Public Document Pack SOUTHEND-ON-SEA BOROUGH COUNCIL

Health & Wellbeing Board

Date: Wednesday, 6th December, 2017
Time: 5.00 pm
Place: Darwin Room - Tickfield
Contact: Fiona Abbott

Email: committeesection@southend.gov.uk

AGENDA

- 1 Apologies for Absence
- 2 Declarations of Interest
- Minutes of the Meeting held on Wednesday, 20th September, 2017 (Pages 1 4)

Minutes (attached)

**** For Discussion/Decision

4 Health and Wellbeing Strategy Refresh 2017-2021 (Pages 5 - 22)

Final draft for approval (attached)

5 Sustainability and Transformation Partnership (STP) current position

Report – to follow

The Southend-on-Sea Pharmaceutical Needs Assessment 2017 (Pages 23 - 186)

For approval (attached)

**** For information

7 Better Care Fund (BCF) 2017-2019 (Pages 187 - 190)

Approval letter for information (attached)



SOUTHEND-ON-SEA BOROUGH COUNCIL

Meeting of Health & Wellbeing Board

Date: Wednesday, 20th September, 2017
Place: Darwin Room - Tickfield

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Present: Councillor L Salter (Chair)

J Garcia-Lobera (Deputy Chair),

Councillors M Davidson, J Moyies, C Willis and R Woodley, A Semmence, A Griffin, S Leftley, A Atherton and L Crabb

In Attendance: R Walters, F Abbott, J Lansley, N Faint and L Watson

M McCann (EPUT), A Vowles and J Boxer (ABSS)

Start/End Time: 5.00 - 6.40 pm

325 Apologies for Absence

Apologies for absence were received from Dr Chaturvedi, N Leitch, Michael Freeston (substitute J Boxer), Sally Morris (substitute M McCann), Yvonne Blucher (no substitute), Councillor Lamb (no substitute) and Councillor Nevin (Chair, People Scrutiny Committee).

326 Declarations of Interest

The following declarations of interest were made at the meeting:-

- (a) Councillor Salter agenda items relating to Refreshed Health & Wellbeing Strategy; STP briefing non-pecuniary interest husband is consultant surgeon at Southend Hospital and holds senior posts at the hospital; son-in-law is a GP; daughter is a doctor at Broomfield Hospital;
- (b) Councillor Davidson agenda item relating to STP briefing non-pecuniary interest Council appointed Governor at Southend Hospital NHS Trust;
- (c) Councillor Moyies agenda item relating to STP briefing non-pecuniary interest Council appointed Governor at Essex Partnership University Trust.

327 Minutes of the Meeting held on Wednesday 21st June 2017

Resolved:-

That the Minutes of the Meeting held on Wednesday, 21st June, 2017 be confirmed as a correct record and signed.

With reference to Minute 96, second bullet point (STP pre-consultation business case briefing), it was clarified that the Board wanted to be advocates for the STP.

328 Health & Wellbeing Strategy 2017-2021 Refresh Progress

The Board considered a joint report of the Deputy Chief Executive (People) and Interim Accountable Officer (NHS Southend CCG) which presented the initial draft

of the refreshed Health & Wellbeing (HWB) Strategy (Appendix 1) and the draft activity mapping (Appendix 2).

In considering the report, the following comments were made:-

- The Strategy is still in development and will include case studies at the section 'how are local people being helped to be active'.
- Appendix 2 need further clarification on 'Transformation programme' in text (Ambition 5, Living Independently).
- Appendix 2 needs to appropriately reference HWB Strategy refresh through the document.
- Need to ensure the HWB Strategy Refresh/Physical Activity Strategy influences the whole system - each organisation should take to their respective management teams to progress further.

Resolved:-

- 1. That subject to amendments, the Board approves the draft HWB Strategy refresh 2017-2021 for further development.
- 2. That following development, a refined draft be circulated electronically to Board members for comment, prior to going live at the December meeting of the Board.

329 Better Care Fund

The Board considered a report of the BCF Programme Lead providing an update on the Better Care Fund for 2017/19. The report also advised the Board that the BCF Plan 2017/19 had been submitted to NHS England on 11th September 2017, following sign off from the Deputy Chief Executive (People) and the Interim Accountable Officer (Southend CCG), in conjunction with the Chair and Vice Chair of the HWB.

The Programme Lead advised that early indications are that the plan will be approved without conditions.

The challenges regarding information sharing were discussed and it was noted that the Locality Transformation Group (LTG) oversee this issue. The Board's ongoing interest will be conveyed to the LTG.

Resolved:-

- 1. That the update for the BCF 2017/19 be noted.
- 2. To note the Southend BCF Plan for 2017/19 that was submitted to NHS England on 11th September 2017.

330 Sustainability and Transformation Fund (STP) Briefing on current position

The Board considered an update briefing from the STP Programme Director on current progress towards consultation. The Mid and South Essex STP is finalising a business case for potential service changes over the next five years, including proposals to reconfigure some hospital services.

The Programme Director attended the Board to answer questions. The Board made the following comments:-

- Board members need to have time to understand the plan before public consultation phase.
- Noted the revised timetable which is a challenge and also means that consultation will begin within the next month or so.
- Made a number of suggestions on what issues need to be addressed in consultation document – for example, transport, information on patient pathways.
- Noted that the consultation will be run by the 5 CCG's in Mid and South Essex through the Joint Committee of the CCG's.

Resolved:-

That the update be noted.

331 A Better Start Southend Governance Update

The Board considered a report of the Acting Programme Director on progress and current position of the A Better Start Southend (ABSS) programme. J Boxer, Project Manager, Pre-school Learning Alliance was in attendance for this item.

The Board had some questions on the pace of change and that the Board needs assurances to provide necessary oversight.

Resolved:-

That the next report should include further information on the work happening in the borough (success stories) and the ABSS will be a topic for broader discussion in near future.

Chairman:	



Southend Health & Wellbeing Board

Agenda

Item No.

(Joint) Report of

Simon Leftley, Deputy Chief Executive (People), Southend-on-Sea Borough Council.

lan Stidston, Interim Accountable Officer, NHS Southend Clinical Commissioning Group (CCG).

to

Health & Wellbeing Board

on

6th December 2017

Report prepared by: Rob Walters – Partnership Advisor, Health and Wellbeing

For information	For discussion	√	Approval required	√
only				

Health and Wellbeing Strategy Refresh 2017-2021

Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1 To review, for approval, the final draft Health and Wellbeing (HWB) Strategy Refresh 2017-2021.
- 1.2 To recommend that a representative of the Council's Department for Place be invited, in principle, to be a co-opted (non-voting) member of the Health and Wellbeing Board, in view of the central influence that culture, leisure and planning have on increasing physical activity levels.

2. Recommendations

- 2.1. That, subject to comments and amendments, the Board approves the HWB Strategy Refresh 2017-2021.
- 2.2. That a representative of the Council's Department for Place be invited, in principle, to become a co-opted (non-voting) member of Southend Health and Wellbeing Board.
- 2.3. HWB Board members are invited to identify how they will actively support the implementation of the Refresh and its aim of increasing physical activity levels.

Report Title Page 1 of 3 Report Number

3. Background & Context

- 3.1. The draft Health and Wellbeing Strategy Refresh 2017-2021 was presented for discussion at September's HWB Board, proposing a primary focus of increasing local levels of physical activity, in view of the associated benefits to both physical and mental health and wellbeing.
- 3.2. A refined draft was subsequently circulated to the Board for comment in late November 2017, to help inform the final draft (Appendix 1) for review at December's HWB Board.
- 3.3. This latest draft includes the personal account of a local resident who has experienced the transformational impact of physical activity, as well as broader benefits such as enhanced personal relationships.

<u>Implementation</u>

- 3.4 As identified in previous reports, in practical terms, Southend's Physical Activity Strategy (PAS) and Action Plan will deliver the aims of the HWB Strategy Refresh 2017-2021.
- 3.5 The HWB Strategy Refresh and PAS recognise the central roles that culture, leisure and planning have in helping to develop a local culture of physical activity as a routine part of everyday life. In view of this, it is recommended that a representative from the Council's Department for Place is invited to become a co-opted (non-voting) member of the Health and Wellbeing Board.
- 3.6 PAS related key performance indicators (KPI) progress will be reviewed annually, while progress, challenges and opportunities in relation to the Action Plan will be reviewed with the HWB Board on a regular basis. An initial review of progress and learning will come to January's HWB Board.
- 3.7 The Physical Activity Strategy Implementation Group (PASIG) is focussing on implementation at an operational level, as well as developing a partnership approach to effective communications.
- 3.8 The communications strand of the PASIG is currently looking at insight led approaches to increase physical activity which are grounded in behaviour change. A core aim is to engage those who are not currently active, and thus support self-care for an improved quality of life.

Strategic mapping of broader themes

- 3.9 The HWB Board have recognised that, as with the original HWB strategy and its broad ambitions, there are various other relevant issues of local importance and interest. To help the Board monitor these, a supplementary piece of analysis is in development, to comprehensively identify how these wider issues are being addressed strategically across the system.
- 3.10 This strategic mapping work raises the opportunity for a broader view of collective strategy and how we work together as a system, rather than in organisational isolation.

3.11 It also invites a mechanism for keeping track of identified strategies, providing a rolling, high level view of when strategies and plans are up for renewal and enabling the HWB Board to consider how it can help to remove barriers and enhance outcomes.

4. Health & Wellbeing Board Priorities / Added Value

How does this item contribute to delivering the;

- Original HWB Strategy Ambitions
- Three HWB "Broad Impact Goals" which add value;
 - a) Increased physical activity (prevention)
 - b) Increased aspiration & opportunity (addressing inequality)
 - c) Increased personal responsibility/participation (sustainability)
- 4.1 Section 4 of this report template has historically asked the writer to identify how the subject matter contributes to the delivery of HWB priorities. Going forward, the template will be amended to reflect the primary aims of the approved HWB Strategy Refresh 2017-2021.

5. Reasons for Recommendations

5.1. To enable a greater strategic focus on improving the physical and mental health and wellbeing of local people through increased physical activity.

6. Financial / Resource Implications

- 6.1 No immediate implementation costs are anticipated. Any future resourcing implications will be brought to the Health and Wellbeing Board for review.
- 6.2 Cost to Health Economy:

The estimated impact of physical inactivity to Southend's health economy is £21,472,753 per 100,000 population per year. (Reference; UK Active, Turning the Tide of Physical Inactivity)

7. Legal Implications

7.1. None currently identified

8. Equality & Diversity

8.1. The HWB Strategy Refresh 2017-2021 and Physical Activity Strategy aim to inherently address inequality and make physical activity accessible for all, as well as to strengthen community engagement and resilience.

9. Appendices

Appendix 1: Be Active! Final draft HWB Strategy Refresh 2017-2021



Be active! DRAFTV6

Southend-on-Sea Health and Wellbeing Strategy Refresh 2017-2021

The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a 'wonder drug' or 'miracle cure'.

- Sir Liam Donaldson

Summary

This refresh of Southend-on-Sea's Health and Wellbeing (HWB) Strategy focusses primarily on encouraging local people to be physically active as a way of life, in order to experience an improved sense of personal health and wellbeing.

Self-care is becoming increasingly beneficial in a time of ongoing pressures on services. We are living longer and we want our lives to be as fulfilling and independent as possible. Being physically active is one simple action that can help to noticeably improve our quality of life.

The journey so far

Southend's first Health and Wellbeing Strategy launched in 2013 and included nine ambitions for the improved wellbeing of the local population. These were:

- 1. A positive start in life
- 2. Promoting healthy lifestyles
- 3. Improving mental wellbeing
- 4. A Safer population
- 5. Living independently
- 6. Active and healthy ageing
- 7. Protecting health
- 8. Housing
- 9. Maximising opportunities

By 2015, it was clear that the original ambitions were being addressed by the various plans and initiatives across the partnership and the Health and Wellbeing Board wanted a simple way to add value to what was already being done.

With this in mind, three "Broad Impact Goals" were introduced in 2015's HWB Strategy refresh to support the original ambitions. The Broad Impact Goals focussed on preventing ill health, addressing inequality and increasing personal responsibility and participation.

A range of measures were introduced to help support and monitor progress and:

- raise the profile of strategic HWB priorities and stimulate a more central focus for operational teams
- increase incentive and accountability for strong performance
- promote partnership working, providing opportunities for collaboration
- bring a greater awareness of the diverse operational activity across the partnership
- provide a baseline for consideration of future priority areas and effective use of resources

Key messages

Since the original HWB strategy, there have been a number of key messages to help inform ongoing priorities:

A) Peer Challenge recommendations 2014-2015

A "Peer Challenge" review of the Health and Wellbeing Board was performed in January 2014 by the Local Government Association (LGA), with a follow up review in July 2015.

Lasting themes from the recommendations were;

- **A1)** Less is more! -Reduce the number of issues that the Health and Wellbeing Board focuses on so that it can attend more proactively to the main issues facing the Borough (this is in line with a wider national trend towards delivering significant improvements in a few key areas, vs. lots of less impactful activity).
- **A2)** Address inequality -Develop a common understanding of health inequalities and where health outcomes are poor, agree what needs to be addressed and ensure partners are addressing them together.
- A3) Strengthen community engagement and resilience

B) Working Together For a Healthy Southend

Public and stakeholder engagement event, May 2015

Over 120 service users and stakeholders expressed what was important to them in relation to health and care:

- B1) Mental health: Holistic view of health as both physical and mental
- B2) Healthy food: Importance of good nutrition and accessibility of healthy, affordable food
- B3) Importance of social connection to address isolation/loneliness
- **B4)** Housing: Appropriate, affordable housing
- B5) Value of prevention and early intervention
- **B6)** Empower people to make positive choices
- B7) Listen to and involve service users in decision making
- B8) Be open and realistic with people about what can be delivered
- B9) Centralise services: Promote easy/comprehensive access to information
- B10) Recognise and support carers

C) HWB Strategy development session May16 (HWB Board & colleagues)

The Health and Wellbeing Board and related colleagues had an in-depth discussion in the spring of 2016 to consider which strategic issues were important to consider going forward:

C1. Outcomes: Focus on outcomes rather than services

- <u>C2. Language and branding</u>: think about our wording and make things more real for people i.e. 'be more active!' instead of 'increased physical activity'
- <u>C3. Data & intelligence</u>: availability and accessibility of quality data across the system and using data intelligently to make a real difference i.e. deep dives/ analyses/ longitudinal studies.
- <u>C4</u>. Be open with people about what is possible
- <u>C5. Consistency of message across the partnership:</u> How does the HWB Strategy and vision influence the visions and plans of system partners?
- C6. Workforce challenges how do we address ongoing workforce needs?
- **D)** Joint Strategic Needs Assessment (JSNA) headlines (key issues which affect our population's health and wellbeing JSNA summary can be seen at: http://bit.ly/2wvq92y)
 - <u>Lifestyle related health challenges</u>: excess weight; nutrition; smoking; long term conditions (LTCs).
 - Life expectancy related to cancers, circulatory, respiratory and chronic diseases.
 - Mental health: anxiety & depression; dementia.
 - <u>Deprivation</u>: comparatively higher levels of deprivation and child poverty; levels of employment and skills.

Moving forward

With these important messages in mind, this refreshed Health and Wellbeing Strategy focuses primarily on increasing the number of people in Southend who are being physically active at the levels that will promote their health and wellbeing. The focus will also aim to develop a model of meaningful engagement with local people, address issues of inequality and strengthen individual and community resilience.

The compelling case for physical activity

The evidence for the health and wellbeing benefits of physical activity is compelling, not only for supporting long term physical health but also for improving mental wellbeing (see a summary of benefits and guidelines in the infographics section at the end of this publication).

Cost to the Health Economy:

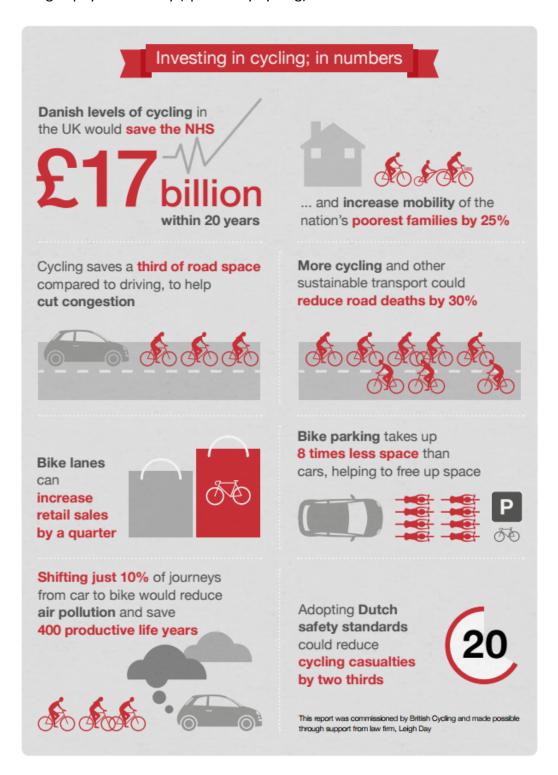
The estimated impact of physical inactivity to Southend's health economy is £21,472,753 per 100,000 population per year. (Reference; UK Active, Turning the Tide of Physical Inactivity)

Human Cost:

Modelling suggests that if 75% of the Southend adult population met the Chief Medical Officer's physical activity guidelines, 6 premature deaths per month would be prevented (40-79 years old). If 100% met the guidelines, 2 premature deaths per week could be prevented.

Every 5 days someone under the age of 79 from the Southend population dies a death that could have been prevented if the whole population met the Chief Medical Officer's physical activity guidelines.

The below image demonstrates the social, economic, environmental and wellbeing impacts of investing in physical activity (specifically cycling).



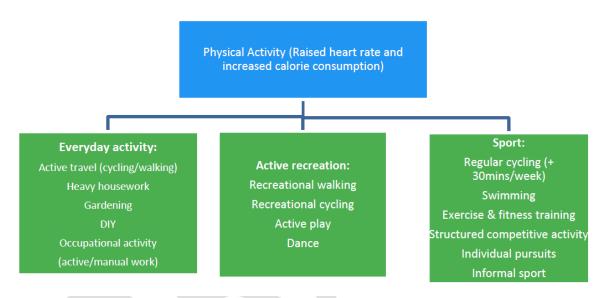
Infographic from "Benefits of investing in cycling" http://bit.ly/1w8TyGt

What is physical activity?

→ Physical activity guidelines and benefits can be seen at the back of this publication. These include; Birth-5 years; 5-18 years; Adults and older adults; and during Pregnancy. You may also want to view the more detailed written guidance at http://bit.ly/2asmvtp

The Department of Health defines physical activity as all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in the gym), dancing, gardening or playing active games, as well as organised and competitive sport.

Figure 1. What constitutes physical activity



There are many ways for individuals to increase their physical activity; some people may like to include physical activity in their daily routine. For example, by getting off the bus one or two stops early or by taking the stairs instead of the lift or escalator. Others might find it useful to be social in their activity and go for a walk with a friend or join a running club. There are so many ways that we can be physically active.

Dispelling myths

There are of course circumstances where extra care is needed to maintain personal safety and wellbeing. For example, during pregnancy or when there are mobility considerations. However, we need to dispel any myths regarding physical activity and empower people to adopt an appropriate personalised approach to being physically active.

To support this, we need to develop routine awareness of the broad benefits of appropriate physical activity, particularly within primary and secondary care, community health, social care and the broader system, specifically supporting those with long term conditions/disabilities to build physical activity into existing care pathways e.g. pregnancy.

How physical activity changed my life

A personal journey of a Southend resident

I've always been overweight, a common comment I know but it's true. I was 12lb 4oz baby...... huge right? Well it didn't improve much through my childhood. I was chunky, had some "puppy fat" and all those other clichéd comments. As "the fat kid" I never enjoyed sport or exercise, it was like torture for me. I remember distinctly having to wear a different PE kit to the others because they didn't come "that big". I was given the Shot put in Athletics because it was the "bigger girls sport" no running required. PE days were horrible, having to get undressed in front of everyone being the biggest person in the class, not being able to participate. I hated the teachers for putting me through it and saw physical exercise as abhorrent. So you can well imagine that as an adult, participating in sport or exercise filled me with dread and was avoided at any cost.

My lifestyle didn't particularly support good nutrition either, I yoyo dieted my way through my 20's swinging from binge eating to strict calorie control, never exercising at all. So when I hit my thirties I was very overweight and ripe for a whole host of physical health conditions. I was told many times that I needed to lose weight and exercise but like most lifestyle changes, my past experiences and self-doubt kept holding me back and things just got worse. I kept gaining weight and slowly but surely I made my way up to a size 24. I stopped weighing myself at 22 stone and the more I weighed the less I moved. The less I moved the more I gained and so the cycle continued. The more I thought about exercise the more anxiety I had about doing anything. A pivotal point for me was when I was being assessed to be a special guardian and I had a physical health check as part of the assessment. Clearly stated along the weight line were the worst few words ever used to describe me: "grossly morbid obese".

I'd like to say I woke up the next day with determination and grit bestowed upon me from a higher power but it wasn't like that. I guess it was just that I'd had enough and I needed another thing to try and fail to get my weight under control. I was about to become a parent and I wanted to create a better future for my children so I read a book about weight management. I had read lots of books about weight loss before so I'm not sure if that was what sparked a change in me. However the book consolidated a few things like taking small, stepped changes and how essential exercise was for weight loss. I finished the book with a new plan to change things for myself so I started to introduce better habits like eating out less and looking at exercise options. Exercise scared me; those memories of PE, being the "fat girl" in the room. How on earth was I going to cope? What would everyone think? I was worried I would be judged or unable to cope. At this point I struggled to get my socks on and at 37, was I too old to do this?

I saw an advert for Active Women at my local CVS, SAVS. There were a few things that really appealed to me; the philosophy was movement and fun; it was free so a chance for me to try something without the commitment; and there were a handful of different things to try. The women only aspect meant it felt less threatening. It took me two months to build up the courage to attend the first session. I had sat outside on three or four occasions watching who went in, trying to work up the courage to take the steps. It was a diverse range of women; various sizes, but they all seemed really happy to be there. I watched as they

laughed and joked on their way into the building. On one occasion I sat there so long I watched them come out. They weren't dripping with sweat or looking exhausted so I finally took the plunge.

That first session is a blur I remember how friendly and welcoming Zoe the class instructor was. She meticulously went through my health questions, reassuring me to take things slowly and do what I could and not to be fearful of taking a break where I needed. The term "all abilities class" really helped. Calling out two sets of instructions; one for a higher work load and one for lower impact meant I didn't feel completely out of place. Here I was about 24 stone with boxing gloves on, smacking a pad with everything I had and enjoying exercise for the first time in my life. I went home beaming, I was shattered but beaming. I had just moved more than I had for years and more than that I wasn't terrified of going back.

I went to Boxercise for a good few months and got chatting to some of the girls - it's a real friendly atmosphere. The ethos of inclusion and fun really permeates through each class. Some of the ladies went to more than one class and they would encourage and support me to attend more. There was a Pilates class that followed on from Boxercise and some of the ladies who attended that spoke about how good stretching was for you and how the class improved strength (flash back to that book and other things I had read, that suggested that stretching and movement through activities like Pilates could really improve flexibility and movement). I joined in one Thursday and for the first time in 5 years slept all night! From that point I was hooked.

The social and supportive nature of the classes meant that for the first time I had positive role models around me; women who also struggled with weight and exercise, who were trying to make improvements to themselves. Before, between and after class became as important as the class itself. We would talk about diet and nutrition, as well as exercise and the importance of balance. I had a network to share my successes and concerns with. The weight started dropping off and my movement and flexibility improved and unbeknown to me, my whole life was changing right there and then with these few little steps into that class and those great big leaps into my future.

The classes led to other opportunities as the ladies attending would talk about other things that were helping them, so I would try other things. I started with a fitness festival run with active Essex and Active women at my local leisure centre. I tried Body combat, Zumba, Netball, Badminton and Aerobics. It was an incredible atmosphere and everyone I met, instructor's, active women staff and the other people attending were all so lovely and supportive. By that point I was still a size 20 but I was active and had dropped a couple of dress sizes.

In 2013 my world fell apart when I had a significant change in my life through a personal tragedy and subsequently lost my job and nearly lost my home and children. Life triggers had always led me to food and weight gain but everything I had learnt and experienced had changed my habits. When I had nothing to do, or was feeling bad about life I attended a class. I filled my day with Boxercise, Boot camp and Swimming. Through the classes, I was introduced to other exercise and diet opportunities like Swimming at my local leisure centre and our local health training service. They put me in touch with our Gym referral program and Slimming world. I focused my attention on where I put my feet and how many jumping

jacks were in an exercise set rather than the misery that I was experiencing on a personal level. The weight just shed straight off. The pattern was set; I loved exercise and food became fuel. I love the social aspect of the classes even though I am quite shy (I don't think anyone ever realises that).

In Sept 2015 I got a new job and life settled back into a steady pattern, but I kept attending classes and the weight continued to drop off. During this time I was given the opportunity to volunteer for Active Women at the first ever class I had attended and I leaped at it. I was keen to support others who were on a journey and I felt like I owed so much to Active life for everything they had given me. In December of 2015 I met the love of my life. She loves exercise too so is my biggest supporter and she understands the balance in my life that exercise brings and helps me stay focused on the things that matter. Shortly after we met in February of 2016 I hit my goal weight and I had slimmed right down to a size 12/4 and weighed 12 stone. My smallest adult weight had always been a size 16 and 13 stone. Stepping into that Active Women Boxercise class was the first step to changing my life forever.

Fast forward to September 2017; I am 12 stone lighter than when I attended that first class; I have my weight and nutrition well under control; I have reversed all of my health issues; and I have played a whole season of football in a ladies team (I am 41). I have joined a running club and ran my first ever running event; a 5k cross country; buddy-ran in a 24 hour charity run; and I am registered to do a 10k in October too. I still volunteer at that Boxercise class and it's my intention to train to be an instructor and my dream is to eventually specialise in exercise for people who have limited mobility due to their weight. I have a real passion for finding solutions to the gap in fitness. Fitness classes and Leisure centres these days seem to be full to the brim of the very fit and active and it's hard for people who aren't fit and active to feel at home or comfortable in classes. I really love the active for all attitude and am really committed to support my community by helping people to access activity that suits them. I am so incredibly grateful for being able to access Active Women classes and know that without them I would still hate exercise. Today, I am half the woman I was but twice the person thanks to Active Women.

Joining together to shape our environment

The challenge to develop being physically active as a way of life cannot be addressed in isolation. This requires a broad partnership between health and care, policy makers, culture and planning, local businesses and voluntary sector partners, as well as communities and individuals.

It is clear that in addition to encouraging people to be active, we also need to design our environment and infrastructure to support and stimulate a routine culture of physical activity for future populations.

As well as developing a partnership approach and suitable infrastructure, the value of fostering a culture of self-care is of central importance, in order to see a sustainable shift in our long term wellbeing and quality of life.

The developing localities work has seen that when a person has a lack of social capital such as friends and family, this can often lead to damaging behavioural patterns and dependence on professionals. We can tackle this by helping to build people's capacity.

How do we instigate change and measure progress?

Southend's Physical activity strategy 2016-2021 will be the foundation for delivering the core aims of this refreshed Health and Wellbeing Strategy. The Physical Activity Strategy contains a series of actions for delivering improved outcomes and progress will be routinely reviewed at the Health and Wellbeing Board.

Organisations can help to significantly progress these aims. For example, by engaging with the public health responsibility deal (PHRD) and supporting staff to increase their personal activity levels (particularly for those in sedentary roles), through the Making Every Contact Count (MECC) initiative and through the development of Primary Care physical activity champions.

The focus of the HWB Strategy refresh is fully supported by Southend Health and Wellbeing Board and all partners are encouraged to enable the strategy to influence their own strategic activity, because of the profound benefits that being physically active can have on both physical and mental health.

The focus of the refreshed HWB Strategy will be formally reviewed in 2019 to ensure its ongoing relevance.

Other important issues

Increasing physical activity can profoundly improve quality of life for local people and this is the primary focus of the Health and Wellbeing Strategy refresh 2017-2021.

It is however recognised that there are a number of other important contributors to wellbeing, some of which are reflected in the key messages on pages 2-3, as well as in the original HWB strategy ambitions.

Appendix 1 (strategic activity mapping) will show* how these other key areas are being addressed. [*In development]

Conclusion

The simple focus of this refreshed strategy is an opportunity for everyone to get behind a single approach and evaluate and learn as a whole, rather than in fragments. By increasing our population's physical activity, we can improve quality of life, while strengthening community engagement and cohesion and reducing social isolation.

This is not the responsibility of statutory services alone. Clearly, we can all help to improve our own health and wellbeing as well as that of those we know and serve.

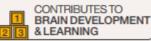
Physical activity for early years

(birth - 5 years)

Active children are healthy, happy, school ready and sleep better













Every movement counts







CLIMB

























Move more. Sit less. Play together

UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: www.bit.ly/startactive

Physical activity

for children and young people

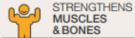






MAINTAINS HEALTHY WEIGHT







IMPROVES SLEEP



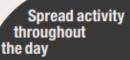
IMPROVES CONCENTRATION & LEARNING





MAKES YOU FEEL GOOD

Be physically active





Aim for at least

minutes everyday



All activities should make you breathe faster & feel warmer













PER WEEK









Sit less



Move more

Find ways to help all children and young people accumulate at least 60 minutes of physical activity everyday

UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: www.bit.ly/startactive





EOF	Type II Diabetes	-40%
OUR CHANC	Cardiovascular Disease	-35%
	Falls, Depression and Demen	itia -30 %
CESY	Joint and Back Pain	-25%
REDU	Cancers (Colon and Breast)	-20%

What should you do?



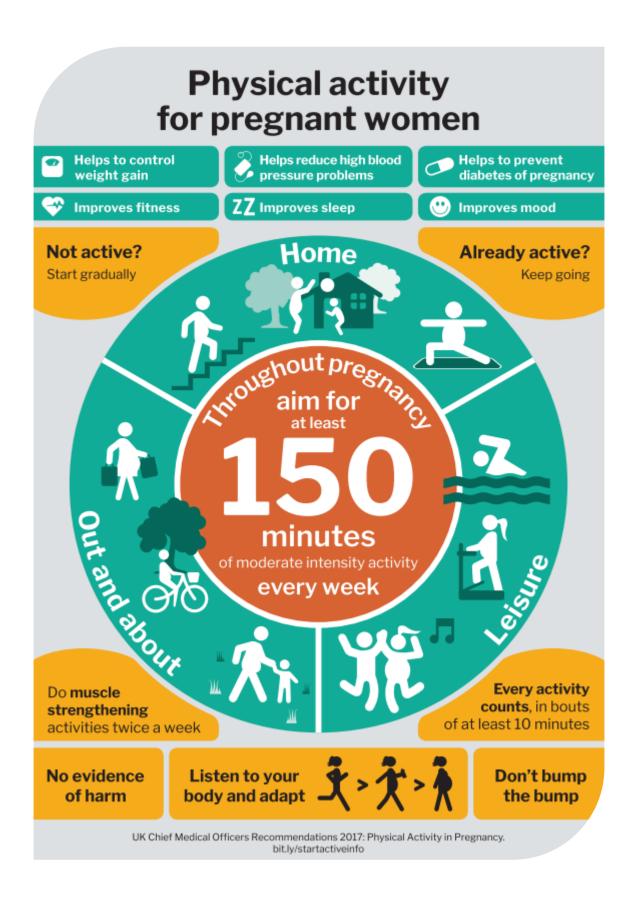
75 OR 150
VIGOROUS INTENSITY
(BREATHING FAST OFFICULTY TALKING)
(INCREASED BREATHING ABLE TO TALK
OR A COMBINATION OF BOTH

Something is better than nothing.

Start small and build up gradually: just 10 minutes at a time provides benefit.

MAKE A START TODAY: it's never too late!

UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: http:bit.ly/startactive





Southend Health & Wellbeing Board

Report of
Simon Leftley, Deputy Chief Executive (People)
to
Health & Wellbeing Board
on
6th December 2017

Agenda Item No.

6

Report prepared by: Marion Gibbon Interim Deputy Director of Public Health

For information	For discussion	Approval required	Х	
only				

The Southend-on-Sea Pharmaceutical Needs Assessment 2017

Part 1 (Public Agenda Item)

1. Purpose of Report

1.1. To present the Southend-on-Sea Pharmaceutical Needs Assessment 2017

2. Recommendations

2.1 The Health and Wellbeing Board is asked to approve the Southend-on-Sea Pharmaceutical Needs Assessment 2017

3. Background

- 3.1 The provision of NHS pharmacy services is a controlled market. If someone wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list and must prove they are able to meet a pharmaceutical need.
- 3.2 The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under these Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA). The PNA tells us what pharmaceutical services are currently available and where we are likely to need changes in the future because of demographic or other changes.
- 3.3 NHS England (the national body responsible for commissioning pharmaceutical services) relies on PNAs to inform decision making, specifically regarding whether existing pharmaceutical services meet local need. The PNA is also used by NHS England to assess applications from applicants who want to

- modify existing services or deliver new pharmaceutical services within the borough.
- 3.4 The Southend-on-Sea Health and Wellbeing Board discharged its statutory duty and published its first PNA on the 3rd of December 2014. Regulations require the Health and Wellbeing Board to revise and update the PNA every 3 years, or sooner should any significant changes occur that impact on the configuration or provision of local pharmaceutical services. In order to comply with its statutory duties, the Health and Wellbeing Board is required to publish an updated PNA by the 6th of December 2017. This is the closest date to the 3 year anniversary of the original publication.
- 3.5 The Health and Wellbeing Board should note the implications of an amendment to the National Health Service Pharmaceutical Services, Charges and Prescribing Regulations act (S.I. 2016/1077). This amendment came into force on 5 December 2016. It has led to a new regulatory process (an 'Excepted Application') termed a 'Consolidated Application'.
- 3.6 Consolidated Applications permit the merger of two pharmacy businesses, within the same Health and Wellbeing Board area, providing that this does not create a gap in the provision of pharmaceutical services. NHS England is required to notify the consolidated application and seek the views of the Health and Wellbeing Board. The Health and Wellbeing Board is required to give a view as to whether the application creates a gap in the provision of local pharmaceutical services. NHS England will only grant the application if the Health and Wellbeing Board confirms that there will be no gap in provision. If a consolidated application is approved the Health and Wellbeing Board must issue a supplementary statement stating the change and confirming that there is not a gap in provision. NHS England must refuse any applications by other providers to fill any alleged gap resulting from a closure of premises under a Consolidation Application, until the next revision of the PNA these are termed 'Unforeseen Benefit Applications'.

4. The Current Position

- 4.1 The Health and Wellbeing Board delegated authority to the Director of Public Health (DPH) to maintain and update the existing PNA. The DPH initiated this process and established a PNA Steering Group chaired by the Interim Deputy Director of Public Health. The terms of reference and membership of the PNA Steering Group were reviewed and approved by the Health and Wellbeing Board on 26 March 2017.
- 4.2 The PNA Steering Group has developed principles to support the HWB with making decisions in relation to consolidated applications. These principles have been applied to each locality to identify if any of Southend-on-Sea's localities are "vulnerable" to a gap. However, it is essential that any future consolidated applications are considered in their own right. The principles and analysis have been included in the PNA for guidance only. The PNA Steering Group Terms of Reference allow for the group to be reconvened to consider, and make recommendations to the HWB on any future consolidated application.

Report Title Page 2 of 4 Report Number

4.3 The formal consultation on the draft PNA has been undertaken in accordance with the Regulations. The consultation period ran from the 1 September 2017 to midnight on the 3 November 2017; this timescale exceeded the minimum 60 days required. The PNA steering group considered the consultation responses on the 14 November 2017. In addition, the PNA steering group agreed a number of amendments to the PNA which reflect a change in opening hours for one pharmacy (these hours changed during the consultation process). A report of the consultation is included in the PNA and full details of the responses received are detailed in Appendix J of the PNA. For the purposes of transparency, the report also notes the changes which have been made to the PNA to reflect the changes in pharmacy opening hours.

5. Health & Wellbeing Board Priorities / Added Value

5.1 Pharmacies are an important part of the healthcare system and contribute to the delivery of a number of Ambitions in the Health and Wellbeing Strategy.

6. Reasons for Recommendations

6.1 The PNA is a statutory document which must be published in accordance with the Regulations. The Health and Wellbeing Board is asked to note that the new PNA meets the requirements of the Regulations with respect to the content and the process followed. Taking this into account, the HWB is asked to approve the PNA ready for publication on the 6 December 2017.

7. Financial / Resource Implications

7.1 The cost of the development of the Southend PNA has been met from the public health budget. There may be an ongoing cost to maintain the PNA through the issue of supplementary statements; or to consider future consolidated applications.

8. Legal Implications

8.1 The relevant statutory framework is referred to in Section 3 of this report.

9. Equality & Diversity

9.1 Equality and diversity issues have been taken into account as part of the process of PNA refresh.

10. Background Papers

10.1 None

11. Appendices

The PNA document for approval (including Appendices A – J of the new PNA).

