

Pharmaceutical Needs Assessment

For Health & Wellbeing Board Approval

4 April 2018

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



Pharmaceutical Needs Assessment

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1. Background

1.1 Why a PNA is needed

- The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical Services, must apply to be on the Pharmaceutical List. The NHS (Pharmaceutical Services & Local Pharmaceutical Services) Regulations 2013¹, amended in 2014, 2015 and 2016 set out the system for market entry
- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA)
- A PNA sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population
- The NHS (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016² allow pharmacy businesses to apply to consolidate (merge) services from two or more sites onto one site. HWBs are required to provide a view to NHS England (NHSE) on whether or not this would provide a gap in services
- Box 1 summarises the duties of a HWB in relation to PNAs & Box 2 summarises the requirements for the PNA
- The PNA and supplementary statements are used by NHSE to consider applications to open a new pharmacy or to move an existing pharmacy; and when commissioning services. It is also a reference source for existing contractors who may wish to change the services they provide and/or for potential new entrants to the market
- In undertaking our assessment, we have recognised that our community pharmacies have a key role to play in helping us to develop and deliver the best possible pharmaceutical services. Our PNA may, therefore, be used by London Borough of Bexley and the NHS Bexley Clinical Commissioning Group in the development of their commissioning strategies
- This document prepared by the Bexley HWB, in accordance with the Regulations, replaces the PNA published in March 2015

Box 1 - Duties of the HWB

1. Publish its first PNA by 1 April 2015; and update this every 3 years
2. Advise NHSE on whether or not a consolidated application creates a gap
3. Maintain the PNA in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s). Where a supplementary statement refers to a consolidated application this must state that the removal a pharmacy does not create a gap. The HWB must make the PNA, and any supplementary statements, available to NHSE and neighbouring HWBs
4. Respond to consultations, by a neighbouring HWB, on a draft of their PNA. In doing so, the HWB must consult with the LPC and the LMC for its area and have due regard to their representations

Box 2 – Requirements for the PNA

The matters which the HWB must consider are:

- The demography and health needs of the population
- Whether or not there is reasonable choice in the area
- Different needs of different localities
- The needs of those who share a protected characteristic as defined by the Equality Act 2010.
- The extent to which the need for pharmaceutical services are affected by:
 - Pharmaceutical services outside the area
 - Other NHS services

Schedule 1 of the Regulations¹ sets out the information the PNA must include:

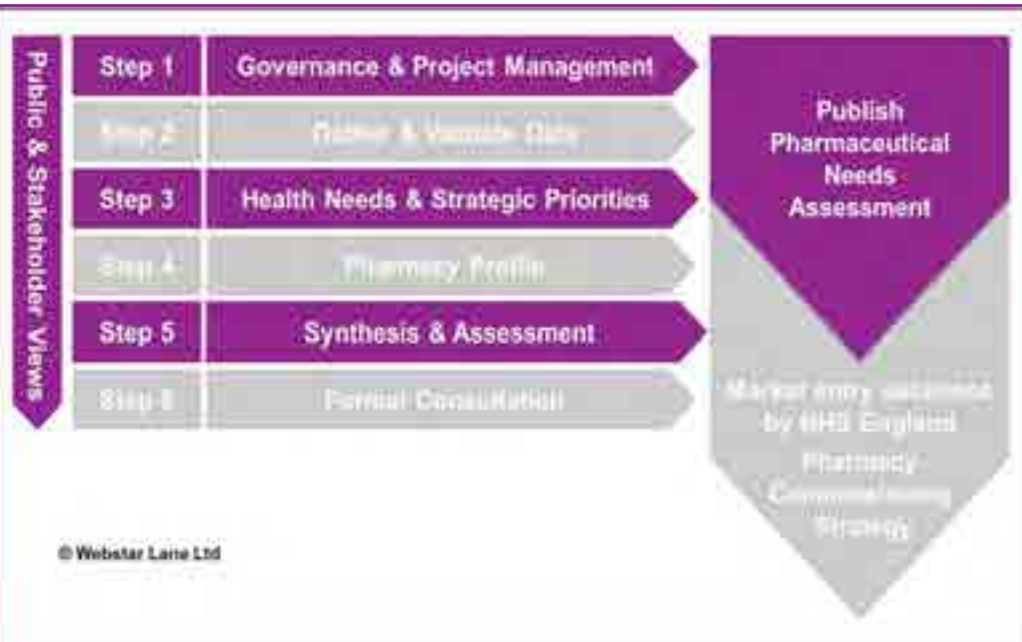
- A statement of:
 - Services which are considered to be necessary to meet the need for pharmaceutical services and other relevant services which have secured improvements in, or better access to pharmaceutical services, making reference to current provision and any current or future gaps
 - How other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

1. Background

1.2 Methodology

Overview

- Our PNA has been developed using a structured approach and the scope for the assessment is set out on the next page
- The diagram (below) provides a high level overview of the process adopted; and the table (right) summarises the key activities which were carried out at each stage
- The views of stakeholders were captured throughout the process and used to inform the assessment. The engagement approach included:
 - An online public survey for completion by residents of Bexley; insights from the survey have been included throughout the document and a report setting out detailed findings is included in Appendix B.
 - A contractor questionnaire
 - A multidisciplinary, multi-agency steering group
 - A series of meetings with service commissioners and relevant managers within the London Borough of Bexley and partner organisations
- The formal statutory consultation was used to test and challenge our assessment and conclusions prior to producing the final PNA
- The final PNA was approved by the HWB on the 29 March 2018



	Activity
Step 1 Governance & project management	<ul style="list-style-type: none"> • The HWB delegated responsibility for developing the PNA to the Public Health Strategic Steering Group. The detailed responsibilities, in relation to the PNA development, are set out in Appendix A • External expertise was appointed to provide project management support
Step 2 Gather and validate data	<ul style="list-style-type: none"> • Information and data was requested from managers and commissioners within the London Borough of Bexley, NHSE and NHS Bexley CCG • An online contractor questionnaire was designed to verify current service provision by pharmacies and to secure insights into other aspects of service delivery. A copy is attached in Appendix C • The questionnaire was cross-referenced with data supplied by service commissioners as part of a validation exercise; all anomalies were addressed to produce an accurate dataset
Step 3 Health needs & strategic priorities	<ul style="list-style-type: none"> • A desktop review of local health needs and key strategies was undertaken • This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services
Step 4 Pharmacy profile	<ul style="list-style-type: none"> • The current profile of pharmaceutical & locally commissioned services was documented on a service by service basis • This was supplemented with a benchmarking exercise using London & England comparators
Step 5 Synthesis & assessment	<ul style="list-style-type: none"> • Emerging themes were drawn together and presented to the Steering Group for discussion and decision • Pre-determined principles were used to underpin the decision making process
Step 6 Formal consultation	<ul style="list-style-type: none"> • A formal consultation was undertaken between 30 November 2017 and midnight on 1 February 2018 in accordance with the Regulations • Comments were collated and presented to the PNA Steering Group for discussion and decision • The consultation report is attached in Section 4

1. Background

1.3 Scope of the PNA

Contractors included on the Bexley Pharmaceutical List

Pharmacy Contractors (PhS) Community pharmacies; National contract 46	Dispensing Appliance Contractors Provide appliances but not medicines None	Local Pharmaceutical Services Contractors (LPS) Local contract, commissioned by NHSE None	Dispensing Doctors None
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Pharmaceutical Services

Community pharmacists provide:

- **Essential Services**
 - Dispensing (includes electronic prescription services) and actions associated with dispensing
 - Repeat dispensing
 - Disposal of unwanted medicines
 - Promotion of healthy lifestyles:
 - Prescription linked interventions
 - Public health campaigns
 - Signposting / Support for self-care
- **Advanced Services**
 - Medicines use reviews (MURs) and Prescription Intervention Service
 - New Medicines Service (NMS)
 - Appliance Use Reviews (AURs)
 - Stoma Appliance Customisation Services (SACS)
 - Flu Vaccination Advanced Service
 - NHS Urgent Medicine Supply Advanced Service (NUMSAS)
- **Enhanced Services**
 - London Pharmacy Vaccination Service

Dispensing Appliance Contractors provide:

- **Essential Services**
 - Dispensing (includes electronic prescription services) & the actions associated with dispensing appliances
 - Repeatable dispensing
 - Home delivery for specified appliances
 - Provision of supplementary items (e.g. disposable wipes)
- **Advanced Services**
 - Stoma Appliance Customisation Services (SACS)
 - Appliance Use Reviews (AURs)

Included for information; all DAC services are provided by out of area contractors

Other services commissioned from Pharmacies

Public Health Services

- **Sexual Health**
- **Substance Misuse Services:**
 - Supervised administration (contracted via the NHS SEL Bexley Business Support Unit)
 - Needle and syringe programme (sub-contracted via SLAM – see below)

Services commissioned by Bexley CCG: None

Services commissioned by NHS Trusts or Foundation Trusts

- **South London & Maudsley NHS FT (SLAM):** Needle & Syringe Programme

Other services which affect the need for Pharmaceutical Services

Within Bexley

- Oxleas NHS Foundation Trust (Mental Health and Community Services)
- South London and Maudsley NHS Trust (Mental Health & Substance Misuse)
- Urgent Care Centres based at Queen Mary's Hospital (QMH) & Erith Hospital
- Community Drugs and Alcohol Service
- Sexual Health Services
- GPs
- GP Access Hubs (provided by Bexley Health Neighbourhood Care CIC)
- GP Out of Hours service (provided by the Hurley Group; based at QMH)

Outside of the Area

- Darent Valley Hospital, Princess Royal University Hospital & Queen Elizabeth Hospital (Acute Hospital & A&E services)

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

- Non-NHS services provided by community pharmacies (Appendix D)
- The Pharmacy Services provided by Darent Valley Hospital, Princess Royal University Hospital, Queen Elizabeth Hospital, Oxleas NHS Foundation Trust and South London & Maudsley NHS Trust

1. Background

1.4 Changes Since 2015

In updating its PNA, Bexley HWB has taken into account a number of factors including:

National Strategy & Drivers

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

Local Strategy

- “Our Healthier SE London Sustainability and Transformation Partnership (STP) This sets the strategic direction for the health and care economy
- Public Health strategies and plans including:
 - JSNA Themes
 - Draft Prevention Strategy
- London Borough Bexley Plans
 - “Brilliant Bexley: Shaping our Future Together” (Nov 2017)
 - Draft Growth Strategy May 2017
 - LBB Five, Ten and 15-year Housing Supply Annual Assessment (April 2017)
 - Draft Stronger Communities Strategy
 - Draft Ageing Well strategy
- CCG strategies and plans including:
 - CCG Commissioning Intentions 2016 & Beyond

Specific Service Changes

- Changes in the provision of NHS pharmaceutical services (Box 4)

Box 3 - Financial and Quality Reform

Funding Settlement

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

The Quality Payment Scheme

- The quality payment scheme was introduced in 2017/18; it is a voluntary scheme
- Appendix E sets out a summary of the “gateway” criteria and quality criteria

Box 4 – Changes in NHS Pharmaceutical Services

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

- The reversion of two pharmacies (Southcotts Pharmacy and Soka Blackmore Pharmacy) from an Essential Small Pharmacy LPS contract to a PhS Contract
- A new pharmacy based in Thamesmead East
- The inclusion of Osbon Pharmacy in the Pharmacy Access Scheme
- Changes in PNA reported opening hours
- **Advanced services**
 - New Services including flu vaccination; and the NHS Urgent Medicines Advanced Service (This is a pilot scheme accessed via NHS 111 which is now being piloted until 30 September 2018)
 - Changes in the number of pharmacies accredited to provide advanced services
- **Enhanced Services**
 - Change in the scope of the London Pharmacy Vaccination service
- **Locally commissioned services**
 - Changes in the number of pharmacies commissioned to provide various services
 - Pilot offering chlamydia treatment to those aged 25+ with a positive diagnosis via screening on the Bexley Sexual Health website or “Check yourself”
 - Decommissioning of the stop smoking service

2. Local Context

2.1 The Place

Overview

- The London Borough of Bexley is an outer London Borough lying to the south east of the city
- The Borough is 23 square miles (6,000 hectares) in size
- The area is currently comprised of 21 wards. However, following a reconfiguration of ward boundaries, this will reduce to 17 wards from May 2018. The wards vary in their demography, levels of deprivation, population density and health needs
- “Brilliant Bexley: Shaping our Future Together” (Nov 2017) sets out a vision for the development of the Borough up until 2025 and with a view to improving the lives of all who live in, work in and visit Bexley. Sitting alongside this, is the draft Growth Strategy (May 2017)
- These documents set out an ambitious programme of housing & economic development as well as creating sustainable, healthy, high quality neighbourhoods with transport improvements. There will be an impact upon the population size and demographic profile of the area and we explore the impact of this on the need for pharmaceutical services within our PNA
- Bexley borders several other HWB areas. Specifically:
 - Greenwich
 - Bromley
 - Kent
- Our assessment has taken into account pharmaceutical services provided in these neighbouring HWB areas



2. Local Context

2.1 The Place (cont...)

- The PNA regulations require that the HWB divides its area into localities which are then used as a basis for structuring the assessment
- For the purpose of our PNA, we have adopted a ward based locality structure that divides the Borough into three locality areas (table, right)
- The HWB has determined that the PNA should be based on the new ward boundary configuration which will come in effect in May 2018
- The rationale for adopting this new locality structure may be summarised as follows:
 - The localities align with Bexley CCG's local care network (LCN) structure; these networks form the basis for the local planning, commissioning and delivery of healthcare services. Integrating community pharmacy, as one of the core services with each LCN, has been identified as a priority
 - The structure reflects the resident population of Bexley as opposed to the GP registered population; as such it is co-terminus with the Bexley HWB area
 - The localities are characterised by trends towards similar demographics:
 - North Bexley locality has higher levels of deprivation whereas the localities towards the south are generally more affluent
 - North Bexley locality has a younger population, whereas Clocktower and Frognal have higher proportions of older people
 - The structure facilitates us to assess the impact of projected population changes, including those which may arise as a result of housing and commercial developments within our Borough
- It should be noted that whilst the localities will form the basis of our PNA, we will also make reference to wards as a means of pin-pointing specific issues within the localities; or where locality level information is not available. This is particularly important for localities where there are extremes with respect to diversity, health needs and/or service provision

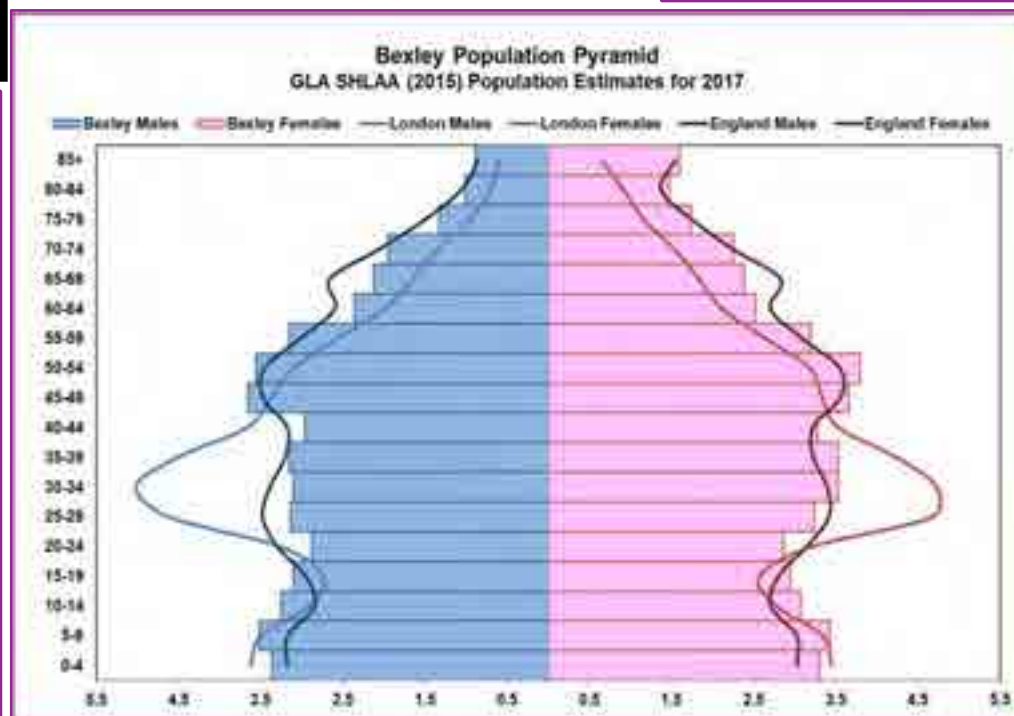
Locality	Ward(s)
North Bexley	<ul style="list-style-type: none"> • Barnehurst • Belvedere • Crayford • Erith • Northumberland Heath • Slade Green & Northend • Thamesmead East
Clocktower	<ul style="list-style-type: none"> • Bexleyheath • Crook Log • East Wickham • Falconwood & Welling • West Heath
Frognal	<ul style="list-style-type: none"> • Blackfen & Lamorbey • Blendon & Penhill • Longlands • Sidcup • St Mary's & St James

2. Local Context

2.2 Demography

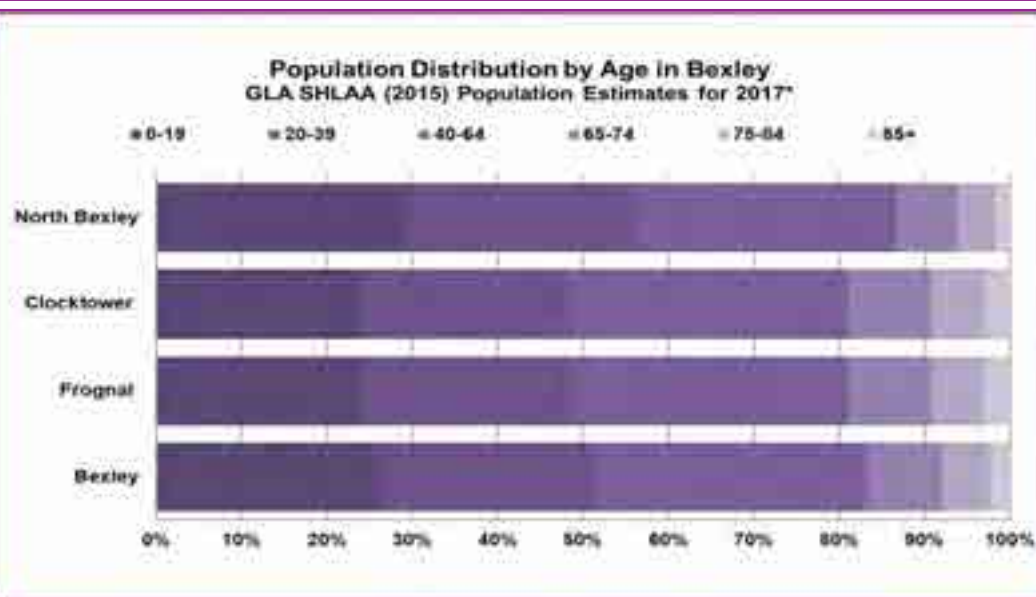
Population & Age Distribution

- The resident population of Bexley is 244,221 (GLA SHLAA 2017 estimate)
- The population pyramid (right) demonstrates a gender split of females 52% to males 48%; this compares to a 50:50 split for London and a 51:49 split for England
- The age distribution graph (below), demonstrates how the population profile varies across Bexley's localities:
 - Just over 25% of the population are aged 19 or under; 44% of this age group are resident in North Bexley; they comprise 29.3% of the locality population
 - 57% are working age (i.e. aged 20 – 64 years); 39% of this cohort are resident in North Bexley; 32% in Clocktower and 29% in Frognal. The age group represents approximately 57% of each localities' population
 - 17% of people are aged 65+; of these 8.1% are aged 75+ and 2.5% are aged 85+. 37% of this age group are resident in Clocktower; 33% in Frognal and 30% in North Bexley. They account for almost 20% of the locality populations for Clocktower and Frognal; and just over 13% in North Bexley
- The population is expected to grow by just over 4,000 (1.7%) to 248,357 by 2021 (i.e. the lifetime of our PNA). The age split of this increase is: 53% for 0 – 19 years; 7% for people of working age; and 40% for those aged 65+



What this means for the PNA

- The age of a person has an impact upon how and when they may need to use pharmaceutical services. This is summarised in Appendix F – “Pharmaceutical Needs Across the Life-course”
- A survey of the population in England⁷ showed that the people most likely to visit a pharmacy once a month or more are: older people, children, women aged 55+ and those with a long-term condition. Conversely men, younger adults and people in employment are less likely to visit a pharmacy
- It is important that pharmacies maximise opportunities to target health promotion and public health interventions in order to improve health and prevent or delay the onset of disease and long term conditions, particularly for the younger population. Similarly, it is important that services are responsive to and meet the needs of older people
- The growing population has implications for future demand for all services, including pharmacy services. Our assessment will consider the capacity of the existing pharmacy network to meet this demand



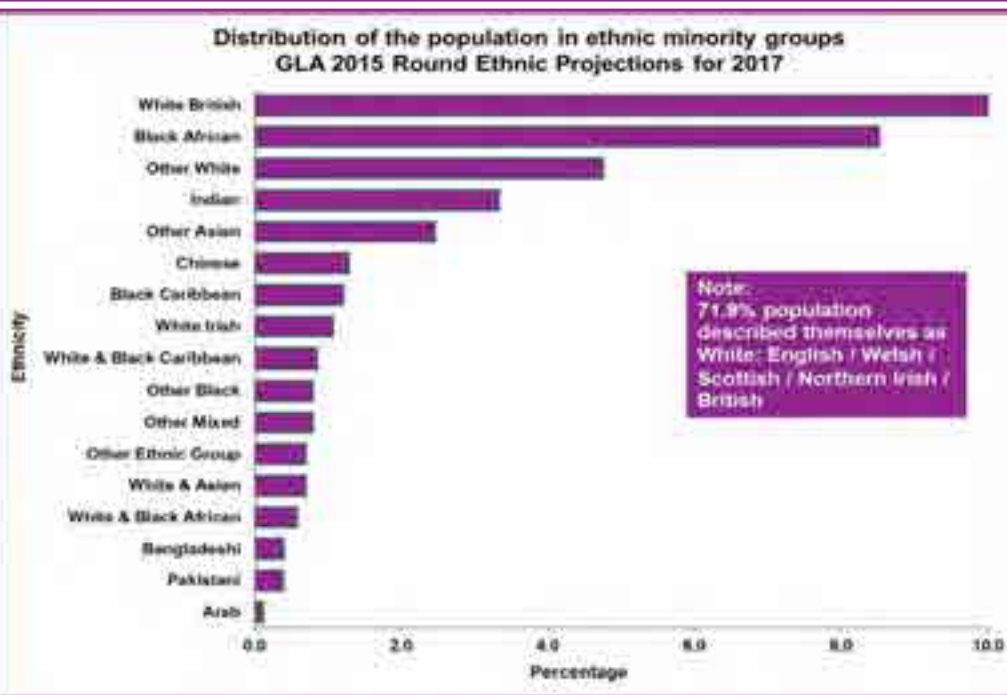
* Locality populations have been estimated by applying the GLA SHLAA (2015) 2017 population projections to Bexley's new wards

2. Local Context

2.2 Demography (cont...)

Ethnicity

- The graph (below) provides an overview of the distribution of Bexley's population in different ethnic groups:
 - 71.9% of the population describe themselves as White British
 - Black, Asian and Minority Ethnic groups (BAME) represent just over 22.3%
- The population of Bexley is becoming more diverse:
 - BAME groups are set to increase to 24.3% by 2021 (GLA 2015 Round Ethnic Group projections)
 - The greatest proportion population rise will be in the Black African group (0.8% increase projected) and the Other White group (0.6% increase)
 - Conversely, the proportion of White British people is expected to fall by 2.6% to 69.3%
- In Bexley, the most common languages spoken other than English are Punjabi, Chinese, Polish, Tamil, and Turkish. The table (right) shows the most common languages spoken by staff in our pharmacies. Increasingly, pharmacies make use of Google Translate & Smart Apps to interact with users who are unable to speak English



Languages Spoken by Bexley Community Pharmacy Staff

Language	No. Pharmacies	Percentage	Other languages spoken (<2% pharmacies)
Punjabi	15	33%	Bangla, Konkani, Filipino, Nigerian, Akan, Romanian, Danish, Turkish, Igbo, Persian, Nepalese, Tamil, Uzbek, Sinhala, Bengali, Telugu, Ghanaian, Arabic, Greek
Hindi	15	33%	
Gujarati	14	30%	
Urdu	6	13%	
Swahili	6	13%	
Yoruba	4	9%	
Spanish	3	7%	
French	2	4%	
Polish	2	4%	
Italian	2	4%	
Kutchi	2	4%	

What this means for the PNA

- There is a correlation between health inequalities and the levels of diversity within the population. For example: BAME communities are exposed to a range of health challenges from low birth weight and infant mortality through to a higher incidence of long term conditions such as diabetes and cardiovascular disease
- It is essential that pharmaceutical services meet the specific needs of all communities within Bexley as well as providing a broad and appropriate range of services to the general population
- The diversity of spoken languages potentially presents a challenge for the effective communication of medication-related information; and health promotion and lifestyle advice
- A significant number of staff within our pharmacies speak languages other than English. There is a small correlation between languages spoken in Bexley and by staff in pharmacies.
- Communication is enhanced through the use of technology such as Google Translate and Smart Apps and it may be helpful to signpost patients to pharmacies where their first language is spoken to improve access to pharmaceutical and health promotion advice

2. Local Context

2.2 Demography (cont...)

Deprivation

- Bexley is ranked 195 out of the 326 local authorities in England with respect to deprivation (as measured by the IMD score; 2015; and where 1 is the most deprived)
- It is one of the least deprived boroughs in London ranking 26 out of the 33 boroughs
- However, there is variation across the Borough with significant deprivation in certain areas; and a wide gap between the least and most deprived areas:
 - There are 2 LSOAs falling within the 20% most deprived Lower Super Output Areas (LSOAs) in England
 - At the other end of the spectrum, 14 LSOAs are within the 10% least deprived LSOAs
 - North Bexley and Frognal both have wards with higher levels of deprivation. Specifically Thamesmead East, Slade Green & Northend, Crayford and Sidcup

Life Expectancy

- Life expectancy is a measure of how long a person, born into an area, would be expected to live by reference to current observed rates of mortality
- In Bexley average life expectancy (2013-15 data) for:
 - Women is: 80.1 years compared with 79.5 for England
 - Men is: 84.1 years compared with 83.1 for England
- The gap in life expectancy between the best and worst helps to illustrate how inequalities affect the population differently
- The 2017 Health Profile for Bexley identifies that the gap in life expectancy, between those who live in the most deprived 10% of Bexley and the least deprived 10% is 6.4 years for men and 5.1 years for women
- The all-cause mortality rate in Bexley is 900.6 per 100,000; this is similar to the London figure and lower than the England average (JSNA 2016); this has been improving year on year since 1995
- North Bexley has the highest all-cause mortality rate

Religion

- Bexley is a religiously diverse local authority area. The 2011 census provides an overview of religions practiced within the Borough:

◦ Christian	62.1%
◦ No religion	24.1%
◦ Not stated	7.0%
◦ Muslim	2.4%
◦ Hindu	1.5%
◦ Buddhist	0.6%
◦ Sikh	1.8%
◦ Jewish	0.1%

What this means for the PNA

- There is a correlation between deprivation, higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. This has a negative impact upon health outcomes and contributes towards health inequalities
- Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs, as well as facilitating the self-management of those with long term conditions
- The PNA will need to take into account whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet health needs
- With respect to religion, pharmaceutical services need to ensure that advice on medicines and medicines-related issues are tailored to meet the needs of specific religious beliefs. For example, residents may seek advice on:
 - Whether or not a particular medicinal product includes ingredients which are derived from animals
 - Taking medicines during periods of fasting e.g. Ramadan

2.3 Health Needs

2.3.1 Lifestyle

Overview

- Lifestyle has a significant impact upon the health and outcomes

Smoking

- Smoking is the number one cause of preventable death in England and is a major risk factor for cardiovascular disease (heart disease and stroke); chronic obstructive pulmonary disease and cancer
- Smokers are more likely to die prematurely; and 1 in 2 long term smokers die from a smoking-related illness
- 12.5% of Bexley adults smoke (2016 data); This is the one of the lowest rates in London and is statistically lower than the England national average (15.5%)
- Whilst smoking prevalence is declining, this still represents over 23,000 people
- Smoking is more prevalent in some segments of the population:
 - 18.9% of adults (aged 18 – 64 years) in routine and manual occupations smoke; this is statistically similar to the London and England averages (23.9% and 26.5% respectively)
 - 8.2% of expectant mothers smoke in pregnancy; this is just above the London average (5%) but lower than the England average (10.6%); the differences are not statistically significant

Physical inactivity

- Physical inactivity is the fourth leading cause of global mortality; improving activity levels could help prevent CHD, cancer and diabetes
- The percentage of physically inactive adults in Bexley was 21.4%; this was similar to the London and England averages which were 22.2% and 22.3% respectively (2015/16; current method)
- Only 12.3% of 15 year olds were physically active for a least one hour per day on 7 days a week (2014/15 data); this is statistically similar to the London average (11.8%) and the England average (13.9%)

Diet

- 54.7% of adults in Bexley meet the “5 a day” recommendation for fruit and vegetables (2015/16); this is similar to the London average of 56.4% and the England average of 56.8%
- Obesity is an issue:
 - The prevalence of overweight (including obese) among children in reception is 25.6% (2015/16); this is statistically worse than the London (22%) and England (22.1) averages
 - In year 6, this increases to 38.3%; this is similar to the London average of 38.1% and statistically worse than the England average of 34.2%
 - 59.6% of adults are obese or overweight; this is statistically similar to the London (55.2%) and England average (61.3%)

Substance misuse

- The percentage of adults drinking over 14 units of alcohol a week is 21.2%; compared with 21.6% and 25.7 for London and England respectively (2011-14 data); the JSNA (2016) identifies that alcohol consumption levels are increasing in the over 65s
- The estimated prevalence of opiate and/or crack cocaine users is 4.0 per 1,000 which is lower than the London (9.6) and England (8.4) averages (2011/12 data); the actual number of users during this period was: 708 opiate and crack users, 445 opiate-only users, 441 crack-only users
- Application of the findings of the Adult Psychiatric Morbidity survey (2014) to Bexley suggest an estimated:
 - 2,200 (1.2%) adults are dependent drinkers
 - 5,750 (3.1%) of adults show signs of dependence on drugs, including 4,280 (2.3%) who show signs of dependence on cannabis only & 1,500 (0.8%) with signs of dependence on other drugs (with or without cannabis dependence)

Risky sexual behaviour

- Sexual health is influenced by a number of factors including sexual behaviour and attitudes
- Unprotected sex can lead to poor sexual health & unplanned pregnancy
- There is a correlation between alcohol & poor sexual health outcomes

In the pages which follow, we explore the health consequences of these lifestyle choices and a range of other diseases. **The implications for the PNA are set out on pages 23 and 24**

2.3 Health Needs

2.3.2 The Health Consequences of Lifestyle Choices

Cancer

- Cancer is the most common cause of death in Bexley. The table on the right summarises cancer mortality rates
- Four lifestyle factors: tobacco, diet, alcohol and obesity account for one third of all cancers

Cardiovascular Disease and Stroke

- It is estimated that 80% of cases of CVD are preventable either through modification of lifestyle and/or the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant or anti-platelet therapy, anti-diabetic medication etc)
- Cardiovascular disease (CVD) is the second most common causes of death in Bexley

Diabetes

- Diabetes is associated with long-term complications including heart disease, stroke, blindness, amputation and chronic kidney disease
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity
- There is also a correlation with:
 - Deprivation: those living in the most deprived areas have a higher risk
 - Ethnicity: the risk for people of South Asian origin is six times greater and Black-African Caribbean origin is five times greater than that for White people. There is also a greater risk of the long-term complications in these groups
- The percentage of recorded cases of diabetes is 6.9% (2014/15) compared with 6.1% & 6.4% for London and England

Respiratory Disease

- Respiratory disease is the third most common cause of death in Bexley
- Respiratory mortality rates are summarised in the table.
- The mortality rate for COPD, for which smoking is the main cause, is lower than the London and England averages

Hospital admissions

- The table on the right summarises the impact of smoking on hospital admissions; this is statistically similar to the London average and statistically better than the England average

Under 75 mortality rates from cancer per 100,000

2014-16	Men	Women	Total
All Deaths Bexley (London; England)	159.4 (144.3; 152.1)	117 (114.4; 122.6)	137 (126.8; 136.8)
Preventable* Bexley (London; England)	89.1 (81.7; 85.9)	68.7 (66.5; 73.4)	78.2 (73.5; 79.4)

Under 75 mortality rates from cardiovascular disease per 100,000

2014-16	Men	Women	Total
All Deaths Bexley (London; England)	104.8 (105.7; 102.7)	43.4 (46.7; 45.8)	72.3 (74.9; 73.5)
Preventable* Bexley (London; England)	73.1 (69.6; 70.4)	22 (24.6; 24.3)	46 (46.2; 46.7)

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

2014-16	Men	Women	Total
All Deaths Bexley (London; England)	32.4 (37.7; 39.2)	23.1 (23.7; 28.7)	27.4 (30.3; 33.8)
Preventable* Bexley (London; England)	18.8 (20.7; 20.8)	16.2 (12.7; 16.5)	17.4 (16.5; 18.6)
COPD (all ages) Bexley (London; England)	-	-	51.3 (48.6; 52.2)

Smoking Attributable Hospital Admissions per 100,000 – Total (2015/16)

No. of Admissions Bexley; (London; England)	1,567 (1,597; 1,726)
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* Preventable deaths are those which could be avoided through public health interventions

2.3 Health Needs

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

Substance Misuse

- The World Health Organisation (WHO) defines the misuse of drugs or alcohol as “*the use of a substance for a purpose not consistent with legal or medical guidelines*”. It may also be defined as “*a pattern of substance use that increases the risk of harmful consequences for the user*”
- Substance misuse is associated with a range of adverse physical, mental health and/or social consequences
- The table (right) summarises the number of hospital admissions which are attributable to substance misuse; the data demonstrate that this is higher than the London and England averages for young people aged 15 – 24 years; it the 2nd highest rate in London

A. Drug Misuse

- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV, which may cause chronic poor health and can lead to serious disease and premature death
- The Health Protection Agency has estimated that for England (data is not available for Bexley):
 - 16% of current or previous drug injectors are Hepatitis B Positive
 - 43% are Hepatitis C positive
 - 1.2% are HIV positive

B. Alcohol misuse

- Latest CMO guidance is that men and women should limit alcohol intake to a maximum of 14 units a week. Drinking more than the recommended daily allowance, particularly dependent drinking and/or binge drinking, has health consequences and social risks:
 - Liver disease:** The under 75 mortality rate (2014/15) was 11.2 per 100,000. This is statistically better than the London (16.8) and England average (18.3)
 - Alcohol-related mortality (2016):**
 - This was 33.8 per 100,000 and is significantly better than the London (39.8) and England (46) averages
 - The rate for males (50.7) is significantly higher than for females (21.0)
 - Alcohol related hospital admissions** (table, right): Whilst the rate is increasing, it remains significantly below the London and England averages

Sexual Health

A. Sexual Transmitted Infections (STIs) & HIV

- STIs and HIV can cause a range of illnesses which may lead to premature death:
 - The rate of new diagnoses of sexually transmitted diseases (excluding chlamydia in those aged under 25 years) was 738 per 100,000 population compared with 1,547 for London and 795 for England (2016)
 - The rate of chlamydia diagnosis in those aged 15-24 years was 1,173 for Bexley compared with 2,309 for London and 1,882 for England (2016). This rate of diagnosis was below target for Bexley
 - The gonorrhoea diagnosis rate per 100,000 was 63.6; this is statistically lower than London (186.6) and similar to the England rate of 64.9 (2016)
 - 56.1% HIV is diagnosed at late stage (CD4 <350) in those aged 15+. This is statistically higher than both the London (33.7%) and England (40.1%) averages (2013-15 data)

B. Pregnancy

- Unwanted pregnancy has a significant impact, particularly in young girls; and termination of pregnancy can have long term physical and psychological effects leading to health problems in the future
- Teenage pregnancy often leads to poor health and social outcomes for the mother and baby. For the under 18s:
 - Conception rate was 15.8 per 1,000; this was lower than the London (19.2) and England (20.8) averages (2015)
 - Conception rate leading to abortion was 63.4%; this was the same as the London rate and higher than the England rate (51.2%)
 - Abortion rate was 8.7 per 1,000; this was below the London average and the England average (2016)
 - Birth rate was 4.7 per 1,000 compared with 4.4 for London & 6.3 for England

Hospital admissions per 100,000 population

Alcohol related (narrow definition) - Bexley (2015/16) (London, England)	563 (545; 647)
Alcohol related (broad definition) – Bexley (2015/16) (London, England)	1,897 (2,235; 2,179)
Substance misuse (aged 15–24) – Bexley (2013/14 -15/16) (London, England)	118.3 (67.9; 95.4) 14

2.3 Health Needs

2.3.3 Other Considerations

Mental Health

- At least one in four people will experience a mental health problem at some point in their life; and one in six adults has a mental health problem at any one time
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders
- In Bexley:
 - The prevalence of mental health disorders (based on QOF data) in 2015/16 was 0.74% compared with 1.08% for London and 0.90% for England
 - Depression prevalence as recorded on GP registers, in those aged 18+, was 6.4% compared to 6.0% for London and 8.3% for England (2015/16)
- A vast array of medication is available to treat various mental health disorders including anxiety, depression, schizophrenia etc
- Adherence is often poor; this is partly a result of the conditions themselves but also a reflection of the unpleasant side effects of many of the medicines

Older People

- The frequency of ill health rises with increasing age
- People aged 65+ occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions to hospitals
- Older people are particularly vulnerable to:
 - **Cardiovascular disease and diabetes**
 - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities
 - **Dementia:** The prevalence in Bexley is 0.8% of the registered population (QoF). This is slightly higher than the London average (0.5%) and the same as the England average. Alzheimer's disease is the most common form of dementia
 - **Falls:** The age standardised rate of emergency hospital admissions per 100,000 of older people who sustained an injury due to a fall (2015/16) was:
 - 5,600 for those aged 80+; this was similar to the London average (5,550) and England rate (5,526)
 - 983 for those aged 65 – 79; this was significantly better than the London average (1,116) and the England rate (1,012)

Care Homes

- With increasing numbers of frailer older people with long term conditions and complex requirements including palliative needs, care homes are providing care that historically has been provided by hospitals
- Bexley has a relatively high number of care home beds (2014 data):
 - Older People: 1,243; of these 957 provide a mixture of nursing and residential care for those with dementia and those without
 - Learning Disabilities: 97 residential beds
 - Mental Health: Data not available
- NICE (*Managing Medicines in Care Homes, SC1*) make recommendations for pharmacy, with the aim of contributing towards reducing unplanned admissions to hospital. These include:
 - The ongoing supply and demand of medicines prescribed to patients
 - Advice/support for care plans and on identifying & managing adverse effects
 - Supporting the disposal of medicines from care homes
 - Supporting delivery of the local anticipatory medicines pathways
 - Advice/support to staff on the medication administration records for patients
 - Providing a key contact for queries around medicines

