

Croydon Pharmaceutical Needs Assessment

Produced in accordance with the NHS England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and approved by the Croydon Health and Wellbeing Board on 25 March 2015.

Pharmaceutical Needs Assessment

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1. Background

1.1 Why a PNA is needed

- The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical Services, must apply to be on the Pharmaceutical List. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013¹ set out the system for market entry
- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA). Box 1 summarises the duties of a HWB in relation to PNAs
- A PNA sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. Box 2 summarises the information which the PNA must contain and the matters which must be taken into account when making the assessment
- The PNA is subsequently used by NHS England to consider applications to open a new pharmacy or to move an existing pharmacy and when commissioning services. It will also be a reference source for existing NHS pharmaceutical services contractors who may wish to change the services they provide and/or by potential new entrants to the market
- In undertaking our assessment, we have recognised that our community pharmacies have a key role to play in helping us to develop and deliver the best possible pharmaceutical services. Our vision is to create a network of pharmacies which will play a pivotal role in improving the health and wellbeing of our population. Our PNA may, therefore, be used by Croydon Council and the NHS Croydon Clinical Commissioning Group in the development of their commissioning strategies
- This document has been prepared by Croydon's HWB, in accordance with the Regulations. It replaces the PNA (2011-14) published by the former Croydon PCT

Box 1 - Duties of the HWB

1. **Publish** its first PNA by 1 April 2015
2. **Maintain** the PNA, in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s). A map of provision must be kept up to date. A new PNA must be published every 3 years. The HWB must make the PNA, and any supplementary statements, available to NHS England and neighbouring HWBs
3. **Respond to consultations**, by a neighbouring HWB, on a draft of their PNA. In doing so, the HWB must consult with the Local Pharmaceutical Committee (LPC) and the Local Medical Committee (LMC) for its area and have due regard to their representations

Box 2 – Requirements for the PNA

The **matters** which the HWB must consider are:

- The demography and health needs of the population
- Whether or not there is reasonable choice in the area
- Different needs of different localities
- The needs of those who share a protected characteristic²
- The extent to which need for pharmaceutical services is affected by:
 - Pharmaceutical services outside the area
 - Other NHS services

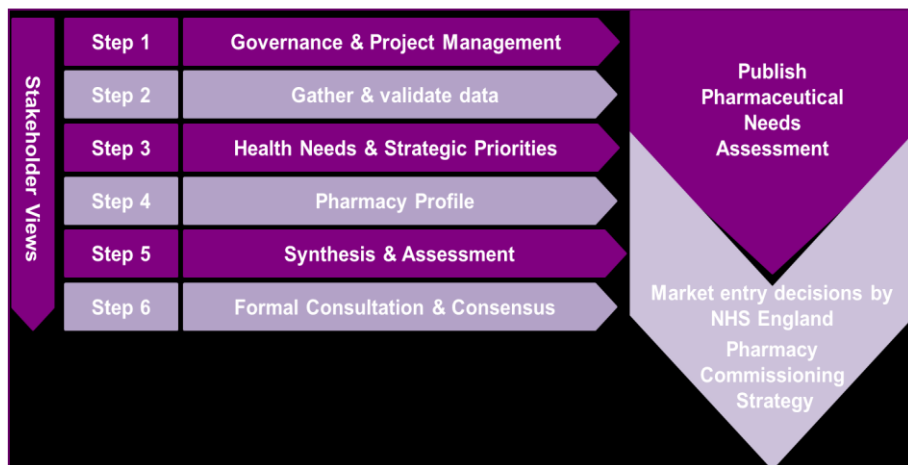
Schedule 1¹ sets out the information the PNA must include:

- A statement of the following:
 - Services which are considered to be **necessary** to meet a pharmaceutical need; and other relevant services which have **secured improvements in, or better access to pharmaceutical services**; making reference to current provision and any current or future gaps
 - How other services may impact upon pharmaceutical services
- A map identifying where pharmaceutical services are provided
- An explanation of how the assessment was carried out including:
 - How the localities were determined
 - How different needs of different localities, and the needs of those with protected characteristics², have been taken into account
 - Whether further provision of pharmaceutical services would secure improvements or better access (taking into account both pharmaceutical and other NHS services inside & outside of the area)
 - Likely future pharmaceutical needs
 - A report on the consultation

1. Background

1.2 Methodology

- The Croydon PNA has been developed using a structured approach. The scope for the assessment is set out on the next page
- The diagram below provides a high level overview of the process adopted; and the table on the right hand side summarises the key activities which were carried out at each stage
- Each stage of the process was reinforced through a wide engagement exercise with stakeholders. This included:
 - An online survey for completion by residents of Croydon (refer to Appendix B)
 - Seeking views from a range of health and social care professionals within our partner organisations; the Local Pharmaceutical Committee and our community pharmacists
- The views of stakeholders were captured and used to inform the assessment and conclusions set out in this document
- The formal statutory consultation was then used to test and challenge our assessment and conclusions prior to producing the final PNA for approval by the HWB and publication



	Activity
Step 1 Governance & Project management	<ul style="list-style-type: none"> • A multi-agency Steering Group was established to oversee and drive the development of the PNA. The Terms of Reference are attached in Appendix A • Webstar Lane Ltd was appointed to provide subject matter expertise and project management support
Step 2 Gather and validate data	<ul style="list-style-type: none"> • Information and data was requested from managers and commissioners within NHS England, Croydon Council and NHS Croydon CCG • A questionnaire was designed and disseminated to community pharmacies to verify current service provision and to secure insights into other aspects of service delivery. A copy is attached in Appendix C • The data from the questionnaire was used to identify and address anomalies with the data supplied by service commissioners to produce an accurate dataset
Step 3 Health Needs & strategic priorities	<ul style="list-style-type: none"> • A desktop review of the JSNA and key strategies was undertaken • This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services
Step 4 Pharmacy profile	<ul style="list-style-type: none"> • The current profile of pharmaceutical services, was documented on a service by service basis • This was supplemented with a benchmarking exercise using our ONS comparators (where data was available)
Step 5 Synthesis & assessment	<ul style="list-style-type: none"> • Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision • Pre-determined principles were used to underpin the decision making process
Step 6 Formal consultation	<ul style="list-style-type: none"> • A formal consultation was undertaken between 3 November 2014 – 6 January 2015 in accordance with the Regulations • Comments were collated and presented to the PNA⁴ Steering Group for discussion and decision

1. Background

1.3 Scope of the PNA

Contractors included on the Croydon Pharmaceutical List - 75 Pharmacies & 1 Dispensing Appliance Contractor Refer to page 24 for Further Details

Pharmacy Contractors National contract” 73 (Includes Internet Pharmacy & the pharmacy with a bolted on LPS)	Dispensing Appliance Contractors “Provide appliances but not medicines” 1	Local Pharmaceutical Services Contractors Local contract, commissioned by NHSE 3 (1 LPS Pharmacy; 1 Essential Small Pharmacy LPS; 1 LPS “bolted on” to national contract)	Dispensing Doctors None
Pharmaceutical Services		Other Services Commissioned from Pharmacies	
Community pharmacists provide: <ul style="list-style-type: none"> • Essential Services <ul style="list-style-type: none"> ○ Dispensing (includes electronic prescription services) and the actions associated with dispensing ○ Repeatable dispensing ○ Disposal of unwanted medicines ○ Promotion of healthy lifestyles <ul style="list-style-type: none"> • Prescription linked interventions • Public health campaigns ○ Signposting ○ Support for self-care • Advanced Services <ul style="list-style-type: none"> ○ Medicines use reviews (MURs) & Prescription Intervention Service ○ New Medicines Service (NMS) ○ Appliance Use Reviews (AURs) ○ Stoma Appliance Customisation Services (SACS) • Enhanced Services <ul style="list-style-type: none"> ○ London Pharmacy Vaccination Service 		Public Health Services <ul style="list-style-type: none"> ○ Stop Smoking Service ○ Chlamydia Screening Programme ○ Enhanced Sexual Health ○ Supervised Consumption Service ○ Needle & Syringe programme ○ NHS Health Checks 	
		Services commissioned and/or managed by Croydon CCG <ul style="list-style-type: none"> ○ Pharmacy First - Minor Ailments ○ Domiciliary medicines review (Better Care Fund monies; managed by CCG) 	
Dispensing Appliance Contractors provide: <ul style="list-style-type: none"> • Essential Services <ul style="list-style-type: none"> ○ Dispensing (includes electronic prescription services) & the actions associated with dispensing appliances ○ Repeatable dispensing ○ Home delivery for specified appliances ○ Provision of supplementary items (e.g. disposable wipes) • Advanced Services <ul style="list-style-type: none"> ○ Stoma Appliance Customisation Services (SACS) ○ Appliance Use Reviews (AURs) 		Services commissioned by NHS Trusts or Foundation Trusts: None Other Services which Affect the Need for Pharmaceutical Services <ul style="list-style-type: none"> • Croydon Health Services (CHS) NHS Trust which comprises Croydon University Hospital & Croydon Community Health Services • South London & Maudsley NHS FT (SLaM) - mental health services • Urgent Care Centre (Croydon University Hospital) • Purley War Memorial Hospital (Minor Injuries Unit & various out patient clinics) • Edridge Road Walk-In Centre • GP Out of Hours Service (based at Croydon University Hospital) • Community Drugs and Alcohol Service • Sexual Health Services • Dentists, Optometrists, GPs, Care Homes 	
		The following services have been <u>excluded</u> from the scope of this PNA because they do not fall within the Regulations ¹ and do not impact market	

2. Local Context

2.1 The Place

- The London Borough of Croydon is based in South London
- It lies on a transport corridor between central London and the south coast of England and is one of the eleven metropolitan centres in Greater London
- The Borough is 33.59 square miles in size and has a resident population of approximately 372,800 (mid-2013 estimate)
- The area is comprised of 24 wards, which vary in their demography, levels of deprivation and health needs
- Croydon is the largest London borough by population with 11,000 people per square mile compared to the UK average of 650
- The population density varies considerably between the wards:
 - Broad Green, Fairfield and Selhurst (East Croydon locality) are the most densely populated wards
 - New Addington, Fieldway and Selsdon & Ballards (New Addington and Selsdon locality) are the least densely populated wards
- Croydon is currently undergoing a programme of significant housing & economic development which will impact upon the population size and demographic profile of the area. This is described in detail on page 44, but includes:
 - Transformation of urban quarters and improvement of transport infrastructure
 - Development of 9,500 new homes and more than 16,500 jobs by 2020
 - Modernising and upgrading shopping and leisure facilities
 - Enhancing valuable heritage assets in the Old Town
- Croydon borders several other HWB areas. Specifically:
 - Sutton
 - Merton
 - Lambeth
 - Bromley
 - Surrey (via Reigate & Banstead and Tandridge)
- Our assessment, has taken into account pharmaceutical services provided in these neighbouring HWB areas



