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From: Communications (5PX) Mid Essex PCT [mailto:communications@midessexpct.nhs.uk]

Sent: 21 October 2010 16:02

Subject: News Release : Pharmaceutical Services in mid Essex - What's your view?

NEWS RELEASE

Good access to pharmaceutical services in mid Essex – what's your view?

NHS Mid Essex is assessing pharmaceutical needs to help plan services for the future. The draft Pharmaceutical Needs Assessment for NHS Mid Essex shows that there are no major gaps in local pharmaceutical services, but the PCT wants to know your views before reaching any final conclusions.

Findings from the assessment so far, including a public survey, show that nearly 90% of the local population in Braintree, Chelmsford and Maldon can get to a pharmacy within a 10 minute drive in rural communities and within a 2km walk in urban areas; and 95% of people surveyed said they could get to a pharmacy when they needed one.

Planning pharmaceutical services is not just about where pharmacies are located, it also looks at the range of services on offer, which extend far beyond the essential service of supplying medicines. Community pharmacy is particularly important in rural communities and in caring for older people and people with long terms conditions where the local pharmacy can supplement local GP and community health services.

Pharmacists can provide, for example:

- Treatment for minor ailments
- Monitoring checks for people with long term conditions
- Advice and tests for sexual health
- Some screening services, such as testing for COPD, a serious lung condition
- Advice and support to stop smoking
- Advice and support to care homes and schools
- Home deliveries of medicines and help to understand medicines and how best to take them

NHS Mid Essex is seeking your views on these areas and future plans.

Said Paula Wilkinson, NHS Mid Essex Chief Pharmacist;

“There is huge potential in community pharmacy as a way of bringing healthcare closer to home and doing more to provide an efficient and personal health service for local people. We want to know what local people think about this.

“One of our biggest questions is how do we cut down on wasted medicines and use the savings from that to invest in patient care? Studies show that up to half of patients do not take their prescribed medicine to best effect. We estimate that each year, we could save around £5 million in mid Essex by reducing wasted

medicines from inefficient prescribing and people ordering medicines unnecessarily.”

If you have ideas or concerns about pharmaceutical services and would like to attend a local discussion session, book your place at any of the following meetings online at www.midsex.nhs.uk/pnadiscussions :

- Chelmsford: Tuesday 2 November, 6.45pm
Swift House, Hedgerows Business Park, Chelmsford, CM2 5PF
- Braintree: Thursday 4 November, 6.45pm
Braintree Town Hall, Market Square, Braintree, CM7 3YG
- Maldon: Tuesday 9 November, 6.45pm
Maldon Football Club, Wallace Binder Ground, Park Drive, Maldon, CM9 5XX
- Witham: Wednesday 17 November, 6.45pm
The Barn, Witham Community Association, Spring Lodge, Powers Hall End, Witham, CM8 2HE

For further information and a full copy of the NHS Mid Essex Pharmaceutical Needs Assessment, visit www.midsex.nhs.uk/pna or email communications@midsexpct.nhs.uk or phone 01245 459473.

You can also give your views online at www.midsex.nhs.uk/pnafeedback

The deadline for giving your views is 29 November 2010.

For more information contact the Communications Team on 01245 459473
communications@midsexpct.nhs.uk

pharmaceutical needs assessment

DRAFT FOR CONSULTATION

17 September 2010



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This document is available from the NHS Mid Essex website www.midessex.nhs.uk/pna or for further copies, please contact our Communications team at:

communications@midessexpct.nhs.uk

Tel. 01245 459473

This document is a draft for consultation. We welcome your views, which you may send in writing, using the attached questionnaire or through our online questionnaire. If you are interested in joining a discussion on the Pharmaceutical Needs Assessment you will find dates and details on our website. Please use the website link above or see the accompanying discussion paper for more details on how to have your say.

Closing date for feedback 29 November 2010

1. Executive Summary

Introduction

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010 introduced the requirement for Primary Care Trusts to publish a Pharmaceutical Needs Assessment (PNA) and use it as the basis for commissioning pharmaceutical services and determining applications from pharmacy contractors and dispensing doctors wishing to provide pharmaceutical services in the area.

This is the first PNA produced by NHS Mid Essex (Mid Essex PCT) under these regulations and covers the provision of pharmaceutical services by community pharmacy and dispensing appliance contractors under their NHS contractual framework, and the dispensing of drugs and appliances by dispensing doctors.

How the PNA was developed

During the preparation of this draft for consultation, the PCT involved contractors, partners and stakeholders via a steering group, and obtained the views of members of the public via a questionnaire. This draft PNA is available for detailed review and comment, and the final version will be ready for publication by 1 February 2011.

In looking at the health needs of the local population, we considered the Joint Strategic Needs Assessments produced by the three local authorities in mid Essex, the PCT's Annual Public Health Report and other public health data, and various health needs assessments commissioned by the PCT.

The data on service provision already held by the PCT was supplemented by questionnaires completed by pharmacy contractors.

Mid Essex geography and demographics

NHS Mid Essex provides health services to around 370,000 people in the areas covered by Braintree District Council, Chelmsford Borough Council and Maldon District Council. The area is generally affluent but there are pockets of isolation and some deprived communities with considerable inequalities between different areas. The population is predicted to increase, and with increasing life expectancy this will lead to higher numbers of older people in the future. The population is less ethnically diverse than the rest of the East of England. Educational attainment, employment levels and standards of housing are generally good in line with the low level of deprivation but there are inequalities. There is a high number of carers, particularly in areas of relative deprivation. Outside the large towns of Braintree, Witham, Chelmsford and Maldon the area is predominantly rural in character.

In order to look at the area in more detail than by local authority, we have used 'Middle Super Output Area (MSOA)', a classification used for the publication of statistics. Much of the data used in this draft PNA is presented in this way and as each MSOA has roughly the same population, better comparisons can be made between areas than, for example, electoral wards.

Local health needs

The PNA looks at those needs of the population which could be met by the provision of pharmaceutical services.

We considered the need for choice and concluded that this can be extended by providing a range of services by offering a choice between different service providers. The choice available in the major towns in mid Essex is greater than in the rural areas. This applies to pharmaceutical services as well as to services generally.

We considered the needs of the population in terms of groups and their identified health needs that could be met by pharmaceutical services.

Current service provision

The pharmaceutical services considered necessary to meet the needs of the population of mid Essex are the essential services provided by our 60 community pharmacy contractors and the dispensing services provided by our 25 dispensing doctors. For some of our residents who live near the border of mid Essex, these services are provided by pharmacies in neighbouring PCTs.

In addition to these necessary services there is a range of other services which may be commissioned from pharmacy contractors and other NHS service providers. These would improve the range of pharmaceutical services available and provide better access. The provision of stop smoking, sexual health and substance misuse services by community pharmacies, usually without the need for an appointment, provides access in a range of locations and during extended opening hours. The Healthcare on the High Street service provides over the counter medication to low income families in deprived communities and reduces some of the inequalities in access to self care.

Conclusions

Looking at the pharmaceutical needs of our population against the current provision of pharmaceutical services enabled us to assess whether there are any gaps in that service provision.

We looked at the provision of necessary services in terms of access, both location and opening times. We found that 88.4% of our population lives within a 2km walk (urban) or 10 minute drive (rural) of a pharmacy. In addition 18% of mid Essex patients receive dispensing services from a dispensing doctor. The rural character of our area makes this a little lower than for Essex as a whole but all of our major towns and key service villages have at least one pharmacy. We found that the three 100 hour pharmacies in the area contribute to the extended opening hours available across the area.

We identified no gaps in the provision of necessary services.

We looked at the pharmaceutical needs that we had identified and mapped them against the provision of additional services from community pharmacies. The services currently commissioned include stop smoking, sexual health, Healthcare in

the High Street, substance misuse and access to palliative care medicines. We found that commissioning services from pharmacies improves access to these services and that where there is no pharmacy providing the service, the local population has access to the service from another provider.

We identified no immediate gaps in the provision of additional services.

We have identified some needs which could be met in future by pharmaceutical services. Two of these are screening services: Healthy Lung Check and Vascular Screening, which are both currently being developed for introduction in the near future. We will regularly review other established services to ensure that they continue to meet the needs of our population.

More work is needed to determine whether the introduction of a new vaccination service would be a cost effective way to improve access, and how we can work with community pharmacies to improve medicines safety in care homes.

2. Introduction

This section describes what a PNA is and how it fits into a Primary Care Trust's (PCT) commissioning process.

2.1 Pharmaceutical Needs Assessments

A Pharmaceutical Needs Assessment (PNA) is part of the PCT's commissioning cycle which assesses the health needs of its population and identifies which of those needs could be met by one or more pharmaceutical services. It then looks at the existing pharmaceutical service provision and identifies gaps which could be addressed by commissioning new or different services.

PNAs are not new and previous versions have been issued in mid Essex to support the community pharmacy contractual framework which was introduced in 2005. This is the first NHS Mid Essex PNA that has been developed to meet the specific requirements of the Health Act 2009. The purpose of this PNA is to support the PCT in commissioning pharmaceutical services considered necessary for its population. It will focus on reducing inequalities in areas and groups of greatest need. The current financial constraints mean that the PCT has to be sure that the services it commissions are affordable as well as effective and of the highest quality.

In this PNA, Section 4 describes the area covered by the PCT in terms of demography and geography. Section 5 describes the needs of different areas and different groups of people, and Section 6 looks at current service provision. Section 7 looks at how current services meet the pharmaceutical needs of the population. It also identifies any gaps in current provision and outlines our plans to fill them.

2.2 Pharmacy White Paper

In 2008 the Government published "Pharmacy in England: Building on strengths – delivering the future". This publication set out the Government's programme for pharmaceutical services. It identified how pharmacists and their teams could play a full part in the new NHS by contributing to safe, effective, fairer and more personalised care by delivering a wider range of services.

The Health Act 2009 is the first piece of legislation following that publication. It requires NHS Primary Care Trusts (PCTs) to develop and publish a Pharmaceutical Needs Assessment as the basis for commissioning pharmaceutical services and determining market entry to NHS pharmaceutical services provision.

Currently PCTs consider whether it is necessary or expedient to grant applications for new pharmacy to secure the adequate provision of pharmaceutical services in the neighbourhood. In future, when a PCT receives an application, it will have to consider whether it is satisfied that granting the application would meet needs identified in their PNA, or whether granting the application would secure improvements to, or give better access to pharmaceutical services.

2.3 Joint Strategic Needs Assessments

Local authorities and PCTs publish Joint Strategic Needs Assessments (JSNAs) which contain a wide range of information on the area, including evidence of the

health and well-being needs of the local population. The Health Act 2009 requires PCTs to take account of the relevant JSNA(s) when developing their PNA and a summary of the three JSNAs covering mid Essex is included in section 4.

2.4 Pharmaceutical services – scope of PNA

In developing a PNA, the PCT must decide which of the general health needs of its population could be met by the provision of a pharmaceutical service. In line with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010, this PNA relates to the following pharmaceutical services:

- Essential, advanced and enhanced services provided by community pharmacy and dispensing appliance contractors
- Services provided under a Local Pharmaceutical Services (LPS) contract
- The dispensing of drugs and appliances by a dispensing doctor (but not other NHS services that the PCT may commission from a dispensing doctor)

2.5 Community pharmacy contractors

Under the 2005 community pharmacy contractual framework there are three tiers of services:

- nationally set essential services
- nationally set advanced services
- locally commissioned enhanced services

2.5.1 Essential services

Essential services are provided by all community pharmacies. These include:

- Dispensing
- Repeat dispensing
- Disposal of medicines
- Promotion of healthy lifestyles
- Support for self-care for patients with minor ailments
- Signposting for patients to other healthcare services

All pharmacies are required to put in place clinical governance systems and support continuing professional development of pharmacists, technicians and other staff.

2.5.2 Advanced services

Advanced services require the pharmacist to be suitably trained and qualified, and their premises to meet standards that enable them to provide these services in a suitable and confidential environment. These include:

- Medicines use review
- Appliance use review
- Stoma appliance customisation

2.5.3 Enhanced services

The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 lists a range of directed services that may be commissioned locally by PCTs from community pharmacies in accordance with the needs of their population (appendix 1).

2.6 Dispensing doctors

Dispensing doctors can provide dispensing services to patients who meet the requirements in the NHS regulations for the provision of pharmaceutical services by doctors. These include patients who live in a rural area more than 1.6 km from a community pharmacy and have requested to be on the dispensing list, and patients who satisfy the PCT that they would have serious difficulty in obtaining services from a pharmacy.

2.7 Dispensing Appliance Contractors (DAC)

The National Health Service (Pharmaceutical Services) (Appliances) (Amendment) Regulations 2009 make provision for essential services and two advanced services. DACs are expected to operate within a similar clinical governance framework to pharmacy contractors.

2.7.1 Essential services

Essential services are provided by all DACs

- Home delivery service
- Supply of wipes and disposal bags
- Provision of appropriate advice
- Dispensing referral
- Repeat dispensing
- Urgent supply without a prescription

2.7.2 Advanced services

Advanced services require the health professional delivering the service to be suitably trained and qualified, and unless they are provided at the patient's home, their premises must meet standards that enable them to provide these services in a suitable and confidential environment.

- Stoma appliance customisation
- Appliance use reviews

2.8 Local Pharmaceutical Service (LPS)

The LPS Regulations, April 2006, deal with an alternative framework for awarding contracts for provision of pharmaceutical services. PCTs may contract locally for provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract. Given different local priorities and needs, LPS provides PCTs with the flexibility to commission services that address specific local needs as well as general situations not covered by the national community pharmacy contractual framework. There are no LPS contracts in mid Essex.

3 How the PNA was developed

This section describes the process of developing the PNA, who was involved and how the data was collected.

3.1 Consultation

The Health Act 2009, in setting out the requirements for developing Pharmaceutical Needs Assessments (PNAs), includes requirements for consultation. It lists those who must be consulted at least once during the process of the PNA, and states that they must be given at least 60 days to give a response.

NHS Mid Essex undertook the following activities as part of the development of this PNA:

3.1.1 Steering group

The steering group will meet three times during the development of the PNA. It has already met in July 2010 to confirm the direction of the project and in August 2010 to review the draft document before distribution. It is due to meet in December 2010 to review the outcome of the consultation. Members were provided with the regulations and guidance defining the requirements for a PNA. They were invited to comment on the drafts, whether or not they were able to attend each meeting, and encouraged to share drafts and comments with the groups they represented.

3.1.2 Steering group membership:

Director of Commissioning and Redesign – NHS Mid Essex
Chief Pharmacist - NHS Mid Essex
Senior Prescribing Advisor– NHS Mid Essex
Assistant Director of Primary Care - NHS Mid Essex
Assistant Director of Commissioning - NHS Mid Essex
Clinical Chair, Primary Care Board - NHS Mid Essex GP
Director of Clinical Transformation – NHS Mid Essex GP
Consultant Public Health - NHS Mid Essex
Assistant Director of Public Health - NHS Mid Essex
Locality Commissioning Accountant - NHS Mid Essex
Practice Based Commissioning Manager - NHS Mid Essex
Director of Communications - NHS Mid Essex
Adult Social Services – Essex County Council
Chief Executive – Local Pharmacy Committee
Liaison Manager - Local Medical Committee
Contractor representatives – Local Pharmaceutical Committee
Contractor representatives – Local Medical Committee
Chief Pharmacist – Mid Essex Hospital Services NHS Trust, Broomfield Hospital
Head of Clinical Services – Braintree Community Hospital
Pharmacy Services Development Officer - NHS Mid Essex
Medical Director – Central Essex Community Services
Associate Director of Pharmacy – North Essex Partnership NHS Foundation Trust
Patient representative – Essex Coalition of Disabled People

3.1.3 Mid Essex Clinical Summit

NHS Mid Essex held a Clinical Summit in July 2010 for local clinicians and managers to discuss healthcare for the future. In addition to sessions aimed at clinicians, members of the public were invited to a morning briefing session and had the chance to visit the information marketplace, which was open to all. One of the stands at the marketplace presented information about the PNA process, current pharmaceutical service provision in the area, and types of services that could be commissioned. The stand was manned by NHS Mid Essex medicines management staff who were able to discuss the PNA and to encourage completion of the PNA questionnaire.

3.1.4 Public and patient survey

We developed a questionnaire to find what mid Essex residents think about the accessibility of community pharmacies and the range of services currently provided.

The survey was not intended to collect information on dispensing doctors; they provide dispensing services to those patients on their dispensing list and although a wide range of services may be available from the GP practice, they are not considered to be pharmaceutical services for the purposes of this PNA.

The questionnaire method was chosen as an expedient way of collecting information on the behaviours and attitudes of the local population. Questionnaires can be circulated to a wide range of organisations across the area for onward distribution to their members. They can be completed at a time to suit the respondent, and are anonymous.

We recognise that there are disadvantages to the use of questionnaires. In order to cover the range of questions that we wanted to ask it was long, and required a certain level of literacy, which will have excluded some respondents. In some settings, where the questionnaire was given out in person, some support was offered to help people complete it. Questionnaires generally have a low response rate and our distribution method, of using local organisations, meant that we don't know how many individuals received a copy so the response rate is unknown. These are limitations to the extent to which the data can be analysed, but the responses do, when used in conjunction with other data, provide a picture of how local pharmaceutical service provision is viewed.

Responses from 367 questionnaires have been used in this draft of the PNA. A copy of the questionnaire is included (appendix 2). It was distributed by email or post to the following:

- Via Mid Essex Public Involvement Team
 - Mid Essex Residents' Panel
 - Essex and Southend Local Involvement Network (LINK) for mid Essex
 - Village Agents
 - Local groups such as *South Woodham Ferrers Healthcare Group* and *Views Count* in Halstead
- Community groups
 - Community magazine editors in mid Essex
 - Maldon District Women's Institute
 - Young parent groups

- Amateur dramatic groups
 - Women's groups
 - Voluntary sector organisations in Maldon, Chelmsford and Braintree
 - Essex Coalition of Disabled People
- Distribution by carers groups
 - Network for Family Carers
 - Crossroads
 - Young carers groups
- Parish Councillors in mid Essex
- In community pharmacies for immediate completion or to take away with a freepost envelope
- Through GP surgeries and out of hours service
- Via the NHS Mid Essex website, as a download or on request by post with a freepost envelope
- Distribution by NHS Mid Essex's Community Development Worker for minority and ethnic groups
- At the Mid Essex Clinical Summit (see 4.1.3)

3.1.5 Consultation

During the preparation of this draft PNA, we involved contractors and partners via a steering group, and collected data via questionnaires. This draft PNA is available for detailed review and comment via our website at www.midessex.nhs.uk/pna. An extensive list of stakeholders, partners, contractors and the public will be contacted and invited to comment.

The feedback provided during this consultation period will be collated and considered by the steering group who will agree any changes that need to be made to the document.

The final version will be ready for publication by 1 February 2011.

3.2 Data collection

3.2.1 Health needs

The following sources were used to collect data on the health and pharmaceutical needs of the local population

- a) Local authority / NHS Mid Essex Joint Strategic Needs Assessments
- b) NHS Mid Essex Annual Public Health Reports
- c) Health Needs Assessments produced or commissioned by NHS Mid Essex's public health team
- d) ERPHO public health data
- e) Patient / public survey
- f) Mosaic data

3.2.2 Service provision

The following sources were used to collect data on the current provision of pharmaceutical services in mid Essex:

- a) Community Pharmacy Questionnaire (appendix 3)

- b) NHS Mid Essex monitoring data
- c) Commissioning data

3.3 *Approval process*

The final draft of the PNA, revised in the light of feedback from consultation and including a report on the outcome, will be considered for approval by the PCT Board in January 2011.

4 Mid Essex Geography and Demographics

This section describes the area of mid Essex and provides some data about the population.

4.1 NHS Mid Essex (Mid Essex PCT)

NHS Mid Essex was established on 1 October 2006 and is responsible for providing health services to people living in the districts of Braintree, Maldon and the borough of Chelmsford. It has a population of around 378,000 people (registered with a mid Essex GP).

Our vision is of healthy communities where everyone is able to make healthy lifestyle choices and get the health and well-being services they need.

Our values are:

- We care about people
- We do a great job
- We work together

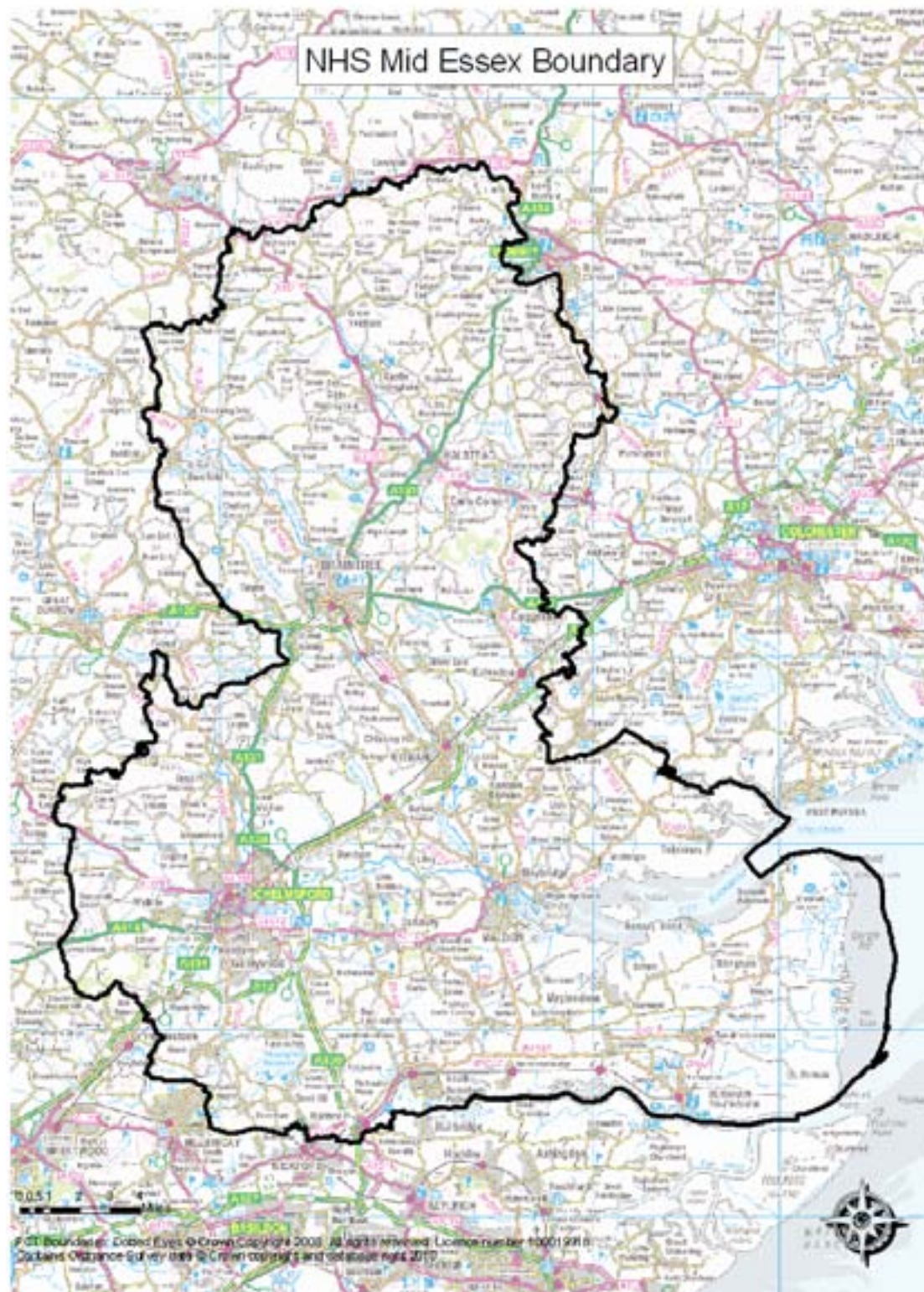
We have 10 service commitments to local people, these are:

1. Deliver more services locally that meet the needs of local people
2. Improve access to health and well-being services for all
3. Support people in living a healthy lifestyle
4. Improve the health of the poorest in our communities and marginalised groups
5. Improve support to unpaid carers
6. Improve the mental health and well-being of people in our communities
7. Ensure everyone has a positive experience of health and well-being services
8. Improve and maintain patient safety
9. Improve the lives of people with long term conditions
10. Ensure that people are well-informed about local services

Figure 1: NHS Mid Essex Boundary

PCT Boundaries: Dotted Eyes © Crown copyright 2008. All rights reserved.
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Contains Ordnance Survey data © Crown copyright and database right 2010

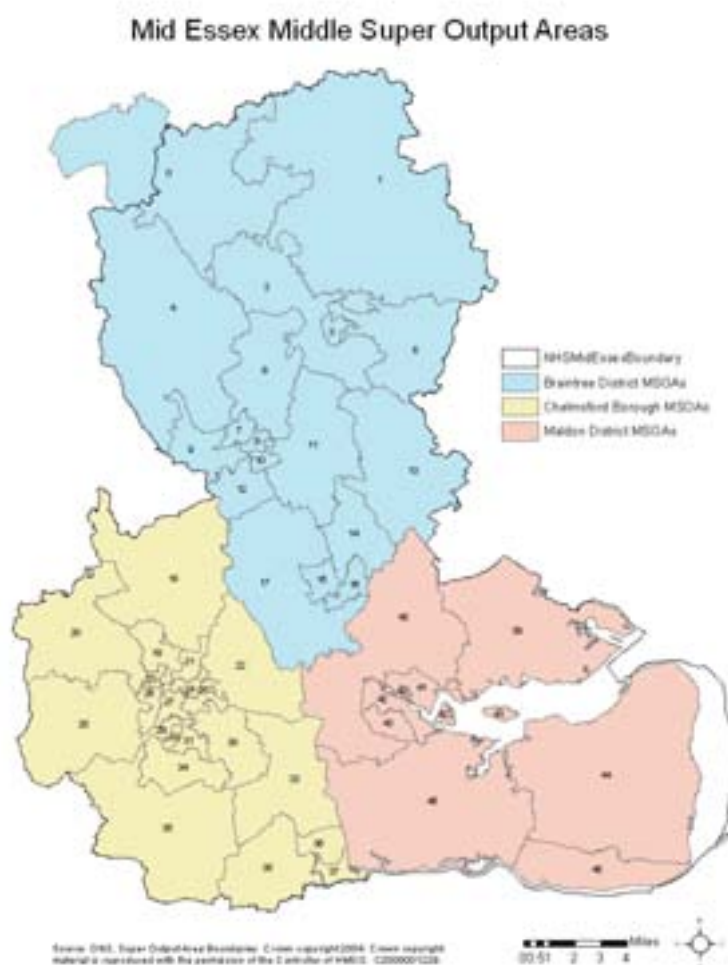


4.2 Middle Layer Super Output areas (MSOAs)

MSOAs are geographic areas designed for the collection and publication of statistics and many of the datasets referenced in this PNA are presented in this way. The minimum population of an MSOA is 5,000 and the mean is 7,200. There are 46 MSOAs in mid Essex. In order to be able to relate pharmaceutical needs and services to the available data, the MSOA has been used as the basis of this PNA where it is necessary to look at a particular area in more detail than at the level of the three local council areas.

Following the July 2010 White Paper; *Equity and Excellence; Liberating the NHS*, there will be changes to the way NHS services are commissioned and in future it may be appropriate to review the way in which the area is divided, but until more is known about this, the existing divisions of local council areas and MSOAs provide structure for looking at the area in different degrees of detail.

Figure 2: Map of Mid Essex Middle Super Output Areas Mapping: Source: 2001 Census, Output Area Boundaries. Crown Copyright 2003. Crown copyright material is reproduced with the permission of the Controller of HMSO.



No.	MSOA Name	No.	MSOA Name
0	Braintree 001	23	Chelmsford 006
1	Braintree 002	24	Chelmsford 007
2	Braintree 003	25	Chelmsford 008
3	Braintree 004	26	Chelmsford 009
4	Braintree 005	27	Chelmsford 010
5	Braintree 006	28	Chelmsford 011
6	Braintree 007	29	Chelmsford 012
7	Braintree 008	30	Chelmsford 013
8	Braintree 009	31	Chelmsford 014
9	Braintree 010	32	Chelmsford 015
10	Braintree 011	33	Chelmsford 016
11	Braintree 012	34	Chelmsford 017
12	Braintree 013	35	Chelmsford 018
13	Braintree 014	36	Chelmsford 019
14	Braintree 015	37	Chelmsford 020
15	Braintree 016	38	Chelmsford 021
16	Braintree 017	39	Maldon 001
17	Braintree 018	40	Maldon 002
18	Chelmsford 001	41	Maldon 003
19	Chelmsford 002	42	Maldon 004
20	Chelmsford 003	43	Maldon 005
21	Chelmsford 004	44	Maldon 006
22	Chelmsford 005	45	Maldon 007
		46	Maldon 008

The borough of Chelmsford and district of Maldon are fully coterminous with the NHS Mid Essex boundary. Braintree District has one MSOA (Braintree 001) which is shared between NHS Mid Essex and NHS West Essex.

4.3 Joint Strategic Needs Assessments

A Joint Strategic Needs Assessment (JSNA) is a process undertaken jointly by local authorities and PCTs. They identify current and future health and well-being needs in light of existing services, and lead to agreed commissioning priorities that will improve outcomes and reduce inequalities. There are three JSNAs which cover the area of mid Essex. The main points are summarised in the following table:

	Chelmsford Borough	Braintree District	Maldon District
Demographics	The population is predicted to increase over the next 5 years and beyond mainly as a result of new housing developments. There will also be an increase in the proportion of people in older age groups. 5% of the population are from non-white ethnic groups, although with the increasingly dynamic and transient workforce the ethnic diversity of the area is likely to increase.	The population is predicted to increase slightly over the next 5 years and beyond. There will be substantial increases in the older age groups and a reduction in the under 15s. 4% of the population are from non-white ethnic groups. With the increasingly dynamic and transient workforce, the ethnic diversity of the area is likely to increase.	The population is predicted to increase over the next 5 years and beyond. The number in older age groups will experience the largest increase with a reduction in the under 15s. 3% of the population are from non-white ethnic groups. With the increasingly dynamic and transient workforce, the ethnic diversity of the area is now likely to be higher than this.
Social and environmental factors	The borough as a whole is one of the most affluent and least deprived in Essex, but it does experience quite large inequalities between different areas.	The district is generally affluent and deprivation levels are slightly lower than Essex as a whole. However there are pockets of isolated and deprived communities with quite large inequalities between different areas.	The district as a whole is affluent but there are pockets of isolated and deprived communities with higher levels of unemployment and low educational attainment.

	Chelmsford Borough	Braintree District	Maldon District
Health and welfare	Life expectancy is high in Chelmsford but significant inequalities exist - there is a gap of 6.7 years in the life expectancy of people in different localities in the borough. Hospital admission rates for three of the big killers (circulatory disease, respiratory disease and cancer) are all below or similar to the Essex average. Self reports of long term limiting illness vary from 8% to 18% of local communities.	Braintree is above the England average for life expectancy, but there is a 9 year gap in lifespan between the lowest and highest areas. The district has the third highest rate of mortality from circulatory disease in women in the County. Hospital admission rates for three of the big killers (circulatory disease, respiratory disease and cancer) are all below the Essex average. Self reports of long term limiting illness vary within the district from 8% to 21% of local communities	Maldon experiences an above average life expectancy, but there is a gap of 7.9 years in life expectancy between the highest and lowest localities. The district has the highest mortality rate from cancer in men in Essex, while women have the second highest circulatory disease mortality rate. Hospital admission rates for three of the big killers (circulatory disease, respiratory disease and cancer) are similar or below the Essex average. Self reports of long term limiting illness vary from 10% to 22% of local communities.
Children and young people	Chelmsford has a low rate of babies being born at a low birth weight and a below national rate of measles in the under 1 age group. Obesity and smoking levels within the young population are a concern.	Braintree has a high rate of low birth weight babies being born and an above average incidence of measles in the under 1 age group. Obesity and smoking levels within the young population are a key concern.	Maldon has a low rate of low birth weight babies being born and the lowest rate of measles in the under 1 age group in Essex. Obesity and smoking levels within the young population are a concern.