Disability

Physical

- Just over 10% of those aged 18-64 years have a physical disability; this is a moderate disability in 8% and a serious disability in 2.3%; the number of people with a disability is set to increase by 4% by 2020 & by 15% by 2035*
- Almost 25% of those aged 65+ have a long term illness which limits day to day activities a lot; this is set to increase by 4.5% by 2020*

Sensory (Visual or Hearing Impairment)

- 17% of those aged 65+ have moderate to severe visual impairment; it is anticipated that the number of people affected will increase by 3% by 2020*
- In 2015/16, the crude rate of preventable sight loss per 100,000 was:
 - **Age related macular degeneration:** 107.3 versus 86.7 London & 114 England
 - **Glaucoma:** 7.7 compared to 13.4 (London) and 12.8 (England)
- 70% of the population aged 65+ has some degree of hearing loss; this is severe in 8.3% of people. The number of people with severe hearing loss is set to increase by 6% by 2020*

* Poppi & Pansi data (run in Nov 17)

Learning Disability

- QoF prevalence (2013/14) is 0.3% compared with 0.4% & 0.5% for London and England

2.3 Health Needs

2.3.3 Other Considerations

Seasonal Influenza

- Seasonal influenza may cause severe illness and complications in vulnerable groups including:
 - Children aged under 6 months
 - Older people
 - Pregnant women
 - Those with underlying disease especially chronic respiratory disease, cardiac disease and immunosuppression
- Seasonal influenza vaccine is recommended for people falling into these clinical groups
- In 2016/17, the DH target was:
 - 75+% for those aged 65+
 - 40-65% for children (aged 2 to school year 3)
 - 55% for all other “at risk” patients aged under 65 (including pregnant women)
- The seasonal influenza vaccination rates achieved (2016/17) were:
 - Over 65s:** 64.3%; this was below the London (65.1%) and England (70.5%) rates
 - Those aged 2 – 4 years:** 36.7% compared with 29.2% (London) and 38.1% (England)
 - Those aged 6 months to 64, in ‘at risk’ group:** 45%. This is lower than the average rates for London and England (47.1% and 48.6%)

Pneumococcal immunisation

- People who are at risk of complications from pneumococcal infection are eligible for pneumococcal vaccination. Specifically:
 - All children under the age of two
 - Adults aged 65 or over
 - Children and adults with certain long-term health conditions, such as a serious heart or kidney condition
- In 2016/17:
 - 65.2% of the eligible population (aged 65+) received pneumococcal (PPV) vaccination; this was higher than the previous year’s coverage but below the London (64.3%) and England (69.8%) averages
 - Vaccination coverage was much higher for eligible children who received the complete course of pneumococcal (PCV) vaccine by their 1st birthday: 92.4% compared to 90.0% and 93.4% for London & England respectively

Shingles vaccination

- Shingles vaccination is recommended in people aged 70+ years and a benchmark goal of 60% coverage has been set
- In 2015/16, 45.8% of the eligible were vaccinated compared with 47.1% for London and 54.9% for England

Childhood immunisation

- A priority is to achieve ‘herd’ immunity against infectious diseases (i.e. 95% of the eligible population immunised against the disease)
- Bexley is not meeting the national vaccination targets of 95% for a number of childhood immunisations:
 - Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b (Dtap / IPV / Hib)**
 - Uptake of 3 doses by 1st birthday: 94.5% compared to 89.2% (London) and 93.6% (England); this falls just short of the target
 - Measles, Mumps & Rubella (MMR) uptake**
 - 88.1% of eligible children received one dose on or after their 1st birthday and anytime up until their 2nd birthday (compared to 86.4% and 91.9% for London & England)
 - 86.2% of eligible children received two doses of MMR on or after their 1st birthday and up until their 5th birthday compared to 81.7% (London) & 88.2% (England)
 - Haemophilus Influenzae Type b (Hib) / Meningococcal C (MenC)**
 - Uptake at 2 years: the percentage of children who had received one booster by their 2nd birthday was 89.4% compared to 85.9% (London) and 91.6% (England)
 - Uptake at 5 years: the percentage of children who had received one booster by their 5th birthday and was 93.2% compared to 88.7% (London) and England (92.6%)

Human Papilloma Virus (HPV) vaccination

- Bexley vaccination rates are below the target of 90% or higher, although they are consistently higher than the London and England average
 - 89% of girls aged 12-13 years had received one dose of the HPV vaccination
 - 86.5% of girls aged 13-14 years had received two doses of HPV vaccine

In the next section, we show how healthcare strategy (nationally and locally within Bexley) sets out to tackle the lifestyle behaviours and health needs as outlined in the preceding pages. We then go on to set out the implications for the PNA on **pages 23 and 24**

2.4 Health Services Strategy

2.4.1 National Strategy

Overview

- Healthcare Strategy is set by a range of health and care organisations working in an integrated way:
 - Public Health England (PHE)** is an executive agency of the Department of Health. It plays a strategic role to protect and improve the nation's health and wellbeing; and reduce health inequalities. It does this by informing health protection, health improvement and health & social care commissioning. Locally, Directors of Public Health are statutory Chief Officers and principal advisers on all health matters advising local authorities on the best ways to improve the health of the population
 - Local Authorities (LAs)** which have responsibility for public health and improving the health of the population
 - Health and Wellbeing Boards (HWBs)** which must be established by each LA. The HWB is responsible for overseeing the health and wellbeing needs of its local community and for developing a Joint Health and Wellbeing Strategy, which provides a framework to inform the commissioning of integrated and/or co-ordinated health, social care and public health services based on local need. Membership of the HWB includes local commissioners of health and social care, elected members of the LA and representatives from Healthwatch
 - NHS England (NHSE)** is the national body responsible for commissioning 'primary care services' from GPs (now delegated to CCGs), pharmacies, dentists and optometrists. In addition, it is responsible for commissioning healthcare services for prisons (and other custodial organisations), the armed forces and a range of specialised and highly specialised services
 - Clinical Commissioning Groups (CCGs)** commission the majority of NHS healthcare for their area. Core responsibilities include securing continuous improvements in the quality of services commissioned, reducing health inequalities, enabling choice, promoting patient involvement, securing integration and promoting innovation and research. Responsibility for commissioning primary care medical services, was delegated from NHSE to Bexley CCG, on 1 April 2017
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, this section sets out high level strategic priorities together with the implications for the PNA
- Our assessment reflects strategic priorities at the time the PNA was written

“Five Year Forward View”

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

“Next Steps on the Five Year Forward View”

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

2.4 Health Services Strategy

2.4.1 National Strategy (cont...)

“Community Pharmacy Clinical Services Review”

- An independent review of pharmacy⁵ was commissioned in response to the “Five Year Forward View” and the “General Practice Forward View”
 - The context for the review included:
 - The changing patient and population needs, particularly the demands of an ageing population with multiple long term conditions
 - Emerging models of pharmaceutical care within the UK and internationally
 - Evidence of sub-optimal outcomes from medicines in primary care settings
 - The need to improve integration of pharmacy and clinical pharmacy skills into patient pathways and emerging models of care
 - The need for service redesign in all aspects of care
 - The review acknowledges that community pharmacy remains an under-utilised resource; and that whilst the clinical role of pharmacy has evolved over the last decade there are opportunities to do more
 - Three barriers have been identified:
 - Poor integration with other parts of the NHS including digital immaturity
 - Issues with behaviours and cultures, sometimes with weak relationships between community pharmacy and GPs
 - Complex contractual mechanisms and commissioning arrangements
 - The report makes a number of recommendations which focus upon maximising existing clinical services; ensuring integration of community pharmacy into new models of care; and enhancing support which is provided to people with long term conditions and for public health services
- A number of actions and next steps are recommended:
- Electronic repeat dispensing should become the default for accessing repeat medicines, unless a patient is yet to be stabilised on a medicine
 - Medicines use reviews (page 56) should be redesigned to include ongoing monitoring and regular follow up; and with a focus on people with co-morbidities
 - An England-wide minor ailments scheme
 - Stop smoking services should be considered as an element of the national contract
 - Integrating community pharmacists into long term condition management pathways; and a role in case finding for conditions such as hypertension
 - Overcoming barriers through contractual & legislative reform; and digital maturity to facilitate registered pharmacy professionals to see, document and share information within clinical records held by other healthcare professionals

“Community Pharmacy 2016/17 and beyond: final package”

- The Department of Health set out a series of reforms including a significant change to the pharmacy remuneration structure to drive efficiencies and quality whilst preserving pharmacy services in areas with the highest need⁶
- The document also describes a modernisation programme for pharmacy services, which reflects priorities outlined in “Next Steps on the Five Year Forward View”:
 - **Market entry:** New regulations permitting the consolidation of contracts within a Health and Wellbeing Board area (introduced in December 2016)
 - **Digital technologies** to improve the “prescription ordering journey” with a view to maximising patient choice and convenience
 - **Distance selling pharmacies:** a review of the terms of service to reflect the different service offering by these contractors
 - **Pharmacy Integration Fund:**
 - This sets out to develop clinical pharmacy practice within primary care including a wider role for community pharmacy, pharmacists and pharmacy technicians in the new, integrated local care models
 - The aim is to improve access for patients; reduce pressure on GPs and A&E; optimise medicines use; drive better value; improve patient outcomes; and contribute to the delivery of a 7 day health & care service
 - Initial priorities focus on the deployment of clinical pharmacists within groups of GP practices, care homes and urgent care settings, including NHS 111; and development of the pharmacy workforce and establishing principles for medicines optimisation for patient centred care
 - **Urgent medicines supply pilot scheme:** This scheme, which is accessed following referral by the NHS 111 service, is being piloted (refer to page 38 “NHS Urgent Medicine Supply Advanced Service” for further information)
 - **Urgent minor illness care:** The intention is to develop an evidence-based, clinical and cost-effective approach to how community pharmacies contribute to urgent
 - **Digital:** accelerating digital integration including developing the adoption of messaging and transfer of care to community pharmacy from NHS 111 and hospital care settings; and sending a post event message from community pharmacy to other care settings

2.4 Health Services Strategy

2.4.2 Local Strategy

“Our Healthier South East London” Sustainability & Transformation Plan

- The STP is a 5 year partnership, across the SEL footprint (table below) which sets out to transform local health and care services within South East London
- Five priorities and related areas of focus have been defined and summarised in the figure (right; reproduced from the STP document)
- Key transformational changes, relevant to community pharmacy include:
 - Networks of CBC providers and 23 local care networks (LCNS) bringing together primary, community & specialist teams
 - Accessible, proactive & preventative care provided outside of hospital
 - Extended GP access from 8am – 8pm on 7 days a week
 - New care teams of GPs, nurses, pharmacists and other specialists
 - An integrated urgent care system to reduce inappropriate use of A&E, with a single out of hours number (111), access to a clinical hub and advice on use of alternative services including community pharmacy and district nurses
 - Home care service providing intensive medical care in people's homes
 - A focus on prevention and staying healthy. Priorities include obesity, mental health, smoking, alcohol, new mothers & pregnancy and managing long term conditions; and targeted interventions including alcohol IBA and behavioural interventions for those at risk of type 2 diabetes
 - Improved cancer diagnosis by increasing screening rates, life-style advice and through the new cancer centres at Guy's Hospital and at Queen Mary's, Sidcup
 - Development of two new specialist orthopaedic centres
 - Integrating mental health services, ensuring that both mental and physical health needs are identified and addressed

What this means for the PNA

- Recommendations from the Community Pharmacy Clinical Services review (previous page) are highly relevant to the potential role which community pharmacy can play, particularly in relation to:
 - Prevention and identification of unmet need
 - Support with self-care and signposting to relevant services
 - Improved management of long term conditions via medicines optimisation
- Changes in the provider landscape (e.g. the new cancer and elective orthopaedic centres), more care closer to home, 7 days services and closer multidisciplinary working with health and care professionals are relevant to:
 - When & where patients need to access community pharmacy services
 - The need to ensure that community pharmacy is well integrated into the LCNs

South East London STP Footprint

Local Authorities	CCGs	Service Providers
<ul style="list-style-type: none"> • Bexley • Bromley • Greenwich • Lambeth • Lewisham • Southwark 	<ul style="list-style-type: none"> • Bexley • Bromley • Greenwich • Lambeth • Lewisham • Southwark 	<ul style="list-style-type: none"> • Guy's & St Thomas' NHS FT • King's College Hospital NHS FT • Lewisham & Greenwich NHS Trust • South London & Maudsley NHS FT • Oxleas NHS FT • Bromley Healthcare C.I.C • Primary care providers
Dartford & Gravesham NHS Trust is an associate organisation		

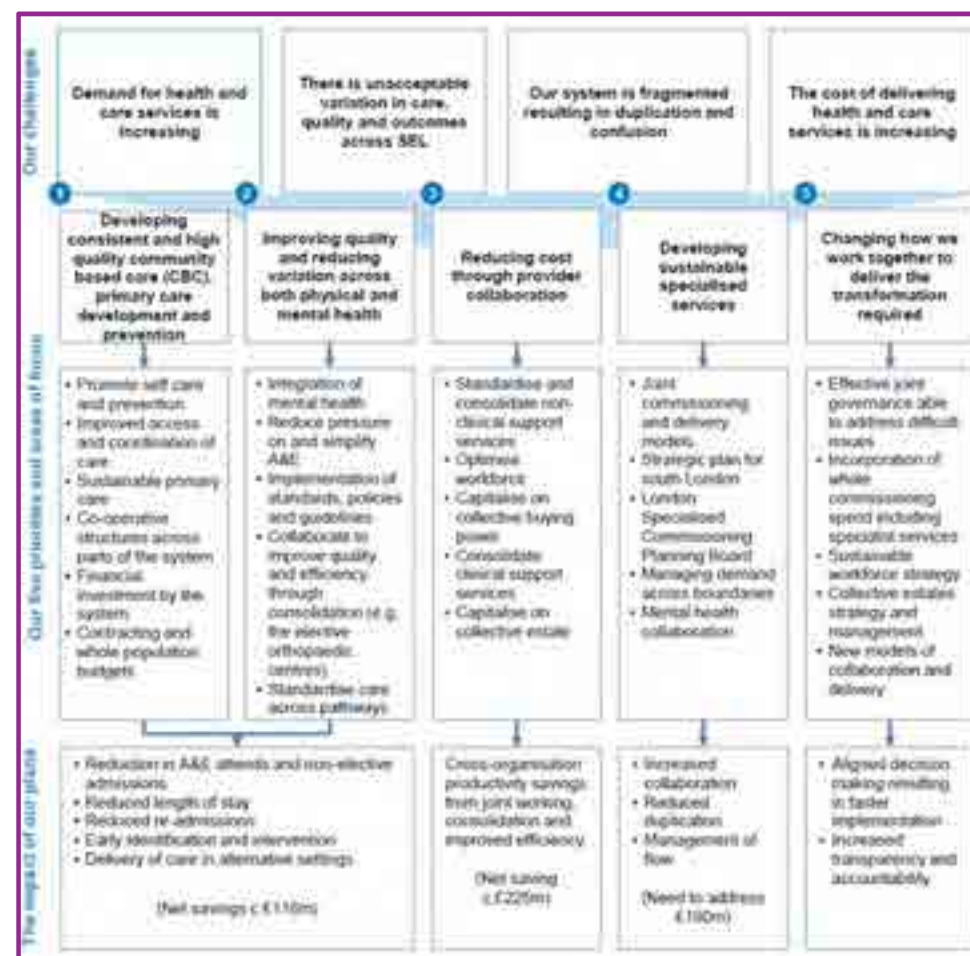


Figure reproduced from SEL STP, Oct 16

2.4 Health Services Strategy

2.4.2 Local Strategy

Health & Wellbeing Strategy (JHWS) for Bexley 2012 – 2015

- The JHWS set out the strategic direction, and priorities, for partners to work together to improve health and wellbeing, reduce health inequalities and promote independence. **These priorities and transformation areas remain current**

Priority 1: Tackling Childhood & Adult Obesity

- Focuses on adults and children being more active, breastfeeding, positive messages about healthy living

Priority 3: Dementia

- Aims at increasing patient/carer information about care pathways, early diagnosis in primary care and early intervention to support people to live at home, improving care in residential and nursing homes

Priority 2: Diabetes

- Strengthen integrated models of care; reduce in-patient care, supporting people to manage their condition, improving support for children and their families

Priority 4: Supporting people with addictions (smoking, alcohol and drugs)

- Includes residential treatment options, strong referrals processes, decreasing the number of people who smoke, high quality treatment programmes, promotion of smoking cessation services, positive messages about being smoke free / reducing alcohol levels and the number of young children who smoke

Priority 5: Mental Health and Emotional Wellbeing of Children and Young People

- Focuses on meeting the specific health and care needs of vulnerable groups of children; including those who are 'looked after', young people in the youth justice system, vulnerable children aged under 5 years and young carers

Transformational Priority Areas that may be supported by Pharmacy

• Joining up health & social care and keeping more people out of hospital

- Supporting people to have planned and safe discharge from hospital
- Supporting those unable to be at home in short term residential settings
- Supporting those who have a stroke or neurological conditions to remain independent

• Prevention

- Investment in preventing ill health; wider prevention initiatives including proactive approaches to keep people well

• Improving Primary Care

- Co-ordinated care for those with long term conditions are more complex health and care problems
- Preventing avoidable emergency admissions
- Supporting wider action to improve community health and wellbeing
- Supporting patients and carers to manage their own health & care

New JSNA (in development; due April 2018)

- The document will reflect a number of themes with deep dives into priority chapters (these are highlighted in pink below)

Theme 1 Core Dataset	Theme 2 Staying Healthy	Theme 3 Health Conditions	Theme 4 Wider Determinants of Health	Theme 5 Groups and Communities
Demographics, area profiles and GP profiles	Healthy weight, nutrition, physical activity, mental health and wellbeing, smoking, alcohol, substance misuse, perinatal and post natal, early years (including breast feeding), sexual health, immunisations and screening	Cancer, COPD, CVD, diabetes, mental ill health, asthma, dementia, learning disabilities, autism, dental health, eye health, falls, sensory impairment, musculoskeletal disorders, end of life	Housing including care homes, crime, employment / unemployment, the environment, domestic abuse, poverty including fuel poverty, digital health	Children & young people, older people, BAME groups, gypsies & travellers, LGBT, carers, learning & physical disabilities, offenders, refugees & asylum seekers, homelessness, community & voluntary sector assets

2.4 Health Services Strategy

2.4.2 Local Strategy

Brilliant Bexley: Shaping Our Future Together (2017 – 2025)

- This document sets out a vision for Bexley and defines 5 priority areas and associated outcomes:
 - Priority 1:** Growth that benefits all
 - Priority 2:** Clean and green local places
 - Priority 3:** Strong and resilient communities and families
 - Priority 4:** Living well
 - Priority 5:** Innovation and self-sufficiency
- Priorities 1, 3 and 4 have outcomes which are relevant to the PNA, as summarised below

Priority 1 Growth that benefits all	Priority 3 Strong and resilient communities & families	Priority 4 Living Well
<ul style="list-style-type: none"> Sets out a vision for Bexley which focuses on improving the lives of all who live, work and visit the borough Includes local investment, new homes, creating new jobs and ensuring that the appropriate infrastructure is in place <p>The Bexley Growth Strategy (draft) sets out the growth objectives to underpin delivery of the local vision</p> <p>The specific implications for the PNA, arising from this strategy, are set out on pages 46 – 49)</p>	<ul style="list-style-type: none"> Supportive communities and families where the most vulnerable people have support from families, networks of friends, community groups and neighbourhoods: <ul style="list-style-type: none"> Issues such as mental health, dementia, social isolation, disabilities, autism, domestic abuse, obesity, safeguarding children and adults are well understood People seek specialist advice and support Safe communities and families where the welfare of adults and children is promoted across all relevant agencies, providers and the wider community: <ul style="list-style-type: none"> Children and young people are better educated around healthy relationships and ethics in sexual relationships 	<ul style="list-style-type: none"> The vision is for residents to get the best out of life, taking responsibility for living healthier and more active lives; with access to good quality services, preventing needs from escalating: <ul style="list-style-type: none"> People have knowledge and guidance to make healthier choices Local care networks deliver community-based care to local people through patient focused, proactive, accessible, co-ordinated services making “every contact count” Admissions to hospital or care homes are prevented or avoided People know who to contact when they need help

Strategies in Development

- A number of other strategies, which are of relevance to the PNA, in development at the time of publication

Prevention Strategy	Ageing Well Strategy	Stronger Communities Strategy
<ul style="list-style-type: none"> This 5 year strategy is in the early stages of development Once published it will replace the Joint Health & Wellbeing strategy (page 20) 	<ul style="list-style-type: none"> Aims to create the best possible environment for ageing well. 3 of the 4 themes are relevant to PNA: <ul style="list-style-type: none"> Theme 1: Tackling loneliness & building connected communities; includes social prescribing & health champions Theme 2: Being healthy and active; includes promoting health living Theme 3: Developing new approaches to care & support as set out in the STP (page 19) 	<ul style="list-style-type: none"> The strategy includes a vision for Bexley's communities from 2020 and beyond A key aim is to encourage communities to come together and support each other with a view to facilitating independent living, particularly for more vulnerable individuals

2.4 Health Services Strategy

2.4.2 Local Strategy

NHS Bexley CCG Commissioning Intention: Our Plans for 2016/17 and beyond

VISION

For Bexley's residents to stay in better health for longer, with the support of good quality, integrated care, available as close to home as possible – backed up by accessible, safe and efficient hospital services, when they are needed.

VALUES – WE ASPIRE

- We are accountable to our members, stakeholders, partners and ourselves.
- We support our staff to be the best they can be, so we can deliver the best for our population.
- We champion for quality to deliver improved outcomes for our patients.
- We encourage new ideas and innovation.
- We respect the diverse needs of our population and the expertise of our delivery partners.
- We aim for standards, working to high standards and increasing transparency.

PRIORITY SCHEMES 2016 AND BEYOND

Primary care

- Care is organised around the individual using local Care Networks and community-based care.
- Care is accessible, co-ordinated and proactive.
- Co-commissioning.
- Infrastructure, estates, workforce and linked systems, to meet population and patient needs.

Planned care schemes

- Elective care centres – orthopaedics.
- Imaging, diagnostics services and MRI.
- Secure variation post standardisation.
- Pathway reviews.
- GP education and support services advised.
- Freeport services review (alcohol, obesity and smoking).
- Dermatology diagnosis and services.
- Diabetes – new integrated care pathway.
- Dermatology – expand out-of-hospital services.

Urgent and emergency services

- Deliver all accident and emergency standards consistently.
- Networked urgent care centres and enhanced emergency department front doors.
- Improved ITT capability and London Ambulance Service urgent referrals.
- Earlier identification of mental health cases in emergency departments.
- Improved interface to drug and alcohol services and under 18s mental health services.
- Review of helpline provision and services.
- Comprehensive geriatric assessment (in community and acute).
- Continued reviews for integrated care and rapid response services to avoid unnecessary admissions.

Maternity care services

- Primary prevention and targeted wellness programmes.
- Assessment of pregnancy risk pre-10 weeks.
- Encouraging straight-forward births.
- Achieving London Quality Standard.
- Better coordination in antenatal and post-natal phases.
- Smooth (freedom) and transition.
- Integrate perinatal mental health services.
- Review of health visitor services with Local Borough of Bexley.

Children and young people's services

- Primary prevention and wellness programmes.
- Integrated children and young people services with the establishment of new planned care and helpline services in Bexley.
- Supported transition.
- Mental health services expansion for children and adolescents.
- New children and young people obesity and weight management services.

Queen Mary's and Erith Hospitals

- Secure Queen Mary's and Erith hospitals, by developing a health hub and spoke for Bexley residents.
- Open cancer centre in 2016.
- Open Maternity Hub in 2016.
- Expanded children's services (integrated).
- Continued service developments.

Cancer and end-of-life care

- Increased prevention and earlier detection.
- Integration of treatment across providers.
- Support for living with and beyond cancer.
- Deliver on NHS Cancer Commission standards.
- Ensure continued roll-out and use of Good Hope Care and expansion of end-of-life care support services to provide support in the last 12 months of life and to enable people to die in their normal place of residence/guardian choice.

UNDERPINNING OUR PLANS

- The Five Year Forward View.
- Our Healthy South East London strategy.
- Population needs and health strategy from the joint strategic needs assessments.
- Monitoring quality and safety.
- Delivering on performance and outcomes (NHS Commission and other standards).
- Patient participation and experience.
- Financial sustainability.
- Partnerships.
- Better Care Funds.
- Procurement and contract management.
- Education programmes for primary care teams.

2.5 Implications for the PNA

2.5.1 Overview

The Local Context - What this means for the PNA

- Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport⁸
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons⁹. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population
- The strengths of community pharmacy, which were reinforced by our public survey (box, top right), may be summarised as:
 - Healthcare knowledge**
 - The healthcare knowledge of pharmacists, together with good accessibility, reinforces the role of community pharmacy as a “first port of call” to support people with self-care
 - Medicines expertise**
 - Medicines are the most common medical intervention. Non-adherence to prescribed medicines is a silent but significant challenge in managing long term conditions. It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended¹⁰. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole
 - Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber. As such, they have a central role to play in the management of long term conditions
 - Provider of public health services**
 - Pharmacy is an established provider of public health services e.g. health promotion, lifestyle advice and a range of preventive services. Its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public are pivotal to its success
- The dynamic within the NHS is changing. NHSE and CCGs are moving the focus of responsibility to health service users e.g. encouraging more responsibility for self-care, the purchase of OTC medicines and ordering repeat medicines etc. This shift in emphasis plays to the strengths of pharmacy and is relevant to the future shape of pharmacy-based services

Insights from our Online Public Survey

• Reasons for using a pharmacy (n = 146; multi-response question)

- Get a prescription dispensed for self: 95.2%; or for someone else: 54.8%
- Buy a medicine: 50.7%
- Advice from a pharmacist for self: 51.4%; or for someone else: 19.9%
- Use other healthcare services the pharmacy offers: 11.6%
- Shop for non-medical goods: 25.3%

• Advice (n = 146)

- 33% respondents say they choose to use a pharmacy because the staff provide good advice and information
- 89% said pharmacists have a role in providing advice on staying healthy
- A small proportion of respondents had received lifestyle advice from a pharmacist and found this to be helpful:
 - Smoking: 3.4% (2% would like advice; 89% didn't need advice)
 - Alcohol: 2.6% (0.7% would like advice; 90.4% didn't need advice)
 - Weight: 5.5% (6.9% would like advice; 78.8% didn't need advice)
 - Heart disease: 6.9% (6.2% would like advice; 78.1% didn't need advice)

Minor illnesses - where do you go first...? (n=146)

- For Advice:** Pharmacy (62.3%); Treat self (34.5%); Online (22.6%); GP (6.9%); Other (6.2%); NHS 111 (2.1%); A&E (0%)
- For Treatment:** Pharmacy (56.9%); Treat self (29.5%); GP (9.6%); Other (6.2%); Online (2.7%); A&E (0%)

Some respondents said that they were confident to manage illnesses themselves

Refer to Appendix B for full results

- On the next page, we systematically explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section. We also set out factors which our assessment will need to take into account in relation to these roles
- Our assessment reflects on the national and local strategic priorities, as described in the preceding pages. This includes considering how these priorities may influence the need for NHS pharmaceutical services and/or how they might impact upon the delivery of pharmaceutical and locally commissioned services.
- Given the scale of national and local changes, we believe that there is a need for local pharmacy leaders to be involved at a strategic level locally, regionally and nationally. There is also a need to consider the resource implications of the PNA given the financial pressures faced by the community pharmacy sector

2.5 Implications for the PNA

2.5.2 Systematic review

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

Dispensing Services

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

Signposting

- Pharmacies need to be equipped to signpost to other services e.g. specialist stop smoking, hepatitis & HIV screening, drug & alcohol, sexual health, weight management, ante & post-natal care and support
- Signposting will be increasingly important to help patients to navigate services which have been transformed, as part of the STP
- Community pharmacy may have a future role in social prescribing and/or as health champions

Health Promotion & Brief Advice

- The high number of people using pharmacies is a real opportunity to “make every contact count”¹¹.
- A key strategic focus is promoting healthy living in support of our prevention agenda. Local priorities include: obesity, mental health, CVD, respiratory disease, alcohol & substance misuse, sexual health etc. We would welcome NHSE prioritising some of these areas for nationally set campaigns
- Community pharmacists & their staff “know” the health needs and challenges faced by patients and the public using their pharmacies; this places them in an ideal position to contribute to a wider community approach

Health Assessment

- Pharmacies have a role to play in identifying unmet need (e.g. undiagnosed diabetes & hypertension)
- In Bexley, some pharmacies offer screening as a non-NHS service, demonstrating that they potentially have the facilities, competence and experience to undertake screening and diagnostics as a broader role

Medicines Use Reviews & New Medicine Service

- Medicines play a critical part in preventing illness and improving outcomes for people with long term conditions
- MURs and NMS reviews play a pivotal role in helping people to take their medicines as prescribed and identifying adverse effects; they potentially reduce unplanned admissions & re-admissions to hospital
- Proactively targeting reviews to those with diabetes, a history or risk of CVD, asthma, COPD etc will support achievement of our local priorities to improve outcomes for those with long term conditions

Support for Unscheduled Care and Self-care

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

Pharmacy-based Vaccination

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

Sexual Health Services

- In Bexley, community pharmacy improves young people’s access to chlamydia screening and treatment, emergency hormonal contraception and free condoms; a pilot evaluating pharmacy-based chlamydia services for those aged 25+ is underway
- Some women prefer to use town centre pharmacies as these offer a sense of anonymity
- LGBT people (including those who are HIV+) may prefer to use pharmacy services e.g. if they do not wish to disclose their sexuality to their GP
- Our assessment will take these factors into account, as well as considering the accessibility of sexual health services within Bexley

Substance Misuse

- Community pharmacy-based services help to address the consequences of substance misuse including blood-borne infections, reducing drug related crime and improving outcomes
- Prevalence of substance misuse varies across Bexley; and it is important that services reflect the different needs of the population
- It is key that services are well promoted and accessible; The JSNA (2016) highlights a need for improved access outside of working hours

Local Care Networks & New Models of Care

- Bexley CCG is developing local care networks (LCNs), as part of the “Our Healthier SE London” whole system model. These will bring together primary, community and specialist teams to provide health and social care
- Integrating community pharmacy into the LCN core (i.e. one of the services which the LCN must include as a minimum) is a local priority

3. The Assessment

3.1 Introduction and approach

Overview

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

Data Sources

- General Pharmaceutical Services benchmarking data 2016/17 (NHS Digital) and NHSBSA data (2016/17)
- Data and information held by NHS England, NHS Bexley CCG and the London Borough of Bexley in relation to the planning, commissioning and delivery of pharmaceutical and locally commissioned services
- The findings from the contractor questionnaire which was issued in August 2017. A 100% response rate was achieved, although this was a partial response for 2 pharmacies
- Insights from our public survey, undertaken between 18 August and 13 October 2017. It should be noted that the response rate was low, so the findings were used to illustrate specific points but were not relied upon when determining conclusions for the PNA
- The views of stakeholders within our partner organisations
- The Joint Strategic Needs Assessment 2016, the public health outcomes framework and other relevant public health data and reports
- National and local healthcare strategy; and other relevant strategies

Factor	Principle(s) for Determining “Necessary” Services
Who can provide the service?	<ul style="list-style-type: none"> Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it was more likely to be determined as necessary
Health needs & benefits	<ul style="list-style-type: none"> Where there is a clear local health need for a given service, it was more likely to be determined as necessary
Published evidence	<ul style="list-style-type: none"> Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it was more likely to be determined as necessary
Performance	<ul style="list-style-type: none"> Where a service is delivered by a range of providers, if pharmacy performs well compared with other providers, the service was more likely to be determined as necessary. Factors which influence demand were also considered
Accessibility	<ul style="list-style-type: none"> Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours; weekend access etc) then it was more likely to be determined as necessary

Choice

- For patients, choice is a mechanism to drive up the quality of services and improve patient satisfaction. For the overall health system, choice is a mechanism to encourage more appropriate and cost effective use of available services
- Factors which have been taken into account when considering whether or not there is sufficient choice in Bexley are the:
 - Current level of access to NHS pharmaceutical services in the area
 - Extent to which existing services already offer a choice
 - Extent to which choice may be improved through the availability of additional providers or additional facilities
 - Extent to which current service provision adequately responds to the changing needs of the community it serves
 - Need for specialist or other services which would improve the provision of, or access to, services for vulnerable people or specific populations
 - Current level of access using “99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport”⁸ as a benchmark. It takes an average of 20 minutes to walk one mile and we make reference to this distance as a proxy measure when considering access and choice

3.2 Pharmaceutical Services

3.2 1 Essential Services

Overview

- All community pharmacies and DACs are expected to provide essential services, as set out in the 2013 NHS Regulations, although the scope of services for pharmacies and DACs is different
- The table (right) provides a brief overview of the full range of essential services provided by community pharmacies
- In addition, the pharmacies must comply with clinical governance requirements (table below)¹². The new quality payment scheme (Appendix E) reflects a number of these requirements
- DACs (not relevant in Bexley) are required to provide dispensing, repeat dispensing and electronic prescription services for appliances; supply supplementary items e.g. disposable wipes; and offer home delivery for specified appliances
- Essential services are fundamental to enable patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS FP10 prescriptions forms the primary basis of this evaluation, we also make reference to other elements including health promotion, sign-posting and support for self care in our PNA
- As dispensing is a common requirement for all contractors it will be used to explore key service fundamentals including:
 - The distribution of pharmacies
 - Access (including the impact of opening hours)
 - Future capacity

Essential Services provided by Community Pharmacies

Dispensing and actions associated with dispensing

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

Repeat dispensing

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

Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines

Signposting, healthy lifestyles & public health campaigns

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

Support for self-care

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

Clinical Governance (CG)

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

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

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

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

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

Premises standards – cleanliness, appropriate environment

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

3.2.1 Essential Services

3.2.1.1 Distribution of Pharmacies

Overview

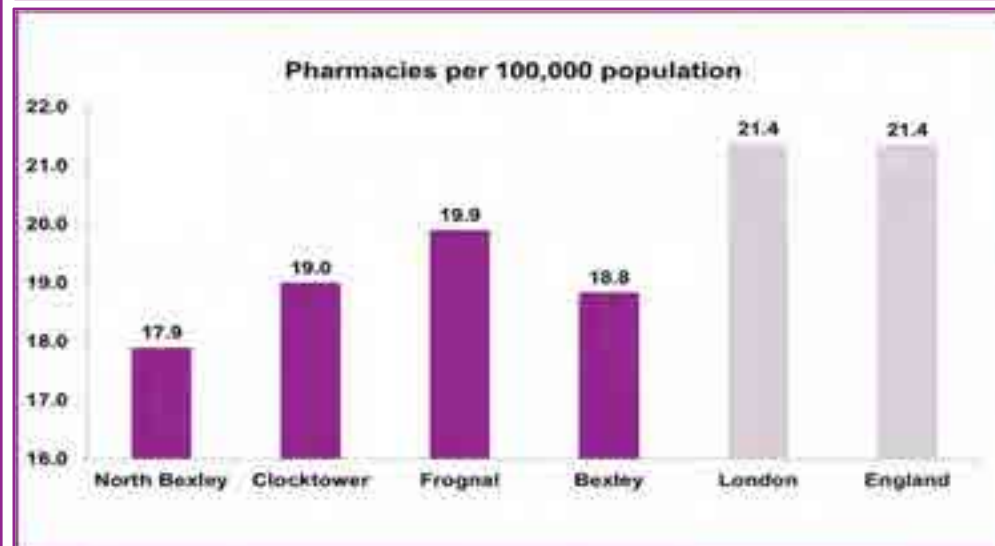
- There are 46 community pharmacies in Bexley which provide NHS pharmaceutical services under the national PhS contract noting:
 - One of these is a “100 Hour” pharmacy and open for 100 hours per week
 - One is a “distance selling” pharmacy; this pharmacy may not provide essential services to any person who is present in, or in the vicinity of, the pharmacy
- There are no dispensing appliance contractors (DACs) or GP dispensing practices
- The graph (right) sets Bexley’s pharmaceutical services into context. It shows the number of pharmacies per 100,000 population is below the London and England averages
- The table (next page) and maps 1 & 2 (subsequent pages) provide an overview of the distribution of pharmacies, by locality:
 - There is a choice of pharmacy in each locality
 - There is good geographical alignment between GP surgeries and pharmacies
 - Several pharmacies outside of our area are located within a 1 mile of the Bexley boundary; these improve access and increase the level of choice for our residents
 - With respect to deprivation, map 1 shows that there is pharmacy located close to each of areas with the highest levels of deprivation
 - Map 2 shows that the areas with the highest population density are located in Clocktower and North Bexley localities. Clocktower has an above average number of pharmacies. Whilst North Bexley has a below average number of pharmacies, the most densely populated wards have an above average number of pharmacies
- Our public survey looked at factors which influence choice (table below) and accessibility (top right). Full results can be found in Appendix B

Choice of Pharmacy – Factors Relating to Accessibility; multi-response (n=146)

Close to my home	76.6%
Close to my doctor	27.6%
Close to other shops	12.4%
Close to work	11.7%
Other	4.1%
Pharmacy collects my prescriptions from the GP / delivers medicines to my home	48% / 6.9%

Accessibility of Pharmacy Services (n = 146)

- 71.2% of respondents said their preferred pharmacy was easy to get to; and 36.3% said it was easy to park
- 75.3% walk to a pharmacy, 55.6% drive, 13% take the bus, 0.7% take the train; 0.7% use a mobility scooter (multiple response question)
- 96.6% of respondents said they are within 20 minutes of a pharmacy; 3.4% within 30 minutes and no-one was more than 30 minutes away



NHS Digital, General Pharmaceutical Services, England, 2016/17; mid year 2016 pop (2017 Bexley)

Conclusions on Distribution

- The number of pharmacies per 100,000 population in Bexley is below the London and England averages
- Bexley residents have a reasonable choice of pharmacy within each locality. This is enhanced by the high number of pharmacies in neighbouring HWB areas
- There is a reasonable link between population density and access to pharmacy services
- All GP surgeries are within easy access of a pharmacy
- Insights from our public survey demonstrate that the majority of respondents find pharmacy services to be accessible. The vast majority walk or drive and 96.6% only have to travel for 20 minutes or less to access pharmaceutical services

3.2.1 Essential Services

3.2.1.1 Distribution of Contractors by Locality and Ward

Locality	Ward	Pharmacies	Population (2017)	Pharmacies / 100,000 population	Pharmacies by locality	Locality Pharmacies / 100,000 population
North Bexley	Barnehurst	3	12,022	25.0	17	17.9
	Belvedere	3	17,597	17.0		
	Crayford	4	14,671	27.3		
	Erith	2	11,766	17.0		
	Northumberland Heath	3	10,826	27.7		
	Slade Green & Northend	1	12,021	8.3		
	Thamesmead East	1	15,953	6.3		
Clocktower	Bexleyheath	3	15,878	18.9	15	19.0
	Crook Log	3	15,516	19.3		
	East Wickham	2	15,976	12.5		
	Falconwood & Welling	5	15,829	31.6		
	West Heath	2	15,847	12.6		
Frognal	Blackfen and Lamorbey	3	15,962	18.8	14	19.9
	Blendon and Penhill	3	15,377	19.5		
	Longlands	2	10,006	20.0		
	Sidcup	4	17,210	23.2		
	St Mary's & St James	2	11,764	17.0		
Total		46	244,221	18.8	46	18.8

