

3.3 Locally Commissioned Services

3.3.5 Chlamydia & Gonorrhoea Screening Programme

Overview

- The pharmacy-based National Chlamydia Screening Programme (NCSP) is jointly commissioned by the South West London partners and managed by the Terrence Higgins Trust (THT)
- The service, which includes chlamydia and gonorrhoea screening supports Croydon in achieving the nationally set diagnosis rate of 3,000 positive results per 100,000 young adults aged 15 and 24 years
- The aims of this service are:
 - Increasing early detection and treatment by increasing access to opportunists testing of asymptomatic patients
 - Increasing awareness and understanding of sexually transmitted infections
 - Reducing the burden of secondary care by moving sexual health services into the community
- The service facilitates signposting and referrals into other sexual health services, including long acting reversible contraception

The Current Picture

- 39 (52%) of pharmacies have been commissioned
- The table (next page) summarises service availability:
 - There is good provision, and a choice of pharmacy, in all localities between 9am – 5:30 pm on weekdays and Saturday (9am – 12pm)
 - Outside of these hours, access is more limited:
 - There is no provision in Mayday, Thornton Heath localities in the mornings before & including 8am
 - On Saturdays, from 5pm onwards, there is no access to the service in Thornton Heath; and also none within Woodside & Shirley and New Addington & Selsdon from 7pm onwards.
 - On Sundays, no pharmacies offering the service are open in Thornton Heath; and choice is limited in all localities apart from East Croydon
- **Map 14** provides an overview of the distribution of pharmacy against a backdrop of the young people's (15-24 year old) population; there is very good access and choice of services, within a 1 mile radius, for residents within all areas of need
- **Non Pharmacy Providers:** There are a host of other service providers including GPs, abortion services and Children & Young people's services

Provider Criteria

- The pharmacy must:
 - Nominate a designated lead for communication with the NCSP
 - Have a private consultation area
 - Ensure that the service is available throughout all core and supplementary hours
- Pharmacists must demonstrate clinical competencies through training provided by THT, that includes Fraser Guidance and attend quarterly training sessions on sharing best practice and emerging guidelines
- A mechanism to cascade training material to other pharmacy staff must be in place

Conclusions

- We have concluded that this pharmacy-based chlamydia and gonorrhoea screening service is **necessary** to meet the pharmaceutical needs of our population for the following reasons:
 - Whilst the service is available from a range of providers, pharmacies are the largest provider of the service and currently yield high positivity rates, locally
 - Published evidence for Chlamydia screening services in pharmacy suggests that it improves both access and choice for young people, and contributes to achieving diagnosis targets, set by the NCSP
 - The service is accessible during daytime hours and young people have a good choice of outlets to use
 - There is good alignment with local strategic priorities
- 39 pharmacies are commissioned to provide the service; 27 pharmacies have told us they would be willing to provide this service in the future
- The current distribution of services correlates well with the density of the where young people live, particularly in the New Addington locality, where there are higher numbers of these residents.
- We have identified opportunities to improve access during extended hours, particularly in the mornings up until 8am and on Saturday evenings
- We have not identified any current or future gaps in the current service

3.3 Locally Commissioned Services

3.3.5 Chlamydia & Gonorrhoea Screening Programme

Locality	Ward	Number of Pharmacies Offering the Chlamydia & Gonorrhoea Screening Programme								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor+	0	1	0	1	1	0	0	0	1
	Norbury	0	1	0	1	1	0	0	0	3
	West Thornton	0	2	2	0	2	1	1	1	2
2. Thornton Heath	South Norwood	0	1	0	0	1	0	0	0	1
	Thornton Heath*	0	3	1	0	3	0	0	0	1
	Upper Norwood	0	1	0	0	1	0	0	0	2
3. Woodside & Shirley	Ashburton	0	1	0	0	1	0	0	0	2
	Shirley*	0	2	1	1	2	1	0	0	0
	Woodside+	1	1	1	0	1	1	0	1	1
4. New Addington & Selsdon	Fieldway	0	1	0	0	0	0	0	0	1
	Heathfield*	0	2	1	1	2	1	0	1	2
	New Addington*	1	1	1	0	1	1	0	0	1
	Selsdon & Ballards	0	1	1	0	1	0	0	0	2
5. Purley	Coulsdon East	0	1	0	1	1	0	0	0	1
	Coulsdon West	0	2	0	0	2	1	0	0	1
	Kenley	0	2	1	1	2	0	0	0	1
	Purley	1	2	1	0	2	1	1	1	2
	Sanderstead*	0	2	0	0	2	1	0	0	1
6. East Croydon	Addiscombe	0	2	2	0	2	1	0	0	1
	Broad Green+	1	3	2	0	2	3	2	3	2
	Croham	0	1	0	1	1	0	0	0	1
	Fairfield*	2	3	3	0	3	2	2	2	5
	Selhurst+	0	3	0	0	3	1	0	0	2
Grand Total		6	39	17	7	37	15	6	9	36
Percentage of Total		8%	52%	23%	9%	49%	20%	8%	12%	48%

* Pharmacies providing the Enhanced Sexual Health Service

+ Pharmacies providing the Enhanced Sexual Health Service with Oral Contraception

Pharmaceutical Needs Assessment

Map 14: Chlamydia and Gonorrhoea Screening Programme

Legend

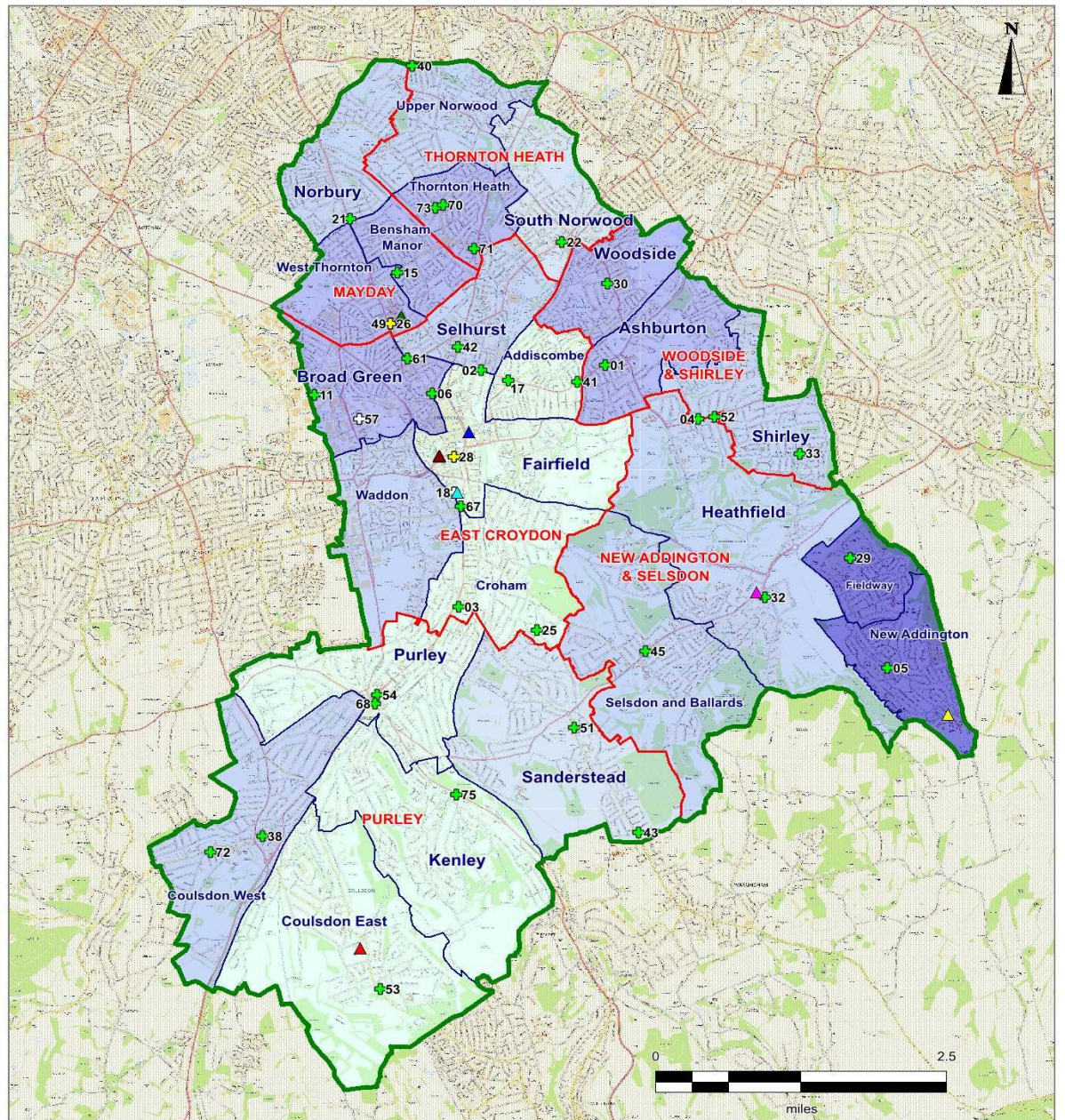
- Pharmacies providing Chlamydia and Gonorrhoea Screening
- 100 Hour Pharmacies providing Chlamydia and Gonorrhoea Screening
- LPS Pharmacies providing Chlamydia and Gonorrhoea Screening
- Croydon
- Croydon Localities
- Wards
- Distance Buffers**
- 0.5 mile
- 1 mile
- Percentage of population aged 15 to 24 by Ward**
- 15.1 to 16.6 %
- 13.8 to 15.0 %
- 12.5 to 13.7 %
- 11.2 to 12.4 %
- 9.9 to 11.1 %

Non-Pharmacy Providers (range of services provided on different days and times of the week):

- Eldridge Road Community Health Centre
 - Young People's Contraception & Sexual Health Services (Young People's Clinic for those aged under 26 years)
 - Emergency Hormonal Contraception & Sexual Health Advice (Open access)
- Croydon Sexual Health Centre (Department of G. U. Medicine)
- Sexual Health Outreach Clinics:**
- Coulsdon College (Students of Coulsdon College only)
- Croydon College (Students of Croydon College only)
- Fairchildes Clinic (open all young people aged under 26 years)
- John Ruskin College (Students of John Ruskin College and Cotelands PRU only)
- Turnaround Clinic (open to all young people aged under 26 years)