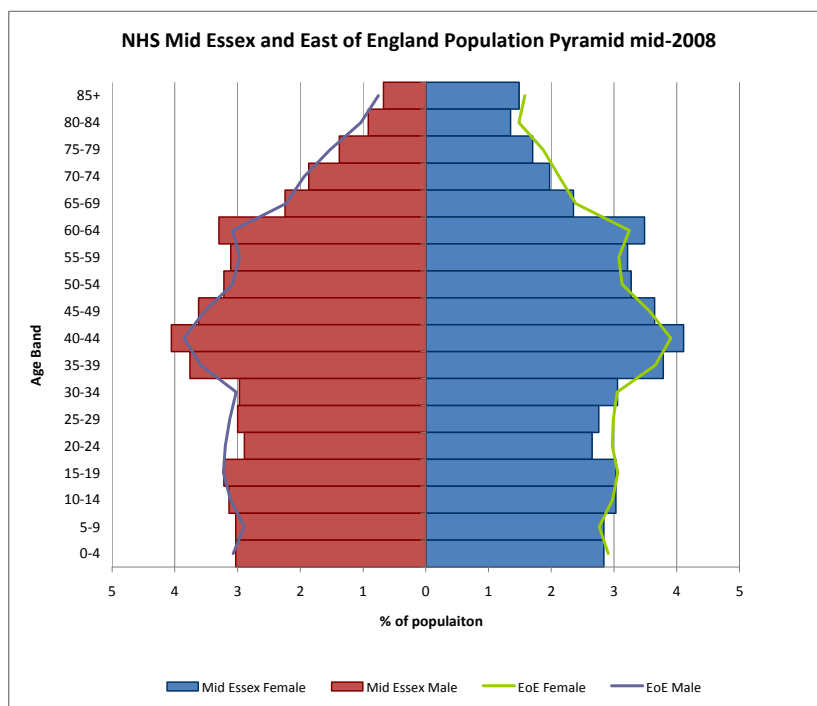
	Chelmsford Borough	Braintree District	Maldon District
Working adults and older people	Due to the ageing population there is predicted to be an increasing prevalence of certain conditions and disease. This greater number of people living with long term conditions will increase demand for care and support services. Whilst Chelmsford has a low rate of older people using adult social care services it has around 123 people per 1,000 population (aged 18+) who provide unpaid care	Due to the ageing population there is predicted to be an increasing prevalence of certain conditions and disease such as respiratory disease, dementia, depression, stroke and mobility problems. This will increase demand for care and support services. Currently Braintree has the highest rate of older people using adult social care services in Essex and has the second highest number of carers known to social care.	Due to the ageing population there is predicted to be an increasing prevalence of certain conditions and disease such as respiratory disease, dementia, depression, stroke and mobility problems, which in turn will lead to greater care and support needs. Currently Maldon has the third highest rate of older people using adult social care services in Essex and has the second highest number of unpaid carers in the County.
People living with disabilities	Numbers of people with learning disabilities and with a sensory impairment are both below the Essex average while numbers with a physical impairment are similar to the county level.	Braintree has higher rates of people with physical impairment and learning disabilities compared to the Essex average. Numbers of people with a sensory impairment are close to the county average.	Numbers of people with learning disabilities and physical impairment in Maldon is lower than the Essex level, while the proportion with sensory impairment is similar to the county average.
Recommendations	To address inequalities by targeting action in specific localities and population groups with high levels of need. Localities include MSOAs 004 and 006 , which include all or part of the wards Springfield North, The Lawns, Patching Hall, Marconi and St Andrews. Relevant population groups include carers, Gypsies and Travellers, binge drinkers and older people.	To address inequalities by targeting action in specific localities and population groups with high levels of need. Localities include MSOAs 007, 009 and 017 , which include all or part of the wards Gosfield and Greenstead Green, Bocking North, Bocking Blackwater, Braintree Central, Witham Chipping Hill and Central, Witham North and Witham South. Relevant population groups include carers, migrant workers, Gypsies and Travellers and older people	To address inequalities by targeting action in specific localities and population groups with high levels of need. Localities include MSOAs 003, 004 and 006 , which include all or part of the wards Heybridge East, Heybridge West, Maldon East, Maldon North, Mayland, Southminster and Tillingham. Relevant population groups include carers, Gypsies and Travellers, young people (particularly availability of activities) and older people

4.4 Demographic data

4.4.1 Population profile

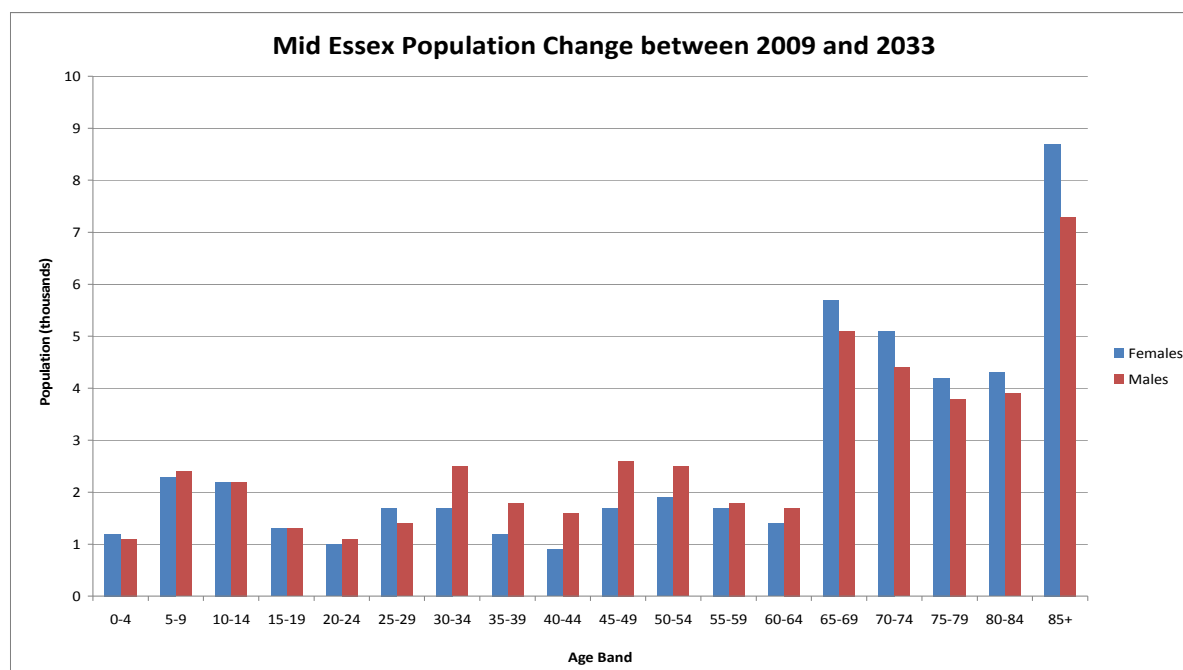
The population of mid Essex is very similar to that of the region.

Figure 3: NHS Mid Essex and East of England Population Pyramid. Source: Office for National Statistics 2009.



The real terms increase in population can be seen in figure 4. In addition to the aging structure of NHS Mid Essex, there is a real terms increase in all age bands. It is expected that by 2033 the population served by NHS Mid Essex will have risen to 468,000, a rise of nearly 100,000 people on 2009, or a 26% increase. A highly significant rise is an 8.7% increase in women aged 85+.

Figure 4: Mid Essex Population Change between 2009 and 2033, Source: Office for National Statistics 2009.



The projected population profiles to 2033 for each of the three mid Essex local authorities can be seen in figures 5 to 7. All three show an increase in the percentage of people in the older age brackets, particularly notable in the Maldon district.

Figure 5: Projected Chelmsford District Population 2009 and 2033, Source: ONS

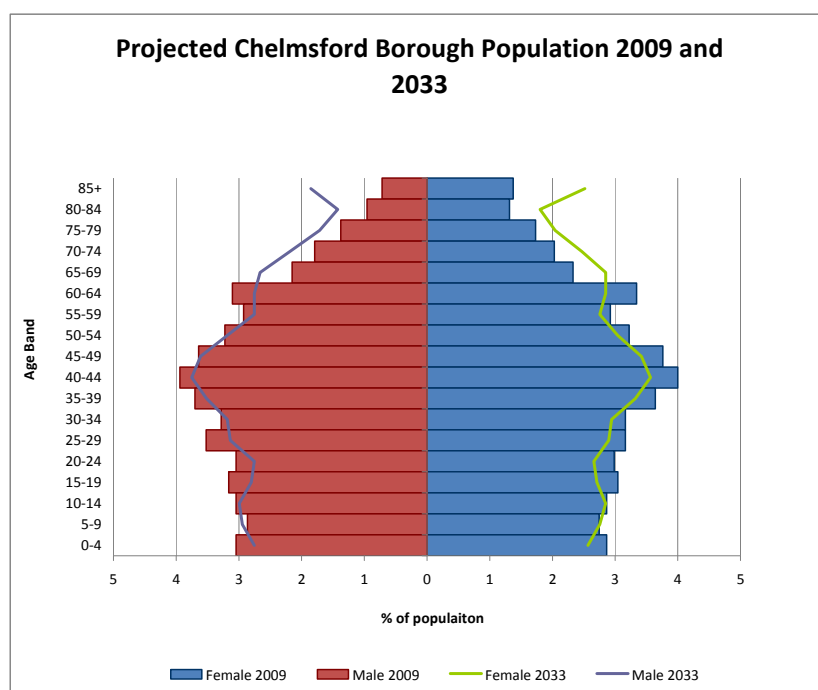


Figure 6: Projected Braintree District Population 2009 and 2033, Source: ONS

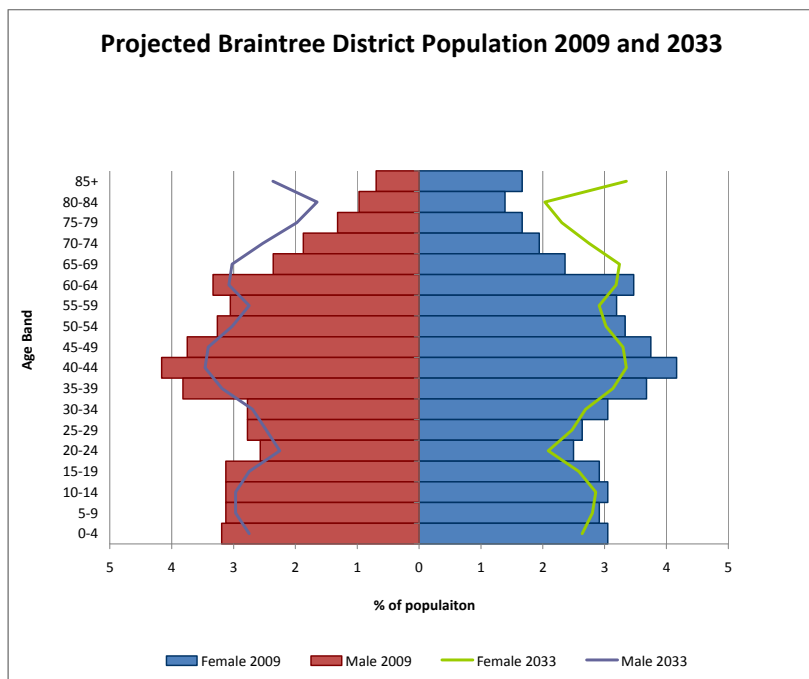
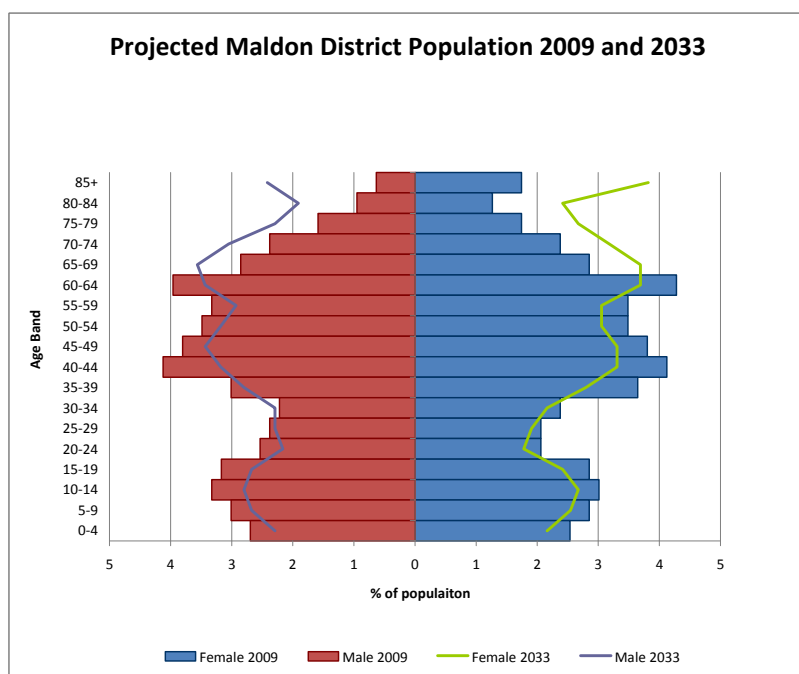


Figure 7: Projected Maldon District Population 2009 and 2033, Source: ONS



4.4.2 Older people

The number of older people living in the area is increasing. As people get older they become less mobile and can become isolated and unable to access the services they need. An increasing number are predicted to live alone.

Figure 8 shows people aged 65 and over living alone, by age and gender, projected to 2030. Source: www.poppi.org.uk Numbers have been calculated by applying percentages of men and women living alone to projected population figures.

Population predicted to live alone:	2010	2015	2020	2025	2030
Essex: aged 65-74	33,590	40,340	42,040	41,290	46,960
Essex: aged 75 and over	61,021	68,615	79,187	96,604	106,801
Braintree: aged 65-74	3,240	4,080	4,390	4,310	4,910
Braintree: aged 75 and over	5,617	6,411	7,836	9,885	11,398
Chelmsford: aged 65-74	3,640	4,400	4,570	4,440	5,100
Chelmsford: aged 75 and over	6,404	7,137	8,216	10,136	11,140
Maldon: aged 65-74	1,760	2,190	2,250	2,190	2,460
Maldon: aged 75 and over	2,605	3,175	3,969	5,068	5,692

4.4.3 Deprivation

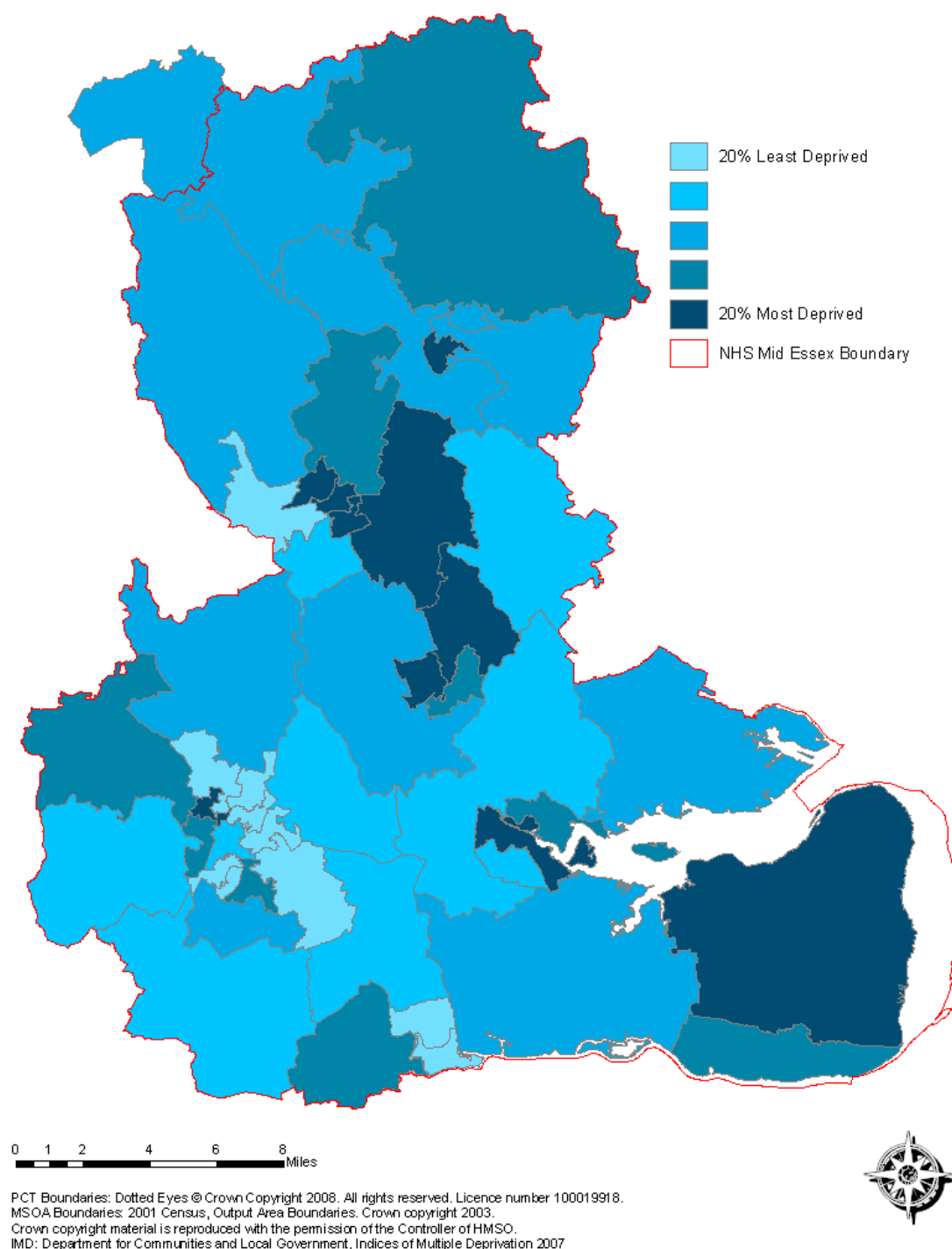
Index of Multiple Deprivation (IMD) scores are produced by combining a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. The higher the score the greater the deprivation.

All three mid Essex areas have lower IMD 2007 scores than Essex as a whole (14.7); Braintree (13.6), Chelmsford (9.3), Maldon (12.3). Chelmsford is ranked 312 out of 324 local authorities (where 1 is the most deprived) , i.e. it is in the 20% least deprived local authorities in England.

Although mid Essex scores well at local authority level, when individual MSOAs are analysed there are stark differences across the area. For a detailed breakdown of demographic data by MSOA see appendix 7.

Figure 9: Index of Multiple Deprivation 2007 by Mid Essex Middle Super Output Area. PCT Boundaries: Dotted Lines © Crown Copyright 2008. All rights reserved. Licence number 100019918. MSA Boundaries: 2001 Census, Output Area Boundaries. Crown Copyright 2003. Crown copyright material is reproduced with the permission of the Controller of HMSO. IMD: Department for Communities and Local Government, Indices of Multiple Deprivation 2007

Index of Multiple Deprivation 2007 by Mid Essex Middle Super Output Area

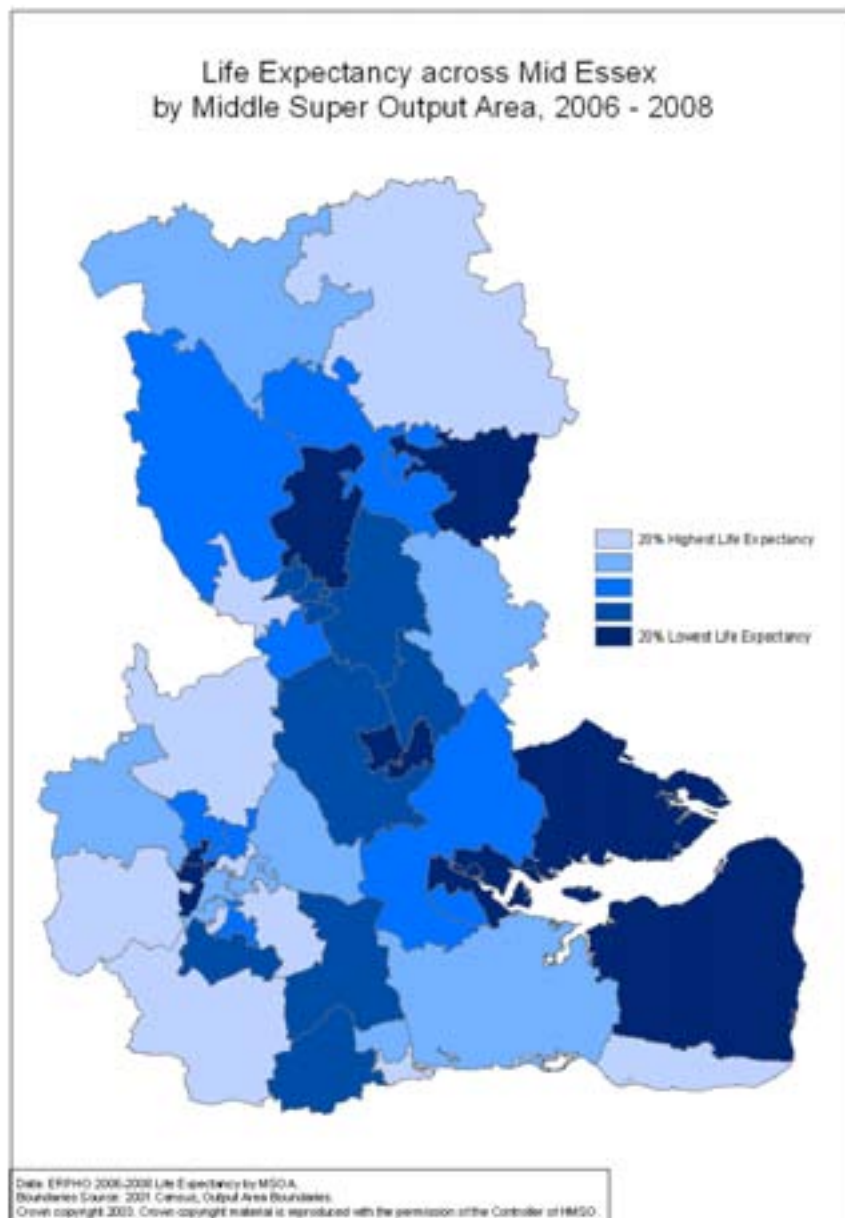


4.4.4 Life Expectancy

A key measure of health inequalities can be found in life expectancy, and in mid Essex there are wide variations amongst the population.

Life expectancy has increased across the area, but the gap in life expectancy between the lowest and highest in the area now stands at 9.3 years. The MSOA with the lowest life expectancy is Chelmsford 006 in North West Chelmsford at 78.4 years compared with up to 87.7 years in another part of Chelmsford.

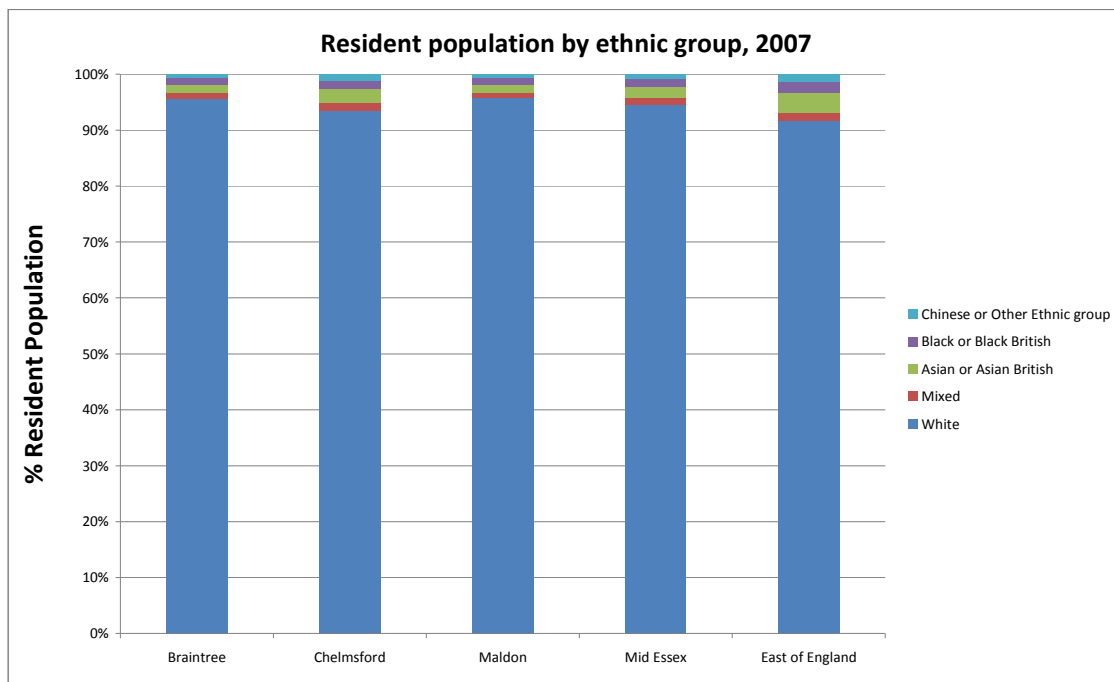
Figure 10: Life Expectancy across mid Essex by Middle Super Output Area, 2006 – 2008
Data: ERPHO 2006-2008 Life Expectancy by MSOA.
Boundaries Source: 2001 Census, Output Area Boundaries.
Crown copyright 2003. Crown copyright material is reproduced with the permission of the Controller of HMSO.



4.4.5 Ethnicity

The population of mid Essex is less ethnically diverse than that of the rest of NHS East of England, however it is in line with much of Essex with the Maldon district having the largest percentage of its population classified as white (95.8%) of all the local authorities in the county. Of the three mid Essex local authorities, Chelmsford has the highest proportion of people from non-white ethnic groups at 6.5%, with Braintree at 4.4% and Maldon at 4.2%.

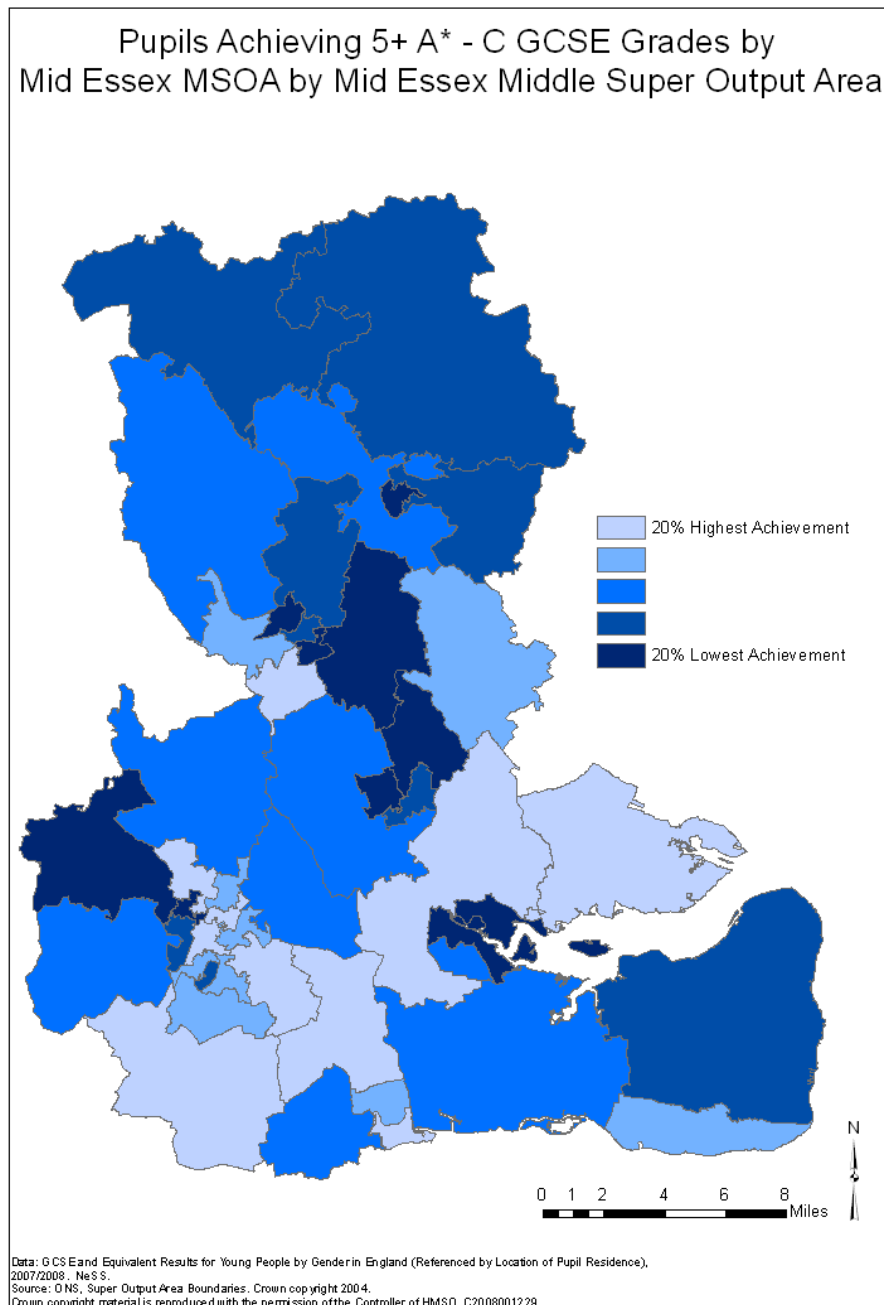
Figure 11: Resident population by ethnic group, mid 2007 (experimental statistics). Source: ONS, 2009



4.4.6 Education

Low education levels are linked with poor health. In line with the regional and national trend, educational qualifications are steadily improving.

Figure 12: pupils achieving 5+ A* GCSE grades by MSOA. Data: GCSE and Equivalent Results for Young People by Gender in England (referenced by location of pupil residence), 2007/2008. NeSS Source ONS, Super Output Area Boundaries. Crown Copyright 2004. Crown copyright material is reproduced with the permission of the Controller of HMSO. C2008001229



4.4.7 Socioeconomics

The Office for National Statistics produces a classification of employment by occupation. The figures show that the majority of people in all three mid Essex local authorities fall within the major group 1-3, comprising occupations such as managers, senior officials and professionals. This group accounts for over half of the employment within the borough of Chelmsford, 7% greater than the regional average. Braintree district is 6% below average as a result of a greater number of administrative and trade related occupations than Chelmsford or Maldon.

Figure 13: Employment by occupation (Oct 2008 – Sep 2009). Source: ONS annual population survey.

