

Our Ref: PNA/JS

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Dear Colleague

Re: NHS South West Essex pharmaceutical needs assessment consultation

In accordance with the Health Act 2009, Primary Care Trusts (PCTs) have a statutory duty to publish their first pharmaceutical needs assessment (PNA) by 01 February 2011.

The PNA is designed to assess the current provision and current health needs of the population of south west Essex, ultimately evaluating whether the current provision is adequate to meet these needs and what, if any, future services will be needed.

NHS South West Essex is consulting with stakeholders and gathering information on patient perception of pharmaceutical services through a patient questionnaire. Once published the PNA will be a tool for commissioners, providers and users of pharmaceutical services and will be updated every three years, or earlier, if new community pharmacies are opened.

Why is NHS South West Essex doing this?

The PNA is designed to:

- Clarify what is needed at a local level to develop the commissioning intentions for pharmaceutical and other services that could be delivered by community pharmacies and other providers.
- Contribute to the overall joint strategic needs assessment (JSNA) and commissioning strategy to ensure that pharmaceutical services play a key part in the development of services.
- Ensure that the PCT has robust and relevant information on which to base decisions about applications for granting new pharmacies permission to open.

What are we asking you to do?

We are asking you to share your views on the PNA by completing the attached questions and returning them to the address shown. These questions are designed to enable all stakeholders to comment on the proposed PNA and have been distributed to a number of local organisations, local councils, primary care contractors and others in line with NHS regulations.

What happens next?

At the end of the consultation period, all comments will be analysed and the PNA may be updated to reflect this feedback. Details of the PCT's response to this analysis will be included as an appendix to the PNA. The timetable for publishing the PNA is as follows:

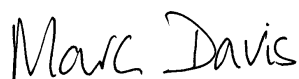
| | |
|---|---------------------------|
| Draft PNA prepared | November 2009 – July 2010 |
| Consultation period | August – November 2010 |
| Analysis of consultation responses | November 2010 |
| Consultation report | November 2010 |
| Final PNA prepared | December 2010 |
| Final PCT sign off | January 2011 |
| PNA to be published | February 2011 |

How to have your say

Your views are very important to us. For your convenience we attach a copy of the draft PNA and we ask that all responses are returned no later than 14 November 2010. If we do not receive a response from you by this date, we will presume that you have no comments to make on the draft PNA.

If you have any queries regarding this consultation document or wish to discuss community pharmacy further before completing this document, please contact John Stanley, Community Pharmacy Project Manager on 01268 245736 or email john.stanley@swessex.nhs.uk.

Yours faithfully



Marc Davis
Director of Primary & Community Care

NHS South West Essex pharmaceutical needs assessment - consultation questions -

Privacy and confidentiality

Your details will be held by NHS South West Essex for the purpose of analysing the responses to this consultation to be included in the PNA. They will not be used for any other purpose and they will not be given to any other organisation.

Please complete the following:

| | |
|---|--|
| Your name: | |
| Organisation you are representing: (if relevant) | |
| Contact address: | |
| Telephone number: | |
| Email address: | |

Q1. Do you feel that the purpose of the PNA has been explained sufficiently?

Yes

No

Please circle as appropriate

If no, please tell us why:

Q2. Do you feel the information contained within the PNA adequately reflects the current community pharmacy provision within south west Essex?

Yes

No

Please circle as appropriate

If no, please tell us why:

Q3. Do you feel the needs of the population of south west Essex have been adequately reflected?

Yes

No

Please circle as appropriate

If no, please tell us why:

Q4. Are there any pharmaceutical services currently provided that you are aware of that are not currently highlighted within the PNA?

Yes No N/A *Please circle as appropriate*

If yes, please let tell us which services:

Q5. Has the PNA given you adequate information to inform your own future service provision? (Pharmacies only)

Yes No *Please circle as appropriate*

If no, please tell us why:

Q6. Is there any additional information that you feel should be included?

Yes No *Please circle as appropriate*

If no, please let us know which organisations should be contacted:

Q7. Do you have any other comments?

(Continue on a blank sheet if necessary)

Thank you for taking the time to answer these questions. Please return to:

**John Stanley
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Primary & Community Care, Suite 9
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NHS South West Essex

Pharmaceutical Needs Assessment

Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendments) Regulation 2010

Consultation Draft

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Abbreviations and glossary

| | | | |
|-------|--|--------|--|
| BMI | Body Mass Index | LPS | Local Pharmaceutical Services |
| BP | Blood Pressure | LTC | Long Term Condition |
| CHD | Coronary Heart Disease | LTLI | Long Term Limiting Illness |
| CKD | Chronic Kidney Disease | MDS | Monitored Dosage System |
| COPD | Chronic Obstructive Pulmonary Disease | MUR/PI | Medicines Use Review / Prescription Intervention |
| CPPQ | Community Pharmacy Patient Questionnaire | NHSIC | NHS Information Centre |
| CVD | Cardio Vascular Disease | NRT | Nicotine Replacement Therapy |
| EHC | Emergency Hormonal Contraception | ONS | Office of National Statistics |
| EPS | Electronic Prescription Service | PCT | Primary Care Trust |
| GP | General Practitioner | PMR | Patient Medication Record |
| HbA1c | Glycosylated Haemoglobin | PNA | Pharmaceutical Needs Assessment |
| HES | Hospital Episode Statistics | PWP | Pharmacy White Paper |
| HF | Heart Failure | QOF | Quality and Outcomes Framework |
| JSNA | Joint Strategic Needs Assessment | RD | Repeat Dispensing |
| LMC | Local Medical Committee | SCP | Strategic Commissioning Plan |
| LPC | Local Pharmaceutical Committee | SHA | Strategic Health Authority |
| | | SSP | Strategic Services Plan |

| | |
|--------------------------------|---|
| NHS Appeals Authority | A special health authority that was responsible for determining control of entry appeals. Subsequently replaced by the NHS Litigation Authority. |
| Community Pharmacy Contract | The community pharmacy contract is made up of three service levels: Essential Services , Advanced Services and Enhanced Services . A definition can be found on page 18. |
| Consultation Facilities / Area | Most community pharmacies now have an area in the pharmacy where the patient and pharmacist can have a private consultation. The design and specification of these facilities varies from pharmacy to pharmacy. |
| Medicines Use Review | See page 68 for a definition. |
| ONS Cluster | PCTs which are grouped according to local social and economic factors. |
| Pharmacist | A registered pharmacist has typically completed five years of training which includes a degree and post graduate training. |
| Pharmaceutical Services | These are services available from pharmacies and dispensing appliance contractors and dispensing GPs. Pharmaceutical services are defined on page 18. |
| Pharmacy | A registered pharmacy premises that is regulated by the Royal Pharmaceutical Society and appears on the PCT's list. |
| Prescription Item(s) | Each medicine on a prescription is counted as one item. A prescription may have many items. |
| Quartile | One of four division which divide a series of data into four equal parts. |
| Quintile | One of five division which divide a series of data into five equal parts. |

| | |
|-------------------|--|
| Repeat Dispensing | Repeat dispensing is a mechanism by which the patient's GP may issue the pharmacist with a prescription to dispense at agreed intervals for on-going treatment. The benefits of repeat dispensing are that it removes the need for the patient to return to the practice for a repeat prescription between reviews. It allows patients to be treated for periods up to one year without returning to the GP. Around 80% of prescriptions are repeat prescriptions. Repeat dispensing also has benefits for pharmacists; it allows the workflow in the pharmacy to be shaped to match the resources in the pharmacy and smoothes out peaks and troughs in demand. |
| Secondary Care | Hospital based care. |
| Tertiary Care | Specialist residential care. |

1. Executive Summary

This document describes the pharmaceutical needs assessment (PNA) for NHS South West Essex (NHS SWE). This document has been prepared to meet the requirements of the *National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendments) Regulation 2010*. These regulations require PCTs to prepare and publish a PNA by 01 February 2011.

The purpose of the PNA is:

- To inform and support the PCT's commissioning plans for pharmaceutical services
- To inform and support the PCT's decision making process in relation to market entry, this function requires further enabling regulation which is expected in the autumn of 2010.

We have developed this PNA through a process of engagement and collaboration with our stakeholders, particularly patients and pharmacy contractors who provide pharmaceutical services to our population.

1.1. Context

Pharmaceutical services in south west Essex are provided through a network of 79 pharmacy contractors. These include four 100 hour pharmacies and one internet / mail order pharmacy. We have seen significant growth in the number of pharmacies in south west Essex in the last five years. From 74 in 2005 when rules regulating pharmacy openings were relaxed to the present network of 79 pharmacies, this has improved access for our population.

The PNA has been prepared at a time of significant change in the NHS, two important strands will influence the future:

- The recent White Paper, *Liberating the NHS*, has set in motion a significant programme of change which will have an impact on how we plan and use pharmaceutical services in the future. It is too early to say how this change will affect the PNA or pharmaceutical services. We expect that some aspects of pharmaceutical services will be managed by the NHS commissioning board, it is also likely that some aspects of commissioning many of the enhanced services will move to the proposed public health departments within local authorities. It is not yet clear what role the proposed commissioning consortia will have in commissioning pharmaceutical services.
- At the same time the NHS is being asked to reduce costs and find savings, following a period of sustained growth in spending. As a result all areas of NHS spending, including pharmaceutical services will be scrutinised to ensure that money is spent to deliver the outcomes expected by patients and the public.

The task at hand for the PCT is to ensure that it has in place a robust PNA by 01 February 2011; this document is intended to meet that requirement.

1.2. The Pharmaceutical Needs Assessment (PNA)

In general terms, the pharmaceutical regulations governing PNA require the PCT to define pharmaceutical services in terms of:

- Services currently commissioned that are necessary to meet a current need
- Services not currently commissioned that will be necessary in specified future circumstance
- Services not currently commissioned that would secure improvements or better access to pharmaceutical services
- Services that are currently commissioned which are relevant but do not constitute necessary services.

In making this assessment we have tried to balance the need for a high quality, accessible network of pharmacies with the needs of our patients for services when and where they are needed.

Alongside the growth in the number of pharmacies over the last five years we have also seen the services available from our pharmacies develop both through the national contract and through local commissioning, as a result our patients can access a wider range of services from our pharmacies than ever.

NHS SWE is located in the Thames Gateway, close to London and stretching into rural Essex. The area served by NHS SWE has a resident population of approximately 397,000¹ and a registered population of 420,000. It is for the registered population that the PCT commissions services.

There are three main population areas making up south west Essex which are aligned with three local authorities, Thurrock Unitary Authority together with Basildon District Council and Brentwood Borough Council, both of which are located within the Essex County Council area. Brentwood is an affluent area with good health outcomes; Basildon and Thurrock have some of the biggest health inequalities in the country and these are strongly related to deprivation and closeness to London. We have some of the most deprived areas in England, but also some of the most affluent. Life expectancy varies between the least and most deprived areas by 10 years.

Tackling health inequalities is fundamental to our strategy for the next five years, to support this strategy we have developed a bold and ambitious plan to provide our population with primary care services which reflect their needs and make the most of the resources we have at our disposal.

¹ ONS 2008 mid year estimate

Our plans for pharmacy services in south west Essex are ambitious; we see pharmaceutical services playing a key role in the development of our strategy for primary care services. We have developed a model for pharmacy services which complements the five tier model of care for primary care services in south west Essex. This model has influenced the development of our PNA.

1.3. Our assessment

We have reviewed the health needs of our population from the perspective of pharmaceutical services, using our joint strategic needs assessment (JSNA), we have consulted with our pharmacy stakeholders and GP providers, we have looked at our current commissioning of pharmaceutical services and our plans for the future.

1.3.1. Localities

We have divided the PCT into thirteen localities based on the virtual wards which underpin our strategic planning. For the purposes of the PNA our localities are:

Basildon

- Billericay
- Fryerns and Vange
- Laindon and Langdon
- Pitsea
- Wickford

Thurrock

- Grays North East
- Grays Town
- Purfleet and Ockendon
- Tilbury and Chadwell
- West Thurrock
- Corringham and Stanford

Brentwood

- Brentwood Central and West
- Hutton and Ingatestone

The virtual wards are discrete units of geography that have been defined to encompass natural populations within south west Essex. Each of the virtual wards is approximately associated with a local authority locality.

1.3.2. Consultation

We are consulting on this draft needs assessment with our stakeholders and partners to ensure that it accurately reflects the situation in south west Essex and that our assessment reflects the information we have gathered.

1.4. Summary of our assessment, plans for action and future work

We set out here a summary of the assessment we have made, the actions we will be taking as a result of this work and our plans for future work.

PNA: Assessment – essential and dispensing services

The core function of our pharmacies and dispensing GP practices is to provide a safe and accessible dispensing service to our population. In the pharmacy contract, dispensing services are a sub set of essential services.

Our PNA has found that our population has good access to dispensing services. The distribution of pharmacies in south west Essex is as good or better when compared to our peers. Access has improved recently as four new 100 hour pharmacies have opened in the last five years.

We consider that access to essential services, specifically dispensing services, is a **necessary service** the need for which is secured through our pharmacy contractors in urban areas and a combination of pharmacies and dispensing GP practices in rural areas. The current opening hours of pharmacies, including our 100 hour pharmacies provide our population with good access to services across the week.

We have not found any evidence of a gap in this service.

PNA: Action – essential and dispensing services

We will circulate the opening hours analysis (appendix four) to pharmacy contractors who will be asked to review their lunch time closing times to co-ordinate these with neighbouring pharmacies.

PNA: Future development – essential and dispensing services

With our existing pharmacy contractors, we will also look at developing a local enhanced service which requires pharmacy contractors to clearly display information which will help patients find their nearest open pharmacy when their preferred pharmacy is closed.

PNA: Assessment – advanced services

The medicines use review / prescription intervention (MUR/PI) service is intended to improve patients' understanding of their medicines; highlight problematic side effects and propose solutions where appropriate; improve adherence; and reduce medicines wastage, usually by encouraging the patient only to order the medicines they require.

The stated purpose of advanced services fits well with the PCT's strategic aims, particularly improving outcomes for patients with long term conditions (LTCs). Evidence for the effectiveness of MUR/PI is not yet well developed although some early studies show that the service can improve self-reported rates of adherence among patients.

We have concluded, therefore, that advanced services are a **relevant service**, there are no gaps in provision.

PNA: Action – advanced services

We believe that more could be done to make MUR relevant to our agenda around long term conditions and to integrate the service with the work of our GPs.

We will work with our pharmacy contractors and GPs to develop a dialogue around the scope and purpose of MUR with a view to developing better understanding and integration between the two services.

PNA: Future work – advanced services

Our future model for pharmacy services include provision for concordance services which are related to and could build upon MUR/PI services. We will look at examples of innovative use of MUR in other areas, including: **MUR+** services where pharmacists target specific patient groups, **First Prescription** services which aim to reduce early stopping of therapy due to side effects and **MUR on admission / discharge** which aims to reconcile medication as patients move between primary care and hospital.

PNA: Assessment – stop smoking service

The stop smoking service through pharmacies is an important strand of the PCT's efforts to reduce smoking rates among the population. Pharmacy is a unique provider with the ability to provide access to NRT at the point of care. Given this and the priority placed on reducing smoking rates in NHS SWE we consider the smoking cessation service to be a **necessary service**. The current network of providers are sufficient to meet the needs of our population at this time and is a good fit with our proposed model for pharmacy services in the future.

PNA: Assessment – emergency hormonal contraception / sexual health LES

Currently each of the EHC, chlamydia and C-Card services is commissioned separately, an arrangement which is under review. The EHC service through pharmacies provides important access to EHC for women in south west Essex, contributing to reducing teenage pregnancy and avoiding A&E attendance. Without this service access would only be available via a GP appointment or sexual health service clinic, this would limit access considerably. At this time we are working to combine the EHC service with the chlamydia screening and treatment service and the C-Card service to create a new combined single sexual health local enhanced service (LES). We have concluded that these services are **relevant services** which may become necessary when the combined sexual health LES is established. We will review the status of the sexual health LES when commissioning is completed.

PNA: Action - emergency hormonal contraception / sexual health LES

During the roll out of our sexual health LES we will focus on securing provision from our existing contractors in Billericay, Laindon and Langdon, Wickford, Ingatestone, Grays North East, Grays Town and Tillbury and Chadwell in order to achieve 50% provision in each virtual ward (and specifically in Ingatestone).

PNA: Assessment – needle exchange and supervised consumption service

A quarter of our pharmacies provide the needle exchange service and over half provide the supervised consumption service. We have concluded that the provision of needle exchange and supervised consumption from pharmacies is a **necessary service**, where we have determined that there is a need. We have concluded that the current provision is consistent with the needs of our population and that there are no gaps in provision.

PNA: Future work – needle exchange and supervised consumption service

We will review the commissioning of the needle exchange and supervised consumption services with our DAAT, because we operate across three local authorities it is necessary to co-ordinate work with our counter parts who directly commission these services from our pharmacies. We will specifically focus on establishing future demand for supervised consumption services so that this can be reflected in our service model and in determining that on-going provision of needle exchange services meets the needs of our population

1.5. Conclusions

This is our first PNA under the new regulations. We are now consulting on this draft of the assessment with our stakeholders and partners. The final PNA will be published by February 2011.

We have reviewed the services available from our pharmacies and our plans for future services, looking at the needs of our population and the current provision from our pharmacies.

Looking at the needs of our population and the current provision from our pharmacies, our assessment has found that our population enjoys good access to pharmaceutical services with a broad range of services available when and where they are needed.

Our pharmacies provide many local services which are intended to address the challenge of reducing ill health through screening and prevention, however we could do more to use pharmacies to deliver services which help us to tackle the challenge of hospital admissions and long term conditions. Research shows that between 17% and 25% of all admissions are related to medicines issues, medicines and medicines reconciliation are also known to cause problems at the interface when patients are admitted and discharged from hospital. This is an area we will focus on in the future, and this is reflected in our proposed actions and future work.

Our plans for pharmacy services are ambitious and we will be looking to pharmacy contractors locally to respond to these plans in order to support us and our clinicians to develop a primary care system which is sustainable and effective in reducing health inequalities.

1.6. Next steps

We expect new regulations to be published in the autumn of this year telling us how PNAs will be used to manage market entry. These regulations will then shape how our PNA is used and developed.

2. Introduction

NHS South West Essex (NHS SWE) is the local NHS organisation responsible for health services in the district council areas of Basildon and Brentwood and the unitary authority area of Thurrock. We are responsible for commissioning and planning health services for the people who live in our area. This includes responsibility for ensuring that our population can obtain safe, effective and personal pharmaceutical services from a local community pharmacy or dispensing GP.

This document sets out our first PNA which we have prepared to meet the legal and regulatory requirements set out in the Health Act 2009 and the subsequent pharmaceutical regulations².

2.1. Background

The PNA is a document that records our assessment of the need for pharmaceutical services in our area. This assessment is then used to help us to plan pharmacy services for our population by identifying where we should focus our efforts to commission services for our population.

At this time PCTs are under a duty to prepare a PNA which must be published by 01 February 2011. Further legislation is expected to require PCTs to make commissioning decisions using the PNA, in particular in relation to market entry.

The PNA will also help us to shape the future of pharmaceutical services for our population by providing a single point of reference for all of our information about pharmaceutical services in south west Essex.

The PNA differs from other needs assessments in that the contents and manner of preparation are all set out in regulations, in some ways this is similar to the requirement on PCTs to prepare joint strategic needs assessments (JSNAs). However the PNA differs in that there is a PNA specific consultation process, the PNA is asked to consider the need for a specific type of service (e.g. pharmaceutical services) and the PNA is being prepared in order to support the market entry decisions.

PNAs were first developed in 2005 to assist PCTs in preparing for changes to market entry. Since that time PNAs have been used to support market entry decisions but are not required. The White Paper *Pharmacy in England: Building on strengths – delivering the future*³ was published by the Department of Health in April 2008. It highlighted the variation in the structure and data

² SI 2010 No.914. The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010. Available at: http://www.opsi.gov.uk/si/si2010/uksi_20100914_en_1

³ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815

requirements of PCT PNAs and confirmed that they required further review and strengthening to ensure they are an effective and robust commissioning tool which supports PCT decisions.

The Health Act 2009 amended the National Health Service Act 2006 to include provisions for regulations to set out the minimum standards for PNAs. The regulations were consulted on in late 2009 and early 2010 and were laid in Parliament on 26 March 2010 and came into force on 24 May 2010.

Appendix one has a detailed description of the policy background and references to further reading on PNAs.

The regulations place a statutory duty on each PCT to develop and publish their first PNA by 01 February 2011. The regulations set out the minimum requirements for the first PNA produced under the regulations, and these include such things as data on the health needs of the PCT's population, current provision of pharmaceutical services, gaps in current provision and how the PCT proposes to close these gaps. The PNA should also consider the future needs for services.

The regulations require PCTs to undertake a consultation on their first PNA for a minimum of sixty days, and list those persons and organisations that must be consulted e.g. the Local Pharmaceutical Committee, Local Medical Committee, LINKs and other patient and public groups.

The regulations also require the PCT to define localities around which the PNA will be structured so that the comparative needs of different populations can be taken into account.

3. Scope of the Pharmaceutical Needs Assessment

A pharmaceutical needs assessment is defined in the regulations as:

*“The statement of the needs for pharmaceutical services [in its area]
which each Primary Care Trust is required to publish”*

It follows, therefore, that we must understand what is meant by the term “pharmaceutical services” in order to assess the need for such services in the PCT’s area.

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies (which may be LPS providers), dispensing doctors and appliance contractors.

Whether a service falls within the scope of pharmaceutical services for the purposes of PNA depends on who the provider is and what is provided:

- For dispensing practices the scope of the service to be **assessed** in the PNA is the dispensing service. This means that, for the purposes of the PNA, we are concerned with whether patients have adequate access to dispensing services, including where those services are provided by dispensing GPs but not concerned with assessing the need for other services dispensing GPs may provide as part of their national or local contractual arrangements. There are four dispensing GP practices in south west Essex. Dispensing GPs may dispense from premises that have been registered with the PCT.
- For appliance contractors the scope of the service to be **assessed** in the PNA is the dispensing of appliances and the provision of the recently introduced appliance use review (AUR) service and stoma appliance customisation service (SAC). This means that, for the purposes of the PNA, we are concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide. There are no appliance contractors in NHS SWE but our population does access specialist appliance dispensing providers outside our area so we will need to take this into account when assessing the needs of our population.
- For community pharmacy contractors the scope the services to be **assessed** in the PNA is broad and comprehensive. It includes the essential, advanced and enhanced services

elements of the pharmacy contract⁴ whether provided under the terms of services for pharmaceutical contractors or under local pharmaceutical services (LPS) contracts.

Pharmaceutical services in relation to community pharmacy contractors are defined as:

- Essential services – which are set out in the 2005 NHS regulations, these include:
 - Dispensing and actions associated with dispensing (e.g keeping records)
 - Repeatable dispensing
 - Disposal of waste medicines
 - Promotion of healthy lifestyles
 - Prescription linked interventions
 - Public health campaigns
 - Signposting
 - Support for self care

All pharmacy contractors must provide the full range of essential services.

- Advanced and enhanced services – which are set out in the directions made subsequent to the 2005 regulations, these include:
 - Advanced services, specifically:
 - Medicines use review and prescription interventions (MURs)
 - Appliance use reviews (AUR)
 - Stoma appliance customisation service (SAC)

Any contractor may choose to provide advanced services, there are requirements which need to be met in relation to premises, training or notification to the PCT. At this time a pharmacy may undertake up to 400 MURs per annum, a limited number of AURs linked to the dispensing of appliances and as many SACs as required.

