

Thurrock Council

# Pharmaceutical Needs Assessment

November 2014



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## Executive Summary

As from 1st April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services in its area otherwise referred to as a pharmaceutical needs assessment (PNA).

The PNA is a key document that will be utilised in the development and improvement of pharmaceutical services in Thurrock. NHS England who are responsible for commissioning pharmaceutical services are also expected to make reference to the PNA when making decisions about market entry for new service providers as well as in commissioning advanced and enhanced services. It is essential that PNAs are of high standard and robust enough to withstand legal challenges that could occur due to the PNA's relevance to decisions about commissioning services and new entries on the Pharmaceutical List. Reference to the PNA will also be made to matters concerning pharmacy relocations and changes to opening hours.

## Process

The main aim of the Thurrock PNA is to describe the current pharmaceutical services in Thurrock, systematically identify any gaps/unmet needs and in consultation with stakeholders make recommendations on future development.

To oversee the process, a PNA Steering Group was formed in December 2013 membership of the group is included in the acknowledgment section above. The Head of Public Health with the Needs Assessment Manager in Thurrock council secured a project manager to complete this document.

A sixty day public consultation of the PNA document was undertaken between 23 July 2014 and 22 September 2014 where views from the public and other stakeholders were considered by the PNA Steering Group and incorporated into the PNA where appropriate. These comments are summarised in the appendix and were utilised when completing the final document to be published once approved by the Health and Wellbeing Board in November 2014.

## Key findings & recommendations

Thurrock is located in the south of Essex and lies to the east of London on the north bank of the River Thames with an area of 165 square kilometres. It has a diverse and growing population with a population density of 976 persons per square kilometre. The borough is comprised of 20 wards, with areas in the central and eastern parts that are most affluent and have the healthiest residents in the borough.

The population of Thurrock as of June 2013 was 160,859 this is an increase of 1,316 people since the previous year, representing a percentage rise of 0.8%. This increase is consistent with recent trends and is mainly due to the difference between births and deaths. There were 2,352 births and 1,139 deaths. A total of 6,426 residents moved into the borough from other parts of England and Wales and 6,464 moved out. A total of 713 people moved into the borough from areas outside England and Wales and 588 moved out. The most significant increases are in the 5-9 year age band at 5.7%; the 65-69 year age group at 6.8%; and the over 90s age group at 5.2%.

Thurrock has 35 community pharmacists and has more pharmacies per 100,000 than similar boroughs, East of England and England. As such it is well resourced with regards to pharmaceutical services. Distribution of pharmacies within Thurrock vary between localities, the Western locality has the most pharmacies (12/35), followed by the Central locality (10/35 pharmacies), the Southern locality (7/35 pharmacies) and the Eastern locality (6/35 pharmacies). There is a good correlation between deprivation and the number of pharmacies by locality; there is a good spread of pharmacies that span over the two mile boundary in most of Thurrock that residents have a good choice of pharmacies to access. Apart from the eastern locality residents from Corringham and Fobbing ward and the central and northern part of Orsett may need to travel more than two miles to access their nearest pharmacy within Thurrock.

The PNA noted that with regards to North Orsett, there is lower demand of pharmaceutical services, as the land is green belt and therefore has a low population density. In the eastern part of the borough, there is a higher density of people aged over 75yrs and 85yrs who are more likely to have mobility problems and therefore find accessing pharmacies more challenging than the general population. It is likely; however, that these residents are able to access pharmacies in their neighbouring boroughs within this distance, and particularly in south Benfleet and Canvey Island This is an area for further work.

There are no contractual obligations for pharmacies to open during Bank/other holidays but many do so, based on a business decision. NHS England commission Bank holiday rota hours when these are considered necessary.

Not all pharmacies are accessible to wheelchair users. Pharmacies are required, where possible to make reasonable adjustments to ensure patients and customers with a disability are able to access services. More information needs to be collected to determine the provisions in place within each pharmacy that enables those who are disabled to access pharmaceutical services.

We need to ensure that pharmacies are able to effectively communicate with all Black Asian and Ethnic Minority (BAME) groups as we know that there is a correlation between health inequalities and diversity within the population. With our growing BAME populations we need to work with pharmacies to agree how to engage wider with these groups.

Pharmaceutical service providers have the potential to play a greater role in identifying and helping to address health issues as they are based at the heart of communities including rural and deprived areas and have daily interactions with local populations. Evidence from the Healthy Living Pharmacy initiative, implemented in 2010, shows that community pharmacies can make a significant impact in improving the health and wellbeing of local communities.

We would like to see a larger number of accredited pharmacies in Thurrock actively providing enhanced services to serve the local population.

There is currently scope and capacity within the existing pharmacy and primary care networks to target additional patients who would benefit from Medicine Use Reviews and Prescription Interventions.

Thurrock currently has 35 community pharmacies, including two distance selling pharmacies and five pharmacies that are required to open for 100 hours per week. There are currently no dispensing appliance contractor's in Thurrock, but these services can be accessed outside the borough. There are two doctors providing dispensing services in Thurrock and currently no Local Pharmaceutical Service contracts in place in Thurrock. The HWB will need to consider whether residents have reasonable access and choice with regards to dispensing appliances by pharmacies this includes pharmacies that are required to open for 100 hours per week. There are currently no dispensing appliance contractor's in Thurrock. There are two doctors providing dispensing services in Thurrock and currently no Local Pharmaceutical Service contracts in place in Thurrock. The HWB will need to consider whether residents have reasonable access and choice with regards to dispensing appliances by pharmacies and dispensing contractors (that can be accessed outside of Thurrock).

We hope that our Pharmaceutical service providers will play a greater role in providing a range of clinical and public health services that will deliver improved health and be of consistently high quality to include the management of long term conditions, new approaches to urgent and emergency care, providing services that will contribute more to out of hospital care and supporting the delivery of improved efficiencies across a range of services.



## 1. Introduction

From April 2013, every Health and Wellbeing Board (HWB) in England has the statutory responsibility<sup>1</sup> to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

The Provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing contractor (DAC) or dispensing doctor (rural areas only) who wishes to provide pharmaceutical service must apply to be on the Pharmaceutical List. It is the responsibility of NHS England for considering applications and maintaining the Pharmaceutical List.

The PNA will contribute to commissioning pharmaceutical services with regards to the context of local priorities. It will therefore be used by NHS England to make market entry decisions regarding the Pharmaceutical List as well as commissioning services from local community pharmacies. It is important that HWBs develop robust PNAs as this could lead to legal challenges based on the PNA's relevance around decisions about commissioned services and new pharmacies opening.

A PNA is a comprehensive assessment to identify unmet service needs within a population. The information is an effective tool for commissioners, Local Authority, the Clinical Commissioning Group (CCG), Public Health England and NHS England to identify current and future commissioning of services from pharmaceutical service providers. The Department of Health (DH) has published an information pack to support local authorities and HWBs to interpret and implement PNAs.<sup>2</sup>

This PNA has been produced by Thurrock Council's Health and Wellbeing Board (HWB), in accordance with the National Health Service (Pharmaceutical Services and Local Services) Regulations 2013 (SI 2013 No. 349). This document supersedes the NHS South West Essex PNA, January 2011.

### 1.1 Legislative background

#### 1.1.1 Duty of the Health and Wellbeing Board

- **Publish and maintain the PNA**  
HWBs must have published a PNA by 1<sup>st</sup> April 2015. The PNA will have a maximum lifetime of three years.
- **Maintain and keep the PNA up to date**  
In response to changes in the availability of pharmaceutical services, HWBs are required to determine whether there is a need to revise the PNA or, where this is considered to be a disproportionate response, to issue and keep up to date supplementary statements describing the changes in pharmaceutical services.

- **Respond to a consultation by a neighbouring HWB**

HWB have a further responsibility to respond to a draft PNA when consulted by a neighbouring HWB. The HWB must consult with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) for the area (unless the LPC and LMC service both areas) before making its own response to the consultation.

### 1.1.2 Minimum Requirements of inclusion for the PNA

Schedule 1 of the Regulations sets out the minimum information that must be included in the PNA, these are:

- Necessary services that meet the need for pharmaceutical services in its area. This should include current provision (within the HWB area and outside the area) as well as any current or future gaps in provision.
- Relevant services that are not necessary to meet the need for services in its area, nevertheless have secured improvements, or better access to pharmaceutical services. This should include current provision (within the HWB area and outside the area) as well as any current or future gaps in provision.
- Other NHS Services provided or arranged by the Local Authority, HWB, Public Health England, NHS England, a CCG, an NHS Trust or Foundation Trust that affects the current or future needs for pharmaceutical services, or would secure improvement, or better access to current or future pharmaceutical services within its area or that have unforeseen benefits.
- A map identifying the premises at which pharmaceutical services are provided in the area of the HWB. The regulations specify the keeping up to date of this map, in so far as is practicable.
- An explanation of how the assessment is carried out including:
  - How localities were determined.
  - How different needs of different localities have been taken into account.
  - How the needs of different groups who are a similar protected characteristic (defined in the Equality Act 2010) has been considered.
- A report on the consultation undertaken.

### 1.1.3 Consultation Requirements

HWB are required to undertake a consultation for a minimum period of 60 days. The regulation sets out that the following bodies within each HWB must be consulted at least once:

- Any Local Pharmaceutical Committee.
- Any Local Medical Committee.
- Any persons on the pharmaceutical lists and any dispensing doctors list.
- Any LPS chemist with whom the NHS England has made arrangements for the provision of any local pharmaceutical services.
- Any local Healthwatch organisation and other patient, consumer or community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services.
- Any NHS trust or NHS foundation trust.

- The NHS England and
- Any neighbouring HWB.

#### 1.1.4 Matters for Consideration when making Assessments

Regulation 9 sets out the following matters HWBs must have regards to when developing their PNAs as far as practicable to do so:

- The demography of its area, as set out in the Joint Strategic Needs Assessment (JSNA).
- Whether there is sufficient choice with regards to obtaining pharmaceutical services
- Any differing needs of different localities in its area.
- The pharmaceutical services provided in neighbouring HWB which affect the need for pharmaceutical services in its area, or whether further provision of pharmaceutical services would secure improvements, or better access to pharmaceutical services within the area.
- Other NHS services provided in or outside the area that affect the need for pharmaceutical services, or whether further provision of pharmaceutical services would secure improvements, or better access to pharmaceutical services within the area; and
- Likely future pharmaceutical needs.

## 2. Scope

### 2.1 Process followed for developing the PNA

This PNA was developed using the following regulations:

- National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2013.
- Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards.

A PNA is defined in the regulations as:

*“The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.*

The pharmaceutical service to which each pharmaceutical needs assessment must relate are *“all the pharmaceutical services that maybe provided under arrangements made by the NHS England”* and encompasses pharmacies that are included on the Pharmaceutical List.

Table 1 below summarises what is meant by pharmaceutical services, provided by each type of contractor that has been considered within the scope of this PNA. Whether a service falls within this scope is dependent on who the service provider is and what service is provided.

Table 1

Contractor Type	Pharmaceutical Services
<p>Pharmacy Contractors  <b>A person or body who provides services under the national contractual framework. All community pharmacies providing NHS pharmaceutical services are required to provide essential services.</b></p> <p><b>Advanced services and enhanced services are those services defined in the Pharmaceutical Services (Advanced and Enhanced services) (England) Direction 2013.</b></p> <p><b>A contractor may choose to provide advanced services. They would need to meet specific requirements in relation to premises, training and notification to NHS England.</b></p> <p><b>Enhanced Services are those services commissioned by NHS England in response to a local need. The range of services that may be commissioned are defined within the Regulations.</b></p>	<p>Essential services</p> <ul style="list-style-type: none"> <li>• Dispensing and actions associated with dispensing including repeatable dispensing</li> <li>• Disposal of unwanted medicines</li> <li>• Promotion of healthy lifestyles, including public health campaigns</li> <li>• Prescription-linked interventions</li> <li>• Signposting</li> <li>• Support for self-care</li> </ul> <p>Advanced services</p> <ul style="list-style-type: none"> <li>• Medicine Use Reviews and Prescription Interventions (MURS).</li> <li>• New Medicines Services (NMS).</li> <li>• Appliance Use Reviews (AUR) – No services provided in Thurrock, but services can be accessed outside the borough and via the internet.</li> <li>• Stoma Appliance Customisation Services (SAC)</li> </ul> <p>Enhanced services</p> <ul style="list-style-type: none"> <li>• Seasonal Influenza – national programme</li> </ul>
<p>Dispensing Appliance Contractors  <b>(appliance suppliers are a specific sub-set of NHS pharmaceutical contractors who supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc). They cannot supply medicines.</b></p>	<ul style="list-style-type: none"> <li>• None in Thurrock, but services can be accessed outside the borough</li> </ul>
<p>Local Pharmaceutical Service Contractors  <b>Pharmacies that provide “local pharmaceutical” services based on need. They are commissioned by NHS England under a locally defined contract</b></p>	<ul style="list-style-type: none"> <li>• None in Thurrock</li> </ul>
<p>Dispensing Doctors  <b>Medical practitioners that are authorised to provide drugs and appliances in designated rural areas known as ‘controlled localities’</b></p>	<p>No other NHS services may be provided under arrangements made by NHS England</p>

### 2.1.1 Other Commissioned Services

The regulations state that when making an assessment, the HWB are required to consider how other services affect the need for pharmaceutical services. These are NHS services commissioned or arranged by other bodies/organisations i.e. Local Authorities, CCGs and NHS Trusts. For this section we have considered and assessed services that have been directly commissioned by other NHS bodies and how other NHS services may impact upon the need for pharmaceutical services.

### 2.1.2 Services commissioned by other NHS organisations

Table 2 below summarises the services that are commissioned from community pharmacy by other NHS organisations.

**Table 2**

<b>Commissioner</b>	<b>Services through primary care</b>
<b>Thurrock Local Authority</b>	Public Health <ul style="list-style-type: none"><li>• Substance misuse<ul style="list-style-type: none"><li>○ Needle Exchange</li><li>○ Supervised Consumption</li></ul></li><li>• Sexual Health<ul style="list-style-type: none"><li>○ Chlamydia testing and treatment</li><li>○ Emergency hormonal contraception</li><li>○ Condom distribution (C-card) scheme</li></ul></li></ul>
<b>Clinical Commissioning Group</b>	No services currently commissioned from pharmacy
<b>North East London Foundation Trust</b>	<ul style="list-style-type: none"><li>• Stop smoking services</li></ul>

### 2.1.3 Services that currently affect the need for Pharmaceutical services

Table 3

Locality	Ward	Service	Opening hours
<b>Rapid response Assessment service + Emergency Duty Team</b>	Basildon	Crises support in health, mental health, social care and voluntary services	08:45 – 19:00 19:00 - 08:45
<b>Walk in Centre Grays</b>	Grays	Minor illnesses and injuries that do not need a visit to A&E	08:00 – 20:00
<b>Out of Hours GP service</b>	Basildon	Telephone triage, with telephone management/consultation and home visits	18:30 – 08:00
<b>Basildon and Thurrock Hospital</b>	Basildon	A&E, Urgent care	24 hours
<b>Minor injuries unit</b>	Orsett	Minor illnesses and injuries that do not need a visit to A&E	10:00 – 19:30

## 2.2 What is excluded from this Scope

The PNA has a regulatory purpose of those services that will affect market entry decisions. This is what has set out the scope of the assessment. However pharmaceutical services and pharmacists are involved in other areas of work in which the local health partners have an interest but have not been included.

### 2.2.1 Non NHS Services provided by Community Pharmacy

Community pharmacy contractors can provide a range of non-NHS services that are not commissioned by NHS England, Local Authority, CCG or other NHS services. Below is a list of some of these services:

- Home delivery to housebound patients
- Weight management and healthy eating advice/support
- Blood pressure monitoring
- Cholesterol and blood glucose measurements
- Travel medicine i.e. vaccine and advice
- Provision of aids for daily living
- Over the counter medicines to treat minor ailments

## 2.2.2 Pharmacy services within NHS Trusts

Thurrock CCG commission care from a range of NHS Trusts and Foundation Trusts which provide community Health Care services, mental health service and hospital services. Those pharmaceutical services that have been highlighted in 2.2.1 may be commissioned through these Trusts but have not been assessed in this PNA.

## 2.2.3 Medicines Management

Thurrock CCG (on behalf of Basildon and Brentwood CCG) Medicines Management Team provides support on the safe and effective prescribing and use of medicines for Thurrock and Basildon and Brentwood CCG.

## 2.2.4 Methodology

This PNA was developed using a range of methods including consultation with stakeholders and local pharmaceutical service providers. The steps below summarises the main activities and provide the information about the main sources used.

### Step 1



- A paper setting out the approach and governance arrangements was prepared and approved by the HWB.
- A PNA steering group was established in December 2013 to oversee the completion of the PNA and to ensure that all minimum requirements for the PNA are met.
- A project manager was appointed to coordinate this report with the public health team.

### Step 2



- Data requests were made to the following:
  - Commissioners and managers within Thurrock Council
  - NHS Thurrock CCG
  - NHS Central Eastern CSU
  - NHS England
- The Steering group approved the pre-consultation pharmacy survey that was then issued to all Pharmacies to complete. Also during this stage a public survey was approved and distributed including advertisement on the Local Authority website, and on posters in GPs/pharmacies and traveller sites.
- Data from the community pharmacy survey was analysed and triangulated with data supplied by sources above. Any anomalies were identified and addressed.



- Data from the public server was used to inform local experience as well as future aspirations.

### Step 3



The PNA will inform commissioning decisions by the Local Authority (public health services from pharmacy contractors), NHS England and CCGs. A review of the following documents and strategies was undertaken to prepare this PNA, this was to ensure the priorities were identified correctly:

- JSNA
- Thurrock APHR 2013
- Primary Care transformation document
- Community Regeneration Strategy
- NHS England Everyone counts: Planning for patients 2014/15 – 2018/19
- NHS England Call to Action

The review included meeting with managers, commissioners and other key leads to inform current and future priorities.

### Step 4



- A pharmacy services profile was developed and validated using information supplied in Step 2
- Emerging themes were drawn together and presented to the PNA steering group. The group made appropriate comments and recommendations for the PNA.

### Step 5



- A formal consultation was undertaken between 23 July 2014 and 22 September 2014 in accordance with the Regulations.
- Comments were collated and presented to the PNA Steering Group for discussion.
- The draft PNA was updated upon comments from the PNA Steering Group and a final version produced for approval by the HWB on 13 November 2014.
- A Consultation report of the final PNA was developed and is attached at the end of this document.

### 3. Context for the Thurrock PNA

This chapter sets out the local context, with regards to the demography and health needs within Thurrock’s population. For a full review of the local context, please refer to Thurrock’s Joint Strategic Needs Assessment <https://www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment>

The chapter also provides an overview of the strategic priorities. A summary of the implications and relevance of each section is provided.

#### 3.1 Overview of Thurrock

Thurrock is located in the south of Essex and lies to the east of London on the north bank of the River Thames with an area of 165 square kilometres (km<sup>2</sup>). It has a diverse and growing population with a population density of 976 persons per km<sup>2</sup>.

The borough comprises of 20 wards, with areas in the central and eastern parts that are most affluent and have the healthiest residents in the borough.

The Regulations state that the HWB define the localities by which it will assess the pharmaceutical needs of its population. It was agreed that we would maintain the current system of Thurrock ward boundaries as it aligned well to demographic and healthcare data, and provided an even spread of the population served around each pharmacy. In addition wards are well understood within the general public as they are used during general parliamentary elections.

Table 4 below provides an overview of wards that sit within the four localities

**Table 4**

Localities			
Western	Central	Southern	Eastern
Ockendon	Stifford Clays	Chadwell St. Marys	Orsett
Belhus	Chafford and North Stifford	Tilbury St. Chads	The Homesteads
Aveley and Uplands	South Chafford	Tilbury Riverside and Thurrock Park	Stanford East and Corringham Town
West Thurrock and South Stifford	Grays Thurrock	East Tilbury	Corringham and Fobbing
	Grays Riverside		Stanford-le-Hope West
	Little Thurrock		
	Blackshots		
	Little Thurrock Rectory		

Thurrock shares its border with the following neighbouring HWB areas:

- Essex CC
- Havering
- Medway
- Dartford
- Gravesend

The Office of National Statistics (ONS) classifies areas that share similar demographic characteristics, including health needs. The ONS list of similar boroughs for new and growing towns is as follows

- Milton Keynes
- West Essex
- Bexley
- Havering
- Medway
- Swindon
- South West Essex
- Peterborough

## 3.2 Demography

### 3.2.1 Population

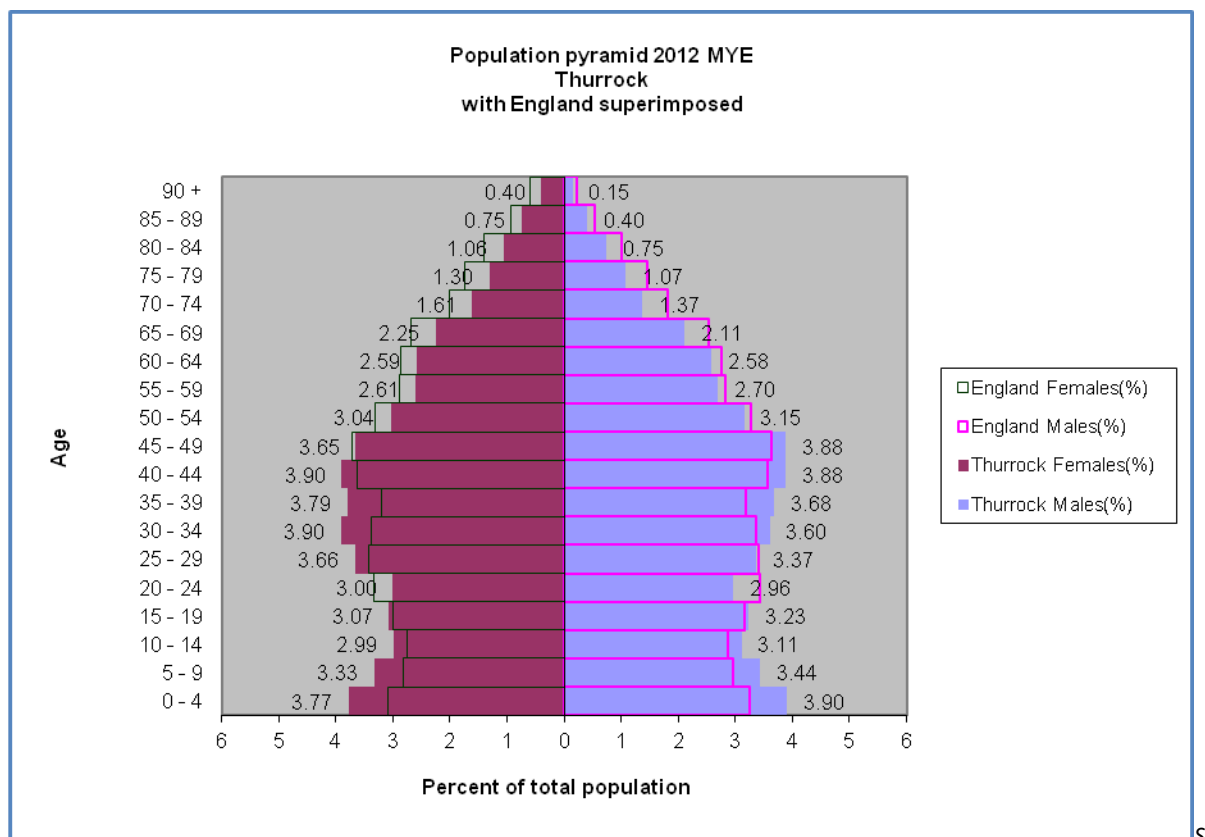
In June 2014 ONS published new mid-year estimates which show the population of Thurrock (as of June 2013) has risen to 160,859, an increase of 1,316 people since the previous year, representing a percentage rise of 0.8%. This increase is consistent with recent trends and is mainly due to the difference between births and deaths. There were 2,352 births and 1,139 deaths. A total of 6,426 residents moved into the borough from other parts of England and Wales and 6,464 moved out. A total of 713 people moved into the borough from areas outside England and Wales and 588 moved out. The most significant increases from the previous year, are in the 5-9 year age band at 5.7%; the 65-69 year age group at 6.8%; and the over 90s age group at 5.2%

The population density and distribution in Thurrock varies considerably from low density in the more rural areas to high density in the urban areas. At the time of the 2001 Census, population density in Thurrock was measured at 8.8 persons per hectare (approximately 0.088 persons per km<sup>2</sup>) compared to 9.7 persons per hectare (approximately 0.097 per km<sup>2</sup>) in the 2011 Census demonstrating the recent increase in population.

### 3.2.2 Age

Figure 1 shows a population pyramid of age structure of Thurrock in 2012 compared to that of England. It is clear that Thurrock has a relatively young population with almost all the age groups under 50 years forming a greater proportion of the total population than England; this is inversely true of population aged 50+ years plus, where Thurrock has a lower proportion in the total population compared to England.

**Figure 1: All Persons Population Structure (percentage of the population) by Quinary Age-Group in Thurrock and England**



Source: Mid-2012 ONS Population Estimate

### Changes in Age structure between 2001 and 2011

- There has been almost a 20% rise in 0-4 year olds between 2001 and 2011. This age group makes up 7.6% of Thurrock’s population which is greater than the England average.
- The borough’s 60+ age group population has increased by 16.5% since 2001. However, the percentages of people in each of the 60+ age groups are less than the England and East of England averages.
- There has been a 47.5% increase in the 85+ population.

### Age distribution at locality level

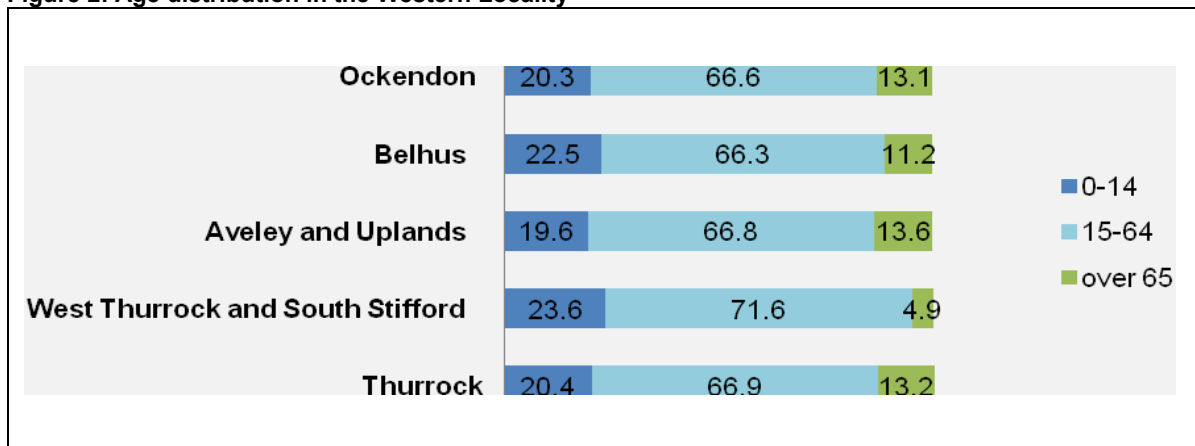
Age distribution within the four localities vary when compared to the Thurrock averages. Local Ward profile data shows the proportion of three age bands; 0-14 years, 15 – 64 years and those aged 65+ years that make up the total population by ward.

Figures 2 – 5 illustrate that the areas with the highest density of under 15s in Thurrock reside in the Southern and Central localities including the wards of Tilbury St Chads, Tilbury Riverside and Thurrock Park, Chafford and North Stifford, and South Chafford.

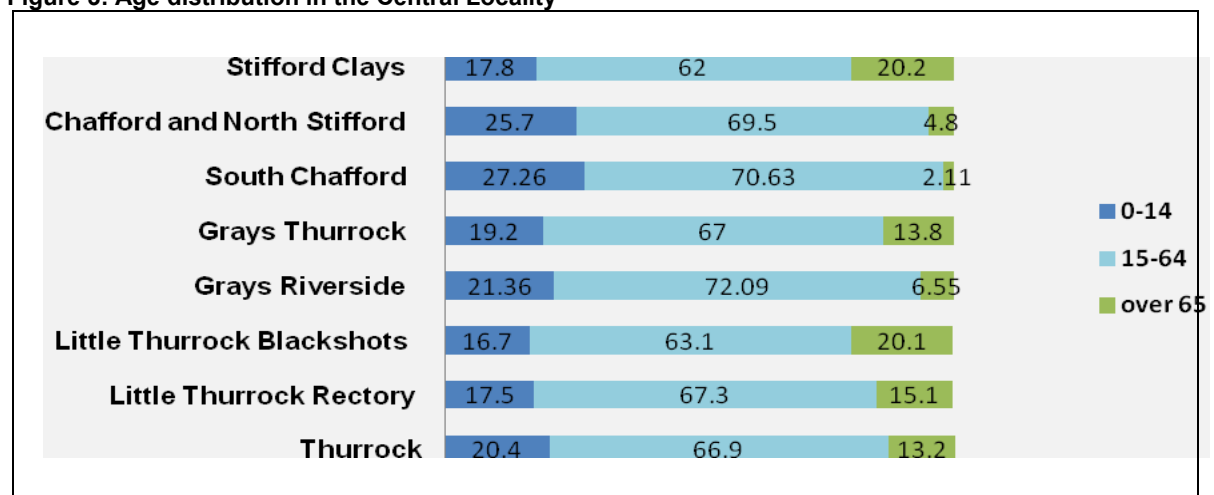
The figures also show that there is a higher proportion of those aged 15-64 years in the Central and Western localities.

