



# Southend-on-Sea Health and Wellbeing Board

## Pharmaceutical Needs Assessment 2022

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Southend-on-Sea City Council. The production has been overseen by the PNA Steering Group for Southend-on-Sea Health and Wellbeing Board (HWB) with authoring support from Soar Beyond Ltd.

## Contents

<b>List of tables</b> .....	<b>7</b>
<b>List of figures</b> .....	<b>8</b>
<b>Executive summary</b> .....	<b>10</b>
<b>Section 1: Introduction</b> .....	<b>16</b>
1.1 Background .....	16
1.1.1 NHS Long Term Plan (LTP) .....	16
1.1.2 Services stopped, started, and changed.....	17
1.2 Purpose of the PNA .....	18
1.3 Scope of the PNA .....	19
1.3.1 Community pharmacy contractors .....	19
1.3.2 Dispensing Appliance Contractors (DACs) .....	20
1.3.3 Dispensing GP practices .....	20
1.3.4 Local Pharmaceutical Service (LPS) providers.....	20
1.3.5 Pharmacy Access Scheme (PhAS) providers.....	21
1.3.6 Other providers of pharmaceutical services in neighbouring HWB areas...	21
1.3.7 Other services and providers in Southend-on-Sea HWB area .....	21
1.4 Process for developing the PNA .....	21
1.5 Localities for the purpose of the PNA.....	24
<b>Section 2: Context for the PNA</b> .....	<b>26</b>
2.1 NHS Long Term Plan (LTP) .....	26
2.2 Joint Strategic Needs Assessment (JSNA) .....	27
2.3 Joint Health and Wellbeing Strategy (JHWS).....	27
2.4 Mid and South Essex Integrated Care System (ICS) .....	28
2.5 Population characteristics .....	29
2.5.1 Overview .....	29
2.5.2 Age structure.....	30
2.5.3 Projected population growth .....	32
2.5.4 GP-registered population.....	34
2.5.5 Religion .....	34
2.5.6 Specific populations .....	34
2.6 Wider determinants of health .....	48
2.6.1 Deprivation IMD 2019.....	48
2.6.2 Crime .....	49
2.6.3 Domestic violence .....	50

2.7	High level health and wellbeing indicators.....	50
2.7.1	Life expectancy .....	50
2.7.2	Healthy life expectancy and disability-free life years.....	51
2.7.3	Wellbeing indicators .....	52
2.8	Lifestyle .....	53
2.8.1	Physical activity and diet .....	53
2.8.2	Obesity.....	54
2.8.3	Smoking.....	55
2.8.4	Drug and alcohol misuse.....	56
2.8.5	Sexual health and teenage pregnancy .....	59
2.8.6	Oral health .....	61
2.9	Burden of disease.....	63
2.9.1	Cardiovascular diseases – CHD, stroke, hypertension, CKD.....	63
2.9.2	Diabetes and hyperglycaemia .....	67
2.9.3	Musculoskeletal (MSK).....	69
2.9.4	Cancers.....	70
2.9.5	Respiratory diseases – asthma and COPD .....	72
2.9.6	Dementia.....	73
2.9.7	Influenza .....	74
2.9.8	COVID-19 impact.....	75
<b>Section 3: NHS pharmaceutical services provision, currently commissioned.....</b>		<b>77</b>
3.1	Community pharmacies .....	78
3.1.1	Choice of community pharmacies.....	79
3.1.2	Weekend and evening provision.....	79
3.1.3	Access to community pharmacies .....	80
3.1.4	Advanced Service provision from community pharmacies.....	84
3.1.5	Enhanced Service provision .....	86
3.2	Dispensing Appliance Contractors (DACs).....	86
3.3	Distance-Selling Pharmacies (DSPs).....	87
3.4	Local Pharmaceutical Service (LPS) providers .....	87
3.5	Dispensing GP practices.....	87
3.6	PhAS pharmacies .....	87
3.7	Pharmaceutical service provision from outside Southend-on-Sea HWB area .....	87
<b>Section 4: Other services that may affect pharmaceutical services provision .....</b>		<b>89</b>
4.1	Local authority-commissioned services provided by community pharmacies in Southend-on-Sea .....	89

4.2	CCG-commissioned services.....	89
4.3	Other services provided from community pharmacies.....	90
4.4	Collection and delivery services.....	90
4.5	Services for less-abled people.....	90
4.6	GP practices providing extended hours.....	90
4.7	Other providers.....	90
<b>Section 5: Findings from the public questionnaire .....</b>		<b>92</b>
5.1	Visiting a pharmacy.....	92
5.2	Choosing a pharmacy.....	92
5.3	Mode of transport to a community pharmacy.....	92
5.4	Time to get to a pharmacy.....	93
5.5	Preference for when to visit a pharmacy.....	93
5.6	Service provision from community pharmacies.....	93
<b>Section 6: Analysis of health needs and pharmaceutical service provision .....</b>		<b>95</b>
6.1	Pharmaceutical services and health needs.....	95
6.1.1	Southend-on-Sea health needs.....	95
6.1.2	Southend-on-Sea Joint Health and Wellbeing Strategy (JHWS).....	96
6.1.3	Priorities from the NHS Long Term Plan (LTP).....	96
6.2	Essential Services (ES).....	97
6.3	Advanced Services.....	99
6.4	Enhanced Services.....	101
6.4.1	COVID-19 vaccination.....	101
6.4.2	Easter Sunday and Christmas Day access to pharmaceutical services...	101
6.5	Locally Commissioned Services (LCS).....	101
6.5.1	CCG-commissioned services.....	102
6.5.2	Local authority-commissioned services.....	102
6.6	PNA localities.....	104
6.6.1	West.....	105
6.6.2	West Central.....	107
6.6.3	East.....	109
6.6.4	East Central.....	111
6.7	Necessary Services: gaps in provision in Southend-on-Sea.....	113
6.8	Improvements and better access: gaps in provision in Southend-on-Sea.....	114
<b>Section 7: Conclusions .....</b>		<b>117</b>
7.1	Current provision of Necessary Services.....	118
7.1.1	Necessary Services – normal working hours.....	118

7.1.2	Necessary Services – outside normal working hours.....	118
7.2	Future provision of Necessary Services.....	118
7.3	Improvements and better access – gaps in provision.....	119
7.3.1	Current and future access to Advanced Services.....	119
7.3.2	Current and future access to Enhanced Services.....	119
7.3.3	Current and future access to Locally Commissioned Services (LCS) .....	120
<b>Appendix A: List of pharmaceutical service providers in Southend-on-Sea HWB area</b>		<b>121</b>
	West locality .....	121
	West Central locality.....	122
	East locality.....	124
	East Central locality.....	125
<b>Appendix B: PNA Steering Group terms of reference.....</b>		<b>126</b>
<b>Appendix C: Public questionnaire.....</b>		<b>128</b>
<b>Appendix D: Pharmacy contractor questionnaire .....</b>		<b>139</b>
<b>Appendix E: Commissioner questionnaire .....</b>		<b>141</b>
<b>Appendix F: PNA project plan.....</b>		<b>147</b>
<b>Appendix G: Results of the public questionnaire.....</b>		<b>148</b>
<b>Appendix H: Results of the pharmacy contractor questionnaire .....</b>		<b>168</b>
<b>Appendix I: Results of the commissioner questionnaire.....</b>		<b>171</b>
<b>Appendix J: Consultation plan and list of stakeholders .....</b>		<b>180</b>
<b>Appendix K: Summary of consultation responses.....</b>		<b>182</b>
<b>Appendix L: Consultation comments.....</b>		<b>186</b>
<b>Appendix M: Opportunities for possible community pharmacy services in Southend-on-Sea</b>		<b>189</b>
1	Health needs identified in the NHS Long Term Plan (LTP) .....	189
2	Health needs identified in Southend-on-Sea .....	189
3	Opportunities for further community pharmacy provision .....	190
3.1	Existing services.....	190
3.2	New services .....	191
3.3	Recommendations.....	192
<b>Abbreviations.....</b>		<b>194</b>

## List of tables

Table 1: Timeline for PNAs .....	16
Table 2: Localities for Southend-on-Sea PNA .....	24
Table 3: Outcomes framework .....	29
Table 4: Age distribution of Southend-on-Sea .....	31
Table 5: Southend 2031 projections .....	33
Table 6: Ethnic breakdown .....	35
Table 7: Percentage of overweight adults .....	55
Table 8: Prevalence of current smokers .....	56
Table 9: Deaths from drug misuse .....	59
Table 10: New STI diagnosis per 100,000 .....	60
Table 11: Influenza uptake 2020 .....	74
Table 12: Number of community pharmacies per 100,000 population .....	78
Table 13: Breakdown of average community pharmacies per 100,000 population .....	79
Table 14: Community pharmacy ownership, 2020-21 .....	79
Table 15: Number of 100-hour pharmacies (and percentage of total).....	80
Table 16: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, on Saturday and Sunday .....	84
Table 17: Percentage of community pharmacy providers by locality offering Advanced Services in Southend-on-Sea (2021-22) .....	85
Table 18: Percentage of providers currently providing Advanced Service provision within England, East of England, and Southend-on-Sea .....	85
Table 19: Commissioned services from community pharmacies .....	89
Table 20a: Demographics of the community pharmacy user questionnaire respondents – sex (%) .....	94
Table 20b: Demographics of the community pharmacy user questionnaire respondents – age (%) .....	94
Table 20c: Demographics of the community pharmacy user questionnaire respondents – illness or disability (%) .....	94
Table 21: Opinion on some Advanced Services from community pharmacies.....	94
Table 22: Number and type of community pharmacies per locality by opening hours.....	105
Table 23: Provision of NHSE Advanced and Enhanced Services by locality .....	105
Table 24: Provision of locally commissioned services by locality (CCG and LA) .....	105

## List of figures

Figure 1: Map of Southend-on-Sea localities and wards .....	25
Figure 2: Southend-on-Sea age profile, 2020.....	30
Figure 3: Age distribution in Southend-on-Sea, number of residents in each locality by age band	31
Figure 4: Age distribution in Southend-on-Sea, percentage of residents in each locality by age band .....	32
Figure 5: Southend-on-Sea age projections, 2020-31 .....	33
Figure 6: Religions in Southend, 2011 .....	34
Figure 7: Ethnic distribution in Southend-on-Sea .....	35
Figure 8: Working-age population by locality.....	36
Figure 9: Working-age population by ward.....	36
Figure 10: Working-age distribution in Southend-on-Sea .....	37
Figure 11: Children in care.....	37
Figure 12: Adult social care – long-term counts .....	38
Figure 13: Adult social care – short-term counts .....	38
Figure 14: Adult social care – short-term counts, splitting 65+ band.....	39
Figure 15: Adult social care – long-term counts, splitting 65+ band.....	39
Figure 16: Adult social care – long-term counts .....	40
Figure 17: Adult social care – short-term counts .....	40
Figure 18: Long-term support, primary support reason breakdown .....	40
Figure 19: Short-term support, primary support reason breakdown.....	41
Figure 20: Long-term learning disability .....	41
Figure 21: Long-term mental health .....	42
Figure 22: Long-term neurological .....	42
Figure 23: Long-term physical.....	42
Figure 24: Long-term sensory .....	43
Figure 25: Households owed a duty under the HRA.....	44
Figure 26: Households in temporary accommodation .....	45
Figure 27: Gypsy and Traveller population in Southend-on-Sea .....	45
Figure 28: Care home population, younger adults.....	47
Figure 29: Care home population, older adults.....	47
Figure 30: Level of deprivation in Southend-on-Sea.....	48
Figure 31: Level of deprivation in Southend-on-Sea for barriers to housing and access to services .....	49
Figure 32: Crime types in Southend-on-Sea .....	49
Figure 33: Domestic abuse-related incidents and crimes .....	50
Figure 34: Life expectancy within areas for each IMD decile.....	51
Figure 35: Health life expectancy .....	52
Figure 36: Wellbeing indicator.....	53
Figure 37: Percentage of physically active adults.....	54
Figure 38: Percentage of overweight adults .....	54
Figure 39: Prevalence of current smokers.....	55
Figure 40: AAF, narrow .....	56
Figure 41: AAF, broad.....	57
Figure 42: Successful completion of drug treatment – opiate users .....	57
Figure 43: Successful completion of drug treatment – non-opiate users .....	58
Figure 44: Deaths from drug misuse .....	58

Figure 45: New STI diagnoses .....	59
Figure 46: Conceptions to women aged 15 to 17 .....	61
Figure 47: Access to NHS dental services .....	61
Figure 48: Percentage of 5-year-olds with visually obvious dental decay .....	62
Figure 49: Burden of disease .....	63
Figure 50: Hypertension prevalence.....	63
Figure 51: CHD prevalence.....	64
Figure 52: Antiplatelet or anticoagulant treatments .....	65
Figure 53: Stroke prevalence .....	65
Figure 54: CKD prevalence .....	66
Figure 55: Proportion of patients receiving home dialysis.....	67
Figure 56: Diabetes prevalence .....	68
Figure 57: Estimated diabetes rate .....	68
Figure 58: Percentage reporting an MSK condition .....	69
Figure 59: Hip fractures in people aged 65 and over .....	70
Figure 60: Under-75 cancer mortality .....	70
Figure 61: Under-75 mortality rate from cancer considered preventable .....	71
Figure 62: Mortality rate from cancer, ages 65+ .....	71
Figure 63: Hospital admissions relating to COPD.....	72
Figure 64: Dementia counts .....	73
Figure 65: COVID-19 cases in Southend-on-Sea.....	75
Figure 66: COVID-19 deaths per 100,000 residents by region .....	76
Figure 67: All contractors in Southend-on-Sea HWB area.....	77
Figure 68: Driving times to nearest pharmacy .....	81
Figure 69: Walking times to nearest pharmacy .....	82
Figure 70: Public transport access to nearest pharmacy .....	83
Figure 71: Map identifying Southend-on-Sea HWB pharmacies and cross-border pharmacy provision .....	88

## Executive summary

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

There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment, that may have an effect on the needs of the pharmaceutical services. Due to the COVID-19 pandemic, the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

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

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications to join the pharmaceutical list or to amend an entry on the pharmaceutical list
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This PNA has been produced through the PNA Steering Group for Southend-on-Sea HWB by Southend-on-Sea City Council (SCC), with authoring support from Soar Beyond Ltd.

### NHS pharmaceutical services in England

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

- Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

Community pharmacies operate under a contractual framework, last agreed in 2019, which sets three levels of service:

**Essential Services:** Negotiated nationally, provided by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (CPCF).

**Advanced Services:** Negotiated nationally, community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

**Local Enhanced Services:** Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned. These services are only commissioned by NHSE.

**National Enhanced Services:** Negotiated nationally and implemented to address local health needs.

From 1 January 2021, being a Healthy Living Pharmacy (HLP) was an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.<sup>1</sup>

The contract enables NHSE Regional Teams to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support for self-care from pharmacies. Since the 2018 PNA there have been a number of contractual changes affecting community pharmacies.

In addition to NHS pharmaceutical services, community pharmacies may also provide 'Locally Commissioned Services' (LCS). These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013. Further information and details of those LCS provided in Southend-on-Sea can be found in [Section 4](#).

## **Health in Southend-on-Sea**

### **The area**

Southend-on-Sea is located in the county of Essex on the east coast of Britain and 16.1 mi<sup>2</sup> in size. 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 population**

The current 2020-estimated resident population is 182,773. The population rate of Southend-on-Sea will often fluctuate more than the larger regions as small changes will produce a relatively large change in rate. The 2031 projections show an increase in most age groups with a slight decrease in under-10s and 25-to-39-year-olds, suggesting an aging population.

The population of Southend-on-Sea is projected to rise to around:

- 195,875 by 2031

Southend-on-Sea has a predominantly White (90.7%) population. Compared with England, Southend-on-Sea is less ethnically diverse.

At time of writing, Southend-on-Sea plans to develop approximately 1,370 new homes by 2024, which will help support the growing population and demand for housing.

In Southend-on-Sea approximately 19% of people are 65 or over, which is similar to the rate of 19% nationally. Population forecasts suggest that this proportion is set to increase by 7.17% by 2031.

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

### **Health inequalities**

The Index of Multiple Deprivation (IMD) 2019 map shows that West Central is the most deprived locality in Southend-on-Sea. The overall IMD score for Southend-on-Sea is 22.4, compared with 21.7 for England.

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<sup>1</sup> PSNC. Healthy Living Pharmacies. June 2022. <https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/>

Highly localised deprivation occurs when small pockets of deprivation are masked in the data by areas of relative affluence. Very small areas of deprivation are difficult to identify and may mean people do not receive the same levels of resource and intervention that a larger and more defined area would.

Particular populations that may have specific health needs include older populations, residential and nursing home populations, and vulnerable people.

### **Health and illness**

Life expectancy has increased across the country. Over the period 2018-21, life expectancy at birth in Southend-on-Sea was 83.2 years for women and 78.8 years for men, in both cases slightly lower than the average for England.

The prevalence of long-term conditions is expected to rise in Southend-on-Sea. Neoplasms, cardiovascular disease, musculoskeletal disorders, neurological disorders and chronic respiratory conditions have the largest burden of disease in Southend-on-Sea.

### **Lifestyle**

Lifestyle issues are of a concern, especially those related to drug and alcohol use, obesity, sexual health, smoking and oral health. Southend-on-Sea performs better than the national data.

LCS are provided by many community pharmacies to address these lifestyle issues. The following LCS are commissioned in Southend-on-Sea:

- Smoking cessation
- Condom distribution\*
- Emergency hormonal contraception\*
- Supervised consumption
- Needle exchange
- Access to palliative care drugs

\* Service in development but not yet provided via community pharmacy

### **Pharmacies in Southend-on-Sea**

Southend-on-Sea has 39 community pharmacies (as of March 2022) for a population of around 182,773. Provision of current pharmaceutical services and LCS are well distributed, serving all the main population centres. There is excellent access to a range of services commissioned and privately provided from pharmaceutical service providers.

Using current population estimates, the number of community pharmacies per 100,000 population for Southend-on-Sea is currently 21.3, very similar to the 21.4 in 2018.

The majority (62%) of community pharmacies in Southend-on-Sea are open on weekday evenings (after 6 pm) and on Saturdays (87%).

A number are open on Sundays (18%), mainly in shopping areas. There is a much higher than national ratio of independent providers to multiples, providing a good choice of providers to local residents (national average is 40% independent providers versus 71% in Southend-on-Sea, based on 2020-21 figures).

### **Feedback on pharmaceutical services**

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

There were 412 responses received from the public questionnaire, the detail of which can be seen in Appendix G, and a summary and discussion of the results are in [Section 5](#).

The analysis of the questionnaires shows that over half of respondents (69%) have visited a community pharmacy at least once a month in the past six-month period. The main method of transport was walking (52%) and 93% of respondents were able to reach the pharmacy within 15 minutes (100% of respondents within 30 minutes). Of respondents who identified a difficulty in getting to a pharmacy, for 71% it was due to parking and for 9% it was due to lack of suitable public transport.

The findings of public questionnaire show that accessing a community pharmacy in Southend-on-Sea was not seen to be an issue by the vast majority.

Findings of note include information that most respondents were aware of the provision of Essential Services from the pharmacy. For services that would be classified as Advanced or Enhanced the figures were lower, but responses suggested that the services may be valued. The table below summarises some of the results:

Service	Awareness	Like to see provided
Needle exchange	22%	45%
Flu vaccination services	84%	89%
Community Pharmacist Consultation Service (CPCS)	20%	65%
New Medicine Service (NMS)	30%	66%
Stop smoking or nicotine replacement service	60%	59%
Sexual health	32%	59%
Supervised consumption of medicines	26%	40%
Immediate access to specialist care medicines	19%	74%

In addition, approximately 55% of respondents wished to see services that provide weight management, 53% anticoagulation monitoring and 63% long-term condition management from community pharmacies.

## Conclusions

The HWB provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and/or reflects future population changes.

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013. The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it has identified as being necessary to meet the need for pharmaceutical services within the PNA.

For the purposes of this PNA, Southend-on-Sea has designated that all Essential Services, and the Advanced Services of Community Pharmacist Consultation Service (CPCS) and New Medicine Service (NMS), are to be regarded as **Necessary Services**. Other Advanced Services are all considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purposes of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Southend-on-Sea.

For the purposes of this PNA, Locally Commissioned Services (LCS) are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Southend-on-Sea and are commissioned by the Clinical Commissioning Group (CCG) or local authority, rather than NHSE.

Please note that although a service may not be commissioned, this does not necessarily mean there is a gap in pharmaceutical service provision.

### **Current provision of Necessary Services**

#### **Necessary Services – gaps in provision in Southend-on-Sea**

In reference to [Section 6](#) and as required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

#### **Necessary Services – normal working hours**

**There is no current gap in the provision of Necessary Services during normal working hours across Southend-on-Sea to meet the needs of the population.**

#### **Necessary Services – outside normal working hours**

**There are no current gaps in the provision of Necessary Services outside normal working hours across Southend-on-Sea to meet the needs of the population.**

#### **Future provision of Necessary Services**

**No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the whole of Southend-on-Sea.**

#### **Improvements and better access – gaps in provision**

#### **Current and future access to Advanced Services**

There are no gaps in the provision of Advanced Services across the whole of Southend-on-Sea.

**There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to Advanced Services across the whole of Southend-on-Sea.**

### **Current and future access to Enhanced Services**

The COVID-19 vaccination is the only Enhanced Service provided in Southend-on-Sea. The numbers of service providers are increasing rapidly across England, and this is likely to be the case in Southend-on-Sea. In February 2022 there were ten providers (26%); community pharmacies are not the only provider of COVID-19 vaccinations.

While these numbers are low, this does not mean there is a gap identified in respect of securing improvements or better access to Enhanced Service provision on a locality basis as identified, either now or in specified future circumstances.

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across the whole of Southend-on-Sea.**

### **Current and future access to Locally Commissioned Services (LCS)**

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Section 6.5](#).

Based on current information, Southend-on-Sea HWB has not identified a need to commission any LCS not currently commissioned, however uptake by community pharmacy needs to be encouraged by the commissioner.

A full analysis has not been conducted on which LCS might be of benefit, as this is out of the scope of the PNA.

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to LCS across the whole of Southend-on-Sea.**

## Section 1: Introduction

### 1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),<sup>1</sup> hereafter referred to as the Pharmaceutical Regulations 2013, came into force on 1 April 2013. Unless required to be produced earlier, the Pharmaceutical Regulations 2013 permitted Health and Wellbeing Boards (HWBs) a temporary extension of the Pharmaceutical Needs Assessments (PNAs) previously produced by the Primary Care Trust (PCT); HWBs were then required to publish their first PNA by 1 April 2015 at the latest. The Pharmaceutical Regulations 2013 require each HWB to publish a statement of its revised assessment within three years of its previous publication and this document fulfils this regulatory requirement. Due to the COVID-19 (C-19) pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022.

The Pharmaceutical Regulations 2013 were updated by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

**Table 1: Timeline for PNAs**

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring PCTs to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *Publication of PNAs was delayed during the C-19 pandemic

Since the 2018 PNA there has been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives and environmental factors, which need to be considered as part of this PNA.

#### 1.1.1 NHS Long Term Plan (LTP)<sup>2</sup>

The NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. The priority clinical areas that could be affected by community pharmacy services are set out below. A more detailed description is available in [Section 2.1](#).

Priority clinical areas in the LTP include:

- Prevention
  - Smoking
  - Obesity
  - Alcohol
  - Antimicrobial resistance
  - Hypertension
  - Stronger NHS action on health inequalities

<sup>1</sup> The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. [www.legislation.gov.uk/uksi/2013/349/contents/made](http://www.legislation.gov.uk/uksi/2013/349/contents/made)

<sup>2</sup> NHSE. NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

- Better care for major health conditions
  - Cancer
  - Cardiovascular disease
  - Stroke care
  - Diabetes
  - Respiratory disease
  - Adult mental health services

### 1.1.2 Services stopped, started, and changed

- **Medicines Use Reviews (MURs):** This service was decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Discharge Medicines Service (DMS):** An Essential Service from 15 February 2021. NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England (NHSE) Medicines Safety Improvement Programme as a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>3</sup>
- **Community Pharmacist Consultation Service (CPCS):**<sup>4</sup> An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaced the NHS Urgent Supply Advanced Scheme (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist from referral from NHS 111, integrated urgent clinical assessment services and, in some cases, 999. From 1 November 2020, GP CPCS was launched where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care–level services, part of the NHS LTP.
- **Remote Access:** From November 2020, community pharmacies have had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme that forms part of the CPCF.<sup>5</sup> It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly.

<sup>3</sup> Discharge Medicine Service (DMS). <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

<sup>4</sup> Community Pharmacist Consultation Service (CPCS). <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

<sup>5</sup> NHSE Pharmacy Quality Scheme. September 2021. [www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf](http://www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf)

- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided, and to remain open during the pandemic to provide for the pharmaceutical needs for the population.<sup>6</sup> During the pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.<sup>7</sup> In response to the pandemic, two Advanced Services were also created: the pandemic delivery service and C-19 Lateral Flow Device (LFD) provision. The C-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.<sup>8</sup>

## 1.2 Purpose of the PNA

NHSE is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE regarding applications to the pharmaceutical list may be appealed to the NHS Resolution, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA).<sup>9</sup> For the purpose of this PNA, the 2019 JSNA has been used, which focuses on Southend-on-Sea City Council's (SCC's) vision for 2050.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE and the Clinical Commissioning Groups (CCGs), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

CCGs have been replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). Currently the footprint of Southend-on-Sea is covered by one ICS.

<sup>6</sup> Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

<sup>7</sup> Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

<sup>8</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](http://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

<sup>9</sup> Joint Strategic Needs Assessment (JSNA): Southend-on-Sea. <https://southend-jsna-southend.hub.arcgis.com/>

NHSE delegation of responsibility for pharmaceutical services has been delayed and in East of England this will go live in April 2023. They will take on the delegated responsibility for pharmaceutical services from NHSE and therefore some services commissioned from pharmacies by CCGs currently may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the regulations have been considered as 'pharmaceutical services'.

Although the Steering Group is aware that during the lifetime of this PNA CCGs will transition into ICBs, we have referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when fully in place by April 2023.

### 1.3 Scope of the PNA

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

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

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

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

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

- Pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' has been defined as those services that are/may be commissioned under the provider's contract with NHSE. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE, is set out below.

#### 1.3.1 Community pharmacy contractors

The CPCF, last agreed in 2019,<sup>10</sup> is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

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<sup>10</sup> DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](http://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)

Details of these services can be found in [Section 6](#).

All pharmacies were required to become Level 1 Healthy Living Pharmacies (HLPs) by April 2020. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. From 1 January 2021, being an HLP was an essential requirement for all community pharmacy contractors in England.<sup>11</sup>

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

Pharmacy contractors comprise both those located within the Southend-on-Sea HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs). Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face-to-face on the premises. Additionally, they must provide services to anyone in England who requests them.

### **1.3.2 Dispensing Appliance Contractors (DACs)**

Dispensing Appliance Contractors (DACs) operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services, such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Review (AUR) and Stoma Appliance Customisation (SAC).

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

### **1.3.3 Dispensing GP practices**

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities'.

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

### **1.3.4 Local Pharmaceutical Service (LPS) providers**

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

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<sup>11</sup> PSNC. Healthy Living Pharmacies. <https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/>

This contract is locally commissioned by NHSE and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from national contract. Payment for service delivery is locally agreed and funded.

### **1.3.5 Pharmacy Access Scheme (PhAS) providers<sup>12</sup>**

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors, and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS, is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

### **1.3.6 Other providers of pharmaceutical services in neighbouring HWB areas**

There is one other HWB area that borders the Southend-on-Sea HWB area:

- Essex HWB

In determining the needs of, and pharmaceutical service provision to, the population of the Southend-on-Sea, consideration has been made to the pharmaceutical service provision from the neighbouring HWB area.

### **1.3.7 Other services and providers in Southend-on-Sea HWB area**

As stated in [Section 1.3](#), for the purpose of this PNA, 'pharmaceutical services' have been defined as those that are, or may be, commissioned under the provider's contract with NHSE.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Southend-on-Sea commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA.

## **1.4 Process for developing the PNA**

As a direct result of the Health and Social Care Act 2012, a paper was presented to Southend-on-Sea HWB on 20 October 2021.

The purpose of the paper was to inform Southend-on-Sea HWB of its statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Southend-on-Sea was published in November 2017 and is therefore due to be reassessed in line with the extended timetable by October 2022.

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

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<sup>12</sup> DHSC. 2022 Pharmacy Access Scheme: guidance. 4 July 2022. [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance)

SCC has a duty to complete this document on behalf of Southend-on-Sea HWB. After a competitive tender process, Public Health Southend-on-Sea commissioned Soar Beyond Ltd to undertake the PNA.

Soar Beyond Ltd was chosen from a selection of potential candidates due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

- **Step 1: Steering group**

On 9 November 2021 Southend-on-Sea's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: Project management**

At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix F shows an approved timeline for the project.

- **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements<sup>13</sup> and JSNA.

- **Step 4a: Public questionnaire on pharmacy provision**

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

- Pharmacy users across the borough
- The wider local public in general

The questionnaire was promoted via:

- Your Say Southend consultation page
- Web article
- SCC social media networks
- Public Health social media channels
- Intranet article/snapshot/internal email communication
- Livewell website article and social media
- Voluntary and community organisations emails
- Council e-newsletter
- Social media advert – Facebook/Instagram
- Engagement forums
- Healthwatch Southend

A total of 412 responses were received. A copy of the public questionnaire can be found in Appendix C and the detailed responses can be found in Appendix G.

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<sup>13</sup> Southend-on-Sea PNA and subsequent supplementary statements. [www.southend.gov.uk/health-wellbeing/pharmaceutical-needs-assessment](http://www.southend.gov.uk/health-wellbeing/pharmaceutical-needs-assessment)

- **Step 4b: Pharmacy contractor questionnaire**

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

A total of 30 responses were received. A copy of the pharmacy questionnaire can be found in Appendix D and the responses can be found in Appendix H.

- **Step 4c: Commissioner questionnaire**

The Steering Group agreed a questionnaire to be distributed to all relevant commissioners in Southend-on-Sea to inform the PNA.

A total of three responses were received. A copy of the commissioner questionnaire can be found in Appendix E and the responses can be found in Appendix I.

- **Step 5: Mapping of services**

Details of services and service providers were collated and triangulated to ensure the information upon which the assessment was based was the most robust and accurate. NHSE, being the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified, and shared with the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE dated 15 December 2021 was used for this assessment.

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. The Steering Group was fully aware of the potential changes brought about with the easing of restrictions that had been brought in due to the C-19 pandemic. However, as the PNA is an assessment taken at defined moment in time, it was agreed the pragmatic way forward would be to monitor such changes and, if necessary, update the PNA before finalising or publish with accompanying supplementary statements as per the regulations unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 9 May 2022 and 8 July 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in Appendix J The draft PNA was also posted on Southend-on-Sea website.

- **Step 8: Collation and analysis of consultation responses**

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received, and analysis is noted in Appendix K, and all comments included in Appendix L.

- **Step 9: Production of final PNA – future stage**

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

The final PNA was presented to the Southend-on-Sea HWB for approval and publication before 1 October 2022.

### 1.5 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within the Southend-on-Sea HWB geography would be defined. The majority of health and social care data is available at local authority council ward level and at this level provides reasonable statistical rigour. It was agreed that the council wards would be used to define the localities of the Southend-on-Sea HWB geography and were used in last PNA in 2017.

The localities with wards used for the PNA for Southend-on-Sea HWB area are:

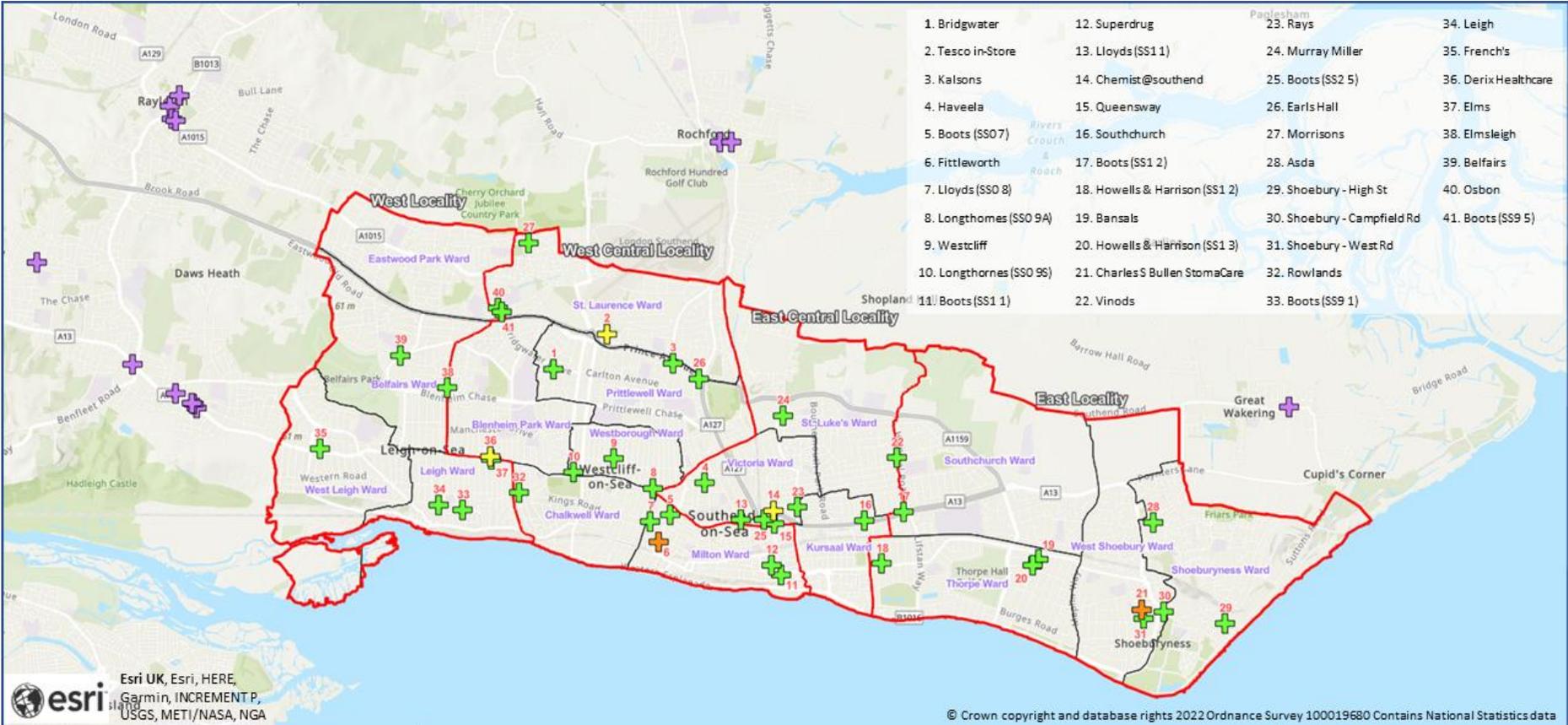
**Table 2: Localities for Southend-on-Sea PNA**

<b>West</b>	<b>West Central</b>	<b>East Central</b>	<b>East</b>
Belfairs	Blenheim Park	Kursaal	Shoeburyness
Eastwood Park	Chalkwell	St Luke's	Southchurch
Leigh	Milton	Victoria	Thorpe
West Leigh	Prittlewell		West Shoebury
	St Laurence		
	Westborough		

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

The information contained in Appendix A has been provided by NHSE (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), SCC and Southend CCG.

Figure 1: Map of Southend-on-Sea localities and wards



Pharmaceutical Needs Assessment January 2022  Southend-on-Sea Pharmacy locations – Wards	Community 40 Hours	Nearby Pharmacy	NHS England <a href="mailto:england.contactus@nhs.net">england.contactus@nhs.net</a>
	Community 100 Hours	Locality Boundary	
	Dispensing Appliance Contractor (DAC)	Ward Boundary	

## Section 2: Context for the PNA

### 2.1 NHS Long Term Plan (LTP)<sup>15</sup>

NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

- Prevention
  - Smoking
  - Obesity
  - Alcohol
  - Antimicrobial resistance
  - Hypertension
  - Stronger NHS action on health inequalities
- Better care for major health conditions
  - Cancer
  - Cardiovascular disease
  - Stroke care
  - Diabetes
  - Respiratory disease
  - Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- Section 4.21 states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’ and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’
- Section 1.10 refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to book appointments directly into GP practices across the country, as well as referring on to community pharmacies, who support urgent care and promote patient self-care and self-management. CCGs have also developed pharmacy connection schemes for patients who don’t need primary medical services. Pharmacy connection schemes have developed into the CPCS, which has been available since 29 October 2019 as an Advanced Service.
- Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- Section 1.26 states that urgent treatment centres will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.

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<sup>15</sup> NHSE. NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- Section 3.86 states: 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

## 2.2 Joint Strategic Needs Assessment (JSNA)

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Southend-on-Sea JSNA.

JSNAs are assessments of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, CCGs, or NHSE. JSNAs are produced by HWBs and are unique to each local area. The policy intention is for HWBs to also consider wider factors that affect their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities.

The purpose of JSNAs and related Joint Health and Wellbeing Strategies (JHWS, see [Section 2.3](#)) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing.<sup>16</sup>

The PNA should therefore be read alongside the JSNA. The Southend JSNA was last updated in 2019 and focuses on the borough's vision for 2050.<sup>17</sup> This has added to the new JHWS 2021 to 2024, which considers the findings of the JSNA.

## 2.3 Joint Health and Wellbeing Strategy (JHWS)

JHWSs are strategies for meeting the needs identified in JSNAs. A Southend JHWS was published in early 2021. It outlines the priorities of Southend-on-Sea for 2021 to 2024.

<sup>16</sup> Department of Health. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. 2012. [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf)

<sup>17</sup> Joint Strategic Needs Assessment (JSNA): Southend-on-Sea. <https://southend-jsna-southend.hub.arcgis.com/>

The JHWS is based on findings in the Southend-on-Sea JSNA and related data and is supported by a range of other strategies and plans. The JHWS considers the unexpected arrival of the C-19 pandemic and exacerbated the inequalities across communities.<sup>18</sup> The vision is:

- To support and enable the people of Southend-on-Sea to have the best possible physical and mental health, wellbeing and quality of life
- To promote good healthcare, to enhance health and wellbeing across the life course: starting and developing well, living and working well, and ageing well
- The following broad principles and ways of working underpin the delivery of this strategy:<sup>19</sup>
  - Life-course approach
  - Prevention and early intervention
  - Addressing social and health inequalities and the wider determinants
  - Promoting healthy lifestyles and self-care
  - Community and asset-based approach with active community engagement and co-production – applying the Asset Based Community Development (ABCD) approach<sup>20</sup>
  - Place-based approach – integration and partnership working to meet the unique needs of individual localities
  - For professionals to be fully trained, competent and understand the inequalities in health to address better outcomes for everyone
  - Use of high-quality data and evidence to support strategy and delivery – led by the local population health management approach
  - Use of new technology

## 2.4 Mid and South Essex Integrated Care System (ICS)

Mid and South Essex ICS aims to working for a better quality of life in a thriving mid and south Essex, with every resident making informed choices in a strengthened health and care system. The ICS has five main ambitions:<sup>21</sup>

- Reducing inequalities
- Creating opportunity
- Health and wellbeing
- Moving care closer to home
- Transforming our services

Table 3 demonstrates how these ambitions will be reached.

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<sup>18</sup> Southend-on-Sea Borough Council. Health and Wellbeing Strategy 2021-2024. [Accessed 20 December 2021]. [www.southend.gov.uk/health-wellbeing/health-wellbeing-strategy](http://www.southend.gov.uk/health-wellbeing/health-wellbeing-strategy)

<sup>19</sup> Southend-on-Sea Borough Council. Health and Wellbeing Strategy 2021-2024. [Accessed 20 December 2021]. [www.southend.gov.uk/health-wellbeing/health-wellbeing-strategy](http://www.southend.gov.uk/health-wellbeing/health-wellbeing-strategy)

<sup>20</sup> Stuart G. What is asset-based community development (ABCD)? Sustaining Community. 15 August 2013. <https://sustainingcommunity.wordpress.com/2013/08/15/what-is-abcd/>

<sup>21</sup> Mid and South Essex Health and Care Partnership. Our 5 Year Strategy and Development Plan. 2020. [www.msehealthandcarepartnership.co.uk/wp-content/uploads/2020/01/15417-Mid-and-South-Essex-Health-and-Care-Partnership-5-Year-Strategy-Document\\_A4\\_Dec-2019-v10-DRAFT.pdf](http://www.msehealthandcarepartnership.co.uk/wp-content/uploads/2020/01/15417-Mid-and-South-Essex-Health-and-Care-Partnership-5-Year-Strategy-Document_A4_Dec-2019-v10-DRAFT.pdf)

**Table 3: Outcomes framework**

	<b>How will we know we've made a difference?</b>	<b>What metrics will we use to track progress?</b>
Reducing Inequalities	<ul style="list-style-type: none"> <li>• Inequality will reduce and our residents will enjoy longer, healthier lives</li> </ul>	<ul style="list-style-type: none"> <li>• Slope Index of Inequality</li> <li>• Healthy life expectancy measures</li> </ul>
Creating Opportunity	<ul style="list-style-type: none"> <li>• Our children achieve good development and educational attainment</li> <li>• Employment will rise</li> <li>• Homelessness will reduce and we will have good housing stock</li> </ul>	<ul style="list-style-type: none"> <li>• School readiness</li> <li>• Percentage of people in employment</li> <li>• Educational attainment</li> <li>• Statutory homelessness</li> <li>• Number of non-decent dwellings</li> <li>• Air quality</li> </ul>
Health and wellbeing	<ul style="list-style-type: none"> <li>• Our residents live long, healthy lives, and are supported to make good decisions on their own health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• % of adults classified as overweight or obese</li> <li>• Reception and Year 6 prevalence of overweight children</li> <li>• % of adults physically active</li> <li>• Smoking prevalence</li> <li>• Admissions for alcohol-related conditions</li> <li>• Quality Outcomes Framework prevalence for diabetes, atrial fibrillation, Coronary Heart Disease (CHD), hypertension, cholesterol</li> <li>• % of people self-caring after reablement</li> <li>• Patient Activation Measures</li> </ul>
Moving care closer to home	<ul style="list-style-type: none"> <li>• Our residents report good access to and experience of primary and community services</li> </ul>	<ul style="list-style-type: none"> <li>• Patients reporting good overall experience with practice appointment times and good experience of making an appointment</li> <li>• Patients reporting a positive experience of their GP practice</li> <li>• Delayed transfer of care</li> <li>• A&amp;E attendances conveyed by ambulance</li> </ul>
Transforming our services	<ul style="list-style-type: none"> <li>• Our residents have consistent, timely access to safe, high-quality health and care services.</li> <li>• The outcomes from our services are improved.</li> </ul>	<ul style="list-style-type: none"> <li>• Breast and bowel screening uptake</li> <li>• Cancer waiting times</li> <li>• Elective waiting times</li> <li>• % of residents with high self-reported happiness</li> <li>• Reduction in depression cases</li> <li>• Reduction in self-harm</li> <li>• Reduction in suicide</li> <li>• Treatment and recovery rates for IAPT services</li> <li>• Physical health checks for patients with serious mental illness</li> <li>• Mental health admissions to hospital</li> </ul>

## 2.5 Population characteristics

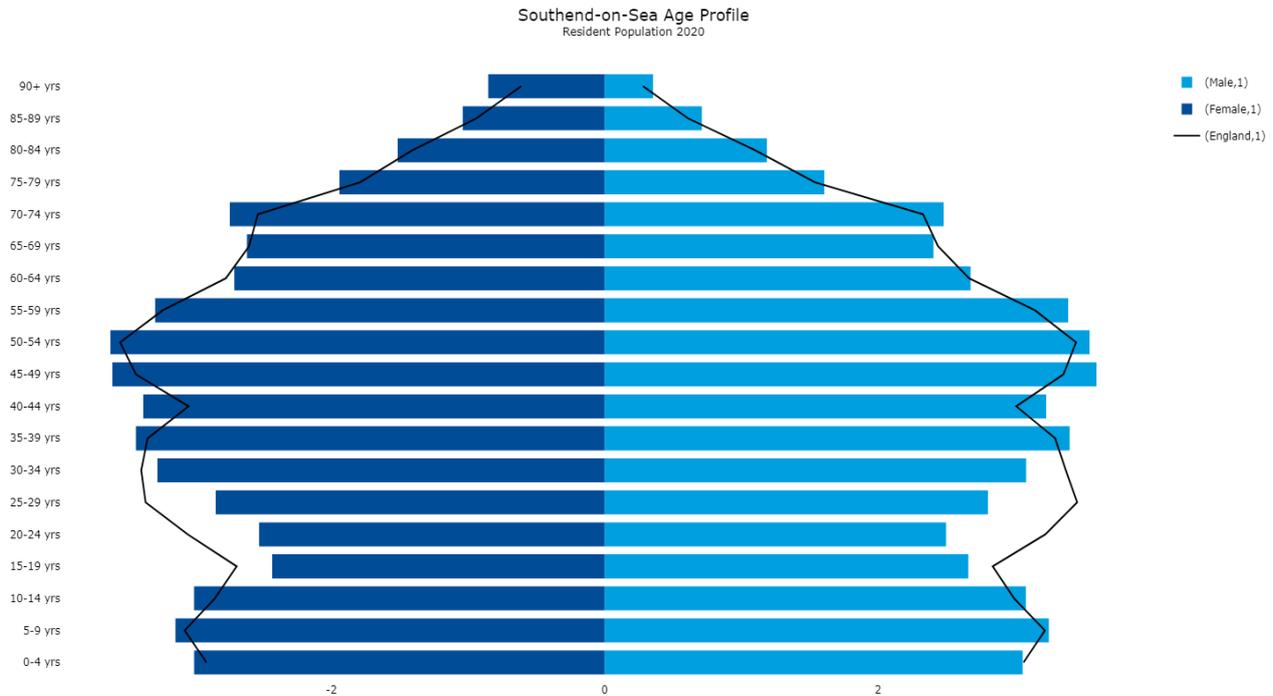
### 2.5.1 Overview

Where comparisons with England and the East of England region are made there are a few important considerations. The rate of Southend-on-Sea will often fluctuate more than the larger regions as small changes will produce a relatively large change in rate. The smaller population also contributes to larger uncertainties. The estimated population for Southend-on-Sea is 182,773:<sup>22</sup> 49% of the population is male and 51% is female.

### 2.5.2 Age structure

Figure 2 shows a graph of number of residents in each age band as the percentage of the total population. The line shows a comparison with England. The main differences between Southend-on-Sea and the national age band percentage are that Southend-on-Sea has fewer 15–34-year-olds.

**Figure 2: Southend-on-Sea age profile, 2020**



Source: ONS Population estimates for the UK, England and Wales, Scotland and Northern Ireland

West Central is the most populous locality, with a more even distribution across the other localities.

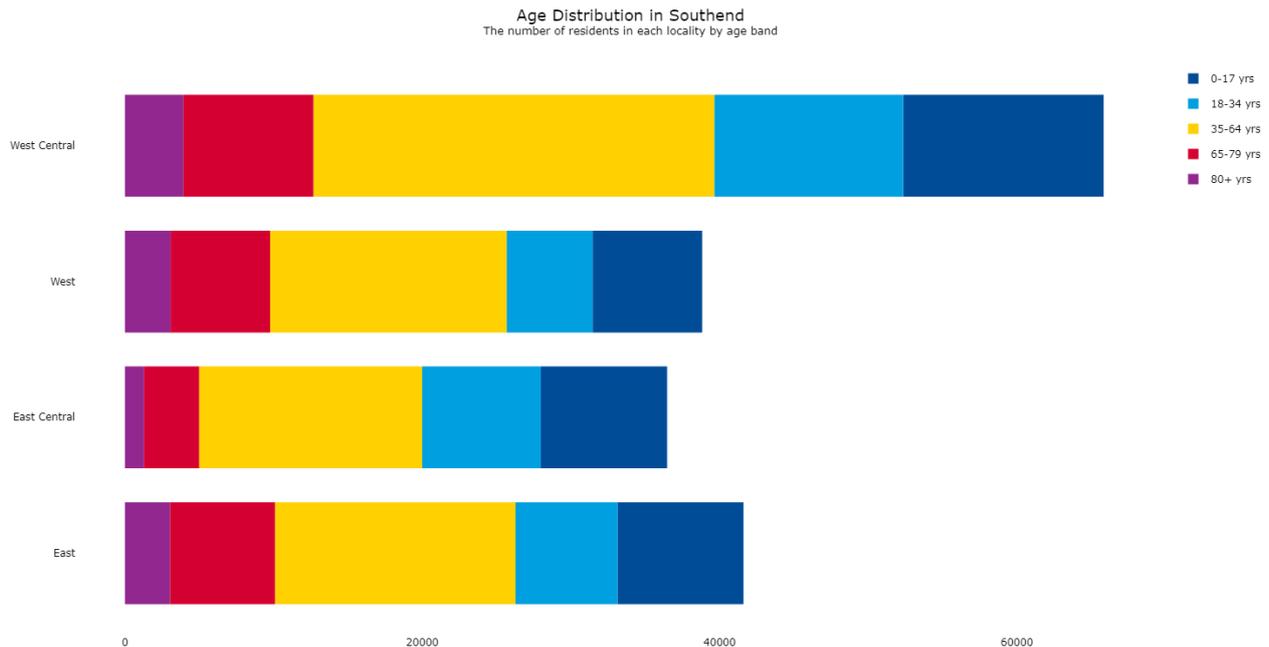
<sup>22</sup> ONS. Population estimates.

[www.ons.gov.uk/file?uri=%2fpeoplepopulationandcommunity%2fpopulationandmigration%2fpopulationestimates%2fdata%2fsets%2fpopulationestimatesforukenglandandwales%2fmid2020/ukpoestimatesmid2020on2021geography.xls](http://www.ons.gov.uk/file?uri=%2fpeoplepopulationandcommunity%2fpopulationandmigration%2fpopulationestimates%2fdata%2fsets%2fpopulationestimatesforukenglandandwales%2fmid2020/ukpoestimatesmid2020on2021geography.xls)

**Table 4: Age distribution of Southend-on-Sea<sup>23</sup>**

Locality	0–17	18–34	35–64	65–79	80+	Total
East	8,934	6,879	16,143	6,893	2,763	41,612
East Central	8,911	8,157	14,764	3,494	1,151	36,477
West Central	14,135	13,002	26,700	8,413	3,597	65,847
West	7,756	5,851	15,880	6,557	2,793	38,837
Total	39,736	33,889	73,487	25,357	10,304	182,773

**Figure 3: Age distribution in Southend-on-Sea, number of residents in each locality by age band**



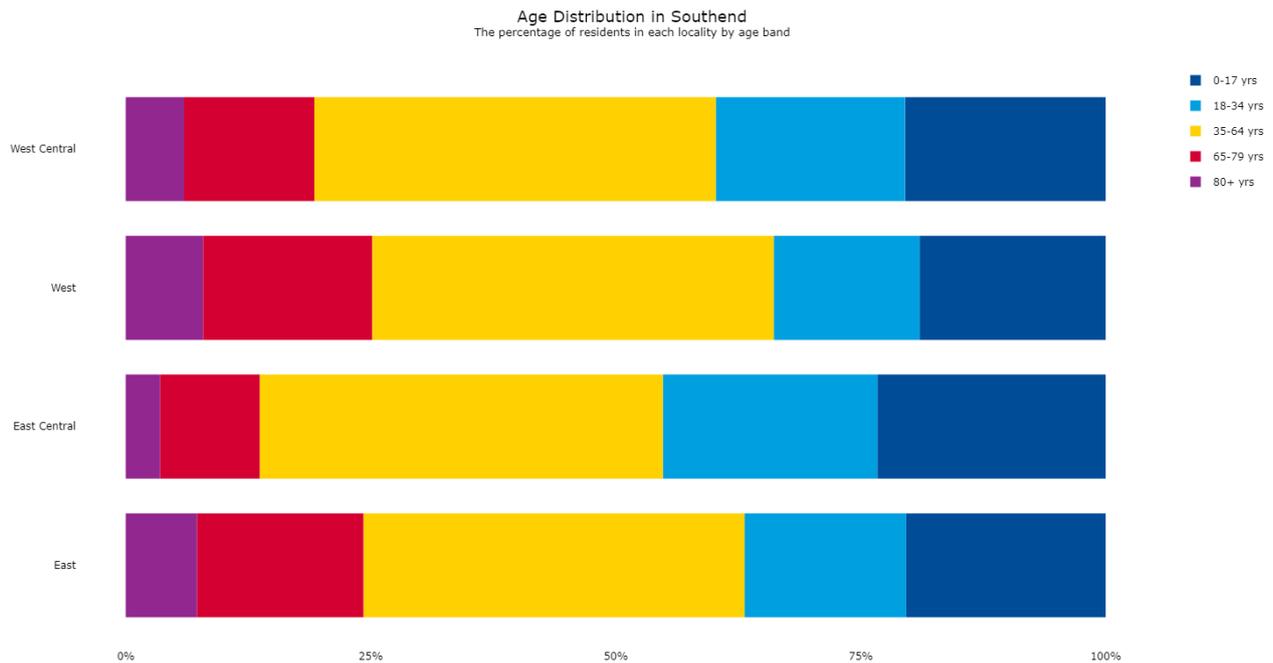
Source: ONS Mid year estimates

The percentage of residents in the 0–17 band is similar across all the localities. The East and West localities have a similar distribution across all age bands. East Central has the lowest percentage of older residents (both 65–79 and 80+).

<sup>23</sup> ONS. Population estimates.

[www.ons.gov.uk/file?uri=%2fpeoplepopulationandcommunity%2fpopulationandmigration%2fpopulationestimates%2fdata%2fpopulationestimatesforukenglandandwales%2fmid2020/ukpoestimatesmid2020on2021geography.xls](https://www.ons.gov.uk/file?uri=%2fpeoplepopulationandcommunity%2fpopulationandmigration%2fpopulationestimates%2fdata%2fpopulationestimatesforukenglandandwales%2fmid2020/ukpoestimatesmid2020on2021geography.xls)

**Figure 4: Age distribution in Southend-on-Sea, percentage of residents in each locality by age band**

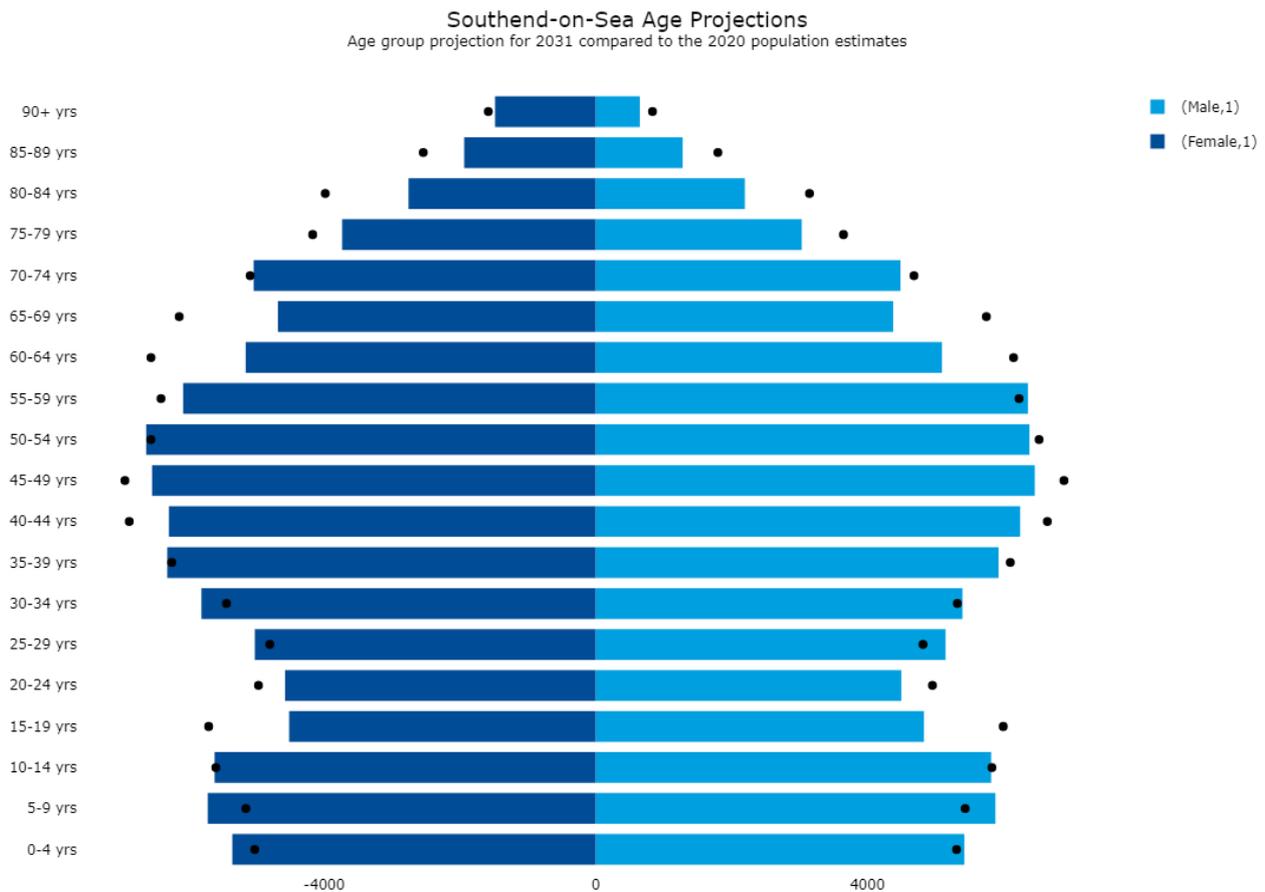


Source: ONS Mid year estimates

### 2.5.3 Projected population growth

The 2031 projections show an increase in most age groups with a slight decrease in under-10s and 25–39-year-olds, suggesting an aging population.

**Figure 5: Southend-on-Sea age projections, 2020-31**



Source: ONS Population estimates for the UK, England and Wales, Scotland and Northern Ireland

**Table 5: Southend 2031 projections<sup>24</sup>**

Age group	Southend female	Percentage change	Southend male	Percentage change	Southend total	Percentage change
All ages	99,695	6.99	96,180	7.35	195,875	7.17

Southend-on-Sea has an average number of residents per household of 2.32 (173,658/74,678). This compares with the national average number of residents per household that was recorded as 2.40 in the 2011 census. In the 2001 census, the average residents per household in Southend-on-Sea was recorded as 2.25, showing a small increase in residents per household over time. The national average in 2001 was recorded as 2.40. Using this average figure it can be estimated that the increase in population due to the increase in housing stock (2,726) will be 6,324 residents.

<sup>24</sup> ONS. Population Projections for Local Authorities. 24 March 2020.