HWB Strategy Priorities

Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)

Report Title Page 3 of 4 Report Number

c) Increased Personal Responsibility and Participation (sustainability)

Ambition 1. A positive start in life A. Children in care B. Education- Narrow the gap C. Young carers D. Children's mental wellbeing E. Teen pregnancy F. Troubled	Ambition 2. Promoting healthy lifestyles A. Tobacco – reducing use B. Healthy weight C. Substance & Alcohol misuse	Ambition 3. Improving mental wellbeing A. Holistic: Mental/physical B. Early intervention C. Suicide prevention/self-harm D. Support parents/postnatal
families Ambition 4. A safer	Ambition 5. Living	Ambition 6. Active and
population A. Safeguarding children and vulnerable adults B. Domestic abuse C. Tackling Unintentional injuries among under 15s	independently A. Personalised budgets B. Enabling community living C. Appropriate accommodation D. Personal involvement in care E. Reablement F. Supported to live independently for longer	healthy ageing A. Integrated health & social care services B. Reducing isolation C. Physical & mental wellbeing D. Long Term conditions—support E. Personalisation/Empowerment
Ambition 7. Protecting health A. Increased screening B. Increased immunisations C. Infection control D. Severe weather plans in place E. Improving food hygiene	Ambition 8. Housing A. Partnership approach to; Tackle homelessness B. Deliver health, care & housing in a more joined up way C. Adequate affordable housing D. Adequate specialist housing E. Strategic understanding of stock and distribution	Ambition 9. Maximising opportunity A. Population vs. Organisational based provision B. Joint commissioning and Integration C. Tackling health inequality (improved access to services) D. Opportunities to thrive; Education, Employment



Pharmaceutical Needs Assessment

For HWB Approval

14 November 2017

Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014, 2015 and 2016

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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 NHS (Pharmaceutical Services & Local Pharmaceutical Services) Regulations 2013¹ and amended in 2014, 2015 and 2016 set out the system for market entry
- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA)
- 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
- The NHS (Pharmaceutical Services, Charges Prescribing)
 (Amendment) Regulations 2016² allow pharmacy businesses to apply to consolidate (merge) services from two or more sites onto one site.
 HWBs are required to provide a view to NHS England (NHSE) on whether or not this would provide a gap in services
- Box 1 summarises the duties of a HWB in relation to PNAs & Box 2 summarises the requirements for the PNA
- The PNA and supplementary statements are subsequently used by NHSE 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 CCG in the development of commissioning strategies
- This document prepared by the Southend-on-Sea HWB, in accordance with the Regulations, replaces the PNA published in December 2014

Box 1 - Duties of the HWB

- 1. Publish its first PNA by 1 April 2015; and update this every 3 years
- 2. Provide a view to NHSE on consolidated applications
- 3. 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). Where a supplementary statement refers to a consolidated application this must state the removal of a pharmacy does not create a gap. The HWB must make the PNA and any supplementary statements available to NHSE and neighbouring HWBs
- **4. 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 characteristic as defined by the Equality Act 2010.
- 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 sets out the **information** the PNA must include:

- A statement of:
 - Services which are considered to be **necessary** to meet the need for pharmaceutical services 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 characteristics have been taken into account
 - Whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services
 - Likely future pharmaceutical needs
 - o A report on the consultation

1.2 Methodology

- Our PNA has been developed using a structured approach and 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 (right) summarises the key activities which were carried out at each stage
- The views of stakeholders were captured throughout the process and used to inform the assessment. The engagement approach included:
 - An online survey for completion by residents of Southend-on-Sea (refer to Appendix B); insights from the survey have been included throughout the document
 - o A contractor questionnaire
 - A multidisciplinary, multi-agency steering group
 - A series of meetings with service commissioners and relevant managers from within the Southend-one-Sea council and partner organisations
- 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
- The final PNA was approved by the HWB on the [enter date] 2017

	Step 1	Governance & Project Management	
Stak	Step 2	Gather & validate data	Publish Pharmaceutical Needs
ehold	Step 3	Health Needs & Strategic Priorities	Assessment
Stakeholder Views	Step 4	Pharmacy Profile	
ews	Step 5	Synthesis & Assessment	
	Step 6	Formal Consultation & Consensus	Market entry decisions by NHS England
© 1	Webstar Lane Ltd		Pharmacy Commissioning Strategy

	Activity		
Step 1 Governance & Project management	 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 project management support 		
Step 2 Gather and validate data	 Information and data was requested from managers and commissioners within Southend-on-Sea Borough Council, NHS England, NHS Southend CCG A online contractor questionnaire was designed to verify current service provision by pharmacies and to secure insights into other aspects of service delivery. A copy is attached in Appendix C; a modified version was used for the dispensing appliance contractors The questionnaire was cross-referenced with data supplied by service commissioners as part of a validation exercise; all anomalies were addressed to produce an accurate dataset 		
Step 3 Health Needs & strategic priorities	 A desktop review of local health needs (including 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	 The current profile of pharmaceutical & locally commissioned services was documented on a service by service basis This was supplemented with a benchmarking exercise using regional & England comparators 		
Step 5 Synthesis & assessment	 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	 A formal consultation was undertaken between 1 September and 3 November 2017 in accordance with the Regulations Comments were collated and presented to the PNA Steering Group for discussion and decision The consultation report is attached in Section 4 		

1.3 Scope of the PNA

Contractors in	ncluded on the F	harmaceutical List f	for Southend-on-Sea
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Pharmacy Contractors "Community pharmacists"

39 pharmacies

Dispensing Appliance Contractors "Provide appliances but not medicines"

2 Dispensing Appliance Contractors

Local Pharmaceutical Services Contractors

Local contract, commissioned by NHSE

None

Dispensing Doctors
"Rural areas only"

None

Pharmaceutical Services

Community pharmacists

Essential Services

- Dispensing medicines, appliances and other prescribed items (includes electronic prescription services) & the actions associated with dispensing
- Repeat dispensing
- o Disposal of unwanted medicines
- o Promotion of healthy lifestyles (Public Health)
 - Prescription-linked interventions
- → Public health campaigns
- Signposting
- o Support for self-care

Advanced Services

- o Medicines use reviews (MURs) and Prescription Intervention Service
- New Medicine Service (NMS)
- Flu vaccination
- NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot
- o Stoma Appliance Customisation Service (SACS)
- Appliance Use Reviews (AURs)

Enhanced Services

o None commissioned

Dispensing Appliance Contractors

• Essential Services

- Dispensing appliances (includes electronic prescription services) & the actions associated with dispensing appliances
- o Repeatable dispensing
- Home delivery for specified appliances
- o Provision of supplementary items (e.g. disposable wipes)

Advanced Services

- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Service (SACS)

Other services commissioned from Pharmacies

Services Commissioned by Public Health

- Stop smoking
- · Needle & syringe programme
- Supervised consumption of substitute medication
- Sexual Health (EHC, Chlamydia screening, Chlamydia treatment) noting this is a sub-contracted arrangement via the prime contractor EPUT

Services commissioned by NHS Southend CCG

None

Services commissioned by NHS Trusts or Foundation Trusts

• EPUT - refer to sexual health services above

Other services which affect the need for Pharmaceutical Services

- · Southend University Hospital NHS Foundation Trust (SUHFT) Acute services
- Essex Partnership University NHS Foundation Trust (EPUT) community and mental health services
- · GP Out of Hours Service
- Southend Treatment and Recovery Service (STARS)
- GPs
- · Care Homes

The following services have been <u>excluded</u> from the scope of this PNA because they do not fall within the Regulations¹ and do not impact upon market entry decisions:

- Non-NHS services provided by community pharmacies (refer to Appendix D)
- The Pharmacy Services within Southend University Hospital NHS Foundation Trust and Essex Partnership University NHS Foundation Trust
- CCG medicines optimisation arrangements including support to the complex care team and GP practice based pharmacists
- Seasonal influenza vaccine for care home staff & domiciliary care workers (this is occupational health service rather than a service or Southend-on-Sea residents)

1.4 Changes Since 2014

 In updating its PNA, Southend-on-Sea HWB has taken into account a number of factors including:

National Strategy & Drivers

- "Five Year Forward View"³ & "Next Steps on the Five Year Forward View"⁴
- The independent community pharmacy service review, commissioned by NHS England in 2016⁵. This includes recommendations to maximise the use of electronic repeat dispensing; modernise medicines use reviews; and for stop smoking services to become part of the NHS pharmaceutical services contract
- The Department of Health's report: "Community Pharmacy 2016/17 and beyond: final package" 6. This sets out various reforms with respect to:
 - Pharmacy remuneration, the introduction of a Quality Payment Scheme (Appendix E) and the Pharmacy Access Scheme (Box 3)
 - Market entry and the introduction of new regulations which permit the consolidation of pharmacies
 - Modernisation of pharmacy services, including the Pharmacy Integration Fund and the piloting of pathways which carve out a role for community pharmacy in the urgent supply of medicines and the urgent management of minor illnesses

Local Strategy

- The Mid & South Essex Success Regime Sustainability and Transformation Plan (STP). This sets the strategic direction for the health and care economy; and has introduced new locality arrangements for integration and co-location of services
- The broad goals and principles set out in the Joint Health & Wellbeing Strategy, which remain pertinent to local public health priorities
- The CCG Operating Plan for 2017 19

Specific Service Changes

- · The decommissioning of St Luke's Walk-in Centre
- New primary care developments including the planned new development in Shoeburyness, the refurbished primary care centre at St Luke's and various other premises improvements
- · Current arrangements for extended GP opening hours
- Changes in the provision of NHS pharmaceutical services (Box 4)

Box 3 - Financial and Quality Reform

Funding Settlement

- A reduction in funding for contractors providing NHS pharmaceutical services:
 - 4% decrease in 2016/17; and an additional 3.4% decrease in 2017/18 (and a further consultation planned regarding remuneration from 2018/19 onwards)
 - Phasing out of the establishment payment (where applicable i.e. pharmacies which historically dispense 2,500+ items per month) with a view to coming to a complete end by 2019/20
 - Consolidating the professional fee (dispensing fee), practice payment, repeat dispensing payment and monthly electronic prescription service payment into a single activity fee
- The Pharmacy Access Scheme (PhAS) was introduced alongside the new remuneration package. This has a stated aim of ensuring that a baseline level of access to NHS community pharmacy services be protected, particularly in areas where there are fewer pharmacies with higher health needs. Pharmacies qualifying for the PhAS will receive an additional payment, to support the transition to the new arrangements. The scheme will end on 31 March 2018

The Quality Payment Scheme

- The quality scheme was introduced in 2017/18
- Appendix E sets out a summary of the "gateway" criteria and quality criteria

Box 4 - Changes in NHS Pharmaceutical Services

Local changes in NHS pharmaceutical services, relevant to the new PNA, include:

- The closure of a 100 hour pharmacy in August 2017
- The inclusion of Morrison's Pharmacy in the Pharmacy Access Scheme
- A change of ownership for 6 pharmacies; and 1 DAC
- · Changes in opening hours:
 - o 13 pharmacies have longer opening hours
 - o 9 pharmacies have shorter opening hours
- Changes in the numbers of pharmacies which are accredited to provide advanced services; and commissioned to provide locally commissioned services
- New advanced services
 - o Flu vaccination (this has replaced the flu vaccination enhanced service)
 - The NHS Urgent Medicines Supply Advanced Service. This is a pilot scheme, accessed via NHS 111 which is being piloted until 31 March 2018
- The recommissioning of integrated sexual health services; community pharmacies are now commissioned via EPUT, under a sub-contracted arrangement

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 16.1m² (42 km²) in size and has a resident population of approximately 179,000. 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-on-Sea is the ninth most densely populated area in the UK, with 10,770 people per m² compared to the England average of 1054.

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. We have chosen to align with the locality structure as set out in the Mid and South Essex Success Regime Sustainability & Transformation plan, noting:

- The philosophy of the STP is to develop integrated and co-located services within each locality; it is therefore logical to consider pharmaceutical need and services within this context
- · The new localities are fully co-terminus with wards
- The wards in the East & East Central localities tend to be more deprived and are ranked higher on the IMD (2015) compared with those in the West and West Central localities, which tend to be more affluent
- The East and West Localities tend to have a higher proportion of people aged 65+; the East Central and West Central localities have higher proportions of people who are working age; the East Central locality has the highest proportion of residents aged 0-19 years

The new localities, and the wards which comprise these, are summarised in the table on the right.

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



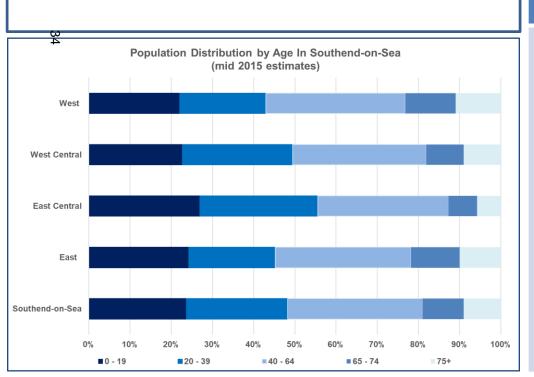
Localities for the PNA						
West	West Central	East Central	East			
Belfairs	Blenheim Park	Kursaal	Shoeburyness			
Eastwood Park	Chalkwell	St Luke's	Southchurch			
Leigh	Milton	Victoria	Thorpe			
West Leigh	Prittlewell		West Shoebury			
	St Laurence					
	Westborough					

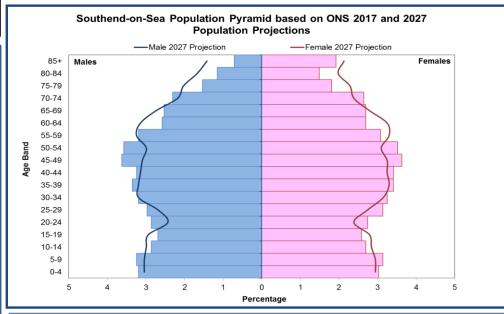
2. Local Context

2.2 Demography

Population

- The Office of National Statistics (ONS) suggests there are almost 179,000 people resident in Southend-on-Sea (mid-2015). This is projected to increase to 197,000 by 2027
- The population pyramid (on the right) demonstrates a gender split of approximately 50:50 with 51% of the population being female
- The age distribution graph (below) demonstrates how age varies across Southend-on-Sea's Localities:
 - 19.1% of people are aged 65+; of these 9% are aged 75+ and 3% aged 85+
 The East and West Localities have a higher proportion of people aged 65+
 compared with the two more central localities
 - East Central has the highest proportion of residents aged 0-19 years
 - The East Central and West Central have slightly higher proportions of people who are working age (i.e. aged 20 – 64 years)





What this means for the PNA

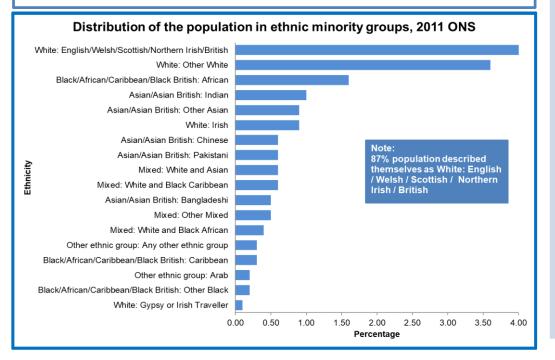
- The age of a person has an impact upon how and when they may need to use pharmaceutical services. This is summarised in Appendix F – "Pharmaceutical Needs Across the Life-course"
- A survey of the population in England⁷ found that older people, children, women aged 55+ and those with a long-term condition 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 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. Younger people who work full time, may also wish to access pharmacy services outside of working hours. 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 has implications for the future demand for services, including pharmacy services. Our assessment will consider the capacity of the existing pharmacy network to meet this demand

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 (right) symmarises the languages (other than English) spoken by staff within our pharmacies, as reported in our contractor questionnaire



Languages Spoken with Southend-on-Sea Pharmacies

Language	No. Pharmacies	Percentage	Other languages spoken (<5% pharmacies)
Hindi	16	40%	German
Gujarati	13	33%	Arabic
Punjabi	11	28%	Italian Bengali
Urdu	11	28%	Akan
Swahili	6	15%	Turkish Twi
French	6	15%	Farsi
Yuroba	3	8%	

What this means for the PNA

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

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

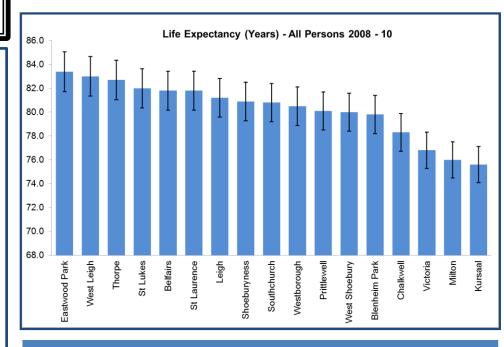
- Deprivation is higher than the England and regional average. In 2015:
 - 25.8% (45,840) residents lived in areas classified as being within the 20% most deprived areas in England
 - East Central has the two wards (Kursaal and Victoria) which rank highest on the IMD (2015); West Central has Milton ward (ranked 3rd highest); and the East locality has Southchurch and Shoeburyness which rank 4th and 5th highest
 - Model based unemployment (2015) at 5.7% (5,300 people) was higher than the regional and national averages; this decreased by 2.6% compared with 2014
 - o 21.7% children live in poverty; this is around the England average
- This picture of deprivation, together with pockets of affluence, result in significant differences in life expectancy

Life Expectancy

- Life expectancy is a measure of how long a person, born into an area, would be expected to live by reference to current observed rates of mortality. In Southend-on-Sea, average life expectancy (2016) for:
 - o Women is: 83.1 years compared with 83.2 for England
 - ∘ Men is: 79.6 years compared with 79.5 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 (2017) between the most deprived and the least deprived areas is:
 - o Women: 9.5 years
 - o Men: 10.3 years
- Lifestyle factors such as smoking, alcohol misuse, obesity and high rates of cardiovascular disease, diabetes and cancer contribute to shorter life expectancy in a given population

Disability

- 42% (14,100 out of 33,900) of people aged 65+ are unable to manage at least one domestic task on their own; and 34% (11,600) are unable to manage at least one self-care task on their own
- The number of people, aged 18 64 years, with a learning disability is estimated to increase to 2,643 by 2020 (from 2,585 in 2015); and for those aged 65+ this is set to increase from 702 (2015) to 769 in 2020
- Long term conditions, particularly cardiovascular disease, are a major cause of physical disability



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 systematically explore and address how pharmaceutical services meet the needs of those with physical, sensory and learning disabilities.

2.3.1 Life Expectancy & Lifestyle

Overview

- 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

- 17.2% of adults smoke. This is the third highest rate in East of England. Whilst this is statistically worse than the regional average of 14.4%, it is similar to the England average of 15.5% (2016)
- This rises to 32.8% in adults in manual and routine employment, but is similar to the regional and England averages of 26.6% and 26.5% respectively

Poor diet

- 44.3% of infants are either totally or partially breast fed at the 6-8 week check. This is statistically similar to the England average (43.2%); data for East of England not available (2015/16)
- Only 52.2% of people eat the recommended 5+ portions of fruit and vegetables each day (2014/15)
- 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

 29.5% adults are inactive, compared with 27.6% in the East of England and 28.7% in England (2015)

Substance misuse

- It is estimated that there are 1,052 opiate and/or crack users (OCU); this
 is equivalent to 7.5 per 1,000 adult population (2015 mid-year
 estimates; JSNA refresh 2017); this has decreased since 2010
- The rate of drug related death (DRD) is higher than the averages in the East of England, London and England; Milton and Kursaal wards have the highest rates of DRD in Southend-on-Sea
- 24,000 (13.4%) of the population drink alcohol at a level that could harm their health and on 5 or more days a week
- An estimated 2,091 adults are dependent drinkers (based on 2014 Adult Psychiatric Morbidity Survey); this rate is likely higher than neighbouring areas
- Approximately 43% of school pupils (aged 11 15) have drunk alcohol at least once; this increases with aged (12% of 11 year olds; 74% of 15 year olds)

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

2.3.2 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 (2013/15)
- 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 antiplatelet 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:
 - $\circ\hspace{0.4cm}$ 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
- The recorded prevalence of diabetes in those aged 17+ is 6.5% of GP registered patients. This is similar to the East of England (6.3%) and England (6.5%) averages

Cancer

- The table on the right summarises cancer mortality rates
- Cancer related 'preventable' deaths in women are higher than the East of England average and the same as the England average

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 (2014/15)

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

	Men	Women	Total
All Deaths (Southend-on-Sea) (East of England; England)	117.9 (93.3; 104.7)	50.4 (40.9; 46.2)	83.3 (66.4; 74.6)
Preventable*- Southend-on-Sea (East of England; England)	53.4 (42.0; 48.1)	76.7 (63.4; 72.5)	31.5 (21.8; 25.0)

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

	Men	Women	Total
All Deaths (Southend-on-Sea) (East of England; England)	169.6 (145.0; 154.8)	119.7 (120.0; 123.9)	131.8 (132.0; 138.8)
Preventable* (Southend-on-Sea) (East of England; England)	100.7 (80.3; 88.4)	74.5 (70.3; 74.5)	88.3 (75.0; 81.1)

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

	Men	Women	Total
All Deaths (Southend-on-Sea) (East of England; England)	51.6 (31.8; 38.5)	22.4 (22.4; 28.0)	36.4 (27.0; 33.1)
Preventable* (Southend-on-Sea) (East of England; England)	28.0 (15.8; 20.3)	15.7 (11.8; 16.1)	21.6 (13.7; 18.1)
COPD (Southend-on-Sea) (East of England; England)	-	-	56.1 (44.7; 52.6)

Smoking –Related Hospital Admissions (Total)

No. of Admissions (Southend-on-Sea);	1,735
(East of England: England)	(1.594: 1.671)

Preventable deaths are those which could be avoided through public health interventions

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 (bottom 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 cfffonic poor health and can lead to serious disease and premature death
- The Health Protection Agency (HPA) has estimated that:
 - o 16% of current or previous drug injectors are Hepatitis B Positive
 - o 43% 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

- Latest CMO guidance is that men and women should limit alcohol intake to a maximum of 14 units a week. Drinking more than the recommended daily allowance, particularly dependent drinking and/or binge drinking, has health consequences which include:
 - Liver disease: The under 75 mortality rate in 2013/15 was 17.1/100,000.
 This is statistically similar to the England average (18/100,000) and higher than the East of England average (13.7/100,000)
 - Alcohol related Mortality (2015): This was 75.3/100,000 for males and 26.1/100,000 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:
 - o In 2015, there were 1,217 acute STIs in Southend-on-Sea
 - The rate of STIs (including chlamydia) per 100,000 population was 684 for Southend; this compares to 569 and 768 for East of England and England respectively (2015)
 - The rate of chlamydia diagnosis, in those aged 15-24 years, was 2,056 for Southend; this compares to 1,361 and 1,882 for East of England and England respectively (2016)
 - In 2016, the gonorrhoea diagnosis rate (per 100,000) was 65.5; this is statistically higher than East of England (31.6) and statistically similar to the England average (64.9)
 - 44.1% HIV is diagnosed at late stage (CD4 <350) in those aged 15+. This is statistically similar to both the East of England (51.4%) and England (40.0%) averages (2013-15 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 2015, the rate of conceptions (per 1,000) leading to abortion, in the under 18s, was 30.4. This is statistically lower than the East of England and England averages (50.0 and 51.2 respectively)
 - Teenage pregnancy often leads to poor health and social outcomes for mother and baby. In 2015, the under 18s birth rate (per 1,000) in Southendon-Sea was 10.9 and was statistically worse compared to the East of England and England rates (5.7 and 6.3 respectively)

Hospital admissions (per 100,000 population)	
Alcohol related harm (Southend-on Sea; 2015/16) (East of England; England)	555 (588; 647)
Substance misuse – 15 – 24 year olds (Southend-on-Sea; 2013/14 – 15/16) (East of England; England)	86.7 (75.8; 95.4)

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
 - The estimated prevalence of mixed anxiety and depressive disorders among adults is 12.3%; this is higher than the England average (8.9%)
 - An estimated 17,138 adults (aged 16-64) will be suffering from a common mental health disorder by 2020
 - o The recorded suicide rate is similar to 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 a result of the conditions themselves and also a refection 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: In 2017, the recorded dementia prevalence rate (as recorded on GP practice registers), for those aged 65+ was 4.78%. This is higher than the England (4.31%) and East of England (3.98%) averages. Alzheimer's disease is the most common form of dementia
 - Cardiovascular disease and Diabetes
 - Falls: In 2015/16, the rate per 100,000 of emergency hospital admissions for older people, who sustained an injury due to a fall was:
 - 5,504 for those aged 80+; this is statistically similar to the England and East of England averages (5,221 and 5,526 respectively)
 - 931 for those aged 65 79; this is similar to both the England and East of England averages (875 and 1,012 respectively)

Care Homes

- In 2016, the number of nursing and residential home beds per 100 people aged 75+ was 2.7 and 12.9 respectively
- A proactive approach to managing medicines in care homes is likely to make a contribution towards reducing unplanned admissions to hospital
- Recommendations from the NICE "Managing Medicines in Care Homes (SC1)" that directly relate to pharmacy involvement include:
 - o The ongoing supply and demand of medicines prescribed to patients
 - Advice/support for care plans and on identifying & managing adverse effects
 - Supporting the disposal of medicines from care homes
 - $\circ\hspace{0.1in}$ Supporting delivery of the local anticipatory medicines pathways
 - Advice/support to staff on the medication administration records for patients
 - o Providing a key contact for queries around medicines

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; vaccination is recommended for people falling into these clinical groups
- In 2016/17, the DH target was 75%+ for those aged 65+; 55% for those aged under 65 in an 'risk' group; and 40-65% for children (aged 2 to school year 3)
- Seasonal influenza vaccination uptake in Southend-on-Sea is historically low. In 2016/17, the percentage of eligible population vaccinated was:
- Over 65s: 62.7% versus 70.5% for England and 70.1% for East of England
- Those aged 6 months to 64, in 'at risk' groups: 39.9% compared with 48.6% and 46.4% for England and East of England respectively

Childhood immunisation

- A priority is to achieve 'herd' immunity (achieved where 95% of the eligible population should be immunised against the disease)
- Southend-on-Sea generally performs well against vaccination targets for childhood immunisations compared to England and the East of England

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 go on to set out the implications for the PNA.

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. It plays a strategic role to protect and improve the nation's health and wellbeing; and reduce health inequalities. It does 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. In 2016/17, the CCG negotiated with NHSE to being jointly commissioning primary care services
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, this section sets out high level strategic priorities together with the implications for the PNA
- Our assessment reflects strategic priorities at the time the PNA was written

"Five Year Forward View"

- This document³ sets out key strategic priorities, and new models of care, to ensure that the NHS evolves to meet the challenge associated with people living longer with more complex health needs, whilst embracing the opportunities offered by science and technology. Of note, and of relevance to community pharmacy are:
 - An enhanced focus on prevention to tackle the rising burden of avoidable illness arising from obesity, smoking, alcohol and other major health risks
 - o Empowering patients and their carers to manage their own care
 - Breaking down barriers which prevent effective service integration
 - Organising care around individuals with multiple health conditions and not based on single disease pathways

"Next Steps on the Five Year Forward View"

- This follow up document to the "Five Year Forward View" was published in 2017, and sets out a number of priorities⁴:
 - o Provision of urgent and emergency care, 24 hours a day on 7 days a week
 - Tackling inappropriate use of A&E, pressures on hospital beds and delayed discharges through:
 - Redesign of pathways, to ensure patients are seen in the right place at the right time; including care from new urgent treatment centres
 - Closer working between hospitals, community services and social care to free up hospital beds; includes working in "hubs" or networks
 - Improved access to GPs, through greater availability of GP appointments including bookable appointments in the evening and at weekends (to be universally available by 2019)
 - 1,300 clinical pharmacists to support medicines optimisation to improve efficiency & outcomes; and helping patients to manage their condition(s)
 - Improving pharmacy access to the summary care record & increasing use of EPS
 - A focus on cancer, aimed at improving survival rates including:
 - Early identification
 - Opening new rapid diagnosis and treatment centres
 - o Improving mental health services including:
 - Improving access to psychological or "talking" therapies
 - Addressing physical health needs in people with a mental health condition, through additional health checks
 - Better services for new mothers, children and adolescents
 - o Assisting frail and older people to stay healthy & independent
 - Sustainability and Transformation plans, Accountable Care Systems and joined--up funding are vehicles to deliver the required changes

2.4.1 National Strategy (cont...)

"Community Pharmacy Clinical Services Review"

- An independent review of pharmacy⁶ was commissioned in response to the "Five Year Forward View" and the "General Practice Forward View"
- The context for the review included:
 - The changing patient and population needs, particularly the demands of an ageing population with multiple long term conditions
 - o Emerging models of pharmaceutical care within the UK and internationally
 - Evidence of sub-optimal outcomes from medicines in primary care settings
 - The need to improve integration of pharmacy and clinical pharmacy skills into patient pathways and emerging models of care
 - o The need for service redesign in all aspects of care
- The review acknowledges that community pharmacy remains an underutilised resource; and that whilst the clinical role of pharmacy has evolved over the last decade there are opportunities to do more
- Three barriers have been identified:
 - Poor integration with other parts of the NHS including digital immaturity
 - Issues with behaviours and cultures, sometimes with weak relationships between community pharmacy and GPs
 - o Complex contractual mechanisms and commissioning arrangements
- The report makes a number of recommendations which focus upon maximising existing clinical services; ensuring integration of community pharmacy into new models of care; and enhancing support which is provided to people with long term conditions and for public health services. A number of actions and next steps are recommended:
 - Electronic repeat dispensing should become the default of repeat prescribing, unless a patient is yet to be stabilised on a medicine
 - Medicines use reviews (page 16) should be redesigned to include ongoing monitoring and regular follow up; and with a focus on people with comorbidities
 - o An England-wide minor ailments scheme (commissioned by April 2018)
 - Stop smoking services should be considered as an element of the national contract
 - Integrating community pharmacists into long term condition management pathways; and a role in case finding for conditions such as hypertension
 - Overcoming barriers through contractual & legislative reform; and digital
 maturity to facilitate registered pharmacy professionals to see, document and
 share information within clinical records held by other healthcare professionals

"Community Pharmacy 2016/17 and beyond: final package"

- The Department of Health set out a series of reforms including a significant change to the pharmacy remuneration structure to drive efficiencies and quality whilst preserving pharmacy services in areas with the highest need⁵
- The document also describes a modernisation programme for pharmacy service, which reflects priorities outlined in "Next Steps on the Five Year Forward View":
 - Market entry: New regulations permitting the consolidation of contracts within an HWB area (introduced in December 2016)
 - Digital technologies: to improve the "prescription ordering journey" with a view to maximising patient choice and convenience
 - Distance selling pharmacies: a review of the terms of service to reflect the different service offering by these contractors
 - Pharmacy Integration Fund:
 - This sets out to develop clinical pharmacy practice within primary care including a wider role for community pharmacy, pharmacists and pharmacy technicians in the new, integrated, local care models
 - The aim is to improve access for patients; reduce pressure on GPs and A&E; optimise medicines use; drive better value; improve patient outcomes; and contribute to the delivery of a 7 day health & care service
 - Initial priorities focus on the deployment of clinical pharmacists within groups of GP practices, care homes and urgent care settings, including NHS 111; and development of the pharmacy workforce and establishing principles for medicines optimisation for patient centred care
 - Urgent medicines supply pilot scheme: This scheme, which is accessed following referral by the NHS 111 service, is being piloted until March 2018 (refer to page 37 "NHS Urgent Medicine Supply Advanced Service" for further information)
 - Urgent minor illness care: The intention is to develop an evidencebased, clinical and cost-effective approach to how community pharmacies contribute to urgent care
 - Digital: accelerating digital integration including developing the adoption of messaging and transfer of care to community pharmacy from NHS 111 and hospital care settings; and sending a post event message from community pharmacy to other care settings

2.4.3 Local Strategy

Mid & South Essex Success Regime STP

- The Sustainability & Transformation Plan (STP) is a 5 year plan which sets out to transform health and care services (refer to figure below)
- Key changes include:
 - o Greater emphasis on prevention & self-care
 - Better management and planning for long term conditions; and early action to prevent problems
 - A multidisciplinary team approach to care, including mental health & social care
 - Transfer of services from hospital to more local settings; and redesign of hospital services
 - A network of urgent and emergency care including access by phone, online, apps, home visits and more local access to services
 - A choice for end of life care

Mid & South Essex Success Regime S	TP Partners
------------------------------------	-------------

Local Authorities	CCGs	Service Providers
Essex County Council Southend-on-Sea Borough Council Thurrock Council	 Basildon & Brentwood Castle Point & Rochford Mid Essex Southend Thurrock 	 Basildon & Thurrock University Hospitals NHS FT East of England Ambulance Service Mid Essex Hospital Services NHS Trust NELFT NHS FT North Essex Partnership University NHS FT Provide Southend University Hospital NHS FT Essex Partnership University NHS FT

& Supp stay for lo			N	igure adapted from the lid & South Essex STP Ipdate. Dec 16
face-to-fa Personalis Shared an Earlier tre	atment, new services a care e.g. support to e	Live well		
Networks of care in your area GP, community, mental health, social care working as one Wider range of services and clinics Joined up professionals the "multidisciplinary team"	SUPPORT & IMPROVE Your local service	INVEST \$ SHIFT	UNBLOCK UNBLOCK UNBLOCK In hospital	3 hospitals working better as a group

Impact for Community Pharmacy

- The STP does not make specific reference to community pharmacy
- However, recommendations made as part of the Community Pharmacy Clinical Services review (previous page) are highly relevant to the potential role which community pharmacy can play, particularly in relation to:
 - Prevention
 - Identification of unmet need
 - Support with self-care and signposting to relevant services
 - Improved management of long term conditions through medicines optimisation
- Key considerations with respect to changes in the provider landscape, providing care closer to home, wider availability of services on 7 days a week and closer multidisciplinary working with health and care professionals include:
 - A potential impact upon when patients and the public need to access community pharmacy services
 - The need to ensure that community pharmacy is well integrated into local networks and that the technology is in place to ensure that pharmacy IT systems integrate with those in partner organisations

2.4.2 Local Strategy (cont...)

Public Health Strategy

- The Joint Health and Wellbeing strategy (JHWS) for 2013-15, set the vision, and direction of travel with the aim of ensuring that everyone living in Southend-on-Sea has the best possible opportunity to live long, fulfilling, healthy lives
- The JHWS was refreshed in 2015, and set priorities for 2016 and beyond which address the ongoing challenges including:
 - o Financial pressures, across the health and care economy
 - Whole system transformation with a focus on integration of high quality, sustainable services
 - o Prevention, including promoting health lifestyles
 - o Delivering quality care and personalisation, putting people first
 - Community, system capacity and resilience
 - Personal and shared responsibility for health and wellbeing
 - Effective implementation of the Care Act
- The refreshed strategy defined three broad impact goals and confirmed that the 9 ambitions, which were defined in the original JHWS (refer to the figure on the right)

Public Health Services Plan

A new Public Health Services Plan is in development

System Achievements 2013 – 15 which benefit Public Health

- Southend-on-Sea was selected as a "Health and Social Care Integration Pioneer" to develop stronger joint working for more effective car and a better patient experience
- The Single Point of Referral has been further developed which creates a smoother experience for patients, and their families, with health and care needs
- £40m Big Lottery funding was awarded for Southend-on-Sea to invest, over a 10 year period, in better outcomes for children in the early years of their life
- A fully approved Better Care Fund plan which strengthens joined up working between key health and care partners

Broad Impact Goals – adding value

- a) Increased Physical Activity (prevention)
- b) Increased Aspiration and Opportunity (addressing inequality)
- c) Increased Personal Responsibility and Participation (sustainability)

1. A positive start in life

- Reduce need for children to be in care
- Narrow the education achievement gap
- Improve education provision for 16-19s
- Better support more young carers
- Promote children's mental wellbeing
- Reduce under-18 conception rates
- Support families with significant social challenges

2. Promoting healthy lifestyles

- · Reduce the use of tobacco
- Encourage use of green spaces and seafront
- · Promote healthy weight
- Prevention and support for substance & alcohol misuse

3. Improving mental wellbeing

- A holistic approach to mental and physical wellbeing
- Provide the right support and care at an early stage
- Reduce stigma of mental illness
- Work to prevent suicide and selfharm
- Support parents postnatal

4. A safer population

- Safeguard children and vulnerable adults against neglect and abuse
- Support the Domestic Abuse
 Strategy Group in their work
- Work to prevent unintentional injuries among under 15s

5. Living independently

- Promote personalised budgets
- Enable supported community living
- People feel informed and empowered in their own care
- Reablement where possible
- People feel supported to live independently for longer

6. Active and healthy ageing

- Join up health & social care services
- Reduce isolation of older people
 Physical & mental wellbeing
- Support those with long term conditions
- Empower people to be more in control of their care

7. Protecting health

- Increase access to health screening
- Increase offer of immunisations
- Infection control to remain a priority for all care providers
- Severe weather plans in place
- Improve food hygiene in the Borough

8. Housing

- Work together to:
- Tackle homelessness
- Deliver health, care & housing in a more joined up way
- Adequate affordable housing
- Adequate specialist housing
- Understand condition and distribution of private sector housing stock, to better focus resources

9. Maximising opportunities

- Have a joined up view of Southend's health and care needs
- Work together to commission services more effectively
- Tackle health inequality (including improved access to services)
- Promote opportunities to thrive;
 Education, Employment

Figure reproduced from the Southend-on-Sea Health & Wellbeing Strategy, 2015-16 Refresh

2.4.2 Local Strategy (cont...)

CCG Operating Plan 2017-19

The CCG vision is to "Ensure that everyone living in Southend-on-Sea has the best possible opportunity to live long, fulfilling, healthy lives... we want our children to have the best start in life; to encourage and support local people to make healthier choices; to help people to have control and live as independently as possible (whilst reducing the gap between the most and least wealthy people); and to enable our older population and those adults with social care needs to lead fulfilling lives as citizens".

