

Agenda Item 9

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 20 June 2018
AGENDA ITEM:	9
SUBJECT:	Health and Wellbeing Board Introduction
BOARD SPONSOR:	<i>Rachel Flowers, Director of Public Health</i>
BOARD PRIORITY/POLICY CONTEXT: This report is an introduction to the Health and Wellbeing Board for new members of the Board and to confirm the Board key priorities and the positioning of the Board within local structures.	
FINANCIAL IMPACT: There are no direct financial implications beyond time commitment of officers and Board members to progress the work agreed within the work plan	

1. RECOMMENDATIONS

- 1.1 The Board is invited to discuss and endorse the proposed priorities
- 1.2 The Board is invited to discuss and agree steps to develop the Board sub-structures and workplan.

2. EXECUTIVE SUMMARY

- 2.1 This report details the high level priorities of the Health and Wellbeing Board, suggested additional priorities and outlines the current structures surrounding the Board.

3. Context

- 3.1 Health and Wellbeing Boards are a formal committee of the local authority, created by the Health and Social Care Act 2012, charged with promoting greater integration and partnership between bodies from the NHS and local government. They have a statutory duty, working with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.
- 3.2 Croydon's Health and Wellbeing Board (HWB) was reconstituted in June 2017 following a review of the terms of reference and membership with a view to increasing its profile in the local health and social care system and enhancing its key role in reducing health inequalities in Croydon.

- 3.3 The health system has continued to evolve since the inception of Health and Wellbeing Boards. The April 2017 Local Government Association report 'The power of place' reported the increasing role of health and wellbeing boards to act as 'the anchors of place in a sea of Sustainability and Transformation Partnerships (STPs), integration and new models of care'.
- 3.4 The aim of the Board is to shift from considering strategies, plans and processes to evolving into a more dynamic health and wellbeing forum building partnerships, building citizen voice and driving change to reduce health inequalities and improve the health and well-being of Croydon's residents.
- 3.5 Croydon has an increasing population with a range of health and social care needs, significant inequalities and constrained resources to address these challenges. Croydon needs to look at different ways to promote the prevention of ill health and healthy outcomes and to better integrate health and social care in order to optimise all resources across the whole system.
- 3.6 A core part of this has to be about shifting the focus, across all areas of activity, towards prevention;
- Primary prevention- aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviours that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur.
 - Secondary prevention- aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent reinjury or recurrence, and implementing programmes to return people to their original health and function to prevent long-term problems.
 - Tertiary prevention- aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their ability to function, their quality of life and their life expectancy which is directed at managing and rehabilitating persons with diagnosed health conditions to reduce complication.
- 3.7 It should be noted that there is also a less well known "Quaternary prevention" which is the set of health activities to mitigate or avoid the consequences of unnecessary or excessive intervention of the health system.
- 3.8 Collectively, health and wellbeing board members need to be confident in their system wide strategic leadership role, have the capability enable transformational change through the development of effective strategies to drive the successful commissioning and provision of services and be able to create improvements in the health and wellbeing of the local Croydon community.

3.9 The LGA identified the five factors which have a significant influence on the effectiveness or not of a Health and Wellbeing Board in the current climate¹. They are:

- A focus on place, as the most effective HWBs act as “anchors of place”
- Committed leadership, exerting influence across the council, place and health and care system
- Collaborative plumbing, to underpin the leadership of place and influence the STP
- A geography that works, or the capacity to make the geography work
- A Director of Public Health that gets it, and who can support placed-based leadership.

4. Croydon’s Health and Wellbeing Priorities

4.1 The strengths of health and wellbeing boards is not through the powers they hold, for their formal powers are limited, but through the ability to discuss, influence and develop across partnership the shaping of integration across the health and social care system. Reports that come to the board should facilitate discussion, not fill time, therefore we will need to shift towards lighter reports and shorter more meaningful presentations to provide the basis for debate.

4.2 The current agreed Board priorities are;

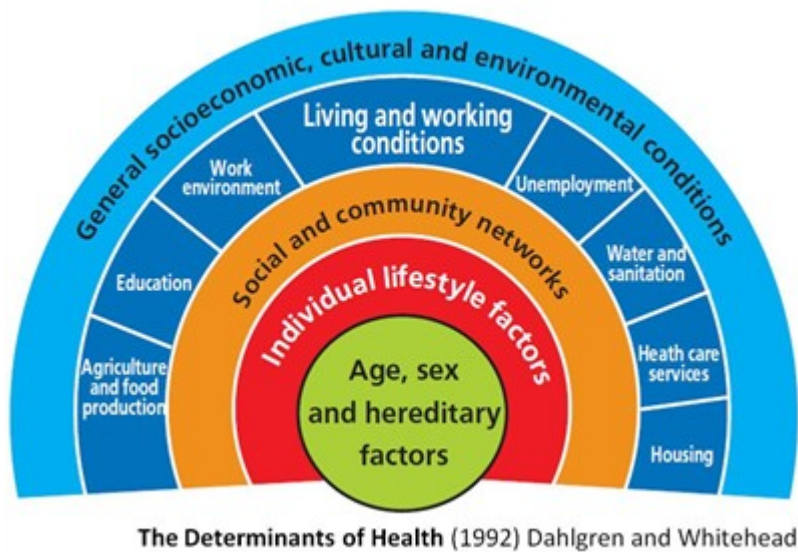
- Increasing focus on prevention,
- Reducing Inequalities,
- Progressing integration and devolution;

4.3 Proposed additional priorities;

- Delivering the statutory requirements of the Health and Wellbeing Board (The production of the Joint Strategic Needs Assessment (JSNA), Pharmaceutical Needs Assessment (PNA), and the Joint Health and Wellbeing Strategy for their local population.)
- Oversight of the wider determinants of health (as demonstrated figure 1 below)

¹ The Power of Place – April 2017. The fourth report in a longitudinal review of health and wellbeing boards (HWBs) for the Local Government Association (LGA).

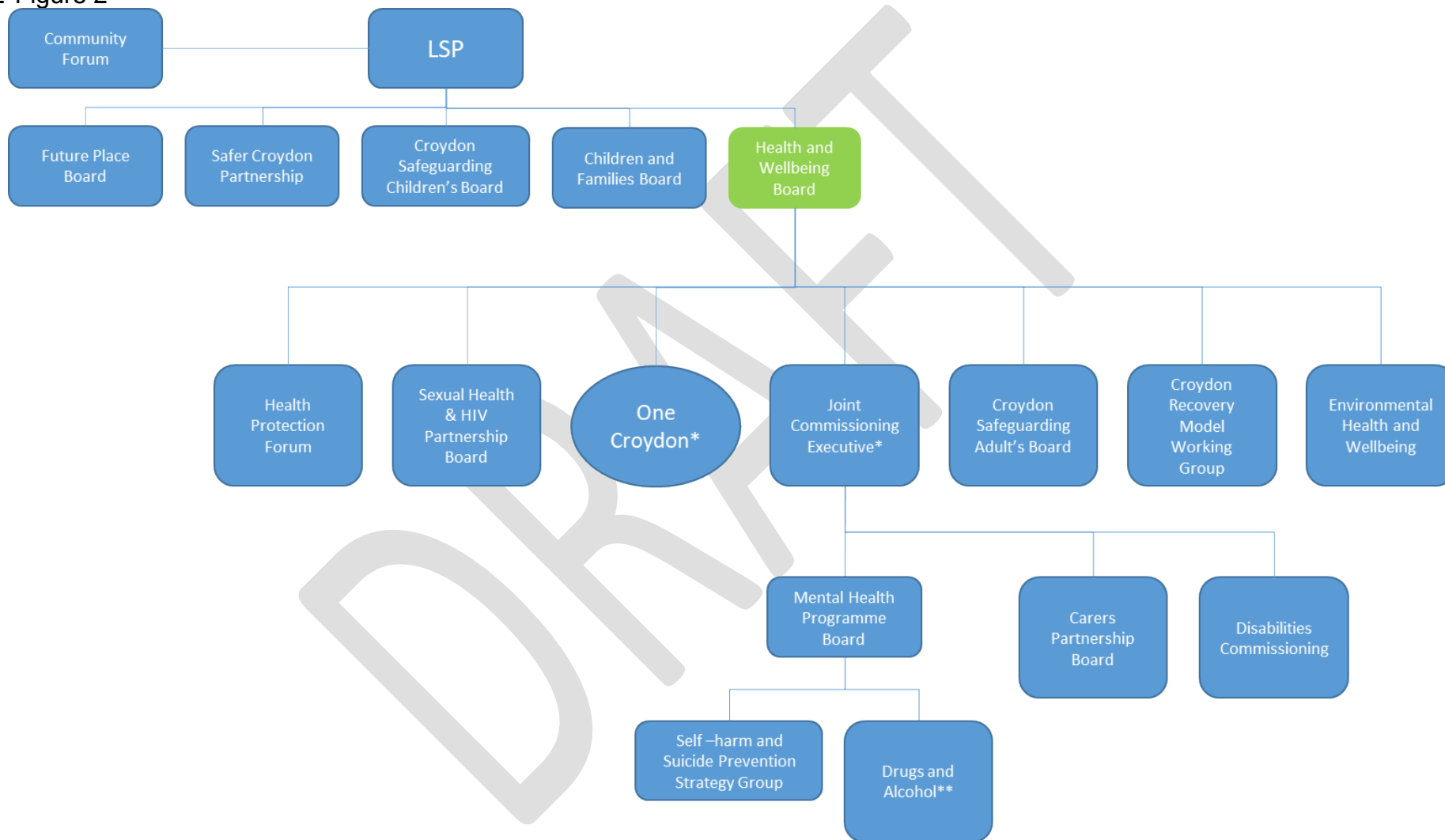
4.4 Figure 1



5. Health and Wellbeing Structures in Croydon

5.1 The Health and Wellbeing Board has inherited a number of sub-boards that are positioned below it, although historically there has been a lack of clarity around how these feed in to the Board and what the governance is for these. Below is a diagram of the current landscape around the Health and Wellbeing Board and a suggestion for how these boards could currently align.

5.2 Figure 2



*Governance under review
 **not currently active

- 5.3 The health and social care system is both complex and interdependent and the Health and Wellbeing Board needs to have sight across all commissioning to ensure that we are utilising the assets available in the most effective way to improve health and reduce inequalities.
- 5.4 For integration and proper functioning of the Health and Wellbeing Board and sub-structures there needs to be cross-sector representation at all levels, including the support provided to the boards.
- 5.5 The current sub-structures of the Health and Wellbeing Board do not cover the wider determinants of health, this either needs reviewing or mechanisms for the Health and Wellbeing Board to link better across the other LSP Boards need to be developed.

6. CONSULTATION

- 6.1 This is a document for the board to discuss and decide the next steps around developing the

7. SERVICE INTEGRATION

- 7.1 This report is not, specifically, about service integration.

8. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 8.1 There are no specific financial considerations that are directly relatable to this report.

Approved by Lisa Taylor Director of Finance, Investment and Risk

9. EQUALITIES IMPACT

- 9.1 The report is proposing the continuation to focus the Health and Wellbeing Board priorities on reducing inequalities and increasing prevention. Evidence shows that people with protected characteristics are disproportionately impacted by poor health both physical and mental health and often die prematurely. With these priorities the Health and Wellbeing is explicitly setting an expectation around equalities impact - more importantly trying to reduce or mitigate inequalities experiences around health.

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BACKGROUND DOCUMENTS The Power of Place - April 2017. The fourth report in a longitudinal review of health and wellbeing boards (HWBs) for the Local Government Association (LGA). Online link below:

<https://www.local.gov.uk/sites/default/files/documents/The%20power%20of%20place%20health%20and%20wellbeing%20boards%20in%202017.pdf>

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 20 June 2018
AGENDA ITEM:	10
SUBJECT:	LSP Review Actions
BOARD SPONSOR:	<i>Rachel Flowers, Director of Public Health</i>
BOARD PRIORITY/POLICY CONTEXT:	
<p><i>This report will impact on the health and wellbeing board as it is proposing that the board look at its current governance and compatibility with new LSP structure.</i></p> <p><i>This report may impact on existing strategy that the health and wellbeing board works towards and this is because this report recommends that the health and wellbeing board consider developing 2-3 priorities that specifically address children and young people. This may have implications for partner organisations.</i></p> <p><i>There is no impact on national policy or strategy.</i></p>	
FINANCIAL IMPACT:	
<i>There are no direct financial impacts.</i>	

1. RECOMMENDATIONS

This report and supporting presentation provides information for the health and wellbeing board to aid decisions to be made with regard to the following areas:

- a) Understanding the wider LSP in the context of the recent review of structures, governance and membership;*
- b) How the wider LSP review impacts on the health and wellbeing board, in terms of its position within the wider LSP and how it interacts with other LSP boards;*
- c) Existing governance arrangements for the health and wellbeing board and are they complementary to wider LSP working;*
- d) Understanding the priorities set at the LSP Board for children and young people, as captured within a new Children and Youth Plan, which the health and wellbeing board will support with specific priorities aimed at children and young people.*

2. EXECUTIVE SUMMARY

- 2.1 The Croydon Local Strategic Partnership (LSP) has been going through a review that specifically focussed on strengthening partnership working across the borough, given that it is an absolute essential requirement that outcomes are delivered in partnership in order to maximise potential and resources through combined agency and community working.

2.2 The Croydon Local Strategic Partnership was required to look at how it how it currently worked with the view to developing a clear way forward for an improved LSP.

2.3 An improved LSP included:

- How it planned and looked ahead
- Join-up across the LSP
- Quality assurance for the LSP as a whole
- Governance, structures, membership and transparency
- Communication
- Policy, project and co-ordination support across the LSP
- Strategy - Delivery and accountability.

2.4 In addition, the LSP review was an opportunity to focus on the overall strategy for the LSP, this being concentrated on children and young people.

3. DETAIL

3.1 The LSP review redesigned the top tier structure, losing the former LSP Board and Chief Executives' Group and replacing both with a single LSP Board, comprised of chairs of the LSP themed boards and key strategic partners across the borough.

3.2 The new LSP Board has agreed priorities that concentrate on children and young people. The LSP Board asks themed boards to consider priorities that they can manage and deliver, which are aligned to children and young people. Specifically, themed boards are asked to identify 2-3 areas of work, last 2-3 years that the board can own and are clearly linked the priorities set out at Youth Congress 2017.

3.3 The LSP review examined the relationship between the new LSP Board and themed boards. Whilst it was understood that each themed boards has a different set of drivers that shape the board and its governance, there is a shared view that strengthening joint planning and working across the boards, including a clearer relationship with the LSP Board was beneficial in terms of economies of scale, influence and benefit for Croydon. With this view, themed boards are asked to think about their current governance and how compatible it is with a refreshed LSP model (further detail is provided in the attached presentation).

4 FINANCE IMPLICATIONS

4.1 There are no direct financial implications arising from this report.

Approved by Lisa Taylor, Director of Finance, Investment and Risk

5. CONSULTATION

5.1 Members of the former LSP Board, Chief Executives' Group and themed board representatives have been directly consulted and engaged in the process.

6. EQUALITIES IMPACT

5.1 Equalities impact has been considered as part of the LSP review and has specifically identified the impact of deleting parts of the former structure that includes the Stronger Communities Board, which does not exist in the new structure.

5.2 A central feature in the new LSP structure is improved engagement and representation. The aim of the Community Voice part of the new LSP structure is to place and inclusivity and representation at the heart of the LSP, with a direct link in to the LSP Board (see presentation attached). The Community Voice is currently being developed but is likely to operate in two ways:

- a) It will be involved in LSP-wide consultation and engagement and it will assist all parts of the LSP with data to inform policy thinking, planning and decision-making;
- b) It will be made up of individuals and groups – a fluid mix – that will have opportunity to attend LSP meetings and events.

CONTACT OFFICER:

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BACKGROUND DOCUMENTS

LSP Review presentation

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LOCAL STRATEGIC PARTNERSHIP

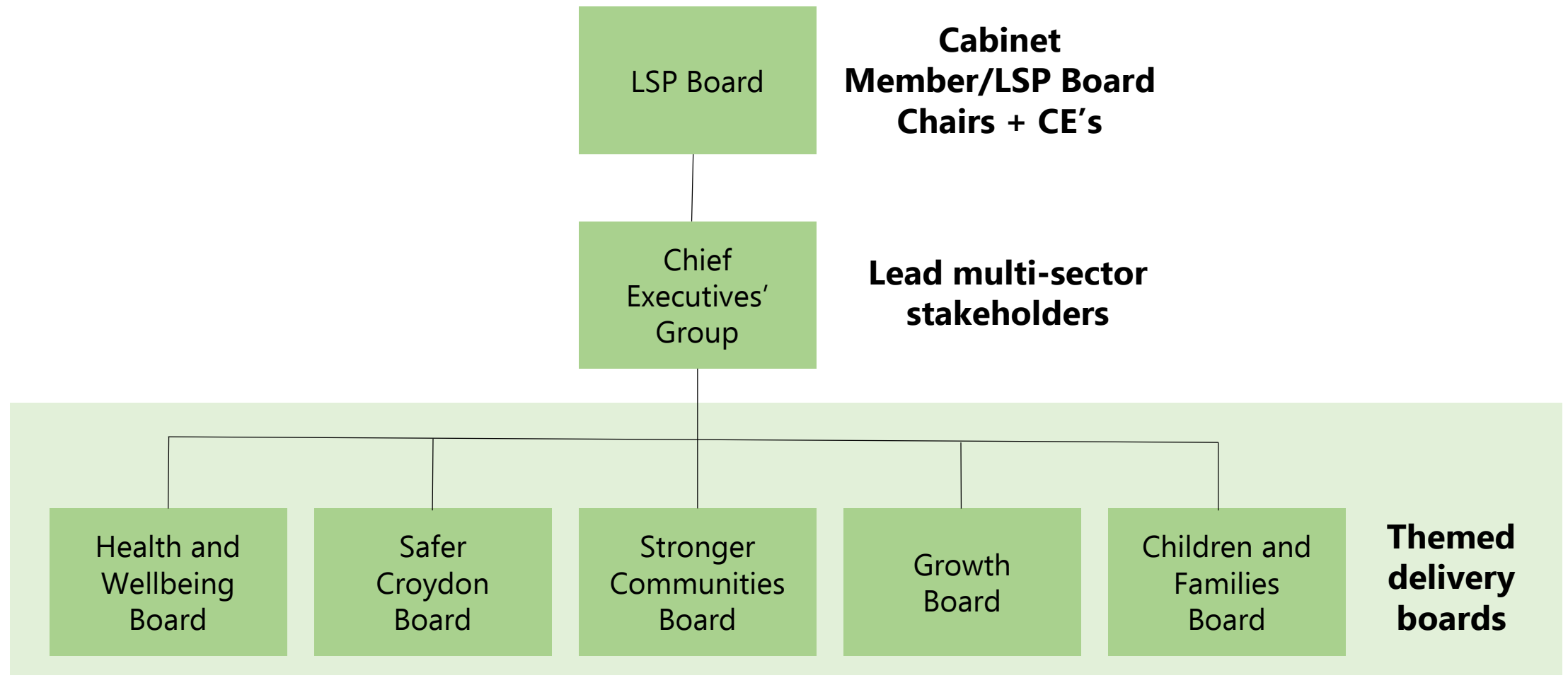
LSP REVIEW - Overview and progress to date

Stephen Meah-Sims

Head of the Leader, Mayor and Cabinet Office

Previous LSP Structure – Board Structure

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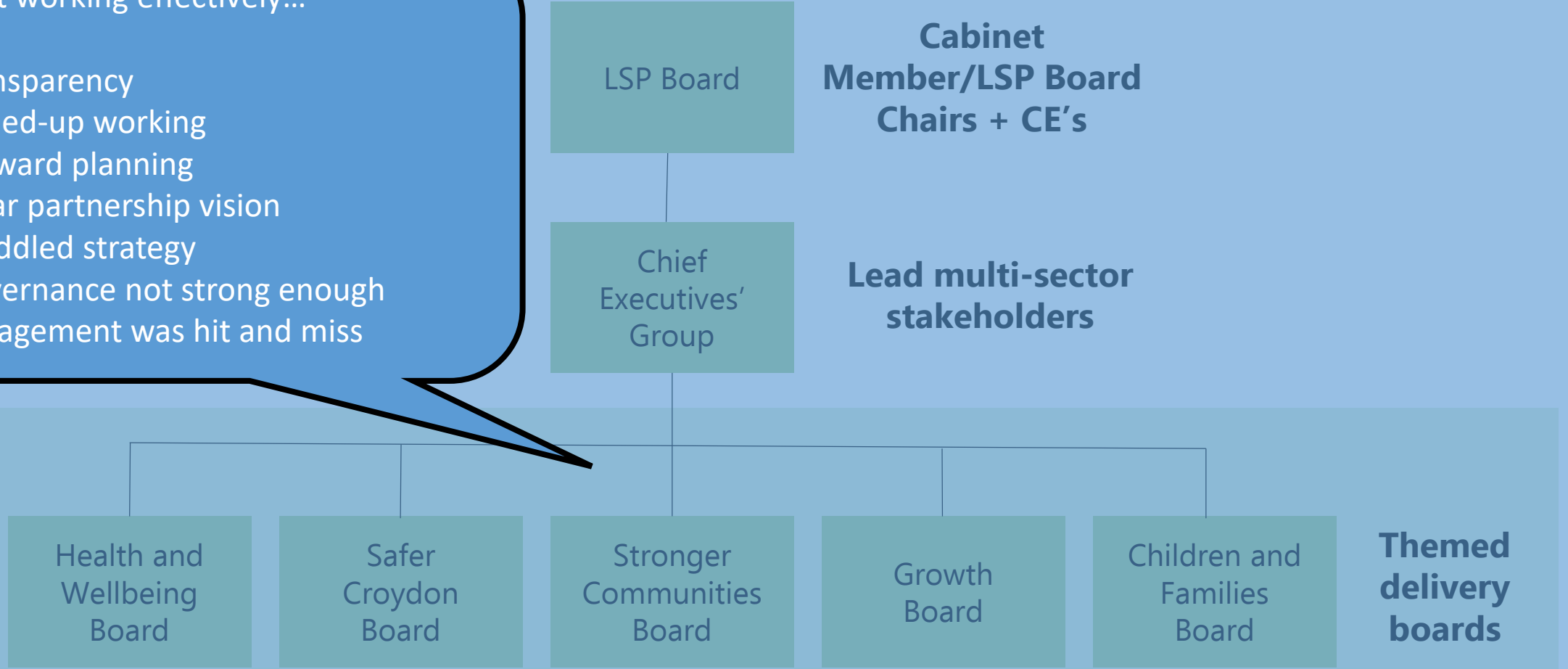


Previous LSP Structure – Issues with previous structure

LSP not working effectively...

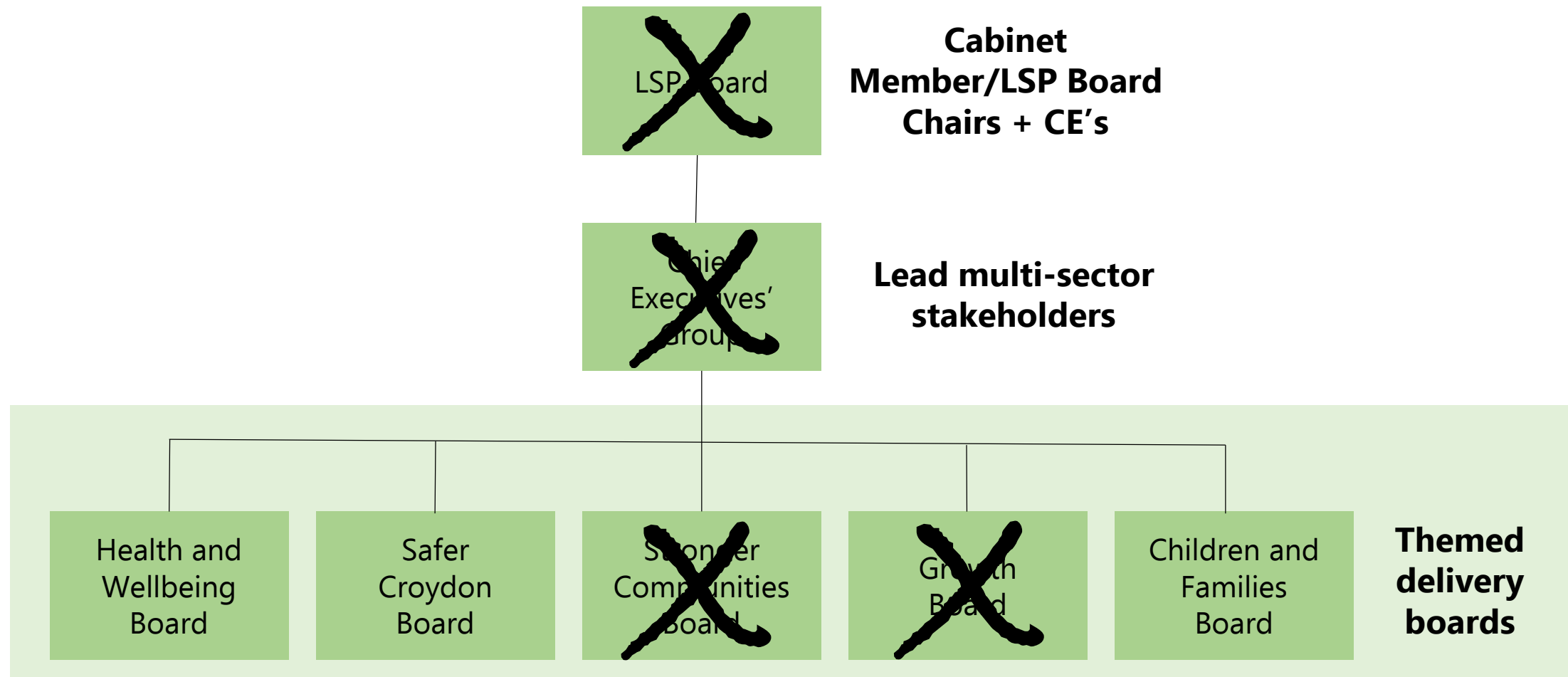
- Transparency
- Joined-up working
- Forward planning
- Clear partnership vision
- Muddled strategy
- Governance not strong enough
- Engagement was hit and miss

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Previous LSP Structure – Gone!

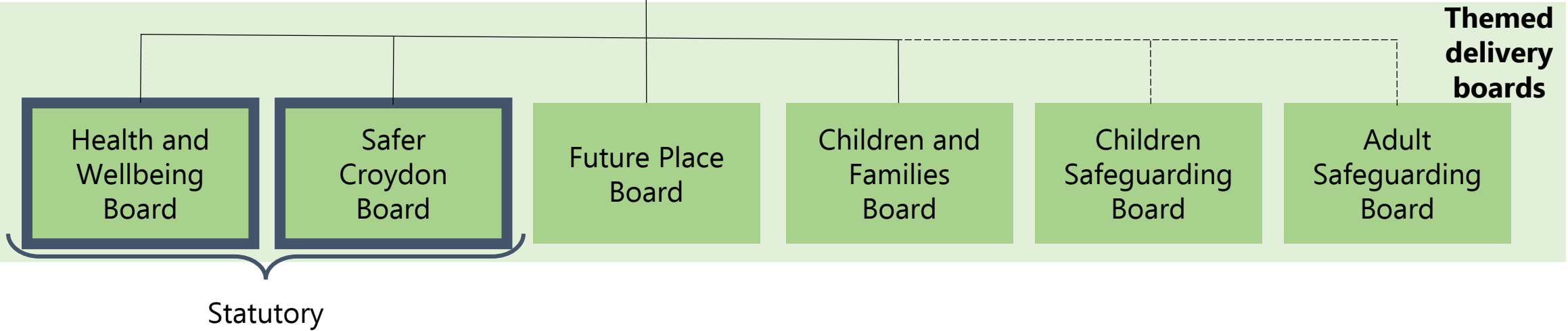
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NEW LSP Structure



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LSP Co-ordination: 1) Planning, policy and projects; 2) Communications; 3) Data sharing

Governance, planning and delivering

Individual Boards to look at governance, membership and structures – what is needed?

Purpose and join up with other Boards

Improving transparency as a cohesive LSP

Business forward planning

Boards below the Board!

Maximising engagement as joined-up piece with the LSP

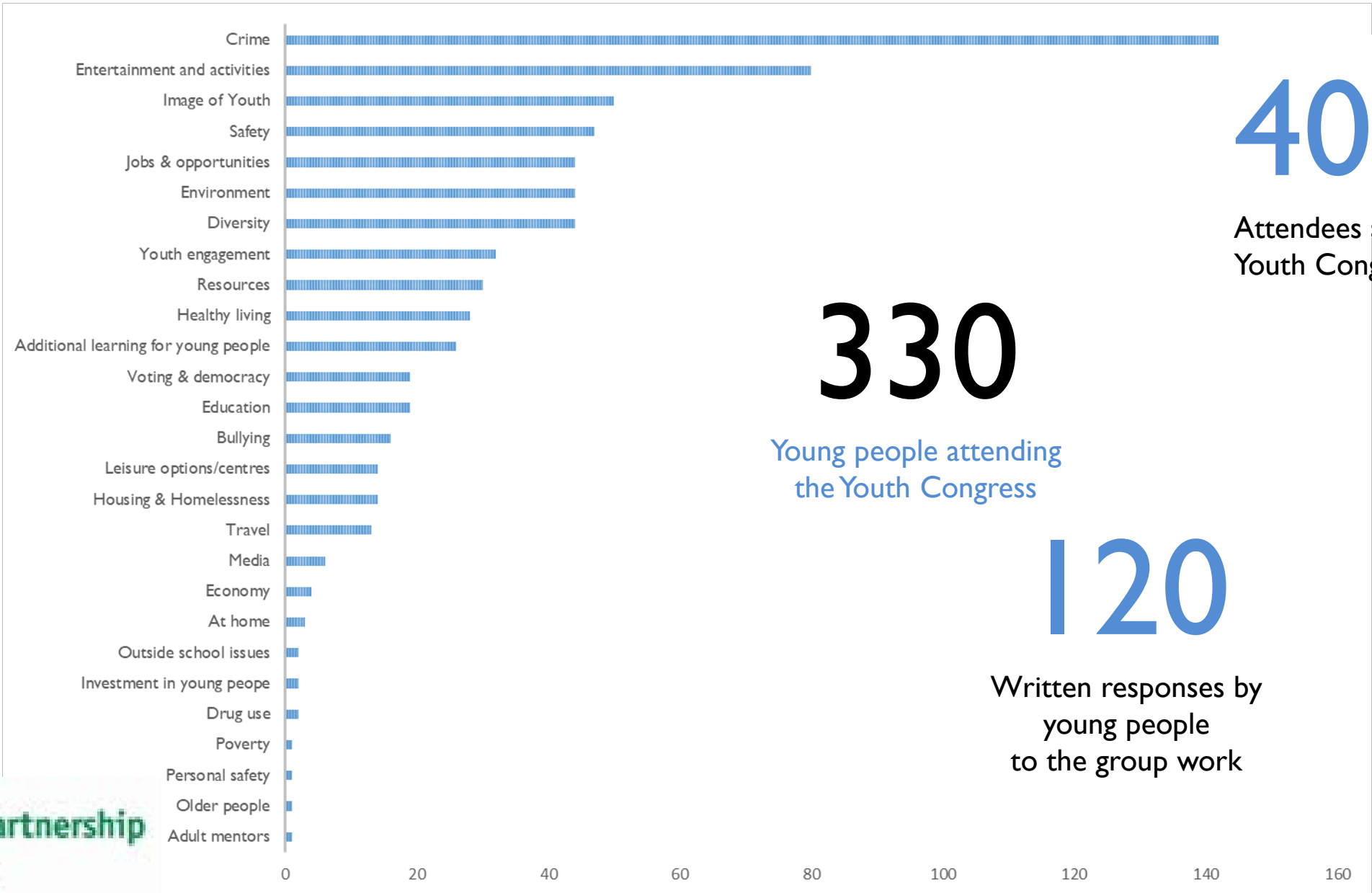
Children and Youth Plan

LOCAL STRATEGIC PARTNERSHIP

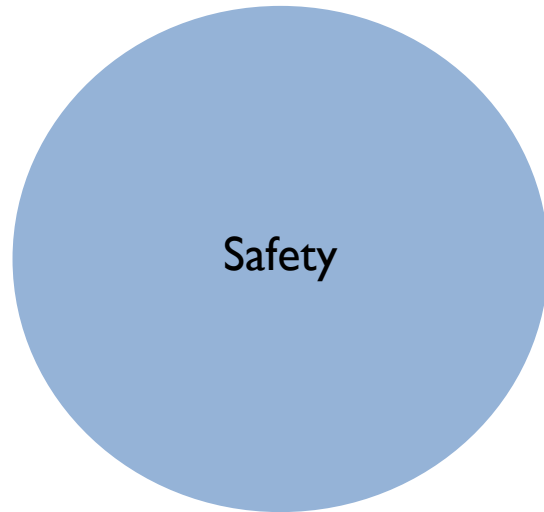
Children and Youth Plan

Stephen Meah-Sims
Head of the Leader, Mayor and Cabinet Office

Youth Congress – Individual voice



Youth Congress – For example...



ASB
Road safety
More on offer
Improve
School/college/community
Gangs
Streets
Violence
Harassment
Perceptions
Knife crime

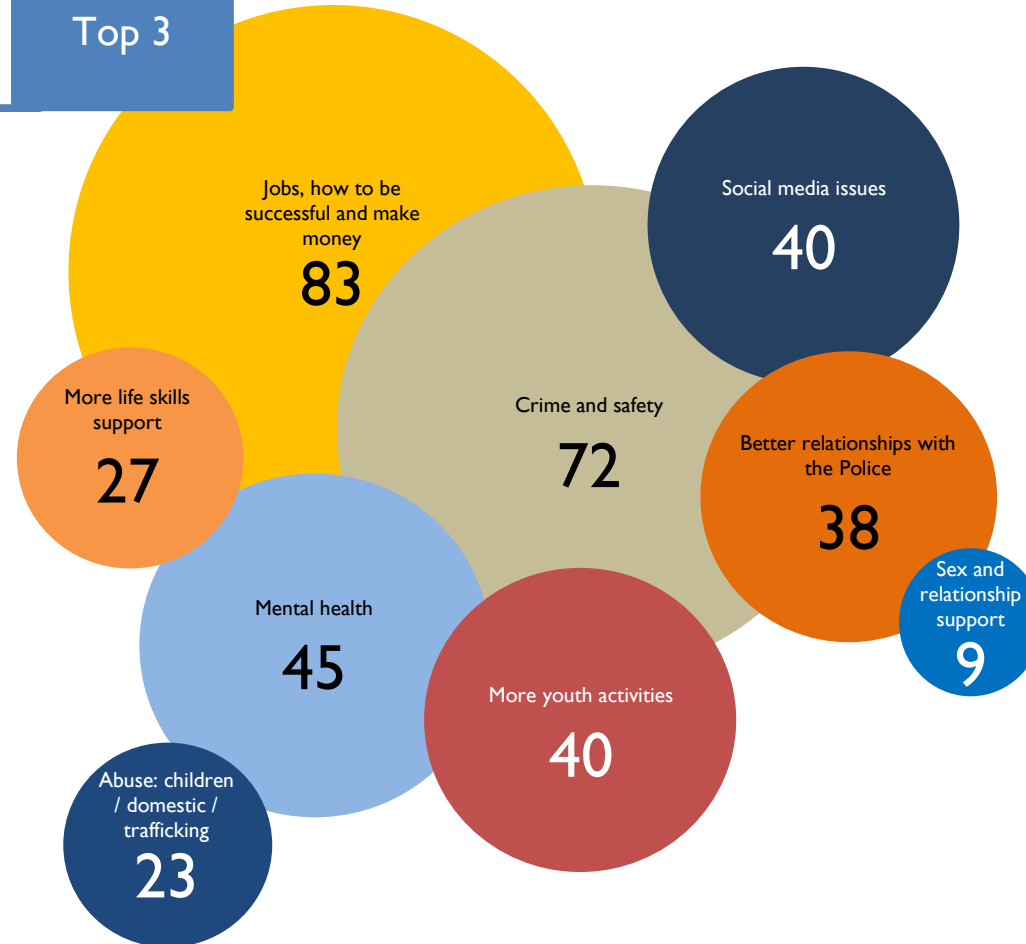
- Country lanes
- Safe places and spaces
- Security
- Street lights brighter /don't work
- Parks and open spaces
- Feels unsafe
- Sexual harassment in schools
- Safety of young people getting stabbed
- Police presence on the streets
- Riots
- Youths wander the streets
- Missing teens
- Worrying about crossing over other peoples' territory
- Education about safety
- Religious places of worship to be monitored
- Street lights brighter /don't work
- Groups congregating around areas like Morleys and bus stops
- Safe places and spaces
- Walk in centres in different areas for gang members and young people needing help
- Weapons in school
- Drugs in school
- Worry about numbers of unaccompanied minors in the borough
- More services

Youth Congress – Focus on priorities

Ten top priority areas voted by young people at the Youth Congress

1. **How to be successful and make money**
2. **Crime and safety**
3. **Mental health issues and support**
4. **Social media issues**
5. **Better relationship with the Police**
6. **More youth activities**
7. **All forms of discrimination**
8. **More life skills support**
9. **Abuse: children/domestic/trafficking**
10. **Sex and relationships support**

Top 3



REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 20 June 2018
AGENDA ITEM:	11
SUBJECT:	Pharmaceutical needs assessment
BOARD SPONSOR:	Rachel Flowers, Director of Public Health
BOARD PRIORITY/POLICY CONTEXT:	
<p>From 1st April 2013, every Health and Wellbeing Board (HWB) in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).</p> <p>The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations) require each Health and Wellbeing Board to make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent.</p> <p>Every area is required to publish a refreshed PNA document within 3 years. Croydon, in line with national regulations, published its first PNA by 1st April 2015. In March 2018, the Director of Public Health and the Chair of the Health and Wellbeing Board on behalf of the Health and Wellbeing Board signed off Croydon's second PNA and this was subsequently published. A supplementary statement providing an update on changes in the availability of pharmaceutical services in Croydon followed.</p>	
FINANCIAL IMPACT:	
There are no direct financial impact for Health and Wellbeing Board partners.	

1. RECOMMENDATIONS

- 1.1 Note the final 2018 PNA for Croydon and Supplementary Statement.

2. EXECUTIVE SUMMARY

- 2.1 This paper provides an update on the publication of the 2018 Croydon Pharmaceutical Needs Assessment (PNA) and Supplementary Statement.
- 2.2 Overall, the 2018 Croydon PNA did not identify gaps on pharmaceutical services that, if provided either now or in the future, would secure improvement or better access to pharmaceutical services across the whole of Croydon.
- 2.3 The 2018 Croydon PNA recommended regular service reviews in order to establish if currently and in future scenarios locally commissioned services secure improvement of better access across all localities. It also recommended comprehensive services reviews in order to establish if currently and in future

scenarios, improvement of or better access to enhance services across the whole of Croydon would be appropriate

- 2.4 The follow up Supplementary Statement provided an update on changes in the availability of pharmaceutical services in Croydon.

3. DETAIL

Background

- 3.1 From 1st April 2013, every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). Every area is required to publish a refreshed PNA document within 3 years. Croydon, in accordance with national regulations, published its first PNA by 1st April 2015 and the second in March 2018.
- 3.2 The information to be contained in the Pharmaceutical Needs Assessment is set out in Schedule 1 of The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. The PNA should include:
 - A list of pharmacies in Croydon and the services they currently provide, including dispensing, health advice and promotion, flu vaccination, medicines reviews and local public health services, such as sexual health services.
 - Relevant maps of providers of pharmaceutical services in the area.
 - Services in neighbouring areas that might affect the need for pharmaceutical services in Croydon.
 - Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.
- 3.3 The Pharmaceutical Needs Assessment should also be aligned with the Joint Strategic Needs Assessment and Health and Wellbeing Board Strategy for Croydon.
- 3.4 PNAs enable health and care partners to identify unmet pharmaceutical needs. PNAs are used by NHS England to make decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Applications to open new pharmacies can be keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly. PNAs also support local authority and NHS commissioners to make decisions on the locally funded services need to be provided by local community pharmacies, and ensure that service provision is targeted in areas where there is population need for them.
- 3.5 Health and Wellbeing Boards need to ensure that the NHS England and its Area Teams have access to the local PNA, to support their decision-making and strategic planning processes. Croydon Council's Public Health team have ensured that NHS England know how to access and interpret the information

provided in Croydon's current PNA. The current PNA is publicly accessible via the Croydon Observatory website: <http://www.croydonobservatory.org/pna>

- 3.6 A PNA should include information on local pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users. It should look at other services, such as dispensing by GP surgeries, and services available in neighbouring areas that might affect the need for services in the local area. The PNA will take account of any changes to the commissioning of public health and CCG services in Croydon, and will also account for changes in NHS England commissioning arrangements.
- 3.7 The PNA should examine the demographics of the local population, across the area and in different localities, and their needs. It should look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs. The PNA should also contain relevant maps relating to the area and its pharmacies. The PNA must be aligned with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.

PNA Development and Publication

- 3.8 Following a tender process, Soar Beyond LTD was appointed as a provider to develop the 2018 PNA for Croydon on behalf of the Health and Wellbeing Board.
- 3.9 A Steering Group was created with members representing: Soar Beyond LTD, Croydon Council (including Public Health and Communications Teams), Croydon Clinical Commissioning Group, Local Pharmaceutical Committee and Local Medical Council.
- 3.10 The Steering Group was established to oversee the production of the 2018 PNA for the London Borough of Croydon, reporting progress to the HWB (see Terms of References on Background Documents section).
- 3.11 Section 8 of the 2013 Regulations requires consultation with specific organisations and groups allowing them a minimum of 60 days for making their response to the consultation. A Consultation run from 20 November 2017 to 21 January 2018. Responses gathered from the consultation were subsequently analysed and a PNA produced by the end of March 2018. It was therefore not feasible to present the final document to the HWB before the due publication date (i.e. 1st April 2018).
- 3.12 For this reason, a report was presented to the HWB in December 2017 requesting delegation of authority to the Director of Public Health and to the Chair of the Health and Wellbeing Board to sign off the final PNA document to guarantee its publication by 1st April 2018, as required by the 2013 Regulations. At the same time (i.e. December 2017), the HWB had access to a full copy of the first draft PNA.

- 3.13 The final PNA report was completed in March 2018, signed off by the Director of Public Health and the Chair of the Health and Wellbeing Board, and published. (See full report under Background Documents)
- 3.14 A follow up Supplementary Statement was published to update the changes in the availability of pharmaceutical services (see report under Background Documents). The statement highlighted the removal of two pharmacies from the Pharmaceutical List for Croydon HWB; however, within the PNA it was considered that if these sites were to cease trading altogether (as they finally did) there would not be impact on residents. It was confirmed that residents in those localities would have access to other pharmacies in that or neighbouring localities that provide the same service as those two pharmacies.
- 3.15 Overall no gaps were identified in the provision of pharmaceutical services in Croydon. The PNA however recommended comprehensive services reviews in order to establish if currently and in future scenarios, improvement of or better access to enhance services across the whole of Croydon would be appropriate. In addition, although the PNA did not identify a need to commission any locally commissioned service not currently commissioned, the PNA recommended regular service reviews to establish if currently and in future scenarios locally commissioned services secure improvement or better access across the whole Croydon area.

4. CONSULTATION

- 4.1 A first Consultation on the views of pharmacy services users were gained from a questionnaire circulated for comments from the general public in the summer of 2017. In the same period, commissioners and contractors were also consulted using similar questionnaires. Results were used to inform the PNA process and the development of the final draft.
- 4.2 A Public Consultation on the final draft PNA took place between Monday 20th November and 21st January 2018, allowing 60 days as stipulated by the 2013 Regulations.

5. SERVICE INTEGRATION

- 5.1 PNAs provide a common structured framework within which commissioners and strategic planners can make decisions about pharmaceutical needs in a local area. They facilitate discussions between NHS England, local commissioners from the local authority and CCG, and local pharmacists around addressing local pharmaceutical needs, and provide a common framework for assessing activity and provision that should be in place to address these needs.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 There are no financial implications or risks that the board needs to consider. The PNA supports NHS England to make decisions about market entry. It has no direct cost implications to the Council or CCG.

- 6.2 The funding to undertake and develop the refreshed 2018 PNA was identified as part of the public health ring-fenced grant.

Approved by Lisa Taylor, Director of Finance, Investment and Risk

7. LEGAL CONSIDERATIONS

- 7.1 There is a statutory responsibility to produce a PNA. The Health and Wellbeing Board's review of the refreshed PNA will need to be supported by full legal clearance.
- 7.2 The Health and Social Care Act 2012 established Health and Wellbeing Boards and transferred to them (from the NHS Act 2006) the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.
- 7.3 The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the Pharmaceutical Needs Assessment should take account of the Joint Strategic Needs Assessment (and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public). The development of Pharmaceutical Needs Assessments is a separate duty to that of developing Joint Strategic Needs Assessments. As a separate statutory requirement, Pharmaceutical Needs Assessments cannot be subsumed as part of these other documents but can be annexed to them.
- 7.4 The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England.

8. EQUALITIES IMPACT

- 8.1 The purpose of any needs assessment, including the PNA, is to look at current and predicted future population needs for service provision or support. The PNA will identify the need for access to pharmaceutical services so that NHS England can approve or reject applications for additions to the pharmaceutical list. The PNA will also identify the need for locally commissioned services that local authority and CCG commissioners can respond to using relevant commissioning budgets.
- 8.2 As part of the PNA process, an "Equality Impact Assessment" (EIA) was completed to identify if there had been any impact on any group with protected characteristics (see Appendix L of the PNA, link and full report provided in the Background Document Section). No specific needs or impact on any particular group were identified. This EIA was approved and signed off by the DPH and Equality Analysis Officer from Croydon Council.

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BACKGROUND DOCUMENTS

Appendix 1: Pharmaceutical Needs Assessment (March 2018)

Appendix 2: Croydon Supplementary Statement

Appendix 3: Terms of Reference



Pharmaceutical Needs Assessment 2018

Croydon Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced through the PNA Steering Group for Croydon Health and Wellbeing Board by the London Borough of Croydon with authoring support from Soar Beyond Ltd.

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Executive summary

Every Health and Wellbeing Board (HWB) is now required to produce a Pharmaceutical Needs Assessment (PNA).

This mapping of pharmaceutical services against local health needs provides Croydon HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This draft PNA has been produced through the PNA Steering Group for Croydon HWB by the London Borough of Croydon (LBC), with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England. Types of providers are:

- Community pharmacy contractors, including distance-selling pharmacies
- Dispensing appliance contractors
- Local pharmaceutical service providers
- Dispensing doctors

Community pharmacies operate under a contractual framework agreed in 2005 which sets out three levels of service:

Essential services:	Negotiated nationally. Provided from all pharmacies.
Advanced services:	Negotiated nationally. Provided from some pharmacies, specifically accredited.
Enhanced services:	Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned.

This contractual framework enables NHS England to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support for self-care from pharmacies.

Health in Croydon

The area

Croydon is a borough in a central southern part of south London. It has borders with the other London boroughs of Bromley, Lambeth, Merton and Sutton and with the county of Surrey to the south. Croydon is one of the largest boroughs in London with an area of 87 km².

The population is not dispersed equally across the borough, instead the population is concentrated in clusters. It has one of the largest commercial districts outside central London, with an extensive shopping district and night-time economy.

The population

The population has grown by 2.5% since the 2015 PNA and is now estimated to be 382,304 (mid-2016). This number is projected to rise to 415,979 by 2025.

New homes are to be delivered across the borough by an independent development company, called Brick by Brick Croydon Limited, which has been set up by LBC. New affordable housing and private for-sale properties will be delivered as the council aims to transform and accelerate the delivery of new homes and to improve the housing stock across the borough. The goal is to deliver more than 1,000 high-quality new homes across the borough by 2019, the majority of which are already under construction in East Croydon, Purley and Thornton Heath localities (Table 6). However, there are also plans to develop up to 3,260 homes by 2021 (Table 5).

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 in Figure 6 provides an overview of the population distribution. It is of note that just under 45% of the population comes from Black, Asian and Minority Ethnic (BAME) communities, which is 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 with 20% in Coulsdon East ward in the South.

The increasing population and its diversity will require significant planning for the delivery of services, in particular to meet its varied health and social care needs.

Future planned commercial developments

In January 2013, Westfield and Hammerson formed a partnership known as the 'Croydon Partnership' to negotiate the acquisition of all the necessary land and interests in the development site. More information can be found www.thecroydonpartnership.com.

The Whitgift Centre is one of the most well-known attractions of Croydon town centre, found between Poplar Walk, George Street, North End and Wellesley Road.

There has been a limited amount of coordinated investment in the area since the early 1990s. As a result, many of the retail areas are tired and do not meet the needs of modern shoppers and occupiers. Over the past few years, the council has been encouraging the redevelopment and refurbishment of this area in a comprehensive way which will complement the rest of the town centre.

Key features of the plan include:

- 136,500 m² of retail space, including a new quality department store at the southern end of the site and a range of smaller modern units

- 1,900 m² of office space
- 400 to 600 residential homes, including affordable housing overlooking Wellesley Road

Health inequalities

Croydon is the 19th (out of 32) most deprived boroughs in London. There are 83,078 (21.9%) people who live among the 20% most deprived people in the country. The four most deprived wards are Fieldway, New Addington, Broad Green and South Norwood.

Health and illness

Average life expectancy at birth for males born between 2013 and 2015 in Croydon is 80.4 years, which is comparable to the London average of 80.2 years. The average life expectancy for females born within the same period is 83.4 years, which is slightly below the London average of 84.1 years.

Lifestyle

Lifestyle issues include obesity, smoking and Sexually Transmitted Infections (STIs). As of 2013-15 data, 66.7% of Croydon adults were classified as being overweight or obese. This is the fifth highest in London. Smoking has a current (2016) prevalence of 13.2%, which is the 11th lowest in London, and the rate of STIs in 2016 was 1,348 per 100,000, which is the 16th lowest in London.

Pharmacies in Croydon

Croydon has 77 community pharmacies (as at 24 January 2018) for a population of 382,304. Provision of current pharmaceutical services and locally commissioned services is well distributed, serving all the main population centres. There is excellent access to a range of services commissioned and privately provided from pharmaceutical service providers.

Using current population estimates, the number of community pharmacies per 100,000 population for Croydon is currently 20.1, which includes distance-selling pharmacies. Croydon is well-served with community pharmacies, although the rate of provision is currently less than the London and England averages. Table 1 shows the change in the numbers of community pharmacies compared with regional and national averages over the previous few years.

Table 1 - Number of community pharmacies per 100,000 population

	Community pharmacies per 100,000 population		
	England	London SHA	Croydon
2017	21.5	21.7	20.1
2015	21.7	22.3	20.4

Data includes distance-selling (internet) pharmacies, which do not provide face-to-face services

The majority of community pharmacies in Croydon are open weekday evenings after 6pm (63.6%) and on Saturdays (84%). There are 15 open on Sundays (19.5%).

There is also a much higher than national ratio of independent providers to multiples, offering a good choice of providers to local residents (national average is 38% independent providers versus 49% in Croydon).

Feedback on pharmaceutical services

Views of pharmacy service users were gained from a questionnaire circulated for comments from the general public.

From the 272 responses received from the public questionnaire:

- **84%** have a **regular** or **preferred** pharmacy
- **61%** visit **once a month or more** for themselves and **61%** visit **once a month or more** for someone else
- When considering choosing a pharmacy, **73%** rated as important that the pharmacy is **close to their home**; **48%** rated the pharmacy is **close to their GP surgery**; **13%** that the pharmacy is **close to where they work**. Having **friendly staff (55%)** and **expertise/quality of service (38%)** were also important factors
- **44%** **walk** to their community pharmacy; **39%** use a **car/taxi**; **14%** use **public transport**
- **81%** can **travel to their pharmacy within 15 minutes**, and **93%** **within 30 minutes**
- **92%** had **no difficulties travelling** to their pharmacy; of those that had difficulties, **48%** (11 respondents), had **parking difficulties**
- **46%** of respondents prefer to visit on **Monday to Friday**, and for a further **39%** **it varies**. There are **10%** who prefer to visit on **Saturdays** and only **1%** on **Sundays**
- For **45%** of respondents the preferred time to visit their pharmacy **varies**. Only **2%** prefer to visit **late evening** (after 8pm)
- Among the services that most **respondents would like to see** provided by their local pharmacy are **repeat dispensing (82%)**, **flu vaccination (56%)**, **stopping smoking/nicotine replacement therapy (33%)**, **minor ailments service (33%)**

Conclusions

Current provision – necessary and other relevant services

The PNA is required to clearly state what is considered to constitute necessary services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, necessary services are defined as essential services and the following advanced services; Medicines Use Review (MUR), New Medicine Service (NMS) and flu vaccination.

For the purpose of this PNA, enhanced services are defined as pharmaceutical services which secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in Croydon.

For the purpose of this PNA, locally commissioned services are those which secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in Croydon and are commissioned by the Clinical Commissioning Group (CCG) or Local Authority, rather than NHS England.

The PNA recognises that a number of HWBs, which border Croydon, contribute toward meeting the pharmaceutical needs of its residents and their contribution has been taken into consideration where appropriate. No other relevant services have been identified from outside the HWB area which have secured improvements or better access in Croydon.

Necessary services – gaps in provision

In reference to Section 6 and as required by paragraph 2 of Schedule 1 to the Pharmaceutical Regulations 2013:

Access to essential services

In order to assess the provision of essential services against the needs of the residents of Croydon, the PNA considers access (average travel times by car, public transport and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

Access to essential services normal working hours

The PNA has determined that the travel times by car, public transport and walking and opening hours of pharmacies in all six localities, and across the whole of Croydon, are reasonable in all the circumstances. For clarity, normal working hours are taken to be 9am to 6pm on weekdays.

There is no gap in the provision of essential services during normal working hours across the whole of Croydon.

Access to essential services outside normal working hours

Supplementary opening hours (voluntary opening more than 40 hours per week) are offered in each locality. There are four 100-hour contract pharmacies across Croydon, but none in the Mayday, Purley or New Addington & Selsdon localities. Ten pharmacies are open 'late night' (beyond 8pm) Monday-Friday and there is at least one late night pharmacy open in five of the six localities, the exception being the New Addington & Selsdon locality. There are also ten pharmacies open beyond 8pm on Saturday evenings and these are again geographically spread across each of the localities with the exception of New Addington & Selsdon. Two pharmacies open 'late night' on Sundays, one in the Mayday locality and one in Woodside & Shirley locality.

