NHS
North East Essex

Draft
Pharmaceutical Needs Assessment

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

Consultation Document

Deadline for feedback 4th December 2010
Respond online www.northeastessex.nhs.uk, or by post to:

Nicola Whitehorn:
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NHS North East Essex
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NHS NORTH EAST ESSEX DRAFT PHARMACEUTICAL NEEDS ASSESSMENT (PNA)
ABOUT THIS CONSULTATION

We are asking a wide range of people and organisations to give their views on our draft PNA for North East Essex and I am writing to invite you to take part in a consultation that will help shape how local pharmacy services will develop in the future.

What will the PNA be used for?
In future PNAs will be used to determine whether applications to provide new services by pharmacists and dispensing doctors will be approved. For example, opening a new pharmacy or moving to new premises. The PNA will also inform the overall strategy plan for north east Essex and help NHS NEE ensure there is sufficient access to the services a pharmacy provides to help meet the health needs of the local population as resources allow.

How to give your views
We are asking you to share you views on the current draft PNA to help us ensure the final document is balanced. The document is attached, however if for some reason you are unable to access the electronic version, we can arrange for you to receive a hard copy.
It is important the draft PNA reaches as many interested parties as possible. Therefore, if you know of anyone who would be interested in providing feedback on the provision of pharmaceutical services in north east Essex, please forward this information to them.

Please give your feedback by completing the on line questionnaire. Alternatively you may prefer to print it off and return by post. The deadline for receiving your views is 4th December 2010.

We are also holding an evening meeting on 12th October, Colchester Primary Care Centre, Turner Road, Colchester, CO4 5JR, aimed primarily at pharmacists and GPs.

Further information
Please do not hesitate to contact us if

- you would like further information about this PNA consultation
- you would like someone to speak at a meeting
- you would like a printed copy of the draft PNA document (please contact us before 1st October with your name and contact details)
- you would like to attend the meeting on 12th October

Please email Nicola.whitehorn@northeastessex.nhs.uk, or phone 01206 286853.

If we do not receive a response from you by 4th December we will presume you have no comments to make on the draft.

I look forward to receiving your feedback.

Yours sincerely

Mary Tompkins
Assistant Director
(Evidence Based Medicine & Medicines Strategy)

NHS
North East Essex

PUBLIC CONSULTATION ON THE PHARMACEUTICAL NEEDS ASSESSMENT
Your views are very important to us Please let us know your views on the draft Pharmaceutical Needs Assessment. At the end of our consultation all comments will be analysed and the PNA may be updated to reflect feedback. **Deadline for feedback: 4th December 2010**

CONSULTATION QUESTIONS			
NHS NEE welcomes comments and views from all interested parties on the draft Pharmaceutical Needs Assessment. We would particularly welcome views on the questions below:			
Do you feel that the purpose of the PNA has been explained sufficiently?	Yes ☐	No ☐	Comments:
Current Provision			
Do you feel the information contained within the PNA adequately reflects the current community pharmacy provision within north east Essex?	Yes ☐	No ☐	Comments:
Do you feel the needs of the population of north east Essex have been adequately reflected?	Yes ☐	No ☐	Comments:
Are there any pharmaceutical services currently provided that you are aware of, that are not currently highlighted within the PNA?	Yes ☐	No ☐	Please explain your answer:
Has the PNA given you adequate information to inform your own future service provision? (pharmacies only)	Yes ☐	No ☐	Please explain your answer:

Current Gaps			
Do you feel there are gaps in service that have not been highlighted as part of the PNA process?	Yes ☐	No ☐	Comments:
Exemptions of Control of Entry			
Do you agree with the requirements proposed by the PCT for pharmacies entering the pharmaceutical list by way of an exemption to the control of entry regulations?	Yes ☐	No ☐	Comments:
Current Pharmacy Enhanced Services			
Do you feel that the enhanced services currently commissioned by the PCT from community pharmacies are appropriate for the needs of the population of NHS NE Essex?	Yes ☐	No ☐	Comments:
Additional Information			
Do you agree with the requirements proposed by NHS North East Essex for pharmacies entering the pharmaceutical list by way of an exemption to the control of entry regulations?	Yes ☐	No ☐	Comments:
Is there any additional information that you feel should be included?	Yes ☐	No ☐	Comments:
Do you have any other comments about the draft PNA? (Continue on a blank sheet if necessary)			

RESPONSE FROM	
I am responding to the PNA consultation as:	
Health & Social Care Professional ☐	Dispensing Practice / Practice ☐
Pharmacist / Appliance Contractor ☐	On behalf of an organisation ☐
Member of the Public ☐	
Area of work or type of organisation you represent if you are not a member of public (please tick *one* box only)	
NHS ☐	Community Pharmacy Contractor ☐
Representative Body ☐	Dispensing Appliance Contractor ☐
Private Health ☐	Social Care ☐
Regulatory Body ☐	Third Sector ☐
Education ☐	Professional Body ☐
Local Authority ☐	Trade Union ☐
Independent Contractor to NHS ☐	Trade Body ☐
Supplier ☐	Wholesaler ☐
Other ☐ Please state	
Name of Organisation and contact details:	

ABOUT YOURSELF			
Please answer the following questions if you are responding to the consultation as an individual / member of the public. If you represent an organisation you do not need to complete this section.			
Are you Male or Female	Male ☐	Female ☐	
Your Age			
8 – 18 ☐	19 - 29 ☐	30 - 59 ☐	60 - 74 ☐
75 + ☐	Prefer not to say ☐		

Your Ethnic Group	
White (British, Irish any other white background) ☐	Mixed (white and black Caribbean, white and black African, white and Asian, any other mixed background ☐
Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background) ☐	Black or black British (Caribbean, African or any other black background) ☐
Chinese ☐	Any other ethnic group ☐

Freedom of information
Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes. The relevant legislation in this context is the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deal amongst other things with the obligations of confidence. In view of this, it would be helpful if you explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation but we cannot give automatic confidentiality. Any disclaimer generated by your IT system will not, of itself, be regarded as binding. Your personal date will be processed in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties. However, the information you send us may need to be published in a summary of responses to this consultation.

If you do not wish your response to be published as part of the summary responses please mark this box ☐

Thank you for taking to time to answer these questions. Please return to:
Nicola Whitehorn:
Public Health & Strategy Directorate
NHS North East Essex
Colchester Primary Care Centre
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An Executive Summary will be provided in the final document

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Date:	September 2010

1. Introduction

NHS North East Essex is the local NHS organisation responsible for health services in the borough district council areas of Colchester and Tendring. We have responsibility to plan and commission local health services, working closely with our local stakeholders and especially with our local authorities and practice based commissioning (PBC), for the people who live in our area. Ensuring that our population obtains safe and effective pharmaceutical services which are easily accessible, from local community pharmacies and dispensing GPs is part of that responsibility.

The Health Act 2009 sets out the legal requirements for publication of a Pharmaceutical Needs Assessment (PNA). This is supported by subsequent pharmaceutical regulations in 2010. This document is a draft of our first PNA and will be consulted on with local stakeholders and subsequently published by February 2011.

2. Aim of Pharmaceutical Needs Assessment (PNA):

The purpose of the PNA is two-fold:

- To inform future commissioning of pharmaceutical services provided by pharmacy contracts and dispensing practices (and to a lesser extent inform both community and hospital trust needs).
- To act as the prime focus for market entry of new contracts, replacing the existing control of entry tests and regulations. The new regulations relating to this are anticipated soon.

3. Background:

The PNA records our assessment of the need for pharmaceutical services in NHS North East Essex. The assessment will then be used to aid planning of pharmacy services for our population by identifying where and what services we should commission for our local population within available resources.

The PNA will also be used as a basis for the PCT to make decisions on market entry of pharmacy and dispensing doctor contracts. We await the legislative changes for this.

The PNA regulations require the PNA's contents and manner of presentation in a particular way, which has similar requirements to that for the Joint Strategic Needs Assessment (JSNA), locally this is the Essex JSNA which has been used to inform our process. However the consultation process laid down for the PNA requires the PCT to consider the need for pharmaceutical services specifically and the PNA is also required to support market entry decisions.

The initial PNAs were developed locally by the two earlier Primary Care Trusts (PCTs) and could be used to inform market entry but this was not a requirement. The PCT was in the process of amalgamating and reviewing these documents when the Health Act 2009 was published.

In April 2008 the Department of Health published the White Paper 'Pharmacy in England: Building on strengths – delivering the future'. This highlighted variation in structure and data within PCT PNAs and confirmed the requirement for full review and strengthening of the PNA, preliminary to ensure that the PNA is a robust and effective commissioning tool to support PCT decisions.

The National Health Services Act 2006 was amended by the Health Act 2009 to include the regulation of minimum standards for PNAs. The resulting regulations were laid in Parliament on 26 March and came into force on 24 May 2010 (see Appendix 6 for greater detail).

These regulations give:

- the statutory requirement for each PCT to publish their first PNA by 1st February 2011.
- set out the minimum requirements for this first PNA including data on health needs of the local population, current provision of pharmaceutical services, any gaps in current provision and proposals for closing these gaps
- the need for consideration of future needs for services
- requirements for a minimum of 60 days' consultation and lays down those persons and organisations that must be consulted such as the Local Pharmaceutical (LPC) and Medical (LMC) Committees, LINks and other patient and public groups
- requirements for the PCT to define the localities around which the PNA will be structured to take account of the comparative needs of different populations.

4. PCT Strategy and Goals

NHS North East Essex purpose (Strategy 2009/10 to 2013/14) is to improve the health of people and communities in Colchester and Tendring and provide the best possible healthcare for them within the resources available.

We aim to make long-term improvements to local health services and to people's wellbeing working with our partner organisations and involving patients, carers and local people in what we are doing. We will promote healthy living and make sure people receive quality services.

Our vision is to improve life expectancy in our local communities in both men and women and reduce the differences in life expectancy between our most and least deprived areas.

4.1. Achieving the Vision

To achieve this vision the PCT has agreed five strategic goals:

- to improve health and wellbeing
- to reduce health inequalities
- to improve patient experience
- to commission safe and effective services
- to make best use of public money

Our strategy includes the following of particular relevance to the Pharmaceutical Needs Assessment:

- improving primary and secondary prevention of long term conditions and to improve management for individuals living with long term conditions focussing in particular on the needs of deprived and marginalised groups
- ensuring that community-based care for people with high risk conditions helps prevent health emergencies and hospital admissions
- increase the number of people receiving evidence-based care for long term conditions, as recommended by the National Institute of Health and Clinical Excellent (NICE)
- to improve safety and effectiveness, e.g. with regard to medicines in particular
- improving identification and care will mean that health emergencies such as heart attacks, strokes, diabetic and respiratory emergencies will be prevented or postponed in people under 75. Improved management of long term conditions pathways and empowering people with such conditions to look after their health better will be vital
- improve smoking cessation especially in areas with the highest rates of deprivation and estimated smoking prevalence. Focus will also be on reducing alcohol use and drug misuse
- health checks will identify the risk of long term conditions and services will be offered to help lower that risk. Focus initially will be on those at highest risk using a lower intervention threshold in deprived areas
- improve the support and care for those who have reached the end stage of their life
- to continue to improve or maintain access to services

It is necessary to reduce waste in whatever form to release resources to focus on high priorities, including evidence-based use of necessary existing and new medicines. One focus is to reduce the estimated 5% of medicines wasted, which is particularly relevant in those with long term conditions and especially those receiving or needing care in their own home or care homes.

Part of improving health and wellbeing is to improve patient's and the public's understanding of how they and their carers best utilise prescribed medicines as well as knowing how to manage self-limiting conditions.

We will commission prioritised services with clear specifications, outcomes and monitoring within available resources.

4.2. Telehealth and Telecare

We also plan to utilise Telehealth and Telecare as part of our approach to empowering people to maintain their health and independence.

Telehealth is the use of advanced telecommunication technologies to exchange health information and provide health care services across geographic, time, social and cultural barriers.
(Reid, J. 1996)

NHS NE Essex currently offers telehealth to people with heart failure or COPD.

As a result of the pilot, NHS North East Essex started offering a telehealth service at the beginning of August 2010 and will be offering it up to March 2011, altering the pathways that had been set in the pilot to ensure a smoother delivery of service.

The COPD/heart failure team or surgery clinical leads identify patients and refer them to Colchester Borough Council (CBC), who install the equipment, train patients in using the equipment and monitor the readings, highlighting to the clinical team to follow up when readings are out of the parameters set. CBC are also the providers of the installations, patient training, data monitoring and alert escalation have been trained and are committed to making this service a success as they can see the real benefits for patients and for the health system.

With Colchester Borough Council providing the installation, training, data monitoring and escalation, patients and nurses now have a single point of contact for issues around telehealth.

In the future, there is also the possibility of looking in other areas such as nursing and residential homes where multi user systems could be used for monitoring and prevention.

Telecare works on the same principle as telehealth but is used in social care circumstances, e.g. for elderly patients with mobility problems. Examples that may concern pharmacies include prompt for taking medications and packaging systems to support this.

5. Vision for Pharmacy Services in North East Essex

Our strategic vision for pharmacy services in north east Essex is for pharmacies to be an integral part of local health services providing our population with:

- advice on self care, especially relating to medicines
- promoting healthy lifestyles and wellbeing especially in deprived areas, e.g. currently includes sexual health but may be expanded to include other examples, e.g. some immunisations
- providing accessible services on prescribed medicines with focussed advice and support to enable safe and effective use of medicines by an individual or their carer
- reducing unnecessary waste of medicines and associated products by patients and carers and preventing inappropriate diversion of medicines. Safe and accessible disposal is essential
- contributing to regular review of medicines, especially for people living with long term conditions, through focussed Medicines Use Reviews

A particular focus for north east Essex is the need to ensure that patients and their carers wherever they live, who are needing care, e.g. elderly or disabled people in their own homes or care homes, with long term conditions receive the care needed to support them in safe and effective use of their medicines and minimising any wastage.

All the above are to be within a clear clinical governance framework.

Underpinning this is the principle of good communication between health and social care professionals in primary, community and secondary care particularly at the boundaries of care, e.g. hospital admission and discharge, and in care homes. An example is the PCT's commitment to the implementation of electronic prescribing which has both public and professional support.

Another underpinning principle is that commissioned services need to be able to demonstrate cost-effectiveness.

We expect that the pharmacy will be a resource to public, patients and local health care professionals on medicines.

We anticipate all pharmacies will achieve the above. Additionally we anticipate that all pharmacies will continue to develop their skills mix alongside appropriate continuing professional development of pharmacists, technicians and other staff.

Where there are demonstrable needs for enhanced services, especially in areas of highest need, we anticipate commissioning additional enhanced services according to our priorities and within available resources. Services may include, for example, services to care homes which improve medicines safety usage to reduce wastage. It is noted currently, that some service is provided in-house from the Medicines Management Team.

Equally we are developing a network of services to provide support to particular patient groups, e.g. currently we are further developing access to reliable and timely supply of medicines in end of life care and are committed to the adequate provision of substance misuse services.

Appropriate accredited or local training needs are to be undertaken for additional services, and outcomes of any funded services provided will be monitored to agreed standards, providing local support as necessary. Examples may include supporting medicines use in long term conditions.

In future the aim will be to aid development of particular specialist services as resources allow, eg to provide particular expertise to the public and other health care professionals in a locality. Prior to this occurring the pharmacist and team involved will need to be able to demonstrate competence in all areas of existing services and develop further appropriate skills such as non-medical prescribing and expertise in particular clinical areas. Timescale for this cannot yet be accurately estimated and will depend on both interests and expertise of local pharmacists as well as the needs of our population.

Out intention throughout is to work with existing pharmacy contractors to meet local need before considering the need for provision of new services.

6. Scope of the Pharmaceutical Needs Assessment (PNA)

The regulations definition of a PNA is: ‘the Statement of the needs for pharmaceutical services which each Primary Care Trust is required to publish’.

‘Pharmaceutical services’ are defined by reference to the appropriate regulations and directions provided by community pharmacies (which may be local pharmaceutical services (LPS) providers), dispensing doctors and also appliance contractors. Some services that are delivered by community pharmacies are also accessible through other statutory and voluntary providers, e.g. smoking cessation services, needle and syringe services.

The services that fall within the scope of the PNA depends on who the provider is and what is provided:

6.1. Community pharmacy contractors:

The scope of services to be assessed in the PNA is comprehensive and includes the essential, advanced and enhanced service elements of the pharmacy contract whether provided by pharmaceutical contractors under their terms of service or under LPS contracts. Pharmaceutical services provided by community pharmacy contractors are defined as essential, advanced and enhanced.

- **Essential services**, which must be provided by all pharmacy contractors, are set out in the 2005 NHS regulations and include:
    - dispensing and actions associated with dispensing such as record keeping
    - repeatable dispensing
    - disposal of waste medicines from members of the public
    - promotion of healthy lifestyles
    - prescription linked interventions
    - public health campaigns
    - signposting
    - support for self care

- **Advanced services**, set out in directions subsequent to the 2005 regulations, include
    - medicine use review and prescription interventions (MURs)
    - appliance use reviews (AURs)
    - stoma appliance customisation service (SAC)

  A pharmacy contractor may choose to provide advanced service so long as they meet premises requirements, training and notification to the PCT. Pharmacies can be paid for undertaking 400 MURs per annum, limited numbers of AURs linked to dispensing of appliances and SACs as required.

- **Enhanced services** again set out above include the following examples:
    - care home services
    - disease specific medicines management services
    - medication review services
    - medicines assessment and compliance support services (such as may be needed for Telecare support)
    - needle and syringe supply and disposal services
    - supervised administration services
    - specialist drugs services such as for palliative care
    - screening services such as for health checks and Chlamydia
    - smoking cessation services
    - supplementary prescribing services

  The regulations are intended to be permissive and allow a PCT to draft their own enhanced services to meet their local population's needs as we have done in north east Essex. PCTs are able to determine local specifications and prices and a contractor can choose whether to become a provider.

  In NHS North East Essex the following enhanced services are commissioned depending largely on local needs and priorities:

    - availability of an agreed list of palliative care drugs

- currently being expanded to a wider number of pharmacies with revised range of drugs and advice
- commissioned until recently but poor uptake and response

- supply of formulary dressings not on FP10 route
- needle and syringe supply and disposal service
  - provision of clean injection equipment to drug misusers and safe disposal of used needles and syringes
- non-dispensing services
- Sexual health services
- screening for Chlamydia in young people
- Emergency Hormonal Contraception in Young People
- Smoking cessation service
- Supervised medicines administration: specific patients prescribed specific drugs for substance misuse are supervised in the pharmacy on a daily basis.
- NHS Health Checks: focussing on areas of deprivation and identified need. Some community pharmacy contractors provide services directly to patients which are not necessarily supported by the PCT, e.g. 'managed repeat' prescriptions where we support the core contract 'repeat dispensing' service and also use of electronic prescribing.

The PCT needs to take account of any services provided to its population which may affect the need for pharmaceutical services in its area. We have requested information from pharmacies in non-NHS services. Equally there may be services provided by pharmacy contractors and dispensing practices on our borders with Suffolk and Mid Essex in particular, or indeed people who commute may use more distant services such as in London. Enhanced services may be limited to local population.

We are also aware of the use of internet pharmacies which it is difficult to consider in the PNA but some of our population will choose to use this service.

6.2. Dispensing Practices:

The scope of the service to be included in the PNA is the dispensing service. For the purposes of the PNA we are interested in whether patients have adequate access to dispensing GPs where necessary. Other services provided by those practices as part of their national or local contractual arrangements are not of relevance in the PNA. Dispensing GPs can only dispense from premises that are registered with the PCT for the purpose of dispensing. The borders with Suffolk and Mid Essex PCTs have neighbouring dispensing practices.

6.3. Appliance contractors:

The scope of the service to be included in the PNA is the dispensing of appliances and the provision of the recently introduced appliance use review (AUR) and stoma appliance customisation service (SAC). For the purpose of the PNA we are concerned with whether patients have adequate access to dispensing of appliances, AURs and SACs where these are undertaken by appliance contractors but not

concerned with other services they may provide. Such services will be prioritised with overall local needs.

6.4. Exclusions from the Scope of the PNA

Pharmaceutical services are of interest in other areas of the PCT but are excluded from the scope of the PNA by the regulatory purposes of the PNA. These include, for example, secondary care pharmaceutical services.

Secondary care services are primarily commissioned from Colchester Hospitals University Foundation NHS Trust (CHUFT). Other Trusts include Mid Essex Hospitals, Addenbrooke's Hospital, Ipswich Hospital and specialised services from other hospitals too. Although pharmaceutical services provided in hospitals are not included, or indeed from current or future community trusts, we are including consideration of the patients' pharmaceutical needs (within the PNA) moving into and out of hospital so that an integrated pharmaceutical service is developed.

7. Process to Produce PNA:

In Summer and Autumn 2009 NHS NE Essex reviewed the predecessor PCTs (Colchester and Tendring) individual PNA documents. These were very different in style and differed somewhat in content although a similar approach to their initial formation had been taken.

In December 2009 the PCT reviewed and published its 5 Year Strategy (2009/10 - 2013/14) which has been used to inform the PNA.

The most recent Joint Strategic Needs Assessment was published in 2008 (with subsequent updates of some chapters during 2009 and 2010), and as a statutory requirement this too has informed our process. In February 2010 the new requirements for the PNA were published by the Department of Health and these were supported by the statutory instrument which came into force on 24th May 2010. In April 2010 the Clinical Cabinet Committee supported a proposal for the production of a new PNA drawn up under the new regulations.

In May a steering group of key stakeholders was formed as detailed in Appendix 1. The steering group was chaired by the Assistant Director of Evidence Based Medicine & Medicines Strategy, leading local formation of the PNA with a dedicated team supporting this development.

An evening meeting was held on 22nd June 2010 to which all pharmacy contractors and dispensing practices were invited.

Questionnaires were sent to dispensing practices and community pharmacies in NHS NE Essex (Appendix 2) after discussion within the steering group and having received views in particular from the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC). Each questionnaire was populated for the individual pharmacy or practice using the information held in the PCT on services provided for that contractor. The contractors were asked to verify the services they provided and state which they would be willing to provide. We received 100% response from community pharmacy contractors and dispensing practices. Some pharmacies, mainly those owned by multiples, declined to answer all the questions

and answered only those agreed at a national level with the Pharmaceutical Services Negotiating Committee.

During August 2010 the PNA was discussed at the LINks meeting (5th August), the Colchester Patient Commissioning Forum (31st August) and Tendring Patient Commissioning Forum (25th August), to raise awareness of the preparation of the PNA. Each agreed their support to the process and supported the patient questionnaire that had been circulated via community pharmacies and dispensing practices, which was also available on the website. LINks circulated the patient questionnaire to all their members. An example of the two patient questionnaires is given as Appendix 4. The survey was closed on 31st August 2010.

When the draft PNA is ready for consultation this has been agreed as an agenda item with LINks (20th October), Colchester Patient Commissioning Forum (6th October) and Tendring Patient Commissioning Forum (13th October).

On 6th September a seminar was held on the PNA to which all members of NHS NE Essex Board and its Clinical Cabinet were invited.

The draft PNA will be considered at the September NHS NE Essex Board. Consultation with those listed in Appendix 5 will be commenced in the last week in September for 60 days and will include the Essex Health Overview and Scrutiny Committee, to be presented at their meeting on 3rd November. The PNA will primarily be circulated for consultation electronically although some hard copies will be available.

In October an evening meeting is planned to which all community pharmacy contractors and, following discussion, all practices will be invited.

During December the PNA will be redrafted subsequent to considering the responses received in consultation.

The PNA in its final form will be considered at the January PCT Board meeting prior to publication on 31st January.

8. Health Needs

8.1. Joint Strategic Needs Assessment

A statutory requirement of PCTs and local authorities is to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community. The JSNA process should include stakeholder involvement, engagement with communities and recommendations on timing and linking with other strategic plans and the JSNA should be used to inform local commissioning, publishing and feedback. A high level JSNA for Essex, Southend & Thurrock has been undertaken, supported by 14 local chapters at district and borough level. The key findings of this work are intended to inform priority setting as part of the Essex Strategy and Local Area Agreement and the commissioning of health and social care services. The full Essex document is located on the Essex Partnership website along with the local chapters for Colchester and Tendring.

A summary of the main findings for Colchester and Tendring are shown below:

Table 1: Main JSNA findings for Colchester and Tendring

	Colchester Borough	Tendring District
Geography & Demographics	Colchester borough has the largest population in Essex; however an additional 17,000 homes will be required in Colchester over the next 10 years due to expansion including the Haven Gateway.	Tendring has the sixth largest population in Essex, with the largest proportion of older people in the East of England – 20% of residents are aged 65 and over. Tendring is a coastal district with large areas of rurality.
Local Economy	The borough is the 4th most deprived district in Essex and has large inequalities across different communities. Colchester has lower levels of educational achievement compared to national and regional averages. Colchester has the 6th highest rate of unemployment in Essex.	Tendring is the most deprived district in Essex and also houses some pockets of deprivation that are within the worst 1% nationally. There is low educational achievement at both school and adult level – 21% of adults have no qualifications, and this is reflected in higher than average levels of unemployment.
Health	Just under a fifth of adults smoke in Colchester. Almost one in five adults are obese in Colchester (18.1%) – this is much higher than the regional average (15.5%). Colchester has the lowest rate of alcohol admissions in Essex. Life expectancy varies across the district with a difference of over 6 years between the longest and shortest life expectancy. Colchester has lower rates of premature mortality compared to regional and national figures. NHS NE Essex achieved high rates of both breast and cervical screening coverage. Colchester had the second highest Chlamydia screening uptake	Tendring has the second highest proportion of adults that smoke in Essex. Tendring has one of the lowest rates of hospital admissions due to alcohol. Life expectancy varies across the district with a difference of over 13 years between the longest and shortest life expectancy. Tendring has higher rates of premature mortality for male and females in all cause mortality and for male circulatory & CHD mortality. NHS NE Essex achieved high rates of both breast and cervical screening coverage. Tendring had the highest rate of Chlamydia screening uptake.
Children & Young People	Lower rates of MMR uptake have historically been seen in Colchester. Incidence of measles is very low in the borough. Childhood obesity continues to be challenging. Teenage pregnancies have seen an overall drop since the baseline figures. There are high numbers of vulnerable children who are looked after	Childhood immunisations are a difficult area with lower uptake rates in the district. There are issues around both childhood obesity and high levels of teenage pregnancies. Tendring has the highest rate of those not in education or employment in Essex. There are high numbers of vulnerable children who are looked after

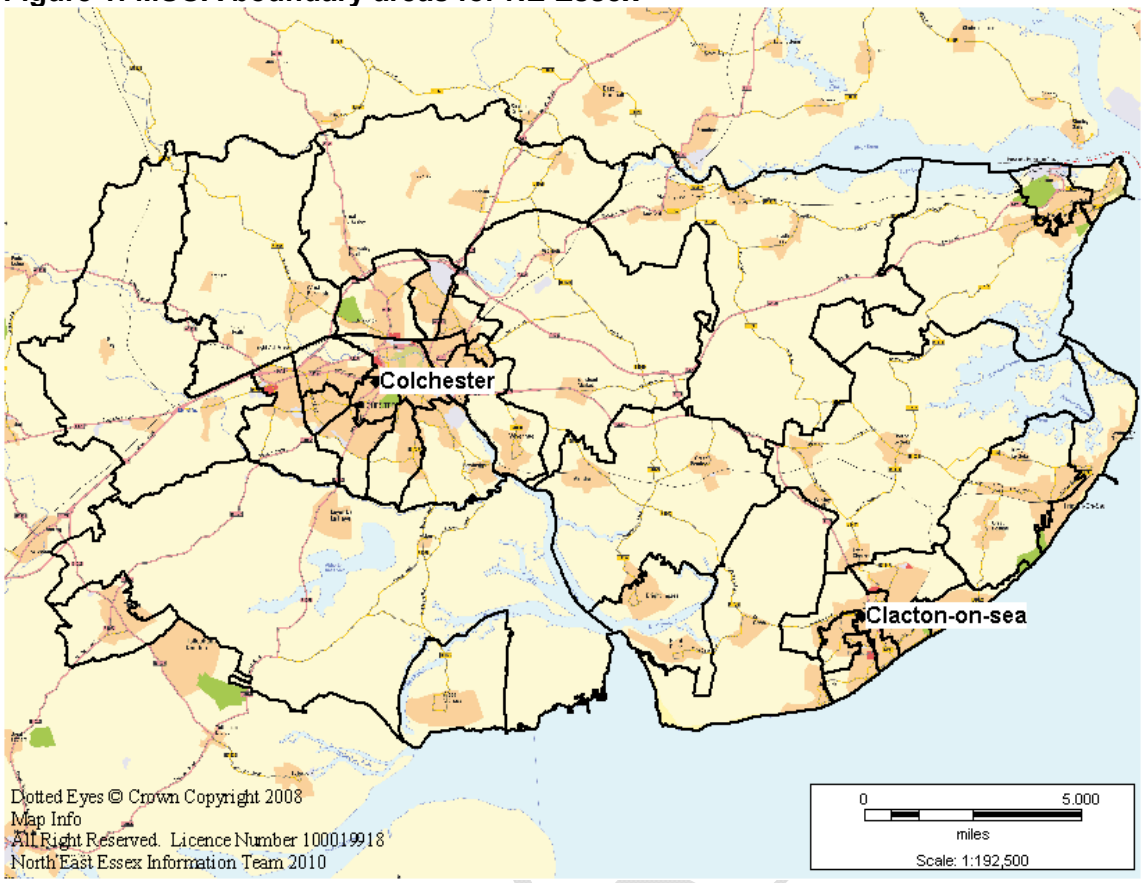
	Colchester Borough	Tendring District
Working adults and older people	Colchester has lower than average rates of hospital admissions for mental health reasons. Colchester has similar proportions of its working age population suffering from a neurotic disorder / depression as the Essex average. There is large variation at district level in terms of hospital admission rates for mental illness. In Colchester, the male suicide rate is the fifth highest in Essex and is higher than the national average, in females it is the seventh highest in Essex.	Tendring has the second highest rate of those claiming a disability benefit for mental health reasons. Tendring also has above average proportions of their working age population suffering from a neurotic disorder / depression. In Tendring the current number of older people thought to be obese is around 9,670 and by 2025 it's estimated it will be just under 14,000.
People living with disabilities	Higher than the Essex average for people registered with learning disabilities and physical impairment. High rates of sensory impairment.	Highest prevalence of people registered with a learning disability, physical impairment and sensory impairment in Essex.

8.2. Localities

For the purposes of the PNA the standard geography that is used is that of Middle Layer Super Output Areas (MSOAs). These are geographical areas built up from lower layer super output areas and consist of a minimum of 5,000 residents and 2,000 households and have a mean of 7,200 residents. Due to the uniformity of population sizes, in comparison to wards, where populations can range between 2,000 and 10,000 people, MSOAs are used as they can be compared between each other and there is large availability of statistical data within this format. MSOAs will be used in the majority of this report however, it may be necessary to use alternative geographies depending on the availability of data or to highlight a particular issue.

The MSOA areas for NE Essex PCT are shown below in Figure 1 and due to the nature of the coding for MSOAs, they have been renumbered to make the reading of the document easier.

Figure 1: MSOA boundary areas for NE Essex



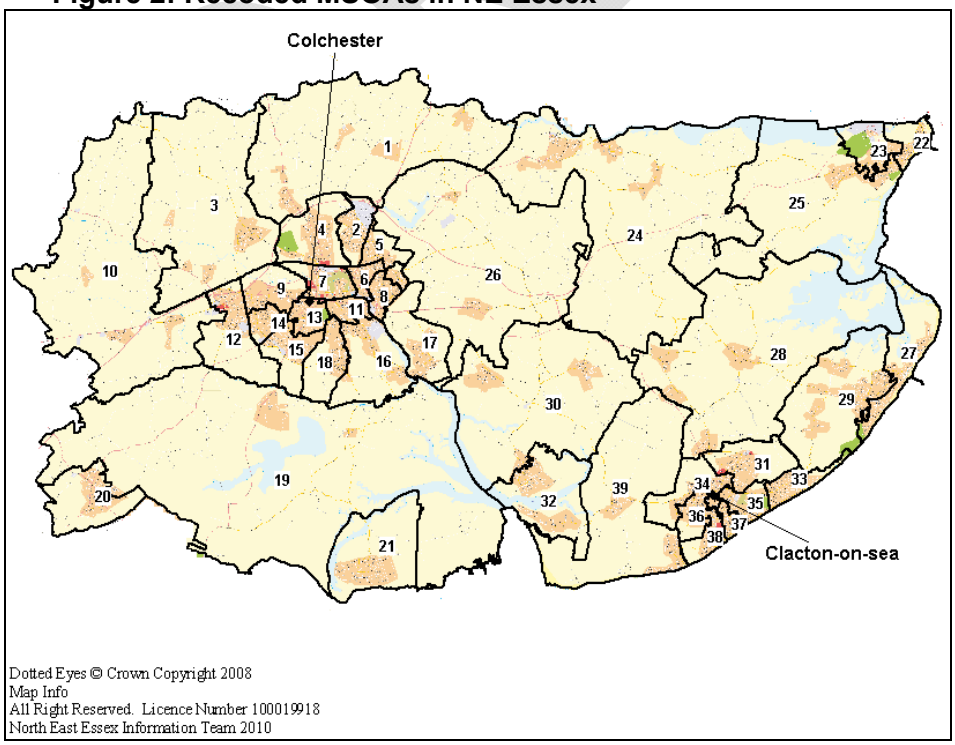
The decision was made to use the standard MSOA areas as the level of geography for NE Essex, as the availability of data is considerable for these areas, these are standard geography areas created by the Office of National Statistics (ONS) and are used by neighbouring PCTs.

Table 1: MSOAs to Wards

MSOA Code	District	Wards or part wards covered
1	Colchester	Dedham and Langham
		Fordham and Stour
2	Colchester	Highwoods
3	Colchester	Fordham and Stour
		West Bergholt and Eight Ash Green
4	Colchester	Mile End
5	Colchester	St John's
6	Colchester	St Anne's
7	Colchester	Castle
8	Colchester	St Andrew's
9	Colchester	Lexden
10	Colchester	Copford and West Stanway
		Great Tey
		Marks Tey
11	Colchester	New Town
12	Colchester	Stanway
13	Colchester	Christ Church
		Shrub End
14	Colchester	Prettygate
15	Colchester	Shrub End
16	Colchester	East Donyland
		Harbour
17	Colchester	Wivenhoe Cross
		Wivenhoe Quay
18	Colchester	Berechurch
19	Colchester	Birch and Winstree
		Pyefleet
20	Colchester	Tiptree
21	Colchester	West Mersea

MSOA Code	District	Wards or part wards covered
22	Tendring	Harwich East
		Harwich East Central
23	Tendring	Harwich East Central
		Harwich West
		Harwich West Central
		Ramsey and Parkeston
24	Tendring	Bradfield, Wrabness and Wix
		Lawford
		Manningtree, Mistley, Little Bentley and Tendring
25	Tendring	Great and Little Oakley
		Harwich West
		Harwich West Central
		Ramsey and Parkeston
26	Tendring	Ardleigh and Little Bromley
		Thorrington, Frating, Elmstead and Great Bromley
27	Tendring	Frinton
		Walton
28	Tendring	Beaumont and Thorpe
		Little Clacton and Weeley
29	Tendring	Frinton
		Hamford
		Holland and Kirby
		Homelands
30	Tendring	Alresford
		Brightlingsea
		Great Bentley
		Thorrington, Frating, Elmstead and Great Bromley
31	Tendring	Burrsville
		St Johns
32	Tendring	Brightlingsea
		St Osyth and Point Clear
33	Tendring	Haven
		St Bartholomews
34	Tendring	Bockings Elm
		Peter Bruff
		St Marys
35	Tendring	St Marys
		St Pauls
36	Tendring	Peter Bruff
		Rush Green
37	Tendring	Alton Park
		Pier
38	Tendring	Alton Park
		St James
39	Tendring	Golf Green
		St Osyth and Point Clear

Figure 2: Recoded MSOAs in NE Essex



8.3. Demographics

The area that NHS NE Essex covers is approximately 250 square miles and incorporates the borough of Colchester and Tendring district. The current population is estimated to be approximately 325,100, with approximately 54% of people living in Colchester (177,100) and 46% living in Tendring (148,000). The GP registered population is slightly lower at 324,200.

Figure 3 shows the current population along with the projected population in 2033 for north east Essex. The population is estimated to grow to somewhere in the region of 441,000 people or by approximately 36%.

