



# Pharmaceutical Needs Assessment 2022

Thurrock  
Health and Wellbeing Board

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

## Contents

<b>List of tables</b> .....	<b>8</b>
<b>List of figures</b> .....	<b>9</b>
<b>Executive summary</b> .....	<b>10</b>
<b>Section 1: Introduction</b> .....	<b>12</b>
1.1 Background .....	12
1.1.1 NHS Long Term Plan (LTP).....	12
1.1.2 Services stopped and changed.....	13
1.2 Purpose of the Pharmaceutical Needs Assessment (PNA) .....	14
1.3 Scope of the PNA .....	15
1.3.1 Community pharmacy contractors .....	16
1.3.2 Dispensing Appliance Contractors (DACs) .....	16
1.3.3 Dispensing GP practices.....	17
1.3.4 Local Pharmaceutical Service (LPS) providers.....	17
1.3.5 Pharmacy Access Scheme (PhAS) providers.....	17
1.3.6 Other providers of pharmaceutical services in neighbouring HWB areas	18
1.3.7 Other services and providers in Thurrock HWB area.....	18
1.4 Process for developing the PNA.....	18
1.5 Localities for the purpose of the PNA .....	20
<b>Section 2: Context for the PNA</b> .....	<b>22</b>
2.1 NHS Long Term Plan (LTP).....	22
2.2 Joint Strategic Needs Assessment (JSNA).....	23
2.3 Health and Wellbeing Strategy (HWBS) .....	23
2.4 Mid and South Essex Integrated Care System (ICS).....	24
2.5 Population characteristics.....	25
2.5.1 Overview.....	25
2.5.2 Age .....	26
2.5.3 Ethnicity .....	29
2.5.4 Religion.....	30
2.5.5 Predicted population growth (migration, natural growth, international and housing developments) .....	30
2.5.6 GP-registered population.....	32
2.5.7 Working-age population.....	34

2.5.8	Vulnerable populations .....	34
2.5.9	Housing projections .....	40
2.6	Deprivation .....	40
2.7	High-level health and wellbeing .....	42
2.7.1	Life expectancy .....	42
2.7.2	Healthy Life Expectancy (HLE) and disability-free life expectancy ..	43
2.7.3	Wellbeing indicators.....	45
2.7.4	Inequalities in health (people/place).....	46
2.7.5	COVID-19 impact.....	46
2.8	Lifestyle .....	47
2.8.1	Physical activity and diet.....	47
2.8.2	Obesity.....	47
2.8.3	Smoking.....	48
2.8.4	Drug addiction and alcohol misuse .....	49
2.8.5	Sexual health and teenage pregnancy.....	49
2.8.6	Oral health .....	50
2.9	Burden of disease.....	51
2.9.1	Cardiovascular diseases.....	51
2.9.2	Diabetes.....	52
2.9.3	Cancers .....	52
2.9.4	Respiratory diseases .....	54
2.9.5	Musculoskeletal (MSK) conditions .....	55
2.9.6	Coronary Heart Disease (CHD) .....	56
2.9.7	Strokes and Transient Ischaemic Attacks (STIA).....	57
2.9.8	Hypertension.....	57
2.9.9	Depression and mental health .....	58
2.9.10	Dementia .....	59
2.9.11	Accidental injuries and falls .....	60
2.9.12	Palliative care .....	60
2.9.13	Immunisations .....	61
<b>Section 3: NHS pharmaceutical services provision, currently commissioned</b>		<b>63</b>
3.1	Community pharmacies .....	63
3.1.1	Choice of community pharmacies .....	65

3.1.2	Weekend and evening provision .....	66
3.1.3	Access to community pharmacies.....	66
3.1.4	Advanced Service provision.....	71
3.1.5	Enhanced Service provision .....	73
3.2	Dispensing Appliance Contractors (DACs) .....	73
3.3	Distance-Selling Pharmacies (DSPs) .....	73
3.4	Local Pharmaceutical Service (LPS) providers.....	74
3.5	Pharmacy Access Scheme (PhAS) .....	74
3.6	Dispensing GP practices .....	74
3.7	Pharmaceutical service provision provided from outside Thurrock.....	74
<b>Section 4: Other services that may impact on pharmaceutical services provision</b>		<b>76</b>
4.1	LA-commissioned services provided by community pharmacies in Thurrock	76
4.2	ICB-commissioned services .....	76
4.3	Other services provided from community pharmacies .....	77
4.4	Collection and delivery services.....	77
4.5	Language services.....	77
4.6	Services for less-abled people.....	78
4.7	GP practices providing extended hours .....	78
4.8	Other providers.....	78
<b>Section 5: Findings from the public questionnaire.....</b>		<b>79</b>
5.1	Visiting a pharmacy .....	79
5.2	Choosing a pharmacy.....	79
5.3	Mode of transport to a community pharmacy.....	79
5.4	Time to get to a pharmacy .....	79
5.5	Preference for when to visit a pharmacy.....	80
5.6	Service provision from community pharmacies.....	80
<b>Section 6: Analysis of health needs and pharmaceutical service provision...</b>		<b>82</b>
6.1	Pharmaceutical services and health needs .....	82
6.1.1	Thurrock health needs .....	82
6.1.2	Thurrock Health and Wellbeing Strategy (HWBS) .....	83
6.1.3	Priorities from the NHS Long Term Plan (LTP).....	83
6.2	Essential Services .....	84
6.3	Advanced Services .....	85

6.4	Enhanced Services.....	87
6.4.1	COVID-19 vaccination .....	87
6.4.2	Easter Sunday and Christmas Day coverage .....	88
6.5	Locally Commissioned Services (LCS).....	88
6.5.1	Palliative care medicines supply service.....	88
6.5.2	Warfarin supply service via Patient Group Direction (PGD).....	89
6.5.3	Sexual health pharmacy for Thurrock .....	89
6.5.4	Stop smoking .....	90
6.5.5	Supervised consumption.....	90
6.5.6	Needle exchange.....	91
6.6	PNA localities.....	91
6.6.1	Aveley, South Ockendon, and Purfleet (ASOP).....	93
6.6.2	Stanford-le-Hope (SLH) .....	95
6.6.3	Tilbury and Chadwell (T&C).....	97
6.6.4	Grays .....	99
6.7	Necessary Services – gaps in service provision.....	101
6.8	Improvements and better access – gaps in service provision.....	104
<b>Section 7: Conclusions .....</b>		<b>106</b>
7.1	Current provision of Necessary Services.....	106
7.1.1	Necessary Services – normal working hours .....	106
7.1.2	Necessary Services – outside normal working hours.....	106
7.2	Future provision of Necessary Services .....	107
7.3	Improvements and better access – gaps in provision .....	107
7.3.1	Current and future access to Advanced Services .....	107
7.3.2	Current and future access to Enhanced Services.....	107
7.3.3	Current and future access to Locally Commissioned Services (LCS).....	108
<b>Appendix A: List of pharmaceutical service providers in Thurrock HWB area.....</b>		<b>109</b>
	Aveley, South Ockendon and Purfleet locality .....	109
	Stanford-le-Hope locality .....	111
	Tilbury and Chadwell locality .....	112
	Grays locality .....	113
<b>Appendix B: PNA Steering Group terms of reference .....</b>		<b>114</b>
<b>Appendix C: Public questionnaire .....</b>		<b>116</b>

<b>Appendix D: Contractor questionnaire .....</b>	<b>125</b>
<b>Appendix E: Commissioner questionnaire.....</b>	<b>127</b>
<b>Appendix F: Dispensing practice questionnaire.....</b>	<b>131</b>
<b>Appendix G: PNA project plan.....</b>	<b>133</b>
<b>Appendix H: Results of the public questionnaire .....</b>	<b>134</b>
<b>Appendix I: Results of the contractor questionnaire.....</b>	<b>169</b>
<b>Appendix J: Results of the commissioner questionnaire .....</b>	<b>171</b>
<b>Appendix K: Results of the dispensing practice questionnaire .....</b>	<b>174</b>
<b>Appendix L: Consultation plan and list of stakeholders .....</b>	<b>176</b>
<b>Appendix M: Summary of consultation responses.....</b>	<b>179</b>
<b>Appendix N: Consultation comments .....</b>	<b>182</b>
<b>Appendix O: Opportunities for possible community pharmacy services in Thurrock 185</b>	
<b>Abbreviations.....</b>	<b>193</b>

## List of tables

Table 1: Timeline for PNAs .....	12
Table 2: Thurrock population broken down into ward and PCN locality. Data for 2011 census compared with ONS 2020 mid-year estimates. (2021 census data at this level not yet published at time of writing). .....	25
Table 3: Thurrock population broken down into ward and PCN locality. ONS 2020 mid-year estimates. ....	28
Table 4: Ethnic groups 2011 .....	29
Table 5: Religion groups in 2011 .....	30
Table 6: GP practice codes and registered patients in December 2021 .....	33
Table 7A: Adults with learning disabilities (LD) – population projections, age 18–64 .....	36
Table 7B: Adults with learning disabilities (LD) – population projections, 65+ .....	37
Table 8: Adults 65+ support arrangements and living status projections .....	37
Table 9: Physical disability population projections in adults aged 18–64 .....	38
Table 10: Mental health population projections in adults aged 18–64 .....	39
Table 11: IMD scores by locality .....	41
Table 12: Healthy life expectancy per ward, 2011 .....	44
Table 13: Inequalities and wider determinants of health in Thurrock .....	46
Table 14: Population vaccination coverage of children, 2020-21 .....	61
Table 15: Flu vaccination rates for 65+ and those at risk, 2020-21 .....	62
Table 16: Number of community pharmacies per 100,000 population .....	64
Table 17: Breakdown of average community pharmacies per 100,000 population .....	65
Table 18: Community pharmacy ownership, 2020-21 .....	65
Table 19: Number of 100-hour pharmacies (and percentage of total) .....	66
Table 20: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, on Saturday and Sunday .....	70
Table 21: Providers of Advanced Services in Thurrock .....	71
Table 22: Advanced Service provision .....	72
Table 23: Commissioned services from community pharmacies in Thurrock .....	76
Table 24: Public questionnaire responses about services .....	80
Table 25: Demographic analysis of community pharmacy user questionnaire respondents .....	81
Table 26: Opening hours of community pharmacies by locality .....	92
Table 27: Provision of NHSE Advanced and Enhanced Services by locality .....	92
Table 28: Provision of Locally Commissioned Services: ICB and LA .....	92
Table 29: Flu vaccination rates for 65+ and those at risk, 2020-21 .....	188



## List of figures

Figure 1: Thurrock and England population pyramid 2020 .....	27
Figure 2: Predicted population growth, 2018-43 .....	31
Figure 3: Thurrock projected population increase, all-age and 65+ population, 2018-43 ..	32
Figure 4: Dwelling projections for Thurrock 2018-42 .....	40
Figure 5: Male life expectancy in Thurrock by ward (2011).....	42
Figure 6: Female life expectancy in Thurrock by ward (2011) .....	43
Figure 7: Disability-free life expectancy in Thurrock compared with other counties and unitary authorities in the East of England.....	45
Figure 8: Wellbeing indicators in Thurrock when compared with the regional and national averages and other counties/unitary authorities in the East of England .....	45
Figure 9: Trends in adult obesity in Thurrock compared with the England average.....	47
Figure 10: Smoking prevalence at PCN level .....	48
Figure 11: Trends in 5-year-olds with experience of visually obvious dental decay in Thurrock compared with the England average .....	51
Figure 12: Circulatory mortality by ward (all ages, standardised mortality ratio, 2015-19).	51
Figure 13: Diabetes mellitus (DM) prevalence by locality, QOF data, 2019-20.....	52
Figure 14: Cancer incidence in Thurrock by SIR .....	53
Figure 15: Lung cancer incidence in Thurrock by SIR, broken down into wards.....	53
Figure 16: Asthma (AST) prevalence by locality, QOF data, 2019-20 .....	54
Figure 17: COPD prevalence by locality, QOF data, 2019-20 .....	55
Figure 18: Prevalence of limiting long-term illness or disability in Thurrock 2011 .....	56
Figure 19: CHD prevalence by locality, QOF data, 2019-20 .....	56
Figure 20: STIA prevalence by locality, QOF data, 2019-20.....	57
Figure 21: Hypertension prevalence by locality, QOF data, 2019-20.....	58
Figure 22: Depression prevalence by locality, QOF data, 2019-20.....	58
Figure 23: Mental health prevalence by locality, QOF data, 2019-20 .....	59
Figure 24: Dementia prevalence by locality, QOF data, 2019-20 .....	60
Figure 25: Palliative care prevalence by locality, QOF data, 2019-20 .....	61
Figure 26: All contractors in Thurrock .....	63
Figure 27: Travel times to nearest pharmacy, Monday to Friday by public transport.....	67
Figure 28: Travel times to nearest pharmacy, Saturday by public transport .....	67
Figure 29: Travel times to nearest pharmacy, Sunday by public transport .....	68
Figure 30: Walking times to nearest pharmacy .....	68
Figure 31: Driving times to the nearest pharmacy .....	69
Figure 32: Thurrock pharmacies and cross-border pharmacy provision .....	75

## Executive summary

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

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

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This PNA has been produced through the PNA Steering Group on behalf of Thurrock HWB by Thurrock Council, with authoring support from Soar Beyond Ltd.

### NHS pharmaceutical services in England

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

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

### Pharmaceutical service providers in Thurrock

Thurrock has 32 community pharmacies (as of February 2022) and one DSP for a population of 175,531. Using current population estimates, the number of community pharmacies per 100,000 population for Thurrock is 18.2 (18.8 including the DSP).

The pharmaceutical list from NHSE dated February 2022 was used for this PNA. The PNA is an assessment taken at defined moment in time, and therefore, if necessary and appropriate, the PNA will be updated before finalising or published with accompanying supplementary statements as per the Pharmaceutical Regulations 2013, unless the changes have a significant impact on the conclusions. In the case of the latter, the Steering Group will reconvene and reassess the impact of these changes.

## **Conclusions**

Provision of current pharmaceutical services and Locally Commissioned Services are well distributed, serving all the main population centres. There is good access to a range of services commissioned from pharmaceutical service providers. As part of this assessment, no gaps have been identified in provision either now or in the future for pharmaceutical services deemed necessary by the Thurrock HWB.

## Section 1: Introduction

### 1.1 Background

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

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

**Table 1: Timeline for PNAs**

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

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

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

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

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

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

Priority clinical areas in the LTP include:

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

### 1.1.2 Services stopped and changed

- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced, including additional eligible patients for the New Medicine Service (NMS).
- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by the NHSE Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>3</sup>
- **Community Pharmacist Consultation Service (CPCS):**<sup>4</sup> An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Medicine Supply Advanced Scheme (NUMSAS) and local pilots of the Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist from referral from NHS 111, integrated urgent clinical assessment services and, in some cases, from 999. From 1 November 2020; GP (General Practitioner) CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliance, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care–level services, part of the NHS LTP.

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

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

- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs of the population.<sup>5</sup> During the pandemic there was a net loss of 215 pharmacies nationally, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.<sup>6</sup> In response to the pandemic, two Advanced Services were also created: pandemic delivery service and COVID-19 Lateral Flow Device (LFD) provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHS England (NHSE). Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April 2022, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.<sup>7</sup>
- **Remote Access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.<sup>8</sup>
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme that forms part of the CPCF.<sup>9</sup> It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly.

## 1.2 Purpose of the Pharmaceutical Needs Assessment (PNA)

NHSE is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

<sup>5</sup> Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

<sup>6</sup> Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

<sup>7</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](http://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

<sup>8</sup> PSNC. Facilitating remote access to pharmacy services. <https://psnc.org.uk/our-news/regs-reminder-12-facilitating-remote-access-to-pharmacy-services/>

<sup>9</sup> NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. [www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf](http://www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf)

As the PNA will become the basis for NHSE to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE regarding applications to the pharmaceutical list may be appealed to NHS Resolution, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA).<sup>10</sup> Thurrock's JSNA is a suite of documents on the council's website; Thurrock's latest HWBS was published in June 2022 and outlines the priorities of Thurrock for 2022-2026

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

CCGs have been replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). Thurrock is part of the Mid and South Essex ICS.

NHSE delegation of responsibility for pharmaceutical services has been delayed and in the East of England this will go live in April 2023. ICBs will take on the delegated responsibility for pharmaceutical services from NHSE and therefore some services historically commissioned from pharmacies by CCGs may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE as per the Pharmaceutical Regulations 2013 have been considered as 'pharmaceutical services'.

### **1.3 Scope of the PNA**

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

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

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

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic

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<sup>10</sup> Joint Strategic Needs Assessment (JSNA): Thurrock. [www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment](http://www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment)

- A report on the PNA consultation

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

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

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

### **1.3.1 Community pharmacy contractors**

The CPCF, last agreed in 2019,<sup>11</sup> is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

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

All pharmacies were required to become Level 1 Healthy Living Pharmacies by April 2020.

The responsibility for some public health services transferred from PCTs to local authorities with effect from 1 April 2013, and some were the responsibility of Public Health England (PHE).

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

Additionally, they must provide services to anyone in England who requests them.

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

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

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<sup>11</sup> DHSC. Community Pharmacy Contractual Framework: 2019-2024. [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](http://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)



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

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

### **1.3.3 Dispensing GP practices**

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

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

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

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

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

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

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

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

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

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

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<sup>12</sup> DHSC. 2022 Pharmacy Access Scheme Guidance. 3 February 2022.

[www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance)

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected; it also includes provision of the CPCS Advanced Service.

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

There are two other HWB areas that border the Thurrock HWB area:

- Essex HWB
- Havering HWB

In determining the needs of and pharmaceutical service provision to the population of the Thurrock HWB area, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

### **1.3.7 Other services and providers in Thurrock HWB area**

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

[Section 4](#) of this document outlines services provided by NHS pharmaceutical providers in Thurrock commissioned by organisations other than NHSE or provided privately, and therefore out of scope of the PNA. At the time of writing, the commissioning organisations primarily discussed are the local authority and ICBs.

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

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

The purpose of the paper was to inform the Thurrock HWB of its statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Thurrock was published in 2018 and is therefore due to be reassessed in line with the extended timetable by October 2022.

Thurrock HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA production and publication to a steering group. It also agreed to the funding necessary to research and produce the PNA.

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

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

### **Step 1: Steering Group**

On 2 December 2021 Thurrock's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

## **Step 2: Project management**

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

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

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

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

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

- All residents who live in the borough
- Health and wellbeing professionals
- Community groups and services
- All members of staff – Thurrock Council, Mid and South Essex ICB and Thurrock Community and Voluntary Services
- All local councillors

A total of 410 responses were received. A copy of the public questionnaire can be found in Appendix C and the detailed responses can be found in Appendix H.

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

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

A total of 33 responses were received. A copy of the pharmacy questionnaire can be found in Appendix D and the responses can be found in Appendix I.

## **Step 4c: Commissioner questionnaire**

The Steering Group agreed a questionnaire to be distributed to all relevant commissioners in Thurrock HWB area to inform the PNA.

One response was received. A copy of the commissioner questionnaire can be found in Appendix E and the one response can be found in Appendix J.

## **Step 4d: Dispensing GP questionnaire**

The Steering Group agreed a questionnaire to be distributed to all dispensing GP practices within the Thurrock HWB area to inform the PNA.

One response was received. A copy of the dispensing practice questionnaire can be found in Appendix F and the one response can be found in Appendix K.

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<sup>13</sup> Thurrock PNA and subsequent supplementary statements. 2018. [www.thurrock.gov.uk/healthy-living/pharmaceutical-needs-assessment](http://www.thurrock.gov.uk/healthy-living/pharmaceutical-needs-assessment)

### **Step 5: Mapping of services**

Details of services and service providers were collated and triangulated to ensure the information upon which the assessment was based was the most robust and accurate. NHSE, being the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE dated February 2022 was used for this assessment.

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

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. The Steering Group was fully aware of the potential changes brought about with the easing of restrictions that had been brought in due to the COVID-19 pandemic. However, as the PNA is an assessment taken at defined moment in time, it was agreed the pragmatic way forward would be to monitor such changes and, if necessary, update the PNA before finalising or publishing with accompanying supplementary statements as per the Pharmaceutical Regulations 2013 unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.

### **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 9 May 2022 and 8 July 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also posted on Thurrock Council's website.

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

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix M.

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

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

The final PNA was presented to the Thurrock HWB for approval and publication before 1 October 2022.

## **1.5 Localities for the purpose of the PNA**

The PNA Steering Group, at its first meeting, agreed that the four Thurrock Primary Care Network (PCN) areas would be used to define the four localities in the Thurrock HWB area referred to in this PNA.

The localities used for the PNA for Thurrock HWB area are:

- Aveley, South Ockendon, and Purfleet (ASOP)

- Stanford-le-Hope (SLH)
- Tilbury and Chadwell (T&C)
- Grays

PCN level data has been obtained as an aggregate of Quality and Outcomes Framework (QOF) data which is based on GP level data i.e. where patients are registered. It is important to note however that other population data published at ward level is based on the residents of each electoral ward. Therefore population data cannot be directly compared to QOF and PCN level data as they concern slightly different groups of people, even though data may appear to relate to the same locality area.

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

The information contained in Appendix A has been provided by NHSE (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), Thurrock Council and Mid and South Essex Integrated Care System (ICS).

## Section 2: Context for the PNA

### 2.1 NHS Long Term Plan (LTP)<sup>14</sup>

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

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

- Section 4.21 states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’ and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’
- Section 1.10 refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. ICBs will also develop pharmacy connection schemes for patients who do not need primary medical services. Pharmacy connection schemes have developed into the CPCS, which has been available since 29 October 2019 as an Advanced Service.
- Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E (Accident and Emergency service) attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- Section 1.26 states that urgent treatment centres will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.
- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- Section 3.86 states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence.

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<sup>14</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: ‘Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.’

## 2.2 Joint Strategic Needs Assessment (JSNA)

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

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

The purpose of JSNAs and related Joint Health and Wellbeing Strategies (see below) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public’s health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs and agreed priorities will be used to help determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing.<sup>15</sup>

The PNA should be considered alongside the local authority’s JSNA<sup>16</sup>, which for Thurrock’s is a suite of documents on their website, as well as Thurrock’s Health and Wellbeing Strategy 2022-2026.

## 2.3 Health and Wellbeing Strategy (HWBS)

Health and Wellbeing Strategies (HWBSs) are strategies for meeting the needs identified in JSNAs. Thurrock’s latest HWBS was published in June 2022 and outlines the priorities of Thurrock for 2022-2026.

The HWBS is based on findings in the Thurrock JSNA and related data and is supported by other strategies and plans.

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<sup>15</sup> Department of Health. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. 2012. [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf)

<sup>16</sup> Joint Strategic Needs Assessment (JSNA): Thurrock. [www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment](http://www.thurrock.gov.uk/healthy-living/joint-strategic-needs-assessment)

The HWB's 2022-2026 vision of *Levelling the Playing Field* aims to reduce the unequal distribution of health outcomes across Thurrock including healthy life expectancy. Tackling individuals' health risk behaviour such as smoking, improving the quality of care that people receive, and addressing the wider determinants of health will contribute to this. Wider determinants, which have the greatest influence on overall community health, include high-quality education, access to employment and other opportunities, warm and safe homes, access to green spaces and leisure, strong resilient communities, and effective public protection. Thurrock experiences an unlevel playing field in each of these areas, and between different groups of people, particularly socioeconomic groups. Levelling the playing field will create opportunities for every resident to reach their full potential.

The HWBS sets out goals and actions across six broad domains that influence the determinants of health listed above:

1. Staying Healthier for Longer
2. Building Strong & Cohesive Communities
3. Person-Led Health & Care
4. Opportunity for All
5. Housing & the Environment
6. Community Safety

The principles for achieving this are:

- Reducing inequality in health and wellbeing
- Prevention is better than cure
- Empowering people and communities
- Person-led and strengths-based approach
- Making good health and wellbeing everyone's responsibility
- Retain the positives from COVID-19 and address the challenges

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

The Mid and South Essex ICS is a partnership of health and care services which aims to support residents in living longer healthier lives in a thriving Mid and South Essex, with every resident making informed choices in a strengthened health and care system.

The purpose of the ICS is:

- to reduce health inequalities
- to deliver improvements in health outcomes
- to achieve financial sustainability, including a sustainable workforce and value for money

The ambition for the ICS is to work in partnership at every level with the aim to reduce inequalities and improve patient outcomes through:

- Creating opportunities: in education, employment, housing, growth



- Supporting health and wellbeing: promoting healthy lifestyles and behaviours, focussing on prevention and self-care
- Bringing care closer to home: where safe and possible
- Improving and transforming our services: integrating care for and with our residents
- Transforming our services

The Integrated Care Board (ICB) is accountable for the delivery of the ICS strategic objectives, which have been designed so that the ICS can focus on supporting residents, effectively and sustainably.

## 2.5 Population characteristics

### 2.5.1 Overview

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 km<sup>2</sup>. It has a diverse and growing population. Thurrock is primarily classified as 'urban with major conurbation' under the Rural Urban Classification 2011 (6 fold).<sup>17</sup> ONS mid-year estimates show the population of Thurrock (as of mid-2020) as 175,531<sup>18</sup> with an estimated increase of 1,190 people since the previous year (2019), representing a percentage rise of 0.68%. This is likely to be revised upwards in line with the 2021 census in which initial estimates suggest there is a population of around 176,000 in Thurrock.<sup>19</sup>

This increase is consistent with recent trends and is mainly due to the projected difference between births and deaths (there were a projected 2,353 births and 1,292 deaths). The rest is attributable to migration: a total of 9,182 residents moved into the borough from other parts of England and Wales and 8,789 moved out; while a total of 1,089 people moved into the borough from international areas outside England and Wales and 544 moved out. The influx of people internationally has been predicted to decline from 2018 to 2025, but those leaving is also predicted to decline, which is partially affected by the UK leaving the EU. The most significant increases from the previous year (2020) are in the 75–79 age group, at 6.6%. The population density and distribution in Thurrock varies considerably from low density in the more rural areas to high density in the urban areas.

**Table 2: Thurrock population broken down into ward and PCN locality. Data for 2011 census compared with ONS 2020 mid-year estimates. (2021 census data at this level not yet published at time of writing).**

Locality	2011 census population	2020 ONS population estimate
<i>Stanford-le-Hope</i>	35,086	35,054

<sup>17</sup> Gov.uk. Local Authority Districts ranked by rural and hub-town [Accessed January 2022.]

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/591466/Local\\_Authority\\_Districts\\_ranked\\_by\\_rural\\_and\\_rural-related\\_populations\\_with\\_Rural\\_Urban\\_Classification.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/591466/Local_Authority_Districts_ranked_by_rural_and_rural-related_populations_with_Rural_Urban_Classification.pdf)

<sup>18</sup> ONS. Mid 2020 estimates [Accessed January 2022]

[www.citypopulation.de/en/uk/eastofengland/admin/thurrock/E43000029\\_thurrock](http://www.citypopulation.de/en/uk/eastofengland/admin/thurrock/E43000029_thurrock)

<sup>19</sup> ONS. Population and household estimates, England and Wales: Census 2021 [Accessed August 2022]

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationandhouseholdestimatesenglandandwalescensus2021>

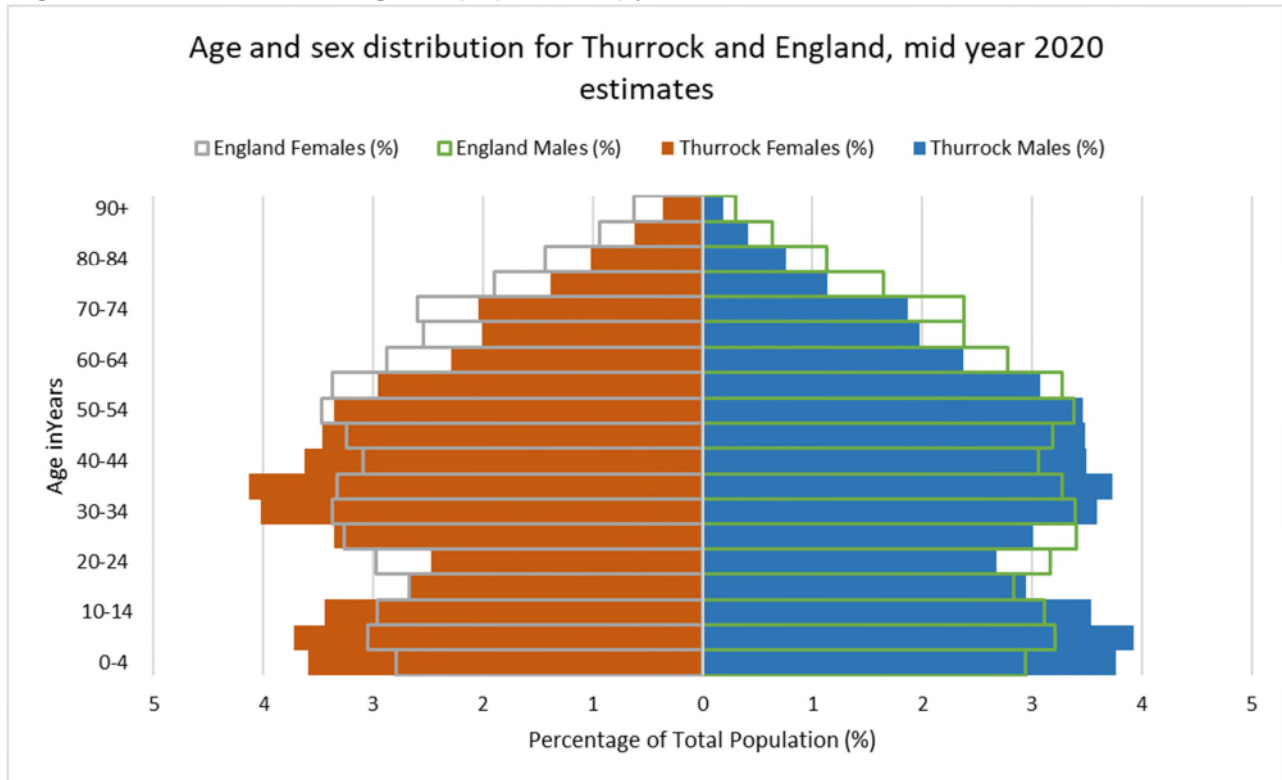
– Corringham and Fobbing	5,478	5,425
– Stanford East and Corringham Town	8,607	8,288
– Stanford-le-Hope West	6,379	7,115
– The Homesteads	8,507	8,282
– Orsett	6,115	5,944
<b>Grays</b>	54,485	60,354
– Chafford and North Stifford	8,071	8,324
– Grays Riverside	11,695	14,210
– Grays Thurrock	9,150	10,019
– Little Thurrock Blackshots	5,770	6,695
– Little Thurrock Rectory	5,955	6,186
– South Chafford	7,384	8,160
– Stifford Clays	6,460	6,760
<b>ASOP</b>	38,850	47,331
– Aveley and Uplands	8,912	10,639
– Belhus	9,780	10,679
– Ockendon	9,680	11,790
– West Thurrock and South Stifford	10,478	14,223
<b>Tilbury &amp; Chadwell</b>	29,284	32,792
– Chadwell St Mary	9,865	10,489
– East Tilbury	6,364	7,309
– Tilbury St Chads	6,177	6,813
– Tilbury Riverside and Thurrock Park	6,878	8,181
<b>Thurrock Total</b>	157,705	175,531

Source: Office for National Statistics (ONS)

### 2.5.2 Age

Figure 1 is a population pyramid depicting the age structure of Thurrock in 2021 compared with that of England. It is clear that Thurrock has a relatively young population, with almost all the age groups below age 50 forming a greater proportion of the total population than in England.

**Figure 1: Thurrock and England population pyramid 2020**



Source: ONS mid-year 2020 estimates – chart produced by Thurrock Council

Table 3 shows the age band population distribution in Thurrock according to ONS data at ward level, which has been aggregated to form data at a PCN level.

**Table 3: Thurrock population broken down into ward and PCN locality. ONS 2020 mid-year estimates.**

<b>Locality</b>	<b>0–15</b>	<b>16–64</b>	<b>65+</b>
<b><i>Stanford-le-Hope</i></b>	6,731	20,662	7,661
– Corringham and Fobbing	932	3,054	1,439
– Stanford East and Corringham Town	1,651	4,742	1,895
– Stanford-le-Hope West	1,595	4,500	1,020
– The Homesteads	1,517	4,794	1,971
– Orsett	1,036	3,572	1,336
<b><i>Grays</i></b>	14,009	39,117	7,228
– Chafford and North Stifford	2,107	5,568	649
– Grays Riverside	3,617	9,645	948
– Grays Thurrock	2,125	6,424	1,470
– Little Thurrock Blackshots	1,455	3,848	1,392
– Little Thurrock Rectory	1,207	3,885	1,094
– South Chafford	2,072	5,783	305
– Stifford Clays	1,426	3,964	1,370
<b><i>ASOP</i></b>	11,815	30,691	4,825
– Aveley and Uplands	2,595	6,697	1,347
– Belhus	2,575	6,877	1,227
– Ockendon	2,884	7,444	1,462
– West Thurrock and South Stifford	3,761	9,673	789
<b><i>Tilbury &amp; Chadwell</i></b>	8,676	19,732	4,384
– Chadwell St Mary	2,559	6,091	1,839
– East Tilbury	1,810	4,483	1,016
– Tilbury St Chads	1,845	4,286	682
– Tilbury Riverside and Thurrock Park	2,462	4,872	847
<b>Thurrock total</b>	41,231	110,202	24,098
<b>Percentage of total</b>	23.5%	62.8%	13.7%

Source: ONS

Using the mid-2020 ONS data, the percentage of Thurrock population estimated to be between 0 and 15 years old is 25% of the population total, compared with the East of England average of 19.4% and England average of 19.2%. People of working age (16–64) comprise 62.8% in Thurrock compared with the East of England average of 60.6% and England average of 62.3%.

### 2.5.3 Ethnicity

Table 4 shows the proportions of the population in each ethnic group in 2011, the most recent year for which census data is currently available by ethnic group. The White ethnic group makes up the largest majority (85.9%) and within this group the highest proportion are English/Welsh/Scottish/Northern Irish/British (80.9%). The next biggest ethnic group is Black/African/Caribbean/Black British at 7.8%, which is more than double the regional (2.0%) and national (3.5%) averages. In comparison, the highest total for the East of England (90.8%) and England (85.3%) was the White ethnic group, with Asian/Asian British the next highest for England (7.8%) and the East of England (4.8%).

**Table 4: Ethnic groups 2011**

<b>Ethnic group</b>	<b>Amount</b>	<b>Percent (%)</b>
All usual residents	157,705	100.0
White	135,429	85.9
English/Welsh/Scottish/Northern Irish/British	127,587	80.9
Irish	1,108	0.7
Gypsy or Irish Traveller	308	0.2
Other White	6,426	4.1
Mixed/multiple ethnic groups	3,099	2.0
White and Black Caribbean	1,056	0.7
White and Black African	670	0.4
White and Asian	683	0.4
Other Mixed	690	0.4
Asian/Asian British	5,927	3.8
Indian	2,234	1.4
Pakistani	534	0.3
Bangladeshi	682	0.4
Chinese	828	0.5
Other Asian	1,649	1.0
Black/African/Caribbean/Black British	12,323	7.8
African	9,742	6.2
Caribbean	1,336	0.8
Other Black	1,245	0.8
Other ethnic group	927	0.6
Arab	254	0.2
Any other ethnic group	673	0.4

Source: ONS. Crown copyright reserved. [Accessed 21 December 2021 from Nomis]

## 2.5.4 Religion

Data for Thurrock from the 2011 census showed that the largest religious group was Christian, at 63.3%, with the next largest religion being Muslim at 2%. Almost one-third of the population had no religion or did not state their religion (32.3%).

In comparison, the East of England proportion is 64.3% Christian, 2.7% Muslim and 30.1% with no religion.<sup>20</sup> The England proportion is 68.1% Christian, 5.0% Muslim and no religion at 31.9%.

**Table 5: Religion groups in 2011**

Religion and faith summary	Amount	Percentage (%)
All usual residents	157,705	100.0
Has religion	106,749	67.7
Christian	99,891	63.3
Buddhist	615	0.4
Hindu	1,178	0.7
Jewish	221	0.1
Muslim	3,164	2.0
Sikh	1,224	0.8
Other religion	456	0.3
No religion	41,061	26.0
Religion not stated	9,895	6.3

Source: ONS. Crown copyright reserved [Accessed 21 December 2021 from Nomis]

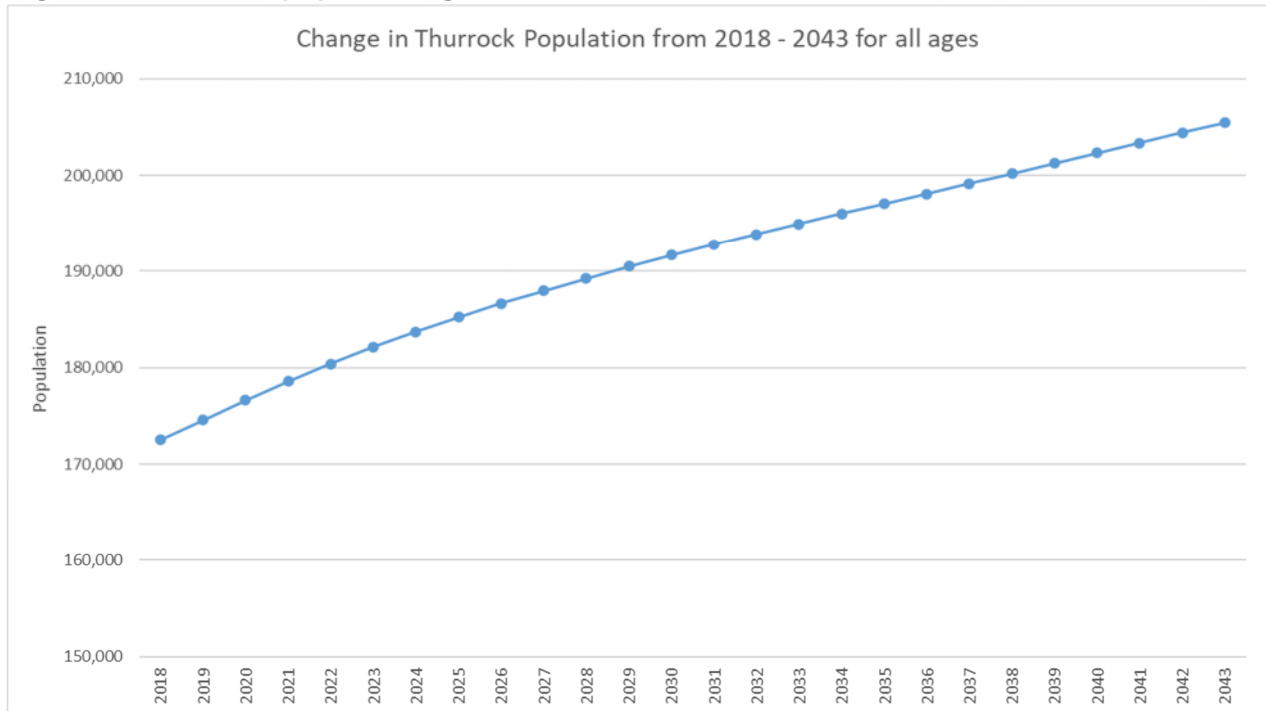
## 2.5.5 Predicted population growth (migration, natural growth, international and housing developments)

Figure 2 shows population projections from 2018 to 2043 using the 2018 ONS projection baseline. The population of Thurrock is projected to grow from 172,525 in 2018 to 185,257 by 2025, 197,071 by 2035, 202,327 and 205,470 by 2043. This equates to an increase of 19% in a 25-year period.<sup>21</sup>

<sup>20</sup> ONS. Census 2011. [Accessed January 2022.] [www.citypopulation.de/en/uk/eastofengland/admin/](http://www.citypopulation.de/en/uk/eastofengland/admin/)

<sup>21</sup> ONS population projections from 2018. [Accessed January 2022.] [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthorities/nenglandtable2](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthorities/nenglandtable2)

**Figure 2: Predicted population growth, 2018-43**

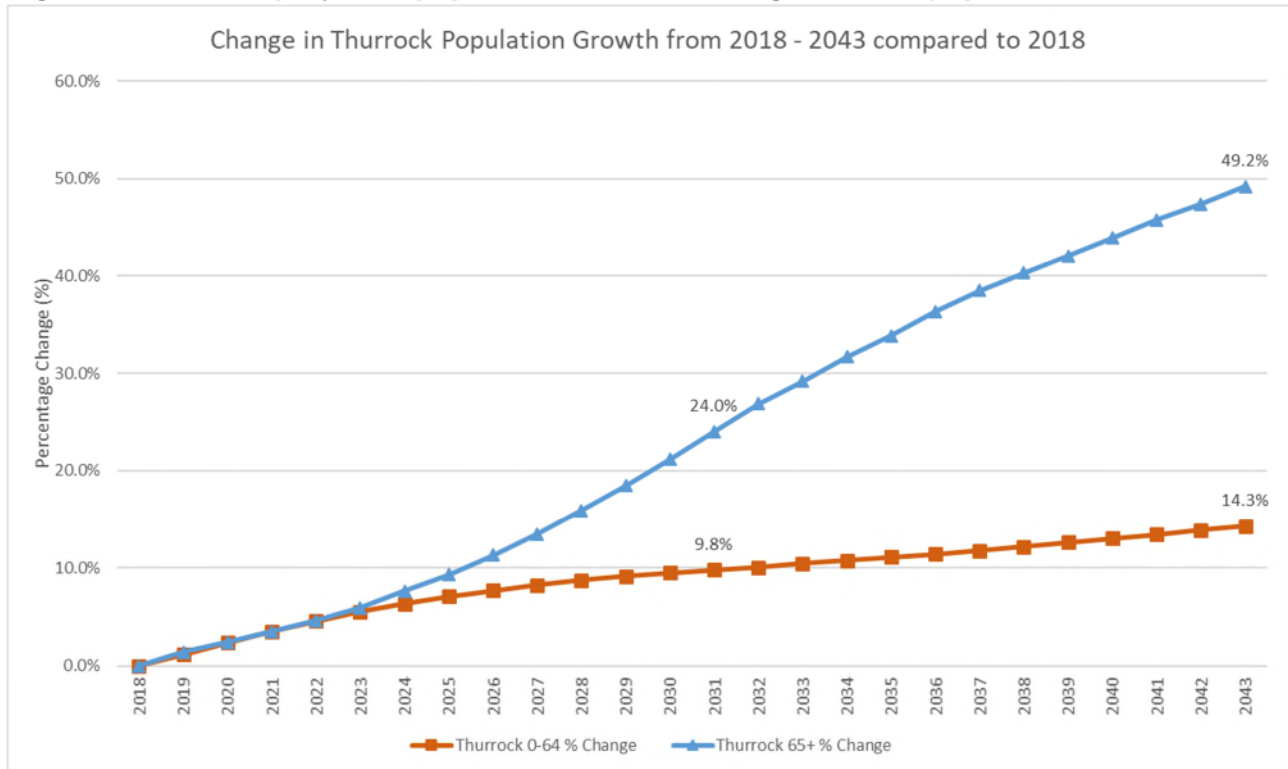


Source: ONS Population Projections for local authorities, 2018

While the population of Thurrock will increase as shown above, the proportion of the population who will be aged 65+ will increase at an even higher rate from the year 2025 and beyond.

There are an estimated 23,788 people aged 65+ in Thurrock in 2018; this is expected to increase to 29,494 by 2031 and 35,489 by 2043. [Note that these estimates do not incorporate planned housing and regeneration development within the borough, as accurate numbers and timelines are not yet known. The true rate of growth could be even higher once these are accounted for.] Those aged 65+ are the highest users of adult social care and wider health services and are also more likely to develop multiple long-term conditions, which results in increased demand for health and social care services with fewer working-age people that can be taxed to pay for this increased demand.

**Figure 3: Thurrock projected population increase, all-age and 65+ population, 2018-43**



Source: ONS Population Projections for local authorities, 2018

A ten-year projection model completed by the ONS gives projections that also include the change in deaths, births and migration inside or outside the UK. It is important to know that migration, although an important factor, is not the primary driver in population growth in Thurrock, with 10,312 accounting for natural change compared with a 6,401 increase in net migration over the ten-year period between 2018 and 2028.

### 2.5.6 GP-registered population

The registered GP-population in Thurrock is 184,101 as of December 2021. This is slightly higher than the ONS mid-2020 resident population estimate (175,531).<sup>22</sup> This is due to including people living outside Thurrock who are registered with GP practices in Thurrock. Table 6 has a breakdown of practice codes and registered patients.

<sup>22</sup> NHS Digital. Patients Registered at a GP Practice, December 2021. [Accessed January 2022.] <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/december-2021>



Table 6: GP practice codes and registered patients in December 2021

GP practice code	PCN	Postcode	Registered patients	Percentage
F81010	ASOP	RM15 4AD	12,443	7%
F81082	T&C	RM18 8SD	4,902	3%
F81088	SLH	SS17 8HD	2,887	2%
F81110	T&C	RM18 8EB	12,005	7%
F81113	Grays	RM16 6RS	14,895	8%
F81134	ASOP	RM15 6PR	8,034	4%
F81137	SLH	RM16 3ET	7,540	4%
F81153	SLH	SS17 0PH	12,442	7%
F81155	Grays	RM17 5NS	5,647	3%
F81177	SLH	SS17 0BY	4,200	2%
F81192	Grays	RM16 2AP	9,908	5%
F81197	ASOP	RM15 5SZ	2,587	1%
F81198	SLH	SS17 8LB	2,708	1%
F81206	T&C	RM18 7RB	5,683	3%
F81211	Grays	RM17 6SP	5,401	3%
F81218	Grays	RM17 6HU	2,772	2%
F81219	Grays	RM17 5HB	4,620	3%
F81623	Grays	RM17 6DB	2,469	1%
F81632	ASOP	RM15 5LP	3,967	2%
F81641	Grays	RM17 5EZ	3,159	2%
F81652	T&C	RM18 7RJ	4,392	2%
F81669	ASOP	RM15 5GN	6,884	4%
F81697	SLH	SS17 7DZ	3,072	2%
F81708	T&C	RM18 7QA	10,610	6%
Y00033	ASOP	RM19 1SX	6,310	3%
Y00999	Grays	RM17 5JY	11,758	6%
Y02807	Grays	RM17 6NB	12,806	7%
			184,101	100%

Source: NHS Digital

## 2.5.7 Working-age population

The key industry for residents in Thurrock remains the wholesale and retail trade in the repair of motor vehicles and motorcycles; at 20% of the working population of Thurrock, it is by far the largest industry in Thurrock. The second highest industry is transport and storage, with 9.9% of the working population working within this industry.<sup>23</sup>

However, around 43,000 Thurrock residents live and work in Thurrock, with around 32,000 commuting to other areas for work. There are also around 19,000 people who work in Thurrock but commute from other areas, according to the ONS annual population survey, 2011.<sup>24</sup>

## 2.5.8 Vulnerable populations

### 2.5.8.1 Children and adults in care/adult safeguarding

According to the local authority interactive tool, on 31 March 2021 there was a rate of 66 Children Looked After (CLA) per 10,000 children aged under 18 in Thurrock, which was equivalent to 299 CLA. In comparison, the rate of CLA in the East of England was 49 CLA/10,000 children, among statistical neighbours it was 65 CLA/10,000, and in England it was 67 CLA/10,000 children.

Out of the CLA who had been looked after continuously for at least 12 months in Thurrock, 97% had received a health check, 86% had their immunisations up to date, and 23% had received a dental check. In England 91% of CLA in this position had received a health check, 86% had their immunisations up to date, and 40% had received a dental check.

Of care-leavers, 42% were reported to be NEET (Not in Education, Employment or Training) as of March 2021, which was a 19-percentage point increase on March 2020 (23%) and the largest increase seen within the decade of available data. (Note that not all care-leavers are captured within the dataset, which may skew its accuracy.) This was similar to the proportion of NEET CLA in England in 2021 (41%). However, the national trend has been relatively consistent over the past ten years and experienced only small percentage gains year on year. The England proportion of NEET CLA was 39% in March 2020.<sup>25</sup>

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<sup>23</sup> Nomis. Labour Market Profile – Thurrock. [Accessed January 2022.]

[www.nomisweb.co.uk/reports/lmp/la/1946157204/report.aspx](http://www.nomisweb.co.uk/reports/lmp/la/1946157204/report.aspx)

<sup>24</sup> Thurrock Council. Thurrock facts and statistics: Employment and Income. [Accessed January 2022.]

[www.thurrock.gov.uk/thurrock-facts-and-statistics/employment-and-income](http://www.thurrock.gov.uk/thurrock-facts-and-statistics/employment-and-income)

<sup>25</sup> Department for Education. Local authority interactive tool (LAIT), December 2021. [Accessed January 2022.]

[www.gov.uk/government/publications/local-authority-interactive-tool-lait](http://www.gov.uk/government/publications/local-authority-interactive-tool-lait)

### 2.5.8.2 Homeless population

The Department for Levelling Up, Housing and Communities (DLUHC) (formerly the Ministry of Housing, Communities and Local Government) records local authority–level statutory homelessness data. According to this, between April and June 2021 there were 184 households in Thurrock owed a homelessness prevention or relief duty. This included 89 households (a rate of 1.31/1000 households) threatened with homelessness within 56 days (prevention duty owed) and 95 households (a rate of 1.47/1000 households) which were homeless (relief duty owed).

These rates are close to the England rates, which were reported as 1.32 households threatened with homelessness per 1,000 households and 1.47/1,000 homeless households.

Of households (61 households) owed a homelessness duty, 33% also had support needs. Out of 20 support needs indicators, having a history of mental health problems was the most common support need, affecting 28 households (15%). Physical ill health and disability was ranked second and affected 15 households (8%). Having an offending history was the third most common support and affected 13 households (7%).<sup>26</sup>

### 2.5.8.3 Gypsy/Traveller population

Thurrock Council manages two English and one Irish socially rented (authorised) Traveller sites which are situated in Aveley, North Stifford and Grays. Each site consists of 21–22 residential caravan pitches, according to the DLUHC's count of Traveller caravans, which was last taken in July 2021.

At the time of writing, the total count of authorised caravans in Thurrock (with planning permission) amounted to 200 (81 socially rented and 119 private). There were a further 33 unauthorised caravans (without planning permission) on Travellers' own land. This totalled 233 caravans in Thurrock in July 2021. The national dataset includes traditional and non-traditional Traveller groups, but excludes Showpeople's caravans.<sup>27</sup> The precise number of caravan occupants is not collected in the caravan count, but indicates that the local population of Travellers extends beyond the managed sites. According to Thurrock's Traveller Liaison Service, each managed site houses just over 100 people. This is broadly in line with the 2011 census, which reported 308 people in Thurrock with Gypsy or Irish Traveller ethnicity. There are strong family support networks across the sites, strengthened by the fact that a number of site residents are related.

Two Traveller Liaison Officers (TLOs) are employed by Thurrock Council to support the residents of the managed sites daily with issues such as site and repair issues or communication, as many Travellers have literacy needs.

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<sup>26</sup> DLUHC. Statutory homelessness in England: April to June 2021. [Accessed January 2022.] [www.gov.uk/government/statistics/statutory-homelessness-in-england-april-to-june-2021](http://www.gov.uk/government/statistics/statutory-homelessness-in-england-april-to-june-2021)

<sup>27</sup> DLUHC. Traveller caravan count: July 2021. [Accessed January 2022.] [www.gov.uk/government/statistics/traveller-caravan-count-july-2021](http://www.gov.uk/government/statistics/traveller-caravan-count-july-2021)

Throughout the COVID-19 pandemic national lockdown, the TLOs emphasised the importance of social distancing, personal hygiene and the wearing of face coverings to prevent the spread of COVID-19. TLOs were also integral in coordinating several successful testing and vaccination programmes with PHE and NHSE. Their support was necessary as the travelling community is considered to be a vulnerable and under-represented group, at risk of being overlooked.

