



Sutton

Clinical Commissioning Group

Sutton Health and Wellbeing Board Pharmaceutical Needs Assessment

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Acronyms and Glossary

A&E	-	accident and emergency
AMR	-	annual monitoring report
AUR	-	appliance use review
BME	-	black & minority ethnic
CAMHS	-	child and adolescent mental health service
CCG	-	clinical commissioning group
CHD	-	coronary heart disease
CKD	-	chronic kidney disease
COPD	-	chronic obstructive pulmonary disease
CVD	-	cardiovascular disease
DAC	-	dispensing appliance contractor
DSP	-	distance selling pharmacy
DH	-	department of health
EHC	-	emergency hormonal contraception
ESIA	-	equality and safety impact assessment
ESPLPS	-	essential small pharmacy local pharmaceutical service
Flu	-	influenza
HIV	-	human immunodeficiency virus
HPV	-	human papilloma virus
HSCIC	-	health & social care information centre
HWB	-	Health and Well-being Board
		(The HWB has responsibility for the:
		• CCG GP registered population; and
		• the resident population of the London Borough of Sutton.
		It should be noted that the GP registered population of the CCG is greater than the resident population who live within the London Borough of Sutton, and it is the resident population this PNA refers to.
IMD	-	index of multiple deprivation
JSNA	-	joint strategic needs assessment
LA	-	local authority
LCS	-	locally commissioned service
LPS	-	local pharmaceutical services
LSOA	-	lower super output area
MAS	-	minor ailments scheme
MUR	-	medicines use review
NEX	-	needle and syringe exchange service
NMS	-	new medicines service
NHS	-	national health service
ONS	-	office for national statistics
PCT	-	primary care trust
PGD	-	patient group direction
PNA	-	pharmaceutical needs assessment
PSNC	-	pharmaceutical services negotiating committee
QOF	-	quality and outcomes framework
SAC	-	stoma appliance customisation
STI	-	sexually transmitted infection
TB	-	tuberculosis
The 2013 directions	-	The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013
The 2013 regulations	-	The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended
UK	-	United Kingdom

1 Executive Summary

From 1 April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up-to-date a statement of the pharmaceutical needs of the HWB's population. This is referred to as a pharmaceutical needs assessment (PNA).

The PNA will be used by NHS England in the market entry test for applications from pharmacy contractors to join the pharmaceutical list under the NHS Pharmaceutical and Local Pharmaceutical services Regulations 2013¹. NHS England will review applications, for new pharmacies and new pharmacy services to establish if there is a need for a pharmacy and/or such services. In doing so NHS England is required to consider the PNA for the relevant HWB area.

Aim of the PNA

Sutton PNA aims to identify whether current pharmaceutical service provision meets the needs of the population and if there are any gaps in service delivery that do not meet these needs. The PNA is also required to consider future pharmaceutical needs of the population over the next three years only.

As well as supporting NHS England in applying Market Entry testing to pharmacy contractor applications, the PNA also has a role as a commissioning tool which can be used by Commissioners to support the commissioning cycle of local services.

Commissioning organisations can refer to the PNA to establish the current provision of pharmaceutical services and where there are any gaps in relation to addressing the local health priorities. The Suttons HWB board's Joint Health and Well Being Strategy² identifies many health priorities and this is supported by Sutton Clinical Commissioning Group (CCG)³ through its commissioning intentions plan. Both strategic documents identify a role for community pharmacy in addressing some health priorities.

The NHS Five Year Forward View and supplementary publications also highlight a role for community pharmacy in the provision of new care models and in particular in supporting urgent care.

The PNA includes information on:

- The health needs and health priorities for Sutton and for each of the three localities referred to in this PNA.
- Pharmacies in the borough and the pharmaceutical services they currently provide, categorised as essential e.g. dispensing, advanced e.g. medicines use reviews and enhanced e.g. immunisations
- Other pharmaceutical services, including dispensing appliance contractor (DAC), distance selling pharmacies (DSP) and local pharmaceutical services (LPS).

¹ <http://www.legislation.gov.uk/ukxi/2013/349/schedule/4/made>

² <https://www.sutton.gov.uk/CHttpHandler.ashx?id=18919>

³ <http://www.suttonccg.nhs.uk/Aboutus/Our-board/Sutton%20board%20papers/10SCCG%20GB%2005.11.14%20COMMISSIONING%20INTENTIONS.pdf>

- Series of maps illustrating the location and opening times of pharmacy contractors within the HWB area and on a locality basis
- Maps showing the co-location of pharmacies and GP Practices; the location of pharmacies within Sutton CCG localities
- Series of tables summarising the pharmaceutical services and other services provided by pharmacies on a locality basis.
- Services in neighbouring HWB areas that might affect the need for services in Sutton.
- Potential gaps in provision of pharmaceutical services which may help to meet a current health need
- Potential future needs for pharmaceutical services due to changes in primary service provision or significant urban development within the London Borough of Sutton.

Assessing the need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders, this PNA considered a number of factors, including:

- The size and demography of the population across Sutton
- Whether there is adequate access to pharmaceutical services across Sutton
- Different needs of different localities within Sutton
- Availability of activity data and service reviews in relation to any services commissioned from pharmacies in the borough.
- Pharmaceutical services provided in other HWBs which affect the need in Sutton.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Sutton.
- Whether further provision of pharmaceutical services would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could create gaps in the provision of pharmaceutical services.

Consideration is given to the regulations when assessing services, choice for the population and the needs of specific populations.

The regulations governing the development of the PNA require the HWB to consider the needs of pharmaceutical services in terms of **necessary** and **relevant** services:

- **Necessary services** i.e. pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision

(within the HWB area and outside of the area) and any current or likely future gaps in provision.

- **Relevant services** i.e. services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.

This criteria was used to agree which services in Sutton HWB area should be considered as necessary or relevant and is shown in the Table below.

Table 6: Summary of Services categorised as necessary or relevant

Necessary services: current provision in the HWB area
Essential services provided during core hours
Advanced services
Necessary services: current provision outside of the HWB area
Services accessed in neighbouring HWB areas
Services accessed from distance selling premises (DSP) and DAC
Relevant services: current provision in the HWB area
NHS England commissioned enhanced services
NHS England commissioned Local Pharmaceutical services
Locally Commissioned Services by Sutton Council
Access to essential and advanced services during supplementary hours
Access to pharmaceutical services on public and bank holidays

The necessary services defined are implicit to the core function of a pharmacy as the provider of medicines and expert pharmaceutical advice with the HWB area. Without the safe, efficient and effective delivery of essential and advanced services a community pharmacy is not an economically viable service delivery model. It is implicit that a pharmacy must be economically viable in order to meet the pharmaceutical and health needs of the residents of the HWB area.

Consultation Process

In order to inform the draft PNA, the HWB established a steering group. The group undertook a public survey and sought information and opinion from local pharmacies, NHS England, Sutton CCG and Sutton Council.

Overview of Sutton and Localities

The health of people in Sutton is generally better than for England overall. Deprivation is lower than average although there is wide variation within the borough. Life expectancy for both men and women is higher than for England

- Generally, people living in Sutton are very healthy. There is good life expectancy, exceeding both the regional and national average for both men and women.
- The population of Sutton borough is growing. It is predicted that by 2022 it will have increased by around 14% since 2012.

- Our local communities are becoming more diverse, particularly the younger age groups.
- Generally, people living in Sutton are very healthy. Sutton has fewer people dying prematurely from conditions that could be avoided such as circulatory disease. However, some deaths could be prevented through better lifestyle choices on smoking, alcohol, physical activity and diet.

Definition of Localities

The boundaries of the three localities were agreed upon by the PNA steering group to reflect the locality boundaries used by Sutton CCG namely:

- Carshalton
- Wallington, and
- Sutton and Cheam.

The choice of localities is supported by the NHS Five Year Forward View⁴ published in October 2014, and the planning guidance, Forward View into Action published in December 2014. These documents advocate co-creating new models of care (such as multispecialty community providers (MCPs) and references primary care as central to these new population based health care models.

The steering group believes that the PNA localities are “best fit” with those used by the CCG and the Better Care Fund work streams. It recognises that Sutton CCG localities have been defined using registered patient lists while the London Borough of Sutton considers residents population data on 18 electoral wards.

Current Pharmacy Provision within HWB area

In March 2015 there are 44 contractors contained within the Sutton Pharmaceutical list of which

- One dispensing appliance contractor (DAC)
- 43 pharmacy contractors of which
 - Two are 100 hour pharmacies and
 - One is a distance selling premises (DSP), also known as an internet or wholly mail order pharmacy).