The pharmacy which opens late in the Mayday locality operates under a Local Pharmaceutical Service (LPS) contract (see Section 1.3.3) and is currently open 9am-10pm each day. If the LPS contract is terminated, the pharmacy has a right to return to their normal hours, i.e. 9am-7.30pm (Monday to Friday) and 9am-6pm (Saturday).

Although there are some localities that don't have a 'late night', 100-hour pharmacy or pharmacy open on Sunday located within them, needs are considered as being met, as residents in those particular localities can access services within neighbouring localities if required. In addition, no concerns or issues were identified from the public questionnaire to suggest residents have an issue with access to essential services outside normal working hours.

There are no gaps in the provision of essential services outside normal working hours across the whole of Croydon.

Access to advanced services

There is no identified gap in the provision of advanced services. MURs are provided in 89%-100%, NMS is provided in 77%-90% and flu vaccination is provided in 60%-90% of pharmacies, depending on the locality. As flu vaccination is also provided from GP practices, provision of this service is considered to be sufficient.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to advanced services across the whole of Croydon.

Access to enhanced services

There is currently only one enhanced service commissioned through community pharmacies from NHS England in Croydon.

- London vaccination service

This service is provided in addition to the National Advanced Flu Vaccination Service and includes a 'top-up' element to cover additional groups of patients, e.g. carers, as well as providing vaccination for those aged 2–18 years. There is also provision for pneumococcal vaccination in certain cohorts and MenACWY for 18–24-year-olds living permanently or temporarily in London. Access to the service is available from a number of pharmacies within each locality.

Some of the enhanced services listed in the 2013 Directions (see Section 1.3.1) are now commissioned by Croydon CCG and LBC and therefore fall outside the definition of both enhanced services and pharmaceutical services.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to enhanced services across the whole of Croydon.

Future provision of necessary services

The PNA has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in any of the six localities.

No gaps in the need for pharmaceutical services in specified future circumstances have been identified across the whole of Croydon.

Improvements and better access – gaps in provision

As described in Section 6 and required by paragraph 4 of Schedule 1 to the Pharmaceutical Regulations 2013:

Current and future access to essential services

The PNA has not identified services that would, if provided either now or in future specified circumstances, secure improvements or better access to essential services in any of the six localities.

No gaps have been identified in essential services that, if provided either now or in the future, would secure improvements or better access to essential services across the whole of Croydon.

Current and future access to advanced services

In 2015-16, MURs were available in 89%-100% of pharmacies and NMS was available in 77%-90% of pharmacies across all localities.

The flu vaccination service, which now forms part of the advanced service provision, rather than being, as previously, an enhanced service, for the 2016-17 season was available from 60%- 90% of pharmacies across all localities. A flu vaccination service is also provided from GP practices across Croydon.

There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to advanced services across the whole of Croydon.

Current and future access to enhanced services

NHS England continues to commission an immunisation service as part of the London vaccination service, despite the introduction of the National Flu Vaccination Advanced Service.

Some of the enhanced services listed in the 2013 Directions (see Section 1.3.1) are now commissioned by Croydon CCG or LBC and therefore fall outside the definition of both enhanced services and pharmaceutical services.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to enhanced services across the whole of Croydon.

Other NHS services

As required by paragraph 5 of Schedule 1 to the Pharmaceutical Regulations 2013, the PNA has had regard for any other NHS services that may affect the need for pharmaceutical services in Croydon.

Based on current information, no gaps have been identified in respect of securing improvements or better access to other NHS services either now or in specified future circumstances across the whole of Croydon.

Locally commissioned services

With reference to enhanced services and locally commissioned services, only those commissioned by NHS England are regarded as pharmaceutical services.

The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Croydon CCG (such as minor ailments, domiciliary medicines review and anticoagulation), and LBC (such as Live Well Croydon, NHS health checks, sexual health services and harm reduction services). This PNA identifies those as Locally Commissioned Services (LCS).

The PNA notes that all enhanced services and LCS are accessible to the population in all PNA localities, except for needle exchange in Mayday and sexual health enhanced service in Purley. However, residents in these localities have access to pharmacy providers in neighbouring localities and access is therefore considered adequate.

The PNA has not been presented with any evidence to date which concludes that any of these LCS should be expanded. Based on current information, the PNA has not identified a need to commission any locally commissioned services not currently commissioned.

Regular service reviews are recommended in order to establish if currently and in future scenarios locally commissioned services secure improvement or better access across all localities.

Section 1: Introduction

1.1 Background

The Health Act 2009, section 128A,¹ made amendments to the NHS Act 2006 requiring each Primary Care Trust (PCT) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment and any revised assessment. The regulations required the Pharmaceutical Needs Assessment (PNA) to be published by 1 February 2011. There was also a requirement to rewrite the PNA every three years or earlier if there were significant changes to the pharmaceutical needs of the area.

The responsibility for the development, publishing and updating of PNAs became the responsibility of Health and Wellbeing Boards (HWBs) as a result of the Health and Social Care Act 2012.² The Act dramatically reformed the NHS from 1 April 2013: PCTs were abolished and HWBs, Clinical Commissioning Groups (CCGs) and NHS England were formed:

- HWBs, hosted by each 'upper tier' Local Authority (LA), have their membership drawn from local leaders (including NHS England, CCGs and local government) and are responsible for the continual improvement of the health and wellbeing of the local population
- CCGs are clinically-led NHS bodies responsible for planning, purchasing and monitoring the majority of local health services including hospital, community, emergency and mental health care
- NHS England oversees the operations of the CCGs as well as commissioning primary and specialist services (such as cancer care). Along with CCGs, it has the responsibility of improving health outcomes and reducing health inequalities. This includes managing the contractual framework for community pharmacy.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),³ hereafter referred to as the 'Pharmaceutical Regulations 2013' came into force on 1 April 2013. Unless required to be produced earlier, these Regulations permitted HWBs a temporary extension of the PNAs previously produced by the PCT; HWBs were then required to publish their first PNA by 1 April 2015 at the latest. As the Regulations require each HWB to publish a statement of its revised assessment within three years of its previous publication, this document fulfils this regulatory requirement.

The Pharmaceutical Regulations 2013 were updated by the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014.

¹ Health Care Act 2009 - <http://www.legislation.gov.uk/ukpga/2009/21/contents>

² Health and Social Care Act 2012 - <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

³ Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

This PNA has considered these amendments and any subsequent regulatory changes, but the Pharmaceutical Regulations 2013 have been referenced throughout.

Since the 2015 PNA there have been a number of regulatory changes affecting community pharmacies. These are considered separately below.

Financial support for Essential Small Pharmacies Scheme (ESPS) came to an end on 31 March 2015. Arrangements had existed for many years which provided modest financial support for small pharmacies in areas where they were needed for patients, but where the level of business was otherwise too low for a pharmacy to be viable. At the time, it was estimated there were no more than 100 such pharmacies in England. Those pharmacies that remained low volume, and more than 1 km from the next nearest pharmacy, had a number of options:

- Cease to provide pharmaceutical services
- Return to the pharmaceutical list and receive standard funding
- Agree a new Local Pharmaceutical Service (LPS) contract with the local NHS England team

At the same time the Department of Health (DH) confirmed the introduction of a Pharmacy Access Scheme (PhAS), the aim being to ensure a baseline level of patient access to NHS community pharmacy services is protected. The PhAS will protect access in areas where there are fewer pharmacies with higher health needs and ensure no area is left without access to NHS community pharmaceutical services. Qualifying pharmacies receive an additional payment which will protect them from the full effect of the reduction in funding which was imposed from December 2016. Currently, there is one pharmacy in Croydon which currently receives PhAS funding:

- Riddlesdown Pharmacy, 104 Lower Barn Road, Purley CR8 1HR

On 20 July 2015, as part of the 2015-16 community pharmacy funding settlement, NHS England agreed to allow community pharmacies in England to offer a seasonal influenza (flu) vaccination service for patients in at-risk groups. This became the fifth advanced service in the English Community Pharmacy Contractual Framework (CPCF) and provision of the service commenced from 16 September 2015. The main aims of the service are:

- To sustain and maximise uptake of flu vaccination in at-risk groups by building on the capacity of community pharmacies as an alternative to GPs
- To provide more opportunities and improve convenience for eligible patients to access flu vaccinations
- To reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

The service has continued to be recommissioned for subsequent flu seasons. Those pharmacies which provided the service for the 2016-17 flu season are listed in Appendix A.

On 26 October 2016, the DH and NHS England announced that as part of the 2016-17 and 2017-18 community pharmacy funding settlement, money from the Pharmacy Integration Fund (PhIF) would be used to fund a national pilot for a community pharmacy NHS Urgent Medicines Supply Advanced Service (NUMSAS). This new service replaces a previously run Pharmacy Urgent Repeat Medication (PURM) service, which was launched on 1 December 2014. The service allowed pharmacies to provide emergency repeat medications, at NHS expense, without the need for a prescription or GP appointment. The service recognised that on occasions patients may mistakenly run out of urgent repeat medication when their GP surgery is closed. PURM prevented the need to access urgent care to obtain a prescription for the medication.

The NUMSAS pilot service is being commissioned as an advanced service and it will run from 1 December 2016 to 31 March 2018. The service can only be accessed via NHS 111, who holds a list of providers of the service. There is no publicly available list of providers of the service.

The PNA recognises that a funded service which supports the supply of urgent medicines from pharmacies would reduce the burden on urgent care services and GPs and improve patient care. Consideration will be given to the type of commissioned service that would be most beneficial once the NUMSAS service evaluation is complete.

The Government also introduced a 'quality payment scheme'. To qualify for payment, pharmacies have to meet four gateway criteria:

- Provision of at least one advanced service
- NHS Choices entry up to date
- Ability for staff to send and receive NHS email
- Ongoing utilisation of the Electronic Prescription Service (EPS)

Passing the gateway criteria does not earn the pharmacy the quality payment in itself: payment depends on how many of the quality criteria the pharmacy meets and there is weighting placed on the criteria based on how difficult they are to meet. At each review point, pharmacies need to make a declaration to the NHS Business Services Authority (NHS BSA) and payment will be based on how many criteria are met.

On 5 December 2016, an amendment to the Pharmaceutical Regulations 2013 affecting 'pharmacy consolidations' came into effect. This allowed NHS pharmacy businesses to apply to consolidate the services provided on two or more sites into a single site.

Applications to consolidate are dealt with as ‘excepted applications’ under the Pharmaceutical Regulations 2013, which means in general terms that they will not be assessed against the PNA. Instead, consolidation applications will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation. Some provision is also made in respect of continuity of services. For example, if NHS England intends to commission an ‘enhanced service’ from the applicant that had been provided at or from the closing premises, then the applicant is required to provide undertakings to continue to provide that service following consolidation. If NHS England is satisfied the consolidation would create a gap in service provision, it must refuse the application.

If the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement, alongside its PNA, recording its view. At time of PNA production, no applications had been made in Croydon.

1.2 Purpose of the Pharmaceutical Needs Assessment (PNA)

NHS England is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHS England must consider any application for entry on the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHS England to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

As the PNA will become the basis for NHS England to make determinations on such applications, it is therefore essential that the PNA is compiled in line with the Pharmaceutical Regulations 2013, and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHS England regarding applications to the pharmaceutical list may be appealed to the NHS Family Health Services Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the LA’s Joint Strategic Needs Assessment (JSNA).⁴ The findings of the PNA will inform the LA, CCG and NHS England with the aim of improving the health and wellbeing of the local population.

1.3 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

⁴ Croydon Joint Strategic Needs Assessment - <https://www.croydonobservatory.org/wp-content/uploads/2016/11/JSNA-2015-16-Key-Dataset.pdf>

- Necessary services: current provision
- Necessary services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

As already mentioned, the PNA is aligned with the Croydon JSNA.

To appreciate the definition of pharmaceutical services as used in this PNA, it is first important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHS England. They are:

- Pharmacy contractors
- Dispensing appliance contractors
- Local pharmaceutical service providers
- Dispensing doctors

For the purposes of this PNA, pharmaceutical services have been defined as those which are/may be commissioned under the provider's contract with NHS England. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHS England, is detailed below.

1.3.1 Pharmacy contractors

Pharmacy contractors operate under the CPCF initially agreed in 2005, which has had several revisions, the latest in 2016. This sets three levels of service under which they operate.

Essential services – these can be found in Schedule 4 of the Pharmaceutical Regulations 2013. They are nationally negotiated and must be provided from all pharmacies:

- Dispensing of medicines
- Repeat dispensing
- Safe disposal of unwanted medicines
- Promotion of healthy lifestyles
- Signposting
- Support for self-care
- Clinical governance

Advanced services – these can be found in Parts 2 and 3 of the NHS Act 2006 and the Pharmaceutical Services (Advanced and Enhanced services) (England) Directions 2013 (the 2013 Directions).⁵

They are negotiated nationally, and any contractor may provide:

- Medicines Use Reviews (MURs)
- New Medicine Service (NMS)
- Flu vaccination
- NHS Urgent Medicines Supply Advanced Service (NUMSAS)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation (SAC)

A full list of provision of advanced services provided by pharmacies in Croydon (correct as of 14 September 2017) can be found in Appendix A.

Enhanced services – these can be found in Part 4 of the 2013 Directions. They are negotiated locally by NHS England and may only be provided by contractors directly commissioned by NHS England:

- Anticoagulant monitoring service*
- Antiviral collection service
- Care home service
- Disease-specific management service
- Emergency supply service
- Gluten free supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Minor ailment service*
- Needle and syringe exchange service*
- On-demand availability of specialist drugs service
- Out-of-hours service
- Patient group direction service
- Prescriber support service
- Schools service
- Screening service*
- Stop smoking service*
- Supervised administration service*
- Supplementary prescriber service

⁵ The 2013 Directions -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf
and amendment
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266023/pharmaceutical_services_directions_amendment_2013.pdf

The responsibility for public health services transferred from PCTs to local authorities with effect from 1 April 2013.

In Croydon these services* are currently commissioned by London Borough of Croydon (LBC) or Croydon CCG. In both cases these services are not considered enhanced or pharmaceutical services. The 2013 Directions, however, permit NHS England to commission them from pharmacy contractors if asked to do so by an LA or CCG.

In this case, if commissioned by NHS England, they are enhanced services and fall within the definition of pharmaceutical services. In Croydon, NHS England currently commissions one service from pharmacies: the London vaccination service.

Pharmacy contractors comprise both those located within the Croydon HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers – such as distance-selling pharmacies.

Although distance-selling pharmacies may provide services from all three levels as described above, and must provide all essential services, they may not do so face-to-face. Additionally, they must provide services to the whole of England. There are three distance-selling pharmacies located within Croydon:

- Curepharm UK Ltd, Unit 2 1st Floor, 797 London Rd, Thornton Heath CR7 6AW
- Prescription Counter, Ground Floor Grosvenor House, 160 Gillett Road, Thornton Heath CR7 8SN
- Day Lewis Pharmacy, Day Lewis House, 2 Peterwood Way, Croydon CR0 4UQ

It should also be noted that distance-selling pharmacies throughout England (there were 266 in 2015-16⁶) may provide services to Croydon residents.

1.3.2 Dispensing Appliance Contractors

Dispensing Appliance Contractors (DACs) operate under the Terms of Service for Appliance Contractors set out in Schedule 5 of the Pharmaceutical Regulations 2013.

They can supply appliances from an NHS prescription such as stoma and incontinence aids, dressings, bandages, etc. DACs must provide a range of essential services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the advanced services of Appliance Use Review (AUR) and Stoma Appliance Customisation (SAC).

Pharmacy contractors, dispensing doctors and LPS providers may supply appliances but DACs are unable to supply medicines.

There are no DACs in Croydon area.

⁶ NHS Digital. General Pharmaceutical Services in England: 2003-04 to 2015-16. November 2016 - <http://www.content.digital.nhs.uk/catalogue/PUB22317>

Residents can also access DACs from elsewhere in the UK if required. There were 112 DACs in England 2015-16.

1.3.3 Local pharmaceutical service providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group. This contract is locally commissioned by NHS England and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from the national contract. Payment for service delivery is locally agreed and funded.

There is one LPS pharmacy commissioned in Croydon which is a bolt-on to an existing pharmacy contract

- Mayday Community Pharmacy, 514 London Road, Thornton Heath CR7 7HQ

This pharmacy opens from 9am to 10pm every day and provides an on-call service overnight. If the LPS contract is terminated, the pharmacy has a right to return to their normal hours i.e. 9am-7.30pm (Monday to Friday); 9am-6pm (Saturday). If they choose to return, there would be a gap as our residents would not be able to access medicines they may need urgently (e.g. palliative care medicines) in the out-of-hours period.

1.3.4 Dispensing-GP practices

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations. These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing-GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities'. Croydon does not have any controlled localities.

There are no dispensing GP practices in Croydon.

1.3.5 Other providers of pharmaceutical services in neighbouring Health and Wellbeing Board (HWB) areas

There are five other HWB areas which border the Croydon HWB area:

- Bromley
- Lambeth
- Merton
- Sutton
- Surrey

In determining the needs of, and the pharmaceutical services provision to, the population of Croydon, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

Map A provides a detailed analysis of pharmacy contractors which lie across the Croydon HWB border but are within easy reach of the Croydon HWB area. All maps have been generated using postcodes, therefore location is only an approximation on the maps generated for the PNA. As a result, certain pharmacy locations may appear to be on the border with localities or the outside the HWB area.

1.3.6 Other services and providers in Croydon area

As stated in Section 1.3, for the purpose of this PNA 'pharmaceutical services' have been defined as those which are, or may be, commissioned under the provider's contract with NHS England.

The following are providers of pharmacy services in Croydon but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

NHS Hospitals – pharmaceutical service provision is provided to patients by the hospital.

- Croydon University Hospital (530 London Road, Croydon CR7 7YE)

Private Hospitals – pharmaceutical service provision is provided to patients by the hospital.

- BMI Shirley Oaks (Poppy Lane, Shirley Oaks Village, Croydon CR9 8AB)

Mental Health Trusts – pharmaceutical service provision is provided to patients by the hospital.

- South London and Maudsley, based at Croydon University Hospital

Prisons – There are no prisons in Croydon.

Minor injury units, walk-in centres and urgent care centres

- There is a GP-led minor injury unit based at Purley War Memorial Hospital (856 Brighton Road, Purley CR8 2YL), open from 8am to 8pm, 365 days a year
- There are no walk-in-centres
- There is an urgent care centre based at Croydon University Hospital (530 London Road, Croydon CR7 7YE), open 24 hours a day, 365 days a year

The following are services provided by NHS pharmaceutical providers in Croydon, commissioned by organisations other than NHS England or provided privately, and which are therefore out of scope of the PNA.

Local Authority-commissioned services – LBC commissions six 'Locally Commissioned Services' (LCS) from community pharmacies in Croydon:

1. Live Well Croydon

2. NHS Health Checks

Sexual Health

3. Chlamydia and Gonorrhoea Screening Programme
4. 'Enhanced' Pharmacy Sexual Health Service

Harm Reduction

5. Needle and Syringe Exchange
6. Supervised Consumption Service

Croydon CCG-commissioned services – Croydon CCG commissions the following LCS from community pharmacies in Croydon:

- Minor ailments service
- Domiciliary Medicines Review Service
- Anticoagulation service

Privately provided services – most pharmacy contractors and DACs provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services and may fall within the definition of an enhanced service. However, as each service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service
- Home delivery service
- Patient group direction service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

Services will vary between provider and are occasionally provided free of charge.

1.3.7 Other services which may affect the need for pharmaceutical services

Care homes – care home providers will often make arrangements with individual community pharmacies to provide services for the entire resident population of the care home. This may not necessarily be a nearby community pharmacy.

Non-medical prescribers in the community – legislation now permits a number of non-medical professionals to be permitted to prescribe medicines, e.g. nurses, pharmacists, physiotherapists, chiropodists. Some of these professionals work within community-based teams, e.g. community matrons. Changing service provision may therefore lead to a changing need for pharmaceutical service provision.

Commissioning and provision changes – commissioners in Croydon have signalled their intentions to consider changes to how health and social care services are provided throughout the borough.

Such changes include the planned move to 'seven-day' GP services, the integration of primary and secondary care services, the provision of more out-of-hospital care, and the centralising of some services. As plans become more detailed, the impact on pharmaceutical service provision will need to be continually reflected in the PNA.

This PNA has considered known planned changes in all of the above. Where definite plans and timescales are known, this has been reflected within this document.

1.4 Process for developing the PNA

As a direct result of the Health and Social Care Act 2012, a paper was presented to Croydon HWB on 14 December 2016. The purpose of the paper was to inform the HWB of its statutory responsibilities under the Act to produce and publish a PNA for its area by 1 April 2018.

The HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA to a steering group. It also agreed to the funding necessary to research and produce the PNA.

The responsibility to oversee the production of the document on behalf of the HWB was assigned to the public health department of LBC. The department subsequently commissioned Soar Beyond Ltd to undertake the PNA.

Soar Beyond was chosen from a selection of potential candidates due to their significant experience in providing services to assist pharmaceutical commissioning including the production and publication of PNAs. They also have a dedicated PNA project management team.

As part of the PNA process, an 'Equality Impact Assessment' (EIA) was completed (see Appendix L), to identify if there had been any impact on any group with protected characteristics. No specific needs or impact on any particular group were identified.

Step 1: Steering Group

On 12 July 2017 Croydon PNA Steering Group was established. The terms of reference and membership of the PNA Steering Group can be found in Appendix B.

Step 2: Project management

At its first meeting, Soar Beyond and the Steering Group presented and agreed the project plan and ongoing maintenance of the project plan. Appendix F shows an approved timeline for the project.

Step 3: Review of existing PNA and JSNA

Through the project manager, the PNA Steering Group reviewed the existing PNA⁷ and JSNA. No supplementary statements have been published since the last PNA in 2015.

Step 4a: Public questionnaire on pharmacy provision

A public questionnaire to establish views about pharmacy services was produced by the Steering Group which was circulated to:

- All pharmacy contractors in Croydon to distribute to the public

⁷ Croydon PNA - <https://www.croydonobservatory.org/document-library/>

- All GP practices in Croydon to distribute to the public
- All libraries in Croydon
- Healthwatch Croydon
- LA website
- LA social media

A total of 272 responses were received. A copy of the public questionnaire can be found in Appendix C and the detailed responses can be found in Appendix I.

Step 4b: Pharmacy contractor questionnaire

The Steering Group agreed a questionnaire to be distributed to the local community pharmacists to collate information for the PNA. The Local Pharmaceutical Committee (LPC) supported this survey to gain responses.

A copy of the pharmacy contractor questionnaire can be found in Appendix D and the detailed responses can be found in Appendix J.

Step 4c: Commissioner questionnaire

The Steering Group agreed a questionnaire to be distributed to all relevant commissioners in Croydon to inform the PNA. A copy of the commissioner questionnaire can be found in Appendix E and the detailed responses can be found in Appendix K.

Step 5: Preparing the draft PNA for consultation

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly.

Step 6: Consultation

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 20 November 2017 and 21 January 2018. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also posted on LBC's website.

Step 7: Collation and analysis of consultation responses

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix H.

Step 8: Production of final PNA

The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group.

The final PNA was presented to the Croydon HWB for approval and publication before 1 April 2018.

1.5 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Croydon would be defined.

The Pharmaceutical Regulations 2013 require that the HWB divides its area into localities which are then used as a basis for structuring the assessment. The majority of health and social care data is available at ward level and at this level provides reasonable statistical rigour. It was agreed that the council wards would be used to define the localities of the Croydon HWB geography.

The Steering Group agreed to use the localities as in the previous PNA published in 2015, which divides the borough into six locality areas:

- Mayday
- Thornton Heath
- Woodside & Shirley
- New Addington & Selsdon
- Purley
- East Croydon

While the localities will form the basis of our PNA, we will also make reference to wards as a means of pinpointing specific issues within the localities or where locality level information is not available. This is particularly important for localities where there are extremes in diversity, health needs and/or service provision.

Table 2 - Outlining how the various localities are made up with regard to wards:

Locality	Wards
Mayday	Bensham Manor Norbury West Thornton
Thornton Heath	South Norwood Thornton Heath Upper Norwood
Woodside & Shirley	Ashburton Shirley Woodside
New Addington & Selsdon	Fieldway Heathfield New Addington Selsdon & Ballards
Purley	Coulsdon East Coulsdon West Kenley Purley Sanderstead

Locality	Wards
East Croydon	Addiscombe Broad Green Croham Fairfield Selhurst Waddon

A list of providers of pharmaceutical services in each locality is found in Appendix A.

The information contained in Appendix A has been provided by NHS England (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), LBC, Croydon CCG and Croydon LPC.

Section 2: Context for the PNA

2.1 Joint Strategic Needs Assessment (JSNA)

The purpose of a JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. JSNAs assess the current and future health and social care needs of the local community. These are needs that could be met by the LA, CCGs, the wider NHS or the voluntary and community sector. This analysis of needs is used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Croydon JSNA. The JSNA, as well as defining the needs of the local population, also identifies a strategic direction of service delivery to meet those needs and commissioning priorities to improve the public's health and reduce inequalities. The PNA should therefore be read alongside the JSNA.

2.2 Joint Health and Wellbeing Strategy (2013-18)

The Strategy⁸ aims to increase healthy life expectancy and reduce differences in life expectancy, to increase resilience and independence, and to deliver a positive experience of care. It sets out six areas for improving the health and wellbeing of residents of Croydon:

Table 3 - Areas for improving the health and wellbeing of residents of Croydon

Improvement 1	
Giving children a good start in life	Focuses on health issues affecting children and young people from conception to age 19
Improvement 2	
Preventing illness and injury and helping people recover	Focuses on addressing vaccination and lifestyle behaviours
Improvement 3	
Preventing premature death and long-term conditions	Focuses on early detection, management and treatment of long-term conditions
Improvement 4	
Supporting people to be resilient and independent	Focuses on empowering people to manage their own care and reducing need for long-term care
Improvement 5	
Providing integrated, safe, high quality services	Focuses on redesigning planned and urgent/emergency care pathways including separating planned and unplanned surgery
Improvement 6	
Improving people's experience of care	Focuses on ensuring clear eligibility criteria services, as well as improved mechanisms of onward referral

⁸ Croydon HWB. Joint health and wellbeing strategy 2013-2018 - www.croydon.gov.uk/sites/default/files/articles/downloads/hwbb20121031strategy.pdf

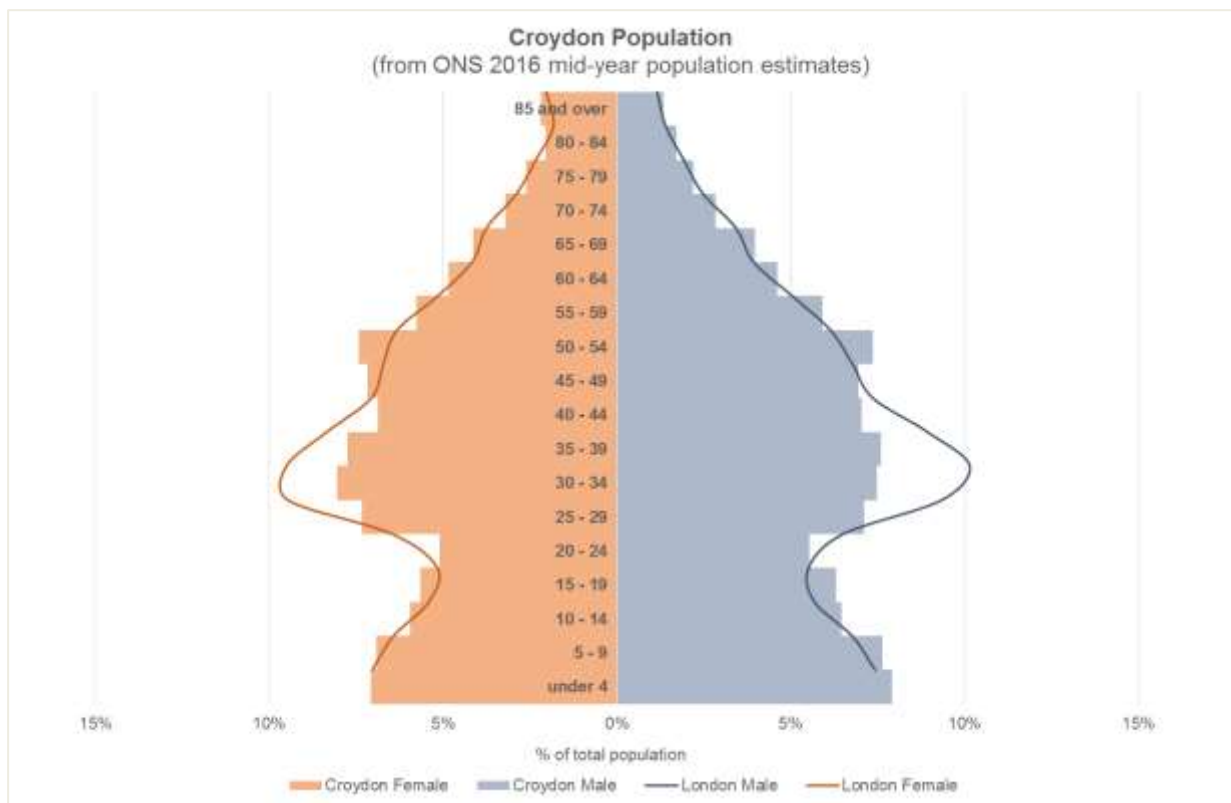
2.3 Population characteristics

2.3.1 Overview

The Office for National Statistics (ONS) suggests there are approximately 382,304 people residing in Croydon (mid-2016). This is projected to increase to 415,979 by 2025.

The population pyramid below demonstrates a gender split of approximately 49:51 with a slightly larger population of females

Figure 1 - Croydon population by gender

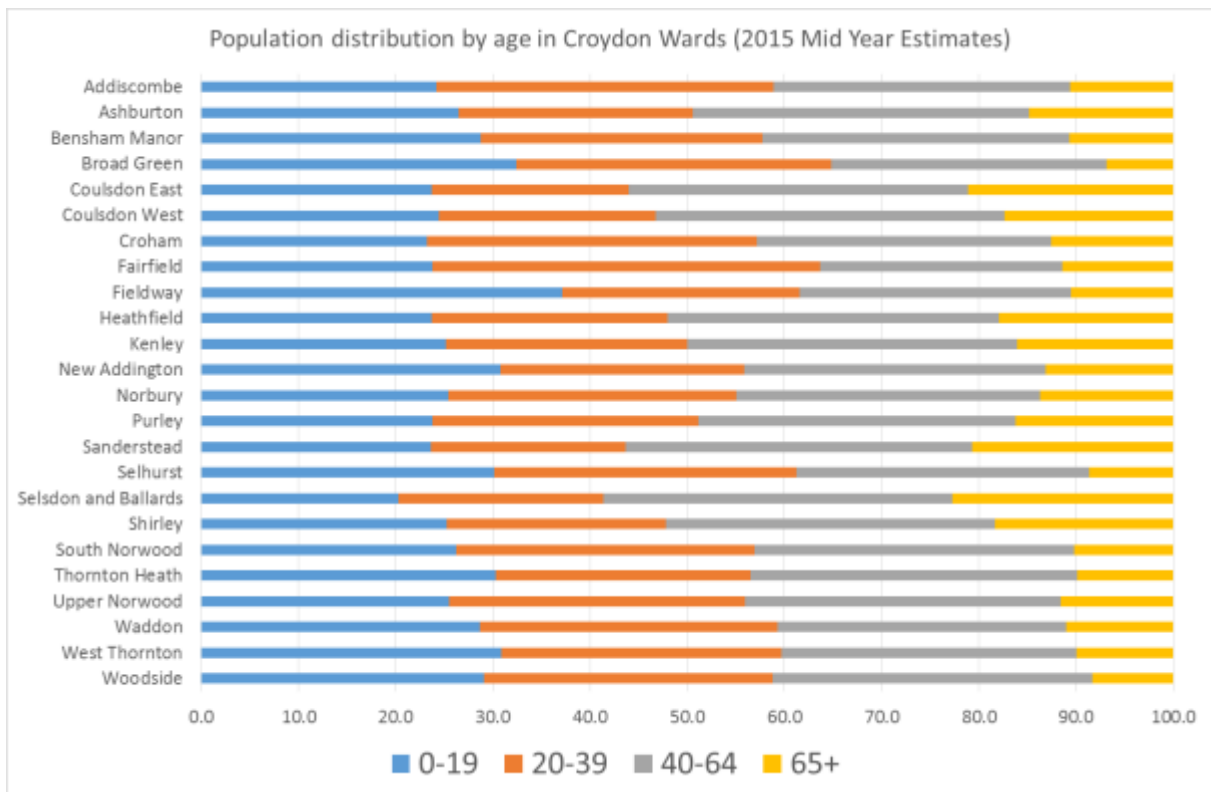


2.3.2 Age

The age distribution graph (below) demonstrates how age varies across Croydon wards:

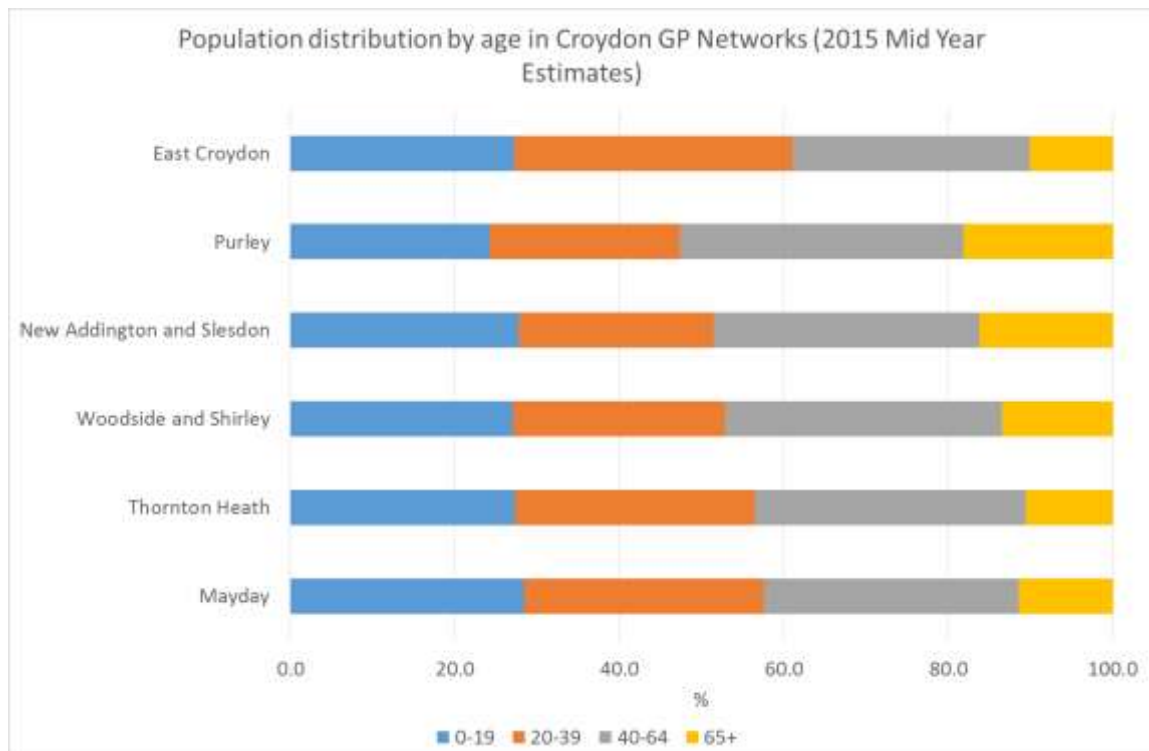
- Selsdon & Ballards (22.8%), Coulsdon East (21.2%) and Sanderstead (20.7%) have the highest proportion of residents aged 65+
- Fieldway (37.1%), Broad Green (32.4%) and West Thornton (30.8%) have the highest proportion of 0–19-year-olds

Figure 2 - Population distribution by age in Croydon wards



The age distribution graph (below) demonstrates how age varies across Croydon's GP Networks areas.

Figure 3 - Population distribution by age in Croydon GP Networks



2.3.3 Predicted population growth

Greater London Authority (GLA) 2015 housing-led projections suggest that by 2031 the Croydon population will be 434,448. This will be the second highest in London.

The East Croydon GP network is the largest in Croydon. According to the GLA projection, in 2017 there are an estimated 114,854 people in the area. By 2030, this will have increased to 136,858. This is a 19.2% increase and is a larger increase than the other GP networks. Below are the raw numbers for all of the GP networks and the breakdown of which wards fall into which networks.

Table 4 - Predicted population growth per locality/GP Network

GP Network	2017	2020	2025	2030	% increase 2017-30
East Croydon	114,854	119,702	130,056	136,858	19.2%
Purley	71,859	73,918	79,453	83,321	16.0%
New Addington & Selsdon	47,905	49,269	50,937	52,733	10.1%
Mayday	53,837	54,539	55,602	56,754	5.4%
Thornton Heath	51,755	52,451	53,228	54,354	5.0%
Woodside & Shirley	46,039	46,223	46,685	47,537	3.3%

The Croydon Local Plan outlines future housing build in Croydon. This plan is subject to various things like developer interest, fluctuations in the economy etc. The below map and table shows where this projected building is and the minimum/maximum number of households projected to be built in the Local Plan.

Figure 4 - Projected housing build in Croydon

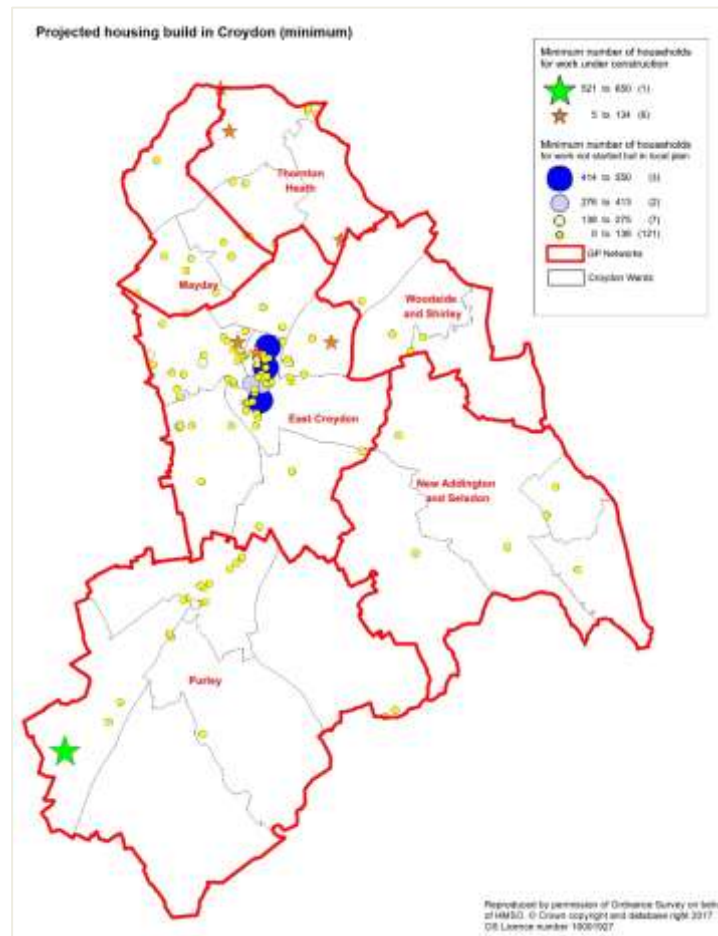


Table 5 - Minimum and maximum number of households in Local Plan developments

GP Network	2016-21		2021-26		Post-2026		No date		Total	
	Min	Max	Min	Max	Min	Max	Min	Max	Min	Max
East Croydon	1,260	2,589	2,700	4,729	2,478	8,375	133	384	6,571	16,077
Purley	58	79	190	587	285	1,462	0	0	533	2,128
Mayday	15	22	92	310	77	250	12	42	196	624
New Addington & Selston	124	488	11	101	0	0	0	0	135	589
Thornton Heath	45	82	24	101	72	391	0	0	141	574
Woodside & Shirley	0	0	0	0	91	217	0	0	91	217

Table 6 - Minimum and maximum households in Local Plan developments that are already under construction

GP Network	2016-21		Post-2026		Total	
	Min	Max	Min	Max	Min	Max
East Croydon	25	105	26	72	51	177
Purley	650	650	0	0	650	650
Thornton Heath	36	36	0	0	36	36

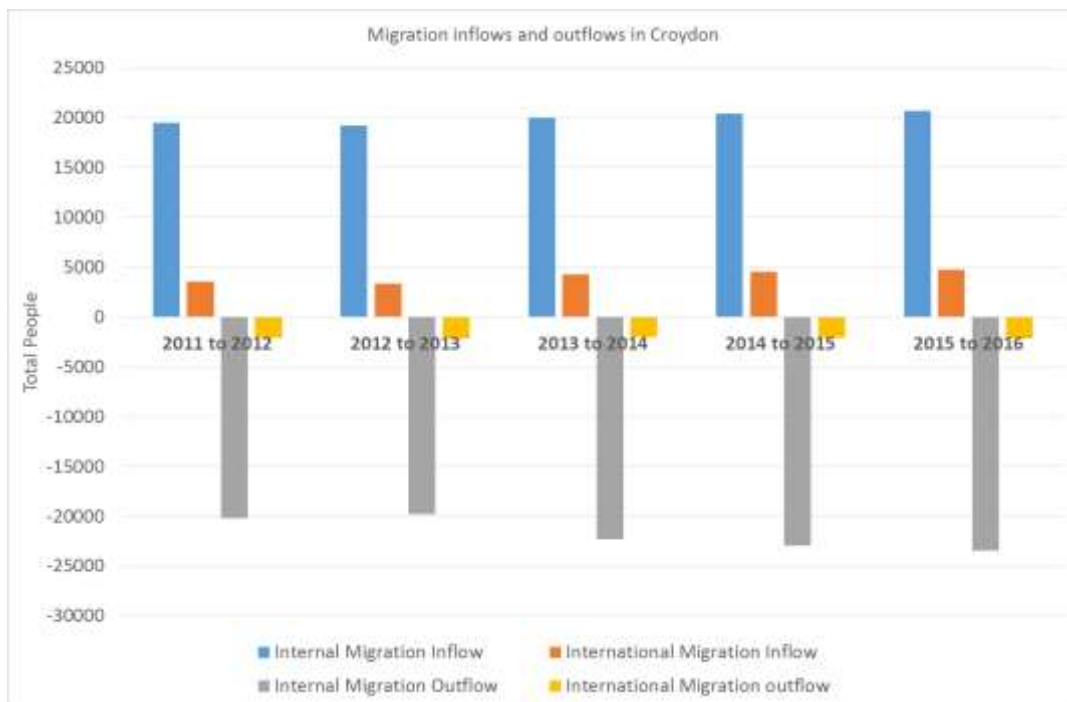
2.3.4 GP-registered population

The GP-registered population in Croydon is 421,230 as of August 2017. The GP-registered population is often higher than the population figures from the ONS as people often move out of the borough without deregistering with their GP.

2.3.5 Migration

Although the net migration (used to calculate population projection) figure for Croydon is only in the low hundreds, the turnover of people coming into and leaving the borough reaches figures of roughly 25,000 per year. The size of this turnover has been increasing over the last few years. Therefore, while the overall population size isn't affected, the size and profile of turnover has an impact for services planning and delivery.

Figure 5 - Migration inflows and outflows in Croydon



2.3.6 Life expectancy

Life expectancy is a measure of how long a person born into a specific area would be expected to live by reference to current observed rates of mortality. In Croydon, average life expectancy (2013-15 data) for:

- Women is: 83.4 years, compared with 84.1 for London
- Men is: 80.4 years, compared with 80.2 for London
- The gap in life expectancy, between the best and worst, helps to illustrate how inequalities affect the population differently. Life expectancy is 9.7 years lower for men and 6.1 years lower for women in the most deprived areas of Croydon (compared with the least deprived)
- There are large inequalities of health in Croydon. For example, a male in Selsdon & Ballards has a life expectancy of 85.0 years. A 30-minute journey to the Selhurst ward sees the life expectancy drop by over ten years to 74.4.

Table 7 - Life expectancy per locality/GP Network in Croydon

Life expectancy	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
Females – years	82.9	82.5	84.6	83.5	85.2	81.5
Males – years	78.3	78.5	80.5	81.1	81.5	77.7

2.3.7 Specific populations

2.3.7.1 Ethnicity

In the 2011 census, 47.3% of the population described themselves as White: English/Welsh/Scottish/Northern Irish/British. This compares with 79.8% for the whole of Engla.

The level of diversity is increasing. The pie chart in Figure 6 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.

Figure 6 - Population distribution by ethnicity for Croydon

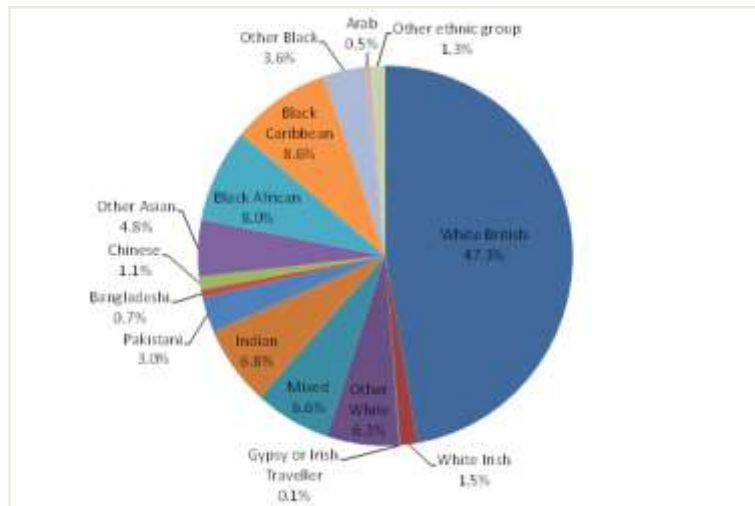
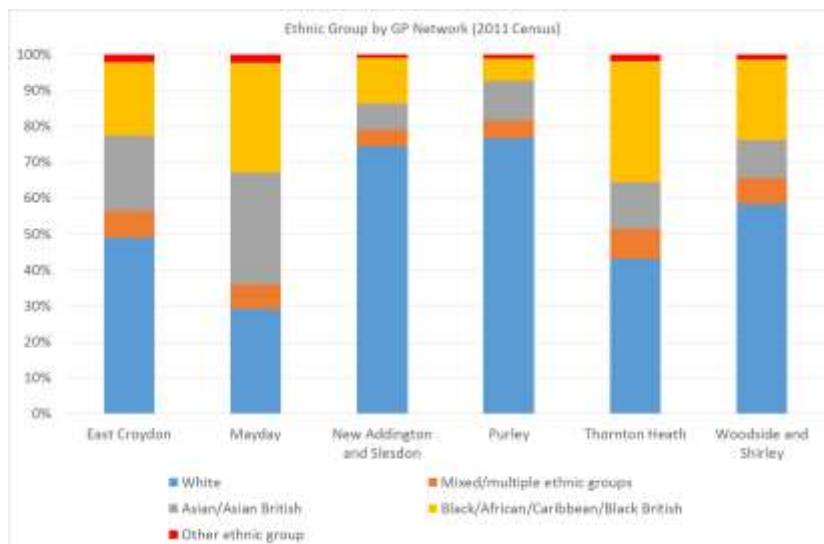


Figure 7 - Ethnic make-up of each locality



The most common languages spoken by people in Croydon other than English are Tamil, Polish, Gujarati, and Urdu.

2.3.7.2 Children

In 2016, there were 94,434 0–17-year-olds in Croydon. This is the highest number in London.

Table 8 - Number of children (0–17 years old) per locality/GP Network

Indicator	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
0-17 population (number)	13,492	12,992	11,504	12,027	15,391	27,788
0-17 population (%)	25.9	25.0	24.5	25.2	21.9	25.2

2.3.7.3 Children in care

In 2016-17 there were 785 Looked-After Children (LAC) in Croydon. This is the highest number in London. Of these, 390 were unaccompanied asylum seekers. One in four of all unaccompanied asylum seeker children in London resides in Croydon.

2.3.7.4 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:

- Falls: in 2015-16 the rate (per 100,000) of older people who sustained an injury due to a fall was 2,833 for those aged 65 and over. This is the seventh highest rate in London (London 2,253)
- Dementia: in 2015-16, 0.5% of the GP-registered population was recorded as having dementia. This is the 12th highest rate in London (London 0.5%)

Table 9 - Dementia prevalence per locality/GP Network

Indicator	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
Dementia prevalence (all ages)	0.5%	0.4%	0.5%	0.5%	0.9%	0.4%

2.3.7.5 Populations with disabilities

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 in 2017:

- 18,528 18–64-year-olds are predicted to have a moderate physical disability. This is projected to increase to 20,201 by 2025
- 5,383 18–64-year-olds are predicted to have a severe physical disability. This is projected to increase to 6,015 by 2025
- 12,676 people aged 65+ are predicted to have a limiting long-term illness with day-to-day activities limited a little. This is projected to increase to 15,593 by 2025
- 11,368 people aged 65+ are predicted to have a limiting long-term illness with day-to-day activities limited a lot. This is projected to increase to 14,129 by 2025
- 5,923 people aged 18–64 are predicted to have a learning disability. This is projected to increase to 6,264 by 2025

- 1,027 people aged 65+ are predicted to have a learning disability. This is projected to increase to 1,317 by 2025

2.3.7.6 Live Births

In 2016 there were 5,894 live births in Croydon (77.3 per 1,000 women aged 15–44). This is the 4th highest rate in London.

2.3.7.7 Homeless populations

In June 2017, there were 2,406 households in Croydon living in temporary accommodation. This is the eighth highest in London.

2.3.7.8 Daytime population

According to the 2011 census, the daytime population in Croydon is 310,641. This is the seventh highest in London. This is all usual residents who are either in employment in the area, or not in employment but live there.

Table 10 - Total workday population per locality/GP Network

Indicator	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
Total workday population	40,704	37,502	32,443	36,007	54,018	109,967

2.3.7.9 Gypsy and Traveller population

According to the 2011 census there are 234 Gypsies or Irish Travellers in Croydon. This is the 13th highest number in London.

Table 11 - Gypsy or Irish Traveller numbers per locality/GP Network

Population	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
Gypsy or Irish Traveller	40	24	35	24	27	84

2.3.7.10 Care home population

In Croydon, there are currently over 200 care homes with c2,900 beds.

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:

- POPPI has estimated that in 2017 around 1,677 people aged 65 and over currently live in a care home, the highest proportion of which are people aged 85 and over (819)
- By 2025, projections estimate the total number of those aged 65 and over living in care home is set to increase to 2,129

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:

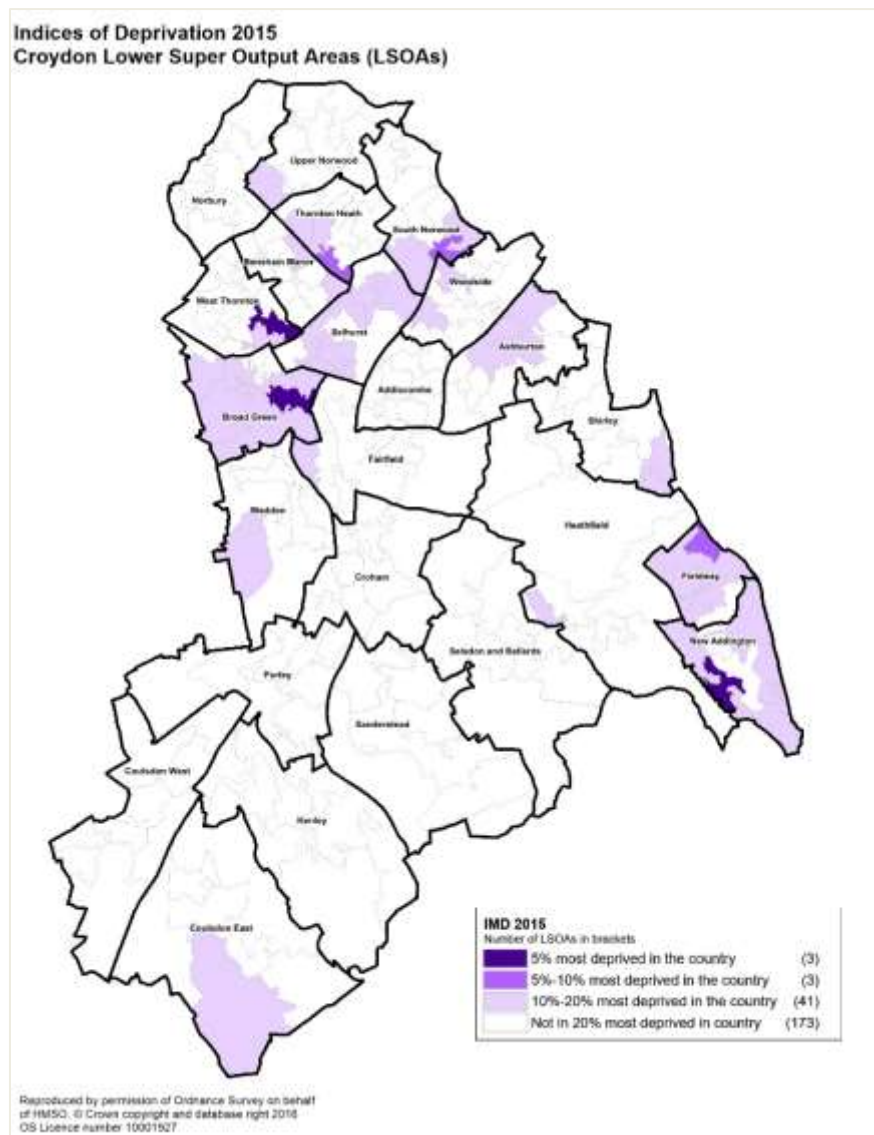
- Supporting residents to take a full part in making decisions about their medicines
- Medicines reconciliation
- Supporting care homes to determine the best system for supplying medicines for each resident
- Producing medicines administration records wherever possible, ensuring these meet the requirements 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

2.3.8 Deprivation

Croydon is the 19th (out of 32) most deprived boroughs in London:

- 83,078 (21.9%) people in Croydon live among the 20% most deprived areas in the country
- Within Croydon, the five most deprived wards are Fieldway, New Addington, Broad Green, Selhurst and South Norwood

Figure 8 - Map to show deprivation in Croydon



2.4 Causes of ill health

2.4.1 Cardiovascular disease

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, anticoagulant or antiplatelet therapy, anti-diabetic medication etc.).

Table 12 - Mortality rates from cardiovascular disease per 100,000 population

Under-75 mortality rates from cardiovascular disease per 100,000 population			
2013-15 data	Men	Women	Total
All deaths (Croydon) (London)	111.4 (110.0)	52.2 (47.7)	80.1 (77.4)
Preventable* (Croydon) (London)	74.3 (72.5)	25.3 (25.0)	48.4 (48.1)

Source: PHOF

2.4.2 Cancers

1.9% of the Croydon GP-registered population has cancer. This is the tenth highest rate in London (London 1.9%).