Notes

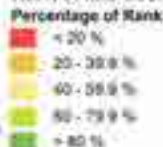
- Population data have been estimated by applying the GLA SHLAA (2015) 2017 population projections to Bexley's new wards

Pharmaceutical Needs Assessment Map 1 - Map of Provision

Legend

-  Pharmacies
 100 Hour Pharmacies
 Distance Selling Pharmacies
 GPs
 GP Access Hubs
 Hospitals and Urgent Care Centres
 Bexley
 Bexley Localities
 Wards
Rank of IMD Score 2019
Percentage of Rank
 < 20 %
 20 - 39.9 %
 40 - 59.9 %
 60 - 79.9 %
 80 - 99.9 %
 100 %

Rank of IMD Score 2015 by LSOA



Lexipharma Pharmacies

- 01 R. R. Lewis Chemical - DA16 2HQ
- 02 Ballew's Pharmacy - DA18 3MG
- 03 Ballew's Pharmacy - DA17 5GG
- 04 Ballew's - DA16 1TY
- 05 Sisco - DA14 8EH
- 06 Woot - DA17 4L2
- 07 Sisco - DA16 7J3
- 08 Source First Pharmacy - DA18 1GQ
- 09 Broadway Pharmacy - DA16 7WY
- 10 Riverside Chemical - DA16 AX1
- 11 Riverside Chemical - DA15 8PW
- 12 Compact Chemical - DA16 1BT
- 13 Crook Ldg Pharmacy - DA1 68A
- 14 Davidson Chemical - DA1 69A
- 15 Day Law's Pharmacy - DA17 395
- 16 Day Law's Pharmacy - DA16 2LX
- 17 Day Law's Pharmacy - DA1 5H4
- 18 Day's Pharmacy - DA1 46A
- 19 Woodstock Pharmacy - DA16 3PL
- 20 Day's Pharmacy - DA16 1HC
- 21 Day's Pharmacy - DA16 1LN
- 22 Day's Pharmacy - DA16 6JF
- 23 Kershaw Pharmacy - DA17 5JG

Out of Area Pharmacies

- 37 A-T Sports Center - SE2 WIT
 40 Alpha Pharmacy - SE2 SW
 40 Alpha Pharmacy - SE14 SE
 50 South - SE2 SW
 51 South - SE18 SE
 52 South - DA1 DC
 53 South - GR4 TIL
 54 Summer Chemical - SE2 SW
 55 Crystal Pharmacy - SE2 SW
 56 Dickinson Pharmacy - SE2 SW
 57 H-N Dallas Pharmacy - SE2 SW
 58 Jackson - SE2 SW
 60 Jackson Wood Pharmacy - DA2 TIL
 60 Jody Pharmacy - SE2 SW
 61 Lloyd Pharmacy - SE2 SW
 62 Lloyd Pharmacy - DA1 SE
 63 Lloyd Pharmacy - DA1 SW
 64 J.M. Williams Pharmacy - SE2 SW

34. Lixopharmazie - DA14 650
35. Lixopharmazie - DA12 532
36. Lixopharmazie - DA1 493A
37. Lixopharmazie - DA7 636
38. Lixopharmazie - DA3 582
39. Minidale Chemie - DA18 177
40. Olis Pharma - DA15 928
41. Olis Pharma - DA8 393
42. Olis Pharma - DA5 268
43. Olis Pharma - DA7 54H
44. Roedingen Pharma - DA15 TD1
45. 7 Day Chemie - DA16 303
46. Sola Stockmeyer Pharma - DA8 1033
47. Southcoast Pharmacy - DA14 60R
48. John Pharma - DA14 62H
49. Saxon Road Pharmacy - DA1 50A
40. Sterling Nolen Chemie - DA8 33H
41. Targis Chemie - DA15 80J
42. The Pharmacy Inc. - DA7 499
43. Yelver Pharmacy - DA8 143J
44. Vell - DA6 29U
45. West - DA16 172*
46. West - DA7 30R

- 65M Di Iones Chemical - DAI 38K
 66 McQuay-Norris Pharmacy - DAI 78K
 67 McQuay-Norris Pharmacy - DAI 28K
 68 New Tree Pharmacy - DAI 18K
 69 Parsons Pharmacy - DAI 14K
 70 Parland Pharmacy - DAI 16K
 71 Ray Pharmacy - DAI 28K
 72 Super Pharmacy - DAI 20K
 73 St James Pharmacy - DAI 16K
 74 Stamps Pharmacy - DAI 20K
 75 Stamps Pharmacy - DAI 17K
 76 Tropic Pharmacy - DAI 18K
 77 Tropic Pharmacy - DAI 18K
 78 Tropic Insure Pharmacy - DAI 18K
 79 Wal - DAI 32K
 80 Wal - DAI 28K
 81 Wal - DAI 17K
 82 West-Hill Pharmacy - DAI 28K

* *Prunella* no longer at use by Royal Mail

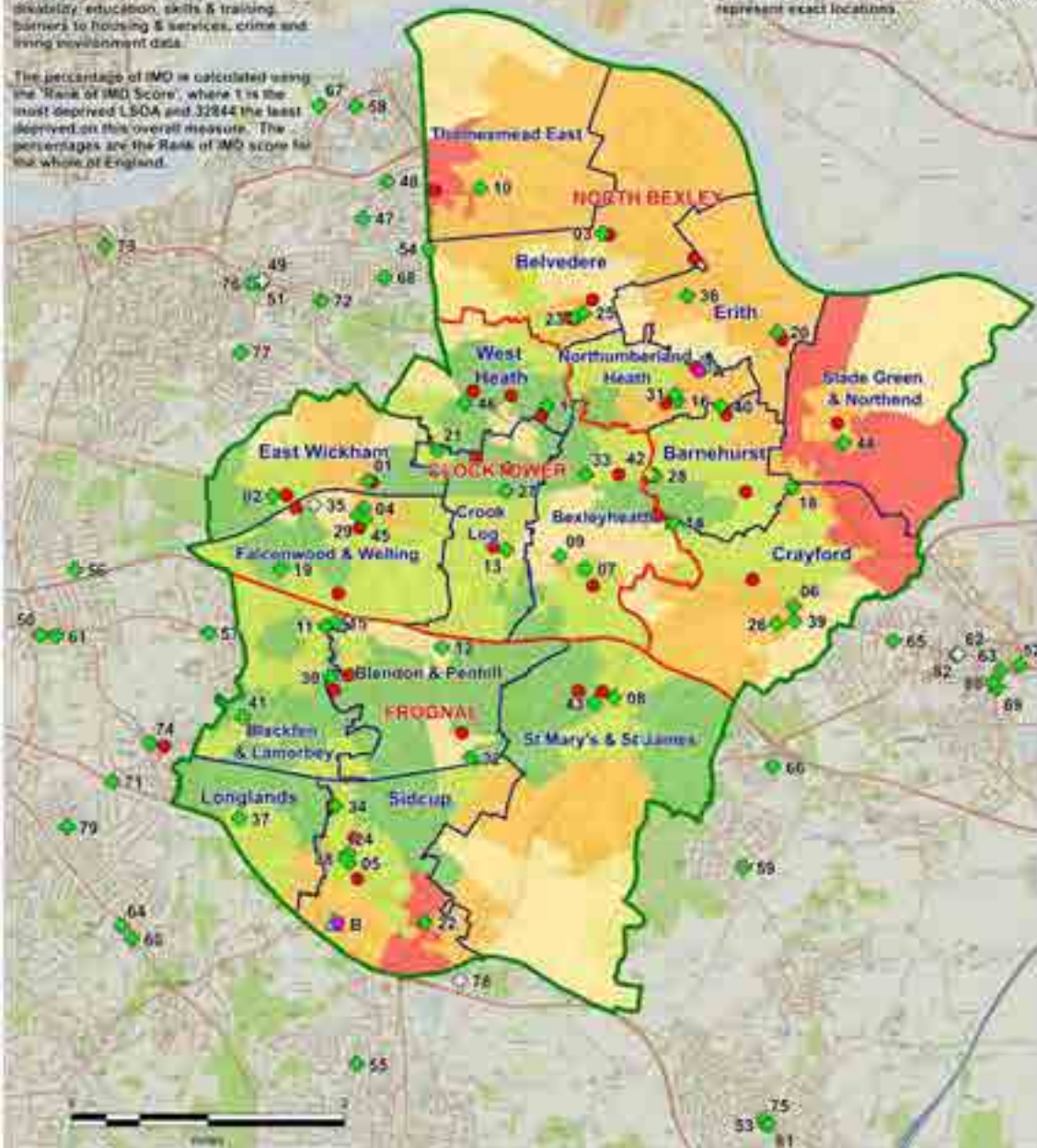


Current Online Survey data © Crown copyright and database right 2011
Map produced by Ardsia Data Consulting Ltd.

The overall IMD 2015 was constructed by combining income, employment, health & disability, education, skills & training, barriers to housing & services, crime and living environment data.

The percentage of IMD is calculated using the 'Rank of IMD Score', where 1 is the most deprived LSOA and 3284 the least deprived on this overall measure. The percentages are the Rank of IMD score for the whole of England.

Please note: Pharmacy locations have been generalised to aid interpretation and may not represent exact locations.



Pharmaceutical Needs Assessment Map 2 - Map of Provision

Legend

- ◆ Pharmacies
 - ◇ 100 Hour Pharmacies
 - ◆ Distance Selling Pharmacies
 - GPs
 - ▲ GP Access Hubs
 - Hospitals and Urgent Care Centres
 - Bexley
 - Bexley Localities
 - Wards
- Population Density**
Persons per hectare (range: 13.4 - 66.7)
- > 58
 - 45 - 55
 - 35 - 44
 - 25 - 34
 - < 25
- A: Self and District Hospital (Community services, planned care e.g. day surgery, out-patients & diagnostics, specialist children's services, cancer care)
B: Queen Mary's Hospital (X-ray, day surgery, preadmission, MDT, physiotherapy, speech and language therapy)

Bexley Pharmacies

01 B. H. Lewis Chemist - DA16 3WD
02 Belvedere Pharmacy - DA16 3SD
03 Belvedere Pharmacy - DA17 3GD
04 Boots - DA16 1TY
05 Boots - DA14 6EJ
06 Boots - DA14 6LJ
07 Boots - DA6 1UJ
08 Boots - DA6 1UJ
09 Boots - DA6 1UJ
10 Boots - DA6 1UJ
11 Boots - DA6 1UJ
12 Boots - DA6 1UJ
13 Boots - DA6 1UJ
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19 Boots - DA6 1UJ
20 Boots - DA6 1UJ
21 Boots - DA6 1UJ
22 Boots - DA6 1UJ
23 Boots - DA6 1UJ
24 Boots - DA6 1UJ

Out of Area Pharmacies

47 A.P. Brown Chemist - SE2 9ET
48 Access Pharmacy - SE18 1SE
49 Access Pharmacy - SE18 1SE
50 Boots - SE18 1SE
51 Boots - SE18 1SE
52 Boots - SE18 1SE
53 Boots - SE18 1SE
54 Boots - SE18 1SE
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91 Boots - SE18 1SE
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95 Boots - SE18 1SE
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100 Boots - SE18 1SE

24 Lloyd Pharmacy - DA14 6QD
25 Lloyd Pharmacy - DA17 3JE
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99 Lloyd Pharmacy - DA17 3JE
100 Lloyd Pharmacy - DA17 3JE

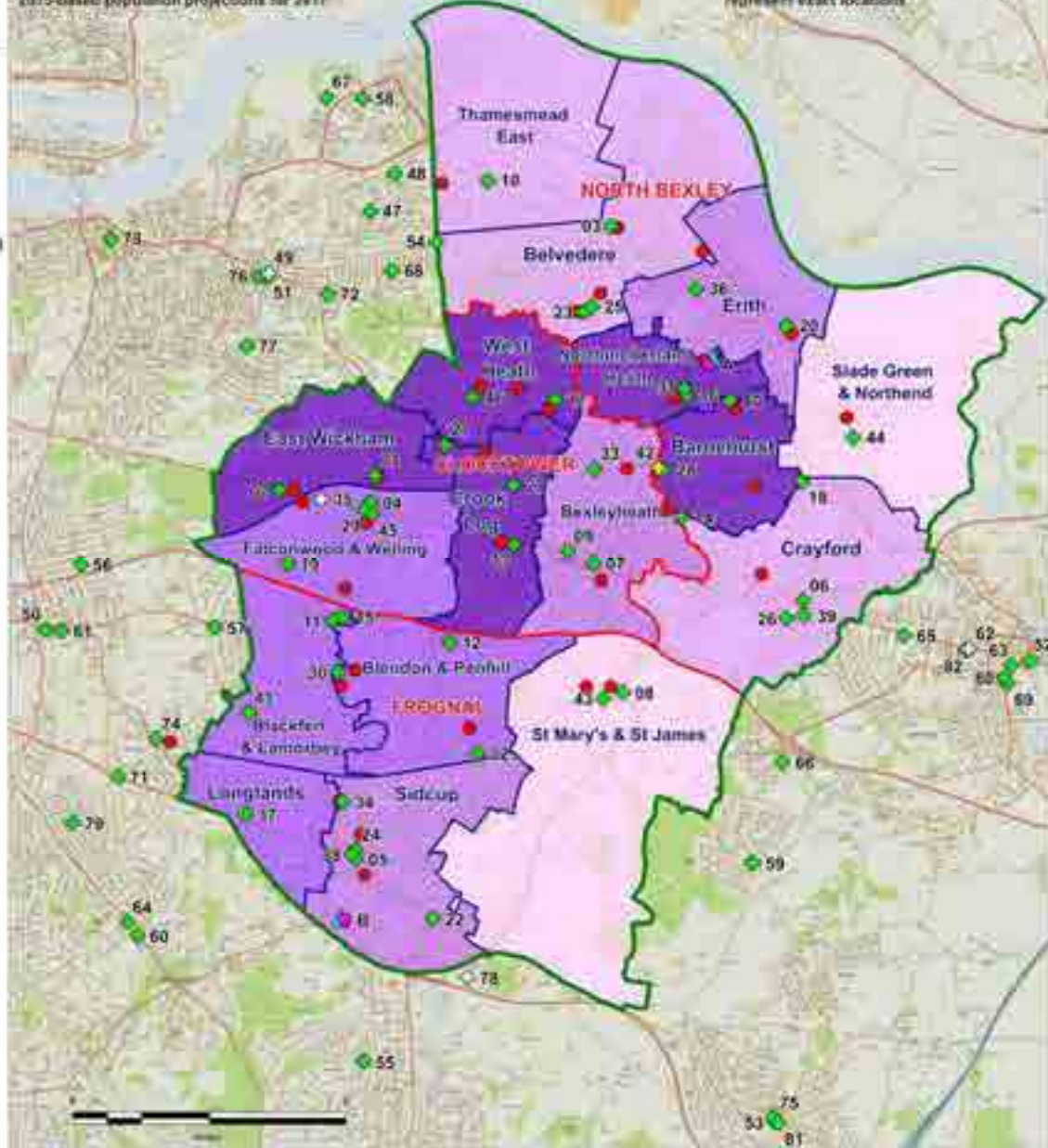
95 M. D. Moore Chemist - DA1 3EN
96 M. D. Moore Chemist - DA1 3EN
97 M. D. Moore Chemist - DA1 3EN
98 M. D. Moore Chemist - DA1 3EN
99 M. D. Moore Chemist - DA1 3EN
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142 M. D. Moore Chemist - DA1 3EN
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144 M. D. Moore Chemist - DA1 3EN
145 M. D. Moore Chemist - DA1 3EN
146 M. D. Moore Chemist - DA1 3EN
147 M. D. Moore Chemist - DA1 3EN
148 M. D. Moore Chemist - DA1 3EN
149 M. D. Moore Chemist - DA1 3EN
150 M. D. Moore Chemist - DA1 3EN

* Mosaiccode no longer in use by Royal Mail

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Population figures for new Bexley wards have been estimated using the interim GLA SHLAA 2015-based population projections for 2017

Please note: Pharmacy locations have been generalised to aid interpretation and may not represent exact locations



3.2.1 Essential Services

3.2.1.2 Access & Opening Hours

Overview

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

Current Picture

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

• Weekdays

- All 46 pharmacies are usually open between 9:30am to 5:30pm; a small number close early on a Wednesday or a Thursday and others vary their hours dependent upon the day of the week
- 8 (17%) pharmacies close for lunch; however, access remains reasonable
- During extended hours:
 - Only 3 (7%) pharmacies, all in North Bexley, open by 8am
 - 19 (41%) remain open until 7pm or later. Of these 1 is a 100 hour pharmacy
- 3 pharmacies told us they were considering extending their weekday hours

• Saturdays

- 45 (98%) pharmacies open between 10am – 1pm; of these 22 (48%) remain open until 5pm; 2 pharmacies close for lunch
- Access is more limited during extended hours with only 3 pharmacies (2 in North Bexley and 1 in Clocktower) remaining open until 7pm or later; Residents may have to travel 3 – 4 miles to access a pharmacy, either within Bexley or to one of the 7 out of area pharmacies which remain open until 7pm or later

• Sundays

- 5 (11%) pharmacies open for between 6 and 14.5 hours; these are located in North Bexley (3) and Clocktower (2). There is no access to pharmacy services in Frognal. However, 9 out of area pharmacies open
- Large pharmacies (>280m²) are not permitted to open for more than 6 hours; this constrains access on Sundays

• Bank Holidays

- An informal rota is in place for Bank Holidays
- Residents may also access pharmacy services in neighbouring HWB areas

Insights from our Public Survey (n = 146)

Regular Pharmacy versus Different Pharmacies

- 44.5% respondents said they use the same pharmacy all the time
- 51.1% use different pharmacies but visit one more often
- The remainder use different pharmacies and none more frequently than others

Opening Hours

- Good opening hours were identified by 45.9% of respondents, as a factor which influenced their choice of pharmacy

Satisfaction with Opening Hours

- In response to a question about satisfaction with opening hours, respondents were generally happy with opening hours on weekdays during the day and Saturdays:
 - **Weekdays (9am – 5:30pm):** 92.3% were satisfied or very satisfied; 7.7% were dissatisfied or very dissatisfied
 - **Saturday:** 83.3% were satisfied or very satisfied; 16.7% were dissatisfied or very dissatisfied
- Just over a quarter were dissatisfied or very dissatisfied with opening hours on weekday evenings; and more than a third were dissatisfied on Sundays:
 - **Weekday evenings:** 74.2% were satisfied or very satisfied; 25.8% were dissatisfied or very dissatisfied
 - **Sunday:** 62.1% were satisfied or very satisfied; 37.9% were dissatisfied or very dissatisfied

Action taken when the preferred pharmacy was not available

- 50.7% respondents said they went to another pharmacy
- 13.7% waited for their preferred pharmacy to open again
- 0.7% (1 person) called 111
- None of the respondents went to their GP, a hospital or a walk-in centre
- The question was relevant for 38% of respondents

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

3.2.1 Essential Services

3.2.1.2 Access - Opening Hours (continued)

Locality	Ward	Number of Pharmacies Offering Essential Services									
		Weekdays				Saturdays					Sunday
		8am or earlier	9:30am – 5.30pm	7pm or later	Lunch Break	8am or earlier	10am – 1pm	5pm or later	7pm or later	Lunch Break	
North Bexley	Barnehurst	1	3	1	1	0	2	0	0	0	0
	Belvedere	0	3	1	0	0	3	1	0	0	0
	Crayford	1	4	3	1	1	4	2	1	0	2
	Erith	0	2	0	1	0	2	1	0	0	0
	Northumberland Heath	0	3	1	0	0	3	0	0	0	0
	Slade Green & Northend	0	1	1	0	0	1	0	0	0	0
	Thamesmead East	1	1	1	0	0	1	1	1	0	1
Clocktower	Bexleyheath	0	3	1	0	0	3	3	0	0	1
	Crook Log	0	3	2	1	0	3	1	0	0	0
	East Wickham	0	2	1	0	0	2	2	0	0	0
	Falconwood & Welling	0	5	2	0	0	5	2	1	0	1
	West Heath	0	2	0	1	0	2	0	0	0	0
Frognal	Blackfen and Lamorbey	0	3	1	0	0	3	2	0	0	0
	Blendon and Penhill	0	3	1	1	0	3	2	0	1	0
	Longlands	0	2	1	1	0	2	2	0	0	0
	Sidcup	0	4	1	1	0	4	2	0	1	0
	St Mary's & St James	0	2	1	0	0	2	1	0	0	0
Total		3	46	19	8	1	45	22	3	2	5
Percentage		7%	100%	41%	17%	2%	98%	48%	7%	4%	11%

Notes

- On weekdays, 5 pharmacies close earlier on either a Wednesday (2 pharmacies close at 1pm) or a Thursday (2 pharmacies close at 1pm; and 1 pharmacy closes at 5pm)
- On Saturdays, 18 pharmacies are open until 5:30pm; 9 pharmacies are open until 6pm; 4 pharmacies are open until 6:30pm; 3 pharmacies are open until 7pm and 2 pharmacies stay open late - one until 9pm (North Bexley) and another until 11pm (Clocktower)

Pharmaceutical Needs Assessment Map 3 - Weekday Extended Hours

Legend

- ◆ Pharmacies
 - 100 Hour Pharmacies
 - GPs
 - ◆ GP Access Hubs
 - Hospitals and Urgent Care Centres
 - Bexley
 - Bexley Localities
 - Wards
 - 0.5 mile
 - 1 mile
- A:** Telford and District Hospital (Community services, planned care e.g. day surgery, outpatients & diagnostics, specialist children's services, cancer care)
- B:** Queen Mary's Hospital (24 hr, outpatients, diagnostics, MSK, physiotherapy, speech and language therapy)

Bexley Pharmacies

- | | |
|--|---|
| 01 R. Lewis Chemist - DA16 3HQ ¹ | 26 Lloyd's Pharmacy - DA1 4NW ² |
| 08 Boots - DA1 4LD ² | 27 Lloyd's Pharmacy - DA7 4QW ² |
| 08 Bourne Road Pharmacy - DA5 1LO ² | 28 Lloyd's Pharmacy - DA7 6ND ² |
| 09 Broadway Pharmacy - DA6 7BN ² | 29 Mervale Chemist - DA16 1TU ² |
| 10 Browne's Chemist - DA16 4AX ² | 32 Osborn Pharmacy - DA5 3HP ² |
| 11 Browne's Chemist - DA15 8PW ² | 34 Roadnight Pharmacy - DA15 7DU ² |
| 13 Crook Log Pharmacy - DA6 8OT ² | 35 T Day Chemist - DA16 3QS ² |
| 18 Daytree Pharmacy - DA1 4RA ² | 39 Station Road Pharmacy - DA1 3QA ² |
| 22 Holytree Pharmacy - DA14 6JR ² | 40 Stelling Road Chemist - DA6 3UH ² |
| 23 Knighton Pharmacy - DA17 5JG ² | 44 Well - DA6 3NU ² |

Out of Area Pharmacies

- | | |
|--|---|
| 48 Access Pharmacy - SE2 8BB ² | 67 Morrisons Pharmacy - SE26 8RD ² |
| 49 Alphon Chemist - SE18 1SE ² | 68 Neim Tree Pharmacy - SE2 0BS ² |
| 51 Boots - SE18 1JQ ² | 69 Paydens Pharmacy - DA1 11P ² |
| 56 Dickson Chemist - SE9 1UT ² | 70 Pyramid Pharmacy - SE18 8LQ ² |
| 58 Jaypharm - SE26 8BE ² | 72 Sogin Pharmacy - SE2 0XJ ² |
| 59 Joydons Wood Pharmacy - DA2 2N/1 ² | 74 Stevens Pharmacy - SE9 2DR ² |
| 60 Lloyd's Pharmacy - BR7 5AF ² | 76 Temple Pharmacy - SE16 1PP ² |
| 61 Lloyd's Pharmacy - SE9 5DL ² | 78 Tesco Express Pharmacy - DA14 8BN ² |
| 62 Lloyd's Pharmacy - DA1 2BU ² | 81 Well - BR8 7TG ² |

¹ - Pharmacies no longer in use by Royal MSK

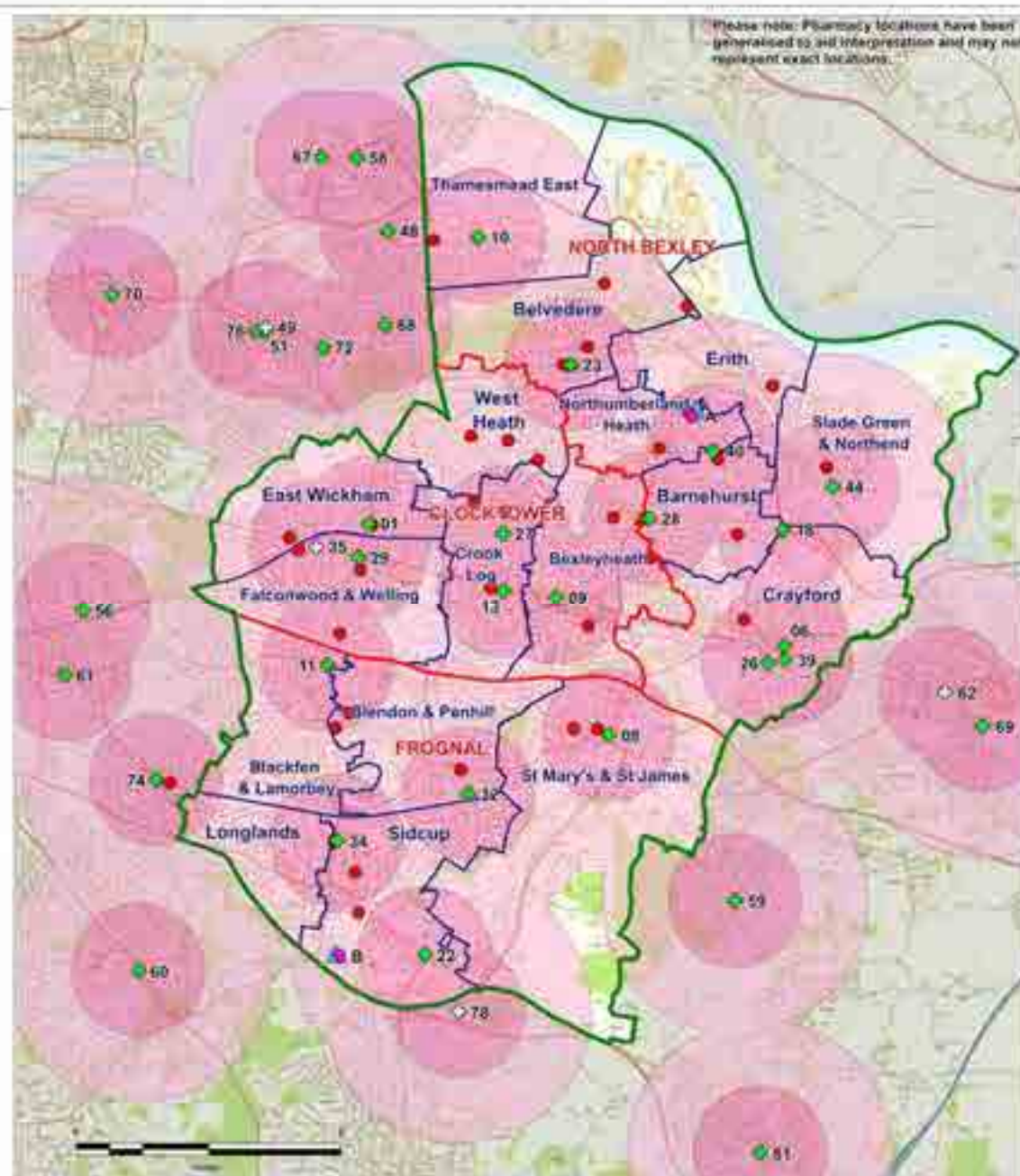
² - Open at least 12 hours

³ - Open until 7pm at least

⁴ - Open at least 12 hours and until 7pm at least



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Map produced by Apogee Data Consulting Ltd



Pharmaceutical Needs Assessment Map 4 - Open on Saturday

Legend

- ◆ Pharmacies
 - ◆ 100 Hour Pharmacies
 - GPs
 - ▲ GP Access Hubs
 - Hospitals and Urgent Care Centres
 - Bexley
 - Bexley Localities
 - Wards
- Rank of IMD Score 2015 by LSOA**
- Percentage of Rank**
- < 20 %
 - 20 - 39.9 %
 - 40 - 59.9 %
 - 60 - 79.9 %
 - > 80 %
- A. Erith and District Hospital (Community services, planned care e.g. day surgery, outpatients & diagnostics, specialist children's services, cancer care)
B. Queen Mary's Hospital (X-ray, out-patients, pharmacy, MSK, physiotherapy, speech and language therapy)

Bexley Pharmacies

- | | |
|-----------------------------------|-------------------------------------|
| 01 B. R. Lewis Chemist - DA16 3HQ | 24 Lloydpharmacy - DA14 6EG |
| 02 Belvedere Pharmacy - DA16 3RD | 25 Lloydpharmacy - DA17 5UE |
| 03 Belvedere Pharmacy - DA17 5QD | 26 Lloydpharmacy - DA1 6WV |
| 04 Boots - DA16 1TY | 27 Lloydpharmacy - DA7 6WV |
| 05 Boots - DA16 6EH | 28 Lloydpharmacy - DA7 6HD |
| 06 Boots - DA1 6LD | 29 Motus Chemist - DA16 1TJ |
| 07 Boots - DA6 7JJ | 30 Olive Pharmacy - DA15 8DR |
| 08 Boots Road Pharmacy - DA5 1LD | 31 Omay Chemist - DA6 3HD |
| 09 Broadway Pharmacy - DA6 7PB | 32 Omay Pharmacy - DA5 3AP |
| 10 Browne Chemist - DA15 4XK | 33 Prime Pharmacy - DA7 5AR |
| 11 Browne Chemist - DA15 3PW | 34 Roadright Pharmacy - DA15 7DU |
| 12 Compact Chemist - DA5 1BT | 35 7 Day Chemist - DA16 2QR |
| 13 Cook Log Pharmacy - DA6 8DT | 36 Soka Edeemore Pharmacy - DA6 1GB |
| 14 Davidson Chemist - DA7 6NA | 37 Southcoats Pharmacy - DA14 6QR |
| 15 Day Lewis Pharmacy - DA15 3PP | 38 St John's Pharmacy - DA14 6EH |
| 16 Day Lewis Pharmacy - DA6 3EX | 39 Station Road Pharmacy - DA1 3QA |
| 17 Day Lewis Pharmacy - DA7 5HH | 40 Siding Road Chemist - DA1 3AH |
| 18 Dayliss Pharmacy - DA1 4RA | 41 Target Chemist - DA15 8DU |
| 19 Falconwood Pharmacy - DA16 3H | 42 Varnet Pharmacy - DA5 1AD |
| 20 Harbours Pharmacy - DA6 1AR | 43 Vell - DA6 2NU |
| 21 Hayline Pharmacy - DA16 1LN | 44 Vell - DA15 1TZ |
| 22 Hayline Pharmacy - DA14 6UR | 45 Vell - DA7 5CP |
| 23 Kingston Pharmacy - DA11 5EG | |

Out of Area Pharmacies

- | | |
|--|-------------------------------------|
| 47 A.Y. Wilson Chemist - SE23 9PT | 63 Lloydpharmacy - DA1 2HS |
| 48 Agriem Chemist - SE16 1SE | 64 LM Williams Chemist - BR7 5AU |
| 49 Boots - SE23 1BW | 65 M. G. Moore Chemist - DA1 3EH |
| 50 Boots - SE16 1JQ | 66 McGuire's Pharmacy - DA2 7WK |
| 51 Boots - DA1 1DE | 67 Monsoon Pharmacy - SE23 8PD |
| 52 Boots - BR6 7TL | 68 New Sea Pharmacy - SE23 8BS |
| 53 Bryans Chemist - SE23 9HH | 69 Paydens Pharmacy - DA1 3HP |
| 54 Bryans Pharmacy - BR6 2RD | 70 Pyramet Pharmacy - SE16 6LG |
| 55 Dickinson Chemist - SE16 1UT | 71 St James Pharmacy - SE16 6LG |
| 56 H. K. Dickinson Pharmacy - SE23 2PH | 72 Stevens Pharmacy - SE16 2DR |
| 57 Jaypharm - SE23 8BS | 73 Temple Pharmacy - SE16 1PH |
| 58 Joydens Wood Pharmacy - DA2 7NU | 74 Temple Pharmacy - SE16 2AS |
| 59 Lloydpharmacy - BR7 5AP | 75 Tesco Meters Pharmacy - DA14 6EH |
| 60 Lloydpharmacy - SE16 5CL | 76 Vell - SE16 5AZ |
| 61 Lloydpharmacy - DA1 2EU | 77 Vell - BR6 7TG |

* Placeholder for longer in use by Royal Mail

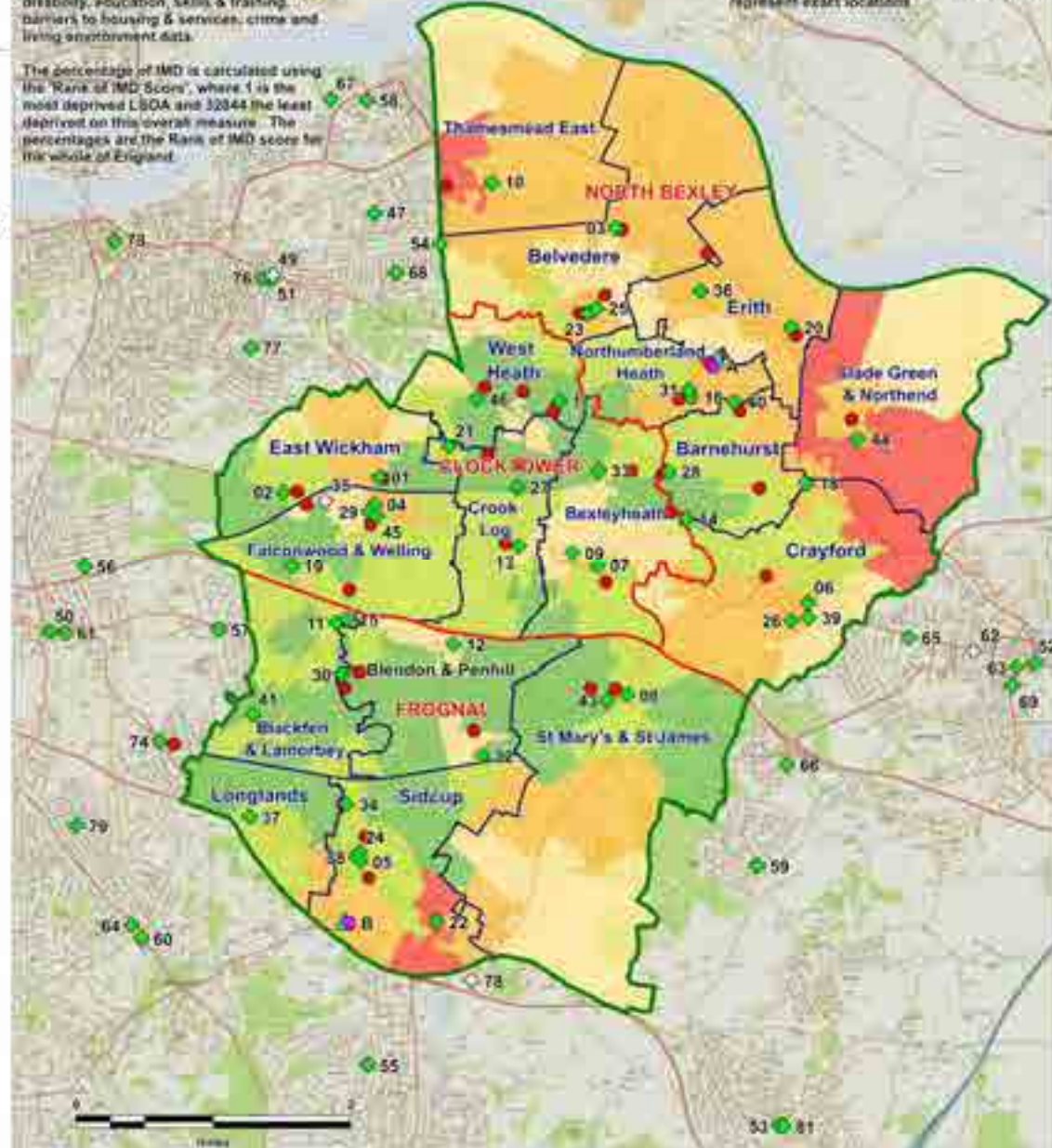


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The overall IMD 2015 was constructed by combining income, employment, health & disability, education, skills & training, barriers to housing & services, crime and living environment data.

The percentage of IMD is calculated using the 'Rank of IMD Score', where 1 is the most deprived LSOA and 32944 the least deprived on this overall measure. The percentages are the Rank of IMD score for the whole of England.

