

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

Pharmaceutical Needs Assessment

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1. Background

1.1 Why a PNA is needed

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

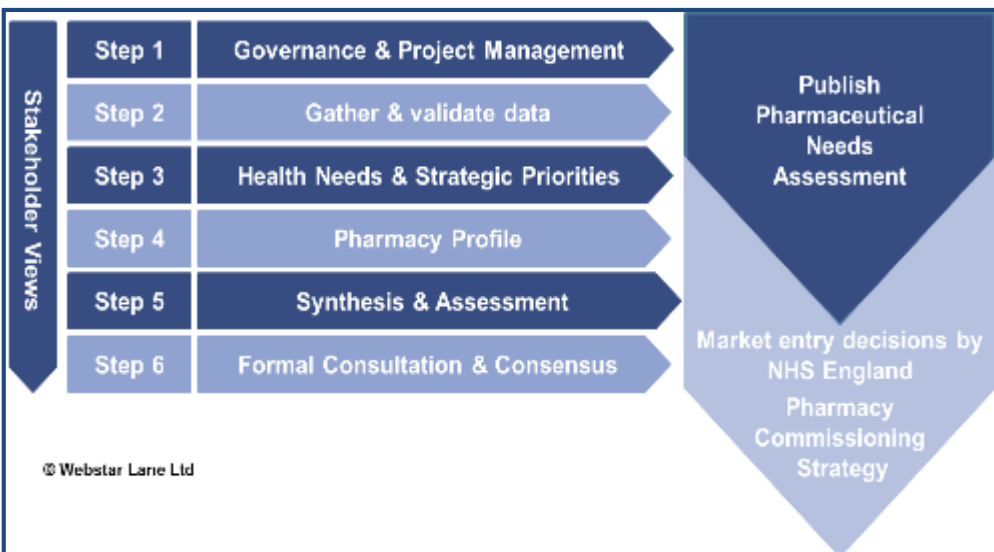
- A statement of:
 - Services which are considered to be **necessary** to meet the need for pharmaceutical services and other **relevant** services which have secured improvements in, or better access to pharmaceutical services; making reference to current provision and any current or future gaps
 - 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
 - A report on the consultation

1. Background

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
 - 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

| | Activity |
|--|--|
| Step 1 Governance & Project management | <ul style="list-style-type: none"> • A multi-agency Steering Group was established to oversee and drive the development of the PNA. Terms of Reference are attached in Appendix A • External expertise was appointed to provide project management support |
| Step 2 Gather and validate data | <ul style="list-style-type: none"> • Information and data was requested from managers and commissioners within Southend-on-Sea Borough Council, NHS England, NHS Southend CCG • A 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision • Pre-determined principles were used to underpin the decision making process |
| Step 6 Formal consultation | <ul style="list-style-type: none"> • A formal consultation was undertaken between 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. Background

1.3 Scope of the PNA

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

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
- Disposal of unwanted medicines
- Promotion of healthy lifestyles (Public Health)
 - Prescription-linked interventions
 - Public health campaigns
- Signposting
- Support for self-care

• Advanced Services

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

• Enhanced Services

- None commissioned

Dispensing Appliance Contractors

• Essential Services

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

• Advanced Services

- 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 **excluded** 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 for Southend-on-Sea residents)

1. Background

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:
 - 13 pharmacies have longer opening hours
 - 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
 - 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.

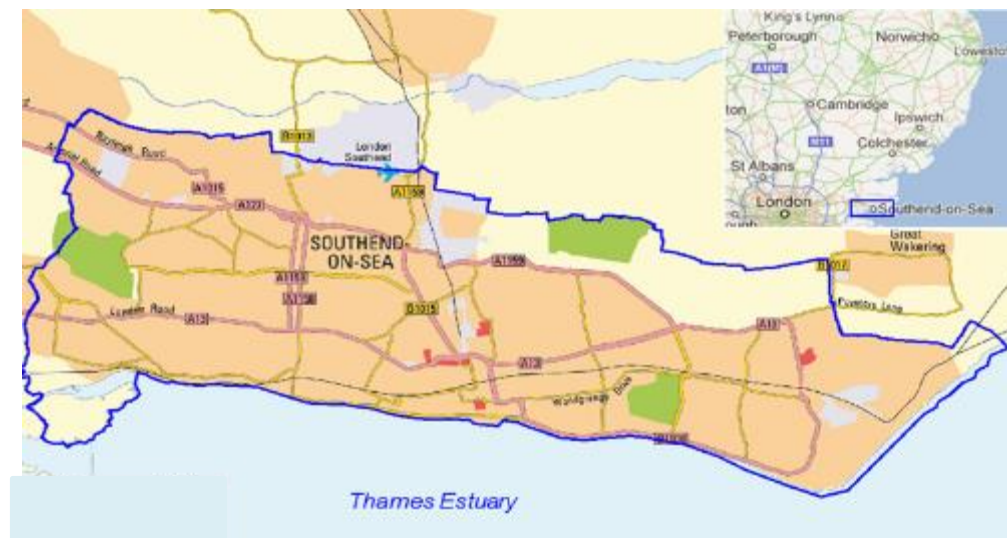
The area is comprised of 17 wards, which vary in their demography, levels of deprivation and health needs.

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 | | |

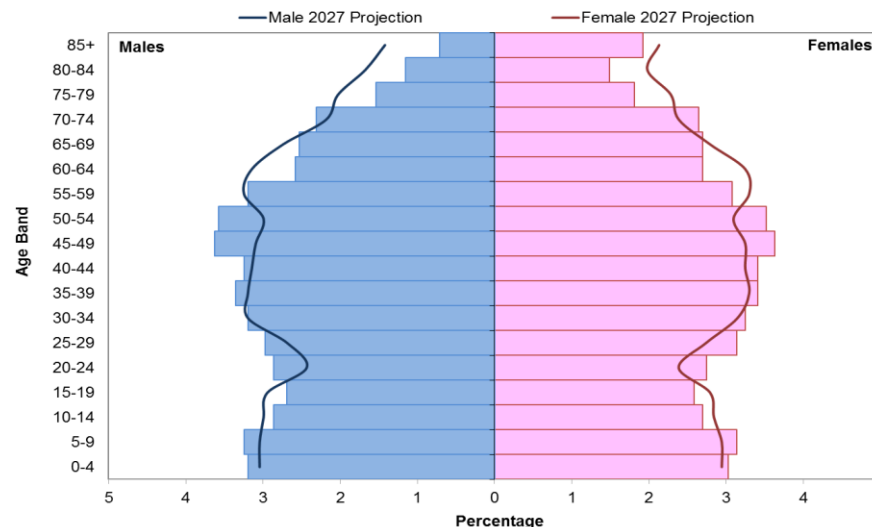
2. Local Context

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)

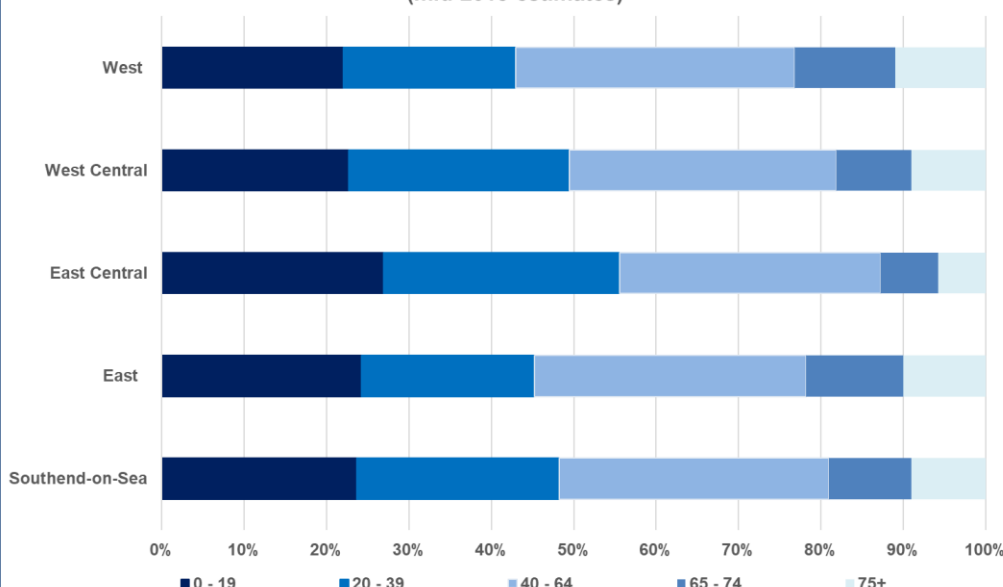
Southend-on-Sea Population Pyramid based on ONS 2017 and 2027 Population Projections



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

Population Distribution by Age In Southend-on-Sea (mid 2015 estimates)



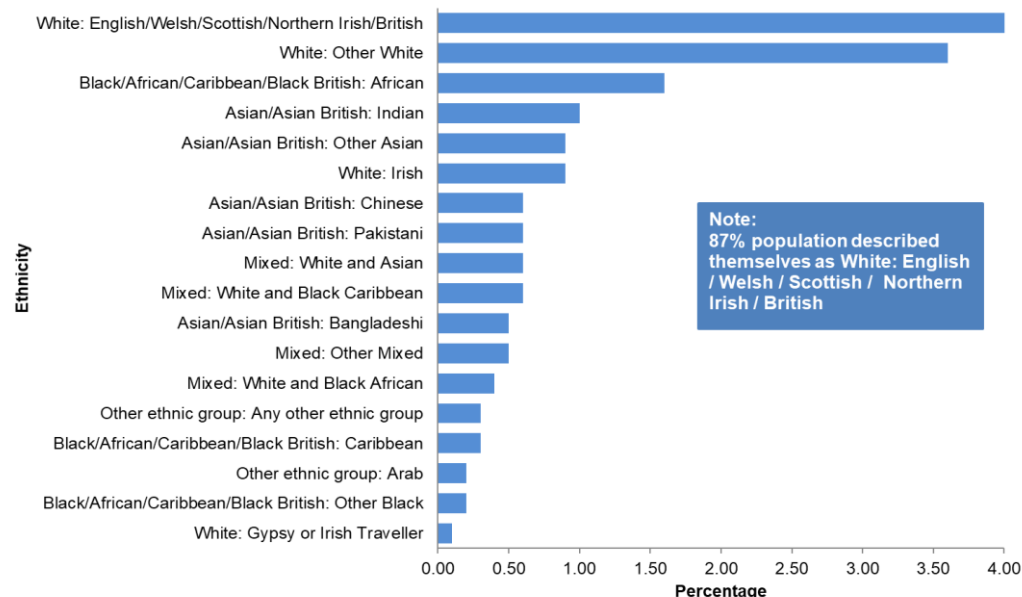
2. Local Context

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

Distribution of the population in ethnic minority groups, 2011 ONS



Languages Spoken with Southend-on-Sea Pharmacies

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

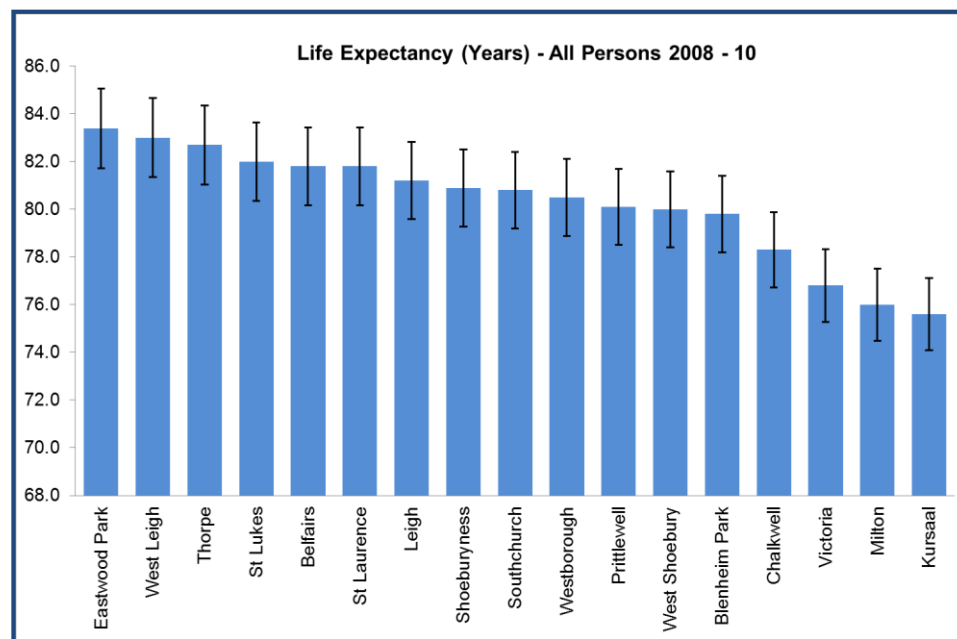
- Deprivation is higher than the England and regional average. In 2015:
 - 25.8% (45,840) residents lived in areas classified as being within the 20% most deprived areas in England
 - East Central has the two wards (Kursaal and Victoria) which rank highest on the IMD (2015); West Central has Milton ward (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
 - 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:
 - 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:
 - Women: 9.5 years
 - 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 Health Needs

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 Health Needs

2.3.2 The Health Consequences of Lifestyle Choices

Cardiovascular Disease and Stroke

- Cardiovascular disease (CVD) is the single most common cause of death in Southend-on-Sea. The table on the right summarises mortality rates (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 anti-platelet therapy, anti-diabetic medication etc)

Diabetes

- Diabetes is associated with long-term complications including heart disease, stroke, blindness, amputation and chronic kidney disease
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity
- There is also a correlation with:
 - Deprivation: those living in the most deprived areas have a higher risk
 - Ethnicity: the risk for people of South Asian origin is six times greater; and Black-African Caribbean origin is five times greater than that for white people. There is also a greater risk of the long-term complications in these groups
- 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 |
|---|-------------------------------|-----------------------------|-----------------------------|
| 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); (East of England; England) | 1,735 (1,594; 1,671) |
|---|--------------------------------|

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

2.3 Health Needs

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

Substance Misuse

- The World Health Organisation (WHO) defines the misuse of drugs or alcohol as “the use of a substance for a purpose not consistent with legal or medical guidelines”. It may also be defined as “a pattern of substance use that increases the risk of harmful consequences for the user”
- Substance misuse is associated with a range of adverse physical, mental health and/or social consequences
- The table (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 chronic poor health and can lead to serious disease and premature death
- The Health Protection Agency (HPA) has estimated that:
 - 16% of current or previous drug injectors are Hepatitis B Positive
 - 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:
 - 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 Southend-on-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 Health Needs

2.3.3 Other Considerations

Mental Health

- At least one in four people will experience a mental health problem at some point in their life
- One in six adults has a mental health problem at any one time
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders
- In Southend-on-Sea:
 - The percentage of GP registered patients diagnosed with a mental health condition is significantly higher than regional and national averages
 - 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
 - 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 reflection of the unpleasant side effects of many of the medicines

Older People

- The frequency of ill health rises with increasing age
- People aged 65+ occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions to hospitals
- Older people are particularly vulnerable to:
 - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities
 - **Dementia:** 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:
 - 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
 - Supporting delivery of the local anticipatory medicines pathways
 - Advice/support to staff on the medication administration records for patients
 - 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 Health Services Strategy

2.4.1 National Strategy

Overview

- Healthcare Strategy is set by a range of health and care organisations working in an integrated way:
 - Public Health England (PHE)** is an executive agency of the Department of Health. 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
 - 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:
 - 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
 - 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
 - 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 Health Services Strategy

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
 - 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
 - The need for service redesign in all aspects of care
- The review acknowledges that community pharmacy remains an under-utilised 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
 - 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 co-morbidities
 - 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 evidence-based, 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 Health Services Strategy

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:
 - 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 STP Partners

| Local Authorities | CCGs | Service Providers |
|---|--|---|
| <ul style="list-style-type: none"> • Essex County Council • Southend-on-Sea Borough Council • Thurrock Council | <ul style="list-style-type: none"> • Basildon & Brentwood • Castle Point & Rochford • Mid Essex • Southend • Thurrock | <ul style="list-style-type: none"> • 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 |