#### 2.5.8.4 Adults with learning disabilities

In 2020, approximately 2.4% of Thurrock's population aged 18–64 was estimated to have a learning disability in Thurrock; for the population over 65 years, this was about 2.1%.

The proportion of people with learning disabilities is expected to remain broadly the same over the next 20 years, however, as the total population is expected to grow, so will the actual number of people with learning disabilities. Between 2022 and 2025 an additional 70 people aged 18–64 and 23 people aged 65+ are expected to join the local cohort of people with learning disabilities, totalling an estimated 3,271 people age 18+ with a learning disability in 2025.

**Table 7A: Adults with learning disabilities (LD) – population projections, age 18–64**

Year	2020	2021	2022	2023	2024	2025	2030	2035	2040
Total population age 18-64	107,000	107,900	109,000	110,100	111,100	111,800	115,800	119,000	121,200
LD – baseline estimate	2,609	2,630	2,657	2,684	2,709	2,727	2,830	2,914	2,971
LD – moderate or severe	598	604	611	617	623	628	654	673	686
LD – severe	158	159	161	163	164	166	173	178	181
LD – living with a parent	223	224	226	228	230	231	242	249	251
Down's Syndrome	67	67	68	69	69	70	72	74	76
Challenging behaviour	48	49	49	50	50	50	52	54	55
Autistic Spectrum Disorder	1,060	1,069	1,082	1,092	1,104	1,112	1,155	1,193	1,218

**Table 7B: Adults with learning disabilities (LD) – population projections, 65+**

Year	2020	2021	2022	2023	2024	2025	2030	2035	2040
Total population age 65+	24,400	24,800	24,900	25,300	25,600	26,000	28,700	31,800	34,300
LD – baseline estimate	511	518	521	527	535	544	600	668	724
LD – moderate or severe	70	71	71	71	72	73	81	90	96
Down's Syndrome	1	1	1	1	1	1	1	1	1
Autistic Spectrum Disorder	228	232	232	238	240	247	274	304	326

Source: POPPI and PANSI. 2020. <https://poppi.org.uk/> and <https://pansi.org.uk/>

As the population of people over 65 is set to increase in upcoming years, Thurrock expects to see an upward trend of people in this age group becoming a recipient or provider of care support. The number of older people living alone or in a care home is also expected to increase. In particular, the number of people age 75+ and living alone is predicted to rise by 374 in the next three years, from 4,642 people in 2022 to 5,016 in 2025, which is an increase of 8%.

**Table 8: Adults 65+ support arrangements and living status projections**

Year	2020	2021	2022	2023	2024	2025	2030	2035	2040
Total population age 65+	24,400	24,800	24,900	25,300	25,600	26,000	28,700	31,800	34,300
Providing unpaid care	3,449	3,495	3,524	3,571	3,624	3,687	4,058	4,469	4,805
Need help with at least one domestic task	6,737	6,895	6,986	7,135	7,221	7,343	8,163	8,960	9,748
Need help with at least one self-care activity	6,720	6,861	6,936	7,076	7,162	7,282	8,118	8,930	9,682
Age 65–74 living alone	3,448	3,419	3,350	3,321	3,350	3,361	3,811	4,330	4,477
Age 75+ living alone	4,226	4,434	4,642	4,829	4,908	5,016	5,411	5,806	6,538
Living in a care home	437	443	460	467	480	485	537	631	688

Source: POPPI. 2020.

### 2.5.8.5 Adults with physical disabilities

The number of adults aged 18–64 and living with a physical disability is expected to increase in upcoming years, although the proportion of the population affected by physical disability will remain broadly the same in 2025 as in 2020.

In 2020, 9.2% of adults in Thurrock aged 18–64 were living with some hearing loss, which was equivalent to 9,809 people. Out of the physical disabilities listed in Table 9, some hearing loss accounted for the largest proportion, although, in contrast, severe hearing loss affected just 0.6% of adults aged 18–64. In the same year there were 5,559 adults aged 18–64 who were recorded as living with a physical disability that affected mobility, equivalent to 5% of adults aged 18–64.

Both ‘some hearing loss’ and ‘physical mobility disabilities’ are expected to increase by 8.3% between 2020 and 2025. Over the same period, numbers of moderate personal care disabilities will grow by 7.0% and numbers of people with diabetes will grow by 6.8%.

In the longer term, by 2040, most disabilities are expected to increase by between 15% and 20%, although the proportion of residents affected will continue to remain roughly the same.

**Table 9: Physical disability population projections in adults aged 18–64**

Year	2020	2021	2022	2023	2024	2025	2030	2035	2040
Total population age 18–64	107,000	107,900	109,000	110,100	111,100	111,800	115,800	119,000	121,200
Physical disability – mobility	5,559	5,666	5,775	5,875	5,961	6,023	6,238	6,336	6,535
Moderate personal care disability	4,044	4,109	4,172	4,232	4,288	4,326	4,487	4,596	4,739
Serious personal care disability	897	909	921	934	945	953	992	1,020	1,048
Long-standing health condition caused by stroke	314	318	323	324	329	332	347	363	374
Diabetes	3,412	3,467	3,526	3,555	3,611	3,644	3,778	3,900	4,029
Visual impairment	70	70	71	72	72	73	75	77	79
Some hearing loss	9,809	9,962	10,159	10,336	10,474	10,625	11,109	11,402	11,787
Severe hearing loss	613	623	635	645	654	662	681	685	708

Source: PANSI. 2020.

According to the Royal National Institute of Blind People (RNIB), in Thurrock in 2019-20, there were 4,340 people living with sight loss, 280 registered blind or partially sighted and 68 people with certificates of vision impairment. By 2030 it is predicted that there will be a further 24% increase in the number of people with sight loss.<sup>28</sup>

<sup>28</sup> RNIB Sight Loss Data Tools. [Accessed January 2022.] [www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool](http://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool)

### 2.5.8.6 Adults with mental health conditions

In 2020, 19% of adults aged 18–64 (20,227 people) in Thurrock were reported as having a common mental health disorder (such as depression, anxiety disorders, OCD and PTSD), which was equivalent to 19% of this age group. There were also 12,327 people who were reported as being a survivor of childhood sexual abuse (12%), and 7,693 people (7%) with two or more psychiatric disorders. These three indicators individually accounted for the three largest proportions of mental health disorders in Thurrock in 2020 and each of them are expected to increase by 5% between 2020 and 2025.

Other mental health disorders will also see similar growth of around 5% in this time frame, although they affect a smaller proportion of people (0–4% of the population aged 18–64). More details are described in section 2.9.9. [Depression and mental health](#).

**Table 10: Mental health population projections in adults aged 18–64**

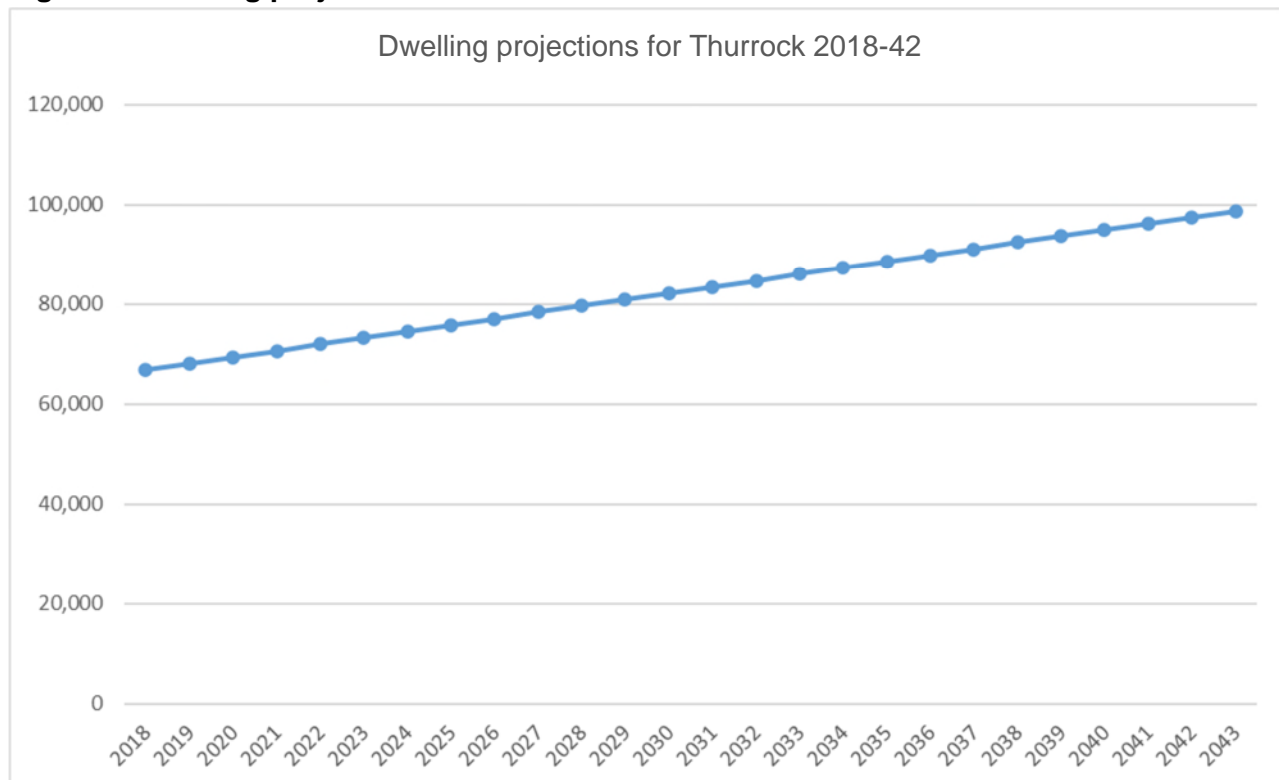
Year	2020	2021	2022	2023	2024	2025	2030	2035	2040
Total population aged 18–64	107,000	107,900	109,000	110,100	111,100	111,800	115,800	119,000	121,200
Common mental health disorder	20,227	20,448	20,666	20,855	21,059	21,233	21,903	22,428	22,850
Borderline personality disorder	2,568	2,596	2,624	2,648	2,674	2,696	2,781	2,848	2,902
Antisocial personality disorder	3,562	3,595	3,638	3,671	3,710	3,738	3,873	3,989	4,071
Psychotic disorder	748	755	764	771	778	785	811	832	848
Two or more psychiatric disorders	7,693	7,773	7,859	7,931	8,009	8,075	8,339	8,552	8,717
Higher risk of alcohol-related health problems	4,570	4,621	4,681	4,722	4,780	4,821	5,015	5,174	5,282
Dependent on drugs	3,718	3,730	3,755	3,798	3,824	3,854	4,039	4,169	4,220
Suicide	8	8	8	8	8	8	9	9	9
Survivors of childhood sexual abuse	12,327	12,467	12,596	12,711	12,833	12,941	13,335	13,635	13,886

Source: PANSI 2020.

## 2.5.9 Housing projections

The housing projections for Thurrock based upon local development plans indicate an increase in dwelling numbers from 66,800 in 2018 to 75,760 by 2025, 88,560 by 2035, 94,960 by 2040 and 98,800 by 2043. This housing growth in Thurrock will have an impact on the local economy with the average increase in new homes being projected at 1,280 per year.

**Figure 4: Dwelling projections for Thurrock 2018-42**



Source: Thurrock Council planning department

## 2.6 Deprivation

The Index of Multiple Deprivation (IMD) (2019) is a combined measure of deprivation in the domains of income, employment, health deprivation and disability, education, skills and training, barriers to housing and services, crime and living environment that is weighted according to their importance. The average IMD score for Thurrock is 20.93, and Thurrock is ranked 77 out of 151 upper tier local authorities across the whole of England.

Aggregating the ward level IMD scores to each PCN we can determine the IMD for each locality. Those with a higher IMD score represent the most deprived.

Tilbury and Chadwell has the highest deprivation rate amongst all localities in Thurrock.



**Table 11: IMD scores by locality**

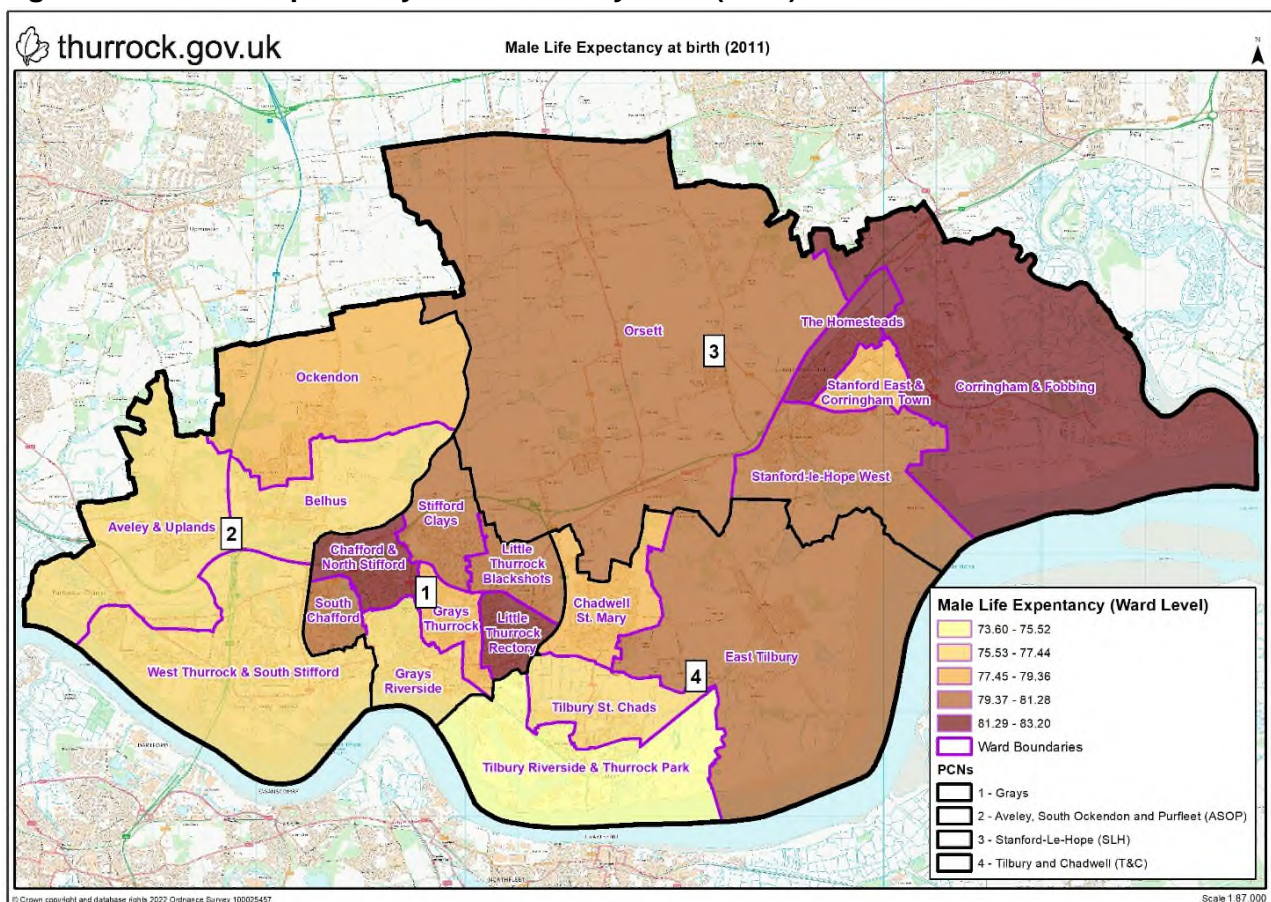
<b>Locality and Ward</b>	<b>Average IMD score</b>
<b>Grays</b>	15.11
– Chafford and North Stifford	9.7
– Grays Riverside	21.9
– Grays Thurrock	19.5
– Little Thurrock Blackshots	17.3
– Little Thurrock Rectory	11.0
– South Chafford	7.6
– Stifford Clays	18.8
<b>ASOP</b>	26.35
– Aveley and Uplands	26.0
– Belhus	32.1
– Ockendon	23.7
– West Thurrock and South Stifford	23.6
<b>Stanford-le-Hope</b>	14.28
– Corringham and Fobbing	12.2
– Stanford East and Corringham Town	21.5
– Stanford-le-Hope West	17.1
– The Homesteads	9.1
– Orsett	11.5
<b>Tilbury and Chadwell</b>	32.55
– Chadwell St Mary	27.3
– East Tilbury	20.3
– Tilbury St Chads	47.9
– Tilbury Riverside and Thurrock Park	34.7

## 2.7 High-level health and wellbeing

### 2.7.1 Life expectancy

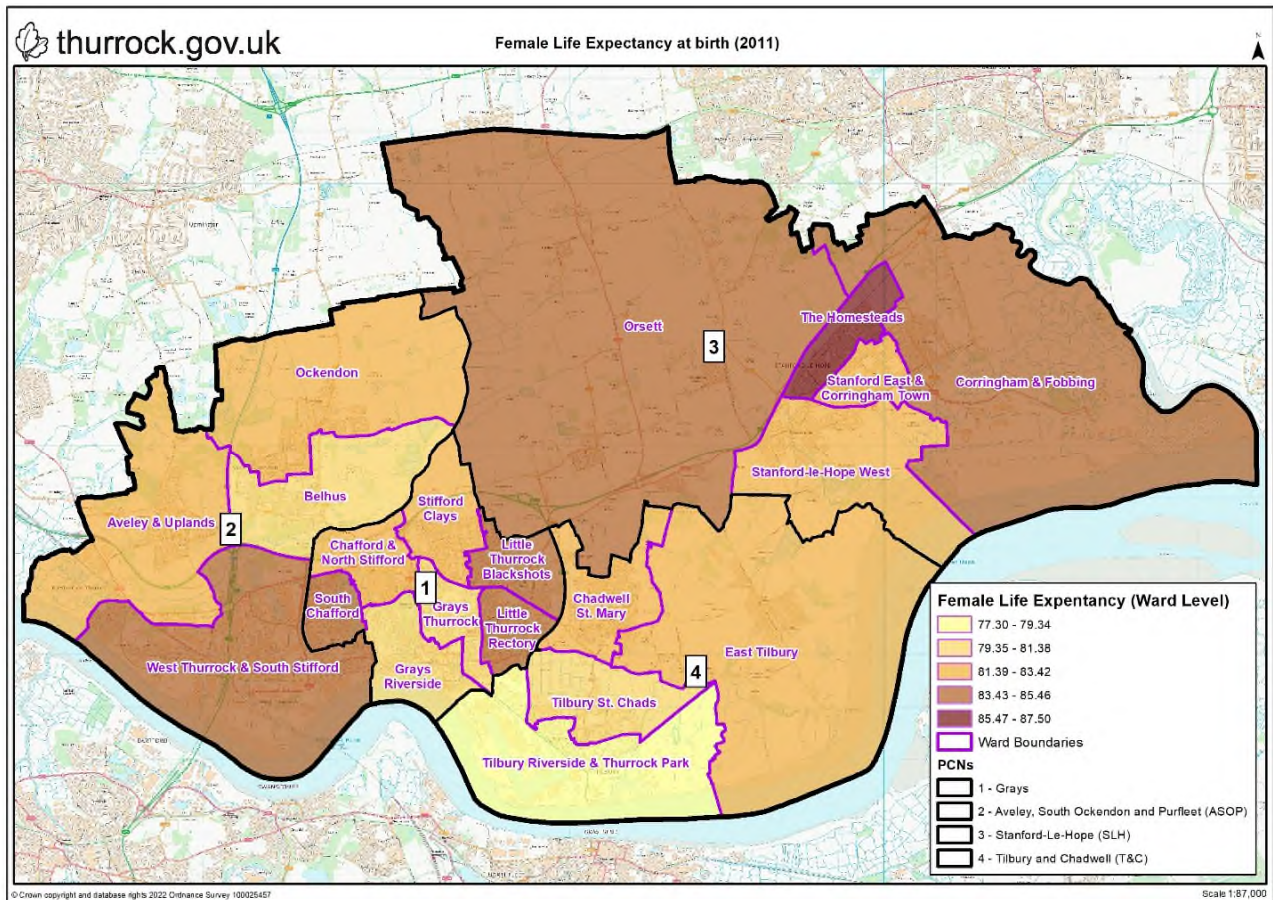
Life expectancy at birth in Thurrock residents was 78.3 years for males and 82.6 years for females (2018-20), in comparison with the England average life expectancy of 79.4 for males and 83.1 for females.<sup>29</sup> Figures 5 and 6 show Thurrock life expectancy at ward level, with the lowest life expectancy for both males and females being in the southern part of Thurrock on wards that typically border the river Thames. This data is collated from the 2011 census data as there is no newer available data at ward level.

**Figure 5: Male life expectancy in Thurrock by ward (2011)**



Source: ONS census data 2011

<sup>29</sup> ONS Public health profiles – Life expectancy. [Accessed January 2022.] [www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk](http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk)

**Figure 6: Female life expectancy in Thurrock by ward (2011)**

Source: ONS census data 2011

### 2.7.2 Healthy Life Expectancy (HLE) and disability-free life expectancy

The Healthy Life Expectancy (HLE) in Thurrock (2017-19) is 63.2 years for men and 61.6 for women, which is not statistically significantly different from the national average (male: 63.2 years; female: 63.5 years). The same pattern is also evident for HLE at 65 for men (11.0 years) and women (10.5 years) when compared with the England average (male: 10.6 years; female: 11.1 years).<sup>30</sup>

HLE can also be broken down by ward and has been shown in Table 12 for the year 2011 as according to data from the census.<sup>31</sup>

<sup>30</sup> PHE Fingertips. Life expectancy estimates, all ages, UK. [Accessed January 2022.]

[www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk](http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk)

<sup>31</sup> ONS. Life expectancy/HLE per ward: visualisation from 2011 census. [Accessed January 2022.]

[www.ons.gov.uk/visualisations/dvc479/map/index.html](http://www.ons.gov.uk/visualisations/dvc479/map/index.html)

**Table 12: Healthy life expectancy per ward, 2011**

<b>Ward</b>	<b>Male HLE at birth</b>	<b>Female HLE at birth</b>
ASOP (average)	59.7	60.9
– Aveley and Uplands	60.1	62.1
– Belhus	58.4	59.0
– Ockendon	60.9	61.5
– West Thurrock and South Stifford	59.5	61.1
Grays (average)	65.5	65.8
– Chafford and North Stifford	68.8	68.1
– Grays Riverside	61.1	62.0
– Grays Thurrock	62.5	63.6
– Little Thurrock Blackshots	66.7	67.4
– Little Thurrock Rectory	67.1	67.3
– South Chafford	67.6	67.7
– Stifford Clays	64.6	64.2
Stanford-le-Hope (average)	66.3	67.1
– Corringham and Fobbing	69.1	68.4
– Orsett	67.6	68.6
– Stanford East and Corringham Town	61.8	62.7
– Stanford-le-Hope West	65.0	65.3
– The Homesteads	67.9	70.3
Tilbury and Chadwell (average)	60.1	60.3
– Chadwell St Mary	59.7	61.1
– East Tilbury	64.9	63.0
– Tilbury Riverside and Thurrock Park	57.3	59.0
– Tilbury St Chads	58.4	57.9

Source: ONS

The disability-free life expectancy shown in Figure 7, comparing Thurrock with other local authorities in the East of England, shows that Thurrock has no significant difference in disability-free life expectancy at birth and at 65, apart from for men, which shows an improvement on the England average.

**Figure 7: Disability-free life expectancy in Thurrock compared with other local authorities in the East of England**

Indicator	Period	England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Disability-free life expectancy at 65 (Male)	2017 - 19	9.9	10.4	11.3	9.8	11.5	10.9	10.9	9.0	9.9	8.0	10.9	10.2	10.4
Disability-free life expectancy at 65 (Female)	2017 - 19	9.7	10.5	12.5	10.5	10.4	11.0	10.1	9.1	10.8	8.8	10.4	10.3	9.9
Disability-free life expectancy at birth (Male)	2017 - 19	62.7	64.5	64.4	63.2	65.9	65.2	67.1	60.9	63.6	58.8	64.7	63.5	64.6
Disability-free life expectancy at birth (Female)	2017 - 19	61.2	62.2	66.2	61.6	64.8	63.3	62.8	61.5	60.4	58.2	62.2	60.9	62.7

Source: Office for Health Improvement and Disparities (OHID). Public Health Profiles. 2021. <https://fingertips.phe.org.uk>  
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### 2.7.3 Wellbeing indicators

In Thurrock, self-reported wellbeing indicators<sup>32</sup> for the year 2019-20 show that the indicators for low happiness and high anxiety are not statistically significantly different from the England average. However, the number of those with self-reported anxiety (24.5%) was above the England average of 21.9% and higher than in any other region in the East of England.

**Figure 8: Wellbeing indicators in Thurrock when compared with the regional and national averages and other counties/unitary authorities in the East of England**

Indicator	Period	England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southend-on-Sea	Suffolk	Thurrock
Self-reported wellbeing - people with a low satisfaction score	2019/20	4.7	4.1	*	*	*	4.4	3.1	4.6	4.7	4.5	3.7	4.3	*
Self-reported wellbeing - people with a low worthwhile score	2019/20	3.8	3.3	*	*	*	3.7	*	*	3.4	*	*	4.6	*
Self-reported wellbeing - people with a low happiness score	2019/20	8.7	8.0	*	10.6	6.8	7.4	6.0	6.2	9.2	7.4	8.8	9.0	8.4
Self-reported wellbeing - people with a high anxiety score	2019/20	21.9	22.4	21.2	23.1	20.5	22.1	20.6	18.2	24.1	23.0	22.6	24.5	24.6
Percentage of looked after children whose emotional wellbeing is a cause for concern	2019/20	37.4	42.4	37.8	44.3	31.6	36.5	40.3	59.3	45.8	34.0	44.2	47.3	38.0

Source: OHID. Public Health Profiles. 2021. <https://fingertips.phe.org.uk> © Crown copyright 2021

<sup>32</sup> ONS. Annual Population Survey. [Accessed January 2022.] <https://fingertips.phe.org.uk/search/wellbeing>

## 2.7.4 Inequalities in health (people/place)

Inequalities in Thurrock can affect the health and wellbeing of its residents. The wider determinants of health such as IMD have already been covered in [Section 2.6](#).

The data in Table 13 describes the inequalities and wider determinants of health in Thurrock.<sup>33</sup> The number of children under the age of 16 in low-income families was below the national average but is still higher than the regional average. The average attainment 8-score is a measure of how well pupils achieved in their GCSE (General Certificate of Secondary Education) results calculated across their subjects. Thurrock's average attainment 8-score (49.7) was similar to the national average of 50.2.

The rate of violent crime offences in Thurrock is per 35.5 per 1,000 residents, which is higher than the national figure of 29.5 per 1,000 for the year 2020-21. Furthermore, hospital admissions for violence (including sexual violence) for Thurrock (55.9 per 100,000) for the year 2018/19-2020/21 is also significantly higher than the national average, at 29.5 per 100,000.

**Table 13: Inequalities and wider determinants of health in Thurrock**

Indicator	Age	Period	Value (local)	Value (region)	Value (national)
Percentage of children in absolute low-income families	0–15	2019-20	13.1%	11.8%	15.6%
Average attainment 8-score	15–16	2019-20	49.7	50.3	50.2
Percentage of people in employment	16–64	2020-21	76.1%	76.9%	75.1%
Violent crime – hospital admissions for violence (including sexual violence) (per 100,000)	All ages	2018/19 – 20/21	55.9	32.7	41.9
Violent crime – violence offences per 1,000	All ages	2020-21	35.5	28.8	29.5

## 2.7.5 COVID-19 impact

The Covid-19 pandemic did not show a statistically significant impact on life expectancy and HLE in 2018-20 compared to 2017-19. During this time, life expectancy at birth for males in Thurrock declined from 79.0 to 78.3 whilst it increased from 82.5 to 82.6 for females.

<sup>33</sup> OHID. Public Health Profiles: Wider Determinants of Health (various sources). [Accessed January 2022.] <https://fingertips.phe.org.uk/profile/wider-determinants>

## 2.8 Lifestyle

### 2.8.1 Physical activity and diet

Only 50.6% of adults ate the recommended five-a-day intake of fruit and vegetables in 2019-20. This was significantly lower than the East of England (56.7%) and England (55.4%) averages. Similarly, the percentage of children (aged 15) who ate the recommended five-a-day intake of fruit and vegetables in 2014-15 was 49.2%. This was similar to the figures for East of England and England that year (52.1% and 52.4% respectively).<sup>34</sup>

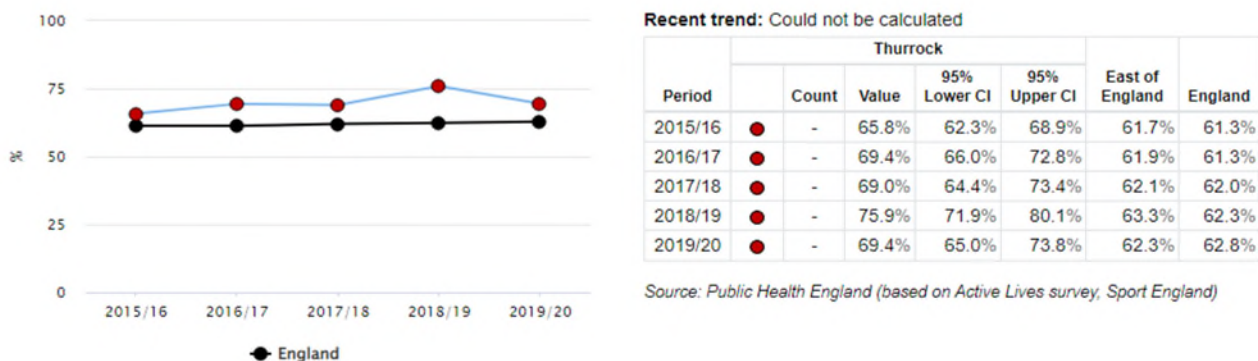
In 2019-20, 58.3% of adults met the recommended physical activity levels per week in Thurrock, which is lower than the England average of 66.4%. Meanwhile 28.8% of adults were classified as physically inactive compared with 22.9% in England overall. In 2020-21 only 31.1% of reported children aged 5–16 met the UK Chief Medical Officer’s recommendations for physical activity (an average of at least 60 minutes moderate-vigorous intensity activity per day across the week).<sup>35</sup>

### 2.8.2 Obesity

In 2019-20 the prevalence of overweight children at Year 6 (age 10–11) in schools in Thurrock was at 39.6%, which is significantly above the England average of 35.2%. Furthermore, the prevalence of obesity (including severe obesity) in the same age group is at 25.2%, which is above the England average of 21%.<sup>36</sup>

For adults, the Thurrock rate of obesity is 69.4%, which is significantly higher than the England average of 62.8%, and has remained above the England average since 2015-16.

**Figure 9: Trends in adult obesity in Thurrock compared with the England average**



<sup>34</sup> OHID. What About Youth (WAY) survey. 2014/15. [Accessed January 2022.]

<https://fingertips.phe.org.uk/search/fruit%20and%20veg>

<sup>35</sup> PHE. Based on the Active Lives Adult Survey, Sport England. [Accessed January 2022.]

<https://fingertips.phe.org.uk/search/physical%20activity>

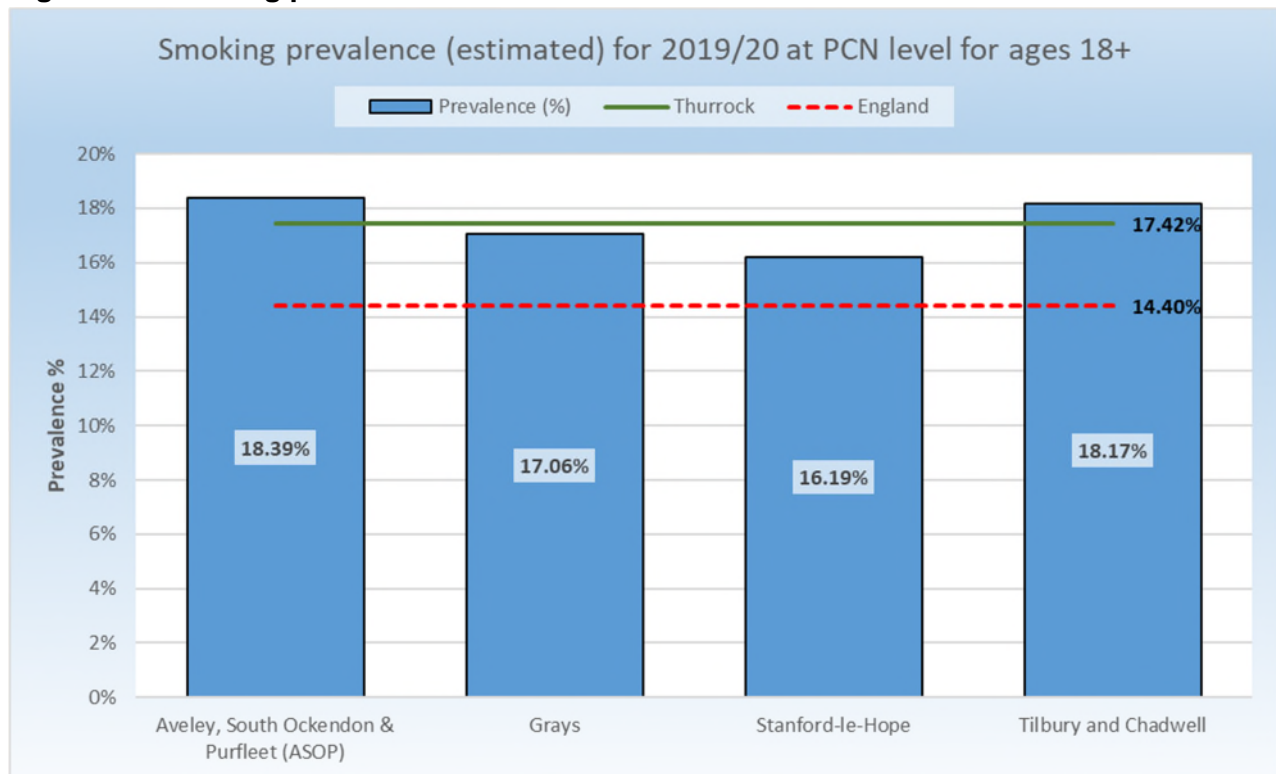
<sup>36</sup> OHID. National Child Measurement Programme (via PHE fingertips). [Accessed January 2022.]

<https://fingertips.phe.org.uk/search/obesity>

### 2.8.3 Smoking

The smoking prevalence in Thurrock is estimated to be 17.42% for the year 2019-20,<sup>37</sup> compared with the national figure of 14.4%. The data has been aggregated at PCN level using ward data supplied in the ASH (Action on Smoking and Health) Local Toolkit and based on the 2019 ONS mid-year population data.<sup>38</sup> This data shows that all PCNs are above the national average for smoking prevalence.

**Figure 10: Smoking prevalence at PCN level**



The tobacco control profiles from the period 2019-20 suggest that there are successful smoking cessation services located within Thurrock, with 4,887 per 100,000 smokers aged 16+ having successfully quit at 4 weeks compared with the England average of 1,808 per 100,000 smokers aged 16+. The CO<sub>2</sub>-validated rate was marginally lower, at 3,595 per 100,000, but this is still higher than the England average (1,113 per 100,000).

Smoking during pregnancy data shows that during early pregnancy Thurrock has a prevalence of 13.3% compared with the England average of 11.9% for the year 2018-19. However, for smoking status at time of delivery, Thurrock is above the national average, at 11.6%, compared with 9% for the year 2020-21.

<sup>37</sup> Action on Smoking and Health: Local Toolkit. September 2019. [Accessed February 2022.] <https://ash.org.uk/local-resources/local-toolkit/>

<sup>38</sup> ONS. Ward-level population estimates (Experimental Statistics). [Accessed February 2022.] [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental)



There are five Thurrock pharmacies able to help Thurrock residents stop smoking. These are Allcures Pharmacy in Tilbury, Boots in Grays town centre, Dave's Chemist in Purfleet, Lloyds Pharmacy in Sainsbury's in Chafford Hundred and Vision Pharmacy in Stifford Clays.

Out of the five pharmacies, Vision Pharmacy has not been active since 2020 to date. The data below covers the period 1 April 2021 to 26 January 2022.

- Allcures Pharmacy had one client set a quit date but the person did not quit at 4 weeks
- Boots had five clients set a quit date, and of those, three were 4-week quitters and two had still quit at 12 weeks
- Dave's Chemist had five clients set a quit date but none of them reached a 4-week quit status
- Lloyds Pharmacy had five clients set a quit date, with three reaching a 4-week quit status and only one had still quit at 12 week

#### **2.8.4 Drug addiction and alcohol misuse**

Data from PHE local alcohol profiles for 2017-19<sup>39</sup> indicates that Thurrock had a lower alcohol-specific mortality rate (all ages) adjusted for age (7.2 per 100,000) compared with the England rate (10.9 per 100,000).

Admission episodes for alcohol-specific conditions for Thurrock in 2018-19 were below the England average, at 345 per 100,000, compared with 644 per 100,000. However, this figure has been gradually increasing in a yearly trend since 2008-09 for both Thurrock and England.

According to the PHE local alcohol profiles, there were around 91 people in treatment at specialist alcohol misuse services, with the Thurrock treatment ratio at 1.07 and only slightly above the England ratio of 1.

For drug abuse,<sup>40</sup> the number of patients receiving treatment at specialist drug misuse services is 296 in Thurrock, with the current treatment ratio above the England average at 1.22 for 2019. The proportion of opiate and/or crack cocaine users not in treatment (%) is at 71.7%, compared with the England average of 52.1%.

#### **2.8.5 Sexual health and teenage pregnancy**

For the 2020 period, the chlamydia detection rate in Thurrock of 1,235 diagnoses per 100,000 population aged 15–24 was significantly below the PHE target detection rate of at least 2,300 diagnoses per 100,000 population aged 15–24. The proportion of this age group being screened for chlamydia (9.4%) was also significantly below the England average (14.3%).

<sup>39</sup> OHID. Population Health Analysis (PHA) team from the ONS Annual Death Extract Public Health Mortality File and ONS Mid-Year Population Estimates. [Accessed January 2022.] <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

<sup>40</sup> National Drug Treatment Monitoring System. [Accessed January 2022.] <https://fingertips.phe.org.uk/search/drugs>

The testing coverage for HIV (Human Immunodeficiency Virus) amongst eligible attendees accessing specialist sexual health services was, at 29.6%, significantly below the England average of 46.0%.

Other indicators for sexually transmitted disease diagnosis and prevalence, including for syphilis and gonorrhoea, were similar or better than the England average. The rate of new Sexually Transmitted Infection (STI) diagnoses (excluding chlamydia aged <25) was 520 diagnoses per 100,000 aged 15–64 accessing sexual health services, which was statistically better than the England rate of 619 diagnoses per 100,000.

There were 19.3 Long-Acting Reversible Contraception (LARC) prescriptions provided by GP and sexual health services per 1,000 resident female population aged 15–44 in Thurrock in 2020, which was lower than the England rate of 34.6/1000 females aged 15–44.

In 2019 there were 19.5 under-18 conceptions per 1,000 girls aged 15–17 in Thurrock, and 55.2% of under-18 conceptions resulted in abortion. These figures were slightly higher but statistically similar to the rest of England (15.7/1,000 girls aged 15–17 and 54.7%, respectively).

In 2020 the percentage of under-25-year-olds having a repeat abortion was 35.6%, which was significantly worse than England, which was 29.2% the same year.<sup>41</sup>

### **2.8.6 Oral health**

In 2018-19 the percentage of people who tried and successfully obtained an NHS dental appointment within the preceding two-year period was 95.3%.<sup>42</sup> No dental practices in Thurrock took part in the 2018 oral health survey of adults attending dental practices, which was published in 2020, so local data for adults' oral health is limited.<sup>43</sup>

In Thurrock, the percentage of 5-year-olds with experience of visually obvious dental decay (23.6%) is similar to the England average at 23.4% for the year 2018-19.<sup>44</sup> However, whilst the trend for England has been declining on average, Thurrock's percentage has been increasing since 2014-15.

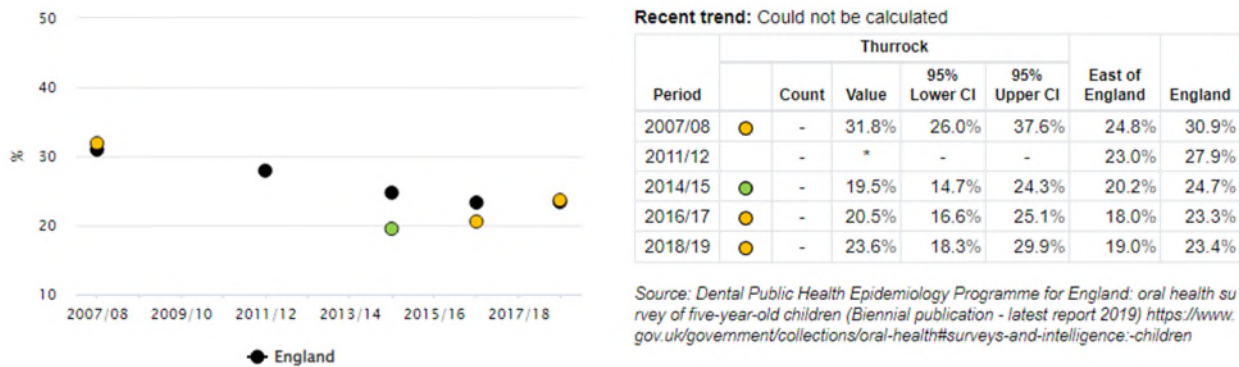
<sup>41</sup> OHID (via PHE fingertips). [Accessed January 2022.] <https://fingertips.phe.org.uk/search/sexual%20health>

<sup>42</sup> GP Patient Survey. (via PHE Fingertips). [Accessed January 2022.] <https://fingertips.phe.org.uk/search/oral%20health>

<sup>43</sup> PHE. Oral health survey of adults attending dental practices 2018. [Accessed January 2022.] [www.gov.uk/government/publications/oral-health-survey-of-adults-attending-dental-practices-2018](http://www.gov.uk/government/publications/oral-health-survey-of-adults-attending-dental-practices-2018)

<sup>44</sup> OHID. Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2019 (via PHE fingertips). [Accessed January 2022.] <https://fingertips.phe.org.uk/search/oral%20health>

**Figure 11: Trends in 5-year-olds with experience of visually obvious dental decay in Thurrock compared with the England average**

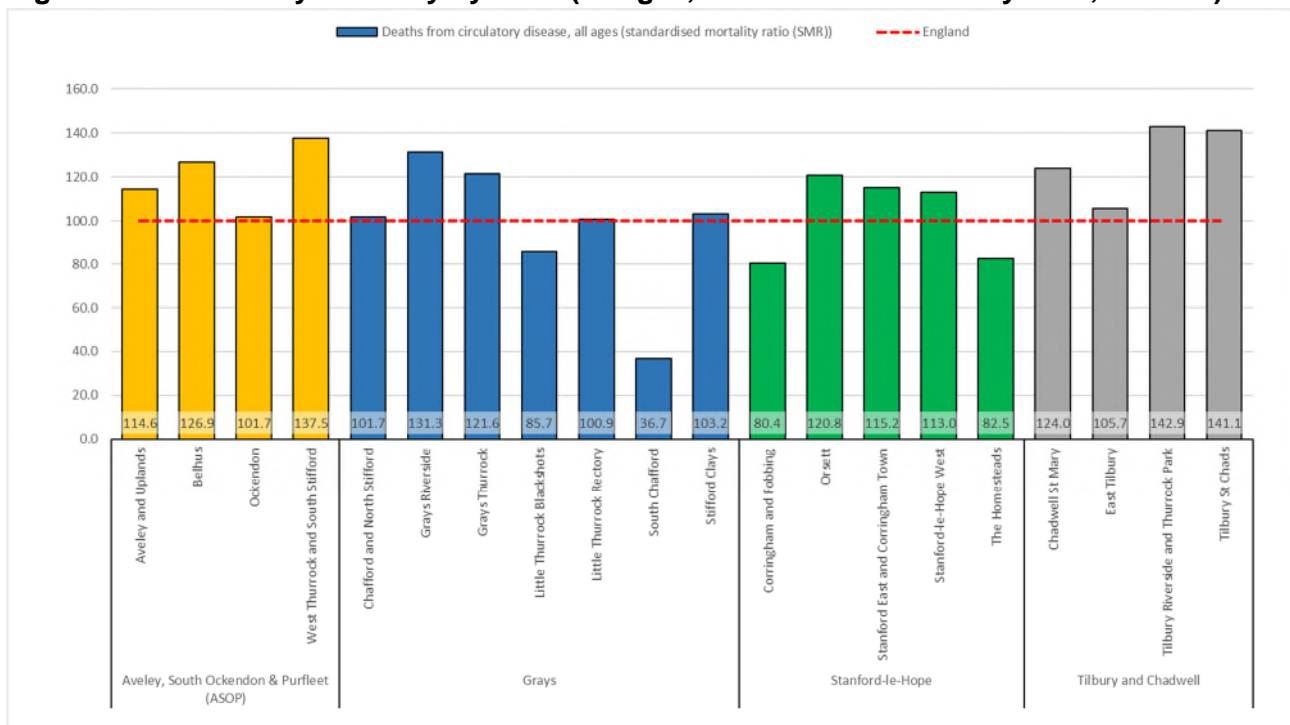


## 2.9 Burden of disease

The mortality rate for Thurrock for under-75s overall saw a rate of 351.9 per 100,000 for the year 2018-20, which is not significantly different from the England average of 336.5 per 100,000 but remains slightly above the national average.<sup>45</sup>

### 2.9.1 Cardiovascular diseases

**Figure 12: Circulatory mortality by ward (all ages, standardised mortality ratio, 2015-19)**



Source: PHE, produced from ONS data

<sup>45</sup> OHID (based on ONS source data). Mortality profile. [Accessed January 2022.] <https://fingertips.phe.org.uk/profile/mortality-profile>

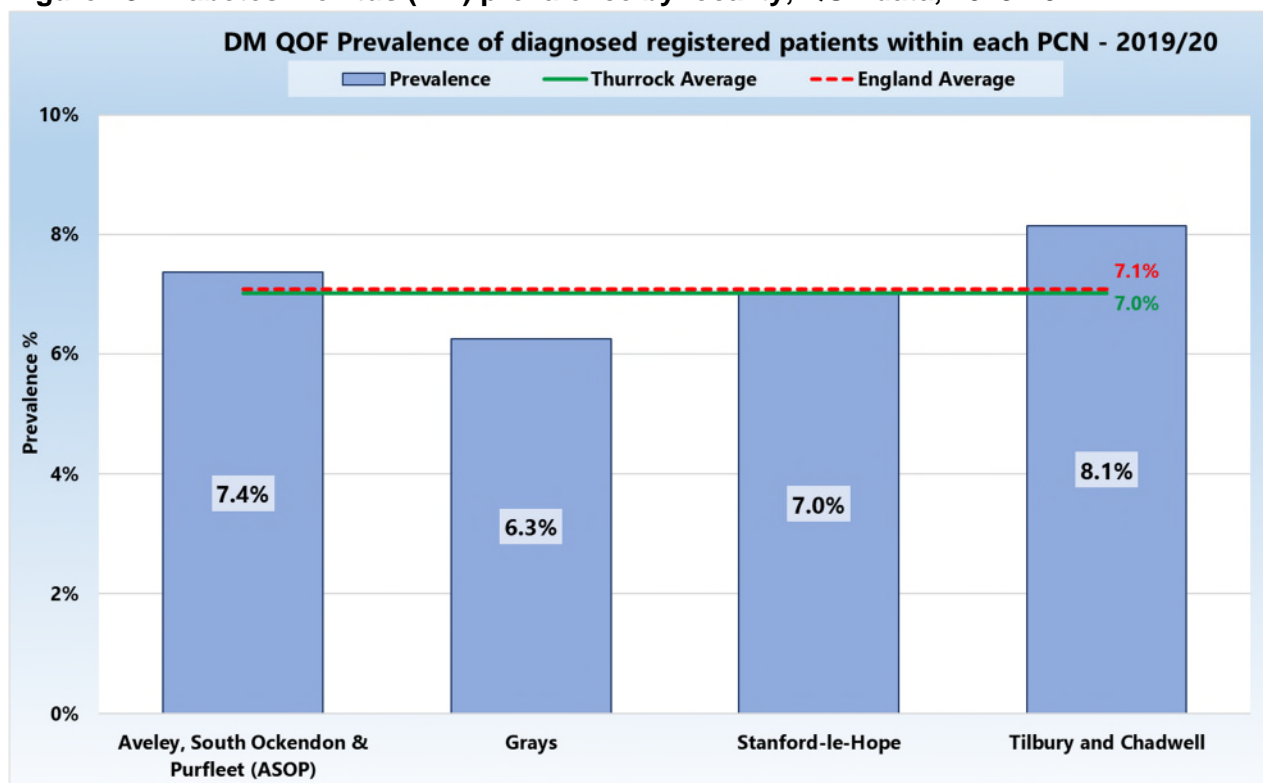
Most wards in Thurrock have higher rates of death from circulatory diseases than the England average. Thurrock's Standardised Mortality Ratio (SMR) is 110.6, which is significantly above the England average of 100. The wards with the highest rates are primarily situated to the south of Thurrock and include the towns of Tilbury and Grays.

### 2.9.2 Diabetes

In 2019-20 diabetes mellitus prevalence in Thurrock is 7.0% in all adults aged 17+ in Thurrock,<sup>46</sup> which equates to 9,738 individuals. The estimated prevalence for England is 7.1%.<sup>47</sup>

Figure 13 indicates that Tilbury & Chadwell and ASOP are above the England average (7.1%) and the Thurrock average (7.0%). Stanford-le-Hope PCN has the same rate as the Thurrock prevalence. Grays is the only PCN below both the Thurrock and national average.

**Figure 13: Diabetes mellitus (DM) prevalence by locality, QOF data, 2019-20**



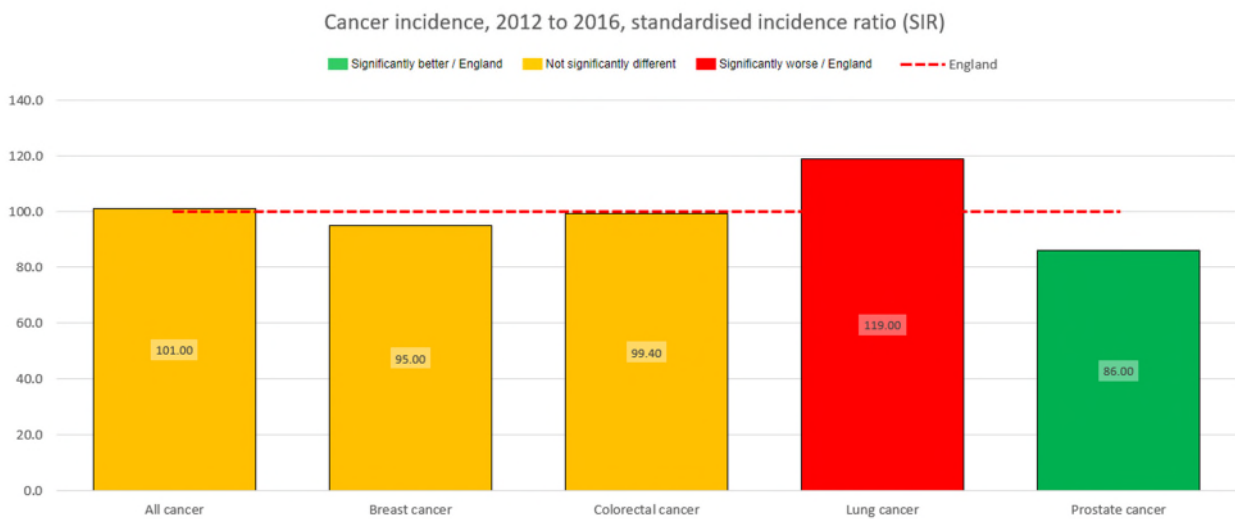
### 2.9.3 Cancers

Thurrock Standardised Incidence Ratio (SIR) for all cancers is only just slightly above the England average, but lung cancer is significantly worse than the England average with an incidence of 119, which aligns with the comparatively high smoking rates. However, Thurrock has a significantly lower prostate cancer incidence ratio at 86.

