
Pharmaceutical Needs Assessment

29th June 2018

Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014, 2015 and 2016

Pharmaceutical Needs Assessment

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1. Background

1.1 Why a PNA is needed

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

Box 1 - Duties of the HWB

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

Box 2 – Requirements for the PNA

The matters which the HWB must consider are:

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

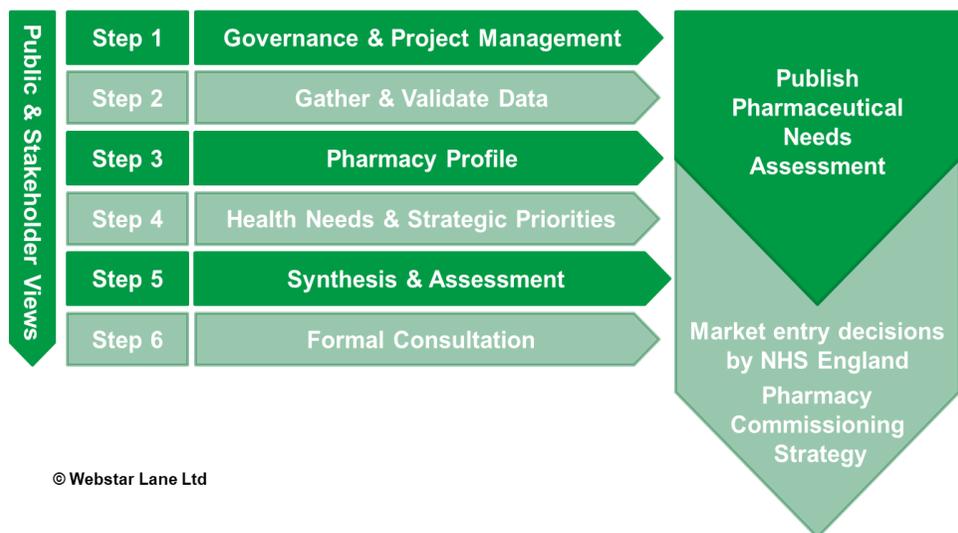
Schedule 1 of the Regulations¹ sets out the information the PNA must include:

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

1. Background

1.2 Methodology

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



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	Activity
Step 1 Governance & Project Management	<ul style="list-style-type: none"> • A multi-agency Steering Group was established to oversee and drive the development of the PNA. Terms of Reference are attached in Appendix A • External expertise was appointed to provide project management support
Step 2 Gather and Validate Data	<ul style="list-style-type: none"> • Information and data was requested from managers and commissioners within the London Borough of Sutton, NHSE, NHS Sutton CCG • An online contractor questionnaire was designed to verify current service provision by pharmacies and to secure insights into other aspects of service delivery. A copy is attached in Appendix C; a modified version was used for the dispensing appliance contractor • The questionnaire was cross-referenced with data supplied by service commissioners as part of a validation exercise; all anomalies were addressed to produce an accurate dataset
Step 3 Pharmacy Profile	<ul style="list-style-type: none"> • The current profile of pharmaceutical & locally commissioned services was documented on a service by service basis • This was supplemented with a benchmarking exercise using London & England comparators
Step 4 Health Needs & Strategic Priorities	<ul style="list-style-type: none"> • A desktop review of local health needs (including the JSNA) and key strategies was undertaken • This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services
Step 5 Synthesis & Assessment	<ul style="list-style-type: none"> • Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision • Pre-determined principles were used to underpin the decision making process
Step 6 Formal consultation	<ul style="list-style-type: none"> • To be written post-consultation

1. Background

1.3 Scope of the PNA

Contractors included on the Pharmaceutical List for Sutton

Pharmacy Contractors (PhS)
Community pharmacies; National contract
43 pharmacies

Dispensing Appliance Contractors
Provide appliances but not medicines
1

Local Pharmaceutical Services Contractors (LPS)
Local contract, commissioned by NHSE
1 ("Out of Hours Service")

Dispensing Doctors
0

Pharmaceutical Services

Other services commissioned from Pharmacies

Community pharmacists provide:

- **Essential Services**
 - Dispensing medicines, appliances and other prescribed items (includes electronic prescription services) and the actions associated with dispensing
 - Repeat dispensing
 - Disposal of unwanted medicines
 - Promotion of healthy lifestyles, including prescription linked interventions and public health campaigns
 - Signposting / Support for self-care
- **Advanced Services**
 - Medicines use reviews (MURs) and Prescription Intervention Service
 - New Medicine Service (NMS)
 - Flu vaccination
 - NHS Urgent Medicine Supply Advanced Service (NUMSAS)
 - Stoma Appliance Customisation Services (SACS)
 - Appliance Use Reviews (AURs)
- **Enhanced Services**
 - London Pharmacy Vaccination Service
 - Minor Ailments Service
 - Palliative Care Service
 - Care Homes Service
- **Local Pharmaceutical Services**
 - Out of Hours Service provided on weekdays, weekends and bank holidays

Services Commissioned by Public Health

- Sexual health services
- Substance misuse (supervised consumption and needle exchange)
- Smoking cessation

Services commissioned by NHS Sutton CCG:

- Community domiciliary anti-coagulant service

Services commissioned by NHS Trusts or Foundation Trusts: None

Other services which affect the need for Pharmaceutical Services

Sutton HWB Area

- St Helier Hospital, Queen Mary's Hospital for Children & Sutton Hospital (Epsom & St Helier University Hospitals NHS FT)
- Royal Marsden NHS Foundation Trust
- Royal Marsden Community Services for adults and children
- Sexual Health & Contraceptive Services
- GP practices
- GP hubs provided by Sutton GP Services Ltd (GP Federation)
- Urgent Care Centre and GP out of hours service
- Care homes
- St Raphael's Hospice

Other HWB Areas

- Epsom Hospital (Epsom & St Helier University Hospitals NHS FT)
- Kingston Hospital NHS Foundation Trust
- Croydon University Hospital (Croydon Health Services NHS Trust)
- St George's University Hospitals NHS FT
- South West London & St George's Mental Health NHS Trust

Dispensing Appliance Contractors provide

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

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

- Non-NHS services provided by community pharmacies (Appendix D)
- The in-house pharmacy services provided by all of the NHS Trusts providing Acute, Community and Mental Health Services

1. Background

1.4 Changes Since 2015

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

National Strategy & Drivers

- “Five Year Forward View”³, the “GP Forward View”⁴ & “Next Steps on the Five Year Forward View”⁵
- The independent community pharmacy service review, commissioned by NHS England in 2016⁶. This includes recommendations to maximise the use of electronic repeat dispensing; modernise medicines use reviews; and for stop smoking services to become part of the NHS pharmaceutical services contract
- The Department of Health’s report: “Community Pharmacy 2016/17 and beyond: final package”⁷. This sets out various reforms with respect to:
 - Pharmacy remuneration, the introduction of a Quality Payment Scheme and the Pharmacy Access Scheme (Box 3)
 - Market entry and the introduction of new regulations which permit the consolidation of pharmacies
 - Modernisation of pharmacy services, including the Pharmacy Integration Fund and the piloting of pathways which carve out a role for community pharmacy in the urgent supply of medicines and the urgent management of minor illnesses

Local Strategy

- The South West London Sustainability and Transformation Plan (STP). This sets the strategic direction for the health and care economy
- Public Health strategies and plans including:
 - The Joint Health & Wellbeing Strategy (2016 - 2021) which sets out areas for action and interventions to underpin delivery
- Sutton Health & Care (draft strategy)
- Sutton’s Joint End of Life Care Strategy 2017 - 2020
- Sutton Local Development Plan 2016
- Five-Year Housing Land Supply Assessment April 2016 – March 2021

Specific Service Changes

- Arrangements for extended GP opening hours including 2 GP Access Hubs
- Changes in the provision of NHS pharmaceutical services (Box 4)

Box 3 - Financial and Quality Reform

Funding Settlement

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

The Quality Payment Scheme

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

Box 4 – Changes in NHS Pharmaceutical Services

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

- The reversion of Galloways Chemist from an LPS to a PhS Contract
- A new distance selling pharmacy (Rxlive)
- The inclusion of 2 pharmacies (Galloways Chemist and Kirkby’s Chemist) in the Pharmacy Access Scheme
- One contractor which is no longer registered with the General Pharmaceutical Council (Amba Ltd)
- Changes in PNA reported opening hours
- Advanced services
 - New Services including flu vaccination
 - The NHS Urgent Medicines Advanced Service (This is a pilot scheme, accessed via NHS 111 which is being piloted until 30 September 2018)
 - Changes in the number of pharmacies accredited to provide advanced services
- Enhanced Services
 - Decommissioning of the medicines assessment & compliance support service
 - Changes in the number of pharmacies commissioned for various services
- Locally commissioned services:
 - Decommissioning of NHS health checks
 - Changes in the number of pharmacies commissioned for various services

2. Local Context

2.1 The Place

- The London Borough of Sutton is in South West London and forms part of outer London
- Sutton occupies an area of 17 square miles (43km²) and ranks 14th out of the 32 London Boroughs in terms of size
- The southern half of the borough consists of relatively affluent, low density residential areas together with a substantial green belt area forming the edge of Greater London
- By contrast, the northern wards, including St Helier, The Wrythe and Wandle Valley, along with Roundshaw in the southeast of the borough, are less affluent and consist of higher density housing, including large social housing estates and industrial areas. However, the northern half of the borough also contains large areas of parkland and open space, including the River Wandle corridor and Beddington Farmlands
- Sutton borders with four HWB areas:
 - Croydon
 - Kingston-Upon-Thames
 - Merton
 - Surrey
- Our assessment has taken into account pharmaceutical services provided in these neighbouring HWB areas



Transport

- The 2011 Census found that 77% of Sutton households owned at least one car or van compared to 58% across the London Region
- Sutton has good road and rail links with a number of suburban rail services; and the Tramlink which runs between Croydon and Wimbledon with two stops in the northeast corner of the borough
- The Sutton Local Plan sets out a commitment to strengthen the transport network including an extension to the Tramline and Crosslink 2. This will have a positive impact of accessibility of healthcare services (including pharmacy) and will facilitate the flows of people into and out of the borough



In the remainder of this section, we explore the local demography, health needs and strategy which influence the need of the population for pharmaceutical services. This section should be read in conjunction with the Joint Strategic Needs Assessment 2017

2. Local Context

2.1 The Place (cont...)

Localities

- The PNA regulations require that the HWB divides its area into localities which are then used as a basis for structuring the assessment
- In determining the locality structure, the PNA Steering Group considered two options:
 - **Option 1:** Retaining the 3 localities which were used for the 2015 PNA i.e. Sutton and Cheam; Carshalton; and Wallington. This structure mirrored the locality approach adopted by Sutton CCG at the time
 - **Option 2:** Moving to a single, Borough-wide locality
- The decision was to adopt the single, borough-wide locality for the following reasons:
 - Health and care localities are being developed locally; these are not clearly defined but once established will supersede any previous locality structure used within the Sutton area for the planning, commissioning or delivery of services
 - Sutton is a relatively small borough with short travel times; investment in transport infrastructure, as set out in the Local Plan, will facilitate further improvements in both travel time and accessibility between different areas of Sutton
 - Whilst, the population for the single locality will be larger, it was determined that this was a reasonable size upon which to base the assessment
 - There are 5 areas of deprivation. These are spread throughout the Borough rather than being concentrated within a defined location(s)
- The map (right) shows the relationship between Sutton's wards
- It should be noted, that whilst our PNA is based upon Sutton as a single locality, we do make reference to wards in order to allow us pin-point specific issues which are relevant to the pharmaceutical needs of the population

Sutton's Wards

- | | |
|---|--|
| <ul style="list-style-type: none"> • Beddington North • Beddington South • Belmont • Carshalton Central • Carshalton South & Clockhouse • Cheam • Nonsuch • St Helier • Stonecot | <ul style="list-style-type: none"> • Sutton Central • Sutton North • Sutton South • Sutton West • The Wrythe • Wallington North • Wallington South • Wandle Valley • Worcester Park |
|---|--|



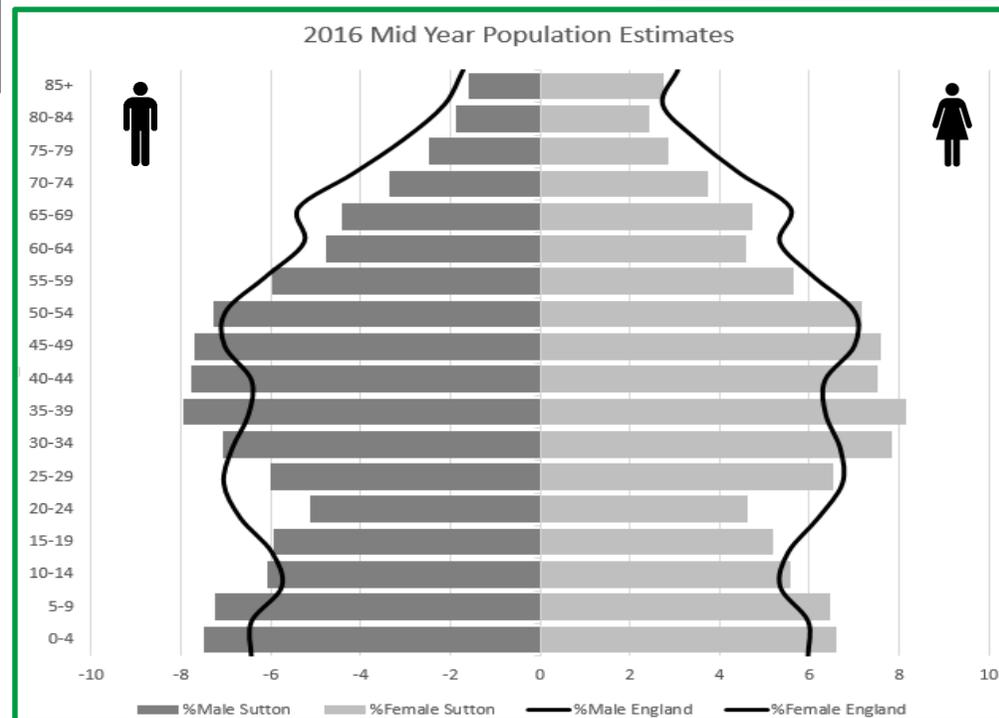
2. Local Context

2.2 Demography

Population Characteristics & Age Distribution

- There are around 202,220 people living in Sutton (ONS mid-year estimates 2016)
- The graph and tables (right) illustrate the population profile:
 - Children aged under 5 years account for around 7.0% of the population in Sutton, compared to London (7.2%) and England (6.2%) this represents 14,199 children in Sutton aged under 5
 - There are 120,582 people of working age (20-64 years) accounting for 60% of the population in Sutton lower than London (64%) and England (67%)
 - People aged over 65 years accounted for 15.1% of the population in Sutton; this is higher compared to London (11.6%) and lower than England (17.9%). There are around 30,607 people in the age group in Sutton

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/timeseries/ukpop/pop>



Population: Change, Summary Characteristics

- The population of Sutton is growing and becoming more ethnically diverse
- According to ONS, Sutton's population will increase by around 12.7% in the decade from 2014 to 2024, which is similar to London (13.7%) and higher than England (7.5%):
 - The population of children & young people aged 0 to 19 years is expected to increase by 16.6%, this is higher than London (14.8%) and England (7.8%)
 - The proportion of older people aged 65+ is expected to increase by 19.7% by 2024, less than for London (23.6%) and England (20.4%)
 - Similarly, the population aged over 75 is expected to increase by 29.1% by 2024, higher than London (26.1%) for London but less than England (33.9%)
 - The largest population increases are predicted to be in the wards of Wandle Valley, Sutton Central, Belmont and Carshalton South (Sutton JSNA)
- The trend in population growth is driven by local births, longer life and migration into the borough

Sutton Population Overview

	Males	Females	Persons
Population (2016)	98,593	103,627	202,220
% people from an ethnic minority group	26.5%	23.8%	25.0%

Population Age Breakdown for Sutton, London & England

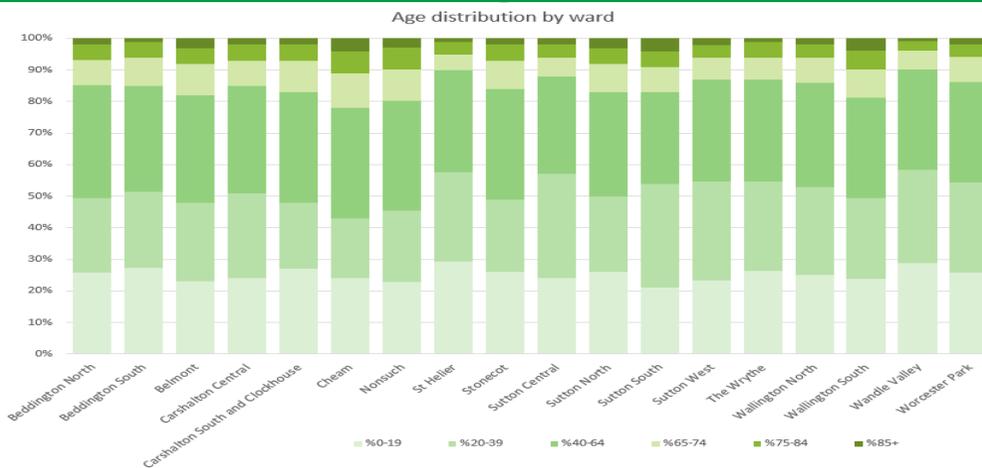
	Total	0-4 years	5-19 years	20-64 years	65+
England	55,268,067	3,429,046	9,677,930	32,278,250	9,882,841
London	8,787,892	635,561	1,535,915	5,595,292	1,021,124
Sutton	202,220	14,199	36,832	120,582	30,607

2. Local Context

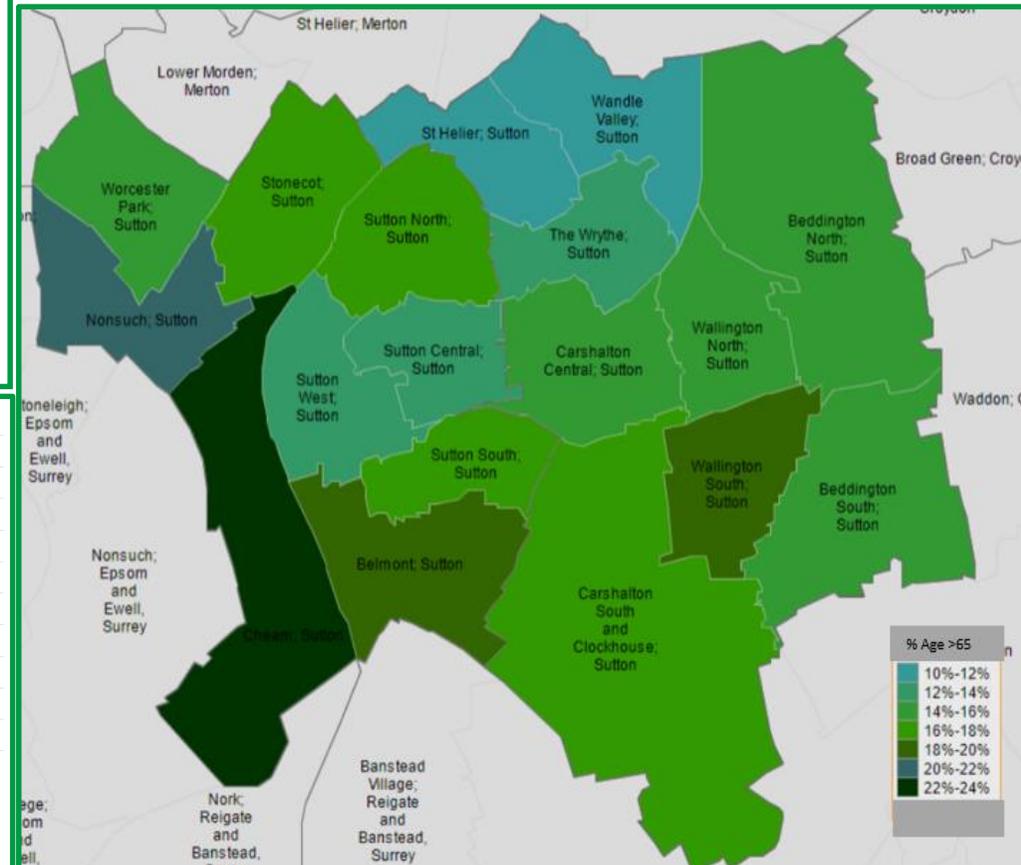
2.2 Demography (cont...)

Population & Age Distribution (cont...)

- Sutton's JSNA includes borough maps showing 'Where our Older People Live' and 'Where our Younger People Live' at ward level, based on Census data (2011) [JSNA Population Data Sheet]
- The graph (below) shows age distribution by ward (ward level mid- year population estimates (experimental statistics) mid 2016):
 - 25% of the population are aged 19 years or younger. St Helier and Wandle Valley have the highest proportion of residents in this age band (29%) and Sutton South has the lowest proportion (21%)
 - 60% of people are working age (i.e. aged 20-64 years). Sutton Central has the highest proportion (64%) and Cheam has the lowest (54%)
 - 15% are aged 65+ (map, right). Of these, 7% are aged 75+ and 2% are 85+



Percentage of the ward population over the age of 65



What this means for the PNA

- Age impacts upon how and when a person may need to use pharmaceutical services. This is summarised in Appendix F – “Pharmaceutical Needs Across the Life-course”
- Long term conditions are more prevalent in older people (58% of people aged 60+ compared to 14% in the under 40s; those living less healthy lifestyles are more likely to develop an LTC)
- A survey of the population in England⁸ showed that older people, children, women aged 55+ and those with a long-term condition are more likely to visit a pharmacy once a month or more. Conversely men, younger adults and people in employment are less likely to visit a pharmacy
- It is important that pharmacies maximise opportunities to target health promotion and public health interventions to improve health and prevent or delay the onset of disease and LTCs, particularly for the younger population. Similarly, services need to be responsive to, and meet the needs of older people
- The growing population has implications for future demand for all services, including pharmacy services. Our assessment will consider the capacity of the existing pharmacy network to meet this demand

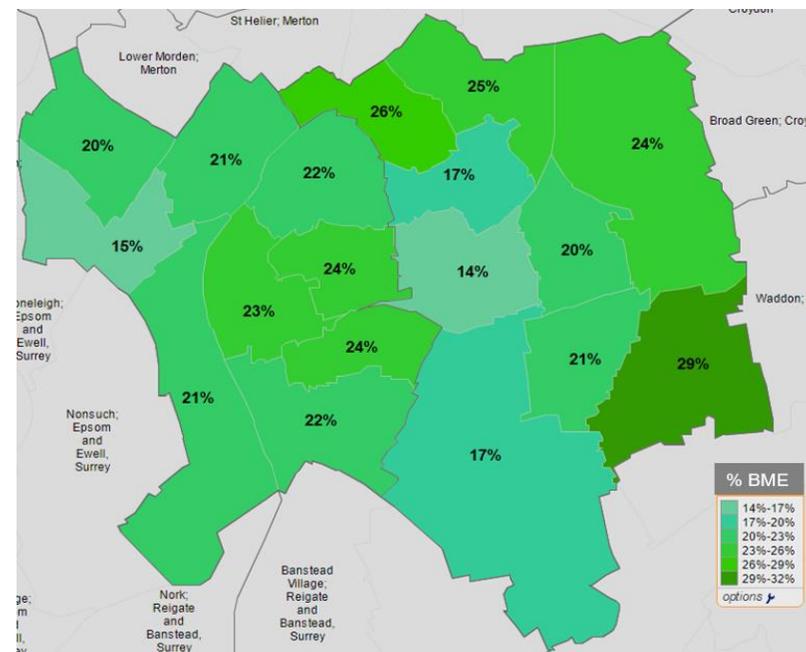
2. Local Context

2.2 Demography (cont...)

Ethnicity

- Sutton has become increasingly more diverse over time and it is estimated that 1 in 4 people (25%) are from an ethnic minority group (2016 ONS mid-year population estimates)
- There are differences between generations in the ethnic composition of communities within Sutton [Sutton JSNA Protected Characteristics Fact Sheet and Data Sheet]:
 - Minority communities generally have a much younger profile which reflects the arrival of people of working and their establishment of families
 - Data from the Sutton Primary School Census suggest that Polish and Tamil groups are settling into the borough
 - The older population is less diverse, but is changing over time
 - In 2011, 90.0% of people living in Sutton spoke English. The other top languages spoken were Tamil (1.5%), Polish (1.1%), Urdu (0.5%), Portuguese (0.4%), Gujarati (0.4%), Tagalog/Filipino (0.3%), Arabic (0.3%), all other Chinese (0.3%), French (0.3%) (Census 2011)
- The map (right) shows that the most diverse wards in the borough are: St Helier, Beddington South, Sutton Central, Sutton South and Wandle Valley (Census 2011)

% of Ward Population from Mixed, Asian, Black or Other Ethnic Group



Census, 2011

Languages Spoken by Sutton Community Pharmacy Staff

Language	No. Pharmacies	Percentage	Other languages spoken (<2% pharmacies)
Gujarati	26	59%	German Portuguese Romanian Persian Kurdish Bengali Chinese Yoruba Twi
Hindi	21	48%	
Urdu	16	36%	
Punjabi	9	20%	
French	9	20%	
Arabic	8	18%	
Tamil	7	16%	
Swahili	6	14%	
Polish	4	9%	
Italian	4	9%	

What this means for the PNA

- Ethnicity may contribute to variation in disease rates between populations and is important in understanding health inequalities e.g. differences in the prevalence of cardiovascular disease, cancer or diabetes in different areas can be linked to ethnic diversity. Ethnicity may also be linked with other causes of ill health such as socioeconomic status and poor lifestyle
- It is essential that pharmaceutical services meet the specific needs of all communities within Sutton, as well as providing a broad and appropriate range of services to the general population
- The diversity of spoken languages may present a challenge for the effective communication with patients and the public. The findings from our contractor questionnaire (table, left) indicate that there is a reasonable link between languages spoken by pharmacy staff and those spoken in Sutton. Where possible, we will signpost patients to pharmacies where their first language is spoken to improve access to pharmaceutical, health promotion and/or lifestyle advice

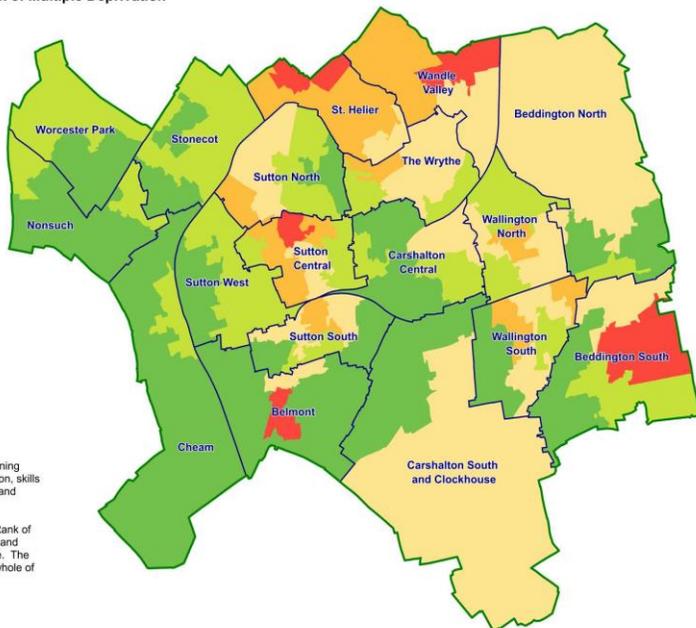
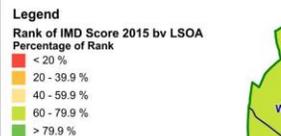
2. Local Context

2.2 Demography (cont...)

Deprivation

- The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England
- Sutton ranks 215 out of 326 boroughs (where 1 is the most deprived and 326 is the least deprived); it is one of the least deprived London boroughs and overall levels of deprivation have not changed with time
- There are, however, marked differences within the borough with some small areas within Sutton becoming more deprived compared to the rest of England
- The Sutton wards with areas in the most deprived quintile are Beddington South, Belmont, Wandle Valley, St Helier and Sutton Central (map, below)
- Sutton has one small area that ranks in the most deprived decile of England, in Beddington South. [See Sutton JSNA for more information]

London Borough of Sutton – Index of Multiple Deprivation



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

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



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

Religion

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

o Christian	58.4%
o No religion	24.6%
o Not stated	7.1%
o Hindu	4.2%
o Muslim	4.1%
o Buddhist	0.7%
o Jewish	0.3%
o Sikh	0.2%

What this means for the PNA

- There is a link between deprivation, higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. People in the poorest social class have a 60% higher prevalence than those in the richest social class and 30% more severity of disease (DH 2012 report; [Long-term conditions compendium of Information: 3rd edition](#)). This has a negative impact upon health outcomes and contributes towards health inequalities
- Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs, as well as facilitating the self-management of those with long term conditions
- The PNA will need to take into account whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet health needs
- With respect to religion, it is important to ensure that advice on medicines and medicines-related issues are tailored to meet the needs of specific religious beliefs e.g. residents may seek advice on:
 - o Whether or not a particular medicinal product includes ingredients which are derived from animals
 - o Taking medicines during periods of fasting e.g. Ramadan

2. Local Context

2.2 Demography (cont...)

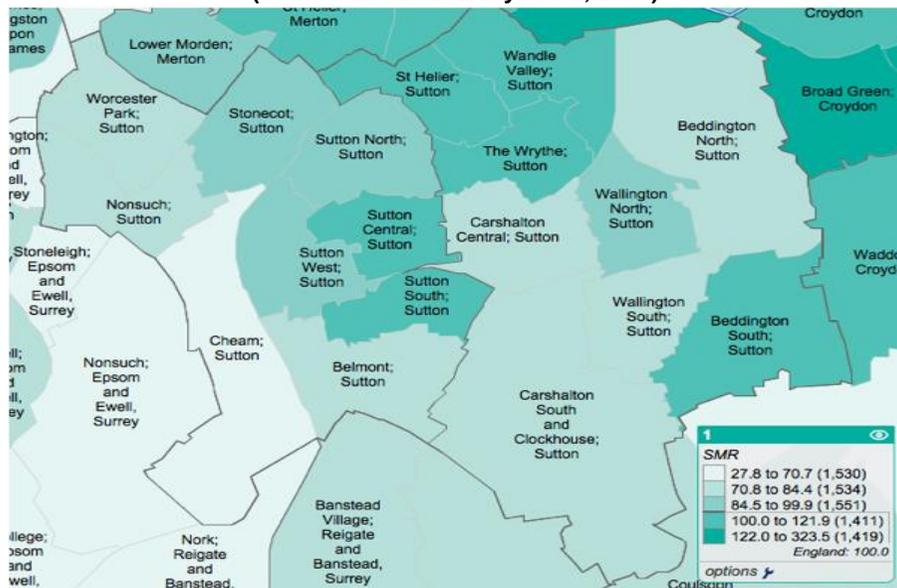
Life Expectancy

- Overall, life expectancy at birth in Sutton is longer than the England average:

Indicator	Gender	Sutton	London	England
Life expectancy	Male	80.8	80.2	79.5
	Female	83.5	84.1	83.1

- However life expectancy varies across the borough and there is a difference of about 5 years for men and 6 years for women between electoral wards based on PHE figures for the period 2010-14:
 - For men ranged life expectancy varied from 78.3 years in The Wrythe ward to 83.2 years in Nonsuch ward
 - For women life expectancy varied from 80.7 years in Wandle Valley ward to 86.7 years in Nonsuch ward
 - There are anomalies where life expectancy is shorter in some of the more affluent areas in Sutton, particularly for women. [See JSNA mortality factsheet for more details]

Deaths from all Causes: People aged less than 75 years (Standardised Mortality Ratio; 2016)



Avoidable mortality

- Avoidable mortality is defined as “deaths from causes that are considered avoidable in the presence of timely, effective treatment and good quality healthcare, or public health interventions such as vaccination programmes and improvements to lifestyle”
- Generally, deaths in people aged less than 75 years are taken as an indication of avoidable mortality
- Sutton’s rates have been falling over time and are below the London and national averages overall:
 - Cancer continues to account for the highest proportion of deaths in this age group though there has been a decrease in the rate over time
 - It is of note that there has been a steep decline in deaths due to cardiovascular disease
- The map (bottom left) shows there is variation across the borough with higher mortality rates in the northern wards, Sutton Central, Sutton South and Beddington South
[see JSNA mortality factsheet for more details]

Mortality

- Locally mortality rates have been progressively improving
- Sutton ranks as one of the healthier boroughs in England, with mortality rates lower than the averages for England and for London
- However the trend in mortality from all causes shows that beneath this overall profile there are variations within the borough (JSNA 2017):
 - The most disadvantaged wards tend to have higher mortality rates
 - Mortality ranged from 28% lower in Nonsuch to 19% higher in Sutton South than the national rate
 - Wandle Valley and Sutton South had a significantly higher mortality rate than the average for England
 - 8 wards have significantly lower rates than the England average; these are Beddington North, Belmont, Carshalton South, Worcester Park, Carshalton Central, Nonsuch, Sutton North and Carshalton South & Clockhouse

[Data for 2010-14. Sutton JSNA]

On the subsequent pages, we look at lifestyle choices, the consequences of these choices and the burden of a range of diseases in Sutton. More information available Sutton JSNA website

https://data.sutton.gov.uk/sutton_jsna and Public Health England Fingertips system <https://fingertips.phe.org.uk/>

2.3 Health Needs



Smoking

In England, whilst prevalence is declining, tobacco use remains the single largest cause of premature death
It accounts for half of the health gap between the poorest & most affluent people

Physical Inactivity

Physical inactivity remains one of the top ten causes of disease and disability in the UK

Healthy Eating & excess weight

Diet is ranked top alongside tobacco as contributing most morbidity for the UK population and is linked to heart disease and stroke, type 2 diabetes and some cancers

Substance Misuse

Alcohol

Alcohol is a causal factor in circulatory, digestive and liver diseases, a number of cancers and depression
Risk is greater in people drinking in excess of 35 (women) or 50 (men) units per week
Men & women drinking more than the Chief Medical Officer's maximum limit of 14 units per week are also at increased risk

Drugs

About 2.7 million people, in England, admitted to taking drugs in the last year (2015-2016). Only a small proportion go on to develop dependency. The Health Protection Agency has estimated that 16% of current or previous drug injectors are Hepatitis B Positive, 43% are Hepatitis C positive and 1.2% are HIV positive

- In 2016 it was estimated that 12.8% of Sutton adults smoked; this was statistically similar to London (15.2%) & England (15.5%)
- Sutton's smoking prevalence is higher for people in routine and manual occupations 19%, which is statistically similar to London (23.9%) and England (26.5%)
- The proportion of mothers smoking at the time of delivery was 6.3%; statistically higher than the London average of 5%, but lower (better) than England 10.6% (PHOF 2015/16)
- The rate of smoking attributable hospital admissions in Sutton is lower than the London and England averages

- In 2015-2016 it was estimated that 21% of adults in Sutton did less than the recommended daily amount of exercise, similar to London (22.2%) and England (22.3%).

- Almost 50% adults meet the recommended 5-a-day. This is similar to London & England (2015)
- 1 in 6 (18%) of Sutton children aged 4 to 5 years are classified as overweight or obese, better than the London (22%) and England (22.1%) averages
- This rises to 1 in 3 (31.8%) of Sutton children aged 10 to 11; lower than London (38.1%) but similar to the England average (34.2%).
- 60.5% of adults are overweight or obese. Similar to London (58.8%); better than England (64.8%)

- In 2011-14, 12.2% adults in Sutton were estimated to drink >14 units of alcohol per week; this was lower than the averages for London (21.6%) and England (25.7%)
- 8% adults reported binge drinking on their heaviest day; lower than the averages for London (13.2%) and England (16.5%)
- Admission episodes for alcohol-specific conditions in under 18s (crude rate per 100,000; 2013/14 – 15/16) in Sutton was 47; similar to England (37.4) but worse than London (22.4)

- 0.6% of the population in Sutton aged 15-64 were opiate and/or crack users (2014/15); statistically similar to England (0.9%)
- The number of hospital admissions per 100,000 in young people aged 15-24 years, attributable to substance misuse in Sutton was 110.8; higher than the London and England averages 67.9 and 95.4 respectively

2.3 Health Needs



Sexual & Reproductive Health

Sexual health is an important part of physical and mental health as well as emotional and social wellbeing

Unwanted pregnancy may have a significant impact, particularly in young girls; termination of pregnancy may have long term physical and psychological effects leading to future health problems
Sexually transmitted infections may lead to complications and premature death

Teenage conception

- In 2015, the under 18s conception rate per 1,000 women aged 15-17 was 14.4 in Sutton, which was better than London (19.2) and England (20.8)
- The under 18s abortion rate was 11.2 per 1,000 (2016); above the London (10.1) and England average (8.9)

Sexually Transmitted Infections (STIs)

- In 2016, new STI diagnoses (excluding chlamydia in under 25 year olds) per 100,000 population aged 15-64 was 775 in Sutton; better than London (1547) and similar to England (795)
- In 2016, 23.2% of young people aged 15-24 years were screened for Chlamydia; worse than London (27.0%) but better than England (20.7%)
- In 2016, the gonorrhoea diagnosis rate per 100,000 was 55.0; statistically lower than the London (186.6) and similar to England (64.9)
- 45.8% HIV is diagnosed at late stage (CD4 <350) in those aged 15+; statistically similar to London (33.5%) and England (40.1%) (2013-15 data)



Hypertension

Blood pressure is the largest known risk factor for cardiovascular disease and related disability

People with high blood pressure are three times more likely to develop heart disease or have a stroke than a person with healthy blood pressure

- In 2015, 12.4% of people in Sutton had a recorded diagnosis of hypertension was which is lower than England (13.8%) and higher than London (11.0%)
- The ratio of those diagnosed with hypertension versus those expected to have hypertension is 0.57. This compares to 0.59 for England This suggests that 57% of people with hypertension have been diagnosed



Atrial Fibrillation (AF)

AF can increase the risk of stroke five-fold

- In 2016, Sutton had a recorded prevalence of AF of 1.4%
- The ratio of those diagnosed with atrial fibrillation versus those expected to have atrial fibrillation is 0.63. This compares to 0.7 for England. This suggests that 63% of people with atrial fibrillation have been diagnosed.



Diabetes

Diabetes is associated with long-term complications including heart disease, stroke, blindness, amputation and chronic kidney disease

Modifiable risk factors include being overweight or obese, smoking and inactivity

- The estimated total prevalence of diabetes in NHS Sutton CCG is 7.8% (diagnosed and undiagnosed)
- In addition, it is estimated that 11.1% of people in NHS Sutton CCG are at increased risk of developing diabetes
- Nationally, it is estimated that:
 - The most deprived people in the UK are 2.5 times more likely to have diabetes
 - 80-85% of people with type 2 diabetes are overweight or obese at diagnosis
 - Black and Asian minority ethnic (BAME) groups have six times higher risk

2.3 Health Needs



COPD

COPD is a common condition that mainly affects middle-aged or older adults; many people do not realise they have it
Smoking is the main cause

- Based on GP registers (QOF), Sutton has a prevalence of 1.4% for COPD (1 in every 71 people) compared to 1.8% (1 in 57 people) nationally. This represents 2,704 people (2014-15). However, QOF figures will be an underestimate as they only include disease that is both recorded and registered.
- The Directly Standardised Mortality rate per 100,000 population for COPD for all ages has increased over time (38.9 in 2004-06 to 59.9 in 2013- 15) and is now significantly higher than for London and England.
- The highest ranking wards for emergency hospital admissions (mainly the Northern Wards & Sutton Central) are closely associated with areas of deprivation

Mental Health & Dementia

People with mental health problems are likely to be in poorer health and die younger than the rest of the population
A vast array of medicines are available to treat mental health conditions; adherence is often poor

Depression

- In 2016, the percentage of patients aged 18+ with a diagnosis of depression on GP register (QOF) was 7.8% which was lower than the England average (8.3%)

Dementia

- The prevalence of dementia in Sutton is 0.8% of the registered population (QoF). This is slightly higher than the London average (0.5%) and the same as the England average (0.8%). Alzheimer's disease is the most common form of dementia
- Risk factors for dementia are also the risk factors for cardiovascular disease. It follows that leading a healthy lifestyle and taking regular exercise may lower the risk of dementia

Falls

People aged 65+ have the highest risk of falling in the general population, with around a third of people older than 65 and half of people older than 80 falling at least once a year

- The rate of emergency admissions due to falls in people aged 65+ in Sutton was 3,003. This is higher than both London (2,253) and England (2,169) and have been for the past three years (Age standardised rate per 100,000 population)

Immunisation

Flu & Pneumococcal

Immunisation can reduce severe illness and mortality arising from flu and pneumococcal infection, in vulnerable groups

Flu vaccination rates are below DH targets

- In 2016-17, population vaccination coverage for:
 - 65+ years: was 64.5%; lower than the England average (70.5%)
 - 'At risk groups' was 46.3% lower than the England average (48.6%)
 - Children 2-4 years was 34.5%; lower than the England average 38.1%

Pneumococcal Vaccine

- In 2015-16, population vaccination coverage for:
 - 65+ years: 71% were vaccinated; better than London (65.3%) & similar to England (70.1%)
 - Eligible children who received the complete course by their 1st birthday was 93.8%; compared to London 90.0% & England 93.4%

Childhood

- Achieving 'herd' immunity against infectious diseases (i.e. 95% of the eligible population immunised against the disease) is a priority

Sutton did not meet national vaccination targets for a number of childhood immunisations

- In 2015/16, the percentage of eligible children who received:
 - MMR** - One dose by age 2 was 88.2%; better than London (86.4%) & similar to England (91.9%)
 - MMR** – two doses by 5th birthday was 80% compared to 81.7% (London) & 88.2% (England)
 - DTap/IPV/Hib** - 3 doses of vaccination by age 2 was 94.2%; higher than London (92.2%) but lower than England (95.2%)
 - Hib / Men C** – uptake at 2 & 5 years was 87.7% & 85.6% respectively

2.4 Health Services Strategy

2.4.1 National Strategy

Overview

- Healthcare Strategy is set by a range of health and care organisations working in an integrated way:
 - Public Health England (PHE)** plays a strategic role to protect and improve the nation's health and wellbeing; and reduce health inequalities. It does this by informing health protection, health improvement and health & social care commissioning
 - Local Authorities (LAs)** which have responsibility for public health and improving the health of the population
 - Health and Wellbeing Boards (HWBs)** which are responsible for overseeing the health and wellbeing needs of its local community
 - NHS England (NHSE)** is responsible for commissioning 'primary care services' from GPs, pharmacies, dentists and optometrists; healthcare services for prisons, the armed forces and a range of specialised and highly specialised services
 - Clinical Commissioning Groups (CCGs)** commission the majority of NHS healthcare for their area. Responsibility for commissioning primary care medical services, was delegated from NHSE to Sutton CCG, on 1 April 2016
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, this section sets out high level strategic priorities together with the implications for the PNA

“Five Year Forward View”

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

“General Practice Forward View”

- The document⁴ commits to investing an extra £2.4bn a year to:
 - Improving patient care and access through the introduction of new ways to deliver primary care
 - Investment in the workforce including additional doctors, expanded roles for reception and clerical staff and new roles including mental health therapists and medical assistants
 - A fund to enable every practice to access a clinical pharmacist has been made available and a new Pharmacy Integration Fund to transform how pharmacist and community pharmacy work as part of the wider NHS health services within their area (refer to the next page)
 - Investment in estates and technology, including a national programme to stimulate uptake of online consultations

“Next Steps on the Five Year Forward View”

- This follow up document to the “Five Year Forward View” was published in 2017, and sets out a number of priorities⁵:
 - Provision of urgent and emergency care, 24 hours a day on 7 days a week
 - Tackling inappropriate use of A&E, pressures on hospital beds and delayed discharges through:
 - Redesign of pathways, to ensure patients are seen in the right place at the right time; including care from new urgent treatment centres
 - Closer working between hospitals, community services and social care to free up hospital beds; includes working in “hubs” or networks
 - Improved access to GPs, through greater availability of GP appointments including bookable appointments in the evening and at weekends (to be universally available by 2019)
 - 1,300 clinical pharmacists to support medicines optimisation to improve efficiency & outcomes; and helping patients to manage their condition(s)
 - Improving pharmacy access to the summary care record & increasing use of EPS
 - A focus on cancer, aimed at improving survival rates including:
 - Early identification
 - Opening new rapid diagnosis and treatment centres
 - Improving mental health services including:
 - Increased access to psychological or “talking” therapies
 - Addressing physical health needs in people with a mental health condition, through additional health checks
 - Better services for new mothers, children and adolescents
 - Assisting frail and older people to stay health & independent
 - Sustainability and Transformation plans, Accountable Care Systems and joined up funding are vehicles to deliver the required changes

2.4 Health Services Strategy

2.4.1 National Strategy (cont...)

“Community Pharmacy Clinical Services Review”

- An independent review of pharmacy⁶ was commissioned in response to the “Five Year Forward View” and the “General Practice Forward View”
- The context for the review included:
 - The changing patient and population needs, particularly the demands of an ageing population with multiple long term conditions
 - Emerging models of pharmaceutical care within the UK and internationally
 - Evidence of sub-optimal outcomes from medicines in primary care settings
 - The need to improve integration of pharmacy and clinical pharmacy skills into patient pathways and emerging models of care
 - The need for service redesign in all aspects of care
- The review acknowledges that community pharmacy remains an under-utilised resource; and that whilst the clinical role of pharmacy has evolved over the last decade there are opportunities to do more
- Three barriers have been identified:
 - Poor integration with other parts of the NHS including digital immaturity
 - Issues with behaviours and cultures, sometimes with weak relationships between community pharmacy and GPs
 - Complex contractual mechanisms and commissioning arrangements
- The report makes a number of recommendations which focus upon maximising existing clinical services; ensuring integration of community pharmacy into new models of care; and enhancing support which is provided to people with long term conditions and for public health services. A number of actions and next steps are recommended:
 - Electronic repeat dispensing should become the default of repeat prescribing, unless a patient is yet to be stabilised on a medicine
 - Medicines use reviews (page 53) should be redesigned to include ongoing monitoring and regular follow up; and with a focus on people with co-morbidities
 - An England-wide minor ailments scheme
 - Stop smoking services should be considered as an element of the national contract
 - Integrating community pharmacists into long term condition management pathways; and a role in case finding for conditions such as hypertension
 - Overcoming barriers through contractual & legislative reform; and digital maturity to facilitate registered pharmacy professionals to see, document and share information within clinical records held by other healthcare professionals

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

- The Department of Health set out a series of reforms including a significant change to the pharmacy remuneration structure to drive efficiencies and quality whilst preserving pharmacy services in areas with the highest need⁷
- The document also describes a modernisation programme for pharmacy service, which reflects priorities outlined in “Next Steps on the Five Year Forward View”:
 - **Market entry:** New regulations permitting the consolidation of contracts within a Health and Wellbeing Board area (introduced in December 2016)
 - **Digital technologies:** to improve the “prescription ordering journey” with a view to maximising patient choice and convenience
 - **Distance selling pharmacies:** a review of the terms of service to reflect the different service offering by these contractors
 - **Pharmacy Integration Fund:**
 - This sets out to develop clinical pharmacy practice within primary care including a wider role for community pharmacy, pharmacists and pharmacy technicians in the new, integrated, local care models
 - The aim is to improve access for patients; reduce pressure on GPs and A&E; optimise medicines use; drive better value; improve patient outcomes; and contribute to the delivery of a 7 day health & care service
 - Initial priorities focus on the deployment of clinical pharmacists within groups of GP practices, care homes and urgent care settings, including NHS 111; and development of the pharmacy workforce and establishing principles for medicines optimisation for patient centred care
 - **Urgent medicines supply pilot scheme:** This scheme, which is accessed following referral by the NHS 111 service, is being piloted until March 2018 (refer to page 38 “NHS Urgent Medicine Supply Advanced Service” for further information)
 - **Urgent minor illness care:** The intention is to develop an evidence-based, clinical and cost-effective approach to how community pharmacies contribute to urgent care
 - **Digital:** accelerating digital integration including developing the adoption of messaging and transfer of care to community pharmacy from NHS 111 and hospital care settings; and sending a post-event message from community pharmacy to other care settings

2.4 Health Services Strategy

2.4.2 Local Strategy

South West London Sustainability and Transformation Plan (STP)

- The STP is a 5 year plan, across the SWL footprint (table, right) which sets out to transform local health and care services
- The vision is for local people to be supported to look after themselves and those they care for; and have access to high quality, joined up physical and mental health and care services when they need them (next page)
- Key transformational changes, relevant to community pharmacy include:
 - Localities / primary care hubs, with a single point of access, for populations of c50k people will be established. Primary care will sit at the centre of multidisciplinary health and social care teams. More care will be provided in the community
 - A focus on prevention and early intervention: including supporting people to live healthy lives and manage their own conditions; early diagnosis of long term conditions (LTCs); and managing individuals' mental and physical health needs
 - Proactive and personalised care for LTCs, tailored according to risk and need and provided in the community wherever possible; priorities include cancer (via the Vanguard) heart failure, diabetes, respiratory disease and conditions related to frailty; a system-wide approach to dementia care; and ESCAPE pain management exercise programme
 - Community-based intermediate care teams, availability from 8am – 8pm on 7 days a week and 365 days a year; with a focus on helping people to remain at home and/or providing support post discharge
 - Provision of right care in the right place including pathway redesign, end of life care, transforming out-patients, new models of care for maternity, paediatrics, urgent & emergency care (including role for community pharmacy) and ambulatory emergency care; potential acute provider rationalisation; digital solutions

What this means for the PNA

- Recommendations from the Community Pharmacy Clinical Services review (previous page) are highly relevant to the potential role which community pharmacy can play, particularly in relation to:
 - Prevention and identification of unmet need
 - Support with self-care and signposting to relevant services
 - Improved management of long term conditions through medicines optimisation
- New models of care and rationalisation of delivery of acute care providers, more care provided closer to home, 7 day services and multidisciplinary working with health and care professionals are relevant to:
 - When & where patients may need to access community pharmacy services
 - The need to ensure that community pharmacy is well integrated into localities

South West London STP Footprint

Local Authorities	CCGs	Service Providers
<ul style="list-style-type: none"> Croydon Kingston Merton Richmond Sutton Wandsworth 	<ul style="list-style-type: none"> Croydon Kingston Merton Richmond Sutton Wandsworth 	<ul style="list-style-type: none"> Croydon Health Services NHS Trust (Acute & Community Services) Epsom & St Helier University Hospital NHS Trust Kingston Hospital NHS FT St George's University Hospitals NHS FT (Acute & Community services) SWL & St George's Mental Health NHS Trust South London & Maudsley NHS FT Primary care providers (including GP federations in each Borough)
NHSE - Commissioners of specialised services and primary care (Croydon)		

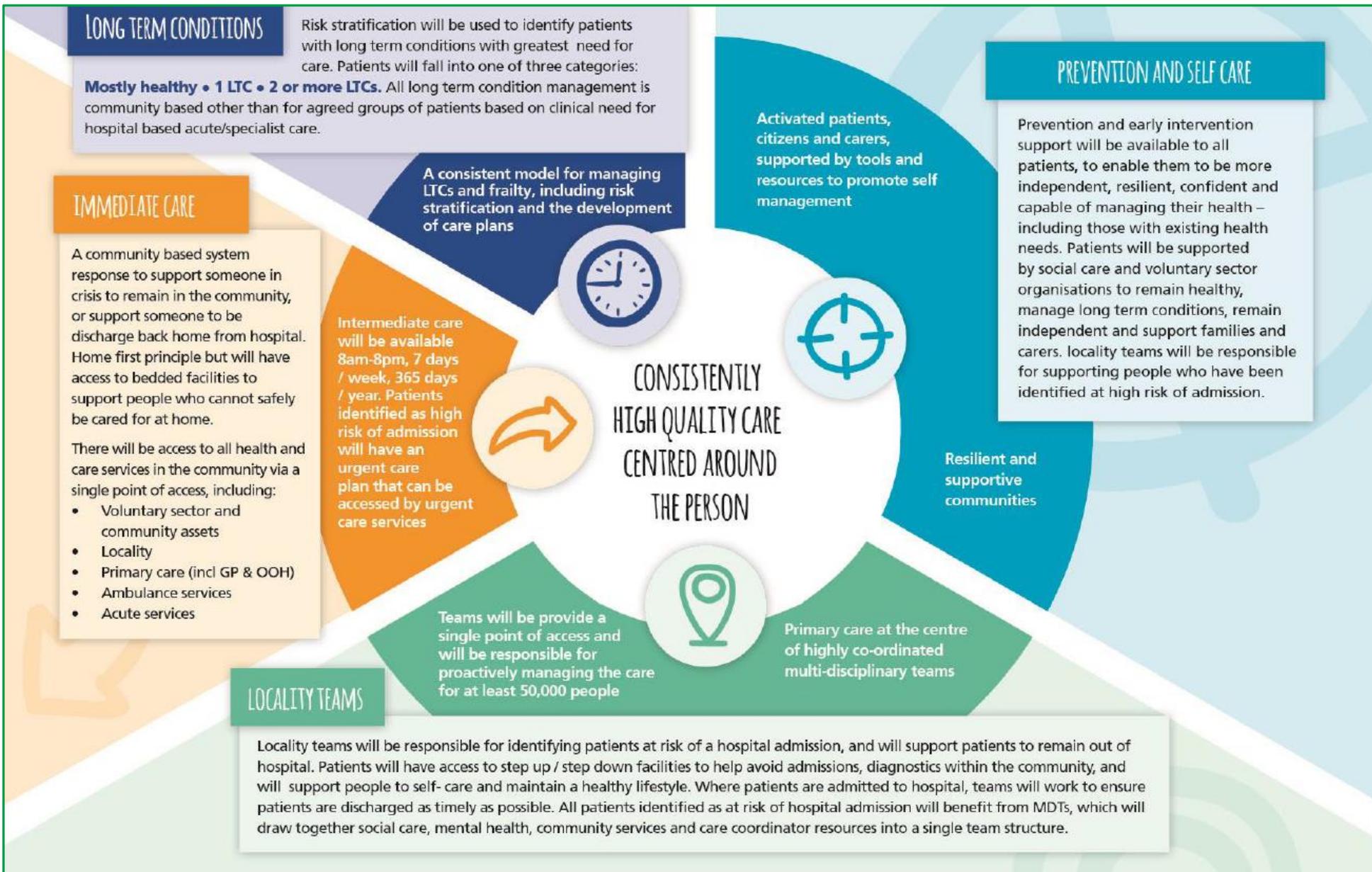
Medicines Optimisation Workstream

The medicines optimisation workstream aims to improve outcomes, reduce medicines-related harm and tackle waste. Of relevance to pharmacy are:

De-Prescribing	<ul style="list-style-type: none"> Stopping or switching medicines or products which are considered to be a low priority, poor value for money or where safer alternatives exist; encouraging patients to self-care and purchase their own medicines
Waste - Pharmaceutical & Reduced Health Benefits	<ul style="list-style-type: none"> This integrated, multi-agency programme aims to minimise financial and health consequences associated with avoidable waste through systematically tackling the causative factors
New models of care	<ul style="list-style-type: none"> This programme aims to explore innovative models for the care and supply for products such as wound management products, stoma & incontinence appliances and oral nutritional supplements
Other Transformation Approaches	<ul style="list-style-type: none"> Opportunities including a community & home based IV service; Optimising pneumonia & lower respiratory tract infection management; Mental Health including implementation of right care & optimising treatment in dementia

2.4 Health Services Strategy

2.4.2 Local Strategy (cont...)



2.4 Health Services Strategy

2.4.2 Local Strategy (cont...)

Joint Health & Wellbeing Strategy (JHWS) 2016 - 2021

- The overall aim of Sutton's Health & Wellbeing Strategy (SHWS) is to improve the health of the population in Sutton and to reduce the differences in health outcomes between different parts of the borough
- A “place-based” strategy which takes an “upstream” approach to public health to reduce health inequalities is the approach which is being adopted
- 9 areas for action have been identified

Areas for Action

1. Best start in life	2. Healthy schools and pupils
3. Helping people to find good jobs and stay in work	4. Active and safe travel
5. Access to green open spaces and the role of leisure services	6. Warmer and safer homes
7. Strong communities, wellbeing and resilience	8. Public protection and regulatory services (including living well for longer)
9. Integrated care	

Relevance to the PNA

- The JHWS document sets out detailed policy intentions, a number of which are relevant to pharmacy including:
 - “Living well for longer”: interventions focused on smoking cessation services, healthy diet, physical activity, vaccination and screening programmes, integrated sexual health services
 - “Integrated Care”: centres on co-ordination of care for people with complex needs including developing new models of care and new pathways of care

<https://moderngov.sutton.gov.uk/documents/s46667/Sutton%20Joint%20Health%20and%20Wellbeing%20Strategy%20-%20Appendix%20A.pdf>

Sutton Health and Care

- A strategy to underpin the delivery of integrated care across Sutton is in development. This work involves a range of stakeholders and shares the same strategic ambitions as the STP.
- This strategy will establish a model of care based around 3 themes:
 - Preventative
 - Proactive
 - Reactive

We have applied these themes to services which are currently provided by community pharmacies in Sutton (page 24); and services which may be commissioned in the future (pages 100 – 103)

2.4 Health Services Strategy

2.4.2 Local Strategy (cont...)

Sutton's Joint End of Life Care Strategy 2017 – 2020

“Plan on a Page”

Through increased identification of individuals entering the last stage of their life	<p>By April 2018 we will:</p> <ol style="list-style-type: none"> 1. Commission a local health and social care 24/7 End of Life Care Hub to support information/advice, assessment, care coordination, information exchange, care planning and care delivery. 2. Promote choice and personalised care for those dying and their families in acute and community settings through the offer of personal health budgets 3. Review use of Coordinate my Care across acute and community health and social care settings and its ability to achieve the shared records by scoping other electronic integrated records and links across Sutton 4. Ensure good understanding of different religions, cultures and norms of communities especially in relation to end of life care and death <p>By April 2019 we will:</p> <ol style="list-style-type: none"> 5. Develop local information packs for End of Life Care services and available support 6. Promote engagement with faith groups, cultural communities as well as diverse organisations that support people with life shortening illnesses and those managing the difficulties of older people 7. Promote spirituality in end of life care to raise awareness and ensure people's beliefs and wishes are respected and supported 8. Develop an information sharing protocol that will enable and support Sutton multiagency approach to End of Life Care, care planning and shared records 9. Review care homes and acute sector staff access to local end of life care training and development opportunities. 10. Review funding arrangement for the hospital specialist palliative care team at Epsom and St Helier. 11. Commission hospital discharge planning to include identification of individuals requiring Continuing Healthcare End of Life Care Fast Track 12. Establish routine collection of person centered outcome measures as part of contractual arrangement with services 13. Provide support to young people, adults and their family/carer who are bereaved 14. Improve identification of individuals presenting with non-malignant diseases such as renal, respiratory and circulatory diseases both in acute and community settings. 15. Ensure the End of Life Care Co-ordination Hub collect local data such as demographic data, activity, demand, service use, inequalities to compliment national datasets and provide an evidence base for commissioning services, workforce development and education 16. Develop a coordinated approach to events during Dying Matters week <p>By April 2020 we will:</p> <ol style="list-style-type: none"> 17. Ensure that people recorded on Coordinate my Care have a multi-agency care management plan and are proactively case managed to prevent unnecessary hospital admission. 18. Ensure that an identified named key worker is responsible for overseeing the individual's end of life journey. 19. Promote the development of a multiagency End of Life Care framework that will support unpaid family carers, support workers and professional staff working with individuals at the end of their life 20. Promote cultural shift including engagement with social services and other agencies through joint acute and community projects.
Through choice and personalised care such as personal health budgets	
Through reduction in deaths in hospital for people at the end of life whose preferred place of care is in the community	
Through reduction in emergency admissions to hospital for people who are approaching the end of life their life as a result of better management of care packages	
Through increase in people who die in their preferred place of death	
Through increase in the number of care home, unpaid carers, community and voluntary sector staff accessing training and support in end of life care.	
Through increase in satisfaction of bereaved families	

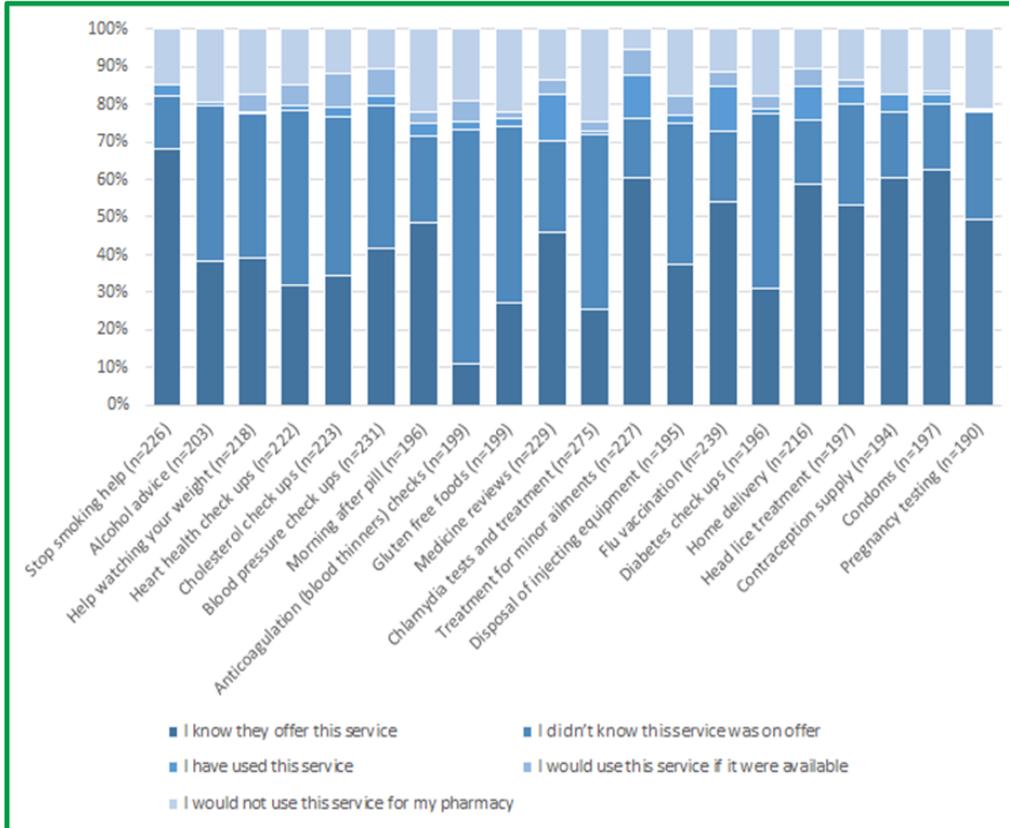
2.5 Implications for the PNA

2.5.1 Overview

The Local Context - What this means for the PNA

Overview

- Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport⁹
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons¹⁰. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population
- The strengths of community pharmacy may be summarised as:
 - Healthcare knowledge**
 - The healthcare knowledge of pharmacists, together with good accessibility, reinforces the role of community pharmacy as a “first port of call” to support people with self-care, including the management of minor illnesses
 - Medicines expertise**
 - Medicines are the most common medical intervention. Non-adherence to prescribed medicines is a silent but significant challenge in managing long term conditions. It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended¹¹. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole
 - Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber. As such, they have a central role to play in the management of long term conditions
 - Provider of public health services**
 - Pharmacy is an established provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services. Its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public are pivotal to its success
- These strengths are reflected by views from our public survey, where we asked respondents about their awareness and use of pharmacy-based services (graph, top right)



On the next page, we systematically explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section.

We also set out factors which our assessment will need to take into account in relation to these roles.

Finally, throughout our assessment we will reflect on the national and local strategic priorities, as described in the preceding pages. This includes considering how these priorities may influence the need for NHS pharmaceutical services and/or how they might impact upon the delivery of pharmaceutical services.

2.5 Implications for the PNA

2.5.2 Systematic review

Key to Sutton Health & Care Themes

Preventative

Preventative & Proactive

Proactive & Reactive

Preventative & Reactive

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

Dispensing Services including palliative care

- The provision of dispensing services ensures that people can obtain the medicines they need
- Our PNA will explore both the accessibility and future capacity of dispensing services
- We will look at how the LPS out of hours contract & the palliative care enhanced service improve access to medicines in support of the Sutton EoL strategy

Health Promotion & Brief Advice

- The high number of people using pharmacies is a real opportunity to “Make every Contact Count”¹²
- Our priorities include a focus on “living well for longer” and supporting people to live healthier lives i.e. tackling behaviours which contribute to higher rates of CVD, diabetes, cancer and respiratory disease; improving physical health in those with mental illness; and reducing risky sexual behaviour. We would welcome NHSE prioritising some, or all of these areas, for future nationally set campaigns

Support for unscheduled care and self-care

- Community pharmacies provide valuable advice to support self-care for people with self-limiting conditions
- The NHS Urgent Medicines Advance Service pilot, accessed via NHS 111, helps to manage urgent requests for repeat medicines
- The minor ailments enhanced service relieves pressure on GP and other unscheduled care providers by diverting patients to Sutton pharmacies

Health Assessment

- Pharmacies have a role to play in identifying unmet need (e.g. undiagnosed diabetes & hypertension); in some HWB areas they provide NHS Health checks
- Some pharmacies offer screening as a non-NHS service

Signposting

- Pharmacies need to be equipped to facilitate signposting to health & social care services
- Signposting will be increasingly important to help patients to navigate services which have been transformed, as part of the STP

Medicines Use Reviews & New Medicine Service

- Medicines play a critical part in preventing illness and improving outcomes for people with LTCs
- MUR and NMS reviews help people to take their medicines as prescribed and identify adverse effects; they potentially reduce un-planned admissions & re-admissions to hospital and reduce falls
- Proactively targeting reviews to those with diabetes, history or risk of CVD, asthma, COPD etc will support achievement of STP and CCG priorities in terms of improving outcomes and reducing waste

Pharmacy-based Vaccination

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

Care Homes

- The Sutton Homes of Care Vanguard (March 2015-March 2018) delivered a new model of care aimed at improving health and quality of life for all care home residents
- Our assessment will review the care home enhanced service. We will consider if there are other opportunities for community pharmacy to contribute towards the new model of care

Stop Smoking

- Community pharmacy-based stop smoking services have been shown to be both effective & cost-effective
- Medication to support a quit may be supplied to their clients at the point of consultation
- Smoking prevalence varies across Sutton; and services need to be tailored accordingly to those populations which will benefit the most

Sexual health services (SHS)

- Community pharmacy improves access to chlamydia screening and emergency hormonal contraception; and full range of SHS in some pharmacies
- Some women prefer to use town centre pharmacies as these offer a sense of anonymity. Similarly, LGBT people (including those who are HIV positive) may prefer to use pharmacy services if they do not wish to disclose their sexuality to their GP
- Our assessment will take these factors into account, as well as considering the accessibility of SHS

Substance Misuse

- Community pharmacy-based services help to address the consequences of substance misuse including blood borne infections, reducing drug related crime and improving outcomes
- The prevalence of substance misuse varies across Sutton; and it is key that supervised consumption and needle exchange services reflect the different needs of the population

Integrated Care Networks & New Models of Care

- Integrating community pharmacy more closely into new locality teams and new models of care would facilitate delivery of seamless care
- There are opportunities to integrate medicines optimisation services to improve outcomes and experience for people who are cared for in more than one setting

3. The Assessment

3.1 Introduction and approach

Overview

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

Data Sources

- General Pharmaceutical Services benchmarking (NHS Digital) and NHSBSA data (2016/17)
- Data and information from NHS England, the London Borough of Sutton and NHS Sutton CCG in relation to the commissioning and delivery of pharmaceutical and locally commissioned services
- The findings from the contractor questionnaire which was issued to pharmacies in May 2017. A 97.7% response rate was achieved (noting that partial responses were received from two pharmacies). Galloway's Chemist did not respond
- Insights from our public survey undertaken between 6 December 2016 and 28 February 2017
- The views of stakeholders within our partner organisations
- The Joint Strategic Needs Assessment and other public health data
- National and local healthcare strategy; and other relevant strategies

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

Choice

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

3.2 Pharmaceutical Services

3.2.1 Essential Services

Overview

- All providers of NHS pharmaceutical services are expected to provide essential services, as set out in the 2013 NHS Regulations. The scope of services for community pharmacies, DACs and Dispensing Doctors is different. Sutton has community pharmacies and one DAC
- The table (right) provides a brief overview of the full range of essential services provided by community pharmacies
- In addition, the pharmacies must comply with clinical governance requirements (table below)¹³. The new quality payment scheme (Appendix E) reflects a number of these requirements
- DACs are required to provide dispensing, repeat dispensing and electronic prescription services for appliances; supply supplementary items e.g. disposable wipes; and offer home delivery for specified appliances
- Essential services are fundamental to enable patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS FP10 prescriptions forms the primary basis of this evaluation, we also assess other elements including health promotion, sign-posting and support for self care in our PNA
- As dispensing is a common requirement for all contractors it will be used to explore key service fundamentals including:
 - The distribution of pharmacies
 - Access (including the impact of opening hours)
 - Future capacity

Essential Services provided by Community Pharmacies

Dispensing and actions associated with dispensing

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

Repeat dispensing

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

Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines

Signposting, Healthy Lifestyles & Public Health Campaigns

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

Support for self-care

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

Clinical Governance (CG)

Patient & public involvement – practice leaflet publicising NHS services, patient satisfaction, compliance with inspections & reviews, compliance with Equality Act 2010¹⁴

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

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

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

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

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

Premises standards – cleanliness, appropriate environment

3.2.1 Essential Services

3.2.1.1 Distribution of Pharmacies

Overview

- In Sutton, there are 43 community pharmacies which provide NHS pharmaceutical services under the national PhS contract noting:
 - Two are “100 Hour” pharmacies and open for 100 hours per week
 - One is a “distance selling” pharmacy; this pharmacy may not provide essential services to any person who is present or in the vicinity of the pharmacy
- The Sutton & Merton Out of Hours Co-Operative holds a local pharmaceutical services contract which include dispensing and provision of minor ailments (section 3.2.4.2)
- There is 1 dispensing appliance contractor (DAC)
- There are no GP dispensing practices
- The graph (right) sets Sutton’s pharmaceutical services into context. It shows that the number of pharmacies per 100,000 population is similar to the London and England averages
- The table (next page) and **Maps 1 & 2** (subsequent pages) provide an overview of the distribution of pharmacies:
 - All but 3 wards have one or more pharmacies; and there is a choice of pharmacies in 12 of the 18 wards
 - St Helier, Sutton Central and Sutton South are the most densely populated wards; Sutton Central has an above average number of pharmacies; St Helier is below average and Sutton South has no pharmacies
 - 4 of the wards which rank highest on the IMD have an above average number of pharmacies; and there are one or more pharmacies, in close proximity, to all of the most deprived areas
 - There are one or more pharmacies within 0.5 miles of all GP surgeries
 - 18 pharmacies, in the neighbouring HWB area, are located within 0.5 miles of the Sutton border and are accessible to Sutton residents

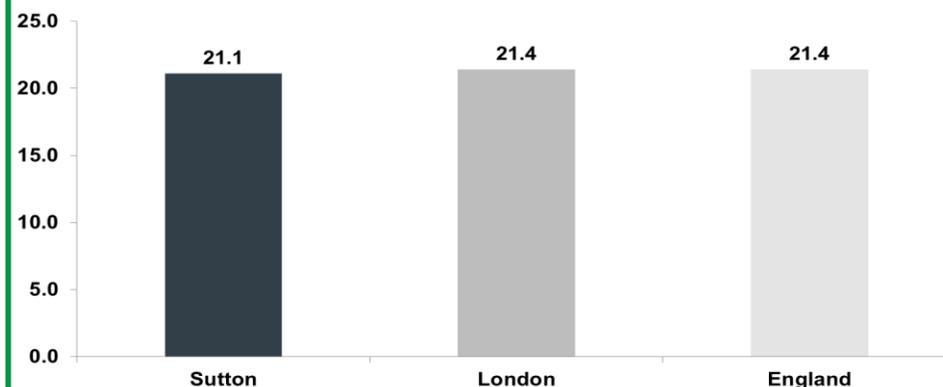
Choice of Pharmacy – Factors Relating to Accessibility; multi-response n = 275

Close to my home	73.5%
Easy to get to	49.8%
Close to my doctor	44.7%
Close to other shops	31.6%
Close to work	6.2%
Close to the children's school or nursery	4.0%
Pharmacy collects my prescriptions and delivers my medicines	17.1%

Accessibility of Pharmacy Services (n = 266)

- 58.6% respondents usually walk to their pharmacy, 35% drive, 5.3% take the bus, 0.8% use a taxi; 0.4% go by train (multiple responses permitted)
- 93.5% of respondents said they are within 15 minutes of a pharmacy; of these 81% said that access was “easy” and 17% said access was “ok”

Pharmacies per 100,000 population



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

Conclusions on Distribution

- Sutton has an average number of pharmacies per 100,000 population
- There is a reasonable link between population density, deprivation and access to pharmacy services; almost all residents can access a pharmacy within 1 mile of where they live
- Most Sutton residents have good access to a choice of pharmacy within the Borough or via a neighbouring HWB area
- The insights from our public survey demonstrate that 98% find pharmacy services accessible; with 93% residents stating they were within 15 minutes of a pharmacy**

3.2.1 Essential Services

3.2.1.1 Distribution of Pharmacies (cont...)

Ward	IMD Rank	No. of Pharmacies	Ward Population Estimate (2017)	Pharmacies per 100,000 Population
Beddington North	11	2	10,648	18.6
Beddington South	3	3	11,083	26.9
Belmont	10	1	10,454	9.4
Carshalton Central	12	2	10,728	18.2
Carshalton South & Clockhouse	13	4	10,549	37.2
Cheam	18	3	10,840	27.0
Nonsuch	17	5	10,891	45.5
St Helier	1	2	12,254	16.3
Stonecot	15	2	11,002	18.1
Sutton Central	4	6	11,872	49.0
Sutton North	9	0	10,987	0.0
Sutton South	7	0	10,096	0.0
Sutton West	14	0	11,082	0.0
The Wrythe	6	4	10,896	36.4
Wallington North	8	1	11,503	8.6
Wallington South	5	4	10,849	36.4
Wandle Valley	2	3	12,338	23.6
Worcester Park	16	1	12,463	7.8
Total		43*	203,855	21.1

IMD = Index of Multiple Deprivation (2015) where 1 is the highest rank and 18 is the lowest in Sutton. The wards which rank highest for deprivation are highlighted in red. The population is based on GLA SHLAA (2015) population estimates for 2017.

* Rosehill Pharmacy and the Sutton & Merton Out of Hours Co-operative operate from the same site; these contractors are never open at the same time and have been counted as one unit for the purpose of this analysis.

Pharmaceutical Needs Assessment Map 1 - Map of Provision

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - + Dispensing Appliance Contractors
 - + PhS and LPS contracts provided from these premises
 - + Distance Selling Pharmacy
 - GPs
 - ▲ GP Access Hubs
 - Hospitals:
 - A Royal Marsden Hospital - SM2 5PT
 - B St Helier Hospital - SM5 1AA
 - C St Mary's Hospital for Children - SM5 1AA
 - D Sutton Hospital - SM2 5NF
 - Sutton
 - Ward Boundaries
- Rank of IMD Score 2015 by LSOA
Percentage of Rank**
- < 20 %
 - 20 - 39.9 %
 - 40 - 59.9 %
 - 60 - 79.9 %
 - > 79.9 %

Pharmacies – National PhS Contract

- | | |
|---|---|
| <ul style="list-style-type: none"> 01 Anna Pharmacy - SM5 1JF 02 Asda Pharmacy - CR0 4XS 03 Asda Pharmacy - SM1 1LD 04 Beeches Pharmacy - SM5 3LF 05 Boots - SM1 1JG 06 Boots - SM6 8RG 07 Boots - SM5 1HA 08 Boots - KT4 8HH 09 Boots - SM3 8EP 10 Boots - SM3 8SW 11 Coopers Pharmacy - SM1 1BB 12 Day Lewis Pharmacy - SM6 9DA 13 First Pharmacy - SM6 0LY 14 Frith Pharmacy - SM3 8BH 15 Gaiger Chemist - SM1 1PQ 16 Galloways Chemist - CR5 2PS 17 Glory Chemist - CR0 4NH 18 H. E. Matthews Pharmacy - SM5 3JG 19 Imperial Pharmacy - SM3 9EY 20 Kamsons Pharmacy - SM5 2RE 21 Kamsons Pharmacy - SM1 1BT 22 Kamsons Pharmacy - SM6 0HY | <ul style="list-style-type: none"> 23 Kamsons Pharmacy - SM5 2DP 24 Kirky's Chemist - SM2 6BX 25 Lafford Chemist - CR0 4QR 26 Lloydsparmacy - SM3 9AA 27 Lloydsparmacy - SM5 3NP 28 Manor Pharmacy - SM6 0DE 29 MPS Pharmacy - SM1 3HE 30 Mulgrave Road Pharmacy - SM2 7AY 31 Park Lane Pharmacy - SM5 3AX 32 R K Pharmacy - SM6 7HW 33 Rosehill Pharmacy - SM5 1AG 34 RPMG Pharmacy - SM3 8NE 35 Rxlive - SM6 9RU 36 S G Barai Pharmacy - SM1 3AT 37 Salmina Pharmacy - SM5 2RR 38 Stafford Pharmacy - SM6 9BS 39 Superdrug Pharmacy - SM1 1NS 40 Superdrug Pharmacy - KT4 8DY 41 Sutton Pharmacy - SM1 4HY 42 Tesco Instore Pharmacy - SM1 2NB 43 Victoria Chemist - SM3 8HW |
|---|---|

Pharmacies – LPS Contract

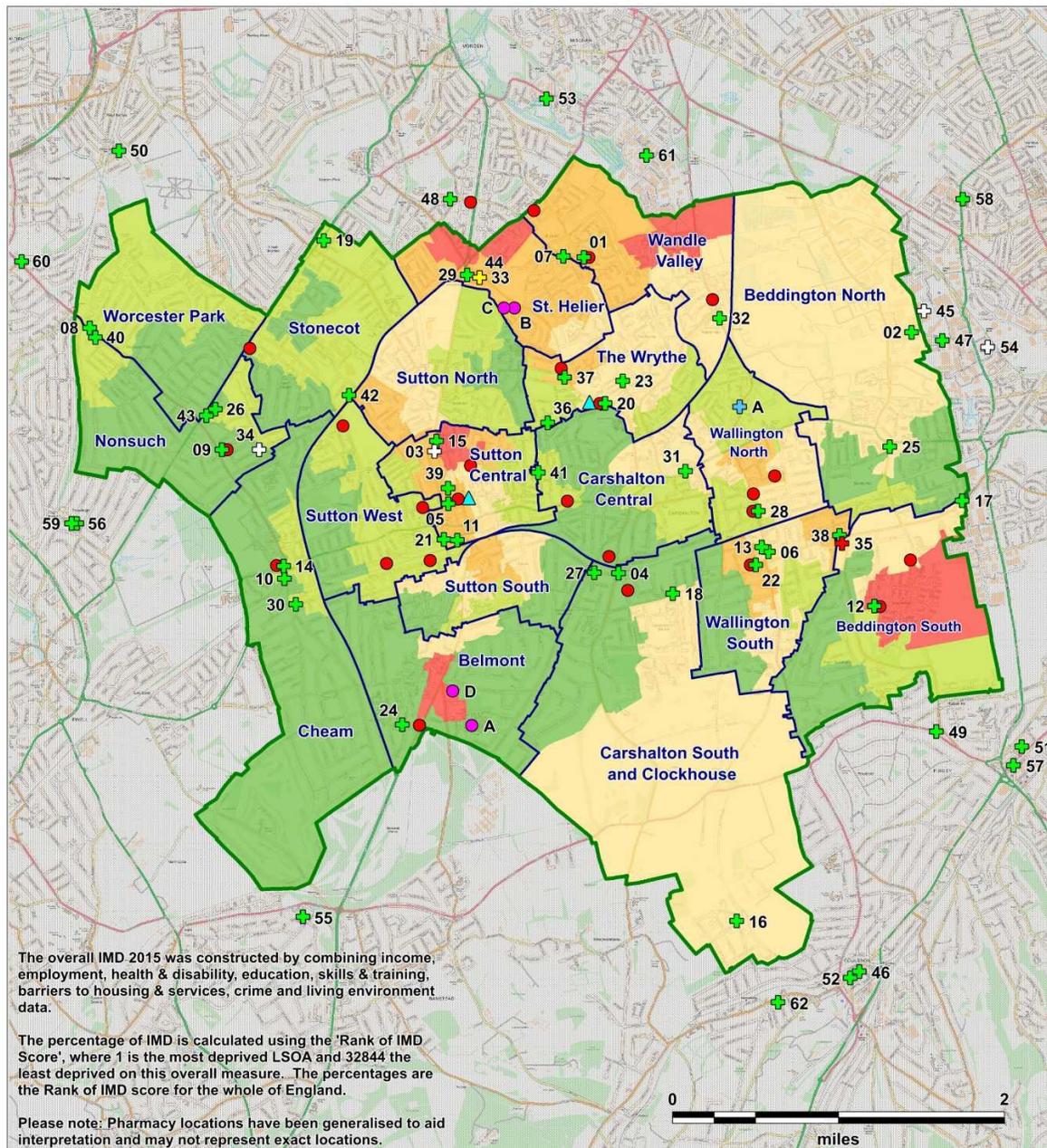
- 44 Sutton & Merton Out of Hours Co-Operative - SM5 1AG

Dispensing Appliance Contractors

- A Fittleworth Medical - SM6 7DJ

Out of Area Pharmacies

- | | |
|---|---|
| <ul style="list-style-type: none"> 45 Boots - CR0 4YJ 46 Boots - CR5 2ND 47 Day Lewis Pharmacy - CR0 4UQ 48 Day Lewis Pharmacy - SM4 6RT 49 Foxley Lane Pharmacy - CR8 3EE 50 Griffiths Pharmacy - KT3 6JF 51 Hobbs Pharmacy - CR8 2YL 52 Infohealth Pharmacy - CR5 2RA 53 Jhoats Pharmacy - CR4 4DQ | <ul style="list-style-type: none"> 54 Lloydsparmacy - CR0 4XT 55 Madisons Pharmacy - SM7 1PB 56 Nima Pharmacy - KT172HS 57 Orion Pharmacy - CR8 2BP 58 Parade Pharmacy - CR0 3EW 59 Patsons Chemist - KT172HS 60 Plough Green Pharmacy - KT4 7NW 61 The Willows Chemist - CR4 4NA 62 Valley Pharmacy - CR5 3BR |
|---|---|



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Map produced by Apogee Data Consulting Ltd.

Pharmaceutical Needs Assessment Map 2 - Map of Provision

Legend

- Pharmacies
 - 100 Hour Pharmacies
 - Dispensing Appliance Contractors
 - PhS and LPS contracts provided from these premises
 - Distance Selling Pharmacy
 - GPs
 - GP Access Hubs
 - Hospitals:
 - A Royal Marsden Hospital - SM2 5PT
 - B St Helier Hospital - SM5 1AA
 - C St Mary's Hospital for Children - SM5 1AA
 - D Sutton Hospital - SM2 5NF
-
- Sutton
 - Ward Boundaries
-
- Population Density**
Persons per hectare (range: 13.8 - 83.9)
- > 75
 - 60 - 75
 - 45 - 59
 - 30 - 44
 - < 30

Pharmacies – National PhS Contract

- | | |
|--------------------------------------|-------------------------------------|
| 01 Anna Pharmacy - SM5 1JF | 23 Kamsons Pharmacy - SM5 2DP |
| 02 Asda Pharmacy - CR0 4XS | 24 Kirkby's Chemist - SM2 6BX |
| 03 Asda Pharmacy - SM1 1LD | 25 Lafford Chemist - CR0 4QR |
| 04 Beeches Pharmacy - SM5 3LF | 26 Lloydspharmacy - SM3 9AA |
| 05 Boots - SM1 1JG | 27 Lloydspharmacy - SM5 3NP |
| 06 Boots - SM6 8RG | 28 Manor Pharmacy - SM6 0DE |
| 07 Boots - SM5 1HA | 29 MPS Pharmacy - SM1 3HE |
| 08 Boots - KT4 8HH | 30 Mulgrave Road Pharmacy - SM2 7AY |
| 09 Boots - SM3 8EP | 31 Park Lane Pharmacy - SM5 3AX |
| 10 Boots - SM3 8SW | 32 R K Pharmacy - SM6 7HW |
| 11 Coopers Pharmacy - SM1 1BB | 33 Rosehill Pharmacy - SM5 1AG |
| 12 Day Lewis Pharmacy - SM6 9DA | 34 RPMG Pharmacy - SM3 8NE |
| 13 First Pharmacy - SM6 0LY | 35 Rxlive - SM6 9RU |
| 14 Frith Pharmacy - SM3 8BH | 36 S G Barai Pharmacy - SM1 3AT |
| 15 Gaiger Chemist - SM1 1PQ | 37 Salmina Pharmacy - SM5 2RR |
| 16 Galloways Chemist - CR5 2PS | 38 Stafford Pharmacy - SM6 9BS |
| 17 Glory Chemist - CR0 4NH | 39 Superdrug Pharmacy - SM1 1NS |
| 18 H. E. Matthews Pharmacy - SM5 3JG | 40 Superdrug Pharmacy - KT4 8DY |
| 19 Imperial Pharmacy - SM3 9EY | 41 Sutton Pharmacy - SM1 4HY |
| 20 Kamsons Pharmacy - SM5 2RE | 42 Tesco Instore Pharmacy - SM1 2NB |
| 21 Kamsons Pharmacy - SM1 1BT | 43 Victoria Chemist - SM3 8HW |
| 22 Kamsons Pharmacy - SM6 0HY | |

Pharmacies – LPS Contract

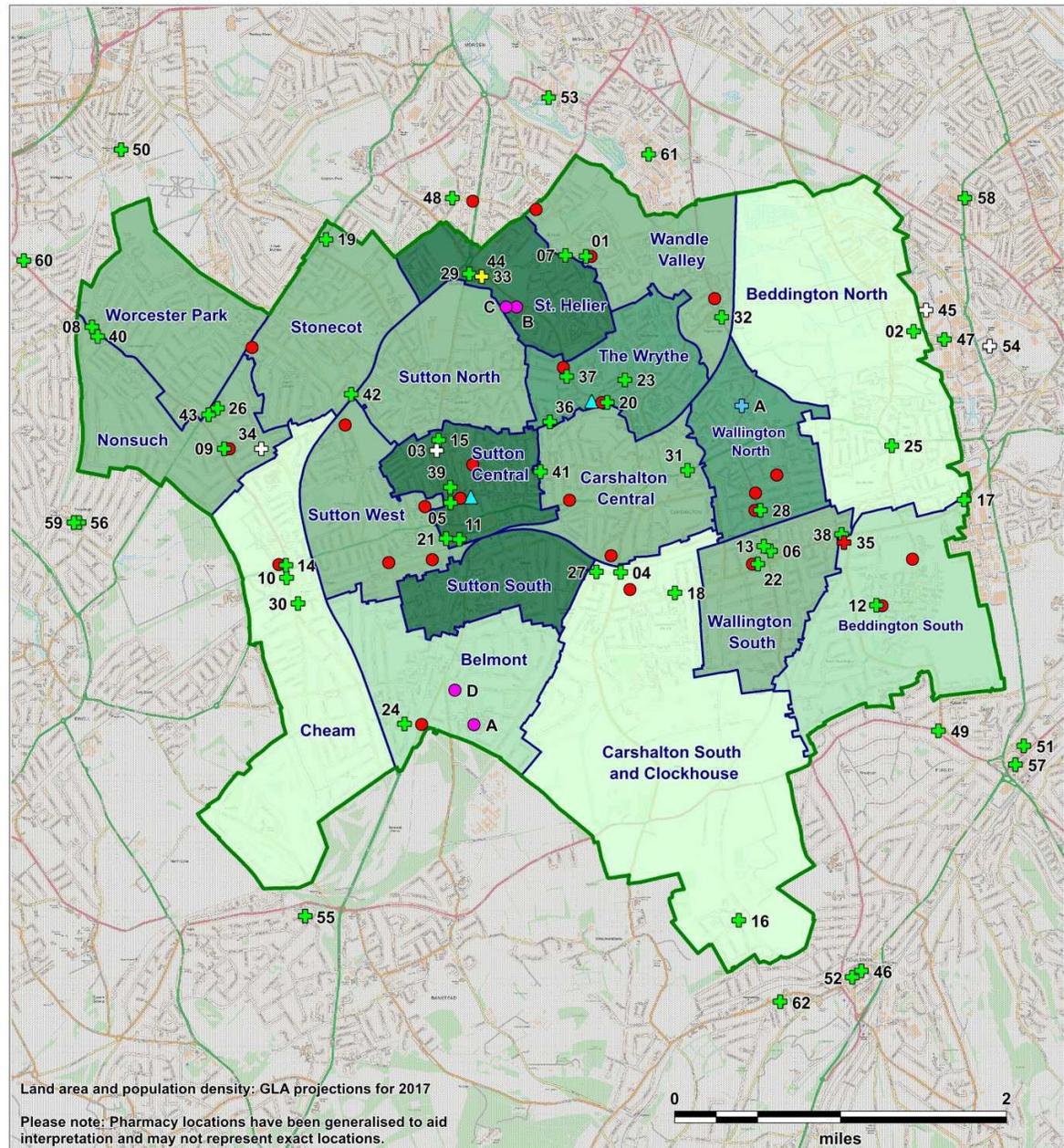
- 44 Sutton & Merton Out of Hours Co-Operative - SM5 1AG

Dispensing Appliance Contractors

- A Fittleworth Medical - SM6 7DJ

Out of Area Pharmacies

- | | |
|-----------------------------------|------------------------------------|
| 45 Boots - CR0 4YJ | 54 Lloydspharmacy - CR0 4XT |
| 46 Boots - CR5 2ND | 55 Madisons Pharmacy - SM7 1PB |
| 47 Day Lewis Pharmacy - CR0 4UQ | 56 Nima Pharmacy - KT172HS |
| 48 Day Lewis Pharmacy - SM4 6RT | 57 Orion Pharmacy - CR8 2BP |
| 49 Foxley Lane Pharmacy - CR8 3EE | 58 Parade Pharmacy - CR0 3EW |
| 50 Griffiths Pharmacy - KT3 6JF | 59 Patsons Chemist - KT172HS |
| 51 Hobbs Pharmacy - CR8 2YL | 60 Plough Green Pharmacy - KT4 7NW |
| 52 Infohealth Pharmacy - CR5 2RA | 61 The Willows Chemist - CR4 4NA |
| 53 Jhoots Pharmacy - CR4 4DQ | 62 Valley Pharmacy - CR5 3BR |



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3.2.1 Essential Services

3.2.1.2 Access & Opening Hours

Overview

- Under the national (PhS) contract community pharmacy must open for a minimum of 40 core hours unless it has been granted a contract under the “100 hour exemption”* or NHS England has granted a contract on the basis of more than 40 core hours, under the current market entry system. Additional hours, over and above core hours, are termed “supplementary hours”
- DACs are required to open for a minimum of 30 core hours
- A pharmacy or DAC must seek permission from NHSE to amend its core hours. Supplementary hours may be changed at the discretion of the contractor, providing that NHSE are given 90 days’ notice

Current Picture

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

- **Weekdays**
 - All PhS pharmacies are open between the hours of 9:30am to 5pm; 6 pharmacies close for lunch; and one pharmacy closes early on a Wednesday afternoon
 - During extended hours, 4 pharmacies open by 8am; and 19 are open until 7pm or later. Of these, 2 are 100 hour pharmacies and one is the LPS provider
 - Almost all residents in Sutton can access a pharmacy within 1 mile on weekday evenings; those in Cheam, Carshalton and Beddington South may have to travel up to two miles
- **Saturdays**
 - 41 PhS pharmacies are open between 9am & 12pm; 26 remain open until 5pm
 - In the evening, 8 pharmacies (including the LPS provider) are open up until 7pm or later; access in the North is reasonable; residents in the South and East have to travel 2 – 3 miles to access a pharmacy at this time of day
- **Sundays**
 - 9 PhS pharmacies and 3 out of area pharmacies open for between 4 and 6 hours; most residents are able to access a pharmacy within a mile of where they live
 - The LPS provider opens between 5pm and 10pm and provides cover when all other Sutton pharmacies are closed
- **Bank Holidays**
 - The LPS provider opens between 10am and 10pm on bank holidays
- **Potential Changes in opening hours**
 - 2 pharmacies are considering extending weekday opening hours
 - 3 pharmacies indicated that may reduce opening hours

Insights from our Public Survey (refer to Appendix B for details)

Frequency of Using a Pharmacy (multi-variable, multi-response Q)

- Frequency of use was dependent upon the reason for the visit:
 - 60.2% (n=264) visited about once a month to collect a prescription for themselves; and 40% (n=222) to collect one for someone else
 - Buying medicines (for self or others), seeking advice and using a service offered by the pharmacy were other common reasons for using a pharmacy once a month
- Up to 5.4% of respondents used a pharmacy once a week

Choice of Pharmacy (n=270; multi-response)

- 53% said they preferred to use the same pharmacy all the time; and 43% use different pharmacies but tend to visit one most often
- Common reasons for preferring a pharmacy included:
 - Convenience / proximity to home, the GP surgery, the shops of the children’s school or nursery
 - Easy to park
 - A good / responsive service provided by knowledgeable and/or friendly staff
 - A private area to talk the pharmacies
 - Collection and delivery service offered
- Reasons for not using a pharmacy included: difficulty parking, insufficient privacy, opening hours, poor service (not having medicines in stock, slow, bad experience)

Most Convenient Time to use a Pharmacy (multi-variable, multi-response; n = 50 - 182)

- Weekdays (working hours) followed by Saturday afternoons were cited as being the most convenient times to use a pharmacy
- With respect to weekday “extended hours”:
 - 21.8% said it was convenient to use a pharmacy before 9am
 - 38.5% and 18.2% said it was convenient to use a pharmacy between 5-8pm and after 8pm respectively
- At weekends
 - Only 12% and 7.3% cited before 9am on Saturday and Sunday mornings as a convenient time
 - 23.3% and 10.9% respectively said it was convenient to use a pharmacy between 5-8pm and after 8pm, on a Saturday
 - 14.5% and 9.1% respectively said it was convenient to use a pharmacy between 5-8pm, and after 8pm, on a Sunday
- 40.7% said “good opening hours” influenced choice of pharmacy

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

3.2.1 Essential Services

3.2.1.2 Access & Opening Hours (cont...)

Ward	Number of Pharmacies Offering Essential Services									
	Weekdays				Saturdays					Sundays
	8am or earlier	9.30am – 5pm	7pm or later	Lunch Break	8am or earlier	9am – 12pm	5pm or later	7pm or later	Lunch Break	
Beddington North	0	2	1	0	0	2	2	1	0	1
Beddington South	0	3	0	0	0	2	0	0	0	0
Belmont	0	1	0	1	0	1	0	0	0	0
Carshalton Central	0	2	0	0	0	2	1	0	0	0
Carshalton South & Clockhouse	0	4	3	1	0	3	3	0	1	0
Cheam	0	3	0	0	0	3	2	0	0	0
Nonsuch	2	5	3	1	2	5	3	2	1	3
St Helier	0	2	2	1	0	2	2	1	1	1
Stonecot	1	2	2	0	1	2	1	1	0	1
Sutton Central	1	6	4	0	1	6	4	2	0	2
Sutton North	0	0	0	0	0	0	0	0	0	0
Sutton South	0	0	0	0	0	0	0	0	0	0
Sutton West	0	0	0	0	0	0	0	0	0	0
The Wrythe	0	4	1	1	0	4	2	1	1	1
Wallington North	0	1	0	0	0	1	0	0	0	0
Wallington South	0	4	2	0	0	4	3	0	0	1
Wandle Valley	0	3	1	1	0	3	2	0	0	0
Worcester Park	0	1	0	0	0	1	1	0	0	0
Total	4	43	19	6	4	41	26	8	4	10

Notes

- There are no pharmacies in Sutton North, Sutton South or Sutton West wards
- Rosehill Pharmacy (PhS) and the Sutton & Merton Out of Hours Co-operative operate from the same site, which is located in St Helier ward. The table is based on the opening hours for both contracts
- One pharmacy closes early on Wednesday at 1pm; and four others vary opening hours on different days of the week. Refer to Appendix G for full details

	Ward	Weekdays	Saturdays	Sundays
DAC	Wallington North	09:00 – 17:00	Closed	Closed

Pharmaceutical Needs Assessment Map 3 - Weekday Extended Hours

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - + PhS and LPS contracts provided from these premises
 - GPs
 - ▲ GP Access Hubs
 - Hospitals:
A Royal Marsden Hospital - SM2 5PT
B St Helier Hospital - SM5 1AA
C St Mary's Hospital for Children - SM5 1AA
D Sutton Hospital - SM2 5NF
 - Sutton
 - Ward Boundaries
- Distance Buffers**
- 0.5 mile
 - 1 mile

Pharmacies – National PhS Contract

- | | |
|---|--|
| 01 Anna Pharmacy - SM5 1JF ⁺ | 19 Imperial Pharmacy - SM3 9EY ⁺ |
| 02 Asda Pharmacy - CR0 4XS ⁺ | 21 Kamsons Pharmacy - SM1 1BT ⁺ |
| 03 Asda Pharmacy - SM1 1LD [#] | 22 Kamsons Pharmacy - SM6 0HY ⁺ |
| 04 Beeches Pharmacy - SM5 3LF ⁺ | 26 Lloydspharmacy - SM3 9AA [#] |
| 06 Boots - SM6 8RG ⁺ | 27 Lloydspharmacy - SM5 3NP ⁺ |
| 09 Boots - SM3 8EP ⁺ | 29 MPS Pharmacy - SM1 3HE ⁺ |
| 11 Coopers Pharmacy - SM1 1BB ⁺ | 34 RPMG Pharmacy - SM3 8NE [#] |
| 15 Gaiger Chemist - SM1 1PQ ⁺ | 37 Salmina Pharmacy - SM5 2RR ⁺ |
| 18 H. E. Matthews Pharmacy - SM5 3JG ⁺ | 42 Tesco Instore Pharmacy - SM1 2NB [#] |

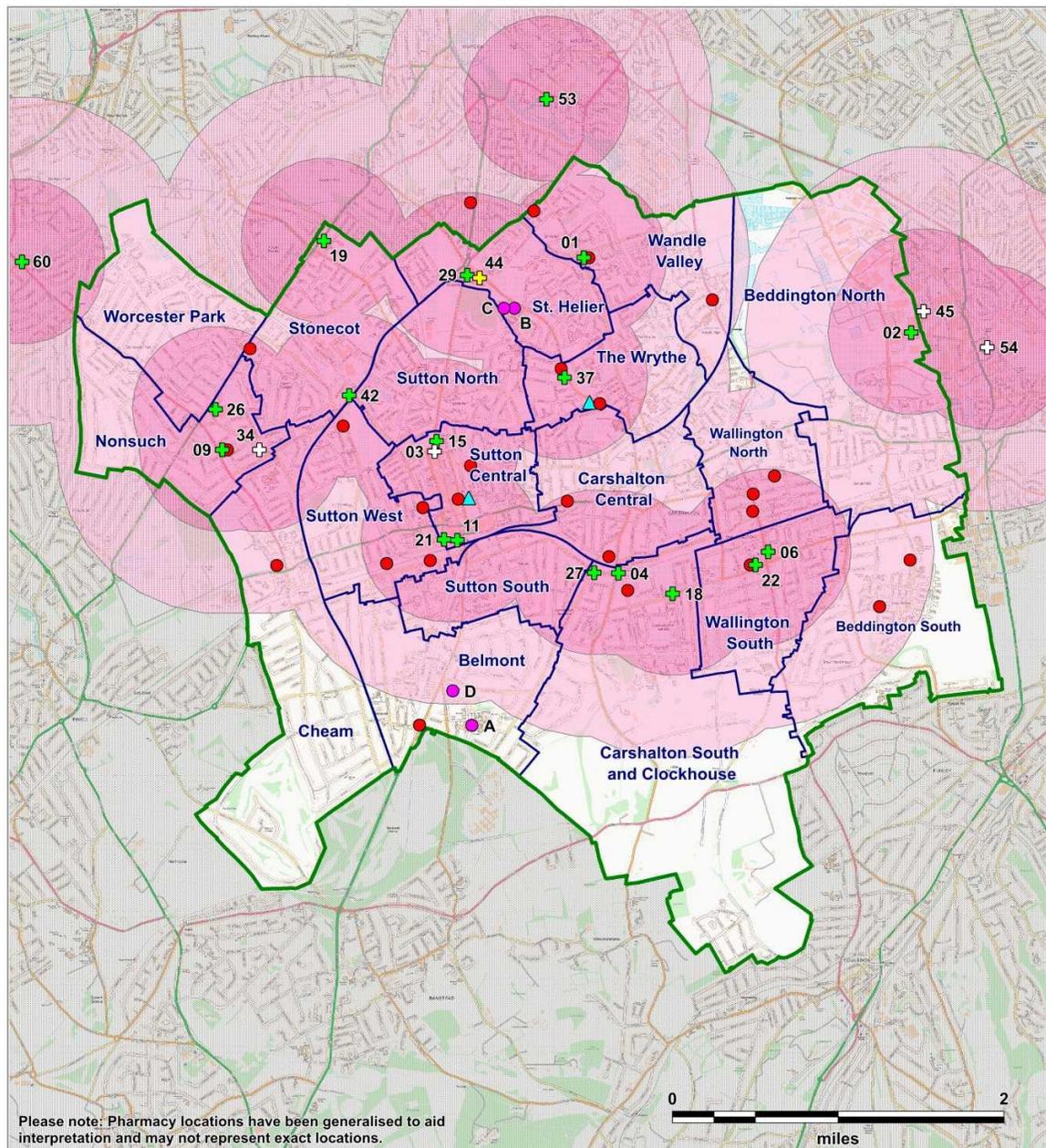
Pharmacies – LPS Contract

- 44 Sutton & Merton Out of Hours Co-Operative - SM5 1AG⁺

Out of Area Pharmacies

- | | |
|---|---|
| 45 Boots - CR0 4YJ ⁺ | 54 Lloydspharmacy - CR0 4XT [#] |
| 53 Jhoots Pharmacy - CR4 4DQ ⁺ | 60 Plough Green Pharmacy - KT4 7NW ⁺ |

[#] Open at 8am or earlier and until 7pm or later
⁺ Open until 7pm or later



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



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Map produced by Apogee Data Consulting Ltd.

Pharmaceutical Needs Assessment Map 4 - Open on Saturday

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- + PhS and LPS contracts provided from these premises
- GPs
- ▲ GP Access Hubs
- Hospitals:
A Royal Marsden Hospital - SM2 5PT
B St Helier Hospital - SM5 1AA
C St Mary's Hospital for Children - SM5 1AA
D Sutton Hospital - SM2 5NF
- Sutton
- Ward Boundaries

Rank of IMD Score 2015 by LSOA
Percentage of Rank

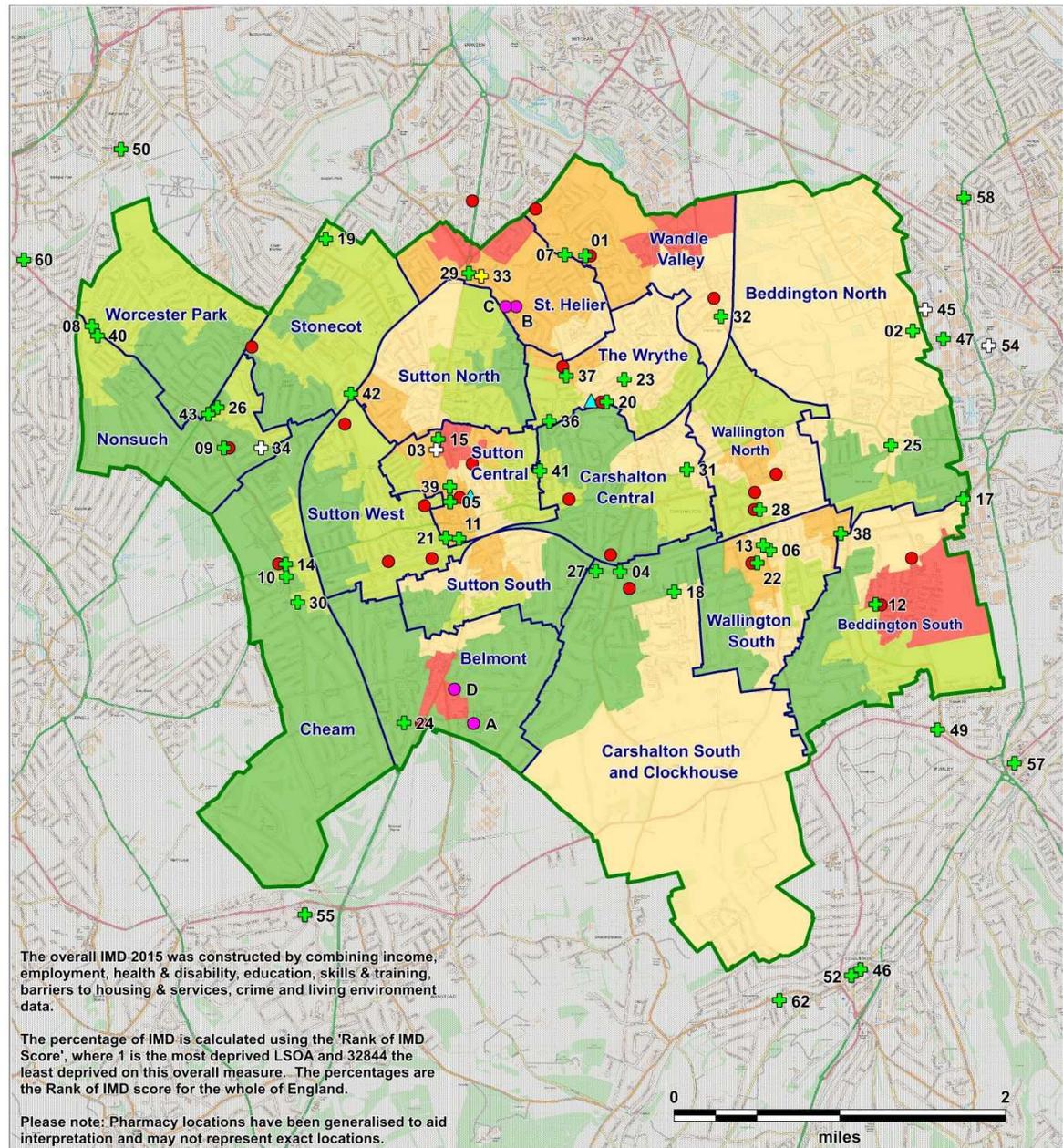
- < 20 %
- 20 - 39.9 %
- 40 - 59.9 %
- 60 - 79.9 %
- > 79.9 %

Pharmacies – National PhS Contract

- | | |
|--|--|
| <ul style="list-style-type: none"> 01 Anna Pharmacy - SM5 1JF 02 Asda Pharmacy - CR0 4XS 03 Asda Pharmacy - SM1 1LD 04 Beeches Pharmacy - SM5 3LF 05 Boots - SM1 1JG 06 Boots - SM6 8RG 07 Boots - SM5 1HA 08 Boots - KT4 8HH 09 Boots - SM3 8EP 10 Boots - SM3 8SW 11 Coopers Pharmacy - SM1 1BB 12 Day Lewis Pharmacy - SM6 9DA 13 First Pharmacy - SM6 0LY 14 Frith Pharmacy - SM3 8BH 15 Gaiger Chemist - SM1 1PQ 17 Glory Chemist - CR0 4NH 18 H. E. Matthews Pharmacy - SM5 3JG 19 Imperial Pharmacy - SM3 9EY 20 Kamsons Pharmacy - SM5 2RE 21 Kamsons Pharmacy - SM1 1BT | <ul style="list-style-type: none"> 23 Kamsons Pharmacy - SM5 2DP 24 Kirkby's Chemist - SM2 6BX 25 Lafford Chemist - CR0 4QR 26 Lloydspharmacy - SM3 9AA 27 Lloydspharmacy - SM5 3NP 28 Manor Pharmacy - SM6 0DE 29 MPS Pharmacy - SM1 3HE 30 Mulgrave Road Pharmacy - SM2 7AY 31 Park Lane Pharmacy - SM5 3AX 32 R K Pharmacy - SM6 7HW 33 Rosehill Pharmacy - SM5 1AG 34 RPMG Pharmacy - SM3 8NE 36 S G Baral Pharmacy - SM1 3AT 37 Salmia Pharmacy - SM5 2RR 38 Stafford Pharmacy - SM6 9BS 39 Superdrug Pharmacy - SM1 1NS 40 Superdrug Pharmacy - KT4 8DY 41 Sutton Pharmacy - SM1 4HY 42 Tesco Instore Pharmacy - SM1 2NB 43 Victoria Chemist - SM3 8HW |
|--|--|

Out of Area Pharmacies

- | | |
|---|--|
| <ul style="list-style-type: none"> 45 Boots - CR0 4YJ 46 Boots - CR5 2ND 47 Day Lewis Pharmacy - CR0 4UQ 49 Foxley Lane Pharmacy - CR8 3EE 50 Griffiths Pharmacy - KT3 6JF 52 Infohealth Pharmacy - CR5 2RA | <ul style="list-style-type: none"> 54 Lloydspharmacy - CR0 4XT 55 Madisons Pharmacy - SM7 1PB 57 Orion Pharmacy - CR8 2BP 58 Parade Pharmacy - CR0 3EW 60 Plough Green Pharmacy - KT4 7NW |
|---|--|



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

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

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



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

Legend

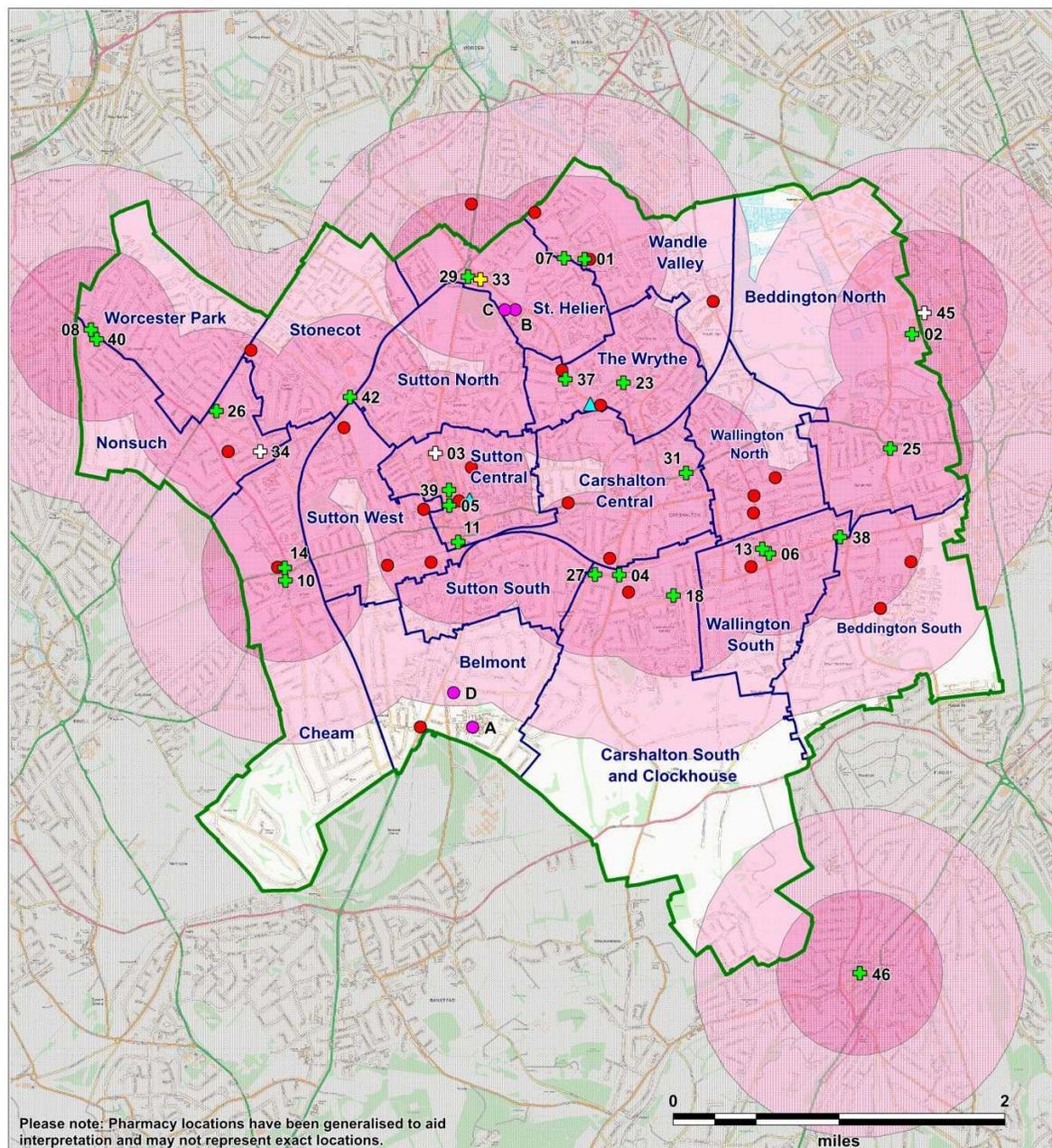
- + Pharmacies
- + 100 Hour Pharmacies
- + PhS and LPS contracts provided from these premises
- GPs
- ▲ GP Access Hubs
- Hospitals:
A Royal Marsden Hospital - SM2 5PT
B St Helier Hospital - SM5 1AA
C St Mary's Hospital for Children - SM5 1AA
D Sutton Hospital - SM2 5NF
- Sutton
- Ward Boundaries
- Distance Buffers**
- 0.5 mile
- 1 mile

Pharmacies – National PhS Contract

- | | |
|--------------------------------------|-------------------------------------|
| 01 Anna Pharmacy - SM5 1JF | 23 Kamsons Pharmacy - SM5 2DP |
| 02 Asda Pharmacy - CR0 4XS | 25 Lafford Chemist - CR0 4QR |
| 03 Asda Pharmacy - SM1 1LD | 26 Lloydspharmacy - SM3 9AA |
| 04 Beeches Pharmacy - SM5 3LF | 27 Lloydspharmacy - SM5 3NP |
| 05 Boots - SM1 1JG | 29 MPS Pharmacy - SM1 3HE |
| 06 Boots - SM6 8RG | 31 Park Lane Pharmacy - SM5 3AX |
| 07 Boots - SM5 1HA | 33 Rosehill Pharmacy - SM5 1AG |
| 08 Boots - KT4 8HH | 34 RPMG Pharmacy - SM3 8NE |
| 10 Boots - SM3 8SW | 37 Salmina Pharmacy - SM5 2RR |
| 11 Coopers Pharmacy - SM1 1BB | 38 Stafford Pharmacy - SM6 9BS |
| 13 First Pharmacy - SM6 0LY | 39 Superdrug Pharmacy - SM1 1NS |
| 14 Frith Pharmacy - SM3 8BH | 40 Superdrug Pharmacy - KT4 8DY |
| 18 H. E. Matthews Pharmacy - SM5 3JG | 42 Tesco Instore Pharmacy - SM1 2NB |

Out of Area Pharmacies

- 45 Boots - CR0 4YJ
- 46 Boots - CR5 2ND



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Map produced by Apogee Data Consulting Ltd.