Croydon Pharmacies

- | | | |
|-------------------------------------|--|--------------------------------------|
| 01 Addiscombe Pharmacy - CR0 7AE | 26 Day Lewis Pharmacy - CR7 7HQ | 51 Medipharm - CR2 9LA |
| 02 Alicorn Chemist - CR0 2BZ | 28 Fairview Pharmacy - CR9 1PJ | 52 Mona Pharmacy Ltd - CR0 8BJ |
| 03 Andrew Mccoig Pharmacy - CR2 6ES | 29 Fieldway Pharmacy - CR0 9DX | 53 Old Coulsdon Pharmacy - CR5 1EN |
| 04 Andrew Mccoig Pharmacy - CR0 8TE | 30 Fishers Chemist - SE25 5NT | 54 Orion Pharmacy - CR8 2BP |
| 05 Aumex Pharmacy - CR0 0JD | 32 Goldmantle Pharmacy - CR0 9AS | 57 Sainsbury's Pharmacy - CR0 4XT |
| 06 A-Z Pharmacy - CR0 2TA | 33 Greenchem - CR0 8NG | 61 Shivas Pharmacy - CR0 2TG |
| 11 Boots UK Limited - CR0 4YJ | 38 Infohealth Pharmacy - CR5 2RA | 67 Swan Pharmacy - CR0 1BJ |
| 15 Brigstock Pharmacy - CR7 7JN | 40 Klub Pharmacy Ltd - SE19 3NG | 68 Tesco Stores Limited - CR8 2HA |
| 17 Croychem Ltd - CR0 6AA | 41 Larchwood Pharmacy - CR0 6RB | 70 Thompsons Chemist - CR7 8JF |
| 18 Croydon Pharmacy - CR0 1DP | 42 Lloyd George Pharmacy - CR0 2JG | 71 Thornton Heath Pharmacy - CR7 8RU |
| 21 Day Lewis Pharmacy - SW16 4DT | 43 Lloyds Pharmacy - CR2 9BY | 72 Valley Pharmacy - CR5 3SR |
| 22 Day Lewis Pharmacy - SE25 6EP | 45 Lloyds Pharmacy - CR2 8LH | 73 Wilkes Chemist - CR7 8LZ |
| 25 Day Lewis Pharmacy - CR2 0EJ | 49 Mayday Community Pharmacy - CR7 7HQ | 75 Zina Chemist - CR8 5AA |



3.3 Locally Commissioned Services

3.3.6 Enhanced Sexual Health

Overview

- The enhanced sexual health service is an integrated service comprised of several elements (refer to table on the right)
- The pharmacy-based service improves access to a range of sexual and reproductive health services which aim to tackle the consequences of risky sexual behaviour, specifically with a view to:
 - Improving the sexual and reproductive health of young people
 - Reducing teenage pregnancy rates
 - Reducing repeat abortion rates
 - Reducing the rate of sexually transmitted infections (STIs) including chlamydia and gonorrhoea

The Current Picture

- 10 (13.3%) of pharmacies have been commissioned to provide the service, the scope of which is summarised in the table on the right; only 4 of these pharmacies offer oral contraception (OC) services
- The table (page 89) summarises service availability:
 - Each locality has at least one pharmacy providing the enhanced sexual health service; the pharmacies which also provide oral contraception are located in the East Croydon, Mayday, Woodside & Shirley Localities
 - On weekdays (9am – 5:30pm) & Saturday (9am – 12pm) there is at least one pharmacy providing this service in all localities
 - On weekdays, there is no access to pharmacy-based services in the mornings (before & including 8am) in the Mayday, Thornton Heath and Purley localities; and from 7pm in the Mayday and Purley localities
 - Only one pharmacy offering this service is open on a Saturday (7pm onwards); and on Sunday only four pharmacies are open
- **Map 15** (page 90) provides an overview of the distribution of pharmacy and non-pharmacy providers against a backdrop of the young people's (15-24 year old) population:
 - This demonstrates that the majority of pharmacies providing the service are concentrated mainly towards the north and east of the borough
 - Service provision does not necessarily correspond with need and there are significant areas in the Purley locality, and smaller areas of all other localities where residents have to travel more than 1 mile to access pharmacy based services

Service Element	Service Description
Emergency Hormonal Contraception (EHC)	<ul style="list-style-type: none"> • Supply and supervised administration of levonorgestrel 1.5mg, under patient group direction, to women aged under 21 years • Supply 2 condoms and provide information on C-Card Scheme • Offer a chlamydia screening kit
Pregnancy Testing	<ul style="list-style-type: none"> • Pregnancy testing for women aged under 21 years who have requested a test • Referral on to an appropriate service where a test is positive • Provision of verbal & written information on contraception & STIs; & signposting to other services as appropriate
Chlamydia & Gonorrhoea Screening (as part of the National Chlamydia Screening Programme)	<ul style="list-style-type: none"> • Provision of postal kits screening and advice on undertaking the test to: <ul style="list-style-type: none"> ○ Men and women aged 15 – 24 years ○ Girls aged under 15 years if requesting EHC ○ Sexual contacts of those with a positive chlamydia test
Chlamydia Treatment	<ul style="list-style-type: none"> • Supply of antibiotics (azithromycin or doxycycline), under patient group direction, for the treatment of uncomplicated chlamydia infection to: <ul style="list-style-type: none"> ○ Service users, aged 12 – 24 years who have a laboratory confirmed positive test ○ Sexual contacts of those who have had a positive test (irrespective of age) • Refer immediately to GUM services, if service user not eligible for treatment under the PGD; if a full STI screen is needed; and pregnant women (following treatment) who require test for cure
Condom Distribution (C-Card)	<ul style="list-style-type: none"> • Registration of, and supply of condoms (up to 8 per week) to young people aged 13 – 24 years
Specified pharmacies only	
Oral Contraception	<ul style="list-style-type: none"> • Supply of progesterone only or combined oral contraception, under PGD, to women aged under 21 years

3.3 Locally Commissioned Services

3.3.6 Enhanced Sexual Health

Provider Criteria

- The pharmacy must be able to provide the service, ideally throughout both core and supplementary hours, on at least five days a week; and at weekends if open
- There must be a designated confidential area on the pharmacy premises where the service user can be seen privately
- Appropriate infection control systems should be in place to provide pregnancy testing
- The pharmacy must meet the “You’re Welcome” criteria
- Designated window space must be available to advertise the services
- Pharmacists delivering this service must:
 - Have successfully completed relevant training, including CPPE, as required by the SLA
 - Demonstrate satisfactory completion of relevant competency assessments for EHC and Chlamydia treatment; these will be valid for 2 years
 - Have signed the patient group directions for the supply of levonorgestrel 1.5mg, azithromycin and doxycycline
 - Oral contraception may only be provided by pharmacists who have successfully completed the Public Health approved training; and who have signed the relevant PGDs for the progesterone only pill and combined oral contraception
 - Undertake annual updates to maintain accredited status
 - Have a cleared DBS check
 - Work within Fraser guidelines and “You’re Welcome” quality criteria
- All staff involved in the service, or who may have contact with service, must be trained accordingly in terms of supplying chlamydia screening kits, administration of the C-Card scheme, confidentiality, availability of alternative sexual health and GUM services in the area and communicating
- Professional indemnity insurance must be in place

Non Pharmacy Sexual Health Providers

- Young People’s Contraception & Sexual Health Services at Edridge Road Community Health Centre
- Croydon Sexual Health Centre based at Croydon University Hospital
- A range of outreach clinics:
 - Clinics which may be accessed by all young people aged under 26 at Fairchildes Children Centre and the Turnaround Clinic
 - Clinics based at Coulsdon College, Croydon College & John Ruskin College have services open to their students during term time

The Evidence Base

- The effectiveness of sexual health services at improving outcomes and reducing chlamydia infections and unwanted pregnancies, has been demonstrated in studies:
 - Over 14,000 chlamydia tests were administered in one private pharmacy over 2 years; private and NHS services improve choice for patients¹⁶
 - Community pharmacy-based chlamydia testing and treatment services increase client access¹⁴
 - EHC services provide timely access, with most women able to receive it within 24 hours of unprotected intercourse^{15 17}
 - EHC services (including supply against prescription, under PGDs or over the counter sales) are highly rated by women who use them^{15,17}
 - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, but it is not possible to separate out the contribution of the community pharmacy service¹⁸
 - Evidence of EHC impact is generally lacking, although one randomised controlled trial noted fewer A&E visits¹⁹. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referrals, links to contraception advice and pregnancy testing²⁰
 - 10% of women, choose pharmacy supply of EHC to maintain anonymity. Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more ‘local’ pharmacies¹⁴
- Our literature review did not yield any specific evidence on pharmacy-based oral contraception, pregnancy testing and the c-card scheme.

3.3 Locally Commissioned Services



3.3.6 Enhanced Sexual Health


Locality	Ward	Number of Pharmacies Offering the Enhanced Sexual Health Service								Not offered
		Weekdays				Saturdays			Sundays	
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor*	0	1	0	1	1	0	0	0	1
	Norbury	0	0	0	0	0	0	0	0	4
	West Thornton	0	0	0	0	0	0	0	0	4
2. Thornton Heath	South Norwood	0	0	0	0	0	0	0	0	2
	Thornton Heath	0	1	1	0	1	0	0	0	3
	Upper Norwood	0	0	0	0	0	0	0	0	3
3. Woodside & Shirley	Ashburton	0	0	0	0	0	0	0	0	3
	Shirley	0	1	0	0	1	0	0	0	1
	Woodside*	1	1	1	0	1	1	0	1	1
4. New Addington & Selsdon	Fieldway	0	0	0	0	0	0	0	0	2
	Heathfield	0	1	1	0	1	1	0	1	3
	New Addington	1	1	1	0	1	1	0	0	1
	Selsdon & Ballards	0	0	0	0	0	0	0	0	3
5. Purley	Coulsdon East	0	0	0	0	0	0	0	0	2
	Coulsdon West	0	0	0	0	0	0	0	0	3
	Kenley	0	0	0	0	0	0	0	0	3
	Purley	0	0	0	0	0	0	0	0	4
	Sanderstead	0	1	0	0	1	1	0	0	2
6. East Croydon	Addiscombe	0	0	0	0	0	0	0	0	3
	Broad Green*	0	1	0	0	0	1	0	1	4
	Croham	0	0	0	0	0	0	0	0	2
	Fairfield	1	1	1	0	1	1	1	1	7
	Selhurst*	0	1	0	0	1	0	0	0	4
Grand Total		3	10	5	1	9	6	1	4	65
Percentage of Total		4%	13%	7%	1%	12%	8%	1%	5%	72%

* Pharmacies providing the Enhanced Sexual Health Service with Oral Contraception

Pharmaceutical Needs Assessment Map 15: Pharmacies providing the Enhanced Sexual Health Service


Legend

-  Pharmacies providing the Enhanced Sexual Health Service
-  LPS Pharmacies providing the Enhanced Sexual Health Service

-  Croydon
-  Croydon Localities

 Wards








Distance Buffers

-  0.5 mile
-  1 mile

Percentage of population aged 15 to 24 by Ward

-  15.1 to 16.6 %
-  13.8 to 15.0 %
-  12.5 to 13.7 %
-  11.2 to 12.4 %
-  9.9 to 11.1 %

