

Pharmaceutical Needs Assessment

Final Draft for Approval

February 2015

Pharmaceutical Needs Assessment

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• Appendix B – Public Survey
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• Appendix G – Graphical Overview of Hours
• Appendix H – Summary of Service Provision
• Appendix I – Consultation Feedback and Outcome

1. Background

1.1 Why a PNA is needed

- The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical Services, must apply to be on the Pharmaceutical List. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013¹ set out the system for market entry
- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA). Box 1 summarises the duties of a HWB in relation to PNAs
- A PNA sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. Box 2 summarises the information which the PNA must contain and the matters which must be taken into account when making the assessment
- The PNA is subsequently used by NHS England to consider applications to open a new pharmacy or to move an existing pharmacy and when commissioning services. It will also be a reference source for existing NHS pharmaceutical services contractors who may wish to change the services they provide and/or by potential new entrants to the market
- In undertaking our assessment, we have recognised that our community pharmacies have a key role to play in helping us to develop and deliver the best possible pharmaceutical services. Our vision is to create a network of pharmacies which will play a pivotal role in improving the health and wellbeing of our population. Our PNA may, therefore, be used by Croydon Council and the NHS Croydon Clinical Commissioning Group in the development of their commissioning strategies
- This document has been prepared by Croydon's HWB, in accordance with the Regulations. It replaces the PNA (2011-14) published by the former Croydon PCT

Box 1 - Duties of the HWB

1. **Publish** its first PNA by 1 April 2015
2. **Maintain** the PNA, in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s). A map of provision must be kept up to date. A new PNA must be published every 3 years
The HWB must make the PNA, and any supplementary statements, available to NHS England and neighbouring HWBs
3. **Respond to consultations**, by a neighbouring HWB, on a draft of their PNA. In doing so, the HWB must consult with the Local Pharmaceutical Committee (LPC) and the Local Medical Committee (LMC) for its area and have due regard to their representations

Box 2 – Requirements for the PNA

The **matters** which the HWB must consider are:

- The demography and health needs of the population
- Whether or not there is reasonable choice in the area
- Different needs of different localities
- The needs of those who share a protected characteristic²
- The extent to which need for pharmaceutical services is affected by:
 - Pharmaceutical services outside the area
 - Other NHS services

Schedule 1¹ sets out the information the PNA must include:

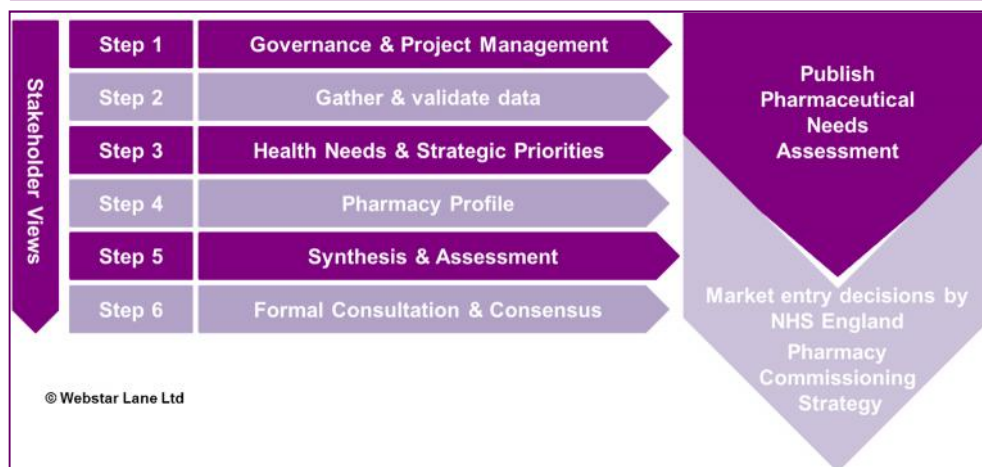
- A statement of the following:
 - Services which are considered to be **necessary** to meet a pharmaceutical need; and other relevant services which have **secured improvements in, or better access to pharmaceutical services**; making reference to current provision and any current or future gaps
 - How other services may impact upon pharmaceutical services
- A map identifying where pharmaceutical services are provided
- An explanation of how the assessment was carried out including:
 - How the localities were determined
 - How different needs of different localities, and the needs of those with protected characteristics², have been taken into account
 - Whether further provision of pharmaceutical services would secure improvements or better access (taking into account both pharmaceutical and other NHS services inside & outside of the area)
 - Likely future pharmaceutical needs
 - A report on the consultation

1. Background

1.2 Methodology

- The Croydon PNA has been developed using a structured approach. The scope for the assessment is set out on the next page
- The diagram below provides a high level overview of the process adopted; and the table on the right hand side summarises the key activities which were carried out at each stage
- Each stage of the process was reinforced through a wide engagement exercise with stakeholders. This included:
 - An online survey for completion by residents of Croydon (refer to Appendix B)
 - Seeking views from a range of health and social care professionals within our partner organisations; the Local Pharmaceutical Committee and our community pharmacists
- The views of stakeholders were captured and used to inform the assessment and conclusions set out in this document
- The formal statutory consultation was then used to test and challenge our assessment and conclusions prior to producing the final PNA for approval by the HWB and publication

	Activity
Step 1 Governance & Project management	<ul style="list-style-type: none"> • A multi-agency Steering Group was established to oversee and drive the development of the PNA. The Terms of Reference are attached in Appendix A • Webstar Lane Ltd was appointed to provide subject matter expertise and project management support
Step 2 Gather and validate data	<ul style="list-style-type: none"> • Information and data was requested from managers and commissioners within NHS England, Croydon Council and NHS Croydon CCG • A questionnaire was designed and disseminated to community pharmacies to verify current service provision and to secure insights into other aspects of service delivery. A copy is attached in Appendix C • The data from the questionnaire was used to identify and address anomalies with the data supplied by service commissioners to produce an accurate dataset
Step 3 Health Needs & strategic priorities	<ul style="list-style-type: none"> • A desktop review of the JSNA and key strategies was undertaken • This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services
Step 4 Pharmacy profile	<ul style="list-style-type: none"> • The current profile of pharmaceutical services, was documented on a service by service basis • This was supplemented with a benchmarking exercise using our ONS comparators (where data was available)
Step 5 Synthesis & assessment	<ul style="list-style-type: none"> • Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision • Pre-determined principles were used to underpin the decision making process
Step 6 Formal consultation	<ul style="list-style-type: none"> • A formal consultation was undertaken between 3 November 2014 – 6 January 2015 in accordance with the Regulations • Comments were collated and presented to the PNA Steering Group for discussion and decision • The consultation report is attached in Section 4



1. Background

1.3 Scope of the PNA

Contractors included on the Croydon Pharmaceutical List - 75 Pharmacies & 1 Dispensing Appliance Contractor

[Refer to page 24 for Further Details](#)

Pharmacy Contractors National contract" 73 (Includes Internet Pharmacy & the pharmacy with a bolted on LPS)	Dispensing Appliance Contractors "Provide appliances but not medicines" 1	Local Pharmaceutical Services Contractors Local contract, commissioned by NHSE 3 (1 LPS Pharmacy; 1 Essential Small Pharmacy LPS; 1 LPS "bolted on" to national contract)	Dispensing Doctors None
Pharmaceutical Services		Other Services Commissioned from Pharmacies	
Community pharmacists provide: <ul style="list-style-type: none"> • Essential Services <ul style="list-style-type: none"> ○ Dispensing (includes electronic prescription services) and the actions associated with dispensing ○ Repeatable dispensing ○ Disposal of unwanted medicines ○ Promotion of healthy lifestyles <ul style="list-style-type: none"> • Prescription linked interventions • Public health campaigns ○ Signposting ○ Support for self-care • Advanced Services <ul style="list-style-type: none"> ○ Medicines use reviews (MURs) & Prescription Intervention Service ○ New Medicines Service (NMS) ○ Appliance Use Reviews (AURs) ○ Stoma Appliance Customisation Services (SACS) • Enhanced Services <ul style="list-style-type: none"> ○ London Pharmacy Vaccination Service 	Public Health Services <ul style="list-style-type: none"> ○ Stop Smoking Service ○ Chlamydia Screening Programme ○ Enhanced Sexual Health ○ Supervised Consumption Service ○ Needle & Syringe programme ○ NHS Health Checks 		Services commissioned and/or managed by Croydon CCG <ul style="list-style-type: none"> ○ Pharmacy First - Minor Ailments ○ Domiciliary medicines review (Better Care Fund monies; managed by CCG)
Dispensing Appliance Contractors provide: <ul style="list-style-type: none"> • Essential Services <ul style="list-style-type: none"> ○ Dispensing (includes electronic prescription services) & the actions associated with dispensing appliances ○ Repeatable dispensing ○ Home delivery for specified appliances ○ Provision of supplementary items (e.g. disposable wipes) • Advanced Services <ul style="list-style-type: none"> ○ Stoma Appliance Customisation Services (SACS) ○ Appliance Use Reviews (AURs) 	Services commissioned by NHS Trusts or Foundation Trusts: None		
			Other Services which Affect the Need for Pharmaceutical Services <ul style="list-style-type: none"> • Croydon Health Services (CHS) NHS Trust which comprises Croydon University Hospital & Croydon Community Health Services • South London & Maudsley NHS FT (SLaM) - mental health services • Urgent Care Centre (Croydon University Hospital) • Purley War Memorial Hospital (Minor Injuries Unit & various out patient clinics) • Edridge Road Walk-In Centre • GP Out of Hours Service (based at Croydon University Hospital) • Community Drugs and Alcohol Service • Sexual Health Services • Dentists, Optometrists, GPs, Care Homes <p>The following services have been <u>excluded</u> from the scope of this PNA because they do not fall within the Regulations¹ and do not impact market entry decisions:</p> <ul style="list-style-type: none"> • Non-NHS services provided by community pharmacies (refer to Appendix D) • The Pharmacy Services provided by CHS NHS Trust & SLaM

2. Local Context

2.1 The Place

- The London Borough of Croydon is based in South London
- It lies on a transport corridor between central London and the south coast of England and is one of the eleven metropolitan centres in Greater London
- The Borough is 33.59 square miles in size and has a resident population of approximately 372,800 (mid-2013 estimate)
- The area is comprised of 24 wards, which vary in their demography, levels of deprivation and health needs
- Croydon is the largest London borough by population with 11,000 people per square mile compared to the UK average of 650
- The population density varies considerably between the wards:
 - Broad Green, Fairfield and Selhurst (East Croydon locality) are the most densely populated wards
 - New Addington, Fieldway and Selsdon & Ballards (New Addington and Selsdon locality) are the least densely populated wards
- Croydon is currently undergoing a programme of significant housing & economic development which will impact upon the population size and demographic profile of the area. This is described in detail on page 44, but includes:
 - Transformation of urban quarters and improvement of transport infrastructure
 - Development of 9,500 new homes and more than 16,500 jobs by 2020
 - Modernising and upgrading shopping and leisure facilities
 - Enhancing valuable heritage assets in the Old Town
- Croydon borders several other HWB areas. Specifically:
 - Sutton
 - Merton
 - Lambeth
 - Bromley
 - Surrey (via Reigate & Banstead and Tandridge)
- Our assessment, has taken into account pharmaceutical services provided in these neighbouring HWB areas



2. Local Context

2.1 The Place (cont...)

- The PNA regulations require that the HWB divides its area into localities which are then used as a basis for structuring the assessment
- For the purpose of our PNA, we have adopted a ward based locality structure that divides the Borough into six locality areas (refer to the upper table on the right hand side)
- The rationale for adopting this locality structure may be summarised as follows:
 - The structure reflects the resident population of Croydon and is co-terminus with wards
 - The structure enables explicit analysis of developments and growth occurring within the East Croydon locality
 - *It should be noted that the GP networks used by NHS Croydon CCG were considered but discounted as these are not co-terminus with wards. However, the PNA localities have been determined so that they align broadly with the GP networks*
- Whilst the localities will form the basis of our PNA, we will also make reference to wards as a means of pin pointing specific issues within the localities; or where locality level information is not available. This is particularly important for localities where there are extremes with respect to diversity, health needs and/or service provision
- The Office National Statistics (ONS) groups together geographical areas according to key characteristics common to the population within a grouping. The ONS comparator group for Croydon is shown in the lower table on the right hand side. This group will be used for the purposes of benchmarking within the PNA

	Locality	Ward(s)
1	Mayday	<ul style="list-style-type: none"> • Bensham Manor • Norbury • West Thornton
2	Thornton Heath	<ul style="list-style-type: none"> • South Norwood • Upper Norwood • Thornton Heath
3	Woodside & Shirley	<ul style="list-style-type: none"> • Ashburton • Shirley • Woodside
4	New Addington & Selsdon	<ul style="list-style-type: none"> • Fieldway • Heathfield • New Addington • Selsdon & Ballards
5	Purley	<ul style="list-style-type: none"> • Coulsdon East • Coulsdon West • Kenley • Purley • Sanderstead
6	East Croydon	<ul style="list-style-type: none"> • Addiscombe • Broad Green • Croham • Fairfield • Selhurst • Waddon

ONS Comparator Group

<ul style="list-style-type: none"> • Barnet • Ealing • Enfield • Harrow 	<ul style="list-style-type: none"> • Hounslow • Greenwich • Luton • Redbridge 	<ul style="list-style-type: none"> • Waltham Forest • Slough* • Merton*
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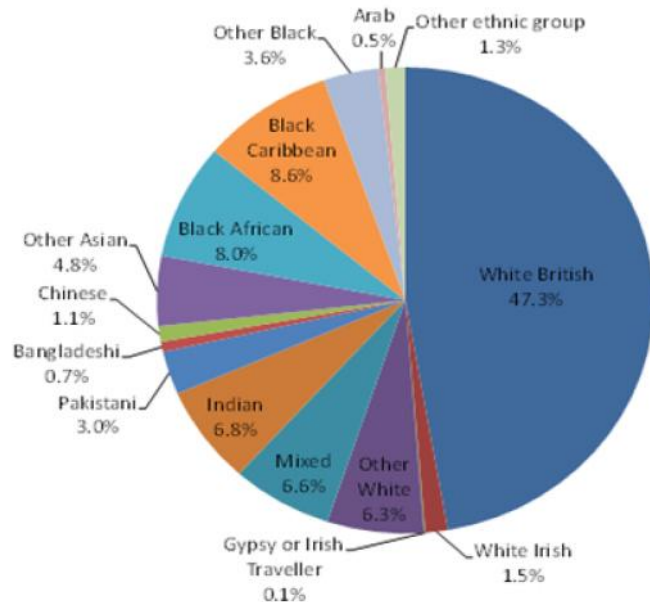
* Used where benchmarking data is available; otherwise excluded

2. Local Context

2.2 Demography

Ethnicity

- In the 2011 census, 47.3% of the population described themselves as White: English / Welsh / Scottish / Northern Irish / British. This compares to 79.8% for the whole of England
- The level of diversity is increasing. The pie chart (below) provides an overview of the population distribution. It is of note that:
 - Just under 45% come from Black, Asian and Minority Ethnic (BAME) communities; a significant increase from the 2001 census. Distribution of BAME communities varies in Croydon, with 83% living in West Thornton ward in the North, compared to 20% in Coulsdon East ward in the South
 - There are approximately 2,100 emigrants and 3,500 immigrants per year. The most common areas that immigrants arrive from are: South Asia, Eastern Europe and Central and Western Africa
- The most common languages spoken by people in Croydon other than English are Tamil, Polish, Gujarati, and Urdu. The table, on the right, summarises the most common languages spoken by staff in our pharmacies, as reported in our community pharmacy questionnaire



Language	No. Pharmacies	Percentage	Other languages spoken (<8% pharmacies)
Gujarati	42	56%	Tamil Arabic Cantonese Yoruba Turkish Marathi Igbo Portuguese Italian Kutchi Mandarin
Hindi	38	51%	
Urdu	19	25%	
Punjabi	13	17%	
Swahili	12	16%	
French	11	15%	
Spanish	7	9%	
Russian	7	9%	
Twi	6	8%	
Ghanaian	6	8%	

What this means for the PNA

There is a correlation between health inequalities and diversity within the population. For example, BAME communities often experience a spectrum of health challenges from low birth weight babies and infant mortality through to higher incidences of long term conditions such as diabetes and hypertension

It is essential that pharmaceutical services meet the specific needs of all communities within Croydon as well providing a broad and appropriate range of services to the general population

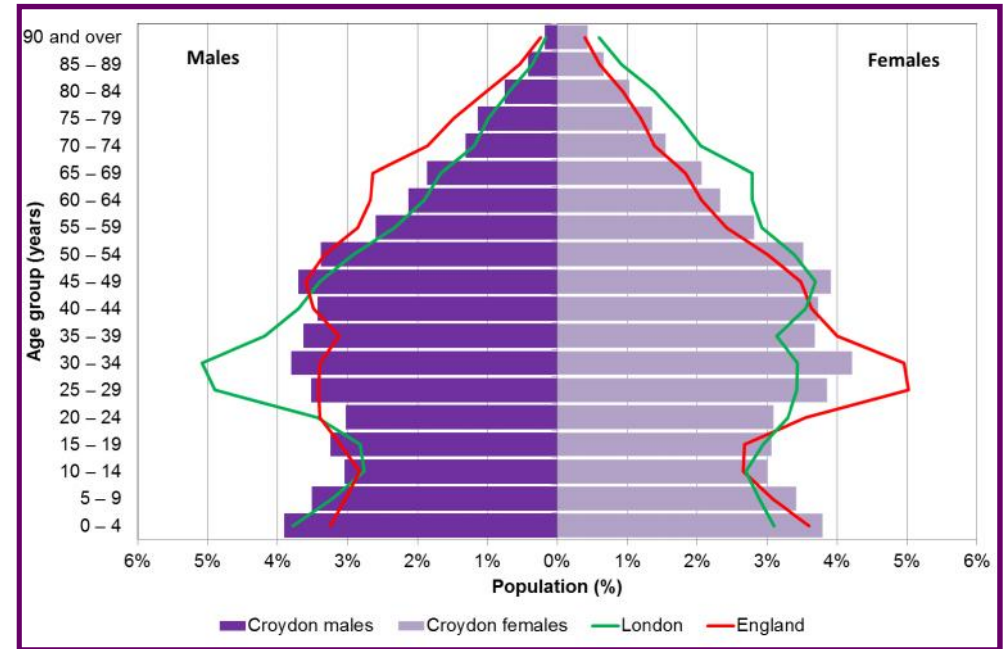
The diversity of languages spoken potentially presents a challenge for the effective communication of medication related, health promotion and lifestyle advice. There is a correlation between languages spoken in Croydon and by staff in pharmacies. Where possible, we will take opportunities to signpost patients to pharmacies where their first language is spoken. However, we need to review what steps are required to ensure all patients are able to benefit from the services and interventions offered by pharmacy

2. Local Context

2.2 Demography (cont...)

Population

- The Office of National Statistics (ONS) suggests there are approximately 372,800 people resident in Croydon (mid-2013). This is projected to increase to 400,000 by 2021, with the greatest increases seen in the age groups 5-14, 30-39 and 55+ years
- The population pyramid (on the right hand side) demonstrates a gender split of approximately 48:52 with a slightly larger population of females.
- The age distribution graph (below) demonstrates how age varies across Croydon's wards:
 - 12.5% of people are aged 65+, with 1.7% being aged over 85 years. Coulsdon East, Selsdon & Ballards and Sanderstead have the highest proportion of residents aged 65+
 - Croydon has the 5th highest proportion of children aged between 0-19 years (26.9%) in London, with the highest proportion of this age group living in Fieldway, Broad Green and New Addington
 - Broad Green, Woodside & Selhurst have younger population profiles with the highest proportion of people aged under 65 years.
- 14.6% of the population has a long term health problem or disability



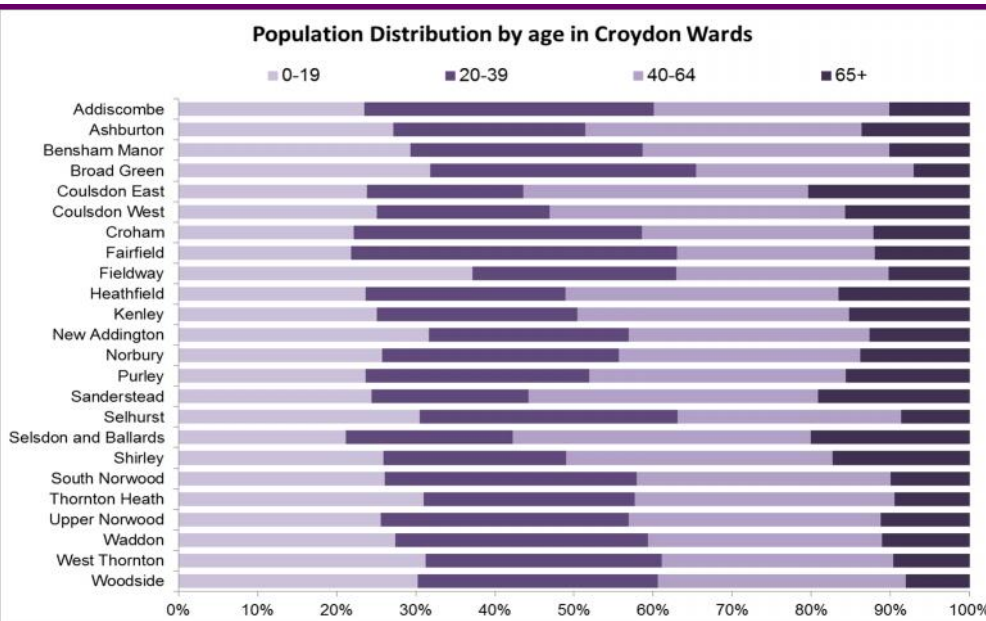
What this means for the PNA

A survey of the population in England³ found that older people, children, women aged 55+ and those with a long-term condition were more likely to visit a pharmacy at least once a month. Men, younger adults and people in employment were less likely to visit a pharmacy

It is, therefore, important to ensure pharmacies in the areas with a younger population profile maximise opportunities to target health promotion and public health interventions in order to improve health and prevent or delay the onset of disease and long term conditions

Similarly, pharmaceutical services within the wards with the highest proportion of older people need to be tailored to meet their specific needs e.g. targeted medicines use reviews (MURs), new medicine service (NMS) reviews etc

The growing population of Croydon has implications for the future demand for services. It is important that pharmaceutical services develop in order to meet the needs of specific sub-sets of the population (i.e. children, those aged 30-39 years and those aged 55+ years); as well as the continued needs of the general population

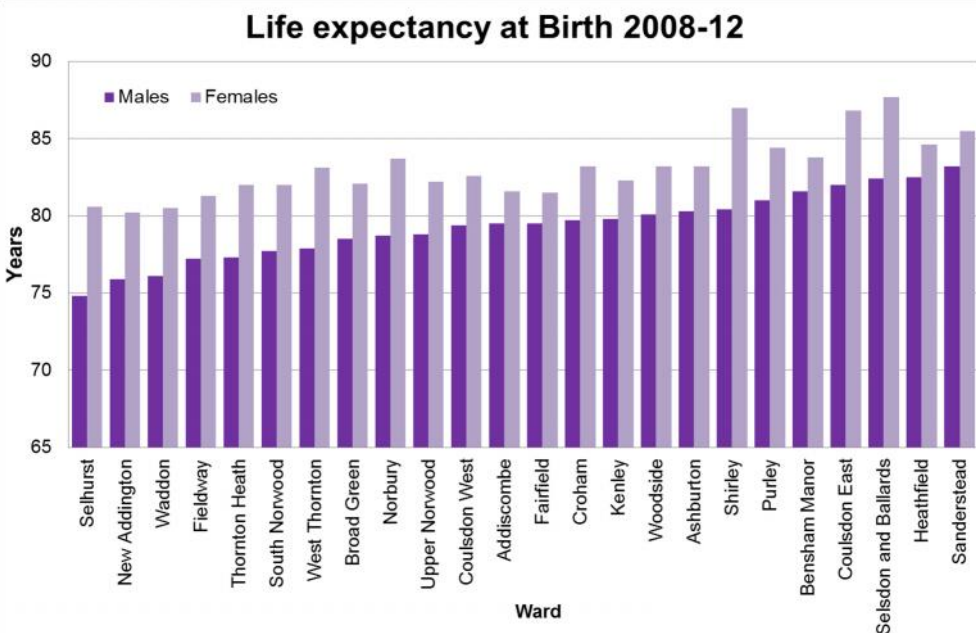


2. Local Context

2.2 Demography (cont...)

Deprivation

- Croydon is the 19th (out of 32) most deprived boroughs in London:
 - 63,482 residents (17.2%) fall within the 20% most deprived areas of the country and 16,000 fall within the 10% most deprived areas
 - Within Croydon, the 5 wards which rank highest on the Index of Multiple Deprivation (IMD) are Fieldway, New Addington, Broad Green, Selhurst and South Norwood
 - Long term unemployment is similar to the regional average and slightly higher than the national average at 10.01% (approximately 2,422 people; 2012 data)
 - 25.2% children live in poverty compared to 25.6% in London & 20.6 in England. There is considerable variation across the Borough with nearly half the children in Fieldway living in poverty compared with 1 in 10 in the wards to the South
- This picture of deprivation, together with pockets of affluence, result in significant differences in life expectancy (see graph below)



Life Expectancy

- Life expectancy is a measure of how long a person, born into an area, would be expected to live by reference to current observed rates of mortality. In Croydon, average life expectancy (2010-12 data) for:
 - Women is: 83.2 years compared with 83.0 for England
 - Men is: 79.2 years compared with 79.2 for England
- The gap in life expectancy, between the best and worst, helps to illustrate how inequalities affect the population differently. Life expectancy is 9.1 years lower for men and 7.7 years lower for women in the most deprived areas of Croydon (compared with the least deprived)
- It is of note that circulatory disease, cancers and respiratory disease are the most common reasons for the life expectancy gap between the most and least deprived. Together these accounted for 67% more deaths in males and 71% more deaths in females living in deprived areas than those that did not

What this means for the PNA

There is a correlation between deprivation, higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. This has a negative impact upon health outcomes and contributes towards health inequalities

Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs, as well as facilitate the self-management of those with long term conditions

The PNA will need to take into account whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet health needs

2.3 Health Needs

2.3.1 Lifestyle

- Lifestyle has a significant impact upon the health and outcomes of an individual
- Within Croydon, the lifestyle factors and behaviours which are a cause for concern include:

Smoking

- The prevalence of smoking, in Croydon, was 17% (2013). This rate is similar to that of the regional average (17.3%) and below the England average (18.4%)
- Prevalence is highest in the wards of Fieldway (29.3% of adults smoke; this is the worst in Croydon) and New Addington (New Addington & Selsdon Locality), Woodside (Woodside & Shirley Locality) and Waddon (East Croydon locality)
- The prevalence of smoking is higher in people from routine and manual occupational groups. In 2013, 22.3% of people in these groups currently smoke in Croydon compared with 24.9% and 29.6% for London & England respectively

Poor diet

- In 2011/12, 67.9% of infants were either totally or partially breast fed at the 6-8 week check. This is significantly higher than the England average (47.2%). The percentage of breast fed infants is lowest in the New Addington & Selsdon and Woodside & Shirley Localities (47.3% and 63.7% respectively). The Public Health Outcomes Framework (PHOF) identifies that this rate has improved to 70.2% in 2013/14. No comparator data are available for London and England for the same period
- Only 27.8% of people eat the recommended 5+ portions of fruit and vegetables each day
- There is a correlation between fast food and obesity. Croydon has a high proportion of fast food outlets (114 outlets per 100,000 population compared to the England average of 77.9)

Physical inactivity

- 28.3% of adults in Croydon are inactive, this is similar to the London (28.4%) and England (28.9%) averages
- Croydon ranks in the bottom 10% of local authorities for physical activity (2011/12 data)

Substance misuse

- In 2011/12, it was estimated that there were 1,914 opiate and/or crack users (OCU); this is equivalent to 7.97 per 1,000 population, which is lower than the regional (9.55) and national (8.4)) averages
- 12.8% of the population drink alcohol at a level of increasing risk (hazardous) to their health, a further 5.0% drink at an even higher risk (harmful). These compare well to the regional averages (15.8%, 7.6% respectively)
- The rates of alcohol related recorded crime (per 1,000) is 9.2 compared to 9.0 in London and 5.7 in England (2012/13)
- It is estimated, approximately 30% of secondary school pupils in Croydon have been drunk
- GP data shows alcohol dependence is highest in Waddon & Addiscombe (East Croydon locality), Woodside & Ashburton (Woodside & Shirley locality) and Bensham Manor (Mayday locality)

Risky sexual behaviour

- Sexual health is influenced by a number of factors including sexual behaviour and attitudes
- Unprotected sex can lead to poor sexual health, sexually transmitted infections (STIs) and unplanned pregnancy
- There is generally a correlation between alcohol, risky sexual behaviour and poor sexual health outcomes

In the pages which follow, we explore the health consequences of these lifestyle choices, together with a range of other diseases.

The implications for the PNA are set out on pages 20 and 21

2.3 Health Needs

2.3.2 The Health Consequences of Lifestyle Choices

Cardiovascular Disease and Stroke

- Cardiovascular disease (CVD) is one of three most common causes of death in Croydon
- It is estimated that in Croydon 55% of cases of CVD are preventable either through modification of lifestyle and/or the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant or anti-platelet therapy, anti-diabetic medication etc)

Diabetes

- Diabetes is associated with long-term complications including heart disease, stroke, blindness, amputation and chronic kidney disease
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity
- There is also a correlation with:
 - Deprivation: those living in the most deprived areas have a higher risk
 - Ethnicity: risk for people of South Asian origin is six times greater; and Black-African Caribbean origin is five times higher than that for white people. There is a greater risk of long-term complications in these groups
- Croydon has a 6.39% GP recorded prevalence rate of diabetes; this is higher than the regional (5.82%) and national (6.01%) averages (2012)

Cancer

- It is of note that cancer rates & 'preventable' deaths in men are statistically similar to London and England averages

Respiratory Disease

- Respiratory 'preventable' deaths are statistically similar to the London and England averages; the standardised mortality rate for 'all deaths' is statistically similar to the regional and national average
- The prevalence for COPD, for which smoking is the main cause, is statistically worse than the England average

Hospital admissions

- Tackling smoking will reduce smoking related hospital admissions (refer to table on the bottom right)

The tables on the right provide an insight into the impact of the conditions. Refer to Appendix E when reviewing this information, as this provides the confidence intervals and 1 and 3 year trends for the data

Under 75 mortality rates from cardiovascular disease per 100,000 population

2010-12 data	Men	Women	Total
All Deaths (Croydon) (London; England)	121.5 (118.1; 114)	50.8 (51.1; 50.1)	84.1 (83.1; 81.1)
Preventable* (Croydon) (London; England)	85.4 (79.3; 80.8)	28.3 (27.0; 27.6)	55.2 (52.0; 53.5)

Under 75 mortality rates from cancer per 100,000 population

2010-12 data	Men	Women	Total
All Deaths (Croydon) (London; England)	161.8 (158.6; 163.6)	118.8 (121.9; 130.8)	138.7 (139.1; 146.5)
Preventable* (Croydon) (London; England)	93.0 (91.4; 92.7)	68.3 (72.4; 77.9)	79.6 (81.5; 84.9)

Under 75 mortality rates from respiratory disease per 100,000 population

2010-12 data	Men	Women	Total
All Deaths (Croydon) (London; England)	45.5 (40.6; 39.6)	29.1 (25.4; 27.9)	36.8 (32.6; 33.5)
Preventable* (Croydon) (London; England)	23.5 (21.4; 20.1)	13.0 (13.2; 15.2)	17.9 (17.1; 17.6)

Under 75 prevalence of Chronic Obstructive Pulmonary Disease (%) 2010-12

COPD (Croydon) (London; England)	3.62 (3.20; 3.07 ⁺)
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Smoking – Related Hospital Admissions (Total) 2010-12

No. of Admissions (Croydon); (London; England)	1,216 (1,331; 1,420)
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Source: Public Health Outcomes Framework

* Preventable deaths are those which may be avoided through public health interventions

+ Statistically worse than the London or national average

2.3 Health Needs

2.3.2 The Health Consequences of Lifestyle Choices (cont...)

Substance Misuse

- The World Health Organisation (WHO) defines the misuse of drugs or alcohol as “the use of a substance for a purpose not consistent with legal or medical guidelines”. It may also be defined as “a pattern of substance use that increases the risk of harmful consequences for the user”
- Substance misuse is associated with a range of adverse physical, mental health and/or social consequences

Drug Misuse

- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV. These infections are associated with chronic poor health; serious illness which may necessitate complex treatment; and may cause premature death
- The Health Protection Agency (HPA) has estimated that in England (2013) for current and previous drug users (PHE Shooting Up Briefing, Nov 2014):
 - 17% are Hepatitis B Positive
 - 50% are Hepatitis C positive
 - 1.2% are HIV positive

Alcohol misuse

- Drinking more than the recommended daily allowance, and particularly binge drinking (i.e. at least twice the daily recommended amount of alcohol in a single drinking session i.e. 8+ units for men and 6+ units for women), has health consequences which include:
 - **Liver disease:** The under 75 mortality rate in 2010/12 was 15.4/100,000. This is statistically similar to the England average (18/100,000) and lower than the London average (18.9/100,000)
 - **Alcohol-related mortality (2012):** This was 55.57/100,000 for males and 25.58/100,000 for females. In both cases, this rate is statistically similar to both the London and England averages
- The table (on the right) summarises the number of hospital admissions which are attributable to alcohol

Sexual Health

- Risky sexual behaviour has a number of potential health consequences:
 - In 2013, the number of acute STIs diagnosed was 4,615 in Croydon
 - The rate of STIs (including chlamydia) per 100,000 population was 1,251 for Croydon; this compares to 1,332.5 and 834.2 for London and England respectively (2013)
 - The rate of chlamydia diagnosis, in those aged 15-24 years (per 100,000), was 2,704 for Croydon; this compares to 2,179 for London and England 2,016 (2013)
 - In 2013, the gonorrhoea diagnosis rate (per 100,000) was 128.5; this is lower than London (155.4) and statistically similar to England (52.9)
 - Croydon has an HIV prevalence rate 5.1, this is lower than the London rate of 5.5 but significantly higher than the national rate of 2.1 per 1,000 population
 - 58.3% of HIV in Croydon is diagnosed at late stage (CD4 <350) in those aged 15+. This is statistically higher than the London (44.9%) and England (48.3%) averages (2010-2012 data)
- Unwanted pregnancy has a significant impact, particularly in young girls; and termination of pregnancy can have long term physical and psychological effects leading to health problems in the future. Teenage pregnancy often leads to poor health and social outcomes for mother and baby:
 - In 2012, the rate of under 18 conceptions (per 1,000) was 28.6, in Croydon. This is slightly higher than the regional (25.9) and England (27.7) averages
 - Abortions rates (26.9 per 1,000 women aged 15 -44) are higher than the London (21.7) and England (16.1) averages (2012/13)
 - Repeat abortions in those under 25 (38.7%) are higher compared to London (32.6%) and England (26.9%) averages(2012/13)

Hospital admissions per 100,000 population

Alcohol related harm (Croydon) (2012/13) (London; England)	526 (554; 637)
Alcohol specific stays – aged under 18 years (Croydon; 2010/11 – 12/13) (London; England)	26.22 (29.76; 44.88)

Source: Public Health Outcomes Framework

2.3 Health Needs

2.3.3 Other Considerations

Mental Health

- At least one in four people will experience a mental health problem at some point in their life
- One in six adults has a mental health problem at any one time
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders
- In Croydon:
 - The percentage of GP registered patients diagnosed with a common mental health condition is significantly higher than national averages
 - An estimated 38,620 adults (aged 16-64) will be suffering from a common mental health disorder by 2015
 - The recorded suicide rate (6.2) is significantly lower than the national average (8.5)
- A vast array of medication is available to treat various mental health disorders including anxiety, depression, schizophrenia etc. Adherence is often poor; this is partly a result of the conditions themselves but also a reflection of the unpleasant side effects of many of the medicines

Older People

- The frequency of ill health rises with increasing age and older people generally need to use health and care services more frequently than younger people
- Older people are particularly vulnerable to:
 - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities. The diagnosed prevalence (in the last 5 years) is around 20,120 (5.5%) of the population
 - **Dementia:** The diagnosed prevalence in Croydon is 1,575 (0.43%) of the population. It is predicted that prevalence is actually twice as much in this age group
 - **Falls:** The rate (per 100,000) of older people, who sustained an injury due to a fall was 2,318 for those aged 65 – 79; this is higher than the London (2,242) and England (2,011) average

Care Homes

- In Croydon, there are currently over 200 care homes with circa 2,900 beds. The council commissions beds from 60 of these homes
- With increasing numbers of frailer older people with long term conditions and complex requirements including palliative needs, care homes are providing care that historically has been provided by hospitals. In Croydon:
 - Projecting Older People Population Information has estimated that around 1,562 people aged 65 and over currently live in a care home. The highest proportion of which are people aged 85 and over (n=819)
 - By 2025, projections estimate the total number of those aged 65 and over living in care home is set to increase to 2,148
- A number of homes in Croydon provide support for people with learning disabilities and for those who require mental health rehabilitation
- Croydon has identified a number of priorities, in response to the NICE Managing Medicines in Care Homes (SC1) guideline. These include:
 - Supporting residents to take a full part in making decisions about their medicines
 - Medicines reconciliation
 - Supporting care homes to determine the best system for supplying medicines for each resident
 - Producing medicines administration records wherever possible, ensuring these meet the requirements of NICE
 - Advice on safe storage
 - Supporting self-administration
 - Supporting care homes in deciding the best time for residents to take their medicines, including the review of medicines given during busy times
- Adopting a proactive approach to managing medicines in care homes is likely to make a contribution towards reducing unplanned admissions to hospital

2.3 Health Needs

2.3.3 Other Considerations (cont...)

Seasonal Influenza

- Seasonal influenza may cause severe illness and complications in vulnerable groups including children aged under 6 months; older people; pregnant women and those with underlying disease especially chronic respiratory disease, cardiac disease and immunosuppression. Seasonal influenza vaccine is recommended for people falling into these clinical groups
- Each year, the Department of Health sets targets for seasonal influenza vaccination. For 2013/14, the target was 75% or higher for both the over 65 years and those aged under 65 who fall into 'risk' groups (including pregnant women)
- With respect to seasonal influenza vaccination in 2013/14:
 - For the over 65s, the vaccination rate was 65.7.0%; this is lower than the London (70.0%) and England (73.2%) averages. Vaccination rates were particularly low in the Mayday, Thornton Heath and Woodside & Shirley localities (64.8%, 62.1% and 64.7% respectively)
 - For those aged 6 months to 64, in all 'at risk' groups, the vaccination rate was 47.3% compared with 52.0% and 52.3% for London and England, respectively. Vaccination rates were below the Croydon average in the Thornton Heath, Woodside & Shirley and Purley Localities

Childhood immunisation

- A priority is to achieve 'herd' immunity against infectious diseases (i.e. 95% of the eligible population should be immunised against the disease)
- Croydon is not meeting the national vaccination targets for childhood immunisations; and performs below the regional and national levels:
 - DTaP/IPV booster uptake at 5 years is 75.6% compared with 79.9% in London and 88.9% in England
 - MMR2 uptake at 5 years is 77.4% compared with 80.8% in London and 87.7% in England
 - HPV vaccinations (girls aged 12-13 years) is 77.4% compared to 78.9% in London and 86.1% in England

Disability

- Supporting people with a disability through the provision of a range of responsive and coherent health and care services will help those with a disability to live independently for as long as possible
- In Croydon:
 - Around 38,500 (16.96%) people (aged 16 – 64 years) are in a chronic state of ill health or disability
 - Nearly 7,000 (15%) of older people (65+) are in a chronic state of ill health or disability; and have a need for extra help with mobility or more general care
 - 40% (19,690 out of 48,400) of people aged 65+ are unable to manage at least one domestic task on their own; and 30% (16,131) are unable to manage at least one self-care task on their own
 - Projected estimates suggest that the number of people, aged 18 – 64 years, with a learning disability is set to increase to 6,039 by 2020 (from 5,761 in 2014); and for those aged 65+ this is set to increase from 1,000 (2014) to 1,144 in 2020
 - Long term conditions, particularly cardiovascular disease, are a major cause of physical disability. The total number of 65+ with a limiting long term illness whose day-to-day activities are limited a lot is 10,680

In the next section, we show how healthcare strategy (national and locally, within Croydon) sets out to tackle the lifestyle behaviours and health needs outlined in the preceding pages.

We then set out the implications for our pharmaceutical needs assessment on pages 20 and 21

2.4 Health Services Strategy

2.4.1 National Strategy

Overview

- Healthcare Strategy is set by a range of health and care organisations working in an integrated way:
 - **Public Health England** (PHE) is an executive agency of the Department of Health. They play a strategic role to protect and improve the nation's health and wellbeing; and reduce health inequalities. They do this by informing health protection, health improvement and health & social care commissioning. Locally, Directors of Public Health are statutory Chief Officers and principal advisers on all health matters advising local authorities on the best ways to improve the health of the population
 - **Local Authorities** (LAs) which have responsibility for public health and improving the health of the population
 - **Health and Wellbeing Boards** (HWBs) which have been established by each LA. The HWB is responsible for overseeing the health and wellbeing needs of its local community and for developing a Joint Health and Wellbeing Strategy, which provides a framework to inform the commissioning of integrated and/or co-ordinated health, social care and public health services based on local need. Membership of the HWB includes local commissioners of health and social care, elected members of the LA and representatives from Healthwatch
 - **NHS England** (NHSE) is the national body responsible for commissioning 'primary care services' from GPs, pharmacies, dentists and optometrists. In addition, it is responsible for commissioning healthcare services for prisons (and other custodial organisations), the armed forces and a range of specialised and highly specialised services
 - **Clinical Commissioning Groups** (CCGs) commission the majority of NHS healthcare for their area. Core responsibilities include securing continuous improvements in the quality of services commissioned, reducing health inequalities, enabling choice, promoting patient involvement, securing integration and promoting innovation and research
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, in this section we set out high level strategic priorities together with the implications for the PNA
- Much of this strategy is evolving. Our assessment reflects emerging themes and priorities at the time the PNA was written

NHS England

- NHS England's ambition, to ensure "High Quality Healthcare for all, Now and in the Future", is set out within "*Everyone Counts: Planning for Patients 2014/15 to 2018/19*". The document describes a five-year transformation programme. A nationwide consultation, "*A Call to Action*", was undertaken to secure commitment to the programme
- Some of the key changes relevant to pharmaceutical services include:
 - Providing a broader range of services, from the wider primary care providers (including pharmacy), in order to improve access and support for patients with a moderate mental health or physical long term condition.
 - A more integrated system of community-based care focused on improving health outcomes which include:
 - Developing new models of primary care which provide holistic services, particularly for frail older people & those with complex needs;
 - A greater focus on preventing ill health
 - Involving patients and carers, more fully, in managing their health
 - The establishment of urgent and emergency care networks to improve access to the highest quality services in the most appropriate setting
 - A move towards providing responsive and patient-centred services seven days a week. Initially the focus will be on urgent and emergency care coupled with up to 9 pilots to improve access to GP services in the evenings and at weekends

Five Year Forward View 2014

- This document sets out an emerging consensus on what needs to be done within the NHS and with partner organisations:
 - The most important action relates to prevention to tackle the rising burden of avoidable illness arising from obesity, smoking, alcohol etc
 - Empowering patients and their carers to manage their own care
 - Barriers preventing effective service integration need to be broken down
- Care needs to be organised around the individuals with multiple health conditions and not based on single disease pathways
- Specific references to pharmacy include:
 - Building the public's understanding that pharmacies and on-line resources can help deal with minor ailments (instead of seeing a GP or going to A&E)
 - Employment of pharmacists by multi-speciality community providers
 - Helping people get the right care, at the right time, in the right place making appropriate use of primary care, community mental health teams, ambulance services, urgent care centres and community pharmacies

2.4 Health Services Strategy

2.4.2 Local Strategies

Joint Health & Wellbeing Strategy (JHWS) 2013-15

The strategy aims to **increase healthy life expectancy and reduce differences in life expectancy; increase resilience and independence, and deliver a positive experience of care.** It sets out 6 areas for improving the health and wellbeing of residents of Croydon:

<ul style="list-style-type: none"> Improvement 1 Giving children a good start in life 	<ul style="list-style-type: none"> Focuses on health issues affecting children and young people from conception to age 19
<ul style="list-style-type: none"> Improvement 2 Preventing illness and injury and helping people recover 	<ul style="list-style-type: none"> Focuses on addressing vaccination and lifestyle behaviours
<ul style="list-style-type: none"> Improvement 3 Preventing premature death and long term conditions 	<ul style="list-style-type: none"> Focuses on early detection, management and treatment of long term conditions
<ul style="list-style-type: none"> Improvement 4 Supporting people to be resilient and independent 	<ul style="list-style-type: none"> Focuses on empowering people to manage their own care; and reducing the need for long term care
<ul style="list-style-type: none"> Improvement 5 Providing integrated, safe, high quality services 	<ul style="list-style-type: none"> Focuses on redesigning planned and urgent/emergency care pathways including separating planned and unplanned surgery
<ul style="list-style-type: none"> Improvement 6 Improving people's experience of care 	<ul style="list-style-type: none"> Focuses on ensuring clear eligibility criteria services, as well as improved mechanisms of onward referrals

These ambitions have informed the strategic priorities and operating plans of Croydon Council and NHS Croydon CCG.

Croydon Public Health Priorities (Corporate Plan 2014 & Public Health Annual Report 2015)

This plan sets out the service objectives and outcomes which are set out in the Corporate Plan. They will be undertaken to address Croydon's public health challenges. The priorities, key areas of focus, which are potentially relevant to pharmacy, are summarised below:

Priorities

- Smoking
- Obesity
- Drug & alcohol related crime
- Immunisations & vaccinations
- Mental Health
- Diabetes
- Maintaining the independence of older people

Area of Focus

- Improve immunisation rates and participate in Emergency Preparedness Resilience and Response processes
- Improve cardiovascular health with a focus on schools and workplaces by the delivery of a Heart Town campaign
- Prevent alcohol misuse through development of options for public health based interventions
- Reduce obesity by re-commissioning adult and child weight management services
- Help residents quit smoking by re-establishing the network of community based stop smoking advisers
- Improve health in the workplace in Croydon by developing a work programme with major employers in Croydon

Outcomes

- A reduction in smoking prevalence and an increase in smoking quitters
- Reductions in childhood and adult obesity and increases in participation in health activity
- Improvements in immunisation rates
- A reduction in incident of alcohol-related harm
- Improved sexual health including reduction in incidence of Chlamydia

2.4 Health Services Strategy

2.4.2 Local Strategies (continued...)

CCG Strategic Priorities

The CCG vision is for “*Longer, Healthier Lives for all people in Croydon*”. The following workstreams & priorities are set out in the CCG Commissioning Strategy 2013/14, CCG Commissioning Intensions 2014/15 and Primary and Community Strategy 2013/14 – 15/16. They are relevant to or have implications for pharmacy

Aim	Priorities	Aim	Priorities
Prevention, Self Care & Shared Decision Making <i>Reducing overall mortality rates from disease that are potentially avoidable with medical treatment</i>	<ul style="list-style-type: none"> • Delivery of prevention & self care advice including high blood pressure & weight management • Health promotion campaigns like ‘Self Care Week’ to ensure early detection • Delivery of Pharmacy First: Minor Ailment Service • Patient education programmes to manage LTCs • Access to early intervention and screening services including diabetes and Alcohol Intervention and Brief Advice (IBA) • Medicine expert role in Patient Decision Aids 	Planned Care <i>Ensuring people are seen at the right place at the right time</i>	<ul style="list-style-type: none"> • Development of community based initiation of warfarin for patients with Atrial Fibrillation • Supporting discharged patients within community setting
Long Term Condition and Vulnerable Adults/Older people <i>Empowering people to help maintain their independence and help keep them as well as possible for as long as possible</i>	<ul style="list-style-type: none"> • Integrated working with GPs and healthcare professionals around health needs within the 6 networks • Referral to Single Point of Access with appropriate re-directions • Early intervention and planned care management for people with long term conditions and/or the vulnerable • Development of drug management in long term condition pathways e.g. anti-coagulation • Maintaining focus of community health services for those with a learning disability • Maximise expert role in Telehealth 	Primary and Community Care <i>Transforming Primary Community services so we can deliver care closer to where you live</i>	<ul style="list-style-type: none"> • Development of Primary and Community strategy to achieve alignment and integrated care including equitable opening hours and same day appointment slots • Provision of expert advice on multidisciplinary team case management • Increase uptake of Pharmacy First
Urgent Care <i>Improving accessibility and responsiveness in primary care including Pharmacy First and GP First</i>	<ul style="list-style-type: none"> • Promote 111 directory of services and single point of access • Increase usage of alternative care pathways including Pharmacy First: Minor Ailment Services 	Children and Young People <i>Supporting children and young people to achieve their full potential and have a great start in life</i>	<ul style="list-style-type: none"> • Integrated working between Health and Social care partners within 6 networks • Alignment of early intervention programmes & children’s centres, including perinatal support • Supporting those that have been discharged within community settings
		Medicines optimisation <i>Supporting people to get the best use from their medicines and to reduce waste</i>	<ul style="list-style-type: none"> • Prescribing efficiencies including MDT partnerships for older people & care home dispensing • Extension of medicines reviews / domestic medicine reviews • Joint working with LA e.g. Re-ablement

2.4 Health Services Strategy

2.4.2 Local Strategies (continued...)

The Better Care Fund

- Croydon is in the early stages of developing an integrated care system as a response to The Better Care Fund (BCF), a national initiative with a single pooled budget that supports integrated working between health and social care services, as part of a 5 year transformation programme
- The programme focuses on support for frail older people and those with longer term conditions and aims to:
 - Focus on prevention to avoid progression of chronic diseases
 - Empower and support people to maintain living at home in their own communities
 - Greater co-ordination between health and social care to enable timely intervention and a seamless delivery of service
 - Reduce the demand of unplanned care and readmissions to A&E
- The strategy is in the early phases of development and the role which community pharmacy will play is currently being developed
- We envisage that our network of pharmacies will play a pivotal role in:
 - Supporting the local population to improve the health and wellbeing
 - Assisting people with self care and maintaining their independence
 - Helping to improve primary care access through the delivery of a greater range of community services
- The safe and effective use of medicines is explored further in Section 3 – “Looking to the Future”

Mental Health Strategy 2014 – 16

- This document set out the strategy for adult mental health; and focuses mainly on the needs of adults of working age
- The strategic priorities are set in the context of the Department of Health (DH) strategy ‘Closing the GAP’ and are closely aligned to the local Mental Health for Older Adults (MHOA) service re-design project; and the children and young people’s emotional well-being and mental health strategy 2014 – 2016
- The aim of this strategy is to create a shared transformational vision for mental health service provision within the community. It will be accomplished through the following:
 - Increasing access and referrals to community mental health services (clinical & non-clinical) including managing long term mental health conditions within primary care and improving access to psychological therapies
 - Strengthening partnership working; and integrating physical and mental health care by developing strong infrastructure between community and specialist services, including third sector and voluntary organisations, and developing joint commissioning arrangements, including opportunities with the BCF
 - Starting early to promote mental wellbeing and preventing mental health problems by greater investment in preventative measures, early intervention and recovery, with a focus on self-care and self management. This will align closely with the children’s mental health strategy around multi disciplinary team (MDT) approaches
 - Improving the quality of life of people with mental health problems by ensuring that social care support, including housing and employment needs are met, as well as offering opportunities for wider public health support

2.5 Implications for the PNA

2.5.2 Systematic review

The Local Context - What this means for the PNA (continued)

<p>Dispensing Services</p> <ul style="list-style-type: none"> The provision of dispensing services ensure that people can obtain the medicines they need Our PNA will explore both the accessibility and future capacity of dispensing services 	<p>Pharmacy-based immunisation</p> <ul style="list-style-type: none"> The pan-London commissioning of the Influenza and pneumococcal vaccination (and other vaccination services in the future) improves access for Croydon residents and contributes towards achieving 'herd immunity' and vaccination targets 	<p>Sexual health services</p> <ul style="list-style-type: none"> In Croydon, community pharmacy improves access to chlamydia screening and a range of other sexual health services including chlamydia treatment, emergency hormonal contraception service, pregnancy testing, free condoms and oral contraception Some women prefer to use town centre pharmacies as these offer a sense of anonymity compared to more 'local' pharmacies. Our assessment will take this into consideration, when considering accessibility and provision of Croydon's sexual health services
<p>Health Promotion & Brief Advice</p> <ul style="list-style-type: none"> The high number of people using pharmacies provides a real opportunity to <i>"Make every Contact Count"</i>⁶ Future campaigns need to be focused on modifying lifestyle behaviours e.g. reducing risky sexual behaviour & alcohol intake, advice on healthy eating, breast feeding, weight management etc 	<p>Pharmacy-First Minor Ailments Scheme</p> <ul style="list-style-type: none"> Pharmacies provide valuable advice and support for people with self limiting conditions who would otherwise visit their GP or another unscheduled care provider It is important that these services are accessible and well publicised to maximise the benefits 	
<p>Signposting</p> <ul style="list-style-type: none"> Pharmacies need to be equipped to facilitate signposting of patients to other services e.g. drug & alcohol services, Hepatitis and HIV screening, sexual health services, specialist stop smoking services, ante-natal & post-natal care & support 	<p>Screening & Diagnostics</p> <ul style="list-style-type: none"> Pharmacies have a role to play in identifying unmet need In Croydon, community pharmacies have been commissioned to provide NHS Health Checks, from the outset of this programme Some pharmacies offer screening as a non-NHS service 	<p>Stop Smoking</p> <ul style="list-style-type: none"> Pharmacy based stop smoking services have been shown to be effective and cost effective NRT to support a quit may be supplied to clients at the point of consultation (although bupropion & varenicline must be prescribed) Smoking prevalence varies across Croydon and it is important that services are tailored accordingly
<p>Medicines Use Reviews (MURs) & New Medicine Service (NMS)</p> <ul style="list-style-type: none"> Medicines play a critical role in preventing illness and improving outcomes for people with long term conditions Community pharmacies may choose to provide MURs and/or NMS reviews; and play a pivotal role in helping people to take their medicines as prescribed, in identifying adverse effects and potentially reducing unplanned admissions and re-admissions to hospital Targeting reviews to specific groups e.g. those with diabetes, history or risk of CVD or stroke, asthma, COPD and those with a mental health disorder, will support achievement of local strategic priorities 	<p>Domiciliary Medicine Reviews</p> <ul style="list-style-type: none"> Pharmacies play a key role in supporting housebound patients with taking their medication In addition pharmacies contribute to: <ul style="list-style-type: none"> Providing public health interventions and targeted support within the home setting Avoiding 'medicines hoarding' by stock checking the patient's medicine cabinet Safe disposal of all medication 	<p>Substance Misuse</p> <ul style="list-style-type: none"> Community pharmacy-based services help to address the consequences of substance misuse including blood borne infections, reducing drug related crime and improving outcomes Prevalence of substance misuse varies across Croydon; and it is important that services reflect the different needs of the population. It is key that all services are well promoted and accessible to a wide population

2.5 Implications for the PNA

2.5.1 Overview

The Local Context - What this means for the PNA

Overview

- In considering the implications for the PNA, we have found it helpful to refer to the national picture
- Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport⁴
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons⁵. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population
- The strengths of community pharmacy may be summarised as:
 - **Medicines Expertise**
 - Medicines are the most common medical intervention. Non-adherence, to prescribed medicines, is a silent but significant challenge in managing long term conditions. It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended⁶. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole
 - Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber⁷. As such, they have a central role to play in the management of long term conditions
 - **Provider of public health services**
 - Pharmacy is increasingly becoming a provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services. This is a reflection of its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public

On the next page, we:

- Systematically explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section.
- Set out the factors which our assessment will need to take into account in relation to the provision of pharmaceutical and other locally commissioned services

Appendix F – provides an overview of pharmaceutical need across the lifecourse and has been used to inform our thinking particularly in relation to future pharmaceutical services

3. The Assessment

3.1 Introduction and approach

Overview

- This section sets out the current provision of pharmaceutical services and other locally commissioned services within Croydon
- In making this assessment, we have taken into account a variety of data sources (refer to box below) and have determined broad principles to underpin our decisions in relation to:
 - Determining whether or not a service is **necessary** (i.e. required) to meet a pharmaceutical need or **relevant** (i.e. a service which has secured improvements or better access to pharmaceutical services). Refer to table on the right hand side
 - Determining whether or not there is sufficient choice with respect to obtaining pharmaceutical services. Refer to the box below (on the right)
- We have also considered the impact of a range of other factors, on the need for pharmaceutical services, including:
 - Services provided outside of the Croydon HWB area
 - NHS Services provided by other NHS Trusts
 - Specific circumstances which influence future needs including projected changes in population size, demography, health needs, future plans for commissioning or service delivery and other local plans

Data Sources

- Pharmacy data from the Health & Social Care Information Centre (2012/13)
- Data and information collected or held by NHS England, Croydon Council and NHS Croydon CCG in relation to the planning, commissioning and delivery of pharmaceutical services and other locally commissioned services
- The findings from the community pharmacy questionnaire which was issued to pharmacies in June 2014. A 99% response rate was achieved
- Insights from our public survey, which was undertaken between 13 August and 22 September 2014, together with views expressed at a community pharmacy engagement event
- The views of stakeholders within our partner organisations
- The Joint Strategic Needs Assessment (JSNA), national and local healthcare strategy; and other relevant strategies

Factor	Principles for Determining “Necessary” Services
Who can provide the service?	<ul style="list-style-type: none"> • Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it was more likely to be determined as necessary
Health needs & benefits	<ul style="list-style-type: none"> • Where there is a clear local health need for a given service, it was more likely to be determined as necessary
Published Evidence	<ul style="list-style-type: none"> • Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it was more likely to be determined as necessary
Performance	<ul style="list-style-type: none"> • Where a service is delivered by a range of providers, if pharmacy performs well compared with other providers, the service was more likely to be determined as necessary. <i>However factors which influence demand were also considered</i>
Accessibility	<ul style="list-style-type: none"> • Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours; weekend access etc) then it was more likely to be determined as necessary

Choice

- For patients, choice is a mechanism to drive up the quality of services and improve patient satisfaction. For the overall health system, choice is a mechanism to encourage more appropriate and cost effective use of available services
- The factors which have been taken into account, for each service, when considering whether or not there is sufficient choice in Croydon are the:
 - Current level of access to NHS pharmaceutical services in the area
 - Extent to which existing services already offer a choice
 - Extent to which choice may be improved through the availability of additional providers or additional facilities
 - Extent to which current service provision adequately responds to the changing needs of the community it serves
 - Need for specialist or other services which would improve the provision of, or access to, services for vulnerable people or specific populations

3.2 Pharmaceutical Services

3.2 1 Essential Services

Overview

- All community pharmacies and Dispensing Appliance Contractors (DACs) are expected to provide essential services, as set out in the 2013 Regulations, although the scope of services for pharmacies and DACs is different
- The table on the right hand side provides a brief overview of the full range of essential services provided by community pharmacies. In addition, the pharmacies must comply with clinical governance requirements. These are summarised in the table below
- DACs are required to provide dispensing, repeatable dispensing and electronic prescription services for appliances; supply supplementary items e.g. disposable wipes; and offer home delivery for specified appliances
- Essential services are fundamental to enable patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS (FP10) prescriptions forms the primary basis of this evaluation, we also assess other elements including health promotion, sign-posting and support for self care throughout our PNA
- As dispensing is a common requirement for all contractors it will be used to explore key service fundamentals including: the distribution of pharmacies, access and future capacity

Clinical Governance

Use of standard operating procedures	Commitment to staff training, management and appraisals
Demonstrate evidence of pharmacist continuing professional development	Compliance with Health and Safety; and the Equality Act 2010
Operate a complaints procedure	Significant event analysis
Patient safety & incident reporting	Patient satisfaction surveys
Clinical audit	

Essential Services provided by Community Pharmacies

Dispensing and actions associated with dispensing

- Supply of medicines or appliances
- Advice given to the patient about the medicines being dispensed and possible interactions with other medicines
- Recording of all medicines dispensed, advice provided, referrals and interventions made using a Patient Medication Record (PMR)
- Electronic prescription services (EPS) allow the prescriber to electronically transmit a prescription to a patient's chosen pharmacy for dispensing. The system is more efficient than the paper based system and potentially reduces errors

Repeat dispensing

- Allows patients, who have been issued with a repeatable prescription, to collect repeat medication, for up to a year, from their pharmacy without having to request a new prescription from their GP
- The pharmacist must ascertain the patient's need for a repeat supply of a particular medicine before each dispensing and communicate significant issues to the prescriber with suggestions on medication changes as appropriate

Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines

Signposting, Healthy Lifestyles & Public Health Campaigns

- Opportunistic advice, information and signposting around lifestyle and public health issues
- NHS England sets the health promotion campaigns although HWBs will have the discretion to run alternative campaigns in the future

Support for self-care

- Provision of advice and support to enable patients to derive maximum benefit from caring for themselves or their families
- This may include self-limiting conditions as well as long term conditions

3.2.1 Essential Services

3.2.1.1 Distribution

Overview of Contractor Types

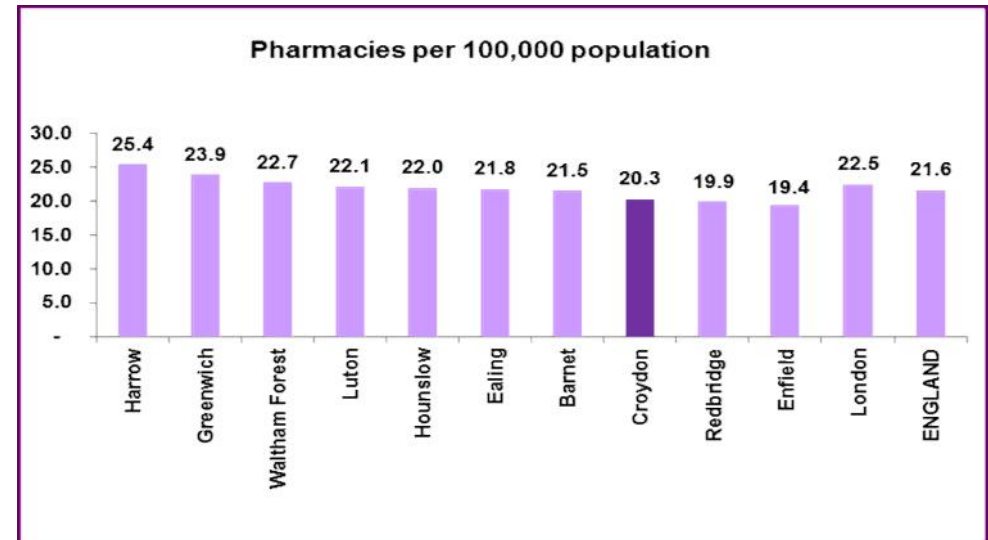
- Croydon has 75 community pharmacies, which hold a range of contracts
- 73 of the pharmacies provide pharmaceutical services under the national contract, noting that:
 - Four of these are “100 Hour” pharmacies in that they open for 100 hours per week
 - One is a “distance selling” (or “internet”). Such pharmacies may not provide essential services to any person who is present, or in the vicinity of the pharmacy
- Two pharmacies hold a Local Pharmaceutical Services (LPS) contract; and one pharmacy has an LPS contract ‘bolted on’ to its national contract. The table (next page) provides further details on the LPS contracts and sets out the potential implications associated with an NHS England review, which is currently underway. NHS England is working with the CCG with respect to the LPS review
- There is one dispensing appliance contractor (DAC)
- There are no GP dispensing practices

Number of Pharmacies

- There is not a national formula to inform an appropriate number and distribution of pharmacies for a given area
- The graph (on the right), uses our ONS comparators and the London and England averages, to set Croydon’s pharmacy services into context
- It shows that Croydon has slightly fewer pharmacies per 100,000 population than the majority of the comparators and the London & England averages

Distribution of Pharmacies

- The table (page 26) and **Maps 1 & 2** (page 27 & 28) provide an overview of the distribution of pharmacies and the DAC, taking into account deprivation and population density:
 - All wards, with the exception of Waddon (which has no pharmacies), have two or more pharmacies
 - There is good alignment between GP surgeries and pharmacies
 - There are a number of pharmacies, outside of our area, which are accessible to our residents who live close to the borders (those within a 0.5 mile radius of the Croydon boundary have been shown on the maps)



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

Deprivation

- There is not necessarily a correlation between the number of pharmacies and deprivation:
 - The New Addington & Selsdon Locality has extremes of deprivation. Fieldway and New Addington are ranked 1 and 2 respectively on the IMD within Croydon; whereas Heathfield and Selsdon & Ballards are ranked 18 and 24. However, within the locality the more deprived wards are below the ‘benchmark average in terms of the number of pharmacies per 100,000; whereas the more affluent ones are above average
 - South Norwood ward (Thornton Heath Locality), is ranked 5 on the IMD but has the lowest number of pharmacies per 100,000 within the Croydon area

