

Pharmaceutical Needs Assessment

Final Draft for HWB Approval
November 2014

Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417)

Pharmaceutical Needs Assessment

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1. Background

1.1 Why a PNA is needed

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

Box 1 - Duties of the HWB

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

Box 2 – Requirements for the PNA

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

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

Schedule 1 of the Regulations¹ set out the **information** the PNA must include:

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

1. Background

1.2 Methodology

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



	Activity
Step 1 Governance & Project management	<ul style="list-style-type: none"> • A multi-agency Steering Group was established to oversee and drive the development of the PNA. Terms of Reference are attached in Appendix A • External expertise was appointed to provide subject matter expertise and project management support
Step 2 Gather and validate data	<ul style="list-style-type: none"> • Information and data was requested from managers and commissioners within Southend-on-Sea Borough Council, NHS England, NHS Southend CCG • A questionnaire was designed and disseminated to community pharmacies to verify current service provision and to secure insights into other aspects of service delivery. A copy is attached in Appendix C • The questionnaire was used to identify and address anomalies with the data supplied by service commissioners to produce an accurate dataset
Step 3 Health Needs & strategic priorities	<ul style="list-style-type: none"> • A desktop review of the JSNA and key strategies was undertaken • This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services
Step 4 Pharmacy profile	<ul style="list-style-type: none"> • The current profile of pharmaceutical services was documented on a service by service basis • This was supplemented with a benchmarking exercise using our ONS comparators (where data was available)
Step 5 Synthesis & assessment	<ul style="list-style-type: none"> • Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision • Pre-determined principles were used to underpin the decision making process
Step 6 Formal consultation	<ul style="list-style-type: none"> • A formal consultation was undertaken between 31 July 2014 and 6 October 2014 in accordance with the Regulations • Comments were collated and presented to the PNA Steering Group for discussion and decision • The consultation report is attached in Section 6

1. Background

1.3 Scope of the PNA

Contractors included on the Pharmaceutical List for Southend-on-Sea

Pharmacy Contractors <i>"Community pharmacists"</i> 40 pharmacies	Dispensing Appliance Contractors <i>"Provide appliances but not medicines"</i> 2 Dispensing Appliance Contractors	Local Pharmaceutical Services Contractors <i>Local contract, commissioned by NHSE</i> None	Dispensing Doctors None
Pharmaceutical Services		Other services commissioned from Pharmacies	
Community pharmacists <ul style="list-style-type: none"> • Essential Services <ul style="list-style-type: none"> ○ Dispensing (includes electronic prescription services) and the actions associated with dispensing ○ Repeatable dispensing ○ Disposal of unwanted medicines ○ Promotion of healthy lifestyles <ul style="list-style-type: none"> • Prescription linked interventions • Public health campaigns ○ Signposting ○ Support for self-care • Advanced Services <ul style="list-style-type: none"> ○ Medicines use reviews (MURs) and Prescription Intervention Service ○ New Medicines Service (NMS) ○ Appliance Use Reviews (AURs) ○ Stoma Appliance Customisation Services (SACS) • Enhanced Services <ul style="list-style-type: none"> ○ Seasonal influenza vaccination 		Services Commissioned by Public Health <ul style="list-style-type: none"> • Stop smoking • Needle & syringe exchange • Supervised consumption of substitute medication • Sexual Health (EHC, Chlamydia screening, Chlamydia treatment) 	
		Services commissioned by NHS Southend CCG <ul style="list-style-type: none"> • None 	
		Services commissioned by NHS Trusts or Foundation Trusts <ul style="list-style-type: none"> • None 	
Dispensing Appliance Contractors <ul style="list-style-type: none"> • Essential Services <ul style="list-style-type: none"> ○ Dispensing (includes electronic prescription services) & the actions associated with dispensing appliances ○ Repeatable dispensing ○ Home delivery for specified appliances ○ Provision of supplementary items (e.g. disposable wipes) • Advanced Services <ul style="list-style-type: none"> ○ Appliance Use Reviews (AURs) ○ Stoma Appliance Customisation Services (SACS) 		Other services which affect the need for Pharmaceutical Services <ul style="list-style-type: none"> • Southend University Hospital NHS Foundation Trust • South Essex Partnership NHS Foundation Trust (community and mental health services) • St Luke's Walk In Centre and the GP Out of Hours Service • Southend Community Drugs and Alcohol Service • Dentists • Optometrists • GPs • Care Homes <p>The following services have been excluded from the scope of this PNA because they do not fall within the Regulations¹ and do not impact upon market entry decisions:</p> <ul style="list-style-type: none"> • Non-NHS services provided by community pharmacies (refer to Appendix D) • The Pharmacy Services within Southend University Hospital NHS Foundation Trust and South Essex Partnership NHS Foundation Trust 	

2. Local Context

2.1 The Place

Southend-on-Sea Borough Council is located in the county of Essex on the east coast of Britain. It is a famous beach resort with seven miles of award-winning coastline, the world's longest pleasure pier and over 80 parks and green spaces including 14 conservation areas.

The Borough is 16.1 square miles in size and has a resident population of approximately 175,000. In addition, it has a transient population attributable to:

- The University of Essex, Southend campus
- 6.4 million tourist visits each year

Excluding the London Boroughs, Southend is the sixth most densely populated area in the UK, with 10,810 people per square mile compared to the UK average of 650.

The area is comprised of 17 wards, which vary in their demography, levels of deprivation and health needs.

The PNA regulations require that the HWB divide its area into localities which are then used as a basis for structuring the assessment. For our PNA, we have adopted a locality structure of East and West Southend, for the following reasons:

- This locality structure aligns to that used by the Council for planning and commissioning of adult services, noting that the structure for the PNA is fully co-terminus with wards
- The population size of each locality is broadly similar
- The wards in the East locality tend to be more deprived and are ranked higher on the IMD (2010) compared with those in the West, which tend to be more affluent

The localities and the wards which comprise these are summarised in the table.

Southend borders with the Essex HWB area; our assessment will take into account pharmacy services within this area.



Localities for the PNA

West		East	
Belfairs	Prittlewell	Kursaal	Southchurch
Blenheim Park	St Lawrence	Milton	Thorpe
Chalkwell	Westborough	St Luke's	Victoria
Eastwood Park	West Leigh	Shoeburyness	West Shoebury
Leigh			

ONS Comparator Group

- | | | |
|----------------------|---------------------------|------------------|
| • Bournemouth UA* | • Lancaster CD* | • Portsmouth UA |
| • Brighton & Hove UA | • Leeds MCD | • Plymouth UA |
| • Bristol UA | • Liverpool MCD | • Salford MCD |
| • Eastbourne CD* | • Lincoln CD | • Sheffield MCD |
| • Exeter CD* | • Newcastle upon Tyne MCD | • Southampton UA |
| • Hastings CD* | • Norwich CD* | • Worthing CD* |

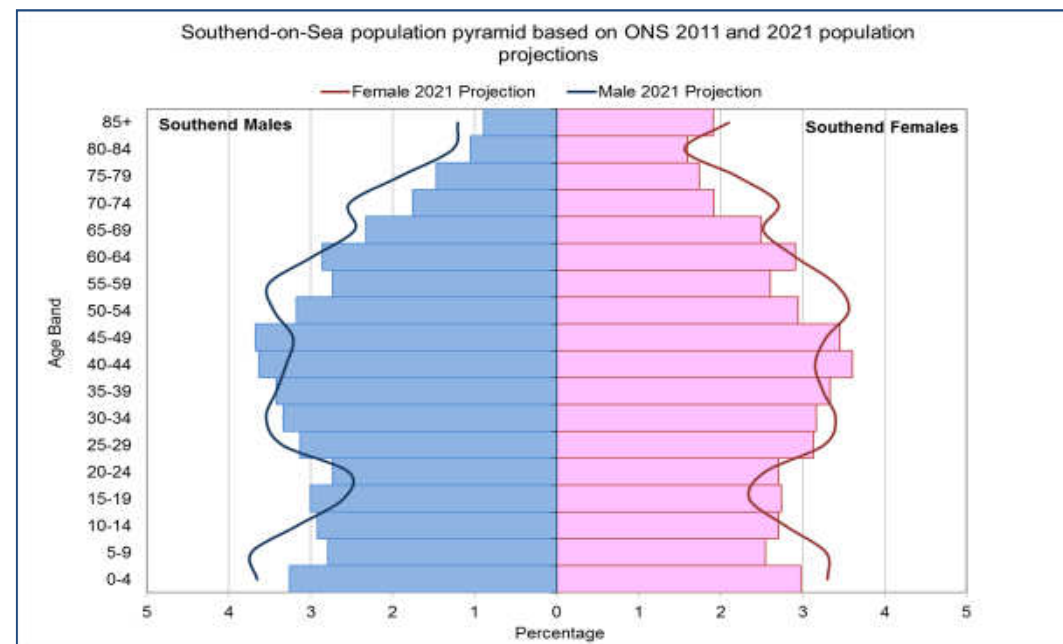
* Used where benchmarking data is available; otherwise excluded

2. Local Context

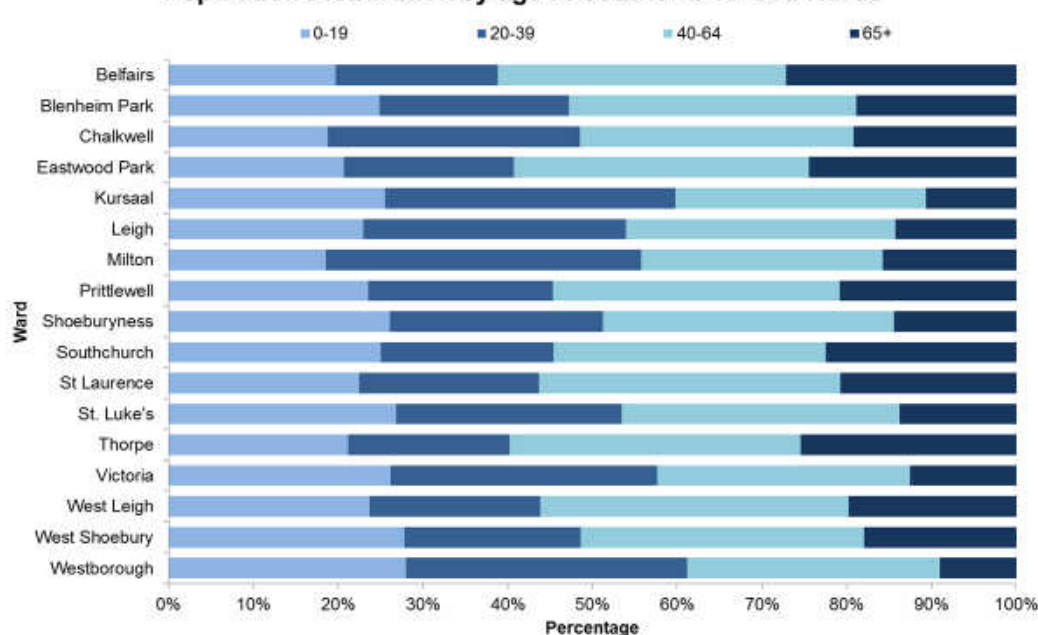
2.2 Demography

Population

- The Office of National Statistics (ONS) suggests there are approximately 175,000 people resident in Southend-on-Sea (mid-2012). This is projected to increase to 185,000 by 2020
- The population pyramid (on the right hand side) demonstrates a gender split of approximately 50:50 with 50.2% of the population being female. The age distribution graph (below) demonstrates how age varies across Southend's wards:
 - 17.8% of people are aged 65 or over, with 3% being over 85. Belfairs, Thorpe and Eastwood Park have the highest proportion of residents in this age group
 - Westborough, West Shoebury and St Luke's have the highest proportion of residents aged 0-19 years
 - Westborough, Kursaal and Victoria have younger population profiles with the highest proportion of people aged under 65 years
- 19% of the adult community have a long term chronic condition



Population Distribution by age in Southend-on-Sea Wards



What this means for the PNA

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

It is, therefore, important to ensure pharmacies in the areas with a younger population profile maximise opportunities to target health promotion and public health interventions in order to improve health and prevent or delay the onset of disease and long term conditions. Similarly, pharmaceutical services within the wards with the highest proportion of older people need to be tailored to meet their specific needs e.g. targeted medicines use reviews (MURs), new medicine service (NMS) reviews etc.

The growing population of Southend-on-Sea has implications for the future demand for services. It is important that pharmaceutical services develop in order to meet the continued needs of the general population as well as the specific needs of sub-sets of the population.

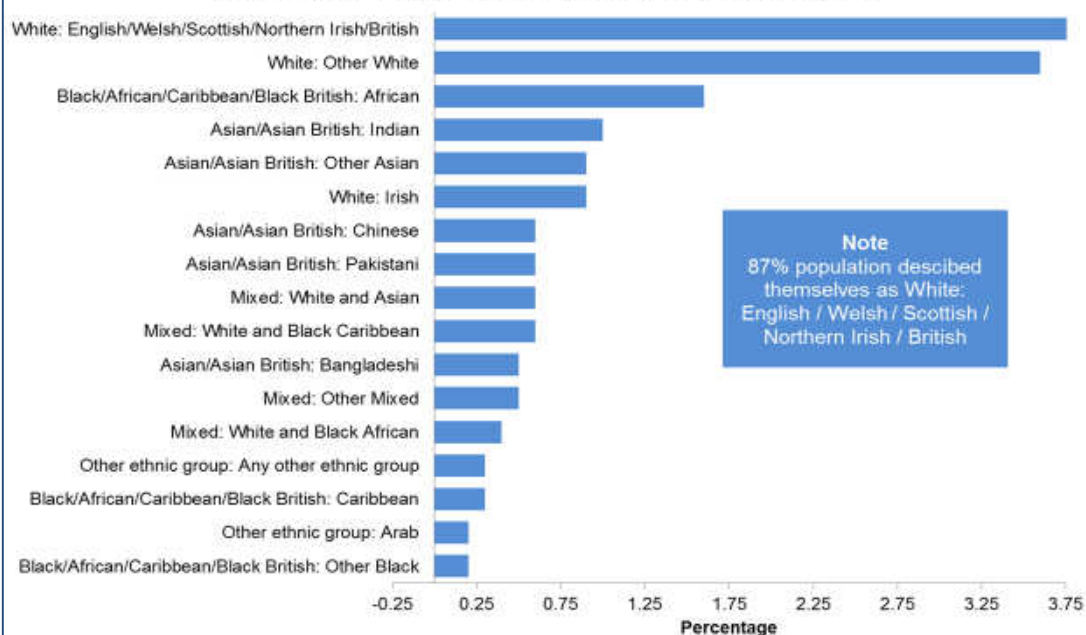
2. Local Context

2.2 Demography (continued...)

Ethnicity

- In the 2011 census, 87% 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 graph (below) provides an overview of the population distribution. It is of note that:
 - Just over 10% come from Black, Asian and Minority Ethnic (BAME) communities; a significant increase from the 2001 census. Victoria and Milton Wards have the highest proportion of BAME communities.
 - In common with other areas of England, Southend-on-Sea has experienced notable immigration from Eastern Europe. Milton, Kursaal and Victoria have the highest proportion of people within the “White Other Groups”
- 125 languages are spoken, with Polish, Bengali, Czech, Chinese, Shona and Tagalog/Filipino being the most common. The table, on the right, summarises the languages spoken by staff within our pharmacies, as reported in our community pharmacy questionnaire

Distribution of the population in ethnic minority groups, 2011 ONS



Language	No. Pharmacies	Percentage	Other languages spoken (<5% pharmacies)
Hindi	18	45%	Turkish Swedish German Kutchi Latvian Hungarian Russian Portuguese Spanish Mayan Arabic
Punjabi	10	25%	
Gujarati	10	25%	
Urdu	9	23%	
Swahili	8	20%	
French	7	18%	
Bengali	5	13%	
Yoruba	3	8%	
Persian	3	8%	
Igbo	2	5%	

What this means for the PNA

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

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

The diversity of languages spoken potentially presents a challenge for the effective communication of medication related, health promotion and lifestyle advice. Whilst a significant number of staff, within our pharmacies, speak languages other than English, this does not correlate well with the most common languages spoken within Southend-on-Sea. Where possible, we will take opportunities to signpost patients to pharmacies where their first language is spoken. However, we need to review what steps are required to ensure all patients are able to benefit from the services and interventions offered by pharmacy.

2. Local Context

2.2 Demography (continued...)

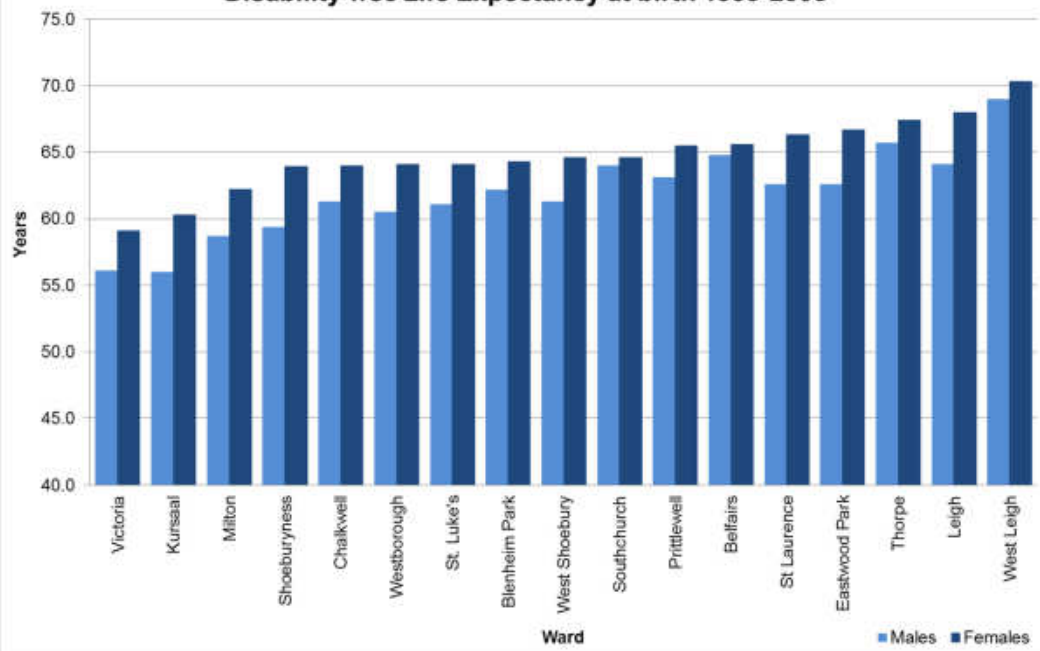
Disadvantage

- Southend-On-Sea is one of Essex's most deprived areas:
 - 55,000 residents fall within the 30% most deprived areas of the country and 16,000 fall within the 10% most deprived areas
 - The wards with the highest levels of deprivation are located within the East Locality with Kursaal, Victoria and Milton being ranked the highest on the IMD (2010)
 - Model based unemployment (end June 2011) was higher than the regional and national averages at 8.3% (6,800 people) and increased by 0.2% compared with the previous year
 - 1 in 4 children live in poverty compared with 1 in 5 across England
- This picture of deprivation, together with pockets of affluence, result in significant differences in both life expectancy and disability free years within Southend-on-Sea

Disability

- Nearly 10,000 people have a moderate or serious physical disability
- 41% (13,000 out of 31,600) of people aged 65+ are unable to manage at least one domestic task on their own; and 35% (11,000) are unable to manage at least one self-care task on their own
- It is estimated that the number of people, aged 18 – 64 years, with a learning disability is set to increase to 2,467 by 2015 (from 2,426 in 2011); and for those aged 65+ this is set to increase from 630 (2011) to 693 in 2015
- Long term conditions, particularly cardiovascular disease, are a major cause of physical disability
- The graph below compares disability free life expectancy at birth. It demonstrates that this is 13 years lower for men, and 11 years lower for women, living in Victoria & Kursaal wards compared with those in West Leigh

Disability-free Life Expectancy at birth 1999-2003



What this means for the PNA

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

Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs. The PNA will need to take into account whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet health needs

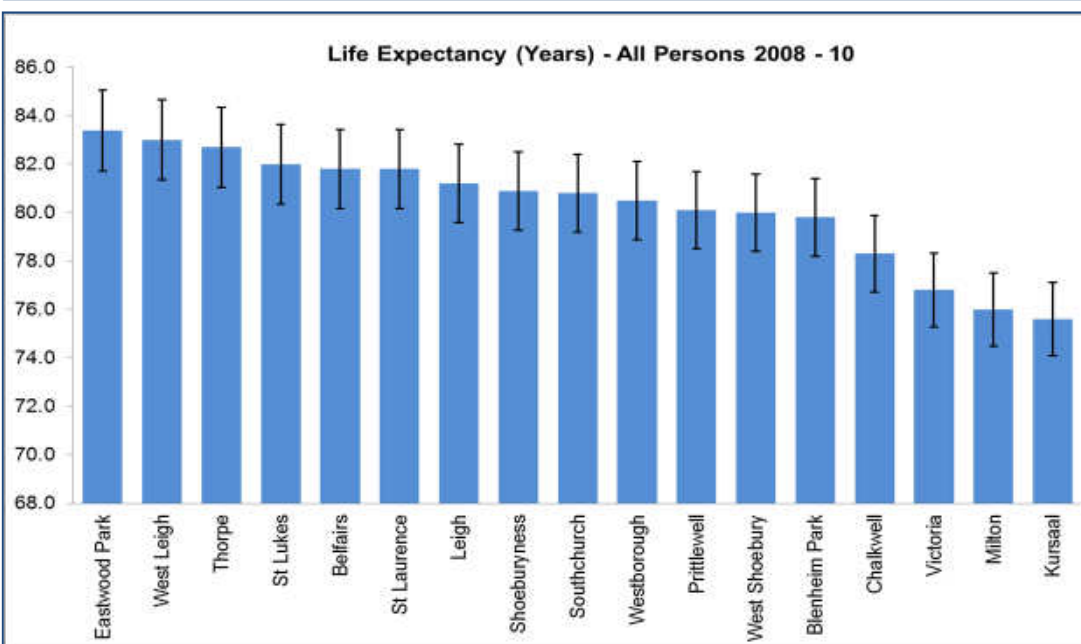
With respect to supporting those with disabilities, our population has indicated that living independently; access to information; and a wide choice of responsive and coherent services is important to them. The PNA will, therefore, need to explore and address the pharmaceutical needs of those with physical, sensory and learning disabilities.

2.3 Health Needs

2.3.1 Life Expectancy & Lifestyle

- Life expectancy is a measure of how long a person, born into an area, would be expected to live by reference to current observed rates of mortality. In Southend-on-Sea, average life expectancy* for:
 - Women is: 82.6 years compared with 83.7 for England
 - Men is: 79.7 years compared with 80.1 for England
- The gap in life expectancy, between the best and worst, helps to illustrate how inequalities affect the population differently. In Southend-on-Sea, the gap* between the most deprived and the least deprived areas is:
 - Women: 8.8 years
 - Men: 9.1 years
- A number of factors contribute to shorter life expectancy in a given population including lifestyle factors such as smoking; alcohol misuse; obesity; and high rates of cardiovascular disease, diabetes and cancer. It is of note that that circulatory disease is the single most common cause of death in Southend-on-Sea.

* 2010-12 data



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

- Smoking**
 - 22% of adults smoke. This is the highest rate in East of England (average 18.7%) and higher than the England average (19.5%)
 - In the 20% most deprived population, smoking prevalence increases to 32.5% of adults; compared with 20% for the remaining 80% of residents
- Poor diet**
 - 36.7% of infants are either totally or partially breast fed at the 6-8 week check. This is lower than the East of England and England averages (46.6% and 47.2% respectively)
 - Only 36.3% of people eat the recommended 5+ portions of fruit and vegetables each day
 - There is a correlation between fast food and obesity. Southend-on-Sea has a high proportion of fast food outlets (120 outlets per 100,000 population compared to the England average of 77.9)
- Physical inactivity**
 - 32.8% adults are inactive, compared with 26.9% in the East of England and 28.5% in England
- Substance misuse**
 - It is estimated that there are 1,192 opiate and/or crack users (OCU); this is equivalent to 11.31 per 1,000 population, which is the third highest in the Eastern Region
 - 6.8% of the population drink alcohol at a level that could harm their health
 - Approximately 18,000 residents drink alcohol on 5 days a week
 - It is estimated, from national data, that 192 children aged 15 years will have been drunk at least three times in a four week period
- Risky sexual behaviour**
 - Sexual health is influenced by a number of factors including sexual behaviour and attitudes
 - Unprotected sex can lead to poor sexual health and unplanned pregnancy
 - There is a strong correlation between alcohol and poor sexual health outcomes

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

2.3 Health Needs

2.3.2 The Health Consequences of Lifestyle Choices

Cardiovascular Disease and Stroke

- Cardiovascular disease (CVD) is the single most common cause of death in Southend-on-Sea. The table on the right summarises mortality rates (2010/12)
- It is estimated that 80% of cases of CVD are preventable either through modification of lifestyle and/or the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant or anti-platelet therapy, anti-diabetic medication etc)

Diabetes

- Diabetes is associated with long-term complications including heart disease, stroke, blindness, amputation and chronic kidney disease
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity
- There is also a correlation with:
 - Deprivation: those living in the most deprived areas have a higher risk
 - Ethnicity: the risk for people of South Asian origin is six times greater; and Black-African Caribbean origin is five times greater than that for white people. There is also a greater risk of the long-term complications in these groups.