Table 13 - Percentage of patients registered with their GP with cancer per locality/GP Network

	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
% of GP register with cancer	1.5%	1.6%	1.9%	2.3%	2.6%	1.5%

In 2015-16 there were 257 persons diagnosed with cancer via an emergency route. This is 64 per 100,000 and is the 16th highest in London (London: 65 per 100,000).

Table 14 - Under-75 mortality rates from cancer per 100,000 population

Under-75 mortality rates from cancer per 100,000 population			
2013-15 data	Men	Women	Total
All deaths (Croydon) (London)	129.8 (147.7)	116.5 (113.8)	122.4 (129.7)
Preventable* (Croydon) (London)	77.2 (83.6)	71.6 (68.6)	74.0 (75.6)

Source: PHOF

2.4.3 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 higher, and for those of 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 6.7% GP-recorded prevalence rate of diabetes (2015-16). This is the 12th highest rate in London (London 6.3%).

Table 15 - Percentage of patients registered with their GP with diabetes per locality/GP Network

Indicator	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
% of GP register with diabetes	8.4%	7.0%	6.9%	6.2%	5.8%	6.0%

2.4.4 Chronic Obstructive Pulmonary Disease (COPD)

1.1% of the Croydon GP-registered population has COPD. This is the 16th highest rate in London (London: 1.1%).

Table 16 - Percentage of patients registered with their GP with COPD per locality/GP Network

Indicator	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
% of GP register with COPD	0.9%	0.9%	1.3%	1.6%	1.2%	1.0%

Table 17 - Under-75 mortality rates from respiratory disease per 100,000 population

Under-75 mortality rates from respiratory disease per 100,000 population			
2013-15 data	Men	Women	Total
All deaths (Croydon) (London)	44.7 (37.8)	22.2 (23.7)	32.8 (30.4)
Preventable* (Croydon) (London)	26.2 (20.7)	13.3 (12.8)	19.3 (16.5)

Table 18 - Under-75 prevalence of COPD (%) 2015-16

Under-75 prevalence of COPD (%) 2015-16	
COPD (Croydon) (London)	1.1 (1.1)

Table 19 - Smoking-related hospital admissions (rate per 100,000) 2015-16

Smoking-related hospital admissions (rate per 100,000) 2015-16	
Rate of admissions per 100,000 (Croydon) (London)	1,531 (1,597)

Source: PHOF

2.4.5 Depression and mental health

At least one in four people will experience a mental health problem at some point in their life with one in six adults having a mental health problem at any one time.

Common mental health disorders include anxiety, depression, phobias and obsessive compulsive and panic disorders.

In Croydon, in 2015-16, 5.6% of the GP-registered population is recorded as having depression. This is the 11th lowest rate in London (London: 6%).

Table 20 - Percentage of patients registered with their GP with depression per locality/GP Network

Indicator	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
% of GP register with depression	5.3%	5.1%	5.6%	6.2%	7.1%	4.3%

In Croydon, in 2015-16, 1.1% of the GP-registered population is recorded as having a severe mental health issue. This is the 16th highest rate in London (London: 1.1%).

Table 21 - Percentage of patients registered with their GP with severe mental health issue per locality/GP Network

Indicator	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
% of GP register with a severe mental health issue	1.1%	1.2%	1.2%	0.7%	0.9%	1.2%

The recorded suicide rate is 7.7 per 100,000 population (2013-15). This is the 14th lowest rate in London.

2.4.6 Asthma

Croydon has a 4.6% GP-recorded prevalence rate of asthma (2015-16). This is the 13th highest rate in London (London: 6.3%).

Table 22 - Percentage of patients registered with their GP with asthma per locality/GP Network

Indicator	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
% of GP register with asthma	4.4%	4.7%	5.1%	5.0%	5.0%	4.4%

2.4.7 Obesity

In 2013-15, 66.7% of Croydon adults were classified as overweight or obese. This is the fifth highest rate in London.

In 2015-16, 21.5% of children in the Reception year of Croydon schools were classified as overweight or obese. This is the 14th lowest rate in London. This rises to 38.9% in Year 6 and that is the 14th highest in London.

2.4.8 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 conditions, especially chronic respiratory disease, cardiac disease and immunosuppression. Seasonal influenza vaccination is recommended for people falling into these clinical groups.

Each year, the DH sets targets for seasonal influenza vaccination. For 2016-17, the target was 75% or higher for both those over 65 years and those aged under 65 who fall into 'at-risk' groups (including pregnant women).

With respect to seasonal influenza vaccination in 2016-17:

- For the over-65s, the vaccination rate was 63.6%. This is the ninth lowest in London (London: 65.1%)
- For those aged 6 months to 64 years, in all 'at-risk' groups, the vaccination rate was 46%. This is the 15th lowest in London

2.4.9 Coronary heart disease

Croydon has a 2.2% GP-recorded prevalence rate of coronary heart disease (2015-16). This is the 12th highest rate in London (London 2.0%).

Table 23 - Percentage of patients registered with their GP with coronary heart disease per locality/GP Network

Indicator	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
% of GP register with coronary heart disease	2.1%	1.7%	2.4%	2.8%	2.8%	1.9%

2.4.10 Strokes and Transient Ischaemic Attacks (TIAs)

Croydon has a 1.2% GP-recorded prevalence rate of patients with stroke or TIA, as recorded on practice disease registers (2015-16). This is the seventh highest rate in London (London: 1.1%).

Table 24 - Percentage of patients registered with their GP who have had a stroke/TIA

Indicator	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
% of GP register who has had a stroke/TIA	1.1%	1.0%	1.3%	1.4%	1.4%	1.1%

2.4.11 Hypertension

Croydon has a 12.2% GP-recorded prevalence rate of hypertension (2015-16). This is the ninth highest rate in London (London: 11%).

Table 25 - Percentage of patients registered with their GP with hypertension per locality/GP Network

Indicator	Network information					
	Mayday	Thornton Heath	Woodside & Shirley	New Addington & Selsdon	Purley	East Croydon
% of GP register with hypertension	11.8%	12.0%	13.6%	13.0%	13.8%	10.1%

2.5 Lifestyle issues

2.5.1 Drug misuse

The World Health Organization (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 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 and serious illness which may necessitate complex treatment, and may cause premature death.

The Health Protection Agency (HPA) has estimated that in England in 2013 of current and previous drug users:⁹

- 17% were Hepatitis B Positive
- 50% were Hepatitis C positive
- 1.2% were HIV-positive

In 2011-12, it was estimated that there were 1,914 opiate and/or crack users (OCU) in Croydon; this is equivalent to 7.8 per 1,000 population, which is lower than the regional (9.6) and national (8.4) averages.

2.5.2 Alcohol and related disease

Drinking more than the recommended daily allowance, and particularly binge drinking (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 2013-15 was 16.4 per 100,000. This is the 15th lowest in London (London: 17.0)
- Alcohol-related mortality (2015): this was 43.7 per 100,000. This is the 12th highest in London (London: 41.3)

Table 26 - number of hospital admissions which are attributable to alcohol

Hospital admissions per 100,000 population	
Alcohol-related harm (narrow) (Croydon) (2015-16) (London)	523 (545)
Alcohol-specific stays – aged under 18 years (Croydon: 2013/14-2015/16) (London)	24.5 (22.4)

Source: PHOF

In 2014-15, it was estimated that 3,068 adults in Croydon have an alcohol dependence. This is 1.08% and is the sixth lowest rate in London.

It is estimated that approximately 45.3% of 15-year-olds in Croydon has had an alcoholic drink. This is the 10th highest in London (London: 41.2%).

2.5.3 Sexual health and teenage pregnancy

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

⁹ Public Health England. Shooting Up: infections among people who inject drugs in the UK. November 2013.

Risky sexual behaviour has a number of potential health consequences:

- In 2016, the number of acute STIs diagnosed was 3,382 in Croydon
- The rate of STIs (including chlamydia) per 100,000 population was 1,348. This is the 16th lowest in London (London: 1,547)
- In 2016, the rate of chlamydia diagnosis in those aged 15–24 years (per 100,000), was 2,585. This is the eighth highest in London (London: 2,309)
- In 2016, the gonorrhoea diagnosis rate (per 100,000) was 139.8. This is the 16th lowest in London (London: 186.6)
- In 2016, Croydon had an HIV prevalence rate of 5.36 per 1,000 15–59-year-olds. This is the 17th highest rate in London (London: 5.78)
- 48.7% of HIV in Croydon is diagnosed at late stage (CD4 <350) in those aged 15+ (2014-16). This is the fifth highest rate in London (London: 33.7%)

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 June 2016, the rolling year annual rate of under-18 conceptions (per 1,000) in Croydon was 24.2. This is the fifth highest rate in London (London: 18.5)
- Abortions rates are 20.9 per 1,000 women aged 15–44 in 2016. This is the eighth highest rate in London (London: 18.3)
- 33.2% of all abortions to women under 25 are repeat abortions. This is the fifth highest rate in London (London: 30.8%)

2.5.4 Smoking

The prevalence of cigarette smoking in Croydon was 13.2% (2016). This rate is the 11th lowest in London (London: 15.2%).

The prevalence of smoking is higher in people from routine and manual occupational groups. In Croydon in 2016, 22.6% of people in these groups currently smoke. This was the 12th lowest rate in London (London: 23.9%).

Of Croydon 15-year-olds, 3.9% are 'regular smokers'. This is the 11th highest in London (London: 3.4%).

2.5.5 Oral health

93.2% of Croydon adults successfully obtained an NHS dental appointment in the last two years (2015-16). This is the 17th lowest rate in London.

2.5.6 Poor diet

Only 52.8% of people in Croydon eat the recommended five+ portions of fruit and vegetables each day (2014-15). This is the sixth lowest in London (London: 56.2%).

The average number of portions of fruit a Croydon adult consumes a day is 2.49. This is the 16th highest rate in London (London: 2.47).

The average number of vegetables a Croydon adult consumes a day is 2.21. This is the 16th highest rate in London (London: 2.18).

There is a correlation between fast food and obesity. Croydon has a high proportion of fast food outlets (112.2 outlets per 100,000 population). This is the sixth highest rate in London (London: 101.4 per 100,000 population).

2.5.7 Physical inactivity

21.9% of adults in Croydon are physically inactive. This is the 16th highest in London (London: 22.2%).

2.5.8 Childhood immunisations

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:

- In 2016-17, DTaP/IPV booster uptake at 5 years is 71.6%. This is the sixth lowest in London
- In 2016-17, MMR2 uptake at 5 years is 71.7%. This is the sixth lowest in London
- In 2015-16, HPV vaccinations (girls aged 12–13) is 78.5%. This is the sixth lowest in London (London: 83.9%)

Section 3: NHS pharmaceutical services provision: currently commissioned

3.1 Community pharmacies

There are 77 community pharmacies in Croydon (as of 24 January 2018) for a population of 382,304. This equates to an average of 20.1 pharmacies per 100,000 population and includes distance-selling pharmacies. Latest data shows that the England average is 21.5 community pharmacies per 100,000 population and the London average is 21.7 community pharmacies per 100,000 population. London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a varying rate of community pharmacies per 100,000 population in neighbouring HWB areas to Croydon: Bromley (18.4), Lambeth (20.1), Merton (19.9), Sutton (20.7) and Surrey (18), but they are very similar to the Croydon average of 20.1.

There were 272 responses received to the public questionnaire undertaken in autumn 2017. 84% of respondents use the same pharmacy (have a regular pharmacy they go to). When asked what factors they considered when choosing their pharmacy, 73% indicated 'close to home' and 48% 'close to GP surgery' as important reasons and while 44% of respondents walk to their community pharmacy, 39% use a car or taxi. The full results of the public questionnaire are detailed in Appendix I.

Table 27 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. Populations in all localities have access to extensive public transport links and road networks and for some populations the nearest community pharmacy provision from their home may be in a neighbouring locality or HWB area. Maps D to H show the travel times to nearest community pharmacy for residents of Croydon.

Table 27 - Breakdown of average community pharmacies per 100,000 population

Locality	Number of community pharmacies (as of 24/1/18)	Total population (mid-2015 estimates)	Average number of community pharmacies per 100,000 population (as of 24/1/18)
Mayday (2015 MYE data)	10	52,182	19.2*
Thornton Heath (2015 MYE data)	11	51,932	21.2*
Woodside & Shirley (2015 MYE data)	9	46,869	19.2
New Addington & Selsdon (2015 MYE data)	9	47,791	18.8
Purley (2015 MYE data)	15	70,125	21.4
East Croydon (2015 MYE data)	23	110,132	20.9*

Locality	Number of community pharmacies (as of 24/1/18)	Total population (mid-2015 estimates)	Average number of community pharmacies per 100,000 population (as of 24/1/18)
Croydon HWB area (2016 MYE data)	77	382,304**	20.1*
London region (2015-16 data)	1,851*	8,308,000	21.7*
England (2015-16 data)	11,647*	-	21.5*

*Data includes distance-selling (internet) pharmacies, which do not provide face-to-face services

**Population figure total is different to that of the total for the localities due to 2016 MYE unavailable at locality level

Section 1.3 lists the essential services of the pharmacy contract. It is assumed that provision of all of these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in Section 6.

3.1.1 Choice of community pharmacies

Table 28 shows the breakdown of community pharmacy ownership in Croydon. The data shows that unlike England and London, Croydon has almost equal proportions of multiples and independent pharmacies, with no one type of provider having a monopoly in any locality. People in Croydon therefore have a good choice of pharmacy providers.

Table 28 - Community pharmacy ownership, 2015-16

Area	Multiples (%)	Independent (%)
Croydon (2017 data)	51%	49%
London	39.2	60.8
England	61.9	38.1

3.1.2 Weekend and evening provision

It is estimated that, collectively, community pharmacies in England are open approximately 150,000 hours per week more than ten years ago.¹⁰ This has been mainly driven through the opening of '100-hour' pharmacies. In 2015-16, there were 1,161 (9.9%) community pharmacies in England open for 100 hours or more per week. This has increased significantly from 2013-14, when there were 773 (6.7%).

Table 29 shows that the number of Croydon pharmacies open for 100 hours is comparable to the London average but lower than that of England. Most 100-hour pharmacies are open late and at the weekends.

¹⁰ Dispensing Health: Pharmacy Voice. Who do you think we are? Community Pharmacy: dispensers of health, 2014. <http://www.dispensinghealth.org/wp-content/uploads/2014/01/DH-Launch-FINA1.pdf>

Table 29 - Numbers of 100-hour pharmacies (and percentage of total)

Area	Number (% in area) of 100- hour pharmacies
Mayday locality	0 (0%)
Thornton Heath locality	1 (9.0%)
Woodside & Shirley locality	1 (14.2%)
New Addington & Selsdon locality	0 (0%)
Purley locality	0 (0%)
East Croydon locality	2 (8.7%)
Croydon	4 (5.2%)
London region	103 (5.5%)
England (2015-16 data)	1,161 (9.9%)

3.2 Dispensing Appliance Contractors (DACs)

There are no DACs in Croydon. However, DAC services are available to the population from elsewhere in the UK and appliances may also be dispensed from community pharmacies.

The community pharmacy contractor questionnaire received 28 responses and 4% (one respondent) reported that they provide stoma and/or incontinence appliances.

3.3 Distance-selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations, 2013. It may not provide essential services face-to-face and therefore provision is by mail order and/or wholly internet. As part of the terms of service for distance-selling pharmacies, provision of all services offered must be offered throughout England. There three distance-selling pharmacies in Croydon:

- Day Lewis Pharmacy, Day Lewis House, 2 Peterwood Way, Croydon CR0 4UQ
- Curepharm UK Ltd, Unit 2 1st Floor, 797 London Road, Thornton Heath CR7 6AW
- Prescription Counter, Ground Floor Grosvenor House, 160 Gillett Road, Thornton Heath CR7 8SN

Therefore 3.9% of pharmacies in Croydon are distance-selling pharmacies, which is higher than the England and London averages.

Figures for 2015-16 show that in England there were 266 distance-selling pharmacies, accounting for 2.3% of the total number of pharmacies (London: 20 (1.1%)). This has increased significantly from 2015, when there were 211 distance-selling pharmacies, accounting for 1.8% of all pharmacy contractors. The London figure has increased from 0.8% to 1.1% of all pharmacy contractors.

3.4 Access to community pharmacies

The majority of community pharmacy providers in Croydon are sited in areas co-located with shops, GP practices or other routine destinations; many also provide extended opening hours. As such they provide a high level of convenience.

The White Paper, 'Pharmacy in England: Building on strengths – delivering the future'¹¹ noted that 99% of the population – even those living in the most deprived areas – can get to a community pharmacy within 20 minutes by car and 96% by walking or using public transport. Maps D to H provide a travel analysis for the population of Croydon travelling to their nearest community pharmacy.

A list of community pharmacies in Croydon and their opening hours can be found in Appendix A.

3.4.1 Routine daytime access to community pharmacies

Percentages of the Croydon population and average daytime drive time, walking and public transport travel times to their nearest community pharmacy can be found in Table 30.

Average driving time to community pharmacies in Croydon is shown in Maps D and E. Average public transport time to community pharmacies is shown in Maps F and G. Average walking time to community pharmacies is shown in Map H.

A published article¹² suggests that over 89% of the population of England has a maximum 20-minute walk to a community pharmacy, however this figure falls to as low as 14% in rural areas.

Map E illustrates that 67.4% of residents within Croydon have an average peak drive time not exceeding five minutes to their nearest community pharmacy. Maps F and G illustrate that 99.1% of the residents have an average public transport time not exceeding 15 minutes to their nearest pharmacy. Map H illustrates that 98.4% of the residents have an average walking time not exceeding 20 minutes to their nearest pharmacy.

Table 30 - Percentage of population of Croydon and average daytime travel times to nearest community pharmacy

Time	Average peak drive	Average public transport	Average walking
0-5 mins	67.4%	25.2%	20.8%
0-10 mins	98.6%	89.2%	69.4%
0-15 mins	100%	99.1%	92.6%
0-20 mins	100%	99.6%	98.4%
0-25 mins	100%	99.9%	99.7%
0-30 mins	100%	100%	99.9%

¹¹ Department of Health White Paper. Pharmacy in England: Building on strengths – delivering the future. April 2008. <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

¹² Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

3.4.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6pm, Monday to Friday (excluding bank holidays) varies within each locality and they are listed in the table below. Average access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level and, as can be found from Table 31, the population of Croydon has reasonable access to community pharmacies in the evening as the majority of providers in Croydon area are open after 6pm. A further analysis of provision in each locality is detailed in Section 6.

Table 31 - Community pharmacy providers open Mon-Fri (excl. bank holidays (BHs)) beyond 6pm

Locality	Pharmacy Name and address	Opening hours (Mon-Fri, excl BHs)
East Croydon	Allcorn Chemist 197 St James's Road, Croydon CR0 2BZ	09.00 to 18:30
	A-Z Pharmacy 20 London Road, West Croydon CR0 2TA	09:00 to 18:30
	Boots Valley Plaza Retail Park, 10 Daniell Way, Croydon CR0 4YJ	09:00 to 24:00
	Boots 77 George Street Croydon CR0 1LD	08:00 to 18:30
	Boots 12-18 Whitgift Centre, Croydon CR9 1SN	08:00 to 19:00
	Shivas Chemist, 300 London Road, Croydon CR0 2TG	09:00 to 18:30
	Croydon Pharmacy 44 South End, Croydon CR0 1DP	07:00 to 22:00
	Medibank Pharmacy 263 Morland Road, Croydon CR0 6HE	08:00 to 20:00
	Larchwood Pharmacy 215 Lower Addiscombe Road, Croydon CR0 6RB	09:00 to 19:00
	Croychem 38 Lower Addiscombe Road, Croydon CR0 6AA	09:00 to 20:00
	Lloyd George Pharmacy 63 Whitehorse Road, Croydon CR0 2JG	09:00 to 18:30
	Superdrug Unit 3-5 Woolworth Development, Whitgift Centre, Croydon CR0 1US	08:30 to 18:30
	St Clare Chemist 21 Norfolk House, George Street, Croydon CR0 1LG	08:00 to 18:30
	Swan Pharmacy 119 South End, Croydon CR0 1BJ	09:00 to 19:00

Locality	Pharmacy Name and address	Opening hours (Mon-Fri, excl BHs)
East Croydon	Westgate Pharmacy 8 Selhurst Road, South Norwood SE25 5QF	09:00 to 18:30
	Lloyds Pharmacy Inside Sainsbury's Whitehorse Lane, Croydon SE25 6XB	08:00 to 21:00
	Lloyds Pharmacy Inside Sainsbury's 2 Trafalgar Way, Purley Way, Croydon CR0 4XT	07:00 to 23:00
	McCoig Pharmacy 367 Brighton Road, South Croydon CR2 6ES	09:00 to 18:30
Mayday	Cranston Ltd 951 London Road, Thornton Heath CR7 6JE	09:00 to 19:00
	Day Lewis Pharmacy, 1351 London Road, Norbury SW16 4BE	09:00 to 19:00
	Day Lewis Pharmacy, 1102 London Road, Norbury SW16 4DT	09:00 to 18:30
	Day Lewis Pharmacy 506 London Road, Thornton Heath CR7 7HQ	09:00 to 19:00
	Mayday* Community Pharmacy 514 London Road, Thornton Heath CR7 7HQ	09:00 to 22:00
New Addington & Selsdon	Dougans Chemist 114 Headley Drive, New Addington, Croydon CR0 0QF	09:00 to 18:30
	Fieldway Pharmacy 3 Wayside, New Addington, Croydon CR0 9DX	08:30 to 20:00
	Goldmantle Pharmacy 2 Forestdale Centre, Featherbed Lane, Croydon CR0 9AS	09:00 to 19:30
	Aumex Pharmacy 43 Central Parade, New Addington, Croydon CR0 0JD	08:00 to 19:00
	Boots 1 Central Parade, New Addington, Croydon CR0 0JB	08:30 to 19:30
	Lloyds Pharmacy 123 Addington Road, Selsdon CR2 8LH	09:00 to 19:00
	Lloyds Pharmacy 97 Addington Road, Selsdon CR2 8LG	09:00 to 19:00
Purley	Tesco In-Store Pharmacy 8 Purley Road, Purley CR8 2HA	08:00 to 21:00
	Zina Chemist 78 Godstone Road, Kenley CR8 5AA	09:00 to 19:00
	Valley Pharmacy 209 Chipstead Valley Road, Coulsdon, Croydon CR5 3BR	09:00 to 18:30
	Hobbs Pharmacy, 856 Brighton Road, Croydon CR8 2LY	07:00 to 19:00

Locality	Pharmacy Name and address	Opening hours (Mon-Fri, excl BHs)
Thornton Heath	Lloyds Pharmacy Inside Sainsbury's 66 Westow Street, Upper Norwood SE19 3RW	07:00 to 23:00
	Day Lewis Pharmacy 3 High Street, South Norwood SE25 6EP	09:00 to 18:30
	Klub Pharmacy Ltd 10 Crown Point Parade, Upper Norwood SE19 3NG	09:00 to 18:30
	Thornton Heath Pharmacy 27 High Street, Thornton Heath CR7 8RU	09:00 to 19:00
	Lloyds Pharmacy 130 Church Road, Upper Norwood SE19 2NT	08:30 to 19:00
	Superdrug 1-2 Cotford Parade, Brigstock Road, Thornton Heath CR7 7JG	08:30 to 19:00
	Tesco In-Store Pharmacy 32 Brigstock Road, Thornton Heath CR7 8RX	08:00 to 21:00
	Thompsons Chemist 86-88 Beulah Road, Thornton Heath CR7 8JF	08:30 to 18:30
	Wilkes Chemist 105 Parchmore Road, Thornton Heath CR7 8LZ	09:00 to 18:30
	Woodside & Shirley	Greenchem Pharmacy 20 Bywood Avenue, Shirley, Croydon CR0 7RA
E-Nova Healthcare Ltd 246 Wickham Road, Shirley, Croydon CR0 8BJ		09:00 to 18:30
Shirley Pharmacy 175 Shirley Road, Shirley, Croydon CR0 8SS		09:00 to 19:00
Greenchem Pharmacy 15 Broom Road, Shirley, Croydon CR0 8NG		09:00 to 19:00
Lloyds Pharmacy 156 Portland Road, South Norwood SE25 4PT		08:00 to 22:30
McCoig Pharmacy 143 Wickham Road, Shirley, Croydon CR0 8TE		09:00 to 18:30
Fishers Chemist 1 Enmore Road, South Norwood SE25 5NT		08:00 to 22:00

*Mayday Community Pharmacy currently operates under a bolt-on LPS contract (see Section 1.3.3)

3.4.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Croydon, 84% are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level in Section 6.

Table 32 lists those pharmacies in Croydon which are open on Saturdays.

Table 32 - Community pharmacy providers open on Saturdays

Locality	Pharmacy Name and Address	Sat opening	Sat closing
East Croydon	Allcorn Chemist 197 St James's Road, Croydon CR0 2BZ	09:00	13:00
	A-Z Pharmacy 20 London Road, West Croydon CR0 2TA	09:30	18:00
	Kent Pharmacy 66 Church Street, Croydon CR0 1RB	09:00	13:00
	Barkers Chemist 105 Church Street, Croydon CR0 1RN	08:30	18:00
	Boots Valley Plaza Retail Park, 10 Daniell Way, Croydon CR0 4YJ	09:00	24:00
	Boots 77 George Street, Croydon CR0 1LD	11:00	17:00
	Boots 12-18 Whitgift Centre, Croydon CR9 1SN	08:00	19:00
	Shivas Chemist 300 London Road, Croydon CR0 2TG	09:00	13:00
	Croydon Pharmacy 44 South End, Croydon CR0 1DP	07:00	22:00
	Medibank Pharmacy 263 Morland Road, Croydon CR0 6HE	09:00	18:00
	Larchwood Pharmacy 215 Lower Addiscombe Road, Croydon CR0 6RB	09:00	18:00
	Croychem 38 Lower Addiscombe Road, Croydon CR0 6AA	09:00	14:00
	Lloyd George Pharmacy 63 Whitehorse Road, Croydon CR0 2JG	09:00	16:00
	Makepeace & Jackson 7 Station Parade, Sanderstead Road, South Croydon CR2 0PH	09:00	14:00
	Day Lewis Pharmacy 45 Elmfield Way, Sanderstead, Croydon CR2 0EJ	09:00	13:00
	Superdrug Unit 3-5 Woolworth Development, Whitgift Centre, Croydon CR0 1US	09:00	18:30
	St Clare Chemist 21 Norfolk House, George Street, Croydon CR0 1LG	09:00	18:30
	Lloyds Pharmacy Inside Sainsbury's Whitehorse Lane, Croydon SE25 6XB	07:30	20:00
	Lloyds Pharmacy Inside Sainsbury's 2 Trafalgar Way, Purley Way, Croydon CR0 4XT	07:00	22:00
	McCoig Pharmacy 367 Brighton Road, South Croydon CR2 6ES	09:00	13:00
Swan Pharmacy 119 South End, Croydon CR0 1BJ	09:00	13:00	

Locality	Pharmacy Name and Address	Sat opening	Sat closing
Mayday	Day Lewis Pharmacy 1102 London Road, Norbury SW16 4DT	09:00	13:00
	Day Lewis Pharmacy 506 London Road, Thornton Heath CR7 7HQ	09:00	13:00
	Superdrug 1491-1493 London Road, Norbury SW16 3LU	09:00	17:30
	Brigstock Pharmacy 141 Brigstock Road, Thornton Heath CR7 7JN	08:30	18:30
	Mayday Community Pharmacy* 514 London Road, Thornton Heath CR7 7HQ	09:00	22:00
	Parade Pharmacy 299a Thornton Road, Croydon CR0 3EW	09:00	13:00
New Addington & Selsdon	Fieldway Pharmacy 3 Wayside, New Addington, Croydon CR0 9DX	10:00	14:00
	Goldmantle Pharmacy 2 Forestdale Centre, Featherbed Lane, Croydon CR0 9AS	09:00	15:00
	Harris Chemist 3 Crossway Parade, Selsdon Park Road, South Croydon CR2 8JJ	09:00	13:00
	Aumex Pharmacy 43 Central Parade, New Addington, Croydon CR0 0JD	09:00	17:30
	Boots 1 Central Parade, New Addington, Croydon CR0 0JB	08:30	17:00
	Lloyds Pharmacy 123 Addington Road, Selsdon CR2 8LH	09:00	13:00
	Lloyds Pharmacy 97 Addington Road, Selsdon CR2 8LG	09:00	13:00
Purley	Foxley Lane Pharmacy 32 Foxley Lane, Purley CR8 3EE	09:00	12:00
	Holmes Pharmacy 10 The Parade, Coulsdon Road, Old Coulsdon CR5 1EH	08:30	13:00
	Infohealth Ltd 28 Chipstead Valley Road, Coulsdon CR5 2RA	09:00	16:00
	Boots 15 High Street, Purley CR8 2AF	09:00	17:30
	Boots 118-120 Brighton Road, Coulsdon CR5 2ND	09:00	17:00
	Tesco In-Store Pharmacy 8 Purley Road, Purley CR8 2HA	08:00	21:00
	Lloyds Pharmacy 337 Limpsfield Road, Sanderstead, South Croydon CR2 9BY	09:00	17:30
	Medipharm Chemist 37 Limpsfield Road, Sanderstead, South Croydon CR2 9LA	09:00	13:00

Locality	Pharmacy Name and Address	Sat opening	Sat closing
Purley	Old Coulsdon Pharmacy 217 Coulsdon Road, Old Coulsdon, Croydon CR5 1EN	09:00	13:00
	Zina Chemist 78 Godstone Road, Kenley CR8 5AA	09:00	13:00
	Orion Pharmacy 939 Brighton Road, Purley CR8 2BP	09:00	14:00
	Valley Pharmacy 209 Chipstead Valley Road, Coulsdon, Croydon CR5 3BR	09:00	13:00
Thornton Heath	Day Lewis Pharmacy 283 South Norwood Hill, South Norwood SE25 6DP	09:00	13:00
	Lloyds Pharmacy Inside Sainsbury's 66 Westow Street, Upper Norwood SE19 3RW	07:00	22:00
	Day Lewis Pharmacy 3 High Street, South Norwood SE25 6EP	09:00	16:30
	Klub Pharmacy Ltd 10 Crown Point Parade, Upper Norwood E19 3NG	09:00	14:30
	Thornton Heath Pharmacy 27 High Street, Thornton Heath CR7 8RU	09:00	17:00
	Lloyds Pharmacy 130 Church Road, Upper Norwood SE19 2NT	09:00	12:00
	Superdrug 1-2 Cotford Parade, Brigstock Road, Thornton Heath CR7 7JG	09:00	19:00
	Thompsons Chemist 86-88 Beulah Road, Thornton Heath CR7 8JF	08:30	13:00
	Wilkes Chemist 105 Parchmore Road, Thornton Heath CR7 8LZ	09:00	13:00
	Tesco In-Store Pharmacy 32 Brigstock Road, Thornton Heath CR7 8RX	07:30	21:00
Woodside & Shirley	Addiscombe Pharmacy 331 Lower Addiscombe Road, Croydon CR0 6RF	09:00	13:00
	Shirley Pharmacy 175 Shirley Road, Shirley, Croydon CR0 8SS	09:00	17:00
	E-Nova Healthcare Ltd 246 Wickham Road, Shirley, Croydon CR0 8BJ	09:00	13:00
	Greenchem Pharmacy 20 Bywood Avenue, Shirley, Croydon CR0 7RA	09:00	17:00
	Greenchem Pharmacy 15 Broom Road, Shirley, Croydon CR0 8NG	09:00	17:00
	Lloyds Pharmacy 156 Portland Road, South Norwood SE25 4PT	08:00	22:30
	Boots 257 Lower Addiscombe Road, Croydon CR0 6RD	09:00	17:30
	McCoig Pharmacy 143 Wickham Road, Shirley, Croydon CR0 8TE	09:00	13:00
	Fishers Chemist 1 Enmore Road, South Norwood SE25 5NT	08:00	18:00

*Mayday Community Pharmacy currently operates under a bolt-on LPS contract (see Section 1.3.3)

3.4.4 Routine Sunday daytime access to community pharmacies

The number, location, and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies are open on Sundays than on any other day in Croydon, however each of the main shopping areas has a pharmacy open on Sundays. A further analysis of provision is detailed in Section 6.

Table 33 - Community pharmacy providers open on Sundays

Locality	Pharmacy Name and Address	Sun opening	Sun closing
East Croydon	A-Z Pharmacy, 20 London Road, West Croydon CR0 2TA	11:00	17:00
	Barkers Chemist 105 Church Street, Croydon CR0 1RN	12:00	16:00
	Boots Valley Plaza Retail Park, 10 Daniell Way, Croydon CR0 4YJ	11:00	17:00
	Boots 12-18 Whitgift Centre, Croydon CR9 1SN	11:00	17:00
	Croydon Pharmacy 44 South End, Croydon CR0 1DP	09:00	20:00
	Medibank Pharmacy 263 Morland Road, Croydon CR0 6HE	12:00	16:00
	Superdrug Unit 3-5 Woolworth Development, Whitgift Centre, Croydon CR0 1US	11:00	17:00
	Lloyds Pharmacy Inside Sainsbury's Whitehorse Lane, Croydon SE25 6XB	11:00	17:00
	Lloyds Pharmacy Inside Sainsbury's 2 Trafalgar Way, Purley Way, Croydon CR0 4XT	10:00	16:00
Mayday	Mayday Community Pharmacy* 514 London Road, Thornton Heath CR7 7HQ	09:00	22:00
Purley	Tesco In-Store Pharmacy 8 Purley Road, Purley CR8 2HA	11:00	17:00
	Hobbs Pharmacy, 856 Brighton Road, Croydon CR8 2LY	17:00	20:00
Thornton Heath	Lloyds Pharmacy Inside Sainsbury's 66 Westow Street, Upper Norwood SE19 3RW	10:00	16:00
	Tesco In-Store Pharmacy 32 Brigstock Road, Thornton Heath CR7 8RX	11:00	17:00
Woodside & Shirley	Fishers Chemist 1 Enmore Road, South Norwood SE25 5NT	11:00	13:00
	Lloyds Pharmacy 156 Portland Road, South Norwood, London SE25 4PT	09:30	22:30
New Addington & Selsdon	Goldmantle Pharmacy 2 Forestdale Centre, Featherbed Lane, Croydon CR0 9AS	09:00	15:00

* Mayday Community Pharmacy currently operates under a bolt-on LPS contract (see Section 1.3.3)

3.4.5 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

The number, location and opening hours of community pharmacy providers open on a bank holiday vary within each locality and on different bank holidays.

Annually, NHS England requests feedback from community pharmacies on their bank holiday intentions. For most bank holidays, a number of providers have planned to open and NHS England has deemed provision as satisfactory and not commissioned any further provision.

However, on occasion, NHS England may need to commission a bank holiday rota service from a small number of pharmacies, particularly in some areas for Easter Sunday and Christmas Day.

It should be noted that Mayday Community Pharmacy, within the Mayday locality, is contracted under LPS to provide pharmaceutical services from 9am to 10pm every day, including bank holidays. If the LPS contract is terminated, the pharmacy has a right to return to its normal hours, i.e. 9am-7.30pm (Monday to Friday); 9am-6pm (Saturday).

3.5 Advanced service provision from community pharmacies

Section 1.3 lists all advanced services which may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Data supplied from NHS England has been used to demonstrate provision of MURs, NMS and flu vaccination. Table 34 lists a summary of the latest available data (2016-17) on provision of advanced services.

The data relating to immunisation relates to the 2016-17 season and only details information for those contractors who provided the service within that period.

Table 34 - Advanced service provision

Advanced service	Percentage of providers currently providing		
	England	London	Croydon
Medicines Use Reviews (MURs)	94.4%	94.2%	93.5%
New Medicine Service (NMS)	80.8%	76.9%	79.2%
Flu vaccination	61.6%	60.2%	76.6%
Appliance Use Reviews (AURs)*	1.2%	0.5%	6.5%
Stoma Appliance Customisation (SAC)*	14.7%	4.0%	6.5%
NUMSAS**	-	-	-

*AUR and SAC data includes provision from Dispensing Appliance Contractors

**NUMSAS - No list of providers is available publicly

Percentage of providers of the MUR service is slightly lower than the regional and national averages, whereas the NMS in Croydon is slightly higher than the regional, but lower than the national, level. Appendix A lists those community pharmacies who have provided these services in 2015-16. There has been a small decrease in the provision of the MUR service since 2015 (when 97% of contractors provided the service), and similarly for NMS (when 88% of contractors provided the service).

Of those who responded to the community pharmacy contractor questionnaire, only one respondent (4%) indicated that they do not have a consultation room which complies with the requirements to perform NMS/MUR. Respondents indicated that hand-washing facilities are located either within or close to the consultation area in 96% of their premises and 100% identify that the consultation room is in a closed area.

Provision of the SAC service is greater than that reported regionally, but low compared to national provision. Only five contractors made a claim for providing this service.

Provision of the AUR service is above that reported regionally and nationally, with five contractors making a claim for providing this service. There were only 140 community pharmacy or DAC providers nationally (1.2%) and ten community pharmacy or DAC providers (0.5%) in the whole of London in 2015-16.

3.6 Enhanced service provision

Under the pharmacy contract, enhanced services are those directly commissioned by NHS England (Section 1.3). Therefore, any locally commissioned services commissioned by CCGs or the LA are not considered here. They are outside the scope of the PNA but are considered in Section 4.

NHS England (London region) currently commissions the London vaccination service from pharmacies in Croydon. This enhanced service is in addition to the National advanced flu vaccination service and includes a 'top-up' element for seasonal flu as well as pneumococcal vaccinations for certain cohorts and MenACWY in 18–24-year-olds living in London permanently or temporarily.

Whereas the national advanced service delivers a flu vaccination provision for those aged 18 years and over, the London vaccination service covers additional groups of patients, e.g. carers and the homeless, and a lower age bracket (2–18 years old), as well as providing pneumococcal vaccine for eligible cohorts.

3.7 Pharmaceutical service provision provided from outside Croydon HWB area

Croydon HWB area is bordered by five other HWB areas:

- Bromley
- Lambeth
- Merton
- Sutton
- Surrey

As previously mentioned, like most London boroughs Croydon has a comprehensive transport system. As a result, it is anticipated that many residents in Croydon will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond. It is not practical to list here all those pharmacies outside the HWB area by which Croydon residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Croydon HWB area boundaries and are demonstrated on Maps A to H. Further analysis of cross-border provision is undertaken in Section 6. Of those who responded to the public questionnaire, 73% noted that they choose a pharmacy provider close to their home, while 48% chose a provider close to their GP. Over 92% had no difficulties in travelling to their community pharmacy. Of those people that had difficulty in travelling to their pharmacy, 11 respondents (48%) had difficulties with parking.

Section 4: Other services which may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered pharmaceutical services under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by NHS England, the LA or the CCG.

Examples of such services include delivery services, allergy testing, care home services and sexual health services; this is not an exhaustive list.

4.1 Local Authority-commissioned services provided by community pharmacies in Croydon

LBC commissions six services from community pharmacies:

1. Live Well Croydon
2. NHS health checks

Sexual health

3. Chlamydia and gonorrhoea screening programme
4. 'Enhanced' pharmacy sexual health service

Harm reduction

5. Needle and syringe exchange
6. Supervised consumption service

Some of these services may also be provided from other providers, e.g. GP practices, community health services.

A full list of services and community pharmacy providers can be found in Appendix A. However, the procurement of all LBC-commissioned services is in different stages of completion and therefore this list will continue to evolve.

4.2 CCG-commissioned services

Croydon CCG currently commissions three services:

- Minor ailments service
- Domiciliary Medicines Review Service
- Anticoagulation service

A full list of community pharmacies which provide these services is in Appendix A.

LA and CCG commissioners were asked for their views on which services they would consider commissioning from community pharmacy providers. Many services are already commissioned by the CCG or LA from other providers.

As only one response was received for the commissioner questionnaire it is difficult to draw definite conclusions. However, the commissioner who did respond indicated a willingness to consider commissioning a hepatitis vaccination service.

A copy of the commissioner questionnaire can be found in Appendix E and the full results of the questionnaire in Appendix K.

4.3 Other services provided from community pharmacies

As part of the community pharmacy contractor questionnaire, found in Appendix D, respondents were asked to indicate against a range of other services, including disease-specific, vaccination and screening services, which they currently provide, would be willing to provide or would not be willing to provide. The majority of pharmacies indicated that they either currently provide these services or would be willing to provide them if commissioned.

A summary of the community pharmacy contractor questionnaire responses is detailed in Appendix J.

4.4 Collection and delivery services

From the community pharmacy contractor questionnaire, 96% of pharmacies offer a free delivery service of dispensed medicines upon request and 4% offer a chargeable delivery service. All pharmacies who responded collected prescriptions from local surgeries.

4.5 Language services

Of the pharmacies who responded to the community pharmacy contractor questionnaire, a high proportion reported that they offer at least one additional language in addition to English. Among the respondents, the most common spoken additional languages were Gujarati (43%), Hindi (29%), French (14%), Persian (10%), Italian (10%) and Urdu (10%).

4.6 Services for less-abled people

As a requirement of the Equality Act 2010,¹³ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all equalities groups, including less-abled persons.

From the community pharmacy contractor questionnaire, 84% indicated they have wide door access, 76% have ramped access and 57% have an electric door.

4.7 GP access hubs

There are a number of GP practices in Croydon that provide extended hours. Extended hours are provided from GP practices at the following sites, which are open from 8am to 8pm:

- East Croydon Medical Centre (59 Addiscombe Road, Croydon CR0 6SD)
- Purley War Memorial Hospital (856 Brighton Road, Purley CR8 2YL)
- Parkway Health Centre (Parkway, New Addington CR0 0JA)

¹³ The Equality Act 2010 - <http://www.legislation.gov.uk/ukpga/2010/15/contents>

4.8 Dental services

Dentists may prescribe medicines for patients, and therefore changing dental provision may have a change on the need for pharmaceutical service provision. Table 35 lists the providers of dental services in Croydon.

Table 35 - Dental practices in Croydon

Dental Practice Name	Address
Thornton Heath Health Centre	61A Gillett Road, Thornton Heath CR7 8RL
Edridge Road Community H.C.	2 Edridge Road, Croydon CR0 1FE
Coulsdon Dental Practice	149 Brighton Road, Coulsdon CR5 2NH
Associated Dental Practice	48 Chipstead Valley Road, Coulsdon CR5 2RA
Dental Surgery	Purley House, 22 Brighton Road CR8 3AD
Dental Surgery	6 Bywood Avenue, Croydon CR0 7RA
Dental Department	1210 London Road, Norbury, London SW16 4DN
Linden Lodge Medical and Dental	519 London Road, Thornton Heath CR7 6AR
Jazz Dental Practice	1172 London Road, London SW16 4DP
London Road Dental Centre	227 London Road, Croydon CR0 2RL
Beulah Hill Dental Centre	1 Beulah Hill, London, London SE19 3LQ
Orchard Dental Practice	146 Cherry Orchard Road, Croydon CR0 6BB
Parchmore Dental Practice	35 Parchmore Road, Thornton Heath CR7 8LY
Dental Surgery	233 Selhurst Road, London SE25 6XP
Brigstock Dental Practice	97 Brigstock Road, Thornton Heath CR7 7JL
Dental Surgery	28 Brighton Road, Coulsdon CR5 2BA
Dental Surgery	69 Addiscombe Road, Croydon CR0 6SE
Purley Whites Dental Care	143 Haling Park Road, Croydon CR2 6NN
Dental Surgery	355 Lower Addiscombe Road, Croydon CR0 6RG
Kenley Dental Practice	70A Godstone Road, Kenley CR8 5AA
Dental Surgery	88 Westow Hill, London SE19 1SB
Lancaster House Dental Practice	7 Lancaster Road, London SE25 4BJ
Ramani Dental Surgery	167 Selsdon Park Road, Croydon CR2 8JJ
Dental Surgery	74 Croydon Road, Beddington, Croydon CR0 4PB
Purley Dental Care	22 Pampisford Road, Purley CR8 2NE
Dental Surgery	262 Portland Road, London SE25 4SL
McCarthy Sisters Dental Surgery	220 Brighton Road, South Croydon CR2 6AH

Dental Practice Name	Address
West Croydon Dental Practice	7 Derby Road, Croydon CR0 3SE
Dental Surgery	79 Addiscombe Road, Croydon CR0 6SE
Dental Surgery	230 Brigstock Road, Thornton Heath CR7 7JD
Purley Dental Practice	21 Foxley Lane, Purley CR8 3EH
Dental Surgery	79 Addiscombe Road, Croydon CR0 6SE
The Practice	303 Brighton Road, South Croydon CR2 6EQ
Dental Surgery	1st Floor, 41-45 George Street, Croydon CR0 1LB
Gentle Dental Care	124-132 Wickham Road, Shirley, Croydon CR0 8BE
Gentle Dental Care	29A Whitehorse Road, Croydon CR0 2JH
Croydon Dental Practice	202 Lower Addiscombe Road, Croydon CR0 7AB
Croydon Dental Care	60 62 Church Street, Croydon CR0 1RB
Gentle Dental Care	124-132 Wickham Road, Croydon CR0 8BE
Park Lane Dental	98 Park Lane, Croydon CR0 1JB
Dental Surgery	72 Brighton Road, Coulsdon CR5 2BB
Selsdon Dental Surgery	105 Addington Road, South Croydon CR2 8LJ
Dental Surgery	1 Warwick Gardens, Thornton Heath CR7 7NA
Dental Surgery	80 Heathfield Road, Croydon CR0 1EW
Dental Surgery	1181 London Road, London SW16 4UY
Addiscombe Dental Surgery	80 Lower Addiscombe Road CR0 6AB
Taunton Lane Dental Practice	15 Taunton Lane, Coulsdon CR5 1SG
Shirley Park Dental Surgery	357 Addiscombe Road, Croydon CR0 7LG
Crossways Dental Practice	328 Coulsdon Road, Coulsdon CR5 1EB
Blue Dental	456 Brighton Road, South Croydon CR2 6AP
Foxley Lane Dental Practice	49 Foxley Lane, Purley CR8 3EH
New Addington Dental Surgery	5 Salcot Crescent, Croydon CR0 0JG
Croydon Orthodontic Practice	The White House, 2 Blunt Road, South Croydon CR2 7PA
Orchard Orthodontics	Orchard House, 114-118 Cherry Orchard Road, CR0 6BA

Dental services are also provided at Croydon University Hospital, London Road, Croydon CR7 7YE.

Section 5: Findings from the public survey

A public questionnaire about pharmacy provision was developed (Appendix C) and compiled by Croydon PNA Steering Group. This was circulated to a range of stakeholders listed below:

- All pharmacy contractors in Croydon to distribute to the public
- All GP practices in Croydon to distribute to the public
- All libraries in Croydon
- Healthwatch Croydon
- LA website
- LA social media

A total of **272** responses were received. The full results can be found in Appendix I Below is a summary of the main results:

- **84%** have a **regular** or **preferred** pharmacy
- **61%** visit **once a month or more** for themselves and **61%** visit **once a month or more** for someone else
- When considering choosing a pharmacy, **73%** rated as important that the pharmacy is **close to their home**; **48%** that the pharmacy is **close to their GP surgery**; **13%** that the pharmacy is **close to where they work**. Having **friendly staff (55%)** and **expertise/quality of service (38%)** were also important factors
- **44%** **walk** to their community pharmacy; **39%** use a **car/taxi**; **14%** use **public transport**
- **81%** can **travel to their pharmacy within 15 minutes** and **93%** **within 30 minutes**
- **92%** had **no difficulties travelling** to their pharmacy; of those that had difficulties, **48%** (11 respondents) had **parking difficulties**
- **46%** of respondents prefer to visit **Monday to Friday**, and for a further **39%** **it varies**. There are **10%** who prefer to visit on **Saturdays** and only **1%** on **Sundays**
- For **45%** of respondents the preferred time to visit their pharmacy **varies**. Only **2%** prefer to visit **late evening** (after 8pm)
- Among the services that most **respondents would like to see** provided by their local pharmacy are **repeat dispensing (82%)**, **flu vaccination (56%)**, **stopping smoking/nicotine replacement therapy (33%)**, **minor ailments service (33%)**

Table 36 provides the demographic analysis of respondents.

Table 36 - Demographic analysis of the community pharmacy user questionnaire respondents

Sex (%)						
Male				Female		
35%				65%		
Age (%)						
≤15	16-24	25-34	35-44	45-54	55-64	65+
0%	8%	9%	11%	16%	19%	36%
Illness or disability (%)?						
Yes - limited a lot		Yes - limited a little		No	Do not wish to declare	
11.0%		17.9%		66.1%	5.1%	
Ethnic origin (%)					Survey	2011 census
Asian/Asian British – Indian					8.94%	6.8%
Asian/Asian British – Pakistani					1.63%	3.0%
Asian/Asian British – Bangladeshi					0.41%	0.7%
Asian/Asian British – Chinese					1.22%	1.1%
Asian/Asian British – other					1.22%	4.8%
Black/African/Caribbean/black British – African					4.88%	8.0%
Black/African/Caribbean/black British – Caribbean					5.69%	8.6%
Black/African/Caribbean/black British – other					0.00%	3.6%
Mixed/multiple – white and black Caribbean					0.41%	2.7%
Mixed/multiple – white and black African					0.41%	0.9%
Mixed/multiple – white and Asian					2.44%	1.4%
Mixed/multiple – other					0.00%	1.6%
Other ethnic group – Arab					0.41%	0.5%
Other ethnic group – other					0.00%	1.3%
White – English/Welsh/Scottish/Northern Irish/British					61.79%	47.3%
White – Irish					1.63%	1.5%
White – other					0.81%	6.3%
Do not wish to declare ethnic group					1.22%	

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

The Croydon Health and Wellbeing Strategy (2013-18) sets out six main areas for improving the health and wellbeing of Croydon residents. In broad terms, they are:

1. Giving children a good start in life.
2. Preventing illness and injury and helping people recover.
3. Preventing premature death and long-term conditions.
4. Supporting people to be resilient and independent.
5. Providing integrated, safe, high quality services.
6. Improving people's experience of care.

The 'Croydon CCG commissioning intentions – 2-year view (2017-18 and 2018-19)¹⁴ report is based on a number of key principles and includes the following:

- Alignment with national, London and sub-regional plans
- A continued focus on the development of outcomes-based commissioning in those over 65 years old
- Principles of 'Together for Health' (which focus on embedding prevention, self-care/management and shared decision-making)
- Commissioning services that are clinically appropriate, affordable, deliver good outcomes and demonstrate value for money

The aim will be to improve patient pathways and enable them to receive the right care at the right time in the right place. There will be better patient access to care and more care will be provided in the community to avoid hospital attendance unless necessary. Services will be more joined up and patients will be provided with the tools, education and support to manage their health conditions.

Medicines management is vital in the successful control of many long-term conditions, e.g. circulatory diseases, mental health and diabetes, therefore having a positive impact on morbidity and mortality. Disease-specific guidance, e.g. from the National Institute for Health and Care Excellence (NICE), regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

6.2 Essential services

The essential services (ES) of the community pharmacy contract must be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing
- ES 3: Disposal of unwanted medicines

¹⁴ https://healthwatchcroydon.co.uk/wp-content/uploads/2017/10/wel20161019_05_04_ccg_appendix_2_-_presentation_3.pdf

- ES 4: Promotion of healthy lifestyles
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Clinical governance

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on lifelong medicines as part of their treatment, e.g. statins or insulin.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of errors in taking medicines or of taking out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions such as smoking, healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target 'at-risk' groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role and the need for further research.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting local priorities, and pharmacies can play a positive role in ensuring improved outcomes for patients and residents.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products.

Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission.

Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist, leading to an appropriate referral.

ES7 provides the governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Croydon.

6.3 Advanced services

Advanced services are not mandatory for pharmacy contractors to provide. In many cases, there are restrictions within the provision and/or availability of these services. For example, in the case of MURs, the pharmacy providing these services must meet the following requirements for consultation areas:

- The consultation area should be where both the patient and the pharmacist can sit down together
- The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff)
- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.

As explained previously, only MUR, NMS and flu vaccination have been considered as necessary advanced services, for the purpose of this PNA. A lack of provision or access to an advanced service from a particular pharmacy may not necessarily translate into a gap and may not necessitate the granting of further applications.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced services have a role in highlighting issues with medicines or appliance adherence and also in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term conditions management.

Advanced services provide an opportunity to identify issues with side effects or changes in dosage, to confirm that the patient understands the role of the medicine or appliance in their care, and for medicine optimisation. Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the CCG.

Advanced services may also identify other issues such as those affecting general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

The inclusion of flu vaccination as one of the advanced services contributes to improved access and opportunity for the public to receive their seasonal vaccine, thus reducing demand on GP practices and helping Croydon achieve its objectives. Information from the PSNC website (accessed 1 June 2017),¹⁵ indicates a total of 950,765 vaccinations were administered for the 2016-17 influenza season.

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, COPD or CVD and carers, against diseases such as seasonal flu or shingles. These can cause additional health complications that can be associated with unplanned hospital admissions.

Promotion of self-care is an important aspect to the management of many long-term conditions. Advanced services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

6.4 Enhanced services

There is currently only one enhanced service commissioned through community pharmacies from NHS England in Croydon:

- London vaccination service

This service is provided in addition to the National Flu Vaccination Advanced Service and includes a 'top-up' element to cover additional groups of patients, e.g. carers, as well as providing vaccination for those aged 2–18 years old. There is also provision for pneumococcal vaccination to eligible cohorts.

6.5 Locally commissioned services (LCS)

Appendix A provides a summary of LCS within Croydon pharmacies described in Section 4.1 and Section 4.2. It is important to note the commissioning status of each service as this defines whether or not it is a locally commissioned service.

LCS are included within this assessment where they affect the need for pharmaceutical services or where the further provision of these services would secure improvements or better access to pharmaceutical services. Some of these services are considered.

¹⁵ PSNC website: <http://www.psn.org.uk/>

6.5.1 Locally commissioned services by Croydon CCG

Croydon CCG commissions three LCS:

- Minor ailments
- Domiciliary Medicines Review Service
- Anticoagulation service

6.5.1.1 Minor ailments

The aims of a minor ailment scheme or service are to improve access to treatment for people with minor ailments by encouraging them to utilise a pharmacist, and thereby decrease attendances at GP practices and other care settings, e.g. urgent care, for the treatment of minor ailments. This can increase capacity within GP practices and other care settings. There is a growing evidence base for the effectiveness of such schemes.

Minor ailments schemes are commissioned by NHS England on a borough basis and not on a pan-London model. In Croydon this service is commissioned from all community pharmacies by the CCG.