Population Density

- As with deprivation, there is not necessarily a correlation between the number of pharmacies and population density:
 - Bensham Manor (Mayday Locality) & Addiscombe (East Croydon Locality) have the highest population density within Croydon but are below average in terms of the number of pharmacies per 100,000
 - Heathfield and Selsdon & Ballards (New Addington & Selsdon Locality) and Sanderstead (Purley Locality) wards all have a comparatively low population density but an above average number of pharmacies

3.2.1 Essential Services

3.2.1.1 Distribution

Local Pharmaceutical Services in Croydon

Mayday Community Pharmacy Mayday Locality	<ul style="list-style-type: none"> This pharmacy has an LPS contract “bolted on” to its national contract. It opens from 09:00 - 22:00 every day and provides an ‘on-call’ service overnight The contract is due to expire in 31 March 2015 but an extension will be granted pending the outcome of the NHS England review. If the LPS contract is terminated the pharmacy has a right of return to the pharmaceutical list and their normal hours i.e. 09:00 – 19:30 (Monday – Friday); 09:00 – 18:00 (Saturday); however, there will be gap as our residents will not be able to access medicines they may need urgently (e.g. palliative care medicines) in the out of hours period
Riddlesdown Pharmacy Purley Locality	<ul style="list-style-type: none"> This pharmacy currently holds an Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) contract. ESPLPS is a national scheme that provides pharmacy contractors, located more than 1km from the nearest pharmacy with a guaranteed income if their dispensing volume falls below 26,400 items per annum. The aim is to secure provision of pharmacy services in areas where a pharmacy may not be viable. LPS has been the contractual mechanism used for these pharmacies since 2006, however, NHS England has advised the scheme will be terminated at the end of March 2015 NHS England has recently published guidance indicating that ESPLPS pharmacies will be offered two options: <ul style="list-style-type: none"> Option 1 is a right of return to the pharmaceutical list from 1 April 2015. With this option there is a risk that this pharmacy may not be financially viable in the future, which may prompt closure. The impact of this has been modelled in section 3.2.1.5 Option 2 is an alternative LPS contract; the full details are not yet known
Fairview Pharmacy East Croydon Locality	<ul style="list-style-type: none"> The pharmacy is based within the Edridge Road GP Led Health Centre and Walk-in Centre. It opens from 8am – 8pm every day and provides a range of advanced, enhanced and locally commissioned services. The pharmacy was procured specifically to meet the pharmaceutical needs of the population using the health centre; and it is an integral part of the centre The contract due to expire in June 2015 but an extension will be granted pending an outcome of the NHS England review If the LPS contract is terminated the pharmacy does not have a right to return to the pharmaceutical list. This would leave a gap, as there is only one other extended hour pharmacy (Croydon Pharmacy) within a mile of the health centre. This pharmacy does not open on bank holidays and Sunday opening hours do not align with those of the health centre

How Croydon Residents Access Pharmacies

- In our public survey, we asked residents where they tended to use a pharmacy:
 - 52% respondents said they use a pharmacy close to where they live
 - 21% use one near their GP surgery
 - 12% use the pharmacy which is most convenient at the time
 - Just over 10% people used a pharmacy which is either near to their workplace, their children’s school or the shops that they use
- Just over 50% respondents said they tend to walk to a pharmacy, 35% go by car and just over 10% use public transport
- 94% of respondents said they can access their regular pharmacy within 20 minutes
- We have taken these insights into account, in considering both the distribution and opening hours of our pharmacies

3.2.1 Essential Services

3.2.1.1 Distribution of Contractors by Locality and Ward

Locality	Ward	IMD Rank*	Pharmacies	Population (2014)	Pharmacies / 100,000 population	Pharmacies by locality	Locality Pharmacies / 100,000 population
1. Mayday	Bensham Manor	13	2	16481	12.2	10	19.5
	Norbury	15	4	16985	23.7		
	West Thornton	10	4	17878	22.5		
2. Thornton Heath	South Norwood	5	2	16833	11.9	9	17.9
	Thornton Heath	6	4	16809	23.9		
	Upper Norwood	9	3	16503	18.3		
3. Woodside & Shirley	Ashburton	11	3	15055	20.0	7	15.0
	Shirley	17	2	14602	13.8		
	Woodside	8	2	17029	11.8		
4. New Addington & Selsdon	Fieldway	1	2	11771	17.1	11	22.6
	Heathfield	18	4	13538	29.7		
	New Addington	2	2	11167	18.1		
	Selsdon & Ballards	24	3	12124	24.9		
5. Purley	Coulsdon East	21	2	12600	16.0	15	21.3
	Coulsdon West	22	3	14007	21.6		
	Kenley	20	3	15489	19.6		
	Purley	19	4	15341	26.5		
	Sanderstead	23	3	13104	23.0		
6. East Croydon	Addiscombe	14	3	17564	17.3	23	20.9
	Broad Green	3	5	19705	25.8		
	Croham	16	2	16115	12.5		
	Fairfield	12	8	20484	41.6		
	Selhurst	4	5	18443	27.3		
	Waddon	7	0	17529	-		
Total			75	377,156	19.9		

*IMD = Index of Multiple Deprivation (2010) where 1 is the highest rank and 24 is the lowest within Croydon

"The 5 wards ranked highest in terms of deprivation are highlighted

The DAC is located in Bensham Manor ward in the Mayday Locality

Pharmaceutical Needs Assessment Map 1: Pharmacies and Dispensing Appliance Contractors

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - + Dispensing Appliance Contractors
 - + LPS Pharmacies
 - + Internet Pharmacies
 - + GP Surgeries
 - Croydon
 - Croydon Localities
 - Wards
- Percentile rank of IMD score 2010 by LSOA**
- < 25 %
 - 25 to 49.9 %
 - 50 to 74.9 %
 - 75 to 100 %

Croydon Pharmacies & DAC

- | | | |
|-------------------------------------|--|--|
| 01 Addiscombe Pharmacy - CR0 7AE | 27 Douglans Chemist - CR0 0QF | 53 Old Coulsdon Pharmacy - CR5 1EN |
| 02 Alcom Chemist - CR0 2BZ | 28 Fairview Pharmacy - CR9 1PJ | 54 Orion Pharmacy - CR8 2BP |
| 03 Andrew Mccoig Pharmacy - CR2 6ES | 29 Fieldway Pharmacy - CR0 9DX | 55 Parade Pharmacy - CR0 3EW |
| 04 Andrew Mccoig Pharmacy - CR0 8TE | 30 Fishers Chemist - SE25 5NT | 56 Riddlesdown Pharmacy - CR8 1HR |
| 05 Aumex Pharmacy - CR0 0JD | 31 Foxley Lane Pharmacy - CR8 3EE | 57 Sainsbury's Pharmacy - CR0 4XT |
| 06 A.Z Pharmacy - CR0 2TA | 32 Goldmantle Pharmacy - CR0 9AS | 58 Sainsbury's Pharmacy - SE25 6XB |
| 07 Barkers Chemist - CR0 1RN | 33 Greenchem - CR0 8NG | 59 Sainsbury's Pharmacy - SE19 3RW |
| 08 Bais Chemist - SW16 4AE | 34 Greenchem - CR0 7FA | 60 Shirley Pharmacy - CR0 8SS |
| 09 Boots UK Limited - CR5 2ND | 35 Harris Chemist Ltd - CR2 8JJ | 61 Shivas Pharmacy - CR0 2TG |
| 10 Boots UK Limited - CR0 6RD | 36 Hobbs Pharmacy - CR8 5JE | 62 Smart City Pharmacy - SE25 50F |
| 11 Boots UK Limited - CR0 4YJ | 37 Holmes Pharmacy - CR5 1EH | 63 St. Clare Chemist - CR0 1LG |
| 12 Boots UK Limited - CR8 2AF | 38 Infohealth Pharmacy - CR5 2RA | 64 Superdrug Pharmacy - CR0 1US |
| 13 Boots UK Limited - CR9 1SN | 39 Kent Chemist - CR0 1RB | 65 Superdrug Pharmacy - CR7 7JG |
| 14 Boots UK Limited - CR0 1LD | 40 Klub Pharmacy Ltd - SE19 3NG | 66 Superdrug Pharmacy - SW16 3LU |
| 15 Bingstock Pharmacy - CR7 7JN | 41 Larchwood Pharmacy - CR0 6RB | 67 Swan Pharmacy - CR0 1BJ |
| 16 Cranston Ltd - CR7 6JE | 42 Lloyd George Pharmacy - CR0 2JG | 68 Tesco Stores Limited - CR8 2HA |
| 17 Croychem Ltd - CR0 6AA | 43 Lloyds Pharmacy - CR2 9BY | 69 Tesco Stores Limited - CR7 8RX |
| 18 Croydon Pharmacy - CR0 1DP | 44 Lloyds Pharmacy - SE25 4PT | 70 Thompsons Chemist - CR7 8JF |
| 19 Day Lewis Pharmacy - SW16 4BE | 45 Lloyds Pharmacy - CR2 8LH | 71 Thornton Heath Pharmacy - CR7 8RU |
| 20 Day Lewis Pharmacy - CR2 8LB | 46 Lloyds Pharmacy - SE19 2NT | 72 Valley Pharmacy - CR5 3BR |
| 21 Day Lewis Pharmacy - SW16 4DT | 47 Lloyds Pharmacy - CR2 8LG | 73 Wilkes Chemist - CR7 8LZ |
| 22 Day Lewis Pharmacy - SE25 6EP | 48 Makepeace & Jackson - CR2 0PH | 74 Your Local Boots Pharmacy - CR0 0JB |
| 23 Day Lewis Pharmacy - CR0 4UQ | 49 Mayday Community Pharmacy - CR7 7HQ | 75 Zina Chemist - CR8 5AA |
| 24 Day Lewis Pharmacy - SE25 6DP | 50 Medibank Pharmacy - CR0 6HE | 76 Alpharmed Limited - CR7 7EQ (DAC) |
| 25 Day Lewis Pharmacy - CR2 0EJ | 51 Medipharm - CR2 9LA | |
| 26 Day Lewis Pharmacy - CR7 7HQ | 52 Mona Pharmacy Ltd - CR0 8BJ | |

Out of area Pharmacies within 0.5 miles of the border

- | | | |
|----------------------------------|----------------------------------|--------------------------------|
| 77 Asda - CR0 4XS | 84 Elmers Pharmacy - BR3 3DY | 91 Macks Pharmacy - BR3 3HN |
| 78 Boots - BR4 0PU | 85 Fairlight Pharmacy - SW16 5HX | 92 Piscoe Pharmacy - SE27 0QT |
| 79 Boots - CR0 4 | 86 Glory Chemist - CR0 4NH | 93 Paxton Pharmacy - SE19 1QS |
| 80 Copes Pharmacy - SW16 3QQ | 87 Hamlet Pharmacy - SE19 2AS | 94 Paydens - CR3 2XL |
| 81 Day Lewis Pharmacy - SE27 9QY | 88 Kamsons Pharmacy - SE20 8AJ | 95 Seagrove Chemist - SE19 1TQ |
| 82 Day Lewis Pharmacy - SM6 9DF | 89 Lloyds Pharmacy - BR4 0ND | 96 TT Pharmacy - SE20 7YZ |
| 83 Eagle Pharmacy - SW16 4TR | 90 Lotus Pharmacy - BR3 3RA | 97 Westchem Pharmacy - BR4 0PX |

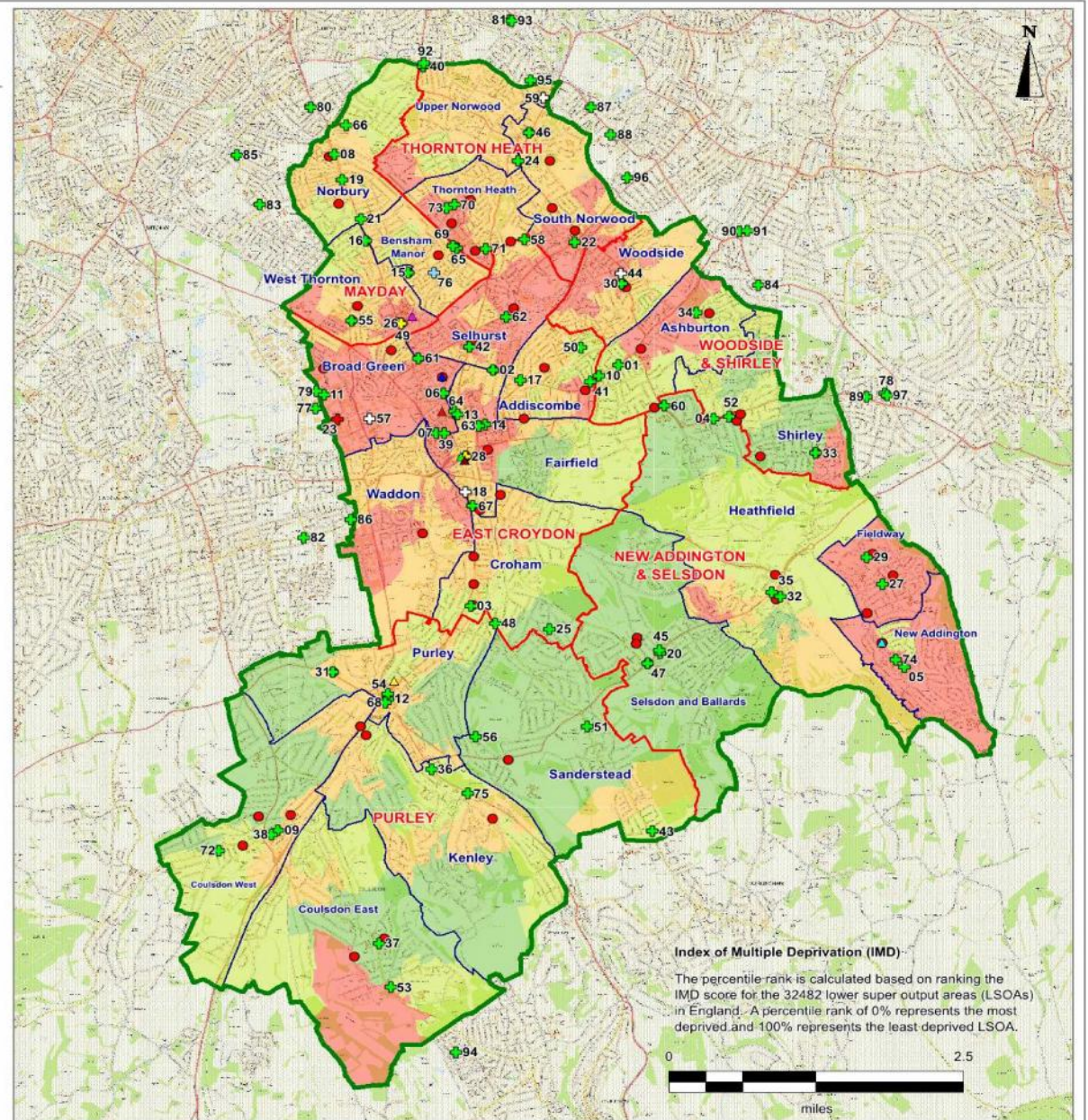
Non-pharmacy Providers +

- ▲ Adult Mental Health Assessment & Treatment Services- Tarnworth Rd Resource Centre
- ▲ Child & Adolescent Mental Health Services - Christopher Wren House
- ▲ Croydon Community Health Services
- ▲ Croydon University Hospital (Acute Hospital, Urgent Care Centre & GP Out of Hrs)
- ▲ Edridge Road Walk-In Centre
- ▲ Parkway Health Centre (Minor Injuries Unit)
- ▲ Purley War Memorial Hospital (Minor Injuries Unit & Community Health Services)

+ Locations of these non-pharmacy providers have been adjusted to aid visualisation on the map.



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Index of Multiple Deprivation (IMD)

The percentile rank is calculated based on ranking the IMD score for the 32482 lower super output areas (LSOAs) in England. A percentile rank of 0% represents the most deprived and 100% represents the least deprived LSOA.



Pharmaceutical Needs Assessment
Map 2: Pharmacies and Dispensing Appliance Contractors

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - + Dispensing Appliance Contractors
 - + LPS Pharmacies
 - + Internet Pharmacies
 - GP Surgeries
 - Croydon
 - Croydon Localities
 - Wards
- Population Density
Persons per Hectare**
- >100
 - 75 to 100
 - 50 to 74
 - 25 to 49
 - < 25

Croydon Pharmacies & DAC

- | | | |
|--------------------------------------|--|--|
| 01 Addiscombe Pharmacy - CR0 7AE | 27 Dougans Chemist - CR0 0QF | 53 Old Coulsdon Pharmacy - CR5 1EN |
| 02 Alicom Chemist - CR0 2BZ | 28 Fairview Pharmacy - CR9 1PJ | 54 Orion Pharmacy - CR8 2BP |
| 03 Andrew Mccooig Pharmacy - CR2 6ES | 29 Fieldway Pharmacy - CR0 9DX | 55 Parade Pharmacy - CR0 3EW |
| 04 Andrew Mccooig Pharmacy - CR0 8TE | 30 Fishers Chemist - SE25 5NT | 56 Riddlesdown Pharmacy - CR8 1HR |
| 05 Aumex Pharmacy - CR0 0JD | 31 Foxley Lane Pharmacy - CR8 3EE | 57 Sainsbury's Pharmacy - CR0 4XT |
| 06 A-Z Pharmacy - CR0 2TA | 32 Goldmantle Pharmacy - CR0 9AS | 58 Sainsbury's Pharmacy - SE25 6XB |
| 07 Barkers Chemist - CR0 1RN | 33 Greenchem - CR0 8NG | 59 Sainsbury's Pharmacy - SE19 3RW |
| 08 Bids Chemist - SW16 4AE | 34 Greenchem - CR0 7RA | 60 Shirley Pharmacy - CR0 8SS |
| 09 Boots Uk Limited - CR5 2ND | 35 Harris Chemist Ltd - CR2 8JJ | 61 Shivas Pharmacy - CR0 2TG |
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| 11 Boots Uk Limited - CR0 4YJ | 37 Holmes Pharmacy - CR5 1EH | 63 St. Clare Chemist - CR0 1LG |
| 12 Boots Uk Limited - CR8 2AF | 38 Infohealth Pharmacy - CR5 2RA | 64 Superdrug Pharmacy - CR0 1UG |
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| 16 Cranston Ltd - CR7 6JE | 42 Lloyd George Pharmacy - CR0 2JG | 68 Tesco Stores Limited - CR8 2HA |
| 17 Croychem Ltd - CR0 6AA | 43 Lloyds Pharmacy - CR2 9BY | 69 Tesco Stores Limited - CR7 8RX |
| 18 Croydon Pharmacy - CR0 1DP | 44 Lloyds Pharmacy - SE25 4PT | 70 Thompsons Chemist - CR7 8JF |
| 19 Day Lewis Pharmacy - SW16 4BE | 45 Lloyds Pharmacy - CR2 8LH | 71 Thornton Heath Pharmacy - CR7 8RU |
| 20 Day Lewis Pharmacy - CR2 8LB | 46 Lloyds Pharmacy - SE19 2NT | 72 Valley Pharmacy - CR5 3BR |
| 21 Day Lewis Pharmacy - SW16 4DT | 47 Lloyds Pharmacy - CR2 8LG | 73 Wilkes Chemist - CR7 8LZ |
| 22 Day Lewis Pharmacy - SE25 6EP | 48 Makepeace & Jackson - CR2 0PH | 74 Your Local Boots Pharmacy - CR0 0JB |
| 23 Day Lewis Pharmacy - CR0 4UQ | 49 Mayday Community Pharmacy - CR7 7HQ | 75 Zina Chemist - CR8 5AA |
| 24 Day Lewis Pharmacy - SE25 6DP | 50 Medibank Pharmacy - CR0 6HE | 76 Alpharmed Limited - CR7 7EQ (DAC) |
| 25 Day Lewis Pharmacy - CR2 0EJ | 51 Medipharm - CR2 9LA | |
| 26 Day Lewis Pharmacy - CR7 7HQ | 52 Mona Pharmacy Ltd - CR0 8BJ | |

Out of area Pharmacies within 0.5 miles of the border

- | | | |
|----------------------------------|----------------------------------|--------------------------------|
| 77 Asda - CR0 4XS | 84 Elmors Pharmacy - BR3 3DY | 91 Macks Pharmacy - BR3 3HN |
| 78 Boots - BR4 0PU | 85 Fairlight Pharmacy - SW16 5HX | 92 Pascoe Pharmacy - SE27 0QT |
| 79 Boots - CR0 4 | 86 Glory Chemist - CR0 4NH | 93 Paxton Pharmacy - SE19 1QS |
| 80 Copes Pharmacy - SW16 3QQ | 87 Hamlet Pharmacy - SE19 2AS | 94 Paydens - CR3 5XL |
| 81 Day Lewis Pharmacy - SE27 9QY | 88 Kamsons Pharmacy - SE20 8AJ | 95 Seagrove Chemist - SE19 1TQ |
| 82 Day Lewis Pharmacy - SM6 9DF | 89 Lloydspharmacy - BR4 0ND | 96 TT Pharmacy - SE20 7VZ |
| 83 Eagle Pharmacy - SW16 4TR | 90 Lotus Pharmacy - BR3 3RA | 97 Westchem Pharmacy - BR4 0PX |

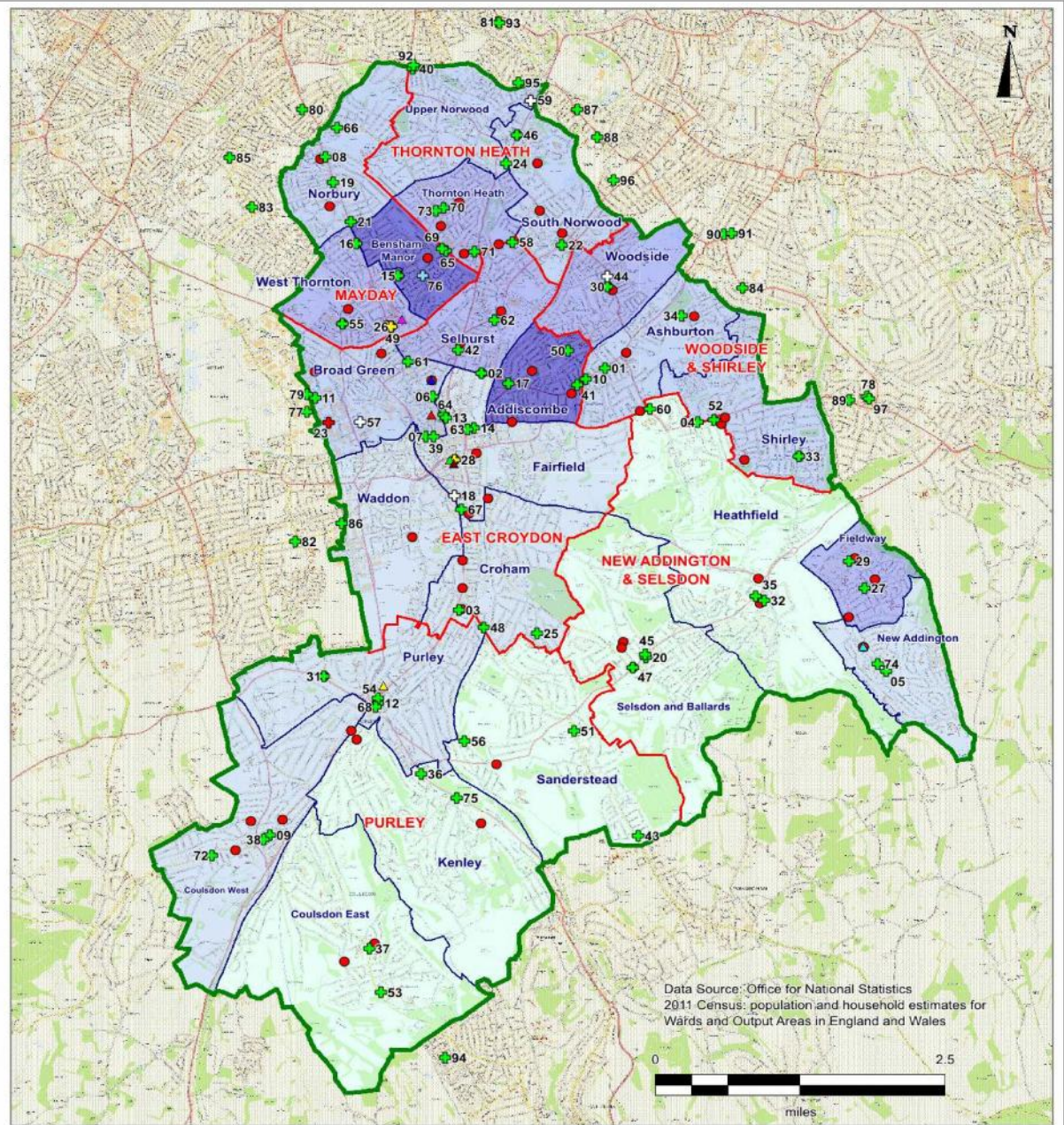
Non-Pharmacy Providers⁺

- ▲ Adult Mental Health Assessment & Treatment Services- Tamworth Rd Resource Centre
- ▲ Child & Adolescent Mental Health Services - Christopher Wren House
- ▲ Croydon Community Health Services
- ▲ Croydon University Hospital (Acute Hospital, Urgent Care Centre & GP Out of Hrs)
- ▲ Edridge Road Walk-In Centre
- ▲ Parkway Health Centre (Minor Injuries Unit)
- ▲ Purley War Memorial Hospital (Minor Injuries Unit & Community Health Services)

⁺Locations of these non-pharmacy providers have been adjusted to aid visualisation on the map.



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Data Source: Office for National Statistics
 2011 Census: population and household estimates for
 Wards and Output Areas in England and Wales



3.2.1 Essential Services

3.2.1.2 Opening Hours & Access

Overview

- A community pharmacy must open for a minimum of 40 core hours unless it was been granted a contract under the “100 hour exemption”^{*} or NHS England has granted a contract on the basis of more than 40 core hours, under the current market entry system. Additional hours, over and above core hours, are termed “supplementary hours”. DACs are required to open for a minimum of 30 core hours
- If a pharmacy or DAC wishes to amend its core hours, it must seek permission from NHS England. Supplementary hours may be changed at the discretion of the contractor, providing that NHS England are given 90 days’ notice
- We explore the impact of opening hours in this section

Current Picture

- The table (next page), maps (3-7) and Appendix G provide an overview of opening hours and geographical coverage throughout the week

Weekdays

- On most days, all 75 pharmacies are open between the hours of 9am to 5:30pm
- 14 (19%) pharmacies close for lunch; whilst this reduces access during this period, there is still reasonable access to pharmacies in all localities
- A small number of pharmacies close early on a Wednesday or Thursday:
 - 4 pharmacies close at 1pm on Wednesday; two of these are located in the Woodside & Shirley Locality and the other two are within the Purley Locality
 - 1 pharmacy closes at 1pm on Thursday; this is located in Thornton Heath
- With respect to extended hours:
 - 14 (19%) pharmacies are open by 8:00am or earlier; 3 of these open at 7am
 - 30 (40%) remain open until 7:00pm or later; of these two remain open until 11pm; and one remains open until midnight
 - 4 (5%) are open for 100 hours or more; and a further 3 (4%) pharmacies which open for 90 or more hours
 - Access in the Purley locality is the most limited and residents in the southern most areas may have to travel two or more miles to reach a pharmacy

* The NHS (Pharmaceutical Services) Regulations 2005, had four exemptions which included pharmacies which were contracted to open for 100 hours a week

Current Picture (cont...)

Saturdays

- 69 (92%) pharmacies open at some point during the day. Of these:
 - 65 (87%) are open by 9am and remain open until noon
 - A further 4 pharmacies open after 9am
 - All 69 pharmacies are open between 11am and noon
 - The earliest a pharmacy opens is 7am (3 pharmacies)
 - 35 (47%) remain open until 5pm; and 11 (15%) are still open at 7pm or later; of these four remain open until 10pm; one until 10:30pm and one remains open until midnight
- This pattern of opening means that there is reasonable access, and a choice of pharmacy in all localities between 9am and noon
- However, as pharmacies start to close throughout the day access becomes more limited, particularly in parts of the Purley, New Addington & Selsdon, Woodside & Shirley; and to a lesser extent Mayday and East Croydon Localities

Sundays

- 18 (24%) pharmacies open for between 2 and 13 hours; 14 of these are open for 6 or more hours
- Access is limited in significant areas of all localities apart from Thornton Heath and East Croydon

Bank Holidays

- There is a directed arrangement in place to ensure access to pharmacy on Easter Sunday and Christmas Day

The Mayday Community Pharmacy, located in Mayday Locality, provides an out of hours service for people who need to access medicines urgently in the out of hours period. This is under an LPS contract which is ‘bolted on’ to the national contract

In our public survey, we asked our residents a number of questions to help us to understand when they use pharmacies. The high level results are summarised on page 30

3.2.1 Essential Services

3.2.1.2 Opening Hours & Access

Insights from our Public Survey

Opening Hours

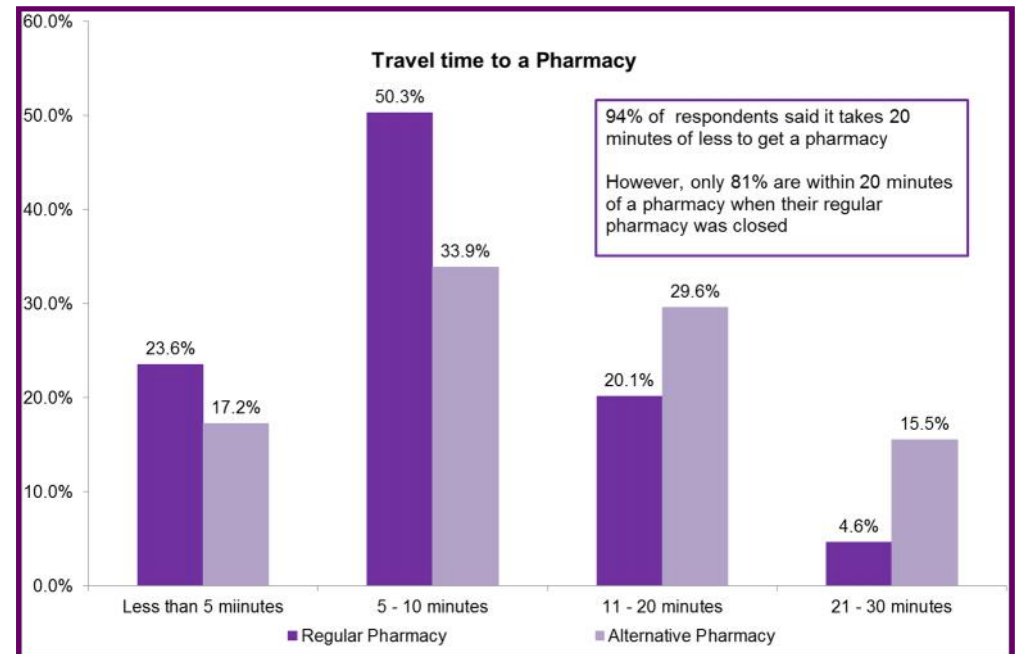
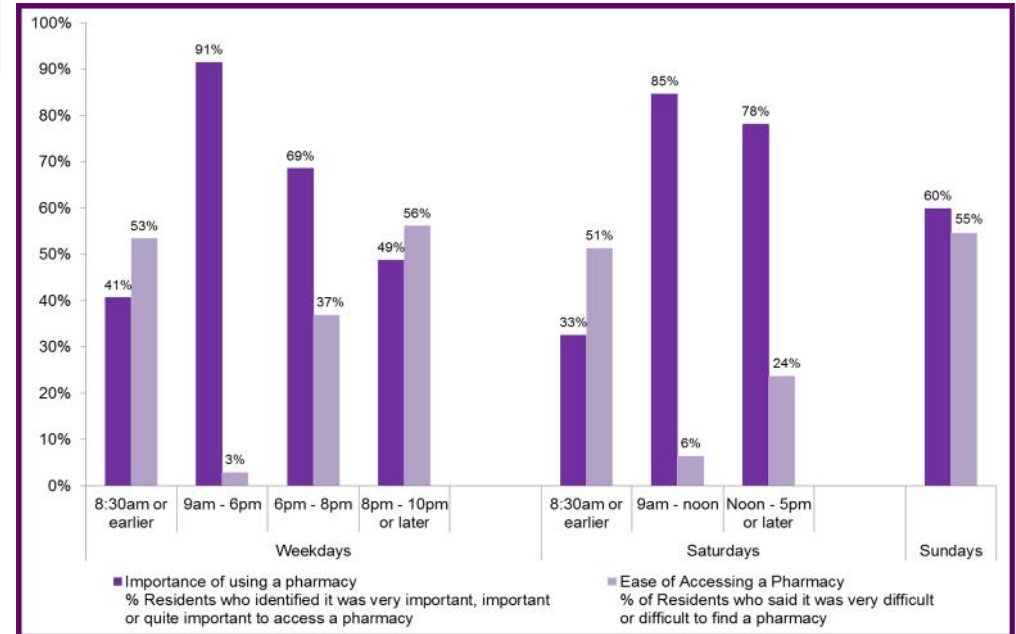
- We asked residents *how important it was to access a pharmacy at given times on given days of the week; and how easy it was to find a pharmacy at these times*
- The graph on the top right summarises the findings. It should be noted that respondents were only asked about the ease of finding a pharmacy if they identified that it was important to do so at a given time
- Unsurprisingly, the findings indicate that a high proportion of respondents (91%) thought it was important to access a pharmacy on weekdays between 9am and 6pm; similarly a high proportion want to use pharmacies on a Saturday (85% on Saturday mornings and 78% on Saturday afternoons). Most respondents (3% and 6% respectively) did not find it difficult to find a pharmacy at these times
- It is of significance that a relatively high proportion of respondents wished to use pharmacies during extended hours on weekdays and Saturday afternoons. However, these respondents found it more difficult to find an open pharmacy at these times particularly in the mornings up until 8:30am, weekdays after 8pm and Saturday afternoons (see graph)
- On Sundays, 60% of respondents identified it was important to use a pharmacy. Of these 55% found it difficult to find one.

Travel time to a pharmacy

- The graph on the bottom right provides an overview of travel time to a pharmacy
- It demonstrates that residents have to spend longer travelling to a pharmacy when their regularly pharmacy is closed. It reinforces the view that it is more difficult to find a pharmacy at certain times

Willingness to use an alternative pharmacy

- For a range of services, we asked about *willingness to use another pharmacy if a respondent's regular pharmacy was closed*
- Generally speaking, a higher proportion of people would prefer to use their regular pharmacy; however, depending on the service, between 10 – 20% would be happy to use an alternative pharmacy or didn't mind



3.2.1 Essential Services

3.2.1.2 Access - Opening Hours (continued)

Locality	Ward	Number of Pharmacies Offering Essential Services							
		Weekdays				Saturdays			Sundays
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later	
1. Mayday	Bensham Manor	1	2	1	1	2	1	1	1
	Norbury	0	4	1	2	2	1	0	0
	West Thornton	0	4	2	0	3	1	1	1
2. Thornton Heath	South Norwood	0	2	1	0	2	0	0	0
	Thornton Heath	0	4	2	1	4	1	0	0
	Upper Norwood	1	3	1	1	3	2	1	1
3. Woodside & Shirley	Ashburton	0	3	0	1	3	2	0	0
	Shirley	0	2	1	1	2	1	0	0
	Woodside	2	2	2	0	2	2	1	2
4. New Addington & Selsdon	Fieldway	0	2	0	0	1	0	0	0
	Heathfield	0	4	3	1	4	3	0	1
	New Addington	1	2	2	0	2	2	0	0
	Selsdon & Ballards	0	3	2	0	2	0	0	0
5. Purley	Coulsdon East	0	2	0	2	2	0	0	0
	Coulsdon West	0	3	0	0	3	2	0	1
	Kenley	0	3	1	1	2	0	0	0
	Purley	1	4	1	0	4	2	1	1
	Sanderstead	0	3	0	1	3	1	0	0
6. East Croydon	Addiscombe	1	3	3	0	3	2	0	1
	Broad Green	1	5	2	0	3	3	2	3
	Croham	0	2	0	1	2	0	0	0
	Fairfield	5	8	4	1	7	7	3	5
	Selhurst	1	5	1	0	4	2	1	1
Grand Total		14	75	30	14	65	35	11	18
Percentage of Total		19%	100%	40%	19%	87%	47%	15%	24%

Notes

- There are no pharmacies in Waddon ward.
- Weekdays – all pharmacies open until 5:30pm each day with the following exceptions:
 - Five pharmacies have an early closing day (Weds or Thurs) closing at 1pm
 - One pharmacy closes at 4.30pm on Thursday
- Saturday: 69 pharmacies open on a Saturday:
 - 65 open between 9am and noon; the other 4 open after 9am
 - All 69 pharmacies are open 11am – noon

**Pharmaceutical Needs Assessment
Map 3: Pharmacies - Weekday Extended Hours**

Legend

- + Pharmacies - Open Weekdays by 8am and/or up until 7pm or later
- + 100 Hour Pharmacies - Open Weekdays by 8am and/or up until 7pm or later
- + LPS Pharmacies - Open Weekdays by 8am and/or up until 7pm or later

Distance Buffers

- 0.5 mile
- 1 mile

- Croydon
- Croydon Localities
- Wards

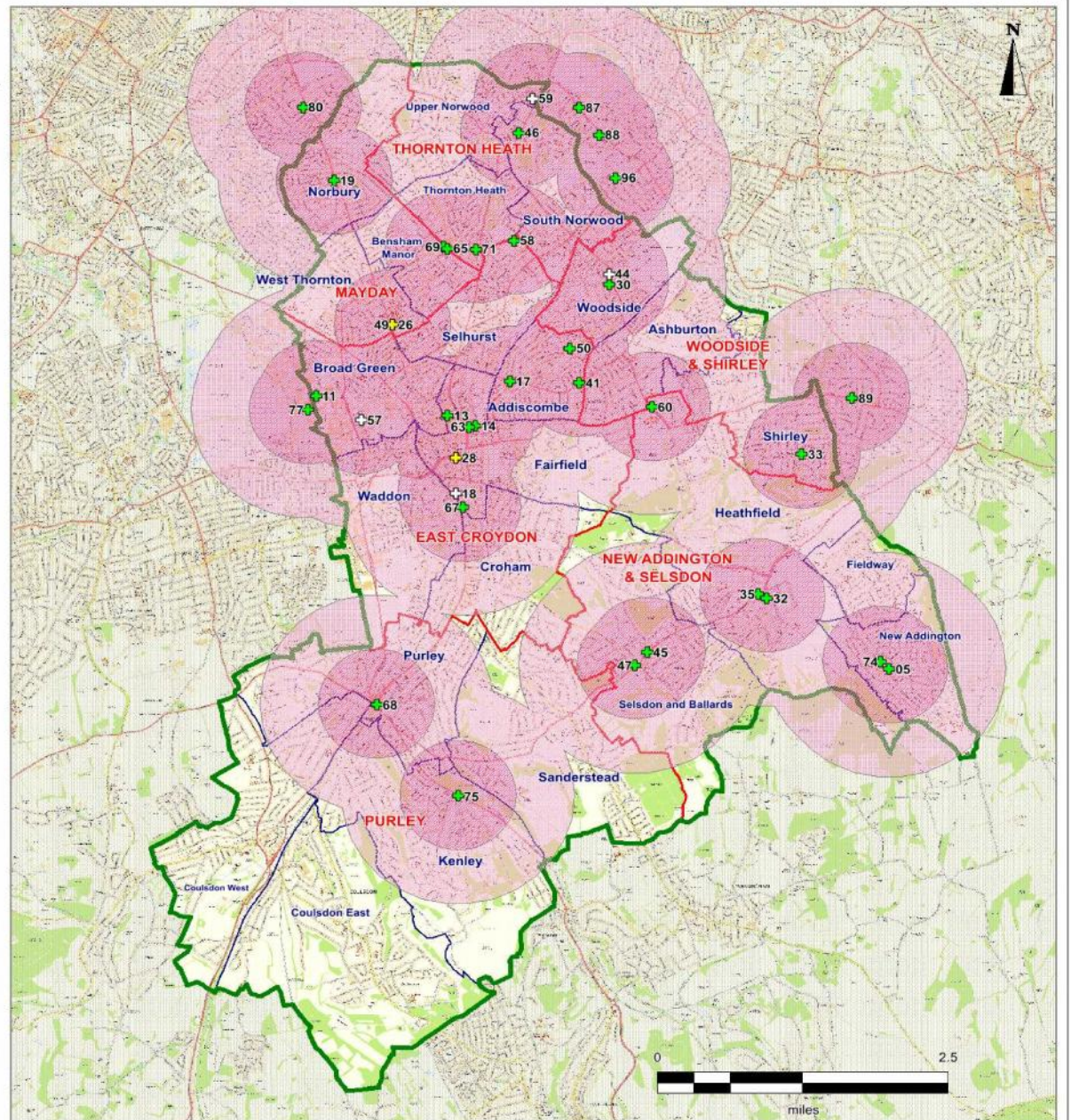
Croydon Pharmacies

- | | |
|---|---|
| 05 Aumex Pharmacy - CR0 0JD | 46 Lloyds Pharmacy - SE19 2NT [#] |
| 11 Boots Uk Limited - CR0 4YJ [#] | 47 Lloyds Pharmacy - CR2 8LG [#] |
| 13 Boots Uk Limited - CR9 1SN | 49 Mayday Community Pharmacy - CR7 7HQ [#] |
| 14 Boots Uk Limited - CR0 1LD ⁺ | 50 Medibank Pharmacy - CR0 6HE |
| 17 Croychem Ltd - CR0 6AA [#] | 57 Sainsbury's Pharmacy - CR0 4XT |
| 18 Croydon Pharmacy - CR0 1DP | 58 Sainsbury's Pharmacy - SE25 6XB |
| 19 Day Lewis Pharmacy - SW16 4BE [#] | 59 Sainsbury's Pharmacy - SE19 3RW |
| 26 Day Lewis Pharmacy - CR7 7HQ [#] | 60 Shirley Pharmacy - CR0 8SS [#] |
| 28 Fairview Pharmacy - CR9 1PJ | 63 St. Clare Chemist - CR0 1LG |
| 30 Fishers Chemist - SE25 5NT | 65 Superdrug Pharmacy - CR7 7JG [#] |
| 32 Goldmantle Pharmacy - CR0 9AS [#] | 67 Swan Pharmacy - CR0 1BJ [#] |
| 33 Greenchem - CR0 8NG [#] | 68 Tesco Stores Limited - CR8 2HA |
| 35 Harris Chemist Ltd - CR2 8JJ [#] | 69 Tesco Stores Limited - CR7 8RX |
| 41 Larchwood Pharmacy - CR0 6RB [#] | 71 Thornton Heath Pharmacy - CR7 8RU [#] |
| 44 Lloyds Pharmacy - SE25 4PT | 74 Your Local Boots Pharmacy - CR0 0JB [#] |
| 45 Lloyds Pharmacy - CR2 8LH [#] | 75 Zina Chemist - CR8 5AA [#] |

Out of area pharmacies within 0.5 miles of the border

- | | |
|---|---|
| 77 Asda - CR0 4XS [#] | 88 Kamsons Pharmacy - SE20 8AJ [#] |
| 80 Copes Pharmacy - SW16 3QQ [#] | 89 Lloydspharmacy - BR4 0ND |
| 87 Hamlet Pharmacy - SE19 2AS | 96 TT Pharmacy - SE20 7YZ |

- ⁺ Only open by 8am
- [#] Only open up until 7pm or later



**Pharmaceutical Needs Assessment
Map 4: Pharmacies - Open Saturdays**

Legend

- ◆ Pharmacies open Saturdays
- ◆ 100 Hour Pharmacies open Saturdays
- ◆ LPS Pharmacies open Saturdays

- Croydon
- Croydon Localities
- Wards

Percentile rank of IMD score 2010 by LSOA

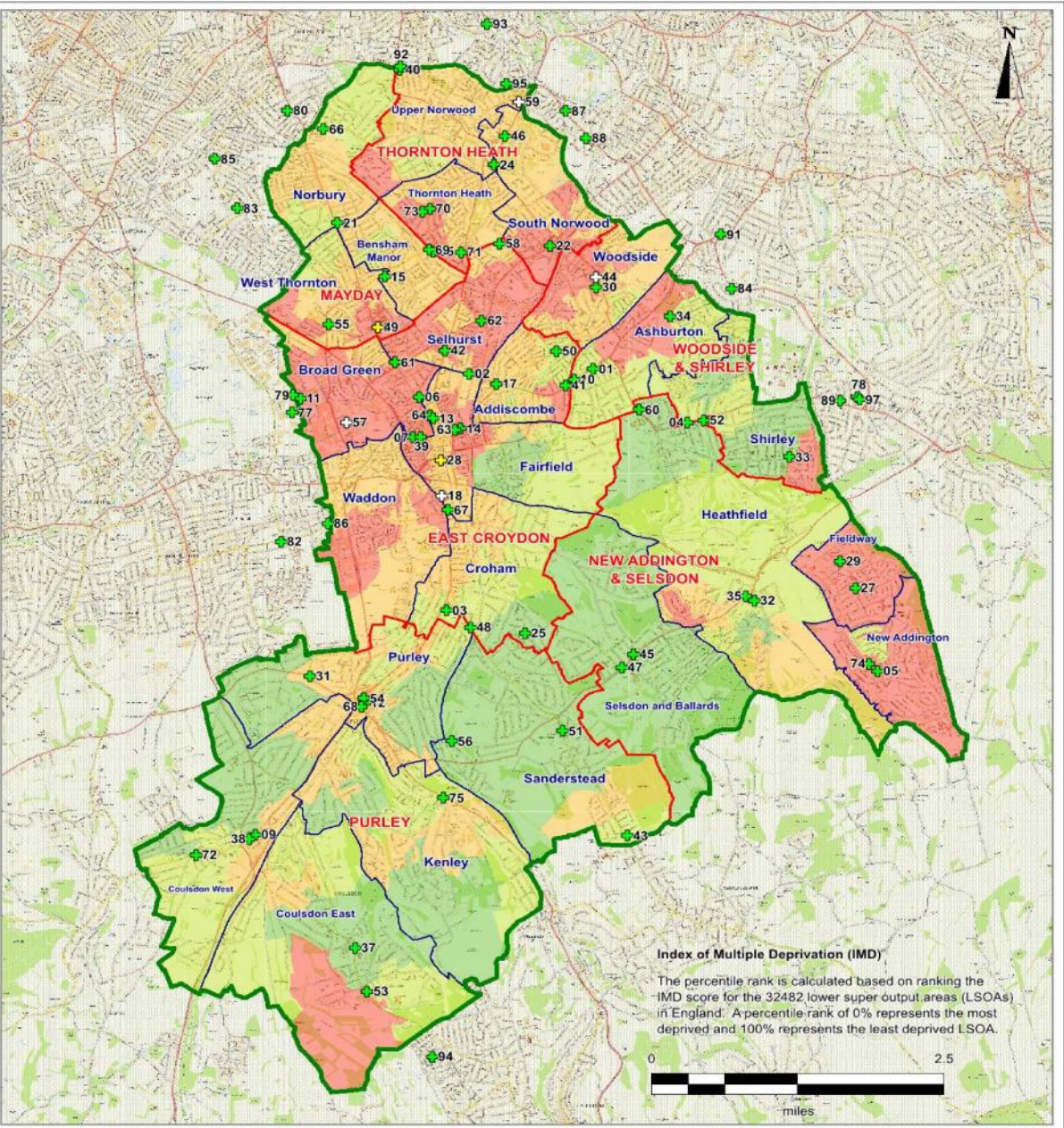
- < 25 %
- 25 to 49.9 %
- 50 to 74.9 %
- 75 to 100 %

Croydon Pharmacies

- | | | |
|-------------------------------------|--|--|
| 01 Addiscombe Pharmacy - CR0 7AE | 29 Fieldway Pharmacy - CR0 9DX | 53 Old Coulsdon Pharmacy - CR5 1EN |
| 02 Alcorn Chemist - CR0 2BZ | 30 Fishers Chemist - SE25 5NT | 54 Orion Pharmacy - CR8 2BP |
| 03 Andrew McCoig Pharmacy - CR2 6ES | 31 Foxley Lane Pharmacy - CR8 3EE | 55 Parade Pharmacy - CR0 3EW |
| 04 Andrew McCoig Pharmacy - CR0 8TE | 32 Goldmantle Pharmacy - CR0 9AS | 56 Riddledown Pharmacy - CR8 1HR |
| 05 Aumex Pharmacy - CR0 0JD | 33 Greenchem - CR0 8NG | 57 Sainsbury's Pharmacy - CR0 4XT |
| 06 A-Z Pharmacy - CR0 2TA | 34 Greenchem - CR0 7RA | 58 Sainsbury's Pharmacy - SE25 6XB |
| 07 Barkers Chemist - CR0 1RN | 35 Harris Chemist Ltd - CR2 8JJ | 59 Sainsbury's Pharmacy - SE19 3RW |
| 09 Boots UK Limited - CR5 2ND | 37 Holmes Pharmacy - CR5 1EH | 60 Shirley Pharmacy - CR0 8SS |
| 10 Boots UK Limited - CR0 6RD | 38 Infohealth Pharmacy - CR5 2RA | 61 Shivas Pharmacy - CR0 2TG |
| 11 Boots UK Limited - CR0 4YJ | 39 Kent Chemist - CR0 1RB | 62 Smart City Pharmacy - SE25 5QF |
| 12 Boots UK Limited - CR6 2AF | 40 Klub Pharmacy Ltd - SE19 3NG | 63 St Clare Chemist - CR0 1LG |
| 13 Boots UK Limited - CR9 1SN | 41 Larchwood Pharmacy - CR0 6RB | 64 Superdrug Pharmacy - CR0 1US |
| 14 Boots UK Limited - CR0 1LD | 42 Lloyd George Pharmacy - CR0 2JG | 65 Superdrug Pharmacy - CR7 7JG |
| 15 Brigstock Pharmacy - CR7 7JN | 43 Lloyds Pharmacy - CR2 9BY | 66 Superdrug Pharmacy - SW16 3LU |
| 17 Croychem Ltd - CR0 6AA | 44 Lloyds Pharmacy - SE25 4PT | 67 Swan Pharmacy - CR0 1BJ |
| 18 Croydon Pharmacy - CR0 1DP | 45 Lloyds Pharmacy - CR2 8LH | 68 Tesco Stores Limited - CR8 2HA |
| 21 Day Lewis Pharmacy - SW16 4DT | 46 Lloyds Pharmacy - SE19 2NT | 69 Tesco Stores Limited - CR7 8RX |
| 22 Day Lewis Pharmacy - SE25 6EP | 47 Lloyds Pharmacy - CR2 8LG | 70 Thompsons Chemist - CR7 8JF |
| 24 Day Lewis Pharmacy - SE25 6DP | 48 Makepeace & Jackson - CR2 0PH | 71 Thornton Heath Pharmacy - CR7 8RU |
| 25 Day Lewis Pharmacy - CR2 0EJ | 49 Mayday Community Pharmacy - CR7 7HQ | 72 Valley Pharmacy - CR5 3BR |
| 26 Day Lewis Pharmacy - CR7 7HQ | 50 Medibank Pharmacy - CR0 6HE | 73 Wilkes Chemist - CR7 8LZ |
| 27 Dougans Chemist - CR0 0QF | 51 Medipharm - CR2 9LA | 74 Your Local Boots Pharmacy - CR0 0JB |
| 28 Fairview Pharmacy - CR9 1PJ | 52 Mona Pharmacy Ltd - CR0 8BJ | 75 Zina Chemist - CR8 5AA |

Out of area pharmacies within 0.5 miles of the border

- | | | |
|---------------------------------|----------------------------------|--------------------------------|
| 77 Asda - CR0 4XS | 84 Elmors Pharmacy - BR3 3DY | 91 Macks Pharmacy - BR3 3HN |
| 78 Boots - BR4 0FU | 85 Fairlight Pharmacy - SW16 5HX | 92 Piscoe Pharmacy - SE27 0QT |
| 79 Boots - CR0 4 | 86 Glory Chemist - CR0 4NH | 93 Paxton Pharmacy - SE19 1QS |
| 80 Copes Pharmacy - SW16 3QQ | 87 Harriet Pharmacy - SE19 2AS | 94 Paydens - CR3 5XL |
| 82 Day Lewis Pharmacy - SM6 9DF | 88 Kamsons Pharmacy - SE20 8AJ | 95 Seagrove Chemist - SE19 1TQ |
| 83 Eagle Pharmacy - SW16 4TR | 89 Lloyds Pharmacy - BR4 0ND | 97 Westchem Pharmacy - BR4 0PX |



Index of Multiple Deprivation (IMD)
The percentile rank is calculated based on ranking the IMD score for the 32482 lower super output areas (LSOAs) in England. A percentile rank of 0% represents the most deprived and 100% represents the least deprived LSOA.

Pharmaceutical Needs Assessment
Map 5: Pharmacies - Open Saturdays until 5pm or later

Legend

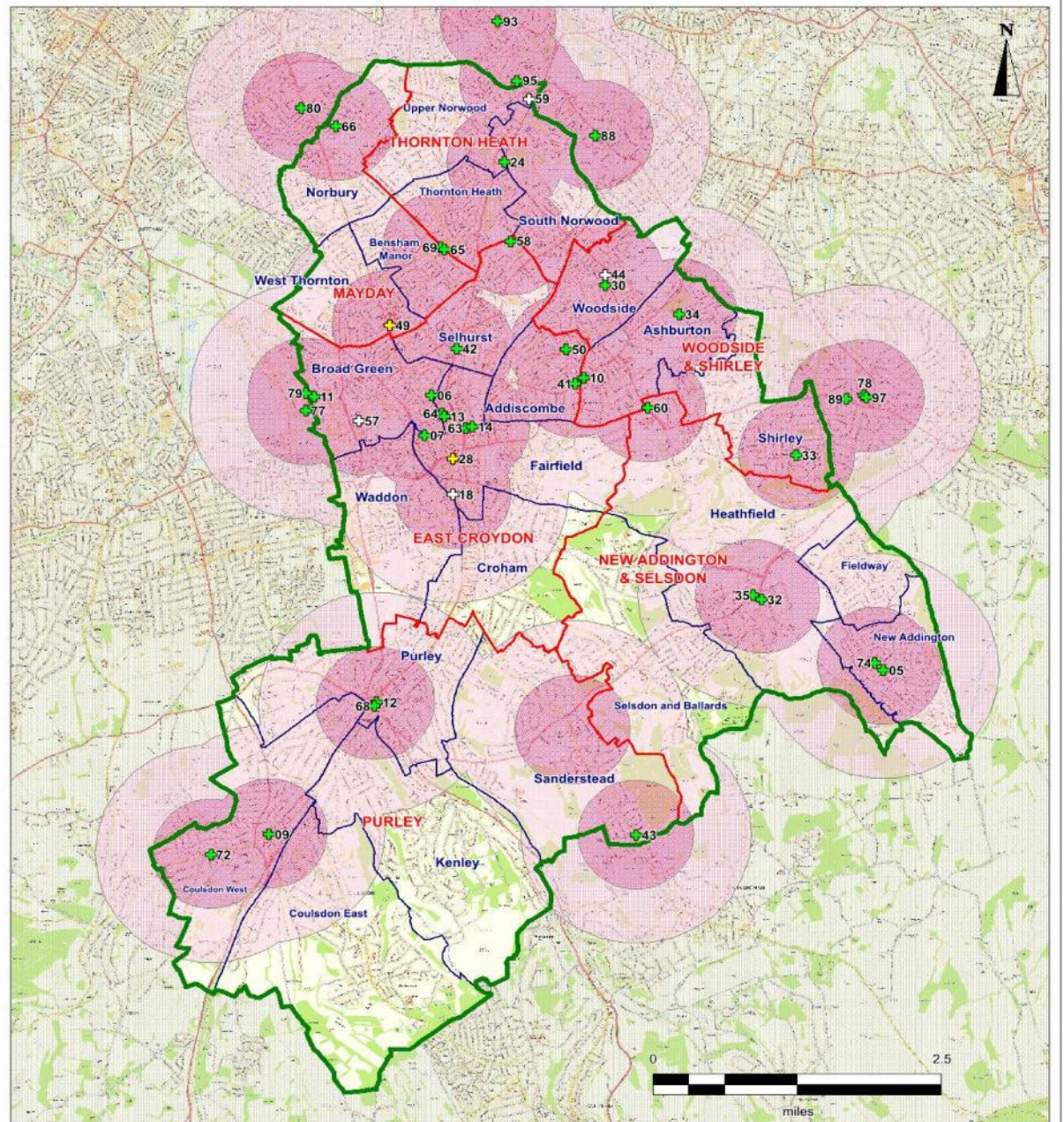
- ◆ Pharmacies open Saturdays until 5pm or later
- ◆ 100 Hour Pharmacies open Saturdays until 5pm or later
- ◆ LPS Pharmacies open Saturdays until 5pm or later
- Croydon
- Croydon Localities
- Wards

Croydon Pharmacies

- | | |
|--|--|
| <ul style="list-style-type: none"> 05 Aumex Pharmacy - CR0 0JD 06 A-Z Pharmacy - CR0 2TA 07 Barkers Chemist - CR0 1RN 09 Boots Uk Limited - CR5 2ND 10 Boots Uk Limited - CR0 6RD 11 Boots Uk Limited - CR0 4YJ 12 Boots Uk Limited - CR8 2AF 13 Boots Uk Limited - CR0 1SN 14 Boots Uk Limited - CR0 1LD 18 Croydon Pharmacy - CR0 1DP 24 Day Lewis Pharmacy - SE25 6DP 28 Fairview Pharmacy - CR9 1PJ 30 Fishers Chemist - SE25 5NT 32 Goldmantle Pharmacy - CR0 9AS 33 Greenchem - CR0 8NG 34 Greenchem - CR0 7RA 35 Harris Chemist Ltd - CR2 8JJ 41 Larchwood Pharmacy - CR0 6RB | <ul style="list-style-type: none"> 42 Lloyd George Pharmacy - CR0 2JG 43 Lloyds Pharmacy - CR2 9BY 44 Lloyds Pharmacy - SE25 4PT 49 Mayday Community Pharmacy - CR7 7HQ 50 Medibank Pharmacy - CR0 6HE 57 Sainsbury's Pharmacy - CR0 4XT 58 Sainsbury's Pharmacy - SE25 6XB 59 Sainsbury's Pharmacy - SE19 3RW 60 Shirley Pharmacy - CR0 8SS 63 St Clare Chemist - CR0 1LG 64 Superdrug Pharmacy - CR0 1US 65 Superdrug Pharmacy - CR7 7JG 66 Superdrug Pharmacy - SW16 3LU 68 Tesco Stores Limited - CR8 2HA 69 Tesco Stores Limited - CR7 8RX 72 Valley Pharmacy - CR5 3BR 74 Your Local Boots Pharmacy - CR0 0JB |
|--|--|

Out of area Pharmacies within 0.5 miles of the border

- | | |
|---|---|
| <ul style="list-style-type: none"> 77 Asda - CR0 4XS 78 Boots - BR4 0PU 79 Boots - CR0 4 80 Copes Pharmacy - SW16 3QQ 88 Kamsons Pharmacy - SE20 8AJ | <ul style="list-style-type: none"> 89 Lloydsparmacy - BR4 0ND 93 Paxton Pharmacy - SE19 1QS 95 Seagrove Chemist - SE19 1TQ 97 Westchem Pharmacy - BR4 0PX |
|---|---|



Pharmaceutical Needs Assessment
Map 6: Pharmacies - Open Saturdays until 7pm or later

Legend

- + Pharmacies open Saturdays until 7pm or later
- + 100 Hour Pharmacies open Saturdays until 7pm or later
- + LPS Pharmacies open Saturdays until 7pm or later

Distance Buffers

- 0.5 mile
- 1 mile

Croydon

Croydon Localities

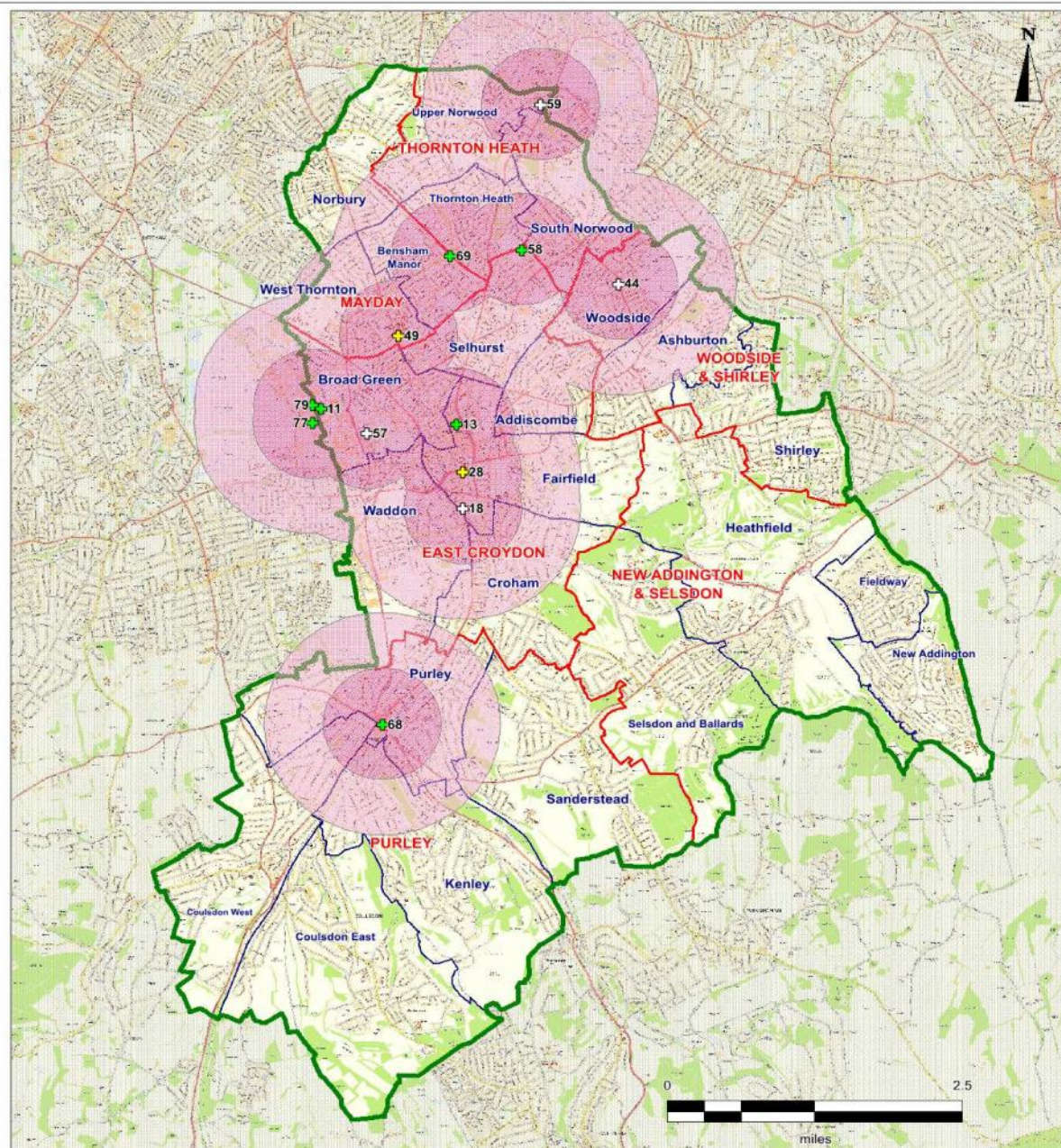
Wards

Croydon Pharmacies

- 11 Boots Uk Limited - CR0 4YJ
- 13 Boots Uk Limited - CR9 1SN
- 18 Croydon Pharmacy - CR0 1DP
- 28 Fairview Pharmacy - CR9 1PJ
- 44 Lloyds Pharmacy - SE25 4PT
- 49 Mayday Community Pharmacy - CR7 7HQ
- 57 Sainsbury's Pharmacy - CR0 4XT
- 58 Sainsbury's Pharmacy - SE25 6XB
- 59 Sainsbury's Pharmacy - SE19 3RW
- 68 Tesco Stores Limited - CR8 2HA
- 69 Tesco Stores Limited - CR7 8RX

Out of area Pharmacies within 0.5 miles of the border

- 77 Asda - CR0 4XS
- 79 Boots - CR0 4



**Pharmaceutical Needs Assessment
Map 7: Pharmacies - Open Sundays**

Legend

- + Pharmacies open Sundays
- + 100 Hour Pharmacies open Sundays
- + LPS Pharmacies open Sundays
- Croydon
- Croydon Localities
- Wards
- Distance Buffers**
- 0.5 mile
- 1 mile

Percentile rank of IMD score 2010 by LSOA

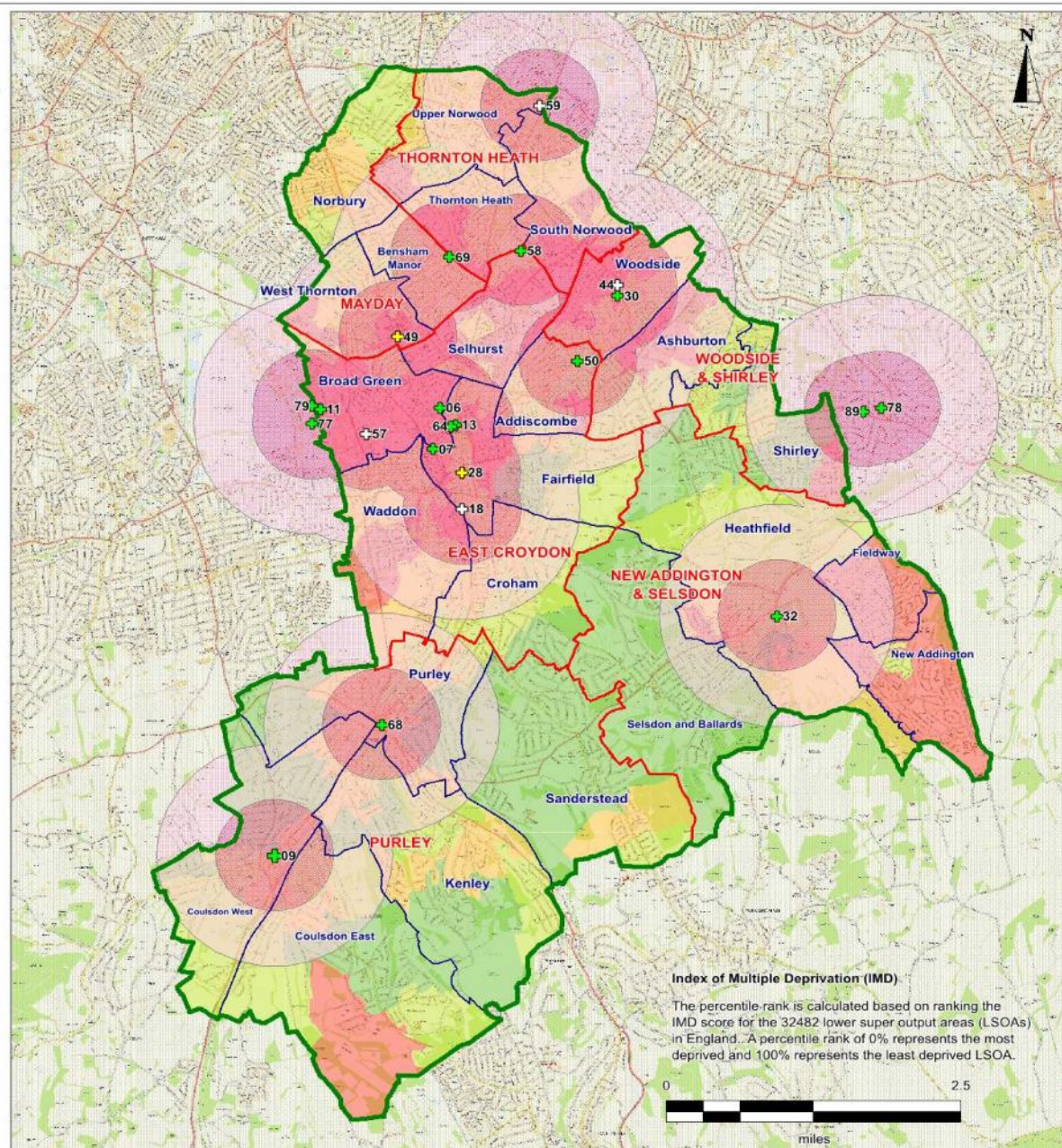
- < 25 %
- 25 to 49.9 %
- 50 to 74.9 %
- 75 to 100 %

Croydon Pharmacies

- | | |
|----------------------------------|--|
| 06 A-Z Pharmacy - CR0 2TA | 44 Lloyds Pharmacy - SE25 4PT |
| 07 Barkers Chemist - CR0 1RN | 49 Mayday Community Pharmacy - CR7 7HQ |
| 09 Boots Uk Limited - CR5 2ND | 50 Medibank Pharmacy - CR0 6HE |
| 11 Boots Uk Limited - CR0 4YJ | 57 Sainsbury's Pharmacy - CR0 4XT |
| 13 Boots Uk Limited - CR9 1SN | 58 Sainsbury's Pharmacy - SE25 6XB |
| 18 Croydon Pharmacy - CR0 1DP | 59 Sainsbury's Pharmacy - SE19 3RW |
| 28 Fairview Pharmacy - CR9 1PJ | 64 Superdrug Pharmacy - CR0 1US |
| 30 Fishers Chemist - SE25 5NT | 68 Tesco Stores Limited - CR8 2HA |
| 32 Goldmantle Pharmacy - CR0 9AS | 69 Tesco Stores Limited - CR7 8RX |

Out of area Pharmacies within 0.5 miles of the border

- | | |
|--------------------|------------------------------|
| 77 Asda - CR0 4XS | 79 Boots - CR0 4 |
| 78 Boots - BR4 0PU | 89 Lloyds Pharmacy - BR4 0ND |



Index of Multiple Deprivation (IMD)
The percentile-rank is calculated based on ranking the IMD score for the 32482 lower super output areas (LSOAs) in England. A percentile rank of 0% represents the most deprived and 100% represents the least deprived LSOA.