Cancer

- The table on the right summarises cancer mortality rates
- It is of note that cancer rates, 'preventable' deaths in women are higher than the East of England and England averages

Respiratory Disease

- Respiratory mortality rates are also summarised in the table. 'Preventable' deaths are similar to the East of England and England averages; the standardised mortality rate for 'all deaths' is higher than the East of England average
- The mortality rate for COPD, for which smoking is the main cause, is similar to the East of England and England averages

Hospital admissions

- The table on the right summarises the impact of smoking on hospital admissions

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

	Men	Women	Total
All Deaths (Southend-on-Sea) (East of England; England)	121.1 (101.9; 114)	47.7 (45.0; 50.1)	83.3 (72.6; 81.1)
Preventable* - Southend-on-Sea (East of England; England)	81.3 (72.4; 80.8)	33.2 (25.2; 27.6)	56.6 (48.1; 53.5)

Under 75 mortality rates from cancer (per 100,000 population)

	Men	Women	Total
All Deaths (Southend-on-Sea) (East of England; England)	136.1 (150.6; 163.6)	142 (123.1; 130.8)	138.7 (136.3; 146.5)
Preventable* (Southend-on-Sea) (East of England; England)	74.6 (84.1; 92.7)	93.6 (72.4; 77.9)	84.1 (76.7; 84.9)

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

	Men	Women	Total
All Deaths (Southend-on-Sea) (East of England; England)	38.5 (31.5; 39.6)	30 (22.1; 27.9)	34 (26.6; 33.5)
Preventable* (Southend-on-Sea) (East of England; England)	18.2 (15.3; 20.1)	14.9 (11.2; 15.2)	16.4 (13.2; 17.6)
COPD (Southend-on-Sea) (East of England; England)	-	-	47.6 (42.8; 50.1)

Smoking –Related Hospital Admissions (Total)

No. of Admissions (Southend-on-Sea); (East of England; England)	1,541 (1,307; 1,420)
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* Preventable deaths are those which could be avoided through public health interventions

2.3 Health Needs

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

Substance Misuse

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

Drug Misuse

- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV. These infections may cause chronic poor health and can lead to serious disease and premature death
- The Health Protection Agency (HPA) have estimated that:
 - 16% of current or previous drug injectors are Hepatitis B Positive
 - 53% are Hepatitis C positive
 - 1.2% are HIV positive; the rate in Southend-on-Sea is 2.8 diagnosed infections per 1,000 indicating a high prevalence rate

Alcohol misuse

- Drinking more than the recommended daily allowance, and particularly binge drinking (i.e. at least twice the daily recommended amount of alcohol in a single drinking session i.e. 8+ units for men and 6+ units for women), has health consequences which include:
 - **Liver disease:** The under 75 mortality rate in 2010/12 was 17.9/100,000. This is statistically similar to the England average (18/100,000) and higher than the East of England average (13.7/100,000)
 - **Alcohol attributable mortality (2010):** This was 28.4/100,000 for males and 20.4/100,000 for females. In both cases, this rate is statistically similar to both the East of England and England averages

Sexual Health

- Sexually transmitted infections (STIs) and HIV can cause a range of illnesses which may lead to premature death:
 - In 2013, there were 1,281 acute STIs in Southend-on-Sea
 - The rate of STIs (including chlamydia) per 100,000 population was 732.7 for Southend; this compares to 621.2 and 834.2 for East of England and England respectively (2013)
 - The rate of chlamydia diagnosis, in those aged 15-24 years, was 2,299 for Southend; this compares to 1,719 and 2,016 for East of England and England respectively (2013)
 - In 2013, the gonorrhoea diagnosis rate (per 100,000) was 43.5; this is higher than East of England (24.1) and statistically similar to England (52.9)
 - 56.3% HIV is diagnosed at late stage (CD4 <350) in those aged 15+. This is statistically similar to both the East of England (51.9%) and England (48.3%) averages (2010-12 data)
- Unwanted pregnancy has a significant impact, particularly in young girls; and termination of pregnancy can have long term physical and psychological effects leading to health problems in the future
- In Southend-on-Sea, the rate of conceptions (per 1,000) leading to abortion, in the under 18s, is 47.9. This is statistically similar to both the East of England and England averages (49.2 and 49.1 respectively)
- Teenage pregnancy often leads to poor health and social outcomes for mother and baby. In 2012, the under 18s birth rate (per 1,000) in Southend-on-Sea was 15.9 and was statistically similar to the East of England and England rates (11.8 and 14.1 respectively)

Hospital admissions (per 100,000 population)

Alcohol related harm (Southend-on Sea; 2012/13) (East of England; England)	643 (552; 637)
Substance misuse – 15 – 24 year olds (Southend-on-Sea; 2010/11 – 12/13) (East of England; England)	55.9 (51.0; 75.2)

2.3 Health Needs

2.3.3 Other Considerations

Mental Health

- At least one in four people will experience a mental health problem at some point in their life
- One in six adults has a mental health problem at any one time
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders
- In Southend-on-Sea:
 - The percentage of GP registered patients diagnosed with a mental health condition is significantly higher than regional and national averages
 - An estimated 16,308 adults (aged 16-64) will be suffering from a common mental health disorder by 2015
 - The recorded suicide rate is higher than the national average
- A vast array of medication is available to treat various mental health disorders including anxiety, depression, schizophrenia etc. Adherence is often poor; this is partly a result of the conditions themselves but also a reflection of the unpleasant side effects of many of the medicines

Older People

- The frequency of ill health rises with increasing age
- People aged 65+ occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions to hospitals
- Older people are particularly vulnerable to:
 - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities
 - **Dementia:** The prevalence in Southend-on-Sea is 0.62% of the registered population (QoF). Alzheimer's disease is the most common form of dementia
 - **Cardiovascular disease and Diabetes**
 - **Falls:** In 2012/13, the rate (per 100,000) of older people, who sustained an injury due to a fall was:
 - 5,653 for those aged 80+; this was higher than the England and East of England average
 - 960 for those aged 65 – 79; this is similar to both the England and East of England averages

Seasonal Influenza

- Seasonal influenza may cause severe illness and complications in vulnerable groups including children aged under 6 months; older people; pregnant women and those with underlying disease especially chronic respiratory disease, cardiac disease and immunosuppression. Seasonal influenza vaccine is recommended for people falling into these clinical groups
- Each year, the Department of Health sets targets for seasonal influenza vaccination. For 2013/14, the target was 75% or higher for both the over 65 years and those aged under 65 who fall into 'risk' groups (including pregnant women)
- Seasonal influenza vaccination uptake in Southend-on-Sea is historically low. In 2013/14:
 - For the over 65s, the vaccination rate was 66%; compared with 73.2% and 70.9% for England and Essex respectively
 - For those aged 6 months to 64, in 'at risk' groups, the vaccination rate was 46% compared with 52.3% and 47.2% for England and Essex respectively

Childhood immunisation

- A priority is to achieve 'herd' immunity against infectious diseases (i.e. 95% of the eligible population should be immunised against the disease)
- Southend-on-Sea generally performs well against national vaccination targets for childhood immunisations; and either exceeds or has similar immunisation coverage to the England and East of England averages

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

We then set out the implications for our pharmaceutical needs assessment.

2.4 Health Services Strategy

2.4.1 National Strategy

Overview

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

NHS England

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

NHS England Local Area Team for Essex

- A new primary care strategy, which reflects the national priorities, is in development. This is due to be published at the end of September 2014
- Emerging themes include:
 - The establishment of primary care hubs, which will be fully integrated with community services and aligned with acute and social care services
 - A wider remit for pharmacy (the detail of this is currently under consideration)
- The alignment and distribution of community pharmacies in relation to primary care hubs is an important future consideration

2.4 Health Services Strategy

2.4.2 Local Strategies

Joint Health & Wellbeing Strategy (JHWS) 2013-15

The strategy aims to ensure that **everyone living in Southend-on-Sea has the best possible opportunity to live long, fulfilling, healthy lives**. It sets out 9 ambitions aimed at improving the health and wellbeing of residents of Southend-on-Sea:

<ul style="list-style-type: none"> • Ambition 1 A positive start in life 	<ul style="list-style-type: none"> • Focuses on health issues affecting children and young people from conception to age 19
<ul style="list-style-type: none"> • Ambition 2 Promoting healthy lifestyles 	<ul style="list-style-type: none"> • Focuses on addressing lifestyle behaviours
<ul style="list-style-type: none"> • Ambition 3 Improving mental wellbeing 	<ul style="list-style-type: none"> • Focuses on prevention of mental ill health and increasing resilience
<ul style="list-style-type: none"> • Ambition 4 A safer population 	<ul style="list-style-type: none"> • Focuses on reducing ill health and disability associated with injuries (unintentional and intentional)
<ul style="list-style-type: none"> • Ambition 5 Living independently 	<ul style="list-style-type: none"> • Focuses on empowering people to manage their own care; and reducing the need for long term care
<ul style="list-style-type: none"> • Ambition 6 Active and healthy ageing 	<ul style="list-style-type: none"> • Focuses on ensuring rapid diagnosis of dementia and a clear pathway of care
<ul style="list-style-type: none"> • Ambition 7 Protecting health 	<ul style="list-style-type: none"> • Focuses on maximising uptake of vaccination
<ul style="list-style-type: none"> • Ambition 8 Housing 	<ul style="list-style-type: none"> • Focuses on tackling cold, damp homes which may exacerbate respiratory disease
<ul style="list-style-type: none"> • Ambition 9 Maximising opportunity 	<ul style="list-style-type: none"> • Focuses on tackling inequalities by improving access to, and use of, services by the most deprived communities

These ambitions have informed the strategic priorities and operating plans of Southend-on-Sea Borough Council and NHS Southend CCG; as well as underpinning the thinking of the Southend Health System Planning Group

Southend-on-Sea Public Health Service Plan 2014

This plan sets out the service objectives and activities which will be undertaken to address Southend-on-Sea's public health challenges. The key areas of focus, which are potentially relevant to pharmacy, are summarised below:

Area of Focus	Key Activities
<ul style="list-style-type: none"> • Health Protection 	<ul style="list-style-type: none"> • Protect the population from infectious diseases through immunisation • Review and support screening programmes
<ul style="list-style-type: none"> • Improving lifestyle and wellbeing 	<ul style="list-style-type: none"> • Deliver the Public Health (PH) Responsibility Deal for local employers focusing on food, alcohol, physical inactivity and mental health • "Making Every Contact Count" by providing training on brief and opportunistic lifestyle interventions⁷ • Initiatives to increase physical activity and healthy eating in adults and children • Commission a weight management service • Management of long term conditions • Redesign and commission a new Wellness service
<ul style="list-style-type: none"> • NHS Health Checks 	<ul style="list-style-type: none"> • Ensure access for all eligible residents • Commission Health Checks for people aged 75+
<ul style="list-style-type: none"> • Maternal and infant health 	<ul style="list-style-type: none"> • Healthy lifestyles information before pregnancy • Support early booking of pregnant women • Early screening • Interventions to prevent birth defects e.g. folic acid • Interventions to increase breast feeding
<ul style="list-style-type: none"> • Older people 	<ul style="list-style-type: none"> • "Home from hospital service" • Early diagnosis, high quality information and interventions for dementia • Falls prevention service
<ul style="list-style-type: none"> • Sexual Health 	<ul style="list-style-type: none"> • Redesign and commission open access contraception and STI testing & treatment services
<ul style="list-style-type: none"> • Stop Smoking Services 	<ul style="list-style-type: none"> • Build stop smoking capacity & capability

2.4 Health Services Strategy

2.4.2 Local Strategies (continued...)

CCG Strategy & Operating Plan 2014-16

The CCG vision is for “*Southend to be the healthiest town in England by 2020*”. The following workstreams and priorities, as set out in the Operating Plan, have been identified as those which are relevant to, or have implications for, community pharmacy:

Improvement Workstreams		Quality Workstreams	
Aim	Priorities	Aim	Priorities
<ul style="list-style-type: none"> • Long term conditions <i>“Safe, effective and person-centred services are in place”</i> 	<ul style="list-style-type: none"> • Diabetes • Stroke • COPD 	<ul style="list-style-type: none"> • Preventing premature deaths <i>“Reduce the number of premature deaths for the population of Southend”</i> 	<ul style="list-style-type: none"> • Address all pathways from prevention to end of life • Promote: <ul style="list-style-type: none"> ○ Smoking cessation services ○ NHS Health Checks ○ Screening services • Spirometry for people showing signs of COPD • Referral to health trainers • Target blood-borne virus interventions at high risk injecting drug users
<ul style="list-style-type: none"> • Integrated care <i>“Integration of health and social care services to prevent avoidable admissions to hospital & support people to manage their health conditions in the community”</i> 	<ul style="list-style-type: none"> • Reducing inappropriate A&E attendance • GP co-ordination of care for those aged 75+ • Support for care home residents • Nursing home beds to improve intermediate care capacity 		
<ul style="list-style-type: none"> • Medicines management <i>“All prescribing is safe, evidence based and in a cost-effective manner”</i> 	<ul style="list-style-type: none"> • Diabetes • Asthma • Lipid lowering drugs • CNS drugs 		
<ul style="list-style-type: none"> • Children’s Services <i>“Children and young people have a positive start in life”</i> 	<ul style="list-style-type: none"> • Head injury & febrile illness pathway • Asthma plan 	<ul style="list-style-type: none"> • Positive care experience <i>“All people in Southend who access health services have a positive experience of care”</i> 	<ul style="list-style-type: none"> • Pilot on 7 days a week: <ul style="list-style-type: none"> ○ Single point of referral (SPOR) ○ A&E based social worker for advice and guidance on care pathways, falls reablement etc. ○ GP practice pilot
<ul style="list-style-type: none"> • Cancer <i>“Continued quality improvement for people with cancer and improve the patient experience of care by driving out variation in care pathways and reducing inequality of access”</i> 	<ul style="list-style-type: none"> • Better prevention through: <ul style="list-style-type: none"> ○ Tackling lifestyle behaviours ○ Promoting Screening 		

2.4 Health Services Strategy

2.4.3 System-wide Strategy

Southend Health System Integrated Care Strategy

- Health and Social Care partners, within Southend-on-Sea, are in the early stages of developing an integrated care strategy. This key work is being undertaken in response to two national drivers:
 - Southend-on-Sea is one of fourteen “Integrated Care Pioneers”. Within Southend, this programme focuses on support for frail older people and those with longer term conditions and aims to:
 - Ensure there is a focus on prevention of chronic diseases
 - Empower people to take control of their health and wellbeing & facilitate them maintaining their independence
 - Integrate services to improve access and to effectively share information between health and social care partners to improve outcomes for local citizens
 - Reduce demand for urgent care services
 - The Better Care Fund. This is a single pooled budget which supports integrated working between health and social care services, as part of a 5 year transformation programme
- The strategy is in the early phases of development and the role which community pharmacy will play has not yet been determined
- However, we envisage that our network of pharmacies will play a pivotal role in:
 - Helping to improve the health and wellbeing of the local population
 - Supporting people with self care and maintaining their independence
 - Helping to improve primary care access through the delivery of a greater range of services
- This is explored further in Section 3 – “Looking to the Future”

2.5 Implications for the PNA

2.5.1 Overview

The Local Context - What this means for the PNA

Overview

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

On the next page, we systematically explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section.

We also set out the factors which our assessment will need to take into account in relation to this role.

2.5 Implications for the PNA

2.5.1 Systematic review

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

Dispensing Services

- The provision of dispensing services ensure that people can obtain the medicines they need
- Our PNA will explore both the accessibility and future capacity of dispensing services

Health Promotion Advice

- The high number of people using pharmacies provides a real opportunity to identify people for health promotion and brief advice and to “Make every Contact Count”⁷
- It is important that future health promotion campaigns are focused on modifying behaviours and encouraging healthy lifestyles e.g.:
 - Healthy eating, breast feeding, advice on weaning, weight management advice
 - Reducing risky sexual behaviour
 - Sensible drinking, alcohol etc.

Signposting

- Pharmacies need to be equipped to facilitate signposting of patients to other services e.g.
 - Southend-on-Sea “exercise referral scheme” which is available to people with medical conditions or CVD risk factors. It is accessed through referral by GPs, practice nurses and hospital staff
 - Drug or alcohol services
 - Hepatitis & HIV screening
 - Specialist stop smoking services
 - Sexual health services, ante-natal care etc.

Vaccination

- Community pharmacy-based vaccination improves access and uptake of seasonal flu vaccination
- There may be an opportunity to extend this success to other immunisations

MURs and the New Medicines Service

- Medicines play a critical role in preventing illness and improving outcomes for people with long term conditions
- Community pharmacies may choose to provide Medicines Use Reviews (MURs) and/or New Medicine Service (NMS) reviews
- These services play a pivotal role in helping patients to take their medicines as prescribed, in identifying adverse effects and potentially reducing unplanned admissions and re-admissions to hospital
- Targeting MURs and/or the NMS to specific groups e.g. those with diabetes, history or risk of stroke, asthma, COPD and those with a mental health disorder, will support achievement of CCG and health economy wide priorities

Stop Smoking

- Community pharmacies have a valuable role to play in stop smoking services:
 - Pharmacy-based services are both effective and cost-effective
 - Pharmacy-based services differ from other services, in that medication to support a quit (e.g. nicotine replacement therapy and/or Varenicline) may be supplied to their clients at the point of consultation
- The prevalence of smoking varies across Southend-on-Sea; and it is important that services are tailored accordingly

Sexual health services

- Community pharmacy improves access to chlamydia screening and emergency hormonal contraception services
- Some women prefer to use town centre pharmacies as these offer a sense of anonymity when compared to more ‘local’ pharmacies
- In some parts of the UK, community pharmacy-based sexual health services also include supply of free condoms, pregnancy testing and access to oral contraceptives
- It is important that our assessment takes these factors into consideration, as well as considering the accessibility of sexual health services within Southend-on-Sea

Substance Misuse

- Community pharmacy-based services help to address the consequences of substance misuse including blood borne infections, reducing drug related crime and improving outcomes
- The prevalence of substance misuse varies across Southend-on-Sea; and it is important that needle exchange and supervised consumption services reflect the different needs of the population

Health Assessment

- Pharmacies have a role to play in identifying unmet need (e.g. undiagnosed diabetes & hypertension)
- Some pharmacies offer screening as a non-NHS service

3. The Assessment

3.1 Introduction and approach

Overview

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

Data Sources

- Pharmacy benchmarking data from the Health & Social Care Information Centre (2012/13)
- Data and information collected or held by NHS England and Southend-on-Sea Borough Council in relation to the planning, commissioning and delivery of pharmaceutical services and other locally commissioned services
- The findings from the community pharmacy questionnaire which was issued to pharmacies in February 2014 and returned in March 2014. A 100% response rate was achieved
- Insights from our public survey, which was undertaken between April and May 2014, together with views expressed at engagement events
- The views of stakeholders within our partner organisations
- The Joint Strategic Needs Assessment (JSNA)
- National and local healthcare strategy; and other relevant strategies

Factor	Principle(s) for Determining “Necessary” or “Relevant” Services
Who can provide the service?	• Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it was more likely to be determined as necessary
Health needs & benefits	• Where there is a clear local health need for a given service, it was more likely to be determined as necessary
Published Evidence	• Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it was more likely to be determined as necessary
Performance	• Where a service is delivered by a range of providers, if pharmacy performs well compared with other providers, the service was more likely to be determined as necessary
Accessibility	• Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours; weekend access etc) then it was more likely to be determined as necessary

Choice

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

3.2 Pharmaceutical Services

3.2 1 Essential Services

Overview

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

Clinical Governance

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

Essential Services provided by Community Pharmacies

Dispensing and actions associated with dispensing

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

Repeat dispensing

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

Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines

Signposting, Healthy Lifestyles & Public Health Campaigns

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

Support for self-care

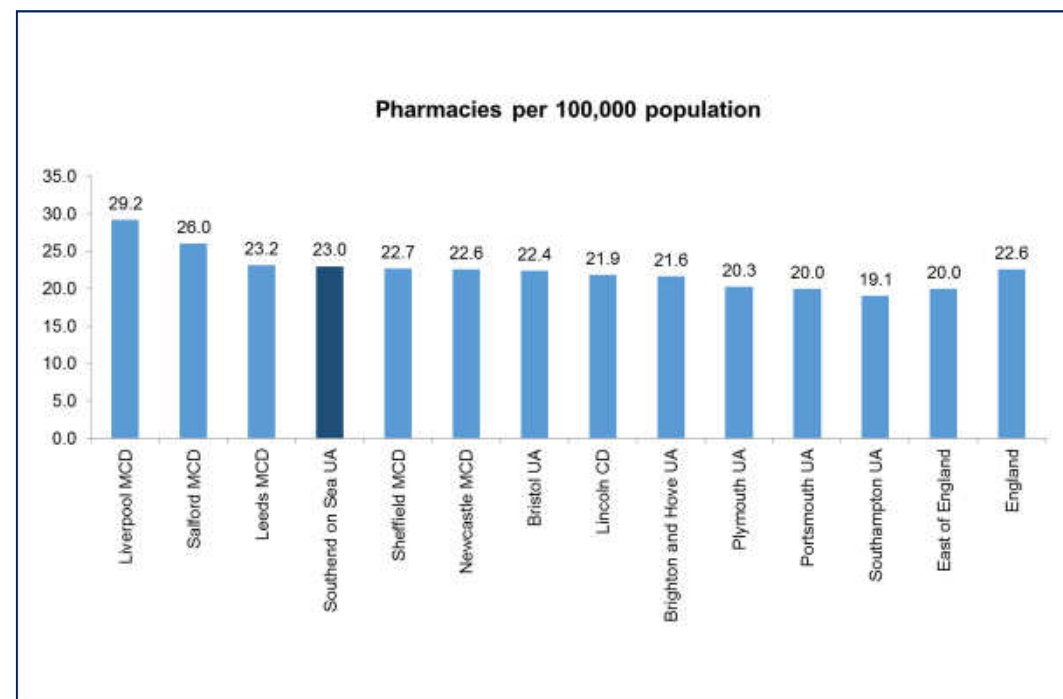
- Provision of advice and support to enable patients to derive maximum benefit from caring for themselves or their families
- This may include self-limiting conditions as well as long term conditions

3.2.1 Essential Services

3.2.1.1 Distribution of Pharmacies

Overview

- Southend-on-Sea has 40 community pharmacies and two dispensing appliance contractors (DACs)
- There are no wholly mail order or internet pharmacies, local pharmaceutical services contracts or GP dispensing practices
- The graph (on the right hand side), which uses our ONS comparators, together with the regional and England average, sets the provision of pharmacy services within Southend-on-Sea into context. *It should be noted that data is not available for all ONS comparator areas*
- The data demonstrates that Southend has more pharmacies per 100,000 population than the majority of the ONS comparator areas and the regional average. However, the number of pharmacies per 100,000 population is similar to the England average
- The table (next page) and **Map 1** (subsequent page) provide an overview of the distribution of pharmacies and DACs, by locality and ward. As can be seen:
 - All wards contain at least one pharmacy
 - Milton and Victoria, which are areas of high population density and deprivation have 4 and 6 pharmacies respectively. These pharmacies are situated close to the boundary of Kursaal ward which is the most deprived area in Southend-on-Sea
 - A comparison of the West and East localities shows that 18 pharmacies are located in the West and 22 in the East, the East as a whole being higher ranking in terms of Ward IMD scores
 - There is good alignment between GP surgeries and pharmacies
 - There are a number of pharmacies, outside of the area, which are accessible for Southend-on-Sea residents who live close to the borders
- In our Public Survey:
 - Just over 97% (138/142) of respondents said that their usual pharmacy was easy to get to
 - 89% (126/141) said it takes 10 minutes or less to get to a pharmacy; and 97.5% (138/141) are within 20 minutes of a pharmacy
 - 49% (68/140) said they usually walk to their pharmacy and a further 47% (66/140) travel by car



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

Conclusions on Distribution

Southend-on-Sea is well resourced with respect to the number of pharmacies per 100,000 population

There is a good correlation between population density, deprivation and the number of pharmacies within each locality

Southend-on-Sea residents have a choice of pharmacy in the majority of wards. Where there is only one pharmacy within a ward, residents have the option of travelling to a neighbouring ward to access pharmacy services

The insights from our public survey demonstrate that the majority of respondents found pharmacy services to be accessible

3.2.1 Essential Services

3.2.1.1 Distribution of Contractors by Locality and Ward

Locality	Ward	IMD rank*	No. of Pharmacies	Ward Population	Pharmacies / 100,000 population	No. of Pharmacies by Locality	Locality Pharmacies / 100,000 population
West	Belfairs	13	2	9223	21.7	18	20.2
	Blenheim Park	8	1	10482	9.5		
	Chalkwell	12	1	10077	9.9		
	Eastwood Park	16	2	9369	21.3		
	Leigh	14	3	10135	29.6		
	Prittlewell	10	3	9988	30.0		
	St Laurence	11	2	9758	20.5		
	West Leigh	17	1	9163	10.9		
	Westborough	9	3	10918	27.5		
East	Kursaal	1	1	11235	8.9	22	25.8
	Milton	3	4	11161	35.8		
	Shoeburyness	5	3	11211	26.8		
	Southchurch	4	2	9718	20.6		
	St. Luke's	6	2	11255	17.8		
	Thorpe	15	3	9212	32.6		
	Victoria	2	6	11074	54.2		
	West Shoebury	7	1	10285	9.7		
Total			40	174264	23.0		

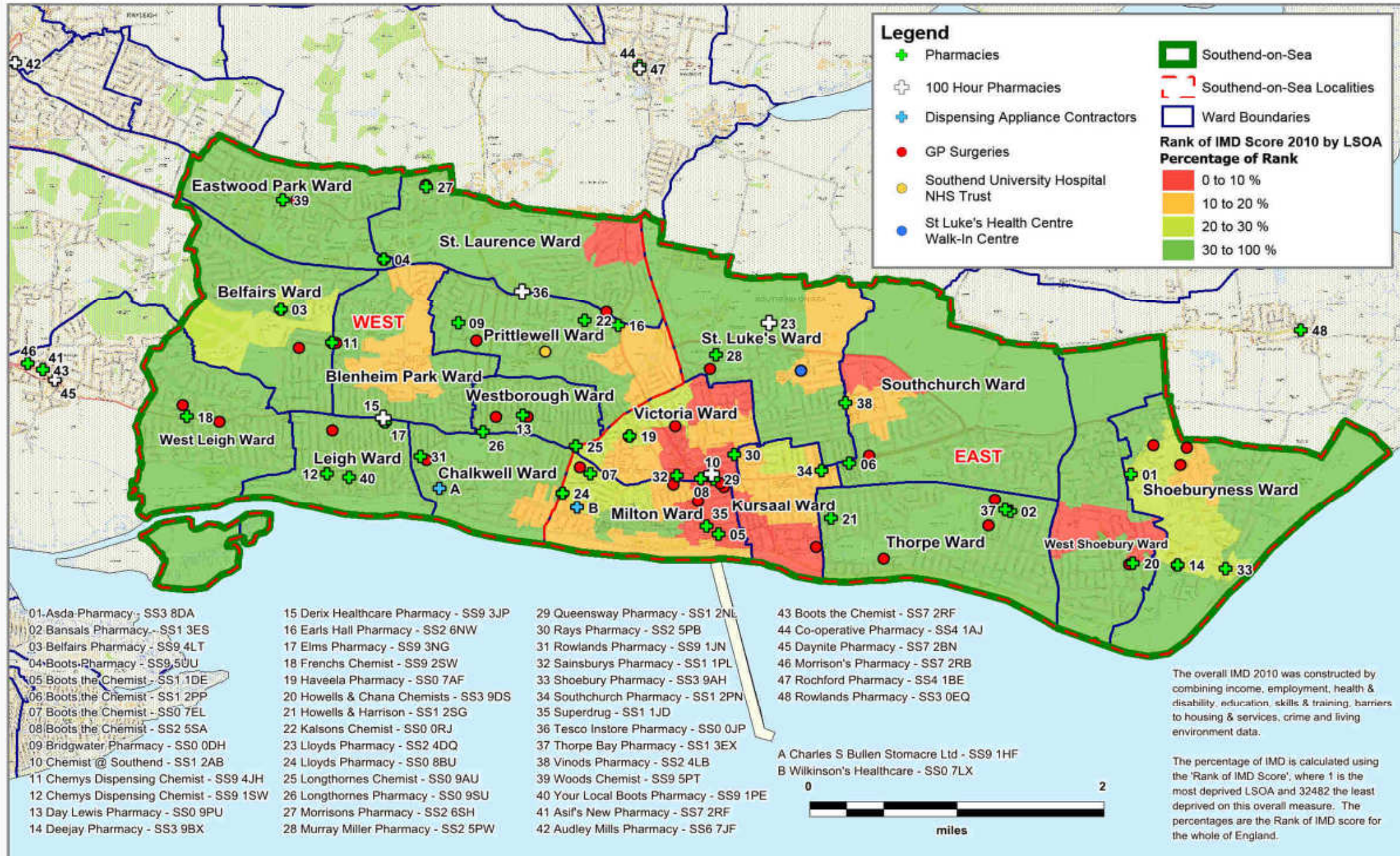
*IMD = Index of Multiple Deprivation (2010) where 1 is the highest rank and 20 is the lowest within Southend

One DAC is located in Chalkwell ward in the West Locality; and the other is in Milton ward in the East Locality



Pharmaceutical Needs Assessment

Map 1: Pharmacies and Dispensing Appliance Contractors



3.2.1 Essential Services

3.2.1.2 Opening Hours & Access

Overview

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

Current Picture

The table (next page), maps (1-5) and Appendix E provide an overview of opening hours and geographical coverage throughout the week.