<sup>46</sup> OHID. QOF prevalence of diabetes. [Accessed January 2022.] <https://fingertips.phe.org.uk/search/diabetes>

<sup>47</sup> NHS Digital: QOF 2019-20. 20 August 2020. [Accessed January 2022.] <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data/2019-20>

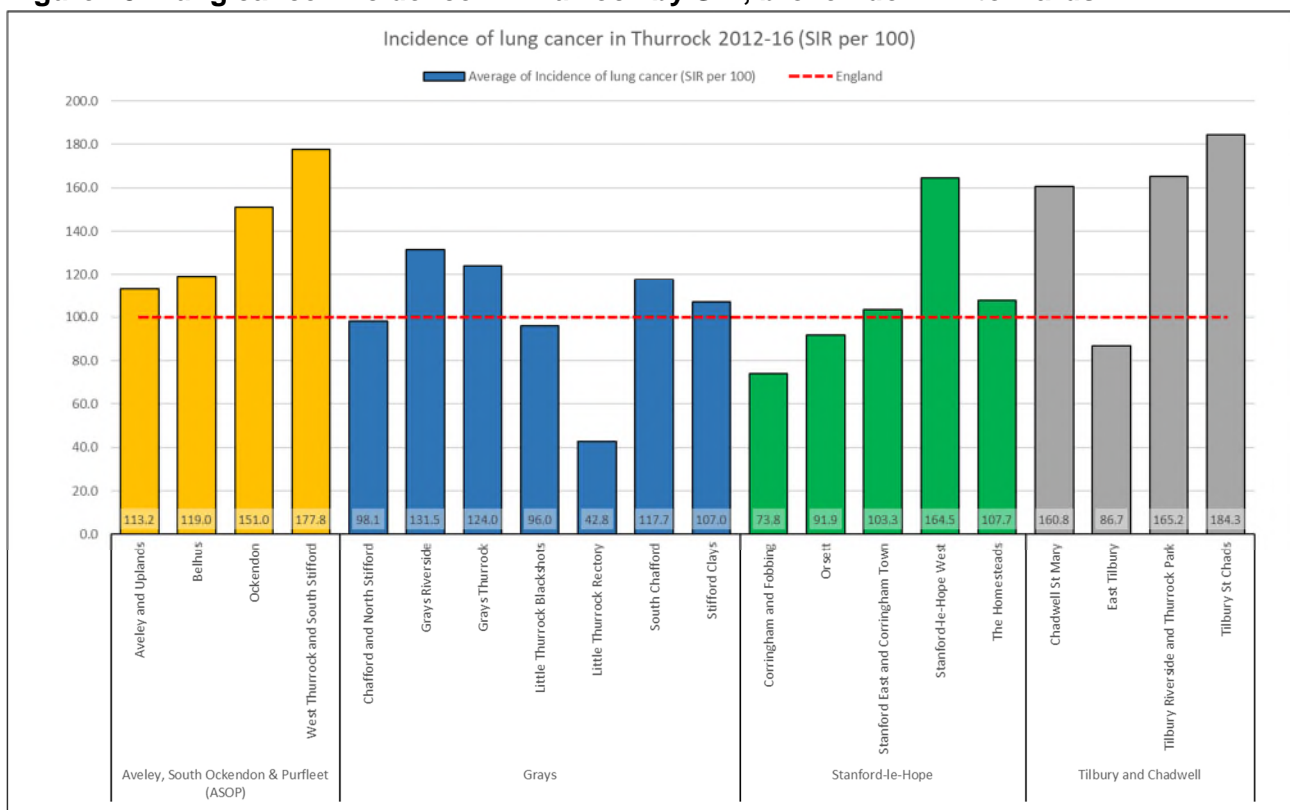
**Figure 14: Cancer incidence in Thurrock by SIR**



Source: English cancer registration data from the National Cancer Registration and Analysis Services' Cancer Analysis System (AV2018 CASREF01), National Statistical Postcode Lookup (May 2020)

When broken down by ward level for lung cancer, the wards with the highest level of lung cancer can be seen in Figure 15 as Tilbury St Chads, West Thurrock/South Stifford and Tilbury Riverside/Thurrock Park. These wards have statistically significantly higher incidence than the England average. Furthermore, more than two-thirds of Thurrock wards display lung cancer incidence rates over the England average.

**Figure 15: Lung cancer incidence in Thurrock by SIR, broken down into wards**



Source: English cancer registration data from the National Cancer Registration and Analysis Services' Cancer Analysis System (AV2018 CASREF01), National Statistical Postcode Lookup (May 2020)

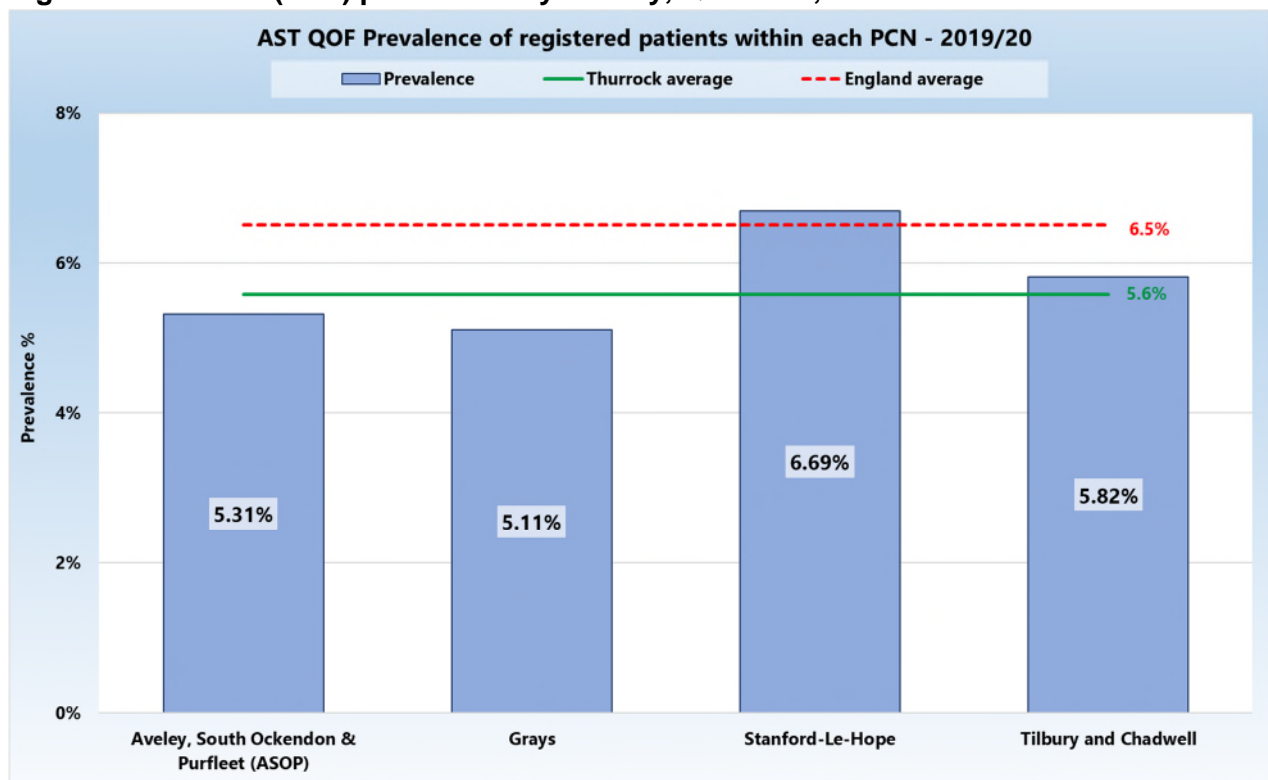
## 2.9.4 Respiratory diseases

### 2.9.4.1 Asthma

Thurrock’s asthma prevalence for 2019-20 was 5.6%, with 10,151 individuals on the QOF register. This is lower than the England average of 6.5%.

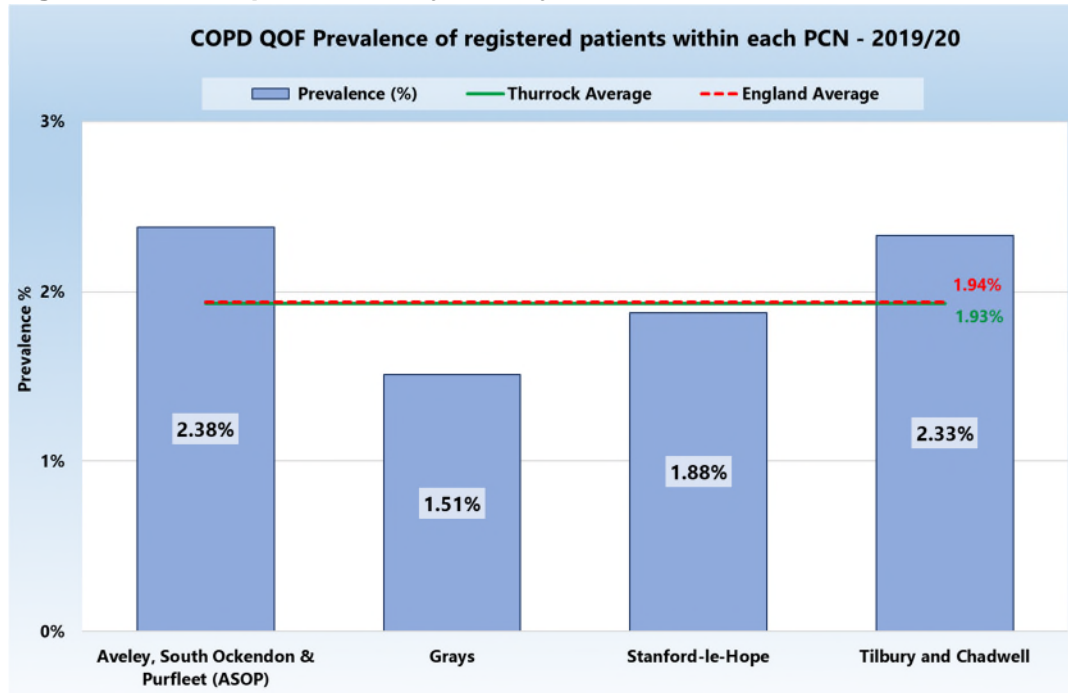
The range of asthma prevalence across the four PCNs is 5.11% to 6.69%, with the higher prevalence in Tilbury and Chadwell PCN and Stanford-le-Hope PCN. Both these PCNs are higher than the Thurrock average, with Stanford-le-Hope having also higher prevalence than the England average. Other PCNs are below the national and Thurrock prevalence value.

**Figure 16: Asthma (AST) prevalence by locality, QOF data, 2019-20**



### 2.9.4.2 Chronic Obstructive Pulmonary Disease (COPD)

COPD prevalence in Thurrock for 2019-20 is recorded as 1.93% with 3,512 individuals, and is just below the England average of 1.94%. The 2019-20 data shows ASOP (2.38%) and Tilbury and Chadwell (2.33%) PCNs have the highest prevalence for COPD, higher than the England average and Thurrock prevalence. The other localities of Grays and Stanford-le-Hope are below the Thurrock/England prevalence.

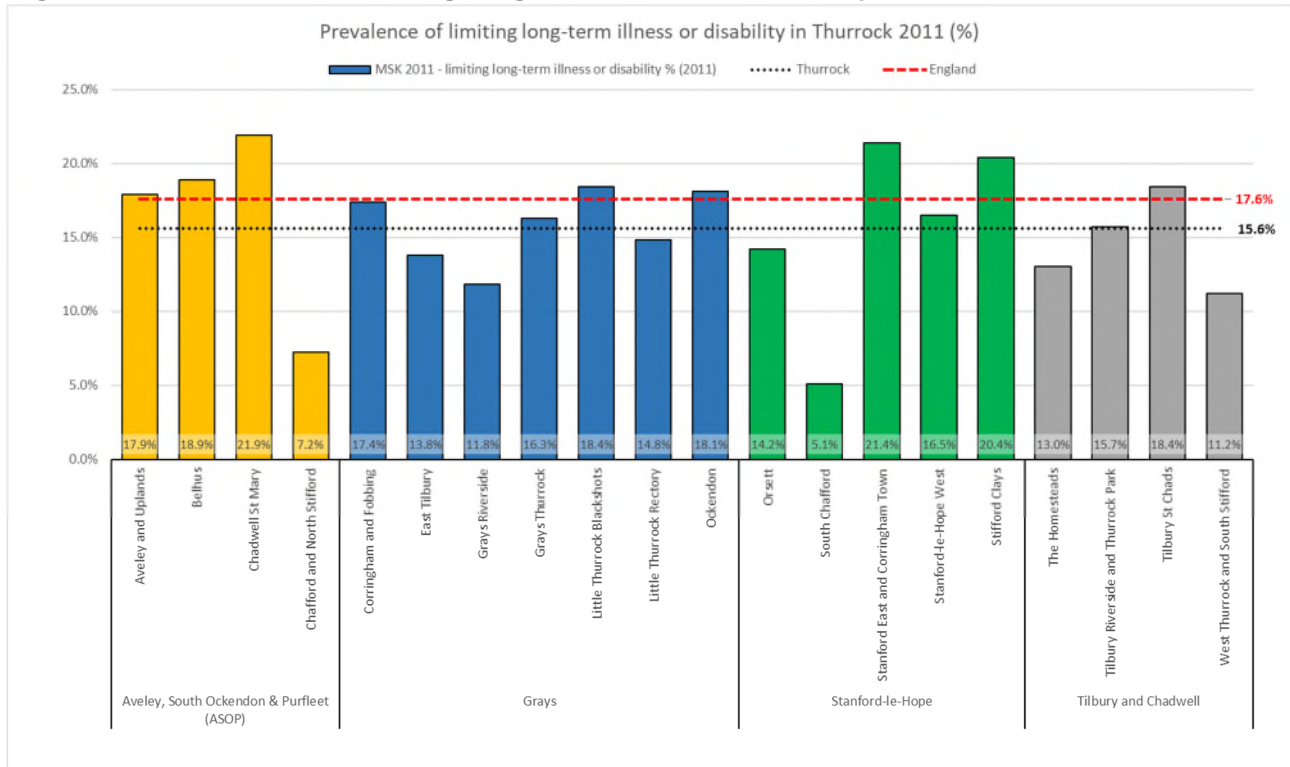
**Figure 17: COPD prevalence by locality, QOF data, 2019-20**

### 2.9.5 Musculoskeletal (MSK) conditions

In Thurrock the prevalence of osteoarthritis in the over-45s has been estimated by Versus Arthritis as 11,622 cases for the knee and 6,812 for the hip, calculated for 2012 per local authority. For back pain, the prevalence is 26,696 for all ages in Thurrock.<sup>48</sup> In Figure 18, the percentage of limiting long-term illness or disability for Thurrock is calculated per ward. Some wards showed a prevalence higher than the England average, with the top three wards (Chadwell St Mary, Stanford East and Corringham Town, and Stifford Clays) all being above the England average.

<sup>48</sup> Versus Arthritis. MSK Calculator Datasets. [Accessed January 2022.] [www.versusarthritis.org/policy/resources-for-policy-makers/musculoskeletal-calculator/download-full-msk-calculator-datasets/](http://www.versusarthritis.org/policy/resources-for-policy-makers/musculoskeletal-calculator/download-full-msk-calculator-datasets/)

**Figure 18: Prevalence of limiting long-term illness or disability in Thurrock 2011**

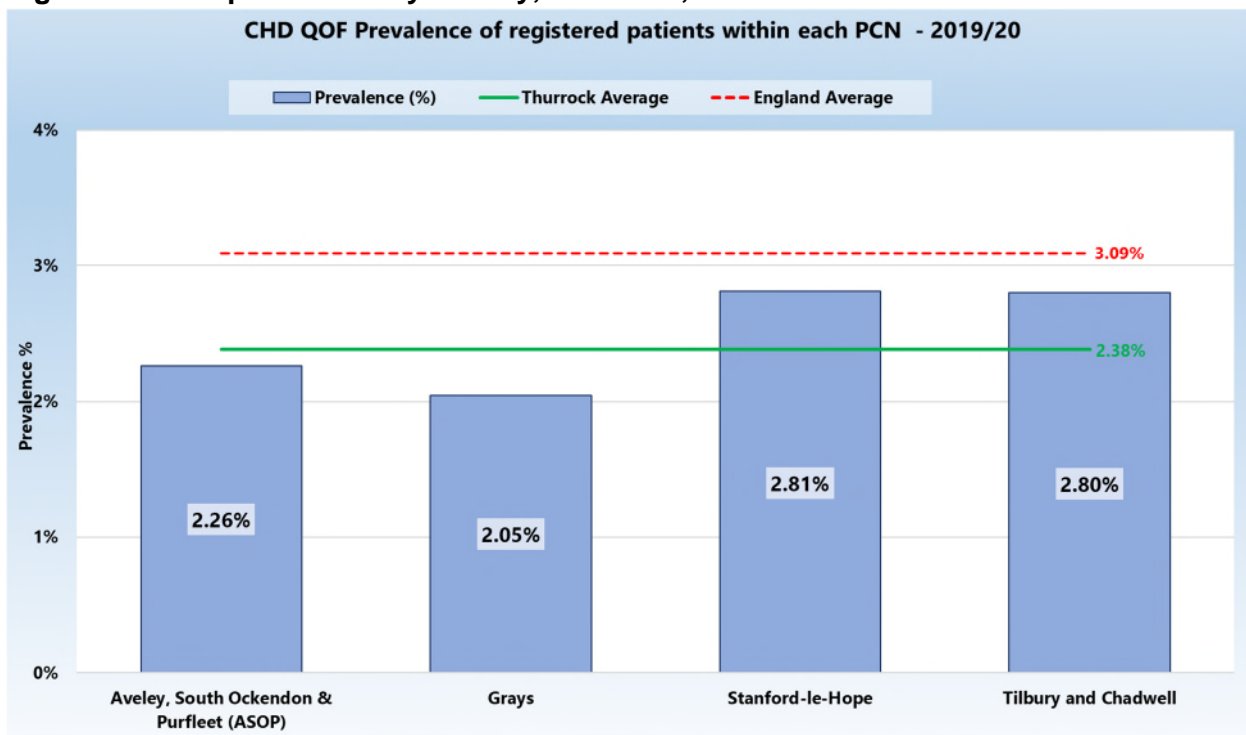


Source: ONS Census 2011

### 2.9.6 Coronary Heart Disease (CHD)

The QOF 2019-20 prevalence for CHD in Thurrock is 2.38%, with 4,334 individuals. The 2019-20 data shows that whilst all PCNs are below the England average (3.09%), both Stanford-le-Hope and Tilbury and Chadwell are above the Thurrock prevalence rate.

**Figure 19: CHD prevalence by locality, QOF data, 2019-20**

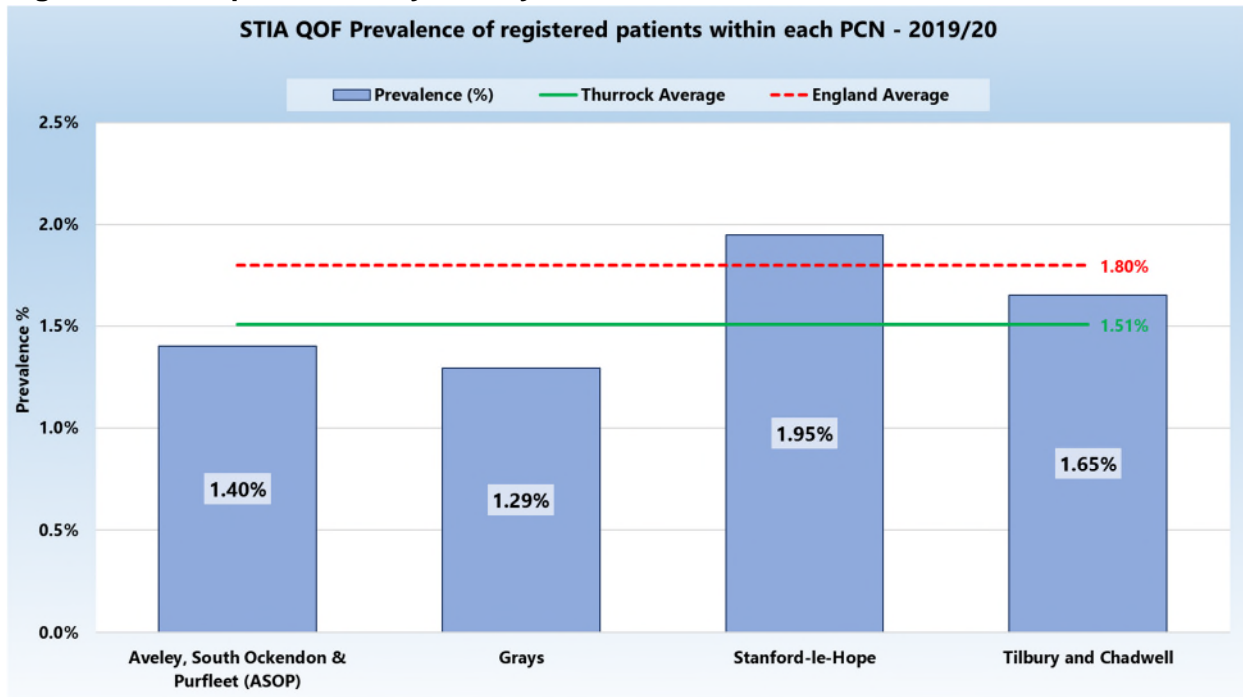




### 2.9.7 Strokes and Transient Ischaemic Attacks (STIA)

For Strokes and Transient Ischaemic Attacks (STIA), the prevalence rate in Thurrock is 1.51%, which is below the England average of 1.80%. This accounts for 2,743 patients in Thurrock. Only Stanford-le-Hope is above the Thurrock and England average, at 1.95%.

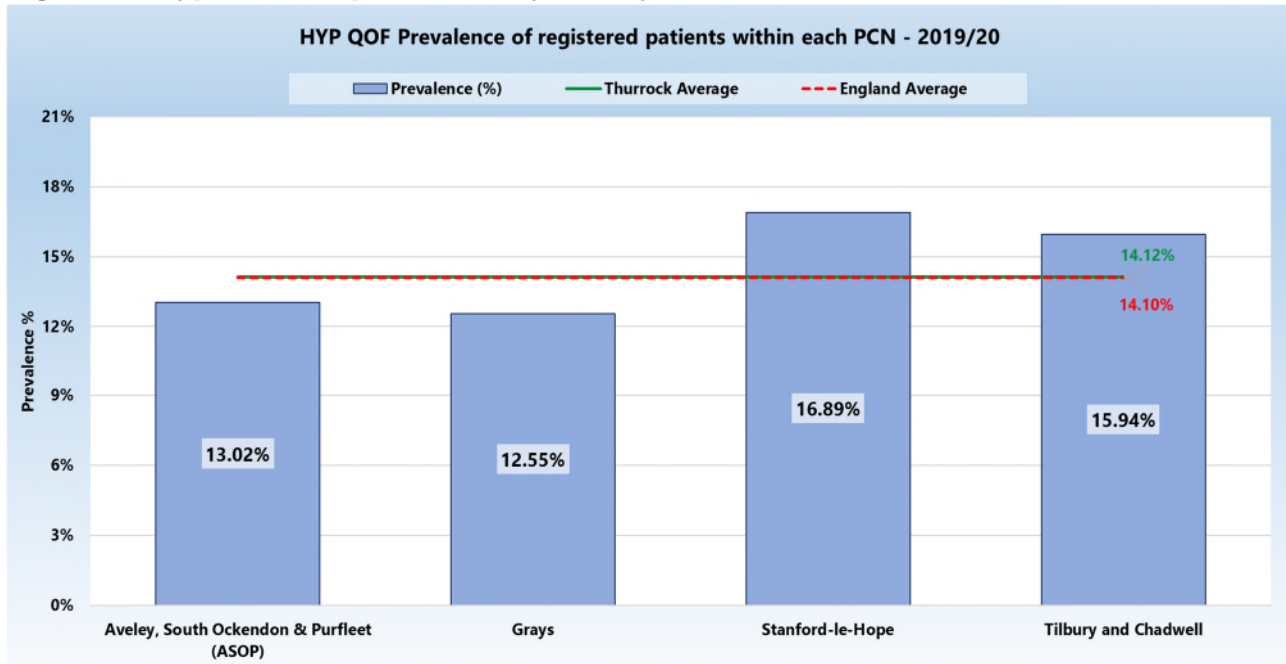
**Figure 20: STIA prevalence by locality, QOF data, 2019-20**



### 2.9.8 Hypertension

Hypertension has the highest prevalence amongst all recorded long-term conditions in Thurrock, with 14.12% prevalence (slightly above the England average of 14.10%), and 25,680 patients listed on the QOF register. When aggregated by PCN, the information indicates that the prevalence within Stanford le Hope (16.89%) and Tilbury & Chadwell (15.94%) is above the England and Thurrock averages.

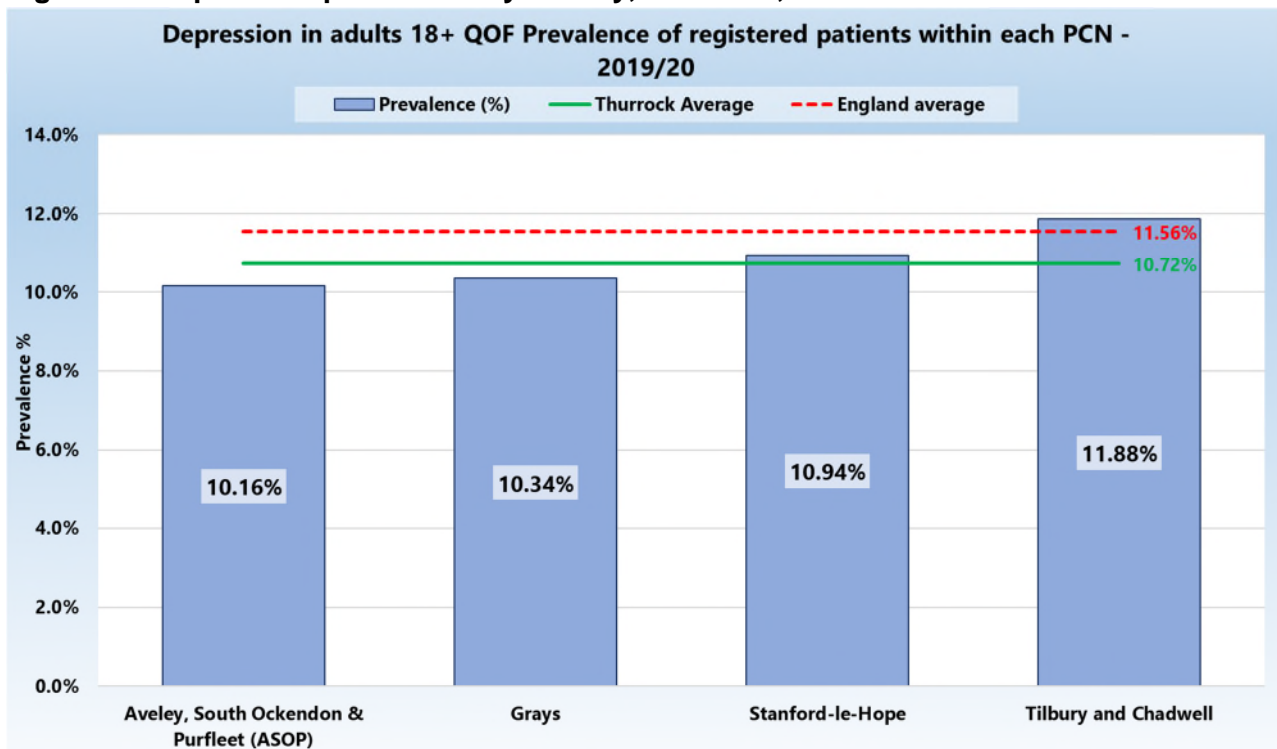
**Figure 21: Hypertension prevalence by locality, QOF data, 2019-20**



### 2.9.9 Depression and mental health

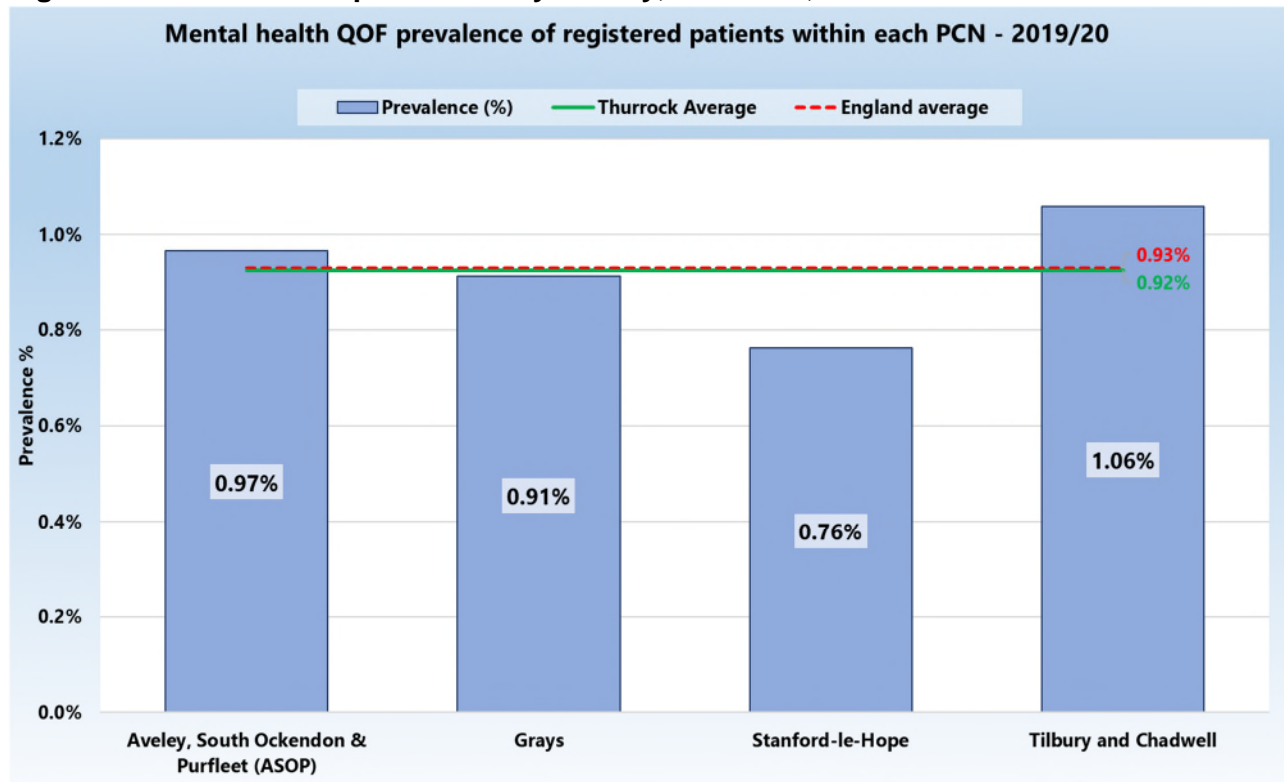
Depression: 14,680 people in Thurrock were registered by their GP as having depression in 2019-20. This equates to 10.72% of the adult Thurrock population, a rate lower than the England rate of 11.56%. The highest level for depression is recorded in the Tilbury and Chadwell locality (11.88%) and the lowest in ASOP locality (10.16%).

**Figure 22: Depression prevalence by locality, QOF data, 2019-20**



Mental health: 1,265 people in Thurrock suffer from mental health issues that include schizophrenia, bipolar affective disorder and other psychoses. The prevalence rate is 0.92%, which is similar to but just below the England average of 0.93%. Tilbury and Chadwell has the highest prevalence at 1.06%, whereas Stanford-le-Hope has the lowest at 0.76%. See also section 2.5.8.6 [Adults with mental health conditions](#).

**Figure 23: Mental health prevalence by locality, QOF data, 2019-20**

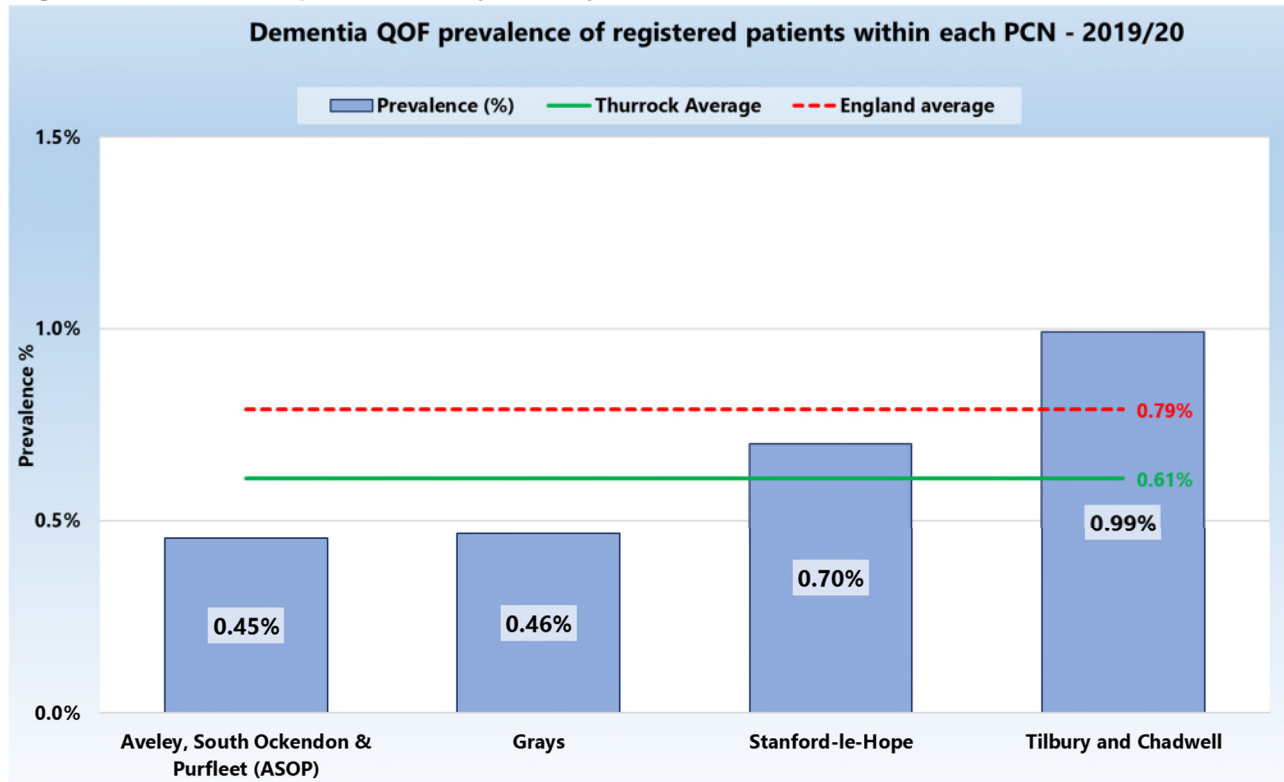


### 2.9.10 Dementia

Thurrock has a total of 1,112 individuals registered with dementia, which accounts for 0.61% of the population and is lower than the England average of 0.79%. The highest locality was Tilbury and Chadwell, which has a dementia prevalence of 0.99%. The lowest was ASOP at 0.45%.

Emergency hospital admissions for the period 2019-20 for dementia had a rate of 4,350 per 100,000, which is significantly higher than the England average of 3,517 per 100,000 and one of the highest rates in the region. There is also a similar pattern for direct standardised rate of mortality for those with dementia in Thurrock, with a value of 1,060 per 100,000 compared with the England average of 849 per 100,000.<sup>49</sup>

<sup>49</sup> OHID. QOF: Dementia. [Accessed January 2022.] <https://fingertips.phe.org.uk/search/dementia>

**Figure 24: Dementia prevalence by locality, QOF data, 2019-20**

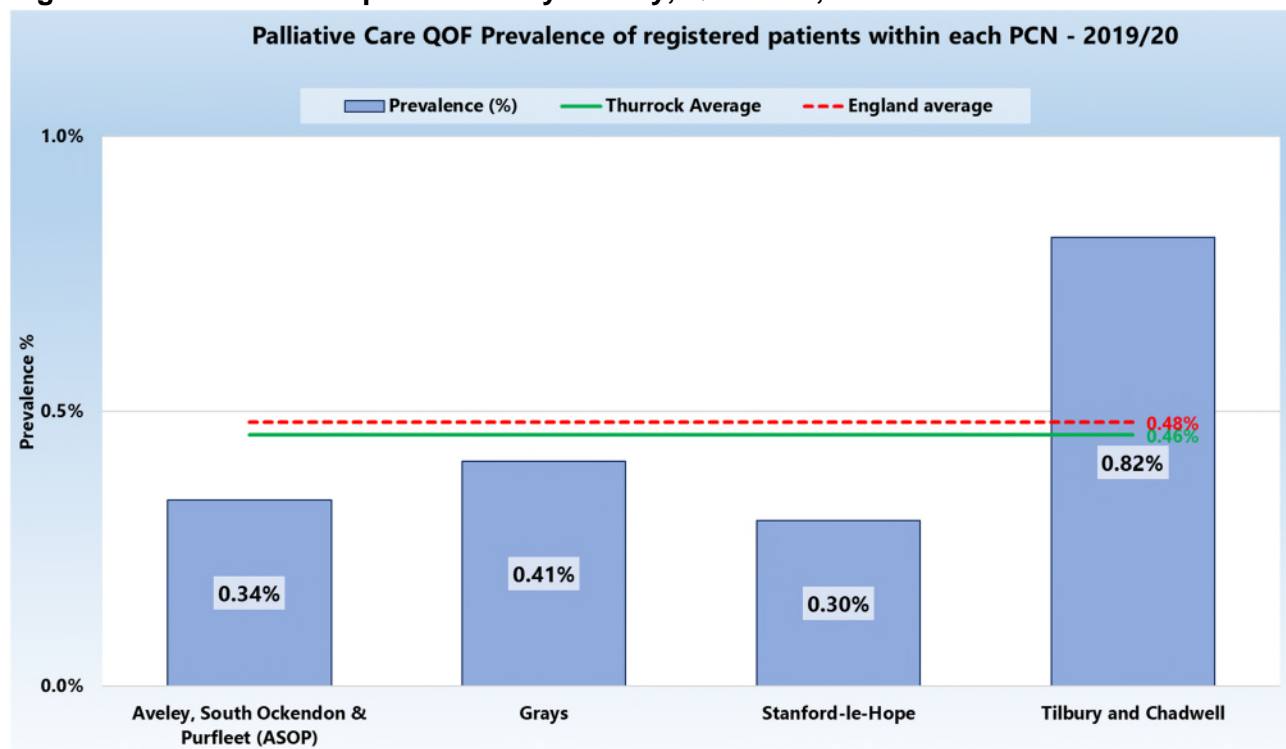
### 2.9.11 Accidental injuries and falls

In Thurrock, the rate of emergency hospital admissions for falls in the population aged 65+ has a rate of 2,649 per 100,000 for the year 2019-20. This is statistically significantly higher than the England average of 2,023 per 100,000 and is also above the East of England region average of 1,946 per 100,000.<sup>50</sup>

### 2.9.12 Palliative care

In 2019-20, 831 Thurrock patients were in palliative care, which represents a prevalence of 0.46%, just below the England average of 0.48%. The highest level was in Tilbury and Chadwell at 0.82%, well above the England average, whilst the lowest was Stanford-le-Hope at 0.3%.

<sup>50</sup> OHID. Hospital Episode Statistics. [Accessed January 2022.]  
<https://fingertips.phe.org.uk/search/injuries%20due%20to%20falls>

**Figure 25: Palliative care prevalence by locality, QOF data, 2019-20**

### 2.9.13 Immunisations

Immunisation data for children for Thurrock in Table 14 shows that Thurrock has good immunisation rates for children when compared with the national average. However, most childhood vaccine coverage still falls short of 95%, the local and international immunisation target.

**Table 14: Population vaccination coverage of children, 2020-21**

Vaccine	Thurrock	East of England	England
<b>1 year old</b>			
DTaP/IPV/Hib	92.4%	93.8%	92.0%
Hepatitis B	86.7%	-	-
<b>2 years old</b>			
Hib/Men C booster	90.5%	92.7%	89.8%
MMR one dose	90.1%	92.6%	90.3%
DTaP/IPV Hib	94.5%	95.0%	93.8%
Hepatitis B	100%	-	-
<b>5 years old</b>			
Hib/Men C booster	92.6%	93.6%	92.4%
MMR one dose	93.7%	95.5%	94.3%
MMR two doses	85.5%	90.4%	86.6%

<b>13–14 years old (female)</b>			
HPV two doses	85.8%	82.5%	64.7%

Source: PHE Fingertips

Morbidity and mortality attributed to flu is also a key factor in the NHS winter pressures and can cause major harm to individuals in the population, especially vulnerable people. The annual flu immunisation programme can help to reduce GP consultations, unplanned hospital admissions and pressure on A&E. Therefore, it is important that flu immunisation programmes aim to vaccinate all those who are in at-risk groups. Thurrock has lower vaccine coverage when compared with both the regional and national averages for those aged 65+ and at-risk individuals.

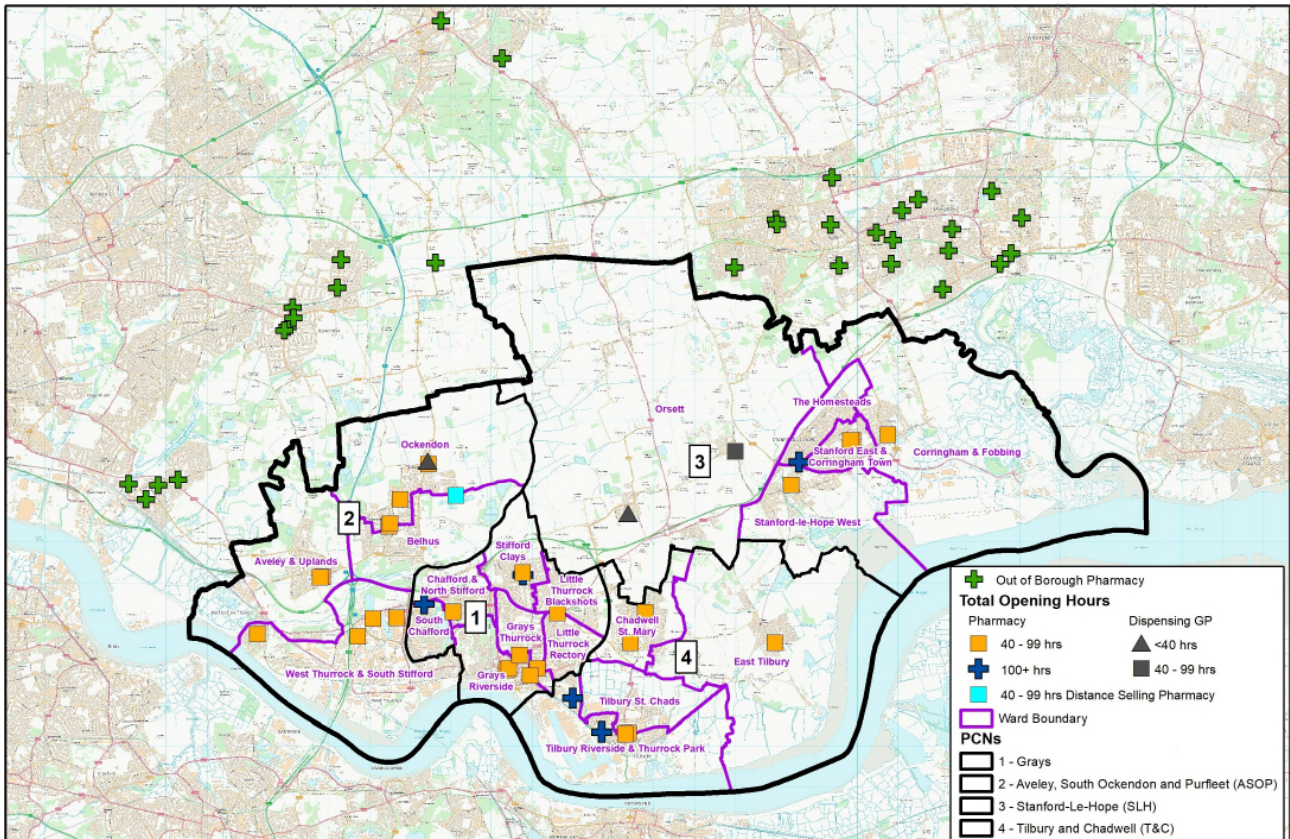
**Table 15: Flu vaccination rates for 65+ and those at risk, 2020-21**

<b>Vaccine</b>	<b>Thurrock</b>	<b>East of England</b>	<b>England</b>
Flu 65+	77.0%	81.8%	80.9%
Flu at-risk individuals	44.8%	52.8%	53.0%

Source: PHE Fingertips

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

Figure 26: All contractors in Thurrock

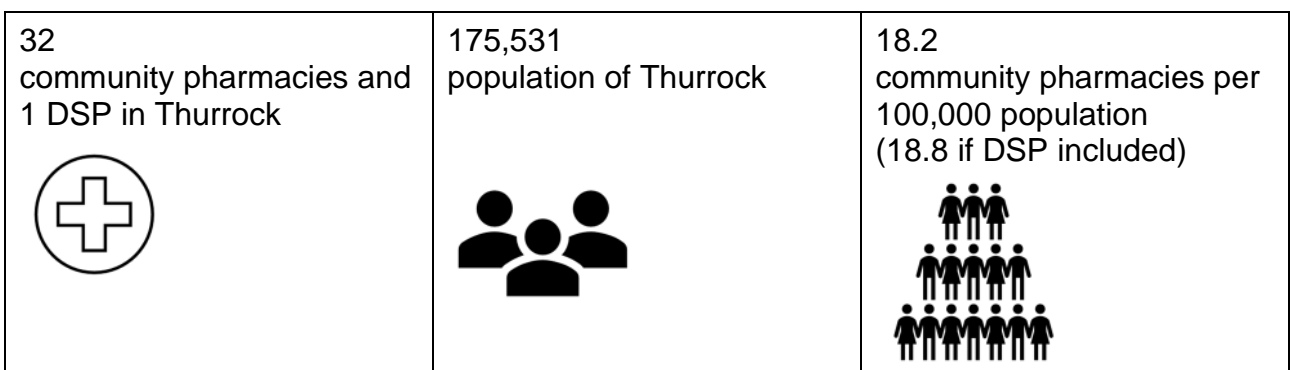


There are a total of 36 contractors in Thurrock.

- 27 x 40-hour community pharmacies
- 5 x 100-hour community pharmacies
- 1 x DSP
- 3 x Dispensing GP practices

Where relevant the total number of community pharmacies includes the DSP.

### 3.1 Community pharmacies



Correct as of February 2022

The COVID-19 pandemic led to net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-2016.<sup>51</sup>

Since the previous PNA was published in 2018, there has been a decrease in the number of community pharmacies in Thurrock from 35 to 32. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018, when the average number was 21.2. The East of England average has also decreased to 19.4 from the previous 20.4 community pharmacies per 100,000 population. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a lower provision of community pharmacies per 100,000 population in neighbouring HWB areas to Thurrock: Essex (17.5) and Havering (17.6).

The DSP (based in ASOP locality) does not provide any Advanced or Enhanced Services and cannot provide Essential Services face to face, therefore when discussing service provision from community pharmacies in Thurrock it may be excluded from some aspects.

There are three dispensing GP Practices: two in Stanford-le-Hope and one in ASOP.

Stanford-le-Hope:

- Orsett Surgery, 63 Rowley Road, Orsett RM16 3ET
- Horndon-on-the-Hill Surgery, High Road, Horndon-on-the-Hill SS17 8LB

ASOP:

- Peartree W Horndon Surgery, 129 Station Road, West Horndon, Brentwood RM15 6PR

Table 16 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Thurrock is well served with community pharmacies but the figures are lower than the London and national averages.

**Table 16: Number of community pharmacies per 100,000 population**

	Community pharmacies per 100,000 population		
	England	East of England	Thurrock
2020-21	20.6	20.7	18.8
2019-20	21.0	21.6	19.5
2018-19	21.2	20.4	20.3

Source: ONS Mid-Year Population<sup>52</sup>

<sup>51</sup> Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

<sup>52</sup> ONS Population Data. Estimates of the population of the UK, England and Wales, Scotland and Northern Ireland. June 2021.

[www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland)



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

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

Table 17 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality.

**Table 17: Breakdown of average community pharmacies per 100,000 population**

Locality	Number of community pharmacies (Dec 2021)*	Total population (ONS mid-year 2020)**	Average number of community pharmacies per 100,000 population (Dec 2021)
ASOP	11*	47,331	23.2
Stanford-le-Hope (SLH)	5	35,504	14.1
Tilbury and Chadwell (T&C)	7	32,792	21.3
Grays	10	60,354	16.6
<b>Thurrock (2021)</b>	33	175,531	18.8
<b>East of England (2021)</b>	1,216	6,269,161	19.4
<b>England (2021)</b>	11,636	56,760,975**	20.6

\*Data includes one DSP, which does not provide face-to-face services

\*\* ONS mid-year 2020

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

### 3.1.1 Choice of community pharmacies

Table 18 shows the breakdown of community pharmacy ownership in Thurrock. The data shows that Thurrock has a much higher proportion of independent pharmacies compared with national and regional data, with no one provider having a monopoly in any locality. People in Thurrock therefore have a good choice of pharmacy providers.

**Table 18: Community pharmacy ownership, 2020-21**

Area	Multiples (%)	Independent (%)
England*	60%	40%
East of England*	56%	44%
Thurrock	36%	64%

\*Source: NHS Business Services Authority (BSA)

### 3.1.2 Weekend and evening provision

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

Table 19 shows that Thurrock has a higher percentage of its pharmacies open for 100 hours or more compared with regionally and nationally. There are five 100-hour pharmacies, one in SLH PCN, two in Grays PCN and two in T&C PCN. Most 100-hour pharmacies are open late and at the weekends.

**Table 19: Number of 100-hour pharmacies (and percentage of total)<sup>53</sup>**

Area	Number (%) of 100-hour pharmacies
England (2021)	1,094 (9.4%)
East of England (2021)	121 (10.0%)
Thurrock	5 (15%)

### 3.1.3 Access to community pharmacies

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

A previously published article<sup>54</sup> suggests:

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

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

A list of community pharmacies in Thurrock and their opening hours can be found in Appendix A.