3.2.1 Essential Services

3.2.1.3 Dispensing

Overview

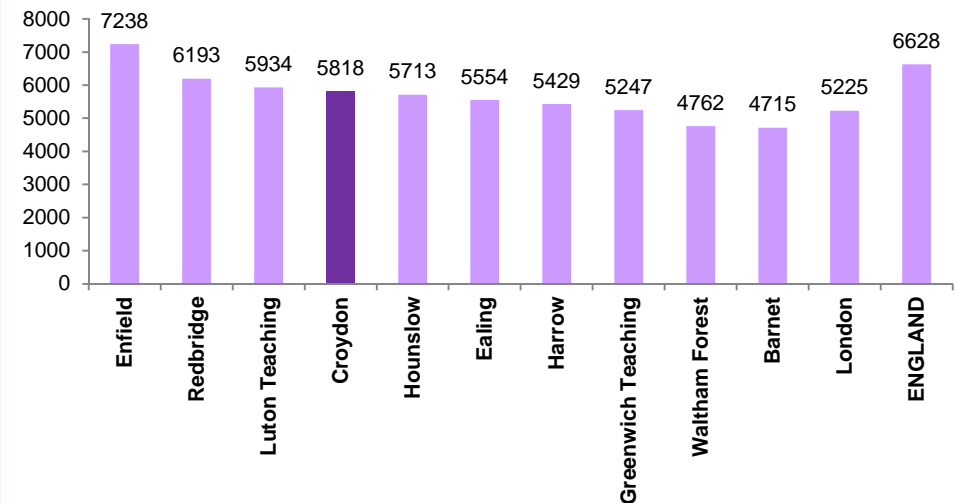
In our review of dispensing we have looked at a number of factors:

- The pattern of dispensing. This includes a high level comparison with our ONS comparators together with a more detailed look at Croydon
- The extent to which the dispensing needs of our residents are met by pharmacies in neighbouring areas
- The role of repeat dispensing and electronic prescription services
- The future capacity of our pharmacies to continue to meet pharmaceutical need

Current Picture

- The graph, on the right, compares the **average** pharmacy dispensing rate in Croydon with our ONS comparators and the London and England average. The data (which includes all prescriptions dispensed by Croydon pharmacies, not just those issued by Croydon GPs) demonstrate that the dispensing rate for Croydon pharmacies is higher than many of our comparators and the London average; but below the England average
- A detailed review of the total number of items dispensed against prescriptions written by Croydon GPs has been undertaken in order to identify where these were either dispensed or personally administered by a GP surgery (e.g. injections):
 - The total number of items dispensed was 5,299,265 (Mar 2013 - Feb 2014)
 - In total 3,619 organisations either dispensed, or personally administered, one more items
 - 90% of these items were dispensed by Croydon pharmacies
 - 10% were either dispensed by pharmacies outside of the area or were personally administered by a GP surgeries
- The table on the right, demonstrates significant variation in dispensing rates between localities, although there is generally a correlation with the number of pharmacies per 100,000. Woodside & Shirley, which has the lowest number of pharmacies per 100,000 has a higher rate than all ONS comparators (apart from Enfield) and the London & England average

Average monthly prescriptions per pharmacy (2012/13)



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

Locality	No. of Pharmacies	Items Dispensed	% Total Items	Annual Items / Pharmacy	Items / Pharmacy / Month
1. Mayday	10	766,958	16%	76,696	6,391
2. Thornton Heath	9	485,725	10%	53,969	4,497
3. Woodside & Shirley	7	579,214	12%	82,745	6,895
4. New Addington & Selsdon	11	761,426	16%	69,221	5,768
5. Purley	15	914,550	19%	60,970	5,081
6. East Croydon	23	1,244,091	26%	54,091	4,508
Total	75	4,751,964	100%	63,360	5,280

3.2.1 Essential Services

3.2.1.3 Dispensing (continued...)

Cross Border Dispensing

- The table on the right provides an overview of cross-border dispensing and includes the 'top 20' pharmacies and DACs which have dispensed the most items against prescriptions written by Croydon GPs
- Cross border dispensing is important in that it serves to improve access to pharmaceutical services, particularly for those residents who live close to the borders with other Health & Wellbeing Board areas, or for those who choose to get their prescription dispensed closer to their place of work or via an internet pharmacy

Repeat Dispensing

- Repeat dispensing allows patients, who have been issued with a repeatable prescription, to collect their repeat medication from pharmacy without having to request a new prescription from their GP
- Benefits of repeat dispensing include:
 - Reduced GP practice workload, freeing up time for clinical activities
 - Greater predictability in workload for pharmacies which facilitates the delivery of a wider range of pharmaceutical services
 - Reduced waste as pharmacies only dispense medicines which are needed
 - Greater convenience for patients
- Repeat dispensing rates have increased over the last 5 years, but they remain low in that only 5.6% items (March 2014) were attributable to repeat dispensing. The average for the year was 3.9%

Electronic Prescription Services

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy. The system is more efficient and reduces errors; it can reduce trips for patients between the GP surgery and pharmacy
- NHS England lead on EPS with support from the CCG
- Croydon has one of the highest number of GP practices, within London, with EPS software activated and ready to use

Summary of Cross Border Dispensing (All Items)

HWB Area	Pharmacy Name	Post Code	No. of Items	% Total
Lambeth	Seagrove Chemist	SE19 1TQ	51,753	0.98%
	Westbury Chemist	SW16 1BS		
	Sainsbury's Pharmacy	SW16 3PY		
Bromley	Boots the Chemist	BR1 1DN	36,504	0.69%
	Lloyds Pharmacy	BR4 0ND		
	Boots the Chemist	BR4 0PU		
	Coney Hall Pharmacy	BR4 9JB		
Surrey	TT Pharmacy	SE20 7YZ	23,368	0.44%
	Boots the Chemist	CR3 6RT		
	Sainsbury's Pharmacy	CR6 9DY		
Wandsworth	Lloyds Pharmacy	CR6 9NA	12,150	0.23%
	Healthchem	SW11 3AW		
Others	Salts Medilink*	SW18 4SX	58,765	1.11%
	Pharmacy Plus	BS5 6NR		
	Walworth Pharmacy	SE17 1JJ		
	Charter Health Care	PE2 6BJ		
	Securicare Medical Supplies	HP10 9QY		
	Makepeace Pharmacy	SE26 4RS		
	North West Ostomy Supplies	M28 3PT		
Eagle Chemist	SW16 4TR			

Note on table above

- A total of 3,619 organisations either dispensed or personally administered one or more items written on prescriptions issued by Croydon GPs
- Croydon pharmacies and DAC dispensed 90% of the items
- The remaining 10% were either dispensed out of the area or were personally administered by a GP surgery
- Salts Medilink has relocated to another area, which is distant from Croydon

3.2.1 Essential Services

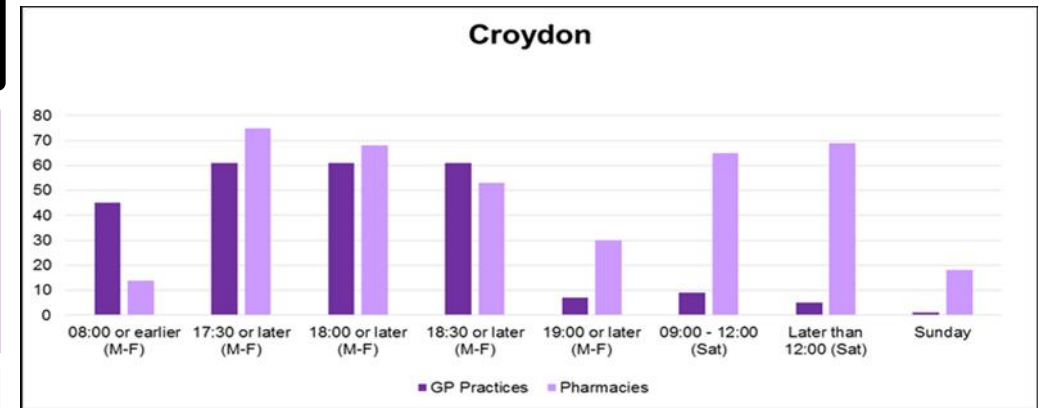
3.2.1.3 Dispensing (Continued...)

Alignment with Other NHS services

- An important pharmaceutical need is for residents to get timely access to dispensing. This is critical for medicines which need to be started urgently e.g. palliative care medicines
- We therefore looked at pharmacy opening hours in the context of GP opening hours and other NHS services

Current Picture

- GP core hours are 8am – 6:30pm on Mondays to Fridays; in addition some GP practices open for extended hours
- The graph on the right demonstrates that within Croydon, there is always a pharmacy open when a GP surgery is open (based on reception opening hours); and the graphs on the next page illustrate that this is the case for all localities. This means that residents will always be able to get a prescription dispensed, within the locality within which they have seen their GP
- However, at certain times of the day access to, and choice of, pharmacy is more limited. This is particularly the case in the mornings at 8am or earlier; and in the evenings at 18:30 or later. At these times, residents may have to travel further to get a prescription dispensed or wait until their regular pharmacy opens
- Patients may access services from the following providers during extended hours (all available 365 days a year):
 - Minor Injuries Units based at Purley War Memorial Hospital (Purley) & Parkway Health Centre (New Addington) between 2pm – 8pm every day
 - The GP-Led Health Centre and Walk-In Centre based at Edridge Road (Fairfield) between 8am and 8pm
 - The GP Out of Hours Service, based at Croydon University Hospital (Mayday)
 - The Urgent Care Centre & Accident and Emergency Department, at Croydon University Hospital (Mayday), which open 24 hours a day
 - All of these providers stock medicines which can be issued to patients. However, FP10 prescriptions may be used if a non-stock medicine is required, in which case, patients may be able to access the out of hours service provided by Mayday Community Pharmacy (see section 3.2.1.2)



Insights from our Public Survey

- In our survey, we asked residents if they had seen an emergency doctor in the out of hours period and not been able to get a prescription dispensed because a pharmacy was closed
- Only 8% of respondents had experienced this; 68% said they had had no problems; 24% said “not relevant” or “can’t remember”
- Weekday evenings after 5pm and Sundays were the most common times when problems were experienced (noting that this information needs to be viewed with caution due to the low number of respondents)

Pharmacy Urgent Repeat Medication (PURM) Service

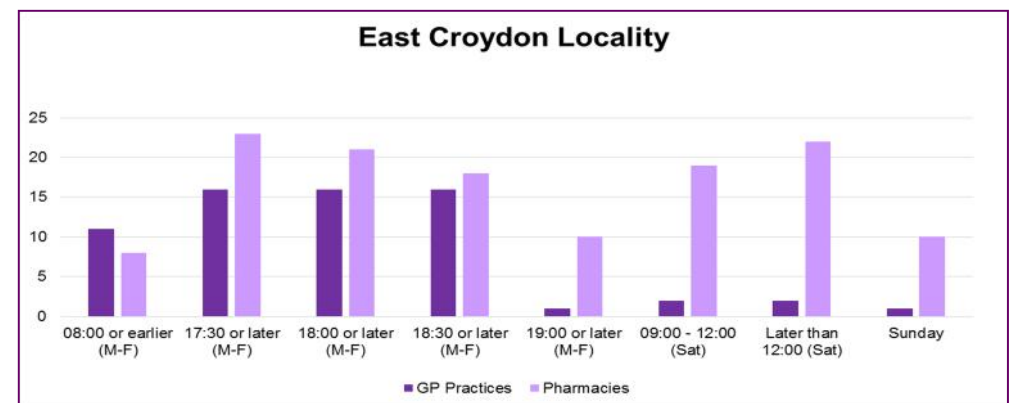
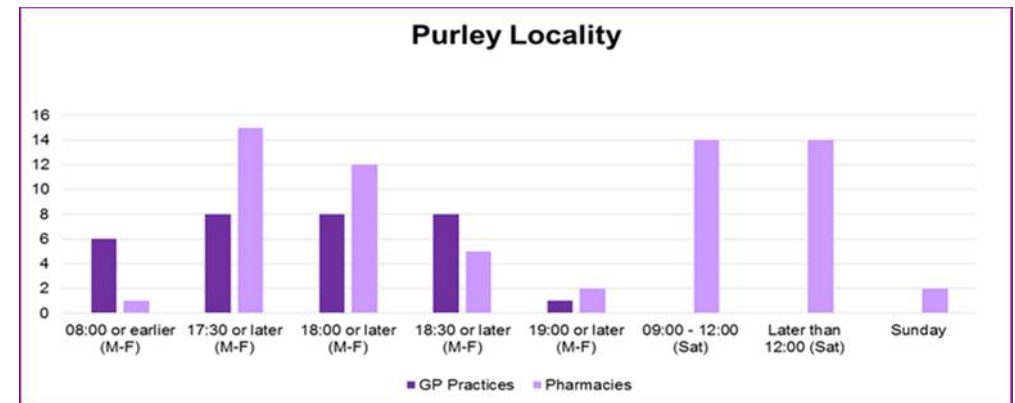
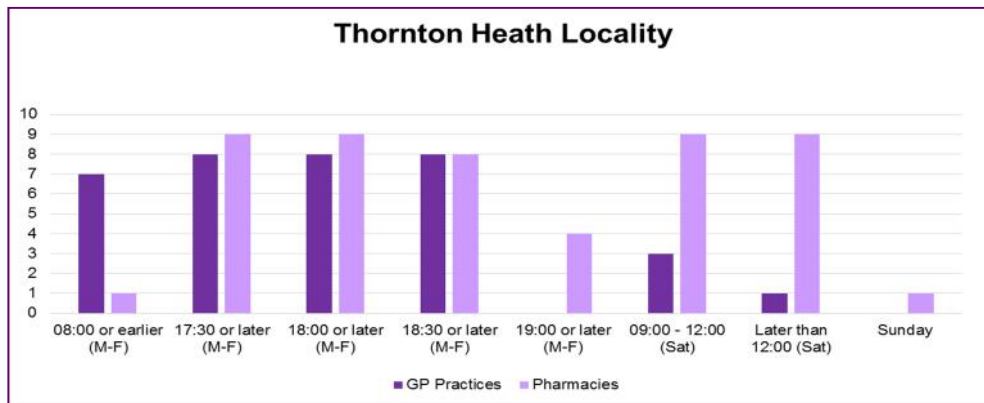
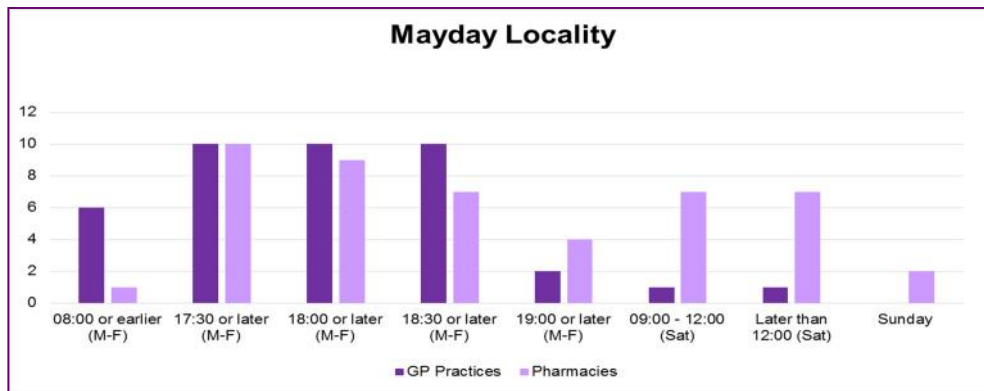
- In December 2014, NHS England launched a Pharmacy Urgent Repeat Medication service. This is a pilot scheme which will run until April 2015
- NHS 111 refers people directly to pharmacies when they need an emergency supply of medicines. The aim is to reduce pressure on GP appointments and unscheduled care services at times of high demand

The Future

- If Croydon GPs move to a 7 day a week service, the current pattern of pharmacy opening hours is unlikely to be sufficient to meet pharmaceutical needs, in terms of timely access to dispensing
- The PURM service potentially plays a valuable role in improving access to medicines. *If the evaluation of the pilot demonstrates value for money and reduced pressure on GP and unscheduled care services, we would consider a wider roll-out, alongside other priorities, when determining our commissioning intentions*

3.2.1 Essential Services

3.2.1.3 Dispensing (Continued...)



3.2.1 Essential Services

3.2.1.4 Access & Support for those with Disabilities

Overview

- A key consideration, is the extent to which a pharmacy has taken action to meet the needs of those with a disability
- This was explored in our community pharmacy questionnaire and our online public survey

Current Picture

- The table (on the right) summarise the findings from our community pharmacy questionnaire at locality level and ward level

Wheelchair access

- 91% (67/74) pharmacies are fully accessible to wheel chairs
- All localities, apart from Thornton Heath, have one or more pharmacy which are not fully accessible to wheelchairs. However, this does not impact significantly upon choice

Support for People with Hearing Impairment

- 55% (41/74) offer support which aids communication with those who are hearing impaired:
 - 30% (22/74) pharmacies have hearing loops
 - 20% (15/74) have a member of staff who is able to use sign language
 - 2.7% (2/74) have both
- Access and choice for people with hearing impairment is more limited in both the Purley and New Addington & Selsdon localities where only two and three pharmacies respectively offer support for people with hearing impairment

Support for People with Visual Impairment or who are Blind

- 85% (63/74) offer support, where this is requested:
 - 15% (11/74) pharmacies provide labels with Braille;
 - 80% (59/74) pharmacies provide large print labels
 - Other support includes supply of magnifying lenses (5/74); monitored dosage systems (3/74); "talking" labels (2/74)
 - 11% (8/74) pharmacies provide a combination of the above
- 4 Localities have between one and four pharmacies which don't provide any support for visual impairment

Consultations in patients' homes

- 38 (51%) pharmacies undertake consultations in patients homes

Community Pharmacy Survey Findings						
Locality	Ward	Wheel chair Access	Hearing Impairment		Visual Impairment / Blindness	
			Hearing Loop	Signing	Braille on labels	Large print labels
1. Mayday	Bensham Manor	2	1	0	0	1
	Norbury	3	1	1	0	3
	West Thornton	4	1	0	0	4
2. Thornton Heath	South Norwood	1	1	0	0	2
	Thornton Heath	4	1	1	0	4
	Upper Norwood	2	1	0	0	3
3. Woodside & Shirley	Ashburton	3	1	0	0	3
	Shirley	2	0	1	0	2
	Woodside	2	2	0	0	1
4. New Addington & Selsdon	Fieldway	2	1	1	1	0
	Heathfield*	3	0	0	1	2
	New Addington	2	1	0	0	2
	Selsdon & Ballards	3	2	1	2	4
5. Purley	Coulsdon East	2	0	1	1	1
	Coulsdon West	1	0	2	1	1
	Kenley	3	0	1	1	4
	Purley	4	2	0	0	2
	Sanderstead	3	1	2	3	8
6. East Croydon	Addiscombe	3	0	0	1	5
	Broad Green	5	2	0	0	1
	Croham	0	0	1	1	1
	Fairfield	8	4	2	0	2
	Selhurst	5	0	1	0	1
Total		67	22	15	12	57
% Total (based on 74 pharmacies*)		91%	30%	20%	16%	77%

* Results exclude Shirley Pharmacy which did not respond to the questionnaire

The results of the public survey are summarised on the next page

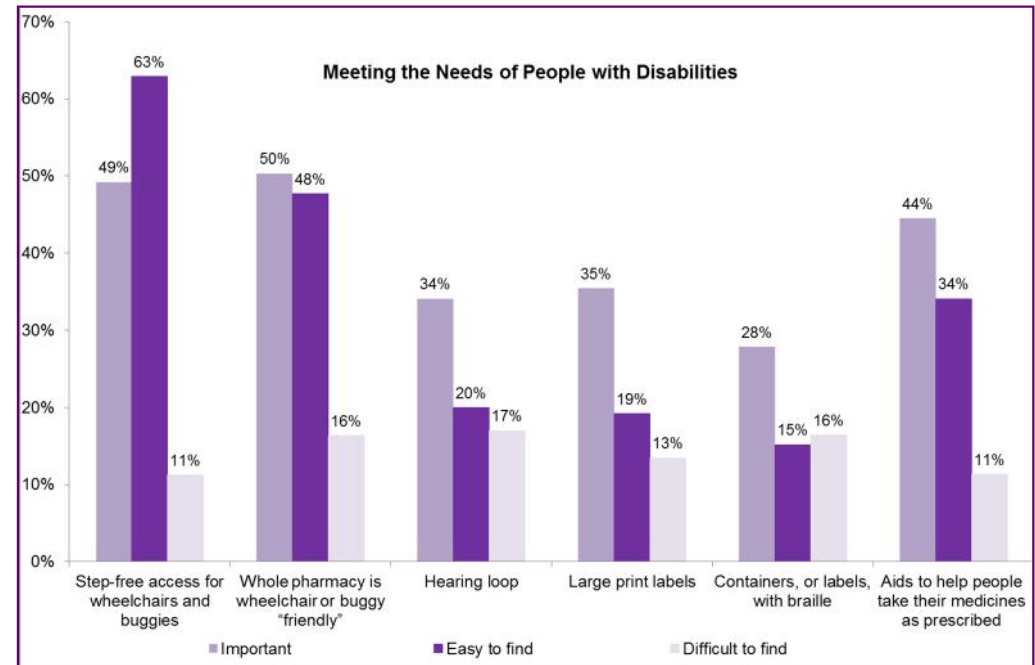
3.2.1 Essential Services

3.2.1.4 Access & Support for those with Disabilities (cont...)

Insights from our Public Survey

- In order to understand how our pharmacies meet the specific needs of our residents we asked *how important the following factors were*:
 - Step-free access to the pharmacy (to facilitate access for wheel chair users and people with buggies)
 - The pharmacy as whole being wheel chair or buggy friendly
 - A hearing loop (to facilitate communication for people with hearing impairment)
 - Provision of large print labels (to support people with visual impairment with identifying their medicines and taking the correct dose)
 - Provision of containers, or labels, with braille (to support people who are blind with identifying their medicines and taking the correct dose)
 - Aids to help people take their medicines as provided e.g. reminder charts or multi-compartment containers (to support people with cognitive impairment and those on complex medication regimens with taking their medicines as provided)
- Respondents who identified a factor as being important were then asked how easy it was to find a pharmacy (response elements included: very easy; easy; neither easy nor difficult; difficult; very difficult; don't know)
- The graph on the right-hand side summarises the findings. It demonstrates that some respondents find it difficult to find a pharmacy which can provide support with their disability – this applies to support for people with physical, sensory and cognitive impairment

- Pharmacies are required to make reasonable adjustments to support the needs of those with protected characteristics under the Equality Act 2010
- They receive a payment as a contribution towards providing auxiliary aids, for people eligible under the Equality Act 2010, who require support with taking their medicines



Opportunities to Secure Improvements

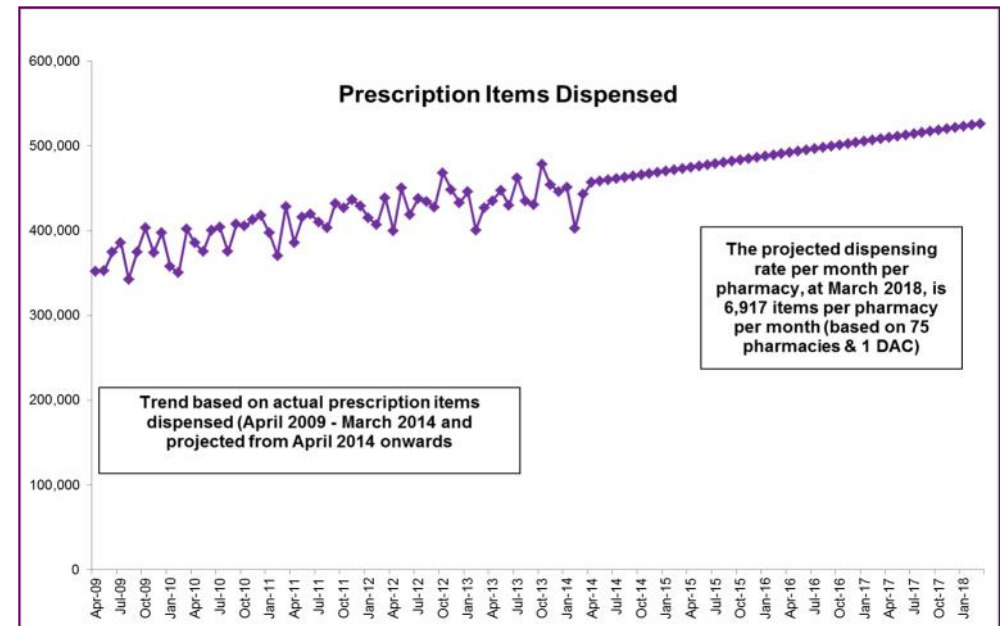
- Our community pharmacy questionnaire, together with insights from the public survey, demonstrate that some pharmacies have taken steps to support people with disabilities particularly with respect to:
 - Ensuring all public areas of the pharmacy are wheelchair & buggy friendly
 - Providing appropriate facilities and support for people with hearing impairment
 - Providing large print labels to support the visually impaired
 - Introducing simple measures e.g. reminder charts to help people take their medicines as prescribed
 - Offering consultations in patients' homes will improve access to pharmacy services to those who are less able to get to a pharmacy
- We would like to see more pharmacies following this lead; and anticipate that all pharmacies take reasonable steps to meet the minimum requirements of the Equality Act 2010

3.2.1 Essential Services

3.2.1.5 Future capacity

Future Capacity

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Croydon pharmacies. The graph on the right plots the number of items dispensed per month, between April 2009 and March 2014 and projected through to March 2018
- The graph illustrates that the trend is for the volume of items to continue to increase. Assuming that the number of pharmacies & DAC remains constant, the average number of items per month has been estimated to be 6,917 per pharmacy per month. This dispensing rate is higher than the **current** England and London averages, and all of our ONS Comparators, with the exception of Enfield
- Whilst there are the following limitations with the analysis, it provides a guide to the future dispensing capacity of pharmacies:
 - The items data doesn't include prescriptions issued by out of area GPs and other prescribers e.g. dentists, hospital FP10s etc
 - We have assumed that the proportion of cross border dispensing and personally administered items by GP practices will remain at 10%
 - It doesn't allow for changes in prescribing patterns which may arise as a result of changes in evidence, guidelines, local demography etc



Prescription Pricing Division; Electronic Prescribing & Cost Data for NHS Croydon CCG;

Other NHS Services

Croydon University Hospital

- There is an in-house dispensary which supplies medicines to inpatients and at discharge. Out-patient dispensing has been outsourced to an external pharmacy, under a local arrangement, which does not fall within NHS Pharmaceutical Services
- The Emergency (A&E) department sometimes issues FP10s out of hours

Croydon Community Services

- FP10s are issued by outpatients at the Purley Hospital site; and by some community practitioners. There are no plans to change the arrangements

South London & Maudsley Mental Health Trust

- FP10s issued by community teams including CAMHS, addictions and older adult services. There are no plans to change the arrangements

Housing and Commercial Developments

Croydon is currently undergoing a programme of significant economic, housing & commercial development which will impact upon the population size and demographic profile of the area

These developments will impact upon future NHS Pharmaceutical Services

This is explored in more detail on pages 44 - 48

3.2.1 Essential Services

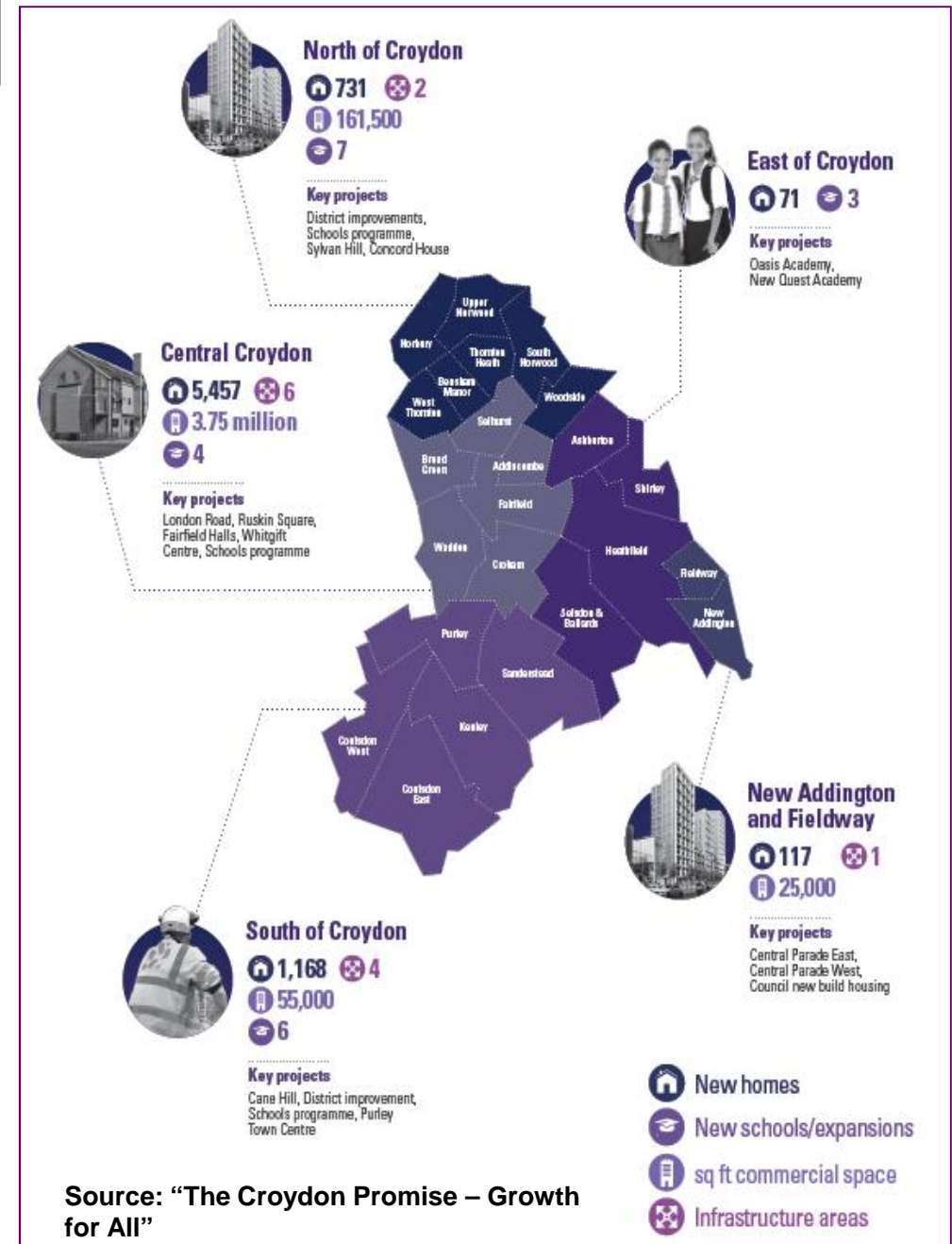
3.2.1.3 Future capacity (cont...)

Overview - Croydon in the Future

- Two key publications set out the vision for Croydon (which is summarised in the box below):
 - “Croydon Economic Development Plan 2013 – 2018”
 - “The Croydon Promise – Growth for All” (published September 2014)
- The table, on the right, provides a flavour of the key projects which are planned in support of delivery of the vision by 2020. These will fundamentally change the population demographics within Croydon
- It should be noted that the maximum timescale of our PNA is 3 years (i.e. it will run through until the end of 2018) and that many of the housing and commercial developments are subject to planning permission. This presents a challenge with respect to determining the future impact for NHS Pharmaceutical Services
- To address this, we have projected the population of our wards and localities through until the end of 2018 and made an assessment of the impact upon the distribution of pharmacies compared with our ONS comparators (see page 45 - 48). We will keep developments under review with a view to updating our PNA sooner should the need arise

The Vision – Croydon in 2020

- 16,000 new jobs will have been created within a growing economy
- 9,500 homes will have been built, or will be in the process of being built
- Within the metropolitan centre, the Whitgift redevelopment (one of Europe’s largest shopping malls) will be open and a new ‘cultural quarter’ including the modernisation of Fairfield Halls
- New offices will be focused around the East Croydon area
- The redevelopment of East Croydon station will be underway which will improve access between Central London, Gatwick and the South East
- An internationally recognised university will facilitate Croydon becoming a hub for learning
- Genuine alternatives to the private car, including train, tram, bus, bicycle or foot, will change the way people move around



3.2.1 Essential Services

3.2.1.3 Future capacity (cont...)

Locality	Ward	IMD Rank*	Pharmacies	Pharmacies by locality	Population (2014)	Pharmacies per 100,000 population (2014)	Locality Pharmacies / 100,000 Population (2014)	Projected Population (2018)	Pharmacies / 100,000 population (projected)	Locality Pharmacies / 100,000 Projected Population 2018)	Difference by Locality
1. Mayday	Bensham Manor	13	2	10	16481	12.1	19.5	16716	12.0	19.1	-0.3
	Norbury	15	4		16985	23.6		17302	23.1		
	West Thornton	10	4		17878	22.4		18240	21.9		
2. Thornton Heath	South Norwood	5	2	9	16833	11.9	17.9	17164	11.7	17.6	-0.3
	Thornton Heath	6	4		16809	23.8		17045	23.5		
	Upper Norwood	9	3		16503	18.2		16896	17.8		
3. Woodside & Shirley	Ashburton	11	3	7	15055	19.9	15.0	15269	19.6	14.8	-0.2
	Shirley	17	2		14602	13.7		14810	13.5		
	Woodside	8	2		17029	11.7		17275	11.6		
4. New Addington & Selsdon	Fieldway	1	2	11	11771	17.0	22.6	11975	16.7	21.8	-0.8
	Heathfield	18	4		13538	29.5		14052	28.5		
	New Addington	2	2		11167	17.9		11818	16.9		
	Selsdon & Ballards	24	3		12124	24.7		12513	24.0		
5. Purley	Coulsdon East	21	2	15	12600	15.9	21.3	13089	15.3	20.5	-0.7
	Coulsdon West	22	3		14007	21.4		14516	20.7		
	Kenley	20	3		15489	19.4		16039	18.7		
	Purley	19	4		15341	26.1		15941	25.1		
	Sanderstead	23	3		13104	22.9		13528	22.2		
6. East Croydon	Addiscombe	14	3	23	17564	17.1	20.9	18730	16.0	19.6	-1.3
	Broad Green	3	5		19705	25.4		21051	23.8		
	Croham	16	2		16115	12.4		16628	12.0		
	Fairfield	12	8		20484	39.1		23758	33.7		
	Selhurst	4	5		18443	27.1		18912	26.4		
	Waddon	7	0		17529	-		17995	-		
Total			75		377156	19.9		391,262	19.2		

Notes

London and England averages for the number of pharmacies per 100,000 (2012/13) are 22.5 and 21.6 respectively; it is not possible to project these forward to 2018

*IMD = Index of Multiple Deprivation (2010) where 1 is the highest rank and 24 is the lowest within Croydon; "The 5 wards ranked highest in terms of deprivation are highlighted in purple

3.2.1 Essential Services

3.2.1.3 Future capacity (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for Pharmaceutical Needs of the Locality
Mayday	<ul style="list-style-type: none"> The locality population increase is estimated as 900 people, which would effectively decrease the number of pharmacies per 100,000 by 0.3; this would take the locality slightly further away from the current London and England averages The number of items dispensed per pharmacy per month is above the current Croydon and London average but just below the England average Access to pharmacies, during extended hours on weekdays, Saturdays and Sundays is generally good in this locality (with the exception of Norbury ward) 	<ul style="list-style-type: none"> Potential current & future gap in pharmaceutical needs identified <ul style="list-style-type: none"> The overall increase in population is relatively small and is unlikely to have a significant impact upon the ability of pharmacies to meet the pharmaceutical needs of the resident population Pharmacies have an option to increase the number of pharmacists employed to help meet any increases in dispensing volume; noting that 5 (50%) pharmacies regularly have two or more pharmacists on duty If the LPS contract, held by Mayday Community Pharmacy, is terminated there will be a gap (current and future) with respect to out of hours access to medicines as this pharmacy will revert to 'normal hours (see page 25)
Thornton Heath	<ul style="list-style-type: none"> The locality population increase is estimated as 960 people, which would effectively decrease the number of pharmacies per 100,000 by 0.3; this would take the locality further away from the current London & England averages, noting that South Norwood ward (ranked 5 on the IMD) already has the lowest number of pharmacies per 100,000 The number of items dispensed per pharmacy per month is below the current Croydon, London and England averages Access to pharmacies, during extended hours on weekdays, Saturdays and Sundays is generally good in this locality 	<ul style="list-style-type: none"> No future gaps identified <ul style="list-style-type: none"> The overall increase in population is relatively small and is unlikely to have a significant impact upon the ability of pharmacies to meet the pharmaceutical needs of the resident population Dispensing rates are below average suggesting that there is capacity within the existing network of pharmacies to meet the future dispensing needs of the resident population Pharmacies have the option of employing additional pharmacists to ensure there is sufficient capacity, noting that 1 (11%) pharmacy regularly has two pharmacists on duty
Woodside & Shirley	<ul style="list-style-type: none"> The locality population increase is estimated as 660 people, which would effectively decrease the number of pharmacies per 100,000 by 0.2; this would take the locality slightly further away from the current London and England averages, noting that this locality has the lowest number of pharmacies per 100,000 in Croydon The number of items dispensed per pharmacy per month is above the Croydon, London and England averages Access to pharmacies, during extended hours on weekdays & Saturdays is good. The locality is less well served on a Sunday In Woodside, there is a 'pharmacy free zone' at the far end of Portland Road (before the railway bridge). However, a pharmacy opened in March 2014 in Addiscombe but is close to the border with Woodside; Woodside residents may choose to use this Shirley residents may choose to access pharmacies in Bromley 	<ul style="list-style-type: none"> No future gaps identified <ul style="list-style-type: none"> The overall increase in population is small and is unlikely to have a significant impact upon the ability of pharmacies (within the locality, in neighbouring localities or neighbouring HWB areas) to meet the pharmaceutical needs of the resident population Dispensing rates are above average. However, pharmacies have the option of employing additional pharmacists to ensure there is sufficient capacity, noting that 3 (43%) pharmacies regularly have two or more pharmacists on duty There are small areas of the locality which are not as well served by pharmacies on a Sunday. However, this is not regarded as a gap as the area concerned is not densely populated and residents do not have to travel much further than a mile to access a pharmacy

3.2.1 Essential Services

3.2.1.3 Future capacity (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for Pharmaceutical Needs of the Locality
New Addington & Selsdon	<ul style="list-style-type: none"> The locality population increase is estimated as 1,750 people, which would effectively decrease the number of pharmacies by 0.8 per 100,000; this would take the locality below the current London average, but it would remain above the current & projected Croydon average and above the current England average However, there is a lack of correlation between pharmacy services and deprivation within this locality, which will potentially get worse, particularly in New Addington and to a lesser extent in Fieldway The number of items dispensed per pharmacy per month is above the current Croydon and London average but below the England average Access to pharmacies, during extended hours on weekdays & Saturdays is good. Much of the locality is not well served on a Sunday The draft PNAs for Surrey and Bromley indicates that their HWB are partially reliant upon pharmacies within this locality 	<ul style="list-style-type: none"> Future gap identified; and current & future opportunities for improvements <ul style="list-style-type: none"> The overall projected increase in population is potentially significant enough to impact upon the ability of pharmacies to meet the pharmaceutical needs of the resident population, particularly when limited access on Sundays and cross border flows are taken into account Given the high levels of deprivation in New Addington and Fieldway we have identified that there is a future gap in this locality. In the short term, access may be improved through the provision of additional opening hours, particularly on a Sunday. Pharmacies also have an option to increase the number of pharmacists employed to help meet any increases in the number of prescription items; noting that 3 (30%) pharmacies regularly have two or more pharmacists on duty In the longer term, we have identified that an additional pharmacy (providing the full range of advanced, enhanced and locally commissioned services and ideally located within the more deprived New Addington ward) will be required (this gap is based on the assumption that the population grows as projected)
Purley	<ul style="list-style-type: none"> The locality population increase is estimated as 2,570 people, which would effectively decrease the number of pharmacies by 0.7 per 100,000; this would take the locality slightly further away from the current London and England averages, but it would remain above Croydon's current and projected future average A further reduction (to just below the projected Croydon average) would be seen if the ESPLPS pharmacy ceases to be viable following return to the pharmaceutical list The number of items dispensed per pharmacy per month is below the current Croydon, London and England averages Access to pharmacies, during extended hours on weekdays, Saturday afternoons and evenings and Sundays is limited within this locality (there is only one pharmacy which opens until 10pm on weekdays and Saturdays; and only two pharmacies open on Sundays) The Purley minor injuries unit (MIU) opens from 2pm – 8pm every day and uses FP10 prescriptions 	<ul style="list-style-type: none"> Current and future opportunities to improve access <ul style="list-style-type: none"> There is sufficient future capacity within the existing network of pharmacies, even if the ESPLPS pharmacy closes, to meet the estimated population growth, particularly since dispensing rates are lower than average Pharmacies have the option of employing additional pharmacists to provide additional capacity, if required, noting that 6 (40%) pharmacy regularly have two pharmacists on duty On Sundays, there are no pharmacies open between 5pm and 8pm. This means that on the infrequent occasions when people may need to use a pharmacy to access dispensing, following a consultation at the Purley MIU during this period, they have to travel more than 2 miles to do so Taking all this into account, we have concluded that there opportunities to improve access through the provision of additional hours on weekday evenings, Saturday afternoons & evenings and Sundays, in the south & east of the locality. This would promote more convenient access for people using the Purley MIU as well as helping to build capacity to meet future pharmaceutical needs of the locality

3.2.1 Essential Services

3.2.1.3 Future capacity (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for Pharmaceutical Needs of the Locality
East Croydon	<ul style="list-style-type: none"> The locality population increase is estimated as 7,230 people, which would effectively decrease the number of pharmacies per 100,000 by 1.3; this would take the locality slightly further away from the current London and England averages. However, it would remain above Croydon's current and projected future average There is also an ambitious plan to develop commercial space which will create a greater influx of commuters into the locality The number of items dispensed per pharmacy per month is below the current Croydon, London and England averages Access to pharmacies, during extended hours on weekdays is good; and reasonable on both Saturday afternoons & evenings and Sundays. However, there is no access within one mile in small parts of Waddon, Croham and Fairfield at these times The LPS contract for Fairview Pharmacy, based within the Edridge Road GP Led Health Centre & Walk-In Centre is being reviewed. This pharmacy opens from 8am – 8pm every day 	<ul style="list-style-type: none"> Future gap in pharmaceutical need; and current & future opportunities for improvements <ul style="list-style-type: none"> The overall projected increase in population, together with a likely growth in the number of commuters entering Croydon, is significant enough to impact upon the ability of pharmacies to meet the pharmaceutical needs of the resident population This capacity could be further reduced if the LPS contract (Fairview Pharmacy) is terminated by NHS England; in addition valuable access during extended hours on weekdays, Saturdays and Sundays would be lost. Whilst another pharmacy in the locality opens for extended hours, there would be a gap on Sunday mornings for people using the GP-led Health Centre and Walk-In centre In the short term, the provision of additional opening hours on weekday evenings, Saturday afternoons and evenings and Sundays, would improve access in the Fairfield, Croham and Waddon wards; Pharmacies also have an option to increase the number of pharmacists employed to help meet any increases in the number of prescription items; noting that 7 (30%) pharmacies regularly have two or more pharmacists on duty In the longer term, we have identified that an additional pharmacy (providing the full range of advanced, enhanced and locally commissioned services) will be required (this gap is based on the assumption that the population grows as projected and that commercial developments come to fruition)

3.2.1 Essential Services

3.2.1.4 Meeting the Needs of Specific Populations

Meeting the needs of those with a protected characteristic

Age	✓	<ul style="list-style-type: none"> Advice and support needs to be tailored according to a patient's age. For example: <ul style="list-style-type: none"> Older people often take multiple medications and are more susceptible to side effects Parents may require advice on managing their child's medicines during school hours or advice on managing minor ailments People of working age, may wish to access services outside of normal working hours e.g. on weekdays before or after work; or at weekends. 57% of pharmacies told us that they offer consultations in the work place which provides another mechanism to improve access to pharmacy services for this age group
Disability	✓	<ul style="list-style-type: none"> Many pharmacy users may be considered as disabled. This may include disability as a consequence of their disease as well as physical, sensory or cognitive impairment Pharmacies offer a range of support including: <ul style="list-style-type: none"> The provision of large print labels for those who are visually impaired Supply of original packs with braille or medicines labelled in braille for those who are blind The use of hearing loops to aid communication for those with impaired hearing Provision of a multi-compartment compliance aid which may help to improve adherence in those who have cognitive impairment People with a disability may have to exercise a choice and choose a pharmacy which better addresses their needs
Gender	✓	<ul style="list-style-type: none"> We have identified that younger adults, particularly men, are less likely to visit pharmacies. We, therefore, need to ensure that our pharmacies maximise opportunities to target health promotion and public health interventions (e.g. alcohol & smoking cessation advice and stop smoking services) at this group
Race	✓	<ul style="list-style-type: none"> Language may be a barrier to effectively delivering advice on taking medicines, health promotion advice and public health interventions. We have identified an opportunity to sign post patients to pharmacies where their first language is spoken BAME communities are exposed to a range of health challenges from low birth rate and infant mortality through to a higher incidence of long term conditions. People in this group are more likely to take medicines. This provides an opportunity to target health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes
Religion or belief	✓	<ul style="list-style-type: none"> Pharmacies are able to provide medicines related advice to specific religious groups. For example, advice on taking medicines during Ramadan; advice on whether or not a medicine contains ingredients derived from animals
Pregnancy and maternity	✓	<ul style="list-style-type: none"> Pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning to become pregnant. They play a vital role in helping to ensure that pregnant and breast feeding mothers avoid medicines which may be harmful
Sexual orientation	✗	<ul style="list-style-type: none"> No specific needs identified
Gender reassignment	✓	<ul style="list-style-type: none"> Pharmacies may be part of the care pathway for people undergoing gender reassignment and play a role in ensuring the medicines which form part of that treatment are available and provided without delay or impediment
Marriage & civil partnership	✗	<ul style="list-style-type: none"> No specific needs identified

3.2.1 Essential Services

3.2.1.5 Conclusions

Conclusions on Essential Services

- Essential services are provided by all NHS Pharmaceutical Services contractors. We have, therefore, used provision of these services to explore a range of factors which are relevant to the pharmaceutical needs of our population. Many of the findings in this section e.g. access in relation to opening hours, support for people with disabilities etc are pertinent to other pharmacy based services and our conclusions should be borne in mind when reviewing the remainder of the PNA
- We have identified that essential services are **necessary to meet the pharmaceutical needs of our population** for the following reasons:
 - Dispensing is a fundamental service which ensures that patients can access prescribed medicines in a safe, reliable and timely manner. FP10 prescriptions may only be dispensed by providers of NHS Pharmaceutical Services
 - Through supporting health promotion campaigns; and a proactive approach to delivering health promotion and sign posting advice, community pharmacy plays a valuable role in addressing the health needs and tackling the health inequalities of Croydon's population

Distribution of Pharmacies

- Croydon has a below average number of pharmacies
- The distribution of pharmacies is not uniform. There is not necessarily a correlation with deprivation and population density. Whilst this is most pronounced in the New Addington and Selsdon Locality, there are examples of this in all localities
- Our public survey suggests that the number of residents who can access a pharmacy within 20 minutes (94%) falls slightly short of the England average whereby 99% population are within 20 minutes of a pharmacy by car; and 96% within 20 minutes on foot
- There is a choice of two or more pharmacies in every ward, apart from Waddon which has no pharmacies. Residents in this ward may choose to access a pharmacy in a neighbouring ward either within the Borough of Croydon or in the Sutton area

Opening Hours

- On weekdays (9am - 5:30pm) there is good access, and a choice of, pharmacy for residents. Similarly, on Saturdays (9am – noon) 65 (87%) of pharmacies are open which provides reasonable access. This was reflected in our public survey, where over 92% and 81% of respondents said it was easy or very easy to find a pharmacy at these times
- Outside of these hours, access and choice within Croydon is more limited and our findings below are reinforced by our public survey:
 - **Weekdays** (before and including 8am; and in the evenings from 7pm onwards) particularly in the Purley locality where residents living in the southern most areas may have to travel more than two miles to access a pharmacy
 - **Saturdays**, when access and choice becomes more limited in the afternoons and evenings. This is particularly the case in parts of the Purley, New Addington & Selsdon, Woodside & Shirley and Mayday Localities
 - **Sundays**, there is limited availability in all localities apart from Thornton Heath and East Croydon
 - There is an LPS service which provides overnight access to medicines which are required urgently; this contract is currently being reviewed by NHS England
- 4 pharmacies open for 100 hours a week and a further 3 pharmacies open for over 90 hours, which help to improve access. However, some residents need to travel more than 5 miles in order to reach these
- With respect to other services:
 - There is a reasonable alignment with GP opening hours and within each locality there is always one or more pharmacies open when a GP surgery is open; however the current pattern of opening is unlikely to be sufficient if GP practices move to a 7 day a week service
 - There is gap in Purley on a Sunday, between 5pm – 8pm, when no pharmacies are open to serve the needs of people using the Purley minor injuries unit

3.2.1 Essential Services

3.2.1.5 Conclusions (cont...)

Conclusions on Essential Services

Dispensing

- Croydon pharmacies have higher dispensing rates compared with our ONS comparators and the London & England averages
- 90% of prescription items written by GPs in Croydon are dispensed by Croydon pharmacies
- There is scope to increase repeat dispensing services because of the benefits for patients, pharmacies and the health economy in general

Access & Support for People with Disabilities

- We have identified that some pharmacies within Croydon have taken steps to provide support for people with physical, sensory and cognitive impairment and disabilities, however, there are opportunities for more pharmacies to follow this lead

Future capacity

- In considering future capacity and the ability to meet the future pharmaceutical needs of our population, we have taken into account the current trend for growth in prescription items and planned housing and commercial developments. We have identified the following gaps:
 - Insufficient future capacity in the New Addington & Selsdon (New Addington Ward) and East Croydon Localities
 - Current and future access to pharmacies during extended hours. This applies on weekday evenings, Saturday afternoons & evenings and Sundays and is particularly the case for the following localities: Purley locality (wards in the south and the east), New Addington & Selsdon, Woodside & Shirley, East Croydon (Croham, Fairfield and Waddon) and small parts of the Mayday locality
 - The need for residents to access dispensing services at the weekend, if GPs move to a 7 day a week service

Taking all of the above into account, our overall conclusions for essential services may be summarised as follows:

Current Need

- None identified

Future Need

- Additional pharmacies in the New Addington & Selsdon locality (New Addington ward) and the East Croydon locality. This is to ensure there is sufficient capacity to meet the needs of a growing population (and to enhance pharmaceutical support in the more deprived areas)
- Additional hours, particularly for the Purley, New Addington & Selsdon & some parts of the Mayday localities to allow timely access to medicines, if GPs move to a 7 day a week service; this would be dependent upon the operational arrangements for GP opening, once known
- An arrangement to ensure overnight access to medicines, in the event that the LPS Out of Hours pharmacy is terminated
- An arrangement to ensure users of the Edridge Road GP Led Health Centre & Walk In Centre can access medicines in the event that the Fairview LPS contract is terminated

Improvements or Better Access (this is a current and future need)

- Extending opening hours on weekday evenings and at weekends would improve access and choice to dispensing and other essential services. This would be particularly beneficial for residents who work full time and for those who prefer to use a pharmacy outside of regular opening hours; and would facilitate ensuring there is sufficient capacity to meet the future pharmaceutical needs of the population
- Extending opening hours on a Sunday, between the hours of 5pm – 8pm, would provide more convenient access for to dispensing for people who have used the minor injuries unit at Purley Memorial Hospital (Purley ward, Purley Locality)

3.2.2 Premises

3.2.2.2 Consultation Areas

Overview

- Consultation areas provide a place in which private discussions may be held within a pharmacy. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services and also facilitate confidentiality when a pharmacy user wishes to seek advice on a sensitive matter
- For advanced services, the characteristics of a pharmacy consultation area have been defined⁹:
 - There must be a sign designating the private consultation area
 - The area or room must be:
 - Clean and not used for the storage of any stock
 - Laid out and organised so that any materials or equipment which are on display are healthcare related
 - Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected
- In recognition of the interdependency between the commissioning of a broad range of services from pharmacy and the presence of a suitable consultation area, we explored the facilities available in our community pharmacy questionnaire; the table on the right summarises the results

Conclusions on Consultation Areas

- Almost all pharmacies (97%) have at least one consultation area; which in the majority of cases is a confidential closed room (95%)
- Most consultation areas are well equipped, but there opportunities to:
 - Ensure the use of technology is embraced in order to facilitate confidential discussions and information exchange, where required by the service
 - Improve security through the use of CCTV and panic buttons
 - Make adaptations to support those with disabilities, particularly meeting the needs of wheelchair users and those with a hearing impairment
- 15% pharmacies also stated in the community pharmacy questionnaire, that they have made improvements i.e. screens etc. to further enhance confidentiality within the pharmacy
- 51% pharmacies said they currently provide consultations in a patient's home, which supports improving access for the housebound

Consultation Areas & Facilities

Feature	Rationale	No. (n=74)*	%
On-site	Facilitates 'walk in' approach to service delivery	72	97%
Closed room	For confidentiality	70	95%
Space for a chaperone	Important for patients who wish to be accompanied during a consultation	52	70%
Wheel chair access	Improves access to a confidential area for those with a physical disability	51	69%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	15	20%
Computer	For contemporaneous patient records	62	84%
Internet access	Access to on-line resources	55	74%
Medication records	Access to patients' medication history during the consultation	55	74%
Telephone	Allows confidential calls to be made	33	45%
Nhs.net email	Allows confidential correspondence	35	47%
N3 connection	Secure connection for sharing confidential data and information	36	49%
Sink with hot water	Required for services which include examination or taking samples	55	74%
Examination couch	Allows for a broader range of services to be provided	6	8%
CCTV	Affords protection and security	10	14%
Panic button	Affords protection and security	16	22%
Other Facilities on the Premises			
Patient toilet	Facilitates provision of samples	28	38%

* Results exclude Shirley Pharmacy, which did not respond to the questionnaire

3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Overview

- The Medicines Use Review (MURs) & Prescription Intervention (PI) service consists of structured reviews for people taking multiple medicines
- The service aims to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste
- MURs tend to be proactive and targeted at specific patient groups whereas PIs are more reactive and are usually undertaken following the identification of a serious adherence issue
- The pharmacy must have a consultation area which complies with specified criteria; and the pharmacist undertaking the service must be accredited to do so. A pharmacy may also seek permission, from NHS England, to provide MURs in the domiciliary setting
- A pharmacy may:
 - Only offer an MUR to a patient who has been using the pharmacy for 3 months or more (this is known as the '3 month rule'). The 3 month rule does not apply to prescription interventions
 - Undertake up to 400 MURs per annum
 - From 2014/15, 70% of MURs must be directed to target groups i.e.
 - People on high risk medicines (NSAIDs, anti-coagulants, anti-platelets, diuretics)
 - Those who have been recently discharged from hospital
 - People who have been prescribed certain respiratory medicines
 - Those taking 4 or more medicines and who either have cardiovascular disease or whom are at risk of cardiovascular disease

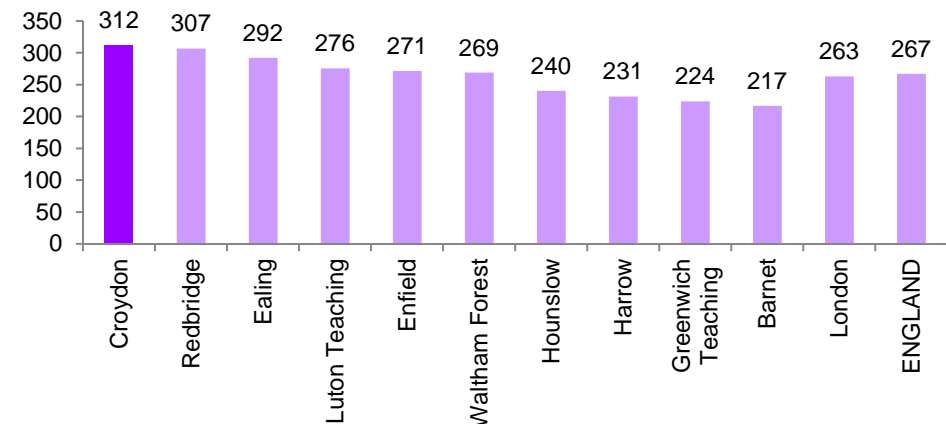
The Evidence Base

- The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies¹⁰:
 - 49% of patients reported receiving recommendations to change how they take their medicines, and of these 90% were likely to make the change(s)
 - 77% had their medicines knowledge improved by the MUR
 - 97% of patients thought the place where the MUR was conducted was sufficiently confidential
 - 85% of patients scored the MUR 4 or 5 on a usefulness scale where 1 was not useful and 5 very useful

The Current Picture

- 73 (97%) pharmacies offer Medicine Use Reviews & PIs
- The graph (below) compares Croydon with our ONS comparators:
 - The average number of MURs per pharmacy was 312; a performance which is higher than all comparators
 - All areas are below the maximum threshold of 400 MURs per annum
- The table (next page) demonstrates:
 - Good access on weekdays (9am – 5:30pm) & Saturdays (9am – 12 pm)
 - Reasonable access on weekday evenings and Saturday afternoons
 - Access outside of these hours is more limited, in all localities apart from East Croydon
- **Map 8** plots pharmacies against the percentage of people who reported themselves as being in "bad or very bad health" (2011 Census) as proxy for need as it is likely these people will be taking a medicines. It shows a good correlation between distribution and need

Average MURs per pharmacy (2012/13)



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

Croydon Activity 2013/14

- 33% pharmacies delivered the maximum number of MURs
- 68% pharmacies delivered a higher than average number of MURs
- 8% of pharmacies undertook less than 100 MURs; One did none
- Almost 23,000 MURs were undertaken; this was 6,200 less than the maximum number permitted

3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Locality	Ward	Number of Pharmacies Offering the Medicines Use Review & Prescription Intervention Services								Sundays	Not offered
		Weekdays				Saturdays					
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am – noon	5pm or later	7pm or later			
1. Mayday	Bensham Manor	1	2	1	1	2	1	1	1	0	
	Norbury	0	4	1	2	2	1	0	0	0	
	West Thornton	0	4	2	0	3	1	1	1	0	
2. Thornton Heath	South Norwood	0	2	1	0	2	0	0	0	0	
	Thornton Heath	0	4	2	1	4	1	0	0	0	
	Upper Norwood	1	3	1	1	3	2	1	1	0	
3. Woodside & Shirley	Ashburton	0	3	0	1	3	2	0	0	0	
	Shirley	0	2	1	1	2	1	0	0	0	
	Woodside	2	2	2	0	2	2	1	2	0	
4. New Addington & Selsdon	Fieldway	0	2	0	0	1	0	0	0	0	
	Heathfield	0	4	3	1	4	3	0	1	0	
	New Addington	1	2	2	0	2	2	0	0	0	
	Selsdon & Ballards	0	3	2	0	2	0	0	0	0	
5. Purley	Coulsdon East	0	2	0	2	2	0	0	0	0	
	Coulsdon West	0	3	0	0	3	2	0	1	0	
	Kenley	0	3	1	1	2	0	0	0	0	
	Purley	1	4	1	0	4	2	1	1	0	
	Sanderstead	0	3	0	1	3	1	0	0	0	
6. East Croydon	Addiscombe	1	3	3	0	3	2	0	1	0	
	Broad Green	1	4	2	0	3	3	2	3	1	
	Croham	0	2	0	1	2	0	0	0	0	
	Fairfield	4	7	4	1	7	6	3	5	1	
	Selhurst	1	5	1	0	4	2	1	1	0	
Grand Total		13	73	30	14	65	34	11	18	2	
Percentage of Total		17%	97%	40%	19%	87%	45%	15%	24%	3%	

Note

- The Internet Pharmacy, located in the East Croydon Locality, may invite people to attend for MURs providing that no essential services are provided as part of the consultation
- The pharmacy is not active and has been shown as 'not offering the service'

Pharmaceutical Needs Assessment
Map 8: Pharmacies providing Medicines Use Reviews

Legend

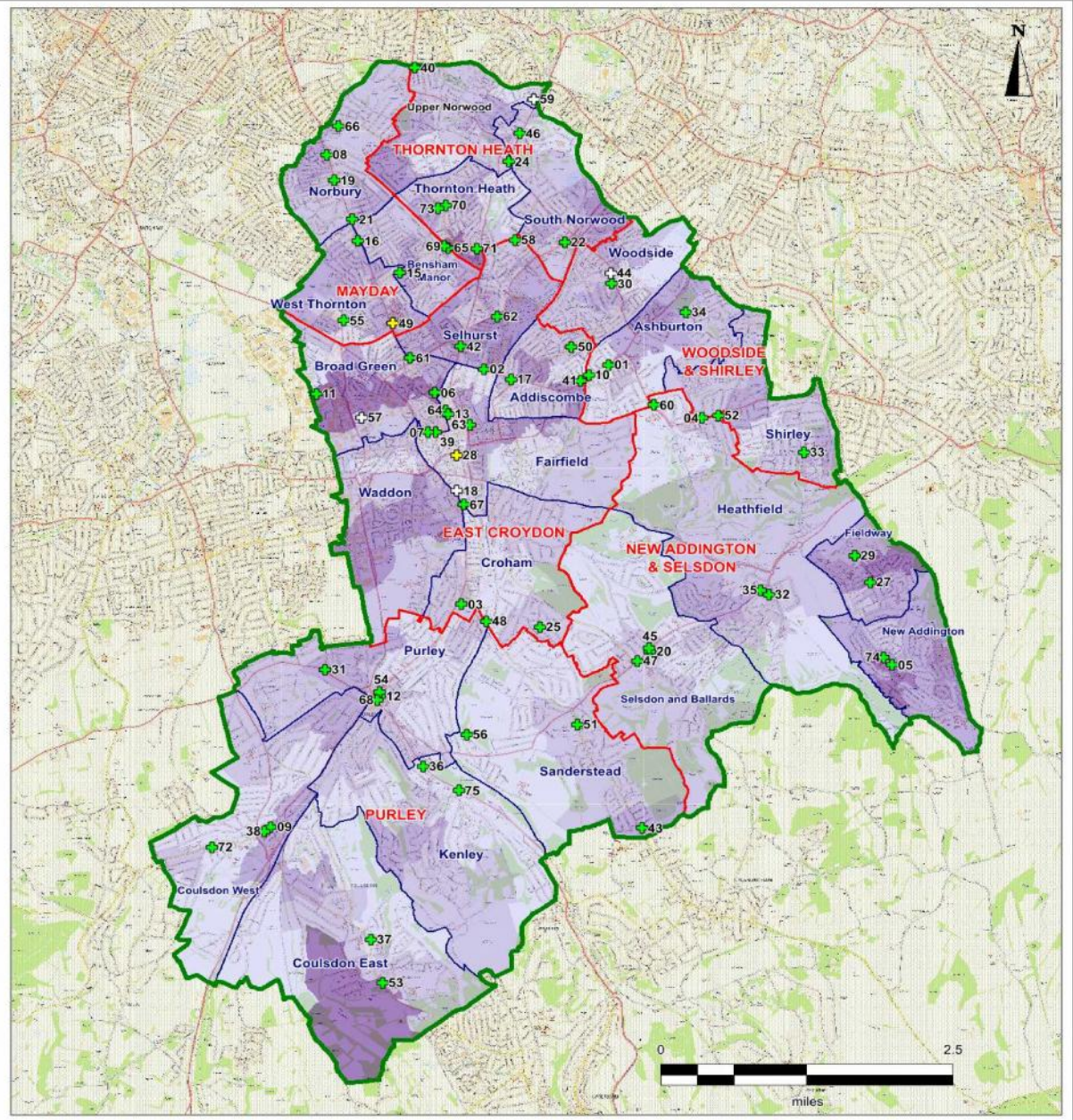
- + Croydon Pharmacies providing Medicines Use Reviews
- + 100 Hour Pharmacies providing Medicines Use Reviews
- + LPS Pharmacies providing Medicines Use Reviews
- Croydon
- Croydon Localities
- Croydon Wards

Percentage of persons in bad or very bad health by LSOA

- 8.1 to 9.5 %
- 6.6 to 8.0 %
- 5.1 to 6.5 %
- 3.6 to 5.0 %
- 2.0 to 3.5 %

Croydon Pharmacies

- | | | |
|-------------------------------------|--|--|
| 01 Addiscombe Pharmacy - CR0 7AE | 28 Fairview Pharmacy - CR9 1PJ | 53 Old Coulsdon Pharmacy - CR5 1EN |
| 02 Alcorn Chemist - CR0 2BZ | 29 Fieldway Pharmacy - CR0 9DX | 54 Orion Pharmacy - CR8 2BP |
| 03 Andrew McCoig Pharmacy - CR2 6ES | 30 Fishers Chemist - SE25 5NT | 55 Parade Pharmacy - CR0 3EW |
| 04 Andrew McCoig Pharmacy - CR0 8TE | 31 Foxley Lane Pharmacy - CR8 3EE | 56 Riddlesdown Pharmacy - CR8 1HR |
| 05 Aumex Pharmacy - CR0 0JD | 32 Goldmantle Pharmacy - CR0 9AS | 57 Sainsbury's Pharmacy - CR0 4XT |
| 06 A-Z Pharmacy - CR0 2TA | 33 Greenchem - CR0 8NG | 58 Sainsbury's Pharmacy - SE25 6XB |
| 07 Bakers Chemist - CR0 1RN | 34 Greenchem - CR0 7RA | 59 Sainsbury's Pharmacy - SE19 3RW |
| 08 Bids Chemist - SW16 4AE | 35 Harris Chemist Ltd - CR2 8JJ | 60 Shirley Pharmacy - CR0 8SS |
| 09 Boots UK Limited - CR5 2ND | 36 Hobbs Pharmacy - CR8 5JE | 61 Shivas Pharmacy - CR0 2TG |
| 10 Boots UK Limited - CR0 6RD | 37 Holmes Pharmacy - CR5 1EH | 62 Smart City Pharmacy - SE25 5QF |
| 11 Boots UK Limited - CR0 4YJ | 38 Infohealth Pharmacy - CR5 2RA | 63 St Clare Chemist - CR0 1LG |
| 12 Boots UK Limited - CR8 2AF | 39 Kent Chemist - CR0 1RB | 64 Superdrug Pharmacy - CR0 1US |
| 13 Boots UK Limited - CR0 1SN | 40 Kid Pharmacy Ltd - SE19 3NG | 65 Superdrug Pharmacy - CR7 7JG |
| 15 Brigstock Pharmacy - CR7 7JN | 41 Larchwood Pharmacy - CR0 6RB | 66 Superdrug Pharmacy - SW16 3LU |
| 16 Cranston Ltd - CR7 6JE | 42 Lloyd George Pharmacy - CR0 2JG | 67 Swan Pharmacy - CR0 1BJ |
| 17 Croychem Ltd - CR0 6AA | 43 Lloyds Pharmacy - CR2 9BY | 68 Tesco Stores Limited - CR8 2HA |
| 18 Croydon Pharmacy - CR0 1DP | 44 Lloyds Pharmacy - SE25 4PT | 69 Tesco Stores Limited - CR7 8RX |
| 19 Day Lewis Pharmacy - SW16 4BE | 45 Lloyds Pharmacy - CR2 8LH | 70 Thompsons Chemist - CR7 8JF |
| 20 Day Lewis Pharmacy - CR2 8LB | 46 Lloyds Pharmacy - SE19 2NT | 71 Thornton Heath Pharmacy - CR7 8RU |
| 21 Day Lewis Pharmacy - SW16 4DT | 47 Lloyds Pharmacy - CR2 8LG | 72 Valley Pharmacy - CR5 3BR |
| 22 Day Lewis Pharmacy - SE25 6EP | 48 Makepeace & Jackson - CR2 0PH | 73 Wilkes Chemist - CR7 8LZ |
| 24 Day Lewis Pharmacy - SE25 6DP | 49 Mayday Community Pharmacy - CR7 7HQ | 74 Your Local Boots Pharmacy - CR0 0JE |
| 25 Day Lewis Pharmacy - CR2 0EJ | 50 Medibank Pharmacy - CR0 6HE | 75 Zina Chemist - CR8 5AA |
| 26 Day Lewis Pharmacy - CR7 7HQ | 51 Medipharm - CR2 9LA | |
| 27 Dougans Chemist - CR0 0QF | 52 Mona Pharmacy Ltd - CR0 6BJ | |



3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Meeting the needs of those with a protected characteristic

Age	✓	Older people, on multiple medications, require MURs. People who work may wish to access the service during extended hours. Care Home residents may benefit
Disability	✓	MURs help to assess & provide support to patients to improve adherence e.g. provision of large print labels for those with visual or cognitive impairment
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering MURs. People from BAME communities are more likely to take medicines and benefit from MURs
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	MURs help pregnant women, those planning pregnancy and those breast feeding to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to medicines
Marriage & civil partnership	✗	No specific needs identified

Further Provision

We wish to see all pharmacies achieving the maximum number of MURs per year. To improve access we would like to see more pharmacies opening earlier in the morning and staying open later in the evening, where there is a demand for service provision at this time.