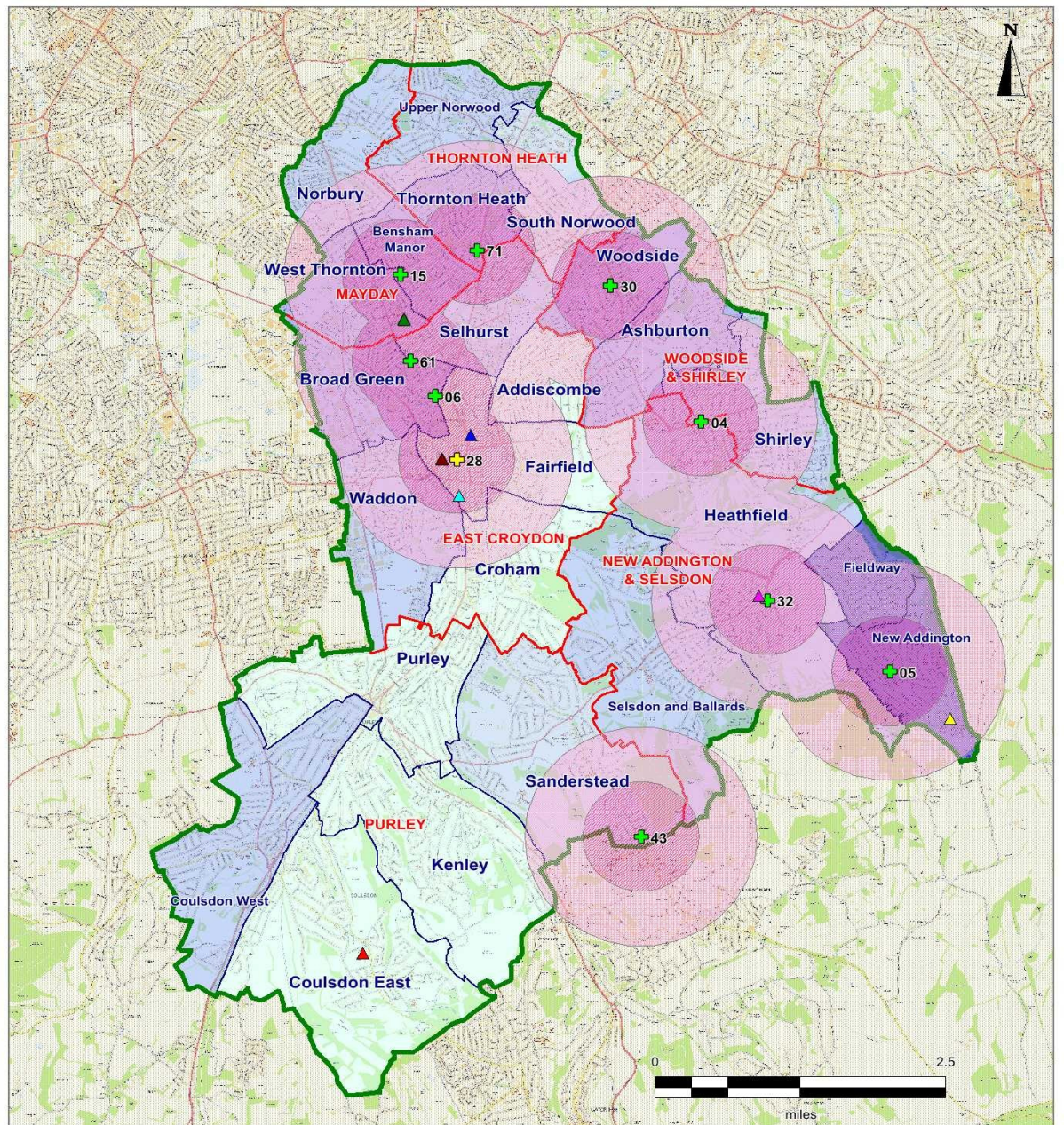
Non-Pharmacy Providers (range of services provided on different days and times of the week):

-  Eldridge Road Community Health Centre
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 - Emergency Hormonal Contraception & Sexual Health Advice (Open access)
-  Croydon Sexual Health Centre (Department of G. U. Medicine)
- Sexual Health Outreach Clinics:**
 -  Coulsdon College (Students of Coulsdon College only)
 -  Croydon College (Students of Croydon College only)
 -  Fairchildes Clinic (open all young people aged under 26 years)
 -  John Ruskin College (Students of John Ruskin College and Cotelands PRU only)
 -  Turnaround Clinic (open to all young people aged under 26 years)

Croydon Pharmacies

- 04 Andrew Mccoig Pharmacy - CR0 8TE
- 05 Aumex Pharmacy - CR0 0JD
- 06 A-Z Pharmacy - CR0 2TA *
- 15 Brigstock Pharmacy - CR7 7JN *
- 28 Fairview Pharmacy - CR9 1PJ
- 30 Fishers Chemist - SE25 5NT *
- 32 Goldmantle Pharmacy - CR0 9AS
- 43 Lloyds Pharmacy - CR2 9BY
- 61 Shivas Pharmacy - CR0 2TG *
- 71 Thornton Heath Pharmacy - CR7 8RU

* Pharmacies providing Oral Contraception



3.3 Locally Commissioned Services

3.3.6 Enhanced Sexual Health

Activity and Performance

- The table below summarises the activity of pharmacies in Croydon (April 13 – Feb 14); we have not summarised this at locality level as it is not appropriate to include pharmacy-identifiable performance data
- In our community pharmacy questionnaire, pharmacies identified training as the main area of support to deliver this service

Sexual Health Activity through Pharmacy 20013/14

Service	EHC Supply	OC Services	Chlamydia		Pregnancy testing
			Screening	Treatment	
No. of Interventions	2350	135	617	293	68

Meeting the needs of those with a protected characteristic

Age	✓	Services are targeted at young people
Disability	✓	Important to ensure services are accessible & supportive for people with learning disabilities
Gender	✓	Young women following UPSI / male partners for chlamydia treatment. EHC and oral contraceptive services are only accessed by women
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✓	Religious beliefs need to be taken into account
Pregnancy and maternity	✓	Chlamydia may have an adverse effect on fertility; referral into relevant services for unwanted pregnancies
Sexual orientation	✓	Men who have sex with Men (MSM) are at a higher risk of poor sexual health
Gender reassignment	✓	Services need to be sensitive and tailored to people who are undergoing or who have undergone gender reassignment
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- There are plans to increase the number of pharmacies providing the service to 15 with a view to ensuring good alignment with need

The Future

- A review of pharmacy-based service is planned as part of a redesign programme for sexual health services
- We may increase the age threshold for oral contraception to 25 years and increase the number of pharmacies from which this service element is commissioned
- We are considering integrating sexual health services with substance misuse services and alcohol IBA

Conclusions

- We have concluded that the pharmacy-based enhanced sexual health service is **necessary** to meet the pharmaceutical needs of our population for the following reasons:
 - There is published evidence to demonstrate the benefits of pharmacy-based chlamydia screening and EHC supply
 - The service provides a choice of provider and potentially improves access, for young people, to broad range of sexual health services
 - Improving sexual health is an important strategic priority for Croydon
- The service is commissioned from 10 pharmacies, 4 of these also provide oral contraception services
- Service accessibility including late night and at weekends usually sets pharmacy aside from other providers. However, this is not the case in Croydon and we have identified a number of gaps:
 - On weekdays, in the mornings (before & including 8am) there is no access in the Mayday, Thornton Heath, Woodside & Shirley and Purley localities; and no access in the evenings from 7pm in Mayday and Purley localities
 - Only one pharmacy offering the service is open on a Saturday evening
 - On Sunday only four pharmacies are open
 - The distribution of pharmacies is such that young people living in the following localities may have to travel more than a mile (and in some cases several miles) to access the service: Purley, Thornton Heath, New Addington & Selsdon, Mayday and East Croydon
 - Over 50% of EHC and oral contraception activity is attributed to one pharmacy; this is keeping with published evidence that people may prefer to use a pharmacy which affords anonymity

3.3 Locally Commissioned Services

3.3.7 NHS Health Check Programme

Overview

- The NHS Health Check Programme is a national systematic vascular risk assessment, targeted at those aged 40 – 74 years who have not previously been diagnosed with a vascular condition, to assess risk of heart disease, stroke, diabetes, kidney disease and certain types of dementia. The aim is to reduce incidence and premature mortality from vascular disease through early identification of vascular changes; and the management of individuals through lifestyle advice and the use of preventative medication
- There is a requirement to invite at least 20% of the eligible population as part of a 5 year rolling programme. In Croydon this means just under 20,000 people per annum are eligible
- A 'one stop service' service has been commissioned; and people may book an appointment with the Provider of their choice

The Current Picture

- 14 (18.7%) pharmacies have been commissioned to provide the service
- The table (next page) summarises service availability and **Map 16** (subsequent page) plotted against a background of people aged 40 -74 years, provides an overview of distribution:
 - Two or more pharmacies in each locality provide the service, with the exception of Thornton Heath, which has no pharmacy providers
 - On weekdays (9am – 5:30pm) & Saturday (9am – 12pm) most residents may access a pharmacy within one mile of their home. However, there are some small areas, within the Borough where this is not the case
 - Outside of these hours there is no access to the pharmacy-based service on weekdays, in the mornings (before & including 8am) and from 7pm in the evenings, in the Mayday, Thornton Heath and Purley localities
 - Only one pharmacy delivers this service on a Saturday (7pm onwards); and on Sunday only three pharmacies provide this service
- Non-pharmacy providers include 8 GP surgeries; and, since June 2014 "To Health" a pilot outreach service delivered at venues around Croydon
- Councils are responsible for providing the service for their residents and for those registered with GPs in their area. There are no formal arrangements for residents to access services in neighbouring areas; however, it is likely that there are flows across boundaries

Provider Criteria

- A pharmacist lead must be identified, who is responsible for ensuring the training and competence of staff; and ensuring there are sufficient accredited staff available to deliver the service specification
- Staff delivering the service must:
 - Complete the approved vascular risk assessment training
 - Meet the competencies set out in the "NHS Health Check best practice guidance" (October 2013) and the "NHS Health Check Competency Framework" (June 2014)
 - Attend update training and/or competence training on an annual basis or more frequently if the programme dictates
- Premises must comply with the Equality Act 2010 and meet national minimum standards set out by the Care Quality Commission
- NHS Health Checks must be undertaken in a private consultation room with hand washing facilities, wipe clean surfaces (including the floor) and access to a computer with Excel software and the internet
- The pharmacy must provide all equipment including a validated blood pressure monitor; medical weighing scales (accuracy class III or higher); height and tape measures; point-of-care testing equipment & consumables for cholesterol testing; & enrol in bi-monthly external quality assessment scheme for cholesterol measuring equipment

The Evidence Base

- There is no specific published evidence in relation to pharmacy-based provision of the NHS Health Check Programme
- Published evidence in relation to pharmacy-based diabetes screening and cardiovascular risk assessment demonstrates mixed findings:
 - A systematic review with meta-analysis of 13 randomised controlled trials (RCTs) covering 2,246 patients concluded¹⁴:
 - A diabetes and cardiovascular risk assessment service resulted in new diagnoses for 16% of those referred; and therapy changes in 42%
 - There is insufficient evidence to determine whether or not 'screening' activities (e.g. BP measurement) are an effective use of resources
 - Community pharmacists make an important contribution to the management of people with diabetes for screening, improved adherence with medicines and reduced blood glucose levels or HbA_{1c}¹⁵