These 44 contractors are geographically spread across the borough with varying opening times and offering different types of services. All pharmacies provide the full range of essential services e.g. dispensing whilst the majority provide advanced service e.g. medicine use reviews. The number of pharmacies providing enhanced services as commissioned by NHS England e.g. immunisations and locally commissioned services as commissioned by Sutton council e.g. stop smoking varies across the borough and localities.

There is also a local pharmaceutical services (LPS) contract to provide services out of hours, technically this is not included in the pharmaceutical list but it has been considered within the PNA as an additional provider of pharmaceutical services.

⁴ <http://www.england.nhs.uk/ourwork/futurenhs/>

Access to pharmaceutical services for the residents of Sutton is good and the main conclusion of this PNA is that there are currently no gaps in service provision. HWB considered the following evidence:

- Map showing the location of pharmacies across the whole Sutton HWB area and within each of the 3 PNA localities.
- Number and distribution of pharmacies within each of the 3 PNA localities and across the whole Sutton HWB area
- Choice of pharmacies covering the each of the 3 PNA localities and the whole Sutton HWB
- Opening times and provision of services within each of the three PNA localities and across the whole Sutton HWB area
- The map showing the 1.6km buffers around pharmacies indicate that estimated almost every Sutton resident live are within 1.6km of a pharmacy.
- Using average drive time, it is estimated that almost every Sutton resident can access a pharmacy by car within 5 minutes.
- Using public transport, 84% of Sutton residents are within 10 minutes of a pharmacy increasing to 99% of residents within 20 minutes of a pharmacy.
- Using average walking times, 99.1% of Sutton residents are within 20 minutes walking time of a pharmacy
- Results of the patient survey - 96% of respondents to the patient and public engagement survey said it was easy (76%) or OK (20%) to access a pharmacy
- Housing & development proposals within Sutton AMR for 2012-13
- Projected population growth
- NHS dispensing activity data
- Advanced Service activity data
- Estimation of the average number of pharmacies per 100,000 population
- Availability of activity data and service reviews for pharmacy services from commissioners

Based on the information available at the time of developing this PNA and taking account the totality of the information available, the HWB considered that the location, number, distribution and choice of pharmacies covering each of the three localities, and the whole HWB area providing essential and advanced services during the standard core hours meet the needs of the population.

The PNA concluded there were no gaps currently or in the future for pharmaceutical services.

Further consultation

A draft PNA was presented for a 60 day consultation period to establish if the pharmaceutical providers and services supporting the population in the HWB area were accurately reflected.

As a result, the HWB has consulted with those parties identified under Regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services Regulations) 2013, to establish if the draft PNA addresses issues that they considered relevant to the provision of pharmaceutical services. Examples of consulted parties include: Contractors included in the Sutton pharmaceutical list, HealthWatch, neighbouring HWB, NHS England, Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC) and local NHS Trusts.

In addition, other local stakeholders were invited to consult on the draft. These included commissioners such as neighbouring CCGs and patient groups.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online, via a link or alternatively email, post or paper copy.

The questions derived were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from 27th January 2015 until 27th March 2015.

Results of Consultation

A total of 15 responses were received, 11 were received using the on-line questionnaire. The majority of responses came from Sutton pharmacy contractors as well as responses from the public, residents of Clockhouse, NHS England, Sutton CCG and two neighbouring HWBs.

The responses received were collated and were used to inform the final conclusions of the published.

Conclusions of Consultation

The HWB concluded that the vast majority of the responses were supportive of the draft PNA and the limited comments offered provided no reason to alter the conclusions for the final published PNA, albeit a series of amendments were made as outlined in the consultation report.

Final Conclusions

Current provision – necessary and other relevant services

Sutton HWB has identified necessary services in section 8.1 as essential services and advanced services as required by paragraphs 1 and 3 of schedule 1 to the Regulations.

Sutton HWB has identified enhanced services in section 4.1.3, 8.8 and 9.3 as pharmaceutical services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Sutton HWB has identified the LPS in section 4.3.2 and 8.6 as pharmaceutical services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Sutton HWB has identified locally commissioned services in section 4.2 and 9.4 which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Necessary services – gaps in provision

In reference to section 8 and required by paragraph 2 of schedule 1 to the Regulations

Access to Essential Services

In order to assess the provision of essential services against the needs of the residents of Sutton, the HWB consider access (average daytime travel times and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

Access to essential services normal working hours

Sutton HWB has determined that the average daytime travel times and walking and opening hours of pharmacies in all three localities and across the whole HWB area are reasonable in all the circumstances.

There is no gap in the provision of essential services during normal working hours in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

Access to essential services outside normal working hours

Supplementary opening hours are offered by 42 of the 44 pharmacy contractors across all three localities. There are also two 100 hour contract pharmacies, and the Out of Hours LPS contract. Across localities, between 44-73% of pharmacies are open after 6pm weekdays with four regarded as “late night” pharmacies; 100% of pharmacies open on Saturdays and up to 39% open on Sundays. These are geographically spread across the HWB area and the three PNA localities.

There is no gap in the provision of essential services outside normal working hours in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

Access to advanced services

Section 8.7 & 8.9 defines the level of access to advanced services. There is no identified gap in the provision of advanced services as Medicine Use Reviews are accessible in 87-100% of pharmacies across localities and New Medicines Service is accessible in 67-100% of pharmacies across localities. Although the uptake of Appliance Use Reviews or Stoma Appliance Customisation is low, this is reflective of national data and therefore there is currently no evidence of an unmet need within the HWB area.

There is no gap in the provision of advanced services in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

Access to enhanced services

Section 8.8 & 8.9 defines the level of access to enhanced services.

There is no identified gap in the provision of immunisation services, the service is accessible across the borough and in all 3 localities with between 47-89% of pharmacies providing the service across localities.

There is no identified gap in the provision of minor ailments; it is accessible in 95% of pharmacies within the HWB area. There is some evidence that Sutton residents are using this service. Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

The MDS service is only accessible in one locality, Carshalton. There is limited evidence that Sutton residents are using this service. Due to the limited information available, a service review and evaluation is recommended to establish if the MDS Service as it was commissioned, currently meets the needs of the local population or whether these needs have changed nevertheless the HWB has not been presented with any evidence to date which concludes that this enhanced service should be decommissioned or expanded.

The Care Homes advisory service is only accessible in one locality, Sutton and Cheam. There is limited evidence that Sutton residents are using this service. Due to the limited information available, a service review and evaluation is recommended to establish if the Care home advisory service as it was commissioned, currently meets the needs of the local population or whether these needs have changed .Nevertheless the HWB has not been presented with any evidence to date which concludes that this enhanced service should be decommissioned or expanded.

There is no identified gap in the access to palliative care medicines service, it is accessible in all 3 localities with between 6 -34% of pharmacies providing the service across localities. There is some evidence that Sutton residents are using this service. Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

Based upon the information available, there are no gaps in the provision of enhanced services across the borough or within the Sutton and Cheam, Carshalton and Wallington localities.

Future provision of necessary services

Sutton HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in any of the three localities.

No gaps in the need for pharmaceutical services in specified future circumstances have been identified in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

Improvements and better access – gaps in provision

As described in section 11 and required by paragraph 4 of schedule 1 to the 2013 Regulations:

Current and Future Access to Essential Services

Sutton HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services in any of the three localities.

No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services in the Sutton and Cheam Carshalton and Wallington localities or across the whole HWB area.

Current and future access to Advanced Services

In 2013-14, MURs is accessible in 87-100% of pharmacies across all localities and NMS is accessible in 67-100% of pharmacies across all localities. Where applicable, NHS England will encourage all pharmacies and pharmacists to become eligible to deliver the service in all pharmacies so that more eligible patients are able to access and benefit from this service.

Demand for the appliance use review and stoma appliance customisation advanced services (SAC and AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require the services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. It is recommended that NHS England encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to advanced services in the in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

Current and future access to enhanced services

NHS England commissioned five enhanced service from pharmacies. It also commissions similar services from other non-pharmacy providers, for example immunisation services from GP practices.

Some of the enhanced services listed in the 2013 Directions are now commissioned by Sutton Council (Stop smoking, NHS Health Checks, sexual health and substance misuse services) and therefore fall outside of the definition of both enhanced services and pharmaceutical services.

With the exception of immunisation services it has been difficult to establish current activity and performance of enhanced services. As a result no gaps have been identified nor has an unmet needs been identified in respect of securing improvements, or better access, to enhanced services provision on a locality basis as identified in section 8.8 & 8.9 either now or in specified future circumstances. The importance of all five enhanced services has been considered in the context of the NHS Five Year Forward View; this has emphasised the need for activity data and a review of these services. The HWB will encourage the monitoring of the uptake and need for enhanced services within the HWB area to establish if these services are meeting the needs of the local population.