Please note: Pharmacy locations have been generalised to aid interpretation and may not represent exact locations



Pharmaceutical Needs Assessment Map 5 - Open on Saturday until 5pm or later

Legend

- Pharmacies
 - 100 Hour Pharmacies
 - GPs
 - ▲ GP Access Hubs
 - Hospitals and Urgent Care Centres
 - Bexley
 - Bexley Localities
 - Wards
 - 0.5 mile
 - 1 mile
- Hospitals and Urgent Care Centres**
 A: Erith and Darnley Hospital (Community services, planned care e.g. day surgery, outpatients & diagnostic, specialist children's services, cancer care)
 B: Queen Mary's Hospital (X Ray, outpatients, physiotherapy, MDT, psychotherapy, speech and language therapy)

Bexley Pharmacies

01 B. R. Lewis Chemist - DA16 3HQ
 02 Bellegrave Pharmacy - DA16 3RQ
 04 Boots - DA16 1TY
 05 Boots - DA14 6EH
 06 Boots - DA1 4LD
 07 Boots - DA6 7JJ
 09 Broadway Pharmacy - DA6 7BN
 10 Brownies Chemist - DA15 4AX
 11 Brownies Chemist - DA15 8PW
 20 Harrison's Pharmacy - DA6 1RE
 22 Holytree Pharmacy - DA14 5JR

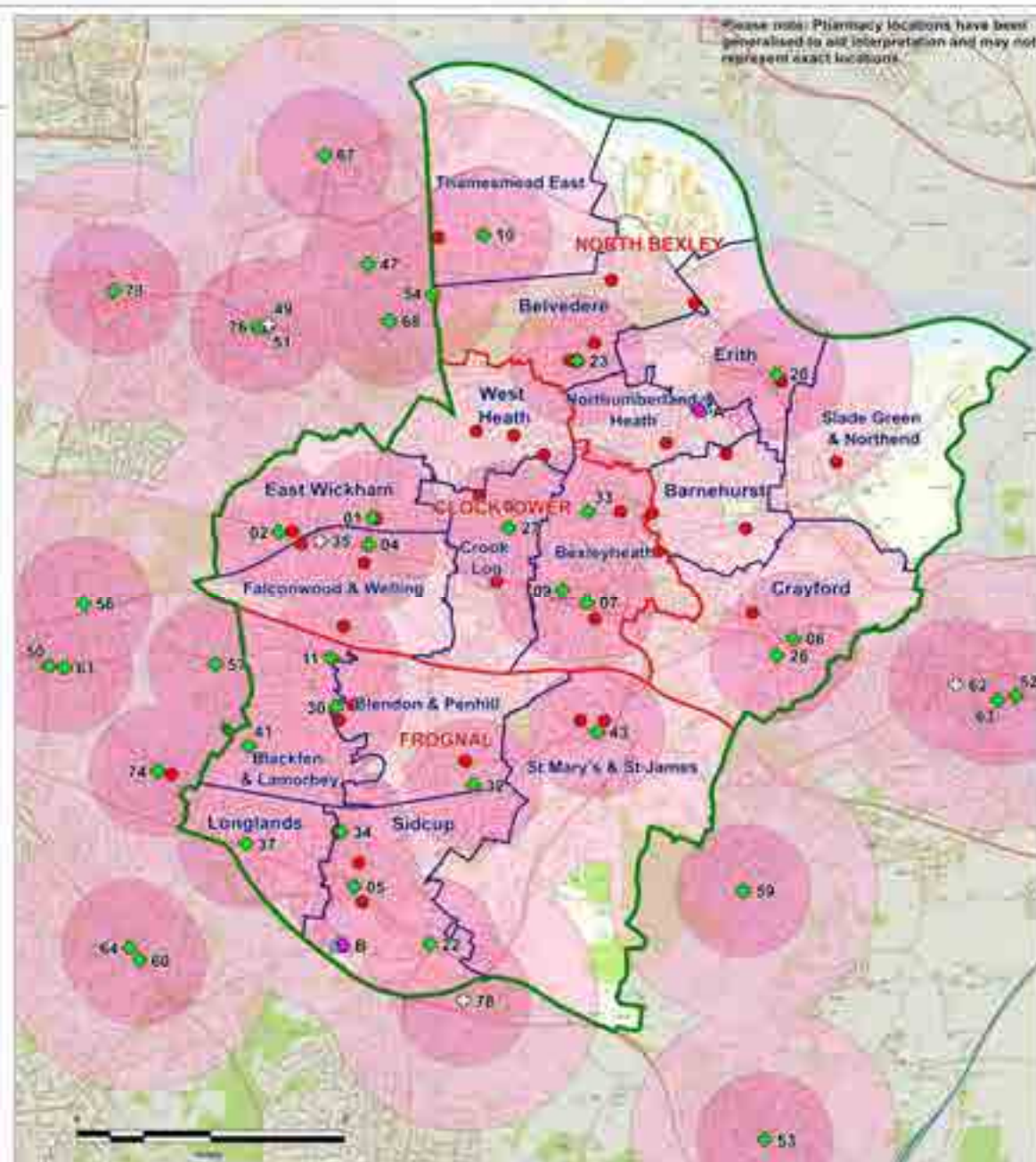
23 Knightons Pharmacy - DA17 5JG
 26 Lloyd's Pharmacy - DA1 4HW
 27 Lloyd's Pharmacy - DA7 4QW
 30 Olin Pharmacy - DA15 6ER
 32 Osbon Pharmacy - DA5 3AP
 33 Praise Pharmacy - DA7 5AH
 34 Roadnight Pharmacy - DA15 7DU
 35 7 Day Chemist - DA15 3QS
 37 Southcoats Pharmacy - DA14 6QR
 41 Target Chemist - DA15 8UJ
 43 Women Pharmacy - DA5 1AD

Out of Area Pharmacies

47 A F Brown Chemist - SE2 9PT
 49 Alpham Chemist - SE18 1SE
 50 Boots - SE9 1BW
 51 Boots - SE18 1JQ
 52 Boots - DA1 1DE
 53 Boots - BR9 7TL
 54 Brownies Chemist - SE2 9RH
 56 Dickinson Chemist - SE9 1UT
 57 H N Dickinson Pharmacy - SE9 2PH
 58 Joysons Wood Pharmacy - DA3 7NL
 60 Lloyd's Pharmacy - BR7 5AP

61 Lloyd's Pharmacy - SE9 5DL
 62 Lloyd's Pharmacy - DA1 2EU
 63 Lloyd's Pharmacy - DA1 2HS
 64 LM Williams Chemist - BR7 5AG
 67 Morrisons Pharmacy - SE28 8RD
 68 Neen Tree Pharmacy - SE2 0RS
 70 Pyramid Pharmacy - SE18 8LQ
 73 St James Pharmacy - SE18 6LQ
 74 Stevens Pharmacy - SE9 2DR
 76 Temple Pharmacy - SE16 1PP
 78 Tesco Express Pharmacy - DA14 5BN

* Postcode no longer in use by Royal Mail



Pharmaceutical Needs Assessment Map 6 - Open on Saturday until 7pm or later

Legend

- ◆ Pharmacies
- 100 Hour Pharmacies
- GPs
- ▲ GP Access Hubs
- Hospitals and Urgent Care Centres
 - A: Erith and District Hospital (Community services, accident care e.g. day surgery, out-patients & day procedures, specialist children's services, cancer care)
 - B: Queen Mary's Hospital (X-ray, out-patients, pharmacy, MDA, physiotherapy, speech and language therapy)
- Bexley
- Bexley Localities
- Wards
- Distance Buffers**
 - 0.5 mile
 - 1 mile

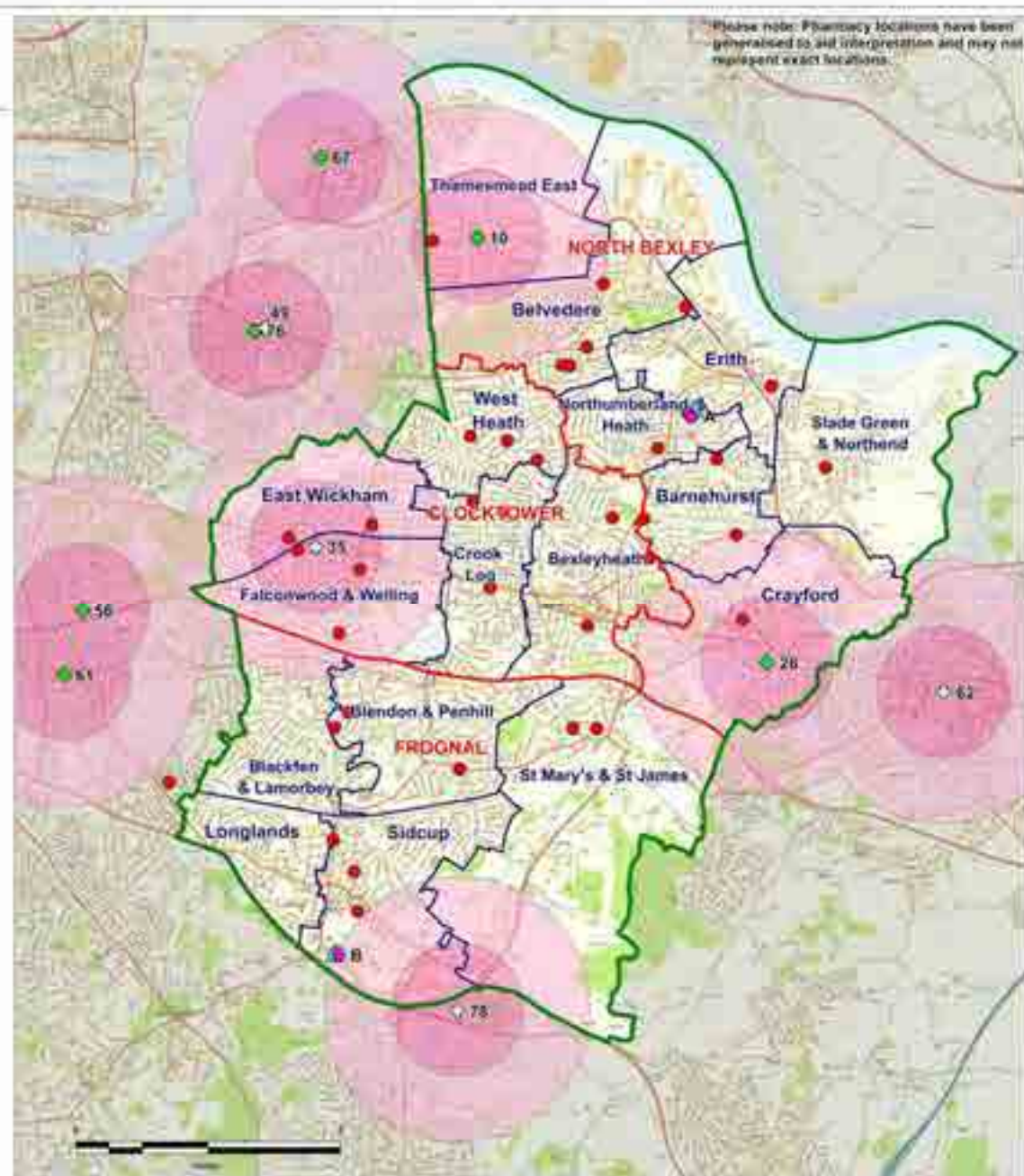
Bexley Pharmacies

10 Browne's Chemist - DA15 4AX
28 Lloyd's Pharmacy - DA1 4HW
35 7 Day Chemist - DA16 3QS

Out of Area Pharmacies

49 Alpham Chemist - SE18 1SE
56 Dickinson Chemist - SE9 1UT
61 Lloyd's Pharmacy - SE9 5DL
62 Lloyd's Pharmacy - DA1 2BU
67 Morrisons Pharmacy - SE28 3RD
76 Temple Pharmacy - SE18 1PP
78 Tesco Express Pharmacy - DA14 5BH

~ Postcode no longer in use by Royal Mail



Pharmaceutical Needs Assessment Map 7 - Open on Sunday

Legend

- ◆ Pharmacies
 - 100 Hour Pharmacies
 - GPs
 - ▲ GP Access Hubs
 - Hospitals and Urgent Care Centres
 - Bexley
 - Bexley Localities
 - Wards
- Rank of IMD Score 2015 by LSOA**
Percentage of Rank
- < 20 %
 - 20 - 39.9 %
 - 40 - 59.9 %
 - 60 - 79.9 %
 - ≥ 80 %
- A: Erith and District Hospital (Community services, general care e.g. day surgery, day care & daypatient, specialist (children's services, cancer care))
B: Queen Mary's Hospital (X ray, out-patients, pre-assessment, MSK, physiotherapy, speech and language therapy)

Distance Buffers

- 0.5 mile
- 1 mile

Bexley Pharmacies

- 06 Boots - DA1 4LD
- 07 Boots - DA8 7JJ
- 10 Boots Chemist - DA15 4AX *

- 26 Lloyd's Pharmacy - DA1 4HW
- 35 7 Day Chemist - DA15 3QS

Out of Area Pharmacies

- 49 Alpham Chemist - SE18 1SE
- 50 Boots - SE9 1BW
- 52 Boots - DA1 1DE
- 55 Dickinson Chemist - SE9 1UT
- 61 Lloyd's Pharmacy - SE8 5OL

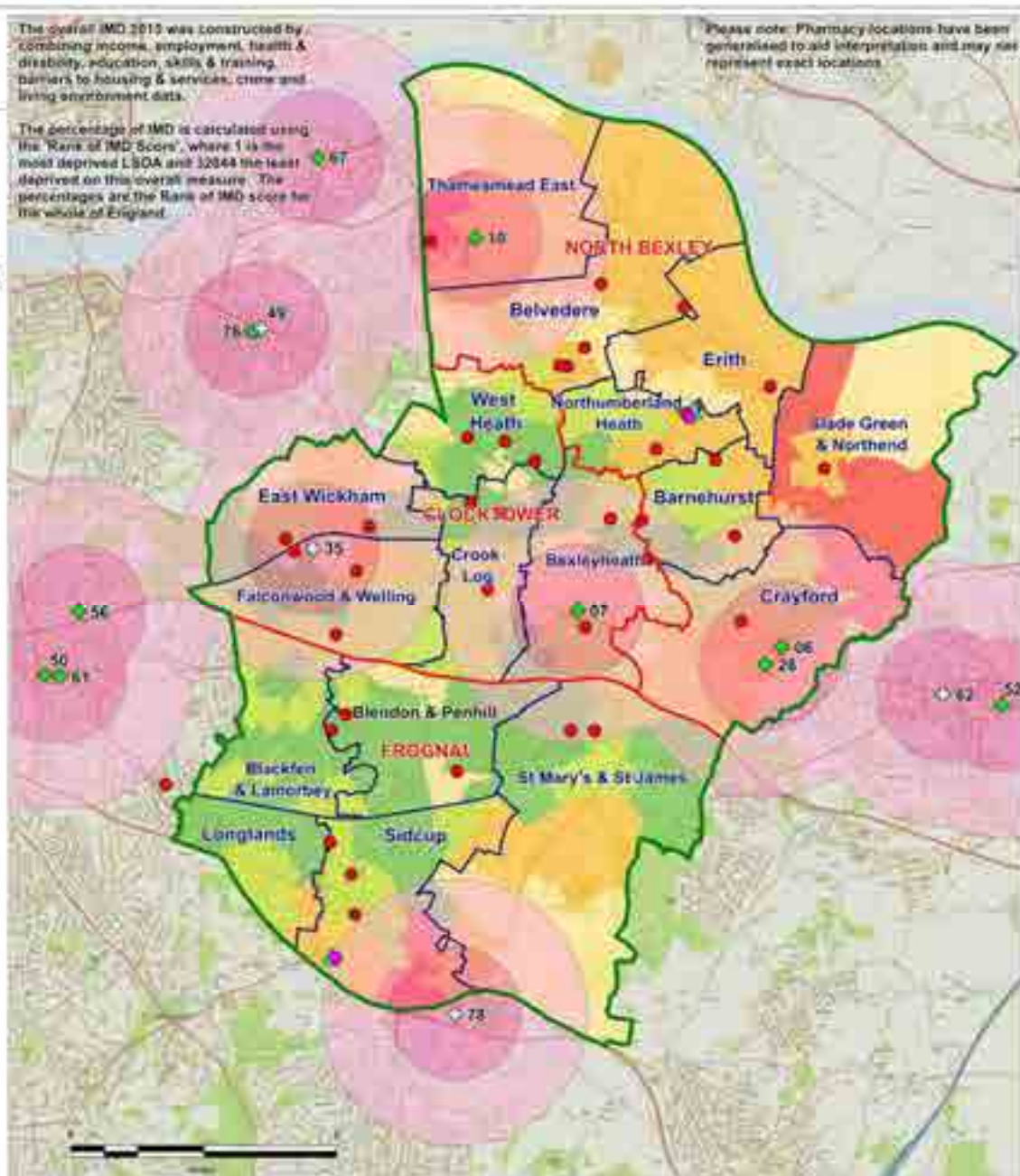
- 62 Lloyd's Pharmacy - DA1 3EU
- 67 Morrisons Pharmacy - SE28 3RD
- 76 Temple Pharmacy - SE18 1PP
- 78 Tesco Intore Pharmacy - DA14 5BN

* Postcode not longer in use by Royal Mail

The overall IMD 2015 was constructed by combining income, employment, health & disability, education, skills & training, barriers to housing & services, crime and living environment data.

The percentage of IMD is calculated using the 'Rank of IMD Score', where 1 is the most deprived LSOA and 32844 the least deprived on this overall measure. The percentages are the Rank of IMD score for the whole of England.

Please note: Pharmacy locations have been generalised to aid interpretation and may not represent exact locations



3.2.1 Essential Services

3.2.1.2 Access & Opening Hours (cont...)

Alignment of Pharmacy Opening Hours with Other NHS services

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

GP and Pharmacy Opening Hours

- GP core hours are 8am – 6:30pm on Mondays to Fridays
- Some GP practices open for extended hours and there are two GP access hubs (table, right). The graphs (right and next page) provide a summary of GP practice and hub extended hour opening on *one or more days each week, noting that Wednesday is the day when most GP practices open early; and Monday is the day when most close late*
- They demonstrate:
 - On weekday mornings before 8am, there are no pharmacies open even though some GP practices open by 7am; however, two out of area pharmacies are open by 7am (One in Bromley; the other in Kent)
 - Whilst all GP practices open by 8am, only 3 pharmacies are open (all of these are located in North Bexley); 4 pharmacies (2 in Kent & 2 in Bromley) are also open at this time
 - On weekday evenings, one or more pharmacies are open when a GP surgery or access hub is open. However, from 7:30pm onwards access is much more limited. Only 6 Bexley and 8 out of area pharmacies are routinely open
 - On Saturdays, there is one or more Bexley pharmacy open between 8am and 8pm; these are located between 2 – 4 miles away from the hubs. The 100 hour pharmacy in Bromley is reasonably accessible to the hub at Queen Mary's hospital
 - On Sundays, only the GP access hubs are open. The earliest a pharmacy opens in Bexley, or the neighbouring HWB area, is 8:30am so there is a small gap when pharmacy services are not available. After 4pm, there is only 1 pharmacy open in Bexley (this is the 100 hour pharmacy in Falconwood & Welling); and 3 out of area pharmacies
- The implication of this pattern of opening is that residents may have to travel up to 5 miles to get a prescription dispensed; alternatively they may decide to wait until their regular pharmacy is open



GP Access Hubs Opening Hours

Hub Location	Locality	Weekdays	Weekends
Erith & District Hospital	North Bexley	6:30pm – 8pm	8am – 8pm
Queen Mary's Hospital	Frognal	6:30pm – 8pm	8am – 8pm

NHS Urgent Medicine Supply Advanced Service (NUMSAS)

- This is a pilot service which runs from 1 Dec 16 – 30 September 2018
- It aims to manage NHS 111 requests for urgent medicine supply; reduce demand on the rest of the urgent care system; resolve problems leading to patients running out of their medicines; and to increase patients' awareness of electronic repeat dispensing
- 25 pharmacies have registered to provide the service; there is cover every day of the week and during extended hours on weekdays; NHS 111 may also direct a patient to the nearest open pharmacy in other areas
- 13 pharmacies said they plan to register to offer the service in the future
- Subject to the evaluation of the pilot, we believe that this service is **necessary** to meet the need for pharmaceutical services

The Future

If more GP practices open on 7 days a week, then additional community pharmacy opening hours may need to be resourced from the existing network of pharmacies (dependent upon the locality and ward(s) affected). This will facilitate continued alignment between the services

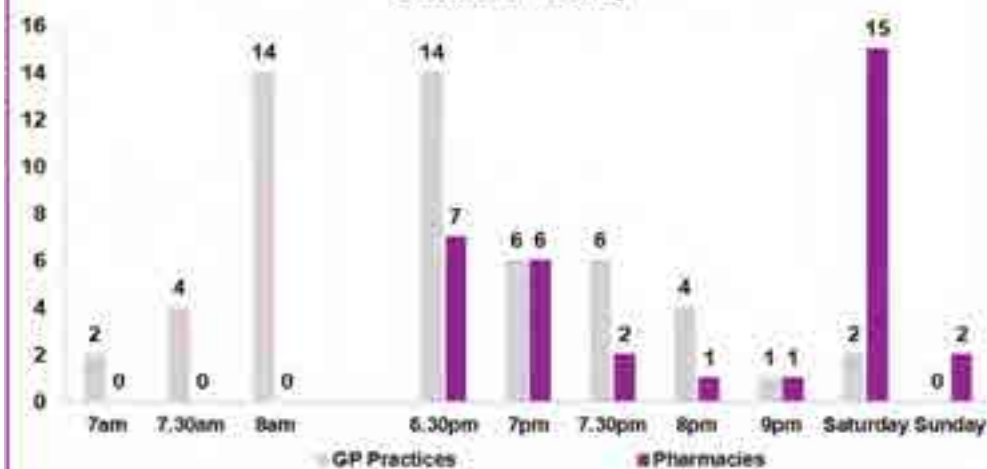
3.2.1 Essential Services

3.2.1.2 Access & Opening Hours (cont...)

Alignment of GP and Community Pharmacy Opening Hours
North Bexley Locality



Alignment of GP and Community Pharmacy Opening Hours
Clocktower Locality



Alignment of GP and Community Pharmacy Opening Hours
Frognal Locality



3.2.1 Essential Services

3.2.1.2 Access & Opening Hours (cont...)

Unscheduled Care Services

- Residents may access unscheduled care services from the following providers within Bexley (opening hours are summarised in the table on the right):
 - UCC based at Queen Mary's Hospital
 - UCC based at Erith and District Hospital
- These providers stock medicines which can be issued directly to patients. However if a 'non-stock' medicine is required then the patient may be provided with an FP10 prescription for dispensing by a community pharmacy

GP Out of Hours Service

- The GP out of hours service is provided by the Hurley Group; this is operated from a base located at Queen Mary's hospital
- The service stocks a formulary of medicines which meets the needs of most patients when pharmacies are closed; this includes a core stock of medicines which may be needed to support end of life care
- FP10 prescriptions are issued to patients where a medicine is not stocked

Accident & Emergency Services

- Residents of Bexley may use services at Darent Valley Hospital, Princess Royal University Hospital or Queen Elizabeth Hospital
- These hospitals have their own in-house arrangements for the supply of medicines to people using A&E services
- These are all located outside of the Borough and have not been included in our assessment as it is unlikely that the services will have a significant impact upon the need for pharmaceutical services within Bexley

Urgent Care Centres

Service	Locality	Opening Hours
Urgent Care Centre Erith & District Hospital	North Bexley	8am – 10pm 365 days a year
Urgent Care Centre Queen Mary's Hospital	Frognal	24 hours, 365 days a year

Alignment of Unscheduled Care Provider Hours and Pharmacy Opening Hours

- On weekdays (9am – 7pm) and on Saturdays (9am – 5:30pm), there is reasonable access to community pharmacies within the vicinity of both urgent care centres and the GP out of hours base
- At all other times access to community pharmacy services is more limited; and similar constraints, as described for the GP access hubs apply (refer to page 38)
- There is no access to pharmacy services, within Bexley, overnight. Specifically, there are no pharmacies open:
 - Monday – Thursday: between 11pm and 8am
 - Friday - Saturday: 11pm on Friday and 7am on Saturday
 - Saturday – Sunday: 11pm on Saturday and 8:30am on Sunday
 - Sunday – Monday: 11pm on Sunday and 8am on Monday
- The implication is that there may be rare occasions in the overnight period when a resident may not be able to secure timely access to an urgent medicine; we are not aware of any complaints in this respect and do not believe that this is a gap

3.2.1 Essential Services

3.2.1.3 Access and Support for those with Disabilities

Overview

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

Current Picture

- The table (next page) summarises the findings from our contractor questionnaire, with respect to support offered to those with disabilities, noting that the data set was not available for 2 pharmacies:
- **Wheelchair access**
 - 100% pharmacies are fully accessible to wheelchairs (and pushchairs), demonstrating that wheelchair users and parents / carers of babies and young children are not disadvantaged with respect to access or choice
- **Collection and delivery service**
 - 95.7% pharmacies offer a collection and delivery service; this is a “value added” service which is offered on a good will basis
- **Hearing impairment**
 - 35% of pharmacies have hearing loops
 - 8% have a member of staff who is able to use sign language
 - 4 pharmacies commented that they communicate by writing
- **Visual impairment**
 - 87% have facilities to provide large print labels for those with visual impairment or for those with learning disabilities or cognitive impairment
 - 15% pharmacies offer labels with braille (although it should be noted that many original packs are embossed with braille by the manufacturer)
- **Cognitive impairment including dementia and learning disabilities**
 - 20% supply “aide memoires” (e.g. reminder charts) if needed
 - 44% have easy to read information available
 - 89% provide monitored dosage systems (MDS)
 - 83% pharmacies confirmed that they have a “dementia-friendly” environment; and 15% said they were working towards this
 - 95.7% have one or more staff trained as a “dementia friend”; a further 80% of pharmacies have trained 80% or more of their staff

Insights from our Public Survey (n= 146)

Caution is required due to the low numbers of respondents to whom these questions were relevant

Accessibility for wheelchairs and pushchairs

- 52.7% said this was not relevant or they didn't know
- 41.8% respondents said premises were easily accessible
- 5.5% said no; issues include heavy and/or narrow doors; manual doors; insufficient space between the aisles

Communication aids for people with hearing impairment

- 91.7% said this was not relevant or they didn't know
- 7.5% respondents said yes; 0.69% said no

Provision of large print labels to those with visual impairment

- 95.9% said this was not relevant or they didn't know
- 3.4% said their pharmacy used large print labels; 0.7% said no

Provision of containers with braille to those with visual impairment

- 97.2% said this was not relevant or they didn't know
- 2.7% said their pharmacy issued containers with braille

Home delivery for people who need assistance to get to a pharmacy

- 25.3% (37) said a home delivery service would be useful; 73% of these said their pharmacy provides this; 74% said “not relevant”

Conclusions on Access and Disability

- Our contractor questionnaire demonstrates that many pharmacies have taken steps to support people with disabilities, particularly with respect to:
 - Wheelchair access
 - Provision of large print labels and/or easy to read information to those with visual and/or cognitive impairment
 - Supply of auxiliary aids such as MDS; whilst there is no published evidence to demonstrate the benefits of these systems, they may be useful for people with complex medicine regimens and who are easily confused
 - Dementia where a high proportion of pharmacies have staff trained as “dementia friends” and offer a dementia-friendly environment
- Improvements could be achieved if more existing pharmacies offered:
 - Facilities to support those who are hearing impaired to improve the quality of communication; access and choice is currently reduced for those who are dependent upon support, such as a hearing loop; the prevalence of hearing impairment is set to increase and this is an important future consideration
 - Offer “aide memoires” to people with cognitive impairment. Such support may improve adherence and improve patient outcomes

3.2.1 Essential Services

3.2.1.3 Access & Support for those with Disabilities (cont...)

Supporting People with Disabilities

Locality	Ward	Wheelchair Access	Hearing Impairment		Visual Impairment / Blindness		Cognitive Impairment				Dementia Friendly Environment
			Hearing Loop	Signing	Braille on labels	Large print labels	'Aide Memoire'	Easy to Read Information	Monitored Dosage Systems	Large Print Labels	
North Bexley	Barnehurst	2	1	0	0	1	1	0	2	1	2
	Belvedere	3	1	2	0	3	2	2	3	3	3
	Crayford	4	2	0	2	4	0	2	4	4	4
	Erith	2	0	1	1	2	0	0	2	2	1
	Northumberland Heath	3	1	0	0	2	0	1	3	2	3
	Slade Green & Northend	1	1	0	0	1	0	0	0	1	1
	Thamesmead East	1	1	0	0	1	1	1	1	1	1
Clocktower	Bexleyheath	3	2	0	1	2	1	1	3	2	3
	Crook Log	3	1	0	0	2	0	1	2	2	3
	East Wickham	2	0	0	0	2	0	1	2	2	1
	Falconwood & Welling	5	2	1	0	5	1	1	4	5	3
	West Heath	2	1	0	0	2	0	0	1	2	2
Frognaal	Blackfen and Lamorbey	3	0	2	0	3	0	2	3	3	2
	Blendon and Penhill	3	1	0	1	3	1	2	3	3	2
	Longlands	2	0	1	1	2	1	2	2	2	1
	Sidcup	4	2	1	0	4	1	2	4	4	4
	St Mary's & St James	2	0	0	1	1	0	2	2	1	2
Total		45*	16	8	7	40	9	20	41	40	38
Percentage		100%	35%	17%	15%	87%	20%	44%	89%	87%	83%

Notes:

- * Distance Selling Pharmacies are not permitted to provide face to face essential services; therefore the contractor in Bexley has been excluded from the analysis for wheelchairs. This pharmacy is exploring how to adapt their business model to make this more dementia friendly and accessible e.g. via adaptations to the website and delivery arrangements
- Detailed data was not available for two pharmacies

3.2.1 Essential Services

3.2.1.4 Dispensing

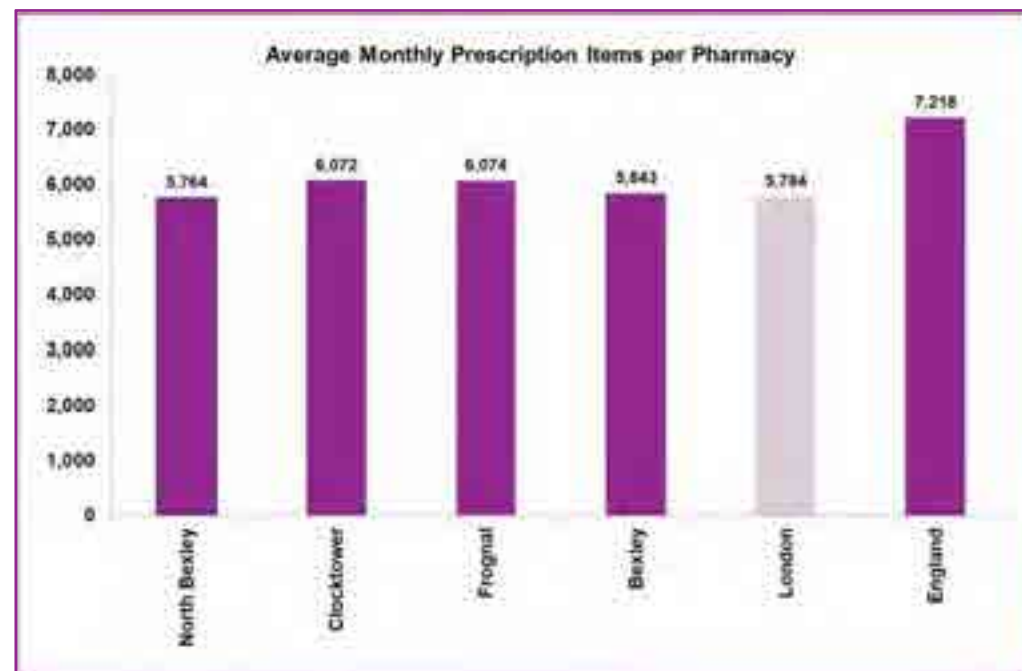
Overview

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

- The pattern of dispensing. This includes a high level comparison with the London and England average and a more detailed look at Bexley
- The extent to which the dispensing needs of our residents are met by pharmacies in neighbouring areas
- The role of repeat dispensing and electronic prescription services
- The future capacity of our pharmacies to continue to meet need for essential services

Current Picture

- The graph (on the right) compares the **average** pharmacy dispensing rate in Bexley with the London and England averages
- The data includes all prescriptions dispensed by Bexley pharmacies not just those issued by Bexley prescribers. It demonstrates that the dispensing rate for Bexley pharmacies is slightly higher than the London average (North Bexley is around the London average) but below the England average
- Analysis of prescriptions written by Bexley prescribers has been undertaken. The total number of items prescribed was 3,800,797 (epact data 2016/17). Of these:
 - 83.3% of these items were dispensed by Bexley pharmacies
 - 16.7% were either dispensed by pharmacies outside of the area or were attributable to medicines which had been personally administered by GP surgeries (e.g. injections)
 - The table (page 44) shows the pharmacies in neighbouring HWB areas which have dispensed the highest number of items against these prescriptions
- The table (right) demonstrates a small variation between the localities in terms of items per pharmacy per month and items per head of population:
 - This variation is most likely to be due to the number of pharmacies within each locality; and a reflection of local residents exercising choice with respect to where they get their prescription dispensed, both within Bexley and outside of the area (as illustrated by the relatively high out of area dispensing rate)
 - North Bexley tends to more deprived than the other localities, suggesting that there is not a direct link between dispensing rates and deprivation



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

Locality	No. of Pharmacies	Total Items Dispensed	% Total Items	Items / Pharmacy / Month	Items per Head of Population
North Bexley	16	1,106,700	34%	5,764	11.7
Clocktower	15	1,093,002	34%	6,072	13.8
Frognaal	14	1,020,399	32%	6,074	14.5
Total	45	3,220,101	100%	5,834	13.2

NHSBSA: Items dispensed in 2016/17 (the analysis **excludes** the new pharmacy which did not open until the 2017/18 financial year)

3.2.1 Essential Services

3.2.1.4 Dispensing (cont...)

Cross Border Dispensing

- Cross border dispensing is important in that it serves to improve access to pharmaceutical services, particularly for those residents who live close to the borders with other Health & Wellbeing Board areas, or for those who choose to get their prescription dispensed closer to their place of work or via a distance selling pharmacy
- A total of 2,611 organisations (other than Bexley pharmacies) either dispensed or personally administered one or more items written on prescriptions issued by Bexley GPs
- The table (right) shows the 28 out of area pharmacies and DACs which dispensed the most items (those with >3,000 items are shown); these pharmacies account for 11.3% of the dispensing

Repeat Dispensing

- Repeat dispensing allows patients, who have been issued with a repeatable prescription, to collect their repeat medication from their nominated pharmacy without having to request a new prescription form from their GP
- Benefits of repeat dispensing include:
 - Reduced GP practice workload, freeing up time for clinical activities
 - Greater predictability in workload for pharmacies, which facilitates the delivery of a wider range of pharmaceutical services
 - Reduced waste as pharmacies only dispense medicines which are needed
 - Greater convenience for patients
- Repeat dispensing rates have increased from 9% of items in March 2014 to 16.5% in May 2017. The average for 2016/17 was 14.3%

Electronic Prescription Services

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy. The system is more efficient and reduces errors; it can reduce trips for patients between the GP surgery and pharmacy
- NHS England lead on EPS with support from the CCG
- All GP practices in Bexley use EPS

Area	Pharmacy Name	Postcode	Total Items Dispensed	% Total Items Dispensed
Bromley	Tesco Instore Pharmacy	DA14 5BN	21,859	0.6%
	Boots	BR1 1HD		
Greenwich	Brownes Chemist	SE2 9RH	263,336	6.9%
	Stevens Pharmacy	SE9 2DR		
	Morrisons Pharmacy	SE28 8RD		
	Brownes Chemist	SE2 9PT		
	H N Dickinson Pharmacy	SE9 2PH		
	Rey Pharmacy	SE9 3SA		
	Neem Tree Pharmacy	SE2 0BS		
	Lloydspharmacy	SE9 5DL		
	Alpharm Chemist	SE18 1SJ		
	Boots	SE9 1BW		
	Access Pharmacy	SE2 9BB		
Kent	Boots	SE18 6NB	92,284	2.4%
	First Care Pharmacy	SE28 0NY		
	Lloydspharmacy	TN15 6HD		
	Boots	DA1 1DE		
	McQueen's Pharmacy	DA2 7WX		
	Boots	DA9 9SJ		
Other	Joydons Wood Pharmacy	DA2 7NJ	64,984	1.4%
	Lloydspharmacy	DA1 2EU		
	Pharmacare Medical	HP10 9QY		
	Total Medical Care Pharmacy	IG10 3UD		
	Coloplast Ltd	PE2 6BJ		
	Currans Pharmacy	W9 3PP		
	Pharmacy2U Ltd	LS14 2LA		
	Day Lewis Pharmacy	CR0 4UQ		
	Fittleworth Medical	BN17 7GA		

3.2.1 Essential Services

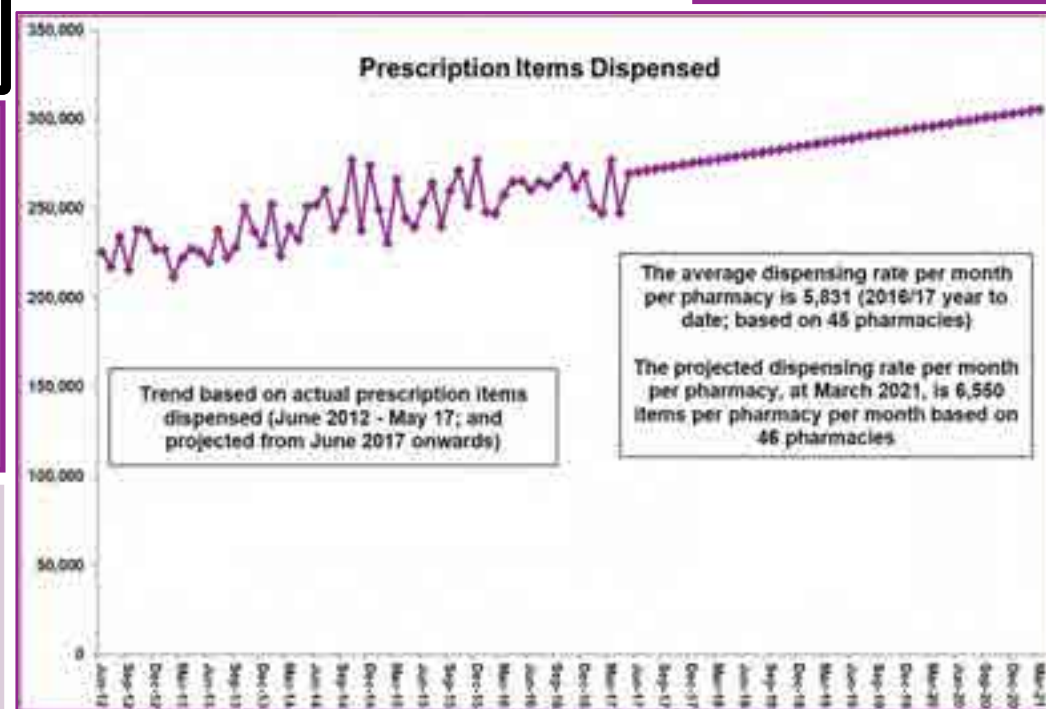
3.2.1.5 The Future

Overview

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

Prescribing

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Bexley pharmacies. The graph (right), based on prescriptions issued by Bexley GPs, plots the number of items dispensed per month between June 2012 & May 2017; and projects to March 2021
- The graph illustrates that the trend is for the volume of items to continue to increase. Assuming that the number of pharmacies remains constant (at 46), the average number of items per month has been estimated to be 5,831 per pharmacy per month. This dispensing rate is higher than the **current** rate in any locality within Bexley, but continues to remain below the England average (page 43)
- Whilst there are the following limitations with the analysis, it provides a guide to the future dispensing capacity of pharmacies:
 - The items data doesn't include prescriptions issued by out of area GPs and other prescribers e.g. dentists, hospital FP10s
 - We have assumed that the proportion of cross border dispensing and personally administered items by GP practices will remain at 16.7%
 - It doesn't allow for changes in prescribing patterns which may arise as a result of changes in evidence, guidelines, local demography, the provision of more care closer to home etc. For example, NHSE has agreed prescribing restrictions for low value medicines and is consulting on stopping the routine prescribing of OTC medicines (the expectation is that patients will seek advice from a community pharmacy and buy a medicine if required); this policy, if introduced, will reduce the number of prescription items
- These limitations aside, the data imply there is sufficient capacity within the existing network of pharmacies to meet future dispensing needs