Figure adapted from the Mid & South Essex STP Update. Dec 16



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 Health Services Strategy

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:
 - Financial pressures, across the health and care economy
 - Whole system transformation with a focus on integration of high quality, sustainable services
 - Prevention, including promoting health lifestyles
 - 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 care 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

- Increased Physical Activity (prevention)
- Increased Aspiration and Opportunity (addressing inequality)
- 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 self-harm
- 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 Health Services Strategy

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 |
|--|---|---|---|
| <ul style="list-style-type: none"> • STP • Primary Care | <ul style="list-style-type: none"> • 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) | <ul style="list-style-type: none"> • “Home not Hospital” <i>Service redesign</i> | <ul style="list-style-type: none"> • Integrated complex care service - <i>pilot to proactively coordinate and deliver care</i> • End of life – <i>enabling people to die in their preferred place of care</i> • Care Home Programme – <i>innovations to reduce 999 calls, A&E attendance & non-elective admissions</i> • LTC management– <i>tailored interventions e.g structured education, self management action plans, telehealth, medicines optimisation etc</i> • Falls Prevention Services |
| <ul style="list-style-type: none"> • Urgent & Emergency Care | <ul style="list-style-type: none"> • 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 | | |
| <ul style="list-style-type: none"> • Locality Development 4 localities based on clusters of GP practices & with integrated multidisciplinary teams (MDT) | <ul style="list-style-type: none"> • Health, social care & third sector services with a focus on: <ul style="list-style-type: none"> ○ <i>Managing health & wellbeing</i> ○ <i>Coordinating care for complex cases</i> ○ <i>Includes integrating pharmacist & technician support for medicines optimisation to improve how medicines are prescribed & taken; & flagging issues to the GP</i> | <ul style="list-style-type: none"> • Manage demand <i>Focusing on 3 broad population groups</i> | |
| <ul style="list-style-type: none"> • Sustainable & Acute Care Demand management and pathway redesign | <ul style="list-style-type: none"> • Pathways to be redesigned include: urology, MSK, cardiology, dermatology, rheumatology, diabetes, ophthalmology and respiratory (includes inhaler technique & flu vaccination) | <ul style="list-style-type: none"> • Medicines Optimisation | <ul style="list-style-type: none"> • People who are mostly healthy: <ul style="list-style-type: none"> ○ <i>Empower to manage own health</i> ○ <i>Prevention, early intervention & self-care</i> • Those with rising risk: <ul style="list-style-type: none"> ○ <i>Integrated, multidisciplinary approach</i> ○ <i>Self-management</i> • People who are high risk: <ul style="list-style-type: none"> ○ <i>GP-led, MDT case management</i> |
| <ul style="list-style-type: none"> • Dementia | <ul style="list-style-type: none"> • Prevention through lifestyle advice • Navigation to dementia services • Information in the right format at the right time | | |
| <ul style="list-style-type: none"> • 7 day services | <ul style="list-style-type: none"> • SUHFT is a national pilot site for 7 day services • This includes discharge to primary and community care 7 days a week | | |

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
 - 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
 - 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

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
 - 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

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

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 cost-effective
 - Pharmacy-based services differ from other services, in that medication to support a quit (e.g. nicotine replacement therapy and/or Varenicline) may be supplied to their clients at the point of consultation
- Smoking prevalence varies across Southend-on-Sea; and services need to be tailored accordingly

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

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:
 - Services provided in neighbouring HWB areas
 - 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? | <ul style="list-style-type: none"> Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it was more likely to be determined as necessary |
| Health needs & benefits | <ul style="list-style-type: none"> Where there is a clear local health need for a given service, it was more likely to be determined as necessary |
| Published Evidence | <ul style="list-style-type: none"> Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it was more likely to be determined as necessary |
| Performance | <ul style="list-style-type: none"> Where a service is delivered by a range of providers, if pharmacy performs well compared with other providers, in terms of quality and outcomes, the service was more likely to be determined as necessary |
| Accessibility | <ul style="list-style-type: none"> Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours; weekend access etc) then it was more likely to be determined as necessary |

Choice

- For patients, choice is a mechanism to drive up the quality of services and improve patient satisfaction. For the overall health system, choice is a mechanism to encourage more appropriate and cost effective use of available services
- The factors which have been taken into account 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”⁸ 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:
 - The distribution of pharmacies
 - Access (including the impact of opening hours)
 - 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

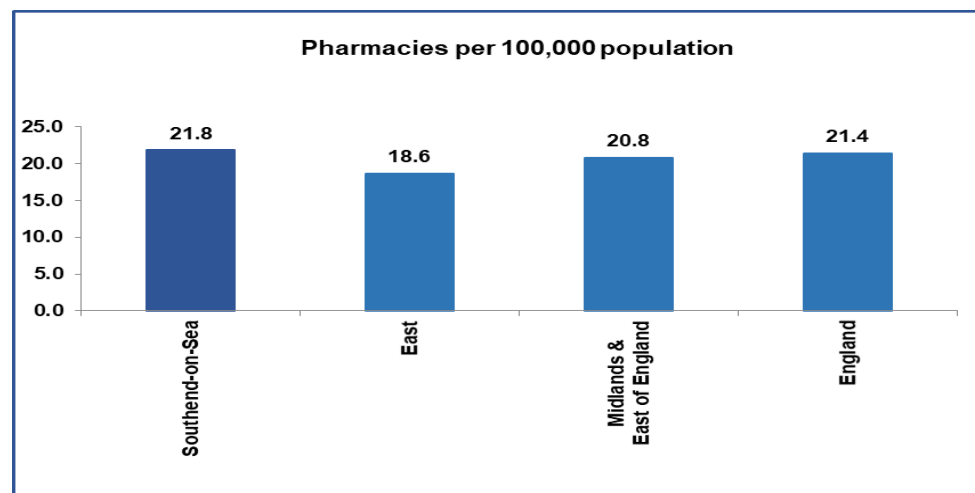
3.2.1 Essential Services

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
 - 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

| 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

Insights from the Public Survey

- Reasons for using a pharmacy (n=143)**
 - Get a prescription dispensed: 90.9%
 - Buy a medicine: 62.9%
 - Advice from a pharmacist: 50.7%
 - Shop for non-medical goods: 33.1%
 - 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
 - 52.7% usually walk to their pharmacy and 42.7% drive
- Pharmacy location & preferred location (see table, top right)**

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 Essential Services

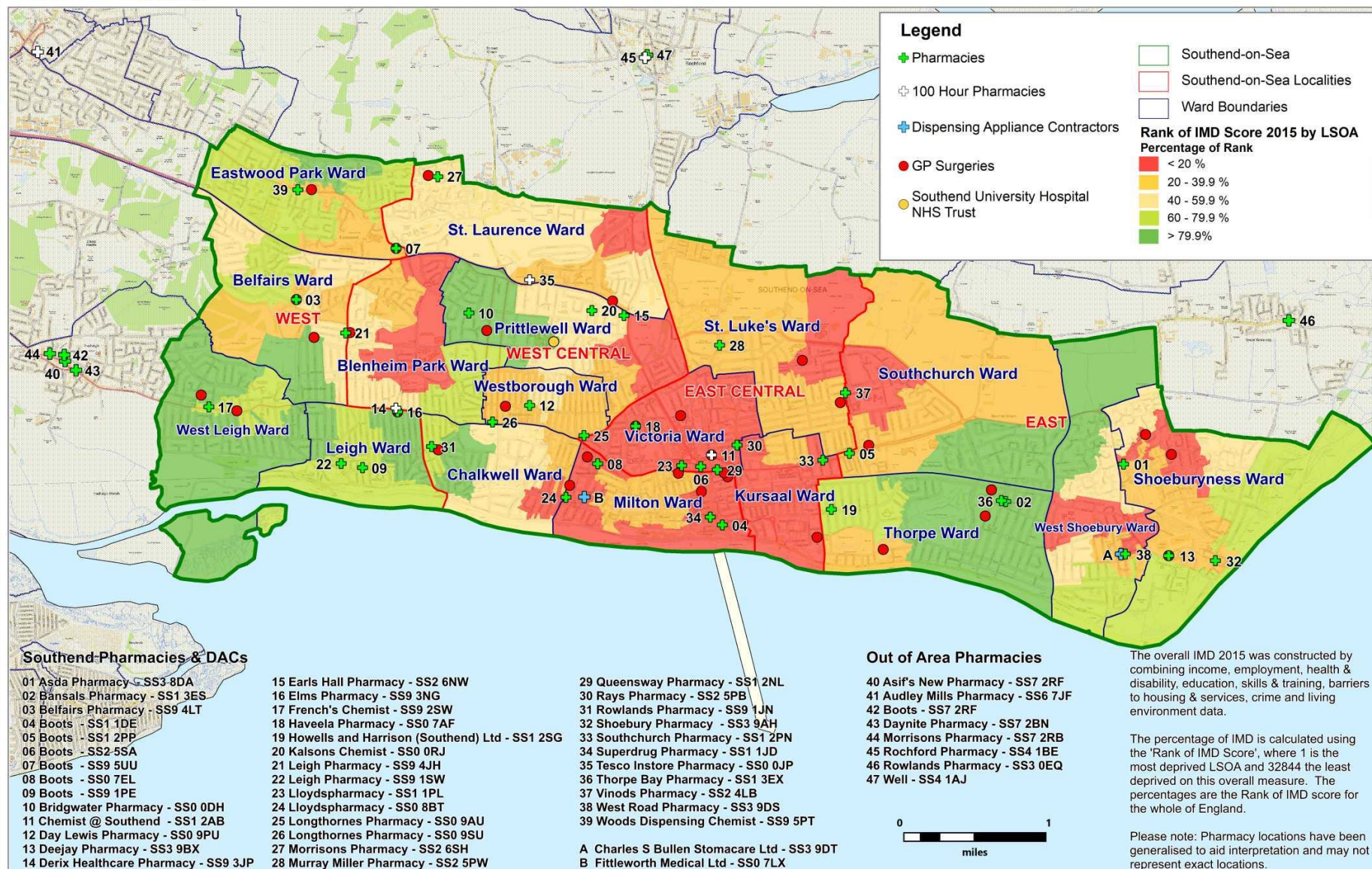
3.2.1.1 Distribution of Contractors by Locality and Ward

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

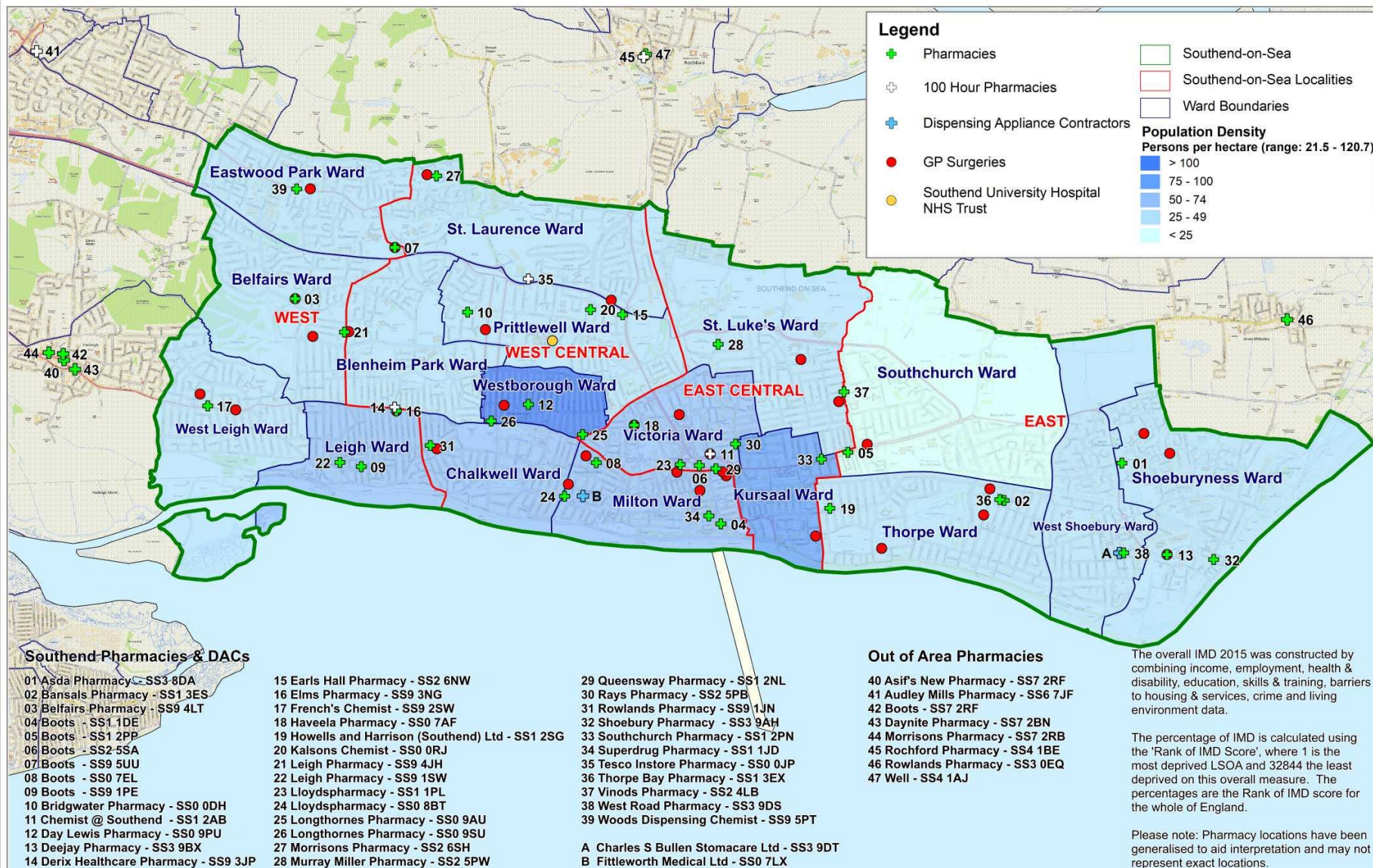
One DAC is located in West Shoebury ward in the East locality; and the other is in Milton ward in the West Central locality

Pharmaceutical Needs Assessment Map 1 - Map of Provision



Pharmaceutical Needs Assessment

Map 2 - Map of Provision



3.2.1 Essential Services

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

- 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
- 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

- An enhanced service is in place on Christmas Day and Easter Sunday
- 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%)