People aged 65+ and over are clustered in the Eastern locality in the areas of Orsett, Corringham and Fobbing and in the wards of Stifford Clays, Little Thurrock and Blackshots, in the Central locality.

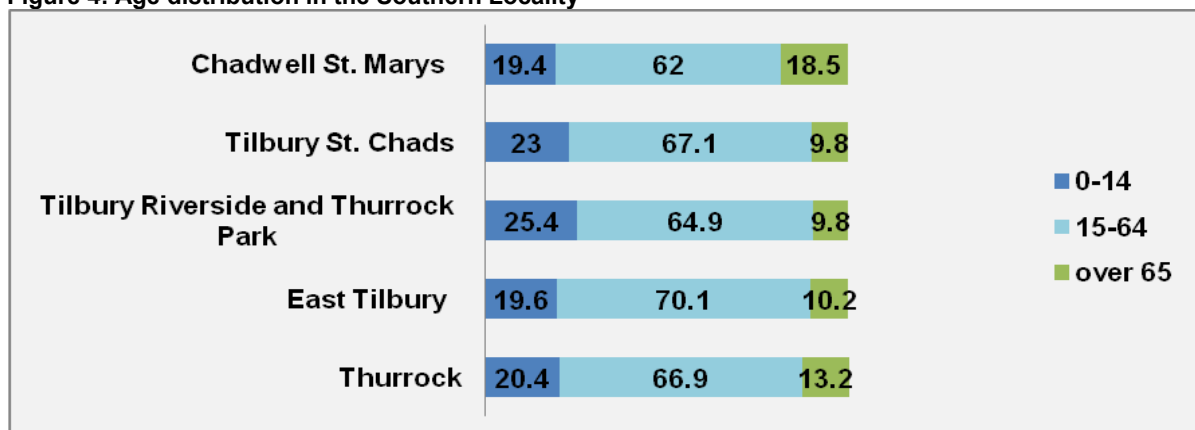
**Figure 2: Age distribution in the Western Locality**



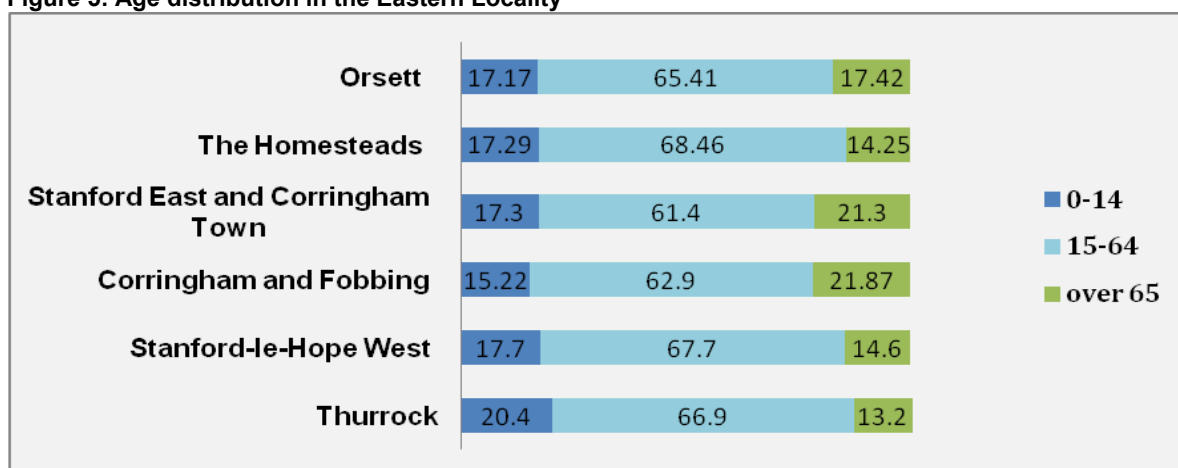
**Figure 3: Age distribution in the Central Locality**



**Figure 4: Age distribution in the Southern Locality**



**Figure 5: Age distribution in the Eastern Locality**



### 3.2.3 Gender

In 2011 there was almost a 50/50 split between males (49%) and females (50.7%). Since 2001 the male population has grown by 11.7%. Overall proportion of males is slightly higher compared to the East of England (48.4%) and England (48.7%).

**Table 5: Gender Structure in Thurrock, 2001 - 2011**

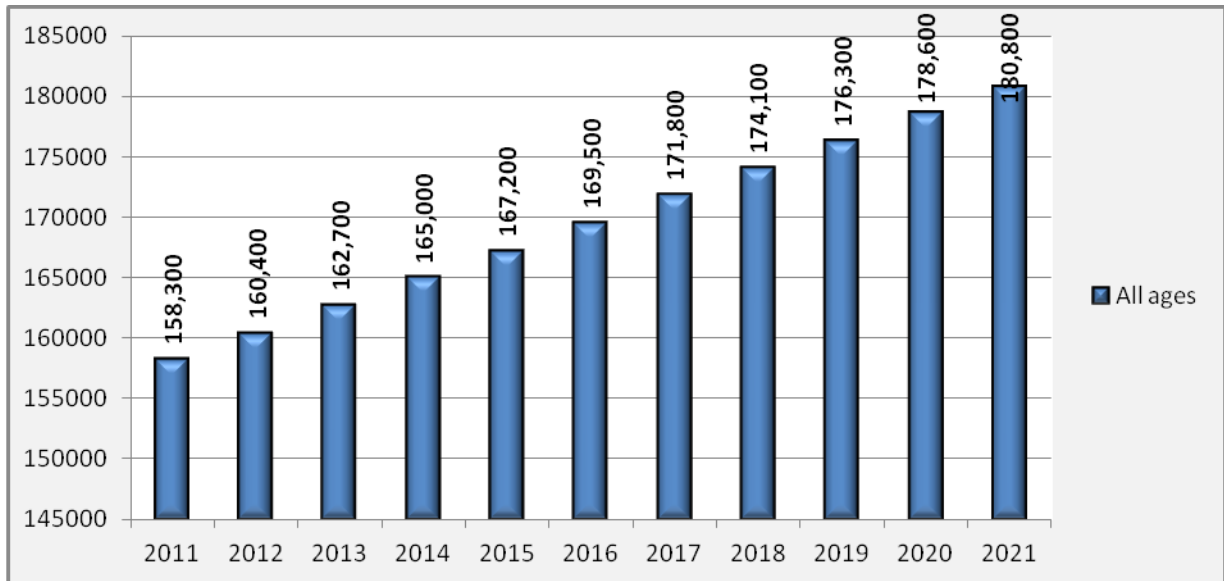
	Thurrock (Number)		Number Increase / Decrease	% Increase / Decrease in number	Thurrock (%)		East of England (2011)	England (2011)
	2011	2001			2011	2001		
<b>Total</b>	157,705	143,128	14,577	10.2%				
<b>Male</b>	77,823	69,669	8,154	11.7%	49.3%	48.7%	48.4%	48.7%
<b>Female</b>	79,882	73,459	6,423	8.7%	50.7%	51.3%	51.6%	51.3%

Source: Census 2011 and 2001

### 3.2.4 Population Projection

Figure 6 shows population projections from 2011 to 2021 using the 2011 Census population as a base year. The population of Thurrock is projected to grow to 180,800 by 2021. This equates to an increase of 14% or about 22,500 people over the 10 years (Figure 6).

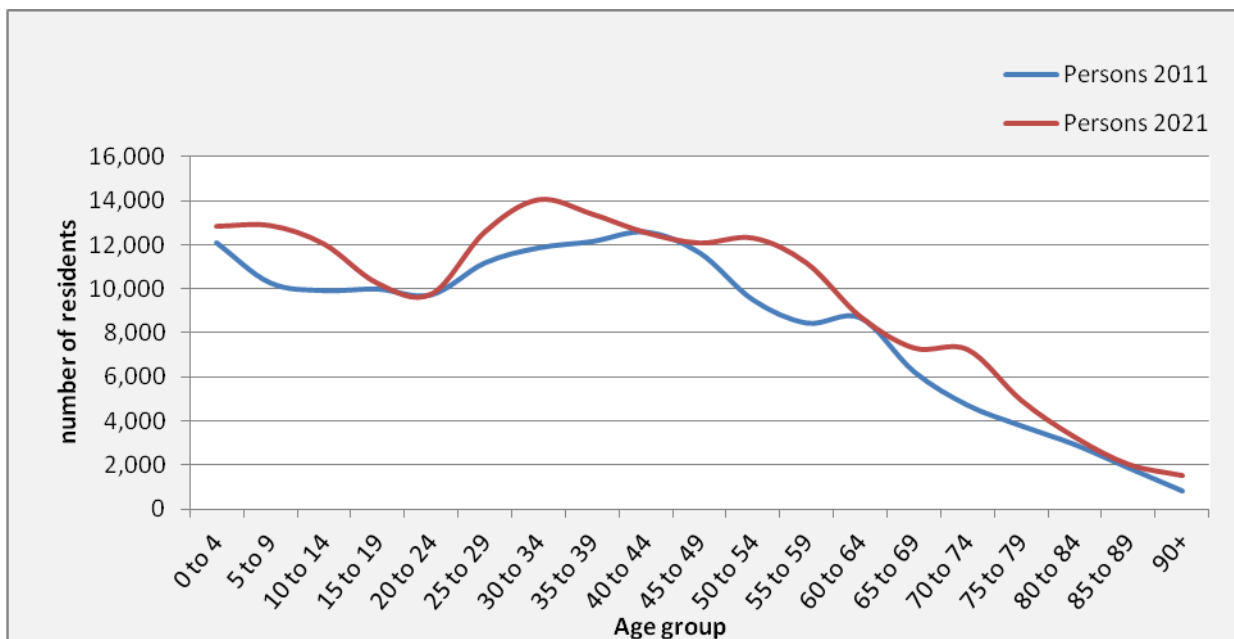
**Figure 6: Change in Population 2011 to 2021**



Source: Sub National (Interim) Population projections; ONS; 2011

Figure 7 shows the projected change in age structure between 2011 to 2021. Clearly there is a rise in absolute numbers in almost all age groups. The most significant rises can be seen in the age groups of 0-14 years, 50 – 59 years and those aged 70+ years. As a proportion of the total population, the largest increase in percentage from 2011 to 2021 is predicted to occur in the 5 to 9, 50 to 54 and 70 to 74 year age groups.

**Figure 7: Population projection by Age, 2011 to 2021**



Source: Sub National (Interim) Population projections; ONS; 2011

### 3.2.5 Ethnicity

Table 6 shows that the proportions of the main ethnic groups in 2011. Despite an overall increase in population, there has been a decline in the White British and Irish groups from 2001. All main groups have increased both in number and proportion, particularly within the Black groups and White other groups.

**Table 6: Ethnic Groups in Thurrock, 2001- 2011**

Main Ethnic group	2011		2001		2001 to 2011
	number of residents	% of total population	number of residents	% of total population	absolute change
White:British and White:Irish	128,695	81.6%	134,348	93.9%	-5,653
White: Other	6,734	4.3%	2,051	1.4%	4,683
Mixed	3,099	2.0%	1,319	0.9%	1,780
Asian	5,927	3.8%	3,405	2.4%	2,522
Black	12,323	7.8%	1,659	1.2%	10,664
Other	927	0.6%	346	0.2%	581
<b>TOTAL</b>	<b>157,705</b>	<b>100.0%</b>	<b>143,128</b>	<b>100.0%</b>	<b>14,577</b>

Table 7 below shows the main languages that are spoken by the ethnically diverse population in Thurrock. In total 6% of the local population use a language other than English as their main language, the largest proportion of this are polish speakers.

**Table 7: Main spoken languages in Thurrock**

Main Language	Proportion of total Population	Number of Pharmacies with staff who speak the language
English (English or Welsh if in Wales)	94	0
Other European Language (EU): Polish	1.4	0
Other European Language (EU): Lithuanian	0.4	0
South Asian Language: Nepalese	0.3	0
Other European Language (EU): Slovak	0.3	0
South Asian Language: Panjabi	0.3	8
South Asian Language: Bengali (with Sylheti and Chatgaya)	0.2	2
African Language: Yoruba	0.2	3
Portuguese	0.2	0
Other European Language (non EU):	0.2	0
Other European Language (EU): Romanian	0.2	0
East Asian Language: All other Chinese	0.1	0
South Asian Language: Urdu	0.1	4*

Source: Office of National Statistics, 2011

\*4 pharmacies reported having Hindi speaking staff, which is similar to the Urdu language.



## Implications of Population on the PNA

Research shows that the most frequent users of pharmacy services are women (including for access to contraception), older people and those with a long term conditions or disability. Conversely, those working full time and young men use pharmacies least.<sup>3</sup>

Taking this into account, it is important that pharmacies:

- Are located in areas where there is a high population of young people, in particular the Western and Central localities, maximising on every contact with young people and delivering health promotion advice and interventions. It will be particularly important to target young people that are less likely to access pharmacy and who are projected to increase in population size. This is to ensure that we are empowering young people to make positive health choices and preventing the early onset of disease.
- Pharmaceutical services will also need to ensure that they are meeting the needs of older people aged 65+ years. This is of particular importance in the Eastern locality and a few specific wards in the Central locality, where the proportion of older people is higher.
- Black, Asian and Minority Ethnic (BAME) communities often experience health challenges including low birth weight babies and infant mortality through higher incidences of long term conditions such as diabetes.
- The diversity of languages spoken potentially presents challenges for the effective communication of medical related issues, health promotion and lifestyle advice. Currently there is quite limited correlation between the main languages spoken by the local population and the languages spoken within pharmacies. Ensuring that pharmacies are able to effectively communicate with this population is key to ensuring the safe and most effective management of medicine by patients as well as proving equal opportunities of receiving health promotion and lifestyle advice.
- In the future, the above will need to be considered across all pharmacies as the population is projected to increase, particularly in groups such as BAME communities, the very young and older age groups. In addition community pharmacies must continue to develop to meet the evolving needs of Thurrock's population.

### 3.2.6 Deprivation and Health Inequalities

There is a strong positive correlation between deprivation and higher rates of illness and poor health outcomes. Deprivation is a major factor of health inequalities, as a result of the unequal distribution of power, money and resources.<sup>4</sup>

Indices of Multiple Deprivation (IMD) are weighted summary measures of seven domains with the income and employment domains taking up the strongest weight. The higher the IMD score, the more deprived the area. Thurrock is ranked 217 out of 349 in the IMD (2007) overall score for local authorities in England. Overall, changes in deprivation between 2007 and 2010 in Thurrock is very small and Thurrock have become less disadvantaged although some ranked positions have changed relative to other local authorities.

The areas listed below are the most deprived wards in Thurrock; they fall within the following localities:

**Western:** West Thurrock, Ockendon, Belhus, Aveley and Uplands.

**Southern:** Chadwell St. Mary, Tilbury St. Chads, Tilbury Riverside and Thurrock Park.

The difference in life expectancy in Thurrock between those that live in 10% of the most deprived and 10% of the most affluent areas vary significantly. In males there is a life expectancy gap of 8.3 years and a 7.7 year gap between females.

The conditions that have contributed to the gap in life expectancy between the most and least affluent areas in Thurrock are circulatory disease, particularly coronary heart disease, CHD lung (and other) cancers and chronic obstructive pulmonary disease (COPD).

### **Implications of Deprivation and Health Inequalities on the PNA**

The correlation between deprivation and higher incidences of early onset of disease, long term conditions and lifestyle related health outcomes will all contribute to the health inequalities in Thurrock.

- Access to community pharmacies in areas of deprivation is important in supporting the population to meet their health needs.
- Pharmacies should ensure that they are maximising on health promotion advice, dispensing medication that have been prescribed, target patients who would benefit from medication reviews and participate in locally commissioned services that tackle lifestyle choices i.e. smoking, sexual health, health checks etc. Access to community pharmacy services in areas of deprivation will be taken into account in this PNA.

## **3.3 Health Needs**

### **3.3.1 Smoking**

Smoking continues to be the leading preventable cause of death in England. It is estimated that a fifth (20.7%) of adults aged 18+ smoke in Thurrock. This smoking prevalence is similar to the national average (19.5%).

Smoking prevalence in routine and manual occupational groups is higher than the overall smoking prevalence average for Thurrock. It is estimated that nearly one third (27.3%) of adults aged 18+ within these groups smoke, which is just under the regional and national average (29.8%, 29.7% respectively).

The mortality rate attributed to smoking in Thurrock is 235.76 per 100,000 population (2012/13). Reducing the smoking prevalence is one of four priorities identified in the Thurrock Health and Wellbeing Strategy for 2013 – 2016; to improve the physical health and wellbeing of the people of Thurrock, with initial focus on reducing the prevalence of smoking. This will be accomplished by:

- Identifying and implementing actions and initiatives to prevent young people from starting smoking.
- Ensuring a range of options to motivate and encourage current smokers to stop smoking.
- Protecting families and communities from the harm caused by smoking.
- Developing approaches that use prevention, treatment and enforcement – particularly in restricting the supply of tobacco products to minors.

It is encouraging to see that the smoking status at time of delivery indicator (2012/13) for Thurrock (11.4%) remains below the East of England (12.4%) and England (12.7%) averages.

### **Implications of Smoking on the PNA**

Community pharmacies are very well positioned to deliver stop smoking services and there is ample evidence to support this:

‘All the reviews indicated that community pharmacy based stop smoking services provided by trained pharmacy staff were effective and cost effective in helping smokers quit smoking’.

‘community pharmacists, providing a support programme of counselling and record keeping for their customers, has a positive effect on smoking cessation rates’

Many pharmacies in Thurrock already provide smoking session services. The service offers;

- Nicotine replacement therapy at the point of consultation. The provision is unique in that residents can access these services during extended hours and on the weekends.
- There are two Healthy Living Pharmacists (HLPs) that are able to offer Varenicline as a first line treatment under a Patient Group Directive (PGD). Other Pharmacies are able to refer into specialist smoking cessation services or GPs for this treatment choice.
- In addition community pharmacies are able to refer those that require medication for specialist care i.e. those with long term conditions, into smoking cessation services.

## **3.3.2 Alcohol and Substance Misuse**

### **3.3.2.1 Alcohol**

Alcohol is the third largest risk factor of disease and disability. Alcohol is a cause of two hundred diseases; include liver and kidney disease, acute and chronic pancreatitis, depression, hypertension and cardiovascular disease.

There are a higher percentage of deaths among men than among women from alcohol related causes - 7.6% of men's death and 4% in women.

The three main classifications of drinking above the daily recommended allowance are:

1. **Binge drinking** – Drinking twice the daily recognized sensible levels in any one day (8 or more units a day for men and 6 or more units a day for women).
2. **Harmful drinking** – Drinking above the recognized sensible levels and experiencing harm, such as an alcohol-related accident, acute alcohol poisoning, hypertension, cirrhosis (measured by consumption of 50+ units per week for males and 35+ unit per week for females).
3. **Dependent drinking** – Drinking above recognised sensible levels and experiencing harm and symptoms of dependence.

During 2012/13, hospital stays for alcohol-related harm in Thurrock were 461 per 100,000 population, which was lower than both the East of England (552) and England (637) averages. Young people in Thurrock had a rate of 22.5 hospital admissions per 100,000 population (2008/09-2010/11) due to alcohol and 14.9 due to drugs (2006/07-2008/09) compared with regional rates of 30.9 and 15.3 respectively.

Ward level data from 2008/09 - 2012/13 shows that hospital stays for alcohol related harm is highest in the following localities: Western: Ockendon and Belhus, Southern: Tilbury Riverside and Thurrock Park, Tilbury St. Chads and Chadwell St Mary.

Modelled estimates of the percentage of those aged 16+ years that are binge drinking are highest in the wards of East Tilbury, Aveley and Uplands, West Thurrock and South Stifford and Grays Riverside. Prevalence of binge drinking is notably higher than the national average.

### 3.3.2.2 Illegal Drugs

The health harms arising from illicit substances are both wide in range and severity and very much depend on the pattern and context they are used in. Drug misuse has a major impact on physical, psychological and social health and wellbeing of an individual and their families. Substance misuse also impacts on society, from crime to families forced apart due to dependency. The National Drug Strategy for England (2010) balanced three key themes; reducing the demand of drugs, restricting the supply of drugs and promoting the recovery of those misusing drugs.

The 2013 updated Annual Review: Delivering within a New Landscape makes clear the Government priorities for future work. With regards to reducing demand there is a key focus on working in partnership to deliver early interventions for young people. There is strong encouragement for communities and schools to work together to provide support and education in developing young people to make healthy choices as well as improving resilience. The number of heroin and crack cocaine users nationally has fallen from 332,090 in 2005/06 to 298,752 in 2010/11. The number of people injecting drugs has also fallen significantly from 129,977 in 2005/2006 to 93,401 in 2010/11.

The most recent data shows that the estimated rate of opiate and/or crack cocaine users aged 15 – 64 in Thurrock was 3.7 per 1000 population, which is significantly lower than the regional average of 6.3 per 1,000.

It is also encouraging to see that in 2012 Thurrock's rate (11.1%) of completion for drug treatment (opiate users) is higher than the East of England (7.8%) and England (8.2%) averages.

The primary drug used by young people in Thurrock accessing treatment for substance misuse is cannabis with alcohol being second. Data from 2012/13 shows that 73.4% of young people stated cannabis as their primary drug, which is similar to the regional average of 71.2%. Alcohol use in young people is also a consideration with 20.3% of young people stating alcohol as their primary drug which is similar to the regional average of 20.3%.

### **Implications of Alcohol and Substance Misuse for the PNA**

Recommendations from the JSNA are to increase the impact of change and widen the screening and early intervention to people with illnesses, due to alcohol misuse, that are resulting in admissions to hospitals; this includes training to provide screening and brief intervention programmes.

Community pharmacies are well positioned to provide the above. In addition to this they have the potential to deliver the following:<sup>5</sup>

Delivering healthy lifestyle advice aimed at raising awareness of the harmful effects of excess alcohol.

- Brief interventions (such as screening, assessment, NHS Life Checks).
- Prescribing or PGDs to enable the supply of medicines related to reducing alcohol intake.
- Blood tests to detect levels of alcohol consumption and early risks of complications developing.
- Supervised monitoring of medicines to treat alcohol withdrawal.

Programmes like needle exchange schemes and supervised consumption strive to address the consequences of substance misuse. There is growing evidence of the effectiveness of supervised consumption through community pharmacy, including improving outcomes and reducing medicine diversion.

Accessing services through community pharmacy is acceptable to service users and recent evidence shows that it has improved testing and subsequent uptake of hepatitis B vaccinations within this cohort.

In addition descriptive studies of needle exchange programmes, through community pharmacy have shown to achieve high rates of returned injecting equipment and are cost effective.

Thurrock Council currently commissions both supervised consumption and needle exchange programmes through pharmacies.

In addition two pharmacies currently provide non NHS alcohol screening services in Thurrock.

### 3.3.3. Sexual and Reproductive Health

Sexual health is influenced by a number of factors, including sexual behaviour and attitudes. The consequences of poor sexual health can be serious, leading to unintended pregnancies and sexually transmitted infections.

Sexual health inequalities are faced by specific population groups, with the highest burden of sexual ill health being borne by men who have sex with men (MSM), teenagers, young adults and some minority ethnic groups.

Latest data from the Public Health Outcomes Framework shows that Thurrock has a teenage pregnancy rate of 30.5 per 1000 females aged 15-17 years which is similar to the national average (27.7), though significantly worse than the regional average (23.2). The rate of conception in those under 16 in Thurrock (6.3 per 1000 females aged 13-15 years) is similar to the regional (4.4/1000) and national rates (5.6/1000). Since 1998 Thurrock has more than halved its teenage pregnancy rate of 62.5/1000 by 51.2% and achieved a downward trend in trajectories for under-18 and under-16 teenage conceptions.

Pooled data from 2009 – 2011, shows that teenage conception rates are higher in wards that also have higher levels of deprivation. Yet deprivation alone is by no means a cause of teenage pregnancy and other risky behaviours and lifestyle choices need to be taken into account such as unprotected sexual intercourse, drug and alcohol misuse, duration in education and personal aspirations.

In 2013, Chlamydia diagnosis amongst young people in Thurrock was 1529 per 100,000 aged 15-24 years; this is significantly lower than the England rate of 2016 per 100,000 aged 15-24 years. Reasons to explain this and which are being addressed include not screening enough of the population or screening the wrong target groups, since the National Chlamydia Screening Programme (NCSP) target is 2,300 per 100,000 population based on prevalence estimates.

Pooled data from 2010-2012, shows 63.2% of people in Thurrock present with HIV at a late stage of infection. This is higher than the East of England (51.9%) and England (51.3%) averages.

#### **Implications of Sexual Health on the PNA**

Pharmacies have provided sexual health care for a number of years now and there is growing evidence for their role in Chlamydia screening and treatment, and condom distribution. They are also a primary source of emergency hormonal contraception (EHC).

A number of community pharmacies within Thurrock provide a range of sexual health services, including those mentioned above. As part of the Public Health prevention agenda, all community pharmacies should:

- Maximise every contact to ensure that they are raising awareness of HIV, Chlamydia and other sexually transmitted infections.
- Involving themselves in national and local intervention programmes and campaigns.
- Refer people on to key providers of local sexual health services.

### 3.3.4 Obesity

Obesity is caused by an imbalance of energy i.e. more energy in than out. There is overwhelming evidence that obesity is a risk factor for a range of health problems, this includes the link to CHD, hypertension, type 2 diabetes and osteoarthritis. Obesity also has negative effect on mental health, sleep apnoea and respiratory problems. There is a serious impact of obesity on physical health, wider economic factors and social costs.

There are a number of risk factors associated with developing obesity; these include ethnicity, people living on low income, behaviour i.e. sedentary lifestyles, those who have stopped smoking, older people and those with a mental or physical disability.<sup>6</sup>

Similar to adults, children in the UK have diets high in energy dense foods, saturated fat and non-milk extrinsic sugars, but low in fibre, fruits and vegetables, and this is even more evident in children from lower income and one-parent families.<sup>7</sup>

For children the social environment also has a profound impact. The role of the parent or carer is vitally important. A child that has at least one obese parent, is around three times more likely to be obese than a child with no obese parents.<sup>8</sup>

In children and adolescents the associated morbidities include hypertension, hyperinsulinaemia, dyslipidaemia, type 2 diabetes, psychosocial dysfunction, and exacerbation of existing conditions such as asthma. Excess weight also has a significant impact on psychological wellbeing, with many children developing negative self-image and low self-esteem.<sup>9</sup>

#### 3.3.4.1 Adult Obesity

The most recent data shows that the prevalence of excess weight (overweight and obese) in adults in Thurrock is 70.8%; this is higher than East of England (65.1%) and England (63.8%).

Local Quality Outcome Framework (QOF) data shows that the following localities have the highest obesity prevalence (ages 16 year and older) of GP registered patients:

**Western:** Belhus (30.2%)  
**Southern:** Tilbury Riverside and Thurrock Park (29.9%), Tilbury St Chads (29.9%)  
**Eastern:** Stanford Le Hope (29.7%), Stanford East and Corringham (29.7%) The Homesteads (29.7%)

It should be noted though, QOF data is dependent on the presentation i.e. only those patients that present to their GP, and the quality of recording by the surgery. Empirical data does show that some GPs do find it difficult to bring up topics such as excess weight and obesity.

#### 3.3.4.2. Childhood Obesity

Childhood obesity is measured through the National Childhood Measurement Programme, during Reception and Year 6.

The 2012/13 data shows Thurrock to have an obesity prevalence in Reception-aged children of 9.6%, which is significantly higher than the East of England average (8.1%), and above the England average of 9.3%.

The 2012/13 data shows Thurrock to have an obesity prevalence in Year 6-aged children of 19.8%, which is more than double the local prevalence at Reception Year. Thurrock's prevalence is significantly higher than the East of England average (17.0%), and is above the England average of 18.9%.

### **Implications of Obesity on the PNA**

As part of the essential services, community pharmacies provide health promotion advice. They are ideally placed to provide support to local campaigns for healthy lifestyle and healthy eating messages.

In line with the Pharmaceutical Regulations, we would also like all NHS pharmacists to make referrals and sign-post residents into local weight management services.

### **3.3.5 Mental Health**

Mental health is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.<sup>10</sup>

The Mental Health Illness Needs Index 2000 (MINI 2K) scores the wards of Thurrock. The mean score is 0.91, which is below the national average of 1.00. However there is clear variation in the distribution of mental illness needs within Thurrock, with the areas of deprivation having higher MINI 2K scores.

Incapacity Benefit claimants make up the largest group of economically inactive people of working age in Britain and almost 40% are on Incapacity Benefit because of mental illness. Locally the areas of higher deprivation have higher claim rates.

#### **3.3.5.1 Children and Young People**

Extrapolating local data from national prevalence shows that there are approximately 3600 children and young people aged 0-19 years that may experience a mental illness, in Thurrock.

Four areas were identified as the major issues for children and young people presenting to services, these were domestic violence being witnessed at home, family break-up, bereavement and parent drug and alcohol abuse. The main reasons for referral, as a result of this, are: anger, depression, anxiety and self-harm.



### 3.3.5.2 Mid Adult Years

The prevalence of common mental disorder in people aged 18 years and older is 16.2% nationally. This would equate to around 19,488 people in Thurrock. The most common mental illnesses are depression and anxiety.