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

Other NHS Services

- Oxleas NHS Foundation Trust**
 - This Trust provides a wide range of community and mental health services to people of all ages
 - Some community teams use FP10 prescriptions. There are no plans to change the arrangement
- Queen Mary's Hospital**
 - A diverse range of services are provided from this site. These includes the UCC, community services, planned care e.g. day surgery, out-patients & diagnostics, specialist children's services and cancer care
 - Some of these services issue FP10 prescriptions and we are not aware of any plans to change the arrangement
- South London & Maudsley NHS Foundation Trust**
 - FP10s issued by community teams including CAMHS, addictions and older adult services. There are no plans to change the arrangements
- GP out of hours service**
 - The service stocks a formulary of medicines and uses FP10 prescriptions
 - We are not aware of any plans to change these arrangements

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Overview – Bexley in the Future

- “Brilliant Bexley: Shaping our Future Together” (Nov 2017) sets out a vision for the development of the Borough up until 2025
- Sitting alongside this, is the draft Bexley Growth Strategy which outlines the growth objectives which underpin delivery of the local vision with a view to securing economic, social and environmental sustainability. This strategy is currently being updated following a public consultation in May 2017
- The growth strategy sets out six themes; three are relevant to the PNA:

Housing (Theme 2)

- A dwelling requirement of just below 1,000 net additional homes per annum has been identified
- The LBB Five, Ten and 15-Year Housing Supply Annual Assessment for the period commencing 1 April 2017 identified that 3,401 new housing units are likely to be provided in the borough for the 5 year period (i.e. April 2017 - 2022)

Transport and utilities infrastructure (Theme 3)

- Improved transport facilities are planned. This will improve connectivity between different parts Bexley; and into and out of the Borough
- This includes a potential extension of Crossrail, a potential extension of the DLR and increasing the number of buses

Health and Wellbeing (Theme 5)

- The aim is to create neighbourhoods where people are encouraged to adopt healthy lifestyles; and with access to good quality health and social care facilities
- The plan identifies that there *may* be need to increase the number of GPs, dentists, pharmacies and optometrists and other primary and secondary healthcare facilities. No specifics are provided in terms of timescales

Relevance to the PNA

- The housing developments will have a significant impact upon the population size and demographics of people living within Bexley. ***We have projected the population through to 2021 and assessed the impact on pharmacy distribution (pages 47 – 49)***
- Improvements in transport links and the creation of new jobs will influence the flow of people into and out of the Borough and across the Borough on a daily basis. This may influence how and when people use pharmacy services. It will also improve access to pharmacy services

Bexley's “Growth Strategy for Consultation – May 2017”

NORTH BEXLEY

Belvedere	<ul style="list-style-type: none"> • Approximately 8,000 new homes and 3,500 new jobs • Extension of Crossrail to Gravesend via Belvedere station; and a new neighbourhood around the station • Potential extension of the DLR
Crayford	<ul style="list-style-type: none"> • Approximately 1,000 new homes and 1,000 new jobs through the development of the town centre and old employment sites • Improved transport links
Erith	<ul style="list-style-type: none"> • Approximately 6,000 new homes and 2,000 new jobs • Road improvement to relieve congestion • Extension of Crossrail including a new station at Erith • Renewal of Erith town centre
Slade Green & Northend	<ul style="list-style-type: none"> • Approximately 8,000 new homes and 1,000 new jobs in Slade Green • Extension of Crossrail and a new station at Slade Green • New leisure and shopping facilities
Thamesmead East	<ul style="list-style-type: none"> • 4,000 new homes and 5,000 new jobs • A new Crossrail station and interchange • Potential extension of the DLR • New local shopping centre at Abbey Wood station

CLOCKTOWER

Bexleyheath	<ul style="list-style-type: none"> • 1,500 new homes and 5,000 new jobs
Falconwood & Welling	<ul style="list-style-type: none"> • 400 new homes and 800 new jobs in Welling

FROGAL

St Mary's & St James	<ul style="list-style-type: none"> • 1,000 new jobs in Foots Cray
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There are no firm plans for any new GP surgeries or health centres; and we do not anticipate any significant changes in the GP provider landscape over the next 3 years

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Locality	Ward	No. of Pharmacies	Pharmacies by locality	Ward Population (2017)	Pharmacies / 100,000 population (2017)	Locality Pharmacies per 100,000 (2017)	Projected Population (2021)	Pharmacies per 100,000 (projected)	Locality Pharmacies per 100,000 Projected Pop 2021)	Difference by Locality	Difference by ward
North Bexley	Barnehurst	3	17	12022	25.0	17.9	12034	24.9	17.4	-0.5	0.0
	Belvedere	3		17597	17.0		17956	16.7			-0.3
	Crayford	4		14671	27.3		15024	26.6			-0.6
	Erith	2		11766	17.0		12914	15.5			-1.5
	Northumberland Heath	3		10826	27.7		10858	27.6			-0.1
	Slade Green & Northend	1		12021	8.3		12613	7.9			-0.4
	Thamesmead East	1		15953	6.3		16167	6.2			-0.1
Clocktower	Bexleyheath	3	15	15878	18.9	19.0	16102	18.6	18.9	-0.1	-0.3
	Crook Log	3		15516	19.3		15641	19.2			-0.2
	East Wickham	2		15976	12.5		16051	12.5			-0.1
	Falconwood & Welling	5		15829	31.6		15848	31.5			0.0
	West Heath	2		15847	12.6		15910	12.6			0.0
Central	Blackfen and Lamorbey	3	14	15962	18.8	19.9	16022	18.7	19.7	-0.3	-0.1
	Blendon and Penhill	3		15377	19.5		15483	19.4			-0.1
	Longlands	2		10006	20.0		10042	19.9			-0.1
	Sidcup	4		17210	23.2		17676	22.6			-0.6
	St Mary's & St James	2		11764	17.0		12016	16.6			-0.4
Total		46		244221	18.8	18.8	248357	17.8	18.5	-0.3	-0.3

Notes

- Population data have been **estimated** by applying the GLA SHLAA (2015) 2017 population projections to Bexley's new wards
- GLA SHLAA population projections are linked to housing development trajectories. The level of growth is constrained so that the resulting estimate of household numbers fits with the available dwellings. The SHLAA is an assessment of the land that is likely to be available to developers within the next 5, 10 and 15 years
- The average number of pharmacies per 100,000 for London and England is 21.4 (2016/17); it is not possible to project these forward to 2021

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for NHS Pharmaceutical Services
North Bexley	<ul style="list-style-type: none"> By 2021, it is estimated that the locality population will increase by approximately 2.9% (2,710 people) This would effectively reduce the number of pharmacies per 100,000 by 0.5 (i.e. from 17.9 to 17.4) moving the locality further away from the current Bexley, London and England averages The creation of new jobs and improved transport links is likely to increase the flux of people moving in and out of the locality on a daily basis The average number of items dispensed per pharmacy is below the Bexley, London and England averages Similarly the average number of items dispensed per head is below the Bexley average In 2015, our PNA identified the need for an additional pharmacy. This was to improve access to pharmaceutical services in the more deprived areas of the locality; to ensure that there was sufficient capacity within the network to meet the future pharmaceutical needs arising as a direct result of planned housing developments; and to improve opening hours. A new pharmacy opened in Thamesmead East in June 2017; this pharmacy opens for extended hours on 7 days a week 	<p>We have concluded that there are no future gaps in pharmaceutical need:</p> <ul style="list-style-type: none"> The estimated 2.9% increase in the population will impact upon the need for pharmaceutical services within the locality population However, there is sufficient capacity within the existing network of pharmacies to absorb the impact of the underlying natural growth of the population and the increase which is anticipated as a result of the Bexley draft growth strategy. This is evidenced by: <ul style="list-style-type: none"> Our prescribing analysis. This demonstrates that the current dispensing rates for North Bexley pharmacies are below the London and England averages; and dispensing rates will remain below the current England average even after we take growth in prescription items into account Belvedere, Crayford, Erith, Slade Green & Northend and Thamesmead East will see the greatest population increase as a result of the draft Growth Strategy. Crayford has an above average number of pharmacies. The other wards are either adjacent to wards with an above average number of pharmacies or are within reasonable distance of the pharmacies within neighbouring HWB areas. The planned transport developments will improve accessibility of pharmacies across the locality The new pharmacy in Thamesmead East has addressed the gap which was identified in our previous PNA
Clocktower	<ul style="list-style-type: none"> By 2021, it is estimated that the locality population will increase by approximately 0.6% (506 people) This would effectively reduce the number of pharmacies per 100,000 by 0.1 (i.e. from 19.0 to 18.9). The locality would remain above the current Bexley average, but would still be below the London and England averages The creation of almost 6,000 new jobs will impact upon the daily movement of people into and out of the locality and may increase the need for pharmaceutical services The average number of items dispensed per pharmacy is above the Bexley and London average but below the England average Similarly, the average number of items dispensed per head is above the Bexley average 	<p>We have concluded that there are no future gaps in pharmaceutical need:</p> <ul style="list-style-type: none"> The estimated 0.6% increase in the population is unlikely to have a significant impact upon the need for pharmaceutical services and we believe there is sufficient capacity within the existing network of pharmacies to meet the future needs of the locality. This is evidenced by: <ul style="list-style-type: none"> Our prescribing analysis. This demonstrates that current dispensing rates for Clocktower pharmacies are below the England average. We anticipate that this will remain the case even after we take growth in prescription items into account Bexleyheath and Falconwood & Welling are most impacted by the draft Growth Strategy. Whilst Bexleyheath has a below average number of pharmacies, it borders wards with a higher than average number of pharmacies. Falconwood & Welling has a significantly above average number of pharmacies The creation of the new jobs will impact upon the day time flow of people; insights from our public survey suggest that people tend to prefer to use a pharmacy close to their home or a GP surgery so we do not anticipate this will create capacity issues within the locality

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for NHS Pharmaceutical Services
Frognal	<ul style="list-style-type: none"> By 2021, it is estimated that the locality population will increase by approximately 1.3% (920 people) This would effectively reduce the number of pharmacies per 100,000 by 0.3 (i.e. from 19.9 to 19.7). The locality would remain above the current Bexley average, but would still be below the London and England averages The creation of approximately 1,000 new jobs may have a modest impact upon the daily movement of people into and out of the locality The average number of items dispensed per pharmacy is above the Bexley and London average but below the England average The average number of items dispensed per head is above the Bexley average and is the highest in Bexley 	<p>We have concluded that there are no future gaps in pharmaceutical need:</p> <ul style="list-style-type: none"> The estimated 1.3% increase in the population is likely to have a modest impact upon the need for pharmaceutical services. However, we believe there is sufficient capacity within the existing network of pharmacies to meet the future needs of the locality. This is evidenced by: <ul style="list-style-type: none"> Our prescribing analysis. This demonstrates that the current dispensing rates for Frognal pharmacies are below the England average and we anticipate that this will remain the case even after we take growth in prescription items into account The locality currently has the highest average number of pharmacies per 100,000 people in Bexley; and our analysis suggests that this will still be the case in 2021 The ward which is most impacted by the draft Growth Strategy is St Mary's and St James due to the creation of 1,000 new jobs. This will have a modest impact upon the day time flow of people; however, insights from our public survey suggest that people tend to prefer to use a pharmacy close to their home or a GP surgery so we do not anticipate this will create capacity issues within the locality

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Consolidated Applications

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

Factor(s)	Principles to Inform Consolidation Application Decisions
Advanced and enhanced services	<ul style="list-style-type: none"> • A potential closure must not have an adverse impact on access to any pharmaceutical and locally commissioned services i.e. the HWB would anticipate that <u>all</u> services offered by the closing pharmacy would need to be available from the consolidated pharmacy • Residents need to have reasonable access*, to identical services, from an alternative pharmacy
Other services which affect the need for pharmaceutical services i.e. locally commissioned services	
Pharmacy opening hours	<ul style="list-style-type: none"> • The earliest and latest opening of a pharmacy within a locality must be preserved, particularly if a potential closure impacts upon extended hour opening and weekend opening
Deprivation	<ul style="list-style-type: none"> • Reasonable access* to pharmacy services need to be maintained where the potential closure relates to a pharmacy in a deprived area
Population density & average number of pharmacies	<ul style="list-style-type: none"> • The impact of a potential closure on a locality's average number of pharmacies (compared with benchmarks), and future capacity, is a consideration in densely populated areas
Alignment of GP services	<ul style="list-style-type: none"> • The alignment between GP & pharmacy services needs to be maintained, so that residents continue to have reasonable access* following a GP consultation
Choice	<ul style="list-style-type: none"> • The impact of the potential closure on choice will be considered in a locality where choice is already limited

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

We have applied these principles to the current network of pharmacies, to identify if any locality is “vulnerable” to a potential gap in the event that a consolidated application is received (refer to page 51). **However, any applications will be considered in their own right**

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Factor(s)	North Bexley Locality	Clocktower Locality	Frognaal Locality
Advanced and enhanced services	Risk of reduced access & less choice for: <ul style="list-style-type: none"> SACS, AURs, London Pharmacy Vaccine Service 	Risk of reduced access & less choice for: <ul style="list-style-type: none"> SACS, AURs 	Risk of reduced access & less choice for: <ul style="list-style-type: none"> SACS, AURs
Other services which affect the need for pharmaceutical services i.e. locally commissioned services	Risk of reduced access & less choice for: <ul style="list-style-type: none"> Needle & Syringe programme (access must be maintained) Supervised administration Sexual health service – all service elements (access to chlamydia treatment must be maintained) 	Risk of reduced access & less choice for: <ul style="list-style-type: none"> Supervised administration 	Risk of reduced access & less choice for: <ul style="list-style-type: none"> Supervised administration Sexual health service – all service elements
Pharmacy opening hours	<ul style="list-style-type: none"> No reduction in the number of pharmacies which open during extended hours on weekdays and Saturday Preserve access on Sundays 		
Preserve the hours shown	<ul style="list-style-type: none"> M-F: 08:00 – 22:00 Sat: 07:00 – 21:00 Sun: 10:00 – 16:00 	<ul style="list-style-type: none"> Mon: 08:30 – 23:00 Sat: 08:30 – 23:00 Sun: 08:30 – 23:00 	<ul style="list-style-type: none"> M-F: 08:30 – 19:00 Sat: 09:00 – 18:30 Sun: No access
Deprivation	<ul style="list-style-type: none"> Preserve access to a pharmacy / choice of pharmacies within a reasonable distance of areas with deprivation 	<ul style="list-style-type: none"> Preserve access to a pharmacy / choice of pharmacies adjacent to areas with deprivation 	<ul style="list-style-type: none"> Preserve access to a pharmacy / choice of pharmacies within a reasonable distance of areas with deprivation
Pop density & average number of pharmacies	<ul style="list-style-type: none"> Take into account the below average number of pharmacies compared with the Bexley, London and England averages 	<ul style="list-style-type: none"> Take into account the below average number of pharmacies compared with the London and England averages 	<ul style="list-style-type: none"> Take into account the below average number of pharmacies compared with the London and England averages
Alignment with GP services	<ul style="list-style-type: none"> Risk of reduced access where there is only one pharmacy close to a GP surgery Preserve alignment with GP opening hours, particularly in the mornings 	<ul style="list-style-type: none"> Risk of reduced access where there is only one pharmacy close to a GP surgery Preserve alignment with GP opening hours in the evenings 	<ul style="list-style-type: none"> Risk of reduced access where there is only one pharmacy close to a GP surgery Preserve alignment with GP opening hours in the evenings
Choice	<ul style="list-style-type: none"> Risk of reduced choice / no choice during extended hours on weekdays & Saturdays; and on Sunday dependent upon the location of the application 	<ul style="list-style-type: none"> Risk of reduced choice / no choice during extended hours on weekdays & Saturdays; and on Sunday dependent upon the location of the application 	<ul style="list-style-type: none"> Risk of reduced choice / no choice during extended hours on weekdays & Saturdays; dependent upon the location of the application
Conclusion in relation to potential consolidated applications	<ul style="list-style-type: none"> Risk of a gap depending upon the location(s) affected application Gap if hours & services not preserved Other localities may depend upon this locality, particularly in the mornings & on Sunday 	<ul style="list-style-type: none"> Potentially vulnerable to a gap Other localities depend on this locality during extended hours on weekdays and at weekends 	<ul style="list-style-type: none"> Potentially vulnerable to a gap depending upon the location(s) affected application Gap if hours & services not preserved

3.2.1 Essential Services

3.2.1.6 Meeting the Needs of Specific Populations

Meeting the needs of those with a protected characteristic

Age	✓	<ul style="list-style-type: none"> Advice on, and support with, taking medicines needs to be tailored according to a patient's age. For example: <ul style="list-style-type: none"> Older people may require advice on managing complex medicine regimens and are more susceptible to side effects Parents may require advice on managing their child's medicines during school hours or advice on minor ailments. Supply of sugar free medicines may be particularly beneficial for children People of working age may wish to access services outside of normal working hours e.g. on weekdays before or after work; or at weekends
Disability	✓	<ul style="list-style-type: none"> A proportion of pharmacy users may be considered as disabled (refer to page 15 for the local context in Bexley). This may include disability as a consequence of their disease as well as physical and/or sensory disabilities. Pharmacies offer a range of support including: <ul style="list-style-type: none"> The provision of large print labels for those who are visually impaired Supply of original packs with braille or medicines labelled in braille for those who are blind The use of hearing loops to aid communication for those with impaired hearing Provision of multi-compartment compliance aids, "aide memoires" and easy to read information which may improve adherence in those who have cognitive impairment People with a disability may exercise a choice and use a pharmacy which better addresses their needs. In Bexley, most pharmacies have confirmed their premises are accessible to wheelchairs; & many have taken steps to support those with a range of disabilities (page 41 & 42)
Gender	✓	<ul style="list-style-type: none"> We have identified that younger adults, particularly men, are less likely to visit pharmacies. We need to encourage pharmacies to maximise opportunities to target health promotion and public health interventions at this group
Race	✓	<ul style="list-style-type: none"> Language may be a barrier to effectively delivering advice on taking medicines, health promotion advice and public health interventions. We have identified an opportunity to signpost patients to pharmacies where their first language is spoken. Pharmacists increasingly access Google Translate and/or Smart Apps to facilitate communication BAME communities are exposed to a range of health challenges from low birth rate and infant mortality through to a higher incidence of long term conditions. People in this group are more likely to take medicines and may benefit from medicines-related advice; and there is an opportunity to target health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes
Religion or belief	✓	<ul style="list-style-type: none"> Pharmacies are able to provide medicines-related advice to specific religious groups and need to be aware of the religious beliefs of the population they service. For example, advice on taking medicines during Ramadan and/or whether or not a medicine contains ingredients derived from animals
Pregnancy and maternity	✓	<ul style="list-style-type: none"> Pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning to become pregnant. They play a vital role in helping to ensure that pregnant and breast feeding mothers avoid medicines which may be harmful
Sexual orientation	✓	<ul style="list-style-type: none"> LGBT people (including those who are HIV positive) may prefer to use pharmacy services for health advice and support with self-care including minor ailments, rather than using GP services as they may not wish to disclose their sexuality to their GP
Gender Reassignment	✓	<ul style="list-style-type: none"> Pharmacies may be part of the care pathway for people undergoing gender reassignment; they play a role in ensuring the medicines which form part of the treatment regimen are available and provided without delay or impediment
Marriage & civil partnership	×	<ul style="list-style-type: none"> No specific needs identified

3.2.1 Essential Services

3.2.1.7 Conclusions

Conclusions on Essential Services

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

Distribution of Pharmacies

- Bexley has 46 pharmacies and is below average with respect to the number of pharmacies per 100,000 population
- There is a reasonable choice of pharmacy within each locality; this is enhanced by 36 pharmacies in neighbouring HWB areas which are within a mile of the Bexley boundary
- There are one or more pharmacies in close proximity to all Bexley GP surgeries
- When all pharmacies are open there is a reasonable correlation between pharmacy distribution, population density and deprivation; most residents are within 1 mile of a pharmacy
- The insights from our public survey demonstrate that the majority of respondents find pharmacy services to be accessible. The vast majority walk or drive and 96.6% only have to travel for 20 minutes or less to access pharmaceutical services

Opening Hours

- Access and choice are good on weekdays between the hours of 9:30am – 5:30pm and on Saturdays between 10am and 5pm. We have concluded that choice is sufficient and we have not identified a need for the provision of additional facilities or providers
- Outside of these hours, access and choice within Bexley is more limited. There are times when residents may have to travel up to 5 miles to find an open pharmacy, or wait until their regular pharmacy or a closer pharmacy opens. Specifically:
 - Weekdays during extended hours: Only 3 pharmacies open by 8am; all of these are located in North Bexley. Just over a quarter of respondents in our public survey were dissatisfied with opening hours on weekday evenings
 - Saturdays: Only 1 pharmacy opens by 8am. There is reasonable cover in the afternoons until 5pm, this then tails off with 3 pharmacies (2 in North Bexley; 1 in Clocktower) remaining open until 7pm or later
 - Sundays: 5 pharmacies open for between 6 and 14.5 hours providing reasonable cover during the day. No pharmacies open in Frognal and residents have to travel to access a pharmacy in one of the other Bexley localities or to a neighbouring HWB area. Insights from the public survey (which had a low response rate) suggest that there may be more dissatisfaction with Sunday opening hours
 - Bank Holidays: An informal rota is in place; residents may also choose to access pharmacy services in neighbouring HWB areas
- With respect to neighbouring HWB areas, 50% of pharmacies are open for extended hours on weekdays, 7 are open until 7pm or later on Saturdays and 9 open on Sundays. This pattern of opening days improves access and choice for Bexley residents, particularly those who live near to the border
- With respect to alignment of pharmacy opening hours with other services:
 - There is poor alignment with GP practice and GP hub opening hours in the mornings (up until and including 8am); on weekday evenings after 7:30pm; and on Sunday mornings before 8:30am and after 4pm. Residents who need to get an urgent prescription dispensed may have to travel 3-4 miles to access a pharmacy at these times
 - There is no access to dispensing services overnight; however, the need for such access is rare and this is not a gap

3.2.1 Essential Services

3.2.1.7 Conclusions

Conclusions on Essential Services (cont...)

Access and support for people with disabilities

- A high proportion of pharmacies confirmed in the contractor questionnaire, that they have made reasonable adjustments to meet the needs of those with a disability, particularly with respect to wheelchair access, provision of large print labels, supply of monitored dosage systems and proportion of staff trained as “dementia friends”; 95.7% of pharmacies offer prescription collection and delivery as a value added service

Dispensing

- The dispensing rate for Bexley pharmacies is above the London average but below the England average
- 83.3% of prescriptions written by Bexley GPs are dispensed by Bexley pharmacies. Out of area pharmacies, DACs and personally administered items by GPs account for 16.7%; this proportion is high compared with other areas and may be a reflection of the high number of out of area pharmacies
- The repeat dispensing rate is reasonable and has increased over the last 3 years. This suggests that patients and the health economy are realising the benefits of repeat dispensing
- Electronic prescription services are fully rolled out

Consolidated Applications

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

The Future

- We have taken into account the trend for growth in prescription items; Bexley’s draft Growth Strategy and housing plans; and the potential impact of consolidated applications. It should be noted that the HWB will consider any future consolidation applications on their own merits
- There are no firm plans for any new GP surgeries or health centres; and we do not anticipate any significant changes in the GP provider landscape over the next 3 years
- Benchmarking data show that our pharmacies have sufficient capacity to meet the current and future dispensing requirements of our population

Overall conclusions

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

- No gaps or need identified

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

- No gaps or need identified

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

- Access and choice could be enhanced if more of the existing network of pharmacies were resourced to extend opening hours on weekday mornings and evenings and also at weekends. This would strengthen alignment with GP practice & hub opening hours particularly in the mornings, the evenings after 7:30pm and at weekends. This would be beneficial for those residents who prefer to use a pharmacy outside of normal working hours.
- The existing pharmacy network could do more to support those with hearing impairment and through the provision of “aide memoires” for those with cognitive impairment
- The HWB does not believe that an additional pharmacy is required as the improvements may be met by the existing network of pharmacies

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

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

3.2.2 Premises and Other Considerations

Overview

- Consultation areas provide a place in which private discussions may be held. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services. They facilitate privacy when a pharmacy user wishes to seek advice on a sensitive matter*
- For advanced services, the consultation area characteristics are defined:
 - There must be a sign designating the private consultation area or room
 - The area or room must be:
 - Clean and not used for the storage of any stock
 - Laid out and organised so that any materials or equipment which are on display are healthcare related
 - Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected
- In recognition of the interdependency between the commissioning of a broad range of services from pharmacy and the presence of a suitable consultation area, we explored the facilities available (box, right). Our questionnaire represented "best practice" in terms of infection control and goes beyond defined requirements for community pharmacy:
 - 96% contractors have one or more consultation areas; and 3 pharmacies have two consultation areas. These are closed rooms in all but one case
 - The two contractors which don't have a consultation area plan to install one within the next 12 months

Secure exchange of Information

- Access to NHS.net email is one of the gateway criteria for the Quality Payment Scheme (QPS). In our contractor questionnaire:
 - 96% pharmacies confirmed that they have an NHS.net email account; the remaining two pharmacies are planning to get this in the next 12 months
 - 73% of these use this routinely to exchange patient identifiable data
 - 66% of pharmacies check their email at least daily; and 16% check it weekly

Safeguarding

- The QPS includes safeguarding as one of the patient safety criteria; The requirement is for 80% of registered pharmacy professionals working at the pharmacy, to have achieved level 2 safeguarding status for children and vulnerable adults in the last two years
- Our contractor questionnaire confirms that 87% have at least one trained professional; and 80.4% of pharmacies have achieved the QPS requirement. Data was not available for one pharmacy

Consultation Areas & Facilities

Feature	Rationale	No. (n=46)	%
On-site	Facilitates delivery of 'walk in' services	44	96%
Space for a chaperone	Important for people who wish to be accompanied	33	72%
Wheelchair access	Improves access for those with a physical disability	30	65%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	10	22%
Computer	For contemporaneous patient records	31	67%
Internet access	Access to on-line resources	34	74%
Medication records	Access to a patient's medication history during the consultation	30	65%
Telephone	Allows confidential calls to be made	12	26%
Sinks & infection control	A sink dedicated to hand hygiene is required for clinical services.	30	65%
	Hot & cold running water, mixer tap & elbow operated levers, are best practice	15	33%
	Paper towels & liquid soap are best practice	25	54%
	A separate sink for disposal of blood products & body fluids is best practice	3	7%
Examination couch	Supports provision of a broader service range	3	7%
CCTV	Affords protection and security	3	7%
Panic button	Affords protection and security	13	28%

Other Facilities on the Premises

Patient toilet	Facilitates provision of samples	12	26%
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*In our public survey, 60% respondents said they were able to discuss something privately with a pharmacist; 15% said this wasn't the case; the remainder said this varied dependent upon the pharmacy used

3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Overview

- The Medicines Use Reviews (MURs) & Prescription Intervention (PI) service consists of structured reviews for people taking multiple medicines
- The service is intended to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste
- Reviews are normally undertaken face to face
- The pharmacy must have a consultation area which complies with specified criteria (or seek permission from NHSE to provide these in the domiciliary setting)
- Pharmacists must be accredited to undertake MURs
- A pharmacy may:
 - Only offer an MUR to a patient who has been using the pharmacy for 3 months or more (this is known as the '3 month rule'); this rule does not apply to PIs
 - Undertake up to 400 MURs per annum
 - 70% of MURs must be directed to target groups i.e. people who:
 - Are taking high risk medicines (diuretics, anti-coagulants, anti-platelets, non-steroidal anti-inflammatory drugs)
 - Have been recently discharged from hospital, where a change was made to medicines (the MUR should be undertaken within 4 - 8 weeks)
 - Have been prescribed certain respiratory medicines
 - Are at risk of or diagnosed with CVD & who are prescribed at least 4 medicines

The Current Picture

- 44 (95.7%) Bexley pharmacies are accredited to provide MURs
- The table (next page) demonstrates good access on weekdays (9:30am – 5:30pm) and Saturdays (10am – 1pm) in all localities. Access is more limited during extended hours on weekdays, Saturdays and Sundays
- Map 8** shows there is access within a mile for almost all of Bexley residents
- The graph (right) compares Bexley with London & England:
 - The average number of MURs per **active** Bexley pharmacy was 235. This is below the London and England averages and falls short of the maximum number of 400 MURs per annum
 - 39 pharmacies are active; and the number of MURs undertaken varies between 1 and 635 (noting that the latter significantly exceeds the annual maximum)
 - North Bexley has the lowest average number of reviews; This may be explained, in part, by the fact that all but one of the inactive pharmacies are based in this locality. In addition, North Bexley has a younger population so this may be a reflection of lower need

Public Survey – Services used in the last 12 months (n= 146)

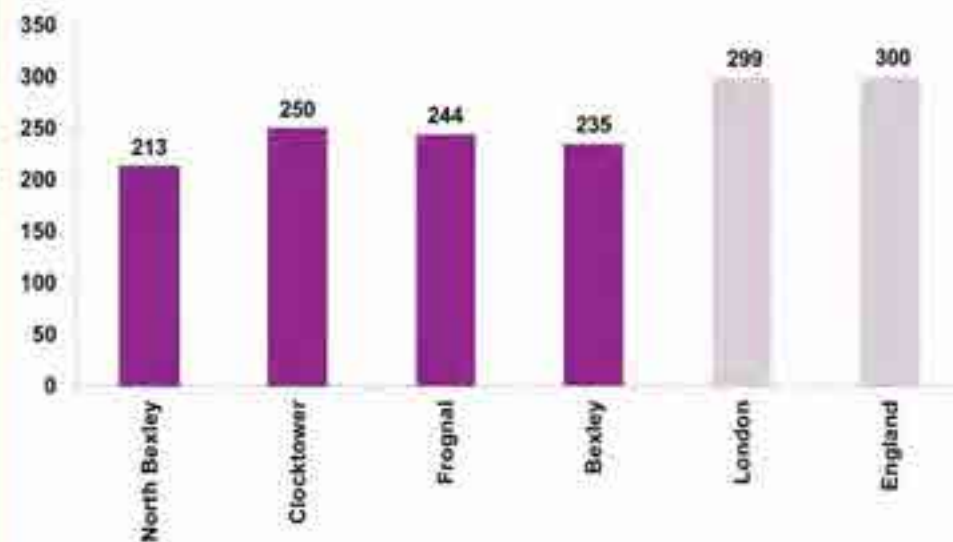
- 13% of respondents said they had used the MUR service
- This was the 4th most used service after repeat prescription services, repeat dispensing services and urgent supply of repeat medicines

The Evidence Base

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

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

Average No. of MURs per Accredited Pharmacy



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

3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Locality	Ward	Number of Pharmacies Offering Medicines Use Reviews & Prescription Interventions									
		Weekdays				Saturdays					Sunday
		8am or earlier	9:30am – 5.30pm	7pm or later	Lunch Break	8am or earlier	10am – 1pm	5pm or later	7pm or later	Lunch Break	
North Bexley	Barnehurst	1	2	1	0	0	2	0	0	0	0
	Belvedere	0	3	1	0	0	3	1	0	0	0
	Crayford	1	4	3	1	1	4	2	1	0	2
	Erith	0	2	0	1	0	2	1	0	0	0
	Northumberland Heath	0	2	1	0	0	2	0	0	0	0
	Slade Green & Northend	0	1	1	0	0	1	0	0	0	0
	Thamesmead East	1	1	1	0	0	1	1	1	0	1
Clocktower	Bexleyheath	0	3	1	0	0	3	3	0	0	1
	Crook Log	0	3	2	1	0	3	1	0	0	0
	East Wickham	0	2	1	0	0	2	2	0	0	0
	Falconwood & Welling	0	5	2	0	0	5	3	1	0	1
	West Heath	0	2	0	1	0	2	0	0	0	0
Frognaal	Blackfen and Lamorbey	0	3	1	0	0	3	2	0	0	0
	Blendon and Penhill	0	3	1	1	0	3	2	0	1	0
	Longlands	0	2	1	1	0	2	2	0	0	0
	Sidcup	0	4	1	1	0	4	2	0	1	0
	St Mary's & St James	0	2	1	0	0	2	1	0	0	0
Total		3	44	19	7	1	44	22	3	2	5
Percentage		6.5%	95.7%	41.3%	15.2%	2.2%	95.7%	47.8%	6.5%	4.3%	10.9%

Pharmaceutical Needs Assessment Map 8 - Medicines Use Reviews & Prescription Intervention Service

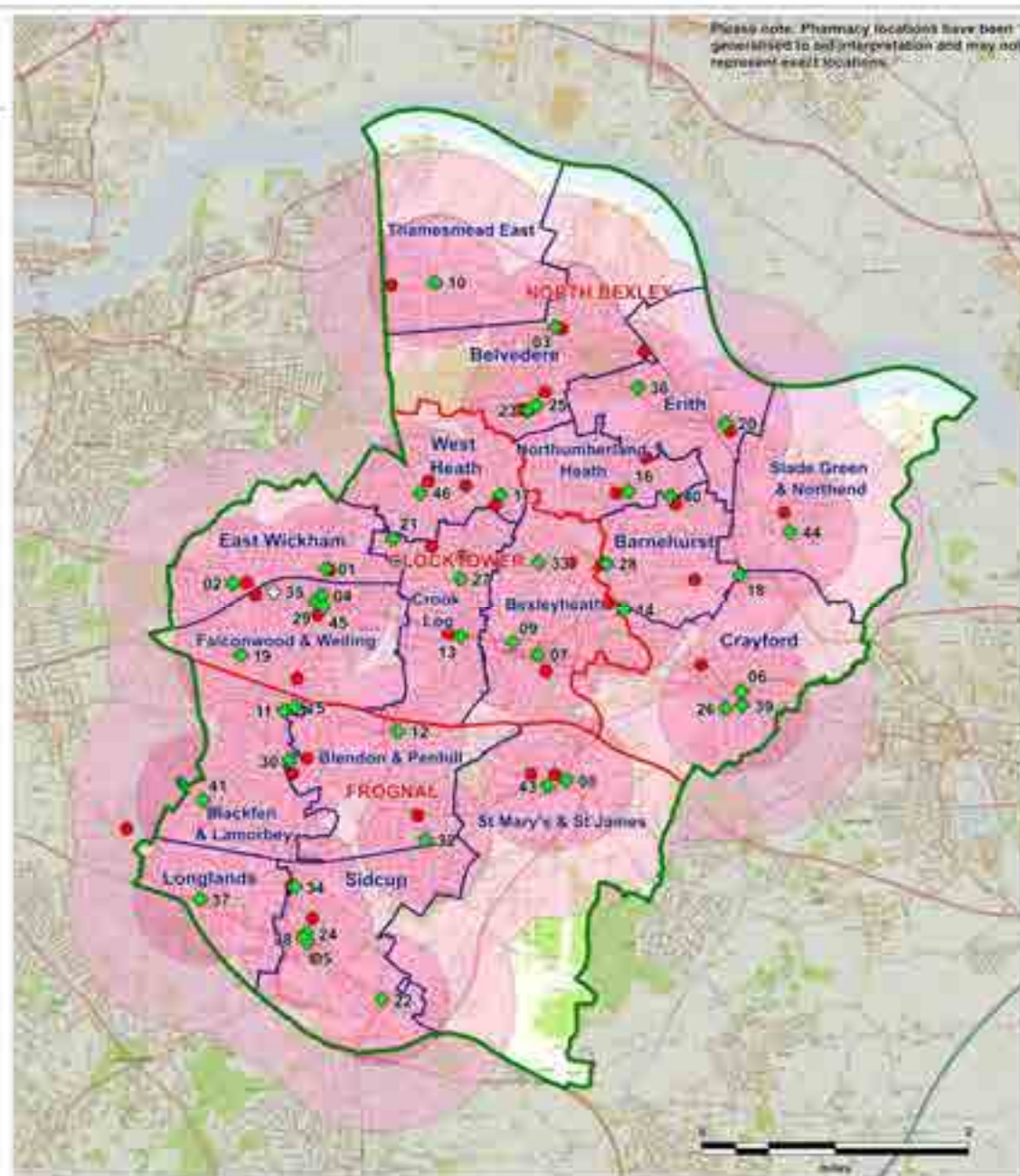
Legend

- ★ Pharmacies
 - 100 Hour Pharmacies
 - GPs
 - Bexley
 - Bexley Localities
 - Wards
- Distance Buffers**
- 0.5 mile
 - 1 mile

Bexley Pharmacies

- | | |
|---|--------------------------------------|
| 01 B. R. Lewis Chemist - DA16 5HQ | 23 Knightons Pharmacy - DA17 5JG |
| 02 Bellegrave Pharmacy - DA16 3RQ | 24 Lloyd's Pharmacy - DA14 8EQ |
| 03 Belvedere Pharmacy - DA17 5QQ | 25 Lloyd's Pharmacy - DA17 5JE |
| 04 Boots - DA16 1TY | 26 Lloyd's Pharmacy - DA1 4HW |
| 05 Boots - DA14 9EH | 27 Lloyd's Pharmacy - DA7 4QW |
| 06 Boots - DA1 4LD | 28 Lloyd's Pharmacy - DA7 6HD |
| 07 Boots - DA6 7JJ | 29 Motvale Chemist - DA16 1TJ |
| 08 Bourne Road Pharmacy - DA5 1LD | 30 Olive Pharmacy - DA15 9ER |
| 09 Broadview Pharmacy - DA6 7BN | 32 Osbon Pharmacy - DA5 3HF |
| 10 Brownies Chemist - DA15 4AX ¹ | 33 Praise Pharmacy - DA7 5AH |
| 11 Brownies Chemist - DA15 8PW | 34 Roadright Pharmacy - DA15 7DU |
| 12 Compact Chemist - DA5 1BT | 35 7 Day Chemist - DA16 3QS |
| 13 Crook Log Pharmacy - DA6 6DT | 36 Soka Blackmore Pharmacy - DA8 1DB |
| 14 Davidson Chemist - DA7 8NA | 37 Southcoats Pharmacy - DA14 6OR |
| 15 Day Lewis Pharmacy - DA15 9PS | 38 St John's Pharmacy - DA14 6EH |
| 16 Day Lewis Pharmacy - DA8 5EX | 39 Station Road Pharmacy - DA1 3QA |
| 17 Day Lewis Pharmacy - DA7 5HH | 40 Sterling Road Chemist - DA8 3JH |
| 18 Dayco Pharmacy - DA1 4RA | 41 Target Chemist - DA15 8DJ |
| 19 Falconwood Pharmacy - DA16 2PL | 43 Warren Pharmacy - DA5 1AD |
| 20 Hamsons Pharmacy - DA8 1RE | 44 Well - DA6 2MJ |
| 21 Hayshine Pharmacy - DA16 1JN | 45 Well - DA16 1TZ |
| 22 Holtyree Pharmacy - DA14 6JR | 46 Well - DA7 5OR |

¹ Postcode no longer in use by Royal Mail



3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Meeting the needs of those with a protected characteristic