2. Local Context

2.1 The Place (cont...)

- The PNA regulations require that the HWB divides its area into localities which are then used as a basis for structuring the assessment
- For the purpose of our PNA, we have adopted a ward based locality structure that divides the Borough into six locality areas (refer to the upper table on the right hand side)
- The rationale for adopting this locality structure may be summarised as follows:
 - The structure reflects the resident population of Croydon and is co-terminus with wards
 - The structure enables explicit analysis of developments and growth occurring within the East Croydon locality
 - *It should be noted that the GP networks used by NHS Croydon CCG were considered but discounted as these are not co-terminus with wards. However, the PNA localities have been determined so that they align broadly with the GP networks*
- Whilst the localities will form the basis of our PNA, we will also make reference to wards as a means of pin pointing specific issues within the localities; or where locality level information is not available. This is particularly important for localities where there are extremes with respect to diversity, health needs and/or service provision
- The Office National Statistics (ONS) groups together geographical areas according to key characteristics common to the population within a grouping. The ONS comparator group for Croydon is shown in the lower table on the right hand side. This group will be used for the purposes of benchmarking within the PNA

	Locality	Ward(s)
1	Mayday	<ul style="list-style-type: none"> • Bensham Manor • Norbury • West Thornton
2	Thornton Heath	<ul style="list-style-type: none"> • South Norwood • Upper Norwood • Thornton Heath
3	Woodside & Shirley	<ul style="list-style-type: none"> • Ashburton • Shirley • Woodside
4	New Addington & Selsdon	<ul style="list-style-type: none"> • Fieldway • Heathfield • New Addington • Selsdon & Ballards
5	Purley	<ul style="list-style-type: none"> • Coulsdon East • Coulsdon West • Kenley • Purley • Sanderstead
6	East Croydon	<ul style="list-style-type: none"> • Addiscombe • Broad Green • Croham • Fairfield • Selhurst • Waddon

ONS Comparator Group

<ul style="list-style-type: none"> • Barnet • Ealing • Enfield • Harrow 	<ul style="list-style-type: none"> • Hounslow • Greenwich • Luton • Redbridge 	<ul style="list-style-type: none"> • Waltham Forest • Slough* • Merton*
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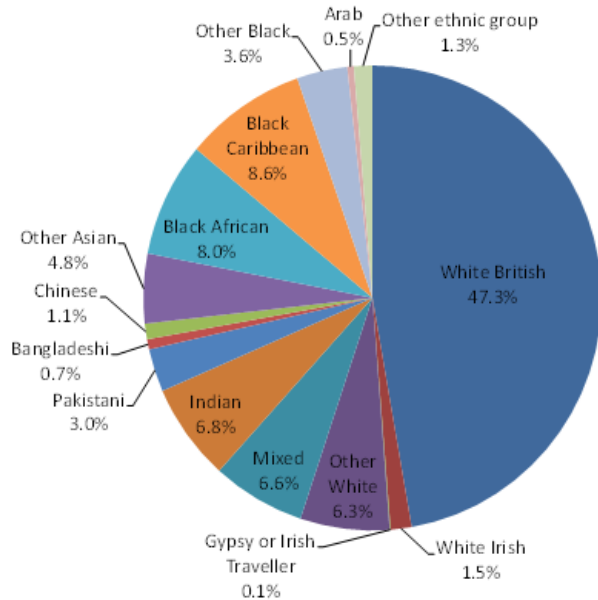
* Used where benchmarking data is available; otherwise excluded

2. Local Context

2.2 Demography

Ethnicity

- In the 2011 census, 47.3% of the population described themselves as White: English / Welsh / Scottish / Northern Irish / British. This compares to 79.8% for the whole of England
- The level of diversity is increasing. The pie chart (below) provides an overview of the population distribution. It is of note that:
 - Just under 45% come from Black, Asian and Minority Ethnic (BAME) communities; a significant increase from the 2001 census. Distribution of BAME communities varies in Croydon, with 83% living in West Thornton ward in the North, compared to 20% in Coulsdon East ward in the South
 - There are approximately 2,100 emigrants and 3,500 immigrants per year. The most common areas that immigrants arrive from are: South Asia, Eastern Europe and Central and Western Africa
- The most common languages spoken by people in Croydon other than English are Tamil, Polish, Gujarati, and Urdu. The table, on the right, summarises the most common languages spoken by



Language	No. Pharmacies	Percentage	Other languages spoken (<8% pharmacies)
Gujarati	42	56%	Tamil Arabic Cantonese Yoruba Turkish Marathi Igbo Portuguese Italian Kutchi Mandarin
Hindi	38	51%	
Urdu	19	25%	
Punjabi	13	17%	
Swahili	12	16%	
French	11	15%	
Spanish	7	9%	
Russian	7	9%	
Twi	6	8%	
Ghanaian	6	8%	

What this means for the PNA

There is a correlation between health inequalities and diversity within the population. For example, BAME communities often experience a spectrum of health challenges from low birth weight babies and infant mortality through to higher incidences of long term conditions such as diabetes and hypertension

It is essential that pharmaceutical services meet the specific needs of all communities within Croydon as well providing a broad and appropriate range of services to the general population

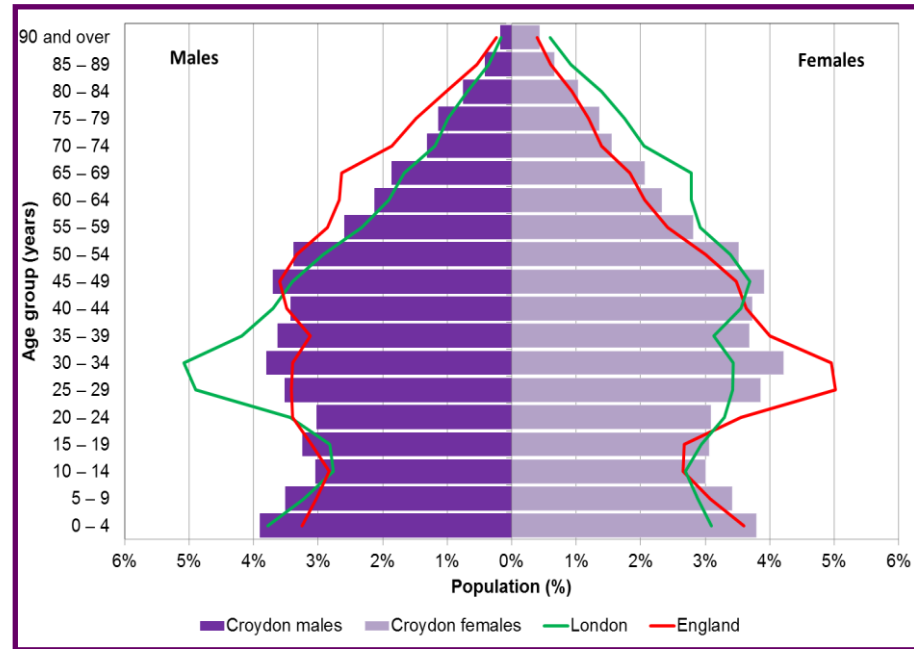
The diversity of languages spoken potentially presents a challenge for the effective communication of medication related, health promotion and lifestyle advice. There is a correlation between languages spoken in Croydon and by staff in pharmacies. Where possible, we will take opportunities to signpost patients to pharmacies where their first language is spoken. However, we need to review what steps are required to ensure all patients are able to benefit from the services and interventions offered by pharmacy

2. Local Context

2.2 Demography (cont...)

Population

- The Office of National Statistics (ONS) suggests there are approximately 372,800 people resident in Croydon (mid-2013). This is projected to increase to 400,000 by 2021, with the greatest increases seen in the age groups 5-14, 30-39 and 55+ years
- The population pyramid (on the right hand side) demonstrates a gender split of approximately 48:52 with a slightly larger population of females.
- The age distribution graph (below) demonstrates how age varies across Croydon's wards:
 - 12.5% of people are aged 65+, with 1.7% being aged over 85 years. Coulsdon East, Selsdon & Ballards and Sanderstead have the highest proportion of residents aged 65+
 - Croydon has the 5th highest proportion of children aged between 0-19 years (26.9%) in London, with the highest proportion of this age group living in Fieldway, Broad Green and New Addington
 - Broad Green, Woodside & Selhurst have younger population profiles with the highest proportion of people aged under 65 years.



What this means for the PNA

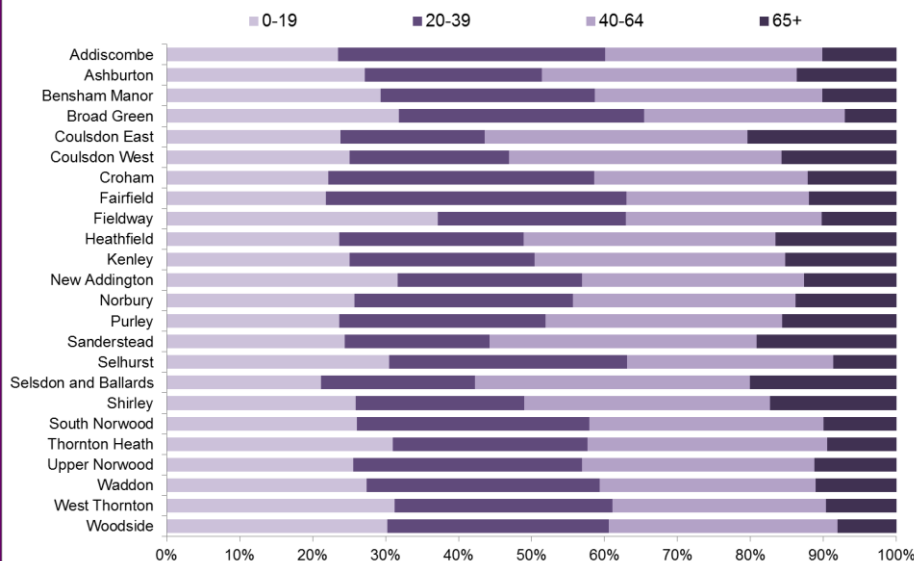
A survey of the population in England³ found that older people, children, women aged 55+ and those with a long-term condition were more likely to visit a pharmacy at least once a month. Men, younger adults and people in employment were less likely to visit a pharmacy

It is, therefore, important to ensure pharmacies in the areas with a younger population profile maximise opportunities to target health promotion and public health interventions in order to improve health and prevent or delay the onset of disease and long term conditions

Similarly, pharmaceutical services within the wards with the highest proportion of older people need to be tailored to meet their specific needs e.g. targeted medicines use reviews (MURs), new medicine service (NMS) reviews etc

The growing population of Croydon has implications for the future demand for services. It is important that pharmaceutical services develop in order to meet the needs of specific sub-sets of the population (i.e. children, those aged 30-39 years and those aged 55+ years); as well as the continued needs of the general population