Complaints relating to the Croydon service are rare and focus on patients or GPs being told that the service is not available because locum or new pharmacists are unaware that they can provide the service without accreditation. Croydon CCG is unaware of any substantiated contractual issues, but is arranging some 'mystery shoppers' to identify if the service is being provided appropriately, i.e. that patients are not being steered towards it when they would have otherwise purchased remedies over the counter.

It is envisaged that the formulary will be changed to reflect any changes in advice to GPs about prescribing and self-care.

All Croydon pharmacies are eligible to provide the service.

Appendix A shows details of pharmacies providing this service.

6.5.1.2 Domiciliary Medicines Review Service

The Domiciliary Medicines Review Service, which is supported through the Better Care Fund, has been commissioned across Croydon since 2012. It is aimed at housebound people who may not be able to access pharmaceutical services and information as easily as ambulatory patients.

Those who are housebound are likely to be prescribed a number of different medications and may have poorer outcomes if they do not understand their medicines or are not using them effectively.

The service has already been shown to reduce unplanned hospital admissions and is monitored to ensure that the aims of the service continue to be met.

Elements of the service include:

- Identification of eligible people and to receive referrals for the service
- Arrangement of home visit in conjunction with carers where possible
- Review of person's use of medicines at their home
- Identification of actions required and implementation of these
- Recording of the review on the online 'Webstar' platform
- Waste avoidance – linked to the waste initiative scheme
- Disposal of unwanted medicines
- Communication of relevant findings to the patient's GP or other care professional as appropriate

In order to provide the Domiciliary Medicines Review Service, providers are required to be accredited.

With regard to the service, there have been no complaints. Concerns have been expressed by some GP practice staff that the service is insufficiently responsive on occasion. It is the intention of the CCG to have a pooled resource of accredited pharmacists which other contractors can access, in order to promote continuity of service provision.

As of 14 September 2017, 32 pharmacies (41%) are commissioned to provide a Domiciliary Medicines Review Service in Croydon. These pharmacies are geographically spread across the borough and the service is accessible in all six localities.

Appendix A shows details of pharmacies providing this service.

6.5.1.3 Anticoagulation service

As part of the service providers receive, manage and ensure appropriate referral of patients who require oral anticoagulation therapy. In particular:

- Ensure that all patients are registered with the anticoagulation clinic including name, date of birth, indication for anticoagulation, length of treatment and target INR
- Identify patients with specific needs, such as poor compliance, unstable INR, or frequent non-attendance for review by a designated clinician
- Provide all patients with an oral anticoagulation therapy (OAT) pack consisting of an information booklet, a completed alert card and a completed yellow oral anticoagulation record book, as recommended by NICE guidelines for managing patients on anticoagulation therapy
- Provide on-going patient education regarding understanding of anticoagulation and warfarin, including INR target ranges, the effects of over- or under-anticoagulation and the impact of diet, lifestyle and drug interactions on therapy

In addition, providers are required to deliver a service to meet the individual needs of patients with appropriate opening times and access. The service will include weekly clinics across a range of times to meet local need. This may include weekend or evening services as agreed with the commissioner in consultation with the public.

Appendix A includes details of those pharmacies which provide this service. As of 14 September 2017, there were seven pharmacies commissioned to provide this service. Although there is no pharmacy providing the service in either the Mayday or Thornton Heath locality, it is considered that residents' needs are met by being able to access community pharmacies which provide the service in neighbouring localities.

6.5.2 Locally commissioned services by LBC

6.5.2.1 Live Well Croydon

Live Well Croydon is a behavioural change service, which involves providing interventions for up to 12 months commissioned through a variety of providers in Croydon, including community pharmacies and GP practices. Providers are expected to deliver a consultation using motivational interviewing (MI) in order to help their clients develop awareness of their own motivations, and give them the opportunity to make their chosen behavioural change(s).

Providers can offer clients up to 12 months' MI support to change unhealthy behaviour(s), e.g. stop smoking, lose weight and be more physically active.

The aims of the service are as follows:

- To contribute to the reduction in health inequalities and to increase life expectancy in the borough
- To reduce differences in healthy life expectancy between communities by targeting services at residents at the greatest risk of poor healthy life expectancy, in addition to providing excellent universal services
- To contribute to the reduction of preventable ill health by reducing heart disease, stroke and cancers

The service has the following objectives:

- Healthy weight: to promote a healthy weight among adults to reduce rates of obesity and being overweight
- Physical activity: to increase participation in physical activity and sport and to reduce health inequalities by influencing individuals who are sedentary or have low levels of activity to be more active
- Nutrition: to increase knowledge around the nutritional content of foods, by raising awareness of harms caused by energy-dense foods that are high in fats and sugars, as well as by the promotion of healthy nutritional diets.
- Alcohol identification and brief advice: to promote the awareness of harms caused by excessive consumption of alcohol and to screen those clients drinking at increasing and high-risk levels.

- Smoking: to contribute to the overall reduction of the number of people that smoke. Stop smoking services were decommissioned as standalone services in March 2017 and are now integrated into a holistic lifestyle offer.¹⁶ This programme has two strands: an online platform¹⁷ which provides self-help information and advice to support behaviour change, and a face-to-face intervention that provides MI and behavioural support to residents to make and maintain changes to negative health behaviours like smoking, physical inactivity, alcohol use, overweight and obesity to improve their physical health and mental wellbeing. The face-to-face service is delivered by a number of advisers in the council, as well as by external providers in local pharmacies, Croydon University Hospital and MIND in Croydon. The service provides support to residents for one year and residents are offered support in line with National Centre for Smoking Cessation and Training (NCSCT) best practice (including behavioural support and provision of stop smoking medication) when smoking is the health behaviour the resident would like to address
- Emotional health and wellbeing: to promote positive mental wellbeing so that all clients feel good about themselves and are able to get the most from their lives, as well as support to improve physical health.
- Health promotion: to deliver opportunistic health education advice to further promote access to health and wellbeing, e.g. dental care, immunisations and screening, flu jabs, or NHS Health Checks

As of 24 January 2018, ten pharmacies (13%) are commissioned to provide the Live Well service in Croydon. These pharmacies are geographically spread across the borough and the service is accessible in all six localities.

6.5.2.2 Sexual Health Pharmacy Services

Croydon Council is committed to commissioning high-quality sexual health services targeted at those population groups with the highest levels of need, in particular young people.

There are 45 community pharmacies (as of 14 September 2017) in Croydon providing chlamydia and gonorrhoea testing services to young people aged 15 to 24 as part of the local screening programme, and there are good numbers in each locality.

As of 14 September 2017, ten local pharmacies offer an enhanced sexual health service mainly targeting young people. These services consist of:

- Chlamydia screening and treatment for 15–24-year-olds
- Gonorrhoea testing for 15–24-year-olds
- Condom distribution for 15–24-year-olds
- Pregnancy testing for women under 21
- Emergency hormonal contraception for women under 21

¹⁶ [Live Well Croydon](#)

¹⁷ [Just Be Croydon](#)

- Oral contraception for women under 21
- Health promotion

Components of the 'Sexual Health Pharmacy Service' comprise:

Emergency Hormonal Contraception

Teenage conception includes all conceptions before the mother's 20th birthday, but the national focus is on conception under 18. The conception rate is the number of pregnancies that start before the mother's 18th birthday (per 1,000 young women aged 15 to 17) and includes pregnancies that end either in birth or in termination.

Croydon has historically had one of the highest under-18 conception rates in London; progress has been made since this measure was introduced, with a reduction from a rate of 59.1 per 1,000 in 1998 (359 conceptions in Croydon) to 32.5 per 1,000 in 2013 (232 conceptions in Croydon). However, there have also been reductions nationally and across London, which meant that, despite progress locally, in 2013 Croydon had the second highest rate of under-18 conceptions in London and a higher rate than the national average. The high teenage pregnancy rates in Croydon have received ministerial attention and a high level of scrutiny at national, regional and local level.

Rates of termination of pregnancy (TOP), repeat TOPs and repeat terminations to women aged under 25 are also significantly higher in Croydon compared with London and national averages.

In 2014, Croydon had the highest proportion of repeat TOPs in under-25s in London, with 36.5% of TOPs being a repeat, compared with a 32.3% London average and 27% England average.

Emergency Hormonal Contraception (EHC) is provided as a free service, aimed at females aged under 21 years, presenting at a commissioned pharmacy in Croydon. There are ten pharmacies (13%) commissioned to provide this service. These are geographically spread across Croydon and the service is accessible in all six localities.

Oral contraception

The accredited pharmacist will supply oral contraception to women aged under 21 according to the criteria and procedures detailed in the relevant Patient Group Direction for progestogen-only or combined oral contraceptives.

Pregnancy testing

If the woman feels able to test on site and a sample is produced, then for a positive pregnancy test the pharmacist will provide written and verbal information including referral to appropriate services. For a negative result, the pharmacist will provide written and verbal advice regarding contraception and STIs and signpost to any necessary appropriate services. If the woman does not feel able to undertake the test on site, the pharmacist must provide the client with a sample bottle and give advice regarding how to collect a sample and return it for confirmation.

Condom distribution

As part of the enhanced sexual health service, providers distribute free condoms.

There is a very strong evidence base for the use of free condom services in reducing unplanned or unwanted pregnancies and in reducing the transmission of STIs. Their use forms part of an overall national strategy to reduce the rate of teenage pregnancy within England, as recommended by NICE.

Chlamydia and gonorrhoea screening and treatment

In April 2014 to March 2015, 13,111 of Croydon's 15–24-year-olds were screened for chlamydia with a diagnosis rate of 2,698/100,000 young people. The positivity rate was 9.4%, one of the highest in London, indicating that screening was reaching the right people and probably also indicating a higher prevalence of the infection in Croydon than in other areas.

Croydon now operates a chlamydia and gonorrhoea testing programme.

Currently, as of 14 September 2017, 45 pharmacies (58%) are commissioned to provide this service. These are geographically spread across the HWB area and the service is accessible in all six localities.

Screening services are referred to as an enhanced service within the Pharmaceutical Directions 2013. In theory they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBC.

Chlamydia treatment delivered as part of this service is the provision of antibiotics for the treatment of uncomplicated genital chlamydia trachomatis infection to clients who have had a laboratory-confirmed positive test result or who are the sexual partner of a positive index patient. Treatment must be provided in line with the protocol detailed in the PGDs for azithromycin and doxycycline.

Ten community pharmacies (13%) are commissioned to provide this service. These are geographically spread across Croydon and the service is provided in all six localities, with the exception of Purley. However, it is considered that residents in Purley can readily access service providers in neighbouring localities and service provision is considered sufficient to meet need.

6.5.2.3 NHS health checks

The NHS health check is a vascular risk assessment aimed at calculating the risk of a cardiovascular event within ten years of the day of the check. They are aimed at adults in England aged 40 to 74 and form part of the NHS programme 'Putting prevention first'.¹⁸ Crucially, an NHS Health Check can detect potential problems before they progress to more serious diagnosis.

¹⁸ DH. Putting prevention first: Vascular Checks: risk assessment and management. 2008. <http://www.healthcheck.nhs.uk/document.php?o=227>

Everyone is at risk of developing heart disease, stroke, diabetes, kidney disease and some forms of dementia. The NHS Health Check can help to detect risk factors such as obesity and high blood pressure associated with these health problems, and provides an opportunity to give personalised advice on how to reduce these risks. It is a free service to the public, including any follow-up tests or appointments. Many of the risk factors associated with CVD are also associated risk factors for cancer, e.g. smoking.

Twenty-six pharmacies (34%) are commissioned to provide this service. These are geographically spread across Croydon and the service is accessible in all six localities.

6.5.2.4 Harm reduction

Community pharmacies have been utilised for a number of years by the Drug and Alcohol Action Team (DAAT) service in the provision of supervised consumption services and needle exchange services.

Supervised consumption

Supervised consumption involves the client consuming opioid substitution products under the direct supervision of a pharmacist in a community pharmacy. It is a medicines adherence service which aims to:

- Reduce the risk of harm to the client by over- or under-usage of drug treatment
- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market
- Reduce the risk of harm to the community by accidental exposure to prescribed medicines

In Croydon, there are 45 pharmacies (58%) commissioned to provide this service. These are geographically spread across Croydon and the service is accessible in all six localities.

Supervised administration services are referred to as an enhanced service within the Pharmaceutical Regulations 2013. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBC.

Needle exchange service

This service is an integral part of the harm reduction strategy for drug users. It aims to reduce the spread of blood-borne pathogens, e.g. hepatitis B, hepatitis C and HIV, and to act as a referral point for service users to other health and social care services.

There is established evidence to support the effectiveness of needle exchange services with long-term health benefits to drug users and the whole population.

In Croydon, there are 11 pharmacies (14%) commissioned to provide this service. These are geographically spread across Croydon and the service is accessible in all six localities, with the exception of Mayday. However, it is considered that residents in Mayday can readily access service providers in neighbouring localities and service provision is considered sufficient to meet need.

Needle and syringe exchange services are referred to as an enhanced service within the Pharmaceutical Regulations 2013. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBC.

6.6 PNA localities

There are 77 pharmacies within Croydon HWB area (as of 24 January 2018). These are illustrated in Map A. Pharmacy opening times are listed in Sections 3.4.2, 3.4.3, 3.4.4, Map C and Appendix A.

As described within Section 1.5, the PNA Steering Group decided that the Croydon HWB area should be divided into six localities for the PNA:

- Mayday
- Thornton Heath
- Woodside & Shirley
- New Addington & Selsdon
- Purley
- East Croydon

Substantial health data is available at this level, and populations and their health needs vary widely between wards.

Taking the health needs highlighted, this chapter considers the pharmaceutical service provision within each locality.

6.6.1 Mayday locality

Mayday locality is made up of three wards (Bensham Manor, Norbury and West Thornton), with a population of 52,182, making it the third most populated locality.

There are ten community pharmacies in this locality, including one distance-selling pharmacy (DSP). The estimated average number of community pharmacies per 100,000 population is 19.2 (which includes the DSP), slightly below the Croydon (20.1), London (21.7) and England (21.5) averages. Nine of the pharmacies hold a standard 40-core hour contract, one of which also has a LPS contract. The LPS contract is a 'bolt-on' contract and even if this was to cease, the contractor would still continue to operate under the other contract (see Section 1.3.3). There are no 100-core hour contract pharmacies, but there is a DSP.

Of the nine pharmacies (excluding the DSP):

- 5 pharmacies (56%) are open after 6pm on weekdays
- 6 pharmacies (67%) are open on Saturdays

- 1 pharmacy (11%) is open on Sundays
- 8 pharmacies (89%) provide MURs
- 7 pharmacies (78%) provide NMS
- 8 pharmacies (89%) provide flu vaccination services (as an advanced service)

Regarding access to locally commissioned services within the nine pharmacies:

- 9 pharmacies (100%) provide the minor ailments service
- 5 pharmacies (56%) provide the Domiciliary Medicines Review Service
- 0 pharmacies (0%) provide the anticoagulation service
- 3 pharmacies (33%) provide the Live Well Croydon service
- 3 pharmacies (33%) provide the NHS Health Checks
- Sexual health
 - 5 pharmacies (56%) provide the chlamydia and gonorrhoea screening programme
 - 1 pharmacy (11%) provides the enhanced pharmacy sexual health service
- Harm reduction
 - 0 pharmacies (0%) provide the needle and syringe exchange
 - 6 pharmacies (67%) provide the supervised consumption service

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times. Although there is no pharmacy providing the anticoagulation service within the locality, service provision is considered sufficient as residents can access a number of pharmacies which provide the service in neighbouring localities.

Regarding access to enhanced services:

- 6 pharmacies (67%) provide the London vaccination service

These pharmacies are geographically spread across the locality and have varying opening hours.

There are no significant levels of housing development planned for the locality during the period of this PNA.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services.

6.6.2 Thornton Heath locality

Thornton Heath locality is made up of three wards (South Norwood, Thornton Heath and Upper Norwood), with a population of 51,932, making it the fourth most populated locality.

There are 11 community pharmacies in this locality, which includes one distance-selling pharmacy. The estimated average number of community pharmacies per 100,000 population is 21.2 (including the DSP), slightly above than the Croydon (20.1), but below the London (21.7) and England (21.5) averages. Of these pharmacies, nine hold a standard 40-core hour contract, one holds a 100-core hour contract and one is a DSP.

Of the ten pharmacies (excluding the one DSP):

- 9 pharmacies (90%) are open after 6pm on weekdays
- 10 pharmacies (100%) are open on Saturdays
- 2 pharmacies (20%) are open on Sundays
- 10 pharmacies (100%) provide MURs
- 9 pharmacies (90%) provide NMS
- 9 pharmacies (90%) provide flu vaccination services

Regarding access to locally commissioned services within the ten pharmacies:

- 10 pharmacies (100%) provide the minor ailments service
- 5 pharmacies (50%) provide the Domiciliary Medicines Review Service
- 0 pharmacies (0%) provide the anticoagulation service
- 2 pharmacies (20%) provide the Live Well Croydon service
- 3 pharmacies (30%) provide the NHS Health Checks
- Sexual health
 - 7 pharmacies (70%) provide the chlamydia and gonorrhoea screening programme
 - 2 pharmacies (20%) provide the enhanced pharmacy sexual health service
- Harm reduction
 - 1 pharmacy (10%) provides the needle and syringe exchange
 - 8 pharmacies (80%) provide the supervised consumption service

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times. Although there is no pharmacy providing the anticoagulation service within the locality, service provision is considered sufficient as residents can access a number of pharmacies which provide the service in neighbouring localities.

Regarding access to enhanced services:

- 7 pharmacies (70%) provide the London vaccination service

These pharmacies are geographically spread across the locality and have varying opening hours.

There are no significant levels of housing development planned for the locality during the period of this PNA.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced, enhanced and locally commissioned services.

The PNA is aware that there is currently a Lloyds Pharmacy in the locality which is due to close if the pharmacy is not sold to an alternative provider before 29 January 2018:

- Lloyds Pharmacy, 130 Church Road, London SE19 2NT

It is considered that if the pharmacy were to cease trading altogether, then residents in this locality could access other pharmacies located in this or neighbouring localities that provide the same services as this pharmacy.

6.6.3 Woodside & Shirley locality

The Woodside & Shirley locality is made up of three wards (Ashburton, Shirley and Woodside), with a population of 46,869, making it the least populated locality.

There are nine community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 19.2, which is below the Croydon (20.1), London (21.7) and England (21.5) averages. Of these pharmacies, eight hold a standard 40-core hour contract while one holds a 100-core hour contract.

Of the nine pharmacies:

- 7 pharmacies (78%) are open after 6pm on weekdays
- 9 pharmacies (100%) are open on Saturdays
- 2 pharmacies (22%) are open on Sundays
- 8 pharmacies (89%) provide MURs
- 7 pharmacies (78%) provide NMS
- 8 pharmacies (89%) provide flu vaccination services

Regarding access to locally commissioned services within the seven pharmacies:

- 9 pharmacies (100%) provide the minor ailments service
- 4 pharmacies (44%) provide the Domiciliary Medicines Review Service
- 1 pharmacy (11%) provides the anticoagulation service
- 1 pharmacy (11%) provides the Live Well Croydon service
- 3 pharmacies (33%) provide the NHS Health Checks
- Sexual health
 - 7 pharmacies (78%) provide the chlamydia and gonorrhoea screening programme
 - 1 pharmacy (11%) provides the enhanced pharmacy sexual health service
- Harm reduction
 - 2 pharmacies (22%) provide the needle and syringe exchange
 - 6 pharmacies (67%) provide the supervised consumption service

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times.

Regarding access to enhanced services:

- 7 pharmacies (78%) provide the London vaccination service

These pharmacies are geographically spread across the locality and have varying opening hours.

There are no housing developments planned for this locality during the period of this PNA.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced, enhanced and locally commissioned services.

The PNA is aware that there is currently a Lloyds Pharmacy in the locality which is due to close if the pharmacy is not sold to an alternative provider before 26 February 2018:

- Lloyds Pharmacy, 156 Portland Road, London SE24 4PT

This pharmacy is a 100-hour pharmacy, but it is considered that even if the pharmacy were to cease trading altogether, then residents in this locality could access other 100-hour or other late-night opening pharmacies located nearby or in the neighbouring localities of Thornton Heath or East Croydon. It is also considered that if the pharmacy were to cease trading altogether, then residents in this locality could access other pharmacies located in this or neighbouring localities that provide the same services as this pharmacy.

6.6.4 New Addington & Selsdon locality

New Addington & Selsdon locality is made up of four wards (Fieldway, Heathfield, New Addington and Selsdon & Ballards), with a population of 47,791, making it the fifth most populated locality. Two of the wards, Fieldway and New Addington, are among the 5% most deprived in the country.

There are nine community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 18.8, which is below the Croydon (20.1), London (21.7) and England (21.5) averages. All the pharmacies hold a standard 40-core hour contract.

Of the nine pharmacies:

- 7 pharmacies (78%) are open after 6pm on weekdays
- 7 pharmacies (78%) are open on Saturdays
- 0 pharmacies (0%) are open on Sundays
- 9 pharmacies (100%) provide MURs
- 8 pharmacies (89%) provide NMS
- 8 pharmacies (89%) provide flu vaccination services

Regarding access to locally commissioned services within the nine pharmacies:

- 9 pharmacies (100%) provide the minor ailments service
- 5 pharmacies (56%) provide the Domiciliary Medicines Review Service
- 1 pharmacy (11%) provides the anticoagulation service
- 1 pharmacy (11%) provides the Live Well Croydon service
- 3 pharmacies (33%) provide the NHS Health Checks
- Sexual health
 - 4 pharmacies (44%) provide the chlamydia and gonorrhoea screening programme
 - 4 pharmacies (44%) provide the enhanced pharmacy sexual health service

- Harm reduction
 - 0 pharmacies (0%) provide the needle and syringe exchange
 - 5 pharmacies (56%) provide the supervised consumption service

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times. Although there is no pharmacy open on Sundays within the locality and no pharmacy providing the needle exchange service, it is considered that residents have sufficient access to other pharmacies in neighbouring localities.

Regarding access to enhanced services:

- 6 pharmacies (67%) provide the London vaccination service

These pharmacies are geographically spread across the locality and have varying opening hours.

A number of new housing developments are planned for the locality during the period of this PNA (between 124 and 488 households – Table 5). While these new developments are potentially significant, it is considered that there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced, enhanced and locally commissioned services.

6.6.5 Purley locality

The Purley locality is made up of five wards (Coulsdon East, Coulsdon West, Kenley, Purley and Sanderstead), with a population of 70,125, making it the second most populated locality. Residents born into the Purley area (2013-15 data), have the highest life expectancy for both females (85.2) and males (81.5) of any locality within Croydon.

There are 15 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 21.4, which is higher than the Croydon (20.1) average, but lower than London (21.7) and England (21.5) averages. All of the pharmacies hold a standard 40-core hour contract and Riddlesdown Pharmacy is part of the PhAS.

Of the 15 pharmacies:

- 4 pharmacies (27%) are open after 6pm on weekdays
- 12 pharmacies (80%) are open on Saturdays
- 2 pharmacies (13%) are open on Sundays
- 14 pharmacies (93%) provide MURs
- 12 pharmacies (80%) provide NMS
- 9 pharmacies (60%) provide flu vaccination services

Regarding access to locally commissioned services within the 14 pharmacies:

- 14 pharmacies (93%) provide the minor ailments service
- 2 pharmacies (13%) provide the Domiciliary Medicines Review Service
- 2 pharmacies (13%) provide the anticoagulation service
- 2 pharmacies (13%) provide the Live Well Croydon service
- 6 pharmacies (40%) provide the NHS Health Checks
- Sexual health
 - 9 pharmacies (60%) provide the chlamydia and gonorrhoea screening programme
 - 0 pharmacies (0%) provide the enhanced pharmacy sexual health service
- Harm reduction
 - 2 pharmacies (13%) provide the needle and syringe exchange
 - 6 pharmacies (40%) provide the supervised consumption service

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times. Although there are no pharmacies providing the enhanced sexual health service, this service is available in a number of pharmacies in neighbouring localities and access and service provision is therefore considered sufficient.

Regarding access to enhanced services:

- 6 pharmacies (43%) provide the London vaccination service

These pharmacies are geographically spread across the locality and have varying opening hours.

There are no significant levels of housing development planned for the locality during the period of this PNA.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced, enhanced and locally commissioned services.

It should be noted that one pharmacy, Hobbs Pharmacy, 856 Brighton Road, has only recently opened (Autumn 2017) and so there is no data with regard to services provided or commissioned.

6.6.6. East Croydon locality

East Croydon locality is made up of six wards (Addiscombe, Broad Green, Croham, Fairfield, Selhurst and Waddon), with a population of 110,132, making it the most densely populated locality. Residents born into the East Croydon area (2013-15 data), have the lowest average life expectancy for both females (81.5) and males (77.7) of any locality within Croydon. For males born in the Selhurst ward, there is a significant reduction in life expectancy as the average is 74.4 years. The Broad Green ward is among the 5% most deprived in the country.

There are 23 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 20.9 (including one DSP), slightly higher than the Croydon (20.1) average, but lower than London (21.7) and England (21.5) averages. Of these, 20 pharmacies hold a standard 40-core hour contract, two hold a 100-core hour contract and there is one DSP.

Based upon the 22 pharmacies (excluding the one DSP):

- 18 pharmacies (82%) are open after 6pm on weekdays
- 21 pharmacies (95%) are open on Saturdays
- 9 pharmacies (41%) are open on Sundays
- 21 pharmacies (95%) provide MURs
- 17 pharmacies (77%) provide NMS
- 16 pharmacies (73%) provide flu vaccination services

Regarding access to locally commissioned services within the 22 pharmacies:

- 22 pharmacies (100%) provide the minor ailments service
- 11 pharmacies (50%) provide the Domiciliary Medicines Review Service
- 3 pharmacies (14%) provide the anticoagulation service
- 1 pharmacy (4.5%) provides the Live Well Croydon service
- 8 pharmacies (36%) provide the NHS Health Checks
- Sexual health
 - 13 pharmacies (59%) provide the chlamydia and gonorrhoea screening programme
 - 2 pharmacies (9%) provide the enhanced pharmacy sexual health service
- Harm reduction
 - 6 pharmacies (27%) provide the needle and syringe exchange
 - 14 pharmacies (64%) provide the supervised consumption service

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times.

Regarding access to enhanced services:

- 12 pharmacies (55%) provide the London vaccination service

These pharmacies are geographically spread across the locality and have varying opening hours.

A number of new housing developments are planned for the locality during the period of this PNA (between 1,260 and 2,589 homes – Table 5). There is also proposed further commercial development of the Whitgift Centre, which will include retail and office space as well as housing. While these new developments are potentially significant, it is considered that there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the new developments.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced, enhanced and locally commissioned services.

6.7 Necessary services – gaps in service provision

For the purposes of this PNA, necessary services are defined as essential services and the following advanced services; Medicines Use Review (MUR), New Medicines Service (NMS) and flu vaccination.

The PNA has considered the following when assessing the provision of necessary services in Croydon and each of the six PNA localities:

- The number, distribution and opening times of pharmacies within each of the six PNA localities and neighbouring HWB areas (Appendix A, Maps A, B and Map C)
- Average drive time. Maps D and E indicate that 98.6% residents can access their nearest pharmacy by car within ten minutes, increasing to 100% within 15 minutes
- Average public transport travel time. Maps F and G indicate that 89.2% of residents can access their nearest pharmacy within ten minutes, increasing to 99.1% within 15 minutes
- Average walking times. Map H indicates that 98.4% of residents can access their nearest pharmacy within 20 minutes
- The choice of pharmacies covering each of the six PNA localities and the services they provide (Appendix A)
- Results of the public questionnaire (Section 5 and Appendix I)
- Estimate of the average number of community pharmacies per 100,000 population (Section 3)
- Key housing developments sites within Croydon (Section 2 – Table 5)
- Projected population growth (Section 2)

The PNA has concluded there are no gaps in the provision of necessary services across Croydon

In each locality, there are pharmacies open beyond what may be regarded as normal hours, i.e. 9am to 6pm weekdays, in that they provide pharmaceutical services during supplementary hours in the evening.

Although there are some localities that don't have a 'late night' or 100-hour pharmacy located within them, needs are considered as being met, as residents in those particular localities can access services within neighbouring localities if required. In addition, no concerns or issues were identified from the public questionnaire to suggest residents have an issue with access to essential services outside normal working hours.

The PNA has concluded that there is no gap in necessary service provision.

6.8 Improvements and better access – gaps in service provision

The PNA considers it is those services provided in addition to those considered necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

The public questionnaire did not record any specific themes relating to pharmacy opening times (Section 5). The PNA therefore concludes there is no information to indicate there is a gap in the current provision of pharmacy opening times.

The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times based upon the current information and evidence available. Croydon will consider the response by pharmacy contractors to the changing expectations of the public towards pharmacy opening times during the time horizon of this PNA.

With regard to enhanced services, the PNA recognises that only those commissioned by NHS England are regarded as pharmaceutical services. However, since 1 April 2013 there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services (Section 1.3.1). Therefore, the absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Croydon CCG and through LBC (Section 4.1 and 4.2). This PNA identifies those as LCS.

The PNA notes that all enhanced services and LCS are accessible to the population in all PNA localities. The PNA also notes that it is unclear in some cases if these services are meeting the needs of the local population due to a lack of activity data and service review. Nevertheless, the PNA Steering Group has not been presented with any evidence to date which concludes that any of these enhanced services or LCS should be decommissioned or expanded. Based on current information, the PNA has not identified a need to commission any enhanced pharmaceutical services not currently commissioned.

Accessing all information used to construct this PNA, the PNA considers the location, number, distribution and choice of pharmacies covering each of the six localities and providing enhanced services and LCS, to provide an improvement and better access for the population. Based on the current information and evidence available, this conclusion also applies when considering any future circumstances within the time horizon of the PNA.

There is an opportunity to discuss the role of community pharmacies in the context of a local prevention framework.

Section 7: Conclusions

7.1 Current provision – necessary and other relevant services

For the purposes of this PNA, necessary services are defined as essential services and the following advanced services; Medicines Use Review (MUR), New Medicines Service (NMS) and flu vaccination.

Enhanced services have been identified in Section 3.6 as pharmaceutical services which secure improvements or better access or which have contributed towards meeting the need for pharmaceutical services in Croydon.

Locally commissioned services have been identified in Sections 4.1 and 4.2, and are those which secure improvements or better access to or which have contributed towards meeting the need for pharmaceutical services in Croydon. They are commissioned by the CCG or LA, rather than by NHS England.

It is recognised that a number of HWBs, which border Croydon, contribute toward meeting the pharmaceutical needs of its residents and their contribution has been taken into consideration where appropriate. No other relevant services have been identified from outside the HWB area which have secured improvements or better access for Croydon residents.

7.2 Necessary services – gaps in provision

In reference to Section 6 and required by paragraph 2 of Schedule 1 to the Pharmaceutical Regulations 2013:

7.2.1 Access to essential services

In order to assess the provision of essential services against the needs of the residents of Croydon, the PNA considers access (average travel times by car, public transport and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

7.2.1.1 Access to essential services normal working hours

The PNA has determined that the average travel times by car, public transport and walking, and opening hours of pharmacies in all six localities and across the whole HWB area, are reasonable in all the circumstances.

*There is no gap in the provision of essential services during normal working hours **across the whole of Croydon.***

7.2.1.2 Access to essential services outside normal working hours

There are some community pharmacies in each locality offering supplementary opening hours (voluntary opening more than 40 hours per week) and in the Mayday locality one pharmacy is open from 9am to 10pm each day under a LPS contract (see Section 1.3.3). If the LPS contract is terminated, the pharmacy has a right to return to its normal hours, i.e. 9am-7.30pm (Monday to Friday); 9am-6pm (Saturday).

There are also four 100-hour contract pharmacies and six 'late-night' pharmacies open beyond 8pm on weekdays or Saturdays. These are geographically spread across Croydon and present in five out of six localities. Two pharmacies are open beyond 8pm on Sundays.

Although there are some localities that don't have a 'late night', 100-hour pharmacy or pharmacy open on Sunday located within them, needs are considered as being met, as residents in those particular localities can access services within neighbouring localities if required. In addition, no concerns or issues were identified from the public questionnaire to suggest residents have an issue with access to essential services outside normal working hours.

Based upon the results of the public questionnaire, population density and access to pharmacies across Croydon, there is no identified gap in service that would equate to the need for improved access to essential services outside normal hours in Croydon.

There are no gaps in the provision of essential services outside normal working hours across the whole of Croydon.

7.2.2 Access to advanced services

There is no identified gap in the provision of advanced services. MURs are provided in 89%-100%, NMS in 77%-90% and flu vaccination in 60%-90% of pharmacies, depending on the locality. As flu vaccination is also provided from GP practices, provision of this service is considered to be sufficient.

There are no gaps in the provision of advanced services across the whole of Croydon.

7.2.3 Access to enhanced services

Section 6.4 defines the level of access to enhanced services. There is no identified gap in the provision of enhanced services as access to the London vaccination service is available in 43%-78% of pharmacies, depending on the locality.

There are no gaps in the provision of enhanced services across the whole of Croydon.

7.2.4 Future provision of necessary services

The PNA has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in any of the six localities.

The population growth, coupled with the growing ageing population, will be key drivers for the need for continued growth of pharmaceutical service provision. For each new planned housing development (Table 5, Section 2.3.3), the location and accessibility of existing pharmaceutical service provision has been reviewed to ensure there is adequate provision for the new communities.

Considering the new developments planned for Croydon, the PNA is satisfied that in all cases adequate provision exists for all services in all areas of new developments for the time horizon of this PNA.

No gaps in the need for pharmaceutical services in specified future circumstances have been identified across the whole of Croydon.

7.3 Improvements and better access – gaps in provision

As described in Section 6 and as required by paragraph 4 of Schedule 1 to the Pharmaceutical Regulations 2013:

7.3.1 Current and future access to essential services

The PNA has not identified services that would, if provided either now or in future specified circumstances, secure improvements or better access to essential services in any of the six localities.

No gaps have been identified in essential services that if provided either now or in the future would secure improvements or better access to essential services across the whole of Croydon.

7.3.2 Current and future access to advanced services

In 2015-16 MURs were available in 89%-100% of pharmacies and NMS was available in 77%-90% of pharmacies across all localities.

The flu vaccination service, which now forms part of the advanced service provision, rather than being an enhanced service, as previously, for the 2016-17 season was available from 60%-90% of pharmacies across all localities. A flu vaccination service is also provided from GP practices across Croydon.

There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to advanced services across the whole of Croydon.

7.3.3 Current and future access to enhanced services

NHS England currently commissions one enhanced service from pharmacies – the London vaccination service. There are a number of pharmacies which provide this service within each locality and access is considered adequate.

Some of the enhanced services listed in the 2013 Directions (Section 1.3.1) are now commissioned by Croydon CCG (minor ailments, domiciliary medicines review and anticoagulation service) and through LBC (Live Well Croydon, NHS Health Checks, sexual health services and harm reduction services), and therefore fall outside the definition of both enhanced services and pharmaceutical services.

There are no gaps identified in respect of securing improvements or better access to enhanced services provision on a locality basis as identified in Section 6 either now or in specified future circumstances.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to enhanced services across the whole of Croydon.

Comprehensive service reviews are required in order to establish if currently and in future scenarios, improvement of or better access to enhanced services across the whole of Croydon would be appropriate.

7.4 Other NHS services

As required by paragraph 5 of Schedule 1 to the Pharmaceutical Regulations 2013, the PNA has considered the implications of any other NHS services that may affect the need for pharmaceutical services in Croydon.

Based on current information, no gaps have been identified in respect of securing improvements or better access to other NHS services either now or in specified future circumstances across the whole of Croydon.

7.5 Locally commissioned services

With regard to enhanced services and locally commissioned services, the PNA recognises that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Croydon CCG (minor ailment scheme, Domiciliary Medicines Review and anticoagulation) or LBC (NHS Health Checks, EHC, chlamydia screening, Live Well Croydon, supervised consumption and needle exchange). This PNA identifies those as locally commissioned services (LCS).

The PNA notes that all LCS are accessible to the population from all PNA localities. Based on current information, the PNA has not identified a need to commission any LCS not currently commissioned.

Regular service reviews are recommended in order to establish if currently and in future scenarios locally commissioned services secure improvement or better access across the whole Croydon area.

Appendix A: List of pharmaceutical service providers in Croydon HWB area

Mayday locality

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services							Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS	London vaccination service (16-17 data)
FDX60	Community	Day Lewis Pharmacy	1102 London Road, Norbury SW16 4DT	09:00-18:30	09:00-13:00	Closed	N	Y	N	N	N	N	Y	Y	N	N	Y	Y	N	N	Y	N	Y
FE039	Community	Day Lewis Pharmacy	1351 London Road, Norbury SW16 4BE	09:00-19:00	Closed	Closed	N	Y	N	N	N	N	Y	Y	Y	N	Y	Y	N	N	Y	N	Y
FEV30	Community	Parade Pharmacy	299a Thornton Road, Croydon CR10 3EW	09:00-18:00	09:00-13:00	Closed	N	N	N	Y	N	N	N	Y	Y	N	Y	Y	N	N	N	N	N
FW670	Community	Bids Chemist	1495 London Road, Norbury SW16 4AE	09:00-17:30	Closed	Closed	N	N	N	N	N	N	N	Y	N	N	N	N	N	N	Y	N	Y
FMG29	Community	Cranston Ltd	951 London Road, Thornton Heath CR7 6JE	09:00-19:00	Closed	Closed	N	N	Y	Y	N	N	N	Y	Y	N	Y	Y	N	N	Y	Y	Y
FPM10	Community	Superdrug	1491-1493 London Road, Norbury SW16 3LU	09:00-18:00	09:00-17:30	Closed	N	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N	N

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services						Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services	
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS	London vaccination service (16-17 data)
FXE24	Community and LPS	Mayday Community Pharmacy	514 London Road, Thornton Heath CR7 7HQ	09:00-22:00	09:00-22:00	09:00-22:00	N	N	N	Y	Y	N	Y	Y	N	N	Y	Y	N	N	Y	N	Y
FY424	Community	Brigstock Pharmacy	141 Brigstock Road, Thornton Heath CR7 7JN	09:00-18:00	08:30-18:30	Closed	N	N	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y
FYE37	Community	Day Lewis Pharmacy	506 London Road, Thornton Heath CR7 7HQ	09:00-19:00	09:00-13:00	Closed	N	Y	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	N	Y	N	N
FR872	Distance-selling	Curepharm UK Ltd	Unit 2 1st Floor, 797 London Road, Thornton Heath CR7 6AW	09:00-17:00	Closed	Closed	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

Thornton Heath

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services							Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS	
FCX03	Community	Day Lewis Pharmacy	283 South Norwood Hill, South Norwood SE25 6DP	09:00-17:30	09:00-13:00	Closed	N	Y	N	N	N	N	Y	Y	N	N	Y	Y	N	N	Y	N	Y
FDK71	Community	Thornton Heath Pharmacy	27 High Street, Thornton Heath CR7 8RU	09:00-19:00	09:00-17:00	Closed	N	N	N	Y	Y	N	Y	Y	Y	N	Y	N	N	N	N	N	N
FGW62	Community	Lloyds Pharmacy	130 Church Road, Upper Norwood SE19 2NT	08:30-19:00	09:00-12:00	Closed	N	N	N	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	N	N
FH167	Community	Day Lewis Pharmacy	3 High Street, South Norwood SE25 6EP	09:00-18:30	09:00-16:30	Closed	N	Y	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	N	Y	N	Y
FLM48	Community	Thompsons Chemist	86-88 Beulah Road, Thornton Heath CR7 8JF	08:30-18:30	08:00-13:00	Closed	N	N	N	Y	N	N	Y	Y	N	N	Y	Y	N	N	Y	N	N
FNM41	Community	Wilkes Chemist	105 Parchmore Road, Thornton Heath CR7 8LZ	09:00-18:30	09:00-13:00	Closed	N	N	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	N	Y	N	Y

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ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services							Croydon CCG commissioned services			NHS England advanced services				NHS England enhanced services	
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS	London vaccination service (16-17 data)
FRD93	Community	Klub Pharmacy Ltd	10 Crown Point Parade, Upper Norwood SE19 3NG	09:00-18:30	09:00-14:30	Closed	N	N	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	N	Y	N	Y
FT363	Community	Tesco In-Store Pharmacy	32 Brigstock Road, Thornton Heath CR7 8RX	08:00-21:00	07:30-21:00	11:00-17:00	N	N	N	N	N	N	N	Y	N	N	Y	Y	N	N	Y	N	Y
FWG75	100 hrs	Lloyds Pharmacy Inside Sainsbury's	66 Westow Street, Upper Norwood SE19 3RW	07:00-23:00	07:00-22:00	10:00-16:00	N	N	N	N	N	N	N	Y	N	N	Y	Y	N	N	Y	Y	N
FXK58	Community	Superdrug	1-2 Cotford Parade, Brigstock Road, Thornton Heath CR7 7JG	08:30-19:00	09:00-19:00	Closed	N	N	N	Y	Y	Y	Y	Y	N	N	Y	Y	N	N	Y	N	Y
FQ347	Distance-selling	Prescription counter	Ground Floor Grosvenor House, 160 Gillett Road, Thornton Heath CR7 8SN	09:00-17:00	10:00-14:00	Closed	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	Y	N	Y

Woodside & Shirley

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services							Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services	
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS		London vaccination service (16-17 data)
FC506	Community	Shirley Pharmacy	175 Shirley Road, Shirley, Croydon CR0 8SS	09:00-19:00	09:00-17:00	Closed	N	N	N	Y	N	Y	Y	Y	N	N	N	N	N	N	N	N	N	N
FEK78	Community	Addiscombe Pharmacy	331 Lower Addiscombe Road, Croydon CR0 6RF	09:00-18:00	09:00-13:00	Closed	N	N	Y	Y	N	N	Y	Y	Y	N	Y	N	N	N	Y	N	Y	Y
FF475	Community	Greenchem Pharmacy	20 Bywood Av, Shirley, Croydon CR0 7RA	09:00-18:30	09:00-17:00	Closed	N	N	N	N	N	N	N	Y	N	N	Y	Y	N	N	Y	N	Y	Y
FGW16	Community	Greenchem Pharmacy	15 Broom Road, Shirley, Croydon CR0 8NG	09:00-19:00	09:00-17:00	Closed	N	N	N	Y	N	N	N	Y	N	N	Y	Y	N	N	Y	N	Y	Y
FHA01	100 hrs	Lloyds Pharmacy	156 Portland Road, South Norwood SE25 4PT	08:00-22:30	08:00-22:30	09:30-22:30	N	N	N	N	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	N	N	N
FQH24	Community	Fishers Enmore Pharmacy	1 Enmore Road, South Norwood SE25 5NT	08:00-22:00	08:00-18:00	11:00-13:00	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	N	Y	N	Y	Y

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services						Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services	
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS	London vaccination service (16-17 data)
FRJ65	Community	Boots	257 Lower Addiscombe Road, Croydon CR0 6RD	09:00-17:30	09:00-17:30	Closed	N	N	N	Y	N	N	Y	Y	N	Y	Y	Y	N	N	Y	N	Y
FWX40	Community	McCoig Pharmacy	143 Wickham Road, Shirley, Croydon CR0 8TE	09:00-18:30	09:00-13:00	Closed	N	N	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	N	Y	N	Y
FTK63	Community	E-Nova Healthcare Ltd	246 Wickam Road, Shirley, Croydon CR0 8BJ	09:00-13:00 14:00-18:30	09:00-13:00	Closed	N	N	N	Y	N	N	N	Y	Y	N	Y	Y	N	N	Y	N	Y

New Addington & Selsdon

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services						Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services	
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)		NUMSAS
FCL69	Community	Boots	1 Central Parade, New Addington, Croydon CR0 0JB	08:30-19:30	08:30-17:00	Closed	N	N	N	Y	N	N	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y
FG587	Community	Dougans Chemist	114 Headley Drive, New Addington, Croydon CR0 0QF	09:00-18:30	Closed	Closed	N	N	N	N	Y	N	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y
FG701	Community	Harris Chemist	3 Crossway Parade, Selsdon Park Road, South Croydon CR2 8JJ	09:00-18:00	09:00-13:00	Closed	N	N	N	N	N	N	N	Y	N	N	Y	N	N	N	N	N	N
FJ040	Community	Fieldway Pharmacy	3 Wayside, Fieldway, New Addington, Croydon CR0 9DX	08:30-20:00	10:00-14:00	Closed	N	N	Y	N	Y	N	N	Y	Y	N	Y	Y	N	N	Y	N	Y
FJ744	Community	Lloyds Pharmacy	123 Addington Road, Selsdon CR2 8LH	09:00-19:00	09:00-13:00	Closed	N	N	N	Y	N	N	Y	Y	N	N	Y	Y	N	N	Y	N	N
FMQ11	Community	Aumex Pharmacy	43 Central Parade, New Addington, Croydon CR0 0JD	08:00-19:00	09:00-17:30	Closed	N	N	Y	Y	Y	N	N	Y	Y	N	Y	Y	N	N	Y	N	Y

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services						Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services	
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS	London vaccination service (16-17 data)
FND21	Community	Lloyds Pharmacy	97 Addington Road, Selsdon CR2 8LG	09:00-19:00	09:00-13:00	Closed	N	N	N	N	N	N	N	Y	N	N	Y	Y	Y	Y	Y	N	Y
FRN19	Community	Goldmantle Pharmacy	2 Forestdale Centre, Featherbed Lane, Croydon CR0 9AS	09:00-19:30	09:00-15:00	09:00-15:00	N	N	Y	N	Y	N	Y	Y	Y	N	Y	Y	N	N	Y	N	Y
FWF34	Community	Day Lewis Pharmacy	150 Addington Road, Selsdon, South Croydon CR2 8LB	09:00-18:00	Closed	Closed	N	Y	N	Y	N	N	Y	Y	N	N	Y	Y	N	N	Y	N	N

Purley

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services							Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS	
FAJ90	Community	Lloyds Pharmacy	337 Limsfield Road, Sanderstead, South Croydon CR2 9BY	09:00-18:00	09:00-17:30	Closed	N	N	N	Y	N	N	N	Y	N	N	Y	Y	Y	Y	Y	N	N
FD662	Community	Riddlesdown Pharmacy	104 Lower Barn Rd, Purley CR8 1HR	09:00-17:30	Closed	Closed	Y	N	Y	Y	N	N	N	Y	N	N	Y	Y	N	N	Y	N	Y
FJ817	Community	Holmes Pharmacy	10 The Parade, Coulsdon Road, Old Coulsdon, CR5 1EH	08:30-17:30	08:30-13:00	Closed	N	Y	N	Y	N	N	Y	Y	N	N	Y	Y	N	N	N	N	N
FJA14	Community	Boots	15 High Street, Purley CR8 2AF	09:00-17:30	09:00-17:30	Closed	N	N	N	N	N	N	Y	Y	N	Y	Y	Y	N	N	Y	N	Y
FJY76	Community	Orion Pharmacy	939 Brighton Road, Purley CR8 2BP	09:00-18:00	09:00-14:00	Closed	N	N	N	Y	N	N	N	Y	N	N	Y	Y	N	N	Y	N	N
FL067	Community	Zina Chemist	78 Godstone Road, Kenley CR8 5AA	09:00-19:00	09:00-13:00	Closed	N	N	Y	N	N	N	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y
FM824	Community	Infohealth Ltd	28 Chipstead Valley Road, Coulsdon CR5 2RA	09:00-18:00	09:00-16:00	Closed	N	N	Y	Y	N	N	N	Y	N	N	Y	Y	N	N	N	N	N

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services							Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services		
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS		London vaccination service (16-17 data)	
FNG24	Community	Boots	118-120 Brighton Rd, Coulston CR5 2ND	09:00-17:00	09:00-17:00	Closed	N	N	N	N	N	Y	Y	Y	N	Y	Y	Y	N	N	Y	N	Y		
FP526	Community	Tesco Instore Pharmacy	8 Purley Road, Purley CR8 2HA	08:00-21:00	08:00-21:00	11:00-17:00	N	N	N	Y	N	N	N	Y	N	N	Y	Y	N	N	N	N	N		
FQ662	Community	Medipharm Chemist	37 Limsfield Road, Sanderstead, South Croydon CR2 9LA	09:00-18:00	09:00-13:00	Closed	N	N	Y	Y	N	Y	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y		
FQ724	Community	Foxley Lane Pharmacy	32 Foxley Lane, Purley CR8 3EE	08:30-18:00	09:00-12:00	Closed	N	N	N	N	N	N	N	Y	N	N	Y	N	N	N	N	Y	N		
FRM22	Community	Old Coulston Pharmacy	217 Coulston Road, Old Coulston, Croydon, CR5 1EN	09:00-18:00	09:00-13:00	Closed	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y	N	N	Y	Y	Y		
FVJ71	Community	Hobbs Pharmacy	12 Godstone Road, Kenley CR8 5JE	09:00-18:00	Closed	Closed	N	N	N	N	N	N	N	Y	N	N	Y	Y	Y	Y	N	N	N		
FW033	Community	Valley Pharmacy	209 Chipstead Valley Road, Coulston, Croydon CR5 3BR	09:00-18:30	09:00-13:00	Closed	N	Y	Y	Y	N	N	N	Y	N	N	Y	N	N	N	Y	N	N		
FXC31	Community	Hobbs Pharmacy*	856 Brighton Road, Croydon CR8 2LY	07:00-19:00	Closed	17:00-20:00	* NB Opened Autumn 2017, no data available for services provided or commissioned at time of writing																		

East Croydon

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services							Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS	
FAN61	Community	Boots	Valley Plaza Retail Park, 10 Daniell Way, Croydon CR0 4YJ	09:00-24:00	09:00-24:00	11:00-17:00	N	N	N	Y	N	Y	Y	Y	N	Y	Y	Y	N	N	Y	N	Y
FAT62	Community	Boots	77 George Street, Croydon CR0 1LD	08:00-18:30	11:00-17:00	Closed	N	N	N	N	N	N	Y	Y	N	Y	N	N	N	N	Y	N	N
FC324	Community	Boots	12-18 Whitgift Centre, Croydon CR9 1SN	08:00-19:00	08:00-19:00	11:00-17:00	N	N	N	Y	N	Y	Y	Y	N	Y	Y	Y	N	N	Y	N	Y
FCX48	Community	St Clare Chemist	21 Norfolk House, George Street, Croydon CR0 1LG	08:00-18:30	09:00-18:30	Closed	N	N	N	Y	N	N	N	Y	N	N	Y	N	N	N	N	N	N
FDX49	Community	Lloyd George Pharmacy	63 Whitehorse Road, Croydon CR0 2JG	09:00-18:30	09:00-16:00	Closed	N	N	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	N	Y	N	Y
FGQ57	Community	Day Lewis Pharmacy	45 Elmfield Way, Sanderstead, Croydon CR2 0EJ	09:00-17:30	09:00-13:00	Closed	N	Y	N	Y	N	N	Y	Y	N	N	Y	Y	N	N	Y	N	Y
FJG69	Community	Westgate Pharmacy	8 Selhurst Road, South Norwood SE25 5QF	09:00-18:30	Closed	Closed	N	N	N	N	N	N	N	Y	N	N	Y	Y	N	N	N	N	N

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services							Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services	
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS		London vaccination service (16-17 data)
FJM26	Community	Kent Pharmacy	66 Church Street, Croydon CR0 1RB	08:30-17:00	09:00-13:00	Closed	N	N	Y	N	N	N	Y	Y	Y	N	Y	N	N	N	N	N	N	N
FK170	Community	Makepeace & Jackson	7 Station Parade, Sanderstead Road, South Croydon CR2 0PH	09:00-18:00	09:00-13:00	Closed	N	N	Y	N	N	N	Y	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y
FKQ95	Community	A-Z Pharmacy	20 London Road, West Croydon CR0 2TA	09:00-18:30	09:00-18:00	11:00-17:00	N	N	Y	Y	Y	N	N	Y	Y	N	Y	Y	N	N	Y	Y	Y	Y
FLV75	Community	Superdrug	Unit 3-4 Woolworth Development, Whitgift Centre, Croydon CR0 1US	08:30-18:30	09:00-18:30	11:00-17:00	N	N	N	N	Y	Y	N	Y	N	N	Y	Y	N	N	Y	N	Y	Y
FND51	Community	Lloyds Pharmacy Inside Sainsbury's	Whitehorse Lane, Croydon SE25 6XB	08:00-21:00	07:30-20:00	11:00-17:00	N	N	N	N	N	N	N	Y	N	N	Y	Y	N	N	Y	N	N	N
FPH93	100 hrs	Lloyds Pharmacy Inside Sainsbury's	2 Trafalgar Way, Purley Way, Croydon CR0 4XT	07:00-23:00	07:00-22:00	10:00-16:00	N	N	N	Y	N	N	N	Y	N	N	Y	Y	N	N	N	Y	N	N

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services						Croydon CCG commissioned services			NHS England advanced services				NHS England enhanced services		
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)	NUMSAS	London vaccination service (16-17 data)
FQ434	Community	Shivas Pharmacy	300 London Road, Croydon CR0 2TG	09:00-18:30	09:00-13:00	Closed	N	N	Y	Y	N	Y	Y	Y	Y	N	Y	Y	N	N	Y	N	Y
FR707	100 hrs	Croydon Pharmacy	44 South End, Croydon CR0 1DP	07:00-22:00	07:00-22:00	09:00-20:00	N	N	Y	Y	N	N	Y	Y	Y	N	Y	Y	N	N	N	Y	N
FTJ31	Community	Croychem	38 Lower Addiscombe Road, Croydon CR0 6AA	09:00-20:00	09:00-14:00	Closed	N	N	N	N	N	N	N	Y	Y	N	Y	Y	N	N	Y	N	N
FTN21	Community	Barkers Chemist	105 Church Street, Croydon CR0 1RN	08:30-18:00	08:30-18:00	12:00-16:00	N	N	Y	N	N	Y	Y	Y	Y	N	Y	N	N	N	Y	N	Y
FVE79	Community	Larchwood Pharmacy	215 Lower Addiscombe Road, Croydon CR0 6RB	09:00-19:00	09:00-18:00	Closed	N	N	N	Y	N	N	Y	Y	Y	N	Y	Y	N	N	Y	N	Y
FVG31	Community	Swan Pharmacy	119 South End, Croydon CR0 1BJ	09:00-19:00	09:00-13:00	Closed	N	N	N	Y	N	N	Y	Y	N	N	Y	Y	N	N	Y	N	N
FYD76	Community	Allcorn Chemist	197 St James's Road, Croydon CR0 2BZ	09:00-18:30	09:00-13:00	Closed	N	N	Y	Y	N	N	Y	Y	Y	N	Y	N	N	N	N	N	N
FVT52	Community	Medibank Pharmacy	263 Morland Road, Croydon CR0 6HE	08:00-20:00	09:00-18:00	12:00-16:00	N	N	N	N	N	N	N	Y	N	N	Y	Y	N	N	Y	N	Y

ODS	Pharmacy/ provider type	Pharmacy name	Address	Opening hours			Pharmacy Access Scheme	London Borough of Croydon commissioned services						Croydon CCG commissioned services			NHS England advanced services					NHS England enhanced services	
				Monday- Friday	Saturday	Sunday		Live Well Croydon	NHS Health Checks	Sexual health - chlamydia & gonorrhoea screening	Sexual health - 'enhanced' service	Harm reduction - needle & syringe exchange	Harm reduction - supervised consumption service	Minor ailments service	Domiciliary medicines review service	Anticoagulation service*	MUR	NMS	AUR	SAC	Flu vaccination (16-17 data)		NUMSAS
FLW45	Community	McCoig Pharmacy	367 Brighton Rd, South Croydon CR2 6ES	09:00-18:30	09:00-13:00	Closed	N	N	N	Y	N	Y	Y	Y	Y	N	Y	Y	N	N	Y	N	Y
FJA94	Distance- selling	Day Lewis Pharmacy	2 Peterwood Way, Croydon CR0 4UQ	09:00-17:00	Closed	Closed	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

Appendix B: PNA Steering Group terms of reference

Purpose

Ensure the development of Croydon's 2018 Pharmaceutical Needs Assessment (PNA) so that Croydon Health and Wellbeing Board (HWB) meets its statutory responsibility for publishing the PNA in line with the National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

Objectives

- To oversee the development of the PNA in accordance with and ensure the PNA complies with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013
- Ensure the PNA takes into account the local demography within Croydon borough and ascertain whether there is sufficient choice and accessibility (e.g. physical access, language etc.) with regard to obtaining pharmaceutical services
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy, the CCGs' Commissioning Strategy Plans and other relevant strategies
- Ensure the consultation on the PNA meets the requirements of Regulation 8 of the Pharmaceutical Regulations 2013. In particular, ensure that both patients and the public are involved in the development of the PNA
- Ensure all appropriate stakeholders in Croydon are aware, engaged and involved in the development of the PNA
- Present the PNA first and final drafts to the HWB
- Publish the PNA on the Council's website by April 2018
- Develop a community pharmacy vision that is integrated across the health and social care spectrum, ensuring direct link to the health and wellbeing vision for the borough
- Horizon-scan for future policy direction and identify system decision-makers to transform the vision into a reality for Croydon residents
- Ensure the vision paper has adequate and appropriate patient and public involvement along with the wider community pharmacies operating in Croydon

Governance

- The Health and Social Care Act 2012 transferred the statutory responsibility for PNAs from NHS Primary Care Trusts (PCTs) to HWBs, from 1 April 2013, with a requirement to publish a revised assessment at least every three years
- This Steering Group has been established to oversee the production of the 2018 PNA for the London Borough of Croydon, reporting progress and presenting the final report to the HWB on or before the March 2018 meeting

- The HWB will be informed of progress towards the production of the PNA and relevant milestones through the HWB Programme Manager's quarterly updates
- If a statement or decision from the HWB is needed in relation to the production of the draft PNA, the Chair of the Steering Group is welcome to draft a formal report for consideration
- The Steering Group will report directly to the Director of Public Health and is accountable to Croydon HWB

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in late 2017-early 2018 to sign off the PNA 2018 for submission to the HWB.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
 - any Local Pharmaceutical Committee for its area
 - any Local Medical Committee for its area
 - any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - any LPS chemist in its area
 - any Local Healthwatch organisation for its area
 - any NHS trust or NHS foundation trust in its area
 - the NHS England
 - any neighbouring HWB
- Ensure that due process is followed
- Report to HWB on both a Draft and a Final PNA
- Publish a Final PNA by end 1 April 2018

Dates for Health and Wellbeing Board meetings, 2017-2018:

- 13 September 2017
- 18 October 2017
- 13 December 2017
- 7 February 2018
- 18 April 2018

Membership:

Delegate	Job title	Organisation
Shailen Rao	Managing Director	Soar Beyond Ltd
Anjna Sharma	Associate Director	Soar Beyond Ltd
Claire Mundle	Public Health Principal	Public Health Croydon
Mar Estupiñán	Public Health Principal	Public Health Croydon
Ellen Schwartz	Public Health Consultant	Public Health Croydon
Denise Malcolm	Senior Communications Officer	London Borough of Croydon
Craig Ferguson	Public Health Intelligence Analyst	Public Health Croydon
Jai Jayaraman	CEO	Health Watch Croydon
Andrew McCoig	Chief Executive	Croydon LPC
Barbara Jesson	Principal Pharmacist	Croydon CCG
Stephanie Kendrick	Communications Lead	Croydon CCG
Karthiga Gengatharan	Medical Director	Surrey and Sussex LMCs

Soar Beyond is not to be a core member. The meeting will be chaired by LBC Public Health, with Soar Beyond supporting. Each core member has one vote. The Director of Public Health (or Public Health representative) will have the casting vote, if required. Core members may provide a deputy to attend meetings in their absence. The Steering Group shall be quorate with five core members in attendance, one of which must be a pharmacist member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision. To be included in decision-making, members' (or their nominated deputies') attendance is essential.