The table below summarises those "must do" priorities (as required by NHSE) and other "local priorities, which have been identified as **relevant to, or which have implications for,** community pharmacy:

Relevant Priority	Relevant Specifics	Relevant Priority	Relevant Specifics
STPPrimary Care	 Work with system partners to deliver the STP Tackle workforce & workload issues Extend and improve access Primary care centres (St Luke's refurbishment; and planned new centre for Shoeburyness) 	"Home not Hospital" Service redesign	 Integrated complex care service - pilot to proactively coordinate and deliver care End of life - enabling people to die in their preferred place of care Care Home Programme - innovations to reduce 999 calls, A&E attendance & non-
• Urgent & Emergency Care ਨੀ	 Meet standards for 7 day services Single point of entry for urgent care services via 111 (not in-hours primary care) Re-direction of patients not requiring A&E into self-care, primary and community services 		 elective admissions LTC management tailored interventions e.g structured education, self management action plans, telehealth, medicines optimisation etc Falls Prevention Services
Locality Development 4 localities based on clusters of GP practices & with integrated multidisciplinary teams (MDT)	 Health, social care & third sector services with a focus on: Managing health & wellbeing Coordinating care for complex cases Includes integrating pharmacist & technician support for medicines optimisation to improve how medicines are prescribed & taken; & flagging issues to the GP 	Manage demand Focusing on 3 broad population groups	 People who are mostly healthy: Empower to manage own health Prevention, early intervention & self-care Those with rising risk: Integrated, multidisciplinary approach Self-management People who are high risk: GP-led, MDT case management
Sustainable & Acute Care Demand management and pathway redesign	 Pathways to be redesigned include: urology, MSK, cardiology, dermatology, rheumatology, diabetes, ophthalmology and respiratory (includes inhaler technique & flu vaccination) 	Medicines Optimisation	 QIPP savings across all therapeutic areas & a specific focus on "Right Care" opportunities Use electronic prescription services to improve repeat prescribing and to reduce waste
Dementia	 Prevention through lifestyle advice Navigation to dementia services Information in the right format at the right time 		 Practice pharmacists (medication review & support for repeat prescribing; independent pharmacist prescribers to run their own clinics) Dedicated care home pharmacist & technician to undertake medication reviews
7 day services	 SUHFT is a national pilot site for 7 day services This includes discharge to primary and community care 7 days a week 		 Email link for medicines related issues at discharge Public campaigns to encourage self care & reduce OTC medicine prescribing

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 transport⁸
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons⁹. 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:

Healthcare knowledge

- The healthcare knowledge of pharmacists, together with good accessibility, reinforces the role of community pharmacy as a "first
- port of call" to support people with self-care, including the management of minor illnesses

o 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 recommended¹⁰. 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

o Provider of public health services

- Pharmacy is an established provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services. Its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public are pivotal to its success
- These strengths are reflected by views from our public survey (box, right)

Insights from our Public Survey

Minor illnesses - where do you go first...? (n=113)

- For Advice: Pharmacy (38%); Treat self (34.5%); Online (18.6%); Other (4.4%); NHS 111 (2.7%); GP (1.8%); A&E (0%)
- For Treatment: Treat self (39.8%); Pharmacy (31.8%); GP (21.2%); Other (6.2%); A&E (0.9%); Online (0%)

Some respondents commented that they "do nothing" because an illness is minor, by definition; Others said that they buy medicines to self-care but this is not necessarily from a pharmacy; Several people acknowledged that seeking support from a pharmacist was helpful in freeing up GP time and/or was easier than booking a GP appointment

Advice on Medicines – where do you go? (n=109; multi-response question)

- Pharmacy (70.6%); GP (40.4%); Online (30.3%); Practice nurse (18.4%), Pharmacist in GP practice (8.3%), Hospital doctor (3.7%); Hospital pharmacist (1.8%)
- The question was not relevant for 8.3% of respondents

Do pharmacies have a role in providing advice on staying health? (n=109)

Yes (86.2%); Don't know (8.3%); No (5.5%)

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 factors which our assessment will need to take into account in relation to these roles.

Finally, throughout our assessment we will reflect on the national and local strategic priorities, as described in the preceding pages. This includes considering how these priorities may influence the need for NHS pharmaceutical services and/or how they might impact upon the delivery of pharmaceutical services.

2.5 Implications for the PNA

2.5.2 Systematic review

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

Dispensing Services

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

Health Promotion & Brief Advice

- The high number of people using pharmacies is a real opportunity to "Make every Contact Count"11.
- Future campaigns should focus on modifying lifestyle behaviours with a view to supporting the prevention agenda, as set out in the STP and JHWS
- Priorities include advice to influence behaviours which contribute towards higher rates of CVD, diabetes, cancer and respiratory disease and improving physical health in those with mental illness

Medicines Use Reviews & New Medicine Service

- Medicines play a critical part in preventing illness and improving outcomes for people with long term conditions
- MURs and/or NMS reviews play a pivotal role in helping people to take their medicines as prescribed; in identifying adverse effects; potentially reducing unplanned admissions and re-admissions to hospital; and reducing falls
- Targeting reviews to specific groups e.g. those with diabetes, history or risk of CVD or stroke, asthma, COPD and those with a mental health disorder, will support achievement of STP and CCG priorities in terms of improving outcomes and reducing waste

Pharmacy-based Vaccination

- Community pharmacy-based vaccination improves access and uptake of seasonal flu vaccination, which is a priority given historically low uptake rates
- There may be an opportunity to extend this success to other immunisations

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 the needle & syringe programme and supervised consumption services reflect the different needs of the population

Signposting

- Pharmacies need to be equipped to facilitate signposting to health & social care services including:
 - Southend-on-Sea "exercise referral scheme". Those with specific medical conditions or CVD risk factors may access this through referral by GPs, practice nurses and hospital staff
 - Specialist stop smoking services
 - Sexual health services, ante-natal care etc
 - o Hepatitis & HIV screening
 - Drug or alcohol services
- Signposting will be increasingly important to help patients to navigate services which have been transformed, as part of the STP

Health Assessment

- Pharmacies have a role to play in identifying unmet need (e.g. undiagnosed diabetes & hypertension); in some HWB areas they provide NHS Health checks
- Some pharmacies offer screening as a non-NHS service

Support for unscheduled care and self-care

- Community pharmacies provide valuable advice to support self-care for people with self-limiting conditions who may otherwise go to their GP or another unscheduled care provider; "Pharmacy First" minor illness schemes are commissioned in many HWB areas; and have been flagged as a priority by the DH⁶
- The NHS Urgent Medicines Advance Service pilot, accessed via NHS 111, helps to manage urgent requests for repeat medicines

Stop Smoking

- Community pharmacies have a valuable role to play in stop smoking services:
 - Pharmacy-based services are both effective and costeffective
 - 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
- Smoking prevalence varies across Southend-on-Sea; and services need to be 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. Similarly, LGBT people (including those who are HIV positive) may prefer to use pharmacy services if they do not wish to disclose their sexuality to their GP
- In some areas, community pharmacies are commissioned to provide free condoms, pregnancy testing & access to oral contraceptives
- Our assessment will take these factors into account, as well as considering the accessibility of sexual health services within Southend-on-Sea

Integrated Care Networks & New Models of Care

 Integrating community pharmacy more closely into new locality networks and new models of care would facilitate delivery of seamless care

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 the need for pharmaceutical services) or relevant (i.e. a service which has secured improvements or better access to pharmaceutical services). Refer to table (top right)
 - 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:
 - o Services provided in neighbouring HWB areas
 - o NHS Services provided by other NHS Trusts
 - ∘ Specific circumstances which influence future needs including potential changes in population size, demography, health needs, future plans for commissioning or service delivery and other local plans

Data Sources

- General Pharmaceutical Services benchmarking 2015/16 (NHS Digital) and NHSBSA data (2016/17)
- Data and information from NHS England, Southend-on-Sea Borough Council and EUPT in relation to the planning, commissioning and delivery of pharmaceutical services and locally commissioned services
- The findings from the contractor questionnaire which was issued to pharmacies in January 2017. A 100% response rate was achieved (noting that a partial response was received from one pharmacy)
- Insights from our public survey undertaken between 27 March and 31 May 2017
- The views of stakeholders within our partner organisations
- The Joint Strategic Needs Assessment (JSNA) and other public health data
- · National and local healthcare strategy; and other relevant strategies

Factor	Principle(s) for Determining "Necessary" 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, in terms of quality and outcomes, 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 are the:
 - Current level of access to NHS pharmaceutical services in the area (using "99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport" as a benchmark)
 - 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
 - Locality development and emerging Mid Essex STP requirements

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 (right) 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 (table below)^{12.} The new quality payment scheme (Appendix E) reflects a number of these requirements
- DACs are required to provide dispensing, repeat 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 in our PNA
- As dispensing is a common requirement for all contractors it will be used to explore key service fundamentals including:
 - o The distribution of pharmacies
 - Access (including the impact of opening hours)
 - o Future capacity

Essential Services provided by Community Pharmacies

Dispensing and actions associated with dispensing

- · Supply of medicines or appliances
- Provision of information and advice, to enable the safe and effective use of medicines by patients and carer
- Recording of all medicines dispensed, advice provided, referrals and interventions made using a Patient Medication Record (PMR)
- Electronic prescription services (EPS); these allow the prescriber to electronically transmit a prescription to a patient's chosen pharmacy

Repeat dispensing

- Allows the pharmacy to dispense against a "repeatable prescription", for up to a year, without the patient having to request a new prescription
- The pharmacist must ascertain a patient's need for a repeat supply of a given medicine before each dispensing; and communicate 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

- Advice, information & signposting around lifestyle & public health issues
- NHSE sets up to 6 campaigns a year

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

Clinical Governance (CG)

Patient & public involvement – practice leaflet, publicising NHS services, patient satisfaction, compliance with inspections & reviews, compliance with Equality Act 2010¹³

Clinical audit – one pharmacy based audit; one other audit set by NHSE

Risk management – CG lead, procurement & stock handling, incident reporting, standard operating procedures, waste disposal, patient safety communications, Health & Safety

Clinical effectiveness – ensuring appropriate advice e.g. for repeat prescriptions, self care etc

Staffing & Staff management - induction for staff & locums, training, qualifications & references, development needs, poor performance, making disclosure in the public interest policy

Premises standards – cleanliness, appropriate environment

Use of information – procedures for information management and security, self assessment of compliance

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3.2.1 Essential Services

3.2.1.1 Distribution of Pharmacies

Overview

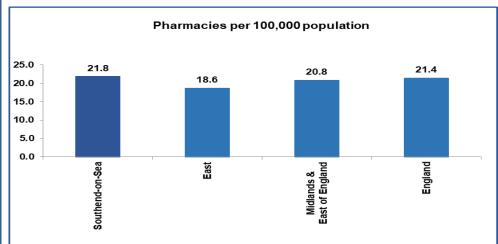
- There are 39 community pharmacies and 2 dispensing appliance contractors (DACs). There are no wholly mail order or internet pharmacies, local pharmaceutical services contracts or GP dispensing practices
- The graph (on the right) sets the provision of pharmacy services within Southend-on-Sea into context. Data is not available at HWB level and this has been calculated manually using relevant datasets
- Southend-on-Sea has more pharmacies per 100,000 population compared with the Midlands & East of England region, the East area within this and England
- The table (next page) and Maps 1 & 2 (subsequent pages) provide an overview of the distribution of pharmacies and DACs, by locality:
 - All wards contain at least one pharmacy
 - The West Central and East Central localities are the most densely populated;
 East Central is well resourced with pharmacies; West Central is around the
 - England average and above the regional averages

 o Both localities in the East have wards which tend to rank higher on the IMD; and there is a choice of pharmacy in each area with higher deprivation
 - The map shows good geographical alignment between GP surgeries and pharmacies
 - A number of pharmacies in the neighbouring HWB area, are accessible to Southend-on-Sea residents

Insights from the Public Survey

- Reasons for using a pharmacy (n=143)
 - o Get a prescription dispensed: 90.9%
 - o Buy a medicine: 62.9%
 - o Advice from a pharmacist: 50.7%
 - Shop for non-medical goods: 33.1%
 - o 2.1% cited other reasons; 2 people stated they don't use pharmacy services
- Accessibility (n=110)
 - 97.3% said that their usual pharmacy was easy to get to; parking was an issue by 2/3 respondents who found it difficult to get to a pharmacy
 - 97.3% are within 20 minutes of a pharmacy (75.5% are within 10 minutes); 99% said this was a reasonable travelling time
 - o 52.7% usually walk to their pharmacy and 42.7% drive
- Pharmacy location & preferred location (see table, top right)

Location of Pharmacy	Normally Used	Preferred
Near to home	42.3%	40.0%
Near to my GP surgery	32.3%	23.9%
Near to my place of work	6.2%	4.6%
Near to my children's school/nursery	0.8%	0%
Near to the shops I use	5.4%	4.6%
A pharmacy which is most convenient at the time	11.5%	19.2%
Other	1.54%	4.6%



NHS Digital, General Pharmaceutical Services, England, 2016/17; mid year 2016 population figures

Conclusions on Distribution

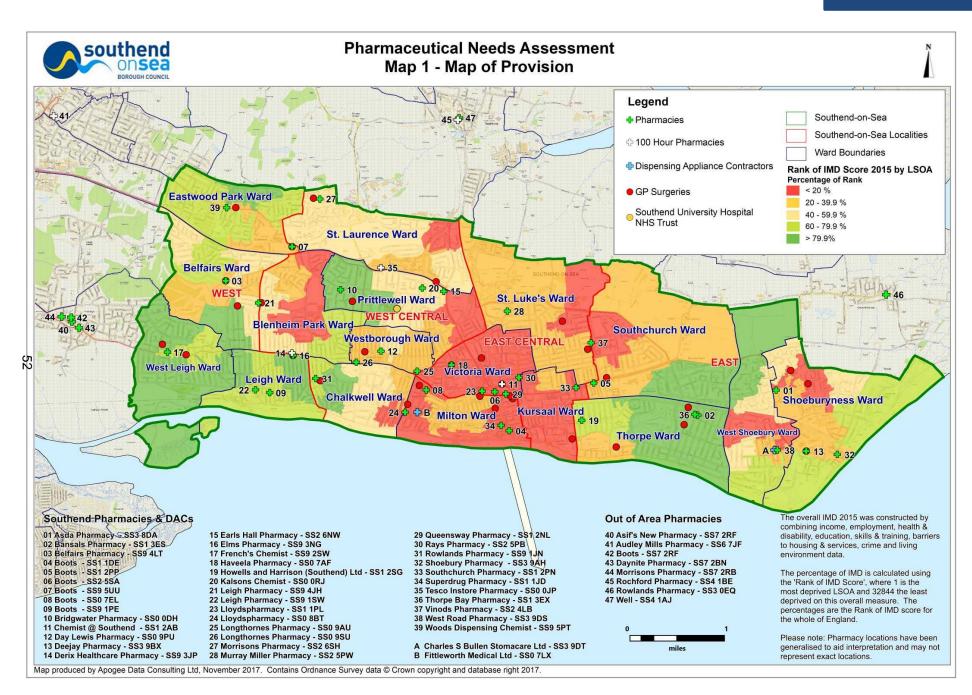
- Southend-on-Sea is well resourced with respect to the number of pharmacies per 100,000 population
- There is a good correlation between population density, deprivation and the number of pharmacies within each locality
- Southend-on-Sea residents have a choice of pharmacy within each locality, as well as 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

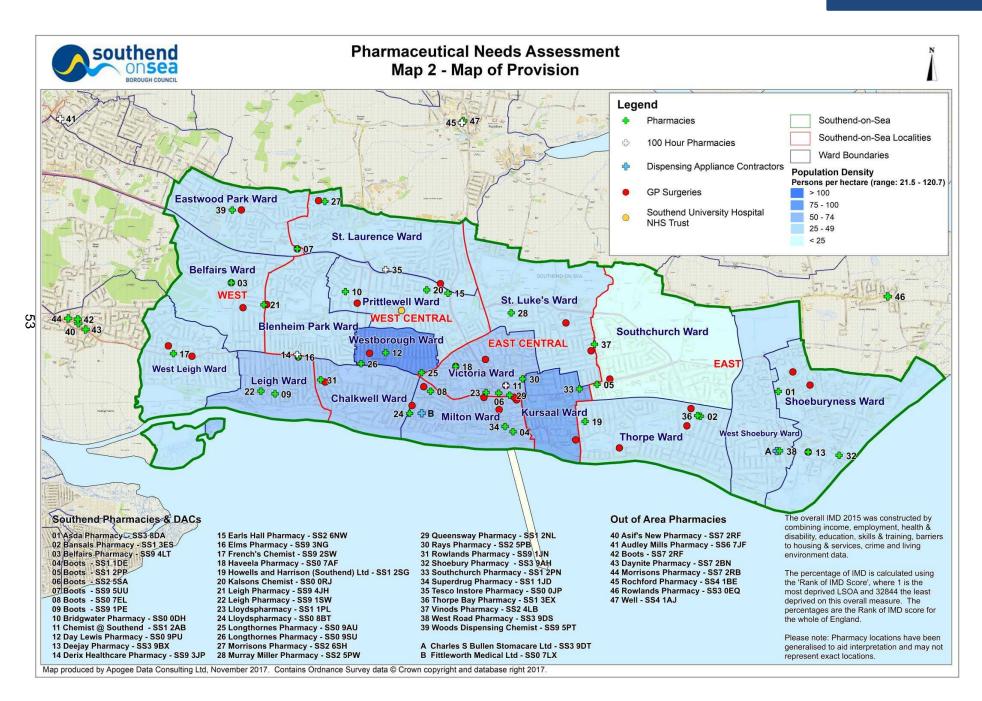
3.2.1.1 Distribution of Contractors by Locality and Ward

Locality	Ward	IMD rank*	No. of Pharmacies	Ward Population	Pharmacies / 100,000 population	No. of Pharmacies by Locality	Locality Pharmacies / 100,000 population
	Belfairs	13	2	9587	20.9		
West	Eastwood Park	16	2	9515	21.0	8	20.6
vvest	Leigh	14	3	10384	28.9	0	20.6
	West Leigh	17	1	9356	10.7		<u> </u>
	Blenheim Park	8	1	10884	9.2		
	Chalkwell	12	1	10253	9.8		21.8
Mant Cantral	Milton	3	4	11748	34.0	14	
West Central	Prittlewell	10	3	10392	28.9	14	
	St Laurence	11	2	9870	20.3		
	Westborough	9	3	11072	27.1		
	Kursaal	1	1	11585	8.6		
East Central	St Luke's	6	1	11345	8.8	8	23.4
	Victoria	2	6	11283	53.2		
	Shoeburyness	5	3	11896	25.2		
Foot	Southchurch	4	2	10005	20.0	0	24.7
East	Thorpe	15	3	9140	32.8	9	21.7
	West Shoebury	7	1	10387	9.6		
		Total	39	178702	21.8		

^{*}IMD = Index of Multiple Deprivation (2015) where 1 is the highest rank and 17 is the lowest within Southend-on-Sea (Population based on mid year estimates 2015 data) East area, Midlands & East of England and England averages are: 18.6, 20.8 and 21.4 per 100,000 population (based on mid 2016 estimates)

One DAC is located in West Shoebury ward in the East locality; and the other is in Milton ward in the West Central locality





3.2.1.2 Access & Opening Hours

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
- A pharmacy or DAC must seek permission from NHSE to amend its core hours. Supplementary hours may be changed at the discretion of the contractor, providing that NHSE are given 90 days' notice

Current Picture

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

Weekdays

- o All 39 pharmacies are open between 9am to 5pm
- 9 (23.1%) pharmacies close for lunch; 7 of these are in the West Central locality;
 and 2 in the East locality. There is no access to a pharmacist in Prittlewell at lunchtime
- With respect to extended hours, 7 (17.9%) pharmacies open by 8am; and 11 (28.2%) remain open until 7pm or later. Of these 3 (7.7%) are 100 hour pharmacies. Some residents in the West & East Central localities may have to travel more than a mile to access a pharmacy near to home at these times

Saturdays

- ⊙ 37 (95%) pharmacies open between 10am 12pm; of these 18 (46.2%) remain open until 5pm; and 5 (12.8%) until 7pm or later
- o Access in the West and East Localities is more limited during extended hours

Sundays

- 9 (23.1%) pharmacies open for between 2 and 15 hours; 8 of these pharmacies are open for 6 hours or more
- No pharmacies open on a Sunday in the West locality; and access in the East locality is more limited. However, there is reasonable access in the other localities and neighbouring HWBs

· Bank Holidays & Out of Hours

- o An enhanced service is in place on Christmas Day and Easter Sunday
- o 4 pharmacies told us they may change their opening hours (details not available)

Insights from our Public Survey

Frequency of Using a Pharmacy (n=138)

- 60% use a pharmacy at least once a month; this was the most common frequency reported
- 10.9% of respondents use a pharmacy at least one a week
- 19.6% use a pharmacy once or twice a year
- For the 8.7% who stated "other", 2 months was the most common frequency cited

Choice of Pharmacy (n=138)

- 76% said they preferred to use the same pharmacy
- Common reasons for preferring a given pharmacy included: convenience (proximity to the GP surgery, home and/or a town centre were mentioned); a good service provided by knowledgeable

and/or friendly staff; long opening hours and 7 day opening

Suggested improvements included: longer opening hours (including weekends), more support for older people including in the home; a high number of responses stated no improvements were needed

Preferred Day for Using a Pharmacy (n=128)

- 37.5% said they preferred to use a pharmacy on a weekday
- 9.4% would rather use a pharmacy on a Saturday
- Only 1 person (0.78%) said a Sunday was best
- 52.3% don't have a preference

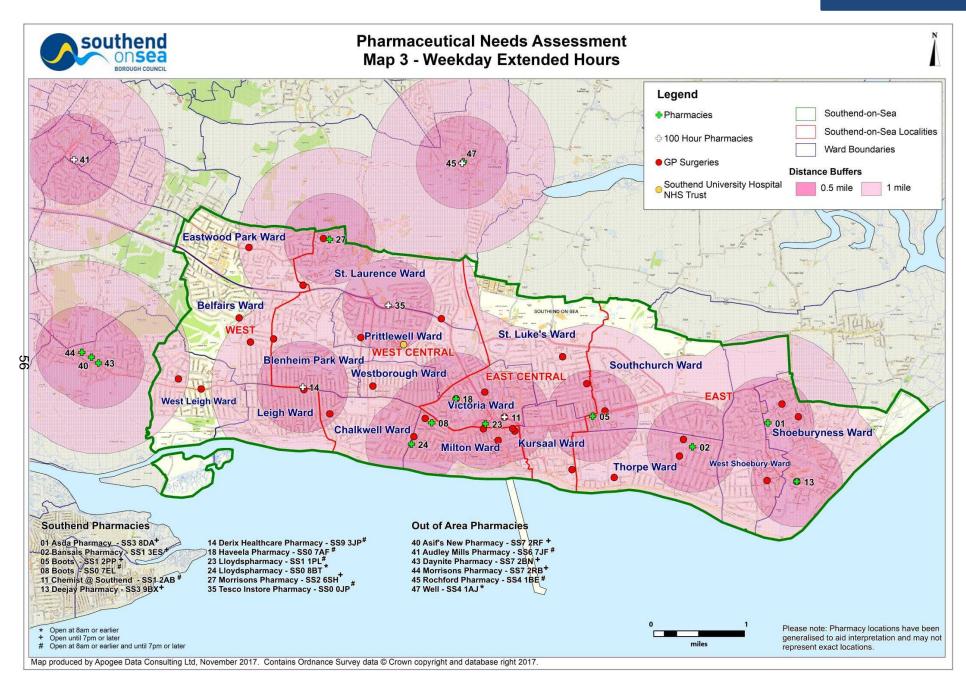
Preferred time of Day for Using a Pharmacy (n=128)

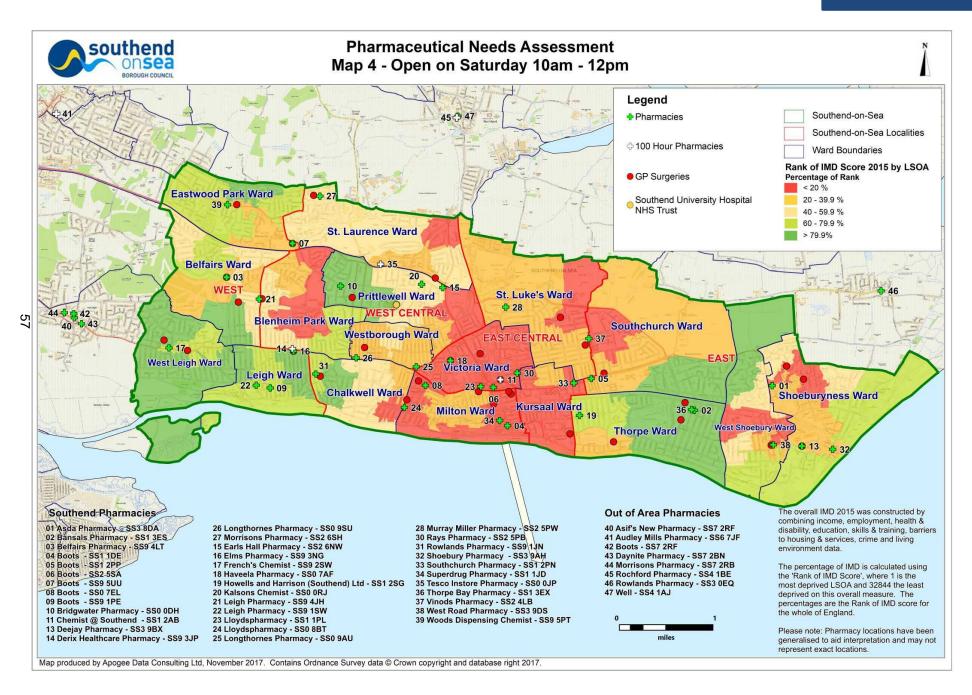
- Most respondents were either happy to use a pharmacy during the hours of 9am – 5:30pm (36.7%) or had no preference (36.7%)
- Almost a quarter (22.6%) prefer to use a pharmacy in the evening Satisfaction with Opening Hours (n=108)
- 84.3% were satisfied or very satisfied with weekday opening hours (9am - 5:30pm); 7.3% were dissatisfied or very dissatisfied
- 77% were satisfied or very satisfied with Saturday opening hours;
 9.3% were dissatisfied or very dissatisfied
- However, outside of these hours there was less satisfaction:
 - On weekday evenings, whilst 64% were satisfied or very satisfied; 12% were dissatisfied or very dissatisfied
 - 18.5% were dissatisfied or very dissatisfied with Sunday opening hours, compared with 50% who were satisfied or very satisfied
 - Bank holidays had the highest rates of dissatisfaction (19.4%)

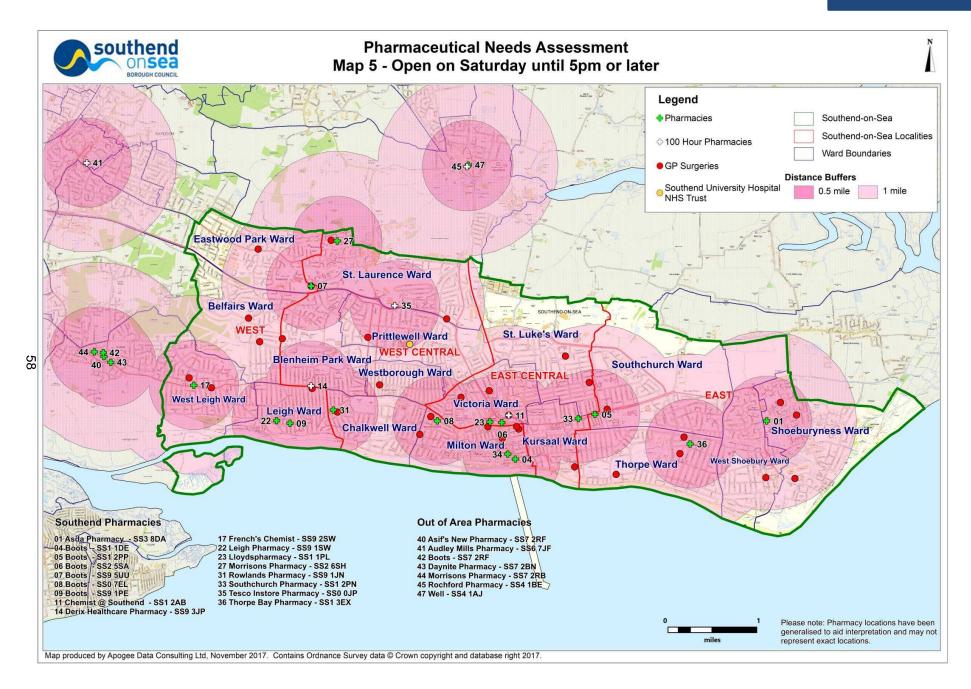
3.2.1.2 Access - Opening Hours (continued)

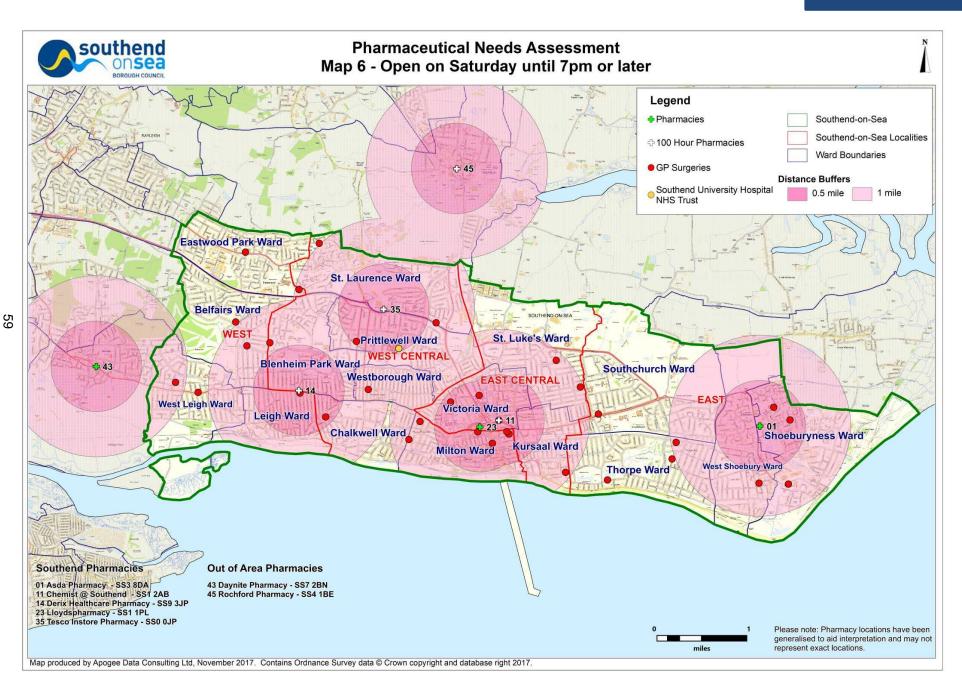
		Number of Pharmacies Offering Essential Services									
Locality	Ward		Wee	kdays		Saturdays					
	Wald	8am or earlier	9am – 5pm	7pm or later	Closed for lunch	8am or earlier	10am – 12pm	5pm or later	7pm or later	Closed for lunch	Sundays
	Belfairs	0	2	0	0	0	2	0	0	0	0
West	Eastwood Park	0	2	0	0	0	2	1	0	0	0
west	Leigh	0	3	0	0	0	3	2	0	0	0
	West Leigh	0	1	0	0	0	1	1	0	0	0
	Blenheim Park	1	1	1	0	1	1	1	1	0	1
	Chalkwell	0	1	0	0	0	1	1	0	1	0
West Control	Milton	2	4	1	1	1	4	3	0	1	2
West Central	Prittlewell	0	3	0	3	0	3	0	0	0	1
	St Laurence	1	2	2	1	1	2	2	1	1	1
	Westborough	0	3	0	2	0	2	0	0	0	0
	Kursaal	0	1	0	0	0	1	1	0	0	0
East Central	St Luke's	0	1	0	0	0	1	0	0	0	0
	Victoria	3	6	3	0	2	5	3	2	0	3
	Shoeburyness	0	3	2	0	1	3	1	1	0	1
East	Southchurch	0	2	1	1	0	2	1	0	0	0
	Thorpe	0	3	1	1	0	3	1	0	0	0
	West Shoebury	0	1	0	0	0	1	0	0	0	0
Grand Total	Grand Total		39	11	9	6	37	18	5	3	9
Percentage of Total		17.9%	100.0%	28.2%	23.1%	15.4%	94.9%	46.2%	12.8%	7.7%	23.1%

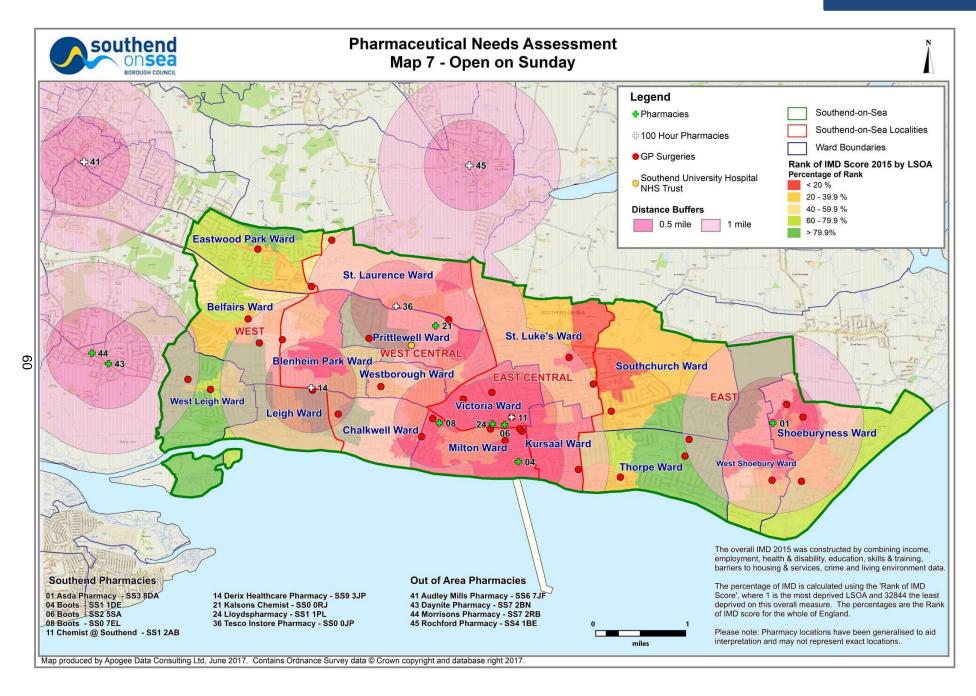
	Locality	Ward	Weekdays	Saturdays	Sundays
DACs	West Central	Milton	09:00 – 17:00	Closed	Closed
	East	West Shoebury	09:00 - 17:30	Closed	Closed











3.2.1.3 Dispensing

Overview

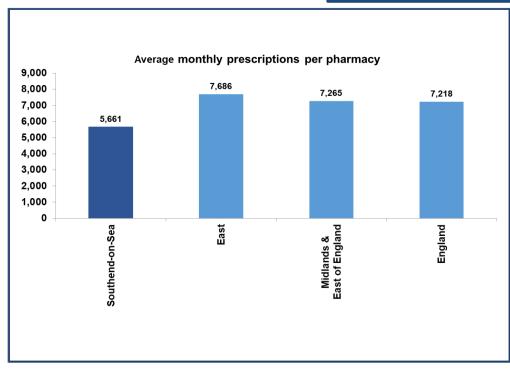
In our review of dispensing we looked at a number of factors including:

- The pattern of dispensing. This includes a high level comparison with the regional and England average; and 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 the need for essential services

Current Picture

- The graph (on the right) compares the average pharmacy dispensing rate in Southend-on-Sea with the regional and England averages
- 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 regional and England average
- A detailed review of the total number of items dispensed against prescriptions written by Southend-on-Sea GPs has been undertaken. The table (page 36) shows the out of area pharmacies which have dispensed the highest number of items against these prescriptions
- The total number of items prescribed was 2,985,471 (epact data; Dec 15

 Nov 16, which was the most recent 12 month period available at the time the analysis was undertaken). Of these:
 - o 92% of these items were dispensed by Southend-on-Sea pharmacies
 - 8% were either dispensed by pharmacies outside of the area or were attributable to medicines which had been personally administered by GP surgeries (e.g. injections)
- The table (right) demonstrates variation in the proportion of items dispensed between the localities; with a 6% difference between the West locality (lowest proportion) and the East locality (highest proportion). The lower average number of items per pharmacy per month in West Central is likely to be a reflection of the number of pharmacies in this locality



NHS Digital, General Pharmaceutical Services, England, 2016/17; see * below

Locality	No. of Pharmacies			Annual Items / Pharmacy	Items / Pharmacy / Month
West	8	587,419	22%	73,427	6,119
West Central	14	732,747	27%	52,339	4,362
East Central	9*	643,626	24%	71,514	5,960
East	9	753,418	28%	83,713	6,976
Total	40*	2,717,210	100%	67,930	5,661

NHSBSA Items dispensed in 2016/17

^{*} Dataset & analysis includes the pharmacy which closed down in August 2017

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:
 - o 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
 - $\circ\hspace{0.4cm}$ Reduced waste as pharmacies only dispense medicines which are needed
 - o Greater convenience for patients
- In 2012/13, repeatable dispensing accounted for 3.7% of all dispensing; this rate has been declining year on year and is currently 1.6%, based on data to Nov 2016

Electronic Prescription Services

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy
- The system is potentially more efficient and may reduce dispensing error rates; it can reduce trips for patients between the GP surgery and pharmacy
- · EPS is now fully rolled-out in Southend-on-Sea
- The CCG has stated a commitment to use EPS to improve repeat prescribing and reduce waste

Summary of Cross Border Dispensing (All Items)

Summary of Cross Border Dispensing (All Items)									
HWB Area	Pharmacy Name	Post Code	No. of Items	% Total					
Southend-on-Sea	All Pharmacies & DACs		2,744,607	92%					
	PILLS2U.CO.UK LTD	SS5 6AE							
	ASIF'S NEW PHARMACY	SS7 2RF							
	WARD MOBILITY LIMITED	ARD MOBILITY LIMITED SS8 0JQ							
	BOOTS	RM20 2ZG							
	MORRISONS PHARMACY	SS7 2RB							
	HAMBRO PHARMACY	SS6 9NL							
	DAYNITE PHARMACY	SS7 2BN							
	WELL	SS4 1AJ							
	BOOTS	SS6 7EJ							
	NUTAN PHARMACY SS4 3ET RISHI PHARMACY SS7 3PF								
_	BOOTS	SS7 2RF	444444	4.007					
Essex	LLOYDSPHARMACY	SS7 3NZ	144,144	4.8%					
	DAY LEWIS PLC	CM2 9LG							
	ROWLANDS PHARMACY	SS3 0EQ							
	ROCHFORD PHARMACY	SS4 1BE							
	AUDLEY MILLS PHARMACY	SS6 7JF							
	TESCO INSTORE PHARMACY	SS13 3JU							
	LLOYDSPHARMACY	SS13 1SA							
	BOOTS	SS8 0JA							
	GOLDEN CROSS PHARMACY	SS4 1UB							
	BOOTS	SS8 7AG							
	CARTWRIGHTS PHARMACY	SS7 1QT							
	WELL	SS8 7AY							
	PHARMACY2U LTD	LS14 2LA							
0/1	OTC DIRECT LIMITED	M28 3PT	0.400	0.007					
Other Areas	SEEMUS LTD	CM23 3AL	8,433	0.3%					
	CHEMIST2YOU/AQUA	N9 8JE		36					

3.2.1.3 Dispensing (Continued...)

Alignment of Pharmacy Opening Hours with Other NHS services

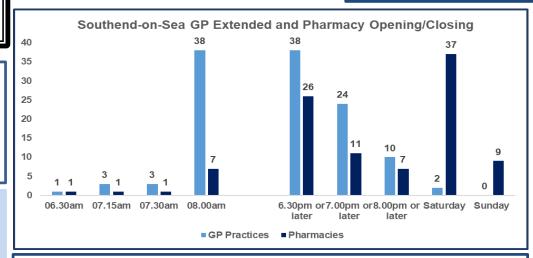
- An important consideration is the ability of patients to get their prescription dispensed in a timely manner. This is critical for medicines which need to be started urgently e.g. palliative care medicines
- Therefore, we looked at pharmacy opening hours in the context of GP opening hours and other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

Alignment of GP and Pharmacy Opening Hours

- GP core hours are 8am 6:30pm on Mondays to Fridays; in addition some GP practices open for extended hours
- The graphs (right and next page) provide a summary of the number of practices which open for extended hours on one or more days each week; they demonstrate:
 - o For Southend-on-Sea as whole, there is 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, even if they can't use their regular pharmacy
 - Patients accessing GP services in the morning only have the option of accessing a pharmacy in the West Central locality until a pharmacy in their own locality opens (8am in the East Central locality; 8:30am in the East & West localities)
 - Similarly, patients in the West locality who access GP services after 7pm may need to access pharmacy services in a neighbouring locality or HWB area

Other Providers

- Unscheduled care providers include:
 - o The GP Out of Hours Service, based at Southend Hospital
 - The A&E Department, at Southend Hospital, which is open 24 hours a day, 365 days of the year
 - o These providers stock medicines which can be issued to patients
 - FP10 prescriptions may be used if a non-stock medicine is required.
 Patients are not be able to get an urgent prescription dispensed in the overnight period; however, the need to do so is relatively rare
- 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



Insights from our Public Survey

- 16.5% (n=109) of respondents said they had been unable to get a prescription dispensed because their pharmacy was closed
- 19 answered the follow up question about when this had occurred: 38.9% said on Sunday; 27.8% on a weekday evening; 5.6% on a weekday morning; 5.6% on a Bank Holiday; the rest couldn't remember
- 65.9% (n=123) would prefer to use their regular pharmacy for dispensing and repeat dispensing services

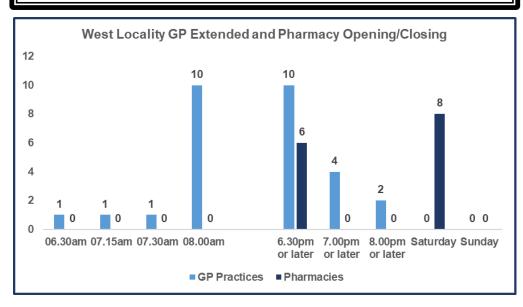
NHS Urgent Medicine Supply Advanced Service (NUMSAS)

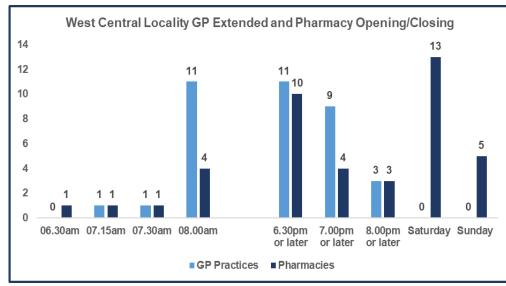
- This is a pilot service which runs from 1 Dec 16 31 Mar 2018
- It aims to manage NHS 111 requests for urgent medicine supply; reduce demand on the rest of the urgent care systems; resolve problems leading to patients running out of their medicines; and to increase patients' awareness of electronic repeat dispensing
- At the time of publication, 10 pharmacies offer the service; there is cover every day of the week including during extended hours on weekdays
- Subject to the evaluation of the pilot, we believe that this service is necessary to meet the need for pharmaceutical services

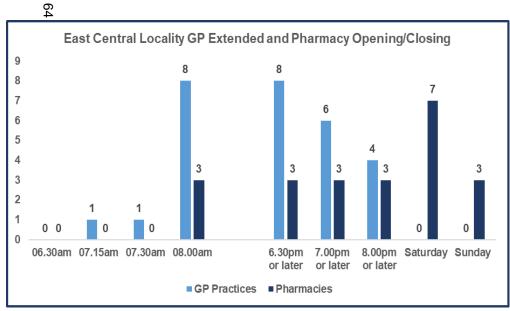
The Future

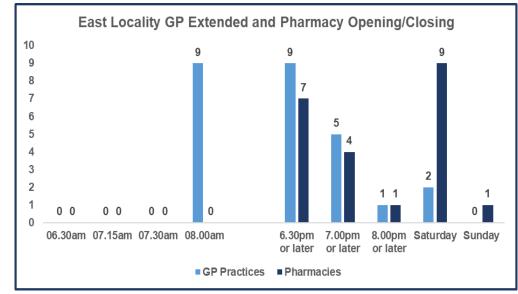
In the future, as more GPs move towards a 7 day a week service, there
may be a need to commission additional hours from the existing network
of pharmacies to ensure good alignment with GP opening hours

3.2.1.3 Dispensing (Continued...)









3.2.1.4 Access and Support for those with Disabilities

Overview

- The Equality Act 2010¹³ requires pharmacies to make reasonable adjustments to support the needs of those with protected characteristics
- Pharmacies receive a payment as contribution towards providing auxiliary aids, for people eligible under this Act who require support with taking their medicines
- Access and support for those with disabilities is, therefore, a key consideration and this was explored in the contractor questionnaire and public survey

Current Picture

- The table (next page) summarises the findings from our contractor questionnaire at locality and ward level
- 92.3% pharmacies are fully accessible to wheelchairs (and pushchairs), demonstrating that wheelchair users and parents / carers of babies and young children are not disadvantaged with respect to access or choice
- 82% are willing to undertake consultations in patients' homes; this improves access for those who are less able to get to a pharmacy
- Support for people with visual impairment:
 - 84.6% have facilities to provide large print labels for those with visual impairment; or for those with learning disabilities or cognitive impairment
 - 17.9% pharmacies offer labels with braille (although it should be noted that many original packs are embossed with braille by the manufacturer)
 - 12.8% have magnifying strips to aid reading; and 1 pharmacy provides large print patient information leaflets
- The range of support which is available to aid communication with those who are hearing impaired is more limited:
 - 46.2% of pharmacies have hearing loops
 - o 20.5% have a member of staff who is able to use sign language
- Support offered to people with cognitive impairment / learning disabilities:
 - o 23.1% supply "aide memoires" (e.g. reminder charts) if needed
 - o 46.2% have easy to read information available
 - 89.7% provide monitored dosage systems (MDS); there is no published evidence to demonstrate the benefits of these systems, they may be useful for people with complex medicine regimens and who are easily confused
- 66.7% pharmacies confirmed that they have a "dementia friendly" environment; and 28.2% said they were working towards this

Insights from our Public Survey

Accessibility for wheel chairs and pushchairs (n=109)

- 51.4% respondents said premises were accessible;
- 42% said this was not relevant or they didn't know
- 6.4% said no; issues included heavy doors; steps leading to the premises and insufficient space between the aisles to manoeuvre

Communication aids for people with hearing impairment (n=109)

- 9.1% respondents said "Yes" their pharmacy had facilities
- A high proportion of respondents either didn't know (16.5%) or said this wasn't relevant (74.3%)

Support for those with visual impairment (n=109)

 Just over 6% of respondents said their pharmacy provided large print labels and containers with braille; the questions were not relevant for 93% of respondents

Home delivery service for people who find it difficult to leave home (n=108)

- 25% of respondents said this was offered; 2.9% said no; 2 of the respondents who answered no said this would be useful
- 13.9% respondents didn't know; 58.3% said it wasn't relevant

Conclusions on Access and Disability

- The results of our contractor questionnaire demonstrate that many pharmacies have taken steps to support people with disabilities, particularly with respect to wheelchair access & support for those with visual impairment; supply of auxiliary aids such as MDS; and willingness to offer support in people's homes
- Less than 50% of pharmacies have facilities to aid those who are hearing impaired. This may adversely impact upon the quality of pharmaceutical support; and potentially reduces access and choice for those who are dependent upon support for effective communication
- Less than 50% offer easy to read information and "aide memoires" which may improve adherence and, therefore, patient outcomes
- Improvements could be achieved if more existing pharmacies were to provide facilities and support for those with hearing impairment; and for those with learning disabilities and/or cognitive impairment. The latter would support the CCG priority to ensure information is provided in the right format, and at the right time, to patients with dementia

3.2.1.4 Access & Support for those with Disabilities

	Supporting People with Disabilities										
	Ward	Wheel Chair Access	Hearing Impairment		Visual Impairment / Blindness		Cognitive Impairment				
Locality			Hearing Loop	Signing	Large Print Labels	Braille	'Aide Memoire' for medicines	Easy to Read Information	Monitored Dosage Systems	Large Print Labels	Dementia Friendly Environment
	Belfairs	2	0	1	2	0	1	1	2	2	2
West	Eastwood Park	1	1	0	2	1	0	0	1	2	0
West	Leigh	2	1	0	3	1	1	3	3	3	3
	West Leigh	1	1	0	0	0	0	1	1	0	0
	Blenheim Park	1	0	1	1	0	1	1	0	1	0
	Chalkwell	1	0	0	1	0	0	0	1	1	1
West	Milton	4	4	0	2	1	0	0	4	2	4
Central	Prittlewell	3	1	1	3	0	2	2	3	3	3
	St Laurence	2	2	1	2	1	0	1	1	2	2
	Westborough	3	1	1	3	1	0	0	3	3	1
	Kursaal	1	0	0	0	0	0	1	1	0	1
East Central	St Luke's	1	1	0	1	0	0	0	1	1	0
Contrai	Victoria	6	3	1	6	1	1	3	6	6	4
	Shoeburyness	3	1	0	2	1	1	2	2	2	1
Foot	Southchurch	2	1	0	2	0	1	0	2	2	1
East	Thorpe	2	1	1	3	0	1	2	3	3	2
	West Shoebury	1	0	1	0	0	0	1	1	0	1
Grand To	Grand Total 36		18	8	33	7	9	18	35	33	26
Percentage of Total		92.3%	46.2%	20.5%	84.6%	17.9%	23.1%	46.2%	89.7%	84.6%	66.7%

Notes

The questionnaire results were inconsistent with respect to the provision of large print labels in that more pharmacies said they provide these for those with visual impairment than for cognitive impairment. The question was intended to understand if this facility was available so the results for visual impairment have been used

The DACs were excluded as very few patients are seen on the premises

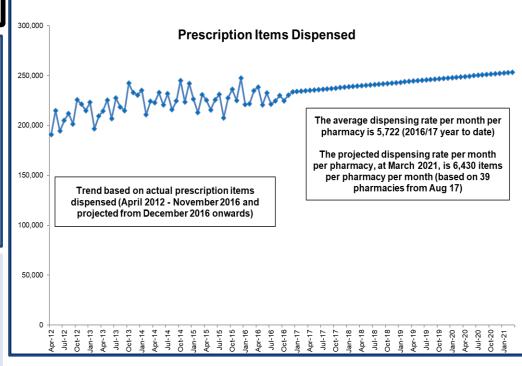
3.2.1.3 Future capacity

Overview

- We have undertaken the following analysis to explore the future capacity of Southend-on-Sea's pharmacies:
 - o The future pattern and growth of prescribing
 - The extent to which other NHS organisations (e.g. acute trusts, community and mental health services providers) rely upon NHS Pharmaceutical services to supply medicines
 - The potential impact of consolidated applications on the distribution of pharmacies
 - Local housing, commercial and regeneration plans and how these may impact upon the local population

Prescribing

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Southend-on-Sea pharmacies
- The graph (right) plots the number of items dispensed per month, between April 2012 and Nov 2016 and projects through to March 2021
- The graph illustrates that the trend is for the volume of items to increase. Assuming that the number of pharmacies remains constant at 39, the average number of items per month has been estimated to be 6,430 per pharmacy per month. This dispensing rate is below the current England and Regional averages (page 35)
- It is important to note the following limitations, which apply to the analysis:
 - The items data is based on prescriptions issued by Southend-on-Sea GPs and doesn't include prescription items issued by GPs or other providers in other areas
 - 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
- However, putting these limitations aside, the data imply that there is sufficient capacity within the existing network of pharmacies to meet future dispensing needs



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

NHS Trusts & Use of NHS Pharmaceutical Services

Southend University Hospital NHS Foundation Trust

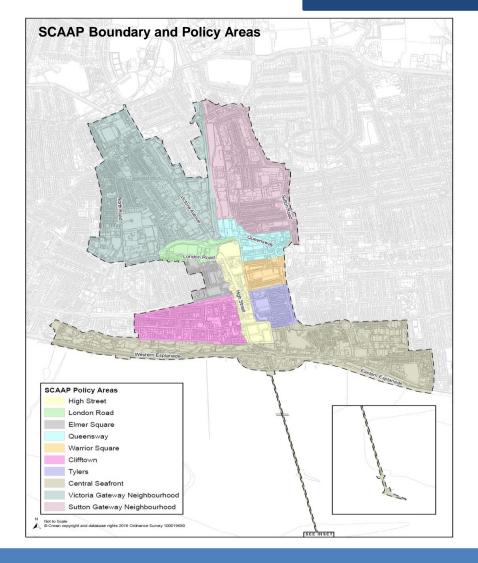
- Dispenses the majority of their medicines (i.e. for inpatients, out-patients and for discharge) in-house
- The Trust uses FP10 prescriptions, for dispensing by community pharmacy, at satellite clinics and in the out of hours period
- The Trust is exploring establishing a wholly owned subsidiary, in partnership with Mid Essex Hospital Services NHS Trust; the new arrangement will have minimal impact upon FP10 dispensing volume. There are no plans to apply to provide NHS Pharmaceutical services

Essex Partnership NHS Foundation Trust

- Uses FP10 prescriptions quite widely
- There are no plans to change this arrangement in the near future

3.2.1.3 Future capacity (cont...)

- The Southend-on-Sea Central Area Action plan (SCAAP) sets out proposals for a local development framework to deliver regeneration and growth
- This document reflects the vision, strategic objectives & spatial strategy of the Southend Core Strategy (2007) which set out targets (for 2001–21) for:
 - 2,474 additional dwellings; 1,087 of these were built between 2001 and 2016
 - 7,250 additional jobs; initially there was been a decline of employment across the Borough, however, this trend started to reverse in 2010
- The vision for the Southend Central Area (SCA) is a "City by the Sea" with the aim of transforming the area so that it is a popular location for businesses, residents, students and visitors; the diagram (right) shows the priority areas
- The priorities relevant for the PNA, because of potential impact on demography, the number of people coming into the area on a daily and seasonal basis and the accessibility of pharmacy services are:
 - Establishment of a wider range of homes, businesses and shops as well as providing new opportunities for recreation, leisure and tourism
 - Increase the number and diversity of people living in SCA and its Gateway
 Neighbourhoods by building more homes
 - The establishment and expansion of new businesses by identifying, promoting or actively bringing forward suitable sites for development
 - New retail developments and floor space
 - Promote and enhance the tourism, cultural and leisure offer to attract greater visitor numbers and promote more overnight and longer stays
 - Improve accessibility through improved opportunities for walking, cycling and improving access to public transport; and improving car parking provision
- There are no plans to change primary medical care provision other than the planned brand new health centre at Shoeburyness



Conclusions

- The regeneration and development plans will not create any current or future gaps, within the lifetime of the 2017 PNA:
 - o The number of additional dwellings, expected over the next 3 years, is unlikely to have a significant impact on the population size
 - Whilst the number of non-residents (tourists, employees) may increase, the SCA is well resourced with pharmacies, which have the capacity to meet current and future needs of the population
 - o The existing network is well distributed across the priority areas highlighted on the map

3.2.1.3 Future capacity (cont...)

Consolidated Applications

- The NHS (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 (SI 1077)^{2,} permit the merger of two pharmacy businesses, within the same HWB area, providing that this does not create a gap in the provision of pharmaceutical services
- The "consolidation" involves the closure of one of the pharmacies and may involve an associated change of ownership
- The Regulations provide statutory protection against the consolidated pharmacy in that a new pharmacy is not permitted to open and replace the pharmacy which has closed. This protection only remains in place until the HWB produces a new PNA
- Only pharmacies on the pharmaceutical list may submit an application (i.e. the Regulations do not apply to distance selling pharmacies, DACs and LPS pharmacies)
- The pharmacy which remains open must:
 - o Retain the same core hours
 - Provide any enhanced service which is commissioned by NHSE in the HWB area
- Whilst a consolidated application is an "excepted" application, NHSE
 must not grant it if this would create a gap in pharmaceutical services,
 that could be met by a standard application i.e. to:
 - o Meet a current need (Regulation 13, 2013 Regulations);
 - Meet a future need (Regulation 15, 2013 Regulations); or
 - o Secure improvements, or better access (Regulation 17, 2013 Regulations)
- The PNA Steering Group has determined principles to support the HWB with decision making in the event that a consolidated application is received (refer to table on the right)

Factor(s)	Principles to Inform Consolidation Application Decisions
Advanced, enhanced & locally commissioned services	 A potential closure must not have an adverse impact on access to any pharmaceutical and locally commissioned services i.e. the HWB would anticipate that <u>all</u> services offered by the closing pharmacy would need to be available from the consolidated pharmacy Residents need to have reasonable access*, to identical services, from an alternative pharmacy
Pharmacy opening hours	 The earliest and latest opening of a pharmacy within a locality must be preserved, particularly if a potential closure impacts upon extended hour opening and weekend opening
Deprivation	 Reasonable access* to pharmacy services need to be maintained where the potential closure relates to a pharmacy in a deprived area
Population density & average number of pharmacies	 The impact of a potential closure on a locality's average number of pharmacies (compared with benchmarks), and future capacity, is a consideration in densely populated areas
Alignment of GP services	 The alignment between GP & pharmacy services needs to be maintained, so that residents continue to have reasonable access* following a GP consultation
Choice	The impact of the potential closure on choice will be considered in a locality where choice is already limited

^{*} The HWB defines reasonable access as approximately 20 minutes travel time for the majority of residents

We have applied these principles to the current network of pharmacies, to identify if any locality is "vulnerable" to a potential gap in the event that a consolidated application is received (refer to page 44)

3.2.1.3 Future capacity (cont...)

Factor(s)	West Locality	West Central Locality	East Central Locality	East Locality
Advanced, enhanced & locally commissioned services	Risks of gap / less choice for: • NUMSAS, AURs, SACS • Needle & Syringe programme • Supervised consumption	Risks of gap / less choice for: • NUMSAS, AURs, SACS • Sexual health	Risks of gap / less choice for: • NUMSAS, AURs, SACS	Risks of gap / less choice for: • NUMSAS, AURs, SACS • Needle exchange
Pharmacy opening hours Preserve the hours shown	 M-F: 08:30 – 19:30 Sat: 09:00 – 17:30 Sun: No access 	 Mon: 08:00 – 23:00 T-F: 06:30 – 23:00 Sat: 06:30 - 22:00 Sun: 08:00 – 23:00 	 M-F: 08:00 – 23:00 Sat: 08:00 – 23:00 Sun: 10:00 – 20:00 	 M-W: 08:30 – 20:00 Thu: 08:30 – 21:00 Fri: 08:30 – 22:00 Sat: 08:00 – 20:00 Sun: 10:00 – 18:00
Deprivation	Access to a choice of pharmacy within a reasonable distance of areas with deprivation	Access to a choice of pharmacy within a reasonable distance of areas with deprivation	Access to a choice of pharmacy within a reasonable distance of areas with deprivation on weekdays; risk of reduced access on Sundays	Risk of reduced or adverse effect on access in deprived areas
Popufation density & average number of pharmacies	Below average number of pharmacies	 Average number of pharmacies 	 Above average number of pharmacies 	 Slightly below average number of pharmacies
Alignment with GP services	 Limited alignment in the mornings and during extended hours in the evenings Access via West Central locality at these times 	Good alignment with GP opening hours; this must be preserved	Limited alignment with GP opening hours in the mornings; access via the West Central locality at these times	Limited alignment with GP opening hours in the mornings; access via East Central and West Central localities at these times
Choice	 Choice is limited during extended hours on weekdays & Saturday afternoons No access within the locality on Sundays 	Choice is reasonable on weekdays, Saturdays and Sunday	 Choice is reasonable on weekdays and Saturdays Choice is more limited during extended hours on weekdays & on Sunday 	 Choice is reasonable on weekdays and Saturdays No choice within the locality on Sundays
Conclusion	 Potentially vulnerable to a gap depending upon the location(s) affected Gap if hours & services not preserved 	 Less vulnerable to a gap, providing supplementary opening hours & services are maintained (other localities depend on this locality) 	Less vulnerable to a gap, providing supplementary opening hours & services are maintained (other localities depend on this locality)	 Potentially vulnerable to a gap depending upon the location(s) affected Gap if hours & services not preserved

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	✓	 Advice on, and support with, taking medicines needs to be tailored according to a patient's age. For example: Older people may require advice on managing complex medicine regimens and are more susceptible to side effects Parents may require advice on managing their child's medicines during school hours or advice on managing minor ailments; supply of sugar free medicines may be particularly beneficial for children People of working age may wish to access services outside of normal working hours e.g. on weekdays before or after work; or at weekends
Disability 71	✓	 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: The provision of large print labels for those who are visually impaired Supply of original packs with braille or medicines labelled in braille for those who are blind The use of hearing loops to aid communication for those with impaired hearing Provision of multi-compartment compliance aids, "aide memoires" and easy to read information which may 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; all localities have at least one pharmacy which can offer the types of support which we explored in the questionnaire
Gender	✓	• We have identified that younger adults, particularly men, are less likely to visit pharmacies. We need to encourage pharmacies to maximise opportunities to target health promotion and public health interventions (e.g. smoking cessation advice and services) at this group
Race	✓	 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 signpost 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. This provides an opportunity to target health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes. People in this group are more likely to take medicines and may benefit from medicines-related advice.
Religion or belief	1	 Pharmacies are able to provide medicines related advice to specific religious groups and need to be aware of the religious beliefs of the population they service. For example, advice on taking medicines during Ramadan and/or whether or not a medicine contains ingredients derived from animals
Pregnancy and maternity	✓	• 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	✓	LGBT people (including those who are HIV positive) may prefer to use pharmacy services for some minor ailments, rather than using GP services, as they may not wish to disclose their sexuality to their GP
Gender reassignment	✓	Pharmacies may be part of the care pathway for people undergoing gender reassignment; they play a role in ensuring the medicines which form part of the treatment regimen are available and provided without delay or impediment
Marriage & civil partnership	×	No specific needs identified 45

3.2.1 Essential Services

3.2.1.5 Conclusions

Conclusions on Essential Services

- Essential services are provided by all NHS Pharmaceutical Services contractors and were used to explore a range of factors relevant to the pharmaceutical needs of our population
- We have determined that essential services are **necessary** to meet the need for pharmaceutical services for the following reasons:
 - o Dispensing is a fundamental service which ensures that patients can access prescribed medicines in a safe, reliable and timely manner
 - o FP10 prescriptions may only be dispensed by providers of NHS Pharmaceutical Services
 - o Through supporting health promotion campaigns, and a proactive approach to delivering health promotion and signposting advice, community pharmacy plays a valuable role in addressing health needs and tackling the health inequalities; these services all contribute towards the implementation of local strategic priorities

Distribution of Pharmacies

- Southend-on-Sea has an above average number of pharmacies compared with the regional and England averages; whilst the pharmacies are not equally distributed, Southend-on-Sea residents generally have a good choice of pharmacy in all 4 localities
- There is a good correlation between pharmacy distribution, population density and deprivation
- Insights from the public survey suggest that the majority of respondents find pharmacy services to be accessible

Opening Hours

- Access and choice are good on weekdays between the hours of 9am 5pm and on Saturdays between 10am and 12pm. This was reflected in our
 public survey where 84.3% and 72% 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 during extended hours: No pharmacies are open before and including 8am in the East Central locality or before 8:30am in the East and West localities; or in the evenings from 7pm onwards in the West locality. At these times, residents may have to travel 2-3 miles to access a pharmacy within Southend-on-Sea or a neighbouring HWB area
 - Weekday lunchtimes: 9 pharmacies close for lunch at approximately the same time. This limits access to a pharmacist in Prittlewell. Staggering lunchtime closing would help to overcome this
 - o **Saturdays:** Opening before 10am and after 12pm is more limited. Less than 50% of pharmacies are still open at 5pm or later, however, the majority of residents can still access a pharmacy service within 1 mile of where they live. From 7pm onwards, access is very limited in the East & West localities
 - Sundays: There is access to, and a choice of pharmacy, in the West Central and East Central localities. No pharmacies open in the West locality and only 1 opens in the East locality. 18.5% respondents in our public survey were dissatisfied or very dissatisfied with opening hours. The pharmacies which do open for 10 hours or more are centrally located. No resident has to travel more than 4 miles to reach one of these, so they are accessible within a reasonable timescale. In addition, residents may chose to access services from one of the four out of area pharmacies which open on a Sunday
 - Bank Holidays: There is no obligation for pharmacies to open. 19.4% of respondents in our public survey were dissatisfied or very dissatisfied with 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, if required
- With respect to alignment of pharmacy opening hours with other services:
 - o There is a reasonable alignment with GP opening hours. There is always a pharmacy open when a GP practice is open. Residents accessing GP services during extended hours may have to travel to the West Central locality to access a pharmacy, if they do not wish to wait for a pharmacy to open within their own locality
 - Residents 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;
 however, the need for such access is rare

3.2.1 Essential Services

3.2.1.5 Conclusions

Conclusions on Essential Services (cont...)

Dispensing

- The dispensing rate for Southend-on-Sea pharmacies varies across all four localities; and is below the regional and England average
- The West Central locality has the lowest dispensing rate; this is likely to be a reflection of the large number of pharmacies
- 92% of prescriptions written by Southend GPs are dispensed by Southend-on-Sea pharmacies. Out of area pharmacies, DACs and personally administered items by GPs account for the other 8%
- The rate of repeat dispensing is very low and has fallen since 2014/15

Consolidated Applications

We have developed principles to support the HWB making robust decisions in relation to consolidated applications

Access and support for people with disabilities

• Many pharmacies have taken steps to support people with disabilities, particularly with respect to wheelchair access; support for those with visual impairment; supply of auxiliary aids such as MDS; and willingness to offer support in people's homes

Future Capacity

- Wa have taken into account the trend for growth in prescription items, the local housing and regeneration programme and potential consolidated applications
- Benchmarking data shows that our pharmacies have sufficient capacity to meet the current and future dispensing requirements of our population
- Principles for consolidated applications have been applied. We have identified that the West and the East Localities are potentially vulnerable to a gap if a consolidated application is received. However, the HWB will consider any future application on its own merits

Overall conclusions

Current need [Regulation 4(1); 2(a)]

No gaps or need identified

Future need [Regulation 4(1); 2(b)]

· No gaps or need identified

Current and Future Improvements or Better Access [Regulation 4(1); 4 (a and b)]

- We have identified that extending opening hours on weekday evenings and at weekends would improve access and choice. This is particularly the case in the West locality, and to a lesser extent in the East locality; and would beneficial for those residents who:
 - o Need to get a prescription dispensed after seeing a GP early in the morning or in the evening
 - Work full-time and who prefer to use a pharmacy outside of working hours
- There are opportunities for our pharmacies to support those with disabilities. Specifically, the provision of facilities and support for those with hearing impairment; and easy to read information / "aide memoires" for those with learning disabilities and/or cognitive impairment
- All these improvements may be met by our existing network of pharmacies. The HWB has not identified a need for an additional pharmacy

Other NHS services (Regulation 4(1); 5 (a and b)

We have not identified any other NHS services which affect the need for pharmaceutical services; or where further provision of pharmaceutical services would secure improvements, or better access, to these services

3.2.2 Premises

3.2.2.2 Consultation Areas

Overview

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

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

- There must be a sign designating the private consultation area or room
- · The area or room must be:
 - o 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 contractor questionnaire; the table on the right summarises the results.