Population Distribution by age in Croydon Wards



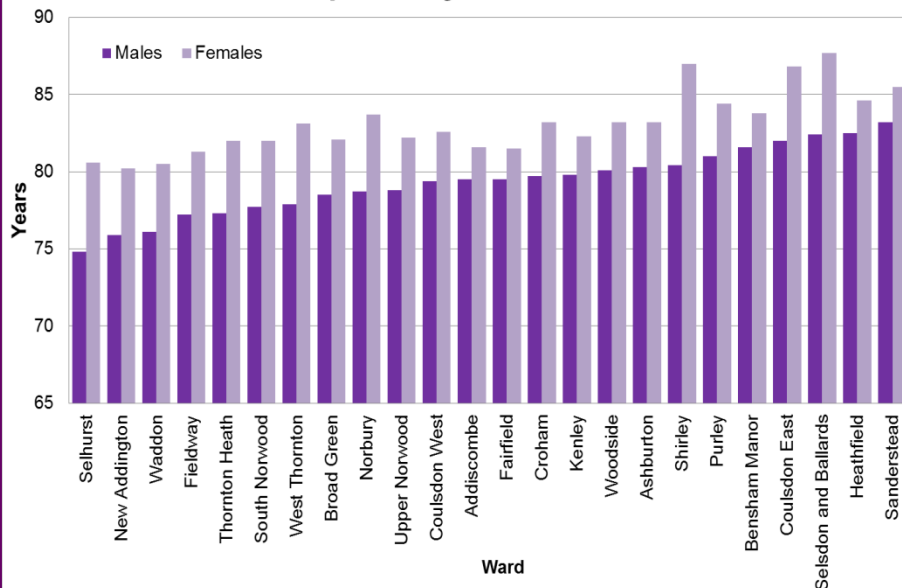
2. Local Context

2.2 Demography (cont...)

Deprivation

- Croydon is the 19th (out of 32) most deprived boroughs in London:
 - 63,482 residents (17.2%) fall within the 20% most deprived areas of the country and 16,000 fall within the 10% most deprived areas
 - Within Croydon, the 5 wards which rank highest on the Index of Multiple Deprivation (IMD) are Fieldway, New Addington, Broad Green, Selhurst and South Norwood
 - Long term unemployment is similar to the regional average and slightly higher than the national average at 10.01% (approximately 2,422 people; 2012 data)
 - 25.2% children live in poverty compared to 25.6% in London & 20.6 in England. There is considerable variation across the Borough with nearly half the children in Fieldway living in poverty compared with 1 in 10 in the wards to the South
- This picture of deprivation, together with pockets of affluence, result in significant differences in life expectancy (see graph)

Life expectancy at Birth 2008-12



Life Expectancy

- Life expectancy is a measure of how long a person, born into an area, would be expected to live by reference to current observed rates of mortality. In Croydon, average life expectancy (2010-12 data) for:
 - Women is: 83.2 years compared with 83.0 for England
 - Men is: 79.2 years compared with 79.2 for England
- The gap in life expectancy, between the best and worst, helps to illustrate how inequalities affect the population differently. Life expectancy is 9.1 years lower for men and 7.7 years lower for women in the most deprived areas of Croydon (compared with the least deprived)
- It is of note that circulatory disease, cancers and respiratory disease are the most common reasons for the life expectancy gap between the most and least deprived. Together these accounted for 67% more deaths in males and 71% more deaths in females living in deprived areas than those that did not

What this means for the PNA

There is a correlation between deprivation, higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. This has a negative impact upon health outcomes and contributes towards health inequalities

Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs, as well as facilitate the self-management of those with long term conditions

The PNA will need to take into account whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet health needs

2.3 Health Needs

2.3.1 Lifestyle

- Lifestyle has a significant impact upon the health and outcomes of an individual
- Within Croydon, the lifestyle factors and behaviours which are a cause for concern include:

Smoking

- The prevalence of smoking, in Croydon, was 17% (2013). This rate is similar to that of the regional average (17.3%) and below the England average (18.4%)
- Prevalence is highest in the wards of Fieldway (29.3% of adults smoke; this is the worst in Croydon) and New Addington (New Addington & Selsdon Locality), Woodside (Woodside & Shirley Locality) and Waddon (East Croydon locality)
- The prevalence of smoking is higher in people from routine and manual occupational groups. In 2013, 22.3% of people in these groups currently smoke in Croydon compared with 24.9% and 29.6% for London & England respectively

Poor diet

- In 2011/12, 67.9% of infants were either totally or partially breast fed at the 6-8 week check. This is significantly higher than the England average (47.2%). The percentage of breast fed infants is lowest in the New Addington & Selsdon and Woodside & Shirley Localities (47.3% and 63.7% respectively). The Public Health Outcomes Framework (PHOF) identifies that this rate has improved to 70.2% in 2013/14. No comparator data are available for London and England for the same period
- Only 27.8% of people eat the recommended 5+ portions of fruit and vegetables each day
- There is a correlation between fast food and obesity. Croydon has a high proportion of fast food outlets (114 outlets per 100,000 population compared to the England average of 77.9)

Physical inactivity

- 28.3% of adults in Croydon are inactive, this is similar to the London (28.4%) and England (28.9%) averages
- Croydon ranks in the bottom 10% of local authorities for physical activity (2011/12 data)

Substance misuse

- In 2011/12, it was estimated that there were 1,914 opiate and/or crack users (OCU); this is equivalent to 7.97 per 1,000 population, which is lower than the regional (9.55) and national (8.4)) averages
- 12.8% of the population drink alcohol at a level of increasing risk (hazardous) to their health, a further 5.0% drink at an even higher risk (harmful). These compare well to the regional averages (15.8%, 7.6% respectively)
- The rates of alcohol related recorded crime (per 1,000) is 9.2 compared to 9.0 in London and 5.7 in England (2012/13)
- It is estimated, approximately 30% of secondary school pupils in Croydon have been drunk
- GP data shows alcohol dependence is highest in Waddon & Addiscombe (East Croydon locality), Woodside & Ashburton (Woodside & Shirley locality) and Bensham Manor (Mayday locality)

Risky sexual behaviour

- Sexual health is influenced by a number of factors including sexual behaviour and attitudes
- Unprotected sex can lead to poor sexual health, sexually transmitted infections (STIs) and unplanned pregnancy
- There is generally a correlation between alcohol, risky sexual behaviour and poor sexual health outcomes

In the pages which follow, we explore the health consequences of these lifestyle choices, together with a range of other diseases.

The implications for the PNA are set out on pages 20 and 21

2.3 Health Needs

2.3.2 The Health Consequences of Lifestyle Choices

Cardiovascular Disease and Stroke

- Cardiovascular disease (CVD) is one of three most common causes of death in Croydon
- It is estimated that in Croydon 55% of cases of CVD are preventable either through modification of lifestyle and/or the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant or anti-platelet therapy, anti-diabetic medication etc)

Diabetes

- Diabetes is associated with long-term complications including heart disease, stroke, blindness, amputation and chronic kidney disease
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity
- There is also a correlation with:
 - Deprivation: those living in the most deprived areas have a higher risk
 - Ethnicity: risk for people of South Asian origin is six times greater; and Black-African Caribbean origin is five times higher than that for white people. There is a greater risk of long-term complications in these groups
- Croydon has a 6.39% GP recorded prevalence rate of diabetes; this is higher than the regional (5.82%) and national (6.01%) averages (2012)

Cancer

- It is of note that cancer rates & 'preventable' deaths in men are statistically similar to London and England averages

Respiratory Disease

- Respiratory 'preventable' deaths are statistically similar to the London and England averages; the standardised mortality rate for 'all deaths' is statistically similar to the regional and national average
- The prevalence for COPD, for which smoking is the main cause, is statistically worse than the England average

Hospital admissions

- Tackling smoking will reduce smoking related hospital admissions (refer to table on the bottom right)

The tables on the right provide an insight into the impact of the conditions. Refer to Appendix E when reviewing this information, as this provides the confidence intervals and 1 and 3 year trends for the data

Under 75 mortality rates from cardiovascular disease per 100,000 population

2010-12 data	Men	Women	Total
All Deaths (Croydon) (London; England)	121.5 (118.1; 114)	50.8 (51.1; 50.1)	84.1 (83.1 81.1)
Preventable* - (Croydon) (London; England)	85.4 (79.3; 80.8)	28.3 (27.0; 27.6)	55.2 (52.0; 53.5)

Under 75 mortality rates from cancer per 100,000 population

2010-12 data	Men	Women	Total
All Deaths (Croydon) (London; England)	161.8 (158.6; 163.6)	118.8 (121.9; 130.8)	138.7 (139.1; 146.5)
Preventable* (Croydon) (London; England)	93.0 (91.4; 92.7)	68.3 (72.4; 77.9)	79.6 (81.5; 84.9)

Under 75 mortality rates from respiratory disease per 100,000 population

2010-12 data	Men	Women	Total
All Deaths (Croydon) (London; England)	45.5 (40.6; 39.6)	29.1 (25.4; 27.9)	36.8 (32.6; 33.5)
Preventable* (Croydon) (London; England)	23.5 (21.4; 20.1)	13.0 (13.2; 15.2)	17.9 (17.1; 17.6)

Under 75 prevalence of Chronic Obstructive Pulmonary Disease (%) 2010-12

COPD (Croydon) (London; England)	3.62 (3.20; 3.07+)
Smoking – Related Hospital Admissions (Total) 2010-12	
No. of Admissions (Croydon); (London; England)	1,216 (1,331; 1,420)

Source: Public Health Outcomes Framework

* Preventable deaths are those which may be avoided through public health interventions

+ Statistically worse than the London or national average

2.3 Health Needs

2.3.2 The Health Consequences of Lifestyle Choices (cont...)

Substance Misuse

- The World Health Organisation (WHO) defines the misuse of drugs or alcohol as “the use of a substance for a purpose not consistent with legal or medical guidelines”. It may also be defined as “a pattern of substance use that increases the risk of harmful consequences for the user”
- Substance misuse is associated with a range of adverse physical, mental health and/or social consequences

Drug Misuse

- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV. These infections are associated with chronic poor health; serious illness which may necessitate complex treatment; and may cause premature death
- The Health Protection Agency (HPA) has estimated that in England (2013) for current and previous drug users (PHE Shooting Up Briefing, Nov 2014):
 - 17% are Hepatitis B Positive
 - 50% are Hepatitis C positive
 - 1.2% are HIV positive

Alcohol misuse

- Drinking more than the recommended daily allowance, and particularly binge drinking (i.e. at least twice the daily recommended amount of alcohol in a single drinking session i.e. 8+ units for men and 6+ units for women), has health consequences which include:
 - **Liver disease:** The under 75 mortality rate in 2010/12 was 15.4/100,000. This is statistically similar to the England average (18/100,000) and lower than the London average (18.9/100,000)
 - **Alcohol-related mortality (2012):** This was 55.57/100,000 for males and 25.58/100,000 for females. In both cases, this rate is statistically similar to both the London and England averages
- The table (on the right) summarises the number of hospital admissions which are attributable to alcohol