[www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesnenglandtable2](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesnenglandtable2)

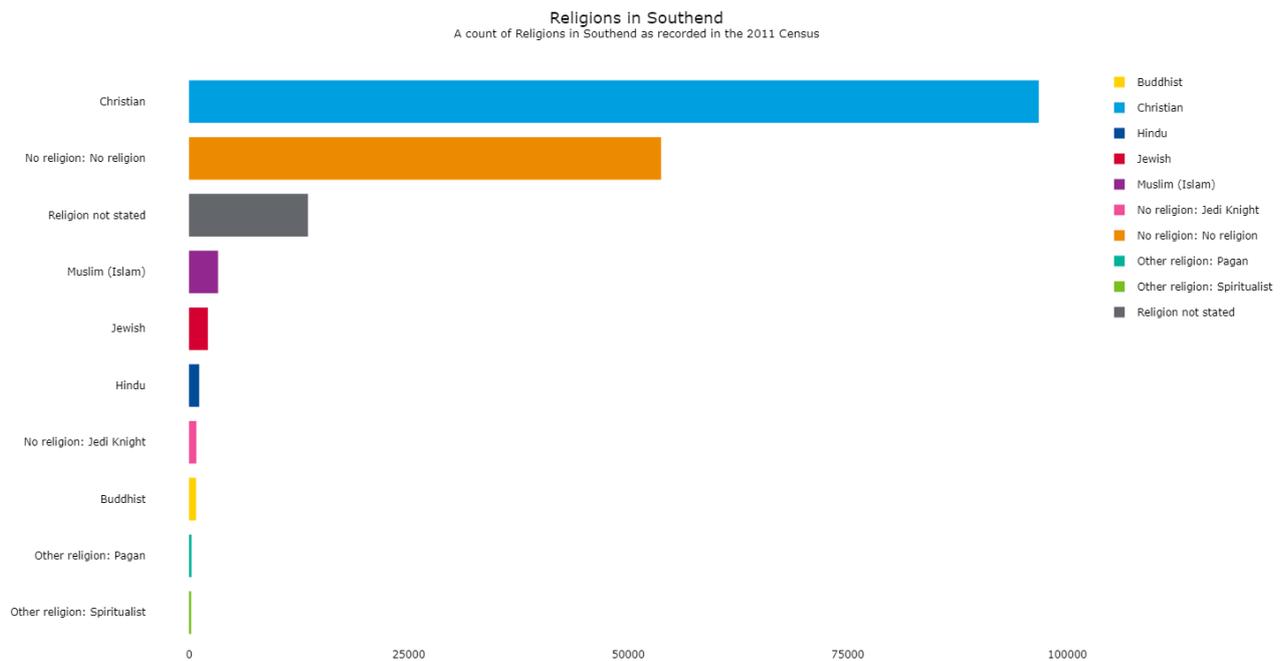
### 2.5.4 GP-registered population

It is reported that there are 190,333 patients registered with the 25 GP surgeries across Southend-on-Sea. This figure is slightly larger than population of Southend, as a number of patients reside outside the borough.<sup>25</sup>

### 2.5.5 Religion

The graph in Figure 6 shows the count of religions recorded in the 2011 census and has been filtered to only show religions with more than 250 responses. Christianity is the largest religion in Southend-on-Sea followed by 'no religion' and 'religion not stated'.

**Figure 6: Religions in Southend, 2011**



Source: 2011 Census

### 2.5.6 Specific populations

#### 2.5.6.1 Ethnicity

Table 6 shows the ethnic breakdown of Southend-on-Sea and England taken from the 2011 census. The main difference is that Southend-on-Sea has a smaller Asian population than England as a whole.

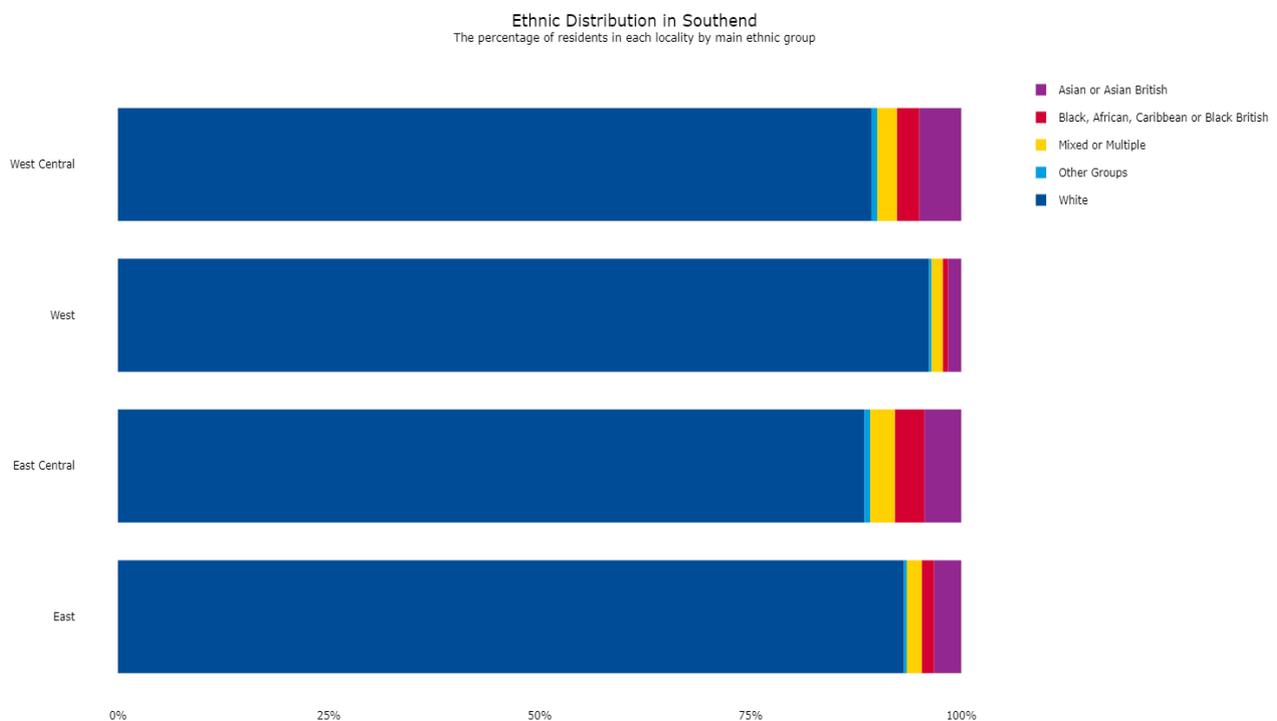
<sup>25</sup> NHS Digital. Patients Registered at a GP Practice, November 2021. <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/november-2021>

**Table 6: Ethnic breakdown**

Ethnicity (2011 census)	Southend-on-Sea number	Southend-on-Sea percent	England percent
All people	183,125	100%	100%
White	166,037	90.7%	85.4%
Mixed	4,853	2.7%	2.3%
Asian	7,180	3.9%	7.8%
Black	4,128	2.3%	3.5%
Other	927	0.5%	1.0%

All localities have a high proportion of White residents. East Central and West Central localities have a lower proportion of White residents compared with other localities.

**Figure 7: Ethnic distribution in Southend-on-Sea**



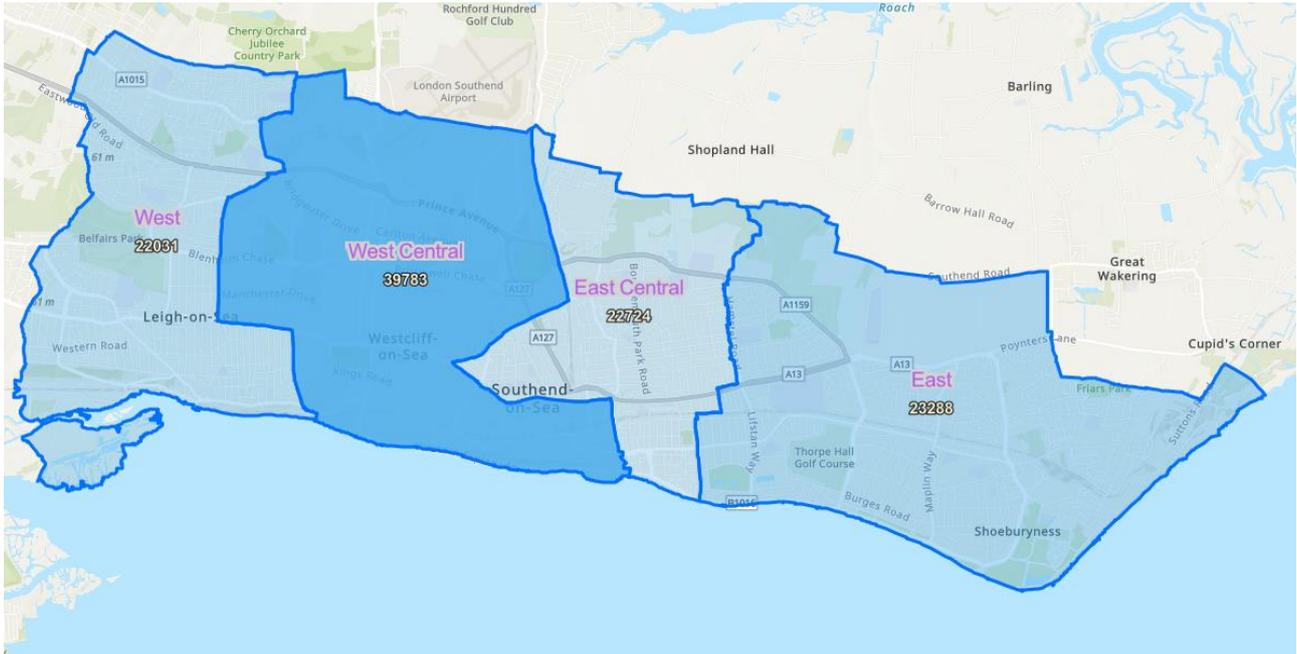
Source: Census 2011

### 2.5.6.2 Working-age population

The maps below show the distribution of those of working age (18–64 years) in Southend-on-Sea, which can be seen to be fairly evenly distributed. The largest concentration is in the centre of Southend-on-Sea. It is important to note that some may commute out of Southend-on-Sea to their workplace.

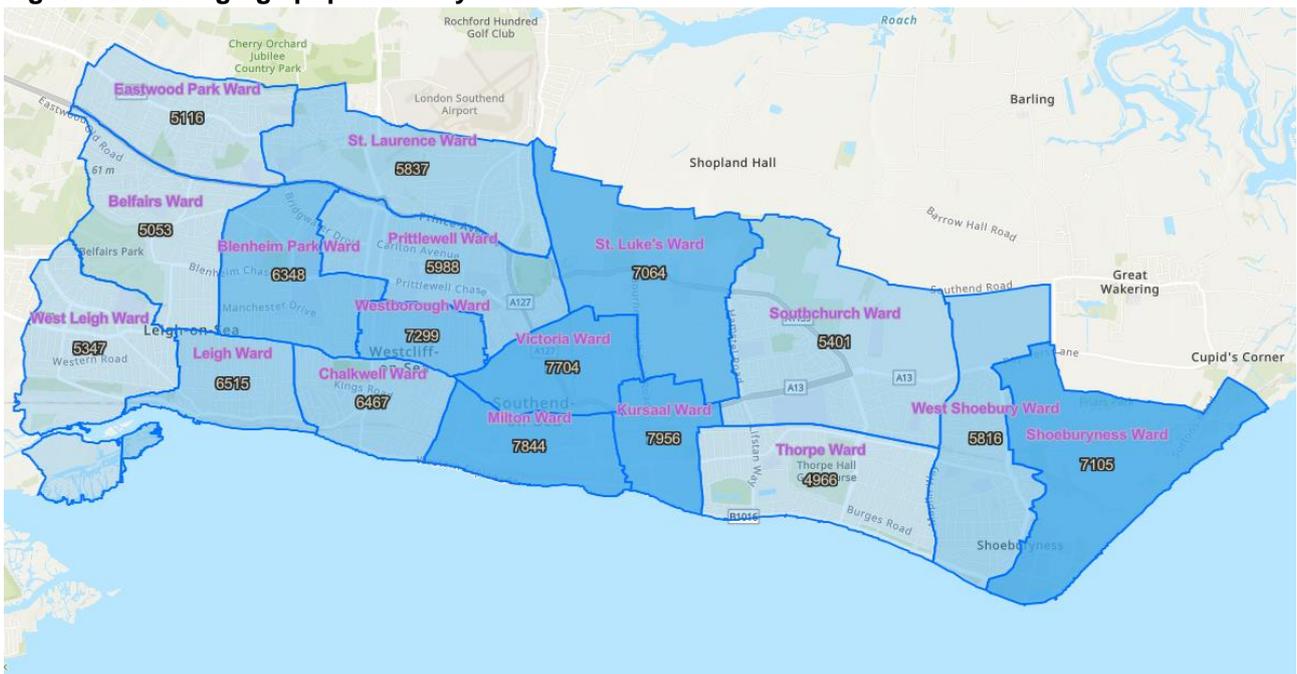
Southend-on-Sea’s population is split between the four localities, as shown below, with the greatest proportion (36%) being in the West Central locality.

**Figure 8: Working-age population by locality**

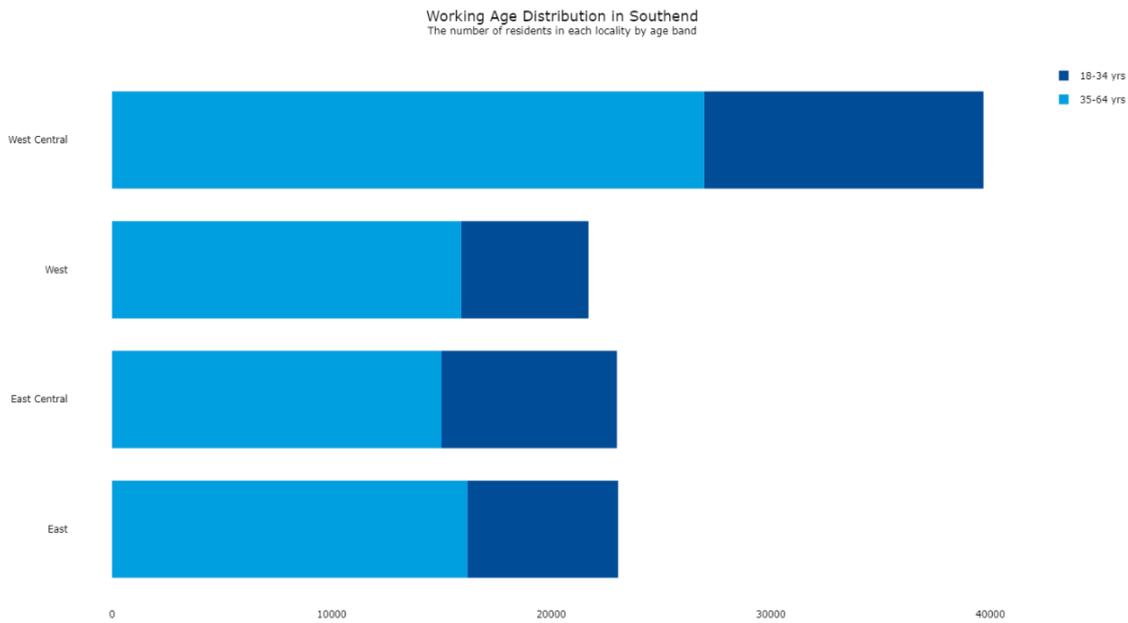


Southend-on-Sea's population can be broken down further into the 17 electoral wards.

**Figure 9: Working-age population by ward**



**Figure 10: Working-age distribution in Southend-on-Sea**



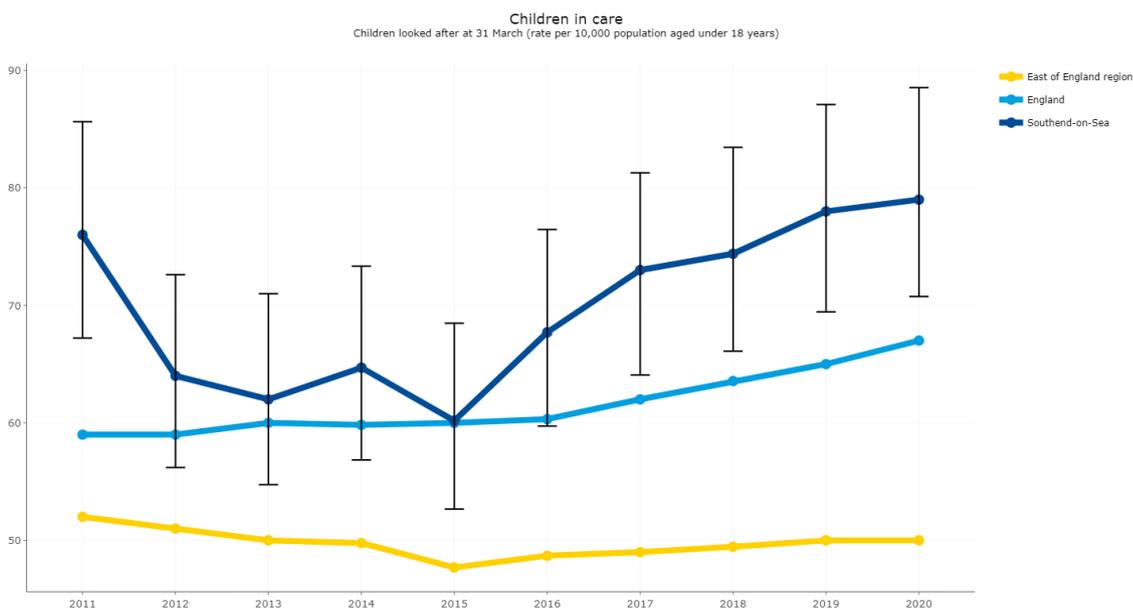
Source: ONS Mid year estimates

**2.5.6.3 Children and adults in care and adult safeguarding**

Children and young people in care are among the most socially excluded in children in England. There are significant inequalities in health and social outcomes compared with all children and these contribute to poor health and social exclusion of care-leavers later in life.

The rate of children in care is consistently larger in Southend-on-Sea than the national and regional levels, and in recent years significantly higher. Since 2015 the rate has been increasing for both the local and national levels.

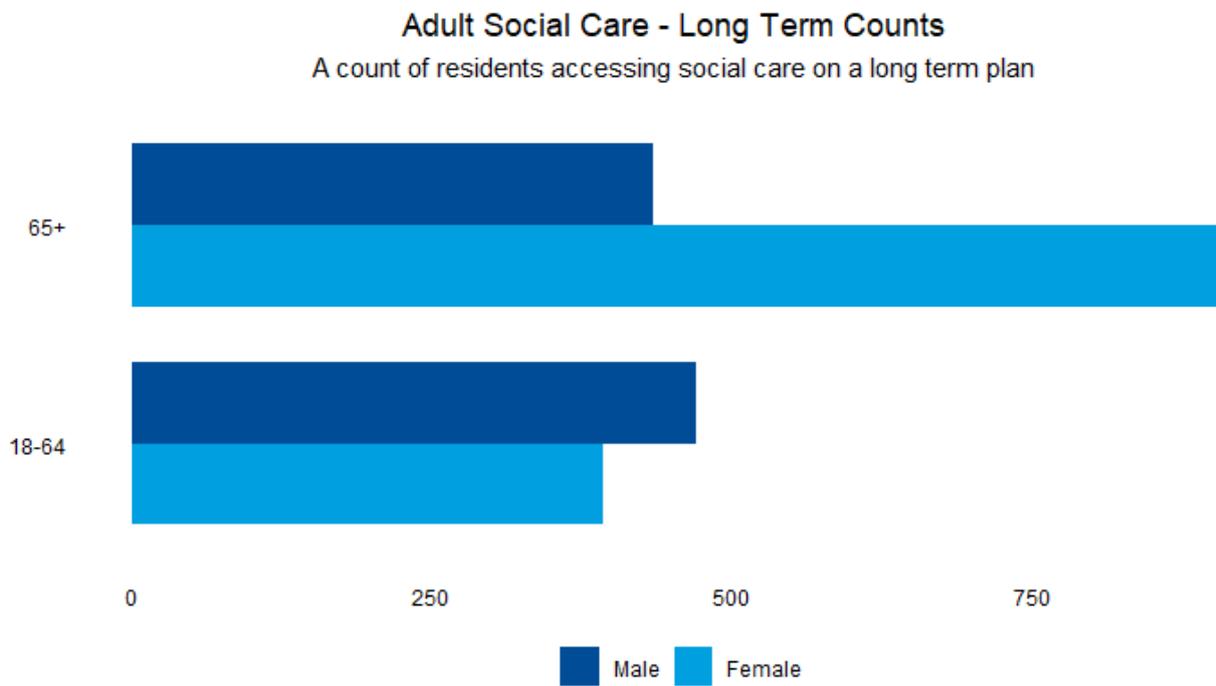
**Figure 11: Children in care**



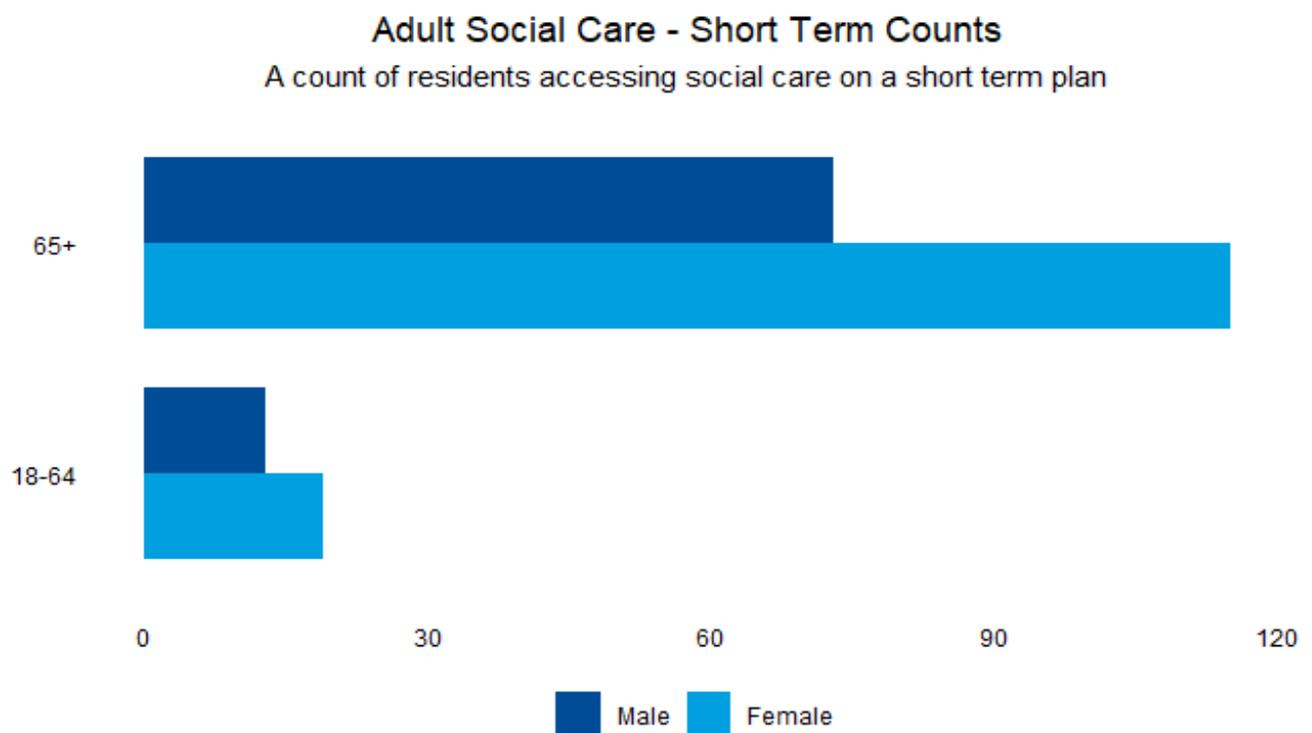
Source: NHS Fingertips Indicator ID 90803 Accessed:2021-12-10

The main difference between the age bands is in the 18–64 age band: in the short-term type there are more females, while in long-term there are more males.

**Figure 12: Adult social care – long-term counts**

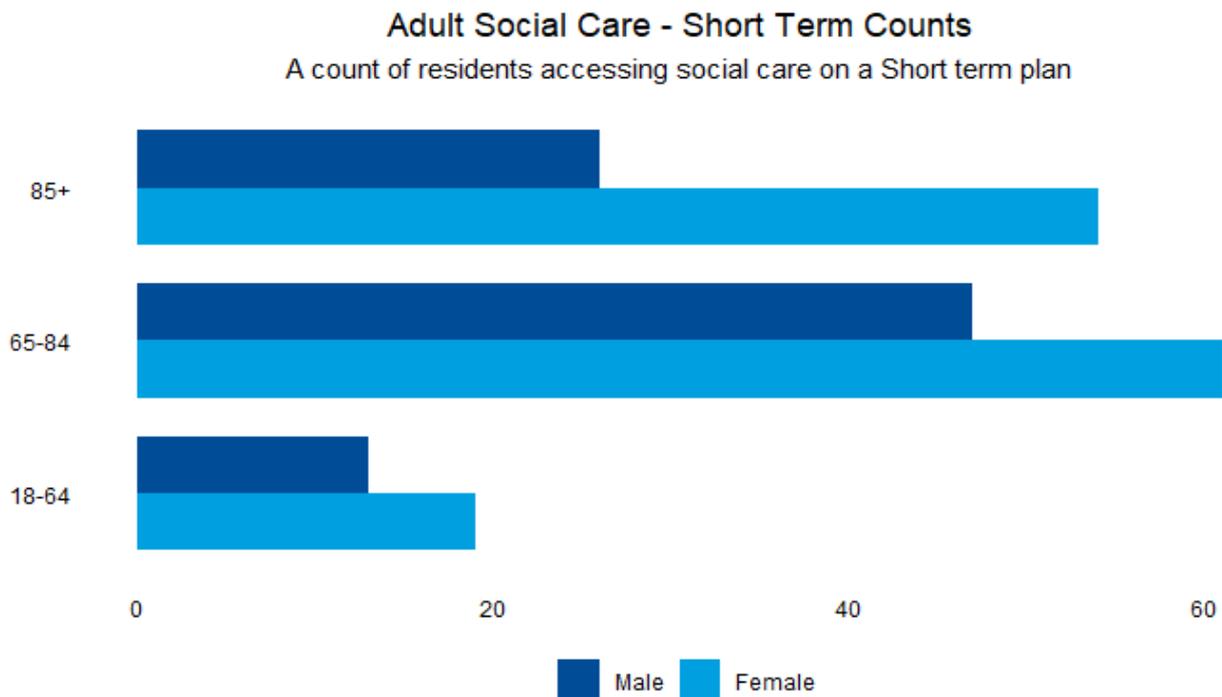


**Figure 13: Adult social care – short-term counts**



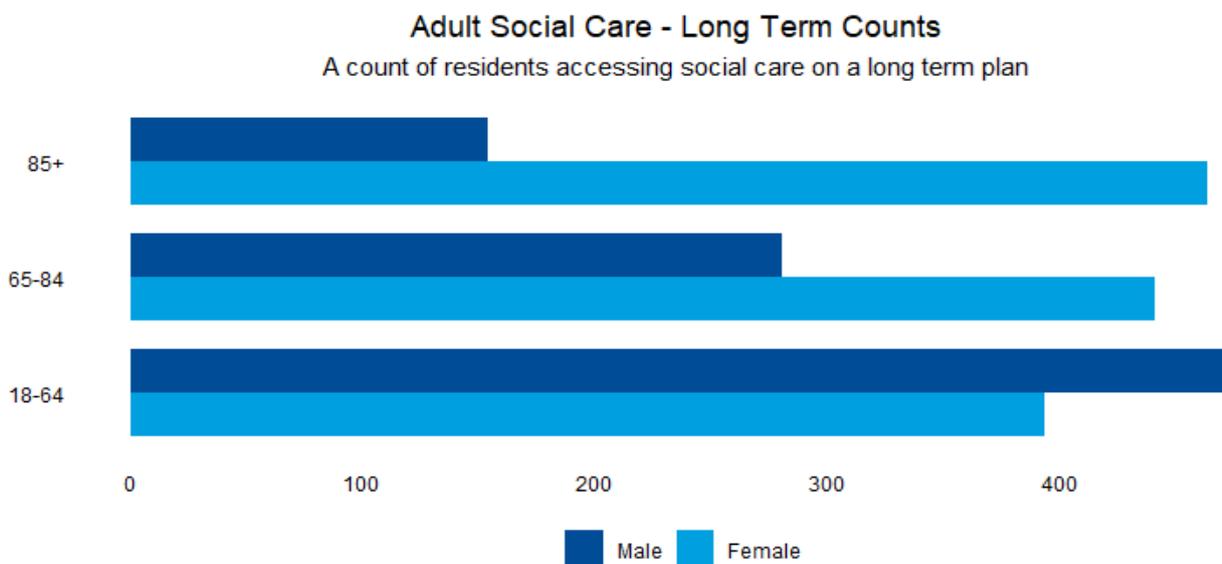
Splitting the 65+ age band to 65–84 and 85+ shows the same pattern: in almost all bands there are more females, while in the long-term support 18–64 age band there are more males.

**Figure 14: Adult social care – short-term counts, splitting 65+ band**



Source: Southend Borough Council

**Figure 15: Adult social care – long-term counts, splitting 65+ band**

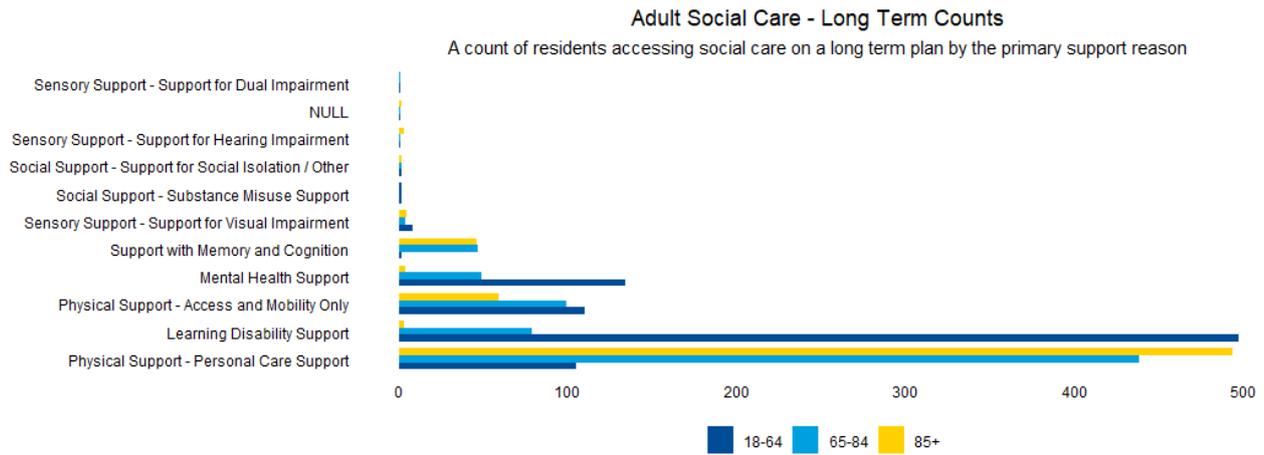


Source: Southend Borough Council

**2.5.6.4 Adult social care primary support reason**

The most common cause for long-term support in the upper age bands is ‘physical support – personal care’ while ‘learning disability support’ is the most common for those aged 18–64.

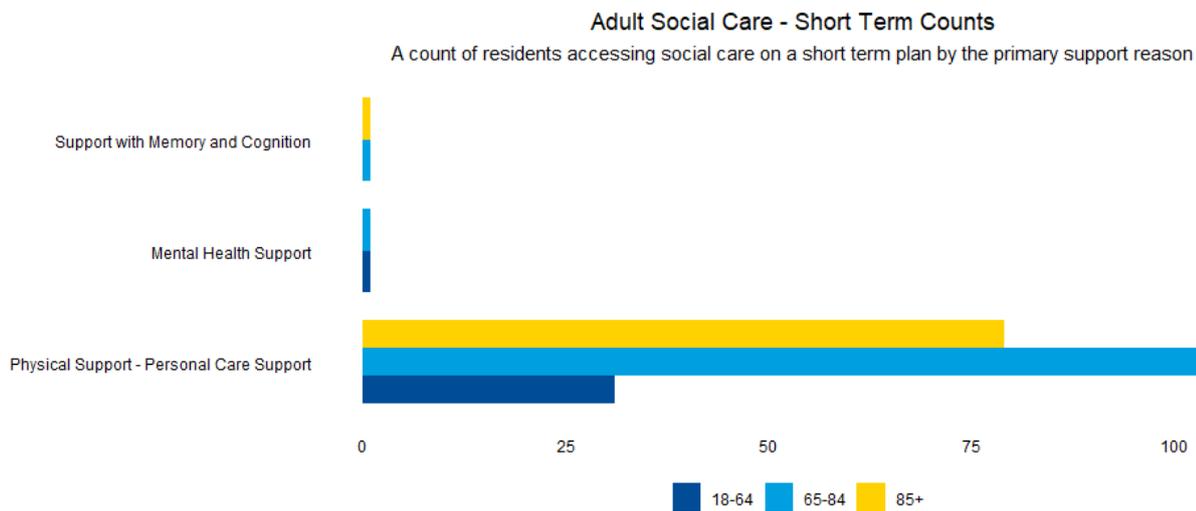
**Figure 16: Adult social care – long-term counts**



Source: Southend Borough Council

The most common cause for short-term care across all age bands is physical support.

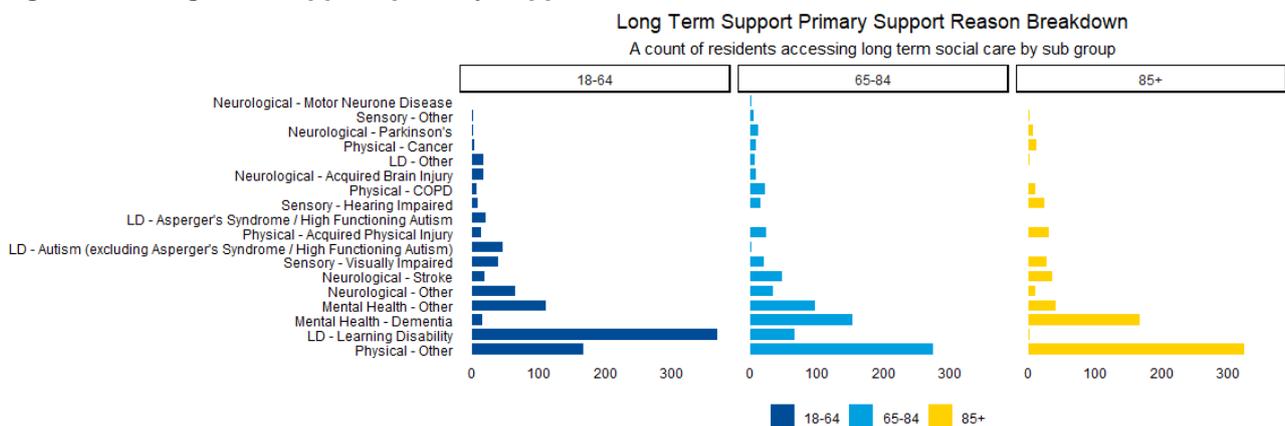
**Figure 17: Adult social care – short-term counts**



Source: Southend Borough Council

For the 85+ and 65–84 age bands the most common reason for long-term care is ‘physical – other’, and ‘mental health – dementia’ is the second most common. In the 18–64 age bracket ‘learning disability’ is the most common reason and ‘physical – other’ is the second most common reason.

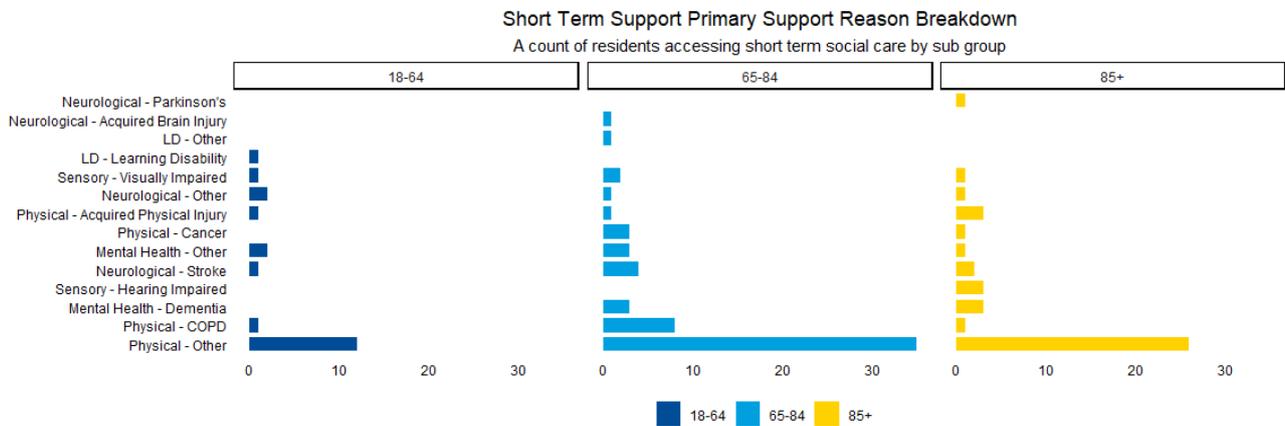
**Figure 18: Long-term support, primary support reason breakdown**



Source: Southend Borough Council

For short-term care the most common cause across all age bands is ‘physical – other’, with ‘physical – COPD’ the second most common cause for the 65–84 age bracket, ‘physical – acquired physical injury’ for the 85+ age bracket and ‘mental health – other’ and ‘neurological – other’ the joint second most common causes for 18–64-year-olds.

**Figure 19: Short-term support, primary support reason breakdown**



Source: Southend Borough Council

Learning disability is the highest category for accessing care in the 65–84 and 18–64 age brackets. In the 85+ age bracket there were very few of any category recorded.

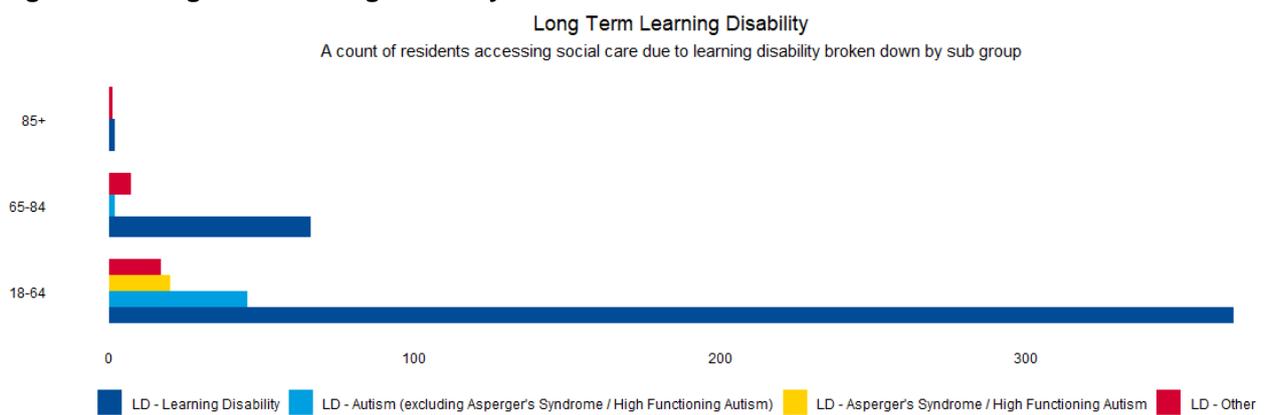
In mental health, the 85+ and 65–84 bands have a similar distribution, with dementia significantly larger than other; the 18–64 bracket reverses this.

For neurological care there is again a similarity in the 85+ and 65–84 age brackets, with stroke being the most common reason for accessing care, but this differs in the second most common being Parkinson’s and ‘other’ respectively. ‘Other’ reasons are the highest in the 18–64 bracket.

‘Other physical’ reasons is the highest category for accessing care across all age bands.

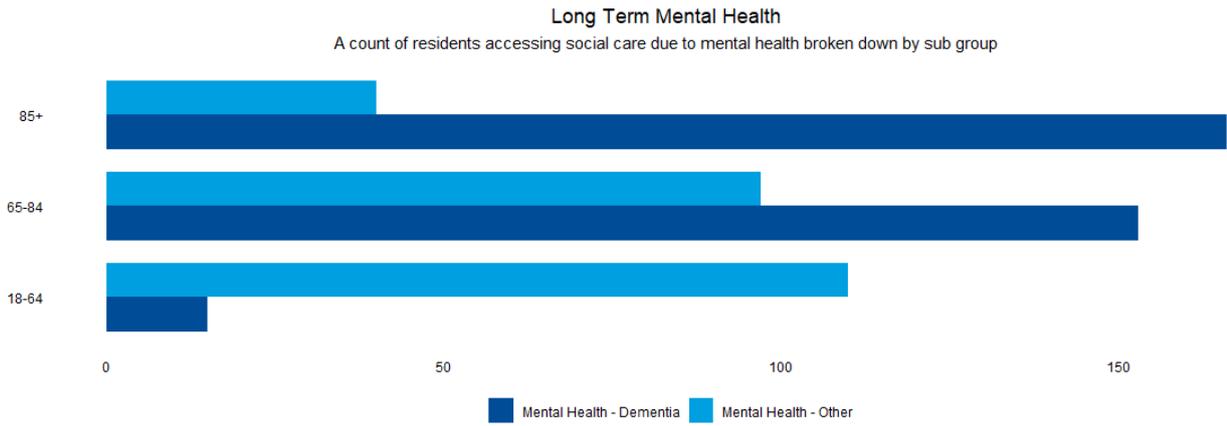
Across all age bands ‘visually impaired’ is the most common sensory condition cited in accessing care, with ‘hearing impaired’ second.

**Figure 20: Long-term learning disability**

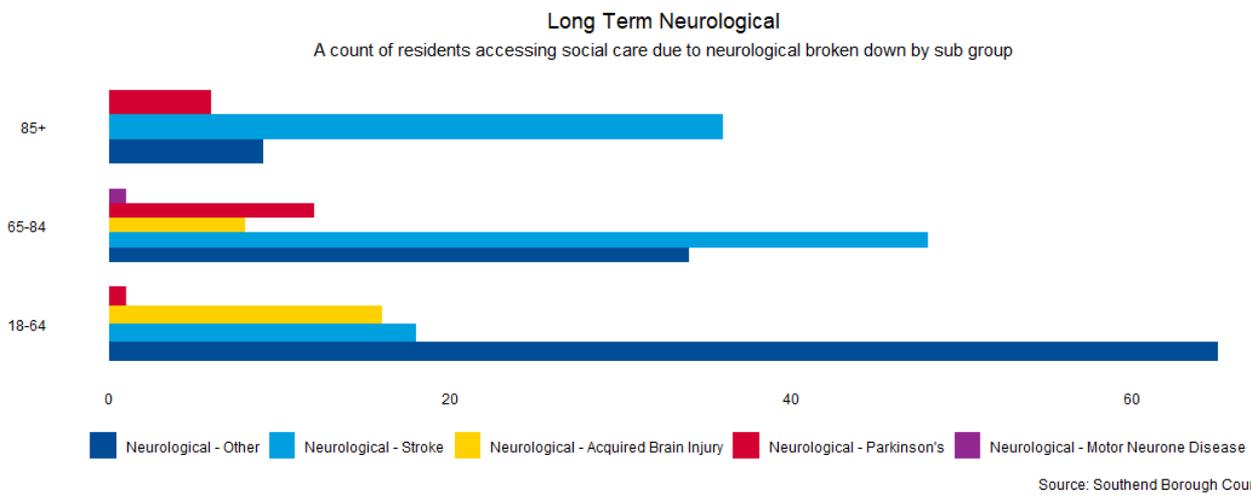


Source: Southend Borough Council

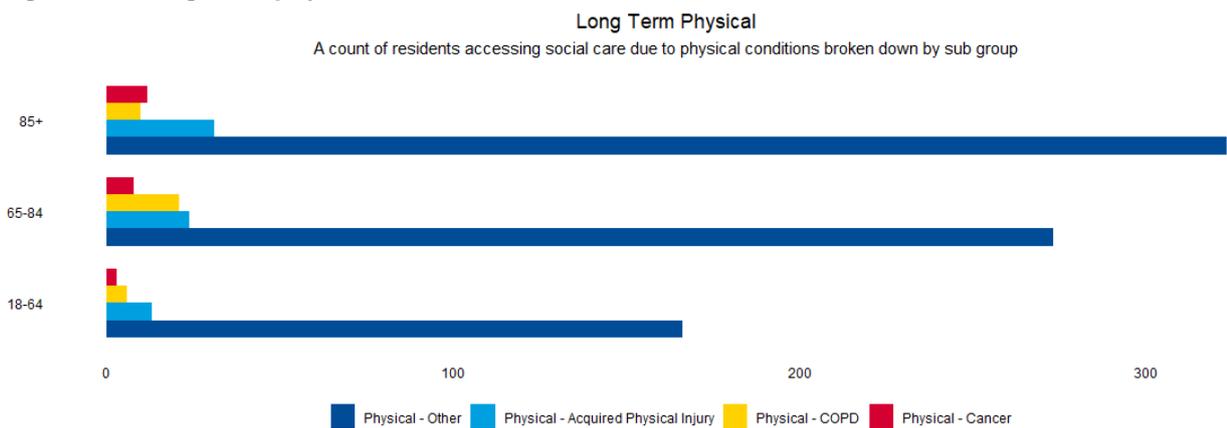
**Figure 21: Long-term mental health**



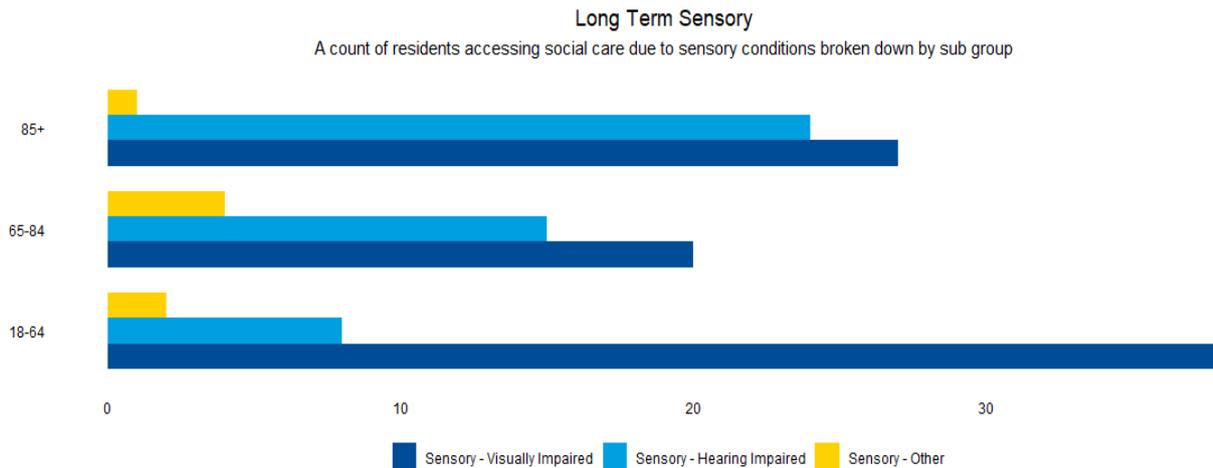
**Figure 22: Long-term neurological**



**Figure 23: Long-term physical**



**Figure 24: Long-term sensory**



Source: Southend Borough Council

Due to the lower numbers across short-term care, drawing any differences is difficult as in mental health, neurological and sensory the maximum difference is one or two.

Across all age bands 'other' reasons are the most common reasons for accessing care in the physical category.

**2.5.6.5 Prison populations – include young offenders, detention centre**

There are no prisons or detention centres within Southend-on-Sea.

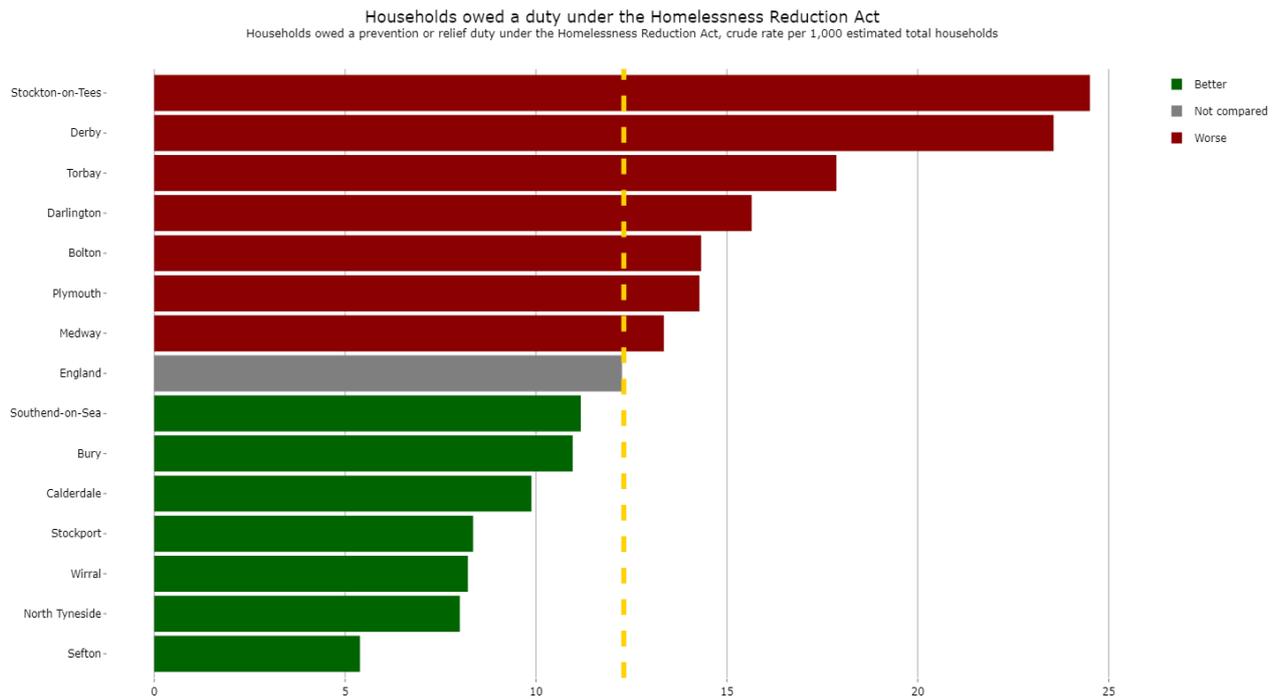
**2.5.6.6 Homeless populations**

Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood and through ill health.

The Homelessness Reduction Act 2017 (HRA) introduced new homelessness duties that meant significantly more households are being provided with a statutory service by local housing authorities than before the HRA came into force in April 2018. The HRA introduced new prevention and relief duties, which are owed to all eligible households who are homeless or threatened with becoming homeless, including those single-adult households who do not have 'priority need' under the HRA.

The graphs below compare Southend-on-Sea and the statistical neighbours. As can be seen, Southend-on-Sea has a lower rate than the national average and a lower rate than half of the statistical neighbours.

**Figure 25: Households owed a duty under the HRA**



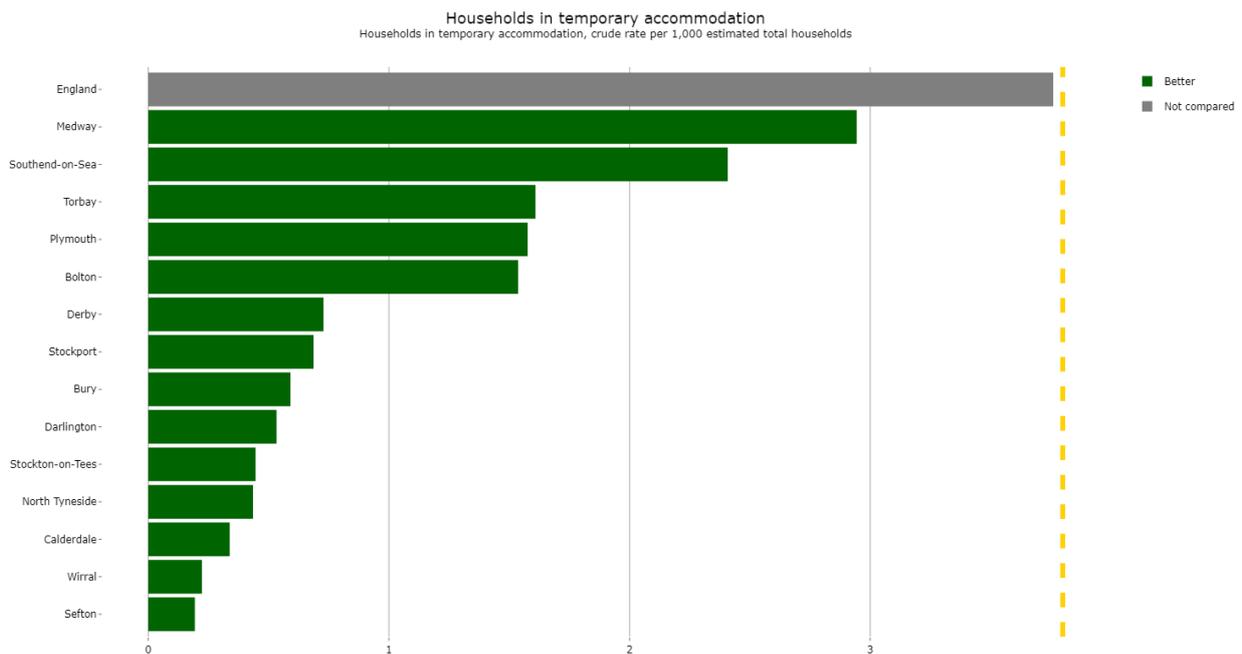
Source: NHS Fingertips Indicator ID 93736 Accessed:2021-12-14

As a result of the HRA, local authorities must provide temporary accommodation for households in a number of circumstances, which might include pending the completion of inquiries into an application, or they might spend time waiting in temporary accommodation after an application is accepted until suitable secure accommodation becomes available.

The Public Accounts Committee’s December 2017 report, ‘Homeless Households’, observed that temporary accommodation is often of a poor standard and does not offer value for money.

All statistical neighbours and Southend have a lower rate of households in temporary accommodation than the national level. Southend has the second highest rate out of the statistical neighbours.

**Figure 26: Households in temporary accommodation**

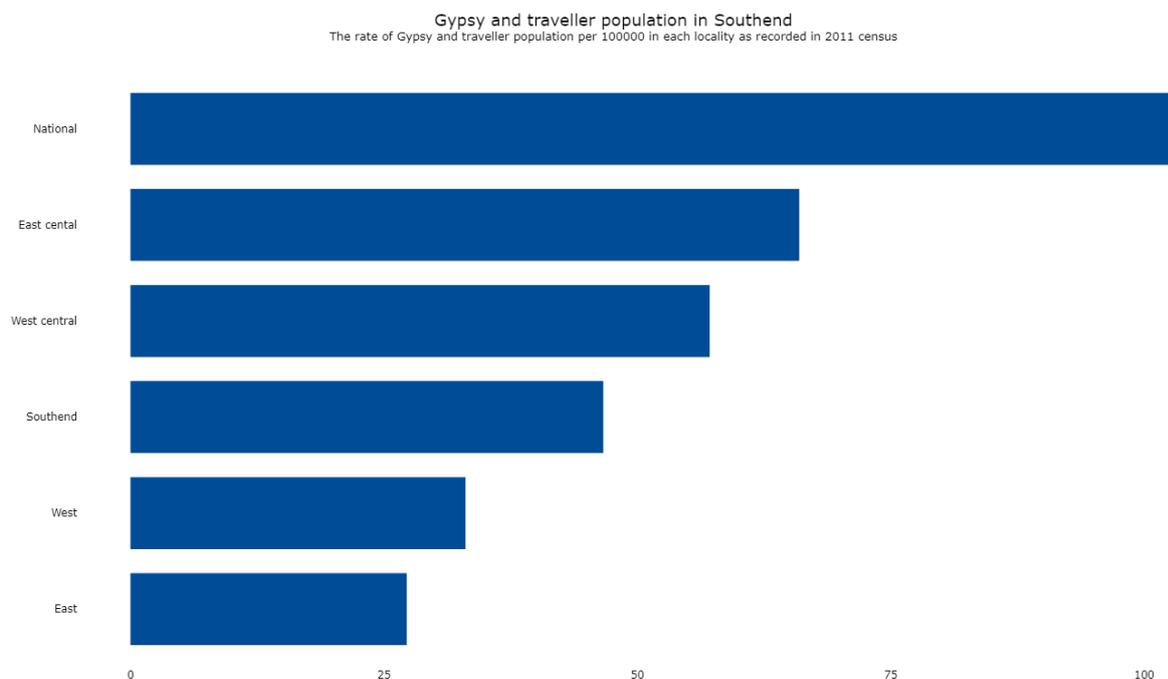


Source: NHS Fingertips Indicator ID 93735 Accessed:2021-12-14

**2.5.6.7 Gypsy and Traveller population**

Southend-on-Sea has a lower rate (less than half) of Gypsy and Traveller population than the national level. Within Southend, East Central and West Central localities have the higher rates and the East and West localities have lower rates.

**Figure 27: Gypsy and Traveller population in Southend-on-Sea**



Source: Census 2011

### 2.5.6.8 Residential and nursing home populations

Research<sup>26</sup> suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups admission to residential or nursing care homes can represent an improvement in their situation.

According to the Adult Social Care Outcomes Framework, residents counted in this measure include:

- Users where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met (including full-cost clients) or location of residential or nursing care
- Supported users and self-funders with depleted funds in the following categories:
  - Those moving to residential or nursing care as a result of an unplanned review
  - Those moving to residential or nursing care as a result of a planned review
  - New clients whose request for support was fulfilled with the sequel of 'Long Term Support (Eligible Services) – Nursing Care' or 'Long Term Support (Eligible Services) – Residential Care'
  - New clients, who following receipt, or early cessation, of 'Short Term Support to Maximise Independence' entered either long-term residential or nursing care
  - Existing clients, who following receipt, or early cessation, of 'Short Term Support to Maximise Independence' entered either long-term residential or nursing care

For the national and regional levels, the rates of younger adults in care homes have been similar since 2016-17, while the rate in Southend has been lower until a large rise in 2018-19 and a fall in 2019-20 to become similar to those figures.

