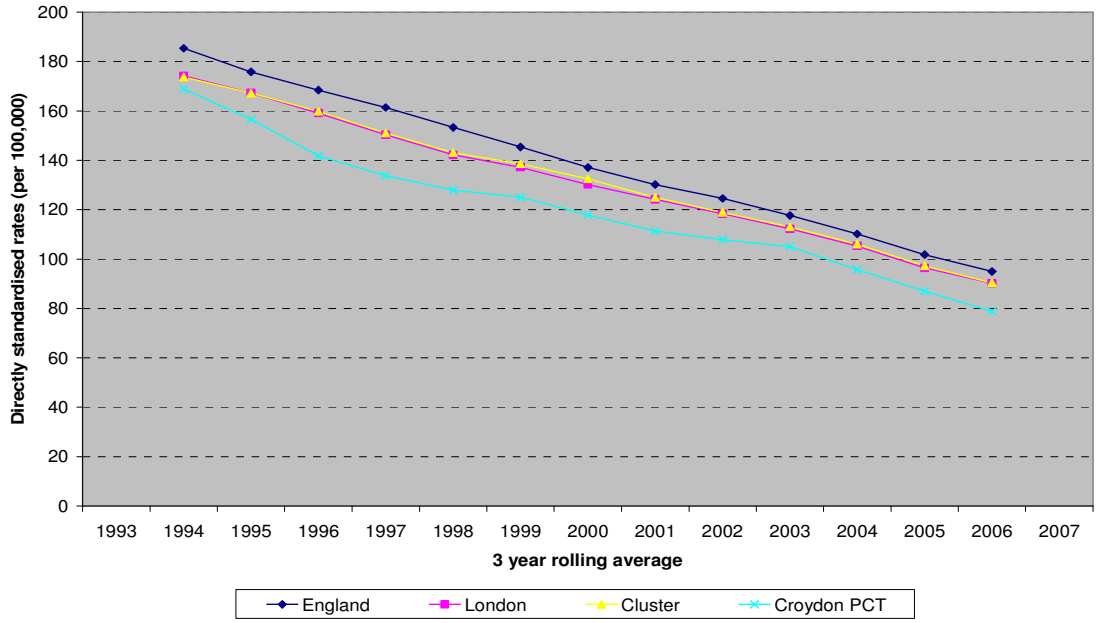
Appendix 16 - Coronary Heart Disease (CHD) Prevalence with Community Pharmacies



Appendix 17 - CHD Mortality, Prevalence and Deprivation

Figure 21

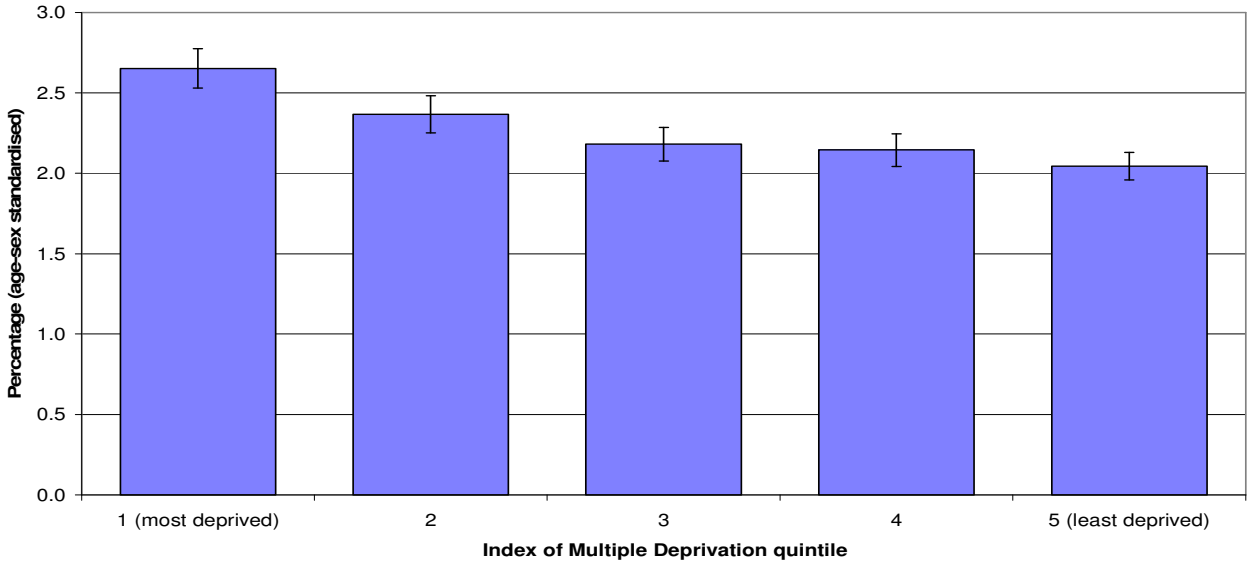
Mortality from Coronary Heart Disease in persons of all ages, 1993 – 2009