- Enhanced services, example of which are set out below:
 - Anticoagulant monitoring service
 - Care home service
 - Disease specific medicines management service
 - Gluten free food supply service
 - Home delivery service
 - Language access service
 - Medication review service
 - Medicines assessment and compliance support service

⁴ Pharmacy contractors do not have a contract in the legal sense with primary care trusts, they operate under terms of service set out in regulations. These are often referred to as the “community pharmacy contract”.

- Minor ailments service
- Needle syringe exchange service
- On demand availability of specialist drugs service
- Out of hours service
- Patient group directions service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing service

The regulations are intended to be permissive and allow PCTs to draft their own enhanced services to meet the needs of their local population. PCTs can therefore determine local price and specification, it is for the contractor to choose whether to become a provider.

In the case of NHS SWE arrangements are in place for the provision of:

| | |
|---|--|
| Gluten free food supply service | The PCT commissions a service whereby the pharmacy contractor supplies patients with gluten free foods without the need for a GP prescription. |
| Medicines assessment and compliance support service | The PCT commissions a concordance service from pharmacy contractors. |
| Needle syringe exchange service | The PCT commissions a needle exchange service whereby the pharmacy provides clean injecting equipment to drug users and takes in used injecting equipment for safe disposal. |
| On demand availability of specialist drugs service | The PCT commissions a service whereby some pharmacies maintain a stock of medicines used in end of life care (palliative care) and make these available during extended hours. |
| Patient group directions service | The PCT commissions a service whereby some pharmacies provide access to emergency contraception under patient group directions. |
| | Pharmacies provide access to treatment to patients who test positive for chlamydia through the local screening service. |
| Screening service | The PCT commissions a small pilot NHS health checks service through some pharmacies. |
| | Pharmacies provide access to screening for chlamydia infection. |
| Stop smoking service | The PCT commissions a service for the supply of nicotine replacement therapy (NRT e.g. patches, gums, inhalers) and advice and counselling to support smokers to give up. |
| Supervised medicines administration service | The PCT commissions a service whereby patients prescribed drug treatments for |

| | |
|--|---|
| | addiction can obtain their treatment on a frequent basis, often daily and that this treatment is taken in the presence of the pharmacist. |
|--|---|

Figure 1: Enhanced services commissioned by NHS SWE

Community pharmacy contractors also provide services directly to patients which are not commissioned by the primary care trust, for example some pharmacies provide a home delivery service but this is not commissioned or paid for by the PCT.

In making its assessment the PCT needs to **take account** of any services provided to its population which **may affect** the need for pharmaceutical services in its area. This could include services provided across a border to the population of south west Essex by pharmacy contractors outside south west Essex, or by GPs, or other health services providers including those provided the NHS trust staff.

Community pharmacy contractors also provide services directly to patients which are not commissioned by the primary care trust, for example many pharmacies provide a home delivery service but this is not commissioned or paid for by the PCT.

3.1. What is excluded from scope of the assessment

The PNA has a regulatory purpose which sets the scope of the assessment. Pharmaceutical services and pharmacists are evident in other areas of work in which the PCT has an interest but are excluded from the scope of the assessment by the regulations. These include prison pharmacy and secondary care services where patients may be obtaining a type of pharmaceutical service that is not covered by this assessment.

3.1.1. Prison pharmacy

Pharmaceutical services are provided in prisons by providers contracting directly with the PCT or prison authorities. There are no prisons located within south west Essex.

3.1.2. Secondary care pharmacy

NHS SWE buys secondary care services for its population from six NHS Trusts or Foundation Trusts:

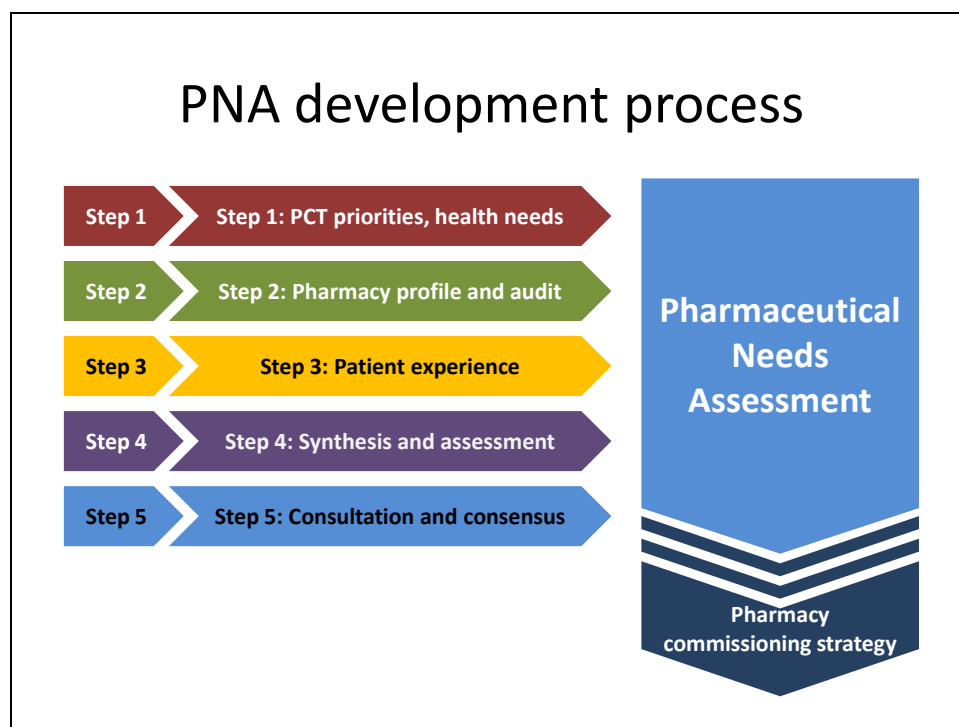
- Basildon And Thurrock University Hospitals NHS Foundation Trust
- Southend Hospital NHS Trust
- Mid Essex Hospital Services NHS Trust
- Barking Havering and Redbridge Hospitals NHS Trust

The PNA makes no assessment of the need for pharmaceutical services in secondary care, however we are concerned to ensure that patients moving in and out of hospital have an integrated pharmaceutical service which ensures the continuity of support around medicines. To this end the PNA makes some assessment of the needs of patients moving into and out of hospital who may have received, or may be receiving pharmaceutical services from a secondary care trust.

4. Process followed in the development of the PNA

NHS SWE's PNA has developed using a mixture of methods drawing on a range of information source and reinforced through consultation with patients. The process was divided into five steps which are illustrated using figure 2, below.

4.1. Development process and methods



The development process combines the PCT's strategic plans, draws on the JSNA which describe the health needs of our population and links this to the commissioning of pharmacy services.

The PNA provides a foundation for further work to develop a pharmacy commissioning strategy for the PCT.

Figure 2: NHS SWE PNA development process

Each step has a specific function and / or source of data which is described in figure three below.

This data has been combined to provide a picture of our population, their current and future health needs and how our pharmacy network can be used to support the PCT to improve the health and wellbeing of our population.

| Step | Data source(s) | Activity |
|---------------|---|---|
| Step 1 | <ul style="list-style-type: none"> Strategic plan 2009 - 14 Pan Essex JSNA 2008 Strategic services plan 2010 – 2015 | Analysis and synthesis of relevant data for the PNA. |
| Step 2 | <ul style="list-style-type: none"> Routine contracting and activity data which is held by the PCT A postal survey of pharmacy contractors in NHS SWE, of our 79 contractors 70 responded. National benchmarking using NHS Information Centre data A postal questionnaire of dispensing GP practices | <ul style="list-style-type: none"> Two pharmacy contractor information events |
| Step 3 | <ul style="list-style-type: none"> A postal survey of NHS SWE residents, with over 1,000 respondents | |
| Step 4 | | <ul style="list-style-type: none"> A workshop with stakeholders and members of the PCT's pharmacy applications panel Drawing together and synthesis of emerging themes and ideas Drafting of the PNA and synthesis of the assessment and recommendations |
| Step 5 | <ul style="list-style-type: none"> PCTs are required to consult on their PNA before publication. | |

Figure 3: NHS SWE PNA development data sources and activity

4.2. Governance and steering group

The development of the PNA was overseen by a steering group whose membership was drawn from the PCT's commissioning, primary care, strategic planning and public health departments. The steering group also had representation from the LPC, LMC and patients.

The membership of the steering group is described in appendix two.

4.3. Consultation during the development of the PNA

The PCT has engaged in a process of consultation throughout the development of the PNA, this has included:

- A postal survey of south west Essex residents which achieved a response from over 1,000 persons
- Engagement events with pharmacy contractors
- A stakeholder workshop which included members of the PCT's pharmacy panel

4.4. Regulatory consultation process and outcomes

We are consulting on this draft needs assessment with our stakeholders and partners to ensure that it accurately reflects the situation in south west Essex and that our assessment reflects the information we have gathered.

We welcome your views on our assessment, our proposed actions and future plans. A proforma is available on which you can provide your response to our consultation. NHS SWE asks that all responses are returned no later than 14 November 2010.

4.5. Localities for the PNA

The PNA regulations require that the PCT divide the PCT area into localities which are then used as a basis for structuring the assessment. For the purposes of the PNA the steering group decided that the PNA should adopt the **virtual ward** structure which is used for the purposes of the PCT's strategic services plan (SSP) and primary and community care strategy.

The virtual wards are discrete units of geography that have been defined to encompass natural populations within south west Essex. The virtual wards boundaries are not coterminous with ward boundaries, but are, generally, coterminous with lower super output areas (LSOAs).

Each of the virtual wards is approximately associated with a local authority locality giving a tiered structure as follows:

| |
|--|
| Basildon |
| <ul style="list-style-type: none">• Billericay• Fryerns and Vange• Laindon and Langdon• Pitsea• Wickford |
| Thurrock |
| <ul style="list-style-type: none">• Grays North East• Grays Town• Purfleet and Ockendon• Tilbury and Chadwell• West Thurrock• Corringham and Stanford |
| Brentwood |
| <ul style="list-style-type: none">• Brentwood Central and West• Hutton and Ingatestone |

Figure 4: PNA localities

The map on the following pages shows the relationship between the location of pharmacies, dispensing practices and GP practices and the three local authority areas covering south west Essex.

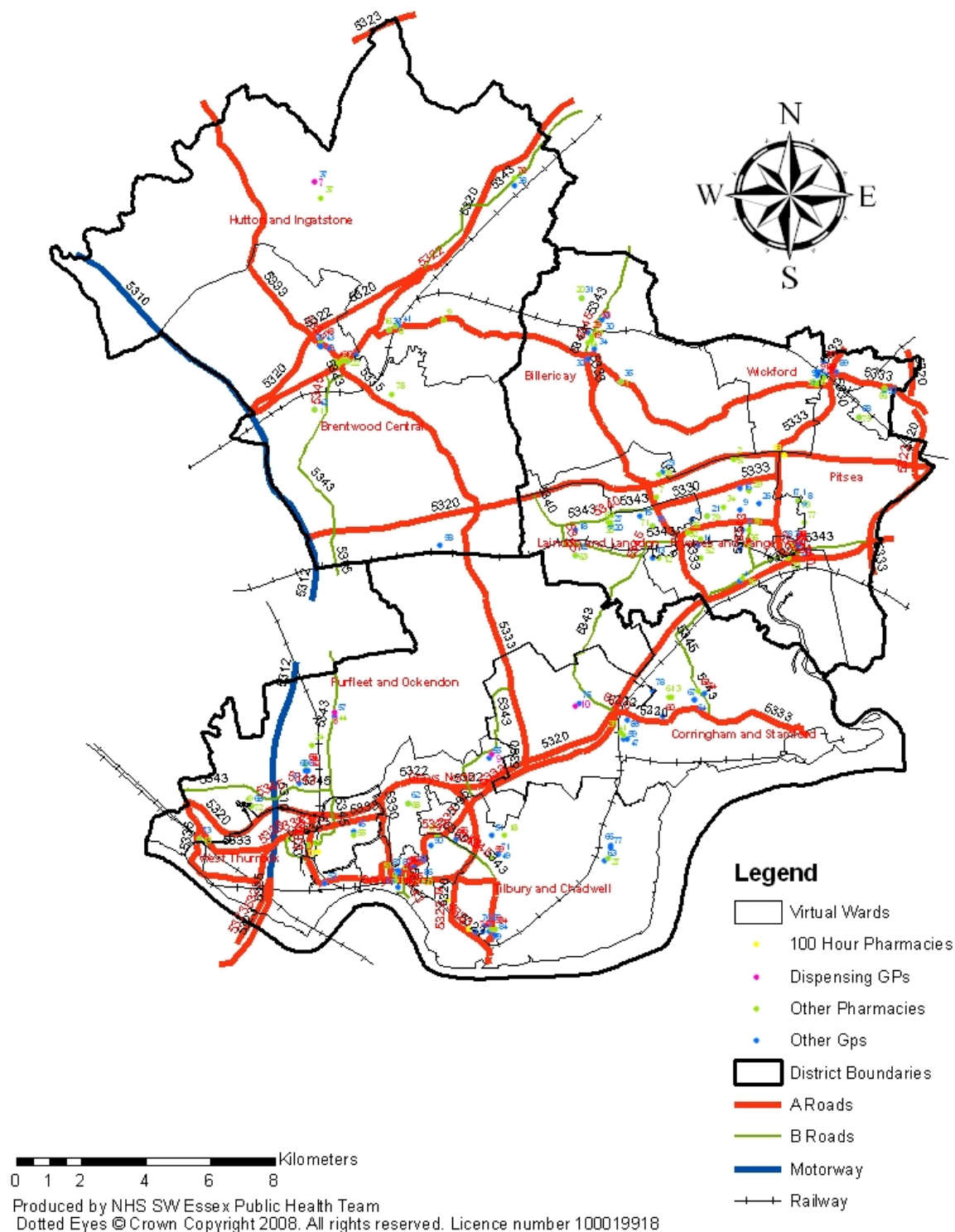


Figure 5: Map of NHS SWE showing pharmacies and dispensing GP sites

4.6. How information is presented in this document

Throughout this document, where data is available, we refer to the virtual wards in describing services or assessing the need for services. The virtual wards map to a combination of Lower and Middle Layer Super Output Areas (SOAs). The virtual wards are not coterminous with electoral wards and the two should not be confused. Electoral wards are political units of geography whose boundaries are managed by the electoral commission, ward boundaries change over time. SOAs are administrative units of geography which have been established by the ONS. SOA boundaries do not change and provide a consistent basis for tracking changes in the population over time. These areas can be aggregated up to ward level, however, ward boundaries do change occasionally as electoral boundaries are redrawn to links between any one SOA and a particular ward can be lost.

4.7. Benchmarking

The PCT is grouped with eight other PCTs with similar characteristics by the Office of National Statistics (ONS):

- Bexley Care Trust
- East and North Hertfordshire
- Havering
- Medway Teaching
- Milton Keynes
- Peterborough
- Swindon
- West Essex

This group is described by the ONS as the “New and Growing Towns” cluster group. More information about clusters and their construction can be found here: http://www.statistics.gov.uk/about/methodology_by_theme/area_classification/ha/cluster_summaries.asp). Planning pharmacy services for populations is a fledgling field with limited data to support PCTs to compare and benchmark their services. We have used data from the latest NHS information centre statistical bulletin on pharmacy services to provide comparators for NHS SWE where this is available.

5. NHS South West Essex

NHS SWE is located in the Thames Gateway, close to London and stretching into rural Essex. The area covered by NHS SWE has a resident population of approximately 397,000⁵ and a registered population of 420,000. It is for the registered population that the PCT commissions services.

There are three main population areas aligned with three local authorities, Thurrock Unitary Authority together with Basildon District Council and Brentwood Borough Council, both of which are located within the Essex County Council area. Brentwood is an affluent area with good health outcomes; Basildon and Thurrock have some of the biggest health inequalities in the country and these are strongly related to deprivation and closeness to London. We have some of the most deprived areas in England, but also some of the most affluent. Life expectancy varies between the least and most deprived areas by ten years.

The PCT shares a border with:

- Havering PCT
- Mid Essex PCT
- South East Essex PCT
- West Essex PCT

5.1. Essex Joint Strategic Needs Assessment

A pan-Essex JSNA was completed in 2008 covering the twelve district and borough councils and two unitary authorities which make up Essex. This JSNA was developed through the Essex Partnerships which brings together representatives of organisations who deliver services to the public across Essex. Member organisations include: all local authorities (county, district, town and parish councils); police; fire service; health trusts; academic institutions; private, community and voluntary bodies. The latest JSNA is available through the Essex Partnership website. (<http://www.essexpartnershipportal.org>).

The key messages emerging from the Essex wide JSNA are:

A growing and ageing population prompted by significant regeneration and development.

The growth in our older population is expected to be faster than that in England as a whole. By 2029 the population in Essex is estimated to grow by between 6.5% and 14%, growth is expected to be driven by trends in birth, deaths and net migration together with planned regeneration and housing

⁵ ONS 2008 mid year estimate

developments. In 2006 the regional spatial strategy set out proposals requiring 126,500 new homes in Essex of which Thurrock would have the greatest number (18,500) followed by Basildon (10,700) and Brentwood (3,500). The Thames Gateway development is a fifteen year programme which exceeds the immediate scope, this means that the PNA will need to be refreshed in order to respond to changes in the future as plans are advanced by local authorities and developers in each area.

The balance of the population will shift towards an older population profile with the greatest changes expected in Thurrock and Basildon where the ratio of the population of working age to persons aged over 65 is expected to drop by one third which is in line with the Essex wide trend. The changes in Brentwood will be more moderate, however Brentwood already has an older age profile with a low ratio of people of working age to persons aged over 65.

A more diverse population. Census data, which dates from 2001, showed that Essex's population was less diverse with only 5.5% from BME groups compared with 13.0% in England. Experimental estimates prepared by the ONS suggest that the population of Essex has become more diverse with Thurrock now having the highest proportion of non-white BME and Basildon the second highest proportion of its population from the BME communities in Essex. School registration data show that 6.8% of children entering the school system were from BME groups providing a more up to date snapshot of the likely BME population in Essex.

A significant population of Gypsies and Travellers. Essex has a long history of gypsies and travellers resident in the county. There are eleven registered sites with capacity for 228 pitches and 433 caravans, all of which are residential rather than transient. Essex has a third of the region's unauthorised developments. Basildon has the highest share of the caravans in Essex (35%), it is also home to 50% of the unauthorised sites. Thurrock has the second highest share in the County making NHS SWE the home to just over 50% of all caravans in Essex.

Moderate migration from Europe. The population is also changing as net migration from the A8 countries has grown, the trend in Essex has been lower than that for England as a whole but nevertheless significant. Thurrock has seen the highest number of migrants in south west Essex, closely followed by Basildon. There has been relatively low number of migrants registering in Brentwood.

Deprivation linked to poor health outcomes. The link between social and economic deprivation and health and wellbeing is well established and evident in Essex. The differences in life expectancy between the least and most deprived is particularly acute in south west Essex where high levels of deprivation, particularly in Thurrock mean that a gap of up to ten years exists between the life expectancy of a population separated by only a few miles.

5.2. Strategic Plan

Our five year strategic plan 'Welcome to our Strategic Plan for 2009 – 2014 - *Health in South West Essex – a golden opportunity*' describes a bold and ambitious plan to change the landscape for health services in south west Essex. Delivering a decrease in health inequalities while improving the quality and accessibility of health services across south west Essex.

We set out the challenges we face in terms of demographic, service and resource related challenges. These challenges, some of which are reproduced below are closely related to pharmaceutical service

Demographic landscape

- **Population growth** - our population is forecast to grow by more than 30,000 in the next ten years.
- **Ageing population and ethnic diversity** - there will be almost a doubling of the over 85 age group by 2021 and a 4% increase in the proportion of the population that is of black African and Indian sub-continental origin.
- **Health inequalities** - there is a ten year difference in life expectancy across the area, and certain identifiable groups, such as travellers and people with mental health problems, are among those with the lowest life expectancy.
- **Unhealthy lifestyles** - with the significant correlation between lifestyle and risk of disease and the clear pockets of significantly higher prevalence of disease across south west Essex, there is a clear need to focus on addressing lifestyle factors to improve the health of our population. Lifestyle factors include smoking, not eating healthily, being physically inactive and not maintaining a healthy body weight.

Service Landscape

- **Location of healthcare facilities** - many of the premises used for the delivery of healthcare are in the wrong place, or are no longer fit for the purpose of delivering 21st century standard care.
- **Capacity shortfall** - we are short of GPs, other clinical staff, and NHS dentists, and the average age of GPs is over 50, suggesting that we have an emerging problem requiring succession planning and recruitment.

Resource landscape

- **Financial landscape** - we must ensure that we deploy our resources effectively to maximise our strategy. Over the next ten years, we must drive innovation and productivity to ensure our plans are sustained against the demographic changes outlined above.

The plan sets out a programme for change which is focused on the delivery of measurable outcomes through four strategic programmes and seven integrated workstreams underpinned by investment in people and processes.

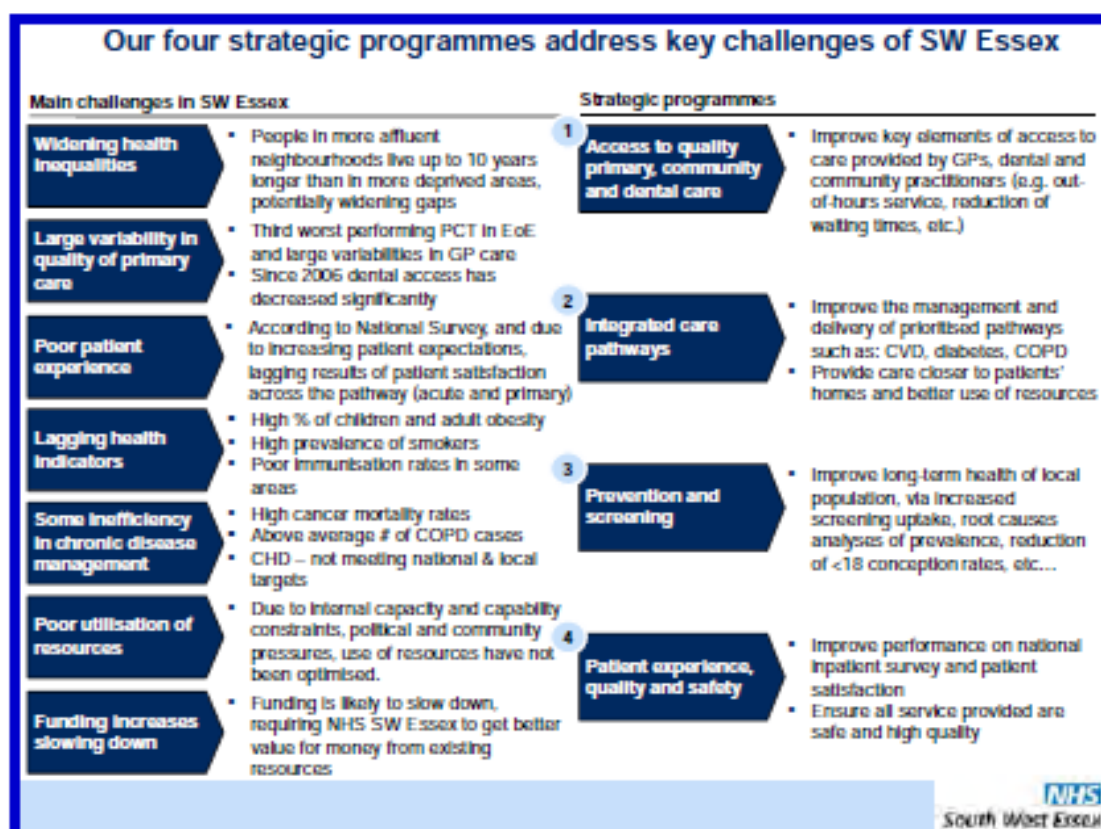


Figure 6: NHS SWE strategic programmes

5.3. Primary and Community Care Strategy and Strategic Services Plan

A key influence on the development of our PNA and on the development of community pharmacy in particular is our primary and community care strategy and the subsequent strategic services plan (SSP). Community pharmacy is most influenced by changes to the delivery of primary care services, which in turn shape and influence the demand for pharmacy services.