Sexual Health

- Risky sexual behaviour has a number of potential health consequences:
 - In 2013, the number of acute STIs diagnosed was 4,615 in Croydon
 - The rate of STIs (including chlamydia) per 100,000 population was 1,251 for Croydon; this compares to 1,332.5 and 834.2 for London and England respectively (2013)
 - The rate of chlamydia diagnosis, in those aged 15-24 years (per 100,000), was 2,704 for Croydon; this compares to 2,179 for London and England 2,016 (2013)
 - In 2013, the gonorrhoea diagnosis rate (per 100,000) was 128.5; this is lower than London (155.4) and statistically similar to England (52.9)
 - Croydon has an HIV prevalence rate 5.1, this is lower than the London rate of 5.5 but significantly higher than the national rate of 2.1 per 1,000 population
 - 58.3% of HIV in Croydon is diagnosed at late stage (CD4 <350) in those aged 15+. This is statistically higher than the London (44.9%) and England (48.3%) averages (2010-2012 data)
- Unwanted pregnancy has a significant impact, particularly in young girls; and termination of pregnancy can have long term physical and psychological effects leading to health problems in the future. Teenage pregnancy often leads to poor health and social outcomes for mother and baby:
 - In 2012, the rate of under 18 conceptions (per 1,000) was 28.6, in Croydon. This is slightly higher than the regional (25.9) and England (27.7) averages
 - Abortions rates (26.9 per 1,000 women aged 15 -44) are higher than the London (21.7) and England (16.1) averages (2012/13)
 - Repeat abortions in those under 25 (38.7%) are higher compared to London (32.6%) and England (26.9%) averages (2012/13)

Hospital admissions per 100,000 population

Alcohol related harm (Croydon) (2012/13) (London; England)	526 (554; 637)
Alcohol specific stays – aged under 18 years (Croydon; 2010/11 – 12/13) (London; England)	26.22 (29.76; 44.88)

Source: Public Health Outcomes Framework

2.3 Health Needs

2.3.3 Other Considerations

Mental Health

- At least one in four people will experience a mental health problem at some point in their life
- One in six adults has a mental health problem at any one time
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders
- In Croydon:
 - The percentage of GP registered patients diagnosed with a common mental health condition is significantly higher than national averages
 - An estimated 38,620 adults (aged 16-64) will be suffering from a common mental health disorder by 2015
 - The recorded suicide rate (6.2) is significantly lower than the national average (8.5)
- A vast array of medication is available to treat various mental health disorders including anxiety, depression, schizophrenia etc. Adherence is often poor; this is partly a result of the conditions themselves but also a reflection of the unpleasant side effects of many of the medicines

Older People

- The frequency of ill health rises with increasing age and older people generally need to use health and care services more frequently than younger people
- Older people are particularly vulnerable to:
 - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities. The diagnosed prevalence (in the last 5 years) is around 20,120 (5.5%) of the population
 - **Dementia:** The diagnosed prevalence in Croydon is 1,575 (0.43%) of the population. It is predicted that prevalence is actually twice as much in this age group
 - **Falls:** The rate (per 100,000) of older people, who sustained an injury due to a fall was 2,318 for those aged 65 – 79; this is higher than the London (2,242) and England (2,011) average

Care Homes

- In Croydon, there are currently over 200 care homes with circa 2,900 beds. The council commissions beds from 60 of these homes
- With increasing numbers of frailer older people with long term conditions and complex requirements including palliative needs, care homes are providing care that historically has been provided by hospitals. In Croydon:
 - Projecting Older People Population Information has estimated that around 1,562 people aged 65 and over currently live in a care home. The highest proportion of which are people aged 85 and over (n=819)
 - By 2025, projections estimate the total number of those aged 65 and over living in care home is set to increase to 2,148
- A number of homes in Croydon provide support for people with learning disabilities and for those who require mental health rehabilitation
- Croydon has identified a number of priorities, in response to the NICE Managing Medicines in Care Homes (SC1) guideline. These include:
 - Supporting residents to take a full part in making decisions about their medicines
 - Medicines reconciliation
 - Supporting care homes to determine the best system for supplying medicines for each resident
 - Producing medicines administration records wherever possible, ensuring these meet the requirements of NICE
 - Advice on safe storage
 - Supporting self-administration
 - Supporting care homes in deciding the best time for residents to take their medicines, including the review of medicines given during busy times
- Adopting a proactive approach to managing medicines in care homes is likely to make a contribution towards reducing unplanned admissions to hospital

2.3 Health Needs

2.3.3 Other Considerations (cont...)

Seasonal Influenza

- Seasonal influenza may cause severe illness and complications in vulnerable groups including children aged under 6 months; older people; pregnant women and those with underlying disease especially chronic respiratory disease, cardiac disease and immunosuppression. Seasonal influenza vaccine is recommended for people falling into these clinical groups
- Each year, the Department of Health sets targets for seasonal influenza vaccination. For 2013/14, the target was 75% or higher for both the over 65 years and those aged under 65 who fall into 'risk' groups (including pregnant women)
- With respect to seasonal influenza vaccination in 2013/14:
 - For the over 65s, the vaccination rate was 65.7.0%; this is lower than the London (70.0%) and England (73.2%) averages. Vaccination rates were particularly low in the Mayday, Thornton Heath and Woodside & Shirley localities (64.8%, 62.1% and 64.7% respectively)
 - For those aged 6 months to 64, in all 'at risk' groups, the vaccination rate was 47.3% compared with 52.0% and 52.3% for London and England, respectively. Vaccination rates were below the Croydon average in the Thornton Heath, Woodside & Shirley and Purley Localities

Childhood immunisation

- A priority is to achieve 'herd' immunity against infectious diseases (i.e. 95% of the eligible population should be immunised against the disease)
- Croydon is not meeting the national vaccination targets for childhood immunisations; and performs below the regional and national levels:
 - DTaP/IPV booster uptake at 5 years is 75.6% compared with 79.9% in London and 88.9% in England
 - MMR2 uptake at 5 years is 77.4% compared with 80.8% in London and 87.7% in England
 - HPV vaccinations (girls aged 12-13 years) is 77.4% compared to 78.9% in London and 86.1% in England

Disability

- Supporting people with a disability through the provision of a range of responsive and coherent health and care services will help those with a disability to live independently for as long as possible
- In Croydon:
 - Around 38,500 (16.96%) people (aged 16 – 64 years) are in a chronic state of ill health or disability
 - Nearly 7,000 (15%) of older people (65+) are in a chronic state of ill health or disability; and have a need for extra help with mobility or more general care
 - 40% (19,690 out of 48,400) of people aged 65+ are unable to manage at least one domestic task on their own; and 30% (16,131) are unable to manage at least one self-care task on their own
 - Projected estimates suggest that the number of people, aged 18 – 64 years, with a learning disability is set to increase to 6,039 by 2020 (from 5,761 in 2014); and for those aged 65+ this is set to increase from 1,000 (2014) to 1,144 in 2020
 - Long term conditions, particularly cardiovascular disease, are a major cause of physical disability. The total number of 65+ with a limiting long term illness whose day-to-day activities are limited a lot is 10,680

In the next section, we show how healthcare strategy (national and locally, within Croydon) sets out to tackle the lifestyle behaviours and health needs outlined in the preceding pages.

We then set out the implications for our pharmaceutical needs assessment on pages 20 and 21

2.4 Health Services Strategy

2.4.1 National Strategy

Overview

- Healthcare Strategy is set by a range of health and care organisations working in an integrated way:
 - **Public Health England** (PHE) is an executive agency of the Department of Health. They play a strategic role to protect and improve the nation's health and wellbeing; and reduce health inequalities. They do this by informing health protection, health improvement and health & social care commissioning. Locally, Directors of Public Health are statutory Chief Officers and principal advisers on all health matters advising local authorities on the best ways to improve the health of the population
 - **Local Authorities** (LAs) which have responsibility for public health and improving the health of the population
 - **Health and Wellbeing Boards** (HWBs) which have been established by each LA. The HWB is responsible for overseeing the health and wellbeing needs of its local community and for developing a Joint Health and Wellbeing Strategy, which provides a framework to inform the commissioning of integrated and/or co-ordinated health, social care and public health services based on local need. Membership of the HWB includes local commissioners of health and social care, elected members of the LA and representatives from Healthwatch
 - **NHS England** (NHSE) is the national body responsible for commissioning 'primary care services' from GPs, pharmacies, dentists and optometrists. In addition, it is responsible for commissioning healthcare services for prisons (and other custodial organisations), the armed forces and a range of specialised and highly specialised services
 - **Clinical Commissioning Groups** (CCGs) commission the majority of NHS healthcare for their area. Core responsibilities include securing continuous improvements in the quality of services commissioned, reducing health inequalities, enabling choice, promoting patient involvement, securing integration and promoting innovation and research
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, in this section we set out high level strategic priorities together with the implications for the PNA
- Much of this strategy is evolving. Our assessment reflects emerging themes and priorities at the time the PNA was written

NHS England

- NHS England's ambition, to ensure "High Quality Healthcare for all, Now and in the Future", is set out within "*Everyone Counts: Planning for Patients 2014/15 to 2018/19*". The document describes a five-year transformation programme. A nationwide consultation, "*A Call to Action*", was undertaken to secure commitment to the programme
- Some of the key changes relevant to pharmaceutical services include:
 - Providing a broader range of services, from the wider primary care providers (including pharmacy), in order to improve access and support for patients with a moderate mental health or physical long term condition.
 - A more integrated system of community-based care focused on improving health outcomes which include:
 - Developing new models of primary care which provide holistic services, particularly for frail older people & those with complex needs;
 - A greater focus on preventing ill health
 - Involving patients and carers, more fully, in managing their health
 - The establishment of urgent and emergency care networks to improve access to the highest quality services in the most appropriate setting
 - A move towards providing responsive and patient-centred services seven days a week. Initially the focus will be on urgent and emergency care coupled with up to 9 pilots to improve access to GP services in the evenings and at weekends

Five Year Forward View 2014

- This document sets out an emerging consensus on what needs to be done within the NHS and with partner organisations:
 - The most important action relates to prevention to tackle the rising burden of avoidable illness arising from obesity, smoking, alcohol etc
 - Empowering patients and their carers to manage their own care
 - Barriers preventing effective service integration need to be broken down
- Care needs to be organised around the individuals with multiple health conditions and not based on single disease pathways
- Specific references to pharmacy include:
 - Building the public's understanding that pharmacies and on-line resources can help deal with minor ailments (instead of seeing a GP or going to A&E)
 - Employment of pharmacists by multi-speciality community providers
 - Helping people get the right care, at the right time, in the right place making appropriate use of primary care, community mental health teams, ambulance services, urgent care centres and community pharmacies

2.4 Health Services Strategy

2.4.2 Local Strategies

Joint Health & Wellbeing Strategy (JHWS) 2013-15

The strategy aims to **increase healthy life expectancy and reduce differences in life expectancy; increase resilience and independence, and deliver a positive experience of care.** It sets out 6 areas for improving the health and wellbeing of residents of Croydon:

- | | |
|---|--|
| <ul style="list-style-type: none"> Improvement 1
Giving children a good start in life | <ul style="list-style-type: none"> Focuses on health issues affecting children and young people from conception to age 19 |
| <ul style="list-style-type: none"> Improvement 2
Preventing illness and injury and helping people recover | <ul style="list-style-type: none"> Focuses on addressing vaccination and lifestyle behaviours |
| <ul style="list-style-type: none"> Improvement 3
Preventing premature death and long term conditions | <ul style="list-style-type: none"> Focuses on early detection, management and treatment of long term conditions |
| <ul style="list-style-type: none"> Improvement 4
Supporting people to be resilient and independent | <ul style="list-style-type: none"> Focuses on empowering people to manage their own care; and reducing the need for long term care |
| <ul style="list-style-type: none"> Improvement 5
Providing integrated, safe, high quality services | <ul style="list-style-type: none"> Focuses on redesigning planned and urgent/emergency care pathways including separating planned and unplanned surgery |
| <ul style="list-style-type: none"> Improvement 6
Improving people's experience of care | <ul style="list-style-type: none"> Focuses on ensuring clear eligibility criteria services, as well as improved mechanisms of onward referrals |

These ambitions have informed the strategic priorities and operating plans of Croydon Council and NHS Croydon CCG.