	Braintree	Chelmsford	Maldon	East of England	Great Britain
	(%)	(%)	(%)	(%)	(%)
Soc 2000 major group 1-3	39.9	52.5	46.6	45.6	44
1 Managers and senior officials	15.7	19.8	20.3	17.6	15.7
2 Professional occupations	6.5	15.8	#	13.4	13.4
3 Associate professional & technical	17.7	16.6	20	14.4	14.8
Soc 2000 major group 4-5	19.1	18.8	30.5	21.9	21.8
4 Administrative & secretarial	10	11.7	13.5	11	11.2
5 Skilled trades occupations	9	7	17.1	10.8	10.4
Soc 2000 major group 6-7	17.4	15.4	#	14.8	16
6 Personal service occupations	9	7.2	#	7.6	8.5
7 Sales and customer service occs	8.4	8.1	#	7.2	7.5
Soc 2000 major group 8-9	23.6	13.3	#	17.8	18.2
8 Process plant & machine operatives	11.5	4.1	#	6.4	6.8
9 Elementary occupations	12.1	9.2	#	11.2	11.3

Notes:

% is a proportion of all persons age 16+ in employment

sample size too small for reliable estimate

4.4.8 Employment

Figure 14 shows the latest employment and unemployment figures from the annual ONS population survey. Of the three mid Essex local Authorities, the Braintree district has the largest proportion of people classed as unemployed at 6.7%, higher than the East of England figure. Unemployment for Chelmsford stands at 5.5%, and 5.7% for Maldon.

Figure 14: Employment and unemployment (Oct 2008 – Sep 2009). Source: ONS annual population survey

	Braintree	Chelmsford	Maldon	East of England	Great Britain
	(%)	(%)	(%)	(%)	(%)
All people					
Economically active [†]	81	82	78.4	82	78.9
In employment [†]	74	77.3	77.6	76.9	72.9
Employees [†]	62.1	70.8	63.4	66.3	63.4
Self employed [†]	11.6	6	13.3	10.3	9.1
Unemployed (model-based) [§]	6.7	5.5	5.7	6	7.4
Males					
Economically active [†]	85.9	86.3	85.1	86.2	83.2
In employment [†]	77.6	81.5	83.6	80.4	76.3
Employees [†]	62.5	71.8	62.8	65.7	63.1
Self employed [†]	15.1	9.7	19	14.4	12.7
Unemployed [§]	9.4	#	!	6.6	8.2
Females					
Economically active [†]	75.4	77	70.7	77.4	74.2
In employment [†]	70.1	72.6	70.7	73	69.2
Employees [†]	61.7	69.8	64	66.9	63.6
Self employed [†]	7.6	#	#	5.7	5.2
Unemployed [§]	#	#	!	5.4	6.4

Notes:

sample size too small for reliable estimate

[†] % are for those of working age (16 – 59/64)

[§] % is a proportion of those aged 16+ who are economically active

! estimate not available since sample size is disclosive

Figure 15 looks at benefit claimants from the working-age client group. In line with the regional picture, the greatest proportion of benefits in mid Essex are 'out-of-work' related and consists of job seekers, incapacity benefits, lone parents and others on income related benefits. Chelmsford has the lowest percentage at 7.9%, over 8,200 people. Braintree has the highest percentage of total claimants at 12.3%, just below the regional average.

Figure 15: Working-age client group – key benefit claimants (Nov 2009). Source: DWP benefit claimants – working age client group

	Braintree	Chelmsford	Maldon	East of England	Great Britain
	(%)	(%)	(%)	(%)	(%)
Total claimants	12.3	9.6	10.8	12.5	15.8
Job seekers	3.3	2.6	2.7	3.2	4
ESA and incapacity benefits	5	3.8	4.4	5.2	7.1
Lone parents	1.6	1.2	1.1	1.5	1.9
Carers	0.9	0.7	1	1	1.1
Others on income related benefits	0.4	0.3	0.4	0.4	0.5
Disabled	0.9	0.8	0.9	0.9	1
Bereaved	0.2	0.2	0.2	0.2	0.2
Key out-of-work benefits [†]	10.3	7.9	8.6	10.4	13.4

Notes:

% is a proportion of resident working age population of area

[†] Key out-of-work benefits consists of the groups: job seekers, incapacity benefits, lone parents and others on income related benefits

4.4.9 Carers

There are a large number of carers in mid Essex, but the vast majority of these are unpaid and many do not receive benefits. The MSOA in mid Essex with the highest number of people providing 1-19 hours/week of unpaid care is Chelmsford 016 (Bicknacre) (778 carers). Chelmsford 006 (Patching Hall) has the highest number of people providing 20-49 hours/week (86 carers). The highest number of people providing 50+ hours of care/week is in Maldon 007 (Althorne) (192 carers).

Figure 16: Carers providing more than 50 hours per week.
Carers: ONS 2001 Census KS08 Carers providing unpaid care Deprivation: Department for Communities and Local Government Indices of Multiple Deprivation 2007 Dotted Eyes © Crown Copyright 2008. All rights reserved. Licence number 100019918.
ONS, Super Output Area Boundaries. Crown copyright 2004. Crown copyright material is reproduced with the permission of the Controller of HMSO. C2008001229

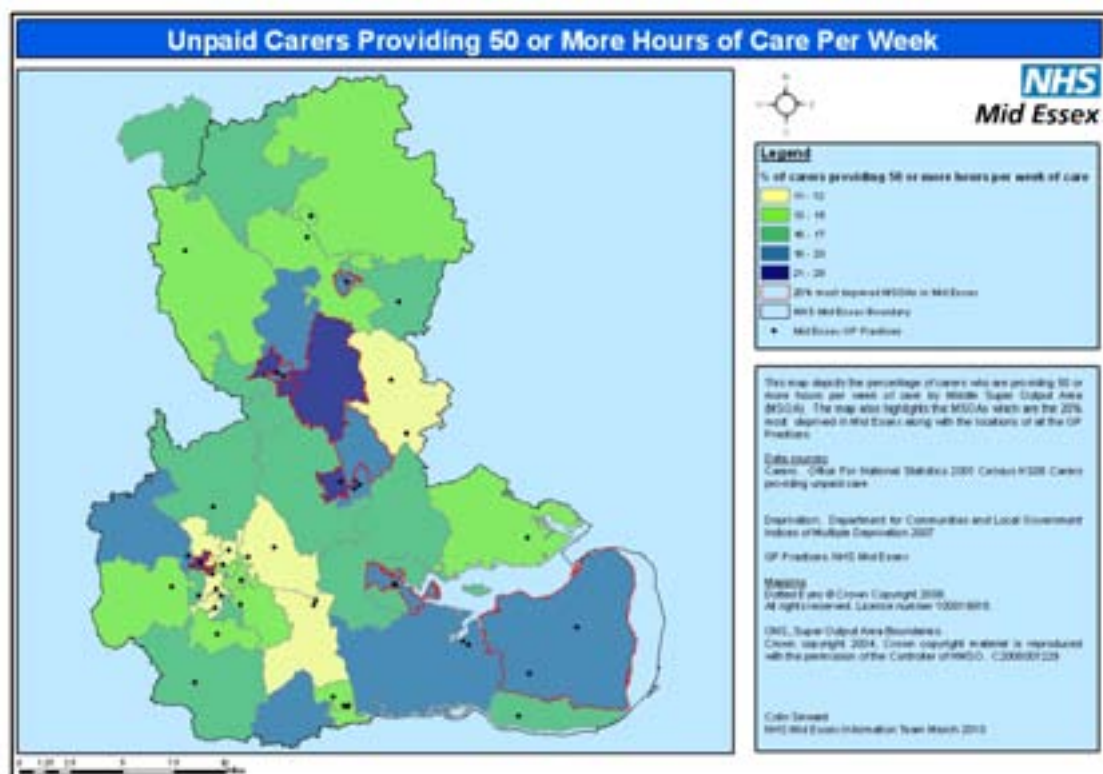
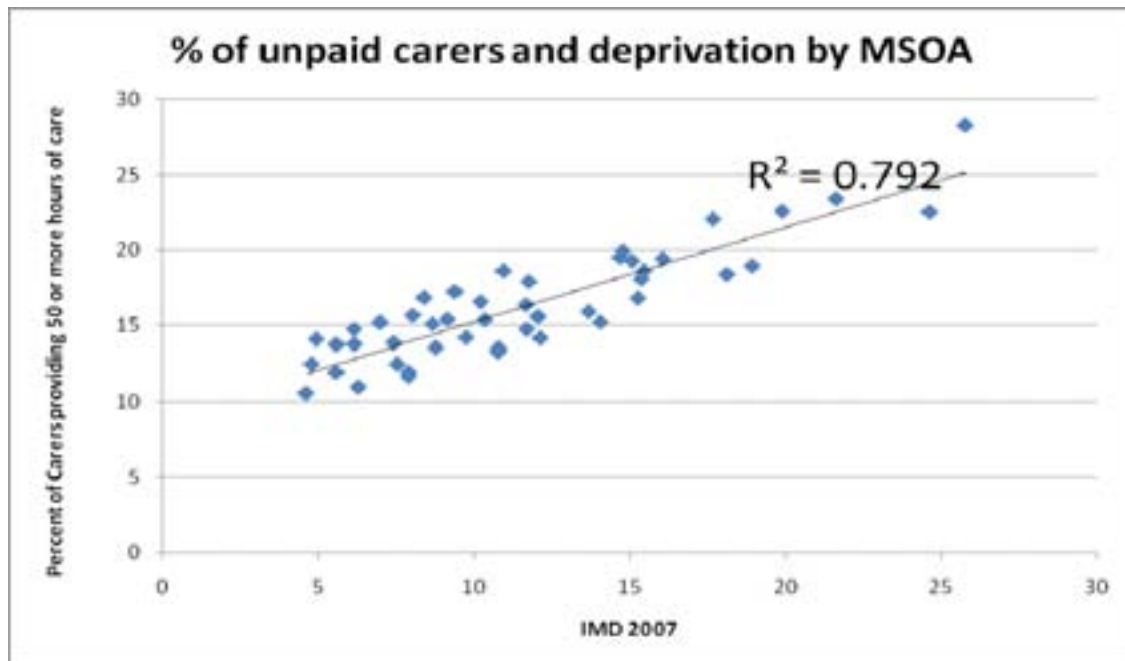


Figure 17 Correlation between level of deprivation and unpaid care Each of the points on the chart relates to a MSOA within mid Essex, plotting that MSOAs IMD Score and the percentage of carers providing 50 or more hours of unpaid care within that area. A trendline has been added to the chart as a graphical representation of the relationship between the points plotted. The chart displays a positive correlation, showing that the greater the level of deprivation, the higher the number of hours of unpaid care.



4.4.10 Housing

Housing is one of the factors that influence health. Poor quality housing is associated with a range of long term conditions, poor general health and increased mortality. Cold housing is associated with winter deaths. The Joint Strategic Needs Assessments from all three local authority areas in mid Essex show low levels of unfit dwellings but there are areas where around 6 – 7% of the population are living in fuel poverty (i.e. need to spend more than 10% of household income on fuel to maintain satisfactory heating). Across the area between 83 and 89% of homes are owner occupied.

4.4.11 Rurality

The rural / urban classification shown in figure 18 was developed by Experian using a variety of information which distinguishes between urban and rural areas. The majority of mid Essex other than the towns of Braintree, Chelmsford, Witham and Maldon and their immediate surrounding areas is defined as 'rural'. This is a geographical classification and is not connected with the designation of rural areas as controlled for the purposes of determining whether doctors may apply to dispense prescriptions.

Figure 18 Geographic urban / rural classification

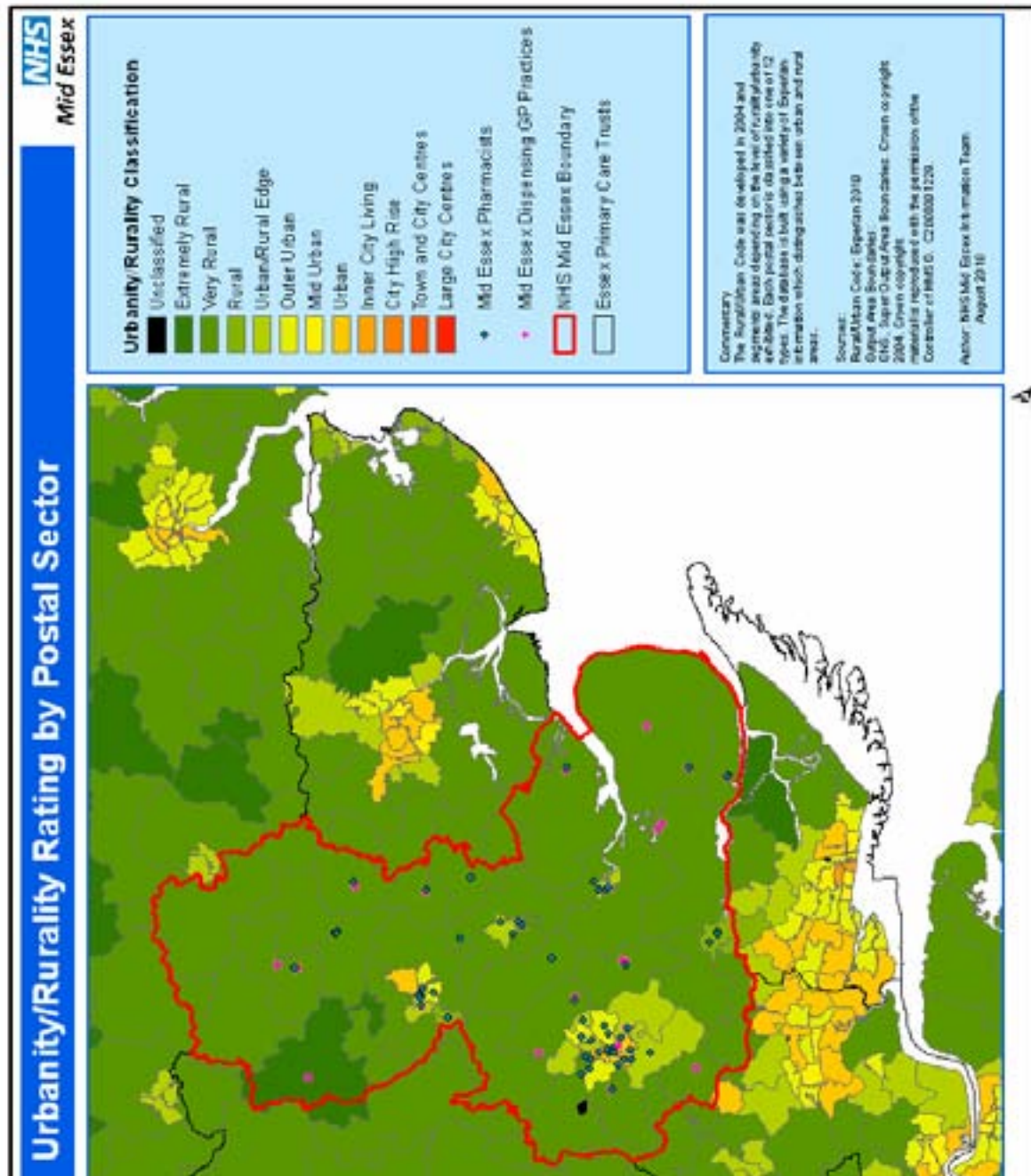


Figure 19 shows the areas in mid Essex which are controlled under the NHS (Pharmaceutical Services) Regulations 2005. Non-shaded areas have not been determined.

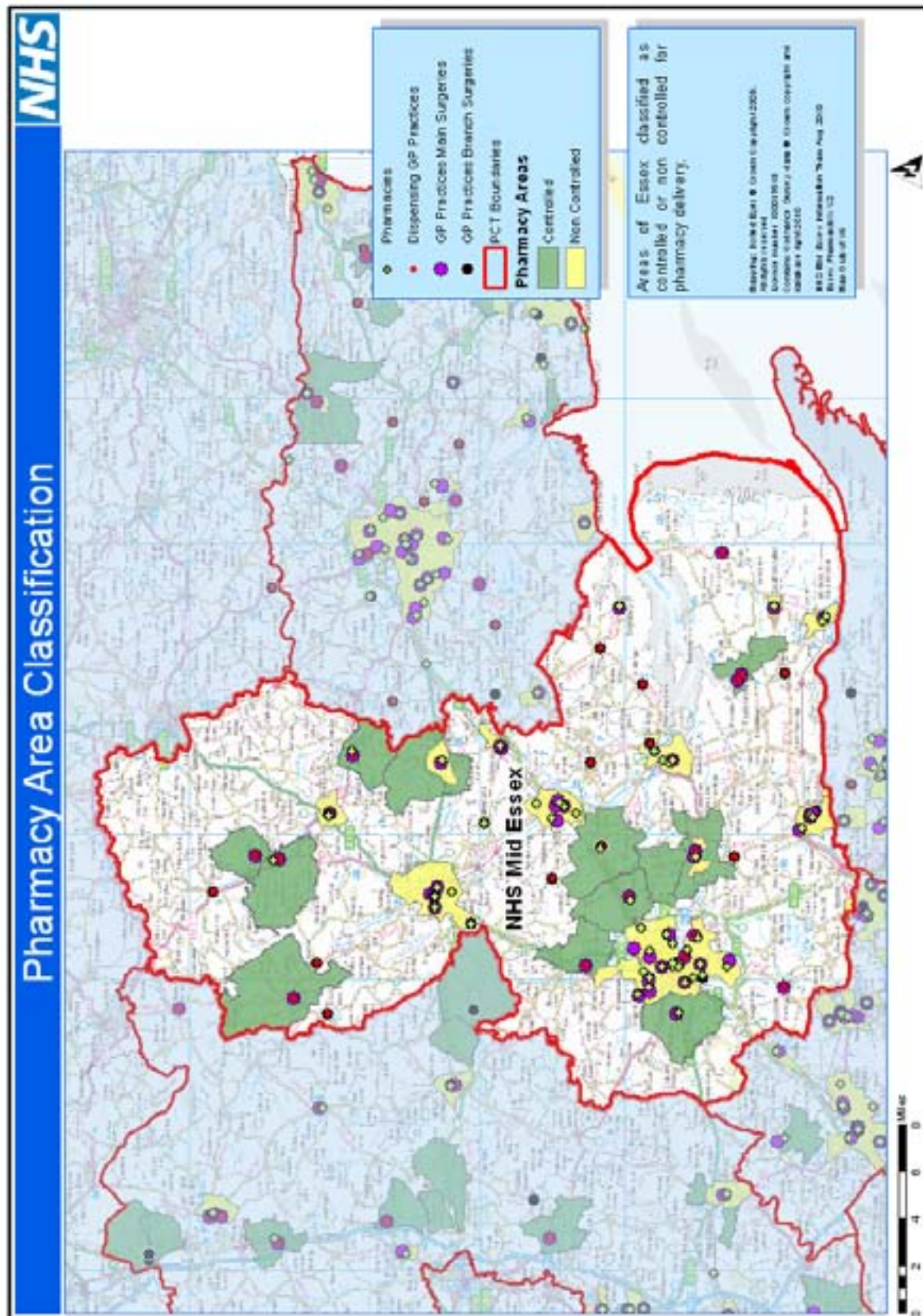
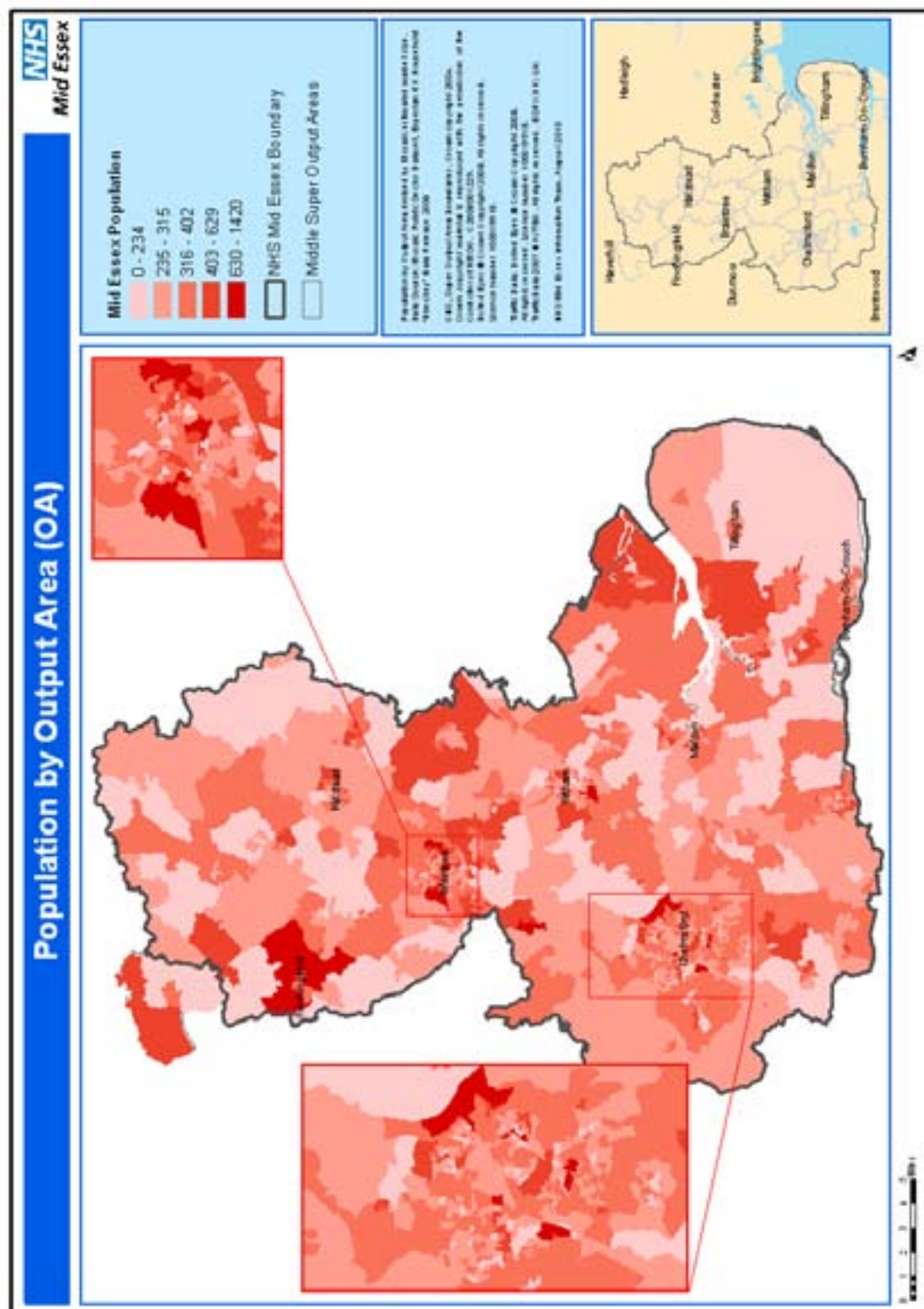
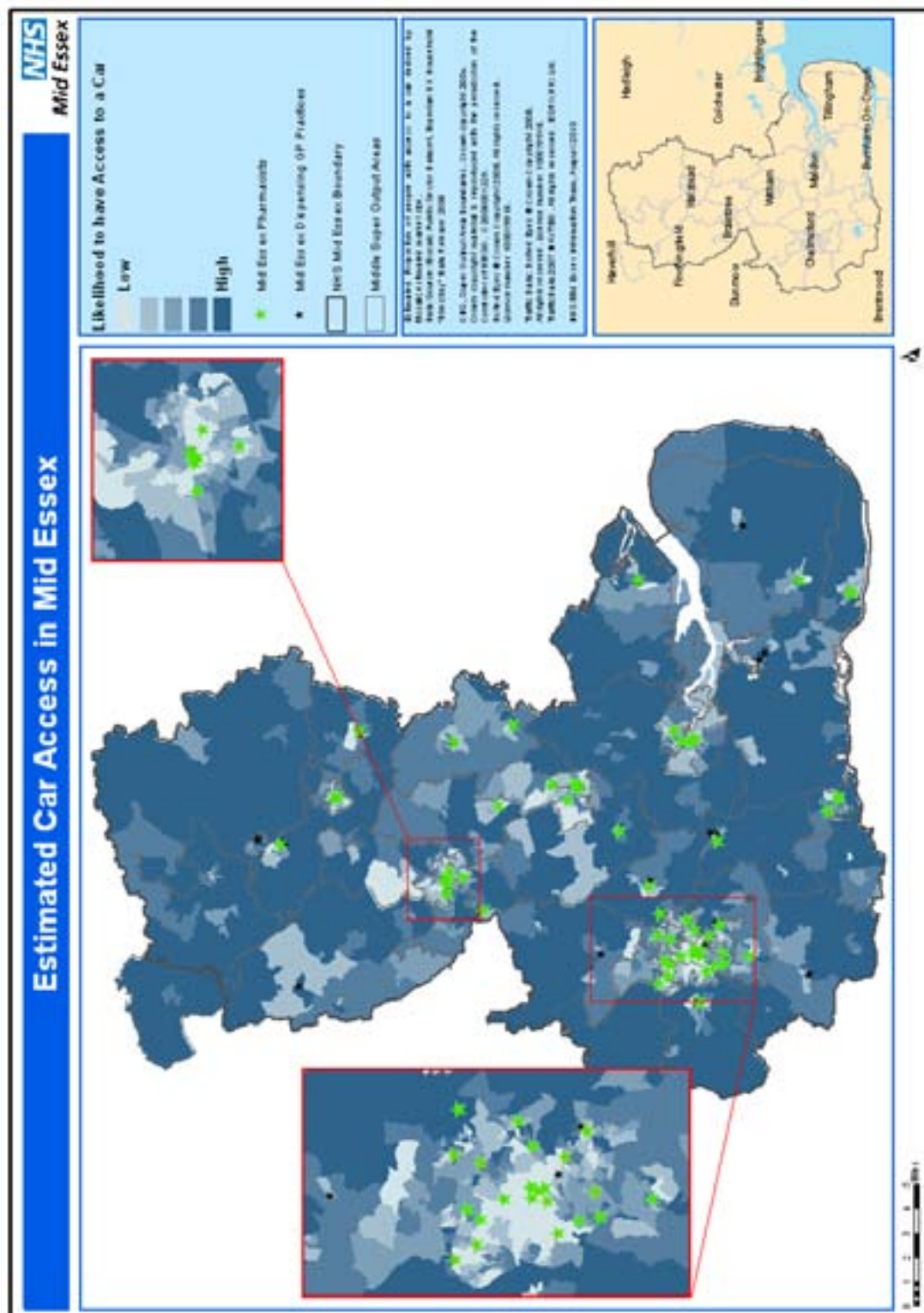


Figure 20 shows population distribution across the area



4.4.12 Car ownership

Figure 21 shows the likelihood of the population in various areas to have access to a car. It shows that in rural areas people are more likely to have access to a car than in urban areas.



4.4.13 Public transport

Essex has a wide network of commercial and council run bus routes, but the accessibility strategy does highlight two areas in mid Essex as having difficulties with access to health services; the Dengie peninsula and the area in the north of the county. These two areas, designated the Heart of Essex and the North of Essex, have been prioritised as needing improved transport to health services.

Community based transport schemes operate across mid Essex for people with restricted mobility or who live in areas not served by commercial bus routes. Some such as Dial a Ride are accessible by wheelchair users, some run to a timetable and some can be pre-booked for individual journeys. A fare or contribution to costs is usually charged. There are schemes based in Braintree, Coggeshall, Chelmsford, Danbury and Maldon.

4.4.14 Seasonal trends

The population in mid Essex doesn't show any distinct seasonal trends although Anglia Ruskin University has a campus in Chelmsford which runs for two semesters per year.

Hylands Park hosts an annual music festival and other events such as Scout jamborees attracting up to 90,000 visitors. NHS Mid Essex works with the organisers to provide pharmaceutical services if necessary, including directing visitors to nearby community pharmacies during normal opening hours.

4.4.15 Prison

HMP YOI Chelmsford is a Category B prison, young offender's prison (aged 18-21) and a local prison for Essex, London and elsewhere. There is a maximum capacity for 695 prisoners.

5 Local health needs

This sections looks at the needs of different localities and of different groups of people that may be met by the provision of pharmaceutical services.

Some areas are identified in the Joint Strategic Needs Assessment as experiencing inequalities in healthcare and the pharmaceutical services available in those areas are considered. Other areas are identified as having health needs by mapping the prevalence of particular conditions or in health needs assessments carried out or commissioned by NHS Mid Essex.

Different patient groups that share one or more of the attributes of age, disability, gender, gender reassignment, race, religion or belief and sexual orientation are considered. Other communities identified as having specific pharmaceutical needs through the public survey and other health needs assessments are also considered. The aim is for services to be accessible to those that need them, and for no group to be disadvantaged by the provision of pharmaceutical services.

5.1 The availability of choice

Choice is one of the factors to be taken into account when looking at the provision of pharmaceutical services in the area. Even where there is only one provider of pharmaceutical services, innovation and service transformation, in response to the needs of the local population, extends the choice available. The addition of community pharmacies as providers of services, such as stop smoking support, improves access to these services and increases the choice available to service users.

Access to a greater range of services is generally available in urban areas and this applies to pharmaceutical services. All of the large towns in mid Essex have more than one pharmacy in the town centre in addition to those in the surrounding suburbs. Many areas have a regular bus service into the town centre, making it easier to exercise that choice.

In rural areas, services and businesses are not always available in the immediate locality and transport may be less frequent or non-existent. Residents of these areas have to make arrangements for shopping and other services including pharmaceutical services. Those patients who are eligible to be on their doctor's dispensing list can choose this option with the convenience of being able to collect their prescription at the same place as they receive other healthcare services.

Those who opt out of the dispensing list or aren't eligible for the service can either collect their prescription in a local town when they do their shopping, have it delivered by a pharmacy from a nearby town/village, or use one of the increasing range of internet and mail order pharmacy services.

5.2 Access to community pharmacies – public / patient survey results

1.1 Where do you normally go to a pharmacy?

	Percentage
Near my home	51%
Near my work	9%
Near/at my GP surgery	23%
Whilst shopping	12%
Wherever is convenient	5%

1.2 When do you most commonly use pharmacy services?

	Percentage
Weekdays before 9am	1%
Weekdays between 9am and 5pm	77%
Weekdays evenings 5-8pm	17%
Weekdays late night 8pm-12	0%
Saturday	5%
Sunday	0%

1.3 When would you **prefer** to use pharmacy services?

	Percentage
Weekdays before 9am	2%
Weekdays between 9am and 5pm	68%
Weekdays evenings 5-8pm	19%
Weekdays late night 8pm -12	5%
Saturday	5.5%
Sunday	0.5%

Whilst the majority of people usually visit pharmacies during the week in normal business hours, about 23% visit outside normal business hours; early morning, in the evenings or at weekends. The number who would prefer to use pharmacies at these times is higher at 32%.