The primary and community care strategy describes the challenge that we face in south west Essex to provide high quality primary care services which will meet the current and future needs of our population. The strategy proposes a six tier structure (tiers 0 – 5) for services in south west Essex. The plan recognises that community pharmacy will play a significant role in tiers 0 – 2 with a handful of pharmacies playing a major role at tier two to bring together a range of services under one roof.

Figure seven describes the proposed tiered structure for services in NHS SWE.

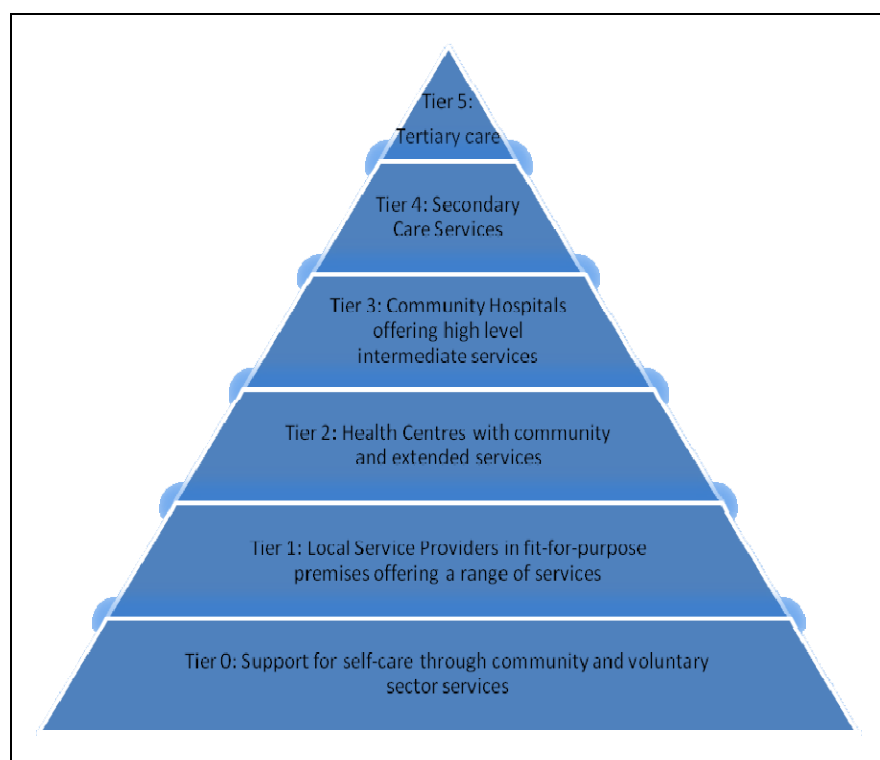


Figure 7: NHS SWE services strategy

The SSP (2010 – 2015) makes an assessment of how this model is to be implemented across south west Essex based on local needs and current provision. It sets out a strategy for delivery of the model across south west Essex. We want to align our PNA with this plan to support the model of care set out in the primary and community care strategy. A great deal of the background to health need in south west Essex is drawn from the SSP.

5.4. The vision of pharmacy services in south west Essex

Our plan for primary care services is complemented by our strategic vision for pharmacy services in south west Essex. This is underpinned by the development of the virtual ward and tiered service model developed in the primary and community care strategy and advanced in the SSP. Pharmacy will play a role in this strategy from delivering service directly to patients to supporting other healthcare professionals to provide better outcomes working with patients to navigate and select the most appropriate pathway and provider. Pharmacies will be seen as an integral part of the local health infrastructure.

To support the development of the tiered service model a complimentary model for pharmacy services has been developed which provides both structure and a developmental pathway along which pharmacies can develop.

The pharmacy model is structured around four levels of service:

- Level 1:** This pharmacy model recognises the need to have a universal service across south west Essex where patients can expect to get safe, effective and high quality pharmacy services including identified local enhanced services. Pharmacies meeting this requirement and with ambitions to progress will have the opportunity to develop into Level two pharmacies.
- Level 2:** Providing a guaranteed raft of local enhanced services and being recognised by patients and healthcare professionals as a differentiated pharmacy offering.
- Level 3:** Provides the flexibility to add in services which meet local requirements and which require additional expertise or resources.
- Level 4:** We will seek to encourage the development of Level four pharmacies in specific areas which will offer all level one and two and some level three services together with specific and locally relevant additional services which require specialist or significant skill or resource.

A detailed description of the four levels is provided in appendix three.

The PCT has a process for developing and shaping this model which falls outside the scope of the PNA but will, in time become more integrated with the PNA.

6. Insights from patients and the public

Pharmacies in south west Essex are engaged in the delivery of services to patients beyond dispensing, social marketing research has demonstrated that residents view pharmacies as a key source of information regarding health and well-being and that for more deprived communities, community pharmacy is a preferred source of advice on health promoting behaviours like smoking, diet and alcohol use.

However little is known about the views of patients in south west Essex about current pharmacy services and their views on potential future services. Current and future commissioning needs to be informed by patients, as well be sensitive to the views of patients.

To fill this gap NHS SWE decided to undertake a postal questionnaire of residents. A questionnaire was designed by a sub-group of the PNA steering group to reflect the issues that were considered important in informing the PNA and the development of a strategy for pharmacy beyond the PNA.

A total of 6228 postal questionnaires were disseminated to residents in south west Essex (Thurrock, Basildon, and Brentwood) in late November 2009. A total of 91 questions were asked regarding residents experiences of pharmacy services, repeat prescriptions, consultations with pharmacists, and demographic factors. The questionnaire consisted of closed and open-ended questions that took the participants on average 10 -15 minutes to complete.

6.1. Results

This section provides a summary of the results, which can be obtained in full on request from the PCT.

6.1.1. Response Rate

A total of 1014 completed questionnaires were returned by February 2010. The overall response rate was 18%. This response rate was considered very good for an anonymous questionnaire where no follow up of respondents was possible. The response rate compared very favourably with similar patient engagement activities undertaken by the PCT.

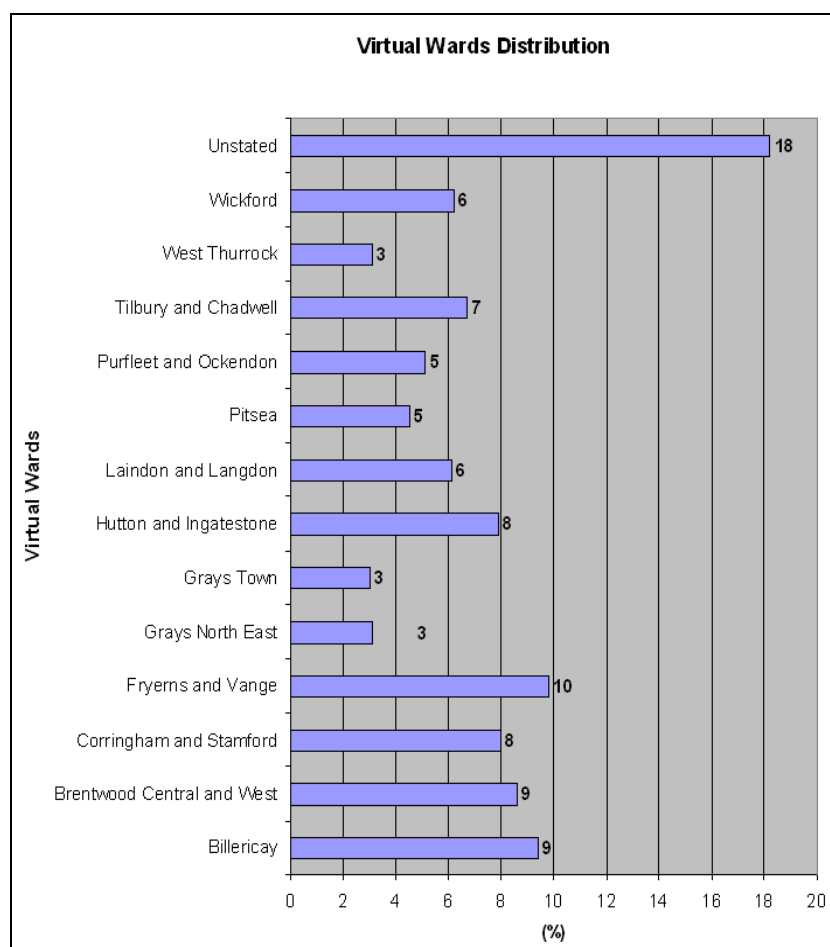


Figure 8: Distribution of respondents across NHS SWE

The respondents were distributed across the 13 virtual wards in similar proportions to the population distribution within south west Essex.

82% of respondents gave a valid postcode which. Of the valid postcodes obtained most of them were from Basildon (44.8%) and Thurrock (35.5%). 19.6% were from Brentwood. This compares to actual population distribution of 43.4%, 38.1% and 18.4% respectively

6.1.2. Satisfaction

The patients survey of the PNA highlighted that majority of participants (90%) were satisfied with the pharmacy service.

'Brilliant staff, kind, caring, obliging and knowledgeable. They know me well and understand the position I am in. They will always do everything that they can in order to help me out'

This overall picture of satisfaction with the service was reflected across a range of indicators. There were also some areas where patients highlighted potential for improvement.

Consultations

Most of the participants were happy with the consultations they had had with the pharmacist, and rated them as excellent. However some respondents were not offered choice for the location of consultation. Approximately 8% had been given their consultation over the counter, and some would have preferred a consultation in a private consultation room, especially when they were receiving advice on a sensitive health topic.

Opening hours

Most respondents did not have problems finding a pharmacy and were generally happy with the pharmacy opening hours. However often a reason for being unable to find a pharmacy was associated with opening hours, as some pharmacies close during lunch hours or at weekend. 13.2% of the participants had needed a pharmacy when it was closed.

11.6% waited till the pharmacy opened to get what they needed. Whereas others decided to travel to obtain the medications/pharmacy services. Thus participants felt that one area of improvement was opening hours, and that alternative pharmacies should be signposted that offer extended opening hours.

Figure nine below shows the times of day when patients needed to access the pharmacy where the reason was considered “urgent”. The percentages are very small, the figures highlighted show the most frequently reported times or day and day of the week.

| | Midnight – 8am (overnight) | 8am – 12 noon (morning) | 12noon – 2pm (lunchtime) | 2pm – 6pm (afternoon) | 6pm-midnight | can't remember |
|------------------|----------------------------|-------------------------|--------------------------|-----------------------|--------------|----------------|
| Monday to Friday | 0.00% | 0.09% | 0.31% | 0.34% | 0.77% | 0.09% |
| Saturday | 0.00% | 0.44% | 0.15% | 0.87% | 0.15% | 0.00% |
| Sunday | 0.00% | 0.51% | 0.36% | 0.29% | 0.22% | 0.15% |
| Bank Holiday | 0.00% | 0.80% | 0.00% | 0.80% | 0.00% | 0.00% |

Figure 9: Patients experiencing problems accessing pharmacy services

Availability of medicines

69.8% rated their experience of having their prescription processed as positive. 72.8% obtained their medication on the same visit. However 6.3% did not get medicine the last time their prescription was processed. Participants either got their medication on the next day, or two or more days after it was requested.

Despite this, further analysis of the list of unavailable medicines highlighted that majority of these were not readily stocked and had to be pre-ordered. Changes in distribution mechanisms have recently resulted in national supply problems, occurring from time to time.

Thus where possible pharmacists should pre-warn patients if a delay in the availability of medicines is likely and signpost to other pharmacies that might have the medicine in stock if applicable.

Waiting times

26% of participants expressed the importance of a quick service, and that the shorter the waiting time the more positive their pharmacy experience was.

Participants also expressed that at busy times, there are insufficient seating places available in the pharmacy, which is an inconvenience for older participants due to existing long-term health conditions.

6.1.3. Extended services

The findings show that consultations with pharmacists are viewed favourably by participants, and that they would like their pharmacists to offer additional services such as: blood tests, sexual health screening, weighing facilities, health heart checks - blood pressure checks, stress management, home delivery and pharmacists offering advice on minor ailments (minimising GP visits) and health conditions.

These services should be offered in soundproofed/discrete consultation rooms, to ensure privacy, compared to over the counter consultations. Certifications should be made visible to the service users, to reassure that their pharmacist is adequately qualified to provide the additional services (i.e. healthy heart checks).

However marketing of the additional services is key to ensure service uptake, as some participants' were not even aware that their pharmacies already offered home delivery services.

Effective pathways between GPs and pharmacists should also be in place to ensure that there is good communication between the two about a patient's care. Defined referral pathways to health promotion services, like vitality, would be useful to ensure swift referral pathways for service users.

'There must be a 'mutual' innovation not top down dictate. Appropriate training and support must be given so that these services are not just passed on and forgotten. Equation should include oversight by GP.'

Vulnerable groups (e.g. parents/carers, older service users, people with long-term illness, etc) were more likely to experience the following problems: forgetting to take their medication/s, difficulties in getting medication/s out of their packaging, or medicine/s recognition (i.e. changes to shape and colour).

6.2. Conclusions

The questionnaire has provided a unique insight into the views of patients about pharmacy services in south west Essex. It is reassuring to note that patients did not identify critical gaps in provision of the basic pharmaceutical service and that satisfaction rated highly.

Respondents were able to provide us with areas where we will focus on improving the service and services that are provided by our community pharmacies. We also have some clear suggestions for how pharmacies could be more involved in supporting patients with long term conditions which builds on our work to date to establish a raft of pharmacy services focused on health improvement.

7. Pharmaceutical services in south west Essex

In general terms, the pharmaceutical regulations governing PNA require the PCT to define pharmaceutical services in terms of:

- Services currently commissioned that are **necessary** to meet a current need
- Services not currently commissioned that will be **necessary** in specified future circumstance
- Services not currently commissioned that would secure **improvements or better access** to pharmaceutical services
- Services that are currently commissioned which are **relevant** but do not constitute “necessary services”.

In reaching these conclusions the PCT is expected to explain where it has taken account of other services which have influenced its assessment.

We will now explore each of the pharmaceutical services we currently commission, our health needs and future.

Where we identify an action or reach a relevant conclusion then this will be highlighted in the text as an action, a matter for future work or a conclusion.

7.1. Current provision of pharmaceutical services

NHS SWE has 79 pharmacy contractors and four dispensing practices who together provide pharmaceutical services to our population.

7.1.1. Distribution of pharmacies by locality

The pharmacy contractors include one internet / mail order pharmacy which provides pharmaceutical services to patients across England and four “100 hour” pharmacies. Both these types of pharmacies have special conditions which apply to their contract. In the case of mail order / internet only pharmacies, the pharmacy must not provide face to face **essential** services at its premises, and in the case of 100 hour pharmacies, the contractor must open for at least 100 hours each week and may be required to provide certain specified local services by the PCT.

| District / Virtual Ward | All pharmacies | 100 hour pharmacies |
|----------------------------|----------------|---------------------|
| Basildon | 37 | 1 |
| Billericay | 6 | |
| Fryerns and Vange | 14 | |
| Laindon and Langdon | 4 | |
| Pitsea | 6 | 1 |
| Wickford | 7 | |
| Brentwood | 12 | |
| Brentwood Central and West | 7 | |
| Hutton and Ingatestone | 5 | |
| Thurrock | 29 | 3 |
| Corringham and Stanford | 5 | |
| Grays North East | 2 | |
| Grays Town | 5 | |
| Purfleet and Ockendon | 5 | |
| Tilbury and Chadwell | 7 | 2 |
| West Thurrock | 5 | 1 |
| Internet | 1 | |
| Internet | 1 | |
| Grand Total | 79 | 4 |

Figure 10: Distribution of community pharmacies by locality

Generally only community pharmacies may dispense NHS prescriptions, however in some areas GP practices provide a dispensing service to some of their patients. These dispensing practices provide, in addition to the services covered by the GP terms of service, a dispensing service to specific groups of patients based on where they live relative to the practice. This is intended to ensure that patients in rural, sparsely populated areas can have access to a dispensing service

where a pharmacy would not otherwise be viable. There are four dispensing practices in NHS SWE which together with our 78 “standard” community pharmacies, provide a pharmaceutical service to our population.

7.1.2. Distribution of GP practices

NHS SWE has 81 GP practices, four of whom dispense for some of their patients.

| Basildon | All practices | Practices which dispense |
|----------------------------|----------------------|---------------------------------|
| Billericay | 7 | |
| Fryerns and Vange | 7 | |
| Laindon and Langdon | 5 | |
| Pitsea | 12 | |
| Wickford | 6 | |
| Basildon Total | 24 | |
| Brentwood Central and West | 5 | 1 |
| Hutton and Ingatestone | 4 | 1 |
| Brentwood Total | 22 | 2 |
| Corringham and Stanford | 6 | 1 |
| Grays North East | 3 | 1 |
| Grays Town | 9 | |
| Purfleet and Ockendon | 6 | |
| Tilbury and Chadwell | 10 | |
| West Thurrock | 2 | |
| Thurrock Total | 35 | 2 |
| Grand Total | 81 | 4 |

Figure 11: Distribution of GP practices by locality

7.1.3. Controlled and non-controlled localities

GP dispensing may be required where a pharmacy service would not be viable due to the nature or size of the population. GPs may dispense for their patients who have requested them to do so, if permission has been granted by their PCT. Generally, the patients who ask their GPs to dispense must be resident in a ‘controlled locality’ (i.e. an area which is rural in character) and live more than 1.6km from a pharmacy. The PCT may determine whether an area is a controlled locality on the request of its LPC or LMC, or because it believes that a determination should be undertaken, for example if an application is made in or near the area. If the PCT decides that an area is rural in character, it will publish a map showing the precise boundaries of this ‘controlled locality’, and this will generally be valid for five years unless there is a substantial change in circumstances in relation to the area.

If a new pharmacy wishes to open in a controlled locality then there are additional tests that the applicant must satisfy, so as not to prejudice any dispensing by doctors being undertaken for patients in that area.

If a GP is asked to dispense by his patients resident in a controlled locality, the PCT must undertake a test to ensure that there is no prejudice to any pharmacies.

NHS SWE has prepared the map overleaf which shows the areas which have been determined in the past to be controlled localities, and these will remain controlled localities unless and until a new determination finds that they no longer satisfy the requirements of being rural in character. The dates below are those on which those areas were last determined by NHS SWE.

Areas determined by NHS SWE in July 2006:-

- Chafford Hundred
- East Tilbury & East Tilbury Village
- Orsett
- Purfleet
- West Thurrock

Areas determined by the NHS Appeal Authority in November 2006:-

- Doddinghurst

Areas determined by NHS SWE in September 2007:-

- Ingatestone

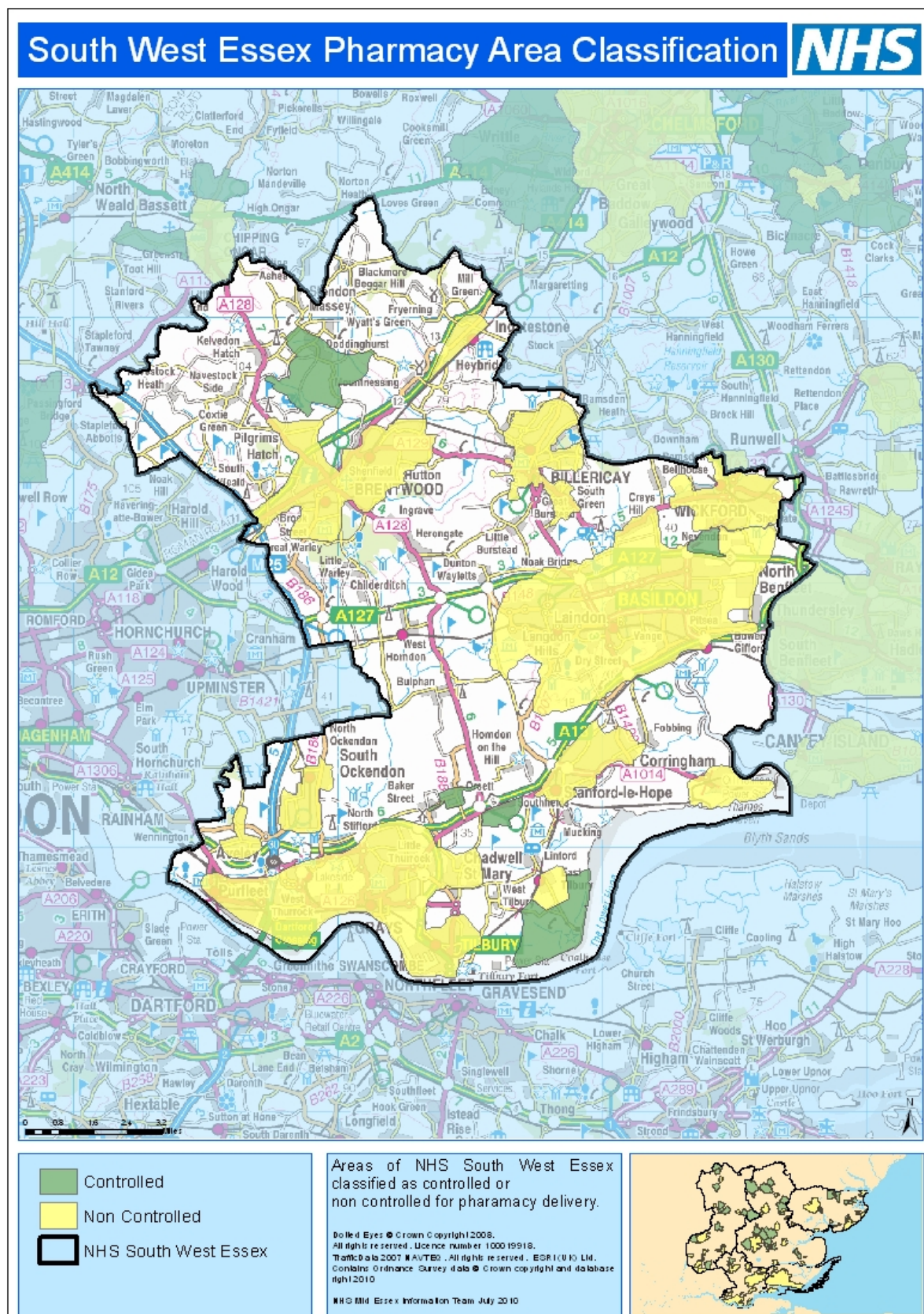


Figure 12: Map showing controlled and non-controlled localities (at August 2010)

7.1.4. Analysis of distribution of pharmacies

The strategic services plan uses weighted population to provide a proxy for need across NHS SWE.