The Future

- We anticipate there will be an increase in the number of people requiring MURs as a result of more patients being cared for closer to home and due to population growth
- MURs need to be targeted at those who will benefit the most, in order to ensure that there is sufficient capacity to meet this future need

Conclusions

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:
 - People with long term conditions with multiple medicines benefit from regular reviews
 - It is estimated that up to 20% of all hospital admissions are medicines related⁶ and arise as a result of treatment failure or unintended consequence (e.g. a side effect or taking the wrong dose)
- We have concluded that this service is **necessary** to meet the pharmaceutical needs of our population, on the basis that:
 - The service may only be provided by community pharmacists
 - There is published evidence to demonstrate the benefits of MURs
 - There is good alignment with local strategic priorities in that MURs contribute towards reducing premature death through the effective management of long term conditions
- There is a good correlation between service provision and need, even though two pharmacies don't offer the service at all
- With respect to access, we have identified that there is more limited access on:
 - Weekdays & Saturdays up until and including 8:00am
 - Saturday evenings from 7pm onwards
 - Sundays
- This pattern of opening may present a constraints for residents; for example people who work full time and who may prefer to access the MUR service on weekday evenings or at the weekend
- There is scope for some pharmacies to increase the number of MURs which are undertaken, whereas others are delivering the service at full capacity
- Whilst PIs may be accessed from any accredited pharmacy, the 3 month rule means that MURs may not be accessed from a pharmacy other than the regular pharmacy. This has implications in that residents using pharmacies which don't offer the service and those who wish to use the service during extended hours cannot choose to go to alternative pharmacy. In addition, this may result in constraints with respect to meeting the future pharmaceutical needs of the population, particularly where a pharmacy is already undertaking 400 MURs per year

3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Overview

- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a **newly prescribed medicine**, to help improve medicines adherence
- The service is focused on the following patient groups and conditions:
 - Asthma and COPD
 - Diabetes (Type 2)
 - Hypertension
 - Antiplatelet / anticoagulant therapy
- Patients are either referred into the service by a prescriber when a new medicine is started (this can be from primary or secondary care) or are identified opportunistically by the community pharmacist
- The number of NMS interventions which a pharmacy may undertake is linked to their volume of dispensing in any given month

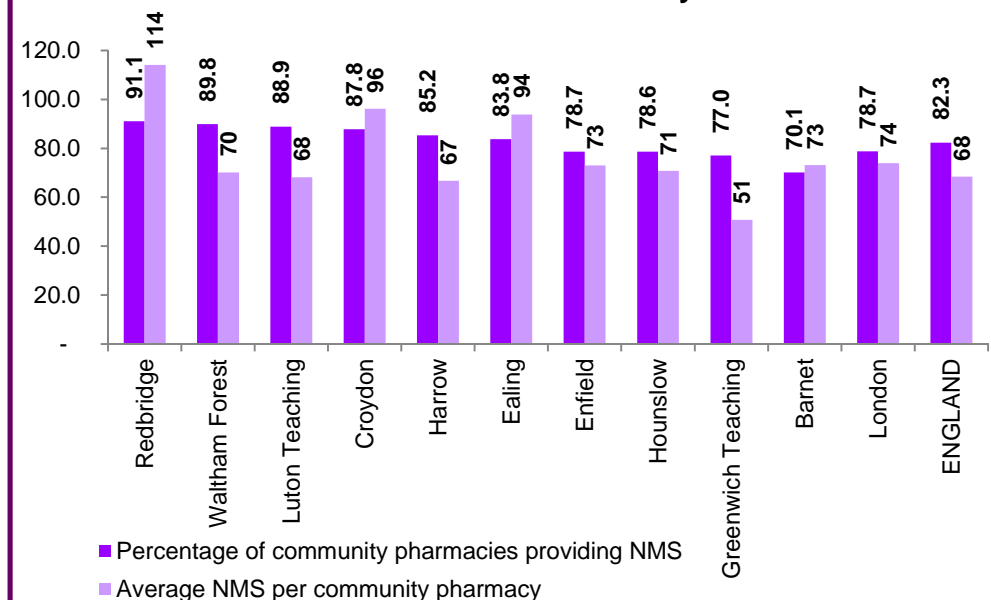
• The Current Picture

- 71 (95%) pharmacies are signed up to provide the NMS. This is higher than the London and England average
- Benchmarking data (see graph on the right) summarises Croydon's provision and performance against our ONS comparators. The average number of NMS reviews undertaken by our pharmacies is significantly higher than most of our ONS comparators as well as the London and England averages.
- The table (next page) shows:
 - Very good access on weekdays (9am – 5:30pm) and on Saturdays (9am - 12pm)
 - There is more limited access outside of these hours, with no provision on Saturday at 7pm or after in New Addington & Selsdon locality
- **Map 9** plots pharmacies against a backdrop of the percentage of people who reported themselves as being in bad or very bad health (2011 Census). The map shows good correlation between pharmacy distribution and need in all localities

The Evidence Base

- A recent randomised control trial demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and be cost effective¹¹:
 - The NMS increased adherence by around 10% and increased identification in the numbers of medicine related problems and solutions
 - Economic modelling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less than the those in the comparator group
 - Pharmacy ownership however, was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent
- In a study evaluating a telephone based pharmacy advisory service, pharmacists met patients' needs for information and advice on medicines, when starting treatment¹²

NMS Provision and Activity



3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Locality	Ward	Number of Pharmacies Offering the New Medicine Service								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor	1	2	1	1	2	1	1	1	0
	Norbury	0	4	1	2	2	1	0	0	0
	West Thornton	0	4	2	0	3	1	1	1	0
2. Thornton Heath	South Norwood	0	2	1	0	2	0	0	0	0
	Thornton Heath	0	4	2	1	4	1	0	0	0
	Upper Norwood	1	3	1	1	3	2	1	1	0
3. Woodside & Shirley	Ashburton	0	3	0	1	3	2	0	0	0
	Shirley	0	2	1	1	2	1	0	0	0
	Woodside	2	2	2	0	2	2	1	2	0
4. New Addington & Selsdon	Fieldway	0	2	0	0	1	0	0	0	0
	Heathfield	0	3	2	1	3	2	0	1	1
	New Addington	1	2	2	0	2	2	0	0	0
	Selsdon & Ballards	0	3	2	0	2	0	0	0	0
5. Purley	Coulsdon East	0	2	0	2	2	0	0	0	0
	Coulsdon West	0	3	0	0	3	2	0	1	0
	Kenley	0	3	1	1	2	0	0	0	0
	Purley	1	3	1	0	3	2	1	1	1
	Sanderstead	0	3	0	1	3	1	0	0	0
6. East Croydon	Addiscombe	1	3	3	0	3	2	0	1	0
	Broad Green	1	5	2	0	3	3	2	3	0
	Croham	0	2	0	1	2	0	0	0	0
	Fairfield	3	6	3	1	6	5	2	4	2
	Selhurst	1	5	1	0	4	2	1	1	0
Grand Total		12	71	28	14	62	32	10	17	4
Percentage of Total		16%	95%	37%	19%	83%	43%	13%	23%	5%

Pharmaceutical Needs Assessment
Map 9: Pharmacies providing the New Medicine Service

Legend

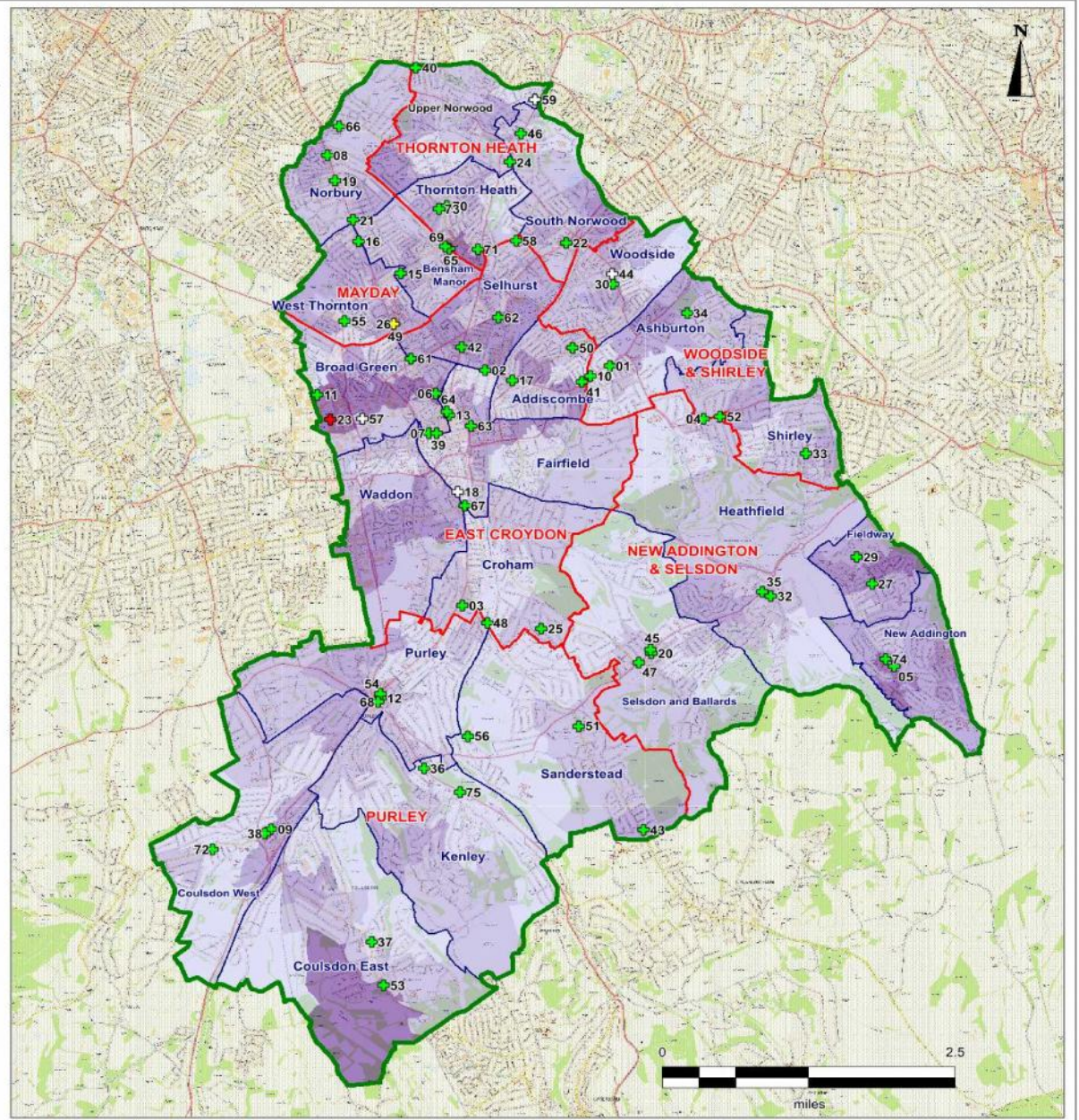
- + Pharmacies providing the New Medicine Service
- + 100 Hour Pharmacies providing the New Medicine Service
- + LPS Pharmacies providing the New Medicine Service
- + Internet Pharmacies providing the New Medicine Service
- Croydon
- Croydon Localities
- Wards

Percentage of persons in bad or very bad health by LSOA

- 8.1 to 9.5 %
- 6.6 to 8.0 %
- 5.1 to 6.5 %
- 3.6 to 5.0 %
- 2.0 to 3.5 %

Croydon Pharmacies

- | | | |
|-------------------------------------|--|--|
| 01 Addiscombe Pharmacy - CR0 7AE | 26 Day Lewis Pharmacy - CR7 7HQ | 52 Mona Pharmacy Ltd - CR0 8BJ |
| 02 Allcom Chemist - CR0 2BZ | 27 Dougans Chemist - CR0 0QF | 53 Old Coulsdon Pharmacy - CR5 1EN |
| 03 Andrew Mccoll Pharmacy - CR2 6ES | 29 Fieldway Pharmacy - CR0 9DX | 54 Orion Pharmacy - CR8 2EP |
| 04 Andrew Mccoll Pharmacy - CR0 BTE | 30 Fishers Chemist - SE25 0NT | 55 Parade Pharmacy - CR0 3EW |
| 05 Aumex Pharmacy - CR0 0JD | 32 Goldmantle Pharmacy - CR0 9AS | 56 Riddlesdown Pharmacy - CR8 1HR |
| 06 A-Z Pharmacy - CR0 2TA | 33 Greenchem - CR0 8NG | 57 Sainsbury's Pharmacy - CR8 4XT |
| 07 Barkers Chemist - CR0 1RN | 34 Greenchem - CR0 7RA | 58 Sainsbury's Pharmacy - SE25 6XB |
| 08 Bkds Chemist - SW16 4AE | 35 Harris Chemist Ltd - CR2 8JJ | 59 Sainsbury's Pharmacy - SE19 3RW |
| 09 Boots UK Limited - CR5 2ND | 36 Hobbs Pharmacy - CR8 5JE | 61 Shivas Pharmacy - CR0 2TG |
| 10 Boots UK Limited - CR0 6RD | 37 Holmes Pharmacy - CR5 1EH | 62 Smart City Pharmacy - SE25 5QF |
| 11 Boots UK Limited - CR0 4YJ | 38 Infohealth Pharmacy - CR5 2RA | 63 St. Clare Chemist - CR0 1LG |
| 12 Boots UK Limited - CR8 2AF | 39 Kent Chemist - CR0 1RB | 64 Superdrug Pharmacy - CR0 1US |
| 13 Boots UK Limited - CR9 1SN | 40 Klub Pharmacy Ltd - SE19 3NG | 65 Superdrug Pharmacy - CR7 7JG |
| 15 Bngstock Pharmacy - CR7 7JN | 41 Larchwood Pharmacy - CR0 8RB | 66 Superdrug Pharmacy - SW16 3LU |
| 16 Cranston Ltd - CR7 6JE | 42 Lloyd George Pharmacy - CR0 2JG | 67 Swan Pharmacy - CR0 1BU |
| 17 Croychem Ltd - CR0 6AA | 43 Lloyds Pharmacy - CR2 9BY | 68 Tesco Stores Limited - CR8 2HA |
| 18 Croydon Pharmacy - CR0 1DP | 44 Lloyds Pharmacy - SE25 4PT | 69 Tesco Stores Limited - CR7 8RX |
| 19 Day Lewis Pharmacy - SW16 4BE | 45 Lloyds Pharmacy - CR2 8LH | 70 Thompsons Chemist - CR7 8JF |
| 20 Day Lewis Pharmacy - CR2 8LB | 46 Lloyds Pharmacy - SE19 2NT | 71 Thornton Heath Pharmacy - CR7 8RU |
| 21 Day Lewis Pharmacy - SW16 4DT | 47 Lloyds Pharmacy - CR2 8LG | 72 Valley Pharmacy - CR5 0BR |
| 22 Day Lewis Pharmacy - SE25 6EP | 48 Makepeace & Jackson - CR2 0PH | 73 Wilkes Chemist - CR7 8LZ |
| 23 Day Lewis Pharmacy - CR0 4UQ | 49 Mayday Community Pharmacy - CR7 7HQ | 74 Your Local Boots Pharmacy - CR0 0JB |
| 24 Day Lewis Pharmacy - SE25 6DP | 50 Medibank Pharmacy - CR0 6HE | 75 Zina Chemist - CR8 5AA |
| 25 Day Lewis Pharmacy - CR2 0EJ | 51 Medipharm - CR2 9LA | |



3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Meeting the needs of those with a protected characteristic

Age	✓	Older people are more likely to start a medicine and need the NMS. People who work may wish to access the service during extended hours
Disability	✓	The NMS helps to assess & provide support to patients to help improve adherence to medicines e.g. provision of large print labels for those with visual or cognitive impairment
Gender	×	No specific needs identified
Race	✓	Language may be a barrier to successful delivery. People from BAME communities are more likely to need the NMS
Religion or belief	×	No specific needs identified
Pregnancy and maternity	✓	The NMS helps pregnant or breast feeding women to avoid harmful medicines
Sexual orientation	×	No specific needs identified
Gender reassignment	×	No specific needs identified
Marriage & civil partnership	×	No specific needs identified

Further Provision

We wish to see pharmacies proactively identifying and offering the NMS to patients who will benefit from the service. Prescribers should be encouraged to refer patients, starting an eligible medicine, into the NMS.

The Future

The NMS was implemented as a time-limited intervention pending an academic review to demonstrate the value of the service. In August 2014, NHS England stated it would continue to commission the service in 2014/15. *We wish to see all pharmacies in Croydon delivering the service, for as long as this is commissioned.*

Conclusions

- Evidence indicates that the NMS can improve a patient's adherence to medication. This can provide a range of benefits that contribute towards local and national priorities, including:
 - Improving outcomes because people take their medicines as prescribed
 - Reducing harm as a result of early identification of side effects or taking the wrong dose of medicine
 - Reducing unnecessary medicines related hospital admissions
- NMS supports the delivery of our local strategic priorities, particularly with respect to:
 - Potentially reducing demand from unplanned care and re-admissions due to medication related issues and helping to prevent medication related falls
 - Supporting the effective management of long term conditions
- We have identified that there is a discrepancy between the number of pharmacies which told us they offer the service (91%) compared with those undertaking the NMS (87.8%). Those pharmacies delivering activity are doing so at a higher rate than most of our comparator areas
- Whilst the service aligns well with local strategic priorities and there is evidence of benefit, the future of the service beyond the end of March 2015 is uncertain. We have, therefore, concluded that at this point in time the service is not necessary to meet the pharmaceutical needs of our population. However, we have recognised it as being **relevant** in that improves access to medicines reviews
- Whilst access to the NMS is good on weekdays (9am – 5:30pm) and Saturdays (9am – noon) we have identified the following current gaps:
 - 4 pharmacies do not offer NMS services at all
 - More limited access, particularly on:
 - Weekdays & Saturdays before or until 8am
 - Weekends, including Saturday evenings, from 7pm onwards & Sundays
- This may present constraints for people with long term conditions who work full time and who may prefer to visit a pharmacy on a weekday evening or at the weekend. However, residents may choose to access this service from an alternative pharmacy, if their regular pharmacy does not provide the service or is not open at a time of day which is convenient to them

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

Overview

- This service involves the customisation of stoma appliances, based on a patient's measurements or a template
- The aim of the service is to ensure proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste
- There are no limits on the number of SACS which may be undertaken

The Current Picture

- 5 (7.0%) pharmacies advised us, in the community pharmacy questionnaire, that they offer the SAC service:
 - These pharmacies are based in Mayday, Woodside & Shirley, Purley and East Croydon localities
 - No pharmacies offer the services in the localities of Thornton Health and New Addington & Selsdon
 - Access to pharmacy and DAC based SACS is limited at all times and there is no choice on weekday mornings at 8am or earlier, weekday & Saturday evenings and Sundays when only one pharmacy is open
- The DAC, which is based in the Mayday locality offers the SACS on Mondays – Fridays between the hours of 9am – 3pm
- Benchmarking data (see table on the right) for 2012/13 shows the number of SACS undertaken by Croydon Pharmacies & the DAC compared with our ONS comparators and demonstrates:
 - Croydon has one of the highest activity rates in England suggesting that the Croydon DAC and pharmacies play a key role in delivering the service to people who live outside the area (it is not possible to assess this in any further detail)
 - The data also suggests that the current pattern of opening, within Croydon, is unlikely to be a barrier to residents who need to access the service
- With respect to non-pharmacy providers, stoma customisation is a specialist service and many residents will be supported by the hospital or clinic responsible for their on-going care

The Evidence Base

- There is no published evidence to demonstrate the benefits of SACS
- The stated benefits of improving the duration of usage and reducing waste are theoretical

ONS Comparator Area	SACS Service 2012/13	
	Total	Average No. per Pharmacy / DAC
Croydon	27,395	5,479
Barnet	834	278
Redbridge	107	27
Enfield	65	9
Luton Teaching	55	8
Ealing	43	14
Waltham Forest	26	7
Greenwich Teaching	12	12
Hounslow	8	4
Harrow	5	5
London	70,883	921
England	1,117,971	635

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

Locality	Ward	Number of Pharmacies Offering the Stoma Appliance Customisation Service								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor	0	1	0	1	1	0	0	0	1
	Norbury	0	0	0	0	0	0	0	0	4
	West Thornton	0	0	0	0	0	0	0	0	4
2. Thornton Heath	South Norwood	0	0	0	0	0	0	0	0	2
	Thornton Heath	0	0	0	0	0	0	0	0	4
	Upper Norwood	0	0	0	0	0	0	0	0	3
3. Woodside & Shirley	Ashburton	0	1	0	0	1	0	0	0	2
	Shirley	0	0	0	0	0	0	0	0	2
	Woodside	0	0	0	0	0	0	0	0	2
4. New Addington & Selsdon	Fieldway	0	0	0	0	0	0	0	0	2
	Heathfield	0	0	0	0	0	0	0	0	4
	New Addington	0	0	0	0	0	0	0	0	2
	Selsdon & Ballards	0	0	0	0	0	0	0	0	3
5. Purley	Coulsdon East	0	0	0	0	0	0	0	0	2
	Coulsdon West	0	2	0	0	2	1	0	0	1
	Kenley	0	0	0	0	0	0	0	0	3
	Purley	0	0	0	0	0	0	0	0	4
	Sanderstead	0	0	0	0	0	0	0	0	3
6. East Croydon	Addiscombe	0	0	0	0	0	0	0	0	3
	Broad Green	0	0	0	0	0	0	0	0	5
	Croham	0	0	0	0	0	0	0	0	2
	Fairfield	1	1	1	0	1	1	1	1	7
	Selhurst	0	0	0	0	0	0	0	0	5
Grand Total		1	5	1	1	5	2	1	1	70
Percentage of Total		1%	7%	1%	1%	7%	3%	1%	1%	93%

The DAC is located in Mayday Locality in Bensham Manor Ward. It opens on Monday – Friday from 9am – 3pm

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

SACS – Out of Area Provision

- In order to effectively review out of area provision of SACS, it is necessary to review the dispensing of stoma appliances
- The total number of stoma appliances, dispensed against prescriptions issued by Croydon GPs was 20,408 (Mar 13 – Feb 14). The table on the right summarises how this breaks down between Croydon and out of area pharmacies and DACs:
 - 31% of items were dispensed within Croydon. All Croydon pharmacies and the DAC dispensed anywhere between 1 and 1,051 items (this excludes Medibank Pharmacy which opened on the 17 March 2014)
 - 69% of items were dispensed outside of the area; of these a total of 9 pharmacies and DACs accounted for 63% of the items
 - It follows that a proportion of Croydon residents will access the SACS outside of the area

Meeting the needs of those with a protected characteristic

Age	✓	Older people are more likely to have a stoma and therefore may require access to the SACS
Disability	✓	SACS help to assess need & provide support to people with disabilities manage their stoma
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering successful SACS
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	SACS may be required during pregnancy to help accommodate changing body shape
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Stoma Appliance Dispensing

		Items	% Total
Croydon Pharmacies & DAC	1. Mayday	1,463	7%
	2. Thornton Heath	226	1%
	3. Woodside & Shirley	552	3%
	4. New Addington & Selsdon	655	3%
	5. Purley	1,075	5%
	6. East Croydon	2,364	12%
	Total - Croydon	6,335	31%
Out of Area Pharmacies & DACs	>100 items per pharmacy / DAC	12,854	63%
	<100 items per pharmacy / DAC	1,219	6%
	Total - Out of Area	14,073	69%

Conclusions

- The SACS service aims to ensure the proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste
- 5 pharmacies and 1 DAC provide the SACS service. Whilst access and choice are limited the benchmarking data shows that Croydon has high activity rates
- We have concluded that the pharmacy & DACs based SACS service, within Croydon, is not necessary to meet a pharmaceutical need but it is a **relevant** service for the following reasons:
 - Our analysis of dispensing indicates that Croydon residents may choose to access DAC or pharmacy-based stoma customisation both within and outside of the area. They may also opt to receive stoma customisation support from the hospital or clinic providing their ongoing care
 - The SACS service provides theoretical benefits to the patients, however, there is insufficient published evidence to demonstrate improved patient outcomes or value for money
- 49 pharmacies stated in our pharmacy questionnaire, that they would be willing to provide the service in the future
- We have not identified any current or future gaps with the service

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (AURs)

Overview

- Appliance Use Reviews (AURs) may be provided by community pharmacies and dispensing appliance contractors. They may be carried out by an appropriately trained pharmacist or specialist nurse either within the contractor's premises or in a patient's own home
- The purpose of AURs is to improve a patient's knowledge and use of any 'specified appliance' that they have been prescribed. The pharmacy would normally dispense and undertake a review with a view to improving adherence and to minimise waste by resolving any issues related to poor or ineffective use of the appliance by the patient
- The number of AURs which may be undertaken is linked to the volume of appliances dispensed i.e. 1/35 of specified appliances (see box on the right)

The Current Picture

- 8 (11%) pharmacies advised us that they offer AURs:
 - These pharmacies are based in Woodside & Shirley, Purley and East Croydon localities
 - No pharmacies offer the services in the localities of Mayday, Thornton Health and New Addington & Selsdon
 - Access to pharmacy and DAC based AURs is limited at all times particularly on weekday mornings at 8am or earlier, weekday & Saturday evenings and Sundays
- The DAC (Mayday Locality) offers the AUR service and is open on Monday – Fridays between the hours of 9am – 3pm
- Benchmarking data (table on the right) for 2012/13 shows the number of AURS undertaken by Croydon Pharmacies & the DAC compared with our ONS comparators and demonstrates:
 - Croydon undertakes a high number of AURs; with 87% of these undertaken in patients' homes
 - Barnet is the only other ONS comparator area which undertook any AURs
 - The high activity rate in Croydon indicates that the current pattern of opening is unlikely to be a barrier to residents who wish to access the service
- Non pharmacy providers may include the hospital or clinic responsible for a patients ongoing care

Specified Appliances

- Catheter appliances, accessories & maintenance solutions
- Laryngectomy or tracheostomy appliance
- Anal irrigation kits
- Vacuum pump or constrictor rings for erectile dysfunction
- Stoma appliances
- Incontinence appliances

The Evidence Base

- There is no published evidence to demonstrate the benefits of AURs
- The stated benefits of improving adherence and reducing waste are theoretical

ONS Comparator Area	No. of AURs provided (2012/13)			
	Home	Premises	Total	% at Home
Croydon	1,304	197	1,501	87%
Barnet	22	0	22	100%
Ealing	0	0	0	NA
Enfield	0	0	0	NA
Greenwich Teaching	0	0	0	NA
Harrow	0	0	0	NA
Hounslow	0	0	0	NA
Luton Teaching	0	0	0	NA
Redbridge	0	0	0	NA
Waltham Forest	0	0	0	NA
London	1,820	354	2,174	84%
England	23,554	4,593	28,147	84%

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (AURs)

Locality	Ward	Number of Pharmacies Offering Appliance Use Reviews								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor	0	0	0	0	0	0	0	0	2
	Norbury	0	0	0	0	0	0	0	0	4
	West Thornton	0	0	0	0	0	0	0	0	4
2. Thornton Heath	South Norwood	0	0	0	0	0	0	0	0	2
	Thornton Heath	0	0	0	0	0	0	0	0	4
	Upper Norwood	0	0	0	0	0	0	0	0	3
3. Woodside & Shirley	Ashburton	0	1	0	0	1	0	0	0	2
	Shirley	0	0	0	0	0	0	0	0	2
	Woodside	0	0	0	0	0	0	0	0	2
4. New Addington & Selsdon	Fieldway	0	0	0	0	0	0	0	0	2
	Heathfield	0	0	0	0	0	0	0	0	4
	New Addington	0	0	0	0	0	0	0	0	2
	Selsdon & Ballards	0	0	0	0	0	0	0	0	3
5. Purley	Coulsdon East	0	0	0	0	0	0	0	0	2
	Coulsdon West	0	0	0	0	0	0	0	0	3
	Kenley	0	0	0	0	0	0	0	0	3
	Purley	0	2	0	0	2	1	0	0	2
	Sanderstead	0	0	0	0	0	0	0	0	3
6. East Croydon	Addiscombe	0	0	0	0	0	0	0	0	3
	Broad Green	0	1	0	0	0	1	0	1	4
	Croham	0	0	0	0	0	0	0	0	2
	Fairfield	2	3	2	0	3	3	2	3	5
	Selhurst	0	1	0	0	0	0	0	0	4
Grand Total		2	8	2	0	6	5	2	4	67
Percentage of Total		3%	11%	3%	0%	8%	7%	3%	5%	89%

The DAC is located in Mayday Locality in Bensham Manor Ward. It opens on Monday – Friday from 9am – 3pm

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (AURs)

AURs – Analysis of Provision

- We have used dispensing of incontinence appliances as a means of exploring provision of AURs
- The total number of incontinence appliances, dispensed against prescriptions issued by Croydon GPs was 7,772 (Mar 13 – Feb 14). The table (on the right) summarises how this breaks down between Croydon and out of area pharmacies and DACs:
 - 24% of items were dispensed within Croydon
 - 66 (89%) pharmacies (excludes Medibank which did not open until the 17 March 2014) and the DAC dispensed anywhere between 1 and 250 items
 - 76% of items were dispensed outside of the area; of these 9 pharmacies and DACs accounted for 70% of the items
 - The maximum number of AURs which could be provided to people using incontinence appliances was 54 within Croydon; & 168 outside of the area
 - Similarly, for stoma appliances (see page 63), the maximum number would be 181 and 402 for Croydon and outside of the area respectively

Incontinence Appliance Dispensing				
		Total Items	% Total Items	Max No. AURs
Croydon Pharmacies / DAC	1. Mayday	196	2.5%	6
	2. Thornton Heath	222	2.9%	6
	3. Woodside & Shirley	256	3.3%	7
	4. New Addington & Selsdon	241	3.1%	7
	5. Purley	248	3%	7
	6. East Croydon	712	9%	20
	Total – Croydon	1,875	24%	54
Out of Area Pharmacies	>100 items per pharmacy / DAC	5452	70%	156
	<100 items per pharmacy / DAC	445	6%	13
	Total - Out of Area	5,897	76%	168

Meeting the Needs of those with a protected characteristic

Age	✓	Older people are more likely to use appliances and as such require AURs
Disability	✓	Disabled people are more likely to use appliances and as such may require AURs
Gender	✓	Appliance advice can be specific to gender
Race	✓	Language may be a barrier to delivering successful AURs
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Conclusions

- The aim of AURs is to improve knowledge and use of any 'specified appliance' with a view to improving outcomes and reducing waste
- In Croydon, 8 pharmacies and 1 DAC provide the AURs service. Whilst access and choice are relatively limited benchmarking data shows that Croydon has high activity rates
- The high proportion of AURs provided at home improves access for people with a disability and addresses the fact that some localities do not have a pharmacy providing the service
- We have concluded that within Croydon, the AUR service is not necessary to meet a pharmaceutical need but it is a **relevant** service for the following reasons:
 - Our analysis indicates that Croydon residents may choose to access AURs both within and outside of the area. They may also access support from the hospital or clinic providing their ongoing care
 - There is insufficient published evidence to demonstrate improved patient outcomes or value for money
- 53 pharmacies stated, in our pharmacy questionnaire, that they would be willing to provide this service in the future.
- We have not identified any current or future gaps

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Overview

- The aim of the immunisation programme is to minimise the health impact of disease through effective prevention
- The London Pharmacy Vaccination service has been established to deliver population-wide evidence based immunisation programmes with a view to:
 - Ensuring timely delivery of immunisations to achieve optimum coverage for the target population
 - Promoting a choice of provider for patients and facilitate the “Every Contact Counts” approach by offering co-administration opportunities where an individual is eligible for two or more vaccinations under different immunisation programmes
 - Improving access to vaccination services
 - Addressing the historically low uptake of seasonal influenza vaccination by those aged under 65 who fall into an ‘at risk’ group and those aged 65+
- The scope of service current includes the following portfolio from September 2014 - March 2015:
 - Pneumococcal polysaccharide vaccination
 - Seasonal Influenza vaccination

The Current Picture

- 52 (69%) pharmacies have been commissioned to provide the London Vaccination service
- The table on the next page summarises availability of services:
 - There is very good access on weekdays (9am-5:30pm) and on Saturday (9am – 12pm) with a choice of pharmacy in all localities
 - During extended hours (weekday & Saturday mornings up until 8am, weekday & Saturday evenings and on Sundays) service availability is more limited in all localities, but to a lesser extent in East Croydon
- **Map 10** provides an overview of the distribution of pharmacy against a backdrop of the older people (65+) population, as a proxy of need. It shows that there is good access and choice of services for these residents
- **Non Pharmacy providers:** GPs and community nurses

The Evidence Base

- In 2011/12, pharmacies in one area used ‘PharmOutcomes’ to record vaccinations and notify GP colleagues¹³:
 - 4,192 people were vaccinated (approximately 15% of total vaccinated)
 - 35% were under 65 and in ‘at risk’ groups (other providers vaccinated 17% in this category)
 - 19% patients stated vaccination was unlikely without pharmacy access
 - 97% rated the service as ‘excellent’
 - 13% of patients cited difficulties in obtaining the vaccine from other providers
- A literature review¹⁴ of community pharmacy delivered immunisation services demonstrates:
 - Immunisation can be safely delivered through community pharmacy
 - Patient medication records are effective at identifying ‘at risk’ clients to be invited for immunisation and this can increase uptake of vaccine
 - User satisfaction with pharmacy based services is high
 - Support for non-physician delivered immunisation is greater for adults than children

Provider Criteria

- The following criteria must be met in order to provide the service:
 - There must be a designated consultation area or alternative premises that meets specific criteria including workspace & infection control requirements
 - The service must be provided by an accredited pharmacist working under the NHS England Core PGD for Administration of 2014/15 Vaccinations, as well as individual PGDs for the pneumococcal and seasonal influenza vaccinations
 - A Declaration of Competences for Vaccination Services (the London Service); including Centre of Pharmacy Postgraduate Education (CPPE) on immunisations and basic life support training must be completed
 - Pharmacists must attend relevant study days/courses, keeping up to date with clinical literature
 - Pharmacist must be aware of the need to have hepatitis B vaccination
 - Standard operating procedures must be available
 - All pharmacy staff must be trained on the operation of the scheme, with full details available for locum pharmacists
 - Pharmacies participating in the service are expected to work in partnership with local GPs to identify and encourage those that have failed to attend previous vaccination appointments

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Locality	Ward	Number of Pharmacies Offering the London Pharmacy Vaccination Service								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor	1	2	1	1	2	1	1	1	0
	Norbury	0	4	1	2	2	1	0	0	0
	West Thornton	0	4	2	0	3	1	1	1	0
2. Thornton Heath	South Norwood	0	1	0	0	1	0	0	0	1
	Thornton Heath	0	3	1	1	3	1	0	0	1
	Upper Norwood	0	2	0	1	2	1	0	0	1
3. Woodside & Shirley	Ashburton	0	2	0	1	2	1	0	0	1
	Shirley	0	2	1	1	2	1	0	0	0
	Woodside	2	2	2	0	2	2	1	2	0
4. New Addington & Selsdon	Fieldway	0	2	0	0	1	0	0	0	0
	Heathfield	0	2	1	1	2	1	0	1	2
	New Addington	1	2	2	0	2	2	0	0	0
	Selsdon & Ballards	0	2	1	0	1	0	0	0	1
5. Purley	Coulsdon East	0	2	0	2	2	0	0	0	0
	Coulsdon West	0	2	0	0	2	2	0	1	1
	Kenley	0	2	1	1	2	0	0	0	1
	Purley	0	0	0	0	0	0	0	0	4
	Sanderstead	0	3	0	1	3	1	0	0	0
6. East Croydon	Addiscombe	1	2	2	0	2	2	0	1	1
	Broad Green	0	4	1	0	2	2	1	2	1
	Croham	0	2	0	1	2	0	0	0	0
	Fairfield	2	3	1	1	3	3	1	2	5
	Selhurst	0	2	0	0	2	1	0	0	3
Grand Total		7	52	17	14	45	23	5	11	23
Percentage of Total		9%	69%	23%	19%	60%	31%	7%	15%	31%

Pharmaceutical Needs Assessment
Map 10: London Pharmacy Vaccination Programme

Legend

- + Pharmacies providing vaccination service
- + 100 Hour Pharmacies providing vaccination service
- + LPS Pharmacies providing vaccination service
- + Internet Pharmacies providing vaccination service

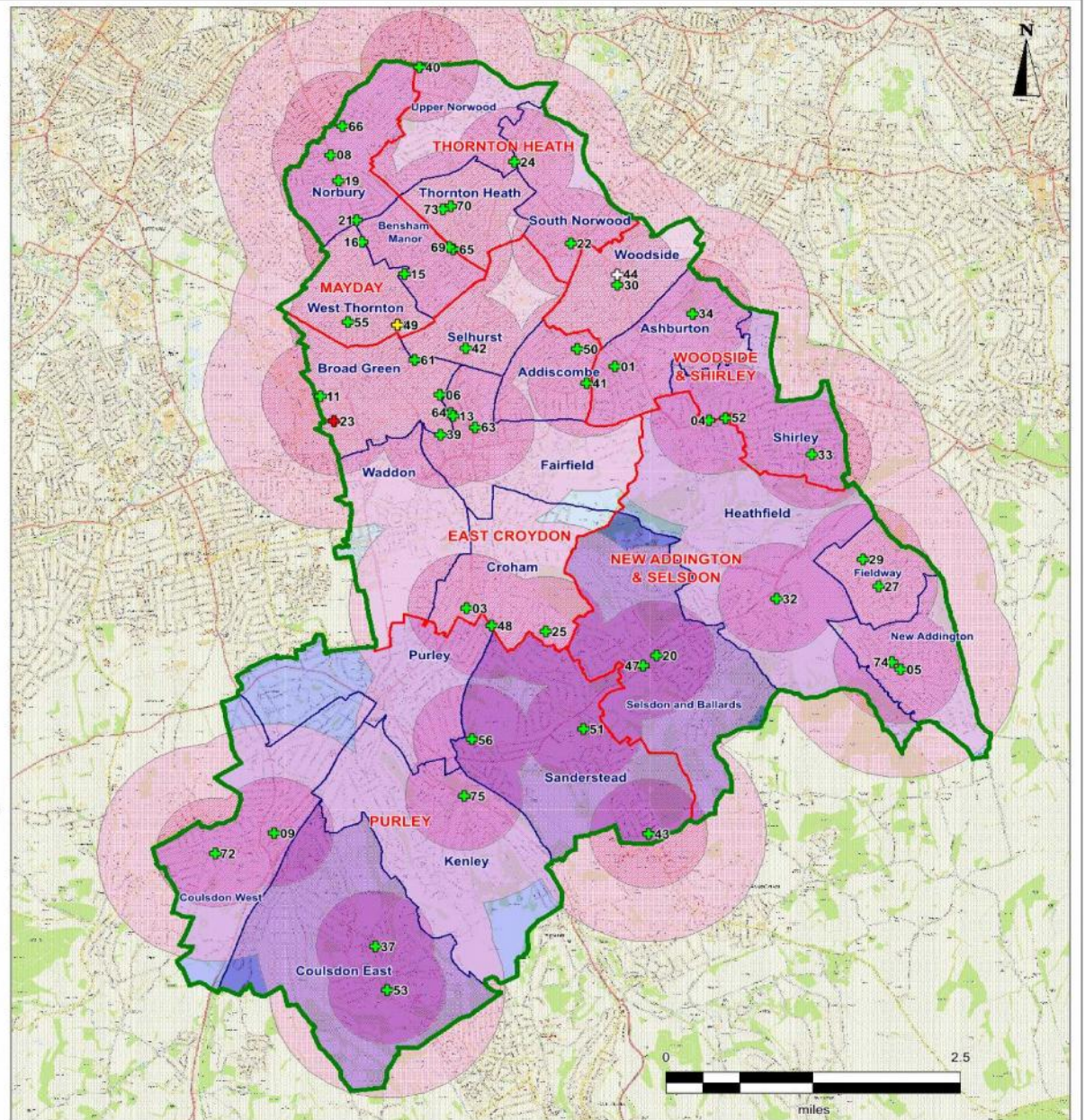
- Croydon
- Croydon Localities
- Wards

Percentage of population aged 65 plus by Ward

- 17.2 to 19.8 %
- 14.8 to 17.2 %
- 12.2 to 14.8 %
- 9.7 to 12.2 %
- 7.1 to 9.7 %

Croydon Pharmacies

- | | | |
|-------------------------------------|--|--|
| 01 Addiscombe Pharmacy - CR0 7AE | 26 Day Lewis Pharmacy - CR7 7HQ | 50 Medibank Pharmacy - CR0 6HE |
| 03 Andrew Mccoig Pharmacy - CR2 6ES | 27 Dougans Chemist - CR0 0QF | 51 Medipharm - CR2 9LA |
| 04 Andrew Mccoig Pharmacy - CR0 8TE | 29 Fieldway Pharmacy - CR0 9DX | 52 Mona Pharmacy Ltd - CR0 8BJ |
| 05 Aumex Pharmacy - CR0 0JD | 30 Fishers Chemist - SE25 5NT | 53 Old Coulsdon Pharmacy - CR5 1EN |
| 06 A-Z Pharmacy - CR0 21A | 32 Goldmantle Pharmacy - CR0 9AS | 55 Parade Pharmacy - CR0 3EW |
| 08 Bids Chemist - SW16 4AE | 33 Greenchem - CR0 8NG | 56 Riddlesdown Pharmacy - CR8 1HR |
| 09 Boots UK Limited - CR5 2ND | 34 Greenchem - CR0 7FA | 61 Shivas Pharmacy - CR0 21G |
| 11 Boots UK Limited - CR0 4VJ | 37 Holmes Pharmacy - CR5 1EH | 63 St. Clare Chemist - CR0 1LG |
| 13 Boots UK Limited - CR9 1SN | 39 Kent Chemist - CR0 1RB | 64 Superdrug Pharmacy - CR0 1US |
| 15 Brinstock Pharmacy - CR7 7JN | 40 Klub Pharmacy Ltd - SE19 3NG | 65 Superdrug Pharmacy - CR7 7JG |
| 16 Cranston Ltd - CR7 6JE | 41 Larchwood Pharmacy - CR0 6RB | 66 Superdrug Pharmacy - SW16 3LU |
| 19 Day Lewis Pharmacy - SW16 4BE | 42 Lloyd George Pharmacy - CR0 2JG | 69 Tesco Stores Limited - CR7 8RX |
| 20 Day Lewis Pharmacy - CR2 8LB | 43 Lloyds Pharmacy - CR2 9BY | 70 Thompsons Chemist - CR7 8JF |
| 21 Day Lewis Pharmacy - SW16 4DT | 44 Lloyds Pharmacy - SE25 4PT | 72 Valley Pharmacy - CR5 3BR |
| 22 Day Lewis Pharmacy - SE25 6EP | 47 Lloyds Pharmacy - CR2 8LG | 73 Wilkes Chemist - CR7 8LZ |
| 23 Day Lewis Pharmacy - CR0 4UQ | 48 Makepeace & Jackson - CR2 0PH | 74 Your Local Boots Pharmacy - CR0 0JB |
| 24 Day Lewis Pharmacy - SE25 6DP | 49 Mayday Community Pharmacy - CR7 7HQ | 75 Zina Chemist - CR8 5AA |
| 25 Day Lewis Pharmacy - CR2 0EJ | | |



3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service (cont...)

Meeting the needs of those with a protected characteristic

Age	✓	The service available to those over 65 and under 65 in at risk groups
Disability	✓	Pharmacy-based services may be more accessible and convenient for people with a physical disability
Gender	✓	No specific needs identified
Race	✓	BAME people are more likely to be in the “at risk” groups
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	The service is available to women who are pregnant
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- Given the historically low uptake rates of seasonal influenza vaccine, in both the over 65s and those aged 66 years and under who are ‘at risk’, we would wish to see this service commissioned from as many pharmacies as possible in Croydon
- In particular, we would wish to see all pharmacies which are open for extended hours on weekdays, Saturdays and Sundays offering the service. This would potentially improve access for people who work full time and who may find it difficult to attend for vaccination during working hours

The Future

- NHS England has advised that they may wish to broaden the current portfolio to include shingles, pertussis, Fluenz ® and rotavirus vaccination
- Croydon also has low uptake rates of other childhood immunisations e.g. MMR and HPV vaccine and we believe there would be benefits to extending the portfolio to include the full range of childhood vaccinations

Conclusions

- The London Pharmacy Vaccination Service has been established to improve the uptake of immunisation, to provide a choice of provider and to facilitate implementation of “Every Contact Counts” by offering co-administration of different vaccines, where these are clinically indicated
- The scope of the service, in 2013/14, includes seasonal influenza and pneumococcal vaccines
- We have concluded that this service is not necessary to meet a pharmaceutical need but is **relevant** in that:
 - Community pharmacy is one of a range of providers offering the vaccinations. Many are open during extended hours on weekdays and at weekends. As such, the pharmacy-based service **offers improvements in both access and choice**
 - There is emerging published evidence to support the role of community pharmacy in delivering immunisation services
 - Croydon pharmacies successfully delivered a pharmacy-based immunisation service during 2014/14
- 52 pharmacies are currently offering the new vaccination service.
- There is good coverage across all localities, although there are opportunities to improve service availability during extended hours on weekdays, Saturdays and Sundays
- The London Pharmacy Vaccination service was launched in September 2014 and it is, therefore, too early to evaluate its impact

3.3 Locally Commissioned Services

3.3.1 Overview & Healthy Living Programme

Overview

- The Regulations¹ require that the HWB considers how other services affect the need for pharmaceutical services. Within our PNA, we look at this from two perspectives:
 - a. Firstly, an assessment of services which have been directly commissioned from pharmacy by other organisations
 - b. Secondly, we review how other NHS services impact upon pharmaceutical need (this is considered throughout the PNA)
- In this section of the PNA, we undertake a detailed review of the services which have been directly commissioned from pharmacy:
 - Stop Smoking Service
 - Needle and Syringe Programme
 - Supervised Consumption Service
 - Chlamydia Screening Programme
 - Enhanced Sexual Health Service
 - NHS Health Check Programme
 - Minor Ailments Service
 - Domiciliary Medicines Review Service
- In addition to the above services, we are embarking upon a programme to develop the Healthy Living Pharmacy concept across Croydon (refer to the box on the right for a brief overview)
- In undertaking our assessment, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out current and future gaps and identifying areas for further improvement
- We have also found it helpful to consider whether or not a locally commissioned service is necessary to meet a pharmaceutical need; or if we believe the service is relevant in that it secures improvements in access or choice
- It should be noted that applications **must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services) and should not be submitted on the basis of gaps or needs identified for locally commissioned services

Healthy Living Pharmacy (HLP) Programme

- Croydon Council is working in partnership with Croydon Clinical Commissioning Group, Croydon Local Pharmacy Committee (LPC) and the SWL Academic Health and Social Care System to develop the Healthy Living Pharmacy (HLP) concept in the borough
- The concept of the HLP builds upon the role of community pharmacies and attempts to establish them as a key element within public health services. It aims to do this through the delivery of high quality services, advice and intervention as well as regular health promotion activities
- Croydon has set out its ambition for Healthy Living Pharmacies:
 - A community pharmacy that consistently delivers a range of high quality health and wellbeing services
 - Has achieved defined quality criteria requirements and met productivity targets linked to local health needs
 - Has a team that proactively promotes health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, physical activity, sexual health, healthy eating and alcohol
 - Has a trained Health Champion who is proactive in promoting health and wellbeing messages, signposts the public to appropriate services and enables and supports the team in demonstrating the 'ethos' of an HLP
 - Has premises that are fit for purpose for promoting health and wellbeing messages as well as delivering commissioned services
 - Engages with the local community and other health and social care professionals, especially their local GP practice
 - Is recognisable by the public through the display of the HLP logo
- The concept in Croydon is still in early stages of development

3.3 Locally Commissioned Services

3.3.2 Stop Smoking

Overview

- The Stop Smoking Service includes the delivery of behavioural therapy as well as pharmacotherapy intervention (Nicotine Replacement Therapy - NRT) to support people to permanently stop smoking. Bupropion and varenicline are only available via an FP10 prescription from the patient's GP
- The service is available to smokers aged over 12 years living, working or registered with a Croydon GP and aims to:
 - Offer the most effective evidence-based treatment
 - Support people to successfully quit smoking
 - Achieve high levels of service user satisfaction
- Local target groups, for the service, include those living in Fieldway or New Addington wards, young people, people with mental health difficulties and pregnant women

The Current Picture

- 59 (79%) pharmacies have been commissioned to provide the service
- The table (see next page) summarises availability of services by locality and ward:
 - There is very good access on weekdays (9am – 5:30pm) and on Saturday (9am – noon)
 - Outside these hours service are more limited; there are no services open at 8am or earlier on weekdays or on Saturday evenings after 7pm in the New Addington & Selsdon Locality
 - On Sundays, there is a reasonable choice of pharmacy in East Croydon, but limited access in all other localities
- Map 11** shows a good distribution with almost all residents being within 1 mile access of a pharmacy offering the service
- Non-pharmacy providers include GPs (through practice nurses), Solutions4Health (outreach-based services) and MIND
- With respect to activity and performance, in 2013/14:
 - Only 45 of the pharmacies were active
 - The 35% target for 4 week quit rates was achieved in all localities; with pharmacies in Purley achieving the highest quit rate and those in East Croydon the lowest
 - There is variation in active recruitment from the local target groups

Provider Criteria

- The Stop Smoking Advisor must be available at all times during pharmacy opening hours
- The Advisor must have attended level 2 standard National Centre for Smoking Cessation training
- The pharmacy must have a consultation area, which must be used when providing the stop smoking services
- Policies for safeguarding / complaints / data protection are required
- Providers must commit to develop plans for quality improvement

The Evidence Base

- There is good evidence to support the role of community pharmacists in stop smoking services^{14,15}:
 - Studies have demonstrated the effectiveness and cost effectiveness of stop smoking services, provided by trained pharmacy staff, in improving quit rates
 - Community pharmacists trained in behaviour-change methods are effective in helping clients stop smoking. Training increases knowledge, self-confidence and the positive attitude of pharmacists and their staff in relation to smoking cessation
 - Involving pharmacy support staff may increase the provision of brief advice and recording of smoking status in patient medication records
 - Abstinence rates from one-to-one treatment services provided by community pharmacists versus primary care nurses are similar

Locality	No. Active Pharmacies	4 Week Quit Rate (Target 35%)			
		No. Quit Attempts	4 Week Quits (%)	4 Week Quit Range (%)	No. Active Pharmacies Achieving Target
Mayday	6	132	45	0 – 53.7	3
Thornton Heath	7	121	49	0 – 66.7	2
Woodside & Shirley	7	253	39	0 – 66.7	4
New Addington & Selsdon	6	183	50	20 – 92.3	4
Purley	8	176	51	29.4 - 100	5
East Croydon	11	267	37	0 - 100	2
Croydon - Total	45	1132	44	0	20









3.3 Locally Commissioned Services

3.3.2 Stop Smoking

Locality	Ward	Number of Pharmacies Offering the Stop Smoking Service								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor	1	2	1	1	2	1	1	1	0
	Norbury	0	3	0	2	2	1	0	0	1
	West Thornton	0	2	2	0	2	1	1	1	2
2. Thornton Heath	South Norwood	0	2	1	0	2	0	0	0	0
	Thornton Heath	0	4	2	1	4	1	0	0	0
	Upper Norwood	1	3	1	1	3	2	1	1	0
3. Woodside & Shirley	Ashburton	0	2	0	0	2	1	0	0	1
	Shirley	0	2	1	1	2	1	0	0	0
	Woodside	2	2	2	0	2	2	1	2	0
4. New Addington & Selsdon	Fieldway	0	2	0	0	1	0	0	0	0
	Heathfield	0	3	2	1	3	2	0	1	1
	New Addington	0	1	1	0	1	1	0	0	1
	Selsdon & Ballards	0	2	1	0	1	0	0	0	1
5. Purley	Coulsdon East	0	2	0	2	2	0	0	0	0
	Coulsdon West	0	2	0	0	2	1	0	0	1
	Kenley	0	2	1	1	2	0	0	0	1
	Purley	1	1	1	0	1	1	1	1	3
	Sanderstead	0	3	0	1	3	1	0	0	0
6. East Croydon	Addiscombe	0	2	2	0	2	1	0	0	1
	Broad Green	1	4	2	0	3	3	2	3	1
	Croham	0	2	0	1	2	0	0	0	0
	Fairfield	5	7	4	0	6	6	3	4	1
	Selhurst	0	4	0	0	3	1	0	0	1
Grand Total		11	59	24	12	53	27	10	14	16
Percentage of Total		15%	79%	32%	16%	71%	36%	13%	19%	21%

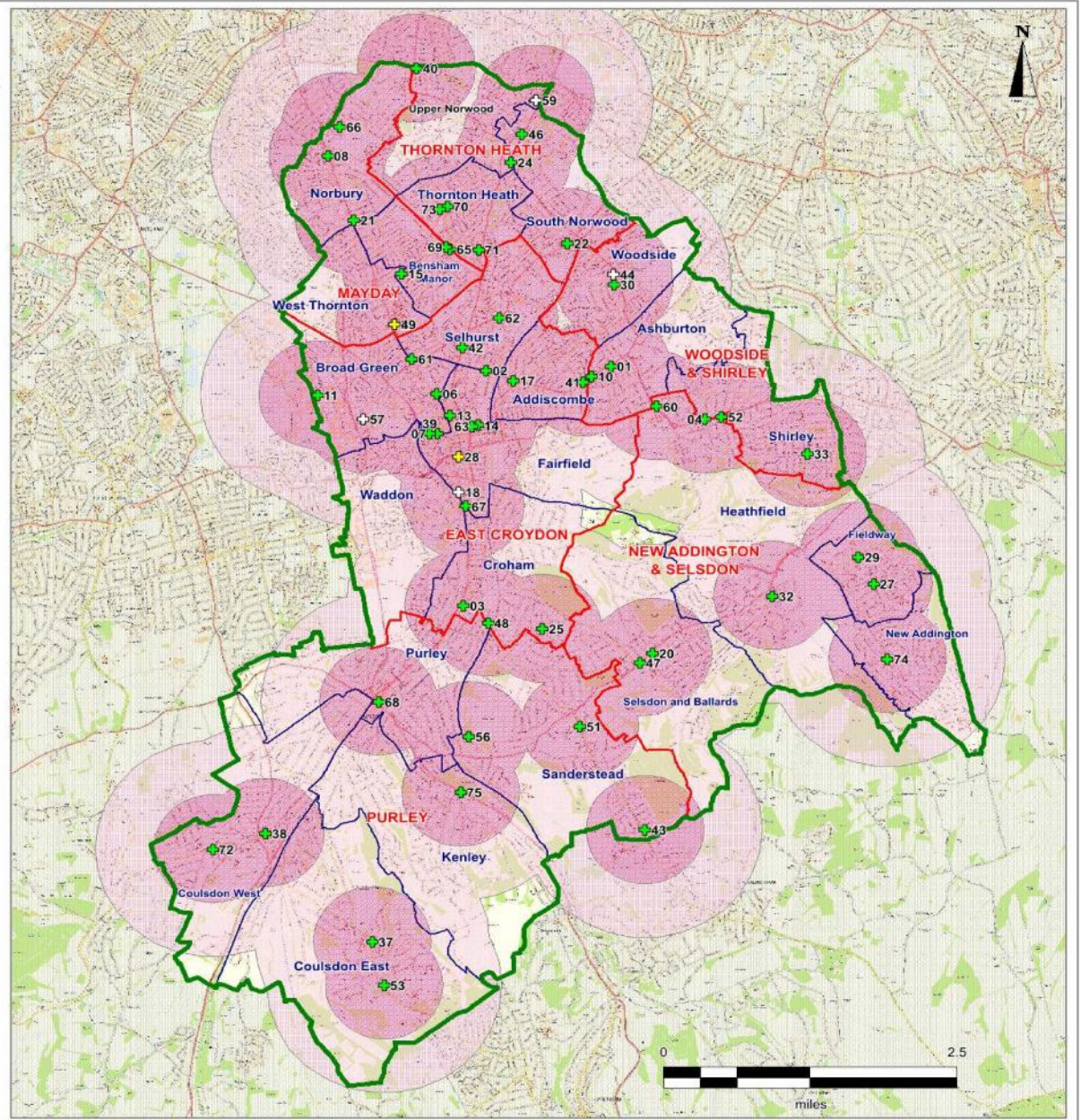
Pharmaceutical Needs Assessment
Map 11: Pharmacies providing the Stop Smoking Service

Legend

-  Pharmacies providing the Stop Smoking Service
-  100 Hour Pharmacies providing the Stop Smoking Service
-  LPS Pharmacies providing the Stop Smoking Service
-  Croydon
-  Croydon Localities
-  Wards
- Distance Buffers**
-  0.5 mile
-  1 mile

Croydon Pharmacies

- | | |
|---|---|
| <ul style="list-style-type: none"> 01 Addiscombe Pharmacy - CR0 7AE 02 Allcom Chemist - CR0 2BZ 03 Andrew McCoig Pharmacy - CR2 6ES 04 Andrew McCoig Pharmacy - CR0 8TE 06 A.Z Pharmacy - CR0 2TA 07 Barkers Chemist - CR0 1RN 08 Bids Chemist - SW16 4AE 10 Boots UK Limited - CR0 8RD 11 Boots UK Limited - CR0 4YJ 13 Boots UK Limited - CR9 1SN 14 Boots UK Limited - CR0 1LD 15 Brigstock Pharmacy - CR7 7JN 17 Croychem Ltd - CR0 6AA 18 Croydon Pharmacy - CR0 1DP 20 Day Lewis Pharmacy - CR2 8LB 21 Day Lewis Pharmacy - SW16 4DT 22 Day Lewis Pharmacy - SE25 6EP 24 Day Lewis Pharmacy - SE25 6DP 25 Day Lewis Pharmacy - CR2 0EJ 26 Day Lewis Pharmacy - CR7 7HQ 27 Dougans Chemist - CR0 0QF 28 Fairview Pharmacy - CR9 1PJ 29 Fieldway Pharmacy - CR0 9DX 30 Fishers Chemist - SE25 5NT 32 Goldmantle Pharmacy - CR0 9AS 33 Greenchem - CR0 8NG 37 Holmes Pharmacy - CR5 1EH 38 Infohealth Pharmacy - CR5 2RA 39 Kent Chemist - CR0 1RB 40 Klub Pharmacy Ltd - SE19 3NG | <ul style="list-style-type: none"> 41 Larchwood Pharmacy - CR0 6RB 42 Lloyd George Pharmacy - CR0 2JG 43 Lloyds Pharmacy - CR2 9BY 44 Lloyds Pharmacy - SE25 4PT 46 Lloyds Pharmacy - SE19 2NT 47 Lloyds Pharmacy - CR2 8LG 48 Makepeace & Jackson - CR2 0PH 49 Mayday Community Pharmacy - CR7 7HQ 51 Medipharm - CR2 9LA 52 Mona Pharmacy Ltd - CR0 8BJ 53 Old Coulsdon Pharmacy - CR5 1EN 56 Riddlesdown Pharmacy - CR8 1HR 57 Sainsbury's Pharmacy - CR0 4XT 59 Sainsbury's Pharmacy - SE19 3RW 60 Shirley Pharmacy - CR0 8SS 61 Shivas Pharmacy - CR0 2TG 62 Smart City Pharmacy - SE25 5QF 63 St Clare Chemist - CR0 1LG 65 Superdrug Pharmacy - CR7 7JG 66 Superdrug Pharmacy - SW16 3LU 67 Swan Pharmacy - CR0 1BJ 68 Tesco Stores Limited - CR8 2HA 69 Tesco Stores Limited - CR7 8RX 70 Thompsons Chemist - CR7 8JF 71 Thornton Heath Pharmacy - CR7 8RU 72 Valley Pharmacy - CR5 3BR 73 Wilkes Chemist - CR7 8LZ 74 Your Local Boots Pharmacy - CR0 0JB 75 Zina Chemist - CR8 5AA |
|---|---|



3.3 Locally Commissioned Services

3.3.2 Stop Smoking

Meeting the needs of those with a protected characteristic

Age	✓	Smoking prevalence may vary between age groups. There may be opportunities to target stop smoking at specific age segments of the population. The service may be accessed by those aged over 12 years
Disability	✓	Services and advice need to be tailored to meet the specific needs of those with learning disabilities and cognitive impairment
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the service. BAME groups are more susceptible to Diabetes, CVD etc made worse by smoking. Use of tobacco e.g. chewing, shisha etc. may affect tobacco control approach
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Evidence of improved outcomes in pregnancy
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- In order to secure improvements, we intend work with pharmacies to explore, and address, variation in performance and reasons as to why some are not active at all
- We wish to see pharmacies proactively identifying (e.g. through their patient medication records or opportunistic intervention within the pharmacy) patients who may benefit from the stop smoking service; this includes opportunistically approaching those in local target groups
- In our questionnaire, pharmacies identified that training support was required to underpin and enhance service delivery

The Future

As part of a more holistic health and wellbeing offer, we are exploring the synergies within health improvement pathways i.e. support for those with weight gain associated with smoking cessation; and the wider role community pharmacies can play in mobilising the large network of people they see each year.