Figure 3: NHS NE Essex Current & Projected Population[1]

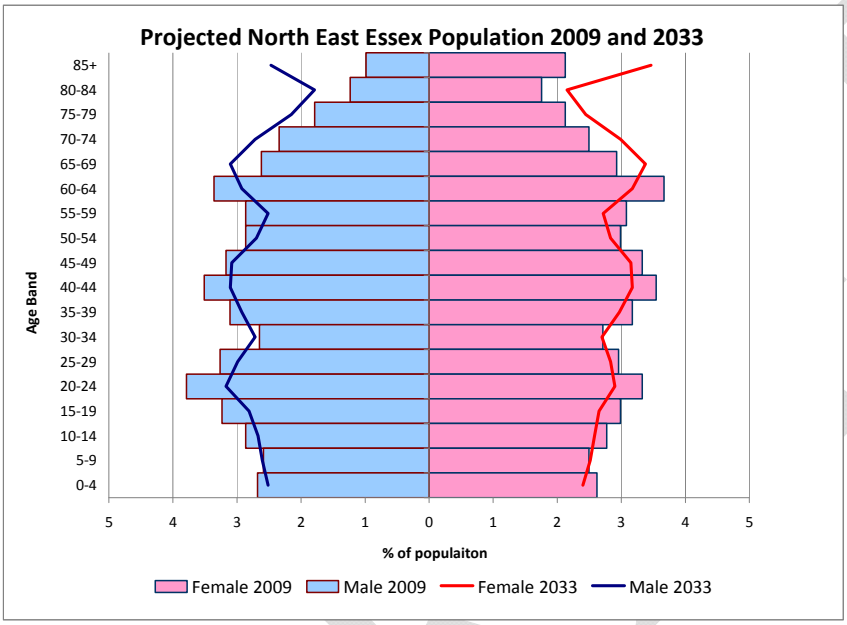
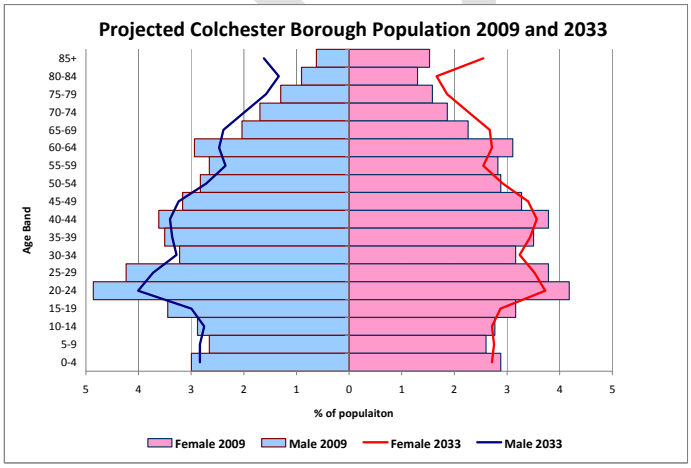
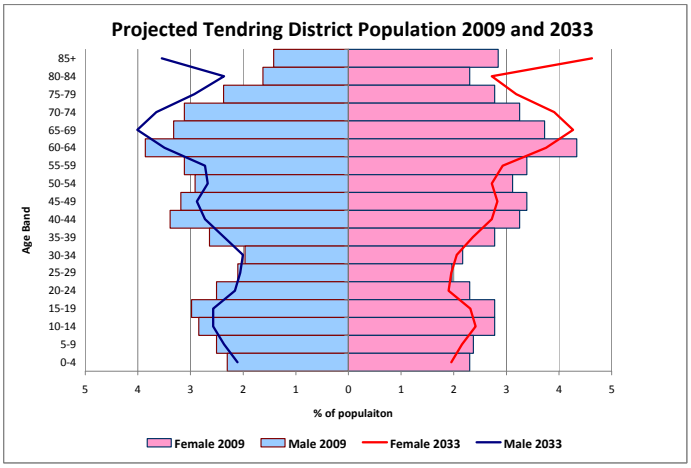


Figure 4 shows the population structures split by district to show where there is a disproportionate split between the areas in terms of different age groups.

Figure 4: Colchester Borough & Tendring District Current & Projected Populations





[1] ONS Mid Year Population Estimates, 2009

There is an obvious difference between the two districts with Colchester seeing a larger proportion of people in the bottom half of the population pyramid compared to the more top heavy older population of Tendring. This trend is even more exaggerated in 2033 in Tendring with even few people in the younger age groups and substantially more people in the older age groups.

8.4. Population Groups

Different age groups pose different issues in terms of service delivery. The most demanding age groups are that of children (0-15yrs) and the elderly (65+). Figures 5 and 6 below show where the concentrations of these two groups are. It is notable that the highest concentrations of young people are located in Colchester with the largest proportion of older people located mainly along the coastal parts of Tendring.

Figure 5: Selected Population Groups

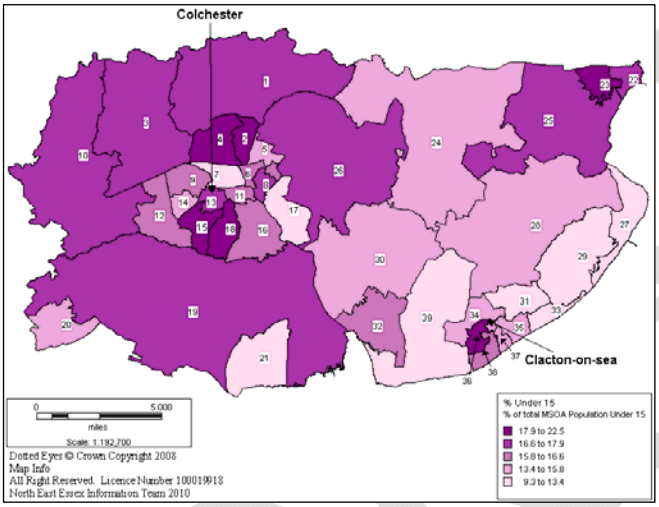


Figure 6

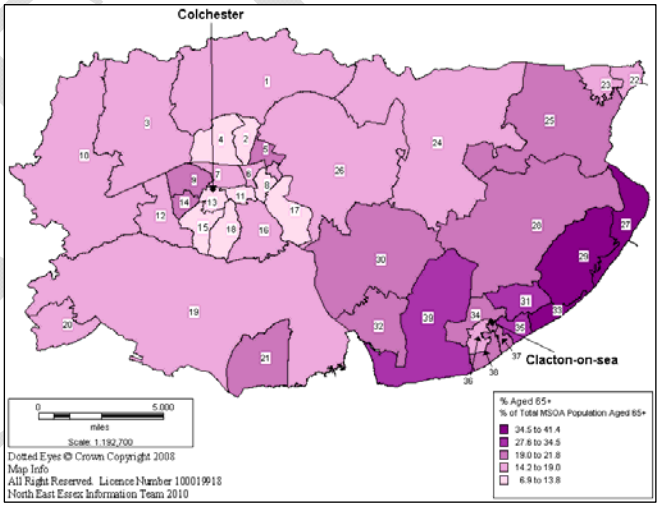


Table 2: Proportion of Different Age Groups by MSOA

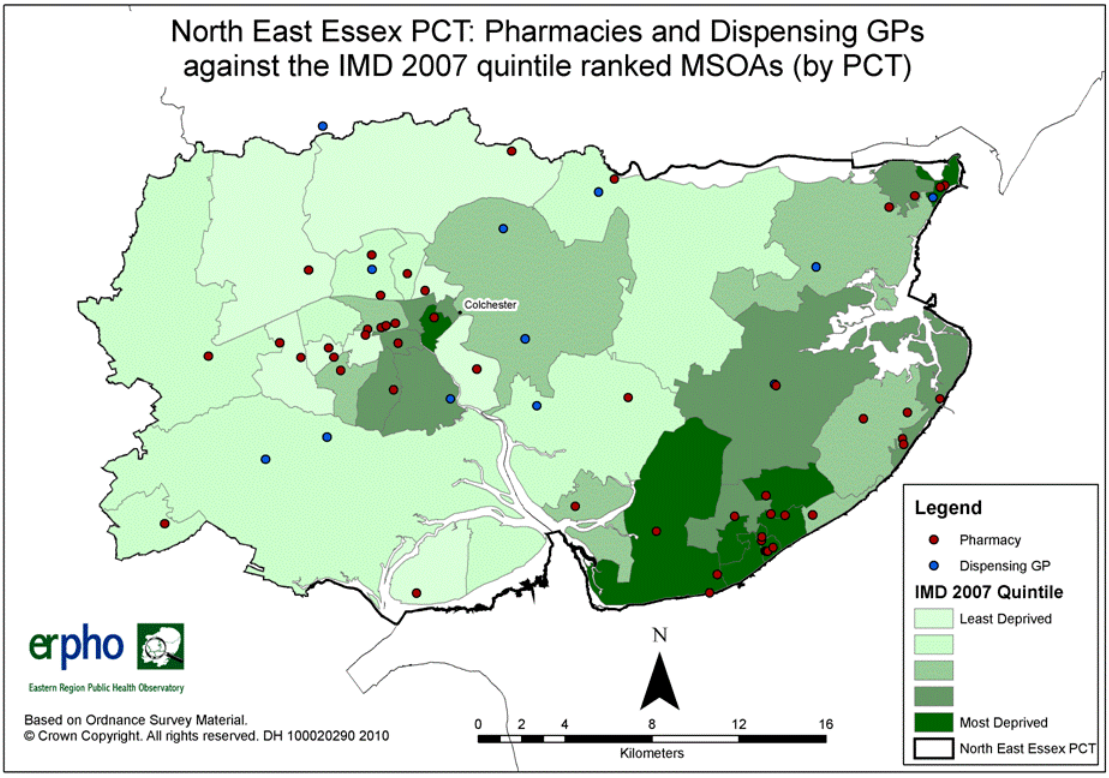
MSOA Code	Ward Areas Covered or Part Covered	District	% of MSOA aged U15	% of MSOA aged 65+
1	Dedham & Langam, Fordham & Stour	Colchester	17.1	17.5
2	Highwoods	Colchester	20.2	7.0
3	Fordham & Stour, W.Bergholt & Eight Ash Green	Colchester	17.4	16.4
4	Mile End	Colchester	18.6	10.2
5	St John's	Colchester	13.4	21.8
6	St Anne's	Colchester	16.3	14.3
7	Castle	Colchester	11.4	14.4
8	St Andrew's	Colchester	17.5	10.1
9	Lexden	Colchester	16.4	20.8
10	Copford & W.Stanway, Great Tey, Marks Tey	Colchester	16.6	15.5
11	New Town	Colchester	15.8	6.9
12	Stanway	Colchester	16.5	17.0
13	Christchurch, Shrub End#	Colchester	17.8	12.0
14	Prettygate	Colchester	15.5	21.4
15	Shrub End	Colchester	22.5	8.3
16	East Donyland, Harbour	Colchester	16.4	14.2
17	Wivenhoe Cross, Wivenhoe Quay	Colchester	12.2	12.5
18	Berechurch	Colchester	17.9	11.5
19	Birch & Winstree, Pyefleet	Colchester	16.7	15.5
20	Tiptree	Colchester	14.6	19.8
21	West Mersea	Colchester	13.1	26.9
Colchester average			**16.4**	**15.0**

MSOA Code	Ward Areas Covered or Part Covered	District	% of MSOA aged U15	% of MSOA aged 65+
22	Harwich East, Harwich East Central	Tendring	17.3	19.8
23	Harwich East Central, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	19.3	19.6
24	Bradfield, Wrabness & Wix, Lawford, Manningtree, Mistley, Lt Bentley & Tendring	Tendring	15.5	19.8
25	Gt & Lt Oakley, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	16.6	23.1
26	Ardleigh & Lt Bromley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	16.8	19.0
27	Frinton, Walton	Tendring	12.5	35.9
28	Beaumont & Thorpe, Lt Clacton & Weeley	Tendring	13.8	23.6
29	Frinton, Hamford, Holland & Kirby, Homelands	Tendring	11.9	37.3
30	Alresford, Brightlingsea, Gt Bentley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	14.6	23.2
31	Burrsville, St Johns	Tendring	12.3	31.8
32	Brightlingsea, St Osyth & Point Clear	Tendring	16.4	23.1
33	Haven, St Bartholomews	Tendring	9.3	41.3
34	Bockings Elm, Peter Bruff, St Marys	Tendring	15.5	25.2
35	St Marys, St Pauls	Tendring	15.6	27.6
36	Peter Bruff, Rush Green	Tendring	20.8	20.5
37	Alton Park, Pier	Tendring	15.4	24.2
38	Alton Park, St James	Tendring	16.4	25.1
39	Golf Green, St Osyth & Point Clear	Tendring	12.2	32.5
Tendring average			**15.1**	**26.3**

8.5. Deprivation

The Index of Multiple Deprivation (IMD) is the main indicator of deprivation at a small area level and comprises of seven domains denoting social or material deprivation which are combined into one index. According to the IMD2007, out of the 354 local authorities, Colchester is ranked at 224 and Tendring at 103 most deprived. Tendring houses an area, known locally as Jaywick, that is the 3rd most deprived in the country and also has additional areas that are ranked within the 10% most deprived nationally.

Figure 6: Deprivation by IMD Score 2007



The 20% most deprived MSOAs across NE Essex are shown below in Table 3, and this is where specific initiatives have been targeted to help improve the lives of the residents living within these areas.

Table 3: 20% Most Deprived MSOAs in NE Essex

MSOA Code	Ward Areas Covered or Part Covered	District	IMD2007 Score
37	Alton Park, Pier	Tendring	46.68
39	Golf Green, St Osyth & Point Clear	Tendring	43.48
36	Peter Bruff, Rush Green	Tendring	39.22
8	St Andrew's	Colchester	31.03
22	Harwich East, Harwich East Central	Tendring	28.92
38	Alton Park, St James	Tendring	26.50
31	Burrsville, St Johns	Tendring	25.77
35	St Marys, St Pauls	Tendring	25.45

8.6. Life Expectancy

Life expectancy is a key indicator in looking at inequalities between populations within our districts. This is a key indicator within the PCT 5 year strategy and the PCT is committed to reducing the gap between the highest and lowest life expectancies within our districts. The map below shows how uneven life expectancy is across the patch and shows that for all people and split by genders that life expectancy is lowest in areas that are more deprived. This is problematic as those people at highest risk with the lowest life expectancy are often the least likely to seek help and often will not respond well to interventions offered through traditional NHS routes and this is reflected in our strategy.

Figure 9: Life Expectancy by MSOA in NE Essex - Persons

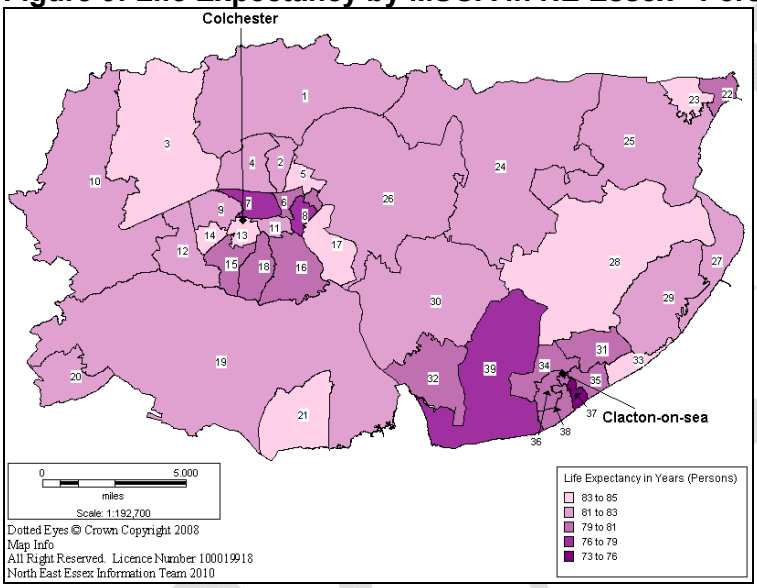
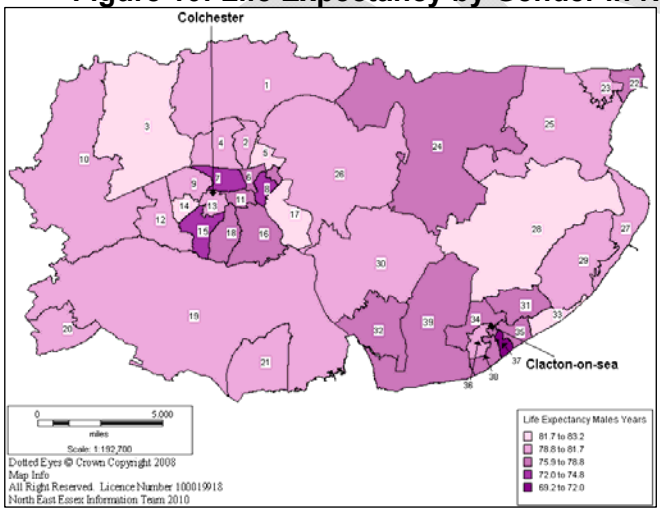
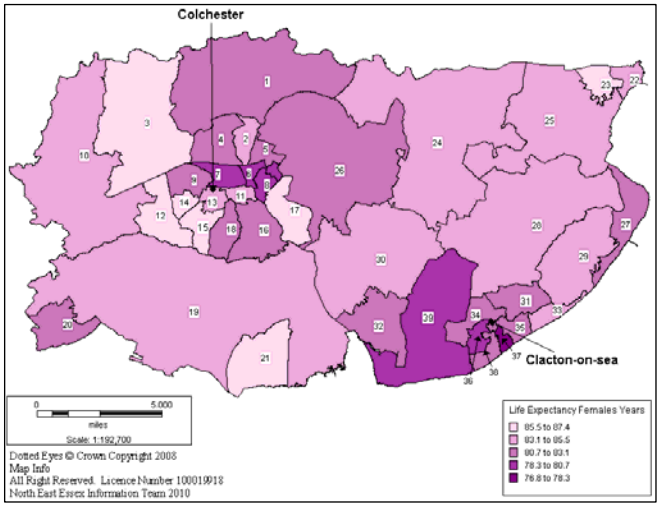


Figure 10: Life Expectancy by Gender in NE Essex PCT





The table below shows the MSOAs across Colchester and Tendring where male and female life expectancies are below that of the England average. Targeted work within the MSOA areas to improve life expectancy such as improving access to vascular checks and reducing smoking prevalence are of paramount importance.

In Colchester, seven MSOAs that have lower than (England) average male life expectancy and six for females, and in Tendring there are six MSOAs below England average male life expectancy and five for females. The life expectancy gap between those with the highest and those with the lowest life expectancies is also unacceptable with the gap for males being 14.06 years between MSOAs (highest is MSOA 5 with 83.22 years, lowest is MSOA 37 with 69.16 years). The same is also true for females with the gap being 10.64 years between MSOAs (the highest is MSOA 23 with 87.42 years and the lowest is MSOA 37 with 76.78 years)

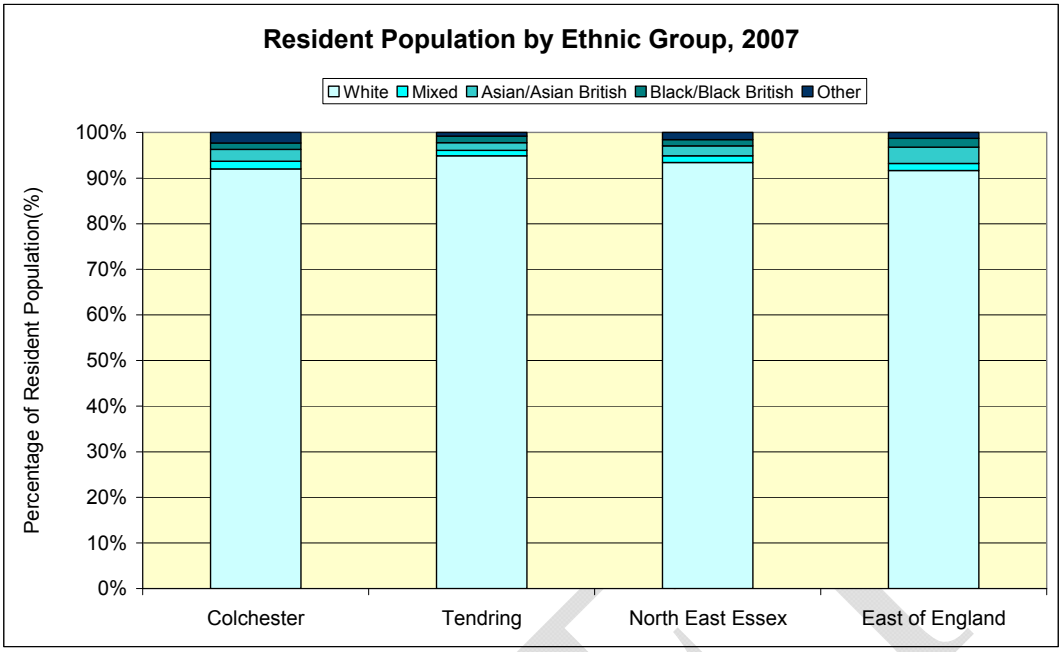
Table 4: Life Expectancy By Gender

MSOA Code	Ward Areas Covered or Part Covered	District	Male Life Expectancy	Female Life Expectancy	MSOA Code	Ward Areas Covered or Part Covered	District	Male Life Expectancy	Female Life Expectancy
1	Dedham & Langam, Fordham & Stour	Colchester	80.32	81.46	22	Harwich East, Harwich East Central	Tendring	76.99	83.14
2	Highwoods	Colchester	80.97	84.35	23	Harwich East Central, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	80.88	87.42
3	Fordham & Stour, W.Bergholt & Eight Ash Green	Colchester	81.99	85.97	24	Bradfield, Wrabness & Wix, Lawford, Manningtree, Mistley, Lt Bentley & Tendring	Tendring	78.06	85.45
4	Mile End	Colchester	78.82	82.73	25	Gt & Lt Oakley, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	79.39	83.72
5	St John's	Colchester	83.22	82.92	26	Ardleigh & Lt Bromley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	81.46	82.24
6	St Anne's	Colchester	77.52	80.58	27	Frinton, Walton	Tendring	79.71	82.06
7	Castle	Colchester	75.50	80.55	28	Beaumont & Thorpe, Lt Clacton & Weeley	Tendring	82.17	85.17
8	St Andrew's	Colchester	73.24	80.64	29	Frinton, Hamford, Holland & Kirby, Homelands	Tendring	79.74	84.04
9	Lexden	Colchester	80.48	82.92	30	Alresford, Brightlingsea, Gt Bentley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	80.87	83.29
10	Copford & W.Stanway, Great Tey, Marks Tey	Colchester	79.84	83.65	31	Burrsville, St Johns	Tendring	77.80	82.70
11	New Town	Colchester	76.43	85.20	32	Brightlingsea, St Osyth & Point Clear	Tendring	78.30	80.81
12	Stanway	Colchester	78.81	85.53	33	Haven, St Bartholomews	Tendring	82.54	84.27
13	Christchurch, Shrub End#	Colchester	80.67	84.50	34	Bockings Elm, Peter Bruff, St Marys	Tendring	76.04	82.23
14	Prettygate	Colchester	82.66	86.20	35	St Marys, St Pauls	Tendring	77.44	82.45
15	Shrub End	Colchester	74.20	86.96	36	Peter Bruff, Rush Green	Tendring	79.43	79.21
16	East Donyland, Harbour	Colchester	75.99	81.51	37	Alton Park, Pier	Tendring	69.16	76.78
17	Wivenhoe Cross, Wivenhoe Quay	Colchester	81.85	87.02	38	Alton Park, St James	Tendring	77.33	80.76
18	Berechurch	Colchester	76.96	82.63	39	Golf Green, St Osyth & Point Clear	Tendring	76.70	78.84
19	Birch & Winstree, Pyefleet	Colchester	80.10	83.65	**Colchester average**			**78.7**	**83.3**
20	Tiptree	Colchester	79.27	81.68	**Tendring average**			**78.3**	**82.1**
21	West Mersea	Colchester	80.57	86.22	**England average**			**77.7**	**81.9**

8.7. Ethnicity

The ethnic population make up of NE Essex is much less diverse than the East of England as a whole. Almost 95% of Tendring's population is classed as white in comparison to East of England with 91.6%. Colchester is more diverse than Tendring with 8% of the population coming from non-white backgrounds. Taking into account different ethnic groups is important when looking at some disease areas such as diabetes which is more prevalent in black Caribbean and those from Asian backgrounds.

Figure 11: Resident Population by Ethnic Group, Mid 2007



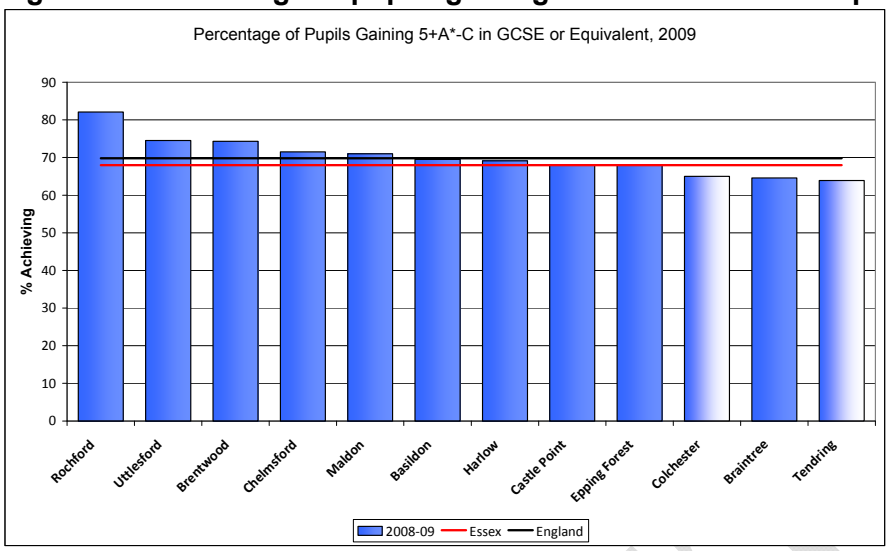
Source: ONS Experimental Statistics, 2009

8.8. Educational Achievement

Educational attainment is influenced by both the quality of education children receive and their family's socio-economic circumstances. Educational qualifications are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities. Young people who do not get 5 A*-C grade GCSEs (or equivalent) by age 16 tend not to have as good opportunities to achieve success later (14-19 White Paper).

In 2009, 68.2% of Essex pupils gained 5+ A*-C grade GCSEs (or equivalent), which is slightly below the England average of 70%. Tendring had the lowest achievement with 63.9% and Colchester the third lowest achievement in Essex with 65%, Rochford had the highest achievement with 82.1% showing wide variation across Essex. Across Essex as a whole, only 1.4% of pupils left school without a GCSE or equivalent qualification – slightly more than the England average (1.1%).

Figure 12: Percentage of pupils gaining 5+A*-C in GCSE or equivalent,



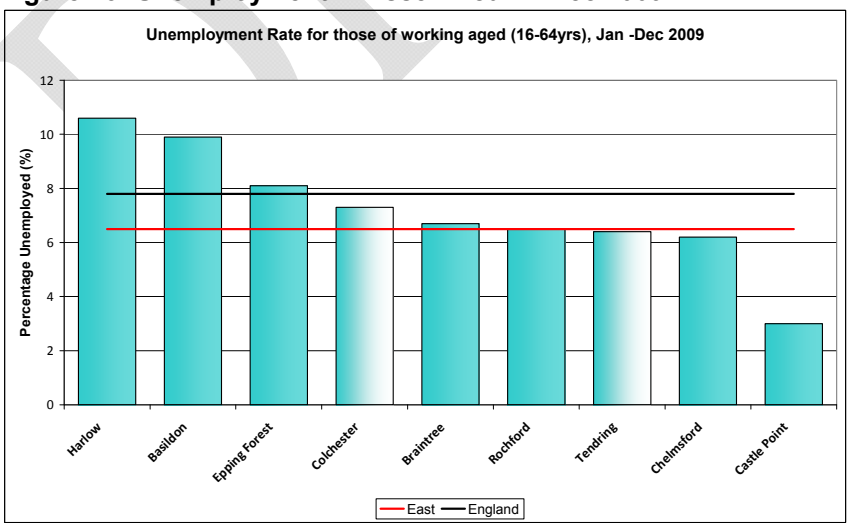
Source: DCSF

8.9. Employment & Unemployment

Work can be the basis of good health (particularly mental health), prosperity and well-being but there are also certain aspects of work that can adversely affect us. Unhealthy work patterns and workplaces and a lack of job security can all lead to poor mental health. The move towards less secure, short-term employment affects most of us, especially less-skilled manual workers, already faced with longer working hours for very low pay.

Unemployment can affect an individual's health and lifestyle dramatically. Long-term effects may include depression, loss of identity and feelings of low self worth. In addition, work can play an important role in our social networks and the ways we participate in society. Mounting debts and hardship for the unemployed can create stress and anxiety in coping with their lives.

Figure 13: Unemployment in Essex – Jan – Dec 2009



N.B Brentwood, Maldon & Uttlesford are not shown due to sample size being disclosive.
Source: NOMIS

8.10. Benefit Claimants

Table 5 looks at key benefit claimants from the working-age client group. In line with the regional picture, the greatest proportion of benefits in North East Essex are 'out-of-work' related and consists of the groups: job seekers, incapacity benefits, lone parents and others on income related benefits. Tendring has 1.5 times the out of work benefit claimants compared to Colchester and the East of England. People who are out of work are more susceptible to mental health problems and other health issues that pharmacies potentially could help to tackle.

Table 5: Benefit claimants

	Colchester (%)	Tendring (%)	East (%)	Great Britain (%)
Total claimants	11.0	17.7	11.8	15.0
Job seekers	2.7	4.3	3.1	3.8
ESA and incapacity benefits	4.8	8.2	4.9	6.7
Lone parents	1.4	2.0	1.5	1.8
Carers	0.8	1.4	0.9	1.1
Others on income related benefits	0.3	0.7	0.4	0.5
Disabled	0.8	1.0	0.8	1.0
Bereaved	0.2	0.2	0.2	0.2
Key out-of-work benefits†	9.3	15.1	9.9	12.7

Source: DWP benefit claimants - working age client group, & Nomis

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

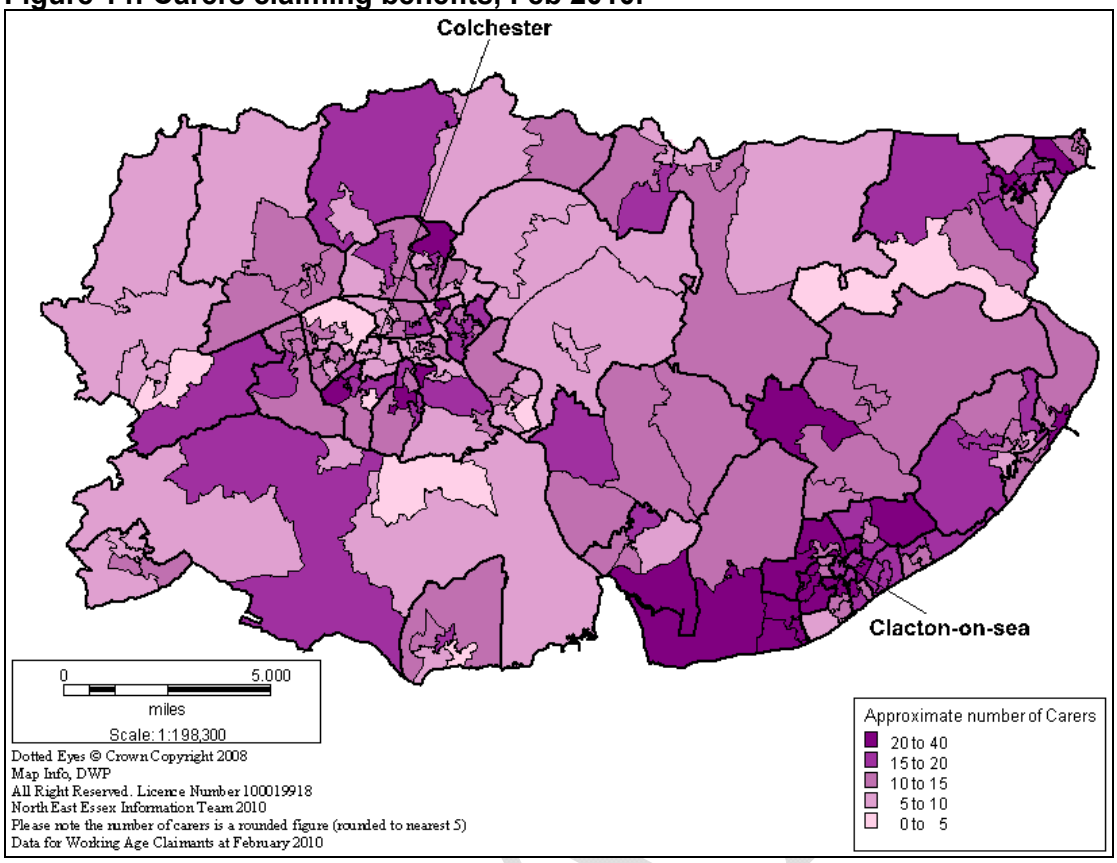
Note: % is a proportion of resident population of area aged 16-64

8.11. Carers

Carers are an important group to consider when looking at providing health services as this group of patients, who can often be elderly themselves, do not tend to look after their own health. Providing services such as health checks through pharmacies may be the only way to interact with some of these patients due to their own commitments to their family members.

The map below shows those carers that are of working age population who are receiving some benefits, but does not take into account those that are unpaid carers, of which some care for family members for over 50 hours per week. As expected, due to the more elderly population in Tendring, there are much higher proportions of claimants in Tendring.

Figure 14: Carers claiming benefits, Feb 2010.



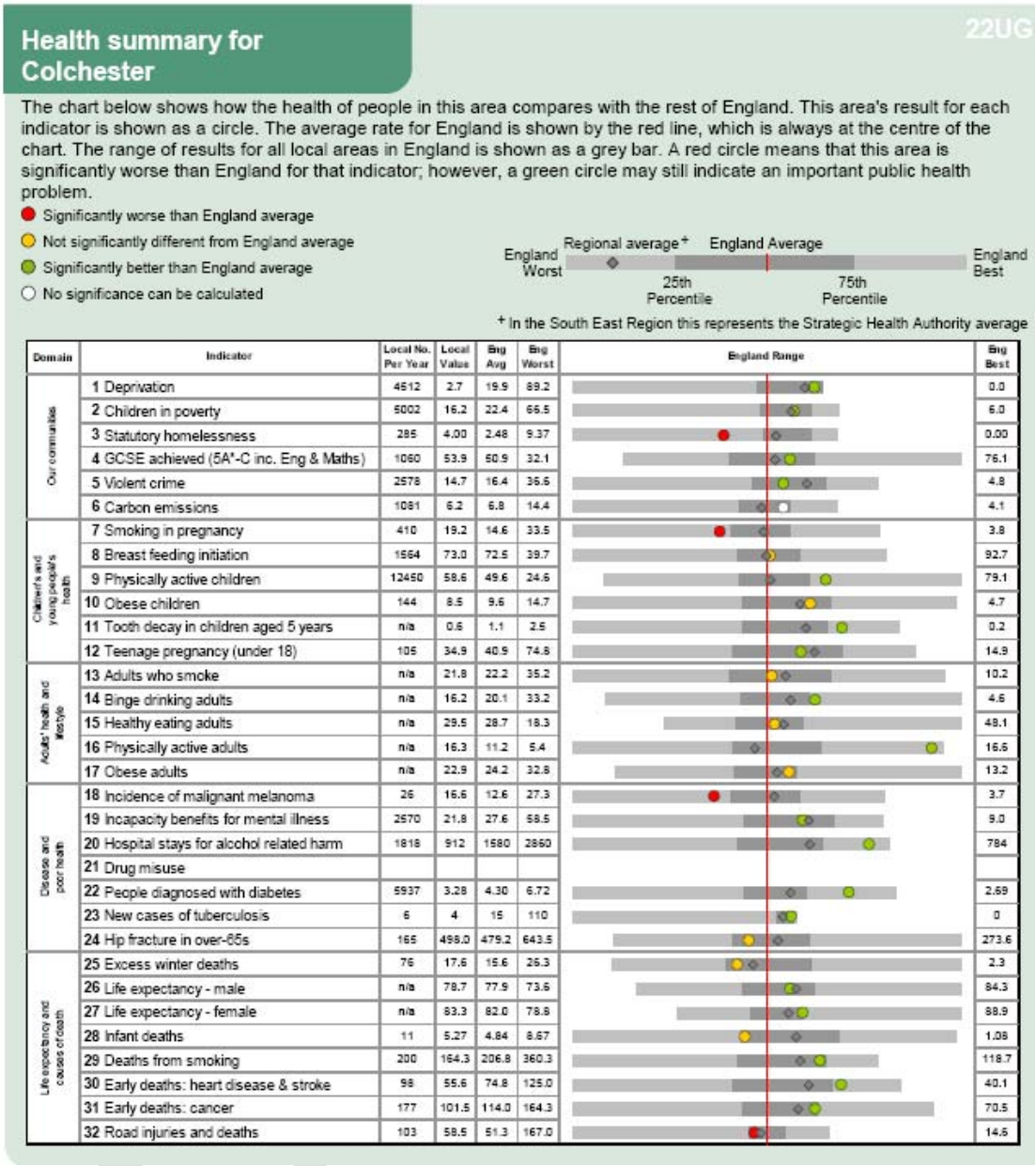
In the 2001 census there were approximately 159,000 unpaid carers across Essex, almost 10% of the total Essex population. Of these some 30,000 people spend 50 hours or more on caring tasks every week and almost half of this group are aged over 60 themselves. Although the majority of unpaid carers receive some form of support either from the local authority or from the voluntary sector, a third do not appear to receive any support at all and just over a third are not satisfied with the support that they get.