Age	✓	Older people taking multiple medications for long term conditions are likely to require MURs. People who work may wish to access this service during extended hours
Disability	✓	MURs help to assess & provide support e.g. large print labels etc; advice needs to be tailored for those with cognitive impairment
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to successful MURs
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	MURs may help women who are planning pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines
Marriage & civil partnership	✗	No specific needs identified

Further Provision & Improvements (now and future)

- We wish to see **all** pharmacies offering the MUR service; and actively targeting a greater number of patients for an MUR review
- We wish to see more pharmacies offering the service during extended hours and/or at weekends, where there is a demand for service provision
- Adopting an integrated approach to service delivery, whereby all pharmacies and prescribers in primary and secondary care work closely together may increase the number of people referred into the service and secure improvements in outcomes for patients
- Domiciliary MURs may improve access for people who are less able to visit pharmacies and/or care home residents; *a small number of pharmacies already undertake consultations in patient homes & care homes; and up to 31 pharmacies would be willing to do so in the future*
- We support the recommendation for the transformation of this service⁵

The Future

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

Conclusions

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:
 - People with long term conditions with multiple medicines benefit from regular reviews
 - It is estimated that up to 20% of all hospital admissions are medicines related¹⁵ and arise as a result of treatment failure or an unintended consequence (e.g. a side effect or taking the wrong dose)
- We have determined that MURs are **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to demonstrate the benefits of MURs
 - There is good alignment with local strategic priorities, particularly with respect to supporting improved management of long term conditions
 - The MUR service may only be provided by community pharmacies
- 95.7% of Bexley pharmacies offer MURs
- Access is good on weekdays (9:30am – 5:30pm) & Saturdays (10am – 1pm)
- We have identified the following opportunities for improvements:
 - Two pharmacies don't offer the service; both have indicated they are willing to do so in the future
 - The average number of MURs is below the maximum permitted; there is variation in the number of MURs undertaken by pharmacies and just over one third of the accredited North Bexley pharmacies are inactive. These all imply an opportunity to do more to improve patient outcomes
 - Access during extended hours on weekdays & Saturdays and on Sundays is more limited. This may present a constraint for residents with a long term condition who may prefer to visit a pharmacy outside of working hours
 - These improvements are relevant because patients cannot access MURs from an alternative pharmacy because of the 3 month rule (although they could be offered a prescription intervention instead)
- The HWB does not believe that an additional pharmacy is required as the improvements, set out under "Further Provision & Improvements" (box, left), may be met by the existing network of pharmacies

3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Overview

- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a **newly prescribed medicine**, to help improve medicines adherence
- The service is focused on the following patient groups and conditions:
 - Asthma and COPD
 - Diabetes (Type 2)
 - Hypertension
 - Antiplatelet / anticoagulant therapy
- Patients are either referred into the service by a prescriber when a new medicine is started (referral may be from primary or secondary care) or are identified opportunistically by the community pharmacist
- The number of NMS interventions which a pharmacy may undertake is linked to their volume of dispensing in any given month
- Patients may access this service from an alternative pharmacy if their regular pharmacy does not offer the service or is not open at a time of day which is convenient to them

The Current Picture

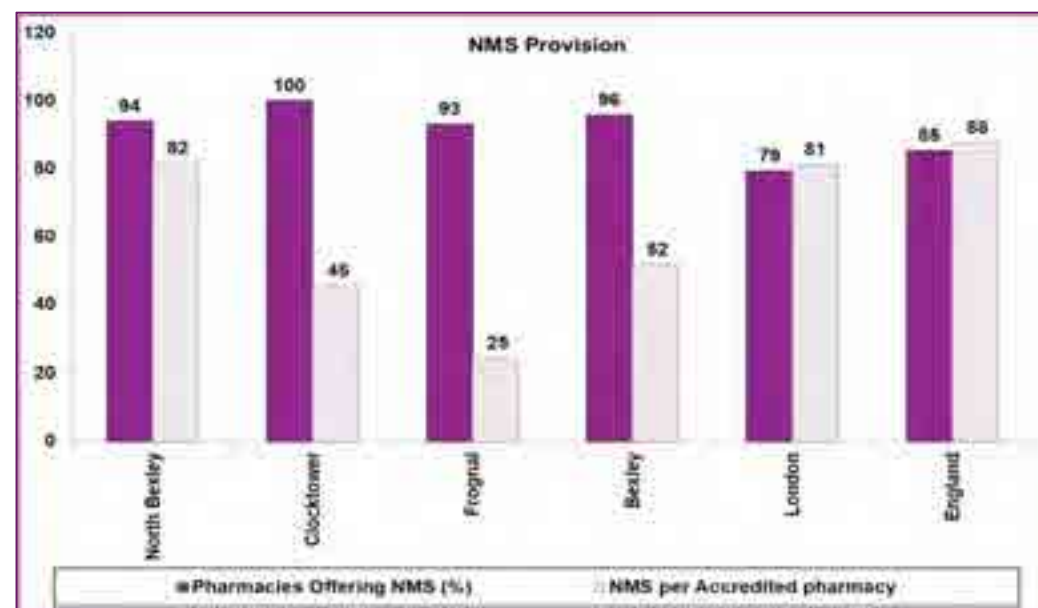
- 44 (95.7%) Bexley pharmacies are accredited to provide the NMS
- The table (next page) demonstrates good access, and a choice of pharmacy, on weekdays (9:30am – 5:30pm) and Saturdays (10am – 1pm) in all localities. Access is more limited during extended hours on weekdays, Saturdays and Sundays
- Map 9** shows there is access within a mile for almost all Bexley residents
- The graph (right) compares Bexley with London and England:
 - Whilst the proportion of Bexley pharmacies accredited to offer the service is higher than the London and England average; the number of reviews undertaken is below average
 - There is variation across the localities. North Bexley is the only locality with an around average number of reviews. The average number of reviews in Frognal is particularly low. The reasons for the variation are not clear
 - 11 of the accredited pharmacies were inactive in 2016/17 (this excludes the new pharmacy which opened in June 2017); there is an even distribution of inactive pharmacies (4 in North Bexley, 4 in Clocktower and 3 in Frognal)

Public Survey – Services used in the last 12 months (n = 146)

- 7.5% of respondents said they had used the NMS service
- In terms of choice of pharmacy, 42.5% said they prefer to use their regular pharmacy; 4.8% would be happy to use an alternative pharmacy; remainder said the service is not relevant to them

The Evidence Base

- A randomised control trial demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and is cost-effective¹⁶:
 - The NMS increased adherence by around 10% and increased identification in the numbers of medicine related problems and solutions
 - Economic modelling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less
 - Pharmacy ownership however, was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent
- A study evaluating a telephone based pharmacy advisory service, showed pharmacists met patients' needs for information and advice on medicines, when starting treatment¹⁷



3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Locality	Ward	Number of Pharmacies Offering the New Medicine Service									
		Weekdays				Saturdays					Sunday
		8am or earlier	9:30am – 5.30pm	7pm or later	Lunch Break	8am or earlier	10am – 1pm	5pm or later	7pm or later	Lunch Break	
North Bexley	Barnehurst	1	3	1	1	0	2	0	0	0	0
	Belvedere	0	3	1	0	0	3	1	0	0	0
	Crayford	1	4	3	1	1	4	2	1	0	2
	Erith	0	2	0	1	0	2	1	0	0	0
	Northumberland Heath	0	2	1	0	0	2	0	0	0	0
	Slade Green & Northend	0	1	1	0	0	1	0	0	0	0
	Thamesmead East	1	1	1	0	0	1	1	1	0	1
Clocktower	Bexleyheath	0	3	1	0	0	3	3	0	0	1
	Crook Log	0	3	2	1	0	3	1	0	0	0
	East Wickham	0	2	1	0	0	2	2	0	0	0
	Falconwood & Welling	0	5	2	0	0	5	3	1	0	1
	West Heath	0	2	0	1	0	2	0	0	0	0
Frognal	Blackfen and Lamorbey	0	3	1	0	0	3	2	0	0	0
	Blendon and Penhill	0	3	1	1	0	3	2	0	1	0
	Longlands	0	1	0	1	0	1	1	0	0	0
	Sidcup	0	4	1	1	0	4	2	0	1	0
	St Mary's & St James	0	2	1	0	0	2	1	0	0	0
Total		3	44	18	8	1	43	21	3	2	5
Percentage		6.5%	95.7%	39.1%	17.4%	2.2%	93.5%	45.7%	6.5%	4.3%	10.9%

Pharmaceutical Needs Assessment Map 9 - New Medicine Service

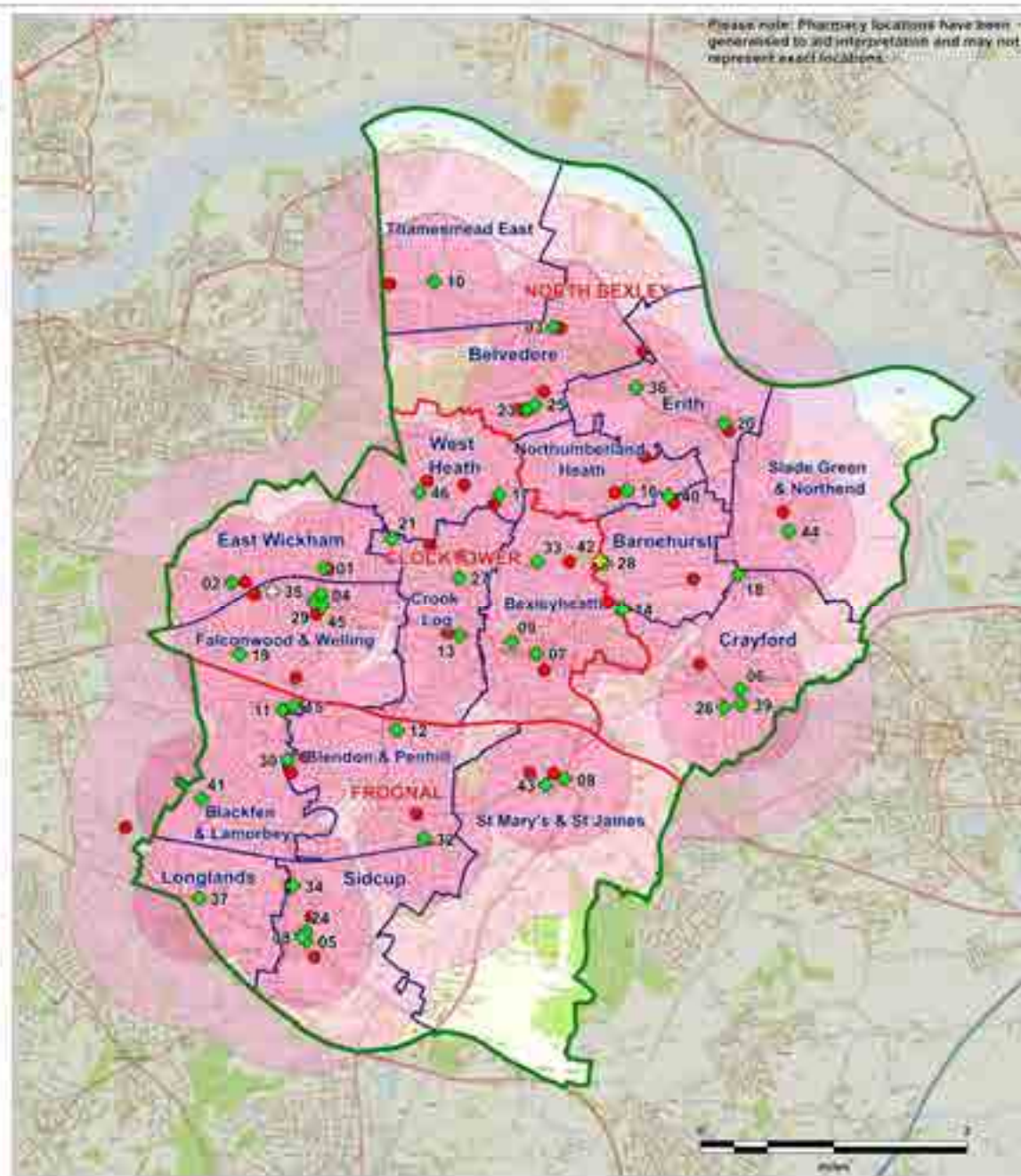
Legend

- ◆ Pharmacies
- ◆ 100 Hour Pharmacies
- ◆ Distance Selling Pharmacies
- ◆ GPs
- Bexley
- Bexley Localities
- Wards
- Distance Buffers
- 0.5 mile
- 1 mile

Bexley Pharmacies

- | | |
|-----------------------------------|--------------------------------------|
| 01 B. R. Lewis Chemist - DA16 3HQ | 24 Lloyd's Pharmacy - DA14 6EQ |
| 02 Bellegrave Pharmacy - DA16 3RQ | 25 Lloyd's Pharmacy - DA17 5JE |
| 03 Belvedere Pharmacy - DA17 5QQ | 26 Lloyd's Pharmacy - DA1 4HW |
| 04 Boots - DA16 1TY | 27 Lloyd's Pharmacy - DA7 4QW |
| 05 Boots - DA14 8EH | 28 Lloyd's Pharmacy - DA7 6HD |
| 06 Boots - DA1 4LD | 29 Mistrade Chemist - DA16 1TJ |
| 07 Boots - DA8 7JJ | 30 Oline Pharmacy - DA15 9ER |
| 08 Bourne Road Pharmacy - DA5 1CQ | 32 Osborn Pharmacy - DA5 3HP |
| 09 Broadway Pharmacy - DA6 7BN | 33 Praise Pharmacy - DA7 5AH |
| 10 Brown's Chemist - DA18 4AX * | 34 Roadright Pharmacy - DA15 7DU |
| 11 Brown's Chemist - DA15 8PW | 35 T Day Chemist - DA16 3QS |
| 12 Compact Chemist - DA5 1BT | 36 Soka Blackpool Pharmacy - DA6 1DP |
| 13 Crook Log Pharmacy - DA6 8GT | 37 Southcoats Pharmacy - DA14 6QR |
| 14 Daydon Chemist - DA7 6NA | 38 St John's Pharmacy - DA14 6EH |
| 15 Day Lewis Pharmacy - DA15 9PS | 39 Station Road Pharmacy - DA1 3QA |
| 16 Day Lewis Pharmacy - DA5 3EX | 40 Stelling Road Chemist - DA9 3JH |
| 17 Day Lewis Pharmacy - DA7 5RH | 41 Target Chemist - DA15 8DU |
| 18 Dayvol Pharmacy - DA1 4RA | 42 The Pharmacy Hut - DA7 6HN |
| 19 Falconwood Pharmacy - DA16 2PL | 43 Warren Pharmacy - DA5 1AD |
| 20 Harrison's Pharmacy - DA6 1RE | 44 Well - DA6 2NU |
| 21 Haystone Pharmacy - DA16 1LN | 45 Well - DA16 1TZ * |
| 23 Knightons Pharmacy - DA17 5JG | 46 Well - DA7 5QR |

* Pharmacies no longer in use by Royal Mail



3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Meeting the needs of those with a protected characteristic

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

Further Provision & Improvements (now and future)

- We wish to see all Bexley pharmacies offering and proactively delivering the service; pharmacies not offering the service should be encouraged to signpost to an alternative pharmacy
- To improve access we would like to see more pharmacies opening earlier in the morning and staying open later in the evening, where there is a demand for service provision at these times
- Adopting an integrated approach to service delivery, whereby pharmacies and prescribers in primary and secondary care work closely together, may increase the number of people referred into the service and secure improvements for patients

The Future

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

Conclusions

- The NMS has been shown to improve adherence with a newly prescribed medicine; helps to manage medication related risks; and improves outcomes through tackling the following problems¹⁰:
 - Only 16% people take a new medicine as prescribed
 - 10 days after starting a new medicine, almost one third of patients are non-adherent
 - Up to 20% of hospital admissions are medicines-related and arise as a result of failure or an unintended consequence of the prescribed medicine
- We have determined that the NMS is **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to demonstrate the benefits of the NMS
 - There is good alignment with local strategic priorities, particularly with respect to supporting improved management of long term conditions
 - The service may only be provided by community pharmacies
- 44 (95.7%) of pharmacies offer the service
- Access is good on weekdays (9:30am–5:30pm) & Saturdays (10am–1pm)
- We have identified the following opportunities for improvements:
 - 2 pharmacies do not offer the NMS. Both have indicated they are prepared to offer this service in the future
 - The average number of NMS per pharmacy in Bexley is below average; there is significant variation between the localities and 11 pharmacies were inactive. This implies an opportunity to do more to improve patient outcomes
 - Access during extended hours on weekdays & Saturdays and on Sundays is more limited. This may present a constraint for residents with a long term condition who may prefer to visit a pharmacy outside of working hours. Residents may choose to use an alternative pharmacy, although 42.5% of respondents, in our survey, said they prefer to use their regular pharmacy
- The HWB does not believe that an additional pharmacy is required as the improvements, set out under “Further Provision & Improvements” (box, left), may be met by the existing network of pharmacies

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

Overview

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

The Current Picture

- 8 (17.4%) pharmacies are accredited to offer the SAC service (based on the contractor questionnaire, the NHSE pharmaceutical list and NHSBSA data for 2016/17)
- 21 pharmacies additional told us they would be willing to offer the service in the future
- The table (next page) provides an overview of the service availability:
 - There is one or more pharmacy in each locality offering the service; and a choice of pharmacy in all 3 localities
 - On weekdays and Saturdays, all 8 pharmacies offering the service are open
 - One pharmacy offering SACS is open on a Sunday
- Benchmarking (table on the right) has been undertaken to set the provision of SACS into context:
 - The proportion of pharmacies offering SACS in Bexley is above the London average and similar to the England average
 - There is variation with respect to the average number of customisations undertaken for England, London and Bexley
 - The average number for Bexley is very low and only 5/8 pharmacies were active in 2016/17
 - NHS Digital data for England shows that areas with DACs tend to have higher levels of activity compared to those with pharmacies alone
- Our prescribing analysis (page 66) suggests that out of area pharmacies and DACs may play a significant role in the provision of SACS
- With respect to non-pharmacy providers, stoma customisation is a specialist service and many residents will be supported by the hospital or clinic responsible for their ongoing care

Public Survey – Services used in the last 12 months (n = 146)

- Only 0.7% (1) respondent had used the stoma customisation service
- In terms of choice of pharmacy, 14.4% said they prefer to use their regular pharmacy; 6.2% would be happy to use an alternative pharmacy; the remainder said the service is not relevant to them (note: the respondents included those who use the service now and those who *may* need to use the service in the future)

The Evidence Base

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

Comparator Area	SACS Service 2016/17		
	% Pharmacies / DACs offering SACS	No. of customisations	Average No. per Active Pharmacy / DAC
England	15.3%	1,319,993	730
London	4.5%	52,924	630
Bexley	17.4%	69	13.8

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

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

Locality	Ward	Number of Pharmacies offering SACS		
		Weekdays	Saturdays	Sundays
North Bexley	Barnehurst	1	1	0
	Belvedere	1	1	0
	Crayford	1	1	1
	Erith	0	0	0
	Northumberland Heath	0	0	0
	Slade Green & Northend	0	0	0
	Thamesmead East	0	0	0
Clocktower	Bexleyheath	0	0	0
	Crook Log	1	1	0
	East Wickham	0	0	0
	Falconwood & Welling	1	1	0
	West Heath	0	0	0
Frognal	Blackfen and Lamorbey	0	0	0
	Blendon and Penhill	0	0	0
	Longlands	1	1	0
	Sidcup	2	2	0
	St Mary's & St James	0	0	0
Total		8	8	1
Percentage		17.4%	17.4%	2.2%

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

SACS Provision in Relation to Dispensing

- In order to effectively review out of area provision of SACS, it is necessary to review the dispensing of stoma appliances
- The total number of stoma appliances dispensed against prescriptions issued by Bexley GPs, was 22,949 (2016/17 data)
- The table (right) summarises how this breaks down between Bexley and out of area pharmacies and DACs:
 - 24.6% of items were dispensed within Bexley. All pharmacies dispensed one or more prescriptions with between 1 and 909 items
 - 75.4% of items were dispensed outside of the area
- Taking the above into account, it follows that a high proportion of residents will access the SACS outside of the area

Stoma Appliance Dispensing			
		Items	% Total
Bexley Pharmacies	North Bexley	1,635	7.1%
	Clocktower	2,290	10.0%
	Frognaal	1,726	7.5%
	Bexley Total	5,651	24.6%
Out of Area Pharmacies & DACs	>100 items	927	4.1%
	<100 items	16,371	71.3%
	Out of Area Total	17,298	75.4%

Meeting the needs of those with a protected characteristic

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

Conclusions

- This service aims to ensure the proper and comfortable fitting of the appliance; and to improve the duration of usage, thereby reducing waste
- We have identified that 8 (17.4%) of our pharmacies have historically offered the service. This level of provision is above the England and London averages
- There is availability in all localities; and a choice of pharmacy in all 3 localities
- Only 5/8 pharmacies were active in 2016/17; each locality has at least one active pharmacy
- We have determined that the SACS is not necessary to meet the need for pharmaceutical services but is a **relevant** service which brings improvements:
 - Our analysis shows that residents may choose to access the service within or outside the area; or from the hospital or clinic providing their ongoing care. This means that the pharmacy-based services offer improvements in relation to choice and accessibility
 - SACS provide theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved outcomes or value for money
- We are not aware of any dissatisfaction, through complaints or other means. This suggests that current service arrangements are adequate
- We have not identified any current or future gaps

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (AURs)

Overview

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

The Current Picture

- 6 (13%) of pharmacies are accredited to offer AURs (based on the contractor questionnaire and the NHSE pharmaceutical list)
- 26 pharmacies said they would be willing to offer the service in the future
- The table (next page) provides an overview of service availability:
 - On weekdays and Saturdays, there is one or more pharmacy offering the service in all 3 localities; and a choice of pharmacy in Clocktower and Frogna
 - There is no access to the service within Bexley on Sundays
 - No pharmacies were active in 2016/17
- Benchmarking (table on the right) has been undertaken to set the provision of AURs into context:
 - The proportion of Bexley pharmacies offering AURs is significantly higher than the England and London averages
 - There is considerable variation with respect to the average number of AURs undertaken in England and London. NHS Digital data shows that areas with DACs tend to have higher levels of activity compared to those with pharmacies alone
- Our analysis of prescribing data (page 69) indicates that out of area pharmacies & DACs may play a significant role in the provision of AURs
- With respect to non-pharmacy providers advice on the use of appliances may be offered by the hospital or clinic responsible for ongoing care

Specified Appliances

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

Public Survey – Services used in the last 12 months (n = 146)

- No respondents had used the AUR service
- In terms of choice of pharmacy, 15.1% said they prefer to use their regular pharmacy; 6.2% would be happy to use an alternative pharmacy; the remainder said the service is not relevant to them (note: the respondents included those who use the service now and those who *may* need to use the service in the future)

The Evidence Base

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

Comparator Area	AURs Service 2015/16				
	% Pharmacies & DACs offering AURs	Total No.		Average No. per Pharmacy & DAC	
		Home	Premises	Home	Premises
England	1.5%	33,617	9,836	391	106
London	0.6%	874	868	175	145
Bexley	13%	0	0	0	0

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (AURs))

Locality	Ward	Number of Pharmacies offering AURs		
		Weekdays	Saturdays	Sundays
North Bexley	Barnehurst	0	0	0
	Belvedere	0	0	0
	Crayford	0	0	0
	Erith	1	1	0
	Northumberland Heath	0	0	0
	Slade Green & Northend	0	0	0
	Thamesmead East	0	0	0
Clocktower	Bexleyheath	0	0	0
	Crook Log	3	3	0
	East Wickham	0	0	0
	Falconwood & Welling	0	0	0
	West Heath	0	0	0
Frognal	Blackfen and Lamorbey	0	0	0
	Blendon and Penhill	0	0	0
	Longlands	0	0	0
	Sidcup	2	2	0
	St Mary's & St James	0	0	0
Total		6	6	0
Percentage		13.0%	13.0%	0.0%

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (AURs)

AUR Provision in Relation to Dispensing

- We have used dispensing of appliances as a means of exploring provision of AURs
- The total number of appliances (includes stoma appliances), dispensed against prescriptions issued by Bexley GPs was 110,555
- The table (right) summarises how this breaks down between Bexley and out of area pharmacies and DACs:
 - 63.9% of items were dispensed within Bexley
 - 36.1% of items were dispensed outside of the area
 - The maximum number of AURs which could be provided to people using appliances was 3,158 (based on 1/35 specified appliances):
 - 2,017 within Bexley
 - 1,141 outside of the area

Appliance Dispensing			
		Items	% Total
Bexley Pharmacies	North Bexley	26,506	24.0%
	Clocktower	24,479	22.1%
	Frognal	19,634	17.8%
	Bexley Total	70,619	63.9%
Out of Area Pharmacies & DACs	>100 items	5,270	4.8%
	<100 items	34,666	31.3%
	Out of Area Total	39,936	36.1%

Meeting the Needs of those with a protected characteristic

Age	✓	Older people are more likely to use appliances and are more likely to require access to AURs
Disability	✓	Disabled people are more likely to use appliances and are more likely to require access to AURs. In England, a high proportion of AURs are undertaken in patients' homes; this improves accessibility for those who are less able to get a pharmacy or DAC
Gender	✓	Appliance advice may be specific to gender
Race	✓	Language may be a barrier to delivering successful AURs
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Conclusions

- The aim of AURs is to improve knowledge and use of 'specified appliances' with a view to improving outcomes and reducing waste
- In Bexley, 6 pharmacies are accredited to provide the AUR service; this is significantly above the England and London averages
- 26 pharmacies are willing to offer the service in the future
- Whilst there are one or more accredited pharmacies in each of the 3 localities, none of these were active in 2016/17
- We have concluded that the AURs service is not necessary to meet the need for pharmaceutical services but is a **relevant** service which brings improvements:
 - Our analysis shows that residents may choose to access AURs within or outside the area; or from the hospital or clinic providing their ongoing care. This means that the pharmacy and DAC based services offer improvements in relation to choice and accessibility
 - AURs provide theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved outcomes or value for money
- We are not aware of any dissatisfaction, through complaints or other means. This suggests that the current service arrangements are adequate
- We have concluded there are no current or future gaps

3.2.3 Advanced Services

3.2.3.5 Flu Vaccination

Overview

- The service is targeted at people who are aged 65+ or those aged 18+ who fall into an “at risk” category
- The aim of the service is to:
 - Sustain and maximise the uptake of flu vaccination in “at risk” groups by building capacity in community pharmacy as an alternative to general practice
 - Provide more opportunities and improve convenience for eligible patients to access flu vaccinations
 - Reduce variation and provide consistent levels of population coverage for flu vaccination across England
- All participating pharmacies are required to meet the professional and premises requirements set out in the service specification; pharmacists must be authorised by name to work under the patient group direction
- The service was first commissioned in 2015; NHSE has confirmed it will continue in 2018/19

The Current Picture

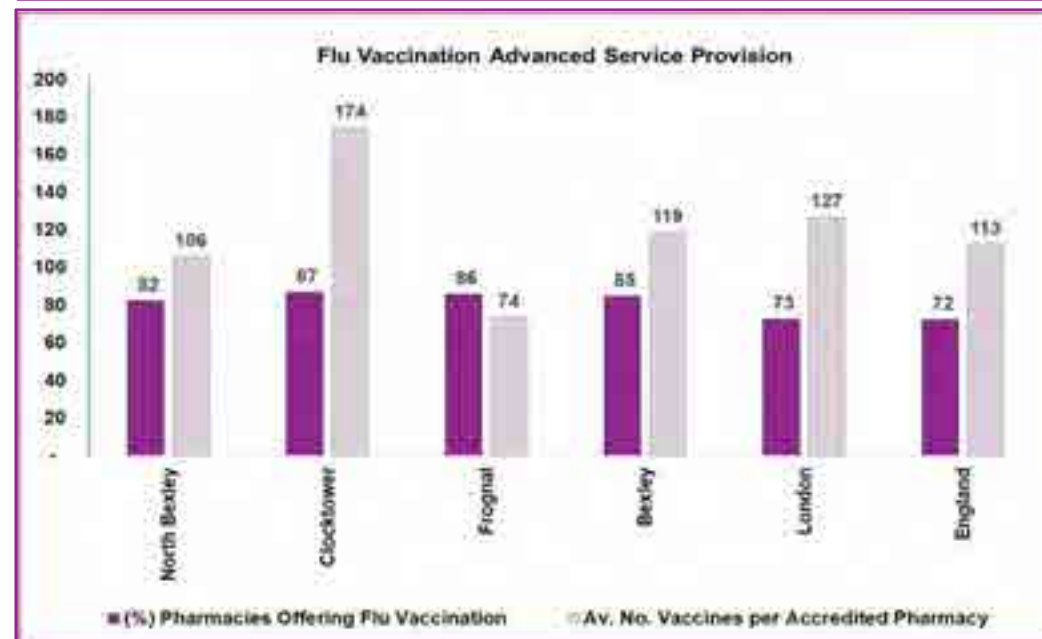
- 39 (84.8%) of pharmacies offer the flu vaccination advanced service; this is above the London and England averages
- The table (next page) demonstrates good access on weekdays (9:30am – 5:30pm) and on Saturdays (10am – 1pm) in all localities. Access and choice are more limited during extended hours on weekdays, Saturdays and on Sundays
- 27 pharmacies were active in 2016/17; the number of vaccines administered ranged from 9 - 854
- Map 10** shows there is access, and a choice of pharmacy, within a mile for almost all areas of high need (based on those aged 65+, one of the target groups for vaccination)
- The graph (right) compares Bexley with London and England:
 - The proportion of pharmacies accredited to offer the service is above the London and England averages
 - The average vaccination rate for pharmacies in Clocktower was above the England & London average and reflects the higher need in this locality. Whilst the vaccination rate in Frognal was below average, pharmacies which administered more than 100 vaccines are located in wards with higher need
- Residents may choose to access the service from pharmacies outside of the Bexley HWB area
- Non-pharmacy providers** include GPs and community nurses

Public Survey – Services used in the last 12 months (n = 5.681)

- 18.5% of respondents said they had used pharmacy-based vaccination services for flu or pneumonia (cross refer to section 3.2.4.1)

The Evidence Base

- In a pilot, pharmacies used ‘PharmOutcomes’ to record vaccinations¹⁸:
 - 4,192 people were vaccinated (approximately 15% of the total vaccinated)
 - 35% were under 65 & in ‘at risk’ groups (versus 17% by other providers)
 - 19% patients stated vaccination was unlikely without pharmacy access
 - 97% rated the service as ‘excellent’
 - 13% of patients cited issues in obtaining the vaccine from other providers
- A literature review¹⁹ of pharmacy immunisation services demonstrates:
 - Immunisation can be safely delivered through community pharmacy
 - Patient medication records are effective at identifying ‘at risk’ clients to be invited for immunisation and this can increase uptake of vaccine
 - High user satisfaction with pharmacy based services
 - Support for non-physician immunisation is greater for adults than children
- A systematic review²⁰ found nurses or pharmacists offering vaccinations & related education increased the likelihood of vaccine uptake. In 2015, pharmacists immunised 500,000+ with no reports of harm



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

3.2.3 Advanced Services

3.2.3.5 Flu Vaccination

Locality	Ward	Number of Pharmacies Offering Flu Vaccination Advanced Service									
		Weekdays				Saturdays					Sunday
		8am or earlier	9:30am – 5.30pm	7pm or later	Lunch Break	8am or earlier	10am – 1pm	5pm or later	7pm or later	Lunch Break	
North Bexley	Barnehurst	1	2	1	0	0	2	0	0	0	0
	Belvedere	0	3	1	0	0	3	1	0	0	0
	Crayford	1	4	3	1	1	4	2	1	0	2
	Erith	0	2	0	1	0	2	1	0	0	0
	Northumberland Heath	0	1	0	0	0	1	0	0	0	0
	Slade Green & Northend	0	1	1	0	0	1	0	0	0	0
	Thamesmead East	1	1	1	0	0	1	1	1	0	1
Clocktower	Bexleyheath	0	3	1	0	0	3	3	0	0	1
	Crook Log	0	3	2	1	0	3	1	0	0	0
	East Wickham	0	2	1	0	0	2	2	0	0	0
	Falconwood & Welling	0	3	0	0	0	3	2	0	0	0
	West Heath	0	2	0	1	0	2	0	0	0	0
Frognaal	Blackfen and Lamorbey	0	3	1	0	0	3	2	0	0	0
	Blendon and Penhill	0	3	1	1	0	3	2	0	1	0
	Longlands	0	0	0	0	0	0	0	0	0	0
	Sidcup	0	4	1	1	0	4	2	0	1	0
	St Mary's & St James	0	2	1	0	0	2	1	0	0	0
Total		3	39	15	6	1	39	19	2	2	4
Percentage		6.5%	84.8%	32.6%	13.0%	2.2%	84.8%	41.3%	4.3%	4.3%	8.7%

Pharmaceutical Needs Assessment Map 10 - Flu Vaccination Advanced Service

Legend

- ◆ Pharmacies
- GPs
- Bexley
- Bexley Localities
- Wards

No. Persons aged 65+

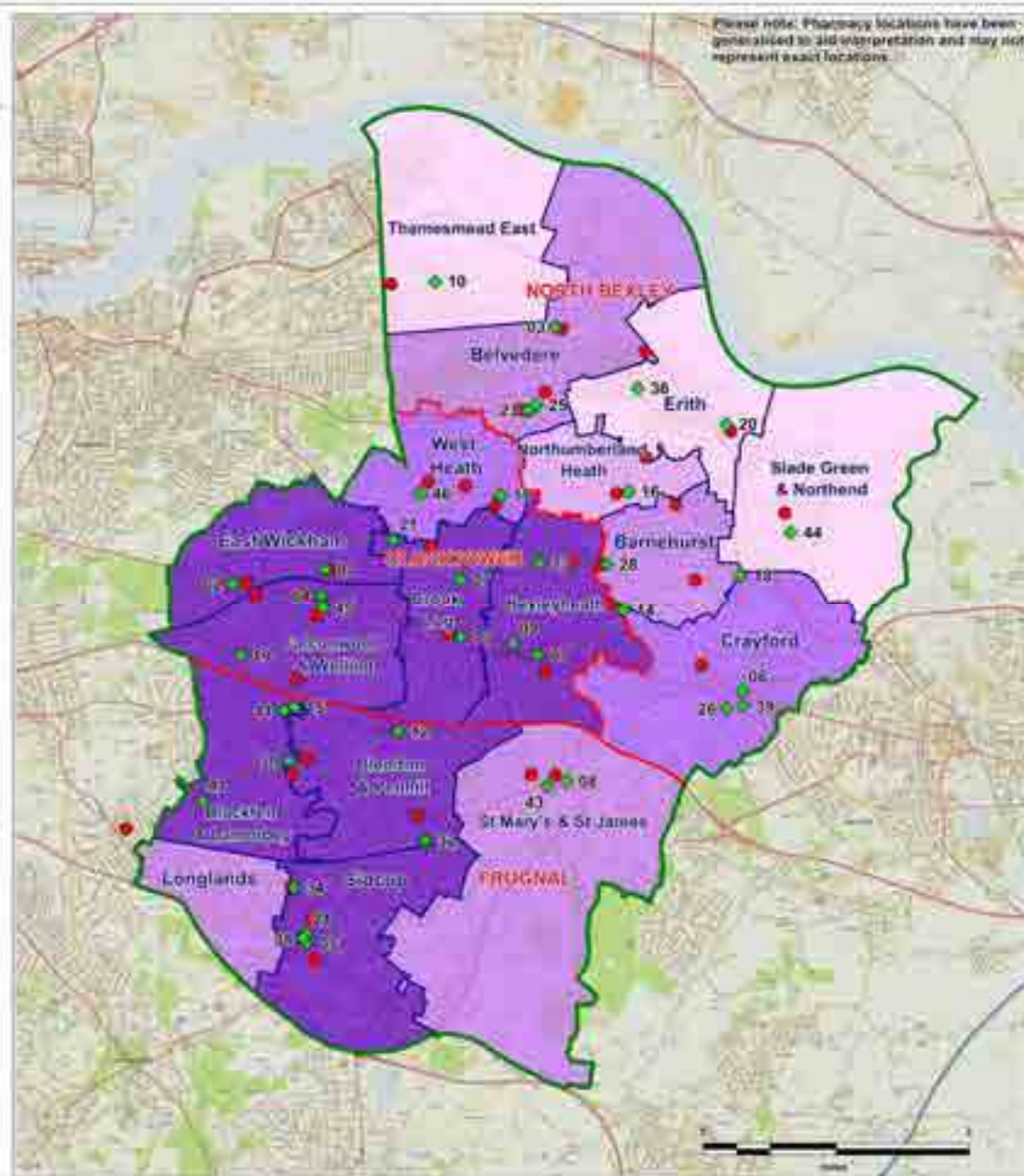
- > 2,829
- 2,410 - 2,829
- 1,900 - 2,409
- 1,570 - 1,900
- ≤ 1,570

Bexley Pharmacies

01 B. R. Lewis Chemist - DA16 2HQ
02 Bellegrave Pharmacy - DA16 3RQ
03 Belvedere Pharmacy - DA17 5QQ
04 Boots - DA16 1TY
05 Boots - DA14 6EH
06 Boots - DA1 4LD
07 Boots - DA6 7JJ
08 Bourne Road Pharmacy - DA5 1LQ
09 Broadway Pharmacy - DA6 7BN
10 Bowries Chemist - DA16 4AX +
11 Bowries Chemist - DA15 8PW
12 Compact Chemist - DA5 1BT
13 Crook Log Pharmacy - DA5 8DT
14 Davidson Chemist - DA7 6NA
15 Day Lewis Pharmacy - DA15 9PS
16 Day Lewis Pharmacy - DA5 3EX
17 Day Lewis Pharmacy - DA7 5HJ
18 Dayco Pharmacy - DA1 4RA
19 Falconwood Pharmacy - DA16 2PL
20 Harlequin Pharmacy - DA5 1RE

21 Haystone Pharmacy - DA16 1LN
22 Kyrle Pharmacy - DA17 5JQ
24 Lloyd's Pharmacy - DA14 6EQ
25 Lloyd's Pharmacy - DA17 5JE
26 Lloyd's Pharmacy - DA1 4HV
27 Lloyd's Pharmacy - DA7 4QW
28 Lloyd's Pharmacy - DA7 6HD
30 Olin Pharmacy - DA15 9ER
32 Olin Pharmacy - DA5 3HP
33 Olin Pharmacy - DA7 5AH
34 Roadright Pharmacy - DA15 7DU
36 Soka Blackmore Pharmacy - DA6 1DB
38 St John's Pharmacy - DA14 6EH
39 Station Road Pharmacy - DA7 3QA
41 Target Chemist - DA15 3DU
43 Warren Pharmacy - DA5 1AD
44 Well - DA6 2NJ
45 Well - DA16 1TZ +
46 Well - DA7 5QR

+ Pharmacies no longer in use by Royal Mail



3.2.3 Advanced Services

3.2.3.5 Flu Vaccination

Meeting the needs of those with a protected characteristic

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

Further Provision & Improvements (now and future)