Local prevalence estimates suggest that neurotic disorders, depression, panic disorder and general anxiety disorder are highest in the following localities:<sup>11</sup>

- **Western:** Ockendon and Belhus
- **Southern:** Chadwell St Mary
- **Central:** Grays Riverside

### 3.3.5.3 Older People

Risk factors for mental health problems in older people include loneliness, social isolation, fear of crime, loss of independence, lack of transport, poverty and debt, (including anxiety over meeting winter fuel bills).

Dementia is usually a long term, progressive condition and whilst not necessarily part of ageing, the incidence of dementia increases with age.

The Health Needs Assessment for the over 75 year old Thurrock population highlights that around 13% (1280) of those over 75 are predicted to have dementia and that the older the person with dementia the more the demand on adult social care services.

#### **Implications of Mental Health on the PNA**

A vast array of medication is available to treat various mental health disorders, including anxiety, depression, schizophrenia and other psychotic disorders. It is critical that medicine optimisation with this cohort of patients is delivered, to ensure higher levels of concordance and manage to help identify any adverse effects associated with medication.

Community pharmacies in Thurrock provide a range of services to support the strategic delivery of mental health services, including:

- Provide health promotion advice as an essential service. Medication records can be used to target patients who are taking various medications for mental health.
- A number of pharmacies deliver support in identifying adverse effects of medication as well as adherence issues that can contribute to improving outcomes for patients with serious mental health issues.

### 3.3.6 Cancer, Cardio Vascular Disease and Respiratory Disease

#### 3.3.6.1 Cancer

Cancer is one of the largest causes of mortality in England, accounting for a quarter of deaths. More than 1 in 3 people will develop cancer at some point in their life. In January 2011, the Government published Improving Outcomes – a Strategy for Cancer. This document sets out plans to improve cancer outcomes, including improving survival rates through tackling late diagnosis of cancer.

Diagnosis at an early stage can dramatically improve chances of survival. In Thurrock, the proportion of newly diagnosed invasive malignancies at stage 1 or 2 was 51.2%, compared to the regional average of 54.2% but higher than the national average of 41.6%.

The percentage of eligible women in Thurrock screened for Breast Cancer in the last three years (at 31<sup>st</sup> March 2014), was 71.6%,<sup>12</sup> this was worse than both the regional (77.4%) and England (76.3%) averages.

Age standardised mortality from all cancers in people aged 75 and under shows that Thurrock had a rate of 157.8 per 100,000 population, this was higher than the East of England rate of 136.3/100,000 and England rate of 146.5/100,000. The mortality rate from all cancers is higher in men (101 per 100,000 population) than women (86.3 per 100,000).

#### 3.3.6.2 Respiratory Disease

Respiratory diseases is one of the top causes of death in England in those aged under 75 years and smoking is a major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases.

The mortality rate from respiratory diseases in those aged 75 years and under per 100,000 population in Thurrock is 33.7, which is higher than the regional (26.6/100,000) average but similar to the national (33.5/100,000) average. Overall men have a higher mortality rate (39.0, per 100,000) due to respiratory illness than women (29.2/100,000).

#### 3.3.6.3 Cardiovascular Diseases

Cardiovascular disease (CVD) is the most common cause of death in the UK, with approximately 30% of deaths classified as premature<sup>13</sup> (i.e. under 75 years)

Locally CHD is the main contributor to the gap in life expectancy. Life expectancy is 8.2 years lower for men and 7.7 years lower for women in the most deprived areas of Thurrock that in the least deprived.

Thurrock's under 75 year's mortality rate from cardiovascular diseases, is 90.4 per 100,000. This is higher than the East of England (72.6) and England (81.1) rate. The rate of mortality from cardiovascular disease in men (128.9 per 100,000 population) is significantly higher than the rate of mortality from cardiovascular disease in females (54.0 per 100,000 population).

### **Implications of Cancer, Cardiovascular and Respiratory Disease for the PNA**

Community pharmacies in Thurrock provide a range of services to support the prevention and management of cancers, CHD and respiratory diseases.

Health promotion advice is delivered as part of the essential services.

In addition pharmacies are well placed to identify those who are at 'high risk', through medication records for more targeted health promotion.

Targeted MURs and NMSs reviews can promote adherence and ensure that adverse effects to medication are mitigated, hence improving the overall outcome for people with these conditions.

Some community pharmacies provide a range of screening testing, such as cholesterol testing and blood pressure as non-NHS/Thurrock services.

A number of community pharmacies currently provide smoking cessation services, smoking is a risk factor for all three diseases.

Health checks have been commissioned through pharmacy in some areas. The use of pharmacies to deliver this service can improve access, choice of provider and improve uptake of this mandatory service. This service is not currently provided by pharmacies in Thurrock.

### **3.3.7 Diabetes**

Diabetes is associated with long term complications such as heart disease, stroke, blindness, amputation and chronic kidney disease. It is therefore a significant long term condition within Thurrock.

There are two types of diabetes:

- Type I is when the body produces no insulin and therefore glucose levels increase in the blood. This occurs in 10% of all cases.
- Type II is when the body does not produce enough insulin or the body does not react to insulin. This occurs in 90% of all adult cases.

Risk factors for Type II Diabetes include;

- Obesity, lack of exercise and sedentary way of life
- Diet high in processed foods
- High blood pressure
- Gestational diabetes
- Familial history
- Age (if over 40 or 25 if South Asian)

People from Asian and Black ethnic groups are more likely to develop diabetes and are likely to develop diabetes at a younger age. Diabetes also affects those people living in the 20% most deprived neighbourhoods in England and are 56% more likely to have diabetes than those living in the least deprived areas.<sup>14</sup>

During 2012/13, the prevalence of diagnosed diabetes in those aged 17 years and older in Thurrock was 6.1%, this is higher than comparator areas (5.9%). Local data shows that People with diabetes in NHS Thurrock CCG were 51.6% more likely to have a myocardial infarction, 33.1% more likely to have a stroke, 86.4% more likely to have a hospital admission related to heart failure and 38.7% more likely to die than the general population in the same area.<sup>15</sup>

Spending on prescriptions for items to treat diabetes in 2012/13 cost £323.12 per adult with diabetes in NHS Thurrock CCG compared to £281.52 across England.<sup>16</sup>

### **Implications of Diabetes for the PNA**

Community pharmacies in Thurrock provide a range of services that can support the prevention and management of diabetes and its associated risk factors. They provide health promotion advice as an essential service and can get involved in delivering local campaigns. Targeted MURs and NMSs also support this agenda by promoting adherence to medication and ensuring patients are receiving the maximum benefits. They also provide smoking cessation services.

While two pharmacies currently provide non NHS/Thurrock screening services for diabetes, 69% of community pharmacies in Thurrock would be interested in providing this service.

### **3.3.8. Older people**

The 2011 Census estimated that there are 20,021 people aged 65+ years living in Thurrock. This equates to 12.7% of the total Thurrock population. Population projections predict an increase in the 70 plus age groups between 2011 and 2021.

With respect to health and wellbeing, older people are more vulnerable to depression, dementia, CHD and diabetes, falls, sensory disability and winter deaths.

In addition local activity attributed 12% of A&E admissions and 30% of emergency admissions in those aged 75 years and older. The most common reasons for emergency admission for this age group were respiratory disease circulatory disease and injury relating to falls.

## Implications of Older People for the PNA

All pharmacies receive a contribution towards providing auxiliary aids to support eligible people with taking their medication under the Equality Act 2010.

MURs and NMSs are additional services that pharmacies can choose to provide. Targeting these services to older people can decrease the risk of medicine related harm, improve adherence and ensure that this cohort is receiving the maximum benefits from their medication.

As part of the essential services, community pharmacies provide health promotion advice. They are ideally placed to provide support to local campaigns that are targeted to improve the health and wellbeing outcomes for older people.

### 3.4 National and Local Context

This section provides an overview of the national and local strategies and priorities that provide the basis of where resources should be focused.

#### 3.4.1 National Strategy

The Health and Social Care Act influences both the need and delivery of pharmaceutical services. A range of health and care organisations work in partnership to deliver under this Act.

- *Local Authority* - The local authority has responsibility for Public Health and social care.
- *Clinical Commissioning Group* - CCGs have a role to commission most NHS services. CCGs are responsible to secure improvements in service, involve patients, reduce health inequalities and promote research and development.
- *Health and Wellbeing Board* - Each upper tier Local Authority has established a Health and Wellbeing Board (HWB) that brings together a range of leaders from health and care organisations to improve the health and wellbeing of their local population and reduce health inequalities. Each HWB will develop a HWB strategy that will provide the local framework for commissioning, integration and coordination of services in order to meet local need.
- *NHS England* - NHS England is a national body that has the responsibility for commissioning primary care core contracts, offender health, military health and specialised commissioned services.
- *Public Health England* - Public Health England (PHE) is a national body that has the responsibility to protect the health of the nation and address inequalities. The main focus of PHE work is around delivery and informing health improvement, health protection, commissioning and research and development.

### 3.4.2 NHS England “A Call to Action”

NHS England “A Call to Action” was a national consultation on Everyone Counts: Planning for Patients 2014/15 – 2018/19, that sets out a five year strategic plan to deliver high quality care within the NHS. The document will deliver key changes within pharmacies, these include:

- Delivering a wider range of services from primary care in order to improve access and support for patients with mental health or physical long term conditions.
- Providing more integrated community services that focus on health outcomes, currently there are a few areas that have gained support.
  - New models of primary care that provide holistic support especially to the more vulnerable i.e. frail and elderly and those with a long term condition.
  - More focus on prevention of disease.
  - Supporting patients to manage their own health.
  - Establishing urgent and emergency care networks in order to provide accessible and cost effective services.
  - Providing a responsive seven day a week service.

NHS England “Pharmacy Call to Action” recognises the effective alternative provision of healthcare and advice that pharmacy can provide to a currently oversubscribed primary care service. The aims for community pharmacy are:

- Develop the role of the pharmacy team to provide personalised care.
- Play an even stronger role at the heart of more integrated out-of-hospital services.
- Provide a greater role in healthy living advice, improving health and reducing health inequalities.
- Deliver excellent patient experience which helps people to get the most from their medicines.

### 3.4.3 Joint Health and Wellbeing Strategy

The Health and Wellbeing Strategy 2013-16<sup>17</sup> has been jointly developed by Thurrock Council and Thurrock NHS Clinical Commissioning Group. It is a two part strategy to specifically focus on adult and children’s needs, separately. There are four priority areas for each part:

For adults, these are -

- Improve the quality of health and social care.
- Strengthen the mental health and emotional well-being of people in Thurrock
- Improve our response to frail elderly people and people with dementia.
- Improve the physical health and well-being of people in Thurrock.

For children and young people, these are -

- Outstanding universal services and outcomes.
- Parental, family, and community resilience.
- Everyone succeeding.
- Protection when needed.

Within the 2013 – 2016 Strategy, there are two Public Health priorities for the population, these are:

- Reduce the prevalence of smoking in Thurrock.
- Reduce the prevalence of obesity in Thurrock.

#### 3.4.4 Clinical Commissioning Group

Thurrock CCG has identified five strategic priority areas as part of their two year operational plan 2014 - 16:

- Empowered citizens who have choice and independence and take personal responsibility for their health and wellbeing.
- Health and care solutions that can be accessed close to home.
- High quality services tailored around the outcomes the individual wishes to achieve.
- A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible.
- Systems and structures that enable and deliver a co-ordinated and seamless response.

The CCG also has a further commitment to reduce the inequality of outcomes for patients with mental health problems. Over the next two years they will be working with various primary, community and secondary care providers in order to fulfill this commitment.

#### 3.4.5 Transforming Primary Care in Essex – the heart of patient care

The Essex primary care strategy has ambitious plans to develop integrated primary care 'hubs' around communities of 20,000 people. Commitment towards ensuring new and more effective ways of working, particularly with vulnerable groups is a priority. Along with the establishment of local primary care networks, the strategy will work with pharmacies in developing the following:

- Play a role as regular source of healthcare advice.
- Empower people to self-treat simple conditions without having to see their GP.
- Provide services through pharmacy in order to expand choice for patients.
- Triage, treat, refer or signpost patients.
- Develop the role of pharmacy prescribers further.

## 4. The Assessment

The following section describes the current provision of pharmaceutical and locally commissioned services in Thurrock, provides the assessment and forms conclusions for the PNA.

### a) Data Sources

The Assessment section has been informed by a range of data from different sources, these include:

- National and local health and wellbeing strategies
- Thurrock Annual Public Health Report 2013
- Joint Strategic Needs Assessment
- Benchmarking data 2012/13 from the Health and Social Care Information Centre.
- Information and data collected/held by Thurrock Council, Thurrock CCG, NHS Central Eastern Commission Support Unit.
- Findings from the Contractor's questionnaire sent to all Community Pharmacies between February and March 2014. A response rate of 100% was achieved.
- Resident's questionnaire sent to various public, private, voluntary and independent services between February and May 2014.

### b) Necessary and Relevant Services

The Regulations set out that services are defined in terms of necessity and relevance. For this PNA the following principles have been considered in order to do this:

- Service provider - A service that can only be delivered by a provider on the pharmaceutical list i.e. dispensing of medicines, is likely to be a **necessary** service.
- Health need and benefits – A service that clearly supports and improves a local health need, is likely to be a **necessary** service.
- Published evidence – A service that is supported by strong evidence to show improved outcomes for local need, is more likely to be a **necessary** service.
- Performance - A service that is provided by a range of providers, where pharmacy activity is higher than that of the other providers, it is more likely to be a **necessary** service.
- Accessibility – A service that is provided by a range of providers, where pharmacy provides more accessibility i.e. extended opening hours, wheelchair provision etc. is more likely to be a **necessary** service.

### c) Choice

Choice provides an environment of competition with regards to the quality of delivery and cost effective solutions to healthcare. The following has been considered in order to determine adequate choice in services:

- The current level of access to pharmaceutical provision in Thurrock.
- The current offer of existing services and to what extent of improvement by providing additional services or facilities.
- The extent that current provision responds to the changing needs of their local community.



- The need for additional or specialised services to improve access for specific populations such as those that are vulnerable or who have a protected characteristic.

#### d) Other Considerations

In addition to the above, this section has also considered the following:

- Services provided outside Thurrock that affect the local pharmaceutical services.
- NHS services provided by other providers that affect the need for local pharmaceutical services.
- Local plans and developments that will affect the future need for pharmaceutical services.

### 4.1 Overview of Pharmacy and Other Providers of Pharmaceutical services

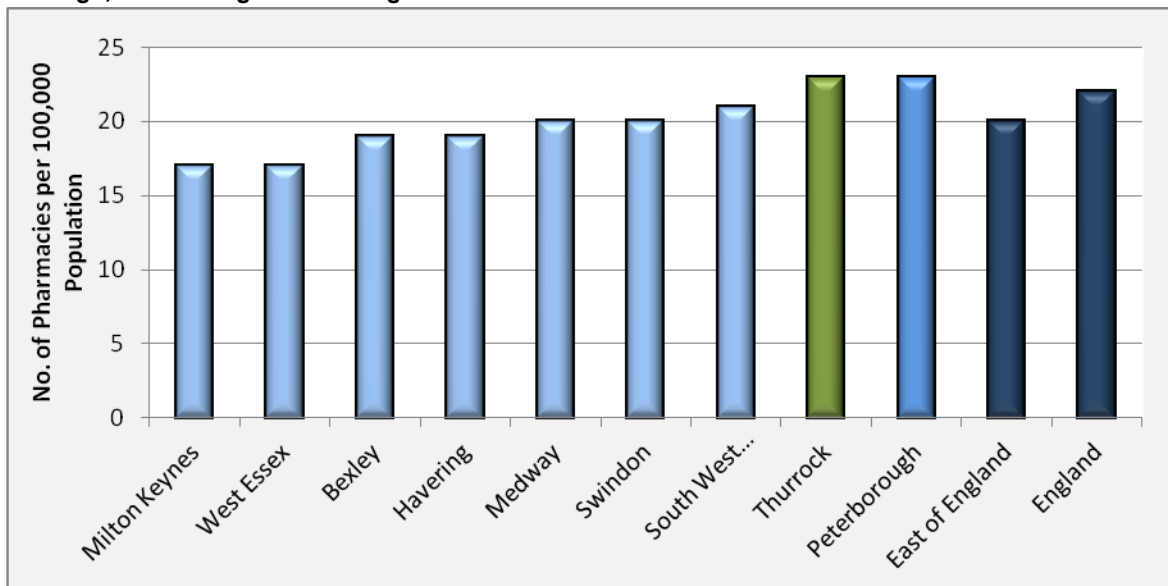
- *Community Pharmacies*  
Thurrock currently has 35 community pharmacies, including five pharmacies that are required to open for 100 hours per week, and two distance selling pharmacies.
- *Dispensing Appliance Contractors*  
There are currently no dispensing appliance contractor's in Thurrock.
- *Dispensing Doctors*  
There are currently two doctors providing dispensing urban services in Thurrock.
- *Local Pharmaceutical Service Contractors*  
There are currently no Local Pharmaceutical Service contracts in place in Thurrock.

### 4.2 Distribution of Community Pharmacies

#### 4.2.1 National and local Distribution

Data shows that in England there are 22 pharmacies per 100,000 populations. This is slightly higher than the East of England average of 20 pharmacies per 100,000. Locally, Thurrock has a higher average than both the national and regional average at 23 pharmacies per 100,000 populations. Comparing Thurrock's rate (23/100,000) to the similar borough's rate (19.5/100,000) also shows that Thurrock has a significantly higher rate of pharmacies serving its population, *see figure 8*.

**Figure 8: Number of Community Pharmacies per 100,000 populations in Thurrock compared to Similar Borough, East of England and England.**

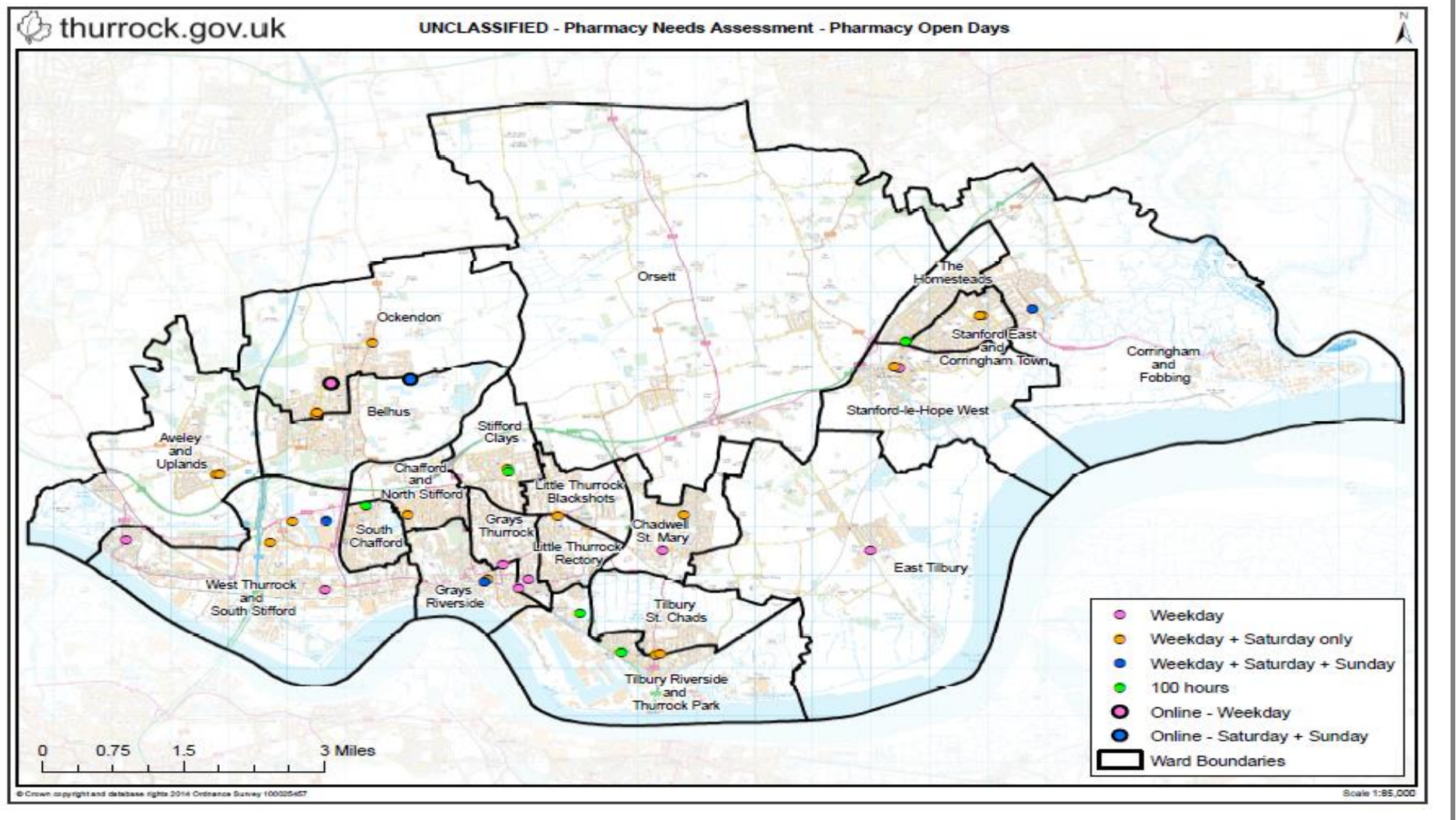


Source: HSCIC General Pharmaceutical Services in England 2012/13

When comparing the distribution of pharmacies within Thurrock localities, the Western locality has the most pharmacies (12/35), followed by the Central locality (10/35 pharmacies), the Southern locality (7/35 pharmacies) and the Eastern locality (6/35 pharmacies).

Map 1 shows the geographical spread and opening hours of Thurrock's community pharmacies.

Map 1: Community pharmacies in Thurrock



When considering rate of the community pharmacy per 100,000 populations in each locality, it is evident that there is an unequal distribution. While the Western locality has 31 pharmacies per 100,000, the Eastern locality has 17 pharmacies per 100,000 population, which is notably below the similar borough (19.5/100,000), East of England (20/100,000) and England (22/100,000) pharmacy rate per 100,000 populations.

Ward level analysis show that there is also some correlation between Thurrock's areas of deprivation and the number of pharmacies. Table 8 shows that the wards of Tilbury St. Chads, Tilbury Riverside and Thurrock Park, West Thurrock and South Stifford are well served and that the number of pharmacies per 100,000 is above the Similar Boroughs, regional and national averages. The ward of Belhus, the third most deprived in the borough, does not have any pharmacies but residents are able to access pharmacies in neighbouring wards.

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**Table 8: Distribution of Pharmacies in Thurrock**

Locality	Ward (IMD rank)	No. of Pharmacies	Ward Population	Pharmacies/ 100000 population	No. of Pharmacies by locality	Locality pharmacy per 100,000
Western	Ockendon (6)	5	9680	41.3	12	31
	Belhus (3)	0	9780	0		
	Aveley and Uplands (7)	2	8912	22.4		
	West Thurrock and South Stifford (4)	5	10478	47.7		
Central	Stifford Clays (11)	2	6460	30.9	10	18
	Chafford and North Stifford (19)	1	8071	12.3		
	South Chafford (20)	1	7384	13.4		
	Grays Thurrock (9)	3	9150	10.9		
	Grays Riverside (8)	2	11695	17.1		
	Little Thurrock Blackshots (13)	0	5770	0		
	Little Thurrock Rectory (16)	1	5955	16.7		
Southern	Chadwell St. Mary (5)	2	9865	20.2	7	24
	Tilbury St. Chads (1)	2	6177	32.3		
	Tilbury Riverside and Thurrock Park (2)	2	6878	29		
	East Tilbury (12)	1	6364	15.7		
	Orsett (17)	0	6115	0	6	17
The Homesteads (18)	0	8507	0			
Stanford East and Corringham Town (10)	2	8607	11.6			
Corringham and Fobbing (15)	1	5478	18.2			
Stanford-le-Hope West (14)	3	6379	47.0			

The data shows that there is some choice of pharmacy in just over half the wards, with the exception of Belhus, Little Thurrock, Blackshots, Orsett and The Homesteads that have no pharmacies, and Chafford and North Stifford, South Chafford, Little Thurrock Rectory, East Tilbury and Corringham and Fobbing that have one pharmacy each. Nevertheless, residents in all wards are able to access one or more pharmacies located close to or on the border of an adjacent ward.

## 4.3 Access

### 4.3.1 Opening times

Pharmacies are contracted to provide a minimum of 40 hours as part of their core offer (under some circumstances applications may be approved by NHS England for a pharmacy to provide more or less core hours), unless they were commissioned to provide 100 hour service under the 2005 regulations,<sup>18</sup> of which there are currently four in Thurrock.

Applications under the new market entry system can be required to open additional hours if this is to meet a defined need, and many pharmacies do provide additional hours. These are known as supplementary hours, in addition to the 40 hours core offer.

Amendments to the core opening times offer may only be done with consent of NHS England; supplementary hours can be amended by the pharmacy subject to giving 90 days' notice to NHS England.

### Weekdays

With the exception of two pharmacies (1 online) all pharmacies in Thurrock are open between the hours of 9.00am to 5:30pm. There are currently seven pharmacies that are closed for 30 minutes to an hour over the lunch period, See *Table 9*.

**Table 9 Community pharmacy opening hours – weekdays, 2014/15**

Locality	Ward	8am or earlier	9am - 5:30pm	6pm or later	9pm or later	Other opening times	Closed for lunch
Western	Ockendon	0	3	3	0	1 (9:30 – 16:30) 1 (9:00 – 17:00)	1
	Belhus	n/a	n/a	n/a	n/a	n/a	n/a
	Aveley and Uplands	0	2	2	0	0	1
	West Thurrock and South Stifford	1	5	5	1	0	1
Central	Stifford Clays	1	2	2	1	0	0
	Chafford and North Stifford	0	1	1	0	0	1
	South Chafford	1	1	1	1	0	0
	Grays Thurrock	0	3	2	0	0	1
	Grays Riverside	1	2	1	0	0	0
	Little Thurrock Blackshots	n/a	n/a	n/a	n/a	n/a	n/a
	Little Thurrock Rectory	0	1	1	0	0	0
Southern	Chadwell St. Marys	0	2	2	0	0	2
	Tilbury St. Chads	0	2	2	0	0	0
	Tilbury Riverside and Thurrock Park	1	2	2	2	0	0
	East Tilbury	0	1	1	0	0	0
	Orsett	n/a	n/a	n/a	n/a	n/a	n/a
Eastern	The Homesteads	n/a	n/a	n/a	n/a	n/a	n/a
	Stanford East and Corringham Town	0	2	2	0	0	0
	Corringham and Fobbing	0	1	1	0	0	0
	Stanford-le-Hope West	1	3	2	2	0	0

The following summarises ‘extended hours’ with regards to community pharmacy’s opening/closing times:

- In all four localities, there is at least one pharmacy open at 8am or before and at least one pharmacy open until 9pm or after.
- Limited choice is available for pharmacies that are open at 8am or before in the Southern and Eastern localities.

- Limited choice is available for pharmacies open until 9pm or after in the Western and Central localities.

## Saturday

There are 25 community pharmacies open on Saturdays, 24 of which open between 9am – 12pm and eight that are open until 6pm or after. Table 10 provides opening and closing times for these community pharmacies in Thurrock.

**Table 10: Community pharmacy opening hours – Saturday, 2014/15**

Locality	Ward	8am or earlier	9am – 12:00pm	6pm onwards	9pm onwards	Other opening times	Closed for lunch
Western	Ockendon	0	3	0	0	1 (13:00 – 17:00)	0
	Belhus	n/a	n/a	n/a	n/a	n/a	n/a
	Aveley and Uplands	0	2	0	0	0	0
	West Thurrock and South Stifford	1	3	2	0	0	0
Central	Stifford Clays	1	2	1	1	0	0
	Chafford and North Stifford	0	1	0	0	0	0
	South Chafford	1	1	1	1	0	0
	Grays Thurrock	0	0	0	0	0	0
	Grays Riverside	1	2	1	0	0	0
	Little Thurrock Blackshots	n/a	n/a	n/a	n/a	n/a	n/a
	Little Thurrock Rectory	0	1	0	0	0	0
Southern	Chadwell St. Marys	0	1	0	0	0	0
	Tilbury St. Chads	0	2	0	0	0	0
	Tilbury Riverside and Thurrock Park	1	2	2	2	0	0
	East Tilbury	0	0	0	0	0	0
	Orsett	n/a	n/a	n/a	n/a	n/a	n/a
Eastern	The Homesteads	n/a	n/a	n/a	n/a	n/a	n/a
	Stanford East and Corringham Town	0	2	0	0	0	0
	Corringham and Fobbing	0	1	0	0	0	0
	Stanford-le-Hope West	1	2	1	1	0	0

The extended closing times on a Saturday are summarised below:

- Those pharmacies that provide extended opening hours between 7am – 8am on weekdays are open at the same time on Saturdays.



- There is good choice in the number of pharmacies that are open at 6.00pm or after, on a Saturdays in the Western, Central and Southern localities.
- The Central, Southern and Eastern localities each have at least two pharmacies that are open between 11am – 4pm, see *Table 11*.

## Sunday

There are currently 13 pharmacies open on a Sunday. All localities are serviced by at least two pharmacies that are open between 11am – 4pm, see *table 11*.