In NE Essex at this time, there were just over 30,000 people providing unpaid care - 10.2% of the population. Of those providing unpaid care, 20% were providing 50 or more hours per week.

8.12. Health Summaries

Health summaries are produced on an annual basis by the Association of Public Health Observatories (APHO) and give a snapshot view of health within each district compared to the England average. For more details see: www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

Figure 16: Health Summary for Colchester



Health summary for Colchester

22UG

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated

England Worst | Regional average+ | England Average | England Best

25th Percentile | 75th Percentile

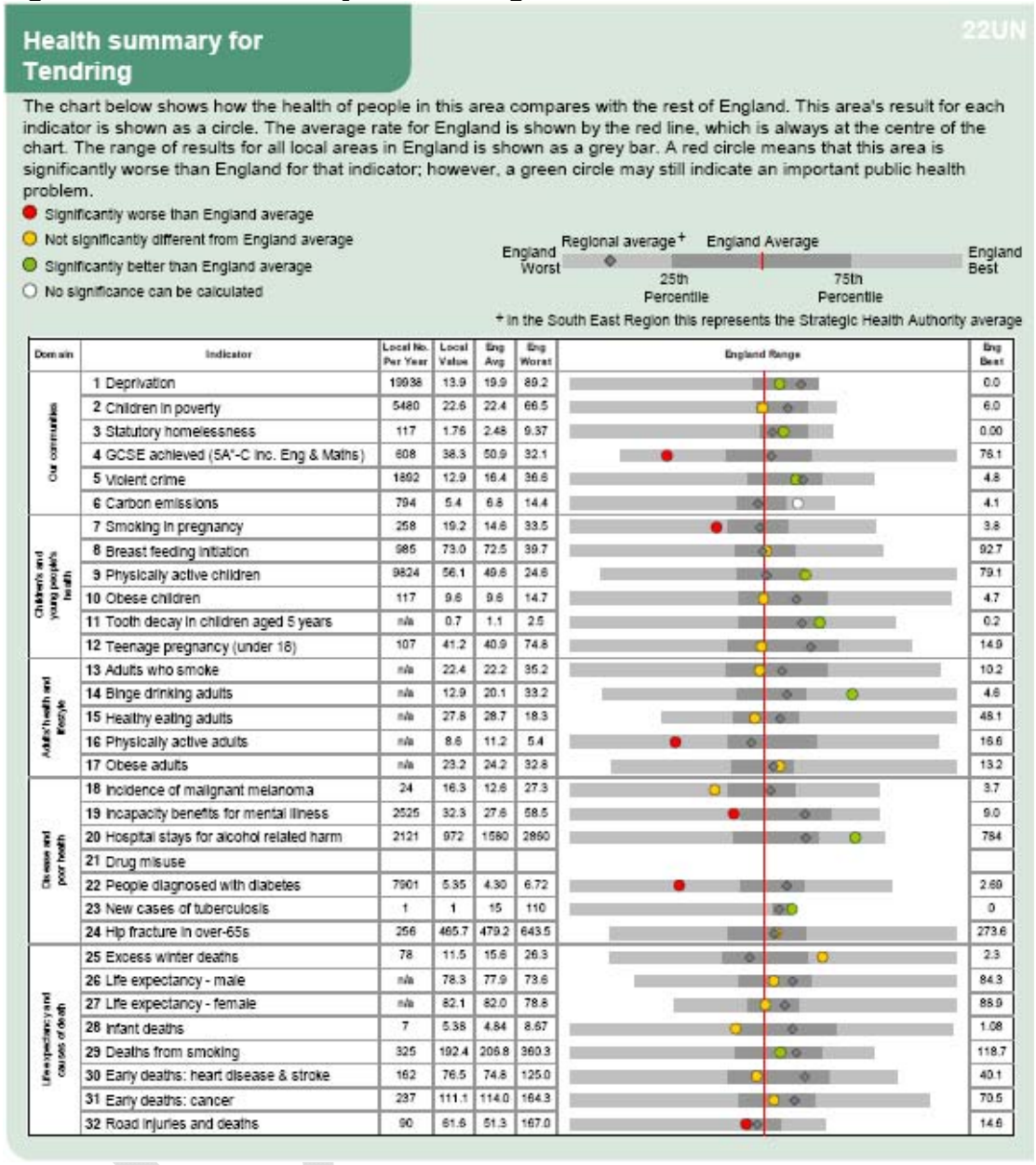
+ In the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	4512	2.7	19.9	89.2		0.0
	2 Children in poverty	5002	16.2	22.4	66.5		6.0
	3 Statutory homelessness	285	4.00	2.48	9.37		0.00
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1060	53.9	50.9	32.1		76.1
	5 Violent crime	2578	14.7	16.4	36.6		4.8
	6 Carbon emissions	1091	6.2	6.8	14.4		4.1
Children's and young people's health	7 Smoking in pregnancy	410	19.2	14.6	33.5		3.8
	8 Breast feeding initiation	1564	73.0	72.5	39.7		92.7
	9 Physically active children	12450	58.6	49.6	24.6		79.1
	10 Obese children	144	8.5	9.6	14.7		4.7
	11 Tooth decay in children aged 5 years	n/a	0.6	1.1	2.5		0.2
	12 Teenage pregnancy (under 18)	105	34.9	40.9	74.8		14.9
Adults' health and lifestyle	13 Adults who smoke	n/a	21.8	22.2	35.2		10.2
	14 Binge drinking adults	n/a	16.2	20.1	33.2		4.6
	15 Healthy eating adults	n/a	29.5	28.7	18.3		48.1
	16 Physically active adults	n/a	16.3	11.2	5.4		16.6
	17 Obese adults	n/a	22.9	24.2	32.8		13.2
Disease and poor health	18 Incidence of malignant melanoma	26	16.6	12.6	27.3		3.7
	19 Incapacity benefits for mental illness	2570	21.8	27.6	58.5		9.0
	20 Hospital stays for alcohol related harm	1818	912	1580	2860		784
	21 Drug misuse						
	22 People diagnosed with diabetes	5937	3.28	4.30	6.72		2.69
	23 New cases of tuberculosis	6	4	15	110		0
	24 Hip fracture in over-65s	165	498.0	479.2	643.5		273.6
Life expectancy and causes of death	25 Excess winter deaths	76	17.6	15.6	26.3		2.3
	26 Life expectancy - male	n/a	78.7	77.9	73.6		84.3
	27 Life expectancy - female	n/a	83.3	82.0	78.8		88.9
	28 Infant deaths	11	5.27	4.84	8.67		1.08
	29 Deaths from smoking	200	164.3	206.8	360.3		118.7
	30 Early deaths: heart disease & stroke	98	55.6	74.8	125.0		40.1
	31 Early deaths: cancer	177	101.5	114.0	164.3		70.5
	32 Road injuries and deaths	103	58.5	51.3	167.0		14.6

In Colchester's health profile for 2010, there are four main areas of concern where the district is an outlier:

- Levels of statutory homelessness
- Smoking in pregnancy
- Incidence of malignant melanoma
- Road injuries & death

Figure 15: Health Summary for Tendring



Health summary for Tendring

22UN

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated

England Worst | Regional average+ | England Average | England Best | 25th Percentile | 75th Percentile

+ in the South East Region this represents the Strategic Health Authority average

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	19938	13.9	19.9	89.2		0.0
	2 Children in poverty	5480	22.6	22.4	66.5		6.0
	3 Statutory homelessness	117	1.76	2.48	9.37		0.00
	4 GCSE achieved (5A*-C inc. Eng & Maths)	608	38.3	50.9	32.1		76.1
	5 Violent crime	1892	12.9	16.4	36.6		4.8
	6 Carbon emissions	794	5.4	6.8	14.4		4.1
Children's and young people's health	7 Smoking in pregnancy	258	19.2	14.6	33.5		3.8
	8 Breast feeding initiation	985	73.0	72.5	39.7		92.7
	9 Physically active children	9824	56.1	49.6	24.6		79.1
	10 Obese children	117	9.6	9.6	14.7		4.7
	11 Tooth decay in children aged 5 years	n/a	0.7	1.1	2.5		0.2
	12 Teenage pregnancy (under 18)	107	41.2	40.9	74.8		14.9
Adults' health and lifestyle	13 Adults who smoke	n/a	22.4	22.2	35.2		10.2
	14 Binge drinking adults	n/a	12.9	20.1	33.2		4.6
	15 Healthy eating adults	n/a	27.8	28.7	18.3		48.1
	16 Physically active adults	n/a	8.6	11.2	5.4		16.6
	17 Obese adults	n/a	23.2	24.2	32.8		13.2
Disease and poor health	18 Incidence of malignant melanoma	24	16.3	12.6	27.3		3.7
	19 Incapacity benefits for mental illness	2525	32.3	27.6	58.5		9.0
	20 Hospital stays for alcohol related harm	2121	972	1580	2860		784
	21 Drug misuse						
	22 People diagnosed with diabetes	7901	5.35	4.30	6.72		2.69
	23 New cases of tuberculosis	1	1	15	110		0
	24 Hip fracture in over-65s	256	465.7	479.2	643.5		273.6
Life expectancy and causes of death	25 Excess winter deaths	78	11.5	15.6	26.3		2.3
	26 Life expectancy - male	n/a	78.3	77.9	73.6		84.3
	27 Life expectancy - female	n/a	82.1	82.0	78.8		88.9
	28 Infant deaths	7	5.38	4.84	8.67		1.08
	29 Deaths from smoking	325	192.4	206.8	360.3		118.7
	30 Early deaths: heart disease & stroke	162	76.5	74.8	125.0		40.1
	31 Early deaths: cancer	237	111.1	114.0	164.3		70.5
	32 Road injuries and deaths	90	61.6	51.3	167.0		14.6

In Tendrings' health profile there are six main areas of concern:

- GCSE achievement (based on 2008-09 data)
- Smoking in pregnancy
- Physically active adults
- Incapacity benefits for mental illness
- People diagnosed with diabetes
- Road injuries and deaths

The following areas are also of potential relevance to the PNA

- Support to homeless people, e.g. substance misuse support
- Smoking cessation
- increase awareness of malignant melanoma and early signs
- Support for early diagnosis of diabetes and ongoing support
- Increased awareness of appropriate inappropriate medicines use, medicines use and support to those using medicines

8.13. Disease Prevalence & Mortality

The most accurate disease prevalence estimations are taken from the Quality & Outcomes Framework (QOF). The QOF looks at various different health conditions and diseases and there are registers associated with each clinical area in order to give an estimation of the proportion of people within our community that are suffering from that particular disease. It is thought that the disease registers under-estimate the number of people with a particular condition, mainly because those patients that do not engage with primary care services, essentially those from disadvantaged background are more likely to have these diseases but due to lack of engagement are not diagnosed and therefore not on the registers.

Table 6 shows the 2008-09 QOF prevalence figures for NE Essex in comparison to East of England and England. Out of the 19 clinical areas, NE Essex has 11 disease areas where the prevalence is higher than both East of England and England averages. Also shown are some modelled estimates (where available) for 5 disease areas. These show the possible extent of undiagnosed patients and therefore patients who are not being managed in primary care. The estimated prevalence for hypertension suggest that a further 18% of people aged 16+ are undiagnosed with this condition, in actual numbers this equates to approximately 48,000 patients.

It is important that people that are suffering from underlying health conditions are accurately diagnosed and cared for. This will enable them to enjoy a better quality of life and to ensure that they stay as healthy as possible for as long as possible.

Table 6: QOF Prevalence Registers (2008-09)

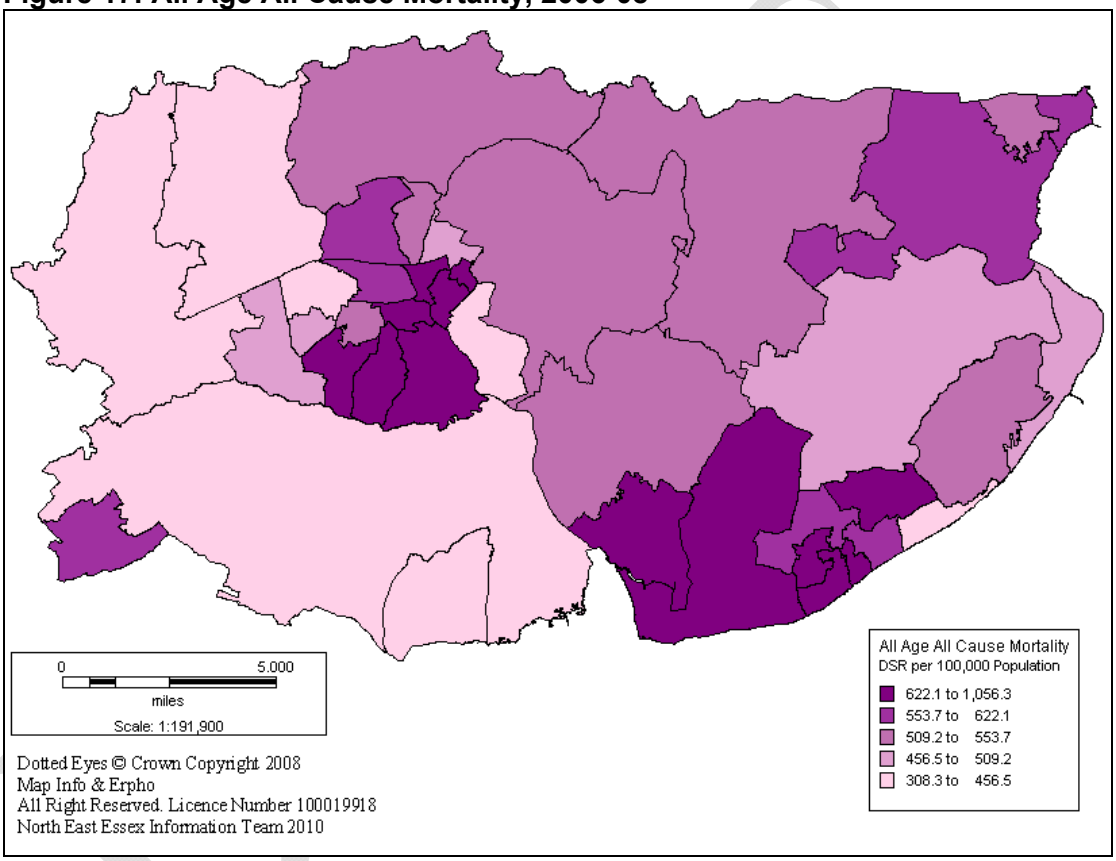
	NEE	East of England	England		Estimated Prevalence (2009)†	Difference between Actual & Expected NEE Prevalence
Coronary Heart Disease Prevalence	3.9%	3.3%	3.5%		5.9%	2.0%
Stroke or Transient Ischaemic Attacks (TIA) Prevalence	1.8%	1.6%	1.7%		2.6%	0.8%
Hypertension Prevalence	14.8%	13.4%	13.1%		32.7%	17.9%
Diabetes Mellitus (Diabetes) Prevalence*	5.3%	4.8%	5.1%		5.2%	-0.1%
Chronic Obstructive Pulmonary Disease Prevalence	1.6%	1.4%	1.5%		3.2%	1.6%
Epilepsy Prevalence*	0.8%	0.7%	0.8%		-	-
Hypothyroidism Prevalence	3.8%	3.2%	2.8%		-	-
Cancer Prevalence	1.4%	1.3%	1.3%		-	-
Mental Health Prevalence	0.7%	0.7%	0.7%		-	-
Asthma Prevalence	5.9%	6.2%	5.9%		-	-
Heart Failure Prevalence	0.9%	0.7%	0.7%		-	-
Heart Failure Due to LVD Prevalence	0.4%	0.4%	0.4%		-	-
Palliative Care Prevalence	0.1%	0.1%	0.1%		-	-
Dementia Prevalence	0.4%	0.4%	0.4%		-	-
Depression Prevalence	6.3%	7.7%	8.1%		-	-
Chronic Kidney Disease Prevalence*	4.7%	4.1%	4.1%		-	-
Atrial Fibrillation Prevalence	1.7%	1.4%	1.3%		-	-
Obesity Prevalence*	9.7%	9.3%	9.9%		-	-
Learning Disabilities Prevalence*	0.6%	0.3%	0.4%		-	-

** Age specific prevalence, † Modelled Estimates & Projections, ERPHO (2008, based on age 16+)*
Source: The Information Centre, QOF Data Tables 2008-09

8.14. Mortality

The all age all cause mortality shown in Figure 17 depicts where there are higher rates of mortalities in all population groups compared to the East of England.

Figure 17: All Age All Cause Mortality, 2006-08



The MSOAs in NE Essex that are in the 20% highest all age all cause mortality in the East of England are:

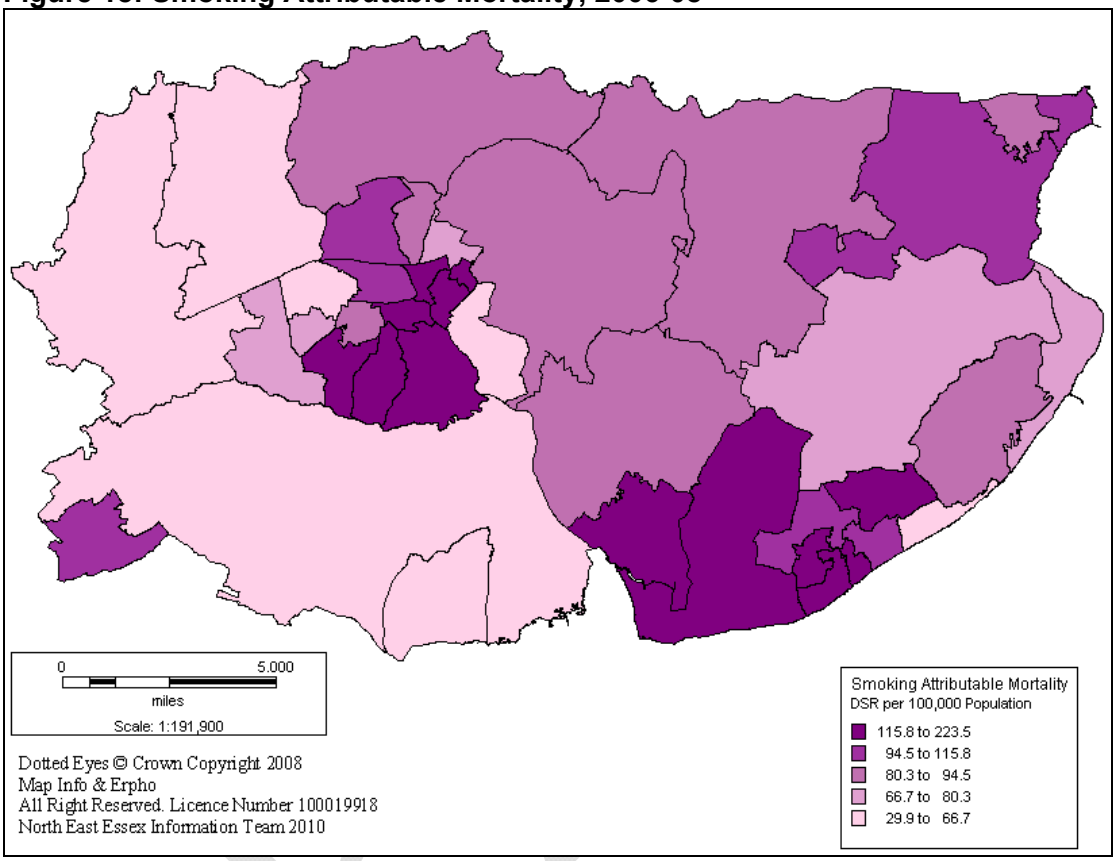
Table 7

MSOA Code	Ward Areas Covered or Part Covered	District	Deprivation Quintile
7	Castle	Colchester	**Q3**
8	St Andrew's	Colchester	**Q5**
16	East Donyland, Harbour	Colchester	**Q4**
37	Alton Park, Pier	Tendring	**Q5**
38	Alton Park, St James	Tendring	**Q5**
39	Golf Green, St Osyth & Point Clear	Tendring	**Q5**

8.15. Smoking Attributable Mortality

Figure 18, shows the smoking attributable mortality by MSOA compared to the East of England.

Figure 18: Smoking Attributable Mortality, 2006-08



The MSOAs in NE Essex that are in the 20% highest all age all cause mortality in the East of England are:

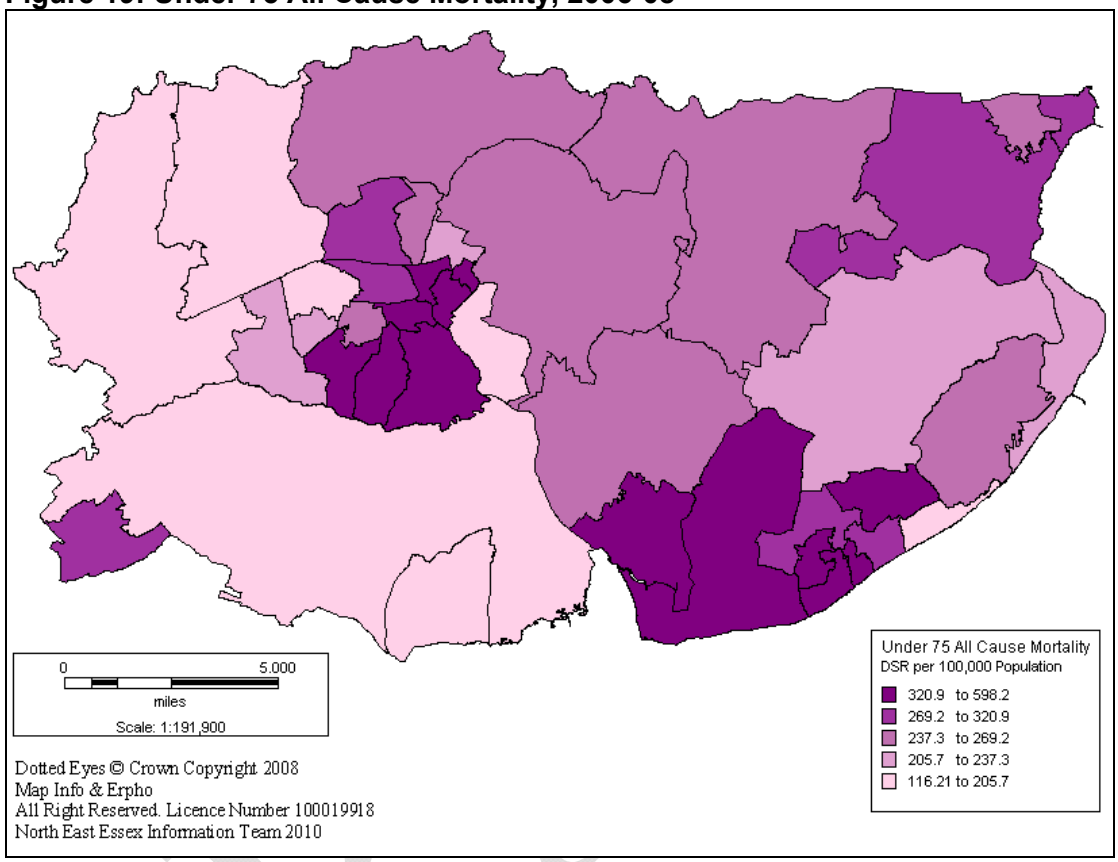
Table 8

MSOA Code	Ward Areas Covered or Part Covered	District	Deprivation Quintile
8	St Andrew's	Colchester	**Q5**
15	Shrub End	Colchester	**Q3**
16	East Donyland, Harbour	Colchester	**Q4**
31	Burrsville, St Johns	Tendring	**Q5**
36	Peter Bruff, Rush Green	Tendring	**Q5**
37	Alton Park, Pier	Tendring	**Q5**
39	Golf Green, St Osyth & Point Clear	Tendring	**Q5**

8.16. Premature mortality

Premature mortality is considered in those aged 75 and under. From figures 19, 20 & 21 we can see the premature all age all cause mortality, circulatory disease mortality and the premature cancer mortality in comparison to the East of England.

Figure 19: Under 75 All Cause Mortality, 2006-08

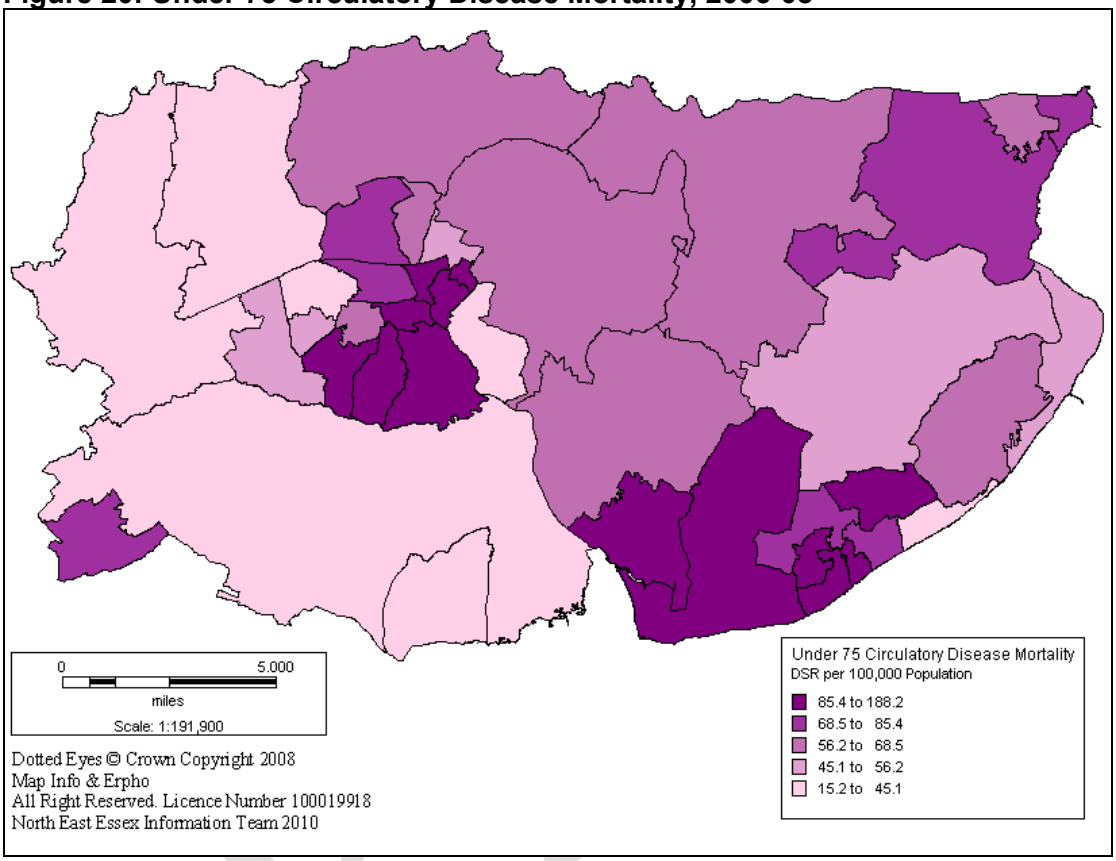


The MSOAs in NE Essex that are in the 20% highest all age all cause mortality in the East of England are:

Table 9

MSOA Code	Ward Areas Covered or Part Covered	District	Deprivation Quintile
6	St Anne's	Colchester	**Q4**
8	St Andrew's	Colchester	**Q5**
11	New Town	Colchester	**Q4**
15	Shrub End	Colchester	**Q3**
16	East Donyland, Harbour	Colchester	**Q4**
18	Berechurch	Colchester	**Q4**
31	Burrsville, St Johns	Tendring	**Q5**
32	Brightlingsea, St Osyth & Point Clear	Tendring	**Q3**
36	Peter Bruff, Rush Green	Tendring	**Q5**
37	Alton Park, Pier	Tendring	**Q5**
38	Alton Park, St James	Tendring	**Q5**
39	Golf Green, St Osyth & Point Clear	Tendring	**Q5**

Figure 20: Under 75 Circulatory Disease Mortality, 2006-08

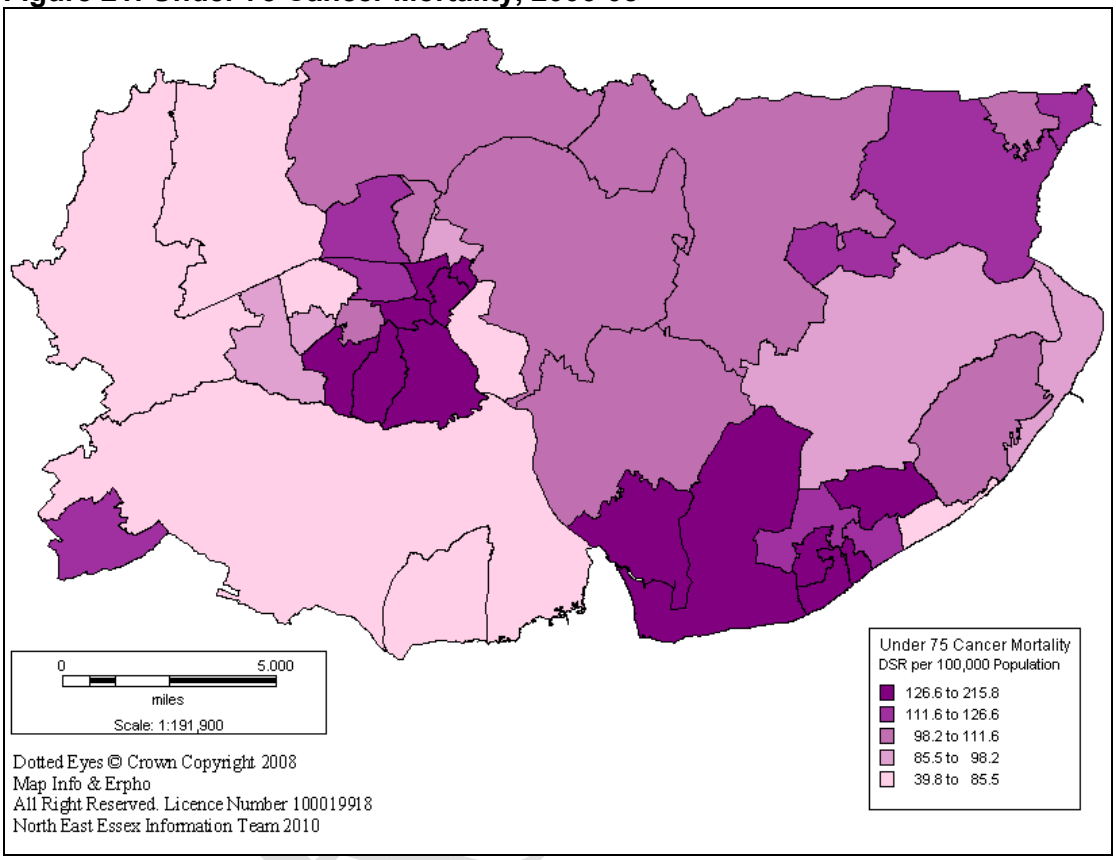


The MSOAs in NE Essex that are in the 20% highest all age all cause mortality in the East of England are:

Table 10

MSOA Code	Ward Areas Covered or Part Covered	District	Deprivation Quintile
8	St Andrew's	Colchester	**Q5**
18	Berechurch	Colchester	**Q4**
29	Frinton, Hamford, Holland & Kirby, Homelands	Tendring	**Q3**
31	Burrsville, St Johns	Tendring	**Q5**
32	Brightlingsea, St Osyth & Point Clear	Tendring	**Q3**
34	Bockings Elm, Peter Bruff, St Marys	Tendring	**Q4**
37	Alton Park, Pier	Tendring	**Q5**

Figure 21: Under 75 Cancer Mortality, 2006-08



The MSOAs in NE Essex that are in the 20% highest all age all cause mortality in the East of England are:

Table 11

MSOA Code	Ward Areas Covered or Part Covered	District	Deprivation Quintile
8	St Andrew's	Colchester	**Q5**
20	Tiptree	Colchester	**Q2**
25	Gt & Lt Oakley, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	**Q3**
36	Peter Bruff, Rush Green	Tendring	**Q5**
37	Alton Park, Pier	Tendring	**Q5**
38	Alton Park, St James	Tendring	**Q5**
39	Golf Green, St Osyth & Point Clear	Tendring	**Q5**

In the majority of all the mortalities, the 20% highest mortality rates within the East of England from NE Essex tend to be those from higher deprivation quintiles (4 & 5). This shows how unequal mortality is across the different population groups and that those are most disadvantaged due to socio-economic factors are also most disadvantaged in the health arena.

8.17. Smoking

Smoking still remains the key cause of premature death in this country with 50% of smokers dying early as a result of their habit. There are increasingly more refined and effective services to support quitting and the North East Essex service has a very high level of success and is one of the best in the region. The table below shows synthetic estimates of smoking prevalence by MSOA. It is a sad fact that we do not actually know smoking levels in the population we serve except through extrapolation from surveys. Primary Care based data on smoking are likely to allow us more information in the future but for now the best measure of the impact of local services is quit rates. The table highlights those MSOAs that have an estimated smoking prevalence above that of the national estimate (24.1%). A third of MSOAs in Colchester have a higher smoking prevalence than the national estimate and this rises to 50% of MSOAs in Tendring. What is also most notable is that the higher smoking prevalence's are more closely related to areas of higher deprivation.

Table 12: Estimated Smokers at MSOA level

MSOA Code	Ward Areas Covered or Part Covered	District	% of MSOA Estimated to Be Smokers	Deprivation Quintile	MSOA Code	Ward Areas Covered or Part Covered	District	% of MSOA Estimated to Be Smokers	Deprivation Quintile
1	Dedham & Langam, Fordham & Stour	Colchester	17.9	Q1	22	Harwich East, Harwich East Central	Tendring	35.5	Q5
2	Highwoods	Colchester	28.9	Q2	23	Harwich East Central, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	31.4	Q4
3	Fordham & Stour, W.Bergholt & Eight Ash Green	Colchester	20.8	Q1	24	Bradfield, Wrabness & Wix, Lawford, Manningtree, Mistley, Lt Bentley & Tendring	Tendring	23.9	Q2
4	Mile End	Colchester	21.7	Q2	25	Gt & Lt Oakley, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	21.6	Q3
5	St John's	Colchester	17.1	Q1	26	Ardleigh & Lt Bromley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	21.6	Q3
6	St Anne's	Colchester	30.7	Q4	27	Frinton, Walton	Tendring	21.8	Q4
7	Castle	Colchester	27.6	Q3	28	Beaumont & Thorpe, Lt Clacton & Weeley	Tendring	23.5	Q4
8	St Andrew's	Colchester	41.7	Q5	29	Frinton, Hamford, Holland & Kirby, Homelands	Tendring	17.6	Q3
9	Lexden	Colchester	17.8	Q2	30	Alresford, Brightlingsea, Gt Bentley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	18	Q2
10	Copford & W.Stanway, Great Tey, Marks Tey	Colchester	19.3	Q2	31	Burrsville, St Johns	Tendring	26.5	Q5
11	New Town	Colchester	33.9	Q4	32	Brightlingsea, St Osyth & Point Clear	Tendring	22.8	Q3
12	Stanway	Colchester	21.7	Q1	33	Haven, St Bartholomews	Tendring	19.9	Q3
13	Christchurch, Shrub End#	Colchester	19.5	Q1	34	Bockings Elm, Peter Bruff, St Marys	Tendring	24.9	Q4
14	Prettygate	Colchester	18.4	Q1	35	St Marys, St Pauls	Tendring	25.8	Q5
15	Shrub End	Colchester	27.5	Q3	36	Peter Bruff, Rush Green	Tendring	32.4	Q5
16	East Donyland, Harbour	Colchester	31.2	Q4	37	Alton Park, Pier	Tendring	39.1	Q5
17	Wivenhoe Cross, Wivenhoe Quay	Colchester	17.8	Q1	38	Alton Park, St James	Tendring	27.9	Q5
18	Berechurch	Colchester	31.6	Q4	39	Golf Green, St Osyth & Point Clear	Tendring	28	Q5
19	Birch & Winstree, Pyefleet	Colchester	17.9	Q2		**Tendring Estimate**		**21.6**	
20	Tiptree	Colchester	22.6	Q2		**Regional Estimate**		**23.5**	
21	West Mersea	Colchester	16	Q1		**National Estimate**		**24.1**	
Colchester Estimate			**23.1**						

***Deprivation Quintiles: Q1 = least deprived, Q5 = most deprived**

Source: Modelled Based Estimates of Smoking at MSOA level, The Information Centre for health & social care, 2008

8.18. Obesity

Obesity is a major public health issue and its consequences cost the NHS approximately £4.2 billion per year and can lead to increased risk of heart disease, type 2 diabetes and some cancers. The trend in increasing obesity levels thought to be related to increased availability of fast, processed and snack foods, increased portion sizes, a reduction in physical activity and more sedentary jobs and lifestyles.