Croydon Public Health Priorities (Corporate Plan 2014 & Public Health Annual Report 2015)

This plan sets out the service objectives and outcomes which are set out in the Corporate Plan. They will be undertaken to address Croydon's public health challenges. The priorities, key areas of focus, which are potentially relevant to pharmacy, are summarised below:

Priorities

- | | |
|--|---|
| <ul style="list-style-type: none"> Smoking Obesity Drug & alcohol related crime Immunisations & vaccinations | <ul style="list-style-type: none"> Mental Health Diabetes Maintaining the independence of older people |
|--|---|

Area of Focus

- Improve immunisation rates and participate in Emergency Preparedness Resilience and Response processes
- Improve cardiovascular health with a focus on schools and workplaces by the delivery of a Heart Town campaign
- Prevent alcohol misuse through development of options for public health based interventions
- Reduce obesity by re-commissioning adult and child weight management services
- Help residents quit smoking by re-establishing the network of community based stop smoking advisers
- Improve health in the workplace in Croydon by developing a work programme with major employers in Croydon

Outcomes

- A reduction in smoking prevalence and an increase in smoking quitters
- Reductions in childhood and adult obesity and increases in participation in health activity
- Improvements in immunisation rates
- A reduction in incident of alcohol-related harm
- Improved sexual health including reduction in incidence of Chlamydia

2.4 Health Services Strategy

2.4.2 Local Strategies (continued...)

CCG Strategic Priorities

The CCG vision is for “*Longer, Healthier Lives for all people in Croydon*”. The following workstreams & priorities are set out in the CCG Commissioning Strategy 2013/14, CCG Commissioning Intentions 2014/15 and Primary and Community Strategy 2013/14 – 15/16. They are relevant to or have implications for pharmacy

Aim	Priorities	Aim	Priorities
Prevention, Self Care & Shared Decision Making <i>Reducing overall mortality rates from disease that are potentially avoidable with medical treatment</i>	<ul style="list-style-type: none"> • Delivery of prevention & self care advice including high blood pressure & weight management • Health promotion campaigns like ‘Self Care Week’ to ensure early detection • Delivery of Pharmacy First: Minor Ailment Service • Patient education programmes to manage LTCs • Access to early intervention and screening services including diabetes and Alcohol Intervention and Brief Advice (IBA) • Medicine expert role in Patient Decision Aids 	Planned Care <i>Ensuring people are seen at the right place at the right time</i>	<ul style="list-style-type: none"> • Development of community based initiation of warfarin for patients with Atrial Fibrillation • Supporting discharged patients within community setting
Long Term Condition and Vulnerable Adults/Older people <i>Empowering people to help maintain their independence and help keep them as well as possible for as long as possible</i>	<ul style="list-style-type: none"> • Integrated working with GPs and healthcare professionals around health needs within the 6 networks • Referral to Single Point of Access with appropriate re-directions • Early intervention and planned care management for people with long term conditions and/or the vulnerable • Development of drug management in long term condition pathways e.g. anti-coagulation • Maintaining focus of community health services for those with a learning disability • Maximise expert role in Telehealth 	Primary and Community Care <i>Transforming Primary Community services so we can deliver care closer to where you live</i>	<ul style="list-style-type: none"> • Development of Primary and Community strategy to achieve alignment and integrated care including equitable opening hours and same day appointment slots • Provision of expert advice on multidisciplinary team case management • Increase uptake of Pharmacy First
Urgent Care <i>Improving accessibility and responsiveness in primary care including Pharmacy First and GP First</i>	<ul style="list-style-type: none"> • Promote 111 directory of services and single point of access • Increase usage of alternative care pathways including Pharmacy First: Minor Ailment Services 	Children and Young People <i>Supporting children and young people to achieve their full potential and have a great start in life</i>	<ul style="list-style-type: none"> • Integrated working between Health and Social care partners within 6 networks • Alignment of early intervention programmes & children’s centres, including perinatal support • Supporting those that have been discharged within community settings
		Medicines optimisation <i>Supporting people to get the best use from their medicines and to reduce waste</i>	<ul style="list-style-type: none"> • Prescribing efficiencies including MDT partnerships for older people & care home dispensing • Extension of medicines reviews / domestic medicine reviews • Joint working with LA e.g. Re-ablement

2.4 Health Services Strategy

2.4.2 Local Strategies (continued...)

The Better Care Fund

- Croydon is in the early stages of developing an integrated care system as a response to The Better Care Fund (BCF), a national initiative with a single pooled budget that supports integrated working between health and social care services, as part of a 5 year transformation programme
- The programme focuses on support for frail older people and those with longer term conditions and aims to:
 - Focus on prevention to avoid progression of chronic diseases
 - Empower and support people to maintain living at home in their own communities
 - Greater co-ordination between health and social care to enable timely intervention and a seamless delivery of service
 - Reduce the demand of unplanned care and readmissions to A&E
- The strategy is in the early phases of development and the role which community pharmacy will play is currently being developed
- We envisage that our network of pharmacies will play a pivotal role in:
 - Supporting the local population to improve the health and wellbeing
 - Assisting people with self care and maintaining their independence
 - Helping to improve primary care access through the delivery of a greater range of community services
- The safe and effective use of medicines is explored further in Section 3 – “Looking to the Future”

Mental Health Strategy 2014 – 16

- This document set out the strategy for adult mental health; and focuses mainly on the needs of adults of working age
- The strategic priorities are set in the context of the Department of Health (DH) strategy ‘Closing the GAP’ and are closely aligned to the local Mental Health for Older Adults (MHOA) service re-design project; and the children and young people’s emotional well-being and mental health strategy 2014 – 2016
- The aim of this strategy is to create a shared transformational vision for mental health service provision within the community. It will be accomplished through the following:
 - Increasing access and referrals to community mental health services (clinical & non-clinical) including managing long term mental health conditions within primary care and improving access to psychological therapies
 - Strengthening partnership working; and integrating physical and mental health care by developing strong infrastructure between community and specialist services, including third sector and voluntary organisations, and developing joint commissioning arrangements, including opportunities with the BCF
 - Starting early to promote mental wellbeing and preventing mental health problems by greater investment in preventative measures, early intervention and recovery, with a focus on self-care and self management. This will align closely with the children’s mental health strategy around multi disciplinary team (MDT) approaches
 - Improving the quality of life of people with mental health problems by ensuring that social care support, including housing and employment needs are met, as well as offering opportunities for wider public health support

2.5 Implications for the PNA

2.5.2 Systematic review

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

Dispensing Services

- The provision of dispensing services ensure that people can obtain the medicines they need
- Our PNA will explore both the accessibility and future capacity of dispensing services

Health Promotion & Brief Advice

- The high number of people using pharmacies provides a real opportunity to *“Make every Contact Count”*¹⁸
- Future campaigns need to be focused on modifying lifestyle behaviours e.g. reducing risky sexual behaviour & alcohol intake, advice on healthy eating, breast feeding, weight management etc

Signposting

- Pharmacies need to be equipped to facilitate signposting of patients to other services e.g. drug & alcohol services, Hepatitis and HIV screening, sexual health services, specialist stop smoking services, ante-natal & post-natal care & support

Medicines Use Reviews (MURs) & New Medicine Service (NMS)

- Medicines play a critical role in preventing illness and improving outcomes for people with long term conditions
- Community pharmacies may choose to provide MURs and/or NMS reviews; and play a pivotal role in helping people to take their medicines as prescribed, in identifying adverse effects and potentially reducing unplanned admissions and re-admissions to hospital
- Targeting reviews to specific groups e.g. those with diabetes, history or risk of CVD or stroke, asthma, COPD and those with a mental health disorder, will support achievement of local strategic priorities

Pharmacy-based immunisation

- The pan-London commissioning of the Influenza and pneumococcal vaccination (and other vaccination services in the future) improves access for Croydon residents and contributes towards achieving ‘herd immunity’ and vaccination targets

Pharmacy-First Minor Ailments Scheme

- Pharmacies provide valuable advice and support for people with self limiting conditions who would otherwise visit their GP or another unscheduled care provider
- It is important that these services are accessible and well publicised to maximise the benefits

Screening & Diagnostics

- Pharmacies have a role to play in identifying unmet need
- In Croydon, community pharmacies have been commissioned to provide NHS Health Checks, from the outset of this programme
- Some pharmacies offer screening as a non-NHS service

Domiciliary Medicine Reviews

- Pharmacies play a key role in supporting housebound patients with taking their medication
- In addition pharmacies contribute to:
 - Providing public health interventions and targeted support within the home setting
 - Avoiding ‘medicines hoarding’ by stock checking the patient’s medicine cabinet
 - Safe disposal of all medication

Sexual health services

- In Croydon, community pharmacy improves access to chlamydia screening and a range of other sexual health services including chlamydia treatment, emergency hormonal contraception service, pregnancy testing, free condoms and oral contraception
- Some women prefer to use town centre pharmacies as these offer a sense of anonymity compared to more ‘local’ pharmacies. Our assessment will take this into consideration, when considering accessibility and provision of Croydon’s sexual health services

Stop Smoking

- Pharmacy based stop smoking services have been shown to be effective and cost effective
- NRT to support a quit may be supplied to clients at the point of consultation (although bupropion & varenicline must be prescribed)
- Smoking prevalence varies across Croydon and it is important that services are tailored accordingly

Substance Misuse

- Community pharmacy-based services help to address the consequences of substance misuse including blood borne infections, reducing drug related crime and improving outcomes
- Prevalence of substance misuse varies across Croydon; and it is important that services reflect the different needs of the population.
- It is key that all services are well promoted and accessible to a wide population

2.5 Implications for the PNA

2.5.1 Overview

The Local Context - What this means for the PNA

Overview

- In considering the implications for the PNA, we have found it helpful to refer to the national picture
- Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport⁴
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons⁵. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population
- The strengths of community pharmacy may be summarised as:
 - **Medicines Expertise**
 - Medicines are the most common medical intervention. Non-adherence, to prescribed medicines, is a silent but significant challenge in managing long term conditions. It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended⁶. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole
 - Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber⁷. As such, they have a central role to play in the management of long term conditions
 - **Provider of public health services**
 - Pharmacy is increasingly becoming a provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services. This is a reflection of its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public

On the next page, we:

- Systematically explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section.
- Set out the factors which our assessment will need to take into account in relation to the provision of pharmaceutical and other locally commissioned services

Appendix F – provides an overview of pharmaceutical need across the lifecourse and has been used to inform our thinking particularly in relation to future pharmaceutical services

3. The Assessment

3.1 Introduction and approach

Overview

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

Data Sources

- Pharmacy data from the Health & Social Care Information Centre (2012/13)
- Data and information collected or held by NHS England, Croydon Council and NHS Croydon CCG in relation to the planning, commissioning and delivery of pharmaceutical services and other locally commissioned services
- The findings from the community pharmacy questionnaire which was issued to pharmacies in June 2014. A 99% response rate was achieved
- Insights from our public survey, which was undertaken between 13 August and 22 September 2014, together with views expressed at a community pharmacy engagement event
- The views of stakeholders within our partner organisations
- The Joint Strategic Needs Assessment (JSNA), national and local healthcare strategy; and other relevant strategies

Factor	Principles for Determining “Necessary” Services
Who can provide the service?	• Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it was more likely to be determined as necessary
Health needs & benefits	• Where there is a clear local health need for a given service, it was more likely to be determined as necessary
Published Evidence	• Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it was more likely to be determined as necessary
Performance	• Where a service is delivered by a range of providers, if pharmacy performs well compared with other providers, the service was more likely to be determined as necessary . <i>However factors which influence demand were also considered</i>
Accessibility	• Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours; weekend access etc) then it was more likely to be determined as necessary

Choice

- For patients, choice is a mechanism to drive up the quality of services and improve patient satisfaction. For the overall health system, choice is a mechanism to encourage more appropriate and cost effective use of available services
- The factors which have been taken into account, for each service, when considering whether or not there is sufficient choice in Croydon are the:
 - Current level of access to NHS pharmaceutical services in the area
 - Extent to which existing services already offer a choice
 - Extent to which choice may be improved through the availability of additional providers or additional facilities
 - Extent to which current service provision adequately responds to the changing needs of the community it serves
 - Need for specialist or other services which would improve the provision of, or access to, services for vulnerable people or specific populations

3.2 Pharmaceutical Services

3.2.1 Essential Services

Overview

- All community pharmacies and Dispensing Appliance Contractors (DACs) are expected to provide essential services, as set out in the 2013 Regulations, although the scope of services for pharmacies and DACs is different
- The table on the right hand side provides a brief overview of the full range of essential services provided by community pharmacies. In addition, the pharmacies must comply with clinical governance requirements. These are summarised in the table below
- DACs are required to provide dispensing, repeatable dispensing and electronic prescription services for appliances; supply supplementary items e.g. disposable wipes; and offer home delivery for specified appliances
- Essential services are fundamental to enable patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS (FP10) prescriptions forms the primary basis of this evaluation, we also assess other elements including health promotion, sign-posting and support for self care throughout our PNA
- As dispensing is a common requirement for all contractors it will be used to explore key service fundamentals including: the

Clinical Governance

Use of standard operating procedures	Commitment to staff training, management and appraisals
Demonstrate evidence of pharmacist continuing professional development	Compliance with Health and Safety; and the Equality Act 2010
Operate a complaints procedure	Significant event analysis
Patient safety & incident reporting	Patient satisfaction surveys
Clinical audit	

Essential Services provided by Community Pharmacies

Dispensing and actions associated with dispensing

- Supply of medicines or appliances
- Advice given to the patient about the medicines being dispensed and possible interactions with other medicines
- Recording of all medicines dispensed, advice provided, referrals and interventions made using a Patient Medication Record (PMR)
- Electronic prescription services (EPS) allow the prescriber to electronically transmit a prescription to a patient's chosen pharmacy for dispensing. The system is more efficient than the paper based system and potentially reduces errors

Repeat dispensing

- Allows patients, who have been issued with a repeatable prescription, to collect repeat medication, for up to a year, from their pharmacy without having to request a new prescription from their GP
- The pharmacist must ascertain the patient's need for a repeat supply of a particular medicine before each dispensing and communicate significant issues to the prescriber with suggestions on medication changes as appropriate

Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines

Signposting, Healthy Lifestyles & Public Health Campaigns

- Opportunistic advice, information and signposting around lifestyle and public health issues
- NHS England sets the health promotion campaigns although HWBs will have the discretion to run alternative campaigns in the future

Support for self-care

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

3.2.1 Essential Services

3.2.1.1 Distribution

Overview of Contractor Types

- Croydon has 75 community pharmacies, which hold a range of contracts
- 73 of the pharmacies provide pharmaceutical services under the national contract, noting that:
 - Four of these are “100 Hour” pharmacies in that they open for 100 hours per week
 - One is a “distance selling” (or “internet”). Such pharmacies may not provide essential services to any person who is present, or in the vicinity of the pharmacy
- Two pharmacies hold a Local Pharmaceutical Services (LPS) contract; and one pharmacy has an LPS contract ‘bolted on’ to its national contract. The table (next page) provides further details on the LPS contracts and sets out the potential implications associated with an NHS England review, which is currently underway. NHS England is working with the CCG with respect to the LPS review
- There is one dispensing appliance contractor (DAC)
- There are no GP dispensing practices

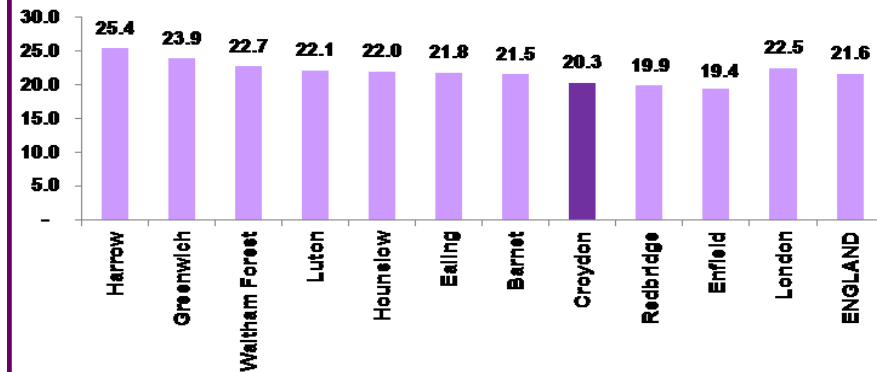
Number of Pharmacies

- There is not a national formula to inform an appropriate number and distribution of pharmacies for a given area
- The graph (on the right), uses our ONS comparators and the London and England averages, to set Croydon’s pharmacy services into context
- It shows that Croydon has slightly fewer pharmacies per 100,000 population than the majority of the comparators and the London & England averages

Distribution of Pharmacies

- The table (page 26) and **Maps 1 & 2** (page 27 & 28) provide an overview of the distribution of pharmacies and the DAC, taking into account deprivation and population density:
 - All wards, with the exception of Waddon (which has no pharmacies), have two or more pharmacies
 - There is good alignment between GP surgeries and pharmacies
 - There are a number of pharmacies, outside of our area, which are accessible to our residents who live close to the borders (those within a 0.5 mile radius of the Croydon boundary have been shown on the maps)

Pharmacies per 100,000 population



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

Deprivation

- There is not necessarily a correlation between the number of pharmacies and deprivation:
 - The New Addington & Selsdon Locality has extremes of deprivation. Fieldway and New Addington are ranked 1 and 2 respectively on the IMD within Croydon; whereas Heathfield and Selsdon & Ballards are ranked 18 and 24. However, within the locality the more deprived wards are below the ‘benchmarked average in terms of the number of pharmacies per 100,000; whereas the more affluent ones are above average
 - South Norwood ward (Thornton Heath Locality), is ranked 5 on the IMD but has the lowest number of pharmacies per 100,000 within the Croydon area

Population Density

- As with deprivation, there is not necessarily a correlation between the number of pharmacies and population density:
 - Bensham Manor (Mayday Locality) & Addiscombe (East Croydon Locality) have the highest population density within Croydon but are below average in terms of the number of pharmacies per 100,000
 - Heathfield and Selsdon & Ballards (New Addington & Selsdon Locality) and Sanderstead (Purley Locality) wards all have a comparatively low population density but an above average number of pharmacies

3.2.1 Essential Services

3.2.1.1 Distribution

Local Pharmaceutical Services in Croydon

<p>Mayday Community Pharmacy Mayday Locality</p>	<ul style="list-style-type: none"> This pharmacy has an LPS contract “bolted on” to its national contract. It opens from 09:00 - 22:00 every day and provides an ‘on-call’ service overnight The contract is due to expire in 31 March 2015 but an extension will be granted pending the outcome of the NHS England review. If the LPS contract is terminated the pharmacy has a right of return to the pharmaceutical list and their normal hours i.e. 09:00 – 19:30 (Monday – Friday); 09:00 – 18:00 (Saturday); however, there will be gap as our residents will not able to access medicines they may need urgently (e.g. palliative care medicines) in the out of hours period
<p>Riddlesdown Pharmacy Purley Locality</p>	<ul style="list-style-type: none"> This pharmacy currently holds an Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) contract. ESPLPS is a national scheme that provides pharmacy contractors, located more than 1km from the nearest pharmacy with a guaranteed income if their dispensing volume falls below 26,400 items per annum. The aim is to secure provision of pharmacy services in areas where a pharmacy may not be viable. LPS has been the contractual mechanism used for these pharmacies since 2006, however, NHS England has advised the scheme will be terminated at the end of March 2015 NHS England has recently published guidance indicating that ESPLPS pharmacies will be offered two options: <ul style="list-style-type: none"> Option 1 is a right of return to the pharmaceutical list from 1 April 2015. With this option there is a risk that this pharmacy may not be financially viable in the future, which may prompt closure. The impact of this has been modelled in section 3.2.1.5 Option 2 is an alternative LPS contract; the full details are not yet known
<p>Fairview Pharmacy East Croydon Locality</p>	<ul style="list-style-type: none"> The pharmacy is based within the Edridge Road GP Led Health Centre and Walk-in Centre. It opens from 8am – 8pm every day and provides a range of advanced, enhanced and locally commissioned services. The pharmacy was procured specifically to meet the pharmaceutical needs of the population using the health centre; and it is an integral part of the centre The contract due to expire in June 2015 but an extension will be granted pending an outcome of the NHS England review If the LPS contract is terminated the pharmacy does not have a right to return to the pharmaceutical list. This would leave a gap, as there is only one other extended hour pharmacy (Croydon Pharmacy) within a mile of the health centre. This pharmacy does not open on bank holidays and Sunday opening hours do not align with those of the health centre

- 12% use the pharmacy which is most convenient at the time
- Just over 10% people used a pharmacy which is either near to their workplace, their children’s school or the shops that they use
- Just over 50% respondents said they tend to walk to a pharmacy, 35% go by car and just over 10% use public transport
- 94% of respondents said they can access their regular pharmacy within 20 minutes
- We have taken these insights into account, in considering both the distribution and opening hours of our pharmacies