**Table 11: Community pharmacy opening hours – Sunday, 2014/15**

Locality	Ward	8am or earlier	11am – 12:30pm	4pm or onwards	6pm or onwards	9pm onwards	Other opening times
Western	Ockendon	0	1	1	0	0	0
	Belhus	n/a	n/a	n/a	n/a	n/a	n/a
	Aveley and Uplands	0	0	0	0	0	0
	West Thurrock and South Stifford	0	3	3	0	0	0
Central	Stifford Clays	0	1	1	1	0	0
	Chafford and North Stifford	0	0	0	0	0	0
	South Chafford	0	1	1	0	0	0
	Grays Thurrock	0	0	0	0	0	0
	Grays Riverside	1	2	2	1	0	0
	Little Thurrock Blackshots	n/a	n/a	n/a	n/a	n/a	n/a
	Little Thurrock Rectory	0	0	0	0	0	0
Southern	Chadwell St. Mary	0	0	0	0	0	0
	Tilbury St. Chads	0	0	0	0	0	0
	Tilbury Riverside and Thurrock Park	0	2	2	1	0	0
	East Tilbury	0	0	0	0	0	0
Eastern	Orsett	n/a	n/a	n/a	n/a	n/a	n/a
	The Homesteads (18)	n/a	n/a	n/a	n/a	n/a	n/a
	Stanford East and Corringham Town	0	1	1	0	0	0
	Corringham and Fobbing	0	1	1	0	0	0
	Stanford-le-Hope West	0	1	1	1	1	0

Below is a summary of the extended opening and closing times for these pharmacies:

- There is only one pharmacy in the borough that is open on a Sunday at 8am or before, this is located in the Central locality.
- Three localities; Central, Southern and Eastern each have at least one pharmacy that is open at 6pm or after.
- The Southern and Eastern localities have one pharmacy each that is open at 9pm or after.

### Bank Holidays

Pharmacies that open on a Bank holiday and other holiday periods, do so based on a business decision. NHS England have not currently commissioned additional hours under a rota-system in Thurrock.

#### 4.3.2 Access for those with a Disability

A key consideration with regards to access is to what extent a pharmacy has been adjusted to meet the needs of those with a disability. In the Contractors questionnaire, pharmacies were asked whether the premises had access for wheelchairs to the consultation area. It has been assumed that those pharmacies that have wheelchair access to their consultation room would also be wheelchair accessible on the general pharmacy floor. Table 12 summarises the responses and shows that 24/35 (60%) of Thurrock pharmacies have premises that are accessible to wheelchair users.

**Table 12: Community Pharmacy that are wheelchair accessible, 2014/15**

Locality	Ward	Wheelchair access within pharmacy consultation rooms
Western	Ockendon	3
	Belhus	n/a
	Aveley and Uplands	0
	West Thurrock and South Stifford	4
Central	Stifford Clays	2
	Chafford and North Stifford	1
	South Chafford	1
	Grays Thurrock	2
	Grays Riverside	2
	Little Thurrock Blackshots	n/a
	Little Thurrock Rectory	0
Southern	Chadwell St. Marys	1
	Tilbury St. Chads	2
	Tilbury Riverside and Thurrock Park	2
	East Tilbury	0
Eastern	Orsett	n/a
	The Homesteads	n/a
	Stanford East and Corringham Town	2
	Corringham and Fobbing	1
	Stanford-le-Hope West	1

### 4.3.3 Travel times to Pharmacies

Another important consideration with regards to access is how long it takes to travel to a pharmacy.

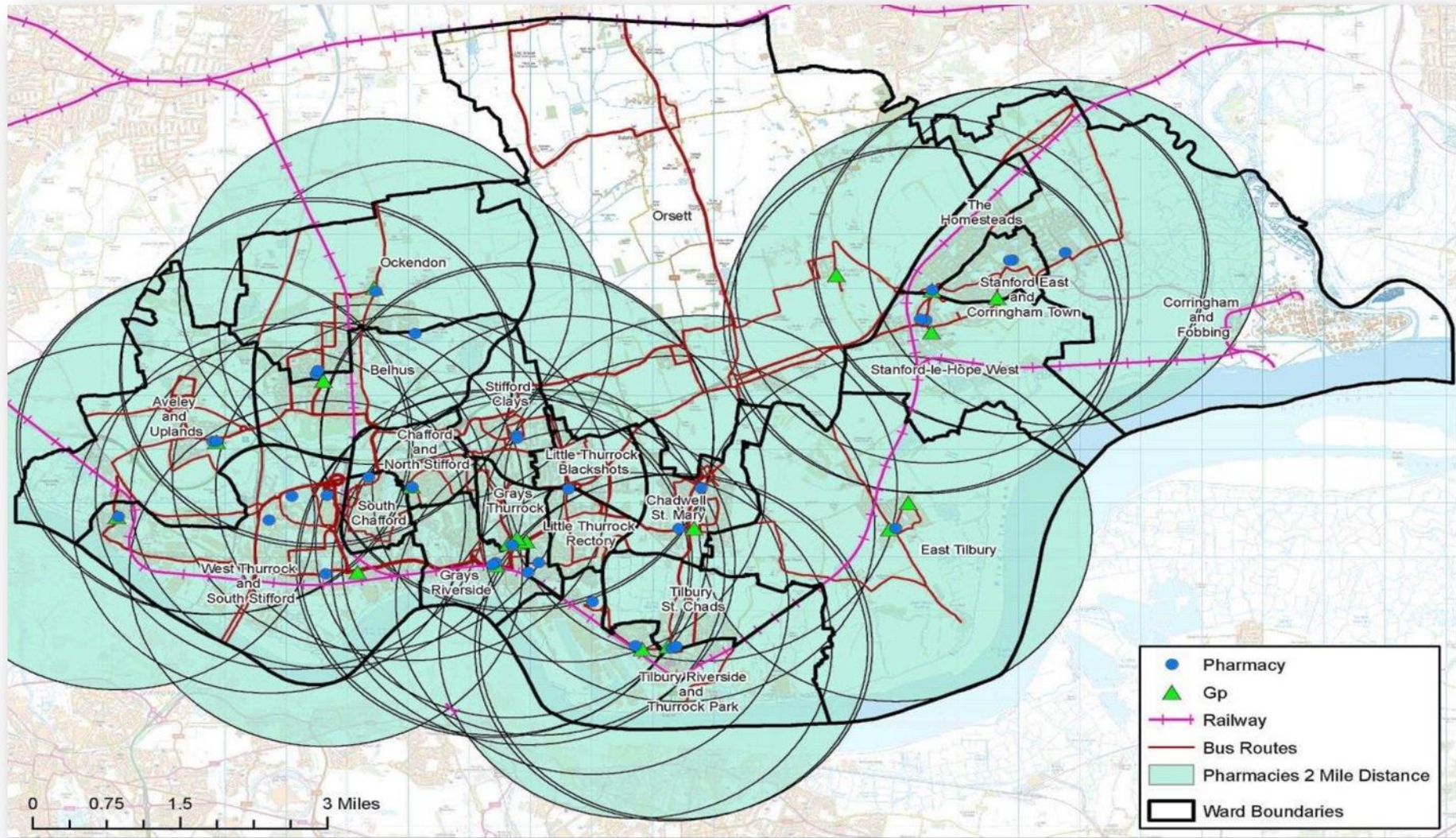
#### **Two Mile Boundary**

The latest information shows that 99% of the population in England, including those living in deprived areas can access a pharmacy within 20 minutes by car and 96% can do so by walking or using public transport.<sup>19</sup>

Data analysis shows that 100% of Thurrock residents are able to access pharmacies within 20 minutes by car. It is generally assumed that a person can walk at least one mile to reach their nearest pharmacy. For this PNA, we have considered the extensive public transport that extends a resident's ability to travel further and therefore increase the choice of accessible pharmacies to them.

The distribution of pharmacies with regards to travel time for this PNA was therefore developed using a two mile boundary.

Map 2: Two mile Boundary around community pharmacies



Map 2 shows that there is a good spread of pharmacies that span over the two mile boundary, in most of Thurrock and those residents have a good choice of pharmacies to access.

It appears that residents on the eastern most part of the Corringham and Fobbing ward and the central and northern part of Orsett may need to travel more than two miles to access their nearest pharmacy within Thurrock.

The PNA noted that with regards to North Orsett, there is lower demand of pharmaceutical services, as the land is green belt and therefore has a low population density.

In the eastern part of the borough, there is a higher density of people aged 75+ years and 85+ years who are more likely to have mobility problems and therefore find accessing pharmacies more challenging than the general population. It is likely, however, that these residents are able to access pharmacies in their neighbouring borough within this distance, particularly in south Benfleet and Canvey Island.

### **Summary of key comments made about access from the Public Survey**

*50% of respondents stated that they used a car to access their pharmacy, 40% either walked or took public transport. 40% strongly agreed with the statement 'I find it easy to find a pharmacy near where I live', under 0.5% either strongly disagreed or disagreed with this statement.*

*Around 15% of residents would like to access their pharmacy after 6pm  
40% strongly agreed or agreed with the statement 'I can usually find a pharmacy open when needed'.*

*62% agreed or strongly agreed with the statement "there is some privacy when I want to speak to someone" (in the pharmacy).*

*70% of respondents would prefer to visit a pharmacy next to their home.*

*10% stated they would like to access a pharmacy next to their GP surgery.*

### **Implications of Pharmacy Distribution and Access for the PNA**

- Thurrock has more pharmacies per 100,000 population than the similar boroughs, East of England and England. As such it is well resourced with regards to pharmaceutical services.
- At locality level, there is unequal distribution of pharmacies, with the Western locality served by 31/100,000 population and the Eastern locality served by 17/100,000 population.
- The general correlation of pharmacies and areas of deprivation at ward level seems to be good with the majority of those areas that are more deprived benefiting from higher numbers of pharmacies per 100,000 population than the comparator areas.

This however is not the case for Belhus, which ranks as the third most deprived ward in Thurrock which has no pharmacy. However residents are able to access pharmacies in adjacent wards.

- On weekdays between the hours of 9am and 5:30pm there is good access and choice of pharmacy in all wards, except Belhus, Little Thurrock, Blackshots, Orsett, and The Homesteads that have no pharmacies. Residents in Chafford and North Stifford, South Chafford, Little Thurrock Rectory, East Tilbury and Corringham and Fobbing only have access to one pharmacy each. However it is recognised that residents are able to extend their choice by accessing pharmacies in adjacent wards.
- There is good access and choice of pharmacies that are open on Saturdays and at least two pharmacies that can be accessed within each locality on a Sunday between 11:30am and 4pm.
- Extended hours play a key role on ensuring that those residents who may need to access services either very early in the morning or late in the evening area are able to, this is particularly true of Thurrock's working population.
- During the week and on Saturdays all localities have at least one pharmacy that is open before 8am and closed after 9pm.
- On Sundays access is limited, with only one pharmacy open before 8am in the whole borough. By 6pm there are 3 pharmacies that are open, one in the Central and two in the Eastern localities. By 9pm there are only two pharmacies open on Sundays, located in the Eastern and Southern localities.
- In some areas it is recognised that there is limited or no access to pharmaceutical services on a Saturday and Sunday during extended hours. This becomes particularly important in areas where there are high levels of deprivation as the limited access of pharmaceutical services may further contribute towards health inequalities.
- It is noted that currently there are no pharmacies providing additional commissioned hours during Bank Holidays, including Christmas, NHS England base this decision on a systematic approach that accounts for perceived needs of the population for pharmaceutical services on these days. The majority of community pharmacies are wheelchair accessible and wheelchair users in every locality have a choice of more than five pharmacies to access. However all pharmacies should take strides and make significant progress towards meeting and exceeding the minimum legislative standards for access to those with a disability where appropriate. The time travelled as a measurement of accessibility, shows that all residents would have a wide choice of pharmacies within 20 minutes, if travelling by car. The virtual two mile boundary around each pharmacy was created to show the minimum area of the borough that residents can access, should they use a combination of walking and public transport.
- There are two parts of the borough that sit outside of this minimum area; North Orsett, Corringham and Fobbing. Further analysis shows that residence of these areas are accessing pharmacies in Basildon, as they are closer than community pharmacies in Thurrock. In addition population density of North Orsett is low due to the area being green belt and therefore the demand of pharmaceutical need will be lower than other areas in the borough.
- Limited data of density of older people (aged 75+ years and 85+ years) within these areas were considered. The analysis shows that although the ward of Corringham

and Fobbing has a higher density of older people it is likely that these residents are also accessing pharmacies in neighbouring boroughs.

- Insights to access in the public survey shows that residents were generally satisfied with the proximity and opening hours of pharmacies. The majority of those that took part in the survey preferred to visit a pharmacy close to their home.

## 4.4 Essential Services

All community Pharmacy contractors are required to provide a full range of essential services, as set out in the 2013 NHS Regulations. The fact that all pharmacy premises must provide these services means that they can be used across the borough to focus on the reduction of health inequalities. Essential services include:

- Dispensing and actions associated with dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles, including Public Health Campaigns
- Prescription-linked interventions
- Signposting
- Support for self-care

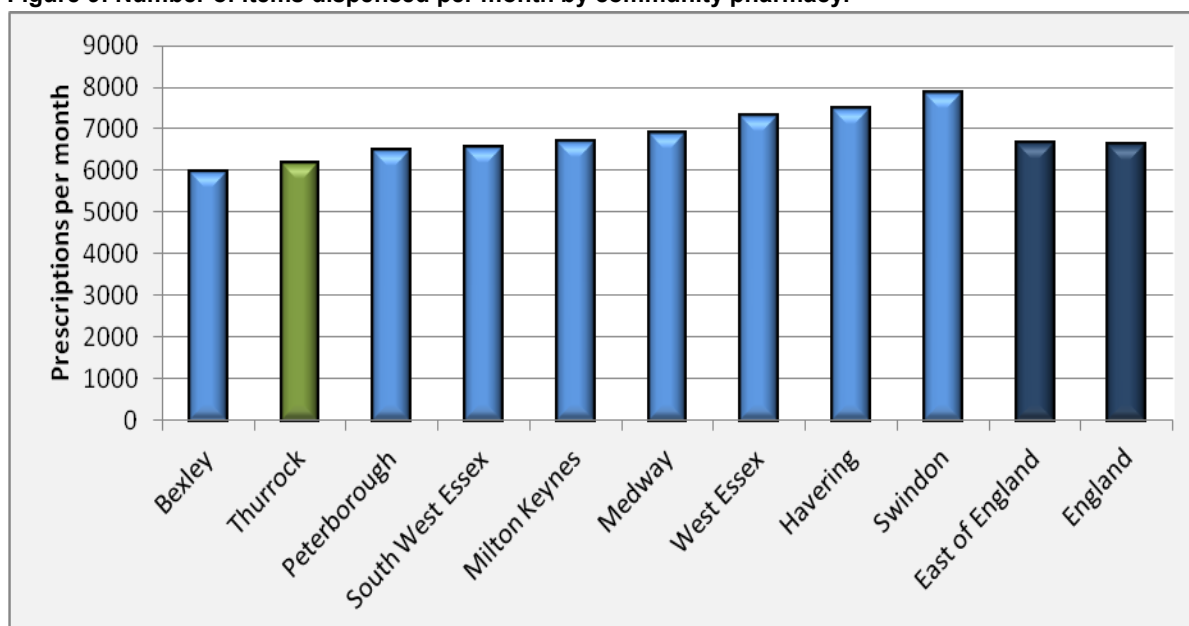
The assessment of essential services has been undertaken in context with the distribution and access services, as outlined in the above sections, against the local context, needs and strategic priorities of Thurrock's population.

### 4.4.1 Dispensing Services

#### 4.4.1.1 Dispensing in Community Pharmacy

During 2012/13, an average of 6,174 items per month were dispensed by all pharmacies within Thurrock. This dispensing rate is lower than the Similar Boroughs (6,900), East of England (6,641) and England (6,628).

**Figure 9: Number of items dispensed per month by community pharmacy.**



Source: HSCIC General Pharmaceutical Services in England 2012/13

A total of 2,798,773 items were dispensed against all prescriptions issued by Thurrock GPs during 2012/13. Of these, 2,593,262 (92.7%) items prescribed were dispensed by Thurrock community pharmacies. Table 13 provides a breakdown by locality.

**Table 13: Items dispensed in Thurrock localities, 2012/13**

Locality	Number of Pharmacies	Total items dispensed	% of total items (%)	Annual items per pharmacy	Items per month
Western	12	900,514	34	75,042	6,254
Central	10	660,950	26	73,439	6,120
Southern	7	504,342	20	72,049	6,004
Eastern	6	527,456	20	58,606	4,883

The data above shows that the average volume of dispensing by pharmacy in all four localities is also below the Similar Boroughs, East of England and England averages. This suggests that there are currently no capacity issues with regards to dispensing in any locality.

In total, 101,739 (3.6%) items were dispensed by pharmacies outside of Thurrock or considered as 'personally administered items' by GP surgeries. These were dispensed or personally administered, in the case of GP surgeries, by 1,828 organisations, (this excludes dispensing doctor activity which is described further down).

The table below provides an overview of pharmacies in neighbouring boroughs that have dispensed at least 100 items in one year, to Thurrock residents.



**Table 14: Out of area pharmacy dispensing, 2012/13**

	Pharmacy Name	Postcode	% of all out of area items dispensed
Basildon	TESCO STORES LIMITED	SS13 3JU	3.9
	BOOTS UK LIMITED	SS14 1BA	3.1
	ASDA STORES LTD	SS14 1JH	1.3
	ALLCURES PLC	SS16 5DF	0.95
	ASDA STORES LTD	SS14 3AF	0.93
	L ROWLAND & CO (RETAIL) LTD	SS142HB	0.82
	SAINSBURY'S SUPERMARKETS LTD	SS13 1SA	0.74
	NATIONAL CO-OPERATIVE CHEMISTS LIMITED	SS16 5SA	0.614
	NATIONAL CO-OP CHEMISTS LTD	SS15 5TQ	0.58
	ALLCURES PLC	SS16 4QW	0.53

Cross-border dispensing serves to improve access to pharmaceutical services, particularly for residents who live close to borders of neighboring boroughs or for those residents who use dispensing services close to their place of work.

#### 4.4.1.2 Dispensing Doctors

Thurrock has two GP practices with dispensing doctors, located in the Western and Eastern localities. During 2012/13 these dispensing doctors dispensed 103,772 items. Together the dispensing doctors contributed to 3.7% of the total items dispensed against all Thurrock GP prescriptions. It also contributed to 50% of the total dispensing activity that was not undertaken by Thurrock pharmacies against a prescription dispensed by Thurrock GPs.

#### 4.4.1.3 Out of Hours Dispensing

The GP 'out of hours' service, the Rapid Response Assessment Service, led by the district nursing team work and the A&E department at Basildon and Thurrock University Hospital Trust (BTUH) are open 24 hours a day, 7 days a week. Whilst these providers stock their own medication, should there be a need, there is an on-call service at BTUHT for other urgent requirements.

#### 4.4.2 Repeat Dispensing

Repeat dispensing allows patients who have been issued a repeatable prescription to collect their repeat medication from a pharmacy without having to request a repeat prescription from their GP.

The service can provide the following benefits:

- Reduction in GP workload which could free time for more clinical activities.
- Allow for more predictability in pharmacy workload, which could facilitate delivery of wider pharmaceutical services.
- Reduce waste, as pharmacies will be dispensing required medications.
- Increased convenience for patients.

For the year 2013/14, approximately 178,000 prescriptions were issued in Thurrock by repeat dispensing/batch prescribing, representing about 6.1% of all items issued on prescription during this period.

#### 4.4.3 Electronic Prescription Service

The electronic prescription (EPS) service enables GPs and practice nurses to electronically send a prescription to a patient's chosen pharmacy for dispensing. The system makes the prescribing and dispensing process more efficient and convenient for patients and staff. In addition, EPS can help to reduce wastage of medicines by allowing pharmacy more opportunities to help patients use their medicines more effectively as well as reduces risks of disruption to the supply of medicines to patients.

NHS England and Thurrock CCG are currently rolling out Electronic Prescription Service Release 2 (EPS2) to practices and pharmacies. EPS2 is currently underway in one Thurrock practice, located in the Eastern locality with plans for further sites to go live in the next few months.

#### 4.4.4 Other Essential Services

NHS England are currently planning to run a number of health promotion campaigns through community pharmacy. Local Authority may want to consider dove-tailing or extending these campaigns based on local needs and priorities. This involves providing opportunistic advice, information and signposting around lifestyle and public health issues. NHSE are considering the following draft campaigns for 2014/15:

Campaign	Date	Links to:
Sun Awareness	End July	Holidays
Sexual Health	Early September	Students returning Fresher's Week
Mental Health/Keeping Fit & Healthy	October	World MH Day 10 <sup>th</sup> October
Antibiotic Awareness/Keeping Warm in Winter	November	Winter Flu
Falls & Frailty/Alcohol Awareness	January	Dry January
Smoking Cessation	March	Stop Smoking Day 12 <sup>th</sup> March 2015

In addition to the medicine dispensing activity that community pharmacies deliver, they are also highly skilled in providing:

- Opportunistic health promotion advice, self-care support and targeted prescription linked interventions.
- A valuable service to safely dispose waste medicines in order to reduce harm through inadvertent use of unwanted or expired medicines and serve to protect the environment.

## Summary of comments made about essential services from the Public Survey

*66% of residents have their prescriptions dispensed at a pharmacy.*

*Over 10% of residents use pharmacy to 'get advice'.*

*Over 80% of residents were satisfied with the information about side effects given to them in the pharmacy.*

## Essential Services Conclusion

Dispensing is a fundamental service commissioned nationally by the NHS and ensures that patients have access to prescribed medication in a safe and dependable environment. Pharmacies are invaluable positioned to support health campaigns by proactively delivering health promotion and signposting advice. Community pharmacies therefore are key in addressing the health needs and contributing to tackling inequalities within Thurrock.

Taking this into consideration, we have concluded that the essential services are **necessary** to meet the pharmaceutical needs of our population.

- Benchmarking data used to compare dispensing activity in Thurrock to other similar boroughs, East of England and England. The analysis demonstrates that Thurrock community pharmacies have significant capacity to meet current and future dispensing requirements.
- The assessment has demonstrated that on weekdays and on Saturdays between the hours of 9am and 5:30pm there is good access to essential services within community pharmacies.
- Residents also have good choice of pharmacies, either within their ward or adjacent wards.
- There is also reasonable access to essential services on a Sunday in most localities.
- A key consideration to dispensing is the need for aligning pharmacy and other primary and secondary care providers opening hours i.e. GP practice, out of hour's services, A&E etc. The current system for clinicians to obtain out of hours emergency medication satisfies the current demand on these services.

Future needs of Pharmacy:

- Out of hours provision will be of particular importance for the future delivery of a seven day primary care service through the Hub model in Thurrock. The current pattern of pharmacy opening hours may not be sufficient and the current open hour's service is only available to prescribers.
- These changes may require NHS England to consider seeking additional hours, although pharmacies may recognise the need and adjust core hours proactively.

- Engagement with Public Health England to ensure local priorities are considered in planning national health promotion campaigns.
- Promotional material should be in a number of languages and culturally appropriate. Campaigns should be evaluated with regards to impact.

## 4.5 Advanced Services

Advanced services are defined in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Direction 2013. Any contractor may choose to provide Advanced Services if the requirements, relating to premises, training or notification to the NHS England area team, are met.

The Advanced services include:

- Medicines Use Review (MURs)
- New Medicines Service (NMS)
- Appliance Use Reviews (AUR) - not currently provided by pharmacies in Thurrock
- Stoma Appliance Customisation Service (SAC)

### 4.5.1 Medicines Use Review (MURs) and Prescription Intervention Service

The MUR service is a structured review of a patient's use of their medication, which aims to improve the patient's knowledge, understanding and use of their medicines. It supports patients to gain the maximum benefit from the prescribed medication as well as reduce wastage.

The majority of MURs take place with patients taking more than one medication, that pharmacists/pharmacy staff have identified will potentially benefit the patient. Patients identified must have been receiving pharmaceutical services from the pharmacy for no less than three months in order to be eligible.

An MUR can also take place when a problem with the patient's adherence to their medication is identified during the dispensing process – this is known as a prescription intervention MUR and does not require the patient to have a history of receiving pharmaceutical services from the pharmacy.

A pharmacy can undertake up to 400 MURs per annum. Since September 2014 at least 70% of these must be directed at the national target groups that include:

- Patients taking high risk medicines as specified in the directions.
- Patients recently discharged from hospital that has had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge; and
- Patients with respiratory disease.
- Patients at risk of, or diagnosed with Cardiovascular disease and regularly being prescribed at least four medicines.

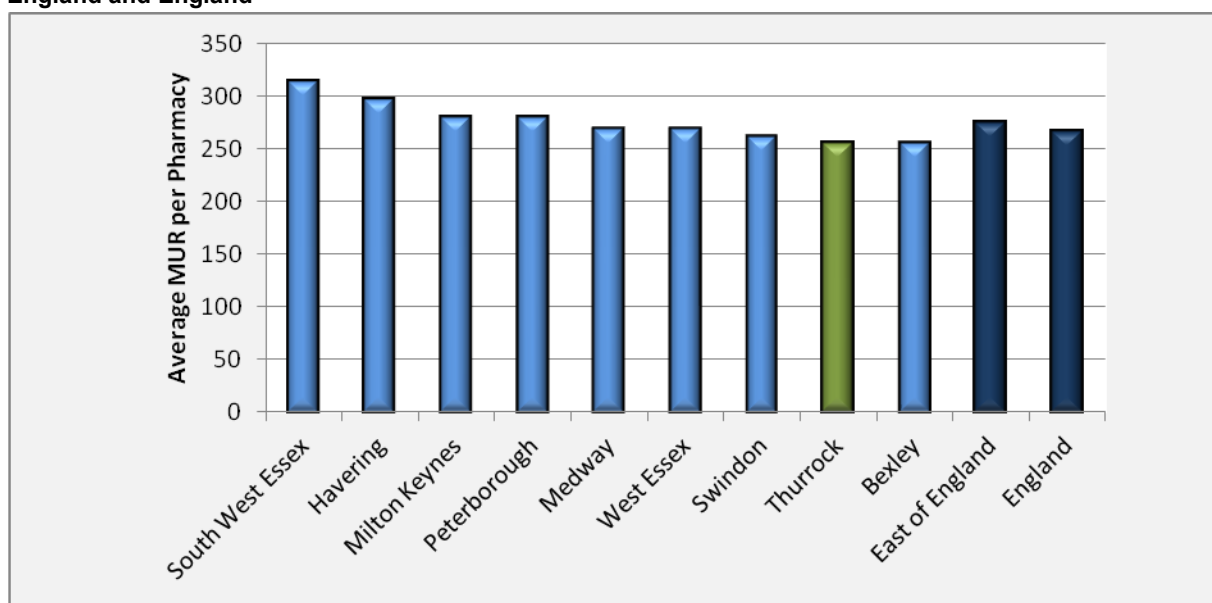
There is growing evidence of the effectiveness that MURs have in improving adherence and outcomes for patients, as well as reducing medicine related risk such as adverse effects:

- 49% of patients reported receiving recommendations to change how they take their medicines and of these 90% were likely to make the changes.
- 77% of patients noted an improvement in knowledge of their medication due to an MUR.
- 85% of patients scored the MUR a 4 or 5 on a scale of usefulness, where 1 is not useful and 5 is very useful.

Approximately 8,201<sup>20</sup> MURs were undertaken by 32/35 (91%) of Thurrock pharmacies in one year. Benchmarking data from 2012/13 suggest that the percentage of pharmacies providing this service in Thurrock is similar to that of the Similar Boroughs (93%), East of England (93%) and England (92%) averages.

Thurrock pharmacies performed an average of 256 MURs per year. This performance activity is lower than the Similar Boroughs (n276), the East of England (n276) and England (n267) averages see *figure 10*.

**Figure 10: Average MURs per pharmacy, 2012/13 in Thurrock compared to Similar Boroughs, East of England and England**



Source: HSCIC, General Pharmaceutical Services, England 2012/13

This suggests there is currently scope and capacity within the existing pharmacy and primary care networks to target additional patients who would benefit from MURs.

Table 15 shows the number of MURs services accessible on different days of the week. It suggests that there is very good access to MUR service provision in all three localities between the hours of 9am – 5:30pm pm on weekdays, on Saturday between 9am- 5pm and on Sundays between 9am- 4pm.

**Table 15: MUR services available in Thurrock, 2013/14**

Locality	Ward	No. of pharmacies delivering MURs on a weekday	No. of Pharmacies providing MURs on a Saturday	No. of Pharmacies providing MURs on a Sunday
Western	Ockendon	4	4	1
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	2	2	0
	West Thurrock and South Stifford	5	3	3
Central	Stifford Clays	2	2	1
	Chafford and North Stifford	1	1	0
	South Chafford	1	1	1
	Grays Thurrock	3	0	0
	Grays Riverside	2	2	2
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	1	1	0
Southern	Chadwell St. Marys	2	1	0
	Tilbury St. Chads	2	2	0
	Tilbury Riverside and Thurrock Park	2	2	2
	East Tilbury	1	0	0
Eastern	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	2	1	0
	Corringham and Fobbing	1	1	1
	Stanford-le-Hope West	3	2	1

Due to the high pharmacy participation level, residents are able to access MURs during pharmacy 'extended hours' that run to at least 8pm Monday to Sunday in the Central, Southern and Eastern locality. In the Western locality residents can access MURs until 5pm on Sundays. However this is not seen as a gap as there is enough provision of this service throughout the day and week, should residents want to access these services.