Based upon the information available, no gaps have been identified that if provided either now or in the future would secure improvements, or better access to enhanced services in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

Comprehensive service reviews of enhanced services are required in order to establish if currently and in future scenarios enhanced services secure improvement or better access as an enhanced services in the Carshalton, Sutton & Cheam and Wallington localities or across the whole HWB area.

Other NHS Services

As required by paragraph 5 of schedule 1 to the 2013 Regulations, Sutton HWB has had regard for any other NHS Services that may affect the need for pharmaceutical services in the area of the HWB.

Based on current information no gaps have been identified in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified in the Carshalton, Sutton & Cheam and Wallington localities or across the whole HWB area.

Locally Commissioned Services

With regard to locally commissioned services, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Sutton Council (Stop smoking, NHS Health Checks, sexual health and substance misuse services). This PNA identifies those as locally commissioned services (LCS).

The HWB notes that with the exception of needle exchange services, all locally commissioned services are accessible to the population in all PNA localities. The HWB also notes that Sutton Council has provided activity data for all services it commissions and it is undertaking a number of needs assessments of which some locally commissioned services will form a part; however at present it is unclear if these services are meeting the needs of the local population until these needs assessments are completed. Nevertheless the HWB has not been presented with any evidence to date which concludes that any of these locally commissioned services should be decommissioned or that any of these LCS should be expanded. Based upon current information, the HWB has not identified a need to commission any enhanced pharmaceutical services not currently commissioned.

Opportunities to include locally commissioned services in needs assessments or service reviews should be encouraged to establish if these services are currently and in future scenarios securing improvement or better access as a commissioned services in the Sutton & Cheam, Carshalton and Wallington localities or across the whole HWB area.

2 Introduction

2.1 Legislation

The Health Act 2009 made amendments to the National Health Service (NHS) Act 2006 stating that each Primary Care Trust (PCT) must in accordance with regulations⁵ - Assess needs for pharmaceutical services in its area and publish a statement of its first assessment and of any revised assessment

The regulations required the publication of a PNA by each PCT by the 1st February 2011 with a rewritten PNA within 3 years or earlier if there were any significant changes which would affect the current or future pharmaceutical needs within the PCTs' locality. This meant that subsequently revised PNAs were due to be produced by February 2014.

The Health and Social Care Act 2012⁶ resulted in PCTs being abolished and the introduction of CCGs who now commission the majority of NHS services. Public Health functions were not transferred to CCGs and are now part of the remit of Local Authorities. The 2012 Act also introduced HWB to be hosted by local authorities. Part of HWB function is to bring together the NHS, public health, adult social care and children's services, including elected representatives and Local HealthWatch.

The 2012 Act assigned responsibility for the development and updating of PNAs to HWBs. It also allowed for a temporary extension of the previous PNAs, and their use by NHS England and HWBs.

The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013⁷, hereafter referred as 2013 Regulations, requires a HWB to publish its first PNA by 1st April 2015, unless a need for an earlier update is identified; it will have a maximum time horizon of three years its date of publication on 1st April 2015.

The 2013 Regulations were updated to The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1st April 2014. This PNA has considered these amendments but the 2013 Regulations have been referenced throughout.

The new PNA should take account of the HWB's Joint Strategic Needs Assessment (JSNA) and other relevant local strategies. The HWBs will also be required to publish a revised PNA, during the 3 year time horizon, if significant changes are identified in pharmaceutical services, if HWB believes this to be a proportionate response.

The HWB must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult, these includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area
- Any local medical committee (LMC) for the HWB area

⁵ <http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england?view=plain>

⁶ <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

⁷ <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
- Any local HealthWatch organisation for the HWB area, and any other patient, consumer and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS trust or NHS foundation trust in the HWB area
- NHS England
- Any neighbouring HWB

The 2012 Act also assigned responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England (NHS ENGLAND). The PNA will be used by NHS ENGLAND in determining decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory arrangements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHS AU), and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of pharmacy enhanced services by NHS ENGLAND, the local commissioning of services from pharmacies by the local authority, the commissioning of services from pharmacies by CCGs and other organisations

2.2 HWB duties in respect of the PNA

In summary the HWB must:

- Produce its first PNA which complies with the regulatory requirements;
- Publish its first PNA by 1 April 2015;
- Maintain and keep the PNA up to date;
- Keep up to date a map of provision of NHS pharmaceutical services within its area;
- Publish subsequent PNAs on a three yearly basis;
- Publish a subsequent PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and
- Publish supplementary statements in certain circumstances.

3 Purpose and Context of the PNA

3.1 Purpose of a PNA

The purpose of the PNA is to assess the provision of pharmaceutical services within the HWB area and how this meets the health needs of the HWB population. It considers current provision and population need as well as future provision and future need for a period of up to three years. The PNA should be aligned with the JSNA, Joint HWB strategic plans and other strategic commissioning directives.

Whilst the JSNA focuses on the general health needs of the population of Sutton, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for any additional services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

The PNA will have a primary function for NHS England to use to make commissioning decisions however it could also be used by Councils and CCGs to inform their commissioning intentions too. A robust PNA will ensure those who commission pharmacy services and dispensing appliance contractors (DACs) are able to ensure services meet the needs of HWB populations.

3.2 PNA revisions and updates

It is important for the PNA to reflect changes in the local health economy which could impact on the provision of pharmaceutical services in Sutton. Where the HWB becomes aware that a change may require the PNA to be updated then a decision to revise the PNA will be made. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally. It should be noted that not all changes will result in a change in provision of pharmaceutical services, equally a changes or potential gaps in provision of pharmaceutical services may not equate to a need in the local population.

3.3 Scope of the PNA

A PNA is defined in the regulations as follows:

“The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a pharmaceutical needs assessment.

The pharmaceutical services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHS Commissioning Board (NHSCB) (now known as NHS England) for –

- the provision of pharmaceutical services (including directed services) by a person on a pharmaceutical list
- the provision of local pharmaceutical services under a Local Pharmaceutical services (LPS) scheme; or
- the dispensing of drugs and appliances by a person on a dispensing doctors list (but not other NHS services that may be provided under arrangements made by the NHSCB with a dispensing doctor)”

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

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

Contractor	Scope of service
Community pharmacy contractors	The scope of the services to be assessed in the PNA is broad and comprehensive. It includes the essential, advanced and enhanced services elements of the pharmacy contract (described in section 4) whether provided under the terms of services for pharmaceutical contractors or under LPS contracts.
Appliance contractors	The scope of the service assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation (SAC). Therefore the PNA is concerned with whether patients have adequate access to dispensing services, AURs and SACs when provided by an appliance contractor but not concerned with other services they may provide. This type of contractor is discussed in more detail in section 4.
Dispensing practices	The scope of the service to be assessed in the PNA is the dispensing service. However, there are no dispensing practices in Sutton.

Other providers may deliver services that meet a particular pharmaceutical service need although they are not considered pharmaceutical services under the relevant regulations. It is therefore important that these are considered as part of the assessment.

3.4 PNA - Minimum Requirements

Schedule 1 of the NHS 2013 Regulations state that the PNA must include, as a minimum, a statement of the following:

- **Necessary services** - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- **Relevant services** - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.
- **Other NHS services**, either provided or arranged by a LA, NHS England, a CCG, an NHS Trust or Foundation Trust which either impact upon the need for pharmaceutical services, or which would secure improvements, or better access to, pharmaceutical services within the area.
- A map showing the premises where pharmaceutical services are provided.
- An explanation of how the assessment was made.

3.5 Delivery of the PNA

The HWB has overall responsibility for the publication of the PNA, and the Director of Public Health is the HWB member who is accountable for its development. Following a competitive tender process an external provider was appointed to provide expert guidance and, in partnership with the steering group, develop the PNA. This guidance was provided from June 2014 to December 2014 at which point the Steering group decided to complete the PNA internally.

Assessing the need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:

- The size and demography of the population across Sutton
- Whether there is adequate access to pharmaceutical services across Sutton
- Different needs of different localities within Sutton
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Sutton.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Sutton.
- Whether further provision of pharmaceutical services would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.

- Likely changes to needs in the future occurring due to changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

3.5.1 PNA steering group

Sutton HWB established a joint PNA steering group with Merton HWB to consider procedure and direction, until October 2014 at which point the steering group was split and the Sutton PNA was reviewed separately by members representing each borough. The purpose of the group is to ensure that the HWB develops a robust PNA that complies with the 2013 regulations and the needs of the local population. The membership of the steering group ensured all the main stakeholders were represented and a list of the group's members can be found in Appendix 7.