The effects of this can be seen below which shows that when population size is weighted for all inequalities within south west Essex that the more deprived communities, for example in Fryerns and Vange is significantly inflated when compared to less deprived communities in, for example Wickford. A further, and more relevant weighting for pharmacy, which is included in the overall weighting applied is the prescribing weighting which reflects the medicines needs of the population.

| Row Labels | Population | Weighted Population (all inequalities) | Weighted Population (prescribing only) |
|----------------------------|----------------|---|---|
| Basildon | | | |
| Billericay | 38,438 | 36,044 | 36,226 |
| Fryerns and Vange | 58,831 | 83,412 | 61,732 |
| Laindon and Langdon | 35,167 | 34,878 | 34,797 |
| Pitsea | 25,765 | 23,981 | 26,220 |
| Wickford | 22,623 | 16,945 | 23,697 |
| Basildon Total | 180,824 | 195,260 | 182,672 |
| Brentwood | | | |
| Brentwood Central and West | 39,846 | 38,853 | 37,651 |
| Hutton and Ingatestone | 30,933 | 32,420 | 35,788 |
| Brentwood Total | 70,779 | 71,273 | 73,439 |
| Thurrock | | | |
| Grays North East | 19,198 | 13,427 | 19,998 |
| Grays Town | 15,691 | 11,177 | 13,583 |
| Purfleet and Ockendon | 27,566 | 25,577 | 29,453 |
| Tilbury and Chadwell | 36,176 | 36,734 | 36,622 |
| West Thurrock | 24,811 | 24,244 | 18,654 |
| Corringham and Stanford2 | 33,278 | 31,040 | 33,902 |
| Thurrock Total | 156,720 | 142,199 | 152,212 |
| NHS SWE | 408,323 | 408,732 | 408,323 |

Figure 13: Population weighting by virtual ward

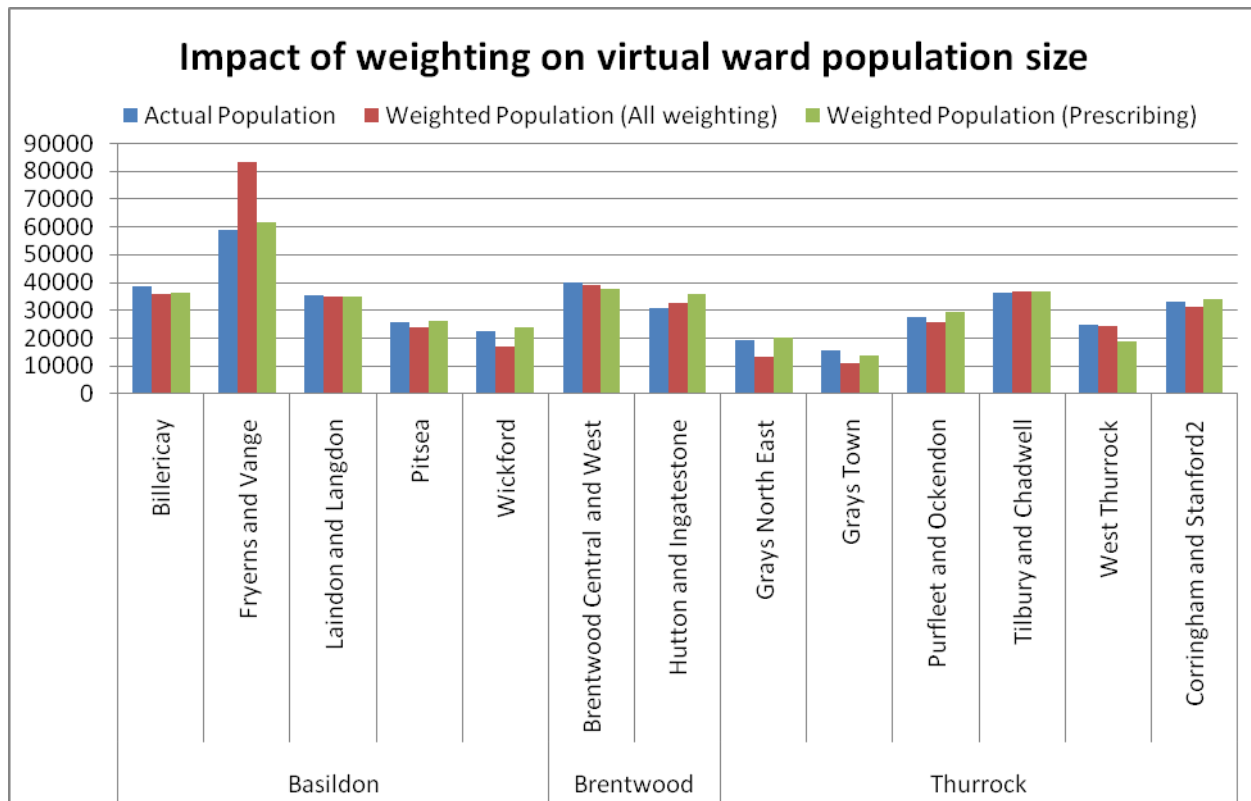


Figure 14: Effect of population weighting on virtual ward populations

7.1.5. Benchmarking provision of pharmacy services in south west Essex

We can set the provision of pharmacy services in south west Essex into context by comparing the provision using national benchmarks which are available.

South west Essex has 19.9 pharmacies per 100,000 population which is more than the median for East of England of 18.5 and in line with the average for England of 20.7 pharmacies per 100,000 population.

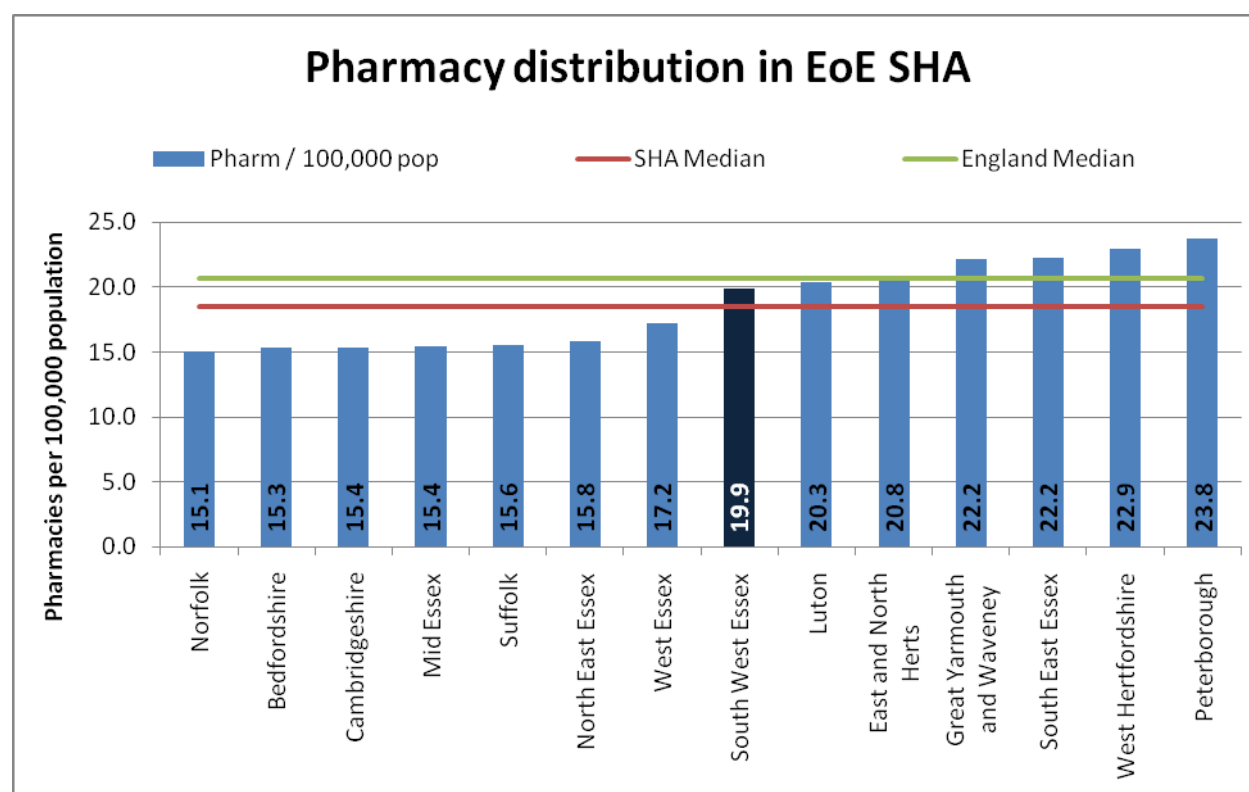


Figure 15: Pharmacy distribution in East of England SHA area (NHSIC 2008/09, Nov 2009)

Within the ONS peer group the median is 19.7 pharmacies per 100,000 population, NHS SWE (19.9) is in line with this figure suggesting that the number of pharmacies at NHS SWE level is in line with those in other similar areas.

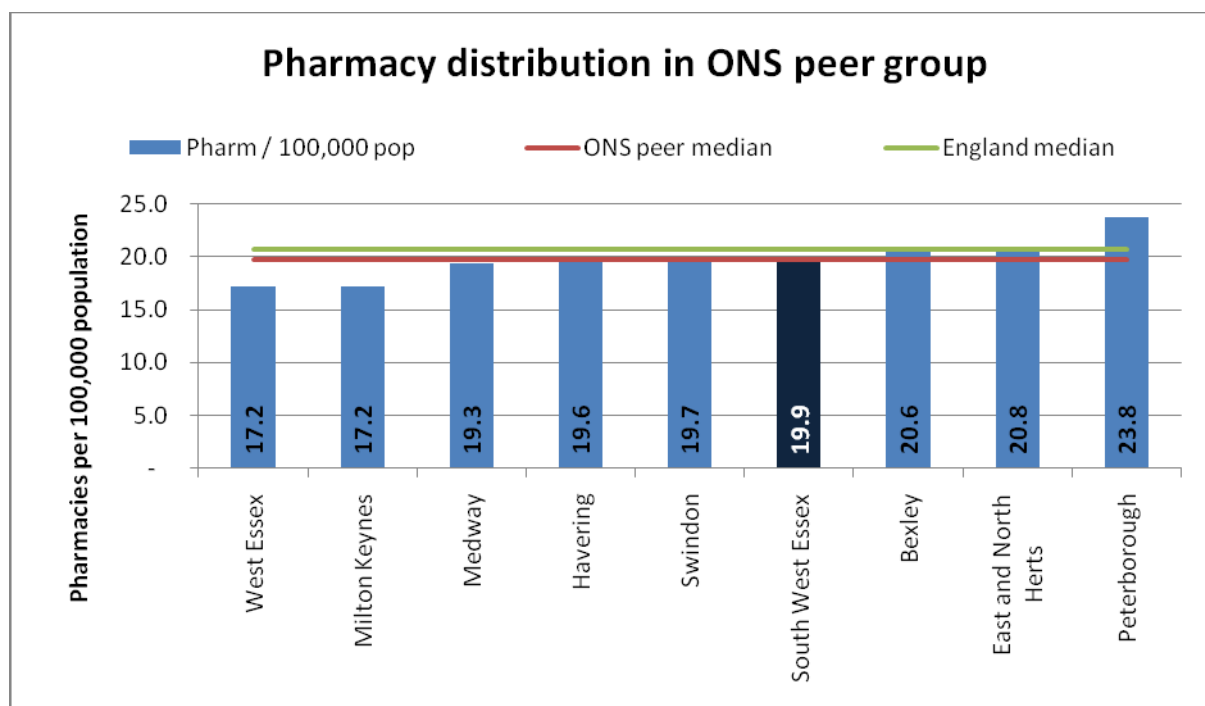


Figure 16: Pharmacy distribution within ONS peer group (NHSIC 2008/09, Nov 2009)

7.1.6. Population coverage

The map over leaf shows the areas that are covered within the limits of a 20 minute drive from each community pharmacy and dispensing practice in south west Essex. The map shows that the majority of the south west Essex area is covered. When the population included in this areas is calculated it shows that 99.99% of our population is within 20 minutes drive of a pharmacy.

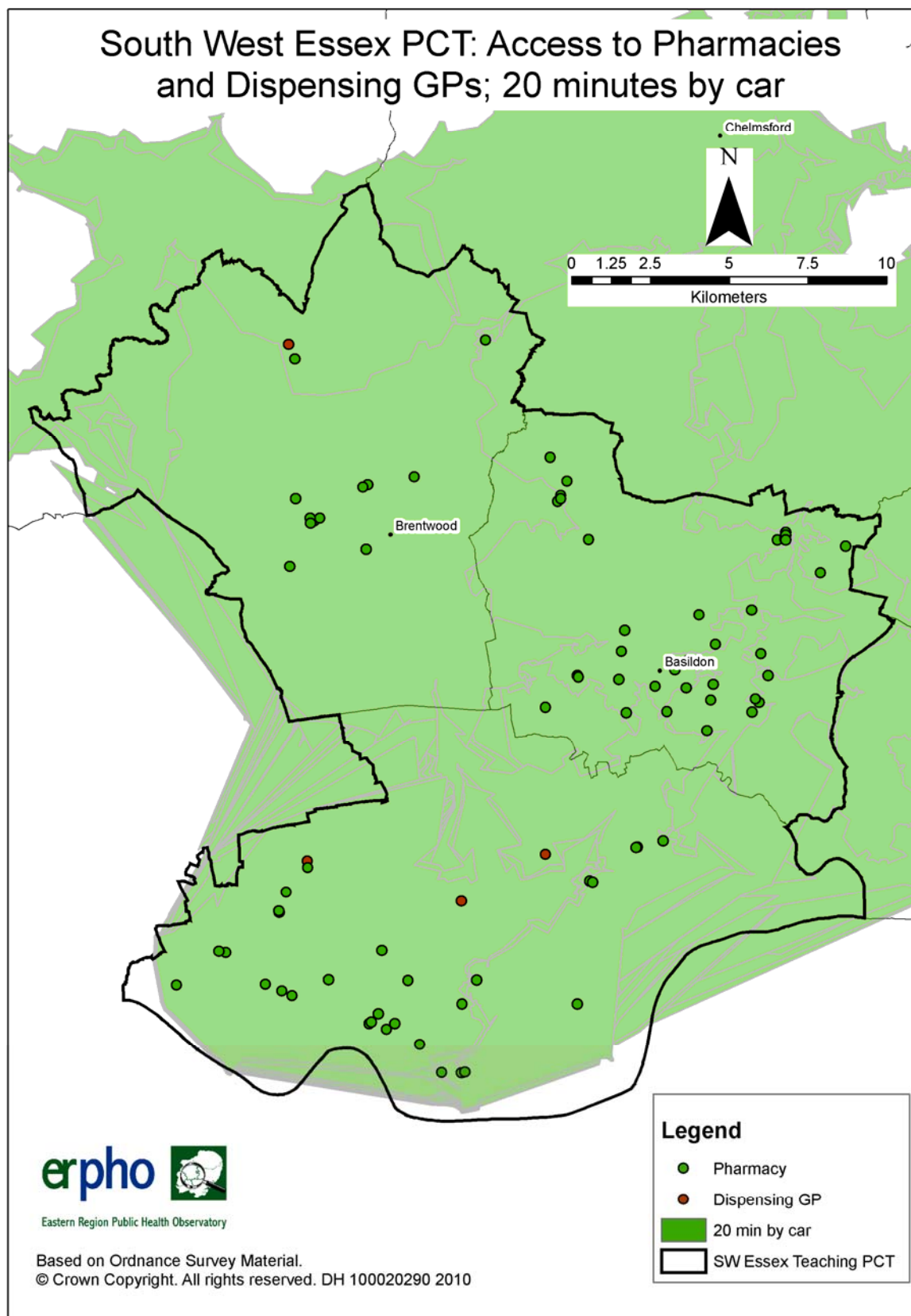


Figure 17: Map showing population within 20 minute drive time of a community pharmacy or dispensing GP

7.1.7. Analysis of opening hours

Appendix four provides a detailed visual analysis of opening hours in south west Essex. Provision is generally good with pharmacies open in most areas between 9am and 6pm. We have pharmacies opening extended hours across south west Essex with four 100 hour pharmacies. However the analysis has highlighted some issues which will need to be addressed as part of the PNA consultation process with pharmacy contractors.

Pharmacy opening hours may include a lunchtime closure, in some areas there appear to be many pharmacies that are closed at the same time. This pattern can lead to large areas of the PCT without a pharmaceutical service, albeit for a short period of time.

7.1.8. Patient's views

Patients were asked for their views on pharmacy opening hours also.

- 13.2% of the participants had needed a pharmacy when it was closed. Many of these required pharmacy services between 6pm to 12pm. Respondents from Tillbury and Chadwell were more likely to report this experience. Participants from Fryerns and Vange were significantly more likely to be happy with the opening hours of their pharmacies.
- 11.6% waited till the pharmacy opened to get what they needed. Whereas the remaining 1.6%, who considered their requirements urgent, searched for an open pharmacy to obtain the medications or pharmacy services that they needed.
- The most common times / days cited were between 6pm and midnight (Monday to Friday) and Bank Holidays.

Furthermore many participants stated that lunchtime and weekend opening hours was a key area that could be improved, as those were the most convenient hours for those who worked full-time/cared for children to access services. Some suggested that pharmacies should also better display their opening hours, and suggest other nearby pharmacies that may be open in the hours they are not.

PNA: Action – essential and dispensing services

We will circulate the opening hours analysis (appendix four) to pharmacy contractors who will be asked to review their lunch time closing times to co-ordinate these with neighbouring pharmacies.

PNA: Future development – essential and dispensing services

With our existing pharmacy contractors, we will also look at developing a local enhanced service which requires pharmacy contractors to clearly display information which will help patients find their nearest open pharmacy when their preferred pharmacy is closed.

- Premises and consultation areas

The data which follows is drawn from a postal questionnaire of pharmacy contractors which was issued in April 2010, of our 78 contractors (excluding the internet pharmacy), 69 responded within the associated timeframe. The data presented here shows where pharmacies that did not respond are located so that gaps in our data are clear to the reader. This is particularly apparent in Grays North East which has two pharmacies, neither pharmacy responded to our questionnaire therefore we have no data for this virtual ward from the contractor questionnaire.

It should be noted that these gaps are gaps in our information and **not gaps in provision**.

| District / VW | All pharmacies | Did not respond |
|----------------------------|----------------|-----------------|
| Billericay | 6 | 2 |
| Fryerns and Vange | 14 | 2 |
| Laindon and Langdon | 4 | |
| Pitsea | 6 | |
| Wickford | 7 | |
| Basildon Total | 37 | 4 |
| Brentwood Central and West | 7 | 1 |
| Hutton and Ingatestone | 5 | |
| Brentwood Total | 12 | 1 |
| Corringham and Stanford | 5 | |
| Grays North East | 2 | 2 |
| Grays Town | 5 | 1 |
| Purfleet and Ockendon | 5 | |
| Tilbury and Chadwell | 7 | |
| West Thurrock | 5 | 1 |
| Thurrock Total | 29 | 4 |
| NHS SWE | 78 | 9 |

Figure 18: Respondents to pharmacy contractor questionnaire (at June 2010)

7.1.9. Consultation areas

All but two respondents (e.g. 67 out of 69) reported having a consultation area in the pharmacy, of the two that did not have a consultation area one plans to introduce an area in the next 12 months.

| Virtual Ward / Locality | Respondents | Consultation area | Area planned |
|----------------------------|-------------|-------------------|--------------|
| Billericay | 4 | 4 | |
| Fryerns and Vange | 12 | 12 | |
| Laindon and Langdon | 4 | 4 | |
| Pitsea | 6 | 6 | |
| Wickford | 7 | 6 | 1 |
| Basildon Total | 33 | 32 | 1 |
| Brentwood Central and West | 6 | 6 | |
| Hutton and Ingatestone | 5 | 5 | |
| Brentwood Total | 11 | 11 | 0 |
| Corringham and Stanford | 5 | 5 | |
| Grays North East | 0 | | |
| Grays Town | 4 | 4 | |
| Purfleet and Ockendon | 5 | 5 | |
| Tilbury and Chadwell | 7 | 7 | |
| West Thurrock | 4 | 3 | |
| Thurrock Total | 25 | 24 | |
| NHS SWE Total | 69 | 67 | 1 |

Figure 19: Consultation areas in pharmacies

7.2. Dispensing services

Pharmacies in south west Essex dispense an average of 5,595 prescription items per month (NHS IC: 2008/09), this compares with a median of 6,335 in England and 6,185 in East of England.

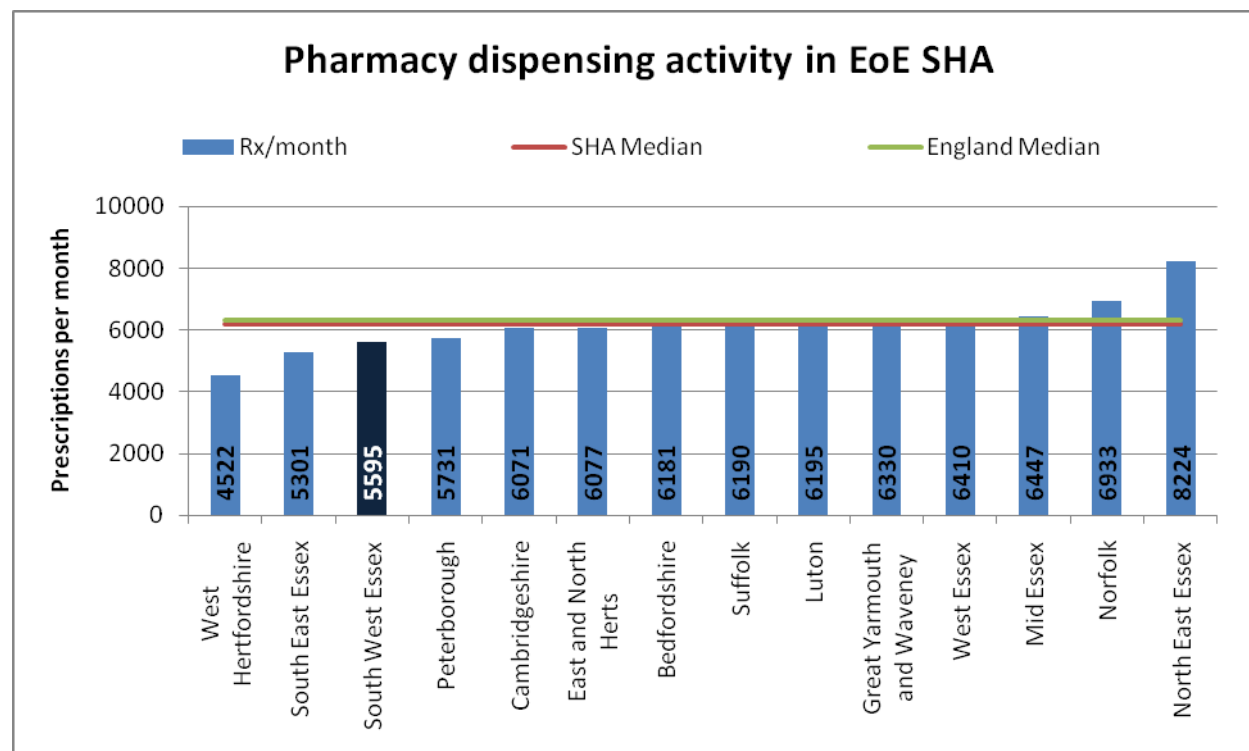


Figure 20: Dispensing activity within East of England SHA (NHSIC 2008/09, Nov 2009)

South west Essex pharmacies dispense among the lowest number of prescriptions per month in East of England.