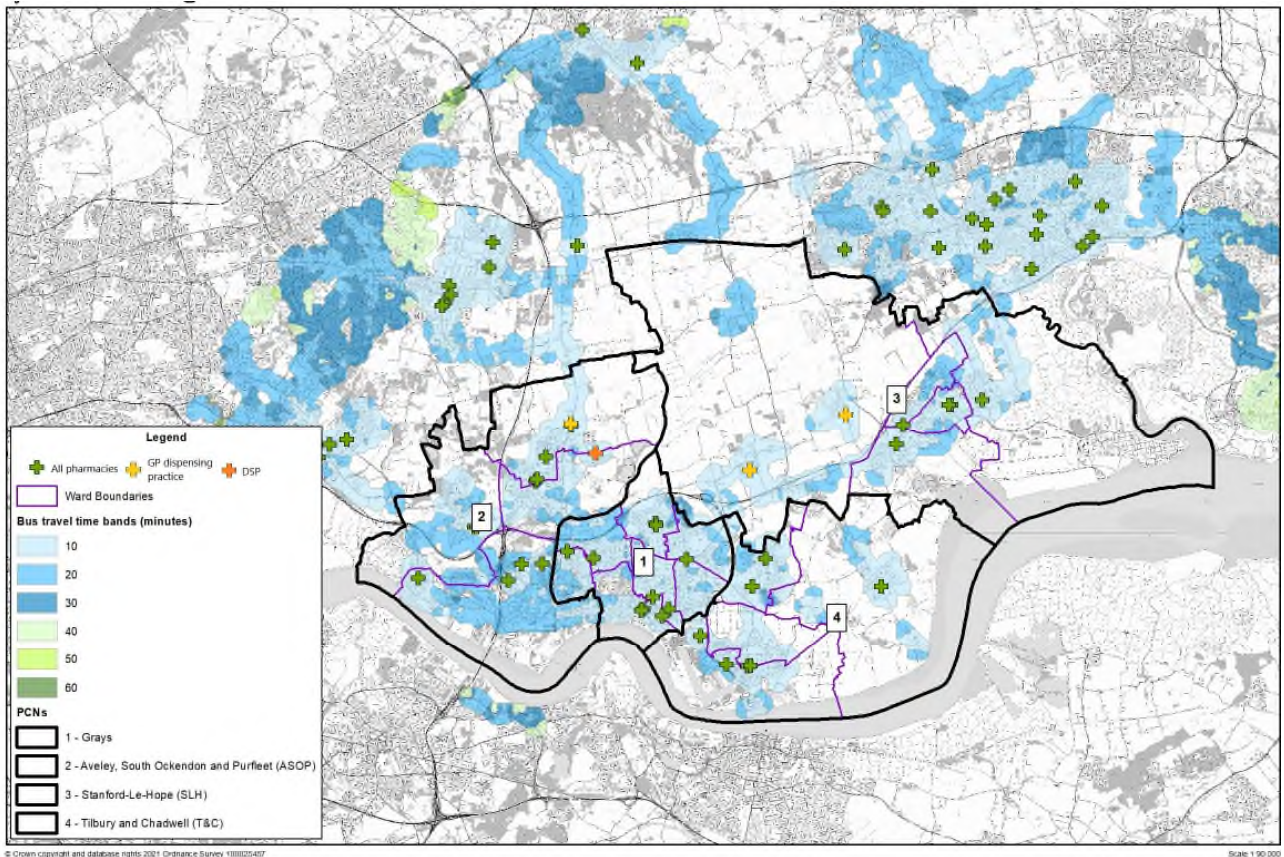
#### 3.1.3.1 Routine daytime access to community pharmacies

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

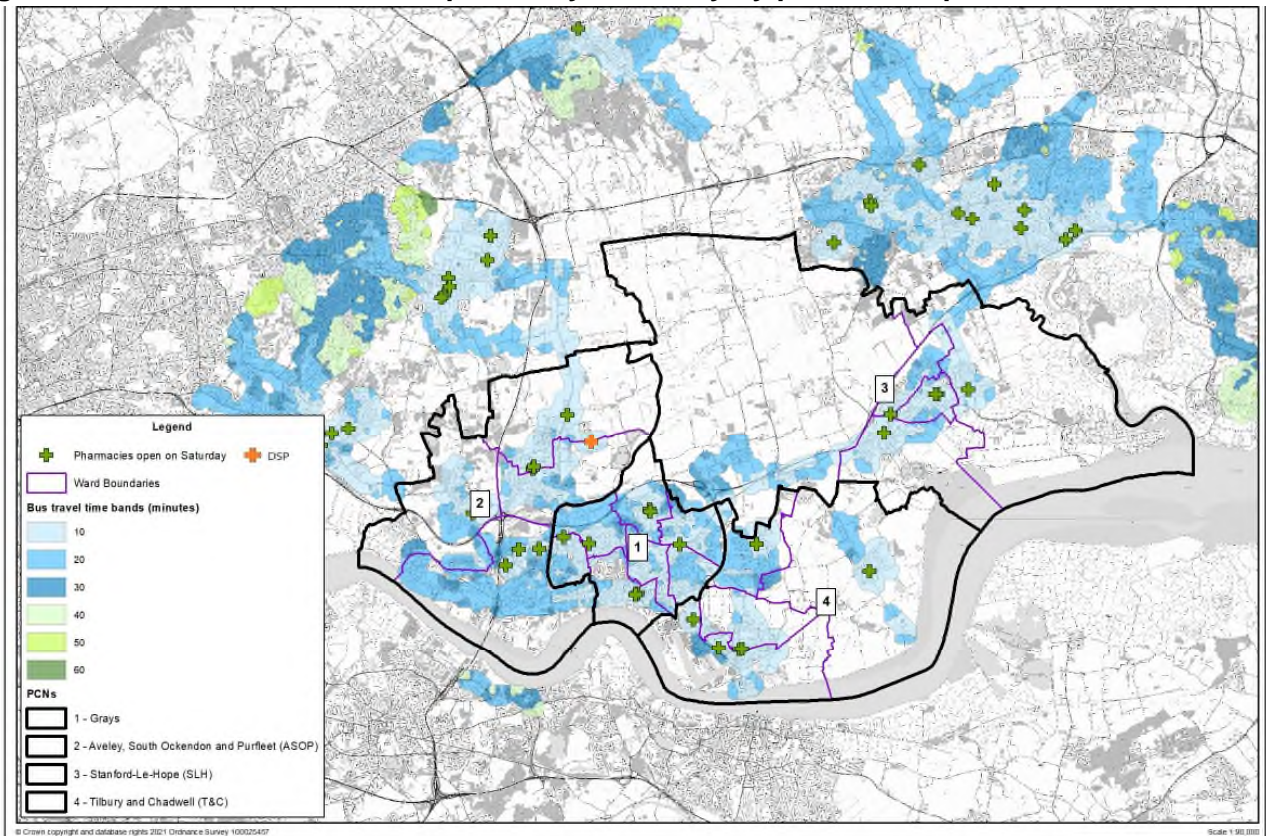
<sup>53</sup> NHS BSA. Dispensing Data [www.nhsbsa.nhs.uk/prescription-data/dispensing-data](http://www.nhsbsa.nhs.uk/prescription-data/dispensing-data)

<sup>54</sup> Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

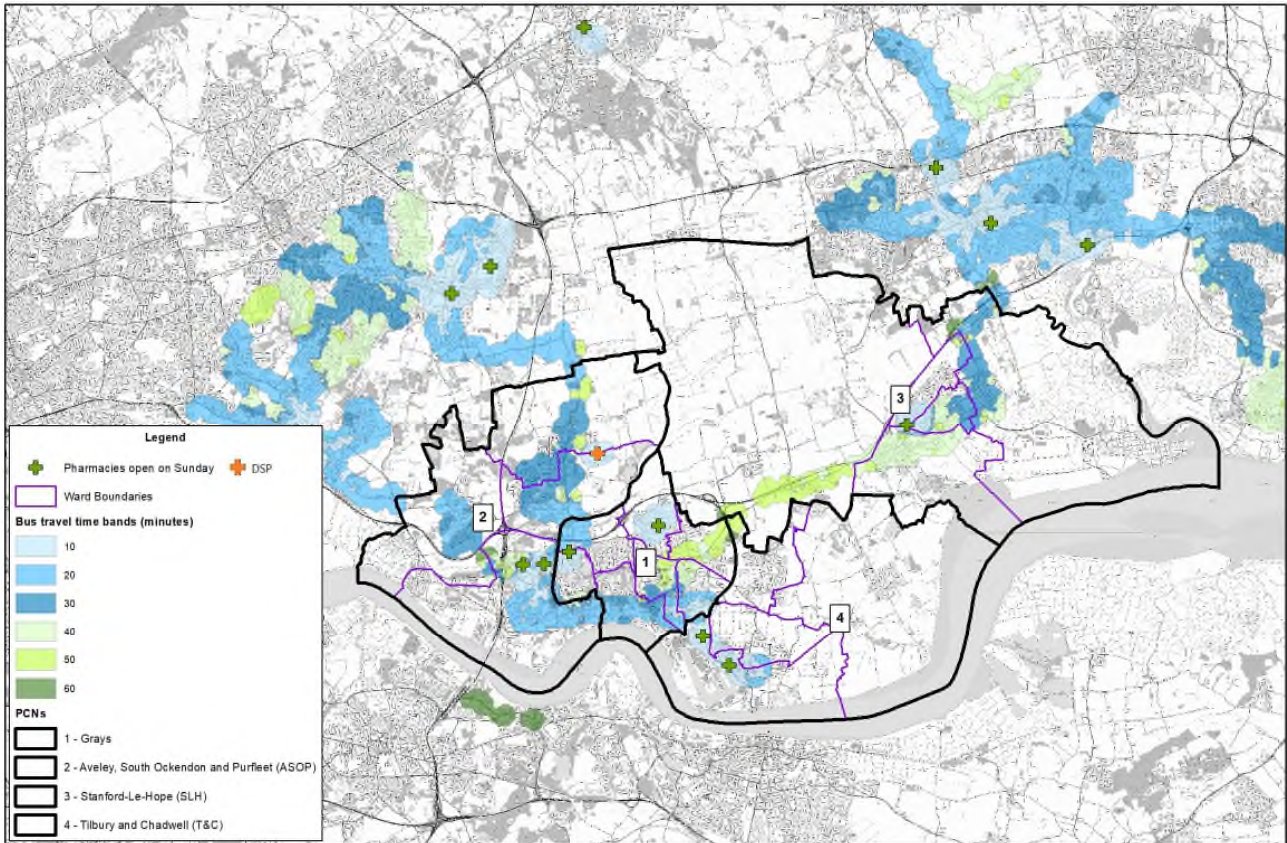
**Figure 27: Travel times to nearest pharmacy, Monday to Friday by public transport**



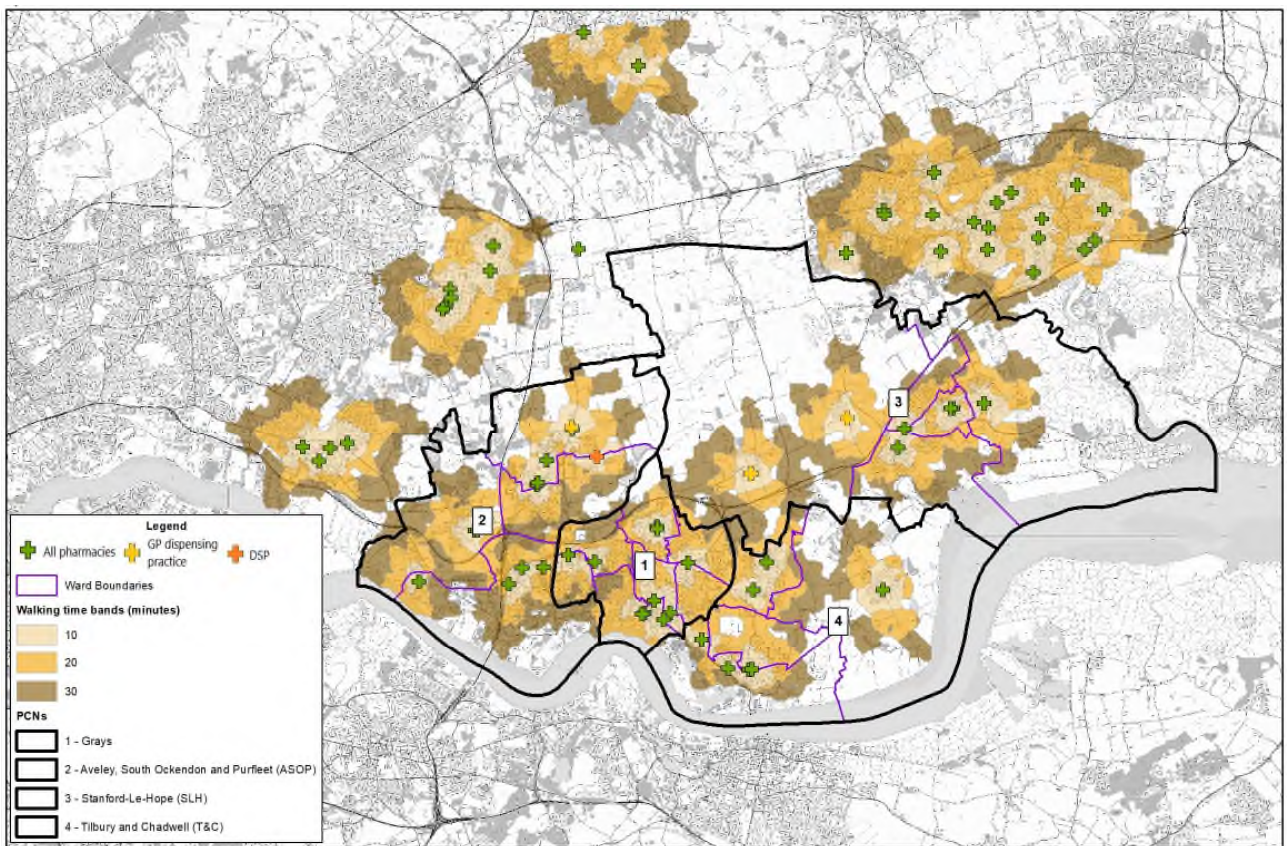
**Figure 28: Travel times to nearest pharmacy, Saturday by public transport**



**Figure 29: Travel times to nearest pharmacy, Sunday by public transport**



**Figure 30: Walking times to nearest pharmacy**



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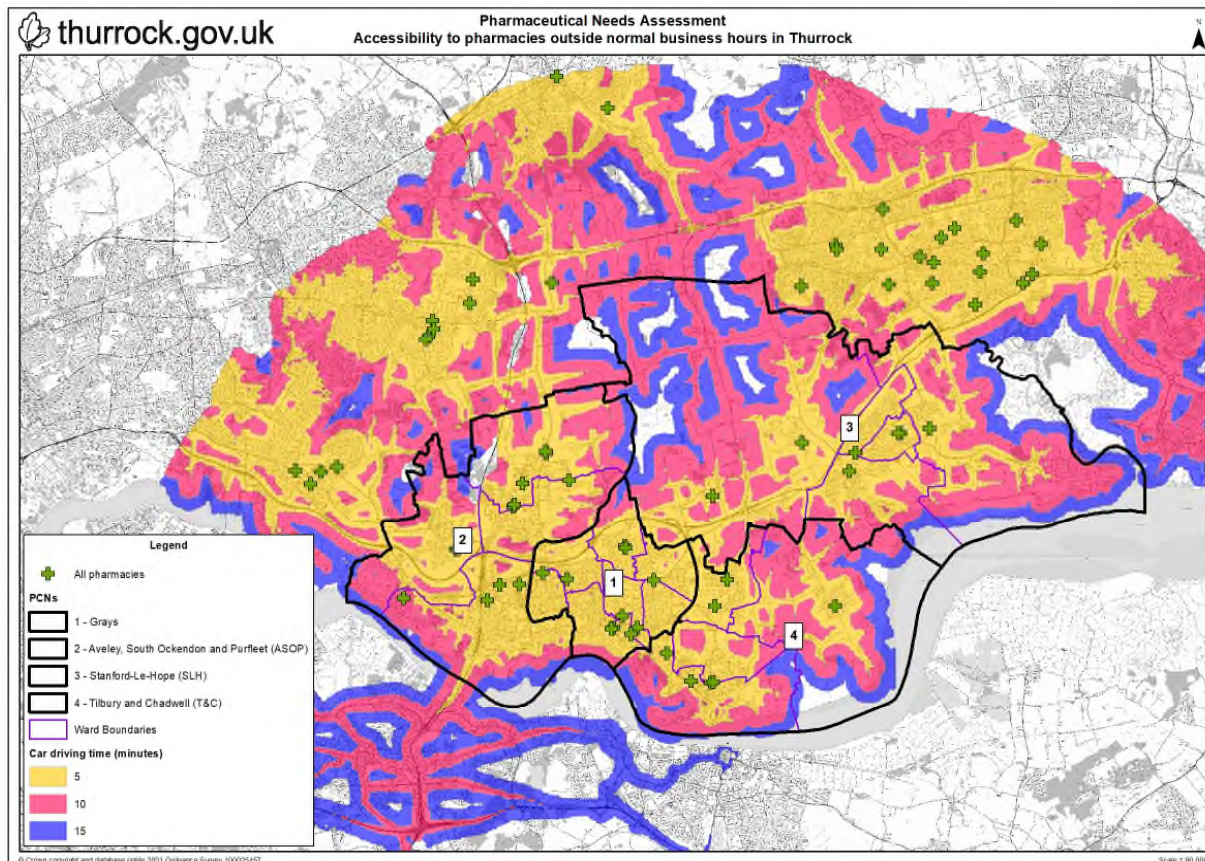
Scale 1:60,000

Walking times (10 minutes intervals @ 4.8 km per hour)

0–10 minutes	43.9%	(77,064)
10–20 minutes	38.4%	(67,432)
20–30 minutes	12.9%	(22,676)
Total population:		175,531

Note: Output areas do not match travel time bands exactly and estimations were made based their centroid location  
 Source: ONS Mid-2020 Population Estimates for Output Areas

**Figure 31: Driving times to the nearest pharmacy**



Car driving times (5 minutes intervals @ average am peak speed)

0–10 minutes	91.9%	(161,325)
10–20 minutes	7.5%	(13,137)
20–30 minutes	0.6%	(1,069)
Total population:		175,531

Note: Output areas do not match travel time bands exactly and estimations were made based their centroid location  
 Source: ONS Mid-2020 Population Estimates for Output Areas

In summary:

- Travel time by car – over 99% of the Thurrock population can reach a pharmacy in 20 minutes or less and 100% in 30 minutes or less:
  - 0–10 minutes 91.9%
  - 0–20 minutes 99.4%
- Travel time: Monday to Saturday the population of Thurrock can reach a pharmacy within 30 minutes via **public transport**; on Sunday, the travel time via public transport to the nearest pharmacy can take up to 50 minutes
- Walking: the majority of the population can reach their nearest pharmacy within 30 minutes
  - 0–10 minutes 43.9%
  - 0–20 minutes 82.3%
  - 30 minutes or less 95.2%

### 3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays) vary within each locality; they are listed in Table 20. Full details of all pharmacy opening hours can be found in Appendix A. To calculate ‘average’ access would be misleading given the variety of opening hours and locations. Access is therefore considered at locality level and can be found from Table 20; the population of Thurrock has reasonable access to community pharmacies in the evening. This is because the majority of providers in Thurrock HWB area are open after 6pm.

**Table 20: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, on Saturday and Sunday**

Locality	Percentage of pharmacies open beyond 6 pm	Percentage of pharmacies open on Saturday	Percentage of pharmacies open on Sunday
ASOP	40%	70%	30%
SLH	60%	100%	20%
T&C	57%	86%	29%
Grays	40%	70%	20%
Thurrock HWB area (2022)	47%	78%	25%

\*DSP not included in opening times as not accessed in this way

### 3.1.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Thurrock, 78% are open on Saturdays, the majority of which are open into the late afternoon. To calculate ‘average’ access is misleading given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on Saturdays can be found in Appendix A.

### 3.1.3.4 Routine Sunday daytime access to community pharmacies

25% of community pharmacy providers are open on Sundays. Fewer pharmacies are open on Sundays than any other day in Thurrock. Full details of all pharmacies open on a Sunday can be found in Appendix A.

### 3.1.3.5 Routine bank holiday access to community pharmacies

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

NHSE has commissioned an Enhanced Service to provide coverage over Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days.

### 3.1.4 Advanced Service provision

Data supplied from NHSE has been used in Table 21 to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A.

Note: The community pharmacy COVID-19 Lateral Flow Device (LFD) distribution service stopped on 1 April 2022, and the COVID-19 medicine delivery service stopped on 5 March 2022 at 23:59. These services have therefore not been included in the table.

**Table 21: Providers of Advanced Services in Thurrock**

Advanced Service	Percentage of community pharmacy providers by locality (number of pharmacies)			
	ASOP (10)^	SLH (5)	T&C (7)	Grays (10)
New Medicines Service (NMS)	80%	100%	100%	90%
Community pharmacy seasonal influenza vaccination	80%	80%	71%	40%
Community Pharmacist Consultation Service (CPCS)	70%	100%	86%	90%

^ Not including the DSP, which does not provide any services

At the time of writing, there is no local data on AURs, hypertension case-finding service or community pharmacy hepatitis C antibody-testing service (extended until March 2023).

The information in Table 22 provides detail of the recorded activity of Advanced Service delivery in Thurrock. It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services

- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

[Section 6.3](#) lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. Data supplied from NHSE has been used in Table 22 to demonstrate how many are providing these Advanced Services across the area.

**Table 22: Advanced Service provision**

Advanced Service	Percentage of providers currently providing		
	England	East of England	Thurrock
NMS*	85%	90%	91%
Community pharmacy seasonal influenza vaccination *	63.5%	71.5%	66%
CPCS	77%	79%	84%
Hypertension case-finding service*	0%	0%	0%
Community pharmacy hepatitis C antibody-testing service (until 31 March 2023)*	0.1%	0.08%	0%
AUR*	0.3%	0.2%	0%
SAC*	8%	5.5%	3%

Source: NHS BSA Dispensing Data

\*Data from NHS BSA 2021-22 until December 2021

Appendix A lists those community pharmacies who provided these services in December 2021.

Table 22 gives information on the providers that currently provide Advanced Services across Thurrock. This activity will have been affected by the COVID-19 pandemic and may not therefore be an accurate reflection of the actual activity. New services such as CPCS are in place, but data shows low uptake nationally, based on referrals into the service.<sup>55</sup> A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.<sup>56</sup>

There is a new hypertension case finding service that started in October 2021. Activity data is still low nationally, regionally and in Thurrock.

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

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

<sup>55</sup> NHS BSA. Dispensing Data. [www.nhsbsa.nhs.uk/prescription-data/dispensing-data](http://www.nhsbsa.nhs.uk/prescription-data/dispensing-data)

<sup>56</sup> Royal College of General Practitioners. Making the Community Pharmacist Consultation. Service a Success. October 2021. [www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs](http://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs)



### 3.1.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE ([Section 6.4](#)). Therefore, any Locally Commissioned Services commissioned by ICBs or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

There are currently two Enhanced Services commissioned in Thurrock. Delivery of the COVID-19 vaccination has been added as an Enhanced Service from community pharmacies to support the public during the pandemic. The other Enhanced Service is for coverage on Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days.

### 3.2 Dispensing Appliance Contractors (DACs)

There are no DACs in Thurrock, however there are DAC services available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 30 responses and 50% of respondents reported that they provide all types of appliances, with only 13% providing none.

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

### 3.3 Distance-Selling Pharmacies (DSPs)

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

It is therefore likely that patients within Thurrock will be receiving pharmaceutical services from a DSP outside Thurrock. There is one DSP in Thurrock:

- Pharmacy Shop Online, 10 Little Mollands Farm, Mollands Lane, South Ockendon RM15 6RX

A DSP must not provide Essential Services to a person who is present at the pharmacy, or in the vicinity of it. In addition, the DSP's standard operating procedures must provide for the Essential Services to be provided safely and effectively without face-to-face contact with any member of staff on the premises.

A DSP may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided to persons present at the premises.

In Thurrock the DSP does not provide any Advanced or Enhanced Services.

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

### 3.4 Local Pharmaceutical Service (LPS) providers

There are no LPS providers in Thurrock.

### 3.5 Pharmacy Access Scheme (PhAS)

From January 2022, the PhAS is being updated to continue to support patient access to isolated, eligible pharmacies.

There are five PhAS pharmacies in Thurrock:

- Sainsbury's Pharmacy, Burghley Road, Chafford Hundred RM16 6QQ
- Allcures Pharmacy, Unit 6, 1 Stanford House, Princess Margaret Road, East Tilbury RM18 8YP
- Dave's Chemist, Purfleet Care, Tank Hill Road, Purfleet RM19 1SX
- South Road Pharmacy, 1 South Road, South Ockendon RM15 6NU
- Lloyds Pharmacy, 31 Lodge Lane, Grays RM17 5RY

### 3.6 Dispensing GP practices

There are three dispensing GP practices in Thurrock:

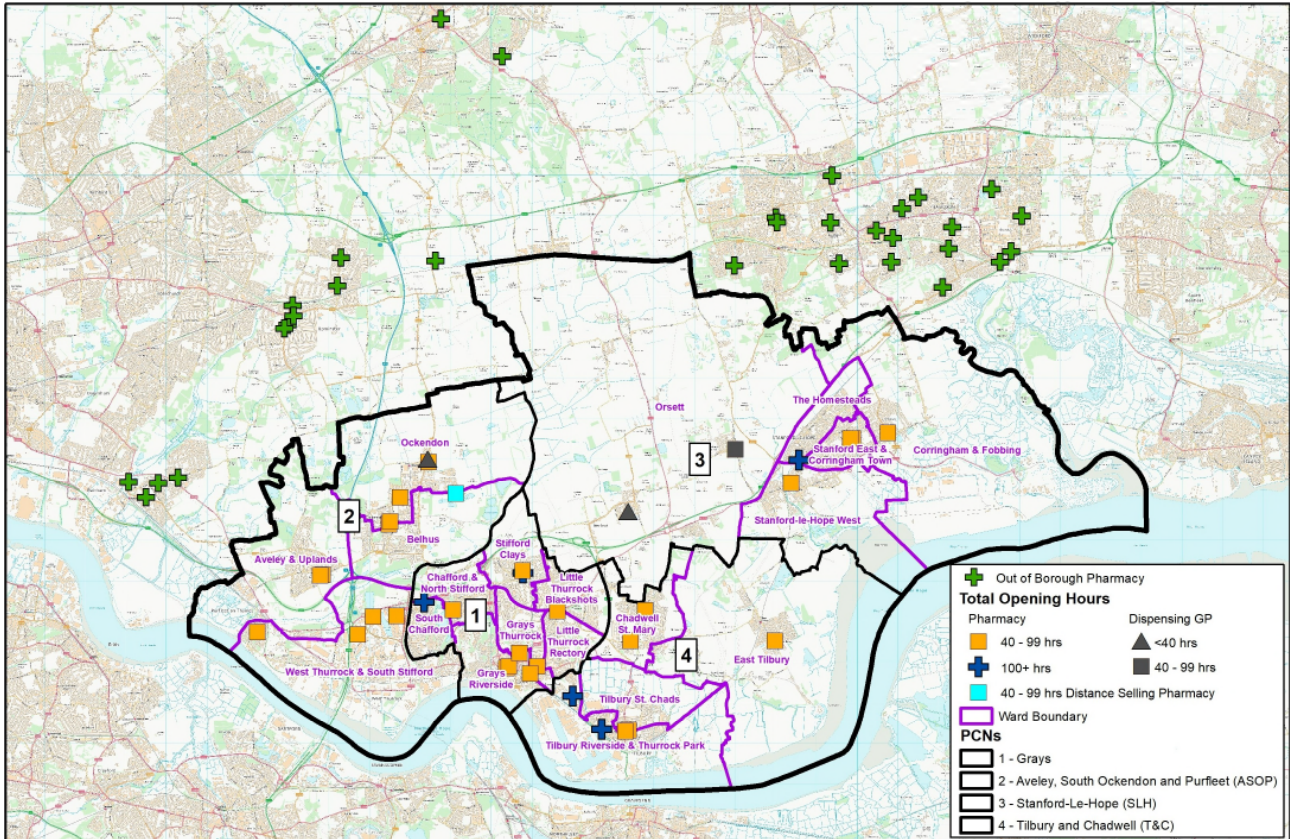
- Horndon-on-the-Hill Surgery, High Road, Horndon-On-The-Hill SS17 8LB
- Orsett Surgery, 63 Rowley Road, Orsett RM16 3ET
- Peartree & W Horndon Surgeries, 129 Station Road, West Horndon, Brentwood RM15 6PR (dispensing practice at West Horndon Surgery: this geographically comes under Brentwood although the data comes under Thurrock due to the site being a branch of Peartree Surgery)

### 3.7 Pharmaceutical service provision provided from outside Thurrock

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

For some residents, the nearest provider of pharmaceutical services may be across the border in a neighbouring HWB area. It is not practical to list here all those pharmacies outside Thurrock area by which Thurrock residents will access pharmaceutical services. A number of providers lie within close proximity of the borders of Thurrock boundaries and are marked on the map in Figure 32. Further analysis of cross-border provision is undertaken in [Section 6](#).

Figure 32: Thurrock pharmacies and cross-border pharmacy provision



## Section 4: Other services that may impact on pharmaceutical services provision

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

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

The services commissioned in Thurrock are described below and in [Section 6](#), and those commissioned from community pharmacy contractors in Thurrock are listed in Table 23.

**Table 23: Commissioned services from community pharmacies in Thurrock**

Commissioned service	ICB-commissioned service	LA-commissioned service
Emergency Hormonal Contraception (EHC)		X
Stop smoking services		X
Supervised consumption		X
Needle exchange		X
Warfarin supply service via PGD	X	
Access to Palliative Care Drugs	X	

### 4.1 LA-commissioned services provided by community pharmacies in Thurrock

Thurrock Council commissions four services from community pharmacies:

- Sexual Health Pharmacy for Thurrock
  - EHC
  - Chlamydia screening and treatment
- Stop smoking
- Supervised consumption
- Needle exchange

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

### 4.2 ICB-commissioned services

Mid and South Essex ICB commissions two services:

- Access to palliative care drugs via Mid and South Essex Health and Care partnership, until March 2023
- Warfarin supply service via Patient Group Direction (PGD), until September 2022

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

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

### 4.3 Other services provided from community pharmacies

As part of the community pharmacy contractor questionnaire, found in Appendix D, respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. The majority of pharmacies indicated that they either currently provide these services or would be willing to provide if commissioned.

A summary of the community pharmacy contractor questionnaire responses is detailed in Appendix I.

### 4.4 Collection and delivery services

Delivery service is not a commissioned service; however, some pharmacy contractors may choose to provide the service on a voluntary basis.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is one DSP based in Thurrock, but there are 266 throughout England. Free delivery of appliances is also offered by DACs. There is one DAC based in Thurrock providing services nationally and there are a further 110 throughout England.

### 4.5 Language services

All community pharmacies in Thurrock can access interpreting and translation services, which is commissioned by NHSE. The service involves interpreting, transcription and translation of spoken and non-spoken languages. These services have been commissioned to support the Accessible Information Standard (2016), which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, to enhance communication with services.

The providers are DA Languages for spoken languages and Language Empire for non-spoken languages. Summary of availability for bookable appointments is below:

Face to face	Between 08:00 and 18:00 Monday to Friday each week, bank holidays and weekends
Telephone and video interpretation	24 hours a day, 365 days a year

#### 4.6 Services for less-abled people

Under the Equality Act 2010,<sup>57</sup> community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons.

#### 4.7 GP practices providing extended hours

There are a number of GP practices in Thurrock HWB area that provide extended hours. The normal working hours that a GP practice is obliged to be available to patients are 08:00 until 18:30, Monday to Friday; a number of practices offer extended hours both before and after these times, including on Saturday morning.

#### 4.8 Other providers

The following are providers of pharmacy services in Thurrock but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

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

- Basildon and Thurrock General Hospital, Nethermayne, Basildon SS16 5NL
- Thurrock Community Hospital, Long Lane, Grays RM16 2PX

**Out-of-hours GP provision** – residents of Thurrock have access to out-of-hours GP provision at:

- Neera Medical Centre, 2 Wharf Road, Stanford-le-Hope SS17 0BY
- Sai Medical Centre, 105 Calcutta Rd, Tilbury RM18 7QA
- Thurrock Hospital, Long Lane, Grays RM16 2PX
- Purfleet Care Centre, Tank Hill Road, Purfleet RM19 1SX
- Bluebell Health Centre, Darenth Lane, South Ockendon RM15 5LP

There are no walk-in centres in Thurrock HWB area.

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<sup>57</sup> Equality Act 2010. [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

## Section 5: Findings from the public questionnaire

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

- All residents who live in the borough
- Health and wellbeing professionals
- Community groups and services
- All members of staff – Thurrock Council, Mid and South Essex ICB and Thurrock Community and Voluntary Services
- All local councillors

The full response to the public questionnaire may be found in Appendix H.

From the 410 responses received from the public questionnaire:

### 5.1 Visiting a pharmacy

- 95.9% have a regular or specified pharmacy
  - 83.3% rated their overall satisfaction as good or excellent
- 74.8% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 46.5% indicated that they used pharmacies every month or more for the purchase of over-the-counter medicines
- Only one respondent reported using an internet pharmacy to obtain a prescription medicine in the past 6 months

### 5.2 Choosing a pharmacy

Reason for choosing pharmacy	% very or extremely important
Quality of service	95%
Convenience	92%
Availability of medication	96%
Accessibility	73%

### 5.3 Mode of transport to a community pharmacy

The main way patients access a pharmacy is by car, with 58.1% using this method. The next most common method is to walk (35.8%).

### 5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
99%	89.1%

Only 4 respondents reported taking more than 30 minutes to get to a pharmacy.

- 284 (71%) report no difficulty in travelling to a pharmacy
- 98 (25%) report difficulty in travelling to a pharmacy due to parking
- 18 (5%) report difficulty in travelling to a pharmacy due to a lack of availability of public transport
- 10 (3%) report lack of access or facilities

### 5.5 Preference for when to visit a pharmacy

- 95.6% of respondents said that their pharmacy was open on the most convenient day for them
- 92% stated the pharmacy was open at the most convenient time for them
- 86.6% said they would like to be alerted by text or email when their prescription was ready for collection
- Only 27.9% had used eRD (electronic repeat dispensing)

### 5.6 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacy with the exception of the DMS (16%). However due to DMS being a service provided to patients discharged from hospital, it is not expected that a high percentage would be aware of the service due to the lack of need or perceived need.

Table 24 shows the awareness of respondents for each service and a second column identifies the percentage that would wish to see the service provided.

**Table 24: Public questionnaire responses about services**

<b>Service</b>	<b>% of respondents who were aware</b>	<b>% of respondents who would like to see always provided</b>
DMS	16	59
COVID-19 LFD distribution	86	83
CPCS	12	59
Flu vaccination	74	78
NMS	27	53
Needle exchange	20	39
Stop smoking	49	49
Supervised consumption	15	29
Sexual health services	27	47
Access to palliative care medicines	17	63
Hepatitis C testing	7	37
COVID-19 vaccination	39	67



It can be seen that there is a lack of awareness of all of the services that are currently provided but also a significant proportion of respondents who would like to see services from community pharmacy provided all of the time.

Comments of note in the questionnaire:

- 23 people said the consultation room was too small
- 67 said 'they do a good job and cover all my needs'
- 14 wanted shorter waiting times
- 11 suggested better advertising of services

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

Table 25 provides the demographic analysis of respondents.

**Table 25: Demographic analysis of community pharmacy user questionnaire respondents**

<b>Sex (%)</b>								
Male					Female			
42%					58%			
<b>Age (%)</b>								
16–24	25–34	35–54	55–64	65–69	70–79	80–89	90–99	100+
3.9%	13.2%	17.5%	19.3%	13.2%	22.8%	8.8%	1.3%	0%
<b>Illness or disability (%)</b>								
Yes					No			
25.3%					74.7%			

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

### 6.1 Pharmaceutical services and health needs

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

The following priorities can be supported by the provision of pharmaceutical services within Thurrock.

Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: There have been temporary changes to the service requirements within the NHS CPCF that were introduced during the COVID-19 pandemic. The changes were agreed by Pharmaceutical Services Negotiating Committee (PSNC) with NHSE and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched. These services are temporary, with the Advanced Services due to stop, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.<sup>58</sup>

At present it is not clear what shape services locally commissioned by ICBs will take in the long-term future. The development of the ICS across Thurrock as part of Mid and South Essex ICS will conceivably lead to an alignment of these Locally Commissioned Services across the ICS area.

#### 6.1.1 Thurrock health needs

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

- The average IMD score for Thurrock is 20.93 and it is ranked 77 out of 151 upper tier local authorities across the whole of England (1 indicating most deprived)
- For adults, the Thurrock rate of obesity is 69.4%, which is significantly higher than the England average of 62.8%
- The smoking prevalence in Thurrock is estimated to be 17.42% for the year 2019-20 compared with the national figure of 14.4%

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<sup>58</sup> PSNC. Pharmacy Advice Audit: 2022 Audit. June 2022. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

- The proportion of 15–24-year-olds being screened for chlamydia (9.4%) was significantly below the England average (14.3%)
- The testing coverage for HIV among eligible attendees accessing specialist sexual health services was, at 29.6%, significantly below the England average of 46.0%
- In 2019 there were 19.5 under-18 conceptions per 1,000 girls aged 15-17 in Thurrock and 55.2% of under-18 conceptions resulted in abortion (England 15.7/1,000 girls aged 15-17 and 54.7%)
- Most wards in Thurrock have higher rates of death from circulatory diseases than the England average; Thurrock's SMR is 110.6, which is significantly above the England average of 100
- Hypertension has the highest prevalence among all long-term conditions in Thurrock, with 14.12% prevalence (slightly above the England average of 14.10%), but higher in some localities (SLH and T&C)
- In 2019-20 diabetes mellitus prevalence in Thurrock was 7.0% in all adults aged 17+, but higher in some localities (T&C and ASOP)
- COPD prevalence in Thurrock for 2019-20 is recorded as 1.93%, just below the England average of 1.94%, but higher in some localities (ASOP and T&C)
- Thurrock SIR for all cancers is slightly above the England average; however, lung cancer is significantly worse than the England average with an incidence of 119 (possibly related to high smoking rates)
- Thurrock has lower flu vaccine coverage when compared with both the regional and national average for those aged 65+ and those at-risk individuals

### 6.1.2 Thurrock Health and Wellbeing Strategy (HWBS)

This is discussed in detail in [Section 2](#). The most recent refresh of the HWBS (2022-26) is sets out goals and actions across six broad domains that influence the determinants of health listed above:

7. Staying Healthier for Longer
8. Building Strong & Cohesive Communities
9. Person-Led Health & Care
10. Opportunity for All
11. Housing & the Environment
12. Community Safety

The principles for achieving this are:

- Reducing inequality in health and wellbeing
- Prevention is better than cure
- Empowering people and communities
- Person-led and strengths-based approach
- Making good health and wellbeing everyone's responsibility
- Retain the positives from COVID-19 and address the challenges

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

LTP priorities that can be supported from community pharmacy are mentioned in section 1.1.1.

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. The **CPCS** has been available since 1 November 2019, as an Advanced Service.

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

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

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

Thurrock has designated that all Essential Services plus the NMS and CPCS are to be regarded as Necessary Services. The following Advanced Services are considered relevant:

- Flu vaccination
- AUR
- SAC
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking cessation Advanced Service

Thurrock HWB has identified Enhanced Services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

## 6.2 Essential Services

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

- ES1: Dispensing of medicines
- ES2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES4: Disposal of unwanted medicines
- ES5: Public Health (promotion of healthy lifestyles)
- ES6: Signposting patients to other healthcare providers
- ES7: Support for self-care
- ES8: Discharge Medicines Service (DMS)

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

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

### 6.3 Advanced Services

The Advanced Services except NMS and CPCS are all considered relevant for the purpose of this PNA.

There are several Advanced Services within the NHS CPCF. Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below; the number of pharmacy participants for each service in Thurrock can be seen in [Section 3.1.4](#) and later in this section by locality.

- A.1: Appliance Use Review (AUR)
- A.2: Stoma Appliance Customisation (SAC)
- A.3: C-19 Lateral Flow Device (LFD) distribution service (stopped 1 April 2022)
- A.4: Flu vaccination service
- A.5: Hepatitis C testing service
- A.6: Hypertension case-finding service
- A.7: New Medicine Service (NMS)
- A.8: Smoking cessation Advanced Service

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

Advanced Services have a role in highlighting issues with medicine or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term condition management.

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

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

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

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

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

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

### **A.4 Flu vaccination**

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

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

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

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

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

## A.7 New Medicine Service (NMS)

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

The service is split into three stages, which are: 1. patient engagement, 2. Intervention and 3. follow up.

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

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

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

The NHS BSA has published a list of medicines that are suitable for NMS.<sup>59</sup>

## A.8 Smoking cessation

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

### 6.4 Enhanced Services

There are currently two Enhanced Services commissioned through community pharmacies from NHSE in Thurrock:

#### 6.4.1 COVID-19 vaccination

This has been added to the Enhanced Services provided from community pharmacies and commissioned by NHSE.

The numbers of pharmacies currently providing COVID-19 vaccination nationally under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and latest reports are that over 22 million doses have been provided by community pharmacies in the past 12 months (to 14 January 2022).

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<sup>59</sup> NHS BSA. New Medicine Service (NMS) – Drug List. [www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists](http://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists)

There are currently four (12%) community pharmacies providing this service in Thurrock. The pharmacies providing the service are listed in Appendix A and highlighted by locality in [Section 6.6](#).

#### **6.4.2 Easter Sunday and Christmas Day coverage**

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

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

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, ICBs (formally the CCG) and NHSE's local teams. In Thurrock, most commissioned services are public health services and hence are commissioned by the Public Health Team at Thurrock Council.

Appendix A provides a summary of Thurrock pharmacies providing Locally Commissioned Services (LCS). It is important to note the commissioning status of each service as this defines whether or not it is an LCS.

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

#### **6.5.1 Palliative care medicines supply service**

This is an ICB commissioned service. Historically Thurrock CCG commissioned two services via the Mid and South Essex Care Partnership which will remain in place until April 2023

Good End of Life Care (EoLC) ensures all residents have a dignified, controlled and peaceful end to their life, regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified, and services provided to meet these needs.

The aim of the EoLC/palliative care pharmacy rota service is to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of EoLC pathways. There should be adequate provision to these drugs for both in-hours and out-of-hours settings, supporting home death scenarios. They are not commissioned in every pharmacy but are commissioned in order to provide sufficient out of hours coverage across the widest geographical area.

Aims and intended service outcomes:

- To improve access for people to these specialist medicines when they are required by ensuring prompt access and continuity of supply.
- To support people, carers and clinicians by providing them with up-to-date information and advice, and referral where appropriate.

This service is commissioned until April 2023.



### 6.5.2 Warfarin supply service via Patient Group Direction (PGD)

This is an ICB commissioned service.

This is a warfarin supply service made via a PGD and supplied in line with the patient's yellow book. This service is only available to those patients who are registered with some GP practices with Thurrock.

This service is commissioned until September 2022.

### 6.5.3 Sexual health pharmacy for Thurrock

Sexual health is an important area of public health. Most of the adult population of England is sexually active and access to quality sexual health services improves the health and wellbeing of both individuals and populations. The government has set out its ambitions for improving sexual health in its publication, 'A Framework for Sexual Health Improvement in England'.<sup>60</sup>

Sexual ill health is not equally distributed within the population. Strong links exist between deprivation and STIs, teenage conceptions and abortions, with the highest burden borne by women, Men who have Sex with Men (MSM), teenagers, young adults and Black and minority ethnic groups. Similarly, HIV infection in the UK disproportionately affects MSM and Black Africans in the UK. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

Any commissioned pharmacy sexual health activity that involves prescription-only drug treatment, that is treatment for chlamydia and provision of EHC, must be covered under the terms of a PGD, which also forms part of this specification.

These PGDs are:

- Doxycycline and azithromycin drug treatment for chlamydia
- Ulipristal Acetate EllaOne and Levonorgestrel for EHC

#### 6.5.3.1 Emergency Hormonal Contraception (EHC)

This a local authority-commissioned service.

Sexual health has a major focus in the HWS, with the role of pharmacies already highlighted in the provision of EHC. Teenage conception includes all conceptions before the mother's 20th birthday, but the national focus is on conception under 18.

In 2019 there were 19.5 under-18 conceptions per 1,000 girls aged 15–17 in Thurrock and 55.2% of under-18 conceptions resulted in abortion. These figures were higher but statistically similar to the rest of England (15.7/1,000 girls aged 15–17 and 54.7% respectively).

In 2020 the percentage of under-25-year-olds having a repeat abortion was 35.6%, which was significantly worse than in England, which was 29.2% the same year.<sup>61</sup>

<sup>60</sup> DHSC. A Framework for Sexual Health Improvement in England. March 2013. [www.dh.gov.uk/health/2013/03/sex-health-framework/](http://www.dh.gov.uk/health/2013/03/sex-health-framework/)

<sup>61</sup> PHE fingertips. [Accessed January 2022.] <https://fingertips.phe.org.uk/search/sexual%20health>

The specific objectives are to deliver the services described below:

- Provision of EHC to those aged 18 or under
  - Provision of Levonorgestrel 1500 mcg tablets or Ulipristal for EHC
- Provision of eC-card for issuing condoms

### **6.5.3.2 Chlamydia screening and treatment**

The National Chlamydia Screening Programme target group is those aged 15–24, but ‘Guidance for the development of specifications for the commissioning of chlamydia screening in General Practice and Community Pharmacy’ (March 2010) describes the importance of providing chlamydia screening for under 25-year-olds, which could include those under the age of 15.

The specific objectives are to deliver the services described below:

- Provision of kits to enable self-sampling for chlamydia screening
- Returned chlamydia tests attributable to the pharmacy
- Chlamydia treatment
- Provision of Azithromycin or Doxycycline for treatment of chlamydia

### **6.5.4 Stop smoking**

This is a local authority-commissioned service.

The stop smoking service will support people to improve their health and wellbeing by helping to reduce the number of people that smoke, thus supporting the reduction in Thurrock’s smoking prevalence rate.

The provider will offer a free advice and support service through competent, trained stop smoking advisers for people who want to stop smoking, targeting smokers from the three groups listed below to quit:

- Long-term conditions
- Mental health conditions
- Pregnant mothers

Where pharmacotherapy is requested by the individual, the provider will offer a full course of treatment (nicotine replacement therapy or varenicline) including a medicine review of at least two weeks’ interval during the course to ensure optimum compliance.

The data provided for the delivery of this service between April 2021 and January 2022 demonstrates low uptake and limited outcomes, however, this period was in the middle of the COVID-19 pandemic, where resources in community pharmacies were focused on the delivery of other services. Interpretation on the effectiveness of this service in this timeframe may not be appropriate.

### **6.5.5 Supervised consumption**

There is a ‘lead provider’ arrangement, with the local authority holding a contract with Inclusion who subcontracts with individual contractors.

Community pharmacies have been used for a number of years by drug and alcohol service providers in the provision of supervised consumption services and needle exchange services.

Supervised consumption involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy. It is a medicines adherence service which aims to:

- Reduce the risk of harm to the client by over- or under-usage of drug treatment
- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market
- Reduce the risk of harm to the community by accidental exposure to prescribed medicines.

In Thurrock, 12 pharmacies (33%) are commissioned to provide this service.

### 6.5.6 Needle exchange

There is a 'lead provider' arrangement, with the local authority holding a contract with Inclusion who subcontracts with individual contractors.

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

Five community pharmacies (16%) in Thurrock are commissioned to provide this service.

## 6.6 PNA localities

There are 32 community pharmacies and one distance-selling pharmacy within Thurrock. Individual pharmacy opening times are listed in Appendix A.

As described in [Section 1.5](#), the PNA Steering Group decided that the Thurrock PNA should be divided into four PCN localities:

- Aveley, South Ockendon, and Purfleet (ASOP)
- Stanford-le-Hope (SLH)
- Tilbury and Chadwell (T&C)
- Grays

Thurrock has designated that all Essential Services plus NMS and CPCS are to be regarded as **Necessary Services**. The Steering Group wishes to see that both NMS and CPCS are delivered by at least one community pharmacy in each locality.

The following Advanced Services are considered relevant:

- Flu vaccination
- AUR
- SAC
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking cessation Advanced Service

Thurrock HWB has identified Enhanced Services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

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

The one DSP in ASOP does not provide any services face to face and has been excluded from the analysis in this section, i.e. ASOP is referred to as having 10 community pharmacies rather than 11.

**Table 26: Opening hours of community pharmacies by locality**

Opening times	Locality (number of community pharmacies)			
	ASOP (10)*	SLH (5)	T&C (7)	Grays (10)
100-hour pharmacy	0	1 (20%)	2 (29%)	2 (20%)
After 18:30 weekday	3 (30%)	3 (60%)	3 (43%)	4 (40%)
Saturday	7 (70%)	5 (100%)	6 (86%)	7 (70%)
Sunday	3 (30%)	1 (20%)	2 (29%)	2 (20%)

\*DSP not included in opening times as not accessed in this way

**Table 27: Provision of NHSE Advanced and Enhanced Services by locality**

NHSE Advanced or Enhanced* Service	ASOP (10)^	SLH (5)	T&C (7)	Grays (10)
NMS#	8 (80%)	5 (100%)	7 (100%)	9 (90%)
CPCS#	7 (70%)	5 (100%)	6 (86%)	9 (90%)
Flu vaccination	8 (80%)	4 (80%)	5 (71%)	4(40%)
SAC	0	0	0	1 (10%)
AUR	0	0	0	0
Hep C testing	**	**	**	**
Hypertension case-finding	**	**	**	**
Smoking cessation Advanced Service	**	**	**	**
C-19 vaccination*	2 (20%)	0	2 (29%)	0

# Included as Necessary Services in Thurrock

\* Enhanced

\*\* No data at time of writing

^ The DSP does not provide any Advanced or Enhanced Services

**Table 28: Provision of Locally Commissioned Services (ICB and LA)**

LCS	ASOP (10)	SLH (5)	T&C (7)	Grays (10)
<b>ICB</b>				
Access to palliative care medicines	0	1 (20%)	0	0

Warfarin supply service	1 (10%)	2 (40%)	0	0
<b>LA</b>				
EHC	3 (30%)	5 (100%)	2 (29%)	6 (60%)
Stop smoking	1 (10%)	0	1 (14%)	3 (30%)
Supervised consumption	4 (40%)	1 (20%)	2 (29%)	5 (50%)
Needle exchange	2 (20%)	0	2 (29%)	1 (10%)

The population of Thurrock is anticipated to grow by to 185,257 during the lifetime of this PNA (2022 to 2025), an increase from 2020 of approximately 10,000. The proportion in the over-65 age group is expected to grow disproportionately, which will put greater pressure on health services across Thurrock.

The population growth has not been broken down by locality in [Section 2](#), so it is difficult to assess the impact, if any, on services from community pharmacies.

### 6.6.1 Aveley, South Ockendon, and Purfleet (ASOP)

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

#### 6.6.1.1 Necessary Services: current provision

ASOP has a population of 47,331.

There are ten community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 23.2, higher than the Thurrock (18.8) and England (20.6) averages ([Section 3.1](#), Table 16). Two pharmacies are part of the PhAS.

Of these pharmacies, all ten hold a standard 40-core hour contract. There is one DSP in ASOP, the only one in Thurrock. This DSP does not provide any of the services discussed below and is therefore not included in the numbers.

Of the 10 community pharmacies:

- 3 pharmacies (30%) are open after 6.30 pm on weekdays
- 7 pharmacies (70%) are open on Saturdays
- 3 pharmacies (30%) are open on Sundays
- 8 pharmacies (80%) provide the NMS
- 7 pharmacies (70%) provide the CPCS

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

### 6.6.1.2 Necessary Services: gaps in provision

Access to and provision of Necessary Services within ASOP is good and there is a good ratio of community pharmacies to the population. It is not known whether population growth in this locality over the next three years will be significant.

The NMS and CPCS are provided in this locality.

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

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

### 6.6.1.3 Other relevant services: current provision

Table 27 shows the pharmacies providing Advanced and Enhanced Services in ASOP – it can be seen that there is good availability of the flu vaccination service in the locality.