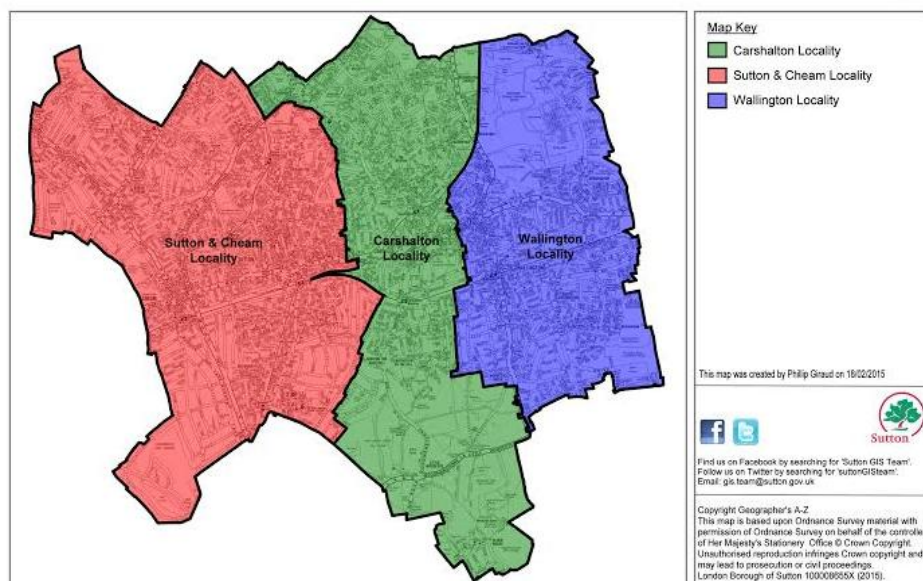
3.5.2 PNA localities

There are 18 electoral wards in the London Borough of Sutton. Health Profile information is available at electoral ward level. This information has been used as the building blocks for developing health profiles for the three localities in the PNA.

The boundaries of the three localities were agreed upon by the PNA steering group to reflect the locality boundaries used by Sutton CCG namely:

- Sutton and Cheam
- Carshalton
- Wallington

Map: Sutton Pharmaceutical Needs Assessment (PNA) Localities.



The choice of localities is supported by the NHS Five Year Forward View⁸ published in October 2014, and the planning guidance, Forward View into Action published in December 2014. These documents advocate co-creating new models of care (such as multispecialty community providers (MCPs) and references primary care as central to these new population based health care models.

The steering group determined that the PNA localities were “best fit” with those used by the CCG and the Better Care Fund work streams. It recognised that Sutton CCG localities have been defined using registered patient lists while the London Borough of Sutton considers residents population data on 18 electoral wards.

Although the CCG and Council are currently referencing differing locality boundaries, the steering group believed that these PNA localities will complement any further commissioning intentions of the CCG and Sutton Council.

PNA localities have been constructed using the wards shown in the table below:

Locality	Wards
Sutton and Cheam (9 wards) Population: 96,653 (2012)	Belmont
	Cheam
	Nonsuch
	Stonecot
	Sutton Central
	Sutton North
	Sutton South
	Sutton West
	Worcester Park
Carshalton locality (5 wards) Population: 54,325 (2012)	Carshalton Central
	Carshalton South and Clockhouse
	St Helier
	The Wrythe
	Wandle Valley
Wallington Locality (4 wards) Population: 42,652 (2012)	Beddington North
	Beddington South
	Wallington North
	Wallington South

⁸ <http://www.england.nhs.uk/ourwork/futurenhs/>

3.5.3 Patient and public engagement

A patient and public engagement questionnaire was available for 11 weeks (16 June 2014 – 1 September 2014) on the Sutton Council Consultation Finder website and Sutton CCG's website. The survey which was completed by 51 people aimed to establish how residents currently access pharmaceutical services and whether or not they have problems doing so. The majority of respondents were female, aged 56 and over, and of white British ethnicity.

Key findings from the survey are as follows:

- 32% of respondents use the same pharmacy on a regular basis whilst 56% of residents use different pharmacies but visit one most often.
- 85.7% of respondents can access a pharmacy in 15 minutes or less.

The factors most likely to influence people's choice of which pharmacy to use were:

- I trust the people there – 70.5%
- They usually have what I need in stock – 65.9%
- It's close to my home – 63.6%
- The customer service – 63.6%
- They provide good advice and information – 63.6%
- It is easy to get to the pharmacy – 61.4%
- The pharmacy is close to my doctor – 59.1%
- 47.6% said there was a more convenient or nearer pharmacy. The two most common reasons for not using that pharmacy were a bad experience in the past (46.7%) and it isn't easy to park there (40%)
- 73.5% of residents stated that it was easy to get to their usual pharmacy with the remaining 26.5% said it was OK. No-one said it was difficult to get to their usual pharmacy.

The majority of those participating in the survey indicated using a pharmacy between 9am and 5pm as being most convenient. Within those hours, the most convenient time slot was 9am to 12pm. Responses show that accessing pharmacies Monday to Saturday as being more common than on a Sunday. On the whole Sundays are considerably less convenient for people, as were opening times before 9am and after 8pm.

The most common response to the question asking people what they did when their usual pharmacy was closed was to go to another pharmacy (67.6%), whilst 32.4% waited until their pharmacy opened.

Awareness of other services which may be commissioned from pharmacies was relatively high. Those services that at least 85% of respondents were aware of included: stopping smoking, cholesterol check-ups, blood pressure check-ups, medicines reviews, minor ailments, heart health check-ups and home delivery. Services where awareness was lower include chlamydia screening. It should be noted that some of these services will be provided privately at a cost to the patient e.g. cholesterol check-ups or privately at no cost to the patient e.g. home delivery. Overall, the results of the survey suggest that the public has a positive view and a good experience of pharmaceutical services in Sutton. Overall the survey did not identify significant gaps in current pharmaceutical service provision.

The full results of the patient survey can be found in appendix eight.

3.5.4 Contractor engagement

In order to seek the views of the contractors currently providing pharmaceutical services within the borough, an online questionnaire was developed and distributed. The questionnaire provided an opportunity to validate the information provided by NHS England, to gather information on all the services provided, and to gather contractors' views on the needs of the population they serve. The questionnaire also asked a number of questions outside the scope of the PNA, but that provide commissioners with valuable information related to governance and information technology. The responses are published in full in Appendix 9

The questionnaire was issued to all pharmacies, LPS contractors and the DAC from August-November 2014 and then repeated January- February 2015 to improve uptake. The first questionnaire was answered by 26 pharmacies and the second by 36 pharmacies. Where information on opening hours provided by a contractor differed to that held by NHS England this was passed to NHS England for resolution. (For the purposes of this document the pharmacy opening hours relied upon are those provided by NHS England).

With regard to the provision of appliances:

- Twenty eight of thirty six pharmacies said they dispense all appliances listed in Part IX of the Drug Tariff
- One pharmacy dispenses appliances other than incontinence appliances
- One pharmacy dispenses appliances other than stoma appliances
- One pharmacy dispense appliances other than stoma and incontinence appliances
- Four pharmacies only dispense dressings
- One pharmacy does not dispense dressings
- When asked about the provision of appliance use reviews (AURs), two pharmacies said they provide the service and nine intend to provide the service within the next 12 months.

However data from the NHS Business Services Authority (NHSBSA) NHS Prescription Services for 2013/14 showed that no claims for this service were submitted in 2013/14. One of these pharmacies said that they provide stoma appliance customisation. Data on this service has not yet been received from the NHSBSA. In relation to the other two advanced services pharmacies provide MURs and the new medicine service (NMS).

Of the 35 responses relating to MUR:

- 32 pharmacies provide the service
- 2 intend to provide the service in the next 12 months
- 1 pharmacy does not intend to provide the service.

Of the 35 responses relating to the new medicine service (NMS)

- 29 pharmacies provide the service
- 3 intend to provide the service in the next 12 months
- 1 pharmacy does not intend to provide the service.

When asked if the premises have a consultation room that meets the requirements of the

2013 directions, thirty five pharmacies responded of these:

- 30 have a consultation room with wheelchair access
- 1 has two consultation rooms with wheelchair access
- 4 have a consultation room but no wheelchair access
- 35 of the thirty six pharmacies that responded said they collect prescriptions from GP practices on behalf of patients, and 30 of thirty six pharmacies provide a free delivery service.

Delivery services varied from pharmacy to pharmacy with seven pharmacies delivering to all patients whereas others only delivered to specific patient groups such as housebound or elderly patients. The languages spoken by staff working in the pharmacies closely matched those spoken in the community. Only Croatian, Nigerian and Ghanaian⁹ were reported as being spoken by members of the community but not by pharmacy staff.