### Conclusion of MURS

Evidence suggests that targeted MURs improve patient outcomes increasing adherence and reducing medicine related risks. It can contribute to for instance an estimated 20% of hospital admissions that are medicines-related and arise as a result of unintended consequences i.e. side effects of taking inadequate dosage, or failure of using a prescribed medication.

MURs support the delivery of the following strategic aims of Thurrock Council and Thurrock CCG:

- Reducing avoidable hospital admissions for older people.
- A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible.
- Ensure that those people with long term conditions are supported to achieve the maximum benefits of their medication.

- Empower citizens to make healthy choices and take personal responsibility for their health and wellbeing.

Given the alignment of this service in supporting the local strategic priorities, we have concluded that this service is **necessary** to meet the pharmaceutical needs in Thurrock.

The following have been noted as future opportunities:

- Two pharmacies, located in Central and Eastern locality, undertook no MURS in 2013/14.
- The average number of MURs per pharmacy is significantly below the maximum number of MURS that may be undertaken in a year. We would therefore encourage all pharmacies to proactively target MURs to those patients who would benefit most from this service. (n400). We would therefore encourage all pharmacies to proactively target MURs to those patients who would benefit most from the service.

Future projections in the local population show an increase in those aged 70+ years; with this in mind, there is an anticipated need for more MURs. We conclude that there is sufficient capacity in the current delivery system to absorb future needs of the population which will be explored locally. Considering this, we have not identified any future needs or gaps with regards to this service.

#### 4.5.2 New Medicine Service

The New Medicine Service (NMS) is the latest advanced service to be introduced in the NHS community pharmacy contract and was introduced on 1 October 2011. The NMS aims to support medicinal adherence in patients with long term conditions, who are taking a newly prescribed medicine. The NMS is focused on the following patient groups and conditions:

- Asthma and COPD
- Type 2 Diabetes
- Antiplatelet/anticoagulant therapy
- Hypertension

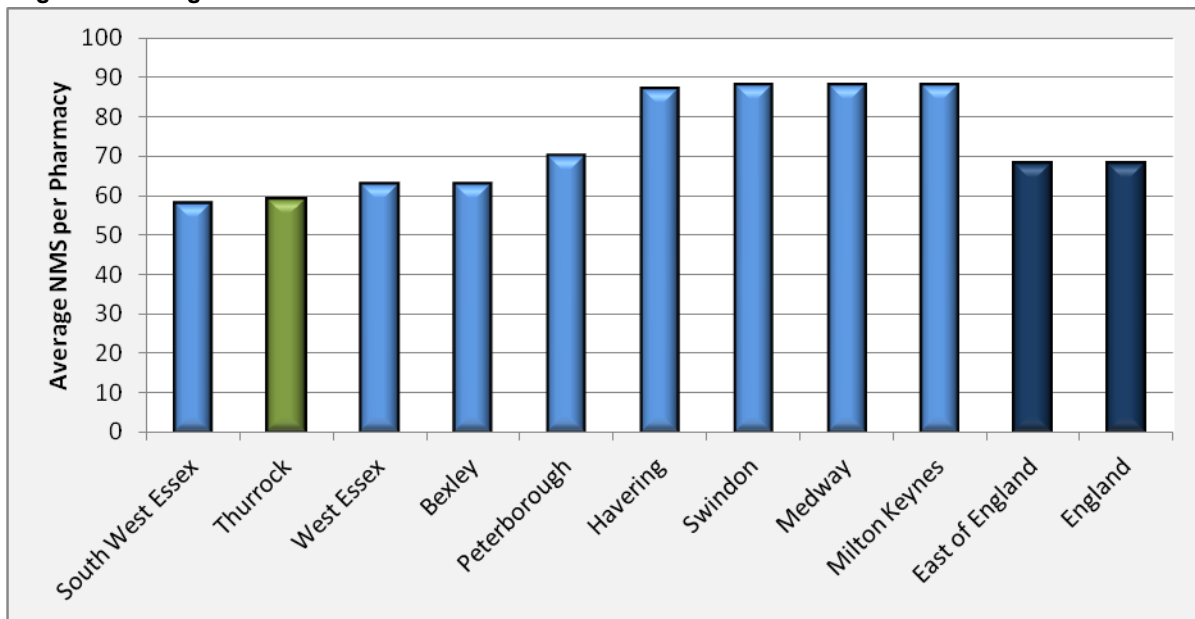
For each condition/therapy area, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines, they will be eligible to receive the service, subject to the pharmacist being able to determine that the medicine is being used to treat one of the above conditions (or in circumstances where a medicine can be used to treat more than one condition).

The NMS is a time-limited service that was originally commissioned until March 2013, at which point an academic review to demonstrate the value of the service was undertaken. In August 2014, NHS England announced that they would continue to commission the service in 2014/15.

During 2012/13, approximately 2,050 NMSs were undertaken by 28/35 (80%) pharmacies in Thurrock. The percentage of pharmacies providing this service in Thurrock is below the similar boroughs (85%), East of England (86%) and England (83%) averages.

Thurrock pharmacies performed an average of 59 NMSs per year. This performance activity is lower than the similar boroughs (n76), the East of England (n68) and England (n68) averages see *figure 11*.

**Figure 11: Average NMS per pharmacy, 2012/13 in Thurrock compared to similar Boroughs, East of England and England.**



Source: HSCIC, General Pharmaceutical Services, England 2012/13

Table 15 provides a breakdown of NMS services on different days of the week. There is good access to NMS in all four localities, on weekdays between 9am – 6pm, on Saturdays between 9am – 5pm and on a Sunday between 9am – 4pm.



**Table 15: NMS services available in Thurrock, 2013/14**

Locality	Ward	No. of Pharmacies delivering NMSs on a weekday	No. of Pharmacies providing NMSs on a Saturday	No. of Pharmacies providing NMSs on a Sunday
Western	Ockendon	3	3	1
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	2	2	0
	West Thurrock and South Stifford	5	3	3
Central	Stifford Clays	2	2	1
	Chafford and North Stifford	1	1	0
	South Chafford	1	1	1
	Grays Thurrock	2	0	0
	Grays Riverside	1	1	1
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	1	1	0
Southern	Chadwell St. Marys	2	1	0
	Tilbury St. Chads	2	2	0
	Tilbury Riverside and Thurrock Park	1	2	2
	East Tilbury	1	0	0
	Orsett	n/a	n/a	n/a
Eastern	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	1	1	1
	Corringham and Fobbing	1	1	1
	Stanford-le-Hope West	2	1	0

Although provision of this service is not within all ward as there is no three month regulation, patients can be referred to another pharmacy, provided that the alternative pharmacy dispenses against the patients prescription.

### Conclusion of NMSs

Targeted NMSs can improve a patient's adherence to newly prescribed medication, help manage medicine-related risks and improve patient outcomes. A recent RCT has demonstrated the benefits of NMSs in community pharmacies:

- The NMS increased adherence by around 10% and increased identification in the number of medicine related problems and solutions.
- Economic modelling showed that the NMS intervention could increase the length and quality of life for patients, whilst costing the NHS less than those in the comparator group.

The NMS support the delivery of the strategic aims of Thurrock Council and Thurrock CCG, particularly with respect to:

- Reducing avoidable hospital admissions for older people.
- A focus on prevention and timely intervention that supports people to be healthy and live independently for as long as possible.
- Ensure that those people with long term conditions are supported to achieve the maximum benefits of their medication.
- Empower citizens to make healthy choices and take personal responsibility for their health and wellbeing.

While the service aligns well to our local strategic priorities, and that there is evidence of the benefits of this intervention, the future of this service, beyond March 2015 is uncertain. Considering this, we have concluded that currently NMSs are a relevant service that improve access to medicine reviews, clinical support and have the potential to improve patient outcome.

The following has been identified with regards to service provision:

- 7 pharmacies did not undertake any NMSs

It is not clear why these pharmacies did not undertake any NMSs. However, residents are able to be referred to an alternative pharmacy if they wish to access this service.

Systems need to be in place to ensure that providers know which pharmacies are currently delivering this service. This is to ensure that referrals are both appropriate and delivered in a timely manner.

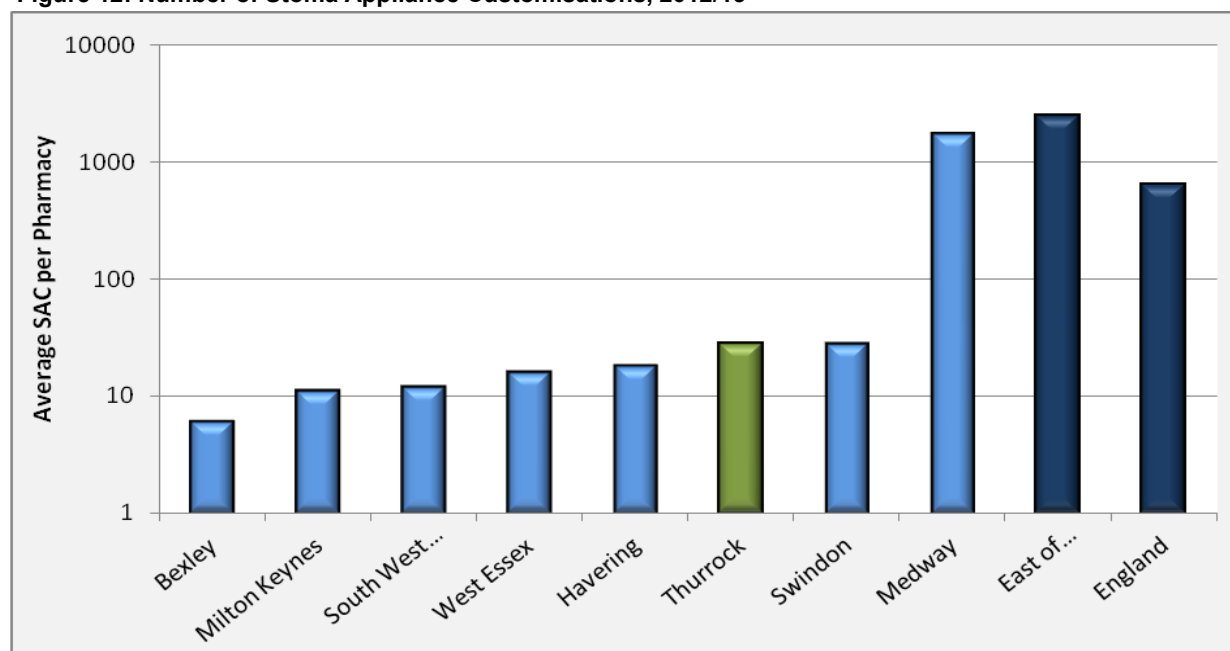
#### 4.5.3 Stoma Appliance Customisation Service

Stoma Appliance Customisation (SAC) is an advanced service that a community pharmacy or appliance contractor can choose to provide so long as they fulfil certain criteria. The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. There are no limits to the number of SACs that may be undertaken.

During 2012/13, approximately 28 SACs were undertaken by 7/35 (20%) pharmacies in Thurrock. The percentage of pharmacies providing this service in Thurrock is higher than the similar boroughs (13.3%), East of England (12%) and England (15%) averages.

Local performance activity is similar to other Similar Boroughs. Thurrock's performance (n28) is significantly lower than the East of England (n2513) and England (n635) averages see *figure 12*.

**Figure 12: Number of Stoma Appliance Customisations, 2012/13**



Source: HSCIC, General Pharmaceutical Services, England 2012/13

The pattern of access is similar across England. A reason for this is that this is a specialist area with patients receiving support from either the hospital or the clinic responsible for their ongoing care or from a dispensing appliance contractor.

**Table 16: SACs services available in Thurrock, 2013/14**

Locality	Ward	No. of Pharmacies delivering SACs on a weekday	No. of Pharmacies providing SACs on a Saturday	No. of Pharmacies providing SACs on a Sunday
Western	Ockendon	2	2	1
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	0	0	0
	West Thurrock and South Stifford	1	1	1
Central	Stifford Clays	1	1	0
	Chafford and North Stifford	1	1	0
	South Chafford	0	0	0
	Grays Thurrock	0	0	0
	Grays Riverside	1	1	1
	Little Thurrock Blackshots	n/a	n/a	n/a
Southern	Little Thurrock Rectory	1	1	0
	Chadwell St. Marys	0	0	0
	Tilbury St. Chads	0	0	0
	Tilbury Riverside and Thurrock Park	0	0	0
	East Tilbury	0	0	0
Eastern	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	0	0	0
	Corringham and Fobbing	0	0	0
	Stanford-le-Hope West	0	0	0

## Conclusion of SACs

There is very low activity with regards to SAC services in Thurrock.

Residents may be using an alternative provider including the hospital or clinic lead for their ongoing health care.

We are concluding that this service may secure improvements for our residents and is therefore a relevant service.

## 4.6 Enhanced Services

Enhanced services are defined in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Direction 2013. NHS is responsible for the commissioning of enhanced services from community services.

Pharmaceutical service providers are an important part of primary care. As well as dispensing prescriptions they provide information about medicines, self-care, general health care and other sources of advice. They complement services provided by general practice.

These services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services. Locally commissioned services are discussed in the context of local needs in the next section of the PNA. The following is a list of enhanced services that can be commissioned by NHS England, as an enhanced service:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- On demand availability of specialist drugs
- Out of hours service
- Palliative care
- Patient group direction service (not related to public health services)
- Prescriber support service
- Schools service
- Supplementary prescribing service.

#### 4.6.1 Seasonal Influenza Vaccinations

Influenza or the 'flu' is a respiratory illness associated with infection by influenza virus. Influenza occurs most often in winter and usually peaks between December and March in the northern hemisphere.

In line with the World Health Organization targets,<sup>21</sup> NHS had been asked to achieve aspiration uptake targets for vaccine coverage, during 2012/13; to reach or exceed 75% uptake for people aged 65+ years, to reach or exceed 75% uptake for people under the aged 65 years with clinical conditions which put them more at risk of the effects of flu and 70% uptake in pregnant women. Aspirations towards increasing coverage to reach or exceed 75% in 2013/14 has been forecast nationally.

Between September 2014 and January 2014 the coverage achieved in General Practice for those in the 65+ years group was 69.2% in Thurrock. Within the '6 month to under 65 years' at risk group, Thurrock achieved a 45.2% average. Vaccine uptake amongst pregnant women in Thurrock was 35.6%.

As the national targets were not being met, a Seasonal Influenza vaccination programme was commissioned from community pharmacies between 2013/14. The aim of this service was to provide a wide choice of provision to patients, other than their GP. The following at risks groups were invited to take up the service:

- Those aged 65 years and over.
- Children (aged 13-17 years) and adults classified within 'at risk' groups including those with chronic respiratory disease, chronic heart disease, chronic liver disease, chronic neurological disease, diabetes mellitus and those that are immune-comprised.
- Pregnant women.
- Main carer(s) of older people/those with disability.
- Those living in long term residential/nursing homes.
- Front-line health and social care workers.

Pharmacies need to have met the following accreditation in order to provide this service:

- A designated consultation room/area that is spacious enough for the safe administration of vaccines as well as provide privacy to patients.
- Appropriate refrigeration to maintain the cold chain and safe disposal of sharps and clinical waste.
- The Pharmacist must have:
  - Regularly worked in the pharmacy.
  - Competences in all aspects of immunisation, including completing specified training courses.
  - Undertaken basic life support training within the last three years and ensure continuous updating every twelve months.
  - Be prepared to work under the patient group direction for the administration of influenza vaccine.

- Access to equipment to treat anaphylaxis (including epinephrine) and a telephone in case of emergency.

During the 2013/14 flu season, NHS England Essex Area Team ran a Community Pharmacy Seasonal Influenza Vaccination Pilot. The aim of the pilot was to test the effectiveness and feasibility of pharmacies improving vaccination accessibility for patients and increasing uptake rates in the under 65 clinical at risk groups. It was designed with the intention of supporting patient choice and a total of 48 pharmacies vaccinated more than 1,100 patients across Essex.

The pilot community pharmacies were invited to participate based on their proximity to practices which had consistently struggled to achieve the national target (75%) in the under 65 years clinical at risk groups over the previous three years. Pharmacies were only commissioned to vaccinate patients aged 4 – 65 years in an at risk group and pregnant women.

In total, seven pharmacies accepted the invitation to deliver this service and vaccinated 70 patients, during 2013/14. Table 16 provides a breakdown of where these pharmacies are located.

**Table 16: Seasonal Influenza services available in Thurrock, 2013/14**

Locality	Ward	No. of Pharmacies delivering seasonal influenza on a weekday	No. of Pharmacies providing seasonal influenza on a Saturday	No. of Pharmacies providing seasonal influenza on a Sunday
Western	Ockendon	1	1	0
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	0	0	0
	West Thurrock and South Stifford	1	1	1
Central	Stifford Clays	0	0	0
	Chafford and North Stifford	1	1	0
	South Chafford	0	0	0
	Grays Thurrock	0	0	0
	Grays Riverside	0	0	0
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	0	0	0
Southern	Chadwell St. Marys	1	1	1
	Tilbury St. Chads	1	1	0
	Tilbury Riverside and Thurrock Park	0	0	0
	East Tilbury	0	0	0
Eastern	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	2	2	1
	Corringham and Fobbing	0	0	0
	Stanford-le-Hope West	0	0	0

The pilot has been extended for 2014/15 flu season, all Essex pharmacies have been invited to participate. The target population are those aged 18 - 65 years (due to the national pilot for childhood flu being extended this year) in clinically at-risk groups and pregnant women.

### **Conclusion of Seasonal Influenza Vaccination Service**

We have concluded that the Seasonal Influenza Vaccination service is a **relevant** service, due to it improving access and providing at risk patients with a choice of provider, other than their GP.

- There is at least one pharmacy open in all four localities during the week as well as on Saturdays.
- However with regards to extended hours, services are quite limited, with no provision after 6pm in the Central, Southern and Eastern localities during the week.
- There is one pharmacy, located in the Western locality that is open until 8pm on weekdays. On Saturdays, the Central locality only has provision of this service until 1pm.
- There is no provision of service in the Central locality on Sundays.

We would like to see a larger number of pharmacies actively delivering this service, particularly those that are in areas with higher proportions of the target population, i.e. pharmacies in the Central and Eastern localities that have this higher numbers of older people.

In addition Pharmacies should be invited to support achieving all WHO targets, which are not currently being met.

## 5. Locally Commissioned Services

From 1 April 2013 those public health enhanced services previously commissioned by PCTs transferred to local authorities and are now termed as locally commissioned services.

Community pharmacy contractors can also provide services commissioned by another NHS organisations.

Applications to the Pharmaceutical List can only be made on the basis of Pharmaceutical Services identified in the regulations; they cannot be submitted on the basis of gaps identified in provision of locally commissioned services.

### 5.1 Public Health Services

A number of public health services are currently commissioned by Thurrock Council.

The public health services commissioned in 2014/15 are:

- Sexual health services.
- 5 – 19 (school nursing) service.
- Drug and alcohol service.
- Adult weight management.
- Children's weight management.
- NHS health checks.
- Smoking and tobacco control services.

These services above are currently commissioned from North East London Foundation Trust (NELFT). There is also a range of smaller services commissioned with Southend Hospital University Foundation (SHUFT) Trust, Basildon Trust University Hospital (BTUH), and South Essex Partnership Trust (SEPT).

Within the NELFT contract the provider subcontracts primary care to deliver local enhanced services for Sexual Health, Smoking Cessation and Health Checks in Thurrock.

The public health team in Thurrock reviewed some of these services in 2014 and it agreed that notice would be served to the current providers for all commissioned services. Notice was served on 30 September 2014.

Tender processes will be undertaken in 2014/15 in preparation for new provision from 1 April 2015 for;

- Adult Weight Management including Health Checks,
- Children's Weight Management
- School Nursing (5 – 19 years) service.

The remainder of the commissioned services will be reviewed by March 2015.



## 5.2 Substance Misuse Service

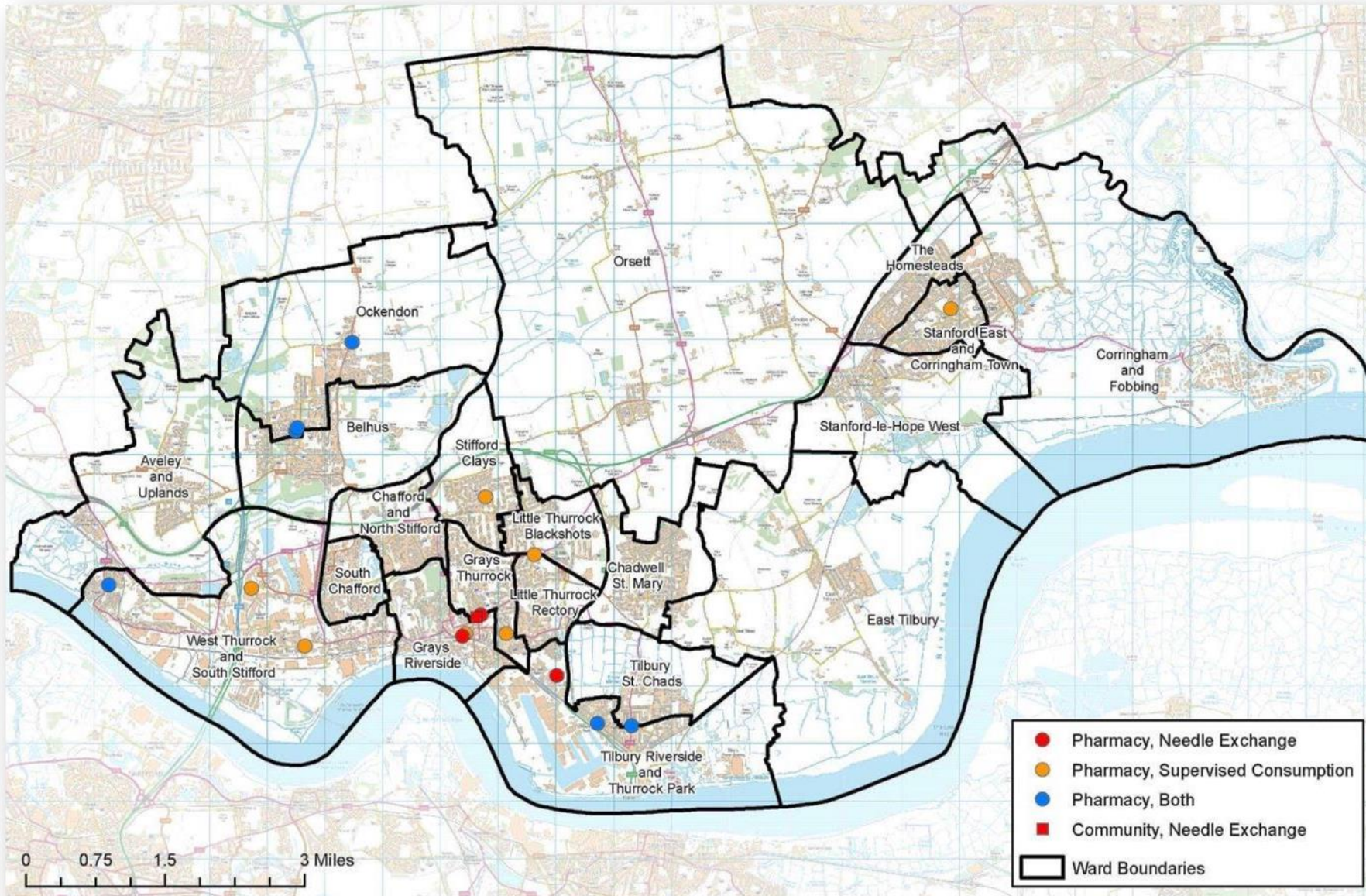
Funding for this service is through the public health grant. From June 2014 the public health team took responsibility for the commissioning responsibilities for all drugs and alcohol services. A new service was awarded to new providers on 1 April 2014. This year the team will be reviewing performance and monitoring outcomes.

Training will be made available to all staff engaged in the provision of the needle and syringe programme through the Thurrock DAAT. It is recommended that any staff participating in the Needle Syringe programme be vaccinated against hepatitis B, as a precautionary measure. The following measures need to be in place for pharmacies to provide this service:

- Provide safe storage conditions for the supply of methadone and have appropriate standard operating procedures for the safer management of controlled drugs and other drugs.
- Ensure pharmacy support staff are fully briefed by the pharmacist about the service to be provided and their role; fully understand the SOPs supporting the service, and that they must seek advice from the pharmacist where necessary. It is necessary for counter staff to be trained in good practice procedures.

Map 3 provides a visual representation of where current service provision is available within the borough.

Map 3: Needle and syringe Exchange, and Supervised Consumption services, 2013/14



## 5.2.1 Needle and Syringe Exchange Service

Needle exchange is a harm reduction programme designed to assist the service users to remain healthy and stop the spread of disease through the sharing of needles, until the user is ready and willing to cease injecting and adopt a drug-free lifestyle.

The pharmacy provides access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by drug treatment service users is provided. Advice on harm reduction is also offered as well as timely referrals to health and social services, where appropriate.

9/35 (20%) of Thurrock pharmacies have been commissioned to provide needle and syringe exchange services. Table 17 below and Map 3 show an overview of the distribution of pharmacies that provides this service.

The data indicates the following:

- In the Western, Central and Southern locality there is at least one pharmacy that provides this service from 9am – 6pm every weekday and on Saturdays.
- There is no service in the Eastern locality on any given day of the week
- In the Central and Southern locality the residents are able to access this service from at 8am – 8pm every on any given day of the week.
- There is currently no service on Sundays in the Western locality.

**Table 17: Needle Exchange services, 2013/14**

Locality	Ward	No. of Pharmacies delivering Needle and syringe services on a weekday	No. of Pharmacies providing Needle and syringe services on a Saturday	No. of Pharmacies providing Needle and syringe services on a Sunday
Western	Ockendon	3	3	0
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	0	0	0
	West Thurrock and South Stifford	1	0	0
Central	Stifford Clays	0	0	0
	Chafford and North Stifford	0	0	0
	South Chafford	0	0	0
	Grays Thurrock	1	0	0
	Grays Riverside	1	1	1
	Little Thurrock Blackshots	n/a	n/a	n/a
Southern	Little Thurrock Rectory	0	0	0
	Chadwell St. Marys	0	0	0
	Tilbury St. Chads	1	1	0
	Tilbury Riverside and Thurrock Park	2	2	2
Eastern	East Tilbury	0	0	0
	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	0	0	0
	Corringham and Fobbing	0	0	0
	Stanford-le-Hope West	0	0	0

### 5.2.2 Supervised Consumption service

The principle aim of supervised consumption in the clinical context is to provide a comprehensive service to drug users that will reduce drug-related harm and the potential for death.

This service is based upon the partnership between GPs, drug treatment service provider staff, Community Pharmacists, other local treatment and specialist housing providers and the patient.

The service requires the pharmacist to supervise the consumption for methadone, naltrexone, suboxone or buprenorphine prescribed for substance misuse at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. The pharmacist will also provide harm reduction advice, information and support for the users of this service. 13/25 (30%) of Thurrock pharmacies have been commissioned to provide supervised consumption services. Table 18 and Map 3 provide an overview of the distribution and geographical spread of this service.

The data indicates the following:

- Residents are able to access this service from 9am – 5pm on weekdays and Saturday in all four localities.
- There is only one service open after 8pm on a weekday; it is located in the Southern locality.
- There are no services in Central and Eastern locality after 5:30pm on Saturdays.
- There is one pharmacy in each locality that provides this service on Sundays; however only in the Southern locality are services open past 5pm. In the Central and Eastern localities services close at 4pm.

Table 18: Supervised Consumption services, 2013/14

Locality	Ward	No. of Pharmacies delivering Supervised Consumption services on a weekday	No. of Pharmacies providing Supervised Consumption services on a Saturday	No. of Pharmacies providing Supervised Consumption services on a Sunday
Western	Ockendon	3	2	0
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	0	0	0
	West Thurrock and South Stifford	3	1	1
Central	Stifford Clays	1	1	0
	Chafford and North Stifford	0	0	0
	South Chafford	0	0	0
	Grays Thurrock	1	0	0
	Grays Riverside	1	1	1
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	1	1	0
Southern	Chadwell St. Marys	0	0	0
	Tilbury St. Chads	1	1	0
	Tilbury Riverside and Thurrock Park	1	1	1
	East Tilbury	0	0	0
Eastern	Orsett	n/a	n/a	n/a
	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	1	1	1
	Corringham and Fobbing	0	0	0
	Stanford-le-Hope West	0	0	0

### Conclusions for Substance Misuse Services

A range of substance misuse services are commissioned from community pharmacies within Thurrock:

- The needle and syringe exchange programme is an important public health service that reduces risks and harm to injecting and the general public. The services are commissioned by pharmacy and non-pharmacy providers.
- The supervised consumption service provides drug users with the support to reduce harm and manage their treatment programme. The programme aims to improve the service user's outcomes as well as divert these opiates from surfacing on streets.

Thurrock's JSNA sets out the health and wellbeing consequences associated with substance misuse in Thurrock. Overall there seems to be a reduction in the number of adults misusing opiates and/or crack cocaine. Thurrock has also reported a higher planned treatment exit rate (67% in 2011) than nationally (43% in 2011).

However the percentage of residents (39.3%) who think using or dealing drugs is a problem, locally, is higher than the regional average (25.9%).

The needle exchange service and the supervised consumption service play a vital role in address the consequences of substance misuse, reducing the spread of blood borne viruses and engaging with service users to provide harm reducing and health promotion activities.

For these reasons we conclude that these services are **necessary** to meet the pharmaceutical need of the population.