3.3 Locally Commissioned Services

3.3.7 NHS Health Checks

Locality	Ward	Number of Pharmacies Offering NHS Health Checks								
		Weekdays				Saturdays			Sundays	Not offered
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor	0	1	0	1	1	0	0	0	1
	Norbury	0	0	0	0	0	0	0	0	4
	West Thornton	0	1	0	0	0	0	0	0	3
2. Thornton Heath	South Norwood	0	0	0	0	0	0	0	0	2
	Thornton Heath	0	0	0	0	0	0	0	0	4
	Upper Norwood	0	0	0	0	0	0	0	0	3
3. Woodside & Shirley	Ashburton	0	0	0	0	0	0	0	0	3
	Shirley	0	1	0	0	1	0	0	0	1
	Woodside	1	1	1	0	1	1	0	1	1
4. New Addington & Selsdon	Fieldway	0	0	0	0	0	0	0	0	2
	Heathfield	0	1	1	0	1	1	0	1	3
	New Addington	1	1	1	0	1	1	0	0	1
	Selsdon & Ballards	0	0	0	0	0	0	0	0	3
5. Purley	Coulsdon East	0	1	0	1	1	0	0	0	1
	Coulsdon West	0	1	0	0	1	1	0	0	2
	Kenley	0	0	0	0	0	0	0	0	3
	Purley	0	0	0	0	0	0	0	0	4
	Sanderstead	0	2	0	1	2	0	0	0	1
6. East Croydon	Addiscombe	0	0	0	0	0	0	0	0	3
	Broad Green	0	1	0	0	1	0	0	0	4
	Croham	0	1	0	0	1	0	0	0	1
	Fairfield	1	1	1	0	1	1	1	1	7
	Selhurst	0	1	0	0	1	0	0	0	4
Grand Total		3	14	4	3	13	5	1	3	61
Percentage of Total		4%	19%	5%	4%	17%	7%	1%	4%	81%

Pharmaceutical Needs Assessment
Map 16: Pharmacies providing NHS Health Checks

Legend

- + Pharmacies providing Health Checks
- + 100 Hour Pharmacies (providing service)
- ▲ Non-Pharmacy Providers⁺
- Croydon
- Croydon Localities
- Croydon Wards
- Distance Buffers:**
- 0.5 mile
- 1 mile

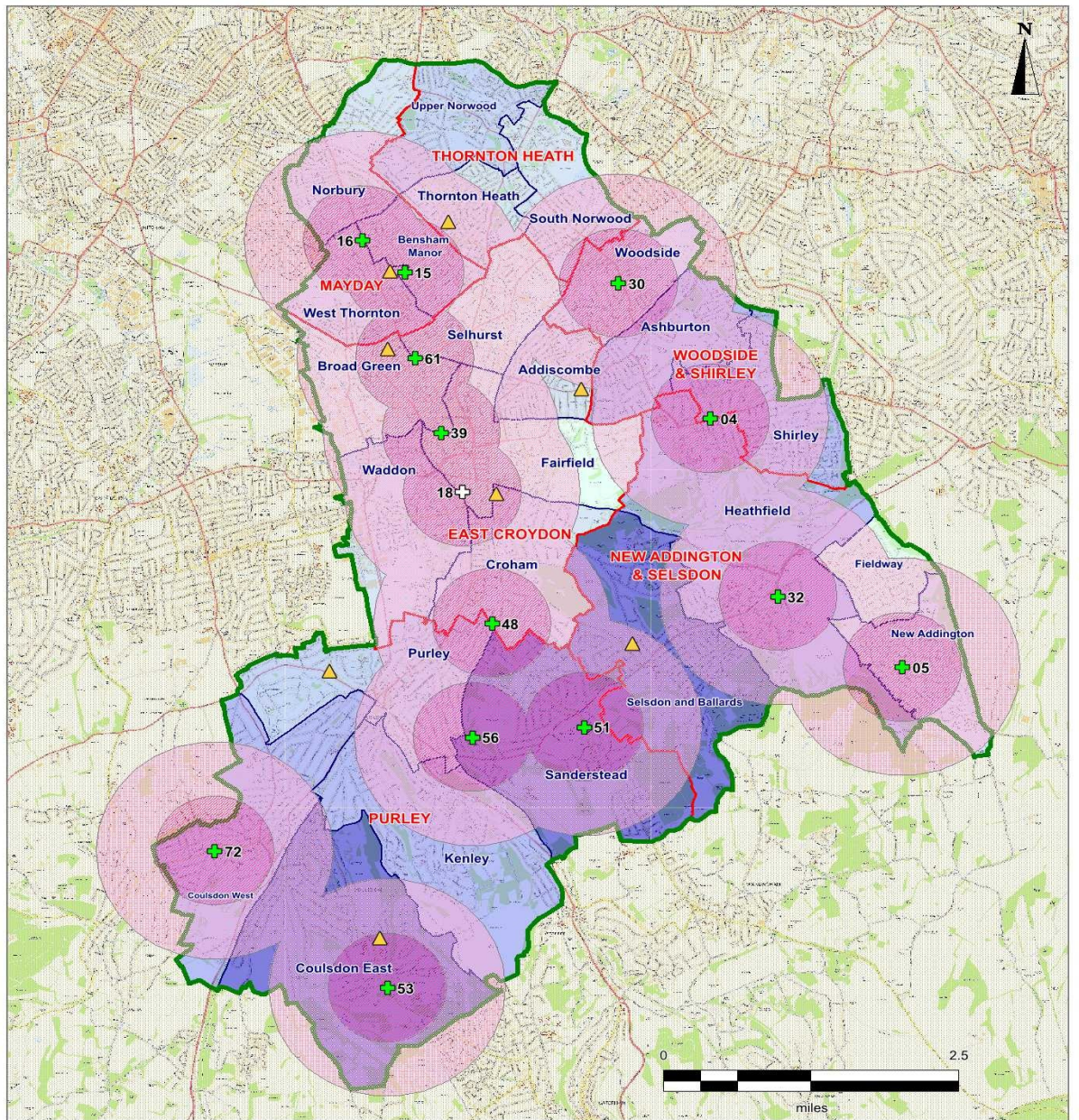
Percentage of population aged 40 to 74 by Ward

- 46 to 50 %
- 42 to 45.9 %
- 38 to 41.9 %
- 34 to 37.9 %
- 30 to 33.9 %

⁺ Locations of the non-pharmacy providers have been adjusted to aid visualisation on the map.

Croydon Pharmacies

- 04 Andrew Mcoig Pharmacy - CR0 8TE
- 05 Aumex Pharmacy - CR0 0JD
- 15 Brigstock Pharmacy - CR7 7JN
- 16 Cranston Ltd - CR7 6JE
- 18 Croydon Pharmacy - CR0 1DP
- 30 Fishers Chemist - SE25 5NT
- 32 Goldmantle Pharmacy - CR0 9AS
- 39 Kent Chemist - CR0 1RB
- 48 Makepeace & Jackson - CR2 0PH
- 51 Medipharm - CR2 9LA
- 53 Old Coulsdon Pharmacy - CR5 1EN
- 56 Riddlesdown Pharmacy - CR8 1HR
- 61 Shivas Pharmacy - CR0 2TG
- 72 Valley Pharmacy - CR5 3BR



3.3 Locally Commissioned Services

3.3.7 NHS Health Checks

Activity and Performance

- Historically, there is a low uptake rendering Croydon as one of the worst performing areas in the Country. The number of checks undertaken in 2013/14 reduced as a result of organisational changes and information governance issues which compromised the ability of public health to send invitations, follow up non-responders and recall eligible people after 5 years
- The table below demonstrates comparable performance between pharmacies and GP surgeries, providing the service
- There is variation in activity levels between the pharmacies. However, performance is predominantly determined by local residents' choice

	2011/12	2012/13	2013/14
Pharmacies (n =14)	972	1220	988
GP Surgeries (n = 8)	589	1294	983
Total	1,561	2,514	1,971

Meeting the needs of those with a protected characteristic

Age	✓	Service available to people aged 40 – 74 years
Disability	✓	Services may need to be tailored for people with cognitive impairment or learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier successful delivery. BAME communities are more susceptible to vascular diseases
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- Awareness raising initiatives are planned to increase uptake
- A process is underway to identify additional pharmacy and non-pharmacy providers. The aim is to secure additional capacity in areas with high risk groups and to further extend weekend & evening provision

The Future

- NHS Health Checks could be linked into a Healthy Living Pharmacy programme because of synergies with other lifestyle services
- There are plans to enhance service quality and performance

Conclusions

- Vascular disease is a leading cause of premature death in Croydon. The NHS Health Checks programme aims to help reduce CVD incidence and this premature mortality
- We have concluded that the pharmacy-based service is **necessary** to meet the pharmaceutical needs of our population because it:
 - Increases the provider base, and capacity, to deliver the required number of NHS Health Checks within Croydon
 - Promotes a choice of provider for those eligible for a Health Check
 - Improves access to the service during extended hours and at the weekend
 - Provides an opportunity to integrate the service with other lifestyle services and MURs which may improve outcomes for those with vascular changes
 - It supports us to meet important local strategic priorities and achievement of targets
- We have identified some gaps in service provision:
 - There is one GP Provider, but no pharmacy providers in Thornton Heath
 - There is no provision in parts of the more deprived wards of Fieldway (New Addington & Selsdon) and South Northwood (Thornton Heath)
 - Distribution doesn't necessarily correlate with areas of need e.g. some residents in Purley and New Addington & Selsdon have to travel more than a mile to access a pharmacy or GP-based service; similarly there is limited access and/or choice particularly during extended hours on weekdays and at the weekend; this may impact upon the attendance of those who work full time
 - Pharmacy performance is historically similar to non-pharmacy providers; whilst this has reduced in 2013/14, the strategy to raise awareness and to target residents opportunistically is likely to be pivotal to promoting greater use of pharmacy-based services

3.3 Locally Commissioned Services

3.3.8 Pharmacy First - Minor Ailments Service

Overview

- This service provides advice, and treatment from an approved formulary if required, to people who may otherwise gone to their GP or to an unscheduled care service for a minor ailment. The table on the right summarises the scope of the service
- The aim is to promote the use of the “pharmacy first” with a view to:
 - Reducing the number of people accessing general practice and A&E for minor ailments with a view to increasing capacity for more urgent and complex cases
 - Reducing health inequalities particularly where the cost of medication is the primary barrier to access
 - An increase in patient choice, convenience and access to treatment of the service
- All Croydon residents may access the minor ailments service, irrespective of registration with a Croydon GP

The Current Picture

- 74 (99%) of pharmacies are commissioned to provide the minor ailments service
- The table (see next page) and Map 17 provide an overview of the distribution and availability of the minor ailments service:
 - There are two or more providers delivering this service in all wards, apart from Waddon which doesn't have any pharmacies
 - There is very good service provision (9am-5:30pm) during the week and similarly on Saturday (9am – 12pm) and the majority of residents can access services within a mile of where they live
 - Provision is more limited during extended hours on weekdays and Saturday, in all localities, apart from East Croydon
 - Sunday provision is also more limited, with no services available in three of the more deprived wards i.e. Fieldway & New Addington (New Addington & Selsdon locality) and South Norwood (Thornton Heath)

Ailments Included in the Minor Ailment Service

Acne	Coughs & cold	Hayfever & allergies	Insect bites/stings
Athlete's Foot	Cystitis	Head lice	Nappy rash
Back pain	Diarrhoea	Headache	Teething
Cold sores	Earache	Indigestion	Threadworm
Conjunctivitis	Ear wax	Scabies	Thrush
Constipation	Fever	Mouth ulcers	Sore throat
Contact dermatitis	Haemorrhoids (piles)	Sprains & stains	Warts & verrucae