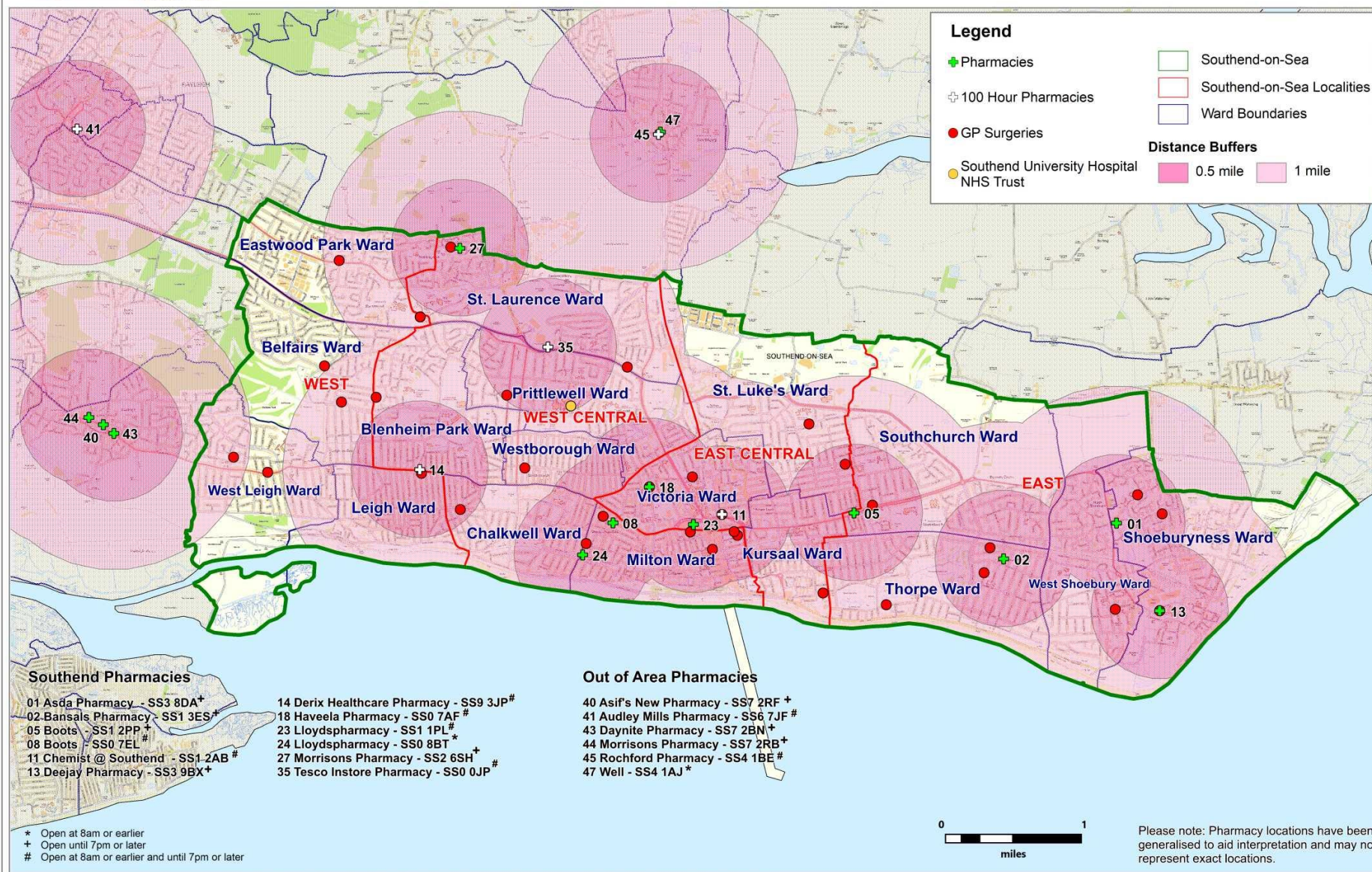
3.2.1 Essential Services

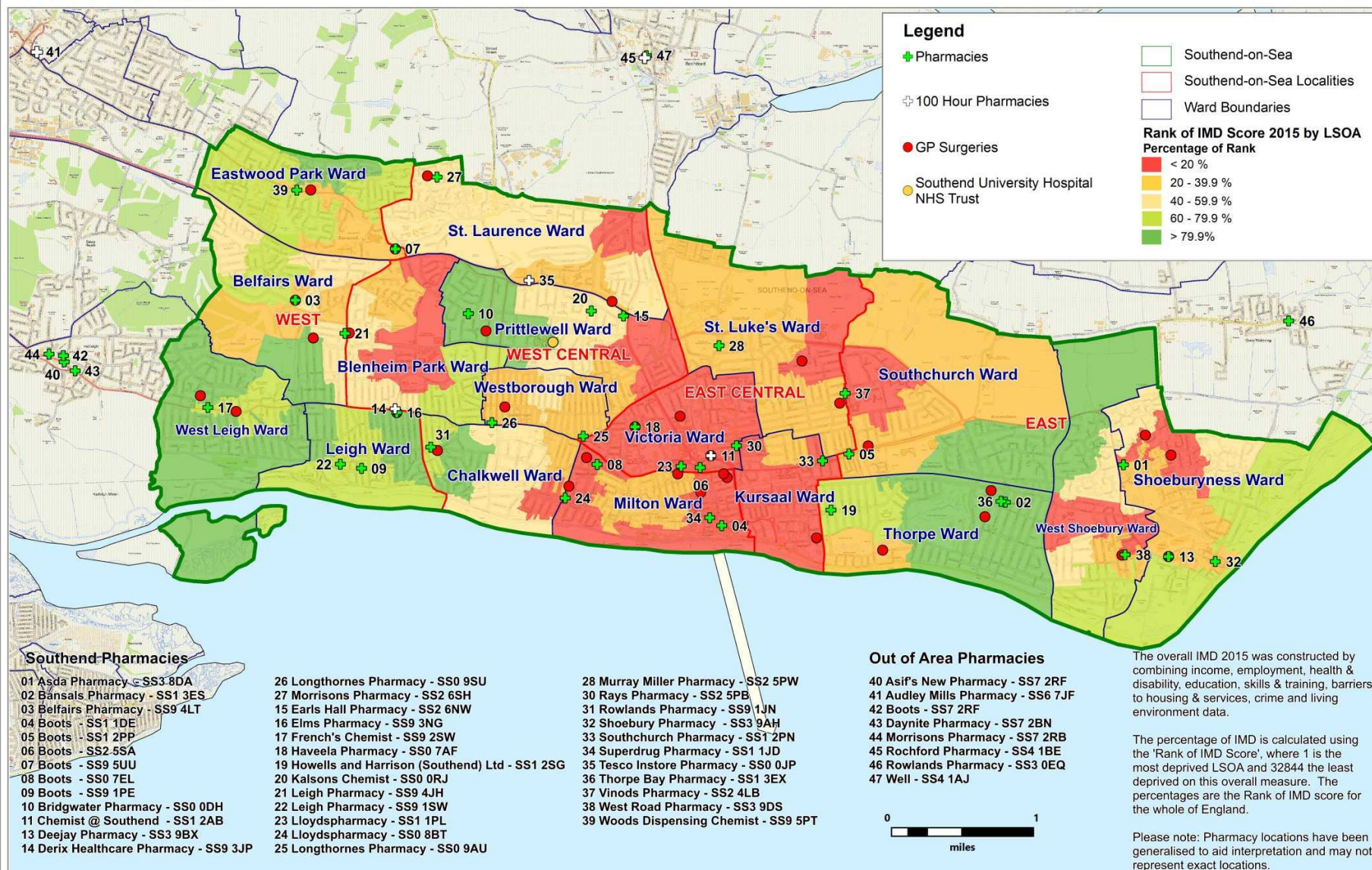
3.2.1.2 Access - Opening Hours (continued)

| Locality | Ward | Number of Pharmacies Offering Essential Services | | | | | | | | | |
|---------------------|---------------|--|-----------|--------------|------------------|----------------|-------------|--------------|--------------|------------------|---------|
| | | Weekdays | | | | Saturdays | | | | | Sundays |
| | | 8am or earlier | 9am – 5pm | 7pm or later | Closed for lunch | 8am or earlier | 10am – 12pm | 5pm or later | 7pm or later | Closed for lunch | |
| West | Belfairs | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| | Eastwood Park | 0 | 2 | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 |
| | Leigh | 0 | 3 | 0 | 0 | 0 | 3 | 2 | 0 | 0 | 0 |
| | West Leigh | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| West Central | Blenheim Park | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 1 |
| | Chalkwell | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 |
| | Milton | 2 | 4 | 1 | 1 | 1 | 4 | 3 | 0 | 1 | 2 |
| | 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 |
| East Central | Kursaal | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| | St Luke's | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| | Victoria | 3 | 6 | 3 | 0 | 2 | 5 | 3 | 2 | 0 | 3 |
| East | Shoeburyness | 0 | 3 | 2 | 0 | 1 | 3 | 1 | 1 | 0 | 1 |
| | 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 | | 7 | 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 |

Pharmaceutical Needs Assessment Map 3 - Weekday Extended Hours

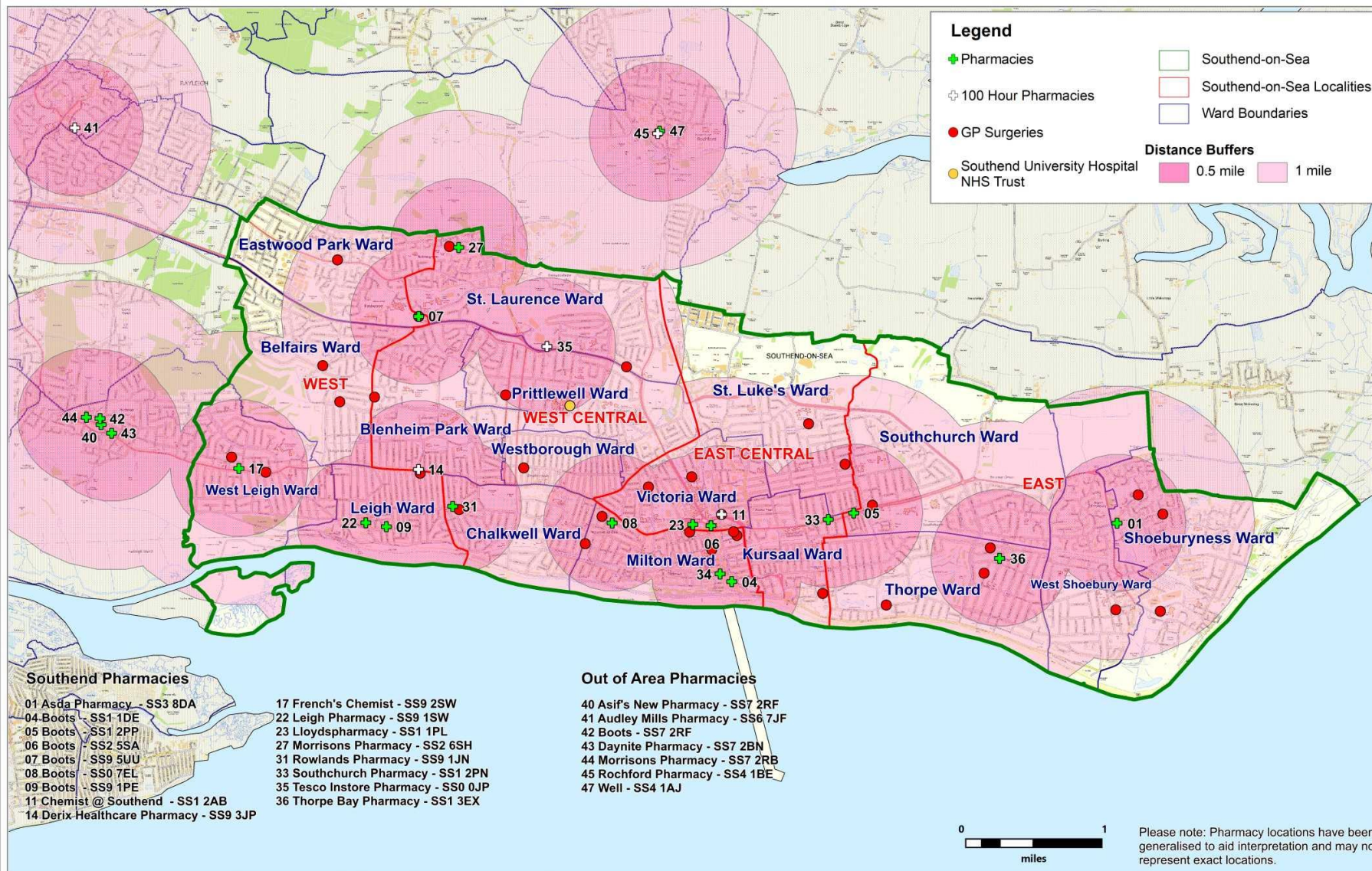




Map produced by Apogee Data Consulting Ltd. November 2017. Contains Ordnance Survey data © Crown copyright and database right 2017.

Pharmaceutical Needs Assessment

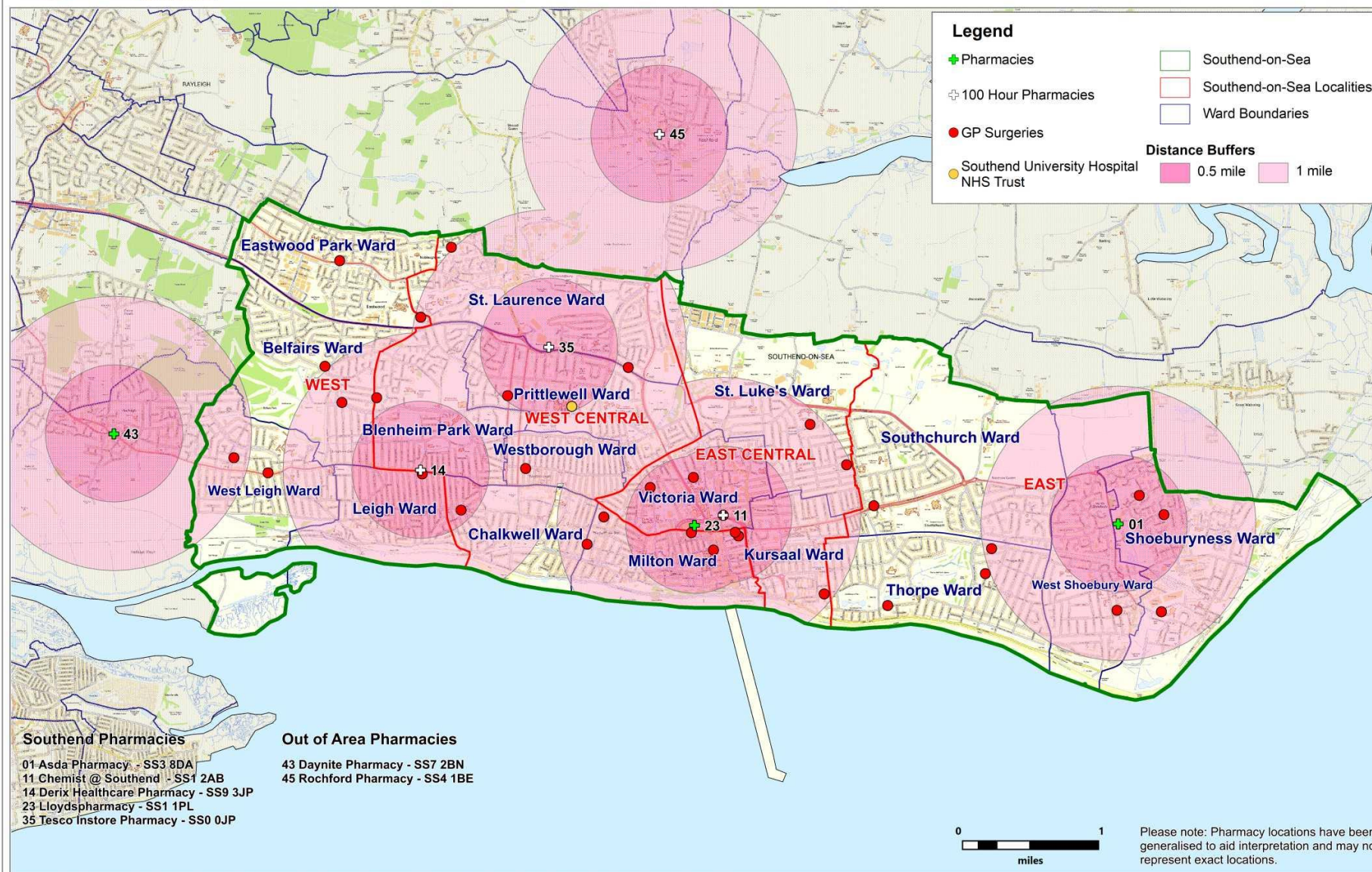
Map 5 - Open on Saturday until 5pm or later



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Pharmaceutical Needs Assessment