3.2.1 Essential Services

3.2.1.1 Distribution of Contractors by Locality and Ward

Locality	Ward	IMD Rank*	Pharmacies	Population (2014)	Pharmacies / 100,000 population	Pharmacies by locality	Locality Pharmacies / 100,000 population
1. Mayday	Bensham Manor	13	2	16481	12.2	10	19.5
	Norbury	15	4	16985	23.7		
	West Thornton	10	4	17878	22.5		
2. Thornton Heath	South Norwood	5	2	16833	11.9	9	17.9
	Thornton Heath	6	4	16809	23.9		
	Upper Norwood	9	3	16503	18.3		
3. Woodside & Shirley	Ashburton	11	3	15055	20.0	7	15.0
	Shirley	17	2	14602	13.8		
	Woodside	8	2	17029	11.8		
4. New Addington & Selsdon	Fieldway	1	2	11771	17.1	11	22.6
	Heathfield	18	4	13538	29.7		
	New Addington	2	2	11167	18.1		
	Selsdon & Ballards	24	3	12124	24.9		
5. Purley	Coulsdon East	21	2	12600	16.0	15	21.3
	Coulsdon West	22	3	14007	21.6		
	Kenley	20	3	15489	19.6		
	Purley	19	4	15341	26.5		
	Sanderstead	23	3	13104	23.0		
6. East Croydon	Addiscombe	14	3	17564	17.3	23	20.9
	Broad Green	3	5	19705	25.8		
	Croham	16	2	16115	12.5		
	Fairfield	12	8	20484	41.6		
	Selhurst	4	5	18443	27.3		
	Waddon	7	0	17529	-		
Total			75	377,156	19.9		

*IMD = Index of Multiple Deprivation (2010) where 1 is the highest rank and 24 is the lowest within Croydon

*The 5 wards ranked highest in terms of deprivation are highlighted

Pharmaceutical Needs Assessment

Map 1: Pharmacies and Dispensing Appliance Contractors

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - + Dispensing Appliance Contractors
 - + LPS Pharmacies
 - + Internet Pharmacies
 - GP Surgeries
 - 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 & DAC

- | | | |
|-------------------------------------|--|--|
| 01 Addiscombe Pharmacy - CR0 7AE | 27 Dougans Chemist - CR0 0QF | 53 Old Coulsdon Pharmacy - CR5 1EN |
| 02 Alicorn Chemist - CR0 2BZ | 28 Fairview Pharmacy - CR9 1PJ | 54 Orion Pharmacy - CR8 2BP |
| 03 Andrew McCoig Pharmacy - CR2 6ES | 29 Fieldway Pharmacy - CR0 9DX | 55 Parade Pharmacy - CR0 3EW |
| 04 Andrew McCoig Pharmacy - CR0 8TE | 30 Fishers Chemist - SE25 5NT | 56 Riddlesdown Pharmacy - CR8 1HR |
| 05 Auxem Pharmacy - CR0 0JD | 31 Foxley Lane Pharmacy - CR8 3EE | 57 Sainsbury's Pharmacy - CR0 4XT |
| 06 A-Z Pharmacy - CR0 2TA | 32 Goldmantle Pharmacy - CR0 9AS | 58 Sainsbury's Pharmacy - SE25 6XB |
| 07 Barkers Chemist - CR0 1RN | 33 Greenchem - CR0 8NG | 59 Sainsbury's Pharmacy - SE19 3RW |
| 08 Bids Chemist - SW16 4AE | 34 Greenchem - CR0 7RA | 60 Shirley Pharmacy - CR0 8SS |
| 09 Boots UK Limited - CR5 2ND | 35 Harris Chemist Ltd - CR2 8JJ | 61 Shivas Pharmacy - CR0 2TG |
| 10 Boots UK Limited - CR0 6RD | 36 Hobbs Pharmacy - CR8 5JE | 62 Smart City Pharmacy - SE25 50F |
| 11 Boots UK Limited - CR0 4YJ | 37 Holmes Pharmacy - CR5 1EH | 63 St. Clare Chemist - CR0 1LG |
| 12 Boots UK Limited - CR8 2AF | 38 Infohealth Pharmacy - CR5 2RA | 64 Superdrug Pharmacy - CR0 1UO |
| 13 Boots UK Limited - CR9 1SN | 39 Kent Chemist - CR0 1RB | 65 Superdrug Pharmacy - CR7 7JG |
| 14 Boots UK Limited - CR0 1LD | 40 Klub Pharmacy Ltd - SE19 3NG | 66 Superdrug Pharmacy - SW16 3LU |
| 15 Bigstock Pharmacy - CR7 7JN | 41 Larchwood Pharmacy - CR0 6RB | 67 Swan Pharmacy - CR0 1BU |
| 16 Cranston Ltd - CR7 6JE | 42 Lloyd George Pharmacy - CR0 2JG | 68 Tesco Stores Limited - CR8 2HA |
| 17 Croychem Ltd - CR0 6AA | 43 Lloyds Pharmacy - CR2 9BY | 69 Tesco Stores Limited - CR7 8RX |
| 18 Croydon Pharmacy - CR0 1DP | 44 Lloyds Pharmacy - SE25 4PT | 70 Thompsons Chemist - CR7 8JF |
| 19 Day Lewis Pharmacy - SW16 4BE | 45 Lloyds Pharmacy - CR2 8LH | 71 Thornton Heath Pharmacy - CR7 8RU |
| 20 Day Lewis Pharmacy - CR2 8LB | 46 Lloyds Pharmacy - SE19 2NT | 72 Valley Pharmacy - CR5 3BR |
| 21 Day Lewis Pharmacy - SW16 4DT | 47 Lloyds Pharmacy - CR2 8LG | 73 Wilkes Chemist - CR7 8LZ |
| 22 Day Lewis Pharmacy - SE25 6EP | 48 Makepeace & Jackson - CR2 0PH | 74 Your Local Boots Pharmacy - CR0 0JB |
| 23 Day Lewis Pharmacy - CR0 4UQ | 49 Mayday Community Pharmacy - CR7 7HQ | 75 Zina Chemist - CR8 5AA |
| 24 Day Lewis Pharmacy - SE25 6DP | 50 Medibank Pharmacy - CR0 6HE | 76 Alphamed Limited - CR7 7EQ (DAC) |
| 25 Day Lewis Pharmacy - CR2 0EJ | 51 Medipharm - CR2 9LA | |
| 26 Day Lewis Pharmacy - CR7 7HQ | 52 Mona Pharmacy Ltd - CR0 8BU | |

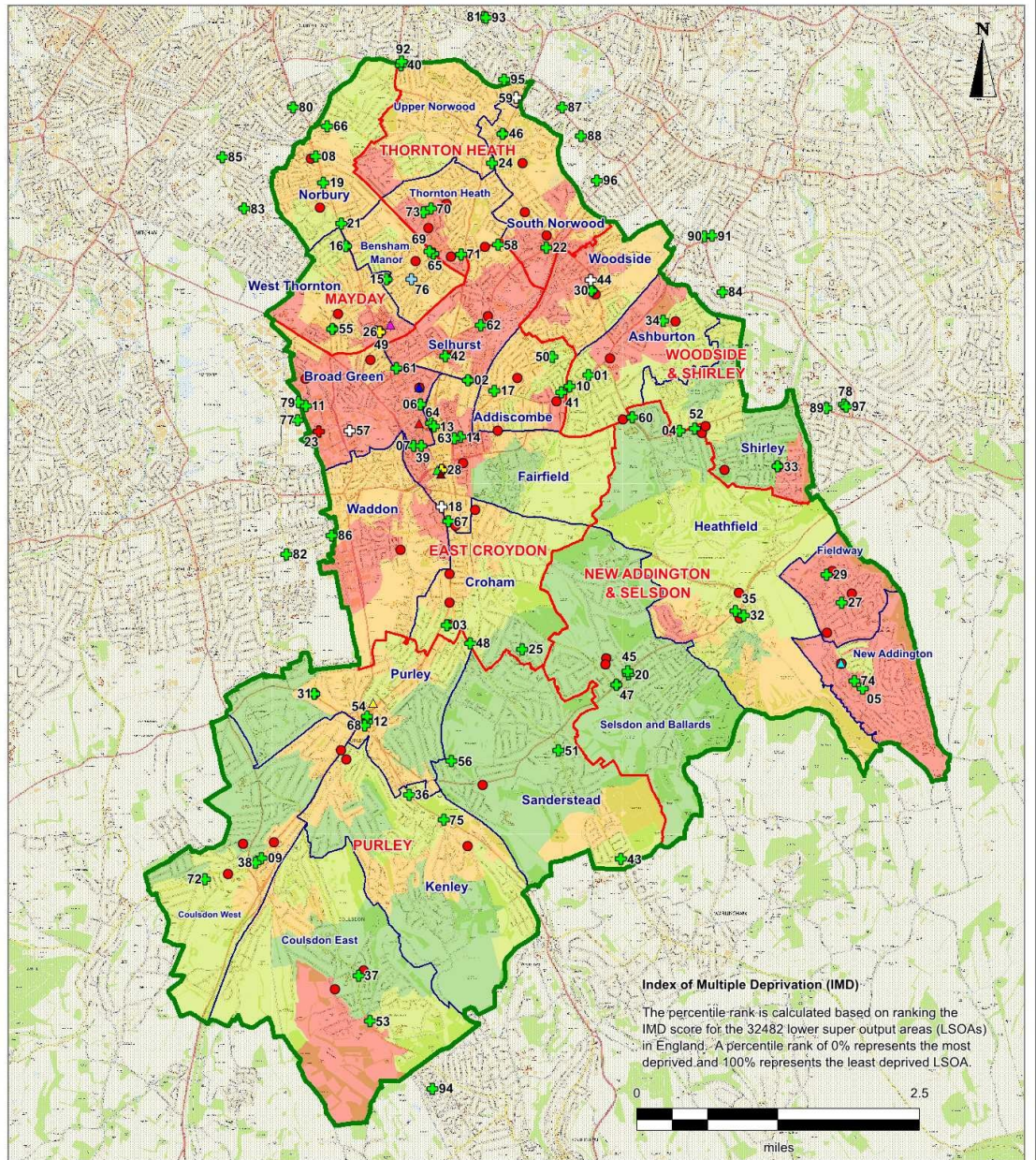
Out of area Pharmacies within 0.5 miles of the border

- | | | |
|----------------------------------|----------------------------------|--------------------------------|
| 77 Asda - CR0 4XS | 84 Elmers Pharmacy - BR3 3DY | 91 Macks Pharmacy - BR3 3HN |
| 78 Boots - BR4 0PU | 85 Fairlight Pharmacy - SW16 5HX | 92 Pascoe Pharmacy - SE27 0QT |
| 79 Boots - CR0 4 | 86 Glory Chemist - CR0 4NH | 93 Paxton Pharmacy - SE19 1QS |
| 80 Copes Pharmacy - SW16 3QQ | 87 Hamlet Pharmacy - SE19 2AS | 94 Paydens - CR3 5XL |
| 81 Day Lewis Pharmacy - SE27 9QY | 88 Kamsons Pharmacy - SE20 8AJ | 95 Seagrove Chemist - SE19 1TQ |
| 82 Day Lewis Pharmacy - SM6 9DF | 89 Lloyds Pharmacy - BR4 0ND | 96 TT Pharmacy - SE20 7YZ |
| 83 Eagle Pharmacy - SW16 4TR | 90 Lotus Pharmacy - BR3 3RA | 97 Westchem Pharmacy - BR4 0PX |

Non-pharmacy Providers ⁺

- ▲ Adult Mental Health Assessment & Treatment Services- Tamworth Rd Resource Centre
- ▲ Child & Adolescent Mental Health Services - Christopher Wren House
- ▲ Croydon Community Health Services
- ▲ Croydon University Hospital (Acute Hospital, Urgent Care Centre & GP Out of Hrs)
- ▲ Edridge Road Walk-in Centre
- ▲ Parkway Health Centre (Minor Injuries Unit)
- ▲ Purley War Memorial Hospital (Minor Injuries Unit & Community Health Services)

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



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.