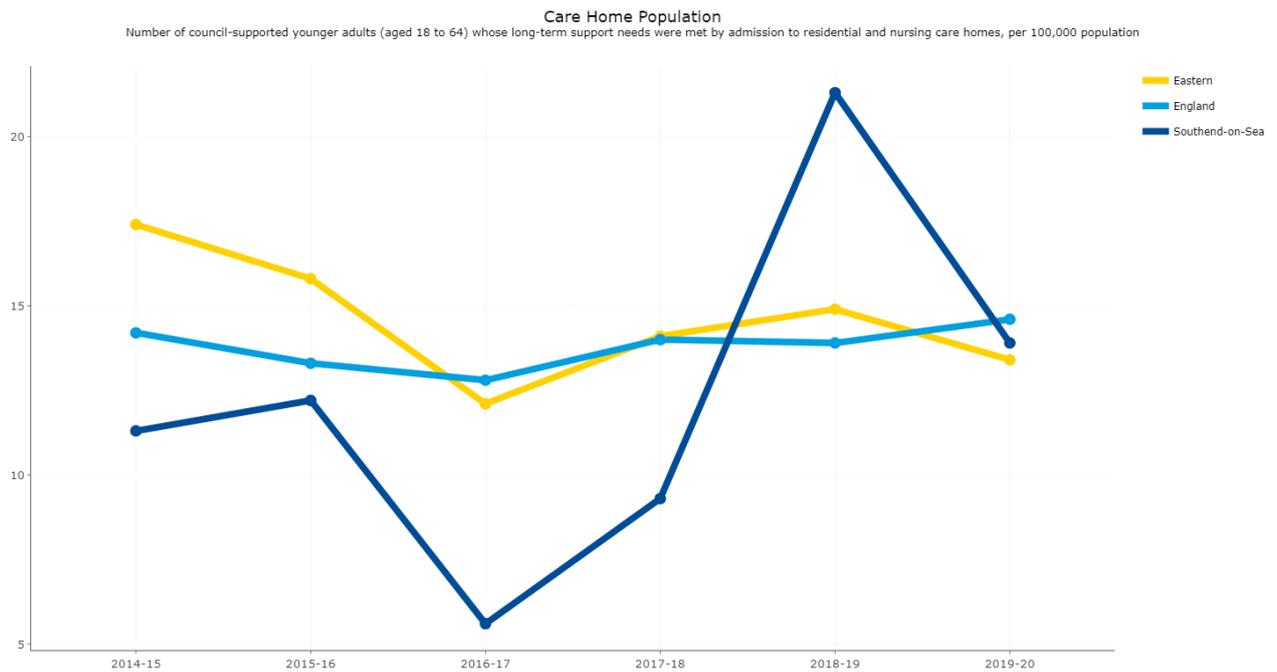
For older adults in residential care, the rate in Southend-on-Sea has been significantly higher than the national and regional rates, but this rate has a downward trend and in recent years has become similar to the national rate. Similar to the younger adults' rate, there was a significant spike in 2018-19. The national rate also has a downward trend but a smaller gradient. Across the previous five years the regional level has little overall trend.

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<sup>26</sup> DHSC. Adult Social Care Outcomes Framework 2018/19. March 2018.

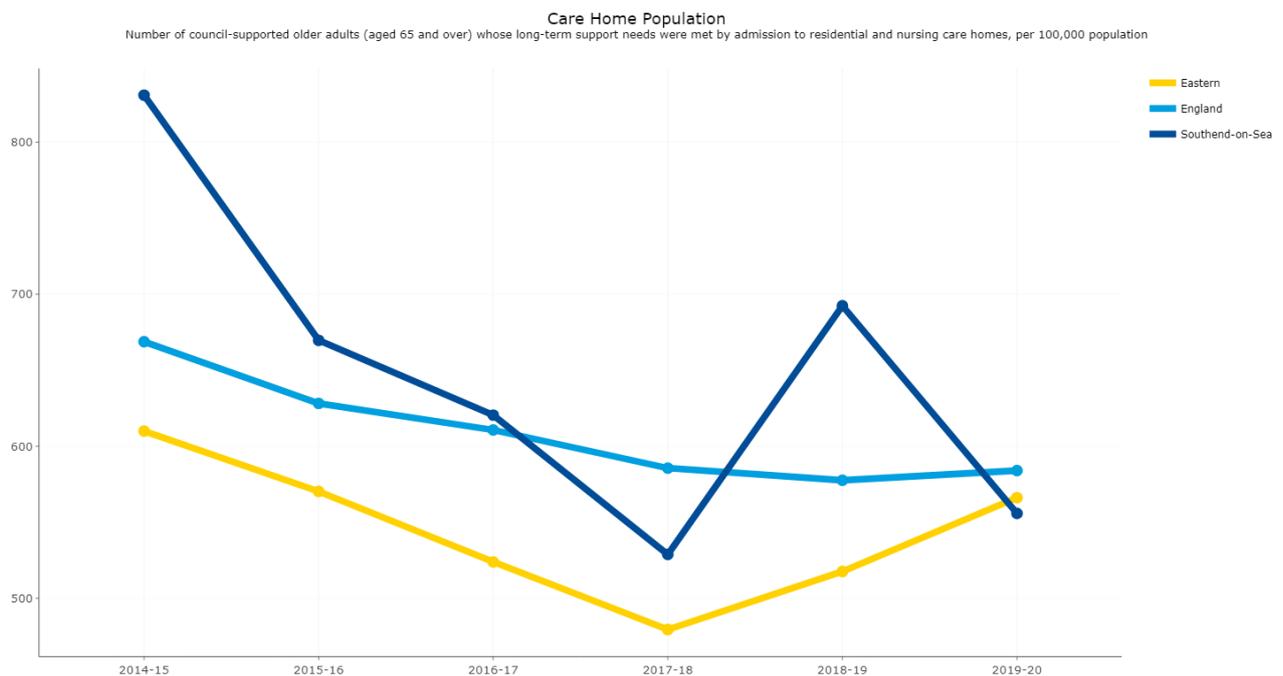
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/687208/Final\\_ASCOF\\_handbook\\_of\\_definitions\\_2018-19\\_2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf)

**Figure 28: Care home population, younger adults**



Source: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof> Accessed on 2021-12-10

**Figure 29: Care home population, older adults**



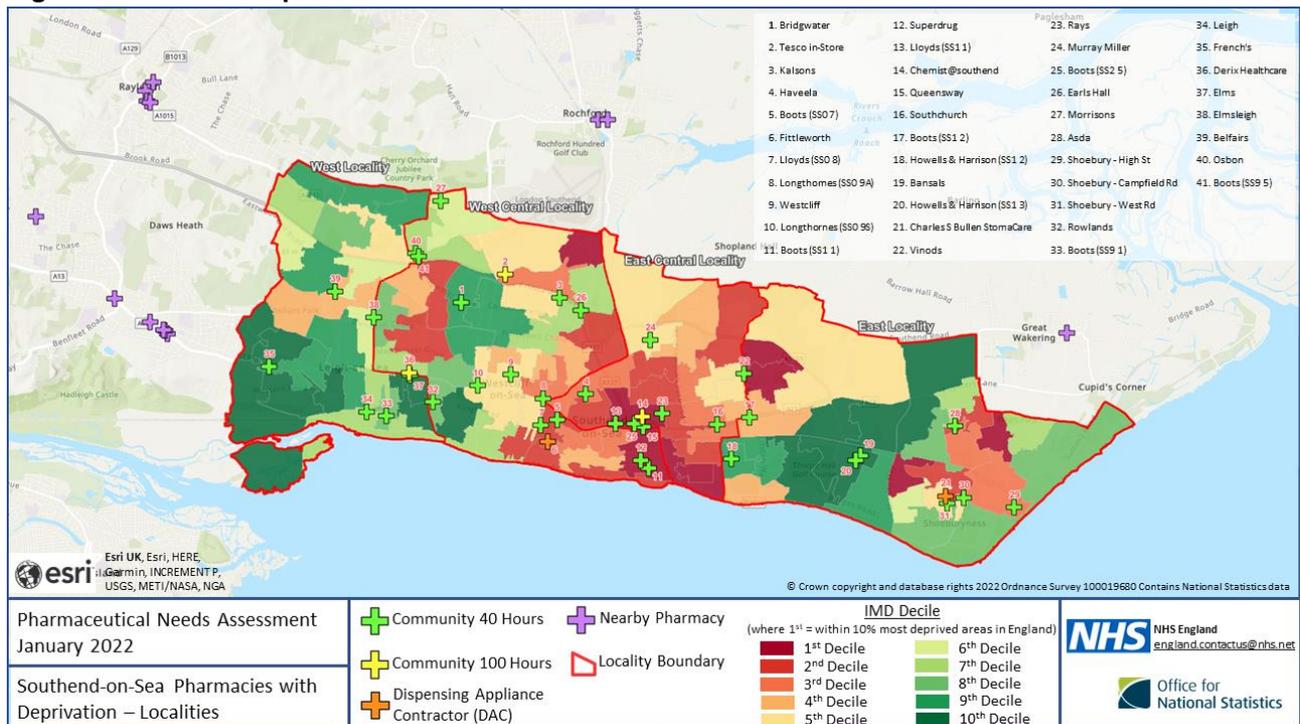
Source: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof> Accessed on 2021-12-10

## 2.6 Wider determinants of health

### 2.6.1 Deprivation IMD 2019

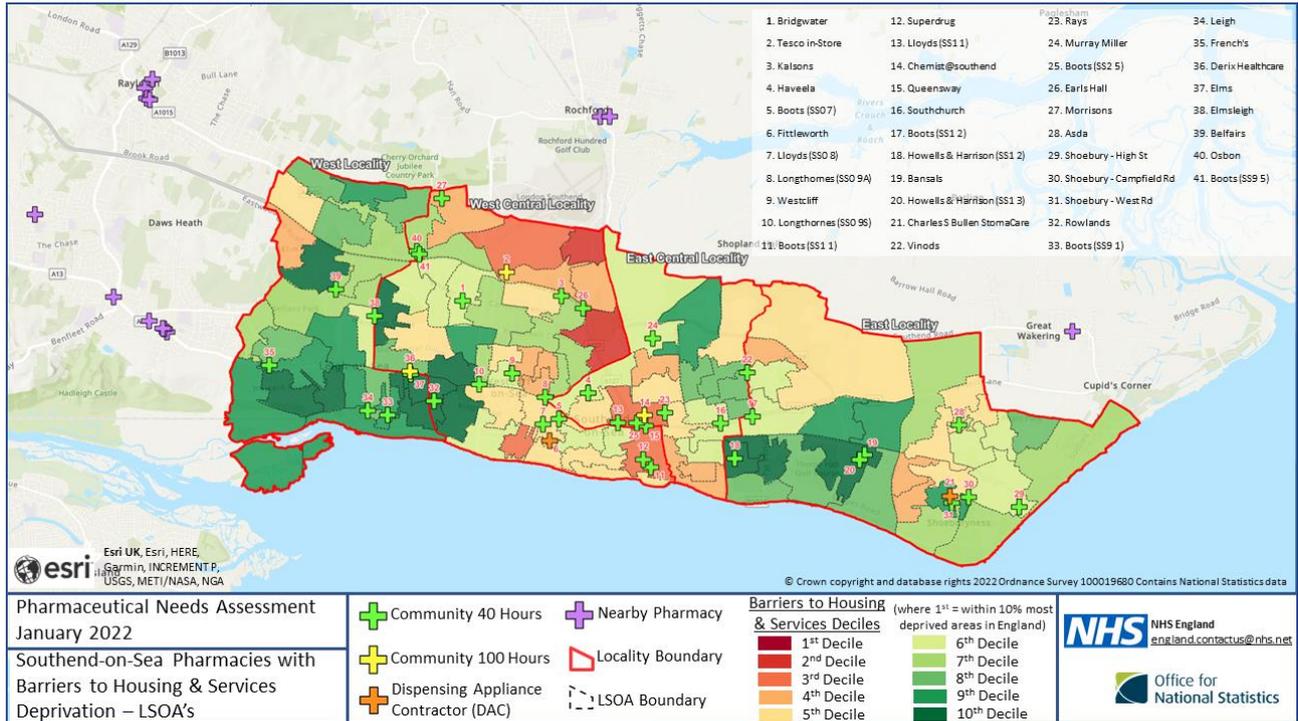
The IMD score is calculated across the categories Income (22.5%), Employment (22.5%), Education (13.5%), Health (13.5%), Crime (9.3%), Barriers to Housing and Services (9.3%), and Living Environment (9.3%). Of the indices, Decile 1 is the most deprived and Decile 10 the least deprived. The Central areas generally have the most deprivation recorded. The overall IMD score for Southend-on-Sea is 22.4, compared with 21.7 for England.

**Figure 30: Level of deprivation in Southend-on-Sea**



‘Barriers to housing and services’ forms a significant proportion of the IMD, and differs from the overall IMD levels in that the Central area is significantly less deprived, and the St Laurence ward is more deprived.

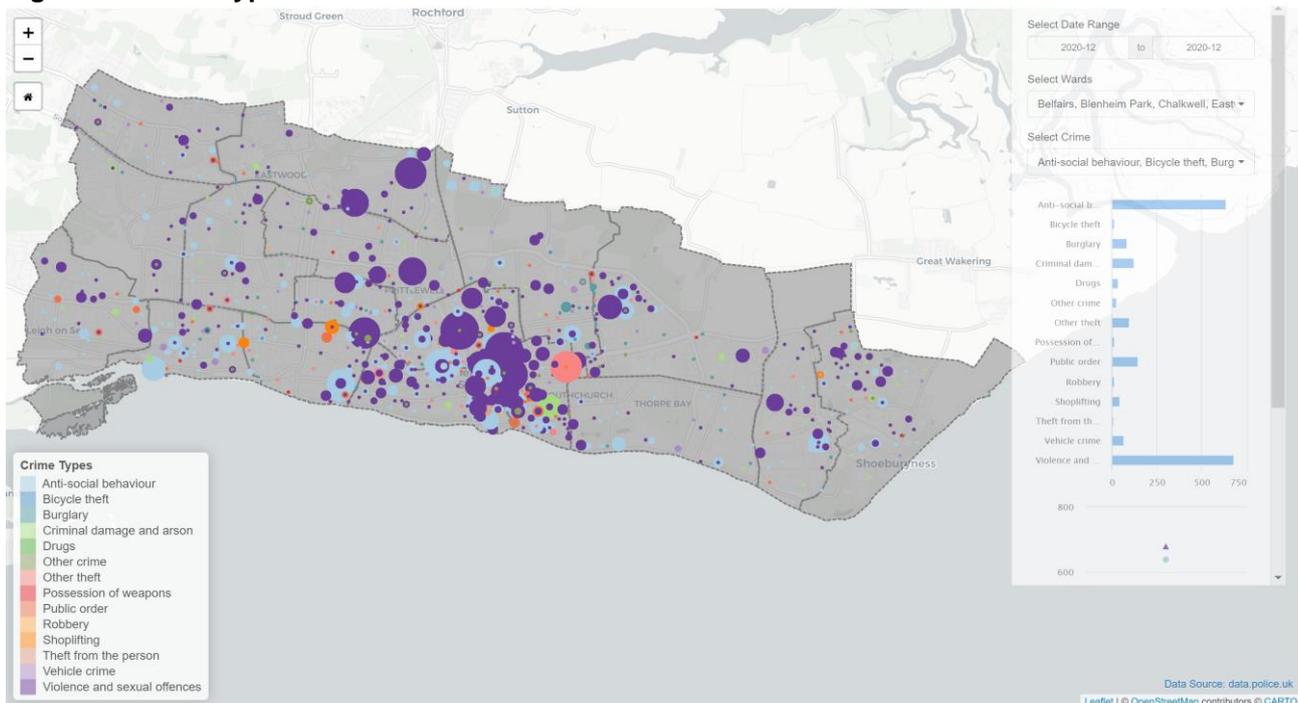
Figure 31: Level of deprivation in Southend-on-Sea for barriers to housing and access to services



### 2.6.2 Crime

The map in Figure 32 shows crimes reported in Southend-on-Sea in December 2020. Violence and sexual offences are the most commonly reported crime in Southend-on-Sea, with antisocial behaviour the second most common: these two make up the majority of the incidents. The Central areas have the most crimes reported; these regions also have the highest population density and are the most deprived.

Figure 32: Crime types in Southend-on-Sea

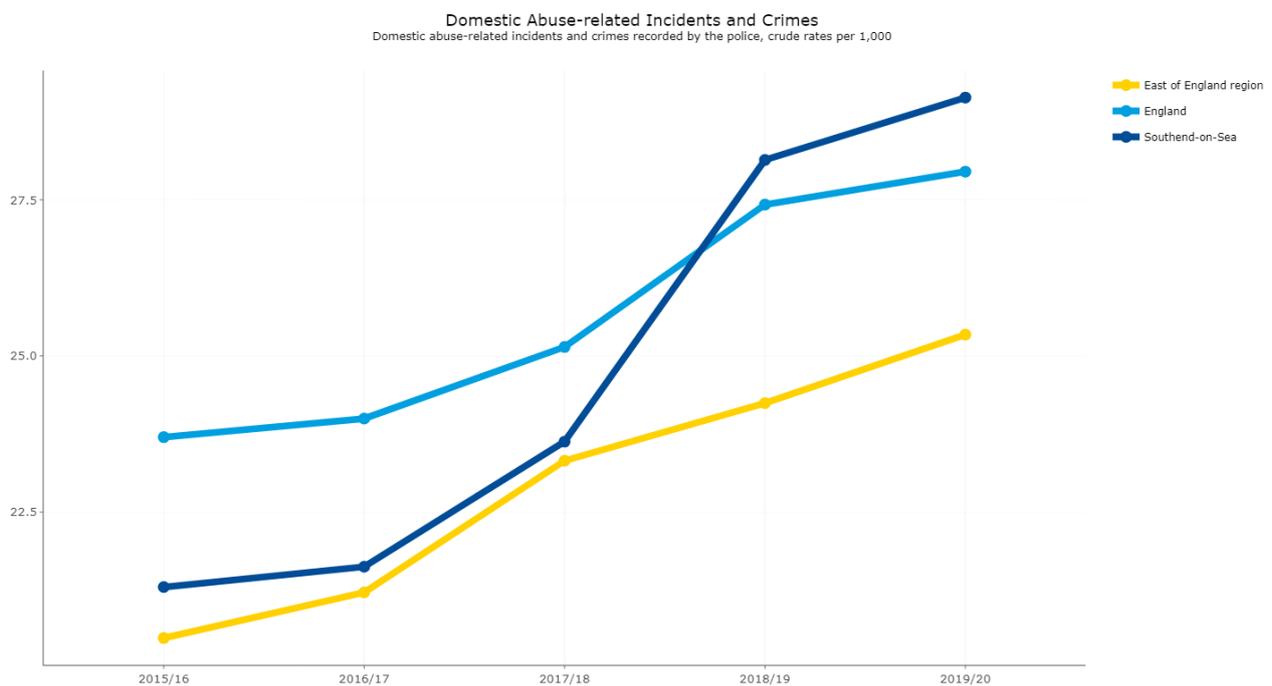


### 2.6.3 Domestic violence

Tackling domestic abuse as a public health issue is important to ensure that some of the most vulnerable people in society receive the support, understanding and treatment they deserve. The more we can focus on interventions that are effective, the more we can treat victims and prevent future re-victimisation. It is also the government’s strategic ambition, as set out in ‘Ending Violence against Women and Girls, Strategy 2016 – 2020’, to do what it can to contribute to a cohesive and comprehensive response.

Until 2017-18, the rate in Southend-on-Sea was similar to the rate of the East of England and lower than the national level. After 2018-19 the rate rose in Southend-on-Sea to be above that of the national level.

**Figure 33: Domestic abuse-related incidents and crimes**



Source: NHS Fingertips Indicator ID 92863 Accessed:2021-12-10

## 2.7 High level health and wellbeing indicators

### 2.7.1 Life expectancy

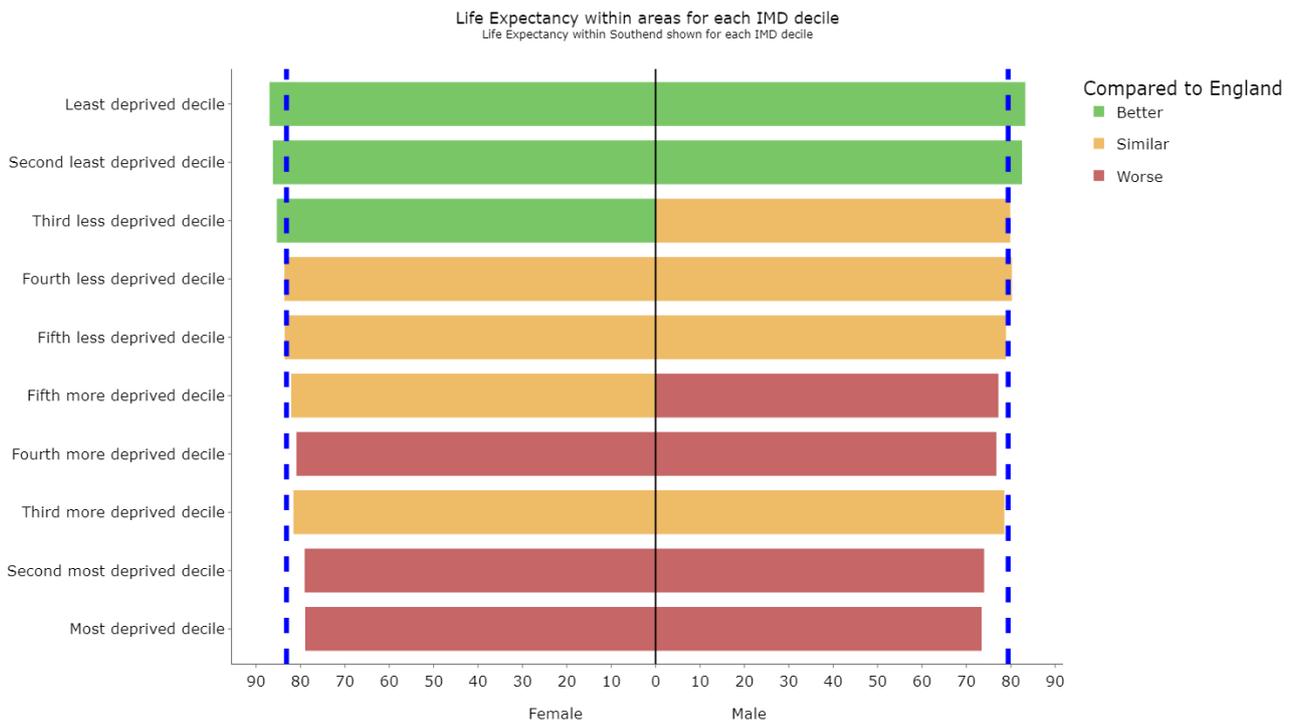
Life expectancy is the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if they experienced the age-specific mortality rates for that area and time period throughout their life.

Figures are calculated from deaths from all causes and mid-year population estimates, based on data aggregated over a three-year period. Figures reflect mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live, both because the mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives.

There is a direct correlation between the life expectancy and the level of deprivation, in that those with a lower level of deprivation have a significantly higher life expectancy. This is true for both sexes. There is an exception, where those that have a deprivation score within the 3rd decile (toward the most deprived) have a higher life expectancy than those in the 4th and 5th decile. The dotted blue line shows the national average.

The overall life expectancy at birth in Southend-on-Sea for females is 82.6 (compared with 83.2 for England) and 78.8 (compared with 79.7 for England) for males.

**Figure 34: Life expectancy within areas for each IMD decile**



Source: NHS Fingertips Indicator ID 90366 Accessed:2022-04-04

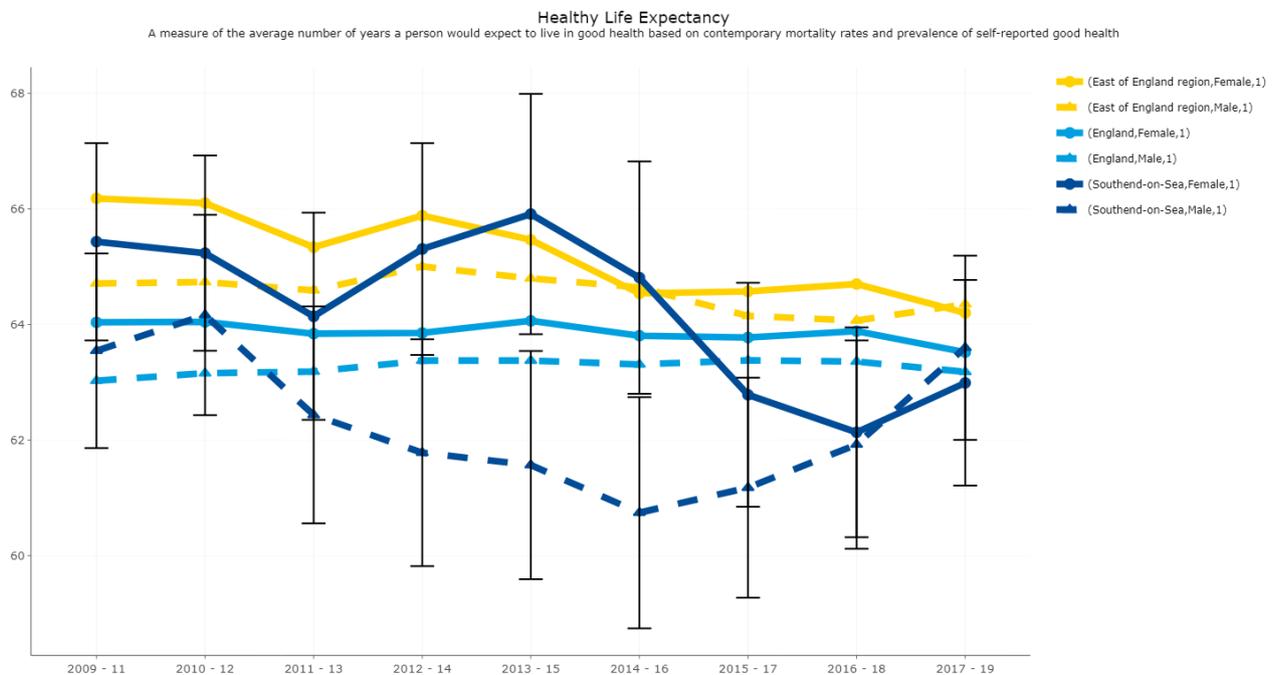
### 2.7.2 Healthy life expectancy and disability-free life years

Healthy life expectancy and disability-free life years are a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. The prevalence of good health is derived from responses to a survey question on general health. For a particular area and time period, it is an estimate of the average number of years a newborn baby would live in good general health if they experienced the age-specific mortality rates and prevalence of good health for that area and time period throughout their life.

Figures are calculated from deaths from all causes, mid-year population estimates and self-reported general health status, based on data aggregated over a three-year period. Figures reflect the prevalence of good health and mortality among those living in an area in each time period, rather than what will be experienced throughout life among those born in the area. The figures are not therefore the number of years a baby born in the area could actually expect to live in good general health, both because the health prevalence and mortality rates of the area are likely to change in the future and because many of those born in the area will live elsewhere for at least some part of their lives.

In the following chart, the dotted lines represent males and the solid lines females. For all three regions (East of England, England and Southend-on-Sea) females have a higher health life expectancy. Southend has the most variable healthy life expectancy, with the most recent year showing a close gathering of all three regions.

**Figure 35: Health life expectancy**



Source: NHS Fingertips Indicator ID 90362 Accessed:2021-12-13

### 2.7.3 Wellbeing indicators

Wellbeing is a key issue for the government, and the Office for National Statistics (ONS) is leading a programme of work to develop new measures of national wellbeing. People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

Local data on wellbeing is likely to be a key component of local JSNAs and forms an important part of the work of local HWBs.

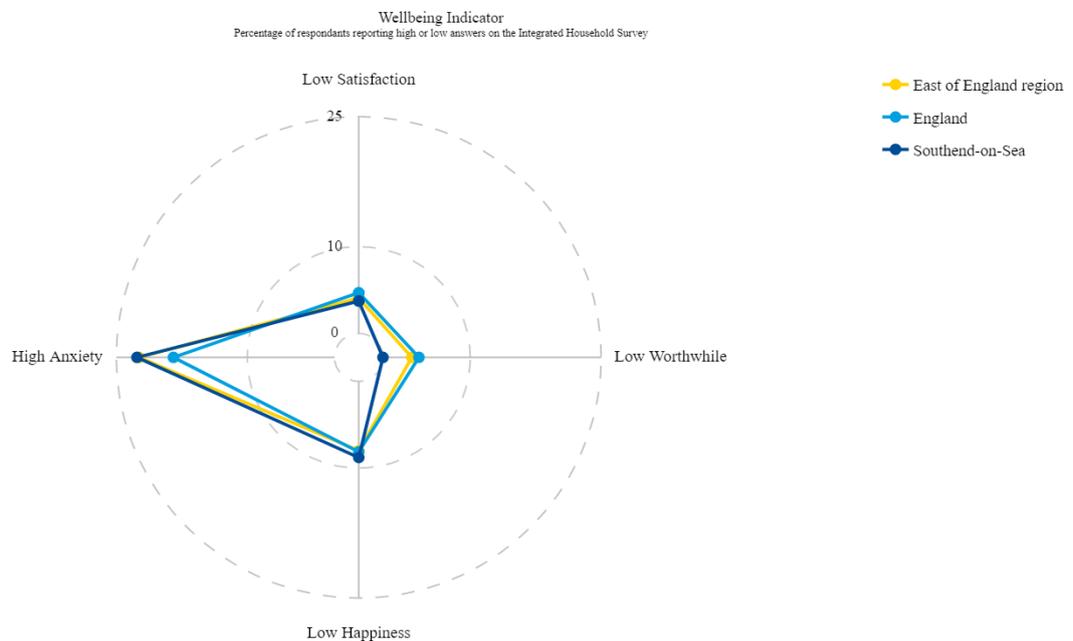
ONS is currently measuring individual/subjective wellbeing based on four questions included on the Integrated Household Survey:

1. Overall, how satisfied are you with your life nowadays?
2. Overall, how happy did you feel yesterday?
3. Overall, how anxious did you feel yesterday?
4. Overall, to what extent do you feel the things you do in your life are worthwhile?

Responses are given on a scale of 0–10 (where 0 is ‘not at all satisfied/happy/anxious/worthwhile’ and 10 is ‘completely satisfied/happy/anxious/worthwhile’). In the ONS report, the percentage of people scoring 0–1, 2–3, 4–5 and 6–10 have been calculated for this indicator.

The percentage reporting feeling low worthwhile for Southend-on-Sea is missing due to small sample size; the other scores for Southend-on-Sea are similar to those of the East of England region and show fewer people reporting low satisfaction than the national level, but more with low happiness and high anxiety.

**Figure 36: Wellbeing indicator**



Source: NHS Fingertips Indicator ID 22301,22302,22303,22304 Accessed:2021-12-13

## 2.8 Lifestyle

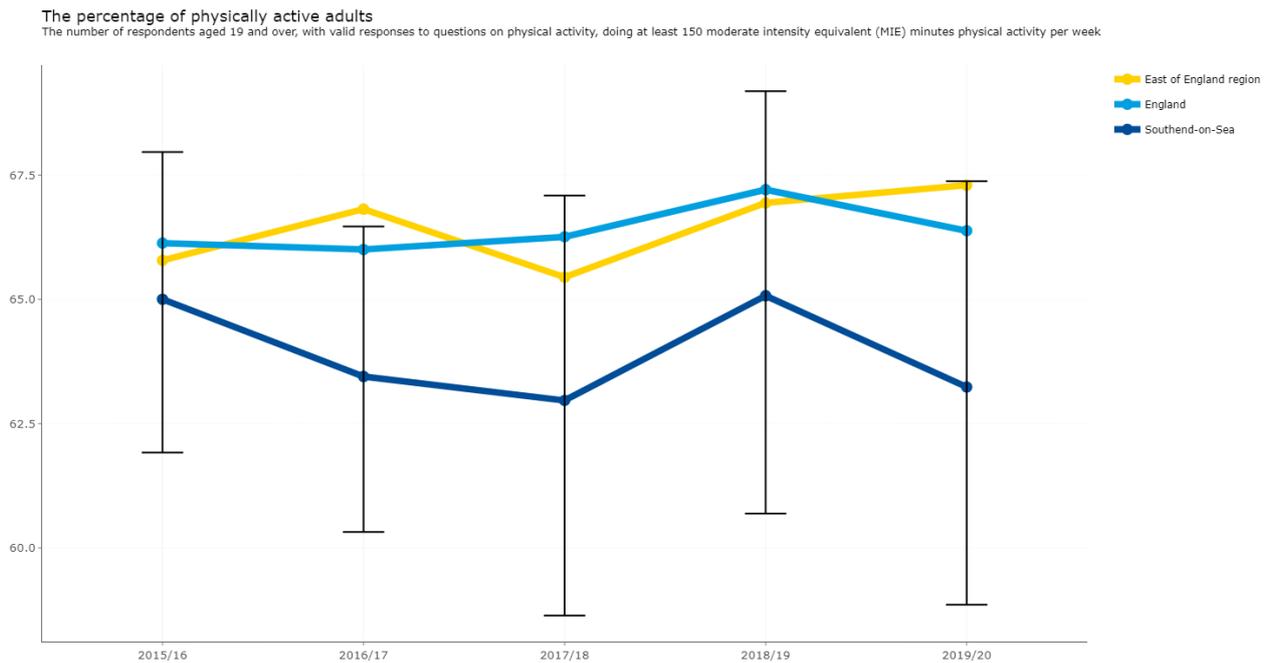
### 2.8.1 Physical activity and diet

Physical inactivity is the fourth leading risk factor for global mortality, accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20–35% lower risk of cardiovascular disease, CHD and stroke, compared with those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer, and with improved mental health. In older adults, physical activity is associated with increased functional capacities. The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year.

The Chief Medical Officer currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (moderate to vigorous physical activity), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency.

Southend-on-Sea consistently has the lowest percentage of physically active adults, with no overall trend. The national and regional levels are similar.

**Figure 37: Percentage of physically active adults**

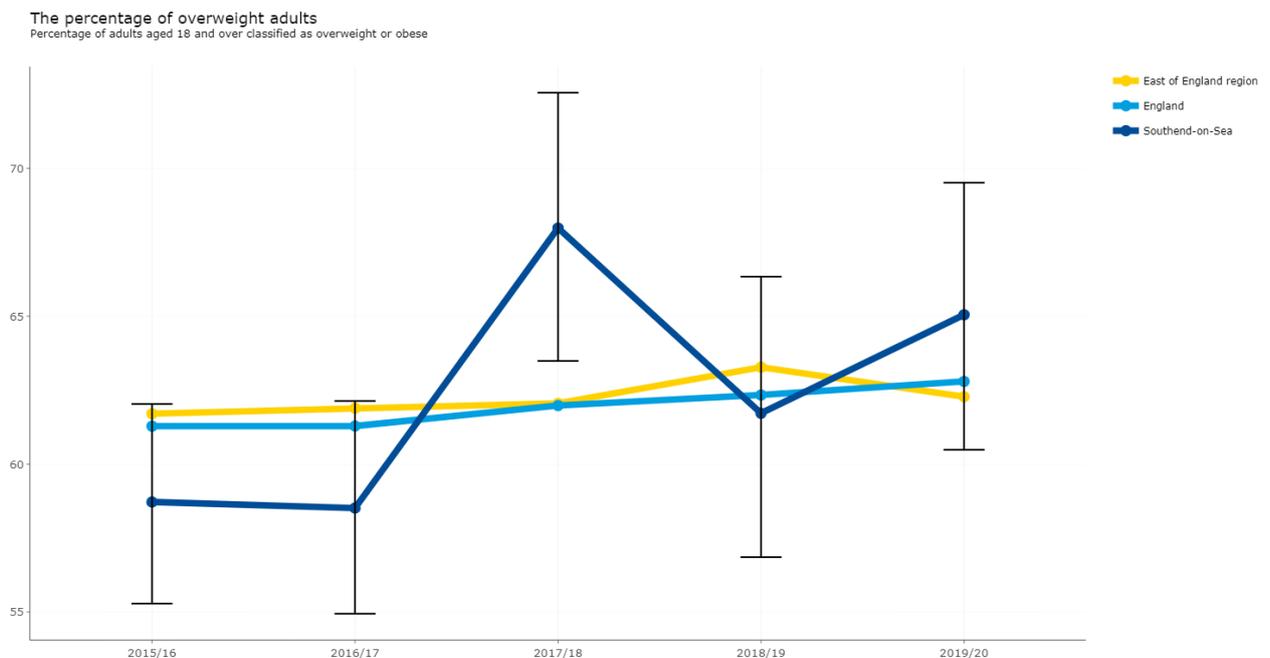


Source: NHS Fingertips Indicator ID 93014 Accessed:2021-12-13

### 2.8.2 Obesity

The statistics are based on the number of adults aged 18+ with a Body Mass Index (BMI) classified as overweight (including obese), calculated from the adjusted height and weight variables. Adults are defined as overweight (including obese) if their BMI is greater than or equal to 25kg/m<sup>2</sup>.

**Figure 38: Percentage of overweight adults**



Source: NHS Fingertips Indicator ID 93088 Accessed:2021-12-13

**Table 7: Percentage of overweight adults**

Area	Period	Percentage (%)	Compared with England
England	2018-19	62.34	Not compared
East of England	2018-19	63.28	Worse
Southend-on-Sea	2018-19	61.72	Similar
England	2019-20	62.80	Not compared
East of England	2019-20	62.28	Similar
Southend-on-Sea	2019-20	65.05	Similar

Source: NHS Fingertips Indicator ID 93088

### 2.8.3 Smoking

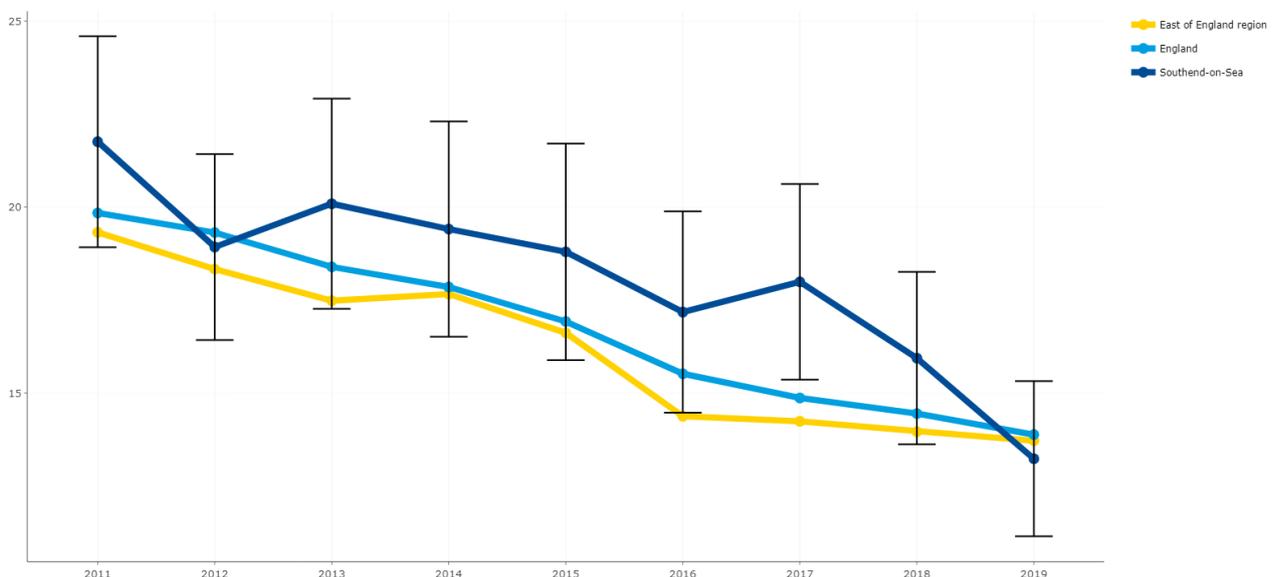
Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, Chronic Obstructive Pulmonary Disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Smoking is a modifiable behavioural risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

The prevalence of smokers has been decreasing across all areas with the national and regional prevalence being similar. Southend-on-Sea has had slightly higher prevalence than regionally and nationally, but apart from 2017 has been within uncertainty of those points.

**Figure 39: Prevalence of current smokers**

The prevalence of current smokers  
The prevalence is calculated by dividing the weighted number of self-reported smokers aged 18+ by total number of respondents aged 18+, expressed as a percentage.



Source: NHS Fingertips Indicator ID 92443 Accessed:2021-12-13

**Table 8: Prevalence of current smokers**

Area	Period	Percentage (%)	Compared with England
England	2018	14.44931167	Not compared
East of England	2018	13.96137022	Similar
Southend-on-Sea	2018	15.93909339	Similar
England	2019	13.88213277	Not compared
East of England	2019	13.71654137	Similar
Southend-on-Sea	2019	13.23423079	Similar

Source: NHS Fingertips Indicator ID 92443

### 2.8.4 Drug and alcohol misuse

The Alcohol-Attributable Fraction (AAF) denotes the proportion of a health outcome that is caused by alcohol (i.e. the proportion that would disappear if alcohol consumption was removed). Alcohol consumption has a causal impact on more than 200 health conditions (diseases and injuries). The AAF for each health condition is recorded upon admission to hospital as a method of determining the affect alcohol has had on the admission. There are two types of definition, broad and narrow, with the narrow definition only recording conditions closely linked to alcohol consumption.

The following maps show the sum of these fractions for each locality, which can be used as a metric to compare the effect alcohol has on different areas. The first map shows the narrow definition of disease more closely linked to alcohol consumption. In both, the highest levels are in the West Central area and is fairly even across the other localities.

**Figure 40: AAF, narrow**

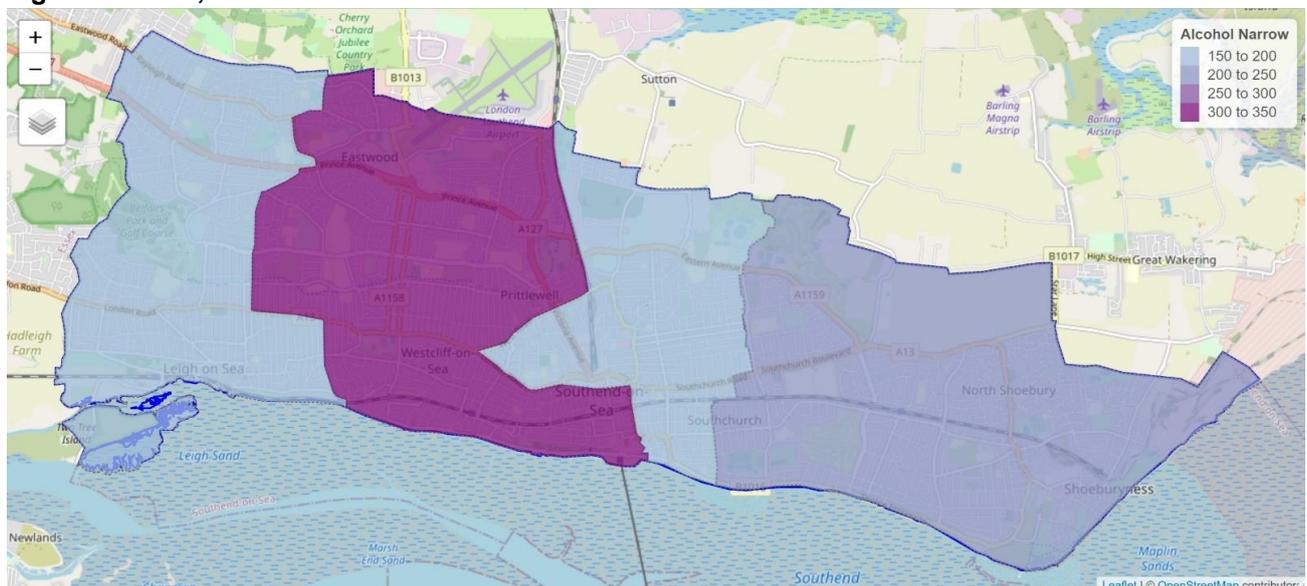
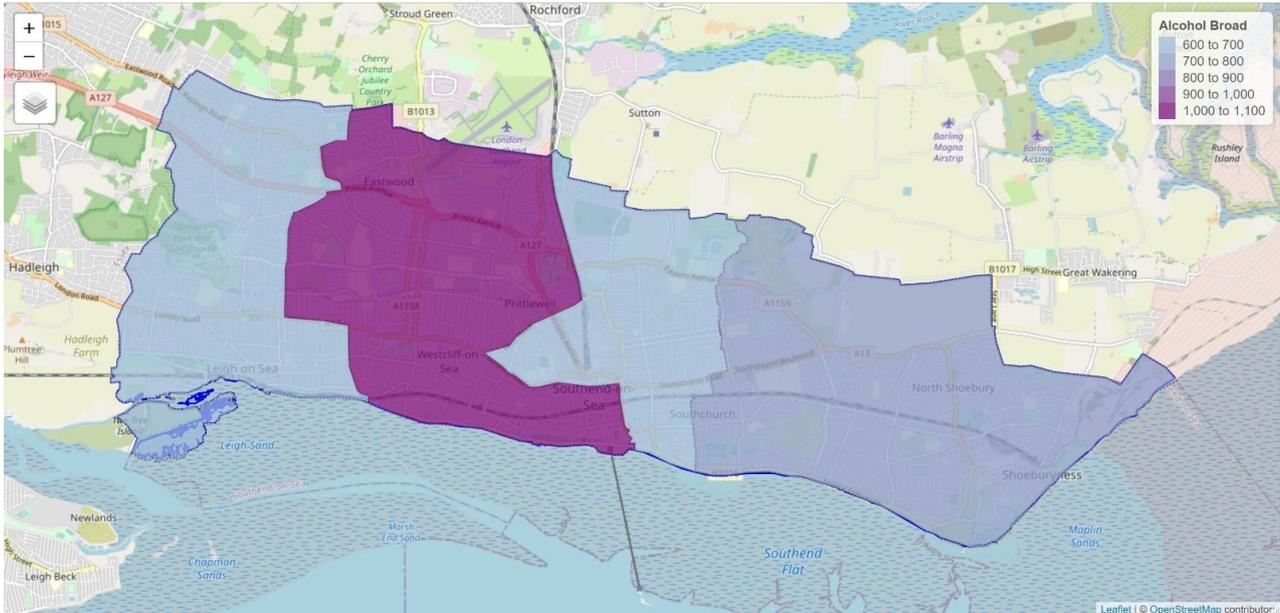


Figure 41: AAF, broad

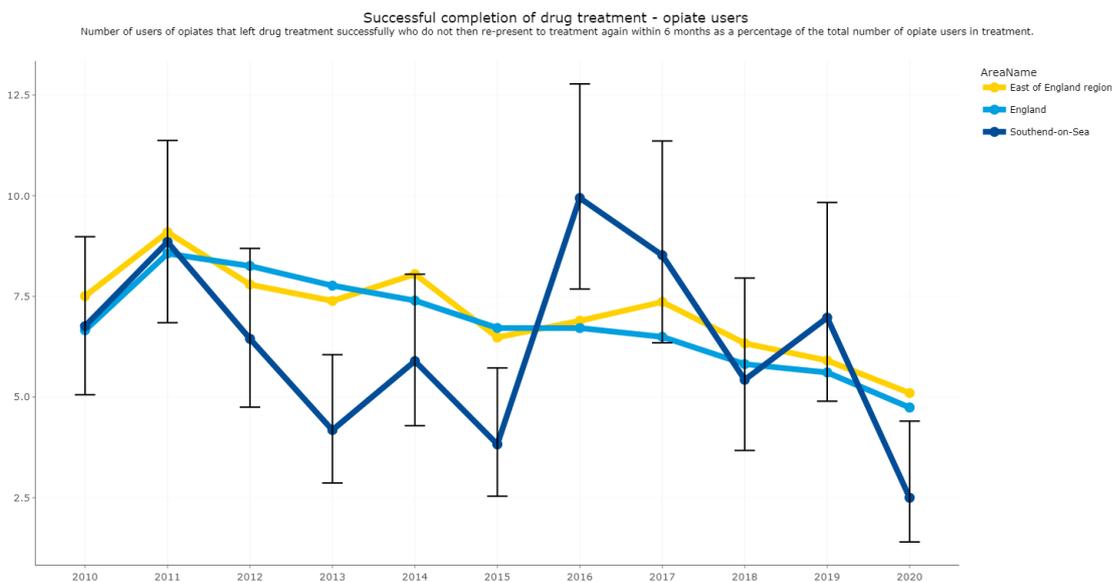


Individuals that have successfully completed an opiate treatment programme, and have not re-presented within six months, demonstrate a significant improvement in health and wellbeing in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

This aligns with the ambition of both public health and the government’s drug strategy of increasing the number of individuals recovering from addiction. It also aligns well with the reducing reoffending outcome, as offending behaviour is closely linked to substance use and it is well demonstrated that cessation of drug use reduces reoffending significantly. This in turn will have benefits to a range of wider services and will address those who cause the most harm in local communities.

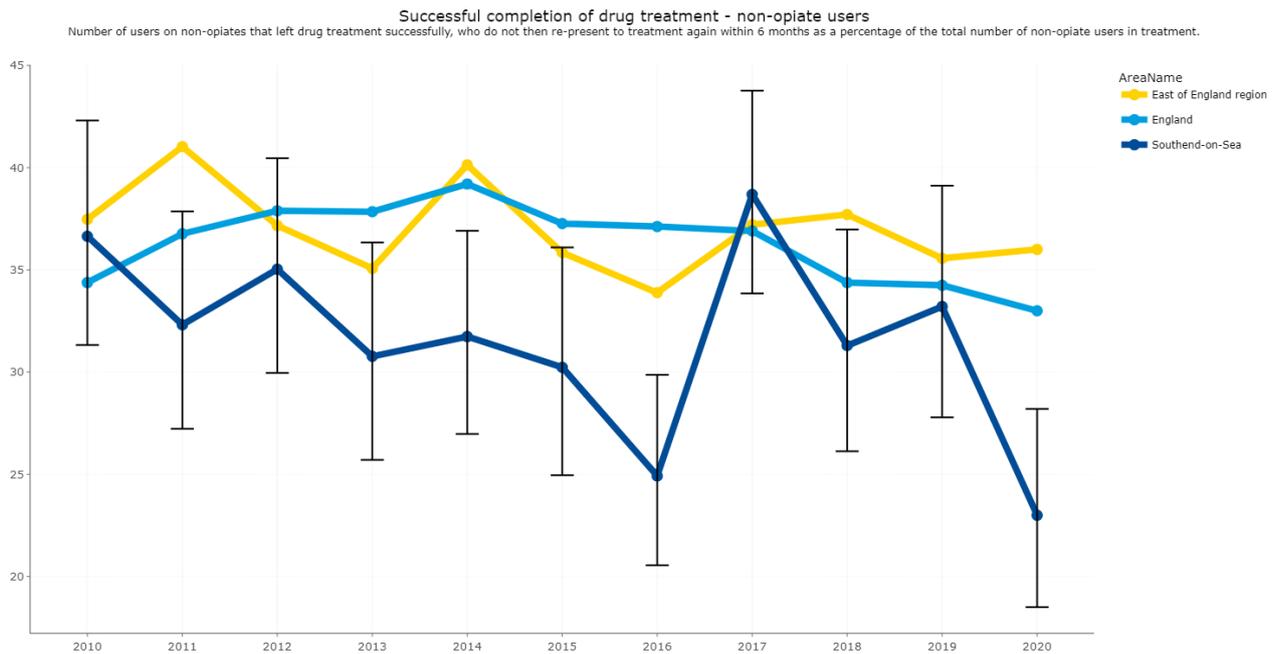
In Southend-on-Sea, the percentage of successful completions has reduced over the last five years and is now below the England average.

Figure 42: Successful completion of drug treatment – opiate users



Source: NHS Fingertips Indicator ID 90244 Accessed:2022-04-06

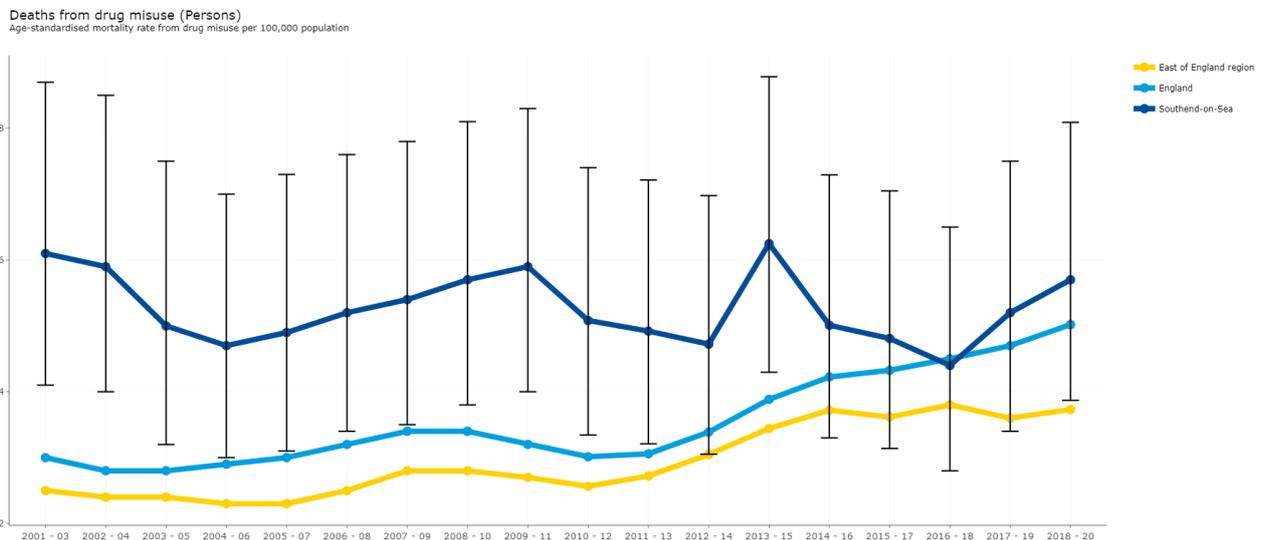
**Figure 43: Successful completion of drug treatment – non-opiate users**



Source: NHS Fingertips Indicator ID 90245 Accessed:2022-04-06

Southend-on-Sea has had higher than the national and regional level of deaths from drug misuse, until the recording period 2014-16, with no overall trend; the national and regional levels have had a slight upwards trend to become closer to the Southend-on-Sea value.

**Figure 44: Deaths from drug misuse**



Source: NHS Fingertips Indicator ID 92432 Accessed:2021-12-13

**Table 9: Deaths from drug misuse**

Area	Period	Rate	Compared with England
England	2016-18	4.5	Not compared
East of England	2016-18	3.8	Better
Southend-on-Sea	2016-18	4.4	Similar
England	2017-19	4.7	Not compared
East of England	2017-19	3.6	Better
Southend-on-Sea	2017-19	5.2	Similar
England	2018-20	5.0	Not compared
East of England	2018-20	3.7	Better
Southend-on-Sea	2018-20	5.7	Similar

Source: NHS Fingertips Indicator ID 92432

### 2.8.5 Sexual health and teenage pregnancy

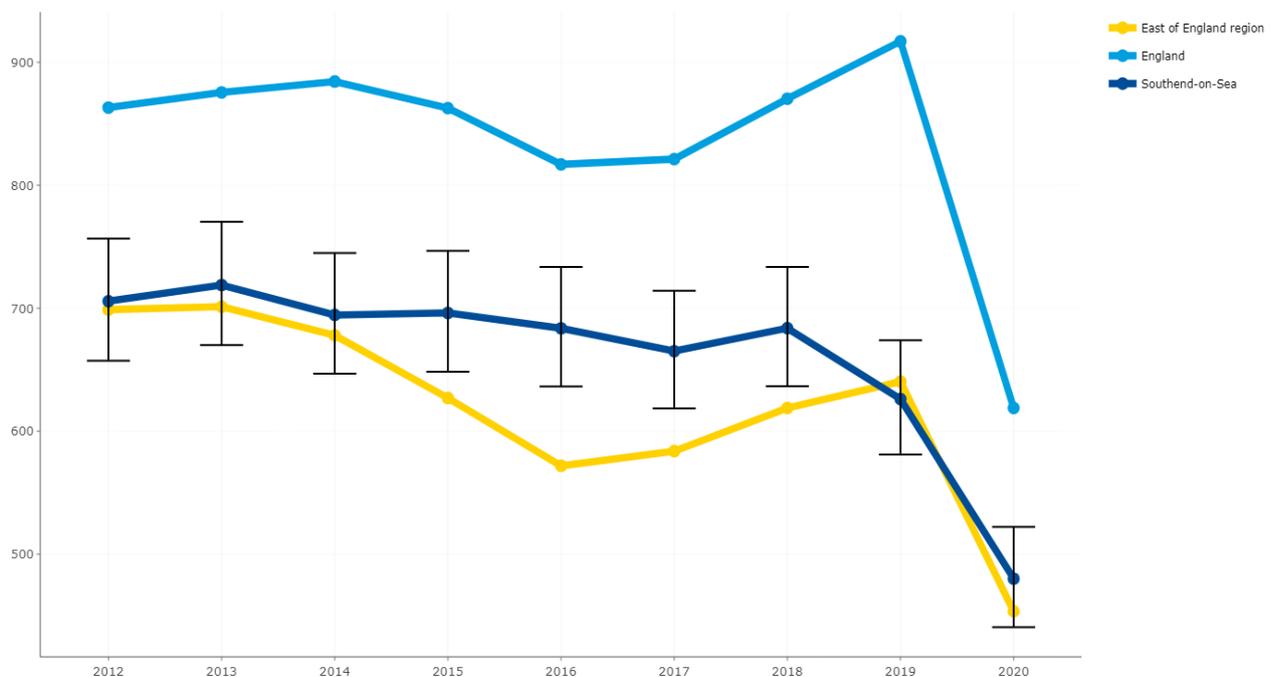
A summary figure of all new Sexually Transmitted Infection (STI) diagnoses, excluding diagnoses of chlamydia in the age group targeted by the National Chlamydia Screening Programme (NCSP).

Diagnosis rates of STIs should be interpreted alongside the corresponding testing rate and positivity, which can influence local diagnosis rates and are also available within the Sexual and Reproductive Health Profiles tool. A high diagnosis rate is indicative of a high burden of infection; however, a low diagnosis rate may be explained by other factors as well.

Southend-on-Sea has been similar to the regional level with both having a recent downward trend.

**Figure 45: New STI diagnoses**

New STI diagnoses (exc chlamydia aged <25) per 100,000  
 The number of new STI diagnoses (excluding chlamydia in those aged under 25 years) among people aged 15 to 64 accessing sexual health services in England who are also residents in England.



Source: NHS Fingertips Indicator ID 91306 Accessed:2021-12-13

**Table 10: New STI diagnosis per 100,000**

Area	Period	Rate	Compared with England
England	2018	870.39	Not compared
East of England	2018	618.88	Better
Southend-on-Sea	2018	683.80	Better
England	2019	917.00	Not compared
East of England	2019	640.36	Better
Southend-on-Sea	2019	626.18	Better
England	2020	618.96	Not compared
East of England	2020	453.65	Better
Southend-on-Sea	2020	480.17	Better

Source: NHS Fingertips Indicator ID 91306

Conception data combines information from registrations of births and notifications of legal abortions occurring in England and Wales for women who are usually resident there.