Provider Criteria

- The pharmacy must offer the service during all opening hours
- The pharmacy must have a suitable consultation area
- Pharmacists must be competent for providing minor ailment schemes as defined by the Harmonisation of Accreditation Group and within the scope of the service
- Pharmacists must update training every two years and maintain CPD relevant to this service
- Specific competencies must be met by all pharmacy support staff

The Evidence Base

- Evidence has demonstrated that pharmacy-based minor ailment services (MAS) can improve health outcomes and be cost effective:
 - One study showed that MAS improve access to medicines and provide greater choice in primary care for patients with minor illness²¹
 - A systematic review including one randomised trial showed²²:
 - Symptom resolution in 68-94% of patients
 - Less than a quarter of patients went to their GP after the consultation
 - Between 47%- 92% of people would have seen their GP, should no pharmacy scheme be available
 - Over 90% were satisfied with their experience and would re-use the pharmacy based service
- Areas with high levels of deprivation, may benefit from a MAS²³

3.3 Locally Commissioned Services

3.3.8 Pharmacy First - Minor Ailments Service

Locality	Ward	Number of Pharmacies Offering the Minor Ailments Service							Sundays	Not offered
		Weekdays				Saturdays				
		8am or earlier	9am – 5.30pm	7pm or later	Closed for lunch	9am - noon	5pm or later	7pm or later		
1. Mayday	Bensham Manor	1	2	1	1	2	1	1	1	0
	Norbury	0	4	1	2	2	1	0	0	0
	West Thornton	0	4	2	0	3	1	1	1	0
2. Thornton Heath	South Norwood	0	2	1	0	2	0	0	0	0
	Thornton Heath	0	4	2	1	4	1	0	0	0
	Upper Norwood	1	3	1	1	3	2	1	1	0
3. Woodside & Shirley	Ashburton	0	3	0	1	3	2	0	0	0
	Shirley	0	2	1	1	2	1	0	0	0
	Woodside	2	2	2	0	2	2	1	2	0
4. New Addington & Selsdon	Fieldway	0	2	0	0	1	0	0	0	0
	Heathfield	0	4	3	1	4	3	0	1	0
	New Addington	1	2	2	0	2	2	0	0	0
	Selsdon & Ballards	0	3	2	0	2	0	0	0	0
5. Purley	Coulsdon East	0	2	0	2	2	0	0	0	0
	Coulsdon West	0	3	0	0	3	2	0	1	0
	Kenley	0	3	1	1	2	0	0	0	0
	Purley	1	4	1	0	4	2	1	1	0
	Sanderstead	0	3	0	1	3	1	0	0	0
6. East Croydon	Addiscombe	1	3	3	0	3	2	0	1	0
	Broad Green	1	4	2	0	3	3	2	3	1
	Croham	0	2	0	1	2	0	0	0	0
	Fairfield	5	8	4	1	7	7	3	5	0
	Selhurst	1	5	1	0	4	2	1	1	0
Grand Total		14	74	30	14	65	35	11	18	1
Percentage of Total		19%	99%	40%	19%	87%	47%	15%	24%	1%

Pharmaceutical Needs Assessment Map 17: Pharmacies providing the Pharmacy First Minor Ailments Service

Legend

- + Pharmacies providing the Pharmacy First Minor Ailments Service
- + 100 Hour Pharmacies providing the Pharmacy First Minor Ailments Service
- + LPS Pharmacies providing the Pharmacy First Minor Ailments Service

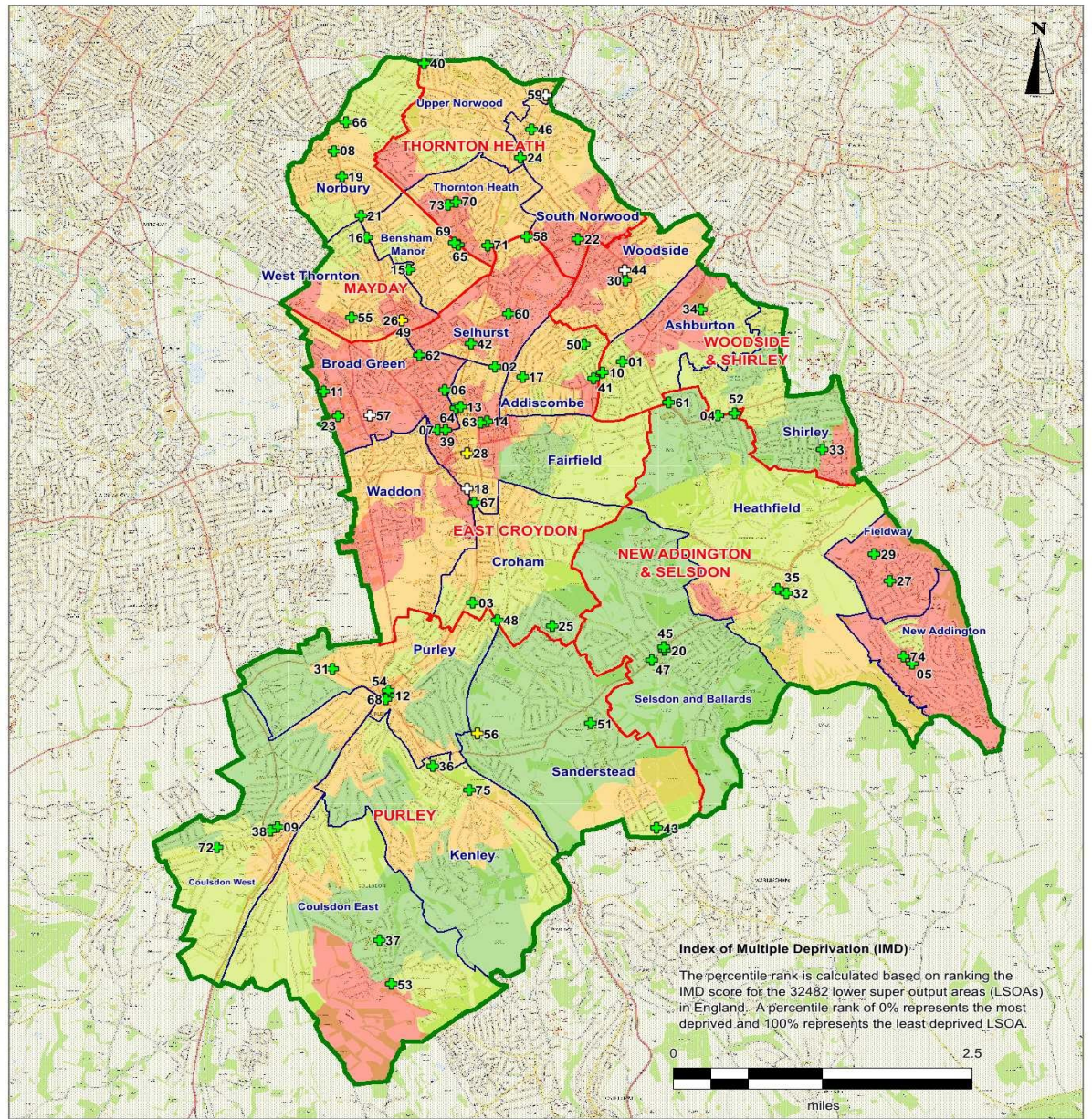
- Croydon
- Croydon Localities
- Wards

Percentile rank of IMD score 2010 by LSOA

- < 25 %
- 25 to 49.9 %
- 50 to 74.9 %
- 75 to 100 %

Croydon Pharmacies

- | | | |
|-------------------------------------|--|--|
| 01 Addiscombe Pharmacy - CR0 7AE | 27 Dougans Chemist - CR0 0QF | 52 Mona Pharmacy Ltd - CR0 8BJ |
| 02 Alicorn Chemist - CR0 2BZ | 28 Fairview Pharmacy - CR9 1PJ | 53 Old Coulsdon Pharmacy - CR5 1EN |
| 03 Andrew Mccoll Pharmacy - CR2 6ES | 29 Fieldway Pharmacy - CR0 9DX | 54 Orion Pharmacy - CR8 2BP |
| 04 Andrew Mccoll Pharmacy - CR0 8TE | 30 Fishers Enmore Pharmacy - SE25 5NT | 55 Parade Pharmacy - CR0 3EW |
| 05 Aumex Pharmacy - CR0 0JD | 31 Foxley Lane Pharmacy - CR8 3EE | 56 Riddlesdown Pharmacy - CR8 1HR |
| 06 A-Z Pharmacy - CR0 2TA | 32 Goldmantle Pharmacy - CR0 9AS | 57 Sainsbury's Pharmacy - CR0 4XT |
| 07 Barkers Chemist - CR0 1RN | 33 Greenchem - CR0 8NG | 58 Sainsbury's Pharmacy - SE25 6XB |
| 08 Bids Chemist - SW16 4AE | 34 Greenchem - CR0 7RA | 59 Sainsbury's Pharmacy - SE19 3RW |
| 09 Boots UK Limited - CR5 2ND | 35 Harris Chemist Ltd - CR2 8JJ | 60 Selhurst Pharmacy - SE25 5CF |
| 10 Boots UK Limited - CR0 6RD | 36 Hobbs Pharmacy - CR8 5JE | 61 Shilley Pharmacy - CR0 8SS |
| 11 Boots UK Limited - CR0 4YJ | 37 Holmes Pharmacy - CR5 1EH | 62 Shivas Pharmacy - CR0 2TG |
| 12 Boots UK Limited - CR8 2AF | 38 Infohealth Pharmacy - CR5 2RA | 63 St.Clare Chemist - CR0 1LG |
| 13 Boots UK Limited - CR0 1UP | 39 Kent Chemist - CR0 1RB | 64 Superdrug Pharmacy - CR0 1US |
| 14 Boots UK Limited - CR0 1LD | 40 Klub Pharmacy Ltd - SE19 3NG | 65 Superdrug Pharmacy - CR7 7JG |
| 15 Bristock Pharmacy - CR7 7JN | 41 Larchwood Pharmacy - CR0 6RB | 66 Superdrug Pharmacy - SW16 3LU |
| 16 Cranston Ltd - CR7 6JE | 42 Lloyd George Pharmacy - CR0 2JG | 67 Swan Pharmacy - CR0 1BJ |
| 17 Crochem Ltd - CR0 6AA | 43 Lloyds Pharmacy - CR2 9BY | 68 Tesco Stores Limited - CR8 2HA |
| 18 Crodon Pharmacy - CR0 1DP | 44 Lloyds Pharmacy - SE25 4PT | 69 Tesco Stores Limited - CR7 8RX |
| 19 Day Lewis Pharmacy - SW16 4BE | 45 Lloyds Pharmacy - CR2 8LH | 70 Thompsons Chemist - CR7 8JF |
| 20 Day Lewis Pharmacy - CR2 8LB | 46 Lloyds Pharmacy - SE19 2NT | 71 Thornton Heath Pharmacy - CR7 8RU |
| 21 Day Lewis Pharmacy - SW16 4DT | 47 Lloyds Pharmacy - CR2 8LG | 72 Valley Pharmacy - CR5 3BR |
| 22 Day Lewis Pharmacy - SE25 6EP | 48 Makepeace & Jackson - CR2 0PH | 73 Wilkes Chemist - CR7 8LZ |
| 24 Day Lewis Pharmacy - SE25 6DP | 49 Mayday Community Pharmacy - CR7 7HQ | 74 Your Local Boots Pharmacy - CR0 0JB |
| 25 Day Lewis Pharmacy - CR2 0EJ | 50 Medibank Pharmacy - CR0 6HE | 75 Zina Chemist - CR8 5AA |
| 26 Day Lewis Pharmacy - CR7 7HQ | 51 Medipharm - CR2 9LA | |



Index of Multiple Deprivation (IMD)
The percentile rank is calculated based on ranking the IMD score for the 32482 lower super output areas (LSOAs) in England. A percentile rank of 0% represents the most deprived and 100% represents the least deprived LSOA.