3.5.5 Other sources of information

Information was gathered from NHS England, Sutton CCG and Sutton council regarding:


- Services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the PNA
- Any other developments which may affect the need for pharmaceutical services

3.5.6 Integrated Impact Assessment

Sutton Council uses equality analysis as a tool to ensure that all residents can access its services and that no particular group is put at a disadvantage. Integrated Impact Assessments (IIAs) are carried out when policies, strategies, procedures, functions and services are developed and reviewed. Staff who are developing a policy or service complete the IIA template which gives them a series of prompts to consider how to promote equality and avoid unlawful discrimination. Nine protected characteristics are considered as part of the assessment:

- Gender reassignment
- Race
- Disability
- Age
- Sex
- Sexual orientation
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership

⁹ The official language of Nigeria and Ghana are English. It is not clear from the response which particular languages the pharmacy meant.



Where areas of concern are identified, an action plan is drawn up to address these issues. This ensures that the process promotes positive improvements in service delivery. The IIA for the PNA can be found in appendix ten.

3.5.7 Consultation

A report on the consultation is included in appendix thirteen.

4 Pharmaceutical Services

Pharmaceutical Services are defined as “all pharmaceutical services that may be provided under arrangements made by the NHS Commissioning Board” in 2013 Regulations and encompass services provided by contractors included on the Pharmaceutical List.

4.1 Community Pharmacy Assurance Framework

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with pharmacy contractors. Instead, pharmacy contractors provide services under a contractual framework, known as the Community Pharmacy Contractual Framework (CPAF)¹⁰, details of which (their terms of service) are set out in Schedule 4 of the 2013 Regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013¹¹, hereafter referred to as the 2013 Directions.

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services. They are:

- Essential services - set out in Part 2, Schedule 4 of the Regulations
- Advanced services - set out in the Directions
- Enhanced services - set out in the Directions

NHS England is the only organisation that can commission NHS Pharmaceutical Services.

As of March 2015, there are 44 pharmacy contractors contained within the Sutton Pharmaceutical list (Appendix 1) comprised of 1 dispensing appliance contractor (DAC) and 43 community pharmacies.

All 43 community pharmacies provide pharmaceutical services under CPAF. Community pharmacies are required to declare their opening hours to NHS England and the public. Depending on the status of the contract, pharmacies have core hours which are either 40 or 100 hours per week. Core contractual hours cannot be amended without the consent of NHS England. Supplementary hours are all the additional opening hours over and above core hours. A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHS England has agreed that application.

The proposed opening hours (core and supplementary hours) for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens then these form the pharmacy's contracted opening hours (core and supplementary hours). The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours they have to notify NHS England of the change, giving at least three months' notice.

In Sutton 41 of the 43 pharmacy contractors operate under a 40 core hours per week model (commonly known as standard pharmacies) and 2 pharmacy contractors operate under a 100 core hours per week (commonly known as 100hr pharmacies). Appendix 1 contains the

¹⁰ <http://psnc.org.uk/contract-it/the-pharmacy-contract/>

¹¹ <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

pharmaceutical list for Sutton and details of the contractor status of all those providers included in the list.

There are two 100 hour pharmacies within Sutton HWB, Asda Pharmacy (map ref 14) and RPMG Pharmacy (map ref 33). Both are located in the Sutton and Cheam locality.

Pharmacies are required to define these 40 core hours or 100 core hours to NHS England and can apply to change their core hours over the course of the contract; however, NHS England has the ability to refuse a change request.

Nonetheless, pharmacies generally open for longer than the 40 core hours per week for commercial reasons, in order to meet the demands for access to their services. It is rare for a 100hr pharmacy to open longer than their contracted hours. This is the case with all 41 standard pharmacies in Sutton operating and the single DAC provider. The additional hours of opening, over and above the core hours, are referred to as supplementary hours. These hours of opening must also be declared to NHS England. Pharmacies and DAC can alter their supplementary hours and should give notice to NHS England of any changes. NHS England cannot refuse any change requests relating to supplementary hours.

Appendix 2 contains details of total opening times and commissioned services for all pharmacy contractors in the HWB area.

4.1.1 Essential Services

There are seven essential services, defined in 2013 Regulations, listed below,

Essential services must be offered by all contractors during all pharmacy opening hours as part of the CPAF.

ES1	Dispensing Medicines & Dispensing Appliances
ES2	Repeat Dispensing
ES3	Disposal of Unwanted Medicines
ES4	Public Health (Promotion of a healthy lifestyle)
ES5	Signposting
ES6	Support for Self-care
ES7	Clinical Governance

Provision of all essential services is mandatory

4.1.2 Advanced Services

There are four Advanced Services defined within the 2013 Directions. Community pharmacies can choose to provide any of these services as long as they meet the requirements defined in the Directions.

Medicines Use Reviews (MUR)
New Medicines Service (NMS)
Appliance Use Review (AUR)
Stoma Appliance Customisation (SAC)

Provision of advanced services are discretionary, with the pharmacy required to meet a criteria for inclusion defined in 2013 Directions therefore not all providers will provide them

all of the time. Data was not supplied by NHS England instead pharmacies providing advanced services were identified using 2012-2013 PCT data and 2013-14 Area Team data (AT) taken from the HSCIC website¹². Accessibility of Sutton specific data was complex due to the historical presentation of data as Sutton and Merton PCT. Pharmacies providing advanced services are listed in Appendix 2 and a more detailed definition of advanced services is provided in Appendix 5.

4.1.3 Enhanced Services

Enhanced services are only commissioned by NHS England. Only those services that are listed within the 2013 Directions may be referred to as enhanced services. These are:

Enhanced Services (listed in 2013 Directions)	Enhanced services commissioned by NHS England (March 2015)	Services commissioned by Sutton Council (since April 2013) ¹³
Anticoagulation monitoring service		
Care home service	√	
Disease specific medicines management service		
Gluten free food supply service		
Independent prescribing service		
Home delivery service		
Language access service		
Medication review service		
Medicines assessment and compliance support service	√	
Minor ailment scheme (MAS)	√	
Needle and syringe exchange (NEX)		√
On demand availability of specialist drugs service	√	
Out of hours service		
Patient group direction (PGD) service*	√	√
Prescriber support service		
Schools service		
Screening service		√
Stop smoking service		√
Supervised administration service		√
Supplementary prescribing service		

¹² <http://www.hscic.gov.uk/searchcatalogue?productid=13373&q=general+pharmaceutical+services&to pics=1%2fPrimary+care+services%2fCommunity+pharmacy+services&sort=Most+recent&size=10&page=1#top>

¹³ Where services are commissioned by local authorities they no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services. However, the 2013 directions do make provision for NHS England to commission the above services from pharmacy contractors where they are asked to do so by a local authority. Where this is the case they are treated as enhanced services and fall within the definition of pharmaceutical services. <http://www.pcc-cic.org.uk/article/pharmacy-enhanced-services-1-april-2013>

A definition of enhanced services is provided in Appendix 6. NHS England was the exclusive source of historical and current data relating to enhanced services.

In March 2015, there were five enhanced services (shown above) commissioned by NHS England from pharmacies in the HWB area.

- Immunisation service (categorised as a *PGD service*)
 - Seasonal flu immunisation
 - Immunisation against pertussis in pregnancy
 - Shingles immunisation programme*
 - Pneumococcal immunisation programme

* At the time of writing this PNA, the shingles immunisation programme has not been commissioned due to a distribution issue which restricted access to shingles vaccine in pharmacies. NHS England is working towards resolving this issue and the service is due to commence in 2015.

- Care Home advisory Service (categorised as a *care home service*)
- Minor Ailments Scheme
- MDS service (categorised as a *Medicines assessment and compliance support service*)
- Access to Palliative Care Medicines (categorised as a *On demand availability of specialist drugs service*)

In addition to these five services, NHS England has also commissioned a Pharmacy Urgent Repeat Medication (PURM) as a Pan-London enhanced service. PURM is a pilot and forms part of NHS England's response to the "Winter Pressures" initiative for 2014/15¹⁴. The service involves triaging and redirecting out of hours urgent prescription requests via 111 to participating pharmacies in order to reduce the burden on out of hours GP services and A&E departments. Individual pharmacies have to register to participate in the service.

PURM service will run as a pilot from 1st December 2014 – 2nd April 2015. NHS England has indicated that this service will be evaluated, and if successful consideration will be given to future commissioning. In agreement with NHS England, this service has not been included in the conclusions of the PNA nor have participating pharmacies been identified as the service is only a pilot until 2nd April 2015.

If NHS England wishes to commission a service not listed within the Directions, then that service cannot be called an enhanced service and it will also fall outside the definition of pharmaceutical services.