Conception statistics include pregnancies that result in:

- One or more live births or stillbirths (a maternity)
- A legal abortion under the Abortion Act 1967 (an abortion)

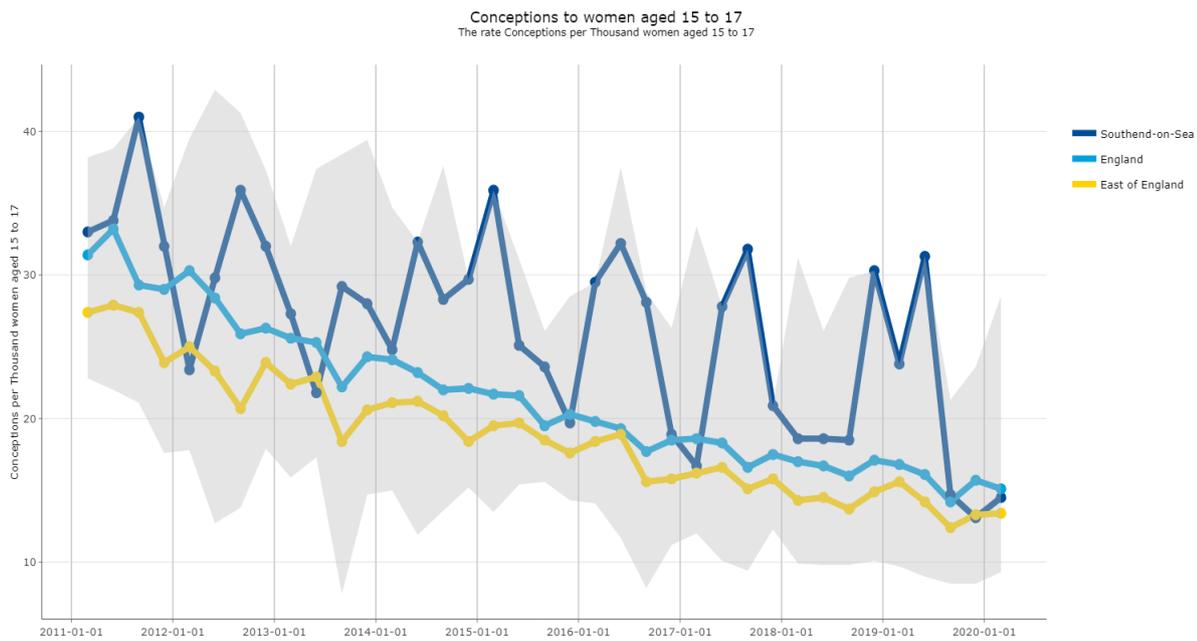
They do not include miscarriages or illegal abortions. The date of conception is estimated using recorded gestation for abortions and stillbirths, and assuming 38 weeks' gestation for live births.

Rates for women under 18 are based on the population of women aged 15–17. The quarterly (March, June, September, December) populations used in rate calculations are adjusted using mid-year population estimates or a combination of mid-year population estimates and population projections to estimate what the likely population would have been for the mid-quarter.

The rolling annual rates are calculated using the last four quarters' conception numbers and the populations used are mid-year population estimates from the corresponding years weighted accordingly.

Rates are not calculated where there are fewer than three conceptions; rates based on such low numbers are susceptible to inaccurate interpretation.

**Figure 46: Conceptions to women aged 15 to 17**



Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/quarterlyconceptionstowomenagedunder18englandandwales> Accessed : 2021-08-16

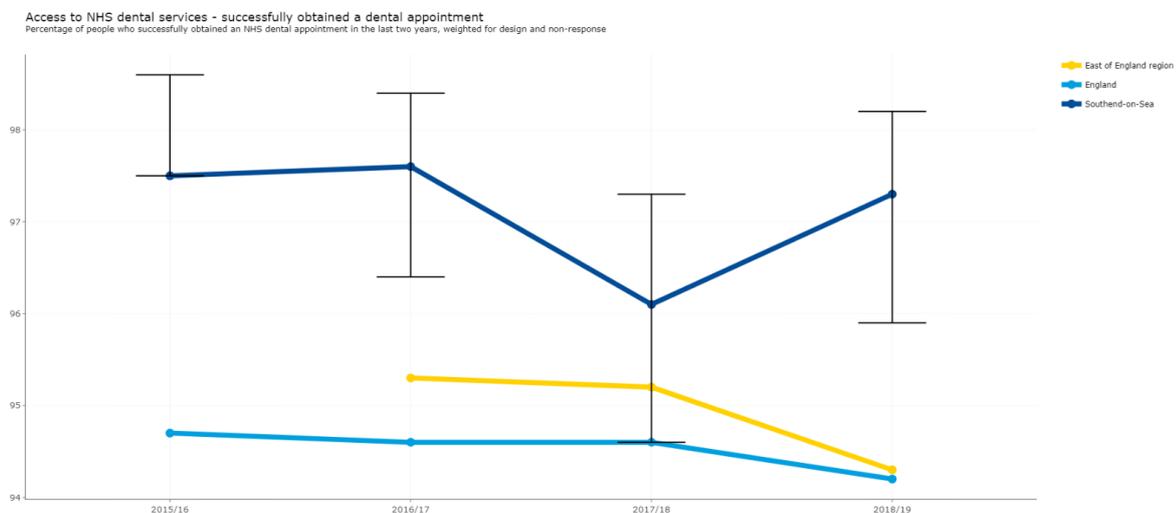
### 2.8.6 Oral health

Local dental surgeries are the main point of contact with dental services for many local people. The availability of dental appointments is an asset for any community as they provide potential points of contact for 'Making Every Contact Count', as well as providing preventative dental care.

High proportions suggest that the availability of services is appropriate to the needs within the area. Dental health is linked to other factors including socioeconomic status, and there are significant inequalities in care.

Southend-on-Sea has a significantly higher level of access to NHS dental services, than both the national and regional average, with a percentage of over 97% other than in 2017-18.

**Figure 47: Access to NHS dental services**

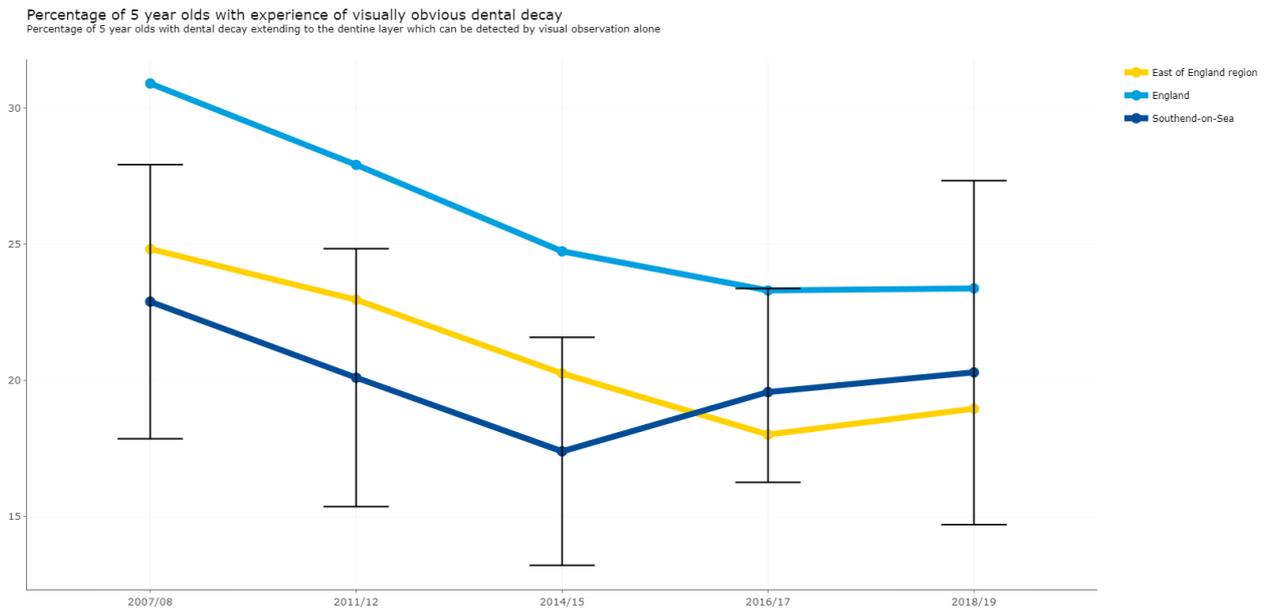


Source: NHS Finartips Indicator ID 92785 Accessed:2021-12-13

Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. This indicator therefore links to a key policy – Getting the Best Start in Life. Poor oral health is a priority under this policy; it was also a topic of a Health Select Committee inquiry, and the most common cause of hospital admission for 5–9-year-olds. This indicator allows benchmarking of oral health of young children across England and is an excellent proxy measure of assessing the impact of the commissioning of oral health improvement programmes on the local community. Dental caries is a synonymous term for tooth decay.

Southend-on-Sea has a rate lower than the national and similar to the regional level for 5-year-olds with visually obvious dental decay. This could be due to the high level of access to NHS dentists as recorded above.

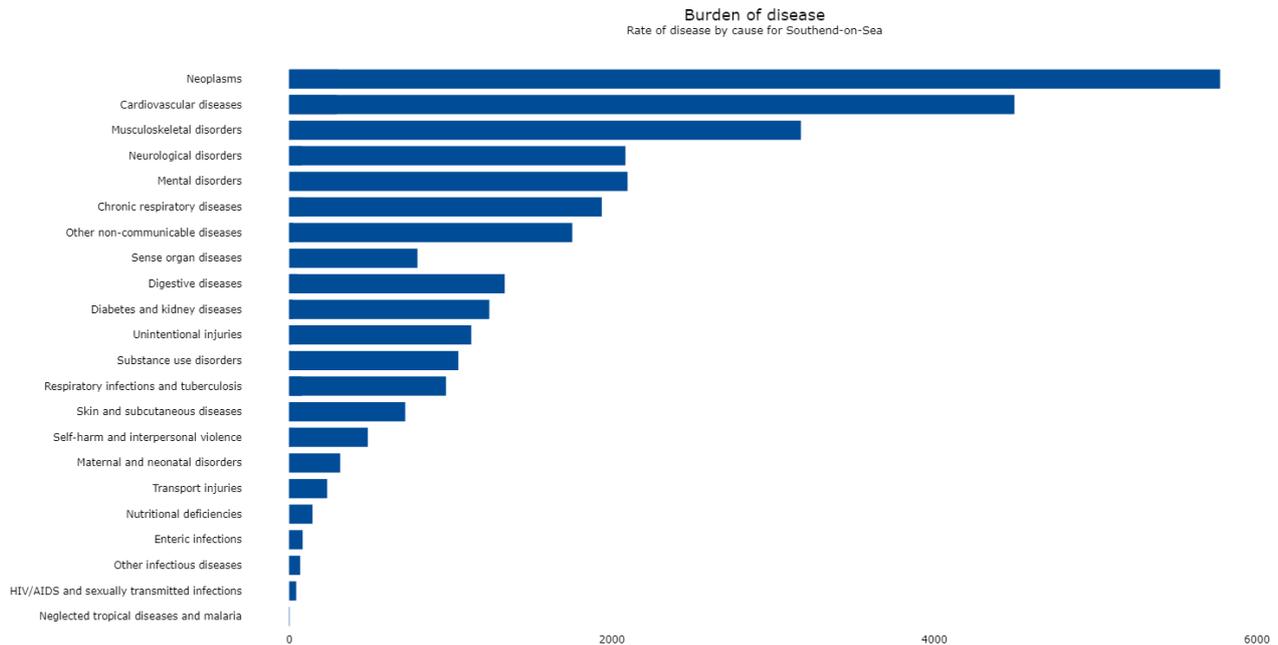
**Figure 48: Percentage of 5-year-olds with visually obvious dental decay**



Source: NHS Fingertips Indicator ID 935363 Accessed: 2021-12-13

## 2.9 Burden of disease

Figure 49: Burden of disease

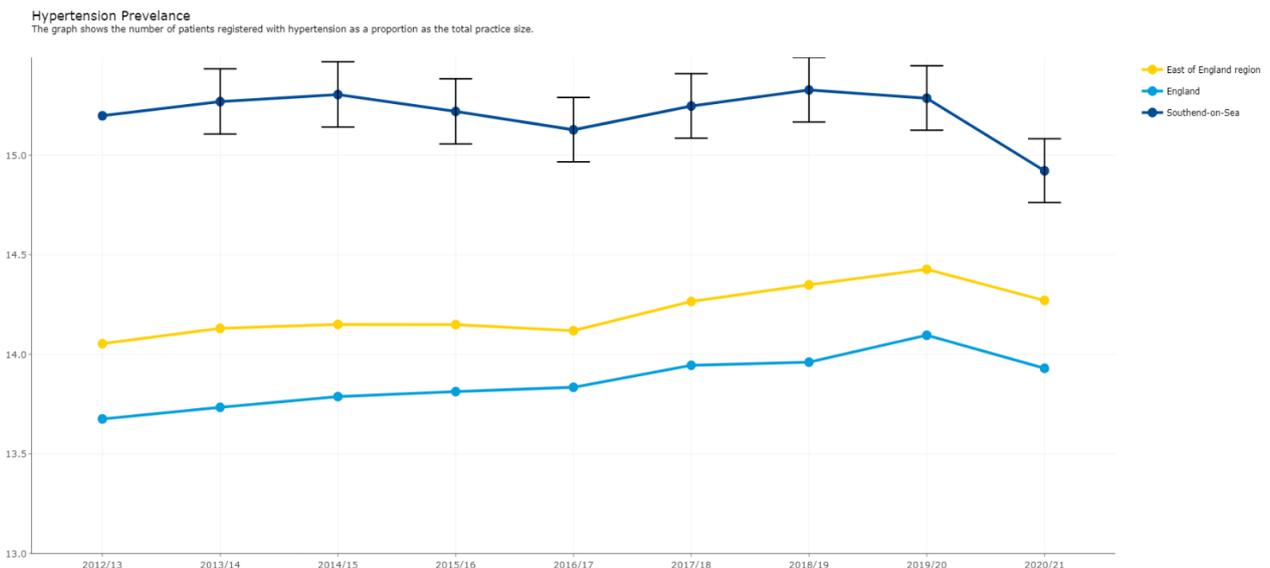


Source: <http://ghdx.healthdata.org/> Accessed on: 2021-12-14

### 2.9.1 Cardiovascular diseases – CHD, stroke, hypertension, CKD

Figure 50 shows the number of patients registered with hypertension as a proportion of the total practice size. For Southend-on-Sea, the rate has been consistently higher than the national and regional rates across the time period. The difference between the regions was consistent and greater than the 95% confidence interval.

Figure 50: Hypertension prevalence

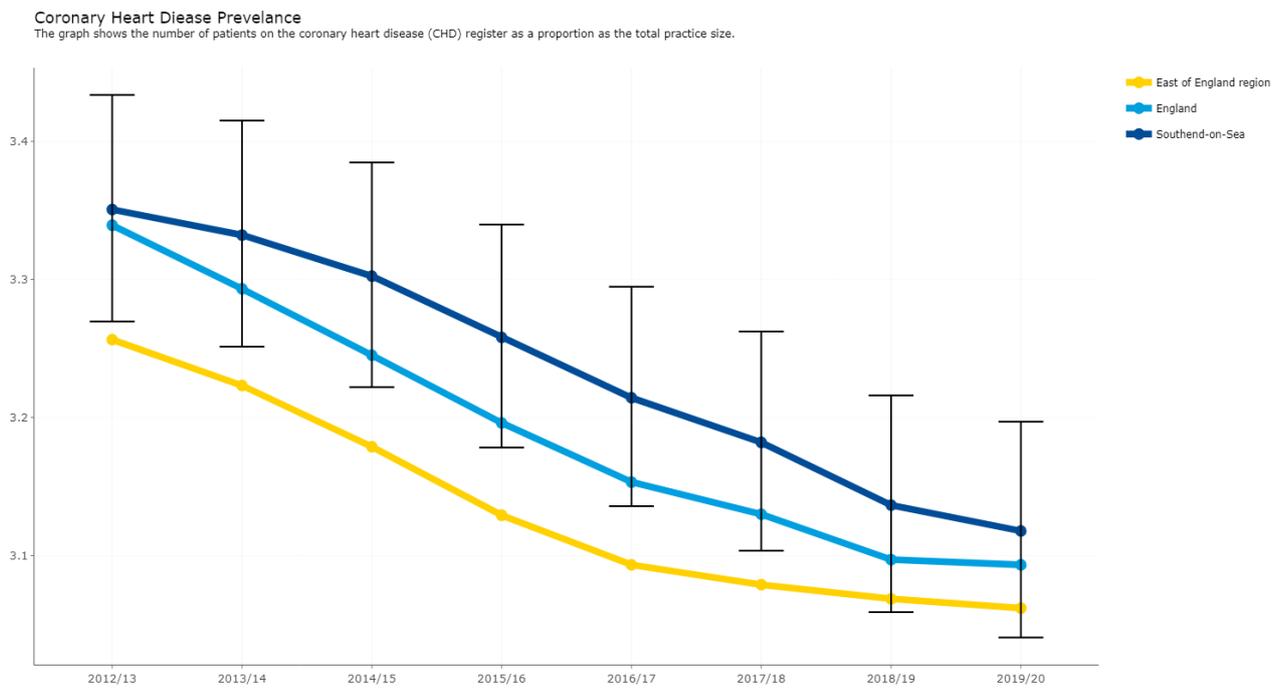


Source: NHS Fingertips Indicator ID 219 Accessed:2021-12-13

CHD is the single most common cause of premature death in the UK. The research evidence relating to the management of CHD is well established and, if implemented, can reduce the risk of death from CHD and improve the quality of life for patients.

Figure 51 shows the number of patients on the CHD register as a proportion of the total practice size. There has been a downward trend across the time period. England is within the 95% confidence interval of Southend-on-Sea and can be considered statistically similar.

**Figure 51: CHD prevalence**

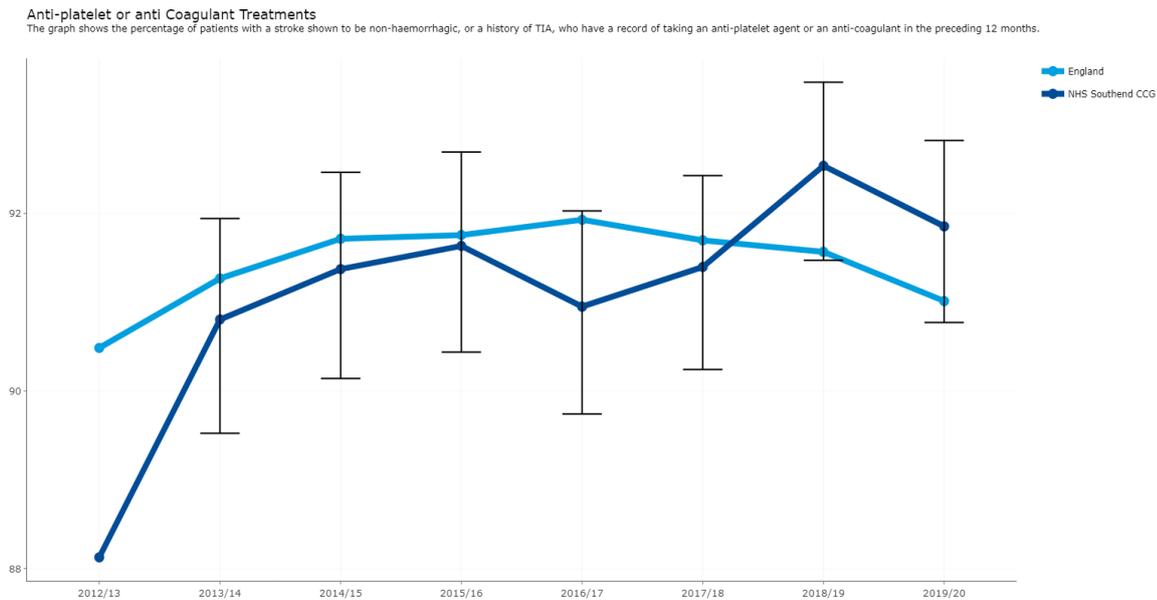


Source: NHS Fingertips Indicator ID 273 Accessed:2021-12-13

Long-term antiplatelet therapy reduces the risk of serious vascular events following a stroke by about a quarter. Antiplatelet therapy is prescribed for the secondary prevention of recurrent stroke and other vascular events in patients who have sustained an ischaemic cerebrovascular event.

Figure 52 shows the percentage of patients with a stroke shown to be non-haemorrhagic, or a history of Transient Ischaemic Attack (TIA), who have a record in the preceding 12 months that an antiplatelet agent or an anticoagulant is being taken. For Southend-on-Sea this shows a slight overall upward trend.

**Figure 52: Antiplatelet or anticoagulant treatments**

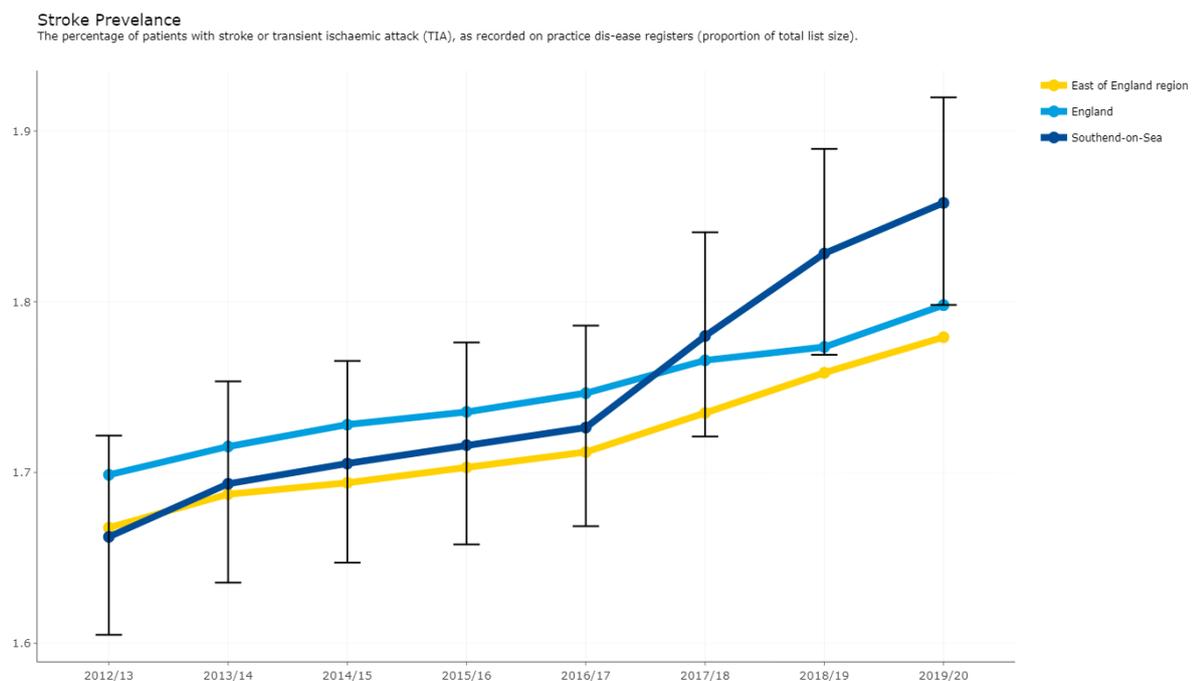


Source: NHS Fingertips Indicator ID 91013 Accessed:2021-12-13

Stroke is the third most common cause of death in the developed world. One-quarter of stroke deaths occur under the age of 65.

Figure 53 shows the percentage of patients with stroke or TIA as recorded on practice disease registers (proportion of total list size). For Southend-on-Sea this shows an upward trend. In 2018-19 the prevalence in Southend-on-Sea became statistically significantly different as the 95% confidence intervals no longer overlap.

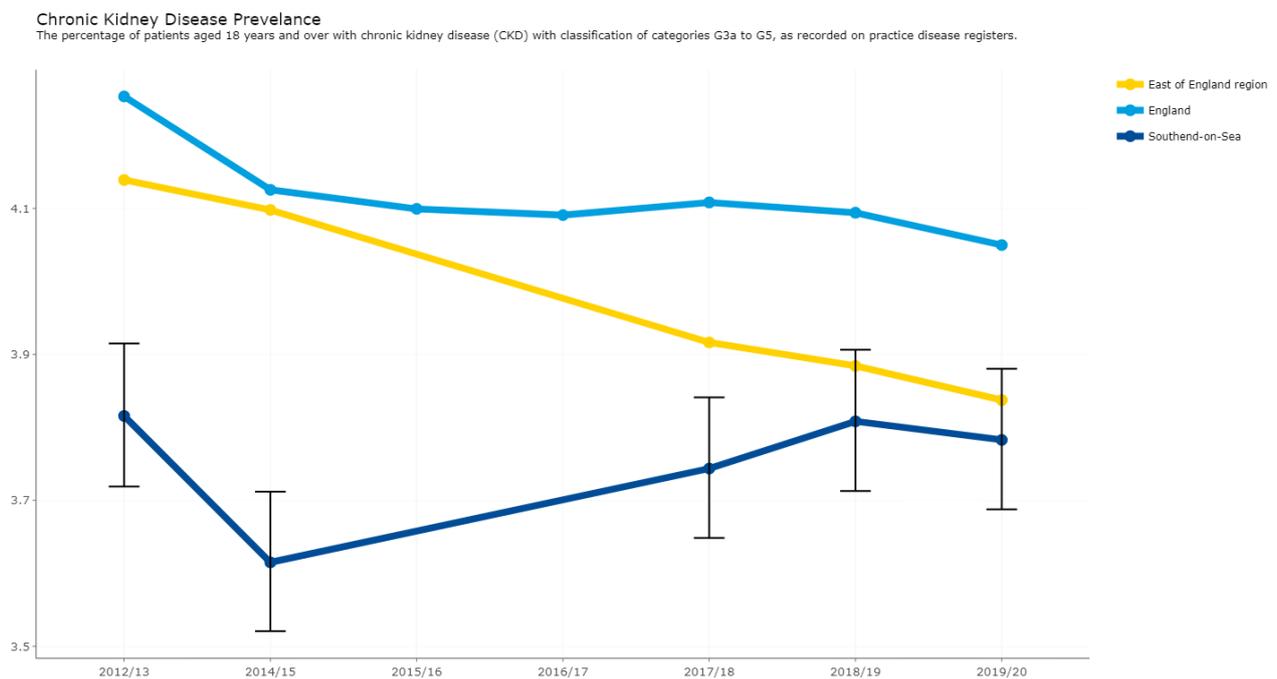
**Figure 53: Stroke prevalence**



Source: NHS Fingertips Indicator ID 212 Accessed:2021-12-13

Chronic Kidney Disease (CKD) is a long-term condition; the National Health and Nutrition Examination Survey (NHANES 1999–2004) suggested that the age-standardised prevalence of stages 3 to 5 CKD in the non-institutionalised American population is approximately 6%. The prevalence in females was higher than in males (6.9% versus 4.9%). In the fully adjusted model, the prevalence of low GFR (glomerular filtration rate) was strongly associated with diagnosed diabetes (OR, 1.54; 95% CI (Confidence Interval), 1.28–1.80) and hypertension (OR, 1.98; 95% CI, 1.73–2.67) as well as higher BMI (OR, 1.08; 95% CI, 1.02–1.15 per 5-unit increment of BMI). Figure 54 shows the percentage of patients aged 18+ with CKD with classification of categories G3a to G5, as recorded on practice disease registers. From 2018-19 Southend-on-Sea and East of England are similar, as the confidence intervals overlap significantly.

**Figure 54: CKD prevalence**

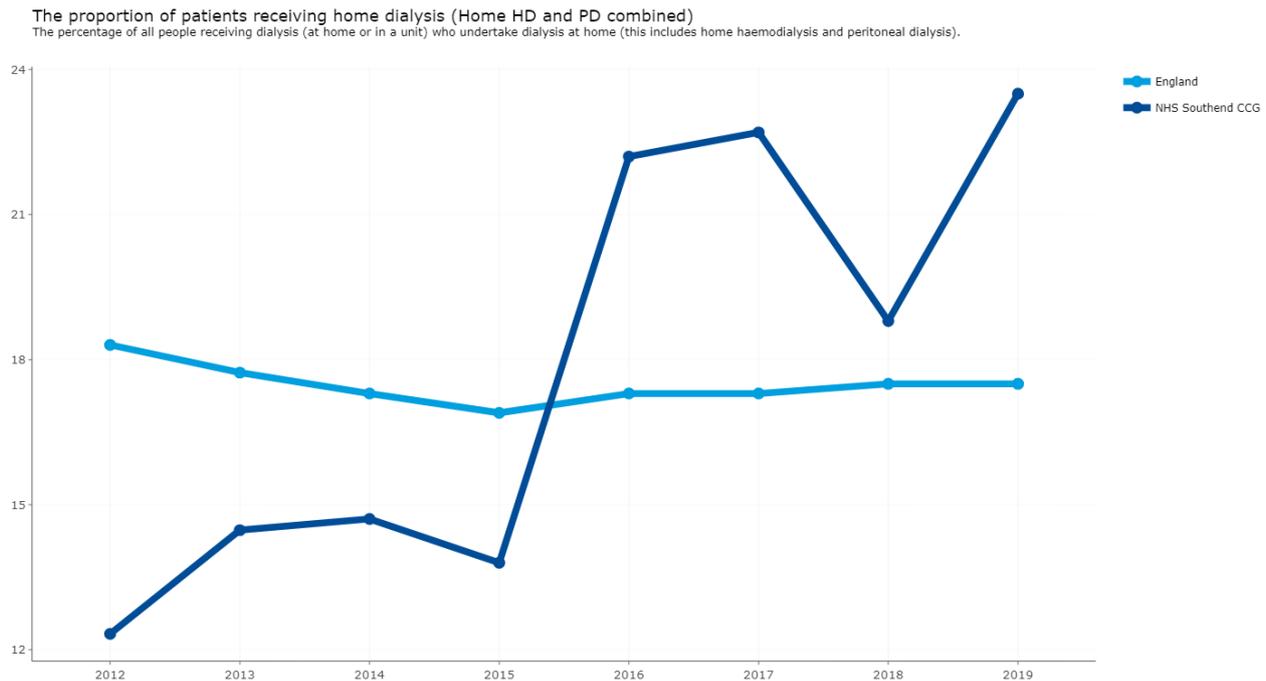


Source: NHS Fingertips Indicator ID 258 Accessed:2021-12-13

It is important that patients receive enough information to make an informed decision about Renal Replacement Therapy (RRT) treatment options, including conservative care. The different types of dialysis are Peritoneal Dialysis (PD), and Haemodialysis (HD), which can be either home or unit-based. There are variations in the type of RRT received by patients in different kidney centres.

There is an overall upward trend for Southend-on-Sea over the last ten years, rising to above the national level in 2016.

**Figure 55: Proportion of patients receiving home dialysis**



Source: NHS Fingertips Indicator ID 91025 Accessed:2021-12-13

### 2.9.2 Diabetes and hyperglycaemia

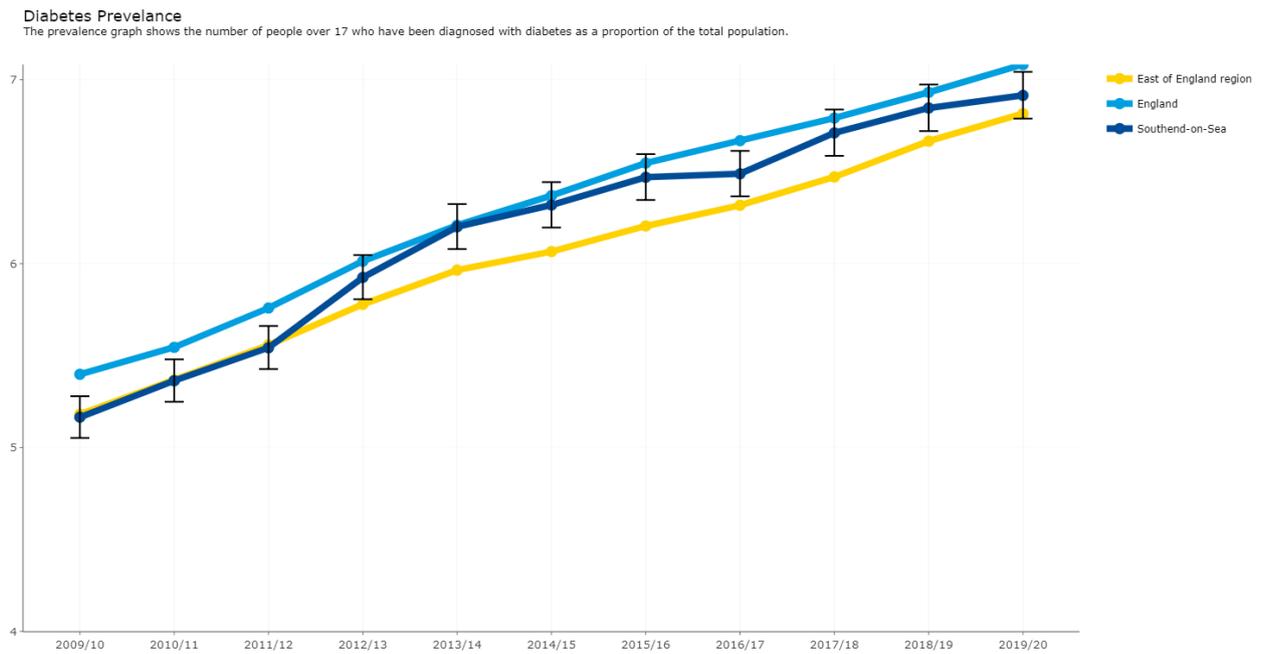
Diabetes mellitus is one of the common endocrine diseases affecting all age groups, with over three million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity. Much of the management and monitoring of patients with diabetes, particularly those with type 2 diabetes, is undertaken by the GP and members of the primary care team.

Diabetic complications (including cardiovascular, kidney, foot, and eye diseases) result in considerable morbidity and have a detrimental impact on quality of life. Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications.

NICE (National Institute for Health and Care Excellence) guidelines for diabetes include those for children and young people, pregnancy, type 1 diabetes, type 2 diabetes, prevention of type 2 diabetes. All aim to improve the prevention, identification, and management of those people at risk of developing diabetes and those with the condition.

The prevalence graph shows the number of people over 17 who have been diagnosed with diabetes as a proportion of the total population. There is a consistent upward trend across each region displayed.

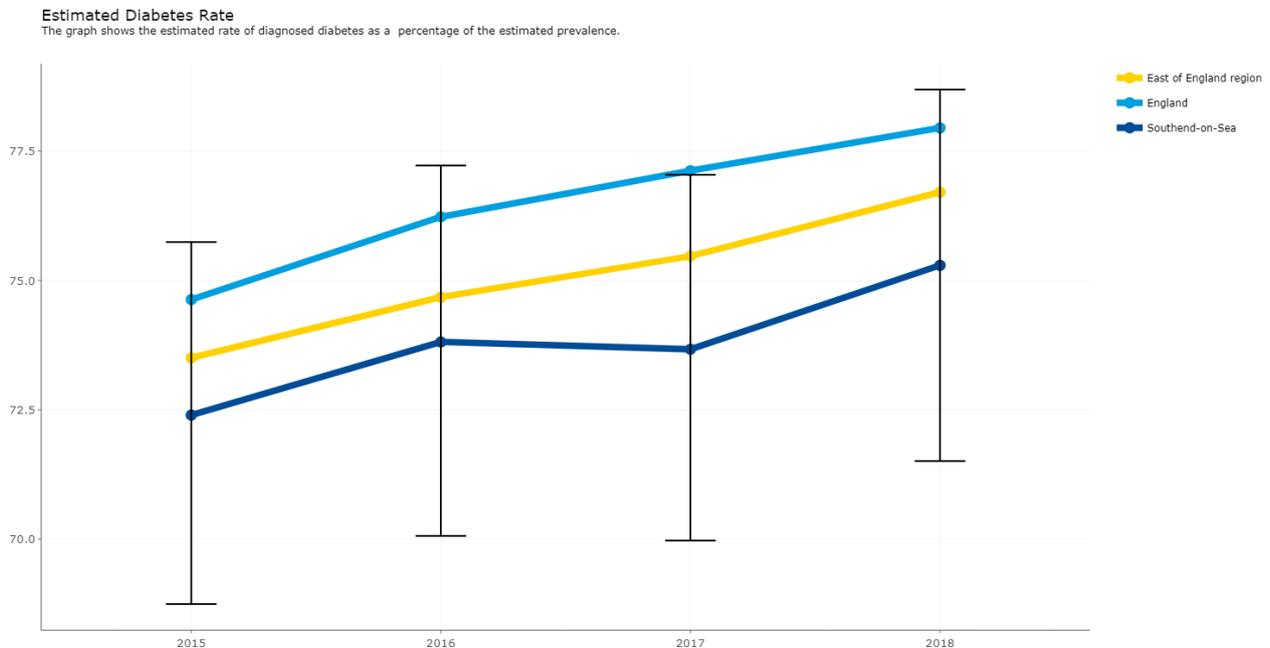
**Figure 56: Diabetes prevalence**



Source: NHS Fingertips Indicator ID 241 Accessed:2021-12-13

Figure 57 shows the estimated rate of diagnosed diabetes as a percentage of the estimated prevalence. There is an overall upward trend, suggesting that there are fewer cases of undiagnosed diabetes each year. England, East of England and Southend-on-Sea are within the 95% confidence interval of each other.

**Figure 57: Estimated diabetes rate**

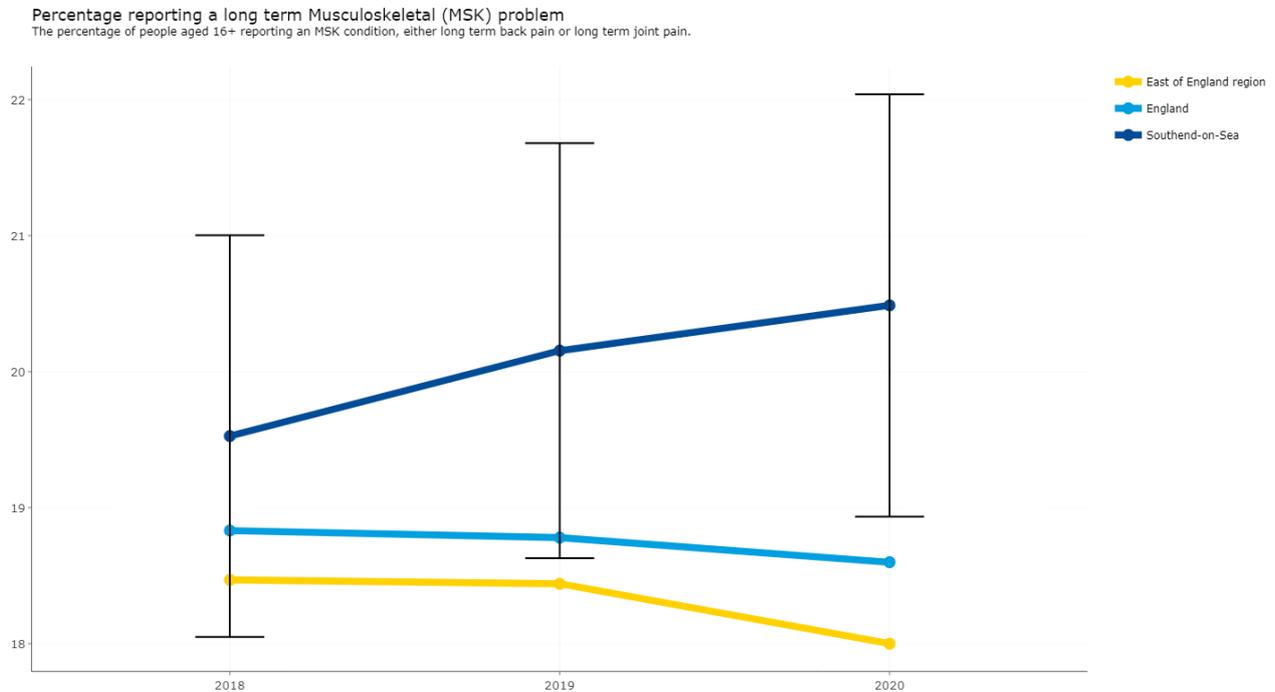


Source: NHS Fingertips Indicator ID 93347 Accessed:2021-12-13

### 2.9.3 Musculoskeletal (MSK)

In England low back and neck pain was ranked as the top reason for years lived with disability, and ‘other musculoskeletal (MSK) conditions’ was ranked as number 10. MSK conditions are known to impact quality of life due to increased pain, limiting range of motion and affecting the ability to take part in daily life such as attending work.

**Figure 58: Percentage reporting an MSK condition**



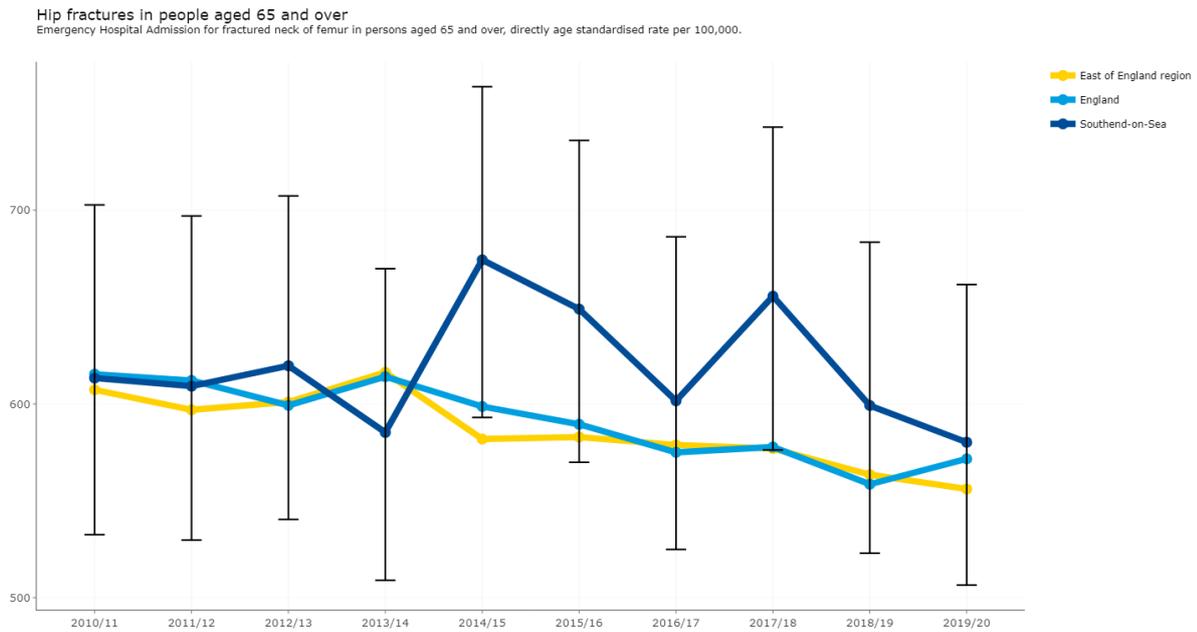
Source: NHS Fingertips Indicator ID 93377 Accessed:2021-12-13

Hip fracture is a debilitating condition – only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care. Hip fractures are almost as common and costly as strokes and the incidence is rising. In the UK, about 75,000 hip fractures occur annually at an estimated health and social cost of about £2 billion a year.

The average age of a person with hip fracture is about 83, with about 73% of fractures occurring in women. There is a high prevalence of comorbidity in people with hip fracture. The National Hip Fracture Database reports that mortality from hip fracture is high – about one in ten people with a hip fracture die within one month and about one in three within 12 months.

NICE has produced a quality standard that covers the management and secondary prevention of hip fracture in adults (18 years and older). The standard is designed to drive measurable improvements in the three dimensions of quality – patient safety, patient experience and clinical effectiveness for fragility fracture of the hip or fracture of the hip due to osteoporosis or osteopenia.

**Figure 59: Hip fractures in people aged 65 and over**

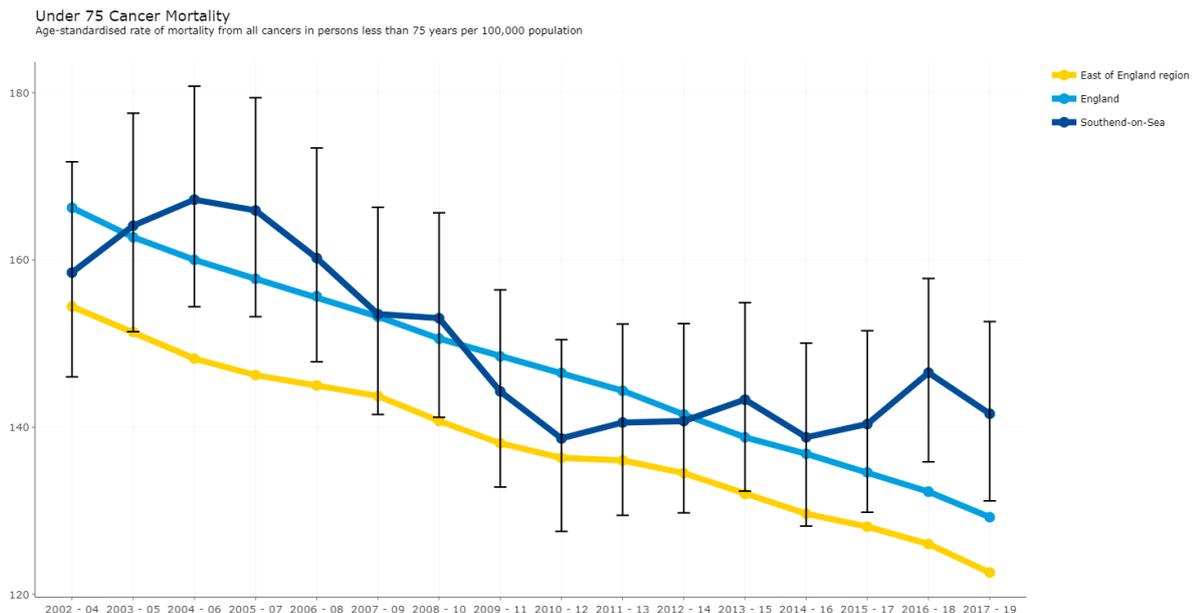


Source: Hospital Episode Statistics (HES), NHS Digital

### 2.9.4 Cancers

Cancer is the highest cause of death in England in under-75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, there needs to be concerted action in both prevention and treatment. The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could mainly be avoided through effective public health and primary prevention interventions.

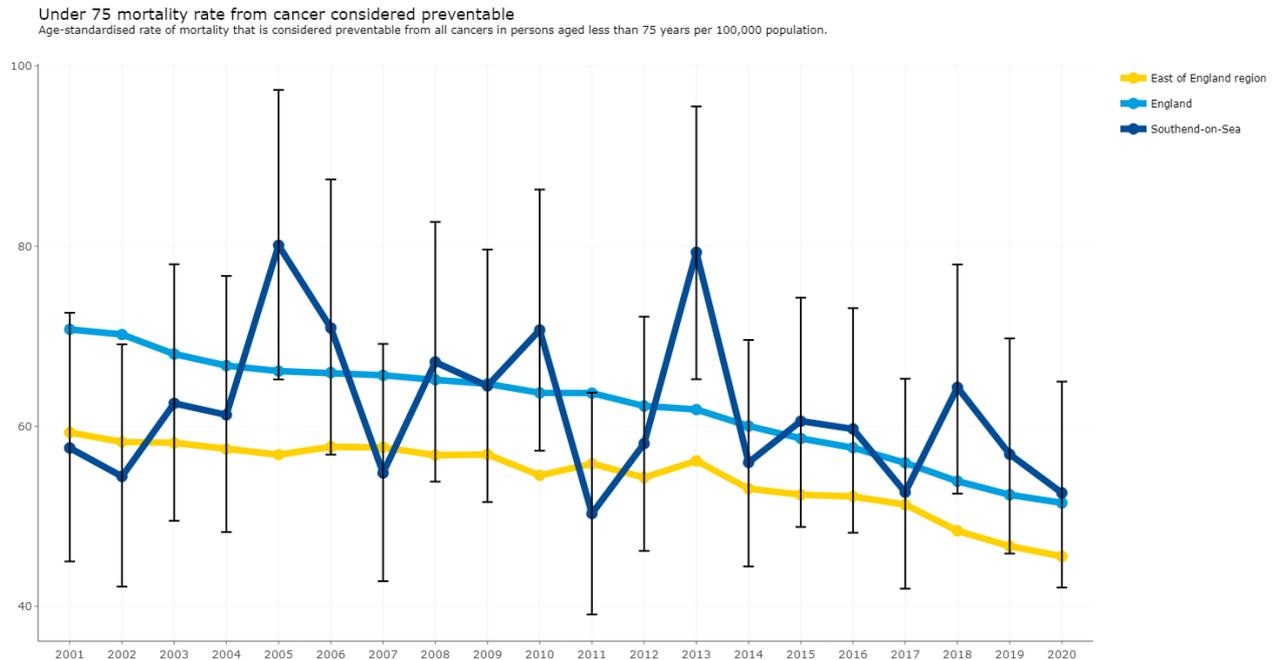
**Figure 60: Under-75 cancer mortality**



Source: NHS Fingertips Indicator ID 40501 Accessed:2021-12-13

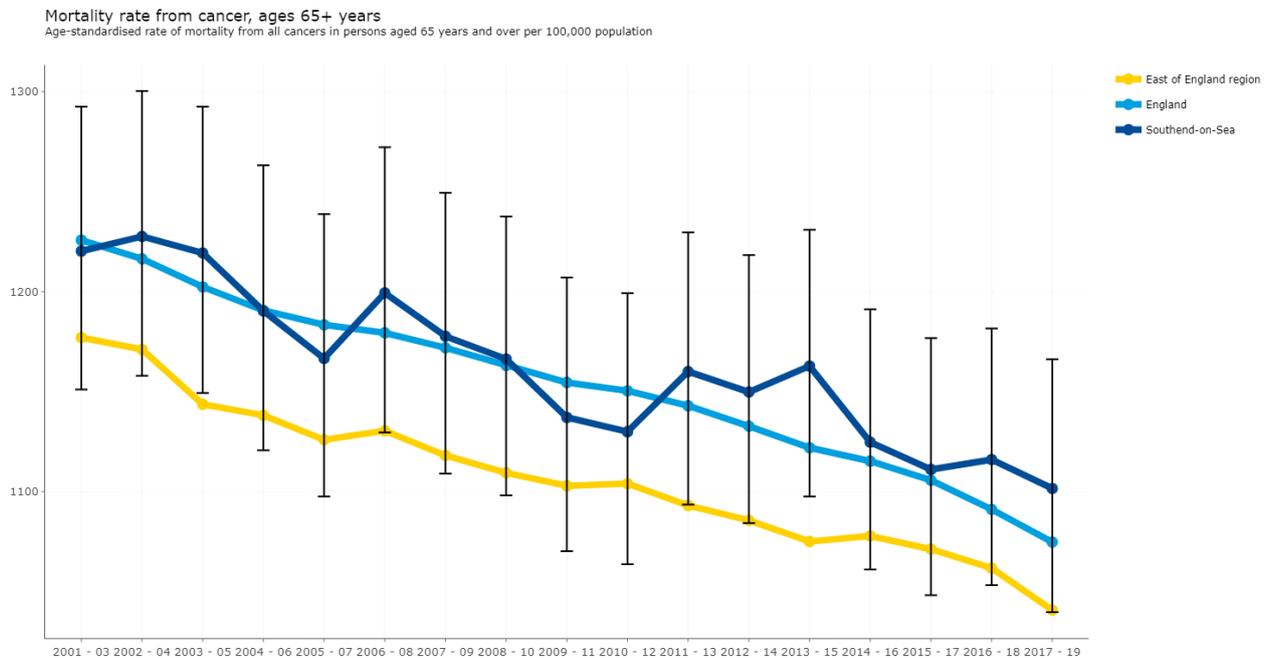
Preventable mortality overlaps with but is not the same as 'treatable' mortality, which includes causes of death that could potentially be avoided through effective healthcare interventions, including secondary prevention and treatment. Preventable mortality and treatable mortality are the two components of 'avoidable' mortality.

**Figure 61: Under-75 mortality rate from cancer considered preventable**



Source: NHS Fingertips Indicator ID 93723 Accessed:2021-12-13

**Figure 62: Mortality rate from cancer, ages 65+**



Source: NHS Fingertips Indicator ID 92724 Accessed:2021-12-13

### 2.9.5 Respiratory diseases – asthma and COPD

This indicator is designed to measure emergency hospital admissions for COPD. COPD is the umbrella term for serious lung conditions that include chronic bronchitis and emphysema. COPD is usually prevalent in adults over the age of 35. As many as 3 million people suffer from COPD in the UK, of which only around a third of cases have been diagnosed. COPD is a serious lung disease for which smoking is the biggest preventable risk factor.

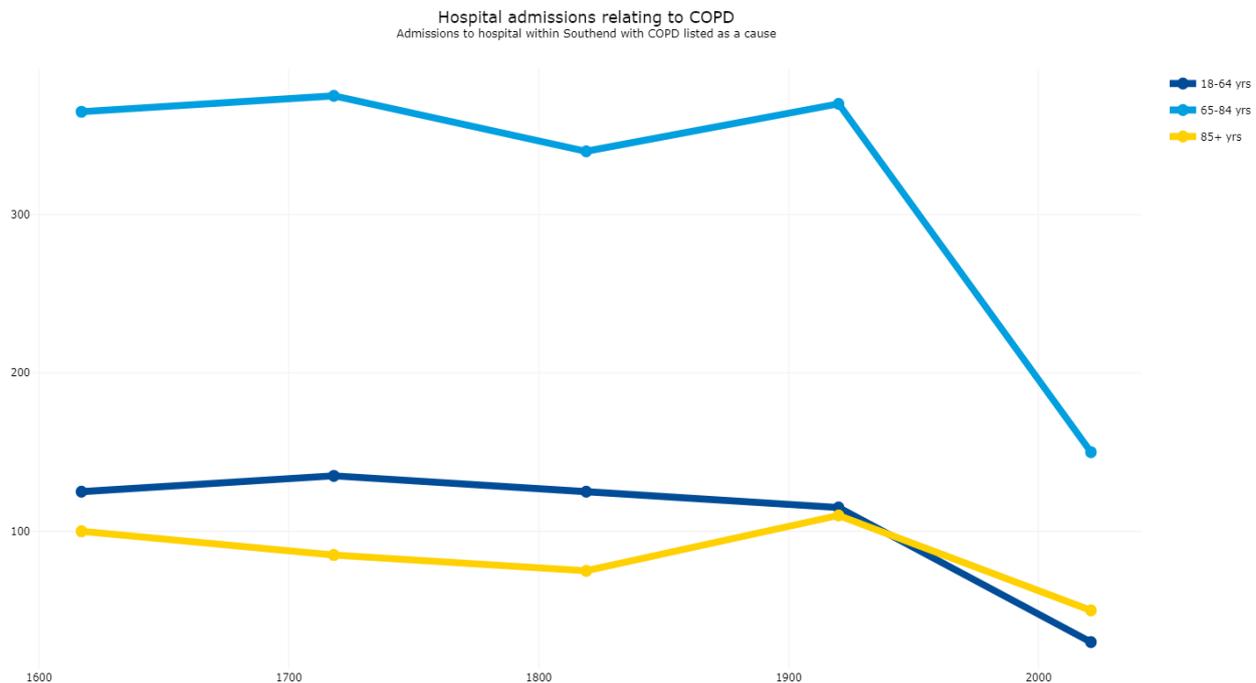
People with COPD have difficulties breathing, primarily due to the narrowing of their airways and destruction of lung tissue. Typical symptoms include breathlessness when active, a persistent cough and frequent chest infections.

Smokers can often dismiss the early signs of COPD as a ‘smoker’s cough’, but if they continue smoking and the condition worsens it can greatly impact on their quality of life. Large numbers of people with COPD are unable to participate in everyday activities such as climbing stairs, housework or gardening, with many even unable take a holiday because of their disease.

If a timely diagnosis is given, COPD is a condition that can be effectively managed in a primary care setting. This indicator therefore can help signpost those areas with lower rates of diagnosis and/or poor management of this condition.

Hospital admissions for COPD shows a similar pattern to the care results, with 65–84 age brackets having the most cases followed by 85+, and 18–64 having fewest cases.

**Figure 63: Hospital admissions relating to COPD**



Source: Hospital Episode Statistics (HES), NHS Digital

### 2.9.6 Dementia

This indicator quantifies the proportion of the population aged 65+ with a recorded diagnosis of dementia.

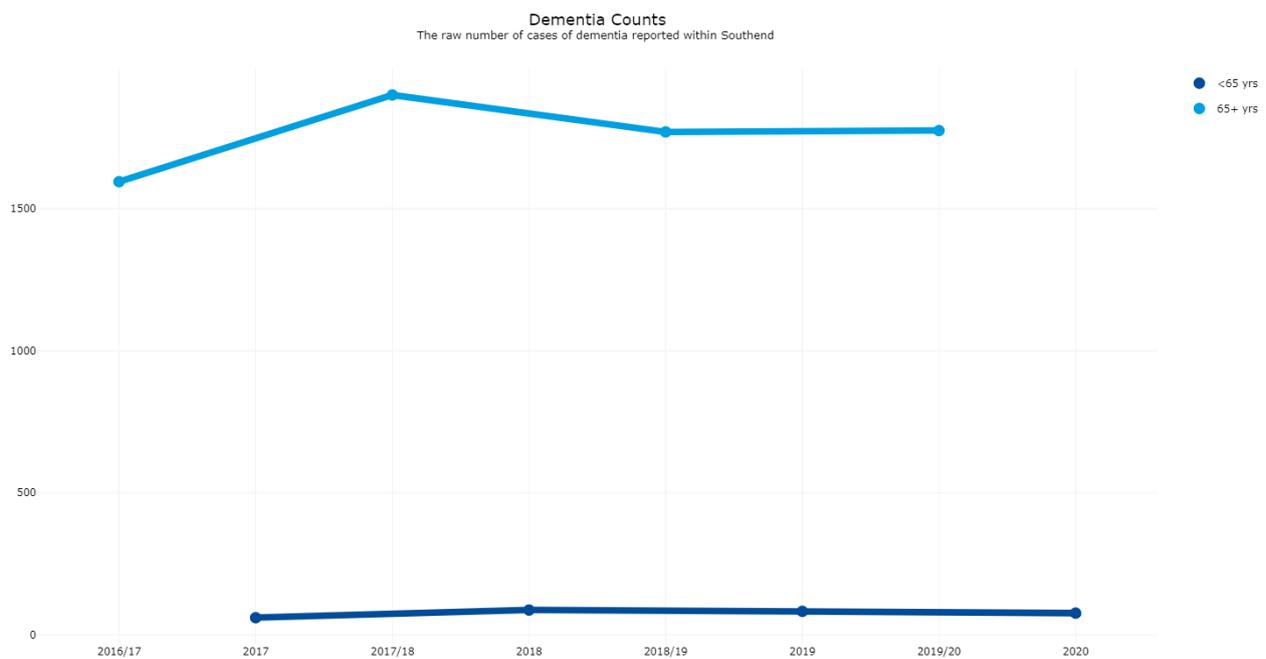
Objective two of the National Dementia Strategy (2009) is for ‘all people with dementia to have access to treatment, care and support as needed following diagnosis’.