We have identified the following potential gaps that may limit access and/or choice of service:

#### **Needle and syringe exchange services**

- There is no service on any given day past 8pm in Central locality.
- No services in Central and Eastern locality after 5.30pm on Saturdays.
- No service on Sundays in the Western locality.
- No service in the Eastern locality on any given day of the week.

#### **Supervised Consumption services:**

- Only one service open after 8pm on a weekday, it is located in the Southern locality.
- No service in Central and Eastern locality after 5.30pm on Saturdays.
- Only one pharmacy open past 5pm on Sundays; it is located in the Southern locality.

Service users need to register in order to receive supervised consumption services. The limited hours of service during the week and on weekends present a challenge as service users are not able to access these services in an alternative pharmacy, should their usual pharmacy be closed at a time convenient for them. Further work will need to be undertaken to understand the extent to which these affect the pharmaceutical needs of our population.

It is important that pharmacies make progress towards the Making Every Contract Count agenda, by providing general health promotion and substance misuse advice to young people in the borough who have been identified with higher levels of cannabis smoking activity.

### **5.3 Sexual Health Services**

Thurrock residents may access a range of sexual health services that include the provision of advice and services on contraception, relationships, sexually transmitted infections (STIs) and abortions. Historically services have been commissioned from a wide range of service providers, including general practice, community services, acute hospitals, pharmacies, the voluntary and independent sector.

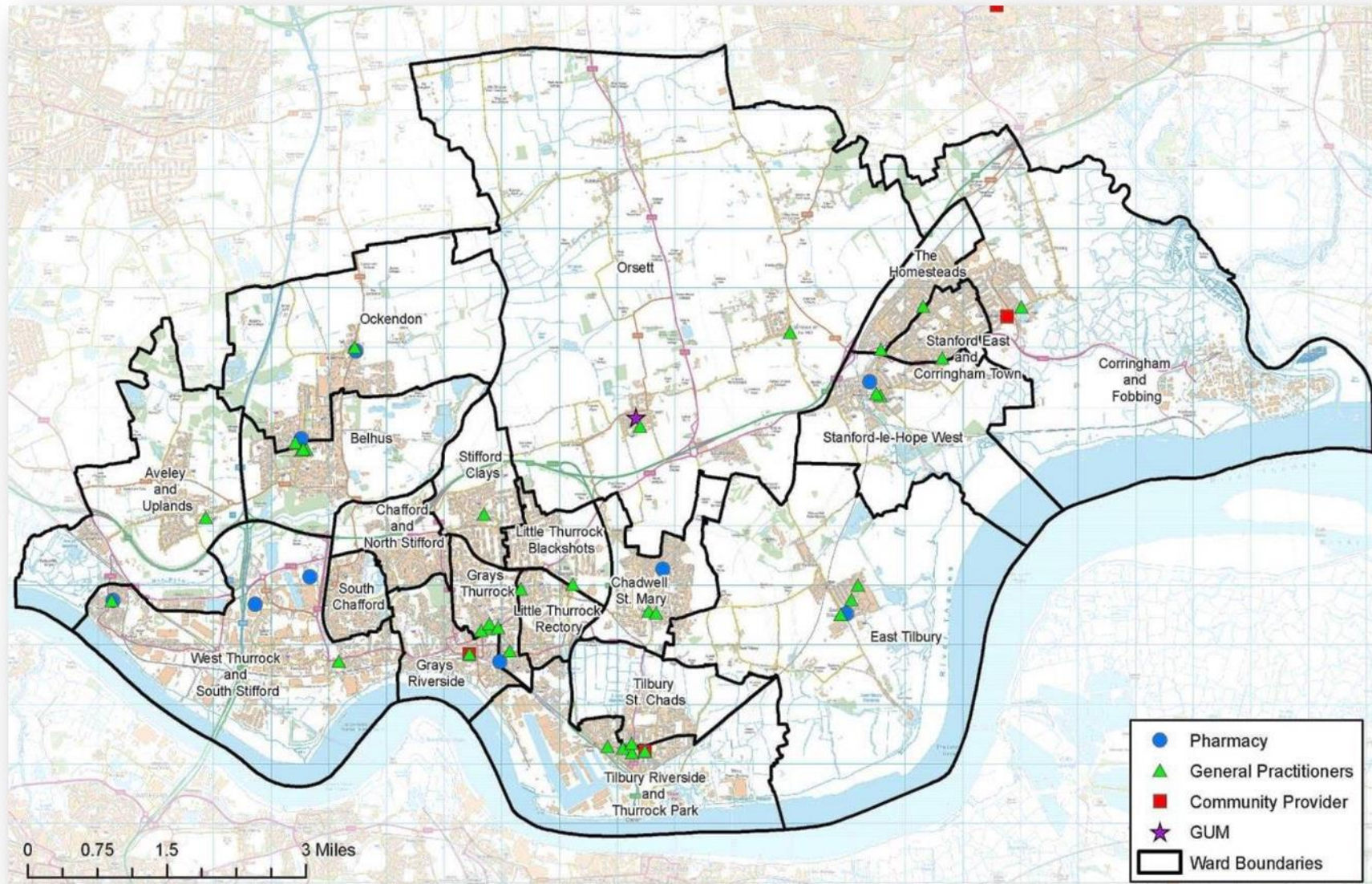
In April 2014, pharmacies were commissioned to support the delivery of a portfolio of sexual health services, alongside the community provider, NELFT. The following services are included within this portfolio:

- Chlamydia screening and treatment for the target population of under 25 year olds (and sexual partners regardless of age), as defined by the National Chlamydia Screening Programme.
- The supply of progesterone only emergency contraception for all women under 25 requesting free emergency contraception (including offer of a Chlamydia screening kit); and
- The supply of condoms as per the local condom distribution C-card scheme.

The aim of this service is to improve the sexual health of residents and seek reductions in sexual health inequalities through delivering the pharmacy sexual health service, especially in high risk areas and to groups at risk of unwanted conceptions and STIs. The service currently supports the following key local outcomes:

- Prioritising prevention and continuing to tackle stigma and discrimination.
- Reducing under 18 conceptions.
- Increasing Chlamydia diagnoses and treatment in young people.
- Reducing rates of sexually transmitted infections.
- Increasing partner assessment, notification and partner treatment.

Map 4: Sexual Health Services provided in Thurrock, 2013/14





**Table 19: Sexual Health services delivered in pharmacy, 2013/1**

Locality	Ward	No. of Pharmacies delivering sexual health services on a weekday	No. of Pharmacies providing sexual health services on a Saturday	No. of Pharmacies providing sexual health services on a Sunday
Western	Ockendon	2	2	0
	Belhus	0	0	0
	Aveley and Uplands	0	0	0
	West Thurrock and South Stifford	3	3	2
Central	Stifford Clays	0	0	0
	Chafford and North Stifford	0	0	0
	South Chafford	0	0	0
	Grays Thurrock	1	0	0
	Grays Riverside	2	0	0
	Little Thurrock Blackshots	0	0	0
	Little Thurrock Rectory	0	0	0
Southern	Chadwell St. Marys	1	1	0
	Tilbury St. Chads	0	0	0
	Tilbury Riverside and Thurrock Park	0	0	0
	East Tilbury	1	0	0
Eastern	Orsett	0	0	0
	The Homesteads (18)	0	0	0
	Stanford East and Corringham Town	2	1	0
	Corringham and Fobbing	1	1	0
	Stanford-le-Hope West	1	1	0

In addition to the pharmacy sites, NELFT also provide three additional weekday sexual health services, located in the Central, Southern and Eastern localities, each. Residents may also access a local health clinic in Basildon, on weekdays.

There are currently 38 general practices that have signed up to delivering Chlamydia screening, however data suggests that there are only 20 practices that are currently active.

A further provision to support the delivery of these services is offered at a local GUM clinic, in Orsett, with later appointments on Tuesday and Thursdays until 6:30pm.

## Conclusions of Sexual Health Services

The Sexual Health Service is pivotal in addressing specific sexual health needs within Thurrock.

- Pharmacies are commissioned to provide a portfolio of services that include:
- Chlamydia screening and testing
- Emergency contraception
- C-card scheme

We have therefore concluded that this service is **necessary** to meet the pharmaceutical needs of our population.

The following gaps have been identified:

- 12 pharmacies that provide the sexual health portfolio on a weekday.
- 8 pharmacies that provide the sexual health portfolio on Saturdays. There are no other providers of these services, i.e. Community services and GUM, open on Saturdays.
- No service opens on Saturdays in the Central locality.
- Only 2 services open on Sundays, both are in the Western locality.

The above could be quite significant with regards to access of sexual health services for young people, particularly in areas of the Central locality, where the population of 15-24 year olds is highest. This should also be addressed with regards to provision of EHC, due to the higher demand on this service on weekends.

A solution to improving the current access could be to approach pharmacies that provide extended hours, including 100 hour pharmacies to co-ordinate a rota system for weekend provision opening times during the weekend.

In the future public health will need to address the limited provision on weekends, particularly in the Central area, where there is planned growth of young people and in particular onsite student accommodation.

This will be factored in when completing the sexual health service review by March 2015.

## 5.4 Services Commissioned by Other NHS Trusts

### 5.4.1 Smoking Service

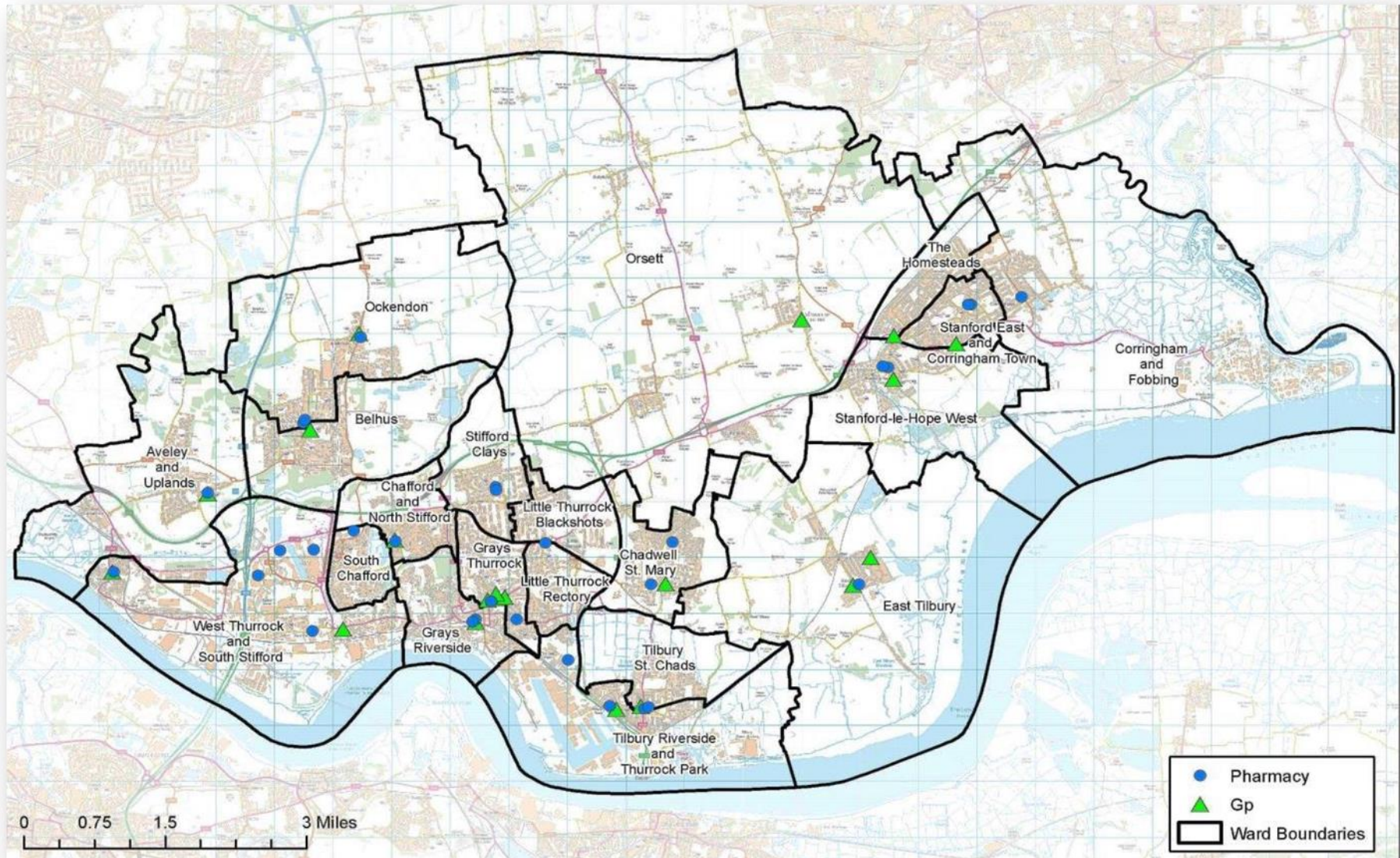
North East London Foundation Trust (NELFT) holds the contract to manage all aspects of the smoking cessation service, which it delivers via its provider arm Vitality. Thurrock community pharmacies and GPs are currently sub contracted to deliver this service. Pharmacies provide behavioural therapy as well as pharmacotherapy intervention (Nicotine Replacement Therapy NRT) to support people to stop smoking. Zyben/Varenicline can be obtained from a GP on a prescription basis.

From April 2014 to March 2015, NELFT are expected to achieve the following 4 week quitter targets – pharmacies are expected to contribute to these: (Below data and maps taken at face value).

- **441** Quits: Routine and Manual Workers
- **29** Quits: Pregnant Mothers
- **20** Quits: Children & Young People under the age of 19 (As per Essex County Council Service Specification).
- **67** Quits: Black and Ethnic Minority Groups.
- **467** quits from the deprived MSOA areas.

Map 5 and Table 20 provide an overview of what areas these services are available and on which days of the week.

Map 5: Smoking services, 2013/14



Currently 30/35 (80%) of community pharmacies are commissioned to provide the service. In addition to this there are 21(60%) Thurrock GPs that deliver this service as well.

**Table 20: Smoking services delivered in pharmacy, 2012/13**

Locality	Ward	No. of Pharmacies delivering smoking services	No. of Pharmacies providing smoking services on a Saturday	No. of Pharmacies providing smoking services on a Sunday
Western	Ockendon	3	3	0
	Belhus	n/a	n/a	n/a
	Aveley and Uplands	1	1	0
	West Thurrock and South Stifford	5	3	3
Central	Stifford Clays	2	2	1
	Chafford and North Stifford	1	1	0
	South Chafford	1	1	1
	Grays Thurrock	2	0	0
	Grays Riverside	2	2	2
	Little Thurrock Blackshots	n/a	n/a	n/a
	Little Thurrock Rectory	1	1	0
	Chadwell St. Marys	2	1	0
Southern	Tilbury St. Chads	2	2	0
	Tilbury Riverside and Thurrock Park	2	2	2
	East Tilbury	1	1	0
	Orsett	n/a	n/a	n/a
Eastern	The Homesteads	n/a	n/a	n/a
	Stanford East and Corringham Town	2	2	1
	Corringham and Fobbing	1	1	1
	Stanford-le-Hope West	2	1	0

There is generally very good access and choice of pharmacy in all localities on weekdays between 9am – 6pm and on Saturdays between 9am - 5pm. On Sundays there are at least two pharmacies in each locality that are open between 10am – 5pm.

Access to community pharmacy stop smoking service during ‘extended hours’ is more limited, however within every locality there is at least one pharmacy that provides the service at 8am and at least two that are open until 8pm, on weekdays and on Saturday. Aside from the Western locality, all other localities have ‘extended hour’ provision of this service until 8pm on Sundays.

### **Conclusions of Stop Smoking Services**

Stop smoking services are key in reducing the health consequences and inequalities associated with smoking. There are a significant number of studies to demonstrate the cost benefits and effectiveness of stop smoking interventions in community pharmacies.

In general there is very good distribution of provision within the deprived localities. What needs to be better understood is the contribution with regards to successful quits these pharmacies are contributing towards the public health agenda.

Community pharmacies are one of a number of sub-contractors by North East London Foundation Trust to provide stop smoking services. We have therefore concluded that the community pharmacy stop smoking service is a **relevant** service because it facilitates choice of provider and has secured improvements in access.

We have not identified any gaps in service; however there is opportunity to provide a more uniform service with regards to:

- Access, particularly in opening on Sundays in the Western locality.
- Pharmacology options available to potential quitters.

In addition it would be beneficial to develop provision through pharmacy to target higher risk groups i.e. routine and manual occupational workers as well as use medication reports to develop opportunistic intervention.

#### 5.4.2 Healthy Living Pharmacies

The Healthy Living Pharmacy (HLP) is a tiered commissioning framework that encourages community pharmacies to provide a consistent range of high quality services that meet local need, improve the health and wellbeing of residents and reduce health inequalities.

The HLP concept provides a structure for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next. **Appendix A** provides an overview of the criteria community pharmacies participating in the Essex Healthy Living Pharmacy Pathfinder had to fulfill.

Early evaluations from HLP programmes have shown the following benefits<sup>22</sup> including a greater number of people receiving health and wellbeing advice, increased smoking quit rates and pharmacy as first point of healthcare intervention instead of GPs. The high percentage of those who would recommend this service also suggests high satisfaction amongst those who have used the service.

The Healthy Living Pharmacies is a concept that builds upon the role of community pharmacies and attempts to establish them as a key element of public health services. It aspires to do this through the delivery of high quality services, advice and intervention as well as health promotion activities. Locally there are two pharmacies that have achieved this standard of delivery.

There is opportunity to improve access to the Healthy Living Pharmacies, in order to secure further health outcomes for our population. We would therefore like to work towards supporting all pharmacies to achieve this standard.

## 6. Future Needs

Populations in deprived localities are characterised by poor health and lifestyle related outcomes, lower life expectancy, higher burden of ill health, low uptake of health protection services such screening and vaccination. Often they seek medical attention late as evidenced by high A&E attendance and emergency admission rates.

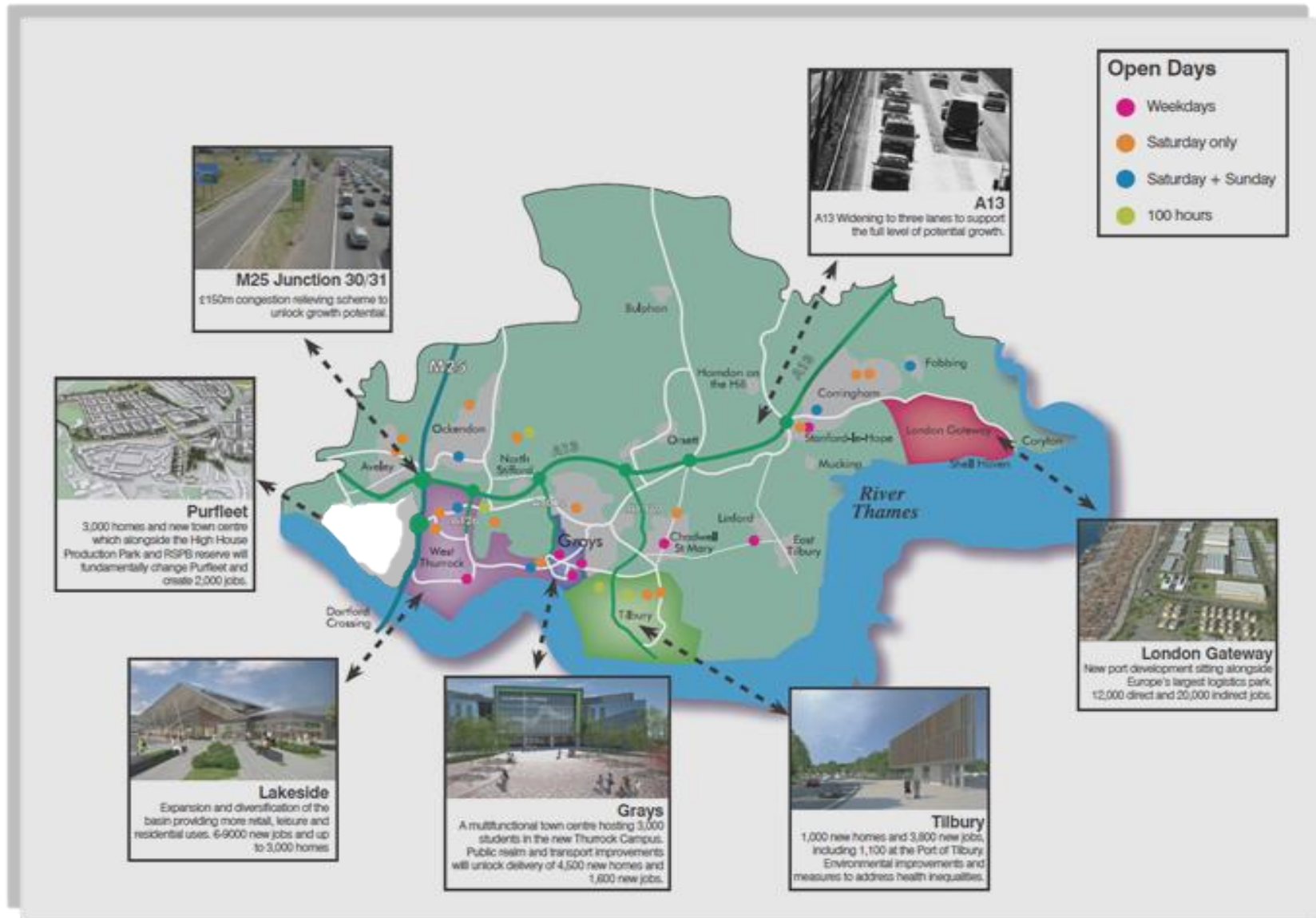
This document identifies a number of potential future pharmaceutical needs for the local population and opportunities to secure improvements in services.

This section addresses other areas and factors that have not been mentioned elsewhere in this document and sets out future plans for pharmaceutical services. In taking these plans forward, it must be recognised that health and social care partners will need to work together to ensure that community pharmacy services are integrated, delivered to a high standard and target those residents and patients that will benefit from services the most.

### 6.1 Areas of Regeneration and New Housing

This section will focus only on those pharmaceutical needs that will need to be considered over the next three years, in line with the lifespan of this PNA. However there will be some mention of plans beyond this time frame, in order to put context to changes and developments, locally.

Thurrock has an ambitious regeneration programme over the next decade. Thurrock's adopted development plan, the "Core Strategy and Policies for Management of Development" (Core Strategy) proposes the delivery of 18,500 new homes and the creation of 26,000 new jobs over the period 2001 to 2021 and a further 4,750 homes by 2026. Between 2001 and 2013 there were 5,980 dwellings built, leaving a residual of 17,270 to be built by 2026. This growth is focussed on five major hubs at London Gateway, Grays, Tilbury, Lakeside Basin and Purfleet, Map 6 shows how the current pharmacies line up with these new developments.



Map 6: Growth Hubs in Thurrock by 2021



The current regeneration programme will once again change the landscape of Thurrock, with the transformation of Lakeside into a town centre, the creation of the biggest container port in Europe, the Royal Opera House Production Park and performing arts, and the Junction 30 congestion relieving schemes. All of these will bring new jobs and fresh opportunities for the future. Below is a general list of opportunities and pharmaceutical needs that should be considered:

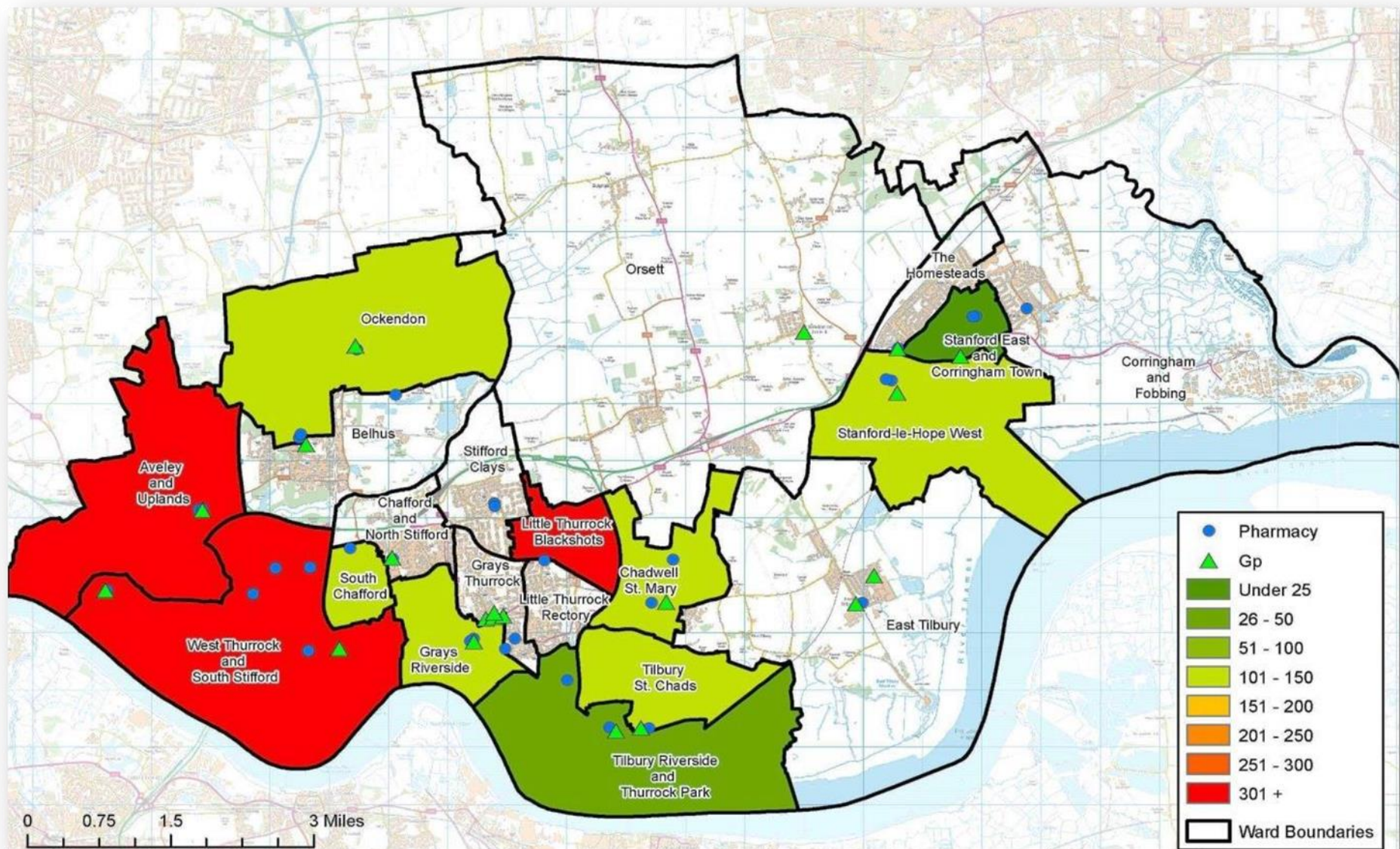
- Stock of medications to cure foreign ailments/travel medicines.
- Foreign Language services.
- Services that target health promotion and public health interventions for the new young 'student' population.
- Health needs of transient populations using the M25 including commuters and truckers.
- Services that target health promotion and public health interventions for manual and labour occupational populations that will be working on developing these sites i.e. smoking cessation services.

Over the next few years, a significant number of the new affordable homes in the borough will be delivered on a range of sites across the borough on land identified in the Core Strategy at Purfleet, West Thurrock, Lakeside town centre, Tilbury and South Stifford/West Grays.

Although references have been made to Thurrock's long term Regeneration and Housing priorities, only those developments which will come forward during the lifespan of this PNA have been considered.

Over the next three years, Thurrock will develop 1,924 houses in various parts of the borough. Grays and South Stifford will see the most amount of housing developments with 510 and 354 new units of housing, respectively. Map 7 shows the distribution of housing developments over the next three years.

Map 7: Housing developments in Thurrock over the next three years



## 6.2 Different Needs of Different Populations

The Regulation require that the HWB considers the needs of people who share a protected characteristic as defined in the Equality Act 2010. The section below summarises how we have made such considerations to address any specific needs within this PNA.

For those protected characteristics where no specific needs were identified, no reference has been made beyond those considered for the general public.

### 6.2.1 The Young People Population

We have highlighted that research indicates that young men access pharmacies least. It is therefore important that pharmacies in areas that have higher populations of young people, i.e. the Western and Central localities, ensure that they maximise on Making Every Contact Count with young people by delivering health promotion advice and intervention. Such measures will empower young people to make positive decisions about their health and prevent the early onset of disease.

### 6.2.2 Those aged 65 years and over

There are a number of risk factors associated with ill health in older people. Pharmacies in areas such as the Eastern and Central localities that have a higher density of these populations, need to ensure sufficient access to a range of support services is available like MURs, NMSs and seasonal influenza services.

The provision of auxiliary aids, large prints and dosage systems is helpful for older people to access and adhere to prescribed medication.

### 6.2.3 Disability

Pharmacies are to comply with provisions of the Equality Act 2010. This ensures that those people that are either disabled or face a disability due to illness are able to access pharmacies.

We have identified that there is choice of pharmacies for wheelchairs users in the four localities. We are encouraging all pharmacies to take strides meeting the needs of those with a disability, where this is possible.

It has also been recognised that more information needs to be gathered to better understand how pharmacies support those with a disability to overcome challenges in accessing services.

### 6.2.4 Gender

The PNA has made considerations towards the gender distribution of Thurrock's population. Provisions specifically for women are currently delivered through pharmacy i.e. emergency hormonal contraception, in order to meet the need of this population.