In attendance at meetings will be representatives of Soar Beyond Ltd who has been commissioned by London Borough of Croydon to support the development of the PNA. Other additional members may be co-opted if required

Appendix C: Public questionnaire



Tell us what you think of pharmacy services in Croydon

Soar Beyond are supporting the London Borough of Croydon to produce a Pharmaceutical Needs Assessment in 2018. We want to hear what you think of pharmacy services in Croydon to help us develop services in the future. Your views will help us to develop our Pharmaceutical Needs Assessment (PNA) which will look at health needs in Croydon, the level and accessibility of pharmacy services and how these will be maintained and developed in the future.

We would be grateful if you could answer some questions about your own experience and views on pharmacy services. The questionnaire should take no longer than five minutes to complete. **The information in the questionnaire you provide is confidential.** Please be honest with your answers so we can accurately assess areas where pharmacies are already performing well and areas that need improvement. Information returned in the Equalities Monitoring section will be recorded separately from your questionnaire response.

If you would like to complete this online, please go to:

<https://www.surveymonkey.co.uk/r/CROYDON-Public>

Or scan the QR code below:



Closing date for this questionnaire is 18 August 2017

**Please return the completed paper questionnaire to your GP/pharmacy,
or post back to:**

Darren Hagen
Soar Beyond
1 Marchmont Gate
Maxted Road
Hemel Hempstead
HP2 7BE

Please provide your full postcode:

.....

Should you require this questionnaire in any other format or language, please call:

darren@soarbeyond.co.uk or telephone 01442 927972.

N.B. All information supplied will be kept strictly confidential, held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party.

1) How often have you visited the pharmacy in the last six months?			
For yourself:		For someone else:	
Once a week or more		Once a week or more	
Once a month		Once a month	
Once every few months		Once every few months	
Once in six months		Once in six months	
Less than once in six months		Less than once in six months	

2) Do you have a regular pharmacy that you visit?			
Yes		No	
If yes, and you are happy to do so, please provide the name and address:			

3) When considering a choice of pharmacy, which of the following helps you choose? (Please select all that apply)			
Close to home		Close to GP surgery	
Close to work		Efficiency	
Friendly staff		Expertise/quality of advice	
They offer a specific service (please specify)			
Other, please specify:			

4) Who would you normally visit the pharmacy for?			
Yourself		A family member	
Neighbour/friend		Someone you are a carer for	
Other, please specify:			

5) How would you usually travel to the pharmacy? (Please select one answer)			
Car		Taxi	
Public transport		Walk	
Bicycle		Varies	
Other, please specify:			

6) On average, how long does it take you to travel to a pharmacy? (Please select one answer)			
0 to 15 minutes		16 to 30 minutes	
Over 30 minutes		Varies	
Don't know			

7) Do you have any difficulties when travelling to your regular pharmacy (as answered in question 2?)			
Yes		No	
Not applicable (I don't have a regular pharmacy)			
If yes, please select one of the following reasons:			
Location of pharmacy		Parking difficulties	
Wheelchair or other access problems		Public transport availability	
Other, please specify:			

8) What is the most convenient day for you to visit a pharmacy? (Please select one answer)			
Monday to Friday		Saturday	
Sunday		Varies	
Don't know			

9) When do you prefer to visit a pharmacy? (Please select one answer)			
Morning (8am-12pm)		Lunchtime (12pm-2pm)	
Afternoon (2pm-6pm)		Early evening (6pm-8pm)	
Late evening (after 8pm)		Varies	
Don't know		Don't know	

10) Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select all that apply)			
Dispensing of prescriptions		Repeat dispensing services	
Needle exchange		Advice from your pharmacist	
Sale of over-the-counter medicines		Flu vaccination services	
Disposal of unwanted medicines		Minor Ailments Service	
Home delivery and prescription collection services		Detailed discussion with your pharmacist on how you take your existing and newly prescribed medicines	
Stopping smoking/nicotine replacement therapy		Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	
Immediate access to specialist drugs, e.g. palliative care medicines		Supervised consumption of methadone and buprenorphine	
Emergency supply of prescription medicines			
Other, please specify:			

11) What services would you like to see provided by your local pharmacy?			
	Yes	No	Don't know
Dispensing of prescriptions			
Repeat dispensing services			
Home delivery and prescription collection services			
Needle exchange			
Advice from your pharmacist			
Sale of over-the-counter medicines			
Disposal of unwanted medicines			
Minor Ailments Service			
Flu vaccination services			
Detailed discussion with your pharmacist on how to take your existing and newly prescribed medicines			
Stopping smoking/nicotine replacement therapy			
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)			
Immediate access to specialist drugs, e.g. palliative care medicines			
Supervised consumption of methadone and buprenorphine			
Emergency supply of prescription medicines			
Other, please specify:			

<p>Any other comments you would like to make about your pharmacy?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Thank you for completing this questionnaire

Your answers to this survey are private and will be kept in line with the Data Protection Act. If you wish to be kept informed about the Pharmaceutical Needs Assessment and the consultation we will be running, you can give us your contact details here:

Names	
Address	
Telephone number	
Email	

Preferred method of communication					
Telephone		Email		Post	

Croydon Equalities Monitoring Form

We would like to find out more about those who do and do not use our services. We want to ensure that our services are accessible to, used by and useful to people from all sections of society in Croydon and will take steps to address gaps and barriers once we know about them. Answering these few questions will help us do this.

1) Gender - what is your gender?					
Male		Female		Prefer not to say	

2) Marital Status - what is your marital status?					
Married or in a same sex civil partnership		Single		Do not wish to declare	

3) Age - what is your age group?							
Under 15		16-24		25-34		35-44	
45-54		55-64		65+		Do not wish to declare	

4) Ethnic Group - what is your ethnic group?			
Asian / Asian British			
Bangladeshi		Indian	
Pakistani		Chinese	
Any other Asian background, please specify:			
Black / African / Caribbean / black British			
African		Caribbean	
Any other black background, please specify:			
Mixed / multiple ethnic groups			
White and Asian		White and black African	
White and black Caribbean			
Any other mixed/multiple ethnic background, please specify:			

Other Ethnic Group			
Arab			
Any other ethnic background, please specify:			
White			
English/Welsh/Scottish/ Northern Irish/British		Irish	
Any other white background, please specify:			
Other ethnic group - please describe			

5) Spoken Language - what is your main language?			
English			
Other, including British Sign Language, please specify:			

6) Disability - are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?			
Yes, limited a lot		Yes, limited a little	
No		Do not wish to declare	
If yes, in what way (please tick all that apply)			
Visually impaired		Hearing impaired	
Mobility disability		Learning disability	
Communication difficulty		Mental health problems	
Other, please specify:			

The questions on the following page are voluntary

7) Religion - what is your religion?			
No religion		Baha'i	
Buddhist		Christian	
Hindu		Jain	
Jewish		Muslim	
Sikh		Do not wish to declare	
Any other religion, please specify:			

8) Gender Identity - what is your gender identity?			
Female to male transgender		Male to female transgender	
Prefer not to say			

9) Sexual Orientation - are you?			
Bisexual		Heterosexual/straight	
Homosexual/gay		Other	
Do not wish to declare			

Thank you

Appendix D: Pharmacy contractor questionnaire



PNA Pharmacy Questionnaire **Croydon Health and Wellbeing Board**

Soar Beyond is supporting the London Borough of Croydon to produce their 2018 Pharmaceutical Needs Assessment. We are undertaking a survey of all pharmacy contractors in Croydon

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at:

<https://www.surveymonkey.co.uk/r/CROYDON-Pharmacy-Contractor>

Please complete the questionnaire **by 18 August 2017**, and return any completed paper copies of the survey to:

Darren Hagan
Soar Beyond,
1 Marchmont Gate,
Maxted Road,
Hemel Hempstead
HP2 7BE

Premises Details

Contractor Code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading Name	
Address of contractor pharmacy	
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this pharmacy a Distance-Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the LPC store the above information and use it to contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Core Hours of Opening

Day	Open from	To	Lunchtime (from - to)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Total Hours of Opening

Day	Open from	To	Lunchtime (from - to)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Consultation Facilities

There is a consultation area (meeting the criteria for the Medicines Use Review service) (tick as appropriate)

On premises	None	<input type="checkbox"/>
	Available (including wheelchair access)	<input type="checkbox"/>
	Available (without wheelchair access)	<input type="checkbox"/>
	Planned within the next 12 months	<input type="checkbox"/>
	Other (please specify)	
Where there is a consultation area, is it a closed room?		<input type="checkbox"/> Yes <input type="checkbox"/> No

During consultations are there hand-washing facilities	In the consultation area	<input type="checkbox"/>
	Close to the consultation area	<input type="checkbox"/>
	None	<input type="checkbox"/>

Patients attending for consultations have access to toilet facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Off-site	The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	The pharmacy is willing to undertake consultations in patient's home/other suitable site	<input type="checkbox"/> Yes <input type="checkbox"/> No

Access to the Pharmacy

The pharmacy is accessible for wheelchair users	Ramped access	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wide door	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Electric door	<input type="checkbox"/> Yes <input type="checkbox"/> No

Languages spoken (in addition to English) – please list	
---	--

IT Facilities in the Pharmacy

Electronic Prescription Service Release 2 enabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
NHSmail being used	<input type="checkbox"/> Yes <input type="checkbox"/> No
NHS Summary Care Record enabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Up to date NHS Choices entry	<input type="checkbox"/> Yes <input type="checkbox"/> No

Healthy Living Pharmacies (HLP)

Select the one that applies

The pharmacy has achieved HLP status at Level 2 or above	<input type="checkbox"/>
The pharmacy is working toward HLP status	<input type="checkbox"/>
The pharmacy is not currently working toward HLP status	<input type="checkbox"/>

Services

Does the pharmacy dispense appliances?

Yes, all types	<input type="checkbox"/>
Yes, excluding stoma appliances	<input type="checkbox"/>
Yes, excluding incontinence appliances	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances	<input type="checkbox"/>
Yes, just dressings	<input type="checkbox"/>
Other (please identify)	
None	<input type="checkbox"/>

Advanced services

Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Medicines Use Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Urgent Medicine Supply Advanced Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enhanced¹⁹ and Other Locally Commissioned Services

Which of the following services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with LA	Willing to provide if commissioned	Not able or willing to provide	Currently or willing to provide as a private service
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Advice Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Dispensing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Service (not EHC) ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domiciliary Medicines Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease-Specific Medicines Management Service:						
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/ dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹⁹ 'Enhanced Services' are those commissioned by the local NHS England Team. CCGs and Local Authorities can commission other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

²⁰ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the local NHS England Team. The local NHS England Team may commission them on behalf of the CCG or LA, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with LA	Willing to provide if commissioned	Not able or willing to provide	Currently or willing to provide as a private service
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)						
Emergency Contraception Service ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?						
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUR Plus/ Medicines Optimisation Service ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an MUR Plus/Medicines Optimisation Service, what therapeutic areas are covered?						
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity Management - adults ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity Management - children	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with LA	Willing to provide if commissioned	Not able or willing to provide	Currently or willing to provide as a private service
Not-Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name the medicines covered by the Patient Group Direction						
Phlebotomy Service ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service						
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)						
Seasonal Influenza Vaccination Service ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccinations⁽²⁰⁾						
Childhood vaccinations	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at-risk workers or patients)	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)						

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with LA	Willing to provide if commissioned	Not able or willing to provide	Currently or willing to provide as a private service
Sharps Disposal Service ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, what therapeutic areas are covered?						
Vascular Risk Assessment Service (NHS Health Check) ⁽²⁰⁾	<input type="checkbox"/> ⁽²⁰⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-commissioned Services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines - free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines - selected patient groups - list criteria:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines - selected areas - list areas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines - chargeable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored dosage systems - free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored dosage systems - chargeable	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Is there a particular need for a locally commissioned service in your area?</p> <p>If yes, what is the service requirement and why?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Details of the Person Completing this Questionnaire - if questions arise

Contact name	Contact telephone number

Appendix E: Commissioner questionnaire



PNA Commissioner Questionnaire

Croydon Health and Wellbeing Board

Soar Beyond is supporting the London Borough of Croydon to produce their 2018 Pharmaceutical Needs Assessment. We are undertaking a survey of all commissioners who are responsible for commissioning services from community pharmacies in Croydon (even if they do not commission services currently).

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer you may complete the survey online at <https://www.surveymonkey.co.uk/r/CROYDON-Commissioner>

Please complete the questionnaire by **18 August 2017**, and return any completed paper copies of the survey to:

Darren Hagan
Soar Beyond,
1 Marchmont Gate,
Maxted Road,
Hemel Hempstead
HP2 7BE

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Advice Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Dispensing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domiciliary Medicines Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Disease-Specific Medicines Management Service:					
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/ dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
Emergency Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUR Plus/ Medicines Optimisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management - adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management - children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not-Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
On-Demand Availability of Specialist Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Screening Service					
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
Seasonal Influenza Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Other vaccinations					
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at-risk workers or patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)					
Sharps Disposal Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of the person completing this form:

Contact name, role and organisation of person completing questionnaire, if questions arise	Contact telephone number

Appendix F: PNA timeline

Project Plan for Croydon 2018 PNA

	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Contract commencement date (4 July 2017)									
Kick-off meeting with LA PNA lead <ul style="list-style-type: none"> Detailed project plan shared and agreed Agree accountabilities Identify and approach potential members for PNA Steering Group Draft Terms of Reference shared Communications Plan, including frequency and mechanism for LA checkpoint meetings Contacts list developed for key stakeholders RAG rated Risk and Issues log set up Agree delegation and briefing updates required for Execs/HWB 									
Steering Group and Project Governance established <ul style="list-style-type: none"> First PNA Steering Group meeting conducted Project plan shared and agreed Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 									
Stakeholders identified <ul style="list-style-type: none"> For dissemination of information Contact details obtained and initial contact made Share project plan and brief on what the Pharmaceutical Needs Assessment is 									
Checkpoint web meeting with LA PNA lead									
Data collection and stakeholder engagement <ul style="list-style-type: none"> Distribution of online pharmacy user questionnaire (posters advertising also sent to all pharmacies and GP practices in each borough) Distribution of online pharmacy contractor questionnaire Distribution of online commissioner questionnaire 									
Checkpoint web meeting with LA PNA lead									

	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Information collection <ul style="list-style-type: none"> • Receipt and review of planning and strategy documents, e.g. JSNA, Housing Strategy, Commissioning Intentions, STP etc. • List of all providers of pharmaceutical services from NHS England, e.g. pharmaceutical contractors, internet pharmacies etc. • List of any commissioned services by CCG, e.g. minor ailment services, out-of-hours, local hospitals • Information from LA, e.g. demographics, specific health needs, and any commissioned services Second PNA Steering Group meeting to agree and finalise data for Draft PNA			7						
Current and future service provision detailing and analysis <ul style="list-style-type: none"> • Pharmacies categorised by type (40hr/100hr/internet) – map provided as per Pharmaceutical Regulations 2013, to include cross-border pharmacies • Opening times map produced • Travel access maps: drive times (average, peak, off-peak), walking, public transport – plus population numbers by travel time • Demographics analysis (supported by LA) • Health and lifestyle analysis (supported by LA) • Planning: Housing developments and new care home developments listed, and analysed for prospective impact on future pharmaceutical needs (supported by LA) • Pharmacies who provide advanced services • Pharmacies who provide enhanced/locally commissioned services • Pharmacy contractor workshop to develop a vision for the future of community pharmacy in LBC 									
Checkpoint web meeting with LA PNA lead									
Collation and analysis of all information collected <ul style="list-style-type: none"> • Triangulate information received from duplicate sources, identifying and resolving any discrepancies and gaps (e.g. opening hours information) • Comparison with information and recommendations from 2015 PNA 									
Review and identify gaps in service, current and future <ul style="list-style-type: none"> • Identification of any changes (service provision, current and future needs etc.) • Identify potential gaps • Make recommendations 									

	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
Checkpoint web meeting with LA PNA lead									
Draft PNA completed <ul style="list-style-type: none"> Complete the draft assessment, clearly articulating any gaps identified, and propose recommendation Compile specific consultation questions Highlight any specific communities and/or providers identified as affected by the analysis of gaps Third PNA Steering Group meeting: agree Draft PNA and provide report for December Execs/HWB meeting (if required)					9				
Consultation period (20 Nov 2017-19 Jan 2018) <ul style="list-style-type: none"> Host Draft PNA on council's website (supported by LA) Advertise consultation through existing consultation channels (e.g. communications and engagements leads with CCGs, Healthwatch, Patient Participation Groups etc.) Send links of Draft PNA to consultees as required by the Pharmaceutical Regulations (listed within the Communications Plan), and any specific individuals, populations and stakeholder groups identified within the stakeholder engagement undertaken in the summer Hold direct stakeholder engagement events (face-to-face meetings, webinars, online surveys etc.) with specific populations/providers identified as potentially affected by the analysis of gaps									
Checkpoint web meetings with LA PNA lead									
Consultation findings report <ul style="list-style-type: none"> Collate, analyse and make recommendations on the consultation responses Fourth PNA Steering Group meeting: make changes necessary to the draft PNA and agree Final PNA									
Final PNA <ul style="list-style-type: none"> Produce final document in pdf format for uploading to council's website Consultation findings report and Final PNA to Execs meeting in March 2018 and/or HWB meeting in April 2018 (if required) for approval/for information Send links of Final PNA to consultees as required by the Pharmaceutical Regulations (listed within the Communications Plan), and any specific individuals, populations and stakeholder groups identified within the stakeholder engagement undertaken in the Summer									
Checkpoint web meeting with LA PNA lead									
PNA published (expected completion date w/c 26 March 2018)									

Appendix G: Consultation plan and list of stakeholders

Stakeholder		Engagement during PNA production			Draft PNA
	Role	PNA briefing letter sent (Y/N)	Steering Group representation (Y/N)	Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA sent (Y/N)
Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)	Public Health Principal	Y	Y	All	Y
	Healthwatch	Y	Y	All	Y
	LMC	Y	Y	All	Y
	LPC	Y	Y	All	Y
	NHSE	N	N	All	Y
	Pharmacy contractors	N	N	Public / Contractor	Y
	Dispensing appliance contractors	N	N	Public / Contractor	Y
	LPS pharmacies	N	N	Public / Contractor	Y
	Hospital NHS Trust	N	N	Public	Y
	NHSE Foundation Trust	N	N	Public	Y
	Neighbouring Health and Wellbeing Board	N	N	Public	Y
Other consultees	Public Health Consultant	Y	Y	All	Y
	Principal Public Health Intelligence Analyst	Y	Y	All	Y
	Senior Communications Officer	Y	Y	All	Y
	Principal Pharmacist CCG	Y	Y	All	Y
	Communications Lead	Y	Y	All	Y
	Neighbouring LMC	N	N	Public / Contractor	Y
	Neighbouring LPC	N	N	Public / Contractor	Y
	GP Practices	N	N	Public	Y
	Libraries	N	N	Public	Y
	South London and Maudsley NHS Foundation Trust	N	N	Public	Y
	Croydon Health Services comms leads	N	N	Public	Y

Appendix H: Summary of consultation responses and comments

As required by the Pharmaceutical Regulations 2013,²¹ a 60-day consultation on the draft PNA was conducted from 20 November 2017 to 21 January 2018.

The draft PNA was hosted on the Croydon Council website and invitations to review the assessment and comment were sent to a wide range of stakeholders including all community pharmacies in Croydon. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Croydon as identified by Croydon Council and Croydon Healthwatch. Responses to the consultation were possible via an online survey, paper or email.

There were in total 139 responses to the internet survey, and no paper surveys or email comments. There were 40 responses (29%) received from the public, one (1%) from community pharmacies, five (4%) from carers, two (2%) from GP and healthcare providers, and six (5%) from 'other'. The remaining 85 responses (61%) are from unidentified sources.

The following are the main themes, and the PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Consideration which services are 'necessary' and 'relevant'
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

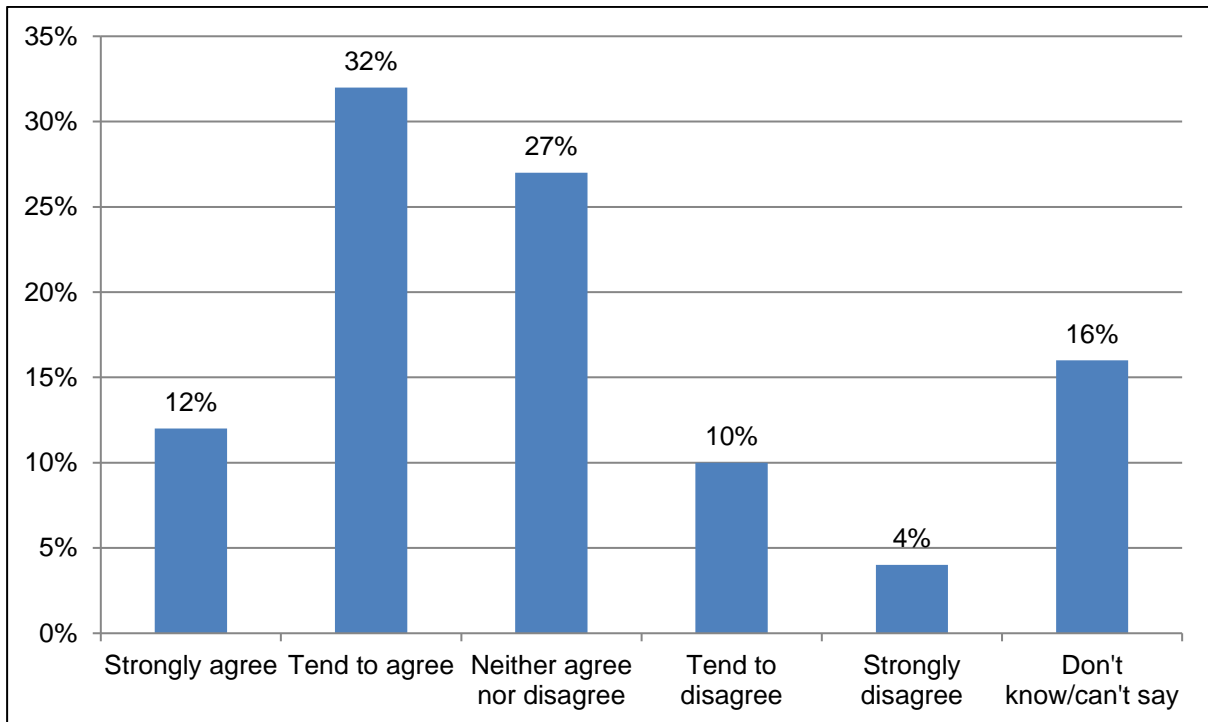
All responses were considered by the PNA Steering Group at its meeting on 8 February 2018 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. Should you wish to view these comments please contact the Public Health Team, mar.estupinan@croydon.gov.uk

Below is a summary of responses to the specific questions asked during the consultation.

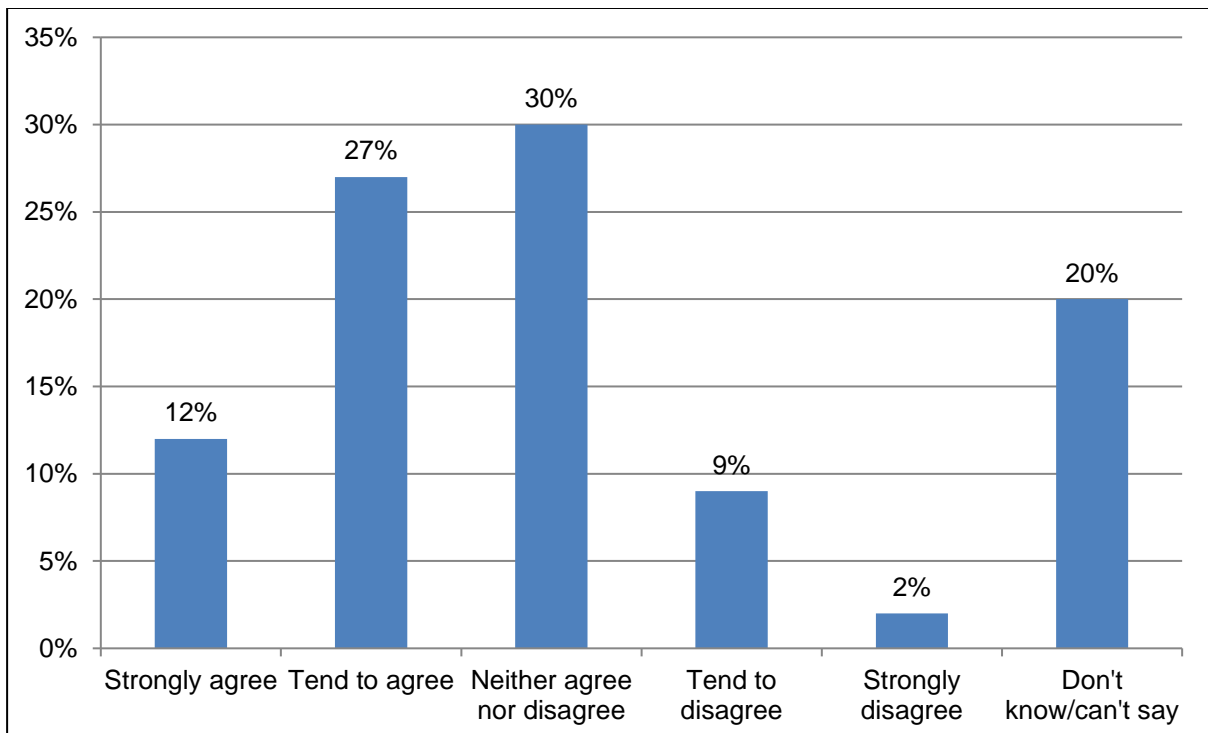
²¹ Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

Consultation questions and responses:

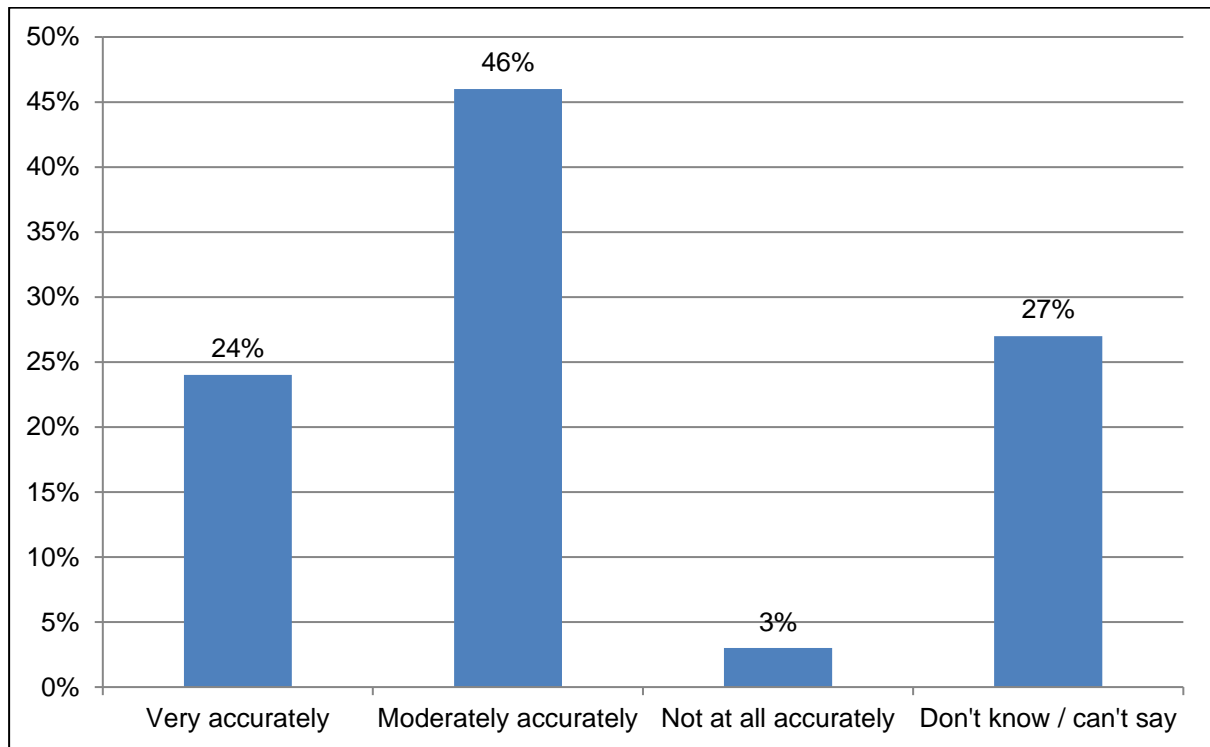
Q1. The Croydon draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?



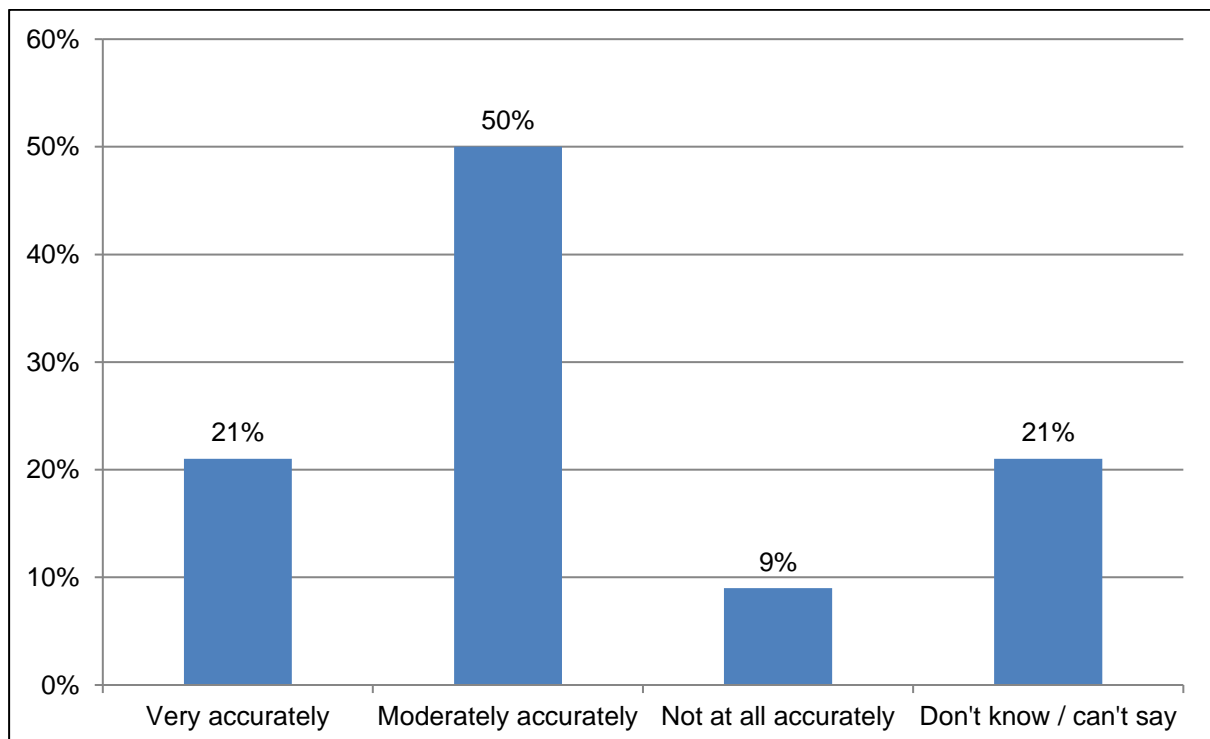
Q2. To what extent do you agree or disagree with the other conclusions contained within the draft PNA? (See the Executive Summary and Section 7 of the document)



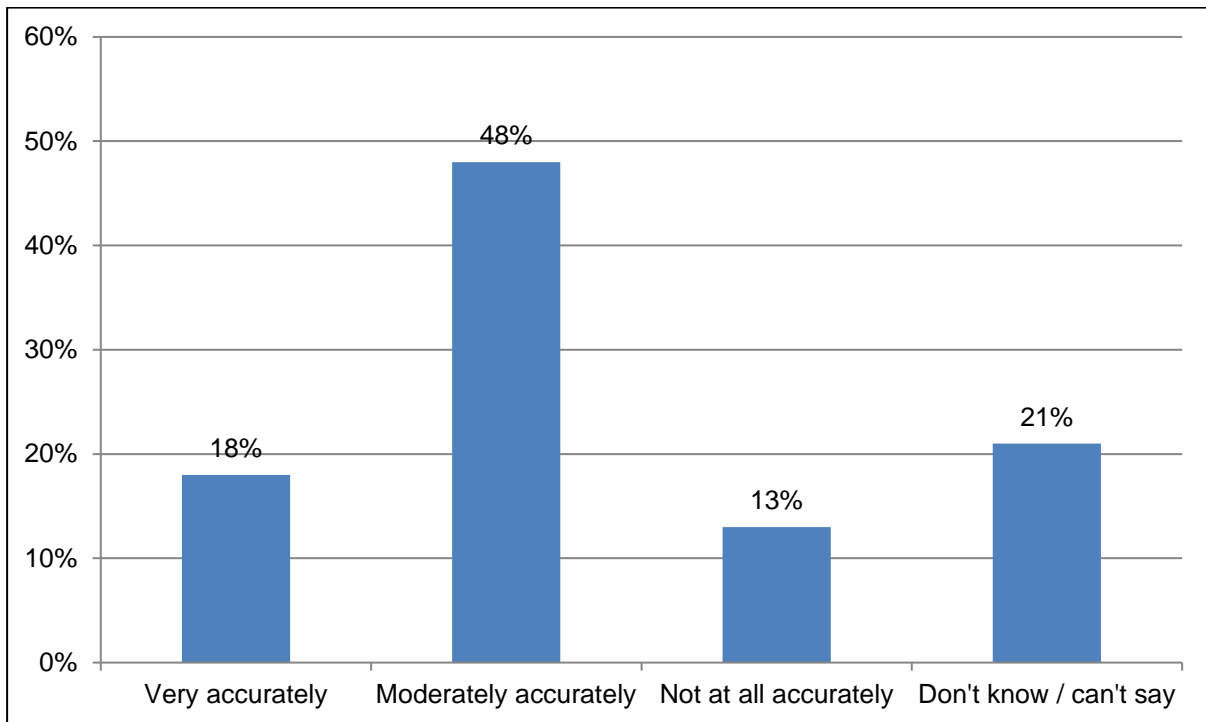
Q3. In your opinion, how accurately does the draft PNA reflect the current provision of pharmaceutical services in Croydon? (See Sections 3.5 and 3.6, Sections 4.1, 4.2 and 4.3, and Sections 7.1.to 7.6 of the draft PNA)



Q4. In your opinion, how accurately does the draft PNA reflect the current pharmaceutical needs of Croydon's population? (See Sections 7.1 to 7.6 of the draft PNA)

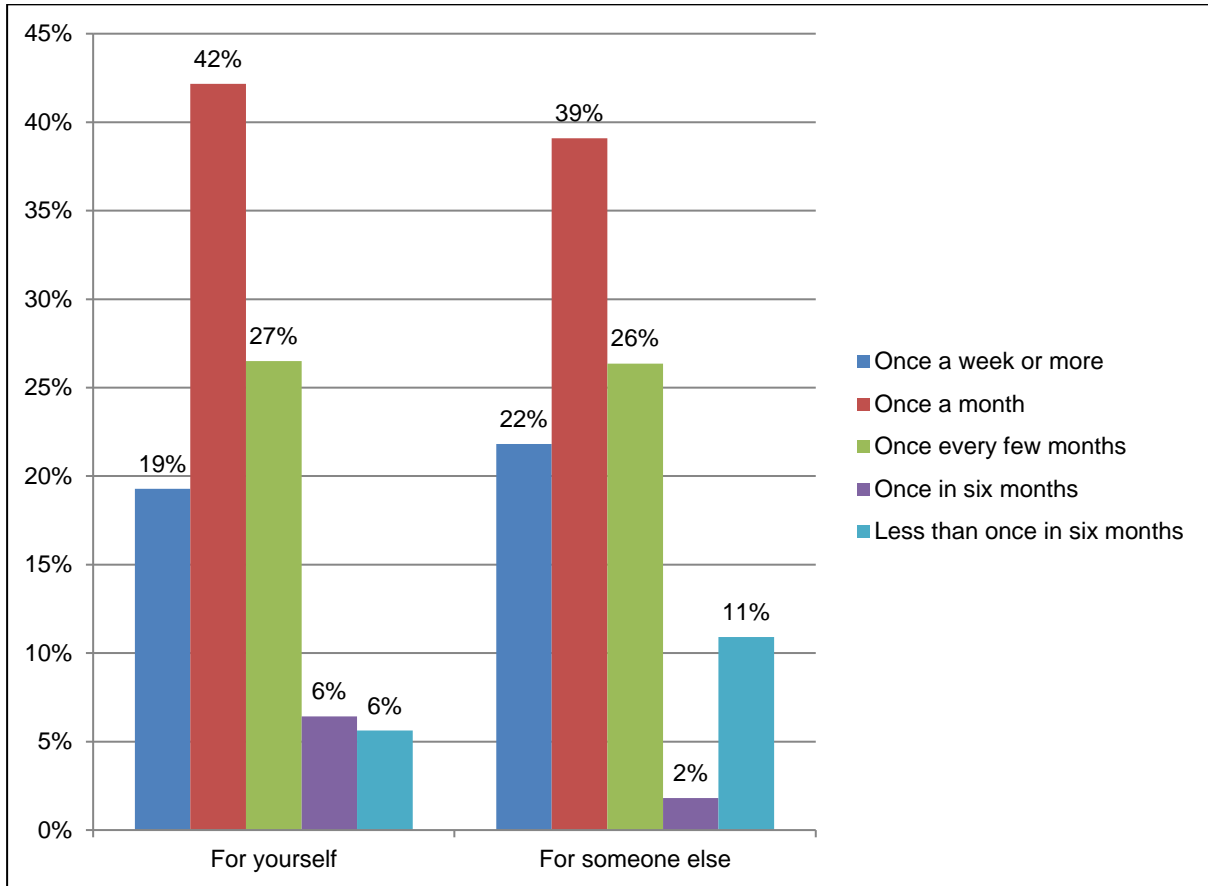


Q5. In your opinion, how accurately does the draft PNA reflect the future pharmaceutical needs of Croydon's population (over the next three years)?
(See Section 7.3 of the draft PNA)

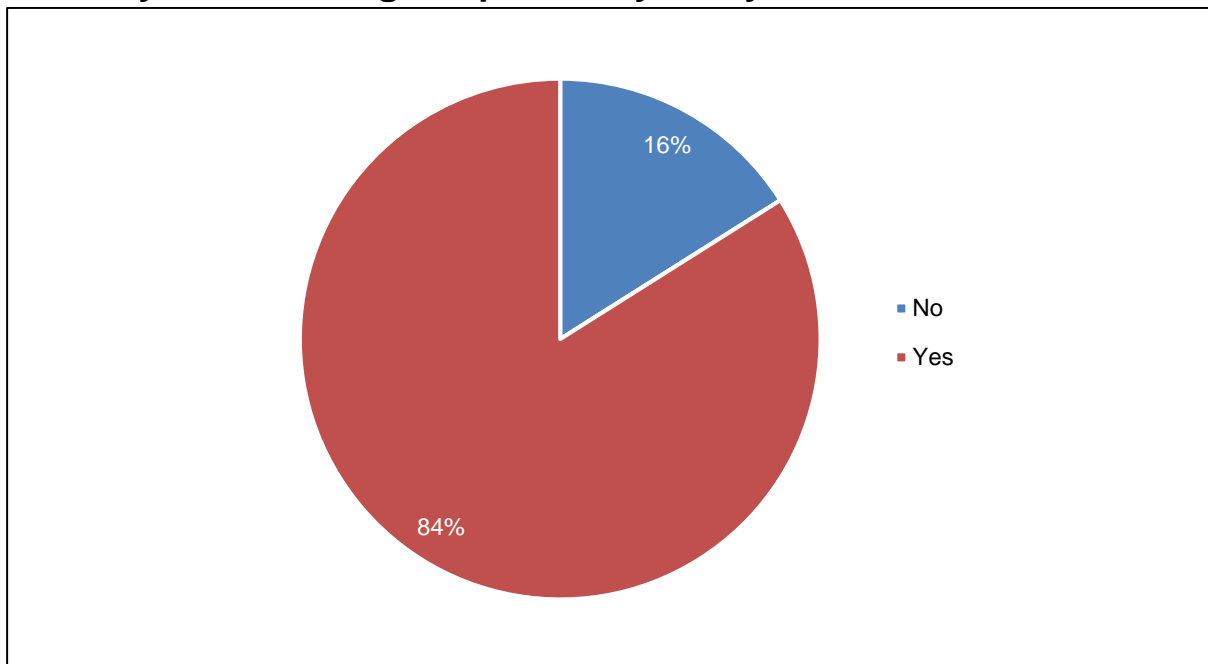


Appendix I: Results of the public questionnaire

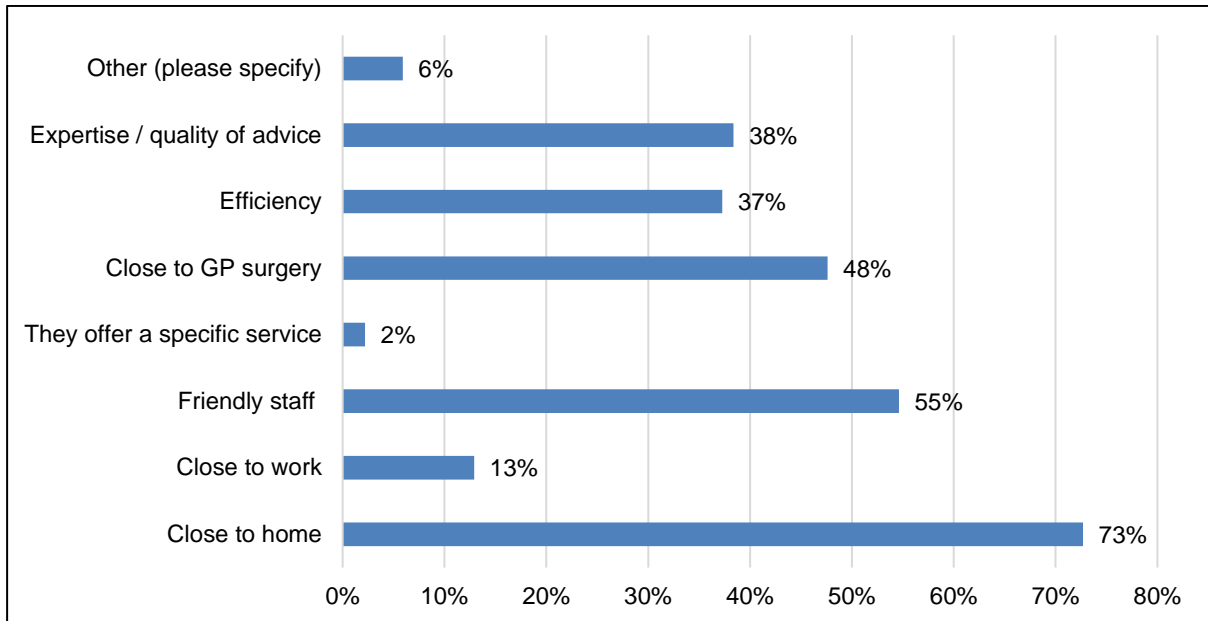
Q1. How often have you visited the pharmacy in the last six months?



Q2. Do you have a regular pharmacy that you visit?



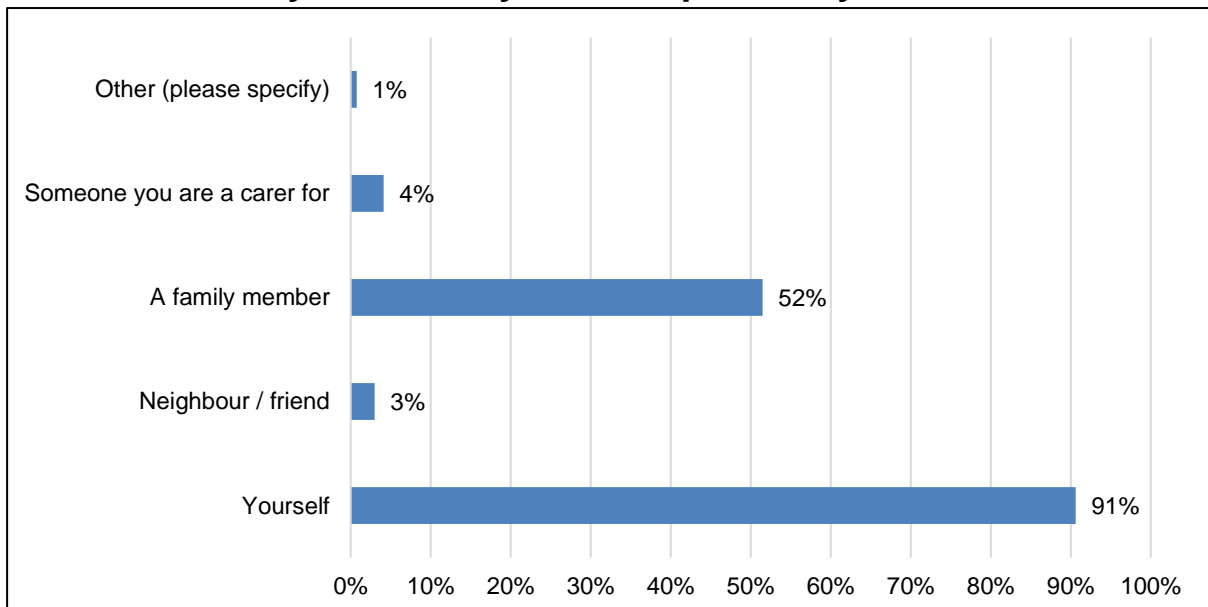
Q3. When considering a choice of pharmacy, which of the following helps you choose?



Other responses:

Opening hours (1)	They go the extra mile to help (1)
No waiting (2)	Delivery and minor ailments (1)
Very helpful (1)	Consultation room (1)
Aware of health history (1)	Check blood pressure, flu jabs (1)
Advice on telephone (1)	Convenience when shopping (1)
Stock & supply of tablets and advice (1)	Free parking (1)

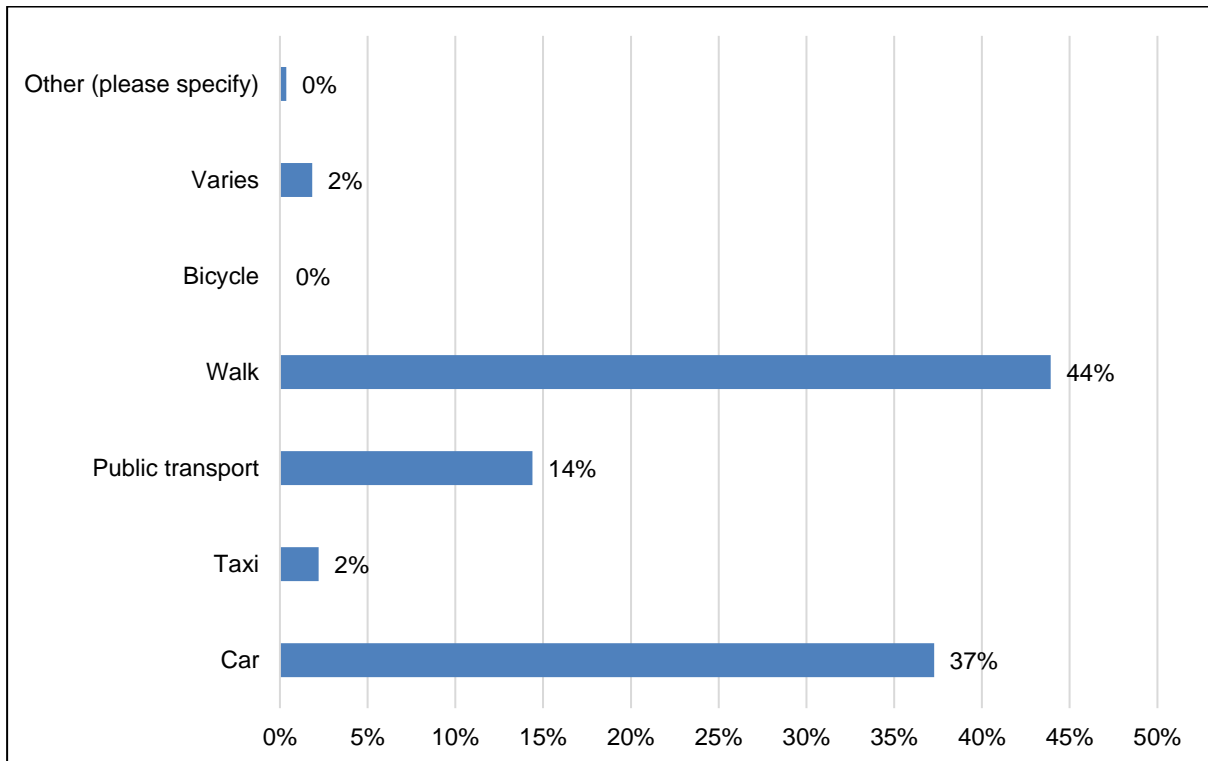
Q4. Who would you normally visit the pharmacy for?