The recorded dementia prevalence provides an indication of the concentration, within a population, of the number of people aged 65+ who have been diagnosed and who are now living with the condition.

Young-onset dementia (also known as early or working-age dementia) refers to dementia that is diagnosed before the age of 65 (the age at which people traditionally retired); however, the age cut-off point has no medical or biological significance. People diagnosed with dementia under the age of 65 have different needs and commitments, often follow a different clinical pathway, and may also need different forms of support, compared with people diagnosed with dementia over the age of 65.

Cases of dementia reported within Southend-on-Sea far outnumber the cases reported in care and shows that the majority of cases are over 65. This is likely due to a large number being diagnosed with dementia but not seeking social care.

**Figure 64: Dementia counts**



Source: NHS Fingertips Indicator ID 93305 Accessed:2021-12-13

## 2.9.7 Influenza

Table 11 illustrates the Influenza vaccine uptake for the year 2020. Southend-on-Sea has a lower uptake than the national average across all groups and achieves the target rate in the general 'at risk groups' and the '65+' group.

**Table 11: Influenza uptake 2020**

		Southend	Target	England
	2–3-year-olds	51.8%	65%	56.7%
	At-risk groups	58.5%	55%	64.4%
	Pregnant women	40.9%	55%	43.5%
	65+ years	75.6%	75%	80.9%

Source: PHE – Immform – GP patients influenza vaccine uptake

### 2.9.8 COVID-19 impact

Figure 65 shows the number of new cases per day over the period of the COVID-19 pandemic in Southend-on-Sea, with major changes to guidelines highlighted. The spikes in cases numbers follow the national pattern, and generally follow the identification of new variants, or by a change in the government guidelines.

**Figure 65: COVID-19 cases in Southend-on-Sea**

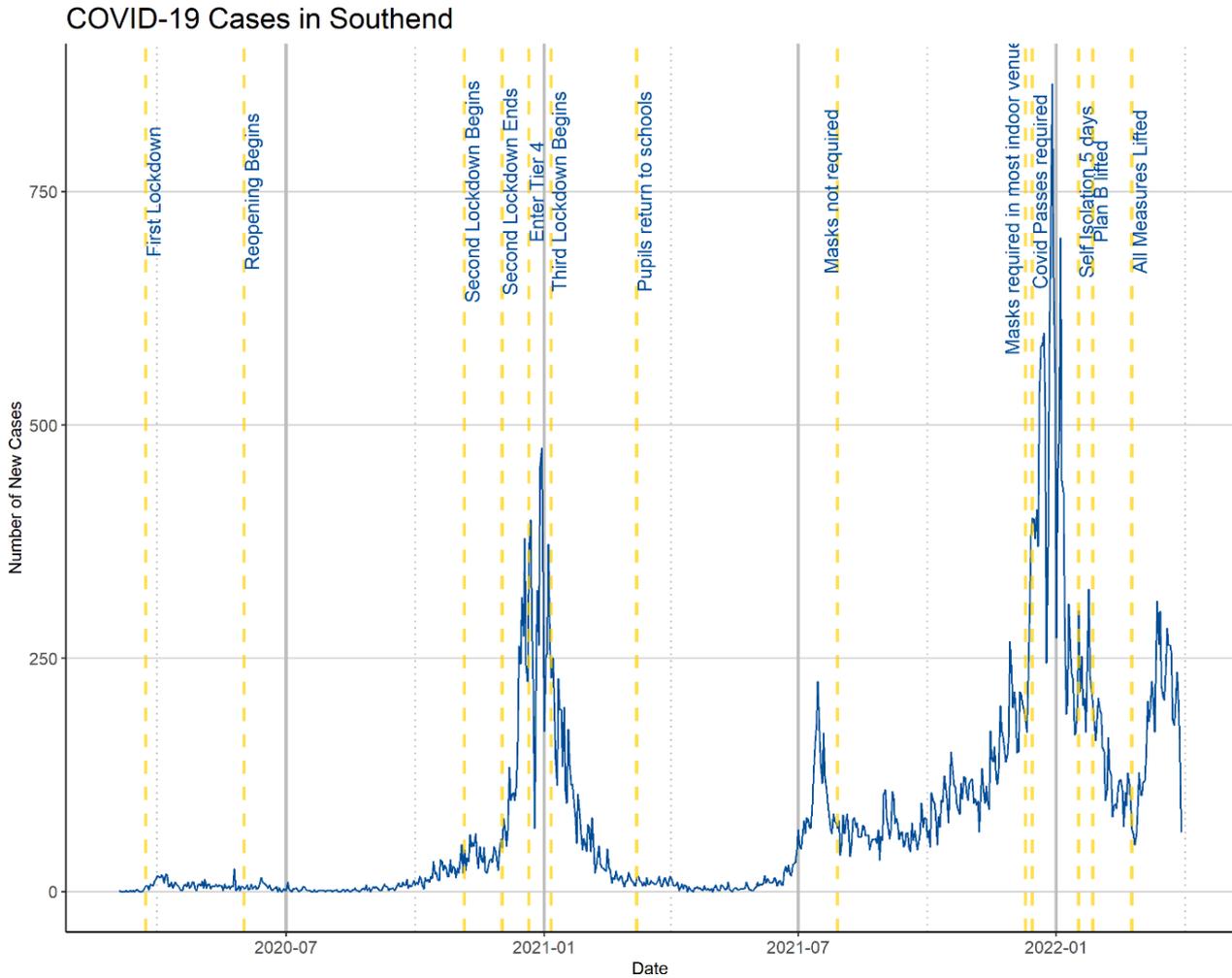
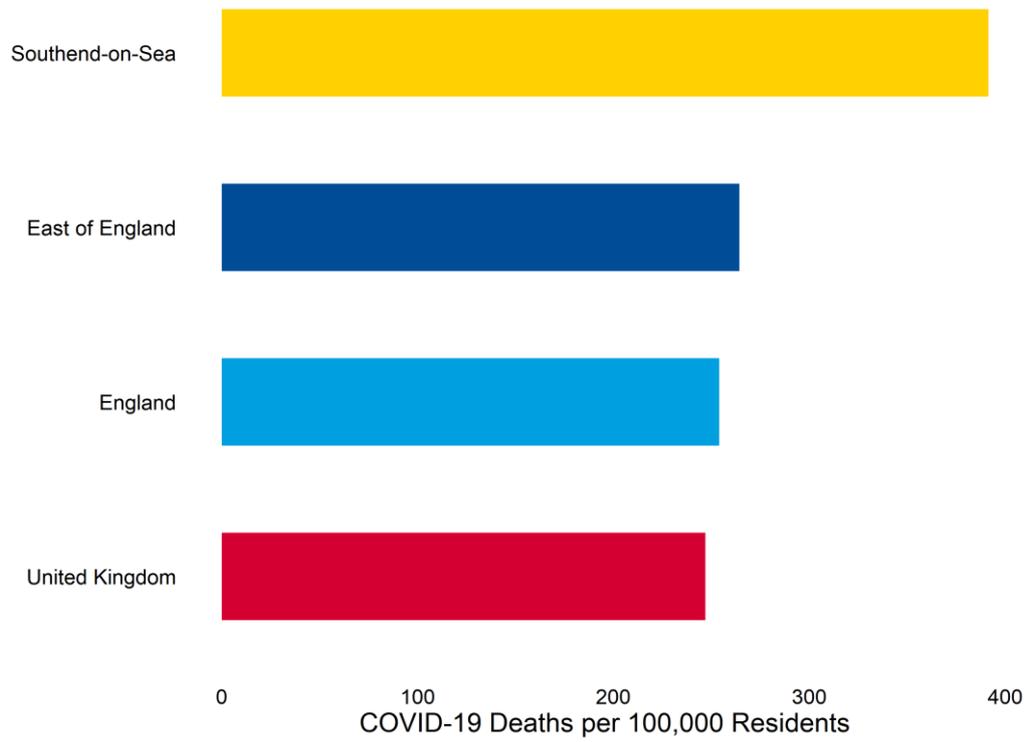


Figure 66 indicates the rate of deaths per 100,000 residents within 28 days of a positive COVID-19 test. Southend-on-Sea has a higher rate of deaths than the national and regional averages.

**Figure 66: COVID-19 deaths per 100,000 residents by region**

COVID-19 Deaths per 100,000 Residents by Region



### Section 3: NHS pharmaceutical services provision, currently commissioned

Figure 67: All contractors in Southend-on-Sea HWB area



There are a total of 41 contractors in Southend-on-Sea.

- 36 x 40-hour community pharmacies
- 3 x 100-hour community pharmacies
- 2 x DAC

### 3.1 Community pharmacies

<p>39 community pharmacies in Southend-on-Sea</p> 	<p>182,773 population of Southend-on-Sea</p> 	<p>21.3 pharmacies per 100,000 population</p> 
---	--	---

Correct as of 15 December 2021

During the C-19 pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.<sup>27</sup>

Since the previous PNA was published in 2017, the number of community pharmacies in Southend-on-Sea has reduced by one. The England average is 20.5 community pharmacies per 100,000 population, which has decreased slightly from 2018, when the average number was 21.2. The East of England average has also decreased to 19.4 from the previous 20.4 community pharmacies per 100,000 population. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring Essex HWB, with average of 17.5 pharmacies per 100,000 population.

Table 12 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Southend-on-Sea is well served with community pharmacies and comparable to the East of England and national averages.

**Table 12: Number of community pharmacies per 100,000 population**

	England	East of England	Southend-on-Sea
2020-21	20.5	20.7	21.3
2019-20	21.0	21.6	21.3
2018-19	21.2	20.4	21.4

Source: ONS Population

The public questionnaire details the perception of access to community pharmacies and the services they provide ([Section 5](#)).

The full results of the pharmacy user questionnaire are detailed in Appendix G.

<sup>27</sup> Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

Table 13 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality. Overall, the number of pharmacy contractors has not changed since the last PNA, however opening hours have changed considerably (see pharmacy contractor details in Appendix A).

**Table 13: Breakdown of average community pharmacies per 100,000 population<sup>28</sup>**

Locality	Number of community pharmacies (March 2022)*	Total population (ONS mid-year 2020)	Average number of community pharmacies per 100,000 population (Dec 2021)
West	8	38,837	20.6
West Central	14	65,847	21.3
East Central	8	36,477	21.9
East	9	41,612	21.6
Southend-on-Sea (2021)	39	182,773	21.3
East of England (2021)	1,216	6,269,161	19.4
England (2021)	11,636	56,760,975	20.5

\*Data includes DSPs, which do not provide face-to-face services

[Section 6.2](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6](#).

### 3.1.1 Choice of community pharmacies

Table 14 shows the breakdown of community pharmacy ownership in Southend-on-Sea. The data shows that pharmacy ownership is at different levels to those seen in the rest of East of England and England, as Southend-on-Sea has a much higher percent of independent pharmacies compared with nationally, with no one provider having a monopoly in any locality. People in Southend-on-Sea therefore have a good choice of pharmacy providers.

**Table 14: Community pharmacy ownership, 2020-21**

Area	Multiples (%)	Independent (%)
England*	60%	40%
East of England*	56%	44%
Southend-on-Sea (2021)	29%	71%

\*Source: NHS BSA

### 3.1.2 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 15 shows that Southend-on-Sea has a slightly lower percentage of its pharmacies open for 100 hours or more compared with regionally and nationally. There are three 100-hour pharmacies, one in East Central locality and two in West Central locality. Most 100-hour pharmacies are open late and at the weekends.

<sup>28</sup> NHS BSA. Dispensing data. [www.nhsbsa.nhs.uk/prescription-data/dispensing-data](http://www.nhsbsa.nhs.uk/prescription-data/dispensing-data)

**Table 15: Number of 100-hour pharmacies (and percentage of total)<sup>29</sup>**

Area	Number (%) of 100-hour pharmacies
England (2020-21 data)	1,094 (9.4%)
East of England	121 (10.0%)
Southend-on-Sea	3 (8%)

### 3.1.3 Access to community pharmacies

Community pharmacies in Southend-on-Sea are particularly located around areas with a higher density of population. Many also provide extended opening hours and/or open at weekends.

A previously published article<sup>30</sup> suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates.

A list of community pharmacies in Southend-on-Sea and their opening hours can be found in Appendix A.

#### 3.1.3.1 Routine daytime access to community pharmacies

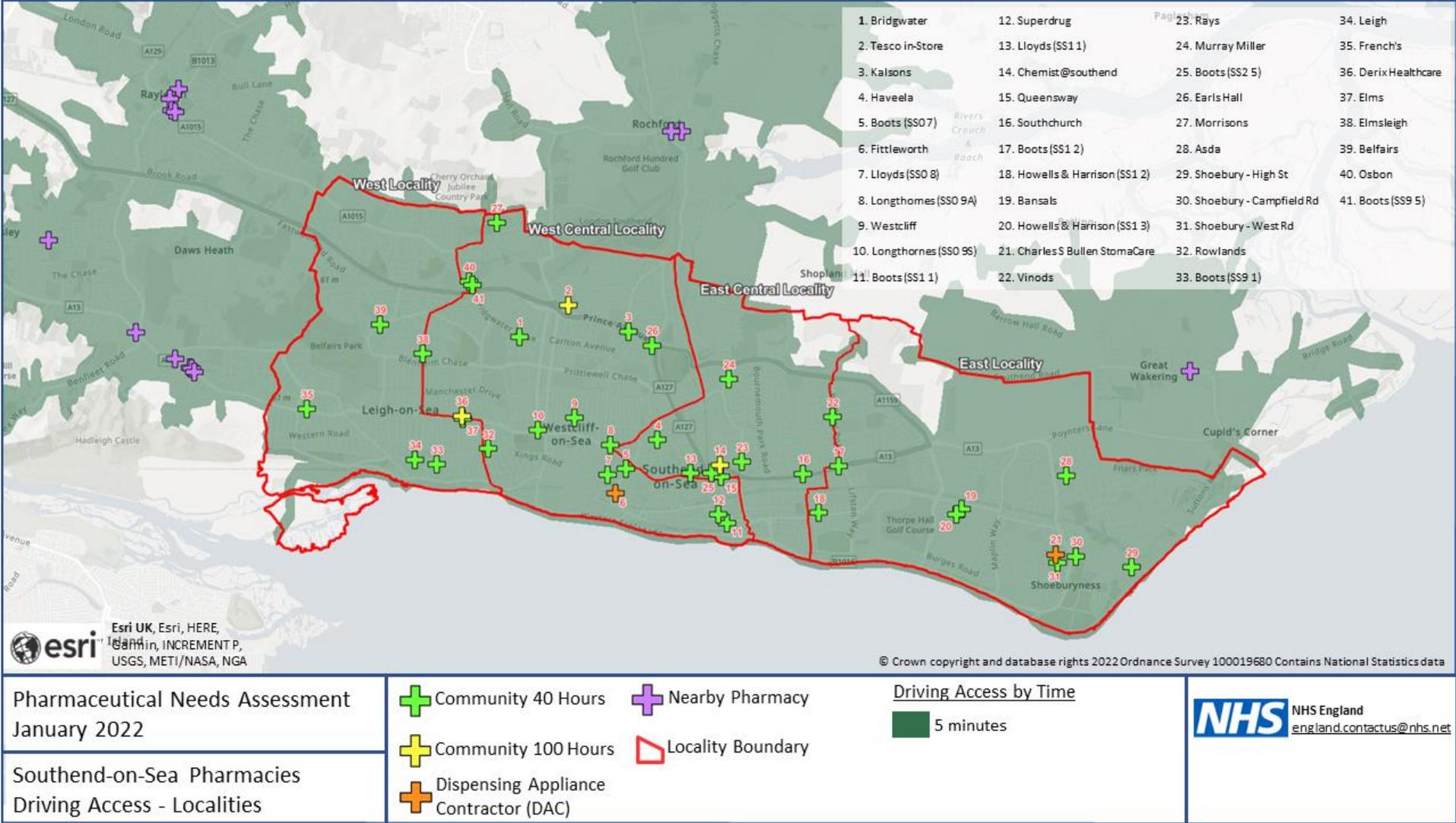
The following maps show travel times to community pharmacies using a variety of options. In summary:

- Driving: a majority of the population can drive to a pharmacy within 5 minutes
- Walking: a majority of the population can walk to a pharmacy within 20 minutes
- Public transport: a majority of the population can access a pharmacy via public transport within 20 minutes.

<sup>29</sup> NHS BSA. Dispensing data. [www.nhsbsa.nhs.uk/prescription-data/dispensing-data](http://www.nhsbsa.nhs.uk/prescription-data/dispensing-data)

<sup>30</sup> Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Figure 68: Driving times to nearest pharmacy



Esri UK, Esri, HERE, DeLorme, INCREMENT P, USGS, METI/NASA, NGA

Pharmaceutical Needs Assessment  
January 2022

Southend-on-Sea Pharmacies  
Driving Access - Localities

- + Community 40 Hours
- + Community 100 Hours
- + Dispensing Appliance Contractor (DAC)
- + Nearby Pharmacy
- Locality Boundary

Driving Access by Time  
5 minutes

**NHS** NHS England  
england.contactus@nhs.net

Figure 69: Walking times to nearest pharmacy

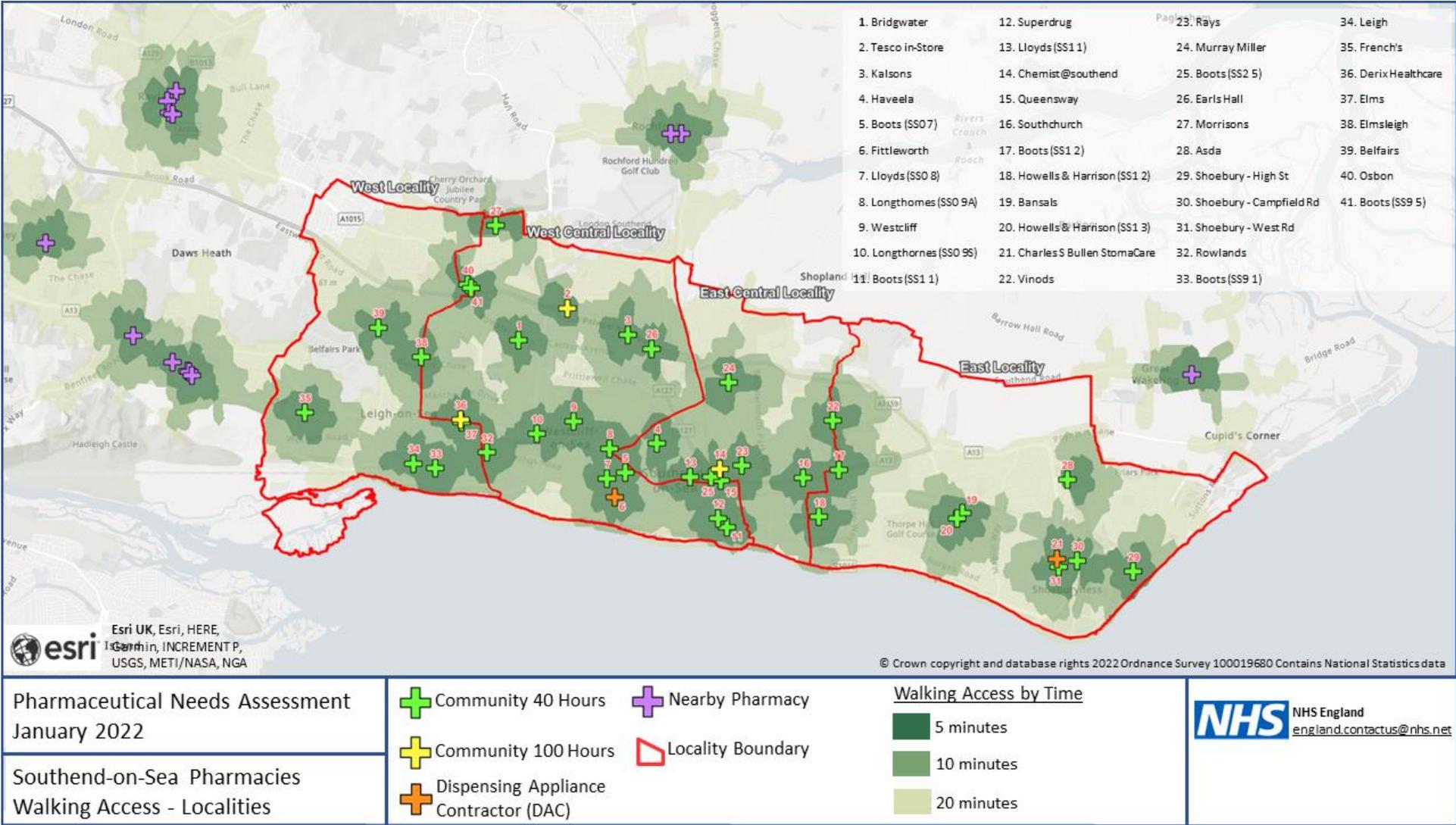
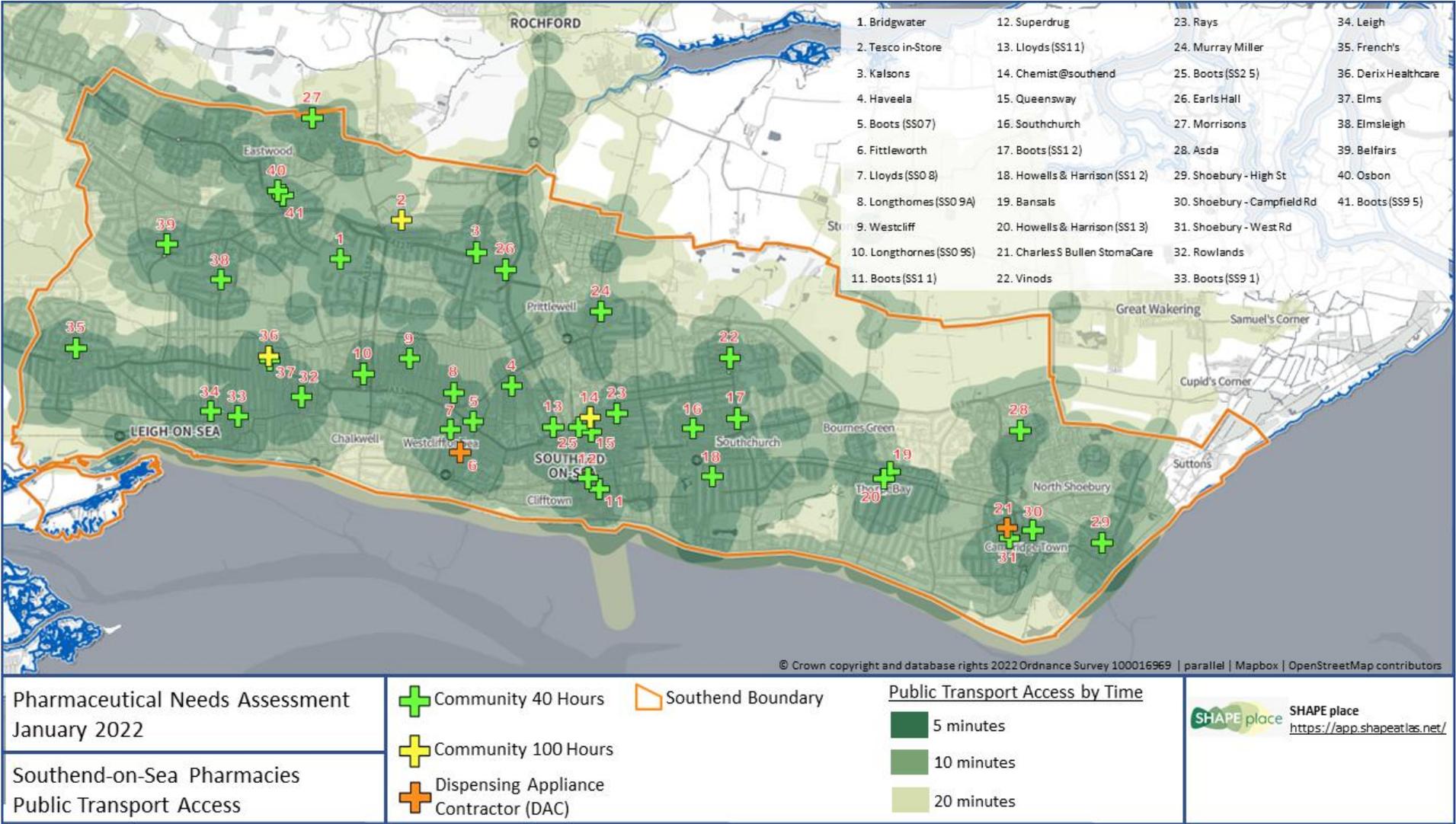


Figure 70: Public transport access to nearest pharmacy



- |                          |                                |                             |                      |
|--------------------------|--------------------------------|-----------------------------|----------------------|
| 1. Bridgewater           | 12. Superdrug                  | 23. Rays                    | 34. Leigh            |
| 2. Tesco in-Store        | 13. Lloyds (SS1 1)             | 24. Murray Miller           | 35. French's         |
| 3. Kalsons               | 14. Chemist@southend           | 25. Boots (SS2 5)           | 36. Derix Healthcare |
| 4. Haveela               | 15. Queensway                  | 26. Earls Hall              | 37. Elms             |
| 5. Boots (SS07)          | 16. Southchurch                | 27. Morrisons               | 38. Elmsleigh        |
| 6. Fittleworth           | 17. Boots (SS1 2)              | 28. Asda                    | 39. Belfairs         |
| 7. Lloyds (SS0 8)        | 18. Howells & Harrison (SS1 2) | 29. Shoebury - High St      | 40. Osbon            |
| 8. Longthomes (SS0 9A)   | 19. Bansals                    | 30. Shoebury - Campfield Rd | 41. Boots (SS9 5)    |
| 9. Westcliff             | 20. Howells & Harrison (SS1 3) | 31. Shoebury - West Rd      |                      |
| 10. Longthornes (SS0 9S) | 21. Charles S Bullen StomaCare | 32. Rowlands                |                      |
| 11. Boots (SS1 1)        | 22. Vinods                     | 33. Boots (SS9 1)           |                      |

### 3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays) varies within each locality; they are listed in Table 16. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 16; the population of Southend-on-Sea has reasonable access to community pharmacies in the evening. This is because the majority of providers in Southend-on-Sea are open after 6 pm.

**Table 16: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, on Saturday and Sunday**

Locality	Percentage of pharmacies open beyond 6 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
West	63%	88%	0%
West Central	64%	79%	29%
East Central	50%	87%	25%
East	67%	100%	11%
Southend-on-Sea (2021)	62%	87%	18%

### 3.1.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Southend-on-Sea, 87% are open on Saturdays, but only a few are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

### 3.1.3.4 Routine Sunday daytime access to community pharmacies

The average number of community pharmacies open for the whole area is 18%, although none are open on Sundays in West locality. Fewer pharmacies are open on Sundays than on any other day in Southend-on-Sea. Full details of all pharmacies open on a Sunday can be found in Appendix A.

### 3.1.3.5 Routine bank holiday access to community pharmacies

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

NHSE may commission a bank holiday rota service from a small number of pharmacies, particularly in some areas, for Easter Sunday and Christmas Day as an Enhanced Service.

### 3.1.4 Advanced Service provision from community pharmacies

Data supplied from NHSE has been used to demonstrate in Table 17 how many community pharmacies per locality have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A.

**Table 17: Percentage of community pharmacy providers by locality offering Advanced Services in Southend-on-Sea (2021-22)**

Localities (number of pharmacies)	West (8)	West Central (14)	East Central (8)	East (9)
NMS	100%	86%	87.5%	100%
Community pharmacy seasonal influenza vaccination	87.5%	57%	87.5%	78%
CPCS	75%	79%	100%	100%
Hypertension case-finding service*	75%	50%	89%	100%
Smoking cessation service	12.5%	0%	25%	22%
Community pharmacy hepatitis C antibody-testing service*	0%	14%	0%	11%

\* Data as of August 2022

There is no local data on AURs.

The information in Table 18 provides detail of the recorded activity of Advanced Service delivery in Southend-on-Sea. It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

[Section 6.3](#) lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. Data supplied from NHSE has been used to demonstrate percentage of provision of Advanced Services across the area. Table 18 lists a summary of the latest available activity data on provision of Advanced Services.

**Table 18: Percentage of providers currently providing Advanced Service provision within England, East of England, and Southend-on-Sea**

Advanced Service	England	East of England	Southend-on-Sea
NMS*	85%	90%	92%
Community pharmacy seasonal influenza vaccination*	63.5%	71.5%	74%
CPCS^*	77%	79%	87%
Hypertension case-finding service**	5%	10%	0%
Community pharmacy hepatitis C antibody-testing service (currently until 31 March 2023)*	0.1%	0.08%	0%
AUR*	0.3%	0.2%	0%
SAC*	8%	5.5%	5%

Source: NHS BSA, Dispensing Data

^ This includes CPCS and GP CPCS consultations

\* Data from NHSA BSA 2021-22, 7 months

\*\* Data from NHS BSA Nov-Dec 2021

Appendix A lists those community pharmacies who have provided these services in December 2021 (except Community pharmacy hepatitis C antibody-testing service and Hypertension case-finding service where provider is as of August 2022).

Table 18 provides information on the activity of Advanced Services across Southend-on-Sea. All data uses 2021-22 seven-month data, however, for this PNA activity data across the last four years is skewed, as the most recent data will have been affected by the C-19 pandemic and will therefore not be an accurate reflection.

Activity data shows that Advanced Services are used, but information is skewed due to the C-19 pandemic. New services, such as CPCS, are being used, but data shows low uptake nationally.<sup>31</sup> A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.<sup>32</sup> CPCS has been provided in 87% community pharmacies as of October 2021 in Southend-on-Sea.

To date, there has been no activity data recorded on the use of community pharmacy hepatitis C antibody-testing service locally, but there is low uptake nationally.

The new hypertension case-finding service started in October 2021. Activity data is still low nationally and regionally, and there is no activity data at time of writing for Southend-on-Sea.

The smoking cessation Advanced Service started on 10 March 2022, and therefore no activity data is available at time of writing.

There has been no recorded provision of the AUR service from community pharmacy providers in Southend-on-Sea up to 1 November 2021. The number of providers of AUR is also very low regionally and nationally.

### 3.1.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE ([Section 1.3](#)). Therefore, any Locally Commissioned Services (LCS) commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

There are currently two Enhanced Service commissioned in the Southend-on-Sea HWB area:

- Delivery of the COVID-19 vaccination has been added as an Enhanced Service from community pharmacies to support the public during the pandemic
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required

### 3.2 Dispensing Appliance Contractors (DACs)

There are two DACs in Southend-on-Sea, however, DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 30 responses and 77% of respondents reported that they provide all type of appliances.

There are two DACs in Southend-on-Sea:

<sup>31</sup> NHS BSA. Dispensing Data. <https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data>

<sup>32</sup> Royal College of General Practitioners. Making the Community Pharmacist Consultation Service a Success. October 2021. [www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs](http://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs)

- Charles S Bullen Healthcare Ltd, 103 West Road, Shoeburyness SS3 9DT
- Fittleworth Medical Ltd, 44 Hamlet Court Road, Westcliff-on-Sea SS0 7LX

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Southend-on-Sea. There were 112 DACs in England in 2020-21.

### **3.3 Distance-Selling Pharmacies (DSPs)**

A DSP provides services as per the Pharmaceutical Regulations 2013. It may not provide Essential Services face-to-face and therefore provision is by mail order and/or wholly internet. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England to anyone who requests them.

It is therefore likely that patients within Southend-on-Sea will be receiving pharmaceutical services from a DSP outside of Southend-on-Sea. There are no DSPs in Southend-on-Sea.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

### **3.4 Local Pharmaceutical Service (LPS) providers**

There is no LPS pharmacies in Southend.

### **3.5 Dispensing GP practices**

There are no dispensing GP practices in Southend-on-Sea, which is the same as at the time of writing the 2017 PNA.

### **3.6 PhAS pharmacies**

From January 2022, this scheme is being updated to the Pharmacy Access Scheme (PhAS), to continue to support patient access to isolated, eligible pharmacies.

There is one PhAS in Southend-on-Sea:

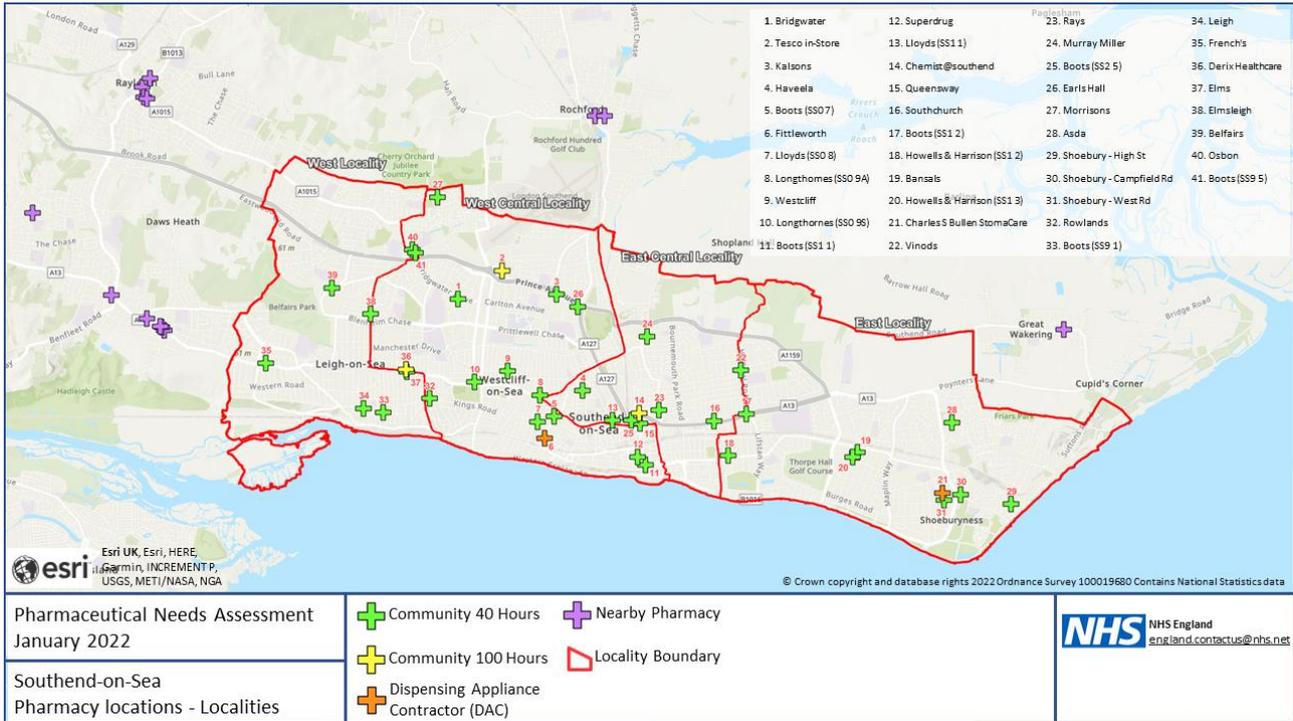
- Morrisons Pharmacy, Western Approaches, Southend-on-Sea SS2 6SH

### **3.7 Pharmaceutical service provision from outside Southend-on-Sea HWB area**

Southend-on-Sea HWB is bordered by one other HWB area: Essex. As previously mentioned, like East of England, Southend-on-Sea has good transport links even to the rural areas. As a result, it is anticipated that many residents in Southend-on-Sea will have reasonable access to pharmaceutical service providers in the neighbouring HWB area and beyond.

For some residents, the nearest provider of pharmaceutical services may be across the border in the neighbouring HWB area. It is not practical to list here all those pharmacies outside Southend-on-Sea by which Southend-on-Sea residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Southend-on-Sea boundaries and are marked on the map in Figure 71. Further analysis of cross-border provision is undertaken in [Section 6](#).

Figure 71: Map identifying Southend-on-Sea HWB pharmacies and cross-border pharmacy provision



DSPs may also provide prescriptions to Southend-on-Sea residents and over the last six months Pharmacy2U, Leeds, has dispensed approx. 10,000 prescriptions from Southend CCG GP practices, which equates to approx. 1.25% of all Southend-on-Sea prescriptions.

## Section 4: Other services that may affect pharmaceutical services provision

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

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

The services commissioned in Southend-on-Sea are described below and in [Section 6](#), and those commissioned from community pharmacy contractors in Southend-on-Sea are listed in Table 19.

**Table 19: Commissioned services from community pharmacies**

Commissioned service	CCG-commissioned service	LA-commissioned service
Smoking cessation		X
Condom distribution*		X
Emergency Hormonal Contraception*		X
Supervised consumption service		X
Needle exchange service		X
Access to palliative care drugs	X	

\*Currently under development and not an active service being offered in pharmacies as yet

### 4.1 Local authority-commissioned services provided by community pharmacies in Southend-on-Sea

SCC commissions six services from community pharmacies:

- Emergency Hormonal Contraception (EHC) service
- Condom distribution
- Smoking cessation
- Supervised consumption
- Needle exchange service

At time of writing, EHC and condom distribution services are currently under development and not active services being offered in pharmacies. SCC does not directly commission the pharmacies for supervised consumption and needle exchange as they are contracted by a treatment provider, STARS, as their parent organisation CGL (Change Grow Live) subcontracts pharmacy management through Lloyds Pharmacy.

These services may also be provided from other providers, e.g. GP practices or community health services. A full list of services and community pharmacy providers can be found in Appendix A.

### 4.2 CCG-commissioned services

Southend-on-Sea CCG commissions one service:

- Palliative care medicines supply service via Mid and South Essex Health and Care Partnership, until March 2023

A full list of community pharmacy providers is listed in Appendix A.

CCGs have been replaced by ICBs as part of ICSs. Southend-on-Sea is covered by one ICS. NHSE delegation of responsibility for pharmaceutical services has been delayed and in East of England this will go live in April 2023. ICBs will take on the delegated responsibility for pharmaceutical services from NHSE and therefore some services commissioned from pharmacies by CCGs currently may fall under the definition of Enhanced Services

### **4.3 Other services provided from community pharmacies**

As part of the community pharmacy contractor questionnaire, found in Appendix D, 48% of respondents indicated a particular need for an LCS. The responses included sexual health services, blood pressure monitoring, minor ailments service, ear syringing and weight management.

A summary of the community pharmacy contractor questionnaire responses is given in Appendix H.

### **4.4 Collection and delivery services**

Collection and delivery services are non-commissioned services.

All pharmacies who responded offer collection of prescriptions from GP practices. Of those who responded, 58% offer a free delivery service of dispensed medicines on request, while 52% provide a chargeable service. Depending on the area in question and the ability of residents to pay for a delivery service, this could affect individuals' ability to receive a delivery service and affect their access to medications.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are no DSPs based in Southend-on-Sea, but there are 372 throughout England. Free delivery of appliances is also offered by DACs. There are two DACs based in Southend-on-Sea, providing services nationally, and there are a further 112 throughout England.

### **4.5 Services for less-abled people**

Under the Equality Act 2010,<sup>33</sup> community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. The public questionnaire identifies that 45% of residents were aware that consultation room is accessible to wheelchair users or those with other accessibility needs.

### **4.6 GP practices providing extended hours**

There are a number of GP practices in Southend-on-Sea that provide extended hours. The normal working hours that a GP practice is obliged to be available to patients are 8 am to 6.30 pm, Monday to Friday; a number of practices offer extended hours both before and after these times, including on a Saturday morning.

### **4.7 Other providers**

The following are providers of pharmacy services in Southend-on-Sea but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

NHS hospitals – pharmaceutical service provision is provided to patients by the hospital:

- Southend Hospital, Prittlewell Chase, Westcliff-on-Sea SS0 0RY

Out-of-hours GP provision provided by IC24 and covers 18:31 to 07:59 Monday to Friday and all weekends and bank holidays.

<sup>33</sup> Equality Act 2010. [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

There are no urgent care centres, walk in centres or one-stop shops in Southend-on-Sea.

## Section 5: Findings from the public questionnaire

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

- Pharmacy users across the borough
- The wider local public in general

The survey was promoted via:

- Your Say Southend consultation page
- Web article
- SCC social media networks
- Public Health social media channels
- Intranet article/snapshot/internal email communication
- Livewell website article and social media
- Voluntary and community organisation emails
- Council e-newsletter
- Social media advert – Facebook/Instagram
- Engagement forums

A full copy of the results can be found in Appendix G.

From the 412 responses received from the public questionnaire.

### 5.1 Visiting a pharmacy

- 93% have a regular or preferred pharmacy
- 69% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 41% have visited a pharmacy at least once a month for others in the past six months
- 47% indicated that they used pharmacies every month or more for the purchase of over-the-counter medicine

### 5.2 Choosing a pharmacy

Reason for choosing pharmacy	% respondents was extremely important
Quality of service	62%
Convenience	64%
Accessibility	32%
Availability of medication or services	71%

### 5.3 Mode of transport to a community pharmacy

The main way patients access a pharmacy is by walking, with 52% using this method. The next most common method is by car.

#### 5.4 Time to get to a pharmacy

≤15 mins	16–30 mins
93%	7%

- 71% of those who reported difficulty in travelling to a pharmacy said it was due to parking
- 9% of those who reported difficulty in travelling to a pharmacy said it was due to lack of suitable public transport

#### 5.5 Preference for when to visit a pharmacy

There is no clear preference for the time of day people want to visit a pharmacy:

- 21% chose 8 am–12 pm
- 3% chose 12 pm–2 pm
- 15% chose 2 pm–6 pm
- 5% chose 6 pm–8 pm
- 1% chose after 8 pm
- 28% chose ‘time varies’
- 27% don’t mind when they visit the pharmacy

There is no clear preference for the day on which people want to visit a pharmacy:

- 26% chose to visit a pharmacy on Monday to Friday
- 6% chose to visit a pharmacy on Saturday
- Only 2% identified Sunday as a preferred day to visit
- 31% of respondents vary the day they prefer to visit the pharmacy
- 36% don’t mind when they visit the pharmacy

#### 5.6 Service provision from community pharmacies

- **52% walk** to their community pharmacy, which is similar to the previous PNA at **52.7%**, but still the most frequent means of travel to their chosen pharmacy; **39%** use a **car**, which is a decrease from **42.7%**; **2%** use **public transport**
- **1%** of respondents indicated that they have used an **internet pharmacy**
- **50%** of respondents were aware that they can order online with GP practice
- **25%** of respondents have use the eRD (Electronic Repeat Dispensing)

Tables 20a–c provides the demographic summary of respondents (full details are in Appendix G).

**Table 20a: Demographics of the community pharmacy user questionnaire respondents – sex (%)**

<b>Sex</b>	<b>Male</b>	<b>Female</b>
Percentage	34%	65%

**Table 20b: Demographics of the community pharmacy user questionnaire respondents – age (%)**

<b>Age Ranges</b>	<b>18–34</b>	<b>35–44</b>	<b>45–54</b>	<b>55–64</b>	<b>65–74</b>	<b>75+</b>
Percentage	4%	10%	15%	25%	29%	17%

**Table 20c: Demographics of the community pharmacy user questionnaire respondents – illness or disability (%)**

<b>Illness or disability?</b>	<b>Yes</b>	<b>No</b>
Percentage	44%	51%

Most respondents were aware of the provision of Essential Services from the pharmacy. For services that would be classified as Advanced or Enhanced the figures were lower, but responses suggested that the services may be valued. Table 21 summarises some of the results:

**Table 21: Opinion on some Advanced Services from community pharmacies**

<b>Service</b>	<b>Awareness</b>	<b>Like to see provided</b>
Needle exchange	22%	45%
Flu vaccination services	84%	89%
CPCS	20%	65%
NMS	30%	66%
Stop smoking or nicotine replacement therapy	60%	59%
Sexual health	32%	59%
Supervised consumption of medicines	26%	40%
Immediate access to palliative care	19%	74%

In addition, approximately 55% of respondents wished to see services that provide weight management, 53% anticoagulation monitoring and 63% long-term condition management from community pharmacies.

## Section 6: Analysis of health needs and pharmaceutical service provision

### 6.1 Pharmaceutical services and health needs

[Section 2](#) discusses the Southend-on-Sea JSNA and local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

The following priorities can be supported by the provision of pharmaceutical services within Southend-on-Sea. Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there have been temporary changes to the service requirements within the NHS CPCF which were introduced during the COVID-19 pandemic.

The changes were agreed by the Pharmaceutical Services Negotiating Committee (PSNC) with NHSE and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

These services are temporary, with the Advanced Services due to stop, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population. At present it is not clear what shape services locally commissioned by CCGs will take in the long-term future. The development of the ICS across Southend-on-Sea will conceivably lead to an alignment of these LCS across the ICS area.

#### 6.1.1 Southend-on-Sea health needs

Causes of ill health in Southend-on-Sea are discussed in detail in [Section 2](#). Some of the key areas are as follows:

- **Cardiovascular disease:** The number of patients registered with hypertension as a proportion of the total practice size in Southend-on-Sea has been consistently higher than the national and regional rate across the time period.
  - In 2020-21, the number of patients registered with hypertension as a proportion of the total practice size was 14.9, a higher rate compared with that of England, at 13.9.
- **Musculoskeletal:** The percentage of people aged 16+ in Southend-on-Sea reporting a MSK condition, either long-term back pain or long-term joint pain, is higher than in England. England and the East of England are outside the 95% confidence interval of Southend-on-Sea.
  - The percentage of people aged 16+ reporting a musculoskeletal condition – either long-term back pain or long-term joint pain – in Southend-on-Sea in 2020 was 20.5% and in England 18.6%.
- **Cancers:** The age-standardised rate of mortality from all cancers in persons under 75 per 100,000 population is higher in Southend-on-Sea compared with the East of England and nationally from 2016. England and the East of England are outside the 95% confidence interval of Southend-on-Sea.
  - Over the period 2017-19, the age-standardised rate of mortality from all cancers in persons under 75 per 100,000 population was 142 in Southend-on-Sea and 130 in England.

The prevalence of long-term conditions is expected to rise in Southend-on-Sea. Neoplasms, cardiovascular disease, MSK disorders, neurological disorders and chronic respiratory conditions have the largest burden of disease in Southend-on-Sea.

Particular populations that may have specific health needs include the older population, residential and nursing home population, and vulnerable people.

The older population in Southend-on-Sea is growing, most notably those aged 65 and over. The 2031 projections show an increase in most age groups with a slight decrease in under-10s and 25–39-year-olds, suggesting an aging population. This growth will have accompanying health needs.

The NMS is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence. Both Essential and Advanced Services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

### 6.1.2 Southend-on-Sea Joint Health and Wellbeing Strategy (JHWS)

This is discussed in detail in [Section 2](#). The following summarises the key priorities:

The most recent refresh of the JHWS (2019-22) is based on four principles:

- Prioritising prevention
- Promoting resilient communities
- Working well together
- Reducing health inequalities

### 6.1.3 Priorities from the NHS Long Term Plan (LTP)

LTP priorities that can be supported from community pharmacy include:

- Prevention
  - Smoking
  - Obesity
  - Alcohol
  - Antimicrobial resistance
  - Hypertension
  - Stronger NHS action on health inequalities
- Better care for major health conditions
  - Cancer
  - Cardiovascular disease
  - Stroke care
  - Diabetes
  - Respiratory disease
  - Adult mental health services

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies, who support urgent care and promote patient self-care and self-management. The **CPCS** has been available since 29 October 2019, as an Advanced Service.

Pharmacist review of medication as a method to reduce avoidable A&E attendances, admissions, and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication, has been identified as an important part of the services that can be provided from community pharmacies and should include services that support patients to take their medicines to get the best from them, reduce waste and promote self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available, including respiratory, diabetes and cancer. For example, the LTP states: 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

Southend-on-Sea HWB has designated that all Essential Services, CPCS and NMS are to be regarded as Necessary Services. All other Advanced Services are considered relevant.

Southend-on-Sea HWB has identified all Enhanced Services and LCS as pharmaceutical services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

## 6.2 Essential Services (ES)

The Essential Services (ES) of the community pharmacy contract **must** be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service |(DMS)

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

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

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

ES4 provides the ability to:

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

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most-accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The current pandemic has highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care to improve health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the SCC JHWS. Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral. Promotion of self-care is an important aspect of the management of many long-term conditions and a key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

ES7: From 15 February 2021, NHS trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE's Medicines Safety Improvement Programme as a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme

- A staffing and staff programme
- An information governance programme

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

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

For more information on the Essential Services please visit: <https://psnc.org.uk/services-commissioning/essential-services/>

### **6.3 Advanced Services**

Advanced Services are not mandatory for providers to provide. In many cases, there are restrictions on the provision and/or availability of these services. The Advanced Services are listed below and the number of pharmacy participants for each service in Southend-on-Sea can be seen in [Section 3.1.4](#) and later in this section by locality. A description of each service may be found below.

- A1: Appliance Use Review (AUR)
- A2: Stoma Appliance Customisation (SAC)
- A3: Community Pharmacist Consultation Service (CPCS)
- A4: Flu vaccination service
- A5: Hepatitis C testing service
- A6: Hypertension case-finding service
- A7: New Medicine Service (NMS)
- A8: Smoking cessation Advanced Service

Although the Steering Group has determined that Advanced Services (except NMS and CPCS) are relevant but not Necessary Services, Southend-on-Sea HWB would wish to support all existing pharmaceutical service providers to make available all Advanced Services where a need exists.

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

#### **A.1 Appliance Use Review (AUR)**

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

1. Establishing the way the patient uses the appliance and the patient's experience of such use;
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
3. Advising the patient on the safe and appropriate storage of the appliance; and
4. Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

## **A.2 Stoma Appliance Customisation (SAC)**

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

## **A.3 Community Pharmacist Consultation Service (CPCS)**

Since 1 November 2020, GPs have been able to refer patients for a minor illness consultation via GP CPCS, once a local referral pathway has been agreed. As well as referrals from GPs, the CPCS takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, the 999 service, and has been available since 29 October 2019.

## **A.4 Flu vaccination**

The inclusion of flu vaccination as one of the Advanced Services contributes to improve access and opportunity for the public to receive their seasonal vaccine. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September through to March.

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, COPD or cardiovascular disease, or carers, against diseases such as seasonal flu or shingles.

## **A.5 Hepatitis C testing service**

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs, such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

## **A.6 Hypertension case-finding service**

This is a new Advanced Service that has been recently introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

## **A.7 New Medicine Service (NMS)**

The service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the long-term condition. Specific conditions/medicines are covered by the service, which are detailed below.

The service is split into three stages, which are: 1. patient engagement; 2. intervention; and 3. Follow-up.

From 1 September 2021, the following conditions are covered by the service:

- Asthma and COPD
- Diabetes (type 2)
- Hypertension
- Hypercholesterolaemia
- Osteoporosis
- Gout
- Glaucoma
- Epilepsy
- Parkinson's disease
- Urinary incontinence/retention
- Heart failure
- Acute coronary syndromes
- Atrial fibrillation
- Long term risks of venous thromboembolism /embolism
- Stroke/TIA
- CHD

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for the NMS.<sup>34</sup>

### **A.8 Smoking cessation Advanced Service**

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.

### **6.4 Enhanced Services**

There are currently two Enhanced Services commissioned through community pharmacies from NHSE in Southend-on-Sea:

#### **6.4.1 COVID-19 vaccination**

Delivery of the COVID-19 vaccination has been added as an Enhanced Service from community pharmacies to support the public during the pandemic and commissioned by NHSE.

There are ten (26%) community pharmacies providing this service in Southend-on-Sea. The pharmacies providing the service are listed in Appendix A and highlighted by locality in [Section 6.6](#).

#### **6.4.2 Easter Sunday and Christmas Day access to pharmaceutical services**

This has been commissioned by NHSE across Southend to ensure there is sufficient coverage on these days for residents when and if required.

### **6.5 Locally Commissioned Services (LCS)**

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, CCGs and NHSE local teams. In Southend-on-Sea, most commissioned services are public health services and hence are commissioned by the Southend-on-Sea Public Health Team.

Appendix A provides a summary of LCS in Southend-on-Sea pharmacies and [Sections 4.1](#) and [4.2](#) provide a description of those services. It is important to note the commissioning status of each service as this defines whether or not it is an LCS.

<sup>34</sup> NHS BSA. NMS – Drug List. [www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists](http://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists)

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

### **6.5.1 CCG-commissioned services**

Southend-on-Sea CCG currently commissions one service from community pharmacies.

#### **6.5.1.1 Palliative care medicines supply service**

This service aims to provide immediate and consistent access to palliative care and other specialist medication across Mid and South Essex.

Within the Southend-on-Sea, two pharmacies (5%) provide this service: one in West Central locality, one in East Central locality.

### **6.5.2 Local authority-commissioned services**

SCC commissions six services from community pharmacies.

#### **6.5.2.1 Emergency Hormonal Contraception (EHC) service**

Since 1 April 2021, sexual health services in Southend-on-Sea have been delivered by Brook in partnership with SH:24. This includes the ongoing provision of face-to-face services for all ages, alongside quick and easy online access to STI testing and contraception. All services are free to access for Southend-on-Sea residents.

There is a very strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies, especially in the teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy within England as recommended by NICE.

Teenage pregnancies often lead to poor health and social outcomes for mother and baby and unwanted pregnancies have a significant impact, particularly in young girls. The termination of a pregnancy can also have long-term physical and psychological effects that may lead to health problems in future.

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

In 2020, the rate of conceptions per thousand females aged 15–17 in Southend-on-Sea was 14% compared with 15% for England.

At the time of writing, an EHC service for community pharmacy is currently under development.

#### **6.5.2.2 Condom distribution**

Adverse sexual health outcomes are major public health issues in England. Correct and consistent condom use remains a major intervention for preventing STIs, unplanned pregnancies and supporting a reduction in conceptions in under-18-year-olds. Condom distribution schemes are a key method of promoting condom use and provide a more holistic approach to condom distribution and sexual health promotion.

The Southend-on-Sea condom distribution service (C-Card), provided by Brook Young People, offers all-age access to free condoms from a number of outlets. Following registration, including a risk assessment and consultation, either in person or online, a C-Card is issued. Holders of a C-Card can then access condoms at an approved distribution outlet. The scheme is currently live and is seeking to expand within community pharmacy as well as in other settings; the service is currently under development.

### **6.5.2.3 Smoking cessation**

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Smoking is a modifiable behavioural risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

The prevalence of smokers has been decreasing across all areas with the national and regional prevalence being similar. In 2019, the prevalence of current smokers in Southend-on-Sea is 13.23%, which is similar to the England rate of 13.88%.

Southend-on-Sea has 15 (39%) community pharmacies providing a stop smoking service: they are geographically spread across the borough and are available in all localities.

### **6.5.2.4 Supervised consumption**

Southend Drug and Alcohol Commissioning Team on behalf of SCC commissioned CGL (Change Grow Live) for a 24-month pilot from 1 April 2018 until 31 March 2020. It was seen as an extension of the contract to deliver Southend Treatment and Recovery Service and was required to deliver pharmacy needle and syringe provision and supervised consumption functions.

CGL was responsible for contracting with local pharmacies and facilitating arrangements for the supervised consumption of medication for opioid substitution therapy. CGL was also responsible for ensuring that participating pharmacists are appropriately qualified to deliver supervised consumption in line with relevant professional requirements.

To access supervised consumption service, an individual will have been assessed by the service provider.

The rate of deaths from drug misuse over the period 2018–20 in Southend was 5.7. This was similar to the England average of 5.0.

Twenty-five community pharmacies (64%) in Southend-on-Sea have been commissioned to provide this service: they are geographically spread across the borough and are available in all localities.

### **6.5.2.5 Needle exchange service**

Southend Drug and Alcohol Commissioning Team on behalf of SCC commissioned CGL for a 24-month pilot from 1 April 2018 until 31 March 2020. It was seen as an extension of the contract to deliver Southend Treatment and Recovery Service and was required to deliver pharmacy needle and syringe provision and supervised consumption functions.

CGL is expected to develop opportunities for needle and syringe services in pharmacies across the borough at times that best meet the needs of those wishing to access them. The service provider is also responsible for ensuring that participating pharmacists are appropriately qualified to deliver the service in line with relevant professional requirements.

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

Eight pharmacies (21%) in the Southend-on-Sea HWB area are commissioned to provide this service: they are geographically spread across the borough and are available in all localities.

## **6.6 PNA localities**

There are 38 community pharmacies within Southend-on-Sea. Individual pharmacy opening times are listed in Appendix A.

As described within [Section 1.5](#), the PNA Steering Group decided that the Southend-on-Sea PNA should be divided into four localities:

- West
- West Central
- East Central
- East

Southend-on-Sea has designated that all Essential Services, CPCS and NMS are to be regarded as Necessary Services. All other Advanced Services are considered relevant.

Southend-on-Sea HWB has identified all Enhanced Services and LCS as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the area of HWB.

Health data is available for Southend-on-Sea's population with some data at locality level. This is illustrated and discussed in detail in [Section 2](#).

Community pharmacy information by locality is summarised in the following three tables in terms of opening hours and availability of services.

**Table 22: Number and type of community pharmacies per locality by opening hours**

Opening Times	West (8)	West Central (14)	East Central (8)	East (9)
100-hour pharmacy	0	2 (14%)	1 (12.5%)	0
After 18:30 weekdays	0	3 (21%)	2 (25%)	4 (44%)
Saturday	7 (87.5%)	11 (79%)	7 (87.5%)	9 (100%)
Sunday	0	4 (29%)	2 (25%)	1 (11%)

**Table 23: Provision of NHSE Advanced and Enhanced Services by locality**

NHSE Advanced or Enhanced* Service	West (8)	West Central (14)	East Central (8)	East (9)
NMS	8 (100%)	12 (86%)	7 (87.5%)	9 (100%)
CPCS	6 (75%)	11 (79%)	8 (100%)	9 (100%)
Flu vaccination	7 (87.5%)	8 (57%)	7 (87.5%)	7 (78%)
SAC	0	2 <sup>^</sup> (13%)	0	0
AUR	0	0	0	0
Hepatitis C testing service	0	2 (14%)	1 (11%)	0
Hypertension case-finding service	6 (75%)	7 (50%)	8 (89%)	8 (100%)
Smoking cessation service	1 (12.5%)	0	2 (25%)	2 (22%)
C-19 vaccination*	3 (37.5%)	3 (23%)	3 (37.5%)	1 (11%)

\* Enhanced

<sup>^</sup> Including one DAC**Table 24: Provision of locally commissioned services by locality (CCG and LA)**

CCG	West (8)	West Central (14)	East Central (8)	East (9)
Access to palliative care medicines	0	0	1 (12.5%)	0
LA	West (8)	West Central (14)	East Central (8)	East (9)
EHC	In development	In development	In development	In development
Condom distribution	In development	In development	In development	In development
Stop smoking	1 (12.5%)	4 (31%)	5 (62.5%)	5 (56%)
Supervised consumption	3 (37.5%)	10 (71%)	7 (87.5%)	5 (56%)
Needle exchange	1 (12.5%)	5 (38%)	1 (12.5%)	1 (11%)

Taking the health needs highlighted in each locality into consideration, this section considers the pharmaceutical service provision within each locality.