- Uptake of seasonal influenza vaccination is below the DH targets and the London & England averages for those aged 65+ and those in other “at risk” groups. Therefore, we wish to see:
 - All Bexley pharmacies accredited to offer this service
 - All pharmacies adopting a proactive approach e.g. using patient medication record to identify “at risk” patients and targeting these for vaccination
- We would like to see more pharmacies which already open during extended hours and/or at weekends offering the service, particularly where there is demand for service provision e.g. in those localities where there is a high proportion of people who work and who may wish to access services outside of working hours

The Future

- We anticipate there will be an increase in the number of people requiring flu vaccination as a result of population growth & changes in ethnic mix
- We believe that there is capacity in the system and that this increased need may be met within our existing network of pharmacies

Conclusions

- This service aims to improve the uptake of immunisation in adult patients (aged 18+) who fall into an “at risk” category either as a result of their age or a clinical condition; and to establish community pharmacy as an alternative provider to general practice
- We have concluded that this service is **necessary** to meet the need for pharmaceutical services:
 - There is published evidence that community pharmacy-based immunisation and educational interventions increase vaccine uptake
 - The service will facilitate Bexley to achieve DH vaccination targets and improve uptake of seasonal influenza vaccine in all “at risk” groups
 - The service fits with the local focus on prevention and living healthier lives
 - Whilst community pharmacy is one of a range of providers offering the vaccinations, there are potentially benefits in terms of access and choice, particularly for those pharmacies which are open during extended hours on weekdays and at weekends
- 39 pharmacies are accredited to provide the service
- Service provision aligns well with need, particularly in Clocktower. In Frognal, whilst the locality vaccination rate is below average, the pattern of vaccine administration suggests pharmacies based in the wards with the highest need, are actively delivering the service
- We have identified the following opportunities for improvements:
 - 7 pharmacies do not offer the service; 6 of these have indicated they would be prepared to offer this service in the future
 - Access during extended hours on weekdays & Saturdays and on Sundays is more limited. This may present a constraint for residents who prefer to visit a pharmacy outside of normal working hours
 - 11 pharmacies are inactive; 8 of these are in localities with higher need (3 in Clocktower and 5 in Frognal); and 3 are located in North Bexley
- The HWB does not believe that an additional pharmacy is required as the improvements, set out under “Further Provision & Improvements” (box, left), may be met by the existing network of pharmacies

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Overview

- The aim of an immunisation programme is to minimise the health impact of disease through effective prevention
- The service has been established to deliver population-wide evidence based immunisation programmes with a view to:
 - Ensuring timely delivery of immunisations to achieve optimum coverage for the target population
 - Promote a choice of provider for patients and facilitate the “Every Contact Counts” approach by offering co-administration where an individual is eligible for two or more vaccinations under different immunisation programmes
 - Improving access to vaccination services
 - Provides a mechanism to ensure that all “at risk” patients have access to the seasonal influenza vaccine e.g. in the event that there are delays in the start of the Flu Vaccination Advanced service (refer to section 3.2.3.5)
- The scope of service in 2017/18 included the following portfolio:
 - Seasonal influenza vaccination for patient cohorts outside of those covered by the flu vaccination advanced service
 - Pneumococcal polysaccharide vaccine (PPV)
 - Meningococcal group A C W & Y conjugate vaccine (MenACWY; Nimenrix)

The Current Picture

- 20 (43.5%) of pharmacies are commissioned to provide the service
- In our contractor questionnaire, 11 additional pharmacies told us they would be willing to provide this service in the future
- The table (next page) summarises the availability of services:
 - There is reasonable access and limited choice on weekdays (9:30am – 5:30pm); and on Saturdays (10am – 1pm) in all localities
 - Access and choice are more limited during extended hours on weekdays & Saturday; and very limited on Sundays
- **Map 11** provides an overview of the distribution of pharmacies. This shows that most residents can access the service within a mile when all pharmacies offering the service are open
- 16 pharmacies are active; the number of vaccines administered in 2016/17 was low (108 flu and 13 PPV, noting there a supply issue with the latter)
- Residents may choose to access the service from London pharmacies outside of the Bexley HWB area
- **Non Pharmacy providers:** include GP surgeries and community nurses

Provider Criteria

- The service specifications sets out the criteria, which include:
 - The pharmacy must be signed up to the Flu Vaccination Advanced Service
 - There must be a designated consultation room, NHSE approved area or alternative premises for offsite vaccinations (only with NHSE approval)
 - Systems are required for safe storage of the vaccines, maintenance of the cold chain, safe disposal of sharps and clinical waste and infection control
 - The service must be provided by an accredited, trained pharmacist working under the relevant (and signed) patient group direction for each vaccination
 - The pharmacist must complete the “Declaration of competence self assessment framework and statement of declaration for immunisation services” via CPPE, “every 2 years; a basic life support training course for adults and children from 2 years; maintain knowledge appropriate to their clinical practice including developing skills for all vaccinations included in the service scope
 - The pharmacist must able to vaccinate 20+ people
 - The provider must have access to the current Resuscitation Council UK Anaphylaxis Algorithm and must maintain a minimum stock of epinephrine
 - Pharmacist must be aware of the need to have hepatitis B vaccination
 - Standard operating procedures must be available
 - All pharmacy staff must be trained on the operation of the scheme, with full details available for locum pharmacists
 - To facilitate communication with GPs, all vaccinations must be uploaded onto Sonar within 24 hours (48 hours at weekends / public holidays)

The Evidence Base

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

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Locality	Ward	Number of Pharmacies Offering the London Pharmacy Vaccination Service									
		Weekdays				Saturdays					Sunday
		8am or earlier	9:30am – 5.30pm	7pm or later	Lunch Break	8am or earlier	10am – 1pm	5pm or later	7pm or later	Lunch Break	
North Bexley	Barnehurst	0	0	0	0	0	0	0	0	0	0
	Belvedere	0	1	1	0	0	1	1	0	0	0
	Crayford	1	2	1	0	1	2	1	1	0	1
	Erith	0	1	0	0	0	1	1	0	0	0
	Northumberland Heath	0	0	0	0	0	0	0	0	0	0
	Slade Green & Northend	0	1	1	0	0	1	0	0	0	0
	Thamesmead East	1	1	1	0	0	1	1	1	0	1
Clocktower	Bexleyheath	0	3	1	0	0	3	3	0	0	1
	Crook Log	0	2	1	1	0	2	1	0	0	0
	East Wickham	0	1	1	0	0	1	1	0	0	0
	Falconwood & Welling	0	1	1	0	0	1	0	0	0	0
	West Heath	0	0	0	0	0	0	0	0	0	0
Frognal	Blackfen and Lamorbey	0	2	1	0	0	2	1	0	0	0
	Blendon and Penhill	0	3	1	1	0	3	2	0	1	0
	Longlands	0	0	0	0	0	0	0	0	0	0
	Sidcup	0	1	1	0	0	1	1	0	0	0
	St Mary's & St James	0	1	1	0	0	1	0	0	0	0
Total		2	20	11	2	1	20	13	2	1	3
Percentage		4.3%	43.5%	23.9%	4.3%	2.2%	43.5%	28.3%	4.3%	2.2%	6.5%

Pharmaceutical Needs Assessment Map 11 - London Pharmacy Vaccination Service

Legend

- Pharmacies
- GPs

- Bexley
- Bexley Localities
- Wards

Distance Buffers

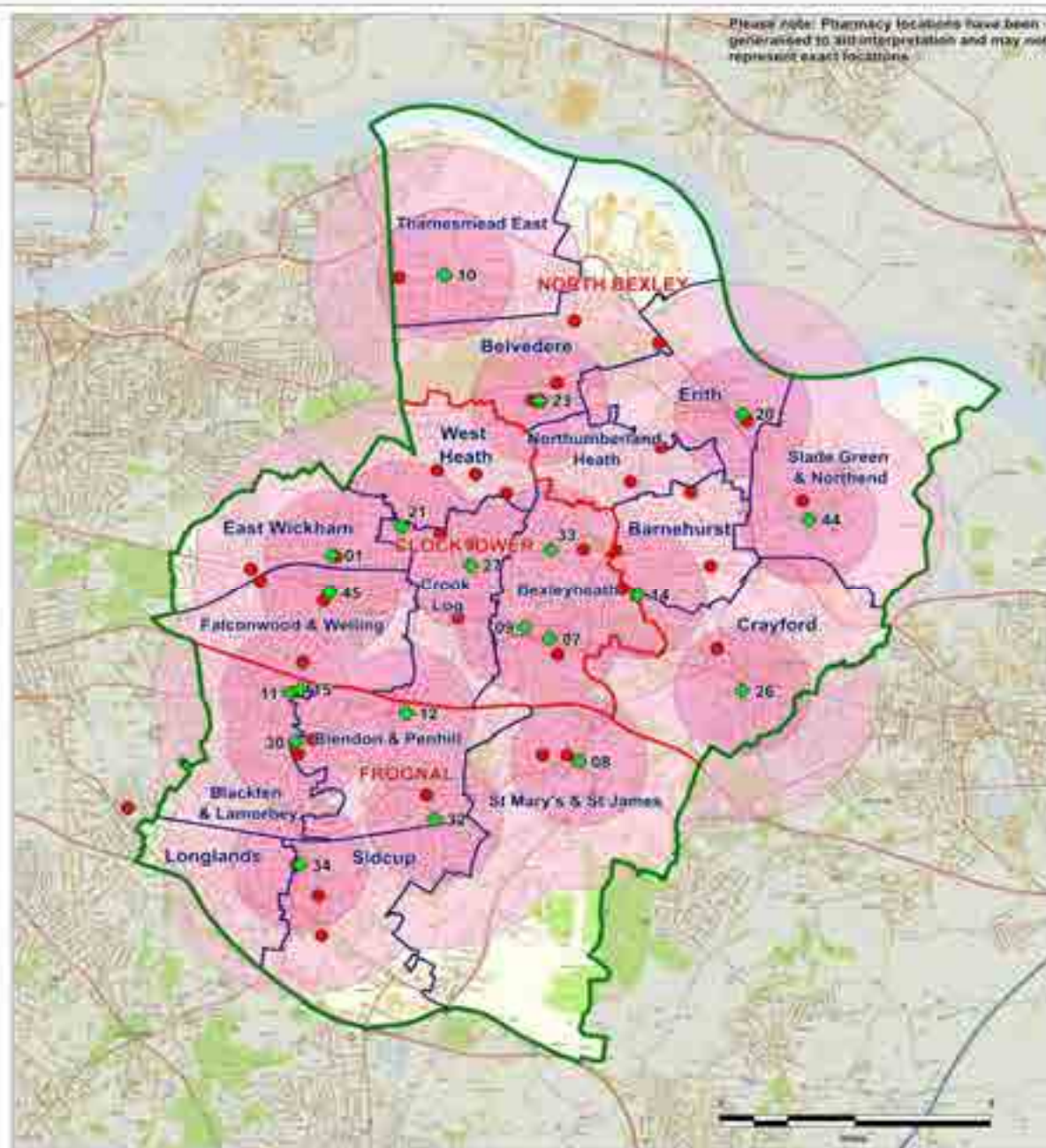
- 0.5 mile
- 1 mile

Bexley Pharmacies

01 B. H. Lewis Chemist - DA16 3HQ
07 Boots - DA6 7JJ
08 Bourne Road Pharmacy - DA5 1LQ
09 Broadway Pharmacy - DA6 7BN
10 Brownea Chemist - DA16 4AX¹
11 Brownea Chemist - DA16 8PW
12 Compact Chemist - DA5 1BT
14 Davidson Chemist - DA7 6NA
15 Day Lewis Pharmacy - DA15 9PS
20 Harrison's Pharmacy - DA8 1RE

21 Hayshill Pharmacy - DA16 1LN
23 Knightood Pharmacy - DA17 5JG
26 Lloyd's Pharmacy - DA1 4HW
27 Lloyd's Pharmacy - DA7 4QW
30 Oline Pharmacy - DA15 9ER
32 Ostron Pharmacy - DA5 3HP
33 Praise Pharmacy - DA7 5AH
34 Roadright Pharmacy - DA15 7DU
44 Well - DA5 2NU
45 Well - DA16 1TZ¹

¹ Postcode no longer in use by Royal Mail



3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Meeting the needs of those with a protected characteristic

Age	✓	Each vaccine is targeted at specific cohorts of patients: <ul style="list-style-type: none"> Flu: “At risk” patients aged 2 – 17 years PPV: Those aged 65+ years; “At risk” patients aged 2+ years MenACWY vaccine: Those aged 18-25 years People of working age may wish to access the service during extended hours
Disability	✓	Pharmacy services may be more accessible to people with a physical disability; pharmacists may administer the vaccines to housebound patients in their homes (subject to NHSE approval)
Gender	✗	No specific needs identified
Race	✓	BAME people are more likely to be in the “at risk” groups for flu and pneumococcal vaccine
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	The service is available to women who are pregnant, in the event that the advanced flu service is delayed
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision & Improvements (now and future)

- We would like to see the service commissioned from more Bexley pharmacies in order to improve:
 - Flu vaccination rates in “at risk” patients aged 2 – 64 years (uptake is below DH targets and the England and London averages) and PPV uptake (below London and England averages)
 - Access & choice, particularly during extended hours on weekdays and/or at weekends, where there is a demand for service provision e.g. in those localities where there is a high proportion of people who work full time and who may wish to access services outside of working hours

The Future

- NHS England has advised that they may wish to broaden the current portfolio of vaccines (subject to establishing appropriate logistics)
- It would be helpful to understand why some pharmacies do not wish to provide this service with a view to addressing their concerns

Conclusions

- The service aims improve the uptake of immunisation, to provide a choice of provider and to facilitate implementation of “Every Contact Counts” by offering co-administration of different vaccines, where these are clinically indicated. The scope of the service currently includes seasonal influenza vaccine, pneumococcal polysaccharide vaccine and meningococcal group A, C, W and Y conjugate vaccine
- We have concluded that this service is **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to support the role of community pharmacy in delivering immunisation services and educational interventions to increase vaccine uptake
 - The service will facilitate improving uptake of flu and PPV vaccines; it fits with the local focus on prevention and living healthier lives
 - Whilst community pharmacy is one of a range of providers offering the vaccinations, there are potentially benefits in terms of access and choice, particularly for those pharmacies which are open during extended hours on weekdays and at weekends
- 20 pharmacies are commissioned to provide the service
- We have identified the following opportunities for improvements:
 - 27 pharmacies do not provide the service; however, 11 of these are willing to offer this in the future
 - Access and choice are more limited during extended hours on weekdays & Saturday; and are very limited on Sundays. This may present a constraint for residents who prefer to visit a pharmacy outside of working hours
 - 3 pharmacies were not active; and the number of vaccines administered in 2016/17 by active pharmacies was low. Whilst there was a shortage of PPV vaccine, the reasons for low uptake of flu vaccine are not clear and this warrants further investigation because of the potential service benefits
- The HWB does not believe that an additional pharmacy is required as the improvements, set out under “Further Provision & Improvements” (box, left), may be met by the existing network of pharmacies

3.3 Locally Commissioned Services

3.3.1 Overview & Healthy Living Programme

Overview

- Regulations 4(1); 5a and 5b¹ require that the HWB considers how other NHS services affect the need for pharmaceutical services or where further provision would secure improvements or better access
- Within our PNA, we look at this from two perspectives:
 - a. Firstly, we review how other NHS services impact upon pharmaceutical need (this has been systematically considered throughout the PNA)
 - b. Secondly, we have made an assessment of services which have been directly commissioned from pharmacy by other organisations. In Bexley this includes a detailed review of the following locally commissioned services:
 - Substance misuse
 - Sexual Health
- The Healthy Living Pharmacy programme is of relevance to the commissioning of locally commissioned services. The box (right) provides a brief overview of this programme
- In undertaking our assessment of locally commissioned services, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out current and future gaps and identifying areas for further improvement
- We have also found it helpful to consider whether or not a locally commissioned service is necessary to meet the need for pharmaceutical services; or if we believe the service is relevant in that it secures improvements in access or choice
- It should be noted that applications to provide NHS Pharmaceutical Services **must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services). They should not be submitted solely on the basis of gaps identified for locally commissioned services

Healthy Living Pharmacy (HLP) Programme

- The HLP Programme aims to create an ethos which puts the local community's health and wellbeing at the heart of everything the pharmacy team does; it supports reducing health inequalities and preventing ill health by:
 - Promoting healthy living
 - Providing wellbeing advice and services
 - Supporting people to self-care and manage long-term conditions
- The HLP programme was not previously rolled out to Bexley pharmacies, however, this is now part of the Quality Payment Scheme (Appendix E)
- The programme is underpinned by three enablers:
 - Workforce development - a skilled team to proactively support and promote behaviour change, with a view to improving health and wellbeing
 - Premises which are fit for purpose
 - Engagement with the local community & other health professionals (especially GPs), social care, public health professionals and local authorities
- The HLP concept aims to provide a framework for commissioning services via 3 levels of increasing complexity and expertise:
 - Level 1 – Promotion: "Promoting health, wellbeing and self-care"; this level requires self-assessment by pharmacies against criteria defined by Public Health England; it is one of the requirements to achieve a payment under the QPS in 2017/18
 - Level 2 – Prevention: "Providing services" (commissioner-led)
 - Level 3 – Protection: "Providing treatment" (commissioner-led)

The Evidence Base

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

3.3 Locally Commissioned Services

3.3.2 Substance Misuse Services

Overview

- Bexley Substance Misuse Services support those with a drug addiction and those who misuse drugs and other substances, to stay as healthy and safe as possible
- There are two services commissioned under this portfolio:

Supervised Administration

- The service is commissioned by the Bexley SE London Business Support Unit (SEL BSU) on behalf of LBB
- It supports those with an opiate addiction as part of a detoxification programme and those on maintenance therapy
- It involves the pharmacist supervising the administration of the substitute medicine (methadone, subutex or suboxone) to ensure the patient is complying with their treatment
- The overall aim and objectives of the service include:
 - Reducing a client's need to use illicit drugs
 - Reducing the possibility of illicit drug leakage into the community
 - Reducing the level of crime associated with illicit drug use
 - Fewer accidental poisonings or overdoses
 - Improving patient outcomes

Needle and Syringe Programme

- The pharmacy-based service is commissioned by SLAM on behalf of LBB
- This service provides clean injecting equipment in exchange for used needles and syringes. It may be accessed by intravenous drug users, aged 18+ years
- It facilitates signposting and onward referral of service users to other health & social care services which helps individuals to remain healthy until they are ready to cease injecting and achieve a drug-free life
- The overall aim and objectives of the service include:
 - Improving access to clean injecting equipment and safe disposal points for injecting equipment
 - Reducing the incidence of sharing injecting equipment through the provision of free sterile injecting equipment
 - Promoting safer drug-using practices and healthier lifestyles
 - Reducing the spread of HIV, hepatitis and other blood-borne viruses
 - Complementing existing drug and alcohol services by facilitating referrals to specialist services, where appropriate

Provider Criteria

- Appropriate insurance must be in place
- The pharmacy must have service operating procedures in place

Supervised Consumption

- The pharmacy must have a private consultation area
- Pharmacists delivering the service must complete the CPPE distance learning pack, "Opiate treatment: Supporting pharmacists for improved patient care", within 2 months of signing up to the service:
- Trained pharmacists must supervise all administrations; in exceptional circumstances another pharmacist may undertake supervision
- Any locum employed for more than 4 weeks must be trained; and arrangements must be made in advance with Bexley SEL BSU

Needle and Syringe Programme

- The service should always be available when the pharmacy is open
- The pharmacist must attend annual refresher training
- The pharmacy must display the needle exchange logo in the window
- It is recommended that staff involved in service delivery are vaccinated against Hepatitis B

The Evidence Base

- Studies have demonstrated the effectiveness of community pharmacy-based substance misuse services at improving adherence, reducing medicine diversion and injecting related risks e.g. Hepatitis B, Hepatitis C and HIV infections as well as improving outcomes for service users^{19,23}
- **Supervised Administration**
 - Moderate quality evidence shows high attendance at community pharmacy-based supervised methadone administration services; and user acceptability
 - Inclusion of trained community pharmacists in the care of IV drug users attending to obtain methadone substitution treatment improves testing and subsequent uptake of hepatitis vaccination^{19,23}
 - Most drug users value community pharmacy-based services highly^{19, 23}
 - Reducing methadone-related deaths (per million defined daily doses) from 20 to 2 in Scotland; and 25 to 6 in England²⁰
 - The cost-effectiveness of pharmacy based services is not yet proven²⁰
- **Needle and Syringe Programme**
 - Community pharmacy-based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only
 - Most drug users value community pharmacy-based services highly

3.3 Locally Commissioned Services

3.3.2 Substance Misuse services

The Current Picture

Supervised Administration (SA)

- 13 (28.3%) pharmacies have been commissioned to provide the supervised administration service
- The table (next page) summarises the availability of services and **map 12** provides an overview of the distribution of pharmacies:
 - There is reasonable access and a choice of pharmacy in each locality, on weekdays (9:30am – 5:30pm) and Saturdays (10am – 1pm). At these times, most residents are able to access the service within a mile of where they live; those living in St Mary's & St James ward and Thamesmead East ward may have to travel up to 2 miles
 - Outside of these hours access is very limited particularly on:
 - Weekday & Saturday mornings when the service is only available from 3 pharmacies before 9am
 - Saturday evenings where the service is not available after 6pm
 - Sundays when only one pharmacy providing the service is open; this is located in North Bexley (Crayford ward)
- The table (top right) summarises the location and activity of pharmacies providing the service. It demonstrates the following:
 - Only 7 of the commissioned pharmacies are active (noting that one pharmacy was only commissioned in 2017/18)
 - 90.5% of the activity was in North Bexley; this may be a reflection of service user need, choice or service accessibility

Needle and Syringe Programme (NSP)

- The table (middle right) provides details of the current providers; and **map 12** shows their location
 - There are 2 pharmacy providers. One is located in North Bexley; the other is an out of area pharmacy located on the Greenwich / North Bexley border
 - Service users may choose to access the needle and syringe programme from non-pharmacy providers which have been specifically commissioned for Bexley residents
 - It should be noted that needle exchange is a “universal” service and may be accessed from any out of area provider
- The table (bottom right) summarises the activity in 2016/17:
 - Pharmacies contribute 69.2% of all service activity
 - There is variation in the number of syringes given out for each contact; this may reflect different levels of drug dependence or it may be a strategy to reduce the number of visits required by service users

Public Survey – Services used in the last 12 months (n = 146)

- 1.4% (2) respondents had used the supervised administration service; no respondents had used the Needle and Syringe Programme
- In terms of choice (now or if the service is required in the future): 11% & 8.2% said they prefer to use their regular pharmacy for SA or NSP respectively; 8.2% & 4.8% would be happy to use an alternative pharmacy; the remainder said the service is not relevant to them

Supervised Administration – 2016/17

Locality	No. of Pharmacies Commissioned	No. of Active Pharmacies	No. of Supervisions	% Total
North Bexley	5*	4	7121	90.5%
Clocktower	4	2	481	6.1%
Frognal	3	1	263	3.3%

Provider	Locality / Area	Availability of Needle Exchange		
		Weekdays	Saturdays	Sundays
Harrisons Pharmacy	North Bexley	9am – 6pm	9am – 5pm	-
A. F. Browne	Greenwich	9am – 6pm (Lunch 1pm – 2pm)	9am – 5pm	-
Erith & District Hospital / UCC	North Bexley	8am – 10pm		
Queen Mary's UCC	North Bexley	24 hours a day, 365 days a year		
The Pier Road Project	Frognal	M-W: 9am – 7:30pm Th & F: 9am – 5pm	-	-

Needle and Syringe Programme Activity (2016/17)

Provider Type	No. of contacts	% total	Av. no of syringes per contact
Pharmacies (n=2)	1,224	69.2%	18 (15 – 21)
Other providers**	387	30.8%	53 (13 – 94)

* Excludes pharmacy commissioned in 2017/18; ** No data available for Queen Mary's

3.3 Locally Commissioned Services

3.3.2 Substance Misuse

Locality	Ward	Supervised Administration									
		Weekdays				Saturdays					Sunday
		8am or earlier	9:30am – 5.30pm	7pm or later	Lunch Break	8am or earlier	10am – 1pm	5pm or later	7pm or later	Lunch Break	
North Bexley	Barnehurst	0	1	1	0	0	1	0	0	0	0
	Belvedere	0	1	1	0	0	1	1	0	0	0
	Crayford	0	1	1	1	0	1	1	0	0	1
	Erith	0	1	0	1	0	1	0	0	0	0
	Northumberland Heath	0	1	0	0	0	1	0	0	0	0
	Slade Green & Northend	0	1	1	0	0	1	0	0	0	0
	Thamesmead East	0	0	0	0	0	0	0	0	0	0
Clocktower	Bexleyheath	0	1	1	0	0	1	1	0	0	0
	Crook Log	0	1	1	0	0	1	1	0	0	0
	East Wickham	0	1	1	0	0	1	1	0	0	0
	Falconwood & Welling	0	1	0	0	0	1	1	0	0	0
	West Heath	0	0	0	0	0	0	0	0	0	0
Frognaal	Blackfen and Lamorbey	0	1	1	0	0	1	1	0	0	0
	Blendon and Penhill	0	0	0	0	0	0	0	0	0	0
	Longlands	0	0	0	0	0	0	0	0	0	0
	Sidcup	0	2	0	1	0	2	1	0	1	0
	St Mary's & St James	0	0	0	0	0	0	0	0	0	0
Total		0	13	8	3	0	13	8	0	1	1
Percentage		0%	28.3%	17.4%	6.5%	0%	28.3%	17.4%	0%	2.2%	2.2%

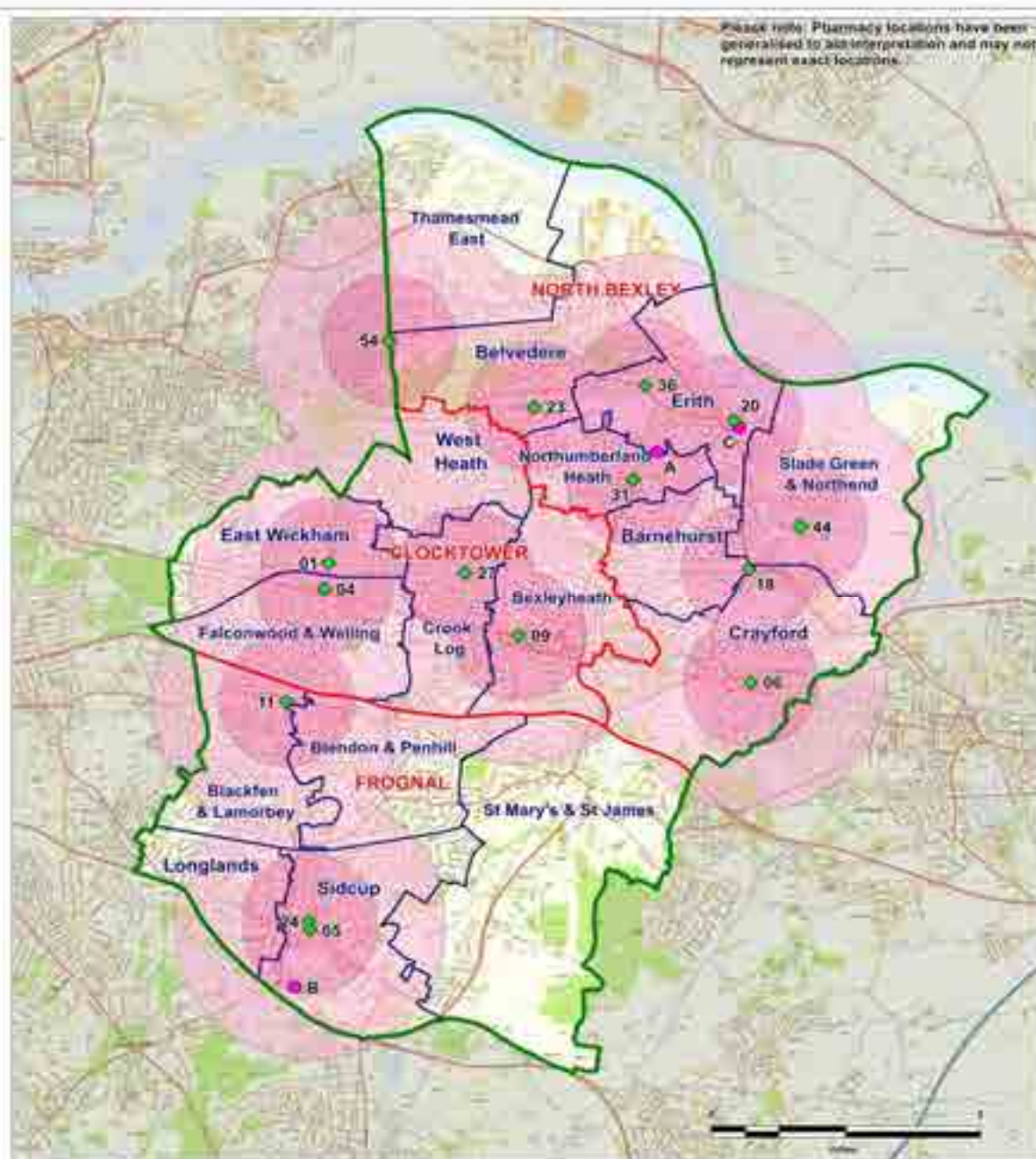
Pharmaceutical Needs Assessment Map 12 - Substance Misuse Services Supervised Administration and Needle & Syringe Programme

Legend

- ◆ Pharmacies
- ◆ Non-Pharmacy Providers of the Needle & Syringe Programme:
A Erith and District Hospital - DA8 3EE
B The Pier Road Project - DA8 1RQ
C Queen Mary's Hospital - DA14 6LT
- Bexley
- Bexley Localities
- Wards
- Distance Buffers**
 0.5 mile 1 mile

Bexley Pharmacies	SA*	NSP†
01 B. R. Lewis Chemist - DA16 3HQ	•	
04 Boots - DA16 1TY	•	
05 Boots - DA14 6EH	•	
06 Boots - DA1 4LD	•	
09 Broadway Pharmacy - DA6 7BN	•	
11 Brownes Chemist - DA15 8PW	•	
18 Daysol Pharmacy - DA1 4RA	•	
20 Harrison's Pharmacy - DA8 1RE	•	
23 Knightons Pharmacy - DA17 5JG	•	
24 Lloydspharmacy - DA14 6EQ	•	
27 Lloydspharmacy - DA7 4QW	•	
31 Orray Chemist - DA8 3HD	•	
36 Soka Blackmore Pharmacy - DA8 1DB	•	
44 Well - DA8 2NU	•	
Out of Area Pharmacies		
54 A.F. Browne Ltd - SE2 9RH	•	•

* Supervised Administration
† Needle & Syringe Programme



3.3 Locally Commissioned Services

3.3.2 Substance Misuse Services

Meeting the needs of those with a protected characteristic

Age	✓	The services may be accessed by those aged 18 years and over. For needle exchange: all clients who appear to be under the age of 18 should be referred to a project-based needle exchange service
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the substance misuse services
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision & Improvements (now and future)

- We will ensure that the services referring service users into substance misuse services, offer a choice from all pharmacies who are currently commissioned to provide the service
- In response to the JSNA (2016) recommendation, we will consider commissioning both substance misuse services from additional pharmacies, in order improve access outside of working hours
- We will liaise with the pharmacies who supervise administration on an informal basis with a view to discussing future commissioning arrangements

Areas for Support / Barriers to Delivery

- We asked contractors to share insights into areas for support and barriers to delivery in our questionnaire
- **Area identified for support:**
 - Training, and update training, for both the supervised administration and needle & syringe services
 - Improved signposting to the services
 - Materials to support service delivery e.g. information to help with signposting to the other services
 - A better understanding of how the different service providers work together
- **Barriers to service delivery:**
 - Security concerns
 - Lack of demand
 - Commissioner communication needs to be improved

The Future

- We intend to provide a more holistic support to substance misuse users, by linking various health prevention and intervention services under one contract. Pharmacies will be invited to provide the full basket of services
- Potential service developments include linking up the delivery of supervised consumption service and the needle and syringe programme
- We will review the disparity in service delivery, between pharmacy-based and non-pharmacy providers with a view optimising the number of contacts with service users

3.3 Locally Commissioned Services

3.3.2 Substance Misuse Services

Conclusions

Supervised Administration

- This service provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve service users' outcomes and to reduce the diversion of drugs into the community
- We have concluded that this service is **necessary** to meet the need for pharmaceutical services:
 - The service is only available through community pharmacy
 - Published evidence suggests that a community pharmacy model of supervised administration can improve health outcomes for service users including improved adherence to treatment
 - The service aims to tackle drug-related deaths and reduce drug-related crime
 - There is very good alignment with local strategic priorities to focus on prevention by supporting people to live healthier lives
- 13 pharmacies are commissioned to provide the service; and a further 16 pharmacies would be willing to provide the service in the future
- There is reasonable access, and a choice of pharmacy in each locality, on weekdays (9:30am – 5:30pm) and Saturdays (10am – 1pm)
- We have identified the following opportunities for improvement:
 - Very limited access to the pharmacy-based service during extended hours
 - No access to the service on Saturday evenings after 6pm
 - Only 5 pharmacies are actively delivering this service; this effectively reduces access at all times of the week
 - Taking all of this into account, it is important that:
 - Collection and supervision times are always negotiated with the service user
 - High risk patients requiring daily supervision should ideally be referred to the pharmacy which is open for 7 days a week
 - Some pharmacies which aren't currently commissioned are undertaking informal supervision; this is not ideal as these residents will not necessarily benefit from being part of a comprehensive treatment programme
 - Refer to "Further Provision & Improvements" & "The Future" for improvement opportunities to address these gaps (page 83)

Conclusions continued...