Enhanced services are commissioned by NHS England to meet an identified need in the population. The service agreement should define accessibility i.e. it may or may not be accessible for all of the pharmacies' opening hours.

Again these services are discretionary; not all providers will provide them all of the time. Pharmacies providing enhanced services are listed in Appendix 2. This list is based on data supplied by NHS England in September 2014 and updated in February 2015.

¹⁴ <http://www.england.nhs.uk/2013/11/15/winter-hlth-chk/>

From the perspective of the PNA, the provision of essential services, advanced services and enhanced services must be assessed. Essential and advanced services as a necessary services and enhanced services where the further provision of these services would secure improvements or better access to pharmaceutical services.

NHS England is required to consider the provision of pharmaceutical services when applying market entry test described in 2013 Regulations and it is not required to consider services which do not meeting the definition of a pharmaceutical service.

4.2 Locally Commissioned Services

Any organisation can commission services from community pharmacies. Those most likely to do so are Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) or councils. These services are not part of NHS Pharmaceutical Services as defined by the 2013 Regulations 2013 and 2013 Directions and cannot be described as enhanced services. For the purposes of this PNA they are referred to as locally commissioned services (LCS)

Local authorities will use their own contracts or the standard public health contract to commission services from community pharmacies. A CCG would need to use the NHS Standard Contract to commission these types of services. If NHS England is commissioning an enhanced service to fulfil a need identified in the PNA, it cannot delegate the commissioning to a CCG.

In Sutton there are 5 locally commissioned services.

Commissioner	Locally Commissioned Service
Sutton Council	NHS Health Check
	Chlamydia screening
	Emergency Hormonal Contraception (EHC)
	Needle exchange
	Supervised consumption of methadone/ buprenorphine

Sutton CCG does not commission any services from community pharmacy contractors.

Pharmacies providing locally commissioned services are listed in Appendix 2. This list is based on data supplied by Sutton Council in January 2015 and updated in February 2015.

LCS are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

4.3 Local Pharmaceutical Service (LPS)

A Local Pharmaceutical Service (LPS) contract allows NHS England to commission community pharmaceutical services tailored to specific local requirements. The provision of LPS is defined in 2013 Regulations. LPS providers may supply medicines but an LPS contract also provides flexibility to incorporate a different range of services, including services not traditionally associated with pharmacy e.g. training that would be possible under CPAF.

There are two LPS contractors within Sutton HWB

4.3.1 Essential Small Pharmacy LPS

Pharmacies that operate under the Essential Small Pharmacy Local Pharmaceutical Service (ESPLPS) contract are pharmacies whereby (pre-1996) a contractor made an application to operate a pharmacy where there had been deemed a lack of provision, but where the usual funding arrangements may not have been adequate to maintain a viable pharmacy business e.g. low dispensing volumes.

ESPLPS have different funding arrangements to other pharmacies and each year NHS England reviews these local ESPLPS contractual arrangements.

There is one ESPLPS contract in Sutton, Galloways Chemist (map reference 19) located in the Carshalton locality. The arrangements for the ESPLPS contracts will expire 1st April 2015 and ESPLPS pharmacies will have a right to return to national contracting and funding arrangements.

This PNA has considered the ESPLPS as a community pharmacy throughout and notes that this type of contract will not exist from its date of publication (1st April 2015).

4.3.2 Out of Hours LPS

In 2006, Sutton and Merton PCT commissioned one LPS contract specifically aimed at improving out of hours (OOH) access to pharmaceutical services. This LPS is now commissioned by NHS England and provided by Sutton and Merton OOH Cooperative (map ref 45) located in Carshalton locality. Note that the LPS operates from the same premise as Rosehill Pharmacy (map ref 6) but is a completely separate service and legal entity.

Under the terms of services, the LPS:

- Opening hours are: Mon - Fri 19:30-22:30, Sat: 19:00-22:00, Sun: 17:00-22:00 Bank Holidays plus Christmas day and Easter Sunday 10:00-22:00 (Note the opening hours are not dovetailed with opening hours of Rosehill pharmacy but are dovetailed with general opening/closing hours of pharmacies in the area);
- has its own separate premises area, separately employed staff, separate dispensary and stock including over the counter (OTC) medicines to Rosehill Pharmacy;
- is openly accessible to the public from these premises;
- provides all essential services but not advanced services - due to fact that majority of prescriptions dispensed are for acute conditions and not repeats;
- is commissioned to provides 2 enhanced services - Palliative Care and Minor Ailments Services; and
- is not commissioned to provide any locally commissioned services.

At the time of writing the PNA, NHS England has reviewed the LPS (9th February 2015) and agreed to extend this contract by 1 year (contract end 31st March 2016). The LPS will be reviewed again in February 2016.

4.4 Dispensing Appliance Contractors

Dispensing Appliance Contractors (DACs) operate under the Terms of Service for Appliance Contractors is defined in 2013 Regulations. DACs have a contractual framework arrangement like a community pharmacy. They can dispense a range of appliances including dressings, incontinence and stoma appliances, but they cannot dispense drugs under the contractual framework. Their essential services include:

- Dispensing and actions associated with dispensing of appliances

- Repeatable dispensing
- Electronic prescription services
- Home delivery for specified appliances
- Provision of supplementary items (e.g. disposal bags)

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours. It should be noted that pharmacy contractors, dispensing GP practices, and Local Pharmaceutical Service (LPS) providers may also supply appliances.

There is one DAC in Sutton, Fittleworth Medical (map ref 44), located in the Wallington locality.

DACs can provide advanced services on a discretionary basis but must meet certain requirements. If they chose to participate, they provide Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC) Services as an advanced service. As part of the essential services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside of Sutton. There were 122 DACs in England in 2012/13 (ref 9)

From the perspective of the PNA, the provision of the dispensing of appliances and the provision of the Appliance Use Review (AUR) service and Stoma Appliance Customisation (SAC) Service must be assessed. NHS England is required to consider the provision of DACs when applying market entry regulations.

4.5 Distance-Selling Pharmacies

A distance-selling pharmacy (DSP) provides services as defined within the Pharmaceutical Regulations (ref 6), however it may not provide essential services face-to-face; therefore services are provided by mail order and/or wholly over the internet. As part of the terms of service for distance-selling pharmacies, all services must be offered throughout England. It is therefore likely that patients within Sutton will be receiving pharmaceutical services from a distance-selling pharmacy outside of the borough.

There is one DSP in Sutton, Amba Pharmacy (map ref 30), located in the Sutton and Cheam locality. Figures in 2012/13 show that in England there were 200 distance-selling pharmacies, accounting for 1.7% of the total number of pharmacies. (ref 9)

4.6 Dispensing Doctors

In some geographical areas GP practices may dispense prescriptions for their own patients and a PNA must take these into account; however, there are no dispensing doctors in the borough of Sutton.

4.7 Other NHS services

Other services which are commissioned or provided by NHS England, Sutton council and Sutton CCG, which affect the need for pharmaceutical services, are also included within the PNA.

5 Population Demography and Health Profiles by Locality

5.1 Overview of Sutton

The information in section 5 has been constructed using the Sutton JSNA from 2013 as the primary reference point.

The London Borough of Sutton is in South West London and forms part of outer London. Sutton covers an area of approximately 43 km² and is bordered by the Boroughs of Merton, Croydon, Kingston- Upon- Thames and Surrey to the south. The southern half of the borough consists predominantly of relatively affluent, low-density residential areas, together with a substantial green belt area forming the edge of Greater London. By contrast, the northern wards, including St Helier, The Wrythe and Wandle Valley, along with Roundshaw in the southeast of the borough, are less affluent and consist of higher density housing, including large social housing estates and industrial areas. However, the northern half of the borough also contains large areas of parkland and open space, including the River Wandle corridor and Beddington Farmlands.

The health of people in Sutton is generally better than for England overall. Deprivation is lower than average although there is wide variation within the borough. Life expectancy for both men and women is higher than for England. In more detail:

- Generally, people living in Sutton are very healthy. There is good life expectancy, exceeding both the regional and national average for both men and women. Sutton has fewer people dying prematurely from conditions that could be avoided such as circulatory disease. However, some deaths could be prevented through better lifestyle choices on smoking, alcohol, physical activity and diet.
- The population of Sutton borough is growing. It is predicted that by 2022 it will have increased by around 14% since 2012. But it is not just population size that is increasing: the age profile is rising as well and by 2022 the number of over 65 year olds is predicted to increase by 21%. With increasing age comes more complex health and social care needs. In our ageing population, if nothing changes there will be a significant increase in the numbers of people with a long term limiting illness.
- Our local communities are becoming more diverse, particularly the younger age groups. The extent of diversity has increased markedly over recent years with emerging new communities in the borough.
- Generally, people living in Sutton are very healthy. Sutton has fewer people dying prematurely from conditions that could be avoided such as circulatory disease. However, some deaths could be prevented through better lifestyle choices on smoking, alcohol, physical activity and diet.
- Life expectancy is a very good measure of overall health inequality and Sutton has good life expectancy, exceeding the national average for both men and women. However, this varies within the borough. The Slope Index of Inequality (SII) is a measure of how much life expectancy varies with deprivation. The SII for males in Sutton is 7.5 years. This represents the range in years of life expectancy across the social gradient within the borough, from most to least deprived. For females the SII is 4.8 years.
- Circulatory disease (including stroke), cancer and respiratory disease are the three major causes of death in Sutton.