Conclusions

- Stop smoking services are vital with respect to reducing the health consequences and inequalities associated with smoking
- We have determined that the service is **necessary** to meet the pharmaceutical needs of our population for the following reasons:
 - There is good evidence to support community pharmacy-based stop smoking services
 - Pharmacy services are beneficial in that NRT, to support a quit attempt, may be supplied at the point of consultation
 - Whilst pharmacy is one of a range of providers commissioned to provide the service, there are potentially benefits in terms of access & choice, including during extended hours on weekdays and at weekends
 - The service is a priority given the higher prevalence of smoking, particularly in some of the areas of higher deprivation; as well as a higher than average prevalence of COPD in those under 75 years
 - The service supports us with meeting our strategic priorities around cardiovascular disease and COPD
- 59 pharmacies have been commissioned to provide the service and access is generally good on weekdays and Saturdays. On Sundays, service availability is more limited in all localities, apart from East Croydon
- With respect to performance:
 - Only 45 pharmacies actively deliver the service
 - There is variation in performance of pharmacies both within localities; and also between localities. This variation extends to active recruitment from local target groups

3.3 Locally Commissioned Services

3.3.3 Needle and Syringe Programme

Overview

- This service provides clean injecting equipment and encourages the exchange of used needles and syringes. In addition, advice is provided on safer injecting technique and practices; and facilitates signposting and onward referral of service users to other health and social care services. This support enables individuals to remain healthy until they are ready to cease injecting and achieve a drug-free life
- The service aims to protect health and reduce the transmission of blood-borne viruses and other diseases associated with injecting drug use by:
 - Improving access to clean injecting equipment and providing access points for the safe disposal of injecting equipment
 - Reducing the incidence of sharing injecting equipment through the provision of free sterile injecting equipment
 - Promoting safer drug-using practices and healthier lifestyles through the provision of resources and advice on harm reduction and services available
 - Complementing existing drug and alcohol services with the local care model framework by facilitating referrals to specialist services, where appropriate

The Current Picture

- 15 (20.0%) pharmacies have been commissioned to provide the service
- The table (next page) summarises service availability and **Map 12** (subsequent page) provides an overview of the distribution of these pharmacies:
 - There is reasonable access to the service on weekdays (9am – 5:30pm) and Saturday (9am – 12pm), although some residents in the Mayday, New Addington & Selsdon and Purley localities have to travel more than a mile in order to access services at these times
 - Access outside of these hours is more limited, with service users potentially having to travel between 2 – 5 miles to access the service, particularly:
 - Up until & including 8am on weekdays and Saturdays
 - On Saturdays from 7pm onwards, when only 3 pharmacies are open
 - On Sundays, when only 7 pharmacies are open
- The table on the right summarises the number of active pharmacies and the number of clients accessing services. The variation between pharmacies is likely to be due to users exercising choice
- **Non-pharmacy providers:** Turning Point

Provider Criteria

- Pharmacists providing this service must complete the CPPE certificate in Substance Use and Misuse
- Pharmacists must have capacity to participate in infection control audits for needle exchange
- Pharmacist must attend annual refreshers training
- The service should be available at all times when the pharmacy is open
- The pharmacy must have, and use, a consultation area
- Staff and premises must be insured
- Policies for safeguarding, complaints and data protection must be in place

The Evidence Base

- The effectiveness of needle and syringe Exchange services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies^{14,15}:
 - Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only
 - Most drug users value community pharmacy-based services highly

Locality	% Active pharmacies (Total)	No. of Service users	Av. No. of Service Users per pharmacy
Mayday	N/A	N/A	N/A
Thornton Heath	1 (2)	87	43.5
Woodside & Shirley	1 (2)	116	58.0
New Addington & Selsdon	1 (3)	29	9.7
Purley	2 (3)	24	8.0
East Croydon	5 (5)	582	116.4
Croydon - Total	10 (15)	838	55.9

3.3 Locally Commissioned Services

3.3.3 Needle and Syringe Programme

Locality	Ward	Number of Pharmacies Offering the Needle and Syringe Programme								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor	0	0	0	0	0	0	0	0	2
	Norbury	0	0	0	0	0	0	0	0	4
	West Thornton	0	0	0	0	0	0	0	0	4
2. Thornton Heath	South Norwood	0	0	0	0	0	0	0	0	2
	Thornton Heath	0	1	1	1	1	1	0	0	3
	Upper Norwood	1	1	1	0	1	1	1	1	2
3. Woodside & Shirley	Ashburton	0	0	0	0	0	0	0	0	3
	Shirley	0	1	1	1	1	1	0	0	1
	Woodside	1	1	1	0	1	1	0	1	1
4. New Addington & Selsdon	Fieldway	0	1	0	0	1	0	0	0	1
	Heathfield	0	1	1	0	1	1	0	0	3
	New Addington	1	1	1	0	1	1	0	0	1
	Selsdon & Ballards	0	0	0	0	0	0	0	0	3
5. Purley	Coulsdon East	0	0	0	0	0	0	0	0	2
	Coulsdon West	0	1	0	0	1	1	0	1	2
	Kenley	0	1	0	1	1	0	0	0	2
	Purley	0	0	0	0	0	0	0	0	4
	Sanderstead	0	1	0	0	1	0	0	0	2
6. East Croydon	Addiscombe	0	0	0	0	0	0	0	0	3
	Broad Green	0	1	1	0	1	1	1	1	4
	Croham	0	0	0	0	0	0	0	0	2
	Fairfield	1	3	1	1	3	3	1	3	5
	Selhurst	0	1	0	0	1	0	0	0	4
Grand Total		4	15	8	4	15	11	3	7	60
Percentage of Total		5%	20%	11%	5%	20%	15%	4%	9%	80%

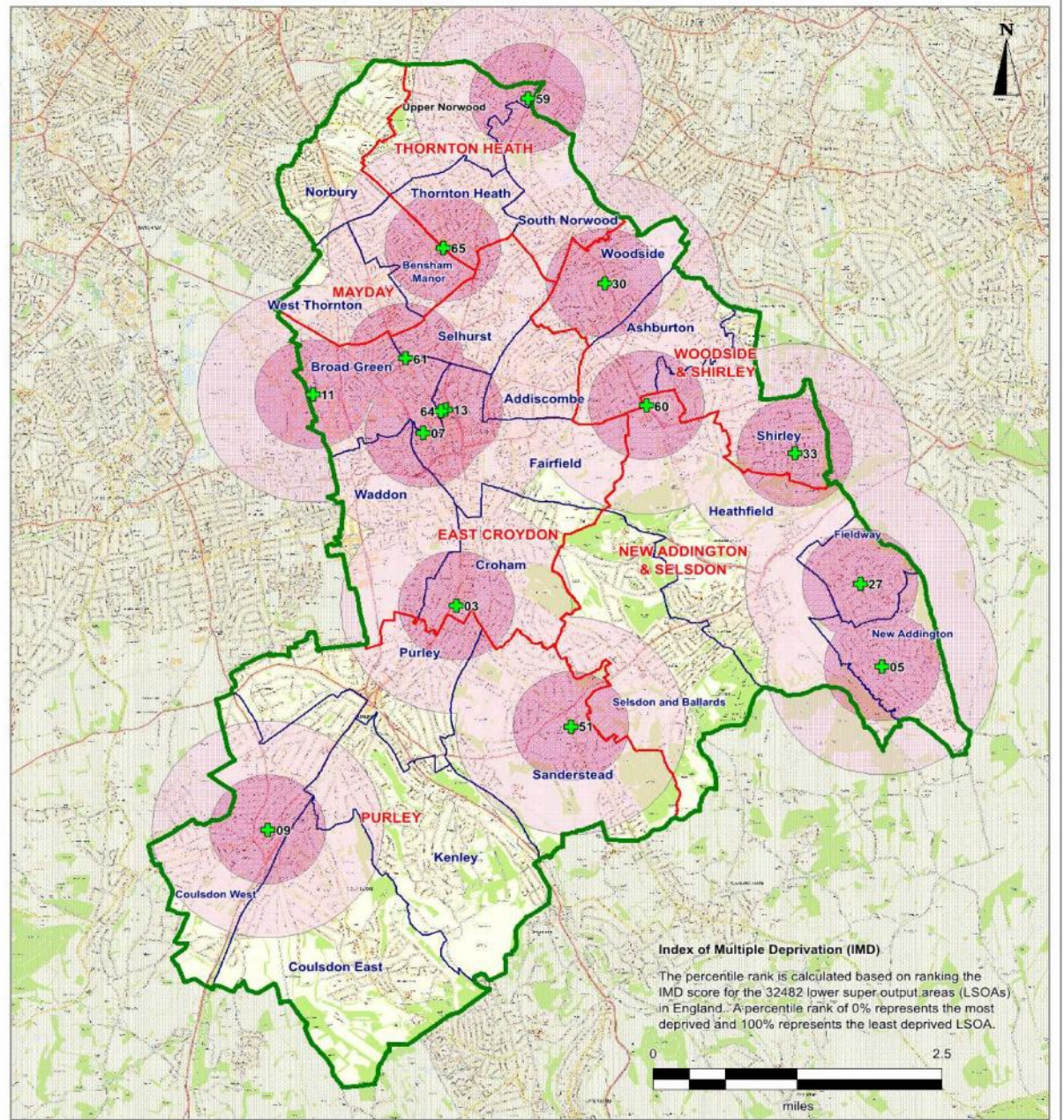
**Pharmaceutical Needs Assessment
Map 12: Pharmacies providing the
Needle & Syringe Programme**

Legend

- + Pharmacies providing the Needle & Syringe Programme
- Croydon
- Croydon Localities
- Wards
- Distance Buffers**
- 0.5 mile
- 1 mile

Croydon Pharmacies

- 03 Andrew Mccoig Pharmacy - CR2 6ES
- 05 Aumex Pharmacy - CR0 0JD
- 07 Barkers Chemist - CR0 1RN
- 09 Boots Uk Limited - CR5 2ND
- 11 Boots Uk Limited - CR0 4YJ
- 13 Boots Uk Limited - CR9 1SN
- 27 Dougans Chemist - CR0 0QF
- 30 Fishers Chemist - SE25 5NT
- 33 Greenchem - CR0 8NG
- 51 Medipharm - CR2 9LA
- 59 Sainsbury's Pharmacy - SE19 3RW
- 60 Shirley Pharmacy - CR0 8SS
- 61 Shivas Pharmacy - CR0 2TG
- 64 Superdrug Pharmacy - CR0 1US
- 65 Superdrug Pharmacy - CR7 7JG



3.3 Locally Commissioned Services

3.3.3 Needle and Syringe Programme

Meeting the needs of those with a protected characteristic

Age	✓	The programme is only open to those aged 18 years and over; younger service users should be referred into specialist services
Disability	✗	No specific needs identified
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the needle and syringe programme
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✓	Support for the unborn child
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- Whilst most service users 'self-refer' to the pharmacy of their choice; there is a need to ensure that the location, and opening hours, of the pharmacies (and non-pharmacy providers) are well advertised
- We will review the reasons as to why some pharmacies are more active than others with a view to addressing any issues identified
- Areas for support, identified by our community pharmacy questionnaire include: guidelines on service provision and training for accreditation
- There is an option to approach the 100 hour pharmacies, as well as those who open for extended hours, this will assist with addressing the current gaps particularly on weekday mornings (8am and earlier) Saturday evenings (7pm onwards); and on Sundays

The Future

- A review of the programme is underway, which will include the strategic placing of the needle and syringe programme, according to need. It is likely that a re-commissioned service will be in place by July 2015
- The Drug Strategy 2010 has a specific focus on recovery with a whole systems approach to achieving positive outcomes. Pharmacy based services are well placed to provide substance misusers access to healthy lifestyle services, therefore strategies to engage with hard to reach groups, including substance misusers will need to be developed

Conclusions

- The needle and syringe programme is an important public health service which reduces risks to injecting drug users and the general public. The service aims to keep user's as healthy as possible as well as reducing the transmission of blood-borne viruses. We have determined that this service is **necessary** to meet the pharmaceutical needs of our population for the following reasons:
 - The service is primarily available through community pharmacy
 - There is published evidence that pharmacy-based needle exchange programmes are cost effective and improve outcomes
 - There is good alignment with local strategic priorities with respect to reducing harm associated with drug misuse
 - The service has strong links into other social and wellbeing services, that are accessible to current users
- 15 pharmacies are commissioned to provide the service. In our community pharmacy questionnaire, a further 33 pharmacies stated they would be willing to provide this service in the future
- With respect to service provision we have identified the following gaps:
 - Limited access to the service, during the day on weekdays and Saturdays, particularly in parts of Mayday, New Addington & Selsdon and Purley
 - Very limited access on weekday mornings, Saturday evenings and Sundays; which means that residents may have to travel between 2 – 5 miles to access the service
 - All pharmacies within East Croydon are actively delivering the service; 5 pharmacies (one in Thornton Heath, one in Woodside & Shirley, two in New Addington & Selsdon and one in Purley) are not active delivering the service. The implication is that this may place a strain on the capacity and/or quality of existing active pharmacies, particularly in the East Croydon locality, where services are being accessed by in higher numbers

3.3 Locally Commissioned Services

3.3.4 Supervised Consumption

Overview

- The supervised consumption service is a partnership between substance misuse prescribing services, the Croydon Substance Misuse team (Turning Point), Community Pharmacy, the Drugs and Alcohol team and the service user
- The service supports the treatment of those, aged 18 years and over, with an opiate addiction by the gradual withdrawal of, or in exceptional circumstances through maintenance therapy, with a non-progressive quantity of substitute medication. In rare circumstances, under 18s may be treated (a protocol is in place for this)
- Provision includes the pharmacist supervising the consumption of the substitute medicine (methadone or buprenorphine) to ensure the patient is complying with treatment, prescribed on FP10 or FP10MDA
- The service aims to reduce harm through early intervention by:
 - Reducing individual's need to use illicit drugs
 - Reducing the possibility of leakage into the community
 - Reducing the level of crime associated with illicit drug use
- Occasionally, users may access services outside of the borough

The Current Picture

- 40 (53%) pharmacies have been commissioned to provide the service
- The table (next page) summarises service availability and **map 13** provides an overview of the distribution of these pharmacies:
 - There is good access on weekdays (9am – 5:30pm) and Saturdays (9am – 12pm); and a choice of provider in all localities
 - Access outside of these hours is more limited, particularly on
 - Weekday mornings (up until & including 8am) and Saturday evenings from 7pm onwards, when there is no provision in the Mayday, Thornton Heath and New Addington and Selsdon localities
 - Sundays when there is no provision in the Mayday and Thornton Heath localities
- The table on the right provides an overview of activity by pharmacy:
 - 5/40 pharmacies aren't active, 3 of these are located in Purley locality and 2 are in the East Croydon Locality
 - Pharmacies in East Croydon and Thornton Heath localities have the highest number of service users

Provider Criteria

- Pharmacists must supervise consumption themselves
- Pharmacists delivering the service must complete the CPPE certificate in Substance Use and Misuse.
- Locum pharmacists delivering the service must notify in advance and meet the specific criteria as set out in the SLA
- Pharmacist must attend ongoing training twice a year
- The pharmacy must have a consultation area
- Staff and premises must be insured
- Policies for safeguarding, complaints & data protection must be in place

The Evidence Base

- Studies have demonstrated the effectiveness of community pharmacy-based supervised consumption services at improving adherence, improving outcomes and reducing medicine diversion^{14,15}:
 - There is moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users
 - Recent evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination
 - Most drug users value community pharmacy-based services highly

Locality	No. of Active pharmacies (Total)	No. of service users	Av. No. of service users per pharmacy
Mayday	3 (3)	16	5.3
Thornton Heath	5 (5)	69	13.8
Woodside & Shirley	4 (4)	28	7
New Addington & Selsdon	5 (5)	21	4.2
Purley	6 (9)	29	3.32
East Croydon	12 (14)	160	11.4
Croydon - Total	35 (40)	323	8.1

3.3 Locally Commissioned Services

3.3.4 Supervised Consumption

Locality	Ward	Number of Pharmacies Offering the Supervised Consumption Service								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor	0	1	0	1	1	0	0	0	1
	Norbury	0	1	0	1	1	1	0	0	3
	West Thornton	0	1	1	0	1	0	0	0	3
2. Thornton Heath	South Norwood	0	2	1	0	2	0	0	0	0
	Thornton Heath	0	2	1	1	2	1	0	0	2
	Upper Norwood	0	1	0	0	1	0	0	0	2
3. Woodside & Shirley	Ashburton	0	1	0	0	1	1	0	0	2
	Shirley	0	1	0	0	1	0	0	0	1
	Woodside	2	2	2	0	2	2	1	2	0
4. New Addington & Selsdon	Fieldway	0	1	0	0	1	0	0	0	1
	Heathfield	0	2	2	0	2	2	0	1	2
	New Addington	0	1	1	0	1	1	0	0	1
	Selsdon & Ballards	0	1	1	0	1	0	0	0	2
5. Purley	Coulsdon East	0	1	0	1	1	0	0	0	1
	Coulsdon West	0	1	0	0	1	1	0	1	2
	Kenley	0	3	1	1	2	0	0	0	0
	Purley	1	2	1	0	2	2	1	1	2
	Sanderstead	0	2	0	0	2	1	0	0	1
6. East Croydon	Addiscombe	0	1	1	0	1	1	0	0	2
	Broad Green	0	2	1	0	2	1	1	1	3
	Croham	0	1	0	0	1	0	0	0	1
	Fairfield	4	7	4	1	6	6	3	5	1
	Selhurst	0	3	0	0	3	1	0	0	2
Grand Total		7	40	17	6	38	21	6	11	35
Percentage of Total		9%	53%	23%	8%	51%	28%	8%	15%	47%

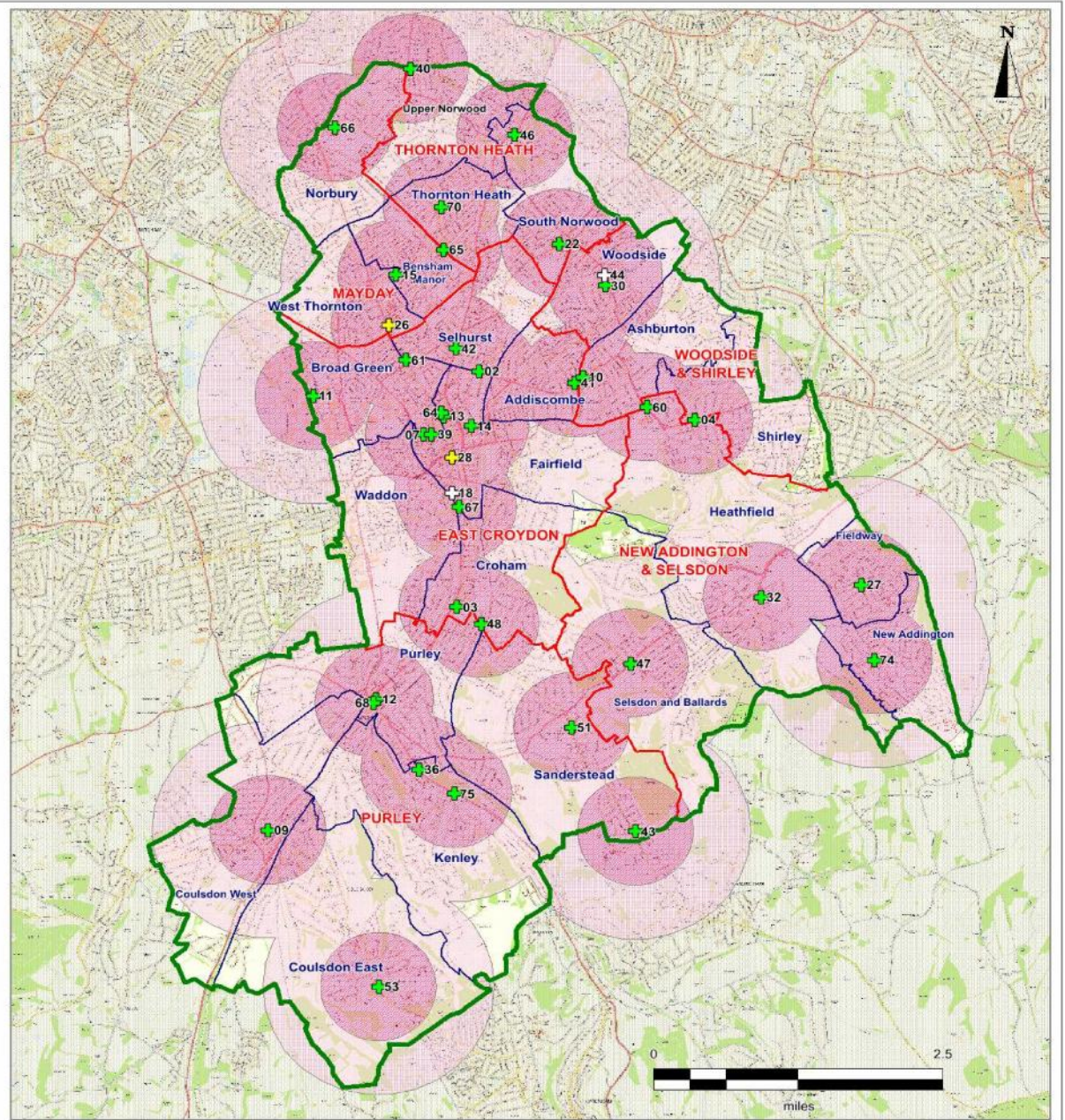
Pharmaceutical Needs Assessment
Map 13: Pharmacies providing the Supervised Consumption Service

Legend

- + Pharmacies providing the Supervised Consumption Service
- + 100 Hour Pharmacies providing the Supervised Consumption Service
- + LPS Pharmacies providing the Supervised Consumption Service
- Croydon
- Croydon_Localities
- Croydon_Wards
- Distance Buffers**
- 0.5 mile
- 1 mile

Croydon Pharmacies

- | | |
|--|---|
| <ul style="list-style-type: none"> 02 Allcorn Chemist - CR0 2BZ 03 Andrew Mccoig Pharmacy - CR2 6ES 04 Andrew Mccoig Pharmacy - CR0 8TE 07 Barkers Chemist - CR0 1RN 09 Boots Uk Limited - CR5 2ND 10 Boots Uk Limited - CR0 6RD 11 Boots Uk Limited - CR0 4YJ 12 Boots Uk Limited - CR8 2AF 13 Boots Uk Limited - CR9 1SN 14 Boots Uk Limited - CR0 1LD 15 Brigstock Pharmacy - CR7 7JN 18 Croydon Pharmacy - CR0 1DP 22 Day Lewis Pharmacy - SE25 6EP 26 Day Lewis Pharmacy - CR7 7HQ 27 Dougans Chemist - CR0 0QF 28 Fairview Pharmacy - CR9 1PJ 30 Fishers Chemist - SE25 5NT 32 Goldmantle Pharmacy - CR0 9AS 36 Hobbs Pharmacy - CR8 5JE 39 Kent Chemist - CR0 1RB | <ul style="list-style-type: none"> 40 Kiub Pharmacy Ltd - SE19 3NG 41 Larchwood Pharmacy - CR0 6RB 42 Lloyd George Pharmacy - CR0 2JG 43 Lloyds Pharmacy - CR2 9BY 44 Lloyds Pharmacy - SE25 4PT 46 Lloyds Pharmacy - SE19 2NT 47 Lloyds Pharmacy - CR2 8LG 48 Makepeace & Jackson - CR2 0PH 51 Medipharm - CR2 9LA 53 Old Coulsdon Pharmacy - CR5 1EN 60 Shirley Pharmacy - CR0 8SS 61 Shivas Pharmacy - CR0 2TG 64 Superdrug Pharmacy - CR0 1US 65 Superdrug Pharmacy - CR7 7JG 66 Superdrug Pharmacy - SW16 3LU 67 Swan Pharmacy - CR0 1BJ 68 Tesco Stores Limited - CR8 2HA 70 Thompsons Chemist - CR7 8JF 74 Your Local Boots Pharmacy - CR0 0JB 75 Zina Chemist - CR8 5AA |
|--|---|



3.3 Locally Commissioned Services

3.3.4 Supervised Consumption

Meeting the needs of those with a protected characteristic

Age	✓	Service may be accessed by those aged 18 years and over; in rare circumstances, those aged under 18 may be treated
Disability	✗	No specific needs identified
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to successful service delivery
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- We will review the reasons as to why some pharmacies are more active than others; and address any issues identified (we believe that this may be due, in part, to service users exercising choice)
- We will ensure that the service referring substance misuse clients into the supervised consumption service, offer the client a choice from all commissioned pharmacies
- Areas for support, identified by our community pharmacy questionnaire include: training for accreditation. Barriers to participating in the service was cited as “not enough demand” and “implications” of delivering this service. These will be explored in more detail with our network of pharmacies
- There is an option to approach the 100 hour pharmacies, as well as those who open for extended hours, in order to address the current gaps, in access, on weekday mornings, Saturday evenings and Sundays. This would help to enhance levels of supervision, particularly for higher risk service users

The Future

- We aim to set in place phase two of our re-commissioning plan, which includes pharmacy provision, in April 2015. We will explore where best to place services in order to maximise client access and usage
- To ensure quality of service, we are considering limiting the number of service users per pharmacy; and aim to ensure strong cross referral pathways between pharmacies
- The Drug Strategy 2010 has a specific focus on recovery with a whole systems approach to achieving positive outcomes. Pharmacy based services are well place to provide substance misusers access to healthy lifestyle services, therefore strategies to engage with hard to reach groups, including substance misusers will need to be developed

Conclusions

- The supervised consumption service provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve patients’ outcomes and to reduce the diversion of drugs into the community
- We have concluded that this service is **necessary** to meet the pharmaceutical needs of our population for the following reasons:
 - The service is primarily available through community pharmacy, and is particularly accessible during daytime hours
 - Published evidence suggests that pharmacy based services can improve adherence to treatment and improved health outcomes. Services are usually well accepted by users
 - There is good alignment with local strategic priorities with respect to reducing harm associated with drug misuse
- 40 pharmacies have been commissioned to provide the service. In our community pharmacy questionnaire, a further 18 pharmacies stated they would be willing to provide this service in the future
- With respect to service provision we have identified the following gaps:
 - Limited access to the community pharmacy-based service during extended hours on weekdays (before & including 8am), Saturday evenings (7pm onwards) and on Sundays.
 - 5/40 pharmacies are not actively delivering this service. This may place a strain on the current capacity and/or quality of existing active pharmacies, particularly in the East Croydon & Thornton Heath localities, where services are being accessed by users in higher numbers

3.3 Locally Commissioned Services

3.3.5 Chlamydia & Gonorrhoea Screening Programme

Overview

- The pharmacy-based National Chlamydia Screening Programme (NCSP) is jointly commissioned by the South West London partners and managed by the Terrence Higgins Trust (THT)
- The service, which includes chlamydia and gonorrhoea screening supports Croydon in achieving the nationally set diagnosis rate of 3,000 positive results per 100,000 young adults aged 15 and 24 years
- The aims of this service are:
 - Increasing early detection and treatment by increasing access to opportunists testing of asymptomatic patients
 - Increasing awareness and understanding of sexually transmitted infections
 - Reducing the burden of secondary care by moving sexual health services into the community
- The service facilitates signposting and referrals into other sexual health services, including long acting reversible contraception

The Current Picture

- 39 (52%) of pharmacies have been commissioned
- The table (next page) summarises service availability:
 - There is good provision, and a choice of pharmacy, in all localities between 9am – 5:30 pm on weekdays and Saturday (9am – 12pm)
 - Outside of these hours, access is more limited:
 - There is no provision in Mayday, Thornton Heath localities in the mornings before & including 8am
 - On Saturdays, from 5pm onwards, there is no access to the service in Thornton Heath; and also none within Woodside & Shirley and New Addington & Selsdon from 7pm onwards.
 - On Sundays, no pharmacies offering the service are open in Thornton Heath; and choice is limited in all localities apart from East Croydon
- **Map 14** provides an overview of the distribution of pharmacy against a backdrop of the young people's (15-24 year old) population; there is very good access and choice of services, within a 1 mile radius, for residents within all areas of need
- **Non Pharmacy Providers:** There are a host of other service providers including GPs, abortion services and Children & Young people's services

Provider Criteria

- The pharmacy must:
 - Nominate a designated lead for communication with the NCSP
 - Have a private consultation area
 - Ensure that the service is available throughout all core and supplementary hours
- Pharmacists must demonstrate clinical competencies through training provided by THT, that includes Fraser Guidance and attend quarterly training sessions on sharing best practice and emerging guidelines
- A mechanism to cascade training material to other pharmacy staff must be in place

Conclusions

- We have concluded that this pharmacy-based chlamydia and gonorrhoea screening service is **necessary** to meet the pharmaceutical needs of our population for the following reasons:
 - Whilst the service is available from a range of providers, pharmacies are the largest provider of the service and currently yield high positivity rates, locally
 - Published evidence for Chlamydia screening services in pharmacy suggests that it improves both access and choice for young people, and contributes to achieving diagnosis targets, set by the NCSP
 - The service is accessible during daytime hours and young people have a good choice of outlets to use
 - There is good alignment with local strategic priorities
- 39 pharmacies are commissioned to provide the service; 27 pharmacies have told us they would be willing to provide this service in the future
- The current distribution of services correlates well with the density of the where young people live, particularly in the New Addington locality, where there are higher numbers of these residents.
- We have identified opportunities to improve access during extended hours, particularly in the mornings up until 8am and on Saturday evenings
- We have not identified any current or future gaps in the current service

3.3 Locally Commissioned Services

3.3.5 Chlamydia & Gonorrhoea Screening Programme

Locality	Ward	Number of Pharmacies Offering the Chlamydia & Gonorrhoea Screening Programme								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor+	0	1	0	1	1	0	0	0	1
	Norbury	0	1	0	1	1	0	0	0	3
	West Thornton	0	2	2	0	2	1	1	1	2
2. Thornton Heath	South Norwood	0	1	0	0	1	0	0	0	1
	Thornton Heath*	0	3	1	0	3	0	0	0	1
	Upper Norwood	0	1	0	0	1	0	0	0	2
3. Woodside & Shirley	Ashburton	0	1	0	0	1	0	0	0	2
	Shirley*	0	2	1	1	2	1	0	0	0
	Woodside+	1	1	1	0	1	1	0	1	1
4. New Addington & Selsdon	Fieldway	0	1	0	0	0	0	0	0	1
	Heathfield*	0	2	1	1	2	1	0	1	2
	New Addington*	1	1	1	0	1	1	0	0	1
	Selsdon & Ballards	0	1	1	0	1	0	0	0	2
5. Purley	Coulsdon East	0	1	0	1	1	0	0	0	1
	Coulsdon West	0	2	0	0	2	1	0	0	1
	Kenley	0	2	1	1	2	0	0	0	1
	Purley	1	2	1	0	2	1	1	1	2
	Sanderstead*	0	2	0	0	2	1	0	0	1
6. East Croydon	Addiscombe	0	2	2	0	2	1	0	0	1
	Broad Green+	1	3	2	0	2	3	2	3	2
	Croham	0	1	0	1	1	0	0	0	1
	Fairfield*	2	3	3	0	3	2	2	2	5
	Selhurst+	0	3	0	0	3	1	0	0	2
Grand Total		6	39	17	7	37	15	6	9	36
Percentage of Total		8%	52%	23%	9%	49%	20%	8%	12%	48%

* Pharmacies providing the Enhanced Sexual Health Service

+ Pharmacies providing the Enhanced Sexual Health Service with Oral Contraception

**Pharmaceutical Needs Assessment
Map 14: Chlamydia and Gonorrhoea Screening Programme**

Legend

- + Pharmacies providing Chlamydia and Gonorrhoea Screening
 - + 100 Hour Pharmacies providing Chlamydia and Gonorrhoea Screening
 - + LPS Pharmacies providing Chlamydia and Gonorrhoea Screening
 - Croydon
 - Croydon Localities
 - Wards
- Distance Buffers**
- 0.5 mile
 - 1 mile
- Percentage of population aged 15 to 24 by Ward**
- 15.1 to 16.6 %
 - 13.8 to 15.0 %
 - 12.5 to 13.7 %
 - 11.2 to 12.4 %
 - 9.9 to 11.1 %

Non-Pharmacy Providers (range of services provided on different days and times of the week):

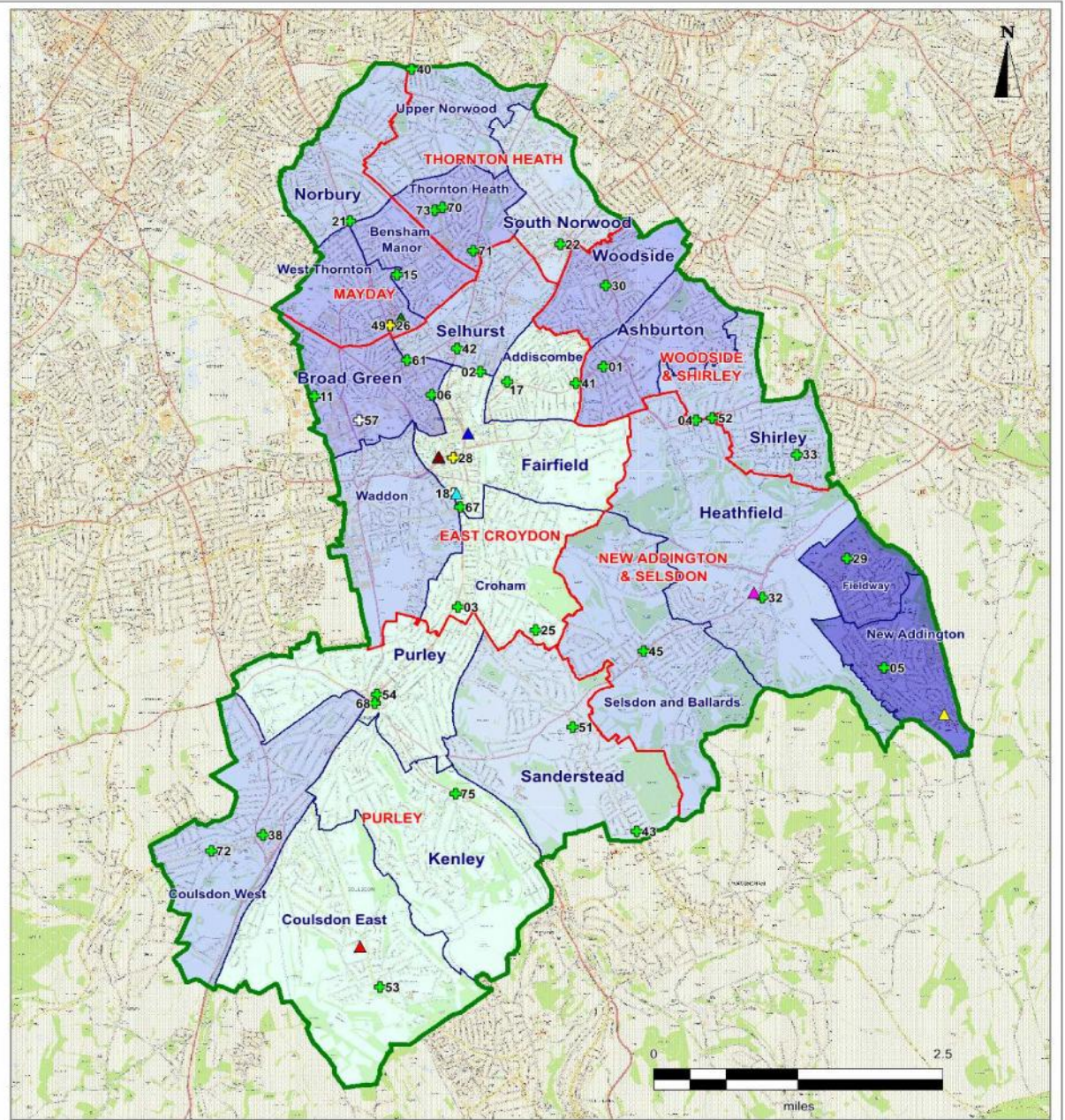
- ▲ Eldridge Road Community Health Centre
 - Young People's Contraception & Sexual Health Services (Young People's Clinic for those aged under 26 years)
 - Emergency Hormonal Contraception & Sexual Health Advice (Open access)
 - ▲ Croydon Sexual Health Centre (Department of G. U. Medicine)
- Sexual Health Outreach Clinics:**
- ▲ Coulsdon College (Students of Coulsdon College only)
 - ▲ Croydon College (Students of Croydon College only)
 - ▲ Fairchildes Clinic (open all young people aged under 26 years)
 - ▲ John Ruskin College (Students of John Ruskin College and Cotelands PRU only)
 - ▲ Turnaround Clinic (open to all young people aged under 26 years)

Croydon Pharmacies

01 Addiscombe Pharmacy - CR0 7AE	26 Day Lewis Pharmacy - CR7 7HQ	51 Medipharm - CR2 9LA
02 Allcorn Chemist - CR0 2BZ	28 Fairview Pharmacy - CR9 1PJ	52 Mona Pharmacy Ltd - CR0 8BJ
03 Andrew Mccolig Pharmacy - CR2 6ES	29 Fieldway Pharmacy - CR0 9DX	53 Old Coulsdon Pharmacy - CR5 1EN
04 Andrew Mccolig Pharmacy - CR0 8TE	30 Fishers Chemist - SE25 5NT	54 Orion Pharmacy - CR8 2BP
05 Auxem Pharmacy - CR0 0JD	32 Goldmantle Pharmacy - CR0 9AS	57 Sainsbury's Pharmacy - CR0 4XT
06 A-Z Pharmacy - CR0 2TA	33 Greenchem - CR0 8NG	61 Shivas Pharmacy - CR0 2TG
11 Boots UK Limited - CR0 4YJ	38 Infohealth Pharmacy - CR5 2RA	67 Swan Pharmacy - CR0 15J
15 Brigstock Pharmacy - CR7 7JN	40 Klub Pharmacy Ltd - SE19 3NG	68 Tesco Stores Limited - CR8 2HA
17 Crochem Ltd - CR0 6AA	41 Larctwood Pharmacy - CR0 6RB	70 Thompsons Chemist - CR7 8JF
18 Croydon Pharmacy - CR0 1DP	42 Lloyd George Pharmacy - CR0 2JG	71 Thornton Heath Pharmacy - CR7 8RU
21 Day Lewis Pharmacy - SW16 4DT	43 Lloyds Pharmacy - CR2 9BY	72 Valley Pharmacy - CR5 3BR
22 Day Lewis Pharmacy - SE25 6EP	45 Lloyds Pharmacy - CR2 8LH	73 Wilkes Chemist - CR7 8LZ
25 Day Lewis Pharmacy - CR2 0EJ	49 Mayday Community Pharmacy - CR7 7HQ	75 Zina Chemist - CR8 5AA



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3.3 Locally Commissioned Services

3.3.6 Enhanced Sexual Health

Overview

- The enhanced sexual health service is an integrated service comprised of several elements (refer to table on the right)
- The pharmacy-based service improves access to a range of sexual and reproductive health services which aim to tackle the consequences of risky sexual behaviour, specifically with a view to:
 - Improving the sexual and reproductive health of young people
 - Reducing teenage pregnancy rates
 - Reducing repeat abortion rates
 - Reducing the rate of sexually transmitted infections (STIs) including chlamydia and gonorrhoea

The Current Picture

- 10 (13.3%) of pharmacies have been commissioned to provide the service, the scope of which is summarised in the table on the right; only 4 of these pharmacies offer oral contraception (OC) services
- The table (page 89) summarises service availability:
 - Each locality has at least one pharmacy providing the enhanced sexual health service; the pharmacies which also provide oral contraception are located in the East Croydon, Mayday, Woodside & Shirley Localities
 - On weekdays (9am – 5:30pm) & Saturday (9am – 12pm) there is at least one pharmacy providing this service in all localities
 - On weekdays, there is no access to pharmacy-based services in the mornings (before & including 8am) in the Mayday, Thornton Heath and Purley localities; and from 7pm in the Mayday and Purley localities
 - Only one pharmacy offering this service is open on a Saturday (7pm onwards); and on Sunday only four pharmacies are open
- **Map 15** (page 90) provides an overview of the distribution of pharmacy and non-pharmacy providers against a backdrop of the young people's (15-24 year old) population:
 - This demonstrates that the majority of pharmacies providing the service are concentrated mainly towards the north and east of the borough
 - Service provision does not necessarily correspond with need and there are significant areas in the Purley locality, and smaller areas of all other localities where residents have to travel more than 1 mile to access pharmacy based services

Service Element	Service Description
Emergency Hormonal Contraception (EHC)	<ul style="list-style-type: none"> • Supply and supervised administration of levonorgestrel 1.5mg, under patient group direction, to women aged under 21 years • Supply 2 condoms and provide information on C-Card Scheme • Offer a chlamydia screening kit
Pregnancy Testing	<ul style="list-style-type: none"> • Pregnancy testing for women aged under 21 years who have requested a test • Referral on to an appropriate service where a test is positive • Provision of verbal & written information on contraception & STIs; & signposting to other services as appropriate
Chlamydia & Gonorrhoea Screening (as part of the National Chlamydia Screening Programme)	<ul style="list-style-type: none"> • Provision of postal kits screening and advice on undertaking the test to: <ul style="list-style-type: none"> ○ Men and women aged 15 – 24 years ○ Girls aged under 15 years if requesting EHC ○ Sexual contacts of those with a positive chlamydia test
Chlamydia Treatment	<ul style="list-style-type: none"> • Supply of antibiotics (azithromycin or doxycycline), under patient group direction, for the treatment of uncomplicated chlamydia infection to: <ul style="list-style-type: none"> ○ Service users, aged 12 – 24 years who have a laboratory confirmed positive test ○ Sexual contacts of those who have had a positive test (irrespective of age) • Refer immediately to GUM services, if service user not eligible for treatment under the PGD; if a full STI screen is needed; and pregnant women (following treatment) who require test for cure
Condom Distribution (C-Card)	<ul style="list-style-type: none"> • Registration of, and supply of condoms (up to 8 per week) to young people aged 13 – 24 years
Specified pharmacies only	
Oral Contraception	<ul style="list-style-type: none"> • Supply of progesterone only or combined oral contraception, under PGD, to women aged under 21 years

3.3 Locally Commissioned Services

3.3.6 Enhanced Sexual Health

Provider Criteria

- The pharmacy must be able to provide the service, ideally throughout both core and supplementary hours, on at least five days a week; and at weekends if open
- There must be a designated confidential area on the pharmacy premises where the service user can be seen privately
- Appropriate infection control systems should be in place to provide pregnancy testing
- The pharmacy must meet the “You’re Welcome” criteria
- Designated window space must be available to advertise the services
- Pharmacists delivering this service must:
 - Have successfully completed relevant training, including CPPE, as required by the SLA
 - Demonstrate satisfactory completion of relevant competency assessments for EHC and Chlamydia treatment; these will be valid for 2 years
 - Have signed the patient group directions for the supply of levonorgestrel 1.5mg, azithromycin and doxycycline
 - Oral contraception may only be provided by pharmacists who have successfully completed the Public Health approved training; and who have signed the relevant PGDs for the progesterone only pill and combined oral contraception
 - Undertake annual updates to maintain accredited status
 - Have a cleared DBS check
 - Work within Fraser guidelines and “You’re Welcome” quality criteria
- All staff involved in the service, or who may have contact with service, must be trained accordingly in terms of supplying chlamydia screening kits, administration of the C-Card scheme, confidentiality, availability of alternative sexual health and GUM services in the area and communicating
- Professional indemnity insurance must be in place

Non Pharmacy Sexual Health Providers

- Young People’s Contraception & Sexual Health Services at Edridge Road Community Health Centre
- Croydon Sexual Health Centre based at Croydon University Hospital
- A range of outreach clinics:
 - Clinics which may be accessed by all young people aged under 26 at Fairchildes Children Centre and the Turnaround Clinic
 - Clinics based at Coulsdon College, Croydon College & John Ruskin College have services open to their students during term time

The Evidence Base

- The effectiveness of sexual health services at improving outcomes and reducing chlamydia infections and unwanted pregnancies, has been demonstrated in studies:
 - Over 14,000 chlamydia tests were administered in one private pharmacy over 2 years; private and NHS services improve choice for patients¹⁶
 - Community pharmacy-based chlamydia testing and treatment services increase client access¹⁴
 - EHC services provide timely access, with most women able to receive it within 24 hours of unprotected intercourse^{15,17}
 - EHC services (including supply against prescription, under PGDs or over the counter sales) are highly rated by women who use them^{15,17}
 - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, but it is not possible to separate out the contribution of the community pharmacy service¹⁸
 - Evidence of EHC impact is generally lacking, although one randomised controlled trial noted fewer A&E visits¹⁹. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referrals, links to contraception advice and pregnancy testing²⁰
 - 10% of women, choose pharmacy supply of EHC to maintain anonymity. Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more ‘local’ pharmacies¹⁴
- Our literature review did not yield any specific evidence on pharmacy-based oral contraception, pregnancy testing and the c-card scheme.

3.3 Locally Commissioned Services

3.3.6 Enhanced Sexual Health

Locality	Ward	Number of Pharmacies Offering the Enhanced Sexual Health Service								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor*	0	1	0	1	1	0	0	0	1
	Norbury	0	0	0	0	0	0	0	0	4
	West Thornton	0	0	0	0	0	0	0	0	4
2. Thornton Heath	South Norwood	0	0	0	0	0	0	0	0	2
	Thornton Heath	0	1	1	0	1	0	0	0	3
	Upper Norwood	0	0	0	0	0	0	0	0	3
3. Woodside & Shirley	Ashburton	0	0	0	0	0	0	0	0	3
	Shirley	0	1	0	0	1	0	0	0	1
	Woodside*	1	1	1	0	1	1	0	1	1
4. New Addington & Selsdon	Fieldway	0	0	0	0	0	0	0	0	2
	Heathfield	0	1	1	0	1	1	0	1	3
	New Addington	1	1	1	0	1	1	0	0	1
	Selsdon & Ballards	0	0	0	0	0	0	0	0	3
5. Purley	Coulsdon East	0	0	0	0	0	0	0	0	2
	Coulsdon West	0	0	0	0	0	0	0	0	3
	Kenley	0	0	0	0	0	0	0	0	3
	Purley	0	0	0	0	0	0	0	0	4
	Sanderstead	0	1	0	0	1	1	0	0	2
6. East Croydon	Addiscombe	0	0	0	0	0	0	0	0	3
	Broad Green*	0	1	0	0	0	1	0	1	4
	Croham	0	0	0	0	0	0	0	0	2
	Fairfield	1	1	1	0	1	1	1	1	7
	Selhurst*	0	1	0	0	1	0	0	0	4
Grand Total		3	10	5	1	9	6	1	4	65
Percentage of Total		4%	13%	7%	1%	12%	8%	1%	5%	72%

* Pharmacies providing the Enhanced Sexual Health Service with Oral Contraception

Pharmaceutical Needs Assessment
Map 15: Pharmacies providing the Enhanced Sexual Health Service

Legend

- + Pharmacies providing the Enhanced Sexual Health Service
- + LPS Pharmacies providing the Enhanced Sexual Health Service

Croydon

Croydon Localities

Wards

Distance Buffers

- 0.5 mile
- 1 mile

Percentage of population aged 15 to 24 by Ward

- 15.1 to 16.6 %
- 13.8 to 15.0 %
- 12.5 to 13.7 %
- 11.2 to 12.4 %
- 9.9 to 11.1 %

Non-Pharmacy Providers (range of services provided on different days and times of the week):

- ▲ Eldridge Road Community Health Centre
 - Young People's Contraception & Sexual Health Services (Young People's Clinic for those aged under 26 years)
 - Emergency Hormonal Contraception & Sexual Health Advice (Open access)
- ▲ Croydon Sexual Health Centre (Department of G. U. Medicine)

Sexual Health Outreach Clinics:

- ▲ Coulsdon College (Students of Coulsdon College only)
- ▲ Croydon College (Students of Croydon College only)
- ▲ Fairchildes Clinic (open all young people aged under 26 years)
- ▲ John Ruskin College (Students of John Ruskin College and Cotelands PRU only)
- ▲ Turnaround Clinic (open to all young people aged under 26 years)

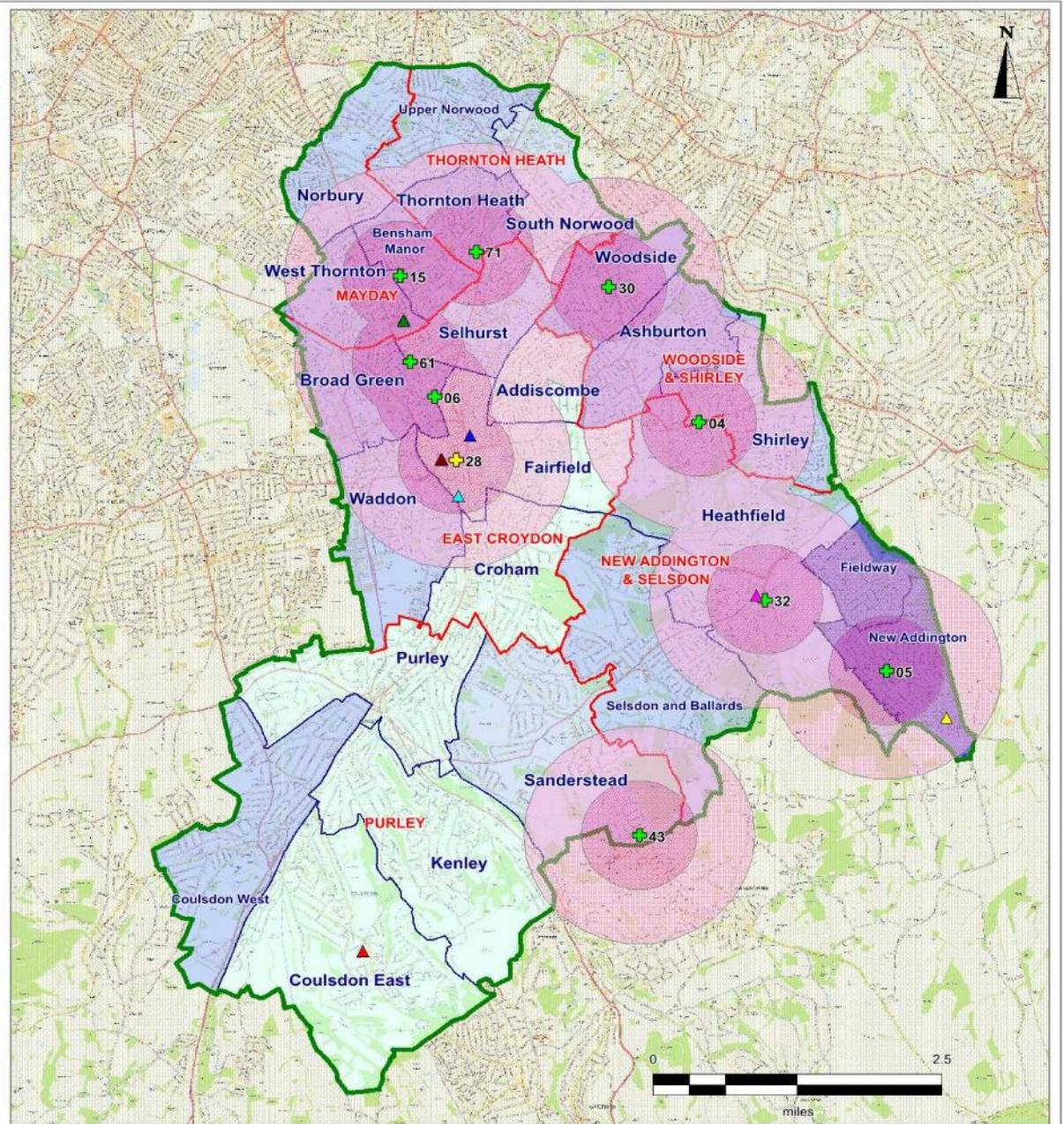
Croydon Pharmacies

- 04 Andrew McCoig Pharmacy - CR0 8TE
- 05 Aumex Pharmacy - CR0 0JD
- 06 A-Z Pharmacy - CR0 2TA *
- 15 Brigstock Pharmacy - CR7 7JN *
- 28 Fairview Pharmacy - CR9 1PJ
- 30 Fishers Chemist - SE25 5NT *
- 32 Goldmantle Pharmacy - CR0 9AS
- 43 Lloyds Pharmacy - CR2 9BY
- 61 Shivas Pharmacy - CR0 2TG *
- 71 Thornton Heath Pharmacy - CR7 8RU

* Pharmacies providing Oral Contraception



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3.3 Locally Commissioned Services

3.3.6 Enhanced Sexual Health

Activity and Performance

- The table below summarises the activity of pharmacies in Croydon (April 13 – Feb 14); we have not summarised this at locality level as it is not appropriate to include pharmacy-identifiable performance data
- In our community pharmacy questionnaire, pharmacies identified training as the main area of support to deliver this service

Sexual Health Activity through Pharmacy 20013/14

Service	EHC Supply	OC Services	Chlamydia		Pregnancy testing
			Screening	Treatment	
No. of Interventions	2350	135	617	293	68

Meeting the needs of those with a protected characteristic

Age	✓	Services are targeted at young people
Disability	✓	Important to ensure services are accessible & supportive for people with learning disabilities
Gender	✓	Young women following UPSI / male partners for chlamydia treatment. EHC and oral contraceptive services are only accessed by women
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✓	Religious beliefs need to be taken into account
Pregnancy and maternity	✓	Chlamydia may have an adverse effect on fertility; referral into relevant services for unwanted pregnancies
Sexual orientation	✓	Men who have sex with Men (MSM) are at a higher risk of poor sexual health
Gender reassignment	✓	Services need to be sensitive and tailored to people who are undergoing or who have undergone gender reassignment
Marriage & civil partnership	×	No specific needs identified

Further Provision

- There are plans to increase the number of pharmacies providing the service to 15 with a view to ensuring good alignment with need

The Future

- A review of pharmacy-based service is planned as part of a redesign programme for sexual health services
- We may increase the age threshold for oral contraception to 25 years and increase the number of pharmacies from which this service element is commissioned
- We are considering integrating sexual health services with substance misuse services and alcohol IBA

Conclusions

- We have concluded that the pharmacy-based enhanced sexual health service is **necessary** to meet the pharmaceutical needs of our population for the following reasons:
 - There is published evidence to demonstrate the benefits of pharmacy-based chlamydia screening and EHC supply
 - The service provides a choice of provider and potentially improves access, for young people, to broad range of sexual health services
 - Improving sexual health is an important strategic priority for Croydon
- The service is commissioned from 10 pharmacies, 4 of these also provide oral contraception services
- Service accessibility including late night and at weekends usually sets pharmacy aside from other providers. However, this is not the case in Croydon and we have identified a number of gaps:
 - On weekdays, in the mornings (before & including 8am) there is no access in the Mayday, Thornton Heath, Woodside & Shirley and Purley localities; and no access in the evenings from 7pm in Mayday and Purley localities
 - Only one pharmacy offering the service is open on a Saturday evening
 - On Sunday only four pharmacies are open
 - The distribution of pharmacies is such that young people living in the following localities may have to travel more than a mile (and in some cases several miles) to access the service: Purley, Thornton Heath, New Addington & Selsdon, Mayday and East Croydon
 - Over 50% of EHC and oral contraception activity is attributed to one pharmacy; this is keeping with published evidence that people may prefer to use a pharmacy which affords anonymity

3.3 Locally Commissioned Services

3.3.7 NHS Health Check Programme

Overview

- The NHS Health Check Programme is a national systematic vascular risk assessment, targeted at those aged 40 – 74 years who have not previously been diagnosed with a vascular condition, to assess risk of heart disease, stroke, diabetes, kidney disease and certain types of dementia. The aim is to reduce incidence and premature mortality from vascular disease through early identification of vascular changes; and the management of individuals through lifestyle advice and the use of preventative medication
- There is a requirement to invite at least 20% of the eligible population as part of a 5 year rolling programme. In Croydon this means just under 20,000 people per annum are eligible
- A 'one stop service' service has been commissioned; and people may book an appointment with the Provider of their choice

The Current Picture

- 14 (18.7%) pharmacies have been commissioned to provide the service
- The table (next page) summarises service availability and **Map 16** (subsequent page) plotted against a background of people aged 40 -74 years, provides an overview of distribution:
 - Two or more pharmacies in each locality provide the service, with the exception of Thornton Heath, which has no pharmacy providers
 - On weekdays (9am – 5:30pm) & Saturday (9am – 12pm) most residents may access a pharmacy within one mile of their home. However, there are some small areas, within the Borough where this is not the case
 - Outside of these hours there is no access to the pharmacy-based service on weekdays, in the mornings (before & including 8am) and from 7pm in the evenings, in the Mayday, Thornton Heath and Purley localities
 - Only one pharmacy delivers this service on a Saturday (7pm onwards); and on Sunday only three pharmacies provide this service
- Non-pharmacy providers include 8 GP surgeries; and, since June 2014 "To Health" a pilot outreach service delivered at venues around Croydon
- Councils are responsible for providing the service for their residents and for those registered with GPs in their area. There are no formal arrangements for residents to access services in neighbouring areas; however, it is likely that there are flows across boundaries

Provider Criteria

- A pharmacist lead must be identified, who is responsible for ensuring the training and competence of staff; and ensuring there are sufficient accredited staff available to deliver the service specification
- Staff delivering the service must:
 - Complete the approved vascular risk assessment training
 - Meet the competencies set out in *the "NHS Health Check best practice guidance"* (October 2013) and the *"NHS Health Check Competency Framework"* (June 2014)
 - Attend update training and/or competence training on an annual basis or more frequently if the programme dictates
- Premises must comply with the Equality Act 2010 and meet national minimum standards set out by the Care Quality Commission
- NHS Health Checks must be undertaken in a private consultation room with hand washing facilities, wipe clean surfaces (including the floor) and access to a computer with Excel software and the internet
- The pharmacy must provide all equipment including a validated blood pressure monitor; medical weighing scales (accuracy class III or higher); height and tape measures; point-of-care testing equipment & consumables for cholesterol testing; & enrol in bi-monthly external quality assessment scheme for cholesterol measuring equipment

The Evidence Base

- There is no specific published evidence in relation to pharmacy-based provision of the NHS Health Check Programme
- Published evidence in relation to pharmacy-based diabetes screening and cardiovascular risk assessment demonstrates mixed findings:
 - A systematic review with meta-analysis of 13 randomised controlled trials (RCTs) covering 2,246 patients concluded¹⁴:
 - A diabetes and cardiovascular risk assessment service resulted in new diagnoses for 16% of those referred; and therapy changes in 42%
 - There is insufficient evidence to determine whether or not 'screening' activities (e.g. BP measurement) are an effective use of resources
 - Community pharmacists make an important contribution to the management of people with diabetes for screening, improved adherence with medicines and reduced blood glucose levels or HbA_{1c}¹⁵

3.3 Locally Commissioned Services

3.3.7 NHS Health Checks

Locality	Ward	Number of Pharmacies Offering NHS Health Checks								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor	0	1	0	1	1	0	0	0	1
	Norbury	0	0	0	0	0	0	0	0	4
	West Thornton	0	1	0	0	0	0	0	0	3
2. Thornton Heath	South Norwood	0	0	0	0	0	0	0	0	2
	Thornton Heath	0	0	0	0	0	0	0	0	4
	Upper Norwood	0	0	0	0	0	0	0	0	3
3. Woodside & Shirley	Ashburton	0	0	0	0	0	0	0	0	3
	Shirley	0	1	0	0	1	0	0	0	1
	Woodside	1	1	1	0	1	1	0	1	1
4. New Addington & Selsdon	Fieldway	0	0	0	0	0	0	0	0	2
	Heathfield	0	1	1	0	1	1	0	1	3
	New Addington	1	1	1	0	1	1	0	0	1
	Selsdon & Ballards	0	0	0	0	0	0	0	0	3
5. Purley	Coulsdon East	0	1	0	1	1	0	0	0	1
	Coulsdon West	0	1	0	0	1	1	0	0	2
	Kenley	0	0	0	0	0	0	0	0	3
	Purley	0	0	0	0	0	0	0	0	4
	Sanderstead	0	2	0	1	2	0	0	0	1
6. East Croydon	Addiscombe	0	0	0	0	0	0	0	0	3
	Broad Green	0	1	0	0	1	0	0	0	4
	Croham	0	1	0	0	1	0	0	0	1
	Fairfield	1	1	1	0	1	1	1	1	7
	Selhurst	0	1	0	0	1	0	0	0	4
Grand Total		3	14	4	3	13	5	1	3	61
Percentage of Total		4%	19%	5%	4%	17%	7%	1%	4%	81%

**Pharmaceutical Needs Assessment
Map 16: Pharmacies providing NHS Health Checks**

Legend

- + Pharmacies providing Health Checks
- + 100 Hour Pharmacies (providing service)
- ▲ Non-Pharmacy Providers⁺
- Croydon
- Croydon Localities
- Croydon Wards

Distance Buffers:
 0.5 mile
 1 mile

Percentage of population aged 40 to 74 by Ward

	46 to 50 %
	42 to 45.9 %
	38 to 41.9 %
	34 to 37.9 %
	30 to 33.9 %

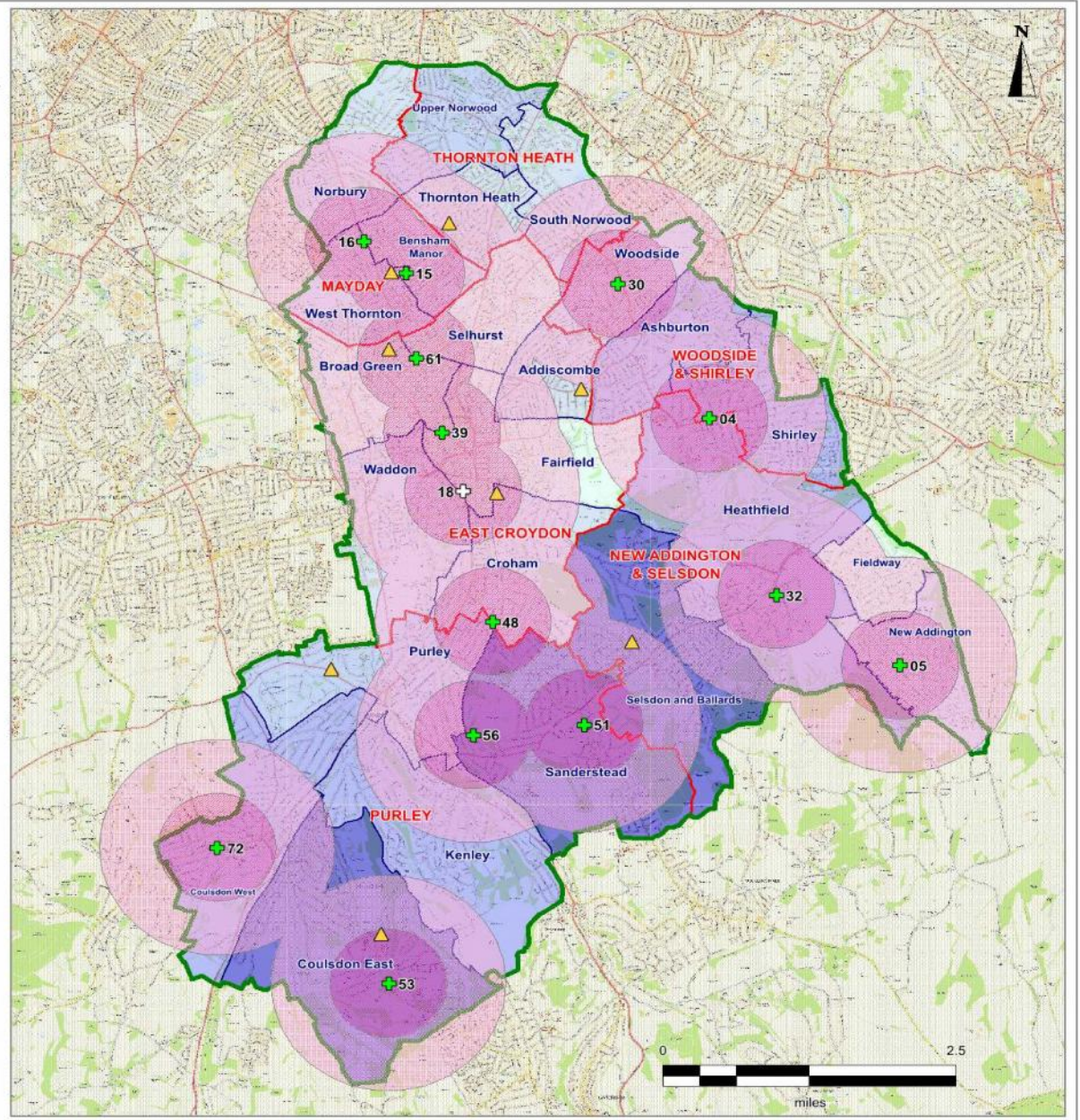
⁺ Locations of the non-pharmacy providers have been adjusted to aid visualisation on the map.