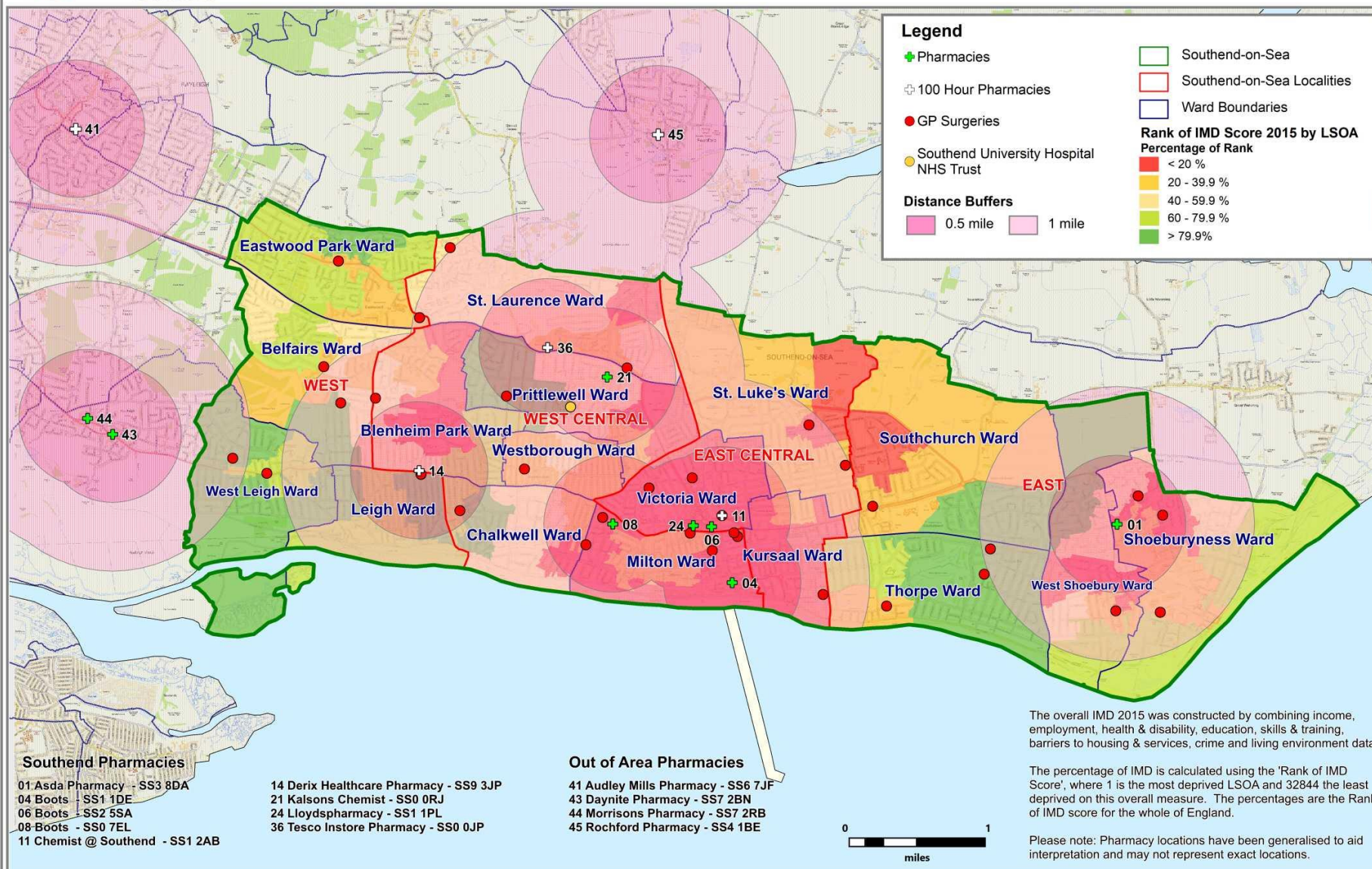
Map 6 - Open on Saturday until 7pm or later



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Pharmaceutical Needs Assessment

Map 7 - Open on Sunday



3.2.1 Essential Services

3.2.1.3 Dispensing

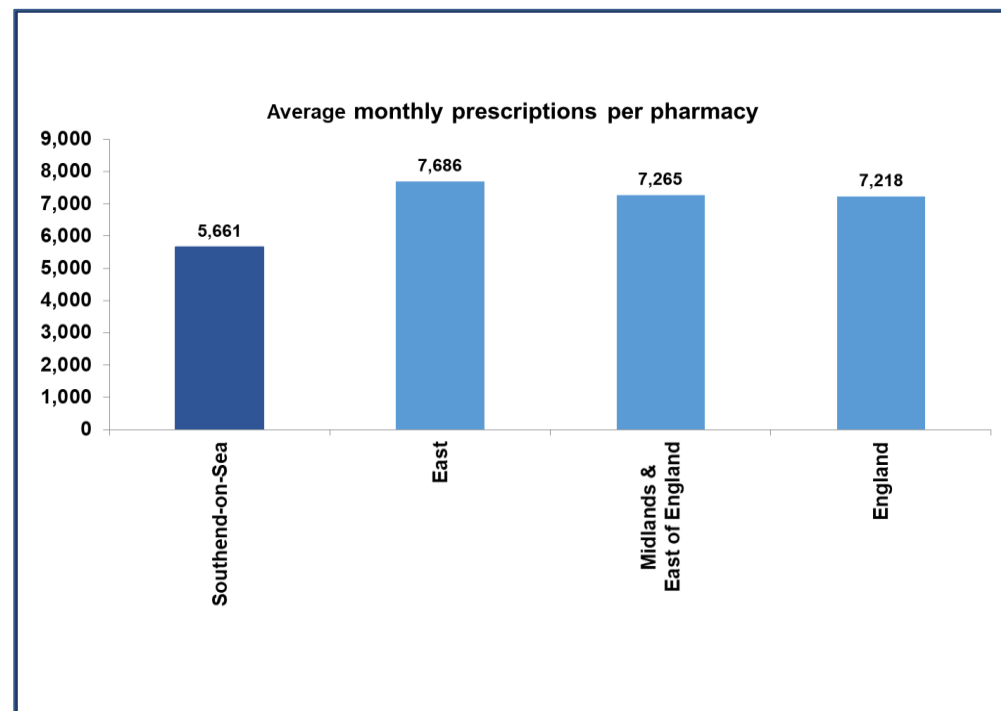
Overview

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

- The pattern of dispensing. This includes a high level comparison with 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:
 - 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 | Total Items Dispensed | % Total Items | 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 Essential Services

3.2.1.3 Dispensing (continued)

Cross Border Dispensing

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

Repeat Dispensing

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

| HWB Area | Pharmacy Name | Post Code | No. of Items | % Total |
|-----------------|------------------------|-----------|--------------|---------|
| Southend-on-Sea | All Pharmacies & DACs | | 2,744,607 | 92% |
| Essex | PILLS2U.CO.UK LTD | SS5 6AE | 144,144 | 4.8% |
| | ASIF'S NEW PHARMACY | SS7 2RF | | |
| | WARD 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 | | |
| | LLOYDSPHARMACY | SS7 3NZ | | |
| | 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 | | |
| Other Areas | PHARMACY2U LTD | LS14 2LA | 8,433 | 0.3% |
| | OTC DIRECT LIMITED | M28 3PT | | |
| | SEEMUS LTD | CM23 3AL | | |
| | CHEMIST2YOU/AQUA | N9 8JE | | |

3.2.1 Essential Services

3.2.1.3 Dispensing (Continued...)

Alignment of Pharmacy Opening Hours with Other NHS services

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

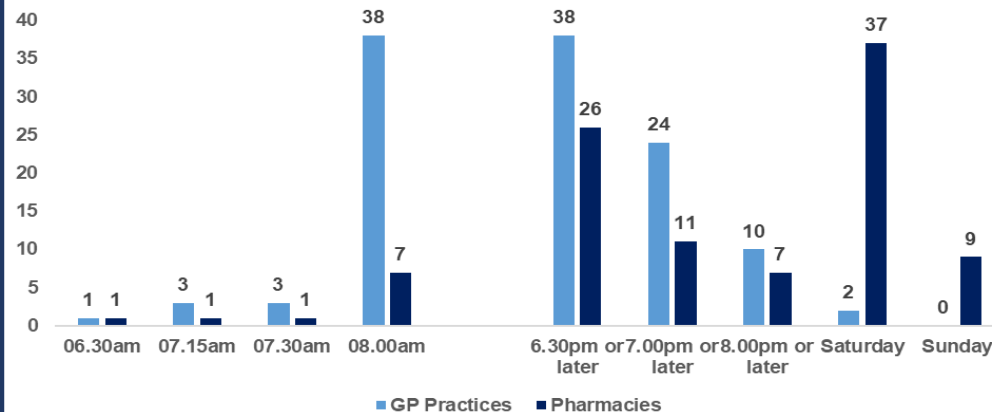
Alignment of GP and Pharmacy Opening Hours

- 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:*
 - 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:
 - 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
 - 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

Southend-on-Sea GP Extended and Pharmacy Opening/Closing



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

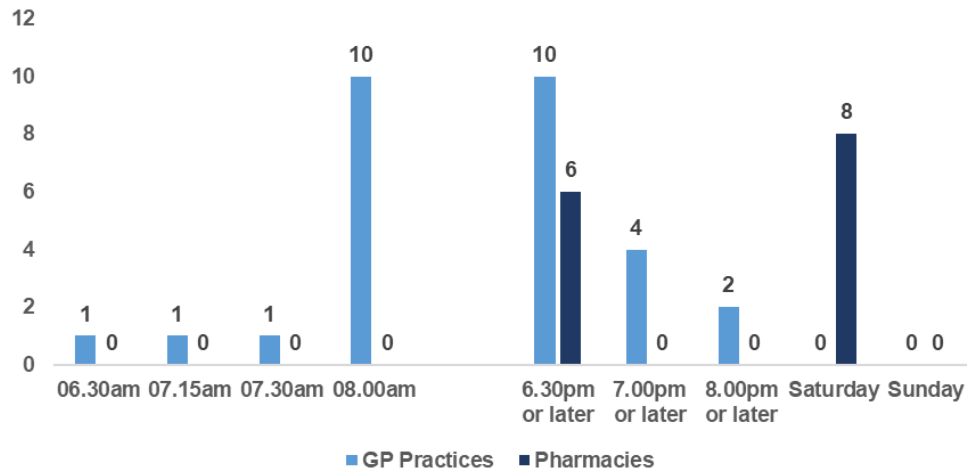
The Future

- **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

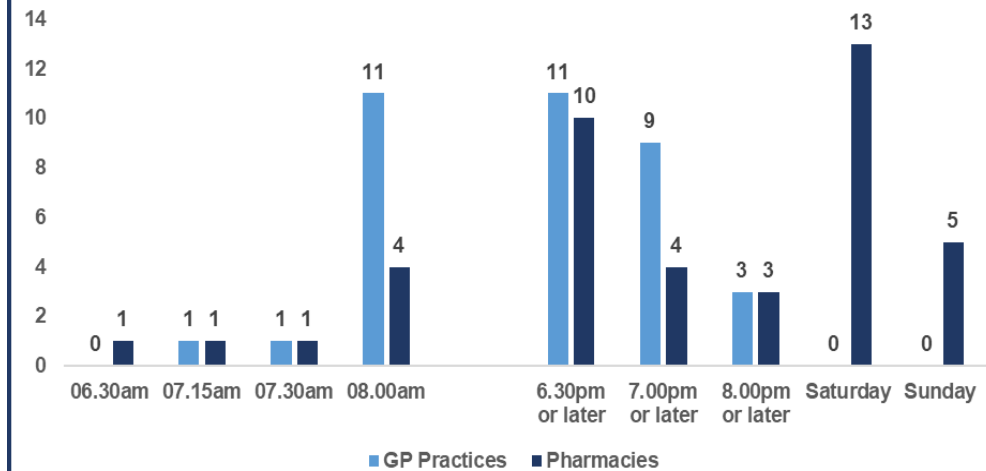
3.2.1 Essential Services

3.2.1.3 Dispensing (Continued...)

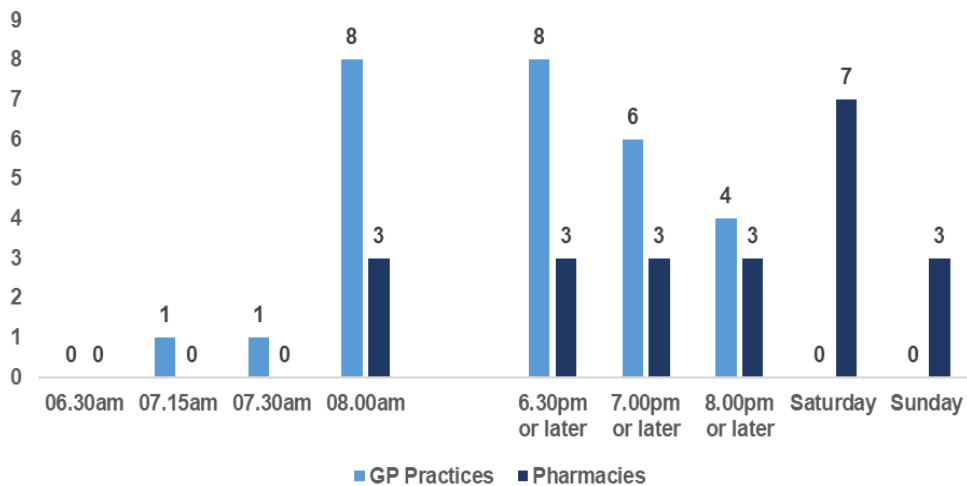
West Locality GP Extended and Pharmacy Opening/Closing



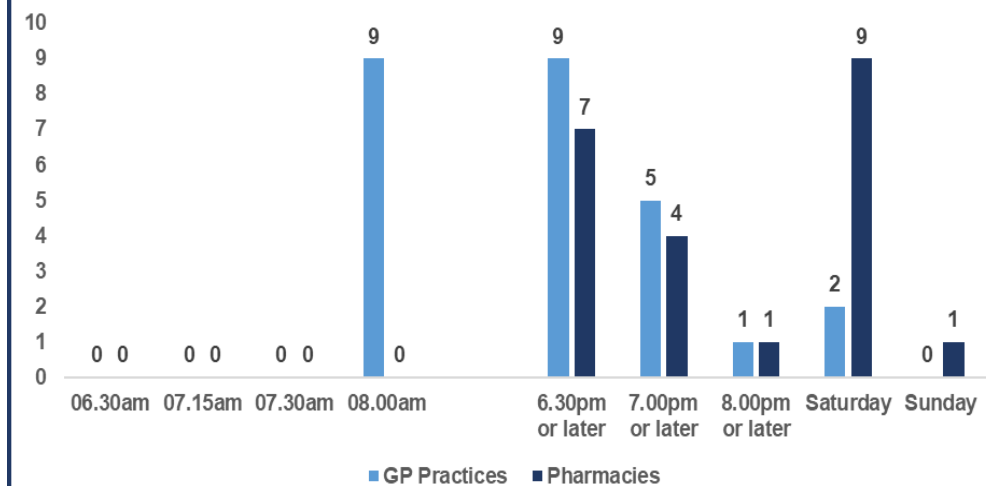
West Central Locality GP Extended and Pharmacy Opening/Closing



East Central Locality GP Extended and Pharmacy Opening/Closing



East Locality GP Extended and Pharmacy Opening/Closing



3.2.1 Essential Services

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
 - 20.5% have a member of staff who is able to use sign language
- Support offered to people with cognitive impairment / learning disabilities:
 - 23.1% supply "aide memoires" (e.g. reminder charts) if needed
 - 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 Essential Services