5.3 Pharmaceutical needs of certain groups

5.3.1 People with long term conditions

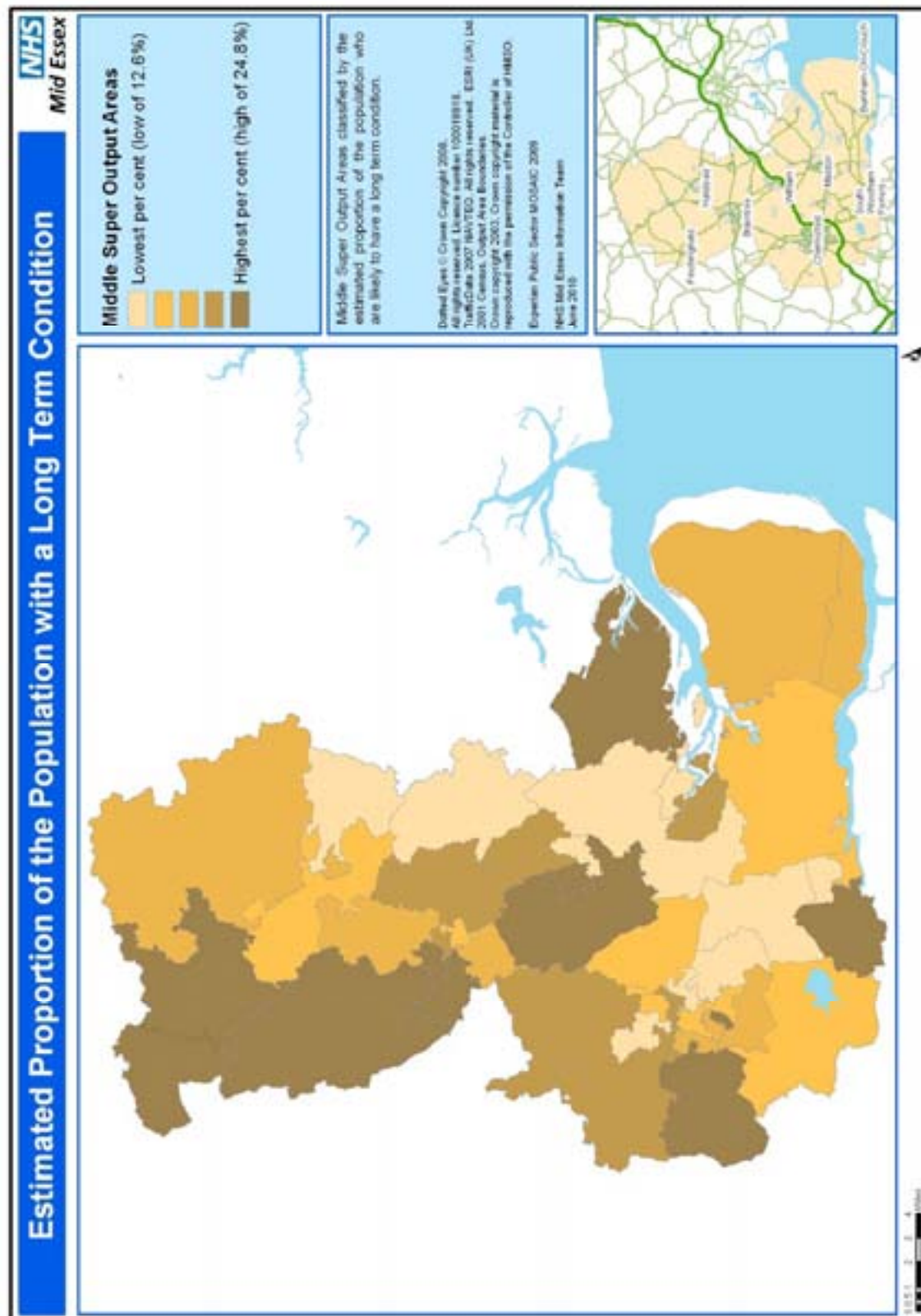
The ageing population means that an increasing number of people will be living with long term illness. People with long term conditions usually need ongoing care and 70-80% of them can be supported to self-manage their condition. This support is included in the essential services of the community pharmacy contract and when effective, will reduce hospital admissions.

Across mid Essex 16% of the adult population report that they have a long term illness or disability, this is similar to the regional average. However, a disproportionate number of those living in the most deprived communities report having a condition which limits their everyday activity (21.4% versus 14.5%).

The patient / public survey asked whether people felt that the following services should be available in their local pharmacy:

% respondents who agree these services should be available in pharmacies	
Long term conditions – self management help	75%
Blood pressure checks	91%
Diet and exercise support	89%
Weight management support	81%
Stop smoking support	89%

Figure 22 shows the estimated distribution of people with a long term condition.



5.3.1.1 Diabetes

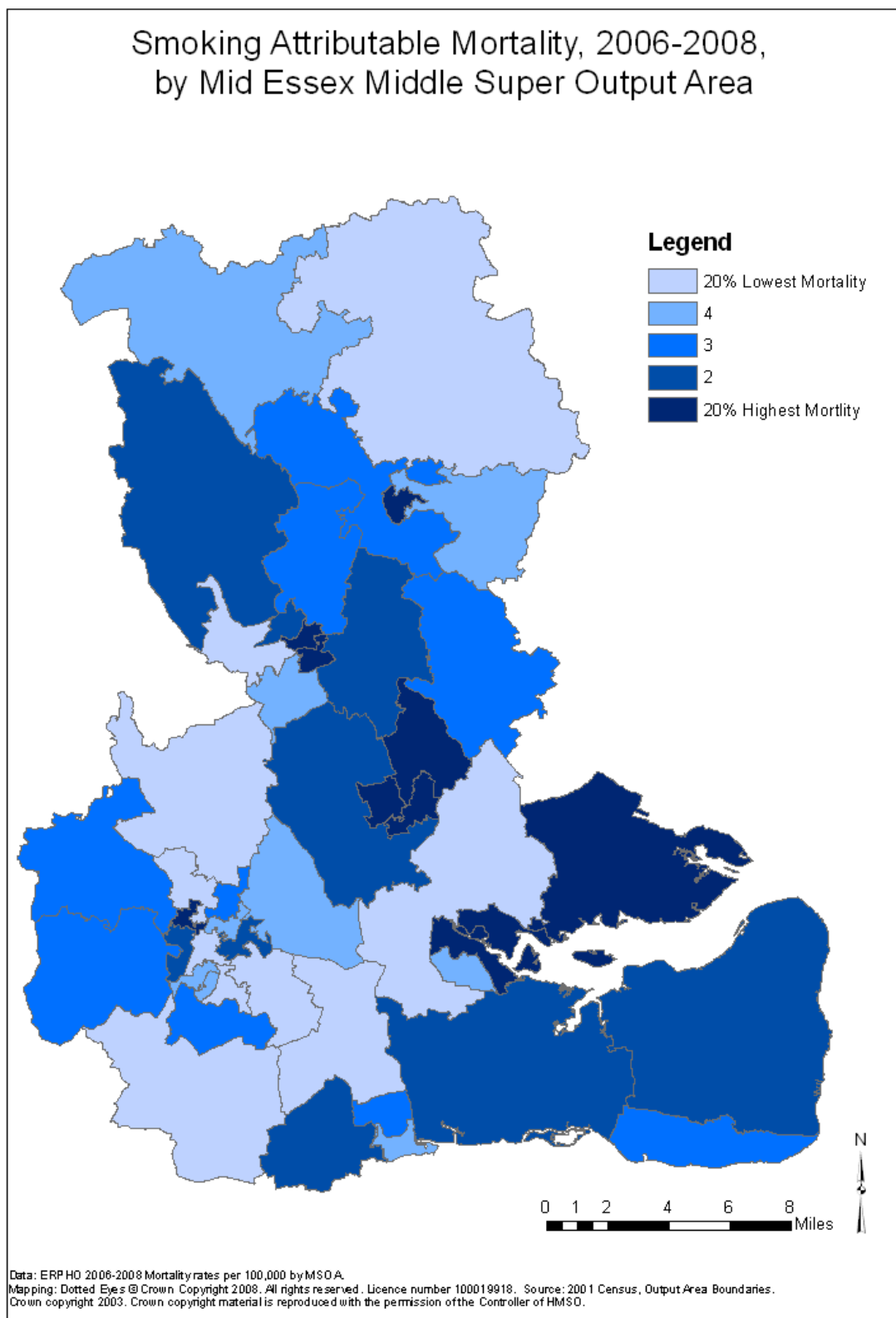
Type 2 diabetes is increasingly diagnosed in younger age groups and is largely preventable or at least delayed through diet, exercise and lifestyle changes. Support for these is available via the essential services of the community pharmacy contract. People with diabetes are at risk of a number of other conditions and their life expectancy is reduced. There is a greater prevalence in older age groups and in those in deprived communities.

5.3.1.2 Chronic Obstructive Pulmonary Disease (COPD)

Whilst deaths due to COPD are lower in mid Essex than the national average it is thought to be an under diagnosed condition and the numbers are increasing.

Whilst the number of deaths caused by smoking attributable illnesses has been decreasing in mid Essex, looking at the correlation with deprivation the rate of mortality has started increasing in the most deprived MSOAs whilst the rate is decreasing in the rest of mid Essex. Across the area, rates vary from 39 deaths per 100,000 to 149 per 100,000 (see figure 23). The rate for mid Essex at 83/100,000 is significantly better than that of the East of England average at 92/100,000. 23% of the population in deprived communities in mid Essex smoke, as opposed to 17% in other areas. Smoking is the main cause of COPD and as over 70% of the smoking population would like to quit, access to advice and guidance is important.

Figure 23 Smoking attributable mortality



5.3.1.3 Cardiovascular disease (CVD)

In mid Essex the rate of years of life lost to CVD in the under 75 age group is lower than the national average. However, the number of years lost annually in this age group still adds up to over 2,500. The majority of deaths in those aged under 75 are regarded as preventable. Age and genetic factors are important but other lifestyle factors play a big part and have a disproportionate effect on those who are disadvantaged.

5.3.1.4 Dementia

Dementia is an increasing problem in an ageing population and is thought to be under-diagnosed at present. Medicines Use Reviews (MURs) can help monitor the prescribing of antipsychotics and support dementia patients and their carers with medicines management.

5.3.2 Carers

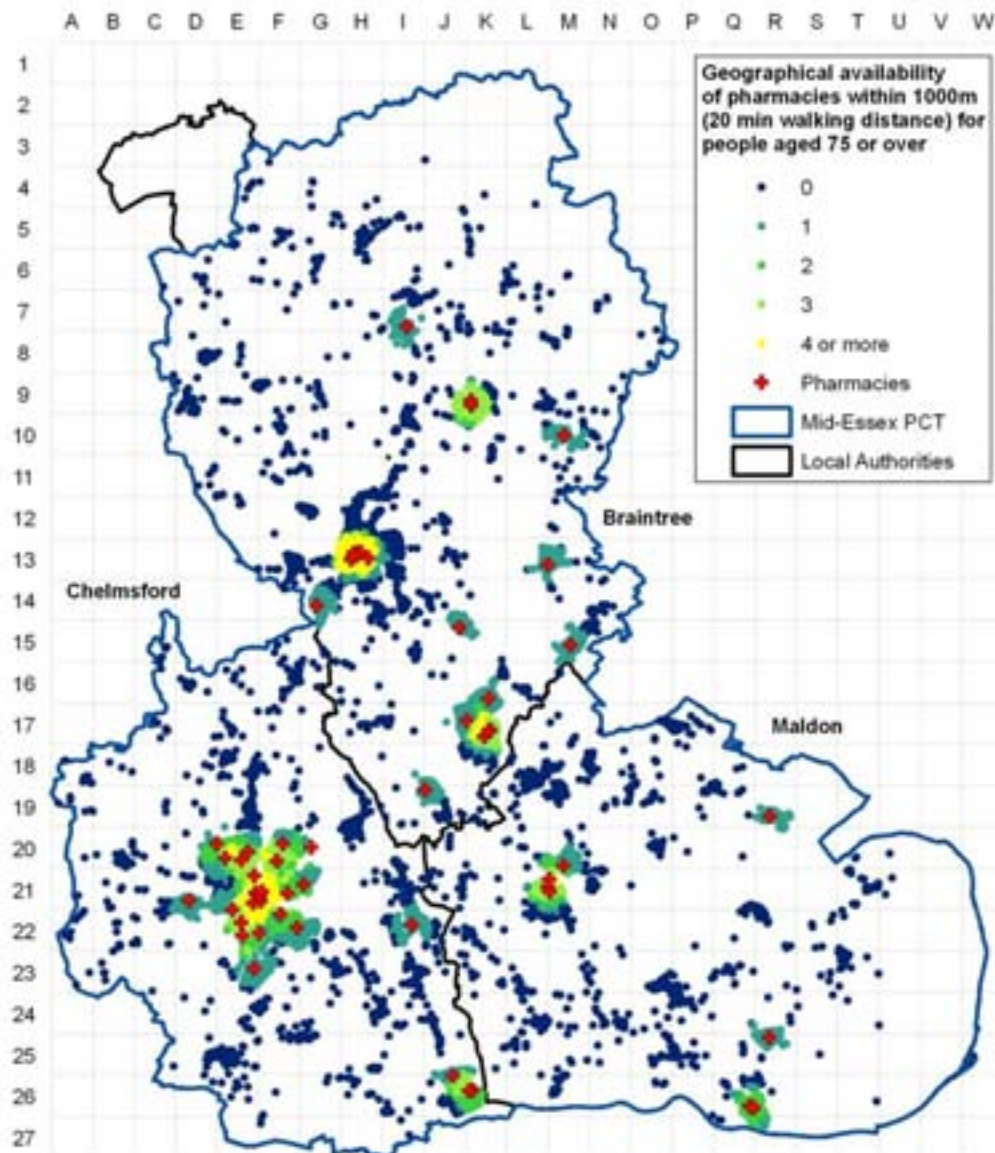
The Mid Essex Health Needs Assessment for carers reports that carers are more likely to be in poor health themselves. Access to health services is seen as difficult due to cost, availability of public transport, opening times, lack of flexibility and the cost of drugs. Some carers have a perception that health professionals do not always recognise the carer's expertise. The report identifies the need for healthy lifestyle information for carers, because they usually prioritise the health of the person they are caring for above their own. No specific pharmaceutical needs are identified in the report other than a need for easy access to primary care services. Supporting unpaid carers is one of NHS Mid Essex's 10 service commitments to local people.

5.3.3 Older people

5.3.3.1 Frail elderly needs assessment

NHS Mid Essex commissioned a Vulnerable Adult Needs Assessment from PHAST in March 2009. The report identified frail elderly, defined as people who are aged 75 years and over, and living alone or living with a partner also aged 75 and over, as being affected by inequalities of geography, access to services and expectation.

The report identifies pharmacies as a key resource for the care of older people and includes a section on the accessibility of community pharmacies.



Source:nkm
Households with at least 1 person aged 75+ in relation to the location of pharmacies

The report finds that there is greater choice of pharmacies within the town centres, and that pharmacies are more accessible than GP practices in town centres and round the periphery of built up areas. It also finds that in rural areas older people are more likely to be living near a GP practice than a pharmacy, and notes that older people living in rural areas, who are dispensing patients, are able to get prescriptions dispensed at their GP surgery.

The report highlights certain areas where older people have particularly poor access to pharmacies: the villages of Steeple and Stone in the Dengie area, and around the villages of Steeple Bumpstead, Great Yeldham and Foxearth to the north of Halstead. It concludes that routes for pharmacy provision need to be found for rural communities and that *“there needs to be a collaborative strategy between social and health care, centrally involving the voluntary sector, to view as a whole the needs of the elderly. In the very old, social and health care needs merge; without transport*

there is no prescription; without meals on wheels there is little good nutrition; care homes are built which need healthcare input”.

The report recommends that care pathways for older people are planned taking into account the distribution of GP practices and community pharmacies.

5.3.3.2 People in care homes

The Care Homes Use of Medicines study, commissioned by the Department of Health and published in January 2010, identified older people in care homes as being at risk due to errors in prescribing, dispensing, administering and monitoring their medication. Care home residents take an average of 8 medications each and the process of ordering prescriptions and dispensing into the monitored dosage systems required by many care homes is complex. There is a need for effective joint working to improve the safety of medicines management in care homes.

5.3.3.3 Results of patient / public survey (older people)

20% (35) of respondents were aged 66 or over.

	Strongly agree or agree	Disagree or strongly disagree
I can usually find a pharmacy open when needed	94%	6%
I find it easy to find a pharmacy near where I want it	97%	3%

	Used service in last year	Service should be available in pharmacies	
		Strongly agree or agree	Disagree or strongly disagree
Prescription collection service	61%	93%	7%
Delivery service	6%	93%	7%

Young people

Both illicit drug and hazardous alcohol use are more prevalent in younger age groups. In Braintree around 28,000 people either drink hazardously or harmfully, and 11,000 use illicit or Class A drugs. In Chelmsford around 33,300 people either drink hazardously or harmfully and nearly 13,300 use illicit or Class A drugs. Maldon around 12,000 people either drink hazardously or harmfully and just over 4200 use illicit or Class A drugs. Sexually transmitted diseases are also more common in younger people.

5.3.3.4 Early childhood

The NHS Mid Essex Annual Public Health Report 2008/09 focused on the health and wellbeing of children. Levels of breastfeeding in mid Essex are lower than the regional and national average, particularly in younger mothers from lower socio-economic groups, contributing to widening health inequalities. The report identified a need for increased support for those who wish to breast feed.

Childhood obesity increases the risk of diabetes and other long term conditions. In mid Essex, 30% of year 6 children were classified as overweight or obese due to lack of healthy eating and physical exercise. Various programmes are available to support children and families in achieving and maintaining a healthy weight.

The report covers the plan to increase uptake of Measles, Mumps and Rubella (MMR) vaccine in the area by improving access but also by ensuring that the public have the right information about the diseases and the vaccination.

5.3.3.5 Sexual health

The mid Essex report *Reducing Teenage Pregnancy Rates* identified that ease of access to services is a factor in contraception use. In rural areas where young people rely on public transport or school buses there is little opportunity for them to visit the town centre pharmacies which give them the anonymity and drop-in access that they prefer. They are concerned about attending their local GP for sexual health services as they find it difficult to make appointments and are concerned about meeting family members or neighbours. The report identifies a need for additional pharmacy provision of sexual health services in the Braintree area.

The Mid Essex Sexual Health Needs Assessment identifies the need for improvements in access to contraceptive services for young people in Witham, increased availability of Level 2 sexual health services in Southminster, Braintree and Halstead, additional services of all types in Braintree, and an increased focus on Chlamydia testing under the National Chlamydia Screening Programme.

The patient / public questionnaire included a question on which services people would like to see in their local pharmacy, below are the responses for sexual health services:

% respondents who would like to see these services available in pharmacies:	
Pregnancy testing	88%
Emergency Hormonal Contraception	86%
Chlamydia testing/treatment	86%
C-card	83%

5.3.3.6 Drug use

The Mid Essex Drug and Alcohol report identifies the need for a review of harm reduction services. The review should look at needle and syringe exchange, methadone replacement and shared care, whether provided by community pharmacists, GPs or others, to ensure that current provision meets the needs and circumstances of those in need of these services. In particular, it should look at

those who live in relatively inaccessible locations or have difficult public transport links to main population centres.

5.3.3.7 Binge drinking

Mid Essex Drug and Alcohol report investigated binge drinking in Chelmsford. It identified that a large number of young people from all over Essex and London are attracted to the area to drink at weekends. No specific pharmaceutical needs were identified but there was a recommendation that those agencies who are in regular contact with children and young people undertake preventive action to encourage responsible drinking. It also recommends that NHS Mid Essex should consider what more community pharmacists could do in the provision of alcohol related health promotion and prevention services, including how they could more effectively liaise with partner GP practices to provide an early warning system of potential problem drinkers.

The social marketing report *Insight into underage and binge drinking* commissioned by NHS Mid Essex did not identify any specific pharmaceutical needs in this group.

5.3.3.8 Smoking

The Mid Essex Annual Public Health Report 2009/10 highlights the continued need for stop smoking support services accessible to young people, even though smoking prevalence amongst schoolchildren is reducing.

5.3.4 Disability

5.3.4.1 Learning disabilities

The Mid Essex Vulnerable Adults Needs Assessment reports that the number of adults requiring support is likely to increase. Key indicators for NHS Mid Essex include the availability of healthcare to group homes and residential accommodation and access to community facilities (pharmacists, dentists, opticians) for people with learning disabilities.

This group of people is more likely to be obese than the general population.

Feedback from service users shows that they would like healthcare staff to take more time to listen to them, explain things clearly without condescending or shouting. It has been suggested that people with learning disabilities may not use primary care services because they get a poor response.

As the plans for integration into the local community develop, this group of people may have more contact with community pharmacies. One of needs identified in the report is for clear labelling, packaging and instructions on medication.

5.3.4.2 People who need help with managing their medicines

When patients are managing their own medication but need some support, pharmacists and dispensing doctors are required by the Disability Discrimination Act (DDA) 2005 to make an assessment. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out every

day activities, such as managing their medication, the pharmacy contract includes funding for adjustments to the packaging or instructions that will support them in self care. The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further support is needed, then compliance aids might include large print labels, easy to open containers, medication charts, eye dropper or inhaler aids. The predicted rise in the number of people with dementia, due to the ageing population, may increase the number of people needing support under the DDA.

Where the patient has a formal carer, they may be commissioned to support the patient to manage their medicines by requesting and collecting prescriptions, and prompting and assisting administration. In this case, Essex County Council's policy is for medicines to be administered from a pack which has been labelled by a pharmacist or dispensing GP. There is no requirement for the medicines to be in monitored dosage systems (MDS). The Council policy states that if individual care agencies require MDS packaging for their staff, that must be by arrangement with the supplying pharmacy who may charge for the service.

There is a small group of patients who do not meet the terms of the DDA, and do not have carers, who may need additional support with ordering and taking their medication.

5.3.4.3 Patient / public survey results (people with a disability)

22 replies to the survey said that they had a disability.

	Strongly agree or agree	Disagree or strongly disagree
I can usually find a pharmacy open when needed	100%	0%
I find it easy to find a pharmacy near where I want it	100%	0%

5.3.5 Gender

The difference in the pharmaceutical needs of men and women relates to access. Men are less likely to access pharmaceutical services without a specific requirement such as picking up a prescription or being invited to attend a service. Access to pharmaceutical services outside of normal working hours is important for people who work and those who act as carers. The opportunity for privacy is also important.

5.3.5.1 Men

The NHS Mid Essex report *Accessing Primary Care* identifies some barriers to consulting a community pharmacist, including perceived lack of privacy and low awareness of the services available. These findings match those of the 2009 *Men's Health Forum* report into men and pharmacy. However, the local report shows that for some groups who are less regular visitors to their GPs, such as working men, the idea of approaching a pharmacist for some medical issues has more appeal.

“I’d make more use of a pharmacist. It’s easier to drop in on one of them than have to make an appointment with your doctor and be there at a certain time.”
– Young working man

“Wouldn’t embarrass me! If I need something sorting I’d just come out with it. No point in being shy. If I had a spot on something I’d show him and see if he could sort it out!” – Working Man, IMD 13+

Health checks/screening programmes appealed strongly to most patients in the groups. Even those who rarely visit their GP, particularly working men, reacted positively to this suggestion. While many feel they are essentially healthy, they are aware that they could face health problems in the future. The potential to detect health issues before symptoms appear was well received. The *Men’s Health Forum* report also finds that men react well to invitations and appointments as this reassures them that they are not wasting the pharmacist’s time.

5.3.5.2 Women

Carers have been identified as a group that find access to healthcare difficult and the majority of carers are women.

In many cultures women play a central role in the health of the family and so have a greater need for information and services.

5.3.6 Gender reassignment

No specific pharmaceutical needs have been identified for this group. All available and planned services are accessible to this group and their needs can be met by provision of necessary services.

5.3.7 Race

5.3.7.1 Black and minority ethnic groups

A small number of respondents to the public survey said that there were from a background other than white British. Of these, most said that they could usually find a pharmacy open when needed, and one nearby. The services used most frequently by this group were prescription collection, Healthcare on the High Street and Medicines Use Review. The services that respondents agreed should be available from pharmacies were prescription collection, stop smoking support, help with diet, blood pressure measurement and prescription delivery.

5.3.7.2 Gypsies and Travellers

NHS Mid Essex’s Gypsies and Travellers Health Needs Assessment reports that there are 4-5,000 Gypsies and Travellers in mid Essex. This group leads generally unhealthy lifestyles and about 50% live with a long term condition. Locally, the majority are registered with a GP practice. There is no local data on their use of pharmacies. The services that are being promoted to them as being most likely to fit in with their lifestyle are the NHS Direct phone line, North Chelmsford NHS Healthcare Centre in Chelmsford, and local GP practices with extended opening hours.

5.3.7.3 Migrant workers

NHS Mid Essex commissioned a Migrant Workers Health Needs Assessment in 2009 from Uscreates, a behaviour change agency, covering workers from the 'A8' countries in Europe. Key findings included poor awareness of services, language difficulties (even those who speak and understand English well can struggle with the vocabulary needed for health issues), lack of trust in the NHS compared to services at home, and that the workers are generally young and so don't feel they need services. The report found some misunderstanding of what pharmacists are – some migrants feel they are accessing the same service that they would get from a GP. There was very little use of services other than GPs and dentists. The workers had a perception that A&E is for minor ailments. Access is a problem. The migrants typically work long hours and as work is the most important thing when they are here they don't like to take time off. In their home country they are used to making decisions about their health for example, deciding which specialists to access, use of herbal medicines and over the counter antibiotics, which aren't available to them here.

5.3.8 Religion or belief

No specific pharmaceutical needs have been identified for groups of people with any specific religion or belief. All available and planned services are accessible to this group and their needs can be met by provision of necessary services.

5.3.9 Sexual orientation

No specific pharmaceutical needs have been identified for people with any specific sexual orientation. All available and planned services are accessible to this group and their needs can be met by provision of necessary services

5.4 Summary of pharmaceutical needs identified

5.4.1 People with long term conditions

- Access to necessary services for those most at risk i.e. deprived communities
- Stop smoking advice and guidance
- Advice on diet, exercise and lifestyle changes
- Prevention of development of long term conditions including access to vascular screening and local health check services
- Medicines Use Reviews (MURs) for patients with dementia

5.4.2 Carers

- Recognition from health professionals of their contribution
- Access at times when they are able to leave the person they are caring for and in the areas where they are more likely to live

5.4.3 Older people

- Access to necessary services particularly in rural areas where public transport is restricted and for people with restricted mobility
- Support for those with long term conditions such as diabetes, COPD and CVD
- Healthy living services such as stop smoking advice and vascular screening, in those areas with high prevalence of long term conditions

- Safe management of medicines in care homes

5.4.4 Younger people

- Support for healthy eating and physical activity in children and families
- Provision of information to support breastfeeding
- Provision of accurate information to improve uptake of the MMR vaccine
- Easy access to sexual health services to support the reduction of teenage pregnancies and the national Chlamydia screening programme particularly in Braintree, Witham, Southminster, Halstead and rural areas
- Brief interventions and provision of public health information and signposting to reduce smoking, harmful alcohol use and illicit drug use
- Increased access to shared care and harm reduction services for substance misuse, particularly in rural areas where public transport is limited

5.4.5 Disability

- Clear communication, as part of necessary service provision, to people with disabilities
- Healthy living advice aimed at reducing obesity
- Provision of support for those assessed as requiring it under the Disability Discrimination Act 2005

5.4.6 Gender

- Ease of access outside normal working hours
- Availability of private consultation areas
- Increased access to screening programmes

5.4.7 Race

- Support with language
- Information about when it is appropriate to consult a pharmacist and what services are available
- Extended hours of access (migrant workers)

6 Current service provision

This section starts by outlining healthcare provision in NHS Mid Essex, and then describes the current provision of pharmaceutical services. These are divided into necessary services, which meet the pharmaceutical needs of the population, and other services which are over and above what is essential, but offer a wider choice or increased access.

6.1 NHS Mid Essex

Services commissioned by NHS Mid Essex include:

6.1.1 Primary care

51 GP practices including North Chelmsford NHS Healthcare Centre, a GP led walk-in centre open from 8am – 8pm daily

Out of hours GP service

48 dental practices

32 optician practices

60 community pharmacies

1 Dispensing Appliance Contractor

6.1.2 Community services

Contracts with various providers including the PCT's provider arm, Central Essex Community Services (CECS), NHS South East Essex, NHS West Essex and Mid Essex Hospital Services NHS Trust. Services include district nursing, health visiting, stop smoking, sexual health, speech and language therapy, physiotherapy, occupational therapy, childrens and maternity services, falls prevention

6.1.3 Hospital services

Contracts with Mid Essex Hospital Services NHS Trust (Broomfield Hospital and St. John's Hospital in Chelmsford) and Colchester Hospital University NHS Foundation Trust (Colchester General Hospital and Essex County Hospital in Colchester) as well as other hospitals, including private providers through 'Choose and Book'.

Includes outpatient clinics, diagnostic tests, operations and treatments in inpatient care, accident and emergency services, breast screening and diabetic retinopathy screening.

6.1.4 Mental health services

Contracts with North Essex Partnership NHS Foundation Trust and Cambridgeshire and Peterborough NHS Foundation Trust.

Services include psychological therapies, community mental health teams, crisis teams, day services for substance misuse and hospital care.

6.1.5 Specialised health services

The East of England Specialised Commissioning Group commissions these services on behalf of NHS Mid Essex from a wide range of NHS and independent specialised service providers.

Services include treatment for rare cancers, specialised heart services, transplants, kidney dialysis, specialised mental health services and fertility treatment.

6.1.6 Emergency health services and transport

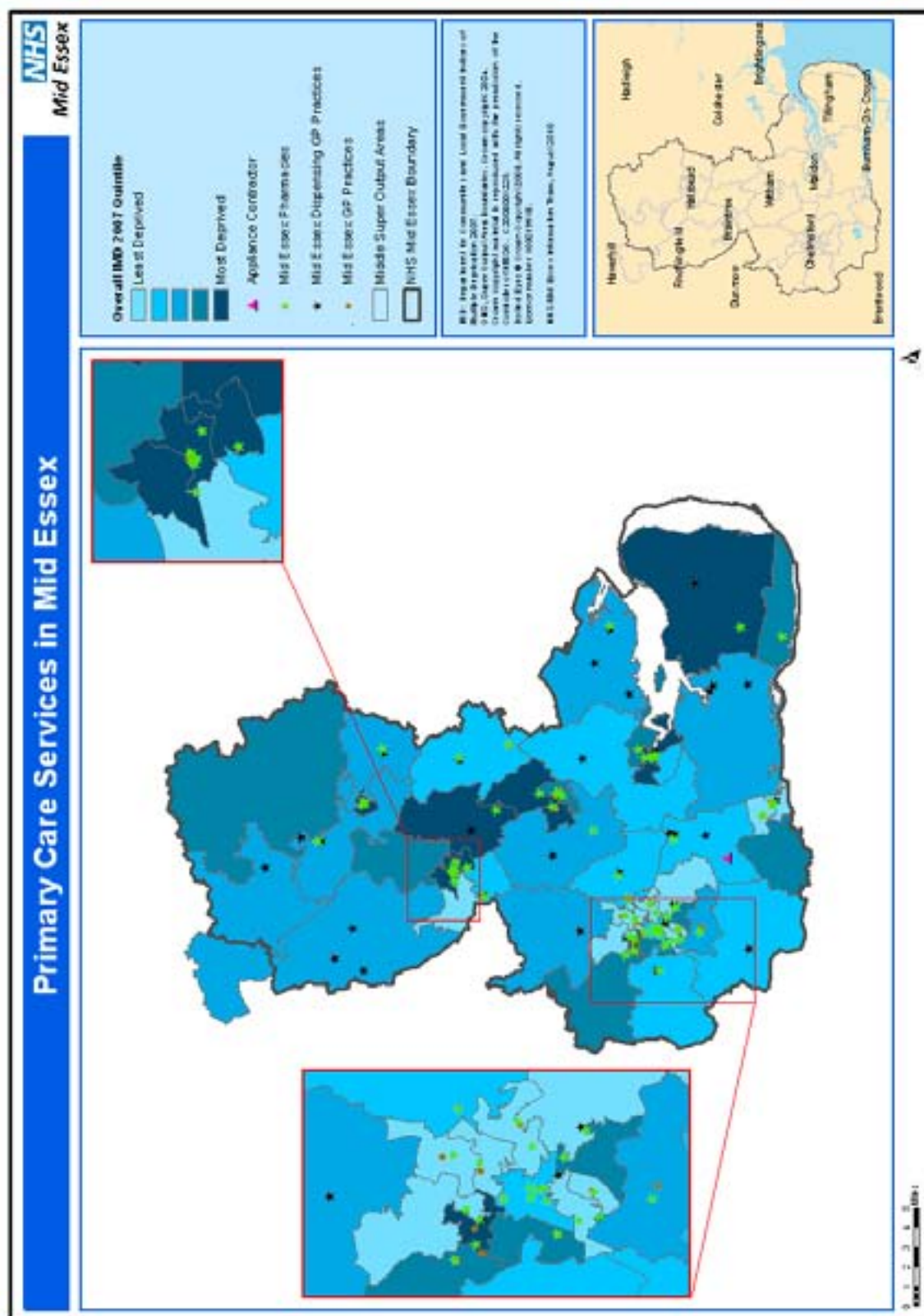
Contracts with East of England Ambulance Service NHS Trust.