- **Weekdays**
 - All 40 pharmacies are open between the hours of 9am to 5:30pm
 - 12 (30%) pharmacies close for lunch; this is usually from 1pm-2pm (2:15pm for 3 pharmacies). There is no access to a pharmacist in Prittlewell, Blenheim Park and West Shoebury at lunchtime
 - With respect to extended hours, 6 (15%) pharmacies are open by 8am or earlier; and 14 (35%) remain open until 7pm or later. Of these 4 (10%) are 100 hour pharmacies
- **Saturdays**
 - 37 (92.5%) pharmacies are open between the hours of 9am – 1pm; of these 20 (50%) remain open until 5pm; and a further 5 (12.5%) are still open up until 7pm or later
- **Sundays**
 - 9 (22.5%) pharmacies open for between 2 and 15 hours; 8 of these pharmacies are open for 6 hours or more
- **Bank Holidays & Out of Hours**
 - NHS England commission an enhanced service to ensure access to NHS Pharmaceutical Services on Christmas Day and Easter Sunday

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

Insights from our Public Survey

Satisfaction with Opening Hours

- We asked how satisfied people were with pharmacy opening hours:
 - 92% (130/141) were satisfied or very satisfied with opening hours on Monday – Friday during the daytime
 - 77.5% (104/134) were satisfied or very satisfied with Saturday opening hours
 - However, outside of these hours there was less satisfaction:
 - On weekday evenings, 14% (19/135) were dissatisfied or very dissatisfied
 - 27% (36/129) were dissatisfied or very dissatisfied with Sunday opening hours
 - Similarly, on bank holidays, 27% (34/125) were dissatisfied or very dissatisfied with opening hours

Preferred Day for Using a Pharmacy

- 55% (76/137) didn’t have any particular preference with respect to which day of the week they use a pharmacy on
- 37.2% (51/137) said they preferred to use a pharmacy on a weekday
- Only 7% (10/137) said they would rather use a pharmacy on a Saturday

Preferred time of Day for Using a Pharmacy

- The majority of respondents said they were either happy to use a pharmacy during the hours of 9am – 5:30pm (28%) or at any time of the day (52%)
- However, almost a fifth (18%) said they would prefer to use the pharmacy in an evening at 6pm or later

Reasonable Travel time if Regular Pharmacy is closed

- We asked people what would be a reasonable travel time to an alternative pharmacy if their regular pharmacy was closed
- 91% (125/137) said 20 minutes or less; although 57.5% (77/137) thought that 10 minutes or less was reasonable

3.2.1 Essential Services

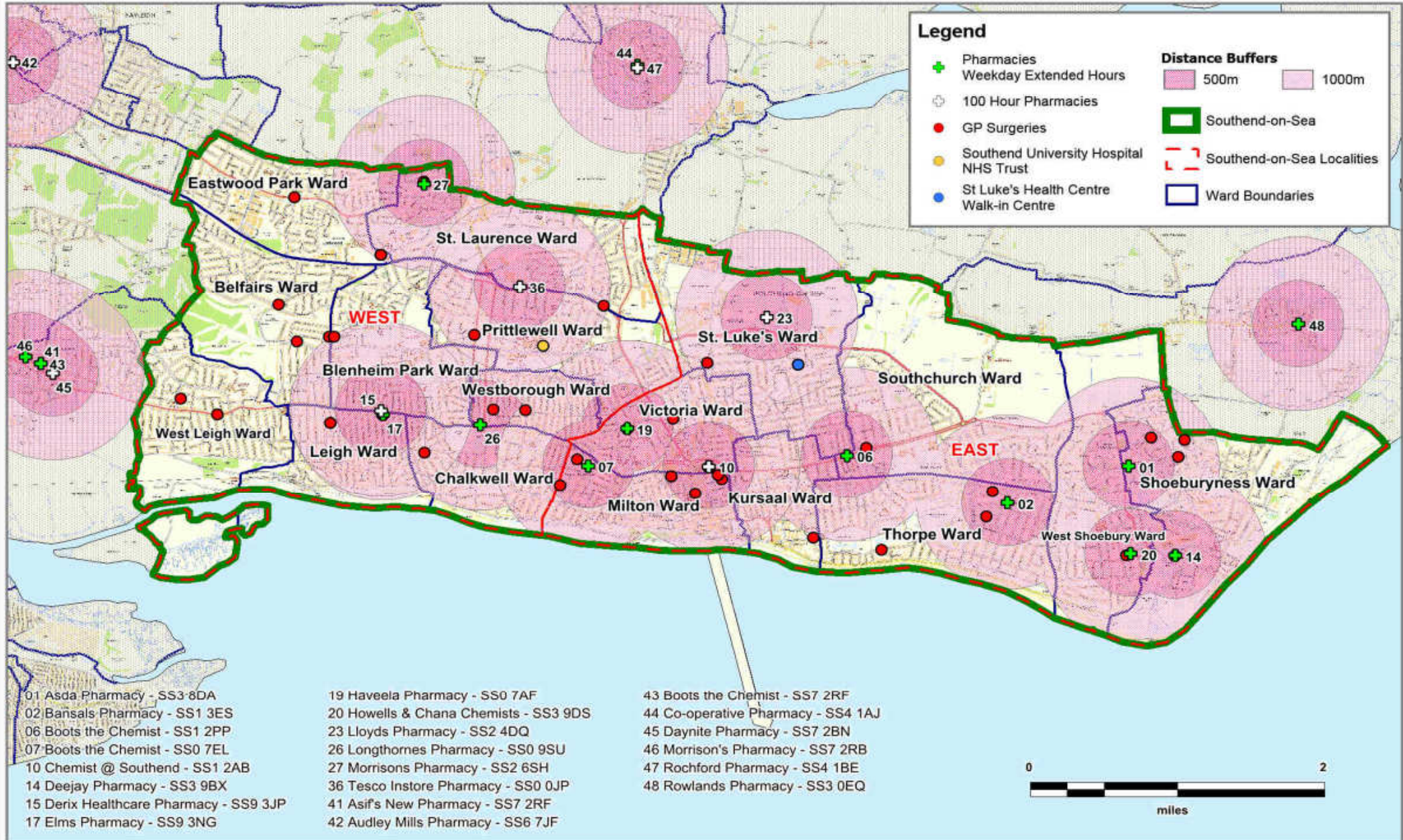
3.2.1.2 Access - Opening Hours (continued)

Locality	Ward	Number of Pharmacies Offering Essential Services									
		Weekdays				Saturdays					Sundays
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	8am or earlier	9am – 1pm	5pm or later	7pm or later	Closed for lunch	
West	Belfairs	0	2	0	1	0	2	1	0	1	0
	Blenheim Park	1	1	1	0	1	1	1	0	0	1
	Chalkwell	0	1	0	1	0	1	1	0	1	0
	Eastwood Park	0	2	0	0	0	2	0	0	0	0
	Leigh	0	3	1	0	1	2	1	1	0	1
	Prittlewell	0	3	0	3	0	3	0	0	0	1
	St Laurence	1	2	2	1	1	2	2	1	2	1
	West Leigh	0	1	0	0	0	1	1	0	0	0
	Westborough	0	3	1	2	0	1	0	0	0	0
West Total		2	18	5	8	3	15	7	2	4	4
East	Kursaal	0	1	0	0	0	1	1	0	0	0
	Milton	1	4	1	1	1	4	3	0	1	1
	Shoeburyness	0	3	2	1	1	3	1	1	1	1
	Southchurch	0	2	1	1	0	2	1	0	0	0
	St. Luke's	1	2	1	0	1	2	1	1	0	1
	Thorpe	0	3	1	0	0	3	2	0	0	0
	Victoria	2	6	2	0	1	6	3	1	0	2
	West Shoebury	0	1	1	1	0	1	1	0	0	0
East Total		4	22	9	4	4	22	13	3	2	5
Grand Total		6	40	14	12	7	37	20	5	6	9
Percentage of Total		15.0%	100.0%	35.0%	30.0%	17.5%	92.5%	50.0%	12.5%	15.0%	22.5%



Pharmaceutical Needs Assessment

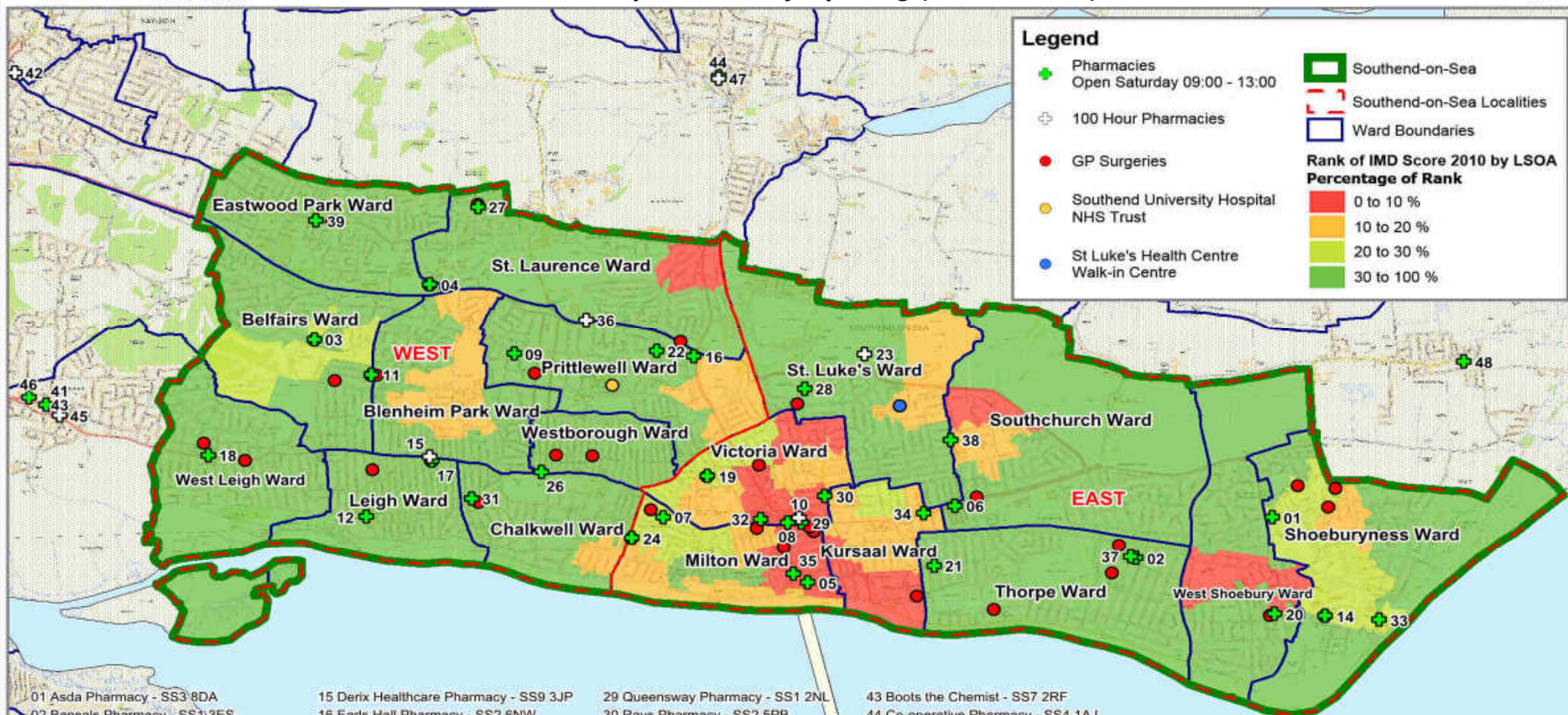
Map 2: Weekday Extended Opening Hours



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Pharmaceutical Needs Assessment

Map 3: Saturday Opening (09:00 – 13:00)



- | | | | |
|--|--|-------------------------------------|------------------------------------|
| 01 Asda Pharmacy - SS3 8DA | 15 Derix Healthcare Pharmacy - SS9 3JP | 29 Queensway Pharmacy - SS1 2NL | 43 Boots the Chemist - SS7 2RF |
| 02 Bansals Pharmacy - SS1 3ES | 16 Earls Hall Pharmacy - SS2 6NW | 30 Rays Pharmacy - SS2 5PB | 44 Co-operative Pharmacy - SS4 1AJ |
| 03 Belfairs Pharmacy - SS9 4LT | 17 Elms Pharmacy - SS9 3NG | 31 Rowlands Pharmacy - SS9 1JN | 45 Daynite Pharmacy - SS7 2BN |
| 04 Boots Pharmacy - SS9 5UU | 18 Frenchs Chemist - SS9 2SW | 32 Sainsburys Pharmacy - SS1 1PL | 46 Morrison's Pharmacy - SS7 2RB |
| 05 Boots the Chemist - SS1 1DE | 19 Haveela Pharmacy - SS0 7AF | 33 Shoebury Pharmacy - SS3 9AH | 47 Rochford Pharmacy - SS4 1BE |
| 06 Boots the Chemist - SS1 2PP | 20 Howells & Chana Chemists - SS3 9DS | 34 Southchurch Pharmacy - SS1 2PN | 48 Rowlands Pharmacy - SS3 0EQ |
| 07 Boots the Chemist - SS0 7EL | 21 Howells & Harrison - SS1 2SG | 35 Superdrug - SS1 1JD | |
| 08 Boots the Chemist - SS2 5SA | 22 Kalsons Chemist - SS2 0RJ | 36 Tesco Instore Pharmacy - SS0 0JP | |
| 09 Bridgwater Pharmacy - SS0 0DH | 23 Lloyds Pharmacy - SS2 4DQ | 37 Thorpe Bay Pharmacy - SS1 3EX | |
| 10 Chemist @ Southend - SS1 2AB | 24 Lloyds Pharmacy - SS0 8BU | 38 Vinods Pharmacy - SS2 4LB | |
| 11 Chemys Dispensing Chemist - SS9 4JH | 26 Longthornes Pharmacy - SS0 9SU | 39 Woods Chemist - SS9 5PT | |
| 12 Chemys Dispensing Chemist - SS9 1SW | 27 Morrisons Pharmacy - SS2 6SH | 41 Asil's New Pharmacy - SS7 2RF | |
| 14 Deejay Pharmacy - SS3 9BX | 28 Murray Miller Pharmacy - SS2 5PW | 42 Audley Mills Pharmacy - SS6 7JF | |

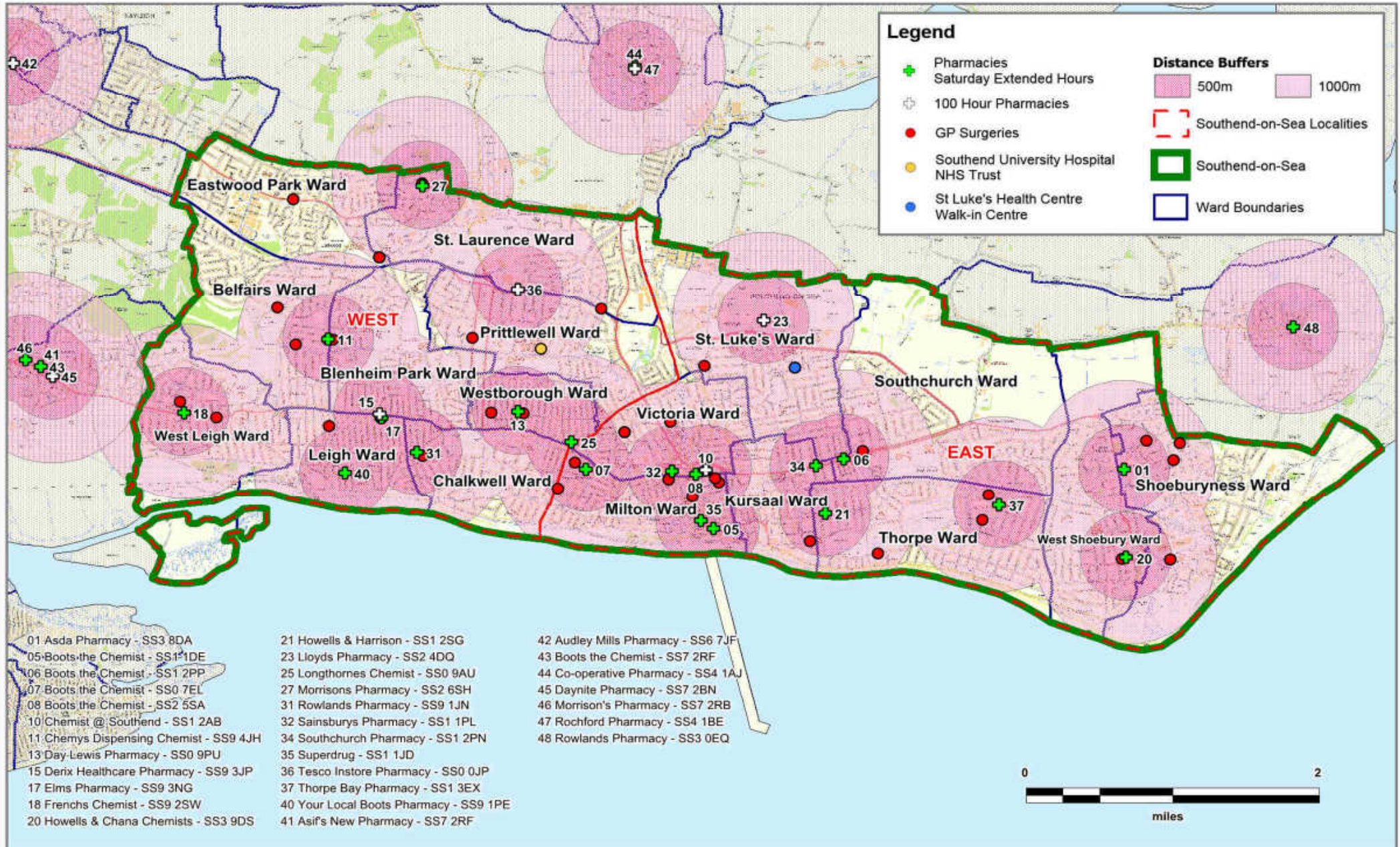


The overall IMD 2010 was constructed by combining income, employment, health & disability, education, skills & training, barriers to housing & services, crime and living environment data.

The percentage of IMD is calculated using the 'Rank of IMD Score', where 1 is the most deprived LSOA and 32462 the least deprived on this overall measure. The percentages are the Rank of IMD score for the whole of England.

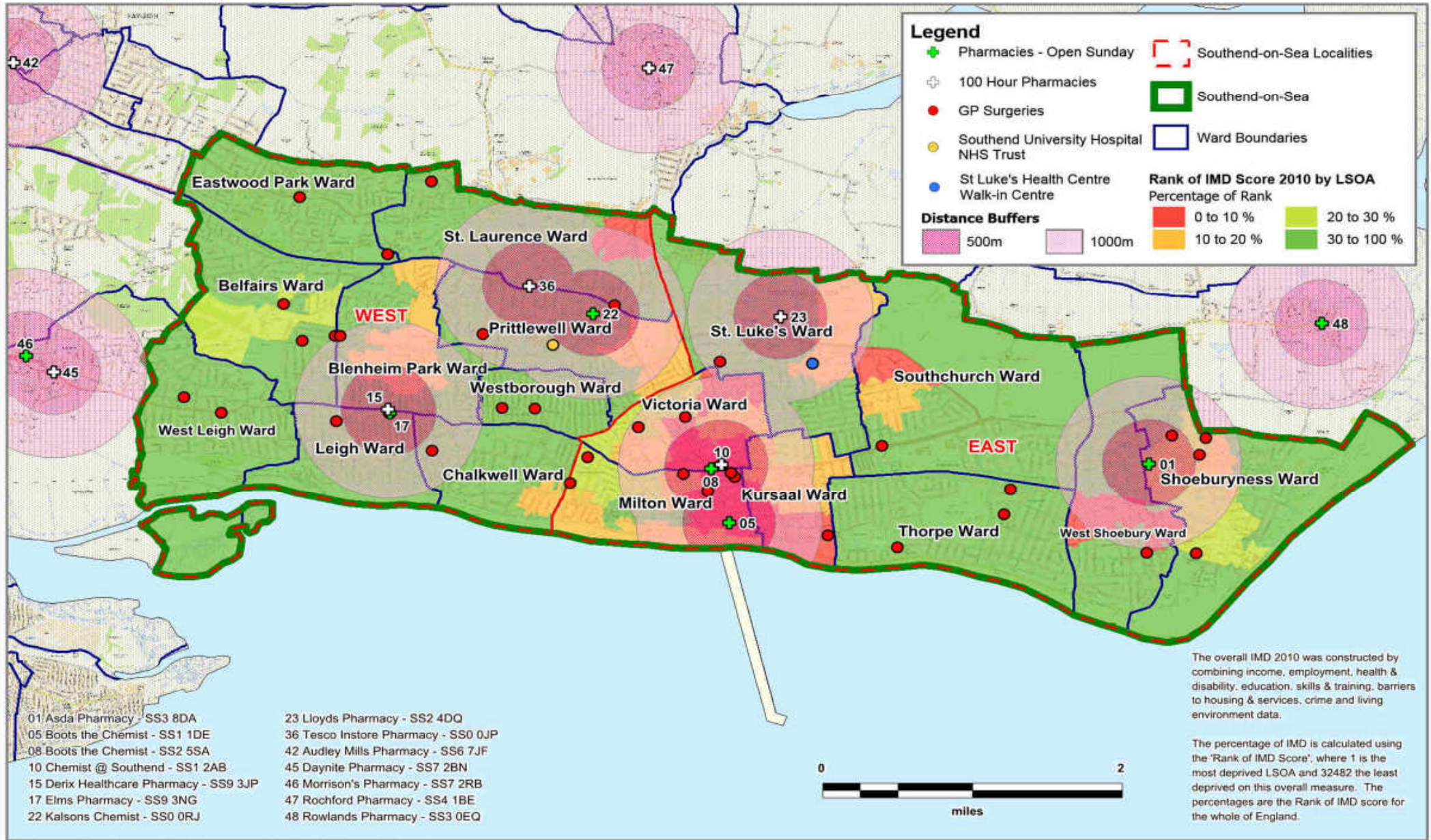
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Pharmaceutical Needs Assessment Map 4: Saturday Extended Opening



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Pharmaceutical Needs Assessment Map 5: Sunday Opening



3.2.1 Essential Services

3.2.1.3 Dispensing

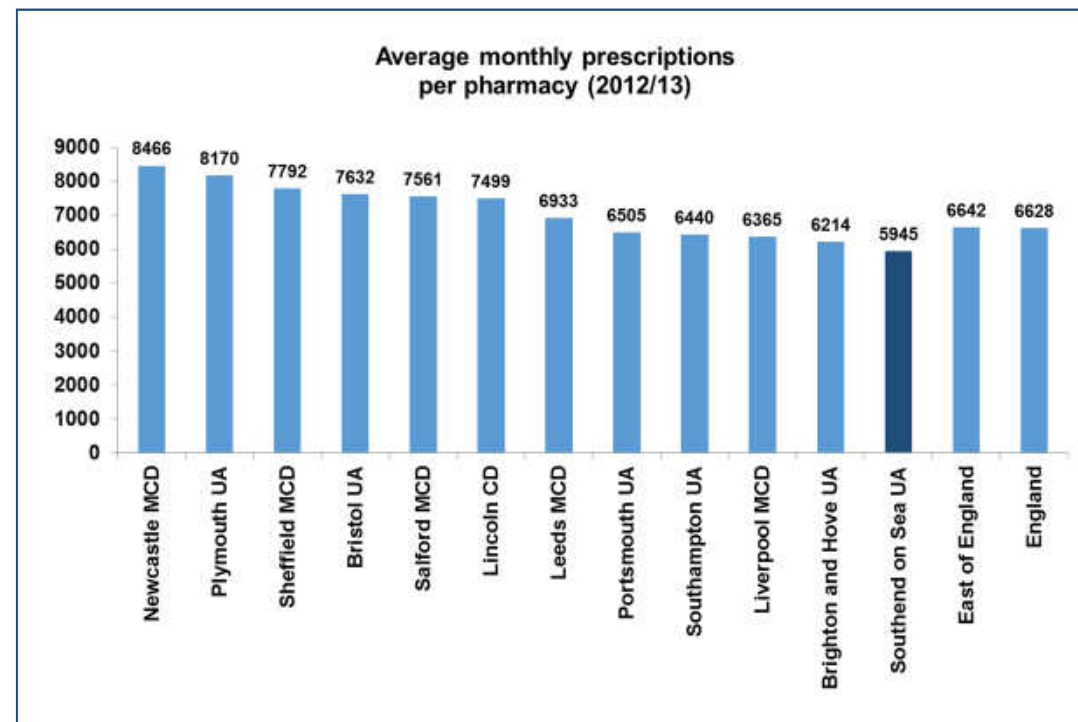
Overview

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

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

Current Picture

- The graph (on the right) compares the **average** pharmacy dispensing rate in Southend-on-Sea with our ONS comparators and the regional and England average. The data (which includes all prescriptions dispensed by Southend-on-Sea pharmacies, not just those issued by Southend-on-Sea GPs) demonstrate that the dispensing rate for Southend-on-Sea pharmacies is significantly lower than the averages for all Comparators
- A detailed review of the total number of items dispensed against prescriptions written by Southend-on-Sea GPs has been undertaken in order to identify where these were dispensed
- The total number of items prescribed was 2,649,316 (this was based on data from Dec 12 – November 2013, which was the most recent 12 month period available at the time the analysis was undertaken). Of these:
 - 92% of these items were dispensed by Southend-on-Sea pharmacies
 - 8% were either dispensed by pharmacies outside of the area or attributable to medicines which had been personally administered by GP surgeries (e.g. injections)
- The table on the right, summarises dispensing by Locality and demonstrates significant variation in dispensing rates between the East and West, noting that the **average** dispensing rate is below the England and East of England averages



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13 & M.I.S report for Southend-on-Sea