Adult obesity figures have almost quadrupled over the last 25 years with approximately two thirds of adults being overweight. Of these, 22% of men and 23% of women are classed as obese. The National Audit Office has found that on average, each person whose death is attributable to obesity had lost 9 years of life.

Table 13 below shows the synthetic estimates that have been produced at MSOA level which again clearly this shows that all the MSOAs in Tendring have estimated obesity prevalence higher than the national estimate (23.6%). Colchester also has a high level of obesity with only 5 MSOAs below the national estimate. Obesity is not solely limited to those in more deprived areas but is a population wide problem.

Table 13: Estimated obesity levels at MSOA level

MSOA Code	Ward Areas Covered or Part Covered	District	% of MSOA Estimated to Be Obese	Deprivation Quintile	MSOA Code	Ward Areas Covered or Part Covered	District	% of MSOA Estimated to Be Obese	Deprivation Quintile
1	Dedham & Langam, Fordham & Stour	Colchester	24.6	Q1	22	Harwich East, Harwich East Central	Tendring	25.4	Q5
2	Highwoods	Colchester	24.6	Q2	23	Harwich East Central, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	31	Q4
3	Fordham & Stour, W.Bergholt & Eight Ash Green	Colchester	25.5	Q1	24	Bradfield, Wrabness & Wix, Lawford, Manningtree, Mistley, Lt Bentley & Tendring	Tendring	27.9	Q2
4	Mile End	Colchester	23.5	Q2	25	Gt & Lt Oakley, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	29.3	Q3
5	St John's	Colchester	25.4	Q1	26	Ardleigh & Lt Bromley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	29	Q3
6	St Anne's	Colchester	25.8	Q4	27	Frinton, Walton	Tendring	25.1	Q4
7	Castle	Colchester	19.4	Q3	28	Beaumont & Thorpe, Lt Clacton & Weeley	Tendring	30.2	Q4
8	St Andrew's	Colchester	25.5	Q5	29	Frinton, Hamford, Holland & Kirby, Homelands	Tendring	27.6	Q3
9	Lexden	Colchester	21.6	Q2	30	Alresford, Brightlingsea, Gt Bentley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	26.2	Q2
10	Copford & W.Stanway, Great Tey, Marks Tey	Colchester	25.1	Q2	31	Burrsville, St Johns	Tendring	32.3	Q5
11	New Town	Colchester	22.5	Q4	32	Brightlingsea, St Osyth & Point Clear	Tendring	27	Q3
12	Stanway	Colchester	25.4	Q1	33	Haven, St Bartholomews	Tendring	30.8	Q3
13	Christchurch, Shrub End#	Colchester	18	Q1	34	Bockings Elm, Peter Bruff, St Marys	Tendring	30.7	Q4
14	Prettygate	Colchester	26.6	Q1	35	St Marys, St Pauls	Tendring	26.2	Q5
15	Shrub End	Colchester	26.5	Q3	36	Peter Bruff, Rush Green	Tendring	31.3	Q5
16	East Donyland, Harbour	Colchester	27	Q4	37	Alton Park, Pier	Tendring	26.1	Q5
17	Wivenhoe Cross, Wivenhoe Quay	Colchester	17.2	Q1	38	Alton Park, St James	Tendring	28.8	Q5
18	Berechurch	Colchester	29.7	Q4	39	Golf Green, St Osyth & Point Clear	Tendring	30.9	Q5
19	Birch & Winstree, Pyefleet	Colchester	26.6	Q2		**Tendring Estimate**		**26.6**	
20	Tiptree	Colchester	29.4	Q2		**Regional Estimate**		**24.8**	
21	West Mersea	Colchester	26	Q1		**National Estimate**		**23.6**	
Colchester Estimate			**25.1**						

***Deprivation Quintiles: Q1 = least deprived, Q5 = most deprived**

Source: Modelled Based Estimates of Smoking at MSOA level, The Information Centre for health & social care, 2008

8.19. Binge Drinking

Misuse of alcohol is increasingly recognised as a key issue nationally and locally. It is estimated 26% of adults in England drink at hazardous, harmful or dependent levels. This is higher than the smoking prevalence but NHS services are poorly developed. It is responsible not just for health issues but for a whole range of socioeconomic problems including unemployment, homelessness, crime and family breakdowns. The impact of alcohol misuse is not just on the patient but on those close to them, has led the Chief Medical Officer in his latest report to focus on this area and the concept of second hand drinking. In the same way as second hand smoking is harmful to those around the smoker use of alcohol has serious consequences for families including domestic violence, neglect and poverty.

In Table 14 below, it is interesting to see that Tendring does not have any MSOAs that have an estimated binge drinking prevalence higher than the national estimate, this is probably due to the age structure of the Tendring district in that it is predominantly older people. However Colchester has 5 areas above the national binge drinking estimate, which may be due in part to being a University town and also hosting a large garrison.

Table 14: Estimated binge drinking levels at MSOA level

MSOA Code	Ward Areas Covered or Part Covered	District	% of MSOA Estimated to Binge Drink	Deprivation Quintile
1	Dedham & Langam, Fordham & Stour	Colchester	10.9	Q1
2	Highwoods	Colchester	20	Q2
3	Fordham & Stour, W.Bergholt & Eight Ash Green	Colchester	13.5	Q1
4	Mile End	Colchester	17.5	Q2
5	St John's	Colchester	13.3	Q1
6	St Anne's	Colchester	17.8	Q4
7	Castle	Colchester	18.8	Q3
8	St Andrew's	Colchester	17.3	Q5
9	Lexden	Colchester	14.2	Q2
10	Copford & W.Stanway, Great Tey, Marks Tey	Colchester	12	Q2
11	New Town	Colchester	23.9	Q4
12	Stanway	Colchester	15.3	Q1
13	Christchurch, Shrub End#	Colchester	17	Q1
14	Prettygate	Colchester	15.1	Q1
15	Shrub End	Colchester	20.1	Q3
16	East Donyland, Harbour	Colchester	17.3	Q4
17	Wivenhoe Cross, Wivenhoe Quay	Colchester	15.7	Q1
18	Berechurch	Colchester	19	Q4
19	Birch & Winstree, Pyefleet	Colchester	12.4	Q2
20	Tiptree	Colchester	12.5	Q2
21	West Mersea	Colchester	10.8	Q1
Colchester Estimate			**15.9**	

MSOA Code	Ward Areas Covered or Part Covered	Area	% of MSOA Estimated to Binge Drink	Deprivation Quintile
22	Harwich East, Harwich East Central	Tendring	15.8	Q5
23	Harwich East Central, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	16.3	Q4
24	Bradfield, Wrabness & Wix, Lawford, Manningtree, Mistley, Lt Bentley & Tendring	Tendring	12.9	Q2
25	Gt & Lt Oakley, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	15	Q3
26	Ardleigh & Lt Bromley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	13.2	Q3
27	Frinton, Walton	Tendring	12.6	Q4
28	Beaumont & Thorpe, Lt Clacton & Weeley	Tendring	11.3	Q4
29	Frinton, Hamford, Holland & Kirby, Homelands	Tendring	12.3	Q3
30	Alresford, Brightlingsea, Gt Bentley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	11.6	Q2
31	Burrsville, St Johns	Tendring	11.9	Q5
32	Brightlingsea, St Osyth & Point Clear	Tendring	11.7	Q3
33	Haven, St Bartholomews	Tendring	11.1	Q3
34	Bockings Elm, Peter Bruff, St Marys	Tendring	14.5	Q4
35	St Marys, St Pauls	Tendring	14.2	Q5
36	Peter Bruff, Rush Green	Tendring	16.4	Q5
37	Alton Park, Pier	Tendring	16.3	Q5
38	Alton Park, St James	Tendring	13.6	Q5
39	Golf Green, St Osyth & Point Clear	Tendring	11.1	Q5
Tendring Estimate			**14.6**	
Regional Estimate			**15.2**	
National Estimate			**18**	

8.20. Teenage pregnancy and sexual health

Teenage pregnancy is a complex issue, affected by young people's knowledge about sex and relationships and their access to advice and support; and influenced by aspirations, educational attainment, parental, cultural and peer influences and levels of emotional well-being. It is strongly associated with social deprivation, poor attainment and disengagement at school and poor health outcomes.

In the 2006-08 latest data on teenage pregnancy, Colchester had a rate of 34.9 per 1,000 females aged 15-17 – this is a decrease from the baseline in 1998-00 of 40.4, an overall decrease of 13.6%. In Tendring the current rate is 41.2 per 1,000, down by 6.6% on the baseline figure of 44.1%. Although both districts show a decrease, the overall target reduction was to achieve a 50% decrease in teenage pregnancy rates by 2010.

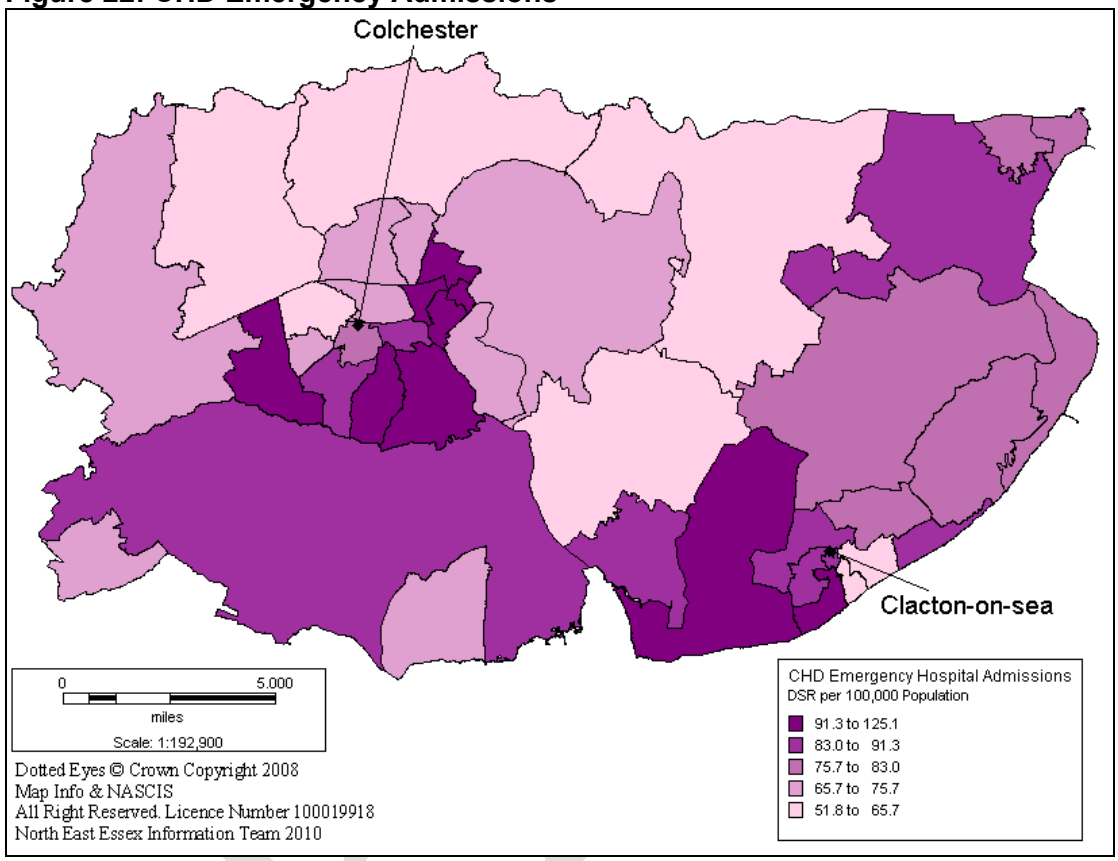
Sexually Transmitted Infections (STIs) are diseases that can be transmitted by unprotected sex. Not everyone with an STI will have signs and symptoms of the condition and if STIs are left undetected and untreated they may result in serious complications in later years. Chlamydia is the most common diagnosed STI in GUM clinics, however other STIs such as genital warts, syphilis and gonorrhoea diagnosis are also on the increase.

8.21. Emergency Hospital Admissions

Emergency admissions can be a sign of where patients are not being managed effectively either through primary care, self management or because they are undiagnosed. It is important to look at where the highest rates of admissions are coming from as this means that targeted work around specific diseases can be undertaken with various groups of health professionals.

CHD Emergency hospital Admissions by MSOA

Figure 22: CHD Emergency Admissions

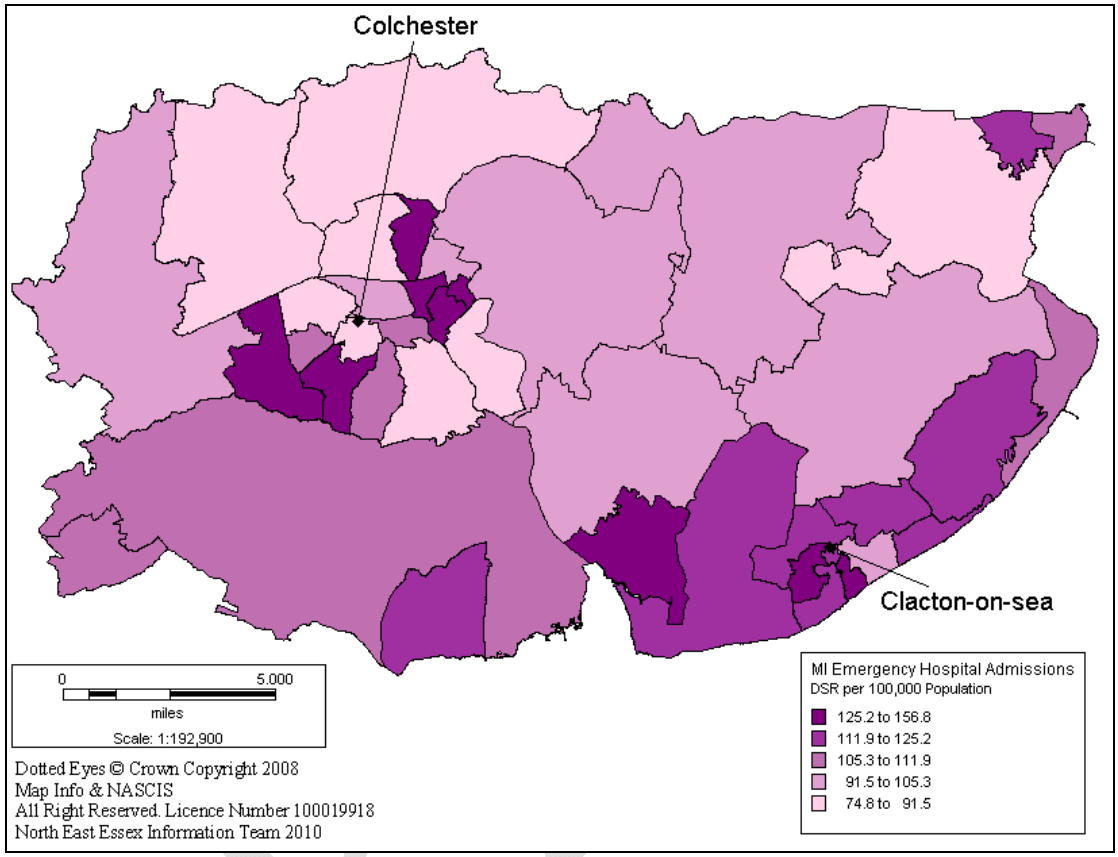


The table below shows the 20% of MSOAs with the highest rates of emergency admissions for CHD. Most of the areas are more deprived areas but also St John's area in Colchester has high rates which could be due to the higher elderly population living there.

Table 15

MSOA Code	Ward Areas Covered or Part Covered	District	Deprivation Quintile
5	St John's	Colchester	**Q1**
6	St Anne's	Colchester	**Q4**
8	St Andrew's	Colchester	**Q5**
12	Stanway	Colchester	**Q1**
16	East Donyland, Harbour	Colchester	**Q4**
18	Berechurch	Colchester	**Q4**
38	Alton Park, St James	Tendring	**Q5**
39	Golf Green, St Osyth & Point Clear	Tendring	**Q5**

Figure 23: Myocardial Infarction (Heart Attack) Emergency Admissions by MSOA



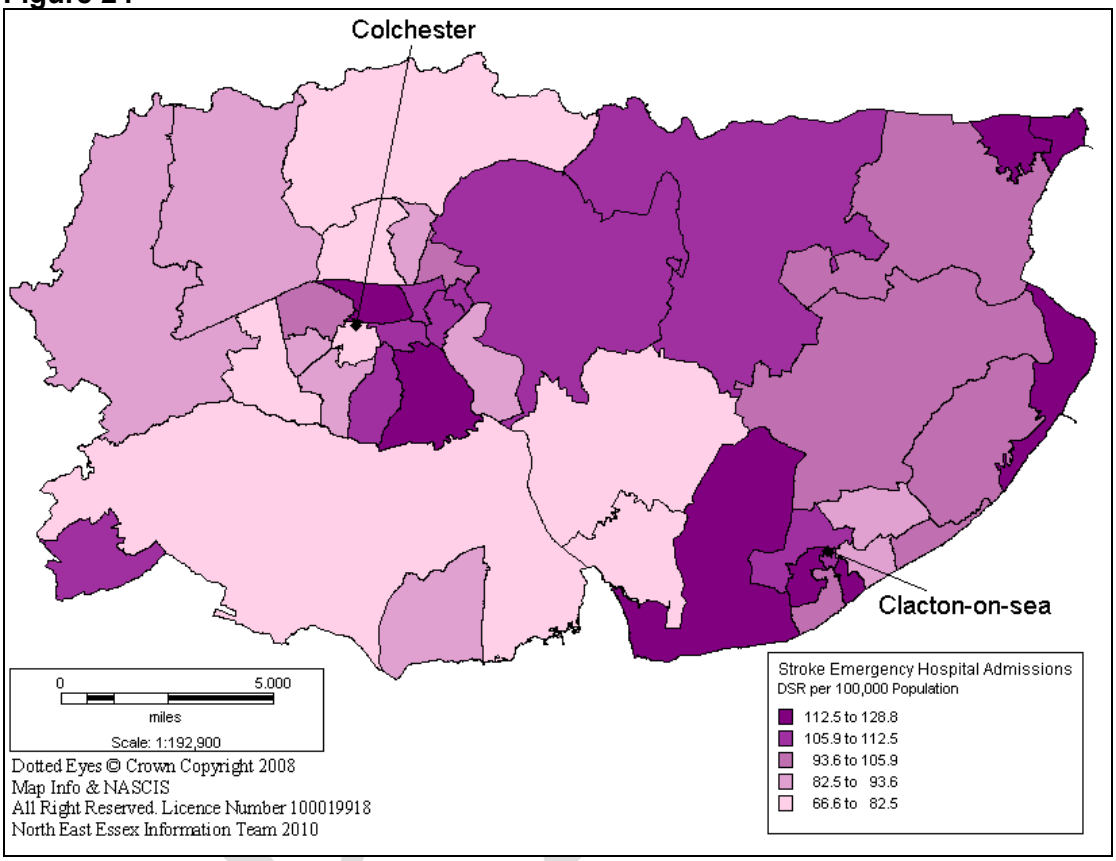
The table below shows the 20% of MSOAs with the highest rates of emergency admissions for myocardial infarctions, again the majority of the emergency admissions are coming from the more deprived areas of the district.

Table 16

MSOA Code	Ward Areas Covered or Part Covered	District	Deprivation Quintile
2	Highwoods	Colchester	**Q2**
6	St Anne's	Colchester	**Q4**
8	St Andrew's	Colchester	**Q5**
12	Stanway	Colchester	**Q1**
15	Shrub End	Colchester	**Q3**
32	Brightlingsea, St Osyth & Point Clear	Tendring	**Q3**
36	Peter Bruff, Rush Green	Tendring	**Q5**
37	Alton Park, Pier	Tendring	**Q5**

Stroke Emergency hospital Admissions by MSOA

Figure 24



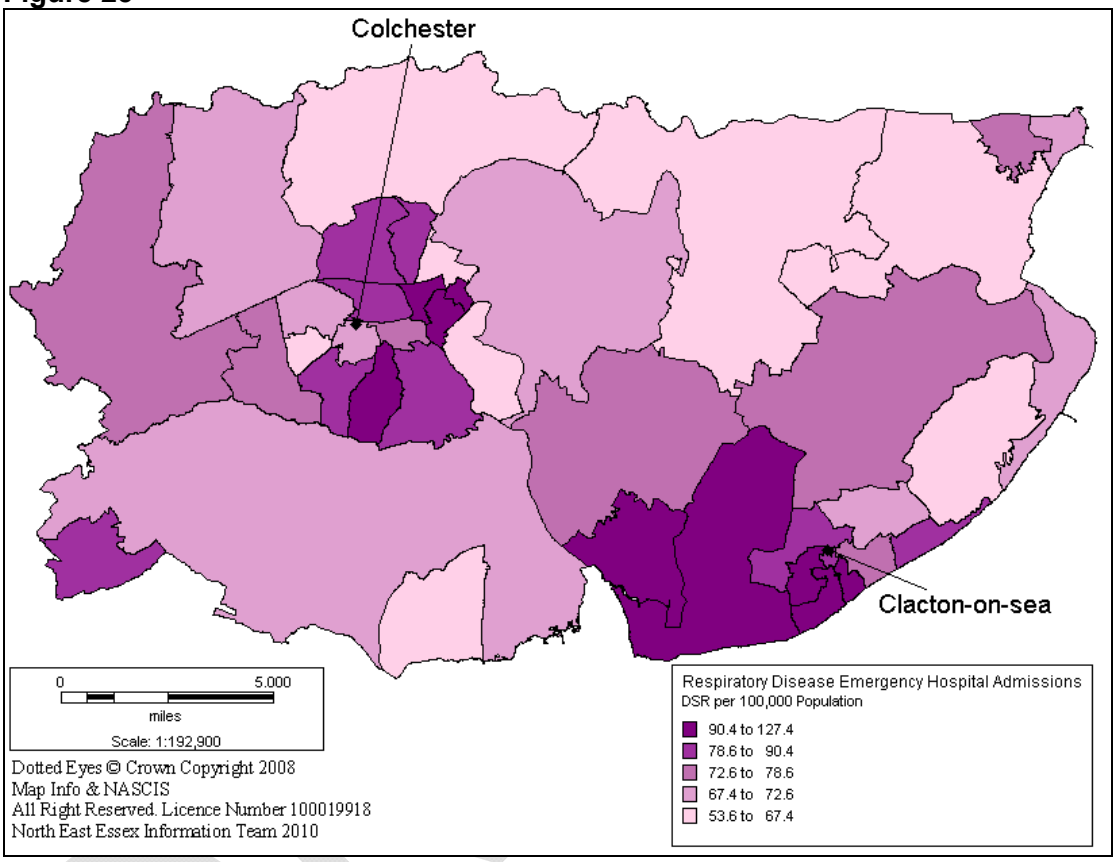
The table below shows the 20% of MSOAs with the highest rates of emergency admissions for strokes, again the majority of the emergency admissions are coming from the more deprived areas of the district.

Table 17

MSOA Code	Ward Areas Covered or Part Covered	District	Deprivation Quintile
7	Castle	Colchester	**Q3**
16	East Donyland, Harbour	Colchester	**Q4**
22	Harwich East, Harwich East Central	Tendring	**Q5**
23	Harwich East Central, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	**Q4**
27	Frinton, Walton	Tendring	**Q4**
36	Peter Bruff, Rush Green	Tendring	**Q5**
37	Alton Park, Pier	Tendring	**Q5**
39	Golf Green, St Osyth & Point Clear	Tendring	**Q5**

Respiratory Disease Emergency Admissions by MSOA

Figure 25



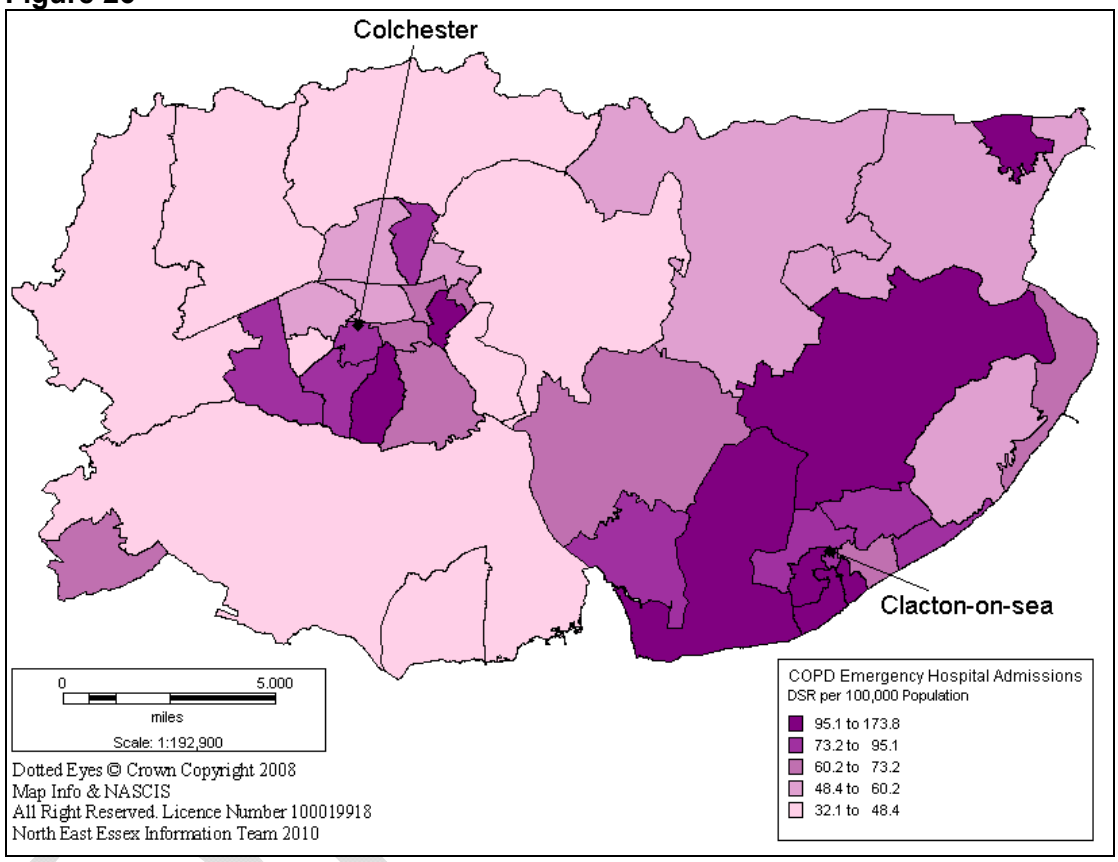
The table below shows the 20% of MSOAs with the highest rates of emergency admissions for respiratory diseases, again the majority of the emergency admissions are coming from the more deprived areas of the district.

Table 18

MSOA Code	Ward Areas Covered or Part Covered	District	Deprivation Quintile
6	St Anne's	Colchester	**Q4**
8	St Andrew's	Colchester	**Q5**
18	Berechurch	Colchester	**Q4**
32	Brightlingsea, St Osyth & Point Clear	Tendring	**Q3**
36	Peter Bruff, Rush Green	Tendring	**Q5**
37	Alton Park, Pier	Tendring	**Q5**
38	Alton Park, St James	Tendring	**Q5**
39	Golf Green, St Osyth & Point Clear	Tendring	**Q5**

COPD Emergency Hospital Admissions by MSOA.

Figure 26



The table below shows the 20% of MSOAs with the highest rates of emergency admissions for COPD, all of which are from either Q4 or Q5.

Table 19: 20% Highest Emergency Admissions for COPD

MSOA Code	Ward Areas Covered or Part Covered	District	Deprivation Quintile
8	St Andrew's	Colchester	**Q5**
18	Berechurch	Colchester	**Q4**
23	Harwich East Central, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	**Q4**
28	Beaumont & Thorpe, Lt Clacton & Weeley	Tendring	**Q4**
36	Peter Bruff, Rush Green	Tendring	**Q5**
37	Alton Park, Pier	Tendring	**Q5**
38	Alton Park, St James	Tendring	**Q5**
39	Golf Green, St Osyth & Point Clear	Tendring	**Q5**

9. Rurality

The NHS (Pharmaceutical Services) Regulations 2005 as amended, makes provision under Part 5, Regulation 60 for the "Provision of Pharmaceutical Services by Doctors". In NHS NE Essex there are currently 16 dispensing practices and they are indicated on the map(s) (Figures 27 and 28) as well as the current 52 pharmacies.

NHS Trusts are required by Regulation 31(7)(b) to publish maps with areas which have been determined as rural in character clearly delineated on them.

The definition of a Controlled Locality is an area that is rural in character whilst a Non-Controlled Locality is an area that is non rural in character.

The overall objective of defining rural areas and non rural areas as controlled and non-controlled localities under The NHS (Pharmaceutical Services) Regulations 2005 as amended, is to help PCTs ensure that patients who live in controlled localities (rural areas) have access to pharmaceutical services which are no less adequate than would be the case in non-controlled localities (i.e. non rural areas).

Changes can occur to the designation of an area, particularly where an urban area is expanding into the surrounding countryside, or where there has been a substantial development permitted in what has hitherto been a controlled locality. The reverse is much rarer, but can happen where an industrial area in the country ceases. The Secretary of State advises that a number of factors might be considered which include, for example, environmental, employment, population density, local services and transportation.

Once taken, a decision on the rurality of an area cannot be reconsidered in relation to that area or any part of it for five years from the date of determination, unless the PCT is satisfied that there has been a substantial change of circumstances to the area.

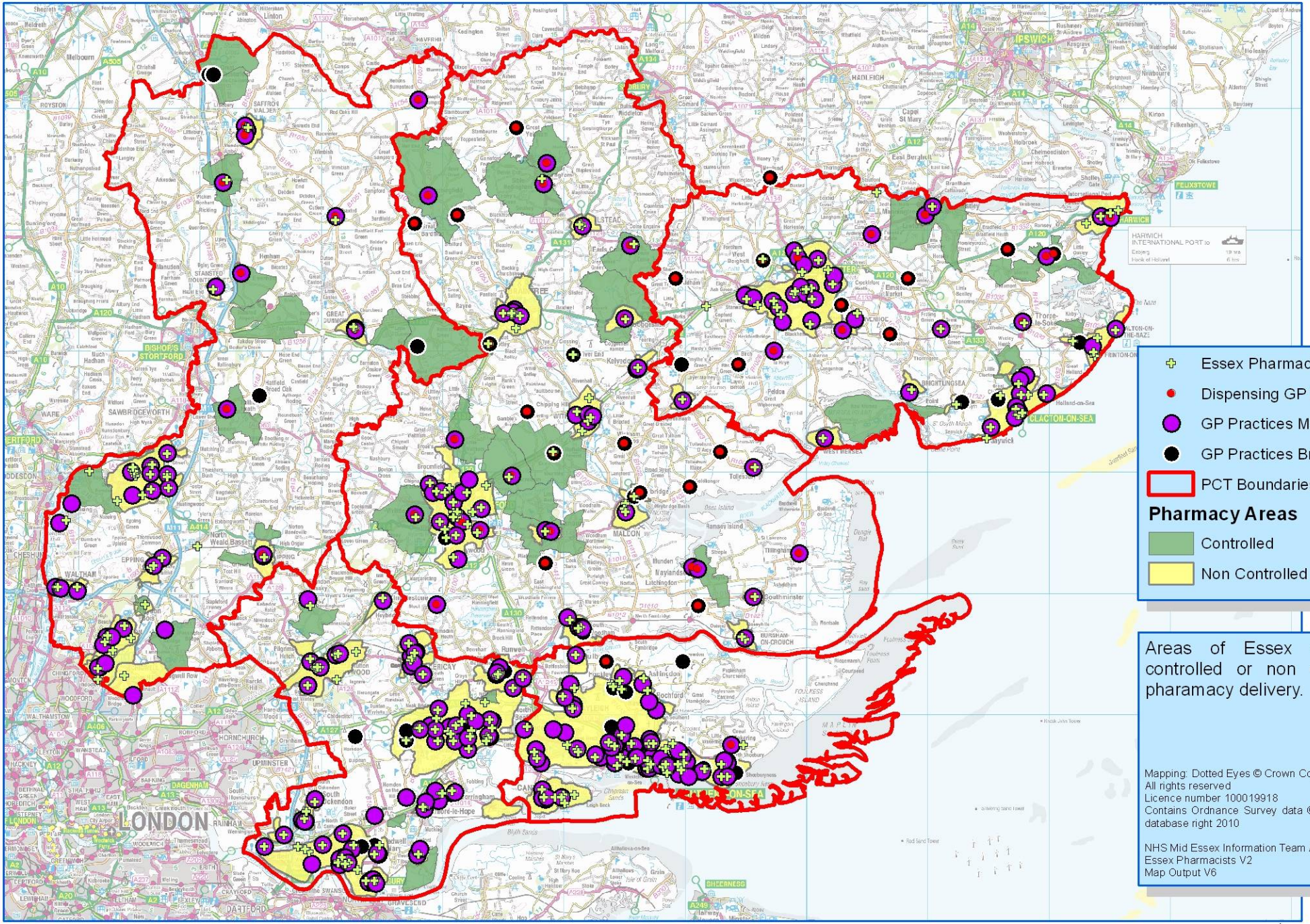
All Primary Care Trusts within Essex are either reviewing their rurality or are currently commencing in the process of doing so, as is the case here in NHS North East Essex. The most recent of which that has been determined locally is that of East Mersea. This was carried out in accordance with Regulations and thus determined as a Controlled Locality (i.e. rural in character).

This process is currently on-going and once complete will enable the PCT to publish an accurate map of its determinations within its boundary area. However as this process is not complete the attached map depicts only those areas that have been previously been determined. Any additional determinations will be added to the PNA as a supplementary statement.

Pharmacy Area Classification

NHS

Figure 27



Areas of Essex classified as controlled or non controlled for pharamacy delivery.