We have identified and addressed that men need to be further engaged to access community pharmacies, in order to maximise on health promotion and interventions.

### 6.2.5 Race

Thurrock has a diverse population with nearly a fifth of the population from Black, Asian and Minority Ethnic groups. This is reflected by the diversity of languages in Thurrock.

This PNA recognises the correlation between health inequalities and BAME groups. These communities face a number of health challenges including, accessing health care services, low birth weight, higher incidences of long term conditions i.e. diabetes and cardio vascular disease, etc.

The following reflects the specific health needs of BAME communities, as well as the general population:

- Health promotion advice and provision to promote healthy lifestyles and behaviours in order to delay the onset of disease.
- To improve overall maternal and infant health, by providing advice and onward perinatal referrals for those who are pregnant, those are planning on becoming pregnant and those who have new babies.
- In addition, this PNA recognises that 6% of the population uses a language other than English as their main language. We have demonstrated limited correlation between the diversity of the population and pharmacy staff who speak languages other than English to address communication barriers within BAME communities who access pharmaceutical services.

#### 6.2.6 Religion and Belief

Pharmacies are able to provide medicine related advice to particular groups such as medicines that have animal derivatives or taking medication during the month of Ramadhan

#### 6.2.7 Sexual Orientation

Men who have sex with men (MSM) are at higher risk of poor sexual health.

#### 6.2.8 Gender reassignment

Pharmacies are usually involved with the care pathway of those individuals who are undergoing gender reassignment. Their role predominantly consists of ensuring that medication for the treatment component of this procedure is available to dispense.

#### 6.2.9 Pregnancy and maternity

Pharmacies are ideally placed to provide health promotion advice and peri-natal referrals to women. They are also able to provide point of sale of pregnancy tests.

For those women who are pregnant or breastfeeding, pharmacies are able to deliver interventions to ensure that medication that may cause adverse effects, to the foetus or baby are avoided.

#### 6.2.10 Marriage and Civil partnership

No specific needs have been identified for this protected characteristic

## 7. Conclusion and Recommendations

Community pharmacies are ideally placed to improve access, capacity and effectiveness of services and make an important contribution to improving health and wellbeing. We recognise the vital role pharmaceutical service providers can play in preventing ill health and that community pharmacies are valued and trusted community resources. They are based at the heart of communities including rural and deprived areas and have daily interactions with local populations.

Based on the findings of this pharmaceutical needs assessment the key recommendations are to work with our pharmaceutical service providers to play a greater role in the community:

- Providing a range of clinical and public health services that will deliver improved health and be of consistently high quality.
- Supporting the management of long term conditions.
- Supporting individuals by delivering healthy lifestyle advice and support for self-care.
- Acting as a first point of call thus reducing the demand on other providers, general practice and unscheduled care providers.
- Providing services that will continue to contribute to out of hospital care.
- Supporting the delivery of improved efficiencies across a range of services.
- Helping individuals and care homes to understand correct use and educate them on the management of medicines.

Based on a systematic assessment of local pharmaceutical need, NHS England do not currently commission additional hours from pharmacies to open during bank holidays and other holiday periods based on a business decision. However some pharmacies do open based on a business decision. This will need to be reviewed locally in the future.

We will work with local commissioners to identify areas where there are populations within the Thurrock area who have specific health needs where pharmacists can play a role.

There is currently scope and capacity within the existing pharmacy and primary care networks to target additional patients who would benefit from MURs. We will work with NHS England to review this at a local level.

We would like to see a larger number of accredited pharmacies in Thurrock actively providing locally commissioned services to serve local populations. This is particularly true of AURs, where pharmacists are currently able to deliver services.

Not all pharmacies are wheelchair friendly, plans need to be agreed that where appropriate each pharmacy has wheelchair friendly facilities. More information needs to be collected to determine provisions are in place within pharmacy that enables other disability groups to have equal access.

We need to ensure that pharmacies are able to effectively communicate with all BAME groups, as well as with those whose main language is not English. With our growing BAME populations we need to work with pharmacies to agree how to engage wider with these groups.

The choice of service provider should be dependent on a number of factors such as cost effectiveness of the service, ease of access for patients and appropriate skills of the providers. Some services may be commissioned across more than one type of health care provider. When collating the list of available providers, community pharmacies should be considered as they generally have a good skill mix and patient accessibility, both in terms of

hours of opening and location. Attributes such as these would form a basis for many services, particularly as commissioners move more provision for healthcare into the community. There is early evidence locally of some pharmacists linking in with the new Local Area Coordinators and Hubs.

Thurrock has more pharmacists per 100,000 than similar boroughs, East of England and England. As such it is well resourced with regards to pharmaceutical services. Distribution of pharmacies within Thurrock localities vary; the Western locality has the most pharmacies (12/35), followed by the Central locality (10/35 pharmacies), the Southern locality (7/35 pharmacies) and the Eastern locality (6/35 pharmacies). There is a good correlation between deprivation and the number of pharmacies by locality; there is a good spread of pharmacies that span over the two mile boundary, in most of Thurrock and that residents have a good choice of pharmacies to access. In the eastern part of the borough, there is a higher density of people aged 75+ years and 85+ years who are more likely to have mobility problems and therefore find accessing pharmacies more challenging than the general population. It is likely, however, that these residents are able to access pharmacies in their neighboring borough within this distance, and particularly in south Benfleet and Canvey Island through good public transport links.

## 8. Glossary

A&E	Accident & Emergency
APHO	Association of Public Health Observatories
AUR	Appliance Use Reviews
BTUHT	Basildon and Thurrock University Hospital Trust
BAME	Black, Asian and Minority Ethnic Communities
CC	County Council
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CSU	Commissioning Support Unit
CVD	Cardiovascular Disease- a term used for a family of diseases that can affect the heart and circulatory system (e.g. coronary heart disease, stroke, heart failure, chronic kidney disease)
DAAT	Drug and Alcohol Action Team
DAC	Dispensing Area Contractor / Doctor
DH	Department of Health
EHC	Emergency Hormonal Contraception
EoE	East of England
EPS	Electronic Prescription Service
EU	European Union
GP	General Practitioner (Doctor)
GUM	Genitourinary Medicine
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacists
HSCIC	Health & Social Care Information Centre

HWB	Health and Wellbeing
Incidence	Incidence is the number of newly diagnosed cases of a disease or conditions in a population at risk
Intervention	Action to help someone improve their health action e.g. be more physically active or to eat a more healthy diet
IMD 2010	Indices of Multiple Deprivation: a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for individual neighborhoods
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
MECC	Making Every Contact Count: is about using every opportunity to talk to individuals about improving their health and well being
MSOA	Medium Super Output Area
MSM	Men who have Sex with Men
MUR	Medicines Use Review
NELFT	North East London Foundation Trust
NMS	New Medicine Service
NHS	National Health Service
ONS	Office for National Statistics
PCT	Primary Care Trust
PGD	Patient Group Directive
PHE	Public Health England
PSNC	Pharmaceutical Services Negotiation Committee
PNA	Pharmacy Needs Assessment
QOF	Quality Outcomes Framework
Prevalence	The number of cases of cases of a disease or condition existing in a population



Risk factor	Aspect of a person's lifestyle, environment or pre-existing health condition that may increase their risk of developing a specific disease or condition
SAC	Stoma Appliance Customisation Service
SEPT	South Essex Partnership Trust
SHUFT	Southend Hospital University Foundation Trust
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infection

## 9. Appendices

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## Appendix A - Healthy Living Pharmacy Level 1 Quality Mark Criteria

<b>Health Champion</b>	<p>At least one non-pharmacist member of the pharmacy staff has achieved Royal Society for Public Health Understanding Health Improvement Level 2 (UHI2) award.</p> <p>Where this has been achieved as part of a distance learning package the Health Champion will also need to attend an appropriate face-to-face workshop in order to demonstrate the skills in a practical setting outside of the normal workplace.</p>
<b>Leadership training</b>	<p>At least one member of the pharmacy management team has completed a specific Healthy Living Pharmacy leadership training programme.</p> <p>Currently these training programmes are arranged through Essex LPC and partner organisations; however managers that have undertaken leadership training in other pathfinder sites should be included.</p>
<b>Premises Criteria</b>	<p>Must reflect professional image and promote healthy living.</p> <ul style="list-style-type: none"> <li>• Posters/health promotional literature are current and where appropriate, seasonal. Health Champions are familiar with any relevant promotional literature and campaigns.</li> <li>• Health-related promotion materials, products and services are clearly differentiated from other activities.</li> <li>• Premises are welcoming. Doors open easily, there is clear, positive signage, adequate lighting and temperature control, floor coverings are clean and in good repair, windows are clean.</li> <li>• Consultation rooms include space for a chaperone to be present if requested. There is a computer available in the consultation room.</li> </ul>
<b>Service provision</b>	<ul style="list-style-type: none"> <li>• The pharmacy completed the initial 6 NMS consultations and triggered set-up payment prior to March 2012 OR the pharmacy has achieved at least 20% target for five of the last six months.</li> <li>• Pharmacy completed <math>\geq 200</math> MURs in 2011/12. Pharmacy has completed 30 asthma OR 30 Diabetes MURs in the last 6 months and can supply anonymised details of follow up.</li> <li>• Pharmacy has recorded <math>\geq 10</math> 4-week stop smoking quits in the last 2 quarters OR pharmacy has recruited <math>\geq 10</math> smokers and has a 4-week quit rate <math>\geq 50\%</math> in the last 2 quarters if the pharmacy offers the North Essex PCT cluster stop smoking LES.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• Pharmacy has a minimum ratio of 1 recorded Chlamydia screen per 5 recorded Emergency Hormonal Contraception consultations for five of the last six months.</li> </ul>
<b>Engagement event</b>	<ul style="list-style-type: none"> <li>• Pharmacy participates in a public engagement or outreach event other than on pharmacy premises. This may be evidenced by an independent report, photographs etc. Examples include a presentation to a community group, vascular checks outreach, school assembly, participation in “SOS bus” promotion.</li> </ul>

## Appendix B - Consultation Feedback

### Consultation Report

This document was developed by the Thurrock Health and Wellbeing Board in response to the Consultation feedback from the Thurrock Pharmaceutical Needs Assessment (PNA).

A formal consultation was undertaken from 23<sup>rd</sup> July to 22<sup>nd</sup> 2014 to September 2014 in accordance with the National Health Service (Pharmaceutical Services and Local Services) Regulations 2013 (SI 2013 No. 349). The consultation and was advertised to the public through key stakeholder organisations as well as online and in pharmacies and General Practice.

The draft document was sent out to all key stakeholders of pharmaceutical services in accordance with the national PNA guidance, including neighbouring Health and Wellbeing Boards.

During Cycle one of the consultation, people were asked to complete a structured template reflecting their views on the accuracy of the various sections of the PNA; the responses of which can be found in the tables below. In addition to this, a number of comments were sent separately by stakeholders, as part of this consultation process. These have also been included at the end of this report.

To ensure all commenter's were satisfied that the final draft had been correctly amended to address any comments and inaccuracies; a second cycle was undertaken. We received five additional comments, which have been included in the final PNA document.

The Thurrock Health and Wellbeing Board would like to thank all those who responded to the public consultation and the pharmacy questionnaire, as well as those that supported the development of this PNA.

Thurrock Council  
 Consultation Feedback

Detailed Comments relating to different sections of the PNA

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<b>1. Has the purpose of the PNA been explained sufficiently with section 2?</b> Yes = 83.3%    No = 0.0%    Not sure = 16.7%    Not answered / Feedback Form Not Used = 0.0%			
1	Yes		
2	Not sure		
3	Yes		
4	Yes		
5	Yes		
6	Yes		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<p><b>2. Does section 3 of the PNA clearly set out the scope of the PNA?</b>            Yes = 83.3%    No =0. 0%    Not sure = 16.7%    Not answered / Feedback Form Not Used = 0.0%</p>			
1.	Yes		
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Yes		
6.	Yes		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<p><b>3. Does Section 4 clearly set out the local context and the implications for the PNA?</b>            Yes = 66.7%    No = 16.7%    Not sure = 16.7%    Not answered / Feedback Form Not Used = 0.0%</p>			
1.	Yes		
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Yes		
6.	No		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<p><b>4. Does the information in Sections 5 and 6 provide a reasonable description of the services which were provided by pharmacies and DACs in Thurrock?</b>            Yes = 50.0%    No = 16.7%    Not sure = 33.3%    Not answered / Feedback Form Not Used = 0.0%</p>			
1.	Yes		
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Not sure		
6.	No		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<p>5. <b>Are you aware of any pharmaceutical services currently provided which have not been included in the PNA?</b>            Yes = 16.7%    No = 50.0%    Not sure = 16.7%    Not answered / Feedback Form Not Used = 16.7%</p>			
1.	No		
2.			
3.	Not sure		
4.	No		
5.	No		
6.	Yes		



Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<p><b>6. Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?</b>            Yes = 50.0%    No = 0.0%    Not sure = 50.0%    Not answered / Feedback Form Not Used = 0%</p>			
1.	Yes		
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Not sure		
6.	Not sure		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<b>7. Do you agree with the conclusions for Essential Services?</b> Yes = 66.6    No = 0.0%    Not sure = 16.7%    Not answered / Feedback Form Not Used = 16.7%			
1.			
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Yes		
6.	Yes		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<b>8. Do you agree with the conclusions for MURs?</b> Yes = 33.4%    No = 16.7%    Not sure = 33.4%                      Not answered / Feedback Form Not Used = 16.7%			
1.			
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Not sure		
6.	No		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<b>9. Do you agree with the conclusions for NMS?</b> Yes = 50.0%    No =16.7%    Not sure = 16.7%    Not answered / Feedback Form Not Used = 16.7%			
1.			
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Yes		
6.	No		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<b>10. Do you agree with the conclusions for Seasonal Influenza?</b> Yes = 66.7% No = 0.0% Not sure = 16.7% Not answered / Feedback Form Not Used = 16.7%			
1.			
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Yes		
6.	Yes		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<b>11 Do you agree with the conclusions for Substance Misuse?</b> Yes = 50.0% No =0.0% Not sure =33.4% Not answered / Feedback Form Not Used = 16.7%			
1.			
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Yes		
6.	Not sure		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<b>12. Do you agree with the conclusions for Integrated Sexual Health Service?</b>			
Yes = 50.0%    No =0.0%    Not sure = 33.4%    Not answered / Feedback Form Not Used = 16.7%			
1.			
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Yes		
6.	Not sure		

Response No	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<p><b>13. Do you agree with the conclusions for Stop Smoking Services?</b></p> <p>Yes = 50.0%    No = 0.0%    Not sure = 33.4%    Not answered / Feedback Form Not Used = 16.7%</p>			
1.			
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Yes		
6.	Not sure		



Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<p><b>14. If you have disagreed with one or more conclusion, please explain?</b></p> <p>Yes = 0.0%    No =0.0%    Not sure = 16.7%    Not answered / Feedback Form Not Used = 83.3%</p>			
1.	<p>Not sure</p> <p>Conclusions go beyond scope of commissioned service. Definition of Appliance Use Reviews incorrect. See further comments section 12 below.</p>	<p>This has been amended to show that there are no pharmacies actively undertaking AURs but that it is possible to access services outside the borough and via internet.</p>	

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<b>15. Do you agree with the assessment of future pharmaceutical services as set out in section 7?</b>			
Yes = 33.4%    No = 16.7%    Not sure = 50.0%    Not answered / Feedback Form Not Used = 0.0%			
1.	No, Very little focus on pharmacy prescribing as an enhanced service. Also more focus on phlebotomy services needed.	<ul style="list-style-type: none"> <li>▪ We will forward this comment to NHSE to further advise</li> </ul>	
2.	Not sure		
3.	Yes		
4.	Yes		
5.	Not sure		
6.	Not sure		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
16. Is there any additional information which should be included in the PNA?			
1.	Pharmacy prescribing services and the need for a NHS budget for pharmacy prescribing.	<ul style="list-style-type: none"> <li>▪ We will forward this comment to NHSE to further advise</li> </ul>	

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<p><b>17. Has the PNA provided adequate information to inform market entry decisions (NHS England only) or how you will commission services from pharmacy (all service commissioners)?</b></p> <p>Yes = 33.4%    No =0.0%    Not sure = 50.0%    Not answered / Feedback Form Not Used = 16.7%</p>			
1.	Not sure		
2.	Not sure		
3.	Yes		
4.	Yes		
5.			
6.	Not sure		

Response No:	Detailed Comment	PNA Task & Finish Group Response	Amend PNA Yes / No
<p><b>18. Does the PNA give enough information to help with your own future service provision?</b></p> <p>Yes = 33.4%    No = 16.7%    Not sure = 33.4%    Not answered / Feedback Form Not Used = 16.7%</p>			
1.	No		
2.	Not sure		
3.	Yes, it would be great to provide weight management and alcohol services which were highlighted but it really depends if these services will be commissioned in the future		
4.	Yes		
5.			
6.	Not sure		

Response No:	Detailed Comment
<b>19. If you have any further comments, please enter them in the box?</b>	
1.	I think more services will be provided by pharmacies as long as there is adequate funding with support and good prior consultation. A good PNA overall
2.	(Commenter has provided additional accuracy comments, above)
3.	(Commentator has provided additional accuracy comments, above)

**Additional Comments on the accuracy of the PNA**

Response No:	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
1.	Section: Key findings and recommendations Only 2 dispensing practices in Thurrock and not 3.	<ul style="list-style-type: none"> <li>▪ Amended to 2.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
2.	Section: Key findings and recommendations Despite there being no dispensing appliance contractor located in Thurrock, this service is available nationally and it is not vital to be situated within Thurrock itself.	<ul style="list-style-type: none"> <li>▪ Amended to: <i>None in Thurrock, but these services can be accessed outside the borough</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
3.	Section 1: NHS England are not the only commissioners of services from Pharmacies, they can also be commissioned by Local Authorities and Public Health England etc.	<ul style="list-style-type: none"> <li>▪ This has been explained in paragraph 4. Amendments have been made to include Local Authority and Public Health England.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
4.	Section 1.1: Other NHS services are also provided by Public Health England and the local authority and these too affect the need for Pharmaceutical services, or would secure improvement, or improve access to pharmaceutical services within its area.	<ul style="list-style-type: none"> <li>▪ Amended to include Local Authority and Public Health England</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
5.	Section 2.1 Appliance use reviews (AUR'S) may be provided elsewhere as patients may access this service from other providers outside of Thurrock	<ul style="list-style-type: none"> <li>▪ Amended to <i>no services provided in Thurrock but services can be accessed outside the borough and via the internet</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>

Response No:	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
6.	Section 2.1: In terms of Dispensing appliance contractors, please see link below and extract from it  <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf</a>	<ul style="list-style-type: none"> <li>▪ Suggested DAC definition has been used</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
7.	Section 2.1.1: The local authority is not an NHS body.	<ul style="list-style-type: none"> <li>▪ Amended to state NHS services that are commissioned or arranged by other bodies/organisations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
8.	Section 2.1.3: Out of hours GP service is 18.30 – 8.00.	<ul style="list-style-type: none"> <li>▪ Amended to 18:30 – 8:00</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
9.	Section 2.2.1: Care home dispensing of medicines is an NHS service as a Pharmacist would dispense against an NHS prescription.	<ul style="list-style-type: none"> <li>▪ This has been deleted</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
10.	Section 3.1: Basildon and Brentwood are part of Essex CC and not separate HWB areas.	<ul style="list-style-type: none"> <li>▪ This has been deleted</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
11.	Section 3.3.2.2: Although Community Pharmacies may be well positioned to provide prescribing and phlebotomy, this is not part of their contract.	<ul style="list-style-type: none"> <li>▪ This section provides evidence to support what they can provide. Not necessarily what they do provide. Amendment made to read <i>that they have the potential to provide</i> the services listed in the section</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
12.	Section 3.3.3: Sexual Health – Not all pharmacies are signed up to the sexual health enhanced service and is not part of their core contract.	<ul style="list-style-type: none"> <li>▪ This has been amended to say <i>A number of pharmacies provide this service and that as part of the prevention agenda, all community pharmacies should provide:</i> (listed sexual health service)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>



Response No:	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
13.	Section 3.3.4.2: If Pharmacies are unable to make referrals then all should sign post as this is a contractual obligation.	▪ Amended to read <i>referrals and sign-post</i>	▪ Yes
14.	Section 3.3.5.3: Not all Pharmacies provide MUR's and NMS reviews as this is an advanced service.	▪ Amended to read <i>a number of pharmacies provide support in identifying adverse effects of medication as well as adherence issues that can contribute to improving outcomes for patients with serious mental health issues</i>	▪ Yes
15.	Section 3.3.6.3: Smoking cessation is a commissioned service that some Pharmacists are signed up to but not all.	▪ Amended to <i>A number of community pharmacies currently provide smoking cessation services</i>	▪ Yes
16.	Section 3.3.6.3: Health checks are not mandatory and are commissioned by Thurrock Council from NELFT who provide them within GP practices and Outreach clinics and not Pharmacies.	▪ Amended to <i>This service is not currently provided by pharmacies in Thurrock</i>	▪ Yes
17.	Section 3.3.6.3: Not all Pharmacies provide smoking cessation services.	▪ Amended to <i>A number of community pharmacies provide smoking cessation services</i>	▪ Yes
18.	Section 4.1: The statement 'NHS services provided by other NHS Trusts' should read 'NHS services provided by other providers', as in the future not all NHS services will be provided by NHS trusts.	▪ Amended to <i>NHS services provided by other providers</i>	▪ Yes
19.	Section 4.2: The map on page 42 is not clear and I don't understand why those marked in orange are Saturday only. I was not aware of any of our Community Pharmacies only being open on a Saturday.	▪ Revised map to show opening hours, weekdays + Saturday, weekdays + Saturday + Sunday	▪ Yes
20.	Section 4.2: There are currently five 100 hour Pharmacies, 2 in Tilbury, 1 in Chafford Hundred, 1 in Stifford Clays and 1 in Stanford Le Hope.	▪ Revised map to five pharmacies	▪ Yes
21.	Section 4.2: No Column for those open between 1-5pm	▪ Table needs to be include 'other times' column: 1 pharmacy that closes at 5pm	▪ Yes

Response No:	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
22.	Section 4.4: Although 'Dispensing of drugs and appliances' is an essential service, Electronic prescription services is not an Essential service as it is not mandatory.	<ul style="list-style-type: none"> <li>▪ Electronic prescription service has been deleted</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
23.	Section 4.4.3: Both the CCG and NHS England are rolling out the Electronic prescription service.	<ul style="list-style-type: none"> <li>▪ NHS England has been added to this.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
24.	<p>Section 4.4.4: 'There is a need to address the limited or no access to essential services over the weekend during extended hours.'</p> <p>What evidence is there to support this statement as there doesn't appear to be a need from the information provided within the document.</p>	<ul style="list-style-type: none"> <li>▪ This has been deleted</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
25.	<p>Section 4.5.1: 'Two pharmacies, located in Central and Eastern locality, undertook no MURS in 2013/14 review with two pharmacists how they may offer MURS in future.'</p> <p>I don't understand this statement and unsure if correct.</p>	<ul style="list-style-type: none"> <li>▪ This has been amended to <i>Two pharmacies, located in Central and Eastern locality, undertook no MURS in 2013/14</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
26.	Section 4.6: List of enhanced services should include Palliative care.	<ul style="list-style-type: none"> <li>▪ Amended to include Palliative care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
27.	I would suggest that the explanation of essential services and advanced services is provided near the start of the document to avoid any confusion.	<ul style="list-style-type: none"> <li>▪ This has been explained on page 10</li> </ul>	<ul style="list-style-type: none"> <li>▪ No</li> </ul>
28.	Section 7: Where the PNA refers to AUR's, it must be made clear that although AUR's are not currently provided in Thurrock, this may change as Community Pharmacists are able to deliver this service	<ul style="list-style-type: none"> <li>▪ We have included the following in the conclusions '...this is particularly true of AURs, where pharmacists are currently able to deliver services'</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
29.	Section 1: Sentence should refer to decisions about commissioning services and entries on the Pharmaceutical List rather than new pharmacy openings. Matters such as relocations and changes to opening hours will also need to refer to the PNA.	<ul style="list-style-type: none"> <li>▪ Amended to <i>decisions about commissioning services and new entries on the pharmaceutical list</i></li> <li>▪ Amended to <i>Reference will also be made to matters concerning pharmacy</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>

Response No:	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		<i>relocations and change in opening hours</i>	
30.	Section: Key findings and recommendations : Some of the statistical data does not make sense, for example The most significant increases are in the 5-9 year age band at 5.7%- does not make it clear 5.7% of what, or from what or to what.	<ul style="list-style-type: none"> <li>Amended to include <i>from the previous year</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
31.	Section: Key findings and recommendations Stating that pharmacies open on a voluntary basis during Bank Holidays may be misleading. There is no contractual obligation for them to open, but many do based on a business decision rather than a voluntary basis. NHS England do commission Bank Holiday rota hours when these are considered necessary, for example if it would not make good business sense for a pharmacy to open otherwise.	<ul style="list-style-type: none"> <li>Amended to <i>there are no contractual obligations for pharmacies to open during Bank/other holidays but many do based on a business decision. NHS England commission Bank Holiday rota hours when these are considered necessary.</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
32.	Section: Key findings and recommendations: It is not always possible for pharmacy premises to be wheelchair accessible, for example planning or other restrictions may apply. Pharmacies are required to make reasonable adjustments to ensure patients and customers with a disability are able to access services, this may be achieved through a number of other means	<ul style="list-style-type: none"> <li>Amended to <i>not all pharmacies are accessible to wheelchair users. Pharmacies are required where possible to make reasonable adjustments to ensure patients and customers with a disability are able to access services. More information needs to be collected to determine the provisions in place within each pharmacy that enables those with a disability to access pharmaceutical services.</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
33.	Section: Key findings and recommendations It is not clear what is meant by the term accredited pharmacies	<ul style="list-style-type: none"> <li>Amended to <i>we would like to see a larger number of pharmacies in Thurrock providing enhanced services to serve the local population.</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
34.	Section: Key findings and recommendations Dispensing doctors provide dispensing service to Rural, not Urban localities.	<ul style="list-style-type: none"> <li>Amended: the word urban has been deleted.</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>

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35.	Section: Key findings and recommendations The HWB will need to Consider whether residents have reasonable access and choice with regard to the dispensing of appliances, whether by pharmacies or dispensing appliance contractors. The statement that we will need to consider if Thurrock has the need for a dispensing appliance contractor in the near future is not accurate.	<ul style="list-style-type: none"> <li>Amended to <i>The HWB will need to consider whether residents have reasonable access and choice with regard to the dispensing of appliances, whether by pharmacies or dispensing appliance contractors (outside of Thurrock)</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
36.	Section 2.1: Process followed for developing the PNA National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations were passed in 2013, not 2010, and are regulations not guidance.	<ul style="list-style-type: none"> <li>Amended: <i>the following regulations were used</i></li> <li>Amended to <i>Regulations 2013</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
37.	Section 2.1: Essential Services Electronic prescription services are not a separate Essential Service to Dispensing and Actions Associated with Dispensing, or to Repeatable dispensing.	<ul style="list-style-type: none"> <li>Amended: EPS has been deleted from the list and repeatable dispensing has been included in the dispensing bullet point</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
38.	Section 2.1: Prescription-Linked interventions and Public Health Campaigns are not separate Essential Services, rather they are the two elements that comprise the Promotion of Healthy Lifestyles Essential Service	<ul style="list-style-type: none"> <li>Amended: Public Health campaigns have been included under the Promotion of healthy lifestyles bullet point</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
39.	Section 2.1: Advanced Services It is inaccurate to state that Appliance Use Reviews (AURs) are not applicable in Thurrock. The Appliance Use Review service may be delivered by community pharmacists who supply appliances as part of their regular business (and many do).	<ul style="list-style-type: none"> <li>Amended to: <i>AURs – no services provided in Thurrock</i> but that they can be accessed outside of the borough and via the internet.</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
40.	Section 2.1.2: Stop Smoking Services are commissioned from primary care by Thurrock Council, even if management arrangements are through North East London Foundation Trust.	<ul style="list-style-type: none"> <li>Amended to show that Thurrock Local Authority are the commissioners.</li> <li>Amended to North East London Foundation Trust – No services commissioned</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
41.	Section 2.2.3: Medicines Management Provide support on prescribing safe and effective use of medicines -• is ungrammatical. Change to Provide	<ul style="list-style-type: none"> <li>Amended to <i>Provide support on safe and effective prescribing and use of medicines</i></li> </ul>	<ul style="list-style-type: none"> <li>yes</li> </ul>