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

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- + PhS and LPS contracts provided from these premises
- GPs
- ▲ GP Access Hubs
- Hospitals:
A Royal Marsden Hospital - SM2 5PT
B St Helier Hospital - SM5 1AA
C St Mary's Hospital for Children - SM5 1AA
D Sutton Hospital - SM2 5NF
- Sutton
- Ward Boundaries
- Distance Buffers**
 0.5 mile 1 mile

Pharmacies – National PhS Contract

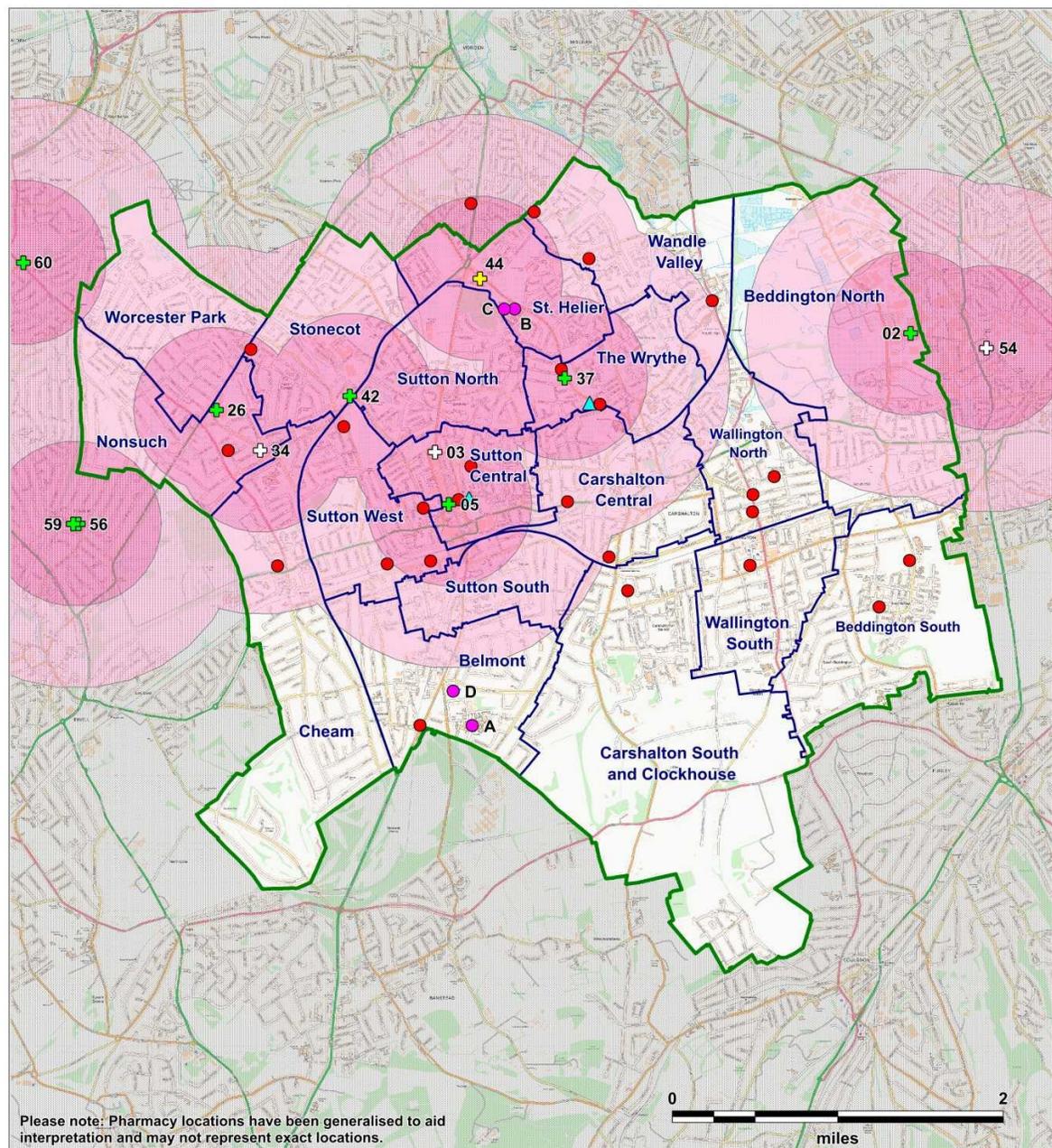
02 Asda Pharmacy - CR0 4XS	34 RPMG Pharmacy - SM3 8NE
03 Asda Pharmacy - SM1 1LD	37 Salmina Pharmacy - SM5 2RR
05 Boots - SM1 1JG	42 Tesco Instore Pharmacy - SM1 2NB
26 Lloydspharmacy - SM3 9AA	

Pharmacies – LPS Contract

44 Sutton & Merton Out of Hours Co-Operative - SM5 1AG

Out of Area Pharmacies

54 Lloydspharmacy - CR0 4XT	59 Patsons Chemist - KT172HS
56 Nima Pharmacy - KT172HS	60 Plough Green Pharmacy - KT4 7NW



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



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Map produced by Apogee Data Consulting Ltd.

Pharmaceutical Needs Assessment Map 7 - Open on Sunday

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - + PhS and LPS contracts provided from these premises
 - ▲ GP Access Hubs
 - Hospitals:
A Royal Marsden Hospital - SM2 5PT
B St Helier Hospital - SM5 1AA
C St Mary's Hospital for Children - SM5 1AA
D Sutton Hospital - SM2 5NF
 - Sutton
 - Ward Boundaries
- Rank of IMD Score 2015 by LSOA
Percentage of Rank**
- < 20 %
 - 20 - 39.9 %
 - 40 - 59.9 %
 - 60 - 79.9 %
 - > 79.9 %
- Distance Buffers**
- 0.5 mile
 - 1 mile

Pharmacies – National PhS Contract

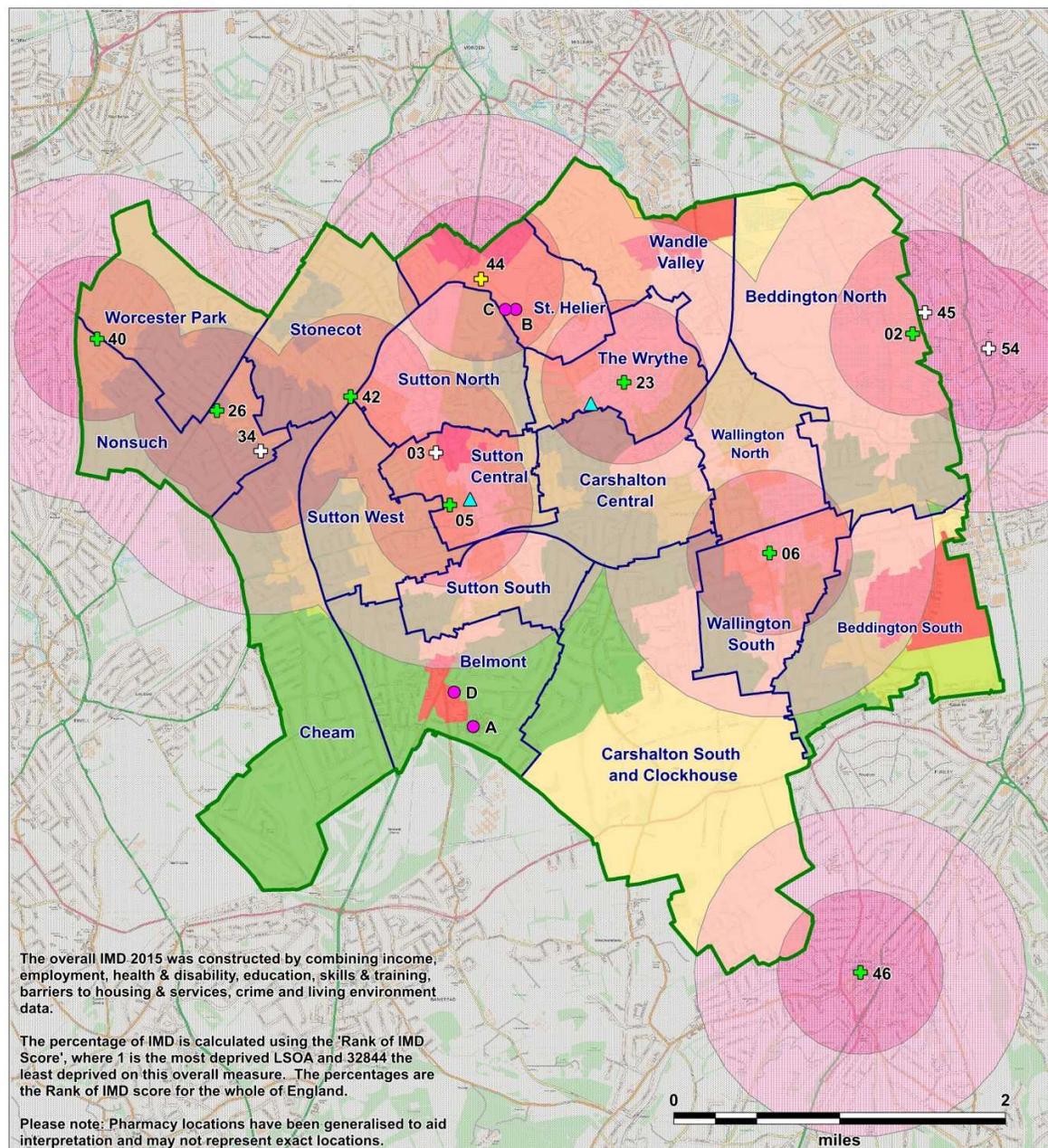
- 02 Asda Pharmacy - CR0 4XS
- 03 Asda Pharmacy - SM1 1LD
- 05 Boots - SM1 1JG
- 06 Boots - SM6 8RG
- 23 Kamsons Pharmacy - SM5 2DP
- 26 Lloydspharmacy - SM3 9AA
- 34 RPMG Pharmacy - SM3 8NE
- 40 Superdrug Pharmacy - KT4 8DY
- 42 Tesco Instore Pharmacy - SM1 2NB

Pharmacies – LPS Contract

- 44 Sutton & Merton Out of Hours Co-Operative - SM5 1AG

Out of Area Pharmacies

- 45 Boots - CR0 4YJ
- 46 Boots - CR5 2ND
- 54 Lloydspharmacy - CR0 4XTA



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3.2.1 Essential Services

3.2.1.2 Access & Opening Hours (cont...)

Alignment of Pharmacy Opening Hours with Other NHS services

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

GP and Pharmacy Opening Hours

- GP core hours are 8am – 6:30pm on Mondays to Fridays; in addition, some GP practices open for extended hours
- There are two GP access hubs which open on 7 days per week (table, right). These provide planned care only via bookable appointments
- The graph (right) provides a summary of GP and pharmacy opening hours (includes branch surgeries and the GP access hubs). It demonstrates:
 - For Sutton as a whole, there is usually one or more pharmacies open when a GP surgery is open; this is not the case on Mondays as no pharmacies open before 8am; or Thursdays when the earliest a pharmacy opens is 7am
 - This means that on *most days* patients may get a prescription dispensed after an early morning or late evening appointment. Residents may have to travel up to 3-4 miles to access an open pharmacy
 - On Sundays there is a one hour gap as the GP access hubs open at 8am but no pharmacies open before 9am

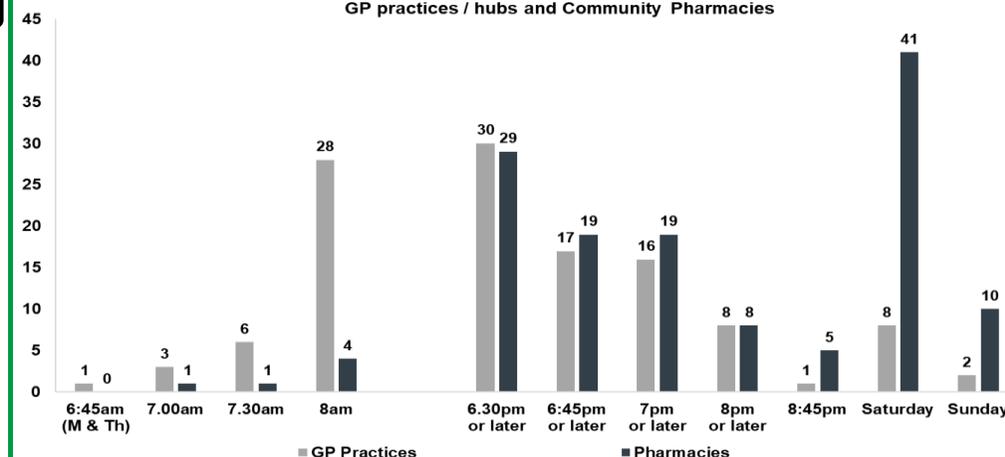
Unscheduled Care Providers

- Accident & Emergency and the Urgent Care Centre (table below) supply medicines directly to patients. FP10 prescriptions, for dispensing by community pharmacy, may be used if a non-stock medicine is required
- Community Pharmacy services are available until midnight on Monday – Saturday; and until 10pm on Sunday. This may, rarely, lead to a delay in dispensing for an urgent FP10 prescription in the overnight period

Unscheduled Care Services & Providers within Sutton

Service	Provider	Ward	Availability
A & E	St Helier Hospital	St Helier	24 hours, 365 days a year
UCC	South London Doctors Urgent Care (located on St Helier Hospital site)	St Helier	24 hours, 365 days a year

Alignment of Opening Hours
GP practices / hubs and Community Pharmacies



GP Access Hubs Opening Hours

Hub Location	Ward	Weekdays	Weekends
Old Court House Surgery	Sutton Central	6:30 pm – 8pm	8am – 8pm
Wrythe Green Surgery	The Wrythe	6:30 pm – 8pm	8am – 8pm

NHS Urgent Medicine Supply Advanced Service (NUMSAS)

- This is a pilot service which runs from 1 Dec 2016 – 30 Sept 2018
- It aims to manage NHS 111 requests for urgent medicine supply; reduce demand on the rest of the urgent care system; resolve problems leading to patients running out of their medicines; and to increase patients' awareness of electronic repeat dispensing
- 11 pharmacies have registered to provide the service; there is cover every day of the week and during extended hours on weekdays; NHS 111 may also direct a patient to the nearest open pharmacy in other areas
- 22 pharmacies said they plan to register to offer the service in the future
- Subject to the evaluation of the pilot, we believe that this service is **necessary** to meet the need for pharmaceutical services

The Future

- **In the future**, if GP opening hours vary then there may be a need to review opening hours from the existing network of pharmacies to ensure patients have appropriate access to medicines and services

3.2.1 Essential Services

3.2.1.3 Access and Support for those with Disabilities

Overview

- The Equality Act 2010¹⁴ requires pharmacies to make reasonable adjustments to support the needs of those with protected characteristics
- Pharmacies receive a payment as contribution towards providing auxiliary aids, for people eligible under this Act, who require support with taking their medicines
- Access and support for those with disabilities are, therefore, key considerations which were explored in our contractor questionnaire

Current Picture

- Sensory and learning disabilities are more common in Sutton compared with London & England (data on physical disability is not available)
- The table (next page) summarises the findings from our contractor questionnaire, with respect to support offered to those with disabilities:
- **Wheelchair access**
 - 90.7% pharmacies are fully accessible to wheelchairs (and pushchairs), demonstrating that wheelchair users and parents of babies and young children are not disadvantaged with respect to access or choice
 - 2 pharmacies commented that access to the premises is impaired by a step
- **Collection and delivery service**
 - 83.7% pharmacies offer a collection and delivery service
- **Hearing impairment**
 - 46.2% of pharmacies have hearing loops
 - 20.5% have a member of staff who is able to use sign language
 - 3 pharmacies commented that they communicate by writing
- **Visual impairment**
 - 69.8% have facilities to provide large print labels for those with visual impairment or for those with learning disabilities or cognitive impairment
 - 18.6% pharmacies offer labels with braille (although it should be noted that many original packs are embossed with braille by the manufacturer)
- **Cognitive impairment including dementia and learning disabilities**
 - 25.6% supply "aide memoires" (e.g. reminder charts) if needed
 - 67.4% have easy to read information available
 - 83.7% provide monitored dosage systems (MDS)
 - 86% pharmacies confirmed that they have a "dementia-friendly" environment and 4.7% said they were working towards this
 - 95.3% have one or more staff trained as a "dementia friend"

Disability in Sutton

Visual Impairment

- 225.8 per 100,000 of people aged 18-64 years are registered as blind or partially sighted (2013/14); this is higher than the London and England average
- In 2015/16, the crude rate of preventable sight loss per 100,000 associated with common eye conditions was:
 - **Age related macular degeneration:** 129; this is higher than London (86.7) and England (114) averages
 - **Glaucoma:** 14.6 compared to 13.4 (London) and 12.8 (England)

Hearing Impairment

- 220.5 per 100,000 of people aged 18-64 years are registered as deaf or hard of hearing (2009/10); higher than the London and England averages

Learning Disability

- QoF prevalence is 0.6% (2013/14); higher than London (0.4%) & England (0.5%)

Conclusions on Access and Disability

- The results of our contractor questionnaire demonstrate that many pharmacies have taken steps to support people with disabilities, particularly with respect to:
 - Wheelchair access
 - Provision of large print labels and/or easy to read information to those with visual and/or cognitive impairment
 - Supply of auxiliary aids such as MDS; whilst there is no published evidence to demonstrate the benefits of these systems, they may be useful for people with complex medicine regimens and who are easily confused
 - Dementia where a high proportion of pharmacies have staff trained as "dementia friends" and offer a dementia-friendly environment
 - Willingness to offer a collection and delivery service; this improves access to pharmacy services for people who are less able to get a pharmacy without support. In our public survey, 4.7% (n=13) of respondents were housebound
- Less than 50% of pharmacies:
 - Provide facilities to support those who are hearing impaired. This may adversely impact upon the quality of pharmaceutical support. In addition, it may reduce access and choice for those who are dependent upon support, such as a hearing loop, for effective communication
 - Offer "aide memoires" to people with cognitive impairment. Such support may improve adherence and patient outcomes in those with cognitive impairment
- Improvements could be achieved if more existing pharmacies were to provide facilities and support for those with hearing impairment; and for those with learning disabilities and/or cognitive impairment

3.2.1 Essential Services

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

Supporting People with Disabilities

Ward	Wheelchair Access	Hearing Impairment		Visual Impairment / Blindness		Cognitive Impairment				Dementia Friendly Environment
		Hearing Loop	Signing	Large Print Labels	Braille	'Aide Memoire'	Easy to Read Information	Monitored Dosage Systems	Large Print Labels	
Beddington North	2	1	0	2	0	1	2	2	2	2
Beddington South	3	0	1	3	0	1	2	2	3	2
Belmont	1	0	0	1	0	0	1	1	1	1
Carshalton Central	2	0	0	1	1	1	1	2	1	2
Carshalton South & Clockhouse	2	1	0	2	0	0	1	2	2	3
Cheam	3	1	0	2	1	2	1	3	2	3
Nonsuch	5	3	0	4	1	1	5	4	4	4
St Helier	2	1	0	2	0	0	2	2	2	2
Stonecot	2	1	0	2	0	1	2	1	2	1
Sutton Central	6	2	0	4	3	1	3	6	4	5
Sutton North	0	0	0	0	0	0	0	0	0	0
Sutton South	0	0	0	0	0	0	0	0	0	0
Sutton West	0	0	0	0	0	0	0	0	0	0
The Wrythe	3	0	0	3	0	1	4	3	3	4
Wallington North	1	0	0	1	1	0	1	1	1	1
Wallington South	3	1	0	2	1	1	2	3	2	3
Wandle Valley	3	1	0	1	0	1	1	3	1	3
Worcester Park	1	1	0	0	0	0	1	1	0	1
Total	39	13	1	30	8	11	29	36	30	37
Percentage	90.7%	30.2%	2.3%	69.8%	18.6%	25.6%	67.4%	83.7%	69.8%	86.0%

Notes:

The questionnaire results were inconsistent with respect to the provision of large print labels in that more pharmacies said they provide these for those with cognitive impairment than for visual impairment. The question was intended to understand if this facility is available so the results for cognitive impairment have been used. Detailed data is not available for two pharmacies; The DAC was excluded because very few patients are seen on the premises.

3.2.1 Essential Services

3.2.1.4 Dispensing

Overview

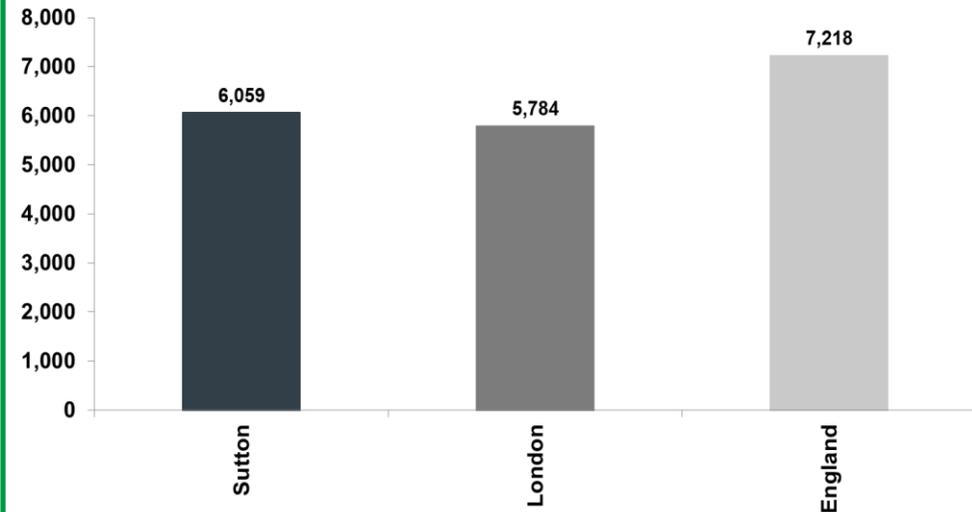
In our review of dispensing we looked at a number of factors including:

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

Current Picture

- The graph (right) compares the **average** pharmacy dispensing rate in Sutton with the London and England averages
- The data (which includes all prescriptions dispensed by Sutton pharmacies, not just those issued by Sutton GPs) demonstrate that the dispensing rate for Sutton pharmacies is higher than the London average but below the England average
- The table (right) demonstrates that there is significant variation in dispensing rates across Sutton pharmacies:
 - The average number of items per pharmacy per month ranges from 2,657 – 11,190; and the number of items dispensed per head ranges from 4.6 – 55.1
 - The wards with the higher dispensing rates have a tendency towards higher rates of deprivation, population density and prevalence of long term conditions and/or a close proximity to wards which have no pharmacies
 - Patient choice may also be an influencing factor as some of the wards with higher need have below average dispensing rates
- Analysis of prescriptions written by Sutton GPs was also undertaken, based on a snapshot of e-pact data (May – Jul 2017). The total number of items prescribed was 808,458. Of these:
 - 92.1% of these items were dispensed by Sutton pharmacies
 - 7.9% were either dispensed by pharmacies outside of the area or were attributable to medicines which had been personally administered by GP surgeries (e.g. injections)
 - The table (page 42) shows the pharmacies, in neighbouring HWB areas, which have dispensed the highest number of items against these prescriptions

Average Monthly Prescription Items per Pharmacy



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

Items Dispensed	Items per Pharmacy per Month		Items per Head of Population	
	Average	Range	Average	Range
3,126,354	6,059	2,657 – 11,190	18.6	4.6 – 55.1

NHSBSA Items dispensed in 2016/17

3.2.1 Essential Services

3.2.1.4 Dispensing (cont...)

Cross Border Dispensing

- Cross-border dispensing is important in that it serves to improve access to pharmaceutical services, particularly for those residents who live close to the borders with other Health & Wellbeing Board areas, or for those who choose to get their prescription dispensed closer to their place of work or via a distance selling pharmacy
- The table on the right provides an overview of cross-border dispensing and includes the pharmacies and DACs which have dispensed >250 items against prescriptions written by Sutton GPs

Repeat Dispensing

- Repeat dispensing allows patients, who have been issued with a repeatable prescription, to collect their repeat medication from pharmacy without having to request a new prescription from their GP
- Benefits of repeat dispensing include:
 - Reduced GP practice workload freeing up time for clinical activities
 - Greater predictability in workload for pharmacies which facilitates the delivery of a wider range of pharmaceutical services
 - Reduced waste as pharmacies only dispense medicines which are needed
 - Greater convenience for patients
- The rate of repeatable dispensing in Sutton is increasing and accounted for 17% of items in 2012/13 compared with 27% in April 2017

Electronic Prescription Services

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy
- The system is potentially more efficient and may reduce dispensing error rates; it can reduce trips for patients between the GP surgery and pharmacy
- All pharmacies in Sutton are now EPS is compliant

Summary of Cross Border Dispensing (May – July 17)

HWB Area	Pharmacy / DAC Name	Post Code	Items	% Total
Croydon	Boots	CR0 4YJ	4,883	0.6%
	Valley Pharmacy	CR5 3BR		
	Kents Pharmacy	CR0 1RB		
	Boots	CR9 1SN		
	Lloydspharmacy	CR0 4XT		
	Tesco Instore Pharmacy	CR8 2HA		
	Boots	CR5 2ND		
Cranston Limited	CR7 6JE			
Kingston-Upon-Thames	Fittleworth Medical	KT1 3GZ	267	0.03%
Merton	Day Lewis Pharmacy	SM4 6RU	24,259	3.0%
	Lords Pharmacy	SW20 8LB		
	The Willows Chemist	CR4 4NA		
	Rowlands Pharmacy	SM4 6HY		
	Boots	SM4 5BE		
	Pearl Chemist	SM4 5RP		
Surrey	Patsons Chemist	KT17 2HS	5,731	0.7%
	Boots	SM7 2NL		
	Nima Pharmacy	KT17 2HS		
	Madisons Pharmacy	SM7 1PB		
	Asda Pharmacy	KT20 5NZ		
	Lloydspharmacy	KT17 1EQ		
	Boots	KT18 5DB		
	Lloydspharmacy	SM7 2LS		
	Victoria Chemist	SM7 2NN		
Other	Coloplast UK	PE2 6BJ	7,885	1.0%
	OTC Direct Limited	M28 3PT		
	Pharmacy2U Limited	LS14 2LA		
	Westbury Chemists	SW16 1BS		
	Currans Pharmacy	W9 3PP		
	Integro Pharmacy	GU12 4RG		
	Gompels Homeward Pharmacy	WR4 9FA		

3.2.1 Essential Services

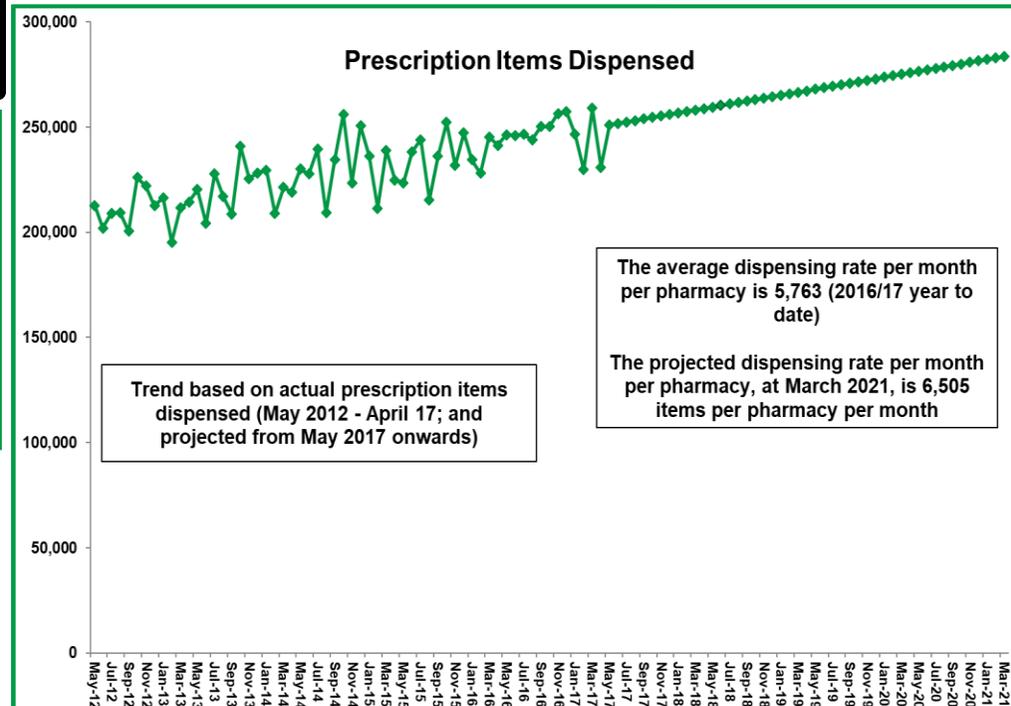
3.2.1.5 The Future

Overview

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

Prescribing

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Sutton pharmacies. The graph (right) plots the number of items dispensed per month and projects through to March 2021
- The graph illustrates that the trend is for the volume of items to increase. Assuming that the number of pharmacies remains constant at 43, the average number of items per month has been estimated to increase to 6,505 per pharmacy per month. This dispensing rate is above the current London average but below the current England average (page 41)
- It is important to note the following limitations with the analysis:
 - The items data is based on prescriptions issued by Sutton GPs and doesn't include prescription items issued by GPs or other providers in other areas
 - We have assumed that the proportion of cross border dispensing and personally administered items by GP practices will remain constant at 7.9%
 - It doesn't allow for changes in prescribing patterns which may arise as a result of changes in the evidence base and/or local guidelines. For example, the SWL STP includes a medicines management workstream which may impact upon prescription volumes. This includes (subject to consultation and progress of local implementation plans, which are at varying stages of development):
 - Recommending against the routine prescribing of health supplements and self-care medicines for self-limiting minor illnesses. Patients will be advised to seek advice from community pharmacists and buy a medicine if required
 - Strategies to tackle pharmaceutical waste
 - Establishing local guidance and exploring new models of care for certain prescribed items including dressings, appliances and feeds
- These limitations aside, the data imply that there is sufficient capacity within the existing network of pharmacies to meet future dispensing needs



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

NHS Trusts within Sutton & Use of NHS Pharmaceutical Services

- Epsom & St Helier University Foundation Trust**
 - The Trust dispenses the majority of their medicines for outpatients, inpatients and at discharge from its in-house dispensaries
 - The Trust uses FP10 prescriptions at off-site clinics and to prescribe certain specialist medicines for renal patients
- Royal Marsden NHS Foundation Trust**
 - The Trust dispenses medicines to inpatients via its in-house dispensaries. All other dispensing is outsourced to Boots, via a private arrangement which is outside of NHS pharmaceutical services. This contract is due to run until 2020
 - FP10 prescriptions are used at off-site clinics
- Royal Marsden Community Services for adults and children**
 - RMH NHS FT is responsible for pharmacy and medicines management
 - FP10 prescriptions are used at community clinics and by community nurses and other non-pharmacist staff

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Local Development Plans

- The Local Plan (2016) sets out the long term aims and aspirations for the Borough
- Key objectives, relevant to the PNA, include:
 - Meeting the borough's share of London's future housing need
 - Providing opportunities for new businesses to come into borough and to support existing businesses to expand
 - Ensuring the borough's centres are adapted for 21st century shopping
 - Improving public transport within the borough and across South London
- The diagram (right) provides a visual overview of the proposed developments including growth areas, intensification areas and proposed transport links

Housing

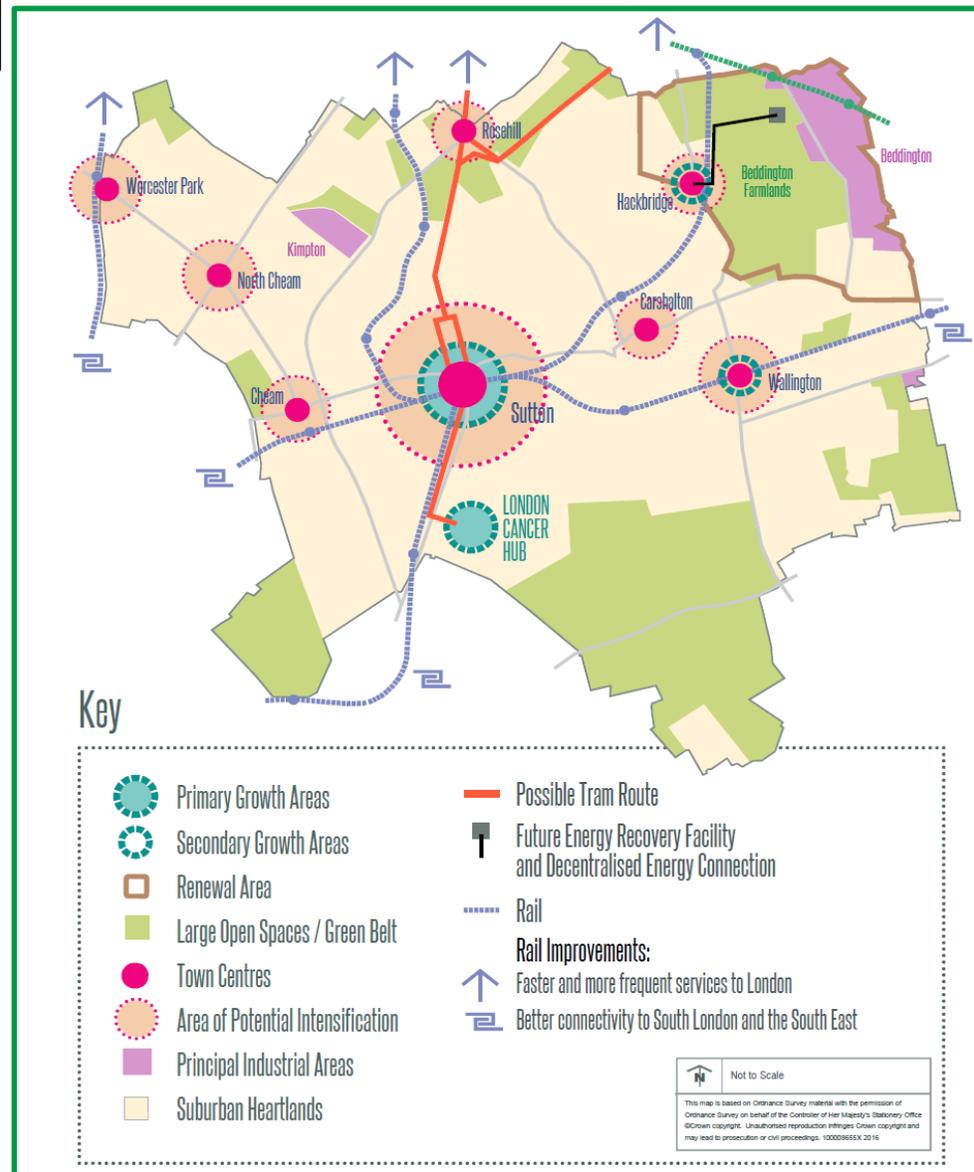
- 6,403 new homes will be delivered over the plan period (2016 – 2031); this equates to 427 homes per annum. Key locations for the homes are:
 - Sutton Town Centre (c 3,400 new homes; 53% of total)
 - Hackbridge District Centre (1,110 new homes; 17% total)
 - Wallington District Centre (c635 new homes; 10% total)
- The housing targets are used in the GLA SHLAA population projections used for the PNA; as such they have accounted for in our analysis

Primary Care Centres / GP Surgeries

- Provision has been made for new or expanded health centres. Two developments are proceeding:
 - London Road, Hackbridge (Wandle Valley): New health centre. Section 106 funding & planning permission is in place. The will re-house an existing practice and provide expansion for population growth in this area
 - Sutton South Health Centre (Belmont): new health centre to rehouse an existing surgery & to accommodate expansion of list size; planning permission expected in December 2017
- Potential Developments
 - The Old Court House Surgery (Sutton Central): Remodelling of the surgery and expansion of list size
 - Wrythe Green Lane: Extension of existing surgery
 - Robin Hood Lane (Sutton West): Extension of existing surgery with the option of an onsite pharmacy (if a need is identified)
- Exploring opportunities for improved and modernised premises
 - Maldon Road, Cheam; re-housing of existing GP surgeries
 - Carshalton Beeches; re-housing of existing GP surgeries

Other Health Facilities

- Transformation of Sutton Hospital site into the London Cancer Hub



Local development plans will impact upon demography, the number of people coming into the area on a daily basis and the accessibility of pharmacy services. We have projected the population through to 2021 and assessed the impact on pharmacy distribution (pages 45 – 46)

References

- Sutton Draft Local Plan 2016; Five Year Housing Land Supply (2016-17 to 2020/21)

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Ward	IMD Rank	No. of Pharmacies	Ward Pop Estimate (2017)	Pharmacies per 100,000 Population	Projected Population (2021)	Pharmacies per 100,000 (projected)	Difference
Beddington North	11	2	10,648	18.6	10,947	18.3	-0.3
Beddington South	3	3	11,083	26.9	11,168	26.9	0.0
Belmont	10	1	10,454	9.4	10,819	9.2	-0.2
Carshalton Central	12	2	10,728	18.2	11,134	18.0	-0.3
Carshalton South & Clockhouse	13	4	10,549	37.2	11,073	36.1	-1.1
Cheam	18	3	10,840	27.0	11,296	26.6	-0.4
Nonsuch	17	5	10,891	45.5	11,085	45.1	-0.4
St Helier	1	2	12,254	16.3	12,239	16.3	0.1
Stonecot	15	2	11,002	18.1	11,160	17.9	-0.1
Sutton Central	4	6	11,872	49.0	12,647	47.4	-1.6
Sutton North	9	0	10,987	0.0	11,399	0.0	0.0
Sutton South	7	0	10,096	0.0	10,390	0.0	0.0
Sutton West	14	0	11,082	0.0	11,492	0.0	0.0
The Wrythe	6	4	10,896	36.4	11,151	35.9	-0.5
Wallington North	8	1	11,503	8.6	11,851	8.4	-0.1
Wallington South	5	4	10,849	36.4	11,091	36.1	-0.3
Wandle Valley	2	3	12,338	23.6	13,656	22.0	-1.6
Worcester Park	16	1	12,463	7.8	12,976	7.7	-0.1
Total		43*	203,855	21.1	207,574	20.7	-0.4

Notes

- IMD = Index of Multiple Deprivation (2015) where 1 is the highest rank and 18 is the lowest within Sutton. The wards which rank highest for deprivation are highlighted in red
- GLA SHLAA population projections are linked to housing development trajectories. The level of growth is constrained so that the resulting estimate of household numbers fits with the available dwellings. The SHLAA is an assessment of the land that is likely to be available to developers within the next 5, 10 and 15 years
- The London and England average for the number of pharmacies per 100,000 (2016/17) is 21.4; it is not possible to project these forward to 2021

* Rosehill Pharmacy and the Sutton & Merton Out of Hours Co-operative operate from the same site; these contractors are never open at the same time and have been counted as one unit for the purpose of this analysis

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Considerations for Future Pharmaceutical Services

- By 2021, it is estimated that the population of Sutton will increase by approximately 3,700 people
- This will effectively reduce the number of pharmacies per 100,000 by 0.4; and move Sutton slightly further below the current London and England average
- The average number of items dispensed per pharmacy per month is above the London average but below the England average
- Whilst there is wide variation across Sutton pharmacies with respect to average dispensing rates items dispensed per head of population, we have identified that more than two thirds of pharmacies are below the England average
- Sutton has been included in the “top 10 postcode areas with the highest projected decrease in remuneration in 2017/18”; ranking 5th in the analysis (Chemist and Druggist, 4 April 2017). In this respect, it is of note that two pharmacies have been included in the pharmacy access scheme:
 - Galloways Chemist (Carshalton South & Clockhouse)
 - Kirkby’s Chemist (Belmont)
- The Sutton Local Plan identifies a number of developments:
 - New housing which impacts upon population growth (this is accounted for in the population projections above); Sutton Central, Wallington North and Wallington South are the most affected
 - New and improved transport links which will impact upon flows of people into and out of the borough; as well as improving accessibility of locations within the borough
 - Provision has been made for new or expanded health care facilities for delivery between 2017 and 2023. At the the time of publication, only two of these have been approved: Planning permission and funding is in place for London Road, Hackbridge; and is expected to be granted for Sutton South Health Centre in December 2017. It is not possible to provide any firm timescales, however, it is reasonable to assume that these will be implemented within the lifetime of this PNA. There is greater uncertainty with respect to the other developments highlighted on page 44

Implications for the Pharmaceutical Needs of Sutton

- **We have concluded that there are no future gaps in pharmaceutical need:**
 - The overall projected increase in population (1.8%) is small even with the proposed housing developments. The areas most affected either have an above average number of pharmacies or are adjacent to wards with an above average number of pharmacies
 - Whilst a small decrease in the number of pharmacies per 100,000 is anticipated, average dispensing rates per pharmacy are below the England average; this is potentially a factor which has contributed towards Sutton being in the “top 10 postcode areas” most affected by the changes in pharmacy remuneration
 - Our assessment demonstrates that there is sufficient ‘capacity’ in the existing pharmacy network to absorb any increases in prescription items arising from both the natural growth in the population and as a result of the Sutton Local Plan
 - The HWB has concluded that an additional pharmacy is not required

3.2.1 Essential Services

3.2.1.3 The Future (cont...)

Consolidated Applications

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

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

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

We have applied these principles to the current network of pharmacies to highlight the detail which needs to be considered in the event that a consolidated application is received (refer to page 48)

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Factor(s)	Application of Principles						
Advanced and enhanced services	<ul style="list-style-type: none"> Risks of gap / less choice for pharmaceutical services, particularly for: <ul style="list-style-type: none"> SACs AURs Palliative care Care Homes 						
Other services which affect the need for pharmaceutical services i.e. locally commissioned services	<ul style="list-style-type: none"> May impact upon access to other services which affect the need for pharmaceutical services i.e. locally commissioned services, particularly: <ul style="list-style-type: none"> Needle exchange Enhanced sexual health service Anti-coagulation 						
Pharmacy opening hours: Preserve the hours shown	<table border="0"> <thead> <tr> <th data-bbox="520 491 1017 525">Weekdays</th> <th data-bbox="1023 491 1520 525">Saturdays</th> <th data-bbox="1527 491 2032 525">Sundays</th> </tr> </thead> <tbody> <tr> <td data-bbox="520 529 1017 932"> <ul style="list-style-type: none"> Preserve the earliest and latest opening: <ul style="list-style-type: none"> 8am: Monday 7am: Tuesday – Friday 11pm: Monday - Friday No reduction in the number of pharmacies which open by 8am i.e. 4 pharmacies No reduction in the number of pharmacies which remain open until 7pm or later i.e. 19 pharmacies </td> <td data-bbox="1023 529 1520 932"> <ul style="list-style-type: none"> Preserve the earliest and latest opening: <ul style="list-style-type: none"> 7am 10pm No reduction in the number of pharmacies which open by 8am i.e. 4 pharmacies No reduction in the number of pharmacies which remain open until 7pm or later i.e. 8 pharmacies </td> <td data-bbox="1527 529 2032 932"> <ul style="list-style-type: none"> No reduction in the number of pharmacies which open on a Sunday i.e. 9 PhS pharmacies </td> </tr> </tbody> </table> <ul style="list-style-type: none"> The 100 hour pharmacies are required to meet the need for pharmaceutical services during extended hours 	Weekdays	Saturdays	Sundays	<ul style="list-style-type: none"> Preserve the earliest and latest opening: <ul style="list-style-type: none"> 8am: Monday 7am: Tuesday – Friday 11pm: Monday - Friday No reduction in the number of pharmacies which open by 8am i.e. 4 pharmacies No reduction in the number of pharmacies which remain open until 7pm or later i.e. 19 pharmacies 	<ul style="list-style-type: none"> Preserve the earliest and latest opening: <ul style="list-style-type: none"> 7am 10pm No reduction in the number of pharmacies which open by 8am i.e. 4 pharmacies No reduction in the number of pharmacies which remain open until 7pm or later i.e. 8 pharmacies 	<ul style="list-style-type: none"> No reduction in the number of pharmacies which open on a Sunday i.e. 9 PhS pharmacies
Weekdays	Saturdays	Sundays					
<ul style="list-style-type: none"> Preserve the earliest and latest opening: <ul style="list-style-type: none"> 8am: Monday 7am: Tuesday – Friday 11pm: Monday - Friday No reduction in the number of pharmacies which open by 8am i.e. 4 pharmacies No reduction in the number of pharmacies which remain open until 7pm or later i.e. 19 pharmacies 	<ul style="list-style-type: none"> Preserve the earliest and latest opening: <ul style="list-style-type: none"> 7am 10pm No reduction in the number of pharmacies which open by 8am i.e. 4 pharmacies No reduction in the number of pharmacies which remain open until 7pm or later i.e. 8 pharmacies 	<ul style="list-style-type: none"> No reduction in the number of pharmacies which open on a Sunday i.e. 9 PhS pharmacies 					
Deprivation	<ul style="list-style-type: none"> Risk of reduced or adverse effect on access in deprived areas 						
Population density & average number of pharmacies	<ul style="list-style-type: none"> Risk of reduced access or an adverse effect in areas with a below average number of pharmacies, particularly where these are adjacent to wards with no pharmacies or other wards with a below average number of pharmacies 						
Alignment with GP services	<ul style="list-style-type: none"> Risk of reduced access or an adverse effect in areas where there is only one pharmacy co-located close to a GP practice 						
Choice	<ul style="list-style-type: none"> Ideally, a choice of pharmacy will be maintained where residents live 						
Conclusion	<ul style="list-style-type: none"> The above factors will systematically be taken into account in the event that a consolidated application is received. The HWB has determined that is not appropriate to pre-empt applications by setting out potential gaps 						

3.2.1 Essential Services

3.2.1.6 Meeting the Needs of Specific Populations

Meeting the needs of those with a protected characteristic

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

3.2.1 Essential Services

3.2.1.7 Conclusions

Conclusions on Essential Services

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

Distribution of Pharmacies

- The number of pharmacies in Sutton is similar to the London and England averages
- There is a reasonable link between pharmacy distribution, population density and deprivation; most residents are within 1 mile of a pharmacy; the exceptions are parts of Carshalton South & Clockhouse and Cheam where people may have to travel further to access NHS pharmaceutical services
- Insights from the public survey suggest that pharmacy services are accessible; 58.6% usually walk to a pharmacy; 93.5% are within 15 minutes of a pharmacy; and 98% said access to a pharmacy was easy or ok

Opening Hours

- Access and choice are good on weekdays between the hours of 9:30am – 5pm and on Saturdays between 9am and 5pm. We have concluded that choice is sufficient and we have not identified a need for the provision of additional facilities or providers
- Outside of these hours, access and choice within Sutton is more limited, particularly on:
 - **Weekdays during extended hours:** Only four pharmacies open by 8am and this limits choice at this time of day. Access is reasonable on weekdays evenings as 43% pharmacies remain open up until 7pm or later
 - **Saturdays:** 8 pharmacies open before 9am; similarly, 8 remain open until 7pm or later; this pattern of opening impacts upon access and choice which is more limited in the more southern and south eastern wards
 - **Sundays:** 9 pharmacies open for between 4 and 6 hours and this provides reasonable cover during the day. Only residents in the south and south eastern wards have to travel further than a 1 mile to access a pharmacy. It should be noted that trading laws place restrictions on Sunday opening as large pharmacies are not permitted to open for more than 6 hours
 - **Bank Holidays:** There is guaranteed access to NHS pharmaceutical services as the LPS provider opens between 10am and 10pm on bank holidays; other pharmacies may also chose to open
 - In the public survey, a number of respondents commented that pharmacy opening hours could be improved during extended hours on weekdays and at weekends
- Residents of Sutton may choose to access pharmacies in the neighbouring HWB area; a number of these, mainly located adjacent to the north and north east of the borough, are open during extended opening hours on weekdays, Saturdays and also on Sundays
- With respect to alignment of pharmacy opening hours with other services:
 - There is a reasonable alignment with GP practice and GP hub opening hours in the evenings and at weekends. This is not the case on weekday mornings when only 4 pharmacies open by 8am even though all GP practices open at this time; residents who need to get an urgent prescription dispensed following a weekday morning appointment may have to travel 3-4 miles to access a pharmacy
 - There is no access to dispensing services overnight e.g. after being given a prescription by the GP out of hours service or the A&E department; however, the need for such access is rare

3.2.1 Essential Services

3.2.1.7 Conclusions (cont...)

Conclusions on Essential Services (cont...)