3.2.1.4 Access & Support for those with Disabilities

Supporting People with Disabilities

| Locality | Ward | Wheel Chair Access | Hearing Impairment | | Visual Impairment / Blindness | | Cognitive Impairment | | | | Dementia Friendly Environment |
|---------------------|---------------|--------------------|--------------------|---------|-------------------------------|---------|------------------------------|--------------------------|--------------------------|--------------------|-------------------------------|
| | | | Hearing Loop | Signing | Large Print Labels | Braille | 'Aide Memoire' for medicines | Easy to Read Information | Monitored Dosage Systems | Large Print Labels | |
| West | Belfairs | 2 | 0 | 1 | 2 | 0 | 1 | 1 | 2 | 2 | 2 |
| | Eastwood Park | 1 | 1 | 0 | 2 | 1 | 0 | 0 | 1 | 2 | 0 |
| | Leigh | 2 | 1 | 0 | 3 | 1 | 1 | 3 | 3 | 3 | 3 |
| | West Leigh | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| West Central | Blenheim Park | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 0 | 1 | 0 |
| | Chalkwell | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 1 |
| | Milton | 4 | 4 | 0 | 2 | 1 | 0 | 0 | 4 | 2 | 4 |
| | 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 |
| East Central | Kursaal | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 |
| | St Luke's | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 |
| | Victoria | 6 | 3 | 1 | 6 | 1 | 1 | 3 | 6 | 6 | 4 |
| East | Shoeburyness | 3 | 1 | 0 | 2 | 1 | 1 | 2 | 2 | 2 | 1 |
| | Southchurch | 2 | 1 | 0 | 2 | 0 | 1 | 0 | 2 | 2 | 1 |
| | Thorpe | 2 | 1 | 1 | 3 | 0 | 1 | 2 | 3 | 3 | 2 |
| | West Shoebury | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 |
| 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 Essential Services

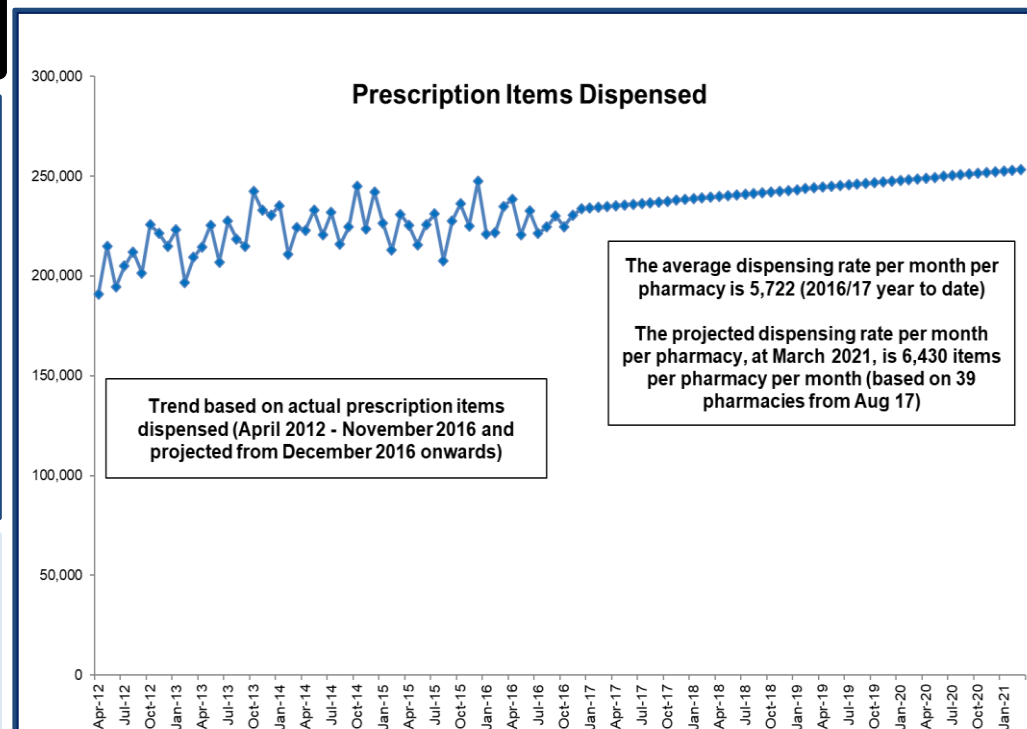
3.2.1.3 Future capacity

Overview

- We have undertaken the following analysis to explore the future capacity of Southend-on-Sea's pharmacies:
 - 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

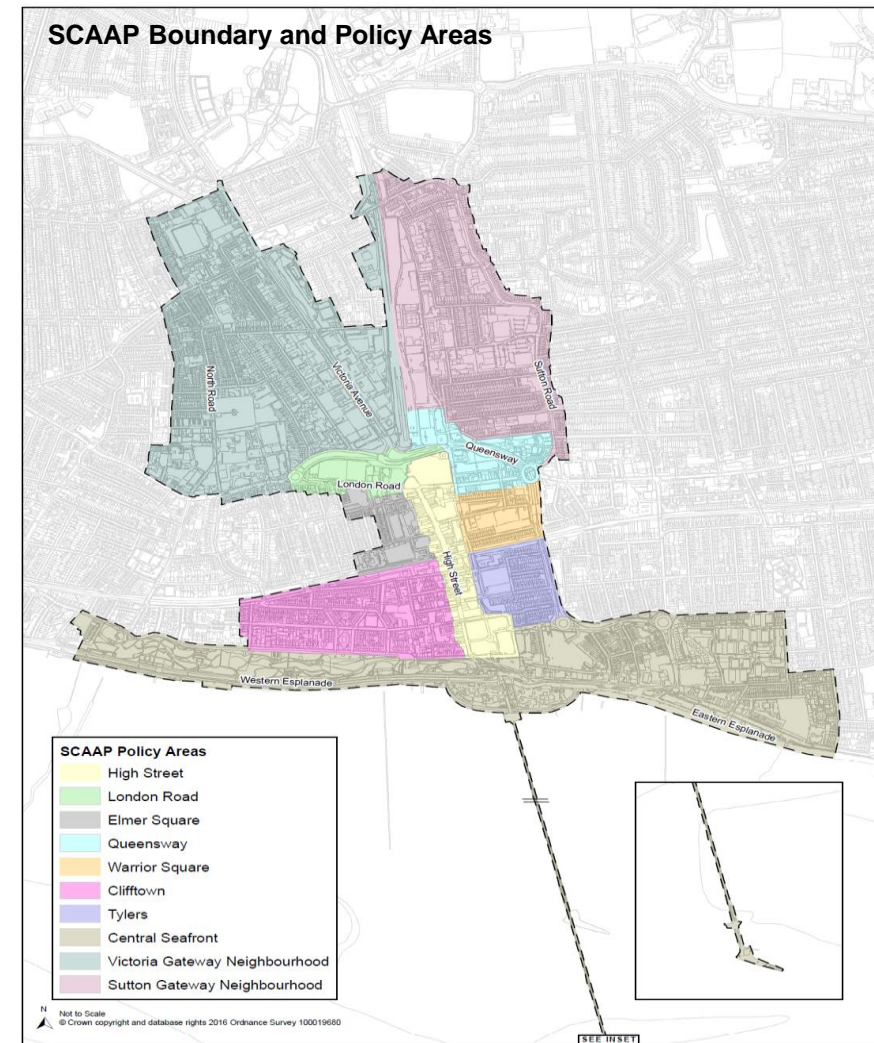
Essex Partnership NHS Foundation Trust

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

3.2.1 Essential Services

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:
 - 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
 - The existing network is well distributed across the priority areas highlighted on the map

3.2.1 Essential Services

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:
 - 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:
 - Meet a current need (Regulation 13, 2013 Regulations);
 - Meet a future need (Regulation 15, 2013 Regulations); or
 - 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 | <ul style="list-style-type: none"> • 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 all 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • The alignment between GP & pharmacy services needs to be maintained, so that residents continue to have reasonable access* following a GP consultation |
| Choice | <ul style="list-style-type: none"> • 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 Essential Services

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: <ul style="list-style-type: none"> NUMSAS, AURs, SACS Needle & Syringe programme Supervised consumption | Risks of gap / less choice for: <ul style="list-style-type: none"> NUMSAS, AURs, SACS Sexual health | Risks of gap / less choice for: <ul style="list-style-type: none"> NUMSAS, AURs, SACS | Risks of gap / less choice for: <ul style="list-style-type: none"> NUMSAS, AURs, SACS Needle exchange |
| Pharmacy opening hours <i>Preserve the hours shown</i> | <ul style="list-style-type: none"> M-F: 08:30 – 19:30 Sat: 09:00 – 17:30 Sun: No access | <ul style="list-style-type: none"> Mon: 08:00 – 23:00 T-F: 06:30 – 23:00 Sat: 06:30 - 22:00 Sun: 08:00 – 23:00 | <ul style="list-style-type: none"> M-F: 08:00 – 23:00 Sat: 08:00 – 23:00 Sun: 10:00 – 20:00 | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Access to a choice of pharmacy within a reasonable distance of areas with deprivation | <ul style="list-style-type: none"> Access to a choice of pharmacy within a reasonable distance of areas with deprivation | <ul style="list-style-type: none"> Access to a choice of pharmacy within a reasonable distance of areas with deprivation on weekdays; risk of reduced access on Sundays | <ul style="list-style-type: none"> Risk of reduced or adverse effect on access in deprived areas |
| Population density & average number of pharmacies | <ul style="list-style-type: none"> Below average number of pharmacies | <ul style="list-style-type: none"> Average number of pharmacies | <ul style="list-style-type: none"> Above average number of pharmacies | <ul style="list-style-type: none"> Slightly below average number of pharmacies |
| Alignment with GP services | <ul style="list-style-type: none"> Limited alignment in the mornings and during extended hours in the evenings Access via West Central locality at these times | <ul style="list-style-type: none"> Good alignment with GP opening hours; this must be preserved | <ul style="list-style-type: none"> Limited alignment with GP opening hours in the mornings; access via the West Central locality at these times | <ul style="list-style-type: none"> Limited alignment with GP opening hours in the mornings; access via East Central and West Central localities at these times |
| Choice | <ul style="list-style-type: none"> Choice is limited during extended hours on weekdays & Saturday afternoons No access within the locality on Sundays | <ul style="list-style-type: none"> Choice is reasonable on weekdays, Saturdays and Sunday | <ul style="list-style-type: none"> Choice is reasonable on weekdays and Saturdays Choice is more limited during extended hours on weekdays & on Sunday | <ul style="list-style-type: none"> Choice is reasonable on weekdays and Saturdays No choice within the locality on Sundays |
| Conclusion | <ul style="list-style-type: none"> Potentially vulnerable to a gap depending upon the location(s) affected Gap if hours & services not preserved | <ul style="list-style-type: none"> Less vulnerable to a gap, providing supplementary opening hours & services are maintained (other localities depend on this locality) | <ul style="list-style-type: none"> Less vulnerable to a gap, providing supplementary opening hours & services are maintained (other localities depend on this locality) | <ul style="list-style-type: none"> 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 | ✓ | <ul style="list-style-type: none"> Advice on, and support with, taking medicines needs to be tailored according to a patient's age. For example: <ul style="list-style-type: none"> Older people may require advice on managing complex medicine regimens 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 | ✓ | <ul style="list-style-type: none"> Many pharmacy users may be considered as disabled. This may include disability as a consequence of their disease as well as physical and/or sensory disabilities. Pharmacies offer a range of support including: <ul style="list-style-type: none"> The provision of large print labels for those who are visually impaired 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 <i>may</i> 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 | ✓ | <ul style="list-style-type: none"> 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 | ✓ | <ul style="list-style-type: none"> Language may be a barrier to effectively delivering advice on taking medicines, health promotion advice and public health interventions. We have identified an opportunity to 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 | ✓ | <ul style="list-style-type: none"> 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 | ✓ | <ul style="list-style-type: none"> Pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning to become pregnant. They play a vital role in helping to ensure that pregnant and breast feeding mothers avoid medicines which may be harmful |
| Sexual orientation | ✓ | <ul style="list-style-type: none"> 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 | ✓ | <ul style="list-style-type: none"> 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 | ✗ | <ul style="list-style-type: none"> No specific needs identified |

3.2.1 Essential Services

3.2.1.5 Conclusions

Conclusions on Essential Services

- Essential services are provided by all NHS Pharmaceutical Services contractors 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:
 - Dispensing is a fundamental service which ensures that patients can access prescribed medicines in a safe, reliable and timely manner
 - FP10 prescriptions may only be dispensed by providers of NHS Pharmaceutical Services
 - Through supporting health promotion campaigns, and a proactive approach to delivering health promotion and 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
 - **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 choose 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:
 - 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

- We 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 be beneficial for those residents who:
 - 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:
 - 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
 - **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 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Overview

- The Medicines Use Reviews (MURs) & Prescription Intervention service consists of structured reviews for people taking multiple medicines
- The service is intended to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste
- 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
 - 70% 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
 - 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)

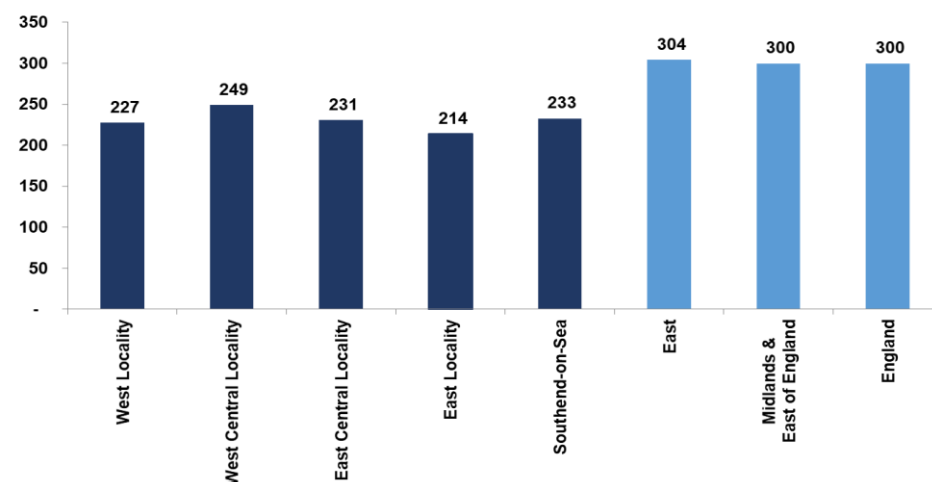
- 32.8% of respondents said they had used the MUR service
- This was the 2nd most used service after dispensing & repeat dispensing