Croydon Pharmacies

- 04 Andrew McCoig Pharmacy - CR0 8TE
- 05 Aumex Pharmacy - CR0 0JD
- 15 Brigstock Pharmacy - CR7 7JN
- 16 Cranston Ltd - CR7 6JE
- 18 Croydon Pharmacy - CR0 1DP
- 30 Fishers Chemist - SE25 5NT
- 32 Goldmantle Pharmacy - CR0 9AS
- 39 Kent Chemist - CR0 1RB
- 48 Makepeace & Jackson - CR2 0PH
- 51 Medipharm - CR2 9LA
- 53 Old Coulsdon Pharmacy - CR5 1EN
- 56 Riddlesdown Pharmacy - CR8 1HR
- 61 Shivas Pharmacy - CR0 2TG
- 72 Valley Pharmacy - CR5 3BR



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3.3 Locally Commissioned Services

3.3.7 NHS Health Checks

Activity and Performance

- Historically, there is a low uptake rendering Croydon as one of the worst performing areas in the Country. The number of checks undertaken in 2013/14 reduced as a result of organisational changes and information governance issues which compromised the ability of public health to send invitations, follow up non-responders and recall eligible people after 5 years
- The table below demonstrates comparable performance between pharmacies and GP surgeries, providing the service
- There is variation in activity levels between the pharmacies. However, performance is predominantly determined by local residents' choice

	2011/12	2012/13	2013/14
Pharmacies (n =14)	972	1220	988
GP Surgeries (n = 8)	589	1294	983
Total	1,561	2,514	1,971

Meeting the needs of those with a protected characteristic

Age	✓	Service available to people aged 40 – 74 years
Disability	✓	Services may need to be tailored for people with cognitive impairment or learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier successful delivery. BAME communities are more susceptible to vascular diseases
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- Awareness raising initiatives are planned to increase uptake
- A process is underway to identify additional pharmacy and non-pharmacy providers. The aim is to secure additional capacity in areas with high risk groups and to further extend weekend & evening provision

The Future

- NHS Health Checks could be linked into a Healthy Living Pharmacy programme because of synergies with other lifestyle services
- There are plans to enhance service quality and performance

Conclusions

- Vascular disease is a leading cause of premature death in Croydon. The NHS Health Checks programme aims to help reduce CVD incidence and this premature mortality
- We have concluded that the pharmacy-based service is **necessary** to meet the pharmaceutical needs of our population because it:
 - Increases the provider base, and capacity, to deliver the required number of NHS Health Checks within Croydon
 - Promotes a choice of provider for those eligible for a Health Check
 - Improves access to the service during extended hours and at the weekend
 - Provides an opportunity to integrate the service with other lifestyle services and MURs which may improve outcomes for those with vascular changes
 - It supports us to meet important local strategic priorities and achievement of targets
- We have identified some gaps in service provision:
 - There is one GP Provider, but no pharmacy providers in Thornton Heath
 - There is no provision in parts of the more deprived wards of Fieldway (New Addington & Selsdon) and South Northwood (Thornton Heath)
 - Distribution doesn't necessarily correlate with areas of need e.g. some residents in Purley and New Addington & Selsdon have to travel more than a mile to access a pharmacy or GP-based service; similarly there is limited access and/or choice particularly during extended hours on weekdays and at the weekend; this may impact upon the attendance of those who work full time
 - Pharmacy performance is historically similar to non-pharmacy providers; whilst this has reduced in 2013/14, the strategy to raise awareness and to target residents opportunistically is likely to be pivotal to promoting greater use of pharmacy-based services

3.3 Locally Commissioned Services

3.3.8 Pharmacy First - Minor Ailments Service

Overview

- This service provides advice, and treatment from an approved formulary if required, to people who may otherwise gone to their GP or to an unscheduled care service for a minor ailment. The table on the right summarises the scope of the service
- The aim is to promote the use of the “pharmacy first” with a view to:
 - Reducing the number of people accessing general practice and A&E for minor ailments with a view to increasing capacity for more urgent and complex cases
 - Reducing health inequalities particularly where the cost of medication is the primary barrier to access
 - An increase in patient choice, convenience and access to treatment of the service
- All Croydon residents may access the minor ailments service, irrespective of registration with a Croydon GP

The Current Picture

- 74 (99%) of pharmacies are commissioned to provide the minor ailments service
- The table (see next page) and Map 17 provide an overview of the distribution and availability of the minor ailments service:
 - There are two or more providers delivering this service in all wards, apart from Waddon which doesn't have any pharmacies
 - There is very good service provision (9am-5:30pm) during the week and similarly on Saturday (9am – 12pm) and the majority of residents can access services within a mile of where they live
 - Provision is more limited during extended hours on weekdays and Saturday, in all localities, apart from East Croydon
 - Sunday provision is also more limited, with no services available in three of the more deprived wards i.e. Fieldway & New Addington (New Addington & Selsdon locality) and South Norwood (Thornton Heath)

Ailments Included in the Minor Ailment Service

Acne	Coughs & cold	Hayfever & allergies	Insect bites/stings
Athlete's Foot	Cystitis	Head lice	Nappy rash
Back pain	Diarrhoea	Headache	Teething
Cold sores	Earache	Indigestion	Threadworm
Conjunctivitis	Ear wax	Scabies	Thrush
Constipation	Fever	Mouth ulcers	Sore throat
Contact dermatitis	Haemorrhoids (piles)	Sprains & stains	Warts & verrucae

Provider Criteria

- The pharmacy must offer the service during all opening hours
- The pharmacy must have a suitable consultation area
- Pharmacists must be competent for providing minor ailment schemes as defined by the Harmonisation of Accreditation Group and within the scope of the service
- Pharmacists must update training every two years and maintain CPD relevant to this service
- Specific competencies must be met by all pharmacy support staff

The Evidence Base

- Evidence has demonstrated that pharmacy-based minor ailment services (MAS) can improve health outcomes and be cost effective:
 - One study showed that MAS improve access to medicines and provide greater choice in primary care for patients with minor illness²¹
 - A systematic review including one randomised trial showed²²:
 - Symptom resolution in 68-94% of patients
 - Less than a quarter of patients went to their GP after the consultation
 - Between 47%- 92% of people would have seen their GP, should no pharmacy scheme be available
 - Over 90% were satisfied with their experience and would re-use the pharmacy based service
- Areas with high levels of deprivation, may benefit from a MAS²³

3.3 Locally Commissioned Services

3.3.8 Pharmacy First - Minor Ailments Service

Locality	Ward	Number of Pharmacies Offering the Minor Ailments Service								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor	1	2	1	1	2	1	1	1	0
	Norbury	0	4	1	2	2	1	0	0	0
	West Thornton	0	4	2	0	3	1	1	1	0
2. Thornton Heath	South Norwood	0	2	1	0	2	0	0	0	0
	Thornton Heath	0	4	2	1	4	1	0	0	0
	Upper Norwood	1	3	1	1	3	2	1	1	0
3. Woodside & Shirley	Ashburton	0	3	0	1	3	2	0	0	0
	Shirley	0	2	1	1	2	1	0	0	0
	Woodside	2	2	2	0	2	2	1	2	0
4. New Addington & Selsdon	Fieldway	0	2	0	0	1	0	0	0	0
	Heathfield	0	4	3	1	4	3	0	1	0
	New Addington	1	2	2	0	2	2	0	0	0
	Selsdon & Ballards	0	3	2	0	2	0	0	0	0
5. Purley	Coulsdon East	0	2	0	2	2	0	0	0	0
	Coulsdon West	0	3	0	0	3	2	0	1	0
	Kenley	0	3	1	1	2	0	0	0	0
	Purley	1	4	1	0	4	2	1	1	0
	Sanderstead	0	3	0	1	3	1	0	0	0
6. East Croydon	Addiscombe	1	3	3	0	3	2	0	1	0
	Broad Green	1	4	2	0	3	3	2	3	1
	Croham	0	2	0	1	2	0	0	0	0
	Fairfield	5	8	4	1	7	7	3	5	0
	Selhurst	1	5	1	0	4	2	1	1	0
Grand Total		14	74	30	14	65	35	11	18	1
Percentage of Total		19%	99%	40%	19%	87%	47%	15%	24%	1%

Pharmaceutical Needs Assessment
Map 17: Pharmacies providing the Pharmacy First
Minor Ailments Service

Legend

- + Pharmacies providing the Pharmacy First Minor Ailments Service
- + 100 Hour Pharmacies providing the Pharmacy First Minor Ailments Service
- + LPS Pharmacies providing the Pharmacy First Minor Ailments Service

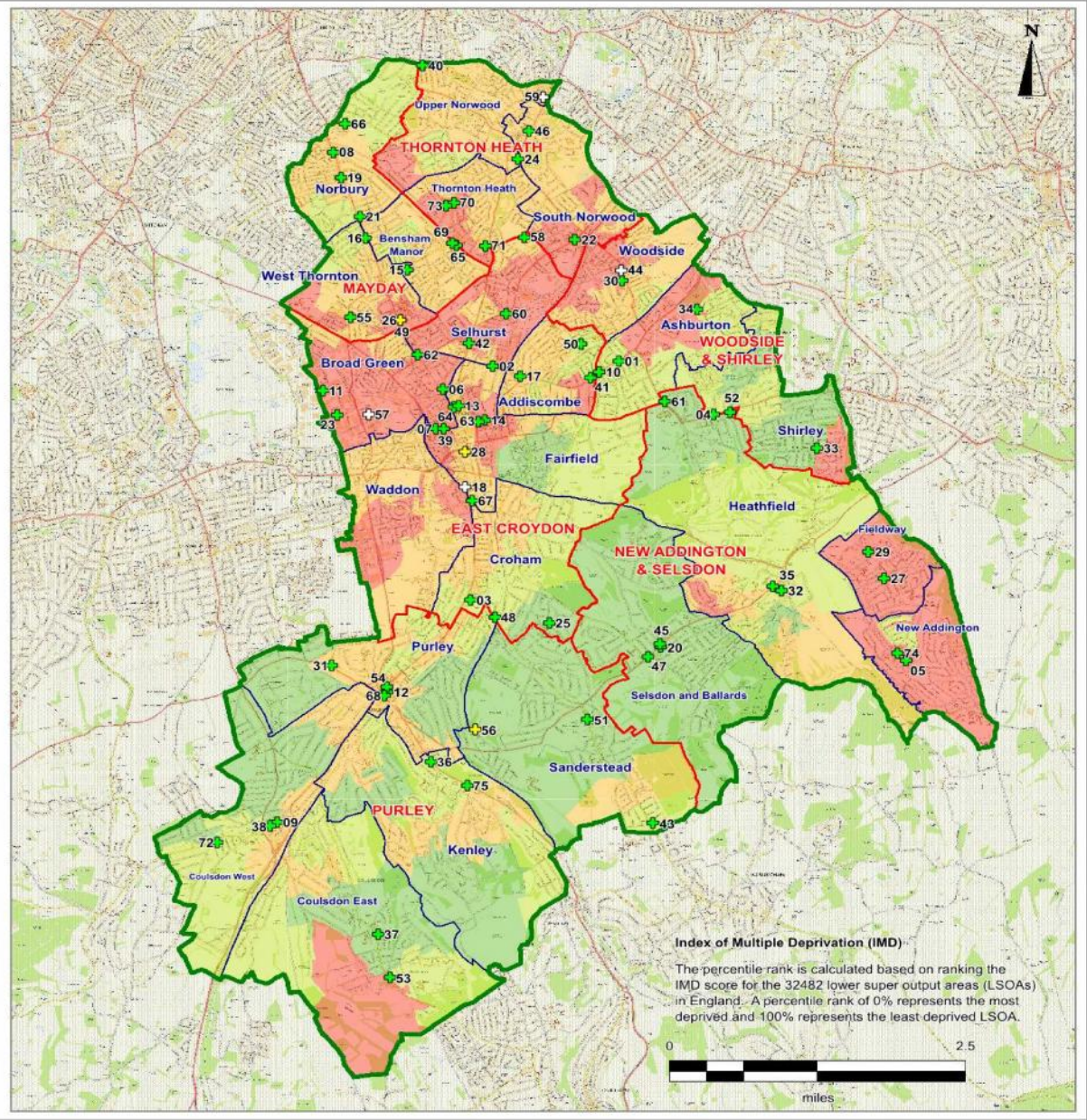
- Croydon
- Croydon Localities
- Wards

Percentile rank of IMD score 2010 by LSOA

- < 25 %
- 25 to 49.9 %
- 50 to 74.9 %
- 75 to 100 %

Croydon Pharmacies

- | | | |
|-------------------------------------|--|--|
| 01 Addiscombe Pharmacy - CR0 7AE | 27 Dougans Chemist - CR0 0QF | 52 Mona Pharmacy Ltd - CR0 8BJ |
| 02 Alicorn Chemist - CR0 2BZ | 28 Fairview Pharmacy - CR9 1PJ | 53 Old Coulsdon Pharmacy - CR5 1EN |
| 03 Andrew Mccoig Pharmacy - CR2 6ES | 29 Fieldway Pharmacy - CR0 9DX | 54 Orion Pharmacy - CR8 2BP |
| 04 Andrew Mccoig Pharmacy - CR0 8TE | 30 Fishers Enmore Pharmacy - SE25 5NT | 55 Parade Pharmacy - CR0 3EW |
| 05 Aunex Pharmacy - CR0 0JD | 31 Foxley Lane Pharmacy - CR8 3EE | 56 Riddlesdown Pharmacy - CR8 1HR |
| 06 A-Z Pharmacy - CR0 2TA | 32 Goldmantle Pharmacy - CR0 9AS | 57 Sainsbury's Pharmacy - CR0 4XT |
| 07 Barkers Chemist - CR0 1RN | 33 Greenchem - CR0 8NG | 58 Sainsbury's Pharmacy - SE25 6XB |
| 08 Bids Chemist - SW16 4AE | 34 Greenchem - CR0 7RA | 59 Sainsbury's Pharmacy - SE19 3RW |
| 09 Boots Uk Limited - CR5 2ND | 35 Harris Chemist Ltd - CR2 8JJ | 60 Selhurst Pharmacy - SE25 5QF |
| 10 Boots Uk Limited - CR0 6RD | 36 Hobbs Pharmacy - CR8 5JF | 61 Shirley Pharmacy - CR0 8SS |
| 11 Boots Uk Limited - CR0 4YJ | 37 Holmes Pharmacy - CR5 1EH | 62 Shivas Pharmacy - CR0 2TG |
| 12 Boots Uk Limited - CR8 2AF | 38 Infohealth Pharmacy - CR5 2RA | 63 St.Claire Chemist - CR0 1LG |
| 13 Boots Uk Limited - CR0 1UP | 39 Kent Chemist - CR0 1RB | 64 Superdrug Pharmacy - CR0 1US |
| 14 Boots Uk Limited - CR0 1LD | 40 Klub Pharmacy Ltd - SE19 3NG | 65 Superdrug Pharmacy - CR7 7JG |
| 15 Bngstock Pharmacy - CR7 7JN | 41 Larchwood Pharmacy - CR0 6RB | 66 Superdrug Pharmacy - SW16 3LU |
| 16 Cranston Ltd - CR7 6JE | 42 Lloyd George Pharmacy - CR0 2JG | 67 Swan Pharmacy - CR0 1BJ |
| 17 Crochem Ltd - CR0 6AA | 43 Lloyds Pharmacy - CR2 9BY | 68 Tesco Stores Limited - CR8 2HA |
| 18 Croydon Pharmacy - CR0 1DP | 44 Lloyds Pharmacy - SE25 4PT | 69 Tesco Stores Limited - CR7 8RX |
| 19 Day Lewis Pharmacy - SW16 4BE | 45 Lloyds Pharmacy - CR2 8LH | 70 Thompsons Chemist - CR7 8JF |
| 20 Day Lewis Pharmacy - CR2 8LB | 46 Lloyds Pharmacy - SE19 2NT | 71 Thornton Heath Pharmacy - CR7 8RU |
| 21 Day Lewis Pharmacy - SW16 4DT | 47 Lloyds Pharmacy - CR2 8LG | 72 Valley Pharmacy - CR5 3BR |
| 22 Day Lewis Pharmacy - SE25 6EP | 48 Makepeace & Jackson - CR2 0PH | 73 Wilkes Chemist - CR7 8LZ |
| 24 Day Lewis Pharmacy - SE25 6DP | 49 Mayday Community Pharmacy - CR7 7HQ | 74 Your Local Boots Pharmacy - CR0 0JB |
| 25 Day Lewis Pharmacy - CR2 0EJ | 50 Medibank Pharmacy - CR0 6HE | 75 Zina Chemist - CR8 5AA |
| 26 Day Lewis Pharmacy - CR7 7HQ | 51 Medipharm - CR2 9LA | |



Index of Multiple Deprivation (IMD)
 The percentile rank is calculated based on ranking the IMD score for the 32482 lower super output areas (LSOAs) in England. A percentile rank of 0% represents the most deprived and 100% represents the least deprived LSOA.



3.3 Locally Commissioned Services

3.3.8 Pharmacy First - Minor Ailments Service

Activity and Performance

- The table below summarises performance over a six month period (April – Sep 2014) and shows that 66 pharmacies were active
- It is clear that there is variation in activity rates between localities:
 - All pharmacies in Mayday, Woodside & Shirley and New Addington & Selsdon were active
 - The proportion of interventions made are highest in the New Addington & Selsdon and East Croydon localities suggesting there is a good correlation with deprivation; this was not the case in South Norwood ward as only one pharmacy was active and the number of interventions is low

Localities	No. of active Pharmacies (Total)	No. of interventions (% of total)	No. of interventions per 100,000
Mayday	10 (10)	1,850 (16%)	3,608
Thornton Heath	7 (9)	736 (6%)	1,472
Woodside & Shirley	7 (7)	822 (7%)	1,761
New Addington & Selsdon	11 (11)	4,270 (37%)	8,773
Purley	12 (15)	545 (5%)	772
East Croydon	19 (22)	3,465 (30%)	3,154
Total - Croydon	66 (74)	11,688	19,540

Further Provision

- We will work with the pharmacies which aren't currently active to understand the reasons behind this

The Future

- Minor Ailments services will continue to play a key role in supporting people within community settings. We are considering extending the range of common ailments included and may expand the formulary to allow supply prescription only medicines under PGD
- Awareness raising initiatives are planned

Meeting the needs of those with a protected characteristic

Age	✓	People of all ages are eligible to access the scheme
Disability	✓	Advice may need to be tailored for people with cognitive impairment or learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to successful delivery
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✓	Suitability of medicines for use in pregnant and/or breast feeding women needs to be considered
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Conclusions

- We have determined that the pharmacy-first minor ailments service is **necessary** to meet the pharmaceutical needs of our population:
 - It increases the provider base, and capacity, to provide advice and clinical interventions for minor ailments in the community
 - The service provides access to a healthcare professional during extended hours and at weekends
 - Published evidence has shown that "pharmacy first" schemes may deliver positive health outcomes as well offering an alternative to GP and hospital consultations. As such, the Croydon service supports delivery of local strategic objectives to reduce demand for unscheduled care providers
 - It provides an opportunity to "Make Every Contact Count" and identify residents who may benefit from lifestyle advice and interventions
- 74 pharmacies are currently commissioned to provide the service
- We have identified the following gaps:
 - Access to the service is more limited in the early mornings on weekdays, Saturday evenings and Sundays; particularly, in areas of high deprivation, where there may be benefits to extending opening hours
 - 6 pharmacies are not actively delivering the service. Whilst this may be a reflection of demand, we need to understand the full reasons to ensure that residents who do need to access this service are able to do so

3.3 Locally Commissioned Services

3.3.9 Domiciliary Medicines Review Service

Overview

- The service provides access to medicines reviews in the home setting for those who are housebound and who can not otherwise attend a pharmacy for a review
- The service aims to deliver the following outcomes:
 - Improved access to medicines by putting in place systems of ordering/collecting/delivering of prescriptions and medicines
 - Improved understanding of patients' medicines
 - Improved adherence to medication
 - Reduced incidences of adverse drug effects due to incorrect dosage;
 - Reduced wastage of medicines
 - Disposal of medicines which are no longer required
 - A measureable reduction in emergency admissions
 - Inform future developments in pharmaceutical services to the housebound population of Croydon
- The service encourages partnership working between pharmacists and health and social care professionals

The Current Picture

- 28 (25%) pharmacies have been commissioned to provide the service, to people who are registered with a Croydon GP and who are either housebound or who require assistance to get to a pharmacy. It is anticipated that the number of accredited providers will increase post publication of the PNA, following notification of successful Disclosure and Barring Service (DBS) checks
- Prior to the service being re-commissioned (July 2014), 371 Domiciliary Medicines Reviews were undertaken in 2013/14
- A locum pool, managed and periodically updated by the LPC, is in place to ensure timely access to the service
- We have not reviewed the location and distribution of pharmacies because the service is provided in the domiciliary setting

Examples of Services Delivered by Pharmacies

Inhalers	Checking technique, providing advice & reassessment, review plans within primary care
Warfarin	Advising on dosage, provide information & advice
Insulin	Advising on dosage, administration & retinal screening, as well as monitoring technique
Analgesics	Ensuring correct usage, advising on dosage, use of concomitant analgesics & side effects
External Preparations	Advice of usage, application, dosage and frequency
Eye Drops	Checking technique and ability to administer, frequency of use and storage
Timing of medicines	Advising on timing of dosing where this influences outcomes e.g. nitrates
Smokers	Referring to smoking cessation services
Support groups	Signposting patients to local groups

Provider Criteria

- Pharmacists must have an up to date DBS check
- Pharmacists must attend training delivered by Croydon CCG
- Pharmacists must be committed to CPD relevant to this service

The Evidence Base

- The evidence base outlined in section 3.2.3.1 (MURs) and 3.2.3.2 (NMS) is relevant to this service
- Local evaluation of the scheme, based on tracking of patients using the NHS number for 6 months, has shown a reduction in admissions and bed days for people who have a history of admission & re-admission to hospital

3.3 Locally Commissioned Services

3.3.9 Domiciliary Medicines Review Service

Meeting the needs of those with a protected characteristic

Age	✓	Older people tend to be on multiple medications are 'higher risk' in terms of medicines related side effects
Disability	✓	Advice and support needs to be tailored to people who have cognitive impairment and/or learning disabilities; provision of the service within the domiciliary settings facilitates access to medicines reviews for people who would otherwise not be able to get to a pharmacy
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to the successful delivery of the
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- To promote equity of access, consideration will be given to extending the service to all Croydon residents, not just those who are registered with a Croydon GP
- We will continue to review the number of trained pharmacists (including within the locum pool) to ensure there is sufficient capacity to meet the current and future needs of our residents

The Future

- We are looking at how the service can be more closely integrated into multidisciplinary teams as part of a strategy to manage unplanned admissions
- We are exploring options to provide appropriate support for people who live in Care Homes

Conclusions

- The Domiciliary Medicines Review Service provides valuable access to medicines reviews for Croydon residents who are house bound or require assistance to reach a pharmacy
- We have concluded that the service is **necessary** to meet the pharmaceutical needs for our population for the following reasons:
 - The service is primarily provided by community pharmacies
 - Extrapolation of published evidence for MURs and NMS demonstrates benefits in terms of improved adherence prescribed medicines, management of medicines related risks and improved patient outcomes
 - Local evaluation of the service has demonstrated a reduction in bed days and re-admissions for people with a history of admission. The service therefore supports implementation of local strategic priorities, to reduce demand from unplanned care and re-admissions; and supporting the effective management of long term conditions
- We have identified the following gaps, which create an inequity of access within Croydon:
 - The service may only be accessed by people who are registered with a Croydon GP. This is a historical arrangement but means that Croydon residents who are registered with a GP outside of the area cannot access the service
 - People who live in care homes do not fall within the scope of the service

3. The Assessment

3.4 Looking to the Future

Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided
- In this section, we:
 - Set out our specific intentions in relation to services which we envisage will be commissioned from community pharmacy within the next 12 months
 - Describe our vision and ambition, for how community pharmacy *may* support the delivery of our local strategic priorities and public health outcomes as set out in section 2.4
- In determining our vision (summarised in the table on the right), we have reflected on the strengths of community pharmacy in terms of its:
 - **Accessibility**, often during extended hours and without an appointment
 - **Knowledge and skills**, both in relation to medicines expertise and healthcare more generally
 - **Broad customer base**, who use pharmacies for a variety of health and non-healthcare reasons
- We also consulted with a range of stakeholders, through a variety of channels, including:
 - Members of our multidisciplinary PNA Steering Group
 - The public via our online survey
 - Community pharmacies through our questionnaire and via a specific engagement event
- It is our intention that the potential service developments, set out on pages 103 - 110, will be considered alongside other priorities by Croydon Council and our partner organisations when developing future commissioning strategy
- However, because local strategy is emerging and we are redesigning a number of services and pathways, it is not possible to set out the specific circumstances under which such services will be commissioned (*if at all*)

Croydon Vision for Pharmacy

An established 'first port of call'	<ul style="list-style-type: none"> • We wish to see community pharmacy widely recognised, and used, as a first port of call, reducing demand on other services particularly General Practice and unscheduled care providers • We envisage that this may include building upon existing, and potentially commissioning new, pharmacy based services
An enhanced role in Self Care	<ul style="list-style-type: none"> • Pharmacy is well placed to support Croydon residents with self-care • This may include enhancing the role of pharmacists in helping people to manage long term conditions and facilitating them living independently at home
A wider role within primary care	<ul style="list-style-type: none"> • There are opportunities to maximise the role which community pharmacy undertakes within primary care, with a view to enhancing choice for our residents, providing care closer to home and optimising use of skill mix • This may include commissioning a wider range of pharmacy-based services to be provided by pharmacists (or their staff) or through other healthcare professionals from working within pharmacy premises
A network of Public Health Practitioners	<ul style="list-style-type: none"> • A key ambition is to create a network of public health practitioners, using our Healthy Living Programme as a solid foundation upon which to expand the range of public health activities undertaken within pharmacy • We envisage we will maximise opportunities to make "Every Contact Count" through a more integrated offering • This approach will help us to tackle inequalities as well as supporting us to improve the health of the wider Croydon population
Taking pharmacy to Croydon Residents	<ul style="list-style-type: none"> • We believe there are opportunities to provide more pharmacy services on an outreach basis – whether this is directly to people in their own homes or in other settings e.g. the work place

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
Health Information Hubs <ul style="list-style-type: none"> Build upon the health promotion and signposting role so that Community Pharmacy becomes a recognised “Health Information” point. Croydon residents will either be supported directly in the pharmacy and/or signposted on to other services depending upon their needs 	<ul style="list-style-type: none"> An established “first port of call” An enhanced role in self-care A wider role within primary care 	<ul style="list-style-type: none"> Improvement 1 – Giving children a good start to life Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs Improvement 4 – Supporting people to be resilient and independent Improvement 6 – Improving people’s experience of care <i>Contributes to delivery of PH health outcomes in section 2.4</i> 	<ul style="list-style-type: none"> Focus on prevention Empower and support people to maintain living at home Greater co-ordination between health and social care Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Children and Young People Urgent care – improving accessibility and responsiveness in primary care Planned care - right service first time
Healthy Living Pharmacies <ul style="list-style-type: none"> Development and roll out of programme as a foundation for delivering public health services through pharmacy 	<ul style="list-style-type: none"> An established “first port of call” An enhanced role in self-care A network of public health practitioners – <i>“Making Every Contact Count”</i> 	<ul style="list-style-type: none"> Improvement 1 – Giving children a good start to life Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people’s experience of care <i>Contributes to delivery of PH health outcomes in section 2.4</i> 	<ul style="list-style-type: none"> Focus on prevention 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Children and Young People

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
<p>Integrated Healthy Lifestyle Service</p> <ul style="list-style-type: none"> Opportunity for pharmacy to participate in the integrated service which is being developed (e.g. one stop shop for weight management, NHS Health Checks, Stop smoking etc.) This could be as a stand alone initiative or integrated into the HLP programme (see page 71) 	<ul style="list-style-type: none"> An enhanced role in self-care A wider role within primary care A network of public health practitioners – <i>“Making Every Contact Count”</i> 	<ul style="list-style-type: none"> Improvement 1 – Giving children a good start to life Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people’s experience of care <i>Contributes to delivery of PH health outcomes in section 2.4</i> 	<ul style="list-style-type: none"> Focus on prevention Empower and support people to maintain living at home 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Children and Young People
<p>Healthy Start Vitamin Supply</p> <ul style="list-style-type: none"> Community pharmacy to act as a distribution point Healthy Start is a UK-wide scheme to improve the health of low-income pregnant women & families on benefits and tax credits. Women who are at least 10 weeks pregnant & families with children under four years old may qualify 	<ul style="list-style-type: none"> An enhanced role in self-care A wider role within primary care 	<ul style="list-style-type: none"> Improvement 1 – Giving children a good start to life Improvement 2 – Preventing illness & injury and helping people recover 	<ul style="list-style-type: none"> Focus on prevention 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Children and Young People
<p>Alcohol IBA</p> <ul style="list-style-type: none"> Delivery of alcohol IBA service either within the pharmacy or in an outreach setting 	<ul style="list-style-type: none"> A network of public health practitioners Taking pharmacy to Croydon residents 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs <i>PH outcome – reduction in alcohol related harm</i> 	<ul style="list-style-type: none"> Focus on prevention Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Children and Young People

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
Stop Smoking Quit Groups <ul style="list-style-type: none"> Expand scope of pharmacy-led stop smoking services to include 'quit groups' These could be: <ul style="list-style-type: none"> Pharmacist-led (within the pharmacy or as an outreach service) Provided by a Counsellor on pharmacy premises 	<ul style="list-style-type: none"> A network of public health practitioners Taking pharmacy to Croydon Residents 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs <i>PH outcomes – reducing smoking prevalence & increasing smoking quitters</i> 	<ul style="list-style-type: none"> Focus on prevention 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people
Immunisations <ul style="list-style-type: none"> Expand the range of immunisations administered through pharmacy. This could include: <ul style="list-style-type: none"> Childhood immunisations Hepatitis B vaccination NHS Travel vaccines 	<ul style="list-style-type: none"> A wider role in primary care A network of public health practitioners 	<ul style="list-style-type: none"> Improvement 1 – Giving children a good start to life Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs PH outcomes - 	<ul style="list-style-type: none"> Focus on prevention Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Children and young people
Screening & Diagnostics <ul style="list-style-type: none"> Pharmacy based screening and/or diagnostics e.g. <ul style="list-style-type: none"> Blood-borne virus testing Blood pressure checks Simple blood tests These could be undertaken by pharmacists or other healthcare professionals 	<ul style="list-style-type: none"> A wider role in primary care 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs Improvement 5 – Providing integrated, safe, high quality services 	<ul style="list-style-type: none"> Focus on prevention 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
<p>Integrated medicines optimisation</p> <ul style="list-style-type: none"> Build upon existing and develop integrated systems for people who are cared for in more than one setting Opportunities may include: <ul style="list-style-type: none"> Patients identified as high risk, with regards to medicines, post discharge referred into community pharmacy for follow up Support for patients to improve adherence e.g. aide memoires, text messages Facilitate exchange of medicines information between clinical settings Training and advice for health and social care professionals; & carers 	<ul style="list-style-type: none"> An enhanced role in self-care 	<ul style="list-style-type: none"> Improvement 3 – Preventing premature death and LTCs Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people's experience of care <i>PH outcome – improvements in immunisation rates</i> 	<ul style="list-style-type: none"> Empower and support people to maintain living at home Reduce the demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Medicines optimisation
<p>Medicines Optimisation in Care Homes</p> <ul style="list-style-type: none"> Design and commission specific services to optimise use of medicines, taking into account NICE recommendations (see page 14); and to promote the same access to pharmaceutical services as the rest of the population 	<ul style="list-style-type: none"> Taking pharmacy to Croydon residents 	<ul style="list-style-type: none"> Improvement 1 – Giving children a good start to life Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs 	<ul style="list-style-type: none"> Focus on prevention Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Medicines optimisation

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
<p>Management of LTCs</p> <ul style="list-style-type: none"> Supporting the monitoring and management of LTC, within the framework of a care plan including: <ul style="list-style-type: none"> Assessing & monitoring disease control and medication (e.g. blood tests, BP etc) Education on self care The service could be: <ul style="list-style-type: none"> Pharmacist-led (within the pharmacy or as an outreach service) Another healthcare professional working within the pharmacy 	<ul style="list-style-type: none"> A wider role within primary care An enhanced role in self-care Taking pharmacy to Croydon residents 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and long term conditions Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people’s experience of care 	<ul style="list-style-type: none"> Empower and support people to maintain living at home Prevention and progression of chronic disease Reduce demand of unplanned care Greater co-ordination of health and social care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Planned care Primary & Community care Medicines optimisation
<p>Mental Health</p> <ul style="list-style-type: none"> Support for people who are at risk from medicine adherence failure May include: <ul style="list-style-type: none"> Limiting the amount of medication supplied e.g. 3 – 7 days Daily supervision for those who are seriously at risk “Hot line” for alerting key worker, relative, CPN or nominated psychiatrist Integration of pharmacists into community multi-disciplinary patient assessment meetings 	<ul style="list-style-type: none"> A wider role within primary care An enhanced role in self-care 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and long term conditions Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people’s experience of care 	<ul style="list-style-type: none"> Empower and support people to maintain living at home Reduce demand of unplanned care Greater co-ordination of health and social care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Planned care Primary & Community care Medicines optimisation

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
<p>Pharmacy First Service</p> <ul style="list-style-type: none"> Development of the current service to potentially include a wider range of common conditions and to enhance the formulary This could include supply of prescription only medicines under patient group directions 	<ul style="list-style-type: none"> An established 'first port of call' A wider role within primary care An enhanced role in self-care 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people's experience of care 	<ul style="list-style-type: none"> Empower and support people to maintain living at home Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Urgent care Primary & Community care Medicines optimisation
<p>Wider healthcare services provided from pharmacy</p> <ul style="list-style-type: none"> The utilisation of dedicated space, within pharmacies, for use by other health or social care professionals A range of services (other than those documented on the preceding pages) could be provided including: <ul style="list-style-type: none"> Minor injuries Wound management Phlebotomy Podiatry Counselling Group behavioural change support 	<ul style="list-style-type: none"> An established 'first port of call' A wider role within primary care An enhanced role in self-care 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people's experience of care 	<ul style="list-style-type: none"> Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Primary & Community care Medicines optimisation

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS Ambition(s)	Better Care Fund Priorities	CCG Priorities
<p>Falls</p> <ul style="list-style-type: none"> • Many medicines increase risk of falling; medication review may help to reduce risk • Scope could include: <ul style="list-style-type: none"> ○ Pharmacy delivered falls service ○ Pharmacy referral into falls service ○ Pharmacy as a member of the falls multi-disciplinary team ○ Combination of the above 	<ul style="list-style-type: none"> • A wider role within primary care • An enhanced role in self-care 	<ul style="list-style-type: none"> • Improvement 2 – Preventing illness & injury and helping people recover • Improvement 3 – Preventing premature death and long term conditions • Improvement 4 – Supporting people to be resilient and independent • Improvement 5 – Providing integrated, safe, high quality services • Improvement 6 – Improving people’s experience of care 	<ul style="list-style-type: none"> • Empower and support people to maintain living at home • Reduce demand of unplanned care 	<ul style="list-style-type: none"> • Prevention, self care & shared decision making • Long term conditions, vulnerable adults, older people • Primary & Community care • Medicines optimisation
<p>Transforming Community Equipment Services</p> <ul style="list-style-type: none"> • Pharmacy-based support to facilitate people accessing equipment (e.g. wheel chairs) and aids for daily living • The service would need to be integrated with the current Aztec service and would facilitate access during extended hours and at weekends (when Aztec is closed) 	<ul style="list-style-type: none"> • A wider role within primary care • An enhanced role in self-care • Taking pharmacy to Croydon residents 	<ul style="list-style-type: none"> • Improvement 4 – Supporting people to be resilient and independent • Improvement 5 – Providing integrated, safe, high quality services • Improvement 6 – Improving people’s experience of care 	<ul style="list-style-type: none"> • Empower and support people to maintain living at home • Greater co-ordination of health and social care 	<ul style="list-style-type: none"> • Prevention, self care & shared decision making • Planned care • Primary and community care

3. The Assessment

3.4 Looking to the Future

Challenges

- Our stakeholder engagement identified a number of challenges with respect to delivering our vision and ambition for pharmacy. Specifically:
 - How can we facilitate and secure the integration of community pharmacy services within pathways of care and establish pharmacists as valued and active members of the multidisciplinary team?
 - How do we overcome Information technology and information governance issues, which restrict electronic sharing of confidential information between organisations?
 - How can the public be encouraged to use pharmacies to talk about their illnesses and/or their health more generally?
 - How do we encourage community pharmacists, and their staff, to embrace the opportunities and take on new roles beyond the 'traditional' role of the pharmacist?
 - How can community pharmacies effectively work together, within networks, to facilitate the appropriate capacity, capability and specialist skills to take on an enhanced role?
 - How do we "brand" community pharmacies so that they are universally recognised as a pharmacy – perhaps using "Healthy Living Pharmacies" as the brand?
 - How do we change perceptions so that community pharmacy is recognised, first and foremost, as a provider of healthcare services, rather than a retail outlet?
- These challenges will be considered, by commissioners, when developing future commissioning strategy

Our Aspiration for Pharmacy Services and Premises

- Finally, we have reflected upon both the gaps and the areas for improvement as described within our PNA; and our vision and ambition for pharmacy
- In doing so, we have identified the aspirations for pharmacy premises and services, which we would wish to be prioritised for future applications for pharmaceutical services (see box on the right)

Element	Croydon Aspiration for Pharmacy Services & Premises
Pharmacy opening hours	<ul style="list-style-type: none"> • 7 day a week opening • Extended hour opening as part of core hours: <ul style="list-style-type: none"> ○ Weekdays (whichever is longest): <ul style="list-style-type: none"> • Open by 8am (or earlier) and not closing before 7pm; or • As a minimum, opening at the same time as GP surgeries and closing 30 minutes later ○ Saturday, open from 9am – 6pm as a minimum; and ideally open until 7pm or beyond ○ Sunday, open for a minimum of 6 hours
Advanced services	<ul style="list-style-type: none"> • Accredited & prepared to offer MURs, NMS, AURs & SACs • Willing to provide services in the domiciliary setting, including care homes (subject to NHS England approval)
Enhanced services	<ul style="list-style-type: none"> • Accredited and prepared to offer all currently commissioned services • Prepared to seek accreditation for & offer future enhanced services (if required)
Locally commissioned services	<ul style="list-style-type: none"> • Accredited and prepared to offer all locally commissioned services relevant to the needs of their population • Prepared to seek accreditation for & offer future locally commissioned services (if required) • Actively seek to improve standards of care e.g. by developing staff to Healthy Living Pharmacy standard
Consultation Area	<ul style="list-style-type: none"> • Minimum of two areas fully compliant with the Regulations; and one of which has the following additional characteristics: <ul style="list-style-type: none"> ○ Space for a chaperone and/or a wheel chair ○ Sink with hot water ○ Equipped with a telephone, computer, secure IT connection & access to nhs.net email ○ Access to patient medication records ○ Security measures i.e. panic button & CCTV ○ Hearing loop ○ Patient toilet nearby
Meeting the needs of those with a disability	<ul style="list-style-type: none"> • Premises and services should be suitably adapted to meet the needs of those with a disability including: <ul style="list-style-type: none"> ○ Step-free wheelchair access to all public areas within the pharmacy ○ Hearing loop

3. The Assessment

3.5 Summary of Gaps and Needs

	Description of the Gap(s) & Proposed Solutions
Current Need	<ul style="list-style-type: none"> • Enhanced services <ul style="list-style-type: none"> ○ London Pharmacy Vaccine Services – in terms of further provision, we wish to see this service commissioned from as many Croydon pharmacies as possible in order to help improve historically low immunisation rates
Future Need	<ul style="list-style-type: none"> • Essential Services <ul style="list-style-type: none"> ○ An additional pharmacy in each of the New Addington & Selsdon (New Addington ward) and the East Croydon localities. This is to ensure there is sufficient capacity to meet the pharmaceutical needs of a growing population in both localities; and the anticipated higher influx of commuters into the East Croydon locality ○ Additional hours if GPs move to a 7 day a week service, particularly in the Purley, New Addington & Selsdon and parts of the Mayday and Woodside and Shirley localities; however, this will be dependent upon operational arrangements for GP opening, once known ○ An arrangement to ensure overnight access to medicines, in the event that the LPS Out of Hours contract is terminated ○ An arrangement to ensure users of the Edridge Road GP Led Health Centre & Walk In Centre can access dispensing services in the event that the Fairview LPS contract is terminated ○ For future applications, the HWB has set out an aspiration that extended hour opening forms part of core hours (refer to page 110)
Current Improvements or better access	<ul style="list-style-type: none"> • All services (essential, advanced, enhanced and locally commissioned) <ul style="list-style-type: none"> ○ Additional hours, on a Sunday between the hours of 5pm and 8pm would facilitate more convenient access to dispensing services, for people using the minor injuries unit at Purley War Memorial Hospital (Purley Ward, Purley Locality) ○ Extending opening hours on weekday evenings and at weekends, would improve access and choice to all pharmaceutical and locally commissioned services. This is particularly the case for the New Addington & Selsdon Locality, Purley (wards in the South and East of the locality), East Croydon (Fairfield, Croham and Waddon) and small areas of Mayday. This would facilitate ensuring there is sufficient capacity as the population of Croydon grows as well as securing improvements for the working population who may prefer to access pharmacy services outside of regular opening hours • Meeting the needs of those with a disability <ul style="list-style-type: none"> ○ There are opportunities for more pharmacies to take steps and provide greater support for people with disabilities • Advanced services <ul style="list-style-type: none"> ○ MURs and NMS – we wish to see all pharmacies offering and actively delivering these services (unless there is a valid reason not to do so) • Locally Commissioned Services <ul style="list-style-type: none"> ○ Needle & Syringe Programme – we have identified gaps on weekday mornings (before and including 8am), Saturday evenings (7pm onwards) and on Sundays in some localities. A review of the programme is underway which will include strategic placing of the service within pharmacies according to need; and to improve access during extended hours ○ Supervised consumption service - we have identified gaps on weekday mornings (before and including 8am), Saturday evenings (7pm onwards) and on Sundays in some localities. The service is being re-commissioned and access, including during extended hours, will be addressed as part of this process ○ Enhanced Sexual Health – we have identified that there is limited access to the service during extended hours; there are plans to commission up to an additional 5 pharmacies to provide this service to facilitate improved alignment with need and better access ○ NHS Health Check Programme – we wish to see a pharmacy provider in Thornton Heath to improve access and to provide additional capacity for Health Checks within this locality

3. The Assessment

3.5 Conclusions – Summary of Gaps and Needs (cont...)

	Description of the Gap(s)	Proposed Solution(s)
Future improvements or better access	<ul style="list-style-type: none"> • All services (essential, advanced, enhanced and locally commissioned) <ul style="list-style-type: none"> ○ Extending opening hours on weekday evenings and at weekends, would improve access and choice to all pharmaceutical and locally commissioned services. This is particularly the case for the New Addington & Selsdon Locality, Purley (wards in the South and East of the locality), East Croydon (Fairfield, Croham and Waddon) and small areas of Mayday. This would facilitate ensuring there is sufficient capacity as the population of Croydon grows as well as securing improvements for the working population who may prefer to access pharmacy services outside of regular opening hours • Advanced services <ul style="list-style-type: none"> ○ MURs and NMS – we wish to see all new pharmacies offering and actively delivering these services (unless there is a valid reason not to do so) • Meeting the needs of those with a disability <ul style="list-style-type: none"> ○ We would wish to ensure that new pharmacies have taken appropriate steps to meet the needs of people with disabilities. Specifically, we anticipate that all premises have step free access and that public areas of the pharmacy are accessible to wheel chairs; that a hearing loop is installed and that the pharmacy provides large print labels and labels with braille 	

4. Consultation Report

Consultation Approach

- Croydon Health and Wellbeing Board has undertaken a consultation on a draft of its Pharmaceutical Needs Assessment
- The consultation was issued and managed electronically:
 - All stakeholder groups, as stated within the Regulations, were invited to participate; in addition, a wider audience was invited to participate. Full details are summarised in the box below
 - Stakeholders were notified by email to provide advance notification that they were being invited to participate in the consultation
 - The draft PNA and associated appendices were posted on a dedicated page on the Council website; participants were advised that they may request a hard copy of the draft PNA, free of charge, if required. All paper copies were provided within 14 days, in accordance with the Regulations
 - Respondents were required to complete a standard response form and return this electronically; however, consultation feedback was accepted in different formats providing that this was submitted in writing
- The consultation was initiated on the 3 November 2014 and ended at midnight on the 6 January 2015. This period was in accordance with the minimum 60 day consultation required by the Regulations

Consultation Outcome

- All feedback was consolidated into a document for review by the PNA Steering Group on the 27 January 2015
- In total, 14 responses were received to the consultation; four of these were from stakeholders specified within the Regulations
- One respondent just missed the deadline for submitting feedback (the response was received at 00:26 on the 7 January 2015). However, the respondent had experienced difficulties completing the standard response form; and the feedback included a point of accuracy. The PNA Steering Group and the Health and Wellbeing Board were advised of the late submission but the comments were accepted as they were of relevance to the accuracy of the final PNA
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix I
- Where applicable, the draft PNA was updated to reflect the decision of the PNA Steering Group

Stakeholder Groups invited to Participate in the Consultation

Stakeholders Specified Within the Regulations	Other Stakeholder Groups
<ul style="list-style-type: none"> • Healthwatch Croydon (who were invited to share the draft PNA for consultation with other relevant patient groups as appropriate) • Croydon Local Pharmaceutical Committee • Croydon Local Medical Committees • Croydon NHS Pharmaceutical Services Contractors (75 pharmacies; 1 Dispensing Appliance Contractor) • Croydon Health Services NHS Trust • South London & Maudsley NHS Foundation Trust • NHS England – London Local Area Team • Croydon Health & Wellbeing Board • Neighbouring Health & Wellbeing Boards (Sutton, Merton, Lambeth, Bromley and Surrey) 	<ul style="list-style-type: none"> • NHS Croydon Clinical Commissioning Group (who were invited to share the draft PNA for consultation with relevant public and patient involvement groups as appropriate) • Croydon Drug & Alcohol Team (DAAT) • Croydon Integrated Commissioning Unit • Croydon Public Health Intelligence Team • Croydon Public Health Team

Annex A

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Annex B

Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	LMC	Local Medical Committee
AUR	Appliance Use Reviews	LPC	Local Pharmaceutical Committee
BAME	Black, Asian and Minority Ethnic	LPS	Local Pharmaceutical Services
BCF	Better Care Fund	LTC	Long Term Condition
BP	Blood pressure	MAS	Minor Ailments scheme
CCG	Clinical Commissioning Group	MDT	Multidisciplinary Team
CCTV	Closed Circuit Television	MHOA	Mental Health for Older Adults
CHS	Croydon Health Services NHS Trust	MIU	Minor Injuries Unit
COPD	Chronic Obstructive Pulmonary Disease	MMR	Measles, Mumps and Rubella
CPD	Continuing professional development	MURs	Medicines Use Reviews
CPN	Community Psychiatrist Nurse	NHSE	NHS England
CPPE	Centre of Pharmacy Postgraduate Education	NICE	National Institute for Health & Care Excellence
CVD	Cardiovascular Disease	NMS	New Medicine Service
DAC	Dispensing Appliance Contractor	NRT	Nicotine Replacement Therapy
DBS	Disclosure and Barring Service	NSAID	Nonsteroidal anti-inflammatory drugs
DTaP/IPV	Diphtheria, Tetanus, acellular Pertussis / Inactivated Polio Vaccine	OCU	Opiate / Crack Cocaine User
EHC	Emergency hormonal contraception	ONS	Office of National Statistics
EPS	Electronic prescription services	PGD	Patient Group Direction
ESPLPS	Essential Small Pharmacy Local Pharmaceutical Services	PH	Public Health
FP10	NHS Prescription Form	PHE	Public Health England
GLA	Greater London Authority	PHOF	Public Health Outcomes Framework
GP	General practitioner	PI	Prescription Intervention
GUM	Genito-urinary medicine	PMR	Patient Medication Record
HIV	Human Immunodeficiency Virus	PNA	Pharmaceutical Needs Assessment
HLP	Healthy living pharmacy	PURM	Pharmacy Urgent Repeat Medication
HPA	Health Protection Agency	QoF	Quality and Outcomes Framework
HPV	Human Papillomavirus	RPSGB	Royal Pharmaceutical Society of Great Britain
HWB	Health & Wellbeing Board	SACS	Stoma Appliance Customisation Services
IBA	Identification and Brief Advice	SLaM	South London & Maudsley NHS Foundation Trust
IMD	Index of multiple deprivation	STIs	Sexually transmitted infections
JHWS	Joint Health & Wellbeing Strategy	UPSI	Unprotected Sexual Intercourse
JSNA	Joint Strategic Needs Assessment	WHO	World Health Organisation
LAs	Local Authorities	WIC	Walk-in Centre

<p style="text-align: center;">Pharmaceutical Needs Assessment Steering Group Terms of Reference</p>

1. Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services, which are currently provided, together with when and where these are available to a given population.

The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services.

The Regulations require HWBs to develop and publish a PNA by 1 April 2015.

2. Role

The Croydon Steering Group (PNA SG) has been established to:

- Oversee and drive the formal process required for the development of a PNA
- Ensure that the published PNA complies with all the requirements set out under the Regulations
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health & Wellbeing Strategy, the NHS Croydon CCG Commissioning Strategy Plan and other relevant strategies
- Establish arrangements to ensure the appropriate maintenance of the PNA, following publication, as required by the Regulations

3. Key Objectives

- Champion the work to develop the PNA with internal and external stakeholders, including patients, service users and the public
- Oversee implementation against the project plan and timeline

Appendix A

- Drive the project ensuring that key milestones are met
- Ensure that the requirements for the development and content of PNAs are followed and that the appropriate assessments are undertaken, in line with the Regulations
- Determine the localities which will be used for the basis of the assessment
- Undertake an assessment of the pharmaceutical needs of the population and make recommendations based on this assessment for documentation within the PNA
- Determine the criteria for necessary and relevant services and apply these to pharmaceutical services, taking into account stakeholder feedback including views from patients and the public
- Determine the maps which will be included in the PNA
- Develop the framework for the PNA
- Develop and approve a draft PNA for formal consultation with stakeholders
- Oversee the consultation ensuring that this meets the requirements set out in the Regulations
- Consider and act upon formal responses received during the formal consultation process, making appropriate amendments to the PNA
- Develop a consultation report as required by the Regulations and ensure that this is included within the final PNA
- Submit the final PNA to the Health & Wellbeing Board for approval prior to publication
- Consider and document the processes by which the HWB will discharge its responsibilities in relation to maintaining the PNA; and formally responding to consultations initiated by neighbouring HWBs. This includes making a recommendation on the long term structures required to underpin these responsibilities
- Document and manage potential and actual conflicts of interests

4. Governance

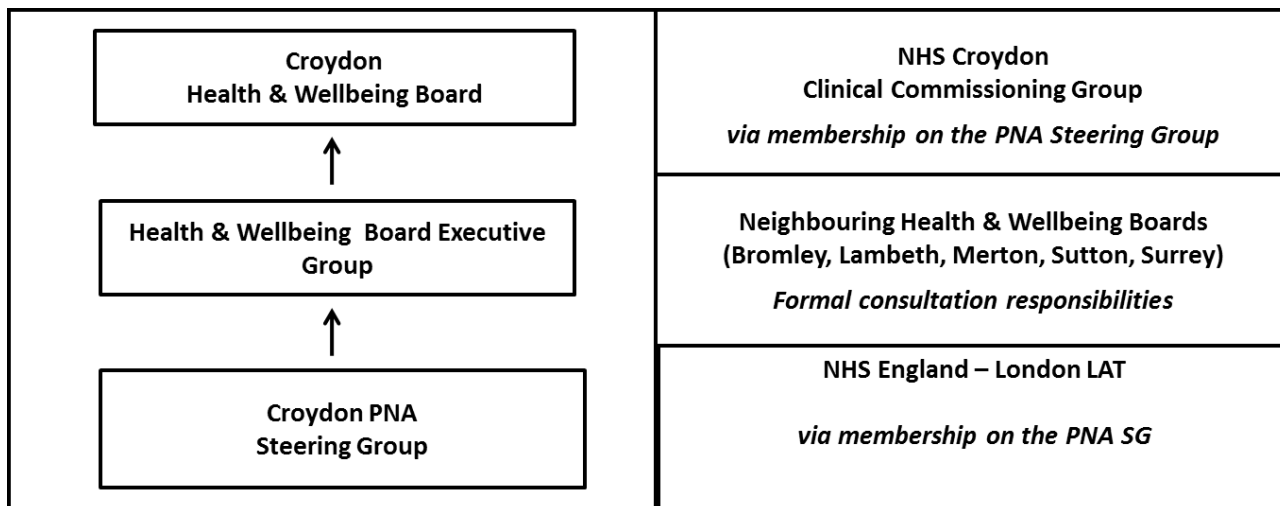
The following Governance arrangements have been established:

- The Croydon HWB has delegated responsibility, for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBs, to the Health & Wellbeing Board Executive Group (HWBEG)
- The Croydon PNA SG has been established to support the operational management of the PNA process. The PNA SG is accountable to the HWB via the HWBEG
- In addition, the PNA SG will keep NHS England informed of progress via membership on PNA SG

Appendix A

- The draft PNA for consultation will be approved by the HWBEG prior to the formal consultation being initiated
- The final PNA will be presented to the HWB for approval prior to publication

The diagram below illustrates the accountability and reporting lines between the Croydon PNA SG and the various committees and organisations with which it needs to interact with respect to discharging its responsibilities:



Transparent arrangements to manage actual and potential conflicts of interest have been established as follows:

- A register of interests will be maintained. This will be updated at each PNA Steering Group meeting and signed by members.
- The register will be kept under review by the HWBEG
- Declaration of interests will be a standing item on each PNA Steering Group agenda; any interests which are declared will be notified to the HWBEG
- Where a member has a conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making

5. Meeting Frequency

The PNA SG will meet, either on a face to face basis or virtually (conference call or email discussion), approximately every 6 - 8 weeks, in accordance with the needs of the project plan.

Following publication of the final PNA, the PNA Steering Group will be convened on an 'as required' basis to fulfil its role in timely maintenance of the PNA.

6. Project Management

Webstar Lane Ltd has been commissioned to provide consultancy support to prepare the PNA and will also provide project management support. Vanessa Lane, is the Webstar Lane Director, with overall responsibility for developing the PNA and project management

7. Membership

CORE MEMBERS	
Name	Role
Cynthia Folarin (Steve Morton as deputy)	Interim Assistant Director of Public Health; Croydon Lead for the PNA and Chair of the PNA Steering Group (SG)
Matthew Phelan	Interim Public Health Principal, Croydon Project Lead for the PNA
Andrew McCoig	Chief Executive, Croydon Local Pharmaceutical Committee
CJ Patel	Chair, Croydon Local Pharmaceutical Committee & Pharmacy Contractor
Mark Justice	Chief Executive, Croydon Healthwatch
Barbara Jesson	Principal Pharmacist (Community Pharmacy Advisor / Medicines Optimisation Lead); NHS Croydon Clinical Commissioning Group
Leila Reid	Strategy, Commissioning & Procurement Lead, Croydon Council
Mandy Ravalia	PNA Project Support
David Tamby-Rajah or Yvonne Davies Angela Ezimora-West	NHS England
Vanessa Lane	Project Manager, Webstar Lane
EXTENDED / ADVISORY MEMBERS	
Name	Role
David Osborne	Public Health Analyst, Public Health Croydon
Steve Morton	Head of Health and Wellbeing, and Deputy Chair of the PNA SG
Denise Malcolm	Public Health Communications Lead, Croydon Council
Louise Coughlan	Chief Pharmacist, Croydon Health Services NHS Trust (Acute and Community Services)
Dr Richard Brown Michael Clementson	Local Medical Committee
David Taylor Mach Shubra	South London & Maudsley NHS Foundation Trust
Brian Longman	Patient Representative, Croydon CCG

Appendix A

The PNA SG may co-opt additional support and subject matter expertise as necessary. In carrying out its remit, the PNA SG may interface with a wider range of stakeholders.

8. Quorum

- Chair (or nominated deputy)
- Community Pharmacist (LPC, Pharmacy Local Professional Network or local contractor)
- Two other members
- Webstar Lane Representative

9. Reporting

A progress report will be provided on a quarterly basis to HWBEG.

10. Approval



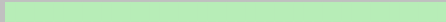
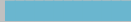

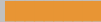
Approved by the Health & Wellbeing Board Executive Group on 15 July 2014

Pharmaceutical Needs Assessment




*Appendix B
Public Survey Results*

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


Section 1 - How you use pharmacy services

How often do you use a pharmacy?		Response Percent	Response Total
At least once a day		0.86%	3
At least once a week		11.18%	39
At least once a month		57.88%	202
Once or twice a year		16.62%	58
I never use pharmacy services		0.29%	1
Other - please provide details:		13.18%	46



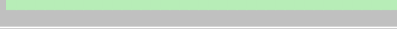

Total # of respondents **354**.
Statistics based on **349** respondents; **0** filtered; **5** skipped.

When you use a pharmacy is this generally for: (Select all that apply)		Response Percent	Response Total
Yourself		89.8%	308
Someone else		26.82%	92
I would prefer not to say		0.88%	3






Total # of respondents 354.
Statistics based on 343 respondents; 0 filtered; 11 skipped.

Where do you normally visit a pharmacy?		Response Percent	Response Total
Near to where I live		52.01%	181
Near to my GP surgery		20.98%	73
Near to my place of work		4.89%	17
Near to my children's school or nursery		0.29%	1
Near to the shops I use		5.17%	18
The pharmacy which is most convenient at the time I need to use it		11.78%	41
Not relevant		0%	0
Other - please provide details:		4.89%	17

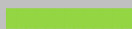




Total # of respondents 354.
Statistics based on 348 respondents; 0 filtered; 6 skipped.

How do you usually travel to a pharmacy?		Response Percent	Response Total
By car		35.74%	124
By public transport		10.38%	36
On foot		50.72%	176
Other - please provide details:		3.17%	11

Total # of respondents 354.
Statistics based on 347 respondents; 0 filtered; 7 skipped.

Approximately how long does it take to get to your regular pharmacy?		Response Percent	Response Total
Less than 5 minutes		23.56%	82
5 – 10 minutes		50.29%	175
11 – 20 minutes		20.12%	70
21 - 30 minutes		4.6%	16
Other - please specify:		1.44%	5

Total # of respondents 354.
Statistics based on 348 respondents; 0 filtered; 6 skipped.

If you need to use a pharmacy and your regular pharmacy is closed, how long would it take to get to an alternative pharmacy?		Response Percent	Response Total
Less than 5 minutes		17.24%	60
5 – 10 minutes		33.91%	118
11 – 20 minutes		29.6%	103
21 - 30 minutes		15.52%	54
Other - please specify:		3.74%	13

Total # of respondents **354**.
Statistics based on **348** respondents; **0** filtered; **6** skipped.

How important is it for you to access the pharmacy at these times?

Appendix B

	A 	B 	C 	D 		Response Total
Weekdays: 8:30am or earlier	13.16 % (35)	10.53 % (28)	16.92 % (45)	59.4 % (158)		266
Weekdays: 9am - 6pm	48.42 % (153)	29.75 % (94)	13.29 % (42)	8.54 % (27)		316
Weekdays: 6pm - 8pm	21.61 % (59)	22.71 % (62)	24.18 % (66)	31.5 % (86)		273
Weekdays: 8pm - 10pm or later	12.4 % (32)	15.89 % (41)	20.93 % (54)	50.78 % (131)		258
Saturdays: 8:30am or earlier	10.57 % (26)	10.57 % (26)	11.38 % (28)	67.48 % (166)		246
Saturdays: 9am - 12pm	30.33 % (84)	28.88 % (80)	20.94 % (58)	19.86 % (55)		277
Saturdays: 12pm - 5pm or later	25.46 % (70)	26.91 % (74)	25.46 % (70)	22.18 % (61)		275
Sundays	17.2 % (48)	20.79 % (58)	21.86 % (61)	40.14 % (112)		279

Total # of respondents 354.
 Statistics based on 343 respondents; 0 filtered; 11 skipped.

Columns:

A 

Very important

B 

Important

C 

Quite important

D 

Not important

How easy is it to access your pharmacy at these times?