### 6.6.1 West

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

#### 6.6.1.1 Necessary Services: current provision

West locality has a total population of 38,837 and is made up of four wards, making it the second most populated locality in Southend-on-Sea. It has a high proportion of White residents.

There are eight community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 20.6, lower than Southend-on-Sea (21.3) but the same as the England average of 20.5 ([Section 3.1](#), Table 12), as of 15 December 2021. Since the previous PNA was published in 2017, there has been no change in the number of community pharmacies in Southend-on-Sea.

All of these pharmacies hold standard 40-core hour contracts, with none holding a 100-core hour contract. There are no dispensing GP practices in Southend-on-Sea, which is the same as in the 2017 PNA. There are no PhAS pharmacies in this locality.

Of the eight community pharmacies:

- 7 pharmacies (87.5%) are open on Saturdays
- None of these pharmacies are open on Sundays
- 8 pharmacies (100%) provide the NMS
- 6 pharmacies (75%) provide the CPCS
- 6 pharmacies (75%) provide the hypertension case-finding service
- 1 pharmacy (12.5%) provides the stop smoking service
- No pharmacies provide the Hepatitis C testing service

There are a number of accessible providers open in neighbouring localities and HWB areas.

#### 6.6.1.2 Necessary Services: gaps in provision

Whilst there are no 100-hour pharmacies, nor pharmacies that open on Sundays in West locality, there is adequate pharmaceutical service provision available including good availability of the NMS and CPCS. This is based on the response from the public questionnaire and access to pharmacies that are available over these periods in neighbouring localities and HWB areas. This suggests that there is no gap in the provision of Necessary Services for the locality.

However, Southend-on-Sea HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where any major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for West locality.**

#### 6.6.1.3 Other relevant services: current provision

Table 23 shows the number of pharmacies in the West locality providing Advanced and Enhanced Services – it can be seen that there is a good availability of flu vaccination and hypertension case-finding service in the locality.

Regarding access to **Advanced Services** in the locality:

- 7 pharmacies (87.5%) provide flu vaccination services

Regarding access to **Enhanced Services** in the locality:

- 3 pharmacies (37.5%) currently provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** in the eight pharmacies, Table 24 shows that:

- No pharmacy provides the immediate access to palliative medicines service
- No pharmacy provides the EHC and condom distribution service
- 1 pharmacy (12.5%) provides the stop smoking service
- 3 pharmacies (37.5%) provide the supervised consumption service
- 1 pharmacy (12.5%) provides the needle exchange service

#### 6.6.1.4 Improvements and better access: gaps in provision

Figure 30 in [Section 2.6.1](#) shows that West locality is the least deprived locality in Southend-on-Sea. It is also the second most populated locality in Southend-on-Sea.

There are a number of areas of ill health above the national average in Southend-on-Sea (see [Section 6.8](#)). Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies.

The C-19 vaccination Enhanced Service is provided by three pharmacies in the West locality.

No community pharmacy currently provides the CCG service access to palliative care medicines in West locality. However, there is access to other community pharmacies that provide this service in the neighbouring localities.

No community pharmacy currently provides the local authority services of EHC and condom distribution across Southend-on-Sea. Please see [Section 6.8](#) for more information. Although sexual health services may be provided by other providers within Southend-on-Sea, consideration should be given to incentives for the uptake of these services by community pharmacy once developed.

There are no community pharmacies providing services overnight in West locality. Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Southend-on-Sea compared with nationally and regionally, and access to pharmacies across Southend-on-Sea or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality

Southend-on-Sea HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists. Details of improvements and better access for wider Southend-on-Sea HWB area can be seen in [Section 6.8](#).

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across West locality.**

## 6.6.2 West Central

### 6.6.2.1 Necessary Services: current provision

West Central locality has a total population of 65,847 and is made up of six wards, making it the most populated locality in Southend-on-Sea. It has a high proportion of White residents.

There are 14 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 21.3, the same as that of Southend-on-Sea (21.3) but higher than the England average of 20.5 ([Section 3.1](#), Table 12).

Of these pharmacies, 12 hold a standard 40-core hour contract while two hold a 100-core hour contract. There are no dispensing GP practices in Southend-on-Sea as a whole, but there is one PhAS pharmacy in this locality.

Of the 14 community pharmacies:

- 3 pharmacies (21%) are open after 6:30 pm on weekdays
- 11 pharmacies (79%) are open on Saturdays
- 4 pharmacies (29%) are open on Sundays
- 12 pharmacies (86%) provide the NMS
- 11 pharmacies (79%) provide the CPCS
- 7 pharmacies (50%) provide the hypertension case-finding service
- 2 pharmacies (14%) provide the Hepatitis C testing service

There are also a number of accessible providers open in neighbouring localities and HWB areas.

#### 6.6.2.2 Necessary Services: gaps in provision

Generally, there is adequate pharmaceutical service provision including good availability of the NMS and CPCS across the whole locality to ensure continuity of provision to any new developments.

Southend-on-Sea HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for West Central locality.**

#### 6.6.2.3 Other relevant services: current provision

Table 23 shows the number of pharmacies in West Central locality providing Advanced and Enhanced Services – it can be seen that there is a good availability of the NMS, CPCS, flu vaccination and hypertension case-finding service in the locality.

Regarding access to **Advanced Services** in the locality:

- 8 pharmacies (57%) provide flu vaccination services

Regarding access to **Enhanced Services** in the locality:

- 3 (23%) pharmacies currently provide the C-19 Vaccination Service.

Regarding access to **Locally Commissioned Services** in the 13 pharmacies, Table 24 shows that:

- No pharmacy provides the immediate access to palliative medicines service
- No pharmacy provides the EHC and condom distribution service
- 4 pharmacies (31%) provide the Stop Smoking Service
- 10 pharmacies (71%) provide the supervised consumption service
- 5 pharmacies (38%) provide the needle exchange service

#### 6.6.2.4 Improvements and better access: gaps in provision

West Central is the second most deprived locality with the highest overall population and the highest elderly population (over 65 years) and it has the highest number of pharmacies when compared with the other localities within Southend-on-Sea, including two 100-hour pharmacies.

There are a number of areas of ill health above the national average in Southend-on-Sea (see [Section 6.8](#)). Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies. They may also want to consider the further uptake of the smoking cessation Advanced Service.

No community pharmacy currently provides the local authority services of EHC and condom distribution across Southend-on-Sea, as this is currently under development. Please see [Section 6.8](#) for more information. Although sexual health services may be provided by other providers within Southend-on-Sea, consideration should be given to incentives for uptake of these services by community pharmacy once developed, especially as West Central locality has the second highest level of deprivation within Southend-on-Sea.

There is one community pharmacy that currently provides the CCG service of access to palliative care medicines in the West Central locality.

There are no community pharmacies providing services overnight in West Central locality. Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Southend-on-Sea compared with nationally and regionally, and access to pharmacies across Southend-on-Sea or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality.

Southend-on-Sea HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists. Details of health needs for the wider Southend-on-Sea HWB area can be seen in [Section 6.8](#).

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across West Central locality.**

### 6.6.3 East

#### 6.6.3.1 Necessary Services: current provision

East locality has a total population of 41,612 and is made up of four wards, making it the third most populated locality in Southend-on-Sea. It has a high proportion of White residents.

There are nine community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 21.6, higher than Southend-on-Sea (21.3) and the England average of 20.5 ([Section 3.1](#), Table 12).

All of these pharmacies hold standard 40-core hour contracts, with none holding a 100-core hour contract. There are no dispensing GP practices in Southend-on-Sea as a whole and no PhAS pharmacy in this locality.

Of the 9 community pharmacies:

- 4 pharmacies (44%) are open after 6:30 pm on weekdays
- 9 pharmacies (100%) are open on Saturdays
- 1 pharmacy (11%) is open on Sundays
- 9 pharmacies (100%) provide the NMS
- 9 pharmacies (100%) provide the CPCS
- 8 pharmacies (89%) provide the hypertension case-finding service
- 2 pharmacies (22%) provide the stop smoking service
- 1 pharmacy (11%) provides the Hepatitis C testing service

There are also a number of accessible providers open in neighbouring localities and HWB areas.

#### 6.6.3.2 Necessary Services: gaps in provision

Even with no 100-hour pharmacy in the locality, based on the response from the public questionnaire and access to neighbouring pharmacies, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to any new developments.

Southend-on-Sea HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for West Central locality.**

#### 6.6.3.3 Other relevant services: current provision

Table 23 shows the number of pharmacies in East locality providing Advanced and Enhanced Services – it can be seen that there is a good availability of flu vaccination and hypertension case-finding service in the locality.

Regarding access to **Advanced Services** in the locality:

- 7 pharmacies (78%) provide flu vaccination services

Regarding access to **Enhanced Services** in the locality:

- 1 pharmacy (11%) currently provides the C-19 vaccination service.

Regarding access to **Locally Commissioned Services** in the 9 pharmacies, Table 24 shows that:

- No pharmacy provides the immediate access to palliative medicines service
- No pharmacy provides the EHC and condom distribution service
- 5 pharmacies (56%) provide the stop smoking service
- 5 pharmacies (56%) provide the supervised consumption service
- Only 1 pharmacy (11%) provides the needle exchange service

#### 6.6.3.4 Improvements and better access: gaps in provision

East locality is the second least deprived locality within Southend-on-Sea and the third most populated locality out of the four localities in Southend-on-Sea.

No community pharmacy currently provides EHC and condom distribution services across Southend-on-Sea as these services are currently under development. Please see [Section 6.8](#) for more information. Although sexual health services may be provided by other providers within Southend-on-Sea, consideration should be given to incentives for uptake of these services by community pharmacy on developed.

No community pharmacy currently provides the CCG service of access to palliative care medicines in East locality. However, there is access to community pharmacies that provide this service in the neighbouring localities.

There are no community pharmacies providing services overnight in East locality. Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Southend-on-Sea compared with nationally and regionally, and access to pharmacies across Southend-on-Sea or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service which would equate to the need for access to Essential Services outside normal hours in this locality.

Southend-on-Sea HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists. Details improvements and better access for the wider Southend-on-Sea can be seen in [Section 6.8](#).

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across East locality.**

#### 6.6.4 East Central

##### 6.6.4.1 Necessary Services: current provision

East Central locality has a total population of 36,477 and is made up of three wards, making it the least populated locality in Southend-on-Sea. It has a high proportion of White residents.

There are eight community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 21.9, higher than Southend-on-Sea (21.3) and the England average of 20.5 ([Section 3.1](#), Table 12).

Of these pharmacies, 7 hold a standard 40-core hour contract with 1 pharmacy holding a 100-core hour contract. There are no dispensing GP practices in Southend-on-Sea as a whole and no PhAS pharmacy in this locality.

Of the 8 community pharmacies:

- 2 pharmacies (25%) are open after 6:30 pm on weekdays
- 7 pharmacies (87.5%) are open on Saturdays
- 2 pharmacies (25%) are open on Sundays
- 7 pharmacies (87.5%) provide the NMS
- 8 pharmacies (100%) provide the CPCS
- 8 pharmacies (100%) provide the hypertension case-finding service
- 2 pharmacies (25%) provide the stop smoking service
- No pharmacies provide the Hepatitis C testing service

There are also a number of accessible providers open in neighbouring localities and HWB areas.

#### 6.6.4.2 Necessary Services: gaps in provision

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to any new developments.

SCC HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

**No gaps in the provision of Necessary Services have been identified for East Central locality.**

#### 6.6.4.3 Other relevant services: current provision

Table 23 shows the number of pharmacies in East Central locality providing Advanced and Enhanced Services – it can be seen that there is a good availability of flu vaccination and hypertension case-finding service in the locality.

Regarding access to **Advanced Services** in the locality:

- 7 pharmacies (87.5%) provide flu vaccination services

Regarding access to **Enhanced Services** in the locality:

- 3 pharmacies (37.5%) provide the C-19 vaccination service.

Regarding access to **Locally Commissioned Services** in the 8 pharmacies, Table 24 shows that:

- 1 pharmacy (12.5%) provides the immediate access to palliative medicines service commissioned via the CCG
- No pharmacy provides the EHC and condom distribution service
- 5 pharmacies (62.5%) provide the stop smoking service
- 7 pharmacies (87.5%) provide the supervised consumption service
- Only 1 pharmacy (12.5%) provides the needle exchange service

#### 6.6.4.4 Improvements and better access: gaps in provision

Figure 30 in [Section 2.6.1](#) shows the East Central locality as the most deprived locality in Southend-on-Sea, although it is the least populated locality.

There are a number of areas of ill health above the national average in Southend-on-Sea (see [Section 6.8](#)), however, data is not broken by locality. Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies.

There is only one community pharmacy that currently provides the CCG service of access to palliative care medicines in East Central locality.

No community pharmacy currently provides the local authority services of EHC and condom distribution services across Southend-on-Sea, as they are currently under development. Please see [Section 6.8](#) for more information. Although sexual health services may be provided by other providers within Southend-on-Sea, consideration should be given to incentives for the uptake of these services by community pharmacy.

There are no community pharmacies providing services overnight in East Central locality. Based upon the results of the public and pharmacy contractor questionnaires, consultation on the draft PNA, provision of 100-hour pharmacies in Southend-on-Sea compared with nationally and regionally, and access to pharmacies across Southend-on-Sea or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality.

Southend-on-Sea HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists. Details of health needs for the wider Southend-on-Sea HWB area can be seen in [Section 6.7](#).

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across East Central locality.**

## 6.7 Necessary Services: gaps in provision in Southend-on-Sea

For the purposes of this PNA, Necessary Services for Southend-on-Sea HWB are defined as Essential Services plus the NMS and CPCS.

The PNA has considered NHS LTP that was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. [Section 2.1](#) identifies aspects of the LTP that are especially relevant to community pharmacy services provision.

In all four localities, there are pharmacies that provide supplementary hours in the evening during the week and on Saturday. For those localities that have limited late evening pharmaceutical provision, there are easily accessible alternative pharmacies in either the surrounding localities or in neighbouring HWBs. There are three 100-hour pharmacies within Southend-on-Sea (Table 22, [Section 6.6](#)); 64% of pharmacies are open later than 6 pm on weekdays with 79% of community pharmacies open on a Saturday and 18% are open on Sundays (Table 16, [Section 3.1.3](#)).

There is good access to the Advanced Services designated as Necessary, i.e. NMS and CPCS, with 92% and 87% of community pharmacies providing these services, respectively, across Southend-on-Sea.

The public questionnaire did not record any specific themes relating to pharmacy opening times ([Section 5](#)). This and other information on current provision allows us to conclude, therefore, that there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

Southend-on-Sea as a whole has a variable healthy life expectancy but there is no data on this for each of the localities.

The current 2020 estimated resident population of Southend-on-Sea is 182,773. The 2031 projections show an increase in most age groups with a slight decrease in under-10s and 25- to 39-year-olds, suggesting an aging population as a whole. However, there is no breakdown of this data by locality.

Approximately 19% of the population is 65 or over, which is similar to the national rate of 19%. Population forecasts suggest that the population is set to increase by 7.17% by 2031, i.e. to around 195,875 by 2031.

At time of writing, Southend-on-Sea plans to develop approximately 1,370 new homes across the borough until 2024, which will help support the growing population and demand for housing. There is no breakdown of this data by locality.

The PNA Steering Group has considered the housing plans and proposed population growth over the life of this PNA. This will be monitored over the next three years. The Steering Group considers that there are currently no gaps in the future provision of pharmaceutical services in the areas covering these new populations.

SCC will monitor the uptake and need for Necessary Services across the HWB area.

From the information provided above by locality, the maps and contractor, and public questionnaires:

**No gaps in the provision of Necessary Services have been identified for Southend-on-Sea.**

### **6.8 Improvements and better access: gaps in provision in Southend-on-Sea**

The Steering Group considers it is those services provided in addition to those considered necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services.

The health needs of the population of Southend-on-Sea are discussed in [Section 2](#) and summarised in [Section 6.1](#).

Over the period 2018-21, life expectancy at birth in Southend-on-Sea was 83.2 years for women and 78.8 years for men, in both cases slightly lower than the average for England. The prevalence of long-term conditions is expected to rise in Southend-on-Sea. Neoplasms, cardiovascular disease, musculoskeletal disorders, neurological disorders and chronic respiratory conditions have the largest burden of disease in Southend-on-Sea.

Flu vaccination is available in 74% of community pharmacies, however, Southend-on-Sea has a lower uptake than the national average across all groups and achieves the target rate in the general at-risk groups and the 65+ group. Improving these rates by better utilisation of the existing community pharmacy providers could be considered.

The COVID-19 vaccination service is an Enhanced Service provided in Southend-on-Sea. The numbers of service providers are increasing rapidly across England, and this is likely to be the case in Southend-on-Sea. In February 2022 there were ten providers (26%).

There are a number of LCS in Southend-on-Sea, commissioned by the CCG and LA. These are discussed in [Section 6.5](#) and by locality in [Section 6.6](#). Emergency contraception and condom distribution is commissioned in Southend-on-Sea, although the provision through community pharmacies is currently under development. Based upon the results of the public questionnaire (Table 21), a large percentage of the people who participated in the survey would like to see sexual health services provided.

Conversely, based upon the results of the pharmacy contractor questionnaires (Appendix H), only 5 out of the 25 respondents reported that there was a need for sexual health services (EHC, chlamydia screening, condom distribution) to be commissioned in their area. None of the respondents reported the need for the immediate access to palliative medicines service.

Based upon the results of the commissioner questionnaire (Appendix I):

- 3 out of 3 commissioners reported that they were 'not able or willing to commission' the chlamydia testing and treatment, contraceptive service (not EC)
- 2 out of 3 commissioners reported that they were 'not able or willing to commission' the Emergency Contraception Service. However, 1 out of 3 commissioners reported already commissioning the service as part of the Patient Group Direction Service.
- 2 out of 2 commissioners reported that they were 'not able or willing to commission' the following disease-specific medicines management services: CHD, heart failure, cholesterol

Although sexual health services may be provided by other providers within Southend-on-Sea, consideration should be given to incentives for the uptake of these services by community pharmacy to allow further access to such services once developed. SCC will monitor the uptake of these services across the HWB area once developed.

In regard to the other LCS, there is a fair spread of community pharmacies providing stop smoking, supervised consumption and needle exchange services across all localities.

The palliative care medicines supply service is provided only in the two central localities (East Central and West Central localities) of Southend-in-Sea. These are accessible by the wider Southend-on-Sea HWB area.

Figures for Southend-on-Sea as a whole indicate that the number of patients registered with hypertension as a proportion of the total practice size is 14.9, a higher rate than England at 13.9. There are new Advanced Services becoming available, such as the hypertension case-finding service, which would support the identified priorities for Southend-on-Sea. However, there has been low uptake of these services and methods to enhance the uptake should be considered including awareness campaigns (healthcare professionals and public) and gaining a clear understanding of the C-19 pandemic impact.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all CCG localities. This will mean that more eligible patients can access and benefit from these services.

The impact of the C-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA.:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and C-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that the implementation of additional new services from community pharmacies in the future is possible.

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to relevant services across the Southend-on-Sea.**

## Section 7: Conclusions

When assessing the provision of pharmaceutical services in Southend-on-Sea and each of the four PNA localities, Southend-on-Sea HWB considered the following:

- The health needs of the population of Southend-on-Sea from the JSNA and nationally from the NHS LTP
- The location of pharmacies within Southend-on-Sea in relation to ward, locality and population density indicating that pharmacies are generally located within areas of higher population density (Figure 1, Table 12 and Appendix A)
- Projected population growth ([Section 2.5.3](#))
- Specific populations ([Section 2.5.6](#)) across all four PNA localities
- The IMD and deprivation ranges within Southend-on-Sea and across the four PNA localities ([Section 2.6.1](#), Figure 30) as well as the other wider determinants of health ([Section 2.6](#))
- The general lifestyle within Southend-on-Sea including smoking and drug and alcohol misuse ([Section 2.8](#))
- The disease burden within Southend-on-Sea ([Section 2.9](#))
- The choice of community pharmacies in Southend-on-Sea ([Section 3.1.1](#))
- Access to a community pharmacy in the evenings and over the weekend within Southend-on-Sea ([Section 3.1.2](#), [Sections 3.1.3.2](#) to [3.1.3.5](#))
- The number and distribution of all contractors in each PNA locality in Southend-on-Sea and nearby HWB including opening times (Figure 67, Appendix A)
- Access to community pharmacies via various types of transport ([Section 3.1.3](#) and Figures 68 to 70)
- The choice of pharmacies covering each of the four PNA localities and the whole of Southend-on-Sea (Appendix A)
- Results of the public questionnaire (Appendix G)
- Results of the pharmacy contractor questionnaire (Appendix H)
- Results of the commissioner questionnaire (Appendix I)

The HWB provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

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

For the purposes of this PNA, Necessary Services for Southend-on-Sea HWB are defined as Essential Services plus the NMS and CPCS.

Other Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Southend-on-Sea HWB area.

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Southend-on-Sea, and are commissioned by the CCG or local authority, rather than NHSE.

## 7.1 Current provision of Necessary Services

### Necessary Services – gaps in provision

Necessary Services are Essential Services plus NMS and CPCS, which are described in [Sections 6.2](#) and [6.3](#).

Details of Necessary Service provision in Southend-on-Sea are provided in [Section 6.7](#).

Please note although a service may not be commissioned this does not necessarily mean there is a gap in pharmaceutical service provision.

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

#### 7.1.1 Necessary Services – normal working hours

Southend-on-Sea HWB has determined that the average daytime travel and walking times and opening hours of pharmacies in all four localities, across the whole HWB area, are reasonable in all the circumstances.

**There is no current gap in the provision of Necessary Services during normal working hours across Southend-on-Sea to meet the needs of the population.**

#### 7.1.2 Necessary Services – outside normal working hours

There are two 100-hour contract pharmacies (one in West Central locality and one in East Central locality) and a total of eight pharmacies open after 6.30 pm within Southend-on-Sea on weekdays. These are geographically spread across Southend-on-Sea and are present in each of the four PNA localities.

Only 5 out of 38 pharmacies are **not** open on a Saturday, and 7 pharmacies are open at some time on a Sunday.

Based upon the results of the public questionnaire and access to pharmacies across Southend-on-Sea, there is no gap in service provision that would equate to the need for access to Necessary Services outside normal hours. Southend-on-Sea HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future, which may provide evidence that a need exists.

**There are no current gaps in the provision of Necessary Services outside of normal working hours across Southend-on-Sea to meet the needs of the population.**

## 7.2 Future provision of Necessary Services

**No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the whole of Southend-on-Sea.**

### 7.3 Improvements and better access – gaps in provision

Advanced Services (except the NMS and CPCS), are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Southend-on-Sea.

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Southend-on-Sea, and are commissioned by the CCG or local authority, rather than NHSE.

#### 7.3.1 Current and future access to Advanced Services

##### Access to Advanced Services

Details of the services are outlined in [Section 6.3](#) and the provision in each locality is discussed in [Section 6.6](#).

[Section 6.8](#) discusses improvements and better access to services in relation to the health needs of Southend-on-Sea.

There are no gaps in the provision of Advanced Services across Southend-on-Sea.

Appendix M discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have a benefit to the population of Southend-on-Sea.

Optimising uptake of the existing Advanced Services within the existing community pharmacy sector would enhance the delivery of support to the public.

Southend-on-Sea HWB will monitor the uptake and need for Necessary Services and consider the impact of any changes in all localities in the future that may provide evidence that a need exists.

**There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to Advanced Services across the whole of Southend-on-Sea.**

#### 7.3.2 Current and future access to Enhanced Services

Details of the services are outlined in [Section 6.4](#) and the provision in each locality is discussed in [Section 6.6](#).

[Section 6.8](#) discusses improvements and better access to services in relation to the health needs of Southend-on-Sea.

The C-19 vaccination is the only Enhanced Service provided in Southend-on-Sea. The numbers of service providers are increasing rapidly across England, and this is likely to be the case in Southend-on-Sea. In February 2022 there were ten providers (26%).

While these numbers are low, this does not mean there is a gap identified in respect of securing improvements or better access to Enhanced Service provision on a locality basis as identified either now or in specified future circumstances.

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across the whole of Southend-on-Sea**

### 7.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Section 6.5](#).

[Section 6.8](#) discusses improvements and better access to LCS in relation to the health needs of Southend-on-Sea.

Southend-on-Sea HWB notes that the local authority-commissioned EHC and condom distribution services are under development and currently not active in community pharmacy. The Steering Group notes that other providers of these services (e.g. sexual health clinics) are available, however, consideration could be given to incentives for the uptake of these services by community pharmacy to enable access at weekends and evenings once developed.

The palliative care medicines supply service is an out-of-hours service and is available in East Central and West Central localities. Consideration could be given to commission further pharmacies in East and West localities should the need arise.

Appendix M discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have a benefit to the population of Southend-on-Sea.

Based on current information, Southend-on-Sea HWB has not identified a need to commission any LCS not currently commissioned, however uptake by community pharmacy needs to be encouraged by the commissioner.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

**Based on current information no current gaps have been identified in respect of securing improvements or better access to locally commissioned services, either now or in specific future circumstances across Southend-on-Sea to meet the needs of the population.**

## Appendix A: List of pharmaceutical service providers in Southend-on-Sea HWB area

### West locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced							NHSE Enhanced	CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	EHC	Condom distribution	Stop smoking	Supervised consumption	Needle exchange
Elms Pharmacy Ltd	FK615	Community	912 London Road, Leigh on Sea	SS9 3NG	08:30-18:30 (Mon 09:00-18:30)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-
Boots	FKH07	Community	9-13 Rayleigh Road, Eastwood, Leigh on Sea	SS9 5UU	09:00-18:00 (Wed 09:00-14:00)	09:00-16:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	Y	-	-
Osbon Pharmacy	FLW54	Community	372 Rayleigh Road, Eastwood, Leigh-on-Sea	SS9 5PT	09:00-18:30	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	-	-	Y	Y	-
Boots	FN662	Community	89 The Broadway, Leigh-on-Sea	SS9 1PE	09:00-13:00, 14:00-18:00	10:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-
Belfairs Pharmacy	FR725	Community	327 Eastwood Road North, Leigh-on-Sea	SS9 4LT	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	-
French's Chemist	FTW96	Community	1723-1725 London Road, Leigh-on-Sea	SS9 2SW	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Leigh Pharmacy	FX461	Community	31 Elm Road, Leigh-on-Sea	SS9 1SW	09:00-18:30	09:00-15:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-
Elmsleigh Pharmacy	FX534	Community	185 Elmsleigh Drive, Leigh-on-Sea	SS9 4JH	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-

## West Central locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced								NHSE Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	EHC	Condom distribution	Stop smoking	Supervised consumption	Needle exchange
Kalsons Chemist	FAN08	Community	138 Hoblethick Lane, Westcliff-on-Sea	SS0 0RJ	09:00-18:30	09:00-12:45	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-
Boots	FCF14	Community	179-181 Hamlet Court Road, Westcliff-on-Sea	SS0 7EL	08:00-18:30	09:00-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	-
Fittleworth Medical Ltd	FD135	DAC	44 Hamlet Court Road	SS0 7LX	09:00-17:00 (Fri 09:00-13:00)	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FD263	Community	Unit 2 Royal Shopping Centre, High Street, Southend-on-Sea	SS1 1DE	08:30-18:00	08:30-18:00	11:00-17:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	Y	Y	Y
Longthornes Pharmacy	FDP05	Community	5 West Road, Westcliff-on-Sea	SS0 9AU	09:00-18:15	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Westcliff Pharmacy	FGE91	Community	315 Westborough Road, Westcliff-on-Sea	SS0 9PU	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Derix Healthcare Pharmacy	FH669	Community	1065 London Road, Leigh-on-Sea	SS9 3JP	08:00-23:00	08:00-18:00	08:00-23:00	Y	-	Y	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-
Longthornes Pharmacy	FJF40	Community	779 London Road, Westcliff-on-Sea	SS0 9SU	09:00-13:00, 14:00-18:15	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y
Morrisons Pharmacy	FKL87	Community	Western Approaches, Eastwood, Southend-on-Sea	SS2 6SH	09:00-19:30	09:00-13:00, 14:00-18:00	Closed	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-
Tesco Pharmacy	FLP85	Community	Prince Avenue, Westcliff-on-Sea	SS0 0JP	06:30-22:30 (Mon 08:00-22:30)	06:30-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-
Earls Hall Pharmacy	FM089	Community	8 Earls Hall Parade, Southend-on-Sea	SS2 6NW	09:00-18:30 (Wed 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced								NHSE Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	EHC	Condom distribution	Stop smoking	Supervised consumption	Needle exchange
Superdrug Pharmacy	FMM35	Community	37-41 High Street, Southend-on-Sea	SS1 1JD	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-
Bridgwater Pharmacy	FW376	Community	84 Bridgwater Drive, Westcliff-on-Sea	SS0 0DH	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	Y	-
Rowlands Pharmacy	FWL05	Community	87 Leigh Road, Leigh-on-Sea	SS9 1JN	09:00-13:00, 13:20-18:00	Closed	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	-	-	-	-	-	-
Lloyds Pharmacy	FYE97	Community	Valkyrie Road Primary Care Centre, 50 Valkyrie Road, Westcliff-on-Sea	SS0 8BT	09:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	Y

## East locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced								NHSE Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	EHC	Condom distribution	Stop smoking	Supervised consumption	Needle exchange
Boots	FD896	Community	801-809 Southchurch Road, Southend-on-Sea	SS1 2PP	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-
Howells & Harrison	FEV61	Community	129-135 Broadway, Thorpe Bay	SS1 3EX	09:00-18:30 (Wed 09:00-13:00, 14:00-18:30)	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-
Shoebury Pharmacy	FGT47	Community	Campfield Road, Shoeburyness	SS3 9BX	08:30-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-
Shoebury Pharmacy	FH037	Community	72 West Road, Shoeburyness, Southend-on-Sea	SS3 9DS	09:00-13:00,14:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	Y
Charles S Bullen Stomacare Ltd	FNE35	DAC	103 West Road, Shoeburyness	SS3 9DT	09:00-17:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vinods Dispensing Chemists	FVX46	Community	227 Hamstel Road, Southend-on-Sea	SS2 4LB	09:00-13:00,14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	-
Asda Pharmacy	FW534	Community	North Shoebury Road, Shoeburyness	SS3 8DA	09:00-20:00 (Thu 09:00-21:00; Fri 09:00-22:00)	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-
Shoebury Pharmacy	FWF65	Community	14 High Street, Shoeburyness	SS3 9AH	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-
Howells & Harrison (Sthnd Ltd)	FX084	Community	235 Woodgrange Drive, Southend-on-Sea	SS1 2SG	09:00-13:00, 13:30-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-
Bansals Pharmacy	FXJ82	Community	178 The Broadway, Thorpe Bay	SS1 3ES	09:00-19:00	09:00-16:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	-	-

## East Central locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced								NHSE Enhanced	CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	EHC	Condom distribution	Stop smoking	Supervised consumption	Needle exchange
Lloyds Pharmacy	FDN90	Community	45 London Road, Southend-on-Sea	SS1 1PL	08:00-20:00	08:00-20:00	10:00-13:00, 14:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	
Chemist@ Southend	FEA52	Community	Queensway Surgery, 75 Queensway, Southend-on-Sea	SS1 2AB	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	Y	-
Haveela Pharmacy	FKW96	Community	183-195 North Road, Westcliff-on-Sea	SS0 7AF	08:00-18:30	09:00-13:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	-
Queensway Pharmacy	FM237	Community	61 Southchurch Road, Southend-on-Sea	SS1 2NL	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	-	-	-
Boots	FRY11	Community	Unit G48, Victoria Shopping Centre, Southend-on-Sea	SS2 5SA	09:30-17:30	09:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	Y	-
Southchurch Pharmacy	FTJ79	Community	535 Southchurch Road, Southend-on-Sea	SS1 2PN	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	-
Murray Miller Pharmacy	FV495	Community	526 Sutton Road, Southend-on-Sea	SS2 5PW	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	Y	Y	-
Rays Pharmacy	FWX85	Community	47 Sutton Road, Southend-on-Sea	SS2 5PB	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	Y	Y	-

## Appendix B: PNA Steering Group terms of reference

### Objective/Purpose

To support the production of the Pharmaceutical Needs Assessments (PNA) on behalf of the Southend-on-Sea City Council, to ensure that they satisfy the relevant regulations including consultation requirements.

### Accountability

The Steering Group is to report to the Public Health Lead.

### Membership

Core members:

- Public Health Lead
- NHS England representative
- Local Medical Committee representative
- Local Pharmaceutical Committee (LPC) representative
- CCG representative
- Council – consultant in public health
- Council – commissioning manager
- Healthwatch representative (lay member)

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Public Health Lead (Group Manager – Operational Performance & Intelligence Team) will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG commissioning managers
- NHS trust chief pharmacists
- Dispensing doctors representative

In attendance at meetings will be representatives of Soar Beyond Ltd who has been commissioned by Southend-on-Sea City Council to support the development of the PNAs. Other additional members may be co-opted if required.

### Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the Health and Wellbeing Board (HWB).

### Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
  - Any LPC for its area

- Any Local Medical Committee for its area
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area
- Any LPS chemist in its area
- Any local Healthwatch organisation for its area
- Any NHS trust or NHS foundation trust in its area
- NHS England
- Any neighbouring HWB
- Ensure that due process is followed
- Report to HWB on both the drafts and final PNA
- Publish the final PNA by 1 October 2022.

## Appendix C: Public questionnaire

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# Pharmaceutical Needs Assessment 2022 Public Questionnaire Southend-on-Sea Health and Wellbeing Board

### Tell us what you think of community pharmacy services in Southend-on-Sea

We want to hear what you think of community pharmacy (or local chemists) services in Southend-on-Sea to help us develop services in the future. Everybody's views are important to ensure the pharmacy services in Southend-on-Sea meet your needs. Your views will help us to develop future pharmacy services and how these are accessed.

The information you give us will enable us to:

- check whether our services are equally accessible to everyone who is entitled to them;
- identify and address any barriers to accessing (information about) our services;
- continually improve the services we deliver.

We would be grateful if you would take your time to answer some questions about your own experience and views. It takes between 3 and 20 minutes, depending on your answers.

**The information in the questionnaire you provide is confidential.** Please see the privacy statement to understand what happens to your information and answers. Information returned in the 'A bit about you' section will be recorded separately from the questionnaire response.

This questionnaire is available in other formats upon request. Please contact Roger MacDonald on 01702 215161 or email [data@southend.gov.uk](mailto:data@southend.gov.uk)

If you would like to complete this online please follow the link below or scan the QR code:

<https://yoursay.southend.gov.uk/pharmaceutical-needs-assessment-2022>



**Closing date for this questionnaire is 14<sup>th</sup> January 2022**

Please return the questionnaire in the envelope provided to Southend-on-Sea Council.

N.B. All responses to these questions are anonymous; responses are added together and no individuals are identified. Any information provided will be treated as strictly confidential and in line with GDPR (General Data Protection Regulation). The information will be held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party. For more detail on the Public Health privacy notice please visit: [www.southend.gov.uk/downloads/file/5539/southend-on-sea-council-data-protection-policy](http://www.southend.gov.uk/downloads/file/5539/southend-on-sea-council-data-protection-policy)

**1) Do you normally use a specific pharmacy? (Please note this question is required)**

- Yes
- No
- I prefer to use an online pharmacy
- I prefer to use both a community pharmacy and an online pharmacy

(An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically, and dispensed medication is sent via a courier to your home.)

**2) If happy to do so, please provide the name and address / website below:**

---

**3) How would you rate your overall satisfaction with your regular/preferred pharmacy?**

- Excellent
- Good
- Fair
- Poor

**4) How easy or difficult has it been to speak to your pharmacy over the last 18 months, during the pandemic?**

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

**5) On a scale from 1 to 10 (1 being extremely unsatisfactory and 10 being extremely satisfactory) how well does your local community pharmacy meet your needs?**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**6) How important are each of the following aspects to you when choosing a preferred pharmacy?**

	<b>Extremely important</b>	<b>Very Important</b>	<b>Moderately Important</b>	<b>Fairly important</b>	<b>Not at all important</b>
Quality of service (friendly staff, expertise)					
Convenience (e.g., location, opening times)					
Accessibility (e.g., language spoken (including BSL), parking, clear signage, wheelchair/buggy access)					
Availability of medication/ services (e.g., stocks, specific services)					
Other, please specify _____					

In the last six months, how frequently have you visited/contacted (spoken to, emailed or visited in person) a pharmacy? (Please select one answer for yourself Q7 and one for someone else Q8)

**7) For yourself:**

- Once a week or more
- Once a month
- Once every few months
- Once in six months
- I haven't visited/contacted a pharmacy in the last 6 months
- I normally prefer to use an internet/online pharmacy

**8) For someone else:**

- Once a week or more
- Once a month
- Once every few months
- Once in six months
- I haven't visited/contacted a pharmacy in the last 6 months
- I normally prefer to use an internet/online pharmacy

**9) Who do you normally visit/contact a pharmacy for? (Please select all that apply)**

- Yourself     A family member     A neighbour/friend     Someone you are a carer for
- All of the above     Other, please specify \_\_\_\_\_

**10)** If you visit/contact a pharmacy regularly on behalf of someone else, please give a reason why? (Please select all that apply)

- Opening hours of the pharmacy not suitable for the person
- The person can't access the pharmacy (for example due to disability/lack of transport)
- The person cannot use the delivery service
- For a child/dependant
- The person is too unwell
- The person does not have access to digital or online services
- All of the above
- Other, please specify \_\_\_\_\_

**11)** How would you usually travel to the pharmacy? (Please select one answer)

- Car    Taxi    Public transport    Walk    Bicycle    Wheelchair/mobility scooter
- I don't, someone goes for me
- I don't, I use an online pharmacy or delivery service
- I don't, I utilise a delivery service
- Other, please specify \_\_\_\_\_

If you have answered that you don't travel to a pharmacy, please go to question 15.

**12)** If you travel to a pharmacy, where do you travel from? (Please select all that apply)

- Home    Work    Other, please specify \_\_\_\_\_

**13)** On an average, how long does it take you to travel to a pharmacy? (Please select one answer)

- 0 to 15 minutes    16 to 30 minutes    Over 30 minutes

**14)** Do you face any of the following difficulties when travelling to a pharmacy? (Please select all that apply)

- Lack of parking    Lack of suitable public transport
- It's too far away    Lack of disabled access/facilities
- Other, please specify \_\_\_\_\_

**15)** What is the most convenient day for you to visit / contact a pharmacy? (Please select one answer)

- Monday to Friday    Saturday    Sunday    Varies    I don't mind

**16)** Is your preferred pharmacy open on the most convenient day for you?

- Yes       No

**17)** When do you prefer to visit/contact a pharmacy? (Please select one answer)

- Morning (8 am–12 pm)  
 Lunchtime (12 pm–2 pm)  
 Afternoon (2 pm–6 pm)  
 Early evening (6 pm–8 pm)  
 Late evening (after 8 pm)  
 Varies  
 I don't mind/no preference

**18)** Is your preferred pharmacy open at the most convenient time for you/at your preferred time?

- Yes       No

**19)** How frequently do you buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

- Daily       Weekly       Fortnightly       Monthly       Yearly  
 Rarely       Never

**20)** Pharmacy services are services that are provided by pharmacists. These services include clinical advice and support for managing minor illness, including the supply of over-the-counter medicines for a range of minor illnesses, dispensing of prescription medication and health and wellbeing advice. Example of service are listed below.

Which of the following [pharmacy services](#) are you aware that a pharmacy may provide?

(Please select one answer for each service – even if you do not use the service)

Service	Are you aware that a pharmacy may provide this?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 lateral flow device (LFD) distribution service	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 asymptomatic testing using a lateral flow device (LFD)	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flu vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Service</b>	<b>Are you aware that a pharmacy may provide this?</b>	
Repeat dispensing services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home delivery and prescription collection services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication review	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New Medicine Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discharge from hospital medicines service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency supply of prescription medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disposal of unwanted medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appliance Use Review	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis testing service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stoma appliance customisation service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Needle exchange	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stopping smoking/nicotine replacement therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immediate access to specialist drugs, e.g. palliative care medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Travel immunisation (some pharmacies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anticoagulation monitoring	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weight management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Long-term condition management	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**21)** Which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select one answer for each service)

<b>Service</b>	<b>Would you like to see this service always provided?</b>
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 lateral flow device distribution service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 asymptomatic testing using a lateral flow device (LFD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Flu vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Repeat dispensing services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Home delivery and prescription collection services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion

Service	Would you like to see this service always provided?
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
New Medicine Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Discharge from hospital medicines service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stoma Appliance Customisation service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stopping smoking/nicotine replacement therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Immediate access to specialist drugs e.g. palliative care medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Travel immunisation (some pharmacies)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Anticoagulation monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Weight management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Long-term condition management	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion

**22) Other services you would like to see provided by your pharmacy? Please specify**

---

**23) Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact?**

- Yes       No       I don't know

**24) If there is a consultation room, is it fully accessible to wheelchair users, or to people with other accessibility needs?**

- Yes       No       I don't know

**25) Any other comments you would like to make about the consultation room?**

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**26)** Is your pharmacy able to provide medication on the same day your prescription is sent to it? (Please select one answer)

- Yes
- No – it normally takes one day
- No – it normally takes two or three days
- No – it normally takes more than three days
- I don't know

**27)** How do you prefer to be alerted when your medication is ready for collection? (Please select one answer)

- Yes – by text
- Yes – by email
- I prefer not to be alerted
- Other (Please specify) \_\_\_\_\_

**28)** If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

- Paper request form to my GP practice
- Paper request form through my pharmacy
- By email to my GP practice
- Online request to my GP practice
- My pharmacy orders on my behalf
- Electronic Repeat Dispensing (eRD)
- NHS app
- Varies
- Other (Please specify) \_\_\_\_\_

**29)** Have you ever used [Electronic Repeat Dispensing \(eRD\)](#)? This is a process that allows you to obtain repeated medication/appliances without the need for your GP to hand-sign authorised repeat prescriptions each time. This allows your GP to authorise and issue a batch of repeat prescriptions until you need to be reviewed. The prescriptions are then available for dispensing at the specified intervals at your nominated pharmacy. (Please select one answer)

- Yes
- No
- I don't know / have never heard of it

**30)** Please tell us if you have any comments about eRD?

---

**31)** Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. What types of treatments or advice would you like to receive from community pharmacies so they can better meet your needs?

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**32)** Do you have any other comments you would like to make about your pharmacy services, including any improvements you would like to see?

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**38) What is your ethnic group?**

- |  |   |
|--|---|
| <input type="checkbox"/> White: English/Welsh/Scottish/Northern Irish/British        |   |
| <input type="checkbox"/> White: Irish  | <input type="checkbox"/> White: Eastern European          |
| <input type="checkbox"/> White: any other background                                 | <input type="checkbox"/> Gypsy or Irish Traveller         |
| <input type="checkbox"/> Mixed/multiple ethnic background: White and Black Caribbean |   |
| <input type="checkbox"/> Mixed/multiple ethnic background: White and Black African   |   |
| <input type="checkbox"/> Mixed/multiple ethnic background: White and Asian           |   |
| <input type="checkbox"/> Mixed/multiple ethnic background: any other background      |   |
| <input type="checkbox"/> Asian/Asian British: Indian                                 | <input type="checkbox"/> Asian / Asian British: Pakistani |
| <input type="checkbox"/> Asian/Asian British: Bangladeshi                            | <input type="checkbox"/> Asian / Asian British: Chinese   |
| <input type="checkbox"/> Any other Asian background                                  | <input type="checkbox"/> Black British                    |
| <input type="checkbox"/> Black: African  | <input type="checkbox"/> Black: Caribbean                 |
| <input type="checkbox"/> Any other Black/African/Caribbean background                | <input type="checkbox"/> Arab                             |
| <input type="checkbox"/> Any other ethnic group                                      | <input type="checkbox"/> Prefer not to say                |

**39) Do you consider yourself disabled or have a long-standing illness? Long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time**

- |  |  |
|--|--|
| <input type="checkbox"/> No                              | <input type="checkbox"/> Yes, affecting mobility       |
| <input type="checkbox"/> Yes, affecting hearing          | <input type="checkbox"/> Yes, affecting vision         |
| <input type="checkbox"/> Yes, a learning disability      | <input type="checkbox"/> Yes, mental ill health        |
| <input type="checkbox"/> Yes, another form of disability | <input type="checkbox"/> Yes, affecting multiple areas |
| <input type="checkbox"/> Prefer not to say               |  |

**40) Do you have caring responsibilities? A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.**

- Yes                       No                       Prefer not to say

**Thank you for completing this questionnaire**

If you wish to be kept informed about the Southend-on-Sea Pharmaceutical Needs Assessment and the consultation, please visit:

<https://yoursay.southend.gov.uk/pharmaceutical-needs-assessment-2022>

## Appendix D: Pharmacy contractor questionnaire

### **PNA 2022 Pharmacy Contractor Questionnaire Southend-on-Sea Health and Wellbeing Board**

Soar Beyond are supporting Southend-on-Sea Borough Council to produce its 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all pharmacy contractors within Southend.

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

<https://www.surveymonkey.com/r/SouthendPNA2022PharmacyContractor>



**Please complete this questionnaire by 14<sup>th</sup> January 2022 at the latest**

**Premises and contact details**

Contractor code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of contractor pharmacy	
Opening hours and related matters	Contact NHSE

**Services – Does the pharmacy dispense appliances?**

Yes – All types	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>
Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Non-commissioned services – Does the pharmacy provide any of the following?**

Collection of prescriptions from GP practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – With charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any services you would like to provide that are not currently commissioned in your area? If so, please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Details of the person completing this form:**

Contact name of person completing questionnaire on behalf of the contractor if questions arise	Contact telephone number

## Appendix E: Commissioner questionnaire

### **PNA 2022 Commissioner Questionnaire Southend-on-Sea Health and Wellbeing Board**

Soar Beyond are supporting Southend-on-Sea to produce their 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all commissioners who are responsible for commissioning services from community pharmacies in Southend-on-Sea (even if they do not commission services currently).

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

<https://www.surveymonkey.co.uk/r/SouthendPNA2022Commissioner>



**Please complete the questionnaire by 14<sup>th</sup> January 2022**

## **Community pharmacy services overview**

### **Community Pharmacy Contractual Framework (CPCF)<sup>1</sup>**

Community pharmacies are contracted and commissioned in England under the national Community Pharmacy Contractual Framework (CPCF). This sets out the services that need to be provided, how quality is assured and other expectations, such as safety. CPCF is made up of three different service types and below are examples of what is already commissioned in community pharmacy:

1. Essential services – provided by all pharmacy contractors and are commissioned by NHS England
  - a. Dispensing medicines and appliances
  - b. Repeat dispensing
  - c. Discharge medicines service
  - d. Disposal of unwanted medicines
  - e. Promotion of Health Lifestyles – Public Health
  - f. Signposting to other healthcare providers
  - g. Clinical governance
  - h. Support for self-care
2. Advanced services – provided by all contractors once accreditation requirements have been met and are commissioned by NHS England
  - a. Appliance use reviews (AUR)
  - b. Community pharmacist consultation service (CPCS)
  - c. C-19 Lateral flow device distribution service
  - d. Flu vaccination service
  - e. Hepatitis C testing service
  - f. Hypertension case-finding service
  - g. New Medicine Service
  - h. Pandemic delivery service – active until 31<sup>st</sup> March 2022
  - i. Stoma appliance customisation
  - j. Smoking Cessation advanced service – will be commissioned from January 2022
3. Locally commissioned services – services commissioned by Local Authorities, Clinical Commissioning Groups and NHS England in response to the needs of the local populations.

### **Pharmacy Quality Scheme (PQS)**

The Pharmacy Quality Scheme (PQS) forms part of the CPCF. It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience.<sup>2</sup>

The new PQS for 2021/22 from September 2021 will focus on priorities supporting recovery from COVID-19 and examples of criteria include:<sup>3</sup>

- 20 new NMS provisions

<sup>1</sup> **PSNC, Pharmaceutical Services Negotiating Committee.** Community Pharmacy Contractual Framework. PSNC. [Online] [Cited: October 06, 2021.] <https://psnc.org.uk/contract-it/the-pharmacy-contract/>

<sup>2</sup> **PSNC, Pharmaceutical Services Negotiating Committee.** Pharmacy Quality Scheme. PSNC. [Online] [Cited: October 2021, 2021.] <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/>

<sup>3</sup> **NHS Business Services Authority.** Pharmacy Quality Scheme (PQS) 2021/22. NHSBA. [Online] [Cited: October 06, 2021.] <https://www.nhsbsa.nhs.uk/sites/default/files/2021-08/Pharmacy%20Quality%20Scheme%20Announcement%20September%202021-2022.pdf>

- Identifying people who would benefit from weight management advice and onward referral, including to the recently introduced NHS Digital Weight and/or Local Authority funded tier 2 weight management service
- Checking inhaler technique, as part of catch-up NMS, ensuring patients have personalised asthma action plans and use of spacers in children, and encouraging return of unwanted and used inhalers for disposal to protect the environment

Full details of PQS 2021/22 can be found here:

[Pharmacy Quality Scheme Announcement September 2021-2022.pdf \(nhsbsa.nhs.uk\)](https://www.nhs.uk/medicines/pharmacy-quality-scheme/announcement-september-2021-2022.pdf)

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

SERVICE	Currently commissioning	Would consider commissioning in the future	Not likely to commission in the future
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiviral Distribution Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Service (not EC) <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease-Specific Medicines Management Service:			
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contraception Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently commissioning an Independent Prescribing Service, what therapeutic areas are covered?			

<sup>1</sup> These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

<b>SERVICE</b>	<b>Currently commissioning</b>	<b>Would consider commissioning in the future</b>	<b>Not likely to commission in the future</b>
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently commissioning a Medicines Optimisation Service, what therapeutic areas are covered?			
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity Management (adults and children) <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not-Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (please name the medicines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service:			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Vaccinations:			
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at-risk workers or patients) vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SERVICE</b>	<b>Currently commissioning</b>	<b>Would consider commissioning in the future</b>	<b>Not likely to commission in the future</b>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (please name therapeutic areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Details of the Person Completing this Questionnaire – if questions arise**

<b>Contact name</b>	<b>Contact telephone number</b>

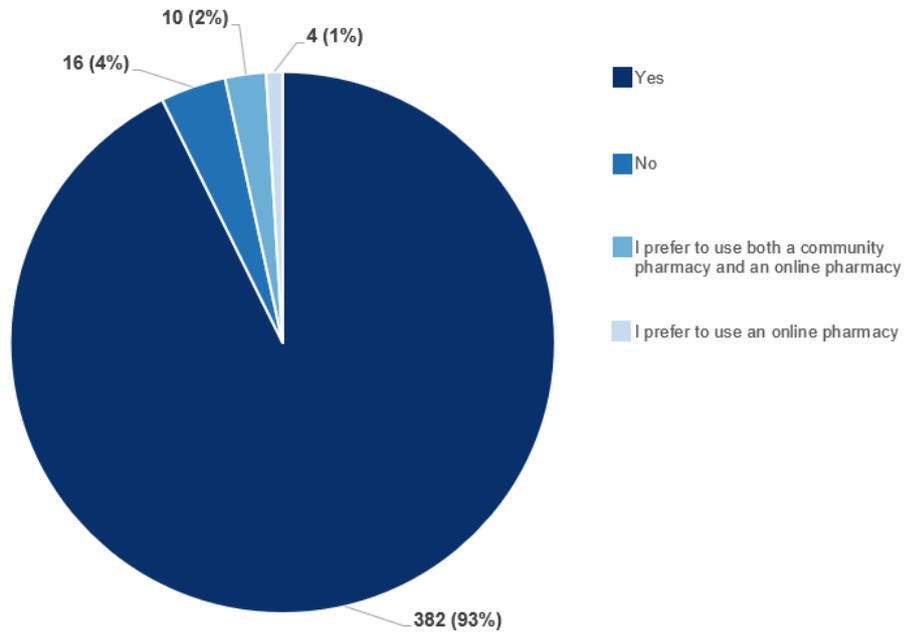
## Appendix F: PNA project plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<p>Stage 1: Project Planning &amp; Governance</p> <ul style="list-style-type: none"> <li>Stakeholders identified</li> <li>First Steering Group meeting conducted</li> <li>Project Plan, Communications Plan and Terms of Reference agreed</li> <li>PNA localities agreed</li> <li>Questionnaire templates shared and agreed</li> </ul>													
<p>Stage 2: Research &amp; analysis</p> <ul style="list-style-type: none"> <li>Collation of data from NHSE, PH, LPC and other providers of services</li> <li>Listing and mapping of services and facilities with the borough</li> <li>Collation of information regarding housing and new care home developments</li> <li>EIA – Equalities Impact Assessment</li> <li>Electronic, distribution and collation</li> <li>Analysis of questionnaire responses</li> <li>Steering Group meeting two</li> <li>Draft update for HWB</li> </ul>													
<p>Stage 3: PNA development</p> <ul style="list-style-type: none"> <li>Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs</li> <li>Develop Consultation Plan</li> <li>Draft PNA</li> <li>Engagement for Consultation</li> <li>Steering Group meeting three</li> <li>Draft update for HWB</li> </ul>													
<p>Stage 4: Consultation and final draft production</p> <ul style="list-style-type: none"> <li>Coordination and management of consultation</li> <li>Analysis of consultation responses</li> <li>Production of consultation findings report</li> <li>Draft final PNA for approval</li> <li>Steering Group meeting four</li> <li>Minutes to meetings</li> <li>Edit and finalise final PNA 2022</li> <li>Draft update for HWB</li> </ul>													

## Appendix G: Results of the public questionnaire

Total responses received:<sup>1</sup> 412

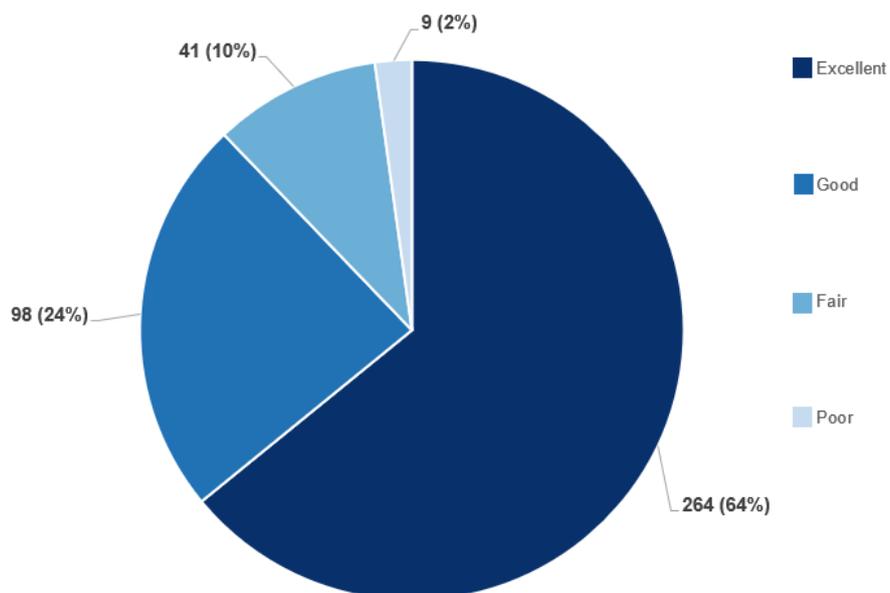
### 1 - Do you normally use a specific pharmacy?