Needle and Syringe Programme

- The needle and syringe programme is an important public health service which reduces risks to injecting drug users and the general public
- We have determined that the service is not necessary to meet the need for pharmaceutical services but is a **relevant service** which brings improvements:
 - Pharmacy is one of small number of providers delivering the service and offers limited improvements in access
 - There is published evidence that pharmacy-based needle exchange programmes are cost effective and improve outcomes
 - The service supports the reduction in drug-related harm, including reducing transmission of blood-borne viruses
 - There is very good alignment with local strategic priorities with respect to supporting people with addiction and the focus on prevention
- 2 pharmacies are commissioned to provide the service; one of which is in a neighbouring borough
- An additional 27 pharmacies would be willing to provide this service in the future
- The pharmacy-based service is available on weekdays between 9am and 6pm; and on Saturdays between 9am and 5pm
- There is no access to the pharmacy-based service on Sundays. However, the needle and syringe programme may be accessed from the UCC at Queen Mary's Hospital 24 hours a day and on 365 days a year; and from the UCC at Erith & District Hospital on 7 days a week
- Activity data shows that pharmacies provide a strong contribution (69.2% of activity) to service delivery
- There is a disparity between pharmacies and non-pharmacy providers with respect to the number of contacts and the quantity of equipment issued. This impacts upon the regularity with which a user presents to services
- We intend to review the current service provision in the context of pharmaceutical need

3.3 Locally Commissioned Services

3.3.3 Sexual Health Services

Overview

- This is an integrated service comprised of three levels of services (refer to table on the right)
- The pharmacy-based service improves access to a range of sexual and reproductive health services which aim to tackle the consequences of risky sexual behaviour, specifically with a view to:
 - Increasing access to the National Chlamydia Screening Programme and, where indicated, chlamydia treatment preventing onwards transmission
 - Rapid access to timely EHC, to those aged <25, preventing unwanted pregnancy
 - Increasing awareness and use of free C-card condom scheme to reduce the spread of STIs
 - Signposting to core services for long term sexual health & contraception needs
 - Increasing safe sex awareness and reducing sexual ill health within Bexley

Provider Criteria

- The pharmacy must be able to provide the Level 1 & Level 2 service, ideally throughout both core and supplementary hours, on at least five days a week; one of which should be a Saturday
- There must be a designated confidential area on the pharmacy premises where the service user can be seen privately
- Appropriate systems must be in place for the disposal of clinical waste
- Pharmacists delivering this service must have completed the following:
 - Local Authority Commissioned Training Workshop or equivalent if “cross accreditation” authorised
 - CPPE open learning courses:
 - Emergency Contraception Programme
 - Sexual Health in Pharmacies
 - Safeguarding Children (or Bexley safeguarding online training)
 - Bexley safeguarding online training
 - Training for HIV PoCT, GUM online support and Oral Contraception [subject to these being commissioned from pharmacy]
- EHC may only be provided by an accredited pharmacist
- The pharmacy must display and utilise relevant age appropriate materials relating to sexual health, EHC and NCSP promotional materials
- Systems must be in place for the appropriate disposal of clinical waste
- The pharmacy must follow local data protection protocols and have procedures in place for complaints

Level of Service	Service Description
LEVEL 1	
Chlamydia & Gonorrhoea Screening (as part of the National Chlamydia Screening Programme)	<ul style="list-style-type: none"> • Provision of postal kits screening and advice on undertaking the test to: <ul style="list-style-type: none"> ○ Men and women aged 15 – 24 years ○ Anyone under the age of 25 years requesting EHC or condoms ○ Sexual contacts of those with a positive chlamydia test
Chlamydia Treatment	<ul style="list-style-type: none"> • Supply of antibiotics, under patient group direction, for the treatment of uncomplicated chlamydia infection to: <ul style="list-style-type: none"> ○ Service users, aged 15 – 24 years who have a laboratory confirmed positive test ○ Sexual contacts of those who have had a positive test (irrespective of age)
C-Card Free Condom Scheme	<ul style="list-style-type: none"> • Registration and supply of condoms (up to 8 per week) to young people aged 13 – 24 years
LEVEL 2 (inclusive of Level 1)	
Emergency Hormonal Contraception (EHC)	<ul style="list-style-type: none"> • Supply and supervised administration of levonorgestrel 1.5mg, under patient group direction, to all women (free of charge to those aged 15 - 24 years) • Supply of 2 condoms and provision of information on C-Card Scheme • Offer of a chlamydia screening kit
Point of Care HIV testing & GUM online Support	<ul style="list-style-type: none"> • Service in development
LEVEL 3 (inclusive of Level 1 and Level 2)	
Oral Contraception	<ul style="list-style-type: none"> • Supply of either progesterone only or combined oral contraception, under a patient group direction, to women aged under 21 years

Chlamydia Treatment for People aged 25 Years and Over

- A pilot looking at pharmacy-based treatment, who test positive to screening via the Bexley Sexual health website or via “Check Yourself”
- Belvedere Pharmacy, Bexleyheath, is the pharmacy involved

3.3 Locally Commissioned Services

3.3.3 Sexual Health Services

The Current Picture

- 18 (39.1%) pharmacies have been commissioned to provide one or more elements of the integrated sexual health service
- In our contractor questionnaire, we asked pharmacies which sexual health service elements they would be willing to provide in the future:
 - 19 additional pharmacies were prepared to offer EHC
 - 22 were prepared to offer the NCSP and chlamydia treatment
 - 20 were prepared to offer the C-Card free condom service
- The table (next page) summarises service availability:
 - Each locality has two or more pharmacies providing elements of the L1 and L2 services
 - There is reasonable access to pharmacy-based sexual health services on weekdays (9:30am – 5:30pm) & Saturdays (10am – 1pm)
 - Outside of these hours, access is much more limited:
 - On weekday evenings and Saturday afternoons, access and choice to all service elements are reduced
 - On weekdays and Saturday mornings, only one pharmacy (based in North Bexley) is open by 8am; this is the only pharmacy open on Saturday until 7pm. The pharmacy only provides NCSP and C-Card
 - On Sunday, two pharmacies, one in North Bexley & the other in Clocktower offering sexual health services open. One provides all service elements and is located centrally in Bexleyheath; the other provides NCSP, C-Card registration and distribution and is located in Crayford
- **Map 13** shows the distribution of pharmacies against a background of population density of those aged 15 – 24 years, as a proxy of need:
 - There is a reasonable spread of pharmacies across the borough
 - Service provision does not align with need. Specifically, in North Bexley there is no access to EHC within 1 mile of some areas of deprivation and areas with higher numbers of people aged 15 – 24 years
- Sexual health services are 'universal'. Residents may choose to access services in neighbouring areas; or from non-pharmacy providers (table, top right)

Public Survey – Services used in the last 12 months (n = 146)

- No respondents had used pharmacy-based sexual health services
- 1 respondent said they would be happy to use any pharmacy if the service was needed in the future
- Respondents outside of the service age range were excluded

Contraceptive & Sexual Health Services

Clinic	Locality / Area	Opening Hours
Bexley Youth Advice	North Bexley	Mon & Thurs: 4pm – 6:30pm
Erith Health Centre	North Bexley	Mon: 3:30pm – 7:30pm Tues: 4pm – 7:30pm
Lakeside Health Centre	Greenwich	Wed: 4:30pm – 6:30pm
Northumberland Health Medical Centre	North Bexley	Mon – Fri: 9am – 5pm
Oval Clinic	Frognal	Fri: 3:30pm – 7:30pm

The Evidence Base

- The effectiveness of sexual health services at improving outcomes and reducing chlamydia infections and unwanted pregnancies, has been demonstrated in studies:
 - Over 14,000 Chlamydia tests were administered in one private pharmacy over 2 years; private and NHS services improve choice for patients²⁴
 - Community pharmacy-based chlamydia testing and treatment services increase client access¹⁹ and are convenient²⁰
 - Pharmacy- based EHC services (including supply against prescription or under PGD and OTC sales) provide timely access to treatment and are highly rated by women who use them^{19, 25}
 - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, however, it is not possible to separate out the contribution of the community pharmacy service²⁶
 - Evidence of EHC impact is lacking. A randomised controlled trial noted fewer A&E visits²⁷. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referral, links to contraception advice and pregnancy testing²⁸
 - 10% of women choose pharmacy supply of EHC to maintain anonymity. Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more 'local' pharmacies¹⁹
 - The average time to access EHC was 16 hours through pharmacies compared to 41 hours through family planning clinics²²
- Our literature review did not yield any specific evidence on other pharmacy-based sexual health services such as oral contraception, pregnancy testing and the c-card scheme

3.3 Locally Commissioned Services

3.3.3 Sexual Health Services

Locality	Ward	EHC	NCSP	CT	CC- R	CC - D	Number of Pharmacies Offering Sexual Health Services									
							Weekdays				Saturdays					Sunday
							8am or earlier	9:30am – 5.30pm	7pm or later	Lunch Break	8am or earlier	10am – 1pm	5pm or later	7pm or later	Lunch Break	
North Bexley	Barnehurst	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Belvedere	1	1	0	0	1	0	1	1	0	0	1	1	0	0	0
	Crayford	0	1	0	1	1	1	1	1	0	1	1	1	1	0	1
	Erith	1	1	1	1	1	0	1	0	1	0	1	0	0	0	0
	Northumberland Heath	0	0	0	0	1	0	1	0	0	0	1	0	0	0	0
	Slade Green & Northend	1	1	1	1	1	0	1	1	0	0	1	0	0	0	0
	Thamesmead East	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clocktower	Bexleyheath	2	2	2	2	2	0	2	1	0	0	2	2	0	0	1
	Crook Log	3	3	3	3	3	0	3	2	1	0	3	1	0	0	0
	East Wickham	1	1	1	1	1	0	1	1	0	0	1	1	0	0	0
	Falconwood & Welling	2	2	2	2	2	0	2	0	0	0	2	1	0	0	0
	West Heath	2	2	2	2	2	0	2	0	1	0	2	0	0	0	0
Frognal	Blackfen and Lamorbey	1	1	1	0	1	0	1	1	0	0	1	1	0	0	0
	Blendon and Penhill	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Longlands	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Sidcup	2	2	2	2	2	0	2	1	1	0	2	2	0	1	0
	St Mary's & St James	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		16	17	15	15	18	1	1	18	9	4	1	18	9	1	1
Percentage		34.8%	37%	32.6%	32.6%	39.1%	2.2%	2.2%	39.1%	19.6%	8.7%	2.2%	39.1%	19.6%	2.2%	2.2%

Notes

EHC = Emergency hormonal contraception

NCSP = Chlamydia Screening

CT = Chlamydia Treatment

CC-R = C-Card Condom Service – registration

CC-D = C-Card Condom Service - distribution

Pharmaceutical Needs Assessment Map 13 - Sexual Health Services

Legend

- ◆ Pharmacies
■ No. Persons aged 15 - 24
 > 2,048
 1,850 - 2,048
 1,650 - 1,849
 1,450 - 1,649
 < 1,450
- Bexley
 Bexley Localities
 Wards
● CASH Clinics
 A Bexley Youth Advice - DA6 7EL
 B Erith Health Centre - DA6 1HQ
 C Upstream Health Centre - SE2 9PL
 D Northumberland Health Medical Centre - DA6 3DB
 E Oral Care - DA15 9RW
 F Nurse Practitioner Clinic, Cray Road Surgery - DA14 8EZ

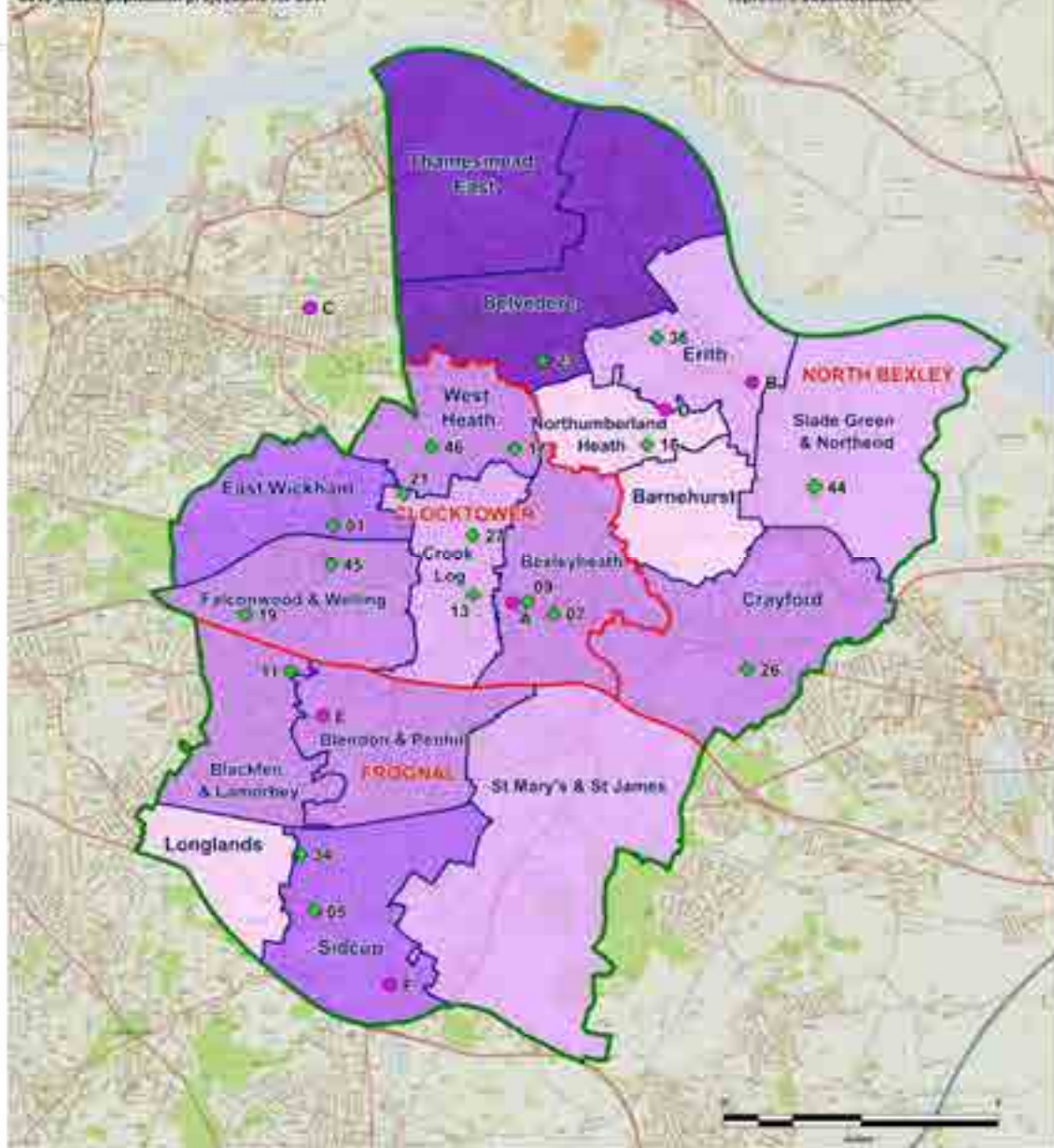
Bexley Pharmacies	EHC	NCSP	CT	C-CR	C-C-D
01 B. R. Lewis Chemist - DA16 3HQ	*	*	*	*	*
02 Boots - DA14 8EH	*	*	*	*	*
07 Boots - DA6 7JJ	*	*	*	*	*
09 Broadway Pharmacy - DA6 7BN	*	*	*	*	*
11 Brownies Chemist - DA15 5PW	*	*	*	*	*
13 Crook Log Pharmacy - DA6 8DT	*	*	*	*	*
16 Day Lewis Pharmacy - DA6 3EX	*	*	*	*	*
17 Day Lewis Pharmacy - DA7 5HH	*	*	*	*	*
18 Falconwood Pharmacy - DA16 2PL	*	*	*	*	*
21 Haystone Pharmacy - DA16 1LN	*	*	*	*	*
23 Knightons Pharmacy - DA17 5JG	*	*	*	*	*
26 Lloyd's Pharmacy - DA1 4HW	*	*	*	*	*
27 Lloyd's Pharmacy - DA7 4QW	*	*	*	*	*
34 Roadnight Pharmacy - DA15 7DU	*	*	*	*	*
38 Soka Blackmore Pharmacy - DA6 1DB	*	*	*	*	*
44 Well - DA6 2WU	*	*	*	*	*
45 Well - DA16 1TZ ^a	*	*	*	*	*
46 Well - DA7 5QR	*	*	*	*	*

Pharmacy-based Sexual Health Services include -
 EHC: Emergency Hormonal Contraception (for those aged 14 - 24 years)
 NCSP: Chlamydia Screening (for those aged 15 - 24 years; and females aged under 16 who access EHC)
 CT: Chlamydia Treatment (for those aged 15 - 24 years with a definite or equivocal diagnosis or sexual contacts of these clients irrespective of age)
 C-CR: C-Card Condom Scheme (Registration site for those aged 13 - 14 years)
 C-C-D: C-Card Condom Scheme (Distribution site for those aged 13 - 14 years)

^a Pharmacy no longer in use by Royal Mail

Population figures for new Bexley wards have been estimated using the interim GLA SHLAA 2015-based population projections for 2017

Please note: Pharmacy locations have been generalised to aid interpretation and may not represent exact locations



3.3 Locally Commissioned Services

3.3.3 Sexual Health Service

NCSP and Chlamydia Treatment – Activity Data (2016/17 and 2017/18 April - August)

Locality	Kits Distributed		No. Actual Screens		No. Positives		No. Consultations		No. Treatments Supplied		No. Partner Notifications	
	2016/17	2017/18 YTD	2016/17	2017/18 YTD	2016/17	2017/18 YTD	2016/17	2017/18 YTD	2016/17	2017/18 YTD	2016/17	2017/18 YTD
North Bexley	9	0	13	1	7	0	9	0	8	0	8	0
Clocktower	393	112	182	61	14	4	65	14	65	14	65	14
Frognaal	187	58	126	40	6	5	41	8	41	8	41	8
No Longer Commissioned	21	N/A	11	N/A	0	N/A	10	N/A	10	N/A	10	N/A
Bexley Total	610	170	332	102	27	9	125	22	124	22	124	22

Comments on Activity Data

- **NCSP**
 - Data for kits distribution relies on pharmacist completing and sending in audit forms; this doesn't always happen
 - Young people may take several months to send kits back
 - Young people may not access kits and treatment at the same pharmacy
- **EHC**
 - There is variation in activity between pharmacies; the table provides the range of supplies (lowest and highest)
 - In 2016/17, two pharmacies made in excess of 100 supplies; both of these are based in Bexleyheath ward, Clocktower
 - In 2017/18 YTD, one pharmacy (Bexleyheath ward, Clocktower) has made in excess of 100 supplies
- **C-Card Condom Scheme**
 - Activity data has not been included because some pharmacies do not maintain up to date data entry; and some do not provide data on condom distribution

Emergency Hormonal Contraception Activity

Locality	2016/17		2017/18 (Apr – Aug)	
	No. Supplied (Range)	% of total	No. Supplied (Range)	% of total
North Bexley (n = 2)	39 (13 – 34)	6.5%	35 (13 – 22)	13.7%
Clocktower (n = 8)	384 (5 – 168)	64.4%	155 (1 – 105)	60.5%
Frognaal (n = 3)	147 (38 – 60)	24.7%	66 (18 – 27)	25.8%
No Longer Commissioned (n=2)	26 (9 - 17)	4.4%	-	-
Bexley Total	596		257	

3.3 Locally Commissioned Services

3.3.3 Sexual Health Services

Meeting the needs of those with a protected characteristic

Age	✓	Pharmacy-based sexual health services are “age specific” as set out in the service overview on page 85 The pharmacy needs to assure itself that service users aged under 16 are capable of providing consent through the application of Fraser Guidelines
Disability	✓	The service and advice may need to be tailored for those with learning disabilities
Gender	✓	Young women following UPSI / male partners for chlamydia treatment
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✓	Religious beliefs need to be taken into account
Pregnancy and maternity	✓	Chlamydia can have an adverse effect on fertility; the service offers support for young women with unwanted pregnancies by referring on to other services
Sexual orientation	✓	Advice on safe sex and risky sexual behaviour. LGBT people (including those who are HIV positive) may prefer to use pharmacy services rather than GP services as they may not wish to disclose their sexuality to their GP
Gender reassignment	✗	Services need to be sensitive & tailored to people who are undergoing or who have undergone, gender reassignment
Marriage & civil partnership	✗	No specific needs identified

Further Provision & Improvements (now and future)

- We will continue to support those pharmacies striving to achieve the *full range* of services specified within the each level of service
- To address the gaps we have identified, we would like to commission the integrated service from more pharmacies; especially those which open for extended hours and/or on 7 days a week
- In the contractor questionnaire pharmacies identified that training would be helpful; funding was stated as a barrier to participating in the service by a small number of pharmacies

The Future

- The pharmacy-based service *may* be sub-contracted via a prime contractor, rather than directly by London Borough of Bexley
- We may commission HIV PoCT, GUM online support and oral contraception from pharmacies; this decision will be informed by the outcome of a pilot in another SE London HWB area

Conclusions

- The pharmacy-based service sexual health service aims to improve access to a range of sexual and reproductive health services which aim to tackle the consequences of risky sexual behaviour
- 18 pharmacies have been commissioned to provide one or more elements of the sexual health services
- A number of pharmacies, not currently commissioned, are willing to offer the service in the future; in some cases, pharmacies have signed a contract but are not live as their pharmacist(s) are going through the accreditation process
- We have determined that pharmacy-based sexual health services are **necessary** to meet the pharmaceutical needs of our population:
 - There is published evidence to demonstrate the benefits of pharmacy-based chlamydia screening and EHC supply
 - The service provides a choice of provider and potentially improves access to broad range of sexual health services
 - There is good alignment with local strategic priorities to focus on prevention by supporting people to live healthier lives; in addition the service helps to reduce teenage pregnancy and abortions in the under 18s
- We have identified the following opportunities for improvements:
 - Access is restricted to one pharmacy in North Bexley on weekdays & Saturdays at 8am; and on Saturday evenings up until 7pm or later. This pharmacy only provides NCSP and C-Card registration
 - On Sunday only two pharmacies are open and only one of these provides EHC and chlamydia treatment
 - The distribution of pharmacies doesn't align well with need in terms of population density and deprivation and young people may have to travel more than a mile to access sexual health services
 - There is variation in activity between pharmacies. For EHC, the pharmacies with highest activity rates tend to be centrally located and this may reflect the fact that some women prefer to use town centre pharmacies because of the anonymity which they afford

3. The Assessment

3.4 Looking to the Future

Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided
- In this section, we describe our *vision and ambition* for how community pharmacy may support the delivery of our local strategic priorities and public health outcomes as set out in section 2.4
- Our thinking has been influenced by a number of factors including:
 - Local strategic priorities which focus on prevention and staying healthy, tackling primary and secondary causes of premature mortality including interventions to address lifestyle risks and risky behaviours. We fully support the inclusion of the Healthy Living Pharmacy Programme, within the new quality payments scheme for community pharmacy, as a means of providing a solid foundation upon which community pharmacy can make a material difference in improving the health and wellbeing of our population
 - The accessibility and strengths of community pharmacy to offer opportunistic health promotion and brief interventions with a view to “making every contact count”¹¹
 - The opportunity for community pharmacy to play a wider role in primary care, including improving accessibility and relieving pressure on the urgent care system; signposting and a pivotal role in supporting the management of long term conditions
 - Our review of pharmaceutical needs across the life-course (Appendix F)
 - A literature review, which has looked at the evidence to support the delivery of pharmacy-based services and how these link to the NHS, Public Health and Social Care Outcomes Framework
 - The under-utilisation of our existing network of pharmacies which presents an opportunity to expand the pharmacist role and services provided
 - The use of medicines is the most common intervention in primary care. In this respect, there is a need to see pharmacy more closely integrated into patient pathways to facilitate delivery of seamless care
- The potential service developments, set out on pages 92 - 95, will be considered alongside other priorities by LBB and our partner organisations. Our local strategy is still emerging, it is not possible to set out the specific circumstances under which such services will be commissioned (*if at all*)
- We set out our aspirations for pharmacy services and premises on the next page

Bexley Vision for Pharmacy

An established ‘first port of call’	<ul style="list-style-type: none"> We wish to see community pharmacy widely recognised, and used, as a first port of call, reducing demand on other services particularly general practice and unscheduled care providers This may include building upon existing, and potentially commissioning new, pharmacy based services
An enhanced role in self-care	<ul style="list-style-type: none"> Pharmacy is well placed to support Bexley residents with self-care This may include enhancing the role of pharmacists in helping people to manage long term conditions and facilitating them to live independently at home
A wider role within primary care	<ul style="list-style-type: none"> There are opportunities to maximise the role which community pharmacy undertakes within primary care, to enhance choice for our residents, provide care closer to home and optimise the use of skill mix This may include commissioning a wider range of pharmacy-based services to be provided by pharmacists (or their staff) or through other healthcare professionals working from within pharmacy premises <i>The Bexley Asthma Management and Community Pharmacy Pilot (refer to page 92) is a good example</i>
Taking pharmacy to local Residents	<ul style="list-style-type: none"> We believe there are opportunities to resource pharmacy services on an outreach basis – whether this is directly to people in their own homes or in other settings <i>We asked pharmacies if they currently offer, or are willing to offer, outreach pharmacist consultations – the findings are summarised in the table below</i>

Pharmacist Consultations Provided on an “Outreach Basis”

	Already Offered	Willing to Offer
Patients’ Homes	8.7%	67.4%
Care Homes	13%	63%
Work Place*	63%	21.7%
GP Surgery	13%	69.6%

Pharmacies may have misinterpreted this question in the contractor questionnaire; data requires verification

3. The Assessment

3.4 Looking to the Future

Asthma Management and Community Pharmacy Pilot

Overview

- Bexley has a high incidence of asthma and it has been identified that only 48% of patients have a personalised asthma action plans
- The Bexley asthma management and community pharmacy project was launched in partnership with Our Healthier South East London during October 2017. This pioneering, innovative community change project aligns with the SEL Sustainability & Transformation Partnership concept

Aims and Outcomes

- The pilot project aims to improve asthma management in children & young adults aged 5 to 25 years by improving health outcomes and creating sustained change of asthma management across the network
- It is anticipated that the following outcomes will be achieved:
 - Reduced hospitalisations
 - Improved inhaler surveillance
 - Increased intelligence on emergency supplies and prescriptions
 - Improved health literacy
 - Achievement of QoF targets and decreased workload for GPs
 - Improved workforce development & sustainability across the network
 - Improved communication between GP practices and pharmacies
 - Improved interventions through the use of the HLP asthma toolkit and the Right Breathe App

Evaluation

- The project will be reviewed after 6 months and at 1 year

Our Aspiration for Pharmacy Services and Premises

- We have reflected upon both the gaps, needs and the areas for improvement as described within our PNA; and our vision and ambition for pharmacy
- In doing so, we have identified the HWB aspirations for pharmacy premises and services for existing contractors
- It follows, that we would anticipate that these aspirations be prioritised for future applications and have summarised these in the table (on the right)

Element	Examples of Aspiration for Pharmacy Services & Premises
Pharmacy opening hours	<ul style="list-style-type: none"> • 7 day a week opening • Extended hour opening as part of core hours: <ul style="list-style-type: none"> ○ Weekdays: As a minimum, opening at the same time as local GP surgeries and closing 30 minutes later ○ Saturday, open from 9am–5pm as a minimum; ideally open until 7pm or later; co-ordinated with GP opening where applicable ○ Sunday, open for a minimum of 6 hours and co-ordinated with GP opening, where applicable
Advanced services	<ul style="list-style-type: none"> • Accredited & prepared to offer all advanced services • Prepared to seek accreditation for all future advanced services • Willing to provide services in the domiciliary setting, including care homes (subject to NHS England approval)
Enhanced services	<ul style="list-style-type: none"> • Prepared to seek accreditation for and to offer future enhanced services (if required)
Locally commissioned services	<ul style="list-style-type: none"> • Accredited and prepared to offer all locally commissioned services • Prepared to seek accreditation for and to offer future locally commissioned services (if required) • Actively seeking to improve standards of care
Consultation Area	<ul style="list-style-type: none"> • Minimum of one area, fully compliant with the Regulations and with the following additional characteristics: <ul style="list-style-type: none"> ○ Space for a chaperone and/or a wheel chair ○ Sink with hot water and meeting other best practice requirements for infection control ○ Equipped with a telephone, computer, secure IT connection & access to NHS.net email ○ Access to patient medication records ○ Security measures i.e. panic button & CCTV ○ Patient toilet nearby
Meeting the needs of those with a disability	<ul style="list-style-type: none"> • Premises and services should be suitably adapted to meet the needs of those with a disability including: <ul style="list-style-type: none"> ○ Wheelchair access to all public areas within the pharmacy ○ Hearing loop, including within the consultation area ○ Provision of support for people with cognitive impairment ○ Provision of a 'dementia friendly' environment

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	STP	LBB Plans & Strategies	Public Health Priorities	CCG Priorities
Palliative Care & Specialist Medicines (possibly London-wide) <ul style="list-style-type: none"> A service would aim to improve timely access to palliative care & specialist medicines In some areas, pharmacies are commissioned to hold a “formulary” of medicines as a back up where a patient’s regular pharmacy cannot supply 	<ul style="list-style-type: none"> Integrated urgent care system with use of alternative services including pharmacy Supports provision of care closer to home 	<ul style="list-style-type: none"> Ageing Well Strategy – Theme 3: developing new approaches to care and support 	<ul style="list-style-type: none"> No specific links to the public health priorities or strategy 	<ul style="list-style-type: none"> Cancer and end of life care – support in the last 12 months of life to enable people to die in their normal place of residences
Urgent minor illness service <ul style="list-style-type: none"> A future minor illness service may supplement the role of pharmacy supporting people with self-care The scope may include the supply of medicines (including prescription only medicines under PGD) as an alternative to patients accessing these via their GP or other urgent care services; and referral to other health and social care professionals, if required 	<ul style="list-style-type: none"> Integrated urgent care system with use of alternative services including pharmacy Encouraging self-care 	<ul style="list-style-type: none"> No specific links to LBB Corporate Plan or Strategies 	<ul style="list-style-type: none"> JHWS – improving primary care by supporting patients to manage their own care 	<ul style="list-style-type: none"> Encourages self-care
Screening & Diagnostics <ul style="list-style-type: none"> Pharmacy based screening and/or diagnostics to help identify “unmet need” e.g. <ul style="list-style-type: none"> Blood-borne virus testing Blood pressure checks Simple near-patient testing blood tests These could be undertaken by pharmacists or other healthcare professionals on pharmacy premises 	<ul style="list-style-type: none"> Focus on prevention and staying healthy Early identification of long term conditions 	<ul style="list-style-type: none"> Brilliant Bexley – Priority 4: Living well Ageing Well Strategy – Theme 3: developing new approaches to care and support 	<ul style="list-style-type: none"> Draft Prevention Strategy – Secondary prevention to reduce impact of disease through early identification 	<ul style="list-style-type: none"> Early identification helps deliver the CCG vision to help residents stay in better health for longer Provision of care closer to home

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	STP	LBB Plans & Strategies	Public Health Priorities	CCG Priorities
Management of LTCs <ul style="list-style-type: none"> Support for monitoring and/or management of LTCs, within the framework of a care plan e.g. <ul style="list-style-type: none"> Assessing & monitoring disease control and medication (e.g. blood tests, BP, anti-coagulation etc) Education on self care The service could be: <ul style="list-style-type: none"> Pharmacist-led or another healthcare professional working within the pharmacy Pharmacy based; or outreach 	<ul style="list-style-type: none"> Prevention and staying healthy through improved management of long term conditions Fits with the concept of integrating pharmacists into new care teams 	<ul style="list-style-type: none"> Brilliant Bexley – Priority 4: Living well Ageing Well Strategy – Theme 3: new approaches to care and support 	<ul style="list-style-type: none"> JHWS – improving primary care by co-ordinating care for those with LTCs Draft Prevention Strategy – Secondary prevention to reduce impact of disease through treating at the earliest opportunity 	<ul style="list-style-type: none"> Helps residents stay in better health for longer Provision of care closer to home
Social Prescribing <ul style="list-style-type: none"> Consider if community pharmacy has a role in social prescribing 	<ul style="list-style-type: none"> Targeting interventions aimed at tackling obesity 	<ul style="list-style-type: none"> Ageing Well Strategy – Theme 1: Tackling loneliness and building connected communities 	<ul style="list-style-type: none"> No specific links to the public health priorities or strategy 	<ul style="list-style-type: none"> Supports self-care Implementation of proactive care
Immunisations <ul style="list-style-type: none"> Expand the range of immunisations administered through pharmacy. This could include: <ul style="list-style-type: none"> Childhood immunisations Hepatitis B vaccination Travel vaccinations 	<ul style="list-style-type: none"> Prevention and staying healthy 	<ul style="list-style-type: none"> Brilliant Bexley – Priority 4: Living well 	<ul style="list-style-type: none"> JHWS – prevention Draft Prevention Strategy – Primary prevention to prevent disease before it occurs Draft Prevention Strategy – Giving children and young people the best start in life 	<ul style="list-style-type: none"> Primary prevention & wellness – focusing on the well child Helps residents stay in better health for longer
Sexual Health <ul style="list-style-type: none"> Additional level 2 elements including point of care HIV testing; GUM online support Level 3: Oral contraception 	<ul style="list-style-type: none"> Prevention and staying healthy 	<ul style="list-style-type: none"> Brilliant Bexley – Priority 3: Strong and resilient communities and families Brilliant Bexley – Priority 4: Living well 	<ul style="list-style-type: none"> JHWS – prevention Draft Prevention Strategy – Primary prevention to prevent disease before it occurs 	<ul style="list-style-type: none"> Helps residents stay in better health for longer
Alcohol Identification & Brief Advice (IBA) <ul style="list-style-type: none"> Delivery of alcohol IBA service either within the pharmacy or in an outreach setting 	<ul style="list-style-type: none"> Prevention and staying healthy Targeted interventions 	<ul style="list-style-type: none"> Brilliant Bexley – Priority 4: Living well Ageing Well Strategy – Themes 2 and 3 	<ul style="list-style-type: none"> JHWS – prevention Draft Prevention Strategy – Primary prevention to prevent disease or injury before it occurs 	<ul style="list-style-type: none"> Helps residents stay in better health for longer May reduce alcohol-related attendance at A&E & admissions

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	STP	LBB Plans & Strategies	Public Health Priorities	CCG Priorities
Healthy Start Vitamin Supply <ul style="list-style-type: none"> • Healthy Start is a UK-wide scheme to improve the health of low-income pregnant women & families on benefits and tax credits • Women who are at least 10 weeks pregnant & families with children under four years old may qualify • There is a local issue with respect to people being able to obtain healthy start vitamins • Community pharmacy could act as a distribution point to improve accessibility for local residents 	<ul style="list-style-type: none"> • Focus on prevention and staying healthy 	<ul style="list-style-type: none"> • Brilliant Bexley – Priority 3: Strong and resilient communities and families • Brilliant Bexley – Priority 4: Living well 	<ul style="list-style-type: none"> • JHWS – prevention • Draft Prevention Strategy – Primary prevention to prevent disease before it occurs • Draft Prevention Strategy – Giving children and young people the best start in life 	<ul style="list-style-type: none"> • Primary prevention & wellness – focusing on the well child
Health Information Hubs <ul style="list-style-type: none"> • Build upon the health promotion and signposting role so that community pharmacy becomes a recognised “Health Information” point • Residents will either be supported directly in the pharmacy and/or signposted on to other services depending upon their needs • Community pharmacies could become health champions 	<ul style="list-style-type: none"> • Focus on prevention and staying healthy • Advice on the use of alternative services 	<ul style="list-style-type: none"> • Brilliant Bexley – Priority 3: Strong and resilient communities and families • Brilliant Bexley – Priority 4: Living well • Ageing Well Strategy – Theme 1: Tackling loneliness and building connected communities • Ageing Well Strategy – Theme 2: Being Healthy & Active 	<ul style="list-style-type: none"> • JHWS – prevention • Draft Prevention Strategy – Primary prevention to prevent disease or injury before it occurs 	<ul style="list-style-type: none"> • No specific links to the strategy
Mental Health <ul style="list-style-type: none"> • Exploring the role of pharmacy in the “Dementia Action Alliance” 	<ul style="list-style-type: none"> • Focus on prevention and staying healthy • Improved services for people with dementia 	<ul style="list-style-type: none"> • Brilliant Bexley – Priority 3: Strong and resilient communities and families • Ageing Well Strategy – Themes 1, 2 and 3 	<ul style="list-style-type: none"> • JHWS – Dementia 	<ul style="list-style-type: none"> • No specific links to the strategy

3. The Assessment

3.5 Regulatory Statements

NECESSARY SERVICES Services which are necessary to meet the need for pharmaceutical services		RELEVANT SERVICES Services which have secured improvements or better access to pharmaceutical services		
In the HWB area Regulation 4 (1); 1 (a)	Outside the HWB area Regulation 4 (1); 1 (b)	In the HWB area Regulation 4 (1); 3 (a)	Outside the HWB area Regulation 4 (1); 3 (b)	Other pharmaceutical services which affect the assessment Regulation 4 (1); 3 (c)
<ul style="list-style-type: none"> Essential Services Medicines Use Reviews & Prescription Interventions New Medicine Service Flu Vaccination Advanced Service NHS Urgent Medicine Supply Advanced Service (pilot) London Pharmacy Vaccination Service 	<ul style="list-style-type: none"> Essential services provided by pharmacies in neighbouring HWB areas NHS Urgent Medicine Supply Advanced Service (pilot) 	<ul style="list-style-type: none"> Stoma Appliance Customisation Service Appliance Use Reviews 	<ul style="list-style-type: none"> Stoma Appliance Customisation Service provided by out of area pharmacies and DACs Appliance Use Reviews provided by out of area pharmacies and DACs 	<ul style="list-style-type: none"> None identified inside or outside of the HWB area

Regulation	Summary of Gaps, Needs and Improvements
Necessary Services – gaps in provision (current need) Schedule 1; Regulation 4(1); 2(a)	<ul style="list-style-type: none"> No gaps or need identified
Necessary Services – gaps in provision (future need) Schedule 1; Regulation 4(1); 2(b)	<ul style="list-style-type: none"> No gaps or need identified
Improvements or Better Access Schedule 1; Regulation 4(1); 4(a)	<ul style="list-style-type: none"> Access and choice to all services (essential, advanced, enhanced and locally commissioned services) could be enhanced if more pharmacies in the existing network were resourced to open for extended hours on weekdays and at weekends. This would strengthen alignment with GP practice & hub opening hours; and would improve access for residents who prefer to use a pharmacy outside of working hours The existing pharmacy network could do more to support those with hearing impairment and through the provision of “aide memoires” for those with cognitive impairment The HWB does not believe an additional pharmacy is required as all of the above improvements may be met from the existing network of pharmacies
Future improvements or Better Access Schedule 1; Regulation 4(1); 4(b)	<ul style="list-style-type: none"> Access and choice as described under “Improvements or Better Access” above
Other NHS services which affect the need for pharmaceutical services or where further provision would secure improvements or better access Schedule 1; Regulation 4(1); 5 (a and b)	<ul style="list-style-type: none"> We have not identified any gaps or needs for other NHS services (provided or arranged by a local authority, NHSE, a CCG, an NHS Trust or NHS Foundation Trust) which affect the need for pharmaceutical services; or where further provision of pharmaceutical services would secure improvements, or better access, to these services

4. Consultation Report

Consultation Approach

- Bexley Health and Wellbeing Board has undertaken a consultation on a draft of its Pharmaceutical Needs Assessment
- The consultation was initiated on the 30 November 2017 and ended at midnight on the 1 February 2018. This period exceeded the minimum 60 day consultation required by the Regulations
- The consultation was managed electronically:
 - All stakeholder groups, as stated within the Regulations, were invited to participate (refer to the box below)
 - Stakeholders were emailed on the 30 November 2017 to advise that they were being invited to participate in the consultation; and to provide notification that this was now live
 - A hard copy letter was posted 1st class on the same day. This was sent to Chief Executives of NHS & other provider organisations and neighbouring HWBs. A copy was also sent to community pharmacy contractors as a precaution to ensure that all stakeholders were served with a draft of the PNA
 - The draft PNA and associated appendices were posted on a dedicated page on the Council website; participants were advised that they may request a hard copy of the draft PNA, free of charge, if required
 - Respondents were required to complete standard response questions (Appendix I). They were given the option of using an on-line survey tool or completing the form and emailing this back to a dedicated email address

Consultation Outcome

- All feedback was consolidated into a document for review by the PNA Steering Group on the 13 March 2018
- In total, 14 responses were received, by the consultation deadline, from the following stakeholders:
 - NHS England, London Region
 - Bexley, Bromley & Greenwich LPC
 - Healthwatch Bexley
 - NHS Bexley CCG
 - 10 community pharmacy contractors (representing a total of 14 pharmacies)
- One pharmacy submitted a response after the deadline. This response was not accepted, apart from to note and address an inaccuracy which was raised
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix J
- Where applicable, the draft PNA was updated to reflect the decision of the PNA Steering Group

Stakeholder Groups invited to Participate in the Consultation

Stakeholders Specified Within the Regulations

- Healthwatch Bexley
- Bexley, Bromley & Greenwich Local Pharmaceutical Committee
- Bexley Local Medical Committee
- Bexley NHS Pharmaceutical Services Contractors (46 pharmacies)
- NHS England Local Area Team
- Neighbouring Health & Wellbeing Boards (Bromley, Greenwich and Kent)
- Oxleas NHS Foundation Trust

Other Stakeholder Groups

- NHS Bexley Clinical Commissioning Group
- Members of the Bexley Health & Wellbeing Board
- Dartford & Gravesham NHS Trust
- Lewisham & Greenwich NHS Trust
- Kings College Hospital NHS Foundation Trust
- South London & Maudsley NHS Foundation Trust
- Greenwich and Bexley Community Hospice

Annex A

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Annex B

Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	LTC	Long Term Condition
AUR	Appliance Use Reviews	MMR	Measles, Mumps and Rubella
BAME	Black, Asian and Minority Ethnic	MURs	Medicines Use Reviews
CCG	Clinical Commissioning Group	NHSE	NHS England
CCTV	Closed Circuit Television	NICE	National Institute for Health & Care Excellence
COPD	Chronic Obstructive Pulmonary Disease	NMS	New Medicine Service
CPD	Continuing professional development	NUMSAS	NHS Urgent Medicines Supply Advanced Service
CPPE	Centre of Pharmacy Postgraduate Education	OCU	Opiate / Crack Cocaine User
CVD	Cardiovascular Disease	ONS	Office of National Statistics
DAC	Dispensing Appliance Contractor	OXLEAS	Oxleas NHS Foundation Trust
EHC	Emergency hormonal contraception	PANSI	Projecting Adult Needs and Service Information
EPS	Electronic prescription services	PGD	Patient Group Direction
FP10	NHS Prescription Form	PhAS	Pharmacy Access Scheme
FT	Foundation Trust	PHE	Public Health England
GLA	Greater London Authority	PHOF	Public Health Outcomes Framework
GP	General practitioner	PhS	Pharmaceutical Services (national contract)
GUM	Genito-urinary medicine	PI	Prescription Intervention
HIV	Human Immunodeficiency Virus	PMR	Patient Medication Record
HLP	Healthy living pharmacy	PNA	Pharmaceutical Needs Assessment
HPA	Health Protection Agency	POPPI	Projecting Older People Population Information System
HWB	Health & Wellbeing Board	PSNC	Pharmaceutical Services Negotiating Committee
IBA	Identification and Brief Advice	QMH	Queen Mary's Hospital
IMD	Index of multiple deprivation	QoF	Quality and Outcomes Framework
JHWS	Joint Health & Wellbeing Strategy	QPS	Quality Payment Scheme
JSNA	Joint Strategic Needs Assessment	SACS	Stoma Appliance Customisation Services
LAs	Local Authorities	SEL	South East London
LBB	London Borough Bexley	SHLAA	Strategic Housing Land Availability Assessment
LCN	Local Care Network	SLaM	South London & Maudsley NHS FT Trust
LGBT	Lesbian, Gay, Bisexual, Transgender	STIs	Sexually Transmitted Infections
LMC	Local Medical Committee	STP	Sustainability & Transformation Plan
LPC	Local Pharmaceutical Committee	UPSI	Unprotected Sexual Intercourse
LPS	Local Pharmaceutical Services (local contract)	WHO	World Health Organisation
LSOA	Lower Super Output Areas		