Access and support for people with disabilities

- A high proportion of pharmacies confirmed, in the contractor questionnaire, that they have made reasonable adjustments to meet the needs of those with a disability, particularly with respect to wheelchair access, provision of large print labels, supply of monitored dosage systems and proportion of staff trained as “dementia friends”; 84% of pharmacies offer prescription collection and delivery, as a value added service

Dispensing

- The dispensing rate for Sutton pharmacies is above the London average but below the England average
- 92.1% of prescriptions written by Sutton GPs are dispensed by Sutton pharmacies. Out of area pharmacies, DACs and personally administered items by GPs account for the remainder
- The rate of repeat dispensing is very good and has increased year on year over the last 5 years; this suggests that patients and the health economy are realising the benefits of repeat dispensing
- All pharmacies in Sutton are EPS compliant

Consolidated Applications

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

The Future

- We have taken into account the trend for growth in prescription items; the Sutton local plan local development and housing plans; and the potential impact of consolidated applications
- Benchmarking data show that our pharmacies have sufficient capacity to meet the current and future dispensing requirements of our population
- The principles for consolidated applications have been applied. The HWB will systematically consider any future consolidated application on its own merits

Overall conclusions

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

- No gaps or need identified

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

- No gaps or need identified

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

- We have identified that access and choice would be enhanced if more of the *existing network of pharmacies were to extend opening hours on weekday mornings and evenings and also at weekends*. This may be beneficial for those residents who work full time and who prefer to use a pharmacy outside of working hours
- The existing pharmacy network could do more to support those with hearing impairment and through the provision of “aide memoires” for those with cognitive impairment
- The HWB has not identified a need for an additional pharmacy to deliver these improvements

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

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

3.2.2 Premises and Other Considerations

Consultation Areas

- Consultation areas provide a place in which private discussions may be held. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services. They facilitate privacy when a pharmacy user wishes to seek advice on a sensitive matter** (box right)
- For advanced services, the consultation area characteristics are defined:
 - There must be a sign designating the private consultation area or room
 - The area or room must be:
 - Clean and not used for the storage of any stock
 - Laid out and organised so that any materials or equipment which are on display are healthcare related
 - Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected
- In recognition of the interdependency between the commissioning of a broad range of services from pharmacy, we explored the facilities available in our contractor questionnaire (refer to table on the right):
 - 90.1% contractors have one or more consultation areas; these are closed rooms in all but one case
 - 13.6% pharmacies have two consultation areas
 - One contractor intends to install a consultation area within the next 12 months; two contractors have no plans, although one of these stated that was because they provide home delivery and home-based services

Secure exchange of Information

- Access to NHS.net email is one of the gateway criteria for the Quality Payment Scheme. In our contractor questionnaire:
 - 51.2% pharmacies confirmed that they have an NHS.net email account; 73% of these use this routinely to exchange patient identifiable data
 - 41.9% pharmacies are planning to get NHS.net email in the next 12 months; and 1 pharmacy is planning on getting access at some point in the future; the information was not available for 2 pharmacies

Safeguarding

- The Quality Payment Scheme (QPS) includes safeguarding, as one of the patient safety criteria; The requirement is for 80% of registered pharmacy professionals, working at the pharmacy, to have achieved level 2 safeguarding status for children and vulnerable adults in the last two years
- Our contractor questionnaire confirms that 86% of pharmacies have achieved the QPS requirement; 95.3% have at least one trained professional; data is not available for two pharmacies

Consultation Areas & Facilities

Feature	Rationale	No. (n=44)*	%
On-site	Facilitates 'walk in' approach to service delivery	40	90.1%
Closed room	For confidentiality	39	88.6%
Space for a chaperone	Important for patients who wish to be accompanied during a consultation	33	75.0%
Wheelchair access	Improves access to a confidential area for those with a physical disability	35	79.5%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	9	20.4%
Computer	For contemporaneous patient records	33	75.0%
Internet access	Access to on-line resources	32	72.7%
Medication records	Access to patients' medication history during the consultation	27	61.4%
Telephone	Allows confidential calls to be made	19	43.2%
Sink with hot water	Required for services which include examination, taking samples and/or testing of body fluids	28	63.6%
Examination couch	Allows for a broader range of services to be provided	4	9.1%
CCTV	Affords protection and security	7	15.9%
Panic button	Affords protection and security	16	36.4%
Other Facilities on the Premises			
Patient toilet	Facilitates provision of samples	15	34.1%

* Results include the DAC; full details are not available for 2 pharmacies

** In our public survey 89% respondents said they were able to discuss something privately with a pharmacist

3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Overview

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

The Current Picture

- 41 (95.3%) Sutton pharmacies are accredited to provide the service; 1 further pharmacy is considering offering this service in the future
- The table (next page) demonstrates good access on weekdays (9:30am – 5pm) and Saturdays (9am – 12pm) in all localities. Access is more limited during extended hours, particularly on weekdays and Sundays
- **Map 8** shows there is access to MURs within a mile for almost all areas of Sutton; this is not the case for most of Carshalton South & Clockhouse as one pharmacy doesn't offer the service; and a small part of Cheam, where residents may have to travel further to access the service
- The graph (right) compares Sutton with London & England:
 - The average number of MURs per pharmacy was 268. This is below the London and England averages and falls short of the maximum number of 400 MURs per annum
 - All accredited pharmacies were active; however, the number of MURs undertaken varied from 16 – 415

Public Survey – Knowledge of Services (n=229)

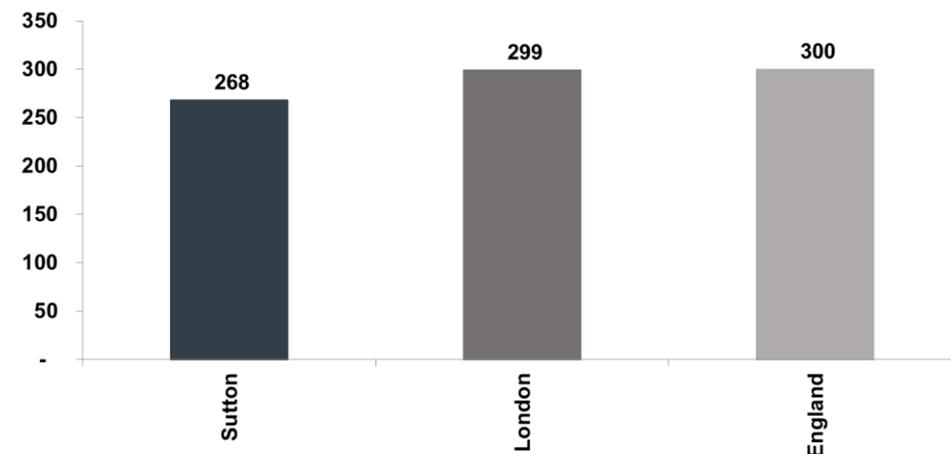
- 12.2% of respondents said they have used a pharmacy-based medicines review service (the question did not differentiate between MURs and the NMS)
- 45.9% were aware the service was offered whereas 24.5% were not

The Evidence Base

The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies¹⁵:

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

Average No. of MURs per Accredited Pharmacy



3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions (cont...)

Ward	Number of Pharmacies Offering MUR and PI Services									
	Weekdays				Saturdays					Sundays
	8am or earlier	9.30am – 5pm	7pm or later	Lunch Break	8am or earlier	9am – 12pm	5pm or later	7pm or later	Lunch Break	
Beddington North	0	2	1	0	0	2	2	1	0	1
Beddington South	0	2	0	0	0	2	0	0	0	0
Belmont	0	1	0	1	0	1	0	0	0	0
Carshalton Central	0	2	0	0	0	2	1	0	0	0
Carshalton South & Clockhouse	0	3	3	1	0	3	3	0	1	0
Cheam	0	3	0	0	0	3	2	0	0	0
Nonsuch	2	5	3	1	2	5	3	2	1	3
St Helier	0	2	1	1	0	2	2	0	1	0
Stonecot	1	2	2	0	1	2	1	1	0	1
Sutton Central	1	6	4	0	1	6	4	2	0	2
Sutton North	0	0	0	0	0	0	0	0	0	0
Sutton South	0	0	0	0	0	0	0	0	0	0
Sutton West	0	0	0	0	0	0	0	0	0	0
The Wrythe	0	4	1	1	0	4	2	1	1	1
Wallington North	0	1	0	0	0	1	0	0	0	0
Wallington South	0	4	2	0	0	4	3	0	0	1
Wandle Valley	0	3	1	1	0	3	2	0	0	0
Worcester Park	0	1	0	0	0	1	1	0	0	0
Total	4	41	18	6	4	41	26	7	4	9
Percentage	9.3%	95.3%	41.9%	14.0%	9.3%	95.3%	60.5%	16.3%	9.3%	20.9%

Notes

- There are no pharmacies in Sutton North, Sutton South or Sutton West wards.
- The table is based on PhS pharmacies only as the Sutton & Merton Out of Hours Co-operative does not offer the service
- One pharmacy closes early on Wednesday at 1pm; and four others vary opening hours on different days of the week. Refer to Appendix G for full details

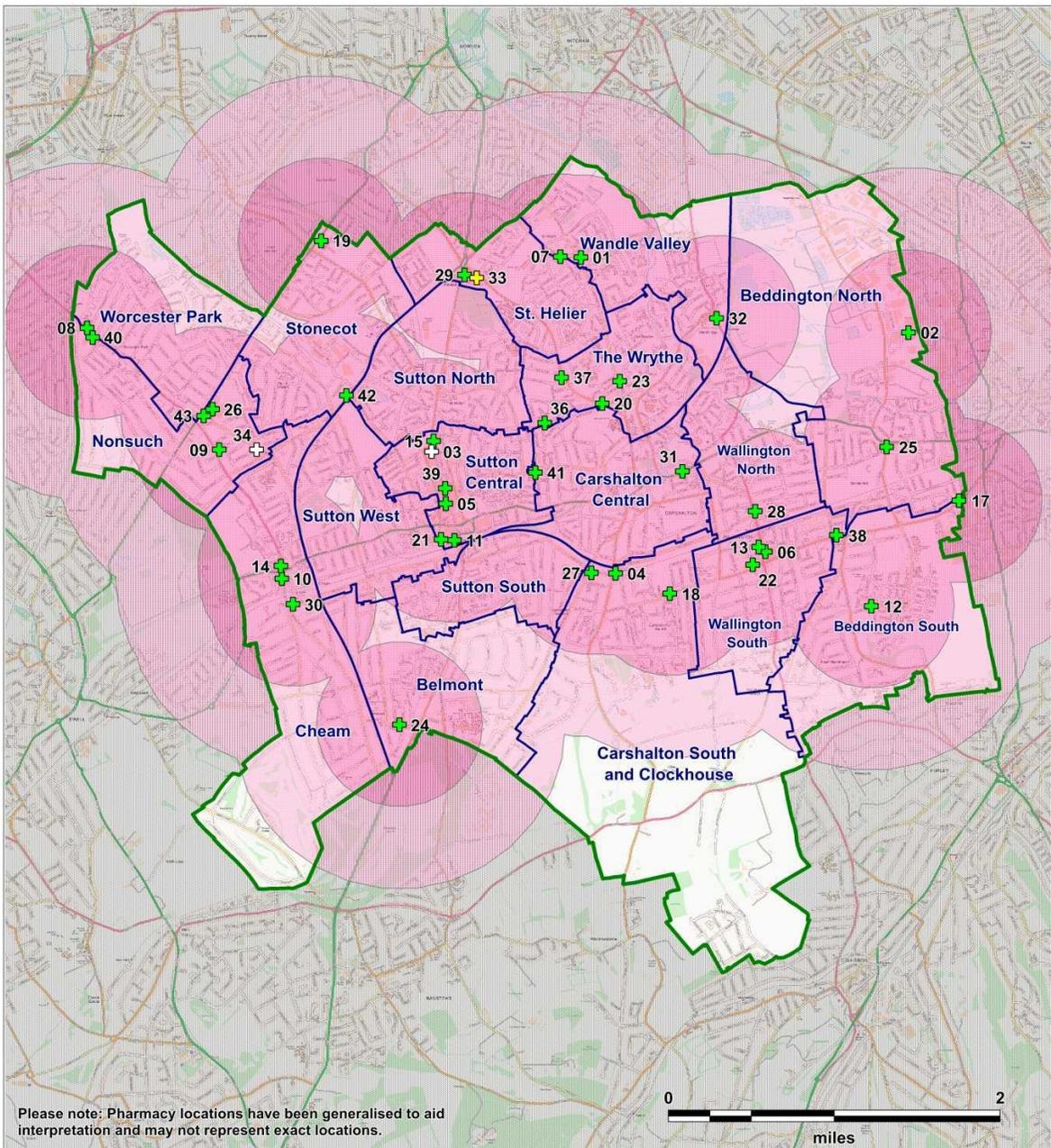
Pharmaceutical Needs Assessment Map 8 - Medicines Use Reviews & Prescription Intervention Service

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- + PhS and LPS contracts provided from these premises
- Sutton
- Ward Boundaries
- Distance Buffers**
- 0.5 mile
- 1 mile

Pharmacies – National PhS Contract

- | | |
|---|---|
| <ul style="list-style-type: none"> 01 Anna Pharmacy - SM5 1JF 02 Asda Pharmacy - CR0 4XS 03 Asda Pharmacy - SM1 1LD 04 Beeches Pharmacy - SM5 3LF 05 Boots - SM1 1JG 06 Boots - SM6 8RG 07 Boots - SM5 1HA 08 Boots - KT4 8HH 09 Boots - SM3 8EP 10 Boots - SM3 8SW 11 Coopers Pharmacy - SM1 1BB 12 Day Lewis Pharmacy - SM6 9DA 13 First Pharmacy - SM6 0LY 14 Frith Pharmacy - SM3 8BH 15 Gaiger Chemist - SM1 1PQ 17 Glory Chemist - CR0 4NH 18 H. E. Matthews Pharmacy - SM5 3JG 19 Imperial Pharmacy - SM3 9EY 20 Kamsons Pharmacy - SM5 2RE 21 Kamsons Pharmacy - SM1 1BT 22 Kamsons Pharmacy - SM6 0HY | <ul style="list-style-type: none"> 23 Kamsons Pharmacy - SM5 2DP 24 Kirkby's Chemist - SM2 6BX 25 Lafford Chemist - CR0 4QR 26 Lloydsparmacy - SM3 9AA 27 Lloydsparmacy - SM5 3NP 28 Manor Pharmacy - SM6 0DE 29 MPS Pharmacy - SM1 3HE 30 Mulgrave Road Pharmacy - SM2 7AY 31 Park Lane Pharmacy - SM5 3AX 32 R K Pharmacy - SM6 7HW 33 Rosehill Pharmacy - SM5 1AG 34 RPMG Pharmacy - SM3 8NE 36 S G Barai Pharmacy - SM1 3AT 37 Salmina Pharmacy - SM5 2RR 38 Stafford Pharmacy - SM6 9BS 39 Superdrug Pharmacy - SM1 1NS 40 Superdrug Pharmacy - KT4 8DY 41 Sutton Pharmacy - SM1 4HY 42 Tesco Instore Pharmacy - SM1 2NB 43 Victoria Chemist - SM3 8HW |
|---|---|



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



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3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions (cont...)

Meeting the needs of those with a protected characteristic

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

Further Provision / Opportunities for Improvements

- We wish to see **all** pharmacies within the existing network offering the service; and accredited pharmacies targeting a greater number of patients for an MUR review
- We wish to see more pharmacies offering the service during extended hours and/or at weekends, where there is a demand for service provision
- We support the recommendation for the transformation of this service⁶
- Domiciliary MURs may improve access for people who are less able to visit pharmacies
- Adopting an integrated approach to service delivery, whereby all pharmacies and prescribers in primary and secondary care work closely together may increase the number of people referred into the service and secure improvements in outcomes for patients

The Future

- We anticipate an increase in the number of people requiring MURs as a result of population growth and more people being cared for closer to home
- Our analysis demonstrates there is capacity in the system; this increased need may be met within our existing network of pharmacies

Conclusions

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:
 - People with long term conditions with multiple medicines benefit from regular reviews
 - It is estimated that up to 20% of all hospital admissions are medicines related¹⁶ and arise as a result of treatment failure or an unintended consequence (e.g. a side effect or taking the wrong dose)
- We have determined that MURs are **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to demonstrate the benefits of MURs
 - There is good alignment with local strategic priorities, particularly with respect to improving outcomes for people with LTCs, reducing unnecessary admission to hospital and reducing pharmaceutical waste
 - The MUR service may only be provided by community pharmacies
- 95.3% of Sutton pharmacies offer MURs; one additional pharmacy is willing to offer the service in the future
- Access is good on weekdays (9:30am–5pm) & Saturdays (9am–12pm)
- We have identified the following current gaps:
 - One pharmacy which doesn't offer MURs doesn't have a consultation area so does not meet accreditation criteria for the service
 - The average number of MURs is significantly below the maximum permitted; there is significant variation in the number of MURs undertaken by pharmacies. This implies there is an opportunity to do more to improve patient outcomes
 - Access on weekdays during extended hours and on Sundays is more limited. This may present a constraint for residents with an LTC, who work full time and who may prefer to visit a pharmacy outside of weekday working hours
- These gaps are relevant because patients cannot access MURs from an alternative pharmacy because of the 3 month rule (although they could be offered a prescription intervention instead)
- Opportunities for improvements, to address these gaps, are set out under "further provision". An additional pharmacy is not required

3.2.3 Advanced Services

3.2.3.2 New Medicine Service

Overview

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

The Current Picture

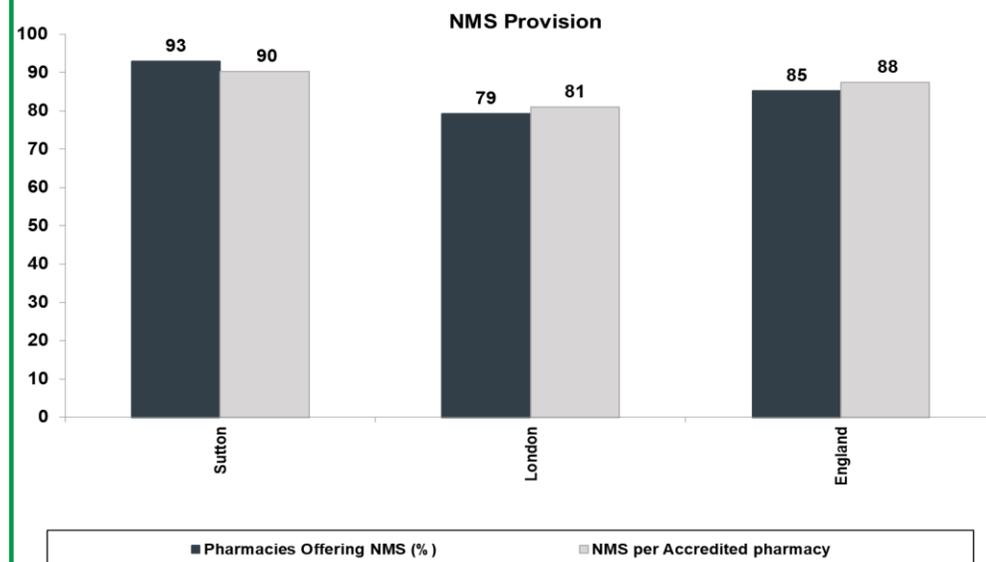
- 40 (93%) pharmacies are accredited to provide the NMS; 1 further pharmacy is considering offering the service in the future
- The table (next page) demonstrates good access on weekdays (9:30am – 5pm) and Saturdays (9am – 12pm) in all localities. Access is more limited during extended hours on weekdays & Saturdays; and on Sundays
- Map 9** shows there is access within a mile for almost all areas of Sutton; however, this is not the case for most of Carshalton South & Clockhouse as one pharmacy doesn't offer the service; and a small part of Cheam, where residents may have to travel further to access the service
- The graph (right) compares Sutton with London and England:
 - The proportion of Sutton pharmacies accredited to offer the service and the number of reviews undertaken is higher than the London and England averages
 - Only 33 pharmacies are active; the average number of reviews undertaken per active pharmacy is 109
 - There is significant variation between pharmacies; with the number of reviews undertaken ranging from 2 - 855

Public Survey – Knowledge of Services (n=229)

- 12.2% of respondents said they have used a pharmacy-based medicines review service (the question did not differentiate between MURs and the NMS)
- 45.9% were aware the service was offered whereas 24.5% were not

The Evidence Base

- A randomised control trial demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and is cost-effective¹⁷:
 - The NMS increased adherence by around 10% and increased identification in the numbers of medicine related problems and solutions
 - Economic modelling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less
 - Pharmacy ownership however, was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent
- A study evaluating a telephone based pharmacy advisory service, showed pharmacists met patients' needs for information and advice on medicines, when starting treatment¹⁸



3.2.3 Advanced Services

3.2.3.2 New Medicine Service (Cont...)

Ward	Number of Pharmacies Offering the New Medicine Service									
	Weekdays				Saturdays					Sundays
	8am or earlier	9.30am – 5pm	7pm or later	Lunch Break	8am or earlier	9am – 12pm	5pm or later	7pm or later	Lunch Break	
Beddington North	0	2	1	0	0	2	2	1	0	1
Beddington South	0	2	0	0	0	2	0	0	0	0
Belmont	0	1	0	1	0	1	0	0	0	0
Carshalton Central	0	2	0	0	0	2	1	0	0	0
Carshalton South & Clockhouse	0	3	3	1	0	3	3	0	1	0
Cheam	0	3	0	0	0	3	2	0	0	0
Nonsuch	1	4	2	1	1	4	2	1	1	2
St Helier	0	2	1	1	0	2	2	0	1	0
Stonecot	1	2	2	0	1	2	1	1	0	1
Sutton Central	1	6	4	0	1	6	4	2	0	2
Sutton North	0	0	0	0	0	0	0	0	0	0
Sutton South	0	0	0	0	0	0	0	0	0	0
Sutton West	0	0	0	0	0	0	0	0	0	0
The Wrythe	0	4	1	1	0	4	2	1	1	1
Wallington North	0	1	0	0	0	1	0	0	0	0
Wallington South	0	4	2	0	0	4	3	0	0	1
Wandle Valley	0	3	1	1	0	3	2	0	0	0
Worcester Park	0	1	0	0	0	1	1	0	0	0
Total	3	40	17	6	3	40	25	6	4	8
Percentage	7.0%	93.0%	39.5%	14.0%	7.0%	93.0%	58.1%	14.0%	9.3%	18.6%

Notes

- There are no pharmacies in Sutton North, Sutton South or Sutton West wards.
- The table is based on PhS pharmacies only as the Sutton & Merton Out of Hours Co-operative does not offer the service
- One pharmacy closes early on Wednesday at 1pm; and four others vary opening hours on different days of the week. Refer to Appendix G for full details

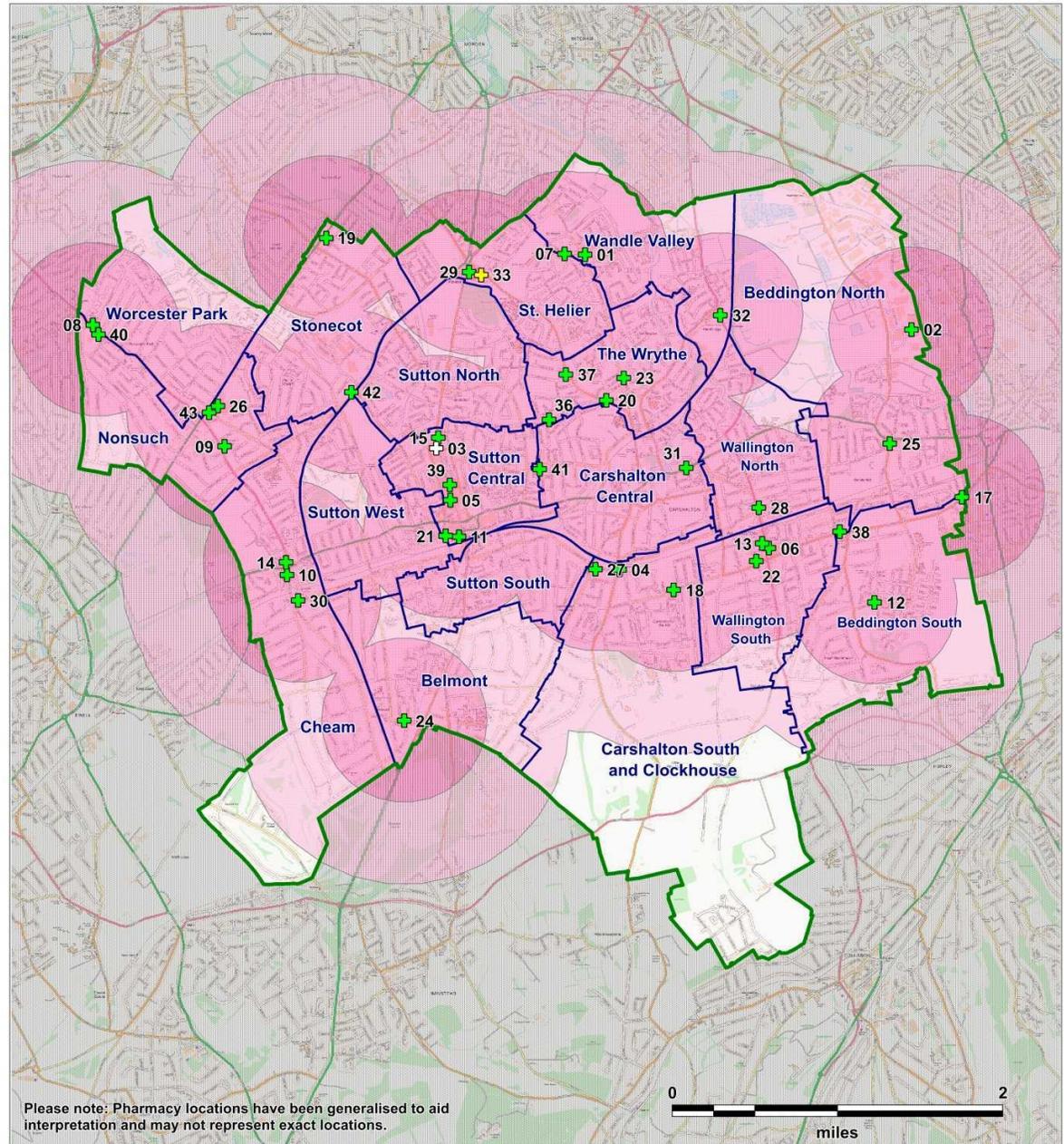
Pharmaceutical Needs Assessment Map 9 - New Medicine Service

Legend

- + Pharmacies
- 100 Hour Pharmacies
- + PhS and LPS contracts provided from these premises
- Sutton
- Ward Boundaries
- Distance Buffers**
- 0.5 mile
- 1 mile

Pharmacies – National PhS Contract

- | | |
|--|--|
| <ul style="list-style-type: none"> 01 Anna Pharmacy - SM5 1JF 02 Asda Pharmacy - CR0 4XS 03 Asda Pharmacy - SM1 1LD 04 Beeches Pharmacy - SM5 3LF 05 Boots - SM1 1JG 06 Boots - SM6 8RG 07 Boots - SM5 1HA 08 Boots - KT4 8HH 09 Boots - SM3 8EP 10 Boots - SM3 8SW 11 Coopers Pharmacy - SM1 1BB 12 Day Lewis Pharmacy - SM6 9DA 13 First Barai Pharmacy - SM6 0LY 14 Frith Pharmacy - SM3 8BH 15 Gaiger Chemist - SM1 1PQ 17 Glory Chemist - CR0 4NH 18 H. E. Matthews Pharmacy - SM5 3JG 19 Imperial Pharmacy - SM3 9EY 20 Kamsons Pharmacy - SM5 2RE 21 Kamsons Pharmacy - SM1 1BT | <ul style="list-style-type: none"> 22 Kamsons Pharmacy - SM6 0HY 23 Kamsons Pharmacy - SM5 2DP 24 Kirkby's Chemist - SM2 6BX 25 Lafford Chemist - CR0 4QR 26 Lloydspharmacy - SM3 9AA 27 Lloydspharmacy - SM5 3NP 28 Manor Pharmacy - SM6 0DE 29 MPS Pharmacy - SM1 3HE 30 Mulgrave Road Pharmacy - SM2 7AY 31 Park Lane Pharmacy - SM5 3AX 32 R K Pharmacy - SM6 7HW 33 Rosehill Pharmacy - SM5 1AG 36 S G Barai Pharmacy - SM1 3AT 37 Salmina Pharmacy - SM5 2RR 38 Stafford Pharmacy - SM6 9BS 39 Superdrug Pharmacy - SM1 1NS 40 Superdrug Pharmacy - KT4 8DY 41 Sutton Pharmacy - SM1 4HY 42 Tesco Instore Pharmacy - SM1 2NB 43 Victoria Chemist - SM3 8HW |
|--|--|



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



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3.2.3 Advanced Services

3.2.3.2 New Medicine Service (Cont...)

Meeting the needs of those with a protected characteristic

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

Further Provision / Opportunities for Improvements (now and future)

- We wish to see all Sutton pharmacies offering and proactively delivering the service; pharmacies not offering the service should be encouraged to signpost to an alternative pharmacy
- We wish to see more pharmacies offering the NMS during extended hours and/or at weekends, where there is a demand for service provision
- Adopting an integrated approach to service delivery, whereby all pharmacies and prescribers in primary and secondary care work closely together may increase the number of people referred into the service and secure improvements in outcomes for patients

The Future

- We anticipate an increase in the number of people requiring the NMS as a result of population growth and more people being cared for closer to home
- Our analysis demonstrate there is capacity in the system; this increased need may be met within our existing network of pharmacies

Conclusions

- The NMS has been shown to improve adherence with a newly prescribed medicine; helps to manage medication related risks; and improves outcomes through tackling the following problems¹¹:
 - Only 16% people take a new medicine as prescribed
 - 10 days after starting a new medicine, almost one third of patients are non-adherent
 - Up to 20% of hospital admissions are medicines-related and arise as a result of failure or an unintended consequence of the prescribed medicine
- We have determined that the NMS is **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to demonstrate the benefits of the NMS
 - There is good alignment with local strategic priorities, particularly with respect to improving outcomes for people with LTCs, reducing unnecessary admission to hospital and reducing pharmaceutical waste
 - The service may only be provided by community pharmacies
- 40 (93%) of pharmacies offer the service
- Access to the NMS is good on weekdays (9:30am–5pm) and Saturdays (9am–12pm)
- We have identified the following current gaps:
 - 3 pharmacies do not offer the NMS; however, 1 of these has indicated they are prepared to offer this service in the future
 - Only 33 pharmacies are active; and there is variation between pharmacies with the respect to the number of reviews undertaken; This implies there is an opportunity to do more to improve service delivery and patient outcomes
 - Access on weekdays & Saturdays during extended hours and on Sundays is more limited. This may present a constraint for residents with a long term condition, who work full time and who may prefer to visit a pharmacy outside of weekday working hours. Residents have the option of using an alternative pharmacy if their own pharmacy is closed
- Opportunities for improvements, to address these gaps, are set out under “further provision”. An additional pharmacy is not required

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service

Overview

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

The Current Picture

- The DAC (Wallington North) and 1 pharmacy (Carshalton South and Clockhouse) offer the Stoma Appliance Customisation Service (SACS) and were active (based on NHSBSA data for 2016/17)
- 23 pharmacies told us they would be prepared to offer the service in the future; lack of service demand and/or knowledge were provided as reasons for the service not being offered
- The table (middle, right) summarises service availability; this is very limited given that only 2 contractors offer the service
- Benchmarking (table, bottom right) has been undertaken to set the provision of SACS into context:
 - The proportion of pharmacies offering SACS in Sutton is similar to the London average but significantly below the England average
 - There is variation with respect to the average number of customisations undertaken for England, London and Sutton (noting the average for Sutton is misleading)
 - NHS Digital data for England shows that areas with DACs tend to have higher levels of activity compared to those with pharmacies alone
- Our analysis of prescribing data (page 62) implies that out of area pharmacies and DACs may play a significant role in the provision of SACS
- With respect to non-pharmacy providers, stoma customisation is a specialist service and many residents will be supported by the hospital or clinic responsible for their ongoing care

The Evidence Base

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

Ward	Availability of SACS		
	Weekdays	Saturdays	Sundays
Carshalton South & Clockhouse	9am – 7pm	9am – 17:30pm	-
Wallington North	9am – 5pm	-	-

Comparator Area	SACS Service Benchmarking		
	% Pharmacies / DACs offering SACS	No. of customisations	Average No. per Pharmacy / DAC
England	15.3%	1,319,993	730
London	4.5%	52,924	630
Sutton	4.6%	7,763	3,881*

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

* The average is misleading as all but 5 SACS were undertaken by one provider

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (Cont...)

SACS Provision in Relation to Dispensing

- In order to effectively review out of area provision of SACS, it is necessary to review the dispensing of stoma appliances
- The total number of stoma appliances dispensed against prescriptions issued by Sutton GPs, was 13,260 (2016/17)
- The table (right) summarises how this breaks down between Sutton and out of area pharmacies and DACs:
 - 37.2% of items were dispensed within Sutton
 - The pharmacies & DAC dispensed anywhere between 2 and 384 items; 3 pharmacies dispensed no prescriptions
 - 62.8% of items were dispensed outside of the area
- Taking the above into account, it follows that a high proportion of residents will access the SACS outside of the area

Meeting the needs of those with a protected characteristic

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

Stoma Appliance Dispensing

		Items	% Total
Sutton	All Pharmacies & DAC	4,935	37.2%
Out of Area Pharmacies & DACs	>100 items	7,622	57.5%
	<100 items	703	5.3%
	Out of Area Total	8,325	62.8%

Conclusions

- This services aims to ensure the proper and comfortable fitting of the appliance; and to improve the duration of usage, thereby reducing waste
- We have identified that 1 pharmacy and the DAC offer the service, based on 2016/17 activity data. This level of provision is around the London average but below the England average
- Availability is limited and there is no access to the service, within Sutton, on a Sunday
- We have determined that the SACS is not necessary to meet the need for pharmaceutical services but is a **relevant service** which brings improvements:
 - Our analysis shows that almost two thirds of prescriptions are dispensed by out of area pharmacies; it follows that out of area pharmacies are likely to undertake more SACS than Sutton contractors
 - Residents may choose to access stoma appliance customisation from a range of providers including: pharmacies or DACs within or outside the area; or from the hospital or clinic providing their ongoing care. This means that the pharmacy-based services offer improvements in relation to choice and accessibility
 - SACS provide theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved outcomes or value for money
- We are not aware of any dissatisfaction, through complaints or other means. This suggests that current service arrangements are adequate
- We have not identified any current or future gaps

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews

Overview

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

The Current Picture

- 2 (4.5% contractors) pharmacies advised us, in the contractor questionnaire, that they offer AURs
- 26 pharmacies told us they would be prepared to offer the service in the future; lack of service demand and/or knowledge were provided as reasons for the service not being offered
- The table (middle, right) summarises service availability; this is very limited given that only 2 pharmacies offer the service
- Benchmarking (table on the right) has been undertaken to set the provision of the AUR service into context:
 - The proportion of pharmacies offering AURs in Sutton is above the London and England averages
 - No AURs were carried out within Sutton in 2016/17
 - NHS Digital data for England shows that areas with DACs tend to have higher levels of activity compared to those with pharmacies alone; however, this is not the case in Sutton
- Our analysis of prescribing data (page 64) implies that out of area pharmacies & DACs may play a significant role in the provision of AURs
- With respect to non-pharmacy providers, advice on the use of appliances may be offered by the hospital or clinic responsible for ongoing care

Specified Appliances

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

The Evidence Base

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

Ward	Availability of AURs		
	Weekdays	Saturdays	Sundays
Beddington South	9am – 6:30pm	9am – 1pm	-
Sutton Central	8:30am – 6pm	9am – 5:30pm	-

Comparator Area	AURs Service Benchmarking				
	% offering AURs	Total No.		Average No. per Pharmacy / DAC	
		Home	Premises	Home	Premises
England	1.5%	33,617	9,836	391	106
London	0.6%	874	868	175	145
Sutton	4.5%	0	0	0	0

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

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (Cont...)

AUR Provision in Relation to Dispensing

- We have used dispensing of appliances as a means of exploring provision of AURs
- The total number of appliances (includes stoma appliances), dispensed against prescriptions issued by Sutton GPs was 44,347
- The table (right) summarises how this breaks down between Sutton and out of area pharmacies and DACs:
 - 67.3% of items were dispensed within Sutton
 - 32.7% of items were dispensed outside of the area
 - The maximum number of AURs which could be provided to people using appliances was 1,267 (based on 1/35 specified appliances):
 - 853 within Sutton
 - 427 outside of the area

Meeting the Needs of those with a protected characteristic

Age	✓	Older people are more likely to use appliances and are more likely to require access to AURs
Disability	✓	Disabled people are more likely to use appliances and are more likely to require access to AURs. Benchmarking shows a high proportion of AURs are undertaken in patients' homes; this improves accessibility for those who are less able to get a pharmacy or DAC (this is not the case in Sutton)
Gender	✓	Appliance advice may be specific to gender
Race	✓	Language may be a barrier to delivering successful AURs
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Appliance Dispensing

		Items	% Total
Sutton	All Pharmacies & DAC	29,853	67.3%
Out of Area Pharmacies & DACs	>100 items	11,868	26.8%
	<100 items	2,626	5.9%
	Out of Area Total	14,494	32.7%

Conclusions

- The aim of AURs is to improve knowledge and use of 'specified appliances' with a view to improving outcomes and reducing waste
- In Sutton, 2 pharmacies offer the AUR service; this level of provision is significantly above the England and London averages
- Availability is limited and there is no access to the service, within Sutton, on a Sunday
- Neither pharmacy was active in 2016/17 (data not available for 2017/18)
- We have concluded that the AURs service is not necessary to meet the need for pharmaceutical services but is a **relevant service** which brings improvements:
 - Our analysis shows that almost one third of prescriptions are dispensed by out of area pharmacies; it follows that a proportion of AURs will be undertaken outside of the area
 - Residents may choose to access AURs from a range of providers including: pharmacies or DACs within or outside the area; or from the hospital or clinic providing their ongoing care. This means that the pharmacy-based services offer improvements in relation to choice and accessibility
 - AURs provide theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved outcomes or value for money
- We are not aware of any dissatisfaction, through complaints or other means
- No demand or lack of awareness of the service may account for the lack of activity within Sutton
- We have concluded there are no current or future gaps

3.2.3 Advanced Services

3.2.3.5 Flu Vaccination

Overview

- The service is targeted at patients who are aged 65+ or those aged 18+ who fall into an “at risk” category
- The aim of the service is to:
 - Sustain and maximise uptake of flu vaccination in “at risk” groups by building capacity in community pharmacy as an alternative to general practice
 - Provide more opportunities and improve convenience for eligible patients to access flu vaccinations
 - Reduce variation and provide consistent levels of population coverage flu vaccination across England
- All participating pharmacies are required to meet the professional and premises requirements set out in the service specification; pharmacists must be authorised by name to work under the patient group direction
- The service was first commissioned in 2015; NHSE has confirmed it will continue in 2017/18

Public Survey – Knowledge of Services (n=239)

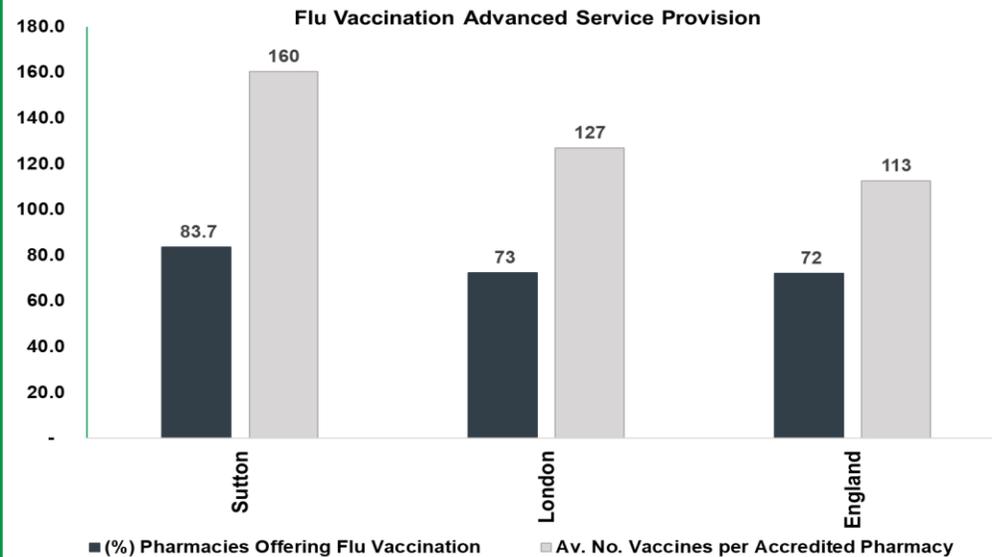
- 12.1% of respondents said they have used a pharmacy-based flu vaccination service
- 54% were aware the service was offered whereas 18.8% were not

The Evidence Base

- In a pilot, pharmacies used ‘PharmOutcomes’ to record vaccinations¹⁹:
 - 4,192 people were vaccinated (approximately 15% of the total vaccinated)
 - 35% were under 65 & in ‘at risk’ groups (versus 17% by other providers)
 - 19% patients stated vaccination was unlikely without pharmacy access
 - 97% rated the service as ‘excellent’
 - 13% of patients cited issues in obtaining the vaccine from other providers
- A literature review²⁰ of pharmacy immunisation services demonstrates:
 - Immunisation can be safely delivered through community pharmacy
 - Patient medication records are effective at identifying ‘at risk’ clients to be invited for immunisation and this can increase uptake of vaccine
 - High user satisfaction with pharmacy based services
 - Support for non-physician immunisation is greater for adults than children
- A systematic review²¹ found nurses or pharmacists offering vaccinations & related education increased the likelihood of vaccine uptake. In 2015, pharmacists immunised 500,000+ with no reports of harm

The Current Picture

- 36 (83.7%) of pharmacies offer the flu vaccination advanced service
- 5 pharmacies told us, in our contractor questionnaire, that they are prepared to offer the service in the future
- The table (next page) demonstrates good access and a choice of pharmacy provider across the borough on weekdays (9:30am – 5pm) and on Saturdays (9am – 12pm). Access and choice are more limited during extended hours on weekdays and Saturdays; and on Sundays
- Map 10** shows there is access within a mile for almost all areas of Sutton; the exceptions are Carshalton South & Clockhouse and a small area of Cheam
- The graph (right) compares Sutton with London and England. It demonstrates that the proportion of pharmacies accredited to offer the service, and the average number of vaccines administered is above the London and England averages
- 34 pharmacies are active; the number of vaccinations administered ranged from 9 - 542
- Non-pharmacy providers** include GPs and community nurses



3.2.3 Advanced Services

3.2.3.5 Flu Vaccination (cont...)

Ward	Number of Pharmacies Offering the Flu Vaccination Advanced Service									
	Weekdays				Saturdays					Sundays
	8am or earlier	9.30am – 5pm	7pm or later	Lunch Break	8am or earlier	9am – 12pm	5pm or later	7pm or later	Lunch Break	
Beddington North	0	2	1	0	0	2	2	1	0	1
Beddington South	0	2	0	0	0	2	0	0	0	0
Belmont	0	1	0	1	0	1	0	0	0	0
Carshalton Central	0	2	0	0	0	2	1	0	0	0
Carshalton South & Clockhouse	0	2	2	0	0	2	2	0	0	0
Cheam	0	3	0	0	0	3	2	0	0	0
Nonsuch	1	3	1	1	1	3	2	1	1	2
St Helier	0	1	0	1	0	1	1	0	1	0
Stonecot	1	2	2	0	1	2	1	1	0	1
Sutton Central	1	6	4	0	1	6	4	2	0	2
Sutton North	0	0	0	0	0	0	0	0	0	0
Sutton South	0	0	0	0	0	0	0	0	0	0
Sutton West	0	0	0	0	0	0	0	0	0	0
The Wrythe	0	4	1	1	0	4	2	1	1	1
Wallington North	0	1	0	0	0	1	0	0	0	0
Wallington South	0	4	2	0	0	4	3	0	0	1
Wandle Valley	0	2	1	0	0	2	2	0	0	0
Worcester Park	0	1	0	0	0	1	1	0	0	0
Total	3	36	14	4	3	36	23	6	3	8
Percentage	7.0%	83.7%	32.6%	9.3%	7.0%	83.7%	53.5%	14.0%	7.0%	18.6%

Notes

- There are no pharmacies in Sutton North, Sutton South or Sutton West wards.
- The table is based on PhS pharmacies only as the Sutton & Merton Out of Hours Co-operative does not offer the service
- One pharmacy closes early on Wednesday at 1pm; and four others vary opening hours on different days of the week. Refer to Appendix G for full details

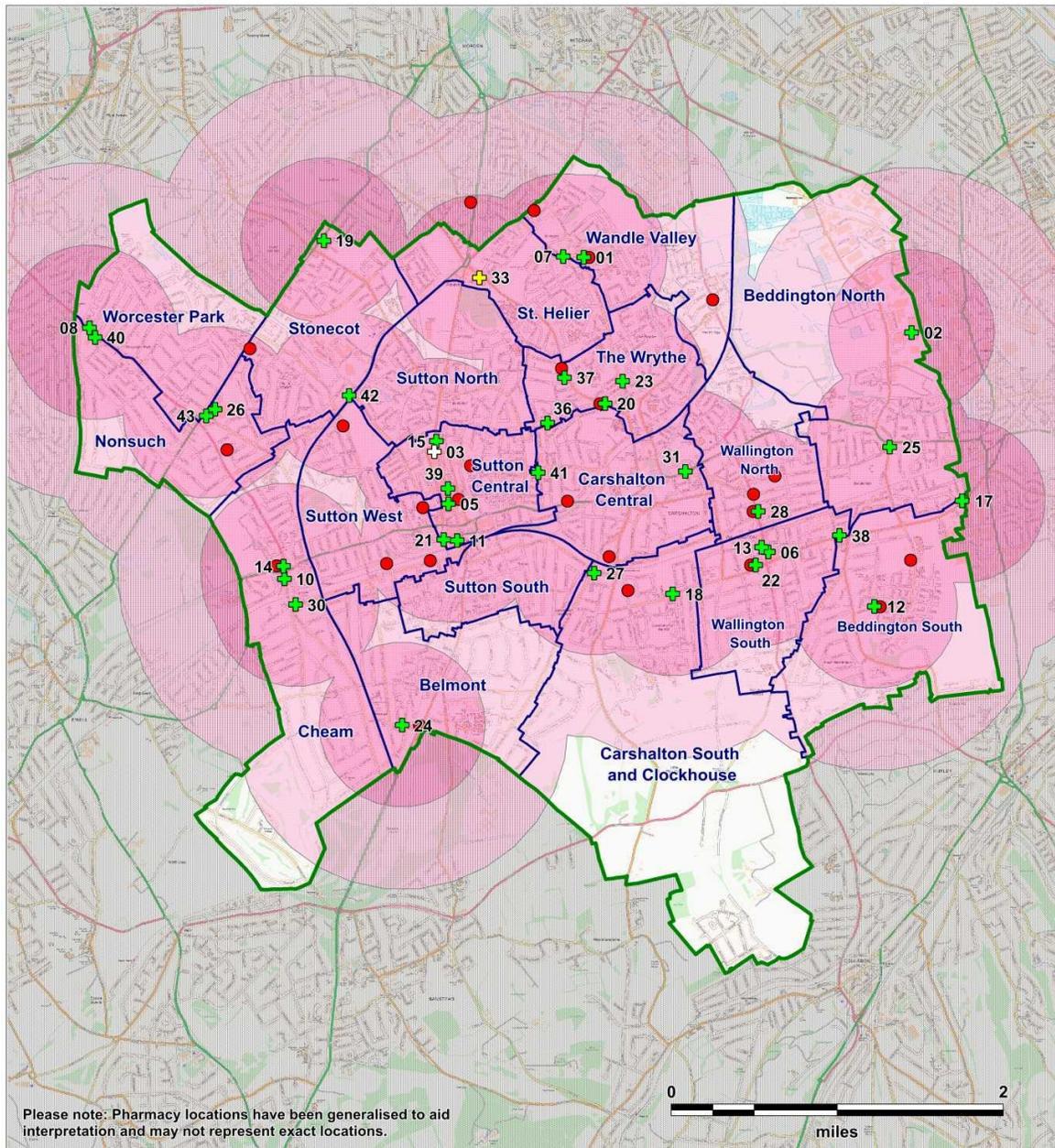
Pharmaceutical Needs Assessment Map 10 - Flu Vaccination Advanced Service

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - + PhS and LPS contracts provided from these premises
 - GPs
 - Sutton
 - Ward Boundaries
- Distance Buffers**
- 0.5 mile
 - 1 mile

Pharmacies – National PhS Contract

- | | |
|---|--|
| <ul style="list-style-type: none"> 01 Anna Pharmacy - SM5 1JF 02 Asda Pharmacy - CR0 4XS 03 Asda Pharmacy - SM1 1LD 05 Boots - SM1 1JG 06 Boots - SM6 8RG 07 Boots - SM5 1HA 08 Boots - KT4 8HH 10 Boots - SM3 8SW 11 Coopers Pharmacy - SM1 1BB 12 Day Lewis Pharmacy - SM6 9DA 13 First Pharmacy - SM6 0LY 14 Frith Pharmacy - SM3 8BH 15 Gaiger Chemist - SM1 1PQ 17 Glory Chemist - CR0 4NH 18 H. E. Matthews Pharmacy - SM5 3JG 19 Imperial Pharmacy - SM3 9EY 20 Kamsons Pharmacy - SM5 2RE 21 Kamsons Pharmacy - SM1 1BT | <ul style="list-style-type: none"> 22 Kamsons Pharmacy - SM6 0HY 23 Kamsons Pharmacy - SM5 2DP 24 Kirkby's Chemist - SM2 6BX 25 Lafford Chemist - CR0 4QR 26 Lloydspharmacy - SM3 9AA 27 Lloydspharmacy - SM5 3NP 28 Manor Pharmacy - SM6 0DE 30 Mulgrave Road Pharmacy - SM2 7AY 31 Park Lane Pharmacy - SM5 3AX 33 Rosehill Pharmacy - SM5 1AG 36 S G Barai Pharmacy - SM1 3AT 37 Salmina Pharmacy - SM5 2RR 38 Stafford Pharmacy - SM6 9BS 39 Superdrug Pharmacy - SM1 1NS 40 Superdrug Pharmacy - KT4 8DY 41 Sutton Pharmacy - SM1 4HY 42 Tesco Instore Pharmacy - SM1 2NB 43 Victoria Chemist - SM3 8HW |
|---|--|



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



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3.2.3 Advanced Services

3.2.3.5 Flu Vaccination (cont...)

Meeting the needs of those with a protected characteristic

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

Further Provision / Opportunities for Improvements

- Uptake of seasonal influenza vaccination is below the DH targets and the England averages for those aged 65+; and below the England and London average for other “at risk” groups. We wish to see:
 - All Sutton pharmacies accredited to offer this service; and those which are not accredited signposting to pharmacies which do offer the service
 - Pharmacies adopting a proactive approach to targeting “at risk” patients for vaccination
- We would like to see more pharmacies offering the service during extended hours and/or at weekends, where there is a demand for service provision e.g. in those wards where there is a high proportion of people who work full time and who may wish to access services outside of working hours

The Future

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

Conclusions

- The Flu Vaccination Advanced Service aims to improve the uptake of immunisation in adult patients (aged 18+) who fall into an “at risk” category either as a result of their age or a clinical condition; and to establish community pharmacy as an alternative provider to general practice
- We have concluded that this service is **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to support the role of community pharmacy in delivering immunisation services and educational interventions to increase vaccine uptake
 - The service will facilitate Sutton to achieve DH vaccination targets and improve uptake of seasonal influenza vaccine in all “at risk” groups; it also fits with the local “live well for longer” focus and with providing proactive and personalised care for those with long term conditions
 - Whilst community pharmacy is one of a range of providers offering the vaccinations, there are potentially benefits in terms of access and choice, particularly for those pharmacies which are open during extended hours on weekdays and at weekends
- 36 pharmacies offer the service; and 34 of these are active
- We have identified the following current gaps:
 - 7 pharmacies do not offer the service; however, 5 of these have indicated they would be prepared to offer this service in the future
 - Access on weekdays & Saturdays during extended hours and on Sundays is more limited. This may present a constraint for residents with a long term condition, who work full time and who may prefer to visit a pharmacy outside of weekday working hours
 - 2 pharmacies are inactive; and there is significant variation across the borough with respect to vaccination administration which ranged from 9 – 542 (NHSBSA data 2016/17); this variation may be a reflection of patient choice and/or local demand
- Opportunities for improvements, to address these gaps, are set out under “further provision”. An additional pharmacy is not required

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Overview

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

The Current Picture

- 32 (74.4%) pharmacies are commissioned to provide the service
- 7 pharmacies told us, in our contractor questionnaire, that they would be willing to provide this service in the future; training and space were identified as potential constraints to service delivery
- 23 pharmacies are active; NHSE data shows inter-pharmacy variation:
 - Flu vaccination in those aged <18: 1 – 57
 - PPV vaccination: 2 – 12 (a vaccine shortage impeded vaccination rates)
- The table (next page) summarises the availability of services:
 - There is reasonable access and a choice of pharmacy on weekdays (9:30am - 5pm); and on Saturdays (9am – 12pm)
 - Access and choice are more limited during extended hours on weekdays and Saturdays; and on Sundays
 - **Map 11** provides an overview of the distribution of pharmacies. It shows there is access within a mile for almost all areas of Sutton; the exceptions are Carshalton South & Clockhouse and a small area of Cheam
- **Non Pharmacy providers:** include GP surgeries and community nurses

Provider Criteria

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

The Evidence Base

- In a pilot, pharmacies used ‘PharmOutcomes’ to record vaccinations¹⁹:
 - 4,192 people were vaccinated (approximately 15% of the total vaccinated)
 - 35% were under 65 & in ‘at risk’ groups (versus 17% by other providers)
 - 19% patients stated vaccination was unlikely without pharmacy access
 - 97% rated the service as ‘excellent’
 - 13% of patients cited issues in obtaining the vaccine from other providers
- A literature review²⁰ of pharmacy immunisation services demonstrates:
 - Immunisation can be safely delivered through community pharmacy
 - Patient medication records are effective at identifying ‘at risk’ clients to be invited for immunisation and this can increase uptake of vaccine
 - High user satisfaction with pharmacy based services
 - Support for non-physician immunisation is greater for adults than children
- A systematic review²¹ found that nurses or pharmacists offering vaccinations & related education increased the likelihood of vaccine uptake. In 2015, 500,000+ patients were immunised by pharmacists

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service (cont...)