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	support on safe and effective prescribing and use of medicines•		
42.	Section 3.1: Neither Basildon nor Brentwood are HWB areas, they are part of Essex HWB area. Medway, Dartford and Gravesend are separated from Thurrock by the river Thames, and may not be relevant.	▪ Brentwood and Basildon have been omitted from the list	▪ Yes
43.	Section 3.2.1: Population Some of the statistical data does not make sense, for example, The most significant increases are in the 5-9 year age band at 5.7% - does not make it clear 5.7% of what, or from what or to what	▪ Amended to <i>from the previous year</i>	▪ Yes
44.	Section 2.6.5: Implications of population on the PNA Women may be the most frequent users of pharmacy services, but not just for contraception, this needs clarification.	▪ Amended to <i>women (including for access to contraception)</i>	▪ Yes
45.	Section 2.6.5 The PNA needs to differentiate between BME communities and non-English speakers.	▪ Amended to show difference in BAME and diversity of languages. We have stated that pharmacies should be able to effectively communicate with BAME groups as well as those whose main language is not English.	▪ Yes
46.	Section 3.3.1 Smoking Prevalence in routine and manual groups• should state Prevalence in routine and manual occupational groups	▪ Amended to <i>routine and manual occupational groups</i>	▪ Yes
47.	Section 3.3.1: The mortality rate attributed to smoking• should presumably state The annual mortality rate. This is particularly important as a three-year strategy is referred to later in the sub-paragraph.	▪ Amended to include 2012/13	▪ Yes
48.	Section 3.3.1: It is encouraging to see that the smoking status at time of delivery indicator should state It is encouraging to see that the smoking status of pregnant women at time of delivery indicator	▪ Amended to it is encouraging to see that smoking at the time of delivery	▪ Yes
49.	Section 3.3.1: Implications of smoking for the PNA Third bullet point Arrangements for Varenicline PGD are currently under review and this may	▪ This will be changed when necessary	▪ No

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	need to be revised prior to final draft.		
50.	Section 3.3.5.3: Implications of Mental Health for the PNA Second bullet point Target medicine/patient groups for targeted MURs and NMS reviews are included within the service specifications and these do not currently include Mental Health.	<ul style="list-style-type: none"> <li>Amended to <i>A number of pharmacies deliver support in identifying adverse effects of medication as well as adherence issues that can contribute to improving outcomes for patients with serious mental health issues</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
51.	Section 3.3.7: Detailed descriptions of diabetes are not relevant to the PNA	<ul style="list-style-type: none"> <li>No change. We have decided to include this as background information for the understanding of this Long term condition</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
52.	Section 3.3.8: Implications of older people for the PNA First paragraph leave out -these aids include large print labels and monitored dosage systems i.e. dosette boxes. By including a very limited list of possible auxiliary aids there is a risk of raising expectations is incorrect in this sentence as a number of monitored dosage systems are available, and Dosette is a trade name.	<ul style="list-style-type: none"> <li>Amended to not include examples of auxiliary aids</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
53.	Section 3.4.1: National Strategy The Health and Social Care Act was implemented in 2013. An act does not involve a range of health and care organisations, these organisations work to the Act.	<ul style="list-style-type: none"> <li>Amended to read <i>The Health and Social Care Act influences both the need and delivery of pharmaceutical services. A range of health and care organisations work in partnership to deliver under this Act.</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
54.	Section 3.4.2: NHS England A Call to Action The entire section needs to be revised as the consultation is already completed and the strategy may well be available by the time of the final draft. There are further grammatical errors, but these are irrelevant presuming the entire section is redrafted.	<ul style="list-style-type: none"> <li>This will be updated when appropriate information is released</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
55.	Section 4.1: Specify that the 35 pharmacies include four that are required to open for 100 hours per week.	<ul style="list-style-type: none"> <li>Amended to <i>35 community pharmacies, including five pharmacies that are required to open for 100 hours per week</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>

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56.	4.2.1: GP data is based on average number of patients per GP, not per practice, and is therefore a less crude measure – there is a risk that this difference will not be recognised by some using the PNA.	<ul style="list-style-type: none"> <li>▪ National benchmarking data compares pharmacy provision. It would therefore be difficult to conclude whether local pharmacist capacity/provision was satisfactory.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No</li> </ul>
57.	Section 4.2.1: The information is not necessarily relevant as it looks at total pharmacy numbers only, and does not consider the opening hours or the number of pharmacists working at the pharmacy.	<ul style="list-style-type: none"> <li>• The information looks at total number of pharmacies to show spread of pharmacies, we have also presented where there are gaps in opening hours with services to show challenges with access and choice at particular times of the day i.e. extended hour openings.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No</li> </ul>
58.	Section 4.3.1: Needs to specify that pharmacies are required to open 40 or 100 hours per week.	<ul style="list-style-type: none"> <li>▪ This has not been amended as the first paragraph states this but it a different way to the one suggested in the comment</li> </ul>	<ul style="list-style-type: none"> <li>▪ No</li> </ul>
59.	Section 4.3.1: Market entry is controlled by regulations, rather than a system.	<ul style="list-style-type: none"> <li>▪ Amended to <i>regulations</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
60.	Section 4.3.1: If additional hours are provided to meet a defined need within the PNA, and this was a condition of the pharmacy's admission to the Pharmaceutical List, then these will form core hours (this is one of the circumstances where NHS England may direct a pharmacy to provide more than 40 core hours.) If an existing pharmacy chooses to open additional hours to meet a need, whether defined or otherwise, these may constitute supplementary hours which may be changed on giving 3 months notice to NHS England.	<ul style="list-style-type: none"> <li>▪ Amended to <i>supplementary hours can be amended by the pharmacy subject to giving 90 days notice to NHS England.</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
61.	Section 4.3.1: Saturday- The way the text is written is misleading, as a number of pharmacies are open beyond 5pm on Saturdays, and the	<ul style="list-style-type: none"> <li>▪ Amended to <i>There are 26 community pharmacies open on a Saturday, 25 of</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>

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	following page states that there is good choice in the number of pharmacies that are open at 6pm or after on a Saturday• however the way this section is written implies that there is only one pharmacy open on Saturday afternoons.	<i>which open between 9.am – 12pm and eight that are open until 6pm or after.</i>	
62.	Section 4.3.1: Bank Holidays Stating that pharmacies open on a voluntary basis during Bank Holidays may be misleading. There is no contractual obligation for them to open, but many do based on a business decision rather than a voluntary• basis. NHS England do commission Bank Holiday rota hours when these are considered necessary, for example if it would not make good business sense for a pharmacy to open otherwise.	<ul style="list-style-type: none"> <li>Amended <i>pharmacies that open on a bank holiday and other holiday periods, do so based on a business decision. NHS England have not currently commissioned additional hours under a rota-system, in Thurrock</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
63.	Section 4.3.2: Access for those with a disability. This should refer to the extent that a pharmacy meets the needs of those with a disability, not the extent to which the pharmacy has been adjusted, for example no adjustment may have been necessary.	<ul style="list-style-type: none"> <li>Amended to <i>a key consideration with regards to access is the extent to which pharmacies meet the needs of those with a disability</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
64.	Section 4.3.3: There is a systematic approach taken by NHS England to bank holidays including Christmas, which takes into account pharmacies providing non-commissioned opening hours and the perceived needs of the population for pharmaceutical services on those days.	<ul style="list-style-type: none"> <li>Amended to <i>It is noted that currently there are no pharmacies providing additional commissioned hours during bank holidays, including Christmas. This decision is based on the systematic approach taken by NHS England, which takes into account perceived needs of the population for pharmaceutical services on those days</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
65.	Section 4.3.3: The legislative standards regarding accessibility for those with a disability refer to provision of services more than premises, and in some cases premises cannot be adjusted, for example where planning restrictions apply. The expression pharmacies should take strides is meaningless.	<ul style="list-style-type: none"> <li>Amended to include, <i>where appropriate</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
66.	Section 4.3.3: North Orsett should be described as rural, rather than green	<ul style="list-style-type: none"> <li>It is not classified as rural, locally. Green</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>



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	belt. The demand for pharmaceutical services, rather than for pharmaceutical need, may therefore be lower.	Belt has been the agreed term with the planning/development team to describe the area.	
67.	Section 4.4: Essential Services Electronic prescription services are not a separate Essential Service to Dispensing and Actions Associated with Dispensing, or to Repeatable dispensing. Prescription-Linked interventions and Public Health Campaigns are not separate Essential Services, rather they are the two elements that comprise the Promotion of Healthy Lifestyles Essential Service.	<ul style="list-style-type: none"> <li>▪ This has been deleted</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
68.	Section 4.4.3: Electronic prescription service This will need to be rewritten as the EPS roll-out will substantially be underway at the time the final is published. As Electronic Prescription Service is not an Essential Service as such, but rather an adjunct to Dispensing and Repeat Dispensing services, it may not be relevant to the PNA at all.	<ul style="list-style-type: none"> <li>▪ We have included an update of the number of providers that are currently using the system.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
69.	Section 4.4.4: Other Essential Services NHS England may require pharmacies to participate in up to six public health campaigns annually. If the Local Authority wishes to extend these based on local needs and priorities then this would need to be commissioned. The table of proposed campaigns for 2014/5 will be obsolete at the time the final PNA is published, and so the table describing them is probably irrelevant.	<ul style="list-style-type: none"> <li>▪ Amended to <i>If the Local Authority wishes to extend these based on local needs and priorities then this would need to be additionally commissioned</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
70.	Section 4.4.4: The other aspect of the promotion of healthy lifestyles/ essential service is the targeted prescription-linked interventions, no reference is made to this in this section however there are clear links to JSNA priorities.	<ul style="list-style-type: none"> <li>▪ Amended to <i>providing opportunist health promotion advice and targeted prescription-linked intervention</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
71.	Section 4.4.4: No reference is made to signposting or support for self-care services, these have clear links to JSNA priorities and both NHSE and CCG strategies.	<ul style="list-style-type: none"> <li>▪ Amended to include health promotion and <i>signposting to other services including self-care support</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
72.	Section 4.4.4: Future Needs of Pharmacy- current open hours service is only limited to prescribers• should state current out of hours service is only	<ul style="list-style-type: none"> <li>▪ Amended to read <i>available</i> rather than 'limited'</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>

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	available to prescribers• should state current out of hours service is only available to prescribers		
73.	Section 4.4.4:These changes may require NHS England to consider seeking additional hours, although pharmacies themselves may recognise the need and adjust core hours proactively.	<ul style="list-style-type: none"> <li>Amended to <i>These changes may require NHS England to consider seeking additional hours, although pharmacies themselves may recognise the need and adjust core hours proactively</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
74.	Section 4.4.4: This should refer to engagement with Public Health England, not engagement with the public.	<ul style="list-style-type: none"> <li>Amended to <i>Public Health England</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
75.	Section 4.5: Advanced Services New Medicines Service is currently extended to April 2015. As the evaluation has recently been published it is likely that the future of the service will be decided before the final PNA is published.	<ul style="list-style-type: none"> <li>Amended to <i>NMS decision has been deleted</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
76.	Section 4.5: Appliance Use Reviews are a contractual Advanced Service, and therefore commissioned nationally. The Appliance Use Review service may be provided to patients by community pharmacists who supply appliances as part of their regular business.	<ul style="list-style-type: none"> <li><i>AURs are not currently provided by pharmacies in Thurrock but may be accessed outside the borough and via the internet</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
77.	Section 4.5.1: Medicines Use Reviews First bullet point The high risk medicines for targeted MUR are specified in Directions. Last paragraph Describing MURs and presenting some evaluation data, is not relevant to the PNA.	<ul style="list-style-type: none"> <li>Amended to <i>patients taking high risk medicines as specified in the Directions;</i></li> </ul> <p>The last paragraph has been left in to show effectiveness of intervention</p>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
78.	Section 4.5.1: Conclusion of MURs The term wealth of evidence is too subjective	<ul style="list-style-type: none"> <li>Amended to <i>Evidence suggests that targeted MURs improve patient outcomes by increasing adherence and reducing medicines related risks, for</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>

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		<i>instance it is estimated that up to 20% of hospital admissions are medicine-related and arise as a result of unintended consequences i.e. side effects or taking inadequate dosage</i>	
79.	Section 4.5.1: review with two pharmacists how they may offer MURs in future is not part of the PNA, this sentence appears to have been included in error and may have been transcribed from an action plan.	<ul style="list-style-type: none"> <li>▪ This has been deleted</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
80.	Section 4.5.2: New Medicines Service Final paragraph is meaningless without further context, a link may be provided to the published evaluation.	<ul style="list-style-type: none"> <li>▪ Amended to <i>that while the services align well to our local strategic priorities, and that there is evidence of the benefits of this intervention, the future of this service, beyond 2015 is uncertain. Considering this, we have concluded NMSs are a relevant service that improves access to medicine review, clinical support and have the potential to improve patient outcomes</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
81.	Section 4.5.2: As the service evaluation has recently been published it is likely that the future of the service will be decided before the final PNA is published. This section should be rewritten to reflect this prior to final publication.	<ul style="list-style-type: none"> <li>▪ Amended to include the extension of the programme through 2014/15</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
82.	Section 4.5.2: The sentence between the tables does not make sense. It is true that patients do not have to have been receiving pharmaceutical services for three months in order to receive the NMS, however a patient can only receive the service at the pharmacy that dispensed their prescription- any referral would also necessitate the dispensing of the prescription at the alternative pharmacy.	<ul style="list-style-type: none"> <li>▪ Amended to <i>Although not all wards have this service within their area, as there is no three month regulation, patients can be referred to another pharmacy provided that the alternative pharmacy dispenses against the patient's prescription.</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
83.	Section 4.5.2: Conclusion of NMS Leave out	<ul style="list-style-type: none"> <li>▪ Amended to include the new evidence <i>The NMS increased adherence by around</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>

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		<p><i>10% and increased identification in the numbers of medicine related problems and solutions.</i></p> <p><i>Economic modeling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less than the those in the comparator group.</i></p>	
84.	Section 4.5.2: Specific drug/patient groups are identified in the service specifications (unlike MUR services which state 50% must be in a specific group but 50% are based on the pharmacists judgement)	<ul style="list-style-type: none"> <li>Noted</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
85.	Section 4.5.2: NMS table As the service evaluation has recently been published it is likely that the future of the service will be decided before the final PNA is published. This section should be rewritten to reflect this prior to final publication.	<ul style="list-style-type: none"> <li>Amended to include the recent evidence</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
86.	The chapter on Advanced Services should include information on Appliance Use Reviews.	<ul style="list-style-type: none"> <li>We have been informed by NHSE that no pharmacy in Thurrock currently actively provide this service and we have therefore taken the decision not to include this as there is no local data/provision to show service</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
87.	4.6.1 Seasonal Influenza Vaccinations Most of the detail is not relevant to the PNA. This section needs to be rewritten to reflect current commissioning, information about current providers can be obtained from NHSE.	<ul style="list-style-type: none"> <li>This is the most up to date information provided by NHSE. We have requested further information</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
88.	Section 5: locally commissioned services First three sentences are complicated and duplicate or misrepresent information. They should read	<ul style="list-style-type: none"> <li>Amended as suggested in comment</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>

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	From 1st April 2013 public health services previously commissioned by PCTs transferred to local authorities and are now termed Locally Commissioned Services. Community Pharmacy Contractors may also provide services commissioned by other organisations. Applications to the Pharmaceutical List can only be made on the basis of Pharmaceutical Services identified in Regulations, they cannot be submitted on the basis of gaps identified in provision of locally commissioned services.		
89.	Section 5.1: Public Health Services Paragraph below list of services Specify what is meant by same services but smaller numbers, different services etc.	<ul style="list-style-type: none"> <li>▪ We wish to use the same language.</li> </ul>	<ul style="list-style-type: none"> <li>▪ No</li> </ul>
90.	Section 5.1: Information on current year service review and notice is probably not relevant. Details of new provision from April 2015 should be written into final draft/PNA.	<ul style="list-style-type: none"> <li>▪ We will update when details are available</li> </ul>	<ul style="list-style-type: none"> <li>▪ No</li> </ul>
91.	Section 5.2.2: Supervised consumption service paragraph three Remove the list of medicines and replace with The service requires the pharmacist to supervise the consumption of prescribed medicines for substance misuse to allow future flexibility.	<ul style="list-style-type: none"> <li>▪ We wish to show the medicines offered under the current service level agreement</li> </ul>	<ul style="list-style-type: none"> <li>▪ No</li> </ul>
92.	Section 5.2.1 Table Needle and Syringe Exchange Services The potential gap appears to be assumed based on current provision, has a needs assessment been conducted with current service users?	<ul style="list-style-type: none"> <li>▪ Amended to <i>the potential gaps may limit access and/or choice of service and that further work will need to be undertaken to understand the extent to which these affect the pharmaceutical needs of our population</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
93.	Section 5.2.2: Supervised Consumption services Service users will be aware of opening hours of their pharmacy, and it is usual for collection times to be agreed as part of service provision.	<ul style="list-style-type: none"> <li>▪ Amended to <i>service users are not able to access these services in an alternative pharmacy, should their usual pharmacy be closed at a time convenient for them</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
94.	Section 5.2.2: The last paragraph in the table is not relevant to the PNA.	<ul style="list-style-type: none"> <li>▪ Amended to <i>It is important that pharmacies make progress towards the</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>

Response No:	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		<p><i>Making Every Contact Count agenda, by providing general health promotion and substance misuse advice to young people in the borough who have been identified with higher levels of cannabis smoking activity.</i></p> <ul style="list-style-type: none"> <li>▪</li> </ul>	
95.	Section 5.3: Reduce first sentence to Pharmacies are commissioned to deliver a portfolio of sexual health services, including:• Sentence between bullet point lists The aim of this service is to improve the sexual health of residents and seek reductions in sexual health inequalities, especially in high risk areas. The service currently supports the following key local outcomes:	<ul style="list-style-type: none"> <li>▪ We wish to keep the sentence as it is</li> </ul>	<ul style="list-style-type: none"> <li>▪ No</li> </ul>
96.	Section 5.3: Conclusions of sexual health service Sentence below second bullet point list should read population of 15-24 year olds, community pharmacy sexual health services are not available to 25-64 year olds.	<ul style="list-style-type: none"> <li>▪ This has been amended to <i>24 year olds</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
97.	Section 5.3: Following sentence A solution to improving the current access could be to approach pharmacies that provide extended hours to co-ordinate opening times• rather than specifically 100 hour pharmacies.	<ul style="list-style-type: none"> <li>▪ Amend to <i>approach pharmacies that provide extended hours, including 100 hour pharmacies to coordinate a rota-system for weekend provision</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
98.	Section 5.3: Final sentence in table will need to be reviewed and rewritten prior to publication of final PNA.	<ul style="list-style-type: none"> <li>▪ A supplementary statement will be published in the future</li> </ul>	<ul style="list-style-type: none"> <li>▪ No</li> </ul>
99.	Section 5.4.1: The two bullet point lists describe targets that Thurrock Council have agreed with NELFT, and are not relevant to the PNA.	<ul style="list-style-type: none"> <li>▪ Amended to describe pharmacies' function i.e. provision of behavioural therapy and pharmacotherapy intervention.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>
100.	Section 5.4.2: Healthy Living Pharmacies Second paragraph. Accreditation is not delivered by Royal Society of Public Health, they accredit the Understanding Health Improvement Level 2 award which is one of the qualifying criteria. Appendix A provides an overview of the criteria	<ul style="list-style-type: none"> <li>▪ RSPH provide accreditation has been deleted.</li> <li>▪ <i>Appendix A provides an overview of the criteria community pharmacies</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>

Response No:	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
	community pharmacies participating in the Essex Healthy Living Pharmacy Pathfinder had to fulfil.	<i>participating in the Essex Healthy Living Pharmacy Pathfinder had to fulfil' has been inserted</i>	
101.	Section 5.4.2: The way the early evaluations are presented is misleading as evaluation data from HLP overall is presented with data from specific services delivered through HLP, and these are not differentiated.	<ul style="list-style-type: none"> <li>Amended to <i>Early evaluations from HLP programmes have shown benefits, including a greater number of people receiving health and wellbeing advice, increased smoking quit rates and pharmacy as first point of healthcare intervention instead of GPs. The high percentage of those who would recommend this service also suggest high satisfaction amongst those who have used the service</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
102.	Section 6: There should be an explicit statement that possible future needs could be met by existing providers.	<ul style="list-style-type: none"> <li>This has been addressed further down <i>Our review of essential services concluded that the current network of pharmacies has sufficient capacity to meet needs of the future population growth and we do not anticipate any future gaps with regards to these new housing developments within the next three years</i></li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
103.	Section 6.1: First bullet point needs clarification, presume this is a reference to travel medicine.	<ul style="list-style-type: none"> <li>Amended to <i>foreign ailments/travel medicines</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
104.	Section 6.2.1: We have identified that young men don't access pharmacies• needs reference for evidence.	<ul style="list-style-type: none"> <li>Amended to <i>we have highlighted that research indicates that young men access pharmacies least (reference 3)</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>

Response No:	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
105.	Section 6.2.2: The provision of auxiliary aids should sit under 7.2.3, don't include specific aids.	<ul style="list-style-type: none"> <li>This is a need that we wish to highlight for older people's services</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
106.	Section 6.2.3: Disability It may be better to start with the recognition that more information is needed to understand how pharmacies support patients with disabilities, as this may alter the rest of this section. This ensures that those people who are either disabled are able to access pharmaceutical services. The expression pharmacies to take strides is meaningless.	<ul style="list-style-type: none"> <li>We wish to keep this statement. As a HWB we would like to see local pharmacies ensuring, where possible to meet the needs, with regards to access, of those who are disabled. We have included, <i>where possible</i>, as we understand that for some pharmacies making appropriate adjustments may not be possible.</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
107.	Section 6.2.8: Gender Reassignment Much prescribing for gender reassignment is through specialist centres and shared care arrangements, MURs may not therefore be appropriate.	<ul style="list-style-type: none"> <li>Amended to <i>Pharmacies who may be involved with the care pathway of those who are undergoing gender reassignment</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
108.	Section 6.2.9: Pregnancy and Maternity Change peri-natal referral to antenatal referrals	<ul style="list-style-type: none"> <li>We wish to highlight pharmacy role in antenatal and post delivery support i.e. identification &amp; signposting of postnatal depression</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
109.	Section 6.2.9: Interventions that ensure medication that may cause adverse effects are avoided is a key element of the core dispensing process, not a medicines use review.	<ul style="list-style-type: none"> <li>Amended to <i>pharmacies are able to deliver interventions to ensure that medication that may cause adverse effects to foetus or babies are avoided</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
110.	Section 7: See earlier comments regarding bank holidays. Change we would like to see a larger number of accredited pharmacies in Thurrock providing more enhanced services to serve local populations to we would like to see a larger number of pharmacies in Thurrock delivering more locally commissioned services to our population	<ul style="list-style-type: none"> <li>We wish to present the this information. Amended to <i>Pharmacies open during bank holidays and others holiday periods, based on a business decision. Based on a systematic approach to local need, NHSE do not to currently commission additional hours under a rota-system in Thurrock. This will</i></li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>



Response No:	Suggested Inaccuracy	Notes to PNA TFG	Amend PNA?
		<p><i>need to be reviewed locally in the future</i></p> <ul style="list-style-type: none"> <li>▪ This has been amended to locally commissioned services.</li> </ul>	
111.	<p>Section 7: See earlier regarding provision of services to disabled residents. There needs to be a differentiation between BME groups and patients who do not have English language skills.</p>	<ul style="list-style-type: none"> <li>▪ Amended to include <i>where possible, each pharmacy has wheelchair friendly facilities.</i></li> <li>▪ <i>We have stated that language is a possible barrier for BAME groups, we wish to see pharmacies play a bigger role in engaging these groups</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> <li>▪ No</li> </ul>
112.	<p>Section 7: All services are agreed as necessary then contradicted further in the document.</p> <p>Dispensing doctors section states 50% of prescriptions are dispensed outside Thurrock, not agreeing with the table above. Appliance contractor need not accurate. Wheelchair access- confirm GPhC requirements for premises.</p> <p>Disagree that women use pharmacies (for contraception)</p>	<ul style="list-style-type: none"> <li>▪ We have stated the principals of what we regard as a necessary service. Some services will fall out of these and will therefore be regarded as a relevant service, which secure benefits or improve access.</li> <li>▪ The dispensing list is for the top five out of area pharmacies, that dispense the most items</li> <li>▪ Appliance Contractors – this has been changed to show that residents can access DACs from outside of Thurrock</li> <li>▪ Wheelchair access – this has been amended to show where it is appropriate and possible for a pharmacy to be more accessible to those with a disability, it should.</li> <li>▪ This has been amended to show that women use pharmacies for other services <i>including</i> contraception</li> </ul>	<ul style="list-style-type: none"> <li>▪ Yes</li> </ul>

## 10. References

<sup>1</sup> Section 128a of NHS Act 2006, as amended by the Health Act 2009 and Health and Social Care Act 2012

<sup>2</sup> Department of Health 2013. 'Pharmaceutical needs assessments: Information Pack for local authorities and Health and Wellbeing Boards.

<https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

<sup>3</sup> Community Pharmacy Use Market Research Report

<http://www.dispensingdoctor.org/content.php?id=427>

<sup>4</sup> World Health Organization (2014) Global Status Report on Alcohol and Health

[http://www.who.int/substance\\_abuse/en/](http://www.who.int/substance_abuse/en/)

<http://www.nhs.uk/conditions/alcohol-misuse/Pages/Introduction.aspx>

Public Health England (2010)

[http://www.localhealth.org.uk/#z=542429,189306,48675,15885;v=map4;i=t3.alc\\_harm;l=en](http://www.localhealth.org.uk/#z=542429,189306,48675,15885;v=map4;i=t3.alc_harm;l=en)

Public Health England (2010)

<http://www.localhealth.org.uk/#z=542429,189306,48675,15885;v=map4;i=t2.bingedrinking;l=en>

<sup>5</sup> DoH (2008) Pharmacy in England: Building strengths – delivering the future NHS MUSE Profile data

<http://www.erpho.org.uk/Download/Public/22106/1/Young%20People%20drug%20and%20alcohol%20profile%20Thurrock%202011.pdf>

<sup>6</sup> DH (2008) Pharmacy in England: Building strengths – delivering the future

National Obesity Observatory [http://www.noo.org.uk/NOO\\_pub/](http://www.noo.org.uk/NOO_pub/) Hughes et al., 2000

Scientific Advisory Committee on Nutrition, 2011. The influence of maternal, foetal, and child nutrition on the development of chronic disease in later life.

McCormick, B. Stone, I. and Corporate Analytical Team. 2007. "Economic costs of obesity and the case for government intervention". Obesity reviews 8 (Suppl.1), 161-164

<sup>7</sup> Drug strategy 2010

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/265392/Drug\\_Strategy\\_AR\\_v0.6.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/265392/Drug_Strategy_AR_v0.6.pdf)

Annual Review: Delivering within a New Landscape (2013)

<https://www.gov.uk/government/publications/drug-strategy-2010--2>

<http://fingertips.phe.org.uk/substancemisuse#gid/1000031/pat/6/ati/102/page/3/par/E12000006/are/E06000034>

Public Health England <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/3/par/E12000006/are/E1000002>

NHS MUSE Profile data

<http://www.erpho.org.uk/Download/Public/22106/1/Young%20People%20drug%20and%20alcohol%20profile%20Thurrock%202011.pdf>

<sup>8</sup> McCormack, B Stone, I. and Corporate analytical team. 2007 "Economic costs of obesity and the case for government intervention" Obesity reviews 8 (Suppl.1.) 161-164

<sup>9</sup> Strauss R., Childhood obesity and self-esteem, Paediatrics 2000; 105; e15

<sup>10</sup> WHO (2011) Mental health; strengthening our responses

<sup>11</sup> NEPHO Psychiatric Morbidity Survey 2000

<sup>12</sup> The numerator is those women aged 53 -70 years; however the programme extends its coverage to 47 – 73 age range.

National Collaboration Centre of Primary Care (NCCPC) Lipid modification:

Cardiovascular risk assessment and modification of blood lipids for primary and

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secondary prevention of cardiovascular disease. Clinical Guidance 67. London. NICE (2008).

<sup>13</sup> National Collaboration Centre of Primary Care (NCCPC) Lipid modification: Cardiovascular risk assessment and modification of blood lipids for primary and secondary prevention of cardiovascular disease. Clinical Guidance 67. London. NICE (2008)

<sup>14</sup>[http://www.yhpho.org.uk/diabetescommunityhealthprofiles/CCGprofiles13/07G\\_Diabetes%20Profile %202013.pdf](http://www.yhpho.org.uk/diabetescommunityhealthprofiles/CCGprofiles13/07G_Diabetes%20Profile%202013.pdf)

<sup>15</sup> National Cardiovascular Intelligence Network (NCVIN) [www.diabetes-ndis.org](http://www.diabetes-ndis.org)

<sup>16</sup> National Cardiovascular Intelligence Network (NCVIN) [www.diabetes-ndis.org](http://www.diabetes-ndis.org)

<sup>17</sup> Thurrock Health and Wellbeing Strategy 2013-2016 <https://www.thurrock.gov.uk/health-and-wellbeing-board/our-strategy>

<sup>18</sup> There were four exemptions to the 2005 control of entry regulations, these were:

- Pharmacies based in approved retail areas (Areas of 15,000 square feet or more)
- Pharmacies that intended to open for at least 100 hours per week
- Consortia establishing new one stop primary care centres
- Wholly mail order or internet-based (distance selling) pharmacy services.

Under the 2012 regulations there is only one remaining exemption category 'mail or and internet-based based (distance selling) pharmacy services. Existing pharmacies opened under the 2005 exemption categories are still expected to meet conditions of the category their application was granted under.

<sup>19</sup> Pharmacy in England: Building on strengths – delivering the future (2008)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/228858/7341.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228858/7341.pdf)

<sup>20</sup> Data could only be obtained from March 2012 – February 2013.

<https://www.thurrock.gov.uk/health-and-wellbeing-board/our-strategy>

<sup>21</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/207134/Infu enza vaccine uptake amongst GP patient groups in England for winter season 2012 - 2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207134/Infu_enza_vaccine_uptake_amongst_GP_patient_groups_in_England_for_winter_season_2012_-_2013.pdf)

<sup>22</sup> <http://psnc.org.uk/services-commissioning/locally-commissioned-services/healthy-living-pharmacies>.