6.2 *Necessary pharmaceutical services – current provision*

Pharmaceutical services to residents of mid Essex are provided by 60 community pharmacies and 1 Dispensing Appliance Contractor (appendix 4), and 25 dispensing doctors (appendix 5), and from pharmacies in neighbouring PCTs and elsewhere in the country.

For the purposes of this PNA, the pharmaceutical services considered necessary to meet the pharmaceutical needs of the population are the essential services provided by persons on the pharmaceutical list, and dispensing services provided by a dispensing doctor.

Figure 24 shows primary care services in NHS Mid Essex; community pharmacies, Dispensing Appliance Contractor, GP practices and, for dispensing doctors, branch surgeries.



6.2.1 Pharmacy and appliance contractors

The pharmaceutical list includes community pharmacy and appliance contractors. All contractors must provide the essential services namely:

Pharmacy contractors

Dispensing
Repeat dispensing
Disposal of medicines
Promotion of healthy lifestyles
Support for self-care for patients with minor ailments
Signposting for patients to other healthcare services

Appliance contractors

Home delivery service
Supply of wipes and disposal bags
Provision of appropriate advice
Dispensing referral
Repeat dispensing
Urgent supply without a prescription

These services are provided within a clinical governance framework.

6.2.2 Dispensing doctors

Dispensing doctors can provide dispensing services to patients who meet the requirements in the NHS regulations for the provision of pharmaceutical services by doctors. These include patients who live in a rural area, more than 1.6 km from a community pharmacy and have requested to be on the dispensing list, and patients who satisfy the PCT that they would have serious difficulty in obtaining services from a pharmacy. Dispensing services are available to them during surgery opening hours. Around 18% of all registered patients in mid Essex are on their GP's dispensing list.

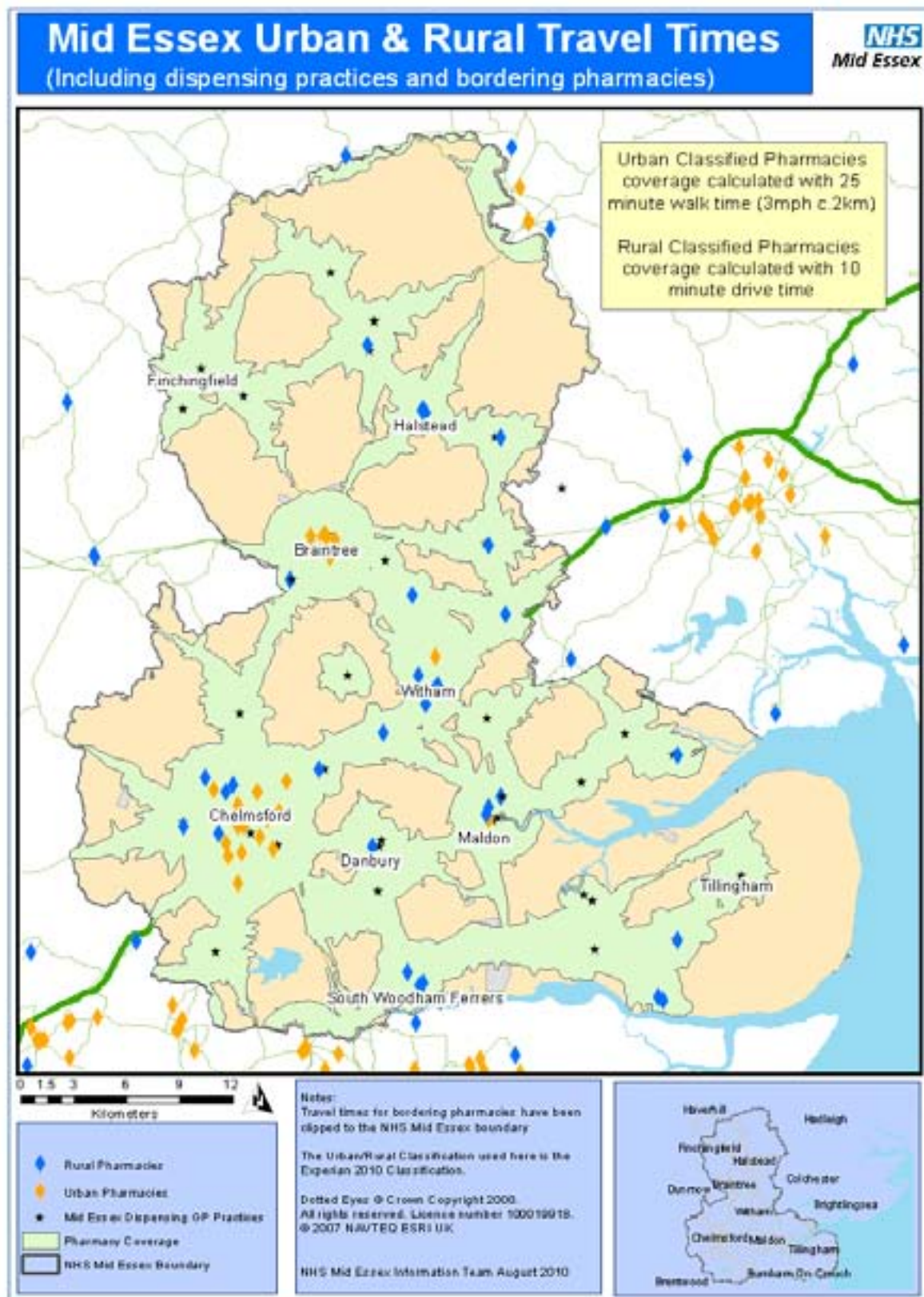
Dispensing is the only pharmaceutical service available to these patients but the service is invaluable for rural communities with no local community pharmacy. In many rural areas patients are used to travelling to a neighbouring village/town for shopping and other services and are likely to have access to a pharmacy there for over the counter medication and advice on the use of their medicines in addition to the dispensing service they use locally.

The availability of these GP dispensaries increases access to necessary pharmaceutical services for residents in rural areas and would have a significant impact on the need for pharmaceutical services if the situation were to change.

6.2.3 Geographical access to dispensing services

There is no national standard for level of access to a pharmacy but in this PNA, we looked at the coverage provided by pharmacies and dispensing doctors in both urban and rural areas. Please note: this refers to the classification of rural/urban as defined by Experian (see Figure 18). The map in Figure 24 shows the area covered by a 10 minute drive (peak time) in rural areas and a 2km walk (estimated 25 minute at average walking speed) for urban areas. 94.17% of the population of mid Essex can reach a pharmacy/dispensing doctor within these travel times, as opposed to 95.1% for the whole of Essex. A lower percentage would be expected for mid Essex due to the rural nature of the area compared to the county as a whole. See section 4.4.11 for more definition of urban and rural areas.

Figure 25 Map showing coverage of dispensing services within 10 minutes drive (rural) or 2km walk (urban)

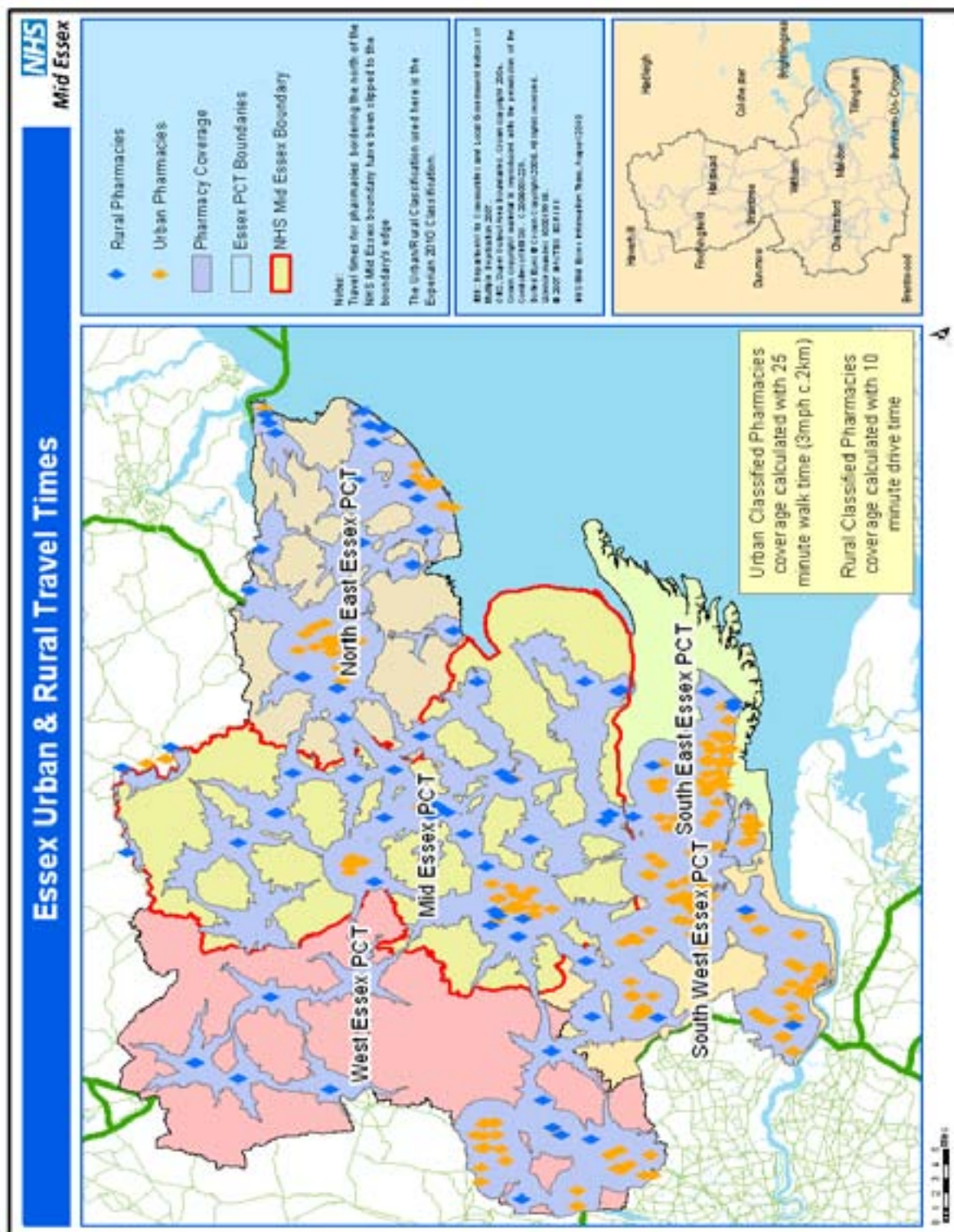


Please note: the rural/urban classification used for this map is as defined by Experian (see Figure 18)

6.2.3.1 Dispensing locations for mid Essex prescriptions

Although over 90% of prescriptions issued within mid Essex are dispensed locally by pharmacies and dispensing practices, around 8.4% are dispensed elsewhere. 6.8% are dispensed by pharmacies in neighbouring PCTs showing that for some mid Essex residents a valuable service is available from pharmacies in towns across the PCT border.

Figure 26 Map showing coverage of pharmacies in Essex with travel times



Dispensing locations for prescription items issued by mid Essex prescribers:
(source: ePACT)

Dispensing location	%
Mid Essex	91.68%
Neighbouring PCTs	6.84%
London	0.61%
Other East of England PCTs	0.49%
Elsewhere	0.38%

0.61% of prescriptions are dispensed by pharmacies in London – this could reflect the fact that people commute to London and find it convenient to get their prescription dispensed near where they work.

0.49% of mid Essex prescriptions are dispensed in pharmacies in the East of England which could reflect travel for work or leisure but does include some mail order and internet pharmacies. The remaining 0.38% are dispensed further afield which could reflect travel for work or leisure but also includes mail order and internet pharmacies. The percentage of prescriptions dispensed by this relatively new type of pharmacy is currently low and the numbers are spread between a range of providers, but this service does offer an alternative for those who can't get out or find it convenient to do this sort of transaction online, and may increase as use of the internet for shopping and other services increases. There are no internet pharmacies on the pharmaceutical list in mid Essex.

Prescriptions for appliances show a different picture. Of the prescriptions for incontinence and stoma appliances, just 37% are dispensed locally in mid Essex. Of those dispensed outside of mid Essex, three providers account for over 80% with the remaining 20% divided between over 80 providers (Source: ePACT). This is likely to be down to the nature of the product rather than the availability of local service providers. Many pharmacies have arrangements where they send off a patient's prescription to a provider who will deliver directly to the patient. Patients are likely to prefer this type of product, being bulky and of a sensitive nature, to be delivered to their home rather than collect it with their shopping. Recent changes in the contract for appliance contractors mean they are now required to offer home delivery for these products if they supply them, but it will take time for any change in the contract to have an effect on supply patterns.

6.2.3.2 Dispensing services in deprived communities

The following pharmacies and dispensing doctors are situated in and provide necessary pharmaceutical services to areas highlighted in the Joint Strategic Needs Assessments as areas of high need that are experiencing inequalities in healthcare:

MSOA	Area	Pharmaceutical services in the MSOA area	Pharmaceutical services nearby
Braintree 007	Bocking North		Pharmacies and dispensing doctors in Braintree town centre.
Braintree 009	Bocking Blackwater	Pharmacies and dispensing doctors in Braintree town centre.	
Braintree 017	Witham Chipping Hill and Central	Pharmacies and dispensing doctors in Witham town centre.	Pharmacies in Spa Road and Dorothy Sayers Drive.
Maldon 003	Heybridge East	Pharmacy and dispensing doctors in Heybridge.	Pharmacies in Fullbridge and Maldon town centre.
Maldon 004	Maldon North	Pharmacies and dispensing doctors in	Services in Heybridge and Tiptree

MSOA	Area	Pharmaceutical services in the MSOA area	Pharmaceutical services nearby
		Maldon town centre and Fullbridge.	
Maldon 006	Tillingham	Pharmacy in Southminster, dispensing doctors in Southminster and Tillingham.	Other pharmacy and dispensing doctor services in Burnham on Crouch and Maylandsea
Chelmsford 004	Springfield North	Two pharmacies in North Springfield.	Pharmacies in Colchester Road, and in Chelmsford town centre
Chelmsford 006	Patching Hall	Three pharmacies in the area (Melbourne Parade, Sunrise Avenue, Broomfield Road).	Pharmacies in Copperfield Road and Rivermead Gate and in Chelmsford town centre.

6.2.4 Access to dispensing services at different times

6.2.4.1 Range of pharmacy opening times

For details of opening hours for individual pharmacies see appendix 4. There are pharmacies open across the area in the early morning, in the evening and at weekends. The following list shows the range of opening hours in the main areas - the hours don't necessarily apply to the same pharmacy but indicate when the earliest one opens and the last one closes.

Area	Range of opening hours
Chelmsford	Monday to Friday: between 06.30 and midnight (from 07.00 on Mondays). Saturday: between 07.00 and midnight Sunday: between 10.00 and 17.00
Braintree	Monday to Friday: between 07.00 and 19.00 Saturday: between 08.45 and 17.30 Sunday: between 10.00 and 16.00 (in nearby Notley Green)
Witham	Monday to Friday: between 08.45 and 19.00 Saturday: between 08.45 and 17.30 (midnight pharmacies in Stanway and Chelmsford) Sunday: nearest services in Maldon, Chelmsford and Stanway.
Maldon	Monday to Friday: between 07.00 and 22.00 Saturday: between 07.00 and 22.00 Sunday: between 10.00 and 20.00
Halstead	Monday to Friday: between 08.45 and 19.00 Saturday: between 09.00 and 17.30 Sunday: between 10.00 and 14.00
South	Monday to Friday: between 09.45 and 18.00

Area	Range of opening hours
Woodham Ferrers	Saturday: between 09.00 and 17.00 Sunday: between 10.00 and 12.00 (commissioned service)
Dengie	Monday to Friday: between 08.45 and 17.45 (some nights 19.00) Saturday: between 09.00 and 13.00 Saturday afternoon and Sunday: nearest services in Maldon and South Woodham Ferrers
Colne Valley	Monday to Friday: between 09.00 and 18.30 Saturday: between 09.00 and 13.00 Sat afternoon and Sunday: nearest services in Halstead
Additional access east of the area	Pharmacies in Stanway Monday to Saturday 08.00 until midnight, Sunday, 10.00 to 16.00
Additional access north of the area	Sudbury – pharmacies available until 22.30 Monday to Saturday, all day Sunday
Additional access south of the area	Pharmacy in Hadleigh open 365 days a year including late nights

The following maps show the locations of pharmacies open in the evenings and on Saturday afternoons and Sundays.

Figure 27: Pharmacies open after 18.30 on weekdays

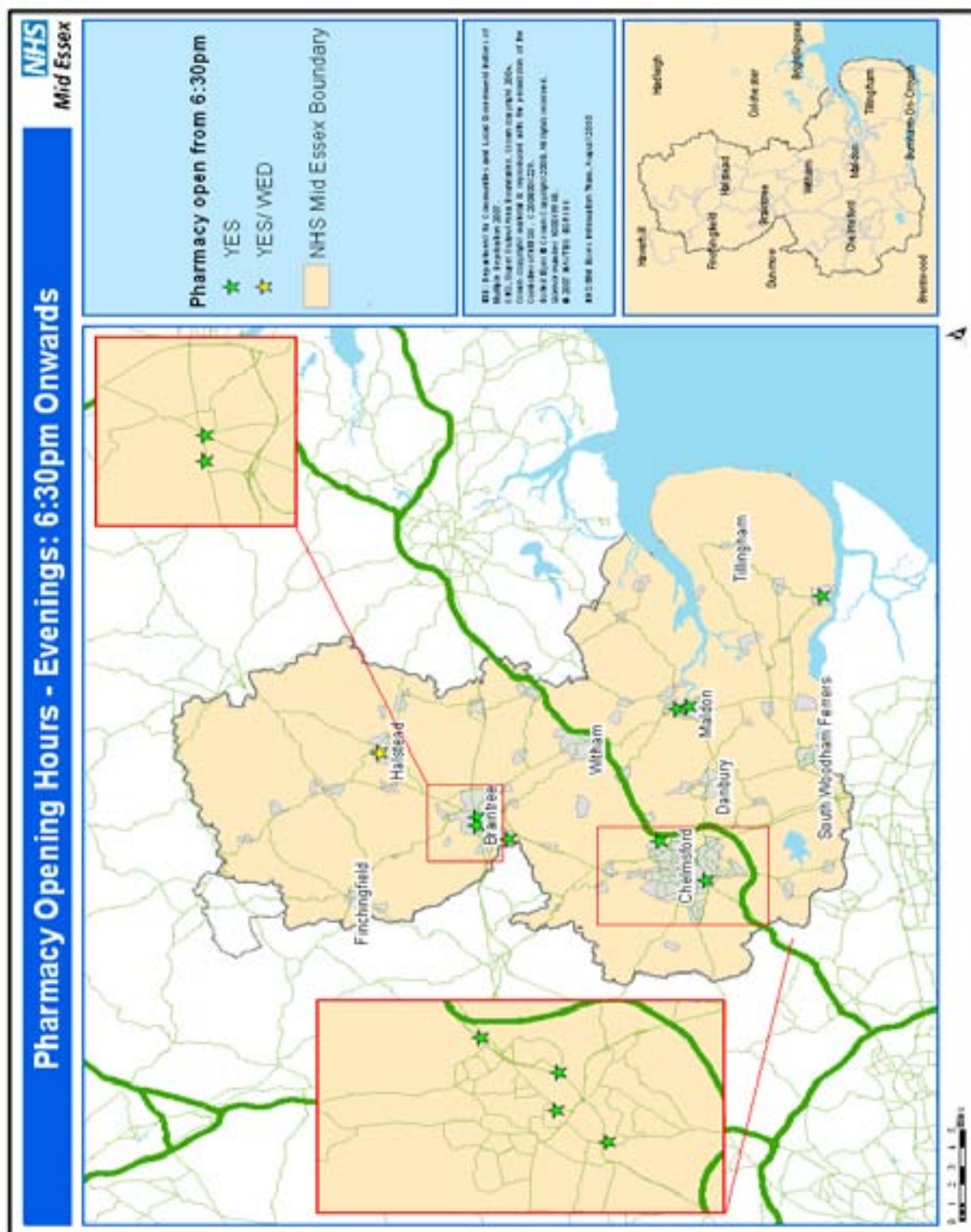
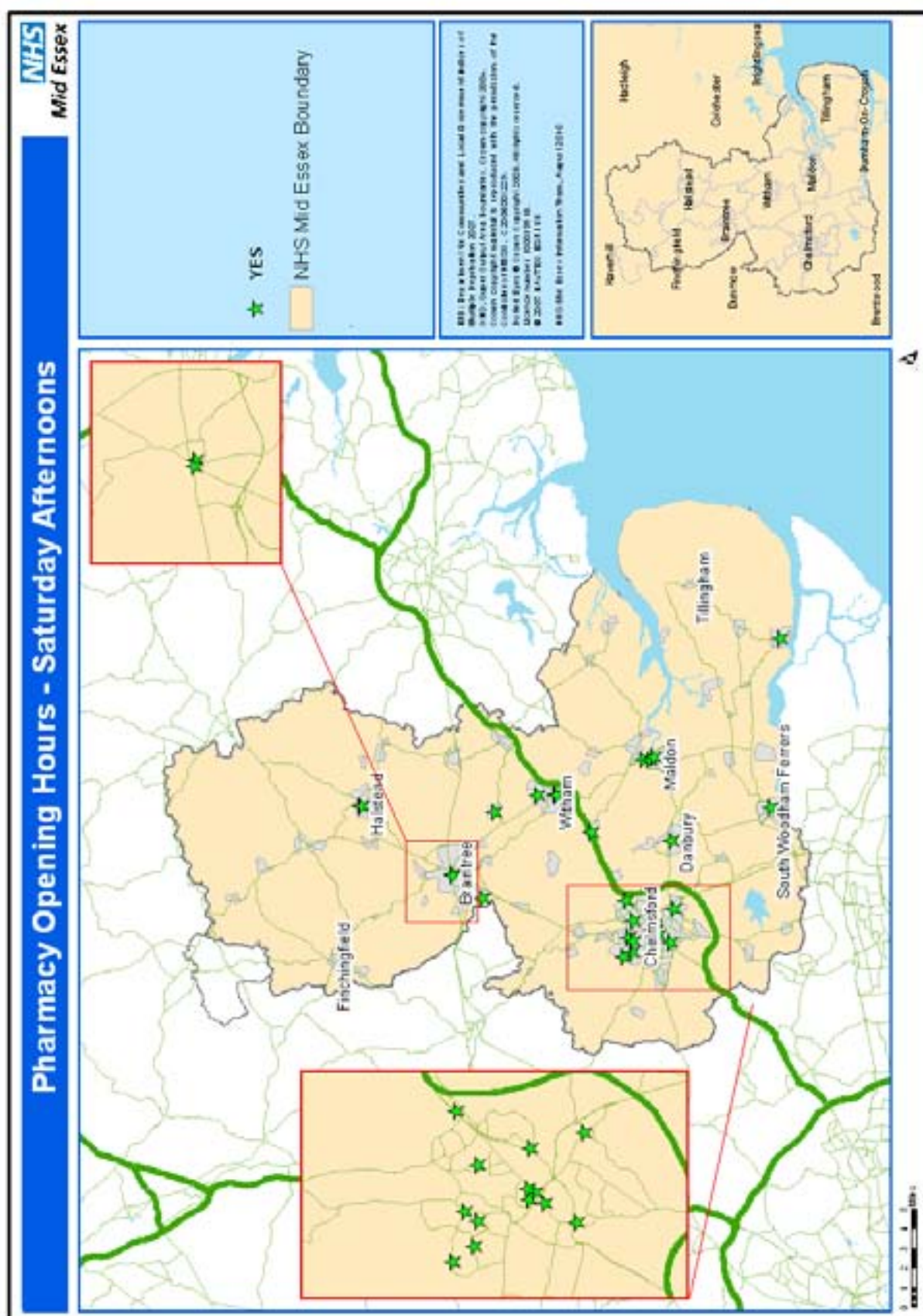


Figure 28: Pharmacies open on Saturday afternoons



A review of lunchtime closing across the area shows that in the main towns there is at least one pharmacy open during the lunch period. In smaller towns and villages, particularly where there is only one pharmacy, there may be no service available at lunchtime. Most GP surgeries are also closed at this time and there is no evidence that this is seen as a problem.

Some pharmacies are commissioned to open for a short period on key bank holidays when no other pharmaceutical service is available.

6.2.4.3 Extended access and out of hours

North Chelmsford NHS Healthcare Centre opened in December 2009 and provides a walk-in GP service from 8am to 8pm, 365 days a year. Patients needing medication are issued with a prescription to be dispensed at a community pharmacy. For the majority of the opening hours of the centre there are community pharmacy services available nearby, but on Sunday afternoons the nearest pharmacy open later than 17.00 is in Maldon, and on Bank Holidays there would not usually be a service available. The healthcare centre is co-located with one of the out of hours bases so when there is no pharmacy available and there is a clinical need to start treatment immediately they can issue medication from the stock held by the out of hours provider. The service sees an average of 17 patients on Sundays between 16.00 and 20.00 but there is no data available on how many of these need medication.

NHS Mid Essex commissions an out of hours (OOH) GP service in mid Essex. The service operates from bases in Chelmsford, Maldon and Braintree. During pharmacy opening hours, and at other times when there is no clinical need for immediate treatment, patients are given a prescription to take away. The service provider keeps a stock of medication which they supply to patients where there is a clinical need to start treatment immediately if there is no pharmacy open nearby, in line with the Department of Health Guidance 'Securing Proper Access to Medicines in the Out of Hours Period'. 5% (by cost) of medication provided is via this route, 95% is via prescriptions dispensed by community pharmacies.

The OOH provider has access to pharmaceutical advice under contract with Mid Essex Hospital Services NHS Trust. The main purpose of the contract is for access to medication not held by the OOH provider, but includes an advice element which can be delivered by the hospital on call pharmacist.

6.2.5 Results of patient / public survey

	Strongly agree / agree	Disagree / strongly disagree
I can usually find a pharmacy open when needed	95%	5%
I find it easy to find a pharmacy near where I want it	91%	9%

6.2.6 Access to dispensing services for people with disabilities

Pharmacies are aware of the Disability Discrimination Act 2005. They have made adjustments, where possible, to premises and services for customers who may find access an issue, for example, elderly, infirm or disabled customers and parents with young children.

86% have car parking facilities for customers within 50 metres

67% have parking for disabled customers within 10 metres

80% are within reasonable walking distance of a bus stop

84% have an entrance accessible by wheelchair users

82% have a sales floor totally accessible by wheelchair users

41% of stores have a hearing loop installed

In addition, pharmacies offer other services such as posters, leaflets and labels in large print. Several have ensured their staff receive specialist disability awareness training and some offer disability assessments to customers. Some pharmacies have installed an assistance bell by their door to alert staff to customers who require support and one pharmacy has a staff member trained in the use of sign language. Pharmacists and their staff speak a range of 23 different languages.

6.2.7 Other dispensing services

There are some dispensing services in the area which, although not considered as pharmaceutical services for the purposes of this PNA, affect the need for pharmaceutical services in the area and so need to be considered. These services would have an impact on necessary service provision if they were withdrawn or removed. These services are outlined below.

6.2.7.1 Chelmsford Prison

Healthcare within HMP YOI Chelmsford includes a GP service, a nurse-led healthcare team, and a pharmacy service commissioned by NHS Mid Essex. A small range of over the counter products are available for sale in line with national guidelines. The prison pharmacy provides all the services required to meet the general needs of prisoners and the specific needs of those on the Integrated Drug Treatment System (IDTS) programme. Prisoners being discharged into the community are given 7 days worth of medication where appropriate, and advised to contact their GP for further supplies. Drug Intervention Programme (DIP) workers liaise with the IDTS team to make sure that prescriptions are available for service users, and will make arrangements for a community pharmacy to dispense.

6.2.7.2 Acute hospital trusts

Acute hospitals dispense to meet the immediate needs of outpatients, and provide specialist (high cost) drugs directly or via homecare contracts. Where prescribing remains the responsibility of the consultant and at outreach clinics, the prescription may be dispensed at the hospital pharmacy or given to the patient on an FP10HNC to be dispensed at a community pharmacy. Local acute hospital trusts include Mid Essex Hospital Services NHS Trust and Colchester Hospital University NHS Foundation Trust.

6.2.7.3 Braintree Community Hospital

Braintree Community Hospital became operational in April 2010. It is managed by Braintree Clinical Services Ltd. Pharmaceutical services are commissioned by the healthcare provider. Prescriptions are dispensed by a commissioned pharmacy, community pharmacies or via homecare companies.

6.2.7.4 Central Essex Community Services (CECS)

CECS, the provider arm of the PCT, which is to become a stand alone organisation from April 2011, provides community health services. These services include district nursing, community dentistry, podiatry, physiotherapy, sexual health services (from clinic and team bases) as well as in-patient bedded services located in two community hospitals in Maldon and Halstead. Medicines management governance is provided in-house with a pharmaceutical clinical advice and medicine supply service commissioned from an outside provider. Community pharmacists support CECS staff in provision of care for patients in their own homes through dispensing of FP10s generated by non-medical prescribers and supply of dressings through a locally commissioned service.

6.2.7.5 Farleigh Hospice

NHS Mid Essex commissions a pharmacy service for the hospice which includes pharmaceutical advice and a medicines supply service.

6.2.7.6 Private hospitals

Springfield Hospital in Chelmsford has an in-house pharmacy. Chelmsford Medical Centre purchases in a pharmaceutical service. Both hospitals provide NHS services to patients under Choose and Book and issue medicines to patients either through their in-house pharmacy or directly to patients using purchased pre-packed, labelled medicines (TTA packs).

6.2.7.7 Dentists

Some dentists supply medication directly to patients, others issue an FP10D prescription to be dispensed at a community pharmacy.