Ward	Number of Pharmacies Offering the London Pharmacy Vaccination Service									
	Weekdays				Saturdays					Sundays
	8am or earlier	9.30am – 5pm	7pm or later	Lunch Break	8am or earlier	9am – 12pm	5pm or later	7pm or later	Lunch Break	
Beddington North	0	2	1	0	0	2	2	1	0	1
Beddington South	0	2	0	0	0	2	0	0	0	0
Belmont	0	1	0	1	0	1	0	0	0	0
Carshalton Central	0	2	0	0	0	2	1	0	0	0
Carshalton South & Clockhouse	0	1	1	0	0	1	1	0	0	0
Cheam	0	3	0	0	0	3	2	0	0	0
Nonsuch	1	3	1	1	1	3	2	1	1	2
St Helier	0	0	0	0	0	0	0	0	0	0
Stonecot	1	2	2	0	1	2	1	1	0	1
Sutton Central	1	5	3	0	1	5	4	2	0	2
Sutton North	0	0	0	0	0	0	0	0	0	0
Sutton South	0	0	0	0	0	0	0	0	0	0
Sutton West	0	0	0	0	0	0	0	0	0	0
The Wrythe	0	3	1	1	0	3	2	1	1	1
Wallington North	0	1	0	0	0	1	0	0	0	0
Wallington South	0	4	2	0	0	4	3	0	0	1
Wandle Valley	0	2	1	0	0	2	2	0	0	0
Worcester Park	0	1	0	0	0	1	1	0	0	0
Total	3	32	12	3	3	32	21	6	2	8
Percentage	7.0%	74.4%	27.9%	7.0%	7.0%	74.4%	48.8%	14.0%	4.7%	18.6%

Notes

- There are no pharmacies in Sutton North, Sutton South or Sutton West wards.
- The table is based on PhS pharmacies only as the Sutton & Merton Out of Hours Co-operative does not offer the service
- One pharmacy closes early on Wednesday at 1pm; and four others vary opening hours on different days of the week. Refer to Appendix G for full details

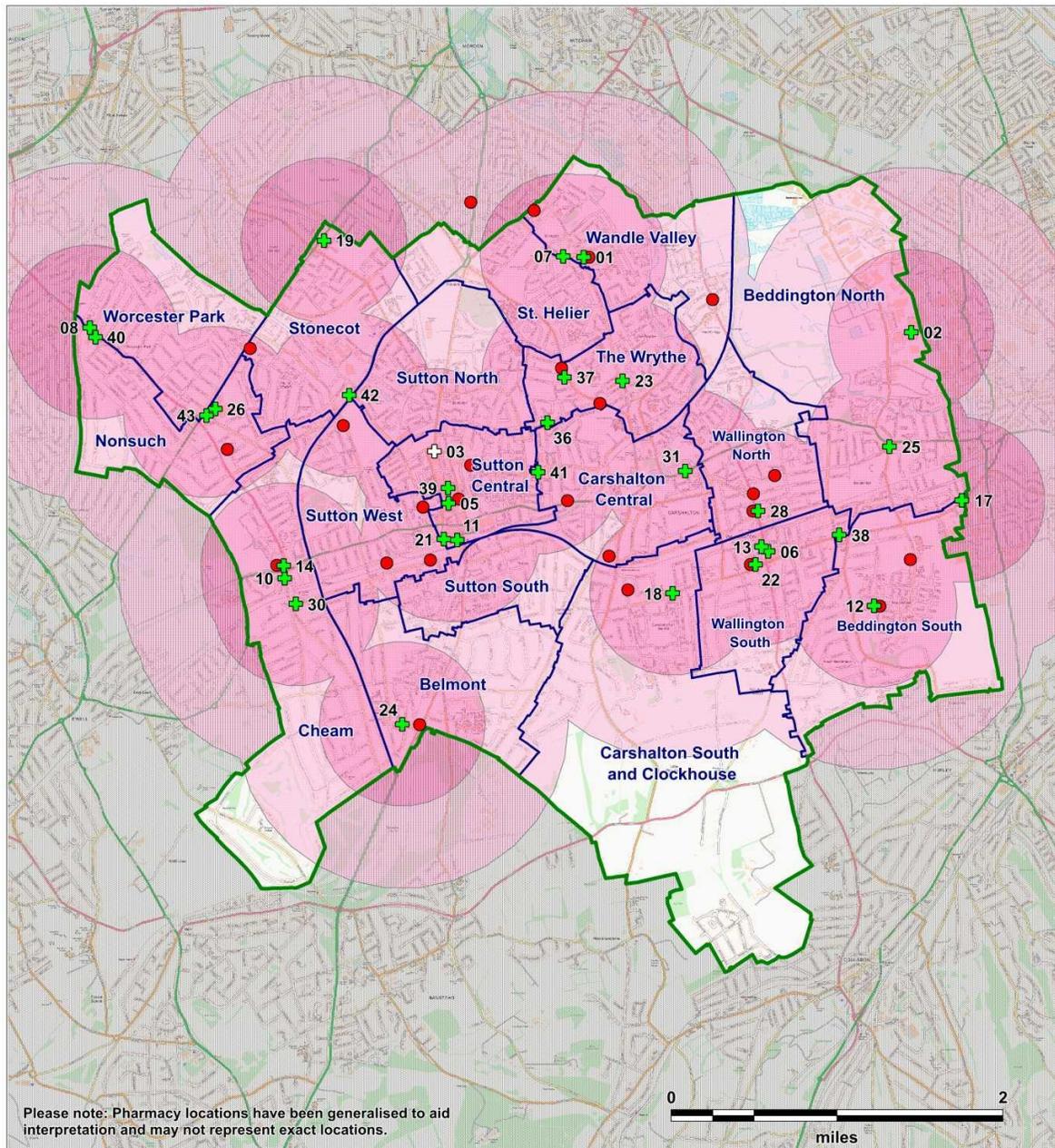
Pharmaceutical Needs Assessment Map 11 - London Pharmacy Vaccination Service

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- GPs
- Sutton
- Ward Boundaries
- Distance Buffers**
- 0.5 mile
- 1 mile

Pharmacies – National PhS Contract

- | | |
|---|---|
| <ul style="list-style-type: none"> 01 Anna Pharmacy - SM5 1JF 02 Asda Pharmacy - CR0 4XS 03 Asda Pharmacy - SM1 1LD 05 Boots - SM1 1JG 06 Boots - SM6 8RG 07 Boots - SM5 1HA 08 Boots - KT4 8HH 10 Boots - SM3 8SW 11 Coopers Pharmacy - SM1 1BB 12 Day Lewis Pharmacy - SM6 9DA 13 First Pharmacy - SM6 0LY 14 Frith Pharmacy - SM3 8BH 17 Glory Chemist - CR0 4NH 18 H. E. Matthews Pharmacy - SM5 3JG 19 Imperial Pharmacy - SM3 9EY 21 Kamsons Pharmacy - SM1 1BT | <ul style="list-style-type: none"> 22 Kamsons Pharmacy - SM6 0HY 23 Kamsons Pharmacy - SM5 2DP 24 Kirkby's Chemist - SM2 6BX 25 Lafford Chemist - CR0 4QR 26 Lloydspharmacy - SM3 9AA 28 Manor Pharmacy - SM6 0DE 30 Mulgrave Road Pharmacy - SM2 7AY 31 Park Lane Pharmacy - SM5 3AX 36 S G Barai Pharmacy - SM1 3AT 37 Salmina Pharmacy - SM5 2RR 38 Stafford Pharmacy - SM6 9BS 39 Superdrug Pharmacy - SM1 1NS 40 Superdrug Pharmacy - KT4 8DY 41 Sutton Pharmacy - SM1 4HY 42 Tesco Instore Pharmacy - SM1 2NB 43 Victoria Chemist - SM3 8HW |
|---|---|



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Map produced by Apogee Data Consulting Ltd.

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service (cont...)

Meeting the needs of those with a protected characteristic

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

Further Provision / Opportunities for Improvements

- We would like to see the service commissioned from more Sutton pharmacies in order to improve:
 - Flu vaccination rates in “at risk” patients aged 2 – 64 years (uptake in Sutton is below DH targets and the England and London averages) and PPV uptake (this was 71% and below the target of 75%)
 - Access and choice across the borough – both “in-hours” and during extended hours on weekdays and/or at weekends, particularly where there is a demand for service provision e.g. in those areas where there is a high proportion of people who work full time and who may wish to access services outside of working hours

The Future

- NHS England has advised that they may wish to broaden the current portfolio of vaccines (subject to establishing appropriate logistics)
- A number of pharmacies have identified the need for training as a prerequisite to them offering the service

Conclusions

- The service aims improve the uptake of immunisation, to provide a choice of provider and to facilitate implementation of “Every Contact Counts” by offering co-administration of different vaccines, where these are clinically indicated. The scope of the service currently includes seasonal influenza vaccine, pneumococcal polysaccharide vaccine and meningococcal group A, C, W and Y conjugate vaccine
- We have concluded that this service is **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to support the role of community pharmacy in delivering immunisation services and educational interventions to increase vaccine uptake
 - The service will facilitate improved uptake of flu, PPV and MenACWY vaccine in Sutton; and fits with the local “live well for longer” focus and with providing proactive and personalised care for those with long term conditions
 - Whilst community pharmacy is one of a range of providers offering the vaccinations, there are potential benefits in terms of access and choice, particularly for those pharmacies which are open during extended hours on weekdays and at weekends
- 32 pharmacies are commissioned to provide the service
- We have identified the following current gaps:
 - 11 pharmacies do not provide the service; 7 of these have indicated they are prepared to offer the service in the future
 - Only 23 pharmacies were active; and there was variation across the borough with respect to the number of vaccines administered
 - Access and choice, on weekdays & Saturdays during extended hours and on Sundays is more limited; This may present a constraint for people who work full time and who may prefer to visit a pharmacy on a weekday evening or at the weekend for their vaccination(s)
- Opportunities for improvements, to address these gaps, are set out under “further provision”. An additional pharmacy is not required

3.2.4 Enhanced Services

3.2.4.2 Minor Ailments Service

Overview

- This pharmacy-based service supports patients with the management of minor ailments. The table (below) summarises the scope of the service. An agreed formulary is in place for each condition
- The service may be accessed by residents who are registered with a Sutton GP, via one of the following routes:
 - Referral from general practice or a walk-in centre for appropriate treatment
 - Self-referral by a patient
 - Referral from the Drug & Alcohol Team (DAAT), GP out of hours services, optometrists, dentists or NHS 111
- The service aims to improve access and relieve pressure on GP surgeries and unscheduled care providers e.g. walk-in centres, GP out of hours service etc

Current Scope of the Minor Ailment Service

Athlete's Foot	Fever	Headache	Nappy rash
Conjunctivitis	Haemorrhoids	Indigestion / Heart burn	Sore throat
Constipation	Hay fever	Insect bites / stings	Threadworms
Diarrhoea	Head lice	Mouth ulcers & inflammation	Vaginal thrush
Earache			

The Current Picture

- 20 pharmacies have been commissioned to provide the service. This includes: 19 (44.2%) of the PhS pharmacies and the LPS pharmacy
- 19 pharmacies told us, in our contractor questionnaire, that they would be willing to provide this service in the future
- The table (next page) summarises the availability of services:
 - There is reasonable access and a choice of pharmacy on weekdays (9:30am - 5pm); and on Saturdays (9am – 12pm)
 - Access & choice are more limited during extended hours on weekdays & Saturday (only 1 pharmacy offering the service is open by 8am); & on Sundays
 - Map 11** provides an overview of the distribution of pharmacies. It shows there is access within a mile for many areas of Sutton; residents in the western and southern wards may have to travel between 2 – 3 miles to access the service
- Non Pharmacy providers:** not applicable

Public Survey – Knowledge of Services (n=227)

- 11.5% of respondents said they have used a pharmacy-based minor ailments service
- 60.4% were aware the service was offered whereas 15.9% were not

Provider Criteria

- The pharmacy must have a suitable private consultation area
- Window space must be provided to advertise the service
- Pharmacists must achieve the core competencies set out in the service specification; complete self-declarations (every 2 years) with respect to their understanding of the service and their level of clinical competence
- Pharmacy support staff may provide treatment to patients under the supervision of a pharmacist, providing they meet the competency and accreditation requirements; the pharmacist must always be on the premises and available for referral / advice
- New pharmacists must complete the CPPE course for minor ailments
- Standard operating procedures must be in place
- The pharmacy must comply with information governance requirements; including an NHS.net email account and IT system with an N3 connection and MS office
- Appropriate insurances should be in place

The Evidence Base

- Evidence has demonstrated that pharmacy-based minor ailment services (MAS) can improve health outcomes and be cost effective:
 - One study showed that MAS improve access to medicines and provide greater choice in primary care for patients with minor illness²²
 - A systematic review including one randomised trial showed²³:
 - Symptom resolution in 68-94% of patients
 - Less than a quarter of patients went to their GP after the consultation
 - Between 47%- 92% of people would have seen their GP
 - Over 90% were satisfied with their experience and would re-use the pharmacy-based service
- Areas with high levels of deprivation, may benefit from a MAS²⁴
- A more recent review of the evidence has shown:
 - Community pharmacists can effectively swab sore throats and differentiate between those who need antibiotics and those who don't
 - Community pharmacy managed minor ailments are associated with lower costs compared with general practice and A&E; the authors noted that the study was not randomised and this may have biased the findings²¹

3.2.4 Enhanced Services

3.2.4.2 Minor Ailments Service (cont...)

Ward	Number of Pharmacies Offering the Minor Ailments Service									
	Weekdays				Saturdays					Sundays
	8am or earlier	9.30am – 5pm	7pm or later	Lunch Break	8am or earlier	9am – 12pm	5pm or later	7pm or later	Lunch Break	
Beddington North	0	2	1	0	0	2	2	1	0	1
Beddington South	0	2	0	0	0	2	0	0	0	0
Belmont	0	0	0	0	0	0	0	0	0	0
Carshalton Central	0	1	0	0	0	1	1	0	0	0
Carshalton South & Clockhouse	0	2	2	1	0	2	2	0	1	0
Cheam	0	0	0	0	0	0	0	0	0	0
Nonsuch	0	0	0	0	0	0	0	0	0	0
St Helier	0	1	1	1	0	1	1	1	1	1
Stonecot	0	0	0	0	0	0	0	0	0	0
Sutton Central	1	3	3	0	1	3	2	1	0	1
Sutton North	0	0	0	0	0	0	0	0	0	0
Sutton South	0	0	0	0	0	0	0	0	0	0
Sutton West	0	0	0	0	0	0	0	0	0	0
The Wrythe	0	4	1	1	0	4	2	1	1	1
Wallington North	0	1	0	0	0	1	0	0	0	0
Wallington South	0	2	1	0	0	2	1	0	0	0
Wandle Valley	0	1	1	0	0	1	1	0	0	0
Worcester Park	0	0	0	0	0	0	0	0	0	0
Total	1	19	10	3	1	19	12	4	3	4
Percentage	2.3%	44.2%	23.2%	7.0%	2.3%	44.2%	27.9%	9.3%	7.0%	9.3%

Notes

- There are no pharmacies in Sutton North, Sutton South or Sutton West wards.
- Rosehill Pharmacy (PhS) and the Sutton & Merton Out of Hours Co-operative operate from the same site, which is located in St Helier ward. The table is based on the opening hours for both contracts
- One pharmacy closes early on Wednesday at 1pm; and four others vary opening hours on different days of the week. Refer to Appendix G for full details

Pharmaceutical Needs Assessment Map 12 - Minor Ailments Service

Legend

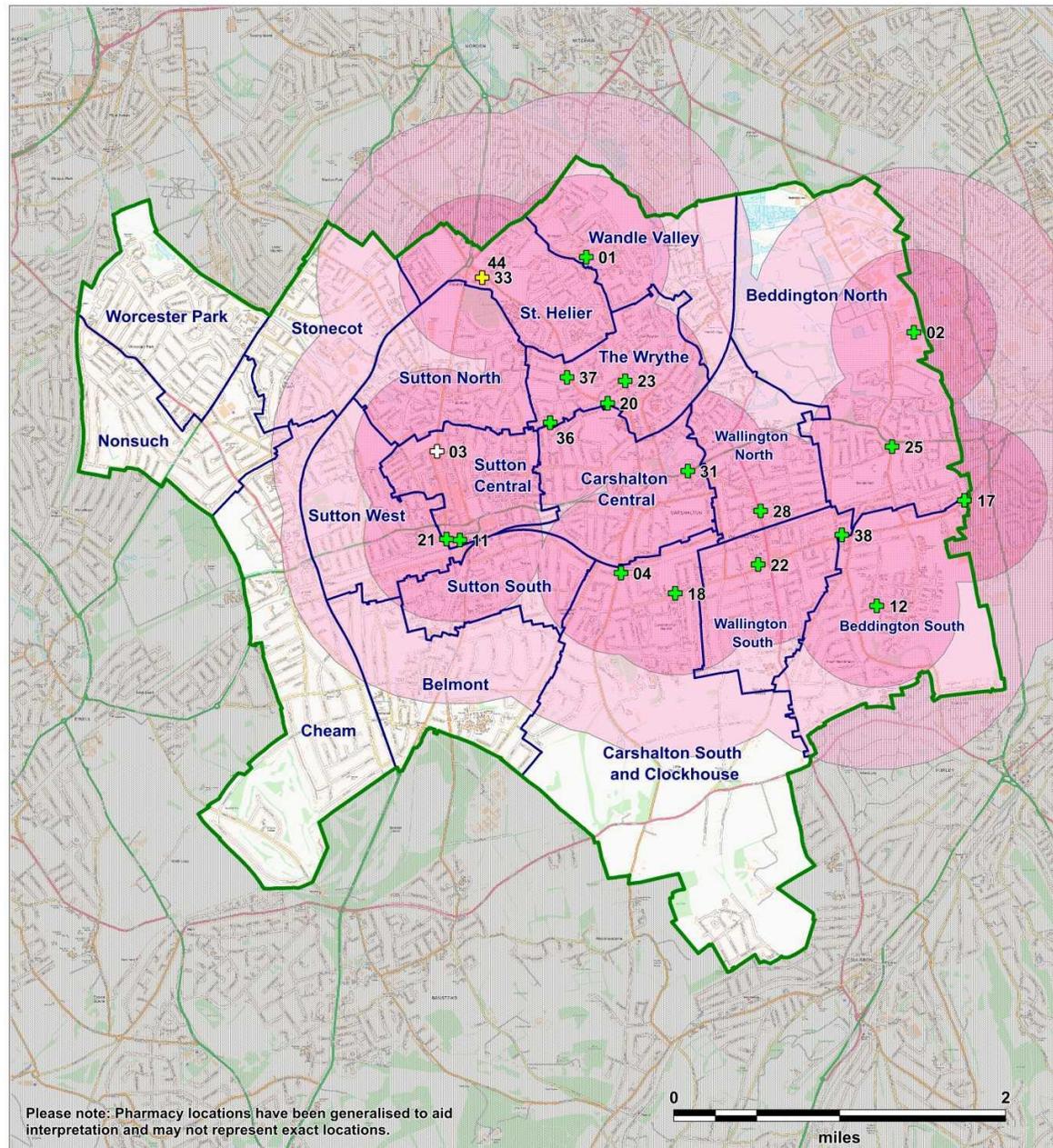
- + Pharmacies
- + 100 Hour Pharmacies
- + PhS and LPS contracts provided from these premises
- Sutton
- Ward Boundaries
- Distance Buffers**
- 0.5 mile
- 1 mile

Pharmacies – National PhS Contract

- | | |
|---|--|
| <ul style="list-style-type: none"> 01 Anna Pharmacy - SM5 1JF 02 Asda Pharmacy - CR0 4XS 03 Asda Pharmacy - SM1 1LD 04 Beeches Pharmacy - SM5 3LF 11 Coopers Pharmacy - SM1 1BB 12 Day Lewis Pharmacy - SM6 9DA 17 Glory Chemist - CR0 4NH 18 H. E. Matthews Pharmacy - SM5 3JG 20 Kamsons Pharmacy - SM5 2RE 21 Kamsons Pharmacy - SM1 1BT | <ul style="list-style-type: none"> 22 Kamsons Pharmacy - SM6 0HY 23 Kamsons Pharmacy - SM5 2DP 25 Lafford Chemist - CR0 4QR 28 Manor Pharmacy - SM6 0DE 31 Park Lane Pharmacy - SM5 3AX 33 Rosehill Pharmacy - SM5 1AG 36 S G Barai Pharmacy - SM1 3AT 37 Salmina Pharmacy - SM5 2RR 38 Stafford Pharmacy - SM6 9BS |
|---|--|

Pharmacies – LPS Contract

- 44 Sutton & Merton Out of Hours Co-Operative - SM5 1AG



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3.2.4 Enhanced Services

3.2.4.2 Minor Ailments Service (cont...)

Meeting the needs of those with a protected characteristic

Age	✓	People of all ages are eligible to access the service People of working age may prefer to access the service during extended hours on weekdays or at the weekend
Disability	✓	Advice may need to be tailored for people with cognitive impairment or learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to successful delivery
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Suitability of medicines for use in pregnant and/or breast feeding women needs to be considered
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision / Opportunities for Improvements

- We would like to see the service commissioned from more Sutton pharmacies in order to improve:
 - Access and choice across the borough “in-hours; and during extended hours on weekdays and/or at weekend where there is a demand for service provision e.g. in those areas where there is a higher proportion of people who work full time and who may wish to access services outside of working hours
- A number of pharmacies have identified the following as priorities to improve service delivery:
 - The need for training
 - Clearer protocols
 - Improved advertising
 - One pharmacy suggesting allowing consultations via video apps to improve access to people who are less able to get to a pharmacy without support

The Future

- NHSE has advised that this service is under review
- Sutton CCG has indicated that it is important that the scope of the service aligns with local prescribing policy to ensure equity of access to medicines in all clinical settings

Conclusions

- The service aims to improve access and relieve pressure on GP surgeries, walk-in centres, GP out of hours service etc, by supporting people with the management of minor ailments
- We have concluded that this service is **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to support the role of community pharmacy in managing minor ailments
 - The service fits with the local strategic priorities to provide “the right care, in the right place” and pathway way redesign for urgent and emergency care; and presents opportunities to “Make Every Contact Count” through the identification of Sutton residents who may benefit from lifestyle advice and interventions
 - The service provides access to a healthcare professional during extended hours and at weekends
 - Urgent minor illness care has been identified as a priority for the Pharmacy Integration Fund⁷
- 20 pharmacies (including the LPS) are commissioned to provide the service
- There is good access and a reasonable choice of pharmacy on weekdays (9:30am – 5pm) and Saturdays (9am – 12pm)
- We have identified the following current gaps:
 - 24 PhS pharmacies do not provide the service; 19 of these have indicated they are prepared to offer the service in the future
 - Access and choice on weekdays & Saturdays during extended hours and on Sundays is more limited; and there is no choice up until 8am on weekdays and Saturdays. This pattern of opening may present a constraint for people who work full time and who may prefer to visit a pharmacy on a weekday evening
 - Activity data has not been provided so it has not been possible to evaluate if there are any gaps with respect to service delivery
- Opportunities for improvements, to address these gaps, are set out under “further provision”. An additional pharmacy is not required

3.2.4 Enhanced Services

3.2.4.3 Palliative Care

Overview

- A network of pharmacies has been commissioned to stock a formulary of palliative care and other specialist medicines (table right)
- The service is initially accessed by the patient's GP or district nurse who contacts the nearest pharmacy on the network list prior to referring the patient or sending the prescription for dispensing
- The aim is to ensure patients (or their carers) may get their prescriptions dispensed in a timely fashion during normal working hours, when their usual pharmacy is unable to supply. It helps to facilitate the management of patients in a community setting and reduces the likelihood of inappropriate hospital admissions as patients approach the end of their life

The Current Picture

- 9 pharmacies have historically been commissioned to provide the service (based on the contractor questionnaire, the NHSE pharmaceutical list and direct communication with NHSE)
- The table (next page) summarises the theoretical availability of services:
 - There is reasonable access and a choice of pharmacy on weekdays (9:30am - 5pm); and on Saturdays (9am – 12pm)
 - Access & choice are more limited during extended hours on weekdays & Saturday
 - In the mornings, there is no access to the service before 8:30am on weekdays; or before 9am on Saturdays
 - The service is also not available on Sundays
 - The commissioned pharmacies are distributed across the borough providing reasonable access for most residents
- However, NHSE have advised us that only two pharmacies are currently active and this limits accessibility and choice:
 - Anna Pharmacy (Wandle Valley)
 - Coopers Pharmacy (Sutton Central)
 - Both of these pharmacies open from 9am – 7pm on Monday to Friday; and 9am to 5pm on Saturdays
- **Non Pharmacy providers:** Not applicable

Formulary of Medicines Stocked

Buprenorphine patches	Glycopyrronium injection	Metoclopramide injection
Cyclizine injection	Haloperidol tables & injection	Midazolam injection
Diamorphine – injection & rectal solution	Hyoscine injection	Morphine – injection & various oral preparations
Domperidone – oral suspension & suppositories	Levomepromazine tablets & injection	Oxycodone – injection & various oral preparations
Fentanyl patches	Lorazepam tablets	Water & saline for injection

Provider Criteria

- Pharmacists must undertake a CCG accredited training and CPPE course in palliative care
- The contractor must ensure that all staff members (including locums, new pharmacists, technicians etc) are aware of the service
- The contractor must have suitable denaturing kits for out of stock CDs
- Standard operating procedures must be in place
- The pharmacy must comply with information governance requirements; including NHS.net email; IT system with an N3 connection and MS office
- Appropriate insurances should be in place

The Evidence Base

- Evidence exists for pharmacy-based palliative care services (noting that the scope of studies potentially goes beyond that of this service):
 - The introduction of a 24-hour community pharmacy scheme for palliative care was generally praised²⁵
 - An evaluation of effectiveness of UK community pharmacist interventions in community palliative care was undertaken. Most of the clinical interventions, made by the community pharmacists for palliative pharmaceutical care, were judged by the expert panel as being likely to be beneficial. The result supports the view that when community pharmacists are appropriately trained and included as integrated members of the team, they can intervene effectively to improve pharmaceutical care for palliative care patients²⁶
 - A review of palliative care pharmacists in a retail-based ambulatory care setting was undertaken. Initial results demonstrate the success of this pilot²⁷

3.2.4 Enhanced Services

3.2.4.3 Palliative Care (cont...)

Ward	Number of Pharmacies Offering the Palliative Care Service									
	Weekdays				Saturdays					Sundays
	8am or earlier	9.30am – 5pm	7pm or later	Lunch Break	8am or earlier	9am – 12pm	5pm or later	7pm or later	Lunch Break	
Beddington North	0	0	0	0	0	0	0	0	0	0
Beddington South	0	0	0	0	0	0	0	0	0	0
Belmont	0	0	0	0	0	0	0	0	0	0
Carshalton Central	0	0	0	0	0	0	0	0	0	0
Carshalton South & Clockhouse	0	2	2	1	0	2	2	0	1	0
Cheam	0	0	0	0	0	0	0	0	0	0
Nonsuch	0	1	0	0	0	1	0	0	0	0
St Helier	0	1	0	1	0	1	1	0	1	0
Stonecot	0	0	0	0	0	0	0	0	0	0
Sutton Central	0	1	1	0	0	1	1	0	0	0
Sutton North	0	0	0	0	0	0	0	0	0	0
Sutton South	0	0	0	0	0	0	0	0	0	0
Sutton West	0	0	0	0	0	0	0	0	0	0
The Wrythe	0	1	1	1	0	1	1	1	1	0
Wallington North	0	0	0	0	0	0	0	0	0	0
Wallington South	0	2	0	0	0	2	2	0	0	0
Wandle Valley	0	1	1	0	0	1	1	0	0	0
Worcester Park	0	0	0	0	0	0	0	0	0	0
Total	0	9	5	3	0	9	8	1	3	0
Percentage	0.0%	20.9%	11.6%	7.0%	0.0%	20.9%	18.6%	2.3%	7.0%	0.0%

Notes

- There are no pharmacies in Sutton North, Sutton South or Sutton West wards.
- The table is based on PhS pharmacies only as the Sutton & Merton Out of Hours Co-operative does not offer the service
- One pharmacy closes early on Wednesday at 1pm; and four others vary opening hours on different days of the week. Refer to Appendix G for full details

3.2.4 Enhanced Services

3.2.4.3 Palliative Care (cont...)

Meeting the needs of those with a protected characteristic

Age	✓	People of all ages may need to access end of life and specialist medicines
Disability	✓	No specific needs identified. All the pharmacies providing the service are fully accessible to wheelchairs
Gender	✗	No specific needs are identified
Race	✓	Language may be a barrier to providing advice on palliative care medicines
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Pharmacies may be required to provide advice on the use of medicines in pregnancy and for women who are breast feeding
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision / Opportunities for Improvement

- We would like to understand why only 2 pharmacies are currently active; with a view to encouraging the other 7 pharmacies which have historically been commissioned to proactively offer the service
- There is an opportunity to commission the service from pharmacies which open before 8am on weekday and Saturday mornings; and on Sundays. This would improve access to palliative care medicines on every day of the week. This includes the Sutton & Merton Out of Hours Co-operative which isn't currently commissioned to provide the service
- In the longer term, timely access to medicines could be improved if a "reimbursement" scheme, for an agreed formulary of medicines, was in place for all contractors (rather than limited the service to a small number of contractors)

The Future

- NHS England has advised that the future commissioning of this service is under review
- The redesign of end of life services, within Sutton, may increase demand for the dispensing of specialist palliative care medicines in the community; the Sutton End of Life strategy (2017 – 2020) identifies a need to commission local pharmacies to provide urgent provision of palliative care drugs in the out of hours period

Conclusions

- The palliative medicines service provides a back-up service to ensure people can access the medicines they need, in a timely manner, when their local community pharmacy is unable to supply
- We have determined that the palliative care service is not necessary to meet the need for pharmaceutical services but is a **relevant service** which brings improvements:
 - The service may only be accessed through community pharmacies during the 'in-hours' period and is intended as a 'back up' service (as opposed to a 'first port of call'); as such it helps to improve timely access to palliative care medicines
 - There is published evidence that community pharmacies play a valuable role in delivering palliative care services and improving access to medicines
 - The service fits with the local strategic priorities to provide "the right care, in the right place" and the new models of care & pathway redesign for end of life care; it may reduce attendance at unscheduled care providers and admission to hospital
 - Such a service is essential to limit suffering and stress in very distressing circumstances
- 9 pharmacies have historically been commissioned to provide the service
- We have identified the following current gaps:
 - NHSE has advised us that only 2 pharmacies are active; this limits access and choice. Residents (or their carers) may have to up to 4 miles to access the service
 - Based on the opening hours of the active pharmacies, the service is not available on weekday or Saturday mornings before 9am or on Sundays
- Opportunities for improvements, to address these gaps, are set out under "Further Provision" and "The Future". An additional pharmacy is not required

3.2.4 Enhanced Services

3.2.4.4 Advice to Care Homes

Overview

- The service has been commissioned to provide Sutton's care homes with advice on medicines management including:
 - Safe and secure handling of medicines, including appropriate storage
 - Administration of medicines including safe practice, appropriate record keeping and arrangements for obtaining repeat prescriptions and emergency medicines
 - Counselling and advice on other medicines-related matters including use of inhalers, nebulisers, creams, suppositories etc, safe disposal of medicines
- No further information has been provided with respect to the service specification, provider criteria etc

The Current Picture

- 2 pharmacies have been commissioned to provide the service:
 - H. E. Matthews (Carshalton South & Clockhouse)
 - Mulgrave Road Pharmacy (Cheam)

Provider Criteria

- Not available
- Add post consultation if NHSE are able to provide the information

The Evidence Base

- There is limited evidence to demonstrate the community pharmacist support to care homes may improve the management of medicines and quality of prescribing; the clinical and cost-effectiveness of interventions is has not been demonstrated²¹
- *"Managing Medicines in Care Homes (SC1)"* (NICE; 2014) makes recommendations which specifically relate to pharmacy's role and with a view to reducing unplanned admissions to hospital:
 - The ongoing supply and demand of medicines prescribed to patients
 - Advice/support for care plans and on identifying & managing adverse effects
 - Supporting the disposal of medicines from care homes
 - Supporting delivery of the local anticipatory medicines pathways
 - Advice/support to staff on the medication administration records for patients
 - Providing a key contact for queries around medicines

Care Homes In Sutton

- With increasing numbers of frailer older people with long term conditions and complex requirements including palliative needs, care homes are providing care that historically has been provided by hospitals
- In Sutton, 1,077 care home beds are registered the CCG's GPs. This includes:
 - 268 residential home beds
 - 504 nursing home beds
 - 305 mental health and learning disability beds
- Sutton CCG was awarded Vanguard Status in March 2015. The "House of Care" model was adopted with a view to offering "improved and integrated healthcare and rehabilitation services" to care home residents
- Whilst the Vanguard is coming to an end in March 2018, the CCG will continue to use the Homes of Care model to underpin the planning, commissioning and delivery of care

Further Provision / Opportunities for Improvement

- Limited information has been provided on this service
- It is not possible to outline the need for further provision or improvements

The Future

- NHS England has advised that the future commissioning of this service is under review
- We recognise that adopting a proactive approach to managing medicines in care homes (as recommended by NICE) will contribute towards reducing unplanned admissions to hospital. We, therefore, wish to explore the potential role of community pharmacies in supporting medicines optimisation in this setting

Conclusions

- Due to the limited information provided it is not possible to determine:
 - If the service is necessary to meet the need for pharmaceutical services or if it is relevant in that it brings improvements
 - The adequacy of current service provision
 - The extent to which the service meets the needs of those with a protected characteristic

3.3 Locally Commissioned Services

3.3.1 Overview & Healthy Living Programme

Overview

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

Healthy Living Pharmacy (HLP) Programme

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

The Evidence Base

- The HLP concept has been shown to improve service delivery, increase improvements against quality measures and outcomes; and effect behaviour change^{28, 29}. For example:
 - Higher quit rates for stop smoking services^{28, 29}
 - Higher MUR and NMS activity levels^{28, 29}
 - With respect to service users, 21% would have done nothing if they hadn't accessed an HLP; 61% would have gone to their GP instead; 98% would recommend the service to others²⁸

3.3 Locally Commissioned Services

3.3.2 Substance Misuse Services

Overview

- Substance misuse services support those with a drug addiction and those who misuse drugs to stay as healthy and safe as possible
- Public Health Sutton commission *Inspire* Sutton to deliver the Integrated Substance Misuse contract in the borough

Supervised Consumption

- *Inspire* Sutton holds service level agreements with a number of community pharmacies in Sutton to provide a comprehensive pharmacy-based supervised consumption service
- This service is intended for *Inspire* clients:
 - Starting or restarting an episode of supervised consumption while on opiate substitute treatment (OST)
 - Undergoing a community detoxification programme
 - Leading a chaotic lifestyles who would benefit from closer monitoring
 - Undergoing treatment with buprenorphine (Subutex®) if there is a risk of injecting or diversion
- Pharmacists supervise the consumption of the substitute medicine (methadone or buprenorphine) with the aim of:
 - Improving the client's physical and mental health
 - Improving compliance with the agreed treatment plan
 - Reducing diversion of prescribed medication into the community
 - Providing clients with regular contact with a healthcare professional
 - Improving the clients social functioning and reducing level of crime associated with drug misuse

Needle and Syringe Exchange

- The service aims to reduce the harm associated with high-risk injecting behaviour, including the spread of blood borne viruses, by improving injecting site hygiene and injecting techniques by:
 - Improving access to clean injecting equipment and reducing the need to share equipment with others,
 - Providing access to safe disposal of injecting equipment
 - Promoting safer drug using practices by providing information, resources, advice on harm reduction strategies and health issues; signposting to other services as required
 - Facilitating referral of IV drug users to specialist treatment services

Provider Criteria

- Pharmacists delivering the service must complete the CPPE certificate in Substance Use and Misuse; and demonstrate the core competencies
- The pharmacy must have a private consultation area
- The service should always be available when the pharmacy is open
- The pharmacy must have service operating procedures in place; and any locums must work within these

Supervised Consumption

- Trained pharmacists must supervise all consumptions; in exceptional circumstances another pharmacist may undertake supervision, providing they are fully familiar with the standard operating procedure

Needle and Syringe Programme

- The needle exchange logo must be displayed in the window
- Pharmacists must attend annual refresher training
- All staff operating the service must have had Hepatitis B vaccination

The Evidence Base

Supervised Consumption

- Studies have demonstrated the effectiveness of pharmacy at:
 - Improving adherence, improving outcomes and reducing medicine diversion
 - Moderate quality evidence shows high attendance at community pharmacy-based supervised methadone administration services; and user acceptability
 - Inclusion of trained community pharmacists in the care of IV drug users attending to obtain methadone substitution treatment improves testing and subsequent uptake of hepatitis vaccination^{20, 30}
 - Most drug users value community pharmacy-based services highly^{20, 30}
 - Reducing methadone-related deaths (per million defined daily doses) from 20 to 2 in Scotland; and 25 to 6 in England²¹
 - The cost-effectiveness of pharmacy based services is not yet proven²¹

Needle and Syringe Programme / Services

- The effectiveness of Needle and Syringe services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies^{20, 30}:
 - Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost-effective. However, the evidence is based on descriptive studies only
 - Most drug users value community pharmacy-based services highly
- A rapid review of the evidence confirms evidence of effectiveness, safety and cost-effectiveness of needle and syringe programmes²¹

3.3 Locally Commissioned Services

3.3.2 Substance Misuse services (cont...)

The Current Picture

Supervised Consumption

- 16 (36%) pharmacies are commissioned to provide the supervised consumption service
- 14 pharmacies told us they are willing to offer the service in the future; some of these already operate an “informal” supervision service
- The table (next page) provides an overview of service availability and **map 13** provides an overview of the distribution of these pharmacies. A background of deprivation has been used as a proxy of need to reflect the link between deprivation and problematic drug use associated with poorer outcomes:
 - There are one or more pharmacies located within 1 mile of all the wards with the highest levels of deprivation
 - Residents in all wards are within 1 mile of a pharmacy offering the service; the exceptions are Carshalton South & Clockhouse and parts of Cheam
 - There is reasonable access and a choice of pharmacy on weekdays (9:30am - 5pm) and Saturdays (9am – 5pm); Choice is more limited at other times
 - 5 pharmacies offer the service on a Sunday
- The table (top right) summarises activity by ward:
 - All pharmacies bar one are currently active (the inactive pharmacy is awaiting accreditation of a new pharmacist)
 - Some pharmacies are more active than others; these pharmacies tend to be located closer to the more deprived areas

Needle Exchange

- The needle exchange service is currently provided by 2 pharmacies; and by *inspire* Sutton (the Integrated Substance Misuse service)
- 25 pharmacies are willing to offer the service in the future
- The table (bottom right) provides an overview of service availability and **map 13** shows the location of these pharmacies:
 - The pharmacy-based services are located in the north of the borough and *inspire* Sutton is more central
 - All deprived areas, with the exception of Beddington South, are within 1 mile of a provider
 - Services are available during extended hours on weekdays and at weekends; there is no access to needle exchange in Sutton on Sundays
 - With respect to activity, the pharmacies account for 95% of the service activity (93.2% in 2016/17 and 95.8% in 2017/18 YTD)

Supervised Consumption Service Activity (April – September 2017)

Ward	No. of Supervisions	% of Total
Beddington North	109	0.9%
Beddington South	567	4.9%
Carshalton South and Clockhouse	0	0.0%
Cheam	64	0.5%
Nonsuch	27	0.2%
St. Helier	2,628	22.6%
Sutton Central	3,583	30.8%
The Wrythe	900	7.7%
Wallington South	2,601	22.3%
Wandle Valley	1,171	10.1%

Public Survey – Knowledge of Services (n=195)

- 2.1% of respondents said they have used a pharmacy-based service for disposal of injecting equipment; 5.1% said they would use the service if it were available
- 37.4% were aware the service was offered and 37.4% were not aware

Provider	Ward	Availability of Needle Exchange		
		Weekdays	Saturdays	Sundays
MPS Pharmacy	St Helier	10am – 7pm	9am – 5:30pm	-
Salmina Pharmacy	The Wrythe	10am – 7pm*	9am – 7pm*	-
<i>inspire</i> Sutton	Sutton South	Mon & Thurs 10am – 8pm Tues, Wed, Fri 10am – 6pm	10am – 2pm	-

* Closes for lunch between 1pm – 2pm

3.3 Locally Commissioned Services

3.3.2 Substance Misuse services (cont...)

Ward	Number of Pharmacies Offering the Supervised Consumption Service									
	Weekdays				Saturdays					Sundays
	8am or earlier	9.30am – 5pm	7pm or later	Lunch Break	8am or earlier	9am – 12pm	5pm or later	7pm or later	Lunch Break	
Beddington North	0	1	1	0	0	1	1	1	0	1
Beddington South	0	1	0	0	0	1	0	0	0	0
Belmont	0	0	0	0	0	0	0	0	0	0
Carshalton Central	0	0	0	0	0	0	0	0	0	0
Carshalton South & Clockhouse	0	1	1	0	0	1	1	0	0	0
Cheam	0	1	0	0	0	1	1	0	0	0
Nonsuch	1	1	1	1	1	1	1	1	1	1
St Helier	0	1	1	0	0	1	1	0	0	0
Stonecot	0	0	0	0	0	0	0	0	0	0
Sutton Central	1	4	3	0	1	4	3	2	0	2
Sutton North	0	0	0	0	0	0	0	0	0	0
Sutton South	0	0	0	0	0	0	0	0	0	0
Sutton West	0	0	0	0	0	0	0	0	0	0
The Wrythe	0	1	1	1	0	1	1	1	1	0
Wallington North	0	0	0	0	0	0	0	0	0	0
Wallington South	0	3	2	0	0	3	2	0	0	1
Wandle Valley	0	2	1	0	0	2	2	0	0	0
Worcester Park	0	0	0	0	0	0	0	0	0	0
Total	2	16	11	2	2	16	13	5	2	5
Percentage	4.7%	37.2%	25.6%	4.7%	4.7%	37.2%	30.2%	11.6%	4.7%	11.6%

Notes

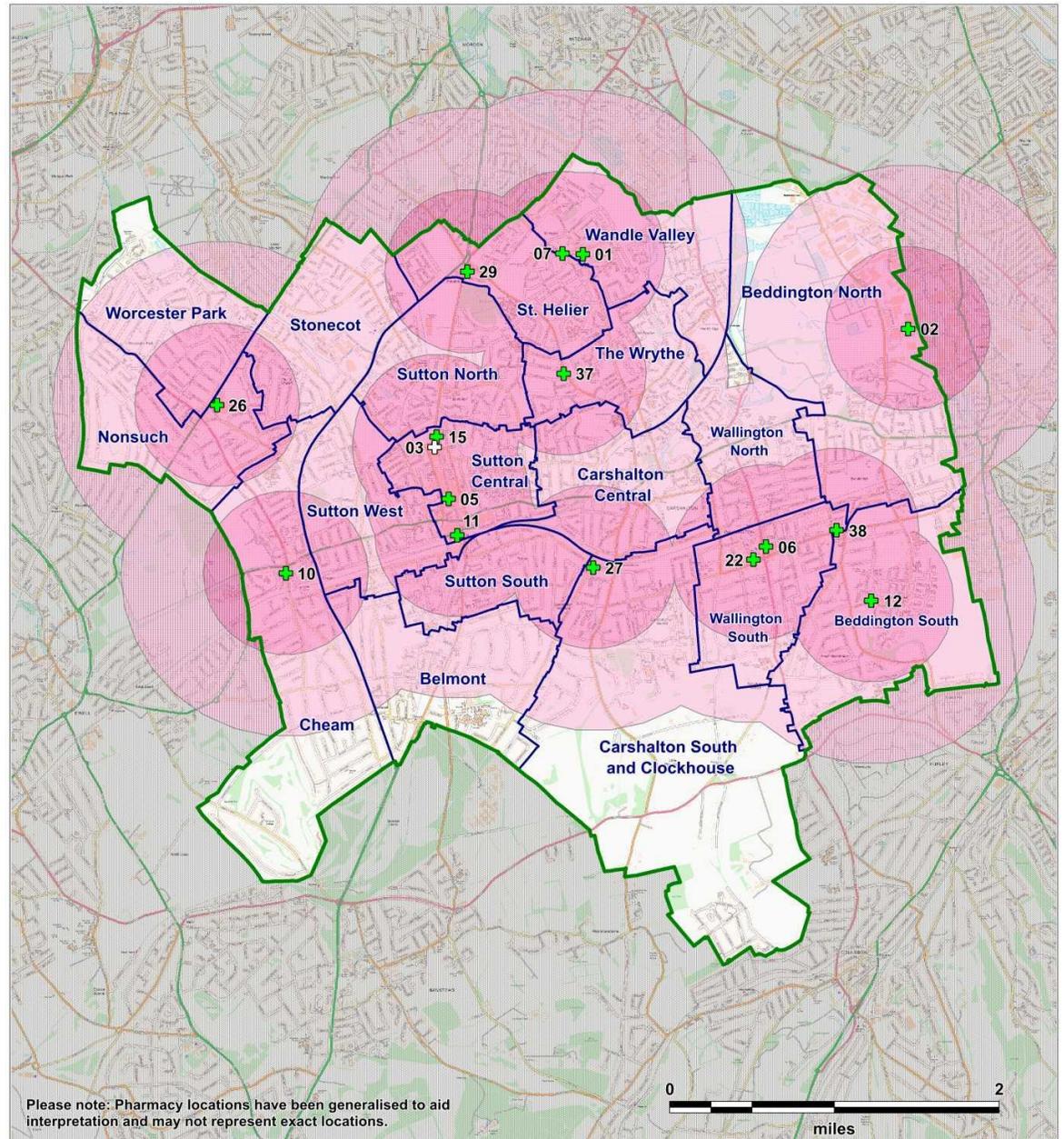
- There are no pharmacies in Sutton North, Sutton South or Sutton West wards.
- The table is based on PhS pharmacies only as the Sutton & Merton Out of Hours Co-operative does not offer the service
- One pharmacy closes early on Wednesday at 1pm; and four others vary opening hours on different days of the week. Refer to Appendix G for full details

Pharmaceutical Needs Assessment Map 13 - Substance Misuse Services Supervised Consumption and Needle Exchange

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- Sutton
- Ward Boundaries
- Distance Buffers**
- 0.5 mile
- 1 mile

Pharmacies – National PhS Contract	Supervised Consumption	Needle Exchange
01 Anna Pharmacy - SM5 1JF	*	
02 Asda Pharmacy - CR0 4XS	*	
03 Asda Pharmacy - SM1 1LD	*	
05 Boots - SM1 1JG	*	
06 Boots - SM6 8RG	*	
07 Boots - SM5 1HA	*	
10 Boots - SM3 8SW	*	
11 Coopers Pharmacy - SM1 1BB	*	
12 Day Lewis Pharmacy - SM6 9DA	*	
15 Gaiger Chemist - SM1 1PQ	*	
22 Kamsons Pharmacy - SM6 0HY	*	
26 Lloydspharmacy - SM3 9AA	*	
27 Lloydspharmacy - SM5 3NP	*	
29 MPS Pharmacy - SM1 3HE	*	*
37 Salmina Pharmacy - SM5 2RR	*	*
38 Stafford Pharmacy - SM6 9BS	*	



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



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3.3 Locally Commissioned Services

3.3.2 Substance Misuse services (cont...)

Meeting the needs of those with a protected characteristic

Age	✓	Substance misuse services may be accessed by those aged 18+; those aged under 18 should be referred to the Young People's Drug & Alcohol Service (Switch Sutton)
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the substance misuse services
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✓	Support for the unborn child
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Specialist Services for Substance Misuse

Provider	Service	Ward
inspire Sutton	Adult Drug & Alcohol Service	Sutton South
inspire Sutton	Recovery Hub	Wallington North
Switch Sutton	Young Person's Drug & Alcohol Service	Wallington North
Cheam Family Practice	GP Shared Care	Sutton West

Areas for Support / Barriers to Delivery

- We asked contractors to share insights into areas for support and to identify barriers to delivery in our questionnaire
- **Area identified for support:**
 - Training for both the supervised consumption and needle exchange service
 - Improved signposting to the services
 - Ensuring referral makes full use of the network of pharmacies and that service users are offered a choice
 - Establishment of a peer support network
- **Barriers to service delivery:**
 - Security concerns
 - Lack of demand
 - Staff capacity
 - Lack of space (needle exchange only)

Further Provision / Opportunities for Improvements

- We will work with the specialist treatment services and the shared care GP to ensure that service users are offered a choice of pharmacy for the supervised consumption prior to referral
- We are considering commissioning the supervised consumption and needle exchange services from additional pharmacies with a view to:
 - Improving access to pharmacy-based services including areas of higher need
 - Ensuring that there is access to needle exchange on Sundays; and improving choice during extended hours on weekdays and weekends

The Future

- We are planning to undertake a "hot spot" review of activity based on client postcode. This will inform our future commissioning of pharmacies for both the supervised consumption and the needle exchange service

3.3 Locally Commissioned Services

3.3.2 Substance Misuse services (cont...)

Conclusions

Supervised Consumption

- This service provides support to drug users, under the care of specialist prescribing agencies, to help them to manage their treatment programme. It aims to improve patients' outcomes and to reduce the diversion of drugs into the community
- We have determined that the service is **necessary** to meet the need for pharmaceutical services:
 - The service is only available through community pharmacy
 - Published evidence suggests that a community pharmacy model of supervised consumption can improve health outcomes for service users including improved adherence to treatment
 - The service aims to tackle drug-related deaths & reduce drug related crime
 - The service contributes to local strategic priorities to focus on prevention by supporting people to live healthy lives
- 16 pharmacies are commissioned to provide the service; and an additional 14 pharmacies are willing to provide the service in the future
- There is reasonable access and choice during normal working hours
- Service commissioning and activity broadly align with need (using deprivation as a proxy measure)
- We have identified the following gaps in service provision:
 - More limited access and choice in the mornings before 9am; and on Sundays; this means that service users have less flexibility as to when they may attend a pharmacy; and it means that a lesser level of supervision can be provided by those pharmacies which do not open for 7 days a week. Taking this into account it is important that:
 - Collection and supervision times are always negotiated with the service user
 - High risk patients requiring daily supervision should ideally be referred to a pharmacy which is open for 7 days a week
 - Some pharmacies which aren't currently commissioned are undertaking informal supervision; this is not ideal as these residents will not necessarily benefit from being part of a comprehensive treatment programme
 - Refer to "Further Provision" & "The Future" for improvement opportunities to address these gaps (page 86)

Conclusions continued...