Locality	No. of Pharmacies	Total Items Dispensed	% Total Items	Annual Items / Pharmacy	Items / Pharmacy / Month
West	18	1,056,645	40%	58,703	4,892
East	22	1,592,671	60%	72,394	6,033
Total	40	2,649,316	100%	66,233	5,519

3.2.1 Essential Services

3.2.1.3 Dispensing (continued)

Cross Border Dispensing

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

Repeat Dispensing

- Repeat dispensing allows patients, who have been issued with a repeatable prescription, to collect their repeat medication from pharmacy without having to request a new prescription from their GP.
- Benefits of repeat dispensing include:
 - Reduced GP practice workload, freeing up time for clinical activities
 - Greater predictability in workload for pharmacies which facilitates the delivery of a wider range of pharmaceutical services
 - Reduced waste as pharmacies only dispense medicines which are needed
 - Greater convenience for patients
- In 2012/13, repeatable dispensing accounted for only 3.7% of all dispensing

Electronic Prescription Services

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy. The system is more efficient and reduces errors; it can reduce trips for patients between the GP surgery and pharmacy
- NHS England lead on EPS with support from the CCG. It is yet to be rolled out widely within Southend-on-Sea

Summary of Cross Border Dispensing (All Items)

HWB Area	Pharmacy Name	Post Code	No. of Items	% Total
Essex	Pills2U.co.uk Ltd	SS5 4SR	95,411	3%
	Asif's New Pharmacy	SS7 2RF		
	Morrison's Pharmacy	SS7 2RB		
	Daynite Pharmacy	SS7 2BN		
	Nutan Pharmacy	SS4 3ET		
	Rishi Pharmacy	SS7 3PE		
	Sainsbury's Pharmacy	SS7 3NZ		
	Boots the Chemist	SS6 7EJ		
	Boots the Chemist	SS7 2RF		
	Rochford Pharmacy	SS4 1BE		
	Chemicrest Ltd	SS4 1UB		
	Rowlands Pharmacy	SS3 0EQ		
	Tesco Instore Pharmacy	SS13 3JU		
	Hawkwell Pharmacy	SS5 4EG		
Sainsbury's Pharmacy	SS13 1SA			
Hambro Pharmacy	SS6 9NL			
Audley Mills Pharmacy	SS6 7JF			
Co-Operative Pharmacy	SS4 1AJ			
Other Areas	Boots the Chemist	RM20 2ZG	31,743	1.1%
	Chemist Online	EN3 7PJ		
	HBS Pharmacy	PR1 6AS		
	Fittleworth Medical Ltd	EN8 0AW		
	Coloplast Ltd	PE2 6BJ		
	OTC Direct	M28 3PT		
Donald Wardle & Son	ST1 2HH			

3.2.1 Essential Services

3.2.1.3 Dispensing (Continued...)

Alignment of Pharmacy Opening Hours with Other NHS services

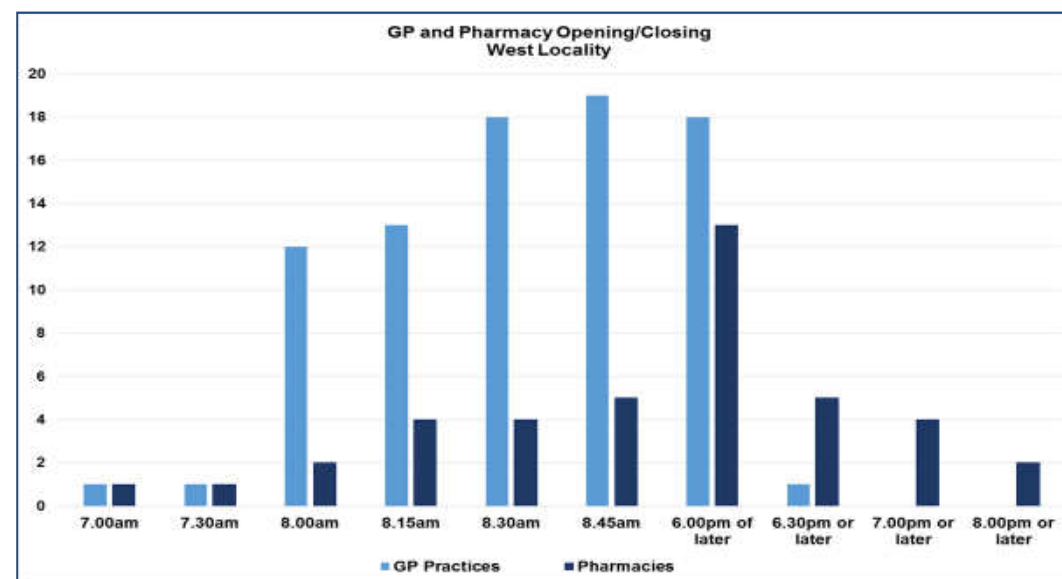
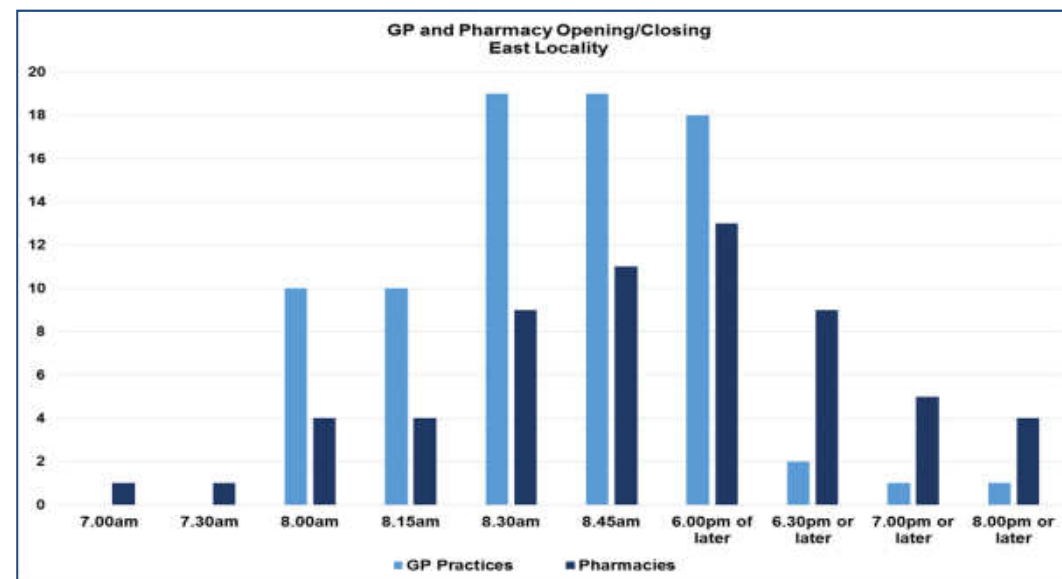
- An important consideration is the ability of patients to get their prescription dispensed in a timely manner. This is critical for medicines which need to be started urgently e.g. palliative care medicines
- We therefore looked at pharmacy opening hours in the context of GP opening hours and other NHS services

Current Picture

- The graphs, on the right, demonstrate that there are always one or more pharmacies open when a GP surgery is open. This means that patients will always be able to get their prescription dispensed after an early morning or late evening appointment; although they may have to use a pharmacy other than their regular pharmacy
- Southend Hospital is an early adopter site for implementing a 7 day a week service. The pattern of opening of our existing network of pharmacies is sufficient to support discharge including at weekends
- Patients may access services from the following providers during extended hours:
 - The Walk-In Centre (based at St Luke's Health Centre, in Prittlewell ward). This service is open from 8am – 8pm every day of the week
 - The GP Out of Hours Service, based at Southend Hospital
 - The Accident and Emergency Department, at Southend Hospital, which is open 24 hours a day, 365 days of the year
 - All of these providers stock medicines which can be issued to patients. However, FP10 prescriptions may be used if a non-stock medicine is required, in which case, patients may face a challenge to get an urgent prescription dispensed between the hours of 11pm – 6:30am on Monday – Saturday; and 11pm – 7:00am on Sundays

Insights from our Public Survey

- 18% (25/139) of respondents said they had been unable to get a prescription dispensed because their pharmacy was closed
- 24/25 answered the follow up question about when this had occurred: 42% said on a weekday evening; 33% on a Bank Holiday; 29% on a Sunday; 12.5% on a Saturday; the rest could not remember



In the future, when GPs move towards a 7 day a week service, the current pattern of pharmacy opening hours is unlikely to be sufficient. We would anticipate that NHS England will seek to commission additional hours from the existing network of pharmacies to ensure good alignment with GP opening hours .

3.2.1 Essential Services

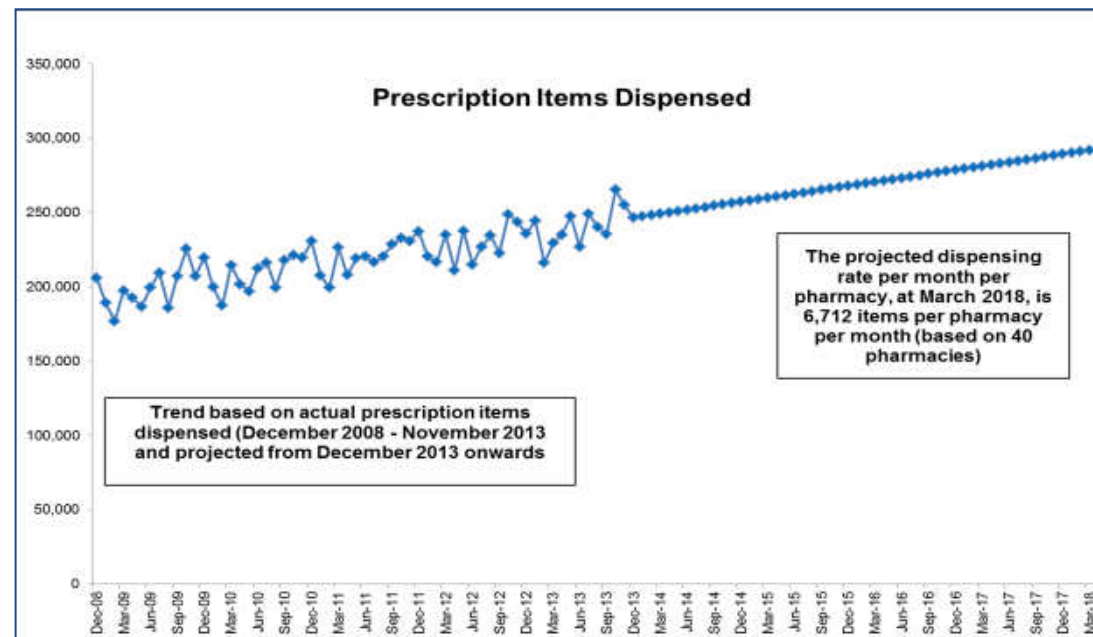
3.2.1.3 Dispensing – Future capacity

Future Capacity

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Southend pharmacies. The graph on the right plots the number of items dispensed per month, between December 2008 and November 2013 and projected through to March 2018
- The graph illustrates that the trend is for the volume of items to continue to increase. Assuming that the number of pharmacies remains constant, the average number of items per month has been estimated to be 6,712 per pharmacy per month. This dispensing rate is slightly higher than the current England and East of England averages but significantly lower than many of our ONS Comparators
- It is important to note, that whilst there are the following limitations with the analysis, that it provides a useful guide to the future dispensing capacity of the pharmacies:
 - The items data is based on prescriptions issued by Southend GPs and doesn't include prescription items issued by GPs or other providers in areas other than Southend
 - We have assumed that the proportion of cross border dispensing and personally administered items by GP practices will remain constant at 8%
 - It doesn't allow for changes in prescribing patterns which may arise as a result of changes in evidence, guidelines, local demography etc

Other NHS Trusts

- **Southend University Hospital NHS Foundation Trust** dispenses the majority of their medicines in-house, for inpatients, out-patients and for discharge. However the Trust uses FP10 prescriptions, for dispensing by community pharmacy, at satellite clinics and in the out of hours period. A tendering exercise is planned to identify an outsourced provider to dispense outpatient prescriptions. The Trust has no plans to apply to provide NHS Pharmaceutical services and the new arrangement will have a minimal impact upon FP10 dispensing volume
- **South Essex Partnership NHS Foundation Trust** uses FP10 prescriptions quite widely. There are no plans to change this arrangement in the near future



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

Housing and Commercial Developments

- There are a number of potentially significant developments which may have an impact upon pharmaceutical need within the next three years:
 - Roots Hall (Prittlewell): outline planning permission has been granted for a mix of retail and housing which may include relocation of Sainsbury's (from the London Road Site). This has implications for the future of the pharmacy within the Sainsbury's store
 - Esplanade House (Chalkwell): a planning application has been made for 216 market houses, a 64 bedroom hotel and 50 affordable units
 - Carnarvon Road (Victoria): planning permission for a high density flatted development; and possible expansion to an adjacent site with additional housing
 - Sutton Road (Victoria): Planning permission for 97 new dwellings
 - Shoebury Garrison: A planning application has been made for the residential development of 172 new houses
 - Prittle Brook Industrial Estate (Prittlewell): An application has been submitted for a mix of commercial properties, housing and a hospice
- The above areas are well served by the existing network of pharmacies and we do not anticipate any gaps. Therefore, there are no specific plans to include a pharmacy in any of these developments

3.2.1 Essential Services

3.2.1.4 Meeting the Needs of Specific Populations

Meeting the needs of those with a protected characteristic

Age	✓	<ul style="list-style-type: none"> Advice on, and support with, taking medicines needs to be tailored according to a patient's age. For example: <ul style="list-style-type: none"> Older people may require advice on managing complex medicine regimens Parents may require advice on managing their child's medicines during school hours
Disability	✓	<ul style="list-style-type: none"> Many pharmacy users may be considered as disabled. This may include disability as a consequence of their disease as well as physical and/or sensory disabilities Pharmacies offer a range of support including: <ul style="list-style-type: none"> The provision of large print labels for those who are visually impaired. 60% (24/40 pharmacies) said they are able to provide this facility Supply of original packs with braille or medicines labelled in braille for those who are blind The use of hearing loops to aid communication for those with impaired hearing Provision of a multi-compartment compliance aid to improve adherence in those who have cognitive impairment People with a disability may exercise a choice and choose a pharmacy which better addresses their needs
Gender	✓	<ul style="list-style-type: none"> We have identified that younger adults, particularly men, are less likely to visit pharmacies We, therefore, need to ensure that our pharmacies maximise opportunities to target health promotion and public health interventions (e.g. smoking cessation advice and stop smoking services) at this group
Race	✓	<ul style="list-style-type: none"> Language may be a barrier to effectively delivering advice on taking medicines, health promotion advice and public health interventions. We have identified an opportunity to sign post patients to pharmacies where their first language is spoken BAME communities are exposed to a range of health challenges from low birth rate and infant mortality through to a higher incidence of long term conditions. People in this group are more likely to take medicines. This provides an opportunity to target health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes
Religion or belief	✓	<ul style="list-style-type: none"> Pharmacies are able to provide medicines related advice to specific religious groups. For example, advice on taking medicines during Ramadan; advice on whether or not a medicine contains ingredients derived from animals
Pregnancy and maternity	✓	<ul style="list-style-type: none"> Pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning to become pregnant. They play a vital role in helping to ensure that pregnant and breast feeding mothers avoid medicines which may be harmful
Sexual orientation	✗	<ul style="list-style-type: none"> No specific needs identified
Gender reassignment	✓	<ul style="list-style-type: none"> Pharmacies may be part of the care pathway for people undergoing gender reassignment and play a role in ensuring the medicines which form part of that treatment are available and provided without delay or impediment
Marriage & civil partnership	✗	<ul style="list-style-type: none"> No specific needs identified

3.2.1 Essential Services

3.2.1.5 Conclusions

Conclusions on Essential Services

- Dispensing is a fundamental service which ensures that patients can access prescribed medicines in a safe, reliable and timely manner. Through supporting health promotion campaigns, and a proactive approach to delivering health promotion and sign posting advice, community pharmacy plays a valuable role in addressing the health needs and tackling the health inequalities of Southend-on-Sea's population. Taking these factors into account we have concluded that essential services are **necessary** services to meet the pharmaceutical needs of our population
- Access and choice are good on weekdays between the hours of 9am – 5:30pm and Saturdays between 9am and 1pm. This was reflected in our public survey where 92% and 77.5% respondents were very satisfied or satisfied with opening hours on weekdays and Saturdays respectively
- Outside of these hours, access and choice within Southend-on-Sea is more limited, particularly on:
 - **Weekdays** (before and including 8am; and in the evenings from 7pm onwards) particularly in Eastwood, Belfairs and West Leigh wards (West Locality), where residents may have to travel up to 2 miles to access a pharmacy within Southend
 - **Weekday lunchtimes**, when 12 pharmacies close for lunch at approximately the same time. This limits access to a pharmacist in three wards (Prittlewell, Blenheim Park and West Shoebury). Staggering lunchtime closing would help to overcome this issue
 - **Saturdays**, in the mornings (before and including 8am) and in the afternoons and evenings (after 1pm), there is no access within Eastwood Park ward and reduced access in parts of Shoeburyness and St Luke's wards (East Locality) and Belfairs, St Laurence and Prittlewell wards (West Locality)
 - **Sundays**, there is limited availability in both localities and just over a quarter of respondents in our public survey were dissatisfied or very dissatisfied with opening hours. It is of note that the pharmacies which do open for 10 hours or more are centrally located and within approximately 4 miles for all residents.
 - **Bank Holidays**, when there is no obligation for pharmacies to open, noting that 27% of respondents in our public survey were dissatisfied or very dissatisfied with Bank Holiday opening hours. NHS England is obliged to ensure NHS Pharmaceutical Services are available and to commission pharmacies to open if deemed to be necessary. An enhanced service is commissioned for Christmas Day and Easter Sunday

However, the geography of the area is such that even on a Sunday the vast majority of residents are in a position to access pharmacy services, either within Southend-on-Sea or across the border in the neighbouring HWB area, within a reasonable timescale.

- With respect to alignment of pharmacy opening hours with other services:
 - There is a reasonable alignment with GP opening hours; and within each locality there is always one or more pharmacies open when a GP surgery is open
 - Patients may not be able to access dispensing services overnight e.g. after being given a prescription by the GP out of hours service or the A&E department
- Benchmarking data shows that our pharmacies have sufficient capacity to meet the current and future dispensing requirements of our population
- Repeat dispensing and electronic prescription services are relatively under-developed. We would wish to see GPs prioritising these services because of the benefits for patients, pharmacies and the health economy in general
- In terms of current gaps, extending opening hours on weekday evenings and at weekends would improve access and choice. This would be particularly beneficial for residents who work full time and for those who prefer to use a pharmacy outside of regular opening hours

With respect to future gaps, if GPs move towards providing a 7 day a week service, additional hours may be required to ensure that our residents continue to secure timely access to the medicines they need

3.2.2 Premises

3.2.2.1 Access for those with a Disability

Overview

- Pharmacies are required to make reasonable adjustments to support the needs of those with protected characteristics under the Equality Act 2010
- This was explored in our community pharmacy questionnaire and our online survey for patients and the public

Locality	Ward	Wheel chair access to the pharmacy premises	Support for people with hearing impairment
West	Belfairs	2	0
	Blenheim Park	1	0
	Chalkwell	1	0
	Eastwood Park	2	1
	Leigh	3	2
	Prittlewell	3	1
	St Laurence	2	2
	West Leigh	1	0
	Westborough	3	1
East	Kursaal	1	0
	Milton	4	3
	Shoeburyness	3	2
	Southchurch	2	1
	St. Luke's	2	2
	Thorpe	3	0
	Victoria	6	3
	West Shoebury	1	1
Total		40	19
% Total		100.0%	47.5%

Current Picture

The table (on the left) summarises the findings from our community pharmacy questionnaire and demonstrates that:

- All pharmacy premises are accessible to wheel chair users
- Almost 50% have facilities which aid communication with those who are hearing impaired. This includes:
 - 12 (30%) pharmacies which have hearing loops and one further pharmacy which is planning on installing one in the next 6 months
 - 3 (8%) pharmacies who have a member of staff who is able to use sign language
- In our Public Survey:
 - 76% of people who use a wheel chair or pram/pushchair indicated that their usual pharmacy was easily accessible for them; however, 10% said this was not the case; and 14% didn't know
 - 23% of those with a hearing impairment said that their usual pharmacy has facilities to aid communication; 10% said this was not the case and 68% did not know

Conclusions on Access and Disability

- The results of our community pharmacy questionnaire indicate that all pharmacies are accessible to wheel chairs. However, our public survey has indicated that 10% of residents who either use a wheel chair or a pram/pushchair stated that this was not the case
- Less than 50% of pharmacies have facilities to aid those who are hearing impaired and this potentially impacts adversely on the quality of pharmaceutical support that these patients receive
- We would like to see pharmacies taking reasonable steps to meet the minimum requirements of the Equality Act 2010, including ensuring that **all** public areas of a pharmacy are accessible to wheel chair users
- In addition, we believe that improvements could be achieved if more pharmacies were to introduce facilities and support for those with a hearing impairment

3.2.2 Premises

3.2.2.2 Consultation Areas

Overview

Consultation areas provide a place in which private discussions may be held within a pharmacy. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services and also facilitate confidentiality when a pharmacy user wishes to seek advice on a sensitive matter.

For advanced services, the characteristics of a pharmacy consultation area have been defined:

- There must be a sign designating the private consultation area
- The area or room must be:
 - Clean and not used for the storage of any stock
 - Laid out and organised so that any materials or equipment which are on display are healthcare related
 - Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected

In recognition of the interdependency between the commissioning of a broad range of services from pharmacy and the presence of a suitable consultation area, we explored the facilities available in our community pharmacy questionnaire; the table on the right summarises the results.

Conclusions on Consultation Areas

- All pharmacies have at least one consultation area; in addition, three pharmacies have two areas and one other pharmacy has 3 areas
- Many of the consultation areas are well equipped although there are opportunities to:
 - Ensure the use of technology is embraced in order to facilitate confidential discussions and information exchange, where required by the service
 - Improve security through the use of CCTV and panic buttons
 - Make adaptations to support those with disabilities, particularly with respect to meeting the needs of those with a hearing impairment
 - Improve privacy, as 24% (33/136) people in our public survey said that this was insufficient when discussing sensitive issues within the pharmacy
- 30 (75%) pharmacies said they are willing to provide consultations in a patient's home, which would improve access for the housebound

Consultation Areas & Facilities

Feature	Rationale	No. (n=40)	%
On-site	Facilitates 'walk in' approach to service delivery	40	100%
Closed room	For confidentiality	40	100%
Space for a chaperone	Important for patients who wish to be accompanied during a consultation	32	80%
Wheel chair access	Improves access to a confidential area for those with a physical disability	34	85%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	8	20%
Computer	For contemporaneous patient records	30	75%
Internet access	Access to on-line resources	33	83%
Medication records	Access to patients' medication history during the consultation	31	78%
Telephone	Allows confidential calls to be made	19	48%
Nhs.net email	Allows confidential correspondence	25	63%
N3 connection	Secure connection for sharing confidential data and information	19	48%
Sink with hot water	Required for services which include examination or taking samples	31	78%
Examination couch	Allows for a broader range of services to be provided	2	5%
CCTV	Affords protection and security	7	18%
Panic button	Affords protection and security	13	33%

Other Facilities on the Premises

Patient toilet	Facilitates provision of samples	15	38%
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3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Overview

- The Medicines Use Reviews (MURs) & Prescription Intervention service consists of structured reviews for people taking multiple medicines
- The service is intended to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste. The reviews are normally undertaken face to face
- To provide the service, the pharmacy must have a consultation area which complies with specified criteria (or seek permission from NHS England to provide these in the domiciliary setting); pharmacists must be accredited to undertake MURs
- A pharmacy may:
 - Only offer an MUR to a patient who has been using the pharmacy for 3 months or more (this is known as the '3 month rule')
 - Undertake up to 400 MURs per annum
 - From 2014/15, 70% of MURs must be directed to target groups i.e. People:
 - Who are taking high risk medicines (NSAIDs, anti-coagulants, anti-platelets, diuretics)
 - Who have been recently discharged from hospital
 - Who have been prescribed certain respiratory medicines
 - Taking 4 or more medicines and who have cardiovascular disease or who are at risk of cardiovascular disease

The Current Picture

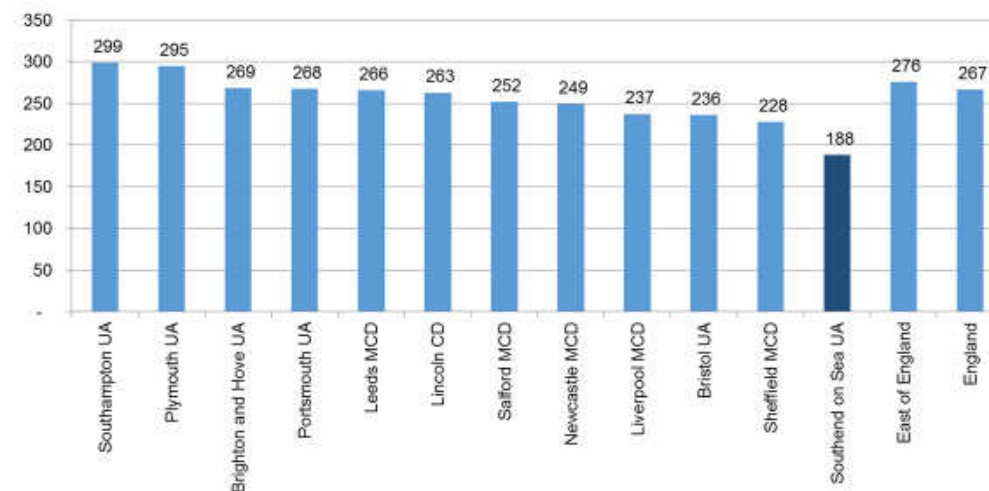
- 39 (97.5%) pharmacies provide MURs
- The graph (on the right) benchmarks Southend-on-Sea with our ONS comparators:
 - The average number of MURs per pharmacy was 188
 - This performance is significantly less than all ONS comparators, the East of England average and the England average
- All areas are significantly below the maximum threshold of 400 MURs
- The table (next page) demonstrates good access on weekdays (9am – 5:30pm) and Saturdays (9am – 1pm) in both localities. Access outside of these hours is more limited
- **Map 6** shows a good distribution and reasonable access for those aged 65+ (a group which stand to benefit from MURs)

The Evidence Base

The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies⁸:

- 49% of patients reported receiving recommendations to change how they take their medicines, and of these 90% were likely to make the change(s)
- 77% had their medicines knowledge improved by the MUR
- 97% of patients thought the place where the MUR was conducted was sufficiently confidential
- 85% of patients scored the MUR 4 or 5 on a usefulness scale where 1 was not useful and 5 very useful

Average MURs per pharmacy (2012/13)