Within the ONS cluster group NHS SWE is also below average when compared to our peers (6,049 per month in the ONS group) for the number of prescription items dispensed each month.

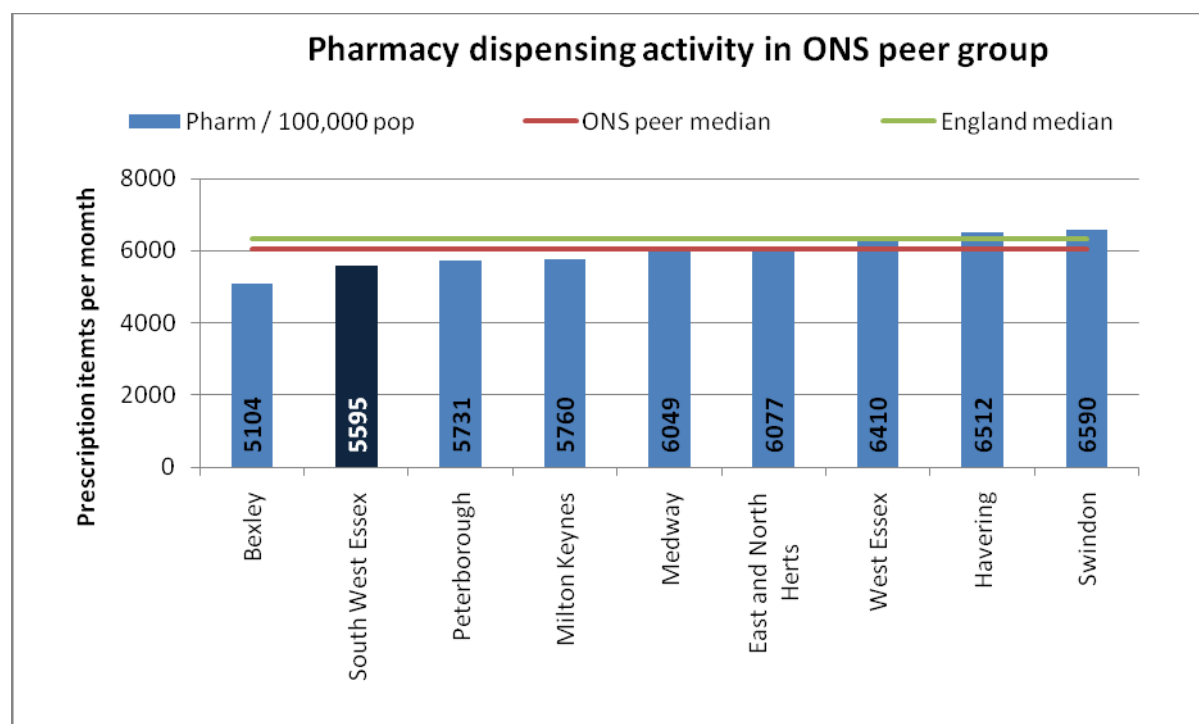


Figure 21: Dispensing activity within ONS peer group (NHSIC 2008/09, Nov 2009)

Dispensing activity is a measure of how abundant pharmacy services are. From this data we can conclude that there is no shortage of provision in south west Essex which reflects the changes we have seen with four new pharmacies opening in the last five years.

7.2.1. Analysis of cross border dispensing (movement out of south west Essex)

We are aware that there are pharmacies located outside south west Essex which may dispense prescriptions for south west Essex patients and therefore may be a significant source of pharmaceutical services to our population. We have extracted and analysed data to look at the movement of prescriptions out of our area, this has shown two things:

- The numbers of prescriptions moving out of south west Essex is very small, the top ten non-south west Essex dispensers of south west Essex prescriptions dispense less than 2% of all prescriptions issued by NHS SWE GPs (5.3m items in 2008/09).
- The destination is often a result of specialist pharmacy providers e.g. those focusing on care homes, appliance contractors or pharmacies in very large shopping centres.

Having conducted this analysis, we have concluded that there are no significant providers of pharmaceutical services to our population that merit inclusion in our PNA, we will continue to monitor this in the future to see if this changes.

PNA: Assessment – essential and dispensing services

The core function of our pharmacies and dispensing GP practices is to provide a safe and accessible dispensing service to our population. In the pharmacy contract, dispensing services are a sub set of essential services.

Our PNA has found that our population has good access to dispensing services. The distribution of pharmacies in south west Essex is as good or better when compared to our peers. Access has improved recently as four new 100 hour pharmacies have opened in the last 5 years.

We consider that access to essential services, specifically dispensing services, is a **necessary service** the need for which is secured through our pharmacy contractors in urban areas and a combination of pharmacies and dispensing GP practices in rural areas. The current opening hours of pharmacies, including our 100 hour pharmacies provide our population with good access to services across the week.

We have not found any evidence of a gap in this service.

7.3. Health needs and virtual wards

This PCT's strategic plan, seeks to address the challenge of health inequalities through the four strategic programmes: access to high quality primary care services, screening and preventions, integrated care pathways and patient experience

The strategic services plan (SSP) takes these four strategic programmes and applies these to the task of prioritising investment and resources to close the gap in health inequalities. The SSP will have a profound influence on pharmacy services as it will shape how and where primary care services are delivered, some of these through pharmacy.

We have already addressed the question of access and pharmacy services earlier in this document. In this section we go onto explore the themes of: prevention and screening, long term conditions and hospital admissions to identify how our current commissioning and future plans fit with the strategy set out in the SSP.

7.3.1. Population

NHS SWE has a resident population of 397,000 distributed across 13 virtual wards with the largest being Fryerns and Vange and the smallest Grays town.

| Row Labels | Sum of Total Population |
|----------------------------|-------------------------|
| Basildon | 172,583 |
| Billericay | 36,957 |
| Fryerns and Vange | 55,459 |
| Laindon and Langdon | 32,788 |
| Pitsea | 25,456 |
| Wickford | 21,923 |
| Brentwood | 73,208 |
| Brentwood Central and West | 38,299 |
| Hutton and Ingatestone | 34,909 |
| Thurrock | 151,581 |
| Corringham and Stanford | 32,473 |
| Grays North East | 18,368 |
| Grays Town | 15,415 |
| Purfleet and Ockendon | 26,302 |
| Tilbury and Chadwell | 33,682 |
| West Thurrock | 25,341 |
| NHS SWE | 397,372 |

Figure 22: Population by virtual ward
Source: ONS 2008 mid-year estimates

7.3.2. Age

NHS SWE's population is comparatively younger than the population of England. ONS mid-year estimates for 2008 show that 25.6% of our population is aged under 20 years of age compared with 24.0% in England, 15.4% of our population is aged over 64 years compared with 16.1% in England. Our population of working age is 41.0% compared with 40.1% in England.

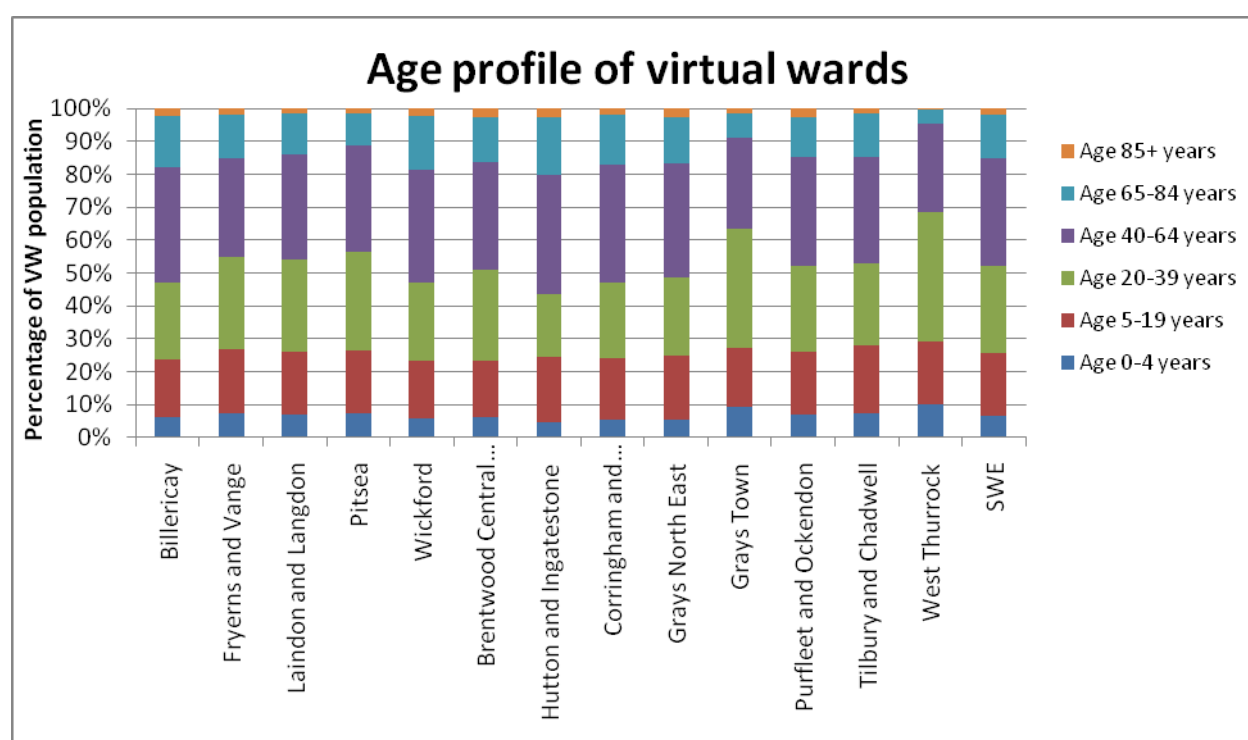


Figure 23: Age profile in virtual ward.
Source: ONS 2008 mid-year estimates

West Thurrock, Grays Town and Fryerns and Vange have the highest proportions of people aged under 20 years. Hutton and Ingatestone and Billericay have the highest proportions of people aged over 64 years.

7.3.3. Equity in resources

A guiding principle of the SSP is to balance the investment of resources with the health needs of the population. Investing more where it is needed most. The basis determining how resources should be prioritised is a formula used to weight the population within south west Essex such that the number of "persons" is weighted by a factor which reflects local health inequalities.

The population weighting factor used in the SSP incorporates weighting for inequalities, deprivation, maternity services, acute services and prescribing. The level of weighting applied is an indication of the relative need within south west Essex.

| Virtual Ward | Registered Population | Weighted Population | Difference (weighted-crude) | Weighting (%) |
|----------------------------|-----------------------|---------------------|-----------------------------|---------------|
| Billericay | 38,438 | 36,044 | -2,394 | -6% |
| Fryerns and Vange | 58,831 | 83,412 | 24,581 | 42% |
| Laindon and Langdon | 35,167 | 34,878 | -289 | -1% |
| Pitsea | 25,765 | 23,981 | -1,784 | -7% |
| Wickford | 22,623 | 16,945 | -5,678 | -25% |
| Basildon | 180,824 | 195,260 | 14,436 | 8% |
| Brentwood Central and West | 39,846 | 38,853 | -993 | -2% |
| Hutton and Ingatestone | 30,933 | 32,420 | 1,487 | 5% |
| Corringham and Stanford | 33,278 | 31,040 | -2,238 | -7% |
| Brentwood | 104,057 | 102,313 | -1,744 | -2% |
| Grays North East | 19,198 | 13,427 | -5,771 | -30% |
| Grays Town | 15,691 | 11,177 | -4,514 | -29% |
| Purfleet and Ockendon | 27,566 | 25,577 | -1,989 | -7% |
| Tilbury and Chadwell | 36,176 | 36,734 | 558 | 2% |
| West Thurrock | 24,811 | 24,244 | -567 | -2% |
| Thurrock | 123,442 | 111,159 | -12,283 | -10% |
| NHS SWE | 408,323 | 408,323 | | |

Figure 24: Population weighting in NHS SWE
Source: NHS SWE SSP

The formula used has resulted in weighting being positively applied to Fryerns and Vange and Hutton and Ingatestone. Other virtual wards have been negatively weighted by a factor which is commensurate with the need identified in that virtual ward. Those whose weighting was lowest were Wickford, Grays Town and Grays North East.

7.3.4. Deprivation

The national index of multiple deprivation (IMD) provides a comparative measure of the deprivation experienced by a population based on their circumstances which can then be applied to a geography. The index provides a score for each output area and ranks areas relative to each other. The relative level of deprivation experienced by a population has a direct correlation with health outcomes for that population.

Deprivation and health outcomes are linked; there is a difference in life expectancy between the most and least disadvantaged areas in south west Essex. The gap, expressed in terms of years lost, is 9.2 years for men and 6.3 years for women.

The map below shows the relative level of deprivation measured by the IMD in 2007.

Pharmacies, GPs (2010) and Deprivation (IMD2007) South West Essex

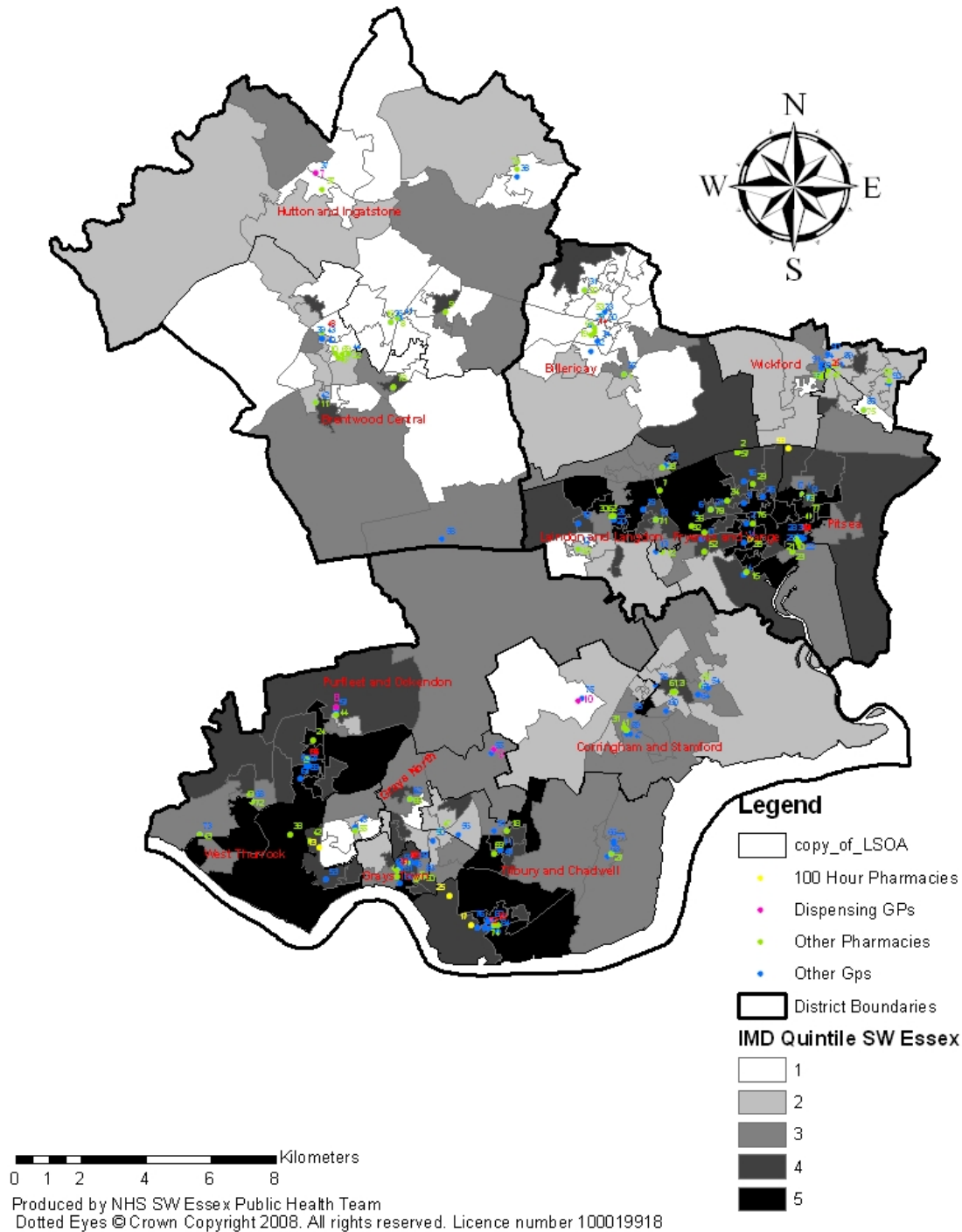


Figure 25: Map showing quintile of deprivation at LSOA level for NHS SWE (IMD 2007)

7.4. Prevention and screening

Lifestyle choices have a significant role in determining health outcomes and need for health services. Figure 27 below draws together factors which have been shown to correlate to poor health outcomes. The best and worst virtual wards for each indicator have been highlighted in red (worst) and green (best).

| Virtual Ward | Locality | Smoking Prevalence | Overweight | Obese | Hazardous drinker | Harmful drinker | 5+ portions fruit and veg per day | Moderately active | Highly active |
|----------------------------|-----------|--------------------|------------|--------|-------------------|-----------------|-----------------------------------|-------------------|---------------|
| Billericay | Basildon | 8.80% | 31.40% | 13.20% | 16.20% | 7.40% | 56.85% | 35.60% | 41.00% |
| Brentwood Central and West | Brentwood | 16.00% | 39.60% | 8.60% | 17.00% | 7.00% | 51.22% | 32.80% | 41.60% |
| Corringham and Stanford | Thurrock | 20.50% | 40.25% | 20.25% | 17.25% | 5.25% | 46.83% | 31.25% | 43.00% |
| Fryerns and Vange | Basildon | 25.00% | 36.43% | 19.00% | 12.57% | 4.57% | 41.23% | 29.57% | 51.00% |
| Grays North East | Thurrock | 16.50% | 37.00% | 20.50% | 19.00% | 5.00% | 44.85% | 31.00% | 45.00% |
| Grays Town | Thurrock | 24.00% | 32.00% | 17.00% | 15.50% | 5.00% | 38.37% | 33.50% | 47.50% |
| Hutton and Ingatestone | Brentwood | 11.50% | 33.25% | 11.50% | 15.25% | 5.75% | 46.14% | 35.25% | 41.00% |
| Laindon and Langdon | Basildon | 24.50% | 36.00% | 20.00% | 13.00% | 6.25% | 43.73% | 31.00% | 46.00% |
| Pitsea | Basildon | 22.00% | 31.00% | 20.67% | 13.00% | 4.00% | 43.77% | 31.00% | 43.67% |
| Purfleet and Ockendon | Thurrock | 24.67% | 36.33% | 22.00% | 14.67% | 5.33% | 39.85% | 32.33% | 44.67% |
| Tilbury and Chadwell | Thurrock | 25.00% | 42.25% | 16.75% | 13.75% | 5.50% | 41.50% | 27.00% | 53.50% |
| West Thurrock | Thurrock | 21.50% | 33.50% | 23.00% | 14.00% | 6.00% | 46.92% | 31.50% | 43.50% |
| Wickford | Basildon | 17.67% | 35.67% | 18.33% | 13.67% | 5.67% | 51.28% | 37.67% | 42.33% |

Figure 26: Lifestyle choices top and bottom quintile highlighted

Source: East of England Lifestyle Survey 2008

These data show that Fryerns and Vange, Purfleet and Ockenden and Tilbury and Chadwell have three or more indicators in the worst quintile. It should be stressed that all communities have the capacity to benefit from interventions which address lifestyle choices and a low ranking should not be equated with a lack of need. A good example of this is stopping smoking which remains the single most effective change that an individual can make to change their health outcomes regardless of where they live.

The uptake of routine screening and immunisations shows a marked difference between virtual wards. The impact of increasing screening and immunisation rates by only a small amount can be significant, both in terms of years of life lost, and in terms of costs to treat later stage diseases like cancers or to deal with significant outbreaks of infections.

Figure 28, below shows the update by virtual ward of screening for cervical cancer and immunisations for MMR and Flu. The best and worst virtual wards for each indicator have been highlighted in red (worst) and green (best).

| Virtual Ward | Locality | Cervical Screening (Q4 08/09) | MMR 5 Years (2008/09) | MMR 2 years (2008/09) | Flu uptake (65+) (2008/09) |
|----------------------------|-----------|----------------------------------|--------------------------|--------------------------|-------------------------------|
| Billericay | Basildon | 80% | 81% | 87% | 79% |
| Brentwood Central and West | Brentwood | 77% | 76% | 84% | 78% |
| Corringham and Stanford | Thurrock | 78% | 73% | 84% | 79% |
| Fryerns and Vange | Basildon | 74% | 75% | 85% | 75% |
| Grays North East | Thurrock | 75% | 73% | 82% | 75% |
| Grays Town | Thurrock | 73% | 69% | 83% | 71% |
| Hutton and Ingatestone | Brentwood | 80% | 69% | 82% | 79% |
| Laindon and Langdon | Basildon | 73% | 80% | 80% | 77% |
| Pitsea | Basildon | 73% | 76% | 80% | 75% |
| Purfleet and Ockendon | Thurrock | 73% | 71% | 80% | 68% |
| Tilbury and Chadwell | Thurrock | 73% | 73% | 82% | 75% |
| West Thurrock | Thurrock | 69% | 80% | 88% | 69% |
| Wickford | Basildon | 80% | 77% | 87% | 78% |

Figure 27: Screening and immunisation rates
Source: NHS SWE SSP 2010

Cervical cancer screening rates are poorest in West Thurrock, with Purfleet and Ockendon, Pitsea, Laindon and Langdon and Grays Town also low. MMR uptake is poor across both measures in Purfleet and Ockendon. Flu immunisation rates are poorest in Purfleet and Ockendon and in West Thurrock.

Teenage conception rates are also an area of focus linked to changes in the behaviours and choices. Fryens and Vange, Pitsea, Purfleet and Ockenden and Tilbury and Chadwell all have areas of high teenage conception rates.