NHS Mid Essex Information Team Aug 2010
Essex Pharmacists V2
Map Output V6

Pharmacy Area Classification

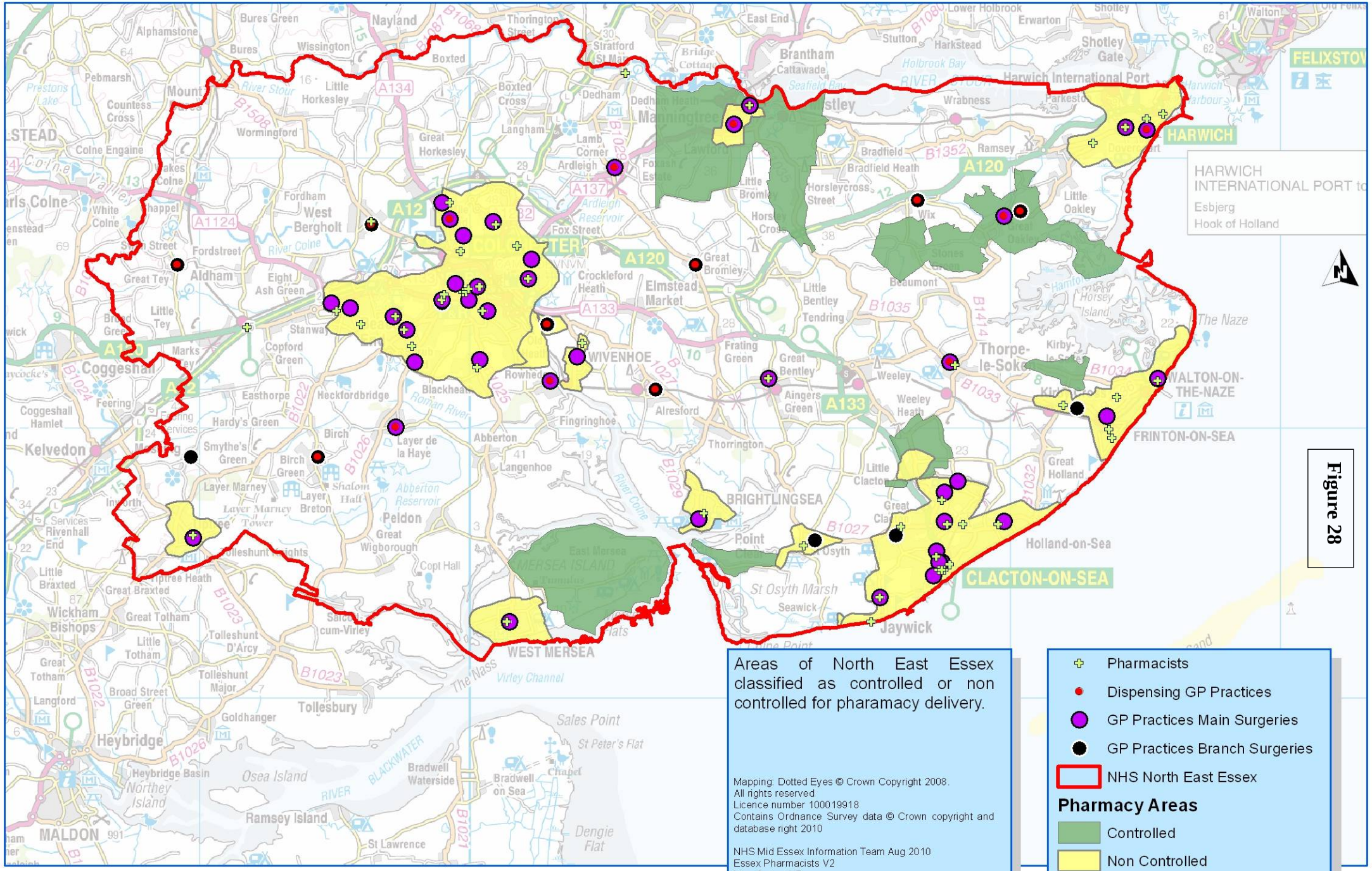
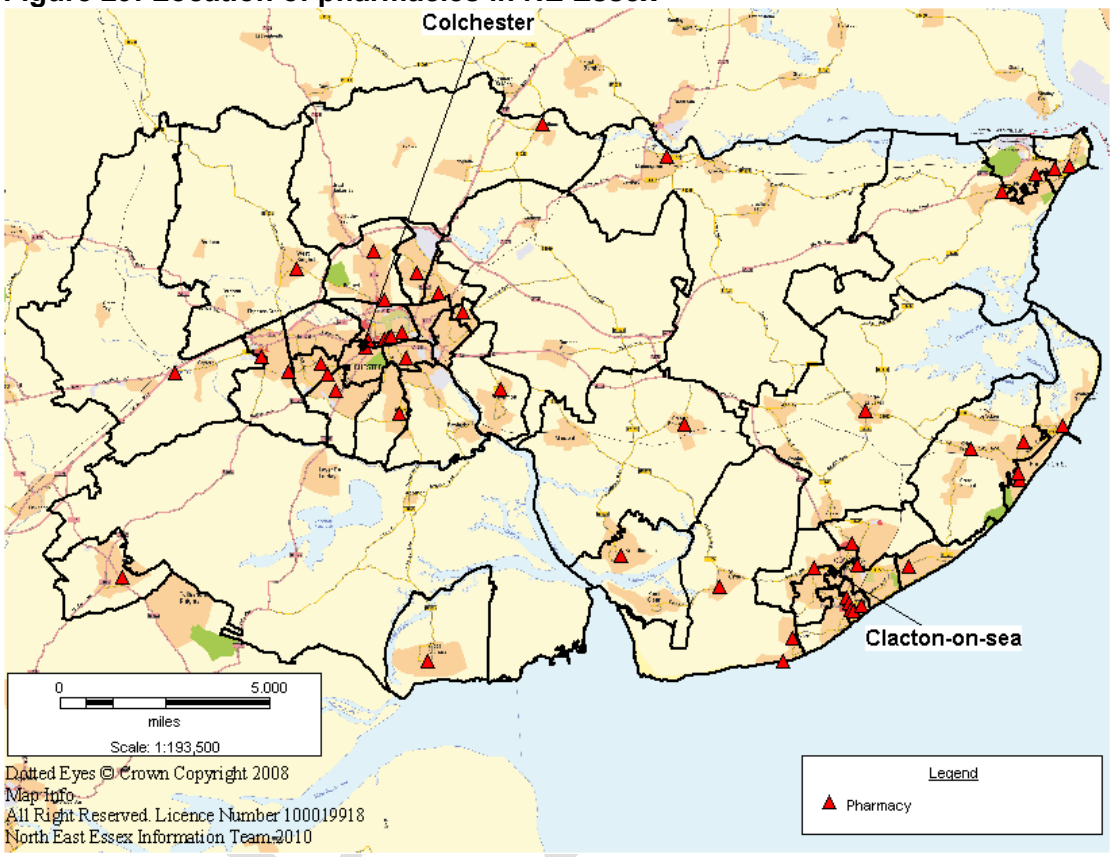


Figure 28

10. Current Service Provision

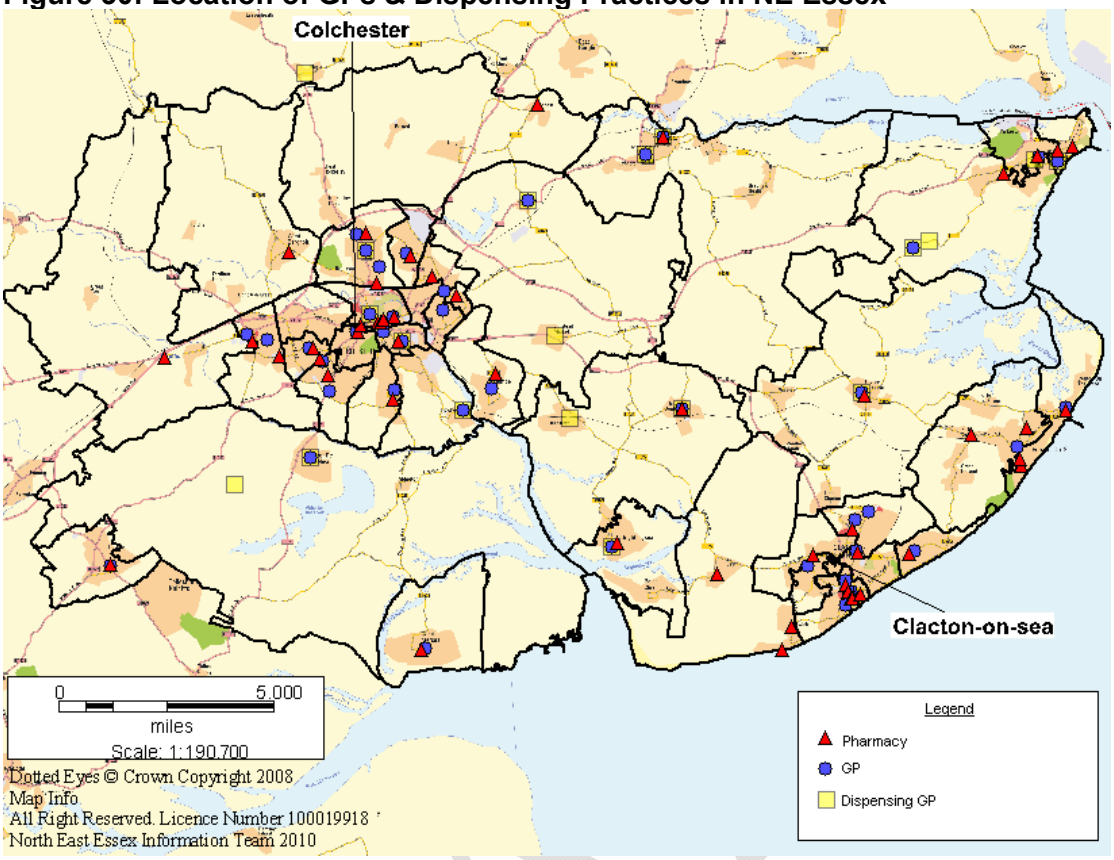
The current location of pharmacies in NE Essex is shown in the map below and virtually all MSOAs have some sort of pharmacy presence.

Figure 29: Location of pharmacies in NE Essex



As expected the majority of pharmacies are located within the more urban and densely populated parts of the district, although there is also cover in some of the more rural and less densely populated areas.

Figure 30: Location of GPs & Dispensing Practices in NE Essex



Town Centre Provision of Pharmacies & Dispensing GP Practices

Figure 31: Colchester Town Centre Provision of Services

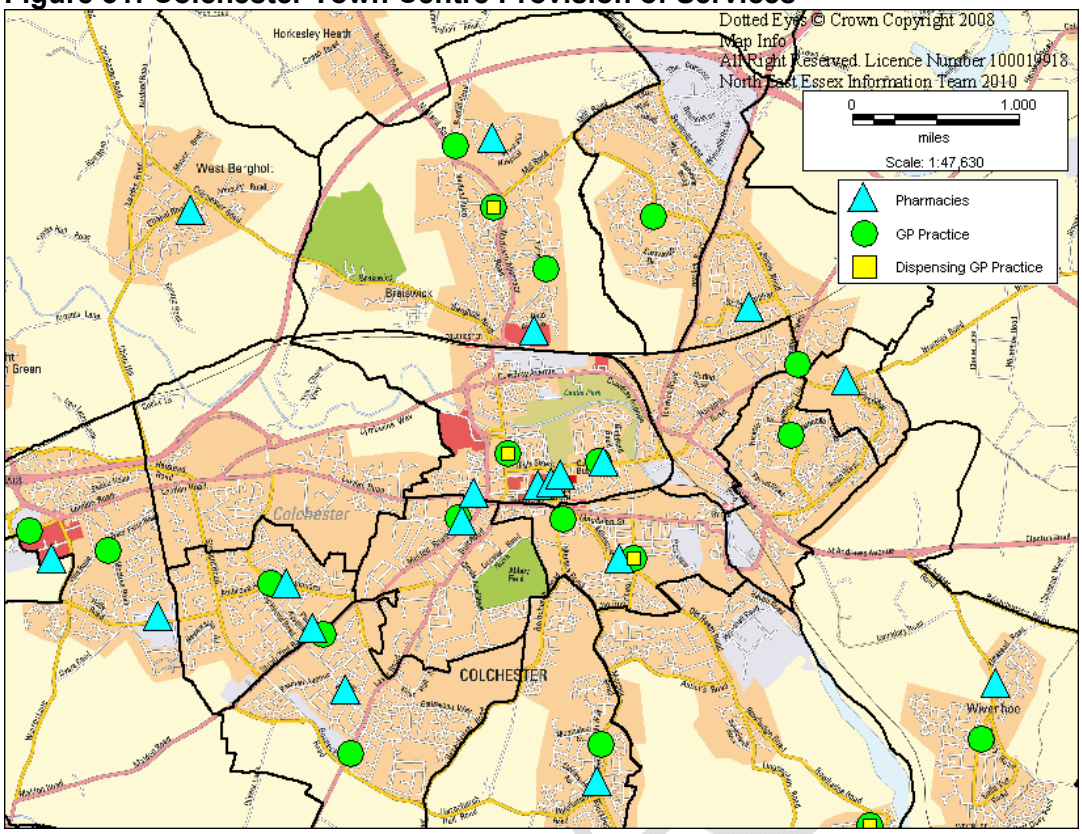


Figure 32: Clacton Town Centre Provision of Services

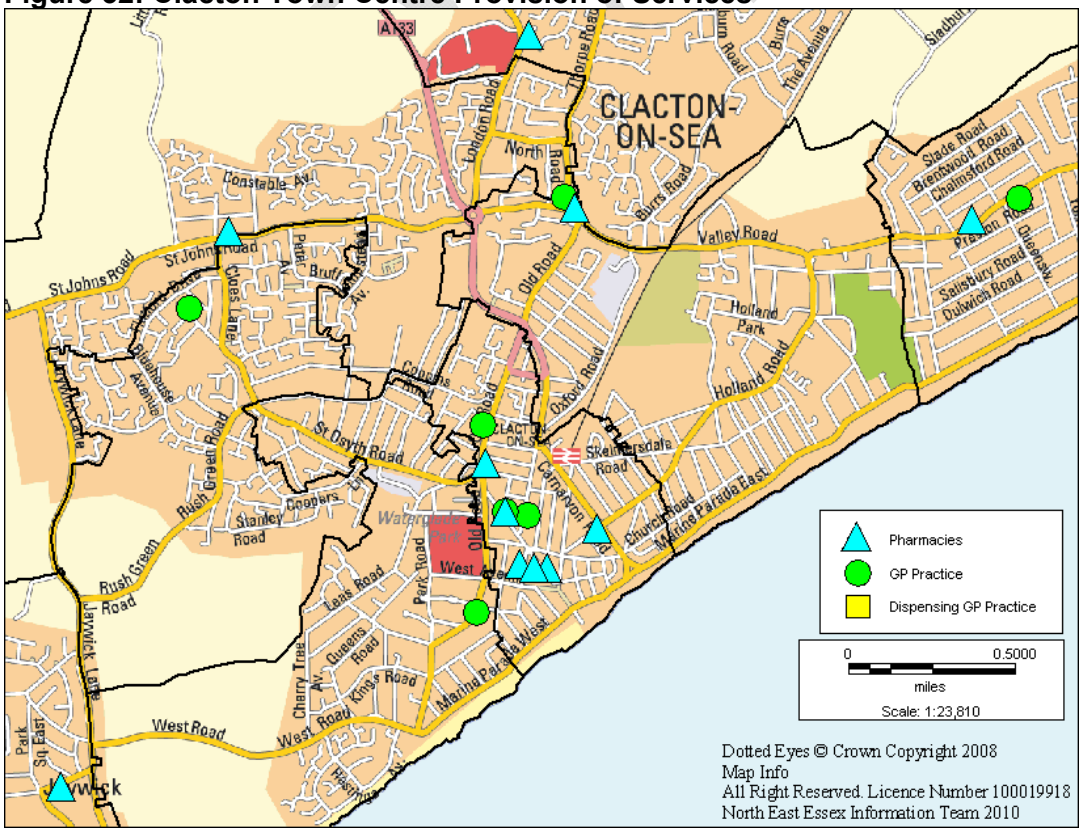


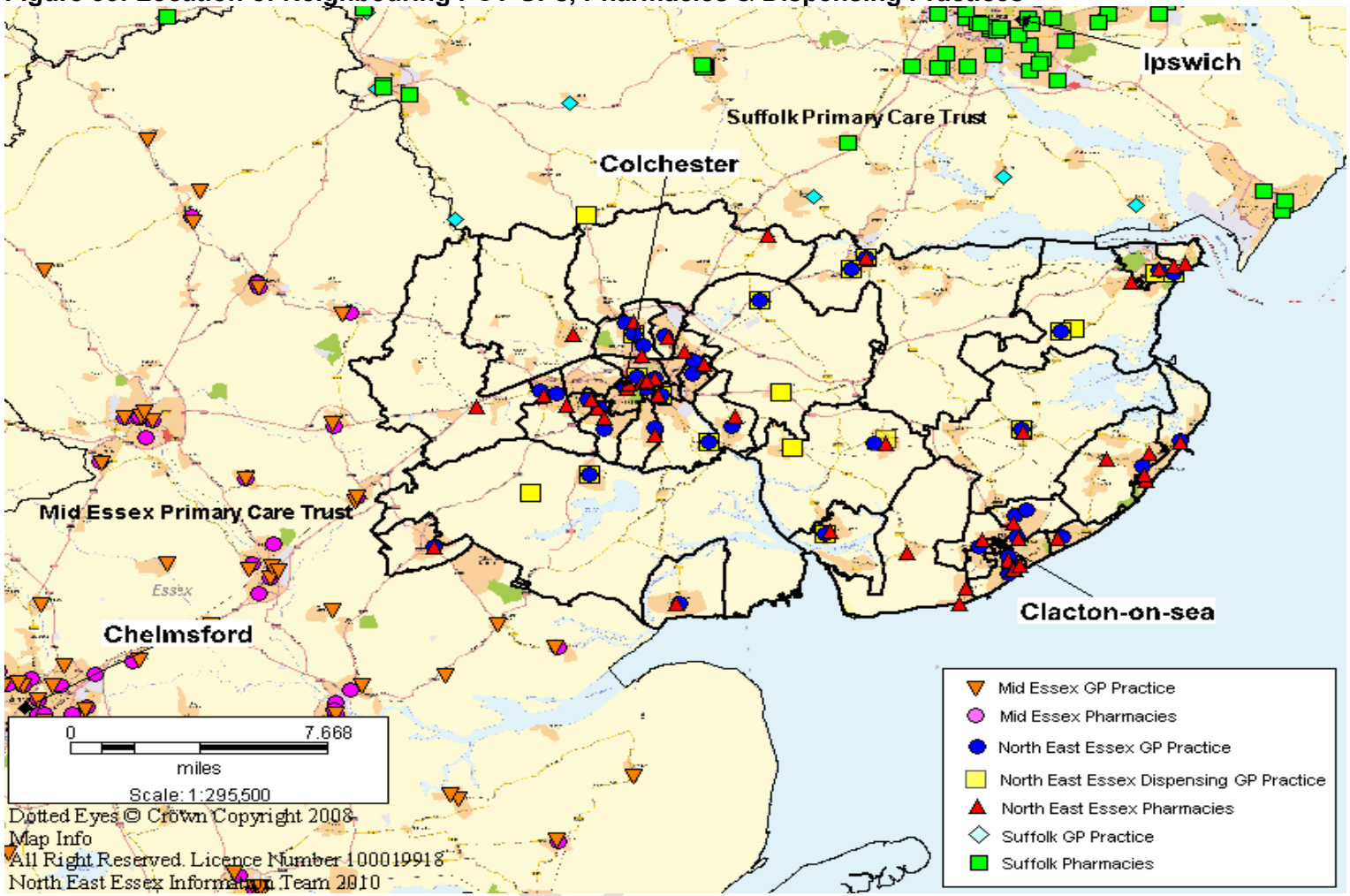
Table 20: Location of Pharmacies & Dispensing GP Practices by MSOA

MSOA Code	Ward Areas Covered or Part Covered	District	Is there a phamacy located within MSOA?	Is there a GP Dispensary located within MSOA?
1	Dedham & Langam, Fordham & Stour	Colchester	√ (1)	X
2	Highwoods	Colchester	√ (1)	X
3	Fordham & Stour, W.Bergholt & Eight Ash Green	Colchester	√ (1)	X
4	Mile End	Colchester	√ (2)	√ (1)
5	St John's	Colchester	√ (1)	X
6	St Anne's	Colchester	X	X
7	Castle	Colchester	√ (5)	X
8	St Andrew's	Colchester	√ (1)	X
9	Lexden	Colchester	X	X
10	Copford & W.Stanway, Great Tey, Marks Tey	Colchester	√ (1)	X
11	New Town	Colchester	√ (1)	X
12	Stanway	Colchester	√ (3)	X
13	Christchurch, Shrub End#	Colchester	√ (1)	X
14	Prettygate	Colchester	√ (2)	X
15	Shrub End	Colchester	√ (1)	X
16	East Donyland, Harbour	Colchester	X	√ (1)
17	Wivenhoe Cross, Wivenhoe Quay	Colchester	√ (1)	X
18	Berechurch	Colchester	√ (1)	X
19	Birch & Winstree, Pyefleet	Colchester	X	√ (2)
20	Tiptree	Colchester	√ (1)	X
21	West Mersea	Colchester	√ (1)	X
22	Harwich East, Harwich East Central	Tendring	√ (2)	√ (1)
23	Harwich East Central, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	√ (1)	√ (2)
24	Bradfield, Wrabness & Wix, Lawford, Manningtree, Mistley, Lt Bentley & Tendring	Tendring	√ (1)	√ (2)
25	Gt & Lt Oakley, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring	√ (1)	√ (1)
26	Ardleigh & Lt Bromley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	X	√ (2)
27	Frinton, Walton	Tendring	√ (3)	X
28	Beaumont & Thorpe, Lt Clacton & Weeley	Tendring	√ (1)	√ (1)
29	Frinton, Hamford, Holland & Kirby, Homelands	Tendring	√ (2)	X
30	Alresford, Brightlingsea, Gt Bentley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring	√ (1)	√ (2)
31	Burrsville, St Johns	Tendring	√ (1)	X
32	Brightlingsea, St Osyth & Point Clear	Tendring	√ (1)	X
33	Haven, St Bartholomews	Tendring	√ (1)	X
34	Bockings Elm, Peter Bruff, St Marys	Tendring	√ (1)	X
35	St Marys, St Pauls	Tendring	√ (2)	X
36	Peter Bruff, Rush Green	Tendring	X	X
37	Alton Park, Pier	Tendring	√ (7)	X
38	Alton Park, St James	Tendring	X	X
39	Golf Green, St Osyth & Point Clear	Tendring	√ (3)	X

N.B Numbers in brackets denotes number of pharmacies or dispensaries located within MSOA

From the table, it can be seen that MSOAs 6, 9, 36 and 38 do not have either a pharmacy or a dispensing GP practice.
In Colchester, MSOA 6 has access to pharmacies in MSOA 5 (St John's) and MSOA 8 (St Andrew's). MSOA 9 (Lexden) is a short walk away from the town centre (MSOA 7) which has 5 pharmacies, or alternatively access to MSOA 14 (Prettygate) where there are 2 pharmacies.
In Tendring MSOAs 36 & 38 have access to pharmaceutical services in neighbouring MSOAs and are also in close proximity to Clacton town centre

Figure 33: Location of Neighbouring PCT GPs, Pharmacies & Dispensing Practices



The map shows our neighbouring PCTs (NHS Mid Essex and NHS Suffolk) along with the pharmacy and GP provision located within them. This is important as there will be a proportion of NE Essex patients that live on the borders with the other PCTs that will choose to access their GP and pharmacy services in a neighbouring district. Around NE Essex borders there are numerous GPs and pharmacies that our patients can access and the same is true in NHS Mid Essex and NHS Suffolk, that their patients can also access our services.

Table 21: Opening Hours (Mon – Fri) of Pharmacies and Dispensing GP Practices

Pharmacy or Dispensary Name	Address	Postcode	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	23:30	00:00
ASDA	Petrolea Close	CO4 5TU																																			
Your Local Boots	52 Victoria Place	CO7 0AB																																			
Your Local Boots	2 Creffield Road	CO3 3JB																																			
Your Local Boots	Fiveways Superstore	CO3 5JX																																			
Your Local Boots	The Pharmacy	CO5 0HF																																			
Your Local Boots	19 Clacton Road	CO16 8PA																																			
Your Local Boots	11 Vine Parade	CO7 9HA																																			
Your Local Boots	75 Frinton Road	CO15 5UH																																			
Your Local Boots	118 Military Road	CO1 2AR																																			
Your Local Boots	86 Pier Avenue	CO15 3AH																																			
Your Local Boots	158 Old Road	CO15 3AY																																			
Your Local Boots	2/4 West Parade	CO3 4PG																																			
Your Local Boots	St Edmunds Centre	CO4 3GW																																			
Your Local Boots	15 North Road	CO15 4AD																																			
Your Local Boots	Century House	CO11 1AA																																			
Your Local Boots	37 Barfield Road	CO5 8QX																																			
Boots the Chemist	5-6 Lion Walk	CO1 1LX																																			
Boots the Chemist	Tollgate West	CO3 8RG																																			
Boots the Chemist	54-62 Pier Avenue	CO15 1QN																																			
Boots the Chemist	224-226 High Street	CO12 3AX																																			
Boots the Chemist	10 Connaught Avenue	CO13 9PW																																			
Borno Chemist	Mayflower Medical Centre	CO12 4EX																																			
Borno Chemist	40 High Street	CO14 8AE																																			
Crouch End Pharmacy	77 Crouch Street	CO3 3EZ																																			
Day Lewis Pharmacy	38 St Christopher Road	CO4 4NA																																			
Day Lewis Pharmacy	7 Priory Walk	CO1 1LG																																			
Day Lewis Pharmacy	3 Steele House	CO12 3PN																																			
Day Lewis Pharmacy	8 The Triangle Shopping Centre	CO13 0AU																																			
Day Lewis Pharmacy	1-3 The Parade	CO13 0LN																																			
Dedham Pharmacy Ltd	High Street	CO7 6DE																																			
The Green Pharmacy	The Green	CO7 8PJ																																			
Hutt Pharmacy	4 The Square	CO2 9EB																																			
Jaywick Pharmacy	18 Broome Way	CO15 2HN																																			
Lighthouse Pharmacy	19-21 The Street	CO16 9QL																																			
Lloyds Pharmacy	102 The Commons	CO3 4NW																																			
Lloyds Pharmacy	358 Mersea Road	CO2 8RB																																			
Lloyds Pharmacy	2 Jackson Road	CO15 1JA																																			
Mansfield Chemist	High Street	CO16 0DY																																			
North Road Pharmacy	4-5 Mansion House Precinct	CO15 4BP																																			
Oakley Pharmacy	10 Oakley Road	CO12 4QZ																																			
Pharm Assist Ltd	101 London Road	CO6 1EB																																			
Prescription 2 You	89-91 Pier Avenue	CO15 1QE																																			
Priory Pharmacy	81a East Hill	CO1 2QX																																			
Queen Street Pharmacy	12 Queen Street	CO1 2PJ																																			
L Rowland & Co (Retail) Ltd	354 St Johns Road	CO16 8DS																																			
L Rowland & Co (Retail) Ltd	61 High Street	CO15 1UQ																																			
L Rowland & Co (Retail) Ltd	98 Connaught Avenue	CO13 9PT																																			
L Rowland & Co (Retail) Ltd	Jaywick Health Centre	CO15 2NB																																			
L Rowland & Co (Retail) Ltd	13 Nayland Road	CO4 5HG																																			
Sainsbury's Superstore	Tollgate West	CO3 5RG																																			
Tesco Dispensing Ltd	Highwoods	CO4 9ED																																			
West Bergholt Pharmacy	39 Chapel Road	CO6 3JB																																			
Colne MC Branch Alresford	1 Coach Road	CO7 8EA																																			
Dovercourt HC - Alldrick	Mayflower Centre	CO12 4EX																																			
Dovercourt HC - Wynne	Mayflower Centre	CO12 4EX																																			
Fronks Road MC	77 Fronks Road	CO12 3RS																																			
Harewood Surgery	Harwich Road	CO12 5AD																																			
The Hollies	The Green	CO7 8PJ																																			
Lawford Surgery	2 Edgefield Road	CO11 2HD																																			
Riverside HC	Station Road	CO11 1AA																																			
Thorpe Surgery	High Street	CO16 0EA																																			
Ardleigh Surgery	Dedham Road	CO7 7LD																																			
Birch Surgery	Mill Road	CO2 0NL																																			
Elmstead Market	Chapel Lane	CO7 7AG																																			
Maltings Green Surgery	64 Maltings Green Road	CO2 0JJ																																			
Nayland Surgery	93 Bear Street	CO6 4LA																																			
Rowhedge Surgery	7 Rectory Road	CO5 7HP																																			
Mill Road Surgery	47 Mill Road	CO4 5LE																																			

Table 22: Hours (Saturday) of Pharmacies and Dispensing GPs

Pharmacy or Dispensary Name	Address	Postcode	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	23:30	00::00
ASDA	Petrolea Close	CO4 5TU																																			
Your Local Boots	52 Victoria Place	CO7 0AB																																			
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Your Local Boots	Fiveways Superstore	CO3 5JX																																			
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Your Local Boots	19 Clacton Road	CO16 8PA																																			
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Your Local Boots	2/4 West Parade	CO3 4PG																																			
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Your Local Boots	Century House	CO11 1AA																																			
Your Local Boots	37 Barfield Road	CO5 8QX																																			
Boots the Chemist	5-6 Lion Walk	CO1 1LX																																			
Boots the Chemist	Tollgate West	CO3 8RG																																			
Boots the Chemist	54-62 Pier Avenue	CO15 1QN																																			
Boots the Chemist	224-226 High Street	CO12 3AX																																			
Boots the Chemist	10 Connaught Avenue	CO13 9PW																																			
Borno Chemist	Mayflower Medical Centre	CO12 4EX																																			
Borno Chemist	40 High Street	CO14 8AE																																			
Crouch End Pharmacy	77 Crouch Street	CO3 3EZ																																			
Day Lewis Pharmacy	38 St Christopher Road	CO4 4NA																																			
Day Lewis Pharmacy	7 Priory Walk	CO1 1LG																																			
Day Lewis Pharmacy	3 Steele House	CO12 3PN																																			
Day Lewis Pharmacy	8 The Triangle Shopping Centre	CO13 0AU																																			
Day Lewis Pharmacy	1-3 The Parade	CO13 0LN																																			
Dedham Pharmacy Ltd	High Street	CO7 6DE																																			
The Green Pharmacy	The Green	CO7 8PJ																																			
Hutt Pharmacy	4 The Square	CO2 9EB																																			
Jaywick Pharmacy	18 Broome Way	CO15 2HN																																			
Lighthouse Pharmacy	19-21 The Street	CO16 9QL																																			
Lloyds Pharmacy	102 The Commons	CO3 4NW																																			
Lloyds Pharmacy	358 Mersea Road	CO2 8RB																																			
Lloyds Pharmacy	2 Jackson Road	CO15 1JA																																			
Mansfield Chemist	High Street	CO16 0DY																																			
North Road Pharmacy	4-5 Mansion House Precinct	CO15 4BP																																			
Oakley Pharmacy	10 Oakley Road	CO12 4QZ																																			
Pharm Assist Ltd	101 London Road	CO6 1EB																																			
Prescription 2 You	89-91 Pier Avenue	CO15 1QE																																			
Priory Pharmacy	81a East Hill	CO1 2QX																																			
Queen Street Pharmacy	12 Queen Street	CO1 2PJ																																			
L Rowland & Co (Retail) Ltd	354 St Johns Road	CO16 8DS																																			
L Rowland & Co (Retail) Ltd	61 High Street	CO15 1UQ																																			
L Rowland & Co (Retail) Ltd	98 Connaught Avenue	CO13 9PT																																			
L Rowland & Co (Retail) Ltd	Jaywick Health Centre	CO15 2NB																																			
L Rowland & Co (Retail) Ltd	13 Nayland Road	CO4 5HG																																			
Sainsbury's Superstore	Tollgate West	CO3 5RG																																			
Tesco Dispensing Ltd	Highwoods	CO4 9ED																																			
West Bergholt Pharmacy	39 Chapel Road	CO6 3JB																																			
Colne MC Branch Alresford	1 Coach Road	CO7 8EA																																			
Dovercourt HC - Alldrick	Mayflower Centre	CO12 4EX																																			
Dovercourt HC - Wynne	Mayflower Centre	CO12 4EX																																			
Fronks Road MC	77 Fronks Road	CO12 3RS																																			
Harewood Surgery	Harwich Road	CO12 5AD																																			
The Hollies	The Green	CO7 8PJ																																			
Lawford Surgery	2 Edgefield Road	CO11 2HD																																			
Riverside HC	Station Road	CO11 1AA																																			
Thorpe Surgery	High Street	CO16 0EA																																			
Ardleigh Surgery	Dedham Road	CO7 7LD																																			
Birch Surgery	Mill Road	CO2 0NL																																			
Elmstead Market	Chapel Lane	CO7 7AG																																			
Maltings Green Surgery	64 Maltings Green Road	CO2 0JJ																																			
Nayland Surgery	93 Bear Street (Every 3rd Sat only)	CO6 4LA																																			
Rowhedge Surgery & University	7 Rectory Road	CO5 7HP																																			
Mill Road Surgery	47 Mill Road	CO4 5LE																																			

Table 23: Opening Hours (Sunday) of Pharmacies and Dispensing GPs

Pharmacy or Dispensary Name	Address	Postcode	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	23:30	00:00
ASDA	Petrolea Close	CO4 5TU																																			
Your Local Boots	52 Victoria Place	CO7 0AB																																			
Your Local Boots	2 Creffield Road	CO3 3JB																																			
Your Local Boots	Fiveways Superstore	CO3 5JX																																			
Your Local Boots	The Pharmacy	CO5 0HF																																			
Your Local Boots	19 Clacton Road	CO16 8PA																																			
Your Local Boots	11 Vine Parade	CO7 9HA																																			
Your Local Boots	75 Frinton Road	CO15 5UH																																			
Your Local Boots	118 Military Road	CO1 2AR																																			
Your Local Boots	86 Pier Avenue	CO15 3AH																																			
Your Local Boots	158 Old Road	CO15 3AY																																			
Your Local Boots	2/4 West Parade	CO3 4PG																																			
Your Local Boots	St Edmunds Centre	CO4 3GW																																			
Your Local Boots	15 North Road	CO15 4AD																																			
Your Local Boots	Century House	CO11 1AA																																			
Your Local Boots	37 Barfield Road	CO5 8QX																																			
Boots the Chemist	5-6 Lion Walk	CO1 1LX																																			
Boots the Chemist	Tollgate West	CO3 8RG																																			
Boots the Chemist	54-62 Pier Avenue	CO15 1QN																																			
Boots the Chemist	224-226 High Street	CO12 3AX																																			
Boots the Chemist	10 Connaught Avenue	CO13 9PW																																			
Borno Chemist	Mayflower Medical Centre	CO12 4EX																																			
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Crouch End Pharmacy	77 Crouch Street	CO3 3EZ																																			
Day Lewis Pharmacy	38 St Christopher Road	CO4 4NA																																			
Day Lewis Pharmacy	7 Priory Walk	CO1 1LG																																			
Day Lewis Pharmacy	3 Steele House	CO12 3PN																																			
Day Lewis Pharmacy	8 The Triangle Shopping Centre	CO13 0AU																																			
Day Lewis Pharmacy	1-3 The Parade	CO13 0LN																																			
Dedham Pharmacy Ltd	High Street	CO7 6DE																																			
The Green Pharmacy	The Green	CO7 8PJ																																			
Hutt Pharmacy	4 The Square	CO2 9EB																																			
Jaywick Pharmacy	18 Broome Way	CO15 2HN																																			
Lighthouse Pharmacy	19-21 The Street	CO16 9QL																																			
Lloyds Pharmacy	102 The Commons	CO3 4NW																																			
Lloyds Pharmacy	358 Mersea Road	CO2 8RB																																			
Lloyds Pharmacy	2 Jackson Road	CO15 1JA																																			
Mansfield Chemist	High Street	CO16 0DY																																			
North Road Pharmacy	4-5 Mansion House Precinct	CO15 4BP																																			
Oakley Pharmacy	10 Oakley Road	CO12 4QZ																																			
Pharm Assist Ltd	101 London Road	CO6 1EB																																			
Prescription 2 You	89-91 Pier Avenue	CO15 1QE																																			
Priory Pharmacy	81a East Hill	CO1 2QX																																			
Queen Street Pharmacy	12 Queen Street	CO1 2PJ																																			
L Rowland & Co (Retail) Ltd	354 St Johns Road	CO16 8DS																																			
L Rowland & Co (Retail) Ltd	61 High Street	CO15 1UQ																																			
L Rowland & Co (Retail) Ltd	98 Connaught Avenue	CO13 9PT																																			
L Rowland & Co (Retail) Ltd	Jaywick Health Centre	CO15 2NB																																			
L Rowland & Co (Retail) Ltd	13 Nayland Road	CO4 5HG																																			
Sainsbury's Superstore	Tollgate West	CO3 5RG																																			
Tesco Dispensing Ltd	Highwoods	CO4 9ED																																			
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Dovercourt HC - Alldrick	Mayflower Centre	CO12 4EX																																			
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Fronks Road MC	77 Fronks Road	CO12 3RS																																			
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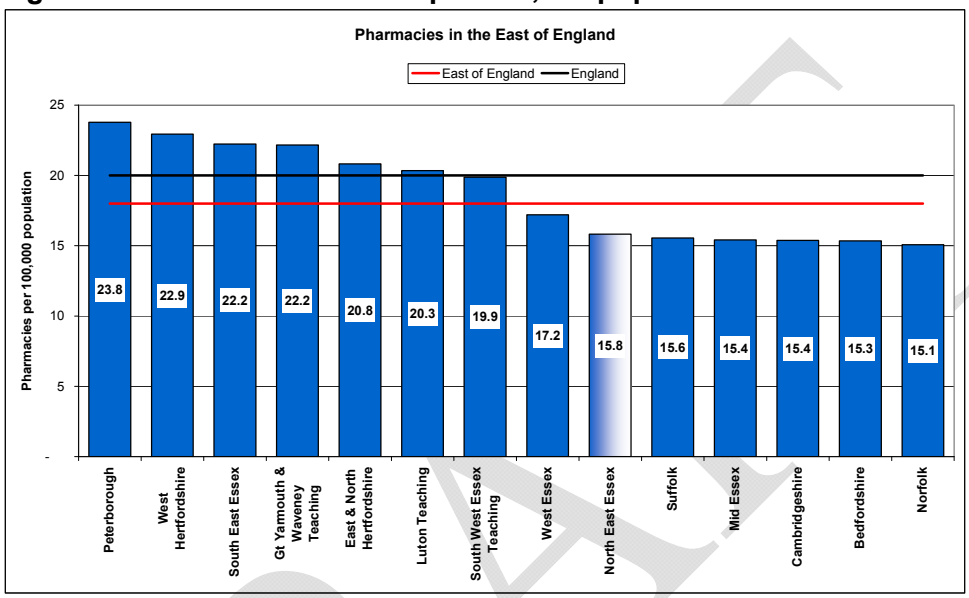
Maltings Green Surgery	64 Maltings Green Road	CO2 0JJ																																			
Nayland Surgery	93 Bear Street	CO6 4LA																																			
Rowhedge Surgery & University	7 Rectory Road	CO5 7HP																																			
Mill Road Surgery	47 Mill Road	CO4 5LE																																			

10.1. Pharmaceutical Provision within the population

Figure 32 below shows the pharmacy provision per 100,000 population in each PCT across the East of England. The England average is 20 per 100,000 and NE Essex falls just short of this at 15.8 per 100,000 – the regional average is 18 per 100,000. It should be noted that there are specifically no national standards for such comparisons and that reasons for these differences may vary due to local circumstances, e.g. current local policy is to have 28 day prescribing supported by repeat dispensing and electronic prescribing as soon as national developments allow.