Needle Exchange

- The service aims to tackle the harm associated with high risk injecting behaviour, including reducing incidence and spread of blood borne viruses, improving injecting site hygiene and injecting techniques
- We have determined that the service is **necessary** to meet the need for pharmaceutical services. The following factors have influenced this decision:
 - Pharmacy is one of a few providers delivering the service and offers limited improvements in access
 - There is published evidence demonstrating that pharmacy-based needle exchange programmes are cost effective and improve outcomes
 - The service aims to tackle drug-related deaths
 - The service contributes to local strategic priorities to focus on prevention by supporting people to live healthy lives
- 2 pharmacies and *inspire* Sutton are commissioned to provide the service
- An additional 25 pharmacies are willing to provide the service in the future
- Needle exchange services may be accessed during extended hours on weekdays and Saturdays
- The pharmacies, on average, account for 95% of the total service activity
- We have identified the following gaps in service provision:
 - There is no access to needle exchange services, within Sutton, on Sundays
 - Service users who live closer to the borders in the East, South and West of Sutton may have to travel more than a mile to access needle exchange services
 - Two pharmacies told us, in the contractor questionnaire, that there is a demand for the service which they aren't able to meet because they have not been commissioned. This view fits with current commissioner perceptions for some areas of Sutton
 - Refer to "Further Provision" & "The Future" for improvement opportunities to address these gaps (page 86)

3.3 Locally Commissioned Services

3.3.3 Sexual Health Services

- Public Health Sutton commissions a range of sexual health services from community pharmacies in Sutton. These services aim to improve access to sexual and reproductive health services and manage the consequences of risky sexual behaviour by:
 - Increasing access to the National Chlamydia Screening Programme and, where indicated providing chlamydia treatment to prevent onwards transmission
 - Encouraging regular Chlamydia screening for those aged 15 – 24 years old
 - Improving access to free emergency hormonal contraception (EHC) to prevent unwanted pregnancy
 - Increasing awareness and use of free condom distribution scheme “C-Card” to reduce unwanted pregnancy & the spread of sexually transmitted infections (STIs)
 - Signposting individuals who do not meet the criteria for supply of medicines under patient group directions (PGDs) to the local integrated sexual health service; their GP or to other partner agencies as required

The table (right) provides an overview of the scope of each service

Provider Criteria

- The pharmacy must be able to provide the service for at least 5 days a week (minimum 40 hours) and at weekends if open
- An accredited pharmacist must be present at least 80% of the time
- There must be a private consultation area and ideally the pharmacy will have toilet facilities
- Pharmacists must have signed the relevant PGDs and have an enhanced DBS check
- Pharmacists delivering this service must have completed the relevant CPPE Declaration of Competence modules linked to sexual health and contraceptive delivery.
- The pharmacy must publicise the service(s) offered

Provider criteria are dependent upon the commissioned service elements

Service	Service Scope / Description
Emergency Hormonal Contraception (EHC)	<ul style="list-style-type: none"> EHC (women aged 13 – 24 years; and Sutton residents aged 25+ years): <ul style="list-style-type: none"> Supply (under PGD) & supervised administration of levonorgestrel 1.5mg Provision of information and advice on the use of regular, long acting contraceptive methods; testing and treatment for STIs; safer sex; signposting to local providers where these services may be accessed
National Chlamydia Screening Programme (NCSP) (Includes Gonorrhoea Screening)	<ul style="list-style-type: none"> Provision of screening kits and advice on undertaking the test to: <ul style="list-style-type: none"> Young men and women aged 15 – 24 years Referral for those not eligible for the NCSP to their GP or the local integrated sexual health service
Integrated Sexual Health Service (ISH)	<ul style="list-style-type: none"> EHC: As above; including ulipristal acetate 30mg Chlamydia Screening: as above Chlamydia Treatment: Supply of Azithromycin (1g), under PGD to: <ul style="list-style-type: none"> 15 – 24 years with a definite or equivocal diagnosis of Chlamydia Trachomatis or sexual contacts of these clients of any age who have a positive test result Pregnancy testing: offered to any woman aged under 21 years who has requested a test; with referral on to appropriate services if the test is positive C-Card condom scheme: Registration & distribution of condoms to those aged 13 – 24 years <p>Service developments Include:</p> <ul style="list-style-type: none"> Point of Care HIV testing: offered on request or opportunistically to those aged 18+ years Oral contraception: Supply (under PGD) of progesterone only or combined oral contraceptives to women aged <25 years; focused on clients accessing EHC services

3.3 Locally Commissioned Services

3.3.3 Sexual Health Services (cont...)

The Current Picture

- 15 (34.6%) pharmacies have been commissioned to provide EHC; 16 (37.2%) the NCSP; and 5 (11.6%) the enhanced sexual health service
- The table (next page) summarises service availability and **map 14** provides an overview of the distribution of the pharmacies:
 - There is a reasonable distribution of the pharmacies offering EHC, NCSP and the ISH; including alignment with the wards which have higher need (based on teenage conception rates and/or deprivation) i.e. Beddington South, Belmont, St Helier, Sutton Central, The Wrythe, Wallington North and Wandle Valley
 - On weekdays (9:30am – 5pm) and Saturdays (9am – 5pm) most residents in the areas with the highest may access a choice of pharmacy within 1 mile; those in areas with lower need may have to travel further to access a pharmacy offering sexual health services
 - Service availability is much more limited outside of these hours; particularly before 9am and during extended hours on weekdays and Saturdays; On Sundays, only 2 pharmacies are open (one in Sutton Central and the other in Nonsuch); both of these offer EHC and the NCSP; and the pharmacy in Nonsuch offers the full enhanced service
- In our contractor questionnaire, a number of additional pharmacies were prepared to offer the following services in the future:
 - **EHC:** 20 pharmacies
 - **NCSP:** 19 pharmacies
 - **Enhanced:** 24 pharmacies
- Activity data has not been provided at pharmacy level. Total activity across Sutton in 2016/17 (April 16 – Oct 17) shows:
 - **EHC:** 1,173 consultations; 1,148 supplies of EHC (levonorgestrel & ulipristal acetate)
 - **NCSP:** 71 Tests completed
- Sexual health services are open access therefore residents may choose to access pharmacy-based services in neighbouring areas; or from non-pharmacy providers (box, right)

Areas for Support / Barriers to Delivery Identified by Contractors

- Training for EHC, NCSP and ISH
- Improved signposting to the services / Improved publicity / advertising
- Additional accreditation evenings being hosted by Sutton
- Premises not suitable

Public Survey – Knowledge of Services

- **EHC (n = 196)**
 - 3.6% of respondents said they have used a pharmacy-based EHC service; 3.1% said they would use the service if it were available
 - 48.5% were aware the service was offered and 23% were not aware
- **Chlamydia Tests and Treatment (n = 275)**
 - 0.7% of respondents said they have used this pharmacy-based service
 - 1.8% said they would use the service if it were available
 - 17.5% were aware the service was offered and 31.6% were not aware
- **Contraception Supply (n = 194)**
 - 4.6% of respondents said they have used pharmacy-based contraceptive services; 0% said they would use the service if it were available
 - 60.3% were aware the service was offered and 17.5% were not aware
- **Condoms (n = 197)**
 - 2.5% of respondents said they have used a pharmacy to access condoms; 0.5% said they would use the service if it were available
 - 62.4% were aware the service was offered and 17.8% were not aware
- **Pregnancy Testing (n = 190)**
 - 0.5% of respondents said they have used a pharmacy-based service; 0.5% said they would use the service if it were available
 - 49.5% were aware the service was offered and 28.4% were not aware

Non Pharmacy Sexual Health Providers

- Chelsea and Westminster NHS Foundation Trust have been commissioned to provide sexual health services in Sutton:
- **Sexual Health Sutton at St Helier Hospital**
 - Testing and treatment for STIs & HIV for people with symptoms, Doctor & Nurse clinics, contraception including emergency, Hepatitis B vaccination, PEP for HIV
 - Walk-in services (M-F: 8:30am – 11:30am) Asymptomatic screening (Tu: 1.30 – 3.30pm) and Young persons clinic (W: 3pm – 5.30pm)
 - Appointments (M & Th; 2pm – 4pm, Tu 4pm – 6pm)
- **Sexual Health Sutton at Green Wrythe Lane Clinic**
 - Routine STI & HIV testing, contraception including long acting reversible contraception (LARC) and emergency, abortion referral, specialist contraception support, pregnancy testing. Doctor and Nurse clinics
 - Walk-in services (M: 1pm – 7:30pm young people <20 years only, Tu – Th: 1pm – 7:30pm, F: 9:30am – 4:30pm, Sat: 10am – 12pm)
- **Sexual Health Sutton at Jubilee Health Centre**
 - Specialist Contraception clinic, routine STI & HIV testing, contraception including LARC and emergency abortion referral, pregnancy testing. Doctor & Nurse clinics
 - Appointment only service (Tues 9:30am – 4:30pm)

3.3 Locally Commissioned Services

3.3.3 Sexual Health Services (cont...)

Ward	EHC	NCSP	ESH	Number of Pharmacies Offering Sexual Health Services										
				Weekdays				Saturday					Sunday	
				8am or earlier	9:30am – 5pm	7pm or later	Lunch Break	8am or earlier	9am – 12 noon	5pm or later	7pm or later	Lunch Break		
Beddington North	1	1	0	0	1	0	0	0	0	1	1	0	0	0
Beddington South	2	2	1	0	2	0	0	0	0	2	0	0	0	0
Belmont	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carshalton Central	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Carshalton South & Clockhouse	1	2	1	0	1	1	0	0	0	1	1	0	0	0
Cheam	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nonsuch	1	1	1	0	1	0	0	0	0	1	1	0	0	1
St Helier	2	2	0	0	2	1	1	0	0	2	2	0	1	0
Stonecot	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sutton Central	4	4	1	1	4	3	0	1	0	4	3	1	0	1
Sutton North	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sutton South	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sutton West	0	0	0	0	0	0	0	0	0	0	0	0	0	0
The Wrythe	2	2	0	0	2	1	1	0	0	2	1	1	1	0
Wallington North	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wallington South	1	1	0	0	2	1	0	0	0	2	1	0	0	0
Wandle Valley	1	1	1	0	1	0	0	0	0	1	1	0	0	0
Worcester Park	0	0	0	0	1	1	0	0	0	1	1	0	0	0
Total	15	16	5	1	16	8	3	1	0	16	12	2	3	2
Percentage	34.9%	37.2%	11.6%	2.3%	37.2%	18.6%	7.0%	2.3%	0.0%	37.2%	27.9%	4.7%	7.0%	4.7%

Notes

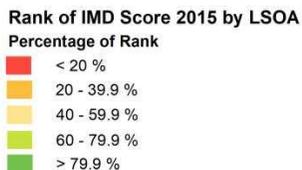
EHC = Emergency hormonal contraception; NCSP = National Chlamydia Screening Programme; ESH = Enhanced Sexual Health Service

- There are no pharmacies in Sutton North, Sutton South or Sutton West wards.
- The table is based on PhS pharmacies only as the Sutton & Merton Out of Hours Co-operative does not offer the service
- One pharmacy closes early on Wednesday at 1pm; and four others vary opening hours on different days of the week. Refer to Appendix G for full details

Pharmaceutical Needs Assessment Map 14 - Sexual Health Services Emergency Hormonal Contraception, National Chlamydia Screening Programme and Enhanced Sexual Health Service

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- + PhS and LPS contracts provided from these premises
- Other Providers - Sutton Sexual Health:
 - A St Helier Hospital – SM5 1AA
 - B Green Wrythe Lane Clinic - SM5 1JF
 - C Jubilee Health Centre - SM6 0HY
- Sutton
- Ward Boundaries



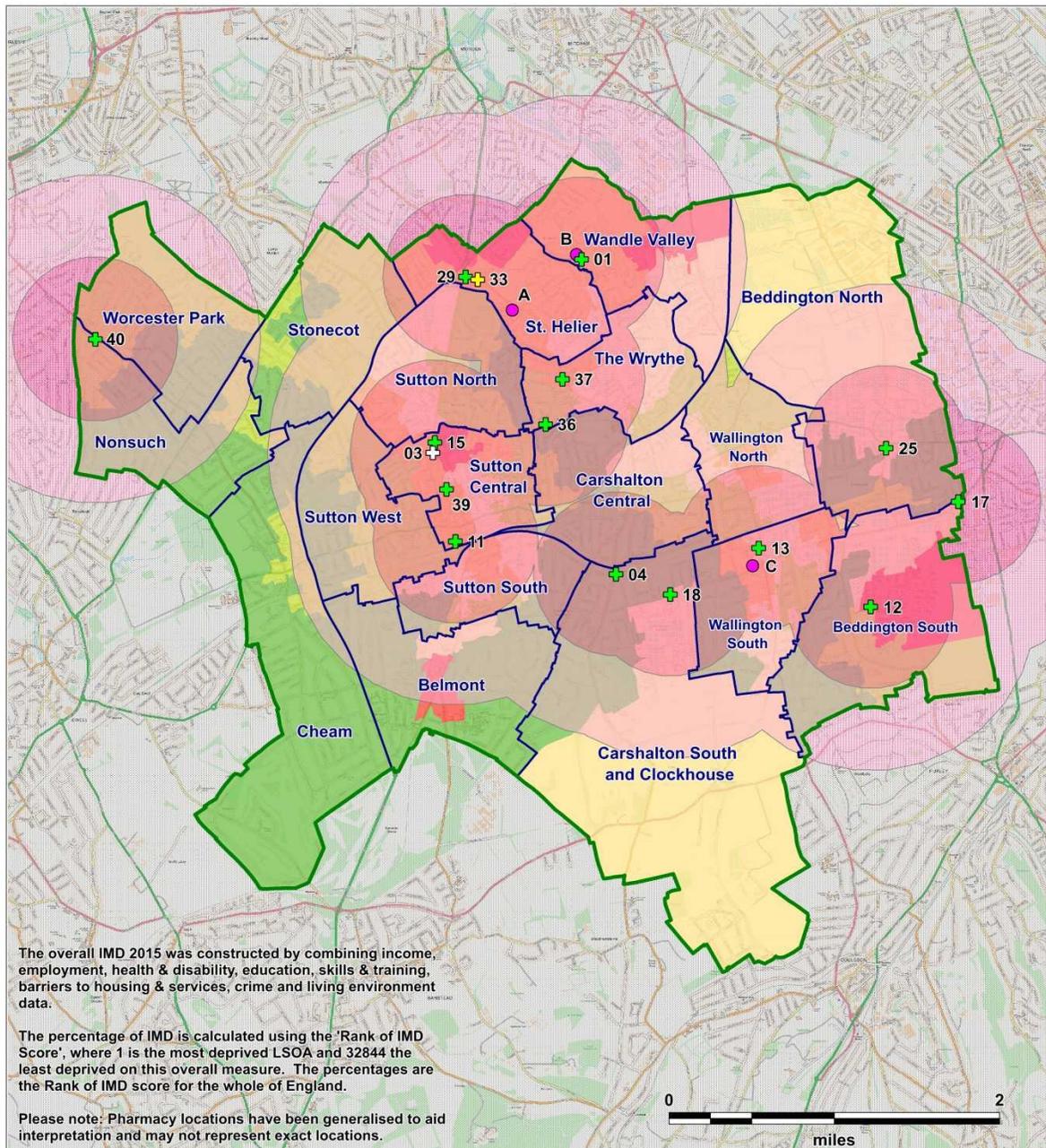
Distance Buffers

- 0.5 mile
- 1 mile

Pharmacies - National PhS Contract	EHC	NCSP	ESH
01 Anna Pharmacy - SM5 1JF	*	*	*
03 Asda Pharmacy - SM1 1LD	*	*	
04 Beeches Pharmacy - SM5 3LF		*	
11 Coopers Pharmacy - SM1 1BB	*	*	*
12 Day Lewis Pharmacy - SM6 9DA	*	*	*
13 First Pharmacy - SM6 0LY	*	*	
15 Gaiger Chemist - SM1 1PQ	*	*	
17 Glory Chemist - CR0 4NH	*	*	
18 H. E. Matthews Pharmacy - SM5 3JG	*	*	*
25 Lafford Chemist - CR0 4QR	*	*	
29 MPS Pharmacy - SM1 3HE	*	*	
33 Rosehill Pharmacy - SM5 1AG	*	*	
36 S G Barai Pharmacy - SM1 3AT	*	*	
37 Salmina Pharmacy - SM5 2RR	*	*	
39 Superdrug Pharmacy - SM1 1NS	*	*	
40 Superdrug Pharmacy - KT4 8DY	*	*	*

The Enhanced Sexual Health Service comprises:

- Emergency Hormonal Contraception (for those aged 13 - 24 years and Sutton residents aged 25+)
- Chlamydia Screening (for those aged 15 - 24 years)
- Chlamydia Treatment (for those aged 15 - 24 years with a definite or equivocal diagnosis or sexual contacts of these clients irrespective of age)
- C-Card Condom Distribution Scheme (registration and distribution site for those aged 13 - 14 years)
- Pregnancy Testing (for those aged under 21 years)



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

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

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



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Map produced by Apogee Data Consulting Ltd.

3.3 Locally Commissioned Services

3.3.3 Sexual Health Services (cont...)

The Evidence Base

- The effectiveness of sexual health services has been demonstrated:
 - Over 14,000 Chlamydia tests were administered in one private pharmacy over 2 years; private and NHS services improve choice for patients³¹
 - Community pharmacy-based chlamydia testing and treatment services increase client access²⁰ and are convenient²¹
 - Pharmacy-based EHC services (including supply against prescription or under PGD and OTC sales) provide timely access to treatment and are highly rated by women who use them^{20, 32}
 - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, however, it is not possible to separate out the contribution of the community pharmacy service³³
 - Evidence of EHC impact is lacking. A randomised controlled trial noted fewer A&E visits³⁴. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referral, links to contraception advice and pregnancy testing³⁵
 - 10% of women choose pharmacy supply of EHC to maintain anonymity
 - Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more 'local' pharmacies²⁰
 - The average time to access EHC was 16 hours through pharmacies compared to 41 hours through family planning clinics²⁹
- Our literature review did not yield any specific evidence on other pharmacy-based sexual health services such as oral contraception, pregnancy testing and the c-card scheme

Meeting the needs of those with a protected characteristic

Age	✓	Pharmacy-based sexual health services are "age specific" as set out in the service overview on page 88 The pharmacy needs to assure itself that service users aged under 16 are capable of providing consent through the application of Fraser Guidelines
Disability	✓	The service and advice may need to be tailored for those with learning disabilities
Gender	✓	Young women following UPSI. Both genders for chlamydia, screening, treatment and condoms
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✓	Religious beliefs need to be taken into account
Pregnancy and maternity	✓	Chlamydia can have an adverse effect on fertility; the service offers support for young women with unwanted pregnancies by providing EHC and referring on to other services
Sexual orientation	✓	Advice on safe sex and risky sexual behaviour. LGBT people (including those who are HIV positive) may prefer to use pharmacy services rather than GP services as they may not wish to disclose their sexuality to their GP
Gender reassignment	✓	Sexual health services need to be sensitive and tailored to people who are undergoing, or who have undergone, gender reassignment
Marriage & civil partnership	✗	No specific needs identified

Further Provision and The Future

- Public Health is in the process of varying all existing sexual health contracts held by current contractors to deliver the enhanced sexual health services contract. This means all commissioned contractors will have one contract instead of multiple contracts for small services. This will allow for greater access to a wider range of services, enabling the Pharmacists to be able to provide a holistic model of care to those most at risk. It will also improve access and choice to all service elements
- Having a standardised approach reduces confusion with service users and professionals in relation to what services are provided by different contractors
- Service developments planned for contractors are point of care HIV testing in order to help reduce late diagnosis and quick start oral contraception following emergency contraception

3.3 Locally Commissioned Services

3.3.3 Sexual Health Services (cont...)

Conclusions

- The aim of the pharmacy-based services is to improve access to a range sexual and reproductive health services which aim to tackle the consequences of risky sexual behaviour
- We have determined that pharmacy-based sexual health services are **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to demonstrate the benefits of pharmacy-based chlamydia screening and EHC supply
 - The service provides a choice of provider and potentially improves access to broad range of sexual health services
 - The services contribute to local strategic priorities to focus on prevention by supporting people to live healthy lives; as well as helping to reduce teenage pregnancy and abortions in under 18s and tackling higher rates of HIV
- The sexual health service is in a transition phase as we move away from contracts for individual service elements to the full enhanced pharmacy-based service. However, at this point in time, we have commissioned:
 - EHC from 15 pharmacies (20 additional pharmacies are willing to provide the service in the future)
 - NCSP from 16 pharmacies (19 additional pharmacies are willing to provide the service in the future)
 - Enhanced services from 5 pharmacies (24 additional pharmacies are willing to provide the service in the future)
- The distribution of pharmacies broadly aligns with areas of need, with reasonable access and a choice of pharmacy in most areas on weekdays (9:30am – 5pm) and Saturdays (9am – 5pm)
- We have identified the following gaps:
 - Limited access before 9am and during extended hours on weekdays and Saturdays
 - On Sundays only 2 pharmacies offering sexual health services are open
 - Activity data is not available at pharmacy level so we have not been able to identify any variation between pharmacies
- Refer to “Further Provision and The Future” for improvement opportunities to address these gaps (page 92)

3.3 Locally Commissioned Services

3.3.4 Smoking Cessation

Overview

- Public Health Sutton commissions a number of community pharmacies across the borough to deliver smoking cessation services
 - The service supports individuals to quit smoking (including provision of pharmacotherapies) and to make behavioural changes. It is available to any smoker aged 16 years or older who is motivated to quit and aims to:
 - Improve access to 'stop smoking services' and pharmacological stop smoking aids (nicotine replacement therapy, varenicline or bupropion)
 - Reduce inequalities, smoking related illnesses and deaths
 - Improve the health of the population by reducing exposure to passive smoking
- Outcomes are measured 4 weeks after the quit date with continued support and medication available for a maximum of 12 weeks

The Current Picture

- 28 (65.1%) pharmacies are commissioned to provide stop smoking services
- The table (next page) summarises service availability and **map 15** provides an overview of the distribution of the pharmacies:
 - There is a reasonable distribution of the pharmacies and alignment with the wards which have higher need (based deprivation)
 - On weekdays (9:30am – 5pm) and Saturdays (9am – 12pm), there is good access with a choice of provider
 - There is limited access during extended hours on weekdays and Saturdays; 8 pharmacies offering the service open on Sunday
- 8 additional pharmacies are willing to offer this in the future
- In 2016/17, 290 people accessed pharmacy-based stop smoking services in Sutton; of these 112 successfully quit. Successful quits were also recorded by a number of non-pharmacy providers including GP surgeries, hospitals and maternity services
- London Local Authorities including Sutton contribute to a pan-London Stop Smoking Helpline (0300 123 1044), which is delivered by NHS Smoke Free

Public Survey – Knowledge of Services (n=226)

- 2.7% of respondents said they have used a pharmacy-based stop smoking service; 0% said they would use the service if it were available
- 68.1% were aware the service was offered and 14.2% were not aware

Provider Criteria

- A private consultation room or area (meeting the requirements for advanced services) must be used
- The pharmacy must stock appropriate health promotion materials
- All pharmacists (including locums) providing the service must:
 - Complete an approved or accredited training programme
 - Must be able to demonstrate competency in providing smoking cessation interventions; and have evidence of relevant CPD
- The pharmacy must undertake local promotion of the service
- The pharmacy must have access to the internet and use PharmOutcomes to record consultations and make claims
- A standard operating procedure must be in place; this must be reviewed annually

The Evidence Base

- There is good evidence to support the role of community pharmacists in stop smoking services^{20, 30}:
 - Studies have demonstrated the effectiveness and cost effectiveness of stop smoking services, provided by trained pharmacy staff, in improving quit rates
 - Community pharmacists trained in behaviour-change methods are effective in helping clients stop smoking. Training increases knowledge, self-confidence and the positive attitude of pharmacists and their staff in relation to smoking cessation
 - Involving pharmacy support staff may increase the provision of brief advice and recording of smoking status in patient medication records
 - Abstinence rates from one-to-one treatment services provided by community pharmacists versus primary care nurses are similar
- A recent systematic review of 12 randomised controlled trials found²¹:
 - Patients were 1.21 times more likely to quit through a community pharmacy-based service compared to controls; and 2.56 times more likely compared with usual care
 - 4 studies reported smoking cessation services were cost effective

3.3 Locally Commissioned Services

3.3.4 Smoking Cessation (cont...)

Ward	Number of Pharmacies Offering the Smoking Cessation Service									
	Weekdays				Saturdays					Sundays
	8am or earlier	9.30am – 5pm	7pm or later	Lunch Break	8am or earlier	9am – 12pm	5pm or later	7pm or later	Lunch Break	
Beddington North	0	2	1	0	0	2	2	1	0	1
Beddington South	0	2	0	0	0	2	0	0	0	0
Belmont	0	1	0	1	0	1	0	0	0	0
Carshalton Central	0	0	0	0	0	0	0	0	0	0
Carshalton South & Clockhouse	0	2	2	1	0	2	2	0	1	0
Cheam	0	1	0	0	0	1	1	0	0	0
Nonsuch	0	2	1	0	0	2	1	0	0	1
St Helier	0	1	1	1	0	1	1	1	1	1
Stonecot	1	2	2	0	1	2	1	1	0	1
Sutton Central	1	4	3	0	1	4	3	2	0	2
Sutton North	0	0	0	0	0	0	0	0	0	0
Sutton South	0	0	0	0	0	0	0	0	0	0
Sutton West	0	0	0	0	0	0	0	0	0	0
The Wrythe	0	4	1	1	0	4	2	1	1	1
Wallington North	0	1	0	0	0	1	0	0	0	0
Wallington South	0	4	2	0	0	4	3	0	0	1
Wandle Valley	0	2	1	0	0	2	2	0	0	0
Worcester Park	0	0	0	0	0	0	0	0	0	0
Total	2	28	14	4	2	28	18	6	3	8
Percentage	4.7%	65.1%	32.6%	9.3%	4.7%	65.1%	41.9%	14.0%	7.0%	18.6%

Notes

- There are no pharmacies in Sutton North, Sutton South or Sutton West wards.
- The table is based on PhS pharmacies only as the Sutton & Merton Out of Hours Co-operative does not offer the service
- One pharmacy closes early on Wednesday at 1pm; and four others vary opening hours on different days of the week. Refer to Appendix G for full details

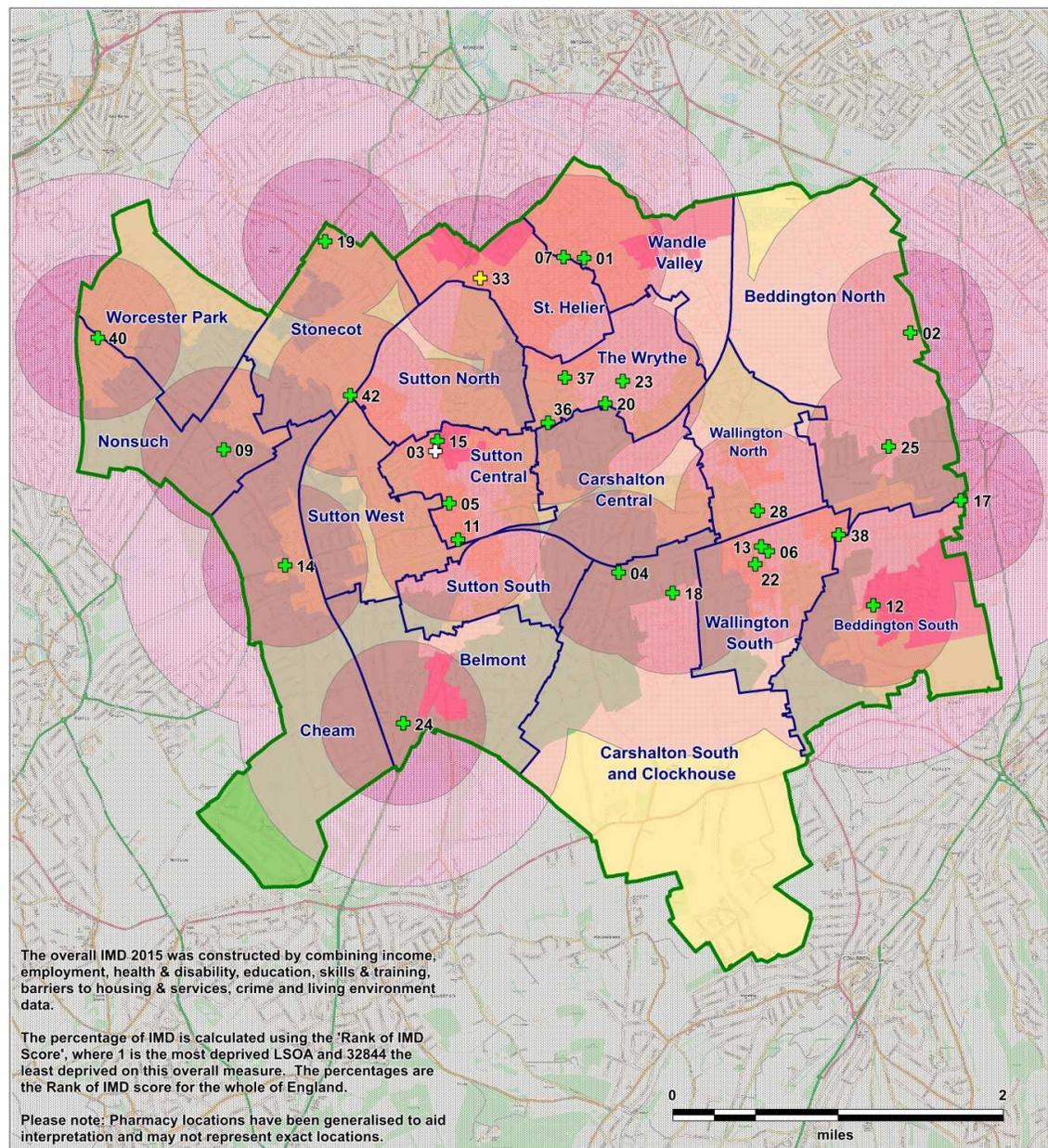
Pharmaceutical Needs Assessment Map 15 - Smoking Cessation

Legend

- Pharmacies
 - 100 Hour Pharmacies
 - PhS and LPS contracts provided from these premises
 - 0.5 mile
 - 1 mile
 - Sutton
 - Ward Boundaries
- Rank of IMD Score 2015 by LSOA
Percentage of Rank**
- < 20 %
 - 20 - 39.9 %
 - 40 - 59.9 %
 - 60 - 79.9 %
 - > 79.9 %

Pharmacies – National PhS Contract

- | | |
|---------------------------------|--------------------------------------|
| 01 Anna Pharmacy - SM5 1JF | 18 H. E. Matthews Pharmacy - SM5 3JG |
| 02 Asda Pharmacy - CR0 4XS | 19 Imperial Pharmacy - SM3 9EY |
| 03 Asda Pharmacy - SM1 1LD | 20 Kamsons Pharmacy - SM5 2RE |
| 04 Beeches Pharmacy - SM5 3LF | 22 Kamsons Pharmacy - SM6 0HY |
| 05 Boots - SM1 1JG | 23 Kamsons Pharmacy - SM5 2DP |
| 06 Boots - SM6 8RG | 24 Kirkby's Chemist - SM2 6BX |
| 07 Boots - SM5 1HA | 25 Lafford Chemist - CR0 4QR |
| 09 Boots - SM3 8EP | 28 Manor Pharmacy - SM6 0DE |
| 11 Coopers Pharmacy - SM1 1BB | 33 Rosehill Pharmacy - SM5 1AG |
| 12 Day Lewis Pharmacy - SM6 9DA | 36 S G Barai Pharmacy - SM1 3AT |
| 13 First Pharmacy - SM6 0LY | 37 Salmina Pharmacy - SM5 2RR |
| 14 Frith Pharmacy - SM3 8BH | 38 Stafford Pharmacy - SM6 9BS |
| 15 Gaiger Chemist - SM1 1PQ | 40 Superdrug Pharmacy - KT4 8DY |
| 17 Glory Chemist - CR0 4NH | 42 Tesco Instore Pharmacy - SM1 2NB |



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

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

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



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3.3 Locally Commissioned Services

3.3.4 Smoking Cessation (cont...)

Meeting the needs of those with a protected characteristic

Age	✓	The service may be accessed by anyone aged 16+. Smoking prevalence may vary between age groups. There are opportunities to target services at specific age segments of the population
Disability	✓	Services and advice need to be tailored to meet the specific needs of those with learning disabilities and cognitive impairment
Gender	✓	Smoking prevalence is higher in young women
Race	✓	Language may be a barrier to delivering the service. BAME groups more susceptible to diabetes, CVD etc and risk is increased by smoking
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Evidence of improved outcomes in pregnancy
Sexual orientation	✗	Lesbian, gay, bisexual and trans (LGBT) people are more likely to experience health inequalities and have higher rates of smoking
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision / Opportunities for Improvements

- We wish to see pharmacies proactively identifying (e.g. through medication records or opportunistic intervention) people who may benefit from the service. In Sutton, this includes people in routine and manual work, particularly those living in more deprived areas

Areas for Support / Barriers to Delivery Identified by Contractors

- Training and regular CPD updates
- Improved publicity / advertising

The Future

- The pharmacy-based smoking cessation has recently been recommissioned (October 2017), including a simplified claims and payment system
- There will be ongoing review of the service

Conclusions

- Smoking cessation services play an important part in reducing the health consequences and inequalities associated with smoking
- We have determined that the service is not necessary to meet the need for pharmaceutical services but is **relevant** in that it brings improvements:
 - There is published evidence to support community pharmacy-based stop smoking services
 - In 2016 it was estimated that 12.8% of adults in Sutton smoked, statistically similar compared to London (15.2%) and England (15.5%)
 - Suttons smoking prevalence is higher for people in routine and manual occupations (19%), which is statistically similar to London (23.9%) and England (26.5%)
 - The proportion of mothers smoking at the time of delivery in Sutton is 6.3%, which is statistically higher compared to the London average of 5%, but lower (better) than England 10.6%
 - The service supports local strategic priorities which focus on prevention, and furthermore smoking is a risk factor for cancer, CVD and respiratory disease the top 3 causes of premature mortality in Sutton
 - The service is accessible from pharmacies on up to 7 days a week
- 28 pharmacies have been commissioned; and an additional 8 are willing to offer the service in the future
- There is good access, and a choice of pharmacy, on weekdays (9:30am – 5pm) and Saturdays (9am – 12pm)
- We have identified the following potential gaps:
 - Access, and choice, during extended hours on weekdays and at weekends are more limited. People who work full time may prefer to access the service outside of working hours and may be discouraged from using the service, if it they have to travel 2 – 3 miles to do so

3.3 Locally Commissioned Services

3.3.5 Anti-coagulation Service

Overview

- The service has been commissioned to provide standardised, clinically effectively anti-coagulant monitoring using near patient testing & computerised decision support software
- The aim is to optimise accessibility, continuity of care and waiting times for the following target patient groups:
 - Domicile patients who are stabilised on warfarin but unable to attend clinic-based sessions
 - Ambulatory patients, including initiation of warfarin; undertaking call and recall; education of newly diagnosed patients
- Service providers are required to:
 - Monitor INR and tailor dosage
 - Provide advice on the effects of over or under anti-coagulation, diet, lifestyle and drug interactions
 - Maintain a register of patients, have a treatment plan for each patient, review the need for continued treatment and keep accurate records

The Current Picture

- 5 (11.6%) pharmacies have been commissioned to provide the ambulatory service; 1 pharmacy (H.E. Matthews) provides the domiciliary service
- 28 additional pharmacies are willing to provide the service
- The table (below) summarises service availability by ward
- Non-pharmacy providers: Sutton GP Services Ltd provide the domiciliary service and 6 GP practices provide the ambulatory service

Provider	Ward	Availability of Anticoagulation Service		
		Weekdays	Saturdays	Sundays
Boots	Sutton Central	M, Tu, Wed, F 8:30 – 18:30 Thurs 08:30 – 19:00	08:30 – 19:00	10:30 – 16:30
Boots	Wandle Valley	8:30 – 18:30	9:00 – 17:30	-
H.E. Matthews	Carshalton South & Clockhouse	8:30 – 19:30	9:00 – 18:00	-
Kamsons	Wallington South	8:30 – 19:00	9:00 – 13:00	9:00 – 13:00
Kamsons	The Wrythe	9:00 – 18:00	9:00 – 18:00	-

Public Survey – Knowledge of Services (n=199)

- 2% of respondents had used a pharmacy-based anti-coagulation service; 5.5% said they would use the service if it were available
- 11.1% were aware the service was offered and 62.3% were not aware

Provider Criteria

- The pharmacy must have a consultation area with suitable hand washing facilities
- Pharmacists must be:
 - Trained in all areas set out in the service specification
 - Competent in this area of clinical practice
 - Keep up to date with national or local clinical updates, regulations and standards, ensuring their skills are updated annually
 - Vaccinated against Hepatitis B
- Standard operating procedures must be in place
- The pharmacy must have an NHS.net email account

The Evidence Base

- Evidence to support pharmacy-based anti-coagulation services comes from international studies:
 - A US study³⁶ demonstrated that clinical pharmacies in a community pharmacy setting can effectively manage anti-coagulation therapy
 - An Australian study was undertaken in 16 rural pharmacies³⁷:
 - The monitoring was well received by pharmacists, GPs and patients
 - The CoaguChek S monitor in pharmacy-based testing performed accurately compared with conventional laboratory testing
 - The authors concluded “further research is needed on the impact of community pharmacy INR monitoring on patient care & outcomes.”
 - A NZ study³⁸ demonstrated that community pharmacist-led care using near patient testing and computerised decision support is safe and effective; mean time to therapeutic range was shorter for pharmacist-led care compared with GP led care
 - In the UK, there are established models of community pharmacy-based services. A well established model in the former Derwentside PCT manages more than 900 patients. Audits demonstrate that therapeutic control in a pharmacist led service is at least as good as that previously provided by the hospital³⁹

3.3 Locally Commissioned Services

3.3.5 Anti-coagulation Service (cont...)

Meeting the needs of those with a protected characteristic

Age	✓	The service may be accessed by anyone aged 16+. The incidence of stroke and potential need for the service increases with age
Disability	✓	People who have had a stroke may have disabilities as a consequence of this and the service needs to be adapted to meet these
Gender	✓	There are inequalities with respect to CVD and stroke with men being disproportionately affected; as such they may have a greater need for the service
Race	✓	Language may be a barrier to delivering the service successfully. BAME communities are more susceptible to circulatory disease and stroke
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Advice may be required on the use of anti-coagulants in pregnancy, in women planning pregnancy and for women who are breast feeding
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision / Opportunities for Improvements

- There are no plans to commission the service from additional pharmacies

Areas for Support / Barriers to Delivery Identified by Contractors

- Training (including how to take samples)
- Improved publicity / advertising
- Capacity and insufficient space in the pharmacy

The Future

- There are no future plans for the service at this point in time

Conclusions

- The community-based anti-coagulant service has been commissioned to provide standardised, clinically effectively monitoring, with a view to optimising accessibility, continuity of care and waiting times for target patient groups
- We have determined that the service is not necessary to meet the need for pharmaceutical services but is **relevant** in that it has secured improvements:
 - The published evidence base to support community pharmacy-based services is still emerging and primarily based on international practice; “real-world” services demonstrate that pharmacy-based services are as effective as traditional hospital-based models
 - The service is commissioned from both GP surgeries and pharmacies
 - The pharmacy-based service is available on 7 days a week and during extended hours on weekdays and Saturdays; this potentially offers benefits in terms of access compared with other providers
 - The service supports the delivery of local strategic priorities to provide personalised care for LTCs in the community and the focus on prevention through early / appropriate interventions
- 28 pharmacies have been commissioned; 28 additional pharmacies are willing to offer the service in the future
- The pharmacies offering the service are located in wards within the centre of the Borough and most residents should be able to access the service within 2 miles of where they live. This is reasonable given that this is a specialist service which offers an alternative to care via hospital clinics. There is also a domiciliary service to improve access for patients who are less able leave home
- Activity data has not been provided so it has not been possible to assess if there is any variation in service delivery
- We have not identified any specific gaps, needs or areas for improvement at this point in time

3. The Assessment

3.4 Looking to the Future

Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided
- In this section, we consider how community pharmacy *may* support the delivery of our public health ambitions and our local strategic priorities
- Our thinking has been influenced by a number of factors including:
 - Local strategic priorities which focus on prevention and staying healthy, tackling primary and secondary causes of premature mortality including interventions to address lifestyle risks and risky behaviours. We fully support the inclusion of the Healthy Living Pharmacy Programme, within the new quality framework for community pharmacy, as a means of providing a solid foundation upon which community pharmacy can make a material difference in improving the health and wellbeing of our population
 - The accessibility and strengths of community pharmacy to offer opportunistic health promotion and brief interventions with a view to “Making Every Contact Count”¹²
 - The opportunity for community pharmacy to play a wider role in primary care, including improving accessibility and relieving pressure on the urgent care system; signposting and a pivotal role in supporting the management of long term conditions
 - Our review of pharmaceutical needs across the life-course (Appendix F)
 - A literature review, which has looked at the evidence to support the delivery of pharmacy-based services and how these link to the NHS, Public Health and Social Care Outcomes Framework
 - Pharmacy-based services which have been successfully commissioned in other areas
- The potential service developments, mapped against local strategic priorities (page 101- 103), *may* be considered alongside other priorities by the London Borough of Sutton, and our partner organisations, when developing future commissioning strategy
- Finally, we have reflected upon gaps and areas for improvement identified throughout our PNA. The box (right) sets out the HWB aspirations for pharmacy premises and services for existing contractors. It follows that we would anticipate these aspirations to be prioritised for any future applications for NHS pharmaceutical services

Element	Summary of Priorities
Pharmacy opening hours	<ul style="list-style-type: none"> • 7 day a week opening • Extended hour opening as part of core hours: <ul style="list-style-type: none"> ○ Weekdays: <ul style="list-style-type: none"> • Open by 8am (or earlier) and not closing before 7pm; or • As a minimum, opening at the same time as GP surgeries and closing 30 minutes later ○ Saturday, open from 9am – 5pm as a minimum; and ideally open until 7pm or beyond ○ Sunday, open for a minimum of 6 hours
Advanced services	<ul style="list-style-type: none"> • Accredited & prepared to offer all advanced services • Prepared to seek accreditation for all future advanced services • Willing to provide services in the domiciliary setting, including care homes (subject to NHS England approval)
Enhanced services	<ul style="list-style-type: none"> • Prepared to seek accreditation for and to offer future enhanced services (if required)
Locally Commissioned services	<ul style="list-style-type: none"> • Accredited and prepared to offer all locally commissioned services • Prepared to seek accreditation for and to offer future locally commissioned services (if required) • Prepared to achieve Healthy Living Pharmacy status under the Quality Payment Scheme
Consultation Areas	<ul style="list-style-type: none"> • Minimum of one area, fully compliant with the Regulations; and with the following additional characteristics: <ul style="list-style-type: none"> ○ Space for a chaperone and/or a wheel chair ○ Sink with hot water ○ Equipped with a telephone, computer, secure IT connection & access to NHS.net email ○ Access to patient medication records ○ Security measures i.e. panic button & CCTV ○ Hearing loop ○ Patient toilet nearby
Meeting the needs of those with a disability	<ul style="list-style-type: none"> • Premises and services should be suitably adapted to meet the needs of those with a disability including: <ul style="list-style-type: none"> ○ Step-free wheelchair access to all public areas ○ Hearing loop ○ Ability to provide large print labels and labels with braille ○ “Aide memoirs” and easy to read information

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	SW London Sustainability & Transformation Plan	Joint Health & Wellbeing Strategy	Sutton Health and Care
Urgent minor illness service <ul style="list-style-type: none"> Review the scope of the current scheme to align with CCG prescribing policy and potentially to include prescription only medicines under PGD to increase the number of patients who can be diverted from GP surgeries or other urgent care services Referral to other health & social care professionals if required 	<ul style="list-style-type: none"> Right care in the right place Prevention and self-care 	<ul style="list-style-type: none"> No specific link to the strategy 	<ul style="list-style-type: none"> Preventative approach to encourage self-management and patient education
Immunisations <ul style="list-style-type: none"> Expand the range of immunisations administered through pharmacy. This could include childhood immunisations 	<ul style="list-style-type: none"> Focus on prevention & staying healthy 	<ul style="list-style-type: none"> Supports “living well for longer” 	<ul style="list-style-type: none"> Preventative approach
Management of LTCs <ul style="list-style-type: none"> Monitoring & management of LTCs, within a care plan: <ul style="list-style-type: none"> Assessing & monitoring disease control and medication (e.g. blood tests, BP etc) Education on self-care The service could be: <ul style="list-style-type: none"> Pharmacist-led (pharmacy-based or outreach service) Other healthcare professional working in the pharmacy 	<ul style="list-style-type: none"> Focus on prevention and staying healthy –management of LTCs Right care in the right place 	<ul style="list-style-type: none"> Supports improving the health of the population and reducing differences in outcomes 	<ul style="list-style-type: none"> Preventative approach to encourage self-management and patient education Reactive approach in that the service would help to improve outcomes in people who have already been diagnosed with a LTC
Substance misuse services <ul style="list-style-type: none"> Scope may be expanded to include Alcohol IBA 	<ul style="list-style-type: none"> Focus on prevention & staying healthy 	<ul style="list-style-type: none"> Supports “living well for longer” 	<ul style="list-style-type: none"> Preventative approach

3.4 Looking to the Future

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

Potential Future Service	SW London Sustainability & Transformation Plan	Joint Health & Wellbeing Strategy	Sutton Health and Care
<p>Integrated medicines optimisation</p> <ul style="list-style-type: none"> Develop integrated medicines optimisation services for people who are cared for in more than one setting Opportunities may include: <ul style="list-style-type: none"> Enhancing support provided to patients to facilitate self-care and self-management Patients identified as high risk, with regards to medicines, post discharge referred into community pharmacy for follow up Support for patients to improve adherence e.g. aide memoires, text messages, domiciliary services Facilitate exchange of medicines information between clinical settings Identification, & notification to prescribers, of people not taking preventative medicines e.g. those at high risk of CVD 	<ul style="list-style-type: none"> Prevention and self-care Focus on prevention and staying healthy –management of LTCs Highly co-ordinated multidisciplinary teams Tackling waste – pharmaceutical and reduced health benefits 	<ul style="list-style-type: none"> Fits with an “integrated care” approach 	<ul style="list-style-type: none"> Preventative approach Reactive approach in that the service would help to improve outcomes in people who have already been diagnosed with a LTC
<p>Medicines Optimisation in Care Homes</p> <ul style="list-style-type: none"> Consider role of pharmacies over and above the enhanced service, taking into account NICE recommendations 	<ul style="list-style-type: none"> Focus on prevention and staying healthy –management of LTCs Tackling waste – pharmaceutical and reduced health benefits 	<ul style="list-style-type: none"> No specific link to the strategy 	<ul style="list-style-type: none"> Preventative approach Reactive approach in that the service would help to improve outcomes in people who have already been diagnosed with a LTC
<p>Weight management</p> <ul style="list-style-type: none"> Scope could include: <ul style="list-style-type: none"> Advice & brief interventions on weight management, healthy eating & exercise Eatwell Pharmacy-based weight management service 	<ul style="list-style-type: none"> Focus on prevention & staying healthy 	<ul style="list-style-type: none"> Supports “living well for longer” 	<ul style="list-style-type: none"> Preventative approach

3.4 Looking to the Future

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

Potential Future Service	SW London Sustainability & Transformation Plan	Joint Health & Wellbeing Strategy	Sutton Health and Care
Health Information Hubs <ul style="list-style-type: none"> • Build upon the health promotion and signposting role so that pharmacy becomes a recognised “Health Information” point • Residents will either be supported directly in the pharmacy and/or signposted on to other services depending upon their needs • Scope of the service could include social prescribing 	<ul style="list-style-type: none"> • Focus on prevention & staying healthy • Prevention and self-care 	<ul style="list-style-type: none"> • Supports “living well for longer” 	<ul style="list-style-type: none"> • Preventative approach

3. The Assessment

3.5 Regulatory Statements

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

Regulation	Summary of Gaps, Needs and Improvements
Necessary Services – gaps in provision (current need) Schedule 1; Regulation 4(1); 2(a)	<ul style="list-style-type: none"> No gaps or needs identified
Necessary Services – gaps in provision (future need) Schedule 1; Regulation 4(1); 2(b)	<ul style="list-style-type: none"> No gaps or needs identified
Improvements or Better Access Schedule 1; Regulation 4(1); 4(a)	<ul style="list-style-type: none"> Access and choice, to all pharmacy-based services could be enhanced if more of the <i>existing network of pharmacies were to extend opening hours on weekday mornings & evenings and at weekends</i>. This may be beneficial for residents who work full time and who prefer to use a pharmacy outside of working hours The existing pharmacy network could do more to support those with a hearing impairment and through the provision of “aide memoires” for those with cognitive impairment The HWB has not identified a need for an additional pharmacy to deliver these improvements
Future improvements or Better Access Schedule 1; Regulation 4(1); 4(b)	<ul style="list-style-type: none"> Access and choice as described under “Improvements or Better Access” above
Other NHS services which affect the need for pharmaceutical services or where further provision would secure improvements or better access Schedule 1; Regulation 4(1); 5 (a and b)	<ul style="list-style-type: none"> The Sutton Joint End of Life Strategy identifies a need to secure out-of-hours access to palliative care medicines, from the existing pharmacy network We have not identified any other gaps or needs for other NHS services (provided or arranged by a local authority, NHSE, a CCG, an NHS Trust or NHS Foundation Trust) which affects the need for pharmaceutical services; or where further provision of pharmaceutical services would secure improvements, or better access, to these services

4. Consultation Report

Consultation Approach

- Sutton Health and Wellbeing Board has undertaken a consultation on a draft of its Pharmaceutical Needs Assessment
- The consultation was initiated on the 25th January 2018 and ended at midnight on the 28th March 2018. This period complied with the minimum 60 day consultation required by the Regulations
- The consultation was managed electronically:
 - All stakeholder groups, as stated within the Regulations, were invited to participate (refer to the box below)
 - Stakeholders were emailed on the 25th January 2018 to advise that they were being invited to participate in the consultation; and to provide notification that this was now live
 - A hard copy letter was posted 1st class on the same day. This was sent to Chief Executives of NHS and other provider organisations and neighbouring HWBs. A copy was also sent to community pharmacy contractors.
 - The draft PNA and associated appendices were posted on a dedicated page on the Council website; participants were advised that they may request a hard copy of the draft PNA, free of charge, if required
 - Respondents were required to complete standard response questions (Appendix I). They were given the option of using an on-line survey tool or completing the form and emailing this back to a dedicated email address

Consultation Outcome

- All feedback was consolidated into a document for review by the PNA Steering Group on the 20 April 2018
- In total, 13 responses were received, by the consultation deadline, from the following stakeholders:
 - NHS England, London Region
 - 12 community pharmacy contractors
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix J
- Where applicable, the draft PNA was updated to reflect the decision of the PNA Steering Group

Stakeholder Groups invited to Participate in the Consultation

Stakeholders Specified Within the Regulations

- Healthwatch Sutton
- Merton, Sutton & Wandsworth Local Pharmaceutical Committee
- Sutton Local Medical Committee
- Sutton NHS Pharmaceutical Services Contractors (43 contractors) and the Local Pharmaceutical Services contractor
- Epsom & St Helier University Hospitals NHS FT
- Royal Marsden NHS Foundation Trust
- Royal Marsden Community Services for adults and children
- Neighbouring Health & Wellbeing Boards (Croydon, Kingston-Upon-Thames, Merton and Surrey)

Other Stakeholder Groups

- NHS Sutton Clinical Commissioning Group

Annex A

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Annex B

Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	LPS	Local Pharmaceutical Services (local contract)
AUR	Appliance Use Reviews	LSOA	Lower Super Output Areas
BAME	Black, Asian and Minority Ethnic	LTC	Long Term Condition
CCG	Clinical Commissioning Group	Men C	Meningococcal type C
CCTV	Closed Circuit Television	MMR	Measles, Mumps and Rubella
COPD	Chronic Obstructive Pulmonary Disease	MURs	Medicines Use Reviews
CPD	Continuing professional development	NHSE	NHS England
CPPE	Centre of Pharmacy Postgraduate Education	NICE	National Institute for Health & Care Excellence
CVD	Cardiovascular Disease	NMS	New Medicine Service
DAC	Dispensing Appliance Contractor	NUMSAS	NHS Urgent Medicines Supply Advanced Service
DTaP	Diphtheria, Tetanus, acellular Pertussis	OCU	Opiate / Crack Cocaine User
EHC	Emergency hormonal contraception	ONS	Office of National Statistics
EPS	Electronic prescription services	PGD	Patient Group Direction
FP10	NHS Prescription Form	PhAS	Pharmacy Access Scheme
FT	Foundation Trust	PHE	Public Health England
GLA	Greater London Authority	PHOF	Public Health Outcomes Framework
GP	General practitioner	PhS	Pharmaceutical Services (national contract)
Hib	Haemophilus influenzae type B	PI	Prescription Intervention
HIV	Human Immunodeficiency Virus	PMR	Patient Medication Record
HLP	Healthy living pharmacy	PNA	Pharmaceutical Needs Assessment
HPA	Health Protection Agency	PSNC	Pharmaceutical Services Negotiating Committee
HWB	Health & Wellbeing Board	QoF	Quality and Outcomes Framework
IBA	Identification and Brief Advice	QPS	Quality Payment Scheme
IMD	Index of multiple deprivation	RMH	Royal Marsden NHS Foundation Trust
IPV	Inactivated polio vaccine	SACS	Stoma Appliance Customisation Services
JHWS	Joint Health & Wellbeing Strategy	SWL	South West London
JSNA	Joint Strategic Needs Assessment	SHLAA	Strategic Housing Land Availability Assessment
LAs	Local Authorities	STIs	Sexually Transmitted Infections
LGBT	Lesbian, Gay, Bisexual, Transgender	STP	Sustainability & Transformation Plan
LMC	Local Medical Committee	UPSI	Unprotected Sexual Intercourse
LPC	Local Pharmaceutical Committee	WHO	World Health Organisation

Appendix A

PNA Steering Group Terms of Reference

1. Background

The statutory responsibility for PNAs transferred to the Health and Wellbeing Boards (HWB) on the 1 April 2013, as a result of the changes introduced by the Health and Social Care Act 2012. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the duties of the HWB in relation to Pharmaceutical Needs Assessments. The same Regulations also set out the responsibility of the NHS Commissioning Board (now NHS England) in relation to the new Market Entry Regulations. These require that NHS England use the PNA to consider applications from pharmacies, dispensing appliance contractors and dispensing doctors to open new premises, move existing premises or to provide additional pharmaceutical services.

2. Role

The Sutton PNA Steering Group has been established to:

- Oversee and drive the formal process required for the development of a PNA by April 2018
- Ensure that the published PNA complies with all the requirements set out under the Regulations
- Promote integration of the PNA with relevant strategies and plans.

3. Key Objectives

- Approve the PNA project plan and timeline and ensure that key milestones are met.
- Ensure that the requirements for the development of the PNA are followed and that the appropriate assessments are undertaken, in line with the Regulations.
- Approve the framework for the Pharmaceutical Needs Assessment (including the localities which will form the basis of the needs assessment and the maps that will be included in the document).
- Undertake an assessment of the pharmaceutical needs of the population and make recommendations based on this assessment.
- Determine the criteria for necessary and relevant services and apply these to pharmaceutical services, taking into account stakeholder feedback including views from service users and residents.
- Develop and approve a draft PNA for a formal 60 day consultation with stakeholders
- Oversee the formal consultation ensuring that it meets the requirements set out in the Regulations. Consider and act upon formal responses received during the consultation process and make appropriate amendments to the PNA
- Develop and approve a consultation report, as required by the Regulations, and ensure that this is included within the final PNA
- Submit the final PNA to the Health and Wellbeing Board for approval prior to publication
- Respond to consultations initiated by neighbouring HWBs.
- Consider the processes by which the HWB will discharge its responsibilities in relation to maintaining the PNA.

4. Governance

The following Governance arrangements have been established:

- The Sutton HWB has delegated responsibility for the development of the PNA to the Director of Public Health (DPH).
- The Sutton HWB has delegated responsibility for and for formally responding to consultations from neighbouring HWBs to the Director of Public Health (DPH).
- Sutton PNA Steering Group reports to the DPH and is accountable to the Health and Wellbeing Board (HWB) through this route
- In addition, the PNA Steering Group will keep the following organisations informed of progress:
 - NHS England, through membership of the PNA Steering Group
 - NHS Sutton CCG through membership of the PNA Steering Group
- The PNA Steering Group will document and manage potential and actual conflicts of interest
- The final PNA will be presented to the HWB for approval prior to publication

5. Meeting Frequency

The PNA Steering Group will meet, either on a face to face basis or virtually (conference call or email discussion), approximately every six weeks, in line with the needs of the PNA project plan.

6. Membership

Name	Role	Nominated deputy
Dr Nicola Lang (Chair)	Director of Public Health	Clare Ridsdill-Smith Head of Public Health Integration
Sarah Taylor	Head of Medicines Optimisation, Sutton CCG	
Andrew McCoig	Chair of Local Pharmaceutical Committee (Merton, Sutton and Wandsworth)	
David Williams	Chair of Health Watch Sutton	
Dr Rebekah Dowdy	Chair of Sutton Local Medical Committee (LMC)	
David Tamby Rajah	Head of Community Pharmacy Contracts, NHS England	

8. Quorum

- Director of Public Health or nominated deputy
- One CCG member
- LPC member
- Healthwatch

Appendix B

Public Survey

Patient and Public Engagement Survey March 2017

Background

The Health and Wellbeing Board must produce, consult and publish a Pharmaceutical Needs Assessment every three years. The document intends to deliver a comprehensive assessment of the current and future pharmaceutical needs of the local population. As part of the assessment we have surveyed local residents with regards to their views on local pharmacy provision. The results from this survey will contribute to the conclusions drawn within the needs assessment.

Methodology

An online survey was used, which opened on 6 December 2016 and ran until 28 February 2017. 275 respondents took part in this consultation. The data in this report relates to the number of respondents who answered each question. Those who have not answered each question have not been included in the percentage calculations. The sample for each question is stated.

Demographics

68% of respondents were female 92% of respondents were White British
29% of respondents were aged 65 to 74 years, with 47% who were retired and just over 70% did not pay prescription charges.

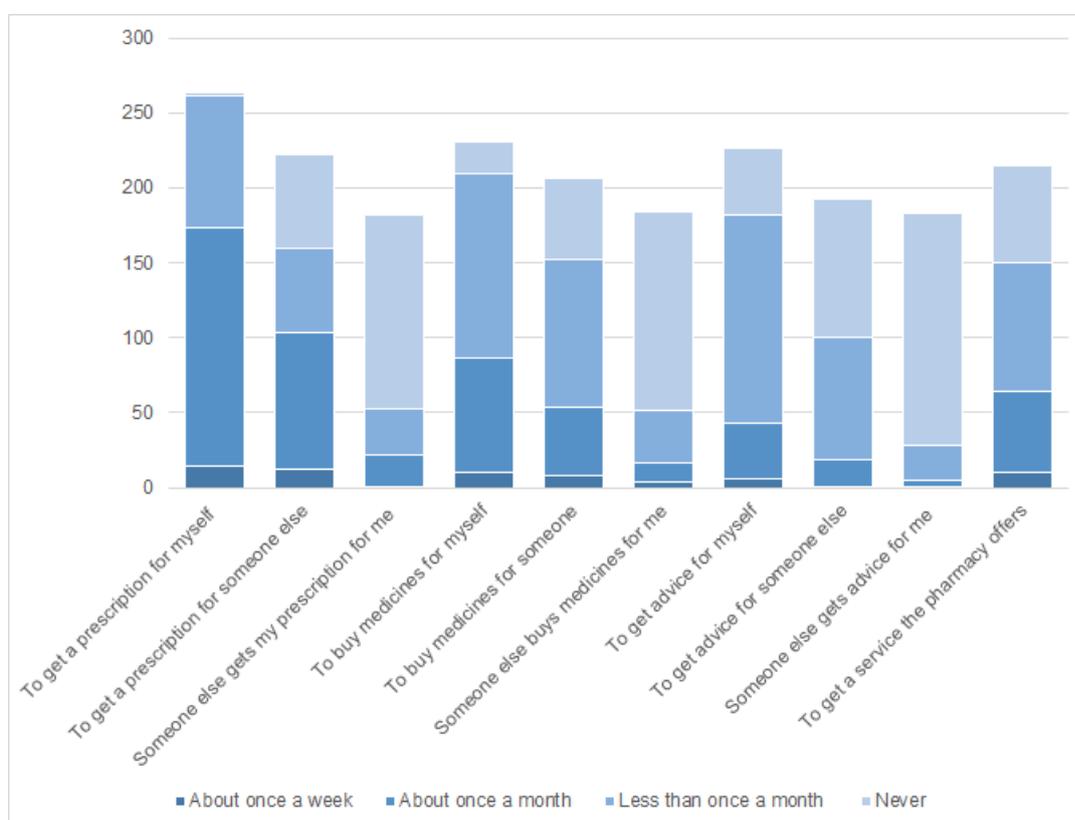
Survey Findings

1. Why and how often do you usually use a pharmacy?

Respondents were asked to tick any or all that apply.