3.3 Locally Commissioned Services

3.3.8 Pharmacy First - Minor Ailments Service

Activity and Performance

- The table below summarises performance over a six month period (April – Sep 2014) and shows that 66 pharmacies were active
- It is clear that there is variation in activity rates between localities:
 - All pharmacies in Mayday, Woodside & Shirley and New Addington & Selsdon were active
 - The proportion of interventions made are highest in the New Addington & Selsdon and East Croydon localities suggesting there is a good correlation with deprivation; this was not the case in South Norwood ward as only one pharmacy was active and the number of interventions is low

Localities	No. of active Pharmacies (Total)	No. of interventions (% of total)	No. of interventions per 100,000
Mayday	10 (10)	1,850 (16%)	3,608
Thornton Heath	7 (9)	736 (6%)	1,472
Woodside & Shirley	7 (7)	822 (7%)	1,761
New Addington & Selsdon	11 (11)	4,270 (37%)	8,773
Purley	12 (15)	545 (5%)	772
East Croydon	19 (22)	3,465 (30%)	3,154
Total - Croydon	66 (74)	11,688	19,540

Further Provision

- We will work with the pharmacies which aren't currently active to understand the reasons behind this

The Future

- Minor Ailments services will continue to play a key role in supporting people within community settings. We are considering extending the range of common ailments included and may expand the formulary to allow supply prescription only medicines under PGD
- Awareness raising initiatives are planned

Meeting the needs of those with a protected characteristic

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

Conclusions

- We have determined that the pharmacy-first minor ailments service is **necessary** to meet the pharmaceutical needs of our population:
 - It increases the provider base, and capacity, to provide advice and clinical interventions for minor ailments in the community
 - The service provides access to a healthcare professional during extended hours and at weekends
 - Published evidence has shown that “pharmacy first” schemes may deliver positive health outcomes as well offering an alternative to GP and hospital consultations. As such, the Croydon service supports delivery of local strategic objectives to reduce demand for unscheduled care providers
 - It provides an opportunity to “Make Every Contact Count” and identify residents who may benefit from lifestyle advice and interventions
- 74 pharmacies are currently commissioned to provide the service
- We have identified the following gaps:
 - Access to the service is more limited in the early mornings on weekdays, Saturday evenings and Sundays; particularly, in areas of high deprivation, where there may be benefits to extending opening hours
 - 6 pharmacies are not actively delivering the service. Whilst this may be a reflection of demand, we need to understand the full reasons to ensure that residents who do need to access this service are able to do so

3.3 Locally Commissioned Services

3.3.9 Domiciliary Medicines Review Service

Overview

- The service provides access to medicines reviews in the home setting for those who are housebound and who can not otherwise attend a pharmacy for a review
- The service aims to deliver the following outcomes:
 - Improved access to medicines by putting in place systems of ordering/collecting/delivering of prescriptions and medicines
 - Improved understanding of patients' medicines
 - Improved adherence to medication
 - Reduced incidences of adverse drug effects due to incorrect dosage;
 - Reduced wastage of medicines
 - Disposal of medicines which are no longer required
 - A measureable reduction in emergency admissions
 - Inform future developments in pharmaceutical services to the housebound population of Croydon
- The service encourages partnership working between pharmacists and health and social care professionals

The Current Picture

- 28 (25%) pharmacies have been commissioned to provide the service, to people who are registered with a Croydon GP and who are either housebound or who require assistance to get to a pharmacy. It is anticipated that the number of accredited providers will increase post publication of the PNA, following notification of successful Disclosure and Barring Service (DBS) checks
- Prior to the service being re-commissioned (July 2014), 371 Domiciliary Medicines Reviews were undertaken in 2013/14
- A locum pool, managed and periodically updated by the LPC, is in place to ensure timely access to the service
- We have not reviewed the location and distribution of pharmacies because the service is provided in the domiciliary setting

Examples of Services Delivered by Pharmacies

Inhalers	Checking technique, providing advice & reassessment, review plans within primary care
Warfarin	Advising on dosage, provide information & advice
Insulin	Advising on dosage, administration & retinal screening, as well as monitoring technique
Analgesics	Ensuring correct usage, advising on dosage, use of concomitant analgesics & side effects
External Preparations	Advice of usage, application, dosage and frequency
Eye Drops	Checking technique and ability to administer, frequency of use and storage
Timing of medicines	Advising on timing of dosing where this influences outcomes e.g. nitrates
Smokers	Referring to smoking cessation services
Support groups	Signposting patients to local groups

Provider Criteria

- Pharmacists must have an up to date DBS check
- Pharmacists must attend training delivered by Croydon CCG
- Pharmacists must be committed to CPD relevant to this service

The Evidence Base

- The evidence base outlined in section 3.2.3.1 (MURs) and 3.2.3.2 (NMS) is relevant to this service
- Local evaluation of the scheme, based on tracking of patients using the NHS number for 6 months, has shown a reduction in admissions and bed days for people who have a history of admission & re-admission to hospital

3.3 Locally Commissioned Services

3.3.9 Domiciliary Medicines Review Service

Meeting the needs of those with a protected characteristic

Age	✓	Older people tend to be on multiple medications are 'higher risk' in terms of medicines related side effects
Disability	✓	Advice and support needs to be tailored to people who have cognitive impairment and/or learning disabilities; provision of the service within the domiciliary settings facilitates access to medicines reviews for people who would otherwise not be able to get to a pharmacy
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to the successful delivery of the
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- To promote equity of access, consideration will be given to extending the service to all Croydon residents, not just those who are registered with a Croydon GP
- We will continue to review the number of trained pharmacists (including within the locum pool) to ensure there is sufficient capacity to meet the current and future needs of our residents

The Future

- We are looking at how the service can be more closely integrated into multidisciplinary teams as part of a strategy to manage unplanned admissions
- We are exploring options to provide appropriate support for people who live in Care Homes

Conclusions

- The Domiciliary Medicines Review Service provides valuable access to medicines reviews for Croydon residents who are house bound or require assistance to reach a pharmacy
- We have concluded that the service is **necessary** to meet the pharmaceutical needs for our population for the following reasons:
 - The service is primarily provided by community pharmacies
 - Extrapolation of published evidence for MURs and NMS demonstrates benefits in terms of improved adherence prescribed medicines, management of medicines related risks and improved patient outcomes
 - Local evaluation of the service has demonstrated a reduction in bed days and re-admissions for people with a history of admission. The service therefore supports implementation of local strategic priorities, to reduce demand from unplanned care and re-admissions; and supporting the effective management of long term conditions
- We have identified the following gaps, which create an inequity of access within Croydon:
 - The service may only be accessed by people who are registered with a Croydon GP. This is a historical arrangement but means that Croydon residents who are registered with a GP outside of the area cannot access the service
 - People who live in care homes do not fall within the scope of the service

3. The Assessment

3.4 Looking to the Future

Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided
- In this section, we:
 - Set out our specific intentions in relation to services which we envisage will be commissioned from community pharmacy within the next 12 months
 - Describe our vision and ambition, for how community pharmacy *may* support the delivery of our local strategic priorities and public health outcomes as set out in section 2.4
- In determining our vision (summarised in the table on the right), we have reflected on the strengths of community pharmacy in terms of its:
 - **Accessibility**, often during extended hours and without an appointment
 - **Knowledge and skills**, both in relation to medicines expertise and healthcare more generally
 - **Broad customer base**, who use pharmacies for a variety of health and non-healthcare reasons
- We also consulted with a range of stakeholders, through a variety of channels, including:
 - Members of our multidisciplinary PNA Steering Group
 - The public via our online survey
 - Community pharmacies through our questionnaire and via a specific engagement event
- It is our intention that the potential service developments, set out on pages 103 - 110, will be considered alongside other priorities by Croydon Council and our partner organisations when developing future commissioning strategy
- However, because local strategy is emerging and we are redesigning a number of services and pathways, it is not possible to set out the specific circumstances under which such services will be commissioned (*if at all*)

Croydon Vision for Pharmacy

An established 'first port of call'	<ul style="list-style-type: none"> • We wish to see community pharmacy widely recognised, and used, as a first port of call, reducing demand on other services particularly General Practice and unscheduled care providers • We envisage that this may include building upon existing, and potentially commissioning new, pharmacy based services
An enhanced role in Self Care	<ul style="list-style-type: none"> • Pharmacy is well placed to support Croydon residents with self-care • This may include enhancing the role of pharmacists in helping people to manage long term conditions and facilitating them living independently at home
A wider role within primary care	<ul style="list-style-type: none"> • There are opportunities to maximise the role which community pharmacy undertakes within primary care, with a view to enhancing choice for our residents, providing care closer to home and optimising use of skill mix • This may include commissioning a wider range of pharmacy-based services to be provided by pharmacists (or their staff) or through other healthcare professionals from working within pharmacy premises
A network of Public Health Practitioners	<ul style="list-style-type: none"> • A key ambition is to create a network of public health practitioners, using our Healthy Living Programme as a solid foundation upon which to expand the range of public health activities undertaken within pharmacy • We envisage we will maximise opportunities to make "Every Contact Count" through a more integrated offering • This approach will help us to tackle inequalities as well as supporting us to improve the health of the wider Croydon population
Taking pharmacy to Croydon Residents	<ul style="list-style-type: none"> • We believe there are opportunities to provide more pharmacy services on an outreach basis – whether this is directly to people in their own homes or in other settings e.g. the work place

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
<p>Health Information Hubs</p> <ul style="list-style-type: none"> Build upon the health promotion and signposting role so that Community Pharmacy becomes a recognised “Health Information” point. Croydon residents will either be supported directly in the pharmacy and/or signposted on to other services depending upon their needs 	<ul style="list-style-type: none"> An established “first port of call” An enhanced role in self-care A wider role within primary care 	<ul style="list-style-type: none"> Improvement 1 – Giving children a good start to life Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs Improvement 4 – Supporting people to be resilient and independent Improvement 6 – Improving people’s experience of care <i>Contributes to delivery of PH health outcomes in section 2.4</i> 	<ul style="list-style-type: none"> Focus on prevention Empower and support people to maintain living at home Greater co-ordination between health and social care Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Children and Young People Urgent care – improving accessibility and responsiveness in primary care Planned care - right service first time
<p>Healthy Living Pharmacies</p> <ul style="list-style-type: none"> Development and roll out of programme as a foundation for delivering public health services through pharmacy 	<ul style="list-style-type: none"> An established “first port of call” An enhanced role in self-care A network of public health practitioners – “<i>Making Every Contact Count</i>” 	<ul style="list-style-type: none"> Improvement 1 – Giving children a good start to life Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people’s experience of care <i>Contributes to delivery of PH health outcomes in section 2.4</i> 	<ul style="list-style-type: none"> Focus on prevention 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Children and Young People