Figure 34: Rate of Pharmacies per 100,000 population

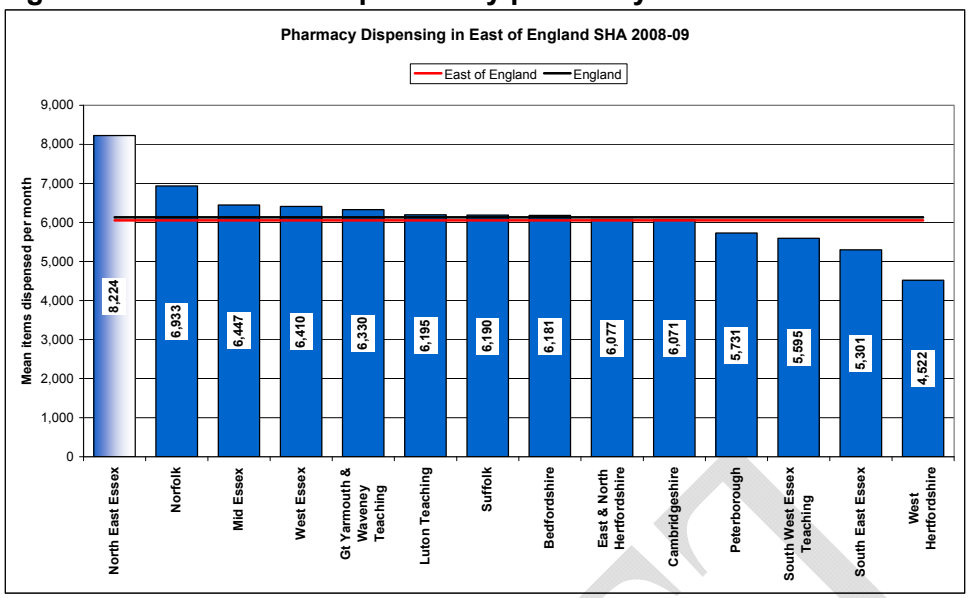


Source: The Information Centre, General Pharmaceutical Services in England. Nov 2009

Items Dispensed by Pharmacy

Figure 35 below shows the mean number of items dispensed by pharmacies within each PCT in the East of England by month. As can be seen NE Essex dispenses more items than its closest PCT (Norfolk) on a monthly basis and above the England mean (6,335) and regional mean (6,185). This is likely to be due to 28 day prescribing and also to our demography with high elderly populations and high prevalence of long term conditions.

Figure 35: Mean items dispenses by pharmacy



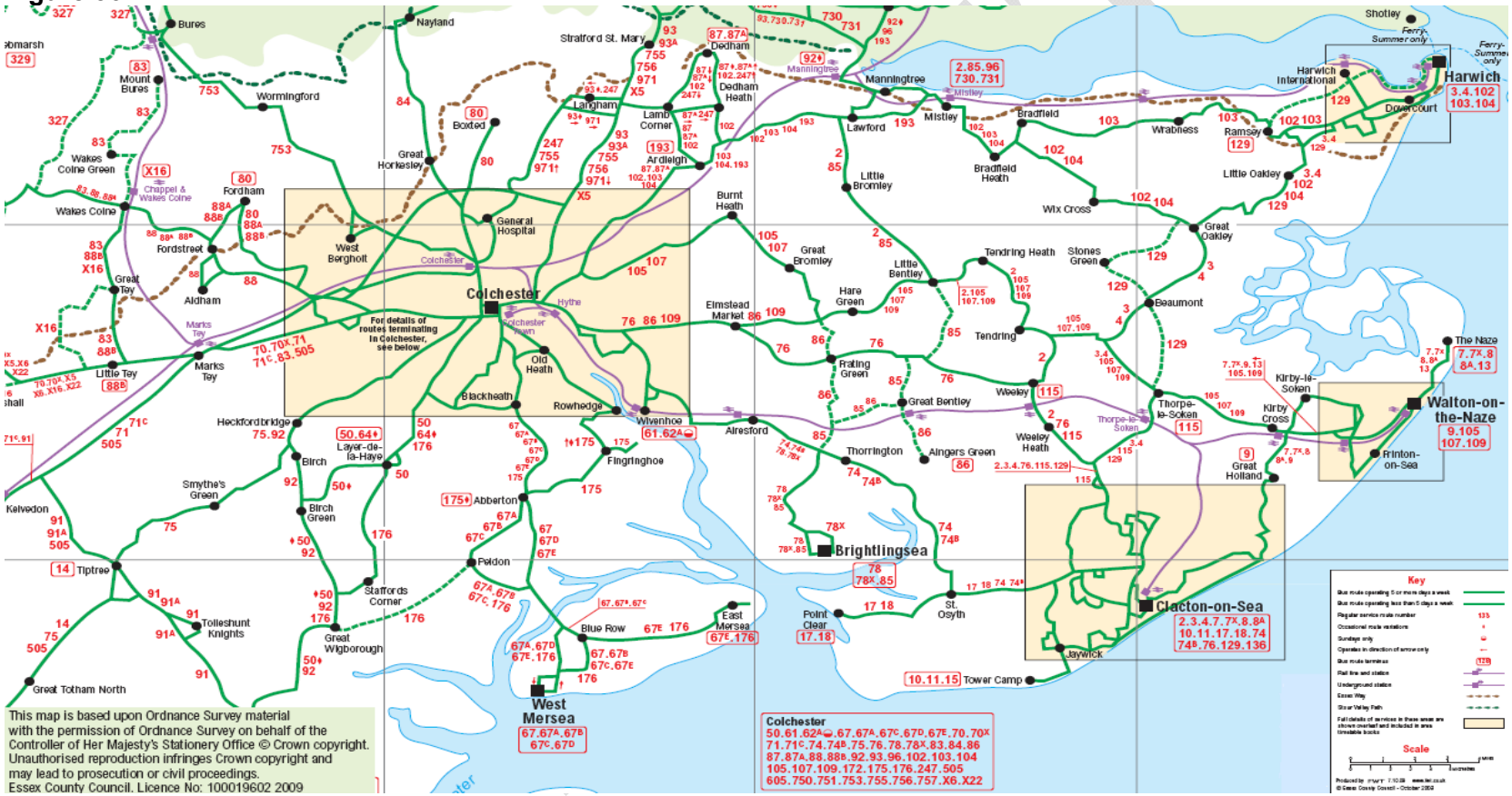
Source: The Information Centre, General Pharmaceutical Services in England. Nov 2009

11. Access to Pharmacy Services

11.1. Public Transport

The map below shows the main coverage of the public transport network, which although it gives coverage to the main parts of both Colchester and Tendring, frequency of service may be limited, especially on weekends and public holidays.

Figure 36

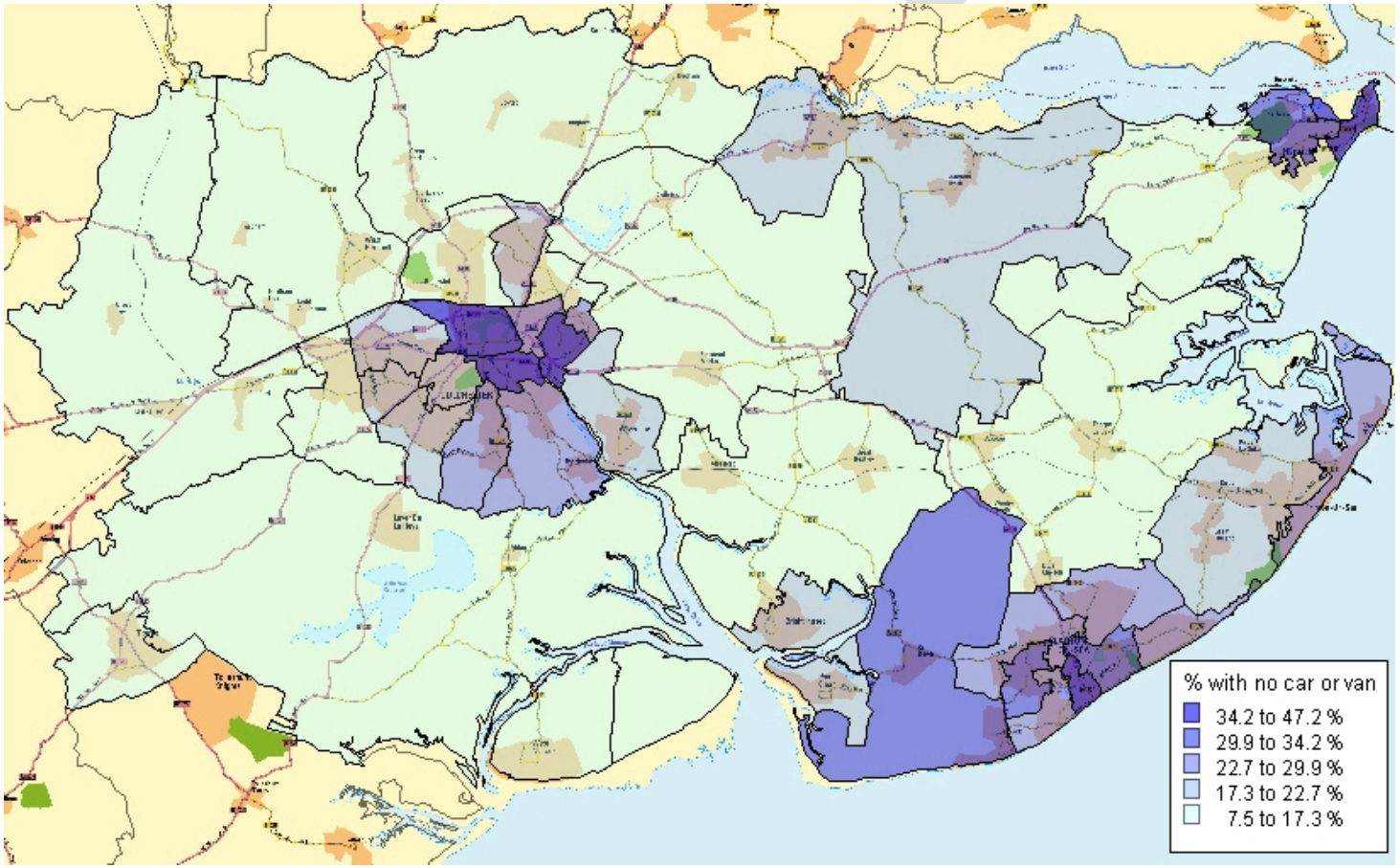


Source: www.essexpublictransport.info/images/county_map.pdf

11.2. Private transport

An issue for patients is access to services and some are reliant on public transport to access services if they are without their own private transport. Data from the 2001 census gives an indication of how much an issue this is across the district. The map in Figure 37 shows the proportion of people without access to private transport, with the darker areas indicating the higher proportion with no access. The majority of people that don't have access to private transport are in the central parts of Clacton, Colchester and at Harwich. All these areas are covered by pharmacy provision and should indicate that access isn't a problem for the majority. However there is an area in Tendring district (Bradfield, Wrabness & Wix) that patients may find it difficult to access pharmacy services without their own transport.

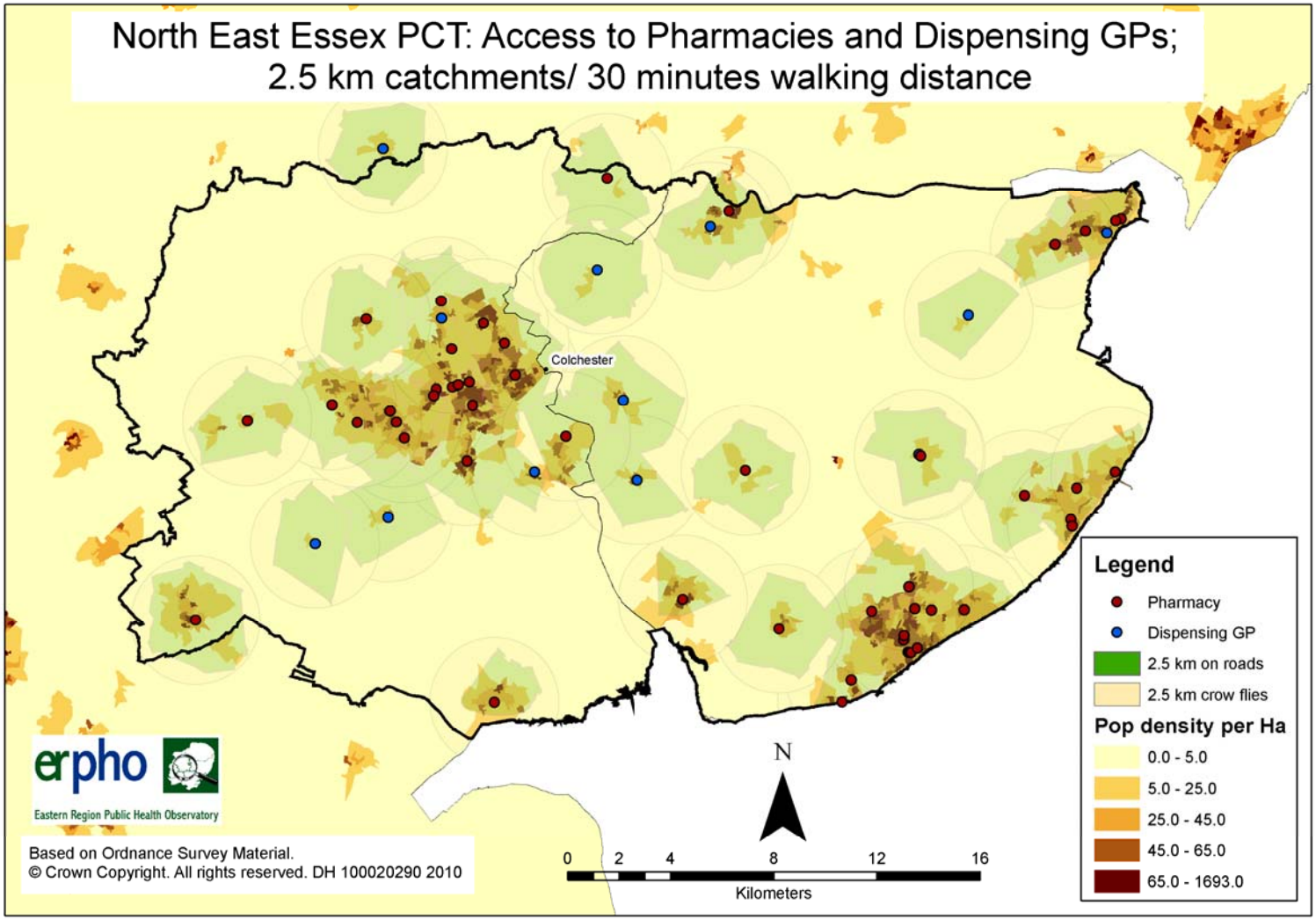
Figure 37: No access to cars or vans, Census 2001



11.3. Walking Distances

The map below shows 30 minute walking distance to get to a pharmacy or a dispensing GP practice. In the more urban populated areas there is good access to pharmacies and dispensaries, although a small proportion of people in more rural areas may struggle to access pharmaceutical services by walking for 30 minutes.

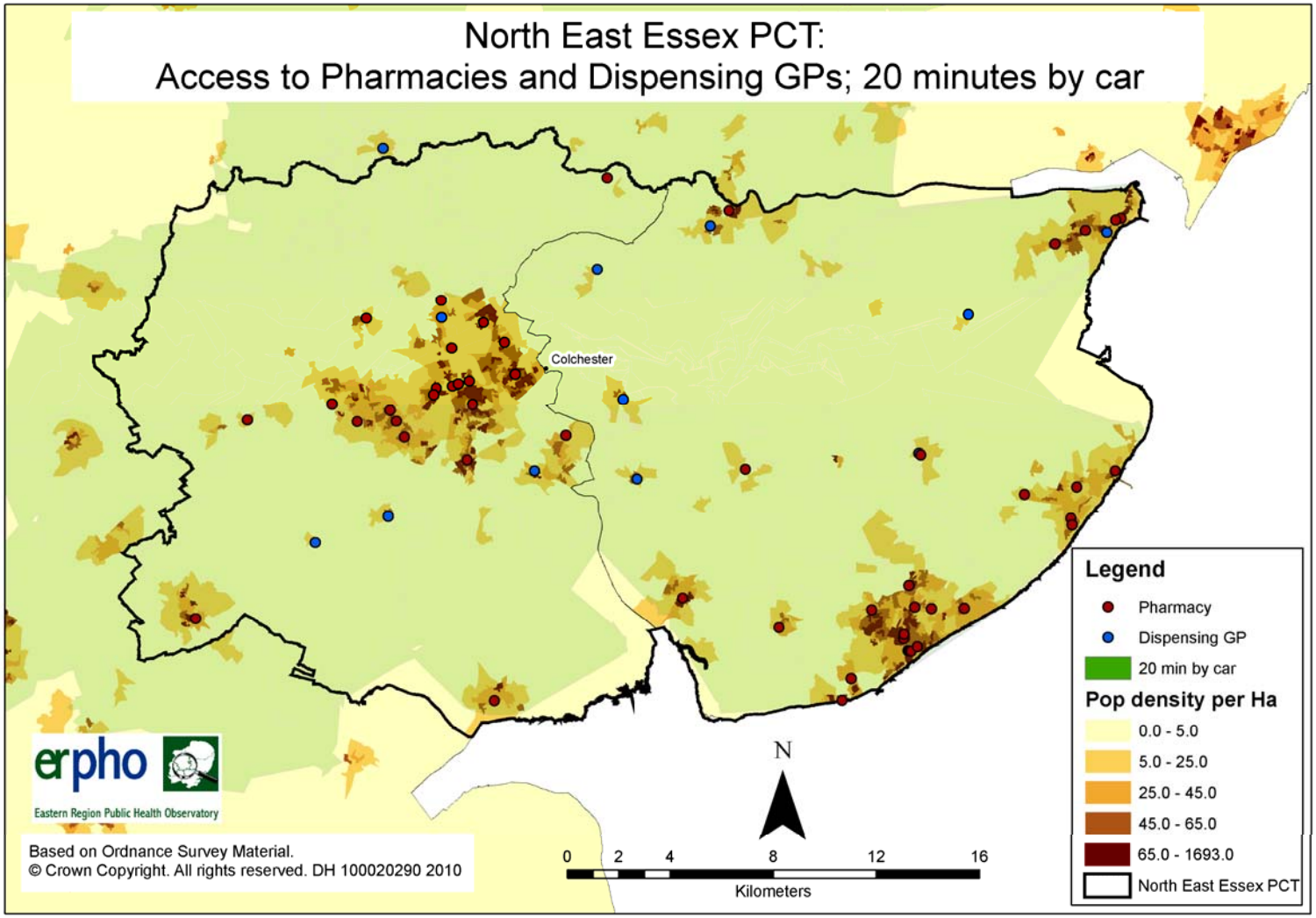
Figure 38



11.4. Driving Distances

The map below shows the access to get to a pharmacy or dispensing GP practice within 20 minutes by car. This shows that the vast majority of the population can access these services within this time; it is only a couple of areas of very low population density that there might be a small access issue.

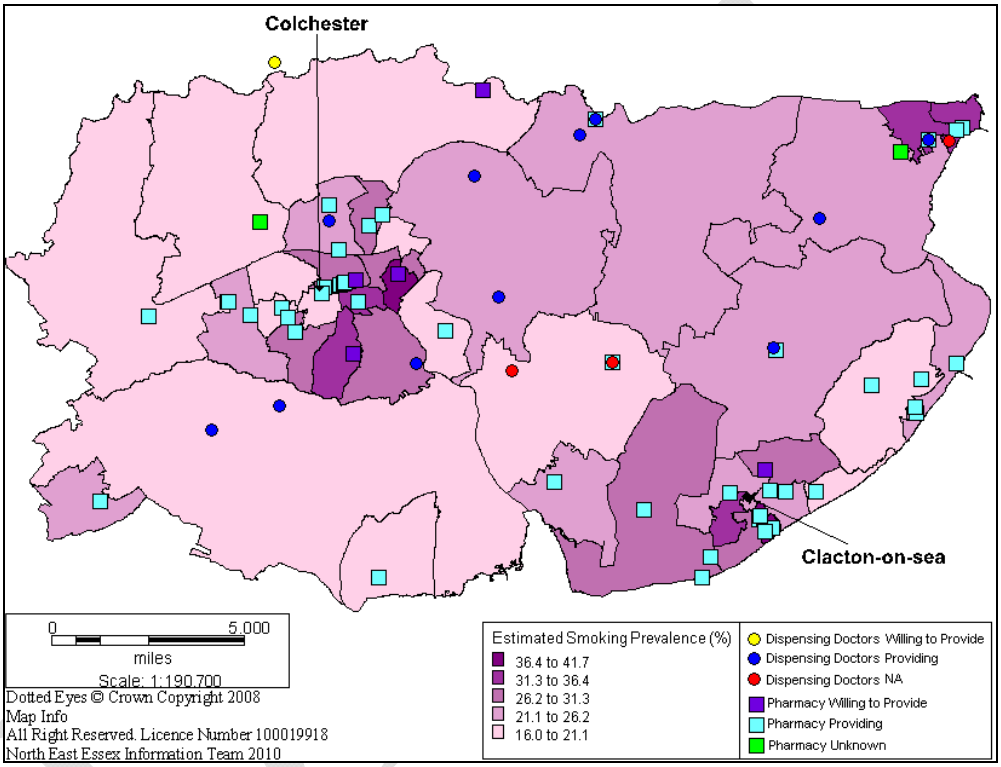
Figure 39



11.5. Smoking

Great strides have been made in reducing smoking rates overall, which is the biggest preventable cause of ill health that there is but there is still approximately a fifth of the population that are persistent smokers. The map below shows the ONS synthetic estimates of smoking at MSOA level. What can be seen from the map below is that the area near Harwich port has a high estimated smoking prevalence and also parts of central Clacton. In comparison Colchester has a much lower estimate of smoking prevalence across its wards, although the most deprived areas of St Andrew's & St Anne's & Shrub End have the highest estimated prevalence.

Figure 40: Provision of Smoking Cessation Services

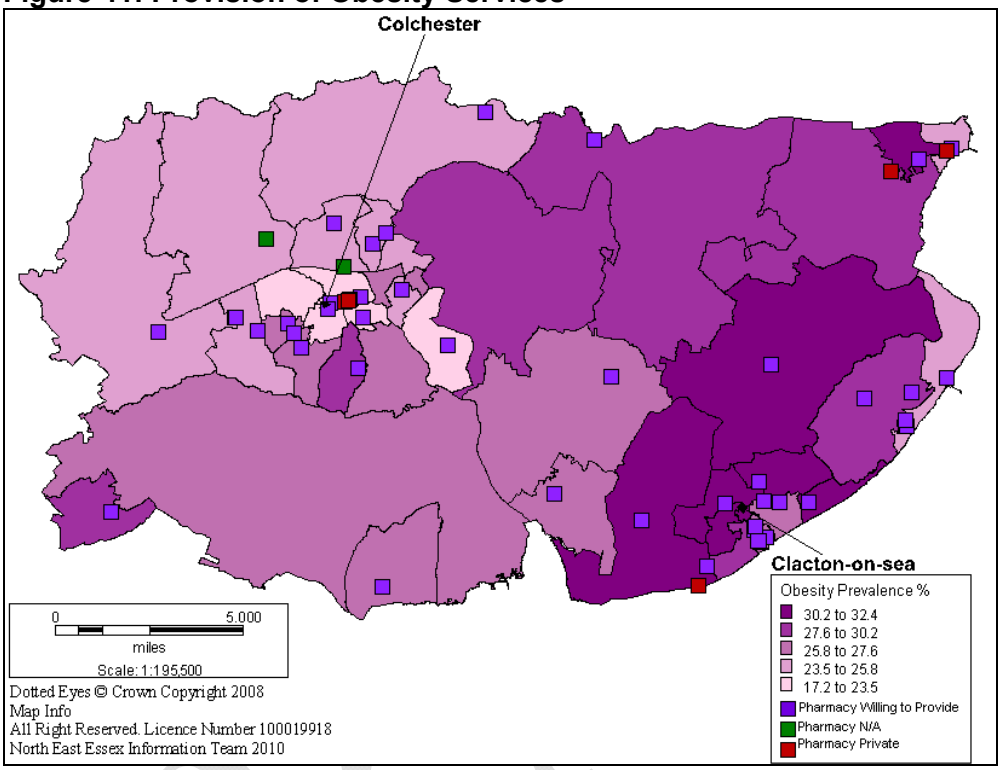


The map shows that there is good access and cover across both districts in the provision of smoking cessation services.

11.6. Obesity

Obesity is a major public health issue, it costs the NHS approximately £4.2 billion per year and it can lead to increased risk of heart disease, type 2 diabetes and some cancers. The trend in increasing obesity levels in thought to be related to increased availability of fast, processed and snack foods, increased portion sizes, a reduction in physical activity and more sedentary jobs and lifestyles.

Figure 41: Provision of Obesity Services

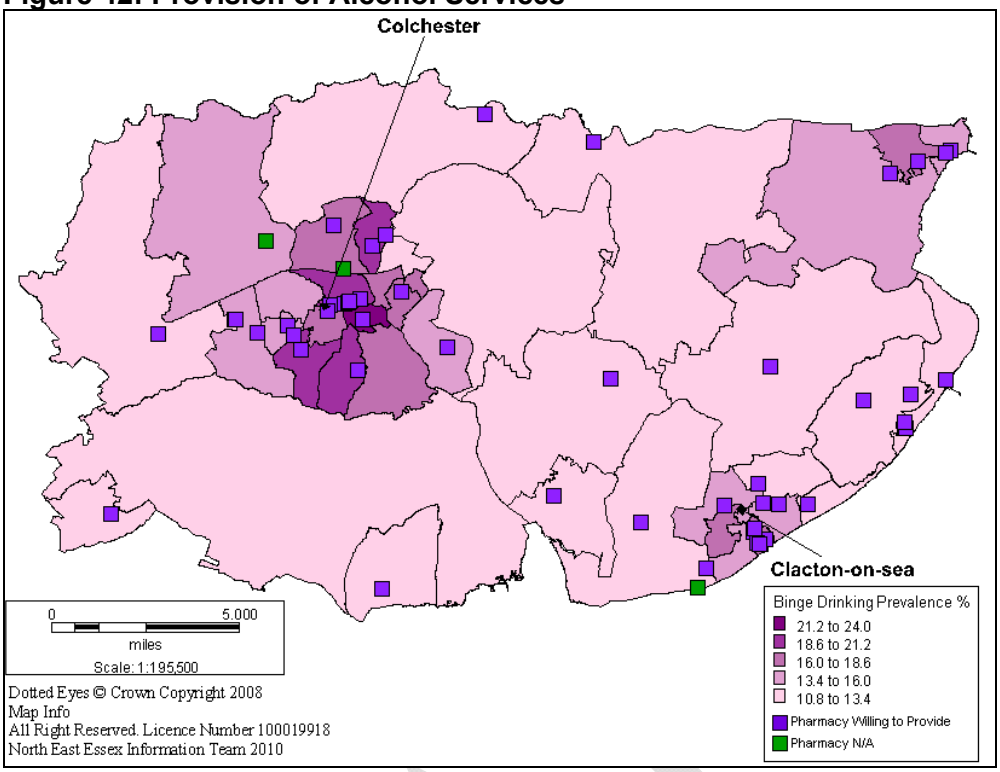


There may be the possibility of providing obesity services when resources allow from existing pharmacies

11.7. Binge Drinking

Figure 42 below shows where there is high prevalence of binge drinking based on synthetic estimates. Although pharmacies are not currently commissioned to provide alcohol services, the areas that have the highest estimated prevalence of binge drinking are covered by existing pharmacies.

Figure 42: Provision of Alcohol Services



There is the potential to introduce rapid intervention from existing community pharmacies when resources allow.

11.8. Sexual Health

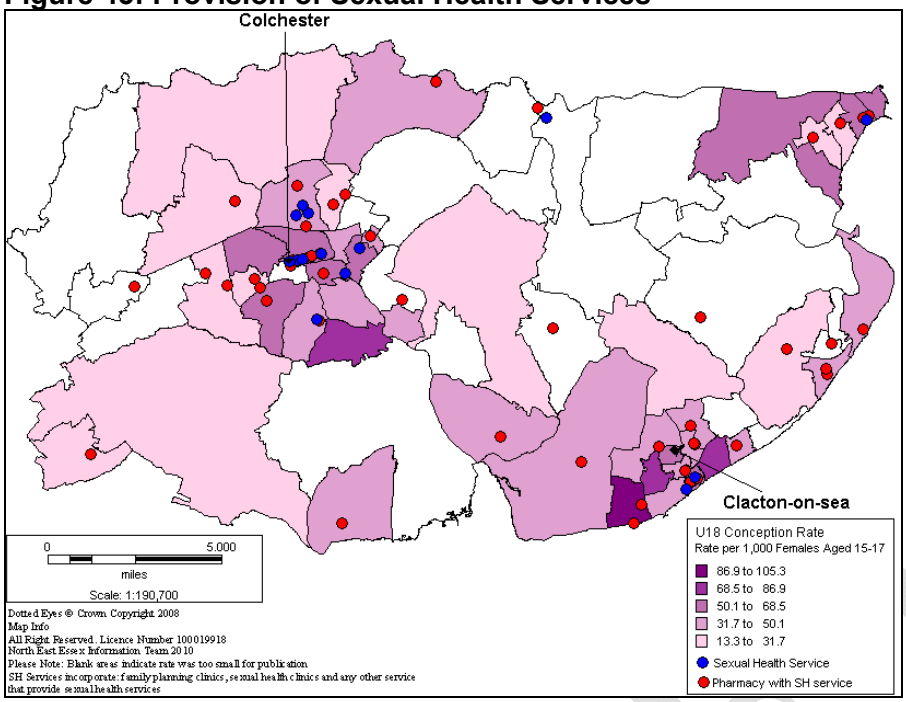
Sexual health is of a big concern to health professionals as in recent years there have been substantial increases in the number of sexually transmitted infections and high rates of teenage pregnancies. NHS NE Essex has a LES in place that was offered to all pharmacies to sign up to, to provide a basket of sexual health services.

The services include:

- providing emergency hormonal contraception to those aged 18 or under,
- provision of the C-Card scheme, for sexually active people aged under 20 to access free condoms,
- pregnancy testing for those aged under 18,
- provision of Chlamydia screening kits to those age 15-24 years
- Chlamydia treatment to those between 15-24 years and their partners

The map below shows the pharmacies that are signed up to this scheme along with teenage conception rates (white areas denote where no data is available) and additional sexual health services/clinics. The areas where there are high teenage conceptions all have pharmacies located either within the ward or close by. It is imperative that sexually active youngsters who have unprotected sex are able to access the services mentioned above, both quickly and confidentially.

Figure 43: Provision of Sexual Health Services



There is relatively good cover of sexual health services, and we are also aware that there are some people that may wish to use services other than those near to their homes.

Figure 44: Provisions of Chlamydia Treatment Services

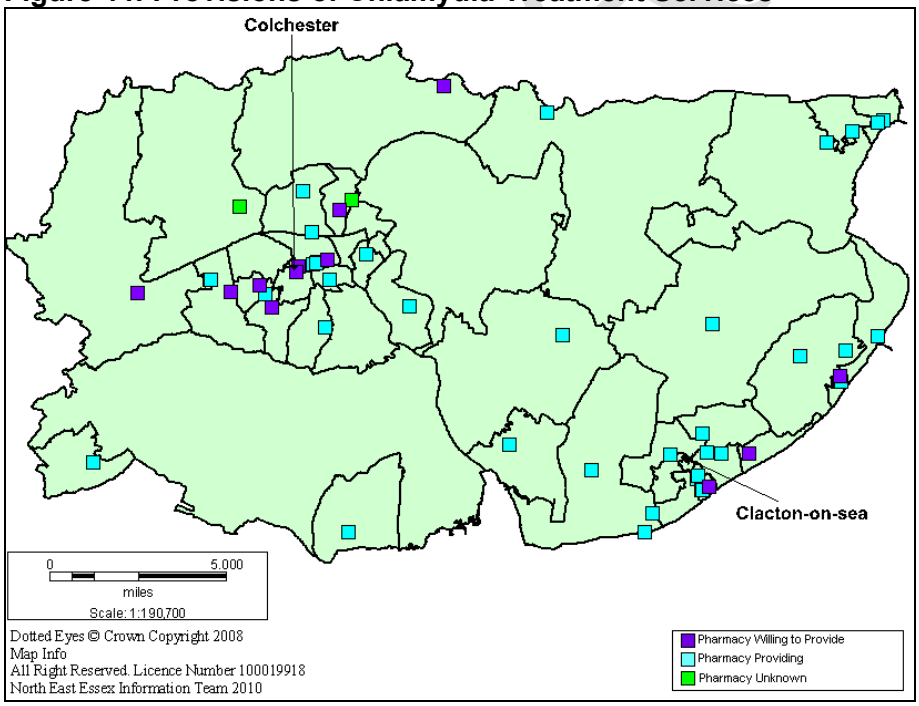
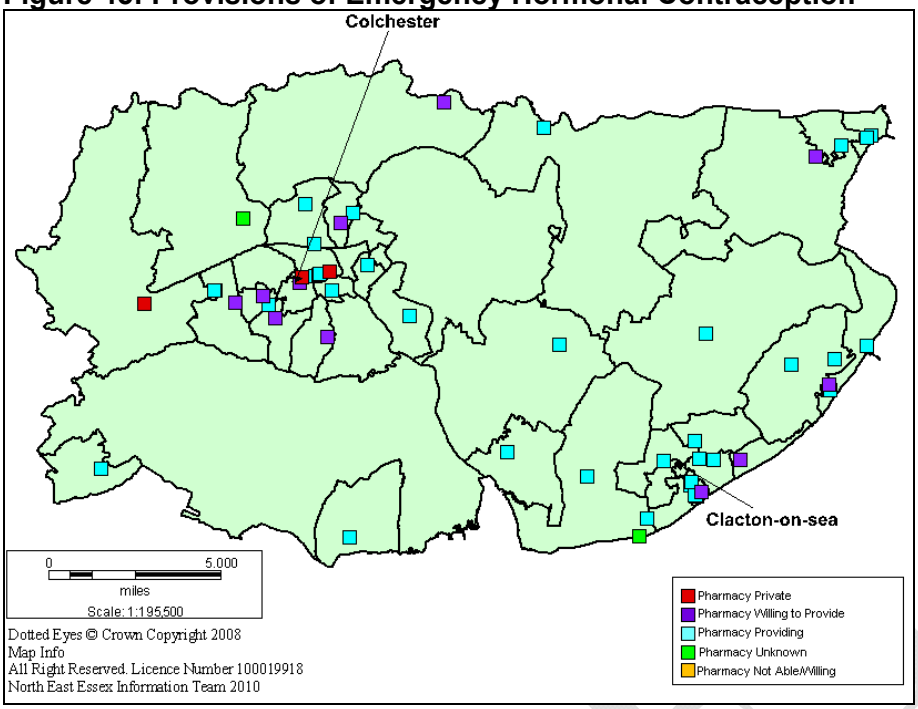


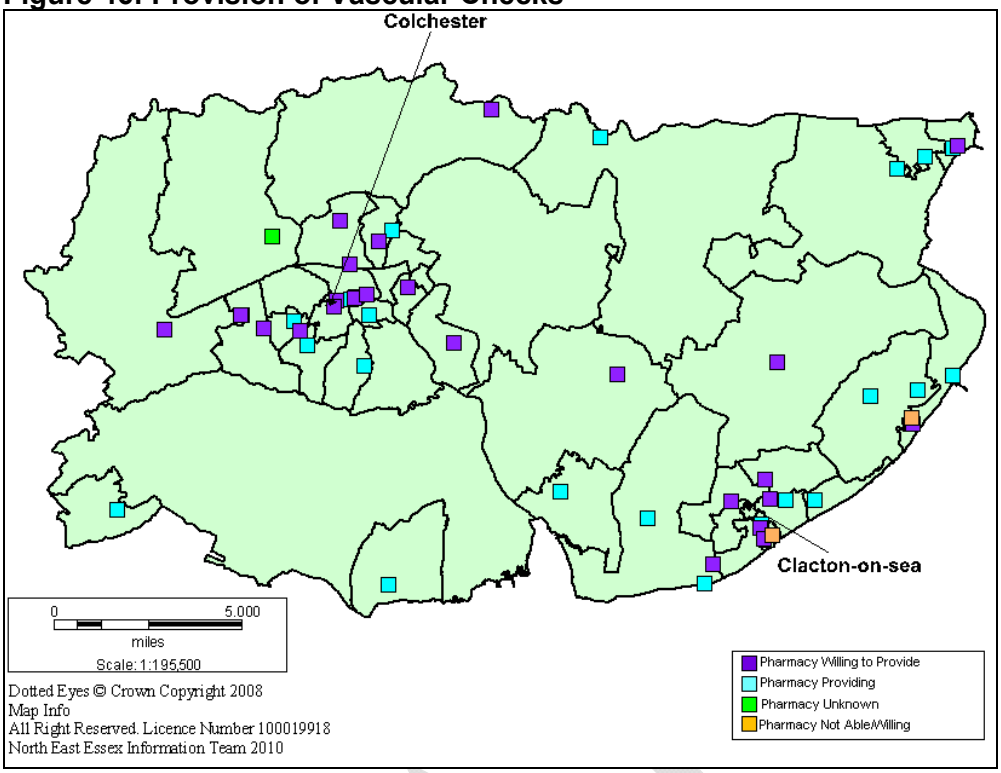
Figure 45: Provisions of Emergency Hormonal Contraception



11.9. Vascular Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.

Figure 46: Provision of Vascular Checks



11.10. Drug Support Services

The two maps below show the pharmacies & dispensing practices that currently and/or are willing to provide drug support services. The first one is needle & syringe services, allowing injecting drug users to have access to clean equipment and also to allow the safe disposal of used equipment. Fig 47 shows the supervised administration services, where a patient within a drug treatment programme can take their medication as prescribed.