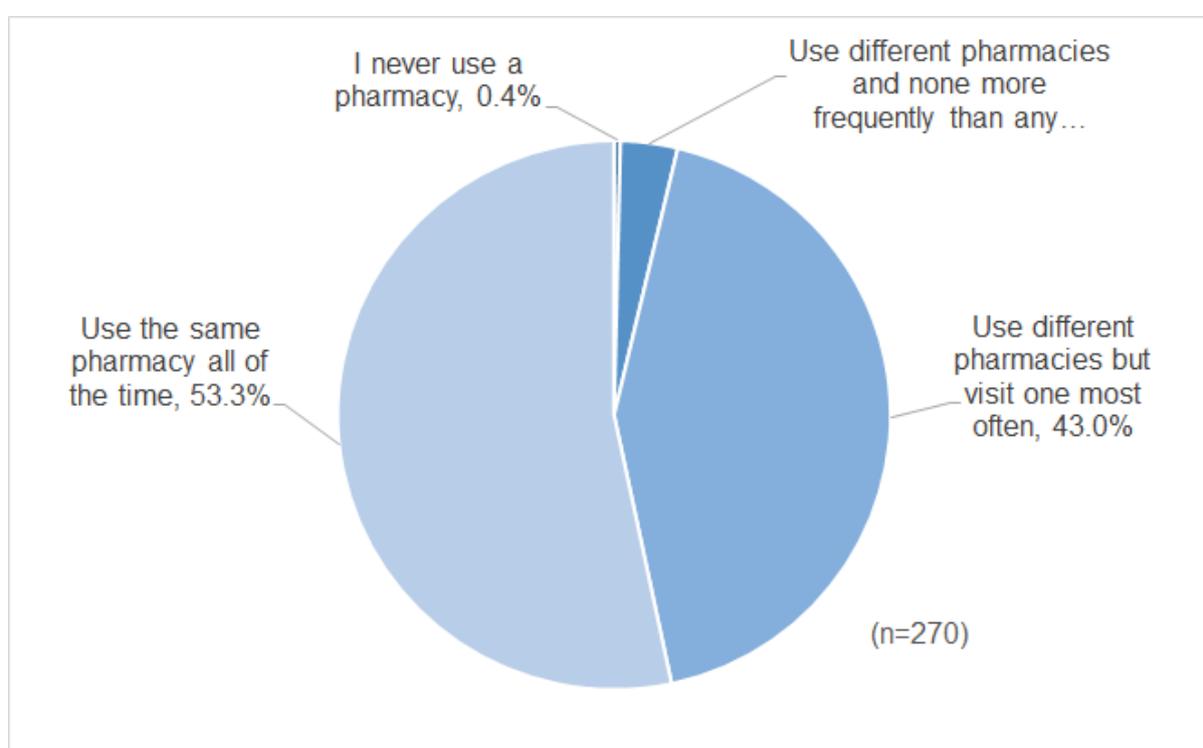
Answer options	About once a week		About once a month		Less than once a month		Never		Response count
	n	%	n	%	n	%	n	%	
To get a prescription for myself	14	5.3%	159	60.2%	88	33.3%	3	1.1%	264
To get a prescription for someone else	12	5.4%	91	41.0%	57	25.7%	62	27.9%	222
Someone else gets my prescription for me	1	0.5%	21	11.5%	31	17.0%	129	70.9%	182
To buy medicines for myself	10	4.3%	76	32.9%	124	53.7%	21	9.1%	231

Answer options	About once a week		About once a month		Less than once a month		Never		Response count
	n	%	n	%	n	%	n	%	
To buy medicines for someone	8	3.9%	46	22.3%	98	47.6%	54	26.2%	206
Someone else buys medicines for me	4	2.2%	13	7.1%	35	19.0%	132	71.7%	184
To get advice for myself	6	2.7%	37	16.4%	139	61.5%	44	19.5%	226
To get advice for someone else	1	0.5%	18	9.3%	81	42.0%	93	48.2%	193
Someone else gets advice for me	1	0.5%	4	2.2%	23	12.6%	155	84.7%	183
To get a service the pharmacy offers	10	4.7%	54	25.1%	86	40.0%	65	30.2%	215



2. Do you...?

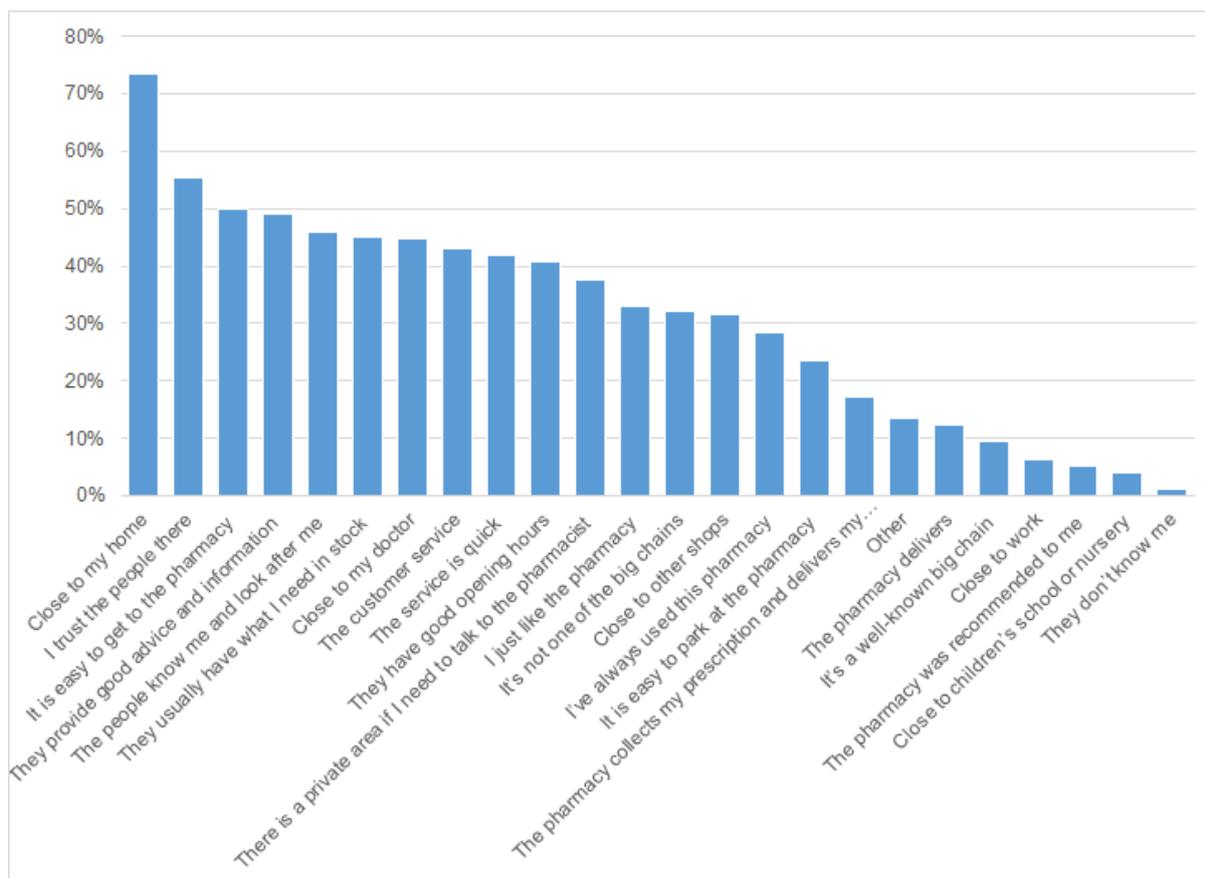
Answer options	Response count	Response %
Use the same pharmacy all of the time	144	53.3%
Use different pharmacies but visit one most often	116	43.0%
Use different pharmacies and none more frequently than any other	9	3.3%
I never use a pharmacy	1	0.4%
Total	270	100.0%



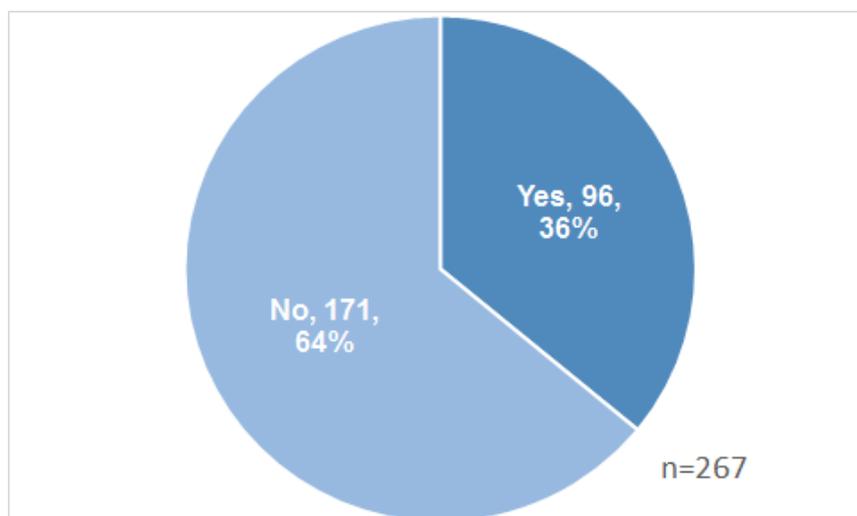
3. Why do you use this pharmacy? Respondents were asked to tick all reasons which applied.

Answer options	Response count	Response percentage
Close to my home	202	73.5%
I trust the people there	152	55.3%
It is easy to get to the pharmacy	137	49.8%
They provide good advice and information	135	49.1%
The people know me and look after me	126	45.8%

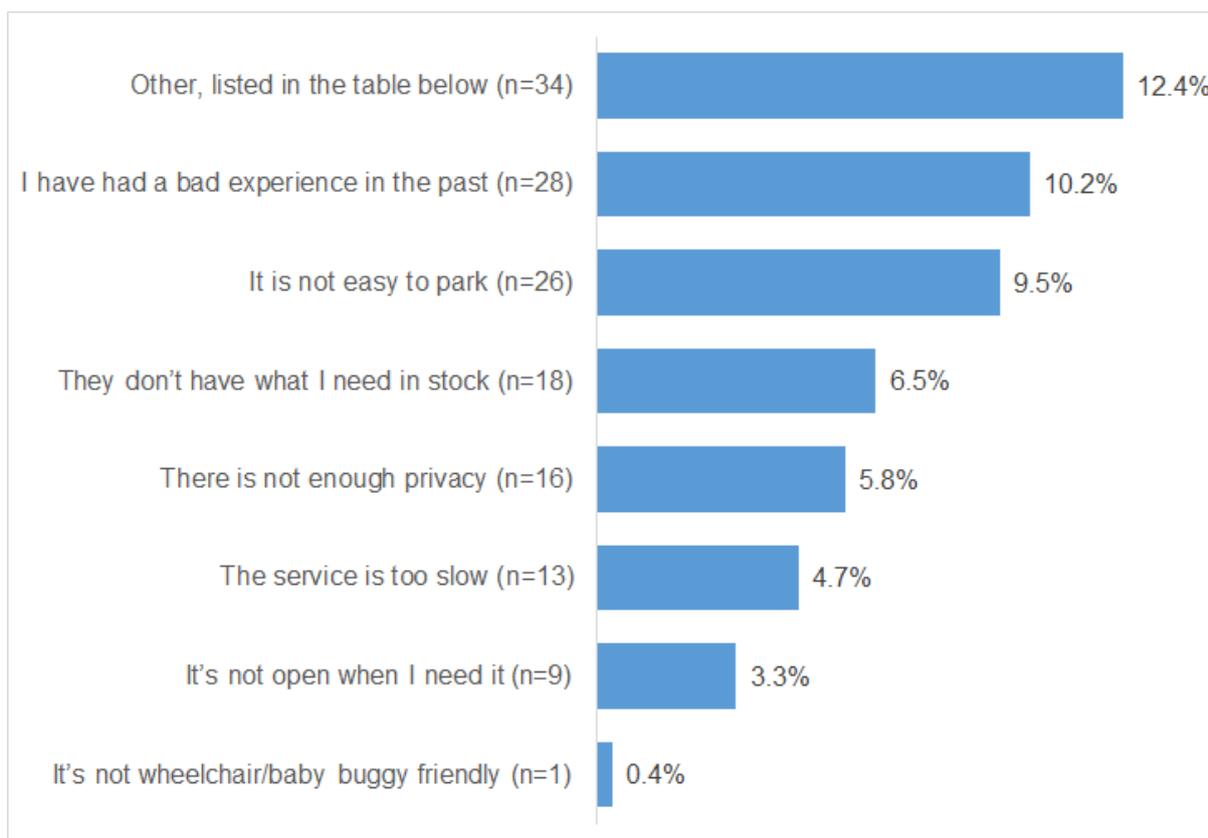
Answer options	Response count	Response percentage
They usually have what I need in stock	124	45.1%
Close to my doctor	123	44.7%
The customer service	118	42.9%
The service is quick	115	41.8%
They have good opening hours	112	40.7%
There is a private area if I need to talk to the pharmacist	103	37.5%
I just like the pharmacy	91	33.1%
It's not one of the big chains	88	32.0%
Close to other shops	87	31.6%
I've always used this pharmacy	78	28.4%
It is easy to park at the pharmacy	65	23.6%
The pharmacy collects my prescription and delivers my medicines	47	17.1%
Other	37	13.5%
The pharmacy delivers	34	12.4%
It's a well-known big chain	26	9.5%
Close to work	17	6.2%
The pharmacy was recommended to me	14	5.1%
Close to children's school or nursery	11	4.0%
They don't know me	3	1.1%



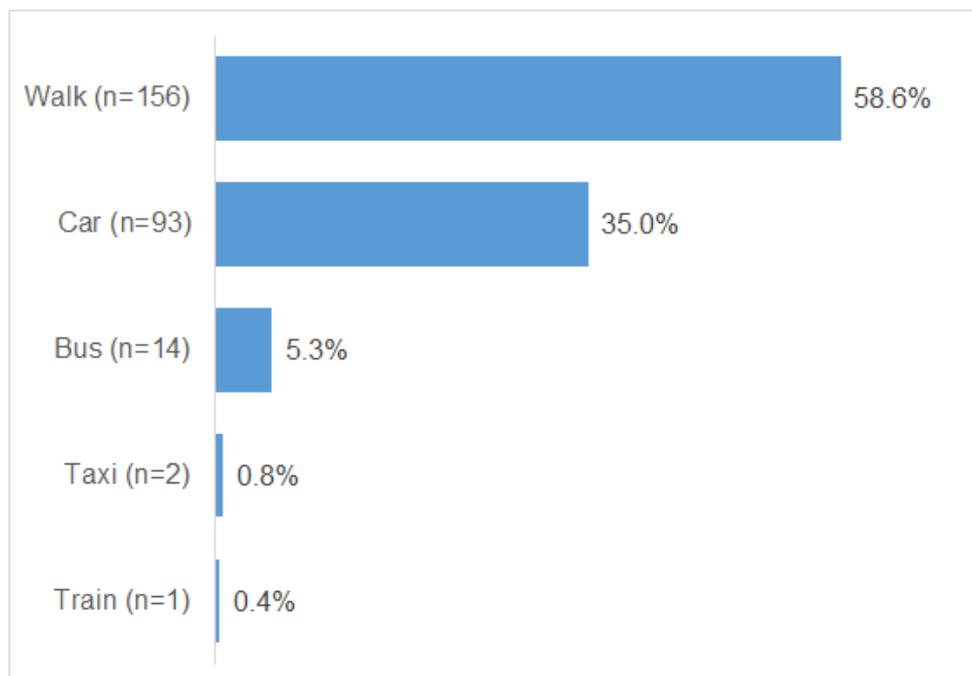
5. Is there a more convenient or nearer pharmacy that for some reason you don't use?



6. ...and if yes, why don't you use that pharmacy?

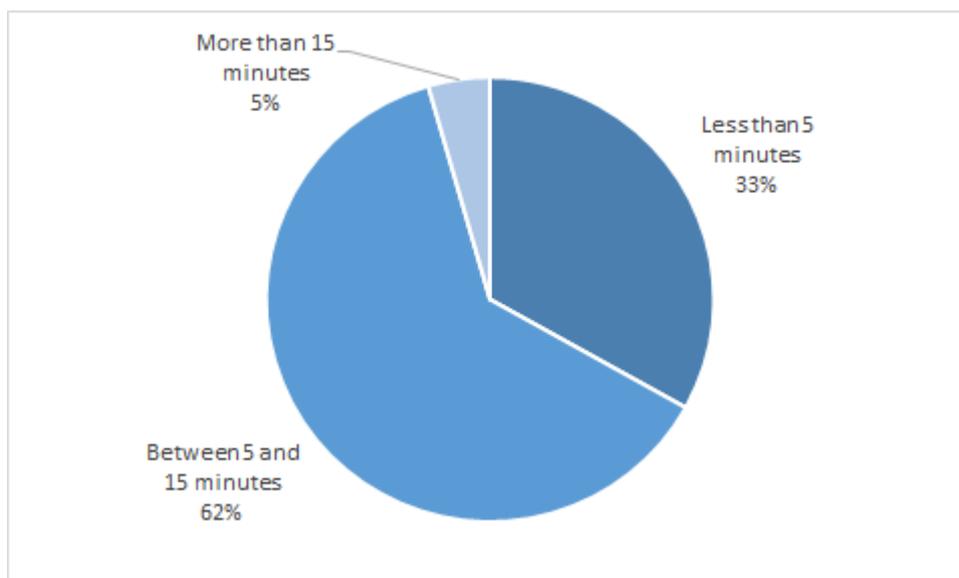


7. If you go to the pharmacy yourself, how do you usually get there?

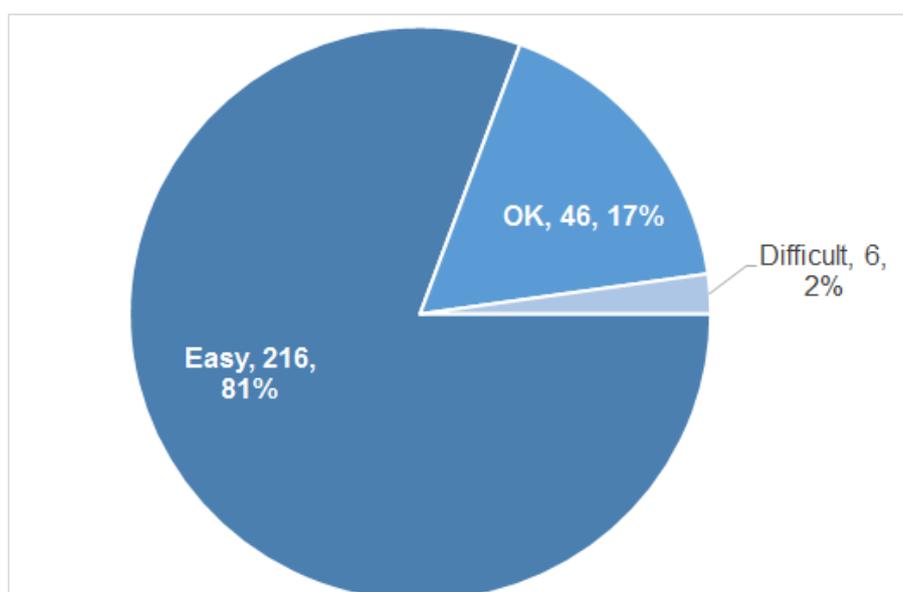


8. ...and how long does it usually take to get there?

Answer options	Response count	Response percentage
Less than 5 minutes	89	32.4%
Between 5 and 15 minutes	168	61.1%
More than 15 minutes	12	4.4%

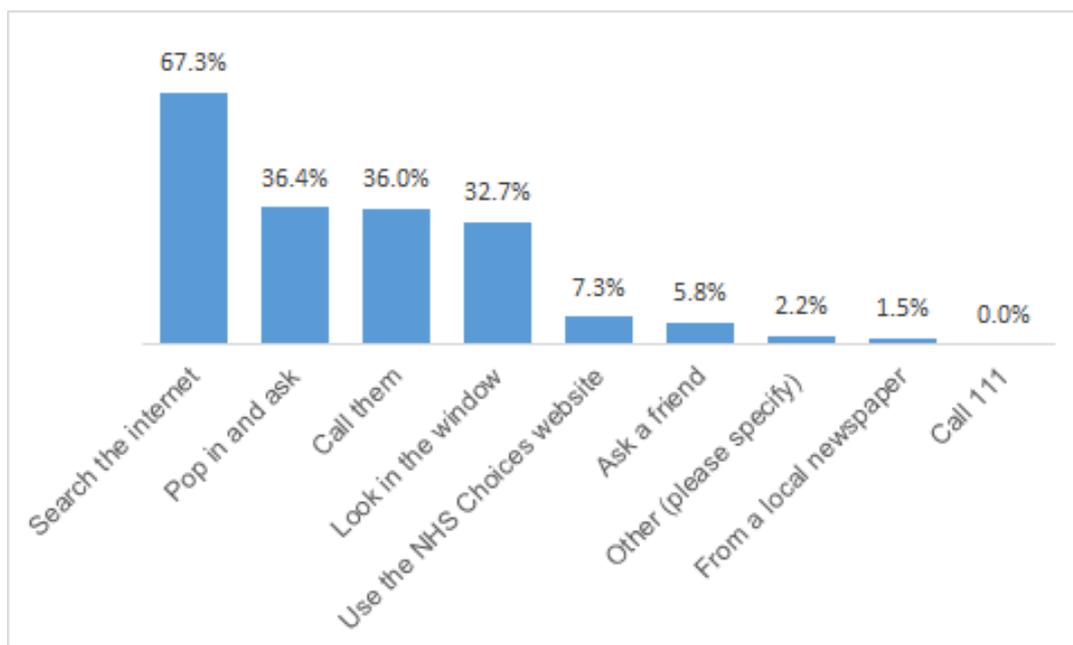


9. Overall, how easy is it for you to get to the pharmacy?



10. How would you find out information about a pharmacy e.g. opening times or services offered?

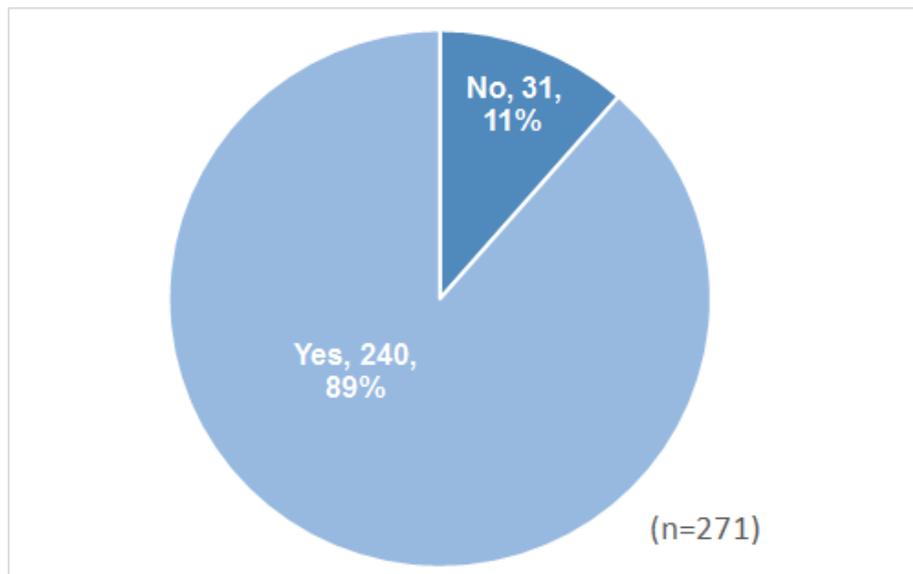
Answer Options	Response count	Response percentage
Search the internet	185	67.3%
Pop in and ask	100	36.4%
Call them	99	36.0%
Look in the window	90	32.7%
Use the NHS Choices website	20	7.3%
Ask a friend	16	5.8%
Other (please specify)	6	2.2%
From a local newspaper	4	1.5%
Call 111	0	0.0%



11. We'd like to understand how easy it is for you to communicate with your pharmacist:

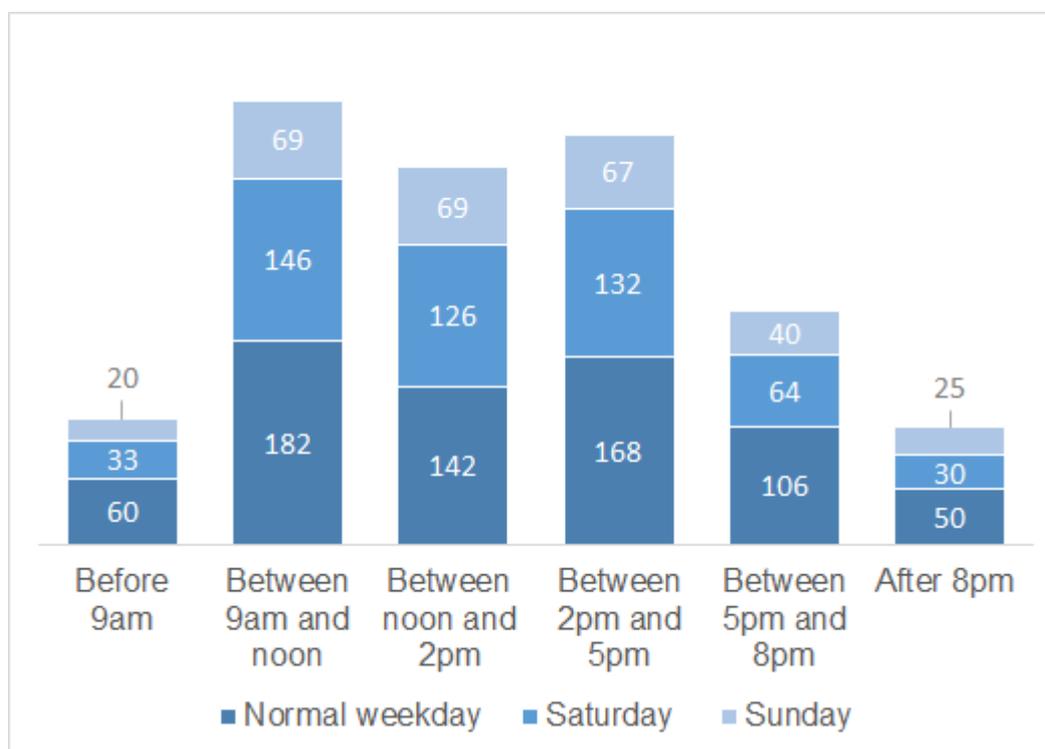
	Yes		No, but I have someone who will translate for me		No, but I would prefer this in another language		Total number of Responses
	n	%	n	%	n	%	
Are you able to talk to a pharmacist in English?	269	99.6%	1	0.4%	0	0.0%	270
Are you able to read information in English?	261	100.0%	0	0.0%	0	0.0%	261

12. Do you feel able to discuss something private with a pharmacist?



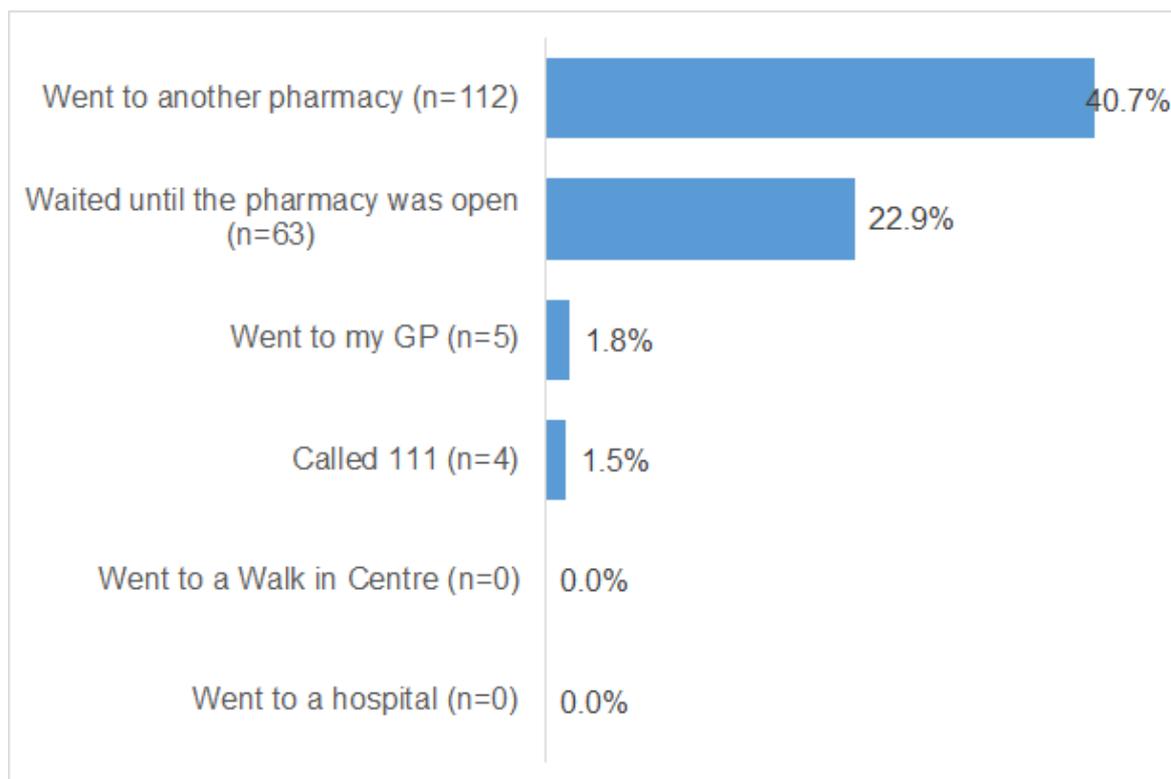
13. When is it most convenient for you to use a pharmacy? (please tick all that apply)

Answer options	Normal weekday		Saturday		Sunday	
	n	%	n	%	n	%
Before 9am	60	21.8%	33	12.0%	20	7.3%
Between 9am and noon	182	66.2%	146	53.1%	69	25.1%
Between noon and 2pm	142	51.6%	126	45.8%	69	25.1%
Between 2pm and 5pm	168	61.1%	132	48.0%	67	24.4%
Between 5pm and 8pm	106	38.5%	64	23.3%	40	14.5%
After 8pm	50	18.2%	30	10.9%	25	9.1%



14. If there has been a time recently when you weren't able to use your normal pharmacy, what did you do?

184 respondents answered this question.

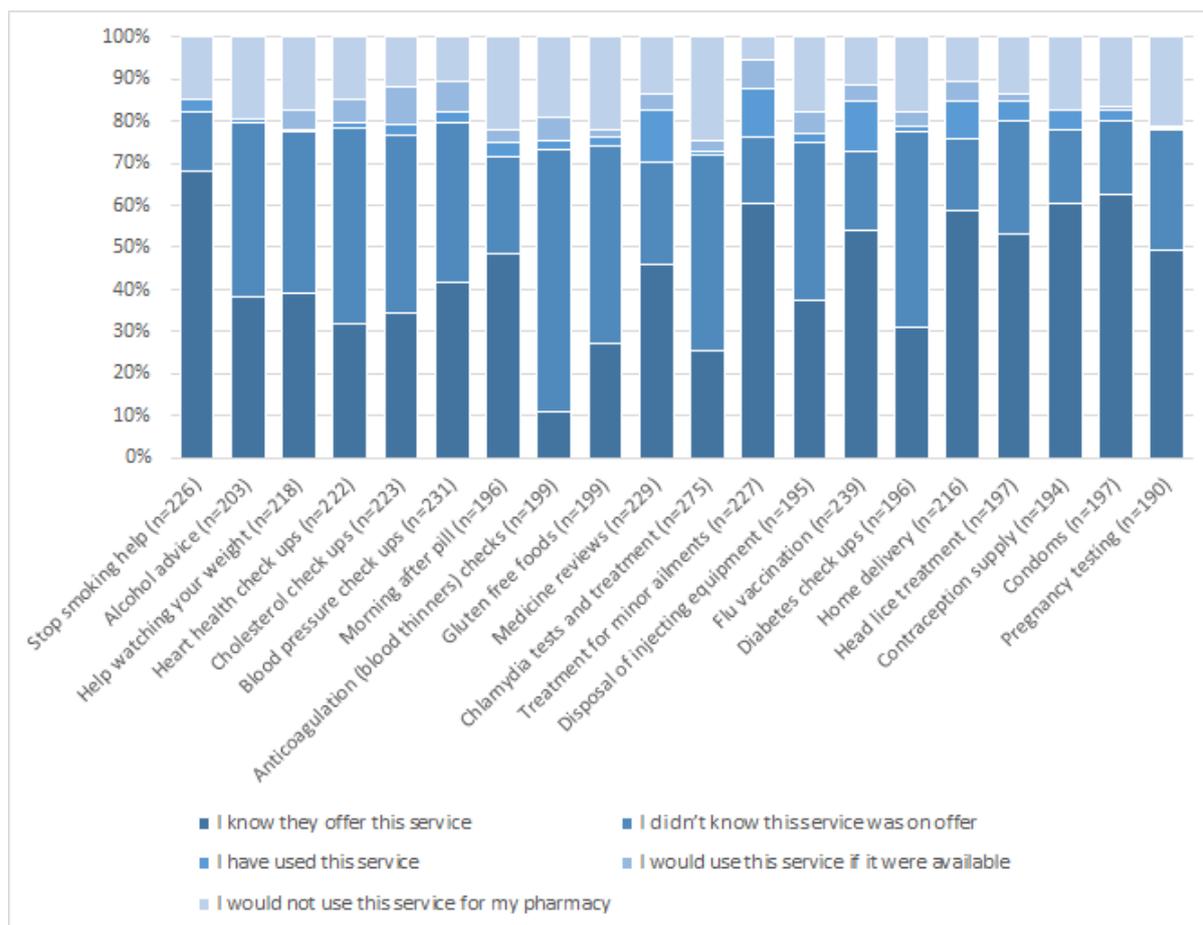


15. Your pharmacy may offer some of the free NHS services listed below - please tell us what you know about them.

Respondents were asked to tick any or all that apply.

Answer options	I know they offer this service	I didn't know this service was on offer	I have used this service	I would use this service if it were available	I would not use this service from my pharmacy
Stop smoking help (n=226)	68.1%	14.2%	2.7%	0.0%	15.0%
Alcohol advice (n=203)	38.4%	41.4%	0.5%	0.0%	19.7%
Help watching your weight (n=218)	39.0%	38.5%	0.5%	4.6%	17.4%
Heart health check ups (n=222)	32.0%	46.4%	1.4%	5.4%	14.9%
Cholesterol check ups (n=223)	34.5%	42.2%	2.7%	9.0%	11.7%
Blood pressure check up (n=231)	41.6%	38.1%	2.6%	7.4%	10.4%

Answer options	I know they offer this service	I didn't know this service was on offer	I have used this service	I would use this service if it were available	I would not use this service from my pharmacy
Morning after pill (n=196)	48.5%	23.0%	3.6%	3.1%	21.9%
Anticoagulation (blood thinners) checks (n=199)	11.1%	62.3%	2.0%	5.5%	19.1%
Gluten free foods (n=199)	27.1%	46.7%	2.5%	1.5%	22.1%
Medicine reviews (n=229)	45.9%	24.5%	12.2%	3.9%	13.5%
Chlamydia tests and treatment (n=275)	17.5%	31.6%	0.7%	1.8%	16.7%
Treatment for minor ailments (n=227)	60.4%	15.9%	11.5%	7.0%	5.3%
Disposal of injecting equipment (n=195)	37.4%	37.4%	2.1%	5.1%	17.9%
Flu vaccination (n=239)	54.0%	18.8%	12.1%	3.8%	11.3%
Diabetes check ups (n=196)	31.1%	46.4%	1.0%	3.6%	17.9%
Home delivery (n=216)	58.8%	17.1%	8.8%	4.6%	10.6%
Head lice treatment (n=197)	53.3%	26.9%	4.6%	1.5%	13.7%
Contraception supply (n=194)	60.3%	17.5%	4.6%	0.0%	17.5%
Condoms (n=197)	62.4%	17.8%	2.5%	0.5%	16.8%
Pregnancy testing (n=190)	49.5%	28.4%	0.5%	0.5%	21.1%



16. Has your pharmacist ever talked to you about the following?

	Yes and the advice was welcome		Yes but I wasn't interested		No and I would like some advice		No and I don't need advice		I can't remember	
	n	%	n	%	n	%	n	%	n	%
Smoking (n=253)	8	3.2%	4	1.6%	0	0.0%	237	93.7%	4	1.6%
Alcohol (n=253)	5	2.0%	2	0.8%	2	0.8%	241	95.3%	3	1.2%
Your weight (n=250)	11	4.4%	1	0.4%	17	6.8%	215	86.0%	6	2.4%
Heart disease (n=255)	23	9.0%	1	0.4%	14	5.5%	204	80.0%	13	5.1%

17. Are there any other services you would like to see available at your pharmacy?

There were 33 comments in relation to services that respondents would like to see available at their pharmacy:

Testing (n = 11)

Opening hours (n = 9)

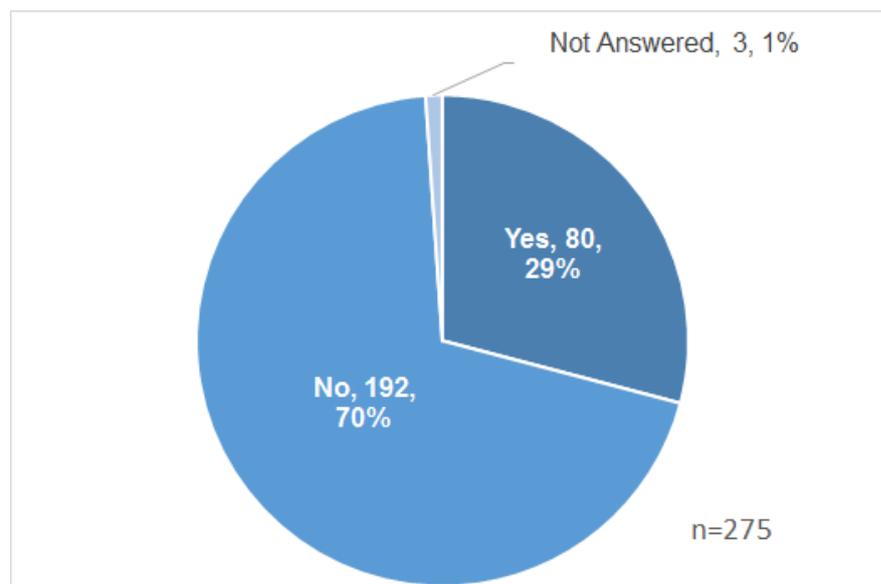
Advice (n = 5)

Home delivery (n = 2)

Other (n = 6)

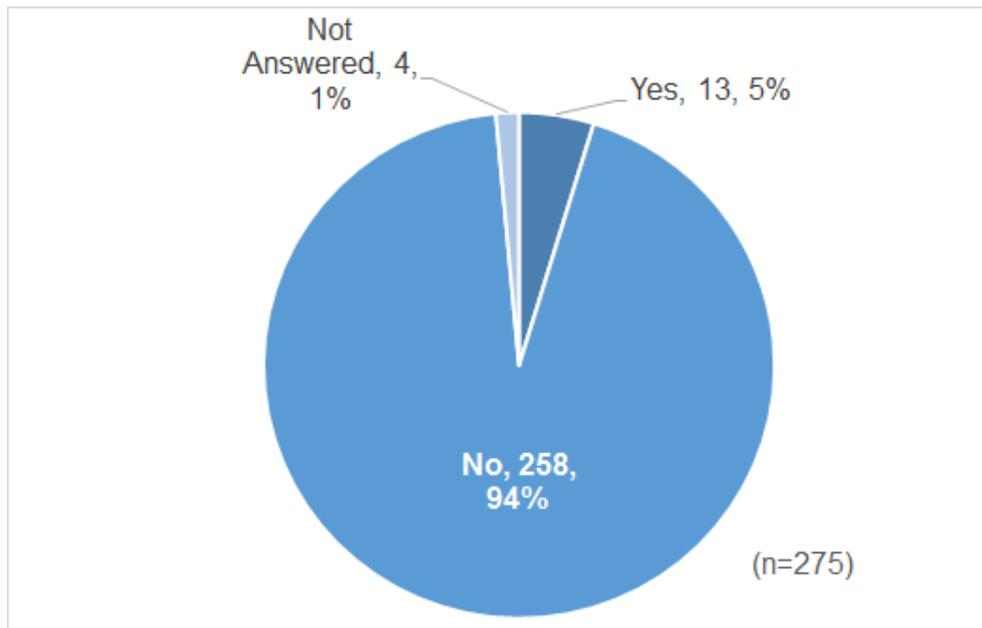
19. Do you have to pay prescription charges?

	Number of respondents	Percent of all respondents
Yes	80	29.1%
No	192	69.8%
Not Answered	3	1.1%
Total	275	100.0%



20. Are you housebound?

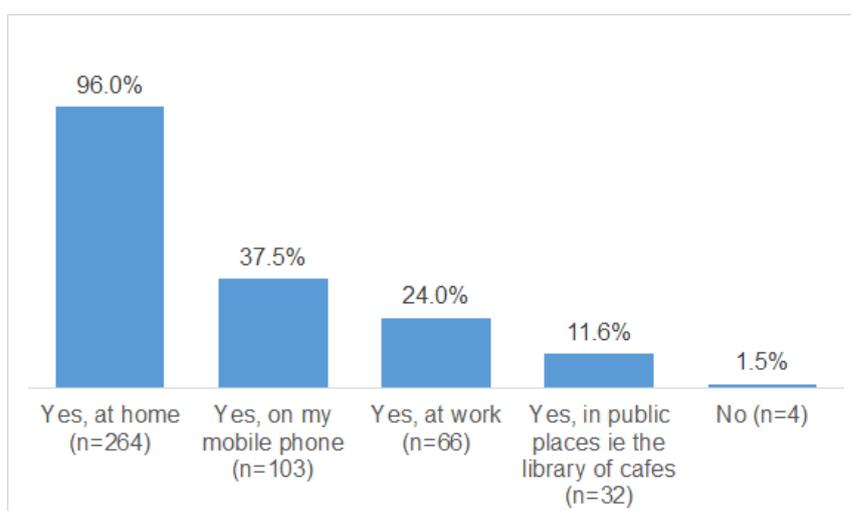
	Number of respondents	Percent of all respondents
Yes	13	4.7%
No	258	93.8%
Not Answered	4	1.5%
Total	275	100.0%



21. Do you have easy access to the internet?

Respondents were asked to select all that apply.

	Number of respondents	Percentage of all respondents
Yes, at home	264	96.0%
Yes, on my mobile phone	103	37.5%
Yes, at work	66	24.0%
Yes, in public places ie the library of cafes	32	11.6%
No	4	1.5%



Demographic Information

22. Gender

	Number of respondents	Percent of all respondents
Female	187	68.0%
Male	85	30.9%
Not Answered	3	1.1%
Total	275	100.0%

23. Age

	Number of respondents	Percent of all respondents
18 to 24 years	2	0.7%
25 to 34 years	11	4.0%
35 to 44 years	31	11.3%
45 to 54 years	49	17.8%
55 to 64 years	52	18.9%
65 to 74 years	80	29.1%
75 to 84 years	38	13.8%
85 years +	8	2.9%
Not Answered	4	1.5%
Total	275	100.0%

24. Ethnicity

	Number of respondents	Percent of all respondents
White or White British	253	92.0%
Mixed background	6	2.2%
Asian or Asian British	5	1.8%
Black or Black British	3	1.1%
Not Answered	8	2.9%
Total	275	100.0%

25. Disability

The total does not add up to 275 as respondents were asked to select all which applied.

	Number of respondents	Percent of all respondents
Deafness or partial loss of hearing	37	13.5%
Blindness or partial loss of sight	4	1.5%
Learning disability	1	0.4%
Developmental disorder	0	0.0%
Mental ill health	15	5.5%
Long term illness or condition	104	37.8%
Physical disability	34	12.4%
Other disability	5	1.8%
No disabilities	113	41.1%

26. Working Status

	Number of respondents	Percent of all respondents
Retired	130	47.3%
Working – full time (30+ hrs/wk)	64	23.3%
Working - part time (8-29 hrs/wk)	30	10.9%
Housewife/ husband	11	4.0%
Self-employed	11	4.0%
Permanently sick/ disabled	9	3.3%
Full-time carer	6	2.2%
Working – (under 8 hrs/wk)	4	1.5%
Registered unemployed	2	0.7%
Voluntary work	2	0.7%
Student	1	0.4%
Unemployed but not registered	1	0.4%
Not Answered	4	1.5%
Total	275	100.0%

27. Marital Status

	Number of respondents	Percent of all respondents
Married	169	61.5%
Single	32	11.6%
Widowed	30	10.9%
Divorced or separated	17	6.2%
In a co-habiting relationship	11	4.0%
Prefer not to say	11	4.0%
Not Answered	5	1.8%
Total	275	100.0%

28. Maternity

	Number of respondents	Percent of all respondents
No	245	89.1%
Yes	7	2.5%
Prefer not to say	2	0.7%
Not Answered	21	7.6%
Total	275	100.0%

29. Religion

	Number of respondents	Percent of all respondents
Christianity (all denominations)	171	62.2%
No religion/ Atheist	61	22.2%
Other religion	4	1.5%
Judaism	2	0.7%
Buddhism	1	0.4%
Islam	1	0.4%
Sikh	1	0.4%
Prefer not to say	26	9.5%

	Number of respondents	Percent of all respondents
Not Answered	8	2.9%
Total	275	100.0%

30. Sexual Orientation

	Number of respondents	Percent of all respondents
Heterosexual	213	77.5%
Bisexual	5	1.8%
Gay woman/ lesbian	4	1.5%
Other	3	1.1%
Prefer not to say	37	13.5%
Not Answered	13	4.7%
Total	275	100.0%

Appendix C

Contractor Questionnaire

Pharmaceutical Needs Assessment Community Pharmacy Questionnaire

The Sutton Health and Wellbeing Board (HWB) is developing a new Pharmaceutical Needs Assessment. This is a statutory HWB responsibility, as set out under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and amended in 2014. The same Regulations require NHS England (NHSE) to use the Pharmaceutical Needs Assessment to consider applications to provide pharmaceutical services under the market entry system.

A PNA Steering Group has been established to oversee the development of the PNA. This group has broad membership including Andrew McCoig from the Merton, Sutton & Wandsworth Local Pharmaceutical Committee.

It is essential that we have an up to date record of community pharmacy services to inform our assessment and to ensure that the final PNA is accurate. Taking this into account, I would be grateful if you could complete the online questionnaire, designed by the PNA Steering Group, providing details of the type of contract you hold, your pharmacy's opening hours and confirming the services which you are currently commissioned to provide.

You can access the survey by going online to:

<http://portal.elesurvey.com/pna-sutton-pharmacy/>

In addition, we are seeking information on:

- Examples of non-commissioned services (i.e. non-NHS services) which you offer
- Meeting the needs of those with a disability
- Languages, other than English, which may be spoken by your staff
- Consultation areas within pharmacies

Given the importance of the PNA we are working to a relatively tight timeline. We would, therefore, be grateful if you could complete the questionnaire by 9 June 2017. We do not envisage that it will take much longer than 15 - 20 minutes to complete.

We would also ask you to note that we have commissioned Webstar Lane Ltd, a specialist consultancy to support with the Pharmaceutical Needs Assessment development. If you have any questions, please do not hesitate to contact Musa Dhalla on 07932 740675 (email: md@webstar-lane.co.uk) or Vanessa Lane on 07880 602088 (email: vl@webstar-lane.co.uk) who will be happy to help.

1. Premises Details

1.1	Contract Code (ODS Code) <i>(Unique identifying code which appears at the top of the schedule of payments that is received from the Pricing Authority each month; previously been called the "NACS" code or "F code")</i>	
1.2	Company Name (i.e. legal entity)	
1.3	Trading Name (i.e. name on signage)	
1.4	Pharmacy Address (from where the services are provided)	
1.5	Postcode	
1.6	Email Address <i>(We will use this to communicate with you about the PNA, including for the formal consultation)</i>	
1.7	Telephone Number	
1.8	Name of person(s) we should contact with any queries	
1.9	Please confirm we may store the above details and use these to contact you	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No

2. Type of Contract

2.1	Contract Type	<p>Please confirm the type of contract held:</p> <p><input type="checkbox"/>₁ National Pharmaceutical Services Contract ONLY → Go to 2.3</p> <p><input type="checkbox"/>₂ Local Pharmaceutical Services Contract ONLY → Go to 2.2</p> <p><input type="checkbox"/>₃ National Pharmaceutical Services Contract AND Local Pharmaceutical Services Contract → Go to 2.2</p>
2.2	Local Pharmaceutical Services Contracts	<p>Please give brief details of your LPS contract:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
2.3	Contracts granted under an “Exempt Category”	<p>a. Has your National Pharmaceutical Services Contract has been granted under an “Exempt” category?</p> <p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₂ No</p> <p>b. If yes, please indicate the relevant category:</p> <p><input type="checkbox"/>₁ 100 Hour Pharmacy <input type="checkbox"/>₂ Mail order or internet based pharmacy (i.e. distance selling)</p> <p><input type="checkbox"/>₃ Out of Town Shopping Development <input type="checkbox"/>₄ One Stop Primary Care Centre</p> <p><input type="checkbox"/>₅ Consolidation</p>
2.4	Pharmacy Access Scheme	<p>Has your pharmacy been included as part of the Pharmacy Access Scheme?</p> <p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ No</p> <p><input type="checkbox"/>₃ Applied but awaiting decision</p>

3. Pharmacy Opening Hours

3. Pharmacy Opening Hours							
3.1 Total Opening Hours				3.2 Core Hours			
<i>Please state the full opening hours for your pharmacy (i.e. your core and supplementary hours) in this section</i>				<i>Please state your core hours in this section</i>			
<i>When recording lunch time please record times that the pharmacy is closed to the public or where a full pharmaceutical service is not available</i> <i>Please use 24 hour clock e.g. 08:00 or 18:00</i>				<i>A community pharmacy must open for a minimum of 40 core hours unless it has been granted a contract under the "100 hour exemption" or if NHS England has granted a contract on the basis of more than 40 core hours, under the current market entry system. Core hours <u>cannot</u> be amended without consent from NHS England.</i> <i>Please use 24 hour clock e.g. 08:00 or 18:00</i>			
		Opening time	Closing Time	Lunch-time closure (from - to)	Opening time	Closing Time	Lunch-time closure (from - to)
a	Monday						
b	Tuesday						
c	Wednesday						
d	Thursday						
e	Friday						
f	Saturday						
g	Sunday						
3.3a Do you have plans to change, or are you considering changing your opening hours before the end of January 2018?		<input type="checkbox"/> ₀ No <input type="checkbox"/> ₁ Yes →			3.3b If yes, it would be helpful if could give details?		