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

3.2.3 Advanced Services

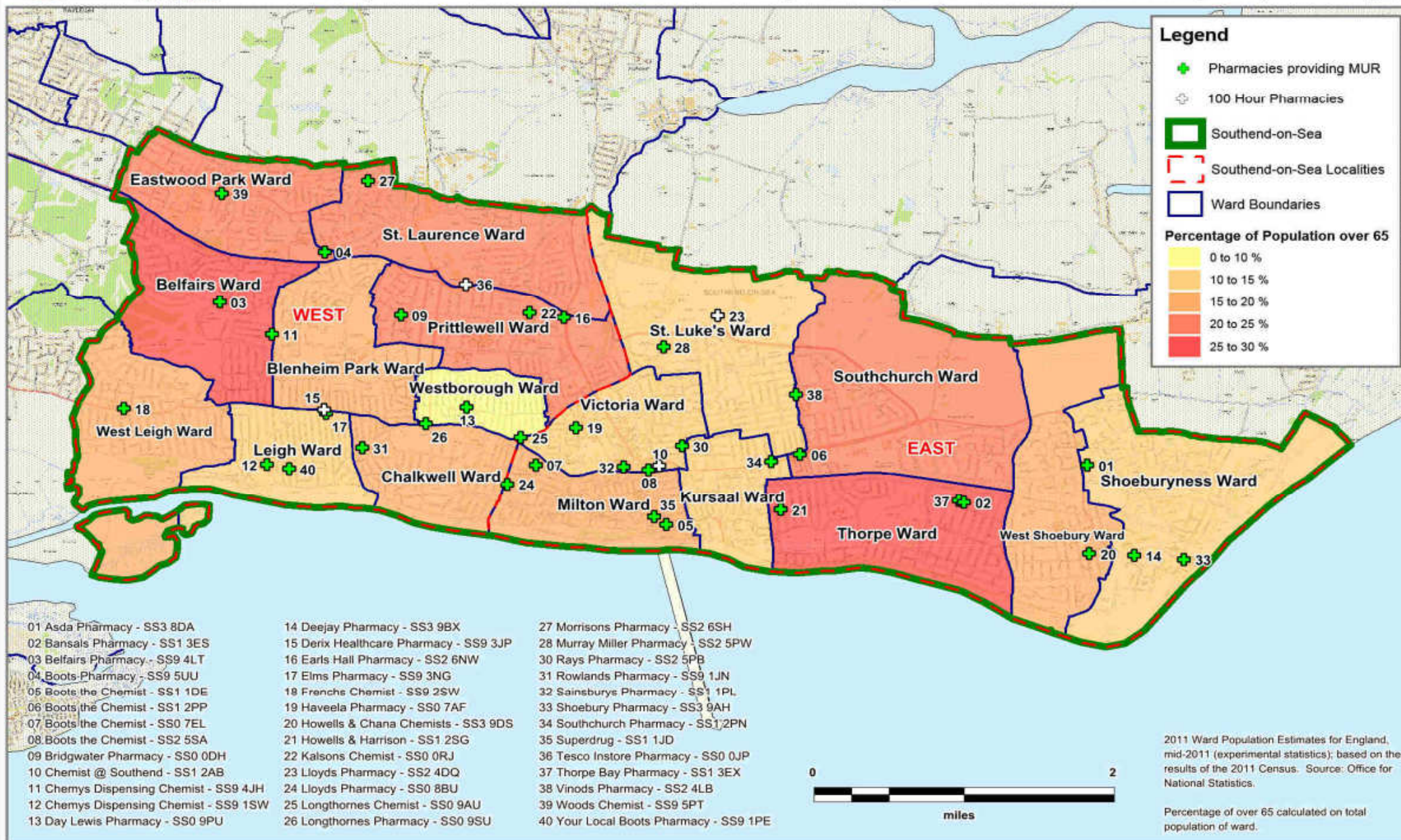
3.2.3.1 Medicines Use Reviews & Prescription Interventions

Locality	Ward	Number of Pharmacies Offering MUR and PI Services								Not offered at all
		Weekdays			Saturdays				Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	8am or earlier	9am – 1pm	5pm or later	7pm or later		
West	Belfairs	0	2	0	0	2	1	0	0	0
	Blenheim Park	1	1	1	1	1	1	0	1	0
	Chalkwell	0	1	0	0	1	1	0	0	0
	Eastwood Park	0	2	0	0	2	0	0	0	0
	Leigh	0	3	1	1	2	1	1	1	0
	Prittlewell	0	3	0	0	3	0	0	1	0
	St Laurence	1	2	2	1	2	2	1	1	0
	West Leigh	0	1	0	0	1	1	0	0	0
	Westborough	0	3	1	0	1	0	0	0	0
West Total		2	18	5	3	15	7	2	4	0
East	Kursaal	0	1	0	0	1	1	0	0	0
	Milton	1	4	1	1	4	3	0	1	0
	Shoeburyness	0	3	2	1	3	1	1	1	0
	Southchurch	0	2	1	0	2	1	0	0	0
	St. Luke's	1	2	1	1	2	1	1	1	0
	Thorpe	0	3	1	0	3	2	0	0	0
	Victoria	2	5	2	1	5	3	1	2	1
	West Shoebury	0	1	1	0	1	1	0	0	0
East Total		4	21	9	4	21	13	3	5	1
Grand Total		6	39	14	7	36	20	5	9	1
Percentage of Total		15.0%	97.5%	35.0%	17.5%	90.0%	50.0%	12.5%	22.5%	2.5%



Pharmaceutical Needs Assessment

Map 6 : Southend-on-Sea Pharmacies providing Medicines Use Reviews (MUR)



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3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Meeting the needs of those with a protected characteristic

Age	✓	Older people, on multiple medications for long term conditions are likely to require MURs. People of working age may wish to access this service during extended hours
Disability	✓	MURs help to assess & provide support e.g. large print labels, Monitored Dosage systems
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to successful MURs
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines
Marriage & civil partnership	✗	No specific needs identified

Further Provision

We wish to see all Southend-on-Sea pharmacies (now and in the future) providing MUR services; and MURs being targeted at a greater number of patients, with a focus on those who would benefit the most. Providing MURs in the domiciliary setting may improve access for people who are less able to visit pharmacies

The Future

We anticipate there will be an increase in the number of people requiring MURs as our population ages and as a result of more patients being cared for closer to home. The benchmarking data demonstrates that there is currently capacity in the system. We believe that this increased need may be met within our existing network of pharmacies.

Conclusions

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:
 - People with long term conditions with multiple medicines benefit from regular reviews
 - It is estimated that up to 20% of all hospital admissions are medicines related⁹ and arise as a result of treatment failure or unintended consequence (e.g. a side effect or taking the wrong dose)
- MURs support the delivery of our local strategic priorities particularly with respect to:
 - Improving quality of life & support for people with long term conditions to improve outcomes and promote independent living for longer
 - Reducing the amount of time people spend in hospital through better and more integrated care in the community
 - Helping to prevent medication related falls
- Given the benefits of MURs, and the alignment with local strategic priorities, we have concluded that this service is **necessary** to meet the pharmaceutical needs of our population
- Whilst access to MURs is good on weekdays (9am – 5:30pm) and Saturdays (9am – 1pm) we have identified the following current gaps:
 - One pharmacy does not offer MUR services. This pharmacy has indicated that it is willing to provide the service in the future
 - The average number of MURs per pharmacy is below the maximum number which may be undertaken in any given year
- Access is limited at certain times during the week, particularly on:
 - Weekdays & Saturdays up until and including 8am (both localities)
 - Weekday evenings, from 7pm onwards
 - Sundays
- This pattern of opening potentially presents constraints for some of our residents; for example people with long term conditions who work full time and who may prefer to visit a pharmacy on a weekday evening or at the weekend
- These gaps are significant because patients can only access MURs from their regular pharmacy because of the 3 month rule i.e. they cannot choose to access the service via an alternative pharmacy

3.2.3 Advanced Services

3.2.3.1 New Medicine Service (NMS)

Overview

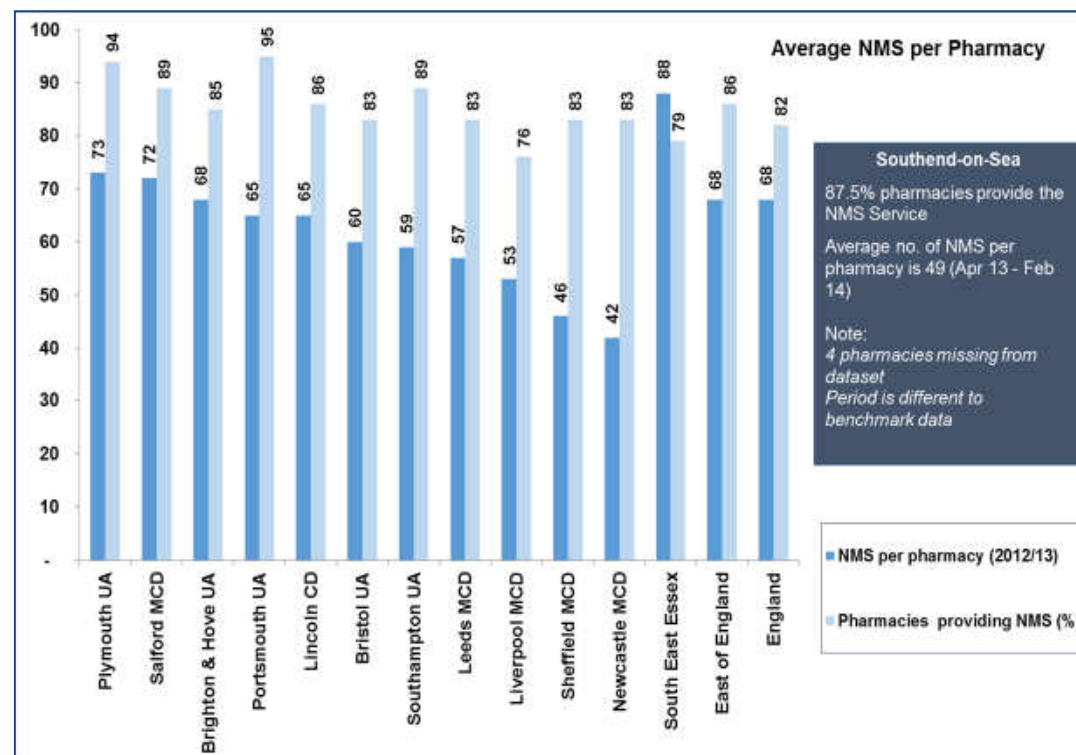
- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a **newly prescribed medicine**, to help improve medicines adherence.
- The service is focused on the following patient groups and conditions:
 - Asthma and COPD
 - Diabetes (Type 2)
 - Hypertension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

The Current Picture

- 35 (87.5%) pharmacies provide the NMS. This is higher than the East of England and England average
- At this point in time benchmarking data is not available for Southend-on-Sea. The graph (on the right) summarises the performance of our ONS comparators for 2012/13 (i.e. the latest data available)
- Data for the current financial year (Apr 13 – Feb 14) suggests that the number of NMS reviews undertaken by Southend-on-Sea pharmacies is significantly less than our ONS comparators (based on previous year's data)
- The table (next page) demonstrates:
 - Good access on weekdays (9am – 5:30pm) with each ward having one or more pharmacies offering the service
 - A similar picture on Saturdays (9am – 1pm) with the exception of Westborough ward where no pharmacies offering the service are open
 - Access outside of these hours is more limited
- Map 7** shows a good distribution; and reasonable access for those aged 65+ (a group which stand to benefit from the NMS)

The Evidence Base

- A recent randomised control trial demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and be cost effective¹⁰:
 - The NMS increased adherence by around 10% and increased identification in the numbers of medicine related problems and solutions
 - Economic modelling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less than the those in the comparator group
 - Pharmacy ownership however, was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent
- In a study evaluating a telephone based pharmacy advisory service, pharmacists met patients' needs for information and advice on medicines, when starting treatment¹¹



3.2.3 Advanced Services

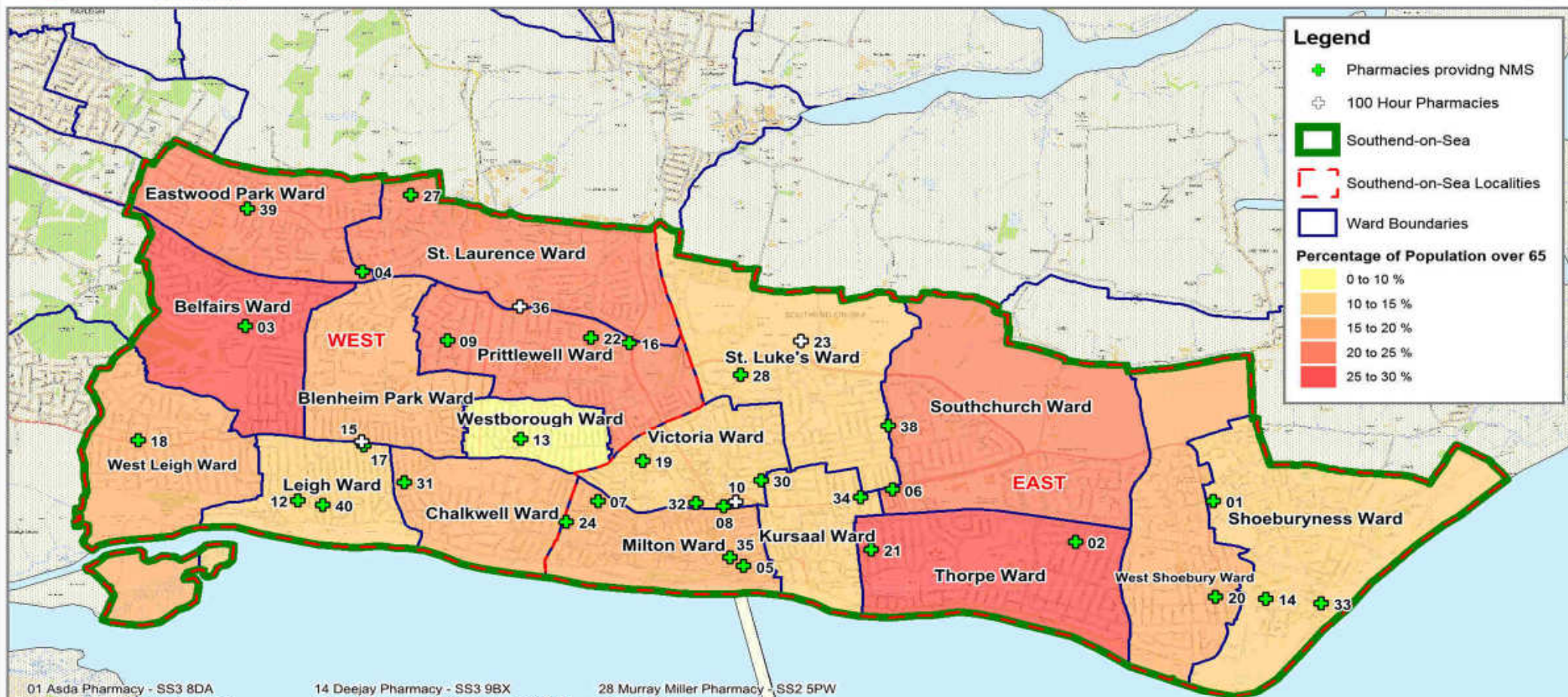
3.2.3.1 New Medicine Service (NMS)

Locality	Ward	Number of Pharmacies Offering New Medicines Service								Not offered at all
		Weekdays			Saturdays				Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	8am or earlier	9am – 1pm	5pm or later	7pm or later		
West	Belfairs	0	1	0	0	1	0	0	0	1
	Blenheim Park	1	1	1	1	1	1	0	1	0
	Chalkwell	0	1	0	0	1	1	0	0	0
	Eastwood Park	0	2	0	0	2	0	0	0	0
	Leigh	0	3	1	1	2	1	1	1	0
	Prittlewell	0	3	0	0	3	0	0	1	0
	St Laurence	1	2	2	1	2	2	1	1	0
	West Leigh	0	1	0	0	1	1	0	0	0
	Westborough	0	1	0	0	0	0	0	0	2
West Total		2	15	4	3	13	6	2	4	3
East	Kursaal	0	1	0	0	1	1	0	0	0
	Milton	1	4	1	1	4	3	0	1	0
	Shoeburyness	0	3	2	1	3	1	1	1	0
	Southchurch	0	2	1	0	2	1	0	0	0
	St. Luke's	1	2	1	1	2	1	1	1	0
	Thorpe	0	2	1	0	2	1	0	0	1
	Victoria	2	5	2	1	5	3	1	2	1
	West Shoebury	0	1	1	0	1	1	0	0	0
East Total		4	20	9	4	20	12	3	5	2
Grand Total		6	35	13	7	33	18	5	9	5
Percentage of Total		15.0%	87.5%	32.5%	17.5%	82.5%	45.0%	12.5%	22.5%	12.5%



Pharmaceutical Needs Assessment

Map 7: Southend-on-Sea Pharmacies providing New Medicine Service (NMS)



Legend

- + Pharmacies providing NMS
- + 100 Hour Pharmacies
- Southend-on-Sea
- Southend-on-Sea Localities
- Ward Boundaries

Percentage of Population over 65

- 0 to 10 %
- 10 to 15 %
- 15 to 20 %
- 20 to 25 %
- 25 to 30 %

- | | | |
|--|--|--|
| 01 Asda Pharmacy - SS3 8DA | 14 Deejay Pharmacy - SS3 9BX | 28 Murray Miller Pharmacy - SS2 5PW |
| 02 Bansals Pharmacy - SS1 3ES | 15 Derix Healthcare Pharmacy - SS9 3JP | 30 Rays Pharmacy - SS2 5PB |
| 03 Belfairs Pharmacy - SS9 4LT | 16 Earls Hall Pharmacy - SS2 6NW | 31 Rowlands Pharmacy - SS9 1JN |
| 04 Boots Pharmacy - SS9 5UU | 17 Elms Pharmacy - SS9 3NG | 32 Sainsburys Pharmacy - SS1 1PL |
| 05 Boots the Chemist - SS1 1DE | 18 Frenchs Chemist - SS9 2SW | 33 Shoebury Pharmacy - SS3 9AH |
| 06 Boots the Chemist - SS1 2PP | 19 Haveela Pharmacy - SS0 7AF | 34 Southchurch Pharmacy - SS1 2PN |
| 07 Boots the Chemist - SS0 7EL | 20 Howells & Chana Chemists - SS3 9DS | 35 Superdrug - SS1 1JD |
| 08 Boots the Chemist - SS2 5SA | 21 Howells & Harrison - SS1 2SG | 36 Tesco Instore Pharmacy - SS0 0JP |
| 09 Bridgwater Pharmacy - SS0 0DH | 22 Kalsons Chemist - SS0 0RJ | 38 Vinods Pharmacy - SS2 4LB |
| 10 Chemist @ Southend - SS1 2AB | 23 Lloyds Pharmacy - SS2 4DQ | 39 Woods Chemist - SS9 5PT |
| 12 Chemys Dispensing Chemist - SS9 1SW | 24 Lloyds Pharmacy - SS0 8BU | 40 Your Local Boots Pharmacy - SS9 1PE |
| 13 Day Lewis Pharmacy - SS0 9PU | 27 Morrisons Pharmacy - SS2 6SH | |



2011 Ward Population Estimates for England, mid-2011 (experimental statistics); based on the results of the 2011 Census. Source: Office for National Statistics.

Percentage of over 65 calculated on total population of ward.

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3.2.3 Advanced Services

3.2.3.1 New Medicine Service (NMS)

Meeting the needs of those with a protected characteristic

Age	✓	Older people, particularly those taking multiple medicines for long term conditions, starting an eligible new medicine may benefit from the NMS. People of working age may wish to access this service during extended hours
Disability	✓	The NMS may help to assess & provide support e.g. large print labels, Monitored Dosage systems
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering successful NMS
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

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

The Future

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

Conclusions

- Emerging evidence is that the NMS may improve patients' adherence with medicines. In theory this will bring a range of benefits including:
 - Improving outcomes because more patients take their medicines as prescribed
 - Reducing harm as a result of early identification of side effects or taking the wrong dose of medicine
 - Reducing unnecessary medicines related hospital admissions
- NMS supports the delivery of our local strategic priorities, particularly with respect to:
 - Improving quality of life & support for people with long term conditions to improve outcomes and promote independent living for longer
 - Reducing the amount of time people spend in hospital through better and more integrated care in the community
 - Helping to prevent medication related falls
- Whilst the service aligns well with local strategic priorities, there is currently insufficient evidence to demonstrate the benefits and the future of the service is unknown. We have, therefore, concluded that this is a **relevant** service which improves access to medicines reviews
- Whilst access to the NMS is good on weekdays (9am – 5:30pm) and Saturdays (9am – 1pm) we have identified the following current gaps:
 - 5 pharmacies do not offer NMS services. Four of these have indicated they would be willing to provide the service if it continues to be commissioned
 - Limited access, particularly on:
 - Weekdays & Saturdays up until and including 8am (both localities)
 - Weekday & Saturday evenings, from 7pm onwards
 - Sundays
- This presents constraints for people with long term conditions who work full time and who may prefer to visit a pharmacy on a weekday evening or at the weekend
- The NMS differs from MURs in that patients may choose to access this service from an alternative pharmacy, if their regular pharmacy does not provide the service or is not open at a time of day which is convenient to them

3.2.3 Advanced Services

3.2.3.3 Appliance Use Reviews (AURs)

Overview

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

The Current Picture

- 10 (25.0%) pharmacies advised us, in the community pharmacy questionnaire, that they provide AURs
- Benchmarking data is not available for Southend-on-Sea. The table (on the left) summarises the number of AURs undertaken by our ONS comparator areas in 2012/13 (i.e. the latest data available). With the exception of Liverpool and Portsmouth, the majority of reviews are undertaken in patients' homes
- Data for the current financial year (Apr 13 – Feb 14) shows minimal activity for Southend-on-Sea pharmacies
- The table, on the next page, shows that 7 providers are located in the West Locality and 3 in the East Locality. However, given that AURs may be provided in the home the distribution of providers is less significant than with other pharmacy services
- A review of prescribing data (page 49) indicates that out of area pharmacies and DACs play a significant role in the provision of AUR services

The Evidence Base

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

ONS Comparator Area	No. of AURs provided (2012/13)			
	Home	Premises	Total	% at Home
England	23,554	4593	28147	84%
East of England	5013	260	5273	95%
Newcastle MCD	331	9	340	97%
Plymouth UA	276	33	309	89%
Liverpool MCD	1	79	80	1%
Portsmouth UA	0	30	30	0%
South East Essex	2	0	2	100%
Sheffield MCD	1	0	1	100%
Salford MCD	0	0	0	N/A
Brighton & Hove UA	0	0	0	N/A
Lincoln CD	0	0	0	N/A
Bristol UA	0	0	0	N/A
Southampton UA	0	0	0	N/A
Leeds MCD	0	0	0	N/A

3.2.3 Advanced Services

3.2.3.3 Appliance Use Reviews (AURs)

Locality	Ward	Number of Pharmacies Offering AUR Service								Not offered at all
		Weekdays			Saturdays				Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	8am or earlier	9am – 1pm	5pm or later	7pm or later		
West	Belfairs	0	2	0	0	2	1	0	0	0
	Blenheim Park	1	1	1	1	1	1	0	1	0
	Chalkwell	0	0	0	0	0	0	0	0	1
	Eastwood Park	0	1	0	0	1	0	0	0	1
	Leigh	0	0	0	0	0	0	0	0	3
	Prittlewell	0	2	0	0	2	0	0	1	1
	St Laurence	0	0	0	0	0	0	0	0	2
	West Leigh	0	1	0	0	1	1	0	0	0
	Westborough	0	0	0	0	0	0	0	0	3
West Total		1	7	1	1	7	3	0	2	11
East	Kursaal	0	1	0	0	1	1	0	0	0
	Milton	0	0	0	0	0	0	0	0	4
	Shoeburyness	0	0	0	0	0	0	0	0	3
	Southchurch	0	0	0	0	0	0	0	0	2
	St. Luke's	0	0	0	0	0	0	0	0	2
	Thorpe	0	1	1	0	1	0	0	0	2
	Victoria	1	1	1	0	1	0	0	0	5
	West Shoebury	0	0	0	0	0	0	0	0	1
East Total		1	3	2	0	3	1	0	0	19
Grand Total		2	10	3	1	10	4	0	2	30
Percentage of Total		5.0%	25.0%	7.5%	2.5%	25.0%	10.0%	0.0%	5.0%	75.0%

3.2.3 Advanced Services

3.2.3.3 Appliance Use Reviews (AURs)

AUR Provision in Relation to Dispensing

- We have used dispensing of incontinence appliances as a means of exploring provision of AURs
- The total number of incontinence appliances, dispensed against prescriptions issued by Southend-on-Sea GPs was 5,355
- The table (on the right) is based on the ten pharmacies and DACs which dispensed the highest number of these items:
 - These providers were responsible for dispensing 70% of the total items
 - Almost 51% of these were dispensed out of area
- Based on dispensing data (Dec 12 – November 13 data), the maximum number of AURs which could be offered was:
 - 153 by any pharmacy/DAC which dispensed an incontinence appliance
 - 29 by a Southend-on-Sea pharmacy

HWB Area	Dispenser Name	Post Code	Items	% total	Max No. AURs
Southend-on-Sea	BANSALS PHARMACY	SS1 3ES	1,029	19.2%	29
	WOODS CHEMIST	SS9 5PT			
	ELMS PHARMACY LTD	SS9 3NG			
	DEEJAY PHARMACY LTD	SS3 9BX			
	BRIDGWATER PHARMACY	SS0 0DH			
Other	COLOPLAST LTD	PE2 6BJ	2,725	50.9%	78
	OTC DIRECT LIMITED	M28 3PT			
	FITTLEWORTH MEDICAL LTD	EN8 0AW			
	ROCHESTER MEDICAL LTD	BN15 8TA			
	DONALD WARDLE & SON	ST1 2HH			

Meeting the Needs of those with a protected characteristic

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

Conclusions

- We have identified that whilst a number of our pharmacies potentially provide this service, very few AURs are undertaken. We believe that the following reasons explain this:
 - The limit on the number of AURs has an impact upon the number of patients eligible for the service
 - A significant number of appliances are dispensed outside of the area. Consequently, AURs will be undertaken outside of the area
 - These reviews are of a specialist nature and some patients receive the support they need from the hospital or clinic responsible for their ongoing care
 - Hospitals may refer patients directly to appliance manufacturers who supply the patient directly; and patients may not realise that some pharmacies offer appliance dispensing and AURs
- The high proportion of AURs provided in peoples' homes improves access for those with a disability and for older people aged 65+
- Taking all of the above into account, we have concluded this is a **relevant** service which may result in improvements for our patients
- We have concluded there are no current or future gaps