Other responses:

Husband (1)	The whole family (1)
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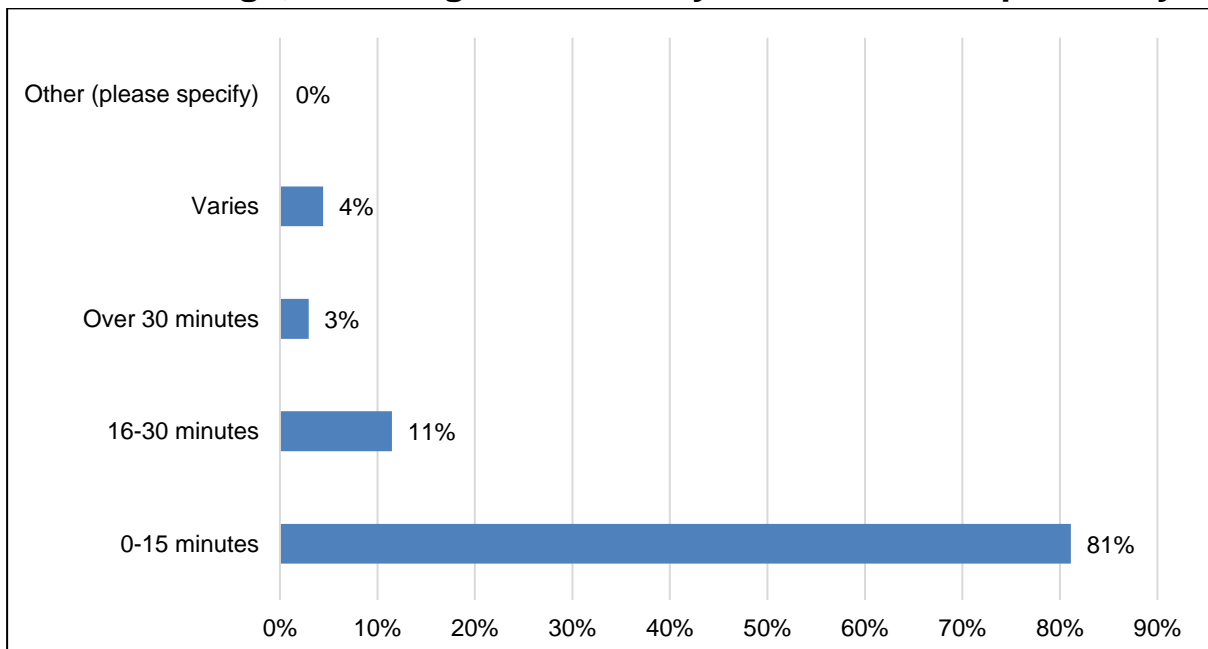
Q5. How would you usually travel to the pharmacy?



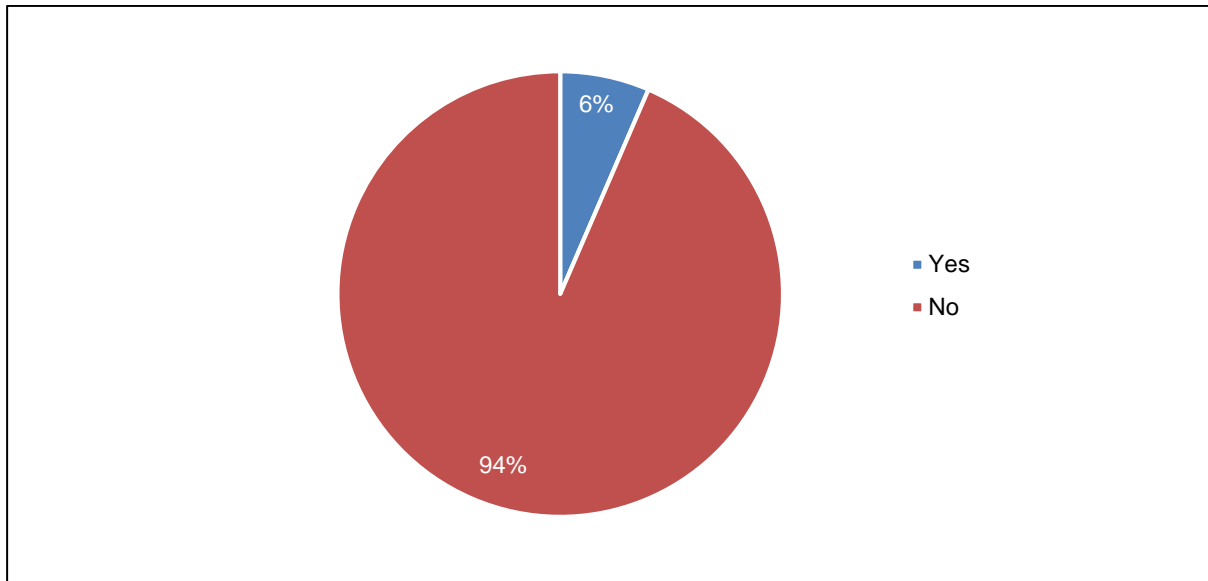
Other responses:

Carer is severely disabled (1)	
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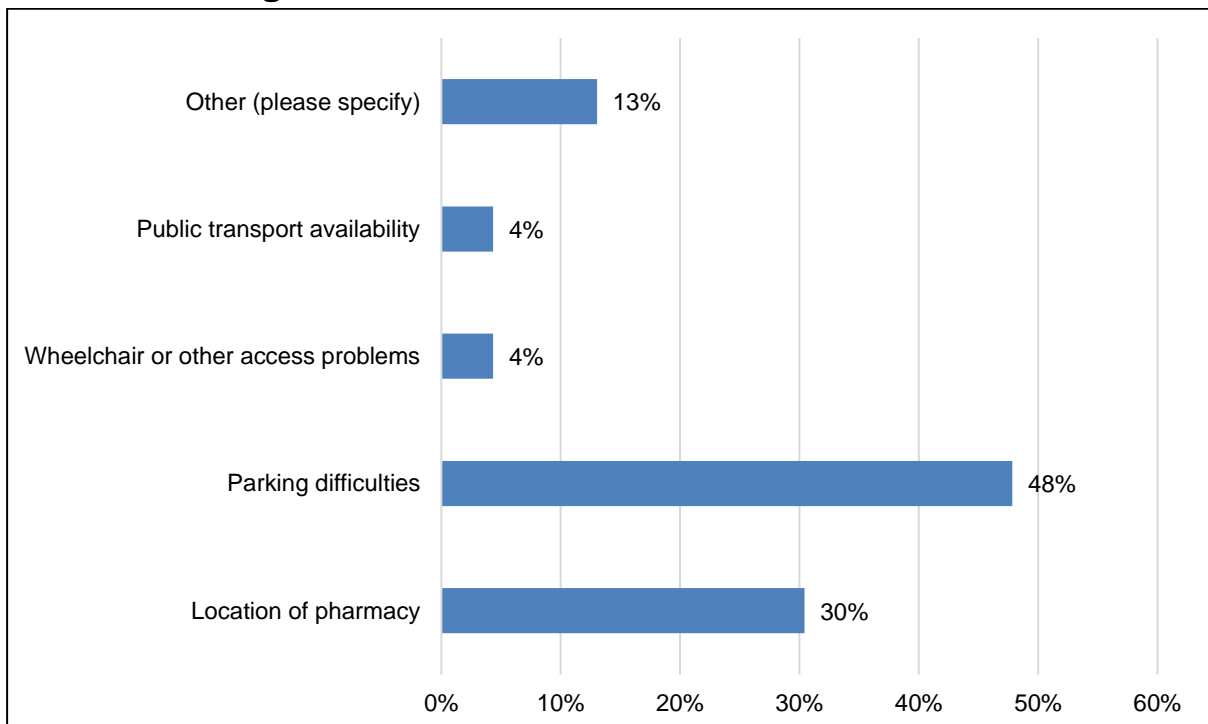
Q6. On average, how long does it take you to travel to a pharmacy?



Q7. Do you have any difficulties when travelling to your regular pharmacy (as answered in question 2)?



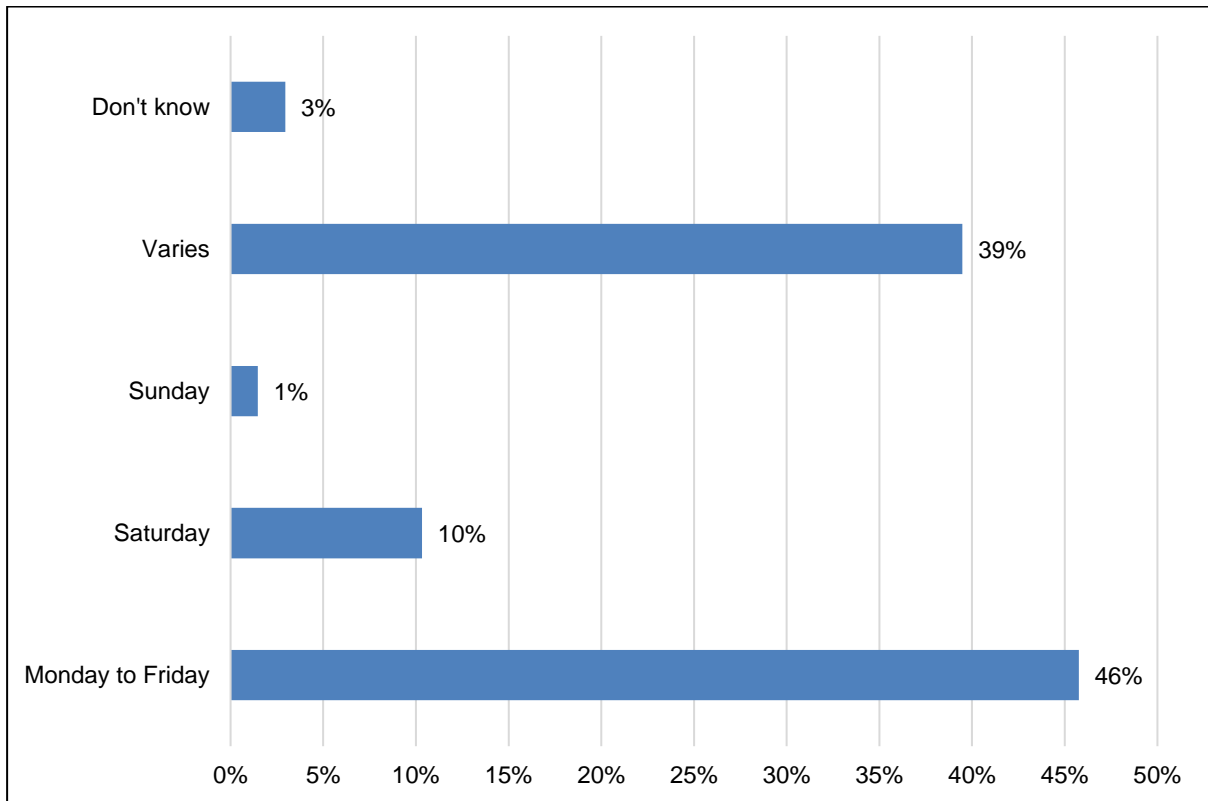
Q8. If you answered yes to the previous question, please select one of the following reasons



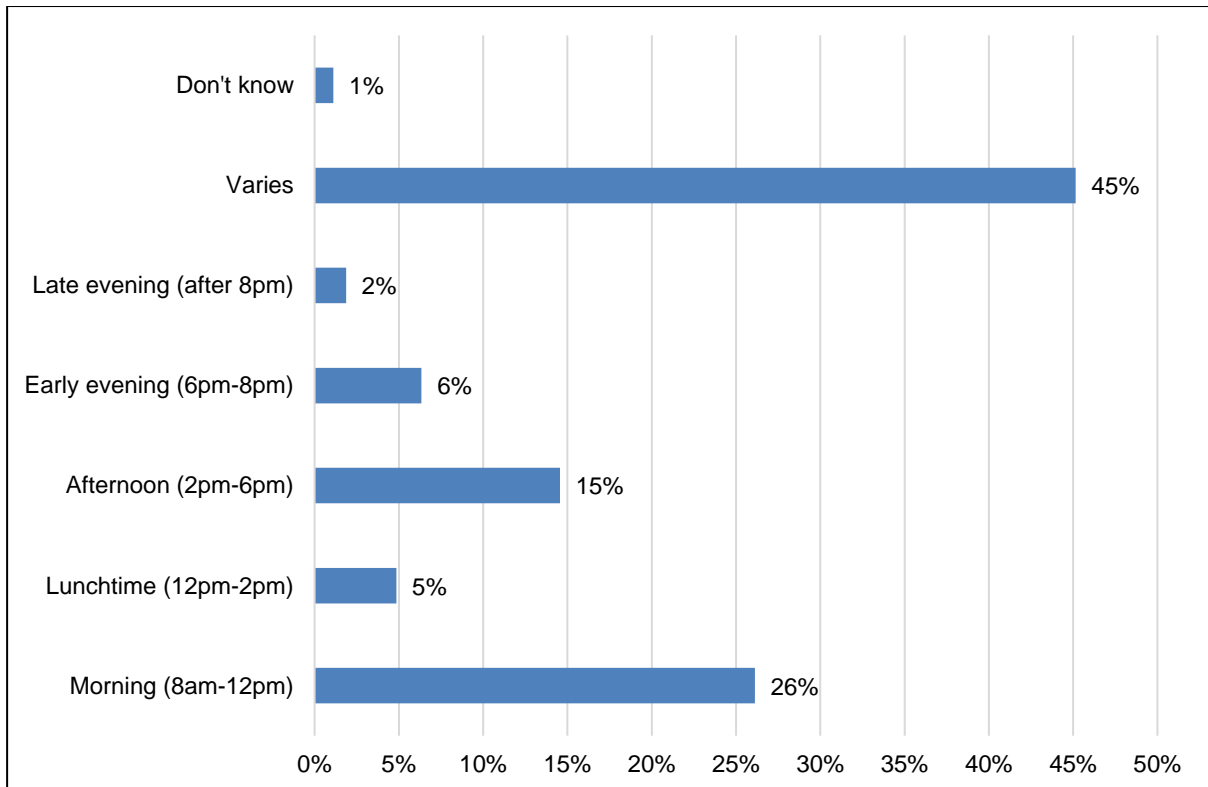
Other responses:

Housebound person (1)	Back pain walking (1)
NFA sometimes not in area (1)	

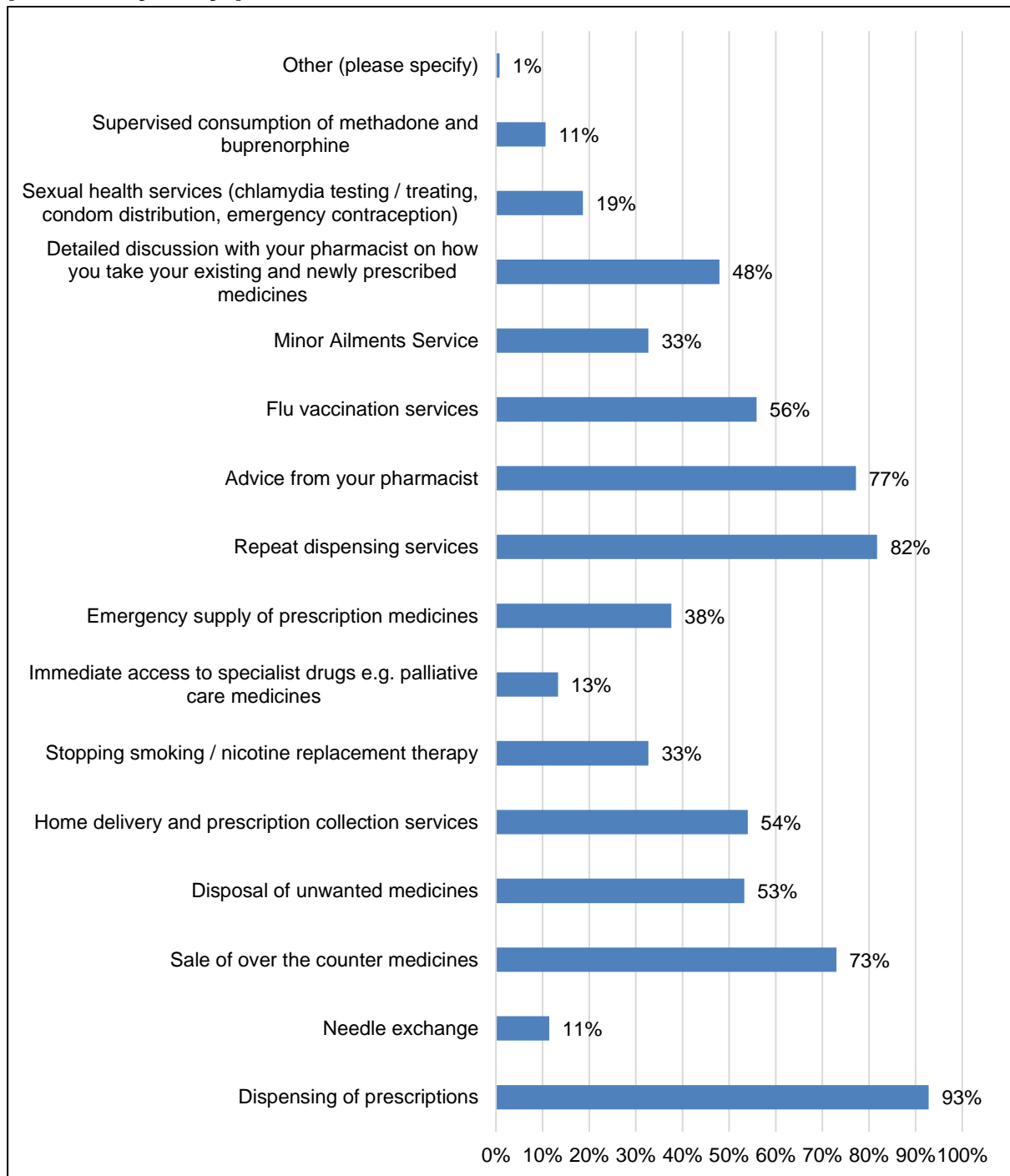
Q9. What is the most convenient day for you to visit a pharmacy?



Q10. When do you prefer to visit a pharmacy?



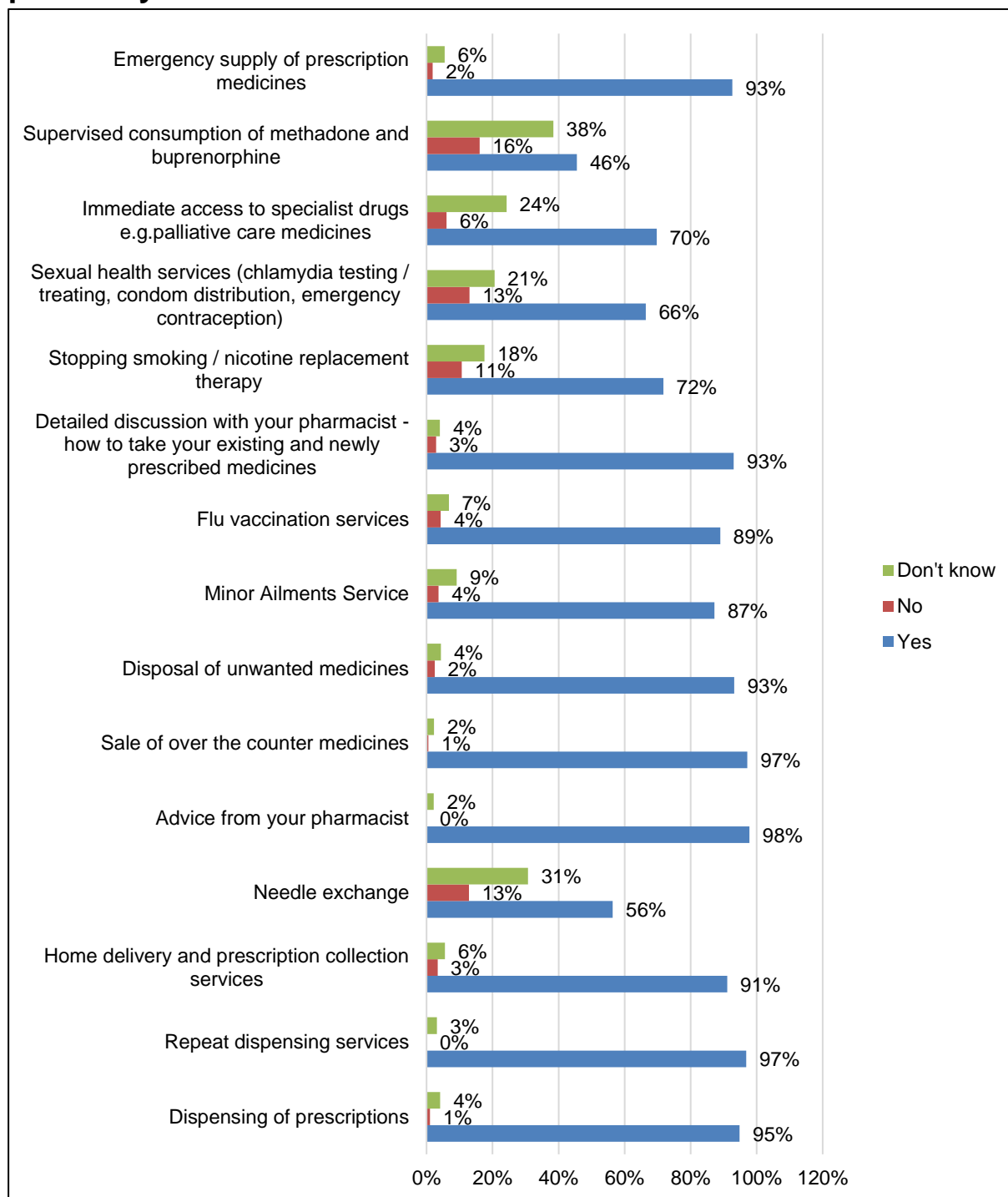
Q11. Which of the following pharmacy services are you aware that a pharmacy may provide?



Other responses:

Taking blood pressure (1)	Do not use services, they don't apply to me (1)
---------------------------	---

Q12. What services would you like to see provided by your local pharmacy?



Other responses:

Excellent service and opening hours (1)	Some of these do not apply to me (3)
All services already received (2)	Happy with my pharmacy (1)
All services are necessary for the community (1)	This pharmacy is exceptionally appalling (1)
Travel clinic (1)	Already supplies what I need (1)
Correct supply and stock of tablets (1)	

Q13. Any other comments you would like to make about your pharmacy?

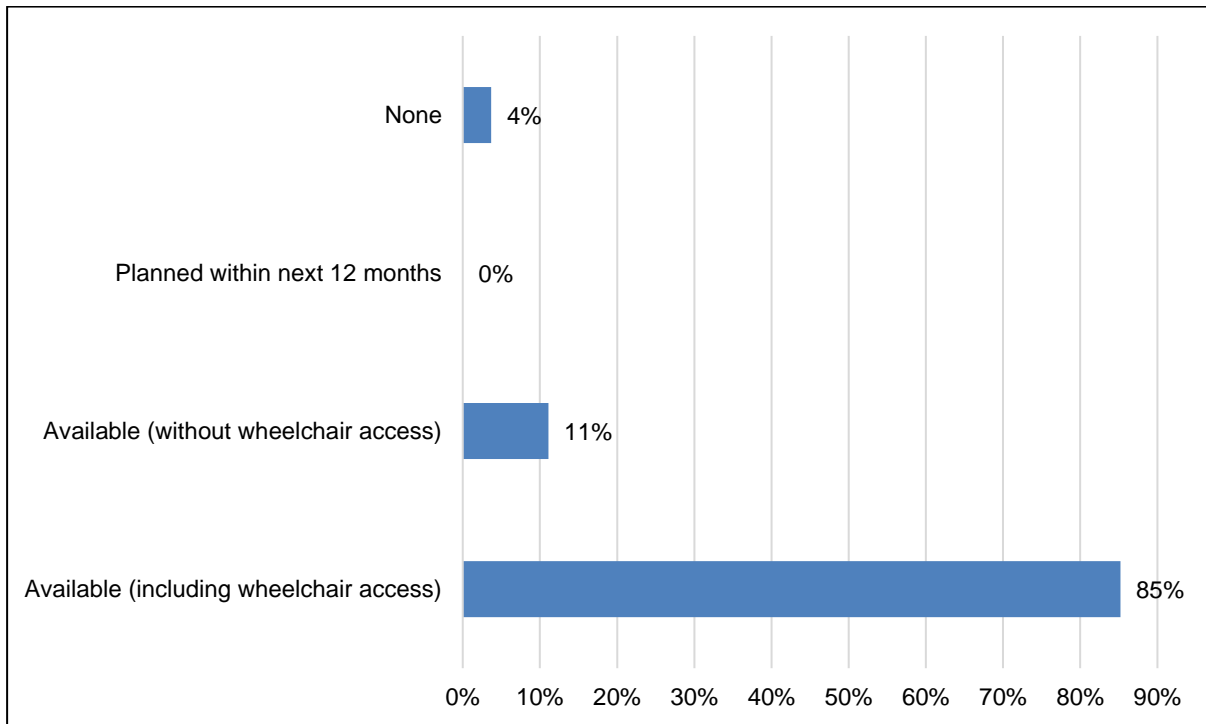
Other responses:

Excellent service (7)
Staff always helpful, friendly and efficient (23)
Very professional and good advice (1)
Offered a home consultation for housebound relative to explain health and drugs (1)
Very happy about the service provided (2)
Pharmacist is very knowledgeable (1)
They provide everything I need (1)
Wonderful staff and pharmacists (1)
To be opened on a Saturday (2)
Very efficient and informative (1)
I like that they are open in the evening (1)
I often ask for less but they never manage; I often get more medication than I need (1)
Stopped prescribing/supplying 20 mg of Premique (1)
Very helpful, they always ring or text to say my prescription is ready for collection (2)
First class service. My only disappointment was when I was told recently that they have stopped their emergency supply of prescription medicines (1)
Quick service, not waiting for too long. However, I'd like to see more female professionals in the pharmacy (1)
Fantastic community pharmacy and free delivery service (1)
Personal service, knows name and family (4)
365 days open until 9/10pm
Very close to my place, and staff very friendly (6)

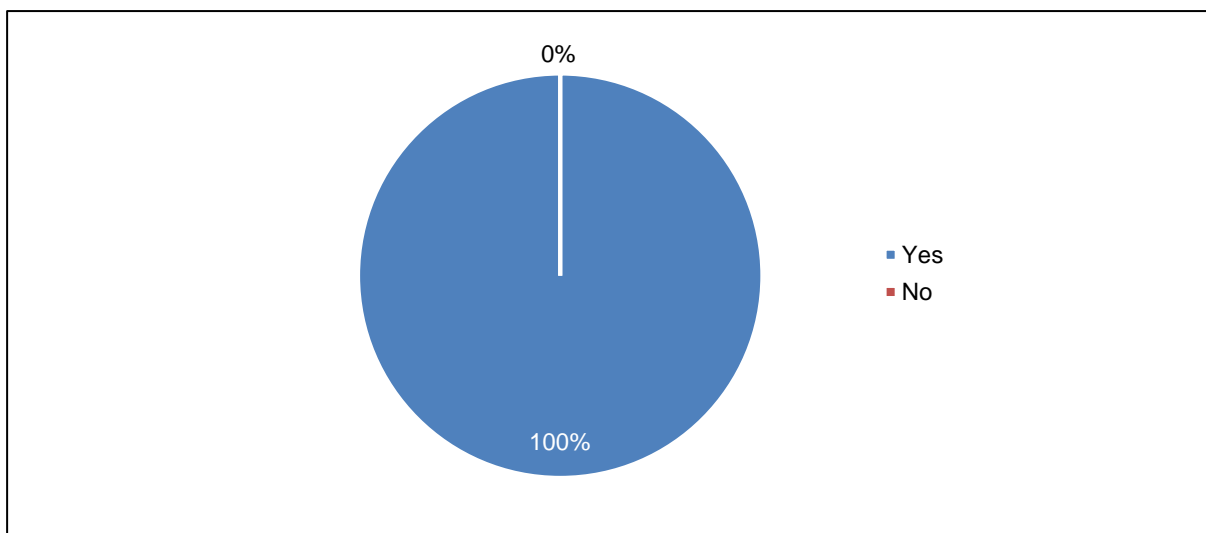
Appendix J: Results of the pharmacy contractor questionnaire

Q1 to Q3 are pharmacy-specific questions

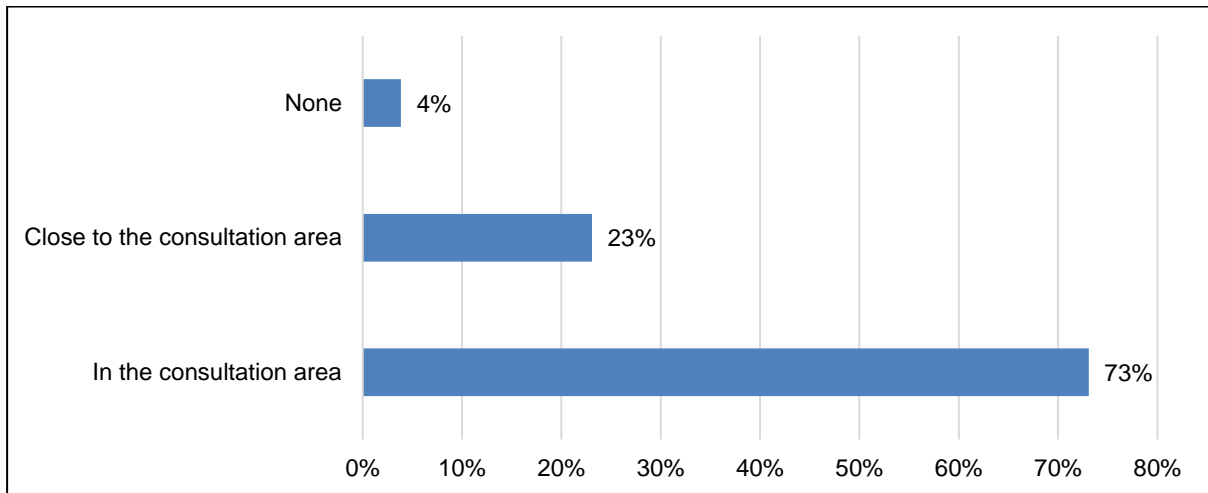
Q4. Is there a consultation area (meeting the criteria for the Medicines Use Review service)?



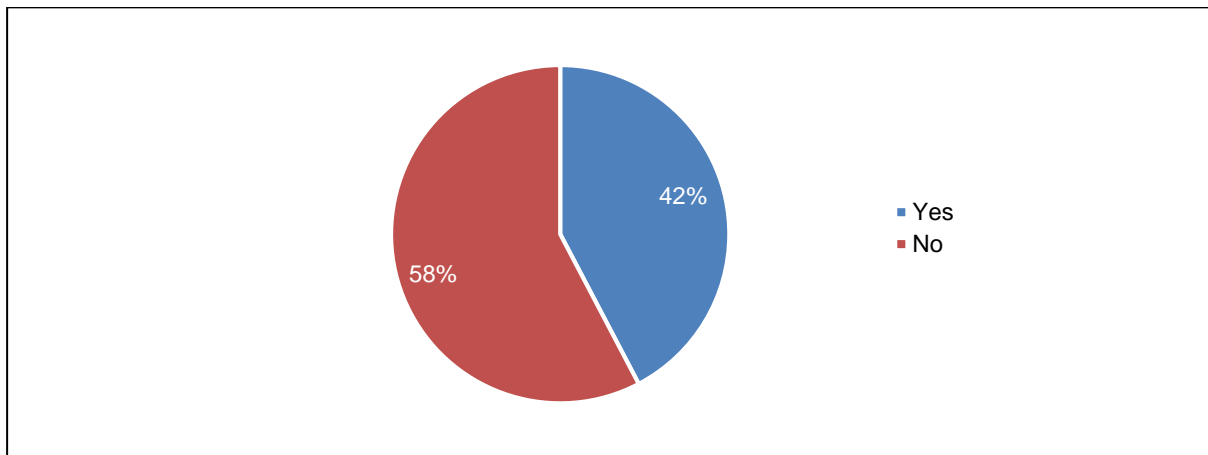
Q5. Where there is a consultation area, is it a closed room?



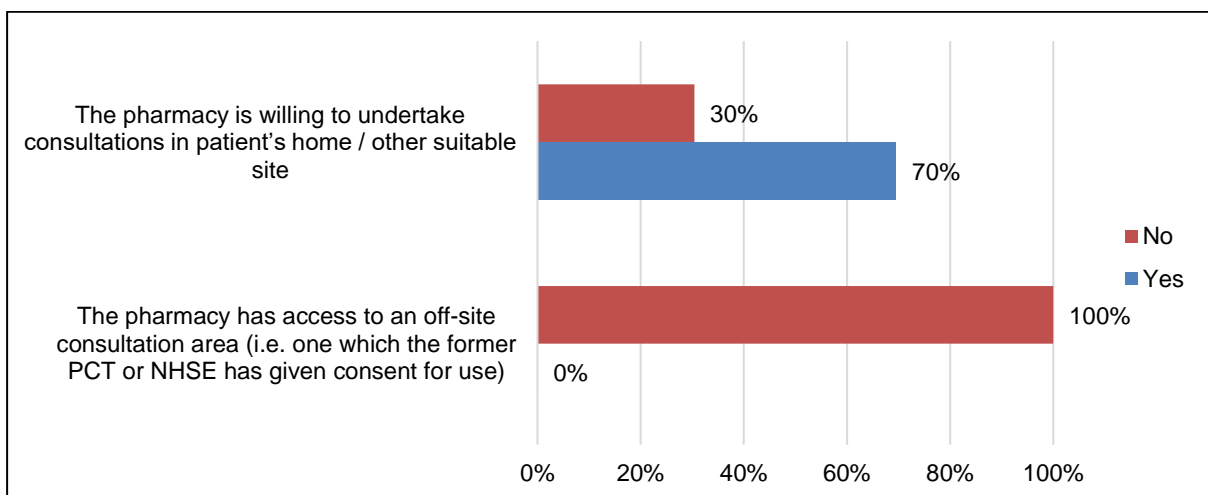
Q6. During consultations are there hand-washing facilities?



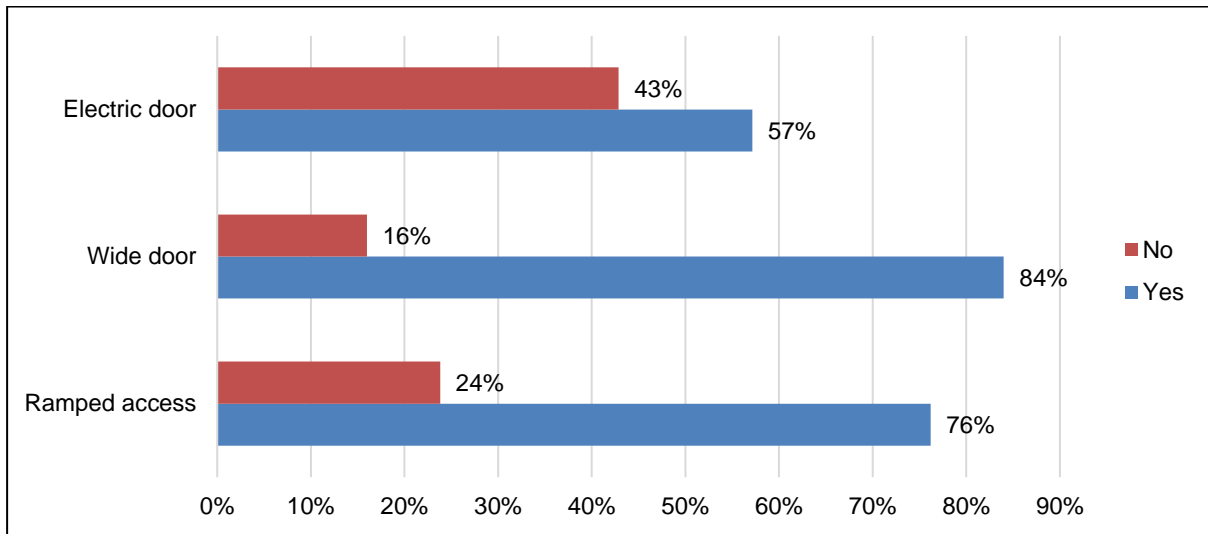
Q7. Do patients attending for consultations have access to toilet facilities?



Q8. Off-site consultation areas



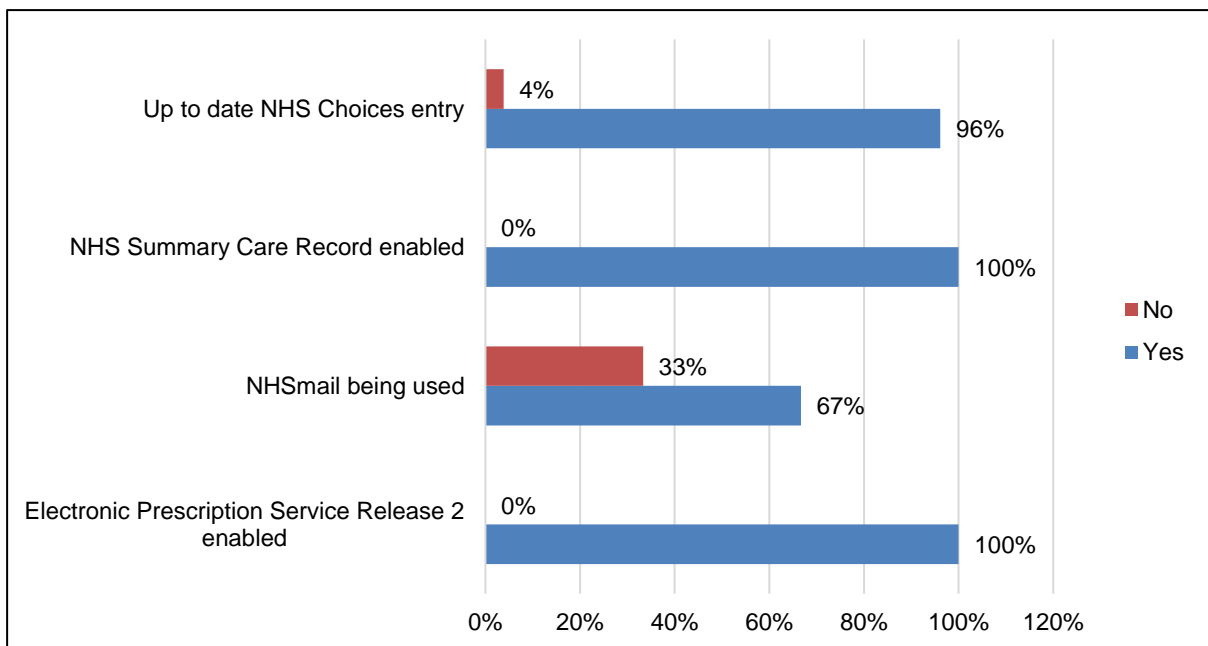
Q9. The pharmacy is accessible for wheelchair users



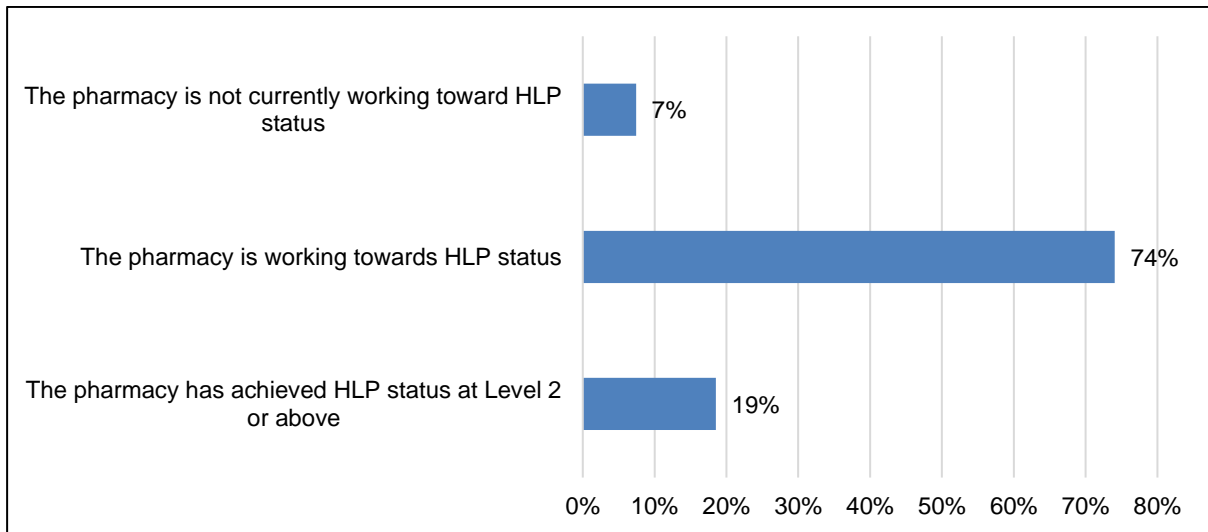
Q10. Languages spoken (in addition to English)

Gujarati (9)	Hindi (6)
Persian (2)	French (3)
Turkish (1)	Italian (2)
Spanish (1)	Punjabi (1)
Mandarin (1)	Portuguese (1)
Urdu (2)	Polish (1)

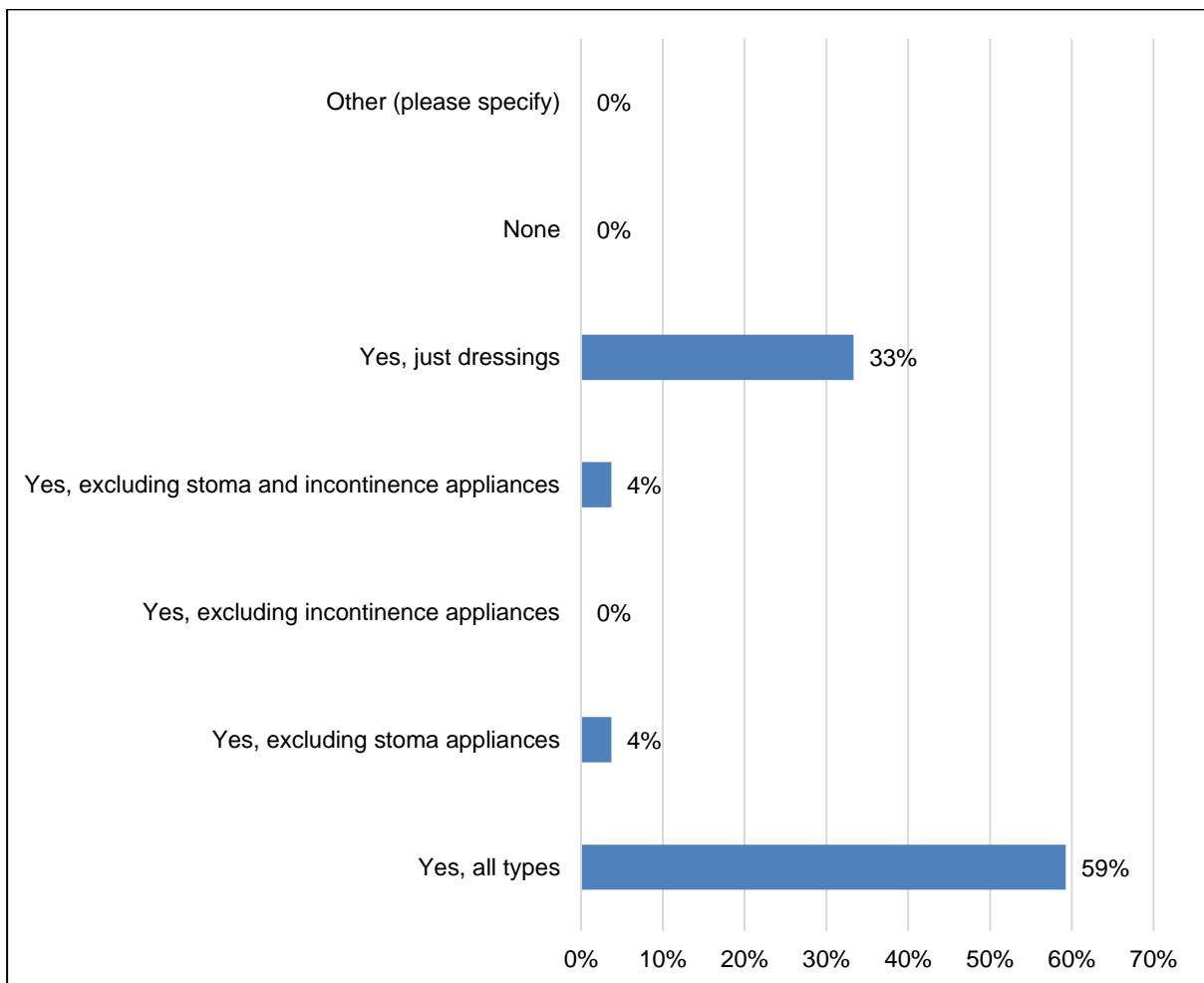
Q11. IT facilities in the pharmacy



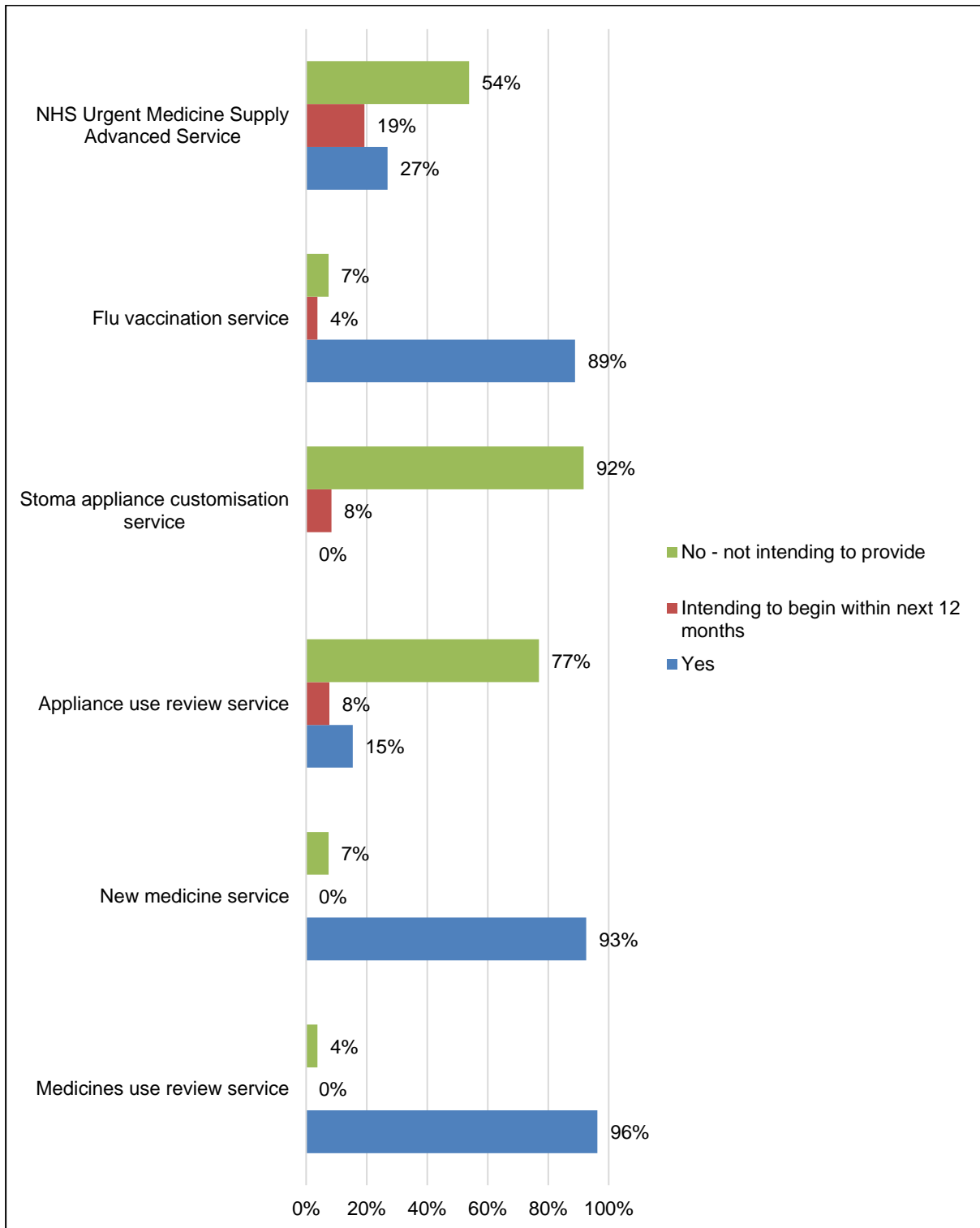
Q12. Please read the following statements and select the one that applies



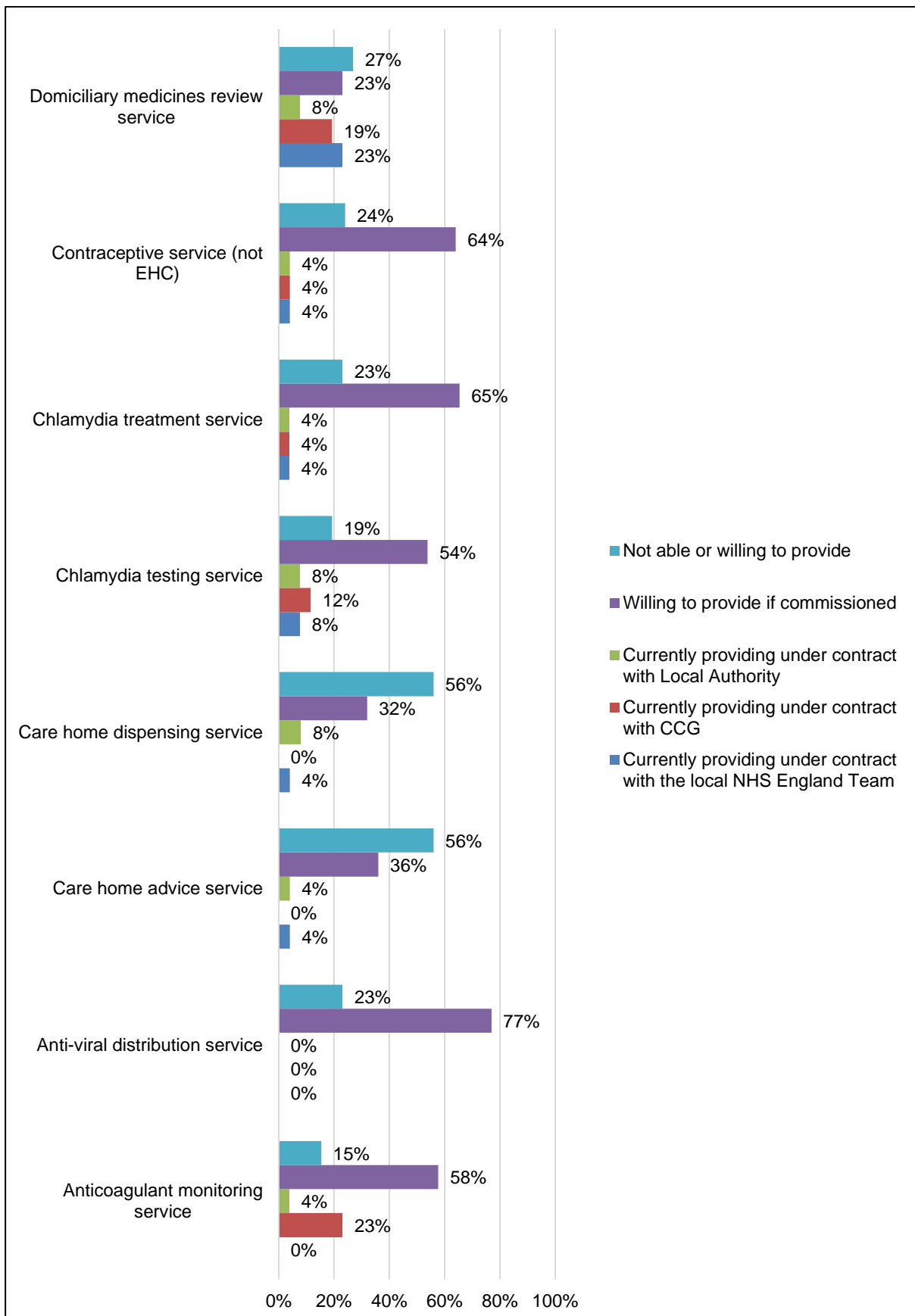
Q13. Does the pharmacy dispense appliances?



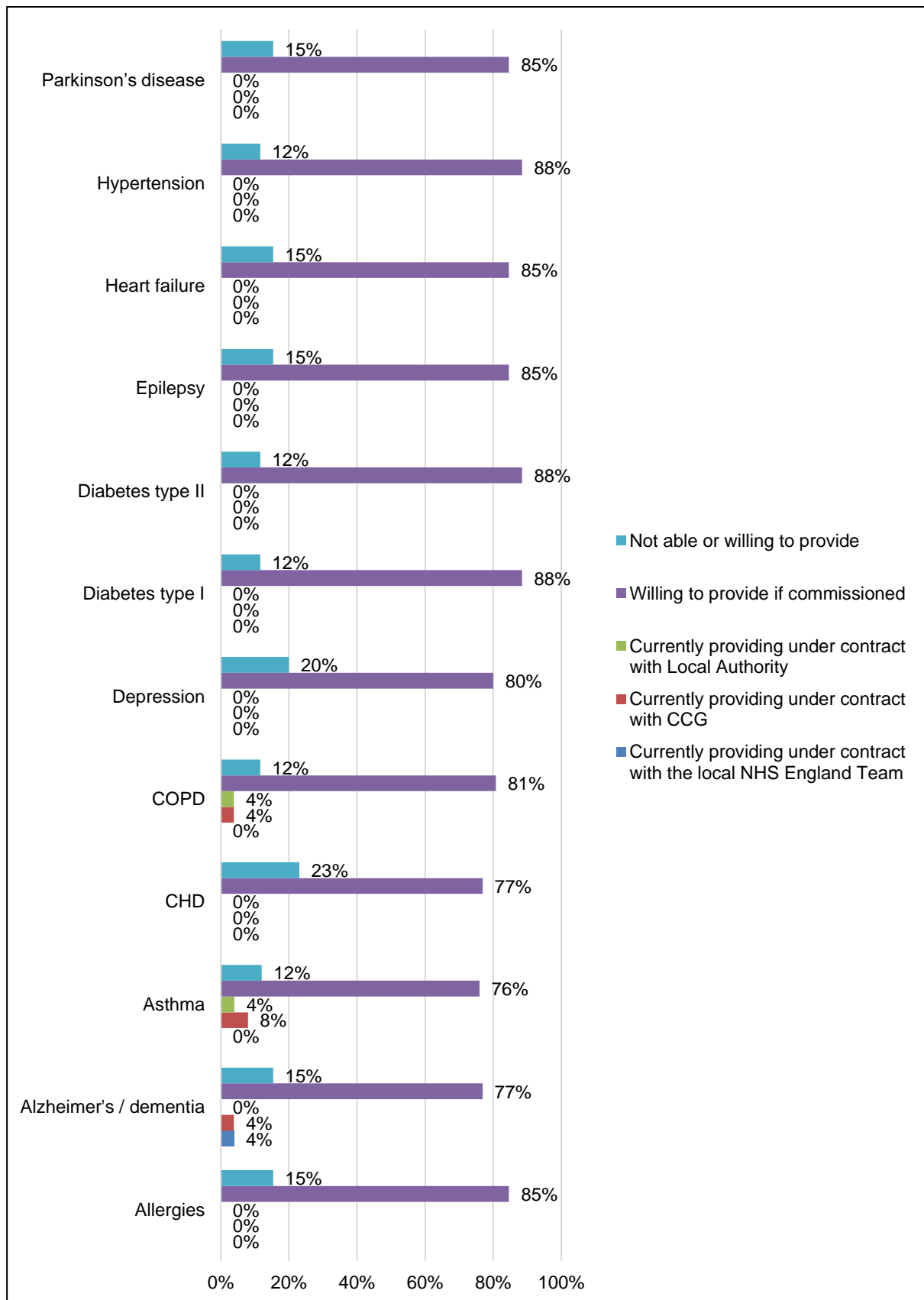
Q14. Does the pharmacy provide the following services?