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

Average No. of MURs per Accredited Pharmacy



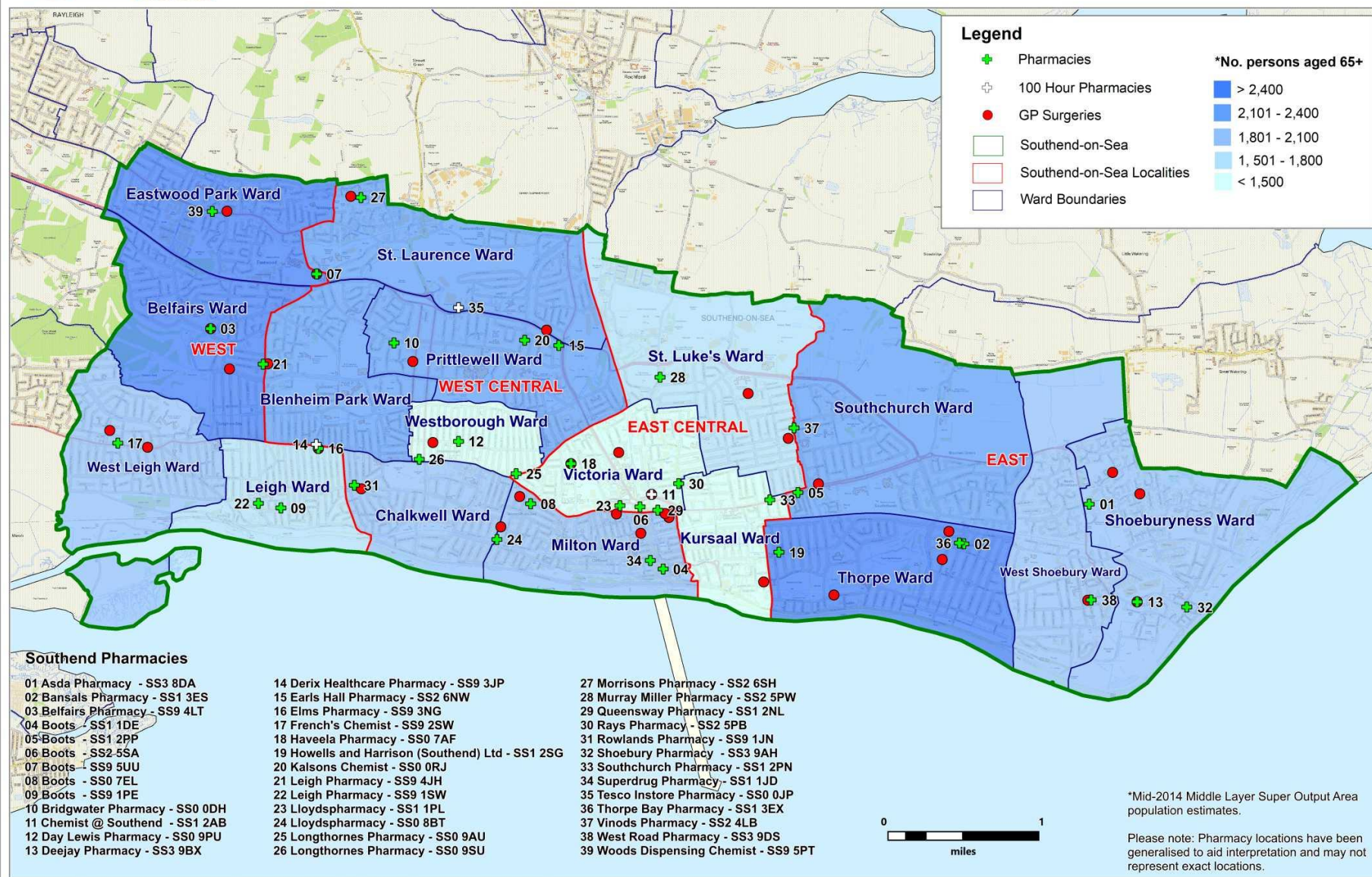
3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

| Locality | Ward | Number of Pharmacies Offering MUR and PI Services | | | | | | | | Not offered at all |
|---------------------|---------------|---|-----------|--------------|----------------|-------------|--------------|--------------|---------|--------------------|
| | | Weekdays | | | Saturdays | | | | Sundays | |
| | | 8am or earlier | 9am – 5pm | 7pm or later | 8am or earlier | 10am – 12pm | 5pm or later | 7pm or later | | |
| West | Belfairs | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| | Eastwood Park | 0 | 2 | 0 | 0 | 2 | 1 | 0 | 0 | 0 |
| | Leigh | 0 | 3 | 0 | 0 | 3 | 2 | 0 | 0 | 0 |
| | West Leigh | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| West Central | Blenheim Park | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 |
| | 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 |
| 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 | 6 | 3 | 2 | 5 | 3 | 2 | 3 | 0 |
| East | Shoeburyness | 0 | 3 | 2 | 1 | 3 | 1 | 1 | 1 | 0 |
| | Southchurch | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 0 | 0 |
| | 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% |

Pharmaceutical Needs Assessment

Map 8 - Medicines Use Reviews & Prescription Intervention Service



3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Meeting the needs of those with a protected characteristic

| | | |
|------------------------------|---|--|
| Age | ✓ | Older people 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 & civil partnership | ✗ | No specific needs identified |

Further Provision

- We wish to see **all** 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

Conclusions

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines-related risks and improve patient outcomes:
 - People with long term conditions with multiple medicines benefit from regular reviews
 - It is estimated that up to 20% of all hospital admissions are medicines 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 pharmaceutical services:
 - 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 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Overview

- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a **newly prescribed medicine**, to help improve medicines adherence
- The service is focused on the following patient groups and conditions:
 - Asthma and COPD
 - Diabetes (Type 2)
 - Hypertension
 - Antiplatelet / anticoagulant therapy
- Patients are either referred into the service by a prescriber when a new medicine is started (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

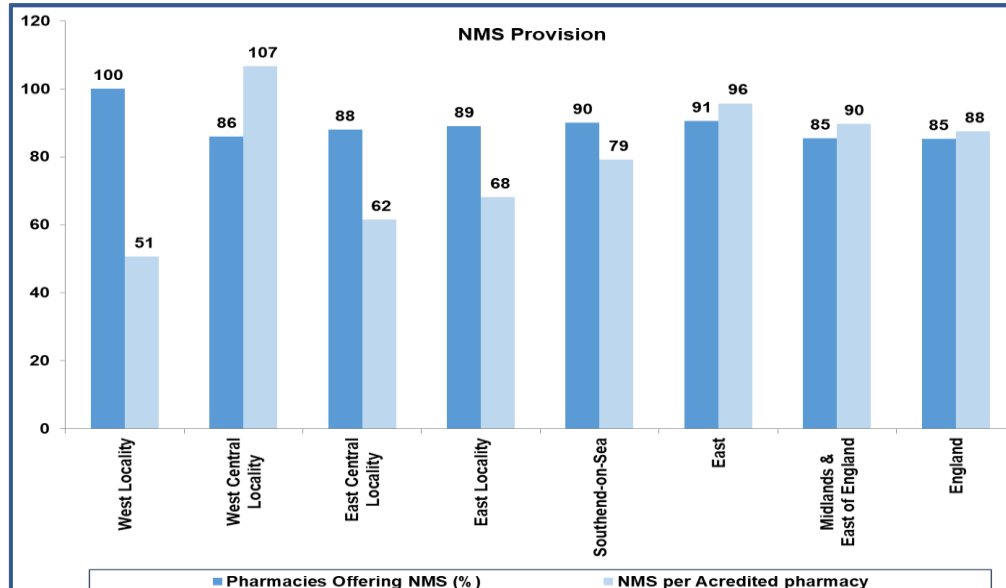
- 35 (89.7%) pharmacies provide the NMS. This is below the regional averages, but higher than the England average
- The graph (right) summarises performance against our comparators:
 - The number of pharmacies accredited to offer the NMS is higher than the regional and England averages, but the number 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

The Evidence Base

- 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

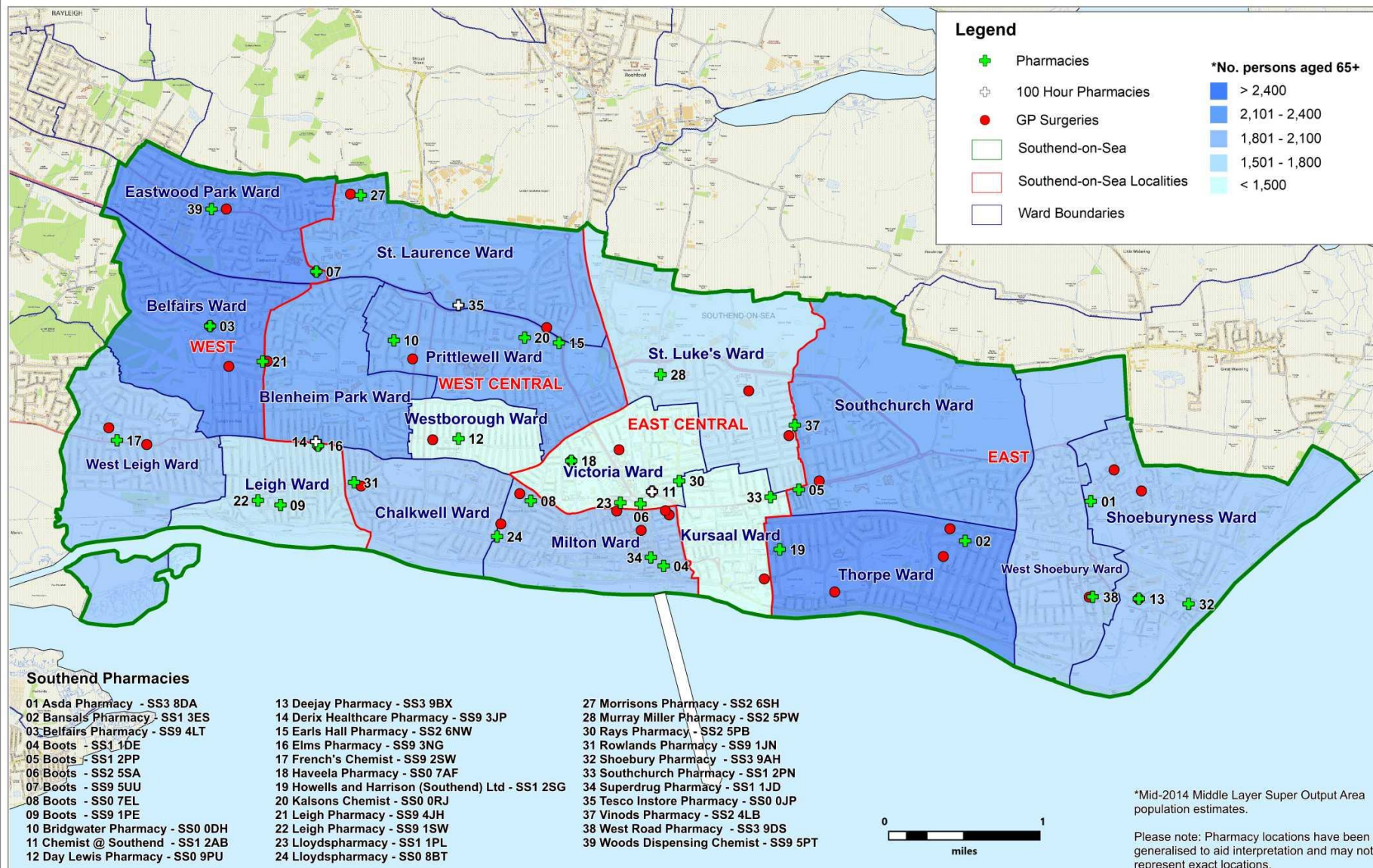


3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

| Locality | Ward | Number of Pharmacies Offering the New Medicines Service | | | | | | | | Not offered at all |
|---------------------|---------------|---|-----------|--------------|----------------|-------------|--------------|--------------|---------|--------------------|
| | | Weekdays | | | Saturdays | | | | Sundays | |
| | | 8am or earlier | 9am – 5pm | 7pm or later | 8am or earlier | 10am – 12pm | 5pm or later | 7pm or later | | |
| West | Belfairs | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| | Eastwood Park | 0 | 2 | 0 | 0 | 2 | 1 | 0 | 0 | 0 |
| | Leigh | 0 | 3 | 0 | 0 | 3 | 2 | 0 | 0 | 0 |
| | West Leigh | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| West Central | Blenheim Park | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 |
| | 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 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 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 | 3 | 2 | 1 | 3 | 1 | 1 | 1 | 0 |
| | Southchurch | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 0 | 0 |
| | 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% |

Pharmaceutical Needs Assessment Map 9 - New Medicine Service



3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Meeting the needs of those with a protected characteristic

| | | |
|------------------------------|---|--|
| Age | ✓ | Older people 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 |
| Pregnancy 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 & civil partnership | ✗ | No specific needs identified |

Further Provision (now and future)

- We wish to see all 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

Conclusions

- 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 non-adherent
 - 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:
 - 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
 - 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 Advanced Services

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

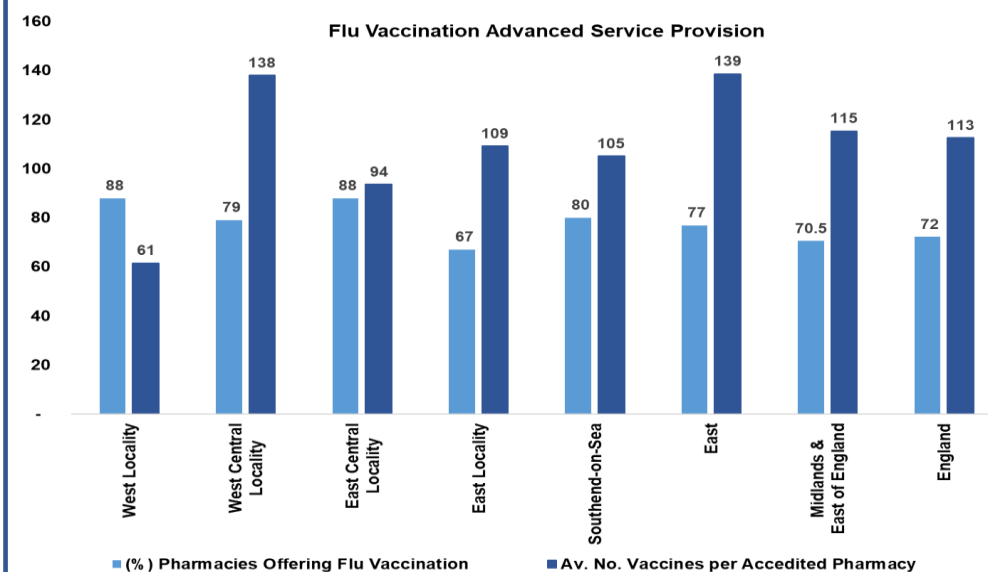
- 31 (79.5%) of pharmacies offer the flu vaccination advanced service; this is above the regional and England averages
- The graph (right) summarises performance against our comparators:
 - The West Central locality and East locality outperform all regional and England averages; the East Central locality 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
 - 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

The Evidence Base

- In a 2013 pilot, pharmacies used ‘PharmOutcomes’ to record vaccinations¹⁸:
 - 4,192 people were vaccinated (approximately 15% of the total vaccinated)
 - 35% were under 65 & in ‘at risk’ groups (versus 17% by other providers)
 - 19% patients stated vaccination was unlikely without pharmacy access
 - 97% rated the service as ‘excellent’
 - 13% of patients cited issues in obtaining the vaccine from other providers
- A literature review¹⁹ of pharmacy immunisation services demonstrates:
 - Immunisation can be safely delivered through community pharmacy
 - Patient medication records are effective at identifying ‘at risk’ clients to be invited for immunisation and this can increase uptake of vaccine
 - High user satisfaction with pharmacy based services
 - 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