Source: Compendium of Clinical and Health Indicators

Figure 22

GP recorded CHD prevalence, by Index of Multiple Deprivation quintile, Croydon super output areas, 31 March 2009



CHD prevalence in primary care across the IMD quintiles shows a similar pattern but a much smaller gap. This illustrates that the mortality gap is not entirely explained by increased prevalence - once diagnosed, patients with CHD in a deprived part of Croydon will have a worse outcome than patients in a more affluent part.

Appendix 18 – CHD Elective & Emergency Admissions

Figure 23

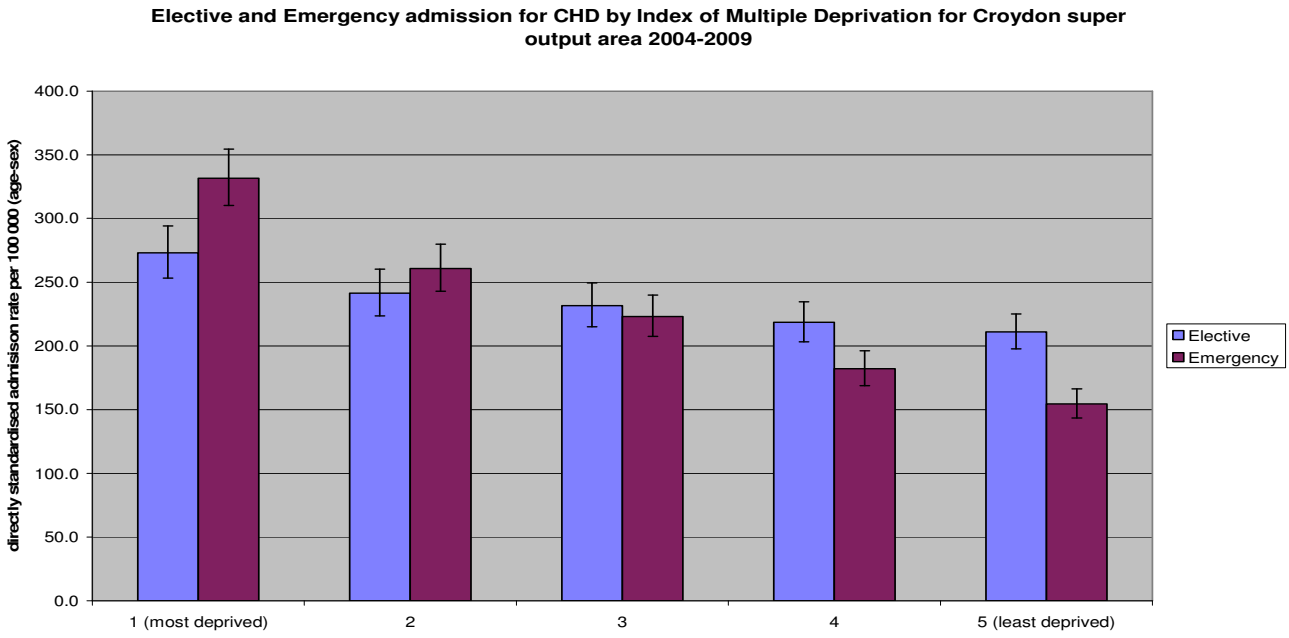
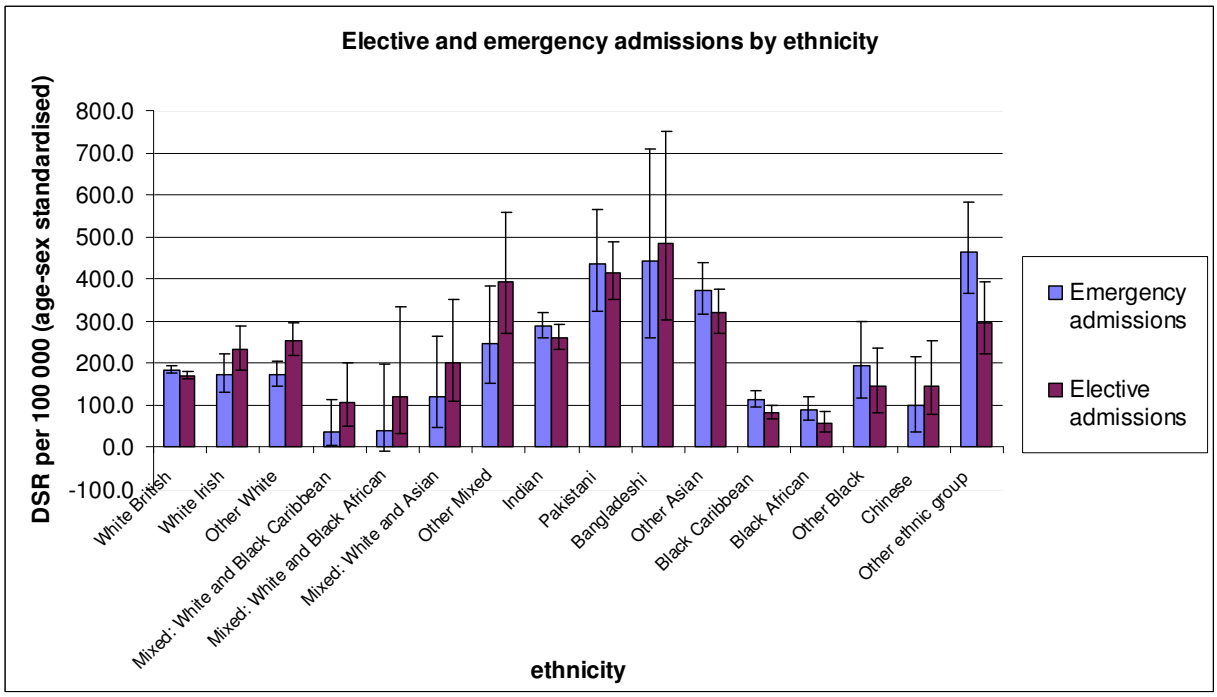