Regarding access to **Advanced** Services:

- 8 pharmacies (80%) provide the flu vaccination service

Regarding access to **Enhanced** Services:

- 2 pharmacies (20%) provide the COVID-19 vaccination service

Regarding access to **LCS** in the 10 pharmacies:

- None of the pharmacies provides the immediate access to palliative medicines service commissioned via the ICB
- 1 pharmacy (10%) provides a warfarin supply service
- 3 pharmacies (30%) provide sexual health pharmacy for Thurrock
- 1 pharmacy (10%) provides stop smoking services
- 4 pharmacies (40%) provide supervised consumption
- 2 pharmacies (20%) provide needle exchange

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

ASOP has an IMD score of 26.35 indicating that is more deprived than the Thurrock average (20.93). Smoking prevalence in Thurrock is estimated to be higher in all PCN localities than the England average.

Diabetes is more prevalent in ASOP (7.4%) than the England average (7.1%), as is COPD at 2.38% (England 1.94%).

Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies. The stop smoking service was assessed during the COVID-19 pandemic and the results may reflect the other priorities in community pharmacies at that time.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem appropriate. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in COPD.

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

Thurrock HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists.

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

## 6.6.2 Stanford-le-Hope (SLH)

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

### 6.6.2.1 Necessary Services: current provision

SLH has a population of 35,054 and has the highest proportion of over-65s in Thurrock.

There are five community pharmacies in this locality (down from six in 2018) and the estimated average number of community pharmacies per 100,000 population is 14.1, significantly lower than the Thurrock (18.8) and England (20.6) averages ([Section 3.1](#), Table 16). There are two dispensing GP practices (one of which is situated in a neighbouring area but is counted as Thurrock for reporting purposes). If the dispensing GP practices are added to the community pharmacy numbers then the ratio of dispensaries to 100,000 population is increased to 20.0.

Of these pharmacies, four hold a standard 40-core hour contract and there is one 100-hour pharmacy.

Of the 5 community pharmacies:

- 3 pharmacies (60%) are open after 6.30 pm on weekdays
- 5 pharmacies (100%) are open on Saturdays
- 1 pharmacy (20%) is open on Sundays

- 5 pharmacies (100%) provide the NMS
- 5 pharmacies (100%) provide the CPCS

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

#### 6.6.2.2 Necessary Services: gaps in provision

Access to and provision of Necessary Services within SLH is good, with 100% of pharmacies providing NMS and CPCS. It is not known whether population growth in this locality over the next three years will be significant.

The NMS and CPCS are provided in this locality.

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

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

#### 6.6.2.3 Other relevant services: current provision

Table 27 shows the pharmacies providing Advanced and Enhanced Services in SLH – it can be seen that there is good availability of the flu vaccination service in the locality.

Regarding access to **Advanced Services**:

- 4 pharmacies (80%) provide the flu vaccination service

Regarding access to **Enhanced Services**:

- No pharmacy provides the COVID-19 vaccination service

Regarding access to **LCS** in the 10 pharmacies:

- 1 pharmacy (20%) provides the immediate access to palliative medicines service commissioned via the ICB
- 2 pharmacies (40%) provide a warfarin supply service
- All 5 pharmacies provide sexual health pharmacy for Thurrock
- None of the pharmacies provides stop smoking services
- 1 pharmacy (20%) provides supervised consumption
- None of the pharmacies provides needle exchange service

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

SLH has the greatest proportion of elderly population in Thurrock and is the least deprived locality.

There are a number of areas of ill health that are above the national average in SLH:

- Smoking prevalence



- Hypertension 16.89% (England average 14.10%)
- Stroke 1.95% (England average 1.80%)
- Asthma 6.69%

Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies. There is no stop smoking service provided within the locality, an area of high priority across Thurrock.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem appropriate. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in cardiovascular disease and stroke. Both asthma and hypertension are conditions covered by the NMS, which could be targeted in this locality.

There is only one pharmacy that provides the ICB commissioned palliative medicines service in Thurrock, and that is based in the SLH locality, which has the lowest level of patients in palliative care (0.3% versus the England average of 0.48% and T&C locality of 0.82%).

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

Thurrock will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists.

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

### 6.6.3 Tilbury and Chadwell (T&C)

#### 6.6.3.1 Necessary Services: current provision

T&C has a population of 32,792 and is the most deprived locality in Thurrock (IMD 32.55 – with Tilbury St Chads ward having the highest IMD, 47.9).

There are seven community pharmacies in this locality (down from eight in 2018) and the estimated average number of community pharmacies per 100,000 population is 21.3, higher than the Thurrock (18.8) and England (20.6) averages ([Section 3.1](#), Table 16). Having a higher ratio of community pharmacies per unit of population in the most deprived areas is good. One pharmacy is in the PhAS.

Of these pharmacies, five hold a standard 40-core hour contract and there are two 100-hour pharmacies.

Of the 7 community pharmacies:

- 3 pharmacies (43%) are open after 6.30 pm on weekdays
- 6 pharmacies (86%) are open on Saturdays
- 2 pharmacies (29%) are open on Sundays
- 7 pharmacies (100%) provide the NMS
- 6 pharmacies (86%) provide the CPCS

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

### 6.6.3.2 Necessary Services: gaps in provision

There is a good ratio of community pharmacies per 100,000 population with evening and weekend opening times. The vast majority of the community pharmacies in the locality provide NMS and CPCS, i.e. Necessary Services.

It is not known whether population growth in this locality over the next three years will be significant. The NMS and CPCS are provided in this locality.

**No gaps in the provision of Necessary Services have been identified for T&C locality.**

### 6.6.3.3 Other relevant services: current provision

Table 27 shows the pharmacies providing Advanced and Enhanced Services in T&C – there is good availability of the flu vaccination service in the locality.

Regarding access to **Advanced** Services:

- 5 pharmacies (71%) provide the flu vaccination service

Regarding access to **Enhanced** Services:

- 2 pharmacies (29%) provide the COVID-19 vaccination service

Regarding access to **LCS** within the 7 pharmacies:

- None of the pharmacies provides the immediate access to palliative medicines service commissioned via the ICB
- None of the pharmacies provides a warfarin supply service
- 2 pharmacies (29%) provide sexual health Pharmacy for Thurrock
- 1 pharmacy (14%) provides stop smoking services
- 2 pharmacies (29%) provide supervised consumption
- 2 pharmacies (29%) provide needle exchange

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

T&C is the most deprived locality in Thurrock (IMD 32.55 – with Tilbury St Chads ward having the highest IMD, 47.9).

There are a number of areas of ill health where the population of T&C has a higher prevalence or worse outcomes than the England average:

- Smoking prevalence
- Circulatory disease & hypertension
- Diabetes
- Asthma & COPD
- Palliative care

Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies. There is one pharmacy providing a stop smoking service within the locality, an area of high priority across Thurrock.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem appropriate.

In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in cardiovascular disease and respiratory diseases. The NMS could be targeted to specific areas within the locality associated with the areas of ill health identified. Many local authorities commission NHS Health Checks through community pharmacies, and this could be considered in this locality for these target areas.

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

Thurrock will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists.

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across T&C locality.**

#### 6.6.4 Grays

##### 6.6.4.1 Necessary Services: current provision

Grays has a population of 60,354, the highest locality population in Thurrock.

There are ten community pharmacies in this locality (increased from nine in 2018) and the estimated average number of community pharmacies per 100,000 population is 16.6, lower than the Thurrock (18.8) and England (20.6) averages ([Section 3.1](#), Table 16). Two of these pharmacies are in the PhAS.

Of these pharmacies, eight hold a standard 40-core hour contract and there two 100-hour pharmacies.

Of the 10 community pharmacies:

- 4 pharmacies (40%) are open after 6.30 pm on weekdays
- 7 pharmacies (70%) are open on Saturdays
- 2 pharmacies (20%) are open on Sundays
- 9 pharmacies (90%) provide the NMS
- 9 pharmacies (90%) provide the CPCS

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

#### 6.6.4.2 Necessary Services: gaps in provision

There is an adequate ratio of community pharmacies per 100,000 population and many have evening and weekend opening times. In this locality 90% of the community pharmacies provide NMS and CPCS, i.e. Necessary Services.

It is not known whether population growth in this locality over the next three years will be significant.

The NMS and CPCS are provided in this locality.

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

#### 6.6.4.3 Other relevant services: current provision

Table 27 shows the pharmacies providing Advanced and Enhanced Services in Grays – it can be seen that there is good availability of the flu vaccination service in the locality.

Regarding access to **Advanced** Services

- 4 pharmacies (40%) provide the flu vaccination service

Regarding access to **Enhanced** Services:

- No pharmacy provides the COVID-19 vaccination service

Regarding access to **LCS** within the 10 pharmacies:

- None of the pharmacies provides the immediate access to palliative medicines service commissioned via the ICB
- None of the pharmacies provides a warfarin supply service
- 6 pharmacies (60%) provide sexual health pharmacy for Thurrock

- 3 pharmacies (30%) provide stop smoking services
- 5 pharmacies (50%) provide supervised consumption
- 1 pharmacy (10%) provides needle exchange

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

Grays has an IMD score of 15.11, making it less deprived than Thurrock as a whole and generally healthier. However, there are pockets of deprivation within the locality and in some wards there are higher levels of deaths from circulatory disease than the England average. Smoking prevalence is high in all localities of Thurrock.

Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies. There are three pharmacies already providing a stop smoking service within the locality, an area of high priority across Thurrock.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the Advanced Service – hypertension case-finding service – would seem appropriate.

In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in cardiovascular disease.

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

Thurrock will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists.

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

### 6.7 Necessary Services – gaps in service provision

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

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

The following have been considered when assessing the provision of Necessary Services in Thurrock and each of the four PCN localities:

- The health needs of the population of Thurrock from the JSNA and nationally from the NHS LTP
- IMD and population deprivation ([Section 2.6](#))
- Section 3.1.3 discusses access to community pharmacies including:
  - Travel time by car – over 99% of the Thurrock population can reach a pharmacy in 20 minutes or less and 100% in 30 minutes or less:
 

▪ 0–10 minutes	91.9%
▪ 0–20 minutes	99.4%
  - Walking: The majority of the population can reach their nearest pharmacy within 30 minutes:
 

▪ 0–10 minutes	43.9%
▪ 0–20 minutes	82.3%
▪ 30 minutes or less	95.2%
- The location of pharmacies and GP dispensing practices within each of the four PCN localities and across the whole of Thurrock (Figure 26)
- The number, distribution and opening times of pharmacies within each of the four PCN localities and across the whole of Thurrock (Appendix A)
- Results of the public questionnaire ([Section 5](#))
- Results of the contractor questionnaire (Appendix I)
- Projected population and housing growth ([Section 2.5](#))
- The locality-based information on service provision in [Section 6.6](#)

In all four PCN localities, there are pharmacies that provide supplementary hours in the evening during the week and on Saturday and Sunday. For those PCN localities that have limited late evening pharmaceutical provision, there are what are considered by the Steering Group to be easily accessible alternative pharmacies in either the surrounding PCN localities or in neighbouring HWBs. There are five 100-hour pharmacies within Thurrock (Table 19, [Section 3.1.2](#)); 47% of pharmacies are open later than 6 pm on weekdays, with 78% of community pharmacies open on Saturday and 25% open on Sunday.

The NMS and CPCS are delivered by pharmacies in all localities of Thurrock.

Only 50.6% of adults ate the recommended five-a-day intake of fruit and vegetables in 2019-20. This was significantly lower than the East of England (56.7%) and England (55.4%) averages. In 2019-20, 58.3% of adults met recommended physical activity levels per week in Thurrock, which is lower than the England average of 66.4%. For adults, the Thurrock rate of obesity is 69.4%, which is significantly higher than the England average at 62.8% and has remained above the England average since 2015-2016.

Based on the above, some of the Essential Services provided from community pharmacies could be used in a targeted way to help meet these identified areas, e.g. ES5 and ES6:

- ES5 provides the ability to:
  - Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
  - Promote validated information resources for patients and carers
  - Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
  - Target at-risk groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks
- Using ES6, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted

There is good access to the Advanced Services designated as Necessary, i.e. NMS and CPCS, with 88% and 84% of community pharmacies, respectively, providing these services across Thurrock.

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

The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times based on the current information and evidence available.

It is anticipated that, in all cases, pharmaceutical service providers will make reasonable adjustments under the Equality Act 2010 to ensure services are accessible to all populations. The PNA was not provided with any evidence to identify a gap in service provision for any specific population.

The population of Thurrock is anticipated to grow by to 185,257 during the lifetime of this PNA (2022 to 2025), an increase from 2020 of approximately 10,000. The proportion in the over-65 age group is expected to grow disproportionately, which will put greater pressure on health services across Thurrock. Quantifying this, there are an estimated 23,788 people aged 65+ in Thurrock in 2018; this is expected to increase to 29,494 by 2031 (not taking into account any growth from new housing). Those aged 65+ are the highest users of adult social care and wider health services, and are also more likely to develop multiple long-term conditions, which results in increased demand for health and social care services with fewer working-age people that can be taxed to pay for this increased demand.

The housing projections for Thurrock based upon local development plans indicate an increase in dwelling numbers from 66,800 in 2018 to 75,760 by 2025. This information is not broken down by locality, so it is not possible to draw any conclusions regarding the possible impact on access to services from community pharmacies.

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

The PNA Steering Group has concluded that there is no gap in Necessary Service provision.

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

The Steering Group considers it is the services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services, which are described in [Sections 6.3 to 6.5](#) and discussed by locality in [Section 6.6](#).

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

The health needs of the population of Thurrock are discussed in [Section 2](#) and summarised in [Section 6.1](#). There are areas of ill health across the whole of Thurrock, which are identified below and in Appendix O, which outlines possible services that may be delivered from a community pharmacy that could meet some of these identified issues. At a locality level some areas have increased prevalence of asthma, COPD, hypertension, stroke and diabetes compared with the England average, which is discussed in [Section 6.6](#).

The flu vaccination service is available in 66% of community pharmacies. There are low levels of flu vaccination in the at-risk populations of Thurrock, so improving these rates by better use of the existing community pharmacy providers could be considered.

The COVID-19 vaccination is an Enhanced Service provided in Thurrock. The numbers of service providers are increasing rapidly across England, and this is likely to be the case in Thurrock. In February 2022 there were four providers (12.5%).

There are a number of LCS in Thurrock commissioned by the ICB and local authority. These are discussed in [Section 6.5](#) and by locality in [Section 6.6](#). Emergency contraception was available in 50% of community pharmacies but the other services were provided in relatively low proportions.



There are recently introduced Advanced Services becoming available (hypertension case-finding, hepatitis C screening, smoking cessation), all of which would support the identified priorities of Thurrock. However, there is a low uptake of existing services (e.g. NMS, CPCS); methods to enhance the uptake should be considered, including awareness campaigns (healthcare professionals and public) and gaining a clear understanding of the COVID-19 pandemic impact. The public questionnaire reflects a lack of awareness and perceived desire for services to be available from community pharmacies, although not all services would be relevant to all members of the public.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all localities. This will mean that more eligible patients are able to access and benefit from these services.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. LFD distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers, which would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Thurrock, this has been included within the document. Appendix O discusses some possible services that could fulfil these criteria.

The PNA notes that while there are variations in the number of contractors who provide LCS and other services within each locality, access to these and Advanced Services are considered adequate in each locality and residents have good access to all services.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognise that the burden of health needs in Thurrock will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE and ICBs, to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

## Section 7: Conclusions

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

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

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

Other Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Thurrock HWB area.

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Thurrock HWB area, and are commissioned by the ICB or local authority, rather than NHSE.

### 7.1 Current provision of Necessary Services

#### Necessary Services – gaps in provision

Necessary Services are Essential Services plus NMS and CPCS, which are described in [Sections 6.2](#) and [6.3](#). Details of Necessary Service provision in Thurrock is provided in [Section 6.7](#).

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

#### 7.1.1 Necessary Services – normal working hours

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

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

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

## 7.2 Future provision of Necessary Services

**No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the whole of Thurrock.**

## 7.3 Improvements and better access – gaps in provision

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Thurrock HWB area.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Thurrock HWB area, and are commissioned by the ICB or local authority, rather than NHSE.

### 7.3.1 Current and future access to Advanced Services

#### Access to Advanced Services

Details of the services are outlined in [Section 6.3](#) and the provision in each locality discussed in [Section 6.6](#).

[Section 6.8](#) discusses improvements and better access to services in relation to the health needs of Thurrock.

There are no gaps in the provision of Advanced Services across the whole HWB area.

Appendix O discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Thurrock.

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

### 7.3.2 Current and future access to Enhanced Services

Details of the services are outlined in [Section 6.4](#) and the provision in each locality discussed in [Section 6.6](#).

[Section 6.8](#) discusses improvements and better access to services in relation to the health needs of Thurrock.

There are currently two Enhanced Services commissioned in Thurrock HWB area. Delivery of the COVID-19 vaccination has been added as an Enhanced Service from community pharmacies to support the public during the pandemic. The other Enhanced Service is for coverage on Easter Sunday and Christmas Day, to ensure that there are pharmacies open on these days.

The numbers of service providers for the COVID-19 vaccination are increasing rapidly across England, and this is likely to be the case in Thurrock. In February 2022 there were four providers (12.5%).

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

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

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

With regard to LCS, the PNA is mindful that only those commissioned by NHSE are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE is in some cases addressed by a service being commissioned through the ICB or local authority; these services are described in [Section 6.5](#) and their provision by locality discussed in [Section 6.6](#).

[Section 6.8](#) discusses improvements and better access to LCS in relation to the health needs of Thurrock.

Appendix O discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Thurrock.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned or that any of these services should be expanded.

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

**Based on current information, no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services either now or in specific future circumstances across Thurrock to meet the needs of the population.**

## Appendix A: List of pharmaceutical service providers in Thurrock HWB area

### Aveley, South Ockendon and Purfleet locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced								NHSE Enhanced	ICB		LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	Warfarin supply service	Sexual health	Stop smoking	Supervised consumption
Allcures Pharmacy	FF646	Community	Allcures House, Arisdale Avenue, South Ockendon	RM15 5TT	09:00-13:00, 13:30-17:30	Closed	Closed	-	-	-	-	-	-	-	Y			-	-	-	-	-	-
Tesco Pharmacy	FJ599	Community	Tesco Store, Cygnet View, West Thurrock	RM20 1TX	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y			Y	-	-	-	-	-
Boots	FKD78	Community	74-75 Thurrock Lakeside Shopping Centre, West Thurrock, Grays	RM20 2ZG	09:00-20:00	09:00-20:00	11:00-17:00	-	-	Y	-	-	Y	-	Y			-	-	Y	-	-	-
Allcures Pharmacy	FKK05	Community	Purfleet Care Centre, Tank Hill Road, Purfleet	RM19 1SX	08:45-18:00	Closed	Closed	-	Y	Y	-	-	Y	-	Y			-	-	-	Y	Y	-
South Road Pharmacy	FKL83	Community	1 South Road, South Ockendon	RM15 6NU	09:00-13:00, 14:00-18:30 (Wed) 09:00-13:00, 14:00-17:30	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	-			-	-	-	-	Y	Y
Well Aveley - Aveley MC	FM809	Community	22 High Street, Aveley	RM15 4AD	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	Y			-	-	-	-	-	-
Boots	FNC41	Community	1B Junction Retail Park, Western Avenue, Thurrock	RM20 3LP	09:00-18:00	11:00-15:00	11:00-16:00	-	-	Y	-	-	Y	-	Y			-	-	-	-	-	-
Hemants Chemists	FNT35	Community	10 Derwent Parade, South Ockendon	RM15 5EE	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y			Y	-	Y	Y	-	Y
Boots	FQQ40	Community	17 Derwent Parade, South Ockendon	RM15 5EF	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y			-	-	Y	-	Y	Y
Pharmacy shop online	FT715	DSP	10 Little Mollands Farm, Mollands Lane, South Ockendon	RM15 6RX	08:30-16:30	13:00-17:00	08:30-12:30	-	-	-	-	-	-	-	-			-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced								NHSE Enhanced	ICB		LA			
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	Warfarin supply service	Sexual health	Stop smoking	Supervised consumption	Needle exchange
Ohms Pharmacy	FTK09	Community	32 High Street, Aveley	RM15 4AD	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Peartree W Horndon Surgeries	F81134	Dispensing GP practice	129 Station Road, West Horndon, Brentwood	RM15 6PR	09:00-13:00, 14:00-18:00 (Thu 09:00-12:00)	Closed	Closed	-	-															

## Stanford-le-Hope locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced							NHSE Enhanced	ICB		LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	Warfarin supply service	Sexual health	Stop smoking	Supervised consumption	Needle exchange
Unicare Pharmacy	FA673	Community	22 St Johns Way, Corringham, Stanford-le-Hope	SS17 7LJ	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y			-	-	Y	Y	-	-	-
Allcures Pharmacy	FGW47	Community	16 Kings Parade, Stanford-le-Hope	SS17 0HP	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y			-	-	-	Y	-	-	-
Boots	FQ578	Community	83-85 St John's Way, Corringham, Stanford-le-Hope	SS17 7NA	09:00-13:00, 14:00-18:00	09:00-13:00, 14:00-17:00	Closed	-	-	Y	-	-	Y	-	Y			-	-	-	Y	-	Y	-
Allcures Pharmacy	FQV22	Community	19 Lampits Hill, Corringham, Stanford-le-Hope	SS17 9AA	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	-			-	-	-	Y	-	-	-
Hassengate Pharmacy	FT060	Community	Southend Road, Stanford-le-Hope	SS17 0PH	08:00-22:30 (Tue 07:00-22:30)	08:00-22:00	09:00-22:00	Y	-	Y	-	-	Y	-	Y			-	Y	Y	Y	-	-	-
Orsett Surgery	F81137	Dispensing GP practice	63 Rowley Road, Orsett	RM16 3ET	09:00-13:00, 16:00-18:45	Closed	Closed	-	-															
Horndon-on-the-Hill Surgery	F81198	Dispensing GP practice	High Road, Horndon-on-the-Hill	SS17 8LB	08:30-12:00 (dispensing), 14:00-18:30 (collection)	Closed	Closed	-	-															

## Tilbury and Chadwell locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced								NHSE Enhanced	ICB		LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	Warfarin supply service	Sexual health	Stop smoking	Supervised consumption	Needle exchange	
Essex Pharmacy	FDN49	Community	2 Civic Square, Tilbury	RM18 8AD	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-			Y	-	-	-	-	-	-	-
Asda Pharmacy	FFP86	Community	Thurrock Park Way, Tilbury	RM18 7HJ	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	10:00-16:00	Y	-	Y	-	-	Y	-	Y			-	-	-	-	-	-	-	-
Allcures Pharmacy	FG775	Community	Unit 1, Stanford House, Princess Margaret Road, East Tilbury	RM18 8YP	09:00-18:30	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y			-	-	-	Y	Y	-	-	-
Boots	FHF78	Community	2 St Chads Road, Tilbury	RM18 8LB	09:00-19:00 (Thu 09:00-18:00)	09:00-13:00, 14:00-17:30	Closed	-	-	Y	-	-	-	-	-			-	-	-	-	-	Y	Y	Y
Dips Chemist	FPW42	Community	12 Defoe Parade, Chadwell St Mary	RM16 4QR	09:00-13:00, 14:00-18:00 (Wed 09:00-13:00)	09:00-13:00, 14:00-17:00	Closed	-	-	Y	-	-	Y	-	Y			-	-	-	-	-	-	-	-
Dock Pharmacy	FQK60	Community	128 Dock Road, Tilbury	RM18 7BJ	08:30-22:30 (Mon, Fri 08:30-23:30)	08:30-22:30	08:30-22:30	Y	-	Y	-	-	Y	-	Y			-	-	-	Y	-	Y	Y	Y
Riverview Pharmacy	FW514	Community	22 River View, Chadwell St Mary	RM16 4BJ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y			Y	-	-	-	-	-	-	-



## Grays locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE Advanced							NHSE Enhanced	ICB		LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Palliative care	Warfarin supply service	Sexual health	Stop smoking	Supervised consumption	Needle exchange
Allcures Pharmacy	FA736	Community	62 High Street, Grays	RM17 6NA	09:00-19:00	09:00-15:00	Closed	-	-	Y	-	-	Y	-	Y			-	-	-	Y	-	Y	Y
Vision Pharmacy	FCJ06	Community	11 Crammavill Street, Stifford Clays, Grays	RM16 2AP	07:00-22:00	07:00-22:00	09:00-19:00	Y	-	-	-	-	Y	-	-			-	-	-	Y	Y	-	-
Lloyds Pharmacy	FD776	Community	Burghley Road, Chafford Hundred	RM16 6QQ	07:00-23:00	07:00-22:00	10:00-16:00	Y	Y	Y	-	-	Y	-	Y			-	-	-	Y	Y	-	-
Lloyds Pharmacy	FLQ07	Community	31 Lodge Lane, Grays	RM17 5RY	09:00-19:00	09:00-17:00	Closed	-	Y	Y	-	Y	Y	-	Y			-	-	-	-	-	Y	-
Unicare Pharmacy	FMM25	Community	34 East Thurrock Road, Grays	RM17 6SP	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-			-	-	-	-	-	-	-
Boots	FMX69	Community	35-43 High Street, Grays	RM17 6NB	09:00-17:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	-			-	-	-	Y	Y	Y	-
Armada Pharmacy	FNT96	Community	1 Drake House, Drake Road, Chafford Hundred	RM16 6RX	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y			-	-	-	Y	-	-	-
Unicare Pharmacy	FQG23	Community	89 Orsett Road, Grays	RM17 5HH	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	-			-	-	-	Y	-	Y	-
Well Stifford Clays-Crammavil Street	FQY84	Community	16 Crammavill Street, Stifford Clays, Grays	RM16 2AP	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-			-	-	-	-	-	Y	-
Steve's Chemist	FW449	Community	36 Bridge Road, Grays	RM17 6BU	09:00-17:30	Closed	Closed	-	-	Y	-	-	Y	-	-			-	-	-	-	-	-	-

## Appendix B: PNA Steering Group terms of reference

### Objective/Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of Thurrock Council, to ensure that it satisfies the relevant regulations, including consultation requirements.

### Accountability

The Steering Group is to report to the Consultant in Public Health.

### Membership

Core members:

- Consultant in Public Health
- Senior Public Health Manager – acting as commissioning manager
- NHS England representative
- Local medical committee representative
- Local Pharmaceutical Committee (LPC) representative
- ICB representative
- Council – commissioning manager
- Council – communications officer
- Healthwatch representative (lay member)

Soar Beyond is not to be a core member, but will chair the meetings. Each core member has one vote. The Consultant in Public Health will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

The Director of Public Health confirmed that the Health and Wellbeing Board (HWB) has delegated authority for the PNA to the Steering Group.

Additional members (if required):

- ICB commissioning managers
- NHS trust chief pharmacists
- Dispensing doctors' representative

In attendance at meetings will be representatives of Soar Beyond Ltd, who has been commissioned by Thurrock Council to support the development of the PNA. Other additional members may be co-opted if required.

### Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the HWB.

## Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
  - Any LPC for its area
  - Any local medical committee for its area
  - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
  - Any LPS chemist in its area
  - Any local Healthwatch organisation for its area
  - Any NHS trust or NHS foundation trust in its area
  - NHS England
  - Any neighbouring HWB
- Ensure that due process is followed
- Report to the HWB on both the draft and final PNA
- Publish the final PNA by 1 October 2022.

## Appendix C: Public questionnaire



### PNA 2022 Public Questionnaire Thurrock Health and Wellbeing Board

#### Tell us what you think of pharmacy services in Thurrock

We want to hear what you think of pharmacy services in Thurrock to help us develop services in the future. Everybody's views are important to ensure the pharmacy services in Thurrock meet your needs. Your views will help us to develop future pharmacy services and how these are accessed.

The information you give us will enable us to:

- check whether our services are equally accessible to everyone who is entitled to them;
- identify and address any barriers to accessing (information about) our services;
- continually improve the services we deliver.

We would be grateful if you would take your time to answer some questions about your own experience and views. It takes between 3 and 20 minutes, depending on your answers.

**The information in the questionnaire you provide is confidential.** Please see the privacy statement below (on p 2) to understand what happens to your information and answers. Information returned in the 'A bit about you' section will be recorded separately from your questionnaire response.

This questionnaire is available in an Easy Read format upon request.

Please contact PNA Team at Soar Beyond at [info@SoarBeyond.co.uk](mailto:info@SoarBeyond.co.uk) or call 01442 927972.

If you would like to complete this online, please go to:

<https://consult.thurrock.gov.uk/pharmaceutical-needs-assessment>



**Closing date for this questionnaire is 4 February 2022**

Please return the completed questionnaire to the counter or post back to:  
Soar Beyond, 1 Marchmont Gate, Maxted Road, Hemel Hempstead HP2 7BE

N.B. All responses to these questions are anonymous; responses are added together and no individuals are identified. Any information provided will be treated as strictly confidential and in line with GDPR (General Data Protection Regulation). The information will be held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party. For more detail on the Public Health privacy notice please visit: <https://www.thurrock.gov.uk/privacy>

**1) Do you normally use a specific pharmacy? (Please note this question is required)**

Yes – If happy to do so, please provide the name and address below:

---

No

I prefer to use an online pharmacy – If happy to do so, please provide the website below:

---

**2) How would you rate your overall satisfaction with your regular/preferred pharmacy? (Please note this question is required)**

Excellent    Good    Fair    Poor

**3) How easy or difficult has it been to speak to your pharmacy over the last 18 months, during the pandemic? (Please note this question is required)**

Very easy    Fairly easy    Neither easy nor difficult    Fairly difficult    Very difficult

**4) On a scale from 1 to 10 (1 being extremely unsatisfactory and 10 being extremely satisfactory) how well does your local community pharmacy meet your needs? (Please note this question is required)**

1    2    3    4    5    6    7    8    9    10

**5) How important are each of the following aspects to you when choosing a pharmacy? (Please select one answer for each factor)**

	Extremely important	Very important	Moderately important	Fairly important	Not at all important
<b>Quality of service</b> (friendly staff, expertise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Convenience</b> (location, opening times)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Accessibility</b> (parking, clear signage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Availability of medication/services</b> (stocks, specific services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b> , please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6)** In the last six months, how frequently have you visited/contacted (spoken to, emailed or visited in person) a pharmacy? (Please select one answer for yourself and one for someone else)

**For yourself:**

- Once a week or more
- Once a month
- Once every few months
- Once in six months
- I haven't visited / contacted a pharmacy in the last 6 months

**For someone else:**

- Once a week or more
- Once a month
- Once every few months
- Once in six months
- I haven't visited / contacted a pharmacy in the last 6 months

I normally prefer to use an internet/online pharmacy (An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home) – If happy to do so, please provide the website

---

**7)** Who do you normally visit/contact a pharmacy for? (Please select all that apply)

- Yourself     A family member     A neighbour/friend     Someone you are a carer for
- All of the above
- Other, please specify \_\_\_\_\_

**8)** If you visit/contact a pharmacy regularly *on behalf of someone else*, please give a reason why? (Please select all that apply)

- Opening hours of the pharmacy not suitable for the person
- The person can't access the pharmacy (for example due to disability/lack of transport)
- The person cannot use the delivery service
- For a child/dependant
- The person is too unwell
- The person does not have access to digital or online services
- All of the above
- Other, please specify \_\_\_\_\_

**9)** How would you usually travel to the pharmacy? (Please select one answer)

- Car     Taxi     Public transport     Walk     Bicycle     Wheelchair/mobility scooter
- I don't, someone goes for me
- I don't, I use an online pharmacy or delivery service
- I don't, I utilise a delivery service
- Other, please specify \_\_\_\_\_

*If you have answered that you don't travel to a pharmacy, please go to question 13.*

**10)** If you travel to a pharmacy, where do you travel from? (Please select all that apply)

- Home                       Work                       Other, please specify \_\_\_\_\_

**11)** On an average, how long does it take you to travel to a pharmacy? (Please select one answer)

- 0 to 15 minutes     16 to 30 minutes     Over 30 minutes

**12)** Do you usually face any of the following difficulties when travelling to a pharmacy? (Please select all that apply)

- No  
 Yes, lack of parking  
 Yes, lack of suitable public transport  
 Yes, lack of disabled access/facilities  
 Yes, it's too far away  
 Other, please specify \_\_\_\_\_

**13)** What is the most convenient day for you to visit/contact a pharmacy? (Please select one answer)

- Monday to Friday     Saturday     Sunday     Varies     I don't mind

**14)** Is your preferred pharmacy open on the most convenient day for you? (Please select one answer)

- Yes     No

**15)** When do you prefer to visit / contact a pharmacy? (Please select one answer)

- Morning (8 am–12 pm)     Lunchtime (12 pm–2 pm)     Afternoon (2 pm–6 pm)  
 Early evening (6 pm–8 pm)     Late evening (after 8 pm)     Varies  
 I don't mind/no preference

**16)** Is your preferred pharmacy open at the most convenient time for you/at your preferred time? (Please select one answer)

- Yes     No

**17)** How frequently do you buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

- Daily     Weekly     Fortnightly     Monthly     Yearly  
 Rarely     Never

**18)** Which of the following [pharmacy services](#) are you aware that a pharmacy may provide? (Please select one answer for each service - even if you do not use the service)

Service	Are you aware that a pharmacy may provide this?	
Advice from your pharmacist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COVID-19 lateral flow device (LFD) distribution service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COVID-19 asymptomatic testing using a lateral flow device (LFD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COVID-19 vaccination services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flu vaccination services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Buying over-the-counter medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dispensing prescription medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dispensing appliances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repeat dispensing services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home delivery and prescription collection services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication review	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New medicine service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discharge from hospital medicines service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency supply of prescription medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disposal of unwanted medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appliance Use Review	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis testing service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stoma appliance customisation service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Needle exchange	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stopping smoking/nicotine replacement therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immediate access to specialist drugs, e.g. palliative care medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Travel immunisation (some pharmacies)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, please specify _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No



19) Which of the following [pharmacy services](#) would you like to see always provided by your pharmacy? (Please select one answer for each service)

Service	Would you like to see this service always provided?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 lateral flow device distribution service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 asymptomatic testing using a lateral flow device (LFD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Flu vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Repeat dispensing services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Home delivery and prescription collection services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
New medicine service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Discharge from hospital medicines service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stoma appliance customisation service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stopping smoking/nicotine replacement therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Immediate access to specialist drugs, e.g. palliative care medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Travel immunisation (some pharmacies)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Other, please specify _____	

**20)** Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact? (Please select one answer)

- Yes       No       I don't know

**21)** If there is a consultation room, is it fully accessible to wheelchair users, or to people with other accessibility needs? (Please select one answer)

- Yes       No       I don't know

Any other comments you would like to make about the consultation room?

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**22)** Is your pharmacy able to provide medication on the same day that your prescription is sent to it? (Please select one answer)

- Yes  
 No – it normally takes one day  
 No – it normally takes two or three days  
 No – it normally takes more than three days  
 I don't know

**23)** Would you like to be alerted when your medication is ready for collection? (Please select one answer)

- Yes – by text  
 Yes – by email  
 No

**24)** If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

- Paper request form to my GP practice  
 Paper request form through my pharmacy  
 By email to my GP practice  
 Online request to my GP practice  
 My pharmacy orders on my behalf  
 Electronic Repeat Dispensing (eRD)  
 NHS app  
 Varies  
 Other, please specify \_\_\_\_\_

**25)** Have you ever used [Electronic Repeat Dispensing](#) (eRD) (Electronic repeat dispensing (eRD) is a process that allows you to obtain repeated medication/appliances without the need for your GP to hand-sign authorised repeat prescriptions each time. This allows your GP to authorise and issue a batch of repeat prescriptions until you need to be reviewed. The prescriptions are then available for dispensing at the specified intervals at your nominated pharmacy). (Please select one answer)

Yes – Please tell us if you have any comments about it

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No

I don't know/have never heard of it

**26)** Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. What types of treatments or advice would you like to receive from pharmacies so they can better meet your needs?

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**27)** Do you have any other comments you would like to make about your pharmacy services, including any improvements you would like to see?

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**Thank you for completing this questionnaire**

## A bit about you

Thurrock Council wants to deliver high quality services to everyone, whatever their background. It is also important that everyone feels their views are valued and included. You are not required to complete any of the following questions, but telling us about your background will help us to make sure that we are meeting the needs of our communities. All responses will be treated in confidence.

**28) Do you want to answer some questions about you?**

- Yes       No - please end the questionnaire

**29) What is your ethnic group?**

- |   |  |
|---|--|
| <input type="checkbox"/> White: English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> White: Irish                            |
| <input type="checkbox"/> White: Gypsy or Irish Traveller                      | <input type="checkbox"/> White: any other White background       |
| <input type="checkbox"/> Mixed: White and Black Caribbean                     | <input type="checkbox"/> Mixed: White and Black African          |
| <input type="checkbox"/> Mixed: White and Asian                               | <input type="checkbox"/> Mixed: any other Mixed background       |
| <input type="checkbox"/> Asian or Asian British: Indian                       | <input type="checkbox"/> Asian or Asian British: Pakistani       |
| <input type="checkbox"/> Asian or Asian British: Bangladeshi                  | <input type="checkbox"/> Asian or Asian British: Chinese         |
| <input type="checkbox"/> Any other Asian background                           | <input type="checkbox"/> Black British or Black British: African |
| <input type="checkbox"/> Black or Black British: Caribbean                    | <input type="checkbox"/> Any other Black background              |
| <input type="checkbox"/> Arab   | <input type="checkbox"/> Any other ethnic group                  |
|   | <input type="checkbox"/> Prefer not to say                       |

**30) What is your age group?**

- 17 or under       18–24       25–44       45–64       65–79       80 or above
- Prefer not to say

**31) Please specify your gender**

- Male       Female       Transgender       Gender neutral       Other
- Prefer not to say

**32) How would you define your sexual orientation?**

- Heterosexual/Straight       Gay       Lesbian       Bisexual       Other       Prefer not to say

**33) If you are someone of faith, please identify which**

- Christian (Church of England/Catholic/Protestant/any other Christian denomination)
- Buddhist       Hindu       Jewish       Muslim       Sikh
- Any other religion       No religion       Prefer not to say

**34) Do you have a disability?**

- Yes       No       Prefer not to say

**35) If you are disabled, how would you describe your disability?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Visual impairment            | <input type="checkbox"/> Speech impairment                | <input type="checkbox"/> Hearing impairment      |
| <input type="checkbox"/> Mobility (a wheelchair user) | <input type="checkbox"/> Mobility (not a wheelchair user) | <input type="checkbox"/> Mental health condition |
| <input type="checkbox"/> Long-term medical condition  | <input type="checkbox"/> Learning disability              | <input type="checkbox"/> Hidden impairment       |
| <input type="checkbox"/> Other                        | <input type="checkbox"/> Prefer not to say                |  |

## Appendix D: Contractor questionnaire

### **PNA 2022 Pharmacy Contractor Questionnaire Thurrock Health and Wellbeing Board**

Soar Beyond are supporting Thurrock Council to produce their 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all pharmacy contractors within Thurrock.

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at

<https://www.surveymonkey.co.uk/r/ThurrockPNA2022PharmacyContractor>



**Please complete this questionnaire by 4 February at the latest**

**Premises and contact details**

Contractor code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of contractor pharmacy	
Opening hours and related matters	Contact NHSE

**Services – Does the pharmacy dispense appliances?**

Yes – All types	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>
Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Non-commissioned services – Does the pharmacy provide any of the following?**

Collection of prescriptions from GP practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – With charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any services you would like to provide that are not currently commissioned in your area? _____	

**Details of the person completing this form:**

Contact name of person completing questionnaire on behalf of the contractor if questions arise	Contact telephone number

## Appendix E: Commissioner questionnaire

### **PNA 2022 Commissioner Questionnaire Thurrock Health and Wellbeing Board**

Soar Beyond are supporting Thurrock Council to produce their 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all commissioners who are responsible for commissioning services from community pharmacies in Thurrock (even if they do not commission services currently).

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online by following QR code or going to

<https://www.surveymonkey.com/r/ThurrockPNA2022Commissioner>



**Please complete the questionnaire by 4 February 2022**

## **Community pharmacy services overview**

### ***Community Pharmacy Contractual Framework (CPCF)<sup>1</sup>***

Community pharmacies are contracted and commissioned in England under the national Community Pharmacy Contractual Framework (CPCF). This sets out the services that need to be provided, how quality is assured and other expectations, such as safety. CPCF is made up of three different service types and below are examples of what is already commissioned in community pharmacy:

1. Essential Services – provided by all pharmacy contractors and are commissioned by NHS England:
  - a. Dispensing Medicines and Appliances
  - b. Repeat Dispensing
  - c. Discharge Medicines Service
  - d. Disposal of Unwanted Medicines
  - e. Promotion of Health Lifestyles – Public Health
  - f. Signposting to other healthcare providers
  - g. Clinical Governance
  - h. Support for self-care
2. Advanced Services – provided by all contractors once accreditation requirements have been met and are commissioned by NHS England:
  - a. Appliance Use Reviews (AUR)
  - b. Community Pharmacist Consultation Service (CPCS)
  - c. COVID-19 Lateral Flow Device Distribution Service
  - d. Flu Vaccination Service
  - e. Hepatitis C Testing Service
  - f. Hypertension Case-finding Service
  - g. New Medicines Service (NMS)
  - h. Pandemic Delivery Service – active until 31<sup>st</sup> March 2022
  - i. Stoma Appliance Customisation
  - j. Stop Smoking Advanced Service – will be commissioned from January 2022
3. Locally Commissioned Services – services commissioned by Local Authorities, Integrated Care Boards and NHS England in response to the needs of the local populations.

### ***Pharmacy Quality Scheme (PQS)***

The Pharmacy Quality Scheme (PQS) forms part of the CPCF. It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience.<sup>2</sup> The new PQS for 2021/22 from September 2021 will focus on priorities supporting recovery from COVID-19 and examples of criteria include:<sup>3</sup>

- 20 new NMS provisions
- Identifying people who would benefit from weight management advice and onward referral, including to the recently introduced NHS Digital Weight and/or Local Authority funded tier 2 weight management service
- Checking inhaler technique, as part of catch-up NMS, ensuring patients have personalised asthma action plans and use of spacers in children, and encouraging return of unwanted and used inhalers for disposal to protect the environment

Full details of PQS 2021/21 can be found here:

<sup>1</sup> **PSNC, Pharmaceutical Services Negotiating Committee.** Community Pharmacy Contractual Framework. *PSNC*. [Online] [Cited: October 06, 2021.] <https://psnc.org.uk/contract-it/the-pharmacy-contract/>

<sup>2</sup> **PSNC, Pharmaceutical Services Negotiating Committee.** Pharmacy Quality Scheme. *PSNC*. [Online] [Cited: October 06, 2021.] <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/>

<sup>3</sup> **NHS BSA, NHS Business Services Authority.** Pharmacy Quality Scheme (PQS) 2021/22. *NHSBA*. [Online] [Cited: October 06, 2021.] [www.nhsbsa.nhs.uk/sites/default/files/2021-08/Pharmacy Quality Scheme Announcement September 2021-2022.pdf](http://www.nhsbsa.nhs.uk/sites/default/files/2021-08/Pharmacy%20Quality%20Scheme%20Announcement%20September%202021-2022.pdf)



[Pharmacy Quality Scheme Announcement September 2021-2022.pdf \(nhsbsa.nhs.uk\)](https://www.nhs.uk/medicines/pharmacy-quality-scheme-announcement-september-2021-2022.pdf)

**Which of the following services do you commission or may be considering commissioning from local community pharmacies?**

SERVICE	Already commissioning	Willing to commission	Not able or willing to commission
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiviral Distribution Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC) <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disease-Specific Medicines Management Service:</b>			
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contraception Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently commissioning an Independent Prescribing Service, what therapeutic areas are covered?			
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently commissioning a Medicines Optimisation Service, what therapeutic areas are covered?			
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England Team. The regional NHS England Team may commission them on behalf of the ICB or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

<b>SERVICE</b>	<b>Already commissioning</b>	<b>Willing to commission</b>	<b>Not able or willing to commission</b>
Not-Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (please name the medicines below) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service:			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccinations:			
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at-risk workers or patients) vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (please name therapeutic areas below) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) <sup>(1)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Details of the Person Completing this Questionnaire – if questions arise**

<b>Contact name</b>	<b>Contact telephone number</b>

## Appendix F: Dispensing practice questionnaire

### PNA 2022 Dispensing Practice Questionnaire Thurrock Health and Wellbeing Board

#### What is this questionnaire about?

As you may be aware, Thurrock Council has a statutory duty to develop and publish a revised Pharmaceutical Needs Assessment (PNA) at least every three years. The next PNA will be published by October 2022. Work has been underway on the PNA for some time and I would like to update you on the process so far.

A core Steering Group was established to lead the work. The Steering Group includes Local Medical Committee (LMC) representation.

Information is being collated on the population and health needs of each of the localities in Thurrock. Alongside that, information is being collated on the pharmaceutical services that are currently available.

The conclusions will start to be drawn leading to the draft PNA for consultation being completed by summer 2022. All dispensing doctor contractors will be asked to comment as part of the consultation.

To help us form a clearer picture of the services available to patients living in the more rural parts of the Health and Wellbeing Board area who may have problems accessing services, please can you answer the following questions by **4 February at the latest**, so that the information can be incorporated into the needs assessment.

#### Who should complete the questionnaire?

This questionnaire should be completed by the Dispensing Doctor/Practice Manager. The responses should be about the dispensary. If your practice offers dispensing services from several branch surgeries, please complete a return for each dispensing site.

If you do not wish to answer a question for any reason, then leave it blank.

If you would like to complete this online please go to:

<https://www.surveymonkey.co.uk/r/ThurrockPNA2022DispensingPractice>



1) Is the practice participating in the current Dispensary Services Quality Scheme (DSQS)?

Yes       No

2) Do you provide any of the following services outside the dispensing service?

Dispensing Review Use of Medication (DRUMs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance aids (please list)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – Selected patient groups (please list criteria)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – Selected areas	<input type="checkbox"/> Any eligible patient within our practice inner boundary <input type="checkbox"/> Any eligible patient within a smaller area than our practice boundary <input type="checkbox"/> Any eligible patient wherever they live
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – With charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify)	
Are there any services you would like to provide that are not currently commissioned in your area? (if so, please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No

3) Is your practice planning to provide any of the following services?

DRUMs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Compliance aids (please list)	<input type="checkbox"/> Yes <input type="checkbox"/> No
We plan to offer delivery of dispensed medicines from (provide date/timescales if known)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other (please specify)	
No additional services	

4) If your practice could be commissioned to provide similar services to those currently available under the [additional services sections of the community pharmacy contract](#), would you be prepared to do so?

Yes (please specify the type of service) \_\_\_\_\_

No

***Thank you for your time completing this questionnaire***

Your answers to this survey are private and will be kept in line with the Data Protection Act

## Appendix G: PNA project plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 1: Project Planning and Governance <ul style="list-style-type: none"> <li>Stakeholders identified</li> <li>First Steering Group meeting conducted</li> <li>Project Plan, Communications Plan and Terms of Reference agreed</li> <li>PNA localities agreed</li> <li>Questionnaire templates shared and agreed</li> </ul>			x										
Stage 2: Research and analysis <ul style="list-style-type: none"> <li>Collation of data from NHSE, PH, LPC and other providers of services</li> <li>Listing and mapping of services and facilities with the borough</li> <li>Collation of information regarding housing and new care home developments</li> <li>Equalities impact assessment</li> <li>Electronic, distribution and collation</li> <li>Analysis of questionnaire responses</li> <li>Steering Group Meeting Two</li> <li>Draft Update for HWB</li> </ul>				x	x	x							
Stage 3: PNA development <ul style="list-style-type: none"> <li>Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs</li> <li>Develop consultation plan</li> <li>Draft PNA</li> <li>Engagement for consultation</li> <li>Steering Group Meeting Three</li> <li>Draft update for HWB</li> </ul>							x	x					
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> <li>Coordination and management of consultation</li> <li>Analysis of consultation responses</li> <li>Production of consultation findings report</li> <li>Draft Final PNA for approval</li> <li>Steering Group Meeting Four</li> <li>Minutes to meetings</li> <li>Edit and finalise Final PNA 2022</li> <li>Draft update for HWB</li> </ul>									x	x	x	x	

## Appendix H: Results of the public questionnaire

# Project Report

10 May 2019 - 21 February 2022

## Have my say | Thurrock Council

### Pharmaceutical Needs Assessment



### Visitors Summary



### Highlights

TOTAL VISITS	MAX VISITORS PER DAY	
<b>1 k</b>	<b>312</b>	
NEW REGISTRATIONS		
<b>0</b>		
ENGAGED VISITORS	INFORMED VISITORS	AWARE VISITORS
<b>410</b>	<b>596</b>	<b>878</b>

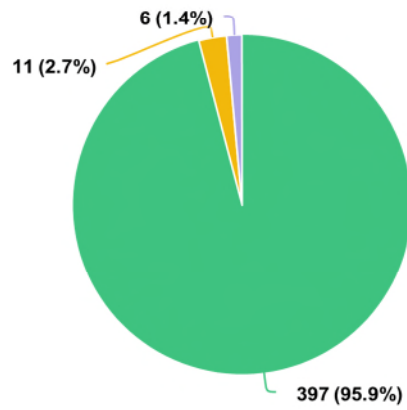
— Pageviews — Visitors

Aware Participants		Engaged Participants			
878		410			
Aware Actions Performed	Participants	Engaged Actions Performed			
Visited a Project or Tool Page	878	Registered	Unverified	Anonymous	
Informed Participants	596	Contributed on Forums	0	0	0
Informed Actions Performed	Participants	Participated in Surveys	1	1	408
Viewed a video	0	Contributed to Newsfeeds	0	0	0
Viewed a photo	0	Participated in Quick Polls	0	0	0
Downloaded a document	0	Posted on Guestbooks	0	0	0
Visited the Key Dates page	0	Contributed to Stories	0	0	0
Visited an FAQ list Page	16	Asked Questions	0	0	0
Visited Instagram Page	0	Placed Pins on Places	0	0	0
Visited Multiple Project Pages	176	Contributed to Ideas	0	0	0
Contributed to a tool (engaged)	410				

## PNA Questionnaire

Visitors <b>581</b>	Contributors <b>410</b>	CONTRIBUTIONS <b>414</b>
---------------------	-------------------------	--------------------------

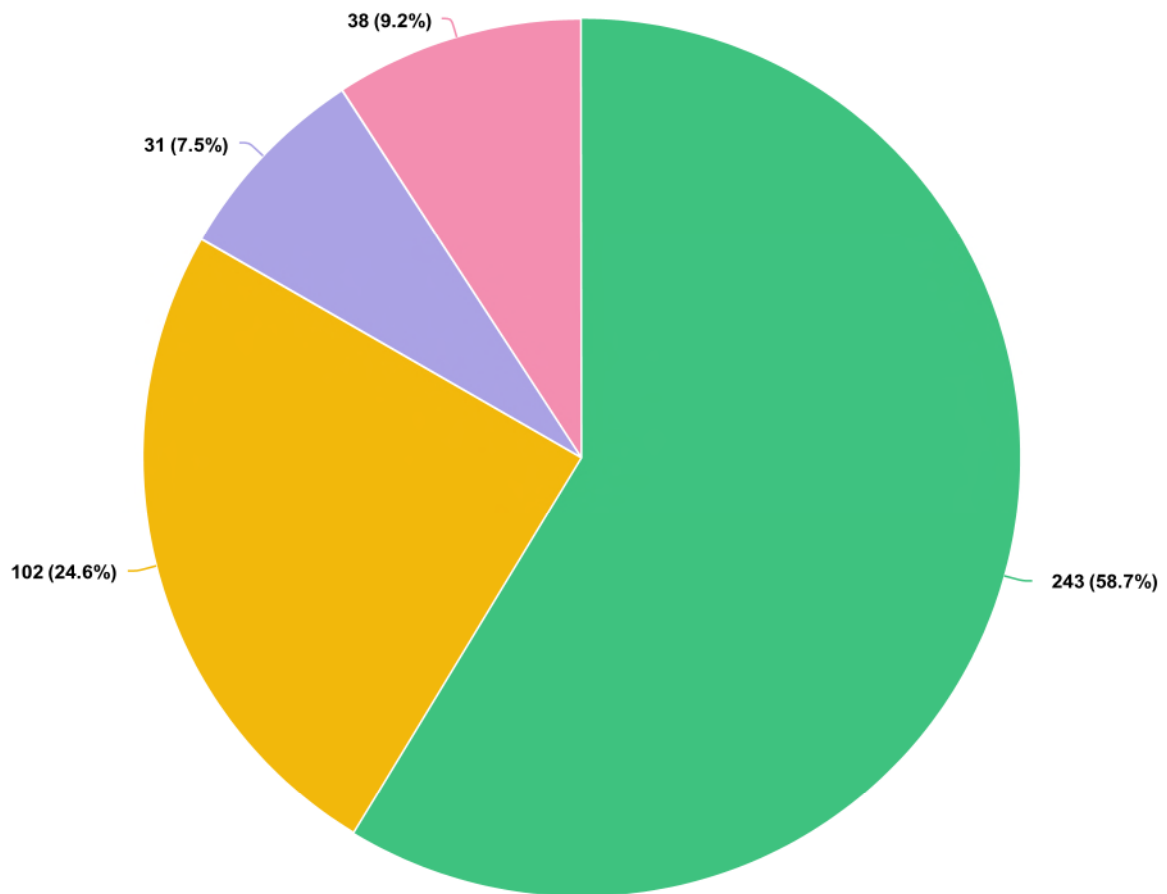
Do you normally use a specific pharmacy?