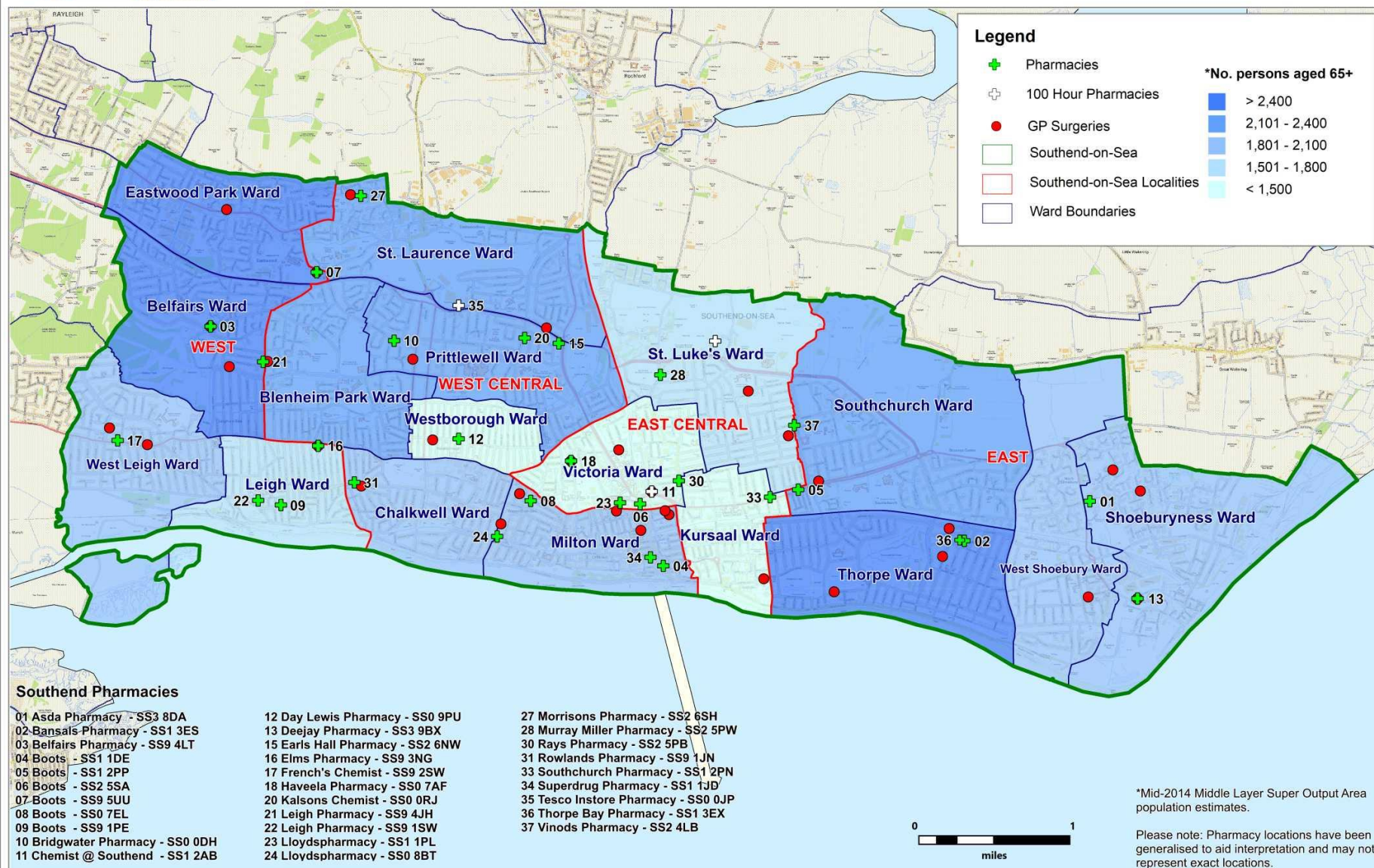


3.2.3 Advanced Services

3.2.3.3 Flu Vaccination

| Locality | Ward | Number of Pharmacies offering the Flu Vaccination Service | | | | | | | | Not offered at all |
|---------------------|---------------|---|-----------|--------------|----------------|-------------|--------------|--------------|---------|--------------------|
| | | Weekdays | | | Saturdays | | | | Sundays | |
| | | 8am or earlier | 9am – 5pm | 7pm or later | 8am or earlier | 10am – 12pm | 5pm or later | 7pm or later | | |
| West | Belfairs | 0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 |
| | Eastwood Park | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 |
| | Leigh | 0 | 3 | 0 | 0 | 3 | 2 | 0 | 0 | 0 |
| | West Leigh | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| West Central | Blenheim Park | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | 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 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 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 | 2 | 1 | 2 | 1 | 1 | 1 | 1 |
| | Southchurch | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 0 | 0 |
| | Thorpe | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 0 | 1 |
| | West Shoebury | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Grand Total | | 6 | 31 | 10 | 5 | 30 | 17 | 4 | 8 | 8 |
| Percentage of Total | | 15.4% | 79.5% | 25.6% | 12.8% | 76.9% | 43.6% | 10.3% | 20.5% | 20.5% |

Pharmaceutical Needs Assessment Map 10 - Flu Vaccination



3.2.3 Advanced Services

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:
 - 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

Conclusions

- 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 alternative 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*
 - 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 Advanced Services

3.2.3.4 Stoma Appliance Customisation Service (SACS)

Overview

- This service involves the customisation of stoma appliances, based on a patient's measurements or a template
- The 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:
 - On weekdays and Saturdays, there is one or more pharmacy in each locality offering the service
 - Both DACs offer the service but this is only available on weekdays
 - There is no access to SACS on a Sunday
 - 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

| Comparator Area | SACS Service 2015/16 | | |
|-----------------|-----------------------------------|-----------------------|--------------------------------|
| | % 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 Advanced Services

3.2.3.4 Stoma Appliance Customisation Service (SACS)

| Locality | Ward | Number of Pharmacies Offering SACS | | | Not offered at all |
|---------------------|---------------|------------------------------------|-----------|---------|--------------------|
| | | Weekdays | Saturdays | Sundays | |
| West | Belfairs | 2 | 2 | 0 | 0 |
| | Eastwood Park | 1 | 1 | 0 | 1 |
| | Leigh | 0 | 0 | 0 | 3 |
| | West Leigh | 1 | 1 | 0 | 0 |
| West Central | Blenheim Park | 0 | 0 | 0 | 1 |
| | Chalkwell | 0 | 0 | 0 | 1 |
| | Milton | 0 | 0 | 0 | 4 |
| | Prittlewell | 2 | 2 | 0 | 1 |
| | St Laurence | 0 | 0 | 0 | 2 |
| | Westborough | 0 | 0 | 0 | 3 |
| East Central | Kursaal | 0 | 0 | 0 | 1 |
| | St Luke's | 0 | 0 | 0 | 2 |
| | Victoria | 1 | 1 | 0 | 5 |
| East | Shoeburyness | 0 | 0 | 0 | 3 |
| | Southchurch | 0 | 0 | 0 | 2 |
| | 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 Advanced Services

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
 - 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

| Stoma Appliance Dispensing | | | |
|-------------------------------|------------------------------|---------------|------------|
| | | Items | % Total |
| Southend Pharmacies & DAC | West | 1,572 | 9.4% |
| | 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 Pharmacies & DACs | >100 items | 2,601 | 15.5% |
| | <100 items | 3,111 | 18.5% |
| | Out of Area Total | 5,712 | 34% |

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 |

Conclusions

- 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 Advanced Services

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
 - 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
 - A high proportion of reviews are undertaken in patients' homes
 - 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

The Evidence Base

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

| Comparator Area | AURs Service 2015/16 | | | | |
|----------------------------|----------------------|-----------|----------|--------------------------------|----------|
| | % offering AURs | Total No. | | Average No. per Pharmacy / DAC | |
| | | Home | Premises | 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 Advanced Services

3.2.3.5 Appliance Use Reviews (AURs)

| Locality | Ward | Number of Pharmacies Offering AURs | | | Not offered at all |
|---------------------|---------------|------------------------------------|-----------|---------|--------------------|
| | | Weekdays | Saturdays | Sundays | |
| West | Belfairs | 2 | 2 | 0 | 0 |
| | Eastwood Park | 0 | 0 | 0 | 2 |
| | Leigh | 1 | 1 | 0 | 2 |
| | West Leigh | 1 | 1 | 0 | 0 |
| West Central | Blenheim Park | 0 | 0 | 0 | 1 |
| | Chalkwell | 0 | 0 | 0 | 1 |
| | Milton | 0 | 0 | 0 | 4 |
| | Prittlewell | 2 | 2 | 1 | 1 |
| | St Laurence | 0 | 0 | 0 | 2 |
| | Westborough | 0 | 0 | 0 | 3 |
| East Central | Kursaal | 0 | 0 | 0 | 1 |
| | St Luke's | 0 | 0 | 0 | 2 |
| | Victoria | 1 | 1 | 0 | 5 |
| East | Shoeburyness | 0 | 0 | 0 | 3 |
| | Southchurch | 0 | 0 | 0 | 2 |
| | 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% |
| DACs 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 Advanced Services

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 Southend-on-Sea and out of area pharmacies and DACs:
 - 82.6% of items were dispensed within Southend-on-Sea
 - 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

| Appliance Dispensing | | | |
|-------------------------------|------------------------------|---------------|--------------|
| | | Items | % Total |
| Southend Pharmacies & DAC | West | 4,465 | 21.9% |
| | 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 Pharmacies & DACs | >100 items | 1,600 | 7.8% |
| | <100 items | 1,960 | 9.6% |
| | Out of Area Total | 3,560 | 17.4% |

Meeting the Needs of those with a protected characteristic

| | | |
|------------------------------|---|--|
| Age | ✓ | Older people are more likely to use appliances 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 |

Conclusions

- 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 Locally Commissioned Services

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
 - Needle and Syringe Programme
 - Supervised Consumption
 - 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 **must relate to pharmaceutical services** (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:
 - Promoting healthy living
 - Providing wellbeing advice and services
 - 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
 - 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 Evidence Base

- 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 Locally Commissioned Services

3.3.2 Stop Smoking

Overview

- This stop smoking service includes the delivery of opportunistic information and advice, as well as the supply of medicines including nicotine replacement therapy (NRT) and varenicline (supplied under a patient group direction), to assist those who wish to give up smoking
- This service, which is available to any smoker aged 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 Current 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*

The Evidence Base

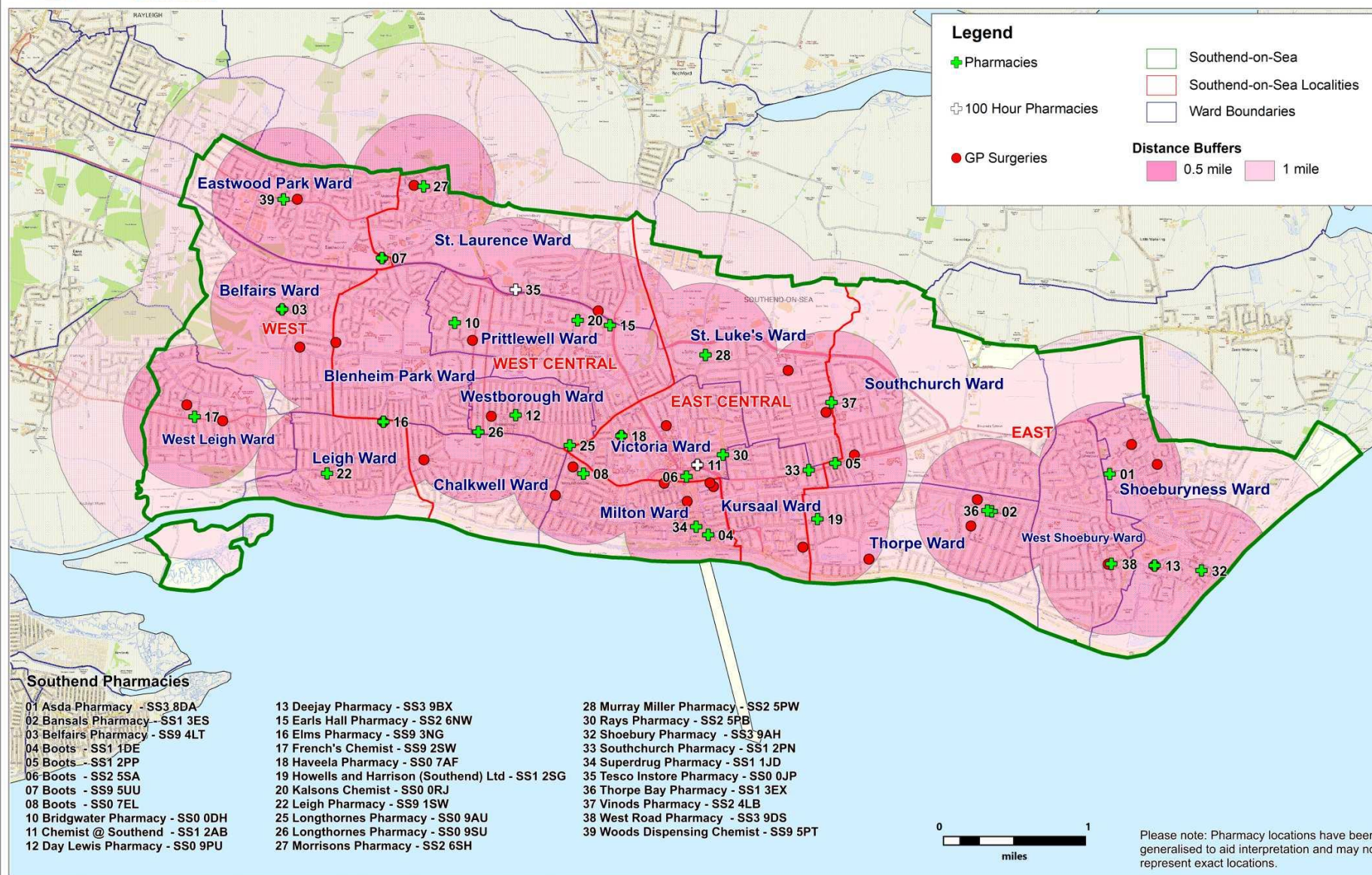
- There is good evidence to support the role of community pharmacists in stop smoking services^{19, 23}:
 - Studies have demonstrated the effectiveness and cost effectiveness of stop smoking services, provided by trained pharmacy staff, in improving quit rates
 - Community pharmacists trained in behaviour-change 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
 - 4 studies reported smoking cessation services were cost effective

3.3 Locally Commissioned Services

3.3.2 Stop Smoking

| Locality | Ward | Number of Pharmacies Offering the Stop Smoking Service | | | | | | | | Not offered at all |
|---------------------|---------------|--|-----------|--------------|----------------|-------------|--------------|--------------|---------|--------------------|
| | | Weekdays | | | Saturdays | | | | Sundays | |
| | | 8am or earlier | 9am – 5pm | 7pm or later | 8am or earlier | 10am – 12pm | 5pm or later | 7pm or later | | |
| West | Belfairs | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| | Eastwood Park | 0 | 2 | 0 | 0 | 2 | 1 | 0 | 0 | 0 |
| | Leigh | 0 | 2 | 0 | 0 | 2 | 1 | 0 | 0 | 1 |
| | West Leigh | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| West Central | Blenheim Park | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | Chalkwell | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | Milton | 1 | 3 | 1 | 1 | 3 | 3 | 0 | 2 | 1 |
| | 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 |
| 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 | 2 | 4 | 2 | 1 | 4 | 2 | 1 | 2 | 2 |
| East | Shoeburyness | 0 | 3 | 2 | 1 | 3 | 1 | 1 | 1 | 0 |
| | Southchurch | 0 | 2 | 1 | 0 | 2 | 1 | 0 | 0 | 0 |
| | 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 | | 10.3% | 82.1% | 23.1% | 10.3% | 79.5% | 38.5% | 7.7% | 17.9% | 10.3% |

Pharmaceutical Needs Assessment Map 11 - Stop Smoking Service



3.3 Locally Commissioned Services

3.3.2 Stop Smoking

| Locality (quit attempts) | No. Active Pharmacies (%) | Achievement of Target | | |
|-----------------------------|------------------------------------|-----------------------|------------------------------|--------------------------|
| | | 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%) |

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

Meeting the needs of those with a protected characteristic

| | | |
|------------------------------|---|---|
| Age | ✓ | 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 | ✓ | Services and advice need to be tailored to meet the specific needs of those with learning disabilities and cognitive impairment |
| Gender | ✓ | Smoking prevalence is higher in young women |
| Race | ✓ | Language may be a barrier to delivering the service. BAME groups more susceptible to Diabetes, CVD etc made worse by smoking |
| Religion or belief | ✗ | No specific needs identified |
| Pregnancy and maternity | ✓ | Evidence of improved outcomes in pregnancy |
| Sexual orientation | ✗ | No specific needs identified |
| Gender reassignment | ✗ | No specific needs identified |
| Marriage & civil partnership | ✗ | No specific needs identified. |

Conclusions

- 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 Locally Commissioned Services

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, hepatitis 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
 - 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