6.2.7.8 North Essex Partnership NHS Foundation Trust (NEPFT)

NEPFT is largely a community based service with some in-patient bedded units located across north Essex. Pharmaceutical services are commissioned from local acute providers, but there will be an in-house pharmacy opening in 2011. Chelmsford Drug and Alcohol Team prescribers generate FP10MDA prescriptions, for substance misuse clients, for dispensing under shared care at community pharmacies commissioned to provide this service. Out patients may be issued with an FP10NHC prescription form for dispensing at a community pharmacy, or obtain their medicines from the commissioned pharmacy service.

6.3 Other pharmaceutical services – current provision

In addition to the services considered necessary to meet the pharmaceutical needs of the population, a range of pharmaceutical services are provided within the mid

Essex area, and from outside, which improve the pharmaceutical service available and provide better access.

NHS Mid Essex commissions the following local enhanced services from community pharmacies:

Service	Description
Stop smoking service	Stop smoking advice and supply of nicotine replacement products provided in conjunction with CECS Stop Smoking service by Level 2 trained advisors (pharmacists and other members of staff)
Level 1 Sexual health service	A range of services for young people (ages vary according to service) including <ul style="list-style-type: none"> • distribution of Chlamydia test kits • treatment of Chlamydia under Patient Group Direction • supply of condoms under the C card scheme • emergency contraception ('morning after pill') • distribution of pregnancy test kits
'Healthcare on the High Street' minor ailments scheme	Supply of over the counter medicines to low income families to reduce the rate of GP consultations for minor illnesses. Commissioned in areas of highest deprivation only
Access to palliative care medication	Stock holding of a range of drugs likely to be prescribed in emergencies to patients with cancer and other specialist situations, to provide easy access for health professionals and carers
Bank Holiday service	Service commissioned on key bank holidays when no other pharmaceutical service is available. Pharmacies open for a short period of time in the main towns in the area to provide access to dispensing and other essential services
Substance misuse services	Supervised consumption and needle exchange

Appendix 6 shows which pharmacies are commissioned to provide each of the enhanced services.

6.3.1 Stop Smoking service

Central Essex Community Services (CECS) is commissioned by NHS Mid Essex to provide a stop smoking support service for mid Essex. They provide this from a range of settings including GP surgeries, community pharmacies, drop in clinics, group sessions and specialist one to one support by face to face or by telephone consultation.

Service provision in areas of high propensity to smoke but with no pharmacy currently offering the service:

Area	Stop smoking services available from:
Black Notley and	This is an area of low population. GP and pharmacy stop smoking

Figure 31: Providers of sexual health services against the estimated population of young people.



Sexual health services are also available from GP surgeries and Community Sexual Health clinics. Emergency contraception and Chlamydia screening and treatment services can be purchased from community pharmacies and are available from internet pharmacies – but these are not NHS services. The C card (free condoms) scheme is available from many outlets including non-NHS venues.

Service provision in areas with a high population of young people but no pharmacy providing the service:

Area	Sexual health services available from:
South Woodham Ferrers (SWF)	SWF Clinic, GP surgeries. Pharmacies indicated willing to provide service if commissioned.
Burnham on Crouch	Community Sexual Health clinic, GP surgeries. Pharmacies indicated willing to provide service if commissioned.
Southminster	GP surgeries. No opportunity to commission pharmacy service. Other services available SWF and Maldon.
Maldon East	an area of low population served by Community Sexual Health clinic, pharmacies and GP surgeries in Maldon
Silver End	GP surgery. Pharmacy willing to provide some aspects of service if commissioned. Other services including Community Sexual Health clinic available in Witham.
Halstead	Halstead Clinic, GP surgeries. Some local pharmacies willing to provide service if commissioned.
Earls Colne	Pharmacy willing to provide service if commissioned.

6.3.3 Healthcare on the High Street

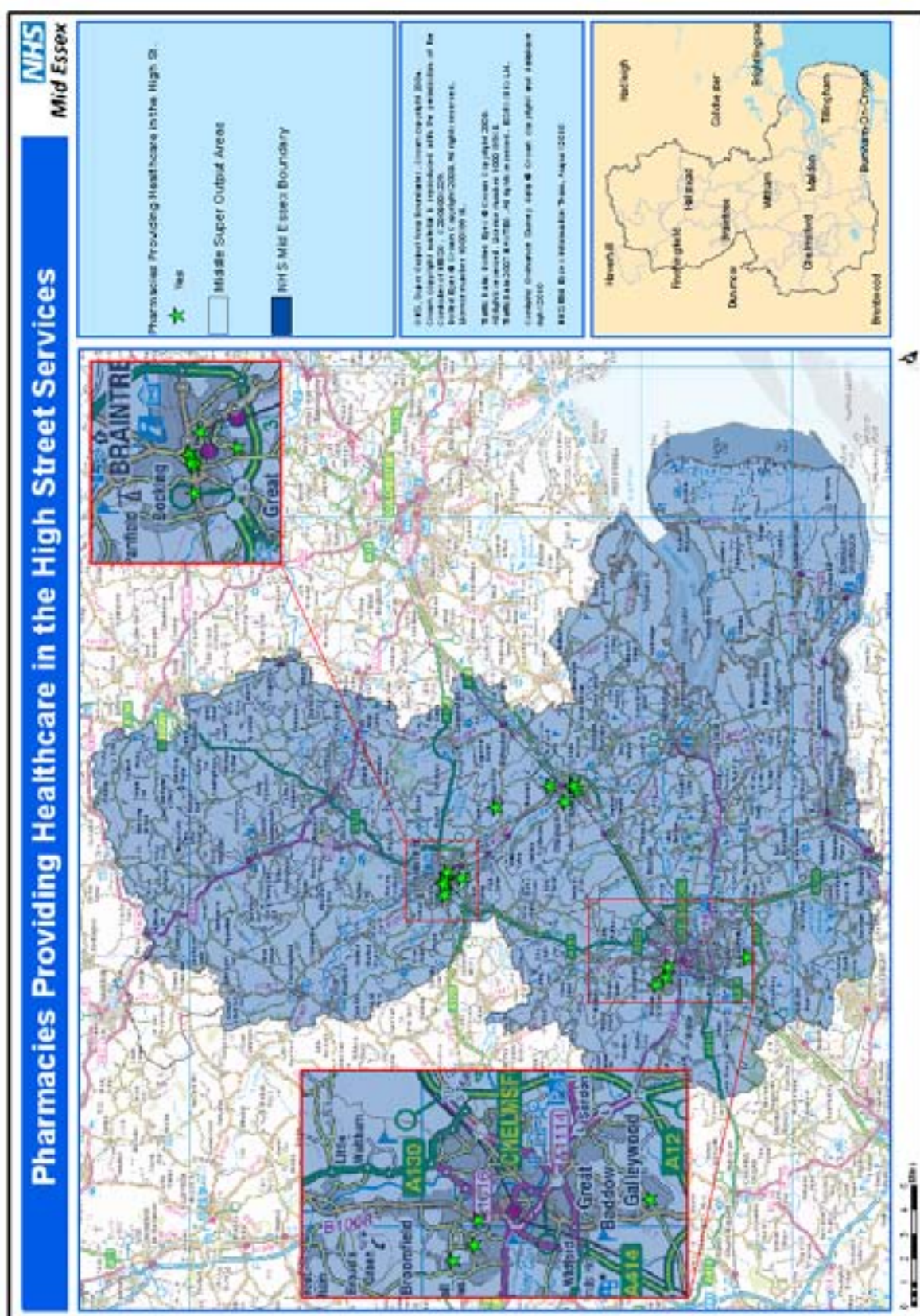
This is a service aimed at making self care possible for families on low incomes. Over the counter medication from an agreed formulary is supplied, free of charge, to families in receipt of income based benefits when they present with a minor ailment suitable for self care.

Since the scheme began in May 2009, a total of 1,049 individuals have used the service up to 31st March 2010 at an average cost of £8.55 per consultation.

Of those users of the service who responded to a survey in March 2010, 38% said they would have visited the GP for a prescription if the service had not been available. This equates to saving 399 visits to GP surgeries for minor ailments since the scheme began. 42 people would not have bought any medication thus not treating their ailment.

The service is commissioned from pharmacies in deprived communities only; currently Braintree, Witham, and the Galleywood and Melbourne areas of Chelmsford.

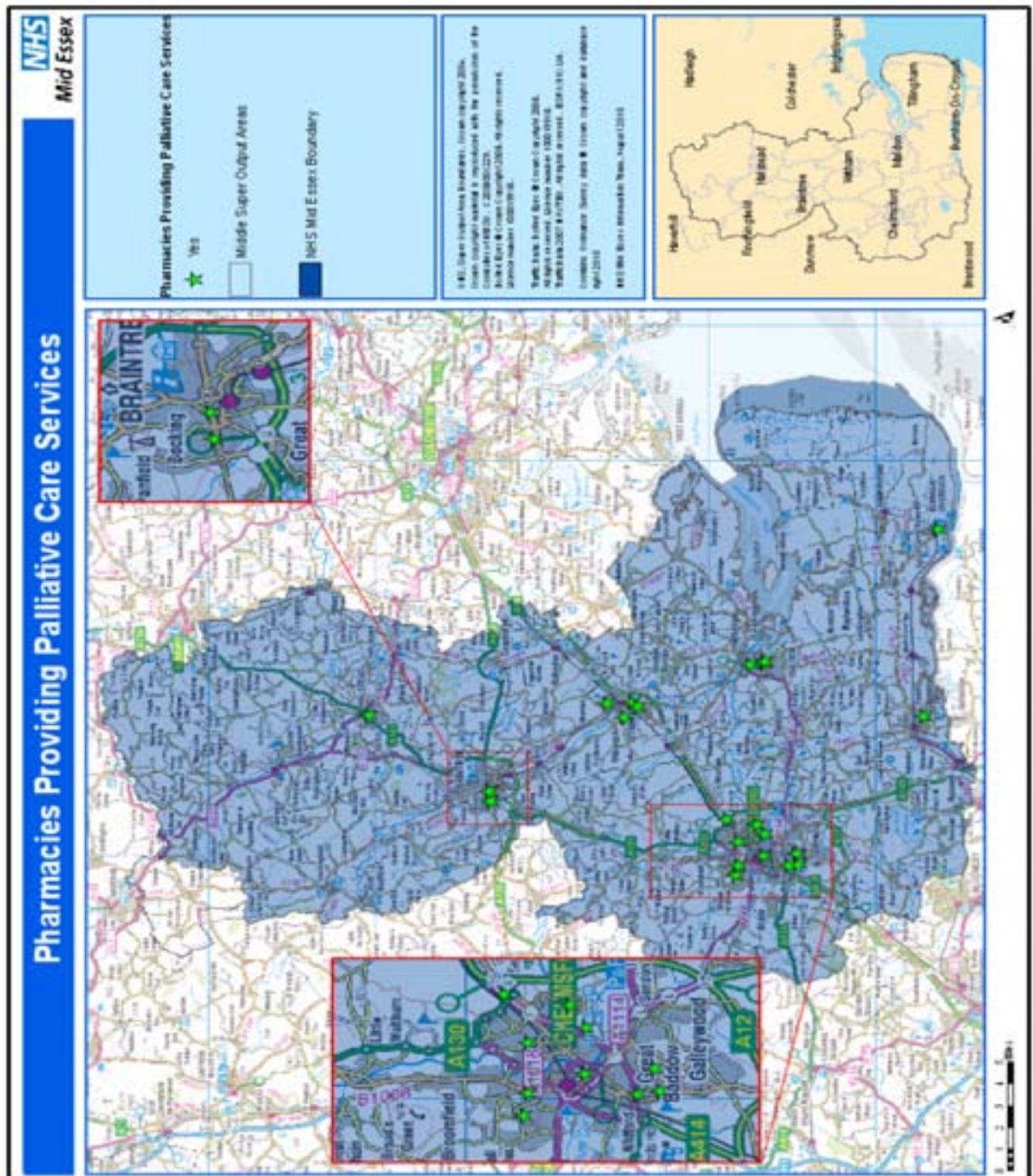
Figure 32: Pharmacies providing the Healthcare on the High Street service



6.3.4 Access to palliative care medication

This service is commissioned from pharmacies across the area to improve access to specialist medicines for healthcare staff, carers and patients. Pharmacies stock an agreed list of drugs that may be needed for palliative care patients and in other specialist situations that they can dispense to anyone presenting a prescription. The service has a low volume of activity but is a valuable resource and is usually commissioned from pharmacies with extended opening hours.

Figure 33: pharmacies which provide access to palliative care and other specialist medicines.



The supervised methadone and buprenorphine consumption service is commissioned by the Essex Drug and Alcohol Action Teams (DAATs). The service includes supply to discharged prisoners immediately on release and as an ongoing service for those who remain in the area. The service provides shared care with clients offered a choice of pharmacy. The Mid Essex Drug and Alcohol report shows that the category of households at highest risk of drug use (male only household, no children, oldest person < 30) has the most favourable access to pharmacies (88% are situated within 2 km of a pharmacy offering substance misuse services).

Figure 34: pharmacies which provide the supervised consumption service.

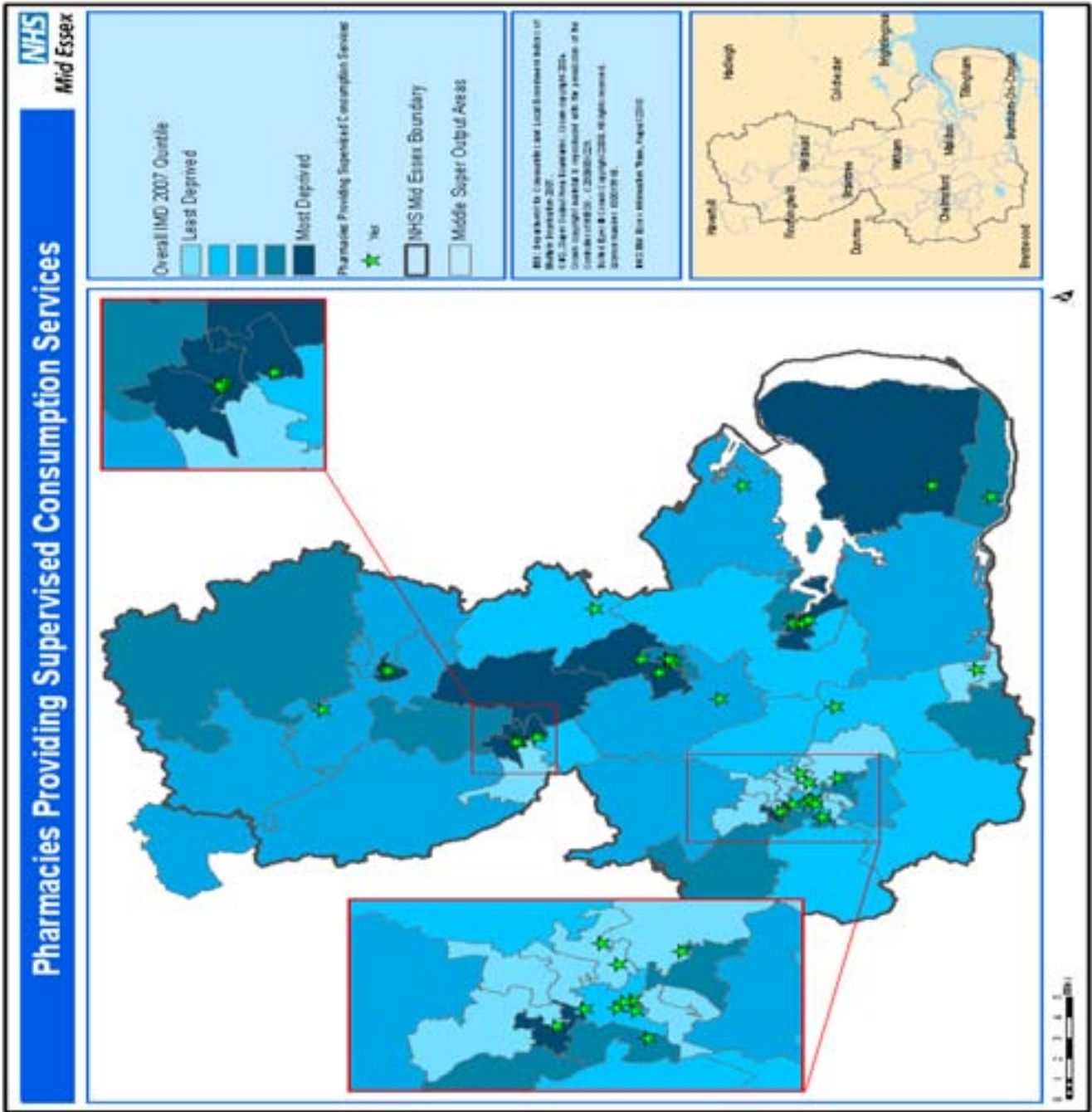


Figure 35: pharmacies which provide the needle exchange service.



6.3.5.1 Prescription collection and delivery services

Many pharmacies offer these services to their patients. As the services are not funded by the NHS they may choose to make a charge although many don't.

Delivery services are often available to restricted groups of patients only; housebound patients, those living within a certain area etc.

For the full list of service providers see appendix 6 but there are two areas which were identified as experiencing inequalities in terms of the demographics of the area or poor transport provision; the Dengie area and the area north of Halstead. In these areas the pharmacies in Burnham, Southminster, Halstead, Sible Hedingham and Earls Colne offer a prescription collection service. There are two pharmacies in Halstead which offer a delivery service, as do the pharmacies in Burnham and Southminster to certain groups of patients.

6.3.6 Advanced Services

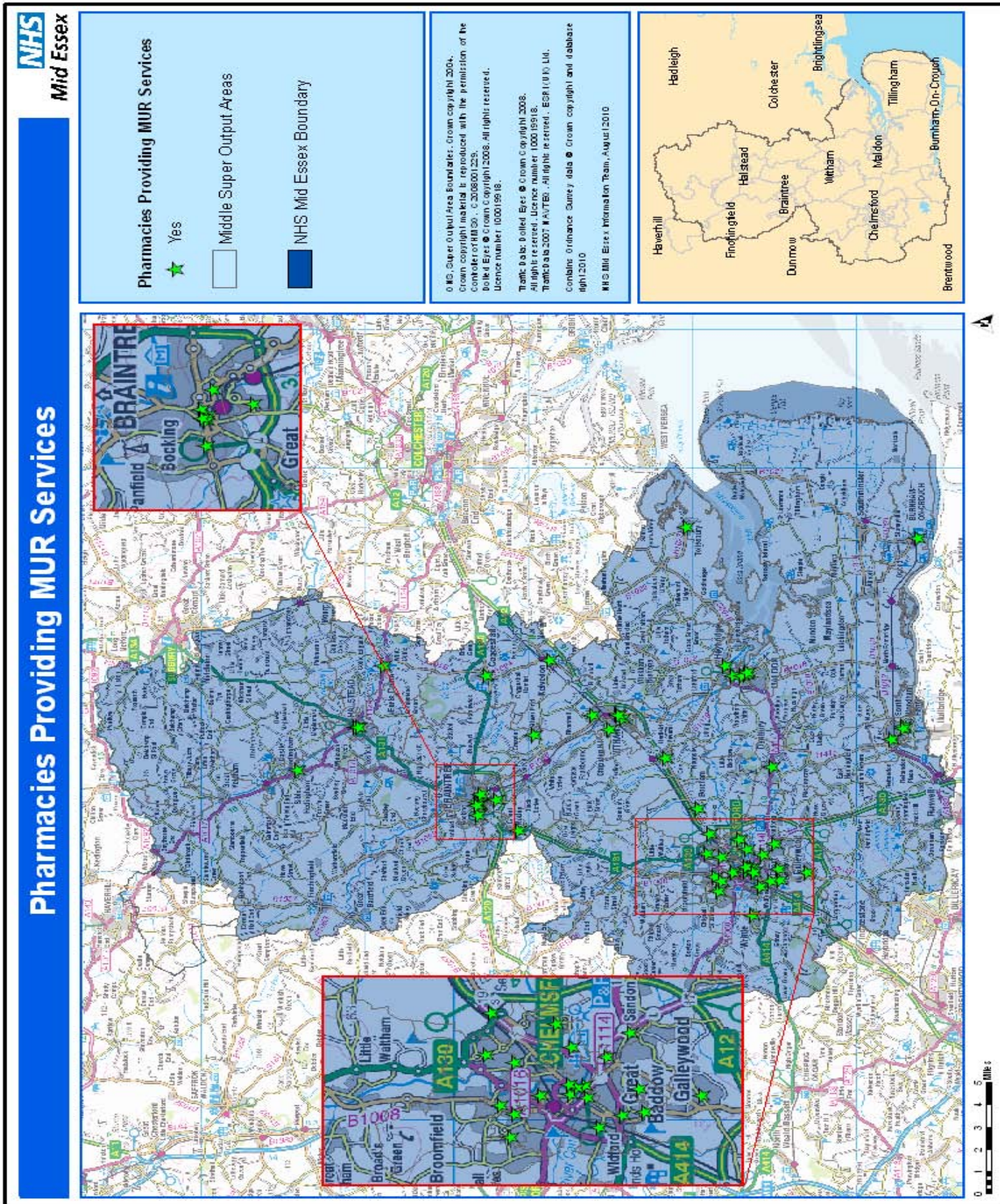
6.3.6.1 Medicines Use Review and Prescription Intervention service

Medicines Use Review (MUR) is a national advanced service aimed at improving patient's knowledge and use of their medication. The service can be provided by any pharmacist who has an MUR certificate and is able to meet the premises requirements, for patients who regularly collect their prescriptions from that pharmacy.

PCTs can identify groups of patients who would benefit from an MUR. For the year 2010-11 NHS Mid Essex has asked pharmacy contractors to focus on patients taking medicines such as warfarin, methotrexate etc which have been the subject of safety alerts. Patients who are being admitted to Broomfield Hospital for routine orthopaedic operations are advised to contact their pharmacist for a pre-admission MUR to aid the admission process and to provide advice on post-operative analgesia. This service is available to the pharmacy's regular patients as part of their routine MUR programme.

The MUR service is currently offered by 56 community pharmacies which provided 13,500 reviews in 2009-10. 2 further pharmacies would be willing to provide the service if they had the facilities to do so. 2 have indicated that they have no plans to provide the service. For a list of service providers see appendix 6.

Figure 36: pharmacies which provide the advanced MUR and prescription intervention services.



6.3.6.2 Appliance Use Reviews

Appliance Use Reviews is a new service, introduced in April 2010, aimed at improving patient's knowledge and use of specified appliances. The service can be provided by any pharmacist or appliance contractor who meets the requirements for qualifications and premises. 4 pharmacy contractors and 1 DAC have indicated that they intend to provide this service. These numbers may be updated in the final version of the assessment.

6.3.6.3 Stoma Appliance Customisation service

Stoma Appliance Customisation, is another new service, also introduced in April 2010. It is aimed at ensuring the proper use and fitting of stoma appliances and improving the duration of use of the appliance and thereby reducing waste. The service can be provided by any pharmacist or appliance contractor who meets the requirements for qualifications and premises. 4 pharmacy contractors and 1 DAC have indicated that they intend to provide this service. These numbers may be updated in the final version of the assessment.

6.4 Likely future need

This PNA is intended to cover the next three years and to deal with known firm plans for changes in that timeframe.

6.4.1 Changes in healthcare

The White Paper *Equity and Excellence: Liberating the NHS* will have an impact on the arrangements for commissioning NHS services in future, but there is insufficient detail available at this time on implementation plans to be able to take them into account in this draft PNA.

The opening of large care homes in the area may have an impact on pharmaceutical services – there are no known plans for new care homes in mid Essex.

GP services opening or closing would affect the need for pharmaceutical services in the area. There are no known plans for changes to GP services in mid Essex.

6.4.2 Housing developments

In Chelmsford there are 7 sites identified as opportunities for new building up to the year 2025 including 4,000 homes on land north of Chelmsford, over 2,000 on various sites within Chelmsford and 600 homes in Runwell.

Braintree District Council is currently consulting on a draft plan which includes significant development in Braintree (1,500 homes) and Witham (900 homes) with limited development in other towns and key service villages.

Maldon District Council is currently updating their plan and no major developments are identified.

The population of mid Essex is expected to increase by about 10% between 2007 and 2017.

6.4.3 Retail developments

Chelmsford Borough Council has plans to significantly extend and develop retail provision over the next few years. Braintree District Council has plans to make modest improvements to existing town centre retail areas.

7 Conclusions

7.1 Necessary services

7.1.1 Geographical access to necessary services

88.4% of the population of mid Essex has access to a pharmacy within a 10 minute drive (rural) or a 2 kilometre walk (urban). This includes access to pharmacies in neighbouring PCTs. Comparing the map showing coverage (figure 24) with the population distribution (figure 20) it can be seen that the areas with the greater distances between dispensing services are the least populated. All of the towns and key villages have at least one pharmacy. Access to dispensing doctors is in addition to this.

Coverage will be extended by the opening of a pharmacy in Little Waltham, Chelmsford due to open in 2010. Consent has also been given to a 100 hour pharmacy in Marks Farm, Braintree, which would increase coverage in this area.

The provision of prescription and collection services supports access in rural areas.

91% of people in the patient/public survey said that they are able to find a pharmacy near where they need one.

No gaps have been identified in geographical coverage of necessary services.

7.1.2 Access at different times of day

In line with the availability of other services, access to pharmaceutical services in the evenings and at weekends is limited outside of the main towns. The nearest pharmacy to Braintree with extended opening hours is in Great Notley. Consent has been granted for a 100 hour pharmacy at Marks Farm to the east of Braintree town centre. This will improve access at evenings and weekends in this area. Currently the pharmacies in Stanway, to the west of the area in NHS North East Essex's boundary, are accessible via good road links from the Colne Valley, Braintree and the Tolleshunt D'arcy areas.

There are currently three 100 hour pharmacies in Chelmsford and Maldon. Situated in two of the larger towns in the area, they are accessible to a large group of the population and meet the need for extended access to pharmaceutical services as highlighted by the public/patient survey. This shows that 32% of respondents prefer to have access to a pharmacy outside of normal business hours; early morning, in the evenings or at the weekends.

95% of people in the patient/public survey said that they are able to find a pharmacy open when they need one.

The PCT will review coverage on key Bank Holidays and continue to commission pharmacies to open for a short period if necessary.

No gaps have been identified in access to necessary services at different times of day.

7.1.3 Deprived communities

We are committed to reducing inequalities in healthcare. Improving access to pharmaceutical services for those living in areas of high deprivation is important. All of the MSOAs identified as areas of high need, in the Joint Strategic Needs Assessments, have access to a dispensing service in the area within a 10 minute drive or a 2 kilometre walk. The exception is Braintree 007, the Bocking North area, which has access to pharmacies along with shopping and other services in Braintree town centre which is within 2km or 10 minute drive of the most populated area which is just on the edge of Braintree. For the few residents of the north of the MSOA, there are services in Halstead, again within a 10 minute drive.

7.1.4 Essential pharmaceutical services

Many of the needs highlighted when considering various groups of patients can be met through delivery of the essential services of the community pharmacy contract.

These include:

- Provision of healthy lifestyle advice to those with long term conditions
- Support for self care for carers and for the person they are caring for
- Provision of healthy lifestyle advice to children and families to support breastfeeding, reduce obesity and improve uptake of immunisation
- Provision of healthy lifestyle advice to young people to reduce harmful smoking, alcohol and drug use
- Clear packaging and labelling and communication for people with disabilities
- Appropriate support under the Disability Discrimination Act 2005 for patients with disabilities

7.2 *Improvements and better access*

Some directed services are available from pharmacies only, but many services can be commissioned from a range of service providers which improves choice and access. The following pharmaceutical services have been considered:

7.2.1 Stop smoking support services

Stop smoking support services are commissioned by CECS from a range of providers including community pharmacies. The areas not covered by a community pharmacy have access to the service from other providers and although expressions of interest in the service can be considered there are no specific gaps that need to be filled.

7.2.2 Sexual health services

Sexual health services are provided by a range of providers including community pharmacies. Young people in areas not covered by a community pharmacy have access to services from other providers and although expressions of interest in the service are always welcome, there are no specific gaps that need to be filled.

7.2.3 Healthcare on the High Street

This service was introduced in 2009 in defined areas of high deprivation, initially in Braintree and Witham. It has since been extended to two areas of Chelmsford. Once it has been decided to introduce the service in a particular area, it is open to all pharmacies in that area to offer the service. There are no firm plans to extend the service further at the moment but this is kept under review in line with the cost effectiveness of the service.

7.2.4 Access to specialist medicines

This service is commissioned from pharmacies with extended opening hours including those who provide the commissioned Bank Holiday service. It has a low volume of activity and there is no evidence of current need for service expansion. This will be kept under review and with 80% of pharmacies willing to provide this service if commissioned, further coverage is possible if needed and as funding allows.

7.2.5 Substance misuse services

These services are provided to a defined user group and it is clear when service provision is inadequate. The commissioners of the supervised consumption and needle exchange services confirm that current coverage is meeting the needs of their clients but they note the availability of further pharmacies willing to provide the service if the need changes and funding is available.

7.2.6 Vascular screening

In line with the national programme, we have a target to screen nearly 9,000 people by April 2011. A screening service is in the process of being commissioned from pharmacies to extend the choice of service providers and the range of services available.

7.2.7 Healthy lung check

This new service is in the process of being introduced. It is aimed at identifying previously undiagnosed patients with COPD. Many of these patients will be regular visitors to a pharmacy often attending with self limiting conditions. Pharmacy provides good access and choice for this group of patients. Evidence suggests that early diagnosis of patients with COPD provides much improved outcomes for patients. This service is being commissioned from pharmacies in areas with a high propensity to COPD.

7.2.8 Vaccinations

No immediate gap has been identified but we would like to improve access for influenza vaccinations and with 80% of community pharmacies indicating that they would be willing to provide this service if commissioned, there is an opportunity to provide increased access in future flu seasons.

7.2.9 Support for people who do not fall within Disability Discrimination Act 2005

There may be patients who would like support in managing their medication but who do not meet the requirements of the Disability Discrimination Act 2005. We do not currently commission a service for the provision of support to such patients but this is an area which is under review. With over 50% of pharmacies indicating that they would be willing to provide a service if commissioned there is an opportunity to develop a service if further work confirms the need and funding is available.

7.2.10 Care homes

NHS Mid Essex is planning to work with local care homes and their primary care providers to improve the safety of the processes used to prescribe, dispense, administer and monitor medication in care homes. The programme is still in development but is likely to focus on the process for ordering prescriptions by care home staff with a view to reducing errors and minimising waste.

8 Exempt applications

Applications made under Regulation 13(1)(b) of the NHS (Pharmaceutical Services) Regulations 2005 are currently required to provide essential services and any of the following directed services that NHS Mid Essex wishes to commission in that area.