**Question options**

- Yes
- No
- I prefer to use an online pharmacy

**How would you rate your overall satisfaction with your regular / preferred pharmacy?**



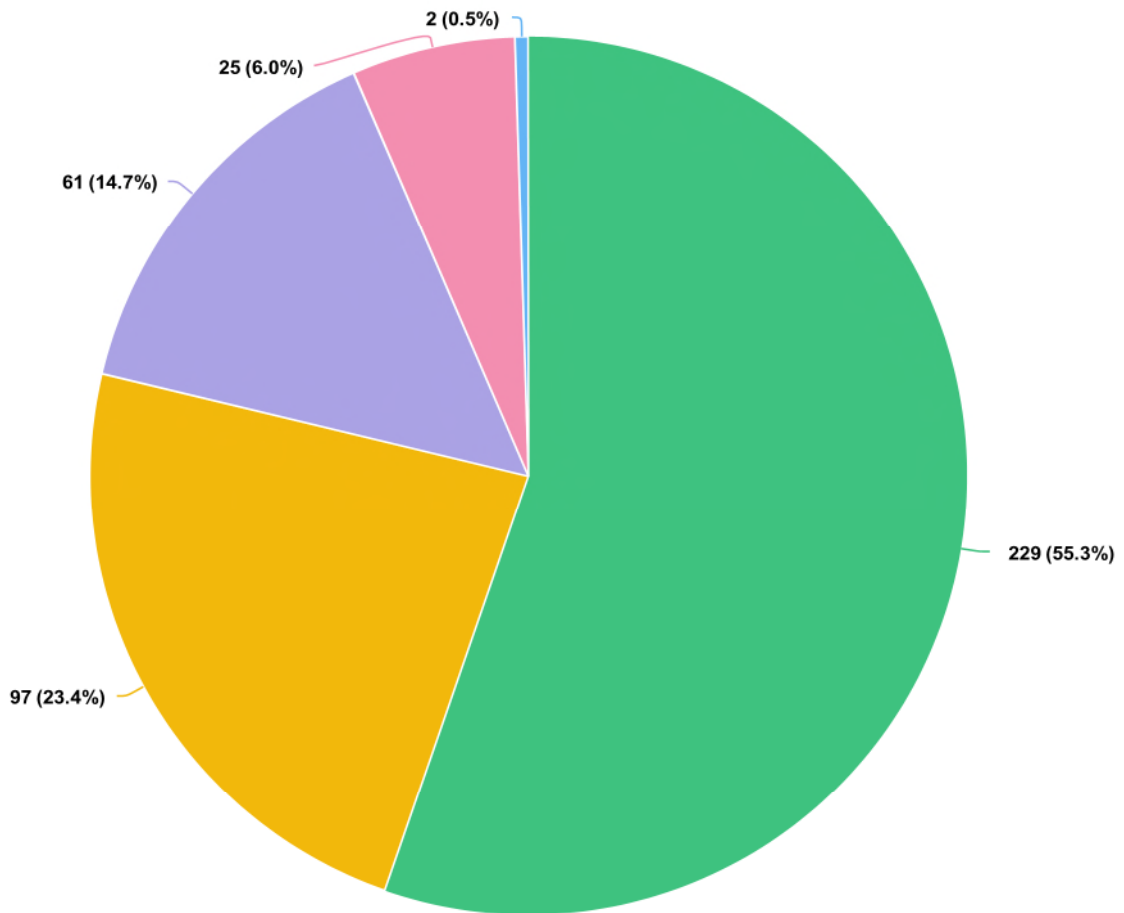
**Question options**

- Excellent
- Good
- Fair
- Poor

*Mandatory Question (414 response(s))*



**How easy or difficult has it been to speak to your pharmacy over the last 18 months, during the pandemic?**

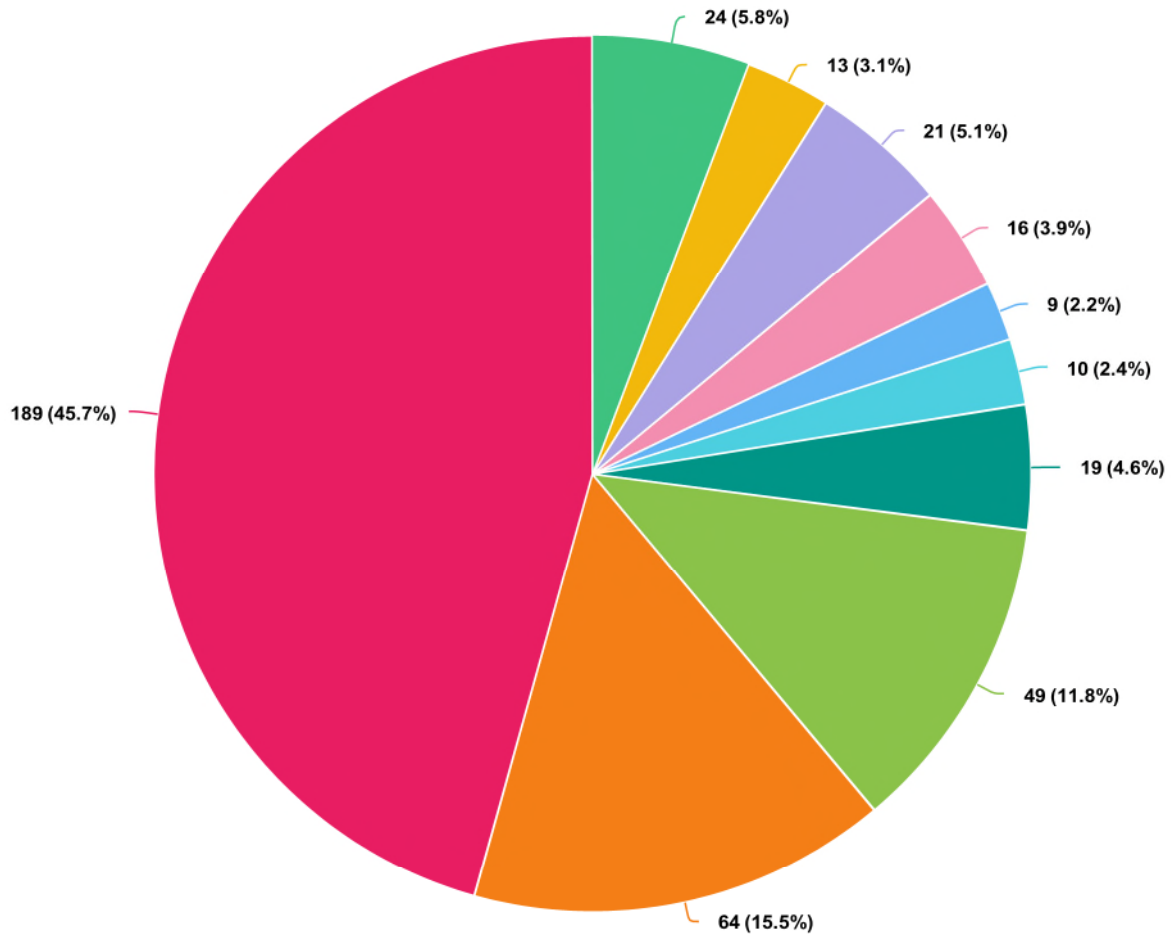


**Question options**

- Very Easy
- Fairly Easy
- Neither Easy Nor Difficult
- Fairly Difficult
- Very Difficult

*Mandatory Question (414 response(s))*

**On a scale from 1 to 10 (1 being extremely unsatisfactory and 10 being extremely satisfactory) how well does your local community pharmacy meet your needs?**



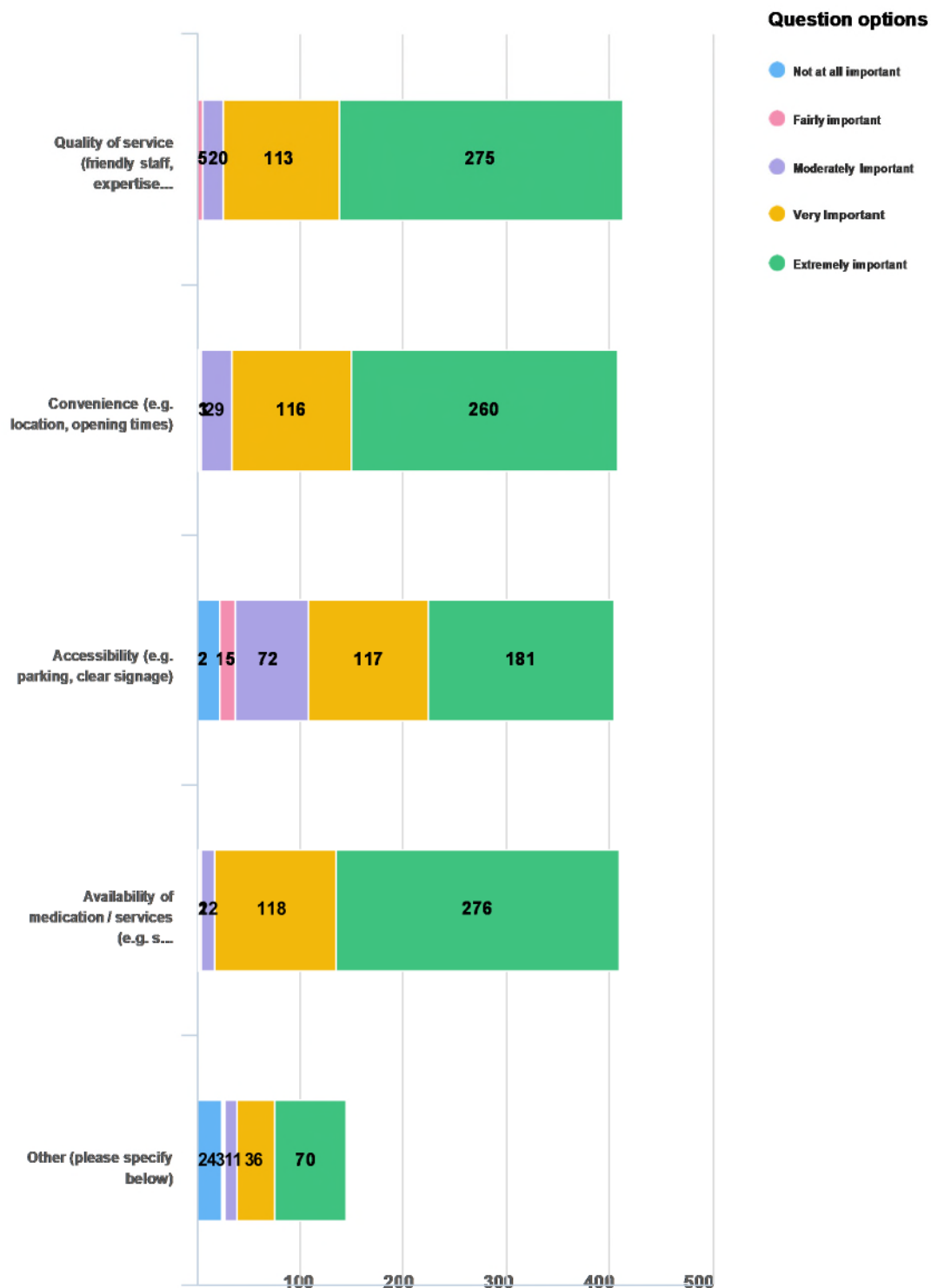
**Question options**

- 1 - extremely unsatisfactory    ● 2    ● 3    ● 4    ● 5    ● 6    ● 7    ● 8    ● 9
- 10 - extremely satisfactory

*Mandatory Question (414 response(s))*

*Question type: Dropdown Question*

**How important are each of the following aspects to you when choosing a pharmacy?**

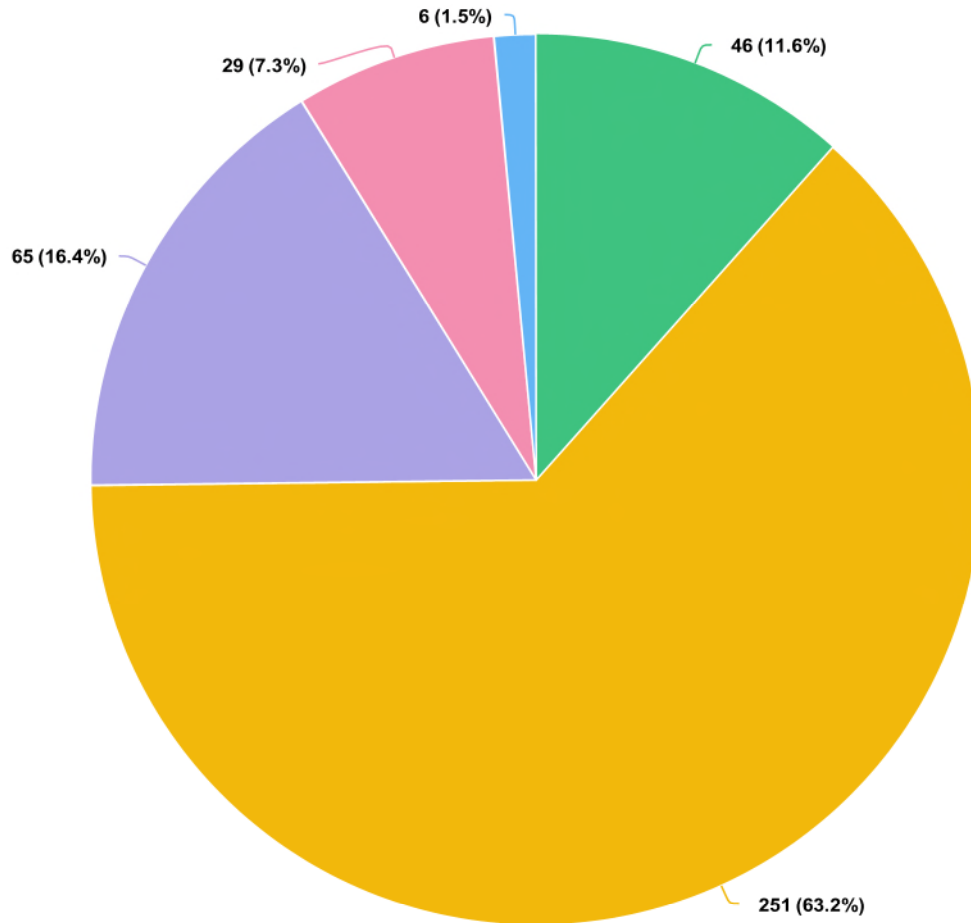


Knowledgeable and Friendly Staff	53	Quick Service	14
Delivery of Medication	11	Availability of Stock	8
Ability to Prescribe	6	Well-Staffed	3
Opening Hours	3	Improved Prescription availability	1
Jabs are available	1	Order Repeat Prescription	1
Familiarity with those with special needs	1	Cleanliness	1

*Optional question (413 response(s), 1 skipped)*

**Question type: Likert Question**

**In the last six months, how frequently have you visited / contacted (spoken to, emailed or visited in person) a pharmacy for yourself?**



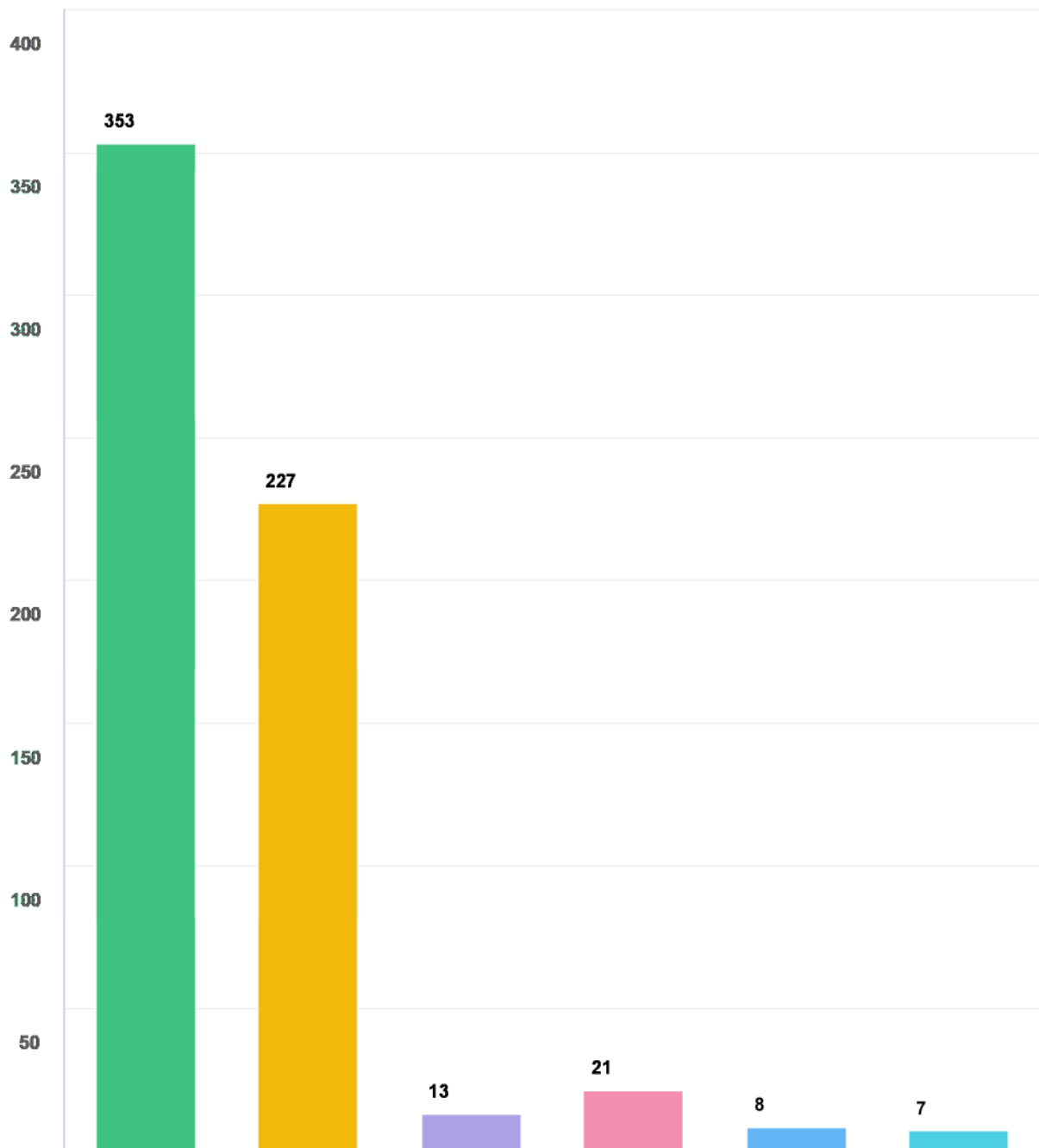
**Question options**

- I normally prefer to use an internet / online pharmacy (An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home)
- Once in six months
- Once every few months
- Once a month
- Once a week or more

*Optional question (397 response(s), 17 skipped)*

*Question type: Dropdown Question*

**Who do you normally visit / contact a pharmacy for?**



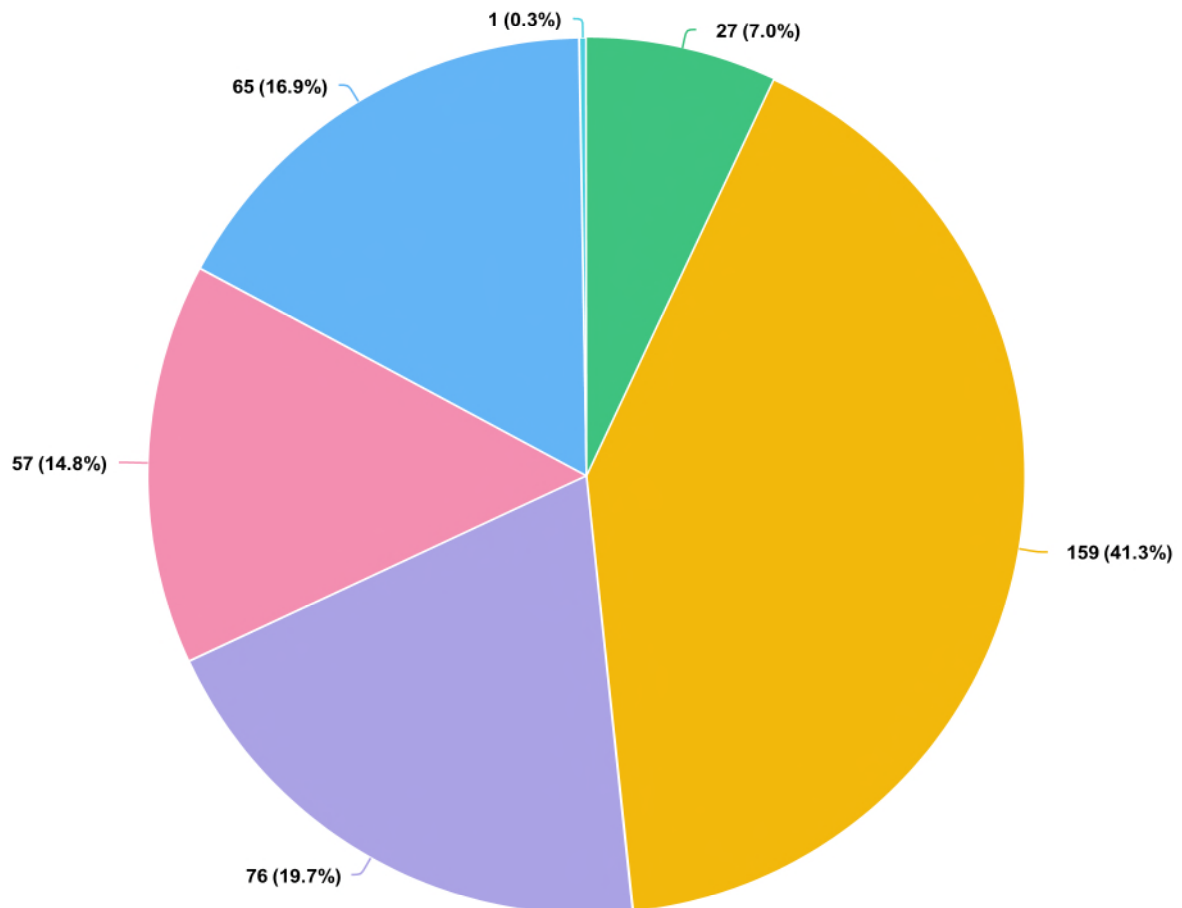
**Question options**

- Other (please specify)
- All of the above
- Someone you are a carer for
- A neighbour / friend
- A family member
- Yourself

*Optional question (407 response(s), 7 skipped)*

*Question type: Checkbox Question*

**In the last six months, how frequently have you visited / contacted (spoken to, emailed or visited in person) a pharmacy for someone else?**



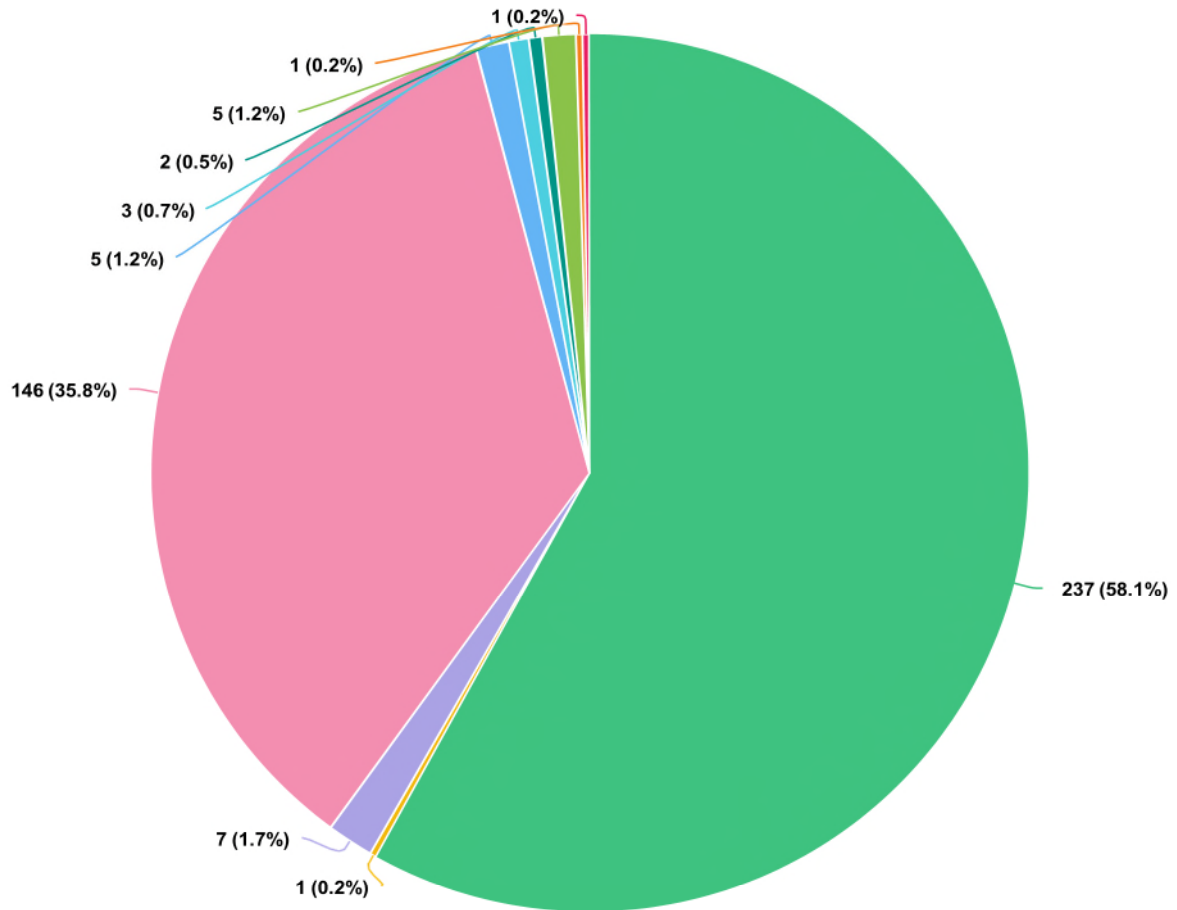
**Question options**

- I normally prefer to use an internet / online pharmacy (An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home)
- I haven't visited / contacted a pharmacy in the last 6 months     ● Once in six months     ● Once every few months
- Once a month     ● Once a week or more

*Optional question (385 response(s), 29 skipped)*

*Question type: Dropdown Question*

**How would you usually travel to the pharmacy?**



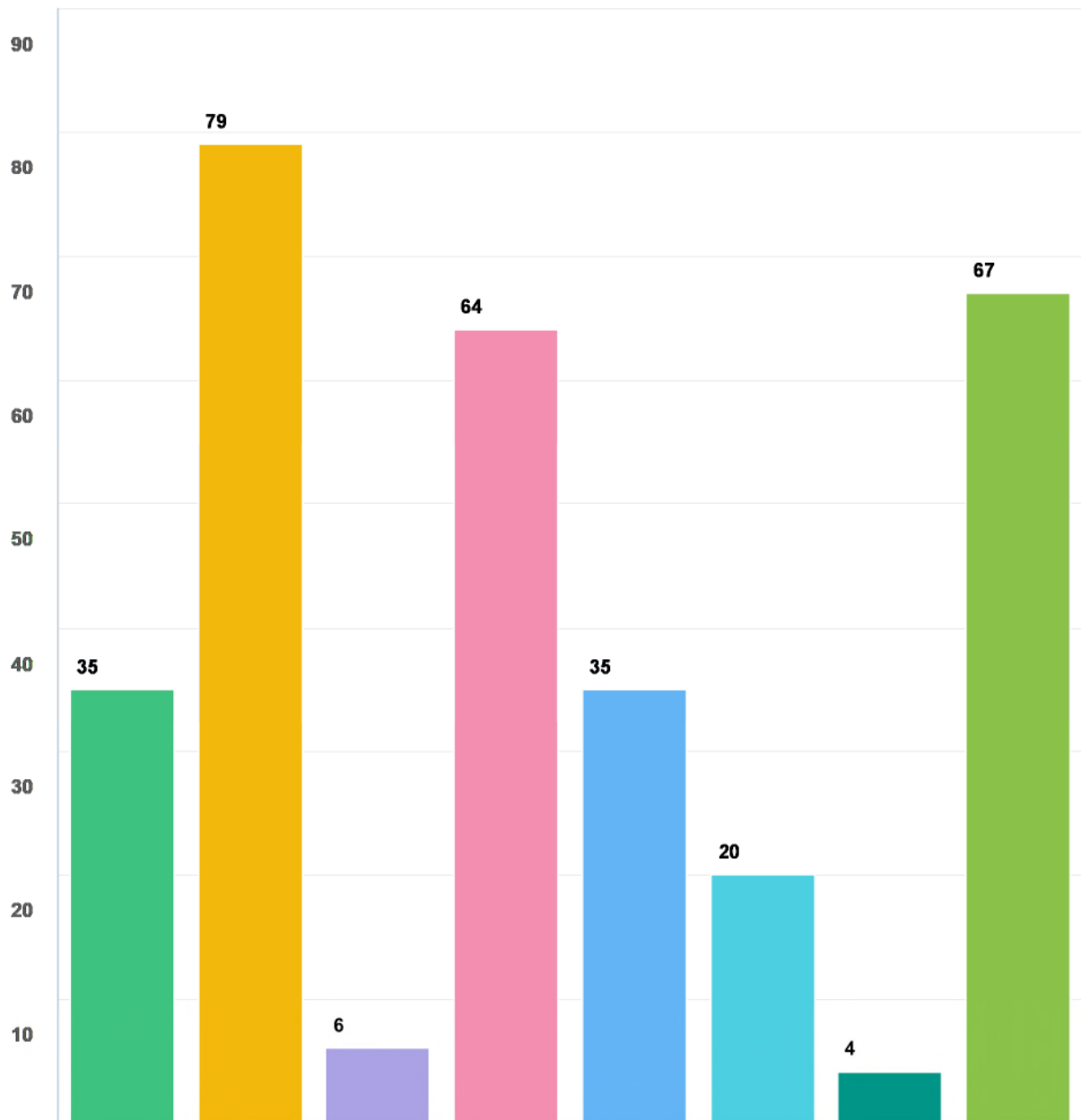
**Question options**

- Other (please specify)
- I don't, I utilise a delivery service
- I don't, I use an online pharmacy or delivery service
- I don't, someone goes for me
- Wheelchair/Mobility Scooter
- Bicycle
- Walk
- Public Transport
- Taxi
- Car

Optional question (408 response(s), 6 skipped)

Question type: Dropdown Question

**If you visit/contact a pharmacy regularly on behalf of someone else, please give a reason why?**



**Question options**

- Other (please specify)
- All of the above
- The person does not have access to digital or online services
- The person is too unwell
- For a child / dependant
- The person cannot use the delivery service
- The person can't access the pharmacy (for example due to disability / lack of transport)
- Opening hours of the pharmacy not suitable for the person

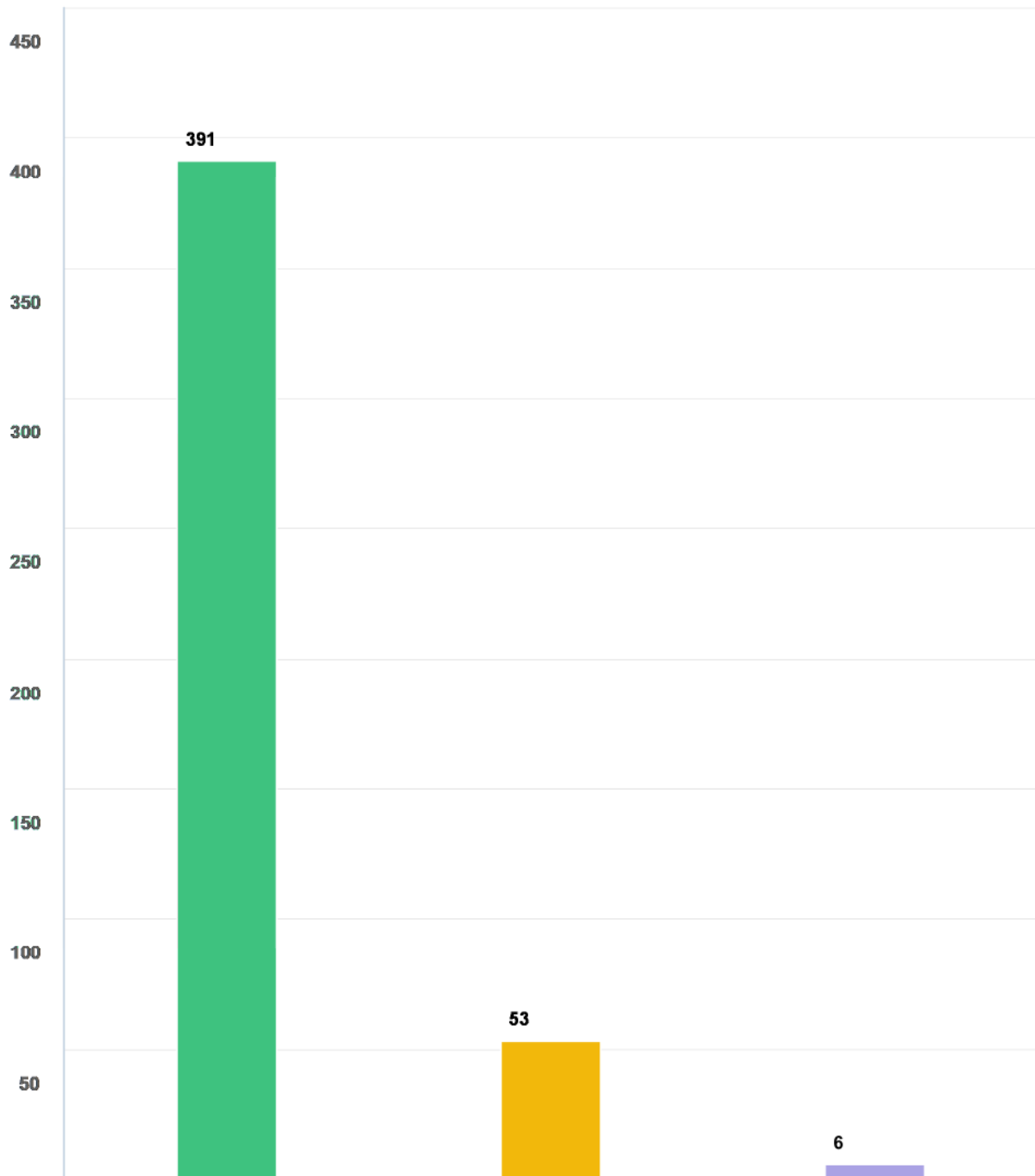
Convenience	41	Dependent / unable to travel themselves	13
Person is Covid shielding	5	Opening hours not suitable	2
Parking can be difficult	1		

*Optional question (256 response(s), 158 skipped)*

*Question type: Checkbox Question*



**If you travel to a pharmacy, where do you travel from?**



**Question options**

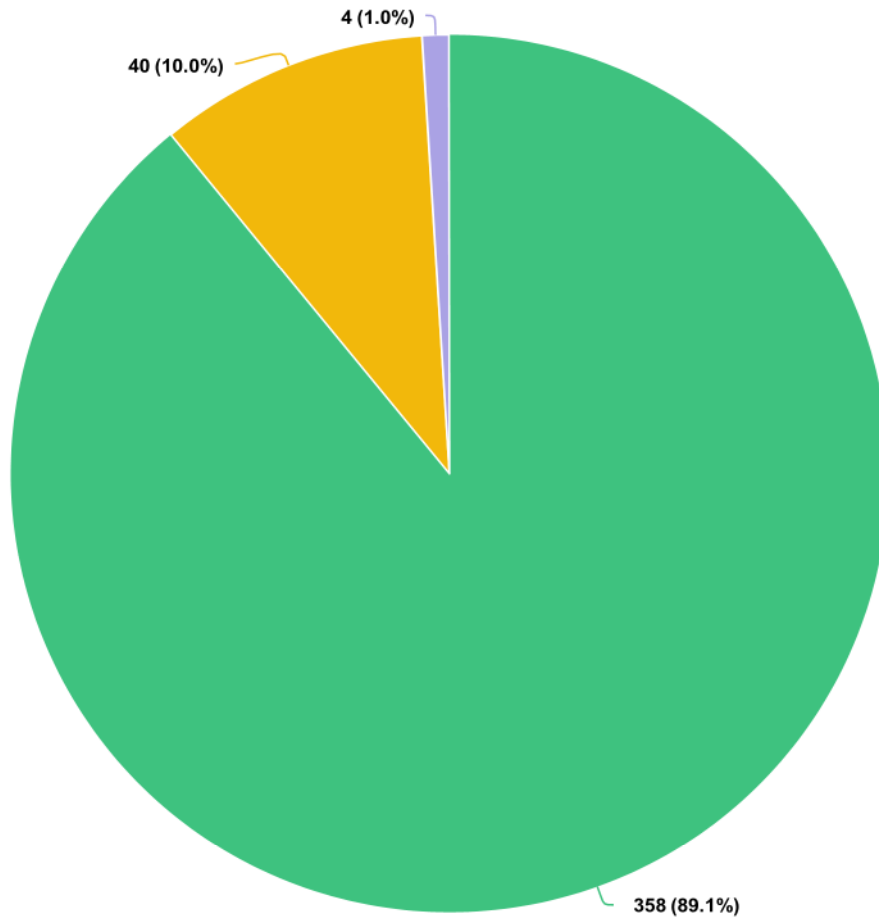
- Other (please specify)
- Work
- Home

Various	3	GP Surgery	2
Allotment	1	Have prescription delivered	1

*Optional question (403 response(s), 11 skipped)*

*Question type: Checkbox Question*

**On average, how long does it take you to travel to a pharmacy?**



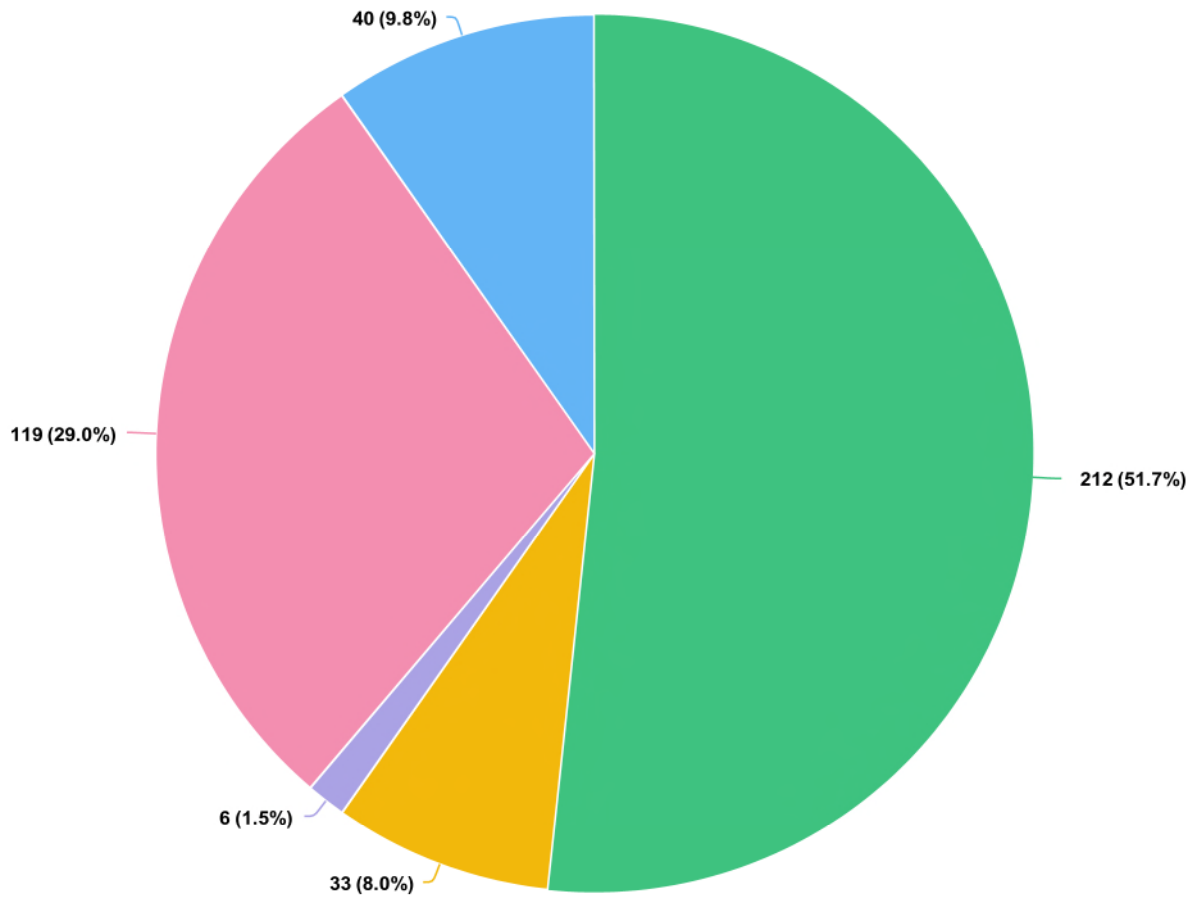
**Question options**

- Over 30 minutes
- 16 to 30 minutes
- 0 to 15 minutes

*Optional question (402 response(s), 12 skipped)*

*Question type: Dropdown Question*

**What is the most convenient day for you to visit / contact a pharmacy?**



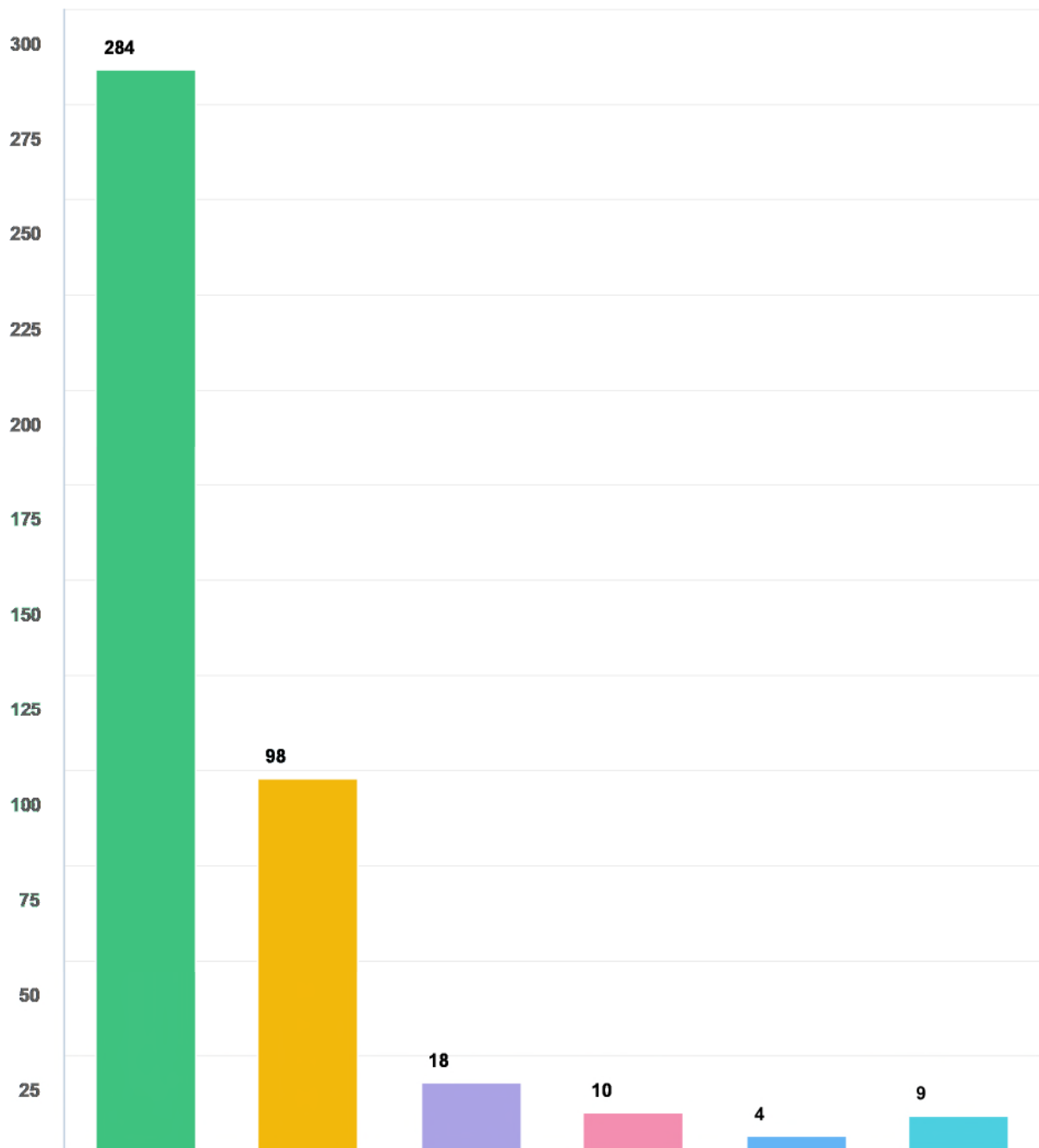
**Question options**

- I don't mind
- Varies
- Sunday
- Saturday
- Monday to Friday

*Optional question (410 response(s), 4 skipped)*

*Question type: Dropdown Question*

**Do you usually face any of the following difficulties when travelling to a pharmacy?**



**Question options**

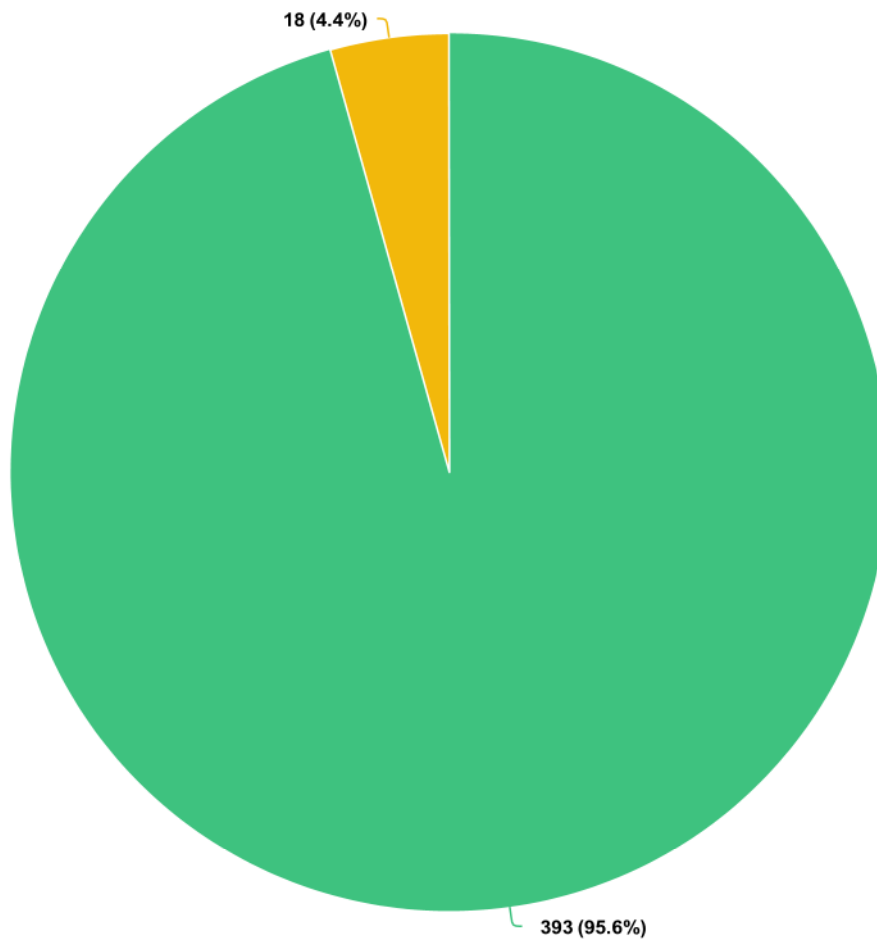
- Other (please specify)
- Yes, it's too far away
- Yes, lack of disabled access/facilities
- Yes, lack of suitable public transport
- Yes, lack of parking
- No

Chemist is closed during lunch time	1	Extremely vulnerable so get delivery	1
Closed on weekends	1	Always too busy	1
Traffic Congestion	1	No public transport	1