3.2.3 Advanced Services

3.2.3.4 Stoma Appliance Customisation Service (SACS)

Overview

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

The Current Picture

- 9 (22.5.0%) pharmacies advised us, in the community pharmacy questionnaire, that they provide SACS
- At this point in time benchmarking data is not available for Southend-on-Sea. The table (on the left) summarises the total number of SACS and the average number of SACS undertaken by our ONS comparator areas in 2012/13 (i.e. the latest data available). The data demonstrates considerable variation in performance between the areas
- Data for the current financial year (Apr 13 – Feb 14) shows limited activity for Southend-on-Sea pharmacies. It is estimated that the number of SACS will be in the region of 25 – 30 (no data is available for the DACs). This position is similar to several of our comparator areas
- The table, on the next page, summarises the service availability by locality and ward. It demonstrates that 7 providers are located in the West Locality and 2 in the East Locality
- Our analysis of prescribing data (page 52) indicates that out of area pharmacies and DACs potentially play a significant role in the provision of SACS services

The Evidence Base

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

ONS Comparator Area	SACS Service 2012/13	
	Total	Average No. per Pharmacy / DAC
England	1,117,971	635
East of England	327,157	2,513
Plymouth UA	20,274	5,069
Salford MCD	30,040	3,338
Liverpool MCD	29,875	905
Newcastle MCD	6,027	861
Lincoln CD	7034	306
Southampton UA	334	38
South East Essex	252	36
Leeds MCD	734	24
Brighton & Hove UA	88	22
Bristol UA	591	21
Sheffield MCD	646	17
Portsmouth UA	165	14

3.2.3 Advanced Services

3.2.3.4 Stoma Appliance Customisation Service (SACS)

Locality	Ward	Number of Pharmacies Offering SAC Services								Not offered at all
		Weekdays			Saturdays				Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	8am or earlier	9am – 1pm	5pm or later	7pm or later		
West	Belfairs	0	1	0	0	1	1	0	0	1
	Blenheim Park	1	1	1	1	1	1	0	1	0
	Chalkwell	0	0	0	0	0	0	0	0	1
	Eastwood Park	0	1	0	0	1	0	0	0	1
	Leigh	0	0	0	0	0	0	0	0	3
	Prittlewell	0	3	0	0	3	0	0	1	0
	St Laurence	0	0	0	0	0	0	0	0	2
	West Leigh	0	1	0	0	1	1	0	0	0
	Westborough	0	0	0	0	0	0	0	0	3
West Total		1	7	1	1	7	3	0	2	11
East	Kursaal	0	0	0	0	0	0	0	0	1
	Milton	0	0	0	0	0	0	0	0	4
	Shoeburyness	0	0	0	0	0	0	0	0	3
	Southchurch	0	0	0	0	0	0	0	0	2
	St. Luke's	0	0	0	0	0	0	0	0	2
	Thorpe	0	2	1	0	2	1	0	0	1
	Victoria	0	0	0	0	0	0	0	0	6
	West Shoebury	0	0	0	0	0	0	0	0	1
East Total		0	2	1	0	2	1	0	0	20
Grand Total		1	9	2	1	9	4	0	2	31
Percentage of Total		2.5%	22.5%	5.0%	2.5%	22.5%	10.0%	0.0%	5.0%	77.5%

3.2.3 Advanced Services

3.2.3.4 Stoma Appliance Customisation Service (SACS)

SACS Provision in Relation to Dispensing

- The total number of stoma appliances, dispensed against prescriptions issued by Southend-on-Sea GPs was 13,237 (Dec 12 – November 13 data)
- The table (on the right) is based on the fifteen pharmacies and DACs which dispensed the highest number of these items. This demonstrates that:
 - These providers were responsible for dispensing 70% of the total items
 - Of these, just over 50% of these were dispensed out of area
- It follows that a higher proportion of SACS will be undertaken outside of the area
- Anecdotally, one respondent in our public survey said that this is not a service which they would wish to access through pharmacy

HWB Area	Dispenser Name	Post Code	% Total
Southend-on-Sea	BOOTS	SS1 1DE	20%
	BANSALS PHARMACY	SS1 3ES	
	WOODS CHEMIST	SS9 5PT	
	BELFAIRS PHARMACY	SS9 4LT	
	ELMS PHARMACY LTD	SS9 3NG	
	DEEJAY PHARMACY LTD	SS3 9BX	
	BOOTS	SS9 5UU	
Other	FITTLEWORTH MEDICAL LTD	EN8 0AW	50.4%
	COLOPLAST LTD	PE2 6BJ	
	DONALD WARDLE & SON	ST1 2HH	
	PILLS2U.CO.UK LTD	SS5 4SR	
	OTC DIRECT LIMITED	M28 3PT	
	RESUS POSITIVE LTD	DA9 9JZ	
	SOUTHCROSS LTD	EN3 7PJ	

Meeting the needs of those with a protected characteristic

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

Conclusions

- We have identified that whilst 9 (22.5%) of our pharmacies potentially provide this service very few SACS are undertaken. We believe that the following reasons explain this:
 - A significant number of appliances are dispensed outside of the area. Consequently, SACS will be undertaken outside of the area.
 - These reviews are of a specialist nature and patients receive the support they need from the hospital or clinic responsible for their ongoing care
 - Hospitals may refer patients directly to appliance manufacturers who supply the patient directly; and patients may not realise that some pharmacies offer appliance dispensing and AURs
- Access to the SACS service within Southend-on-Sea is limited given that only 7 pharmacies provide the service in the West Locality and only two in the East Locality
- We have not been made aware of any dissatisfaction, through complaints or other means, with the current service level. Taking the above into account, we have concluded this is a **relevant** service which may result in improvements for our patients and we have not identified any current or future gaps

3.2.4 Enhanced Services

3.2.4.1 Seasonal Influenza Vaccination

Overview

- A seasonal influenza vaccination service was piloted in 2013/14. The aim was to test the effectiveness and feasibility of a pharmacy-based service in terms of improving both accessibility to the vaccine and addressing the historical low uptake by those aged under 65 who fall into an 'at risk' group. The service was targeted at those aged 4 to 64 years
- Pharmacies were invited to participate based on their proximity to those GP practices who have historically not met the vaccination target for this clinical group
- All participating pharmacies were required to have up to date training and appropriate clinical facilities

The Current Picture

- A total of 8 (20%) pharmacies participated in the Southend-on-Sea service and a total of 48 pharmacies participated across Essex
- The table (next page) summarises the distribution and service availability by ward and locality. This demonstrates that the vaccine was generally available from participating pharmacies on weekdays (9am – 5:30pm) and on Saturdays. There was limited provision during the extended hour period on weekdays and Saturdays and no access on a Sunday
- Southend-on-Sea pharmacies vaccinated 169 patients in total and more than 1,100 were vaccinated across the whole of Essex
- For the 2014/15 season, NHS England have invited all pharmacies, who meet the service criteria, to participate.
- The service will be targeted at those aged 18 to 64 years

The Future

- Given Southend-on-Sea's historically low uptake of seasonal influenza vaccine in all 'at risk' groups, we would wish to see NHS England commissioning appropriate services, through a range of providers, in order to increase uptake for all eligible patients, irrespective of age

The Evidence Base

- In 2011/12, pharmacies in one area used 'PharmOutcomes' to record vaccinations and notify GP colleagues¹²:
 - 4,192 people were vaccinated (approximately 15% of total vaccinated)
 - 35% were under 65 and in 'at risk' groups (other providers vaccinated 17% in this category)
 - 19% patients stated vaccination was unlikely without pharmacy access
 - 97% rated the service as 'excellent'
 - 13% of patients cited difficulties in obtaining the vaccine from other providers
- A literature review¹³ of community pharmacy delivered immunisation services demonstrates:
 - Immunisation can be safely delivered through community pharmacy
 - Patient medication records are effective at identifying 'at risk' clients to be invited for immunisation and this can increase uptake of vaccine
 - User satisfaction with pharmacy based services is high
 - Support for non-physician delivered immunisation is greater for adults than children

Conclusions

- Seasonal influenza vaccination uptake in Southend-on-Sea is historically low in all 'at risk' groups i.e. the over 65s and the under 65s with a clinical risk factor
- Community pharmacies are well placed to improve uptake of this vaccine:
 - Pharmacies are accessible, often open for extended hours and may provide the vaccine without the need for an appointment
 - Patient medication records may be used to identify, and proactively target, people who would benefit from immunisation
- There is emerging evidence to support the role of community pharmacies in delivering this (and other) vaccination services
- We have concluded that seasonal influenza vaccination is a **relevant** service because it improves access and provides a choice of provider, for 'at risk' patients, other than their GP or community nurse

3.2.4 Enhanced Services

3.2.4.1 Seasonal Influenza Vaccination

Locality	Ward	Number of Pharmacies Offering Seasonal Influenza Vaccination Service								Not offered at all
		Weekdays			Saturdays				Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	8am or earlier	9am – 1pm	5pm or later	7pm or later		
West	Belfairs	0	1	0	0	1	0	0	0	1
	Blenheim Park	0	0	0	0	0	0	0	0	1
	Chalkwell	0	0	0	0	0	0	0	0	1
	Eastwood Park	0	0	0	0	0	0	0	0	2
	Leigh	0	1	0	0	1	0	0	0	2
	Prittlewell	0	1	0	0	1	0	0	0	2
	St Laurence	0	0	0	0	0	0	0	0	2
	West Leigh	0	0	0	0	0	0	0	0	1
	Westborough	0	0	0	0	0	0	0	0	3
West Total		0	3	0	0	3	0	0	0	15
East	Kursaal	0	0	0	0	0	0	0	0	1
	Milton	1	1	1	1	1	1	0	0	3
	Shoeburyness	0	1	1	0	1	0	0	0	2
	Southchurch	0	0	0	0	0	0	0	0	2
	St. Luke's	1	1	1	1	1	1	1	1	1
	Thorpe	0	0	0	0	0	0	0	0	3
	Victoria	0	1	0	0	1	1	0	1	5
	West Shoebury	0	1	1	0	1	1	0	0	0
East Total		2	5	4	2	5	4	1	2	17
Grand Total		2	8	4	2	8	4	1	2	32
Percentage of Total		5.0%	20.0%	10.0%	5.0%	20.0%	10.0%	2.5%	5.0%	80.0%

3.3 Locally Commissioned Services

3.3.1 Overview & Healthy Living Programme

Overview

- The Regulations¹ require that the HWB considers how other services affect the need for pharmaceutical services. Within our PNA, we look at this from two perspectives:
 - a. Firstly, an assessment of services which have been directly commissioned from pharmacy by other organisations
 - b. Secondly, we review how other NHS services impact upon pharmaceutical need (this is considered throughout the PNA)
- In this section of the PNA, we undertake a detailed review of the services which have been directly commissioned from pharmacy. Specifically:
 - Stop Smoking
 - Sexual Health
 - Needle and Syringe Programme
 - Supervised Consumption

In addition to the above services, a small number of pharmacies participate in the Essex-wide Healthy Living Pharmacy Programme. The box, on the right, provides a brief overview of this programme
- In undertaking our assessment, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out where we believe there are current and future gaps and identifying areas for further improvement
- We have also found it helpful to consider whether or not a locally commissioned service is necessary to meet a pharmaceutical need; or if we believe the service is relevant in that it delivers improvements in access or choice
- However, it should be noted that applications **must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services) and should not be submitted solely on the basis of gaps identified for locally commissioned services

Healthy Living Pharmacy (HLP) Programme

- The HLP Programme aims to create an ethos which puts the local community's health and wellbeing at the heart of everything the pharmacy team does; it supports reducing health inequalities and preventing ill health by:
 - Promoting healthy living
 - Providing wellbeing advice and services
 - Supporting people to self-care and manage long-term conditions
- In Southend-on-Sea, pharmacies may participate in the Essex HLP programme if they meet the following accreditation criteria:
 - **Leadership:** At least one member of the management team must have completed a specific HLP leadership programme
 - **Health Champion:**
 - Appoint at least one non-pharmacist health champion, who must have successfully completed the Royal Society for Public Health "Understanding Health Improvement" Level 2 (UHI2) award; and be familiar with health promotion campaigns and literature
 - **Premises** must reflect a professional image and promote healthy living:
 - Welcoming, clean & in good state of repair; with positive signage in place
 - Posters & promotional material should be current
 - Health related promotion materials, products and services must be clearly differentiated from other activities
 - The consultation area should have space for a chaperone and a computer terminal
 - **Provision of existing services:** The pharmacy must have:
 - Undertaken NMS consultations and achieved the 20% target for five of the last six months for NMS
 - Completed ≥ 200 MURs in the last year; of which 30 within the last 6 months must have been for either asthma or diabetes
 - Recorded ≥ 10 4-week stop smoking quits or have recruited ≥ 10 smokers and have a 4-week quit rate of $\geq 50\%$ in the last two quarters; OR a minimum ratio of one recorded Chlamydia screen per 5 recorded EHC consultations for 5 of the last 6 months
 - **Community engagement or outreach event:** The pharmacy must have participated in a public engagement or outreach event, external to the pharmacy premises
- Currently, four Southend-on-Sea pharmacies are accredited as HLPs:
 - Rowlands Pharmacy (Chalkwell)
 - Earls Hall Pharmacy (Prittlewell)
 - Kalson's Chemist (Prittlewell)
 - Howells & Harrison Pharmacy (Thorpe)

3.3 Locally Commissioned Services

3.3.2 Stop Smoking

Overview

- This Stop Smoking Service includes the delivery of opportunistic information and advice, as well as the supply of medicines including Nicotine Replacement Therapy (NRT) and Varenicline (supplied under a Patient Group Direction), to assist those who wish to give up smoking
- This service, which is available to any smoker aged 12 or above who is motivated to quit, aims to:
 - Improve access to 'stop smoking services' through local community pharmacies, as an alternative to other non-pharmacy providers
 - Increase public awareness of the full range of stop smoking services available with pharmacies displaying promotional material and signposting to more specialist services
 - Increase access to brief interventions about smoking risks

The Current Picture

- 38 (95%) pharmacies are commissioned to provide stop smoking services
- **Map 8** provides an overview of the distribution of these; and the table (next page) summarises service availability by locality and ward:
 - 17 pharmacies are located in the West Locality and 21 in the East
 - On weekdays (9am – 5:30pm) and Saturdays (9am – 1pm), there is good access with a choice of provider in many wards
 - On weekday evenings, most residents are able to access the service in their own or a neighbouring ward
 - Access to the service is more limited on Saturday evenings after 7pm and on Sundays
- Performance is generally good, with an average 4 week quit rate of 47.9% (range 27.3% - 72.7%) against a target of 35% or higher
- Non-pharmacy providers include GP surgeries (via the practice nurse) and specialist services which are provided by the in-house team at Southend-on-Sea Borough Council

Provider Criteria*

- The Stop Smoking Advisor must be available at all times during pharmacy opening hours
- The Advisor must have:
 - Level 2 standard National Centre for Smoking Cessation training, including completion of the online training module
 - Attend an update event every two years
 - Have evidence of ongoing & relevant CPD
- The pharmacy must have a consultation area, which must be used when providing the stop smoking services.
- The pharmacy must use the 'Quit Manager' IT system
- Policies for safeguarding / complaints / data protection are required

* *Provider criteria may be subject to change*

The Evidence Base

- There is good evidence to support the role of community pharmacists in stop smoking services^{13,14}:
 - Studies have demonstrated the effectiveness and cost effectiveness of stop smoking services, provided by trained pharmacy staff, in improving quit rates
 - Community pharmacists trained in behaviour-change methods are effective in helping clients stop smoking. Training increases knowledge, self-confidence and the positive attitude of pharmacists and their staff in relation to smoking cessation.
 - Involving pharmacy support staff may increase the provision of brief advice and recording of smoking status in patient medication records
 - Abstinence rates from one-to-one treatment services provided by community pharmacists versus primary care nurses are similar

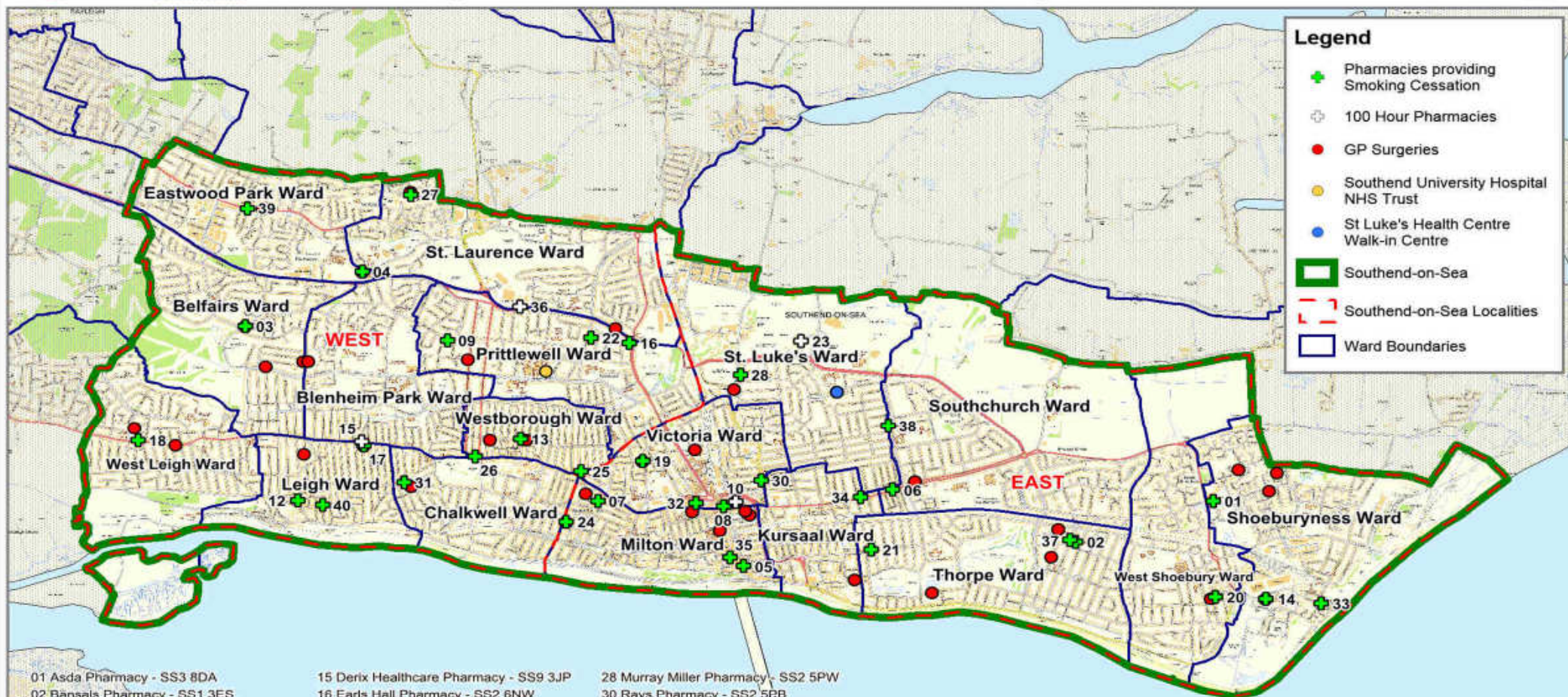
3.3 Locally Commissioned Services

3.3.2 Stop Smoking

Locality	Ward	Number of Pharmacies Offering Stop Smoking Service								Not offered at all
		Weekdays			Saturdays				Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	8am or earlier	9am – 1pm	5pm or later	7pm or later		
West	Belfairs	0	1	0	0	1	1	0	0	0
	Blenheim Park	1	1	1	1	1	1	0	1	0
	Chalkwell	0	1	0	0	1	1	0	0	0
	Eastwood Park	0	2	0	0	2	0	0	0	0
	Leigh	0	3	1	1	2	1	1	1	0
	Prittlewell	0	3	0	0	3	0	0	1	0
	St Laurence	1	2	2	1	2	2	1	1	0
	West Leigh	0	1	0	0	1	1	0	0	0
	Westborough	0	3	1	0	1	0	0	0	0
West Total		2	17	5	3	14	7	2	4	0
East	Kursaal	0	1	0	0	1	1	0	0	0
	Milton	1	4	1	1	4	3	0	1	0
	Shoeburyness	0	3	2	1	3	1	1	1	0
	Southchurch	0	2	1	0	2	1	0	0	0
	St. Luke's	1	2	1	1	2	1	1	1	0
	Thorpe	0	3	1	0	3	2	0	0	0
	Victoria	2	5	2	1	5	3	1	2	1
	West Shoebury	0	1	1	0	1	1	0	0	0
East Total		4	21	9	4	21	13	3	5	1
Grand Total		6	39	14	7	36	20	5	9	1
Percentage of Total		15.0%	97.5%	35.0%	17.5%	90.0%	50.0%	12.5%	22.5%	2.5%



Pharmaceutical Needs Assessment Map 8: Southend-on-Sea Pharmacies - Smoking Cessation



Legend

- + Pharmacies providing Smoking Cessation
- + 100 Hour Pharmacies
- GP Surgeries
- Southend University Hospital NHS Trust
- St Luke's Health Centre Walk-in Centre
- Southend-on-Sea
- Southend-on-Sea Localities
- Ward Boundaries

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> 01 Asda Pharmacy - SS3 8DA 02 Bansais Pharmacy - SS1 3ES 03 Belfairs Pharmacy - SS9 4LT 04 Boots Pharmacy - SS9 5UU 05 Boots the Chemist - SS1 1DE 06 Boots the Chemist - SS1 2PP 07 Boots the Chemist - SS0 7EL 08 Boots the Chemist - SS2 5SA 09 Bridgwater Pharmacy - SS0 0DH 10 Chemist @ Southend - SS1 2AB 12 Chemys Dispensing Chemist - SS9 1SW 13 Day Lewis Pharmacy - SS0 9PU 14 Deejay Pharmacy - SS3 9BX | <ul style="list-style-type: none"> 15 Derix Healthcare Pharmacy - SS9 3JP 16 Earls Hall Pharmacy - SS2 6NW 17 Elms Pharmacy - SS9 3NG 18 Frenchs Chemist - SS9 2SW 19 Haveela Pharmacy - SS0 7AF 20 Howells & Chana Chemists - SS3 9DS 21 Howells & Harrison - SS1 2SG 22 Kalsons Chemist - SS0 0RJ 23 Lloyds Pharmacy - SS2 4DQ 24 Lloyds Pharmacy - SS0 8BU 25 Longthornes Chemist - SS0 9AU 26 Longthornes Pharmacy - SS0 9SU 27 Morrisons Pharmacy - SS2 6SH | <ul style="list-style-type: none"> 28 Murray Miller Pharmacy - SS2 5PW 30 Rays Pharmacy - SS2 5PB 31 Rowlands Pharmacy - SS9 1JN 32 Sainsburys Pharmacy - SS1 1PL 33 Shoebury Pharmacy - SS3 9AH 34 Southchurch Pharmacy - SS1 2PN 35 Superdrug - SS1 1JD 36 Tesco Instore Pharmacy - SS0 0JP 37 Thorpe Bay Pharmacy - SS1 3EX 38 Vinods Pharmacy - SS2 4LB 39 Woods Chemist - SS9 5PT 40 Your Local Boots Pharmacy - SS9 1PE |
|--|---|---|



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3.3 Locally Commissioned Services

3.3.2 Stop Smoking

Performance

- The table below summarises the relative performance of pharmacies in the East and West Locality
- Pharmacies in the East are more active but have a lower success rate

4 week Quit Rate (Target 35% or higher)

Locality (quit attempts)	Achievement of Target		Performance Range	
	No. Pharmacies	%	Lowest	Highest
West (239)	16	94%	28.6%	72.7%
East (978)	18	86%	27.3%	58.8%

Meeting the needs of those with a protected characteristic

Age	✓	Correlation between age and smoking rates which are increasing in young women
Disability	✗	No specific needs identified
Gender	✓	Smoking rates are increasing in young women
Race	✓	Language may be a barrier. BAME groups more susceptible to Diabetes, CVD etc made worse by smoking. Changing demographic is associated with differential smoking rates. Use of tobacco e.g. chewing, shisha etc. may affect tobacco control approach
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Pregnant women / mothers with small children who quit benefits them and family members
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

We would wish to see pharmacies proactively identifying (e.g. through their patient medication records or opportunistic intervention within the pharmacy) patients who may benefit from the stop smoking service.