Advanced Services:

- Medicines Use Review and Prescription Intervention Service

Enhanced Services:

- Minor ailment schemes
- Supervised administration
- Needle and syringe exchange service
- Stop smoking support services
- Supplementary prescribing
- Patient group direction service
- Care home service
- Medicines assessment and compliance support
- Emergency hormonal contraception
- Out of hours services
- Screening services
- Medication review
- Disease specific medicines management
- Participation in C-Card Scheme

9 Appendices

Appendix 1 Additional services which PCTs are authorised to commission from pharmacists included in their pharmaceutical lists:

Service	Underlying purpose of service:
Anticoagulant Monitoring Service	for the pharmacist to test the patient's blood clotting time, review the results and adjust (or recommend the adjustment to) the anticoagulant dose accordingly
Care Home Service	for the pharmacist to provide advice and support to residents and staff in a care homes relating to— (i) the proper and effective ordering of drugs and appliances for the benefit of residents in the care home, (ii) the clinical and cost effective use of drugs, (iii) the proper and effective administration of drugs and appliances in the care home, (iv) the safe and appropriate storage and handling of drugs and appliances, and (v) the recording of drugs and appliances ordered, handled, administered, stored or disposed of;
Disease Specific Medicines Management Service	for the pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional
Gluten Free Food Supply Service	for the pharmacist to supply gluten free foods to patients
Home Delivery Service	for the pharmacist to deliver drugs and appliances to patients at their home
Language Access Service	for the pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to— (i) drugs which they are using, (ii) their health, and (iii) general health matters relevant to them, and where appropriate referral to another health care professional;
Medication Review Service	for the pharmacist to— (i) conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient, and (ii) advise and support a patient regarding his use of drugs including encouraging the active participation of the patient in advice and decision making relating to his use of drugs, and (iii) where appropriate, refer the patient to another health care professional
Medicines Assessment and Compliance Support Service	for the pharmacist to— (i) assess the knowledge of, compliance with and use of, drugs by vulnerable patients and patients with special needs, and (ii) offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs with a view to improving the patient's knowledge of, compliance with and use of, such drugs

Service	Underlying purpose of service:
Minor Ailment Scheme	for the pharmacist to provide advice and support to eligible patients complaining of a minor ailment, and where appropriate to supply drugs to them for the treatment of the minor ailment;
Needle and Syringe Exchange Service	for a pharmacist to— (i) provide sterile needles, syringes and associated materials to drug addicts (ii) receive from drug addicts used needles, syringes and associated materials, and (iii) offer advice to drug addicts and where appropriate referral to another health care professional or a specialist drug treatment centre;
On Demand Availability of Specialist Drugs Service	for the pharmacist to ensure that patients or health care professionals have prompt access to specialist drugs
Out of Hours Services	for the pharmacist to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period);
Patient Group Direction Service	for the pharmacist to supply a prescription only medicine to a patient under a Patient Group Direction
Prescriber Support Service	for the pharmacist to support health care professionals who prescribe drugs, and in particular to offer advice on— (i) the clinical and cost effective use of drugs, (ii) prescribing policies and guidelines, and (iii) repeat prescribing;
Schools Service	for the pharmacist to provide advice and support to children and staff in schools relating to— (i) the clinical and cost effective use of drugs in the school, (ii) the proper and effective administration and use of drugs and appliances in the school, (iii) the safe and appropriate storage and handling of drugs and appliances, and (iv) the recording of drugs and appliances ordered, handled, administered, stored or disposed of;
Screening Service	for the pharmacist to— (i) identify patients at risk of developing a specified disease or condition, (ii) offer advice regarding testing for a specified disease or condition, (iii) carry out such a test with the patient's consent, and (iv) offer advice following a test and referral to another health care professional where appropriate;
Stop Smoking Service	for the pharmacist to— (i) advise and support patients wishing to give up smoking, and (ii) where appropriate, to supply appropriate drugs and aids
Supervised Administration Service	for the pharmacist to supervise the administration of prescribed medicines in the pharmacy
Supplementary Prescribing Service	for the pharmacist who is a supplementary prescriber to implement with an independent prescriber a clinical management plan for a patient with that patient's agreement.

NHS Mid Essex is undertaking a Pharmaceutical Needs Assessment (PNA). Part of this process is to engage with members of the public to identify the needs of the people of Mid Essex in relation to pharmacy services, to ascertain the current provision and whether the need for services is being met. To help us in this process we would be grateful if you would take a few minutes to complete the confidential questionnaire below.

Where did you obtain this questionnaire?

By post	<input type="checkbox"/>	At an NHS/health event	<input type="checkbox"/>	At a pharmacy	<input type="checkbox"/>	At a GP surgery	<input type="checkbox"/>	Other (please state)
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1.0 Using Pharmacy Services – Please tick just one box for each question in this section which best matches how you access pharmacy services in Mid Essex

1.1 Where do you normally go to a pharmacy?	Near my home	Near my work	Near/at my local GP surgery	Whilst shopping	Wherever is convenient at the time
-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.2 When do you most commonly use pharmacy services?	Weekdays before 9am	Weekdays between 9am and 5pm	Weekdays evenings 5 – 8pm	Weekdays late night 8pm - 12	Saturday	Sunday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.3 When would you prefer to use pharmacy services?	Weekdays before 9am	Weekdays between 9am and 5pm	Weekdays evenings 5 – 8pm	Weekdays late night 8pm - 12	Saturday	Sunday
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.4 In the last 12 months how often have you visited a pharmacy?	Once a day	2/3 times per week	Once a week	Once a fortnight	Monthly	6 monthly	Yearly	Never
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.5 How do you normally travel to your pharmacy?

Walk	<input type="checkbox"/>	Public transport	<input type="checkbox"/>	Drive	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
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1.6 For what purpose do you normally visit a pharmacy? Please tick all that apply

To get a prescription dispensed	
To buy medicines without a prescription	
To collect a repeat prescription	
To buy health and beauty products	
To buy baby products	
To get advice about medicines	
Another service (please specify)	

2.0 Access to pharmacy services – Please rate how strongly you agree with the following statements.
Please tick **ONE** box for each statement

	Strongly agree	Agree	Disagree	Strongly disagree
I can usually find an open pharmacy when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to find a pharmacy near where I want it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to find a pharmacy open in the evening (ie after 6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it easy to find a pharmacy open at the weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a range of useful health services at my usual pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My pharmacy offers helpful advice on other NHS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.0 Your pharmacy services - The NHS is constantly developing and improving pharmacies to better reflect the needs of the community.

Please consider each of the services below, tick the box if you have used the service in the last 12 months **AND** tick one box to state how strongly you agree each service should be available at your usual pharmacy.

3.1 Please tick each service you have used in the last year in a Mid Essex pharmacy	3.2 Please tick one box for each service for how strongly you agree that these services <u>SHOULD</u> be provided by your usual pharmacy				
	Used in the last year?	Strongly agree	Agree	Disagree	Strongly disagree
Free medication for simple conditions such as, hay fever/thrush/colds without seeing a GP (Healthcare on the High Street – available to individuals on income related benefits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help to stop smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with drug or alcohol addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning after pill (Emergency Hormonal Contraception)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia screening and/or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free condom supply for young people (C-Card)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy testing service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine Use Reviews – <i>a one-to-one, private discussion with your pharmacist about your medication – to ensure you are getting the best from your medication</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure monitoring & cholesterol testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet and exercise – healthy lifestyle advice – signposting to other sources of support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick each service you have used in the last year in a Mid Essex pharmacy		Please tick one box for each service for how strongly you agree that these services <u>SHOULD</u> be provided by your usual pharmacy			
	Used in the last year?	Strongly Agree	Agree	Disagree	Strongly disagree
Weight management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ante natal advice/care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management and awareness of long term conditions – such as; diabetes, asthma etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning services – fitting contraceptive coil/implants etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription collection from surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription delivery service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3 Please describe any other services you would like pharmacies to offer:
<hr/>
<hr/>
<hr/>

4.0 **About you** – *we will not be able to identify you from any of the information provided in this questionnaire.*

4.1 Please tell us the first half of your post code so that we can identify pharmacy provision in your area

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eg CM 03

4.2 Are you? (please tick)

White British		White Irish		Other White background (please state)		Chinese	
White & Black Caribbean		White & Black African		White & Asian		Any other Mixed background (please state)	
Indian		Pakistani		Bangladeshi		Any other Asian background (please state)	
Caribbean		African		Any other Black background (please state)		Any other (please state)	

4.3 Employed						
Full time		Part time		Unemployed		
Student		Retired		Other		(Please specify)
		Male		Female		

4.4 Please indicate your age group

18-24 years	25 - 35	36 - 45	46 - 55	56 - 65	66 - 75	76+

4.5 Do you consider yourself to have a disability?

Yes	
No	

Thank you for taking the time to complete this survey.

Please hand the completed questionnaire to the pharmacy staff, place it in the box provided, use the Freepost envelope provided or alternatively post it to:

**NHS Mid Essex
Swift House
Hedgerows Business Park
Colchester Road
Chelmsford
CM2 5PF**

Completed questionnaires must be returned by 31st August 2010

If you have any queries please contact: Lynne Farquhar, NHS Mid Essex, 01245 459419.
lynne.farquhar@midessexpct.nhs.uk

Appendix 3

PNA Pharmacy Questionnaire

The first section of the questionnaire (pages 1 - 7) is based on the PSNC template and contractors are asked to complete all questions.

Premises Details

Contractor Code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading Name	
Pharmacy Address	

Pharmacy email address	
Pharmacy telephone	
Pharmacy fax	
Pharmacy web address	
Can we store the above information and use this to contact you?	<input type="checkbox"/> Yes

Person completing this form:

Contact name of person completing questionnaire, if questions arise	Contact telephone number

Hours of opening

Core Hours

Day	Open from	To	Lunchtime
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Total Hours

Day	Open from	To	Lunchtime
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Consultation facilities

There is a consultation area (meeting the criteria for the Medicines Use Review service) (tick as appropriate)

On premises	None, or	<input type="checkbox"/>
	Available (including wheelchair access), or	<input type="checkbox"/>
	Available (without wheelchair access), or	<input type="checkbox"/>
	Planned within the next 12 months, or	<input type="checkbox"/>
	Other (specify)	
Where there is a consultation area, is it a closed room?		<input type="checkbox"/> yes

Off-site	Have access to off-site consultation area (i.e. one which the PCT has given consent for use)	<input type="checkbox"/> yes
	Willing to undertake consultations in patient's home / other suitable site	<input type="checkbox"/> yes

During consultations are there hand-washing facilities	In the consultation area, or	<input type="checkbox"/>
	Close to the consultation area, or	<input type="checkbox"/>
	None	<input type="checkbox"/>

Patients attending for consultations have access to toilet facilities	<input type="checkbox"/> yes
-----------------------------------------------------------------------	------------------------------

Languages spoken (in addition to English)	
-------------------------------------------	--

IT Facilities

Electronic Prescription Service

Release 1 enabled, or	<input type="checkbox"/>
Release 2 enabled, or	<input type="checkbox"/>
Intending to become Release 1 enabled within next 12 months; or	<input type="checkbox"/>
Intending to become Release 2 enabled within next 12 months; or	<input type="checkbox"/>
No plans for EPS at present	<input type="checkbox"/>

Does the pharmacy have the facility to open documents in the following formats:

Microsoft Word	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>
PDF	<input type="checkbox"/>

Services

Essential

Does the pharmacy dispense appliances?

Yes – All types, or	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>

Advanced services

	Yes	Intending to begin within next 12 months	No - not intending to provide
Medicines Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enhanced services (1)

	Currently providing	Willing and able to provide if commissioned (2)	Willing to provide if commissioned (need training)	Willing to provide if commissioned (need facilities adjustment)	Not able or willing to provide
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease Specific Medicines Management Service, (tick boxes for following diseases)					
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
Emergency Hormonal Contraception Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1) under the contractual framework, some locally commissioned services may be developed into a national service, and will be added to the list of Directed services. Identifying these now may help future proofing, if the Directions are amended

(2) Willingness to provide the Enhanced services if commissioned, is an undertaking to provide the service for agreed remuneration. Normally, this would be as agreed between the PCT and the Local Pharmaceutical Committee, but may be agreed directly between the PCT and the contractor.

	Currently providing	Willing and able to provide if commissioned	Willing to provide if commissioned (need training)	Willing to provide if commissioned (need facilities adjustment)	Not able or willing to provide
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing Independent Prescribing Service, what therapeutic areas are covered?					
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUR plus Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Contraceptive Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)					
Phlebotomy Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service					
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Currently providing	Willing and able to provide if commissioned	Willing to provide if commissioned (need training)	Willing to provide if commissioned (need facilities adjustment)	Not able or willing to provide
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
Seasonal Influenza Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccinations					
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)					
Sharps Disposal Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (what therapeutic areas are covered?)					
Vascular Risk Assessment Service (NHS Health Check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non NHS funded services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries	<input type="checkbox"/>
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - chargeable	<input type="checkbox"/>

The following questions are based on "Developing Pharmaceutical Needs Assessments Guide 11: Minimum data for PNA". The additional data will be invaluable in the process of developing the Mid Essex Pharmaceutical Needs Assessment, but completion is optional.

Access for customers	Yes	No
Can customers legally park within 50 metres of your store?		
Can disabled customers (with a 'blue badge') park within 10 metres of your store?		
Is there a bus stop within reasonable walking distance of your store?		
Is the entrance to the store suitable for wheel chair access? eg wide doorway, level entrance or ramp, easily opened or automatic door.		
Are all areas of the sales floor accessible by wheelchair?		
Do you have other facilities in your pharmacy aimed at helping people with disabilities access your services? eg hearing loop, information/posters/leaflets in large print, staff trained in disability awareness etc. Please state		
Any other comments		

Premises		
Are the premises subject to any of the following development constraints?	Yes	No
Listed building consent		
Within a conservation area		
Limited or no room for expansion		
Other (please specify)		

Information Technology		
	Yes	No
Is the email address you have given on page 1 accessible to pharmacy staff during business hours?		
If not, is there an email address that we can use to contact staff during business hours?		
Is a smart card available at all times?		

Workforce				
Please include below details of all staff working in the pharmacy (please continue on a separate sheet if required)				
Job title	Hours worked per week	Relevant qualifications (eg non-medical prescriber, L2 stop smoking adviser etc)	Any special skills/interests eg additional language spoken	
Is there more than one pharmacist on duty at any time during the week?		How many hours a week does the additional pharmacist(s) work?	Is the additional pharmacist(s) there for a specific reason? (please state) eg support for specific services such as MURs	
Yes		No	 hours

Current Service Provision – Supply of Medicines to Care Homes		
	Yes	No
Does your pharmacy supply medicines etc to care homes?		
Please list homes below (if applicable) <i>Continue on a separate sheet if necessary</i>		

Thank you for taking the time to complete this questionnaire.

Please return by 16th July 2010 to:

Lynne Farquhar
 NHS Mid Essex
 Swift House
 Hedgerows Business Park
 Colchester Road
 Chelmsford
 CM2 5PF

or fax to: 01245 398710
 or e-mail to lynne.farquhar@midessexpct.nhs.uk

Appendix 4 – Community Pharmacy and Dispensing Appliance Contractors

<u>PHARMACY NAME</u>	<u>BUSINESS ADDRESS</u>	<u>POST CODE</u>	<u>Core Hours</u>	<u>Supplementary Hours</u>
AG Pharmacy	Trinovantian Way Braintree	CM7 3JN	Mon – Fri 9.00 – 17.00	Mon – Fri 17.00 – 19.00 Sat 09.00 – 13.00
AMF Medica	52-54 Dorothy Sayers Drive, Witham	CM8 2LX	Mon – Fri 9.00 – 13.00 Mon/Tue/Thur/Fri 14.00 – 18.00 Sat 9.00 – 13.00	Mon/Tue/Thur/Fri 18.00 – 19.00 Wed 14.00 – 19.00 Sat 14.00 – 17.00
AMG Chemist	70 Coggeshall Road, Braintree	CM7 9BY	Mon – Fri 9.00 – 17.00	Mon – Fri 17.00 – 19.00 Sat 09.00 – 13.00
Blackwater Pharma	Princes Road, Maldon	CM9 5GP	Mon-Sat 7.00 – 22.00 Sunday 10.00 - 20.00	100 hour contract
Boots	43 High Chelmer Chelmsford	CM1 1DD	Mon – Sat 9.00 – 12.00 Mon - Fri 13.00 – 17.00 Sat 13.00 – 15.00	Mon – Sat 8.30 – 9.00 12.00 – 13.00 Mon - Fri 17.00 – 18.00 Sat 15.00 – 18.00 Sun 10.30 – 16.30
Boots	31 The Meadows Chelmsford	CM2 6FD	Mon – Fri 9.00 – 14.00 15.00 – 17.00 Sat 9.00 – 14.00	Mon – Fri 17.00 – 17.30 Sat 15.00 – 17.30
Boots	Unit 12b Chelmer Village Retail Park	CM2 6XE	Mon – Fri 9.00 – 14.00 15.00 – 17.00 Sat 9.00 – 14.00	Mon – Fri 14.00 – 15.00 17.00 – 24.00 Sat 14.00 – 24.00 Sun 11.00 – 17.00
Boots	42 Newland Street, Witham	CM8 2AR	Mon – Fri 9.00 – 17.00 Sat 9.00 – 15.00 Lunch 13.30 – 14.30	Mon – Sat 08.45 – 9.00 Mon – Fri 17.00 – 17.30 Sat 15.00 – 17.30
Boots	69-71 High Street, Halstead	CO9 2JD	Mon/Tue/Thur/Fri 9.30 – 17.15 Wed/Sat 9.30 – 17.00 Lunch 13.00 – 14.00	Mon – Sat 9.00 – 9.30 Mon/Tue/Thur/Fri 17.15 – 17.30 Wed/Sat 17.00 – 17.30
Boots	7 George Yard Sandpit Lane Braintree	CM7 1RB	Mon/Tue/Thur/Sat 9.00 – 13.00 14.00 – 16.30 Wed/Fri 9.00 – 16.00	Mon/Tue/Thur/Sat 16.30 – 17.30 Wed/Fri 16.00 – 17.30 Sat 8.45 – 9.00
Boots	54 High Street, Maldon	CM9 7PN	Mon – Sat 9.15 – 14.00 Mon – Fri 15.00 – 17.00 Sat 15.00 – 16.30	Mon – Sat 9.00 – 9.15 Mon – Fri 17.00 – 17.30 Sat 16.30 – 17.30
Boreham Pharmacy	The Laurels, Juniper Road, Boreham	CM3 3DX	Mon – Fri 9.00 – 13.00 14.00 - 18.00	Mon – Fri 08.30 – 09.00 13.00 – 14.00 18.00 – 18.30 Saturday 9.00 – 13.00
Borno Chemists	Mount Chambers, 96 Coggeshall Rd, Braintree	CM7 6BY	Mon – Fri 09.00 – 14.00 15.00 – 18.00	Mon – Fri 08.45 – 09.00 18.00 – 18.30
Borno Chemists	124 Newland Street, Witham	CM8 1BA	Mon – Fri 9.00 – 17.00	Mon/Tue/Thur/Fri 17.00 – 19.00 Wed 17.00 – 18.00
Borno Chemists	9 Bank Street, Braintree	CM7 1UG	Mon – Fri 9.00 – 17.00	Mon – Fri 17.00 – 19.00 Sat 9.00 – 13.00

Appendix 4 – Community Pharmacy and Dispensing Appliance Contractors

<u>PHARMACY NAME</u>	<u>BUSINESS ADDRESS</u>	<u>POST CODE</u>	<u>Core Hours</u>		<u>Supplementary Hours</u>	
Challis Pharmacy	33a Challis Lane, Braintree	CM7 1AN	Mon/Tue/Wed/Fri Thursday Saturday	09.00 – 13.00 14.00 – 17.00 09.00 – 17.00 09.00 – 13.00	Mon/Tue/Wed/Fri Mon – Fri Saturday	13.00 – 14.00 17.00 – 18.00 09.00 - 1300
Christchurch Pharmacy	Blandford Medical Centre, Mace Avenue, Braintree	CM7 2AE	Mon – Fri Lunch	9.00 – 18.00 13.00 – 14.00	Mon – Fri Saturday	7am – 9am 1pm – 2pm 6pm – 7pm 09.00 – 13.00
Colecross	1 Hylands Parade Wood Street Chelmsford	CM2 8BW	Mon – Fri	9.00 – 13.00 14.00 – 18.00	Monday – Friday Sat	18.00 – 18.30 09.00 – 13.00
Co-op Pharmacy	Signal House Factory Lane West Halstead	CO9 1EX	Mon – Fri	9.00 – 13.00 14.30 – 18.30	Mon - Fri Sat	13.00 – 14.30 9.00 – 13.30
Co-op Pharmacy	The Solar Superstore, 12 Weavers Court, Halstead	CO9 2JN	Mon – Fri Lunch	8.45 – 19.00 12.45 – 15.00	Mon – Fri Sat Sun	12.45 – 14.00 9.00 – 17.00 10.00 – 14.00
Day Lewis Pharmacy	Castle Pharmacy 9 Market Hill, Coggeshall	CO6 1TS	Mon – Fri	9.00 – 17.00	Mon – Friday Sat	17.00 – 18.30 9.00 – 13.00
Day Lewis Pharmacy	136 Gloucester Avenue, Chelmsford	CM2 9LG	Mon – Fri	9.00 – 17.00	Mon – Fri Sat	17.00 – 18.00 9.00 – 13.00
Day Lewis Pharmacy	132 Swan Street, Sible Hedingham, Halstead	CO9 3PP	Mon – Fri Mon Tue – Fri Sat	9.00 – 13.00 14.00 – 17.00 14.00 – 17.15 9.00 – 13.00	Mon Tue – Fri	17.00 – 17.30 17.15 – 17.30
Galleywood Pharmacy	39 Watchouse Road, Galleywood, Chelmsford	CM2 8PU	Mon/Tue/Thur/Fri Wed Lunch Sat	9.00 – 17.30 9.00 – 16.00 13.00 – 14.00 9.00 – 13.00	Mon//Fri	17.30 – 18.30
Govani Chemists	14 Queen Elizabeth II Square South Woodham Ferrers	CM3 5TD	Mon – Fri Sat	9.30 – 13.00 14.00 - 17.30 9.30 - 14.30	Mon – Fri Sat	17.30 – 18.00 15.00 – 17.00
Lloydspharmacy	5 Newland Street, Witham	CM8 2AF	Mon – Fri Mon – Fri Sat Sat	09.00 – 12.30 15.30 - 19.00 09.00 – 11.30 15.00 – 17.30	Mon – Fri Sat	12.30 – 15.30 11.30 – 15.00
Lloydspharmacy	10 Gt Square, Braintree	CM7 1UA	Mon /Thur Tue/Wed/Fri/Sat Mon – Sat	9.00 – 12.30 9.00 – 12.00 14.00 - 17.30	Mon/Thur Tue/Wed/Fri/Sat	12.30 – 14.00 12.00 – 14.00

Appendix 4 – Community Pharmacy and Dispensing Appliance Contractors

<u>PHARMACY NAME</u>	<u>BUSINESS ADDRESS</u>	<u>POST CODE</u>	<u>Core Hours</u>	<u>Supplementary Hours</u>
Longfields Pharmacy	Longfields Medical Centre Princes Road, Maldon	CM9 7DF	Mon/Wed/Thur/Fri 9.00 - 13.00 Tues 9.00 – 12.45 14.15 – 18.00 Wed/Thur 14.00 – 18.00 Mon & Fri 14.00 – 18.15	Mon – Fri 8.30 – 9.00 Mon/Fri 18.15 – 18.30 Tue/Wed/Thur 18.00 – 18.30 Sat 9.00 – 12.00
Melbourne Pharmacy	18 Melbourne Parade Chelmsford	CM1 2DW	Mon – Fri 9.00 – 17.00	Mon – Fri 17.00 – 18.00 Sat 09.00 – 17.00
Pill Box Pharmacy	152 Meadgate Avenue Gt Baddow Chelmsford	CM2 7LJ	Mon – Fri 9.00 – 17.00	Mon – Fri 17.00 – 18.30 Sat 9.00 – 12.00
Rivermead Pharmacy	3 Rivermead Gate Rectory Lane Chelmsford	CM1 1TR	Mon – Fri 9.00 – 13.00 13.30 – 17.30	Mon – Fri 13.00 – 13.30 17.30 – 18.30 Sat 9.00 – 13.00
Rowlands Pharmacy	7 Bentalls Centre, Colchester Road Heybridge	CM9 4GD	Mon – Fri 9.00 – 13.00 13.30 – 17.30	Mon – Fri 13.00 – 13.30
Rowlands Pharmacy	1 Brickfield Road, South Woodham Ferrers	CM3 5JX	Mon – Fri 9.00 – 13.00 14.00 – 18.00	Mon – Fri 8.30 – 9.00 13.00 – 14.00 18.00 – 18.30 Sat 9.00 – 14.00
Sainsbury's Pharmacy	2 White Hart Lane, Chelmsford	CM2 5PA	Mon– Fri 07.00 – 23.00 Sat 07.00 – 22.00 Sun 10.00 – 16.00	100 hour contract
Savages	20-22 Station Road Burnham on Crouch	CM0 8BQ	Mon – Fri 9.00 – 13.00 13.30 – 17.30	Sat 9.00 – 13.00
Shadforth Chemists	253 Broomfield Road Chelmsford	CM1 4DP	Mon/Tue/Thur/Fri 9.00 – 13.00 14.00 – 18.00 Wed/Sat 9.00 – 13.00	Sat 13.00 – 16.00
Shantys	62 Baddow Road Shantys Roundabout Chelmsford	CM2 0DL	Mon – Fri 9.00 – 13.00 14.00 – 18.00	Mon – Fri 18.00 – 18.30
Southminster Pharmacy	15, High Street Southminster	CM0 7AA	Mon – Fri 8.45 – 13.00 14.00 - 17.45 Closed for lunch 13.00 – 14.00hrs	Sat 9.00 – 13.00
Tesco Pharmacy	Tesco Stores, Fullbridge, Maldon	CM9 7LE	Mon – Sat 9.00 – 14.00 Mon/Tues 15.00 – 17.00 Wed - Sat 15.00 – 16.30	Mon – Sat 8.00 – 9.00 Mon/Tue 17.00 – 20.00 Wed – Sat 16.30 – 20.00 Sun 10.00 – 16.00
Tesco Pharmacy	Tesco Stores, 1 The Square, Notley Green	CM77 8WW	Mon – Sat 9.00 – 13.00 Mon – Fri 14.00 – 17.00 Sat 14.00 – 15.00	Mon – Sat 8.00 – 9.00 Mon - Fri 17.00 – 20.00 Sat 15.00 – 20.00 Sun 10.00 – 16.00

Appendix 4 – Community Pharmacy and Dispensing Appliance Contractors

<u>PHARMACY NAME</u>	<u>BUSINESS ADDRESS</u>	<u>POST CODE</u>	<u>Core Hours</u>	<u>Supplementary Hours</u>
Tesco Pharmacy	Tesco Stores, 47-53 Springfield Road Chelmsford	CM2 6QT	Mon – Sat 9.00 – 13.00 Mon - Tues 14.00 – 17.00 Wed – Sat 14.00 – 16.30	Mon – Sat 8.00 – 9.00 Mon – Tue 17.00 – 20.00 Wed – Sat 16.30 – 20.00 Sun 11.00 – 17.00
Tesco Pharmacy	Tesco Stores, Princes Road, Chelmsford	CM2 9XW	Mon 08.00 – 22.30 Tue-Fri 06.30 – 22.30 Sat 0.30 – 22.00 Sun 10.00 – 16.00	100 hour contract
The Pharmacy	1 Clematis Tye Crocus Way Chelmsford	CM1 6NF	Mon – Fri 9.00 – 13.00 14.00 – 18.00	Mon – Fri 18.00 – 18.30 Sat 9.00 – 13.00
Tollesbury Pharmacy	12A East Street, Tollesbury	CM9 8QD	Mon – Fri 9.00 – 13.00 13.30 – 17.30	Mon – Fri 13.00 – 13.30 Sat 9.00 – 13.00
Village Pharmacy	36-38 Hullbridge Road South Woodham Ferrers	CM3 5NG	Mon – Sat 9.00 – 13.00 Mon/Wed/Thur/Fri 14.00 – 17.30 Tues 14.00 – 16.00 Sat 9.00 – 13.00	Mon – Fri 13.00 – 14.00 Mon/Wed/Thur/Fri 17.30 – 18.30 Tues 16.00 – 18.30
Village Pharmacy	52 The Green Writtle Chelmsford	CM1 3DU	Mon – Fri 9.00 – 13.00 Mon/Tue/Thur/Fri 14.00 – 17.30 Wed 14.00 – 17.00 Sat 9.00 – 12.00	Mon/Tue/Thur/Fri 17.30 – 18.30 Wed 17.00 – 17.30 Sat 12.00 – 13.00
Waldmans Pharmacy	6 Chelmer Village Centre Chelmsford	CM2 6RF	Mon – Fri 9.00 – 13.00 14.00 – 18.00	Mon – Fri 13.00 – 14.00 Sat 09.00 – 14.00
Your Local Boots	51 Moulsham Street Chelmsford	CM2 0HY	Mon/Tue/Thur/Fri 9.00 – 14.00 15.00 – 18.00 Wed & Sat 9.00 – 13.00	Mon/Tue/Thur/Fri 14.00 – 15.00 18.00 – 18.30 Wed 13.00 – 18.30 Sat 13.00 - 17.30
Your Local Boots	3 Hadfelda Square Hatfield Peveral Chelmsford	CM3 2HB	Mon/Tue/Thur/Fri 9.00 – 13.00 14.00 – 18.00 Wed & Sat 9.00 – 13.00	Mon/Tue/Thur/Fri 18.00 – 18.30 Wed 14.00 – 18.30 Sat 13.30 – 17.00
Your Local Boots	133 Sunrise Avenue Chelmsford	CM1 4JW	Mon/Tue/Thur/Fri 9.00 – 13.00 14.00 – 18.00 Wed & Sat 9.00 – 13.00	Mon/Tue/Thur/Fri 13.00 – 14.00 Wed 13.00 – 19.30 Mon/Tue/Thur 18.00 – 19.30 Sat 13.00 – 17.30
Your Local Boots	Morrisons Copperfields Road Chelmsford	CM1 4UX	Mon/Tue/Thur/Fri 9.00 – 13.00 14.00 – 18.00 Wed & Sat 9.00 – 13.00	Mon – Sat 8.00 – 9.00 Wed & Sat 14.00 – 20.00 Mon/Tue/Thur/Fri 18.00 – 20.00 Sun 10.00 – 16.00
Your Local Boots	4 Spa Road Witham	CM8 1NE	Mon/Tue/Thur/Fri 9.00 – 13.00 14.00 – 18.00 Wed /Sat 9.00 – 13.00	Mon – Fri 13.00 – 13.30 Wed 14.00 – 18.00
Your Local Boots	72A & 72B High Street Kelvedon	CO5 9AE	Mon/Tue/Thur/Fri 9.00 – 18.00 Lunch 13.00 – 14.00 Wed/Sat 9.00 – 13.00	Mon/Tue/Thur/Fri 13.00 -13.30 Mon/Tue/Fri 18.00 – 18.30 Thur close at 17.30 Wed 13.00 – 13.30 14.00 - 18.00
Your Local Boots	50 High Street Earls Colne	CO6 2PB	Mon – Fri 9.00 – 17.30 Lunch 13.00 – 14.00 Sat 9.00 – 11.30	Mon/Thur 17.30 – 18.30 Sat 11.30 – 13.00