### 2 - If happy to do so, please provide the name and address/website:

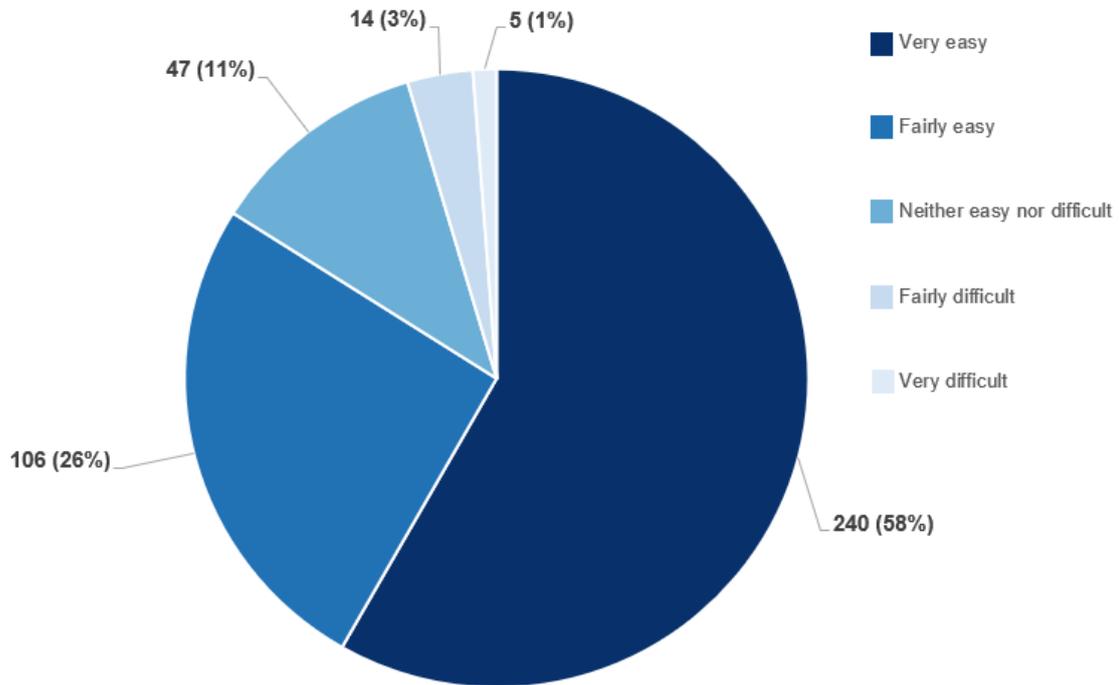
Provided name and address of pharmacy	296
Provided name and website of online pharmacy	3

### 3 - How would you rate your overall satisfaction with your regular/preferred pharmacy?

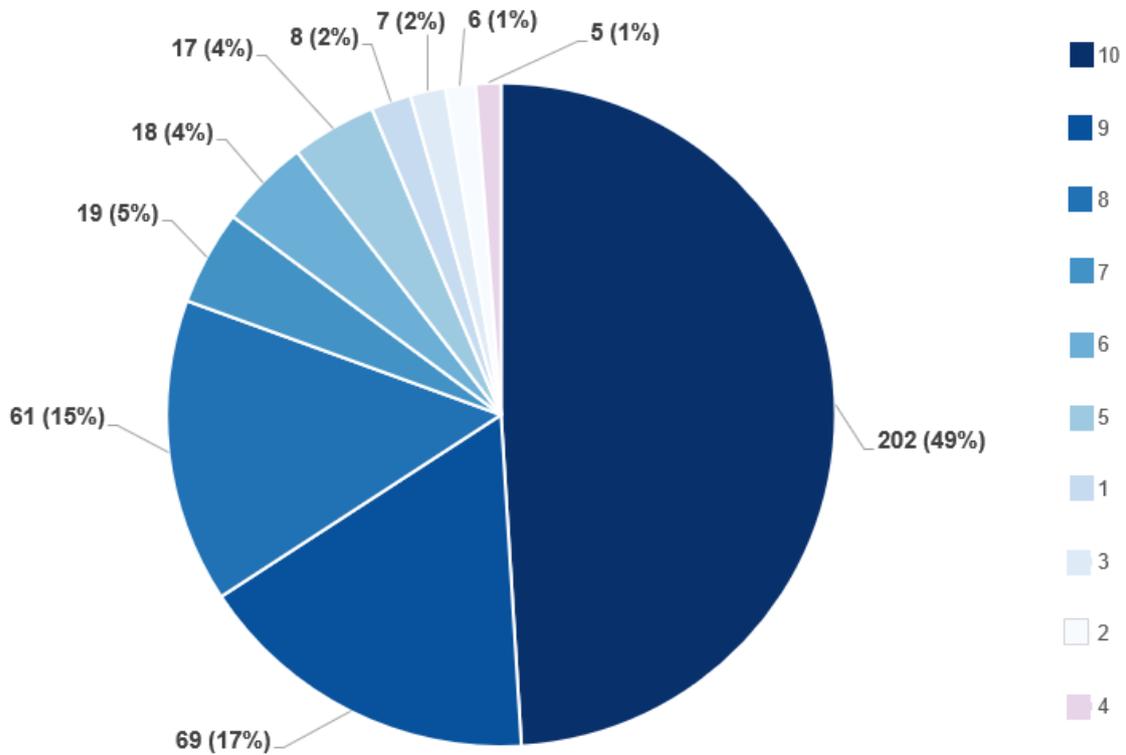


<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

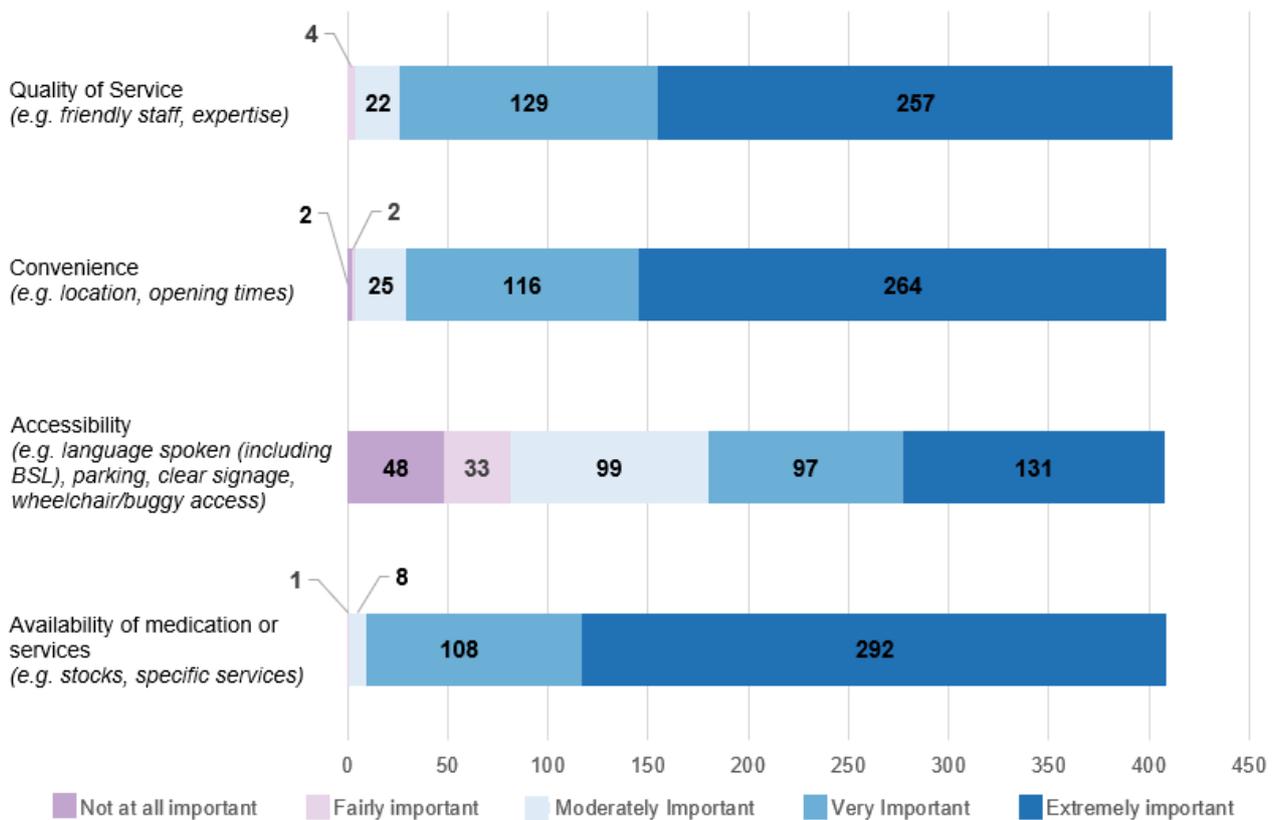
**4 - How easy or difficult has it been to speak to your pharmacy over the last 18 months, during the pandemic?**



**5 - On a scale from 1 to 10 (1 being extremely unsatisfactory and 10 being extremely satisfactory) how well does your local community pharmacy meet your needs?**



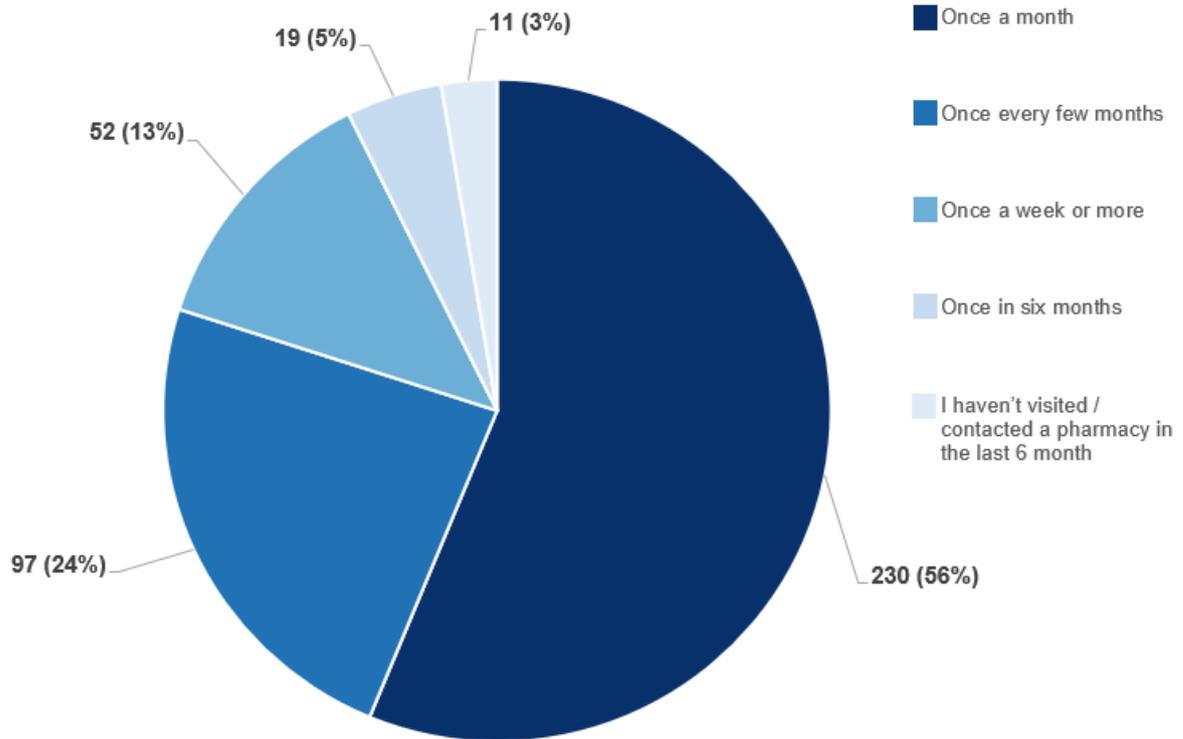
**6 - How important are each of the following aspects to you when choosing a pharmacy?**



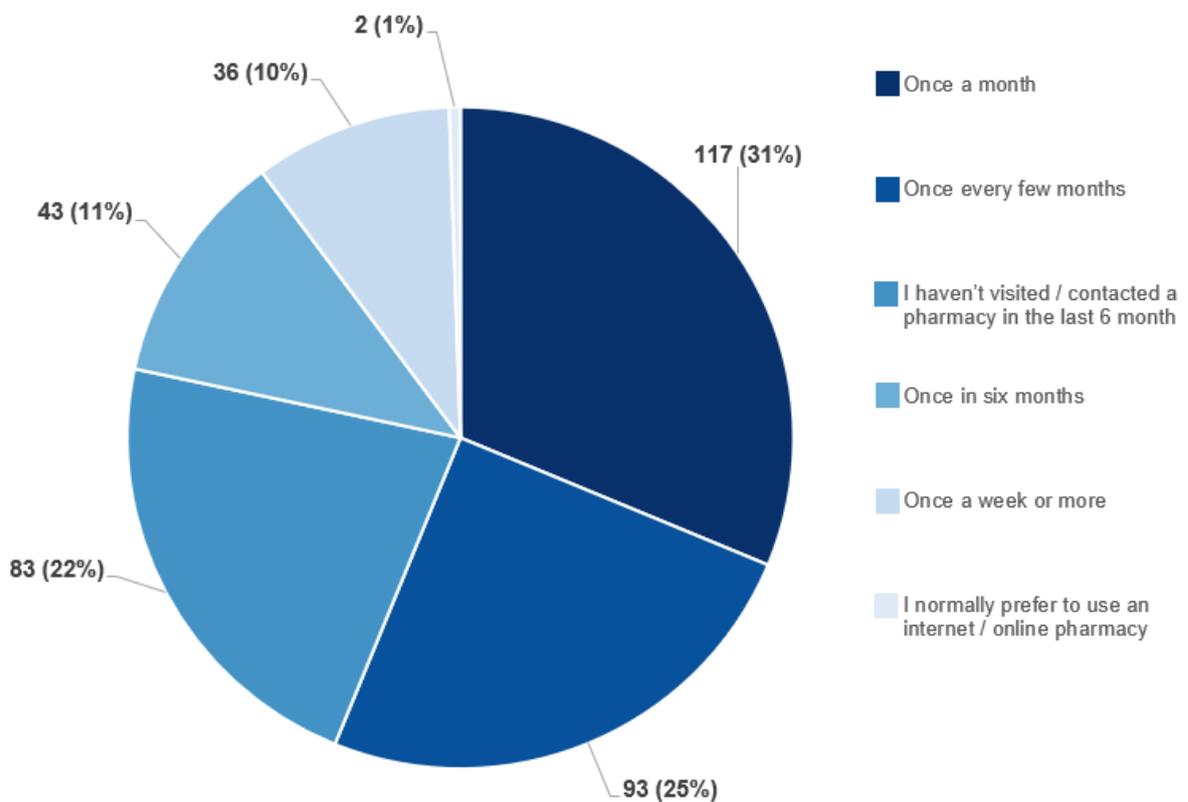
**Comments:**

Understanding and helpful staff	18	Need a consultation room	1
Good, expert advice and contactable	15	Need extra staff	1
Additional services including vaccinations, smoking, weight loss clinics	13	New Medication Service	1
Home delivery	9	SMS when medication is ready for collection	1
Opening hours including weekends	9	Range of non-prescription medication	1
Keep medications ready	7	Efficient service	1
Prevent long waiting times	6	Pharmacy staff to support patients during COVID	1
Clean and hygienic pharmacy	3	Opening hours – open on Sundays	1
Range of different OTC	2	Prescribe large range of medication	1
Should have all medications in stock	3	Convenient	1
Good communication with GP	2	Automatic ordering of repeat prescriptions	1
Able to order prescription via telephone or email	2	Parking	1
		eRD prescription system	1

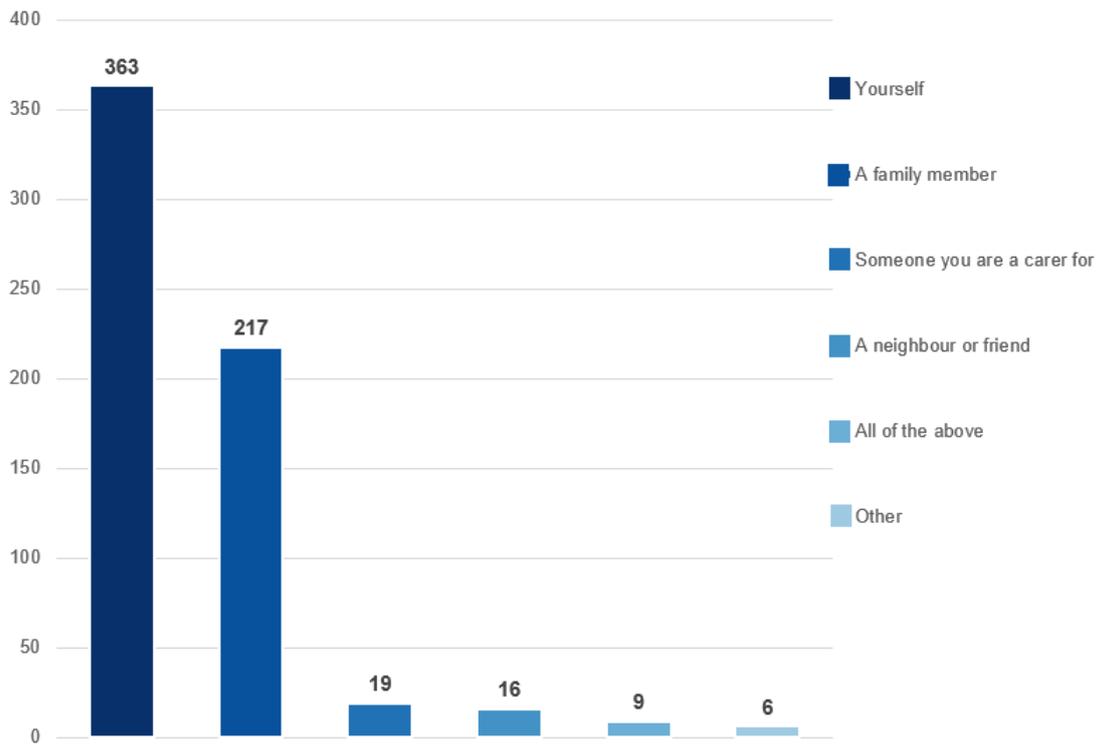
**7 - In the last six months, how frequently have you visited/contacted (spoken to, emailed or visited in person) a pharmacy for yourself?**



**8 - In the last six months, how frequently have you visited/contacted (spoken to, emailed or visited in person) a pharmacy for someone else?**



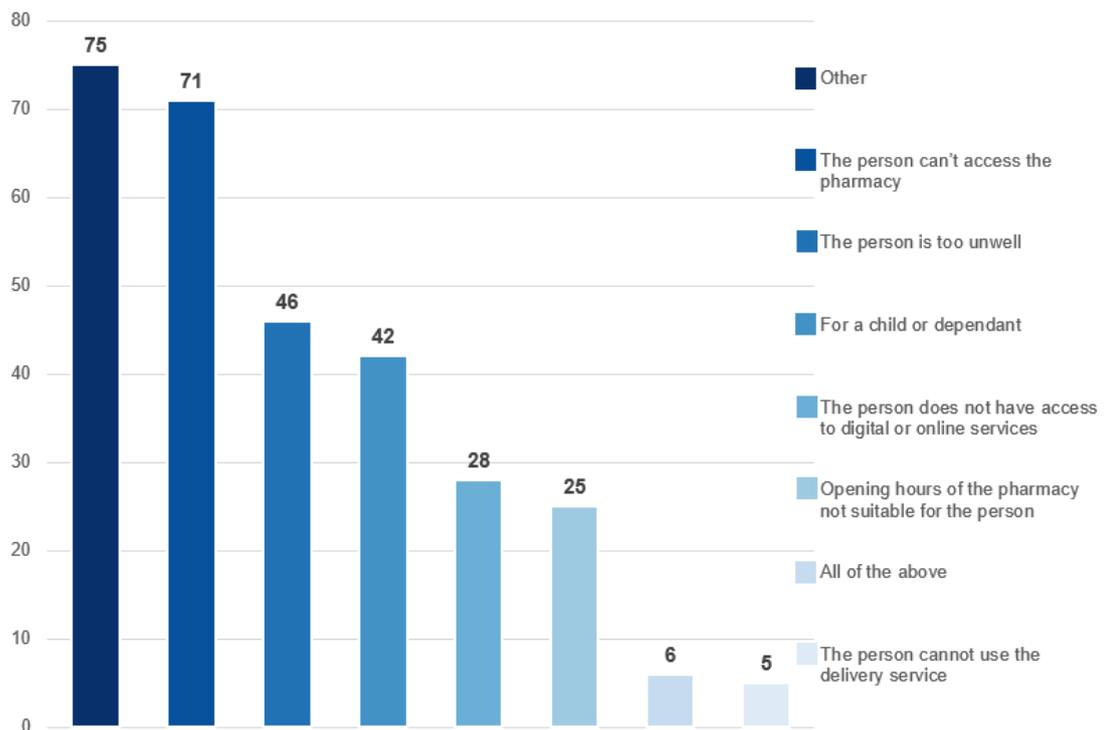
**9 - Who do you normally visit/contact a pharmacy for?**



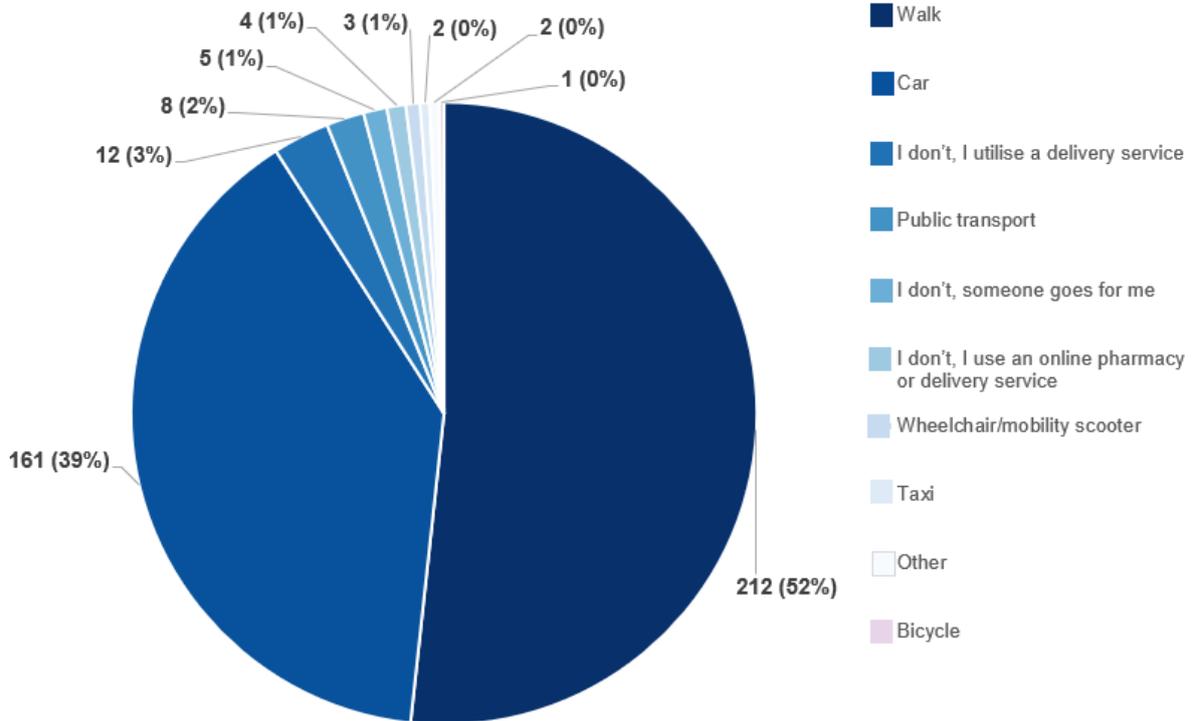
Comments:

Spouse/Partner	15	Parents	1
Someone else	4	Dependant	1

**10 - If you visit/contact a pharmacy regularly on behalf of someone else, please give a reason why?**



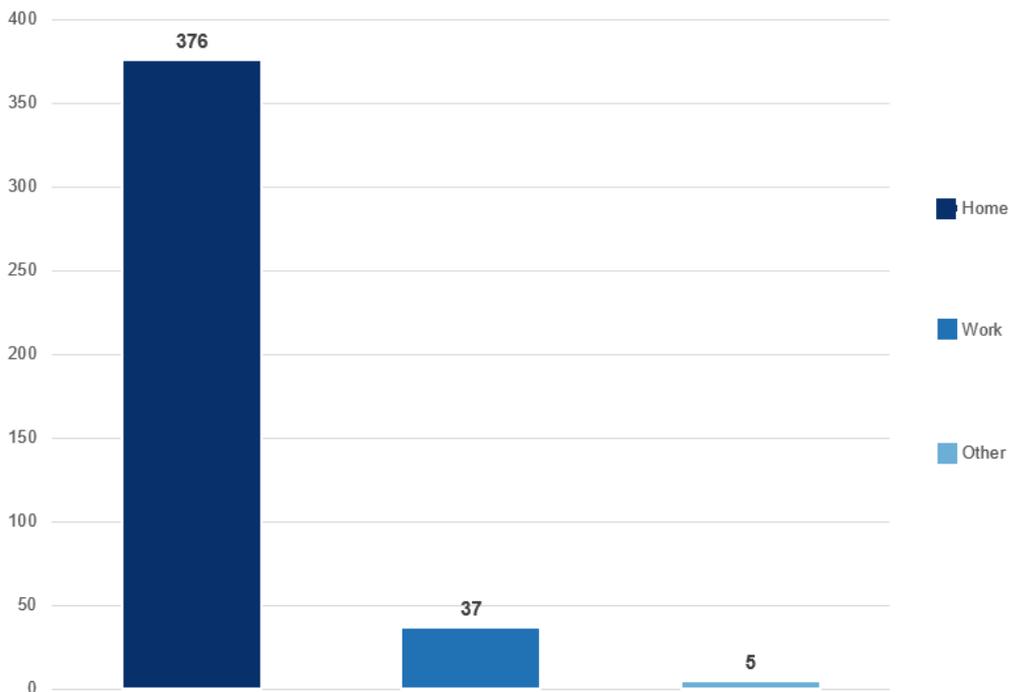
**11 - How would you usually travel to the pharmacy?**



Comments:

Prefer to use a home delivery service which is competent	1
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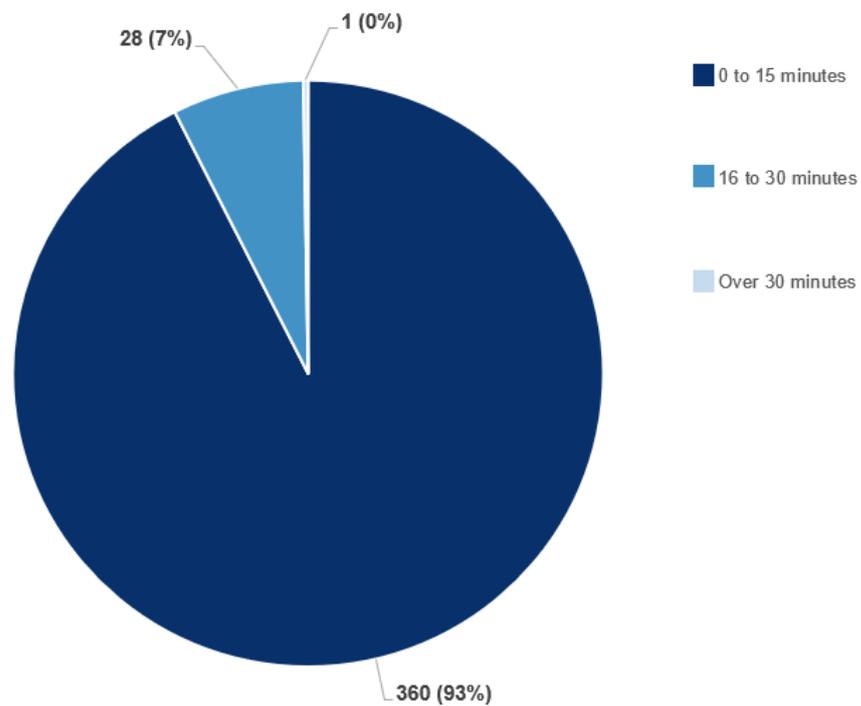
**12 - If you travel to a pharmacy, where do you travel from?**



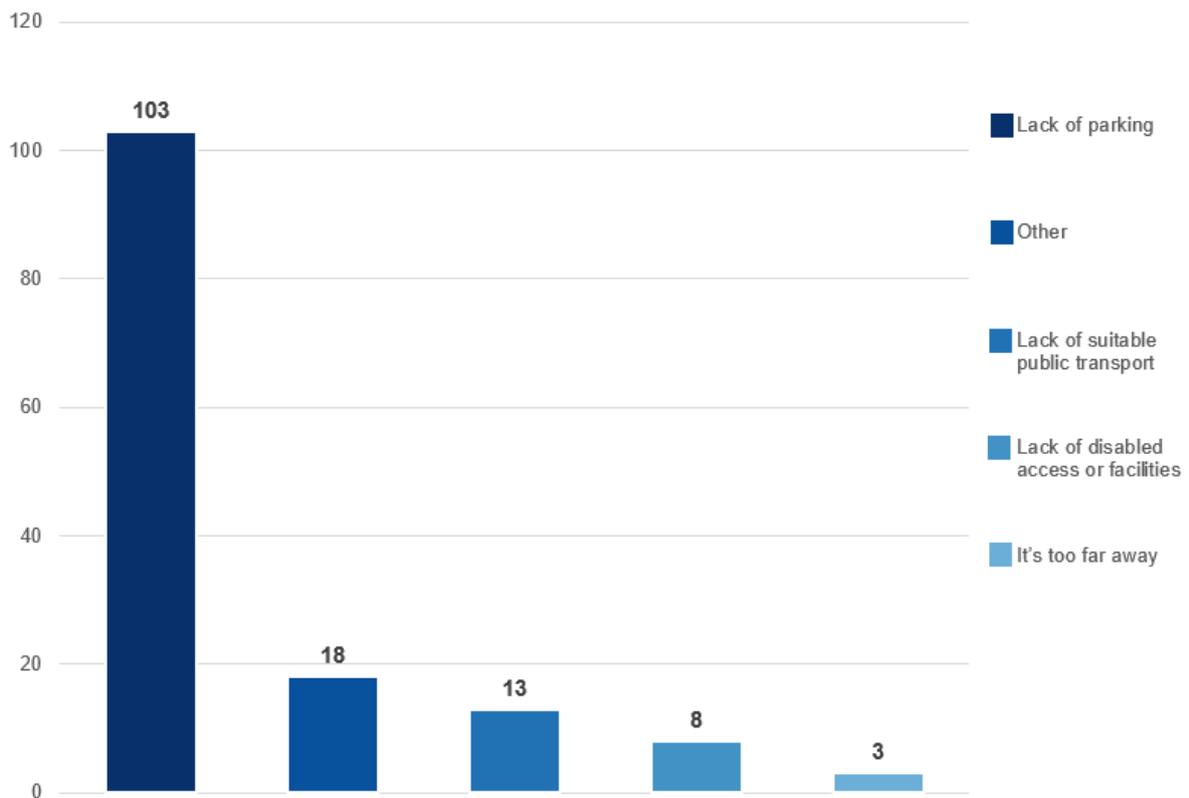
Comments:

Relative's home	1	Shops	1
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**13 - On average, how long does it take you to travel to a pharmacy?**



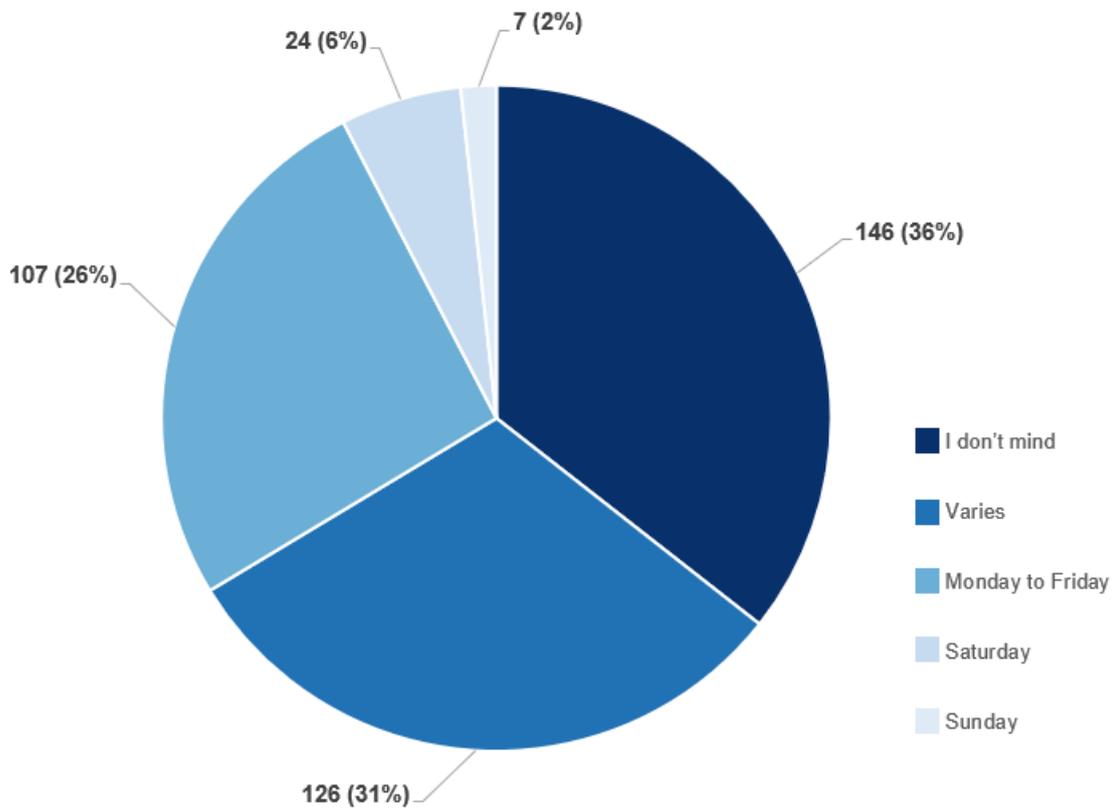
**14 - Do you face any of the following difficulties when travelling to a pharmacy?**



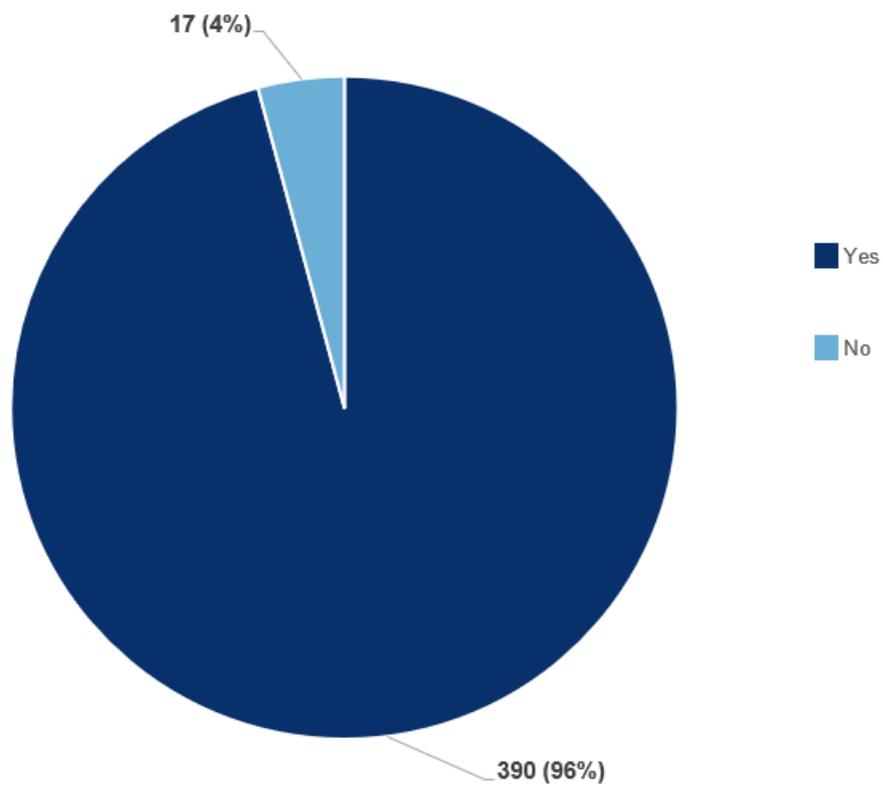
Comments:

Limited space inside/waiting area	2	No secure bicycle parking	1
No parking	1		

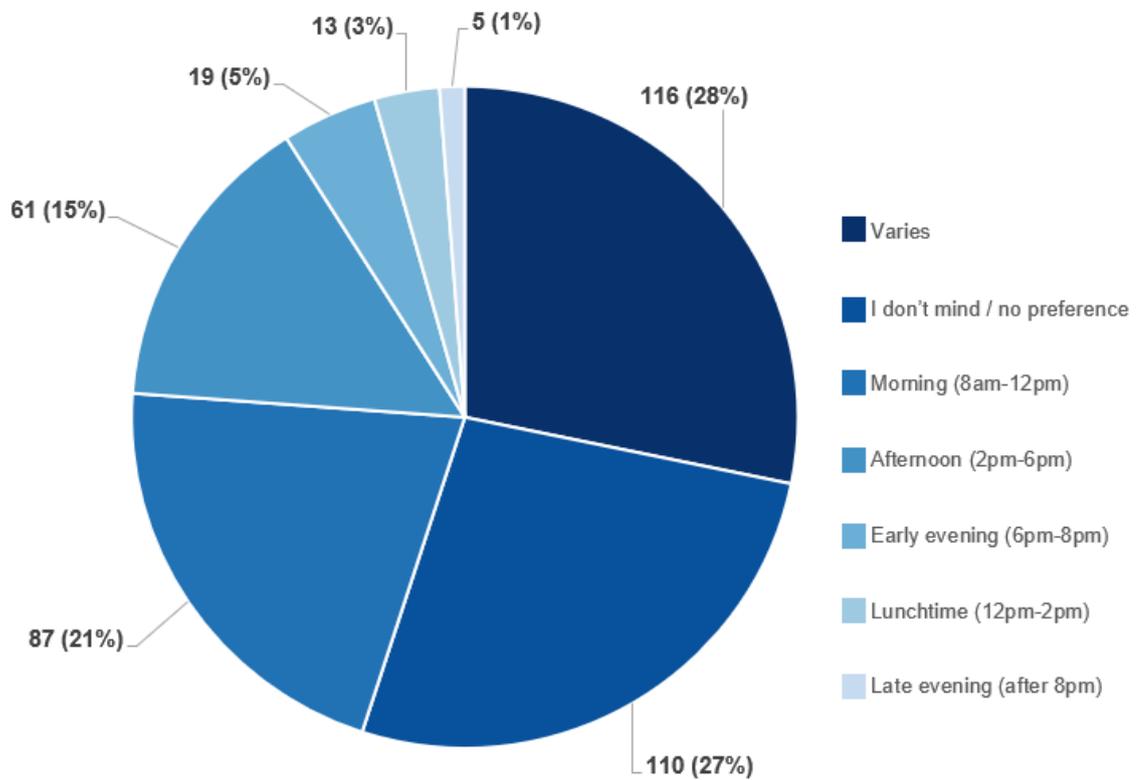
15 - What is the most convenient day for you to visit/contact a pharmacy?



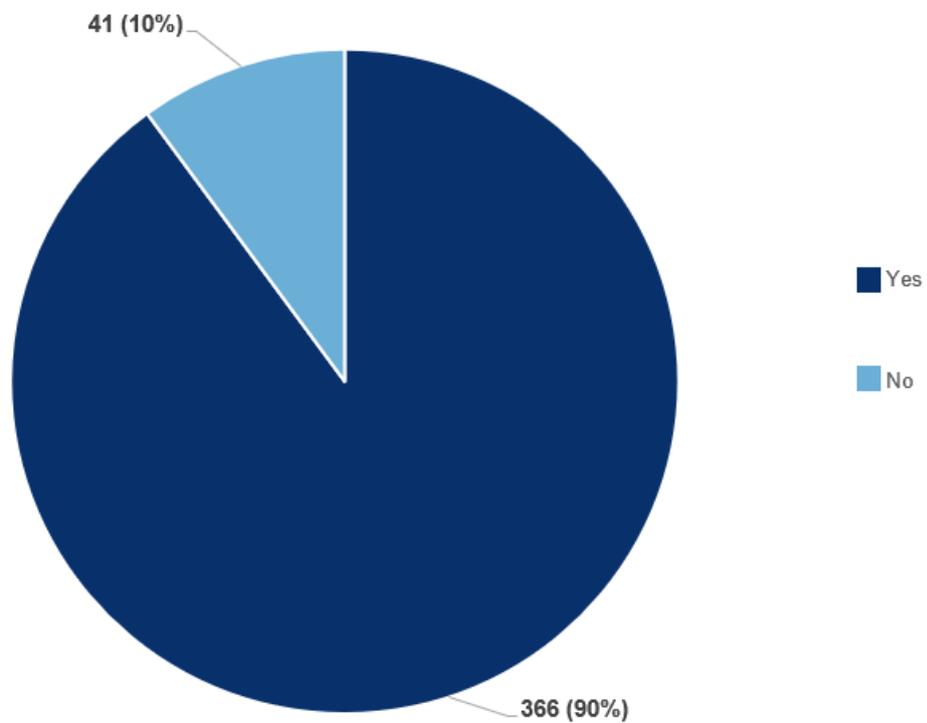
16 - Is your preferred pharmacy open on the most convenient day for you?



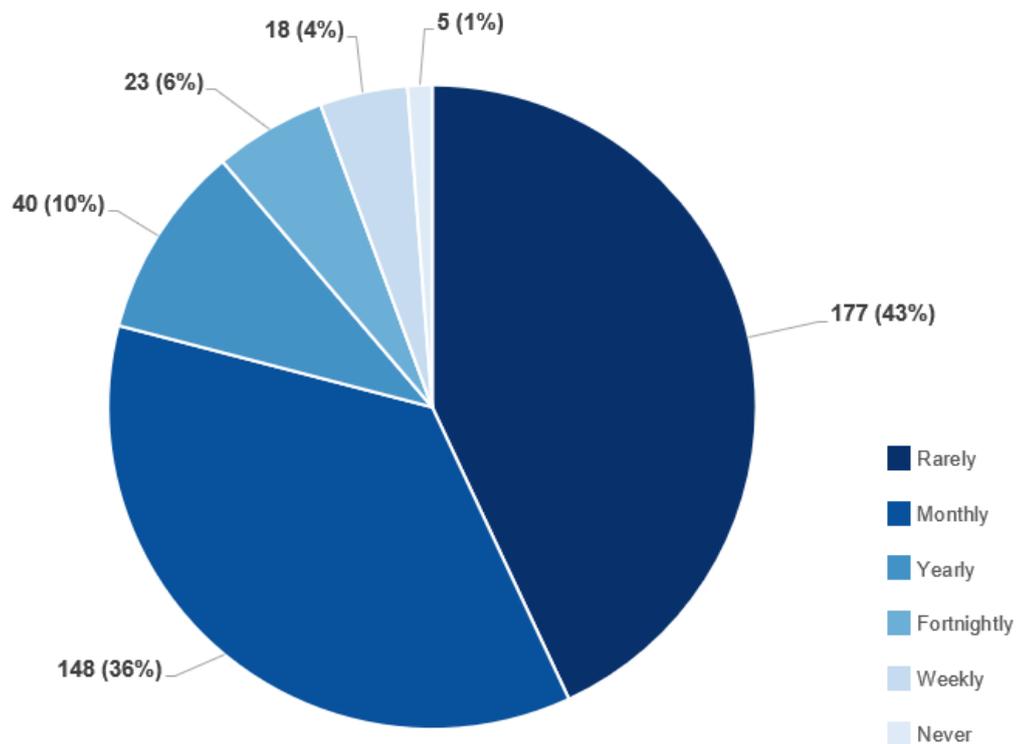
17 - When do you prefer to visit/contact a pharmacy?



18 - Is your preferred pharmacy open at the most convenient time for you/at your preferred time?



19 - How frequently do you buy an over-the-counter medicine from a pharmacy?



**20 - Which of the following pharmacy services are you aware that a pharmacy may provide?**

Service	Yes		No	
Dispensing prescription medicines	99%	408	1%	4
Advice from your pharmacist	98%	402	2%	10
Buying over the counter medicines	98%	404	2%	8
Repeat dispensing services	93%	383	7%	29
Flu vaccination service	84%	346	16%	66
Covid-19 lateral flow device (LFD) distribution service	83%	341	17%	71
Disposal of unwanted medicines	82%	339	18%	73
Home delivery and prescription collection services	71%	292	29%	120
Dispensing appliances	61%	252	39%	160
Nicotine replacement therapy	60%	248	40%	164
Covid-19 asymptomatic testing using a lateral flow device (LFD)	57%	235	43%	177
Covid-19 vaccination services	52%	215	48%	197
Emergency supply of prescription medicines	47%	192	53%	220
Medication review	41%	167	59%	245
Sexual health services	32%	130	68%	282
New medicine service	30%	125	70%	287
Travel immunisation	29%	121	71%	291
Supervised consumption of methadone and buprenorphine	26%	109	74%	303
Discharge from hospital Medicines Service	22%	91	78%	321
Needle exchange	22%	92	78%	320
Appliance Use Review	20%	82	80%	330
Community Pharmacist Consultation Service (urgent care referral)	20%	82	80%	330
Immediate access to specialist drugs	19%	80	81%	332
Long term condition management	19%	77	81%	335
Weight management	18%	75	82%	337
Anti-coagulation monitoring	10%	43	90%	369
Stoma appliance customisation service	9%	36	91%	376
Hepatitis testing service	7%	28	93%	384

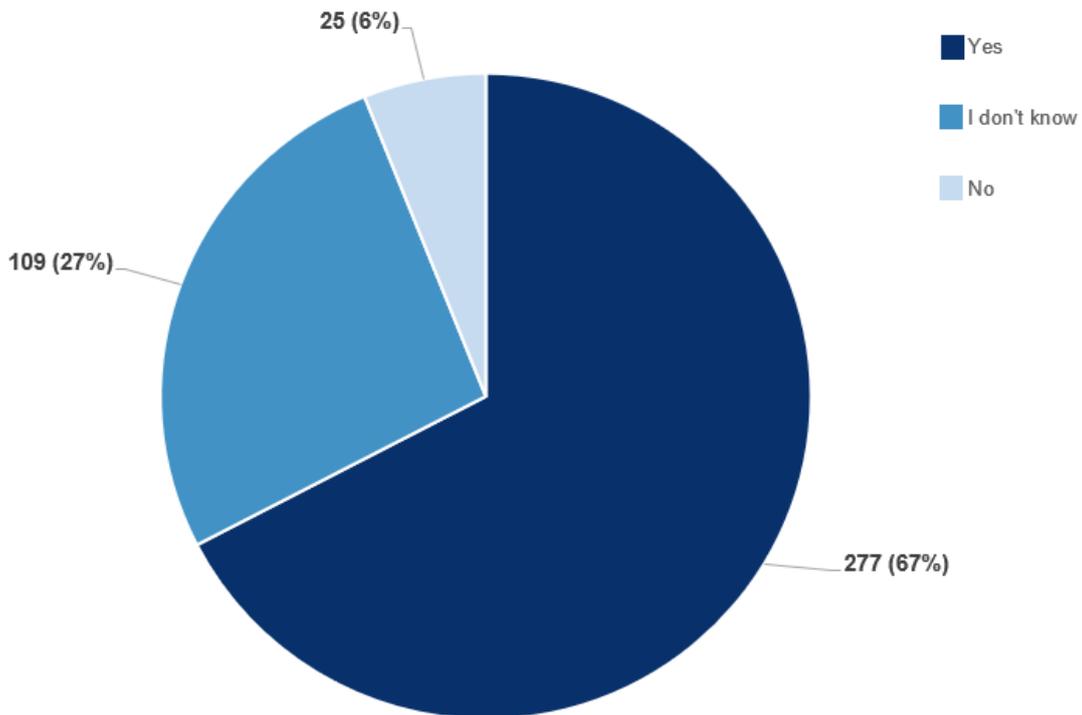
## 21 - Which of the following pharmacy services would you like to see always provided by your pharmacy?

Service	Yes		No		No opinion	
	%	Count	%	Count	%	Count
Advice from your pharmacist	97%	401	0%	0	3%	11
Buying over the counter medicines	97%	401	0%	0	3%	11
Dispensing medicines	97%	399	0%	1	3%	12
Disposal of unwanted medicines	92%	379	0%	1	8%	32
Emergency supply of prescription medicines	92%	378	0%	2	8%	32
Repeat dispensing services	92%	381	1%	4	7%	27
Flu vaccination services	89%	365	1%	5	10%	42
Home delivery and prescription collection services	87%	358	1%	5	12%	49
Covid-19 vaccination services	83%	341	2%	10	15%	61
Covid-19 asymptomatic testing using a lateral flow device (LFD)	75%	311	2%	9	22%	92
Immediate access to specialist drugs	74%	305	1%	5	25%	102
Medication review	73%	299	6%	25	21%	88
Discharge from hospital Medicines Service	71%	291	2%	9	27%	112
New medicine service	66%	271	3%	11	32%	130
Travel immunisation	66%	273	3%	12	31%	127
Community Pharmacist Consultation Service (urgent care referral)	65%	269	2%	9	33%	134
Dispensing appliances	63%	258	1%	6	36%	148
Long term condition management	63%	261	5%	20	32%	131
Sexual health services	59%	243	2%	10	39%	159
Stopping smoking or nicotine replacement therapy	59%	242	2%	8	39%	162
Weight management	55%	227	4%	18	41%	167
Anti-coagulation monitoring	53%	220	3%	13	43%	179
Needle exchange	45%	186	4%	16	51%	210
Appliance Use Review	42%	174	3%	12	55%	226
Hepatitis testing service	42%	174	3%	13	55%	225
Supervised consumption of methadone and buprenorphine	40%	166	6%	24	54%	222
Stoma appliance customisation service	36%	149	3%	12	61%	251

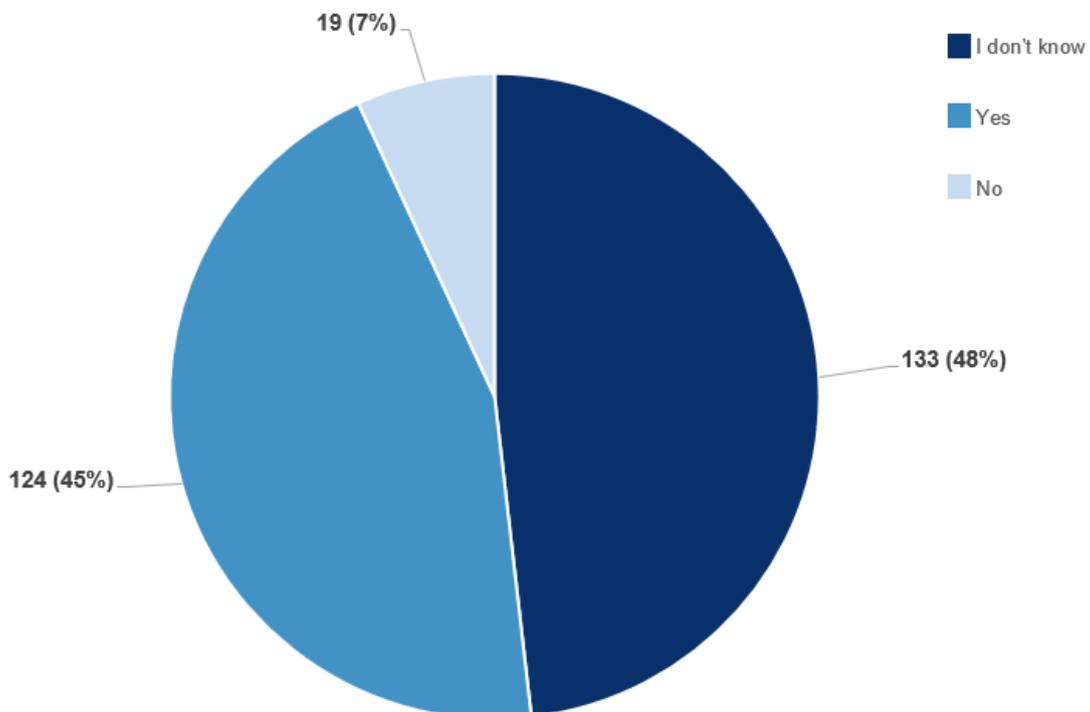
## 22 - Other services you would like to see provided by your pharmacy?

Additional clinical services, e.g. asthma review, blood tests, prescribing, diabetes checks, minor illnesses, mental health, etc	23	Pain management	1
A system to order prescriptions	4	24-hour pharmacy	1
Requires home delivery – free	3	Have all items in prescription in stock	1
Disposal of sharps bin/collection	3	Remote consultation	1
Physiotherapy	2	Order through pharmacy	1
Manage prescriptions for surgeries	2	Provide blister packs	1
Vaccinations	1	Injections services, e.g. vitamin B12	1
Wound care	1		

**23 - Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact?**



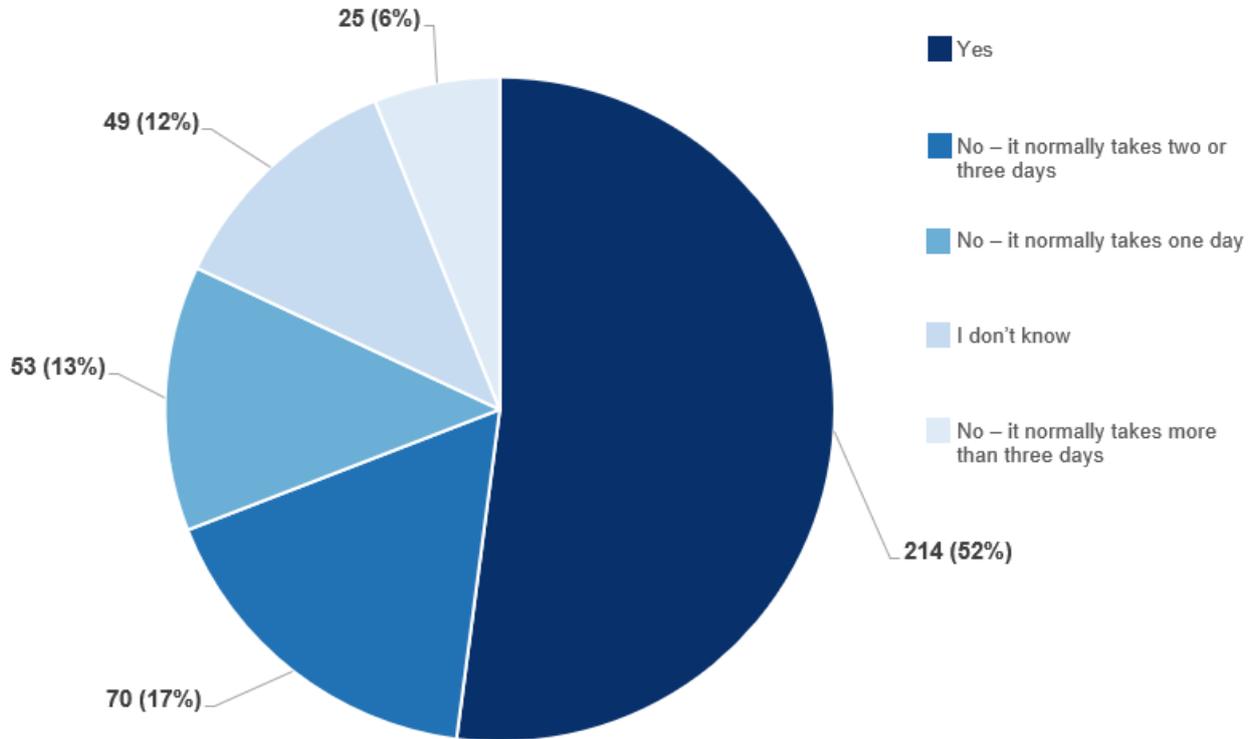
**24 - If there is a consultation room, is it fully accessible to wheelchair users, or to people with other accessibility needs?**



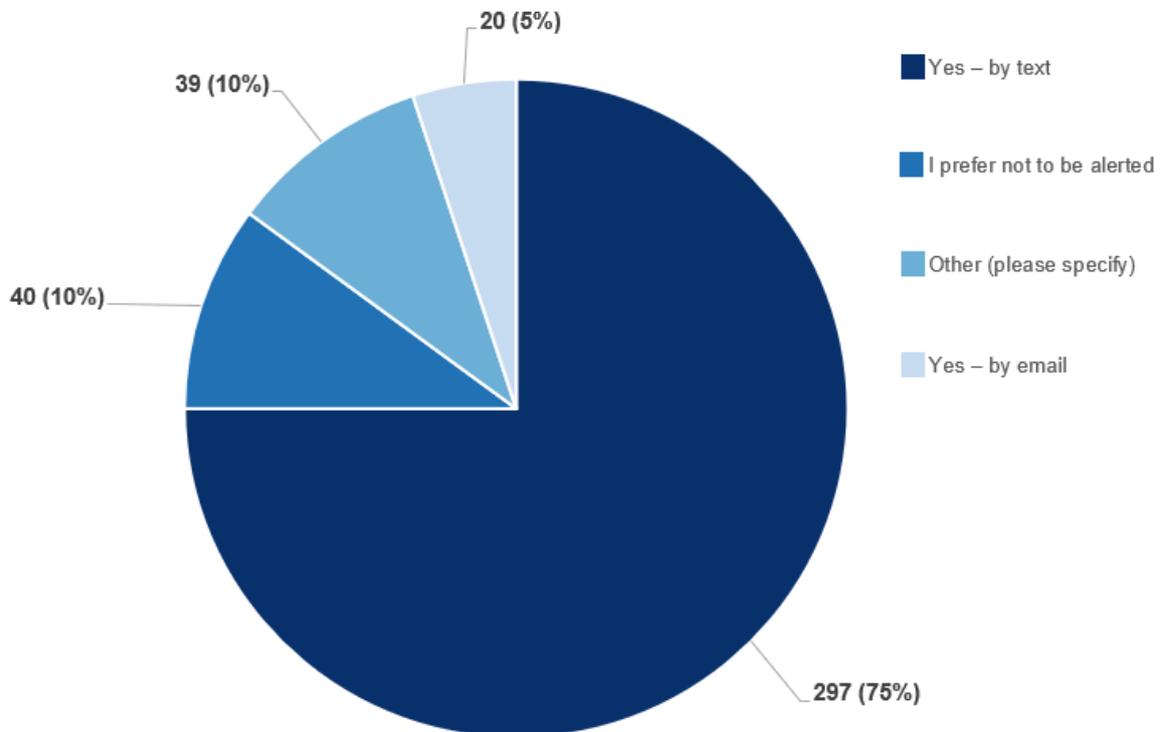
**25 - Any other comments you would like to make about the consultation room?**

No comments received

**26 - Is your pharmacy able to provide medication on the same day that your prescription is sent to it?**



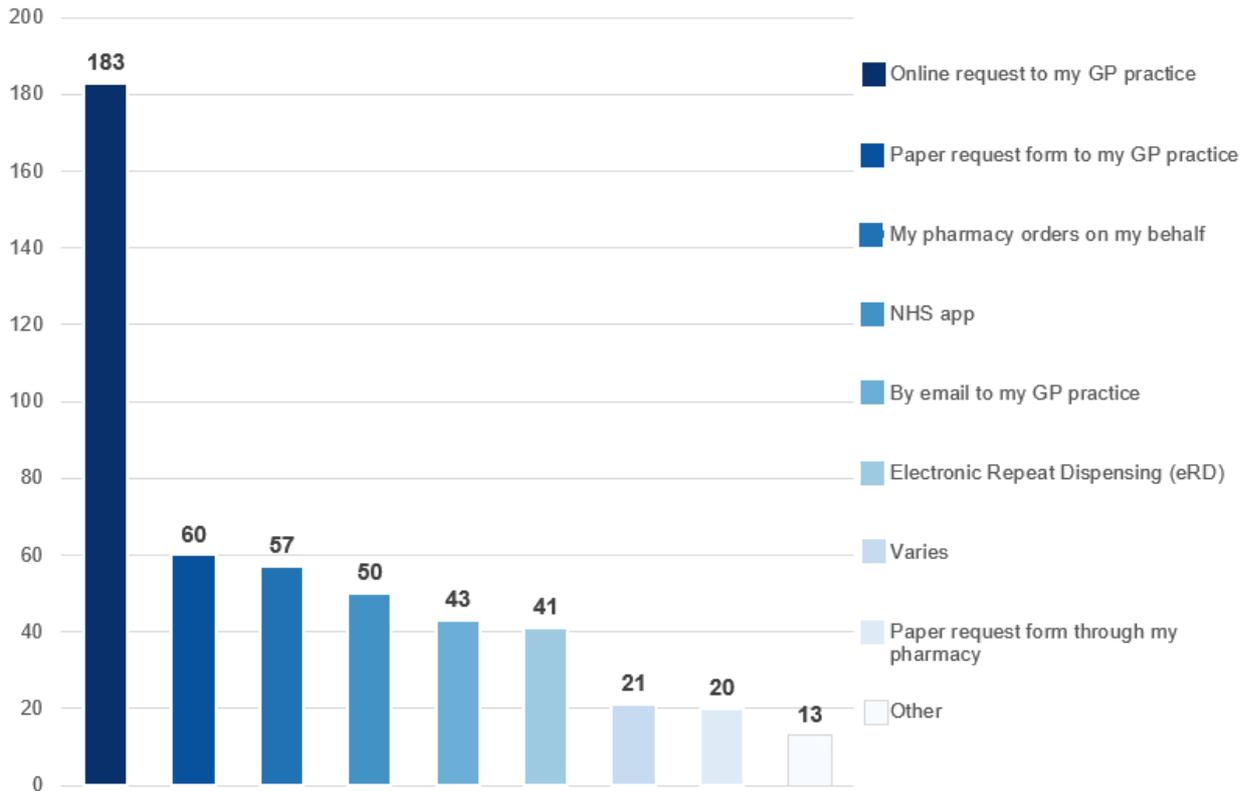
**27- Would you like to be alerted when your medication is ready for collection?**