Conclusions on Consultation Areas

- All pharmacies have at least one consultation area; in addition, six pharmacies have two areas (one of these has capacity for four rooms)
- The consultation areas are well equipped, but there are opportunities to:
 - Embrace the use of technology in order to facilitate confidential discussions and information exchange, as required by a given service
 - o **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 16.7% (18/108) people in our public survey said that this
 was insufficient when discussing sensitive issues within the pharmacy; some
 respondents also suggested that consultation areas weren't always used
- 32 (78%) of the pharmacies & DACs said they are willing to provide consultations in a patient's home. This would improve access for the housebound or for those who find it difficult to access a pharmacy without support from a carer

Consultation Areas & Facilities

Feature	Rationale	No. (n=41)	%
On-site	Facilitates 'walk in' approach to service delivery	40	98%
Closed room	For confidentiality	40	98%
Space for a chaperone	Important for patients who wish to be accompanied during a consultation	37	90%
Wheelchair access	Improves access to a confidential area for those with a physical disability	31	76%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	7	17%
Computer	For contemporaneous patient records	34	83%
Internet access	Access to on-line resources	32	78%
Medication records	Access to patients' medication history during the consultation	35	85%
Telephone	Allows confidential calls to be made	14	34%
Nhs.net email	Allows confidential correspondence	24	59%
N3 connection	Secure connection for sharing confidential data and information	25	61%
Sink with hot water	Required for services which include examination, taking samples and/or testing of body fluids	30	73%
Examination couch	Allows for a broader range of services to be provided	2	5%
CCTV	Affords protection and security	7	17%
Panic button	Affords protection and security	14	34%
	Other Facilities on the Premises		
Patient toilet	Facilitates provision of samples	20	49%

* Results include the DACs

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
- · Reviews are normally undertaken face to face
- The pharmacy must have a consultation area which complies with specified criteria (or seek permission from NHSE 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
 - o ₹0% of MURs must be directed to target groups i.e. people:
 - Who are taking high risk medicines (diuretics, anti-coagulants, anti-platelets, Non-steroidal anti-inflammatory drugs)
 - Who have been recently discharged from hospital, where changes were made to medicines (MUR to be undertaken within 4 8 weeks)
 - Who have been prescribed certain respiratory medicines
 - Those at risk or diagnosed with CVD who are prescribed at least 4 medicines

The Current Picture

- All Southend-on-Sea pharmacies are accredited to provide MURs
- The graph (right) compares Southend-on-Sea with the regional and England averages:
 - The range of MURs undertaken varied between 0 and 432; two pharmacies were inactive (one in West Central and the other in East Central)
 - The average number of MURs per active pharmacy was 233; this is well below the maximum number of 400 MURs per annum
 - o This performance is significantly below the regional and England average
- The table (next page) demonstrates good access on weekdays (9am 5pm) and Saturdays (10am 12pm) in all localities. Access outside of these hours is more limited, particularly the West locality where no pharmacies are open during extended hours on weekdays or Sundays
- Map 8 shows a good distribution and reasonable access for those aged
 65+ (a group which stand to benefit from MURs)

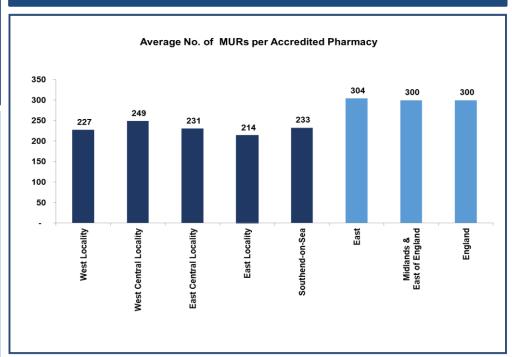
Public Survey – Services used in the last 12 months (n=128)

- 32.8% of respondents said they had used the MUR service
- This was the 2nd most used service after dispensing & repeat dispensing

The Evidence Base

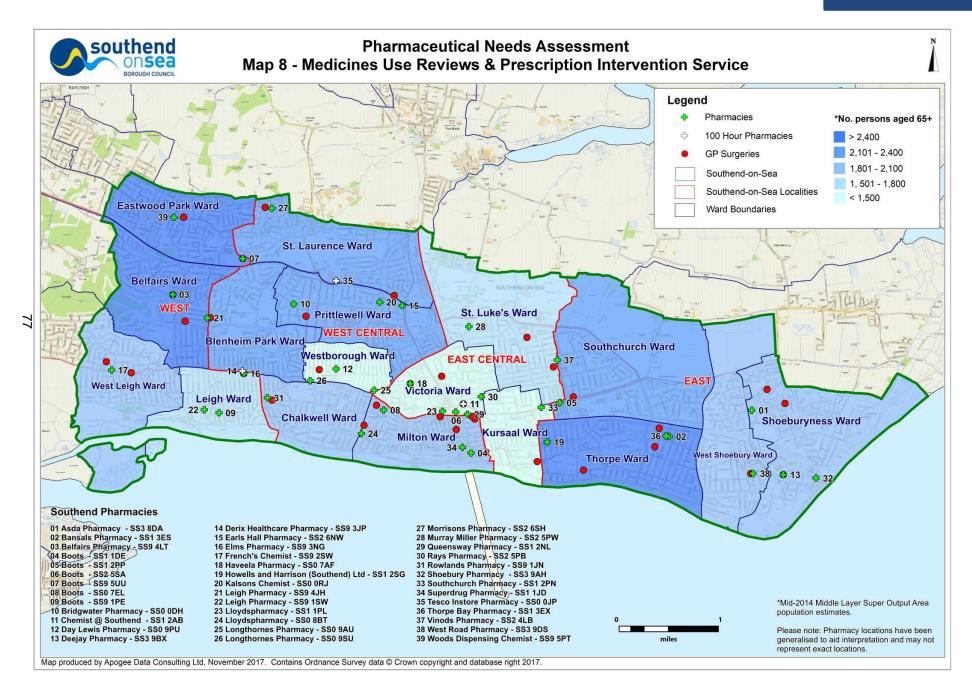
The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies¹⁴:

- 49% of patients reported receiving recommendations to change how they take their medicines; of these 90% of patients 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



3.2.3.1 Medicines Use Reviews & Prescription Interventions

		Number of Pharmacies Offering MUR and PI Services								
Locality	Ward	Weekdays			Saturdays					Not offered
	113.0	8am or earlier	9am – 5pm	7pm or later	8am or earlier	10am – 12pm	5pm or later	7pm or later	Sundays	at all
	Belfairs	0	2	0	0	2	0	0	0	0
West	Eastwood Park	0	2	0	0	2	1	0	0	0
West	Leigh	0	3	0	0	3	2	0	0	0
	West Leigh	0	1	0	0	1	1	0	0	0
	Blenheim Park	1	1	1	1	1	1	1	1	0
West Central	Chalkwell	0	1	0	0	1	1	0	0	0
	Milton	2	4	1	1	4	3	0	2	0
	Prittlewell	0	3	0	0	3	0	0	1	0
	St Laurence	1	2	2	1	2	2	1	1	0
	Westborough	0	3	0	0	2	0	0	0	0
	Kursaal	0	1	0	0	1	1	0	0	0
East Central	St Luke's	0	1	0	0	1	0	0	0	0
	Victoria	3	6	3	2	5	3	2	3	0
	Shoeburyness	0	3	2	1	3	1	1	1	0
Fact	Southchurch	0	2	1	0	2	1	0	0	0
East	Thorpe	0	3	1	0	3	1	0	0	0
	West Shoebury	0	1	0	0	1	1	0	0	0
Grand Total		7	39	11	6	37	19	5	9	7
Percentage of Total		17.9%	100.0%	28.2%	15.4%	94.9%	48.7%	12.8%	23.1%	17.9%



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3.2.3.1 Medicines Use Reviews & Prescription Interventions

Meeting the needs of those with a protected characteristic	Meeting t	he needs o	f those with a	protected characteri	stic
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Age	✓	Older people taking 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 etc; advice needs to be tailored for those with cognitive impairment
Gender	×	No specific needs identified
Race	✓	Language may be a barrier to successful MURs
Religion or belief	×	No specific needs identified
Pregnancy and maternity	✓	MURs may help women who are planning pregnancy, or breast feeding women, to avoid harmful medicines
Sexual orientation	×	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines
Marriage &	×	No specific needs identified

Further Provision

- We wish to see <u>all</u> our existing pharmacies actively targeting a greater number of patients for an MUR review; and support the recommendation for the transformation of this service⁵
- We would like to see more pharmacies offering MURs during extended hours and/or at weekends, where there is a demand for service provision
- Domiciliary MURs may improve access for people who are less able to visit pharmacies
- Adopting an integrated approach to service delivery, whereby all
 pharmacies and prescribers in primary and secondary care work closely
 together may increase the number of people referred into the service and
 secure improvements in outcomes for patients

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
- We believe that there is capacity in the system and that this increased need may be met within our existing network of pharmacies

- 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 related¹⁵ and arise as a result of treatment failure or an unintended consequence (e.g. a side effect or taking the wrong dose)
- We have determined that MURs are **necessary** to meet the need for pharmacoutical convices:
 - pharmaceutical services:

 o There is published evidence to demonstrate the benefits of MURs
 - There is good alignment with local strategic priorities, particularly with respect to supporting improved management of long term conditions
- The service may only be provided by community pharmacies
- 100% of Southend-on-Sea pharmacies offer MURs
- Access to MURs is good on weekdays (9am 5pm) and Saturdays (10am – 12pm)
- We have identified the following current gaps:
 - The average number of MURs is significantly below the maximum permitted; and two pharmacies are inactive. This implies there is an opportunity to do more to improve patient outcomes
 - Limited access on weekdays & Saturdays during extended hours and on Sundays; this is particularly the case in the West locality, where no pharmacies are open during these periods. 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 outside of working hours on weekdays and/or at a 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
- Opportunities for improvements, to address these gaps, are set out under "further provision". An additional pharmacy is not required

3.2.3.2 New Medicine Service (NMS)

Overview

- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence
- The service is focused on the following patient groups and conditions:
 - Asthma and COPD
 - Diabetes (Type 2)
 - o Hypertension
 - o Antiplatelet / anticoagulant therapy
- Patients are either referred into the service by a prescriber when a new medicine is started (referral may 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 NMS differs from MURs in that patients may access this service from an alternative pharmacy, if their regular pharmacy does not offer the service or is not open at a time of day which is convenient to them

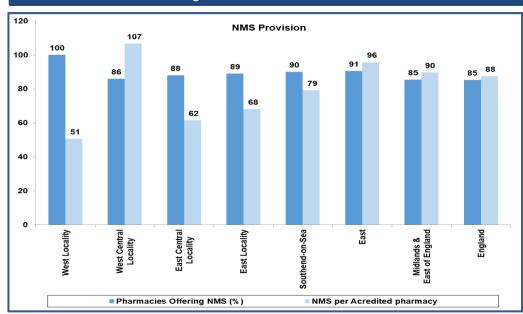
The Current Picture

- 35 (89.7%) pharmacies provide the NMS. This is below the regional averages, but higher than the England average
- The graph (right) summarises performance against our comparators:
 - The number of pharmacies accredited to offer the NMS is higher than the regional and England averages, but the number of reviews undertaken are below average. There is also variation across the localities
 - 9 pharmacies are inactive; 4 of these are in the East locality which also has the lowest average number of reviews per pharmacy; however, this locality has a younger population so this variation may simply reflect need
- The table (next page) demonstrates:
 - Good access on weekdays (9am 5pm) and on Saturdays (10am 12pm)
 with a good choice of pharmacy provider in each locality
 - Access outside of these hours is more limited, particularly in the West where no pharmacies are open during extended hours on weekdays or on Sundays; choice is limited in the other 3 localities at these times
- Map 9 shows a good distribution and reasonable access for those aged 65+ (a group which stand to benefit from the NMS)

Public Survey - Services used in the last 12 months

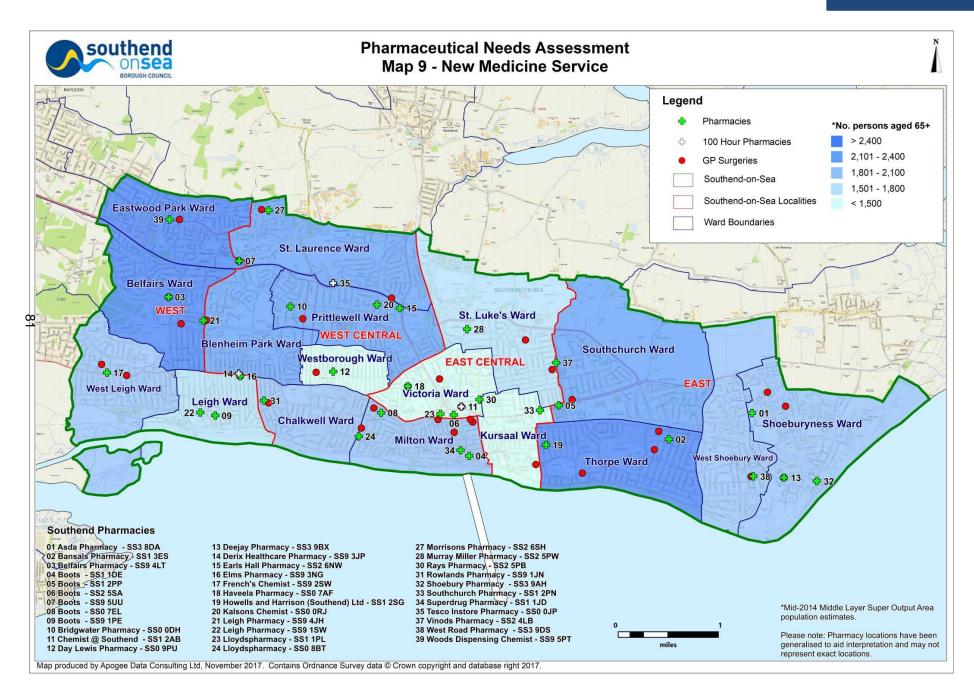
- 19.5% (25/128) of respondents said they had used the NMS service; this
 was the 3rd most used pharmacy-based NHS service
- 52.6% (65/123) said they prefer to use their regular pharmacy; 23.6% (29/123) would be happy to use an alternative pharmacy or didn't mind

- A randomised control trial demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and is cost effective¹⁶:
 - 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
 - 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
- A study evaluating a telephone based pharmacy advisory service, showed pharmacists met patients' needs for information and advice on medicines, when starting treatment¹⁷



3.2.3.2 New Medicine Service (NMS)

		Number of Pharmacies Offering the New Medicines Service								
Locality	Ward		Weekdays			Saturdays				Not offered
	Ward	8am or earlier	9am – 5pm	7pm or later	8am or earlier	10am – 12pm	5pm or later	7pm or later	Sundays	at all
	Belfairs	0	2	0	0	2	0	0	0	0
West	Eastwood Park	0	2	0	0	2	1	0	0	0
vvest	Leigh	0	3	0	0	3	2	0	0	0
	West Leigh	0	1	0	0	1	1	0	0	0
	Blenheim Park	1	1	1	1	1	1	1	1	0
	Chalkwell	0	1	0	0	1	1	0	0	0
West Central ∞	Milton	2	4	1	1	4	3	0	2	0
	Prittlewell	0	3	0	0	3	0	0	1	0
	St Laurence	1	2	2	1	2	2	1	1	0
	Westborough	0	1	0	0	0	0	0	0	2
	Kursaal	0	1	0	0	1	1	0	0	0
East Central	St Luke's	0	1	0	0	1	0	0	0	0
	Victoria	3	5	3	2	5	3	2	3	1
	Shoeburyness	0	3	2	1	3	1	1	1	0
Foot	Southchurch	0	2	1	0	2	1	0	0	0
East	Thorpe	0	2	1	0	2	0	0	0	1
	West Shoebury	0	1	0	0	1	1	0	0	0
Grand Total		7	35	11	6	34	18	5	9	7
Percentage of Total		17.9%	89.7%	28.2%	15.4%	87.2%	46.2%	12.8%	23.1%	17.9%



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3.2.3.2 New Medicine Service (NMS)

Meeting the n	Meeting the needs of those with a protected characteristic						
Age	√	Older people taking multiple medications for long term conditions may benefit from the NMS. People of working age may wish to access this service during extended hours					
Disability	√	The NMS helps to assess & provide support to patients to help improve adherence to medicines e.g. provision of large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment					
Gender	×	No specific needs identified					
Race	✓	Language may be a barrier to delivering successful NMS reviews					
Religion or belief	×	No specific needs identified					
Pregrancy and maternity	✓	NMS may help women who are <i>planning</i> pregnancy or breast feeding women to avoid harmful medicines					
Sexual orientation	×	No specific needs identified					
Gender reassignment	×	No specific needs identified					
Marriage &	×	No specific needs identified					

Further Provision (now and future)

- We wish to see <u>all</u> Southend-On-Sea pharmacies offering and proactively delivering the service; pharmacies not offering the service should be encouraged to signpost to an alternative pharmacy
- We would like to see more pharmacies offering the NMS during extended hours and/or at weekends, where there is a demand for service provision
- Adopting an integrated approach to service delivery, whereby all
 pharmacies and prescribers in primary and secondary care work closely
 together may increase the number of people referred into the service and
 secure improvements in outcomes for patients

The Future

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

- The NMS has been shown to improve adherence with a newly prescribed medicine; helps to manage medication related risks; and improves outcomes through tackling the following problems¹⁰:
 - Only 16% people take a new medicine as prescribed
 - 10 days after starting a new medicine, almost one third of patients are nonadherent
 - Up to 20% of hospital admissions are medicines-related and arise as a result of failure or an unintended consequence of the prescribed medicine
- We have determined that the NMS is necessary to meet the need for pharmaceutical services:
 - o There is published evidence to demonstrate the benefits of the NMS
 - There is good alignment with local strategic priorities, particularly with respect to supporting improved management of long term conditions
 - o The service may only be provided by community pharmacies
- 35 (89.7%) of pharmacies offer the service
- Access to the NMS is good on weekdays (9am–5pm) and Saturdays (10am–12pm)
- We have identified the following current gaps:
 - 4 pharmacies do not offer the NMS. All of these have indicated they are prepared to offer this service in the future
 - The average number of NMS per pharmacy is below the regional and England averages; and 9 pharmacies are inactive. This implies there is an opportunity to do more to improve service delivery and patient outcomes
 - Limited access on weekdays & Saturdays during extended hours and on Sundays; this is particularly the case in the West locality, where no pharmacies are open during these periods. This presents constraints for people who would benefit from an NMS review but who work full time and who may prefer to visit a pharmacy on a weekday evening or at the weekend
- Opportunities for improvements, to address these gaps, are set out under "further provision". An additional pharmacy is not required

3.2.3.3 Flu Vaccination

Overview

- The service is targeted at patients who are aged 65+ or those aged 18+ who fall into an "at risk" category
- The aim of the service is to:
 - Sustain and maximise uptake of flu vaccination in "at risk" groups by building capacity in community pharmacy as an alternative to general practice
 - Provide more opportunities and improve convenience for eligible patients to access flu vaccinations
 - Reduce variation and provide consistent levels of population coverage for flu vaccination across England
- All participating pharmacies are required to meet the professional and premises requirements set out in the service specification; pharmacists must be authorised by name to work under the patient group direction
- The service was first commissioned in 2015; NHSE has confirmed it will continue in 2017/18

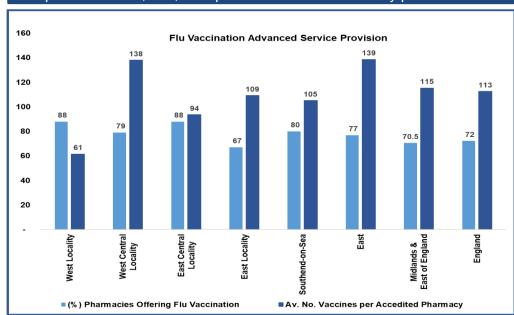
The Current Picture

- 31 (79.5%) of pharmacies offer the flu vaccination advanced service; this is above the regional and England averages
- The graph (right) summarises performance against our comparators:
 - The West Central locality and East locality outperform all regional and England averages; the East Central locality outperforms the Midlands & East of England and England averages; the West locality is below average against all comparators; this is an area of higher need
 - o 6 pharmacies are inactive
- The table (next page) demonstrates:
 - Good access, and choice of pharmacy provider, on weekdays (9am 5pm)
 and on Saturdays (10am 12pm) in each locality
 - Access outside of these hours is more limited, particularly in the West where no pharmacies are open during extended hours on weekdays & Saturdays or on Sundays; choice is more limited in the other 3 localities at these times
- Map 10 plots pharmacies offering the service against people aged 65+, as a proxy measure of need (i.e. for one of the risk groups). This shows a reasonable distribution of pharmacies across Southend-on-Sea; but provision in the areas of higher need is more limited
- Non-pharmacy providers include GPs and community nurses

Public Survey - Services used in the last 12 months (n=128)

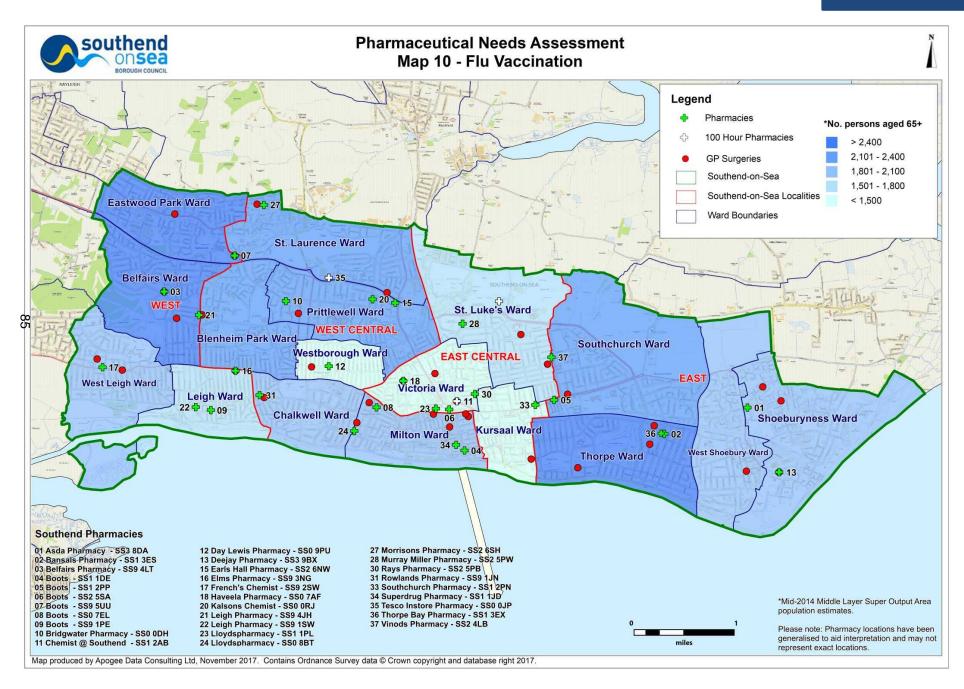
• 9.4% of respondents said they had used flu vaccination services

- In a 2013 pilot, pharmacies used 'PharmOutcomes' to record vaccinations¹⁸:
 - o 4,192 people were vaccinated (approximately 15% of the total vaccinated)
 - o 35% were under 65 & in 'at risk' groups (versus 17% by other providers)
 - o 19% patients stated vaccination was unlikely without pharmacy access
 - 97% rated the service as 'excellent'
 - o 13% of patients cited issues in obtaining the vaccine from other providers
- A literature review¹⁹ of pharmacy immunisation services demonstrates:
 - o 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
 - High user satisfaction with pharmacy based services
 - o Support for non-physician immunisation is greater for adults than children
- A systematic review²⁰ found that nurses or pharmacists offering vaccinations & related education increased the likelihood of vaccine uptake. In 2015, 500,000+ patients were immunised by pharmacists



3.2.3.3 Flu Vaccination

		Number of Pharmacies offering the Flu Vaccination Service								
Locality	Ward		Weekdays			Saturdays				Not offered
		8am or earlier	9am – 5pm	7pm or later	8am or earlier	10am – 12pm	5pm or later	7pm or later	Sundays	at all
	Belfairs	0	2	0	0	2	0	0	0	0
West	Eastwood Park	0	1	0	0	1	1	0	0	1
west	Leigh	0	3	0	0	3	2	0	0	0
	West Leigh	0	1	0	0	1	1	0	0	0
	Blenheim Park	0	0	0	0	0	0	0	0	1
	Chalkwell	0	1	0	0	1	1	0	0	0
West Central	Milton	2	4	1	1	4	3	0	2	0
west Central	Prittlewell	0	3	0	0	3	0	0	1	0
	St Laurence	1	2	2	1	2	2	1	1	0
	Westborough	0	1	0	0	0	0	0	0	2
	Kursaal	0	1	0	0	1	1	0	0	0
East Central	St Luke's	0	1	0	0	1	0	0	0	0
	Victoria	3	5	3	2	5	3	2	3	1
	Shoeburyness	0	2	2	1	2	1	1	1	1
East	Southchurch	0	2	1	0	2	1	0	0	0
Last	Thorpe	0	2	1	0	2	1	0	0	1
	West Shoebury	0	0	0	0	0	0	0	0	1
Grand Total	Grand Total		31	10	5	30	17	4	8	8
Percentage of Tot	al	15.4%	79.5%	25.6%	12.8%	76.9%	43.6%	10.3%	20.5%	20.5%



3.2.3.3 Flu Vaccination

Meeting the needs of those with a protected characteristic

Age	✓	The service is available to those aged 65+ and "at risk" adults aged 18+; those under 18 are currently excluded. People of working age may wish to access the service during extended hours
Disability	✓	Pharmacy services may be more accessible and convenient for people with a physical disability
Gender	×	No specific needs identified
Race	✓	BAME people are more likely to be in the "at risk" groups
Religion or belief	×	No specific needs identified
Pregnancy and maternity	✓	The service is available to women who are pregnant
Sexual orientation	×	No specific needs identified
Gender reassignment	×	No specific needs identified
Marriage & civil partnership	×	No specific needs identified

Further Provision

- Uptake of seasonal influenza vaccination is below the DH target and below the Essex and England average. Taking this into account, we wish to see:
 - o All Southend-on-Sea pharmacies accredited to offer this service
 - All pharmacies adopting a proactive approach to targeting "at risk" patients for vaccination
- We would like to see more pharmacies offering the service during extended hours and/or at weekends, where there is a demand for service provision e.g. in those localities where there is a high proportion of people who work full time and who may wish to access services outside of working hours

The Future

The HWB would like NHS England to consider extending the scope of the advanced service to include children and adolescents aged under 18 years. This would support increasing vaccine uptake in this age group, which is historically low in Southend-on-Sea

- The service aims to improve the uptake of immunisation in adult patients (aged 18+) who fall into an "at risk" category either as a result of their age or a clinical condition; and to establish community pharmacy as an alterative provider to general practice
- We have concluded that this service is necessary to meet the need for pharmaceutical services:
 - There is emerging published evidence to support the role of community pharmacy in delivering immunisation services and educational interventions to increase vaccine uptake
 - The service will facilitate Southend-on-Sea to achieve DH vaccination targets and improve uptake of seasonal influenza vaccine, in all "at risk" adults; and fits with the PH ambition to protect the health of the population
 - Whilst community pharmacy is one of a range of providers offering the vaccinations, there are potential benefits in terms of access and choice, particularly for those pharmacies which are open during extended hours on weekdays and at weekends
- 31 pharmacies offer the service
- We have identified the following current gaps:
 - 8 pharmacies do not offer the service. However, 7/8 of these have indicated they would be prepared to offer this service in the future
 - Limited access on weekdays & Saturdays during extended hours and on Sundays; this is particularly the case in the West locality, where no pharmacies are open during these periods. This presents constraints for people who work full time and who may prefer to visit a pharmacy on a weekday evening or at the weekend for their vaccination
 - Service provision does not necessarily align with need, particularly in the East & West localities; this would be addressed if additional pharmacies were to offer the service
 - o 6 pharmacies are inactive
 - Average vaccination rates in the West locality, an area of higher need, are below average
- Opportunities for improvements, to address these gaps, are set out under "further provision". An additional pharmacy is not required

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 service aims to ensure proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste
- There are no limits on the number of customisations which may be undertaken

The Current Picture

- 9 (23.1%) of the pharmacies and both DACs advised us, in the contractor questionnaire, that they offer the SACS
- The table (next page) provides an overview of the service availability:
 - o →On weekdays and Saturdays, there is one or more pharmacy in each locality offering the service
 - o Both DACs offer the service but this is only available on weekdays
 - o There is no access to SACS on a Sunday
 - o 8 pharmacies told us they would be willing to offer the service in the future
- Benchmarking (table on the right) has been undertaken to set the provision of SACS into context:
 - The proportion of pharmacies and DACs offering SACS in Southend-on-Sea is significantly higher than the England and regional averages
 - There is considerable variation with respect to the total number of customisations and the average number of customisations undertaken for England and the regions (Midlands & East and East); Areas with DACs tend to have higher levels of activity compared to those with pharmacies alone
 - The number of customisations in Southend-on-Sea is below average. 99.7% of these were undertaken by one of the DACs; and the remaining 0.3% by two pharmacies. All active providers are located in the West Central locality
- Our analysis of prescribing data (page 63) indicates that out of area pharmacies and DACs may play a significant role in the provision of SACS
- With respect to non-pharmacy providers, stoma customisation is a specialist service and many residents will be supported by the hospital or clinic responsible for their ongoing care

Public Survey – Services used in the last 12 months

- · Only 1 respondent had used the stoma customisation service
- 13% (16/123) of respondents said they would prefer to use their regular pharmacy if they needed this service in the future; this compares with 7.3% (9/123) who said they would use an alternative pharmacy or didn't mind

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

	SACS Service 2015/16								
Comparator Area	% Pharmacies / DACs offering SACs	No. of customisations	Average No. per Pharmacy / DAC						
England	15.3%	1,319,993	730						
Midlands & East	14.3%	584,574	1,167						
East	11.7%	410,506	4,321						
Southend-on-Sea	28.2%	6,418	583						

NHS Digital, General Pharmaceutical Services, England, 2016/17; NHSBSA data 2016/17

3.2.3.4 Stoma Appliance Customisation Service (SACS)

		Number of	Number of Pharmacies Offering SACS					
Locality	Ward	Weekdays	Saturdays	Sundays	Not offered at all			
	Belfairs	2	2	0	0			
West	Eastwood Park	1	1	0	1			
vvest	Leigh	0	0	0	3			
	West Leigh	1	1	0	0			
	Blenheim Park	0	0	0	1			
	Chalkwell	0	0	0	1			
West Central	Milton	0	0	0	4			
West Central	Prittlewell	2	2	0	1			
	St Laurence	0	0	0	2			
88	Westborough	0	0	0	3			
- o	Kursaal	0	0	0	1			
East Central	St Luke's	0	0	0	2			
	Victoria	1	1	0	5			
	Shoeburyness	0	0	0	3			
East	Southchurch	0	0	0	2			
East	Thorpe	2	2	0	1			
	West Shoebury	0	0	0	1			
Grand Total		9	9	0	30			
Percentage of Total		23.1%	23.1%	0.0%	76.9%			
		DACs offering SACs						
West Central	Milton	1	0	0	0			
East	West Shoebury	1	0	0	0			
Total		2	0	0	0			

3.2.3.4 Stoma Appliance Customisation Service (SACS)

SACS Provision in Relation to Dispensing

- In order to effectively review provision of SACS, it is necessary to review the dispensing of stoma appliances
- The total number of stoma appliances dispensed against prescriptions issued by Southend-on-Sea GPs, was 16,797 (Dec 15 – Nov 16 data)
- The table (right) summarises how this breaks down between Southend-on-Sea and out of area pharmacies and DACs:
 - 66% of items were dispensed within Southend-on-Sea. Pharmacies dispensed anywhere between 33 and 1,134 items
 - o 34% of items were dispensed outside of the area
- Taking the above into account, it follows that a proportion of residents will access the SACS outside of the area

Meeting the needs of those with a protected characteristic

Age	✓	Older people are more likely to have stomas and are more likely to 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

Stoma	Applian	ce Disn	ensing
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	•••		
		Items	% Total
	West	1,572	9.4%
Southend Pharmacies & DAC	West Central	6,227	37.0%
	East Central	1,413	8.4%
	East	1,873	11.2%
	Southend-on-Sea Total	11,085	66%
Out of Area	>100 items	2,601	15.5%
Pharmacies & DACs	<100 items	3,111	18.5%
	Out of Area Total	5,712	34%

- This services aims to ensure the proper and comfortable fitting of the appliance; and to improve the duration of usage, thereby reducing waste
- We have identified that 9 (23.1%) of our pharmacies & both DACs offer the service. This level of provision is above the England and regional averages
- There is availability, and a limited choice of provider, in all localities; however, only the pharmacies and DAC in the West Central locality are active
- We have determined that the SACS is not necessary to meet the need for pharmaceutical services but is a relevant service which brings improvements:
 - Our analysis shows that residents may choose to access pharmacy or DAC based stoma customisation within or outside the area; or from the hospital or clinic providing their ongoing care. This means that the pharmacy and DAC based services offer improvements in relation to choice and accessibility
 - SACS provide theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved outcomes or value for money
- We are not aware of any dissatisfaction, through complaints or other means. This suggests that current service arrangements are adequate
- · We have not identified any current or future gaps

3.2.3.5 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' (box, top right) that they have been prescribed. The pharmacy would normally dispense and undertake a review with a view to improving adherence; and to minimise waste by resolving any issues related to poor or ineffective use of the appliance by the patient
- The number of AURs which may be undertaken is linked to the volume of appliances dispensed i.e. 1/35 of specified appliances

The Current Picture

- 8 (20.5%) pharmacies and 1 DAC advised us, in the contractor questionnaire, that they offer AURs. The table (next page) provides an overview of service availability:
 - On weekdays and Saturdays, there is one or more pharmacy in each locality offering the service
 - The service offered by the DAC is only available on weekdays
 - One pharmacy (West Central locality) offers the service on a Sunday
 - o 12 pharmacies said they would be willing to offer the service in the future
- Benchmarking (table on the right) has been undertaken to set the provision of AURs into context:
 - The proportion of Southend-on-Sea pharmacies & DACs offering AURs is significantly higher than the England and regional averages
 - There is considerable variation, with respect to the total number and average number of AURs undertaken for England and the regions (Midlands & East and East); Areas with DACs tend to have higher levels of activity compared to those with pharmacies alone
 - o A high proportion of reviews are undertaken in patients' homes
 - o Only 1 pharmacy (West Central locality) is active in Southend-on-Sea
- Our analysis of prescribing data (page 66) indicates that out of area pharmacies & DACs may play a significant role in the provision of AURs
- With respect to non-pharmacy providers, advice on the use of appliance may be offered by the hospital or clinic responsible for ongoing care

Specified Appliances

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

Public Survey - Services used in the last 12 months

- · Only 2 respondents had used the AUR service
- 14.6% (18/123) of respondents said they would prefer to use their regular pharmacy if they needed this service in the future; this compares with 7.3% (9/123) who said they would use an alternative pharmacy or didn't mind

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

		AURs Service 2015/16						
Comparator Area	% offering	Total No. Home Premises			ige No. per nacy / DAC			
	AURs			Home	Premises			
England	1.5%	33,617	9,836	391	106			
Midlands & East	1.8%	18,207	2,561	520	117			
East	1.8%	15,594	1,931	1,949	395			
Southend-on- Sea	20.5%	0	7	0	7			

3.2.3.5 Appliance Use Reviews (AURs)

		Number of	Not offered		
Locality	Ward	Weekdays	Saturdays	Sundays	at all
	Belfairs	2	2	0	0
West	Eastwood Park	0	0	0	2
West	Leigh	1	1	0	2
	West Leigh	1	1	0	0
	Blenheim Park	0	0	0	1
	Chalkwell	0	0	0	1
West Central	Milton	0	0	0	4
	Prittlewell	2	2	1	1
91	St Laurence	0	0	0	2
	Westborough	0	0	0	3
	Kursaal	0	0	0	1
East Central	St Luke's	0	0	0	2
	Victoria	1	1	0	5
	Shoeburyness	0	0	0	3
East	Southchurch	0	0	0	2
East	Thorpe	1	1	0	2
	West Shoebury	0	0	0	1
Grand Total		8	8	1	31
Percentage of Total		20.5%	20.5%	2.6%	79.5%
	DA	Cs offering AURs			
West Central	Milton	0	0	0	1
East	West Shoebury	1	0	0	0
Grand Total		1	0	0	1

3.2.3.5 Appliance Use Reviews (AURs)

AUR Provision in Relation to Dispensing

- We have used dispensing of appliances as a means of exploring provision of AURs
- The total number of appliances dispensed against prescriptions issued by Southend-on-Sea GPs, was 20,404
- The table (right) summarises how this breaks down between Southendon-Sea and out of area pharmacies and DACs:
 - o 82.6% of items were dispensed within Southend-on-Sea
 - o 17.4% of items were dispensed outside of the area
 - The maximum number of AURs which could be provided to people using appliances was 583 (based on 1/35 specified appliances):
 - 481 within Southend-on-Sea
 - 102 outside of the area

Meeting the Needs of those with a protected characteristic

Older manufa are manualiticalità con ampliame

Age တ	✓	and are more likely to require access to AURs
Disability	✓	Disabled people are more likely to use appliances and are more likely to require access to AURs. A high proportion of AURs are undertaken in patients' homes; this improves accessibility for those who are less able to get a pharmacy or DAC
Gender	✓	Appliance advice may 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

Appliance Dispensing

		Items	% Total
	West	4,465	21.9%
Southend Pharmacies & DAC	West Central	4,958	24.3%
	East Central	3,464	17.0%
	East	3,957	19.4%
	Southend-on-Sea Total	16,844	82.6%
Out of Area	>100 items	1,600	7.8%
Pharmacies & DACs	<100 items	1,960	9.6%
	Out of Area Total	3,560	17.4%

- The aim of AURs is to improve knowledge and use of 'specified appliances' with a view to improving outcomes and reducing waste
- In Southend-on-Sea, 8 pharmacies & 1 DAC offer the AUR service; this level of provision is significantly above the England and regional averages
- There is availability in all localities; with a limited choice of provider in the West and West Central localities; however, the only pharmacy which is active is based in the West Central locality
- We have concluded that the AURs service is not necessary to meet the need for pharmaceutical services but is a relevant service which brings improvements:
 - Our analysis shows that residents may choose to access pharmacy or DAC based AURs within or outside the area; or from the hospital or clinic providing their ongoing care. This means that the pharmacy and DAC based services offer improvements in relation to choice and accessibility
 - AURs provide theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved outcomes or value for money
- We are not aware of any dissatisfaction, through complaints or other means. This suggests that the current service arrangements are adequate
- We have concluded there are no current or future gaps

3.3.1 Overview & Healthy Living Programme

Overview

- Regulation 4(1); 5a and 5b¹ require that the HWB considers how other NHS services affect the need for pharmaceutical services or where further provision would secure improvements or better access
- Within our PNA, we look at this from two perspectives:
 - Firstly, we review how other NHS services impact upon pharmaceutical need (this has been systematically considered throughout the PNA)
 - Secondly, we have made an assessment of services which have been directly commissioned from pharmacy by other organisations.
 In Southend-on-Sea this includes a detailed review of the following locally commissioned services:
 - Stop Smoking
 - ο Stop Single Stringe Programme
 - Supervised Consumption
 - o Integrated Sexual Health
- The Healthy Living Pharmacy programme is of relevance to the commissioning of locally commissioned services. The box (right) provides a brief overview of this programme
- In undertaking our assessment of locally commissioned services, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out current and future gaps and identifying areas for further improvement
- We have also found it helpful to consider whether a locally commissioned service is necessary to meet the need for pharmaceutical services; or if we believe the service is relevant in that it secures improvements in access or choice
- It should be noted that applications to provide NHS Pharmaceutical Services <u>must relate to pharmaceutical services</u> (i.e. essential, advanced and/or enhanced services). They 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:
 - o Promoting healthy living
 - o Providing wellbeing advice and services
 - o Supporting people to self-care and manage long-term conditions
- Previously, Southend-on-Sea pharmacies which met a range of defined criteria were eligible to participate in the Essex HLP programme
- HLPs are now part of the Quality Payment Scheme (QPS). The framework is underpinned by three enablers:
 - Workforce development a skilled team to proactively support and promote behaviour change, with a view to improving health and wellbeing
 - o **Premises** which are fit for purpose
 - Engagement with the local community & other health professionals (especially GPs), social care, public health professionals and local authorities
- The HLP concept aims to provide a framework for commissioning services through 3 levels of increasing complexity and expertise:
 - Level 1 Promotion: "Promoting health, wellbeing and self-care"; this level requires self-assessment by pharmacies against criteria defined by Public Health England; it is one of the requirements to achieve a payment under the QPS in 2017/18
 - Level 2 Prevention: "Providing services" (commissioner-led)
 - Level 3 Protection: "Providing treatment" (commissioner-led)
- At the time of publication, it is not known how many pharmacies have achieved HLP Level 1 status; a supplementary statement will be issued once this becomes information is available

- The HLP concept has been shown to improve service delivery, increase improvements against quality measures and outcomes; and behaviour change^{21, 22}. For example:
 - Higher quit rates for stop smoking services^{21, 22}
 - Higher MUR and NMS activity levels^{21, 22}
 - With respect to service users, 21% would have done nothing if they hadn't accessed an HLP; 61% would have gone to their GP instead; 98% would recommend the service to others²¹

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 18 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
 - Achieve a 4 week quit rate in a minimum of 35% of smokers who make a quit attempt

The **Gurrent Picture**

- 32 (82.1%) pharmacies are commissioned to provide stop smoking services
- Map 11 provides an overview of the distribution of these; and the table (next page) summarises service availability by locality and ward:
 - On weekdays (9am 5pm) and Saturdays (10am 12pm), there is good access with a choice of provider in all 4 localities
 - Access outside of these hours is more limited, particularly in the West locality where no pharmacies offering the service are open during extended hours on weekdays & Saturdays or on Sundays; choice in the other 3 localities is more limited at these times
- All 7 pharmacies which are not currently commissioned to provide the service are willing to offer this in the future
- Performance is generally good, with an average 4 week quit rate of 46.1% (range 0% - 100%) against the 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

Public Survey - Services used in the last 12 months

- 4.7% (6/128) of respondents said they had used the stop smoking service
- 14.6% (18/123) respondents would prefer to use their regular pharmacy if this service is required in the future

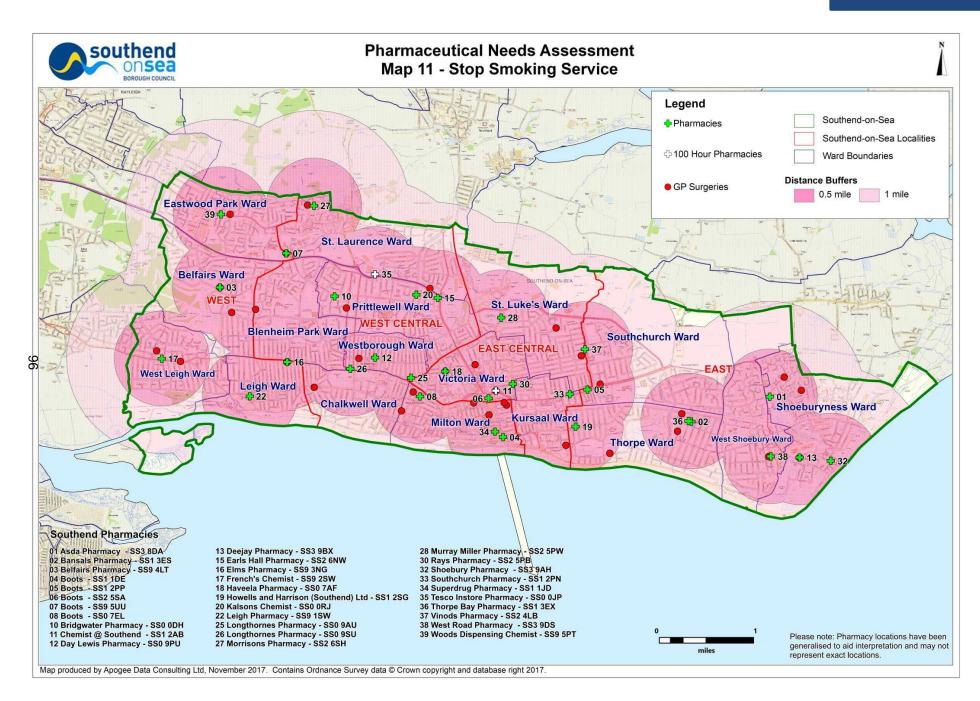
Provider Criteria*

- The Stop Smoking Adviser must be available at all times during pharmacy opening hours
- The Adviser 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

- There is good evidence to support the role of community pharmacists in stop smoking services^{19, 23}:
 - 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
- A recent systematic review of 12 randomised controlled trials found²⁰:
 - Patients were 1.21 times more likely to quit through a community pharmacy based service compared to controls; and 2.56 times more likely compared with usual care
 - o 4 studies reported smoking cessation services were cost effective

3.3 Locally Commissioned Services 3.3.2 Stop Smoking

		Number of Pharmacies Offering the Stop Smoking Service								
Locality Ward	,	Weekdays			Sat	urdays			Not offered	
Locality	Tai a	8am or earlier	9am – 5pm	7pm or later	8am or earlier	10am – 12pm	5pm or later	7pm or later	Sundays	at all
	Belfairs	0	1	0	0	1	0	0	0	1
West	Eastwood Park	0	2	0	0	2	1	0	0	0
west	Leigh	0	2	0	0	2	1	0	0	1
	West Leigh	0	1	0	0	1	1	0	0	0
	Blenheim Park	0	0	0	0	0	0	0	0	1
	Chalkwell	0	0	0	0	0	0	0	0	1
West Central Milton	Milton	1	3	1	1	3	3	0	2	1
west Central	Prittlewell	0	3	0	0	3	0	0	1	0
	St Laurence	1	2	2	1	2	2	1	1	0
	Westborough	0	3	0	0	2	0	0	0	0
	Kursaal	0	1	0	0	1	1	0	0	0
East Central	St Luke's	0	1	0	0	1	0	0	0	0
	Victoria	2	4	2	1	4	2	1	2	2
	Shoeburyness	0	3	2	1	3	1	1	1	0
Foot	Southchurch	0	2	1	0	2	1	0	0	0
East	Thorpe	0	3	1	0	3	1	0	0	0
	West Shoebury	0	1	0	0	1	1	0	0	0
Grand Total		4	32	9	4	31	15	3	7	4
Percentage of Total	tal	10.3%	82.1%	23.1%	10.3%	79.5%	38.5%	7.7%	17.9%	10.3%



No.