Appendix 4 – Community Pharmacy and Dispensing Appliance Contractors

<u>PHARMACY NAME</u>	<u>BUSINESS ADDRESS</u>	<u>POST CODE</u>	<u>Core Hours</u>	<u>Supplementary Hours</u>
Your Local Boots	3 The Broadway, Silver End, Witham	CM8 3RG	Mon/Tue/Thur/Fri 9.00 – 13.00 14.00 – 18.00 Wed /Sat 9.00 – 13.00	Mon/Tue/Thur/Fri 18.00 – 18.30 Wed 13.00 – 13.30 Sat 13.00 – 17.00
Your Local Boots	10-12 Torquay Road Springfield Chelmsford	CM1 6NF	Mon – Fri 9.00 - 13.00 14.00 – 18.00	Sat 09.00 – 13.00 14.00 – 17.00
Your Local Boots	3 Foundry Lane, Burnham on Crouch	CM0 8BL	Mon – Fri 9.00 – 13.00 14.00 – 17.30 Sat 9.00 – 11.30	Wed/Thur/Fri 17.30 – 19.00 Sat 11.30 – 13.00 14.00 – 17.00
Your Local Boots	Eves Corner, Maldon Road, Danbury	CM3 4QF	Mon – Fri 9.00 – 13.00 14.00 – 17.30 Sat 9.00 – 11.30	Mon – Fri 8.30 – 9.00 13.00 – 14.00 17.30 – 18.30 Sat 8.30 – 9.00 11.30 – 17.00
Your Local Boots	Unit 1a Crompton Building Writtle Road Chelmsford	CM1 3RW	Mon – Fri 9.30 – 17.30	Mon – Fri 08.30 – 09.30 17.30 – 18.30 Sat 9.00 – 13.00
Your Local Boots	1 The Vineyards Gt Baddow Chelmsford	CM3 7QS	Mon/Tue/Thur/Fri 9.00 – 17.30 Wed 9.00 – 16.30 Lunch 12.30 – 13.30 Sat 9.00 – 12.30	Mon/Tue/Thur/Fri 17.30 – 18.30 Wed 16.30 – 18.30 Sat 13.30 – 17.00
Jade Euro-Med	Unit 14, Oldchurch Road Industrial Estate East Hanningfield Chelmsford Essex	CM3 8AB	Dispensing Appliance Contractor	

Appendix 5 Dispensing Doctors in mid Essex

<u>PRACTICE</u>	<u>BUSINESS ADDRESS</u>	<u>POSTCODE</u>
Baddow Village Surgery	Longmead Avenue, Great Baddow, Chelmsford	CM2 7EZ
Blackwater Medical Centre	Princes Road, Maldon	CM9 5GP
Blandford Medical Centre	Mace Avenue, Braintree	CM7 2AE
The Burnham Surgery	Foundry Lane, Burnham-on-Crouch,	CM9 8SJ
Castle Hedingham Surgery	10A Falcon Square, Castle Hedingham,	CO9 3BY
The Castle Surgery	10 Falcon Square, Castle Hedingham,	CO9 3BY
Coggeshall Surgery	Stoneham Street, Coggeshall,	CO6 1UH
Danbury Medical Centre	Eves Corner, Danbury	CM3 4QA
Fern House Surgery	125-129 Newland Street, Witham	CM8 1BH
Freshford Practice	Freshwell Health Centre, Wethersfield Road, Finchingfield	CM7 4BQ
Hawsted Medical Centre	1 The Drive, Maylandsea	CM3 6AB
Hilton House Surgery	77 Swan Street, Sible Hedingham	CO9 3HT
Little Waltham & Great Notley	30 Brook Hill, Little Waltham	CM3 3LL
Longfield Medical Centre	Princes Road, Maldon	CM9 5DF
Maylandsea Medical Centre	Imperial Avenue, Maylandsea	CM3 6AH
Mount Chambers Surgery	92 Coggeshall Road, Braintree	CM7 9BY
The Pump House Surgery	Nonancourt Way, Earls Colne, Colchester	CO6 2SW
Sidney House Surgery	Strutt Close, Hatfield Peveral	CM3 2HB
Stock Surgery	Common Road, Stock	CM4 9NF
Sutherland Lodge Surgery	115 Baddow Road, Chelmsford,	CM2 7PY
Tillingham Medical Centre	61 South Street, Tillingham	CM0 7TH
Tollesbury Surgery	25 High Street, Tollesbury,	CM9 8RG
The William Fisher Medical Centre	High Street, Southminster	CM0 7AY
The Writtle Surgery	16a Lordship Road, Writtle	CM1 3EH
The Surgery	Wyncroft, 39 Maldon Road, Danbury	CM3 4QL

Appendix 6 Enhanced Services commissioned from pharmacies in mid Essex

Pharmacy	Address	Postcode	Sexual health	Palliative care	Minor ailments	Supervised consumption	Stop smoking	Needle exchange	MURS
AG Pharmacy	Trinovantian Way, Braintree	CM7 3JN	✓		✓		✓		✓
Alliance Pharmacy	10-12 Torquay Road Chelmsford	CM1 6NF		✓			✓		✓
AMF Medica	52-54 Dorothy Sayers Drive, Witham	CM8 2LX		✓	✓	✓	✓		✓
AMG Chemist	70 Coggeshall Road, Braintree	CM7 9BY			✓				
Blackwater Pharma	Princes Road, Maldon, CM9 5GP	CM9 5GP	✓	✓		✓	✓		✓
Your Local Boots Pharmacy	133 Sunrise Avenue, Chelmsford	CM1 4JW	✓	✓	✓	✓	✓	✓	✓
Boots	7 George Yard Braintree	CM7 1RB			✓	✓	✓	✓	✓
Boots	43 High Chelmer, Chelmsford	CM1 1DD	✓	✓		✓	✓	✓	✓
Boots	Chelmer Village Retail Park	CM2 6XE	✓	✓		✓	✓	✓	✓
Boots	54 High Street, Maldon	CM9 7PN	✓			✓	✓	✓	✓
Boots	69-71 High Street, Halstead	CO9 2JD				✓	✓	✓	✓
Your Local Boots Pharmacy	Writtle Road, Chelmsford	CM1 3RW				✓		✓	✓
Your Local Boots Pharmacy	4 Spa Road, Witham	CM8 1NE		✓	✓	✓	✓		✓
Your Local Boots Pharmacy	42 Newland Street, Witham	CM8 2AR	✓		✓	✓	✓		✓
Your Local Boots Pharmacy	51 Moulsham Street, Chelmsford	CM2 0HY				✓	✓		✓
Your Local Boots Pharmacy	3 Hadfelda Square, Hatfield Peveral	CM3 2HB				✓	✓		✓
Your Local Boots Pharmacy	72 High Street, Kelvedon	CO5 9AE				✓	✓		✓
Your Local Boots Pharmacy	Eves Corner, Maldon Road, Danbury	CM3 4QF				✓	✓		✓
Boots	31 The Meadows, Chelmsford	CM2 6FD				✓	✓		✓
Your Local Boots Pharmacy	3 The Broadway, Silver End, Witham	CM8 3RG			✓		✓		✓

Appendix 6 Enhanced Services commissioned from pharmacies in mid Essex

Pharmacy	Address	Postcode	Sexual health	Palliative care	Minor ailments	Supervised consumption	Stop smoking	Needle exchange	MURs
Your Local Boots Pharmacy	50 High Street, Earls Colne	CO6 2PB					✓		✓
Your Local Boots Pharmacy	3 Foundry Lane, Burnham on Crouch	CM0 8BL				✓		✓	
Your Local Boots Pharmacy	Morrisons, Copperfield Road, Chelmsford	CM1 4UX			✓				
Boreham Pharmacy	The Laurels, Juniper Road, Boreham	CM3 3DX					✓		✓
Borno Chemists	124 Newland Street, Witham	CM8 1BA	✓	✓	✓	✓	✓	✓	✓
Borno Chemists	9 Bank Street, Braintree	CM7 1UG	✓	✓	✓	✓	✓		✓
Borno Chemists	96 Coggeshall Road, Braintree	CM7 6BY	✓		✓				✓
Challis Pharmacy	33a Challis Lane, Braintree	CM7 1AN			✓	✓	✓		✓
Christchurch Pharmacy	Blandford Medical Centre, Mace Avenue, Braintree	CM7 2AE	✓	✓	✓				✓
Colecross Pharmacy	1 Hylands Parade, Wood Street, Chelmsford	CM2 8BW	✓	✓					✓
Co-op Pharmacy	The Solar Superstore, Halstead	CO9 2JN		✓		✓	✓		✓
Co-op Pharmacy	Factory Lane West, Halstead	CO9 1EX							
Day Lewis Pharmacy	132 Swan Street, Sible Hedingham	CO9 3PP	✓			✓	✓		✓
Day Lewis Pharmacy	136 Gloucester Avenue, Chelmsford	CM2 9LG		✓			✓		✓
Day Lewis Pharmacy	9 Market Hill, Coggeshall	CO6 1TS					✓		✓
Galleywood Pharmacy	39 Watchouse Road, Galleywood, Chelmsford	CM2 8PU	✓		✓				✓
Govani Chemists	14 Queen Elizabeth II Square, South Woodham Ferrers	CM3 5TD		✓			✓		✓
Lloyds Pharmacy	5 Newland Street, Witham	CM8 2AF		✓	✓	✓	✓		✓
Lloyds Pharmacy	10 Great Square, Braintree	CM7 1UA			✓	✓			✓
Longfields Pharmacy	Longfields Medical Centre, Princes Road, Maldon	CM9 7DF	✓	✓					✓

Appendix 6 Enhanced Services commissioned from pharmacies in mid Essex

Pharmacy	Address	Postcode	Sexual health	Palliative care	Minor ailments	Supervised consumption	Stop smoking	Needle exchange	MURs
Melbourne Pharmacy	18 Melbourne Parade, Chelmsford	CM1 2DW		✓	✓		✓		✓
Pill Box Pharmacy	152 Meadgate Avenue, Great Baddow, Chelmsford	CM2 7LJ						✓	✓
Rivermead Pharmacy	3 Rivermead Gate, Rectory Lane, Chelmsford	CM1 1TR	✓			✓	✓	✓	✓
Rowlands Pharmacy	1 Brickfield Road, South Woodham Ferrers	CM3 5JX				✓	✓		✓
Rowlands Pharmacy	7 Bentalls Centre, Heybridge	CM9 4GD	✓				✓		✓
Sainsbury's Pharmacy	2 White Hart Lane, Chelmsford	CM2 5PH	✓	✓			✓	✓	✓
Savages Pharmacy	20-22 Station Road, Burnham on Crouch	CM0 8BQ		✓			✓		✓
Shadforth's Pharmacy	253 Broomfield Road, Chelmsford	CM1 4DP	✓				✓		✓
Shantys Chemist	62 Baddow Road, Chelmsford	CM2 0DL	✓			✓	✓		✓
Southminster Pharmacy	15 High Street, Southminster	CM0 7AA				✓			
Tesco Pharmacy	Princes Road, Chelmsford	CM2 9XW	✓	✓			✓	✓	✓
Tesco Pharmacy	Fullbridge, Maldon	CM9 7LE	✓	✓		✓	✓		✓
Tesco Pharmacy	Springfield Road, Chelmsford	CM2 6QT	✓				✓		✓
Tesco Pharmacy	1 The Square, Notley Green, Braintree	CM77 8WW					✓		✓
The Pharmacy	1 Clematis Tye, Chelmsford	CM1 6NF							✓
Tollesbury Pharmacy	12A East Street, Tollesbury	CM9 8QD	✓			✓	✓		✓
Village Pharmacy	36-38 Hullbridge Road, South Woodham Ferrers	CM3 5NG					✓	✓	✓
Village Pharmacy	52 The Green, Writtle	CM1 3DU	✓				✓		✓
Waldmans Pharmacy	Chelmer Village Centre, Chelmsford	CM2 6RF	✓	✓		✓	✓		✓
Your Local Boots Pharmacy	1 The Vineyards, Great Baddow	CM3 7QS				✓	✓		✓

Appendix 7 – demographic data by MSOA

MSOA_Name	LA	IMD Score	IMD Quintile in PCT	Population (Persons)	Population (Males)	Population (Females)
Braintree 001	Braintree	11.68	3	6787	3394	3393
Braintree 002	Braintree	12.12	4	5824	2923	2901
Braintree 003	Braintree	10.77	3	6151	3049	3102
Braintree 004	Braintree	18.11	5	8202	3953	4249
Braintree 005	Braintree	11.70	3	5949	2981	2968
Braintree 006	Braintree	10.21	3	8703	4255	4448
Braintree 007	Braintree	11.76	4	8849	4312	4537
Braintree 008	Braintree	24.61	5	6772	3246	3526
Braintree 009	Braintree	15.46	5	8065	4022	4043
Braintree 010	Braintree	6.98	1	7544	3729	3815
Braintree 011	Braintree	19.88	5	8287	4098	4189
Braintree 012	Braintree	17.67	5	9795	4823	4972
Braintree 013	Braintree	8.04	2	9479	4681	4798
Braintree 014	Braintree	7.54	2	10148	5003	5145
Braintree 015	Braintree	16.05	5	8705	4374	4331
Braintree 016	Braintree	21.62	5	5703	2785	2918
Braintree 017	Braintree	15.07	4	9135	4425	4710
Braintree 018	Braintree	9.38	3	8046	3911	4135
Chelmsford 001	Chelmsford	10.36	3	7048	3486	3562
Chelmsford 002	Chelmsford	4.61	1	7966	3904	4062
Chelmsford 003	Chelmsford	14.77	4	7117	3481	3636
Chelmsford 004	Chelmsford	6.28	1	8475	4173	4302
Chelmsford 005	Chelmsford	7.92	2	8947	4390	4557
Chelmsford 006	Chelmsford	25.75	5	7560	3678	3882
Chelmsford 007	Chelmsford	4.94	1	7387	3694	3693
Chelmsford 008	Chelmsford	7.42	1	9376	4666	4710
Chelmsford 009	Chelmsford	13.67	4	9754	4848	4906
Chelmsford 010	Chelmsford	7.91	2	8816	4695	4121
Chelmsford 011	Chelmsford	8.77	2	8457	4121	4336
Chelmsford 012	Chelmsford	5.58	1	7204	3572	3632
Chelmsford 013	Chelmsford	5.59	1	7947	3885	4062
Chelmsford 014	Chelmsford	15.26	4	9095	4464	4631
Chelmsford 015	Chelmsford	4.78	1	7194	3547	3647
Chelmsford 016	Chelmsford	7.53	2	9137	4500	4637
Chelmsford 017	Chelmsford	9.74	3	7224	3525	3699

Appendix 7 – demographic data by MSOA

MSOA_Name	LA	IMD Score	IMD Quintile in PCT	Population (Persons)	Population (Males)	Population (Females)
Chelmsford 018	Chelmsford	9.15	2	6437	3216	3221
Chelmsford 019	Chelmsford	6.15	1	8220	4139	4081
Chelmsford 020	Chelmsford	6.15	1	8796	4406	4390
Chelmsford 021	Chelmsford	14.68	4	4949	2411	2538
Maldon 001	Maldon	10.79	3	6203	3092	3111
Maldon 002	Maldon	8.40	2	7273	3612	3661
Maldon 003	Maldon	14.06	4	8344	4148	4196
Maldon 004	Maldon	18.92	5	6253	2926	3327
Maldon 005	Maldon	8.66	2	8264	4067	4197
Maldon 006	Maldon	15.37	5	8495	4270	4225
Maldon 007	Maldon	10.94	3	10292	5240	5052
Maldon 008	Maldon	12.05	4	8022	3969	4053

MSOA_Name	All Cause Under 75 Mortality Rate (2006-08)								
	Persons			Males			Females		
	DSR	LL	UL	DSR	LL	UL	DSR	LL	UL
Braintree 001	239.82	181.29	314.14	290.82	200.55	413.53	188.72	120.95	287.68
Braintree 002	178.64	124.46	250.85	208.52	123.96	334.15	152.12	92.47	242.56
Braintree 003	233.02	176.36	305.25	290.15	201.38	411.37	175.69	111.65	269.98
Braintree 004	245.27	188.11	317.42	301.19	212.39	421.40	194.57	127.04	291.67
Braintree 005	241.90	182.16	318.05	258.08	176.65	370.92	224.92	142.79	343.01
Braintree 006	239.19	186.10	305.26	307.44	223.13	418.68	177.08	116.08	264.18
Braintree 007	237.31	184.36	303.42	298.89	215.29	409.92	178.33	118.01	264.46
Braintree 008	304.02	232.39	394.78	367.77	256.50	519.72	246.89	161.47	369.71
Braintree 009	277.78	213.27	359.19	444.84	327.76	597.90	127.76	72.81	215.50
Braintree 010	145.37	101.30	205.55	156.01	95.22	248.19	135.34	76.77	228.85
Braintree 011	361.69	290.64	448.03	498.25	379.38	649.48	234.98	160.15	339.24
Braintree 012	259.40	203.09	329.38	358.90	265.20	481.06	165.72	106.59	252.05
Braintree 013	235.44	179.32	306.68	318.26	226.04	442.09	157.52	97.80	247.12
Braintree 014	242.57	193.63	302.18	288.86	214.12	385.76	201.93	141.37	283.92
Braintree 015	307.83	247.50	381.05	328.46	241.80	441.75	287.93	208.81	392.66
Braintree 016	372.55	279.25	492.59	362.64	235.02	547.50	380.27	254.26	557.88
Braintree 017	312.99	250.49	389.12	375.87	278.66	502.25	262.24	185.30	365.98
Braintree 018	246.24	190.95	315.16	374.05	277.26	499.20	124.13	74.08	200.88
Chelmsford 001	166.75	119.79	229.34	192.65	121.68	297.14	144.43	87.19	232.21
Chelmsford 002	197.76	148.26	261.15	226.27	152.76	328.68	169.19	109.08	256.25
Chelmsford 003	214.43	157.20	289.47	208.40	130.91	323.53	218.65	141.30	330.70
Chelmsford 004	290.12	228.67	366.03	351.93	256.30	478.10	231.82	159.27	332.35
Chelmsford 005	214.80	162.21	282.16	278.54	193.34	395.43	160.54	100.82	249.27

Appendix 7 – demographic data by MSOA

MSOA_Name	All Cause Under 75 Mortality Rate (2006-08)								
	Persons			Males			Females		
	DSR	LL	UL	DSR	LL	UL	DSR	LL	UL
Chelmsford 006	354.34	278.30	448.55	472.44	349.19	633.11	239.62	157.05	358.33
Chelmsford 007	211.78	156.50	283.64	220.50	140.79	336.87	209.39	136.21	314.61
Chelmsford 008	265.15	197.78	351.84	345.15	234.78	497.32	194.19	119.55	306.17
Chelmsford 009	260.27	200.89	334.81	316.78	227.36	435.95	203.57	131.64	307.77
Chelmsford 010	267.76	197.17	359.53	278.81	180.46	419.22	256.50	161.71	396.07
Chelmsford 011	238.10	184.95	303.49	341.03	249.49	458.82	135.94	86.81	206.59
Chelmsford 012	223.12	165.37	298.19	365.62	260.97	506.15	83.68	41.56	158.29
Chelmsford 013	210.03	159.25	274.13	237.30	163.68	337.83	183.97	119.01	276.12
Chelmsford 014	287.18	227.39	360.56	378.56	280.72	505.41	208.88	141.15	303.23
Chelmsford 015	172.57	123.54	238.15	182.10	113.11	285.61	164.21	100.01	261.55
Chelmsford 016	209.04	162.81	266.23	229.14	163.57	316.53	190.94	128.23	276.98
Chelmsford 017	276.55	213.96	354.34	327.87	232.66	454.78	232.00	154.68	339.73
Chelmsford 018	184.96	138.65	244.26	225.99	155.44	322.77	146.98	91.26	229.77
Chelmsford 019	205.55	152.00	274.98	235.26	156.58	346.15	182.58	112.85	286.19
Chelmsford 020	242.64	177.50	327.09	256.58	166.19	384.78	226.42	140.15	353.44
Chelmsford 021	219.01	158.50	297.68	268.10	181.67	387.87	175.17	95.18	299.34
Maldon 001	310.68	242.75	394.59	424.85	313.64	568.30	192.96	123.77	293.99
Maldon 002	197.10	148.75	258.01	242.89	168.46	342.45	148.41	94.13	227.66
Maldon 003	248.43	191.33	320.36	278.53	195.82	390.96	216.19	143.92	318.68
Maldon 004	327.43	256.32	415.03	415.62	300.96	565.95	241.15	162.63	349.96
Maldon 005	249.49	194.30	318.08	268.18	189.43	374.35	234.35	160.47	335.71
Maldon 006	291.19	231.01	364.75	361.39	268.34	481.40	214.94	146.16	310.26
Maldon 007	209.42	166.72	261.62	246.24	182.47	328.92	170.72	118.68	242.12
Maldon 008	228.98	178.56	291.26	309.83	225.20	420.16	151.21	99.85	224.06

MSOA_Name	Life Expectancy (2006-08)								
	Persons			Males			Females		
	DSR	LL	UL	DSR	LL	UL	DSR	LL	UL
Braintree 001	83.33	80.85	85.81	80.92	77.44	84.40	85.86	82.41	89.31
Braintree 002	83.65	81.15	86.15	80.95	77.13	84.76	86.06	83.16	88.96
Braintree 003	81.64	80.10	83.18	79.97	77.49	82.45	83.32	81.52	85.12
Braintree 004	81.15	79.44	82.85	78.56	75.99	81.12	83.21	81.14	85.27
Braintree 005	82.35	80.24	84.46	81.32	78.86	83.78	83.15	79.64	86.66
Braintree 006	80.02	78.32	81.73	77.96	75.47	80.44	81.93	79.70	84.17

Appendix 7 – demographic data by MSOA

	Life Expectancy (2006-08)								
	Persons			Males			Females		
Braintree 007	79.11	77.63	80.58	77.83	75.40	80.27	80.44	78.80	82.08
Braintree 008	80.97	78.63	83.31	78.32	75.14	81.50	83.46	80.07	86.85
Braintree 009	80.65	78.94	82.37	76.72	74.23	79.21	84.69	82.68	86.71
Braintree 010	85.03	82.98	87.08	84.27	81.56	86.99	85.56	82.59	88.54
Braintree 011	80.79	78.53	83.05	76.67	73.81	79.54	85.21	81.81	88.61
Braintree 012	80.32	78.90	81.73	77.61	75.54	79.68	83.02	81.16	84.89
Braintree 013	81.39	79.57	83.20	79.53	76.80	82.27	83.24	80.87	85.61
Braintree 014	82.64	81.00	84.27	80.77	78.49	83.04	84.20	81.91	86.48
Braintree 015	80.13	78.39	81.87	78.14	75.96	80.33	82.29	79.38	85.20
Braintree 016	79.18	76.73	81.63	78.46	75.31	81.61	79.71	75.94	83.47
Braintree 017	79.71	78.09	81.33	77.86	75.68	80.05	81.11	78.76	83.45
Braintree 018	80.53	78.99	82.06	77.39	74.92	79.86	83.78	82.12	85.45
Chelmsford 001	83.90	82.08	85.73	81.52	79.04	83.99	85.85	83.27	88.44
Chelmsford 002	81.66	80.04	83.28	80.83	78.40	83.26	82.52	80.49	84.54
Chelmsford 003	83.52	81.25	85.79	81.54	78.76	84.32	85.27	81.71	88.84
Chelmsford 004	81.22	79.40	83.04	79.41	76.58	82.24	82.93	80.65	85.21
Chelmsford 005	83.42	81.09	85.75	81.02	78.12	83.91	85.82	82.18	89.47
Chelmsford 006	78.40	76.47	80.33	75.43	72.29	78.58	81.67	79.56	83.77
Chelmsford 007	84.45	82.19	86.72	81.76	78.99	84.53	86.84	83.24	90.45
Chelmsford 008	83.18	80.95	85.42	79.06	76.34	81.77	87.02	83.53	90.51
Chelmsford 009	79.29	77.72	80.87	76.65	74.63	78.67	82.17	79.74	84.59
Chelmsford 010	82.48	80.04	84.92	80.93	77.61	84.24	83.42	79.95	86.89
Chelmsford 011	83.81	81.64	85.99	80.05	76.87	83.24	87.64	84.82	90.45
Chelmsford 012	82.81	80.84	84.77	78.83	75.87	81.79	87.26	84.92	89.61
Chelmsford 013	83.87	81.99	85.75	83.11	80.21	86.01	84.58	82.01	87.15
Chelmsford 014	81.37	79.43	83.31	78.86	76.08	81.63	83.66	80.96	86.36
Chelmsford 015	87.72	82.98	92.45	83.92	79.95	87.89	93.98	81.85	106.12
Chelmsford 016	81.14	79.60	82.68	81.72	79.23	84.22	80.99	78.79	83.20
Chelmsford 017	81.07	78.74	83.41	79.29	75.88	82.70	82.70	79.51	85.89
Chelmsford 018	83.93	82.32	85.54	81.74	79.75	83.74	85.99	83.45	88.54
Chelmsford 019	83.16	81.23	85.08	81.56	79.01	84.11	84.19	81.27	87.11
Chelmsford 020	84.27	81.15	87.39	87.18	77.70	96.67	84.40	81.25	87.54
Chelmsford 021	80.52	78.53	82.51	79.39	77.34	81.44	81.54	78.06	85.02

Appendix 7 – demographic data by MSOA

	Life Expectancy (2006-08)								
	Persons			Males			Females		
Maldon 001	78.64	76.68	80.61	74.94	71.93	77.95	82.69	80.45	84.92
Maldon 002	82.10	80.51	83.68	80.76	78.37	83.15	83.39	81.48	85.29
Maldon 003	80.04	78.67	81.40	79.23	77.23	81.24	80.84	79.06	82.62
Maldon 004	78.83	76.99	80.66	75.82	72.95	78.68	81.69	79.58	83.79
Maldon 005	81.31	79.49	83.13	80.01	77.49	82.53	82.17	79.57	84.78
Maldon 006	78.78	76.97	80.59	76.71	74.03	79.40	81.03	78.73	83.34
Maldon 007	82.92	81.45	84.38	81.03	78.93	83.12	85.07	83.10	87.03
Maldon 008	84.05	82.04	86.06	79.77	77.24	82.29	88.68	85.36	92.01

	Smoking Attributable Mortality Rate (2006-08)								
	Persons			Males			Females		
MSOA_Name	DSR	LL	UL	DSR	LL	UL	DSR	LL	UL
Braintree 001	65.97	39.64	102.90	96.99	52.09	164.67	36.41	12.51	80.27
Braintree 002	46.44	25.60	77.25	75.24	34.78	140.75	24.01	7.04	57.44
Braintree 003	81.44	52.52	119.78	126.52	73.81	201.58	39.74	17.12	76.01
Braintree 004	108.32	75.92	148.81	172.27	111.59	253.51	68.83	35.18	116.47
Braintree 005	89.18	58.43	129.85	110.14	61.63	180.66	73.00	36.14	129.32
Braintree 006	76.47	52.28	107.41	114.70	70.30	175.96	47.74	24.33	82.08
Braintree 007	83.07	57.46	115.17	134.24	85.63	199.85	47.56	24.45	80.21
Braintree 008	106.02	69.52	154.01	159.53	93.74	252.86	66.85	30.80	123.03
Braintree 009	107.38	73.36	150.42	177.51	112.13	266.00	60.31	28.93	106.10
Braintree 010	39.45	19.31	71.23	46.03	13.52	109.93	36.22	12.69	80.14
Braintree 011	115.79	79.02	163.41	174.58	108.96	264.80	66.57	31.79	121.07
Braintree 012	104.26	73.23	143.32	165.16	108.02	240.90	55.68	27.58	97.63
Braintree 013	78.47	47.63	121.50	123.19	67.40	205.76	38.58	12.97	87.27
Braintree 014	79.54	55.88	109.40	106.09	66.18	160.83	61.30	34.06	99.82
Braintree 015	120.19	85.72	163.74	133.51	81.13	206.59	114.98	69.79	177.91
Braintree 016	149.10	92.18	227.65	199.95	104.22	345.91	110.83	49.19	212.88
Braintree 017	108.51	76.77	148.01	152.49	98.15	225.06	76.83	42.01	125.62
Braintree 018	87.36	59.22	123.50	149.36	95.23	222.43	35.35	15.22	67.25
Chelmsford 001	60.66	35.77	95.62	103.41	54.97	176.21	27.25	8.60	62.06
Chelmsford 002	58.10	36.98	86.46	89.50	50.43	146.40	34.04	14.88	65.00
Chelmsford 003	78.60	50.16	115.78	121.59	70.10	193.85	46.78	19.64	89.04
Chelmsford 004	80.29	51.54	118.88	124.34	72.13	199.32	42.44	17.68	83.68
Chelmsford 005	69.28	42.14	107.14	116.32	65.59	190.32	28.97	8.34	71.16
Chelmsford 006	139.46	99.50	188.80	208.52	136.40	303.57	83.25	45.66	135.48
Chelmsford 007	63.53	37.31	100.54	95.22	46.54	170.59	39.20	14.70	82.50
Chelmsford 008	88.44	53.07	137.57	156.27	86.25	259.10	43.63	13.10	101.71
Chelmsford 009	95.82	63.67	137.37	146.08	91.07	221.27	65.12	28.04	123.63

Appendix 7 – demographic data by MSOA

MSOA_Name	Smoking Attributable Mortality Rate (2006-08)								
	Persons			Males			Females		
	DSR	LL	UL	DSR	LL	UL	DSR	LL	UL
Chelmsford 010	61.28	32.25	102.74	90.69	41.69	169.23	46.10	12.81	103.89
Chelmsford 011	83.28	56.48	117.60	133.15	84.90	197.71	40.21	16.46	78.44
Chelmsford 012	74.69	46.75	112.73	111.53	61.47	184.91	42.27	17.57	84.08
Chelmsford 013	55.35	34.11	84.16	88.71	49.17	146.40	27.38	10.15	56.44
Chelmsford 014	61.60	38.51	92.74	95.41	52.61	158.02	35.76	15.21	69.24
Chelmsford 015	63.42	34.75	105.72	108.77	51.67	198.19	28.05	6.76	75.20
Chelmsford 016	54.71	34.96	81.37	78.78	44.54	128.58	33.27	14.06	65.10
Chelmsford 017	84.00	55.24	122.24	120.58	70.68	191.83	51.03	23.49	95.54
Chelmsford 018	54.95	34.15	83.48	83.95	45.81	140.13	32.17	12.77	66.00
Chelmsford 019	84.31	53.67	125.59	147.68	86.07	235.47	46.18	16.66	97.78
Chelmsford 020	72.53	41.48	116.75	73.80	30.14	147.92	69.77	30.74	132.77
Chelmsford 021	91.74	60.15	133.61	149.46	89.31	234.00	50.77	21.10	100.09
Maldon 001	106.91	72.47	151.85	158.35	96.08	245.24	64.24	30.86	116.43
Maldon 002	62.70	40.26	92.96	82.41	44.98	137.68	48.28	22.22	89.93
Maldon 003	108.96	74.67	152.95	159.94	99.84	242.65	67.55	33.51	118.44
Maldon 004	117.77	82.70	161.21	171.50	108.90	255.43	80.47	44.50	129.79
Maldon 005	76.45	49.79	112.14	112.09	62.31	184.69	53.95	25.52	99.11
Maldon 006	97.24	67.87	134.65	133.91	85.11	200.24	62.13	32.22	106.58
Maldon 007	86.00	61.25	117.36	143.28	96.40	204.74	35.17	15.90	66.77
Maldon 008	83.87	57.82	117.14	119.68	75.47	179.84	59.24	29.62	103.63

20% Most Deprived
MSOAs

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