4. Advanced Service Provision				
Service		4.1 Currently Provided	4.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	4.3 <i>It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*</i>
A	Medicines use reviews (MURs)	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	
B	New medicine service (NMS)	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	
C	Appliance use reviews (AURs)	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	
D	Stoma Appliance Customisation Service (SACS)	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	
E	Flu Vaccination	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	
4.4	NHS urgent medicine supply advanced service (NUMSAS) - <i>Have you registered for, or are you planning to register to deliver this service</i>	<input type="checkbox"/> ₁ Registered <input type="checkbox"/> ₂ Plan to Register <input type="checkbox"/> ₀ No →		

* Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services

5. Enhanced & Locally Commissioned Service Provision

*This section relates to enhanced services commissioned by NHS England; and other services which are commissioned locally by the London Borough of Sutton or NHS Sutton Clinical Commissioning Group. If you provide any of these services privately, please provide details in section 6. **Please click or tick the relevant box to indicate your response.***

Service		5.1 Commissioned to Provide <i>In order to answer "Yes", you must have signed an SLA or NHS Contract and be paid for the service</i>	5.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	5.3 For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service*	5.4 It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*
a	Supply of emergency contraception	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
b	Chlamydia screening service	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
c	Integrated sexual health service	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
d	Needle exchange service	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
e	Supervised consumption of methadone/buprenorphine	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
f	Smoking cessation service	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
g	London vaccination service	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		

5. Enhanced & Locally Commissioned Service Provision

*This section relates to enhanced services commissioned by NHS England; and other services which are commissioned locally by the London Borough of Sutton or NHS Sutton Clinical Commissioning Group. If you provide any of these services privately, please provide details in section 6. **Please click or tick the relevant box to indicate your response.***

Service		5.1 Commissioned to Provide <i>In order to answer "Yes", you must have signed an SLA or NHS Contract and be paid for the service</i>	5.2 Willing to provide in future? <i>ONLY answer if service NOT currently provided</i>	5.3 For pharmacies providing a service or willing to provide a service in the future, it would be helpful to understand what support you may require to deliver the service*	5.4 It would be helpful to understand why pharmacies may not wish to provide a given service. We invite you to provide your reason(s) in this column*
h	Minor ailments scheme	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		
i	Anti-coagulation service	<input type="checkbox"/> ₁ Yes ↓ <input type="checkbox"/> ₀ No →	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No →		

* Please note this information will be non-attributable; it will only be used for planning & commissioning services

6. Non-NHS Healthcare Related Services provided in your Pharmacy

6.1 Does your pharmacy offer a repeat prescription collection and delivery service?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	6.2 If “Yes”, you may wish to provide further details in the box below: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
6.3 Does your pharmacy offer a service to care homes in relation to the support and advice on storage, supply and administration of drugs or appliances?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No	6.4 If “Yes”, you may wish to provide further details in the box below: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

*Please provide an overview of services which you offer within your pharmacy, which are **NOT commissioned** by an external agency (such as NHS England, Public Health, the CCG, Local Government etc). Non-NHS services may include repeat prescription collection & delivery services; travel clinics; “health checks” e.g. BP measurement, flu vaccinations paid for directly by the patient etc. You may add rows if you wish*

	Service	Brief description of service
6.5		
6.6		
6.7		

7 The Pharmacy as a Whole - Meeting the Needs of Those with Disabilities

*Pharmacies are required to make **reasonable and proportionate** adjustments to support the needs of those with protected characteristics under the Equality Act 2010. Please provide details of reasonable arrangements and/or innovations which are in place to meet the needs of those with disabilities. Please click / tick the relevant box to indicate your response*

<p>7.1 Please confirm that you are able to make reasonable and proportionate adjustments for:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Wheel chair users</td> <td style="padding: 2px;"><input type="checkbox"/>₁ Yes</td> <td style="padding: 2px;"><input type="checkbox"/>₀ No</td> </tr> <tr> <td style="padding: 2px;">Those with hearing impairment</td> <td style="padding: 2px;"><input type="checkbox"/>₁ Yes</td> <td style="padding: 2px;"><input type="checkbox"/>₀ No</td> </tr> <tr> <td style="padding: 2px;">Those with visual impairment</td> <td style="padding: 2px;"><input type="checkbox"/>₁ Yes</td> <td style="padding: 2px;"><input type="checkbox"/>₀ No</td> </tr> <tr> <td style="padding: 2px;">Those with cognitive impairment</td> <td style="padding: 2px;"><input type="checkbox"/>₁ Yes</td> <td style="padding: 2px;"><input type="checkbox"/>₀ No</td> </tr> </table>	Wheel chair users	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	Those with hearing impairment	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	Those with visual impairment	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	Those with cognitive impairment	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	<p>7.5 We invite you to provide details or comments if you wish</p>
Wheel chair users	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No											
Those with hearing impairment	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No											
Those with visual impairment	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No											
Those with cognitive impairment	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No											
<p>7.2 Does your pharmacy offer a dementia friendly environment?</p> <p><i>See Appendix A for information</i></p>	<p><input type="checkbox"/>₁ Yes</p> <p><input type="checkbox"/>₂ Working towards this</p> <p><input type="checkbox"/>₀ No</p>												
<p>7.3 How many patient facing staff are trained “Dementia Friends”?</p> <p><i>(See www.dementiafriends.org.uk and the Quality Payments Scheme for Community Pharmacy 2017/18)</i></p>	<p>No. Patient facing Staff</p> <p>No. trained “Dementia Friends”</p> <p>% Patient facing staff trained</p>												
<p>7.4 How many registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years?</p>	<p>No. registered pharmacy professionals working at the pharmacy</p> <p>No. registered pharmacy professionals that have achieved level 2 status</p> <p>% registered pharmacy professionals achieving level 2 status</p>												

8 Secure Exchange of Information

Please provide details as to how your pharmacy ensures secure exchange of confidential information. Please click / tick the relevant box to indicate your response

8.1 Does your pharmacy have an nhs.net email account?

- ₁ Yes - nhs.net → **Go to 8.2**
- ₂ No, but planned within 12 months
- ₃ No, but planned in > 12 months
- ₄ No and no future plans

8.2 Do you always use NHS.net to exchange patient identifiable information

- ₁ Yes
- ₂ No,

9 Languages other than English

9.1 Please provide details of any languages, other than English, spoken by your or your staff to a level that you are able to respond to queries and provide information to patients (you may add rows if necessary)

a.	b.	c.
d.	e.	f.
g.	h.	i.

10 Consultation Area(s)

Please provide details of your consultation area(s) and its characteristics & facilities. Please click on / tick the relevant box to indicate your response

10.1 How many consultation areas does your pharmacy have?	<input type="checkbox"/> ₁ None → Go to Q.10.6 <input type="checkbox"/> ₂ One <input type="checkbox"/> ₃ More than one →	10.2 If more than one please say how many: _____
10.3 How many consultation areas are a closed room?	<input type="checkbox"/> ₁ None <input type="checkbox"/> ₂ One <input type="checkbox"/> ₃ More than one →	10.4 Please state how many are closed: _____
10.5 Characteristics of the consultation area(s) If you have more than one consultation area then please tick any that apply to any of the consultation areas in your pharmacy. <i>Please click on / tick the box where a feature applies</i> <i>Leave blank where it doesn't apply</i>	<input type="checkbox"/> ₁ Sink with hot water <input type="checkbox"/> ₅ CCTV	<input type="checkbox"/> ₉ Hearing loop
	<input type="checkbox"/> ₂ Examination couch <input type="checkbox"/> ₆ Telephone	<input type="checkbox"/> ₁₀ Computer terminal
	<input type="checkbox"/> ₃ Patient toilet facilities near by <input type="checkbox"/> ₇ Space for a chaperone	<input type="checkbox"/> ₁₁ PMR access
	<input type="checkbox"/> ₄ Panic button <input type="checkbox"/> ₈ Wheel chair access	<input type="checkbox"/> ₁₂ Internet access
10.6 Do you plan to introduce a consultation area in the future?	<input type="checkbox"/> ₀ No → Go to Q.10.7 <input type="checkbox"/> ₁ Yes – within 12 months	<input type="checkbox"/> ₂ Yes – more than 12 months
10.7 If you have no plans for a consultation area, it would be helpful to understand your reasons for this. →		

11 Looking to the Future

*In this section, we wish to seek your views on services, whether locally commissioned or privately based, which could potentially be delivered by community pharmacy in the future. We would ask you to base your suggestions on **your knowledge of the healthcare needs of the people who use your pharmacy** when completing this section. Please feel free to add rows if you wish.*

We would also ask you to note, that whilst this information will inform our assessment and statement of pharmaceutical need, this should not be regarded as an indication that these service developments will be commissioned in the future.

Proposed Service		Rationale, including the health needs which will be addressed
11.1		
11.2		
11.3		
11.4		

12 Final Thoughts or Comments

If you have any final thoughts or comments, which you think would be relevant to the Pharmaceutical Needs Assessment, please describe them in the box below

Thank you very much for your time.

Appendix A

Dementia Friendly Environment Checklist

Please note: this information has been provided for information only. We do not expect pharmacies to complete the checklist

Quiet Space

- Do you have a quiet space for someone who might be feeling anxious or confused? *A few minutes with a supportive person might be all that's needed to continue the transaction.*

Signage

- Are your signs clear, in bold face with good contrast between text and background?
- Is there a contrast between the sign and the surface it is mounted on? *This will allow the person to recognise it as a sign*
- Are the signs fixed to the doors they refer to? *They should not be on adjacent surfaces if at all possible.*
- Are signs at eye level and well-lit?
- Are signs highly stylised or do they use abstract images or icons as representations? *These should be avoided*
- Are signs placed at key decision points for someone who is trying to navigate your premises for the first time? *People with dementia may need such signs every time they come to your premises*
- Are signs for toilets and exits clear? *These are particularly important.*
- Are glass doors clearly marked?

Lighting

- Are entrances well-lit and do they make as much use of natural light as possible?
- Are there pools of bright light or deep shadows? *These should be avoided*

Flooring

- Are there any highly reflective or slippery floor surfaces? *Reflections can cause confusion.*
- Are changes in floor finish flush rather than stepped? *Changes in floor surfaces can cause some confusion due to perceptual problems. If there is a step at the same time you also introduce a trip hazard.*

Appendix D

Non-NHS Services

Community pharmacy contractors in Sutton may provide a range of services directly to their customers, which are not commissioned by NHSE, the LA, the CCG or other NHS Services. These are referred to as 'Non-NHS' services within the PNA.

The table below provides a flavour of these non-NHS services, although the scope of the service offered varies from pharmacy to pharmacy. Customers may be required to pay for some of these services; however, others may be provided 'free of charge' as a value-added service.

Service	Description of service
Repeat Prescription & Delivery	<ul style="list-style-type: none"> ▪ 83.7% pharmacies offer a collection and delivery service as a "value-added" service
Health Assessments and Diagnostic Testing	<ul style="list-style-type: none"> ▪ Blood pressure checks ▪ Blood glucose tests / diabetes screening ▪ Cholesterol tests ▪ Health checks / Vitality Service
Travel Services	<ul style="list-style-type: none"> ▪ Travel clinics including advice on keeping healthy on holiday ▪ Sale of 'Over the counter' anti-malarial medication ▪ Supply of 'prescription only' anti-malarial medication under a PGD ▪ Travel vaccines including yellow fever
Vaccination	<ul style="list-style-type: none"> ▪ Private vaccinations for people who don't meet NHS criteria including: <ul style="list-style-type: none"> ○ Seasonal influenza vaccine ○ ACWY Vax ○ Meningitis B vaccine
Erectile Dysfunction service	<ul style="list-style-type: none"> ▪ Advice and supply of medicines (under PGD) to men who suffer from erectile dysfunction
"Public Health" Services	<ul style="list-style-type: none"> ▪ Over the counter sale of emergency hormonal contraception ▪ Pregnancy testing ▪ Private sexual health clinics
Supply of medicines under PGD	<ul style="list-style-type: none"> ▪ Sore throat service (throat swab and supply of antibiotics under patient group direction if positive) ▪ Supply of norethisterone to delay onset of menstruation
Hair Retention	<ul style="list-style-type: none"> ▪ Supply of medication (via PGD) for hair loss
Support for Long Term Conditions	<ul style="list-style-type: none"> ▪ Asthma
Weight management services	<ul style="list-style-type: none"> ▪ Measurement of BMI ▪ Advice on healthy eating, exercise and weight management ▪ Lipotrim® service
Support to Care Homes	<ul style="list-style-type: none"> ▪ Advice and support to care homes ▪ Supply of monitored dosage systems

Appendix E

Quality Payment Scheme

1. Introduction

A quality payments scheme has been introduced and up to £75m has been made available for this in 2017/18. The scheme is voluntary

To qualify for a payment, a contractor must:

- Meet 4 gateway criteria
- Meet one or more additional quality criteria

2. Gateway Criteria

- 2.1. The contractor must be offering at the pharmacy Medicines Use Review (MUR) or New Medicine Service (NMS); or must be registered for NHS Urgent Medicine Supply Advanced Service Pilot
- 2.2. The NHS Choices entry for the pharmacy must be up to date
- 2.3. Pharmacy staff at the pharmacy must be able to send and receive NHS mail
- 2.4. The pharmacy contractor must be able to demonstrate ongoing utilisation of the Electronic Prescription Service at the pharmacy premises

3. Quality Criteria

For the purposes of the quality framework, high quality care has been defined as the presence of three dimensions:

- Care that is clinically effective
- Care that is safe
- Care that provides a positive experience for patients

The Quality Payments Scheme rewards community pharmacies for delivering quality criteria across all three dimensions of quality.

The table (next page), which has been reproduced from “Pharmacy Quality Payments: Quality Criteria Guidance” (NHS England, February 2017), summarises the criteria by domain and indicates the number of points allocated to each criterion.

Pharmacies may choose which of the elements they work towards and claim payment for.

Domain	Criterion	No. of review points	Points per review point	Total points
Patient Safety	Written safety report at premises level available for inspection at review point, covering analysis of incidents and incident patterns (taken from an ongoing log), evidence of sharing learning locally and nationally, and actions taken in response to national patient safety alerts	1	20	20
Patient Safety	On the day of the review 80% of registered pharmacy professionals working at the pharmacy have achieved level 2 safeguarding status for children and vulnerable adults in the last two years	2	5	10
Patient Experience	On the day of the review, the results of the Community Pharmacy Patient Questionnaire from the last 12 months is publicly available on the pharmacy's NHS Choices page or for distance selling pharmacies it is displayed on their website and the NHS Choices service desk has been notified	1	5	5
Public Health	On the day of the review, the pharmacy is a Healthy Living Pharmacy level 1 (self-assessment)	1	20	20
Digital	On the day of the first review, the pharmacy can demonstrate a total increase in access to Summary Care Records (from Monday 27 June 2016 to Sunday 27 November 2016 compared to Monday 28 November 2016 to Sunday 30 April 2017); and on the day of the second review, the pharmacy can demonstrate a total increase in access to Summary Care Records (from Monday 3 October 2016 to Sunday 30 April 2017 compared to Monday 1 May 2017 to Sunday 26 November 2017)	2	5	10
Digital	On the day of the review, the pharmacy's NHS 111 Directory of Services entry is up to date	2	2.5	5
Clinical Effectiveness	On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.	2	10	20
Workforce	On the day of the review, 80% of all pharmacy staff working in patient facing roles are trained 'Dementia Friends'	2	5	10

Appendix F

Pharmaceutical Needs Across the Life-course

Potential Pharmaceutical Needs Across the Life-course and the Development of Pharmacy Services

Part 1 - All Ages

The public health issues of dental health and healthy weight extend right across the life-course.

Everyone will experience minor illness at some time of their life, and the pharmacy has been promoted as the 'first port of call'.

A long-term condition may be diagnosed at any age; although more prevalent in later life, the effects are profound on individuals and families at any stage of life.

Sadly, some conditions in childhood may also be life-limiting and so end-of-life care should also be a priority across the life-course.

Age group	Need	Relevant Pharmacy Service/s
All ages	Dental health	<ul style="list-style-type: none"> • Sale of dental health aids e.g. toothpaste, floss, mouthwash • Advice about sugar-free medicines
	Management of long-term conditions	<ul style="list-style-type: none"> • Screening services • Medicines Use Review • New Medicines Service • Prescription intervention • Condition-specific services e.g. inhaler technique • Independent prescribing • Deprescribing • Repeat dispensing service • Influenza vaccination • Transfer of care between settings
	Treatment of minor ailments	<ul style="list-style-type: none"> • Minor ailments services • Sale of non-prescription medicines
	Healthy weight	<ul style="list-style-type: none"> • Weight management
	End of life care	<ul style="list-style-type: none"> • Palliative therapy services

Part 2 - Pre-Conception & Pregnancy

Possibly the first time that a previously healthy young woman has interacted with the health services. An anxious time where fertility or an unplanned pregnancy may equally be the issue. A crucial time for making connections and supporting new parents (mothers and fathers). Parental health behaviours have a profound effect on their children (e.g. research on smoking).

There is some research to suggest that once a young woman becomes pregnant, less attention is paid to future unsafe sex and the risk of STI transmission so these are important ongoing messages. The risk of a further quick unplanned pregnancy is also there, so ongoing contraceptive needs should be assessed if this is not desired.

Pregnancy in the context of a long-term condition, especially where potentially teratogenic medicines are being taken (e.g. epilepsies), need specialist advice and the pharmacist can make that link.

Pharmacies sell many pregnancy and early childhood-linked products, so there are many opportunities for contact about broader health issues.

Age group	Need	Relevant Pharmacy Service/s
Pre-conception and Pregnancy	Pre-conception health	<ul style="list-style-type: none"> • Sale of folic acid • Weight management • Alcohol IBA / referral to services • Smoking cessation • Advice for drug misusers – referral to specialist services • STI testing
	Pregnancy confirmation	<ul style="list-style-type: none"> • Sale of pregnancy tests • Pregnancy test service • Referral to midwife • STI testing
	Effects of long-term medicines taken by the mother	<ul style="list-style-type: none"> • Clinical medication review • Medicines Use Review • New Medicines Service • Prescription Intervention • Advice for drug misusers – referral to specialist services and supervised consumption
	Vaccination (e.g. whooping cough, influenza)	<ul style="list-style-type: none"> • Vaccination services
	Birth planning	<ul style="list-style-type: none"> • Hire of TENS machines • Sale of complementary therapies • Signposting to antenatal classes

Part 3 - Childhood (Birth – 11 years)

An anxious time for new parents. Self-medication for minor ailments, and distinguishing between the minor and major is a new and onerous task. Research has shown that parents can be vague about the correct dosage of basic children's medicines like paracetamol, and that they may not engage with dosage changes as the child grows. Dosing for children who were premature babies should also be calculated carefully.

Having a child diagnosed early with a long-term condition is also stressful, and support from the pharmacist could be appreciated alongside specialist care.

Early health behaviours could set a pattern for life, so healthy teeth and healthy weight are good areas of discussion during this stage.

There is an intensive vaccination schedule associated with childhood, and pharmacy may be able to provide information and encourage uptake.

Parental mental and physical health should also be monitored as the relationship allows.

Pharmacies sell many early childhood-linked products, so there are many opportunities for contact about broader health issues.

Age group	Need	Relevant Pharmacy Service/s	Need across Childhood	Relevant Pharmacy Service/s
Birth-12 months	Breastfeeding / Nutrition	<ul style="list-style-type: none"> • Infant feeding and weaning advice • Sale of infant formula • Sale of treatments for breastfeeding side-effects • Signposting to groups and advice 	Accidental injury	<ul style="list-style-type: none"> • Medicines disposal • Needle exchange • Sale of child safety aids • Minor ailments services • Sale of non-prescription medicines
	Infant deaths / Stillbirth	<ul style="list-style-type: none"> • Minor ailments service • Advice about SIDS (sleeping position, smoking) 	Family Smoking	<ul style="list-style-type: none"> • Smoking cessation
	Prematurity	<ul style="list-style-type: none"> • Advice on medicines use in pre-term babies, including non-prescription medicines 	Growth and Development	<ul style="list-style-type: none"> • Signposting to advice
	Contraceptive advice for mother	<ul style="list-style-type: none"> • Emergency contraception • Contraception advice • Sale of condoms 	Healthy weight (parents)	<ul style="list-style-type: none"> • Weight management
	Parental mental health (e.g. postnatal depression)	<ul style="list-style-type: none"> • Signposting from sale of relevant non-prescription medicines (sleep aids, complementary therapies) • Referral to specialist services 	Parenting support	<ul style="list-style-type: none"> • Signposting to community resources • Advice about non-prescription medicines
Preschool Up to 5 years	Sports injuries	<ul style="list-style-type: none"> • Minor ailments services • Sale of non-prescription medicines 	Vaccination	<ul style="list-style-type: none"> • Influenza vaccination services • Timely boosters • Signposting
Primary School 5-11 years	Sports injuries	<ul style="list-style-type: none"> • Minor ailments services • Sale of non-prescription medicines 		

Part 4 – Adolescence and Adulthood (12-59 years)

Adolescence – the gateway to healthy adulthood - most young people thrive and take on adult responsibilities but some have more health service needs due to:

- Unintentional Injury (principally road traffic accidents)
- Diagnosis of a long-term condition
- Development/emergence of a mental health problem
- Adoption of health risk behaviours (which often cluster) e.g. smoking, alcohol use, unsafe sex

Young Adulthood – major transitions into work, new relationships and parenthood – but more young adults now stay with parents for longer, and adolescence may be prolonged

Middle Adulthood – consolidation of families, new parenting challenges as children move through adolescence and young adulthood, and middle adult's own health risk behaviours or hereditary risk factors may start to manifest in long-term conditions e.g. high cholesterol, smoking-related disease, hypertension

Age group	Need	Relevant Pharmacy Service/s	Need across Adulthood	Relevant Pharmacy Service/s
Adolescence 12-19 years	Accidental injury	<ul style="list-style-type: none"> • Signposting • Medicines Use Review (medicines and driving) 	Alcohol use	<ul style="list-style-type: none"> • Alcohol IBA • Referral to specialist treatment • Signposting and advice
	Sports injuries	<ul style="list-style-type: none"> • Minor ailments services • Sale of non-prescription medicines 	Drug misuse	<ul style="list-style-type: none"> • Advice and signposting • Needle exchange • Supervised consumption
	Transfer of responsibility for medicine-taking	<ul style="list-style-type: none"> • Medicines Use Review (medicines and driving/sport/exams/school etc.) • New Medicines Service 	Exercise	<ul style="list-style-type: none"> • Signposting to community resources
	Vaccination	<ul style="list-style-type: none"> • Signposting for boosters • HPV vaccination 	Mental health	<ul style="list-style-type: none"> • Signposting from sale of relevant non-prescription medicines (sleep aids, complementary therapies) • Referral to specialist services
Young Adulthood 20-35 years	Accidental injury	<ul style="list-style-type: none"> • Signposting • Medicines Use Review (medicines and driving) 	Pregnancy	<ul style="list-style-type: none"> • Sale of pregnancy tests • Pregnancy test service • Referral to midwife
Middle Adulthood 36-59 years	Healthy families	<ul style="list-style-type: none"> • For parents – drug misuse, smoking, alcohol advice 	Smoking	<ul style="list-style-type: none"> • Smoking cessation
	Sexual health	<ul style="list-style-type: none"> • STI testing • Contraceptive advice • Sale of condoms • Erectile dysfunction counselling • Menopause counselling 	Workplace Health	<ul style="list-style-type: none"> • Smoking cessation • Minor ailments
	Cardiovascular risk counselling	<ul style="list-style-type: none"> • Signposting and counselling 		

Part 5 – Older Adulthood (60+ years)

The chance of managing multiple long-term conditions and polypharmacy increases. The maintenance of independence and continued home living may depend on creating a manageable medication regimen and paying close attention to side-effects (thus e.g. preventing falls). Carers in all settings must be included as partners in care.

Visits to hospital are more likely. End-of-life care is a concern. The ongoing health risks of younger adults, however, like smoking and sexual health should not be ignored.

The challenges of medication administration in care homes are well documented, and pharmacists could provide advice and systems to optimise this.

Age group	Need	Relevant Pharmacy Service/s
Older Adulthood 60+ years	Care home engagement	<ul style="list-style-type: none"> • Pharmacist advice (medicines storage etc.) • Independent prescribing • Medicines Use Review • Clinical Medication Review
	Carer engagement	<ul style="list-style-type: none"> • Medicines Use Review • Clinical Medication Review • Signposting to services
	Dementia screening & management	<ul style="list-style-type: none"> • Medicines Use Review • Clinical Medication Review • Signposting to services
	Falls prevention	<ul style="list-style-type: none"> • Medicines Use Review • Clinical Medication Review • New Medicine Service
	Maintaining independence	<ul style="list-style-type: none"> • Home delivery service • Hosiery fitting service • Sale of incontinence aids • Sale of mobility aids • Minor ailments service
	Medication adherence	<ul style="list-style-type: none"> • Home delivery service • Compliance aids e.g. Monitored Dosage Systems (care home or community), “aide memoire” etc • Medicines Use Review • Clinical Medication Review • New Medicine Service
	Sexual health	<ul style="list-style-type: none"> • STI testing • Sale of condoms • Erectile dysfunction counselling
	Smoking	<ul style="list-style-type: none"> • Smoking cessation
	Vaccination	<ul style="list-style-type: none"> • Shingles vaccination (70 years old +)

References:

PHE plan of work for children and young people

<https://publichealthmatters.blog.gov.uk/wp-content/uploads/sites/33/2014/01/life-course-approach.png>

Healthy Child Programme 0-5 (DH England, 2009)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

National Service Framework for Older People (DH England 2001)

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4071283.pdf

National Service Framework for Children, Young People and Maternity Services (DH England and DfES 2004)

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4090523.pdf



Appendix G
Pharmaceutical Needs Assessment
Pharmacy Opening Hours

Key



Open



Open on some days



Closed

The opening hours within this appendix reflect the total opening hours, reported by Sutton Contractors, with minor adjustments to ensure compliance with core hours on the NHS Pharmaceutical List



Appendix H
Pharmaceutical Needs Assessment
Summary of Service Provision

Pharmaceutical Service Provision

Trading Name	Post Code	Ward	Contract Type	Essential Services	Advanced Services						Enhanced Services			
					Medicines Use Reviews	New Medicine Service	Stoma Appliance Customisation Service	Appliance Use Reviews	Flu Vaccination	NHS Urgent Medicine Supply	London Pharmacy Vaccination Service	Minor Ailments	Palliative Care	Care Homes
Asda Pharmacy	CR0 4XS	Beddington North	PhS	*	*	*				*		*	*	
Lafford Chemist	CR0 4QR	Beddington North	PhS	*	*	*				*		*	*	
Day Lewis Pharmacy	SM6 9DA	Beddington South	PhS	*	*	*				*		*	*	
Glory Chemist	CR0 4NH	Beddington South	PhS	*	*	*			*		*	*	*	
Rxlive	SM6 9RU	Beddington South	DSP	*										
Kirkby's Chemist	SM2 6BX	Belmont	PhS	*	*	*				*	*	*	*	
Park Lane Pharmacy	SM5 3AX	Carshalton Central	PhS	*	*	*				*		*	*	
Sutton Pharmacy	SM1 4HY	Carshalton Central	PhS	*	*	*				*	*	*	*	
Beeches Pharmacy	SM5 3LF	Carshalton South and Clockhouse	PhS	*	*	*						*	*	
Galloways Chemist	CR5 2PS	Carshalton South and Clockhouse	PhS	*	*	*							*	*
H. E. Matthews Pharmacy	SM5 3JG	Carshalton South and Clockhouse	PhS	*	*	*				*	*	*	*	*
Lloydspharmacy	SM5 3NP	Carshalton South and Clockhouse	PhS	*	*	*	*			*		*	*	*
Boots	SM3 8SW	Cheam	PhS	*	*	*				*		*	*	
Frith Pharmacy	SM3 8BH	Cheam	PhS	*	*	*				*		*	*	
Mulgrave Road Pharmacy	SM2 7AY	Cheam	PhS	*	*	*				*		*	*	*
Boots	SM3 8EP	Nonsuch	PhS	*	*	*								*
Lloydspharmacy	SM3 9AA	Nonsuch	PhS	*	*	*				*	*	*	*	
RPMG Pharmacy	SM3 8NE	Nonsuch	PhS	*	*	*						*	*	
Superdrug Pharmacy	KT4 8DY	Nonsuch	PhS	*	*	*				*		*	*	
Victoria Chemist	SM3 8HW	Nonsuch	PhS	*	*	*				*	*	*	*	*
MPS Pharmacy	SM1 3HE	St. Helier	PhS	*	*	*				*		*	*	
Rosehill Pharmacy	SM5 1AG	St. Helier	PhS	*	*	*				*		*	*	
Sutton & Merton Out of Hours Co-Operative	SM5 1AG	St. Helier	LPS	*								*	*	
Imperial Pharmacy	SM3 9EY	Stonecot	PhS	*	*	*				*		*	*	
Tesco Instore Pharmacy	SM1 2NB	Stonecot	PhS	*	*	*				*		*	*	
Asda Pharmacy	SM1 1LD	Sutton Central	PhS	*	*	*				*		*	*	
Boots	SM1 1JG	Sutton Central	PhS	*	*	*				*		*	*	
Coopers Pharmacy	SM1 1BB	Sutton Central	PhS	*	*	*				*	*	*	*	*
Gaiger Chemist	SM1 1PQ	Sutton Central	PhS	*	*	*				*		*	*	
Kamsons Pharmacy	SM1 1BT	Sutton Central	PhS	*	*	*				*		*	*	
Superdrug Pharmacy	SM1 1NS	Sutton Central	PhS	*	*	*			*		*	*	*	
Kamsons Pharmacy	SM5 2RE	The Wrythe	PhS	*	*	*				*	*	*	*	
Kamsons Pharmacy	SM5 2DP	The Wrythe	PhS	*	*	*				*		*	*	
S G Barai Pharmacy	SM1 3AT	The Wrythe	PhS	*	*	*				*	*	*	*	
Salmina Pharmacy	SM5 2RR	The Wrythe	PhS	*	*	*				*		*	*	*
Manor Pharmacy	SM6 0DE	Wallington North	PhS	*	*	*				*		*	*	
Fittleworth Medical	SM6 7DJ	Wallington North	DAC	*			*					*	*	
Boots	SM6 8RG	Wallington South	PhS	*	*	*				*		*	*	
First Pharmacy	SM6 0LY	Wallington South	PhS	*	*	*				*	*	*	*	*
Kamsons Pharmacy	SM6 0HY	Wallington South	PhS	*	*	*				*		*	*	
Stafford Pharmacy	SM6 9BS	Wallington South	PhS	*	*	*				*		*	*	*
Anna Pharmacy	SM5 1JF	Wandle Valley	PhS	*	*	*				*	*	*	*	*
Boots	SM5 1HA	Wandle Valley	PhS	*	*	*				*		*	*	
R K Pharmacy	SM6 7HW	Wandle Valley	PhS	*	*	*				*		*	*	
Boots	KT4 8HH	Worcester Park	PhS	*	*	*				*		*	*	

Locally Commissioned Services Provision

Trading Name	Post Code	Ward	Contract Type	Substance Misuse Supervised Consumption	Substance Misuse Needle & Syringe Exchange	Emergency Hormonal Contraception	National Chlamydia Screening Programme	Integrated Sexual Health	Smoking Cessation	Anti-coagulation
Asda Pharmacy	CR0 4XS	Beddington North	PhS	*					*	
Lafford Chemist	CR0 4QR	Beddington North	PhS			*	*		*	
Day Lewis Pharmacy	SM6 9DA	Beddington South	PhS	*		*	*	*	*	
Glory Chemist	CR0 4NH	Beddington South	PhS			*	*		*	
Rxlive	SM6 9RU	Beddington South	DSP							
Kirkby's Chemist	SM2 6BX	Belmont	PhS						*	
Park Lane Pharmacy	SM5 3AX	Carshalton Central	PhS							
Sutton Pharmacy	SM1 4HY	Carshalton Central	PhS							
Beeches Pharmacy	SM5 3LF	Carshalton South and Clockhouse	PhS				*		*	
Galloways Chemist	CR5 2PS	Carshalton South and Clockhouse	PhS							
H. E. Matthews Pharmacy	SM5 3JG	Carshalton South and Clockhouse	PhS			*	*	*	*	*
Lloydspharmacy	SM5 3NP	Carshalton South and Clockhouse	PhS	*						
Boots	SM3 8SW	Cheam	PhS	*						
Frith Pharmacy	SM3 8BH	Cheam	PhS						*	
Mulgrave Road Pharmacy	SM2 7AY	Cheam	PhS							
Boots	SM3 8EP	Nonsuch	PhS						*	
Lloydspharmacy	SM3 9AA	Nonsuch	PhS	*						
RPMG Pharmacy	SM3 8NE	Nonsuch	PhS							
Superdrug Pharmacy	KT4 8DY	Nonsuch	PhS			*	*		*	
Victoria Chemist	SM3 8HW	Nonsuch	PhS							
MPS Pharmacy	SM1 3HE	St. Helier	PhS	*	*	*	*			
Rosehill Pharmacy	SM5 1AG	St. Helier	PhS			*	*		*	
Sutton & Merton Out of Hours Co-Operative	SM5 1AG	St. Helier	LPS							
Imperial Pharmacy	SM3 9EY	Stonecot	PhS						*	
Tesco Instore Pharmacy	SM1 2NB	Stonecot	PhS						*	
Asda Pharmacy	SM1 1LD	Sutton Central	PhS	*		*	*		*	
Boots	SM1 1JG	Sutton Central	PhS	*					*	*
Coopers Pharmacy	SM1 1BB	Sutton Central	PhS	*		*	*	*	*	
Gaiger Chemist	SM1 1PQ	Sutton Central	PhS	*		*	*		*	
Kamsons Pharmacy	SM1 1BT	Sutton Central	PhS							
Superdrug Pharmacy	SM1 1NS	Sutton Central	PhS			*	*			
Kamsons Pharmacy	SM5 2RE	The Wrythe	PhS						*	
Kamsons Pharmacy	SM5 2DP	The Wrythe	PhS						*	*
S G Barai Pharmacy	SM1 3AT	The Wrythe	PhS			*	*		*	
Salmina Pharmacy	SM5 2RR	The Wrythe	PhS	*	*	*	*		*	
Manor Pharmacy	SM6 0DE	Wallington North	PhS						*	
Fittleworth Medical	SM6 7DJ	Wallington North	DAC							
Boots	SM6 8RG	Wallington South	PhS	*					*	
First Pharmacy	SM6 0LY	Wallington South	PhS			*	*		*	
Kamsons Pharmacy	SM6 0HY	Wallington South	PhS	*					*	*
Stafford Pharmacy	SM6 9BS	Wallington South	PhS	*					*	
Anna Pharmacy	SM5 1JF	Wandle Valley	PhS	*		*	*	*	*	
Boots	SM5 1HA	Wandle Valley	PhS	*					*	*
R K Pharmacy	SM6 7HW	Wandle Valley	PhS							
Boots	KT4 8HH	Worcester Park	PhS							

Appendix I

Sutton Pharmaceutical Needs Assessment Consultation Response Form

Sutton Pharmaceutical Needs Assessment Consultation Response Form
--

1. About you - please can you provide the following information

This is very important in case we have any questions with respect to the feedback you provide:

Name					
Job Title					
Pharmacy Name Or Organisation					
Address					
Telephone No.					
Please confirm that you are happy for us to store these details in case we need to contact you about your feedback?	Please indicate using * or delete as applicable <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">No</td> <td style="width: 25%;"></td> </tr> </table>	Yes		No	
Yes		No			

2. Has the purpose of the PNA been explained sufficiently within section 1.1 of the draft PNA document?

Please indicate using * or delete as applicable

Yes		No		Not sure	
-----	--	----	--	----------	--

If "No" or "Not sure", please explain why in the box below:

--

3. Does Section 1.3 clearly set out the scope of the PNA?

Please indicate using * or delete as applicable

Yes		No		Not sure	
-----	--	----	--	----------	--

If "No" or "Not sure", please explain why in the box below:

--

4. Does Section 2 clearly set out the local context and the implications for the PNA?

Please indicate using * or delete as applicable

Yes		No		Not sure	
-----	--	----	--	----------	--

If "No" or "Not sure", please explain why in the box below:

5. Do you think the needs of the population, and the impact upon the need for pharmaceutical services, have been accurately reflected throughout the PNA?

Please indicate using * or delete as applicable

Yes		No		Not sure	
-----	--	----	--	----------	--

If "No" or "Not sure", please explain why in the box below:

6. For each service, please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Please indicate using * or delete as applicable:

Section 3.2.1: Essential Services	Yes		No		Not sure	
--	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

Section 3.2.3: Advanced Services

Please indicate using * or delete as applicable:

Section 3.2.3.1: Medicines Use Reviews	Yes		No		Not sure	
---	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

6. For each service, please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions? (cont...)

Please indicate using * or delete as applicable:

Section 3.2.3.2: New Medicine Service	Yes		No		Not sure	
--	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

Section 3.2.3.3: Stoma Appliance Customisation Service	Yes		No		Not sure	
---	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

Section 3.2.3.4: Appliance Use Reviews	Yes		No		Not sure	
---	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

Section 3.2.3.5: Flu Vaccination	Yes		No		Not sure	
---	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

Section 3.2.4: Enhanced Services

Please indicate using * or delete as applicable:

Section 3.2.4.1: London Pharmacy Vaccination Service	Yes		No		Not sure	
---	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

Section 3.2.4.2: Minor Ailments Service	Yes		No		Not sure	
--	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

Section 3.2.4.3: Palliative Care	Yes		No		Not sure	
---	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

Section 3.2.4.4: Advice to Care Homes	Yes		No		Not sure	
--	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

6. For each service, please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions? (cont...)

Section 3.3 Locally Commissioned Services

Section 3.3.2: Substance Misuse Service	Yes		No		Not sure	
--	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

Section 3.3.3: Sexual Health Service	Yes		No		Not sure	
---	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

Section 3.3.4: Smoking Cessation	Yes		No		Not sure	
---	-----	--	----	--	----------	--

If you have answered "No" or "Not sure", please explain why in the box below:

--

Section 3.3.5: Anti-coagulation service	Yes		No		Not sure	
--	-----	--	----	--	----------	--

If you have answered “No” or “Not sure”, please explain why in the box below:

--

7. Do you agree with the “Looking to the Future” section as set out in section 3.4?

Please indicate using * or delete as applicable

Yes		No		Not sure	
-----	--	----	--	----------	--

If “No” or “Not sure”, please explain why in the box below:

--

8. **Community pharmacies only.**

Please can you review the information in Appendix G (Opening Hours) and Appendix H (Service Provision) for accuracy? If you identify any issues please provide details

	Is the information Accurate? Please indicate using * or delete as applicable				If “No”, please provide details:
Opening Hours <i>Please note if pharmacy reported hours were not aligned with core hours on the NHS pharmaceutical list we used the core hours</i>	Yes		No		

	Is the information Accurate? Please indicate using * or delete as applicable				If “No”, please provide details:
Service Provision	Yes		No		

9. **Community Pharmacies Only**

Has the PNA provided you with enough information to help your own future service provision and plans

Please indicate using * or delete as applicable

Yes		No		Not sure	
-----	--	----	--	----------	--

If “No” or “Not sure”, please provide details in the box below:

--

**10. NHS England Only:
Has the PNA provided adequate information to inform market entry decisions?**

Please indicate using * or delete as applicable

Yes		No		Not sure	
-----	--	----	--	----------	--

If “No” or “Not sure”, please provide details in the box below:

--

11. Services Commissioners & Potential Services Commissioners only

Has the PNA provided you with enough information to inform how you may commission services from pharmacy in the future

Please indicate using * or delete as applicable

Yes		No		Not sure	
-----	--	----	--	----------	--

If “No” or “Not sure”, please provide details in the box below:

--

12. If you have any further comments, please enter them in the box below (question applies to all):

--

Thank you for response.

If you have opted to complete this form electronically, rather than submit your comments online, then please return this feedback form **via email** to:

Molly Jordan (molly.jordan@sutton.gov.uk)

All feedback received by **midnight on the 28 March 2018** will be collated and presented to the PNA Steering Group, for consideration on behalf of the HWB. **Any comments received after this date will not be accepted.**

A consultation report will be included within the final PNA document. This will provide an overview of the feedback received and set out how the comments have been acted upon.

Appendix J

Consultation Responses

**Sutton Pharmaceutical Needs Assessment
Consultation Feedback**

1. Accuracy and Post Consultation Changes in Opening hours

Organisation	Suggested Inaccuracy	Steering Group Discussion and Decision	PNA Amended
Sutton Pharmacy, SM1 4HY	Opening Hours should be: <ul style="list-style-type: none"> ▪ Mon, Tues, Thurs Friday 9.00 - 7.00 ▪ Weds 9.00 - 6.00 ▪ Sat 9.00 -1.00 ▪ Sun closed 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted that the consultation response reported a change in opening hours (from 6pm to 7pm on Monday, Tuesday, Thursday and Friday) 	No Issue a supplementary statement
Sutton Pharmacy, SM1 4HY	The pharmacy provides the following locally commissioned services: <ul style="list-style-type: none"> ▪ Substance misuse ▪ Smoking cessation 	<ul style="list-style-type: none"> ▪ The Steering Group was advised that: <ul style="list-style-type: none"> ○ Commissioners had confirmed the pharmacy provides the smoking cessation service ○ Whilst the pharmacy provides substance misuse services, it had not been contracted by Inspire (Sutton's substance misuse lead provider). After discussion, the pharmacy is now commissioned to provide Substance Misuse - Supervised Consumption 	No Issue a supplementary statement
Anna Pharmacy, SM5 1JF	Although the official hours are correct, we are often open for patients at 8am and after 7pm	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted the comment 	No
SG Barai, SM1 3AT	We provide services to care homes and this isn't shown in the document	<ul style="list-style-type: none"> ▪ The PNA Steering Group was advised that this inaccuracy had been followed up with the pharmacy which confirmed that it had been commissioned ▪ NHSE is reviewing the "Advice to Care Homes" service. They have confirmed that this pharmacy is not commissioned to provide the service 	No

2. Feedback and Comments

This section sets out the details of the feedback and comments which were received during the formal consultation and summarises the response of the PNA Steering Group. The section has been organised in accordance with the specific questions asked within the response template which, which can be found in Appendix I of the PNA.

For each question, we summarise the percentage of respondents who either agreed, disagreed or were not sure with respect to the information contained within the PNA. Where relevant we list the specific comments received and set out the PNA Steering Group decision noting whether the PNA has been amended

Has the purpose of the PNA been explained sufficiently within section 1.1 of the draft PNA document?

Yes = 100% (n=13) No = 0% Not sure = 0%

No comments received.

Does Section 1.3 clearly set out the scope of the PNA?

Yes = 100% (n=13) No = 0% Not sure = 0%

No comments received.

Does Section 2 clearly set out the local context and the implications for the PNA?

Yes = 77% (n=10) No = 0% Not sure = 23% (n=3)

2 comments received = "Cannot understand"

The PNA Steering Group noted these responses, no reasons as to why were provided by the respondents.

Do you think the needs of the population, and the impact upon the need for pharmaceutical services, have been accurately reflected throughout the PNA?

Yes = 100% (n=13) No = 0% Not sure = 0%

No comments received.

Please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Section 3.2.1 Essential Services

Yes = 100% (n=13) No = 0% Not sure = 0%

No comments received.

Please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Section 3.2.3 Advanced Services

3.2.3.1: Medicines Use Reviews	Yes = 100% (n=13)	No = 0%	Not sure = 0%
3.2.3.2: New Medicine Service	Yes = 100% (n=13)	No = 0%	Not sure = 0%
3.2.3.3: Stoma Appliance Customisation	Yes = 69% (n=9)	No = 8% (n=1)	Not sure = 23% (n=3)
3.2.3.4: Appliance Use Reviews	Yes = 53.8% (n=7)	No = 15.4% (n=2)	Not sure = 30.8% (n=4)
3.2.3.5: Flu Vaccination	Yes = 92% (n=12)	No = 0%	Not sure = 8% (n=1)

4 comments relating to 3.2.3.3 were received:

- “More pharmacies need to be commissioned for this service”
- “Do not use” x 3

The PNA Steering Group noted these responses.

6 comments relating to 3.2.3.4 were received:

- “There is lack of service provision when it comes to AUR in order to do this home visits are necessary”
- “More pharmacies need to be commissioned for this service”
- “Unaware of this service - one Pharmacy provides it but no details”
- “Do not use” x 3

The PNA Steering Group noted these responses. Pharmacy providers that are unclear about the services that they can provide can contact the LPC for advice.

1 comment relating to 3.2.3.5 was received:

- “Do not use”

The PNA Steering Group noted this response.

Please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Section 3.2.4 Enhanced Services

3.2.4.1: London Pharmacy Vaccination Service	Yes = 77% (n=10)	No = 0%	Not sure = 23% (n=3)
3.2.4.2: Minor Ailments Service	Yes = 77% (n=10)	No = 15% (n=2)	Not sure = 8% (n=1)
3.2.4.3: Palliative Care	Yes = 92% (n=12)	No = 0%	Not sure = 8% (n=1)
3.2.4.4: Advice to Care Homes	Yes = 84.6% (n=11)	No = 0%	Not sure = 15.4% (n=2)

3 comments relating to 3.2.4.1 were received:

- "Use national" x 2
- "Do not use"

The PNA Steering Group noted these responses.

3 comments relating to 3.2.4.2 were received:

- "All pharmacies should be commissioned for this service"
- "Do not have contract"
- "This service is currently under review and it would not be appropriate to comment on this service before the review is completed."

The PNA Steering Group noted these responses.

1 comment relating to 3.2.4.3 was received:

- "Do not use"

The PNA Steering Group noted this response.

3 comments relating to 3.2.4.4 were received:

- "We have little involvement with care homes, so not sure what this service relates to"
- "Not dealing with any care homes"
- "This service is also under review, but the PNA does not make a conclusion." [NHS England]

The PNA Steering Group noted these responses. It was noted that the NHS England provided very little information on the service and its requirements. Furthermore, given the service is under review by NHS England this made conclusions difficult to reach.

Please indicate if you think the PNA has provided a reasonable description of the service AND if you agree with the conclusions?

Section 3.3: Locally Commissioned Services

3.3.2: Substance Misuse Service	Yes = 62% (n=8)	No = 16.7% (n=2)	Not sure = 25% (n=3)
3.3.3: Sexual Health Service	Yes = 92% (n=12)	No = 8% (n=1)	Not sure = 0%
3.3.4: Smoking Cessation	Yes = 92% (n=12)	No = 8% (n=1)	Not sure = 0%
3.3.5: Anti-coagulation service	Yes = 62% (n=8)	No = 8% (n=1)	Not sure = 30% (n=4)

5 comments relating to 3.3.2 were received:

- “Room for many more locally commissioned services. Not just given to the larger groups of pharmacy owners but to all independents”
- “Needle exchange- patients are constantly asking me to provide this service. At Anna pharmacy we are a very busy pharmacy and not only that we are well prepared and staffed to take on even more dispensing services such as this and so are happy to provide more.”
- “Do not use” x 2
- “I think there should be a more accessible information as to how we can provide all these - EHC, CHLAMYDIA, STOP SMOKING,”

The PNA Steering Group noted these responses. Pharmacy providers that are unclear about the services that they can provide can contact the LPC for advice.

1 comment relating to 3.3.3 was received:

- “Should be commissioned in every pharmacy”

The PNA Steering Group noted this response. Pharmacy providers that are unclear about the services that they can provide can contact the LPC for advice.

1 comment relating to 3.3.4 was received:

- “There is now a smoking cessation service in place”

The PNA Steering Group noted this comment.

5 comments relating to 3.3.5 were received:

- “Only know one Boots in local area to provide the services.”
- “Should be in all pharmacies”
- “Do not use” x 3

The PNA Steering Group noted these comments. Pharmacy providers that are unclear about the services that they can provide can contact the LPC for advice.

Do you agree with the “Looking to the Future” section as set out in section 3.4?		
Yes = 69%(n=9)	No = 8%(n=1)	Not sure = 23% (n=3)
5 comments were received: <ul style="list-style-type: none"> • “Sutton has a good range of well-placed pharmacies that offer a lot, cover a large range of services and have a good number of hours open.” • “Need more information” x 3 • “There are some ambiguities in the statements that should be clarified.” The PNA Steering Group noted the comments received from pharmacies and also noted that these respondents hadn’t given any reasons why more information is needed. The third comment which is from NHS England is considered in section 10 of this appendix.		

Community Pharmacies only Has the PNA provided you with enough information to help your own future service provision and plans?		
Yes = 91% (n=11)	No = 0%	Not sure = 9% (n=1)
3 comments were received: <ul style="list-style-type: none"> • “How would we go about commissioning service we don't offer?” • “All services should be offered to all contractors. Then the contractor to decide whether to take it on or not” • “A RECAP OF THE COMMISSIONED LOCAL SERVICES AND CONTACT DETAILS WOULD BE HELPFUL SO THAT WHEN WE HAVE CHANGES IN STAFF WE CAN CONTINUE DELIVERING SERVICES” The PNA Steering Group noted the comments. Pharmacy providers that are unclear about the services that they can provide can contact the LPC for advice		

NHS England only Has the PNA provided adequate information to inform market entry decisions?		
Yes = 0%	No = 100%(n=1)	Not sure = 0%
Detailed Comment	PNA Steering Group Decision	PNA Amended
In general, the required statements are provided. We have some concerns regarding the statement on page 38 that states “In the future, if GP opening hours vary, then there may be a need to review opening hours from the existing network of pharmacies to ensure good alignment between the services”. This statement is not clear and may cause issues when GP opening hours do change.	<ul style="list-style-type: none"> ▪ The PNA Steering Group discussed the comment and agreed the following amendment to the text (page 38 of the final PNA) <i>“In the future, if GP opening hours vary, then there may be a need to review opening hours from the existing network of pharmacies to ensure patients have appropriate access to medicines and services”.</i> 	Yes

Detailed Comment	PNA Steering Group Decision	PNA Amended
<p>The HWB has also made the following statement: “Better Access [Regulation 4(1); 4 (a and b)] We have identified that access and choice would be enhanced if the existing network of pharmacies were to extend opening hours on weekday mornings and evenings and also at weekends. This would strengthen alignment with GP opening hours; and may be beneficial for those residents who work full time and who prefer to use a pharmacy outside of working hours. The HWB has not identified a need for an additional pharmacy in any locality.”</p> <p>Whilst the HWB has not identified a need for an additional pharmacy in any locality, the above text does describe some improvements that could be made and there is a possibility that an application may be made against this. Any outcome will depend on NHS England and the Appeals Authority interpretation of this statement and a new pharmacy could not be ruled out. If this was not the HWBB intention, then this may need to be re-worded.</p>	<ul style="list-style-type: none"> ▪ The PNA Steering Group acknowledged that applications may be made against the improvements described. However, it was agreed that the statement that “no additional pharmacies are required” provided a clear indication that the HWB was of the view that the improvements could be met from within the existing network of pharmacies. The HWB is aware that NHSE and NHS Resolution need to make decisions based on the merits of any future application. However, it was felt that the inclusion of this statement would articulate the HWB view but without pre-empting NHSE’s decision on future applications ▪ The PNA Steering Group agreed to note the NHS England advice regarding future applications and agreed the remove the reference to alignment between GP and pharmacy opening hours. The statement on pages 51 and 104 will now read: <i>“We have identified that access and choice would be enhanced if more of the existing network of pharmacies were to extend opening hours on weekday mornings and evenings and at weekends. This may be beneficial for those residents who work full time and who prefer to use a pharmacy outside of working hours. The HWB has not identified a need for an additional pharmacy to deliver this improvement”</i> 	Yes

Do you any further comments?			
Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended
NHS England	<p>Please note that the NUMSAS pilot has now been extended until September 2018. Page 39 of the PNA states March 2018, however this extension has only recently been announced.</p> <p>The service provided by NHS 111 matches a caller to the nearest pharmacy providing the service; therefore, patients may be referred out of the HWB. There is also a typo in the box on page 39.</p>	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed that this information should be updated, noting it relates to text on page 38 of the PNA ▪ No typo was identified 	Yes
NHS England	The PNA looks at the potential for commissioning of other public health services, however, there is no clear strategy for these and it is not clear if any of these will be commissioned by any party.	<ul style="list-style-type: none"> ▪ The PNA Steering Group was of the view that this level of detail cannot be included at this time and will be informed by emerging health and care plans 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended
NHS England	Page 19, the text refers to both the South West and the South East STP footprints. This should only be the South West London STP footprint.	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed that this information should be updated 	Yes
NHS England	As the HWBB will be aware both Galloways and RPMG pharmacy have asked for permission to close their respective pharmacies. Permission has been granted for both of these to close and they are now not operating. The PNA should be updated removing the details of the pharmacies now closed or a supplementary statement is issued at the same time as the publication updating the closed pharmacies.	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed that these closures should be published as a supplementary statement issued with the PNA 	No Issue a supplementary statement
NHS England	Palliative Care and minor ailments services have been assessed by the HWBB but do not appear on the information contained on page 104. MAS were deemed as necessary and Palliative Care as relevant. These should be included in the relevant sections on this page.	<ul style="list-style-type: none"> ▪ The PNA Steering Group agreed that the PNA needs to be amended to include palliative care and the minor ailments service as relevant and necessary services respectively 	Yes
NHS England	<p>The PNA has expressed that “There is a need to improve access to palliative care medicines in the out of hours period, from within the existing pharmacy network, as identified in the Sutton Joint End of Life Strategy”</p> <p>However, this has been added to the necessary services section rather than the relevant services section.</p> <p>The HWBB should consider amending page 104 regarding the Palliative Care service & MAS, to ensure that these are captured in the correct part of the page relating to necessary and relevant services.</p>	<ul style="list-style-type: none"> ▪ The current palliative care enhanced service has been determined as a relevant service because it provides a <i>back-up</i> service in-hours ▪ The Joint End of Life strategy identifies a need to secure access to palliative care medicines in the out of hours period. It was agreed that Page 104 should be amended to articulate this need under Schedule 1: Regulation (4)1; 5 (a and b) i.e. a service which affects the need for pharmaceutical services 	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended
NHS England	The PNA does not articulate how localities are responding to the changing needs of the community.	<ul style="list-style-type: none"> ▪ The PNA uses essential services to illustrate the future need for pharmaceutical services. Detailed information on local changes, together with a detailed analysis of the potential impact of these changes is provided on pages 43 – 48 of the PNA ▪ In addition, for each pharmaceutical and locally commissioned service, the PNA sets out recommendations for “further provision / opportunities for improvements” and “The Future” (or states that there are no gaps or recommendations) ▪ The “Looking to the Future” section (pages 100 – 103) refers to a range of services which may be commissioned in the future and this is mapped to local strategy and priorities. ▪ The comment made by NHS England is vague and, taking the above into account, the PNA Steering Group was not clear on which sections of the PNA may be deficient. The PNA Steering Group determined that this comment would be noted with no changes to the PNA 	No
NHS England	Whilst there are some specialist services mentioned the PNA does not articulate if there are any further required	<ul style="list-style-type: none"> ▪ The PNA Steering Group confirmed that there are no further needs for any further specialist services ▪ Pages 100 – 103 clearly articulate all services which <i>may</i> be considered as service developments in the future and it was felt that the document was clear in this respect 	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended
NHS England	<p>NHS England recommends that if there are any firm plans for the following that these should be included in the PNA, if these have been considered and there are none this should also be noted in the PNA:</p> <ul style="list-style-type: none"> ▪ Firm plans arising from strategic needs assessments or health and wellbeing strategies. ▪ Plans for the development of NHS services ▪ Plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks? ▪ Plans for introduction of special services commissioned by clinical commissioning groups? ▪ Plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors? 	<ul style="list-style-type: none"> ▪ The PNA Steering Group noted: <ul style="list-style-type: none"> ○ Page 44 sets out a summary of the local development plan, housing plans, plans for primary care centres, GP surgeries and other healthcare facilities. The implications are then considered on page 44 and 46 ○ The PNA makes reference to relevant national and local strategy on pages 17 – 22; and the “Looking to the Future” section (pages 100 – 103) makes reference to a range of services which may be considered as service developments in the future. These are mapped back to the local strategy and priorities ○ STP and local health and care plans are emerging; and it is not possible to state firm plans at the time of publication ▪ The decision was that no further amendment to the PNA is required 	No

Pharmaceutical Needs Assessment Supplementary Statement

This supplementary statement has been prepared and issued by the London Borough of Sutton Health & Wellbeing Board, in accordance with the requirements set out under the National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014, 2015 and 2016 [“the Regulations”]

The statement has been issued in accordance with Part 2; 6 (3) of the Regulations and updates the Pharmaceutical Needs Assessment published by the London Borough of Sutton on the 29th June 2018

Type of Change	Description of Change
Pharmacy Closure(s)	<p>The following pharmacies have ceased to provide NHS Pharmaceutical Services both closed on the 31 January 2018:</p> <p>Galloways Chemist, CR5 2PS (map reference no. 16)</p> <p>RPMG Pharmacy, SM3 8NE (map reference no. 34)</p>
Change in Opening Hours	<p>Sutton Pharmacy, SM1 4HY (map reference no. 41) Has extended weekday opening hours on Monday, Tuesday, Thursday and Friday; Wednesday, Saturday and Sunday opening remain the same.</p> <p>The total opening hours for this pharmacy are now:</p> <p>Monday: 09:00 – 19:00 Tuesday: 09:00 – 19:00 Wednesday: 09:00 – 18:00 Thursday: 09:00 – 19:00 Friday: 09:00 – 19:00 Saturday: 09:00 – 13:00 Sunday: Closed</p>
Change in Locally Commissioned Services	<p>Sutton Pharmacy, SM1 4HY (map reference no. 41) provides the following locally commissioned services:</p> <ul style="list-style-type: none"> ▪ Substance Misuse - Supervised Consumption ▪ Smoking Cessation

Supplementary Statement Number: 001

Supplementary Statement Approved by: London Borough of Sutton HWB

Date of Approval: 29th June 2018

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