*Optional question (400 response(s), 14 skipped)*

*Question type: Checkbox Question*

**Is your preferred pharmacy open on the most convenient day for you?**



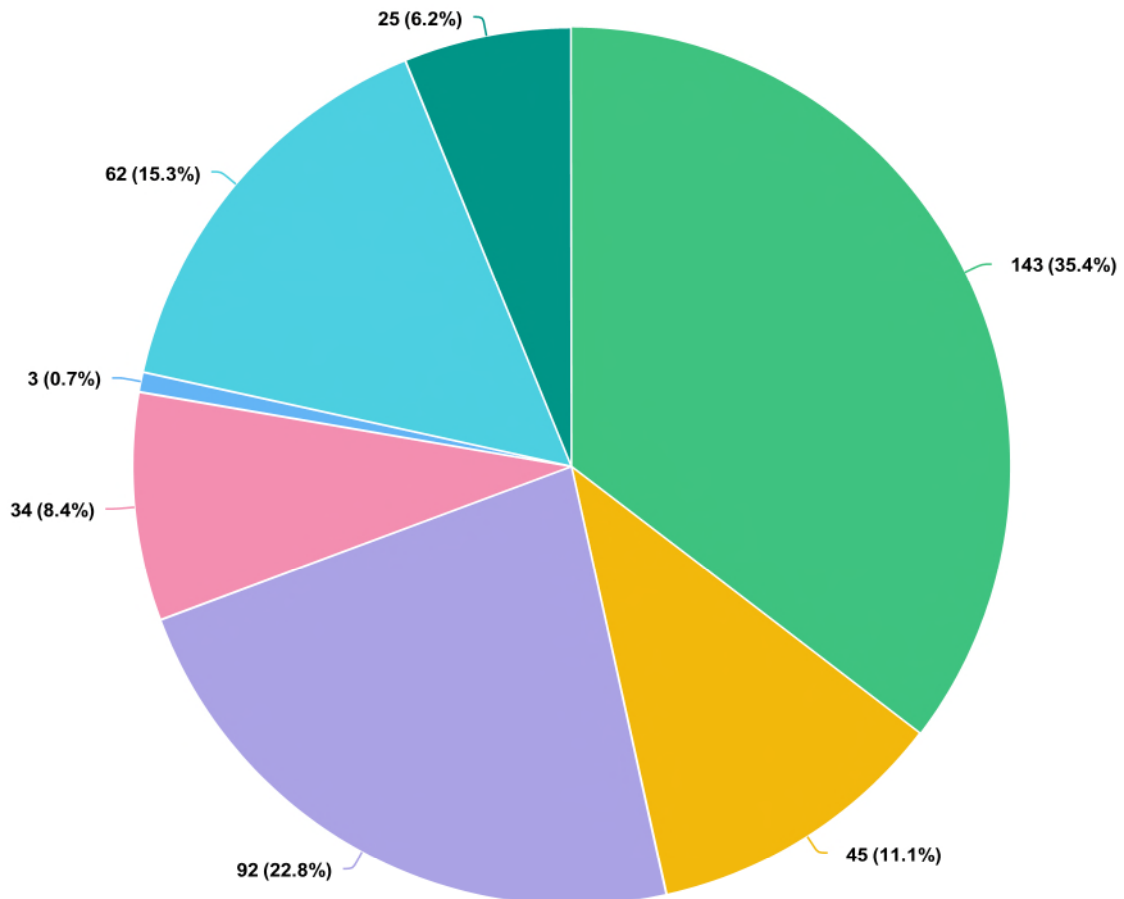
**Question options**

- No
- Yes

*Optional question (411 response(s), 3 skipped)*

*Question type: Dropdown Question*

### When do you prefer to visit / contact a pharmacy?



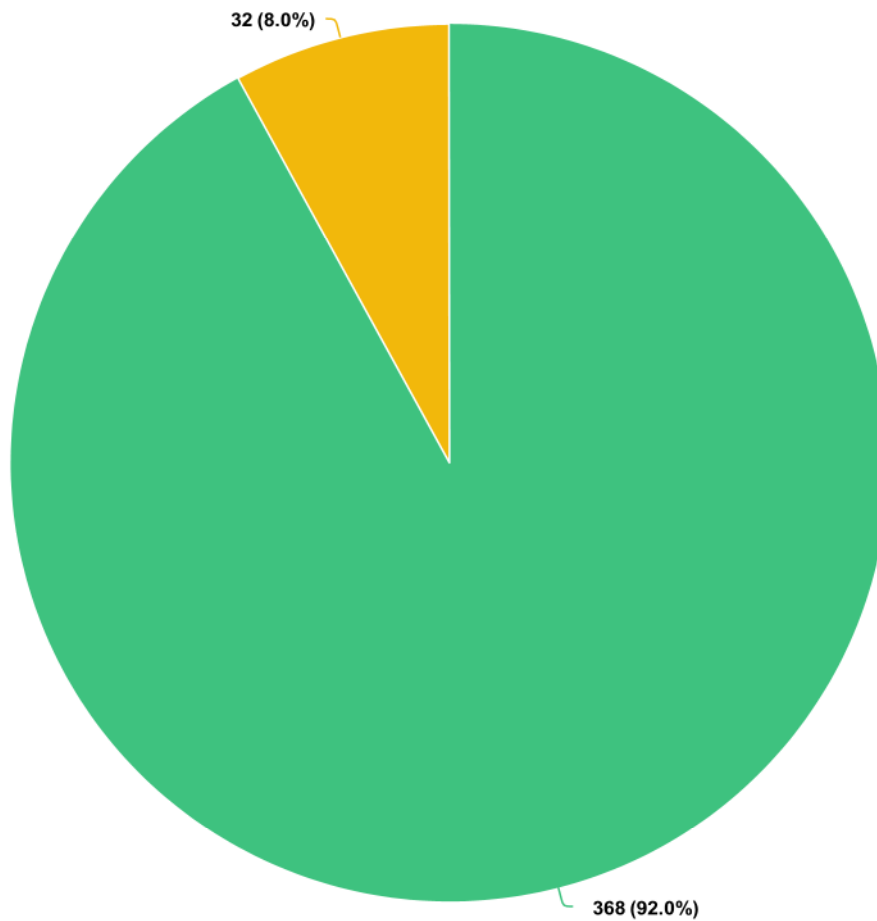
**Question options**

- I don't mind / no preference
- Varies
- Late evening (after 8pm)
- Early evening (6pm-8pm)
- Afternoon (2pm-6pm)
- Lunchtime (12pm-2pm)
- Morning (8am-12pm)

Optional question (404 response(s), 10 skipped)

Question type: Dropdown Question

**Is your preferred pharmacy open at the most convenient time for you / at your preferred time?**



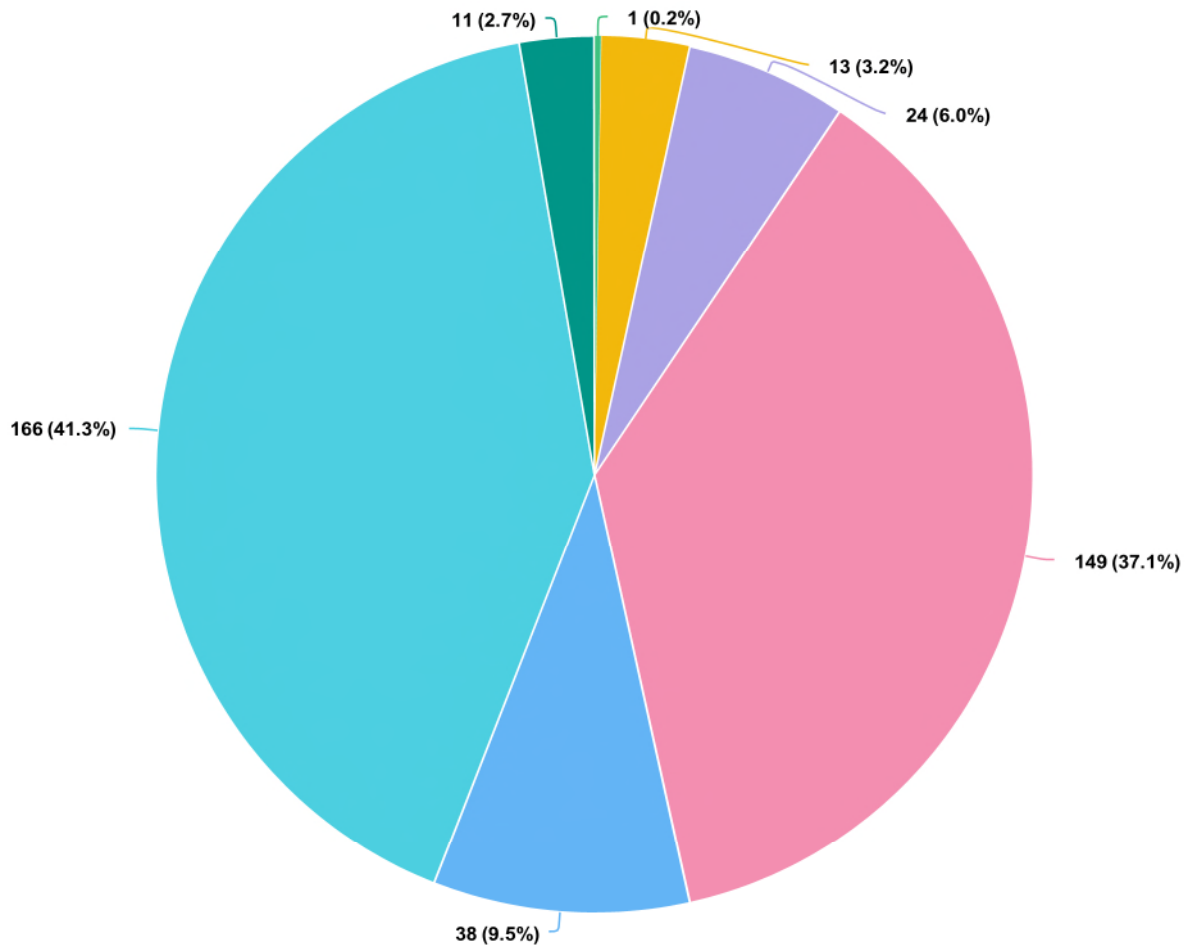
**Question options**

- No
- Yes

*Optional question (400 response(s), 14 skipped)*

*Question type: Dropdown Question*

**How frequently do you buy an over the counter (i.e. non-prescription) medicine from a pharmacy?**



**Question options**

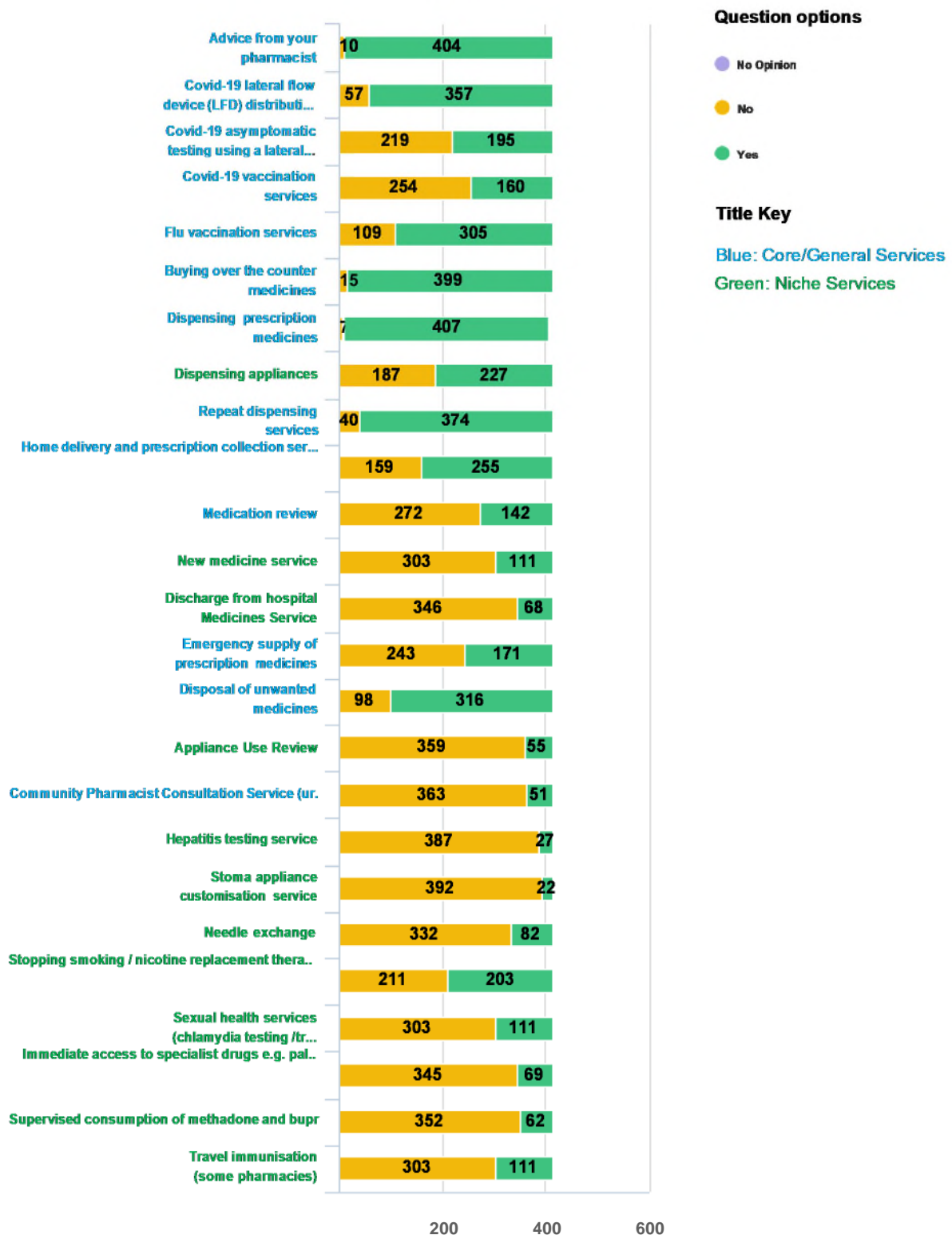
- Never
- Rarely
- Yearly
- Monthly
- Fortnightly
- Weekly
- Daily

*Optional question (402 response(s), 12 skipped)*

*Question type: Dropdown Question*

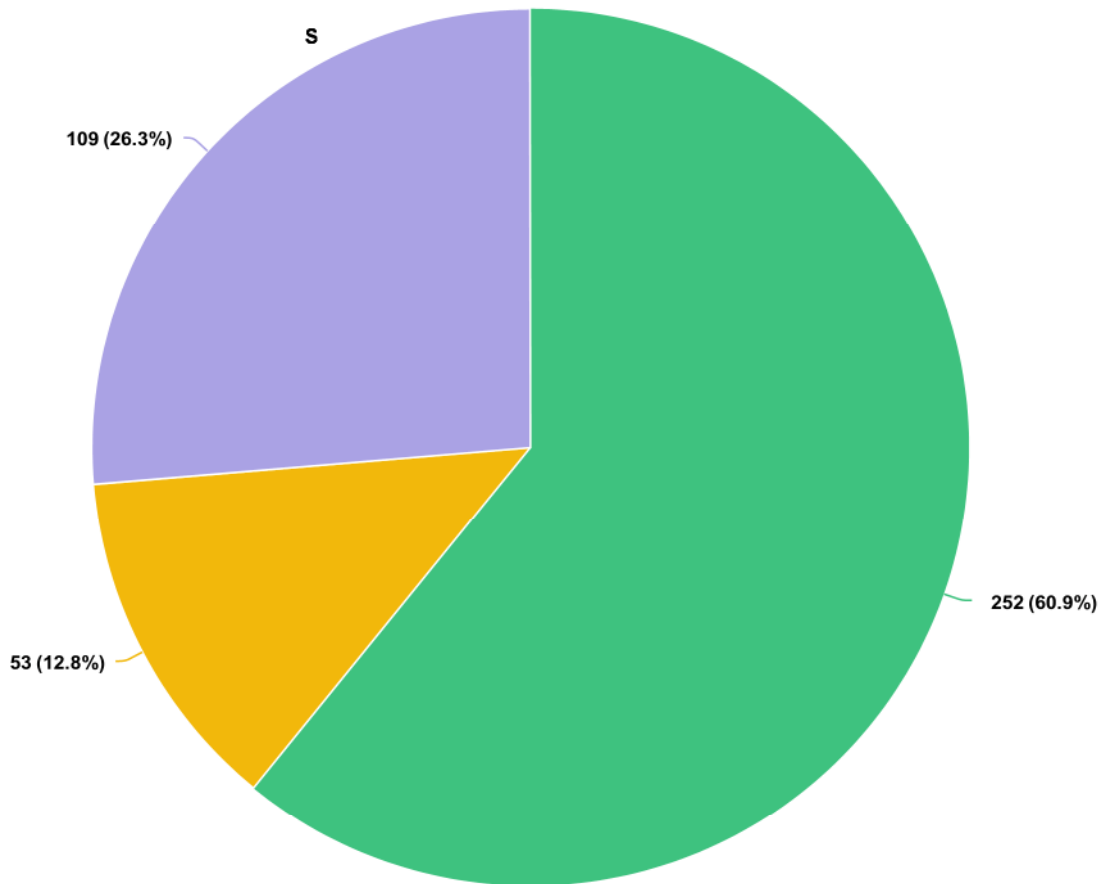


**Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select one answer for each service - even if you do not use the service)**



Mandatory Question (414 response(s))

**Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit / contact?**



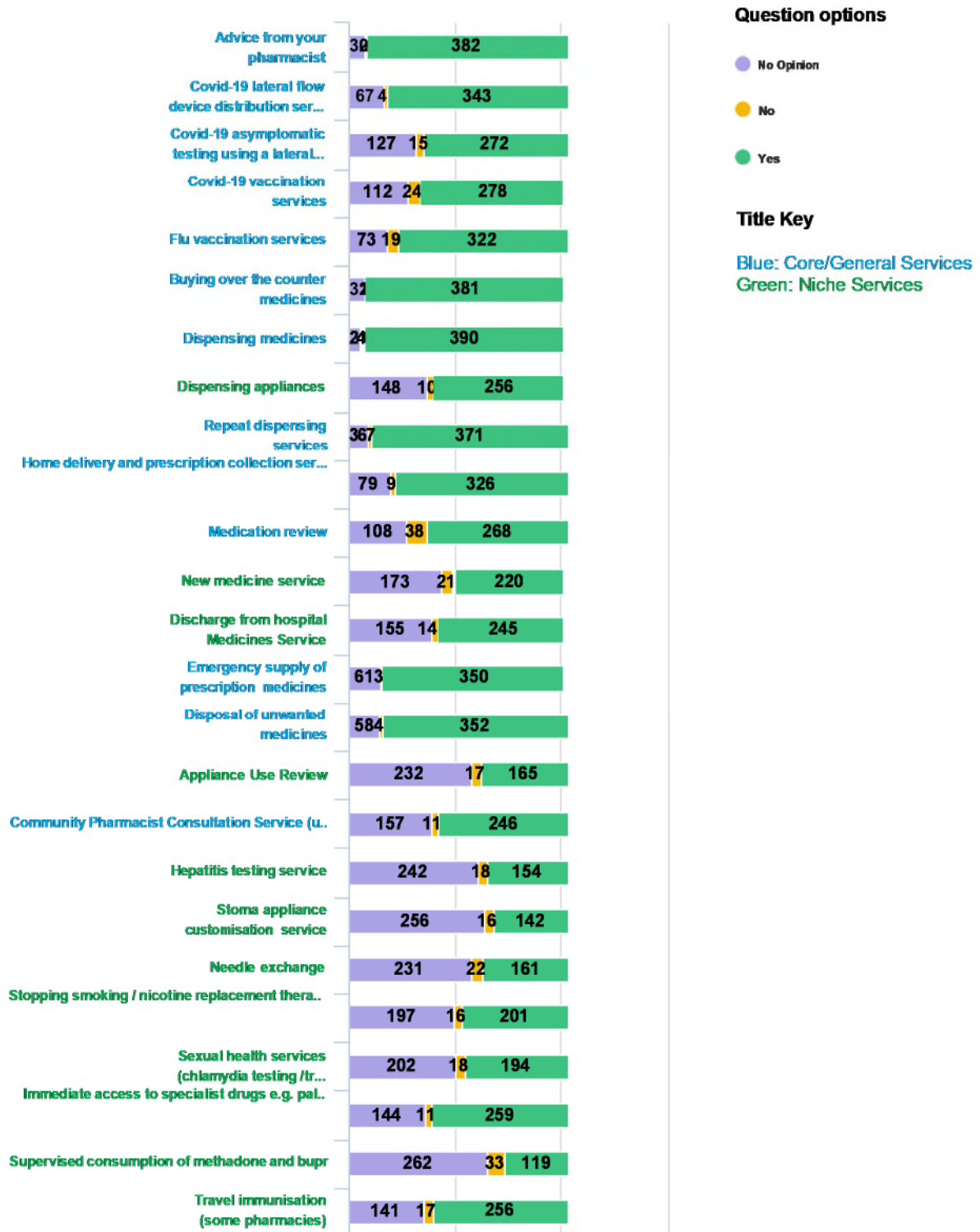
**Question options**

- I don't know
- No
- Yes

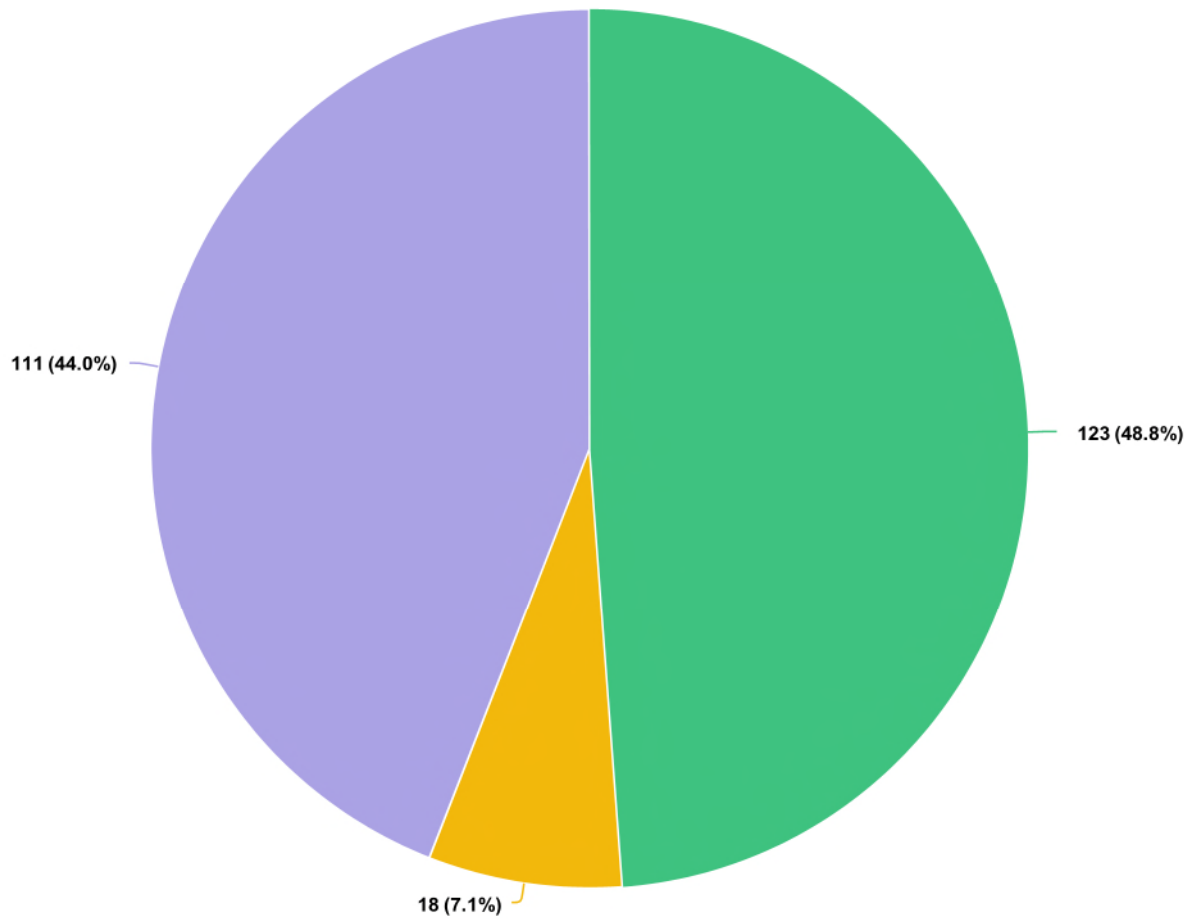
*Optional question (414 response(s), 0 skipped)*

*Question type: Dropdown Question*

**Which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select one answer for each service)**



**If there is a consultation room, is it fully accessible to wheelchair users, or to people with other accessibility needs? (Please select one answer)**



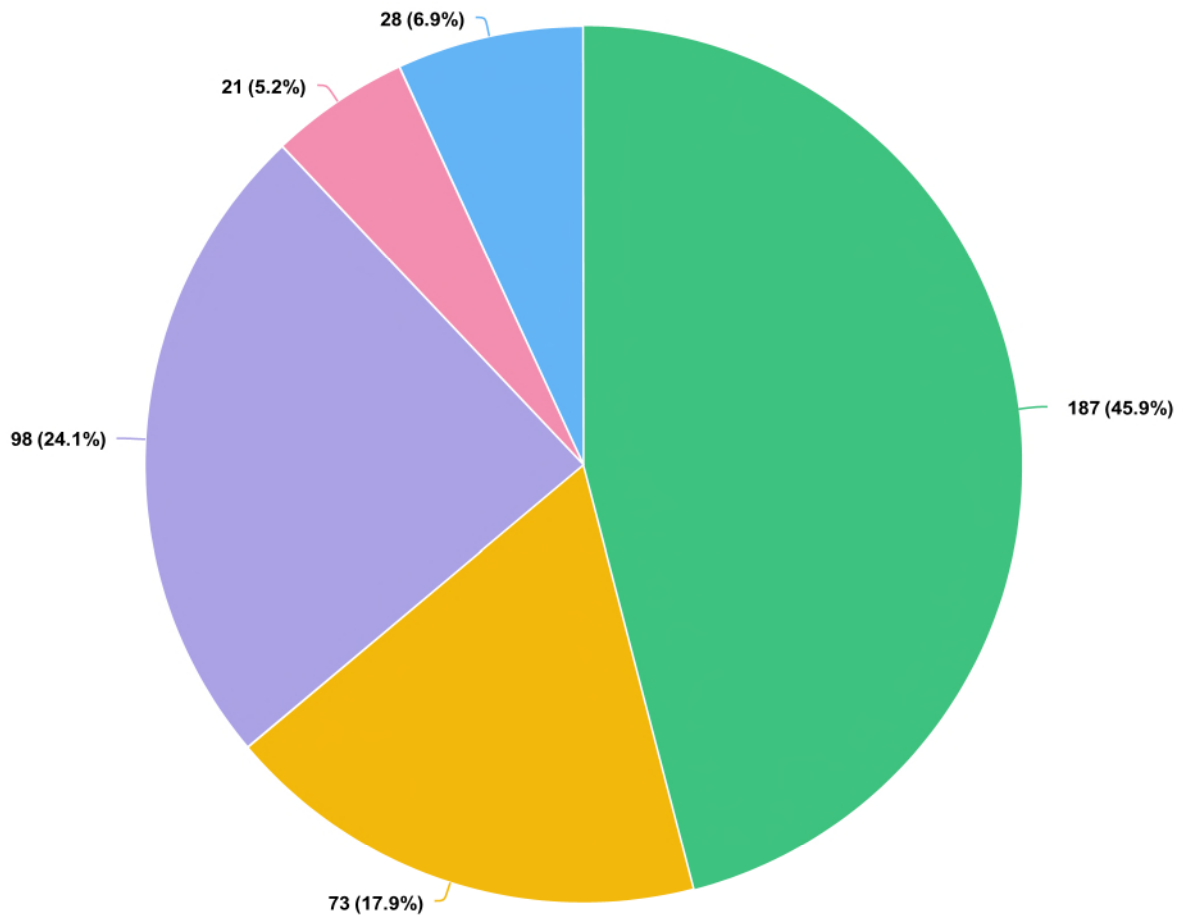
**Question options**

- I don't know
- No
- Yes

**Comments about Consultation Room**

Room is too small	23	Not Very Private	4
Not sure if one exists	3	Good consultation Room	2
There isn't one	2	Used as storage overflow	1

**Is your pharmacy able to provide medication on the same day that your prescription is sent to it?**



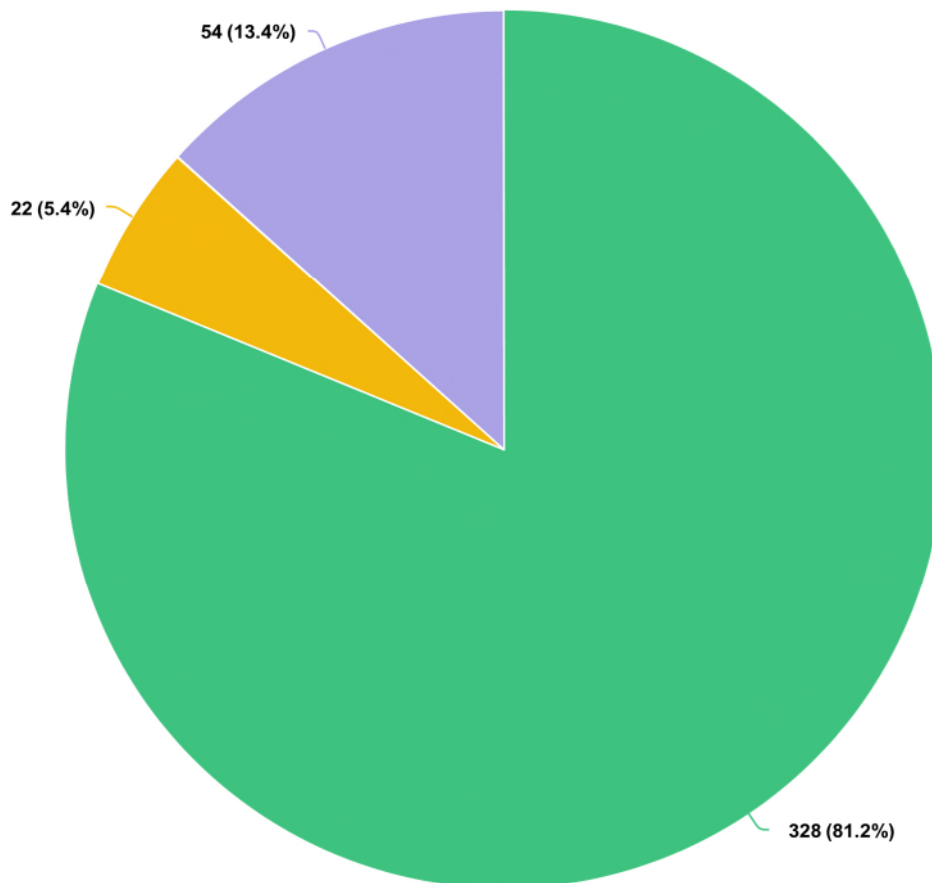
**Question options**

- I don't know
- No - it normally takes more than three days
- No - it normally takes two or three days
- No - it normally takes one day
- Yes

*Optional question (407 response(s), 7 skipped)*

*Question type: Dropdown Question*

Would you like to be alerted when your medication is ready for collection?



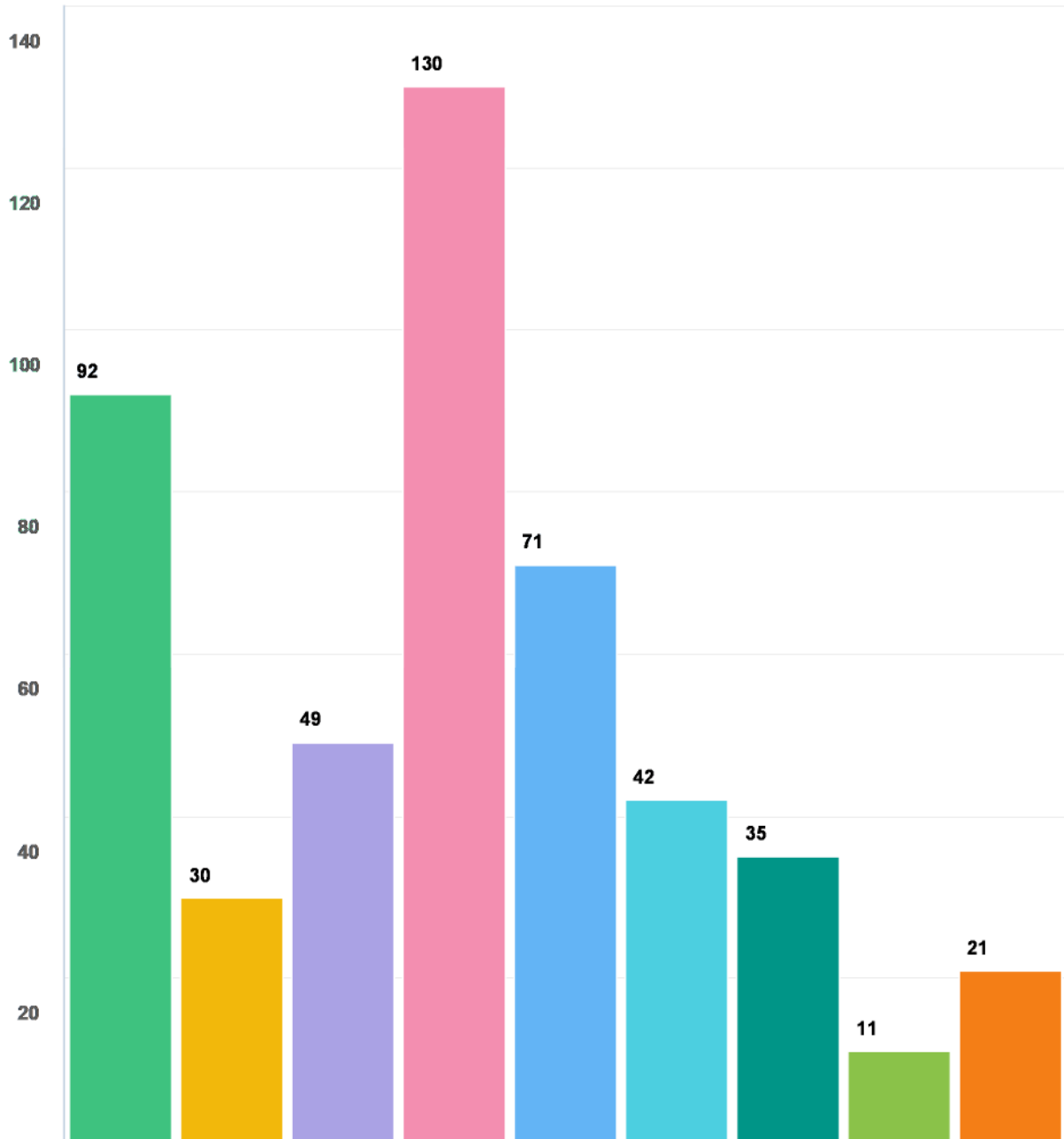
**Question options**

● No ● Yes - by email ● Yes - by text

Optional question (404 response(s), 10 skipped)

Question type: Dropdown Question

**If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions?**



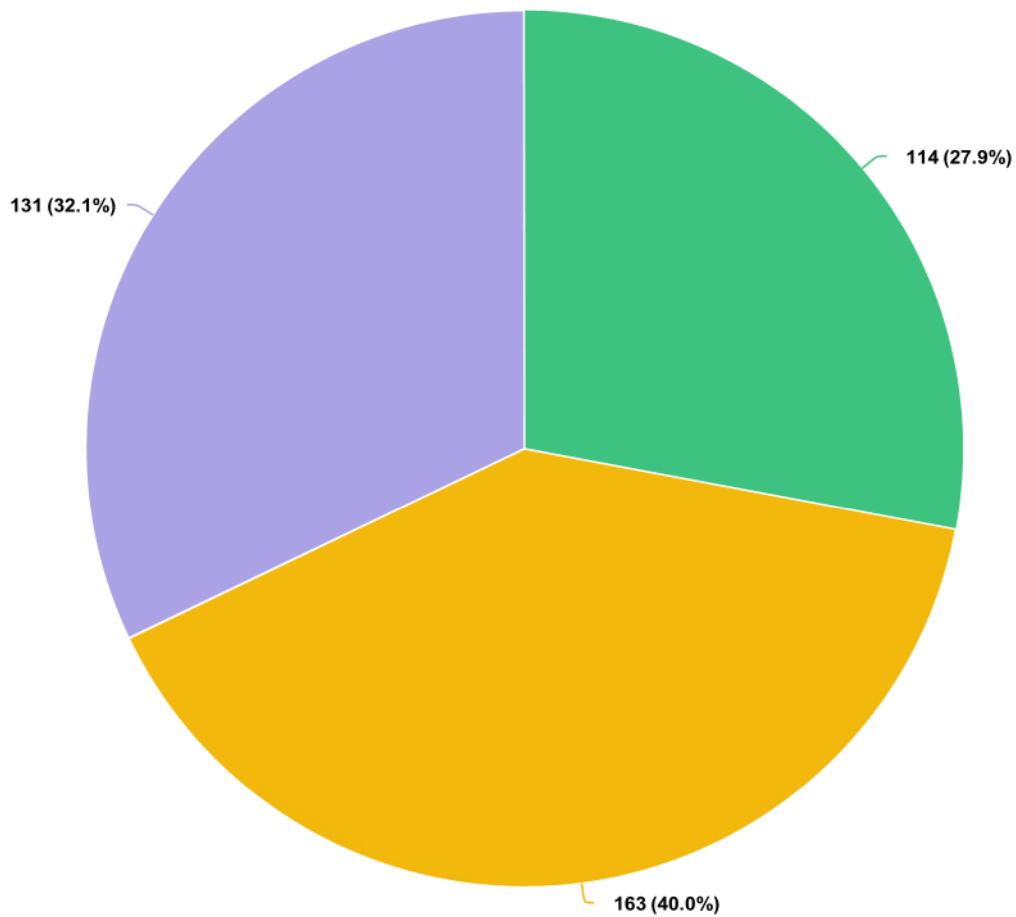
**Question options**

- Other, please specify
- Varies
- NHS app
- Electronic Repeat Dispensing (eRD)
- My pharmacy orders on my behalf
- Online request to my GP practice
- By email to my GP practice
- Paper request form through my pharmacy
- Paper request form to my GP practice

*Optional question (393 response(s), 21 skipped)*

*Question type: Checkbox Question*

**Have you ever used Electronic Repeat Dispensing (eRD)**



**Question options**

- I don't know/ I've never heard of it
- No
- Yes

**If you have used eRD, do you have any comments you'd like to make?**

Good System	32	System Unreliable	11
Easy to use	10	Very helpful for shielding etc.	4
Never heard of it	3	Would be interested but not offered by GP	2
Requires good communication with GP	2	Confusing System	1

*Optional question (408 response(s), 6 skipped)*

*Question type: Dropdown Question*



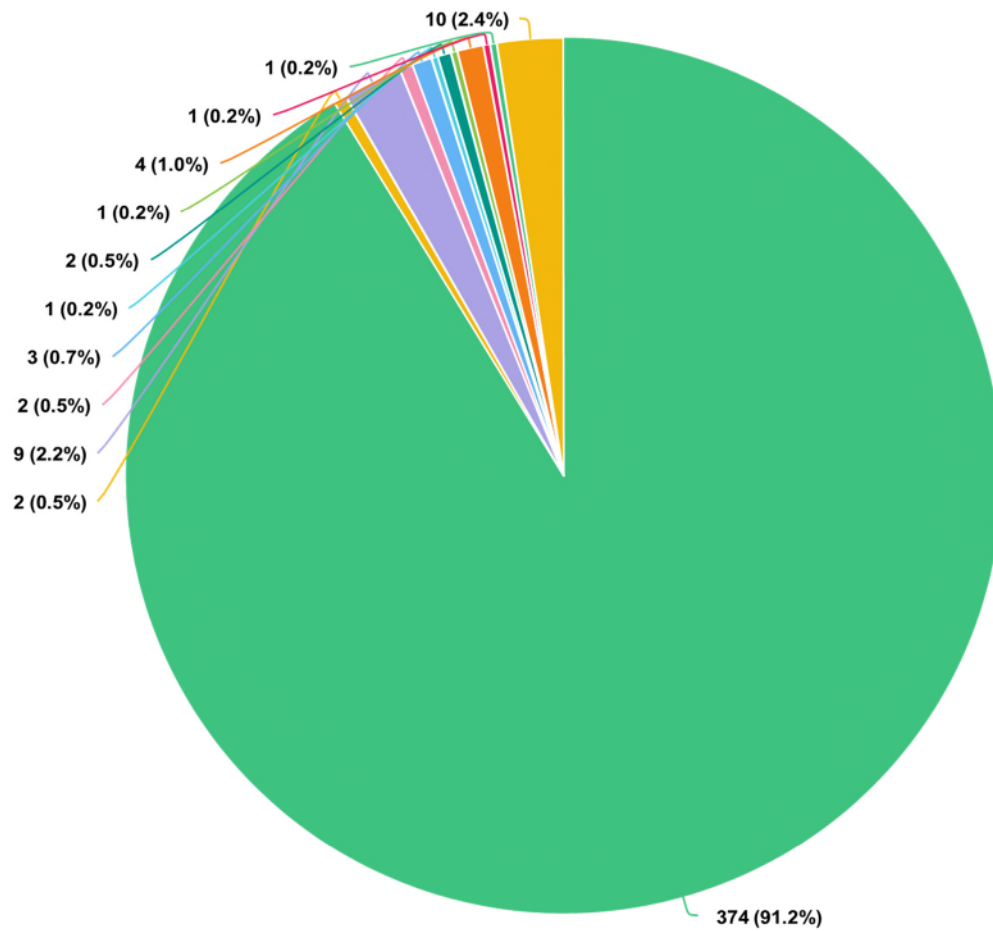
**Many minor health needs can be met by phoning 111 or visiting a pharmacy. What types of treatments or advice would you like to receive from pharmacies so they can better meet your needs?**

Ability to prescribe antibiotics	31	Home Delivery Service	11
Advice Service	10	Happy with the current system	9
Emergency Prescription Service	7	Better advertising of services	5
Minor Ailment Service	4	Minor Ailment Advice	4
Sexual Health Services	4	BP Service	3
Longer Opening Hours	3	Dermatology Service	3
111 Service is poor	2	Asthma Care	2
Cold/Flu Service	2	Medicine Review	2
Guidance on Treatment Selection	2	Direct connection to GP	2
Taking Blood Samples	2	Urine Infection Testing	2
Ear Syringing Service	2	Support following cancer treatment	1
Stoma/Catheter Dispensing	1	Sprain Service	1
Bites and Cuts Service	1	Ear Syringing Service	1
Epilepsy Training for Staff	1	Nebulizer	1
Appointment Booking System	1	Longer Prescriptions	1
Arthritis Pain Relief	1	Allergy / Hay-Fever Testing	1
Fungal Nail Treatments	1	Eye Infections	1

**Do you have any other comments you would like to make about your pharmacy services, including any improvements you would like to see?**

They already do a good job and cover all my needs	67	Fix Waiting Times	14
Better advertising of services	11	Minor Health Checks	10
More Privacy	8	Sharps Returns	4
Minor Ailment Service	4	Blood Pressure Services	3
Easier access to covid testing	3	These services should be covered by GP	2
Hire More Staff	2	Pickup the phone when called	2
Would appreciate longer opening hours	2	Store is cramped	2
Be easier to contact	1	Better Stock Levels	1
Staff are unprofessional	1	Give out larger supplies of prescriptions	1
Stronger Allergy Medication	1	Ensuring that holiday opening hours are clearly published	1
Lack of Covid Testing Available	1	Offer Cholesterol Tests	1
Covid Restrictions prohibit use	1		

What is your ethnic group?



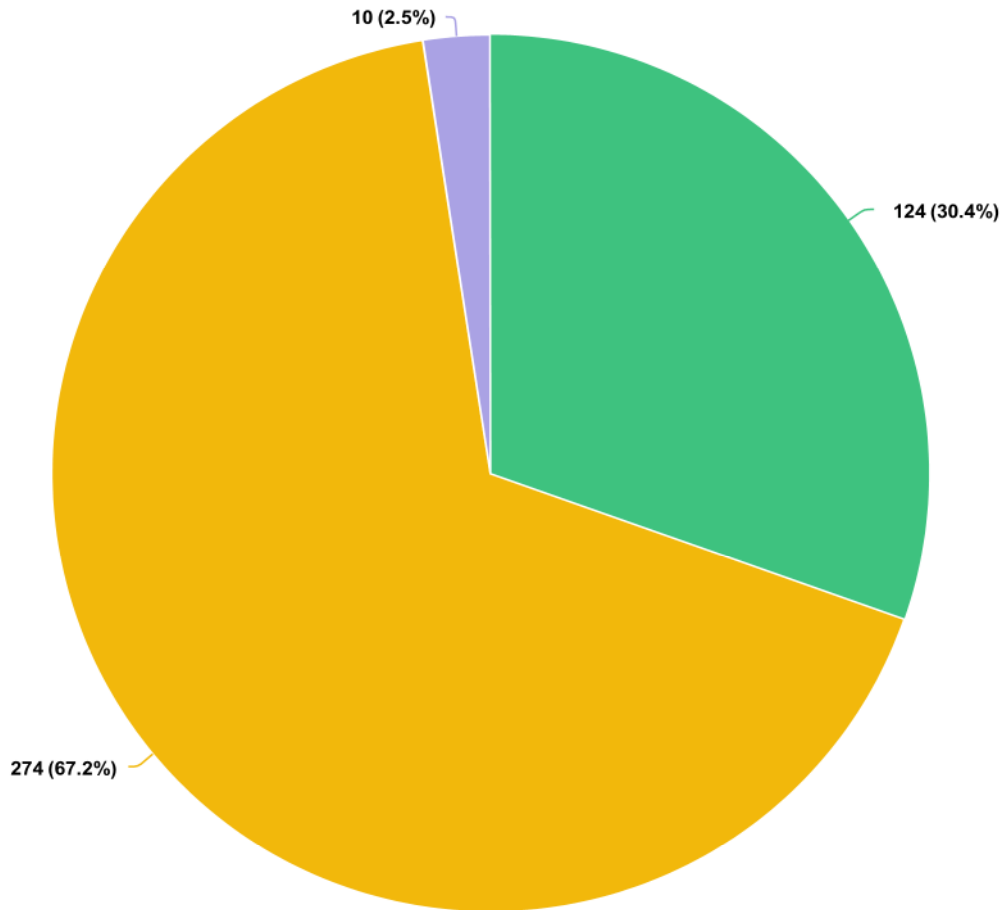
**Question options**

- Prefer not to say
 ● Arab
 ● Black or Black British: Caribbean
 ● Black British or Black British: African
- Any other Asian background
 ● Asian or Asian British: Chinese
 ● Asian or Asian British: Bangladeshi
- Asian or Asian British: Indian
 ● Mixed: White and Black Caribbean
 ● White: any other White background
- White: Irish
 ● White: English/ Welsh/ Scottish/ Northern Irish/ British

Optional question (410 response(s), 4 skipped)

Question type: Radio Button Question

**Please specify your gender**



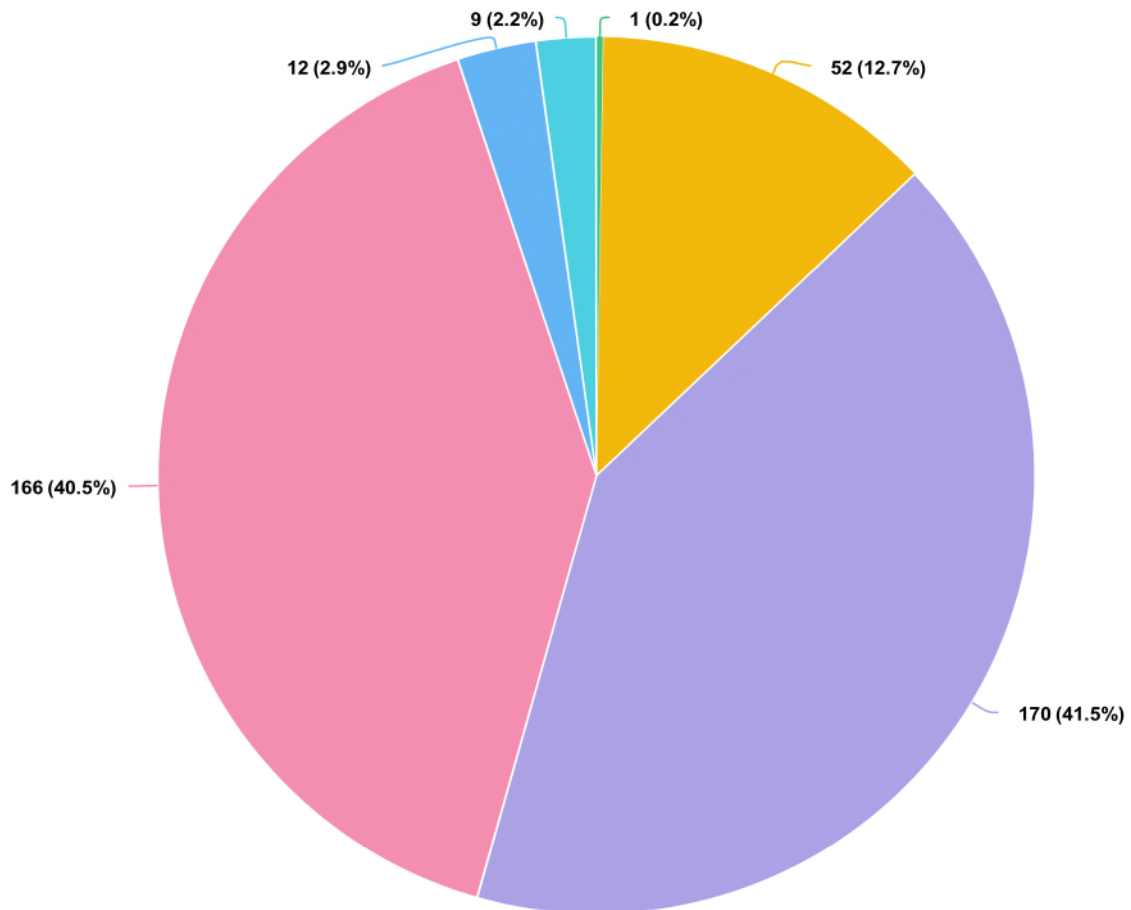
**Question options**

- Prefer not to say
- Female
- Male

*Optional question (408 response(s), 6 skipped)*

*Question type: Radio Button Question*

### What is your age group?



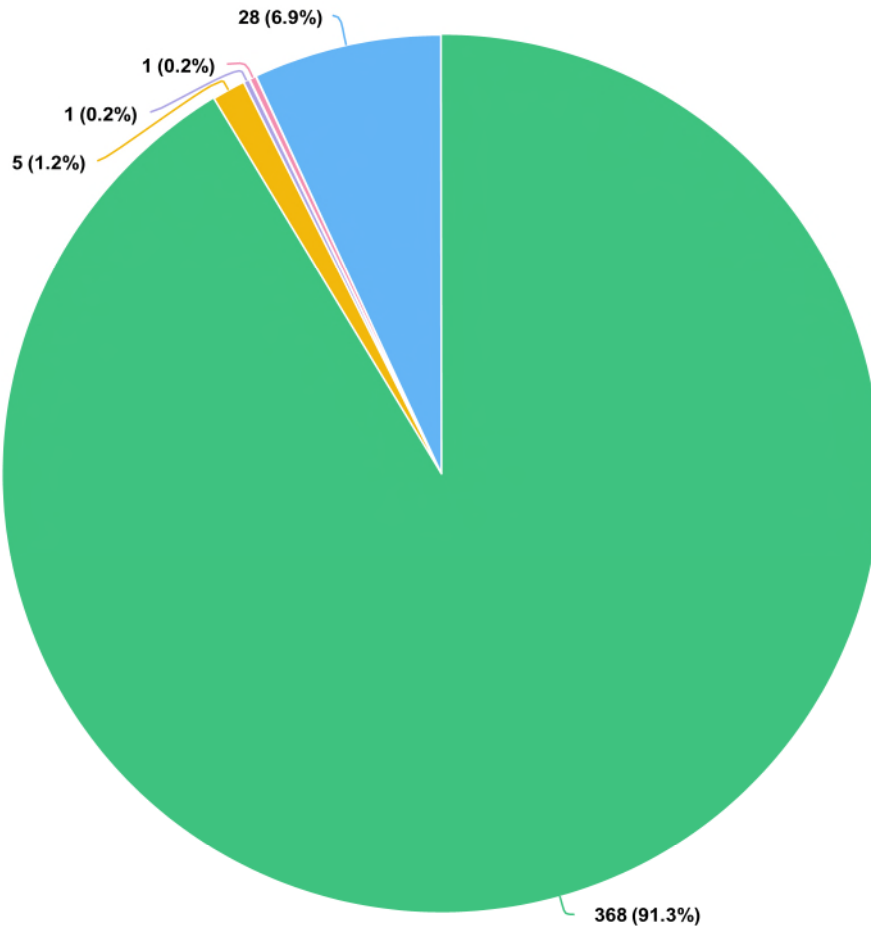
#### Question options

- Prefer not to say
- 80 or above
- 65-79
- 45-64
- 25-44
- 18-24

Optional question (410 response(s), 4 skipped)