5.1.1 Population Profile and Projections

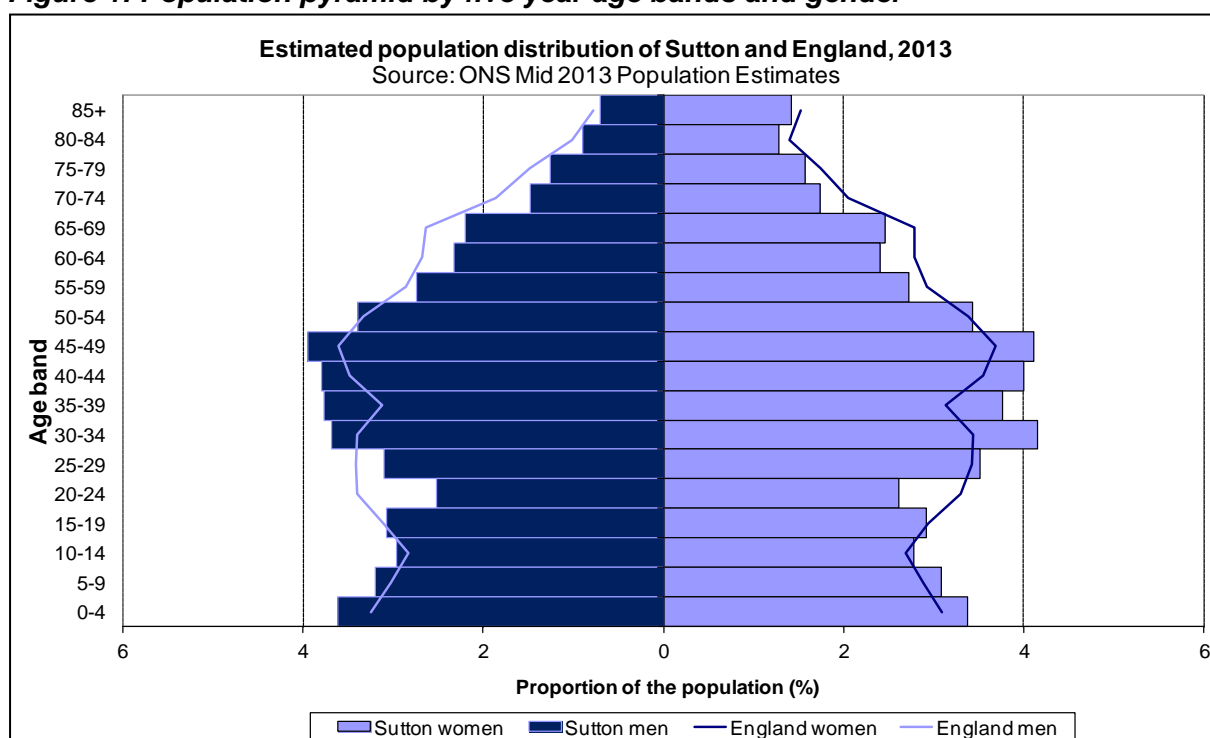
The highest proportion of Sutton's population is in the late 30s to 50s age range (Fig.1).

Key points from the Office for National Statistics (ONS) population estimates for 2013 are as follows:

- There are around 196,000 people living in Sutton.
- Children aged under 5 years account for around 7% of the population in Sutton, which is similar to London (7.4%), though slightly higher than for England (6.3). This represents 13,700 children in Sutton aged under 5.
- There are 117,520 people of working age (20-64 years), accounting for 60% of the population in Sutton. This is lower compared to London (64%), but higher than England (58.9%).

People aged over 85 accounted for 2.1% of the population in Sutton, higher compared to London (1.5%) London and similar to England (2.3%). There are around 4,180 people in this age group in Sutton. The population profile is illustrated in Figure 1 below.

Figure 1: Population pyramid by five year age bands and gender



5.1.2 Migration

Sutton has higher inward than outward migration (ONS, 2013, Migration Indicator Tool). This represents 10,300 inflow and 9,600 outflow from within the UK (net 700 inflow), and 900 inflow and 600 outflow from overseas (net 300 inflow).

5.1.3 Children and young people

ONS population projections indicate that by 2022 the population of young people aged 0 to 19 is expected to increase by 17.5% in Sutton, higher than for London (13.7%) and England (6.3%).

5.1.4 Adults

For people aged 20 to 64, the population is expected to increase by 11% in Sutton from 2012 to 2022, which is similar to London (11.3%) but much higher than for England (3.2%).

5.1.5 Older People

For older people aged 65 and over, the population is expected to increase by 20.8% in Sutton from 2012 to 2022, which is similar to London (21.5%) but lower than for England (22.4%).

5.1.6 Black and Minority Ethnic (BME) groups

Ethnicity can be a contributory factor in variation in disease rates between populations and so is important in understanding health inequalities. For example, differences in the prevalence of cardiovascular disease, cancer or diabetes in different areas can be linked to ethnic diversity. Ethnicity may also be linked with other causes of ill health such as socio-economic status and poor lifestyle.

Sutton has become increasingly more ethnically diverse over the last decade. The 2011 census indicates that around 79% of people living in Sutton were white, compared to London (60%) and England (85%). This was a reduction from the previous 2001 census when 89% of the population was white. The breakdown of ethnicity within the white population was as follows: White British 71%, Other White 6% (often other European communities (up from 3.4% in 2001)), and White Irish 2%. 12% of Sutton's population is from Asian or Asian British ethnic groups compared to 18% in London, and 8% in England. These figures suggest that the ethnic profile of Sutton is becoming more diverse and less like the national picture than at the time of the previous 2001 Census, but is still less diverse than the London profile.

- The extent of diversity depends on age group. For young people aged 0-24 years, 72% in Sutton, compared to 49% in London, and 79% in England, are from White ethnic groups.
- In the middle aged population aged 25-64 years, 79% were from White ethnic groups in Sutton compared to 62% in London and 86% nationally.
- In those aged 65 years and over, 91% in Sutton, compared to 78% in London, and 95% in England, are from White ethnic groups.

5.1.7 Older people in nursing and residential care

As older people are increasingly supported to remain in their homes for as long as possible, the care home population has become older and frailer. With reductions in NHS long term care beds, the care home sector is now an important source of care provision for older people living with complex clinical needs.

As at September 2013 there were:

- 87 care homes in Sutton
- Total care home beds: 1,410
- Beds for older people: 1,034
- Beds for younger people: 376
- Nursing home beds: 595
- Residential home beds: 815
- Care home beds with dementia: 731

It is unknown how the number of care homes and beds is predicted to change in future. From national trends, statistics from 2003 to 2010 indicate a reduction in the number of care homes, but an increase in the number of places (Laing and Buisson)

5.1.8 Lone Parents

The 2011 Census counted 5,545 lone parent households in Sutton, 92% of which are female.

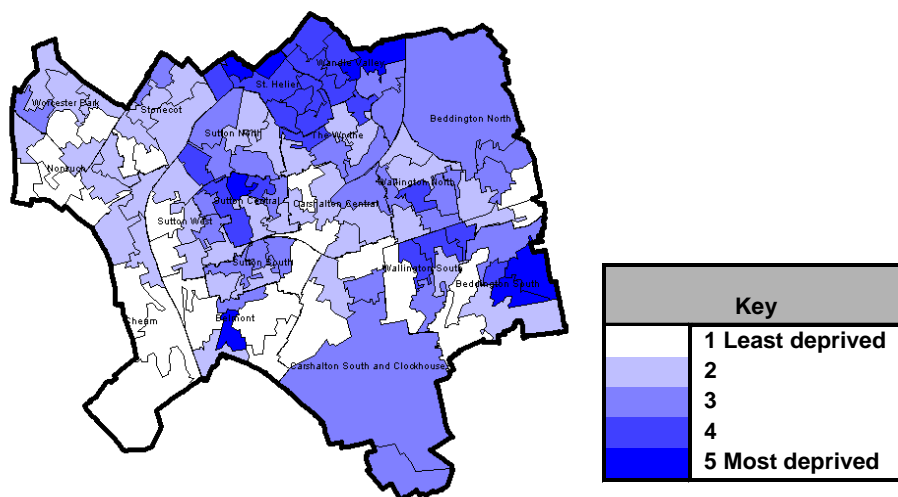
5.1.9 Deprivation

Sutton is a moderately affluent borough but there are marked differences within it, and over time the borough has become relatively more deprived overall.