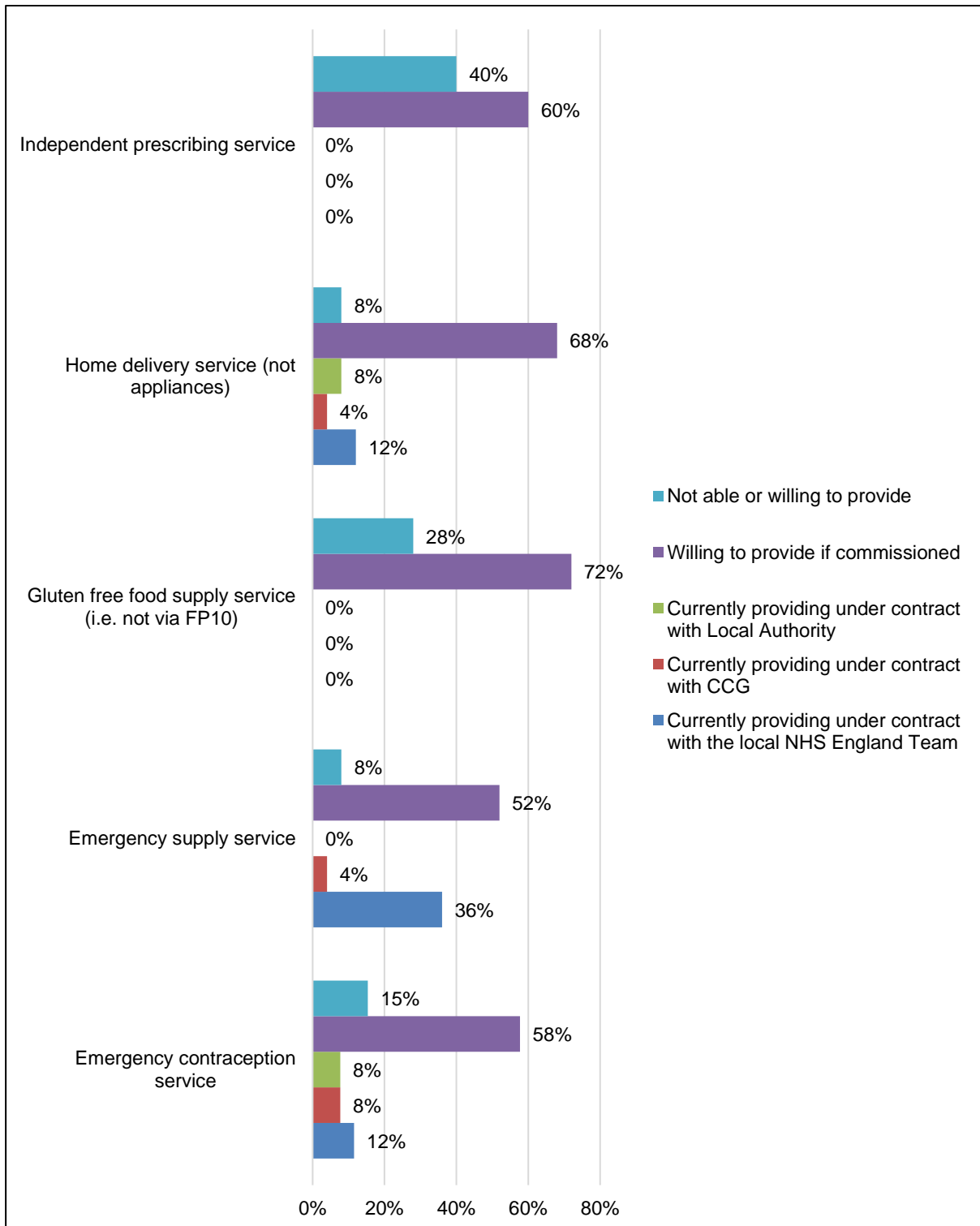
Q15. Which of the following services does the pharmacy provide, or would be willing to provide?



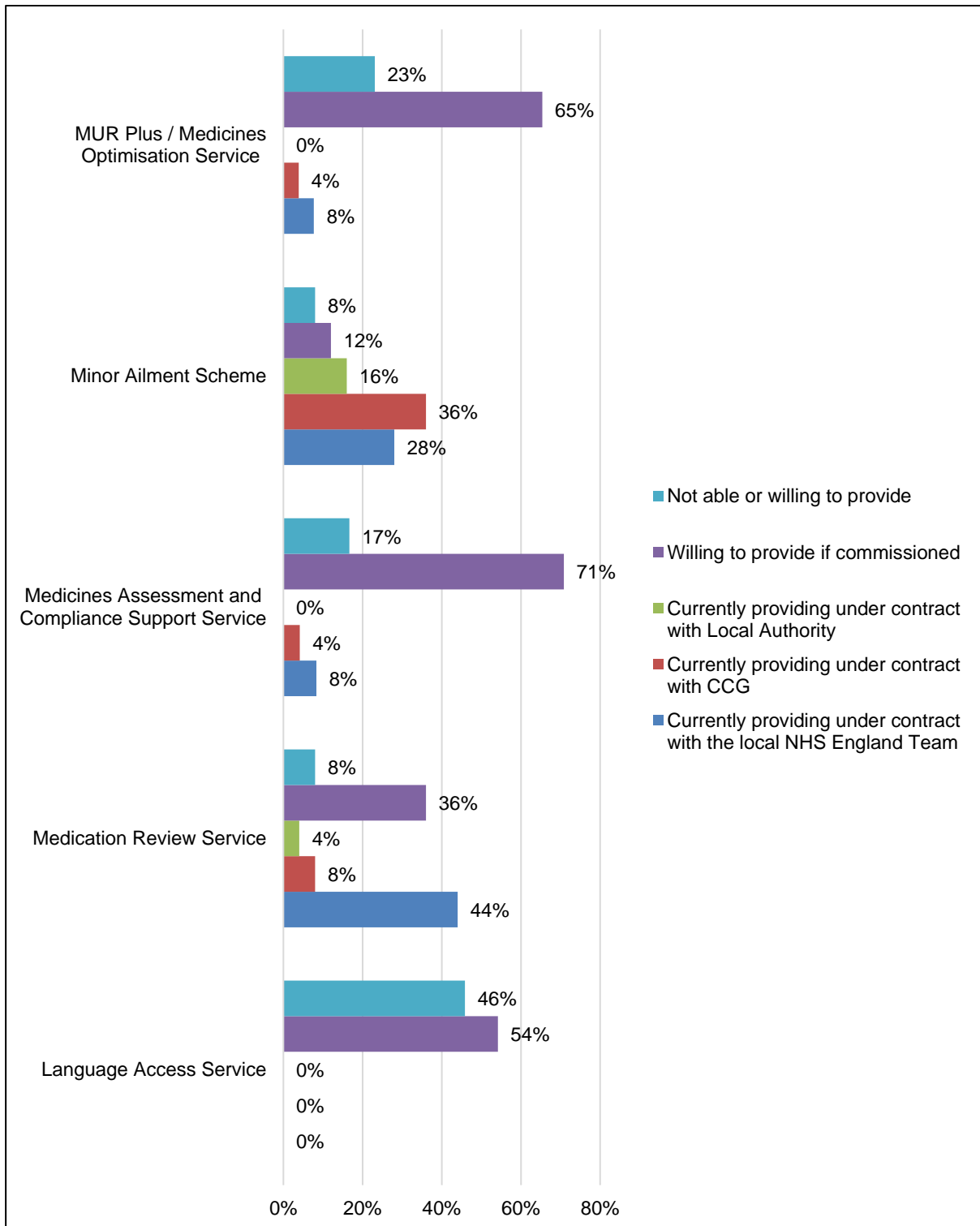
Q16. Which of the following services does the pharmacy provide, or would be willing to provide?



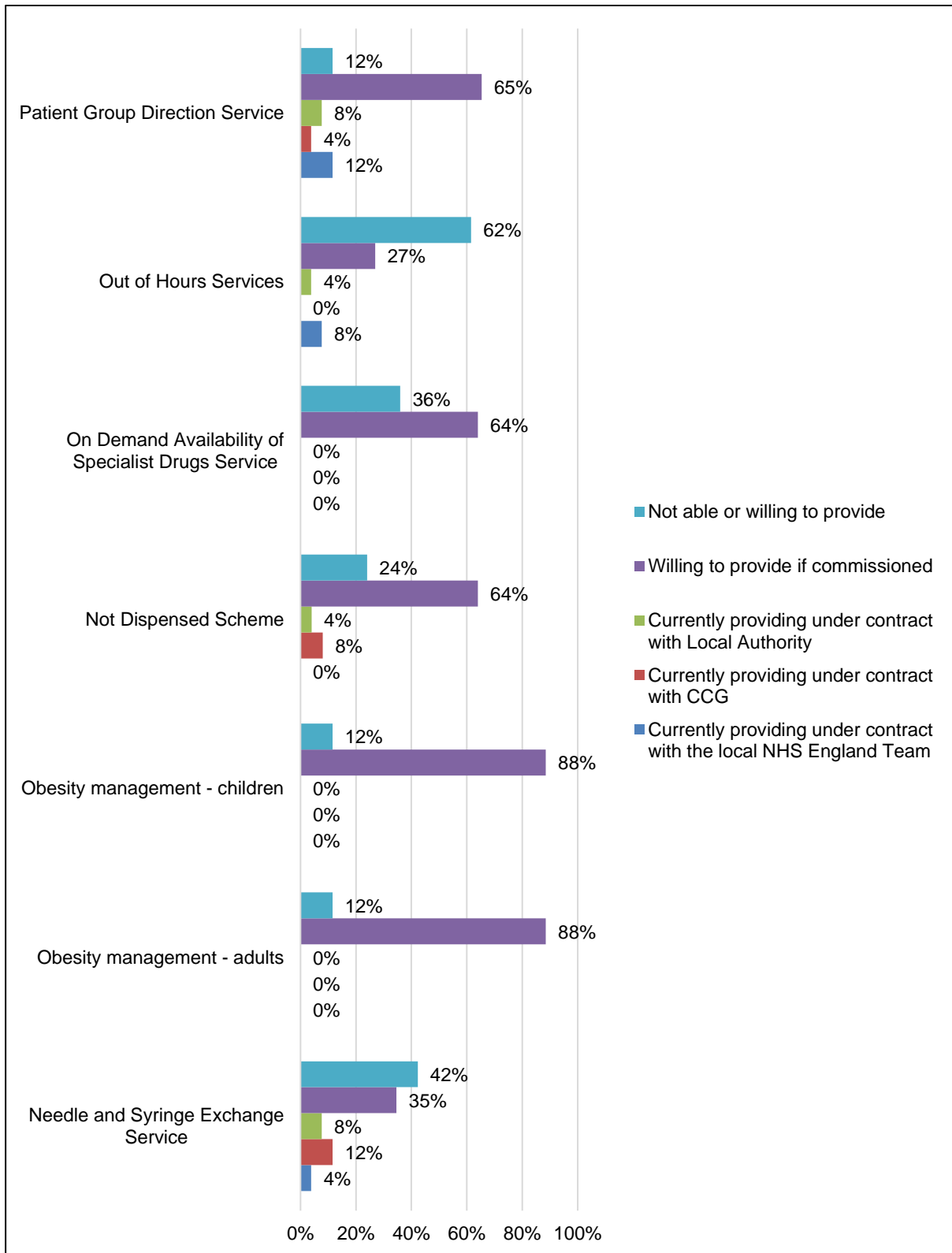
Q17. Which of the following services does the pharmacy provide, or would be willing to provide?



Q18. Which of the following services does the pharmacy provide, or would be willing to provide?



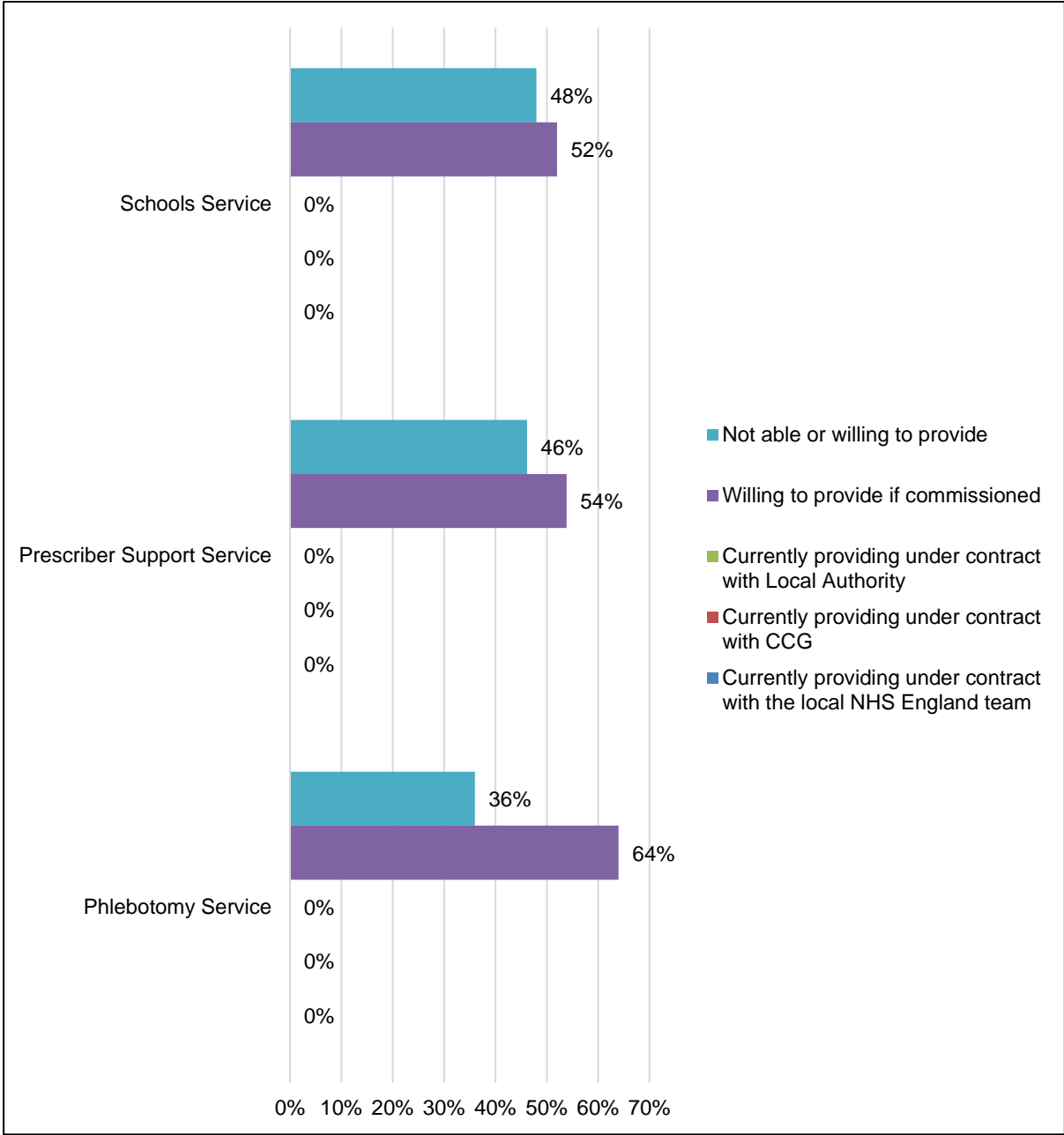
Q19. Which of the following services does the pharmacy provide, or would be willing to provide?



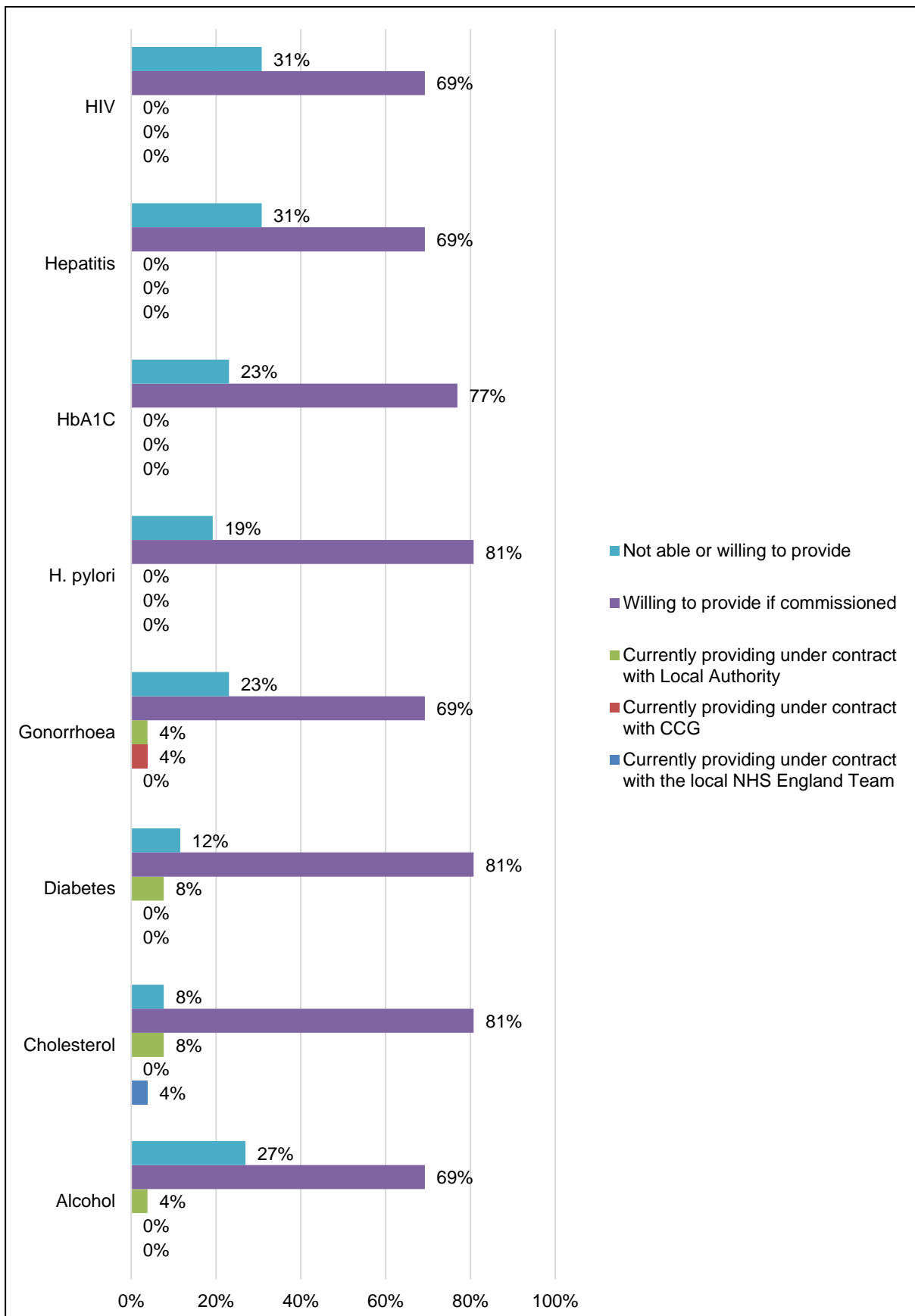
Other responses:

Flu vaccine (2)	Malaria tablets (1)
Travel vaccines (1)	

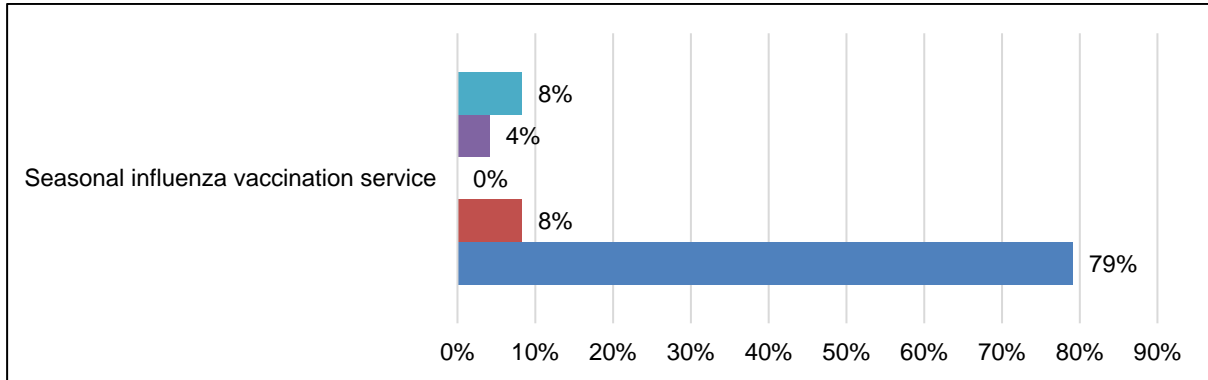
Q20. Which of the following services does the pharmacy provide, or would be willing to provide?



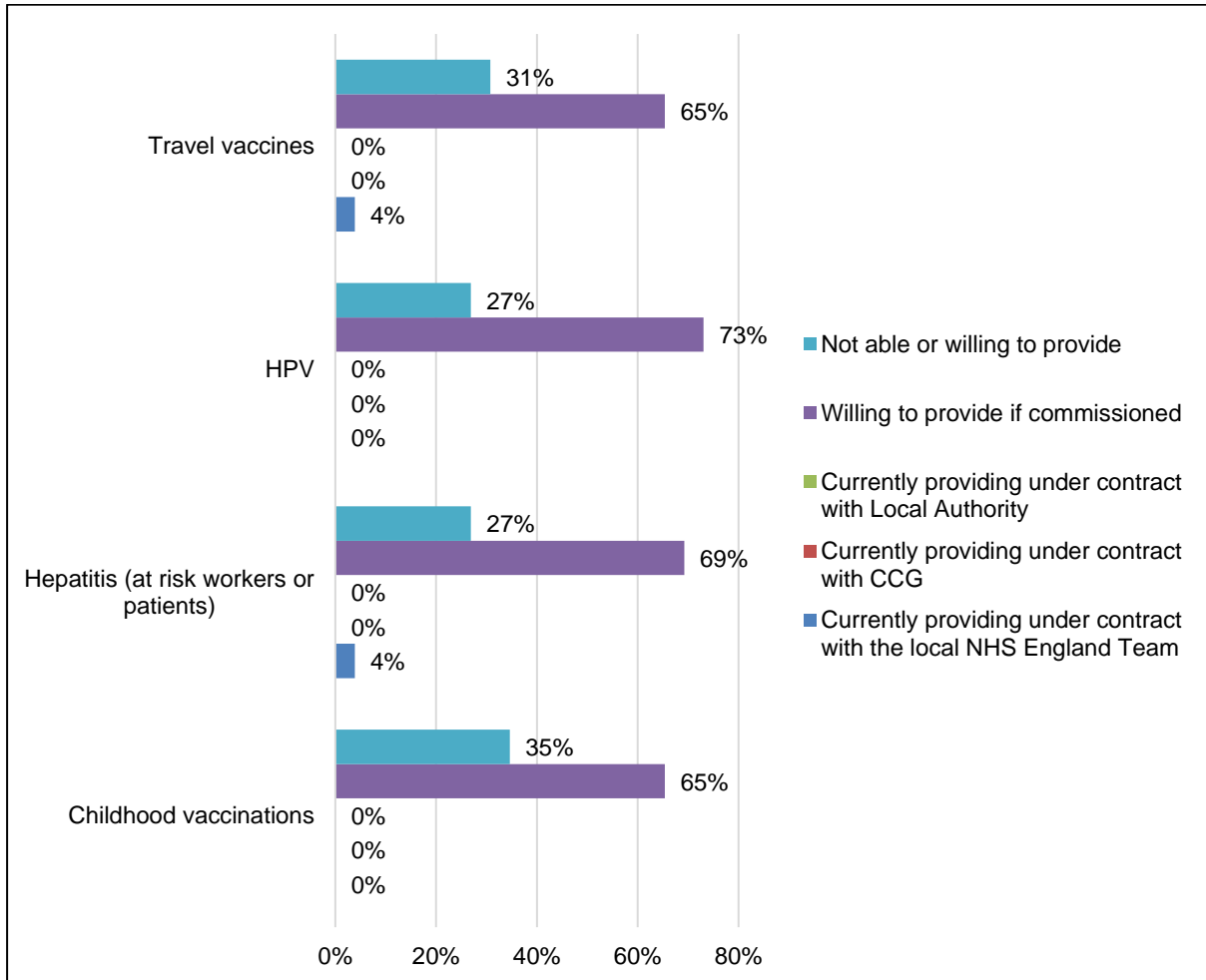
Q21. Which of the following services does the pharmacy provide, or would be willing to provide?



Q22. Which of the following services does the pharmacy provide, or would be willing to provide?



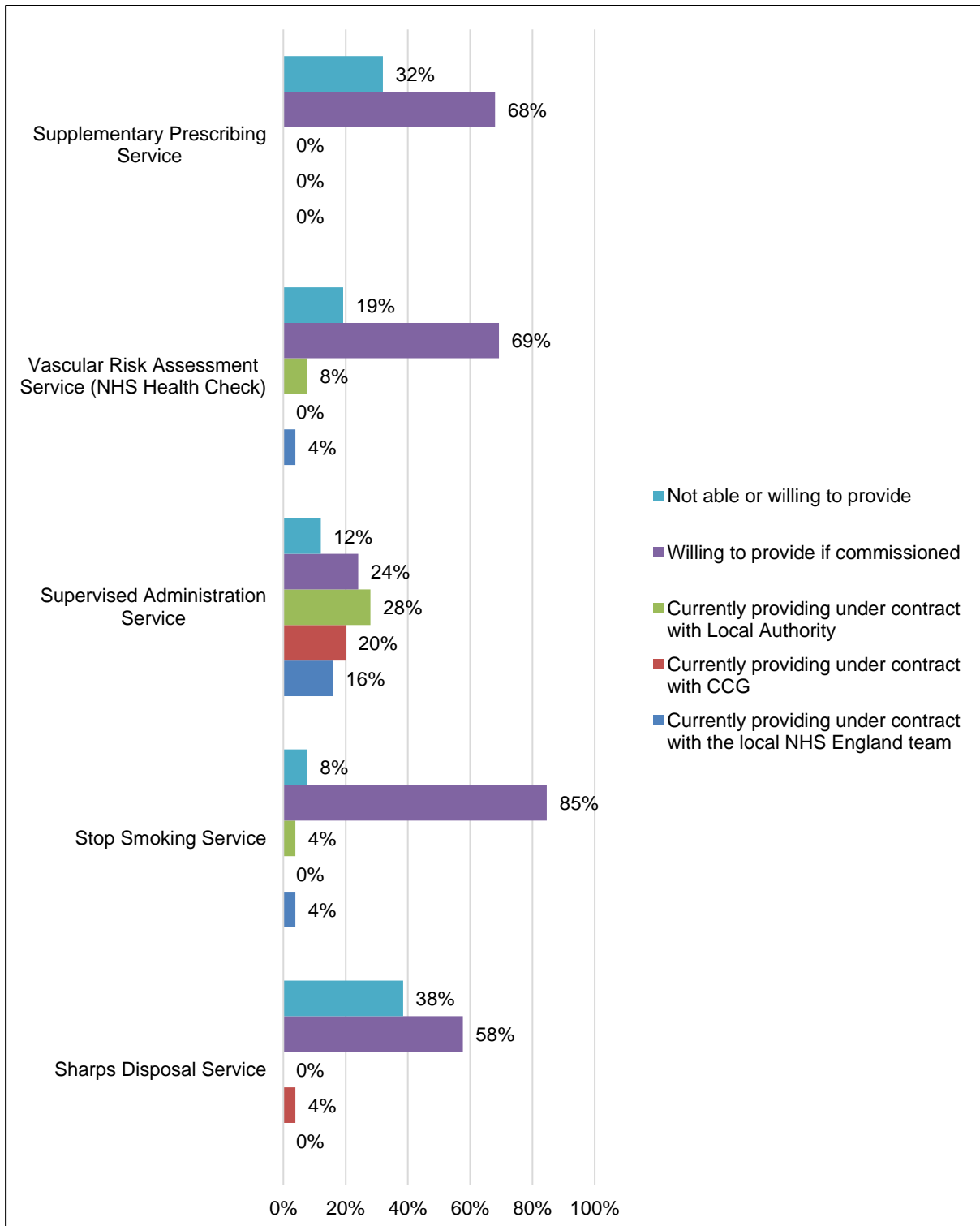
Q23. What other vaccination services does the pharmacy provide, or would be willing to provide?



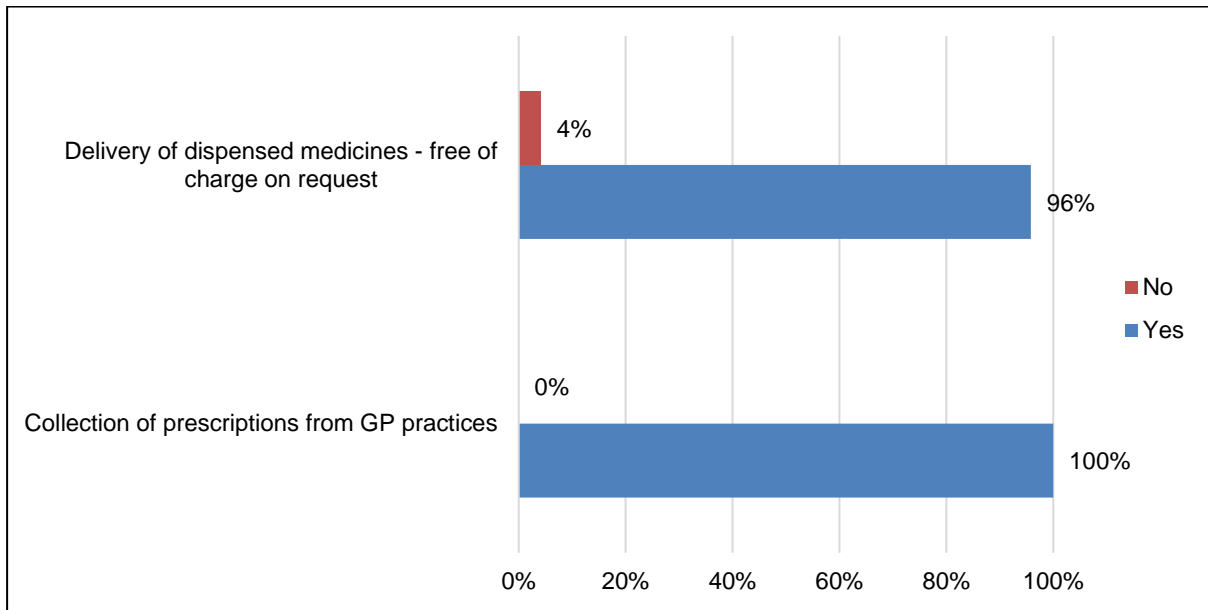
Other responses:

Private travel clinic (2)	Flu jab (1)
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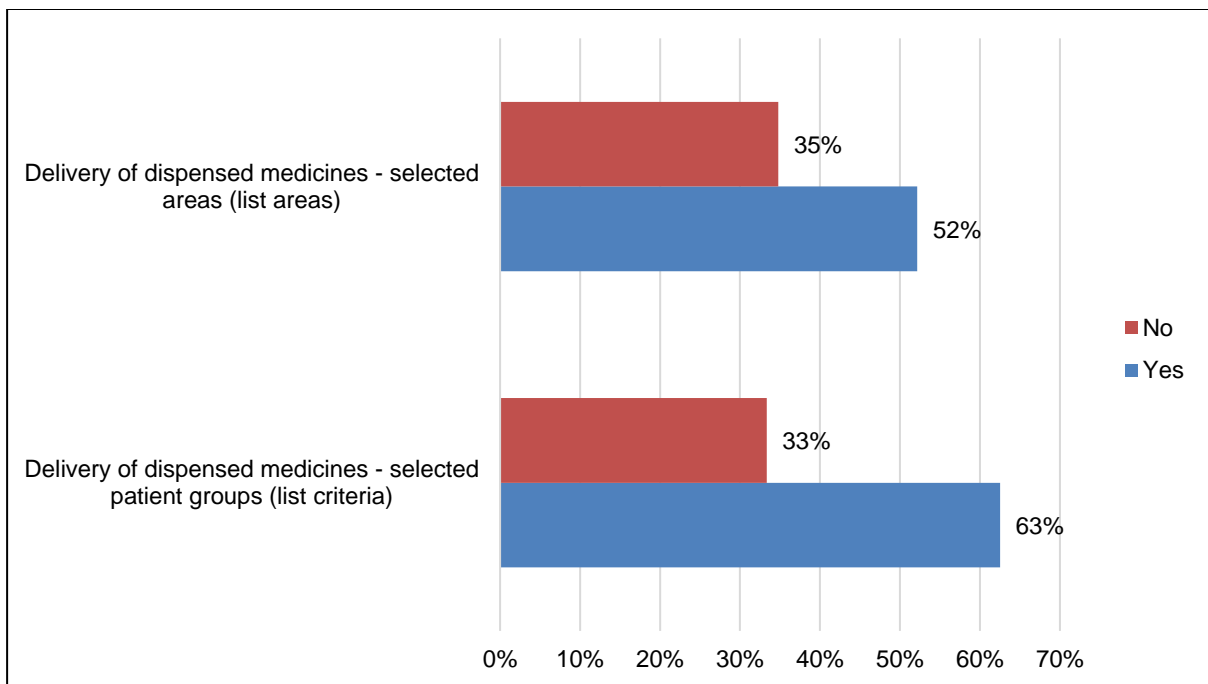
Q24. Which of the following services does the pharmacy provide, or would be willing to provide?



Q25. Does the pharmacy provide any of the following?



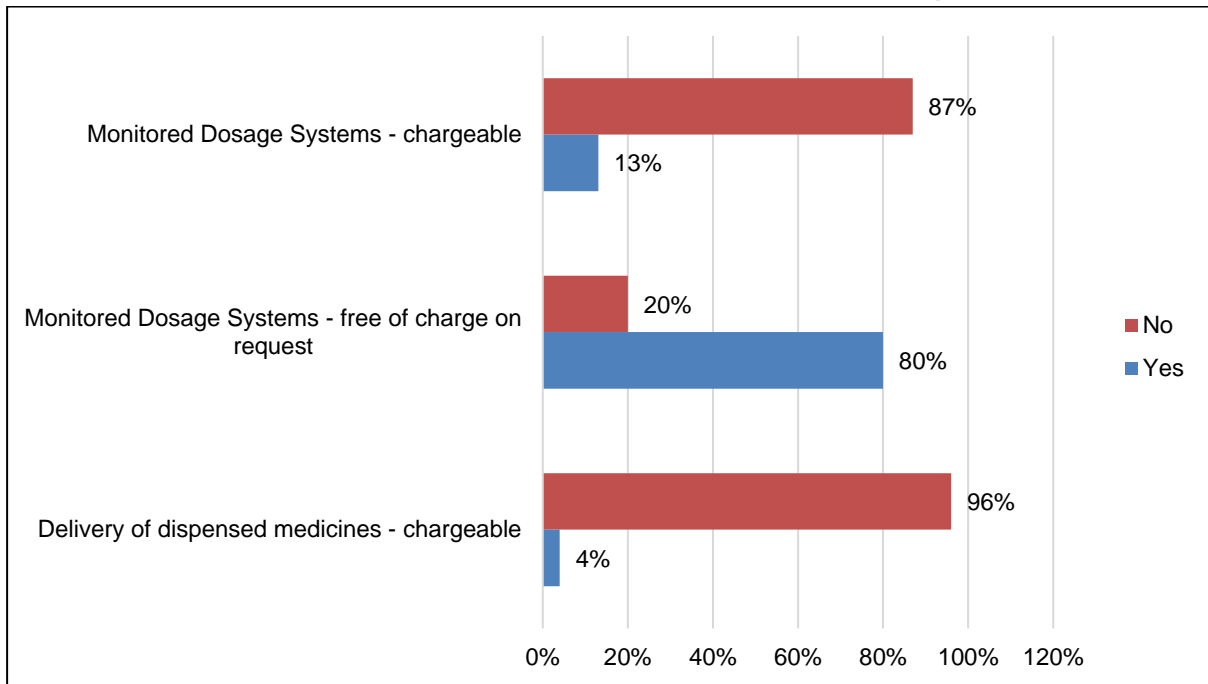
Q26. Does the pharmacy provide any of the following?



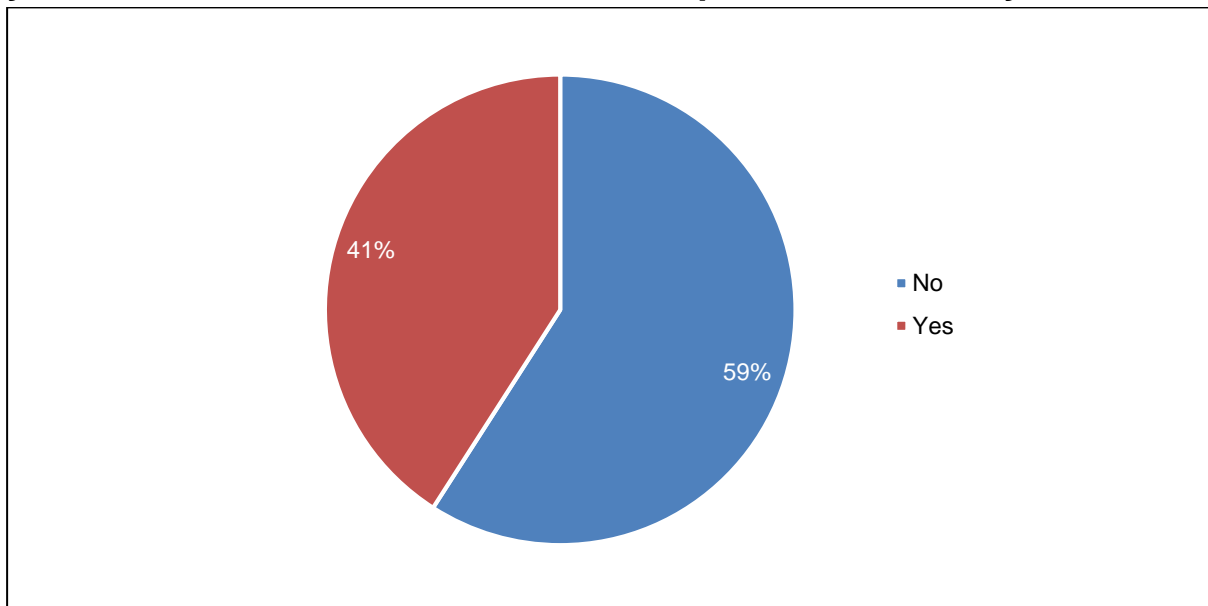
Patient groups

Housebound (8)	Walking distance (1)
Weekly dispensing (2)	Frail and elderly (2)

Q27. Does the pharmacy provide any of the following?



Q28. Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why



Responses

Travel vaccination (1)	Delivery to housebound patients (1)
EHC (3)	Smoking cessation (2)
Support for Alzheimer's/dementia patients (1)	

Appendix K: Results of the commissioner questionnaire

NHS England, LA and CCG commissioners were asked to respond to a series of questions regarding current and future service provision. The results of the survey are detailed below. It should be noted that no commissioner highlighted any intended current plans to commission new services through community pharmacies in Croydon.

Q1. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Anticoagulant Monitoring Service	0%	0%	0%	0%	0%
Anti-viral Distribution Service	0%	0%	0%	0%	0%
Care Home Service	0%	0%	0%	0%	0%
Chlamydia Testing Service	0%	0%	0%	0%	0%
Chlamydia Treatment Service	0%	0%	0%	0%	0%
Contraceptive Service (not EHC)	0%	0%	0%	0%	0%
Domiciliary medicines review service	0%	0%	0%	0%	0%

Q2. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Allergies	0%	0%	0%	0%	0%
Alzheimer's/ dementia	0%	0%	0%	0%	0%
Asthma	0%	0%	0%	0%	0%
CHD	0%	0%	0%	0%	0%
COPD	0%	0%	0%	0%	0%

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Depression	0%	0%	0%	0%	0%
Diabetes type I	0%	0%	0%	0%	0%
Diabetes type II	0%	0%	0%	0%	0%
Epilepsy	0%	0%	0%	0%	0%
Heart failure	0%	0%	0%	0%	0%
Hypertension	0%	0%	0%	0%	0%
Parkinson's disease	0%	0%	0%	0%	0%

Q3. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Emergency Contraception Service	0%	0%	0%	0%	0%
Emergency Supply Service	0%	0%	0%	0%	0%
Gluten-Free Food Supply Service (i.e. not via FP10)	0%	0%	0%	0%	0%
Home Delivery Service (not appliances)	0%	0%	0%	0%	0%
Independent Prescribing Service	0%	0%	0%	0%	0%
Language Access Service	0%	0%	0%	0%	0%
Medication Review Service	0%	0%	0%	0%	0%
Medicines Assessment and Compliance Support Service	0%	0%	0%	0%	0%
Minor Ailment Scheme	0%	0%	0%	0%	0%
MUR Plus/ Medicines Optimisation Service	0%	0%	0%	0%	0%

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Needle and Syringe Exchange Service	0%	0%	100%	0%	0%
Obesity management - adults	0%	0%	0%	0%	0%
Obesity management - children	0%	0%	0%	0%	0%
Not-Dispensed Scheme	0%	0%	0%	0%	0%
On-Demand Availability of Specialist Drugs Service	0%	0%	0%	0%	0%
Out-of-Hours Services	0%	0%	0%	0%	0%
Phlebotomy Service	0%	0%	0%	0%	0%
Prescriber Support Service	0%	0%	0%	0%	0%
Schools Service	0%	0%	0%	0%	0%
Patient Group Direction Service	0%	0%	0%	0%	0%

Q4. Which of the following screening services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Alcohol	0%	0%	0%	0%	0%
Cholesterol	0%	0%	0%	0%	0%
Diabetes	0%	0%	0%	0%	0%
Gonorrhoea	0%	0%	0%	0%	0%
H. pylori	0%	0%	0%	0%	0%
HbA1C	0%	0%	0%	0%	0%
Hepatitis	0%	0%	0%	100%	0%
HIV	0%	0%	0%	0%	0%

Q5. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Seasonal influenza vaccination service	0%	0%	0%	0%	0%

Q6. Which other vaccination services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Childhood vaccinations	0%	0%	0%	0%	0%
Hepatitis (at-risk workers or patients)	0%	0%	0%	100%	0%
HPV	0%	0%	0%	0%	0%
Travel vaccines	0%	0%	0%	0%	0%

Q7. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned by the local NHS England Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider providing	Not able or willing to provide
Sharps disposal service	0%	0%	100%	0%	0%
Stop smoking service	0%	0%	0%	0%	0%
Supervised administration service	0%	0%	100%	0%	0%
Vascular risk assessment service (NHS health check)	0%	0%	0%	0%	0%

Appendix L: Equality impact assessment

Stage 1 Initial risk assessment – Decide whether a full equality analysis is needed

At this stage, you will review existing information such as national or local research, surveys, feedback from customers, monitoring information and also use the local knowledge that you, your team and staff delivering a service have to identify if the proposed change could affect service users from equality groups that share a “protected characteristic” differently. You will also need to assess if the proposed change will have a broader impact in relation to promoting social inclusion, community cohesion and integration and opportunities to deliver “social value”.

Please note that the term “change” is used here as shorthand for what requires an equality analysis. In practice, the term “change” needs to be understood broadly to embrace the following:

- Policies, strategies and plans
- Projects and programmes
- Commissioning (including re-commissioning and de-commissioning)
- Service Review
- Budgets
- Staff structures (including outsourcing)
- Business transformation programmes
- Organisational change programmes
- Processes (for example thresholds, eligibility, entitlements, and access criteria)

You will also have to consider whether the proposed change will promote equality of opportunity, eliminate discrimination or foster good relations between different groups, or lead to inequality and disadvantage. These are the requirements that are set out in the Equality Act 2010.

1.1 Analysing the proposed change

1.1.1	What is the name of the change?
Croydon 2018 Pharmaceutical Needs Assessment (PNA)	

1.1.2	Why are you carrying out this change?
Please describe the broad aims and objectives of the change. For example, why are you considering a change to a policy or cutting a service etc.	
The 2018 Pharmaceutical Needs Assessment (PNA) for Croydon will assess the provision of pharmaceutical services within the Croydon and neighbouring Health and Wellbeing Board (HWB) areas. The assessment will make recommendations to fill any gaps in the provision of pharmaceutical services, and also recommendations for improvements and/or better access to current provision. It will pay regard to the existing 2015 PNA, the current Joint Strategic Needs Assessment (JSNA), and other local strategic documents, such as Croydon CCG’s Commissioning Intentions. It will not make any recommendation to stop or reduce provision. Conclusions drawn from the assessment will consist of either of the following:	

- A) No change as provision of pharmaceutical services is satisfactory for the population of Croydon; or
 B) A gap is identified and needs to be fulfilled to help improve access to pharmaceutical services for the population of Croydon

1.1.3 What stage is your change at now?

See **Appendix 1** for the main stages at which equality analyses needs to be started or updated.

Pre-consultation stage

Please note that an equality analysis must be completed before any decisions are made.

If you are not at the beginning stage of your decision-making process, you must inform your Director that you have not yet completed an equality analysis.

1.2 Who could be affected by the change and how

1.2.1 Who are your internal and external stakeholders?

For example, groups of council staff, members, groups of service users, service providers, trade unions, community groups and the wider community.

People that access pharmaceutical services within the borough.

1.2.2 What will be the main outcomes or benefits from making this change for customers/residents, staff, the wider community and other stakeholders?

The 2018 PNA takes account of health needs and how differing population groups' needs may vary. It will then consider any actions necessary within the provision of pharmaceutical services to reduce these health inequalities. Access and availability to pharmaceutical services in Croydon will be assessed and options considered to improve access and availability. Persons with this characteristic will be specifically targeted within the consultation. A Steering Group will consider any responses, and the final report will be signed off by the HWB Board. The net benefit therefore is likely to be positive.

It will not make any recommendation to stop or reduce provision. Conclusions drawn from the assessment will consist of either of the following:

- A) No change as provision of pharmaceutical services is satisfactory; or
 B) A gap is identified and needs to be fulfilled to help improve access to pharmaceutical services.

1.2.3 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 more information on the Croydon Observatory (<http://www.croydonobservatory.org/>)

No

1.2.4	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	

1.2.5	Analyse and identify the likely <u>advantage</u> or <u>disadvantage</u> associated with the change that will be delivered for stakeholders (customers, residents, staff etc.) from different groups that share a “protected characteristic”
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Please see Appendix 2 (section 1) for a full description of groups.

	Likely Advantage 😊	Likely Disadvantage ☹️
Disability	<p>Positive impact – the development of the PNA took account of health needs and how differing population groups' needs may vary. It then considered any actions necessary within the provision of pharmaceutical services to reduce these health inequalities. Access to and availability of pharmaceutical services in the Borough of Croydon were assessed and options considered to improve access and availability. Persons with this characteristic were specifically targeted within the consultation. A steering group considered any responses, and the final report was signed off by the HWB Board</p> <p>A public survey was undertaken to establish views on pharmaceutical service provision. Survey respondents were asked to provide information on any disabilities they may consider themselves to have, to ensure a wide range of respondents participate. A pharmacy contractor survey was undertaken to establish what necessary adjustments pharmacy providers are making to ensure disabled people may still fully access pharmaceutical services</p>	None specifically identified
Race/ Ethnicity	None specifically identified.	None specifically identified.
Gender	None specifically identified.	None specifically identified.
Transgender	None specifically identified.	None specifically identified.
Age	None specifically identified.	None specifically identified.

Religion/ Belief	None specifically identified.	None specifically identified.
Sexual Orientation	None specifically identified.	None specifically identified.
Pregnancy and Maternity	None specifically identified.	None specifically identified.
Social inclusion issues	None specifically identified.	None specifically identified.
Community Cohesion Issues	None specifically identified.	None specifically identified.
Delivering Social Value	None specifically identified.	None specifically identified.

1.2.6	In addition to the above are there any other factors that might shape the equality and inclusion outcomes that you need to consider? For example, geographical / area-based issues, strengths or weaknesses in partnership working, programme planning or policy implementation
No	

1.2.7	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.....
No	

1.2.8	As set out in the Equality Act, is your proposed change likely to help or hinder the Council in advancing equality of opportunity between people who belong to any protected groups and those who do? In practice, this means recognising that targeted work should be undertaken to address the needs of those groups that may have faced historic disadvantage. This could include a focus on addressing disproportionate experience of poor health, inadequate housing, vulnerability to crime or poor educational outcomes etc. Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response.
No	

1.2.9	<p>As set out in the Equality Act, is the proposed change likely to help or hinder the Council in eliminating unlawful discrimination, harassment and victimisation in relation to any of the groups that share a protected characteristic?</p> <p>In practice, this means that the Council should give advance consideration to issues of potential discrimination before making any policy or funding decisions. This will require actively examining current and proposed policies and practices and taking mitigating actions to ensure that they are not discriminatory or otherwise unlawful under the Act.</p> <p>Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response.</p>
No	

1.2.10	<p>As set out in the Equality Act, is your proposed change likely to help or hinder the Council in fostering good relations between people who belong to any protected groups and those who do not?</p> <p>In practice, this means taking action to increase integration, reduce levels of admitted discrimination such as bullying and harassment, hate crime, increase diversity in civic and political participation etc.</p> <p>Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response</p>
No	

1.3 Decision on the equality analysis

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 groups that share a protected characteristic (compared with 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	<p>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.</p> <p>You must include this statement in any report used in decision-making, such as a Cabinet report</p>	<p>No further analysis is required. The PNA will not make any recommendation to stop or reduce provision therefore no impact on any group.</p> <p>Conclusions drawn from the assessment will consist of either of the following:</p> <p>A) No change as provision of pharmaceutical services is satisfactory for the population of Croydon; or</p> <p>B) A gap is identified and needs to be fulfilled to help improve access to pharmaceutical services for the population of Croydon</p>

Decision	Guidance	Response
Yes, further equality analysis is required	<p>Please state why and outline the information that you used to make this decision. Also indicate:</p> <ul style="list-style-type: none"> • 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). <p>You must include this statement in any report used in decision making, such as a Cabinet report.</p>	

Officers that must approve this decision	Name and position	Date
Report author	Anjna Sharma, Soar Beyond Associate Director of Medicines Optimisation	02/11/2017
Director	Rachel Flower, Director of Public Health	02/11/2017

1.4 Feedback on Equality Analysis (Stage 1)

Please seek feedback from the corporate equality and inclusion team and your departmental lead for equality (the Strategy and Planning Manager/Officer)

Name of Officer	Richard Eyre	Service Improvement and Development Manager
Date received by Officer	23.10.2017	Please send an acknowledgement
Should a full equality analysis be carried out?	<p>No.</p> <p>The initial EIA has not specifically identified any negative impacts, or evidence gaps. It has identified that service users will receive the same, or an improved service offer, and that if a service gap is identified, where improvement is required, this will form part of the PNA recommendations.</p>	

Stage 2 Use of evidence and consultation to identify and analyse the impact of the change

Use of data, research and consultation to identify and analyse the probable impact of the proposed change.

This stage focuses on the use of existing data, research, consultation, satisfaction surveys and monitoring data to predict the likely impact of proposed change on customers from diverse communities or groups that may share a protected characteristic.

Please see Appendix 2 (section 2) for further information.

2.1	Please list the documents that you have considered as a part of the equality analysis review to enable a reasonable assessment of the impact to be made and summarise the key findings. This section should include consultation data and desk-top research (both local and national quantitative and qualitative data) and a summary of the key findings.
The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 Public Survey conducted as part of the PNA process	

2.2	Please complete the table below to describe what the analysis, consultation, data collection and research that you have conducted indicates about the probable impact on customers or staff from various groups that share a protected characteristic.		
Groups with a “Protected characteristic” and broader community issues	Description of potential advantageous impact	Description of potential disadvantageous impact	Evidence Source
Disability	The PNA takes account of health needs, with a particular focus on the needs of people living with disabilities and long-term health conditions. It will assess access to, and availability of pharmaceutical services in Croydon and will then consider any actions necessary to reduce health inequalities and barriers to pharmaceutical service provision experienced by people with different types of disabilities, such as:		In Croydon for 2017: <ul style="list-style-type: none"> • 18,528 18–64-year-olds are predicted to have a moderate physical disability. This is projected to increase to 6,015 by 2025 • 5,383 18–64-year-olds are predicted to have a severe physical disability.

	<p>residents with learning difficulties and disabilities, deaf residents, residents with mental health needs, etc. Options will be considered to improve access and availability.</p>		<p>This is projected to increase to 20,201 by 2025</p> <ul style="list-style-type: none"> • 12,676 people aged 65+ are predicted to have a limiting long-term illness whose day-to-day activities are limited a little. This is projected to increase to 15,593 by 2025. • 11,368 people aged 65+ are predicted to have a limiting long-term illness whose day-to-day activities are limited a lot. This is projected to increase to 14,129 by 2025. • 5,923 people aged 18–64 are predicted to have a learning disability. This is projected to increase to 6,264 by 2025. • 1,027 people aged 65+ are predicted to have a learning disability. This is projected to increase to 1,317 by 2025.
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<p>2.3</p>	<p>Are there any gaps in information or evidence missing in the consultation, data collection or research that you currently have on the impact of the proposed change on different groups or communities that share a protected characteristic? If so, how will you address this?</p> <p>Please read the corporate public consultation guidelines before you begin: http://intranet.croydon.net/finance/customerservices/customerserviceprogramme/stepbystepguide.asp.</p>

2.4	<p>If you really cannot gather any useful information in time, then note its absence as a potential disadvantageous impact and describe the action you will take to gather it.</p> <p>Please complete the table below to set out how will you gather the missing evidence and make an informed decision. Insert new rows as required.</p>	
	Groups with a “Protected characteristic” and broader community issues	Missing information and description of potential disadvantageous impact
		Proposed action to gather information

Stage 3 Improvement plan

Actions to address any potential disadvantageous impact related to the proposed change.