Teenage Conception Rates 2003-2005

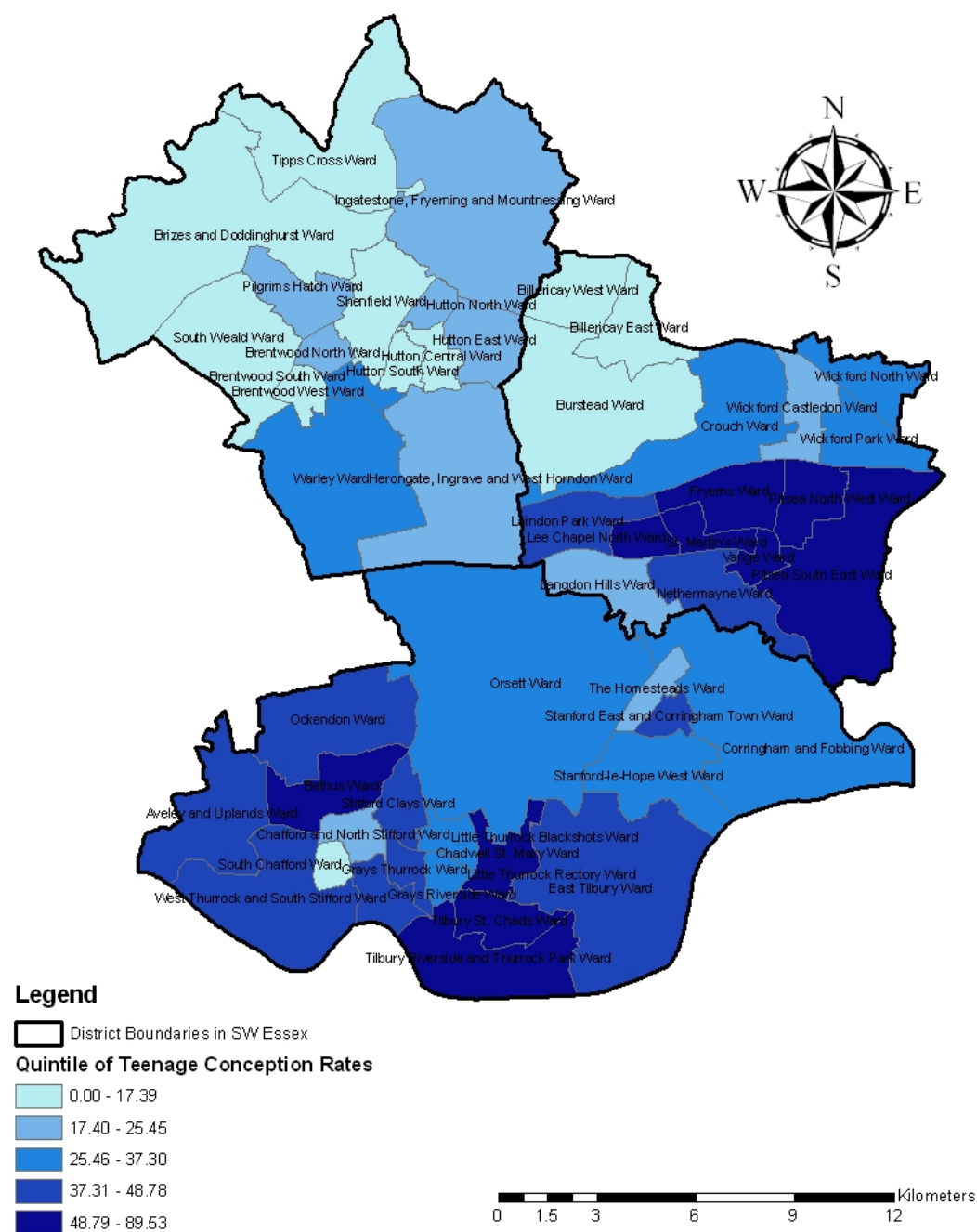


Figure 28: Teenage conception rates 2003 - 2005

7.4.1. Current provision – essential services

The essential services element of the pharmacy contract includes a requirement to provide public health advice to patients. These can be linked to local campaigns run by the PCT and allowance for up to six campaign per annum is made.

7.4.2. Current provision – smoking cessation

NHS SWE also commissions a pharmacy stop smoking service which 73 of our 78 pharmacies provide. Provision is good in the areas with greatest need. The service includes the provision of advice on stopping smoking and supply of nicotine replacement therapy (NRT); a key differentiator of pharmacy stop smoking services from other providers of stop smoking services is the ability to supply medicines at the point of care. Pharmacies are seen as key providers of stop smoking services due to their opening hours, accessibility and ability to advise and supply NRT.

The stop smoking service directly addresses a key outcome measure for the PCT. Stopping smoking is the single most effective health care intervention that can be made. Rates of smoking are highest in areas of deprivation.

| VW / District | Providing Stop Smoking Service | All pharmacies |
|----------------------------|--------------------------------|----------------|
| Basildon | 35 | 37 |
| Billericay | 4 | 6 |
| Fryerns and Vange | 14 | 14 |
| Laindon and Langdon | 4 | 4 |
| Pitsea | 6 | 6 |
| Wickford | 7 | 7 |
| Brentwood | 11 | 12 |
| Brentwood Central and West | 7 | 7 |
| Hutton and Ingatestone | 4 | 5 |
| Thurrock | 27 | 29 |
| Corringham and Stanford | 5 | 5 |
| Grays North East | 2 | 2 |
| Grays Town | 4 | 5 |
| Purfleet and Ockendon | 4 | 5 |
| Tilbury and Chadwell | 7 | 7 |
| West Thurrock | 5 | 5 |
| NHS SWE | 73 | 78 |

Figure 22: Stop smoking service providers
Source NHS SWE & Pharmacy contractor questionnaire (2010)

Stop smoking advice services are available from other providers; for example, through the ‘Vitality’ service and through some GP practices, the combination of these providers with pharmacy’s unique advisory and treatment service provides a comprehensive network across the PCT area.

7.4.3. Patient views

Patients were asked if they had been offered advice on various aspects of health lifestyles in the postal questionnaire. Those that wanted advice in relation to smoking and alcohol were likely to have had that advice from the pharmacist. The data showed that there is an opportunity to capitalise on patient’s willingness to take advice from pharmacies on hearth health and weight management.

| Topic | % of participants | | | | | Total |
|-------------------|-------------------|----------------------------------|---------------------|-----------------|--------------|-------|
| | Yes | No – But would have liked advice | No – Do not need it | Cannot remember | Missing Data | |
| Smoking | 11.4 | 2.9 | 64.5 | 3.5 | 17.8 | 100 |
| Alcohol | 2.5 | 1.9 | 75.8 | 3.3 | 16.6 | 100 |
| Weight Management | 1.2 | 12.2 | 69.3 | 1.1 | 16.2 | 100 |
| Heart health | 3.6 | 24.1 | 52.6 | 3.3 | 16.5 | 100 |

Figure 23: Advice on lifestyle issues. (Participants were asked if they had been offered advice for smoking, alcohol, weight management and heart health.)

PNA: Assessment – stop smoking service

The stop smoking service through pharmacies is an important strand of the PCT’s efforts to reduce smoking rates among the population. Pharmacy is a unique provider with the ability to provide access to NRT at the point of care. Given this and the priority placed on reducing smoking rates in NHS SWE we consider the smoking cessation service to be a **necessary service**. The current network of providers are sufficient to meet the needs of our population at this time and is a good fit with our proposed model for pharmacy services in the future.

7.4.4. Current provision – sexual health / teenage pregnancy

NHS SWE commissions a group of services which focus on sexual health and improving access to emergency contraception. These are currently being revised to sit within one local enhanced service. Just over half of all pharmacies in south west Essex provide this service (41 of 78) with provision in the main urban areas being generally good. Of the areas with greatest need, Tilbury and Chadwell has the lowest provision with three out of seven pharmacies providing this service. Provision could also be improved in Billericay, Wickford and in the Ingatestone part of Hutton and Ingatestone.

| District / Virtual Ward | All pharmacies | EHC provider | Condom (C-Card) provider | Chlamydia screening | Chlamydia treatment |
|----------------------------|----------------|--------------|--------------------------|---------------------|---------------------|
| Basildon | 37 | 17 | 9 | 33 | 26 |
| Billericay | 6 | 1 | | 4 | 3 |
| Fryerns and Vange | 14 | 9 | 5 | 13 | 11 |
| Laindon and Langdon | 4 | 1 | 2 | 3 | 3 |
| Pitsea | 6 | 5 | 1 | 6 | 5 |
| Wickford | 7 | 1 | 1 | 7 | 4 |
| Brentwood | 12 | 8 | 4 | 12 | 10 |
| Brentwood Central and West | 7 | 5 | 4 | 7 | 6 |
| Hutton and Ingatestone | 5 | 3 | | 5 | 4 |
| Thurrock | 29 | 16 | 12 | 24 | 15 |
| Corringham and Stanford | 5 | 3 | 2 | 5 | 4 |
| Grays North East | 2 | | | 1 | |
| Grays Town | 5 | 2 | 2 | 5 | 3 |
| Purfleet and Ockendon | 5 | 4 | 4 | 3 | 2 |
| Tilbury and Chadwell | 7 | 3 | 3 | 6 | 3 |
| West Thurrock | 5 | 4 | 1 | 4 | 3 |
| Grand Total | 78 | 41 | 25 | 69 | 51 |

Figure 24: Sexual health and EHC providers
Source NHS SWE & Pharmacy contractor questionnaire (2010)

PNA: Assessment – emergency hormonal contraception / sexual health LES

Currently each of the EHC, Chlamydia and C-Card services is commissioned separately, an arrangement which is under review. The EHC service through pharmacies provides important access to EHC for women in south west Essex, contributing to reducing teenage pregnancy and avoiding A&E attendance. Without this service access would only be available via a GP appointment or sexual health service clinic, this would limit access considerably. At this time we are working to combine the EHC service with the chlamydia screening and treatment service and the C-Card service to create a new combined single sexual health local enhanced service (LES). We have concluded that these services are **relevant services** which may become necessary when the combined sexual health LES is established. We will review the status of the sexual health LES when commissioning is completed.

PNA: Action - emergency hormonal contraception / sexual health LES

During the roll out of our sexual health LES we will focus on securing provision from our existing contractors in Billericay, Laindon and Langdon, Wickford, Ingatestone, Grays North East, Grays Town and Tillbury and Chadwell in order to achieve 50% provision in each virtual ward (and specifically in Ingatestone).

7.4.5. Current provision – needle exchange and supervised medicines consumption

Pharmacies in south west Essex provide two services to support drug treatment services which link to our prevention and screening programme:

- A needle exchange service which is focused on ensuring that injecting drug users have access to clean injecting equipment, are able to safely dispose of used equipment and have access to advice from pharmacists.
- A supervised consumption service which is focused on ensuring that clients in drug treatment programmes take and use their treatment as prescribed and to provide an opportunity for the pharmacist to make relevant interventions

Drug treatment and harm minimisation services directly address an important strand in the PCT's strategic plan. Although the numbers of people affected are small the impact on the wider community can be significant if not properly managed. With consequences for blood borne disease, health and safety and drug related crime.

The provision evenly spread at local authority level, however provision may need some development virtual ward level, none of the pharmacies in Pitsea currently provides the needle exchange service, whereas four of the pharmacies provide the supervised consumption service. Two pharmacies in Pitsea are willing to provide this service which suggests we are likely to find any need could be met through working with existing contractors.

| Row Labels | All pharmacies | Needle Exchange provider | Supervised administration provider |
|----------------------------|----------------|--------------------------|------------------------------------|
| Basildon | 37 | 7 | 27 |
| Billericay | 6 | 1 | 4 |
| Fryerns and Vange | 14 | 4 | 12 |
| Laindon and Langdon | 4 | 1 | 4 |
| Pitsea | 6 | | 4 |
| Wickford | 7 | 1 | 3 |
| Brentwood | 12 | 4 | 6 |
| Brentwood Central and West | 7 | 2 | 3 |
| Hutton and Ingatestone | 5 | 2 | 3 |
| Thurrock | 29 | 9 | 10 |
| Corringham and Stanford | 5 | | 1 |
| Grays North East | 2 | | |
| Grays Town | 5 | 3 | 3 |
| Purfleet and Ockendon | 5 | 2 | 4 |
| Tilbury and Chadwell | 7 | 4 | 2 |
| West Thurrock | 5 | | |
| NHS SWE | 78 | 20 | 43 |

Figure 25: Needle Exchange and supervised administration service providers
Source NHS SWE & Pharmacy contractor questionnaire (2010)

PNA: Assessment – needle exchange and supervised consumption service

A quarter of our pharmacies provide the needle exchange service and over half provide the supervised consumption service. We have concluded that the provision of needle exchange and supervised consumption from pharmacies is a **necessary service**, where we have determined that there is a need. We have concluded that the current provision is consistent with the needs of our population and that there are no gaps in provision.

PNA: Future work – needle exchange and supervised consumption service

We will review the commissioning of the needle exchange and supervised consumption services with our DAAT, because we operate across three local authorities it is necessary to co-ordinate work with our counter parts who directly commission these services from our pharmacies. We will specifically focus on establishing future demand for supervised consumption services so that this can be reflected in our service model and in determining that on-going provision of needle exchange services meets the needs of our population.

7.4.6. Future plans

The proposed model for pharmacy services in south west Essex will see all pharmacies fully engaged in the provision of essential services which includes a component of advice and signposting.

Half of all pharmacies will be expected to achieve Level one status which includes new and existing enhanced services which promote healthy lifestyles and offer interventions supported by trained staff. Level one will also include the provision of a sexual health service which include provision of EHC. To achieve 50% take up at Level one in each virtual ward will require some of the existing pharmacy contractors in Billericay, Laindon and Langford, Wickford, Ingatestone, Grays North East, Grays Town and Tillbury and Chadwell to provide this service.

A smaller number of pharmacies will move on to Level two or three which will include specialist services to support healthy lifestyle choices.

Level one services will also include the smoking cessation service which is provided by 73 of the 78 pharmacies in south west Essex. The PCT is already achieving the threshold of 50% of pharmacies providing this service.

Level zero services, which all pharmacies will be expected to meet, include needle exchange and supervised consumption services, both according to local needs.

7.5. Integrated care pathways / long term conditions

The management of existing disease through high quality, integrated services is important to reducing health inequalities and increasing life expectancy. The burden of diseases on each virtual ward can be measured using the prevalence as calculated from disease registers held by GP practices.

Figure 33, below shows the percentage of the registered population that is recorded on the disease register for the practice in that virtual ward. The highest and lowest prevalence by virtual wards for each disease has been highlighted in red (high) and green (low).

| Virtual Ward | Locality | COPD | Diabetes | CHD | Stroke and TIA | Asthma |
|----------------------------|-----------|------|----------|------|----------------|--------|
| Billericay | Basildon | 1.2% | 3.3% | 3.3% | 1.6% | 6.5% |
| Brentwood Central and West | Brentwood | 1.5% | 3.6% | 3.3% | 1.7% | 5.2% |
| Corringham and Stanford | Thurrock | 1.1% | 3.5% | 2.6% | 1.3% | 4.8% |
| Fryerns and Vange | Basildon | 1.2% | 2.6% | 1.9% | 0.8% | 3.7% |
| Grays North East | Thurrock | 2.3% | 5.2% | 4.3% | 2.0% | 6.9% |
| Grays Town | Thurrock | 2.1% | 6.9% | 5.0% | 1.8% | 9.7% |
| Hutton and Ingatestone | Brentwood | 1.0% | 3.2% | 3.3% | 1.7% | 5.1% |
| Laindon and Langdon | Basildon | 1.9% | 4.6% | 3.0% | 1.7% | 7.4% |
| Pitsea | Basildon | 3.2% | 7.4% | 5.5% | 2.5% | 10.9% |
| Purfleet and Ockendon | Thurrock | 1.9% | 5.1% | 3.6% | 1.5% | 6.3% |
| Tilbury and Chadwell | Thurrock | 1.5% | 4.2% | 2.9% | 1.4% | 5.8% |
| West Thurrock | Thurrock | 0.4% | 1.9% | 1.1% | 0.4% | 3.4% |
| Wickford | Basildon | 2.4% | 6.7% | 5.8% | 2.7% | 9.1% |

Figure 26: Disease prevalence in NHS SWE (% of patients on practice disease registers)
Source: NHS SWE Public Health

Disease prevalence is linked to population age and so our virtual wards with higher proportion of older population have higher prevalence rates. Grays Town, Pitsea and Wickford all have high prevalence rates for three or more diseases.

7.5.1. Current provision –essential services

Essential services include dispensing, repeat dispensing and the electronic prescription service. This is a core element of supporting patients with long term conditions. In addition, essential services require pharmacy contractors to support patients taking prescribed medicines by providing advice on how to use medicines effectively.

All pharmacies in south west Essex provide the essential services element of the pharmacy contract.

7.5.2. Current provision –advanced services

Advanced services include medicines use review (MUR) and prescription interventions (PI). The MUR/PI service is intended to improve patients' understanding of their medicines; highlight problematic side effects & propose solutions where appropriate; improve adherence; and reduce medicines wastage, usually by encouraging the patient only to order the medicines they require.

The stated purpose of advanced services fits well with the PCT's strategic aims, particularly improving outcomes for patients with long term conditions (LTCs). Evidence for the effectiveness of MUR/PI is not yet well developed although some early studies show that the service can improve self-reported rates of adherence among patients.

All pharmacies in south west Essex have requested approval to provide MUR meaning that the service is universally available. Not all pharmacies are actively providing the service, 10 pharmacies out of 78 have not claimed for MUR in a recent 12 month period.

| District / Virtual Ward | All pharmacies | Can provide MUR | Active in MUR |
|----------------------------|----------------|-----------------|---------------|
| Basildon | 37 | 37 | 33 |
| Billericay | 6 | 6 | 6 |
| Fryerns and Vange | 14 | 14 | 14 |
| Laindon and Langdon | 4 | 4 | 3 |
| Pitsea | 6 | 6 | 5 |
| Wickford | 7 | 7 | 5 |
| Brentwood | 12 | 12 | 11 |
| Brentwood Central and West | 7 | 7 | 6 |
| Hutton and Ingatestone | 5 | 5 | 5 |
| Thurrock | 29 | 29 | 24 |
| Corringham and Stanford | 5 | 5 | 3 |
| Grays North East | 2 | 2 | 2 |
| Grays Town | 5 | 5 | 4 |
| Purfleet and Ockendon | 5 | 5 | 5 |
| Tilbury and Chadwell | 7 | 7 | 6 |
| West Thurrock | 5 | 5 | 4 |
| NHS SWE | 78 | 78 | 68 |

Figure 27: MUR readiness and activity in NHS SWE pharmacies

Source: NHS SWE MI Jan – Dec 2009

The median for active provision of MUR among pharmacy contractors in our ONS cluster group was 85.6% (2008/09) of pharmacies, NHS SWE (84.4%) is in line with this figure.

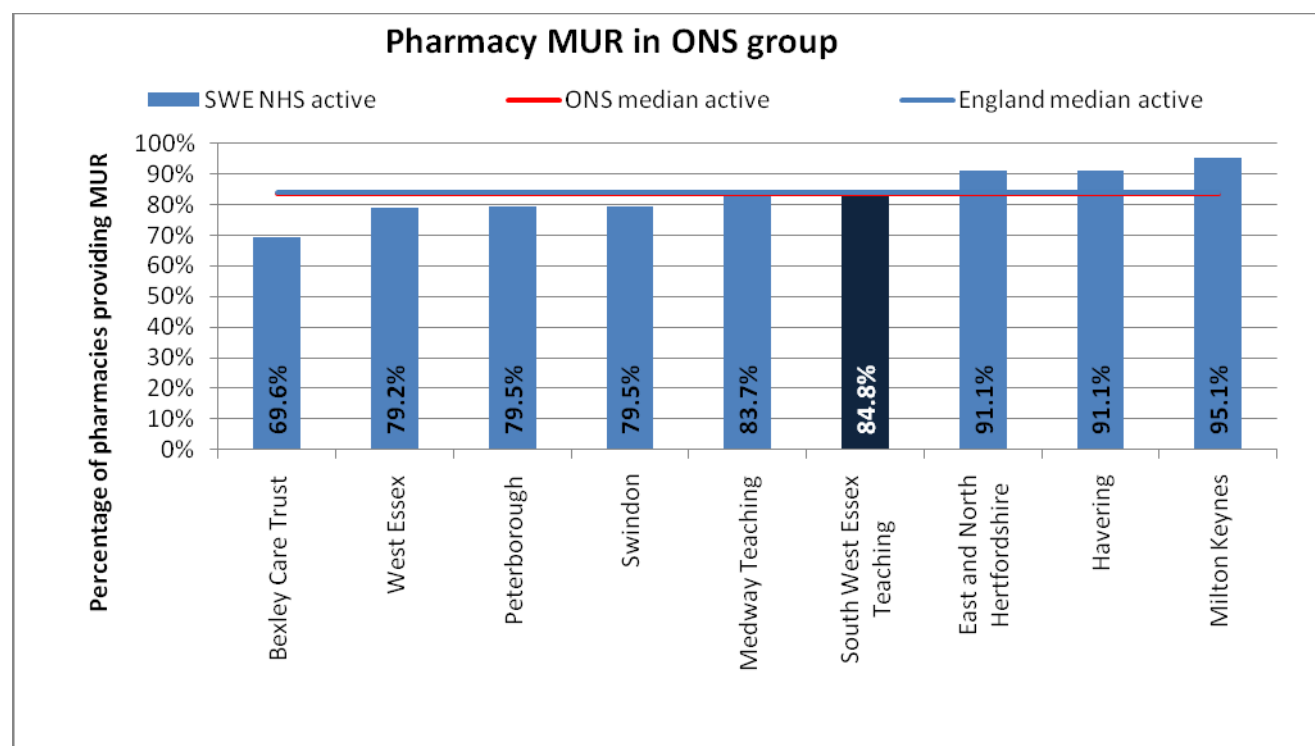


Figure 28: MUR uptake in ONS peer group (NHSIC: 2008/09, Nov 2009)

The maximum number of MURs that a pharmacy may provide is 400 in any one financial year. Pharmacies in south west Essex provided 166 MURs in 2008/09 on average; this is the same as the median for our cluster group.

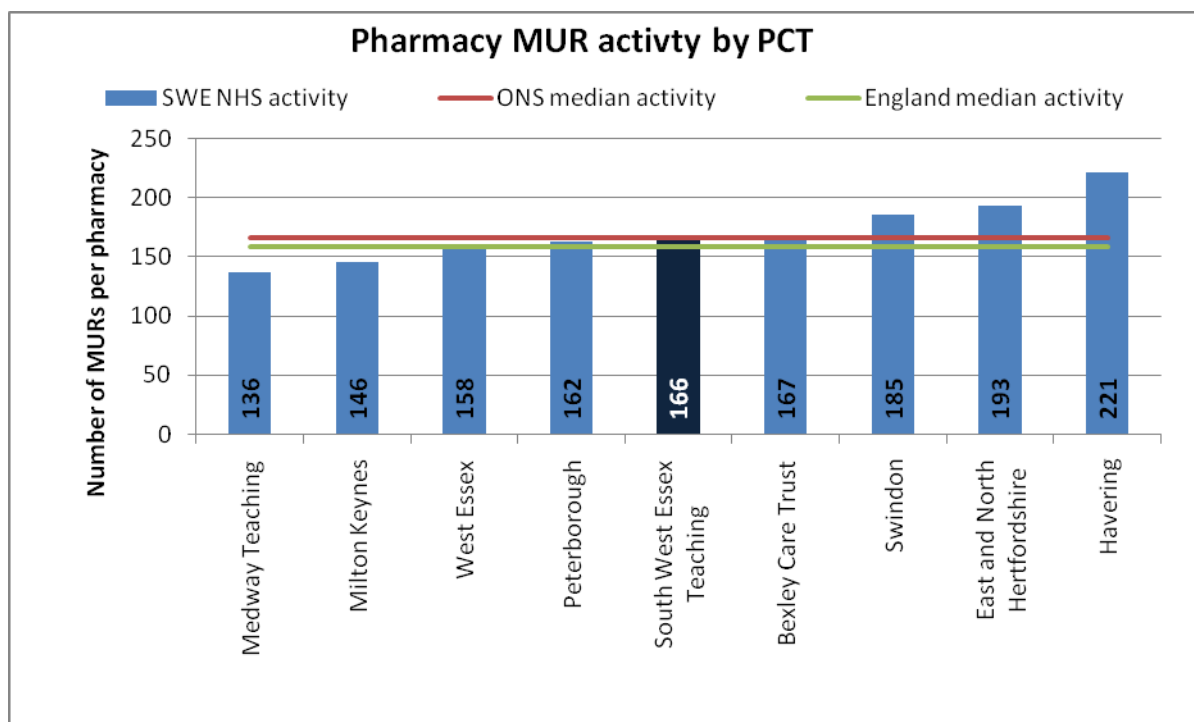


Figure 29: MUR activity in ONS peer group (NHSIC: 2008/09, Nov 2009)

PNA: Assessment – advanced services

The Medicines Use Review / Prescription Intervention (MUR/PI) service is intended to improve patients' understanding of their medicines; highlight problematic side effects and propose solutions where appropriate; improve adherence; and reduce medicines wastage, usually by encouraging the patient only to order the medicines they require.