The Future

- We intend to explore and address the variation in performance between pharmacies within the West and East Localities
- In our questionnaire, pharmacies identified that training support and materials were required to underpin service delivery. We will work with the pharmacies to address these needs
- As a service development we are considering the role of community pharmacy in harm reduction (i.e. reducing the number of cigarettes smoked by people who have been unable to quit); and are considering introducing pharmacy-led quit groups

Conclusions

- Stop smoking services are vital with respect to reducing the health consequences and inequalities associated with smoking. They are a high priority for Southend-on-Sea given the higher than average smoking prevalence rate, particularly in the more deprived wards of Kursaal, Milton and Victoria
- There is good evidence to support community pharmacy-based stop smoking services. Pharmacy services are beneficial in that medication to support a quit attempt may be supplied at the point of consultation. Activity data generally points to a good performance for Southend-on-Sea pharmacies. These factors, together with the alignment with our strategic priorities around cancer, cardiovascular disease and COPD, have led us to conclude that this service is **necessary** to meet the pharmaceutical needs of our population
- There is good access and a choice of pharmacy because almost every pharmacy in Southend-on-Sea actively provides the service. Whilst this is more limited on Saturday evenings and Sundays, residents in both localities are usually able to access the service within 2-3 miles of where they live
- We have not identified any current or future gaps

3.3 Locally Commissioned Services

3.3.3 Sexual Health

Overview

- The sexual health service commissioned from community pharmacy, consists of two elements:
 - Chlamydia screening and the provision of treatment to those who test positive. The service is targeted at those under 25 years of age (and their sexual partners regardless of age)
 - Supply of Emergency Hormonal Contraception (EHC) to all women, under the age of 25 who request it and who have had unprotected sexual intercourse within the last 72 hours. Those seeking the EHC service are also opportunistically offered a chlamydia screening kit
- The service aims to:
 - Provide a high quality, open access service for people in need of chlamydia screening and treatment with a view to reducing the rate of chlamydia infection and the consequences associated with undiagnosed and/or untreated chlamydia infection
 - To provide timely access to those requiring EHC, with a view to reducing the rate of teenage pregnancy and/or unwanted pregnancies

The Current Picture

- 18/40 (45%) pharmacies have been commissioned to deliver sexual health services
- **Map 9** provides an overview of the distribution of these pharmacies, and the table (next page) summarises service availability by locality and ward:
 - 8 pharmacies are located in the West Locality and 10 in the East
 - On weekdays (9am – 5:30pm) and Saturdays (9am – 1pm), most residents can access the service within their own or a neighbouring ward
 - Access outside of these hours is limited, particularly in the early mornings, on weekday and Saturday evenings and on Sundays
- Non-pharmacy providers include:
 - EHC: GP surgeries and the Sexual Health GUM service, Community-based contraceptive & sexual health services
 - Chlamydia screening : GP surgeries, Community Health Centre Clinics, Integrated Youth Support Service, Antenatal and termination clinics, Community-based contraceptive & sexual health services

Provider Criteria*

- Pharmacists delivering this service must:
 - Complete the following CPPE open learning courses: EHC, Chlamydia screening and treatment, Safeguarding Children
 - Be accredited to use the relevant Patient Group Directions (PGDs) and be familiar with the NICE guidance on PGDs
- The service should be available at all times during the pharmacy's opening hours
- The pharmacy must have a consultation area which must be used for these consultations
- Premises must be insured
- Policies for safeguarding (including Fraser competency) / complaints / data protection must be in place

* *Provider criteria may be subject to change*

The Evidence Base

- The effectiveness of Sexual Health Services at improving outcomes and reducing chlamydia infections and unwanted pregnancies, has been demonstrated in studies:
 - Over 14,000 Chlamydia tests were administered in one private pharmacy over 2 years; private and NHS services improve choice for patients¹⁵
 - Community pharmacy-based chlamydia testing and treatment services increase client access¹³
 - EHC services provide timely access, with most women able to receive it within 24 hours of unprotected intercourse^{14, 16}
 - EHC services (including supply against prescription, under PGDs or over the counter sales) are highly rated by women who use them^{14, 16}
 - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, but it is not possible to separate out the contribution of the community pharmacy service¹⁷
 - Evidence of EHC impact is generally lacking, although one randomised controlled trial noted fewer A&E visits¹⁸. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referral, links to contraception advice and pregnancy testing¹⁹
 - 10% of women, choose pharmacy supply of EHC to maintain anonymity. Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more 'local' pharmacies¹³

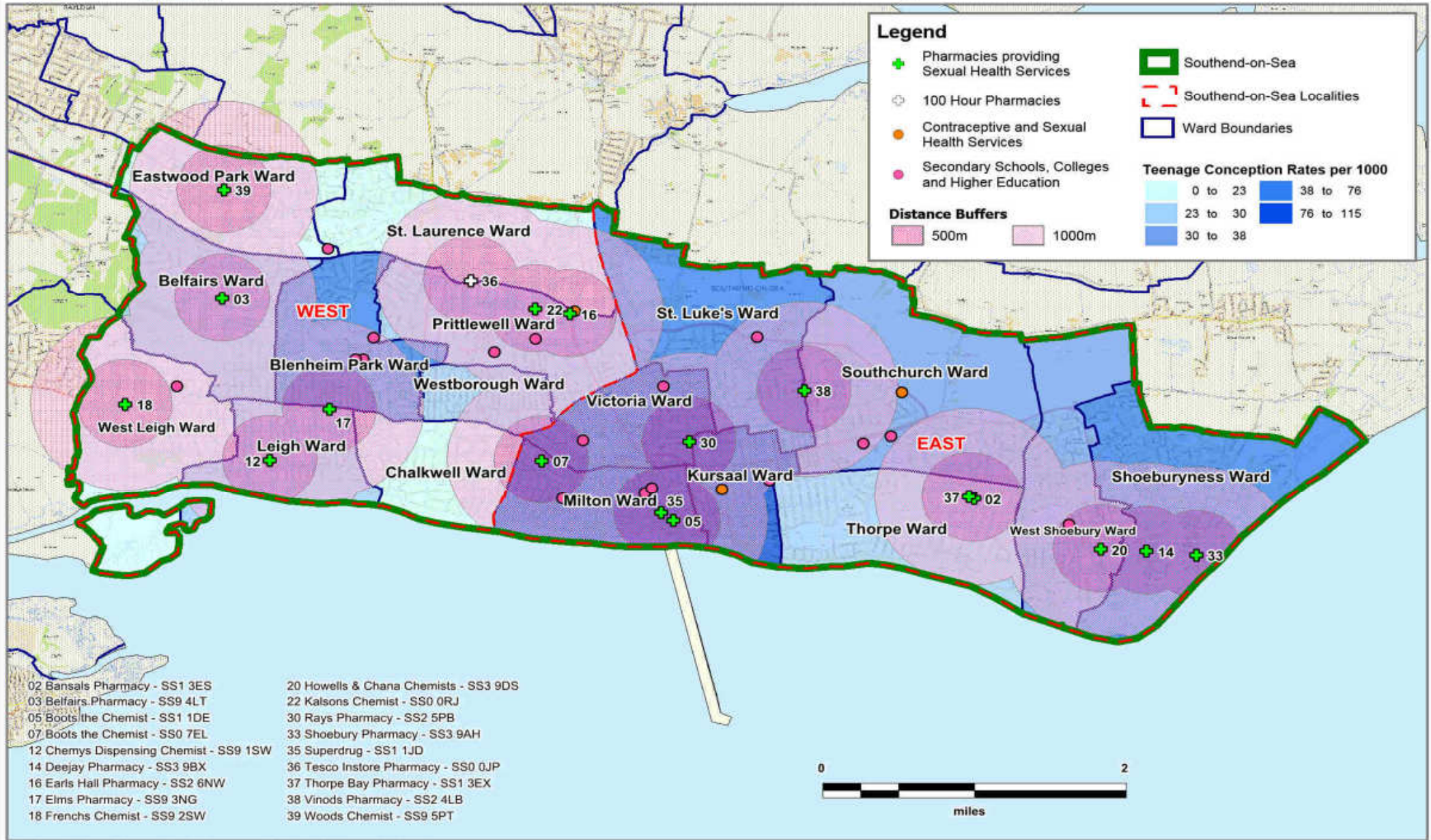
3.3 Locally Commissioned Services

3.3.3 Sexual Health

Locality	Ward	Number of Pharmacies Offering Sexual Health Service								Not offered at all
		Weekdays			Saturdays				Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	8am or earlier	9am – 1pm	5pm or later	7pm or later		
West	Belfairs	0	1	0	0	1	0	0	0	1
	Blenheim Park	0	0	0	0	0	0	0	0	1
	Chalkwell	0	0	0	0	0	0	0	0	1
	Eastwood Park	0	1	0	0	1	0	0	0	1
	Leigh	0	2	1	1	2	1	1	1	1
	Prittlewell	0	2	0	0	2	0	0	1	1
	St Laurence	1	1	1	1	1	1	1	1	1
	West Leigh	0	1	0	0	1	1	0	0	0
	Westborough	0	0	0	0	0	0	0	0	3
West Total		1	8	2	2	8	3	2	3	10
East	Kursaal	0	0	0	0	0	0	0	0	1
	Milton	1	3	1	1	3	3	0	1	1
	Shoeburyness	0	2	1	0	2	0	0	0	1
	Southchurch	0	1	0	0	1	0	0	0	1
	St. Luke's	0	0	0	0	0	0	0	0	2
	Thorpe	0	2	1	0	2	1	0	0	1
	Victoria	0	1	0	0	1	0	0	0	5
	West Shoebury	0	1	1	0	1	1	0	0	0
East Total		1	10	4	1	10	5	0	1	12
Grand Total		2	18	6	3	18	8	2	4	22
Percentage of Total		5.0%	45.0%	15.0%	7.5%	45.0%	20.0%	5.0%	10.0%	55.0%

Pharmaceutical Needs Assessment

Map 9: Southend-on-Sea Pharmacies providing Sexual Health Services



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3.3 Locally Commissioned Services

3.3.3 Sexual Health

Activity and Performance

- The table below summarises the activity and performance of pharmacies in the East and West Locality (April 13 – Feb 14); it demonstrates that only one of the 18 pharmacies commissioned to provide the service, undertakes any appreciable activity
- In our community pharmacy questionnaire, pharmacies identified training and a need to advertise the service as areas for support

Sexual Health Service Activity

Locality	Ward	EHC Supply	Chlamydia	
			Screening	Treatment
West	Leigh	1	-	-
East	West Shoebury	3	-	-
	Milton	105	114	4

Meeting the needs of those with a protected characteristic

Age	✓	Service available to under 25s only
Disability	✗	No specific needs identified
Gender	✓	Young women following UPSI / male partners for chlamydia treatment
Race	✓	Language may be a barrier to delivering successful Sexual Health services
Religion or belief	✓	Religious beliefs need to be taken into account
Pregnancy and maternity	✓	Chlamydia can have an adverse effect on fertility; support for unwanted pregnancies by referring onto services
Sexual orientation	✓	Advice on safe sex and risky sexual behaviour
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- Approaching our 100 hour pharmacies and those which are open for extended hours would improve access particularly at the weekend

The Future

A public health priority is to redesign and integrate sexual health services; and to offer alcohol IBA to service users. As part of this review we will explore the reasons as to why so many pharmacies are inactive

Conclusions

- Improving sexual health is a priority. There is published evidence to support the supply of EHC and Chlamydia screening & treatment through pharmacies. We have, therefore, concluded that the sexual health service is **necessary** to meet the pharmaceutical needs of our population, particularly with respect to access to EHC. The pharmacy-based chlamydia screening & treatment service provides a choice of provider and potentially improves access for young people
- Service accessibility including late night and at weekends usually sets pharmacy aside from other providers. However, this is not the case in Southend-on-Sea. Whilst there is reasonable access on weekdays (9am- 5:30pm) and Saturdays (9am – 1pm), we have identified a number of gaps with sexual health services outside of these hours:
 - In both localities, there is limited access in the early mornings
 - In the West Locality, only three pharmacies offer the services on Saturday afternoons and Sundays
 - In the East Locality, 5 pharmacies offer the services on Saturday afternoons and only one on Sundays
 - The pattern of provision does not correlate well with need:
 - Westborough, West Shoebury, St Luke's, Kursaal and Victoria have younger population profiles
 - Rates of teenage pregnancy are highest in the East Locality, particularly in Kursaal, Milton and Victoria wards
- Only one pharmacy (located in Milton ward, East Locality) is actively providing the service. This may be explained, in part, by the fact that some women prefer to use town centre pharmacies as these offer a sense of anonymity; however, we need to fully understand the reasons as to why the majority of pharmacies are not active

3.3 Locally Commissioned Services

3.3.4 Needle and Syringe Programme

Overview

- This service provides clean injecting equipment and encourages exchange for used needles and syringes. The service also helps to signpost users to the local Community Drugs Team and through the provision of information and advice, encourage those people to access further services. This support is important to enable individuals to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life
- The service aims to protect health and reduce the rate of blood-borne infections and drug related deaths among injecting service users by:
 - Reducing the rate of sharing and other high risk injecting behaviors by providing sterile injecting equipment and other support
 - Promoting safer injecting practices by providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention
 - Protecting the health of the public by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment
 - Helping service users access other health and social care and to act as a gateway to other services e.g. key workers, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc

The Current Picture

- 11/40 (27.5%) pharmacies are commissioned to provide the needle and syringe programme; a further 3 will come on-stream in 2014/15
- **Map 10** provides an overview of the distribution of these pharmacies, and the table (next page) summarises service availability:
 - 5 pharmacies are located in the West Locality and 6 in the East; there is good access on weekdays (9am – 5:30pm) and Saturdays (9am – 1pm)
 - Access outside of these hours is much more limited, particularly on Sundays when only one pharmacy is open (Milton ward) and Saturday evenings from 7pm when no pharmacies are open to provide the service
- The table (on the right) summarises the location of pharmacies which are actively providing this service
- **Non-pharmacy providers** include: Gateway substance misuse services

Provider Criteria*

- Pharmacists delivering the service must complete the CPPE certificate in Substance Use and Misuse
- The service should be available at all times when the pharmacy is open
- The pharmacy must have a consultation area
- Premises must be insured
- Policies for safeguarding/ complaints / data protection must be in place

* *Provider criteria may be subject to change*

The Evidence Base

- The effectiveness of Needle and Syringe Exchange services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies^{13,14}:
 - Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only
 - Most drug users value community pharmacy-based services highly

Needle & Syringe Programme

Locality	Ward	No. of Active Pharmacies
West	Eastwood Park	1
	Prittlewell	1
	Westborough	2
East	West Shoebury	1

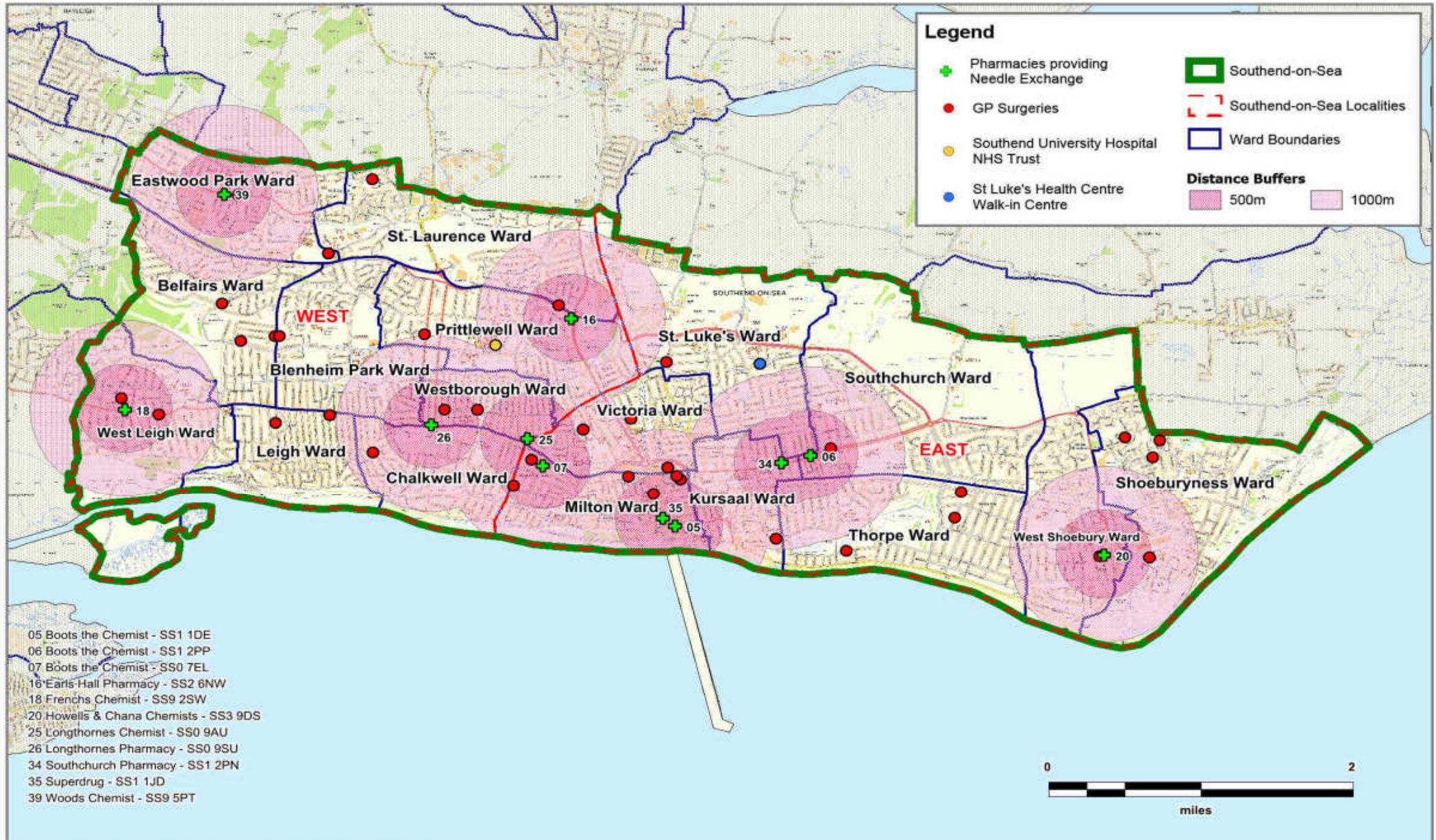
3.3 Locally Commissioned Services

3.3.4 Needle and Syringe Programme

Locality	Ward	Number of Pharmacies Offering Needle Exchange Services							Sundays	Not offered at all
		Weekdays			Saturdays					
		8am or earlier	9am – 5.30pm	7pm or later	8am or earlier	9am – 1pm	5pm or later	7pm or later		
West	Belfairs	0	0	0	0	0	0	0	0	2
	Blenheim Park	0	0	0	0	0	0	0	0	1
	Chalkwell	0	0	0	0	0	0	0	0	1
	Eastwood Park	0	1	0	0	1	0	0	0	1
	Leigh	0	0	0	0	0	0	0	0	3
	Prittlewell	0	1	0	0	1	0	0	0	2
	St Laurence	0	0	0	0	0	0	0	0	2
	West Leigh	0	1	0	0	1	1	0	0	0
	Westborough	0	2	1	0	1	0	0	0	1
West Total		0	5	1	0	4	1	0	0	13
East	Kursaal	0	1	0	0	1	1	0	0	0
	Milton	1	3	1	1	3	3	0	1	1
	Shoeburyness	0	0	0	0	0	0	0	0	3
	Southchurch	0	1	1	0	1	1	0	0	1
	St. Luke's	0	0	0	0	0	0	0	0	2
	Thorpe	0	0	0	0	0	0	0	0	3
	Victoria	0	0	0	0	0	0	0	0	6
	West Shoebury	0	1	1	0	1	1	0	0	0
East Total		1	6	3	1	6	6	0	1	16
Grand Total		1	11	4	1	10	7	0	1	29
Percentage of Total		2.5%	27.5%	10.0%	2.5%	25.0%	17.5%	0.0%	2.5%	72.5%

Pharmaceutical Needs Assessment

Map 10: Southend-on-Sea Pharmacies - Needle Exchange



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3.3 Locally Commissioned Services

3.3.4 Needle and Syringe Programme

Meeting the needs of those with a protected characteristic

Age	✘	No specific needs identified
Disability	✘	No specific needs identified
Gender	✘	No specific needs identified
Race	✓	Language may be a barrier to delivering the needle and syringe programme
Religion or belief	✘	No specific needs identified
Pregnancy & maternity	✓	Support for the unborn child
Sexual orientation	✘	No specific needs identified
Gender reassignment	✘	No specific needs identified
Marriage & civil partnership	✘	No specific needs identified

Further Provision

- The Southend-on-Sea “Substance Misuse Needs Assessment” (May 2013) has identified a need to increase needle and syringe provision, particularly in the areas with higher drug related mortality
- A review will be undertaken in 2014/15 to ensure that drug users can access suitably competent pharmacy services which are geographically accessible to them and which operate 7 days a week
- Areas for support, identified by our community pharmacy questionnaire include: guidelines on service provision, training for accreditation and for staff; simplified payment process
- Barriers to participating in the service were cited as: concerns about security; insufficient demand to warrant providing the service; insufficient space
- In the short term, approaching the 100 hour pharmacies and those pharmacies which are open for extended hours, may assist with addressing the gaps in access

The Future

- We intend to actively monitor the quality, outcomes and client experience of service provision; and will work with pharmacists to address any issues identified. If a pharmacy’s service quality and/or outcomes remains consistently poor, the service may be decommissioned. This could lead to service gaps in the short term
- Potential service developments include: Alcohol IBA, blood-borne virus testing and immunisation and supply of naloxone under PGD

Conclusions

- The community pharmacy-based needle and syringe programme is an important public health service which reduces risks to injecting drug users and the general public
- There is published evidence that needle and syringe programmes are cost effective and improve outcomes
- Southend-on-Sea has the highest rate of drug-related deaths in the East of England (6.67 per 100,000 versus 2.34 per 100,000). The needle and syringe programme aims to help tackle this, as well as reducing the transmission of blood-borne viruses
- Given the benefits of Needle and Syringe programmes and the alignment with local strategic priorities to reduce harm associated with drug misuse, we have concluded that this service is **necessary** to meet the pharmaceutical needs of our population
- 11 pharmacies are commissioned to provide the service. In our community pharmacy questionnaire, a further 19 pharmacies stated they would be willing to provide this service in the future
- With respect to service provision we have identified the following current gaps:
 - Very limited access to the community pharmacy-based service on a Sunday, when only one pharmacy in Milton (East Locality) is open
 - No access at all on Saturday evenings after 7pm
 - Only 5 pharmacies actively provide the service. None of these are based in Milton, Kursaal and Southchurch which are the wards with the highest rates of drug-related deaths (as outlined in the Southend-on-Sea Substance Misuse Needs Assessment, May 2013)

3.3 Locally Commissioned Services

3.3.5 Supervised Consumption

Overview

- The supervised consumption service is a partnership between GPs, Community Drug and Alcohol Service (CDAS) staff, Community Pharmacists, other local treatment and specialist housing providers (YPDAT, CRI and HARP) and the patient
- The service supports those with an opiate addiction as part of a detoxification programme or for those on maintenance therapy and may be accessed by those aged 16 years or over. It involves the pharmacist supervising the consumption of the substitute medicine (methadone, naltrexone, suboxone or buprenorphine) to ensure the patient is complying with their treatment (as prescribed on an FP10 or FP10MDA prescription form)
- This service promotes harm reduction by reducing the need for clients to inject drugs, presents opportunities for health promotion (e.g. through displaying leaflets and/or opportunistic advice) and signposting / referral on to other drug services as necessary
- The overall aim and objectives of the service include:
 - Ensuring compliance within an agreed care plan
 - Reducing the risk of drug related death or health complications
 - Reducing the likelihood of illicit drug leakage into the community and reducing crime associated with drug misuse

The Current Picture

- 21/40 (52.5%) pharmacies provide supervised consumption services
- **Map 11** provides an overview of the distribution of these pharmacies; and the table (next page) summarises service availability:
 - 8 pharmacies are located in the West Locality and 13 in the East
 - There is good access on weekdays (9am – 5:30pm) and Saturdays (9am – 1pm)
 - Access outside of these hours is much more limited, particularly in the mornings (up until & including 8am) and Saturday evenings from 7pm when only one pharmacy is open to provide the service
- The table on the right summarises the location of pharmacies which are actively providing the service

Provider Criteria*

- Pharmacists must supervise consumption themselves
- Pharmacists delivering the service must complete the CPPE certificate in Substance Use and Misuse
- The pharmacy should provide the service on Monday – Saturday
- The pharmacy must have a consultation area
- Premises must be insured
- Policies for safeguarding, complaints & data protection must be in place

* Provider criteria may be subject to change

The Evidence Base

- Studies have demonstrated the effectiveness of community pharmacy-based supervised consumption services at improving adherence, improving outcomes and reducing medicine diversion^{13, 14}:
 - There is moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users
 - Recent evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination
 - Most drug users value community pharmacy-based services highly

Locality	Ward	No. of Active Pharmacies
West	Blenheim Park	1
	Eastwood Park	1
	Prittlewell	1
	Westborough	2
East	Kursaal	1
	Milton	4
	Southchurch	2
	St Luke's	1
	Victoria	4
	West Shoebury	1

3.3 Locally Commissioned Services

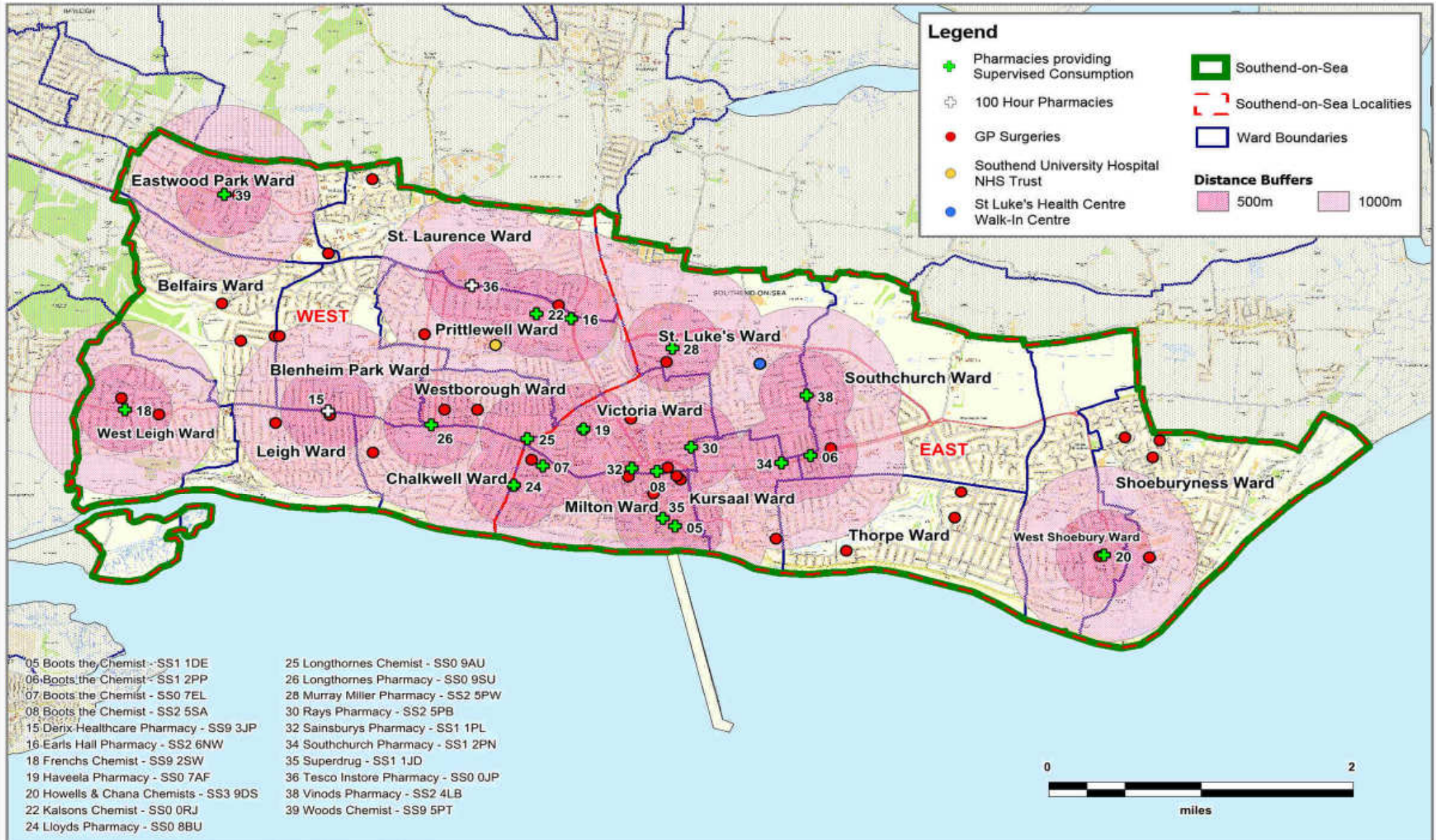
3.3.5 Supervised Consumption

Locality	Ward	Number of Pharmacies Offering the Supervised Consumption Service							Sundays	Not offered at all
		Weekdays			Saturdays					
		8am or earlier	9am – 5.30pm	7pm or later	8am or earlier	9am – 1pm	5pm or later	7pm or later		
West	Belfairs	0	0	0	0	0	0	0	0	2
	Blenheim Park	1	1	1	1	1	1	0	1	0
	Chalkwell	0	0	0	0	0	0	0	0	1
	Eastwood Park	0	1	0	0	1	0	0	0	1
	Leigh	0	0	0	0	0	0	0	0	3
	Prittlewell	0	2	0	0	2	0	0	1	1
	St Laurence	1	1	1	1	1	1	1	1	1
	West Leigh	0	1	0	0	1	1	0	0	0
	Westborough	0	2	1	0	1	0	0	0	1
West Total		2	8	3	2	7	3	1	3	10
East	Kursaal	0	1	0	0	1	1	0	0	0
	Milton	1	4	1	1	4	3	0	1	0
	Shoeburyness	0	0	0	0	0	0	0	0	3
	Southchurch	0	2	1	0	2	1	0	0	0
	St. Luke's	0	1	0	0	1	0	0	0	1
	Thorpe	0	0	0	0	0	0	0	0	3
	Victoria	1	4	1	0	4	2	0	1	2
	West Shoebury	0	1	1	0	1	1	0	0	0
East Total		2	13	4	1	13	8	0	2	9
Grand Total		4	21	7	3	20	11	1	5	19
Percentage of Total		10.0%	52.5%	17.5%	7.5%	50.0%	27.5%	2.5%	12.5%	47.5%