×

×

×

×

3.3.2 Stop Smoking

Locality

(quit attempts)

Race

Religion or belief

Sexual orientation

Gender reassignment

Pregnancy and

maternity

Marriage &

civil partnership

	Active Pharmacies (%)		No. Quit Dates Set	No. DH Validated Quits	% Quitters (Range)			
West (31)	5 (83.3%	%)	31	11	35.5% (23% - 100%)			
West Central (182)	12 (100°	%)	182	92	50.5% (0% - 59.4%)			
East Central (61)	5 (83.3%	%)	61	27	44.3% (0% - 55.6%)			
East (190)	9 (100%)		190	84	44.2% (25% - 62.5%)			
Total	31		464	214	46.1% (0% - 100%)			
Meeting th	Meeting the needs of those with a protected characteristic							
97 Age	✓ 18+ grou		The service may be accessed by anyone aged 18+. Smoking prevalence may vary between age groups. There are opportunities to target services at specific age segments of the population					
Disability	✓	the	Services and advice need to be tailored to meet the specific needs of those with learning disabilities and cognitive impairment					
Gender	✓	Sm	Smoking prevalence is higher in young women					

Language may be a barrier to delivering the

service. BAME groups more susceptible to

No specific needs identified

No specific needs identified

No specific needs identified

No specific needs identified.

Diabetes, CVD etc made worse by smoking

Evidence of improved outcomes in pregnancy

Achievement of Target

Further Provision

- We wish to see pharmacies proactively identifying (e.g. through medication records or opportunistic intervention) people who may benefit from the service
- We will continue to refer residents identified by the free carbon monoxide testing service, into pharmacy-based services; in addition, the testing service will periodically be offered from our centrally located pharmacies

The Future

- We intend to explore and address variation in performance
- Pharmacies have identified that training, increased publicity and more support from the central stop smoking team would facilitate improving service delivery. We will continue to work with the pharmacies to support these needs

- Stop smoking services are vital with respect to reducing the health consequences and inequalities associated with smoking
- 32 pharmacies have been commissioned; 7 are willing to offer the service
- We have determined that the service is necessary to meet the need for pharmaceutical services:
 - The smoking prevalence rate is higher than the regional average and around the England average; prevalence in routine and manual workers is high
 - Stop smoking services align with strategic priorities around cancer, cardiovascular disease and COPD
 - There is published evidence to support community pharmacy-based stop smoking services
 - Whilst there are a number of non-pharmacy providers, pharmacy services are beneficial in that medication to support a quit attempt may be supplied at the point of consultation; and the service is accessible during weekday extended hours and on Saturday in some localities
 - Activity data points to a good performance by Southend-on-Sea pharmacies; with 4 week quit rates higher than those achieved by GPs; pharmacies in the West Central locality are the most active and achieve the highest quit rates
- In all localities, there is good access and a choice of pharmacy on weekdays and Saturday mornings. Outside of these hours, whilst access and choice are more limited, most residents are able to access the service within 2-3 miles of where they live
- We have concluded that there are no current or future gaps

3.3.3 Needle and Syringe Programme

Overview

- This service provides clean injecting equipment and encourages exchange
 of used needles and syringes. It also includes signposting to other
 substance misuse services; as well as the provision of information and
 advice to encourage service users 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 services; and to act as a gateway to other services e.g. key workers, hepatitis B immunisation, pepatitis and HIV screening, primary care services etc

The Current Picture

- 7 (17.9%) pharmacies are commissioned to provide the service
- **Map 12** provides an overview of the distribution of these pharmacies, and the table (next page) summarises service availability:
 - 5 pharmacies are located in the West Central locality; 1 each in the East and West localities; there is no provision in the East Central locality
 - Service users have access to a choice of pharmacies on weekdays (9am 5:00pm) and Saturdays (10am 12pm); on Saturday afternoons (up until 5pm), the service is available from 3 pharmacies
 - The service not available during extended hours on weekdays or Saturdays; on Sundays, the service is available from 1 pharmacy between the hours of 10:30am – 4:30pm (Milton, West Central locality)
- 18 additional pharmacies would be willing to offer the service in the future
- All pharmacies are currently active; most service users access pharmacies in the West Central locality
- Non-pharmacy providers: Southend Treatment and Recovery Service (STARS); open from 09:30am – 5pm on weekdays (7pm on Tuesdays)

Public Survey - Services used in the last 12 months

- Only 1/128 respondents had used the needle and syringe service
- 9.8% (12/123) respondents would prefer to use their regular pharmacy if this service is required in the future

Provider Criteria*

- Pharmacists delivering the service must complete the CPPE programme (2012) & assessment (2014) for Substance Use & Misuse
- The service should be available whenever the pharmacy is open
- The pharmacy must display the logo indicating the service is offered
- There must be a consultation area
- Premises must be insured
- Policies for safeguarding/complaints/data protection must be in place
- Provider criteria may be subject to change (refer to full service specification)

The Evidence Base

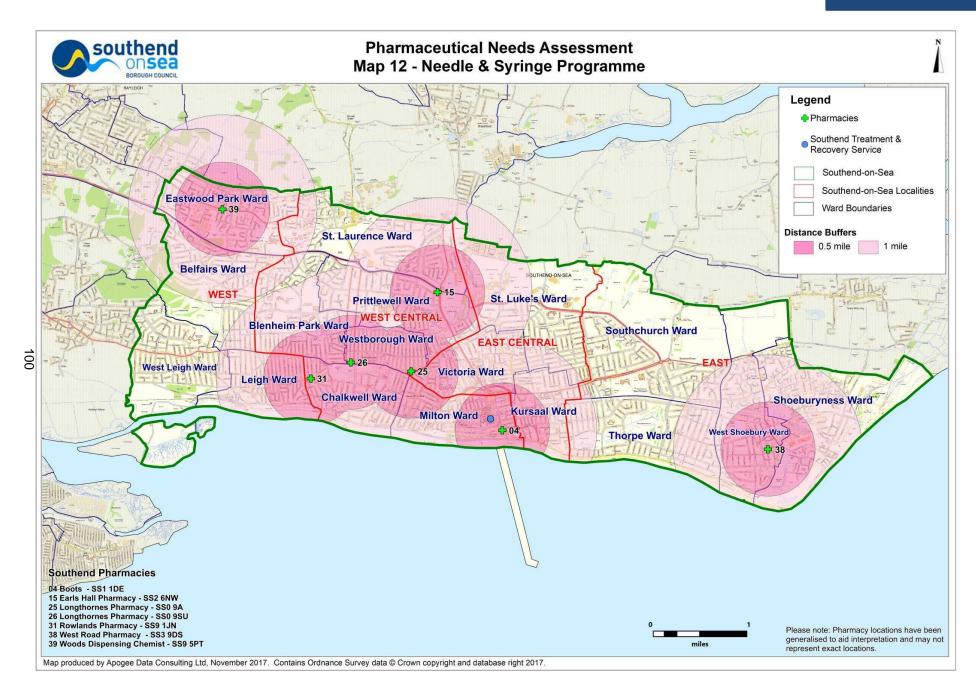
- The effectiveness of Needle and Syringe services at improving outcomes and reducing injecting-related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies^{19,23}:
 - Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only
 - o Most drug users value community pharmacy-based services highly
- A rapid review of the evidence confirms evidence of effectiveness, safety and cost effectiveness of needle and syringe programmes²⁰

Needle & Syringe Programme

Locality	No. of Active Pharmacies	% Activity (based on 2016/17 Spend)
West	1	3%
West Central	5	82%
East Central	N/A	N/A
East	1	15%

3.3 Locally Commissioned Services 3.3.3 Needle and Syringe Programme

		Number of Pharmacies Offering Needle and Syringe Programme								
Locality Ward	,	Weekdays			Sat	urdays			Not offered	
	Ward	8am or earlier	9am – 5pm	7pm or later	8am or earlier	10am – 12pm	5pm or later	7pm or later	Sundays	at all
	Belfairs	0	0	0	0	0	0	0	0	2
West	Eastwood Park	0	1	0	0	1	0	0	0	1
vvest	Leigh	0	0	0	0	0	0	0	0	3
	West Leigh	0	0	0	0	0	0	0	0	1
	Blenheim Park	0	0	0	0	0	0	0	0	1
	Chalkwell	0	1	0	0	1	1	0	0	0
West Central	Milton	0	1	0	0	1	1	0	1	3
<u> </u>	Prittlewell	0	1	0	0	1	0	0	0	2
	St Laurence	0	0	0	0	0	0	0	0	2
	Westborough	0	2	0	0	2	0	0	0	1
	Kursaal	0	0	0	0	0	0	0	0	1
East Central	St Luke's	0	0	0	0	0	0	0	0	1
	Victoria	0	0	0	0	0	0	0	0	6
	Shoeburyness	0	0	0	0	0	0	0	0	3
Foot	Southchurch	0	0	0	0	0	0	0	0	2
East	Thorpe	0	0	0	0	0	0	0	0	3
	West Shoebury	0	1	0	0	1	1	0	0	0
Grand Total		0	7	0	0	7	3	0	1	0
Percentage of To	otal	0.0%	17.9%	0.0%	0.0%	17.9%	7.7%	0.0%	2.6%	0.0%



3.3.3 Needle and Syringe Programme

Meeting the needs of those with a protected characteristic					
Age	×	The service is for those aged 18+; those aged under 18 should be referred to specialist drug & alcohol services for young people			
Disability	✓	Advice may need to be tailored to those with learning disabilities, if applicable			
Gender	×	No specific needs identified			
Race	✓	Language may be a barrier to delivering the service			
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	×	No specific needs identified			

Further Provision

- There is a need to consider commissioning additional Southend-on-Sea pharmacies to provide the needle & syringe programme to:
 - o Increase service coverage from 45%
 - Provide drug users with the opportunity to access suitably competent, geographically accessible pharmacy services on 7 days a week
 - o Improve choice for users

partnership

- Areas for support, identified by our contractor questionnaire include: training for accreditation and for staff; access to equipment to support service delivery; improved communication channels with STARS; support with claiming payment
- Barriers to participating in the service were cited as: concerns about security; insufficient demand to warrant providing the service; insufficient space; concerns regarding health and safety

The Future

- Substance misuse services are currently being re-procured using a prime contractor model. The pharmacy-based NSP is commissioned until 2018; new contracting arrangements will be in place from December 2017
- We actively monitor the quality, outcomes and client experience; and will
 work with pharmacies to address any issues identified. The service may be
 decommissioned if a pharmacy's performance is consistently poor
- Potential service developments include: Alcohol IBA, blood-borne virus testing and immunisation and supply of naloxone under PGD

- 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
- We have determined that the service is necessary to meet the need for pharmaceutical services:
 - The service is primarily available through community pharmacy; and pharmacy is the only provider at weekends and on weekday evenings
 - There is published evidence that needle and syringe programmes are cost effective and improve outcomes
 - Southend-on-Sea has high rates of drug related deaths. The service aims to tackle this and to reduce transmission of blood-borne viruses. As such, there is good alignment with the strategic priority to reduce harm associated with drug misuse
- 7 pharmacies are commissioned to provide the service; 18 pharmacies are willing to provide this service in the future
- The majority of activity is centred in the West Central locality; this aligns with need based on high rates of drug-related deaths for Milton and Kursaal wards
- We have identified the following current gaps:
 - There is no access to the needle and syringe programme in Southend on weekday & Saturday mornings or evenings as all providers are closed
 - Access on Sundays is very limited as the service is only available from 1
 pharmacy; this pharmacy is located centrally and based in an area of higher
 need; however, residents may have to travel 3 4 miles to access this
 - The JSNA 2017 highlights approximately 45% coverage by the service; this is sub-optimal
- Opportunities for improvements, to address these gaps, are set out under "further provision". An additional pharmacy is not required

3.3.4 Supervised Consumption

Overview

- The supervised consumption service is a partnership between GPs, Southend Treatment & Recovery Service, Community Pharmacists, local treatment and specialist housing providers & patients
- The service supports those with an opiate addiction as part of a
 detoxification programme or for those on maintenance therapy. It 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:

 - '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

- 25 (64.1%) pharmacies are commissioned to provide supervised consumption services
- Map 13 provides an overview of the distribution of these pharmacies;
 and the table (next page) summarises service availability:
 - There is access to and a choice of pharmacy in all 4 localities on weekdays (9am – 5pm) and Saturdays (10am – 12pm)
 - Access and choice outside of these hours is more limited, particularly in the West locality where no pharmacies offering the service are open during extended hours on weekdays & Saturdays and on Sundays
- 8 additional pharmacies would be willing to offer the service in the future
- The table (right) provides an overview of service activity by locality:
 - o The majority (78%) of patients are supervised in the two central localities
 - o Two pharmacies (one in the East & the other in the West) are inactive
 - o One pharmacy supervises 23 patients (see "Provider Criteria" on the right)

Public Survey - Services used in the last 12 months

- 6.3% (8/128) respondents had used the supervised consumption service
- 24.4% (30/123) respondents would prefer to use their regular pharmacy if this service is required in the future

Provider Criteria*

- · Pharmacists must supervise consumption themselves
- Pharmacists delivering the service must complete the CPPE programme (2012) & assessment (2014) for substance use & misuse
- The pharmacy should provide the service on Monday Saturday
- Up to 20 patients may be supervised per month, unless otherwise agreed
- 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

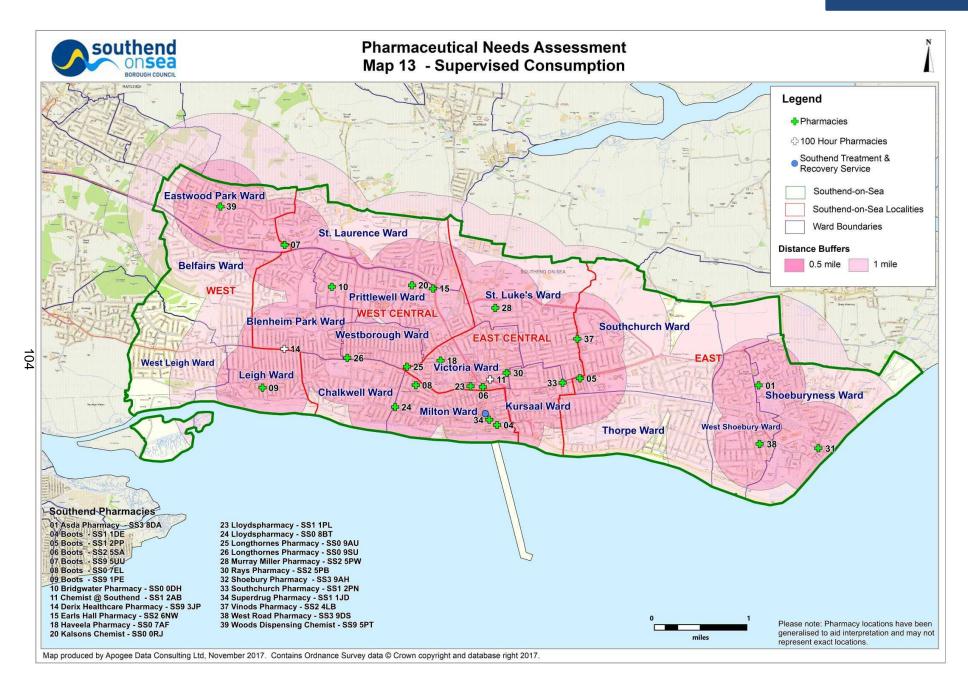
- Studies have demonstrated the effectiveness of community pharmacybased supervised consumption services at:
 - o Improving adherence, improving outcomes and reducing medicine diversion
 - Moderate quality evidence shows high attendance at community pharmacybased supervised methadone administration services; and user acceptability
 - Inclusion of trained community pharmacists in the care of IV drug users ^{19, 23} attending to obtain methadone substitution treatment improves testing and subsequent uptake of hepatitis vaccination^{19,23}
 - Most drug users value community pharmacy-based services highly^{19, 23}
 - Reducing methadone related deaths (per million defined daily doses) from 20 to 2 in Scotland; and 25 to 6 in England²⁰
 - The cost effectiveness of pharmacy-based services is not yet proven²⁰

Supervised Consumption

Locality	No. of Patients (Snapshot at 31 Mar 17)	% Activity (based on 2016/17 spend)
West	5	7%
West Central	67	47.5%
East Central	37	35.3%
East	15	10.3% 76

3.3 Locally Commissioned Services 3.3.4 Supervised Consumption

Locality	Ward	Number of Pharmacies Offering Supervised Consumption								
		Weekdays			Saturdays					Not offered
		8am or earlier	9am – 5pm	7pm or later	8am or earlier	10am – 12pm	5pm or later	7pm or later	Sundays	at all
West	Belfairs	0	0	0	0	0	0	0	0	2
	Eastwood Park	0	2	0	0	2	1	0	0	0
	Leigh	0	1	0	0	1	1	0	0	2
	West Leigh	0	0	0	0	0	0	0	0	1
W& Central	Blenheim Park	1	1	1	1	1	1	1	1	0
	Chalkwell	0	0	0	0	0	0	0	0	1
	Milton	2	4	1	1	4	3	0	2	0
	Prittlewell	0	3	0	0	3	0	0	1	0
	St Laurence	0	0	0	0	0	0	0	0	2
	Westborough	0	2	0	0	2	0	0	0	1
East Central	Kursaal	0	1	0	0	1	1	0	0	0
	St Luke's	0	1	0	0	1	0	0	0	0
	Victoria	3	5	3	2	5	3	2	3	1
East	Shoeburyness	0	2	1	1	2	1	1	1	1
	Southchurch	0	2	1	0	2	1	0	0	0
	Thorpe	0	0	0	0	0	0	0	0	3
	West Shoebury	0	1	0	0	1	1	0	0	0
Grand Total		6	25	7	5	25	13	4	8	6
Percentage of Total		15.4%	64.1%	17.9%	12.8%	64.1%	33.3%	10.3%	20.5%	15.4%



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3.3 Locally Commissioned Services

3.3.4 Supervised Consumption

Meeting the needs of those with a protected characteristic

Age		Service may be accessed by those aged 16 years and over		
Disability		Advice may need to be tailored to those with learning disabilities, if applicable		
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 those 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
- We will consider commissioning the service from additional Southendon-Sea pharmacies which open at weekends and during extended hours on weekdays and Saturdays
- Areas for support, identified in our contractor questionnaire include: adhoc advice and support to answer service-related questions, training for accreditation (ideally a nationally recognised approach to allow service provision across boundaries); refresher training; improved communication channels with STARS; and a simplified payment process
- Barriers include: "insufficient demand"; security risks; and not understanding how to get involved

The Future

- Substance misuse services are currently being re-procured using a prime contractor model. The pharmacy-based service is commissioned until 2018; new contracting arrangements will be in place from December 2017
- We actively monitor the quality, outcomes and client experience; and will work with pharmacies to address any issues identified. The service may be decommissioned if a pharmacy's performance is consistently poor
- Potential service developments include: Alcohol IBA, blood-borne virus testing and immunisation and supply of naloxone under PGD

- The supervised consumption service provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve outcomes and to reduce drug diversion into the community
- We have determined that the service is necessary to meet the need for pharmaceutical services:
 - The service is only available through community pharmacy
 - Published evidence suggests that a community pharmacy model of supervised consumption can improve health outcomes for service users. This includes reducing methadone-related deaths
 - Southend-on-Sea has high rates of drug-related deaths. The service aims to tackle this and to reduce transmission of blood-borne viruses. As such, there is good alignment with the strategic priority to reduce harm associated with drug misuse
- 25 pharmacies are commissioned to provide the service; 23 of these are active. 8 additional pharmacies stated they would be willing to provide this service in the future
- There is limited access and choice during extended hours on weekdays, Saturday evenings and Sundays. The implication is that service users have less flexibility as to when they may attend a pharmacy; and it means that a lesser level of supervision can be provided by those pharmacies which do not open for 7 days a week. Taking this into account, it is important that:
 - Collection and supervision times are negotiated with the service user as part
 of the three-way agreement; this must include days and times when the
 service is not available and with arrangements in place for these days
 - High risk patients requiring daily supervision should ideally be referred to a pharmacy which is open for 7 days a week

3.3.5 Sexual Health

Overview

- Southend-on-Sea commissions an integrated sexual health service from Essex Partnership University NHS Foundation Trust (EPUT); community pharmacies are sub-contracted by EPUT
- The pharmacy-based service is comprised of two elements:
 - Chlamydia screening and supply of treatment to those who test positive, for those aged under 25 years (and sexual partners regardless of age)
 - Supply of progesterone only emergency hormonal contraception (EHC), at the request of a woman, aged under 25 years, who has had unprotected sexual intercourse within the last 72 hours. These women are offered a chlamydia screening kit
- The service aims to improve sexual health (particularly those at risk of poor sexual health) and to seek reductions in inequalities by:
 - Provision of a high quality, open access service for young people in need of chlamydia screening and treatment, to reduce the rate of chlamydia infection and the consequences associated with undiagnosed and/or untreated infection; and to increase partner assessment, notification and greatment
 - o Providing timely access to those requiring EHC, with a view to reducing the rate of teenage pregnancy and/or unwanted pregnancies

The Current Picture

- Only one pharmacy, located in the East Central locality (Milton Ward), is currently commissioned to offer the service. This pharmacy is actively providing all service elements
- The pharmacy is open on 7 days each week:
 - o Monday Saturday: 8:30am 6pm
 - o Sunday: 10:30am 4:30pm
- 34/38 of the pharmacies stated in the contractor questionnaire that they would be willing to offer this service in the future
- Non-pharmacy providers include:
 - o EHC: GP surgeries and the Integrated Sexual Health Service
 - Chlamydia screening: GP surgeries, Integrated Sexual Health service, antenatal and termination services, education settings; and community based settings

Public Survey - Services used in the last 12 months

- 2.3% (3/128) and 1.6% (2/128) respondents had used the chlamydia screening & treatment service and the EHC service respectively
- 10.5% would prefer to use their regular pharmacy for these services

Provider Criteria*

- · Pharmacists delivering this service must:
 - Complete and declare competence for CPPE: Emergency contraception;
 sexual health in pharmacies; Chlamydia screening and treatment service level
 2; and safeguarding children and vulnerable adults
 - Be accredited to use the relevant Patient Group Directions (PGDs)
 - o Attend an EPUT training session on child sexual exploitation
- The service should be provided by a suitably qualified and accredited pharmacist, and be available at all times when the pharmacy is open
- The pharmacy must have, and use, a consultation area
- Premises must be insured
- Policies for safeguarding (including assessment of Gillick competence using the Fraser Guidelines), complaints, data protection must be in place
- * Provider criteria may be subject to change

- The effectiveness of sexual health services has been demonstrated:
 - Over 14,000 Chlamydia tests were administered in one private pharmacy over 2 years; private and NHS services improve choice for patients²⁴
 - Community pharmacy-based chlamydia testing and treatment services increase client access¹⁹ and are convenient²⁰
 - Pharmacy- based EHC services (including supply against prescription or under PGD and OTC sales) provide timely access to treatment and are highly rated by women who use them^{19, 25}
 - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, however, it is not possible to separate out the contribution of the community pharmacy service²⁶
 - Evidence of EHC impact is lacking. A randomised controlled trial noted fewer A&E visits²⁷. 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 testing²⁸
 - o 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' pharmacies¹⁹
 - The average time to access EHC was 16 hours through pharmacies compared to 41 hours through family planning clinics²²

3.3 Locally Commissioned Services

3.3.5 Sexual Health

Meeting the needs of those with a protected characteristic					
Age	✓	EHC is available to those aged under 25 years. Chlamydia screening & treatment is available to those aged under 25 years (and to sexual contacts of those with a positive test irrespective of age)			
Disability	✓	The service and advice may need to be tailored for those with learning disabilities			
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; the service offers support for unwanted pregnancies by referring on to other services			
Sexual orientation	√	Advice on safe sex and risky sexual behaviour. LGBT people (including those who are HIV positive) may prefer to use pharmacy services rather than GP services as they may not wish to disclose their sexuality to their GP			
Gender reassignment	×	No specific needs identified			
Marriage & civil partnership	×	No specific needs identified			

Further Provision

- To be considered as part of the wider review of pharmacy- based services
- In the contractor questionnaire, we asked pharmacies what support they would need if they were commissioned. This was identified as: training; and information about how to participate in the service
- Pharmacies also suggested that improving awareness of pharmacy-based sexual health services, improved referral by other providers and better advertising would improve service uptake

The Future

Community pharmacy provision is currently under review

Conclusions

- The pharmacy-based sexual health service provides access to chlamydia screening for those aged under 25 years; provision of treatment for those who test positive including their sexual partners (irrespective of age); and access to EHC for women aged under 25 years who have had unprotected sex within the last 72 hours
- We have determined that the EHC service is **necessary** to meet the need for pharmaceutical services; and that the chlamydia screening and treatment service is **relevant** in that it provides improved access and a choice of provider:
 - o Improving sexual health is a local priority
 - There is published evidence to support the supply of EHC and chlamydia screening & treatment through pharmacies
 - The service potentially improves access for young people at weekends; this may be an advantage for service users who prefer the anonymity offered by a pharmacy (particularly one which is located in a town centre)
- Only one pharmacy, located in the East Central locality (Milton Ward), is currently commissioned to provide the sexual health service
- We have identified the following gaps:
 - Providing a choice of pharmacy would secure improvements, particularly for young people who do not want to access a non-pharmacy provider or who would prefer to access a pharmacy nearer to where they live. It is of note that 34 of the pharmacies said they would be willing to provide this service in the future
 - There is no access to the service during extended hours on weekdays or Saturdays; and limited access on Sundays when the service is only available for 6 hours
- Opportunities for improvements, to address these gaps, are set out under "further provision". An additional pharmacy is not required

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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 our public health ambitions and our local strategic priorities
- Our thinking has been influenced by a number of factors including:
 (Rational Action of Factors and Factor
 - Our ambition to develop community pharmacy as a network of Public Health Practitioners. We fully support the inclusion of the Healthy Living Pharmacy Programme, within the new quality framework for community pharmacy, as a 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" in support of the STP priority of prevention
 - The opportunity for community pharmacy to play a wider role in primary eare, including a role as the 'first port of call' for the public, signposting 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
- The potential service developments, set out on pages 83-84, may be considered alongside other priorities by Southend-on-Sea Borough Council and our partner organisations when developing future commissioning strategy. However, details underpinning the implementation of the STP are still emerging so we have not set out the specific circumstances under which new services will be commissioned (if at all)
- Finally, we have reflected upon gaps and areas for improvement identified throughout our PNA. The box (right) sets out the HWB aspirations for pharmacy premises and services for existing contractors. It follows that we would anticipate these aspirations to be prioritised for future applications for NHS pharmaceutical services

	<u> </u>		
	Element	Summary of Priorities	
	Pharmacy opening hours	 7 day a week opening Extended hour opening as part of core hours: Weekdays (which ever is longest): 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	 Accredited & prepared to offer all advanced services Prepared to seek accreditation for all future advanced services Willing to provide services in the domiciliary setting, including care homes (subject to NHS England approval) 	
	Enhanced services	 Prepared to seek accreditation for and to offer future enhanced services (if required) 	
	Locally commissioned services	 Accredited and prepared to offer all locally commissioned services Prepared to seek accreditation for and to offer future locally commissioned services (if required) Prepared to achieve Healthy Living Pharmacy status under the quality payment framework 	
	Consultation Area	 Minimum of one area, fully compliant with the Regulations; and with the following additional characteristics: 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	 Premises and services should be suitably adapted to meet the needs of those with a disability including: Step-free wheelchair access to all public areas Hearing loop Ability to provide large print labels and labels with braille 	

"Aide memoirs" and easy to read information

3.4 Looking to the Future 3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Services	STP Priorities(s)	Public Health Ambitions & Priorities	CCG Priorities
Sexual health services • Expand scope to potentially include: o Pregnancy testing (with referral into maternity services / termination services as required) o Contraceptive advice o Free condoms (targeted on a case by case basis according to need)	Supporting people to stay well for longer – emphasis on prevention	 Ambition 1 – positive start in life Ambition 2 – healthy lifestyles Ambition 9 – maximising opportunity 	Not applicable
Substance misuse services Expand scope to include: Alcohol IBA Blood-borne virus screening Hepatitis B vaccination Link or integrate with sexual health services (because of link with risky sexual benaviour)	 Supporting people to stay well for longer – emphasis on prevention Long term conditions – early action to prevent problems 	 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 	Not applicable
Integrated medicines optimisation Integrated systems to support people who are cared for in more than one clinical setting. May include: Post discharge referral of patients, who are assessed as "high risk" in terms of medicines, into community pharmacy for an NMS or targeted MUR review (perhaps adopting or adapting the "Refer to Pharmacy" model) Support for patients to improve adherence e.g. "aide memoires", reminder text messages Facilitate the exchange of medicines information between clinical settings Identification and notification to prescribers, of people not taking preventative medicines e.g. those identified within the pharmacy as having hypertension or being at high risk of CVD	Long term conditions – better management	 Ambition 3 – improving mental wellbeing Ambition 5 – living independently Ambition 6 – active and healthy ageing Ambition 9 – maximising opportunity 	"Home not Hospital" – LTC management through medicines optimisation

3.4 Looking to the Future3.4.1 Services which may be Commissioned from Pharmacy (cont...)

Potential Future Service	STP Priorities(s)	Public Health Ambitions & Priorities	CCG Priorities
Urgent minor illness service 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	Network of urgent and emergency care – including more local access to services	 Ambition 1 – positive start in life Ambition 5 – living independently Ambition 9 – maximising opportunity 	Urgent & emergency care — redirection of patients into self-care, primary and community services Manage demand — empower people to manage their own health, self- care

3. The Assessment

3.5 Conclusions – Summary of Gaps

Description of the Gap(s) MURS · 2 pharmacies are not active The average number of MURs undertaken is significantly below the maximum permitted **NMS Current Need** 4 pharmacies do not offer the service; 9 pharmacies are inactive · The number of reviews undertaken is below average [Regulation 4(1); 2(a)] Flu vaccination 8 pharmacies do not offer the service; 6 are inactive • Service provision does not necessarily align with need, particularly in the East & West localities This gap may be addressed by more Southend-on-Sea pharmacies offering the service. An additional pharmacy is not required **Advanced and Enhanced Services** The HWB anticipates that any applications to provide NHS Pharmaceutical Services will include provision of all current advanced services, and any other advanced and enhanced services which **Future Need** NHSE may commission in the future [Regulation 4(1); 2(b)] Pharmacy opening hours The HWB anticipates that any future applications to provide NHS Pharmaceutical services will offer extended hours, ideally as core rather than supplementary hours (refer to page 82) · There are opportunities to improve access, and choice, for all pharmacy-based services during extended hours on weekdays and at weekends. This gap may be addressed by commissioning **Improvements or Better Access** services from more Southend-on-Sea pharmacies. An additional pharmacy is not required to address this gap [Regulation 4(1); 4(a)] • There are opportunities for Southend-on-Sea pharmacies to improve support for those with disabilities. An additional pharmacy is not required to address this gap If more Southend-on-Sea pharmacies were to open during extended hours on weekday evenings and **Future improvements or Better Access** at weekends, then this would improve access and choice, particularly in the West locality and, to a lesser extent, in the East locality. An additional pharmacy is not required [Regulation 4(1); 4(b)] The HWB anticipates that any future applications to provide NHS pharmaceutical services will offer a

comprehensive range of support to meet the needs of those with disabilities (refer to page 82)

3. The Assessment3.5 Conclusions – Summary of Gaps

	Description of the Gap(s)	Proposed Solution(s)
Other NHS services which affect the need for	 Needle & Syringe Programme There is a need to improve access to this service, in areas of need, on weekdays during extended hours and at weekends There is a need to improve coverage of the service 	 We will consider commissioning the service from additional Southend-on-Sea pharmacies, ideally prioritising those which open for extended hours on weekdays and weekends to improve access, and coverage, in areas of need No additional pharmacies are needed
pharmaceutical services or where further provision would secure improvements or better access [Regulation 4(1); 5 (a	 Supervised consumption There is a need to improve access to this service during extended hours and on 7 days a week There is a need to ensure all service users are offered a choice, by the referrer, from all pharmacies which are currently commissioned 	 We will consider commissioning the service from additional Southend-on-Sea pharmacies, ideally prioritising those which open for 7 days a week and those which open for extended hours on weekdays & weekends We will work with referrers to ensure an appropriate choice is offered No additional pharmacies are needed
and b)]	 Sexual Health Services Only one pharmacy is commissioned which limits access, and choice, of pharmacy-based services There is no access to the service during extended hours on weekdays or Saturdays; and limited access on Sundays 	 A review of pharmacy-based services is planned; this will consider existing access No additional pharmacies are needed

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 31 August 2017 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
 - \circ Respondents were required to complete a standard response form and were $\vec{\exists}$ given the option of using the on-line survey facility or completing the form and ω emailing this back to a dedicated email address
- The consultation was initiated on the 1 September 2017 and ended at midnight on the 3 November 2017. This period exceeded the minimum 60 day consultation required by the regulations

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 (39 pharmacies; 2 Dispensing Appliance Contractors)
- Essex Partnership University NHS Foundation Trust
- Southend University Hospital NHS Foundation Trust
- NHS England Essex Local Area Team
- Essex Health & Wellbeing Board

Other Stakeholder Groups

NHS Southend Clinical Commissioning Group

Consultation Outcome

- All feedback was consolidated into a document for review by the PNA Steering Group on the 14 November 2017
- In total, 7 responses were received to the consultation from the following stakeholders:
 - o NHS England, Essex Area Team
 - Southend University Hospital NHS Foundation Trust
 - Essex County Council
 - o 4 community pharmacies
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix J
- Where applicable, the draft PNA was updated to reflect the decision of the PNA Steering Group

Annex A

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Annex B Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	JSNA	Joint Strategic Needs Assessment
AUR	Appliance Use Review	LAs	Local Authorities
BAME	Black, Asian and Minority Ethnic	LMC	Local Medical Committee
CCGs	Clinical Commissioning Groups	LPC	Local Pharmaceutical Committee
CCTV	Closed Circuit Television	LTC	Long Term Condition
CNS	Central Nervous System	MURs	Medicines Use Reviews
COPD	Chronic Obstructive Pulmonary Disease	NHSE	NHS England
CPD	Continuing professional development	NICE	National Institute for Care Excellence
CPPE	Centre of Pharmacy Postgraduate Education	NMS	New Medicine Service
CVD	Cardiovascular Disease	NRT	Nicotine Replacement Therapy
DACs	Dispensing Appliance Contractors	NUMSAS	NHS Urgent Medicines Supply Advanced Service
EHC	Emergency Hormonal contraception	OCU	Opiate / Crack Cocaine User
EPS	Electronic prescription services	ONS	Office of National Statistics
EPUT	Essex Partnership University NHS Foundation Trust	PGD	Patient Group Direction
FP10	NHS prescription form	PhAS	Pharmacy Access Scheme
FP10MDA	NHS prescription form used to prescribe controlled drugs (schedule 2) and buprenorphine for dispensing in instalments by pharmacists	PHE	Public Health England
GP	General Practitioner	PMR	Patient Medication Record
GUM	Genito-urinary medicine	PNA	Pharmaceutical Needs Assessment
HIV	Human Immunodeficiency Virus	PSNC	Pharmaceutical Services Negotiating Committee
HPA	Health Protection Agency	QoF	Quality and Outcomes Framework
HWB	Health & Wellbeing Board	STARS	Southend Treatment and Recovery Service
IAPT	Improving Access to Psychological Therapies	STIs	Sexually transmitted infections
IBA	Identification and Brief Advice	SUHFT	Southend University Hospital NHS Foundation Trust
IMD	Index of Multiple Deprivation	UPSI	Unprotected Sexual Intercourse
JHWS	Joint Health & Wellbeing Strategy	WHO	World Health Organisation

Annex C Acknowledgments

We would like to thank the following for their support with the development of our first Pharmaceutical Needs Assessment:

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



Appendix A

Pharmaceutical Needs
Assessment
Steering Group

Terms of Reference 2017

1. Background

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

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

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services.