Both services, although reaching a small proportion of the population, are important in the wider community context to ensure patient safety e.g. discarded used equipment is not left around to harm others**.**

In the main urban areas of both districts there are pharmacies currently providing both services and also numerous pharmacies & dispensing GPs willing to provide the service.

Figure 47: Needle & Syringe Services

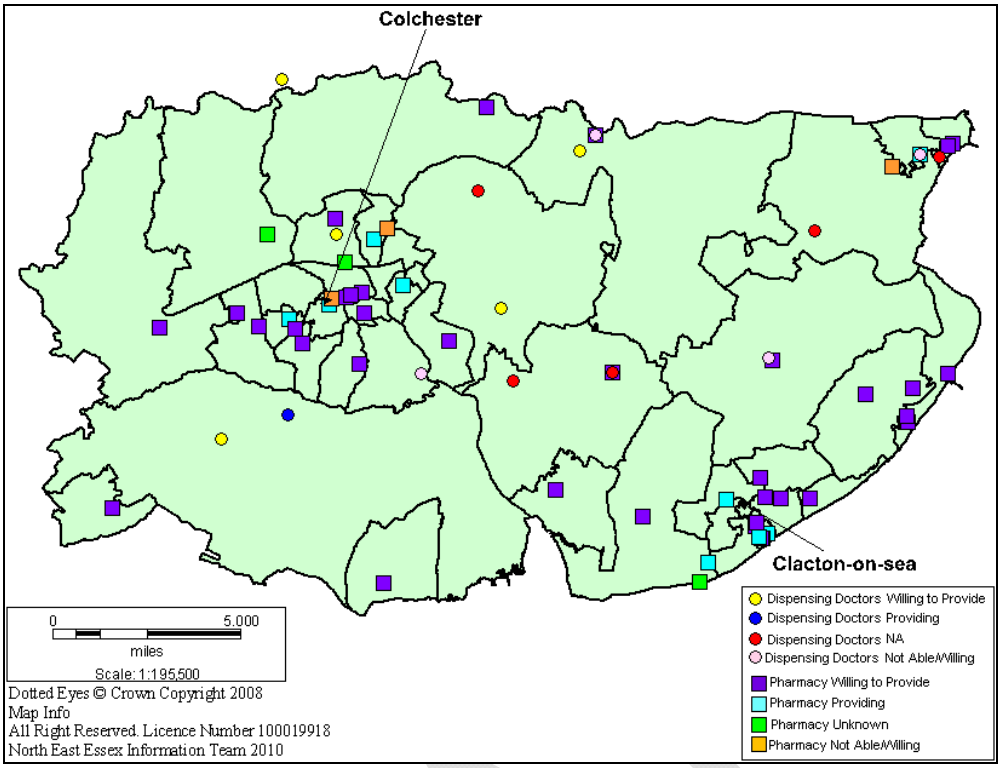
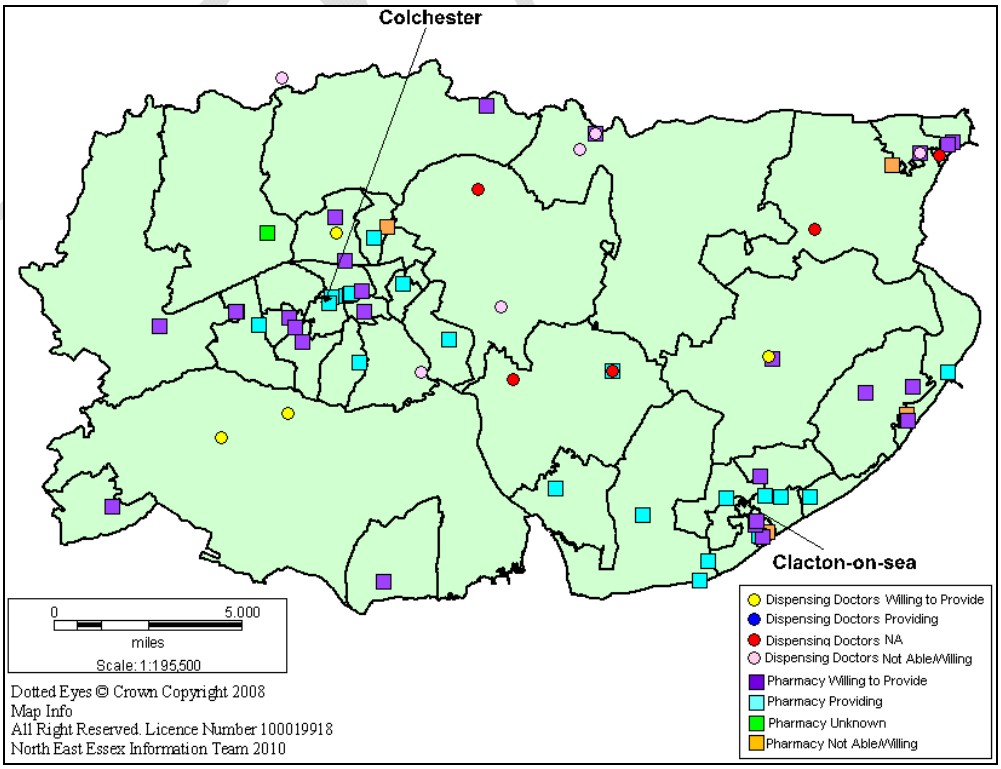


Figure 48: Supervised Administration Service



11.11. Provision of In Hours & Out of Hours Drugs, e.g. palliative care drugs

Access to specialist drugs such as palliative care drugs can be an issue particularly when it is out of normal working hours. The PCT has a vital sign target about end of life care and access to palliative care drugs for patients is an important issue.

The two maps below show the current provision of specialist drugs such as palliative care drugs during either “In Hours” or “Out of hours”. There is little current provision, however there are a large proportion of both pharmacies and dispensing GPs that are willing to provide “In Hours” and a large proportion of pharmacies willing to provide “Out of Hours”, e.g. 100 hour pharmacies. At present this work is being brought to a conclusion and more information will be available in the final PNA. Pharmacists have been approached for further involvement to ensure local access. This is being done in conjunction with our End of Life Care Team.

Figure 49: In Hours Availability of Specialist Drugs

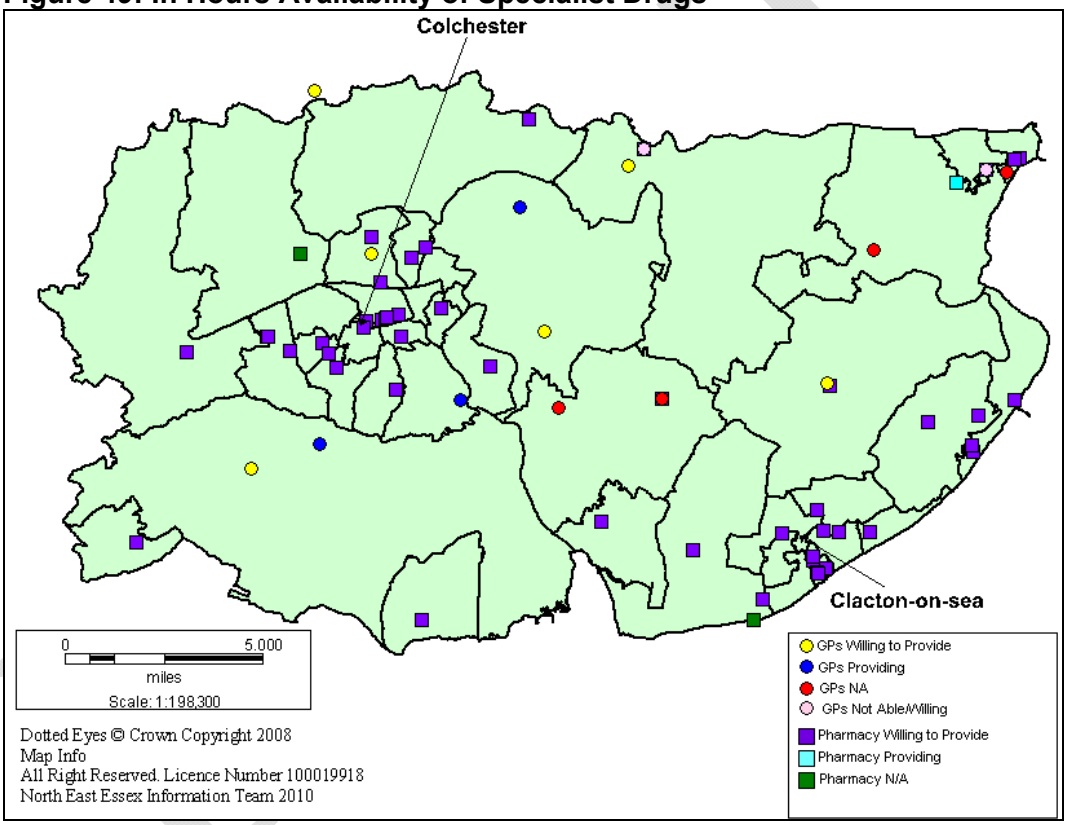
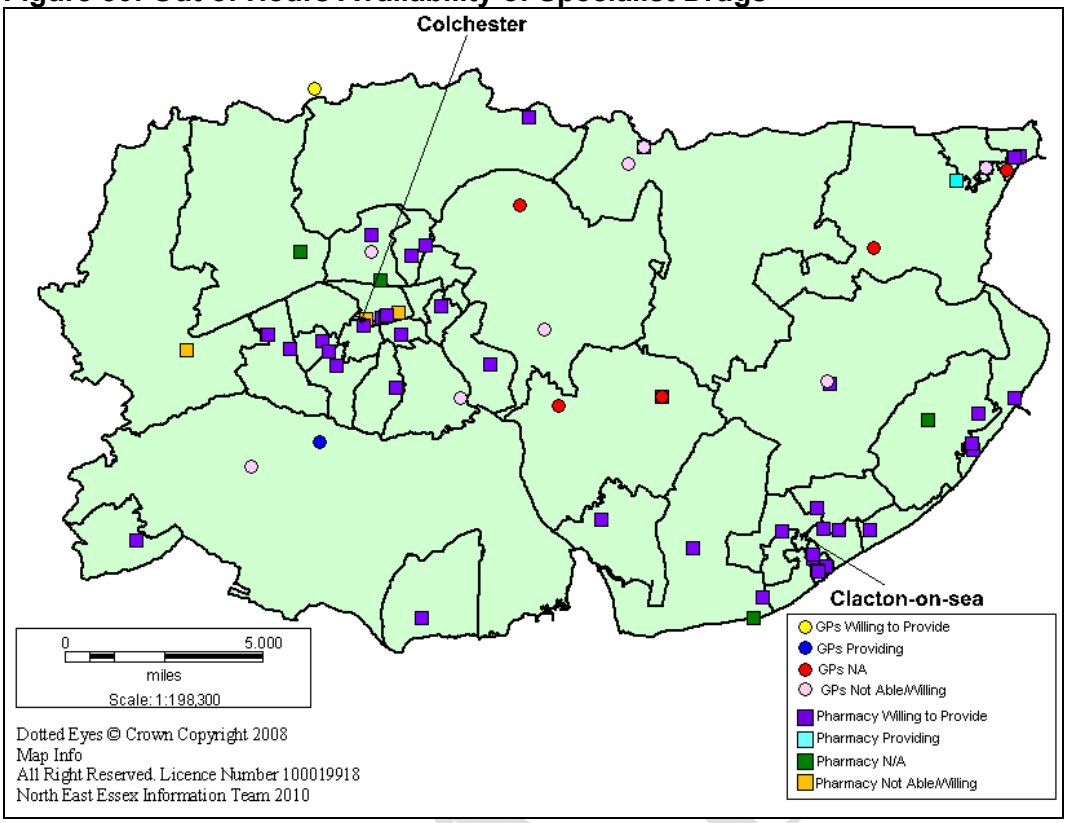


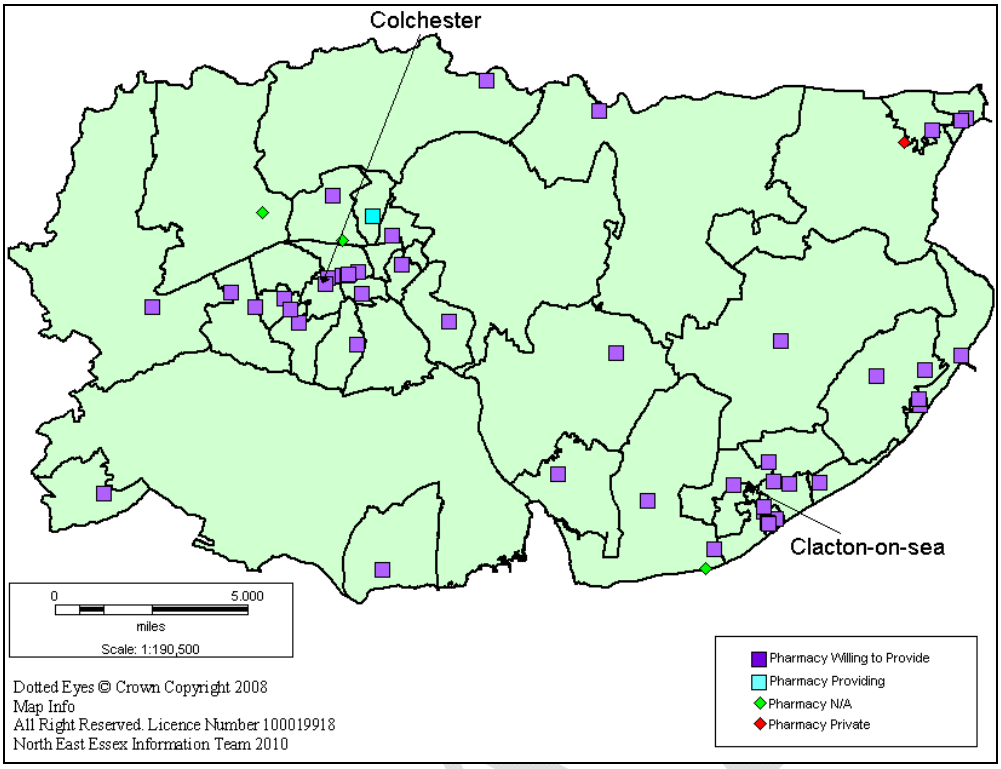
Figure 50: Out of Hours Availability of Specialist Drugs



11.12 Provision of Medicines Use Review Services (MURs)

The provision of MURs (National Advanced Service) are illustrated in Figure 51. Pharmacies are encouraged to provide such services where appropriate standards are met (see section 6). Pharmacies are encouraged to focus on areas of particular importance, e.g. for medicines safety and meeting local need. Examples include on discharge from hospital, patients with long term conditions (especially those on multiple drugs), patients with numerous medication prescribed and/or using a range of services. Feedback to patients and clinicians should aid medication review and concordance with prescribed medications.

Figure 51: Medicines Use Review Services

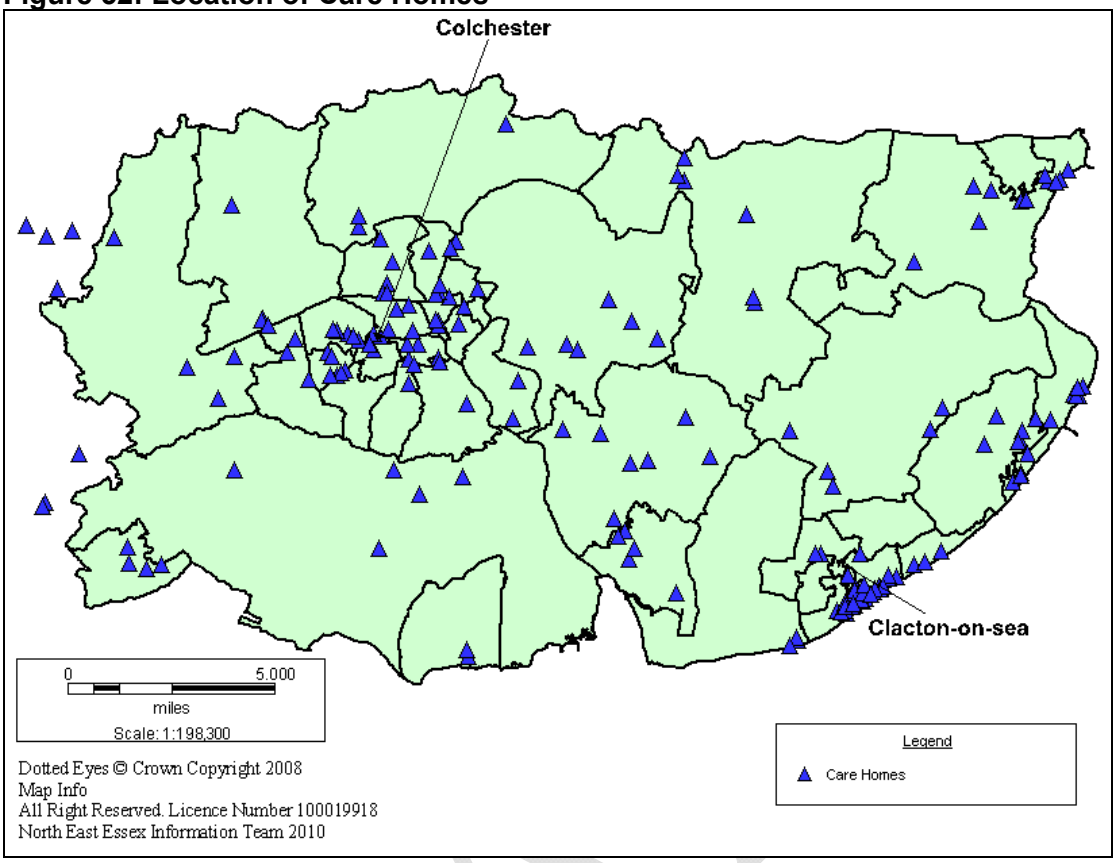


12. Care Homes

The proportion of the population who are aged 65 and over is expected to increase by 65% over the next 25 years in England. In north east Essex alone the figure is expected to rise from 64,900 to 117,500 over the same time period – an increase of 81% - this will have serious implications on health services required and also with regard to residential care for patients.

In NE Essex there are currently over 200 care homes, north east Essex has pharmacy support working with the care homes to ensure that there is effective medicines management.

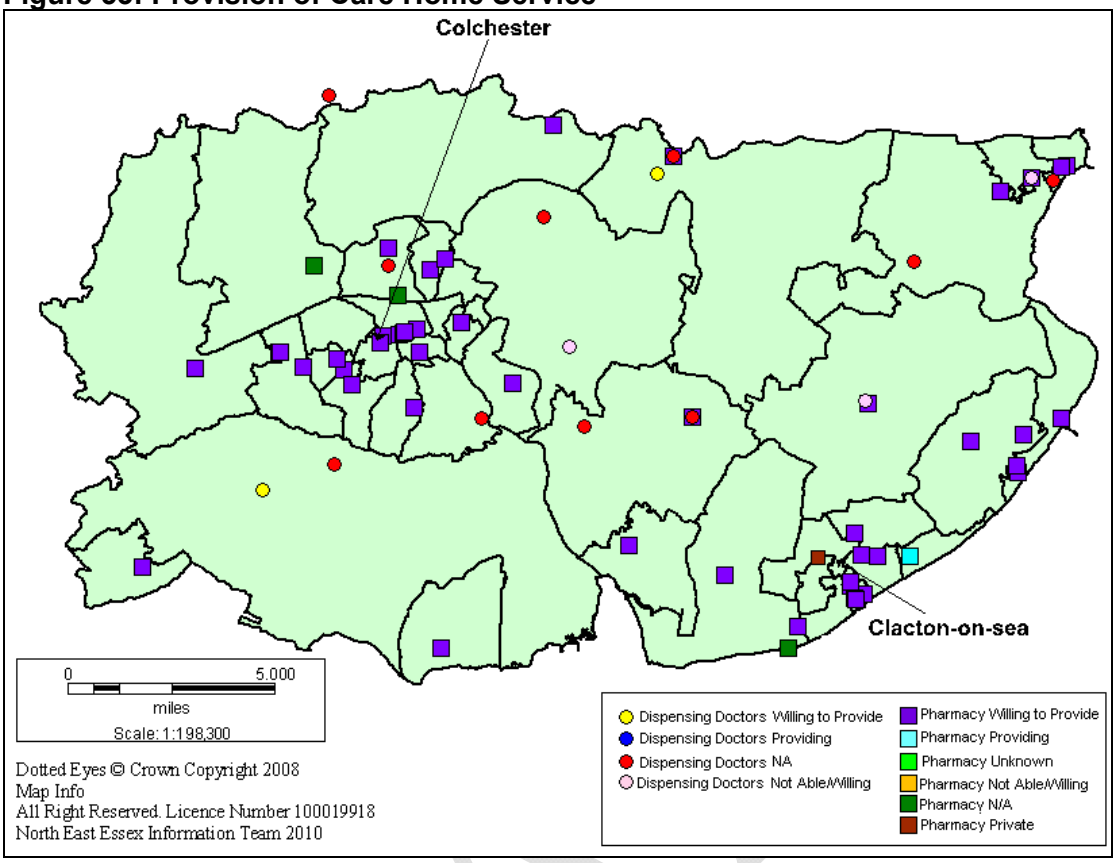
Figure 52: Location of Care Homes



National publications and local experience shows that medication use in care homes can be improved for both safety and wastage. Currently local PCT pharmacy staff provide some services to care homes and there are possibilities to develop this further with local pharmacy contractors should resources allow.

Services to people in their own homes who need care provided in relation to medicines use may benefit from similar services and services such as those through telecare.

Figure 53: Provision of Care Home Service



13. High Health Needs

From the analysis above there are several MSOAs across the districts that appear to have greater health needs than others. Those MSOAs that feature in each of these health needs are shown below and those that are highlighted in blue are those that have 3 or more health needs.

* Those pharmacies in or near MSOAs demonstrating high health needs and high emergency admissions may benefit preferentially from, e.g. enhanced services designed to meet their needs. Development of such services will depend on availability of resources and prioritisation.

Table 24

			Life Expectancy		*Mortality*					*LifeStyle Choices*			
MSOA Number	Ward/Part ward covered	District	Male Life Expectancy	Female Life Expectancy	All Age All Cause Mortality	U75 All Cause Mortality	Smoking Attributable Mortality	U75 Circulatory Mortality	U75 Cancer Mortality	Smoking Prevalence	Obesity Prevalence	Binge Drinking	Total
1	Dedham & Langam, Fordham & Stour	Colchester		√							√		2
2	Highwoods	Colchester								√	√	√	3
3	Fordham & Stour, W.Bergholt & Eight Ash Green	Colchester									√		1
5	St John's	Colchester									√		1
6	St Anne's	Colchester	√	√		√				√	√		5
7	Castle	Colchester	√	√	√							√	4
8	St Andrew's	Colchester	√	√	√	√	√	√	√	√	√		9
10	Copford & W.Stanway, Great Tey, Marks Tey	Colchester									√		1
11	New Town	Colchester	√			√				√		√	4
12	Stanway	Colchester									√		1
14	Prettygate	Colchester									√		1
15	Shrub End	Colchester	√			√	√			√	√	√	6
16	East Donyland, Harbour	Colchester	√	√	√	√	√			√	√		7
18	Berechurch	Colchester	√			√		√		√	√	√	6
19	Birch & Winstree, Pyefleet	Colchester									√		1
20	Tiptree	Colchester		√					√		√		3
21	West Mersea	Colchester									√		1
22	Harwich East, Harwich East Central	Tendring	√							√	√		3
23	Harwich East Central, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring								√	√		2
24	Bradfield, Wrabness & Wix, Lawford, Manningtree, Mistley, Lt Bentley & Tendring	Tendring									√		1
25	Gt & Lt Oakley, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring							√		√		2
26	Ardleigh & Lt Bromley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring									√		1
27	Frinton, Walton	Tendring									√		1
28	Beaumont & Thorpe, Lt Clacton & Weeley	Tendring									√		1
29	Frinton, Hamford, Holland & Kirby, Homelands	Tendring						√			√		2
30	Alresford, Brightlingsea, Gt Bentley, Thorrington, Frating, Elmstead & Gt Bromley	Tendring									√		1
31	Burrsville, St Johns	Tendring				√	√	√		√	√		5
32	Brightlingsea, St Osyth & Point Clear	Tendring		√		√		√			√		4
33	Haven, St Bartholomews	Tendring									√		1
34	Bockings Elm, Peter Bruff, St Marys	Tendring	√					√		√	√		4
35	St Marys, St Pauls	Tendring	√							√	√		3
36	Peter Bruff, Rush Green	Tendring		√		√	√		√	√	√		6
37	Alton Park, Pier	Tendring	√	√	√	√	√	√	√	√	√		9
38	Alton Park, St James	Tendring	√	√	√	√			√	√	√		7
39	Golf Green, St Osyth & Point Clear	Tendring	√	√	√	√	√		√	√	√		8

Table 25: High Need MSOAs with Services Provided

					Services Currently Providing							
MSOA Number	Ward Area	District	Pharmacy Name	Pharmacy Address	Vascular Checks	Smoking Cessation	Supervised Admin	Chlamydia Testing	Chlamydia Treatment	Emergency Contraception	Alcohol	Obesity
2	Highwoods	Colchester	Tesco Dispensing Ltd	Highwoods	■	●	●	■	■	■	■	■
6	St Anne's	Colchester	NO PHARMACY LOCATED HERE									
7	Castle	Colchester	Boots the Chemist	5-6 Lion Walk	●	●	●	●	●	●	■	■ P
7	Castle	Colchester	Day Lewis Pharmacy	7 Priory Walk	■	●	●	●	●	●	■	■ P
7	Castle	Colchester	Priory Pharmacy	81a East Hill	■	■	■	■	■	P	■	■
7	Castle	Colchester	Crouch End Pharmacy	77 Crouch Street	■	●	●	■	■	P	■	■
7	Castle	Colchester	Queen Street Pharmacy	12 Queen Street	●	●	■	●	●	●	■	■
8	St Andrew's	Colchester	Your Local Boots	St Edmunds Centre	■	■	●	●	●	●	■	■
11	New Town	Colchester	Your Local Boots	118 Military Road	●	●	●	●	●	●	■	■
15	Shrub End	Colchester	Hutt Pharmacy	4 The Square	●	●	■	■	■	■	■	■
16		Colchester	NO PHARMACY LOCATED HERE									
18	Berechurch	Colchester	Lloyds Pharmacy	358 Mersea Road	●	■	●	●	●	■	■	■
20	Tiptree	Colchester	Your Local Boots	3-5 The Centre	●	●	■	●	●	●	■	■
22	Harwich East, Harwich East Central	Tendring	Boots the Chemist	224-226 High Street	■	●	●	●	●	●	■	■
22	Harwich East, Harwich East Central	Tendring	Day Lewis Pharmacy	3 Steele House	●	●	■	●	●	●	■	■ P
31	Burrsville, St Johns	Tendring	Lighthouse Pharmacy	19-21 The Street	■	■	■	●	●	●	■	■
32	Brightlingsea, St Osyth & Point Clear	Tendring	Your Local Boots	52 Victoria Place	●	●	●	●	●	●	■	■
34	Bockings Elm, Peter Bruff, St Marys	Tendring	L Rowland & Co (Retail) Ltd	354 St Johns Road	■	●	■	●	●	●	■	■
35	St Marys, St Pauls	Tendring	North Road Pharmacy	4-5 Mansion House Precinct	■	●	●	●	●	●	■	■
35	St Marys, St Pauls	Tendring	Your Local Boots	15 North Road	●	●	●	●	●	●	■	■
36		Tendring	NO PHARMACY LOCATED HERE									
37	Alton Park, Pier	Tendring	Boots the Chemist	54-62 Pier Avenue	■	●	●	●	●	●	■	■
37	Alton Park, Pier	Tendring	Your Local Boots	86 Pier Avenue	■	●	●	●	●	●	■	■
37	Alton Park, Pier	Tendring	L Rowland & Co (Retail) Ltd	61 High Street	♦	●	♦	●	■	■	■	■
37	Alton Park, Pier	Tendring	Lloyds Pharmacy	2 Jackson Road	■	●	●	●	●	●	■	■
37	Alton Park, Pier	Tendring	Your Local Boots	158 Old Road	●	●	■	●	●	●	■	■
37	Alton Park, Pier	Tendring	Prescription 2 You	89-91 Pier Avenue	●	●	●	●	●	●	■	■
38		Tendring	NO PHARMACY LOCATED HERE									
39	Golf Green, St Osyth & Point Clear	Tendring	L Rowland & Co (Retail) Ltd	Jaywick Health Centre	■	●	●	●	●	●	■	■
39	Golf Green, St Osyth & Point Clear	Tendring	Your Local Boots	19 Clacton Road	●	●	●	●	●	●	■	■
39	Golf Green, St Osyth & Point Clear	Tendring	Jaywick Pharmacy	18 Broome Way	●	●	●	●	●	N/A	N/A	P

Key

●	Currently Providing
■	Willing to Provide
♦	Not Willing to Provide
P	Currently Providing - Non NHS
N/A	Not answered in questionnaire

14. High Emergency Admissions

The table below shows the MSOAs that feature in the 20% highest emergency admission rates across NE Essex. The MSOAs highlighted (in blue) are the MSOAs that feature in 3 or more emergency admissions.

Table 26

20% Highest Emergency Admissions in NE Essex

MSOA Code	Ward/Part	District	CHD	Myocardial Infarction	Stroke	Respiratory Disease	COPD	Total
2	Highwoods	Colchester		√				**1**
5	St John's	Colchester	√					**1**
6	St Anne's	Colchester	√	√		√		**3**
7	Castle	Colchester			√			**1**
8	St Andrew's	Colchester	√	√		√	√	**4**
12	Stanway	Colchester	√	√				**2**
15	Shrub End	Colchester		√				**1**
16	East Donyland, Harbour	Colchester	√		√			**2**
18	Berechurch	Colchester	√			√	√	**3**
22	Harwich East, Harwich East Central	Tendring			√			**1**
23	Harwich East Central, Harwich West, Harwich West Central, Ramsey & Parkeston	Tendring			√		√	**2**
27	Frinton, Walton	Tendring			√			**1**
28	Beaumont & Thorpe, Lt Clacton & Weeley	Tendring					√	**1**
32	Brightlingsea, St Osyth & Point Clear	Tendring		√		√		**2**
36	Peter Bruff, Rush Green	Tendring		√	√	√	√	**4**
37	Alton Park, Pier	Tendring		√	√	√	√	**4**
38	Alton Park, St James	Tendring	√			√	√	**3**
39	Golf Green, St Osyth & Point Clear	Tendring	√		√	√	√	**4**

Table 27 below shows the pharmacies offering screening services in those MSOAs noted above where they are the highest in three or more of the emergency admissions in NE Essex.

Table 27:

					Disease Specific Medicines Management					Screening Service		
MSOA Number	Ward Area	District	Pharmacy Name	Pharmacy Address	Asthma	CHD	COPD	Heart Failure	Hypertension	Cholesterol	Diabetes	HbA1c
6	St Anne's	Colchester	NO PHARMACY LOCATED HERE									
8	St Andrew's	Colchester	Your Local Boots	St Edmunds Centre	■	■	■	■	■	■	■	■
18	Berechurch	Colchester	Lloyds Pharmacy	358 Mersea Road	■	■	■	■	■	■	■	■
36		Tendring	NO PHARMACY LOCATED HERE									
37	Alton Park, Pier	Tendring	Boots the Chemist	54-62 Pier Avenue	■	■	■	■	■	■	■	■
37	Alton Park, Pier	Tendring	Your Local Boots	86 Pier Avenue	■	■	■	■	■	■	■	■
37	Alton Park, Pier	Tendring	L Rowland & Co (Retail) Ltd	61 High Street	■	■	■	■	■	■	■	■
37	Alton Park, Pier	Tendring	Lloyds Pharmacy	61-63 Pier Avenue	■	■	■	■	■	■	■	■
37	Alton Park, Pier	Tendring	Lloyds Pharmacy	2 Jackson Road	■	■	■	■	■	■	■	■
37	Alton Park, Pier	Tendring	Your Local Boots	158 Old Road	■	■	■	■	■	■	■	■
37	Alton Park, Pier	Tendring	Prescription 2 You	89-91 Pier Avenue	■	■	■	■	■	■	■	■
38		Tendring	NO PHARMACY LOCATED HERE									
39	Golf Green, St Osyth & Point Clear	Tendring	L Rowland & Co (Retail) Ltd	Jaywick Health Centre	■	■	■	■	■	■	■	■
39	Golf Green, St Osyth & Point Clear	Tendring	Your Local Boots	19 Clacton Road	■	■	■	■	■	■	■	■
39	Golf Green, St Osyth & Point Clear	Tendring	Jaywick Pharmacy	18 Broome Way	P	P	P	N/A	P	P	P	P

Key

●	Currently providing
■	Willing to provide
♦	Not willing to provide
P	Currently Providing Non-NHS
N/A	Not answered in questionnaire

* Please see section 13

15. Analysis of Patient/Public Consultation

Pharmacy services are an integral part of communities and provide services not only linked to dispensing medicines but also act as a hub of information to patients. Community pharmacies are located in prominent high street locations through supermarkets and hence pharmacies are accessible to individuals in all parts of a community or neighbourhood. Pharmacies are often open outside of normal working hours and are a source of help and information when other healthcare professionals are unavailable. They are able to provide health advice on topics such as smoking, alcohol consumption and diet and due to a more informal setting, people from, for example, more deprived communities, are often more likely to seek this type of information from their local pharmacy. Hence pharmacies can give a different type of support to people, both those who are well and unwell, than is available from practices or indeed some statutory services.

As part of our pharmaceutical needs assessment, we sought to ask patients their views about the current pharmacy services and future pharmacy services within north east Essex. We need to listen to our patients to make sure that we commission services that address local needs and also to make sure that they are located within areas that are most suitable for our patients to access.

We have undertaken two surveys, one based on community pharmacies and another one based on the GP dispensary service located within some of our GP practices.

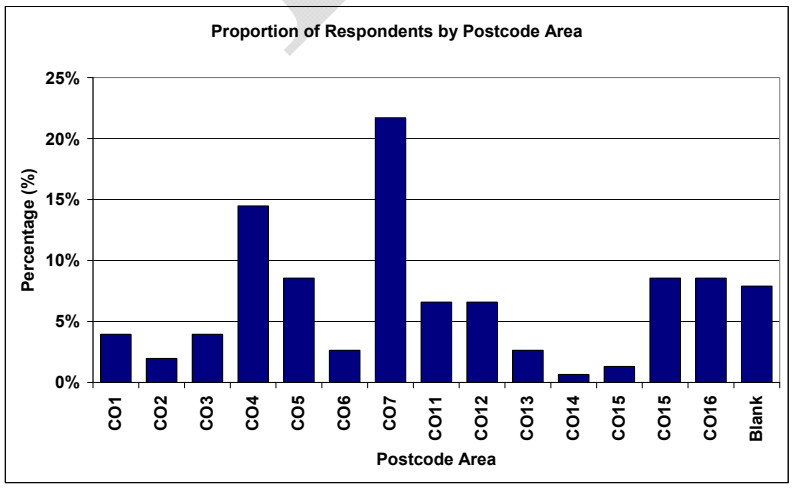
The survey was provided by Luton and Bedfordshire PCT who kindly allowed us to use it to seek views from our patients. During the month of August 2010, the surveys were posted on our public website, paper copies were placed in dispensing GP practices, community pharmacies and our walk in centre. Engagement was also undertaken with our local LINks and also our patient commissioning forums that cover both Colchester and Tendring as well as with PCT employees.

15.1. Respondents

A total of 113 responses were gained for the Community Pharmacy survey and 39 from the GP dispensing survey giving a total of 152 responses received. Some of the analysis will be done separately (this will be indicated) due to specific questions being asked for each service.