Pharmaceutical Needs Assessment

Map 11: Southend-on-Sea Pharmacies - Supervised Consumption



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3.3 Locally Commissioned Services

3.3.5 Supervised Consumption

Meeting the needs of those with a protected characteristic

Age	✓	Service may be accessed by those aged 16 years and over
Disability	✗	No specific needs identified
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the supervised consumption service
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- We will review the reasons as to why some pharmacies are more active than others; and address any issues identified
- We will ensure that the service referring substance misuse clients into the supervised consumption service, offer the client a choice from all pharmacies who are currently commissioned to provide the service
- Areas for support, identified in our community pharmacy questionnaire include: guidelines on service provision, training for accreditation; refresher training; and a simplified payment process. A barrier to participating in the service was cited as “insufficient demand”
- In the short term, approaching our existing network of pharmacies (particularly the 100 hour pharmacies and those which open for extended hours), will assist with improving access particularly on weekday and Saturday evenings; and on Sundays

The Future

- We intend to actively monitor the quality, outcomes and client experience of service provision; and will work with pharmacists to address any issues identified. If a pharmacy’s service quality and/or outcomes remains consistently poor, the service may be decommissioned. This could lead to service gaps in the short term
- Potential service developments include:
 - Alcohol IBA
 - Blood-borne virus testing

Conclusions

- The supervised consumption service provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve patients’ outcomes and to reduce the diversion of drugs into the community
- The Substance Misuse Needs Assessment (May 2013) highlights that Southend-on-Sea has the highest rate of drug-related deaths compared with the East of England (6.67 per 100,000 versus 2.34 per 100,000). This service aims to help tackle this, as well as reducing drug related crime
- Given the benefits of the supervised consumption scheme and the alignment with local strategic priorities, we have concluded that this service is **necessary** to meet the pharmaceutical needs of our population
- 21 pharmacies are commissioned to provide the service. 8 pharmacies stated they would be willing to provide this service in the future
- With respect to service provision we have identified the following current gaps:
 - Very limited access to the community pharmacy-based service during extended hours on weekdays and on Saturday evenings
 - 3/21 pharmacies, whilst commissioned, are not actively providing this service. This effectively reduces access to the service on Sundays in the West Locality
 - It is therefore important that collection and supervision times should be negotiated with the client as part of the three-way agreement; and this must include days and times when the service is not available and arrangements for these days

3. The Assessment

3.4 Looking to the Future

Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided
- In this section, we consider how community pharmacy *may* support the delivery of the ambitions set out with the Joint Health and Wellbeing Strategy and our local strategic priorities
- Our thinking has been influenced by a number of factors including:
 - Our ambition to develop community pharmacy as a network of Public Health Practitioners. This includes encouraging the wider roll-out of the Essex-wide Healthy Living Programme as means of providing a solid foundation upon which community pharmacy can make a material difference in improving the health and wellbeing of our population
 - The accessibility and strengths of community pharmacy to offer opportunistic health promotion and brief interventions with a view to “Making Every Contact Count”⁷
 - The opportunity for community pharmacy to play a wider role in primary care, including a role as the ‘first port of call’ for the public and a pivotal role in supporting the management of long term conditions
 - Pharmacy-based services which have been successfully commissioned in other areas
 - A literature review, which has looked at the evidence to support the delivery of pharmacy-based services and how these link to the NHS, Public Health and Social Care Outcomes Framework
- It is our intention that the potential service developments, set out on pages 73 - 75, will be considered alongside other priorities by Southend-on-Sea Borough Council and our partner organisations when developing future commissioning strategy. However, because much of the local strategy is still emerging, it is not possible to set out the specific circumstances under which such services will be commissioned (if at all).
- Finally, we have reflected upon the gaps and areas for improvement identified throughout our PNA. The box, on the right, sets out the aspirations for pharmacy premises and services, which we would wish to be prioritised for future applications for pharmaceutical services

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

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	JHWS Ambition(s)	PH Service Plan Priority	CCG Priorities
HLP Programme – wider roll out <ul style="list-style-type: none"> Encourage / incentivise pharmacy participation Maximise use of PH campaigns & outreach events Expand scope to include wider range of locally commissioned services (e.g. NHS Health checks, weight management, wellness service) Further targeting of MURs e.g. CNS & mental health disorders, CVD medicines, diabetes 	<ul style="list-style-type: none"> Ambition 1 – positive start in life Ambition 2 – healthy lifestyles Ambition 3 – improving mental wellbeing Ambition 5 – living independently Ambition 6 – active & healthy ageing Ambition 7 – protecting health Ambition 9 – maximising opportunity 	<ul style="list-style-type: none"> Improving lifestyle and wellbeing: <ul style="list-style-type: none"> PH Responsibility Deal via outreach events “Making Every Contact Count” through brief, opportunistic interventions & health promotion Maternal & Infant health <ul style="list-style-type: none"> Pre-pregnancy healthy lifestyles information Folic acid to prevent birth defects Interventions to increase breast feeding Older People <ul style="list-style-type: none"> Interventions for dementia Falls prevention service 	<ul style="list-style-type: none"> LTCs - Diabetes, stroke & COPD Integrated care – reducing A&E attendance; support for care home residents Medicines management - diabetes, asthma, lipid lowering drugs, CNS drugs Cancer – tackling lifestyle behaviours Preventing premature deaths
Immunisations e.g. <ul style="list-style-type: none"> Childhood immunisations Pneumococcal vaccination Hepatitis B vaccination 	<ul style="list-style-type: none"> Ambition 1 – positive start in life Ambition 7 – protecting health Ambition 9 – maximising opportunity 	<ul style="list-style-type: none"> Health protection - immunisation 	<ul style="list-style-type: none"> Preventing premature deaths
Screening <ul style="list-style-type: none"> Blood-borne virus testing 	<ul style="list-style-type: none"> Ambition 7 – protecting health 	<ul style="list-style-type: none"> Health protection - screening 	<ul style="list-style-type: none"> Preventing premature deaths
NHS Health Checks	<ul style="list-style-type: none"> Ambition 2 – healthy lifestyles Ambition 5 – living independently Ambition 9 – maximising opportunity 	<ul style="list-style-type: none"> Access for all eligible residents Health checks for 75+ 	<ul style="list-style-type: none"> LTCs – diabetes & stroke Preventing premature deaths
Integrated medicines optimisation <ul style="list-style-type: none"> Integrated systems to support people who are cared for in more than one clinical setting. This may include: <ul style="list-style-type: none"> Medication review in hospital with post-discharge referral for follow up by community pharmacy Support for patients e.g. monitored dosage systems, aide memoires Domiciliary MURs and/or full clinical medication reviews for the house bound or those in care homes Training & advice to health and social care professionals; & carers 	<ul style="list-style-type: none"> Ambition 3 – improving mental wellbeing Ambition 5 – living independently Ambition 6 – active and healthy ageing Ambition 9 – maximising opportunity 	<ul style="list-style-type: none"> Improving lifestyle and wellbeing: <ul style="list-style-type: none"> Management of long term conditions Older People <ul style="list-style-type: none"> Home from hospital service Interventions for dementia Falls prevention service 	<ul style="list-style-type: none"> LTCs - Diabetes, stroke & COPD Integrated care – reducing A&E attendance; support for care home residents Medicines management - diabetes, asthma, lipid lowering drugs, CNS drugs Cancer – tackling lifestyle behaviours Preventing premature deaths

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy (cont...)

Potential Future Services	JHWS Ambition(s)	PH Service Plan Priority	CCG Priorities
Sexual Health Services <ul style="list-style-type: none"> Expand scope to potentially include: <ul style="list-style-type: none"> Pregnancy testing (with referral into maternity services / termination services as required) Contraceptive services Access to EHC for all women of childbearing age (i.e. lift current age restriction) Free condoms (targeted on a case by case basis according to need) Alcohol IBA (because of link with risky sexual behaviour) 	<ul style="list-style-type: none"> Ambition 1 – positive start in life Ambition 2 – healthy lifestyles Ambition 9 – maximising opportunity 	<ul style="list-style-type: none"> Improving lifestyle and wellbeing: <ul style="list-style-type: none"> PH Responsibility Deal via outreach events “Making Every Contact Count” through brief, opportunistic interventions & health promotion Maternal & Infant health <ul style="list-style-type: none"> Early booking of pregnant women Folic acid to prevent birth defects Sexual Health <ul style="list-style-type: none"> Redesign and commission open access contraception & STI testing and treatment services 	<ul style="list-style-type: none"> Not applicable
Substance misuse services <ul style="list-style-type: none"> Expand scope to include: <ul style="list-style-type: none"> Alcohol IBA Blood-borne virus screening Hepatitis B vaccination Link or integrate with sexual health services (because of link with risky sexual behaviour) 	<ul style="list-style-type: none"> Ambition 1 – positive start in life Ambition 2 – healthy lifestyles Ambition 3 – improving mental wellbeing Ambition 4 – a safer population Ambition 7 – protecting health Ambition 9 – maximising opportunity 	<ul style="list-style-type: none"> Health protection – immunisation Improving lifestyle and wellbeing: <ul style="list-style-type: none"> PH Responsibility Deal via outreach events “Making Every Contact Count” through brief, opportunistic interventions & health promotion 	<ul style="list-style-type: none"> Preventing premature deaths – target blood borne virus interventions and high risk injecting drug users
‘Pharmacy First’ service <ul style="list-style-type: none"> Advice, support and supply of prescription only medicines under PGD to patients who would otherwise have gone to their GP or other urgent care service Referral on to other health and social care professionals if required 	<ul style="list-style-type: none"> Ambition 1 – positive start in life Ambition 5 – living independently Ambition 9 – maximising opportunity 	<ul style="list-style-type: none"> Not applicable 	<ul style="list-style-type: none"> Children’s services – Head Injury & Febrile illness pathway Reducing inappropriate A&E attendance Support people to manage their health conditions in the community
Weight management support <ul style="list-style-type: none"> Scope could include: <ul style="list-style-type: none"> Advice & brief interventions targeted at healthy eating, weight management, exercise Community pharmacy referral into “exercise referral scheme” Pharmacy as a provider of the new weight management service 	<ul style="list-style-type: none"> Ambition 1 – positive start in life Ambition 2 – healthy lifestyles Ambition 5 – living independently Ambition 9 – maximising opportunity 	<ul style="list-style-type: none"> Improving lifestyle and wellbeing: <ul style="list-style-type: none"> PH Responsibility Deal via outreach events “Making Every Contact Count” through brief, opportunistic interventions & health promotion Commissioning of weight management service 	<ul style="list-style-type: none"> Long term conditions – diabetes & stroke Cancer – tackling lifestyle behaviours Preventing premature deaths

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy (cont...)

Potential Future Services	JHWS Ambition(s)	PH Service Plan Priority	CCG Priorities
<p>Healthy Start Vitamin Supply</p> <ul style="list-style-type: none"> Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families on benefits and tax credits. Women who are at least 10 weeks pregnant and families with children under four years old may qualify for Healthy Start In some areas, community pharmacy acts as distribution point for the vitamins Benefits would include: <ul style="list-style-type: none"> Improving access to the scheme "Making Every Contact Counts" opportunities 	<ul style="list-style-type: none"> Ambition 1 – positive start in life Ambition 2 – healthy lifestyles Ambition 9 – maximising opportunity 	<ul style="list-style-type: none"> Improving lifestyle and wellbeing: <ul style="list-style-type: none"> "Making Every Contact Count" through brief, opportunistic interventions & health promotion Maternal & Infant health <ul style="list-style-type: none"> Pre-pregnancy healthy lifestyles information Folic acid to prevent birth defects Interventions to increase breast feeding 	<ul style="list-style-type: none"> Not applicable
<p>Falls</p> <ul style="list-style-type: none"> Many medicines increase risk of falling; it follows that medication review may help to reduce this risk Scope could include: <ul style="list-style-type: none"> Pharmacy delivered falls service Pharmacy referral into falls service Pharmacy as a member of the falls multi-disciplinary team Combination of the above 	<ul style="list-style-type: none"> Ambition 4 – a safer population Ambition 5 – living independently 	<ul style="list-style-type: none"> Improving lifestyle and wellbeing: <ul style="list-style-type: none"> Management of LTCs Older People <ul style="list-style-type: none"> Falls prevention service 	<ul style="list-style-type: none"> Integrated care – reducing A&E attendance; support for care home residents
<p>Stop Smoking Quit Groups</p> <ul style="list-style-type: none"> Expand scope of pharmacy-based stop smoking services to include 'quit groups' These could be: <ul style="list-style-type: none"> Pharmacist-led (within the pharmacy or as an outreach service) Provided by a Counsellor on pharmacy premises 	<ul style="list-style-type: none"> Ambition 1 – positive start in life Ambition 2 – promoting health lifestyles Ambition 5 – living independently Ambition 9 – maximising opportunity 	<ul style="list-style-type: none"> Stop Smoking services – build capacity & capability Improving lifestyle and wellbeing: <ul style="list-style-type: none"> PH Responsibility Deal via outreach events "Making Every Contact Count" through brief, opportunistic interventions & health promotion Maternal & Infant health <ul style="list-style-type: none"> Healthy lifestyles before pregnancy 	<ul style="list-style-type: none"> LTCs - Diabetes, stroke & COPD Cancer – tackling lifestyle behaviours Preventing premature deaths

3. The Assessment

3.5 Conclusions

Introduction

- In this section we summarise the high level findings from our assessment. We then set out the gaps, together with how these may be addressed, using a framework which is based on the types of application which may be submitted to NHS England

Overall Picture and Distribution of Pharmacies

- Southend-on-Sea has 40 pharmacies, including four which are open for 100 hours each week; and two dispensing appliance contractors
- The distribution of community pharmacies correlates well with both population density and deprivation

Essential Services

- Essential services are fundamental with respect to ensuring patients can access the medicines they need; and play a valuable role in improving the health of our population. We have concluded they are necessary to meet the pharmaceutical needs of our population
- On weekdays (9am – 5:30pm) and Saturdays (9am – 1pm), there is good access to pharmacies with the majority of our residents being afforded a reasonable choice of pharmacy either within their own ward or from a neighbouring ward
- Whilst access is more limited outside of these hours, the majority of our residents are still within reasonable travelling distance of a pharmacy either within Southend-on-Sea or in the neighbouring HWB area
- We have identified that there is sufficient capacity, within our existing network of pharmacies, to meet the current and future dispensing needs of our population
- There is no access to dispensing services in the overnight period

Premises

- Pharmacies need to ensure that the minimum requirements of the Equality Act 2010 are met, particularly with respect to supporting those with a hearing impairment and ensuring that all public areas of the pharmacy are accessible to wheel chair users
- All pharmacies have a consultation area; there are opportunities to enhance consultation area facilities and equipment in some pharmacies

Advanced Services

Medicines Use Reviews (MURs) & Prescription Intervention Service

MURs are offered by 39 pharmacies and we have determined that they are **necessary** to meet the pharmaceutical needs of our population

- Access to the service is limited during extended hours on weekdays and Saturdays; and on Sundays
- One pharmacy does not offer the MUR service, although it has indicated it is willing to do so in the future; patients using this pharmacy are not able to access this service from an alternative pharmacy because of the 3 month rule
- In the future, whilst we anticipate an increase in demand for MUR services, we have shown that there is sufficient capacity within the existing network of pharmacies to meet this need

New Medicine Service (NMS)

- The NMS is provided by 35 pharmacies. We have determined that this is a **relevant** service which improves access to medicines reviews
- Access to the service is limited during extended hours on weekdays and Saturdays; and on Sundays
- 5 pharmacies do not provide the service, although 4 of these would be willing to do so in the future

Appliance Use Reviews (AURs) and Stoma Appliance Customisation Reviews (SACs)

- AURs and SACS (provided by 10 and 9 pharmacies respectively) are **relevant** services which may result in improvements for our population
- Only a small number of AURs are undertaken by pharmaceutical services contractors within Southend-on-Sea. However, most of our residents who require these services either access them outside of the area or from the hospital or clinical responsible for their ongoing care
- We have not identified any current or future gaps

Enhanced Services

Seasonal Influenza Vaccine Service

- This is a **relevant** service which improves access and a choice of provider for 'at risk patients' other than their GP or community nurse
- NHS England are commissioning a service in 2013/14 for those aged 18 – 64 years who fall into an 'at risk' group

3. The Assessment

3.5 Conclusions

Locally Commissioned Services

- Our review of locally commissioned services is based on a similar structure and approach to pharmaceutical services
- It should be noted that applications **must relate to pharmaceutical services** (i.e. essential, advanced and enhanced services) and should not be submitted solely on gaps identified for locally commissioned services

Healthy Living Pharmacy (HLP) Programme

- The HLP programme provides a foundation upon which community pharmacy can deliver a material difference with respect to improving the health and wellbeing of our population
- Four pharmacies are currently accredited as HLPs
- We wish to see this programme rolled out more widely in the future

Stop Smoking Services

- The Stop Smoking Service, which we have concluded is **necessary** to meet the pharmaceutical needs of our population, is commissioned from 38 pharmacies.
- Access to the service is limited on Saturday evenings and Sundays; however, residents in both Localities can access the service within 2-3 miles of where they live
- We have not identified any current or future gaps

Sexual Health Services

- The Sexual Health service, commissioned from 18 pharmacies, is comprised of the following elements:
 - Chlamydia screening (for those aged under 25 years) and provision of treatment to those with a positive test & their sexual partners
 - Supply of Emergency Hormonal Contraception (EHC) to those under 25 years who have had unprotected sexual intercourse
- The EHC service is **necessary** to meet the pharmaceutical needs of our population; and the chlamydia screening and treatment service provides improved access and a choice of provider
- There is limited access to the service during extended hours on weekdays and Saturdays and on Sundays
- Only one pharmacy is actively providing the service. The reasons for this will be explored and any issues identified addressed

Needle and Syringe Programme

- This service which has been commissioned from 11 pharmacies, provides clean injecting equipment in exchange for used needles and syringes. We have determined that it is **necessary** to meet the pharmaceutical needs of our population
- We have identified issues with access to the service particularly on Saturday evenings and on Sundays; and service provision does not correlate with areas of need at these times
- A key priority is to monitor the quality, service outcomes and client experience of service provision; and to work with pharmacists to address any issues identified. If a pharmacy's service remains consistently poor then the service may be decommissioned

Supervised Consumption Service

- This service, which we have concluded is **necessary** to meet the pharmaceutical needs of the population, is commissioned from 21 pharmacies
- The aim is to supervise the consumption of opiate substitute medication with a view to improving outcomes and reducing the diversion of illicit drugs into the community
- Access to the service is particularly limited during extended hours on weekdays and on Saturday evenings
- A key priority is monitor the quality, service outcomes and client experience of service provision; and to work with pharmacists to address any issues identified. If a pharmacy's service remains consistently poor then the service may be decommissioned

Looking to the Future

- We have identified a range of services which, if commissioned, would support the delivery of local strategic priorities. The intention is for the PNA to inform future commissioning strategy and intentions of Southend-on-Sea Borough Council and our Partner Organisations
- Having reflected on the gaps and areas for improvement identified in our PNA, we have set out the aspirations for pharmacy premises and services, which we would wish to be prioritised for future applications for pharmaceutical services

3. The Assessment

3.5 Conclusions – Summary of Gaps

	Description of the Gap(s)	Proposed Solution(s)
Current Need	<ul style="list-style-type: none"> Not all pharmacies provide MURs 	<ul style="list-style-type: none"> We would wish to see all pharmacies providing MURs. This applies to our existing network of pharmacies & future applications
Future Need	<ul style="list-style-type: none"> Pharmacy opening hours will not be sufficient if GPs move towards a 7 day a week service 	<ul style="list-style-type: none"> We anticipate that our existing network of pharmacies will review opening hours to ensure good alignment with GP services. This will help patients to access medicines in a timely manner For future applications, we have set out an aspiration that extended hour opening forms part of core hours (as described on page 72)
Improvements or Better Access	<ul style="list-style-type: none"> Not all pharmacies provide the NMS service 	<ul style="list-style-type: none"> We would wish to see all pharmacies providing the NMS service. This applies to our existing network of pharmacies & future applications
	<ul style="list-style-type: none"> The pharmacy-based seasonal influenza vaccination service is not targeted at all 'at risk' groups 	<ul style="list-style-type: none"> We would wish to see NHS England commissioning appropriate services, through a range of providers, in order to increase uptake for all eligible patients, irrespective of age
	<ul style="list-style-type: none"> There are gaps in the provision of all pharmacy-based services during extended hours on weekdays and at weekends 	<ul style="list-style-type: none"> Commissioning enhanced and locally commissioned services from the 100 hour pharmacies and other pharmacies which open for extended hours would improve access, and choice, to pharmacy-based services
Future improvements or Better Access	<ul style="list-style-type: none"> Meeting the needs of those with disabilities in the future 	<ul style="list-style-type: none"> For future applications, we have set out an aspiration that premises and service are adapted to meet the needs of those with a disability: <ul style="list-style-type: none"> Step-free wheelchair access to all public areas Hearing loop Ability to provide large print labels and labels with braille
	<ul style="list-style-type: none"> There are issues with the provision of pharmacy-based sexual health services which impacts upon access 	<ul style="list-style-type: none"> Sexual health services are being reviewed and redesigned with a view to securing greater integration. The community pharmacy-based services will be included in this review, which will also address the issues with service provision. This may lead to a change in the scope of services provided and commissioning the service from a greater number of pharmacies within our existing network
	<ul style="list-style-type: none"> The provision of the needle & syringe programme does not necessarily align with need and there are gaps, particularly on Saturday evenings and Sundays 	<ul style="list-style-type: none"> A review of the needle and syringe exchange programme is planned in 2014/15. The aim is to ensure that drug users can access suitably competent pharmacy services which are geographically accessible and which operate 7 days a week

4. Consultation Report

Consultation Approach

- Southend-on-Sea Health and Wellbeing Board has undertaken a consultation on a draft of its Pharmaceutical Needs Assessment
- The consultation was issued and managed electronically:
 - All stakeholder groups, as stated within the Regulations, were invited to participate (refer to the Box below)
 - Stakeholders were emailed on the 30 July 2014, to provide advance notification that they were being invited to participate in the consultation
 - A hard copy of the letter was sent by post as a precaution to ensure that all stakeholders were served with a draft of the PNA
 - The draft PNA and associated appendices were posted on a dedicated page on the Council website; participants were advised that they may request a hard copy of the draft PNA, free of charge, if required
 - Respondents were required to complete a standard response form and were given the option of using the on-line survey facility or completing the form and emailing this back to a dedicated email address
- The consultation was initiated on the 31 July 2014 and ended at midnight on the 6 October 2014. This period was in accordance with the minimum 60 day consultation required by the regulations

Consultation Outcome

- All feedback was consolidated into a document for review by the PNA Steering Group on the 6 November 2014
- In total, 15 responses were received to the consultation, noting the following:
 - One respondent (NHS England) submitted their feedback 3 weeks late. The PNA Steering Group and the Health and Wellbeing Board were advised of this but the comments were accepted
 - None of the respondents completing the online survey facility provided their name or the address of their organisation
 - One respondent (Essex LPC) completed the response form electronically but also inadvertently submitted a partial response using the on-line survey facility. The two responses were consolidated into a single set of feedback
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix H
- Where applicable, the draft PNA was updated to reflect the decision of the PNA Steering Group

Stakeholder Groups invited to Participate in the Consultation

Stakeholders Specified within the Regulations

- Healthwatch Southend
- Essex Local Pharmaceutical Committee
- North & South Essex Local Medical Committees Ltd
- Southend NHS Pharmaceutical Services Contractors (40 pharmacies; 1 Dispensing Appliance Contractor)
- South Essex Partnership University NHS Foundation Trust
- Southend University Hospital NHS Trust
- NHS England – Essex Local Area Team
- Essex Health & Wellbeing Board

Other Stakeholder Groups

- NHS Southend Clinical Commissioning Group

Annex A

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Annex B

Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	JSNA	Joint Strategic Needs Assessment
BAME	Black, Asian and Minority Ethnic	LAs	Local Authorities
CCGs	Clinical Commissioning Groups	LMC	Local Medical Committee
CNS	Central Nervous System	LPC	Local Pharmaceutical Committee
COPD	Chronic Obstructive Pulmonary Disease	MURs	Medicines Use Reviews
CPD	Continuing professional development	NHSE	NHS England
CRI	Social Care and Health Charity	NICE	National Institute for Care Excellence
CVD	Cardiovascular Disease	NMS	New Medicine Service
DACs	Dispensing Appliance Contractors	NRT	Nicotine replacement Therapy
EHC	Emergency hormonal contraception	ONS	Office of National Statistics
EPS	Electronic prescription services	PGD	Patient Group Direction
FP10	NHS Prescription Form	PHE	Public Health England
FP10MDA	NHS Prescription Form used to prescribe controlled drugs (schedule 2) and buprenorphine for dispensing in instalments by pharmacists	PMR	Patient Medication Record
GP	General practitioner	PNA	Pharmaceutical Needs Assessment
GUM	Genito-urinary medicine	PSNC	Pharmaceutical Services Negotiating Committee
HARP	Southend's Homeless Charity	QoF	Quality and outcomes framework
HIV	Human Immunodeficiency Virus	RPS	Royal Pharmaceutical Society
HPA	Health Protection Agency	SPOR	Single point of referral
HWB	Health & Wellbeing Board	STIs	Sexually transmitted infections
IAPT	Improving Access to Psychological Therapies	UPSI	Unprotected Sexual Intercourse
IBA	Identification and Brief Advice	YPDAT	Young People's Drug and Alcohol Team
IMD	Index of multiple deprivation	WHO	World Health Organisation
JHWS	Joint Health & Wellbeing Strategy		

Annex C

Acknowledgments

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- Southend-on-Sea Health and Wellbeing Board
- Dr Andrea Atherton, Director of Public Health
- James Williams, Head of Health Development
- Pharmaceutical Needs Assessment Steering Group
- Southend-on-Sea Borough Council staff
- NHS Southend Clinical Commissioning Group
- Southend University Hospital NHS Foundation Trust
- South Essex Partnership University NHS Foundation Trust
- NHS England
- Healthwatch Southend
- Essex Local Pharmaceutical Committee
- Essex Local Medical Committee
- Apogee Data Consulting Limited (production of maps)
- Webstar Lane Ltd (provision of external pharmaceutical expertise)