Figure 24



Appendix 19 - List of Commissioned Services Available in Croydon

Service	Commissioned Provision
Minor Ailment Service	Patients registered, living or working on Croydon
Needle Exchange	No restrictions
Supervised Admin of Methadone	Patients registered Croydon
Supervised Admin of Buprenorphine	Patients registered Croydon
Chlamydia Treatment	No restrictions
Chlamydia Screening	No restrictions
Pregnancy Testing	Patients registered Croydon
EHC	No restrictions
Smoking Cessation	No restrictions
Anticoagulation	Patients registered Croydon
BMI	Patients registered Croydon
Weight Management	Patients registered Croydon
Advice to Care Homes	Croydon Care homes only
Health Checks (Pilot Service)	Patients registered Croydon
Anti T.B. Supervision	Patients registered Croydon
OOH Mobile Phone Service	Patients registered Croydon
Blood Pressure Monitoring	Patients registered Croydon
Cholesterol Testing	Patients registered Croydon
Diabetes HbA1c & microabuminurea tests	Patients registered Croydon
Truss measurment & fitting	No restrictions
Flu Vaccination	Patients registered Croydon
Urine Analysis	Patients registered Croydon
Allergy Testing	Patients registered Croydon
Prescription Collection	Pharmacy discretion
Prescription Delivery	Pharmacy discretion
Medicines Assessment & Compliance Support	Patients registered Croydon

Services in orange are commissioned from and provided in community pharmacy - numbers will vary per service. They may also be available from other primary and secondary care setting Those pharmacies not commissioned to provide may offer the service privately. Private services are offered at the discretion of the pharmacy.

Services in green are not commissioned from community pharmacy but are provided in other primary care settings. However, they may be provided privately from Community Pharmacy.