The stated purpose of advanced services fits well with the PCT's strategic aims, particularly improving outcomes for patients with long term conditions (LTCs). Evidence for the effectiveness of MUR/PI is not yet well developed although some early studies show that the service can improve self-reported rates of adherence among patients.

We have concluded, therefore, that advanced services are a **relevant service**, there are no gaps in provision.

PNA: Action – advanced services

We believe that more could be done to make MUR relevant to our agenda around long term conditions and to integrate the service with the work of our GPs.

We will work with our pharmacy contractors and GPs to develop a dialogue around the scope and purpose of MUR with a view to developing better understanding and integration between the two services.

PNA: Future work – advanced services

Our future model for pharmacy services include provision for concordance services which are related to and could build upon MUR/PI services. We will look at examples of innovative use of MUR in other areas, including: **MUR+** services where pharmacists target specific patient groups, **First Prescription** services which aim to reduce early stopping of therapy due to side effects and **MUR on admission / discharge** which aims to reconcile medication as patients move between primary care and hospital.

7.5.3. Current provision –enhanced services

NHS SWE does not currently commission any local enhanced service which is designed, explicitly to support patients with long term conditions. This is to be addressed in the planned development of pharmacy services as part of the SSP.

7.5.4. Future plans

Our model for pharmacy services includes concordance support model includes at each of Levels one, two and three. The concordance support is intended to help patients prescribed long term treatment to make the most of their medicines.

Level two also includes specific support for patients with LTC furthermore, within Level three services there are proposals to provide prescriber support through the systematic call and recall of patients with LTCs.

Current provision of MUR by the majority of pharmacy contractors provides a good basis for the development of concordance support services and makes it more likely that the PCT will achieve its objective of securing 50% participation at Level one across south west Essex.

7.6. Hospital admissions

Hospital admissions are linked to the both the long term conditions and prevention and screening strands. By better management of long term conditions and a focus on prevention we aim to reduce demand for hospital admissions and to carry out more routine (elective) care in primary care. Research shows that between 17% and 25% of all admissions are related to medicines issues, medicines and medicines reconciliation are also known to cause problems at the interface when patients are admitted and discharged from hospital.

Figure 37 below shows the rate per 1000 of the weighted population for admissions or out patients attendance at virtual ward level. The highest and lowest rates by virtual wards for each admission type has been highlighted in red (high) and green (low).

| Virtual Ward | Locality | A&E Attendances | Non Elective Admissions | Emergency Admissions | 1st Out Patient Atts | Follow Up Out Patient Atts |
|----------------------------|-----------|-----------------|-------------------------|----------------------|----------------------|----------------------------|
| Billericay | Basildon | 195 | 109 | 68 | 341 | 799 |
| Brentwood Central and West | Brentwood | 189 | 102 | 65 | 341 | 768 |
| Corringham and Stanford | Thurrock | 237 | 116 | 74 | 348 | 821 |
| Fryerns and Vange | Basildon | 307 | 120 | 72 | 295 | 680 |
| Grays North East | Thurrock | 199 | 116 | 78 | 291 | 731 |
| Grays Town | Thurrock | 232 | 135 | 69 | 294 | 683 |
| Hutton and Ingatestone | Brentwood | 171 | 93 | 62 | 367 | 797 |
| Laindon and Langdon | Basildon | 293 | 124 | 79 | 288 | 701 |
| Pitsea | Basildon | 322 | 126 | 76 | 300 | 669 |
| Purfleet and Ockendon | Thurrock | 222 | 123 | 75 | 304 | 640 |
| Tilbury and Chadwell | Thurrock | 243 | 123 | 76 | 309 | 689 |
| West Thurrock | Thurrock | 237 | 166 | 68 | 330 | 691 |
| Wickford | Basildon | 230 | 107 | 68 | 323 | 780 |

Figure 30: Hospital admission rates per 1000 weighted population

Source: NHS SWE SSP

Admissions rates are highest in Fryerns and Vange, Laindon and Langdon and Pitsea which is aligned with relative deprivation.

7.6.1. Current provision – essential services

As described earlier, essential services include dispensing, repeat dispensing and the electronic prescription service. This is a core element of supporting patients with long term conditions. In addition, essential services require pharmacy contractors to support patients taking prescribed medicines by providing advice on how to use medicines effectively. These services have an underpinning role in supporting patients moving in and out of hospital.

All pharmacies in south west Essex provide the essential services element of the pharmacy contract.

7.6.2. Current provision – advanced services

Advanced services play a role in reducing the likelihood of patients suffering an unwanted effect from their medicine and in ensuring that prescribed medicines are used effectively. The provision of advanced services is described earlier.

7.6.3. Current provision – enhanced services

NHS SWE does not currently commission any local enhanced service which is designed, explicitly to address admissions rates, however the EHC service does contribute to diverting demand for A&E attendance for the “morning after pill” in those areas where it is commissioned.

7.6.4. Future plans

The proposed service model for pharmacy services will

Our model for pharmacy services includes concordance support model includes at each of Levels 1, 2 and 3 The concordance support is intended to help patients prescribed long term treatment to make the most of their medicines.

Level 2 also includes specific support for patients with LTC furthermore, within Level 3 services there are proposals to provide prescriber support through the systematic call and recall of patients with LTCs.

Current provision of MUR by the majority of pharmacy contractors provides a good basis for the development of concordance support services and makes it more likely that the PCT will achieve its objective of securing 50% participation at Level 1 across south west Essex.

PNA assessment and actions relevant to hospital admissions have been covered in the previous section, but specifically we would focus on our actions and future work around MUR, sexual health LES and smoking cessation.

Appendix 1: Policy context and background papers

National policy context influencing the development pharmacy and PNAs

This appendix provides some context for the policy influencing the development of community pharmacy and PNAs specifically. At the time of writing we do not know how the trajectory set by this policy will change as the new government sets out its proposal for the NHS.

A Vision for Pharmacy in the New NHS (July 2003)

The recent pace of change for NHS community pharmaceutical services over has been more rapid than at any other time in the last 60 years. Community pharmacy has featured more prominently in the NHS's efforts to improve services and is increasingly recognised by the NHS and by other health professionals, and how its ability to respond innovatively and creatively can be better utilised. That is what was intended when the Department of Health launched A Vision for Pharmacy in the New NHS in July 2003. That identified and aligned the ambitions for pharmacy alongside the wider ambitions for the NHS as a whole.

The current policy context shaping the direction of pharmacy services has its roots in the publication of a strategy for pharmacy Choosing Health published by the Government in 2004. In this White Paper, the Government set out a programme of action to provide more of the opportunities, support and information people want to enable them to improve their health.

Choosing health through pharmacy

As part of this programme, the Government made a commitment to publish a strategy for pharmaceutical public health (Choosing Health Through Pharmacy) which expanded the contribution that pharmacists, their staff and the premises in which they work can make to improving health and reducing health inequalities.

This strategy recognised that pharmacists work at the heart of the communities they serve and they enjoy the confidence of the public. Every day, they support self care and provide health messages, advice and services in areas such as diet, physical activity, stop smoking and sexual health.

A new contractual framework for community pharmacy

As part of the Vision for Pharmacy a new community pharmacy contractual framework was put in place in April 2005. It comprises three tiers of services – essential, advanced and local enhanced services.

- Essential services are those which every pharmacy must provide, including dispensing.
- Advanced services are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide. At present, there is one advanced service - the Medicines Use Review (MUR) - where a pharmacist discusses with a patient their use of

the medicines they are taking and whether there are any problems which the pharmacist can help resolve. Essential and advanced services are determined nationally.

- Local enhanced services, such as help for substance misusers, are commissioned locally by PCTs direct with contractors.

'Our health, our care, our say'

The White Paper *Our health, our care, our say* launched in January 2006 set out a new strategic direction for improving the health and well-being of the population. It focused on a strategic shift to locate more services in local communities closer to people's homes. This recognised the vital role that community pharmacies provide in providing services which support patients with long term conditions and make treatment for minor illnesses accessible and convenient.

NHS Next Stage Review

The NHS Next Stage Review final report set out a vision of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. The changes that are now being taken forward, locally and nationally, will see the NHS deliver high quality care for all users of services in all aspects, not just some. It will see services delivered closer to home, a much greater focus on helping people stay healthy and a stronger emphasis on the NHS working with local partners. Pharmacy has a key role to play in delivering this vision, particularly as a provider of services which prevent ill-health, promote better health for all and improve access to services within communities.

The pharmacy White Paper, Pharmacy in England - Building on strengths delivering the future

In April 2008 the government set out its plans for pharmacy in the Pharmacy White Paper *Pharmacy in England: Building on strengths - delivering the future* (PWP) subsequently a regulatory consultation was undertaken to consult on the proposed changes to the regulations for pharmacy.

This White Paper sets out a vision for improved quality and effectiveness of pharmaceutical services, and a wider contribution to public health. Whilst acknowledging good overall provision and much good practice amongst providers, it revealed several areas of real concern about medicines usage across the country which it seeks to address through a work programme which will challenge and engage PCTs, pharmacists and the NHS.

It identifies practical, achievable ways in which pharmacists and their teams can improve patient care in the coming years. It sets out a reinvigorated vision of pharmacy's potential to contribute further to a fair, personalised, safe and effective NHS. This vision demonstrates how pharmacy can continue, and expand further, its role in an NHS that focuses as much on prevention as it does on treating sick people, helping to reduce health inequalities, supporting healthy choices, improving quality and promoting well-being for patients and public alike.

This White Paper has put forward a broad range of proposals to build on progress over the last three years which has succeeded in embedding community pharmacy's role in improving health and well-being and reducing health inequalities. These include proposals for how pharmacies will, over time:

- become 'healthy living' centres – promoting health and helping more people to take care of themselves;
- offer NHS treatment for many minor ailments (e.g. coughs, colds, stomach problems) for people who do not need to go to their local GP;
- provide specific support for people who are starting out on a new course of treatment for long term conditions such as high blood pressure or high cholesterol;
- offer screening for those at risk of vascular disease – an area where there are significant variations in access to services and life expectancy around the country;
- use new technologies to expand choice and improve care in hospitals and the community, with a greater focus on research; and
- be commissioned based on the range and quality of services they deliver.

For PCTs the PWP presents a timely opportunity to take stock of progress with the development and integration of pharmacy services and to prepare a strategy to deliver the PWP vision over the next 3-5 year period.

High quality commissioning is a recurring theme throughout these documents. A robust Pharmaceutical Needs Assessment (PNA) is key to world class commissioning of services from community pharmacy.

Documents and reference papers for PNA

The following documents provide some background to the PNA development process, the relevant policy and guidance available to PCTs.

Pharmacy in England: building on strengths - delivering the future

This White Paper sets out a vision for building on the strengths of pharmacy, using that capacity and capability to deliver further improvements in pharmaceutical services over the coming years as part of an overall strategy to ensure safe, effective, fairer and more personalised patient care.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083815

PNAs as a part of world class commissioning guidance.

This guidance sets out why Pharmaceutical Needs Assessments (PNAs) are important, how they fit into the primary care trust (PCTs) planning cycle and how it can be used to drive intelligent, world class commissioning of pharmaceutical services.

<http://www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/PNAsasapartofworldclasscommissioning.aspx>

Developing pharmaceutical needs assessments guidance

This guidance and individual supporting guides explain why Pharmaceutical Needs Assessments (PNAs) are important and how they fit into PCTs' planning cycles. It outlines how to produce a new PNA or revise an existing one.

http://www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/PNA_Guidance.aspx

Pharmacy-based stop smoking services guidance

This guidance covers the key areas for primary care trusts (PCTs) when commissioning 'world class' pharmacy-based stop smoking services.

<http://www.nhsemployers.org/PayAndContracts/CommunityPharmacyContract/Pages/Pharmacy-basedsmokingservices.aspx>

The NHS (Pharmaceutical Services) Regulations: information for primary care trusts - revised September 2009

This guidance has been produced to assist primary care trusts in the assessment and determination of applications to provide NHS pharmaceutical services. It incorporates reforms effective from 1

April 2005 to the regulatory system and amendments to the Regulations since. This includes the amendments which came into force on 17 September – SI 2009/2205.

It also incorporates supplementary information for primary care trusts on the NHS Pharmaceutical Services (Fees for Applications) Directions 2008 which give primary care trusts the ability to charge for certain applications for inclusion on their NHS pharmaceutical services lists.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_105361

World class commissioning: Improving Pharmaceutical Services

This is a practical guide to support PCTs in commissioning pharmaceutical services.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_097408

Local pharmaceutical services (LPS)

LPS is a tool available to PCTs by which they may contract locally for provision of pharmaceutical and other services, including services not traditionally associated with pharmacy, within a single contract.

<http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Communitypharmacy/Localpharmaceuticalservices/LPSPermanenceguidance/index.htm>

Advisory Group on the NHS (Pharmaceutical Services) Regulations

Following the publication of the White Paper Pharmacy in England: Building on strengths - delivering the future, a consultation was held in the autumn 2008 on proposals for legislative change.

<http://www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/PharmacyWhitePaper/RegulationsAdvisoryGroup/index.htm>

The DH has now published the revised guidance and regulations. The regulations were laid in parliament on 23rd March 2010 and will come into force on 24th May 2010.

The updated guidance and regulations can be accessed at:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114952.pdf

Appendix 2 – Membership of the steering group

| Name | Role | Organisation |
|-----------------------|--|---------------------|
| Carolyn Larsen | Associate Director – Primary Care & Commissioning | NHS SWE |
| Kimberley Hall | Head of Primary Care Commissioning | NHS SWE |
| John Stanley | Community Pharmacy Service Development Project Manager | NHS SWE |
| Ash Pandya | Chief Executive | Essex LPC |
| Sean Bailey | Strategic Planning Manager | NHS SWE |
| Jane Newman | Pharmacist - Clinical Management Board | NHS SWE |
| Jonathan Weaver | Associate Director - Primary Care Procurement & Contract Development | NHS SWE |
| Saul Spevack | Head of Stakeholders Relations | NHS SWE |
| Henna Ali | Public Health | NHS SWE |
| Jananezwary Kanapathy | Public Health | NHS SWE |
| Parmpreet Marway | Public Health | NHS SWE |
| Anita Millar | Head of Engagement & Patient Experience | NHS SWE |
| Bill Sandhu | Head of Medicines Management | NHS SWE |
| Ian Wake | Associate Director of Public Health | NHS SWE |
| Val Lawson | Primary Care Support | NHS SWE |
| June Brown | Patient Representative | |
| Cathy Pedder | | Essex LMC |

Appendix 3 - Proposed pharmacy services structure in south west Essex

| | Essential services | Advanced services | Local enhanced services |
|---------|--------------------|-------------------|--|
| Level 0 | All | All | Needle Exchange (According to local need) Supervised administration (According to local need) |
| Level 1 | All | All | In addition to Level 0 services required according to local need, all of the following must be provided: Lifestyle assessment Stop smoking counselling Sexual health services (EHC, C-Card, Chlamydia screen and treat) Concordance Not dispensed Sip feeds monitoring Dressing supply Gluten free monitoring and supply Minor ailments |
| Level 2 | All | All | These services according to local need and willingness to provide Out of Hours service CVD risk assessment Home delivery service Obesity referral to weight loss programmes – assessment of motivation and weekly follow up/voucher issue Alcohol brief screening and intervention Palliative care drug supply (level 1) Assessment of risk of falls in older people Training counter staff to become health trainers Language Access service Expansion of drug services programme Support for care homes "Medicines concordance level 2:- MDS concordance with long term medication e.g. statins, active waste reduction schemes, pre or post hospital admission medicines reconciliation, inhaler technique checks. " "Services for patients with LTC including personal health plans, COPD, diabetes, INR and warfarin monitoring, Personal Health Plans" Near patient testing Schools service Immunisations |
| Level 3 | | | Specialist services, provider must demonstrate capability and premises to provide: Obesity care pathway – identification of patients, appropriate referral and (weekly support) Systematic call of patients via GP records - prescriber support service Proactive health promotion, Vitality branding and web access advice support Medicines concordance level 3 Sexual health service level 2 – prescribing of oral contraceptives Obesity prevention – patient education Palliative care level 2 Tier 1 drug education services Provision of local authority services that impact on health – housing, fuel poverty, debt/benefits services within the pharmacy Supplementary prescribing - via disease specific clinical management plan CCBT – low level mental health Basing existing health trainers in store Outreach services into the community Pharmacy team members trained as health advocates |

Appendix 4 – pharmacy opening hours

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| TUESDAY | | | | | | 09:00 | | | | | | | | Noon | | | | | | | | 15:00 | | | | | | | | 18:00 | | | | | | | | 21:00 | | | | | | | | | |
|----------|------------------------------------|----------|-------|-------|-------------|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------------|----------|------------|-------------------|-------------------|----------|
| FCS Code | Pharmacy name | Postcode | Open | Close | Lunch Close | Lunch Open | 06:00 | 06:30 | 07:00 | 07:30 | 08:00 | 08:30 | 09:00 | 09:30 | 10:00 | 10:30 | 11:00 | 11:30 | 12:00 | 12:30 | 13:00 | 13:30 | 14:00 | 14:30 | 15:00 | 15:30 | 16:00 | 16:30 | 17:00 | 17:30 | 18:00 | 18:30 | 19:00 | 19:30 | 20:00 | 20:30 | 21:00 | 21:30 | 22:00 | 22:30 | 23:00 | 00:00 | Ward | Locality | | | |
| FE004 | Boots UK Limited | CM12 0UA | 09:00 | 18:30 | 14:00 | 14:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | | | | |
| FQE10 | Boots UK Ltd | CM12 9BS | 09:00 | 17:30 | 13:30 | 14:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | | |
| FA380 | Day Lewis Limited | CM11 2RB | 09:00 | 18:00 | 13:00 | 14:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | | |
| FE020 | Lloyds Pharmacy Ltd | CM12 9AJ | 09:00 | 19:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | | |
| FNC77 | Shadforth Pharmacy | CM12 OAH | 09:00 | 18:30 | 13:00 | 14:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | | |
| FD812 | Shadforth Pharmacy | CM12 9AX | 08:45 | 18:15 | 13:00 | 14:15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | |
| FGL20 | AA Pharmacy | SS14 3JT | 09:00 | 19:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FN057 | Allcures Pharmacy | SS16 5DF | 09:00 | 19:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FWJ99 | Allcures Pharmacy | SS14 2ER | 09:00 | 18:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FDW82 | Allcures PLC | SS16 4QW | 09:00 | 18:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FC547 | Asda Pharmacy | SS14 3AF | 09:00 | 21:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| HJ090 | Asda Pharmacy | SS14 1JH | 08:00 | 20:00 | 12:30 | 14:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FJ 061 | Boots UK Ltd | SS14 1BA | 08:30 | 17:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FP755 | Boots UK Ltd | SS14 3HZ | 09:00 | 18:00 | 14:00 | 15:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon |
| HFH92 | L Rowlands & Co (Retail) Ltd | SS14 2HB | 09:00 | 19:00 | 13:30 | 14:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon |
| FHV32 | Longthornes Pharmacies Partnership | SS16 4EX | 09:00 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| WEDNESDAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------|------------------------------|----------|-------|-------|-------------|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|-------|-------|-------|-------|-------|-------|------------|----------|-------------------|-------------------|----------|
| FCS Code | Pharmacy name | Postcode | Open | Close | Lunch Close | Lunch Open | 06:00 | 06:30 | 07:00 | 07:30 | 08:00 | 08:30 | 09:00 | | | | Noon | | | | 15:00 | | | | 18:00 | | | | 21:00 | | | | Ward | Locality | | | | | | | | | | | | |
| | | | | | | | | | | | | | 09:00 | 09:30 | 10:00 | 10:30 | 11:00 | 11:30 | 12:00 | 12:30 | 13:00 | 13:30 | 14:00 | 14:30 | 15:00 | 15:30 | 16:00 | 16:30 | 17:00 | 17:30 | 18:00 | 18:30 | 19:00 | 19:30 | 20:00 | 20:30 | 21:00 | 21:30 | 22:00 | 22:30 | 23:00 | 23:30 | 00:00 | | | |
| FE004 | Boots UK Limited | CM12 0JA | 09:00 | 18:30 | 14:00 | 14:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | | | |
| FQE10 | Boots UK Ltd | CM12 9BS | 09:00 | 17:30 | 13:30 | 14:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | |
| FA380 | Day Lewis Limited | CM11 2RB | 09:00 | 18:00 | 13:00 | 14:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | |
| FE020 | Lloyds Pharmacy Ltd | CM12 9AJ | 09:00 | 19:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | |
| FNC77 | Shadforth Pharmacy | CM12 0AH | 09:00 | 18:30 | 13:00 | 14:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | |
| FD812 | Shadforth Pharmacy | CM12 0AX | 08:45 | 18:15 | 13:00 | 14:15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billericay | Basildon | |
| FGL20 | AA Pharmacy | SS14 3JT | 09:00 | 19:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SS14JIT | Basildon | |
| FN057 | Allcures Pharmacy | SS16 5DF | 09:00 | 19:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FWI09 | Allcures Pharmacy | SS14 2ER | 09:00 | 18:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FDN82 | Allcures PLC | SS16 4QW | 09:00 | 13:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| KCS47 | Asda Pharmacy | SS14 3AF | 09:00 | 21:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FH090 | Asda Pharmacy | SS14 1JH | 08:00 | 20:00 | 12:30 | 14:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FJ 061 | Boots UK Ltd | SS14 1BA | 08:30 | 17:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FP755 | Boots UK Ltd | SS14 3HZ | 09:00 | 18:00 | 14:00 | 15:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon |
| FHF92 | L Rowlands & Co (Retail) Ltd | SS14 2HB | 09:00 | 19:00 | 13:30 | 14:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon |
| FHV32 | Longhorn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| THURSDAY | | | | | | |
|----------|--|----------|-------|-------|-------------|------------|
| FCS Code | Pharmacy name | Postcode | Open | Close | Lunch Close | Lunch Open |
| FE004 | Boots UK Limited | CM12 OUA | 09:00 | 18:30 | 14:00 | 14:30 |
| FQE10 | Boots UK Ltd | CM12 9BS | 09:00 | 17:30 | 13:30 | 14:30 |
| FA380 | Day Lewis Limited | CM11 2RB | 09:00 | 18:00 | 13:00 | 14:00 |
| FE020 | Lloyds Pharmacy Ltd | CM12 9AJ | 09:00 | 19:00 | | |
| FNC77 | Shadforth Pharmacy | CM12 OAH | 09:00 | 18:30 | 13:00 | 14:00 |
| FD812 | Shadforth Pharmacy | CM12 9AX | 08:45 | 18:15 | 13:00 | 14:15 |
| FGL20 | AA Pharmacy | SS14 3JT | 09:00 | 19:00 | | |
| FNW67 | Allcures Pharmacy | SS16 5DF | 09:00 | 19:00 | | |
| FWJ99 | Allcures Pharmacy | SS14 2ER | 09:00 | 18:30 | | |
| FDWB2 | Allcures PLC | SS16 AQW | 09:00 | 18:30 | | |
| KC547 | Asda Pharmacy | SS14 3AF | 09:00 | 21:00 | | |
| FH090 | Asda Pharmacy | SS14 1JH | 08:00 | 20:00 | 12:30 | 14:30 |
| FJ 061 | Boots UK Ltd | SS14 1BA | 08:30 | 17:30 | | |
| FP755 | Boots UK Ltd | SS14 3HZ | 09:00 | 19:00 | 14:00 | 15:00 |
| FHF92 | L Rowlands & Co (Retail) Ltd | SS14 2HB | 09:00 | 19:00 | 13:30 | 14:00 |
| FHV32 | Longthornes Pharmacies Partnership | SS16 4EX | 09:00 | 18:30 | 13:00 | 14:00 |
| FD329 | National Co-operative Chemists Ltd | SS16 5SA | 09:00 | 19:00 | | |
| FGC13 | Noak Bridge Pharmacy Limited | SS15 4IS | 09:00 | 13:00 | | |
| FAA73 | Tesco Instore Pharmacy | SS14 3HZ | 08:00 | 20:00 | | |
| FVR20 | Timberlog Pharmacy | SS14 1PB | 09:00 | 18:00 | | |
| FTJ17 | Boots UK Limited | SS15 SHL | 09:00 | 18:00 | 13:00 | 14:00 |
| FQC91 | Great Berry Pharmacy | SS16 6SA | 09:00 | 18:30 | | |
| FGR06 | Lloyds Pharmacy Ltd | SS15 STE | 09:00 | 18:00 | | |
| FQR98 | National Co-operative Chemist Ltd | SS15 STQ | 09:00 | 18:00 | | |
| FTN74 | Allcures Pharmacy | SS13 1PN | 09:00 | 18:30 | | |
| FJX14 | Boots UK Limited | SS13 3DU | 09:00 | 18:00 | 14:00 | 15:00 |
| FP779 | J Sainsbury Store | SS13 1SA | 07:00 | 23:00 | | |
| FEL23 | Sach Chemist | SS13 3AT | 09:00 | 18:00 | | |
| FFO09 | Tesco Instore Pharmacy | SS13 3JU | 08:00 | 21:00 | | |
| FWZ94 | Vanas Limited | SS13 2AI | 09:00 | 18:30 | | |
| FAX06 | AMG Healthcare Ltd | SS12 QAW | 09:00 | 19:00 | | |
| FVK93 | Boots UK Limited | SS12 9NR | 09:00 | 18:00 | 13:30 | 14:00 |
| FKP09 | Boots UK Ltd | SS12 ORA | 09:00 | 17:30 | | |
| FP449 | M Kotecha Ltd | SS11 8QW | 09:00 | 18:00 | | |
| FQ122 | Natocel Co-operative Chemists Ltd | SS12 ORA | 09:00 | 18:00 | | |
| FG064 | Shadforth Pharmaceutical Co Ltd | SS12 9AE | 09:00 | 18:00 | 13:00 | 14:00 |
| FRB90 | Shadforth Pharmaceutical Co Ltd | SS12 9AQ | 09:00 | 17:30 | 14:00 | 14:20 |
| FR398 | Boots UK Ltd | CM14 4RH | 08:45 | 17:30 | 14:00 | 15:00 |
| FDZ85 | Day Lewis Pharmacy | CM14 SWF | 09:00 | 18:30 | 13:00 | 14:00 |
| FW781 | Gilecare Ltd | CM13 ZBN | 09:00 | 18:00 | 13:00 | 14:00 |
| FCM73 | Goldchem Ltd | CM14 4RG | 09:00 | 17:30 | | |
| FLR99 | Maurice Waldman | CM15 9DZ | 09:00 | 18:00 | | |
| FLQ00 | Sainsbury's Pharmacy | CM14 4WQ | 08:00 | 21:00 | 13:00 | 14:00 |
| FMK29 | Shadforth Pharmacy Co Ltd | CM15 BAG | 08:30 | 18:30 | | |
| FDPR3 | Assura Pharmacy Limited | CM15 BNL | 08:30 | 19:00 | 13:00 | 13:30 |
| FC869 | L Rowlands & Co (Retail) Ltd | CM15 BPA | 09:00 | 18:00 | | |
| FJ 407 | M Sood Chemists Ltd | CM15 ONG | 09:00 | 18:00 | | |
| FCFO2 | National Co-operative Chemists Ltd | CM13 1LZ | 09:00 | 18:00 | | |
| FRP97 | Shadforth Pharmacy Co Ltd | CM4 9DW | 09:00 | 18:00 | 13:00 | 14:00 |
| FQV22 | Allcures Pharmacy | SS17 9AA | 09:00 | 19:00 | | |
| FGW47 | Allcures plc | SS17 OHF | 09:00 | 19:00 | | |
| FK026 | Allcures.com plc | SS17 OHF | 09:00 | 17:30 | | |
| FQS78 | Boots UK Ltd | SS17 7LL | 09:00 | 17:30 | 13:00 | 14:00 |
| FA673 | Unicare Pharmacy | SS17 7LU | 09:00 | 18:00 | | |
| FLQ07 | Lloyds Pharmacy Ltd | RM17 5RY | 09:00 | 19:00 | | |
| FQY84 | National Co-operative Chemists Ltd | RM16 2BD | 09:00 | 18:00 | | |
| FA736 | Allcures plc | RM17 6NA | 09:00 | 17:30 | | |
| FQG23 | Allcures plc | RM17 5HH | 09:00 | 19:00 | | |
| FMM25 | Allcures.Com (2006) Limited | RM17 6SP | 09:00 | 18:00 | | |
| FXM69 | Boots UK Ltd | RM17 6LU | 09:00 | 21:30 | | |
| FAL12 | Steve's Chemist | RM17 6BU | 09:00 | 17:30 | 13:00 | 13:30 |
| FFF46 | Allcures.com(2006) Limited (Internet Pharmacy) | RM15 TTT | 09:00 | 1 | | |