Pharmaceutical Needs Assessment

Map 2: Pharmacies and Dispensing Appliance Contractors

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - + Dispensing Appliance Contractors
 - + LPS Pharmacies
 - + Internet Pharmacies
 - GP Surgeries
 - Croydon
 - Croydon Localities
 - Wards
- Population Density
Persons per Hectare**
- >100
 - 75 to 100
 - 50 to 74
 - 25 to 49
 - < 25

Croydon Pharmacies & DAC

- | | | |
|-------------------------------------|--|--|
| 01 Addiscombe Pharmacy - CR0 7AE | 27 Dougans Chemist - CR0 0QF | 53 Old Coulsdon Pharmacy - CR5 1EN |
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| 05 Aumex Pharmacy - CR0 0UD | 31 Foxley Lane Pharmacy - CR8 3EE | 57 Sainsbury's Pharmacy - CR0 4XT |
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| 24 Day Lewis Pharmacy - SE25 6DP | 50 Medibank Pharmacy - CR0 6HE | 76 Alphamed Limited - CR7 7EQ (DAC) |
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| 26 Day Lewis Pharmacy - CR7 7HQ | 52 Mona Pharmacy Ltd - CR0 8BJ | |

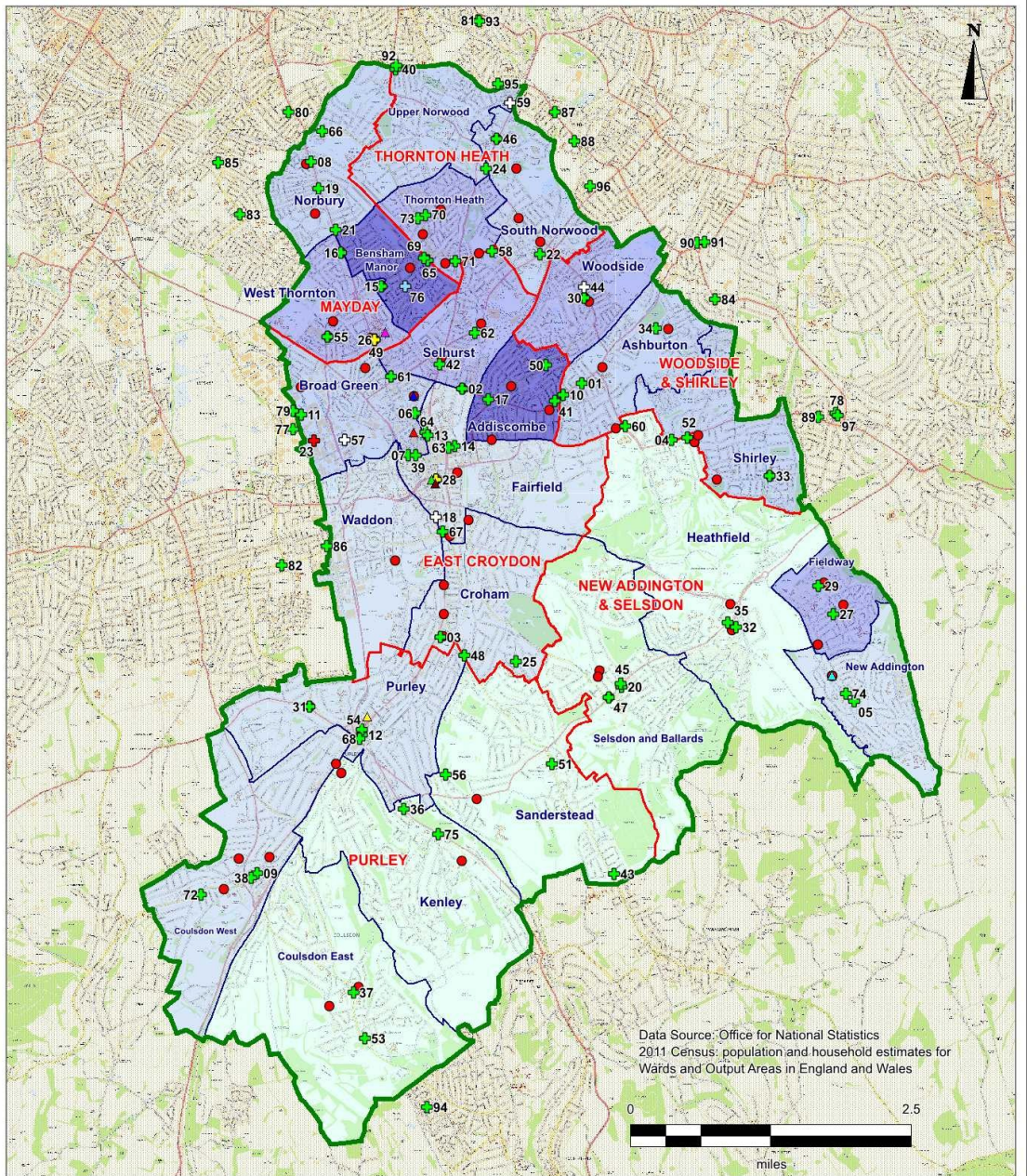
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| 78 Boots - BR4 0PU | 85 Fairlight Pharmacy - SW16 5HX | 92 Pascoe Pharmacy - SE27 0QT |
| 79 Boots - CR0 4 | 86 Glory Chemist - CR0 4NH | 93 Paxton Pharmacy - SE19 1QS |
| 80 Copes Pharmacy - SW16 3QQ | 87 Hamlet Pharmacy - SE19 2AS | 94 Pavlens - CR3 5XL |
| 81 Day Lewis Pharmacy - SE27 9QY | 88 Kamsons Pharmacy - SE20 8AJ | 95 Seagrove Chemist - SE19 1TQ |
| 82 Day Lewis Pharmacy - SM6 9DF | 89 Lloyds Pharmacy - BR4 0ND | 96 TT Pharmacy - SE20 7YZ |
| 83 Eagle Pharmacy - SW16 4TR | 90 Lotus Pharmacy - BR3 3RA | 97 Westchem Pharmacy - BR4 0PX |

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- ▲ Purley War Memorial Hospital (Minor Injuries Unit & Community Health Services)

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



3.2.1 Essential Services

3.2.1.2 Opening Hours & Access

Overview

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

Current Picture

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

Weekdays

- On most days, all 75 pharmacies are open between the hours of 9am to 5:30pm
- 14 (19%) pharmacies close for lunch; whilst this reduces access during this period, there is still reasonable access to pharmacies in all localities
- A small number of pharmacies close early on a Wednesday or Thursday:
 - 4 pharmacies close at 1pm on Wednesday; two of these are located in the Woodside & Shirley Locality and the other two are within the Purley Locality
 - 1 pharmacy closes at 1pm on Thursday; this is located in Thornton Heath
- With respect to extended hours:
 - 14 (19%) pharmacies are open by 8:00am or earlier; 3 of these open at 7am
 - 30 (40%) remain open until 7:00pm or later; of these two remain open until 11pm; and one remains open until midnight
 - 4 (5%) are open for 100 hours or more; and a further 3 (4%) pharmacies which open for 90 or more hours
 - Access in the Purley locality is the most limited and residents in the southern most areas may have to travel two or more miles to reach a pharmacy

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

Current Picture (cont...)

Saturdays

- 69 (92%) pharmacies open at some point during the day. Of these:
 - 65 (87%) are open by 9am and remain open until noon
 - A further 4 pharmacies open after 9am
 - All 69 pharmacies are open between 11am and noon
 - The earliest a pharmacy opens is 7am (3 pharmacies)
 - 35 (47%) remain open until 5pm; and 11 (15%) are still open at 7pm or later; of these four remain open until 10pm; one until 10:30pm and one remains open until midnight
- This pattern of opening means that there is reasonable access, and a choice of pharmacy in all localities between 9am and noon
- However, as pharmacies start to close throughout the day access becomes more limited, particularly in parts of the Purley, New Addington & Selsdon, Woodside & Shirley; and to a lesser extent Mayday and East Croydon Localities

Sundays

- 18 (24%) pharmacies open for between 2 and 13 hours; 14 of these are open for 6 or more hours
- Access is limited in significant areas of all localities apart from Thornton Heath and East Croydon

Bank Holidays

- There is a directed arrangement in place to ensure access to pharmacy on Easter Sunday and Christmas Day

The Mayday Community Pharmacy, located in Mayday Locality, provides an out of hours service for people who need to access medicines urgently in the out of hours period. This is under an LPS contract which is ‘bolted on’ to the national contract

In our public survey, we asked our residents a number of questions to help us to understand when they use pharmacies. The high level results are summarised on page 30

3.2.1 Essential Services

3.2.1.2 Opening Hours & Access

Insights from our Public Survey

Opening Hours

- We asked residents *how important it was to access a pharmacy at given times on given days of the week; and how easy it was to find a pharmacy at these times*
- The graph on the top right summarises the findings. It should be noted that respondents were only asked about the ease of finding a pharmacy if they identified that it was important to do so at a given time
- Unsurprisingly, the findings indicate that a high proportion of respondents (91%) thought it was important to access a pharmacy on weekdays between 9am and 6pm; similarly a high proportion want to use pharmacies on a Saturday (85% on Saturday mornings and 78% on Saturday afternoons). Most respondents (3% and 6% respectively) did not find it difficult to find a pharmacy at these times
- It is of significance that a relatively high proportion of respondents wished to use pharmacies during extended hours on weekdays and Saturday afternoons. However, these respondents found it more difficult to find an open pharmacy at these times particularly in the mornings up until 8:30am, weekdays after 8pm and Saturday afternoons (see graph)
- On Sundays, 60% of respondents identified it was important to use a pharmacy. Of these 55% found it difficult to find one.

Travel time to a pharmacy

- The graph on the bottom right provides an overview of travel time to a pharmacy
- It demonstrates that residents have to spend longer travelling to a pharmacy when their regularly pharmacy is closed. It reinforces the view that it is more difficult to find a pharmacy at certain times

Willingness to use an alternative pharmacy

- For a range of services, we asked about *willingness to use another pharmacy if a respondent's regular pharmacy was closed*
- Generally speaking, a higher proportion of people would prefer to use their regular pharmacy; however, depending on the service, between 10 – 20% would be happy to use an alternative pharmacy or didn't mind