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
<p>Integrated Healthy Lifestyle Service</p> <ul style="list-style-type: none"> • Opportunity for pharmacy to participate in the integrated service which is being developed (e.g. one stop shop for weight management, NHS Health Checks, Stop smoking etc.) • This could be as a stand alone initiative or integrated into the HLP programme (see page 71) 	<ul style="list-style-type: none"> • An enhanced role in self-care • A wider role within primary care • A network of public health practitioners – <i>“Making Every Contact Count”</i> 	<ul style="list-style-type: none"> • Improvement 1 – Giving children a good start to life • Improvement 2 – Preventing illness & injury and helping people recover • Improvement 3 – Preventing premature death and LTCs • Improvement 5 – Providing integrated, safe, high quality services • Improvement 6 – Improving people’s experience of care • <i>Contributes to delivery of PH health outcomes in section 2.4</i> 	<ul style="list-style-type: none"> • Focus on prevention • Empower and support people to maintain living at home 	<ul style="list-style-type: none"> • Prevention, self care & shared decision making • Long term conditions, vulnerable adults, older people • Children and Young People
<p>Healthy Start Vitamin Supply</p> <ul style="list-style-type: none"> • Community pharmacy to act as a distribution point • Healthy Start is a UK-wide scheme to improve the health of low-income pregnant women & families on benefits and tax credits. • Women who are at least 10 weeks pregnant & families with children under four years old may qualify 	<ul style="list-style-type: none"> • An enhanced role in self-care • A wider role within primary care 	<ul style="list-style-type: none"> • Improvement 1 – Giving children a good start to life • Improvement 2 – Preventing illness & injury and helping people recover 	<ul style="list-style-type: none"> • Focus on prevention 	<ul style="list-style-type: none"> • Prevention, self care & shared decision making • Children and Young People
<p>Alcohol IBA</p> <ul style="list-style-type: none"> • Delivery of alcohol IBA service either within the pharmacy or in an outreach setting 	<ul style="list-style-type: none"> • A network of public health practitioners • Taking pharmacy to Croydon residents 	<ul style="list-style-type: none"> • Improvement 2 – Preventing illness & injury and helping people recover • Improvement 3 – Preventing premature death and LTCs • <i>PH outcome – reduction in alcohol related harm</i> 	<ul style="list-style-type: none"> • Focus on prevention • Reduce demand of unplanned care 	<ul style="list-style-type: none"> • Prevention, self care & shared decision making • Children and Young People

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
<p>Stop Smoking Quit Groups</p> <ul style="list-style-type: none"> Expand scope of pharmacy-led stop smoking services to include 'quit groups' These could be: <ul style="list-style-type: none"> Pharmacist-led (within the pharmacy or as an outreach service) Provided by a Counsellor on pharmacy premises 	<ul style="list-style-type: none"> A network of public health practitioners Taking pharmacy to Croydon Residents 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs <i>PH outcomes – reducing smoking prevalence & increasing smoking quitters</i> 	<ul style="list-style-type: none"> Focus on prevention 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people
<p>Immunisations</p> <ul style="list-style-type: none"> Expand the range of immunisations administered through pharmacy. This could include: <ul style="list-style-type: none"> Childhood immunisations Hepatitis B vaccination NHS Travel vaccines 	<ul style="list-style-type: none"> A wider role in primary care A network of public health practitioners 	<ul style="list-style-type: none"> Improvement 1 – Giving children a good start to life Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs PH outcomes - 	<ul style="list-style-type: none"> Focus on prevention Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Children and young people
<p>Screening & Diagnostics</p> <ul style="list-style-type: none"> Pharmacy based screening and/or diagnostics e.g. <ul style="list-style-type: none"> Blood-borne virus testing Blood pressure checks Simple blood tests These could be undertaken by pharmacists or other healthcare professionals 	<ul style="list-style-type: none"> A wider role in primary care 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs Improvement 5 – Providing integrated, safe, high quality services 	<ul style="list-style-type: none"> Focus on prevention 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
<p>Integrated medicines optimisation</p> <ul style="list-style-type: none"> Build upon existing and develop integrated systems for people who are cared for in more than one setting Opportunities may include: <ul style="list-style-type: none"> Patients identified as high risk, with regards to medicines, post discharge referred into community pharmacy for follow up Support for patients to improve adherence e.g. aide memoires, text messages Facilitate exchange of medicines information between clinical settings Training and advice for health and social care professionals; & carers 	<ul style="list-style-type: none"> An enhanced role in self-care 	<ul style="list-style-type: none"> Improvement 3 – Preventing premature death and LTCs Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people’s experience of care <i>PH outcome – improvements in immunisation rates</i> 	<ul style="list-style-type: none"> Empower and support people to maintain living at home Reduce the demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Medicines optimisation
<p>Medicines Optimisation in Care Homes</p> <ul style="list-style-type: none"> Design and commission specific services to optimise use of medicines, taking into account NICE recommendations (see page 14); and to promote the same access to pharmaceutical services as the rest of the population 	<ul style="list-style-type: none"> Taking pharmacy to Croydon residents 	<ul style="list-style-type: none"> Improvement 1 – Giving children a good start to life Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and LTCs 	<ul style="list-style-type: none"> Focus on prevention Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Medicines optimisation

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
<p>Management of LTCs</p> <ul style="list-style-type: none"> Supporting the monitoring and management of LTC, within the framework of a care plan including: <ul style="list-style-type: none"> Assessing & monitoring disease control and medication (e.g. blood tests, BP etc) Education on self care The service could be: <ul style="list-style-type: none"> Pharmacist-led (within the pharmacy or as an outreach service) Another healthcare professional working within the pharmacy 	<ul style="list-style-type: none"> A wider role within primary care An enhanced role in self-care Taking pharmacy to Croydon residents 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and long term conditions Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people’s experience of care 	<ul style="list-style-type: none"> Empower and support people to maintain living at home Prevention and progression of chronic disease Reduce demand of unplanned care Greater co-ordination of health and social care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Planned care Primary & Community care Medicines optimisation
<p>Mental Health</p> <ul style="list-style-type: none"> Support for people who are at risk from medicine adherence failure May include: <ul style="list-style-type: none"> Limiting the amount of medication supplied e.g. 3 – 7 days Daily supervision for those who are seriously at risk “Hot line” for alerting key worker, relative, CPN or nominated psychiatrist Integration of pharmacists into community multi-disciplinary patient assessment meetings 	<ul style="list-style-type: none"> A wider role within primary care An enhanced role in self-care 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and long term conditions Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people’s experience of care 	<ul style="list-style-type: none"> Empower and support people to maintain living at home Reduce demand of unplanned care Greater co-ordination of health and social care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Planned care Primary & Community care Medicines optimisation

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS & PH Priorities	Better Care Fund Priorities	CCG Priorities
<p>Pharmacy First Service</p> <ul style="list-style-type: none"> Development of the current service to potentially include a wider range of common conditions and to enhance the formulary This could include supply of prescription only medicines under patient group directions 	<ul style="list-style-type: none"> An established 'first port of call' A wider role within primary care An enhanced role in self-care 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people's experience of care 	<ul style="list-style-type: none"> Empower and support people to maintain living at home Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Urgent care Primary & Community care Medicines optimisation
<p>Wider healthcare services provided from pharmacy</p> <ul style="list-style-type: none"> The utilisation of dedicated space, within pharmacies, for use by other health or social care professionals A range of services (other than those documented on the preceding pages) could be provided including: <ul style="list-style-type: none"> Minor injuries Wound management Phlebotomy Podiatry Counselling Group behavioural change support 	<ul style="list-style-type: none"> An established 'first port of call' A wider role within primary care An enhanced role in self-care 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people's experience of care 	<ul style="list-style-type: none"> Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Primary & Community care Medicines optimisation

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Croydon Vision	JHWS Ambition(s)	Better Care Fund Priorities	CCG Priorities
<p>Falls</p> <ul style="list-style-type: none"> Many medicines increase risk of falling; medication review may help to reduce risk Scope could include: <ul style="list-style-type: none"> Pharmacy delivered falls service Pharmacy referral into falls service Pharmacy as a member of the falls multi-disciplinary team Combination of the above 	<ul style="list-style-type: none"> A wider role within primary care An enhanced role in self-care 	<ul style="list-style-type: none"> Improvement 2 – Preventing illness & injury and helping people recover Improvement 3 – Preventing premature death and long term conditions Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people's experience of care 	<ul style="list-style-type: none"> Empower and support people to maintain living at home Reduce demand of unplanned care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Long term conditions, vulnerable adults, older people Primary & Community care Medicines optimisation
<p>Transforming Community Equipment Services</p> <ul style="list-style-type: none"> Pharmacy-based support to facilitate people accessing equipment (e.g. wheel chairs) and aids for daily living The service would need to be integrated with the current Aztec service and would facilitate access during extended hours and at weekends (when Aztec is closed) 	<ul style="list-style-type: none"> A wider role within primary care An enhanced role in self-care Taking pharmacy to Croydon residents 	<ul style="list-style-type: none"> Improvement 4 – Supporting people to be resilient and independent Improvement 5 – Providing integrated, safe, high quality services Improvement 6 – Improving people's experience of care 	<ul style="list-style-type: none"> Empower and support people to maintain living at home Greater co-ordination of health and social care 	<ul style="list-style-type: none"> Prevention, self care & shared decision making Planned care Primary and community care

3. The Assessment

3.4 Looking to the Future

Challenges

- Our stakeholder engagement identified a number of challenges with respect to delivering our vision and ambition for pharmacy. Specifically:
 - How can we facilitate and secure the integration of community pharmacy services within pathways of care and establish pharmacists as valued and active members of the multidisciplinary team?
 - How do we overcome Information technology and information governance issues, which restrict electronic sharing of confidential information between organisations?
 - How can the public be encouraged to use pharmacies to talk about their illnesses and/or their health more generally?
 - How do we encourage community pharmacists, and their staff, to embrace the opportunities and take on new roles beyond the 'traditional' role of the pharmacist?
 - How can community pharmacies effectively work together, within networks, to facilitate the appropriate capacity, capability and specialist skills to take on an enhanced role?
 - How do we "brand" community pharmacies so that they are universally recognised as a pharmacy – perhaps using "Healthy Living Pharmacies" as the brand?
 - How do we change perceptions so that community pharmacy is recognised, first and foremost, as a provider of healthcare services, rather than a retail outlet?
- These challenges will be considered, by commissioners, when developing future commissioning strategy

Our Aspiration for Pharmacy Services and Premises

- Finally, we have reflected upon both the gaps and the areas for improvement as described within our PNA; and our vision and ambition for pharmacy
- In doing so, we have identified the aspirations for pharmacy premises and services, which we would wish to be prioritised for future applications for pharmaceutical services (see box on the right)