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[illegible]

| SUNDAY | FCS Code | Pharmacy name | Postcode | Open | Close | Lunch Close | Lunch Open | 06:00 | 06:30 | 07:00 | 07:30 | 08:00 | 08:30 | 09:00 | 09:30 | 10:00 | 10:30 | 11:00 | 11:30 | Noon | 12:30 | 13:00 | 13:30 | 14:00 | 14:30 | 15:00 | 15:30 | 16:00 | 16:30 | 17:00 | 17:30 | 18:00 | 18:30 | 19:00 | 19:30 | 20:00 | 20:30 | 21:00 | 21:30 | 22:00 | 22:30 | 23:00 | 23:30 | 00:00 | Ward | Locality | | | | | | |
|--------|------------------------------------|---------------|----------|-------|-------|-------------|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|----------|--|-----------|-------------------|-------------------|-----------|----------|
| FE004 | Boots UK Limited | | CM12 0UA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billerica | Basildon | | | |
| FQE10 | Boots UK Ltd | | CM12 9BS | 10:00 | 14:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billerica | Basildon | |
| FA380 | Day Lewis Limited | | CM11 2RB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billerica | Basildon |
| FE020 | Lloyds Pharmacy Ltd | | CM12 9AJ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billerica | Basildon | | |
| FNC77 | Shadforth Pharmacy | | CM12 0AH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Billerica | Basildon | | |
| FGB12 | Shadforth Pharmacy | | CM12 9AX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | | |
| FGJ20 | AA Pharmacy | | SS14 3JT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | | |
| FN057 | Allcures Pharmacy | | SS16 5DF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | | |
| FWL99 | Allcures Pharmacy | | SS14 2ER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | | |
| FDN82 | Allcures PLC | | SS16 4QW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | | |
| FC547 | Asda Pharmacy | | SS14 3AF | 10:00 | 16:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FH090 | Asda Pharmacy | | SS14 1JH | 10:00 | 16:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FJ 061 | Boots UK Ltd | | SS14 1BA | 10:00 | 16:00 | 14:00 | 15:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FP755 | Boots UK Ltd | | SS14 3HZ | 10:30 | 16:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | |
| FHF92 | L Rowlands & Co (Retail) Ltd | | SS14 2HB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Fryerns and Vange | Basildon | | |
| FHV32 | Longthornes Pharmacies Partnership | | SS16 4EX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Appendix 5: Pharmacy contractors in south west Essex

| FCS CODE | TRADING NAME | POST CODE | Virtual Ward | Locality | Medicines use review | MUR active | Smoking Cessation | Emergency Hormonal Contraception | Chlamydia Screening | Chlamydia Treatment | C-Card Condom | Supervised Administration | Needle Exchange | Gluten Free Food | Waste Medicines | CVD (Pilot) |
|----------|------------------------------------|-----------|-------------------|----------|----------------------|------------|-------------------|----------------------------------|---------------------|---------------------|---------------|---------------------------|-----------------|------------------|-----------------|-------------|
| FE004 | Boots UK Limited | CM12 0UA | Billericay | Basildon | Y | Y | | | | | | Y | | | | |
| FQE10 | Boots UK Ltd | CM12 9BS | Billericay | Basildon | Y | Y | Y | | | | | Y | | | Y | |
| FA380 | Day Lewis Limited | CM11 2RB | Billericay | Basildon | Y | Y | Y | | Y | Y | | Y | Y | | | |
| FE020 | Lloyds Pharmacy Ltd | CM12 9AJ | Billericay | Basildon | Y | Y | | Y | Y | | | Y | | | | |
| FNC77 | Shadforth Pharmacy | CM12 0AH | Billericay | Basildon | Y | Y | Y | | Y | Y | | | | | | |
| FD812 | Shadforth Pharmacy | CM12 9AX | Billericay | Basildon | Y | Y | Y | | Y | Y | | | | | | |
| FGL20 | AA Pharmacy | SS14 3JT | Fryerns and Vange | Basildon | Y | Y | Y | | | | | Y | | | | |
| FN057 | Allcures Pharmacy | SS16 5DF | Fryerns and Vange | Basildon | Y | Y | Y | | Y | | | Y | | | | Y |
| FWL99 | Allcures Pharmacy | SS14 2ER | Fryerns and Vange | Basildon | Y | Y | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| FDN82 | Allcures PLC | SS16 4QW | Fryerns and Vange | Basildon | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | Y |
| FH090 | Asda Pharmacy | SS14 1JH | Fryerns and Vange | Basildon | Y | Y | Y | Y | Y | Y | | Y | | | | Y |
| FC547 | Asda Pharmacy | SS14 3AF | Fryerns and Vange | Basildon | Y | Y | Y | Y | Y | Y | | Y | | Y | Y | Y |
| FJ061 | Boots UK Ltd | SS14 1BA | Fryerns and Vange | Basildon | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | Y |
| FP755 | Boots UK Ltd | SS14 3HZ | Fryerns and Vange | Basildon | Y | Y | Y | Y | Y | Y | Y | Y | | Y | Y | Y |
| FHF92 | L Rowlands & Co (Retail) Ltd | SS14 2HB | Fryerns and Vange | Basildon | Y | Y | Y | | Y | Y | | Y | | | | Y |
| FHV32 | Longthornes Pharmacies Partnership | SS16 4EX | Fryerns and Vange | Basildon | Y | Y | Y | Y | Y | Y | | | | Y | | Y |
| FD329 | National Co-operative Chemists Ltd | SS16 5SA | Fryerns and Vange | Basildon | Y | Y | Y | | Y | Y | | Y | Y | | | Y |
| FGC13 | Noak Bridge Pharmacy Limited | SS15 4JS | Fryerns and Vange | Basildon | Y | Y | Y | Y | Y | Y | | | | | Y | Y |
| FA473 | Tesco Instore Pharmacy | SS14 3HZ | Fryerns and Vange | Basildon | Y | Y | Y | | Y | Y | | Y | | | | Y |
| FVR20 | Timberlog Pharmacy | SS14 1PB | Fryerns and Vange | Basildon | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | Y |

CONSULTATION DRAFT

| FCS CODE | TRADING NAME | POST CODE | Virtual Ward | Locality | Medicines use review | MUR active | Smoking Cessation | Emergency Hormonal Contraception | Chlamydia Screening | Chlamydia Treatment | C-Card Condom | Supervised Administration | Needle Exchange | Gluten Free Food | Waste Medicines | CVD (Pilot) |
|----------|------------------------------------|-----------|---------------------|----------|----------------------|------------|-------------------|----------------------------------|---------------------|---------------------|---------------|---------------------------|-----------------|------------------|-----------------|-------------|
| FTJ17 | Boots UK Limited | SS15 5HL | Laindon and Langdon | Basildon | Y | Y | Y | | | | | Y | | | | |
| FQC91 | Great Berry Pharmacy | SS16 6SA | Laindon and Langdon | Basildon | Y | | Y | | Y | Y | Y | Y | | | | Y |
| FGR06 | Lloyds Pharmacy Ltd | SS15 5TE | Laindon and Langdon | Basildon | Y | Y | Y | Y | Y | Y | Y | Y | | | | Y |
| FQ898 | National Co-operative Chemist Ltd | SS15 5TQ | Laindon and Langdon | Basildon | Y | Y | Y | | Y | Y | | Y | Y | | | Y |
| FTN74 | Allcures Pharmacy | SS13 1PN | Pitsea | Basildon | Y | Y | Y | Y | Y | | | | | | | |
| FJX14 | Boots UK Limited | SS13 3DU | Pitsea | Basildon | Y | Y | Y | Y | Y | Y | | Y | | | | Y |
| FP779 | J Sainsbury Store | SS13 1SA | Pitsea | Basildon | Y | | Y | Y | Y | | | Y | | | | Y |
| FEL23 | Sach Chemist | SS13 3AT | Pitsea | Basildon | Y | Y | Y | | Y | Y | | Y | | | Y | Y |
| FF009 | Tesco Instore Pharmacy | SS13 3JU | Pitsea | Basildon | Y | Y | Y | Y | Y | Y | | Y | | Y | Y | Y |
| FW294 | Vanas Limited | SS13 2AJ | Pitsea | Basildon | Y | Y | Y | Y | Y | Y | Y | | | | | Y |
| FAX06 | AMG Healthcare Ltd | SS12 0AW | Wickford | Basildon | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |
| FVK93 | Boots UK Limited | SS12 9NR | Wickford | Basildon | Y | Y | Y | | Y | | | | | Y | | |
| FKP09 | Boots UK Ltd | SS12 0RA | Wickford | Basildon | Y | Y | Y | | Y | Y | | Y | | | | |
| FP449 | M Kotech Ltd | SS11 8QW | Wickford | Basildon | Y | | Y | | Y | | | | | | | |
| FQ122 | National Co-operative Chemists Ltd | SS12 0RA | Wickford | Basildon | Y | Y | Y | | Y | Y | | Y | | | | |
| FG064 | Shadforth Pharmaceutical Co Ltd | SS12 9AE | Wickford | Basildon | Y | Y | Y | | Y | Y | | | | | | |
| FJR90 | Shadforth Pharmaceutical Co Ltd | SS12 9AQ | Wickford | Basildon | Y | | Y | | Y | | | | | | | |

CONSULTATION DRAFT

| FCS CODE | TRADING NAME | POST CODE | Virtual Ward | Locality | Medicines use review | MUR active | Smoking Cessation | Emergency Hormonal Contraception | Chlamydia Screening | Chlamydia Treatment | C-Card Condom | Supervised Administration | Needle Exchange | Gluten Free Food | Waste Medicines | CVD (Pilot) |
|----------|------------------------------------|-----------|----------------------------|-----------|----------------------|------------|-------------------|----------------------------------|---------------------|---------------------|---------------|---------------------------|-----------------|------------------|-----------------|-------------|
| FR398 | Boots UK Ltd | CM14 4RH | Brentwood Central and West | Brentwood | Y | Y | Y | Y | Y | Y | Y | | | | | |
| FD285 | Day Lewis Pharmacy | CM14 5WF | Brentwood Central and West | Brentwood | Y | Y | Y | | Y | Y | Y | | | | | Y |
| FW781 | Gladcare Ltd | CM13 2BN | Brentwood Central and West | Brentwood | Y | Y | Y | Y | Y | Y | | Y | | | Y | |
| FCN73 | Goldchem Ltd | CM14 4RG | Brentwood Central and West | Brentwood | Y | Y | Y | Y | Y | Y | | | | | | |
| FLR99 | Maurice Waldman | CM15 9DZ | Brentwood Central and West | Brentwood | Y | Y | Y | Y | Y | Y | Y | Y | Y | | Y | |
| FLQ00 | Sainsbury's Pharmacy | CM14 4WQ | Brentwood Central and West | Brentwood | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |
| FEM29 | Shadforth Pharmacy Co Ltd | CM15 8AG | Brentwood Central and West | Brentwood | Y | | Y | | Y | | | | | | | |
| FDP83 | Assura Pharmacy Limited | CM15 8NL | Hutton and Ingatestone | Brentwood | Y | Y | Y | Y | Y | Y | | Y | | Y | Y | |
| FC869 | L Rowlands & Co (Retail) Ltd | CM15 8PA | Hutton and Ingatestone | Brentwood | Y | Y | Y | Y | Y | Y | | | Y | Y | | |
| FJ407 | M Sood Chemists Ltd | CM15 0NG | Hutton and Ingatestone | Brentwood | Y | Y | | Y | Y | Y | | Y | | | | |
| FCF02 | National Co-operative Chemists Ltd | CM13 1LZ | Hutton and Ingatestone | Brentwood | Y | Y | Y | | Y | | | Y | Y | | | |
| FRP97 | Shadforth Pharmacy Co Ltd | CM4 9DW | Hutton and Ingatestone | Brentwood | Y | Y | Y | | Y | Y | | | | | | |
| FQV22 | Allcures Pharmacy | SS17 9AA | Corringham and Stanford | Thurrock | Y | | Y | Y | Y | Y | | | | | | |
| FGW47 | Allcures plc | SS17 0HP | Corringham and Stanford | Thurrock | Y | Y | Y | Y | Y | | | | | | | |
| FK026 | Allcures.com plc | SS17 0HD | Corringham and Stanford | Thurrock | Y | | Y | Y | Y | Y | Y | Y | | | | |
| FQ578 | Boots UK Ltd | SS17 7LL | Corringham and Stanford | Thurrock | Y | Y | Y | | Y | Y | | | | | | |
| FA673 | Unicare Pharmacy | SS17 7LJ | Corringham and Stanford | Thurrock | Y | Y | Y | | Y | Y | Y | | | | | |
| FLQ07 | Lloyds Pharmacy Ltd | RM17 5RY | Grays North East | Thurrock | Y | Y | Y | | | | | | | | | |
| FQY84 | National Co-operative Chemists Ltd | RM16 2BD | Grays North East | Thurrock | Y | Y | Y | | Y | | | | | | | |

CONSULTATION DRAFT

| FCS CODE | TRADING NAME | POST CODE | Virtual Ward | Locality | Medicines use review | MUR active | Smoking Cessation | Emergency Hormonal Contraception | Chlamydia Screening | Chlamydia Treatment | C-Card Condom | Supervised Administration | Needle Exchange | Gluten Free Food | Waste Medicines | CVD (Pilot) |
|----------|------------------------------------|-----------|-----------------------|----------|----------------------|------------|-------------------|----------------------------------|---------------------|---------------------|---------------|---------------------------|-----------------|------------------|-----------------|-------------|
| FA736 | Allcures plc | RM17 6NA | Grays Town | Thurrock | Y | | Y | Y | Y | | Y | | Y | | Y | |
| FQG23 | Allcures plc | RM17 5HH | Grays Town | Thurrock | Y | Y | Y | | Y | Y | | Y | Y | | Y | |
| FMM25 | Allcures.Com (2006) Limited | RM17 6SP | Grays Town | Thurrock | Y | Y | Y | Y | Y | Y | Y | Y | Y | | Y | |
| FMX69 | Boots UK Ltd | RM17 6LU | Grays Town | Thurrock | Y | Y | Y | | Y | | | Y | | | | |
| FAL12 | Steve's Chemist | RM17 6BU | Grays Town | Thurrock | Y | Y | | | Y | Y | | | | | | |
| FQQ40 | Boots UK Ltd | RM15 5EF | Purfleet and Ockendon | Thurrock | Y | Y | Y | Y | Y | Y | Y | Y | | | | |
| FKL83 | Longthornes Pharmacies Partnership | RM15 6NU | Purfleet and Ockendon | Thurrock | Y | Y | Y | | | | Y | Y | Y | | | |
| FKK05 | Mr Bimal Dave | RM19 1SX | Purfleet and Ockendon | Thurrock | Y | Y | Y | Y | Y | Y | | | | | | Y |
| FTK09 | OHMS Pharmacy | RM15 4AD | Purfleet and Ockendon | Thurrock | Y | Y | | Y | | | Y | Y | Y | Y | Y | |
| FNT35 | Premson Ltd | RM15 5EE | Purfleet and Ockendon | Thurrock | Y | Y | Y | Y | Y | | Y | Y | | | | |
| FG775 | Allcures Pharmacy | RM18 8YP | Tilbury and Chadwell | Thurrock | Y | | Y | | Y | Y | | | Y | | | Y |
| FFP86 | ASDA Pharmacy | RM18 7HJ | Tilbury and Chadwell | Thurrock | Y | Y | Y | | | | | | Y | | | Y |
| FDT05 | Asset Chemist | RM18 7BJ | Tilbury and Chadwell | Thurrock | Y | Y | Y | Y | Y | | Y | Y | Y | Y | Y | Y |
| FHF78 | Boots UK Limited | RM18 8LB | Tilbury and Chadwell | Thurrock | Y | Y | Y | Y | Y | Y | | | | Y | | |
| FTR41 | Chapharm Ltd | RM18 8AD | Tilbury and Chadwell | Thurrock | Y | Y | Y | | Y | | Y | Y | Y | | | Y |
| FDY66 | Dips Chemist | RM16 4QR | Tilbury and Chadwell | Thurrock | Y | Y | Y | Y | Y | Y | Y | | | | | |
| FPY31 | River View Pharmacy | RM16 4BJ | Tilbury and Chadwell | Thurrock | Y | Y | Y | | Y | | | | | | | |
| FNT96 | Armada Pharmacies Ltd | RM16 6RX | West Thurrock | Thurrock | Y | Y | Y | Y | Y | | | | | | | |
| FKD78 | Boots UK Ltd | RM20 2ZG | West Thurrock | Thurrock | Y | Y | Y | Y | Y | Y | | | | | | |
| FD776 | J Sainsbury Store | RM16 6QQ | West Thurrock | Thurrock | Y | Y | Y | Y | Y | Y | | | | | | |
| FJ599 | Tesco Instore Pharmacy | RM20 1TX | West Thurrock | Thurrock | Y | | Y | | | | | | | | | |
| FM809 | The Co-operative Pharmacy | RM15 4AD | West Thurrock | Thurrock | Y | Y | Y | Y | Y | Y | Y | | | | | |

Appendix 6 – Dispensing GP contractors in south west Essex

| Practice name | Address 1 | Address 2 | Address 3 | Address 4 | Postcode | Ward | Virtual Ward |
|--|-------------------|----------------|---------------------|-----------|----------|-------------|----------------------------|
| Doddinghurst Surgery | The Surgery | Outings Lane | Doddinghurst | Brentwood | CM15 0LS | Tipps Cross | Hutton and Ingatestone |
| Dr Amanda M Davies & Dr C S Jayakumar | Pear Tree Surgery | 4 West Road | South Ockendon | Essex | RM15 6PR | Ockendon | Brentwood Central and West |
| Dr Colburn M Practice | The Surgery | 63 Rowley Road | Orsett | Grays | RM16 3ET | Orsett | Grays North East |
| Dr Pattara Aj Practice | The Surgery | High Road | Horndon-On-The-Hill | Essex | SS17 8LB | Orsett | Corringham and Stamford |