Southend-on-Sea Borough Council published its first PNA under the Regulations in December 2014. The Health and Wellbeing Board has now initiated the process to refresh the PNA; this is in accordance with the Regulations which require a new document to be published every 3 years.

2. Role

The Southend-on-Sea Steering Group (PNA SG) has been established to:

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

3. Key Objectives

- Champion the work to develop the PNA with internal and external stakeholders, including patients, service users and the public
- Approve the project plan and timeline
- Drive the project ensuring that key milestones are met
- Ensure that the requirements for the development and content of PNAs are followed and that the appropriate assessments are undertaken, in line with the Regulations
- Review, and agree, the localities which will be used for the basis of the assessment
- Undertake an assessment of the pharmaceutical needs of the population and make recommendations based on this assessment

- Review, and refine if necessary, the criteria for necessary and relevant services and apply these to pharmaceutical services, taking into account stakeholder feedback including views from patients and the public
- To revisit choice and the principles used to determine if this is sufficient
- Determine the impact of changes which have occurred since the current PNA was written, including: changes to the application process which allow consolidation of contracts; the new remuneration arrangements for community pharmacy (which apply from 1 December 2016) and the Pharmacy Access Scheme
- Determine the maps which will be included in the PNA
- Approve the framework for the PNA
- Develop and approve a draft PNA for formal consultation with stakeholders
- Oversee the consultation ensuring that this meets the requirements set out in the Regulations
- Consider and act upon formal responses received during the formal consultation process, making appropriate amendments to the PNA
- Develop and approve a consultation report as required by the Regulations and ensure that this
 is included within the final PNA
- Submit the final PNA to the Health & Wellbeing Board for approval prior to publication
- Consider and document the processes by which the HWB will discharge its responsibilities in relation to maintaining the PNA; and formally responding to consultations initiated by neighbouring HWBs. This includes making a recommendation on the long term structures required to underpin these responsibilities
- Advise the HWB, if required, when consulted by NHS England in relation to consolidated applications
- Document and manage potential and actual conflicts of interests

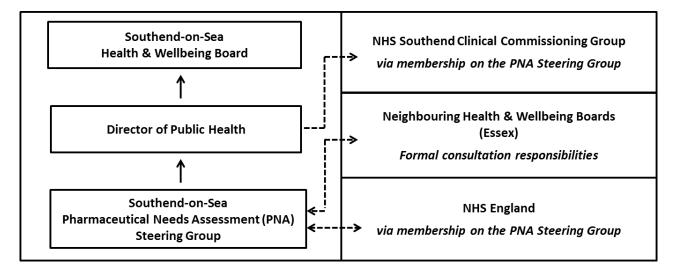
4. Governance

The following Governance arrangements have been established:

- The Southend-on-Sea HWB has delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBs to Director of Public Health (DPH)
- The Southend-on-Sea PNA SG has been established to support the DPH with the discharge of all functions relating to the PNA. The PNA SG reports to the DPH and is accountable to the HWB through this route

- In addition, the PNA SG will keep the following organisations informed of progress:
 - NHS England via membership on PNA SG
 - NHS Southend CCG via membership on the PNA SG
- The final PNA will be presented to the HWB for approval prior to publication

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



5. Meeting Frequency

The PNA SG will meet, either on a face to face basis or virtually (conference call or email discussion), approximately every 4 - 10 weeks, in accordance with the needs of the project plan.

Following publication of the final PNA, the PNA Steering Group will be convened on an 'as required' basis to:

- Fulfil its role in timely maintenance of the PNA
- Advise the HWB, when consulted by NHS England, in relation to consolidated applications

6. Project Management

Webstar Lane Ltd has been commissioned to provide project management support for the development of the PNA.

7. Membership

CORE MEMBERS			
Name	Role		
James Williams then Marion Gibbon	Chair & Southend-on-Sea BC Lead for the PNA (until April 2017)		
Karen Samuel-Smith	Essex Local Pharmaceutical Committee		
Cathy Pedder	Essex Local Medical Committee		

CORE MEMBERS				
Name	Role			
Jane Newman	Chair, Essex Pharmacy Local Professional Network			
Sally Watkins	Senior Public Health Intelligence Analyst, Southend-on-Sea BC			
Georgina Shanley	Primary Care Commissioning Officer, NHS England (East)			
Vanessa Lane	PNA Project Manager			
	EXTENDED / ADVISORY MEMBERS			
Name	Role			
Simon Williams	Associate Director Medicines Management, NHS Southend CCG			
Lois Taylor	Prescribing Advisor, NHS Southend CCG			
Mandy O'Calaghan	Healthwatch			
Leanne Crabb	Senior Office, Healthwatch, specific responsibility for engagement			
Suzanne Newman then Angeline Burton	Senior Consultation and Participation Adviser, Southend-on-Sea BC (until June 2017)			
Grace Taylor	Engagement Officer – Policy, Engagement & Communication			
Evelyn Allen	Director of Pharmacy, Southend University Hospital NHS FT			
Louise Crowley	Community Health Services Lead Pharmacist, Essex Partnership University NHS FT (EPUT)			
Sharon Gray	Contract Manager, NHS England (East)			

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

8. Quorum

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

9. Approval

Original Terms of Reference Approved by the Southend-on-Sea Health & Wellbeing Board on 30 January 2014; Membership reviewed and updated by the PNA Steering Group on 11 February 2014

Revised Terms of Reference Approved by the Southend-on-Sea HWB in March 2017





Appendix B

Public Survey

Community Pharmacy Survey

Southend-on-Sea Borough Council is reviewing the services provided by its local pharmacies (also known as community pharmacies, high street chemists) to make sure that these meet the needs of local people and to look at what new services may be required in the future.

Your views, as someone who lives, and uses pharmacy services, within the Southend-on-Sea area are very valuable to us and we thank you for taking the time to complete our survey.

When answering the questions, we would ask that you think about your most recent experiences of using a pharmacy. This questionnaire should take no longer than 15 minutes to complete.

To ensure personal information about you is secure, all of your answers will be treated in the strictest confidence and will be stored securely. If you are unsure of any question, then please select the 'I don't know' option. If a question is not relevant to you, then please select the 'not relevant' option.

Please *do not* use your experience of using the hospital pharmacy as we are only looking at the local community pharmacies.

Section 1 - How you use pharmacy services

What do you generally use your pharmacy for? Please tick all that apply						
☐ To get a medicine on	☐ To buy a medicine	☐ To get advice from the	☐ To shop for non-medical	☐ Other	☐ I don't use pharmacy	
prescription If vou answered	l 'Other' please g	pharmacist ive details:	goods		services	
n you unonorse	. Gurer prodes g	re detaile.				
If you answere	ed "I don't use pl	harmacy service	s" please go to	question 1a.		
For all other re	esponses, please	e go to question	2.			
1a. Does some Please tick one		pharmacy serv	ices on your bel	nalf?		
☐ Yes	□ No					
If you answere	If you answered "No" please go to question 28.					
1b. If yes, please tick all that apply:						
A family member or carer	A pharmacy orders my prescriptions and delivers them to my home	I order prescriptions online and these are delivered to my home	I go online to buy medicines	☐ I go online for advice	☐ Other	

If you answered 'Other' please give details:					
Please now go to question 28.					
2. How often do you use a pharmacy? Please tick one option only					
At least once a At least once a Once or twice Other day week month a year					
If you answered 'Other' please give details:					
3. Do you prefer to use the same pharmacy? Please tick one option only					
☐ ☐ Yes No					
If you answered "No" please go to question 4.					
3a. What do you like about this pharmacy?					
3b. What could be improved about this pharmacy?					
,					
4. Where do you normally visit a pharmacy? Please tick one option only					
 □ Near to where I live □ Near to my GP surgery □ Near to my place of work □ Near to my children's school/nursery □ The pharmacy which is most convenient at the 					
time I need to use it					

If yo	If you answered 'Other' please give details:					
	5. Where would you prefer to visit a pharmacy? Please tick one option only					
		ere I live place of work shops I use		Near to my GP surgery Near to my children's school/nursery The pharmacy which is most convenient at the		
	No preferer	nce		time I need to use it Other		
If yo	ou answered	'Other' please giv	e details:			
	6. What day do you most prefer to use a pharmacy? Please tick one option only					
	Veekday Monday - Friday)	Saturday	Sunday	No preference		
7. What time do you most prefer to use a pharmacy? Please tick one option only						
В	□ efore 9am	□ 9am - 5.30pm	☐ After 5.30p	om No preference		

8. Which of the following services have you used in the last 12 months? Please tick all that apply

0	Medicines Use Reviews (A discussion with the pharmacist about your medicines and how you use these)		New Medicine Service (Support and help from the pharmacist for people who are taking a new medicine)
	Flu vaccination (Administration of flu vaccination by a pharmacist, to people who are eligible to vaccination on the NHS (as an alternative to going to the GP))		Stop Smoking (Advice and support to help people to quit smoking)
0	Chlamydia screening and treatment to those aged 24 years and under (A simple test which can be used to identify chlamydia infection; and supply of treatment for those with a positive test)	0	Needle and syringe programme for people who inject illicit drugs (Supply of clean equipment, disposal of used equipment and advice)
	Supervised consumption of medicines (Pharmacy provides advice to and supervises the patient to take their medicines as prescribed by the doctor)		Appliance reviews e.g. catheters, stoma appliances etc (A discussion with a pharmacist (or your appliance supplier) about how you use your appliance(s))
	Stoma appliance customisation service (A service provided by your pharmacist (or your appliance supplier) to help make sure your appliance fits well and is comfortable)	0	Repeat Prescription and Repeat Dispensing Services (Services which may be offered by pharmacies to support you with obtaining a new supply of your repeat medicines)
	Emergency hormonal contraception to those aged 24 years and under (The supply of emergency contraception (sometimes called the 'morning after pill'))	_	I'd prefer not to say
0	I haven't used any of these services		

9. If you use, or need to use, one of the following services, would you be happy to use an alternative pharmacy or would you prefer to use your regular pharmacy? Please tick one option only in each row

	Regular Pharmacy	Alternative Pharmacy	Don't mind	Not relevant
Medicines Use Reviews (A discussion with the pharmacist about your medicines and how you use these)		П	_	
New Medicine Service (Support and help from the pharmacist for people who are taking a new medicine)	П	П		
Flu vaccination (Administration of flu vaccination by a pharmacist, to people who are eligible to vaccination on the NHS (as an alternative to going to the GP))				
"Stop Smoking" (Advice and support to help people to quit smoking)				
Emergency hormonal contraception to those aged 24 years and under (The supply of emergency contraception (sometimes called the 'morning after pill'))				
Chlamydia screening and treatment to those aged 24 years and under (A simple test which can be used to identify chlamydia infection; and supply of treatment for those with a positive test)		_		
Needle and syringe programme for people who inject illicit drugs (Supply of clean equipment, disposal of used equipment and advice)				
Supervised consumption of medicines (Pharmacy provides advice to and supervises the patient to take their medicines as prescribed by the doctor)				
Appliance reviews e.g. catheters, stoma appliances etc (A discussion with a pharmacist (or your appliance supplier) about how you use your appliance(s))		_		
Stoma appliance customisation service (A service provided by your pharmacist (or your appliance supplier) to help make sure your appliance fits well and is comfortable)			0	
Repeat Prescription and Repeat Dispensing Services (Services which may be offered by pharmacies to support you with obtaining a new supply of your repeat medicines)				

first;	a minor illness (e option only in each		I, indigestion et	c.) what would yo	u usually do
A pharmacy NHS 111 Service GP A&E Go online Treat myself Other	To get advice	To receive tro	eatment		
If you answered	l 'Other' please giv	ve details:			
10b. Please de	scribe why was tl	his your preferr	ed option?		
11. If you run odo: Please tick one	out of a prescribed	d medicine whe	en your GP surg	ery is closed, who	at would you
Nothing and wait until the surgery is open	☐ Visit a pharmacy	Call the NHS 111 service	☐ Other		
If you answered	l 'Other' please giv	ve details:			
	ur most recent ex				
12. The last tin Please tick one	ne you needed to option only	use a pharmac	y, how did you a	access it?	
☐ I went in person	I telephoned for advice	☐ I had my medicines delivered	My carer / family / friend went for me	☐ I went online	☐ Other
If you answere	ed "I went online"	or "Other" plea	se go to questi	on 27.	
If you answered	l 'Other' please giv	ve details:			
		129			

13. The last time you visited a pharmacy, was it easy to get to? Please tick one option only					
☐ Yes	□ No	☐ Not relevant			
If no, please de	scribe why:				
14. How did yo Please tick one	ou travel to the pha	armacy?			
☐ By car	☐ By public transport	☐ On foot	☐ Other		
If you answered	d 'Other' please giv	e details:			
15. Approxima Please tick one	tely how long did option only	it take you to get	to the pharma	icy?	
Less than 5 minutes	5 - 10 minutes	11 - 20 minutes	21 - 30 minutes	☐ Other	
If you answered	d 'Other' please giv	e details:			
16. Do you thir Please tick one	nk this was a reas option only	onable travelling	time?		
☐ Yes	□ No				
If no, how long	would be reasonab	ile?			
17. How do you Please tick one	u rate your most r option only	ecent experience	of using this	oharmacy?	
☐ Excellent	☐ Good	☐ Acceptable	☐ Poor	☐ Very poor	

17a. If you answered Excellent, Good or Acceptable, please tell us what you liked about this pharmacy?					
17b. If you answer	ered Poor or Very	Poor, please	tell us what yo	u would improve	about this
Section 3 - Meeti	ng your needs				
•	ow satisfied are you	•	nacy opening ho	ours?	
	Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very dissatisfied
Monday - Friday (9am - 5.30pm)					
Monday - Friday (evenings)					
Saturdays					
Sundays					
Bank holidays					
18a. Please expl	ain why:				
•					
out of hours' (em	st 12 months, hav nergency) doctor al pharmacy is clo	and not been			
Please tick one or	otion only				
Yes	No	Don't know	Not relevant to me)	
If you didn't ans	wer YES, please g	go to questior	20.		
19a. On what day Please tick one op	y was the pharma otion only	cy closed?			
Weekday morning	Weekday evening	Saturday	Sunday	Bank Holiday	Can't remember

	ase tick all that app		cines you are	taking, where would you go to?
	GP Pharmacist in GF Hospital doctor Online	P practice	□ Ph □ Ho	actice nurse armacy spital pharmacy t relevant - I am not taking any medicines
whe	In your experience elchairs or for pr ase tick one option	ams/pushchai		our area easily accessible for people in
If vo	☐ Yes ou answered 'No', j		Don't know	Not relevant to me (I don't use a wheelchair or pram/pushchair)
II yc	u answereu NO, j	nease describe	s wny not.	
to h	If you have a hea elp you commun ase tick one option	icate e.g. a he		regular pharmacy have facilities available
	☐ Yes	□ No	☐ Don't know	□ Not relevant to me - I do not have a hearing impairment
If yo	ou answered 'No', I	how does the p	harmacy comi	municate effectively?
med	If you are visually dicines?	•	es your pharr	macy provide large print labels on your
If vo	☐ Yes ou answered 'No',		Don't know	Not relevant to me
, c			p.a. to you.	

containers with	braille?	ie you care for is	billia), does your pharmacy try and provide	
☐ Yes	□ No	☐ Don't know	□ Not relevant to me	
If you answered 'I	No', would this	be helpful to you?		
	ce, does your		pacts on your ability to leave your home y provide a home delivery service for your	
. 🗖				
Yes	No	Don't know	Not relevant to me	
26. Is there suffice pharmacist? Please tick one of	cient privacy i	in your pharmacy	when discussing sensitive issues with your	
□ Yes	□ No	□ Don't know	□ Not relevant to	
			me	
If you answered 'l	No', please des	scribe how it could	be better?	
27. Do you think Please tick one o		nave a role to play	in providing advice on how to stay healthy?	
□ Yes	□ No	☐ Don't know		
If you answered 'l	No', please des	scribe why not:		

	n the future, wh se list below:	nich other se	ervices do you t	nink pharmacies should or could	provide -
Secti	ion 4 - About y	<u>ou</u>			
	ut you: This sec has been involve			information will enable us to get a	picture of
kept : be us Any i	strictly confident sed for the purpo nformation you action Act 1998 a	tial in accorda oses describe provide will b	ance with the Da ed above and will e held securely a	/ feel personal; the information we do a Protection Act. Personal information not be passed on to third party orgonal destroyed in accordance with the high Council Document Retention and	ion will only anisations. ne Data
work gend	on the local pop	oulation with a is aware that	a focus on certai	Council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the importance of the council has a duty to assess the council has a duty to assess the importance of the council has a duty to assess the council has a duty to assess the council has a duty to assess the council has a duty to a duty the council has a duty to assess the council has a duty to a duty the council has a duty the council has a duty to a duty the council has	ability and
	Which of the folse tick one option		ou identify your	self as?	
F	emale	Male	Other	Prefer not to say	
If you	ı answered 'Oth	er' please sp	ecify:	•	
	What age are you				
	Under 16			5 - 24	
	25 - 34 45 - 54			5 - 44 5 - 64	
	65 - 74 Prefer not to sa	y			

Plea	ise tick one optior	n only					
Whi	te - British, Irish, \	White other					
	ed - White and Bla ed other	ack Caribbean	ı, White and	d Black A	African, White a	and Asian,	0
Asia	ın/Asian British - I	ndian, Pakista	ani, Bangla	deshi, As	sian/Asian Briti	sh other	
Blac	:k/Black British - (Caribbean, Afr	ican, Black	/Black B	ritish other, Ch	inese	
	er ethnic group						
Pref	er not to say						
	What is your reli	_					
	Buddhist				•	of England, Ca her Christian d	
	Hindu			Jewish	ı		
	Muslim			Sikh			
	No religion			Other			
	Prefer not to say	,					
	Are you a carer? ase tick one option						
	☐ Yes	□ No	Prefer no say	t to			
Equ sub acti	Do you consider ality Act defines stantial and long vities")	a disability a term advers	as "a phys	ical or n	nental impairn	nent which has	s a `
	Yes	No	Prefer no	t to			
	. How does this a ase tick all that ap						
	Hearing	Sight	Physical	ly	Mentally	Other	

31. What is your ethnic origin?

If you answered	'Other', please	state:	
35. Is English y	our first langu	age?	
Please tick one	option only		
_	_	_	
Yes	No	Prefer not to	
		say	
If we want	'Nla'laat ia	finat la man es an O	
if you answered	No, what is yo	our first language?	
			right locations across Southend-on-Sea, we
invite you to give	ve your full po	stcode:	

Thank you for taking the time to complete this survey, your responses will be considered as part of the development of the PNA.



Appendix C

Community Pharmacy Questionnaire

Community Pharmacy Questionnaire

Southend-on-Sea Borough Council is refreshing its Pharmaceutical Needs Assessment (PNA). This is a statutory requirement set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and amended in 2014. The same Regulations require NHS England to use the PNA to consider applications to provide pharmaceutical services under the market entry system. The aim of this refresh is to enable the Council to gain an up to date record of community pharmacy services within the area. The new PNA will inform the way the Council and its partners, ensure appropriate local pharmaceutical services are available to meet the needs of local people.

The Council has established a Steering Group to oversee the development of the new PNA. This group has broad membership from a range of stakeholders. Karen Samuel Smith, Business Development and Contractor Support Manager sits on this group representing the Essex Local Pharmaceutical Committee.

It is important that your views and any specific thoughts you have as to how we can improve local pharmaceutical services in Southend are taken into account. To this effect I would be grateful if you could complete a short online questionnaire. Your responses will enable us to gain a picture of current pharmaceutical provision and map potential future need within Southend. It should take no longer than 15 to 20 minutes to complete.

We are working to a very tight timeline. We would, therefore, be grateful if you could complete the questionnaire by **Monday 13 February 2017**.

If you have any questions, please do not hesitate to contact Vanessa Lane, who is project manager for the Southend PNA, on 07880 602088.

Yours sincerely

James Williams

Deputy Director of Public Health

4 Cillain

1.1 Contract Code (ODS Code)
1.2 Company Name (i.e. Legal Entity)
1.3 Trading Name (i.e. the name on the signage etc)
1.4 Address where the services are provided
1.5 Post code
1.6 Name of pharmacist we should contact with any queries
1.7 Email address (We will use this to communicate with you about the PNA, including for the formal consultation)
1.8 Telephone number
1.9 Please confirm we may store the above details and use these to contact you Please select one option only. Yes [] No []
2. Type of Contract
2.1 Pharmacy Access Scheme: Has your pharmacy been given funding under the Pharmacy Access Scheme?
Please select one option only.
Yes [] Applied but waiting decision [] No []
2.2 Other Relevant Information: Please indicate if the contract was granted under the following "Exempt" category?
Please select one option only.
100 Hour Pharmacy [] Not applicable []

1. Premises Details

3. Pharmacy Opening Hours

3.1 Total opening hours

Please state the <u>full opening hours</u> for your pharmacy (i.e. your core and supplementary hours) in this section

When recording lunch time please record times that the pharmacy is closed to the public or where a full pharmaceutical service is not available

Please use 24 hour clock and a decimal place instead of a colon e.g. 08.00 or 18.00

If any of the options are not applicable, please put a zero in the box

	Opening time	Closing time	Lunchtime close	Lunchtime open
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday		_	_	
Sunday				

3.2 Core hours

Please state your core hours in this section

Please use 24 hour clock and a decimal place instead of a colon e.g. 08.00 or 18.00

If any of the options are not applicable, please put a zero in the box

	Opening time	Closing time	Lunchtime close	Lunchtime open
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

3.3	Α	re y	ou	cons	iderii	าg c	hangi	ng y	your	supp	lemen	tary	hours	be	tween	now	and	l D	ecem)	oer :	20 1	17	?
-----	---	------	----	------	--------	------	-------	------	------	------	-------	------	-------	----	-------	-----	-----	-----	-------	-------	-------------	----	---

P	lease	select	one	option	only	Ι.
---	-------	--------	-----	--------	------	----

Yes	[]
No	[]

If response is "No" then go to 4.1

it would be helpful if you could provide details in the box below.
4. Advanced Service Provision
4.1 Do you currently provide Medicines Use Reviews (MURs)?
Please select one option only.
Yes [] No []
Do you intend to continue to provide this service?
Do you intend to provide this service in the future?
4.2 Do you currently provide the New Medicine Service (NMS)? Yes [] No []
Do you intend to continue to provide this service?
Do you intend to provide this service in the future?
4.3 Do you currently provide Appliance Use Reviews (AURs)? Yes [] No []
Do you intend to continue to provide this service?
Do you intend to provide this service in the future?
4.4 Do you currently provide a Stoma Appliance Customisation Service (SACS)? Yes [] No []
Do you intend to continue to provide this service?
Do you intend to provide this service in the future?

4.5 Do you currently provide Flu Vaccinations?
Yes [] No []
Do you intend to continue to provide this service?
Do you intend to provide this service in the future?
4.6 Do you currently provide the NHS urgent medicine supply advanced service (NUMSAS)? Yes [] No []
Do you intend to continue to provide this service?
Do you intend to provide this service in the future?
If you have answered no to any of the previous questions about the Advanced Service Provision, we would like to understand why and invite you to provide your reason(s) below.
The Advanced Service Provision Services listed were:
 Medicines Use Reviews (MURs) New Medicine Service (NMS) Appliance Use Reviews (AURs) Stoma Appliance Customisation Service (SACS) Flu Vaccination NHS Urgent Medicine Supply Advanced Service (NUMSAS)
*Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services
5. Locally Commissioned Services
This section relates to:
Locally commissioned public health services commissioned directly by Southend-on-Sea Borough Council (i.e. Stop Smoking, Supervised Consumption, Needle & Syringe Programme, Seasonal Influenza vaccine for Social Care Staff) or under a sub-contracted arrangement by South Essex Partnership University NHS Foundation (applies to Sexual Health only)
5. Locally Commissioned Services - Stop Smoking Service
5.1 Are you commissioned to provide a Stop Smoking Service?
In order to answer "Yes", you <u>must have signed an SLA</u> with the relevant commissioner
Please select one option only. Yes [] No []

Is there a willingness to continue OR to commence provision in the future? Please select one option only.

Yes [] No []
5. Locally Commissioned Services - Supervised Consumption
5.2 Are you commissioned to provide Supervised Consumption?
In order to answer "Yes", you must have signed an SLA with the relevant commissioner
Please select one option only. Yes [] No []
Is there a willingness to continue OR to commence provision in the future? Please select one option only. Yes [] No []
For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service*
*Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services
It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) below.
5. Locally Commissioned Services - Needle & Syringe Programme 5.3 Are you commissioned to provide a Needle & Syringe Programme? In order to answer "Yes", you must have signed an SLA with the relevant commissioner Please select one option only. Yes [] No [] Is there a willingness to continue OR to commence provision in the future? Please select one option only. Yes []
No []
For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service* *Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services

It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) below.
5. Locally Commissioned Services - Sexual Health Services
5.4 Are you commissioned to provide Sexual Health Services (i.e. Emergency Hormonal Contraception, Chlamydia Screening and Treatment)?
In order to answer "Yes", you must have signed an SLA with the relevant commissioner
Please select one option only. Yes [] No []
Are you willing to provide this service in the future? Please select one option only. Yes []
No []
For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service*
*Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services
It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) below.
5. Locally Commissioned Services - Seasonal Influenza Vaccine for Care Home Staff &
Domiciliary Care Workers
5.5 Are you commissioned to provide the Seasonal Influenza Vaccine for <u>Care Home Staff & Domiciliary Care Workers?</u>
In order to answer "Yes", you must have signed an SLA with the relevant commissioner
Please select one option only. Yes [] No []
Is there a willingness to continue OR to commence provision in the future? Please select one option only. Yes [] No []

For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service*					
*Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services					
It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) below.					
6. The Pharmacy as a Whole - Meeting the Needs of Those with Disabilities					
Please provide details of arrangements which are in place to meet the needs of those with disabilities.					
6. The Pharmacy as a Whole - Meeting the Needs of Those with Disabilities					
6.1 Can wheelchair users access all public areas and services within your premises?					
Please select one option only. Yes [] No []					
If no, please describe below which areas or services are inaccessible:					
6.2 Do you have facilities to aid those who are hearing impaired (e.g. hearing loop, signing etc)?					
Please select one option only. Yes [] No []					
6.3 Do you have facilities to aid those who are visually impaired (e.g. Braille, large print labels etc)?					
If yes, please indicate which facilities you have:					
Please tick all that apply. Hearing Loop [] Signing [] Other [] Please specify					

6.3 Do you have facilities to aid those who are visually impaired (e.g. Braille, large print labels etc)?			
Please select one option only. Yes [] No []			
 6.4 What support do you offer for those with cognitive impairment eg: People with dementia People with learning disabilities etc.? 			
If yes, please indicate which facilities you have:			
Please tick all that apply. Braille [] Large print labels [] Other [] Please specify			
6.4 What support do you offer for those with cognitive impairment eg: People with dementia People with learning disabilities etc.? Please tick all that apply. 'Aide memoire' for their medicines [] Monitored Dosage Systems [] Easy to read information [] Large print labels [] Other [] Please specify			
6.5 Does your pharmacy offer a dementia friendly environment? See Appendix A for information			
Please select one option only. Yes [] No [] Working towards this []			
Please give details			

6.6 How many patient facing staff are trained "Dementia Friends"?							
(See <u>www.dementiafriends.org.uk</u> and the Quality Payments Scheme for Community Pharmacy 2017/18)							
Number of patient facing staff: Number of trained "Dementia Friends": Percentage of patient facing staff trained:							
				7. Languages spoken within the Pharmacy Please provide details of any languages, other than English, spoken by you or your staff to			
				a level that you are able to respond to queries and provide information to patients:			
8. Consultation Area(s)							
Please provide details of your consultation area and its characteristics and facilities.							
8.1 Does your pharmacy have one or more private consultation areas?							
Please select one option only. Yes - on site [] Yes - off site [] No - but planned in next 12 months [] No - and no plans for one []							
8.2 How many consultation areas does your pharmacy have?							
8.3 Is/are the consultation area(s) a closed room?							
Please select one option only. Yes [] No []							
8.4 Are you willing to provide consultations within a patient's home?							
Please select one option only. Yes [] No []							

8.5 Characteristics of the consultation area			
Please indicate which feature	s apply and sele	ct at least one response:	
Please tick all that apply.			
Computer terminal	[]		
PMR access	[]		
Telephone	[]		
Internet access	[]		
nhs.net email	[]		
An N3 connection	[]		
Wheelchair access	[]		
Hearing loop	[]		
Sink with hot water	[]		
Patient toilet facilities nearby	[]		
Space for a chaperone	[]		
Examination couch	[]		
Panic button	[]		
CCTV	[]		
9. Non-NHS Healthcare	Related Serv	ices provided in your Pharmacy	
Please provide an overview of services which you offer within your pharmacy, which are NOT commissioned by an external agency such as NHS England, Public Health, the CCG, Local Government etc.			
Non-NHS services may include repeat prescription collection & delivery services; travel advice; "health checks" e.g. BP measurement etc.			
Please include the service title and a brief description of the service.			
Service		Description	

Final Thoughts or Comments

If you have any final thoughts or comments, which you think would be relevant to the Pharmaceutical Needs Assessment, please describe them in the box below e.g. taking into account opportunities based on the Sustainability and Transformation Plan	

Thank you for your time in completing this questionnaire. The information provided will be used as part of a data validation exercise as well as informing the analysis and assessments for the PNA refresh.



Appendix D

Non-NHS Services
Provided by
Community Pharmacies

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

The table below provides a flavour of these non-NHS services, although the scope of the service offered varies from pharmacy to pharmacy.

Customers may be required to pay for some for some of these services; however, others may be provided 'free of charge' as a value added service.

Service	Description of service		
Repeat Prescription Services	 Ordering repeat medication from the GP on behalf of the patier (includes a check as to what is required rather than ordering al repeat medicines) Collecting the repeat prescription from the GP Home delivery service 		
Health Assessments and checks	Blood pressure checksCholesterol testsBlood glucose tests		
Travel Services	 Advice on keeping healthy on holiday Sale of 'Over the counter' anti-malarial medication Supply of 'prescription only' anti-malarial medication under a PGD Travel vaccines 		
Vaccination	 Seasonal influenza vaccine (e.g. for people who do not meet NHS criteria) Shingles vaccination Travel vaccines 		
Care Home Services (includes sheltered housing)	 Dispensing of medicines into blister packs, sometimes on a weekly basis Delivery of medicines to homes Advice on medicines to staff 		
Weight management services	 Measurement of BMI Advice on healthy eating, exercise and weight management Lipotrim Programme. This consists of: Supply of total food replacement products Set goal for weight loss Weekly pharmacy visits to monitor weight and ketones in urine Support and encouragement to stick to the programme Support with returning to regular meals (plus maintenance products if required 		
Erectile Dysfunction service	 Advice and supply of medicines (under PGD) to men who suffer from erectile dysfunction 		
Foot Health Services	Foot services for diabetics, toe nail cutting, corns, callous etc.On-site podiatrist		
Respiratory Services	 Asthma control questionnaires Inhaler technique advice Ventolin service 		
Allergies	Allergy testing		
Gluten free foods	Supply of Gluten Free Foods		
Skin Care	 Mole scanning 		

Care Worker training	Handling, storage and disposal of medication	
Care Worker training	■ Waste	
	 Watching for side effects. 	
	 Questionnaire on pain control 	
Pain management	 Support and advice on pain management, with follow up to check progress 	
Hair loss	Supply of medication (via PGD) for hair loss	
First aid	 Dressing minor wounds and grazes 	



Appendix E

Quality Payment Framework

1. Introduction

A quality payments scheme has been introduced and up to £75m has been made available for this in 2017/18.

To qualify for a payment, a contractor must:

- Meet 4 gateway criteria
- Meet one or more additional quality criteria

2. Gateway Criteria

- 2.1. The contractor must be offering at the pharmacy Medicines Use Review (MUR) or New Medicine Service (NMS); or must be registered for NHS Urgent Medicine Supply Advanced Service Pilot
- 2.2. The NHS Choices entry for the pharmacy must be up to date
- 2.3. Pharmacy staff at the pharmacy must be able to send and receive NHS mail
- 2.4. The pharmacy contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service at the pharmacy premises

3. Quality Criteria

For the purposes of the quality framework, high quality care has been defined as the presence of three dimensions:

- Care that is clinically effective
- Care that is safe
- Care that provides a positive experience for patients

The Quality Payments Scheme rewards community pharmacies for delivering quality criteria across all three dimensions of quality.