Appendix B

	A 	B 	C 	D 	E 	F 		Response Total
Weekdays: 8:30am or earlier	15.53 % (16)	9.71 % (10)	11.65 % (12)	18.45 % (19)	34.95 % (36)	9.71 % (10)		103
Weekdays: 9am - 6pm	70.82 % (199)	21.35 % (60)	4.27 % (12)	1.78 % (5)	1.07 % (3)	0.71 % (2)		281
Weekdays: 6pm - 8pm	19.55 % (35)	20.67 % (37)	11.73 % (21)	13.41 % (24)	23.46 % (42)	11.17 % (20)		179
Weekdays: 8pm - 10pm or later	14.63 % (18)	10.57 % (13)	8.94 % (11)	15.45 % (19)	40.65 % (50)	9.76 % (12)		123
Saturdays: 8:30am or earlier	11.84 % (9)	11.84 % (9)	11.84 % (9)	19.74 % (15)	31.58 % (24)	13.16 % (10)		76
Saturdays: 9am - 12pm	56.88 % (124)	24.31 % (53)	9.17 % (20)	2.29 % (5)	4.13 % (9)	3.21 % (7)		218
Saturdays: 12pm - 5pm or later	29.38 % (62)	25.12 % (53)	14.69 % (31)	8.53 % (18)	15.17 % (32)	7.11 % (15)		211
Sundays	9.82 % (16)	12.27 % (20)	11.66 % (19)	19.02 % (31)	35.58 % (58)	11.66 % (19)		163

Total # of respondents 354.
 Statistics based on 325 respondents; 0 filtered; 29 skipped.

Columns:

- A ■ Very easy
- B ■ Easy
- C ■ Neither easy or difficult
- D ■ Difficult
- E ■ Very difficult
- F ■ Don't know

Your regular pharmacy may offer some or all of the services listed. We would like to understand how you may have used them.

If you have used this service in the last 12 months, was this at: (Select all that apply) Hover over the options to see a definition of the service.

Dispensing

Conversion		Dispensing - your regular pharmacy	Dispensing - an alternative pharmacy	Dispensing - I haven't used the service	Dispensing - I'd prefer not to say
Dispensing	Count	318	56	11	1

Medicines Use Reviews

Conversion		Medicines Use Reviews - your regular pharmacy	Medicines Use Reviews - an alternative pharmacy	Medicines Use Reviews - I haven't used the service	Medicines Use Reviews - I'd prefer not to say
Medicines Use Reviews	Count	68	3	172	0

"Pharmacy First Minor Ailment Scheme"

Conversion		PFMAS - your regular pharmacy	PFMAS - an alternative pharmacy	PFMAS - I haven't used the service	PFMAS - I'd prefer not to say
"Pharmacy First Minor Ailment Scheme"	Count	45	11	183	0

Anti-coagulant monitoring

Conversion		ACM - your regular pharmacy	ACM - an alternative pharmacy	ACM - I haven't used the service	ACM - I'd prefer not to say
Anti-coagulant monitoring	Count	6	4	214	1

Flu Vaccination

Conversion		Flu Vaccination - your regular pharmacy	Flu Vaccination - an alternative pharmacy	Flu Vaccination - I haven't used the service	Flu Vaccination - I'd prefer not to say
Flu Vaccination	Count	17	8	203	2

NHS Health Checks

Conversion		Health checks - your regular pharmacy	Health checks - an alternative pharmacy	Health checks - I haven't used the service	Health checks - I'd prefer not to say
NHS Health Checks	Count	18	6	206	1

Stop smoking

Conversion		Stop smoking - your regular pharmacy	Stop smoking - an alternative pharmacy	Stop smoking - I haven't used the service	Stop smoking - I'd prefer not to say
Stop smoking	Count	6	2	215	2

Chlamydia screening

Conversion		Chlamydia screening - your regular pharmacy	Chlamydia screening - an alternative pharmacy	Chlamydia screening - I haven't used the service	Chlamydia screening - I'd prefer not to say
Chlamydia screening	Count	3	1	219	2

Chlamydia treatment

Conversion		Chlamydia treatment - your regular pharmacy	Chlamydia treatment - an alternative pharmacy	Chlamydia treatment - I haven't used the service	Chlamydia treatment - I'd prefer not to say
Chlamydia treatment	Count	0	0	221	2

Emergency hormonal contraception

Conversion		Emergency contraception - your regular pharmacy	Emergency contraception - an alternative pharmacy	Emergency contraception - I haven't used the service	Emergency contraception - I'd prefer not to say
Emergency hormonal contraception	Count	6	5	214	2

Free Condoms ("C Card" Scheme)

Conversion		Free Condoms - your regular pharmacy	Free Condoms - an alternative pharmacy	Free Condoms - I haven't used the service	Free Condoms - I'd prefer not to say
Free Condoms ("C Card" Scheme)	Count	2	0	218	2

Pregnancy testing

Appendix B

Conversion		Pregnancy testing - your regular pharmacy	Pregnancy testing - I haven't used the service	Pregnancy testing - an alternative pharmacy	Pregnancy testing - I'd prefer not to say
Pregnancy testing	Count	4	216	2	2

Oral contraception

Conversion		Oral contraception - your regular pharmacy	Oral contraception - an alternative pharmacy	Oral contraception - I haven't used the service	Oral contraception - I'd prefer not to say
Oral contraception	Count	7	2	213	2

Needle and syringe exchange

Conversion		Needle exchange - your regular pharmacy	Needle exchange - an alternative pharmacy	Needle exchange - I haven't used the service	Needle exchange - I'd prefer not to say
Needle and syringe exchange	Count	3	0	220	2

Supervised consumption of medicines

Conversion		Supervised consumption - your regular pharmacy	Supervised consumption - an alternative pharmacy	Supervised consumption - I haven't used the service	Supervised consumption - I'd prefer not to say
Supervised consumption of medicines	Count	8	0	212	2

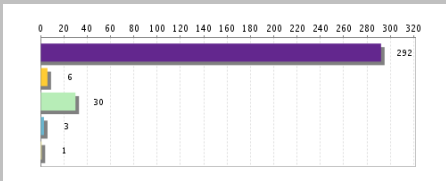
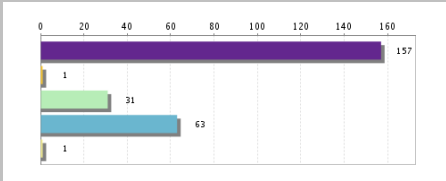
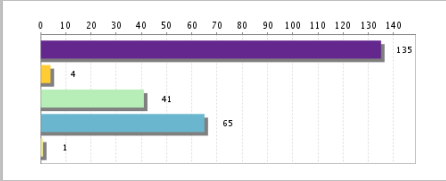
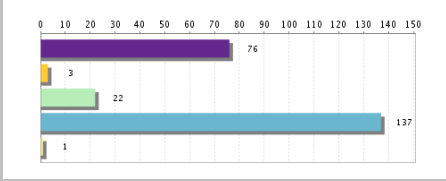
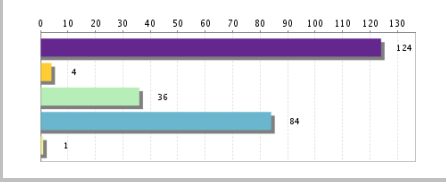
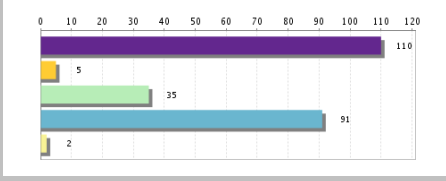
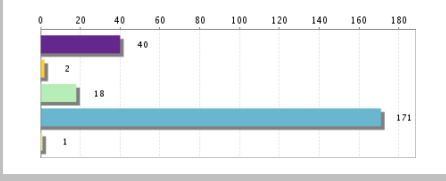
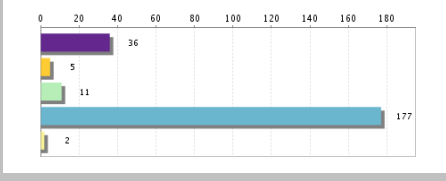
Sale of medicines

Conversion		Sale of medicines - your regular pharmacy	Sale of medicines - an alternative pharmacy	Sale of medicines - I haven't used the service	Sale of medicines - I'd prefer not to say
Sale of medicines	Count	189	62	70	2

Advice on healthy living and where to find other NHS services

Conversion		Advice - your regular pharmacy	Advice - an alternative pharmacy	Advice - I haven't used the service	Advice - I'd prefer not to say
Advice on healthy living and where to find other NHS services	Count	36	3	192	2

If you need to use any of these services in the future, would you prefer to use: Hover over the options to see a definition of the service.


	A ■	B ■	C ■	D ■	E ■		Response Total
Dispensing	87.95 % (292)	1.81 % (6)	9.04 % (30)	0.9 % (3)	0.3 % (1)		332
Medicines Use Reviews	62.06 % (157)	0.4 % (1)	12.25 % (31)	24.9 % (63)	0.4 % (1)		253
"Pharmacy First Minor Ailment Scheme"	54.88 % (135)	1.63 % (4)	16.67 % (41)	26.42 % (65)	0.41 % (1)		246
Anti-coagulant monitoring	31.8 % (76)	1.26 % (3)	9.21 % (22)	57.32 % (137)	0.42 % (1)		239
Flu Vaccination	49.8 % (124)	1.61 % (4)	14.46 % (36)	33.74 % (84)	0.4 % (1)		249
NHS Health Checks	45.27 % (110)	2.06 % (5)	14.4 % (35)	37.45 % (91)	0.82 % (2)		243
Stop Smoking	17.24 % (40)	0.86 % (2)	7.76 % (18)	73.71 % (171)	0.43 % (1)		232
Chlamydia screening	15.58 % (36)	2.17 % (5)	4.76 % (11)	76.62 % (177)	0.87 % (2)		231

Appendix B









Chlamydia treatment	15.28 % (35)	2.18 % (5)	5.24 % (12)	76.42 % (175)	0.87 % (2)		229
Emergency hormonal contraception	17.65 % (42)	3.36 % (8)	6.72 % (16)	71.43 % (170)	0.84 % (2)		238
Free Condoms ("C Card" Scheme)	17.02 % (40)	0.85 % (2)	6.38 % (15)	74.89 % (176)	0.85 % (2)		235
Pregnancy testing	17.45 % (41)	1.7 % (4)	5.96 % (14)	74.47 % (175)	0.43 % (1)		235
Oral contraception	18.3 % (43)	0.85 % (2)	5.96 % (14)	74.04 % (174)	0.85 % (2)		235
Needle and syringe exchange	14.41 % (33)	0.87 % (2)	5.24 % (12)	79.04 % (181)	0.44 % (1)		229
Supervised consumption of medicines	21.49 % (49)	0.88 % (2)	6.58 % (15)	70.61 % (161)	0.44 % (1)		228
Sale of medicines	64.75 % (180)	3.96 % (11)	17.63 % (49)	13.31 % (37)	0.36 % (1)		278
Advice on healthy living and where to find other NHS services	52.61 % (131)	2.01 % (5)	19.68 % (49)	25.3 % (63)	0.4 % (1)		249

Legend for Rank Grid table: If you need to use any of these services in the future, would you prefer to use: Hover over the options to see a definition of the service.





Columns:

A		Your regular pharmacy
B		An alternative pharmacy
C		I don't mind
D		Not relevant to me
E		I'd prefer not to say








Section 2 - Meeting your needs

Within the last 12 months, if you have been ill with a minor illness (e.g. cough, cold, indigestion etc.), what did you do? (Select all that apply)		Response Percent	Response Total
Visited a pharmacy		53.03%	184
Dialled 111 (free NHS telephone advice service)		4.9%	17
Visited my GP		22.48%	78
Visited the walk-in centre		10.38%	36
Visited the accident and emergency department		2.02%	7
Self-treated		66.57%	231
Other		1.73%	6
Not relevant to me		5.19%	18
Prefer not to say		0%	0

Total # of respondents 354.
Statistics based on 347 respondents; 0 filtered; 7 skipped.






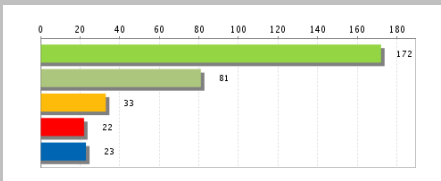
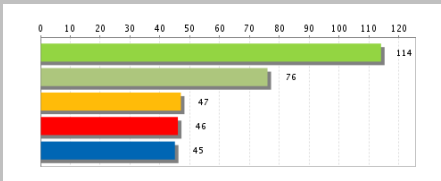
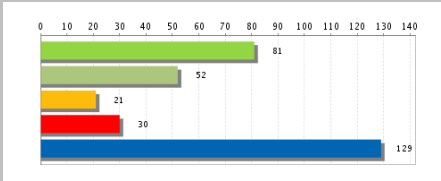
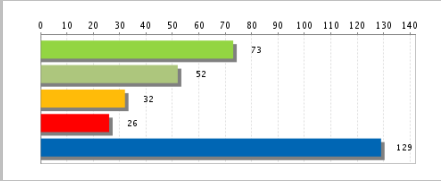
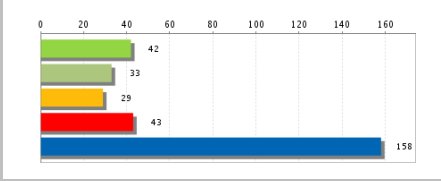
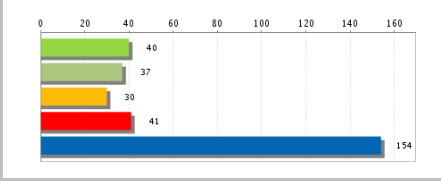
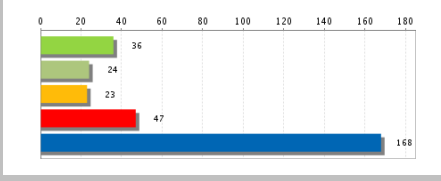
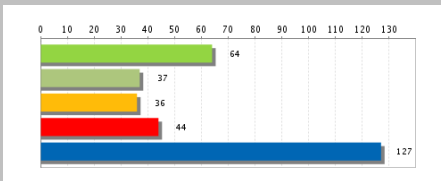
Within the last 12 months have you seen an emergency doctor out of hours and not been able to get a prescription dispensed because the pharmacy was closed?		Response Percent	Response Total
Yes		8.05%	28
No		68.39%	238
Can't remember		1.15%	4
Not relevant		22.41%	78

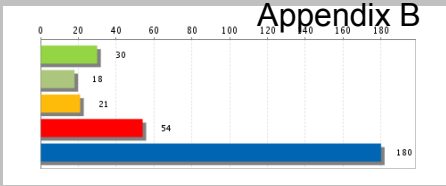
Total # of respondents 354.
Statistics based on 348 respondents; 0 filtered; 6 skipped.

What was the time of day when this happened?		Response Percent	Response Total
Weekday morning (before 9am)		7.14%	2
Weekday evening (from 5pm or later)		35.71%	10
Saturday morning (before 9am)		7.14%	2
Saturday afternoon (after 12pm)		7.14%	2
Sunday		28.57%	8
Bank Holiday		3.57%	1
Can't remember		10.71%	3
Not relevant		0%	0

Total # of respondents **354**.
Statistics based on **28** respondents; **0** filtered; **326** skipped.

We would like to understand how pharmacies meet the specific needs of our residents. Based on your experience, please select how important the following are to you:

	A 	B 	C 	D 	E 		Response Total
The pharmacy has a private area to discuss sensitive issues	51.96 % (172)	24.47 % (81)	9.97 % (33)	6.65 % (22)	6.95 % (23)		331
The pharmacy has parking nearby	34.76 % (114)	23.17 % (76)	14.33 % (47)	14.02 % (46)	13.72 % (45)		328
The pharmacy has step-free access for wheelchairs and buggies	25.88 % (81)	16.61 % (52)	6.71 % (21)	9.59 % (30)	41.21 % (129)		313
The pharmacy as a whole is wheelchair or buggy "friendly"	23.4 % (73)	16.67 % (52)	10.26 % (32)	8.33 % (26)	41.35 % (129)		312
The pharmacy has a hearing loop	13.77 % (42)	10.82 % (33)	9.51 % (29)	14.1 % (43)	51.8 % (158)		305
The pharmacy provides large print labels	13.25 % (40)	12.25 % (37)	9.93 % (30)	13.58 % (41)	50.99 % (154)		302
The pharmacy provides containers, or labels, with braille	12.08 % (36)	8.05 % (24)	7.72 % (23)	15.77 % (47)	56.38 % (168)		298
The pharmacy provides support aids to help people take their medicines as prescribed by their doctor e.g. reminder charts or multi-compartment containers	20.78 % (64)	12.01 % (37)	11.69 % (36)	14.29 % (44)	41.23 % (127)		308

The pharmacy is able to access translation services when English is not a first language	9.9 % (30)	5.94 % (18)	6.93 % (21)	17.82 % (54)	59.41 % (180)		303
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Total # of respondents 354.
 Statistics based on 339 respondents; 0 filtered; 15 skipped.

Legend for Rank Grid table:We would like to understand how pharmacies meet the specific needs of our residents. Based on your experience, please select how important the following are to you:

Columns:

- A ■ Very important
- B ■ Important
- C ■ Quite important
- D ■ Not important
- E ■ Not relevant to me

Based on your experience, how easy is it find a pharmacy:

	A	B	C	D	E	F		Response Total
With a private area to discuss sensitive issues	37.72 % (106)	21.71 % (61)	14.95 % (42)	11.03 % (31)	3.92 % (11)	10.68 % (30)		281
With parking nearby	27.59 % (64)	28.45 % (66)	15.52 % (36)	21.55 % (50)	5.17 % (12)	1.72 % (4)		232
With step-free access for wheelchairs and buggies	29.14 % (44)	33.78 % (51)	14.57 % (22)	9.27 % (14)	1.99 % (3)	11.26 % (17)		151
Where all public areas are wheelchair or buggy "friendly"	23.53 % (36)	24.18 % (37)	21.57 % (33)	11.77 % (18)	4.58 % (7)	14.38 % (22)		153
With a hearing loop	8 % (8)	12 % (12)	21 % (21)	14 % (14)	3 % (3)	42 % (42)		100
Which provides large print labels	8.65 % (9)	10.58 % (11)	21.15 % (22)	11.54 % (12)	1.92 % (2)	46.15 % (48)		104
Which provides containers, or labels, with braille	5.06 % (4)	10.13 % (8)	18.99 % (15)	15.19 % (12)	1.27 % (1)	49.37 % (39)		79
Which provides support aids to help people take their medicines as prescribed by their doctor e.g. reminder charts or multi-compartment containers	15.91 % (21)	18.18 % (24)	17.42 % (23)	8.33 % (11)	3.03 % (4)	37.12 % (49)		132

Which is able to access translation services when English is not a first language	4.55 % (3)	7.58 % (5)	19.7 % (13)	13.64 % (9)	3.03 % (2)	51.52 % (34)		66
	Total # of respondents 354 . Statistics based on 320 respondents; 0 filtered; 34 skipped.							

Legend for Rank Grid table:Based on your experience, how easy is it find a pharmacy:

Columns:

A		Very easy
B		Easy
C		Neither easy or difficult
D		Difficult
E		Very difficult
F		Don't know

Do you think pharmacies are a good place to access healthy living advice?		Response Percent	Response Total
Yes		72.17%	249
No		7.25%	25
Don't know		20.58%	71

Total # of respondents **354**.
Statistics based on **345** respondents; **0** filtered; **9** skipped.

Section 3 - About you We would be grateful if you could provide the following information. This will help us to plan pharmacy services to meet the specific needs of the different groups of people living within Croydon.

What is your gender?		Response Percent	Response Total
Male		32.65%	112
Female		65.31%	224
Transgender		0.58%	2
Prefer not to say		1.46%	5

Total # of respondents **354**.
Statistics based on **343** respondents; **0** filtered; **11** skipped.

What age are you?		Response Percent	Response Total
Under 16		0%	0
16 - 24		1.16%	4
25 - 34		9.57%	33
35 - 44		11.3%	39
45 - 54		21.74%	75
55 - 64		20.29%	70
65 and over		34.78%	120
Prefer not to say		1.16%	4

Total # of respondents **354**.
Statistics based on **345** respondents; **0** filtered; **9** skipped.

What is your ethnic group?		Response Percent	Response Total
White – British, Irish, Other		80.12%	274
Asian/Asian British – Indian, Pakistani, Bangladeshi, Chinese, Other		5.26%	18
Black/Black British – Caribbean, African, Other		6.73%	23
Mixed – White and Black Caribbean, White and Black African, White and Asian, Other		0.88%	3
Other ethnic group		1.17%	4
Prefer not to say		5.85%	20

Total # of respondents **354**.
Statistics based on **342** respondents; **0** filtered; **12** skipped.

Appendix B












What is your religion?		Response Percent	Response Total
Buddhist		0%	0
Christian (inc. Church of England, Catholic, Protestant and any other Christian denomination)		54.78%	189
Hindu		2.32%	8
Jewish		0.87%	3
Muslim		1.74%	6
Sikh		0.29%	1
No religion		26.38%	91
Other		2.61%	9
Prefer not to say		11.01%	38

Total # of respondents **354**.
 Statistics based on **345** respondents; **0** filtered; **9** skipped.




Do you consider yourself to have a disability as defined under the Equality Act? The Equality Act defines a disability as "a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities"		Response Percent	Response Total
Yes		17.49%	60
No		79.59%	273
Prefer not to say		2.92%	10

Total # of respondents **354**.
 Statistics based on **343** respondents; **0** filtered; **11** skipped.










Appendix B

How does this affect you? (Select all that apply)		Response Percent	Response Total
Sensory		0%	0
Blind		0%	0
Visual impairment		3.39%	2
Deaf		5.09%	3
Hearing impairment		18.64%	11
Speech impairment		1.7%	1
Other disability causing impairment		8.48%	5
Physical		0%	0
Mobility impairment		64.41%	38
Mobility impairment requiring use of wheel chair		8.48%	5
Daily living activities limited due to a long term condition [e.g. heart disease, breathing disorder, HIV, Cancer, multiple sclerosis etc.]		35.59%	21
Mental Health or Cognitive Impairment		0%	0
Memory impairment		5.09%	3
Learning disability		1.7%	1
Daily living activities limited due to a mental health condition e.g. severe depression		11.86%	7

Total # of respondents 354.
 Statistics based on 59 respondents; 0 filtered; 295 skipped.

Is English your first language?		Response Percent	Response Total
Yes		93%	319
No		4.96%	17
Prefer not to say		2.04%	7

Total # of respondents 354.
 Statistics based on 343 respondents; 0 filtered; 11 skipped.

What is your work situation?		Response Percent	Response Total
Full time (daytime)		35.47%	122
Full time (nights or shifts)		1.16%	4
Part time (daytime)		10.47%	36
Part time (nights or shifts)		0.87%	3
House wife/husband		4.36%	15
Full time education		0.58%	2
Retired		41.28%	142
Unemployed		2.91%	10
Prefer not to say		2.91%	10

Total # of respondents **354**.
 Statistics based on **344** respondents; **0** filtered; **10** skipped.

Pharmaceutical Needs Assessment

*Appendix C
Community Pharmacy Questionnaire*

Pharmaceutical Needs Assessment Community Pharmacy Questionnaire

Please complete and return this questionnaire by **Wednesday 18th June 2014**. This should be marked for the attention of Vanessa Lane and emailed to the following address: pna-support@webstar-lane.co.uk. Alternatively, you may prefer to return this by post to the following address: London Borough Croydon PNA Questionnaire, c/o Webstar Lane 336 Pinner Road, Harrow HA1 4LB.

If you have any queries before completing the questionnaire, please do not hesitate to contact Vanessa on 07880 602088.

We would ask you to note that much of the information requested is in the public domain and that a summary of responses will be shared with the Pharmaceutical Needs Assessment (PNA) Steering Group which has been established by the London Borough of Croydon to oversee the development of the PNA.

1. Premises Details		
1.1	Company Name (i.e. Legal Entity)	
1.2	Trading Name	
1.3	Address	
1.4	Address	
1.4	Postcode	
1.4	Email address	
1.5	Fax Number	
1.6	Name of person(s) we should contact with any queries (if different from above)	
1.7	Please confirm we may store the above details and use these to contact you	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No

2. Type of Contract		
2.1	Contract Type	<p>Please confirm the type of contract held:</p> <p><input type="checkbox"/>₁ National Pharmaceutical Services Contract ONLY → Go to 2.3</p> <p><input type="checkbox"/>₂ Local Pharmaceutical Services Contract ONLY → Go to 2.2</p> <p><input type="checkbox"/>₃ National Pharmaceutical Services Contract AND Local Pharmaceutical Services Contract → Go to 2.2</p>
2.2	Local Pharmaceutical Services Contracts (including ESPLPS)	<p>Where you hold a Local Pharmaceutical Services contract then please confirm the type of LPS contract:</p> <p><input type="checkbox"/>₁ Essential Small Pharmacy Local Pharmaceutical Services contract → Go to 2.3</p> <p><input type="checkbox"/>₂ Other - please give details in the box below: → Go to 2.3</p> <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 5px;"></div>
2.3	Other Relevant Information	<p>Please indicate if any of the following apply:</p> <p>Contract granted under an “Exempt” category</p> <p><input type="checkbox"/>₁ 100 Hour Pharmacy</p> <p><input type="checkbox"/>₂ Mail order or internet based pharmacy (i.e. distance selling)</p> <p><input type="checkbox"/>₃ Not applicable</p>

3. Pharmacy Opening Hours								
		3.1 Total Opening Hours			3.2 Core Hours			
		<i>Please state the full opening hours for your pharmacy (i.e. your core and supplementary hours) in this section</i>			<i>Please state your core hours in this section</i>			
		<i>When recording lunch time please record times that the pharmacy is closed to the public or where a full pharmaceutical service is not available Please use 24 hour clock e.g. 08:00 or 18:00</i>			<i>Please use 24 hour clock e.g. 08:00 or 18:00</i>			
		Opening time	Closing Time	Lunch-time (from - to)	Opening time	Closing Time	Lunch-time (from - to)	
a	Monday							
b	Tuesday							
c	Wednesday							
d	Thursday							
e	Friday							
f	Saturday							
g	Sunday							

4. Advanced Service Provision				
Service		4.1 Currently Provided	4.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	4.3 <i>It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*</i>
a	Medicines use reviews	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	
b	New medicines service	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	
c	Appliance use reviews	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓	<input type="checkbox"/> ₁ Yes <input checked="" type="checkbox"/> ₀ No →	
d	Stoma Appliance Customisation Service	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No → ↓	<input type="checkbox"/> ₁ Yes <input checked="" type="checkbox"/> ₀ No →	

* Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services

5. Enhanced & Locally Commissioned Service Provision

*This section relates to enhanced services, commissioned by NHS England; and other services which are commissioned locally by the London Borough of Croydon, NHS Croydon Clinical Commissioning Group. **Please click or tick the relevant box to indicate your response.***

Service		5.1 Currently Provided <i>In order to answer "Yes", you must have signed an SLA and be paid for the service</i>	5.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	5.3 For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service*	5.4 It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*
a	Minor ailments	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
b	Seasonal flu Vaccine	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
c	Public holiday rotas	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
d	Anti-coagulant monitoring	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
e	Care Home advice & support	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
f	Domiciliary visiting service	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
g	Needle Exchange	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
h	Supervised consumption	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		

5. Enhanced & Locally Commissioned Service Provision					
This section relates to enhanced services, commissioned by NHS England; and other services which are commissioned locally by the London Borough of Croydon, NHS Croydon Clinical Commissioning Group. Please click or tick the relevant box to indicate your response.					
Service		5.1 Currently Provided <i>In order to answer "Yes", you must have signed an SLA and be paid for the service</i>	5.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	5.3 For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service*	5.4 It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*
i	EHC supply under PGD	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
j	Oral Contraception & Pregnancy Testing	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
k	Chlamydia screening	<input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
l	Chlamydia treatment under PGD	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
m	Stop Smoking	<input checked="" type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
n	NHS Health Checks	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
o	Based on your knowledge of the healthcare needs of the patients and public who use your pharmacy, do you think that any other NHS service should be commissioned?				

* Please note this information will be non-attributable; it will only be used for planning & commissioning services

6. Non- NHS Healthcare Related Services provided in your Pharmacy

Please provide an overview of services which you offer within your pharmacy, which are **NOT commissioned** by an external agency (such as NHS England, Public Health, the CCG, Local Government etc). Non-NHS services may include repeat prescription collection & delivery services; travel clinics; Truss fitting, "health checks" e.g. BP measurement, flu vaccinations paid for directly by the patient etc. You may add rows if you wish

	Service	Brief description of service
6.1		
6.2		
6.3		
6.4		
6.5		
6.6		

7. The Pharmacy as a Whole - Meeting the Needs of Those with Disabilities

Please provide details of arrangements which are in place to meet the needs of those with disabilities. Please click on / tick the relevant box to indicate your response

7.1 Can wheel chair users access all public areas and services within your premises?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	7.2 If “No”, please describe below which areas or services are inaccessible:
7.3 Which of the following facilities, to aid those who are hearing impaired, do you have? <i>Please tick all that apply</i>	<input type="checkbox"/> ₁ Hearing Loop <input type="checkbox"/> ₂ Signing <input type="checkbox"/> ₃ Other - please specify → <input type="checkbox"/> ₄ None	
7.4 Which of the following facilities, to aid those who are visually impaired, do you have? <i>Please tick all that apply</i>	<input type="checkbox"/> ₁ Braille <input type="checkbox"/> ₂ Large print labels <input type="checkbox"/> ₃ Other - please specify → <input type="checkbox"/> ₄ None <div style="text-align: right;">If needed</div>	

8. Languages spoken within the Pharmacy

Please provide details of any languages, other than English, spoken by you or your staff (you may add rows if necessary)

8.1	8.2	8.3	8.4
8.5	8.6	8.7	8.8

9. Consultation Area(s)		
<i>Please provide details of your consultation area(s) and its characteristics & facilities. Please click on / tick the relevant box to indicate your response</i>		
9.1 How many consultation areas does your pharmacy have?	<input type="checkbox"/> ₁ None → Go to Q.9.5 <input type="checkbox"/> ₂ One <input type="checkbox"/> ₃ More than one →	9.2 If more than one please say how many: _____ consultation areas
9.3 How many consultation areas are a closed room?	<input type="checkbox"/> ₁ None <input type="checkbox"/> ₂ One <input type="checkbox"/> ₃ More than one	
9.4 Characteristics of the consultation area(s) If you have more than one consultation area then please tick any that apply to any of the consultation areas in your pharmacy. <i>Please click on / tick the box where a feature applies</i> <i>Leave blank where it doesn't apply</i>	<input type="checkbox"/> ₁ Sink with hot water <input type="checkbox"/> ₆ Telephone <input type="checkbox"/> ₁₀ Computer terminal	
	<input type="checkbox"/> ₂ Examination couch <input type="checkbox"/> ₇ Space for a chaperone <input type="checkbox"/> ₁₁ PMR access	
	<input type="checkbox"/> ₃ Patient toilet facilities near by <input type="checkbox"/> ₈ Wheel chair access <input type="checkbox"/> ₁₂ Internet access	
	<input type="checkbox"/> ₄ Panic button <input type="checkbox"/> ₉ Hearing loop <input type="checkbox"/> ₁₃ An N3 connection	
	<input type="checkbox"/> ₅ CCTV <input type="checkbox"/> ₁₄ Access to NHS.net email	
9.5 Do you plan to introduce a consultation area in the future?	<input type="checkbox"/> ₁ No → Go to Q.9.6 <input type="checkbox"/> ₁ Yes – within 12 months <input type="checkbox"/> ₁ Yes – more than 12 months	
9.6 If you have no plans for a consultation area, it would be helpful to understand your reasons for this. Please describe them: →		

10. Enhancements to Patient Care		
<p><i>Please provide details of any facilities or services which your pharmacy has in place (and which have not already been identified within this questionnaire) to enhance patient access, care or confidentiality. Please click on / tick the relevant box to indicate your response</i></p>		
10.1 Pharmacist consultations within a patient's home?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.2 If "No", please indicate if you would be willing to offer this in the future: <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
10.3 Pharmacist consultations within a Care Home?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.4 If "No", please indicate if you would be willing to offer this in the future: <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
10.5 Pharmacist consultations within the work place?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.6 If "No", please indicate if you would be willing to offer this in the future: <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
10.7 Pharmacist consultations within a GP surgery?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.8 If "No", please indicate if you would be willing to offer this in the future: <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
10.9 A screen or other means to enhance confidentiality, other than the consultation area	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.10 If "Yes", please provide details below
10.11 Other enhancement(s)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	10.12 If "Yes", please provide details below

11. Looking to the Future

*In this section, we provide examples of potential service developments **which may be commissioned from pharmacies in the future**. At this stage, the examples are provided for illustrative purposes only. This is to help us gauge the potential interest of pharmacies in delivering an extended range of services; to understand what support pharmacies may require; and for you to provide us with insights into any potential barriers.*

Whilst this information will inform our assessment and statement of pharmaceutical need, this should not be regarded as an indication that these service developments will be commissioned in the future

Service Development	11.1 Would the pharmacy be WILLING to offer this Service Development	11.2 Would your pharmacy have the ABILITY to offer the service development	11.3 What SUPPORT would you require?	11.4 What are the potential barriers to delivery?
a. Pharmacy led “Quit groups” e.g. to support smoking cessation	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
b. Dedicating window space e.g. for ‘health promotion’ campaigns	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<i>Not applicable for this question</i>	
c. Provision of other public health services e.g.				
▪ Identification & brief advice (IBA) - Alcohol	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
▪ Hepatitis C Testing	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
▪ Childhood immunisations	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
d. “Healthy living pharmacy” approach”	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
e. Provision of ‘outreach’ services to ‘hard to reach groups	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		
f. ‘Hiring’ space or consultation rooms e.g. for use by other healthcare professionals	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No		

12. Pharmacy Staffing

The PNA Steering Group wishes to secure a 'snap shot' of current pharmacy staffing. This information will be included in a supplement to the PNA and will be used by service commissioners in the design, planning and commissioning of services. It will not form part of the analysis for the PNA.

Please enter your response to each question in the blank column and/or check / tick the box where relevant

Pharmacists	12.1 How many different pharmacists regularly work (i.e. on one day a week or more) within your pharmacy?																							
	12.2 Do you regularly have two or more pharmacists on duty? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	12.3 If "Yes", please provide details: How many:..... 12.4 Which days: <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Mon</th> <th style="padding: 2px;">Tues</th> <th style="padding: 2px;">Wed</th> <th style="padding: 2px;">Thurs</th> <th style="padding: 2px;">Fri</th> <th style="padding: 2px;">Sat</th> <th style="padding: 2px;">Sun</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table> 12.5 Which times: <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Morning</th> <th style="padding: 2px;">Lunchtime</th> <th style="padding: 2px;">Afternoon</th> <th style="padding: 2px;">Other/Varies</th> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/></td> </tr> </table> 12.6 If "Other/Varies", please give details below:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Morning	Lunchtime	Afternoon	Other/Varies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun																	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	
Morning	Lunchtime	Afternoon	Other/Varies																					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
12.7 Do you use a regular locum for holiday cover? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No																								
12.8 Do any of these pharmacists have prescribing qualifications? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	If "Yes", please provide details: 12.9 No. of Independent Prescribers 12.10 No. of Supplementary Prescribers																							

Registered Technicians or Dispensers	12.11 How many different registered technicians or dispensers regularly work (i.e. on one or more days per week) within your pharmacy?	
	12.12 How many registered technicians or dispensers are on duty at any one time?	
Counter Staff	12.13 How many counter staff are on duty at any one time?	
<p>12.14 If you wish to provide any additional information on staffing within your pharmacy (including details of any other healthcare professionals who you may employ or who provide sessions), please enter this into the box below:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>		

13. Final Thoughts or Comments
<p><i>If you have any final thoughts or comments, which you think would be relevant to the Pharmaceutical Needs Assessment, please describe them in the box below</i></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>

Thank you very much for your time.

Please complete and return this questionnaire by **Wednesday 18th June 2014**. This should be marked for the attention of **Vanessa Lane** and sent to the following email address: pna-support@webstar-lane.co.uk. Alternatively, you may prefer to return this by post to:

London Borough Croydon PNA Questionnaire
 c/o Webstar Lane
 336 Pinner Road
 Harrow, HA1 4LB

Pharmaceutical Needs Assessment

*Appendix D
Non NHS Services*

Croydon Community pharmacy contractors may provide a range of services directly to their customers, which are not commissioned by NHSE, the LA, the CCG or other NHS Services. These are referred to as Non-NHS services within the PNA.

The Table below provides a flavour of these non-NHS services, although the scope of the service offered varies from pharmacy to pharmacy. Customers may be required to pay for some of these services; however, others may be provided 'free of charge' as a value added service.

Service	Description of service
Repeat Prescription Collection & Delivery Services	<ul style="list-style-type: none"> • Ordering repeat medication from the GP on behalf of the patient (includes a check as to what is required rather than ordering all repeat medicines) • Collecting the repeat prescription from the GP • Home delivery service
Health Assessments and checks <i>NB This is not the NHS Health Check Programme</i>	<ul style="list-style-type: none"> • Blood pressure checks • Cholesterol tests • Blood glucose tests • Health Checks • Spot checks
Travel Services	<ul style="list-style-type: none"> • Advice on keeping healthy on holiday • Sale of 'Over the counter' anti-malarial medication • Supply of 'prescription only' anti-malarial medication under a PGD • Travel vaccines • Travel Clinic (provision of independent prescriber)
Vaccination	<ul style="list-style-type: none"> • Seasonal influenza vaccine (e.g. for people who do not meet NHS criteria) • Shingles vaccination • Travel vaccines • Hepatitis B • Meningitis
Weight management services	<ul style="list-style-type: none"> • Measurement of BMI • Advice on healthy eating, exercise and weight management • Lipotrim Programme. This consists of: <ul style="list-style-type: none"> ○ Supply of total food replacement products ○ Set goal for weight loss ○ Weekly pharmacy visits to monitor weight and ketones in urine ○ Support and encouragement to stick to the programme ○ Support with returning to regular meals (plus maintenance products if required)

Service	Description of service
Care Home Services (includes sheltered housing)	<ul style="list-style-type: none"> • Dispensing of medicines into blister packs, sometimes on a weekly basis • Delivery of medicines to homes • Advice on medicines to staff • Out of hours/emergency delivery of medication to homes
Hearing testing	
Erectile Dysfunction service	<ul style="list-style-type: none"> • Advice and supply of medicines (under PGD) to men who suffer from erectile dysfunction
Women's Sexual Health	<ul style="list-style-type: none"> • Emergency Hormonal Contraception (over the counter supply) • Pregnancy testing • Oral Contraception
Respiratory Services	<ul style="list-style-type: none"> • Asthma control questionnaires • Inhaler technique advice • Ventolin service
Allergy testing	
Gluten free foods	<ul style="list-style-type: none"> • Supply of Gluten Free Foods
Care Worker training	<ul style="list-style-type: none"> • Handling, storage and disposal of medication • Waste • Watching for side effects.
Consult & Treat	<ul style="list-style-type: none"> • Men & women health conditions • STI treatment, • Medication to treat general health
Hair Loss	<ul style="list-style-type: none"> • Supply of medication (via PGD) for hair loss
First aid	<ul style="list-style-type: none"> • Dressing minor wounds and grazes
Foot Health Services	<ul style="list-style-type: none"> • Foot services for diabetics, toe nail cutting, corns, callous etc. • On-site podiatrist

Pharmaceutical Needs Assessment

Appendix E
JSNA Key Dataset Graphics

Appendix E

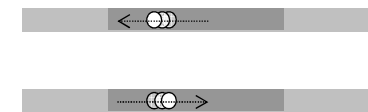
Indicator	Croydon	London	England	England Range	1 Year Trend	3 Year Trend
1 Deaths from causes considered preventable by public health interventions (rate per 100,000 population)	179	178	188		◀	◀
2 Early deaths from cancer (rate per 100,000 population aged under 75)	138.7	139.1	146.5		◀	◀
3 Early deaths from cancer considered preventable (rate per 100,000 population aged under 75)	79.6	81.5	84.9		◀	◀
4 Early deaths from cardiovascular diseases (rate per 100,000 population aged under 75)	84.1	83.1	81.1		—	◀
5 Early deaths from cardiovascular diseases considered preventable (rate per 100,000 population age<75)	55.2	52.0	53.5		◀	◀
6 Early deaths from respiratory diseases (rate per 100,000 population aged under 75)	36.8	32.6	33.5		◀	◀
7 Early deaths from respiratory diseases considered preventable (rate per 100,000 population aged under 75)	17.9	17.1	17.6		◀	▶
8 Early deaths from liver disease (rate per 100,000 population)	15.4	18.9	18.0		▶	▶
9 Early deaths from liver disease considered preventable (rate per 100,000 population)	14.0	16.6	15.8		▶	▶
10 GP recorded diabetes prevalence (% of adults aged over 17)	6.4%	5.8%	6.0%		—	◀
11 Smoking attributable hospital admissions (rate per 100,000 population aged over 35)	1,216	1,331	1,420		◀	no data
12 Alcohol attributable hospital admissions (narrow definition) (rate per 100,000 population)	526	554	637		—	◀
13 Alcohol attributable hospital admissions (broad definition) (rate per 100,000 population)	2109	2148	2032		◀	◀

The chart shows how Croydon compares with the rest of England. Croydon's result for each indicator is shown as a circle. The average rate for England is shown by the black line at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that Croydon is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem. The 1 and 3 year trend columns show the change in Croydon's position on the spine.

- Significantly worse/higher need than England average
- Not significantly different from England average
- Significantly better/lower need than England average
- No significance can be calculated



- ◀ Deteriorating relative to other local authorities in England
- Remaining similar to other local authorities in England
- ▶ Improving relative to other local authorities in England



Appendix E

Indicator notes

1 Age-standardised mortality rate from causes considered preventable per 100,000 population. A death is considered preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense, 2010 - 12.

2 Age standardised rate of mortality from all cancers in people aged under 75 years per 100,000 population, 2010 - 12.

3 Age standardised rate of mortality that is considered preventable from all cancers in people aged under 75 years per 100,000 population. The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense, 2010 - 12.

4 Age standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in people aged under 75 years per 100,000 population, 2010 - 12.

5 Age standardised rate of mortality that is considered preventable from all cardiovascular diseases (including heart disease and stroke) in people aged under 75 years per 100,000 population. The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense, 2010 - 12.

6 Age standardised rate of mortality from respiratory disease in people aged under 75 years per 100,000 population, 2010 - 12.

7 Age standardised rate of mortality that is considered preventable from respiratory disease in people aged under 75 years per 100,000 population. The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense, 2010 - 12.

8 Age standardised rate of mortality from liver disease in people aged under 75 years per 100,000 population, 2010 - 12.

9 Age standardised rate of mortality that is considered preventable from liver disease in people aged under 75 years per 100,000 population. The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense, 2010 - 12.

10 Percentage of patients on GP registers aged 17 and over diagnosed with diabetes, 2012/13.

11 Hospital admissions for diseases that are wholly or partially attributed to smoking in persons aged 35 and over, age standardised rate per 100,000 population, 2010/11.

12 Hospital admission episodes with an alcohol attributable condition as a primary diagnosis or an alcohol attributable external cause as a secondary diagnosis, age standardised rate per 100,000 population. Does not include attendance at Accident and Emergency departments. Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. The narrow definition is less sensitive to coding practices but also understates the part alcohol plays in the admission, 2012/13.

13 Hospital admission episodes with an alcohol attributable condition under any primary or secondary diagnosis, age standardised rate per 100,000 population. Does not include attendance at Accident and Emergency departments. Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. The broad definition provides evidence of the scale of the problem but is sensitive to changes in coding practice over time, 2012/13.

Pharmaceutical Needs Assessment

Appendix F
Pharmaceutical Needs Across the Lifecourse

Potential Pharmaceutical Needs Across the Lifecourse

Part 1 - All Ages

The public health issues of dental health and healthy weight extend right across the lifecourse.

Everyone will experience minor illness at some time of their life, and the pharmacy has been promoted as the 'first port of call'.

A long-term condition may be diagnosed at any age; although more prevalent in later life, the effects are profound on individuals and families at any stage of life.

Sadly, some conditions in childhood may also be life-limiting and so end-of-life care should also be a priority across the lifecourse.

Age group	Need	Relevant Pharmacy Service/s
All ages	Dental health	<ul style="list-style-type: none"> • Sale of dental health aids e.g. toothpaste, floss, mouthwash • Advice about sugar-free medicines
	Management of long-term conditions	<ul style="list-style-type: none"> • Screening services • Medicines Use Review • New Medicines Service • Prescription intervention • Condition-specific services e.g. inhaler technique • Repeat dispensing service • Influenza vaccination
	Treatment of minor ailments	<ul style="list-style-type: none"> • Minor ailments services • Sale of non-prescription medicines
	Healthy weight	<ul style="list-style-type: none"> • Weight management
	End of life care	<ul style="list-style-type: none"> • Palliative therapy services

Appendix F

Part 2 - Pre-Conception & Pregnancy

Possibly the first time that a previously healthy young woman has interacted with the health services. An anxious time where fertility or an unplanned pregnancy may equally be the issue. A crucial time for making connections and supporting new parents (mothers and fathers). Parental health behaviours have a profound effect on their children (e.g. research on smoking).

There is some research to suggest that once a young woman becomes pregnant, less attention is paid to future unsafe sex and the risk of STI transmission so these are important ongoing messages. The risk of a further quick unplanned pregnancy is also there, so ongoing contraceptive needs should be assessed if this is not desired.

Pregnancy in the context of a long-term condition, especially where potentially teratogenic medicines are being taken (e.g. epilepsies), need specialist advice and the pharmacist can make that link.

Pharmacies sell many pregnancy and early childhood-linked products, so there are many opportunities for contact about broader health issues.

Age group	Need	Relevant Pharmacy Service/s
Pre-conception and Pregnancy	Pre-conception health	<ul style="list-style-type: none"> • Sale of folic acid • Weight management • Alcohol IBA / referral to services • Smoking cessation • Advice for drug misusers – referral to specialist services • STI testing
	Pregnancy confirmation	<ul style="list-style-type: none"> • Sale of pregnancy tests • Pregnancy test service • Referral to midwife • STI testing
	Effects of long-term medicines taken by the mother	<ul style="list-style-type: none"> • Clinical medication review • Medicines Use Review • New Medicines Service • Prescription Intervention • Advice for drug misusers – referral to specialist services and supervised consumption
	Vaccination (e.g. whooping cough)	<ul style="list-style-type: none"> • Vaccination services
	Birth planning	<ul style="list-style-type: none"> • Hire of TENS machines • Sale of complementary therapies • Signposting to antenatal classes

Appendix F

Part 3 - Childhood (Birth – 11 years)

An anxious time for new parents. Self-medication for minor ailments, and distinguishing between the minor and major is a new and onerous task. Research has shown that parents can be vague about the correct dosage of basic children's medicines like paracetamol, and that they may not engage with dosage changes as the child grows. Dosing for children who were premature babies should also be carefully calculated.

Having a child diagnosed early with a long-term condition is also stressful, and support from the pharmacist could be appreciated alongside specialist care.

Early health behaviours could set a pattern for life, so healthy teeth and healthy weight are good areas of discussion during this stage.

There is an intensive vaccination schedule associated with childhood, and pharmacy may be able to provide information and encourage uptake.

Parental mental and physical health should also be monitored as the relationship allows.

Pharmacies sell many early childhood-linked products, so there are many opportunities for contact about broader health issues.

Age group	Need	Relevant Pharmacy Service/s	Need across Childhood	Relevant Pharmacy Service/s
Birth-12 months	Breastfeeding / Nutrition	<ul style="list-style-type: none"> • Sale of infant formula • Sale of treatments for breastfeeding side-effects • Signposting to groups and advice • Healthy Start Vitamins 	Accidental injury	<ul style="list-style-type: none"> • Medicines disposal • Needle exchange • Sale of child safety aids • Minor ailments services • Sale of non-prescription medicines
	Infant deaths / Stillbirth	<ul style="list-style-type: none"> • Minor ailments service • Advice about SIDS (sleeping position, smoking) 	Family Smoking	<ul style="list-style-type: none"> • Smoking cessation
	Prematurity	<ul style="list-style-type: none"> • Advice on medicines use in pre-term babies, including non-prescription medicines 	Growth and Development	<ul style="list-style-type: none"> • Signposting to advice
	Contraceptive advice for mother	<ul style="list-style-type: none"> • Emergency contraception • Contraception advice • Sale of condoms 	Healthy weight (parents)	<ul style="list-style-type: none"> • Weight management
	Parental mental health (e.g. postnatal depression)	<ul style="list-style-type: none"> • Signposting from sale of relevant non-prescription medicines (sleep aids, complementary therapies) • Referral to specialist services 	Parenting support	<ul style="list-style-type: none"> • Signposting to community resources • Advice about non-prescription medicines
Preschool Up to 5 years	Nutrition	<ul style="list-style-type: none"> • Healthy Start Vitamins 	Vaccination	<ul style="list-style-type: none"> • Influenza vaccination services • Signposting
	Sports injuries	<ul style="list-style-type: none"> • Minor ailments services • Sale of non-prescription medicines 		
Primary School 5-11 years	Sports injuries	<ul style="list-style-type: none"> • Minor ailments services • Sale of non-prescription medicines 		

Appendix F

Part 4 – Adulthood (12-59 years)

Adolescence - most young people thrive and take on adult responsibilities but some have more health service needs due to:

- Unintentional Injury (principally road traffic accidents)
- Diagnosis of a long-term condition
- Development/emergence of a mental health problem
- Adoption of health risk behaviours (which often cluster) e.g. smoking, alcohol use, unsafe sex

Young Adulthood – major transitions into work, new relationships and parenthood – but more young adults now stay with parents for longer, and adolescence may be prolonged

Middle Adulthood – consolidation of families, new parenting challenges as children move through adolescence and young adulthood, and middle adult’s own health risk behaviours or hereditary risk factors may start to manifest in long-term conditions e.g. high cholesterol, smoking-related disease, hypertension

Age group	Need	Relevant Pharmacy Service/s	Need across Adulthood	Relevant Pharmacy Service/s
Adolescence 12-19 years	Accidental injury	<ul style="list-style-type: none"> • Signposting • Medicines Use Review (medicines and driving) 	Alcohol use	<ul style="list-style-type: none"> • Alcohol IBA • Referral to specialist treatment • Signposting and advice
	Sports injuries	<ul style="list-style-type: none"> • Minor ailments services • Sale of non-prescription medicines 	Drug misuse	<ul style="list-style-type: none"> • Advice and signposting • Needle exchange • Supervised consumption
	Transfer of responsibility for medicine-taking	<ul style="list-style-type: none"> • Medicines Use Review • New Medicines Service 	Exercise	<ul style="list-style-type: none"> • Signposting to community resources
	Vaccination	<ul style="list-style-type: none"> • Signposting for boosters • HPV vaccination 	Mental health	<ul style="list-style-type: none"> • Signposting from sale of relevant non-prescription medicines (sleep aids, complementary therapies) • Referral to specialist services
Young Adulthood 20-35 years	Accidental injury	<ul style="list-style-type: none"> • Signposting • Medicines Use Review (medicines and driving) 		
Middle Adulthood 36-59 years	Healthy families	<ul style="list-style-type: none"> • For parents – drug misuse, smoking, alcohol advice 	Sexual Health / Pregnancy	<ul style="list-style-type: none"> • Emergency Contraception • STI testing (including chlamydia) • Sale of Folic Acid • Sale of pregnancy tests • Pregnancy test service • Referral to midwife
	Sexual health	<ul style="list-style-type: none"> • STI testing (including chlamydia) • Contraceptive advice • Sale of condoms • Erectile dysfunction counselling • Menopause counselling 		
	Cardiovascular risk	<ul style="list-style-type: none"> • Signposting and counselling 	Smoking	<ul style="list-style-type: none"> • Smoking cessation

Appendix F

Part 5 – Older Adulthood (over 60 years)

The chance of managing multiple long-term conditions and polypharmacy increases. The maintenance of independence and continued home living may depend on creating a manageable medication regimen and paying close attention to side-effects (thus e.g. preventing falls). Carers in all settings must be included as partners in care.

Visits to hospital are more likely. End-of-life care is a concern.

The challenges of medication administration in care homes are well documented, and pharmacists could provide advice and systems to optimise this.

Age group	Need	Relevant Pharmacy Service/s
Older Adulthood 60+ years	Care home engagement	<ul style="list-style-type: none"> • Pharmacist advice (medicines storage etc.) • Independent prescribing • Medicines Use Review • Clinical Medication Review
	Carer engagement	<ul style="list-style-type: none"> • Medicines Use Review • Clinical Medication Review • Signposting to services
	Dementia screening & management	<ul style="list-style-type: none"> • Medicines Use Review • Clinical Medication Review • Signposting to services
	Falls prevention	<ul style="list-style-type: none"> • Medicines Use Review • Clinical Medication Review • New Medicine Service
	Maintaining independence	<ul style="list-style-type: none"> • Home delivery service • Hosiery fitting service • Sale of incontinence aids • Sale of mobility aids • Minor ailments service
	Medication adherence	<ul style="list-style-type: none"> • Home delivery service • Compliance aids e.g. Monitored Dosage Systems (care home or community) • Medicines Use Review • Clinical Medication Review • New Medicine Service
	Sexual health	<ul style="list-style-type: none"> • STI testing • Sale of condoms • Erectile dysfunction counselling
	Smoking	<ul style="list-style-type: none"> • Smoking cessation

Appendix F

References:

PHE plan of work for children and young people

<https://publichealthmatters.blog.gov.uk/wp-content/uploads/sites/33/2014/01/life-course-approach.png>

Healthy Child Programme 0-5 (DH England, 2009)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

National Service Framework for Older People (DH England 2001)

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4071283.pdf

National Service Framework for Children, Young People and Maternity Services (DH England and DfES 2004)

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4090523.pdf

Appendix G
Pharmaceutical Needs Assessment
Pharmacy Opening Hours

Opening hours within this appendix reflect the total opening hours, reported by Croydon Community Pharmacies with minor adjustments to ensure compliance with core hours NHS

Key



Open



Open on some days



Closed

Sunday Opening Hours

Trading Name	Post Code	Ward	07:00	07:30	08:00	08:30	08:45	09:00	09:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:15	13:30	13:45	14:00	14:15	14:30	15:00	15:30	16:00	16:30	17:00	17:30	18:00	18:15	18:30	18:45	19:00	19:30	20:00	20:30	21:00	21:30	22:00	22:30	23:00	00:00														
			EAST CROYDON																																																					
Croychem Pharmacy	CR0 6AA	Addiscombe																																																						
Larchwood Pharmacy	CR0 6RB	Addiscombe																																																						
Medibank Pharmacy	CR0 6HE	Addiscombe																																																						
A-Z Pharmacy	CR0 2TA	Broad Green																																																						
Boots	CR0 4YJ	Broad Green																																																						
Day Lewis Pharmacy	CR0 4UQ	Broad Green																																																						
Kents Chemist	CR0 1RB	Broad Green																																																						
Sainsbury's Pharmacy	CR0 4XT	Broad Green																																																						
Day Lewis Pharmacy	CR2 0EJ	Croham																																																						
Makepeace & Jackson Pharmacy	CR2 0PH	Croham																																																						
Barkers Chemist	CR0 1RN	Fairfield																																																						
Boots	CR0 1LD	Fairfield																																																						
Boots	CR9 1SN	Fairfield																																																						
Croydon Pharmacy	CR0 1DP	Fairfield																																																						
Fairview pharmacy	CR9 1PJ	Fairfield																																																						
St Clare Chemist	CR0 1LG	Fairfield																																																						
Superdrug Pharmacy	CR0 1US	Fairfield																																																						
Swan Pharmacy	CR0 1BJ	Fairfield																																																						
Allcorn Chemist	CR0 2BZ	Selhurst																																																						
Lloyd George Pharmacy	CR0 2JG	Selhurst																																																						
Sainsbury's Pharmacy	SE25 6XB	Selhurst																																																						
Shivas Pharmacy Ltd	CR0 2TG	Selhurst																																																						
Smart City Pharmacy	SE25 5QF	Selhurst																																																						

Key

- Open
- Open on some days
- Closed

Appendix H
Pharmaceutical Needs Assessment
Summary of Services by Pharmacy

Pharmaceutical Service Provision

Trading Name	Post Code	Ward	Essential Services	Advanced Services				Enhanced Services
				Medicines Use Reviews	New Medicine Service	Stoma Appliance Customisation	Appliance Use Reviews	London Pharmacy Vaccination Service
MAYDAY LOCALITY								
Alphamed Ltd (DAC)	CR7 7EQ	Bensham Manor	♦			♦	♦	
Brigstock Pharmacy	CR7 7JN	Bensham Manor	♦	♦	♦	♦		♦
Tesco Instore Pharmacy	CR7 8RX	Bensham Manor	♦	♦	♦			♦
Bids Chemist	SW16 4AE	Norbury	♦	♦	♦			♦
Day Lewis	SW16 4DT	Norbury	♦	♦	♦			♦
Day Lewis Pharmacy	SW16 4BE	Norbury	♦	♦	♦			♦
Superdrug Pharmacy	SW16 3LU	Norbury	♦	♦	♦			♦
Cranston	CR7 6JE	West Thornton	♦	♦				♦
Day Lewis Pharmacy	CR7 7HQ	West Thornton	♦	♦	♦			♦
Mayday Community Pharmacy	CR7 7HQ	West Thornton	♦	♦	♦			♦
Parade Pharmacy	CR0 3EW	West Thornton	♦	♦	♦			♦
THORNTON HEATH LOCALITY								
Day Lewis Pharmacy	SE25 6EP	South Norwood	♦	♦	♦			♦
Lloyds Pharmacy	SE19 2NT	South Norwood	♦	♦	♦			
Superdrug Pharmacy	CR7 7JG	Thornton Heath	♦	♦	♦			♦
Thompson's Chemist	CR7 8JF	Thornton Heath	♦	♦	♦			♦
Thornton Heath Pharmacy	CR7 8RU	Thornton Heath	♦	♦	♦			
Wilkes Chemist	CR7 8LZ	Thornton Heath	♦	♦	♦			♦
Day Lewis Pharmacy	SE25 6DP	Upper Norwood	♦	♦	♦			♦
Klub Pharmacy	SE19 3NG	Upper Norwood	♦	♦	♦			♦
Sainsbury's Pharmacy	SE19 3RW	Upper Norwood	♦	♦	♦			
WOODSIDE & SHIRLEY								
Addiscombe Pharmacy	CR0 6RF	Ashburton	♦	♦	♦	♦	♦	♦
Boots	CR0 6RD	Ashburton	♦	♦	♦			
Greenchem	CR0 7RA	Ashburton	♦	♦	♦			♦
Andrew McCoig Pharmacy	CR0 8TE	Shirley	♦	♦	♦			♦
Greenchem	CR0 8NG	Shirley	♦	♦	♦			♦
Fishers Chemist	SE25 5NT	Woodside	♦	♦	♦			♦
Lloyds Pharmacy	SE25 4PT	Woodside	♦	♦	♦			♦

Pharmaceutical Service Provision

Trading Name	Post Code	Ward	Essential Services	Medicines Use Reviews	New Medicine Service	Stoma Appliance Customisation	Appliance Use Reviews	London Pharmacy Vaccination Service
NEW ADDINGTON & SELSDON								
Dougans Chemist	CR0 0QF	Fieldway	♦	♦	♦			♦
Fieldway Pharmacy	CR0 9DX	Fieldway	♦	♦	♦			♦
Goldmantle Pharmacy	CR0 9AS	Heathfield	♦	♦	♦			♦
Harris Chemists	CR2 8JJ	Heathfield	♦	♦	♦			
Mona Pharmacy Ltd	CR0 8BJ	Heathfield	♦	♦	♦			♦
Shirley Pharmacy	CR0 8SS	Heathfield	♦	♦				
Aumex Pharmacy	CR0 0JD	New Addington	♦	♦	♦			♦
Your Local Boots Pharmacy	CR0 0JB	New Addington	♦	♦	♦			♦
Day Lewis Pharmacy	CR2 8LB	Selsdon & Ballards	♦	♦	♦			♦
Lloyds Pharmacy	CR2 8LH	Selsdon & Ballards	♦	♦	♦			
Lloyds Pharmacy	CR2 8LG	Selsdon & Ballards	♦	♦	♦			♦
PURLEY								
Holmes Pharmacy	CR5 1EH	Coulsdon East	♦	♦	♦			♦
Old Coulsdon Pharmacy	CR5 1EN	Coulsdon East	♦	♦	♦			♦
Boots	CR5 2ND	Coulsdon West	♦	♦	♦			♦
Infohealth Pharmacy	CR5 2RA	Coulsdon West	♦	♦	♦	♦	♦	
Valley Pharmacy	CR5 3BR	Coulsdon West	♦	♦	♦	♦	♦	♦
Andrew McCoig Pharmacy	CR2 6ES	Kenley	♦	♦	♦			♦
Hobbs Pharmacy	CR8 5JE	Kenley	♦	♦	♦			
Zina Pharmacy	CR8 5AA	Kenley	♦	♦	♦			♦
Boots	CR8 2AF	Purley	♦	♦	♦			
Foxley Lane Pharmacy	CR8 3EE	Purley	♦	♦				
Orion Pharmacy	CR8 2BP	Purley	♦	♦	♦			
Tesco Instore Pharmacy	CR8 2HA	Purley	♦	♦	♦			
Lloyds Pharmacy	CR2 9BY	Sanderstead	♦	♦	♦			♦
Medipharm Pharmacy	CR2 9LA	Sanderstead	♦	♦	♦			♦
Riddlesdown Pharmacy	CR8 1HR	Sanderstead	♦	♦	♦			♦

Pharmaceutical Service Provision

Trading Name	Post Code	Ward	Essential Services	Medicines Use Reviews	New Medicine Service	Stoma Appliance Customisation	Appliance Use Reviews	London Pharmacy Vaccination Service
EAST CROYDON								
Croychem Pharmacy	CR0 6AA	Addiscombe	♦	♦	♦			
Larchwood Pharmacy	CR0 6RB	Addiscombe	♦	♦	♦			♦
Medibank Pharmacy	CR0 6HE	Addiscombe	♦	♦	♦			♦
A-Z Pharmacy	CR0 2TA	Broad Green	♦	♦	♦		♦	♦
Boots	CR0 4YJ	Broad Green	♦	♦	♦			♦
Day Lewis Pharmacy	CR0 4UQ	Broad Green	♦		♦			♦
Kents Chemist	CR0 1RB	Broad Green	♦	♦	♦			♦
Sainsbury's Pharmacy	CR0 4XT	Broad Green	♦	♦	♦			
Day Lewis Pharmacy	CR2 0EJ	Croham	♦	♦	♦			♦
Makepeace & Jackson Pharmacy	CR2 0PH	Croham	♦	♦	♦			♦
Barkers Chemist	CR0 1RN	Fairfield	♦	♦	♦		♦	
Boots	CR0 1LD	Fairfield	♦					
Boots	CR9 1SN	Fairfield	♦	♦	♦			♦
Croydon Pharmacy	CR0 1DP	Fairfield	♦	♦	♦	♦	♦	
Fairview pharmacy	CR9 1PJ	Fairfield	♦	♦			♦	
St Clare Chemist	CR0 1LG	Fairfield	♦	♦	♦			♦
Superdrug Pharmacy	CR0 1US	Fairfield	♦	♦	♦			♦
Swan Pharmacy	CR0 1BJ	Fairfield	♦	♦	♦			
Allcorn Chemist	CR0 2BZ	Selhurst	♦	♦	♦			
Lloyd George Pharmacy	CR0 2JG	Selhurst	♦	♦	♦			♦
Sainsbury's Pharmacy	SE25 6XB	Selhurst	♦	♦	♦			
Shivas Pharmacy Ltd	CR0 2TG	Selhurst	♦	♦	♦			♦
Smart City Pharmacy	SE25 5QF	Selhurst	♦	♦	♦		♦	