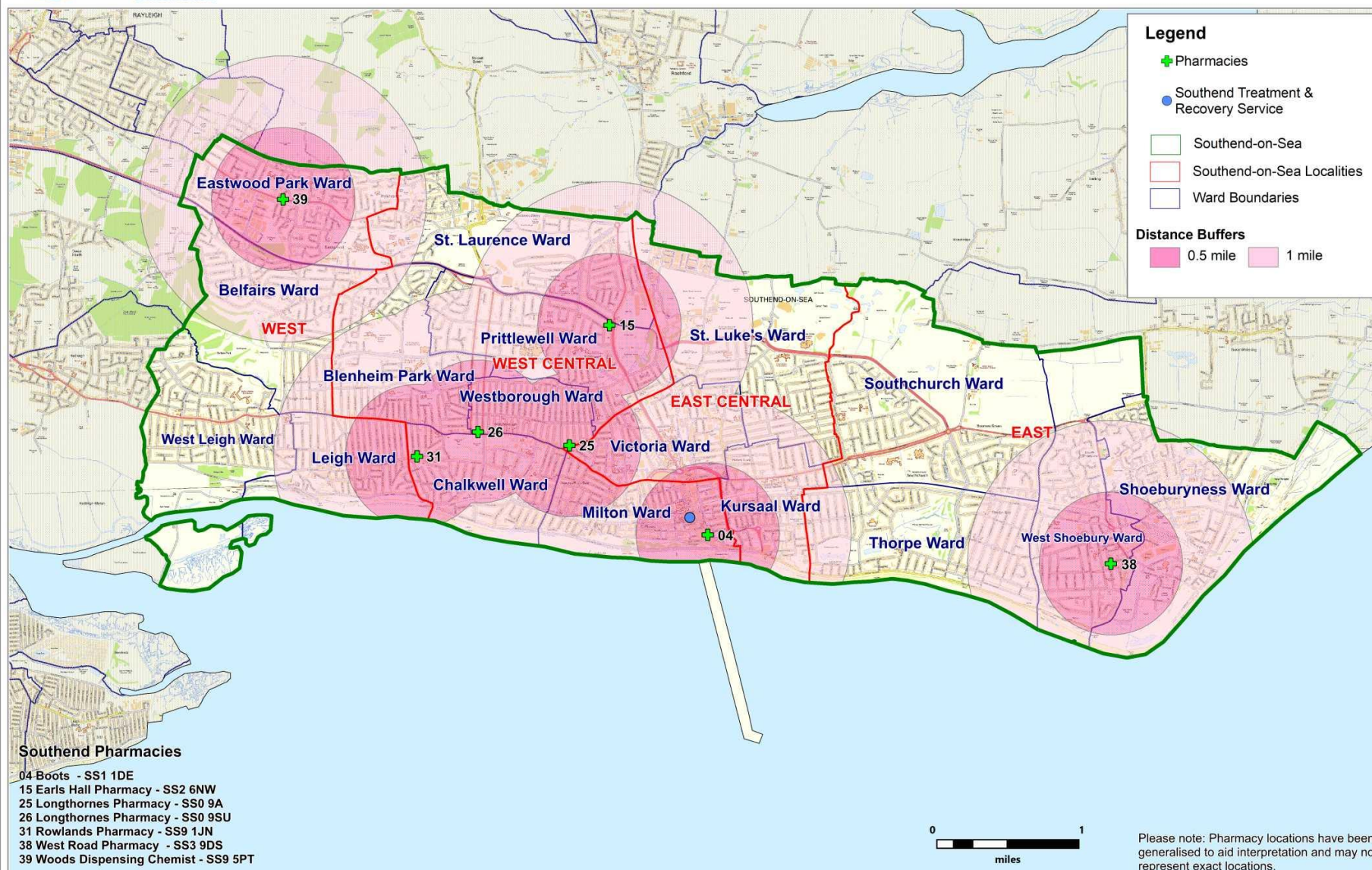
| Locality | No. of Active Pharmacies | % Activity (based on 2016/17 Spend) |
|--------------|--------------------------|-------------------------------------|
| West | 1 | 3% |
| West Central | 5 | 82% |
| East Central | N/A | N/A |
| East | 1 | 15% |

3.3 Locally Commissioned Services

3.3.3 Needle and Syringe Programme

| Locality | Ward | Number of Pharmacies Offering Needle and Syringe Programme | | | | | | | | Not offered at all |
|---------------------|---------------|--|-----------|--------------|----------------|-------------|--------------|--------------|---------|--------------------|
| | | Weekdays | | | Saturdays | | | | Sundays | |
| | | 8am or earlier | 9am – 5pm | 7pm or later | 8am or earlier | 10am – 12pm | 5pm or later | 7pm or later | | |
| West | Belfairs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| | Eastwood Park | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| | Leigh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| | West Leigh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| West Central | Blenheim Park | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | Chalkwell | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 |
| | Milton | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 3 |
| | 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 |
| East Central | Kursaal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | St Luke's | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | Victoria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| East | Shoeburyness | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| | Southchurch | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| | 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 Total | | 0.0% | 17.9% | 0.0% | 0.0% | 17.9% | 7.7% | 0.0% | 2.6% | 0.0% |

Pharmaceutical Needs Assessment Map 12 - Needle & Syringe Programme



3.3 Locally Commissioned Services

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 partnership | ✗ | 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:
 - Increase service coverage from 45%
 - Provide drug users with the opportunity to access suitably competent, geographically accessible pharmacy services on 7 days a week
 - Improve choice for users
- 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

Conclusions

- The community pharmacy-based needle and syringe programme is an important public health service which reduces risks to injecting drug users and the general public
- 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 Locally Commissioned Services

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:
 - Ensuring compliance within an agreed care plan
 - Reducing the risk of drug related death or health complications
 - Reducing the likelihood of illicit drug leakage into the community and reducing crime associated with drug misuse

The Current Picture

- 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:
 - The majority (78%) of patients are supervised in the two central localities
 - Two pharmacies (one in the East & the other in the West) are inactive
 - 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 pharmacy-based supervised consumption services at:
 - Improving adherence, improving outcomes and reducing medicine diversion
 - Moderate quality evidence shows high attendance at community pharmacy-based 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

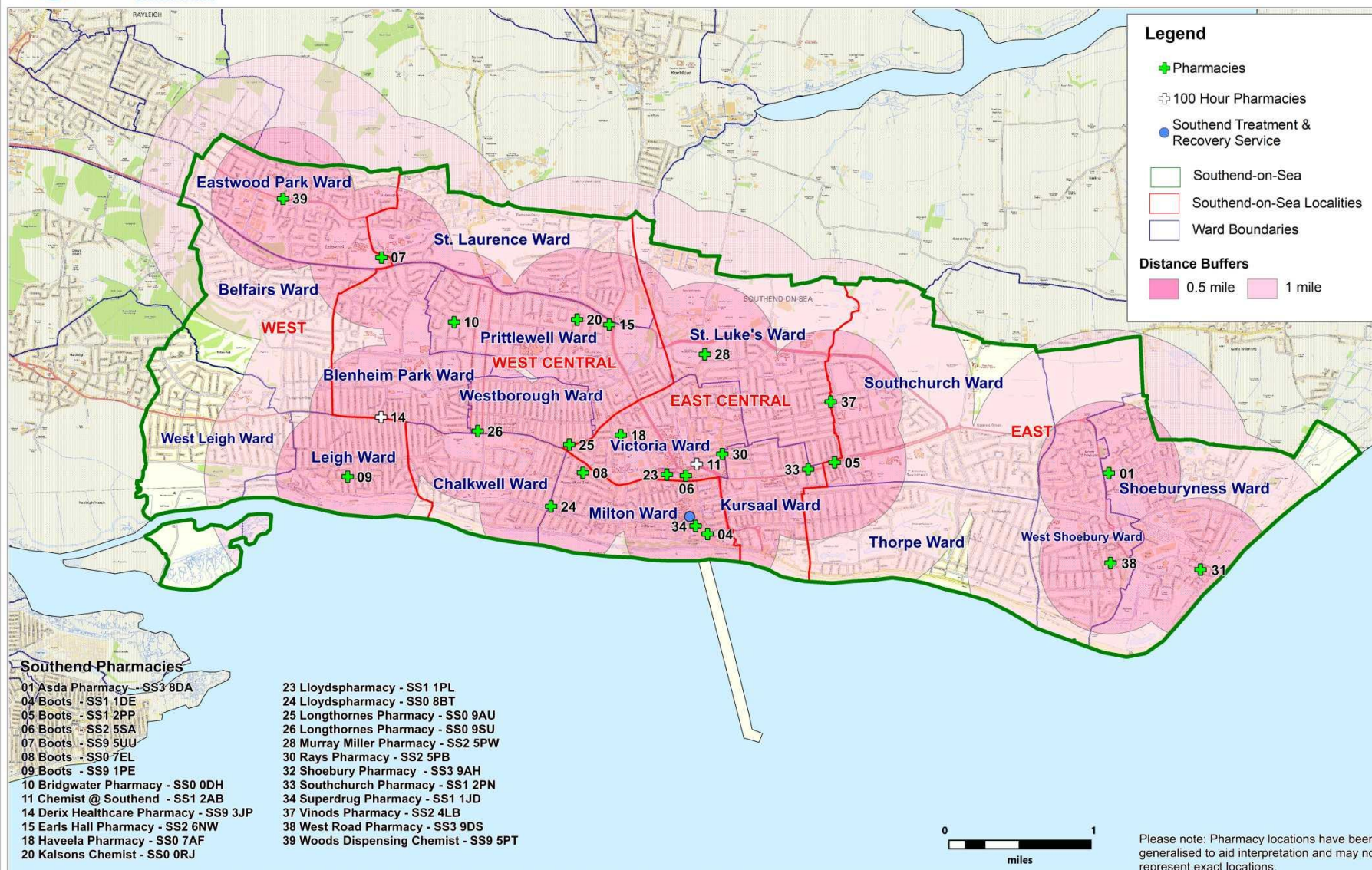
| Locality | No. of Patients (Snapshot at 31 Mar 17) | % Activity (based on 2016/17 spend) |
|--------------|--|--|
| West | 5 | 7% |
| West Central | 67 | 47.5% |
| East Central | 37 | 35.3% |
| East | 15 | 10.3% |

3.3 Locally Commissioned Services

3.3.4 Supervised Consumption

| Locality | Ward | Number of Pharmacies Offering Supervised Consumption | | | | | | | | Not offered at all |
|---------------------|---------------|--|-----------|--------------|----------------|-------------|--------------|--------------|---------|--------------------|
| | | Weekdays | | | Saturdays | | | | Sundays | |
| | | 8am or earlier | 9am – 5pm | 7pm or later | 8am or earlier | 10am – 12pm | 5pm or later | 7pm or later | | |
| 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 |
| West 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% |

Pharmaceutical Needs Assessment Map 13 - Supervised Consumption



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 Southend-on-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

Conclusions

- The supervised consumption service provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve 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 Locally Commissioned Services

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 treatment
 - 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:
 - Monday – Saturday: 8:30am – 6pm
 - 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:
 - 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)
 - 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 Evidence Base

- 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
 - 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:
 - 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

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:
 - 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”⁷ in support of the STP priority of prevention
 - “The opportunity for community pharmacy to play a wider role in primary care, including a role as the ‘first port of call’ for the public, 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

| Element | Summary of Priorities |
|--|--|
| Pharmacy opening hours | <ul style="list-style-type: none"> 7 day a week opening Extended hour opening as part of core hours: <ul style="list-style-type: none"> Weekdays (which ever is longest): <ul style="list-style-type: none"> Open by 8am (or earlier) and not closing before 7pm; or As a minimum, opening at the same time as GP surgeries and closing 30 minutes later Saturday, open from 9am – 6pm as a minimum; and ideally open until 7pm or beyond Sunday, open for a minimum of 6 hours |
| Advanced services | <ul style="list-style-type: none"> Accredited & prepared to offer 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 | <ul style="list-style-type: none"> Prepared to seek accreditation for and to offer future enhanced services (if required) |
| Locally commissioned services | <ul style="list-style-type: none"> Accredited and prepared to offer all locally commissioned services Prepared to seek accreditation for and to offer future locally commissioned services (if required) Prepared to achieve Healthy Living Pharmacy status under the quality payment framework |
| Consultation Area | <ul style="list-style-type: none"> Minimum of one area, fully compliant with the Regulations; and with the following additional characteristics: <ul style="list-style-type: none"> Space for a chaperone and/or a wheel chair Sink with hot water Equipped with a telephone, computer, secure IT connection & access to Nhs.net email Access to patient medication records Security measures i.e. panic button & CCTV Hearing loop Patient toilet nearby |
| Meeting the needs of those with a disability | <ul style="list-style-type: none"> Premises and services should be suitably adapted to meet the needs of those with a disability including: <ul style="list-style-type: none"> Step-free wheelchair access to all public areas 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 <ul style="list-style-type: none"> Expand scope to potentially include: <ul style="list-style-type: none"> Pregnancy testing (with referral into maternity services / termination services as required) Contraceptive advice Free condoms (targeted on a case by case basis according to need) | <ul style="list-style-type: none"> Supporting people to stay well for longer – emphasis on prevention | <ul style="list-style-type: none"> Ambition 1 – positive start in life Ambition 2 – healthy lifestyles Ambition 9 – maximising opportunity | <ul style="list-style-type: none"> Not applicable |
| Substance misuse services <ul style="list-style-type: none"> Expand scope to include: <ul style="list-style-type: none"> Alcohol IBA Blood-borne virus screening Hepatitis B vaccination Link or integrate with sexual health services (because of link with risky sexual behaviour) | <ul style="list-style-type: none"> Supporting people to stay well for longer – emphasis on prevention Long term conditions – early action to prevent problems | <ul style="list-style-type: none"> Ambition 1 – positive start in life Ambition 2 – healthy lifestyles Ambition 3 – improving mental wellbeing Ambition 4 – a safer population Ambition 7 – protecting health Ambition 9 – maximising opportunity | <ul style="list-style-type: none"> Not applicable |
| Integrated medicines optimisation <ul style="list-style-type: none"> Integrated systems to support people who are cared for in more than one clinical setting. May include: <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Long term conditions – better management | <ul style="list-style-type: none"> Ambition 3 – improving mental wellbeing Ambition 5 – living independently Ambition 6 – active and healthy ageing Ambition 9 – maximising opportunity | <ul style="list-style-type: none"> “Home not Hospital” – LTC management through medicines optimisation |

3.4 Looking to the Future

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

| Potential Future Service | STP Priorities(s) | Public Health Ambitions & Priorities | CCG Priorities |
|---|--|---|--|
| Urgent minor illness service <ul style="list-style-type: none"> Advice, support and supply of prescription-only medicines under PGD to patients who would otherwise have gone to their GP or other urgent care service Referral on to other health and social care professionals if required | <ul style="list-style-type: none"> Network of urgent and emergency care – including more local access to services | <ul style="list-style-type: none"> Ambition 1 – positive start in life Ambition 5 – living independently Ambition 9 – maximising opportunity | <ul style="list-style-type: none"> 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) |
|--|---|
| Current Need [Regulation 4(1); 2(a)] | <p>MURS</p> <ul style="list-style-type: none"> • 2 pharmacies are not active • The average number of MURs undertaken is significantly below the maximum permitted <p>NMS</p> <ul style="list-style-type: none"> • 4 pharmacies do not offer the service; 9 pharmacies are inactive • The number of reviews undertaken is below average <p>Flu vaccination</p> <ul style="list-style-type: none"> • 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 |
| Future Need [Regulation 4(1); 2(b)] | <p>Advanced and Enhanced Services</p> <ul style="list-style-type: none"> • 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 NHSE may commission in the future <p>Pharmacy opening hours</p> <ul style="list-style-type: none"> • 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) |
| Improvements or Better Access [Regulation 4(1); 4(a)] | <ul style="list-style-type: none"> • 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 services from more Southend-on-Sea pharmacies. An additional pharmacy is not required to address this gap • 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 |
| Future improvements or Better Access [Regulation 4(1); 4(b)] | <ul style="list-style-type: none"> • If more Southend-on-Sea pharmacies were to open during extended hours on weekday evenings and 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 • 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 Assessment

3.5 Conclusions – Summary of Gaps

| | Description of the Gap(s) | Proposed Solution(s) |
|---|---|--|
| Other NHS services which affect the need for pharmaceutical services or where further provision would secure improvements or better access [Regulation 4(1); 5 (a and b)] | Needle & Syringe Programme <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |
| | Supervised consumption <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |
| | Sexual Health Services <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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
 - Respondents were required to complete a standard response form and were given the option of using the on-line survey facility or completing the form and emailing this back to a dedicated email address
- The consultation was initiated on the 1 September 2017 and ended at midnight on the 3 November 2017. This period exceeded the minimum 60 day consultation required by the regulations

Consultation Outcome

- All feedback was consolidated into a document for review by the PNA Steering Group on the 14 November 2017
- In total, 7 responses were received to the consultation from the following stakeholders:
 - NHS England, Essex Area Team
 - Southend University Hospital NHS Foundation Trust
 - Essex County Council
 - 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

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

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

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- 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
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