Comments:

Home delivery	13	Don't mind	1
Telephone	9	Not aware there is a service	1
Never been alerted	4	GP surgery inform me	1
		Alerted on GP website	1

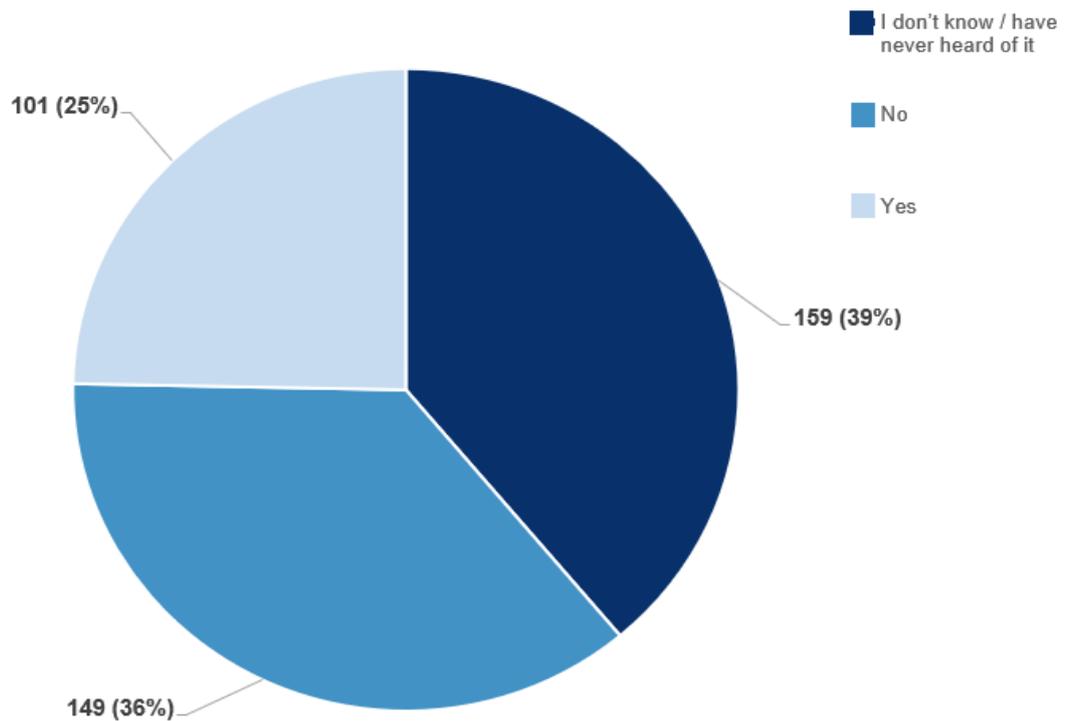
**28 - If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions?**



Comments:

Online system	6	Never re-ordered	2
Call my pharmacy	3	Telephone GP	2

**29 - Have you ever used Electronic Repeat Dispensing (eRD)?**



**30 - Please tell us if you have any comments about eRD?**

Efficient service	15
Extra items are added which have not been requested via eRD	3
Staff require training	3
Not available from GP surgery/not sure if available	4
Pharmacy takes control of eRD service from surgeries	2

**31 - Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. **What types of treatments or advice would you like to receive from pharmacies so they can better meet your needs?****

Minor illness clinic, e.g., blood tests, prescriptions, and skin clinics	57	Vaccinations	3
Good, expert advice	23	Not sure	2
Triage before going to GP or 111	9	Diabetes clinic	2
Health Check/review (BP, pulse)	5	Emergency contraception	1
Mental health services	4	INR Monitoring	1
Wound care/dressing changes	4	Migraine clinic	1
Skin clinic	3		

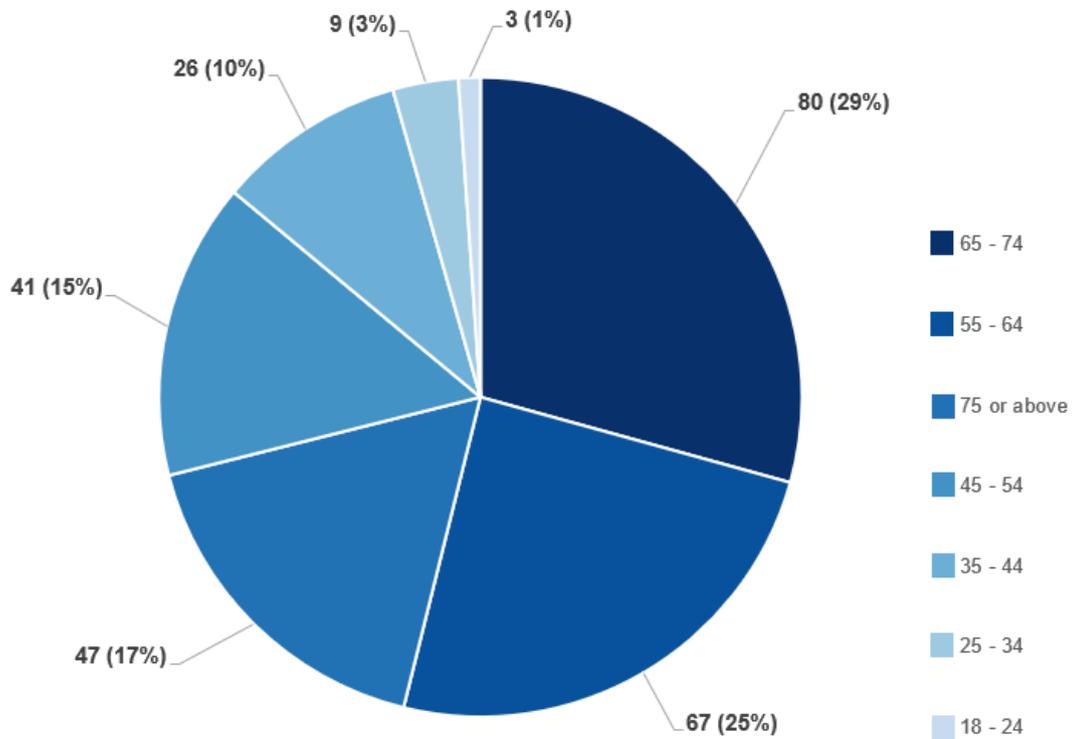
**32 - Do you have any other comments you would like to make about your pharmacy services, including any improvements you would like to see?**

Very good service including advice rather than prescription over the counter	31
Require efficient prescription collection service and medication ready	18
Need to extend opening hours including Sundays	9
Additional clinical service e.g. medication review, UTI, blood tests, cholesterol checks, minor illness clinics, prescribing etc	7
Need extra staff	6
Not able to order prescriptions via telephone	3
To be alerted when prescription ready	2
Home delivery	2
Stock all medications	2
Privacy at the counter	1
Same brand medication given each time	1
Availability of healthcare leaflets	1
Privacy when discussing with staff or pharmacist	1
More contact between doctor's surgery and pharmacy	1
Accuracy of blister packs	1
Should be disposal of sharps bins	1
Training and knowledge about transgender medication	1
Provide medication as per patient's values and diet, e.g. no gelatine capsules	1
Pharmacy can order repeat medications	1
Advertise about flu jabs and other clinical services	1
Efficient service	1

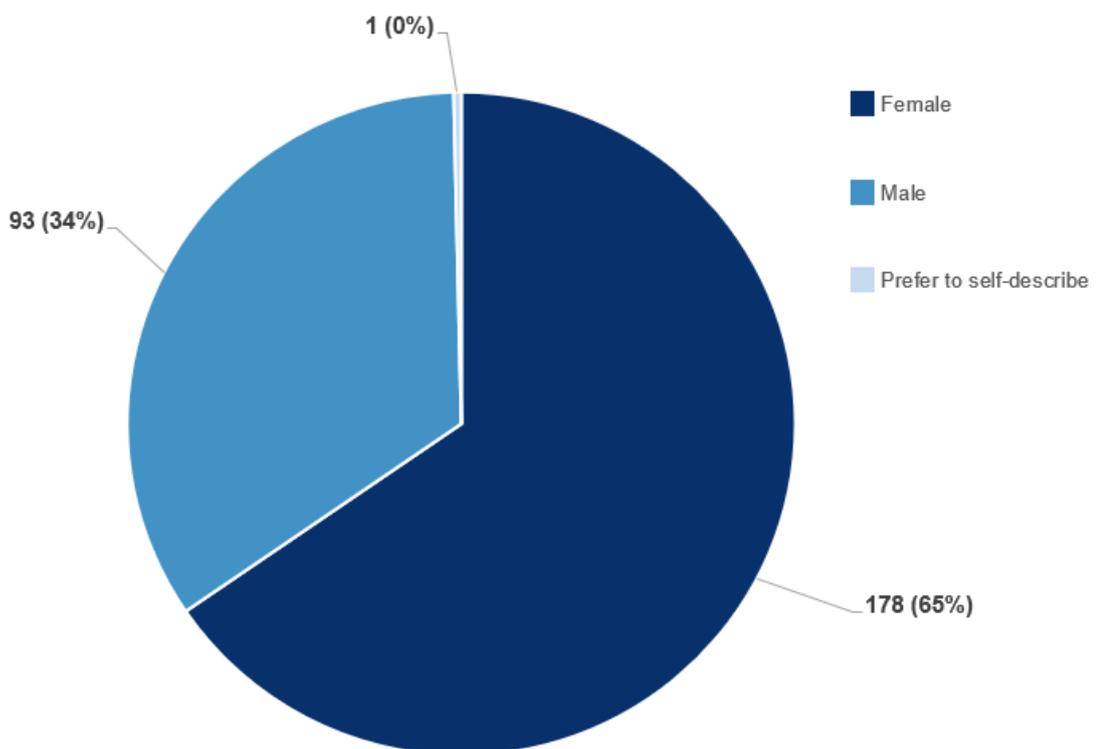
### A bit about you

#### 33, 34 - Postcode and confirmation to answer equality questions

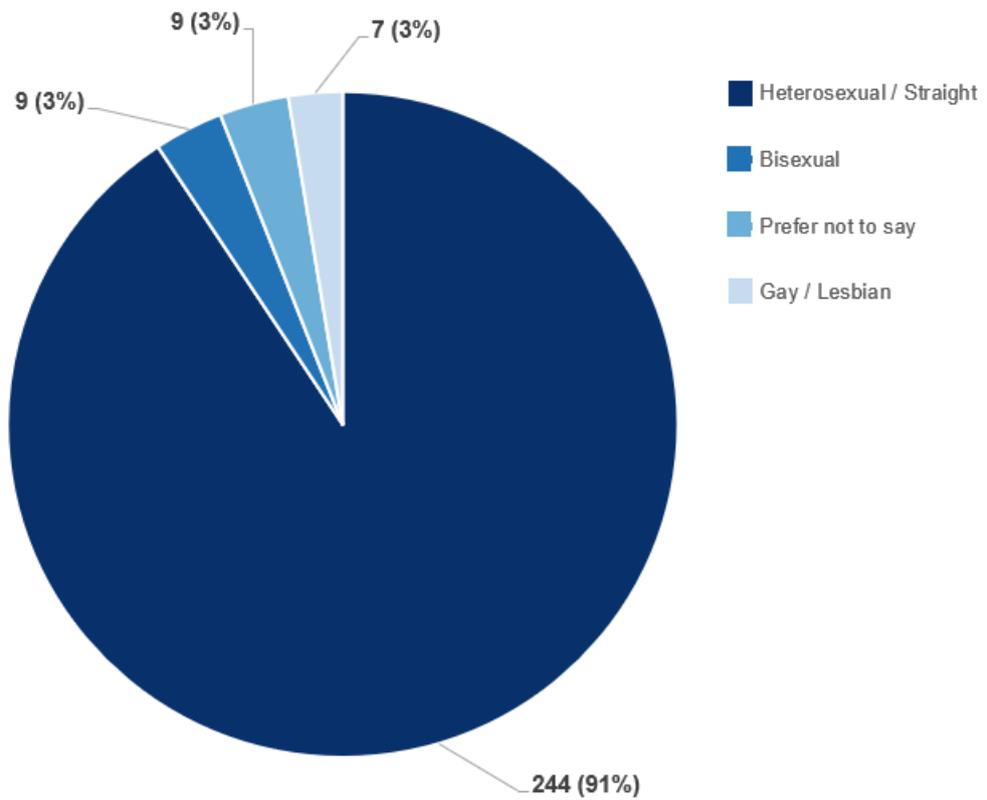
#### 35 - What is your age group?



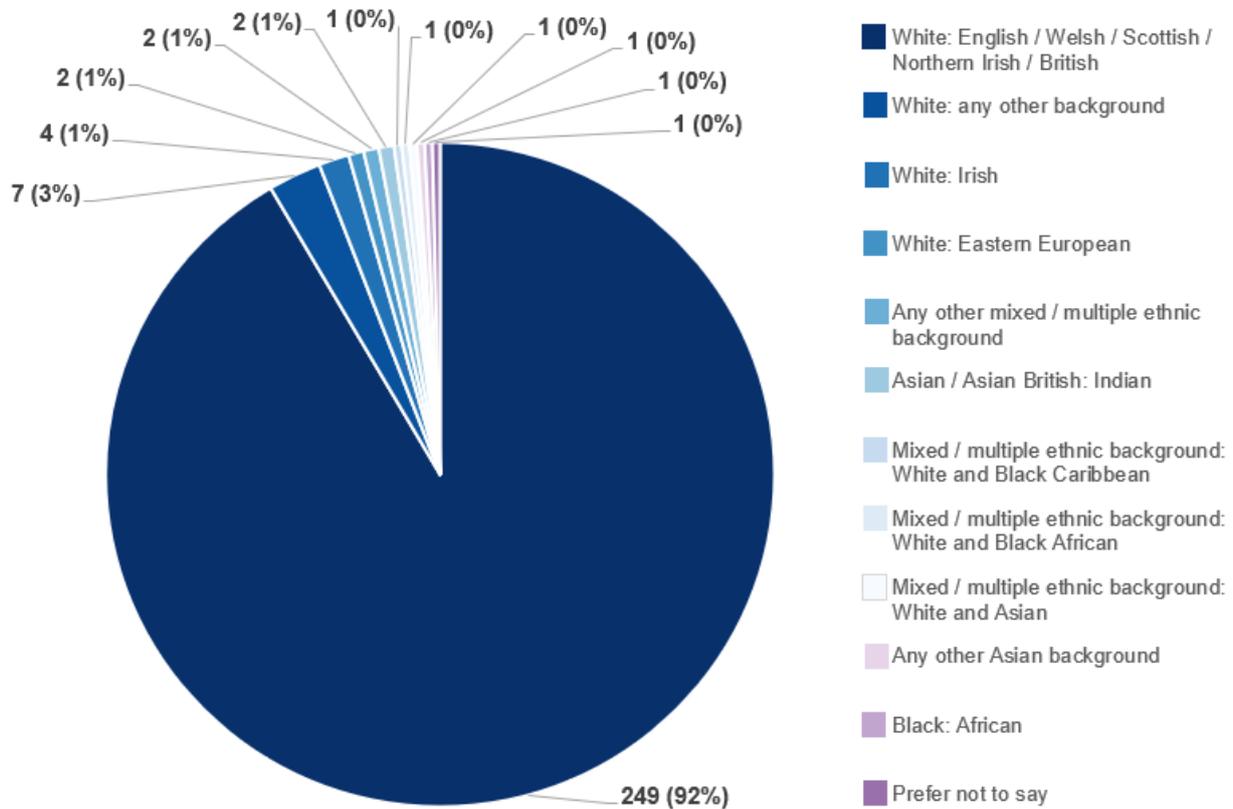
#### 36 - Gender:



37 - What is your sexual orientation?

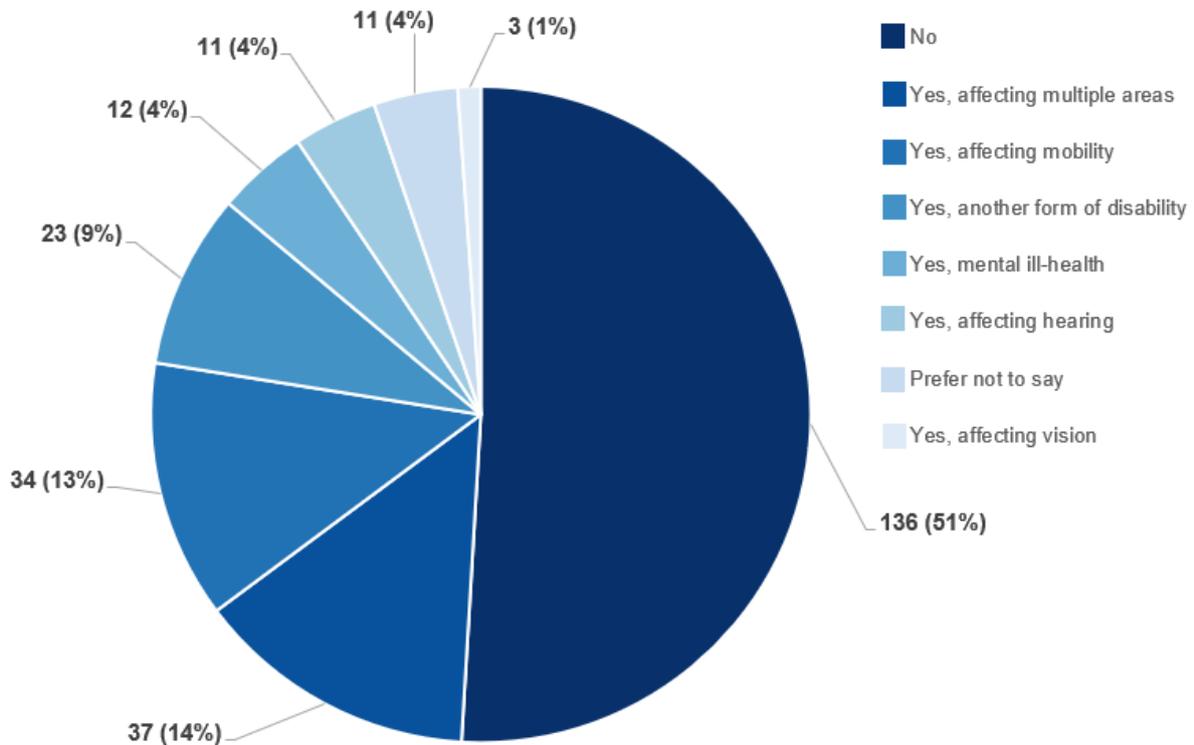


38 - What is your ethnic group?



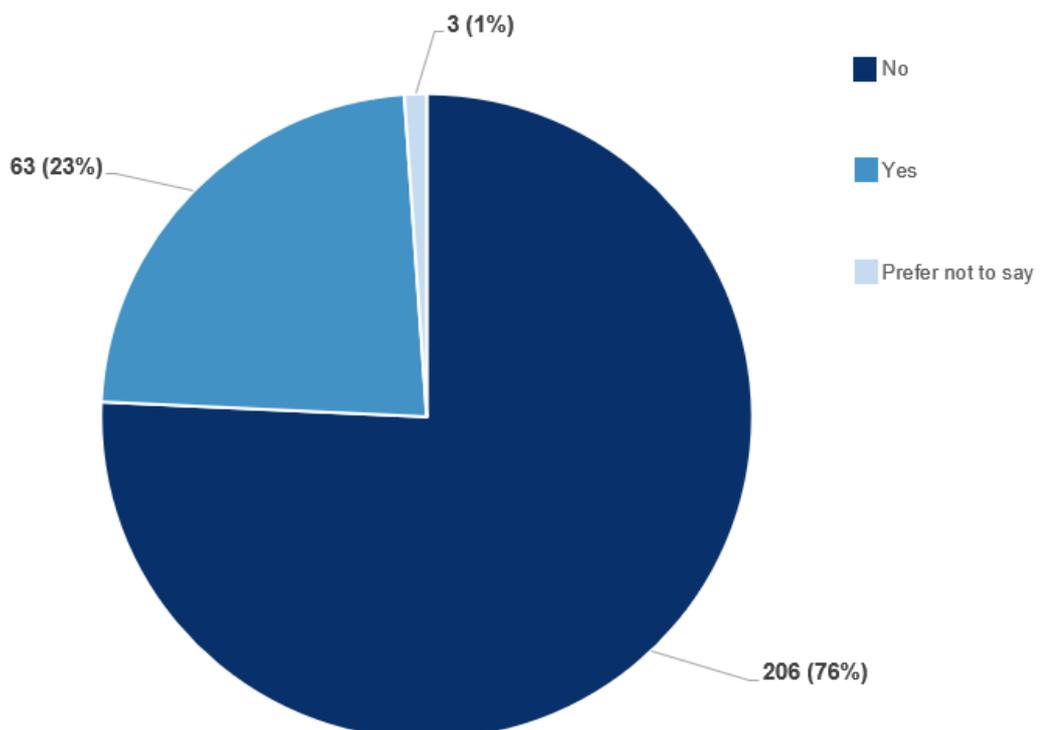
**39 - Do you consider yourself disabled or have a long-standing illness?**

Long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time.



**40 - Do you have caring responsibilities?**

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.



## Appendix H: Results of the pharmacy contractor questionnaire

Total responses received:<sup>1</sup> 30

1 - Pharmacy-specific questions: ODS code, trading name, etc	Answered	30	Skipped	0
	N/A			

2 - Does the pharmacy dispense appliances?		Answered	26	Skipped	4
		%	Responses		
None		15%	4		
Yes – All types		77%	20		
Yes, excluding stoma appliances		0%	0		
Yes, excluding incontinence appliances		0%	0		
Yes, excluding stoma and incontinence appliances		0%	0		
Yes, just dressings		4%	1		
Other		4%	1		

Comments:

Dispensed through NWOS	1
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3 - Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?		Answered	25	Skipped	5
		%	Responses		
Yes		48%	12		
No		52%	13		

Comments:

Sexual health services (EHC, chlamydia screening, condom distribution)	5
Blood pressure monitoring	3
Minor Ailments Service	3
Ear syringing	3
Weight management	3
Cholesterol monitoring	1
Clinical reviews (MURs)	1
COVID vaccination	1
INR testing	1
Stop smoking	1

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

4 - Non-commissioned services: Does the pharmacy provide any of the following?		Answered	26	Skipped	4
		%	Responses		
<b>Collection of prescriptions from GP practices</b>					
Yes		88%	23		
No		12%	3		
<b>Delivery of dispensed medicines – selected patient groups</b>					
Yes		75%	18		
No		25%	6		
<b>Delivery of dispensed medicines – selected areas</b>					
Yes		82%	18		
No		18%	4		
<b>Delivery of dispensed medicines – free of charge on request</b>					
Yes		58%	15		
No		42%	11		
<b>Delivery of dispensed medicines – with charge</b>					
Yes		52%	12		
No		48%	11		

Areas:

Local	2
Leigh, Westcliff	1
Shoeburyness, Wakering, Thorpe Bay & Southchurch	1
All areas free of charge	1

Patient groups:

Elderly/housebound	6
All who request	3
Vulnerable patients	2
Paid customers	1
Person living with disability	1

5 - Are there any services you would like to provide that are not currently commissioned in your area? If so, please specify		Answered	26	Skipped	4
		%	Responses		
Yes		58%	15		
No		42%	11		

## Comments:

Sexual health services	6
Minor Ailment Service	5
Blood pressure monitoring	3
Weight management	2
Ear syringing	2
Stop Smoking Service	2
COVID vaccination	1

## Appendix I: Results of the commissioner questionnaire

Total responses received:<sup>1</sup> 3

1 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	3	Skipped	0
		%		Responses	
<b>Anticoagulant Monitoring Service</b>					
Already commissioning		0%		0	
Would consider commissioning		50%		1	
Not able or willing to commission		50%		1	
<b>Antiviral Distribution Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Care Home Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Chlamydia Testing Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		3	
<b>Chlamydia Treatment Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		3	
<b>Contraceptive Service (not EC)</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		3	

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

2 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Disease-Specific Medicines Management Services		Answered	2	Skipped	1
		%		Responses	
<b>Allergies</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Alzheimer's / dementia</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Asthma</b>					
Already commissioning		0%		0	
Would consider commissioning		50%		1	
Not able or willing to commission		50%		1	
<b>CHD</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>COPD</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Depression</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Diabetes type I</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Diabetes type II</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Epilepsy</b>					
Already commissioning		0%		0	

2 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Disease-Specific Medicines Management Services		Answered	2	Skipped	1
				%	Responses
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Heart Failure</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Hypertension</b>					
Already commissioning		0%		0	
Would consider commissioning		50%		1	
Not able or willing to commission		50%		1	
<b>Parkinson's disease</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Other</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	

3 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	3	Skipped	0
		%		Responses	
<b>Emergency Contraception Service</b>					
Already commissioning		33%		1	
Would consider commissioning		0%		0	
Not able or willing to commission		67%		2	
<b>Emergency Supply Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Gluten-Free Food Supply Service (i.e., not via FP10)</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Home Delivery Service (not appliances)</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Independent Prescribing Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	

4 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	2	Skipped	1
		%		Responses	
<b>Language Access Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Medication Review</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Medicines Assessment and Compliance Support Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Minor Ailment Scheme</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Medicines Optimisation Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	

5 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	3	Skipped	0
		%		Responses	
<b>Needle and Syringe Exchange Service</b>					
Already commissioning		0%		0	
Would consider commissioning		50%		1	
Not able or willing to commission		50%		1	
<b>Obesity Management (adults and children)</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Not-Dispensed Scheme</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	

5 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	3	Skipped	0
		%		Responses	
<b>On-Demand Availability of Specialist Drugs Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Out-of-Hours Services</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Patient Group Direction Service</b>					
Already commissioning		33%		1	
Would consider commissioning		0%		0	
Not able or willing to commission		67%		2	
<b>Phlebotomy Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Prescriber Support Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	
<b>Schools Service</b>					
Already commissioning		0%		0	
Would consider commissioning		0%		0	
Not able or willing to commission		100%		2	

Please name the medicines for your Patient Group Direction Service:

<p>As part of the Emergency Contraception Contract:</p> <ol style="list-style-type: none"> <li>1. Supply or administration of levonorgestrel 1500 microgram tablet(s) for emergency contraception in Southend-on-Sea Community Pharmacy</li> <li>2. Supply or administration of ulipristal acetate (UPA) 30 microgram tablet(s) for emergency contraception in Southend on Sea Community Pharmacy</li> </ol>	1
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6 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Screening Services:		Answered	3	Skipped	0
		%	Responses		
<b>Alcohol</b>					
Already commissioning		0%	0		
Would consider commissioning		50%	1		
Not able or willing to commission		50%	1		
<b>Cholesterol</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>Diabetes</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>Gonorrhoea</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>H. pylori</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>HbA1C</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>Hepatitis</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>HIV</b>					
Already commissioning		0%	0		
Would consider commissioning		33%	1		
Not able or willing to commission		67%	2		
<b>Other</b>					
Already commissioning		0%	0		

6 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Screening Services:		Answered	3	Skipped	0
		%	Responses		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		

7 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Vaccinations		Answered	2	Skipped	1
		%	Responses		
<b>Seasonal Influenza Vaccination Service</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>Childhood vaccinations</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>COVID-19 vaccinations</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>Hepatitis (at-risk workers or patients) vaccinations</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>HPV vaccinations</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>Meningococcal vaccinations</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>Pneumococcal vaccinations</b>					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
<b>Travel vaccinations</b>					
Already commissioning		0%	0		

7 - Which of the following services do you commission or may consider commissioning from local community pharmacies? – Vaccinations		Answered	2	Skipped	1
		%	Responses		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
Other vaccinations					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		

8 - Which of the following services do you commission or may consider commissioning from local community pharmacies?		Answered	3	Skipped	0
		%	Responses		
Sharps Disposal Service					
Already commissioning		0%	0		
Would consider commissioning		50%	1		
Not able or willing to commission		50%	1		
Stop Smoking Service					
Already commissioning		33%	1		
Would consider commissioning		0%	0		
Not able or willing to commission		67%	2		
Supervised Administration Service					
Already commissioning		0%	0		
Would consider commissioning		50%	1		
Not able or willing to commission		50%	1		
Supplementary Prescribing Service					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		
Vascular Risk Assessment Service (NHS Health Check)					
Already commissioning		0%	0		
Would consider commissioning		0%	0		
Not able or willing to commission		100%	2		

## Appendix J: Consultation plan and list of stakeholders

### Engagement during PNA production: consultees as required by Pharmaceutical Regulations 2013 Part 2(8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent
LPC - Essex	Y	Y	All	Y
LMCs – North and South Essex	Y	Y	All	Y
Chair, Local Pharmacy Network (LPN)	Y	Y	All	Y
Any person on pharmaceutical list (community pharmacies) via chair, LPN	-	-	Contractor	Y
Southend Healthwatch	Y	Y	All	Y
Southend HWB	Y	-	All	Y
NHSE	Y	Y	All	Y
Southend Council website	-	-	Public	Y
Southend Council social media – paid and organic	-	-	Public	Y
Southend Public Health social media channels	-	-	Public	Y
Southend Council eNewsletter & Consultation eNewsletter	-	-	Public	-
Events and Forums run by Community Engagement Team	-	-	Public	-
Poster promoting Public Questionnaire and PNA consultation sent to libraries. Draft PNA accessible via Southend Library computers	-	-	Public	Y
Circulated to voluntary and community organisations	-	-	Public	Y
Public Questionnaire and posters distributed to 42x pharmacies and the main vaccination centre in Southend	-	-	Public	-
Southend Council Employees Intranet article/snapshot/internal email communication	-	-	Public	Y
Southend Hospital	-	-	-	Y
Essex HWB	-	-	-	Y

**Engagement during PNA production: other consultees**

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>Questionnaire (pharmacy contractor/public/commissioner)</b>	<b>Draft PNA link sent</b>
CCG Castle Point and Rochford - Head of Communications and Engagement	-	-	Public, Commissioner	Y
CCG Southend – Head of Medicines Management (Interim), Medicines Management Team	Y	Y	Public, Commissioner	Y
LMC Essex	-	-	-	Y
LPC Essex	-	-	-	Y
Director of Public Health	-	-	Public	Y
Health Improvement Practitioner (Advanced), Southend-on-Sea	Y	Y	Public	Y
Senior Data Analyst Southend-on-Sea	Y	Y	Public	Y
Communications and Campaigns Advisor Southend-on-Sea	Y	Y	Public	Y
Communications and Digital Campaigns Advisor Southend-on-Sea	-	-	Public	Y
Community Capacity Advisor Southend-on-Sea	-	-	Public	Y
PH Consultant Southend-on-Sea	Y	Y	Public	Y
Head of Alcohol and Substance Misuse, UK Health Security Agency	-	-	-	Y
UK Health Security Agency	-	-	-	Y
South East Essex Mental Health Partnership Forum	-	-	-	Y

## Appendix K: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,<sup>1</sup> Southend-on-Sea HWB held a 60-day consultation on the draft PNA from 9 May 2022 to 8 July 2022.

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

There were in total **21 responses**, all of them from the internet survey; responses received:

- 10 (48%) from the public
- 3 (14%) from pharmacists
- 3 (14%) from healthcare or social care professionals
- 5 (24%) did not identify

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

- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 2 August 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. Please see Appendix M Consultation comments report for detailed responses.

Below is a summary of responses to specific questions, asked during the consultation.<sup>2</sup>

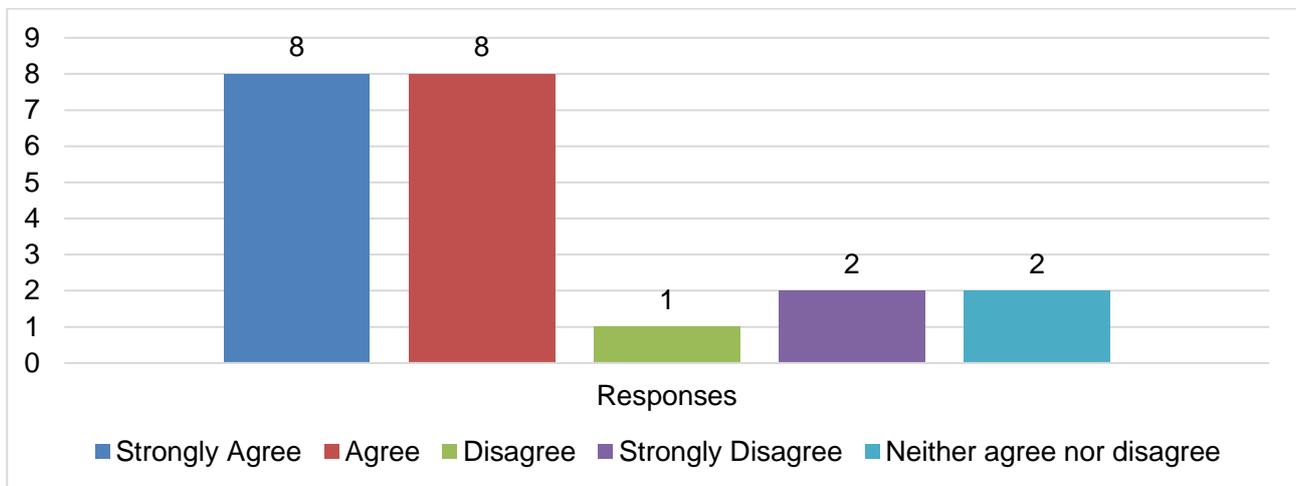
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<sup>1</sup> Pharmaceutical Regulations 2013. [www.legislation.gov.uk/ukxi/2013/349/contents/made](http://www.legislation.gov.uk/ukxi/2013/349/contents/made)

<sup>2</sup> Please note that some percentage figures will add up to more or less than 100%. These figures have been rounded up to the nearest whole percent.

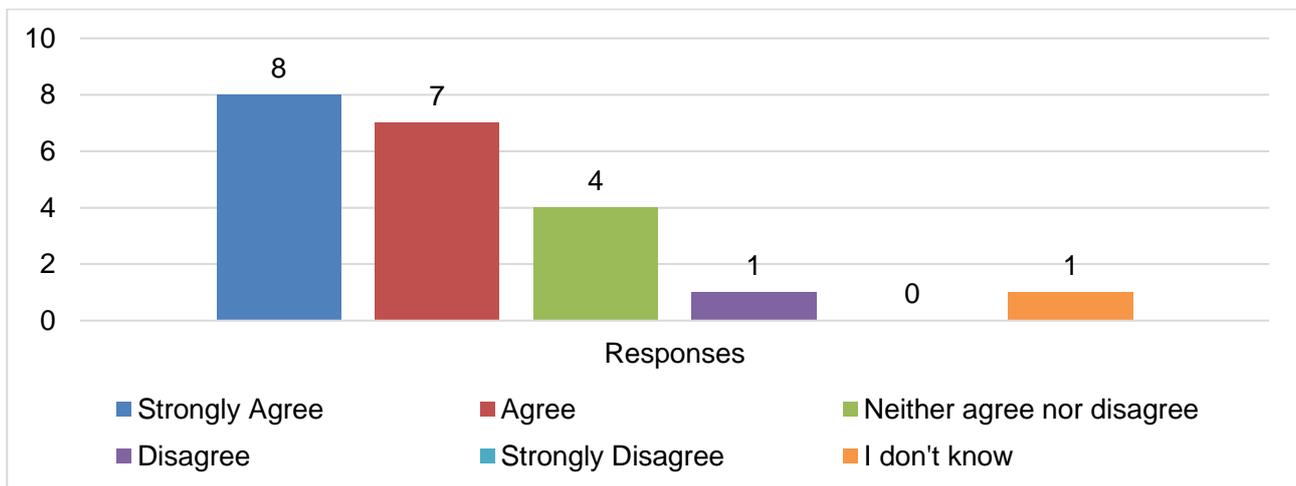
**Consultation questions and responses:**

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



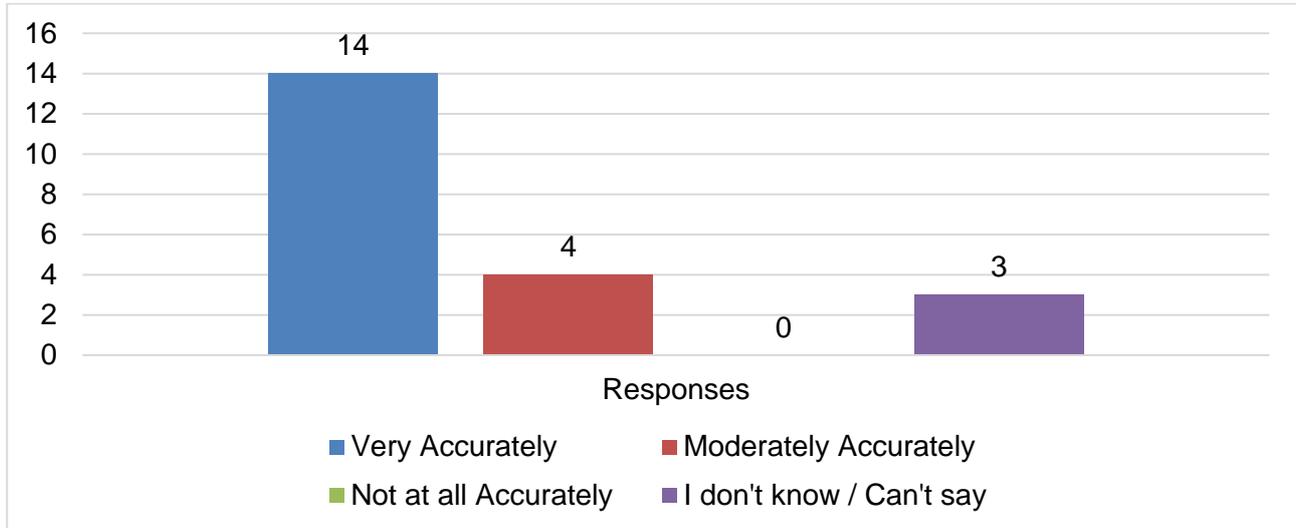
Response	Count
Strongly agree	8
Agree	8
Neither agree nor disagree	2
Disagree	1
Strongly disagree	2
I don't know / can't say	0

**Q2 - To what extent do you agree or disagree with the other conclusions contained within the Southend-on-Sea draft PNA? (See the Executive Summary section of the draft PNA)**



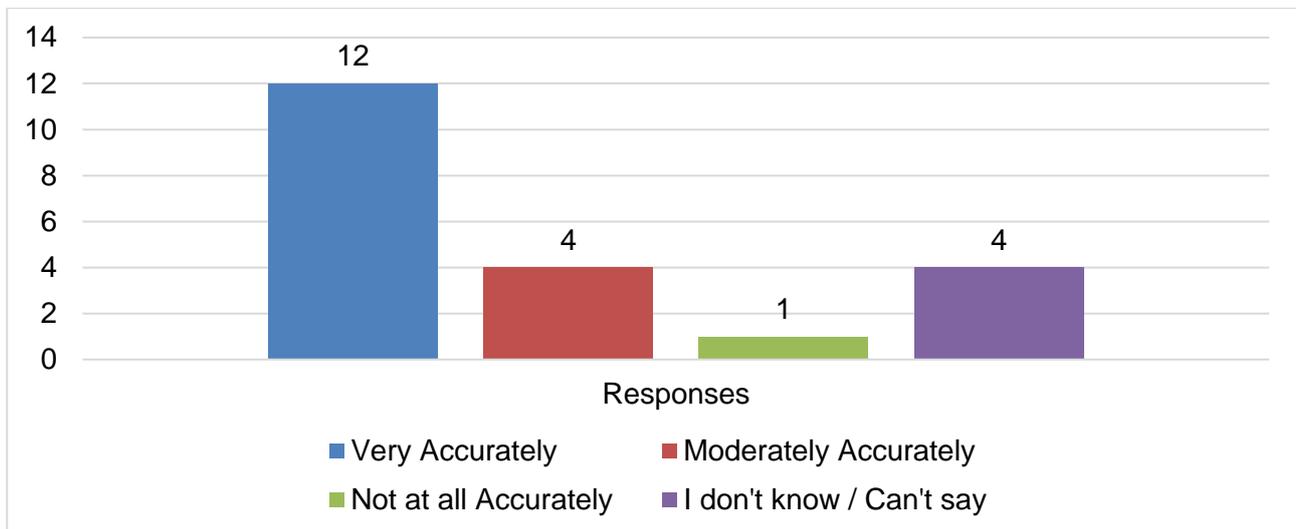
Response	Count
Strongly Agree	8
Agree	7
Neither agree nor disagree	4
Disagree	1
Strongly Disagree	0
I don't know / Can't say	4

**Q3 - In your opinion, how accurately does the Southend-on-Sea draft PNA reflect what is currently being provided in terms of pharmaceutical services in Southend-on-Sea?** (See Sections 3, 4 and 6 of the Southend-on-Sea draft PNA)



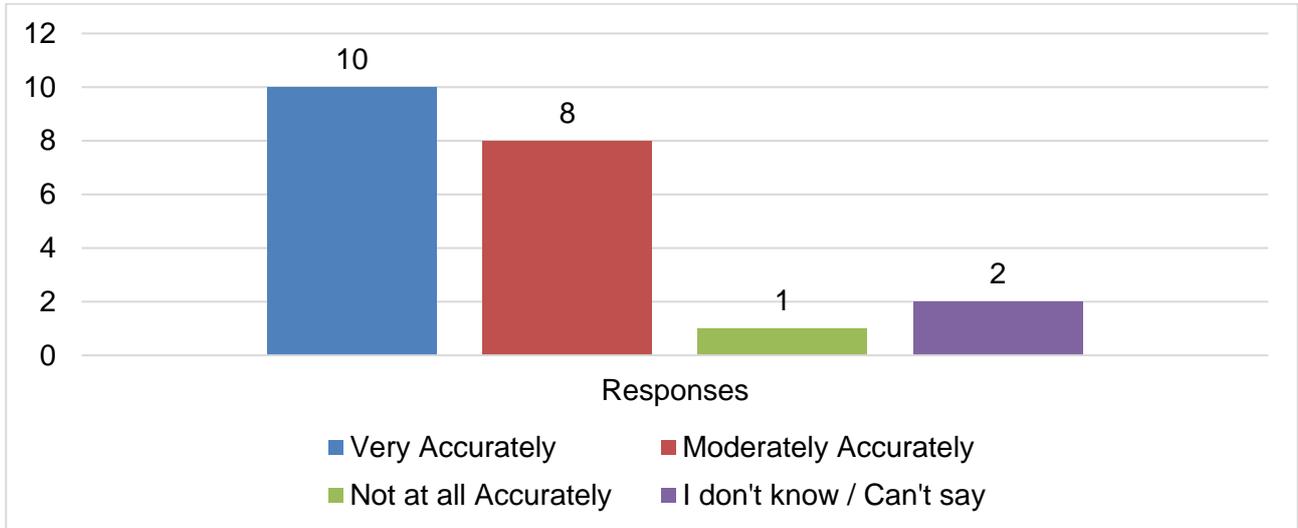
Response	Count
Very Accurately	14
Moderately Accurately	4
Not at all accurately	0
I don't know / Can't say	3

**Q4 - In your opinion, how accurately does the Southend-on-Sea draft PNA reflect the current pharmaceutical needs of Southend's population?** (See Section 6 of the Southend-on-Sea draft PNA)



Response	Count
Very Accurately	12
Moderately Accurately	4
Not at all accurately	1
I don't know / Can't say	4

**Q5 - In your opinion, how accurately does the Southend-on-Sea draft PNA reflect the future pharmaceutical needs of Southend’s population (over the next three years)?** (See Section 6 of the Southend-on-Sea draft PNA)



Response	Count
Very Accurately	10
Moderately Accurately	8
Not at all accurately	1
I don't know / Can't say	2

## Appendix L: Consultation comments

Comment number	Question	Responding as	Comment	SG response
1	1- No gaps in current provision	Healthcare or social care professional	The needs of elderly or disabled people who use professional home care services to help with their medications is missing.	Noted. This document assesses the NHS pharmaceutical services provision in an area. Homecare services is not an NHS pharmaceutical service and therefore out of scope of PNA.
2	1- No gaps in current provision	Healthcare or social care professional	Feedback from palliative care teams is that it is not always easy to obtain those drugs needed out of hours and I note that palliative care is not mentioned in the Burden of Disease section of the report. I also note that no mention is made of mental health issues in this section, despite it being an increasingly prevalent, and frequently overlooked, problem, especially amongst young people. Despite a decreasing and lower than average completion of opiate treatment programmes, there is no mention of the community pharmacist role in supporting opiate replacement therapy and supervised administration.	Palliative care, substance misuse and needles exchange are not commissioned by NHSE and therefore out of scope of the PNA process, however narrative for services which support improved access include: 1. Palliative care – Palliative care medicines supply service is commissioned by CCG and provided by 2 pharmacies in Southend-on-Sea the PNA mentions these are accessible by the wider Southend-on-Sea HWB area (section 6.8) 2. Mental health – Mental health is a priority for Southend-on-Sea and is being address at an Alliance level 3. Opiate treatment programmes – Section 6.5.2.4 and 6.5.2.5 discusses supervised consumption and needles exchange services respectively. There are currently 25 pharmacies which provide supervised consumption service and 8 pharmacies which provide a needle exchange service.
3	1- No gaps in current provision	Healthcare or social care professional	I am an emergency ambulance crew member. Often when we go to a patients house during the night who requires medication such as antibiotics there is NO provision to obtain any after 10:30-11pm despite the fact that Out of Hour GP services such as NHS111 can still prescribe medication past these hours. It often means if we want a patient to start antibiotics immediately they have to be transported to Southend University Hospital inappropriately causing delays. Southend needs at least ONE dedicated 24hour pharmacy that patients and their families can get to in prescribed emergency medication to relieve pressure on the wider NHS services.	Thank you for your comment. Evening opening has been considered and provision is deemed adequate based upon patient need and mirroring other healthcare service providers. Pharmaceutical services between 11pm-8am will be detrimental to the planning of pharmaceutical services in the area. There are a total of three 100 hour pharmacies in Southend on Sea (1 in the East Central locality and 2 in the West Central locality) and during weekdays these pharmacies are open 8am-11pm.

Comment number	Question	Responding as	Comment	SG response
4	2- Agreement with other conclusions	Healthcare or social care professional	There needs to be a way for a professional care provider (CQC regulated) to gain access to pharmacy information and advice 24 hours a day.	Noted, however this is out of scope of the PNA.
5	3- Current provision	Healthcare or social care professional	with a rapidly ageing population we need to a policy which identifies those who need more support with medications and how that might impact their needs.	Noted, however this is out of scope of the PNA but covered by the Equality Act 2010.
6	4- Current needs	Healthcare or social care professional	Each care home has the "luxury" of working with one local pharmacist to deliver and support all of their residents. As a provider of home care across the City area we have to deal with over 20 GP practices and over 30 pharmacies, no service has yet been created which is fit for purpose to allow for us to move all our clients prescription needs to one provider. a commissioned provider of pharmacy services to the social care providers is needed to help us to keep people safe and prevent avoidable hospital admissions.	Noted, however this is out of scope of the PNA. Patient can choose where their prescriptions are sent for dispensing.
7	6- Protected characteristics impact	Healthcare or social care professional	With people to care for who are elderly and/or disabled this proposal does not offer enough solutions to our professional needs.	Noted, however this is out of scope of the PNA.
8	7- Other comments	Healthcare or social care professional	I have emailed further comments and welcome the opportunity to raise the issues before this proposal is ratified.	Noted and will await email.
9	7- Other comments	Business or organisation – Boots	Due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA. As we are currently in the process of renewing/agreeing the contracts for the locally. Commissioned services in Southend, the list in Appendix A might not be accurate throughout the PNA timescale.	Noted, opening hours have been updated for the final PNA. Provider number for Hepatitis C and Hypertension case finding services have been updated.
10	7- Other comments	A pharmacist	In my opinion, Southend CCG should support community Pharmacists to work together with GP, by introducing new roles as that would help the Pharmacists to work closely with GP and as a community will give better outcome for the patients.	Noted, however this is out of scope of the PNA.
11	7- Other comments	A member of the public	A well thought out and concise document.	Noted.

Comment number	Question	Responding as	Comment	SG response
12	7- Other comments	A member of the public	Good services provided by pharmacy.	Noted.
13	7- Other comments	A member of the public	I'm happy with my pharmacist.	Noted.
14	7- Other comments	A pharmacist	Very well illustrated, community pharmacists are always willing to provide new commissioned services.	Noted.
15	7- Other comments	NHS England	<p>The document refers to NHS England and NHS Improvement (NHSEI). From 1 July 2022, NHSE is only going to be known as NHS England/NHSE - not improvement.</p> <p>Page 18 - I found the references to delegation confusing. In the East of England region, ICS have full responsibility for primary medical care. Primary care dental, optical and pharmaceutical services will not be delegated until 1 April 2023.</p> <p>Page 22 - second bullet point. The tense is wrong I think. It says "from 2019, GPs will start to directly book into GP practices."</p> <p>Page 76 - reference to SCC in the table. It took me a while to realise what that was - when the rest of the document references Southend HWB or Southend on Sea.</p> <p>Page 83 - NHSE does have data on who is registered to provide hep C service. My colleague who sits on the steering group has been in contact with Soar Beyond on this point.</p> <p>Page 88 - says ICS will take responsibility for pharmaceutical services from 1 April 2022 - should be 2023 for EoE region.</p> <p>Page 102 - needle exchange. It says "Only 8 pharmacies provide this service...". I think the use of "only" implies there isn't enough. I would remove "only".</p> <p>Page 102 - reference to the Covid LFT service. This service has ceased so wondered if it needed to be included? If it is kept in, it references "only x number provide this service". Again, I would remove the "only" as it implies there needs to be more.</p>	<p>Amended from NHSE&amp;I to NHSE.</p> <p>Amended.</p> <p>Amended.</p> <p>Amended.</p> <p>Document updated with updated Hep C and Hypertension case finding service.</p> <p>Amended.</p> <p>Amended.</p> <p>Covid services no longer exist and therefore the Steering Group have decided to remove these services from the PNA</p>

Note: The comments raised as part of the Southend-on-Sea PNA will be passed onto the ICS

## Appendix M: Opportunities for possible community pharmacy services in Southend-on-Sea

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the regulations.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Southend-on-Sea as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and that service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

The take-up of some services from pharmacies has been low; a review to identify the factors that contribute to this low uptake should form part of a review to rectify the shortfall.

### 1 Health needs identified in the NHS Long Term Plan (LTP)

Priority clinical areas in the LTP include:

- Prevention
  - Smoking
  - Obesity
  - Alcohol
  - Antimicrobial resistance
  - Hypertension
  - Stronger NHS action on health inequalities
- Better care for major health conditions
  - Cancer
  - Cardiovascular disease
  - Stroke care
  - Diabetes
  - Respiratory disease
  - Adult mental health services

### 2 Health needs identified in Southend-on-Sea

Causes of ill health in Southend-on-Sea are discussed in detail in [Section 2](#) of this PNA. Some of the key areas are as follows:

- **Cardiovascular disease:** The number of patients registered with hypertension as a proportion as the total practice size in Southend-on-Sea has been consistently higher than the national and regional rate across the time period.
  - In 2020-21, the number of patients registered with hypertension as a proportion of the total practice size was 14.9, a higher rate compared with that of England at 13.9

- **Musculoskeletal:** The percentage of people aged 16+ in Southend-on-Sea reporting an MSK condition, either long-term back pain or long-term joint pain, is higher than in England. England and the East of England are outside the 95% confidence interval of Southend-on-Sea.
  - The percentage of people aged 16+ reporting an MSK condition – either long-term back pain or long-term joint pain – in Southend-on-Sea in 2020 was 20.5% and in England 18.6%
- **Cancers:** The age-standardised rate of mortality from all cancers in persons under 75 per 100,000 population is higher in Southend-on-Sea than in the East of England and nationally from 2016. England and the East of England are outside the 95% confidence interval of Southend-on-Sea.
  - Over the period 2017-19, the age-standardised rate of mortality from all cancers in persons under 75 per 100,000 population was 142 in Southend-on-Sea and 130 in England.

The prevalence of long-term conditions is expected to rise in Southend-on-Sea. Neoplasms, cardiovascular disease, musculoskeletal disorders, neurological disorders and chronic respiratory conditions have the largest burden of disease in Southend-on-Sea.

Particular populations that may have specific health needs include older population, residential and nursing home population, and vulnerable people.

The older population in Southend-on-Sea is growing, most notably those 65 and over. The 2031 projections show an increase in most age groups with a slight decrease in under-10s and 25–39-year-olds, suggesting an aging population. This growth will have accompanying health needs.

### **3 Opportunities for further community pharmacy provision**

Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs, community pharmacy can be commissioned to provide services that can help manage and support in these areas.

#### **3.1 Existing services**

##### **3.1.1 Essential Services**

Signposting for issues such as weight management, the promotion of healthy lifestyles and supporting self-care could support these areas of need. This is especially important as the percentage of overweight adults in Southend-on-Sea increased from 61.72% in 2018-19 to 65.05% in 2019-20.

Of the pharmacy contractors completed the questionnaire, 56% responded that they were willing to provide a service that they were not currently commissioned for, including a weight management service if it was commissioned.

##### **3.1.2 Advanced Services**

Some of the existing Advanced Services could be better utilised within Southend-on-Sea, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services.

For example: a focus of the use of the NMS in asthma management could support adherence to therapy and help in the reduction of hospitalisation of patients under the age of 19. The NMS could also support adherence to therapy in other disease-specific management, like dementia and COPD, thereby reducing hospitalisation.

### 3.1.3 Locally Commissioned Services

There has been a reduction in the numbers of pharmacies in the Southend-on-Sea HWB area providing sexual health services (from one in 2018 to none), which may be due to a greater availability of services from other providers like Brook. However, the opening hours provided by community pharmacy at weekends and late nights does give better opportunity for access to these services if provided.

The Emergency Hormonal Contraception (EHC) and condom distribution service have been commissioned by the local authority (Table 24). However, no community pharmacies have signed up to provide these services. Should this become a priority for commissioners, consideration may be given to incentives for further uptake of sexual health services through community pharmacies.

There is an opportunity to couple this service with the new Advanced Service of hepatitis C–screening (below).

## 3.2 New services

From the public questionnaire there is a wish for new services to be made available from community pharmacies. From the contractor questionnaire there is also a willingness to deliver such services.

### 3.2.1 Advanced Services

These services would be commissioned by NHS England (NHSE).

There are several new Advanced Services about to be implemented that could be beneficial to the population of Southend-on-Sea based on the identified health needs, including:

- **Hypertension case-finding service**

This is a new Advanced Service that has been recently introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.

- **Hepatitis C testing service**

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven’t yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

- **Smoking cessation**

There is a new smoking cessation Advanced Service for people referred to pharmacies by a hospital, which will be commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care and NHSE proposed the commissioning of this service as an **Advanced Service**.

### 3.2.2 Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively affect outcomes.

Below are examples of services that have been commissioned in some areas of England either by NHSE or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Southend-on-Sea ([Section 2.9](#)) or the NHS LTP.

### 3.2.3 Possible disease-specific services

- **Diabetes**

Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team, 2. Prevention and lifestyle, 3. Complications of diabetes, 4. Education programmes, 5. Medicines adherence, 6. Signposting.

- **HIV screening**

The new Advanced Service for Hepatitis C testing uses a POCT methodology, and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. This service could be combined with a **needle exchange service**, which is not currently commissioned in Southend-on-Sea, or as a supplementary service to the **EHC** service, which is available already.

- **Cardiovascular**

AF screening service (multiple areas). This service provides patients at high risk of Atrial Fibrillation (AF) with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a stop smoking service or weight loss support service.

- **Respiratory**

Asthma inhaler technique (Greater Manchester). The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a **participating pharmacy**.

### 3.3 Recommendations

#### 1. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The existing services are used sub-optimally

- The public questionnaire made it clear that members of the public were not aware of available services
  - Members of the public wish to see these services provided ([Section 5](#))
- 2. Identify the best way to deliver the new Advanced Services**
- Smoking cessation, hypertension case-finding and hepatitis C–screening can all meet the health needs of Southend-on-Sea, albeit in targeted localities
- 3. Consider the provision of new locally commissioned services**
- To meet specific health needs in Southend-on-Sea, e.g., HIV screening (+/- needle exchange), asthma and cardiovascular services.

## Abbreviations

AAF – Alcohol-Attributable Fraction  
AF – Atrial Fibrillation  
AUR – Appliance Use Review  
BMI – Body Mass Index  
BSA – Business Services Authority  
C-19 – COVID-19  
CCG – Clinical Commissioning Group  
CGL – Change Grow Live  
CHD – Coronary Heart Disease  
CI – Confidence Interval  
CKD – Chronic Kidney Disease  
COPD – Chronic Obstructive Pulmonary Disease  
CPCF – Community Pharmacy Contractual Framework  
CPCS – Community Pharmacist Consultation Service  
DAC – Dispensing Appliance Contractor  
DHSC – Department of Health and Social Care  
DMIRS – Digital Minor Illness Referral Service  
DMS – Discharge Medicine Service  
DSP – Distance-Selling Pharmacy  
EHC – Emergency Hormonal Contraception  
eRD – Electronic Repeat Dispensing  
ES – Essential Services  
GFR – Glomerular Filtration Rate  
GP – General Practitioner  
HD – Haemodialysis  
HIV – Human Immunodeficiency Virus  
HLP – Healthy Living Pharmacy  
HRA – Homelessness Reduction Act 2017  
HWB – Health and Wellbeing Board  
IAPT – Improving Access to Psychological Therapies  
ICB – Integrated Care Board  
ICS – Integrated Care System  
IMD – Index of Multiple Deprivation

JHWS – Joint Health and Wellbeing Strategy  
JSNA – Joint Strategic Needs Assessment  
LA – Local Authority  
LCS – Locally Commissioned Services  
LFD – Lateral Flow Device  
LPC – Local Pharmaceutical Committee  
LPN – Local Pharmacy Network  
LPS – Local Pharmaceutical Service  
LTP – Long Term Plan  
MSK – Musculoskeletal  
MUR – Medicines Use Review  
NCSP – National Chlamydia Screening Programme  
NHS – National Health Service  
NHSE – NHS England  
NICE – National Institute for Health and Care Excellence  
NMS – New Medicine Service  
NUMSAS – NHS Urgent Medicine Supply Advanced Service  
ONS – Office for National Statistics  
PCT – Primary Care Trust  
PD – Peritoneal Dialysis  
PhAS – Pharmacy Access Scheme  
PHE – Public Health England  
PNA – Pharmaceutical Needs Assessment  
POCT – Point of Care Testing  
PQS – Pharmacy Quality Scheme  
PSNC – Pharmaceutical Services Negotiating Committee  
PWID – People Who Inject Drugs  
RRT – Renal Replacement Therapy  
SAC – Stoma Appliance Customisation  
SCC – Southend-on-Sea City Council  
STI – Sexually Transmitted Infection  
TIA – Transient Ischaemic Attack