Element	Croydon Aspiration for Pharmacy Services & Premises
Pharmacy opening hours	<ul style="list-style-type: none"> • 7 day a week opening • Extended hour opening as part of core hours: <ul style="list-style-type: none"> ○ Weekdays (whichever is longest): <ul style="list-style-type: none"> • Open by 8am (or earlier) and not closing before 7pm; or • As a minimum, opening at the same time as GP surgeries and closing 30 minutes later ○ Saturday, open from 9am – 6pm as a minimum; and ideally open until 7pm or beyond ○ Sunday, open for a minimum of 6 hours
Advanced services	<ul style="list-style-type: none"> • Accredited & prepared to offer MURs, NMS, AURs & SACs • Willing to provide services in the domiciliary setting, including care homes (subject to NHS England approval)
Enhanced services	<ul style="list-style-type: none"> • Accredited and prepared to offer all currently commissioned services • Prepared to seek accreditation for & offer future enhanced services (if required)
Locally commissioned services	<ul style="list-style-type: none"> • Accredited and prepared to offer all locally commissioned services relevant to the needs of their population • Prepared to seek accreditation for & offer future locally commissioned services (if required) • Actively seek to improve standards of care e.g. by developing staff to Healthy Living Pharmacy standard
Consultation Area	<ul style="list-style-type: none"> • Minimum of two areas fully compliant with the Regulations; and one of which has the following additional characteristics: <ul style="list-style-type: none"> ○ Space for a chaperone and/or a wheel chair ○ Sink with hot water ○ Equipped with a telephone, computer, secure IT connection & access to nhs.net email ○ Access to patient medication records ○ Security measures i.e. panic button & CCTV ○ Hearing loop ○ Patient toilet nearby
Meeting the needs of those with a disability	<ul style="list-style-type: none"> • Premises and services should be suitably adapted to meet the needs of those with a disability including: <ul style="list-style-type: none"> ○ Step-free wheelchair access to all public areas within the pharmacy ○ Hearing loop

3. The Assessment

3.5 Summary of Gaps and Needs

	Description of the Gap(s) & Proposed Solutions
Current Need	<ul style="list-style-type: none"> • Enhanced services <ul style="list-style-type: none"> ○ London Pharmacy Vaccine Services – in terms of further provision, we wish to see this service commissioned from as many Croydon pharmacies as possible in order to help improve historically low immunisation rates
Future Need	<ul style="list-style-type: none"> • Essential Services <ul style="list-style-type: none"> ○ An additional pharmacy in each of the New Addington & Selsdon (New Addington ward) and the East Croydon localities. This is to ensure there is sufficient capacity to meet the pharmaceutical needs of a growing population in both localities; and the anticipated higher influx of commuters into the East Croydon locality ○ Additional hours if GPs move to a 7 day a week service, particularly in the Purley, New Addington & Selsdon and parts of the Mayday and Woodside and Shirley localities; however, this will be dependent upon operational arrangements for GP opening, once known ○ An arrangement to ensure overnight access to medicines, in the event that the LPS Out of Hours contract is terminated ○ An arrangement to ensure users of the Edridge Road GP Led Health Centre & Walk In Centre can access dispensing services in the event that the Fairview LPS contract is terminated ○ For future applications, the HWB has set out an aspiration that extended hour opening forms part of core hours (refer to page 110)
Current Improvements or better access	<ul style="list-style-type: none"> • All services (essential, advanced, enhanced and locally commissioned) <ul style="list-style-type: none"> ○ Additional hours, on a Sunday between the hours of 5pm and 8pm would facilitate more convenient access to dispensing services, for people using the minor injuries unit at Purley War Memorial Hospital (Purley Ward, Purley Locality) ○ Extending opening hours on weekday evenings and at weekends, would improve access and choice to all pharmaceutical and locally commissioned services. This is particularly the case for the New Addington & Fieldway, Selsdon & Ballards and Purley localities (wards in the South and East of the Borough), East Croydon (Fairfield, Croham and Waddon) and small areas of Mayday. This would facilitate ensuring there is sufficient capacity as the population of Croydon grows as well as securing improvements for the working population who may prefer to access pharmacy services outside of regular opening hours • Meeting the needs of those with a disability <ul style="list-style-type: none"> ○ There are opportunities for more pharmacies to take steps and provide greater support for people with disabilities • Advanced services <ul style="list-style-type: none"> ○ MURs and NMS – we wish to see all pharmacies offering and actively delivering these services (unless there is a valid reason not to do so) • Locally Commissioned Services <ul style="list-style-type: none"> ○ Needle & Syringe Programme – we have identified gaps on weekday mornings (before and including 8am), Saturday evenings (7pm onwards) and on Sundays in some localities. A review of the programme is underway which will include strategic placing of the service within pharmacies according to need; and to improve access during extended hours ○ Supervised consumption service - we have identified gaps on weekday mornings (before and including 8am), Saturday evenings (7pm onwards) and on Sundays in some localities. The service is being re-commissioned and access, including during extended hours, will be addressed as part of this process ○ Enhanced Sexual Health – we have identified that there is limited access to the service during extended hours; there are plans to commission up to an additional 5 pharmacies to provide this service to facilitate improved alignment with need and better access ○ NHS Health Check Programme – we wish to see a pharmacy provider in Thornton Heath to improve access and to provide additional capacity for Health Checks within this locality

3. The Assessment

3.5 Conclusions – Summary of Gaps and Needs (cont...)

	Description of the Gap(s)	Proposed Solution(s)
<p>Future improvements or better access</p>	<ul style="list-style-type: none"> • All services (essential, advanced, enhanced and locally commissioned) <ul style="list-style-type: none"> ○ Extending opening hours on weekday evenings and at weekends, would improve access and choice to all pharmaceutical and locally commissioned services. This is particularly the case for the New Addington & Fieldway, Selsdon & Ballards and Purley localities (wards in the South and East of the Borough), East Croydon (Fairfield, Croham and Waddon) and small areas of Mayday. This would facilitate ensuring there is sufficient capacity as the population of Croydon grows as well as securing improvements for the working population who may prefer to access pharmacy services outside of regular opening hours • Advanced services <ul style="list-style-type: none"> ○ MURs and NMS – we wish to see all new pharmacies offering and actively delivering these services (unless there is a valid reason not to do so) • Meeting the needs of those with a disability <ul style="list-style-type: none"> ○ We would wish to ensure that new pharmacies have taken appropriate steps to meet the needs of people with disabilities. Specifically, we anticipate that all premises have step free access and that public areas of the pharmacy are accessible to wheel chairs; that a hearing loop is installed and that the pharmacy provides large print labels and labels with braille 	

4. Consultation Report

Consultation Approach

- Croydon Health and Wellbeing Board has undertaken a consultation on a draft of its Pharmaceutical Needs Assessment
- The consultation was issued and managed electronically:
 - All stakeholder groups, as stated within the Regulations, were invited to participate; in addition, a wider audience was invited to participate. Full details are summarised in the box below
 - Stakeholders were notified by email to provide advance notification that they were being invited to participate in the consultation
 - The draft PNA and associated appendices were posted on a dedicated page on the Council website; participants were advised that they may request a hard copy of the draft PNA, free of charge, if required. All paper copies were provided within 14 days, in accordance with the Regulations
 - Respondents were required to complete a standard response form and return this electronically; however, consultation feedback was accepted in different formats providing that this was submitted in writing
- The consultation was initiated on the 3 November 2014 and ended at midnight on the 6 January 2015. This period was in accordance with the minimum 60 day consultation required by the Regulations

Consultation Outcome

- All feedback was consolidated into a document for review by the PNA Steering Group on the 27 January 2015
- In total, 14 responses were received to the consultation; four of these were from stakeholders specified within the Regulations
- One respondent just missed the deadline for submitting feedback (the response was received at 00:26 on the 7 January 2015). However, the respondent had experienced difficulties completing the standard response form; and the feedback included a point of accuracy. The PNA Steering Group and the Health and Wellbeing Board were advised of the late submission but the comments were accepted as they were of relevance to the accuracy of the final PNA
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix I
- Where applicable, the draft PNA was updated to reflect the decision of the PNA Steering Group

Stakeholder Groups invited to Participate in the Consultation

Stakeholders Specified Within the Regulations

- Healthwatch Croydon (who were invited to share the draft PNA for consultation with other relevant patient groups as appropriate)
- Croydon Local Pharmaceutical Committee
- Croydon Local Medical Committees
- Croydon NHS Pharmaceutical Services Contractors (75 pharmacies; 1 Dispensing Appliance Contractor)
- Croydon Health Services NHS Trust
- South London & Maudsley NHS Foundation Trust
- NHS England – London Local Area Team
- Croydon Health & Wellbeing Board
- Neighbouring Health & Wellbeing Boards (Sutton, Merton, Lambeth, Bromley and Surrey)

Other Stakeholder Groups

- NHS Croydon Clinical Commissioning Group (who were invited to share the draft PNA for consultation with relevant public and patient involvement groups as appropriate)
- Croydon Drug & Alcohol Team (DAAT)
- Croydon Integrated Commissioning Unit
- Croydon Public Health Intelligence Team
- Croydon Public Health Team

Annex A

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Annex B

Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	LMC	Local Medical Committee
AUR	Appliance Use Reviews	LPC	Local Pharmaceutical Committee
BAME	Black, Asian and Minority Ethnic	LPS	Local Pharmaceutical Services
BCF	Better Care Fund	LTC	Long Term Condition
BP	Blood pressure	MAS	Minor Ailments scheme
CCG	Clinical Commissioning Group	MDT	Multidisciplinary Team
CCTV	Closed Circuit Television	MHOA	Mental Health for Older Adults
CHS	Croydon Health Services NHS Trust	MIU	Minor Injuries Unit
COPD	Chronic Obstructive Pulmonary Disease	MMR	Measles, Mumps and Rubella
CPD	Continuing professional development	MURs	Medicines Use Reviews
CPN	Community Psychiatrist Nurse	NHSE	NHS England
CPPE	Centre of Pharmacy Postgraduate Education	NICE	National Institute for Health & Care Excellence
CVD	Cardiovascular Disease	NMS	New Medicine Service
DAC	Dispensing Appliance Contractor	NRT	Nicotine Replacement Therapy
DBS	Disclosure and Barring Service	NSAID	Nonsteroidal anti-inflammatory drugs
DTaP/IPV	Diphtheria, Tetanus, acellular Pertussis / Inactivated Polio Vaccine	OCU	Opiate / Crack Cocaine User
EHC	Emergency hormonal contraception	ONS	Office of National Statistics
EPS	Electronic prescription services	PGD	Patient Group Direction
ESPLPS	Essential Small Pharmacy Local Pharmaceutical Services	PH	Public Health
FP10	NHS Prescription Form	PHE	Public Health England
GLA	Greater London Authority	PHOF	Public Health Outcomes Framework
GP	General practitioner	PI	Prescription Intervention
GUM	Genito-urinary medicine	PMR	Patient Medication Record
HIV	Human Immunodeficiency Virus	PNA	Pharmaceutical Needs Assessment
HLP	Healthy living pharmacy	PURM	Pharmacy Urgent Repeat Medication
HPA	Health Protection Agency	QoF	Quality and Outcomes Framework
HPV	Human Papillomavirus	RPSGB	Royal Pharmaceutical Society of Great Britain
HWB	Health & Wellbeing Board	SACS	Stoma Appliance Customisation Services
IBA	Identification and Brief Advice	SLaM	South London & Maudsley NHS Foundation Trust
IMD	Index of multiple deprivation	STIs	Sexually transmitted infections
JHWS	Joint Health & Wellbeing Strategy	UPSI	Unprotected Sexual Intercourse
JSNA	Joint Strategic Needs Assessment	WHO	World Health Organisation
LAs	Local Authorities	WIC	Walk-in Centre