The table (next page), which has been reproduced from "Pharmacy Quality Payments: Quality Criteria Guidance" (NHS England, February 2017), summarises the criteria by domain and indicates the number of points allocated to each criterion.

Domain	Criterion	No. of review points	Points per review point	Total points
Patient Safety	Written safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts	1	20	20
Patient Safety	On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years	2	5	10
Patient Experience	On the day of the review, the results of the Community Pharmacy Patient Questionnaire from the last 12 months is publicly available on the pharmacy's NHS Choices page or for distance selling pharmacies it is displayed on their website and the NHS Choices service desk has been notified		5	5
Public Health	On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1(self-assessment)	1	20	20
Digital	On the day of the first review, the pharmacy can demonstrate a total increase in access to Summary Care Records (from Monday 27 June 2016 to Sunday 27 November 2016 compared to Monday 28 November 2016 to Sunday 30 April 2017); and on the day of the second review, the pharmacy can demonstrate a total increase in access to Summary Care Records (from Monday 3 October 2016 to Sunday 30 April 2017 compared to Monday 1 May 2017 to Sunday 26 November 2017)		5	10
Digital	On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date	2	2.5	5
Clinical Effectiveness	On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.		10	20
Workforce	On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'	2	5	10

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Appendix F

Pharmaceutical Needs Across the Life-course

Potential Pharmaceutical Needs Across the Life-course and the Development of Pharmacy Services

Part 1 - All Ages

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

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

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

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

Age group	Need	Relevant Pharmacy Service/s
	Dental health	 Sale of dental health aids e.g. toothpaste, floss, mouthwash Advice about sugar-free medicines
	Management of long-term conditions	Screening services
		Medicines Use Review
		New Medicines Service
		Prescription intervention
All ages		Condition-specific services e.g. inhaler technique
All ages		Independent prescribing
		Deprescribing
		Repeat dispensing service
		Influenza vaccination
		Transfer of care between settings
	Treatment of minor ailments	Minor ailments services
		Sale of non-prescription medicines
	Healthy weight	Weight management
	End of life care	Palliative therapy services

Part 2 - Pre-Conception & Pregnancy

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

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

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

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

Age group	Need	Relevant Pharmacy Service/s
	Pre-conception health	Sale of folic acid
		Weight management
۷ ح		Alcohol IBA / referral to services
<u>ን</u> 0		Smoking cessation
		Advice for drug misusers – referral to specialist services
		STI testing
Pre-	Pregnancy confirmation	Sale of pregnancy tests
conception	,	Pregnancy test service
and	'	Referral to midwife
Pregnancy	,	STI testing
	Effects of long-term medicines taken by the mother	Clinical medication review
		Medicines Use Review
		New Medicines Service
		Prescription Intervention
		Advice for drug misusers – referral to specialist services and supervised consumption
	Vaccination (e.g. whooping cough, influenza)	Vaccination services
	Birth planning	Hire of TENS machines
		Sale of complementary therapies
		Signposting to antenatal classes

Part 3 - Childhood (Birth - 11 years)

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

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

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

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

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

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

Age group	Need	Relevant Pharmacy Service/s	Need across Childhood	Relevant Pharmacy Service/s
	Breastfeeding / Nutrition	 Infant feeding and weaning advice Sale of infant formula Sale of treatments for breastfeeding side-effects Signposting to groups and advice 	Accidental injury	 Medicines disposal Needle exchange Sale of child safety aids Minor ailments services Sale of non-prescription medicines
Birth-12 months	Infant deaths / Stillbirth	 Minor ailments service Advice about SIDS (sleeping position, smoking) 	Family Smoking	Smoking cessation
	Prematurity	Advice on medicines use in pre-term babies, including non-prescription medicines	Growth and Development Healthy weight (parents)	Signposting to adviceWeight management
	Contraceptive advice for mother	 Emergency contraception Contraception advice Sale of condoms 	Parenting support	 Signposting to community resources Advice about non-prescription medicines
	Parental mental health (e.g. postnatal depression)	 Signposting from sale of relevant non-prescription medicines (sleep aids, complementary therapies) Referral to specialist services 	Vaccination	Influenza vaccination servicesTimely boostersSignposting
Preschool Up to 5 years	Sports injuries	Minor ailments servicesSale of non-prescription medicines		
Primary School 5-11 years	Sports injuries	Minor ailments servicesSale of non-prescription medicines		

Part 4 - Adolescence and Adulthood (12-59 years)

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

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

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

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

Age group	Need	Relevant Pharmacy Service/s	Need across Adulthood	Relevant Pharmacy Service/s
	Accidental injury	 Signposting Medicines Use Review (medicines and driving) 	Alcohol use	Alcohol IBAReferral to specialist treatmentSignposting and advice
Adolescence 12-19 years	Sports injuries	 Minor ailments services Sale of non-prescription medicines 	Drug misuse	Advice and signpostingNeedle exchangeSupervised consumption
	Transfer of responsibility for medicine-taking • Medicines Use Review (medicines and driving/sport/exams/school etc.) • New Medicines Service		Exercise	Signposting to community resources
	Vaccination	Signposting for boostersHPV vaccination	Mental health	Signposting from sale of relevant non-prescription medicines
Young Adulthood 20-35 years	Accidental injury	 Signposting Medicines Use Review (medicines and driving) 		(sleep aids, complementary therapies)Referral to specialist services
Middle Adulthood	Healthy families	For parents – drug misuse, smoking, alcohol advice	Pregnancy	Sale of pregnancy testsPregnancy test service
36-59 years	Sexual health	STI testing		Referral to midwife
		 Contraceptive advice Sale of condoms Erectile dysfunction counselling 	Smoking	Smoking cessation
	Cardiovascular risk counselling	Menopause counsellingSignposting and counselling	Workplace Health	Smoking cessationMinor ailments

Part 5 - Older Adulthood (60+ years)

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

Visits to hospital are more likely. End-of-life care is a concern. The ongoing health risks of younger adults, however, like smoking and sexual health should not be ignored.

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

	Age group	Need	Relevant Pharmacy Service/s
	Older Adulthood	Care home engagement	Pharmacist advice (medicines storage etc.)
	60+ years		Independent prescribing
			Medicines Use Review
			Clinical Medication Review
		Carer engagement	Medicines Use Review
			Clinical Medication Review
			Signposting to services
		Dementia screening & management	Medicines Use Review
			Clinical Medication Review
185			Signposting to services
Ĭ		Falls prevention	Medicines Use Review
			Clinical Medication Review
			New Medicine Service
		Maintaining independence	Home delivery service
			Hosiery fitting service
			Sale of incontinence aids
			Sale of mobility aids
			Minor ailments service
		Medication adherence	Home delivery service
			Compliance aids e.g. Monitored Dosage Systems (care home or community), "aide memoire" etc.
			Medicines Use Review
			Clinical Medication Review
			New Medicine Service
		Sexual health	STI testing
			Sale of condoms
			Erectile dysfunction counselling
		Smoking	Smoking cessation
		Vaccination	Shingles vaccination (70 years old +)

References:

PHE plan of work for children and young people

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

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

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

National Service Framework for Older People (DH England 2001)

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4 071283.pdf

National Service Framework for Children, Young People and Maternity Services (DH England and DfES 2004)
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4 090523.pdf

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Appendix G

Pharmaceutical Needs Assessment

Pharmacy Opening Hours

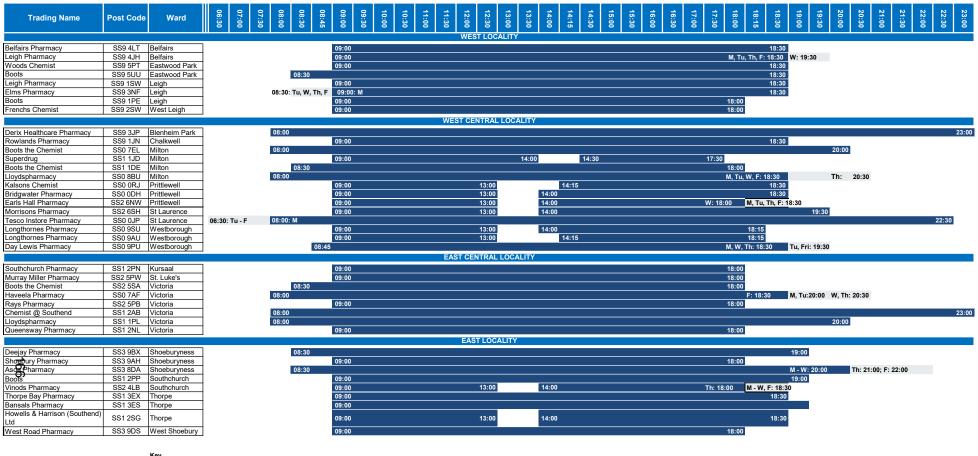
Key

Open

Open on some days

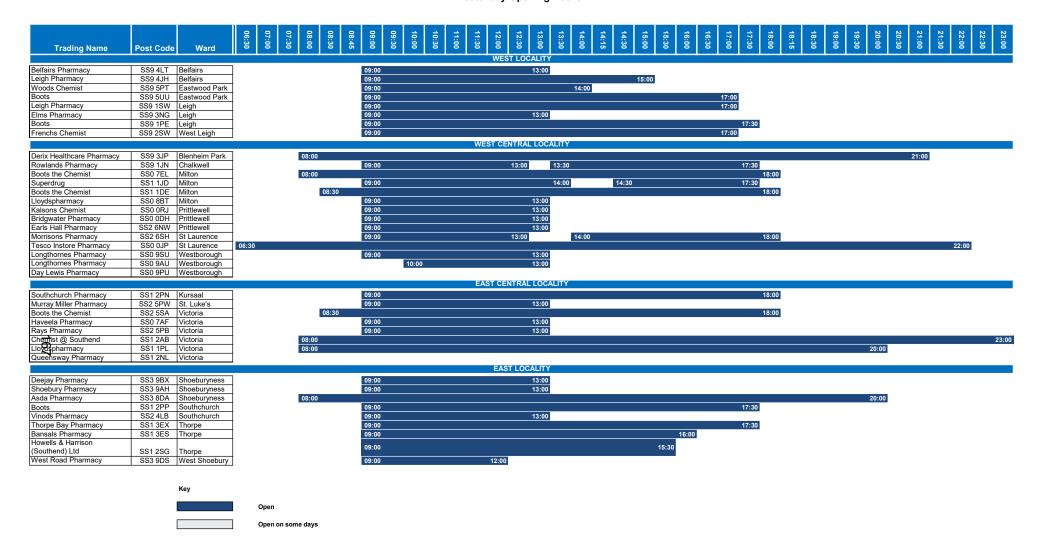
Closed

Weekday Opening Hours



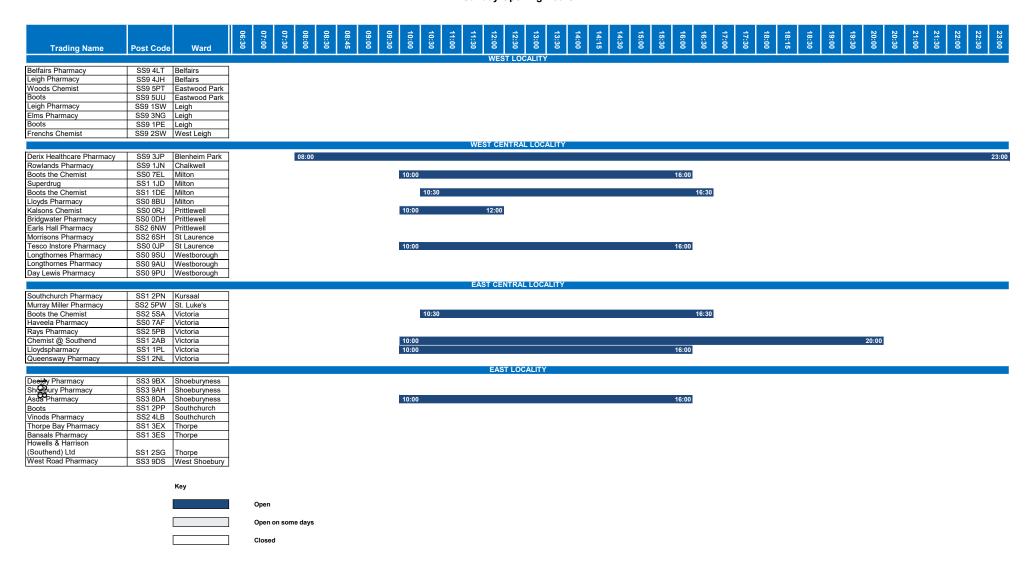
Open
Open on some days
Closed

Saturday Opening Hours



Closed

Sunday Opening Hours





Appendix H

Pharmaceutical Needs Assessment

Summary of Service Provision

Pharmaceutical Service Provision

Trading Name	Post Code	Ward	Contractor Type	Essential Services	Medicines Use Reviews	New Medicine Service	Flu Vaccination	Stoma Appliance Customisation Service	Appliance Use Reviews
				WEST LOCALI	ГҮ				
Belfairs Pharmacy	SS9 4LT	Belfairs	Pharmacy	•	•	•	•	•	•
Leigh Pharmacy	SS9 4JH	Belfairs	Pharmacy	1	•	•	٠	•	•
Boots	SS9 5UU	Eastwood Park	Pharmacy	•	•	•	•		
Woods Dispensing Chemist	SS9 5PT	Eastwood Park	Pharmacy	•	•	•		•	
Boots	SS9 1PE	Leigh	Pharmacy	•	•	•	٠		
Elms Pharmacy	SS9 3NG	Leigh	Pharmacy	•	•	•	•		
Leigh Pharmacy	SS9 1SW	Leigh	Pharmacy	•	•	•	٠		•
French's Chemist	SS9 2SW	West Leigh	Pharmacy	•	٠	٠	٠	•	•
			WES1	CENTRAL LO	CALITY				
Derix Healthcare Pharmacy	ISS9 3JP	Blenheim Park	Pharmacy	•	•				
Rowlands Pharmacy	SS9 1JN	Chalkwell	Pharmacy	1 .	•	•	•		
Boots	SS1 1DE	Milton	Pharmacy	1	•	•	•		
Boots	SS0 7EL	Milton	Pharmacy	1	•	•	•		
Lloydspharmacy	SS0 8BT	Milton	Pharmacy	1 .	•	•	•		
Superdrug Pharmacy	SS1 1JD	Milton	Pharmacy	1	•	•	•		
Fittleworth Medical Ltd	SS0 7LX	Milton	DAC	•	•			•	
Bridgwater Pharmacy	SS0 0DH	Prittlewell	Pharmacy	1	•	•	•	•	
Earls Hall Pharmacy	SS2 6NW	Prittlewell	Pharmacy	1	•	•	•	•	•
Kalsons Chemist	SS0 0RJ	Prittlewell	Pharmacy	•	•	•	•		•
Morrisons Pharmacy	SS2 6SH	St Laurence	Pharmacy	•	•	•	•		
Tesco Instore Pharmacy	SS0 0JP	St Laurence	Pharmacy	•	•	•	•		
Day Lewis Pharmacy	SS0 9PU	Westborough	Pharmacy	•	•	•	•		
Longthornes Pharmacy	SS0 9AU	Westborough	Pharmacy	•	•				
Longthornes Pharmacy	SS0 9SU	Westborough	Pharmacy	•	•				
			EAST	CENTRAL LO	CALITY				
Southchurch Pharmacy	SS1 2PN	Kursaal	Pharmacv	1 .			•		
Murray Miller Pharmacy	SS2 5PW	St Luke's	Pharmacy	1 .	•	•			
Boots	SS2 5SA	Victoria	Pharmacy	1	•	•	•		
Chemist @ Southend	SS1 2AB	Victoria	Pharmacy	•	•	•	•		
Haveela Pharmacy	SS0 7AF	Victoria	Pharmacy	•	•	•	•	•	•
Lloydspharmacy	SS1 1PL	Victoria	Pharmacy	•	•	•	٠		
Queensway Pharmacy	SS1 2NL	Victoria	Pharmacy	•	•				
Rays Pharmacy	SS2 5PB	Victoria	Pharmacy	•	٠	•	٠		
				EAST LOCALIT	Υ				
Asda Pharmacy	SS3 8DA	Shoeburyness	Pharmacy	•	•	٠	٠		
Deejay Pharmacy	SS3 9BX	Shoeburyness	Pharmacy	•	٠	•	٠		
Shoebury Pharmacy	SS3 9AH	Shoeburyness	Pharmacy	•	٠	•			
Boots	SS1 2PP	Southchurch	Pharmacy	•	•	•	٠		
Vinods Pharmacy	SS2 4LB	Southchurch	Pharmacy	•	•	•	٠		
Bansals Pharmacy	SS1 3ES	Thorpe	Pharmacy	•	٠	•	٠	•	٠
Howells and Harrison (Southend) Ltd	SS1 2SG	Thorpe	Pharmacy	•	٠	•			
Thorpe Bay Pharmacy	SS1 3EX	Thorpe	Pharmacy	•	•		•	•	
West Road Pharmacy	SS3 9DS	West Shoebury	Pharmacy	•	•	•			
Charles S Bullen Stomacare I	SS3 9DT	West Shoebury	DAC	•	•			•	•

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Locally Commissioned Services Provision

Trading Name	Post Code	Ward	Ward	Stop Smoking	Needle & Syringe Programme	Supervised Consumption	Sexual Health (EHC & Chlamydia Screen & Treat)
			WEST L	CALITY			
Belfairs Pharmacy	SS9 4LT	Belfairs	Pharmacy	•			
Leigh Pharmacy	SS9 4JH	Belfairs	Pharmacy				
Boots	SS9 5UU	Eastwood Park	Pharmacy	•		•	
Woods Dispensing Chemist	SS9 5PT	Eastwood Park	Pharmacy	•	•	•	
Boots	SS9 1PE	Leigh	Pharmacy			•	
Elms Pharmacy	SS9 3NG	Leigh	Pharmacy	•			
Leigh Pharmacy	SS9 1SW	Leigh	Pharmacy	•			
French's Chemist	SS9 2SW	West Leigh	Pharmacy	•			
		WE	ST CENTR	AL LOCALITY	•		
Derix Healthcare Pharmacy	ISS9 3JP	Blenheim Park	Pharmacy		T	•	
Rowlands Pharmacy	SS9 JJN	Chalkwell	Pharmacy		+	•	
Boots	SS1 1DE	Milton	Pharmacy	•	•	•	
Boots	SS0 7EL	Milton	Pharmacy	·	,	<u> </u>	
Lloydspharmacy	SS0 8BT	Milton	Pharmacy			<u> </u>	
Superdrug Pharmacy	SS1 1JD	Milton	Pharmacy			· ·	
Bridgwater Pharmacy	SS0 0DH	Prittlewell	Pharmacy	·		•	
Earls Hall Pharmacy	SS2 6NW	Prittlewell	Pharmacy	·	•	· ·	
Kalsons Chemist	SS0 0RJ	Prittlewell	Pharmacy	·	,	<u> </u>	
Morrisons Pharmacy	SS2 6SH	St Laurence	Pharmacy	•		·	
Tesco Instore Pharmacy	SS0 0JP	St Laurence	Pharmacy	•			
Day Lewis Pharmacy	SS0 9PU	Westborough	Pharmacy	•			
Longthornes Pharmacy	SS0 9AU	Westborough	Pharmacy	•	•	•	
Longthornes Pharmacy	SS0 9SU	Westborough	Pharmacy	•	•	•	
Longinomics i Harmady	1000 000			AL LOCALITY			
	loo con con con con con con con con con c			AL LOCALITI	1 1		1
Southchurch Pharmacy	SS1 2PN	Kursaal	Pharmacy	•		•	
Murray Miller Pharmacy	SS2 5PW	St Luke's	Pharmacy	•		•	
Boots	SS2 5SA	Victoria	Pharmacy	•		•	
Chemist @ Southend	SS1 2AB	Victoria	Pharmacy	•		•	
Haveela Pharmacy	SS0 7AF	Victoria	Pharmacy	•		•	
Lloydspharmacy	SS1 1PL	Victoria	Pharmacy			•	
Queensway Pharmacy	SS1 2NL	Victoria	Pharmacy				
Rays Pharmacy	SS2 5PB	Victoria	Pharmacy	•		•	
			EAST LO	DCALITY			
Asda Pharmacy	SS3 8DA	Shoeburyness	Pharmacy	•		•	
Deejay Pharmacy	SS3 9BX	Shoeburyness	Pharmacy	•			
Shoebury Pharmacy	SS3 9AH	Shoeburyness	Pharmacy	•		•	
Boots	SS1 2PP	Southchurch	Pharmacy	•		•	
Vinods Pharmacy	SS2 4LB	Southchurch	Pharmacy	•		•	
Bansals Pharmacy	SS1 3ES	Thorpe	Pharmacy	•			
Howells and Harrison (Southend) Ltd	SS1 2SG	Thorpe	Pharmacy	•			
Thorpe Bay Pharmacy	SS1 3EX	Thorpe	Pharmacy	•			
West Road Pharmacy	SS3 9DS	West Shoebury	Pharmacy	•	•	•	





Appendix I

Consultation Response Form

Southend-on-Sea Pharmaceutical Needs Assessment Consultation Response Form

1. About you - please can you provide the following information

This is very impo	ortant in case we h	nave any	ques	tions w	ith respe	ct to the fe	edbad	ck you pr	ovide:
Name									
Job Title									
Pharmacy or DAC No Or Organisation	ame								
Address									
Telephone No.									
Please confirm that you are happy for us to store these details in case we need to contact you about your feedback?				yes	cate usin	g * or dele	te as a	applicabl	e
2. Has the purpo draft PNA doc	ese of the PNA becament?	oeen ex	plair	ed su	fficientl	y within s	section	on 1.1 o	f the
Please indicate using	g * or delete as ap	plicable							
Yes		No				Not sur	·e		
If "No" or "Not sure",	please explain wh	ny in the	box b	elow:					
3. Does Section	1.3 clearly set o	out the	scop	e of th	ne PNA?	•			
Please indicate usinç	g * or delete as ap	plicable							
Yes		No				Not sur	е		
If "No" or "Not sure",	please explain wh	ny in the	box b	elow:					

4. Does Section	on 2 clearly set	out the local	context	and th	ne imp	plica	tions	for the Pl	NA?
Please indicate us	sing * or delete as	applicable							
Yes		No			N	ot su	re		
If "No" or "Not sure	e", please explair	why in the box	below:						
	k the needs of ical services, I								•
Please indicate us	sing * or delete as	applicable							
Yes		No			N	ot su	re		
	rvice, please in of the service	AND if you ag						a reasona	ble
Section 3.2.1: E				Yes		No		Not sure	
If you have answe	ered "No" or "Not	sure", please ex	plain why	in the	box be	elow:			
ection 3.2.3: A									
Section 3.2.3.1:	Medicines Use F	Reviews		Yes		No		Not sure	
If you have answe	ered "No" or "Not	sure", please ex	plain why	in the	box be	elow:			

6. For each service, please indicate if you think the description of the service AND if you agree with						ole
Please indicate using * or delete as applicable:						
Section 3.2.3.2: New Medicine Service	Yes		No		Not sure	
If you have answered "No" or "Not sure", please explain wh	y in th	e box l	pelow:			
Section 3.2.3.3: Flu Vaccination	Yes	<u> </u>	No		Not sure	
					Not suic	
If you have answered "No" or "Not sure", please explain wh	y in th	e box l	pelow:			
Section 3.2.3.4: Stoma Appliance Customisation Service	e Y	es	١	10	Not sur	е
If you have answered "No" or "Not sure", please explain wh	y in th	e box l	pelow:			
Section 3.2.3.5: Appliance Use Review Service	Yes		No		Not sure	
If you have answered "No" or "Not sure", please explain wh	y in th	e box l	pelow:			
Section 3.3 Locally Commissioned Services						
Section 3.3.2: Stop Smoking Service	Yes		No		Not sure	
If you have answered "No" or "Not sure", please explain wh	y in th	e box l	pelow:			

6. For each service, please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions? (cont)										
Section 3.3.3: Needl	e & Syringe	Programme	Yes	No	Not sure					
If you have answered	"No" or "Not	sure", please expla	ain why in the	box below:						
Section 3.3.4: Super	vised Cons	umption Service	Yes	No	Not sure					
If you have answered	"No" or "Not	sure", please expla	ain why in the	box below:						
Section 3.3.5: Sexua	al Health Se	rvice	Yes	No	Not sure					
If you have answered '	"No" or "Not	sure", please expla	ain why in the	box below:						
7. Do you agree w	ith the "Lo	oking to the Fut	ture" sectio	n as set out i	n section 3.4?					
Please indicate using Yes	or delete as	No No		Not sure						
103		140		Not Suic						
If "No" or "Not sure", p	lease explair	n why in the box be	elow:							
	view the info	Dispensing Approximation in Append identify any issue	ix F (Opening	Hours) and App						
	ls the	information Accu	rate?							
Opening Haves		te using * or delete as a		If "No", please	provide details:					
Opening Hours Please note if pharmacy reported hours were not aligned with core hours on the NHS pharmaceutical list we used the core hours	Yes	No								

		information Ac		If "No", please pr	ovide details:					
Service Provision	Yes	No								
		•								
9. Community Pha Has the PNA pro provision and pla	vided you			Contractors Only help your own futu	ıre service					
Please indicate using	* or delete a	s applicable								
Yes		No		Not sure						
If "No" or "Not sure", please provide details in the box below:										
10. NHS England O	nlv:									
		equate inform	ation to info	orm market entry	decisions?					
Please indicate using	* or delete a	s applicable								
Yes		No		Not sure						
If "No" or "Not sure",	please pro	ovide details in	the box belo	ow:						
11. Services Comm Has the PNA pro services from ph	vided you	with enough inf		nmissioners only inform how you m						
Please indicate using	* or delete a	s applicable								
Yes		No		Not sure						
If "No" or "Not sure",	If "No" or "Not sure", please provide details in the box below:									

12. If you have any further comments, please enter them in the box below (question applies to all):		

Thank you for response.

If you have opted to complete this form electronically, rather than submit your comments online, then please return this feedback form **via email** to:

Vanessa Lane (vl@webstar-lane.co.uk)

All feedback received by **midnight on the 3 November 2017** will be collated and presented to the PNA Steering Group, for consideration on behalf of the HWB. Any comments received after this date will not be accepted.

A consultation report will be included within the final PNA document. This will provide an overview of the feedback received and set out how the comments have been acted upon.

We anticipate that the new PNA document will be published in December 2017.





Appendix J

Consultation Feedback

Southend on Sea Pharmaceutical Needs Assessment Consultation Feedback

1. Accuracy and Post Consultation Changes in Opening hours

No points of accuracy were raised.

One pharmacy changed ownership around the time the consultation started and amended its supplementary hours from mid-September 2017. Specifically:

- West Road Pharmacy (formerly Howells and Chana)
- Change in hours:

	Old Hours	New Hours
Monday - Friday	09:00 – 19:00; lunch 13:00 – 14:00	09:00 – 18:00
Saturday	09:00 – 17:00	09:00 – 12:00
Sunday	Closed	Closed

The Steering Group noted the changes were significant and impacted upon all maps because of the change in name and also the PNA analysis and text relating to extended hour and Saturday opening. Therefore, a revised draft of the PNA was considered and amendments agreed by the Steering Group.

2. Feedback and Comments

This section sets out the details of the feedback and comments which were received during the formal consultation and summarises the response of the PNA Steering Group. The section has been organised in accordance with the specific questions asked within the response template which, which can be found in Appendix I of the PNA.

For each question, we summarise the percentage of respondents who either agreed, disagreed or were not sure with respect to the information contained within the PNA. Where relevant we list the specific comments received and set out the PNA Steering Group decision noting whether the PNA has been amended. This included strengthening all the conclusions to make it clear that any gaps could be met by the existing network of pharmacies.

Has the purpose of the PNA been explained sufficiently within section 1.1 of the draft PNA document?

Yes = 100% (n=7)

No = 0%

Not sure = 0%

No detailed comments received

Does Section 2 clearly set out the scope of the PNA?

Yes = 100% (n=7)

No = 0%

Not sure = 0%

No detailed comments received

Does Section 2 clearly set out the local context and the implications for the PNA?

Yes = 100% (n=7)

No = 0%

Not sure = 0%

No detailed comments received

Do you think the needs of the population, and the impact upon the need for pharmaceutical services, have been accurately reflected throughout the PNA?

Yes = 85.7% (n=6)

No = 0%

Not sure = 0% Not answered = 14.3% (n = 1)

Detailed Comment

PNA Steering Group Decision

PNA Amended?

No detailed comments received

Please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Section 3.2.1 Essential Services

Yes = 85.7% (n=6)

No = 0%

Not sure = 0% Not answered = 14.3% (n = 1)

The Steering Group noted the following amendments in relation to West Road Pharmacy:

- Page 26 & 27: Amendments to map 1 and map 2
- Page 28: Amendments to "current picture text"
- Page 29: Revisions to the opening hours table
- Pages 30 34: Amendments to map 3 7
- Pages 37 & 38: Amendments to alignment of GP and pharmacy opening hours text and graphs
- Pages 46 & 47: Amendments to conclusions

Please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Section 3.2.3 Advanced Services

3.2.3.1: Medicines Use Reviews	Yes = 85.7% (n=6)	No = 0%	Not sure = 0% Not answered = 14.3% (n = 1)
3.2.3.2: New Medicine Service	Yes = 85.7% (n=6)	No = 0%	Not sure = 0% Not answered = 14.3% (n = 1)
3.2.3.3: Flu Vaccination	Yes = 85.7% (n=6)	No = 0%	Not sure = 0% Not answered = 14.3% (n = 1)
3.2.3.4: Stoma Appliance Customisation	Yes = 85.7% (n=6)	No = 0%	Not sure = 0% Not answered = 14.3% (n = 1)
3.2.3.3: Appliance Use Reviews	Yes = 85.7% (n=6)	No = 0%	Not sure = 0% Not answered = 14.3% (n = 1)

The Steering Group noted the following amendments in relation to West Road Pharmacy:

- Pages 49 52: MURs: amendments to: "current picture", opening hours table, map and conclusions
- Pages 53 56: NMS: amendments to: "current picture", opening hours table, map and conclusions
- Pages 58 59: Flu: amendments to the map and the opening hours table

Please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Section 3.3 Locally Commissioned Services

3.3.2: Stop Smoking	Yes = 85.7% (n=6)	No = 0%	Not sure = 0%	Not answered = 14.3% (n=1)
3.3.3: Needle & Syringe Programme	Yes = 71.4% (n=5)	No = 14.3% (n=1)	Not sure = 0%	Not answered = 14.3% (n=1)
3.3.4: Supervised consumption	Yes = 85.7% (n=6)	No = 0%	Not sure = 0%	Not answered = 14.3% (n=1)
3.3.5: Sexual Health	Yes = 85.7% (n=6)	No = 0%	Not sure = 0%	Not answered = 14.3% (n=1)

The PNA steering group noted that one pharmacy didn't agree with the conclusions for the needle and syringe programme; no reasons as to why this was the case were provided.

The Steering Group noted the following amendments in relation to West Road Pharmacy:

- Pages 68 71: Stop smoking: amendments to: "current picture", opening hours table, map and conclusions
- Pages 72 75: Needle and syringe programme: amendments to: "current picture", opening hours table, map and conclusions
- Pages 76 79: Supervised consumption: amendments to "current picture", opening hours table, map and conclusions

Do you agree with the "Looking to the Future" section as set out in section 3.4?

Yes = 85.7% (n=6) No

No = 0%

Not sure = 0%

Not answered = 14.3% (n=1)

No detailed comments received

Community Pharmacies & Dispensing Appliance Contractors Only

Has the PNA provided you with enough information to help your own future service provision and plans

Yes = 75% (n=3)

No = 0%

Not sure = 0%

Not answered = 25% (n=1)

No detailed comments received

NHS England Only:

Has the PNA provided adequate information to inform market entry decisions?

NHS England confirmed the PNA includes adequate information to make market entry decisions

Services Commissioners & Potential Services Commissioners only:

Has the PNA provided you with enough information to inform how you may commission services from pharmacy in the future?

This question was not applicable to any of the respondents

Do you any further comments?					
Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?		
NHS England - Essex Area Team	Please remove all references to the NUMSAS pilot (pages 5, 6, 16, 19, 21, 37 and Appendix F and G)	The Steering Group considered the NHSE request and noted the following:	Yes Appendix H updated		
	This service is not to be advertised or actively promoted to patients	Regulation 2 requires that the PNA document all pharmaceutical services:			
		"The pharmaceutical services to which each pharmaceutical needs assessment must relate are <u>all</u> the pharmaceutical services that may be provided under arrangements made by the NHSCB for—			
		(a) the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list;			
		 (b) the provision of local pharmaceutical services under an LPS scheme (but not LP services which are not local pharmaceutical services); or (c) the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor)." 			
		The primary purpose of the PNA is to inform market entry decisions; the secondary purpose is to support local commissioners with commissioning decisions; thirdly, the document is 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. It was felt that it was highly unlikely that the document would be read by patients.			
		There is already information in the public domain about the service.			
		The final agreement was to retain the references to the NHS Urgent Medicine Supply Advanced Service (NUMSAS) within the PNA, but to remove the pharmacies which offer the service from Appendix H. This would minimise the risk of publicising specific pharmacy providers to patients and the public.			



NHS England Skipton House 80 London Road London SE1 6LH

30 October 2017

To: (by email)
Cllr Lesley Salter
Alison Griffin
Ian Stidston

Chair, Southend-on-Sea Health and Wellbeing Board Chief Executive, Southend-on-Sea Borough Council Accountable Officer, NHS Southend CCG

Dear Colleagues

BETTER CARE FUND 2017-19

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance. We know that the BCF has again presented challenges in preparing plans at pace and we are grateful for your commitment in providing your agreed plan. The Better Care Fund is the only mandatory policy to facilitate integration of health and social care and the continuation of the BCF itself. It brings together health and social care funding, with a major injection of social care money announced at Spring Budget 2017. For the first time, this policy framework for the Fund covers two financial years to align with NHS planning timetables and to give areas the opportunity to plan more strategically.

Your plan has been assessed in accordance with the process set out in the Better Care Fund 2017-19: Guide to Assurance of Plans.

In determining and exercising further powers in connection with your application, NHS England has had regard to the extent to which there is a need for the provision of health services; health-related services (within the meaning given in section 14Z1 of the NHS Act 2006); and social care services.

I am delighted to let you know that, following the regional assurance process, your plan has been classified as 'Approved'. In summary, the assurance team recognises your plan has been agreed by all parties (local authority, Clinical Commissioning Group (CCG), and your Health and Wellbeing Board), and the plan submitted meets all requirements and the focus should now be on delivery.

Your BCF funding can therefore now be released subject to the funding being used in accordance with your final approved plan, and the funding being transferred into pooled funds under a section 75 agreement.

These conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These sections allow NHS England to make payment of the BCF funding subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCG(s) in your Health and Wellbeing Board area as to the use of the funding.

Amounts payable to the CCG in respect of the BCF are subject to the following conditions under section 223GA of the NHS Act 2006:

- 1. That the CCG will meet the performance objectives specified in its BCF plan; and
- 2. That the CCG will meet any additional performance objectives specified by NHS England from time to time.

If the CCG fails to meet those objectives, NHS England may withhold the funds (in so far as they have not already been paid to the CCG) or recover payments already made; and may direct the CCG as to the use of the amounts payable in respect of the BCF.

In addition to the BCF funding, the Spring Budget 2017 increased funding via the Improved Better Care Fund (IBCF) for adult social care in 2017-19. This has been pooled into the local BCF. The new IBCF grant (and as previously the Disabled Facilities Grant) will be paid directly to local authorities via a Section 31 grant from the Department for Communities and Local Government. The Government has attached a set of conditions to the Section 31 grant, to ensure it is included in the BCF at local level and will be spent on adult social care.

You should now progress with your plans for implementation. Ongoing support and oversight with your BCF plan will be led by your local better care manager.

Once again, thank you for your work and best wishes with implementation and delivery.

Yours faithfully,

Sphelde

Simon Weldon

Director of NHS Operations and Delivery and SRO for the Better Care Fund NHS England

OFFICIAL

Copy (by email) to:

Simon Leftley Director of Adult Social Services, Southend-on-Sea Borough Council
Nick Faint Better Care Fund Programme Lead, Southend-on-Sea Borough Council

Jo Farrar Director General, Department for Communities & Local Government

Jonathan Marron Director General, Department of Health

Sarah Pickup Deputy Chief Executive, Local Government Association

NHS England Midlands and East

Paul Watson Regional Director

Andrew Pike Director of Commissioning Operations

Rachel Webb Locality Director Nigel Littlewood Regional Lead

Chilala Chitava Better Care Manager

Better Care Support team

Anthony Kealy Head of Integration Delivery

Rosie Seymour Deputy Director