Figure 54: Pharmacy & Dispensary Survey Respondent Distribution

Number of respondents = 152

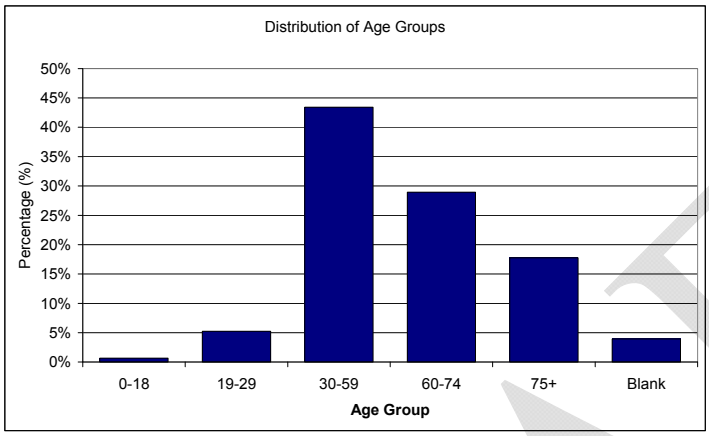


Postcode Area	No of Respondents	Percentage
CO1	6	4%
CO2	3	2%
CO3	6	4%
CO4	22	14%
CO5	13	9%
CO6	4	3%
CO7	33	22%
CO11	10	7%
CO12	10	7%
CO13	4	3%
CO14	1	1%
CO15	2	1%
CO15	13	9%
CO16	13	9%
Blank	12	8%
Total	152	100%

The majority of survey respondents come from the CO7 area which covers parts of Ardleigh & Little Bromley, Brightlingsea, Dedham & Langham, Great Bentley, Manningtree, Mistley, Little Bentley and Tendring, Thorrington, Frating, Elmstead & Gt Bromley and also parts of Wivenhoe Cross and Wivenhoe Quay – See Appendix 3 for the postcode area map of north east Essex.

The majority of people that responded to our patient surveys were in the 30-59 age group (43%) representing the majority of those that are of working age, this was followed by those in the 60-74 age group.

Figure 55: Pharmacy & Dispensary Survey Age Group Distribution



Age Group	No of Respondents	Percentage
0-18	1	1%
19-29	8	5%
30-59	66	43%
60-74	44	29%
75+	27	18%
Blank	6	4%
Total	152	100%

Number of respondents = 152

Table 28: Gender Distribution

Are You:	No of Respondents	Percentage
Male	42	28%
Female	103	68%
Blank	7	5%
Total	152	100%

Number of respondents = 152

Table 29: Ethnic Group Distribution

Ethnic Group	No of Respondents	Percentage
White	137	90%
Mixed	2	1%
Asian or Asian British	4	3%
Black or Black British	0	0%
Chinese	0	0%
Other	1	1%
Blank	8	5%
Total	152	100%

Visiting the Pharmacy

How do you travel to access the pharmacy or dispensary?

Table 30

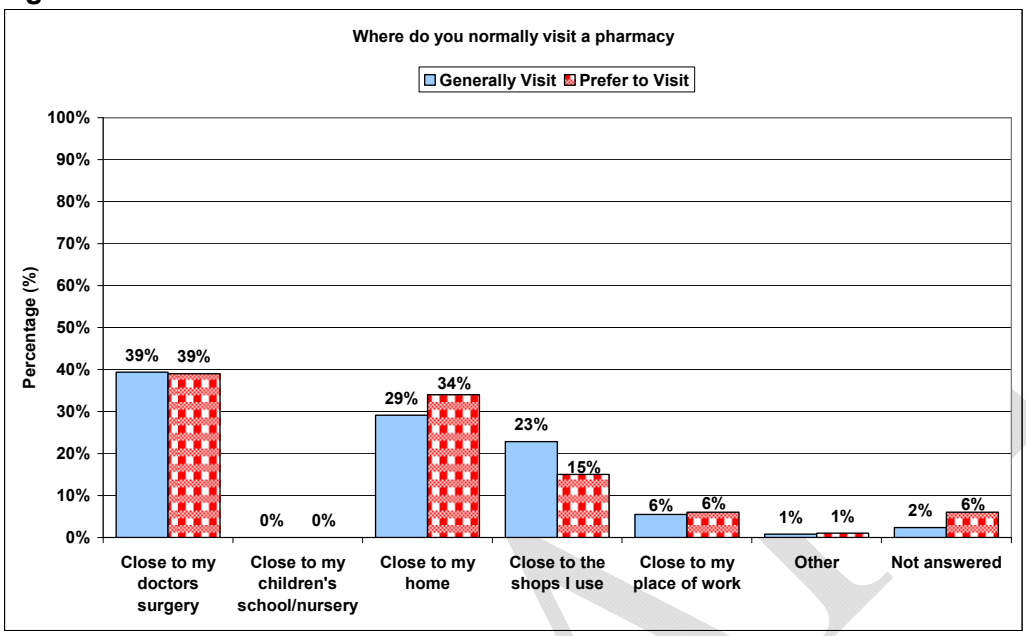
	By public transport	By car	By foot	By cycle	Other	Blank	Total
Percentage	6%	55%	34%	2%	1%	2%	100%

Number of respondents = 152

Where do you access pharmacy service?

Respondents were asked where they generally visited a pharmacy and where they would like to visit a pharmacy. From Figure 56 below, the majority of people wanted to visit a pharmacy close to their doctors surgery (39%), this was followed by patients preferring to visit a pharmacy close to their home (34%)

Figure 56



Number of respondents = 113 (just pharmacy survey)

What day and time do you visit the pharmacy or dispensary?

From the charts below, the majority of patients (who answered) currently visit a pharmacy during the week and this is also the main preference, however there is an increase in preference to access pharmacy services on a Sunday also. The main times to visit a pharmacy are between 9am-6pm, but also a recognition of a wish to access services after 6pm.

Figure 57

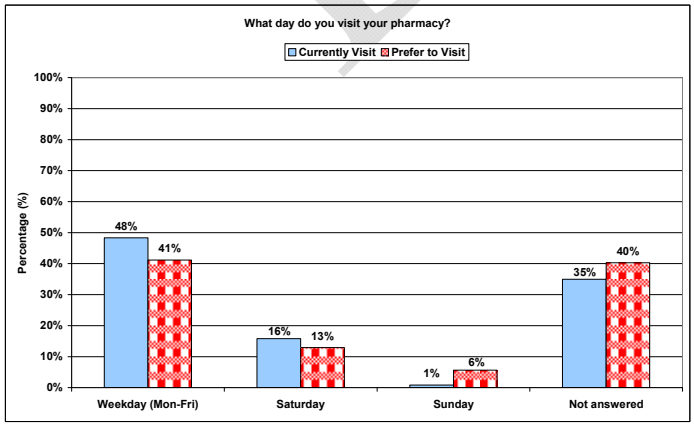
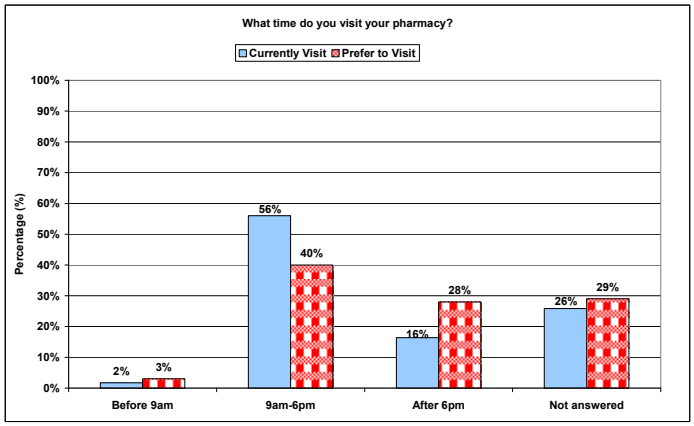


Figure 58



Number of respondents = 113 (just pharmacy survey)

How Often and What For?.....

Figure 59

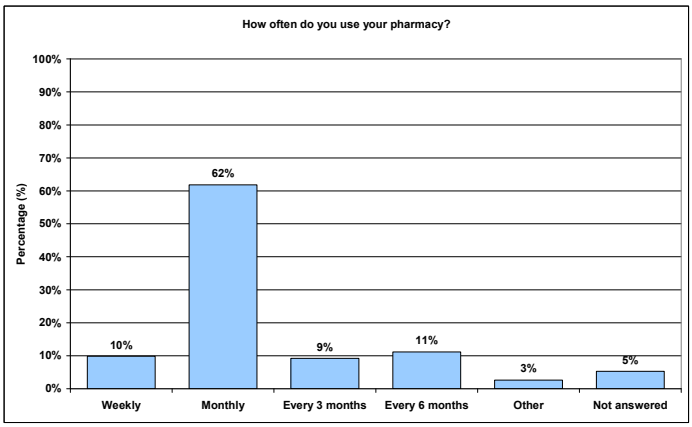
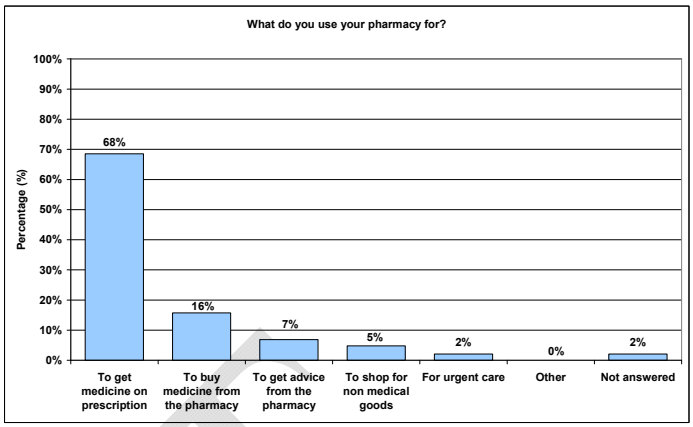


Figure 60



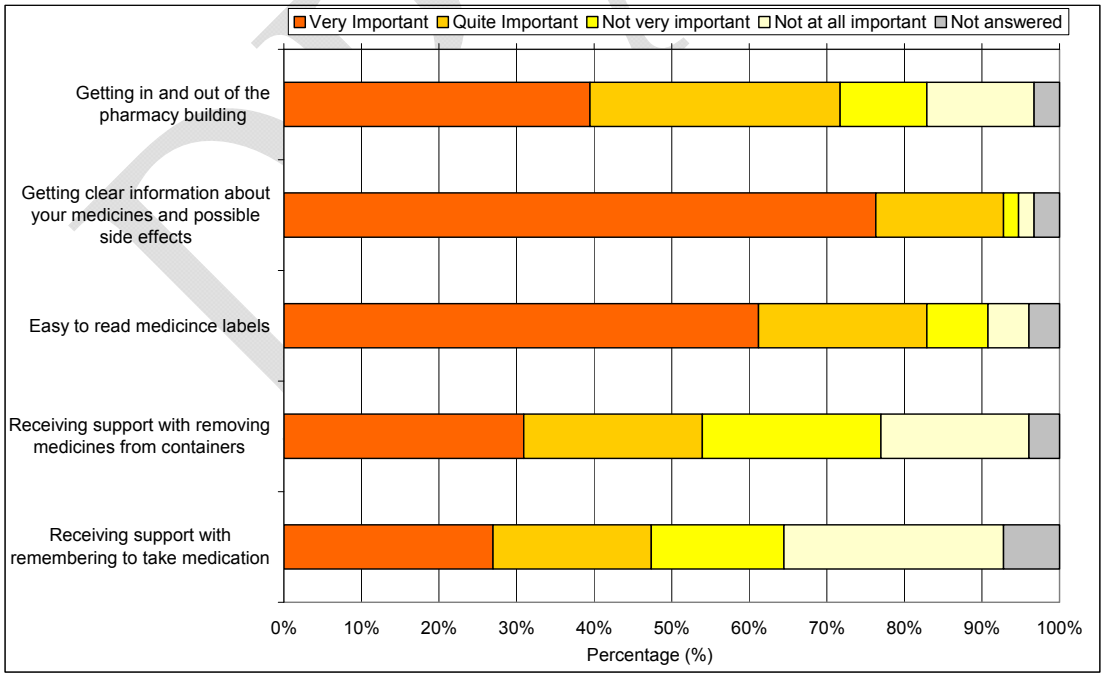
Number of respondents = 113 (just pharmacy survey)

Convenience

Patients were asked about certain issues of convenience, such as building access, information provided and the amount of support they received with things such as removing medicines from containers, remembering to take medicines and also about the ease of being able to read medicine labels.

The results are shown in figure 61 below and both the pharmacy and dispensary results have been combined together.

Figure 61: Issues of Convenience



Number of respondents = 152

The Pharmacy Experience……

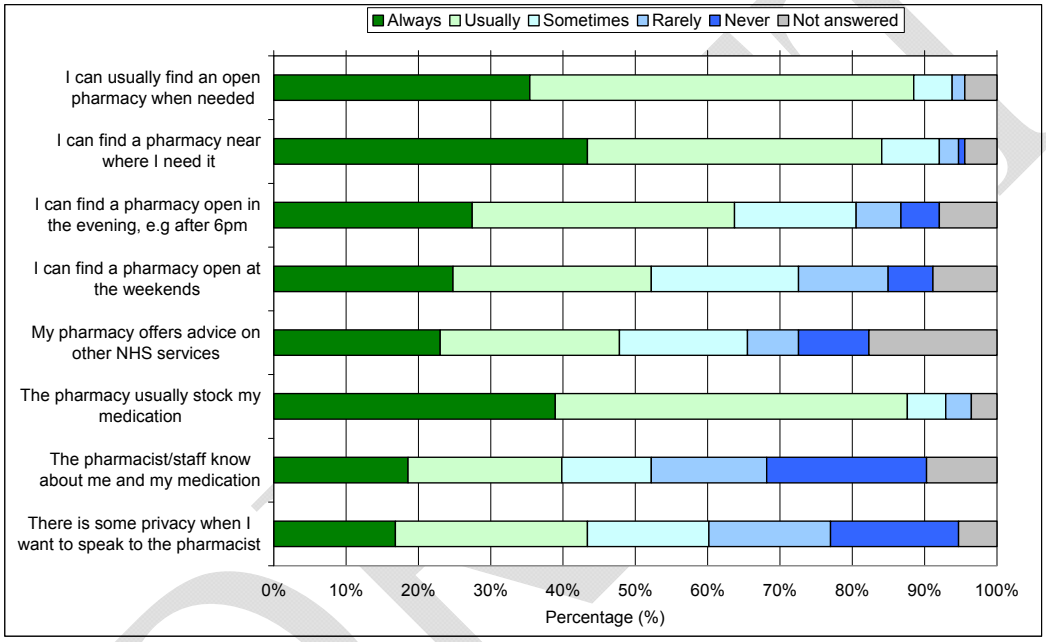
Patients were asked to rate their pharmacy experience shown in figure 62.

88% of patients indicated that they could either always, or usually, find an open pharmacist when needed, along with 84% being able to find a pharmacy close by when needed.

64% of patients indicated that either always, or usually, they were able to find a pharmacy open in the evening and 54% said they were able to find a pharmacy open at the weekend.

88% said their pharmacist always or usually stocks their medication. Only 40% of respondents felt that their pharmacy or pharmacy staff knew about them and their medication and also only 43% felt that there was always or usually privacy when wanting to speak to the pharmacist.

Figure 62: The Pharmacy Experience



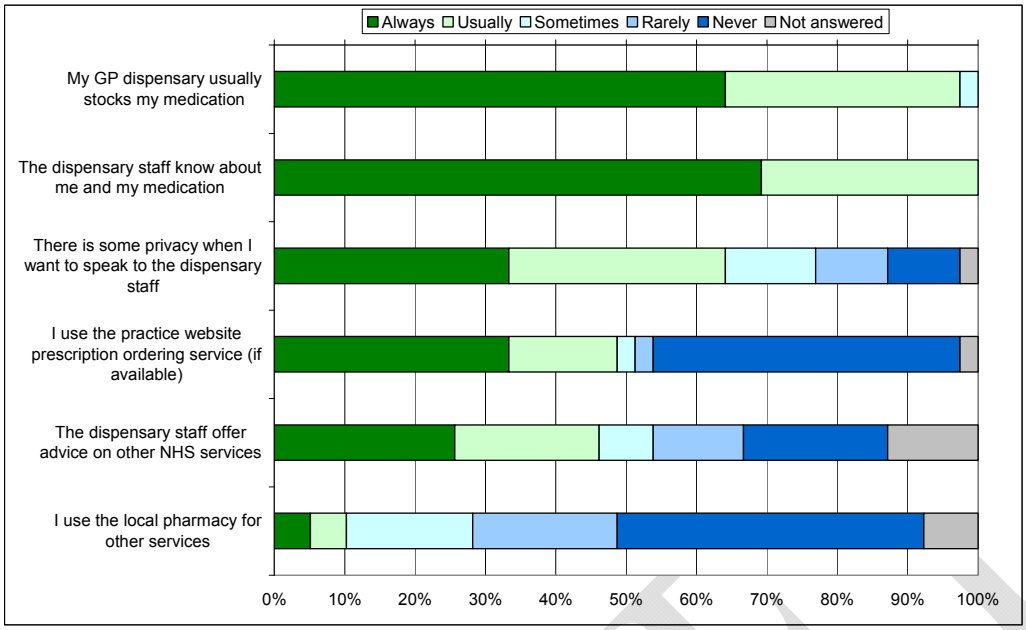
Number of respondents = 113 (just pharmacy survey)

The GP Dispensary Experience

The dispensary patient questionnaire asked some slightly different questions about their experience and the results are shown in figure 63 below. 97% of respondents indicated that their GP dispensary always or usually stocks their medication.

100% of respondents felt that the dispensary staff knew about them and their medication but only 64% of respondents felt that there was privacy always or usually when wanting to speak to the dispensary staff.

Figure 63 The Dispensary Experience



Number of respondents = 39 (just dispensary survey)

Some patients indicated that they also used community pharmacies for other services and some of the comments received are below:

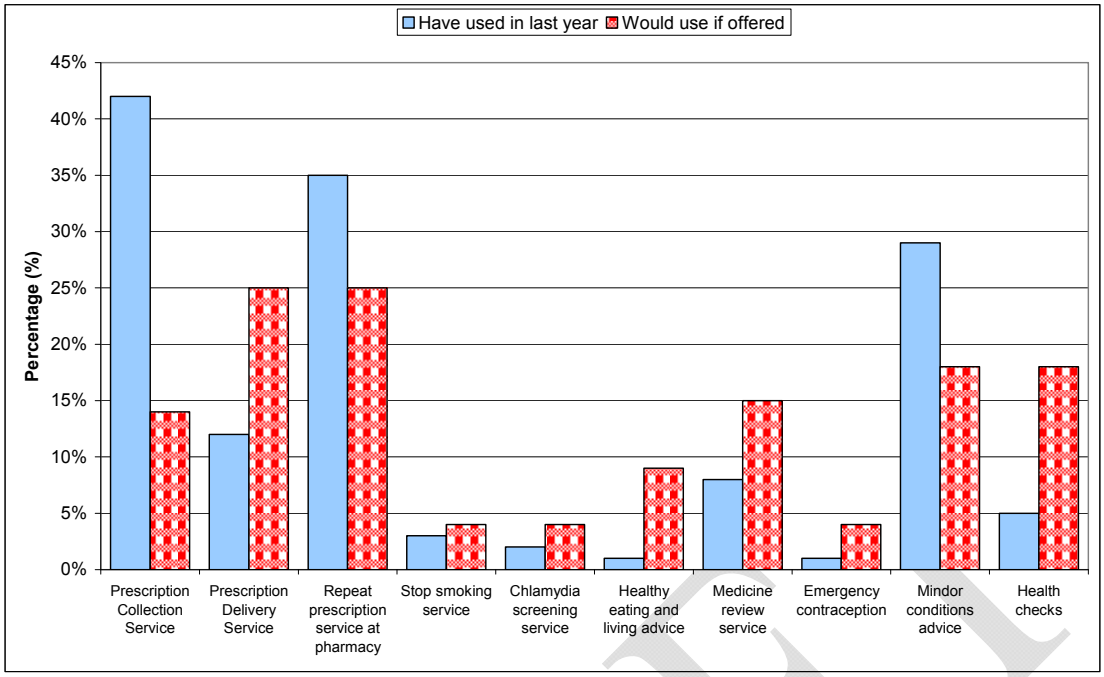
- *"Travel medication and minor injury dressings"*
- *"Toiletries and cosmetics"*
- *"Buying painkillers, cough medicine etc"*

Pharmacy Services

We also asked out patients to tell us which services they had used in the last year and also which services they would use if it was offered in the pharmacy.

There was an indication that patients are currently accessing services such prescription delivery and repeat prescription services but there was also an indication that of the patients who responded they would also like to use health services such as health checks, medicine use review services, healthy eating and living services and some sexual health services

Figure 64: Use of Pharmacy Services



Number of respondents = 113 (just pharmacy survey)

We asked our patients what they liked about their pharmacy and some of the comments received are below:

- "*Availability, close proximity, friendly, get expert service"*
- *"Friendly & personal service"*
- *"Helpful staff and they know about your medication"*
- *-"There is usually a very good link between the surgery and the pharmacy"*
- *-"They are so wonderful to deliver as I'm too ill to collect and they never let you down"*
- *"The people at my local pharmacy are always friendly and helpful and go out of their way to help if they can. I like the fact that they know who you are, that always makes a difference".*

There were also many comments received about the proximity of the pharmacy in relation to their GP practice and also lots of comments received about the opening hours"

- *"Not far from surgery"*
- *"That it is open after I have been to the doctors"*
- *"It is open when I need it to be"*
- *"It is next door to my doctors surgery"*
- *"It is open longer than most and is open at weekends including Sundays"*
- *"Next door to my GP practice"*

Conversely, we also asked out patients what could be improved and some of the comments are below:

- *"It could be bigger in size"*
- *"Longer opening hours"*
- *"It would help if they were open on Saturdays and have a pharmacist available throughout the day when its open"*
- *"More staff"*
- *"Open for a short time on Sundays or holidays for people without a car"*
- *"Better trained staff and simpler guides to side effects from medicines"*

16. Analysis of Pharmacy & GP Survey

Pharmacies and dispensing GP practices were asked additional questions with regard to which services they currently or would be willing to provide. An analysis of some of these additional questions is shown below:

Communication

We need to know that we can communicate with our pharmacies so we asked them whether they had the facility to open documents in the following formats

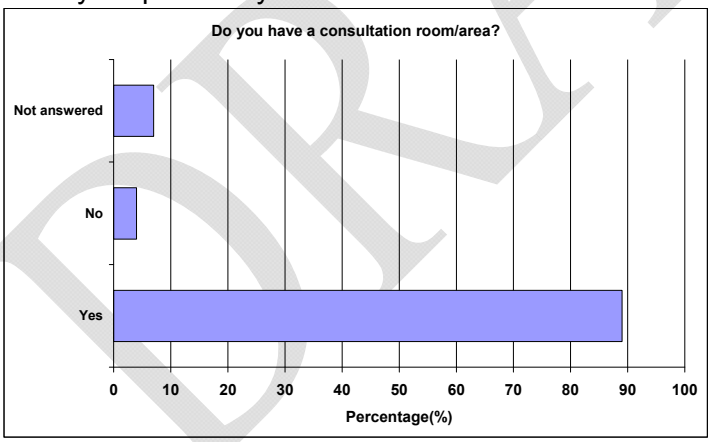
Can you open documents in the following formats?

	Yes (%)	No (%)
Microsoft Word	94	6
Microsoft Access	75	25
Microsoft Excel	90	10
Portable Document Format (PDF)	92	8

As part of their IT facilities, we wanted to know whether or not the pharmacy was able to use the Electronic Prescription Service, either at Release 1 level or at Release 2 level. All the pharmacies are Release 1 enabled, however only four pharmacies are also Release 2 enabled.

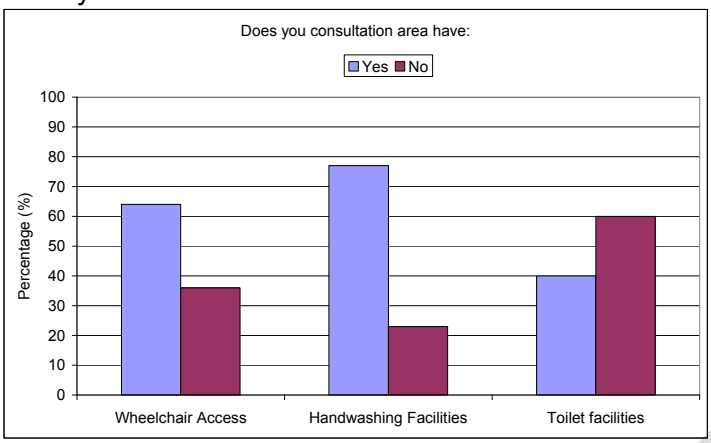
Consultation Facilities

Does your pharmacy have a consultation room/area?



Number of responses = 52

Does your consultation room/area have?



Essential Services

The pharmacies were asked if they dispensed appliances, 100% of the pharmacies indicated that they dispensed all types of appliances without any exclusions.

Advanced Services

Pharmacies were also asked whether they provided the following advanced services:

	Service Provided
Medicines Use Review service	94%
Appliance Use Review service	8%
Stoma Appliance Customisation Service	9%

We also asked the pharmacies whether or not they provided collection of prescriptions and delivery of medicines to patients:

	Service Provided
Collection of prescriptions from surgeries	98%
Delivery of dispensed medicines - free of charge on request	92%
Delivery of dispensed medicines - selected patient groups	4%
Delivery of dispensed medicines - Selected areas	17%
Delivery of dispensed medicines - chargeable	19%

Although NHS NE Essex does not have a large ethnic population, we also asked what languages were spoken within the pharmacies. If the PCT area does become more diverse in future, there is good coverage of various languages spoken.

Language Spoken	Number of Pharmacies where spoken		Language Spoken	Number of Pharmacies where spoken
Arabic	2		Italian	4
Bengali	4		Mandarin	1
Cantonese	2		Polish	2
Catalan	2		Portuguese	1
Dutch	1		Romanian	2
Farsi	1		Spanish	14
Flemish	1		Svjarati	1
French	7		Swahili	2
German	2		Swedish	1
Gujurat	3		Urdu	2
Hindi	6		Welsh	1
Irish	1		Yoruba	1

GP Dispensary Survey

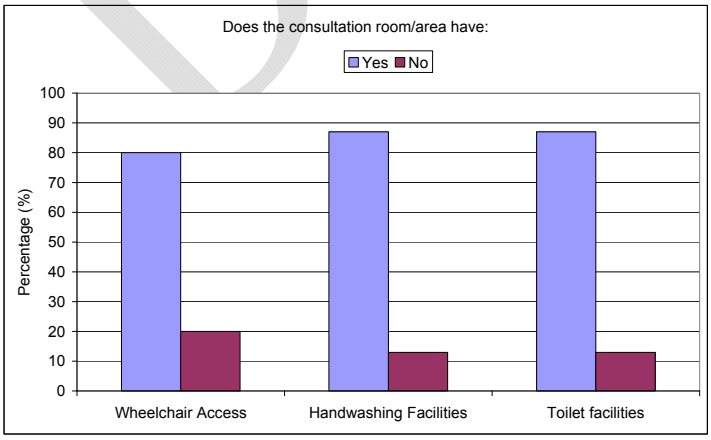
We asked the GP dispensing practices a slightly different questionnaire to the pharmacies, although most of the questions were the same and are presented here for comparison with the pharmacy questionnaire.

Communication

Can you open documents in the following formats?

	Yes (%)	No (%)
Microsoft Word	100	0
Microsoft Access	53	47
Microsoft Excel	100	100
Portable Document Format	87	13

Does the consultation room/area have:



Does your dispensary provide DRUMS (Dispensing Review of the Use of Medicines)?

	Yes (%)	No (%)
DRUMS	87	13

Essential Services

Dispensaries we also asked whether they provided appliances and their answers were more variable than pharmacies and less than half of them dispensed all types of appliances.

	Service Provided (%)
Yes – all types	44
Yes – Excluding stoma appliances, or	11
Yes – Excluding incontinence appliances, or	0
Yes – Excluding stoma and incontinence appliances, or	6
Yes – Just dressings, and or catheters	39

Advanced Services

We asked the dispensaries whether they provided delivery of medicines to patients:

	Service Provided
Delivery of dispensed medicines - free of charge on request	44%
Delivery of dispensed medicines - selected patient groups	11%
Delivery of dispensed medicines - Selected areas	44%
Delivery of dispensed medicines - chargeable	0%

There are some additional languages that are spoken in some of the dispensaries compared to the pharmacies, such as Croatian, Ghanaian

Language Spoken	Number of Dispensaries where spoken
Arabic	1
Croatian	1
Dutch	1
French	1
German	2
Ghanaian	1
Italian	1
Spanish	1

17. Conclusion

17.1. Advanced Services

These are provided on the basis of national specifications:

- Medicines Use Review: the PCT is committed to working with existing pharmacy contractors providing such services and practices to continue to improve the usefulness of such services and advising pharmacies to focus on high priority patient groups, e.g. those people using high risk medicines; those people who have long term conditions especially with multiple drug usage; those people being discharged from hospital using medicines especially where they have multiple medicines and there have been changes whilst in hospital.

- It is possible that, e.g. Disease Specific Medicines Review and Managed Services, will be commissioned to meet specific needs when resources allow and these too would have clear specifications and outcomes being monitored and withdrawn if not achieving the desired outcome. This would be commissioned from existing pharmaceutical contractors willing to provide such services when resources are available and prioritised according to local need.

17.2. Essential Pharmacy Services

The essential pharmacy services provided in the contract for all community pharmacies can meet many of the needs of various groups of patients, including those patients in deprived areas. It is important to continue the positive support given by the PCT to existing contractors in meeting those essential services within the pharmacy contract, especially in a way that meets the needs of all of our population and for continuing encouragement of skills mix within the pharmacy.

These include:

- support for self-care for an individual and the person involved in their care, if this is the case
- provision of advice on healthy lifestyles to those with long term conditions
- provision of advice on healthy lifestyles to families and children in supporting breastfeeding, improving immunisation uptake and reducing obesity
- dispensing to patients and advice to carers on safe and effective use, including the need to avoid wastage and where necessary review waste medicines for destruction
- provision of repeatable dispensing services
- appropriate support under the Disabilities Discrimination Act for patients who have disabilities
- involvement in public health campaigns, e.g. in raising awareness of skin cancer
- signposting patients to other services available in local community

17.3 Improvements and Better Access to Enhanced Services

It is recognised that many services can be commissioned from a range of providers including pharmacies and this improves both choice and access. Such services will be commissioned from existing pharmacy contractors and other providers according to local need. They represent aspirations rather than gaps in necessary services available in the PCT.

Stopping Smoking:
Services are commissioned from a range of providers including community pharmacies. There is good access and cover across north east Essex in provision of these services, including from pharmacies.

Sexual Health Services
These services are available from a range of providers including community pharmacies. Any young people who do not have access to services in community pharmacy are able to access services from other providers. Some young people may prefer to access services, e.g. away from their home. No specific gaps in service have been identified although expressions of interest are always welcomed, particularly e.g. in areas of high teenage pregnancy, but locally all areas have access to pharmacies within the ward or close by.

Obesity
Services are available from a range of providers across north east Essex. We do not currently commission services from pharmacies but many are willing to provide such services. If and when resources allow this could be commissioned from existing pharmacies, especially in more deprived areas of our population.

Alcohol Services:
Pharmacies are not currently commissioned to provide alcohol services but there is potential to commission services, e.g. rapid intervention from existing community pharmacies especially those with high drinking prevalence when resources allow, as well as from other services.

Vascular Screening:
Vascular checks are commissioned from a range of providers including community pharmacies, particularly in those areas of greatest need. Should it prove necessary to commission further pharmaceutical services this can be achieved by commissioning from existing pharmacies when resources allow.

Drug Support Services (substance misuse)
Needle and Syringe services are commissioned for people using injectable substances liable to misuse in both community pharmacies and 'fixed site' specialist services, and it has been confirmed that current needs are met.

A supervised consumption service is commissioned from community pharmacies and the current needs are met through this network of services. Other existing pharmacies are willing to provide this service and should it prove necessary this will be considered when resources allow.

Access to Specialist Medicines:
Currently specialist drugs used in palliative care are available from 100 hour pharmacies and some other pharmacies (Figures 49 & 50) providing both core hours and extended hours.

We are currently widening the commissioned based of this network of pharmacy services, after discussion with the specialists involved and community pharmacies, where the need has been highlighted by specialists.

Care Homes and Carers
The PCT and others are working to enable improved safety in use of medicines, minimising wastage in care homes and also improving communication and safety at

interfaces, e.g. with hospitals. It is focussing on the above areas. As we have a high concentration of care homes in north east Essex we will work with pharmacies to improve the position.

Equally the ability of individuals who are elderly especially, and on long term medication who need support in using medicines safely and avoid unnecessary wastage, is being addressed, e.g. through Telecare systems as well as considering the support needed to their carers.

Should pharmacy services be needed, as is possible, to meet particular needs in specific populations, this will be addressed through existing pharmacy contractors who are willing to provide such services when resources allow.

17.4. Necessary Services

Geographical access to necessary services
Virtually the whole of north east Essex has access to pharmacies within 20 minutes by car and the majority of the local population has access within 30 minutes walking distance (2.5km). In more urban areas, where car access may be more limited, there is good access to pharmacies supported by public transport services. In more rural areas, which are less densely populated, a small proportion of people may not have access on foot to pharmaceutical services within 30 minutes and therefore would access services by public or private transport. Within the PCT's boundaries there are a few small rural areas where the population is below five people per hectare, with two small areas where the population is less than 25 people per hectare (Figures 36, 37, 38 and 39) who may not be able to access services within 30 minutes.

During the consultation period for this PNA, a further two pharmacies have permission to open, both of which are 100 hour pharmacies, of which one is likely to open. One is proposed for Tesco, Hythe Colchester (Ward – Colchester MSOA8) which is adjacent to St Anne's and St. Andrew's wards which have areas of deprivation and this pharmacy will be easily accessible to both, as well as Harbour residents. The MSOA (No 6) covering East Donyland and Harbour does not at present have a pharmacy. East Donyland is supported by a dispensing practice and there is access to pharmacies in Colchester.

Whilst Lexden (MSOA9) does not have a pharmacy there is ready access to pharmacies within walking distance, there is public transport, high car ownership and this is not an area of deprivation.

In MSOA19 (Birch, Winstree and Pyefleet) there is no pharmacy, however it is rural in nature, has low population density and is supported by a dispensing practice.

MSOA26 (Ardleigh, Great & Little Bromley, Frating, Thorrington and Elmstead) does not have a pharmacy. However much of it is rural in nature, has access to pharmaceutical services in neighbouring MSOAs and is supported by dispensing practices at present.

MSOA36 and 38 (parts of Peter Bruff/Rush Green wards and Alton Park/St.James wards in Tendring) do not have pharmacies but have readily accessible pharmaceutical services in neighbouring MSOAs.

See Table 22 for detail.

From Figures 34 and 35 it can be seen that the pharmacy provision of 17 per 100,000 population is less than the National average of 20 (England) and the East of England Regional average of 18. However it is noted that there is no statutory requirement for the rate of pharmacies per head of population.

The number of items dispensed per pharmacy is also higher than the England and East of England averages, with the PCT having the highest number of dispensed items per pharmacy in the region. However there is no evidence that current provision of service is unable to meet demand. The PCT supports use of 28 day prescribing to minimise unnecessary wastage and supports safe use of medicines by patients, whereas not all PCTs in the East of England do this.

The proposed opening of the new 100 hour pharmacy (MSOA8) will not only provide access to residents of St Anne's and St Andrews wards, and those from further afield should they so choose, it will also increase the number of pharmacies per 100,000.

Access at Different Times of Day

There is good access to services, but as one would expect and in line with other services, there is reduced access to pharmaceutical services at weekends and in the evenings. However, there are currently five pharmacies open for 100 hours per week (see Tables 21 and 22) based in Colchester and Clacton, one of which is adjacent to the A12 in Colchester (Stanway) providing access by car to many parts of North East Essex. In addition to the granting of a new 100hour pharmacy in Colchester (see above). Some pharmacies including those in supermarkets, are also open longer than core hours at present. The majority of people who responded to the survey and indicated their preference, preferred to visit during weekday daytime hours, although some would obviously welcome evening and weekend access. 46 local pharmacies open on Saturdays and 12 on Sundays. Therefore the need for the current 100 hours pharmacies remains relevant to ensure good access to pharmaceutical services, even if regulations concerning 100 hour provision changes.

88% of patients responding to the survey can always or usually find a pharmacy open when they need one, with 64% similarly for evenings and 52% at weekends.

17.4. Exempt Applications

Any applications made under Regulations 13(1)(b) of the NHS Pharmaceutical Regulations 2005 are required to provide essential services and any of the following services that the PCT wishes to commission:

- Advanced Services:
    - Medicines Use Review

- Enhanced Services:
    - Supervised administration of substances liable to misuse
    - Needle and Syringe Services
    - Sexual Health Services including Emergency Hormonal Contraception, C-Card scheme, Chlamydia screening
    - Access to specialist medicines – palliative care
    - Care Home Services and support to carers
    - Disease Specific Medicines Review and Management