Question type: Radio Button Question

### How would you define your sexual orientation?



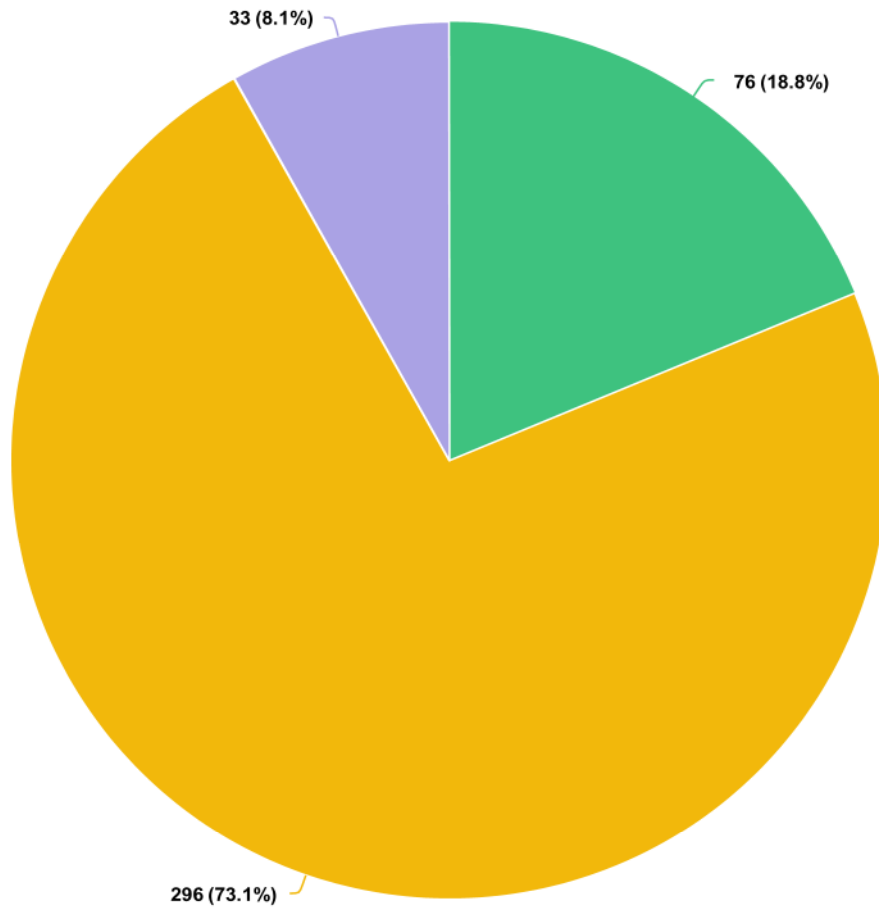
**Question options**

- Prefer not to say
- Bisexual
- Lesbian
- Gay
- Heterosexual/Straight

Optional question (403 response(s), 11 skipped)

Question type: Radio Button Question

**Do you have a disability?**



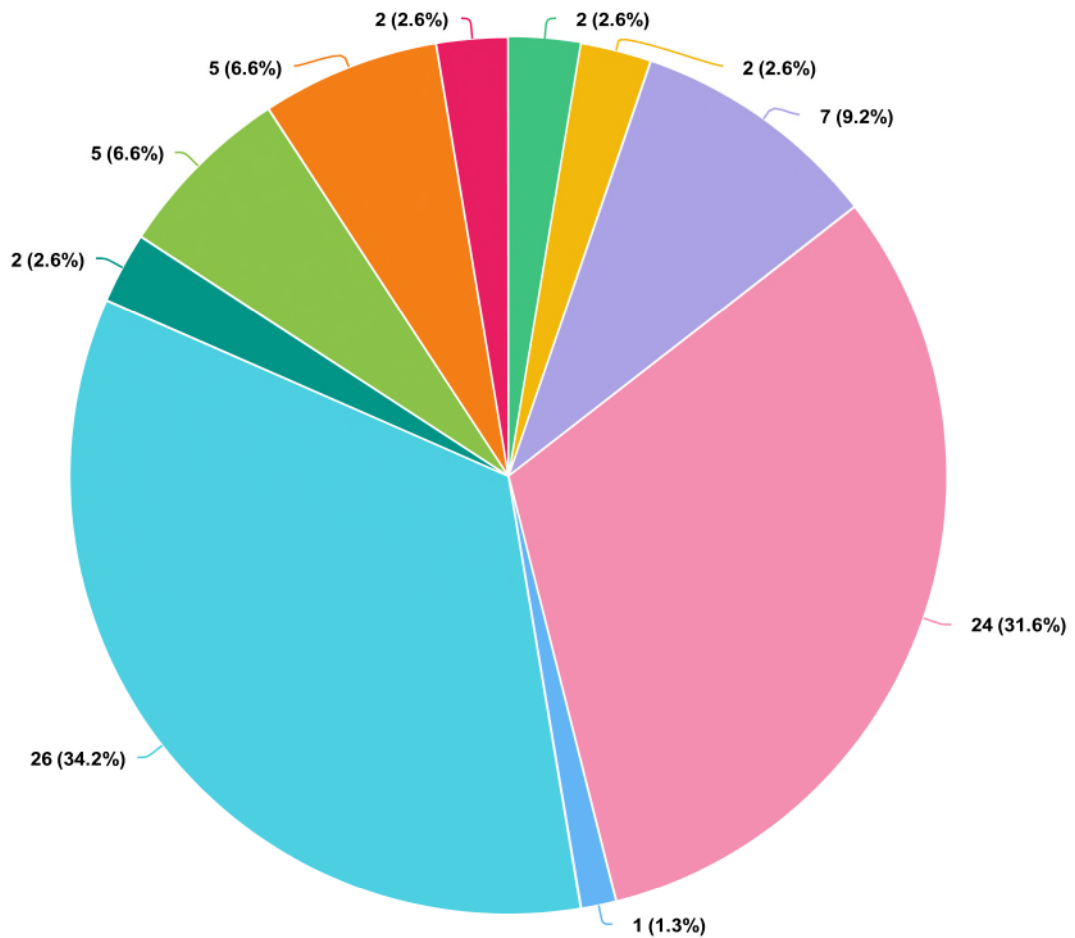
**Question options**

- Prefer not to say
- No
- Yes

*Optional question (405 response(s), 9 skipped)*

*Question type: Radio Button Question*

**How would you describe your disability?**



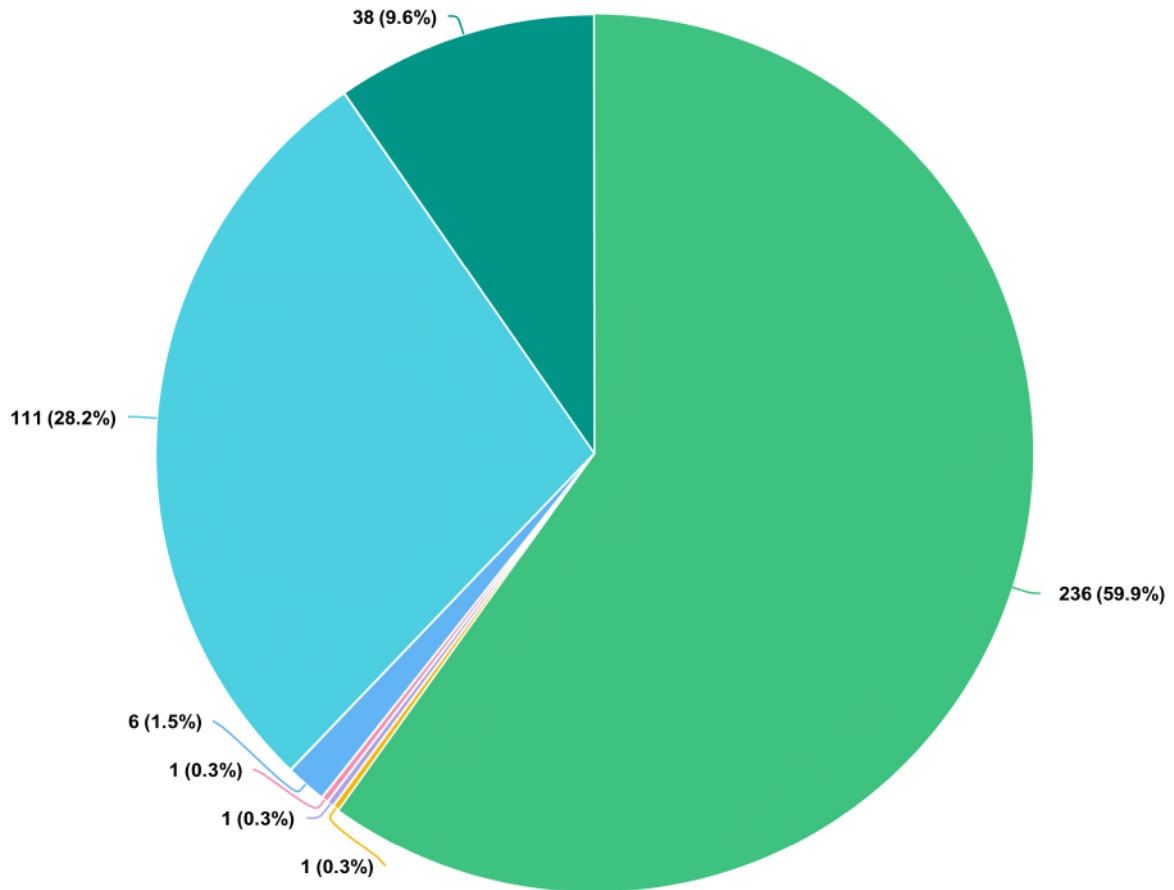
**Question options**

- Prefer not to say
- Other
- Hidden impairment
- Learning disability
- Long term medical condition
- Mental health condition
- Mobility (not a wheelchair user)
- Mobility (a wheelchair user)
- Hearing impairment
- Visual impairment

*Optional question (76 response(s), 338 skipped)*

*Question type: Radio Button Question*

**If you are someone of faith, please identify which**



**Question options**

- Prefer not to say
- No religion
- Any other religion
- Sikh
- Muslim
- Jewish
- Christian (Church of England/ Catholic/ Protestant/ any other Christian denomination)

*Optional question (394 response(s), 20 skipped)*







*Question type: Radio Button Question*





## Appendix I: Results of the contractor questionnaire

Total responses received:<sup>1</sup> 33










1 – Pharmacy-specific questions: ODS code, trading name, etc	Answered	33	Skipped	0
	N/A			

2 – Does the pharmacy dispense appliances?		Answered	30	Skipped	3
		%		Responses	
None		13%		4	
Yes – All types		50%		15	
Yes, excluding stoma appliances		10%		3	
Yes, excluding incontinence appliances		3%		1	
Yes, excluding stoma and incontinence appliances		3%		1	
Yes, just dressings		20%		6	
Other		0%		0	


3 – Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?		Answered	28	Skipped	5
		%		Responses	
Yes		54%		15	
No		46%		13	

Please state the service requirement and why:

COVID-19 vaccination clinic	10	Minor ailment service	9
Smoking cessation	2	Diabetes screening	1
AF screening	1	Sexual health	1
Blood pressure monitoring	1	EHC	1
CPCS	1		



4 – Non-commissioned services: Does the pharmacy provide any of the following?		Answered	30	Skipped	3
		%		Responses	
Collection of prescriptions from GP practices					
Yes		93%		28	
No		7%		2	
Delivery of dispensed medicines – Selected patient groups					
Yes		79%		22	
No		21%		6	
Delivery of dispensed medicines – Selected areas					
Yes		79%		23	
No		21%		6	
Delivery of dispensed medicines – Free of charge on request					
Yes		79%		22	
No		21%		6	
Delivery of dispensed medicines – With charge					
Yes		27%		8	

<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

4 – Non-commissioned services: Does the pharmacy provide any of the following?		Answered 30	Skipped 3
		%	Responses
No		73%	22

Please list your criteria for your selected patient groups or areas:

Elderly/housebound	20	Local area	5
End of Life Care, organ transplants, specific cancers, respiratory conditions, immunosuppression, chronic diseases, morbid obesity, diabetes, unpaid or young carer, classed as extremely vulnerable			1

5 – Are there any services you would like to provide that are not currently commissioned in your area?		Answered 28	Skipped 5
		%	Responses
Yes		54%	15
No		46%	13

Please state the service requirement and why:

COVID vaccination clinic	10	Minor ailment service	8
Smoking cessation	2	Sexual health services	2
Blood test service	1	Travel vaccines	1
UTI	1	Antibiotics	1
Malaria	1	Prophylaxis	1
Fexofenadine	1	PGD stopping period	1

## Appendix J: Results of the commissioner questionnaire

Total responses received: 1

1 – Which of the following services do you commission or may consider commissioning from local community pharmacies?		
Anticoagulant monitoring service	Already commissioning	1
Antiviral distribution service	Not able or willing to commission	1
Care home service	Not able or willing to commission	1
Chlamydia testing service	Not able or willing to commission	1
Chlamydia treatment service	Not able or willing to commission	1
Contraceptive service (not EC)	Not able or willing to commission	1
Community Pharmacist Consultation Service (CPCS)	Not able or willing to commission	1
Hypertension case-finding service	Willing to commission	1
Discharge medicines service	Not able or willing to commission	1

2 – Which of the following services do you commission or may consider commissioning from local community pharmacies? – Disease-specific medicines management services		
Allergies	Not able or willing to commission	1
Alzheimer's/dementia	Not able or willing to commission	1
Asthma	Willing to commission	1
CHD	Not able or willing to commission	1
COPD	Willing to commission	1
Depression	Not able or willing to commission	1
Diabetes type I	Not able or willing to commission	1
Diabetes type II	Not able or willing to commission	1
Epilepsy	Not able or willing to commission	1
Heart Failure	Not able or willing to commission	1
Hypertension	Willing to commission	1
Parkinson's disease	Not able or willing to commission	1
Other DSMMS	Not able or willing to commission	1

3 – Which of the following services do you commission or may consider commissioning from local community pharmacies?		
Emergency Contraception Service	Not able or willing to commission	1
Emergency Supply Service	Not able or willing to commission	1
Gluten-Free Food Supply Service (i.e. not via FP10)	Not able or willing to commission	1
Home Delivery Service (not appliances)	Not able or willing to commission	1
Healthy Start Vitamins	Not able or willing to commission	1
Independent Prescribing Service	Not able or willing to commission	1

4 – Which of the following services do you commission or may consider commissioning from local community pharmacies?		
Language Access Service	Not able or willing to commission	1
Medication Review	Not able or willing to commission	1
Medicines Assessment and Compliance Support Service	Not able or willing to commission	1
Minor Ailment Scheme	Not able or willing to commission	1
Medicines Optimisation Service	Not able or willing to commission	1

5 – Which of the following services do you commission or may consider commissioning from local community pharmacies?

Needle and Syringe Exchange Service	Not able or willing to commission	1
Obesity Management (adults and children)	Willing to commission	1
Pre-exposure Prophylaxis (PrEP)	Not able or willing to commission	1
Not-Dispensed Scheme	Not able or willing to commission	1
On-Demand Availability of Specialist Drug Service	Not able or willing to commission	1
Out-of-Hours Services	Not able or willing to commission	1
Patient Group Direction Service	Not able or willing to commission	1
Phlebotomy Service	Not able or willing to commission	1
Prescriber Support Service	Not able or willing to commission	1
Schools Service	Not able or willing to commission	1

6 – Which of the following services do you commission or may consider commissioning from local community pharmacies? – Screening Services

Alcohol	Not able or willing to commission	1
Cholesterol	Willing to commission	1
Diabetes	Willing to commission	1
Gonorrhoea	Not able or willing to commission	1
H. pylori	Not able or willing to commission	1
HbA1C	Willing to commission	1
Hepatitis	Not able or willing to commission	1
HIV	Not able or willing to commission	1
Other Screening Services	Not able or willing to commission	1

7 – Which of the following services do you commission or may consider commissioning from local community pharmacies? – Vaccinations


Seasonal Influenza Vaccination Service	Not able or willing to commission	1
Childhood vaccinations	Not able or willing to commission	1
COVID-19 vaccinations	Not able or willing to commission	1
Hepatitis (at-risk workers or patients) vaccinations	Not able or willing to commission	1
HPV vaccinations	Not able or willing to commission	1
Meningococcal vaccinations	Not able or willing to commission	1
Pneumococcal vaccinations	Not able or willing to commission	1
Travel vaccinations	Not able or willing to commission	1
Other vaccinations	Not able or willing to commission	1


Some vaccinations commissioned centrally e.g. flu/COVID	1
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8 – Which of the following services do you commission or may consider commissioning from local community pharmacies?		
Sharps Disposal Service	Not able or willing to commission	1
Stop Smoking Service	Not able or willing to commission	1
Supervised Administration Service	Not able or willing to commission	1
Supplementary Prescribing Service	Not able or willing to commission	1
Vascular Risk Assessment Service (NHS Health Check)	Not able or willing to commission	1
Some already commissioned via other routes		1


## Appendix K: Results of the dispensing practice questionnaire

Total responses received: 1

1 – Is the practice participating in the current Dispensary Services Quality Scheme (DSQS)?		Answered	1	Skipped	0
		%		Responses	
Yes		100%		1	
No		0%		0	


2 – Do you provide the following service outside the dispensing service: DRUMs		Answered	1	Skipped	0
		%		Responses	
Yes		100%		1	
No		0%		0	


3 – Do you provide the following service outside the dispensing service: Compliance aids		Answered	1	Skipped	0
		%		Responses	
Yes		0%		0	
No		100%		1	


4 – Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – Selected patient groups		Answered	1	Skipped	0
		%		Responses	
Yes		100%		1	
No		0%		0	

Selected patient groups criteria:


Housebound	1
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5 – Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – Selected areas		Answered	1	Skipped	0
		%		Responses	
Any eligible patient within our practice inner boundary		100%		1	
Any eligible patient within a smaller area than our practice boundary		0%		0	
Any eligible patient wherever they live		0%		0	


6 – Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – Free of charge on request?		Answered	1	Skipped	0
		%		Responses	
Yes		100%		1	
No		0%		0	


7 – Do you provide the following service outside the dispensing service: Delivery of dispensed medicines – With charge?		Answered	1	Skipped	0
		%		Responses	
Yes		0%		0	
No		100%		1	


8 – Do you provide any other service outside the dispensing service?		Answered	1	Skipped	0
		%		Responses	
Yes		0%		0	


No		100%	1
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9 – Are there any services you would like to provide that are not currently commissioned in your area?		Answered	1	Skipped	0
		%		Responses	
Yes		0%		0	
No		100%		1	

10 – Is your practice planning to provide DRUMs?		Answered	1	Skipped	0
		%		Responses	
Yes		0%		0	
No		0%		0	
N/A (Already providing)		100%		1	

11 – Is your practice planning to provide compliance aids?		Answered	1	Skipped	0
		%		Responses	
Yes		0%		0	
No		100%		1	

12 – Is your practice planning to provide compliance aids?		Answered	1	Skipped	0
		%		Responses	
Yes		0%		0	
No		0%		0	
N/A (already providing)		100%		1	

13 – Is your practice planning to provide any other services?		Answered	1	Skipped	0
		%		Responses	
Yes		0%		0	
No other additional services		100%		1	

14 – If your practice could be commissioned to provide similar services to those currently available under the additional services sections of the community pharmacy contract, would you be prepared to do so?		Answered	1	Skipped	0
		%		Responses	
Yes		100%		1	
No		0%		0	

No comments provided

## Appendix L: Consultation plan and list of stakeholders

### Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder	Engagement during PNA production			Draft PNA
	PNA briefing letter sent	Steering Group representation	Questionnaire sent	Draft PNA link sent
LPC, Chief Officer, Community Pharmacy Essex	Y	Y	Contractor/Public/ Dispensing/Commissioner	Y
LMC, Liaison Manager, North and South Essex LMCs	Y	Y	Contractor/Public/ Dispensing/Commissioner	Y
Chair, Pharmacy Local Professional Network	Y	Y	Contractor/Public/ Dispensing/Commissioner	Y
Any person on pharmaceutical list (community pharmacies)	-	-	Contractor	Y
Any dispensing GP practices	-	-	Dispensing	Y
COO and Strategic Lead, Healthwatch Thurrock	Y	Y	Contractor/Public/ Dispensing/Commissioner	Y
Team leader, Healthwatch Thurrock	Y	Y	Contractor/Public/ Dispensing/Commissioner	Y
Hosted on council website	-	-	Public	Y
Press release issued to local media week	-	-	Public	-
Social Media; Facebook, Twitter, Instagram & LinkedIn	-	-	Public	Y
Residents eNewsletters (+100k Circulation) & eNewsletter from Consultation portal (5k circulation)	-	-	Public	Y
Internal Staff; #TeamThurrock, intranet, guest blog in weekly chief executive message	-	-	Public	Y
Printed copies of Questionnaires & Posters delivered to 33 pharmacies and 11 libraries/community hubs	-	-	Public	-
Paper copies on request for those not digitally enabled	-	-	Public	-
Posters promoting draft PNA sent to libraries	-	-	-	Y



<b>Stakeholder</b>	<b>Engagement during PNA production</b>			<b>Draft PNA</b>
<b>Role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>Questionnaire sent</b>	<b>Draft PNA link sent</b>
Thurrock Libraries Twitter page	-	-	Public	-
Thurrock Council led services/teams: Community Led Support & Thurrock Health Lifestyle Service, Local Area Coordination, Well Homes, Public Health Teams, Adult Social Care	-	-	Public	-
Thurrock Adult Community College – staff intranet	-	-	Public	-
ICB: Social media, website, staff, GP surgeries	-	-	Public	-
Healthwatch: social media, CVS eNewsletter, hard-to-reach groups	-	-	Public	Y
Contract Manager, Direct Commissioning – Primary Care (Pharmacy & Optometry), NHSE	Y	Y	Contractor/Public/Dispensing/Commissioner	Y
Essex HWB	-	-	-	-
Havering HWB	-	-	-	-

### Other Comms

<b>Stakeholder</b>	<b>Engagement during PNA production</b>			<b>Draft PNA</b>
<b>Role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>Questionnaire sent</b>	<b>Draft PNA link sent</b>
GP practices	-	-	-	Y
Pharmacy Technician, Thurrock ICB	Y	Y	Contractor/Public/Dispensing/Commissioner	Y
Implementation Lead Pharmacist, Medicines Management, Thurrock ICB	Y	Y	Contractor/Public/Dispensing/Commissioner	Y
Head of Communications and Engagement, Thurrock ICB	Y	Y	Contractor/Public/Dispensing/Commissioner	Y

Stakeholder	Engagement during PNA production			Draft PNA
	PNA briefing letter sent	Steering Group representation	Questionnaire sent	Draft PNA link sent
Essex LMC	-	-	-	Y
Barking and Havering LMC	-	-	-	Y
Essex LPC	-	-	-	Y
Havering LPC	-	-	-	Y
Public Health Analyst, Thurrock Council Public Health Team	Y	Y	Contractor/Public/ Dispensing/Commissioner	Y
Senior Public Health Manager, PH	Y	Y	Contractor/Public/ Dispensing/Commissioner	Y
Public Health Practitioner, PH	Y	Y	Contractor/Public/ Dispensing/Commissioner	Y
Interim Assistant Director and Consultant in Public Health	Y	Y	Contractor/Public/ Dispensing/Commissioner	Y
Senior Communications Officer, Thurrock Council	Y	Y	Contractor/Public/ Dispensing/Commissioner	Y
Community Engagement and Project Monitoring Officer, Community Development Team, Thurrock Council	-	-	Public	Y
Thurrock Over Fifties Forum (TOFF)	-	-	Public	Y
Senior Library Operations and Performance Manager	-	-	Public	Y
Pharmacist – Orsett Hospital	-	-	-	Y
Pharmacist – Thurrock Community Hospital	-	-	-	Y
Pharmacist -Basildon and Thurrock General Hospital	-	-	-	Y

## Appendix M: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,<sup>1</sup> Thurrock HWB held a 60-day consultation on the draft PNA from 9 May 2022 to 8 July 2022.

The draft PNA was hosted on the Thurrock Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Thurrock. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Thurrock as identified by Thurrock Council and Thurrock Healthwatch. Responses to the consultation were possible via an online survey or email.

There were in total **12 responses**, all of them from the internet survey; responses received:

- 5 (42%) from the public
- 2 (17%) from healthcare or social care professionals
- 4 (33%) from a business or organisation
- 1 (8%) who identified as other

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 26 July 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. Please see Appendix N Consultation comments report for detailed responses.

Below is a summary of responses to specific questions, asked during the consultation.<sup>2</sup>

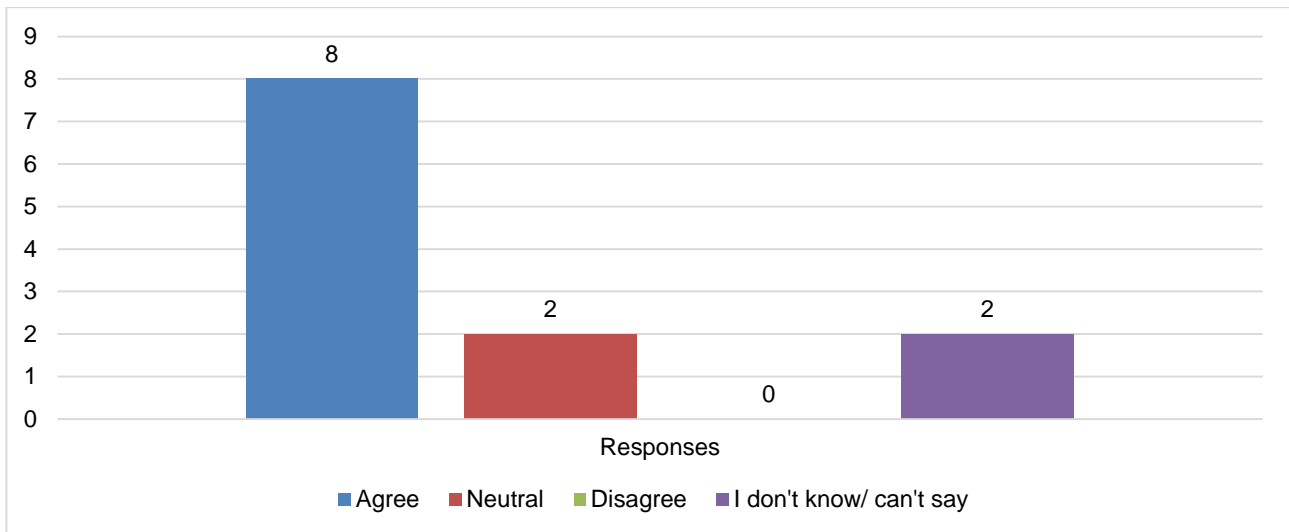
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<sup>1</sup> Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

<sup>2</sup> Please note that some percentage figures will add up to more or less than 100%. These figures have been rounded up to the nearest whole percent.

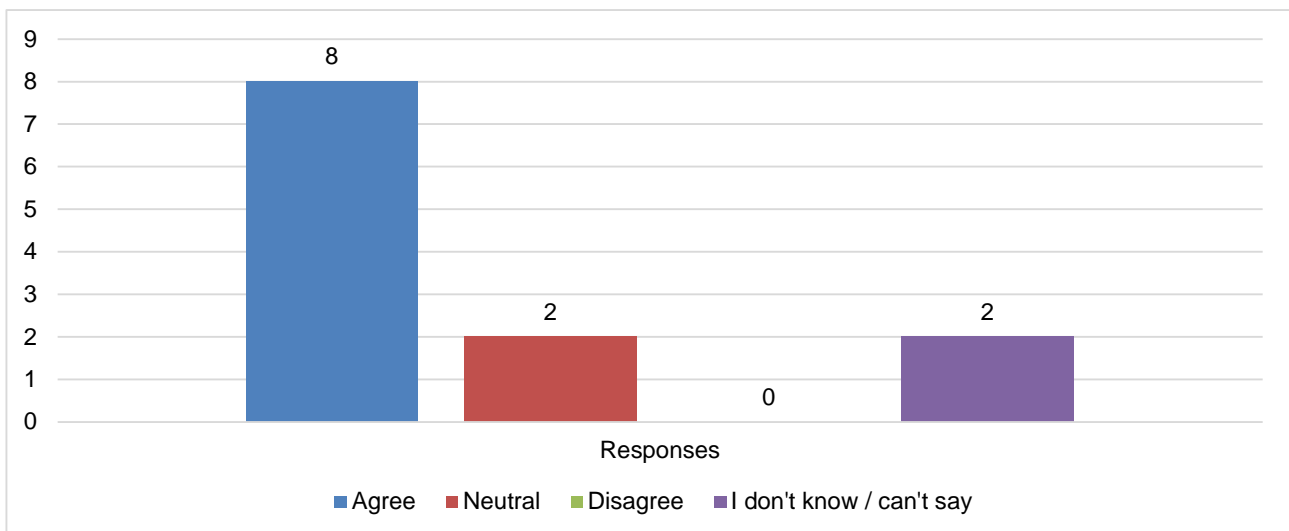
**Consultation questions and responses:**

**Q1 – The draft Thurrock PNA reflects the current provision (supply) of pharmaceutical services within Thurrock:**



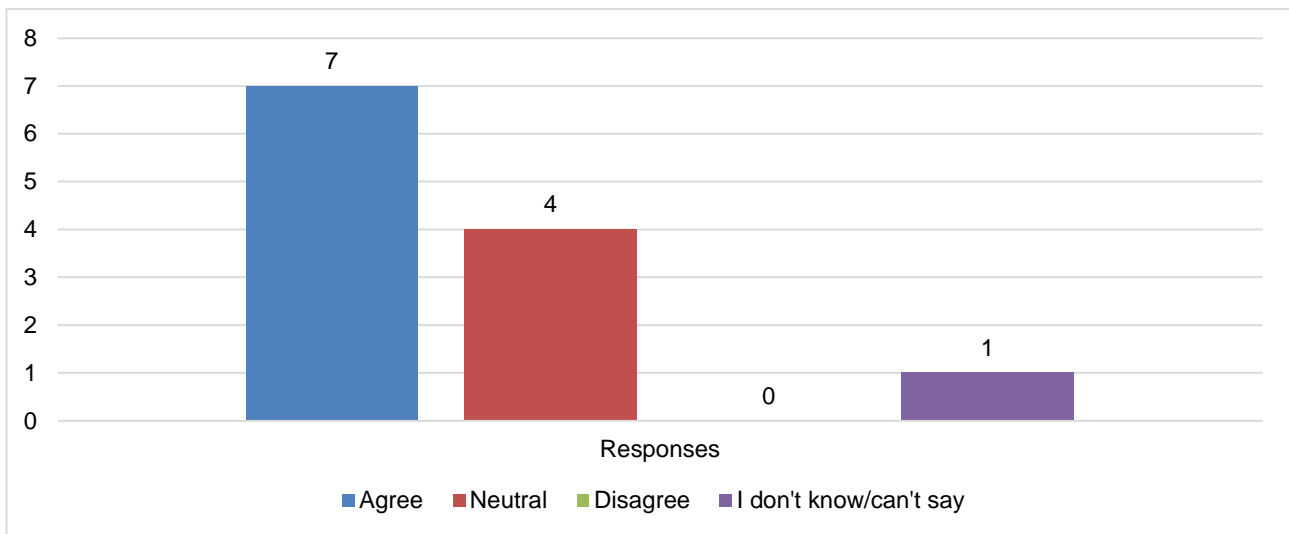
Response	Count
Agree	8
Neutral	2
Disagree	0
I don't know / can't say	2

**Q2 – The draft Thurrock PNA reflects the current pharmaceutical needs of the Thurrock population/people**



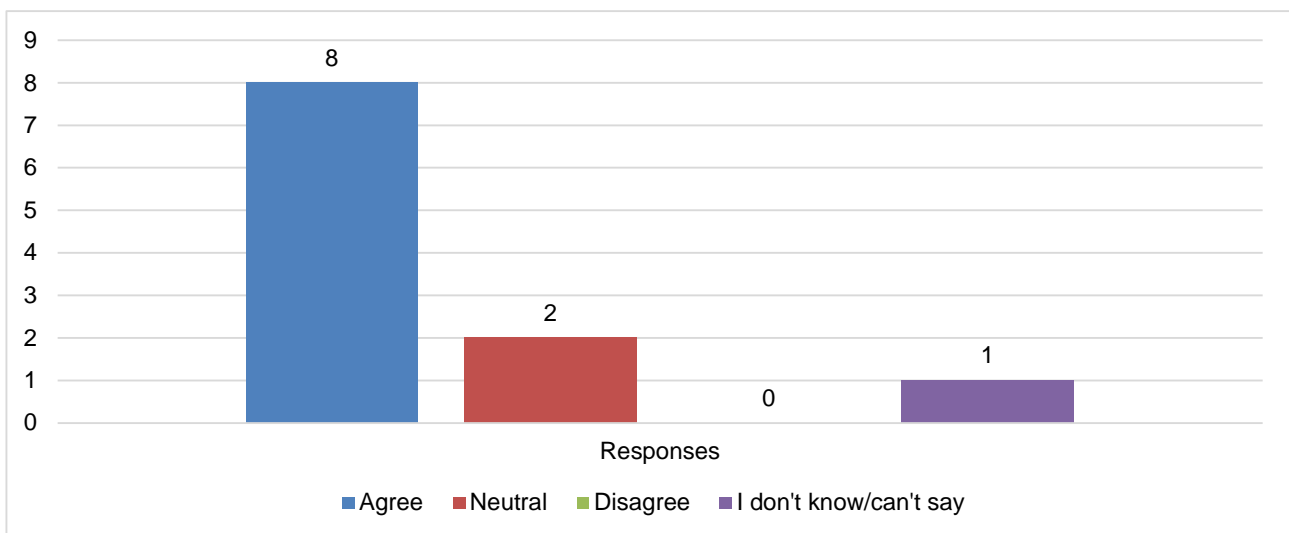
Response	Count
Agree	8
Neutral	2
Disagree	0
I don't know / can't say	2

**Q3 – The draft Thurrock PNA reflects the future (over the next three years) pharmaceutical needs of the Thurrock population/people:**



Response	Count
Agree	7
Neutral	4
Disagree	0
I don't know / can't say	1

**Q4 – Regarding the conclusions within the draft Thurrock PNA do you:**



Response	Count
Agree	8
Neutral	2
Disagree	0
I don't know / can't say	1

All free text comments are included in the full consultation report available under request.

## Appendix N: Consultation comments

Comment number	Question	Responding as	Comment	SG response
1	1 – Current Provision	A healthcare or social care professional	The current provision of services by the available pharmacies and dispensing surgeries is adequate. I agree that there is no need for further services at this current time.	Noted.
2	1 – Current provision	NHSE	Detail has been provided on current service provision e.g. community pharmacy, dispensing doctors, DACs and DSPs – and detail of services they provide.	Noted.
3	1–5	A member of the public	I couldn't open the link	Noted.
4	2 – Current needs	A healthcare or social care professional	There is enough choice and availability of pharmacy services for the current population.	Noted.
5	2 – Current needs	NHSE	Having reviewed the results of the questionnaire and current service provision it appears that the needs of the population are being met.	Noted.
6	3 – Future needs	A healthcare or social care professional	I agree that there is no need to change the current model, it is working well and the next 3 years will see pharmacy services expand and serve the population better and even more than they are now.	Noted.
7	3 – Future needs	NHSE	The PNA considers if there are likely to be any future needs and following consideration, it appears that population needs will be met over the next 3 years.	Noted.
8	4 – Conclusions	A healthcare or social care professional	Yes, completely, the current services available are more than adequate and will also help support dispensing practices as well.	Noted.

Comment number	Question	Responding as	Comment	SG response
9	4 – Conclusions	NHSE	Current service provision, current needs and future needs have been considered and there does not appear to be any gaps identified.	Noted.
10	5 – Other comments	NHSE	Yes please – some small things, please take them in the spirit in which they are made – intended to be constructive. The contents page: 1.3.5 is in bold – not sure why. The document references NHS England and NHS Improvement (NHSE&I) – from 1 July 2022, the legal name is NHS England only (dropping the NHS Improvement bit). I found the reference to delegated arrangements confusing on page 13 where it refers to delegation being delayed until July 2022 and some not until 2023. For clarity, primary medical services are fully delegated to ICBs from 1 July 2022. Some regional teams are taking on responsibility for pharmacy, optometry and dental services from the same date however in East of England – Pharmacy, optometry and dental services will not be fully delegated until 1 April 2023. There is reference in the PNA to CCGs becoming ICBs. It is noted that the PNA will refer to CCGs on the basis that ICBs will eventually take the place of CCGs. Noting that CCGs won't exist as at 1 July 2022 and the PNA is being published 1 October 2022, I wonder if it would be better to just reference ICBs? Page 59 – there is a typo above table 19. It refers to 'that the London and national average' rather than 'than'. Page 72 – it says that ICSs will take on delegated responsibility for pharmaceutical services from 1 April 2022. This is incorrect for East of England. It will be 1 April 2023.	Noted. 1. Formatting - amended 2. NHSE&I changed to NHSE. 3. April 2022 amended to April 2023 for East of England. CCG change to ICS – amended. 4. Page 59 – Amended.

Comment number	Question	Responding as	Comment	SG response
11	5 – Other comments	A business or organisation – Boots	Due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA. As we are currently in the process of renewing/agreeing the contracts for the locally commissioned services in Thurrock, the list in Appendix A might not be accurate throughout the PNA timescale. Also, supervised consumption and needle exchange services are not listed in the PNA, currently commissioned in Thurrock by Forward Trust.	Noted. Data has been received and updated for the final publication of the PNA.
12	5 – Other comments	A healthcare or social care professional	Given the level and distribution of community pharmacies I would question the ongoing need for dispensing medical practices. Community pharmacies are able to provide a superior and more comprehensive service for patients utilising trained and qualified staff reducing the risk of dispensing errors. It is disappointing that the new medicines service does not provide support for those suffering from mental illness. These are some of the most vulnerable of patients, and ensuring support for changes to medicines regimens is important in maintaining their ongoing mental health. I found no mention of out of hours access to palliative care drugs, which is frequently a problematic area.	<ol style="list-style-type: none"> <li>1. GP dispensing practices – noted</li> <li>2. NMS and mental illness – Noted and out of scope of the PNA. Thurrock has been selected for the national pilot for NMS in mental health; go live anticipated Autumn 2022</li> <li>3. EoL – Section 6.5.1 provides information on the commissioned Palliative care service. One pharmacy currently provides this service.</li> </ol>



## Appendix O: Opportunities for possible community pharmacy services in Thurrock

### Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the Pharmaceutical Regulations 2013.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Thurrock as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively impact the population.

Not every service can be provided from every pharmacy and that service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively impacted by services provided from community pharmacies, albeit being out of the scope of the PNA process.

The take-up of some services from pharmacies has been low; a review to identify the factors that contribute to this low uptake should form part of a review to rectify the shortfall.

The commissioner questionnaire Appendix J (completed by one commissioner) indicated a willingness to commission services in obesity, hypertension, diabetes, asthma and COPD, all of which are identified areas of ill health within Thurrock.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all localities. This will mean that more eligible patients are able to access and benefit from these services.

When pharmacy contractors were asked if there were services that they would like to provide that are not currently commissioned, 54% (of 33) said yes, indicating that the possibility for a broader provision of services is possible.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow device distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

## Health needs identified in the NHS Long Term Plan (LTP)

Priority clinical areas in the LTP include:

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

## Health needs in Thurrock identified from Section 2

Some of the main health indicators suggest people in Thurrock have similar health to needs that of the England average:

- Life expectancy at birth in Thurrock residents was 78.3 years for males and 82.6 years for females (2018-20), in comparison with the England average life expectancy, which was 79.4 for males and 83.1 for females<sup>1</sup>
- The healthy life expectancy in Thurrock (2017-19) is 63.2 years for men and 61.6 for women, which is not statistically significantly different from the national average (male, 63.2 years; female, 63.5 years)
- The mortality rate for Thurrock for under-75s overall saw a rate of 351.9 per 100,000 for the year 2018-20, which is not significantly different from the England average of 336.5 per 100,000

There are many indicators of good health with significant variation from national averages of the population, for example:

- Only 50.6% of adults ate the recommended five-a-day intake of fruit and vegetables in 2019-20. This was significantly lower than the East of England (56.7%) and England (55.4%) averages. In 2019-20 58.3% of adults met recommended physical activity levels per week in Thurrock, which is lower than the England average of 66.4%.
- For adults, the Thurrock rate of obesity is 69.4%, which is significantly higher than the England average of 62.8%, and has remained above the England average since 2015-16.

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<sup>1</sup> ONS. Public health profiles – Life expectancy. [Accessed January 2022.]  
[www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk)

- The smoking prevalence in Thurrock is estimated to be 17.42% for the year 2019-20, using the Action on Smoking and Health (ASH) Local Toolkit,<sup>2</sup> compared with the national figure of 14.4% in all PCN areas
- The average IMD score for Thurrock is 20.93 and it is ranked 77 out of 151 upper tier local authorities across the whole of England:
  - Grays 15.11
  - ASOP 26.35
  - SLH 14.28
  - T&C 32.55 – most deprived (Tilbury St Chads ward 47.9)

There are also many specific ill health and disease areas that vary from the national averages:

- For the 2020 period, the chlamydia detection rate in Thurrock of 1,235 diagnoses per 100,000 population aged 15–24 was significantly below the Public Health England target detection rate of at least 2,300 diagnoses per 100,000 population aged 15–24. The proportion of this age group being screened for chlamydia (9.4%) was also significantly below the England average (14.3%)
- The testing coverage for HIV amongst eligible attendees accessing specialist sexual health services was, at 29.6%, significantly below the England average of 46.0%
- In 2020 the percentage of under-25-year-olds having a repeat abortion was 35.6%, significantly worse than England, which was 29.2% the same year<sup>3</sup>

It is also possible to break down ill health to locality level and whereas Thurrock may have similar rates of disease and illness as the national average, some localities have distinct variations (as discussed in [Section 6.6](#)).

- Most wards in Thurrock have higher rates of death from circulatory diseases than the England average. Thurrock's standardised mortality ratio is 110.6, which is significantly above the England average of 100. The wards with the highest rates are primarily situated to the south of Thurrock and include the towns of Tilbury and Grays.
- In 2019-20, diabetes mellitus prevalence in Thurrock was 7.0% in all adults aged 17+ in Thurrock.<sup>4</sup> Breaking this down further to PCN level indicates that T&C (8.1%) and ASOP (7.4%) are above the England average (7.1%) and the Thurrock average (7.0%).
- Thurrock Standardised Incidence Ratio (SIR) for all cancers is only just slightly above the England average, however lung cancer is significantly worse than the England average with an incidence of 119, which may be affected by the high prevalence of smoking rates. [Section 2.9.3](#) shows breakdown by ward.

<sup>2</sup> Action on Smoking and Health: Local Toolkit. [Accessed February 2022.] <https://ash.org.uk/local-resources/local-toolkit/>

<sup>3</sup> PHE fingertips. [Accessed January 2022.] <https://fingertips.phe.org.uk/search/sexual%20health>

<sup>4</sup> QOF. NHS Digital (via PHE fingertips). [Accessed January 2022.] <https://fingertips.phe.org.uk/search/diabetes>

- Asthma prevalence is higher in T&C PCN and SLH PCN. Both these PCNs are higher than the Thurrock average, with SLH having also higher prevalence above the England average.
- COPD prevalence in Thurrock for 2019-20 is recorded as 1.93% and is just below the England average of 1.94%. The 2019-20 data shows that ASOP (2.38%) and T&C (2.33%) PCNs have the highest rates of prevalence for COPD.
- For strokes and transient ischaemic attacks, the prevalence rate in Thurrock is 1.51%, which is below the England average of 1.80%. Only SLH is above the Thurrock rate and England average, at 1.95%.
- Hypertension has the highest prevalence amongst all long-term conditions in Thurrock with 14.12% prevalence (slightly above the England average of 14.10%). The prevalences within SLH (16.89%) and T&C (15.94%) are the highest in the localities.
- Emergency hospital admissions for the period 2019-20 for dementia had a rate of 4,350 per 100,000, which is significantly higher than the England average of 3,517 per 100,000 and one of the highest rates in the region.
- Flu immunisation programmes aim to vaccinate all those who are in at-risk groups. Thurrock has lower vaccine coverage when compared with both the regional and national average for both those 65+ and at-risk individuals.

**Table 29: Flu vaccination rates for 65+ and those at risk, 2020-21**

Vaccine	Thurrock	East of England	England
Flu 65+	77.0%	81.8%	80.9%
Flu at-risk individuals	44.8%	52.8%	53.0%

Source: PHE fingertips

### **Opportunities for further community pharmacy provision**

Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help manage and support in these areas.

#### **A. Existing Services**

##### **Essential Services**

Signposting for issues such weight management and health checks.

The Discharge Medicine Service (DMS) may be of use if targeted at specific areas, e.g. to support the high numbers of patients discharged from hospital following an emergency admission for dementia.

## Advanced Services

Some of the existing Advanced Services could be better utilised within Thurrock, i.e. the Community Pharmacy Consultation Service (CPCS) and the New Medicine Service (NMS), including a focus on particular health needs in the population for these services, e.g. diabetes, stroke, COPD and asthma.

Thurrock has lower flu vaccine coverage when compared with both the regional and national average for both those 65+ and at-risk individuals.

Improved utilisation of the flu vaccination Advanced Service to target immunisation levels in the population could be considered as part of future provision of this service.

## Locally Commissioned Services

The currently commissioned Stop Smoking service was last reviewed during the COVID-19 pandemic, when most pharmacy services were focused elsewhere to support the whole health system. The level of smoking in Thurrock should mean these services continue to be available in as many community pharmacies as possible.

The sexual health pharmacy for Thurrock service is provided from approximately half of community pharmacies in Thurrock and could be extended to more of the existing community pharmacies.

## B. New Services

From the public questionnaire there is a wish for services to be made available from community pharmacies. From the contractor questionnaire there is also a willingness to deliver such services.

## Advanced Services

These services would be commissioned by NHSE.

There are several Advanced Services about to be implemented that could be beneficial to the population of Thurrock based on the identified health needs, including:

- **Hypertension case-finding service**  
This is an Advanced Service that is due to be introduced imminently. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.
- **Hepatitis C testing service**  
The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies they will be referred for a confirmatory test and treatment, where appropriate.

- **Stop smoking**

There is a new stop smoking Advanced Service for people referred to pharmacies by a hospital, which will be commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care and NHSE proposed the commissioning of this service as an **Advanced Service**.

### Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

The NHS Health Check is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

As hypertension, stroke and circulatory disease are all priority health areas in Thurrock and the rate of diabetes is increasing, then the provision of Health Checks through community pharmacies within the existing infrastructure could be considered or reviewed.

Below are examples of services that have been commissioned in some areas of England either by NHSE or ICBs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Thurrock ([Section 2.9](#)) or the NHS LTP.

### Possible disease-specific services

- **Weight management**

There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. cardiovascular disease or diabetes.

- **Diabetes**

Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team; 2. Prevention and lifestyle; 3. Complications of diabetes; 4. Education programmes; 5. Medicines adherence; 6. Signposting.

- **HIV screening**

The Advanced Service for Hepatitis C testing uses a POCT methodology and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. This service could be combined with the existing **Emergency Hormonal Contraception** service.

- **Lung cancer initiative**

The Local Pharmacy Early Identification of Symptomatic Lung Cancer Patients Scheme (East Sussex) is to enable local awareness raising for example, 'not ALL cough is COVID'. To support pharmacies to identify symptomatic patients who may come into the pharmacy and provide a pathway for those patients which the pharmacist can use.

Local defined outcomes: 1. A reduction in the numbers of late, emergency presentations for patients with lung cancer in the Crawley area. 2. An increase in GP referral activity for lung cancer up to and beyond levels seen prior to COVID-19. 3. An increase in the number of patients who stop smoking. 4. Prevention of early deaths and patients dying undiagnosed of cancer.

- **Cardiovascular**

Atrial Fibrillation (AF) screening service (multiple areas). This service provides patients at high risk of AF with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a stop smoking service or weight loss support service.

- **Respiratory**

Six pharmacies in North East Essex are piloting a Chronic Obstructive Pulmonary Disease (COPD) project aimed at reducing demand on GPs and hospitals during the busy winter period. Funded through winter pressures money, the service proactively checks that patients with COPD are aware of what to do if they start an exacerbation (whether this is a formal written plan or not) and checks that they have a rescue pack at home if this is part of the plan. If they haven't, there is a Patient Group Direction element to supply this. The service is different to other rescue pack schemes in that rescue packs are discussed and supplied to patients when they are well, rather than when they have started to exacerbate.

## Recommendations

### 1. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The public questionnaire made it clear that members of the public were not aware of all the available services
- Members of the public wish to see many of these services provided ([Section 5](#))
- Some of the existing services could be used more effectively

## **2. Identify the best way to deliver the Advanced Services**

Smoking cessation, hypertension case-finding and hepatitis C screening can all meet the health needs of Thurrock, albeit in targeted localities.

## **3. Consider the provision of new Locally Commissioned Services**

To meet specific health needs in Thurrock, e.g. weight management, HIV screening, diabetes, lung cancer, or respiratory services.



## Abbreviations

A&E – Accident and Emergency

AF – Atrial Fibrillation

ASH – Action on Smoking and Health

ASOP – Aveley, South Ockendon and Purfleet

AST – Asthma

AUR – Appliance Use Review

A&E – Accident and Emergency service

BSA – Business Services Authority

CCG – Clinical Commissioning Group

CHD – Coronary Heart Disease

CLA – Children Looked After

COPD – Chronic Obstructive Pulmonary Disease

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

DAC – Dispensing Appliance Contractor

DHSC – Department of Health and Social Care

DLUHC – Department for Levelling Up, Housing and Communities

DM – Diabetes Mellitus

DMIRS – Digital Minor Illness Referral Service

DMS – Discharge Medicines Service

DSQS – Dispensary Services Quality Scheme

DRUM – Dispensing Review Use of Medication

DSP – Distance-Selling Pharmacy

EHC – Emergency Hormonal Contraception

EoLC – End of Life Care

eRD – Electronic Repeat Dispensing

ES – Essential Services

GCSE – General Certificate of Secondary Education

GP – General Practitioner

HIV – Human Immunodeficiency Virus

HLE – Healthy Life Expectancy

HWB – Health and Wellbeing Board  
 IAPT – Improving Access to Psychological Therapies  
 ICB – Integrated Care Board  
 ICS – Integrated Care Systems  
 IMD – Index of Multiple Deprivation  
 JHWS – Joint Health and Wellbeing Strategy  
 JSNA – Joint Strategic Needs Assessment  
 LARC – Long-Acting Reversible Contraception  
 LCS – Locally Commissioned Services  
 LD – Learning Disability  
 LFD – Lateral Flow Device  
 LPC – Local Pharmaceutical Committee  
 LPS – Local Pharmaceutical Service  
 LTP – Long Term Plan  
 MSK – Musculoskeletal  
 MSM – Men who have Sex with Men  
 MUR – Medicines Use Review  
 NEET – Not in Education, Employment or Training  
 NHS – National Health Service  
 NHSE – NHS England  
 NMS – New Medicine Service  
 NUMSAS – NHS Urgent Medicine Supply Advanced Service  
 OHID – Office for Health Improvement and Disparities  
 ONS – Office for National Statistics  
 PANSI – Projecting Adult Needs and Service Information System  
 PCN – Primary Care Network  
 PCT – Primary Care Trust  
 PGD – Patient Group Direction  
 PhAS – Pharmacy Access Scheme  
 PHE – Public Health England  
 PNA – Pharmaceutical Needs Assessment  
 POCT – Point-of-Care Testing

POPPI – Projecting Older People Population Information System

PQS – Pharmacy Quality Scheme

PSNC – Pharmaceutical Services Negotiating Committee

PWID – People Who Inject Drugs

QOF – Quality and Outcomes Framework

RNIB – Royal National Institute of Blind People

SAC – Stoma Appliance Customisation

SIR – Standardised Incidence Ratio

SLH – Stanford-le-Hope

SMR – Standardised Mortality Ratio

STI – Sexually Transmitted Infection

STIA – Stroke and Transient Ischaemic Attack

T&C – Tilbury and Chadwell

TLO – Traveller Liaison Officer