This stage focuses on describing in more detail the likely disadvantageous impact of the proposed change for specific groups that may share a protected characteristic and how you intend to address the probable risks that you have identified in stages 1 and 2.

3.1	<p>Please use the section below to define the steps you will take to minimise or mitigate any likely adverse impact of the proposed change on specific groups that may share a protected characteristic.</p>
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Equality Group (Protected Characteristic)	Potential disadvantage or negative impact	Action required to address issue or minimise adverse impact	Action Owner	Date for completing action

3.2	<p>How will you ensure that the above actions are integrated into relevant annual department or team service plans and the improvements are monitored?</p>

3.3	<p>How will you share information on the findings of the equality analysis with customers, staff and other stakeholders?</p>
It will be published as part of the final assessment	

Section 4 Decision on the proposed change

4.1 Based on the information in sections 1-3 of the equality analysis, what decision are you going to take?		
Decision	Definition	Yes / No
We will not make any major amendments to the proposed change because it already includes all appropriate actions.	Our assessment shows that there is no potential for discrimination, harassment or victimisation and that our proposed change already includes all appropriate actions to advance equality and foster good relations between groups.	Yes
We will adjust the proposed change.	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the proposed change. We are going to take action to make sure these opportunities are realised.	No
We will continue with the proposed change 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 the proposed change. 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.	No
We will stop the proposed change.	The proposed change 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.	No

4.2 Does this equality analysis have to be considered at a scheduled meeting? If so, please give the name and date of the meeting.
No

4.3 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 delivering the change. This will often mean publishing your equality analysis before the change is finalised, thereby enabling people to engage with you on your findings.
It will be published as part of the Croydon 2018 PNA on the LA website

4.4	When will you update this equality analysis? Please state at what stage of your proposed change 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
For the final PNA after the 60-day consultation	

4.5	Please seek formal sign of the decision from Director for this equality analysis? This confirms that the information in sections 1-4 of the equality analysis is accurate, comprehensive and up-to-date.	
Officers that must approve this decision	Name and position	Date
Head of Service / Lead on equality analysis		
Director		
Email this completed form to equalityandinclusion@croydon.gov.uk , together with an email trail showing that the director is satisfied with it.		

Abbreviations

AUR – Appliance Use Review

BH – Bank Holiday

BSA – Business Services Authority

BAME – Black Asian and Minority Ethnic

CCG – Clinical Commissioning Group

CPCF – Community Pharmacy Contractual Framework

COPD – Chronic Obstructive pulmonary disease

CVD – Cardiovascular Disease

DAAT – Drug and Alcohol Action Team

DAC – Dispensing Appliance Contractor

DH – Department of Health

DSP – Distance-Selling Pharmacy

EHC – Emergency Hormonal Contraception

EIA – Equality Impact Assessment

EPS – Electronic Prescription Service

ES – Essential Services

ESPS – Essential Small Pharmacies Scheme

FAST – Face Arms Speech Time

GLA – Greater London Authority

GP – General Practitioner

HPA – Health Protection Agency

HWB – Health and Wellbeing Board

HIV – Human Immunodeficiency Virus

INR – International Normalised Ratio

JSNA – Joint Strategic Needs Assessment

LA – Local Authority

LAC – Looked-After Children

LBC – London Borough of Croydon

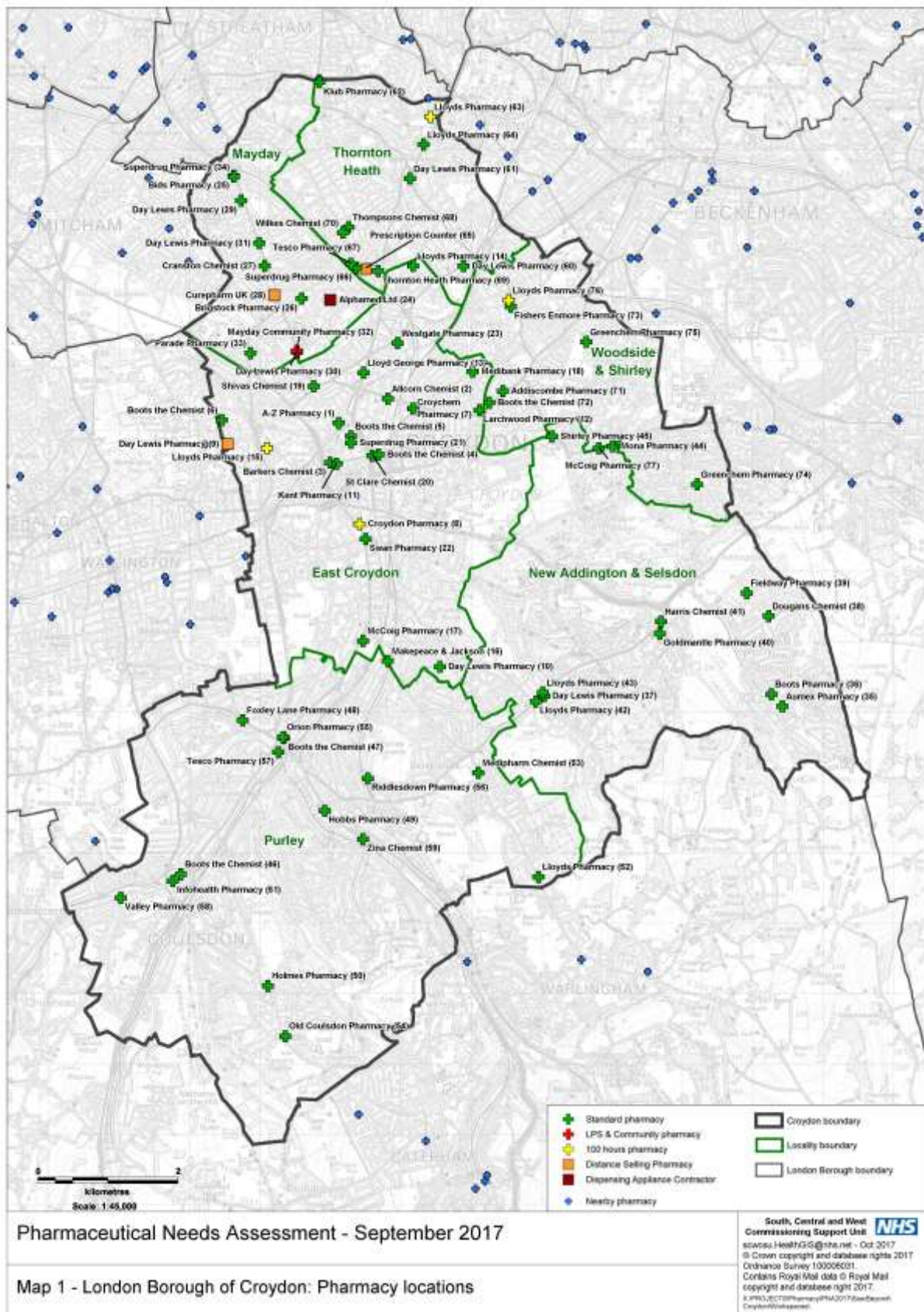
LCS – Locally Commissioned Services

LMC – Local Medical Committee

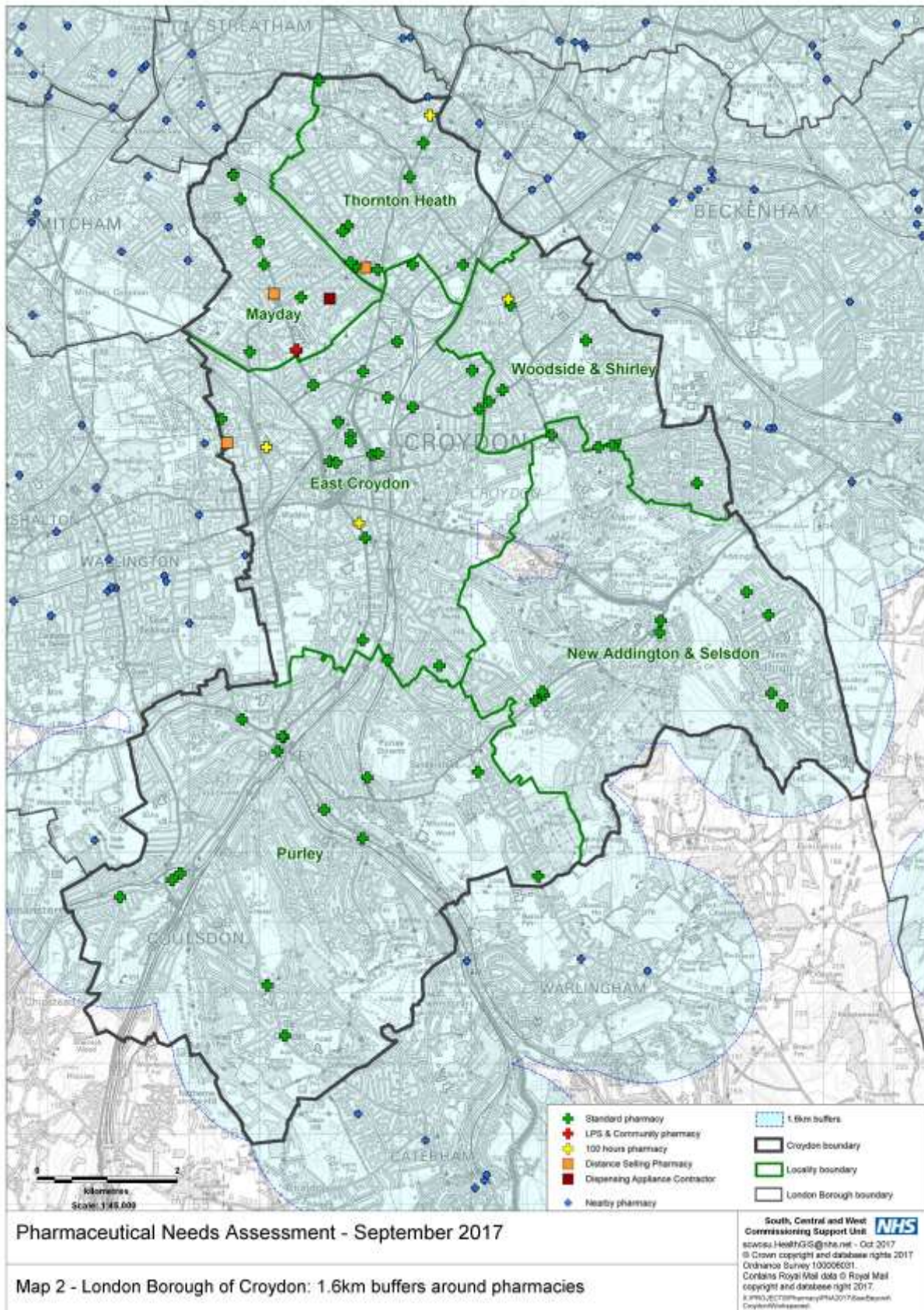
LPC – Local Pharmaceutical Committee

LPS – Local Pharmaceutical Service
MI – Motivational Interviewing
MUR – Medicines Use Review
MYE – Mid-Year Estimate
NCSCCT – National Centre for Smoking Cessation and Training
NHS – National Health Service
NHSE – National Health Service England
NICE – National Institute for Health and Care Excellence
NUMSAS – NHS Urgent Medicines Supply Advance Service
NMS – New Medicine Service
OAT – Oral Anticoagulation Therapy
OCU – Opiate and/or Crack Users
ONS – Office for National Statistics
PCT – Primary Care Trust
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PhIF – Pharmacy Integration Fund
PHOF – Public Health Outcome Framework
PNA – Pharmaceutical Needs Assessment
POPPI – Projecting Older People Population Information
PSNC – Pharmaceutical Services Negotiating Committee
PURM – Pharmacy Urgent Repeat Medication
SAC – Stoma Appliance Customisation
STI – Sexually Transmitted Infection
TIA – Transient Ischaemic Attack
TOP – Termination Of Pregnancy
UK – United Kingdom
WHO – World Health Organization

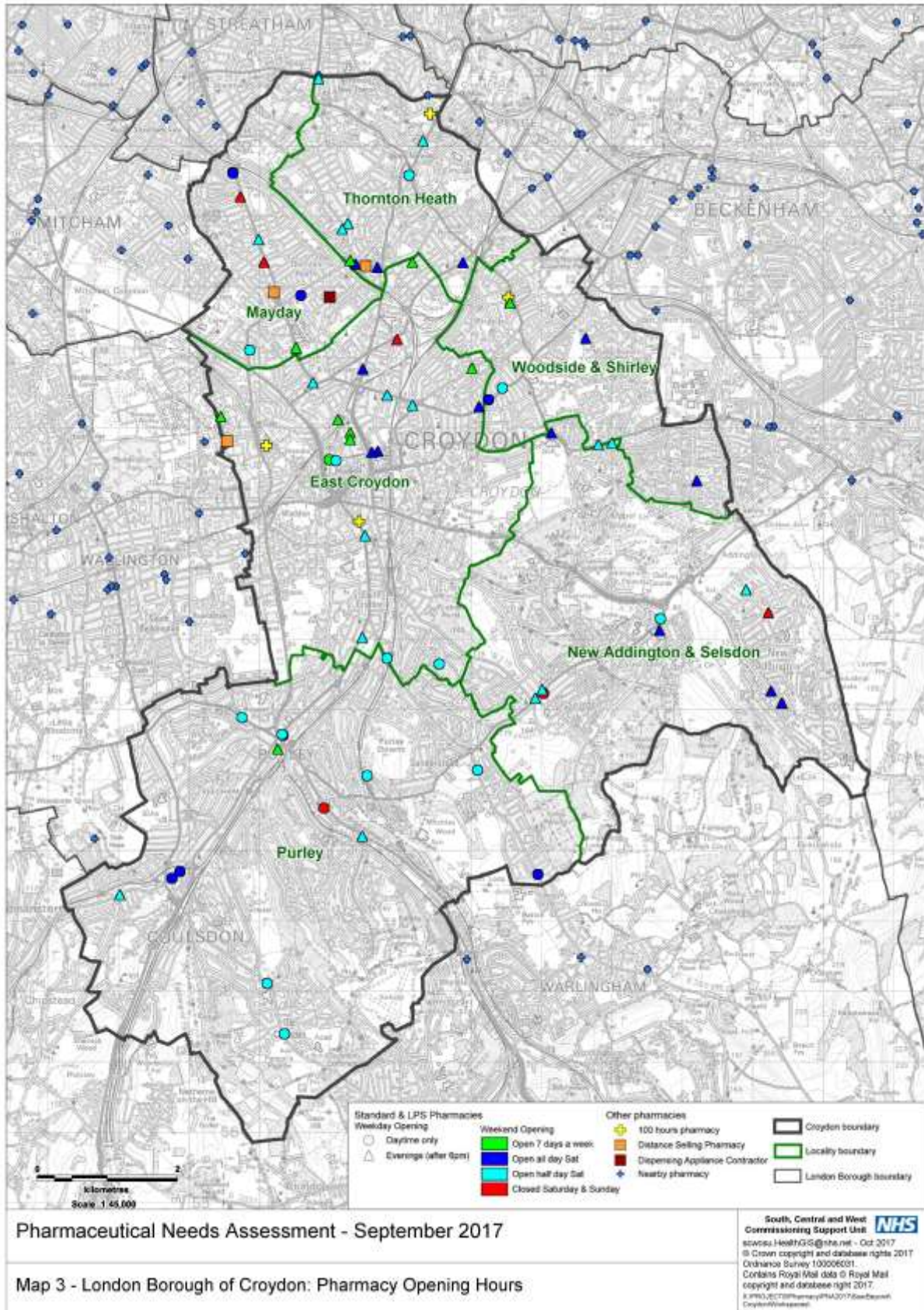
Map A: London Borough of Croydon: Pharmacy locations



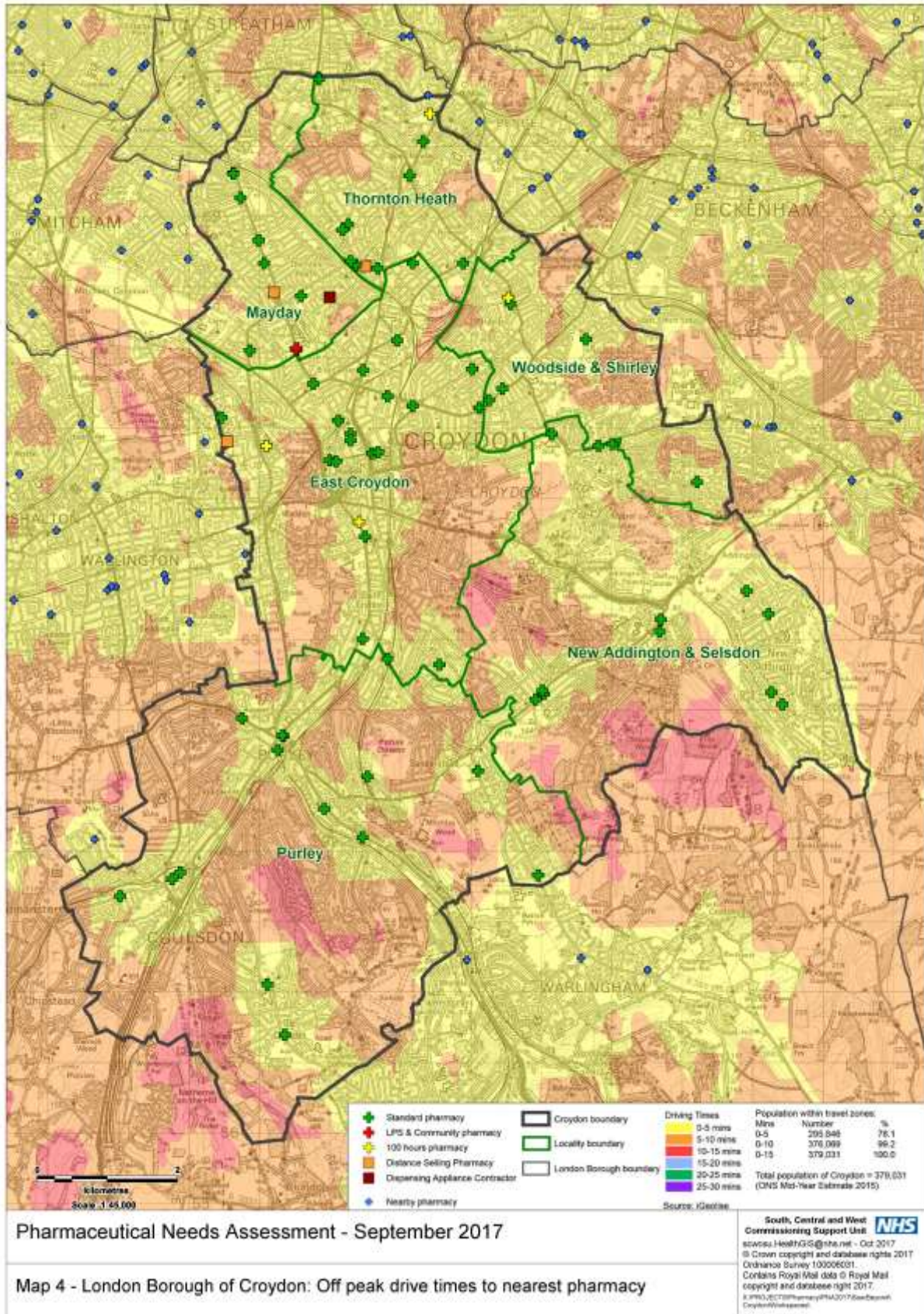
Map B: London Borough of Croydon: 1.6 km buffers around pharmacies



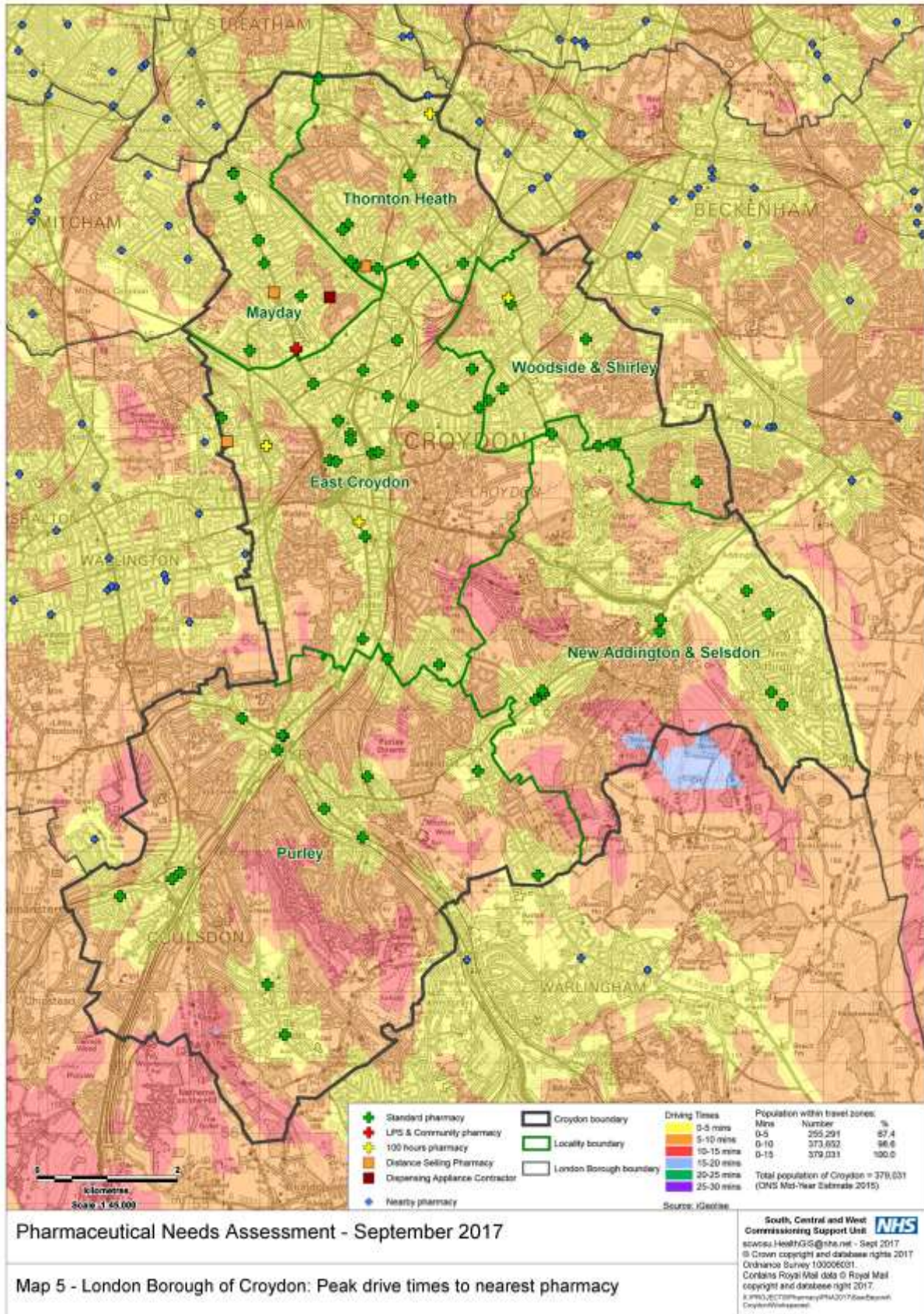
Map C: London Borough of Croydon: Pharmacy opening hours



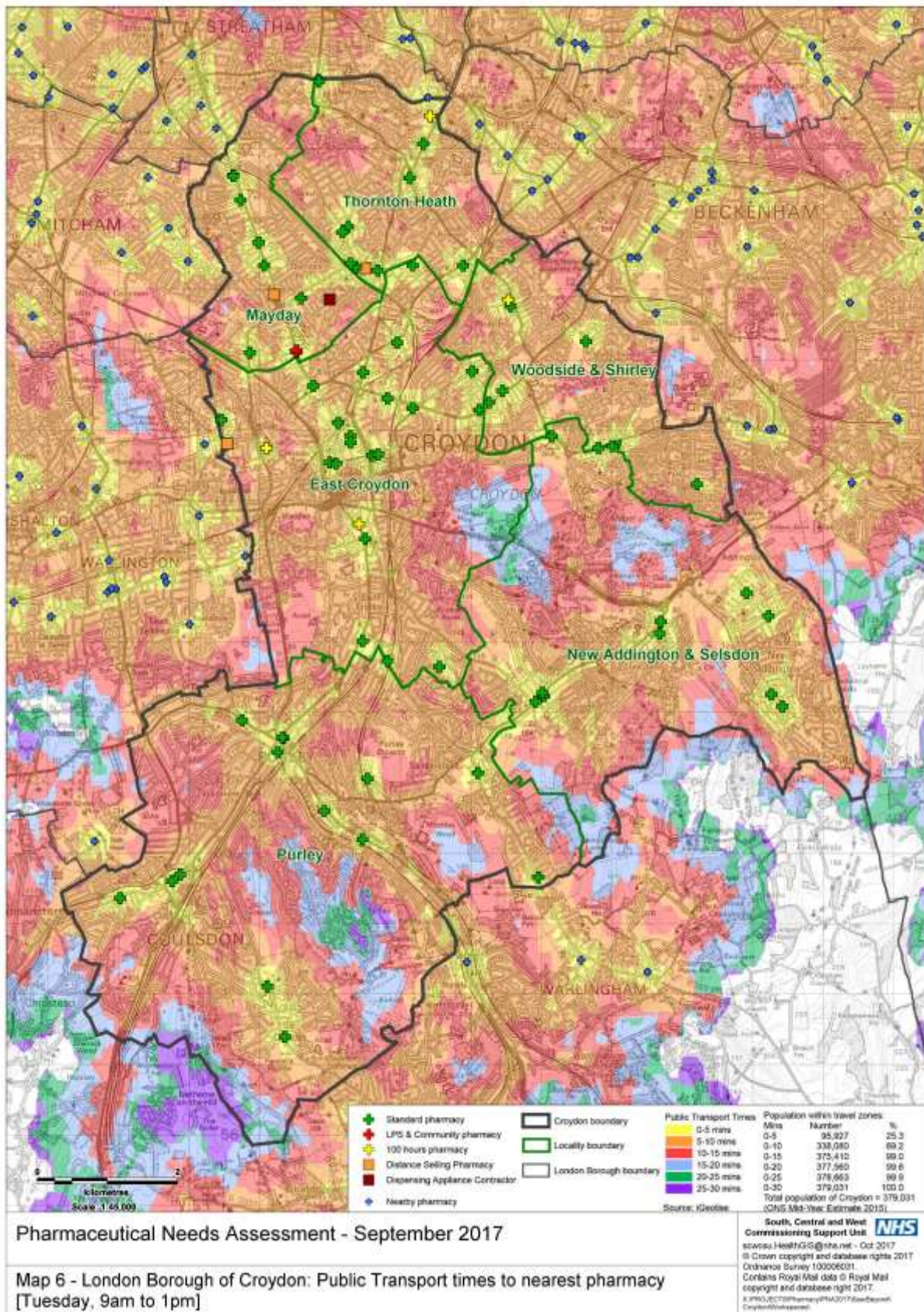
Map D: London Borough of Croydon: Off-peak drive times to nearest pharmacy



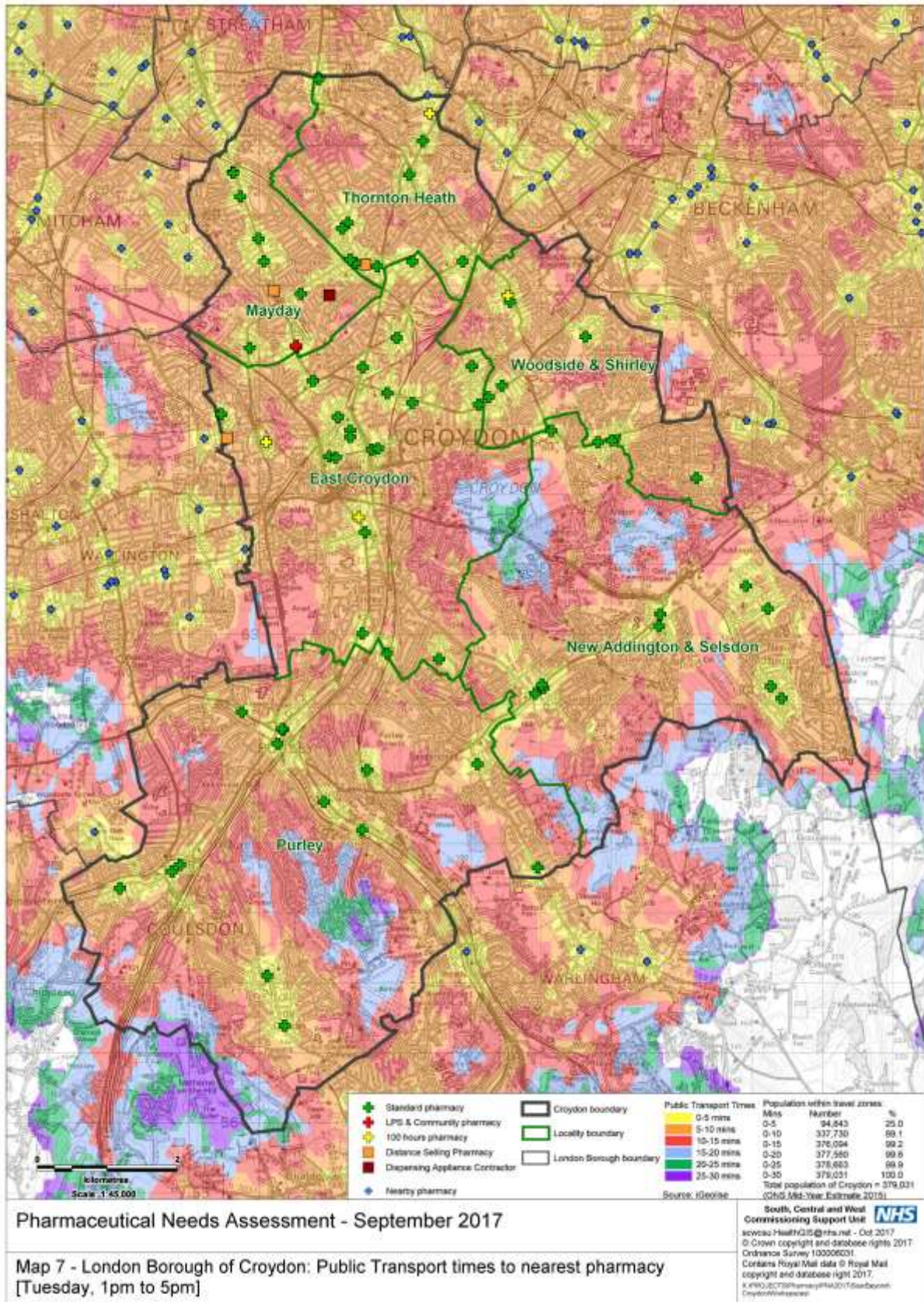
Map E: London Borough of Croydon: Peak drive times to nearest pharmacy



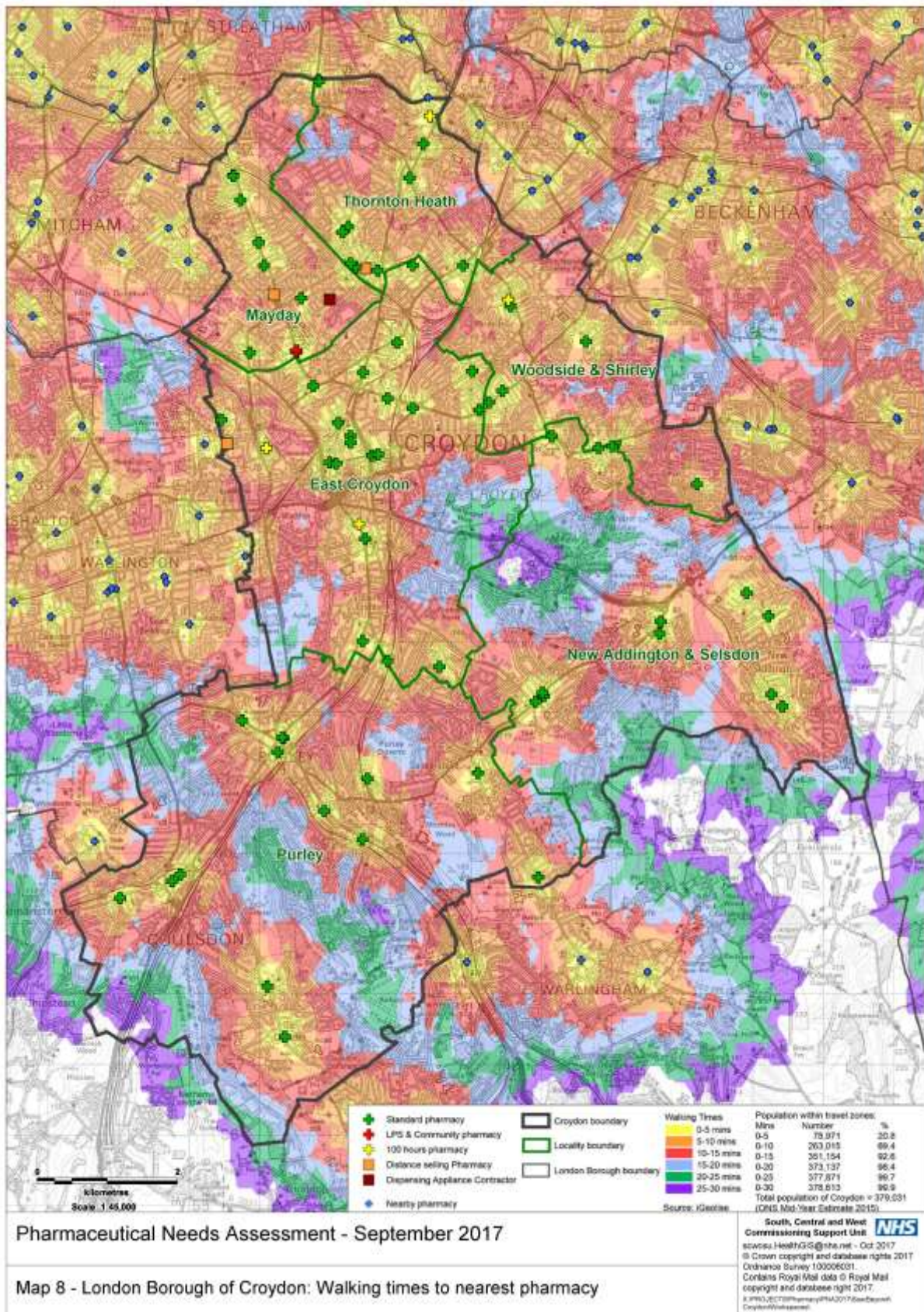
Map F: London Borough of Croydon: Public transport times to nearest pharmacy (Tuesday 9am to 1pm)



Map G: London Borough of Croydon: Public transport times to nearest pharmacy (Tuesday 1pm to 5pm)



Map H: London Borough of Croydon: Walking times to nearest pharmacy



**Supplementary Statement to Croydon Health and Wellbeing Board's
Pharmaceutical Needs Assessment**

Date Pharmaceutical Needs Assessment published – March 2018

Date Supplementary Statement issued - April 2018

The Regulations state that Supplementary Statements can provide updates to the Pharmaceutical Needs Assessment only in relation to changes in the availability of pharmaceutical services. Supplementary Statements cannot provide updates on pharmaceutical need: this can only be achieved through a review of the Pharmaceutical Needs Assessment. The following pharmaceutical services currently contained within the Pharmaceutical Needs Assessment have been identified as needing updating. This updated information supersedes some of the original information within the PNA and should be read in conjunction with that document.

Removal from the Pharmaceutical List:

The following pharmacies have been removed from the Pharmaceutical List for Croydon HWB:

- Lloyds Pharmacy Ltd, T/A Lloyds Pharmacy, 130 Church Road, London SE19 2NT. The pharmacy ceased provision of services from 29 January 2018
- Lloyds Pharmacy Ltd, T/A Lloyds Pharmacy, 156 Portland Road, London SE24 4PT. The pharmacy ceased provision of services from 26 February 2018

Changes to locally commissioned services:

The following pharmacy is now commissioned to provide NHS Health Checks:

- Day Lewis Pharmacy, 1351 London Road, Norbury, SW16 4BE

Supplementary statement prepared by Soar Beyond Ltd and issued by: Mar Estupiñán, Public Health Principal.

Information correct as of the 21st March 2018

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CROYDON

Croydon 2018 PNA Steering Group – Terms of Reference

Purpose

Ensure the development of 2018 Croydon's Pharmaceutical Needs Assessment (PNA) so that Croydon Health and wellbeing Board meet its statutory responsibility for publishing the PNA in line with The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) regulations.

Objectives

- To oversee the development of the pharmaceutical needs assessment in accordance with and ensure the Croydon PNA complies with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
- Ensure the PNA takes into account the local demography within Croydon Borough and ascertain whether there is sufficient choice and accessibility (e.g. physical access, language etc.) with regard to obtaining pharmaceutical services.
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health & Wellbeing Strategy, the CCGs' Commissioning Strategy Plans and other relevant strategies
- Ensure the consultation on the PNA meets the requirements of Regulation 8 of the 2013 Regulations. In particular, ensure that both patients and the public are involved in the development of the PNA.
- Ensure all appropriate stakeholders in Croydon are aware, engaged and involved in the development of the PNA.
- Present the PNA first and final draft to the Health and Wellbeing Board.
- Publish the PNA on the Council's website by April 2018.
- Develop a community pharmacy vision that is integrated across health and social care spectrum, ensuring direct link to the Health & Wellbeing vision for the borough
- Horizon scan for future policy direction and identify system decision makers to transform the vision into a reality for Croydon residents
- Ensure the vision paper has adequate and appropriate patient and public involvement along with the wider community pharmacies operating in Croydon

Governance

- The Health and Social Care Act 2012 transferred the statutory responsibility for PNAs from NHS Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWB), from 1 April 2013, with a requirement to publish a revised assessment at least every 3 years

- This Steering Group has been established to oversee the production of the 2018 PNA for the London Borough of Croydon, reporting progress and presenting the final report to the HWB on or before the March 2018 meeting.
- The Health and Wellbeing Board will be informed of progress towards the production of the PNA and relevant milestones through the HWB Programme Manager's quarterly updates.
- If a statement or decision from the Health and Wellbeing Board is needed in relation to the production of the draft PNA, the Chair of the Steering Group is welcome to draft a formal report for consideration.
- The steering group will report directly to the Director of Public Health and is accountable to Croydon Health and Wellbeing Board.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in late 2017/early 2018 to sign off the PNA 2018 for submission to the Health and Wellbeing Board.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any Local HealthWatch organisation for its area
 - Any NHS trust or NHS foundation trust in its area
 - The NHSCB
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to Health & Wellbeing Board on both a Draft and Final PNA.
- Publish a Final PNA by end 1 April 2018.

Dates for Health and Wellbeing Board meetings, 2017/2018:

13 th September 2017	7 th February 2018
18 th October 2017	18 th April 2018
13 th December 2017	

Membership:

Delegate	Job title	Organisation
Ian Mullan	Associate Director	Soar Beyond Ltd
Anjna Sharma	Associate Director	Soar Beyond Ltd
Claire Mundle	Public Health Principal	Public Health Croydon
Mar Estuphinan	Public Health Principal	Public Health Croydon
Ellen Schwartz	Public Health Consultant	Public Health Croydon
Denise Malcolm	Senior Communications Officer	London Borough of Croydon
Craig Ferguson	Principal Public Health Intelligence Analyst	Public Health Croydon
Jai Jayaraman	CEO	Healthwatch Croydon
Andrew McCoig	Chief Executive	Croydon LPC
Barbara Jesson	Principal Pharmacist	Croydon CCG
Stephanie Kendrick	Communications Lead	Croydon CCG
Karthiga Gengatharan	Medical Director	Surrey and Sussex LMCs

Soar Beyond are not to be a core member. The meeting will be chaired by LBC Public Health, with Soar Beyond supporting. Each core member has one vote. The Director of Public Health (or Public Health representative) will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with five core Members in attendance, one of which must be a pharmacist member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision. To be included in decision-making, members' (or their nominated deputies) attendance is essential.

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by London Borough of Croydon to support the development of the PNA. Other additional members may be co-opted if required

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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 20 June 2018
AGENDA ITEM:	[leave blank]
SUBJECT:	Croydon CCG: Strategic Approach and Plans for 2018/19
BOARD SPONSOR:	<i>Agnelo Fernandes</i>
BOARD PRIORITY/POLICY CONTEXT:	
<ul style="list-style-type: none"> • The paper sets out the One Croydon strategic approach to addressing the health and care challenges and the resulting CCG's plans for 2018/19. 	
FINANCIAL IMPACT:	
<ul style="list-style-type: none"> • None as a result of this paper. 	

1. RECOMMENDATIONS

The Health and Well Being Board is asked:

- 1.1 to note the report
- 1.2 to note the draft One Croydon Transformation Plan will be presented at the next meeting for discussion

2. EXECUTIVE SUMMARY

- 2.1 The Health and Well Being Board received the CCG's commissioning intentions for 2018/19 in September 2017.
- 2.2 This report builds on that setting out a summary of the One Croydon strategic health and care transformation plans and the priorities for the CCG to implement 2018/19 implementation plans.

3. DETAIL

- 3.1 One Croydon is on a journey to sustainably transform health and care services in Croydon, working with local and wider South West London partners where appropriate. We are taking stock of the significant progress made over the past years to transform services and are looking to reset the momentum and the scale of transformational change and improvement.
- 3.2 One Croydon Partners are working together, building on current transformation plans to develop a 5 year plan. A discussion document will be available in September.
- 3.3 The attached slide deck sets out the current One Croydon transformation plans and the resulting CCG initiatives for 2018/19.

4. CONSULTATION

- 4.1 The transformation plans are developed through programme boards consisting of clinicians and managers from partners.
- 4.2 Engagement is ongoing throughout the year with the public and informs planning on an ongoing basis. This can be through directed engagement with specific groups or generally through forums.

5. SERVICE INTEGRATION

- 5.1 Health and care integration form the premise of the transformation plans to ensure the best outcome for people.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 Financial planning is integral to the planning approach and support the journey to a sustainable health and care systems

7. LEGAL CONSIDERATIONS

- 7.1 None required

8. EQUALITIES IMPACT

- 8.1 Equality impact assessment are undertaken for each project

CONTACT OFFICER: Fouzia Harrington, AD: Strategy, Planning and Estates, Croydon Clinical Commissioning, Fouzia.harrington@swlondon.nhs.uk

BACKGROUND DOCUMENTS Presentation Pack: Our Strategic Approach and Plans for 2018/9

Our Strategic Approach and Plans for 2018/19

Health and Well Being Board

20 June 2018

Longer, healthier lives for
all the people in Croydon



CONTENT

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Longer, healthier lives for
all the people in Croydon



Introduction

- We are on a journey to **sustainably transform health and care services in Croydon**, working with wider South West London partners where appropriate.
- We are taking stock of the significant progress made over the past years to transform services and are looking to **reset the momentum and the scale of transformational change and improvement**.
- This work is **informing the development the One Croydon Transformation Plan and will inform the South West London Sustainability and Transformation Partnership Strategy**.

Longer, healthier lives for
all the people in Croydon



Our journey and progress over the year

Implementation	Impact
Urgent care – 3 GP urgent care hubs, access to a wide range of urgent care services, incl. GP appts available from 8am to 8pm, 7 days a week	<ul style="list-style-type: none"> Increasing awareness and use of GP hubs (37% increase in the number of visitors since opened in April 2017)
Planned care – embedded 18 revised pathways	<p><u>Performance against contracted SLAM plans</u></p> <ul style="list-style-type: none"> Reduced unnecessary referrals to hospital by 4% and outpatient attendances by 2%. Despite activity underperformance there is a 2% increase in the cost of outpatient attendances. The majority of underperformance is in outpatient follow-up which attract a cheaper tariff Reduced non-elective activity by 2% (1% over on finance) and 9% reduction in A&E activity (1% over on finance), primarily urgent care attendances offset by over performance in A&E attendance. Increased access to primary care Improved patient reported access to GPs
Out of Hospital and Outcomes based commissioning for over 65s – integrated community network, Personal Independence Co-ordinators, Integrated intermediate and rehabilitation services (LIFE)	
Primary care and variation in treatment and care – Peer review of referrals, piloting a group consultation model to support patients with long-term conditions, introducing social prescribing giving a non medical referral option	
Mental health – 24 hour crisis telephone line, 24 hour home treatment team	<ul style="list-style-type: none"> Reduced the average length of stay for Croydon patients in a mental health bed from 58 to 35 days Reduced the number of delayed discharges (22 to 7 in November 2017) Reduced the number of patients in out of borough beds (36 to zero in November 2017)
Child and adolescent mental health services – Single point of access introduced	<ul style="list-style-type: none"> Children and young people aged under-18 with a diagnosable mental health condition receiving NHS community services treatment increased from 16.8% in 2015/16 to 32% in 2016/17

Strategic Vision

‘Working together to help you live the life you want’

We want people to live longer, healthier lives. Our vision is that local people be supported to look after themselves and those they care for and have access to high quality jointed up physical and mental health and care services when they need them. We want to deliver better health outcomes within our budget.

Strategic Context

Croydon CCG, as well as our health and care partners, face significant health and care needs and financial challenges.

We are working together, building on the success of the One Croydon Alliance, which previously focused on the over 65’s, to deliver whole system transformation for the whole population.

Strategic Transformation Programmes

- Existing models of care are often reactive and disproportionately provided in acute settings. It results in poor outcomes and an unaffordable health and social care system for Croydon
- People want to be better supported through appropriate community-based provision that helps them to better meet their care needs, to retain their independence, to self manage and wherever possible to prevent complications and admission to hospital
- Care is often fragmented and we leave people to navigate themselves. We need to better integrate services

Our plans focus on keeping people well, and ensuring people are supported in the home and in the community rather than hospital wherever appropriate. We aim to improve health outcomes and ensure an affordable system.

One Croydon Partners are working together, building on current transformation plans to develop a 5 year plan. A discussion document will be available in September.

The following slides set out the current One Croydon transformation plans and the CCG initiatives for 2018/19.

Out of Hospital Transformation Programme

Aim: To increase preventative and proactive care through better delivery of integrated care across health, social care, mental health and voluntary sector services.

Key outcomes:

- Staying healthy, active and independent for as long as possible
- Getting access to the best quality care so people can live how they choose
- Having support from professionals with specialist knowledge to understand how health and social care affects individuals
- Getting more care and support tailored to individuals' needs
- Being supported to manage long term conditions

What have we achieved to date:

- GP practices that implemented Integrated Community Network show a decrease in overall non-elective admissions
- Where LIFE/ Discharge to Assess was implemented, there is a 20% reduction in Average Length of Stay
- The proportion of older people still at home after 91 days after discharge from hospital has increased and admissions to Nursing homes have decreased

Embedding initiatives implemented in year 1 (2017/18):

- Integrated Community Networks and huddles
- Living Independently for Everyone (LIFE)
- Discharge to Assess
- Local Voluntary Partnerships
- Together for Health Programme

New initiatives for year 2 (2018/19) include:

- **Transformation of falls services:** Integrating falls into LIFE to ensure an expanded 'wrap-around' falls service, alongside improved early identification, enhanced preventative measures and community support
- **End of Life Care Transformation:** Integration with LIFE (discharge to assess pathway 3), additional training programmes to reduce conveyances and avoidable admissions, preparation for move to a coordination centre model
- **Care homes:** Implementation of an 'Airedale' style assistive technologies solution, re-designing the model of GP cover for care homes, and development of a joint strategic framework (between the CCG and LA) for commissioning care home beds
- **Re-design of continence services**

Planned Care Transformation Programme

Aim: To transform local healthcare by introducing new pathways and models of care, whilst promoting and embedding behaviour and cultural change across patients, public, and clinical workforce.

Key outcomes:

- More patients equipped to manage their own condition
- Better outcomes and experience for patients by improving access and avoiding duplications or procedures with no clinical value
- Reduction in potential years of life lost through amenable disease
- Right care delivered in the right place at the right time, delivered using an integrated approach resulting in better outcomes overall

What have we achieved to date:

- Rolled out and embedded 18 revised pathways
- Revised MSK model of care (attaching physiotherapists to GP practices) tested
- Introduced GP peer review peer of patient assessment
- Implementing e-Referrals to GPs which combines electronic booking with a choice of place, date and time for first hospital or clinic appointments
- Introduced the Specialist Advice and Guidance to improve access between clinicians in Primary and Secondary Care
- Revised 'Choosing Widely' thresholds

Embedding initiatives implemented in year 1 (2017/18):

- 18 revised pathways including a revised MSK model of care
- GP peer review of patient assessment
- Specialist Advice and Guidance
- E-Referrals to GPs

New initiatives for year 2 (2018/19) include:

By the end of February we will have signed off a single business case which sets out ambitious activity reductions from acute to more appropriate care settings:

- | | |
|-----------------|--------------------------|
| ▪ MSK | ▪ Cardiology/Respiratory |
| ▪ Dermatology | ▪ Digestive Diseases |
| ▪ Ophthalmology | ▪ Diabetes |
| ▪ Gynaecology | ▪ Anti-coagulation |
| ▪ ENT | |

Together for Health Transformation Programme

Aim: To support people to become active citizens in managing their own health and care ensuring that individuals remain healthier for longer. People can make informed decisions about their health and social care including decisions they make around lifestyle factors that may be impacting on diseases and conditions that they may have or be at risk of developing.

Key outcomes:

- Keeping people well for longer
- Supporting an active and independent for as long as possible
- Preventing disease; reduce the down the increase in Type 2 Diabetes across Borough; Lower prevalence of obesity & other lifestyle factors impacting health
- Better treatment adherence
- People empowered to take greater responsibility for their health
- Improving health behaviours

What have we achieved to date:

- Social prescribing – Thornton Heath Practice
- GP Group consultations piloted for diabetes
- Health Help Now App implemented

New initiatives for 2018/19 include:

- Scaling up social prescribing and developing the community resource through a Local Voluntary Partnership (LVP)
- Rollout of group consultations for other LTC
- Implementation of an Expert Patients Programme
- Health Help now further development increase is usage and using it s full potential

Mental Health Transformation Programme

Aim: To prevent mental health problems and to ensure early intervention for those with mental illness, through improved access to services , and care provided closer to home where appropriate

Key outcomes:

- Better wellbeing and mental health
- Fewer people develop mental health problems
- More people with mental health problems will have a good quality of life, fewer will die prematurely
- More people will have a positive experience of care wherever it takes place
- Improved health outcomes for patients with dementia
- Working with Public Health to reduce the number of people taking their own lives (national target of 10% reduction)

What have we achieved to date:

- About to awarded the mental health forensic contract through chairs action
- Reduced the average length of stay for Croydon patients in a mental health bed from 58 to 35 days
- Reduced the number of delayed discharges (22 to 7 in November 2017)
- Reduced the number of patients in out of borough beds (36 to zero in November 2017)

New initiatives for 2018/19 include:

- By the end of June signed off the Mental Health and Well Being business case (through the Out of Hospital Business Case)
- Alternative pathways for crisis response and primary community based care
- Further reduction in occupied beds
- Continued implementation of the Child and Adolescent Mental Health (CAMHS) transformation plan. (Also identified as a South West London priority)
- Improving Access to Psychological Therapies (IAPTS)

Learning Disabilities Transformation Programme

Aim: To support more people with a learning disability can live in the community, with the right support, and close to home by making health and care services better.

Key outcomes:

- Reduce health inequalities and premature deaths
- Improved quality of life for people with LD
- Improved access to wider healthcare services
- More people live in the community, with the right support, and close to home
- Greater parity of access for people with LD to primary and secondary care

What have we achieved to date:

- Implementing Transforming Care – moving from inpatient provision to community based care
- Annual health checks
- Service review completed

New initiatives for 2018/19 include:

- Service review outcome - Commissioning more integrated services between community LD team and social care and mental health
- Transforming Care clients
 - to discharge 4 into community based provision
 - 7 clients to be discharged from specialist NHS provision into community based provision

Children and Young People Transformation Programme

Aim: To improve the health outcomes for children and young people through prevention and self care and improve families experience through more effective diagnosis and care of long term conditions

Key outcomes:

- Improvements in children’s physical and mental health including improved health outcomes for children with SEN and Disability
- Improvements in patient experience and reduced waiting times for statutory and other priority pathways
- Reduction in risk of significant harm to physical and mental health for children with long term conditions

What have we achieved to date:

- Child and adolescent mental health services – Single point of access introduced
- Health visiting and school nursing review
- Implementing Best Start developments
- GP advice and guidance

New initiatives for 2018/19 include:

- Developing a Children's transformation strategy for the development of community paediatrics
- Acute business case to reconfigure acute paediatrics sign off by end of February
- Continued implementation of the Maternity Improvement Plan

Primary Care Transformation Programme

Aim: To develop primary care at scale to provide a consistent quality service to residents of Croydon. Developing a resilient and sustainable general practice is essential to enable the transformation of the whole health and care system

Key outcomes:

- Sustainability and Resilience of General Practice
- A population health focussed approach to commissioning general practice
- Shared and varied workforce – addressing recruitment and retention challenges
- Ability to provide a wider range of services ‘closer to home’ for the population

New initiatives for 2018/19 include:

- GP Extended Access in top up hubs
- Roll out of online consultations
- Complete the LCS/PDDS review
- Development of primary care estates (£9 million capital investment agreed)
- IT system interoperability and improved functionality
- Develop working at scale models

What have we achieved to date:

- Positive relationship shift with general practice
- Extended access: In addition to the 3 GP Hubs providing same day pre-bookable and walk in access to a GP, we have commissioned 2 additional hubs offering additional pre-bookable routine appointments to the populations of Shirley and Woodside and Mayday and Thornton Heath. On-going negotiations to provide pre-bookable routine appts in the 3 GP hubs.
- Successfully bidding for resources to invest in Croydon primary care:
 - £15.9m of capital to support out of hospital programme, ETTF and GP improvement grants
 - £1m to test working at scale, supporting general practice to play a full part in integrated care

Next Steps

- One Croydon Partners are working together, building on current transformation plans to develop a 5 year plan
- A discussion document will be available in September
- One Croydon Transformation Plan will include:
 - Align thinking with regard to local authority new operating model
 - Set out a health and care outcomes framework
 - Plans for delivering the agreed outcomes