Local Pharmaceutical Service Provision

Trading Name	Post Code	Ward	Stop Smoking	Needle & Syringe Exchange	Supervised Consumption	Chlamydia & Gonorrhoea Screening	Enhanced Sexual Health	Enhanced Sexual & Oral Contraception	NHS Health Check Programme	Pharmacy First Minor Ailments
MAYDAY LOCALITY										
Alphamed Ltd (DAC)	CR7 7EQ	Bensham Manor								
Brigstock Pharmacy	CR7 7JN	Bensham Manor	♦		♦	♦	♦	♦	♦	♦
Tesco Instore Pharmacy	CR7 8RX	Bensham Manor	♦							♦
Bids Chemist	SW16 4AE	Norbury	♦							♦
Day Lewis Pharmacy	SW16 4DT	Norbury	♦			♦				♦
Day Lewis Pharmacy	SW16 4BE	Norbury								♦
Superdrug Pharmacy	SW16 3LU	Norbury	♦		♦					♦
Cranston	CR7 6JE	West Thornton							♦	♦
Day Lewis Pharmacy	CR7 7HQ	West Thornton	♦		♦	♦				♦
Mayday Community Pharmacy	CR7 7HQ	West Thornton	♦			♦				♦
Parade Pharmacy	CR0 3EW	West Thornton								♦
THORNTON HEATH LOCALITY										
Day Lewis Pharmacy	SE25 6EP	South Norwood	♦		♦	♦				♦
Lloyds Pharmacy	SE19 2NT	South Norwood	♦		♦					♦
Superdrug Pharmacy	CR7 7JG	Thornton Heath	♦	♦	♦					♦
Thompson's Chemist	CR7 8JF	Thornton Heath	♦		♦	♦				♦
Thornton Heath Pharmacy	CR7 8RU	Thornton Heath	♦			♦	♦			♦
Wilkes Chemist	CR7 8LZ	Thornton Heath	♦			♦				♦
Day Lewis Pharmacy	SE25 6DP	Upper Norwood	♦							♦
Klub Pharmacy	SE19 3NG	Upper Norwood	♦		♦	♦				♦
Sainsbury's Pharmacy	SE19 3RW	Upper Norwood	♦	♦						♦
WOODSIDE & SHIRLEY										
Addiscombe Pharmacy	CR0 6RF	Ashburton	♦			♦				♦
Boots	CR0 6RD	Ashburton	♦		♦					♦
Greenchem	CR0 7RA	Ashburton								♦
Andrew McCoig Pharmacy	CR0 8TE	Shirley	♦		♦	♦	♦		♦	♦
Greenchem	CR0 8NG	Shirley	♦	♦		♦				♦
Fishers Chemist	SE25 5NT	Woodside	♦	♦	♦	♦	♦	♦	♦	♦
Lloyds Pharmacy	SE25 4PT	Woodside	♦		♦					♦

Local Pharmaceutical Service Provision

Trading Name	Post Code	Ward	Stop Smoking	Needle & Syringe Exchange	Supervised Consumption	Chlamydia & Gonorrhoea Screening	Enhanced Sexual Health	Enhanced Sexual & Oral Contraception	NHS Health Check Programme	Pharmacy First Minor Ailments
NEW ADDINGTON & SELSDON										
Dougans Chemist	CR0 0QF	Fieldway	♦	♦	♦					♦
Fieldway Pharmacy	CR0 9DX	Fieldway	♦			♦				♦
Goldmantle Pharmacy	CR0 9AS	Heathfield	♦		♦	♦	♦		♦	♦
Harris Chemists	CR2 8JJ	Heathfield								♦
Mona Pharmacy Ltd	CR0 8BJ	Heathfield	♦			♦				♦
Shirley Pharmacy	CR0 8SS	Heathfield	♦	♦	♦					♦
Aumex Pharmacy	CR0 0JD	New Addington		♦		♦	♦		♦	♦
Your Local Boots Pharmacy	CR0 0JB	New Addington	♦		♦					♦
Day Lewis Pharmacy	CR2 8LB	Selsdon & Ballards	♦							♦
Lloyds Pharmacy	CR2 8LH	Selsdon & Ballards				♦				♦
Lloyds Pharmacy	CR2 8LG	Selsdon & Ballards	♦		♦					♦
PURLEY										
Holmes Pharmacy	CR5 1EH	Coulsdon East	♦							♦
Old Coulsdon Pharmacy	CR5 1EN	Coulsdon East	♦		♦	♦			♦	♦
Boots	CR5 2ND	Coulsdon West		♦	♦					♦
Infohealth Pharmacy	CR5 2RA	Coulsdon West	♦			♦				♦
Valley Pharmacy	CR5 3BR	Coulsdon West	♦			♦			♦	♦
Andrew McCoig Pharmacy	CR2 6ES	Kenley	♦	♦	♦	♦				♦
Hobbs Pharmacy	CR8 5JE	Kenley			♦					♦
Zina Pharmacy	CR8 5AA	Kenley	♦		♦	♦				♦
Boots	CR8 2AF	Purley			♦					♦
Foxley Lane Pharmacy	CR8 3EE	Purley								♦
Orion Pharmacy	CR8 2BP	Purley				♦				♦
Tesco Instore Pharmacy	CR8 2HA	Purley	♦		♦	♦				♦
Lloyds Pharmacy	CR2 9BY	Sanderstead	♦		♦	♦	♦			♦
Medipharm Pharmacy	CR2 9LA	Sanderstead	♦	♦	♦	♦			♦	♦
Riddlesdown Pharmacy	CR8 1HR	Sanderstead	♦						♦	♦

Local Pharmaceutical Service Provision

Trading Name	Post Code	Ward	Stop Smoking	Needle & Syringe Exchange	Supervised Consumption	Chlamydia & Gonorrhoea Screening	Enhanced Sexual Health	Enhanced Sexual & Oral Contraception	NHS Health Check Programme	Pharmacy First Minor Ailments
EAST CROYDON										
Croychem Pharmacy	CR0 6AA	Addiscombe	♦			♦				♦
Larchwood Pharmacy	CR0 6RB	Addiscombe	♦		♦	♦				♦
Medibank Pharmacy	CR0 6HE	Addiscombe								♦
A-Z Pharmacy	CR0 2TA	Broad Green	♦			♦	♦	♦		♦
Boots	CR0 4YJ	Broad Green	♦	♦	♦	♦				♦
Day Lewis Pharmacy	CR0 4UQ	Broad Green								
Kents Chemist	CR0 1RB	Broad Green	♦		♦				♦	♦
Sainsbury's Pharmacy	CR0 4XT	Broad Green	♦			♦				♦
Day Lewis Pharmacy	CR2 0EJ	Croham	♦			♦				♦
Makepeace & Jackson Pharmacy	CR2 0PH	Croham	♦		♦				♦	♦
Barkers Chemist	CR0 1RN	Fairfield	♦	♦	♦					♦
Boots	CR0 1LD	Fairfield	♦		♦					♦
Boots	CR9 1SN	Fairfield	♦	♦	♦					♦
Croydon Pharmacy	CR0 1DP	Fairfield	♦		♦	♦			♦	♦
Fairview pharmacy	CR9 1PJ	Fairfield	♦		♦	♦	♦			♦
St Clare Chemist	CR0 1LG	Fairfield	♦							♦
Superdrug Pharmacy	CR0 1US	Fairfield		♦	♦					♦
Swan Pharmacy	CR0 1BJ	Fairfield	♦		♦	♦				♦
Allcorn Chemist	CR0 2BZ	Selhurst	♦		♦	♦				♦
Lloyd George Pharmacy	CR0 2JG	Selhurst	♦		♦	♦				♦
Sainsbury's Pharmacy	SE25 6XB	Selhurst								♦
Shivas Pharmacy	CR0 2TG	Selhurst	♦	♦	♦	♦	♦	♦	♦	♦
Smart City Pharmacy	SE25 5QF	Selhurst	♦							♦

Pharmaceutical Needs Assessment

Appendix I
Consultation Feedback & Outcome

**Croydon Pharmaceutical Needs Assessment
Consultation Feedback and Outcome**

1. Accuracy

A number of issues of accuracy were raised during the process:

Organisation	Suggested Inaccuracy	PNA Steering Group Decision	PNA Amended?
Boots 118-120 Brighton Road, CR5 2ND	<ul style="list-style-type: none"> ▪ Pharmacy is open on Sunday; 10am - 4pm 	<ul style="list-style-type: none"> ▪ Pharmaceutical List and Questionnaire both state the pharmacy is closed on Sundays ▪ Boots Healthcare Development Manager has confirmed that the change in hours occurred after the PNA was issued for consultation ▪ Boots is advising NHS England that the supplementary hours have changed (this will take effect mid-April 2015) ▪ The PNA Steering Group noted the change and agreed that the PNA tables, maps and text will be updated to reflect the revised opening hours on a Sunday 	Yes
Croydon LPC	<ul style="list-style-type: none"> ▪ Shirley Pharmacy ▪ Confirm if NMS provided or not 	<ul style="list-style-type: none"> ▪ Shirley Pharmacy did not return a questionnaire ▪ NMS activity data shows no activity for this pharmacy ▪ PNA concludes the pharmacy does not offer the service 	No
Croydon LPC	<ul style="list-style-type: none"> ▪ Boots Pharmacy, CRO 1LD ▪ Confirm if MURs and NMS are provided 	<ul style="list-style-type: none"> ▪ This branch of Boots does not have a consultation area ▪ The questionnaire confirms that these services are not provided 	No
Croydon LPC	<ul style="list-style-type: none"> ▪ Medipharm opening hours on Saturday are 09:00 - 13:00 not 09:00 - 18:00 	<ul style="list-style-type: none"> ▪ The draft PNA was based on the community pharmacy questionnaire which stated Saturday opening as 09:00 - 18:00. Post consultation the pharmacy has confirmed this was an error. The actual Saturday opening hours are 09:00 -13:00 ▪ The PNA Steering Group noted the change and agreed that the PNA tables, maps and text will be updated to reflect the correct opening hours on a Saturday 	Yes
Croydon Public Health Team	<p>NHS Health Checks</p> <ul style="list-style-type: none"> ▪ Mayday Community Pharmacy not accredited to provide the service 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that this was an error on the map only 	Update map

Organisation	Suggested Inaccuracy	PNA Steering Group Decision	PNA Amended?
Croydon Public Health Team	<p>Stop Smoking Service</p> <ul style="list-style-type: none"> ▪ Questions have been raised regarding the accuracy of pharmacies commissioned and activity data 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that: <ul style="list-style-type: none"> ○ A validation exercise, using the results of the questionnaire, historical commissioner lists (CCG and Public Health) and activity data for 2013/14 was underway. A final position would be agreed with the commissioners with respect to which pharmacies have been commissioned to provide the service ○ The activity data was being checked with a view to correcting anomalies in the final PNA ▪ The PNA Steering Group agreed the approach ▪ Following completion of this exercise, the number of pharmacies commissioned to provide the service has been confirmed as 59; and small inaccuracies in the activity data have been identified ▪ The PNA tables, maps and text will be updated 	Yes
DAAT, Integrated Commissioning Unit	<p>Supervised consumption service</p> <ul style="list-style-type: none"> ▪ 4 pharmacies have been omitted from the PNA (Superdrug CR0 1US; Hobbs Pharmacy CR8 5JE; Andrew McCoig Pharmacy CR0 8TE; Shirley Pharmacy CR0 8SS) ▪ Infohealth Pharmacy CR5 2RA does not provide the service ▪ No. of clients per locality is incorrect 	<ul style="list-style-type: none"> ▪ PNA Steering Group noted the inaccuracies and were advised that the commissioners had also confirmed that Lloyds Pharmacy, CR2 8LH is not on the commissioner list ▪ Post meeting it was identified that Boots CR0 6RD and Lloyds CR2 8LG were also omitted from the draft PNA ▪ The PNA tables, text and maps will be updated to reflect the inaccuracies 	Yes
DAAT, Integrated Commissioning Unit	<p>Needle exchange service</p> <ul style="list-style-type: none"> ▪ There are 15 pharmacies accredited to provide needle and syringe programme ▪ The following pharmacies are not on the list and map: (Shirley Pharmacy CR0 8SS; Sainsbury Pharmacy SE19 3RW; Dougans Pharmacy – CR0 0QF) ▪ Brigstock Pharmacy CR7 7JN does not provide needle and syringe programme 	<ul style="list-style-type: none"> ▪ PNA Steering Group noted the inaccuracies ▪ The PNA tables, text and maps will be updated to reflect the inaccuracies 	Yes

2. Detailed Comments

Overall, many respondents were generally very complimentary about the structure, content and level of detail included within the PNA.

This section sets out the detailed comments, which were received during the formal consultation and which required further consideration or decision by the PNA Steering Group. The section has been organised in accordance with the specific questions asked within the consultation response template. Where no specific comments were received then this has been noted. All minor queries e.g. grammatical or typographical errors have been addressed but not included within the report.

PNA Section 1.1 - Has the purpose of the PNA been explained sufficiently?			
Organisation	Suggested Inaccuracy	PNA Steering Group Decision	PNA Amended?
One respondent noted that the rationale for the PNA was clearly explained. No further detailed comments were received.			

PNA Section 1.3 - Does this clearly set out the scope?			
Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS Croydon CCG	Draft PNA: Page 5 <ul style="list-style-type: none"> ▪ The table giving the types and number of pharmacy contracts the ESPLPS or the bolt on LPS at Mayday Community Pharmacy has been included in both the national and the LPS. ▪ Either the bolt on LPS also needs to be added into the national as well making that 74 in total or the ESPLPS should be taken out making it 72. ▪ The internet pharmacy does not appear to be included in the figures 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that the information in the table is correct in that: <ul style="list-style-type: none"> ○ There are 75 pharmacies and 1 DAC ○ There are 73 pharmacies with a national contract (includes the internet pharmacy & the pharmacy which also has an LPS bolted on) ○ There are 3 LPS contracts (one of these pharmacies also holds a national contract) ▪ It was agreed that additional information would be added to the table to provide greater clarity 	Yes
NHS Croydon CCG	Draft PNA: Page 5 <ul style="list-style-type: none"> ▪ The domiciliary medicines review service is actually commissioned by the Council 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the service is funded from the Better Care Fund and is commissioned and managed by the CCG ▪ The PNA will be updated to provide clarity 	Yes

PNA Section 2 - Does this clearly set out the local context and implications for the PNA?			
Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Public Health Intelligence Team	Draft PNA: Page 8 (Demography) <ul style="list-style-type: none"> Ethnicity: The section on diversity of language focuses on languages spoken within pharmacies. Much public health information will be in printed format. Do we know anything about the range of languages which information distributed in pharmacies is available in? 	<ul style="list-style-type: none"> PNA Steering Group advised that there is no robust information on the range of languages used for printed material 	No
Public Health Intelligence Team	Draft PNA: Page 9 (Demography) <ul style="list-style-type: none"> Population: Section entitled Population is actually about age and should be renamed to reflect this 	<ul style="list-style-type: none"> The PNA Steering Group reviewed the section and did not agree with the comment as references are made to factors other than age 	No
Public Health Intelligence Team	Draft PNA: Page 10 (Demography) <ul style="list-style-type: none"> Deprivation & Child Poverty: Can we give the London comparison here as we know London has higher child poverty than the rest of England? 	<ul style="list-style-type: none"> The PNA Steering Group agreed to amend the PNA if the Public Health Intelligence Team could provide the relevant statistic 	Yes
Public Health Intelligence Team	Draft PNA: Page 10 (Demography) <ul style="list-style-type: none"> Deprivation & long term unemployment: percentage decrease is confusing, give actual percentage for previous year 	<ul style="list-style-type: none"> The PNA Steering Group agreed the information was confusing and that this should be removed 	Yes
Public Health Intelligence Team	Draft PNA: Page 11 (Lifestyle) <p>Poor diet: bullet 1 – only given the England comparison not the London one, bullet 2 gives no comparison. We should be consistent with how we compare</p>	<ul style="list-style-type: none"> The PNA Steering Group agreed to the change if the data was available Post meeting it was confirmed that the statistics within the PNA came from Croydon's Health Weight JSNA and relate to 2011/12; this did not include information for London The Public Health Outcomes Framework includes an updated position for Croydon for 2012/13; but has no comparator data for London and England The PNA will be updated to include the improved position 	Yes
Public Health Intelligence Team	Draft PNA: Page 11 (Lifestyle) <p>Risky sexual behaviour: bullet 3 – states that there is a correlation between alcohol and poor sexual health outcomes. However, this does not match the data shown. Croydon has worse sexual health than England as a whole according to all indicators shown BUT has lower proportions of hazardous and harmful alcohol consumption according to the section above. Therefore these data do not support a correlation</p>	<ul style="list-style-type: none"> The PNA Steering Group noted that it is generally accepted that there is a correlation between alcohol misuse and poor sexual health outcomes; but it acknowledged that the bullet points don't relate to the statement It was agreed that the wording of the PNA would be amended so it was clear that this was a general correlation; and that indicators would be included as 'stand-alone text' in the Health consequences of lifestyle section 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS Croydon CCG	Draft PNA: Page 13 (Health Needs) <ul style="list-style-type: none"> ▪ Hospital admissions: it would be good to state whether the hospital admissions being quoted are just for CUH or for any hospital that admits a Croydon Patient 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that the data is taken from the Public Health Outcomes Framework and relates to all hospital admissions 	No
Public Health Intelligence Team	Draft PNA: Page 14 (Health Needs) <ul style="list-style-type: none"> ▪ Mental health – is there any ward level information given that this will be important in providing services in the correct locations? 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that no ward (or locality) information was available on mental health 	No
NHS Croydon CCG	Draft PNA: Page 14 (Health Needs) <ul style="list-style-type: none"> ▪ Care homes- we have no care homes that are managed by the council. The council commission beds from approximately 60 care homes. It needs to be made clear that there are not all for older people we have very many learning disability homes and several for mental health rehabilitation 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that the information provided for the draft PNA had implied that the homes were managed by the Council ▪ It was agreed that the text would be amended so that is clear that the Council commissions beds from approximately 60 care homes ▪ The text will also to be updated to reflect the different types of homes 	Yes
Public Health Intelligence Team	Draft PNA: Page 14 (Health Needs) <ul style="list-style-type: none"> ▪ Care homes – bullets 2-4 it is unclear whether these are Croydon specific estimates (I assume they are given numbers, but we should be specific) 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted this information relates to Croydon and that this needs to be made clear in the document 	Yes
NHS Croydon CCG	Draft PNA: Page 14 (Health Needs) <ul style="list-style-type: none"> ▪ Care homes- 5th bullet point, 5th point under that – I don't understand what this meant to say however would suggest the following is included if possible. <ul style="list-style-type: none"> ○ Supporting residents to take a full part in making decisions about their medicines ○ Medicines reconciliation ○ Supporting care homes to determine the best system for supplying medicines for each resident. ○ Produce medicines administration records wherever possible and which meet the requirements of NICE ○ Advise on safe storage ○ Support self-administration ○ Support care homes in deciding the best time for residents to take their medicines including the review of medicines given during busy times. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the bullet points provide a high level summary of NICE recommendations ▪ It was agreed that the text would be reworded to note Croydon's priorities, in the light of the NICE recommendations, using the bullet points stated in the detailed comment 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Public Health Intelligence Team	Draft PNA: Page 15 (Health Needs) <ul style="list-style-type: none"> ▪ Disability – unclear whether figures quoted are specific for Croydon or are for England - specify numbers, but we should be specific) 	<ul style="list-style-type: none"> ▪ Amend text to make it clear that the statistics relate to Croydon 	Yes
NHS Croydon CCG	Draft PNA: Page 16 (National Strategy) <ul style="list-style-type: none"> ▪ Can we add in NHSE 5 year plan, which does include making more use of pharmacy 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that the “5 Year Forward View” hadn’t been published a the time the consultation was initiated ▪ It was noted that the document makes very few specific references to pharmacy - specifically these are: <ul style="list-style-type: none"> ○ <i>“Build the public’s understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or A&E visit”</i> ○ <i>Multispecialty Community Providers - “As larger group practices they could in future begin employing consultants or take them on as partners, bringing in senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social workers, and other staff”</i> ○ <i>Helping patients get the right care, at the right time, in the right place, making more appropriate use of primary care, community mental health teams, ambulance services and community pharmacies, as well as the 379 urgent care centres throughout the country... and far greater use of pharmacists</i> ▪ The PNA agreed that a short summary setting out the headlines from the “Forward view” and the specific opportunities for pharmacy would be included as above 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS Croydon CCG	Draft PNA: Page 17 (Local Strategy) <ul style="list-style-type: none"> Public Health Priorities- it would be helpful if outcomes could be aligned with areas of focus- it seems a bit disjointed e.g. reduction of chlamydia is listed as an outcome but there is no focus on it or anything related to it 	<ul style="list-style-type: none"> The PNA Steering Group was advised that the PNA reflects the information as provided by public Health It was noted that Public Health had recently agreed 10 new priorities and that these could be incorporated into the section providing the information is now in the public domain The alternative approach would be to restructure the table so that the outcomes don't sit alongside the areas of focus 	Yes
NHS Croydon CCG	Draft PNA: Page 18 (Local Strategy) <ul style="list-style-type: none"> CCG Priorities- it would be useful to have a defined separation of the left and right hand side columns to make it easier to read and understand 	<ul style="list-style-type: none"> The PNA Steering Group agreed to restructure the table to make the information clearer 	Yes
NHS Croydon CCG	Draft PNA: Page 21 (Implications for the PNA) <ul style="list-style-type: none"> 2.5.2- screening and diagnostics – could we change the emphasis of ...some have already been commissioned to provide NHS Health Checks. Community pharmacists have been providing from the outset (indeed before GPs) so I think that should be reflected by saying something like –some pharmacies have been providing NHS Health Checks since its inception (we think it is around 4 years) 	<ul style="list-style-type: none"> The PNA Steering Group agreed to amend the text as suggested 	Yes

PNA Section 3.1 and 3.2 - does the information provide a reasonable description of the services which are provided by pharmacies and DACs and do you agree with the conclusions?

Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
NHS Croydon CCG	Draft PNA: Page 22 (Introduction and Approach) <ul style="list-style-type: none"> It would be useful to give an example of a relevant service as well as necessary [Refers to the table 	<ul style="list-style-type: none"> The PNA Steering Group was advised that the comments refers to the table setting out the "Principles for determining necessary or relevant services" and that by definition, any pharmaceutical service or locally commissioned service which wasn't deemed to be necessary would be relevant by default It was agreed that the table heading would be amended to "Principles for determining necessary services" 	Yes

Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
NHS Croydon CCG	Draft PNA: Page 24 (Distribution) <ul style="list-style-type: none"> ▪ Mayday Community Pharmacy- it needs to be made clear that if the LPS is terminated that they will remain open with their hours returned to normal- need to confirm but think it is 9-7.30 (M-F) and 9-6 (Sat) 	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed to amend the PNA making it clear that if the out of hours LPS is terminated then the pharmacy will remain open and will revert to its former hours ▪ NHS England will be asked to confirm the former hours and these will be included in the final PNA providing the information can be verified 	Yes
NHS Croydon CCG	Draft PNA: Page 29 (Opening Hours) <ul style="list-style-type: none"> ▪ Current picture –weekdays- stating that all pharmacies open from 9am to 5.30pm then this is contradicted when the half day closing is mentioned further down – could a note be added to it? 	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed to amend the PNA to state “on most days, pharmacies open from 9am - 5:30pm)” 	Yes
NHS England	Draft PNA: Page 38 (Cross border dispensing) <ul style="list-style-type: none"> ▪ Dispensing – Wandsworth Salts Medilink has now closed in Wandsworth and relocated outside the borough 	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed to add a footnote, stating that this DAC has now relocated to a more distant area 	Yes
NHS Croydon CCG	Draft PNA: Page 41 (Disabilities) <ul style="list-style-type: none"> ▪ Meeting the needs of those with disabilities: States that the results are from 74 pharmacies as Shirley did not respond, but I was just wondering if a mention that some of the criteria are not relevant to the internet pharmacy. Including the internet will reduce some of the %ages. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the internet pharmacy provided a full response to this section of the questionnaire; and that they may provide face to face services providing that no essential services are provided as part of the consultation ▪ It was agreed that that the pharmacy’s response was relevant and that the PNA did not require change 	No
Croydon Public Health Team	Draft PNA: Page 41/42 (Disabilities) <ul style="list-style-type: none"> ▪ Support for people with sensory impairment: This needs to be an area of need that could be easily achieved, but might be communicated more strongly in the recommendations 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that the Equality Act 2010 requires pharmacies to ‘take reasonable steps’; stronger recommendations in an early draft of the PNA had been softened to reflect this ▪ It was determined that no change was required 	No
NHS England	Draft PNA: Page 44 (Future Capacity) <ul style="list-style-type: none"> ▪ No confirmed indication there will be changes in local traffic patterns 	<ul style="list-style-type: none"> ▪ The PNA Steering Group acknowledged that the PNA document doesn’t make explicit reference to local traffic patterns. However, given the considerable housing developments and improvements in public transport it is likely that there will be changes in traffic patterns ▪ It was determined that an amendment was not required because changes in traffic patterns would not materially affect the pharmaceutical needs and/or improvements articulated within this section of the PNA 	No

Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
NHS Croydon CCG	<p>Draft PNA: Page 46 (Future Capacity)</p> <ul style="list-style-type: none"> ▪ Mayday – implications - should something be mentioned about the implications should the LPS be terminated- this would have an adverse impact on the ability of pharmacies to meet the needs of the population 	<ul style="list-style-type: none"> ▪ The PNA Steering Group considered the comment and agreed that there would be a gap because of the dependence of the GP out of hours service and the urgent care centre on this pharmacy; and in fact the gap extends across the whole of Croydon because of the loss of the out of hours service ▪ It was agreed that the PNA would be amended to this effect 	Yes
NHS Croydon CCG	<p>Draft PNA: Page 46 (Future capacity)</p> <ul style="list-style-type: none"> ▪ Woodside and Shirley – implications – I was unsure of which area within this locality was being referred to- in Woodside there are two pharmacies already opening up on Sunday in South Norwood / Woodside, so presumably this should specify Shirley? 	<ul style="list-style-type: none"> ▪ The PNA Steering Group re-examined the maps and opening hours ▪ It concluded that there wasn't a need to secure improvements as the small area of the locality concerned has a low population density; and residents would not have to travel much further than a mile to access the pharmacy ▪ The PNA will be amended to reflect there are no future gaps or improvements required 	Yes
NHS Croydon CCG	<p>Draft PNA: Page 46 - 48 (Future capacity)</p> <ul style="list-style-type: none"> ▪ There have been recommendations about increasing the opening hours of pharmacies without giving any consideration to the viability of this ▪ I know that financial considerations are not part of the PNA however it might be useful to include some wording about taking in account demand and activity ▪ For instance in Purley (page 47) it may well be very desirable to have additional pharmacy hours between 5pm and 8pm on a Sunday however to achieve this would require Tesco to extend their hours (they probably could not do this without extending the hours of the whole store and thus contravene Sunday trading laws) or for another local pharmacy to start to open on Sunday for these hours. ▪ Given the low numbers of prescriptions being issued from the Purley Hospital site this is unlikely to be something that either a pharmacy contractor would find financially viable or that the CCG would commission or that NHSE would want to direct. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group re-examined the maps and opening hours (taking into account the fact that Boots, CR5 2ND now opens on a Sunday) ▪ It concluded that: <ul style="list-style-type: none"> ○ That the 'gap' in relation to the opening hours of Purley Hospital would be reflected as a potential opportunity for improvement for the infrequent occasions when people may need to use pharmacies during this period ○ The final PNA will make it clear that the opportunity for improvements on weekday and Saturday evenings and Sundays applies to the wards in the South and the East of the locality 	Yes

Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
Croydon Public Health Team	Draft PNA: Page 46-48 (Future capacity) <ul style="list-style-type: none"> ▪ Number and distribution of pharmacies - ▪ Can we make sure that the long term need for new pharmacies is communicated appropriately to the Council's Regeneration team and NHSE by including a mention of these functions in the document? 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that: <ul style="list-style-type: none"> ○ NHS England are responsible for using the PNA to consider market applications ○ the Council's regeneration team has had input into the PNA document; but the team has no control over whether or not new pharmacies may be opened ▪ The comment was noted 	No
NHS Croydon CCG	Draft PNA: Page 50 (Conclusions) <ul style="list-style-type: none"> ▪ The last line – should it be specific about there being no pharmacy open between 5pm and 8pm- it implies there is no Sunday opening at all 	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed with the comment and this will be revised 	Yes
Croydon Public Health Team	Draft PNA: Page 23 - 51 (Essential Services) <ul style="list-style-type: none"> ▪ A general comment was made that given the fact that essential services, in particular repeat dispensing, sign posting, healthy lifestyles, PH champions and support to self-care are fundamental to achieving the aims of both LA PH and CCG, the commissioning and performance management of the NHSE contract of these services needs to have stronger input from PH and CCG. Can this be added into the recommendations? ▪ As in other areas of commissioned services, it is now more important than in the past that local organisations work together with the new commissioners to ensure that services are provided to meet local need. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group felt that whilst the comment makes an important observation it was not relevant to include a recommendation in the PNA because NHS England is solely responsible for NHS Pharmaceutical services; furthermore, the comment relates to the commissioning and monitoring of pharmaceutical services rather than pharmaceutical need ▪ The comment was noted 	No
NHS Croydon CCG	Draft PNA: Page 52 (Premises - Consultation Areas) <ul style="list-style-type: none"> ▪ Does the table include the responses from the internet pharmacy as some of them may not be relevant 	<ul style="list-style-type: none"> ▪ The PNA Steering Group considered the comment but determined that no change was required for the following reasons: <ul style="list-style-type: none"> ○ The internet pharmacy provided a full response to this section of the questionnaire; and is entitled to provide face to face services ○ Another pharmacy doesn't have a consultation area and the same principle could apply to this pharmacy 	No

Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
NHS Croydon CCG	<p>Draft PNA: Page 56 (MURs - conclusions)</p> <ul style="list-style-type: none"> ▪ This almost reads as if we ought to have more pharmacies so that more people can have MURs because the limit is 400 per pharmacy ▪ 73 out of a possible 75 offer them so I am not sure I agree with the conclusions in the last bullet point ▪ There is no mention of prescription interventions which may be done by anyone and the 3 month rule does not apply. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that 33% of Croydon's pharmacies deliver the maximum number of MURs; and a number are not open during extended hours and weekend. This is why the section concludes that the 3 month rule is potentially problematic and that there are issues with respect to future capacity ▪ It was also noted that because people can only access MURs from their regular pharmacy, opening new pharmacies would not provide a solution to address issues with future capacity (the only real solution is for NHS England to lift the 400 MUR per annum cap) ▪ It was agreed that the section will be revised to ensure reference to prescription interventions (PIs) and to make it clear that PIs may be accessed from an alternative pharmacy 	Yes
Croydon Public Health Team	<p>Draft PNA: Page 70</p> <ul style="list-style-type: none"> ▪ London Pharmacy Vaccination Service - It may be too early to demonstrate cost effectiveness, but we should include into recommendations that this might be a useful method to improve vaccination uptake in Croydon, especially for flu 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that the "Further Provision" box and the "Future" box already make reference to using pharmacies to improving vaccination rates 	No
Croydon Public Health Team	<p>Draft PNA: Page 71</p> <ul style="list-style-type: none"> ▪ Just wanted to flag up that given the potential enhancement of services and with the development of Healthy Living Pharmacies that review of safeguarding training and referral arrangements is probably needed, particularly in relation to vulnerable adults and children and young people. ▪ I know that some services such as specialist sexual health services have robust criteria and arrangements in place around safeguarding, but I would be interested to know what arrangements are in place for other service elements and whether this was queried as part of the PNA 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the comment and advised that this needs to be addressed outside of the PNA process 	No
Croydon Public Health Team	<p>Draft PNA: Page 72 (Stop Smoking)</p> <ul style="list-style-type: none"> ▪ Provider criteria - amend to show that Group support is not a requirement for training 	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed to update the PNA 	Yes

Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
Croydon Public Health Team	Draft PNA: Page 72 (Stop Smoking) <ul style="list-style-type: none"> Current picture -update non-pharmacy providers to include MIND; confirm timescale of activity data; confirm number of pharmacies which have been commissioned to provide the service 	<ul style="list-style-type: none"> The PNA Steering Group noted this section is being revisited and the changes which would be made 	Yes
Croydon Public Health Team	Draft PNA: Page 76 (Stop Smoking) <ul style="list-style-type: none"> The future: 12 week quitters are already included in the incentive scheme 	<ul style="list-style-type: none"> The PNA Steering Group noted the required change 	Yes
Croydon DAAT	Draft PNA: Page 77 (Needle & Syringe Programme) <ul style="list-style-type: none"> Overview: Add - To provide advice on injecting technique and safer injecting practise referring into services as appropriate 	<ul style="list-style-type: none"> The PNA Steering Group noted the required change 	Yes
NHS Croydon CCG	Draft PNA: Page 77 (Needle & Syringe Programme) <ul style="list-style-type: none"> Current picture - Check if SL&M and Foundation 66 still provide this – I think it Turning Point 	<ul style="list-style-type: none"> The PNA Steering Group confirmed that Turnaround is now the Provider 	Yes
Croydon DAAT	Draft PNA: Page 80 (Needle & Syringe Programme) <ul style="list-style-type: none"> Further provision: Most clients are self-referred, however opening hours of syringe exchange schemes need to be advertised widely 	<ul style="list-style-type: none"> The PNA Steering Group noted the comment and agreed that this will be reflected in the PNA 	Yes
Croydon DAAT	Draft PNA: Page 80 (Needle & Syringe Programme) <ul style="list-style-type: none"> Future: no plans to integrate substance misuse services. Not sure what this refers to 	<ul style="list-style-type: none"> The PNA Steering Group was advised that in some areas substance misuse services are integrated so that all pharmacies provide the needle & syringe programme, supervised consumption (and in some cases alcohol IBA); this had been discussed with Croydon commissioners but they had advised there were no such plans It was agreed that the statement would be removed 	Yes
Croydon DAAT	Draft PNA: Page 81 (Supervised consumption) Overview <ul style="list-style-type: none"> To remove all references to SL&M; possibly state commissioned substance misuse prescribing services The service is in main for adults but in rare circumstance under 18's are prescribed for but there is under 18year old protocol in place. Inconsistencies in relation to age information - 18 or 16 (see page 84 - meeting the needs of those with protected characteristics) 	<ul style="list-style-type: none"> The PNA Steering Group agreed the following changes: <ul style="list-style-type: none"> Amend text to reflect the fact that there is an under 18 protocol in place; and update the meeting the needs of those with a protected characteristic table Reflect that Turning Point now provides the substance misuse team Update text to demonstrate the Partnership is between prescribers for substance misuse services, community pharmacists, the DAAT and service users 	Yes

Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
Croydon DAAT	Draft PNA: Page 84 (Supervised consumption) <ul style="list-style-type: none"> ▪ Conclusions - Pharmacies are not currently commissioned to deliver HBV vaccines, therefore this statement is unclear 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that published evidence identifies that one of the benefits of supervised consumption is that service users are more likely to attend for Hepatitis vaccinations (the statement doesn't mean that Croydon pharmacies are administering these vaccinations) ▪ It was agreed that the reference to HBV would be removed from the conclusions 	Yes
NHS Croydon CCG	Draft PNA: Page 88 (Enhanced Sexual Health) <ul style="list-style-type: none"> ▪ Chlamydia Treatment - It is incorrect to say that there is immediate referral to GUM for pregnancy. Pregnant women can be treated in pharmacy – only referred to GUM for test of cure later on. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that the SLA states “Referrals to GUM should be done immediately following the consultation for those clients <u>not eligible</u> for treatment under PGD, who require a full STI screen or who are pregnant and require a test of cure” ▪ The PNA will be updated to reflect this 	Yes
NHS Croydon CCG	Draft PNA: Page 89 (Enhanced Sexual Health) <ul style="list-style-type: none"> ▪ Chlamydia Treatment – The CPPE courses are as follows not as stated and are now <ul style="list-style-type: none"> ○ Sexual Health in pharmacies ○ Safeguarding children and vulnerable adults ○ Contraception ○ EHC ▪ Dealing with difficult discussions is added for any new pharmacists and will be a requirement for those currently providing the service (deadline next March) so don't know if that also needs to be included. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the training requirements have been amended since this section was written ▪ It was agreed to amend the PNA to state “relevant training including CPPE, as required by the SLA” 	Yes
Boots	Draft PNA: Page 92 (Enhanced Sexual Health) Activity <ul style="list-style-type: none"> ▪ We feel that that the lack of activity data per ward & per element of the Sexual Health Service make it very hard to validate the current need in each ward. ▪ We are pleased to note that 5 more pharmacies will be included in this service however it will be important to understand how these will be aligned with need in the absence of current activity data at ward level. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that locality and ward based activity data wasn't included because this would be identifiable by pharmacy ▪ The comments are noted and will be passed to the service commissioners by way of the consultation report 	No
Croydon Public Health Team	Draft PNA: Page 93 (NHS Health Checks) <ul style="list-style-type: none"> ▪ Add “and certain types of dementia” to the first bullet point 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the required change 	Yes

Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
Croydon Public Health Team	Draft PNA: Page 93 (NHS Health Checks) <ul style="list-style-type: none"> Provider Criteria - Update the competencies i.e. NHS Health Checks Best practice guidance Oct 2013; NHS Health Checks competencies framework 2014 	The PNA Steering Group noted the required change	Yes
NHS Croydon CCG	Draft PNA: Page 97 (Minor Ailments Service) <ul style="list-style-type: none"> The current picture – it would be useful to clarify that the 74 pharmacies are all the pharmacies except the internet one so really this is 100% of all relevant pharmacies 	<ul style="list-style-type: none"> The PNA Steering Group noted the comment but did not feel the change was necessary; however, a point of accuracy was identified in that 99% of pharmacies provide the service 	Yes
NHS Croydon CCG	Draft PNA: Page 97, 100 & 113 (Minor Ailments Service) <ul style="list-style-type: none"> Overview, Further provision and conclusions – last bullet point is incorrect- the service is aimed at Croydon residents but out of borough can also access the service (we monitor costs associated with out of Borough use) 	<ul style="list-style-type: none"> The PNA Steering Group agreed to amend the PNA to reflect that Croydon residents may access the service irrespective of registration with a Croydon GP 	Yes
NHS Croydon CCG	Draft PNA: Page 102 (Domiciliary Medicines Review) <ul style="list-style-type: none"> Overview - please remove the whole last bullet point starting 'Pharmacies work....' As this is inaccurate 	<ul style="list-style-type: none"> The PNA Steering Group agreed the following amendment to the final bullet point "<i>the service encourages partnership working between pharmacists and health and social care professionals</i>" 	Yes
NHS Croydon CCG	Draft PNA: Page 102 (Domiciliary Medicines Review) <ul style="list-style-type: none"> Current Picture - 3rd bullet point- please remove unless LPC can confirm that they are managing this locum pool 	<ul style="list-style-type: none"> The PNA Steering Group noted that the LPC does manage a locum pool 	Yes
NHS Croydon CCG	Draft PNA: Page 102 (Domiciliary Medicines Review) <ul style="list-style-type: none"> Table - it would be more accurate to entitle the list as 'Service delivered by pharmacies includes:' Using scope implies that it is the whole of the service when what is listed is only part of it 	<ul style="list-style-type: none"> The PNA Steering Group agreed to the proposed amendment 	Yes
NHS Croydon CCG	Draft PNA: Page 102 (Domiciliary Medicines Review) <ul style="list-style-type: none"> Provider Criteria – we no longer insist on an accreditation to provide MURs now that the service is divorced form the MUR service 	<ul style="list-style-type: none"> The PNA Steering Group noted the required amendment 	Yes

Are you aware of any pharmaceutical services currently provided which have not been included in the PNA?			
Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
NHS England	<ul style="list-style-type: none"> In Dec 2014 NHS England launched a Pharmacy Urgent Repeat Medication (PURM) service, which is to run to April 2015. NHS England has indicated that this service will be evaluated, and if successful consideration will be given to future commissioning of it 	<ul style="list-style-type: none"> The PNA Steering Group agreed to include a short summary of the service: <ul style="list-style-type: none"> In December 2014, NHS England launched a Pharmacy Urgent Repeat Medication service. This is a pilot scheme which will run until April 2015 Under the service, NHS 111 refers people directly to pharmacies when they are in need of an emergency supply of medicines The aim of the service is to reduce pressure on unscheduled care services and GP appointments at times of high demand It is our understanding, that NHS England plans to evaluate the PURM service and, if deemed to be successful, we would be supportive of considering the priority for a wider roll alongside other priorities when determining commissioning intentions 	Yes

Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?
No detailed comments received

Section 3.4: Do you agree with the assessment of future pharmaceutical services?			
Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
Croydon DAAT	<ul style="list-style-type: none"> Disappointing to note that there is no reference throughout this section of substance misuser accessing other healthy lifestyle services; strategies to engage, hard to reach groups, a component of the 2010 Drug Strategy recovery model 	<ul style="list-style-type: none"> The PNA Steering Group advised that if further information could be provided with respect to a potential specific service development then this would be included The following text was supplied by the DAAT following the Steering Group meeting: "The Drug Strategy 2010 has a specific focus on recovery with a whole systems approach to achieving positive outcomes. Pharmacy based services are well place to provide substance misusers access to healthy lifestyle services, therefore strategies to engage with hard to reach groups, including substance misusers will need to be developed" 	Yes

Is there any additional information which should be included in the PNA?			
Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
NHS England	<p>The PNA is information rich and would benefit from summary tables e.g.</p> <ul style="list-style-type: none"> ▪ Necessary and relevant services ▪ Summary of services by locality ▪ Number of pharmacies offering the service by locality 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that Appendix H provides a summary of services by locality and pharmacy ▪ It determined that summary tables weren't required because the document is structured in a user friendly way and is already very long; there is also a risk that there would be over-reliance on the summaries rather than considering the full detail within the PNA 	No
NHS England	<ul style="list-style-type: none"> ▪ Services summaries on Pages 31, 54, 58, 62, 38 show access to services over time periods, please see questions around the analysis. <ul style="list-style-type: none"> ○ For 8am and earlier – should this read 8am-9am? ○ Pharmacies closed for lunch- did the analysis establish if the pharmacy was physically closed i.e. no service at all, or pharmacist is at lunch but pharmacy was open for GSL sales, patients to hand in prescriptions? 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that: <ul style="list-style-type: none"> ○ 8am or earlier was the correct time; this was selected because GP core hours start at 8am and it was therefore reasonable to look at the same for pharmacies ○ The “Pharmacies closed for lunch” is based on the questionnaire and pharmaceutical list. It only includes those pharmacies which show a close during core and supplementary opening hours. The questionnaire did not explore whether or not the pharmacy was open for GSL sales or to hand in prescriptions 	No
NHS England	<p>The PNA should take into account other ways patients may access medicines other than a community pharmacy i.e. PGDs, Walk in centres, out of hour GP providers supplying medicines, Supply from an acute pharmacy</p>	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the following: <ul style="list-style-type: none"> ○ The PNA makes reference to PGDs under specific services e.g. sexual health, London Pharmacy Vaccination Service ○ The PNA makes reference to Walk in Centres, the Urgent Care Centre and out of hour GP providers on pages 41 and 43 ○ Page 5 explicitly excludes pharmacy services within NHS Trusts from the scope of the PNA as these do not impact upon market entry decisions 	No

Organisation	Detailed Comment	Notes to PNA Steering Group	Amend PNA?
Croydon Public Health Team	<p>Appendix F - Potential Pharmaceutical Needs Across the Lifecourse; Part 5 Older Persons</p> <ul style="list-style-type: none"> ▪ Incorporate a need for Nutrition; with the relevant pharmacy service being Prescribed oral nutritional supplement review for malnutrition (under nutrition) ▪ As way of background, at any point in time more than 3 million people in the UK are at risk of malnutrition, most (approx. 93%) live in the community. Disease related malnutrition costs in excess of £13 billion per annum, based on malnutrition prevalence figures and the associated costs of both health and social care. ▪ The pharmacy's role is the review of prescribed oral nutritional supplements. 	<ul style="list-style-type: none"> ▪ The PNA Steering Group considered the comment but determined that this would not be included as review of prescribed nutritional supplements was not seen to be a role for community pharmacists locally 	No
Croydon Public Health Team	<p>My main comment is that it would be good strengthen focus on geographical inequalities and on performance. Although there are maps that show location of pharmacies by deprivation, it is sometimes difficult to interpret them. You could e.g. show, average distance to each pharmacy service for people in different deprivation quintiles. This might help NHS E in considering applications to open new pharmacies and pharmacy services.</p> <p>In the "future" section, could the vision section mention</p> <ol style="list-style-type: none"> 1. An aspiration that pharmacy can help to reduce inequalities e.g. through incentivising services in deprived areas, supporting new pharmacies or pharmacy services in deprived areas etc. 2. An aspiration about being the best quality pharmacy i.e. helping poorer performing pharmacies to develop especially in areas of deprivation. This might include evaluation and audit, stronger commissioning, challenge and development networks 	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that the suggested approach for maps was not possible within the resources available for the project (additional data would have to be purchased) ▪ It was noted that many of the maps use distance buffers of 0.5 and 1mile (these weren't used where they made the map more difficult to read) and the narrative within the document provides insights into the implication of service availability, in deprived areas, where relevant ▪ The PNA Steering Group determined that no changes were required in relation to the maps ▪ With respect to the future section, it was agreed to weave the aspiration to reduce inequalities into Croydon's vision for pharmacy ▪ The table on page 112 of the draft PNA, already includes an aspiration to improve the standards care of care e.g. through developing staff to healthy living pharmacy standard ▪ However, the PNA steering Group did not support incentivising pharmacies in deprived areas 	Yes

Has the PNA provided adequate information to inform market entry decisions (NHS England only) or how you will commission services from pharmacy (all service commissioners)?

No detailed comments provided

Does the PNA give enough information to help with your own future service provision (pharmacies and DACs only)?

No detailed comments provided

Equality Analysis Form

An Equality analysis enables us to target our services, and our budgets, more effectively and understand how they affect all our communities. It also helps us comply with the Equalities Act 2010.

For more information about when you should carry out an equality analysis, who should do this and the support available, go to the equality analysis intranet page.

This form has four sections

- 1: decide whether a full equality analysis is needed. If not, you do not complete sections 2-4.
- 2: gathering evidence
- 3: determining actions
- 4: decision and next steps

Name of document			Pharmaceutical Needs Assessment	
Version	Date reviewed	Date of next review	Reviewed by	Changes made
1.0				

1. Decide whether a full equality analysis is needed

1.1 What are you analysing?

Question	Guidance	Answer
What is the name of your change or review?	The change or review may involve: <ul style="list-style-type: none"> o policies, strategies and frameworks o budgets o plans, projects and programmes o staff structures (including outsourcing) o the use of buildings o commissioning (including re-commissioning and de-commissioning) o services (for example, how and where they are delivered) o processes (for example thresholds, eligibility, entitlements, and access criteria) 	Pharmaceutical Needs Assessment
Why are you doing this?	For example, we are considering cutting a service.	Access to NHS Pharmaceutical Services, including the advice and supply of medicines and health consumables is an integral part of primary care in the NHS. The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical

		<p>Services, must apply to be on the Pharmaceutical List.</p> <p>The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the system for market entry.</p> <p>Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA).</p> <p>A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, sets out:</p> <ul style="list-style-type: none"> ▪ A statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population ▪ Details of planned or likely changes which may affect the future provision of pharmaceutical services ▪ Any current or future gaps in pharmaceutical services, taking into account the needs of the population
<p>What is likely to be different when you have finished?</p>		<p>The PNA is intended to be a reference source which may be used by the following organisations.</p> <ul style="list-style-type: none"> ▪ Under the Regulations, NHS England has a statutory duty to use the PNA to consider applications, relating to the Croydon HWB area, to open a new pharmacy or to move an existing

		<p>pharmacy. The document may also be used to inform the commissioning of existing and/or new enhanced services.</p> <ul style="list-style-type: none"> ▪ Existing NHS Pharmaceutical services contractors, within Croydon, who may wish to change the services they provide; and/or by potential new entrants to the market. ▪ Croydon Council, NHS Croydon Clinical Commissioning Group and other NHS Organisations (e.g. NHS Trusts) to inform the development of commissioning strategies and/or service design and rollout
<p>What will be the main outcomes or benefits from making this change?</p>		<p>The Regulations, underpinning the market entry system and the PNA, set out to ensure that NHS Pharmaceutical Services available to the population in a given area, on an equitable basis.</p> <p>The PNA makes an assessment of both pharmaceutical needs, and opportunities to secure improvements in access and choice, taking into account the local demography, health needs and specific needs of people with a protected characteristic (as defined by the Equality Act 2010). The assessment of need is then used to document specific current and future gaps in relation to pharmaceutical need; as well as setting out opportunities for improvement.</p> <p>The PNA will not deliver outcomes and benefits in its own right. However, the document aims to inform the commissioning</p>

		<p>of pharmaceutical services and other pharmacy-based locally commissioned services by other organisations.</p> <p>As such, the PNA will be instrumental with respect to promoting service provision, which reflects the differential needs of the population and equitable access to services across Croydon.</p>
<p>What stage is your change at now?</p>	<p>See appendix one for the main stages at which equality analyses need to be started or updated. In many instances, an equality assessment will be started when a report is being written for a committee. If that report recommends that a project or programme takes place, the same equality assessment can be updated to track equality impacts as it progresses. If the project or programme include commissioning or de-commissioning, the same equality assessment can be updated again.</p>	<p>A consultation on a draft of the PNA has been completed, as required by the Regulations.</p> <p>The feedback received as part of the consultation has been considered by the PNA Steering Group, which was established by the HWB to oversee the process, and the draft PNA updated accordingly.</p> <p>The PNA is now in its final draft form and is awaiting HWB approval.</p> <p>The Croydon PNA concluded that in future to better meet the needs of those people with a disability, Croydon wishes to ensure that all new pharmacies take appropriate steps to meet the needs of people with disabilities. Specifically, we anticipate that all premises have step free access and that public areas of the pharmacy are accessible to wheel chairs; that a hearing loop is installed and that the pharmacy provides large print labels and labels with braille</p>
<p>An equality analysis must be completed before any decisions are made.</p> <p>If you are not at the beginning stage of your decision making process, you must inform your Director that you have not yet</p>		

completed an equality analysis.

1.2 Who could be affected and how?

Question	Guidance	Answer
Who are your internal stakeholders?	For example, groups of council staff, members	<ul style="list-style-type: none"> ▪ Croydon Health & Wellbeing Board ▪ Public Health Team ▪ Public Health Intelligence Team ▪ Croydon Integrated Commissioning Unit ▪ Drug & Alcohol Team ▪ Planning & Regeneration Team
Who are your external stakeholders?	For example, groups of service users, service providers, trade unions, community groups and the wider community?	<ul style="list-style-type: none"> ▪ NHS England - London Area Team ▪ NHS Croydon CCG ▪ Croydon Local Pharmaceutical Committee ▪ Croydon Local Medical Committee ▪ Croydon Community Pharmacists and Dispensing Appliance Contractors ▪ Potential New Entrants to the market ▪ Croydon Health Services NHS Trust ▪ South London & Maudsley NHS Foundation Trust ▪ Healthwatch (and other patient & public consumer groups, as identified by Healthwatch) ▪ Neighbouring HWBs (Sutton, Merton, Surrey, Bromley, Lambeth) ▪ The Public – we conducted a patient survey to engage with the public
Does your proposed change relate to a service area where there are known or potential equalities issues?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response. If you don't know, you may be able to find out on the Croydon Observatory (http://www.croydonobservatory.org/)	Yes The document has been informed by the Croydon JSNA (where available); local strategies which identify and address

		inequalities (A list of the strategies used to develop this needs assessment can be found in section 2.4 of the PNA); and other data and information which is in the public domain e.g. via the Public Health Outcomes Framework.
Does your proposed change relate to a service area where there are already local or national equality indicators?	You can find out from the Equality Strategy (http://intranet.croydon.net/corpdept/equalities-cohesion/equalities/docs/equalitiesstrategy12-16.pdf). Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	No, there are no national indicators for NHS Pharmaceutical Services. However, data provided by the Health & Social Care Information Centre has been used to 'benchmark' Croydon against its ONS comparator group and the London and England averages. This has helped to set into context, the provision of NHS Pharmaceutical Services within Croydon, compared with other areas
Would your proposed change affect any protected groups more significantly than non-protected groups?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response. For a list of protected groups, see Appendix Two.	Yes The PNA has systematically considered the different needs of people with protected characteristics on a service by service basis. The document also takes into account, the pharmaceutical needs disadvantaged communities. The Croydon PNA concluded that in future to better meet the needs of those people with a disability, Croydon wishes to ensure that all new pharmacies take appropriate steps to meet the needs of people with disabilities. Specifically, we anticipate that all premises have step free access and that public areas of the pharmacy are accessible

		to wheel chairs; that a hearing loop is installed and that the pharmacy provides large print labels and labels with braille
Would your proposed change help or hinder the council in eliminating unlawful discrimination, harassment and victimisation in relation to any of the protected groups?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	Yes The PNA should make a positive contribution towards addressing inequalities in Croydon, providing that identified pharmaceutical needs and opportunities for improvements are taken into account, and addressed by NHS England and other commissioners.
Would your proposed change help or hinder the council in advancing equality of opportunity between people who belong to any protected groups and those who do not?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	Yes The PNA should make a positive contribution towards meeting the needs of people with protected characteristics, providing that identified pharmaceutical needs and opportunities for improvements are taken into account, and addressed by NHS England and other commissioners.
Would your proposed change help or hinder the council in fostering good relations between people who belong to any protected groups and those who do not?	Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response	Don't know The PNA is intended to be used by other organisations (as described earlier) to support commissioning strategy or decisions; or inform applications to provide NHS Pharmaceutical services. Therefore, it is unlikely that the PNA will help or hinder the Council in its own right

1.3 Decision

If you answer "yes" or "don't know" to ANY of the questions in section 1.2, you should undertake a full equality analysis. This is because either you already know that your change or review could have a different/significant impact on protected groups (compared to non-protected groups) or because you don't know whether it will (and it might).

Decision	Guidance	Response
No, further equality analysis is not required	Please state why not and outline the information that you used to make this decision. Statements such as 'no relevance to equality' (without any supporting information) or 'no information is available', could leave the council vulnerable to legal challenge. You must include this statement in any report used in decision making, such as a Cabinet report	An Initial Equality Analysis was undertaken to ascertain the potential impact on protected groups compared to non-protected groups. This concluded that there was no need to conduct a full Equality Analysis as the Equality Analysis can be found as part of the suite of PNA material, Appendix J. The PNA takes into consideration equality and inclusion issues for each of the commissioned services listed in Section 3 of the report.
Yes, further equality analysis is required	Please state why and outline the information that you used to make this decision. Also indicate - when you expect to start your full equality analysis - the deadline by which it needs to be completed (for example, the date of submission to Cabinet). - where and when you expect to publish this analysis (for example, on the council website). You must include this statement in any report used in decision making, such as a Cabinet report.	
Officers that must approve this decision	Name and position	Date
Report author	Matt Phelan, Public Health Principal, Public Health Croydon	24 February 2015

	Sara Coles, Consultant in Public Health, Public Health Croydon	
Director	Mike Robinson, Director of Public Health	26 February 2015
Please email this completed form to data.equalities@croydon.gov.uk, together with an email trail showing that the your director has approved it.		
1.4 Feedback from the corporate equalities team		
Name of equalities officer	Yvonne Okiyo	Yvonne Okiyo
Date received by equalities officer	Please send an acknowledgement	04.02.15
Should a full equality analysis be carried out?	Note the reasons for your decision	A full EA is not required as this can be found as part of the suite of PNA material, Appendix J.
Please send this document to - the person responsible for making the decision - democratic services, the corporate programme office or procurement as appropriate in time for the relevant decision making meeting		

2. Evidence Considered

List the documents and information that have been considered as part of this review to enable reasonable judgments to be made on the assessment of impact.
This section needs to include consultation data and desktop research (local and national data).

Quantitative Data

Qualitative Data

2.1 Analysing Impact

Use the table below plot and identify where there is a potential impact on any of the staff and customers/service users by protected characteristic arising from the change.

The cells of the matrix should be filled in as below:

Key

O	Indicates where the impact is unknown on Service Users/Staff, This is due to evidence not being available to indicate otherwise (neither positive nor negative impact).
P	Indicates the change may have a potential Positive Impact on Service Users/Staff
N	Indicates the change may have a potential Negative Impact on Service Users/Staff
P/N	Indicates the change may have both Positive and Negative Impacts on Service Users/Staff

An example of the chart filled in below:

Services		Protected Characteristics								
		Age	Disability	Gender Reassignment	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage and Civil Partnership
Service Provision	Capacity									
	Availability									
	Continuity									
	Security									
	Supplier Management									
	Service Level Availability									
	Service Catalogue Management									

	Protected Characteristics								
Services	Age	Disability	Gender Reassignment	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage and Civil Partnership

Description of Impact – Service User Related				
Service Area	Protected Group	Description of Potential Positive Impact	Description of Potential Negative Impact	Evidence Source
<p>The PNA document includes a systematic assessment of the needs of people with protected characteristics for each service.</p> <p>A summary of this assessment is provided in the table below and has been organised by each protected characteristic, rather than service. However, the PNA is expected to have a positive impact on protected groups as it seeks to highlight service gaps and encourage better provision of pharmaceutical services. It is unlikely to have a high differential impact on any particular protected characteristic. Furthermore, the purpose of the document is to identify gaps and set out pharmaceutical needs on the basis of this.</p> <p>By definition, a PNA is an assessment of access to and needs for pharmaceutical services. It is not a policy or service development but aims to inform such. It is appropriate for an EQIA to be completed by service commissioners and policy makers in relation to specific pharmacy-based services as and when they are commissioned.</p>				

Description of Impact – Employment Related				
Service Area	Protected Group	Description of Potential Positive Impact	Description of Potential Negative Impact	Evidence Source

2.2 Is there any evidence missing? If so, how will you gather this missing evidence?
<p>If you do not have all the evidence you need to make an informed decision, talk to your departmental equality lead about practical ways to gather it. For example, if you do not have time to conduct a survey, is there a way can increase your understanding before undertaking more robust research at a later date? Perhaps by meeting with stakeholders. The depth and degree of any consultation or research will be determined by the relevance of the change or review to different groups. Those who are likely to be directly affected should be consulted. Read the corporate public consultation guidelines before you begin</p>

(http://intranet.croydon.net/finance/customerservices/public_consultation/default.asp).

If you really cannot gather any useful information in time, then note its absence as a potential negative impact and describe the action you will take to gather it in section 3. Insert new rows as required.

Do not continue onto stage 3 until your departmental equality lead is satisfied that you have gathered all the evidence you need.

Protected Group	Evidence missing	Description of potential negative impact

3. Determining Actions

The overall potential impact is the likelihood of the impact multiplied by the strength of that impact. The higher the score, the more significant the impact. The tables below identify actions to be taken to minimise negative impacts or maximise positive impacts within the programme.

Key

Likelihood score

5	Most certain	In more than 80% of the circumstances
4	Most likely	In 51-80% of circumstances
3	Possible	In 21-50% of circumstances
2	Unlikely	In 6-20% of circumstances
1	Rare	In 5% of circumstances or less

Strength score	Degree of impact	Proportion of protected groups affected
5	Very great impact	Several protected groups in more than one category (e.g. religion and gender) would be differently affected (compared to non-protected groups).
4	Great impact	Several protected groups in one category (e.g. religion) would be differently affected (compared to non-protected groups)
3	Some impact	All of one protected group would be differently affected (compared to non-

Strength score	Degree of impact	Proportion of protected groups affected
		protected groups)
2	Little impact	The majority of one protected group would be differently affected (compared to non-protected groups)
1	Minimal impact	A minority of one protected group would be differently affected (compared to non-protected groups).

3.1 Minimising Potential Negative Impacts								
Ref	Protected Group	Potential Negative Impact	Likelihood Score	Strength Score	Overall Impact Score	Action	Action Owner	Date Action will be completed

3.1 Maximising Positive Impacts								
Ref	Protected Group	Potential Positive Impact	Likelihood Score	Strength Score	Overall Impact Score	Action	Action Owner	Date Action will be completed

4. Decisions

4.1 Based on the information in sections 1-3, what are you going to do?

Decision	Definition	Yes/no
We will not make any major change to our project because it already includes all appropriate actions	Our assessment shows that there is no potential for discrimination, harassment or victimisation and that our project already includes all appropriate actions to advance equality and foster good relations between groups.	Yes
We will adjust our project	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through our project. We are going to take action to change our project to make sure these opportunities are realised.	
We will continue our project as planned because it will be within the law	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through your project. However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned.	
We will stop our project	Our project would have adverse effects on one or more protected groups that are not justified and cannot be lessened. It would lead to unlawful discrimination and must not go ahead.	

4.2 Next steps

You may find it useful to consult **Appendix One** before completing this section.

Does this analysis have to be considered at a scheduled meeting?	If so, please give the name and date of the meeting.	
When and where will this equality analysis be published?	An equality analysis should be published alongside the policy or decision it is part of. As well as this, the equality assessment could be made available	

	externally at various points of policy development. This will often mean publishing your analysis before the policy is finalised, thereby enabling people to engage with you on your findings.	
When will you update this analysis?	Please state at what stage of your project you will do this and when you expect this update to take place. If you are not planning to update this analysis, say why not.	
4.3 I confirm that the information in sections 1 - 4 is accurate, comprehensive and up-to-date		
Officers that must approve this decision	Name and position	Date
Report author		
Director of Corporate Services		
<i>Email this completed form to data.equalities@croydon.gov.uk, together with an email trail showing that the director is satisfied with it.</i>		
4.4 Feedback from the corporate equalities team		
Name of equalities officer		
Date received by equalities team	Please send an acknowledgement	
Feedback on decision		
<i>Please send this to the report author and democratic services, corporate programme office and procurement team as appropriate</i>		

Appendix one: decision making processes

You may only need to develop one equality analysis, updating it as you move from proposing the change to monitoring its implementation.

In many instances, an equality assessment will be started when a report is being written for a committee. If that report recommends that a project or programme takes place, the same equality assessment can be updated to track equality impacts as it progresses. If the project or programme includes commissioning or de-commissioning, the same equality assessment can be updated again.

Budget setting

For department budget setting, check that each line will have already have appropriate equality analysis under one of the other decision making processes. The corporate budget will be covered under the process for the report to full council.

How to use this table

This table outlines the key council decision making processes. Select the process on the top row that you are currently involved in, then read down the column to find out what to do when.

Decision making process	Report to committee, cabinet or full council	Project management	Programme management	Commissioning
Key contact	Solomon Agutu	Tanwa Idris	Tanwa Idris	ccb@croydon.gov.uk
Link to process	Report Writing Instructions and Templates	Corporate Programme Office (CPO)	Corporate Programme Office (CPO)	Procurement Board
Develop section one of the equality analysis	When you start writing your report	Business case	Gateway 1/2	When you start writing your procurement strategy report
Develop full equality analysis	Before you submit your report to CMT	Project initiation document	Gateway 3	
Revise full equality analysis	When full council, cabinet or committee decision made or at key stages in any action plan included in the report	At the end of each project stage	At then end of each tranche	If the award report goes to Corporate Services Committee and as part of contract monitoring schedule
Write final full equality analysis	At the final stage of any action plan included in the report	Post project review	Gateway 6	Final monitoring stage

Who to send the equality analysis to	Corporate equality team and democratic services	Corporate equality team and project team	Corporate equality team and programme team	Corporate equality team and procurement team
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Appendix two: data broken down by Protected Characteristics

The information below is taken from the 2011 census unless otherwise indicated.

Age groups	Number of people	Percentage
0-4 years	27,972	7.7%
5-7 years	14,388	4.0%
8-9 years	8,708	2.4%
10-14 years	23,130	6.4%
15 years	4,912	1.4%
16-17 years	9,934	2.7%
18-19 years	8,720	2.4%
20-24 years	23,591	6.4%
25 -29 years	27,692	7.6%
30-44 years	82,439	22.7%
45-59 years	70,488	19.4%
60-64 years	17,029	4.7%
65-74 years	23,155	6.4%
75-84 years	15,318	4.2%
85-89 years	3,881	1.1%
Over 90 years	2,021	0.6%
People with long term illnesses or disabilities	363,378	
Blind or visually impaired	These categories were not recorded as such in the 2011 census. However, this did record that there were 24,380 people (6.7%) whose day to day activities were limited a lot by long term	
Deaf or hearing impaired		
Other communication impairment		
Mobility impairment		
Learning difficulty or disability		
Mental health condition		

HIV, multiple sclerosis or cancer	illness or disability and 28,733	
Other (please specify)	(7.9%) whose day to day activities were limited a little (Office of National Statistics)	
Gender		
Male	176,224	48.5%
Female	187,154	51.5%
Ethnicity	Number of people	Percentage
White British	171,740	47.3%
White Irish	5,369	1.5%
White Gypsy or Irish Traveller	234	0.1%
Other White background	22,852	6.3%
Black African	28,981	8.0%
Black Caribbean	31,320	8.6%
Other Black background	12,955	3.6%
Bangladeshi	2,570	0.7%
Chinese	3,925	1.1%
Indian	24,660	6.8%
Pakistani	10,865	3.0%
Other Asian background	17,607	4.8%
Mixed White and Black Caribbean	9,650	2.7%
Mixed White and Black African	3,279	0.9%
Mixed White and Asian	5,140	1.4%
Other Mixed background	5,826	1.6%
Arab	1,701	0.5%
Other ethnic group (please specify)	4,704	1.3%
Religion	Number of people	Percentage
Buddhist	2,381	0.70%
Christian	205,022	56.40%
Hindu	21,739	6.00%
Jewish	709	0.20%

Muslim	29,513	8.10%
Sikh	1,450	0.40%
No religion/faith	72,654	20.00%
Other (please specify)	2,153	0.60%
Sexual orientation		
Lesbian	There are no figures from the 2011 census. However, it is estimated that there were 20,370 lesbians, gay men, bisexual and transgender people living in Croydon in 2001. (London LGBT)	
Gay		
Bisexual		
Transgender		
Transgender	See above	
Pregnancy or maternity		
Pregnant	These categories were not recorded as such in the 2011 census. However, there were 5,720 live births in 2011 (Office of National Statistics)	
On compulsory maternity leave		
Marriage or civil partnership		
Married	122,013	42.9%
In civil partnership	796	0.3%