At borough level Sutton ranks 196 out of 326 boroughs according to the IMD (where 1 is the most deprived, and 326 is the least deprived). Sutton wards with small areas in the most deprived quintile are: Beddington South, Belmont, Wandle Valley, St Helier and Sutton Central. Two wards comprise LSOAs in both the most and the least deprived quintile: Beddington South and Belmont.

Deprivation is measured using the Index of Multiple Deprivation 2010 (IMD 2010) which combines a number of indicators that cover a range of economic, social and housing issues into a single score for each small area (Lower Super Output Area (LSOA)) in England. This allows each area to be ranked relative to one another according to its level of deprivation.

Figure 2: Indices of Multiple Deprivation 2010, Lower Super Output Areas (SOAs) by National Rank Quintiles



Source: The English Indices of Deprivation 2010, Department for Communities and Local Government.

Map: ©Crown copyright 2014. All rights reserved. ©1994-2014 ACTIVE Solutions Europe Ltd

5.1.10 Life Expectancy in Sutton

Overall, Sutton's life expectancy at birth is longer than the England average, but there is a difference of about 6 years for men and 8 years for women between electoral wards within the borough according to the latest data available from the GLA for the period 2008-12. Life

expectancy for men ranged from 76.8 years in St Helier to 82.9 years in Nonsuch. For women life expectancy ranged from 80.7 years in Wandle Valley to 88.9 years in Nonsuch.

There are anomalies where life expectancy is shorter in some of the more affluent areas in Sutton, particularly for women. Previous investigations found higher mortality could be attributed to excess deaths for those aged over 75 in just two electoral wards: Sutton South and Cheam. This was thought to be linked to the large nursing and residential home population concentrated in these two wards and offers a plausible and consistent explanation for the poorer female life expectancy in some parts of Sutton.

Slope Index of Inequality

The Slope Index of Inequality (SII) is a measure of the social gradient in life expectancy, i.e. how much life expectancy varies with deprivation. It takes account of health inequalities across the whole range of deprivation within an area and summarises this in a single number. The Slope Index for males in Sutton for 2010-12 is 7.5 years. This represents the range in years of life expectancy across the social gradient within the borough, from most to least deprived. There has been a decrease in the past three time periods (decreasing inequality from 2008-10 to 2010-12). For females for 2010-12 the Slope Index is 4.8 years and there has been little change over recent time periods.

Fig 4: Male Life Expectancy by electoral ward

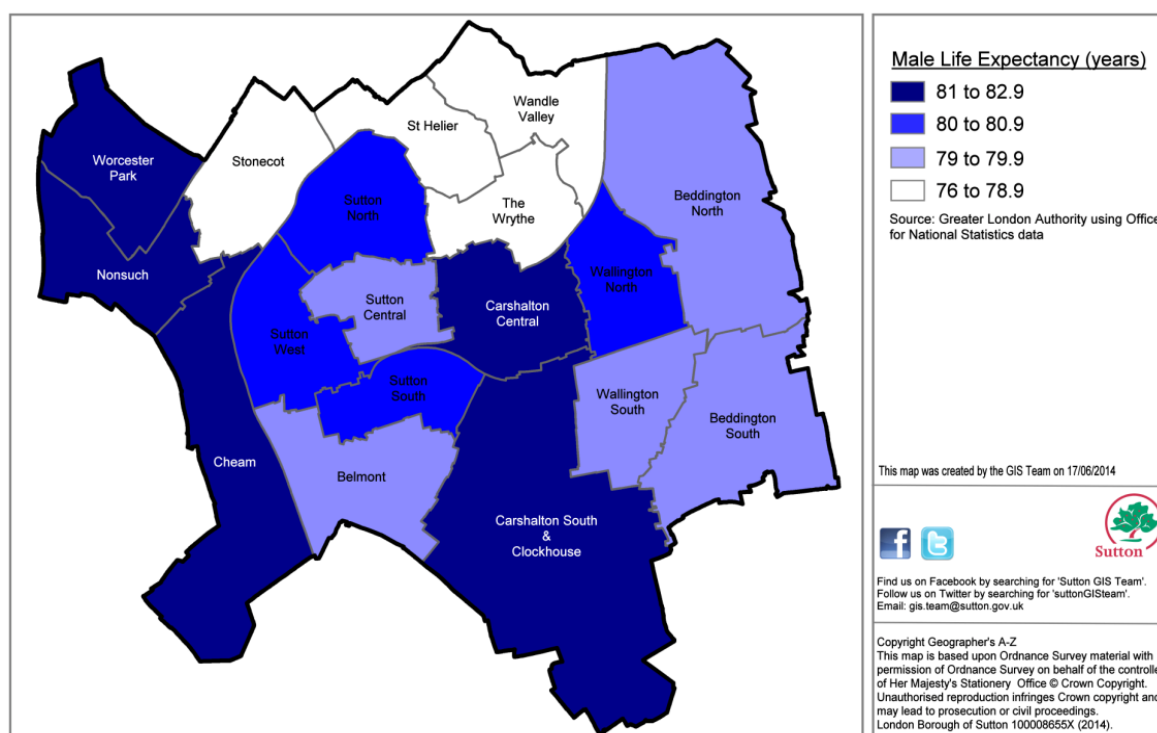
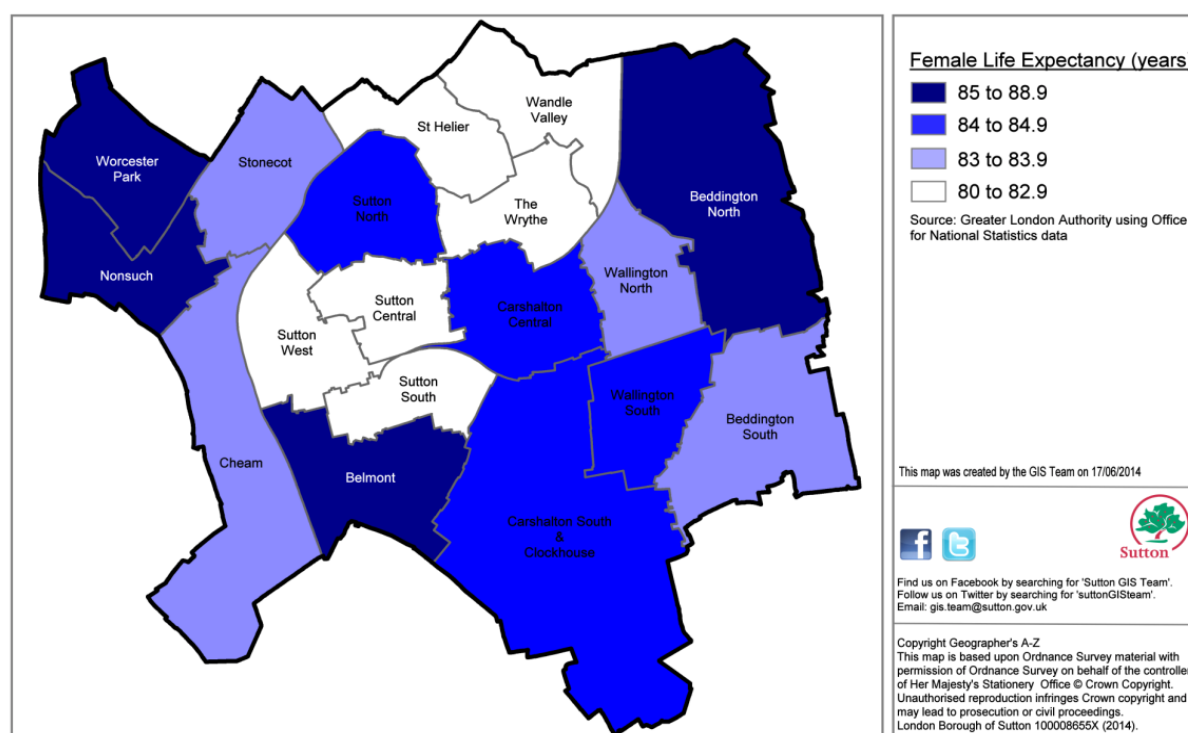
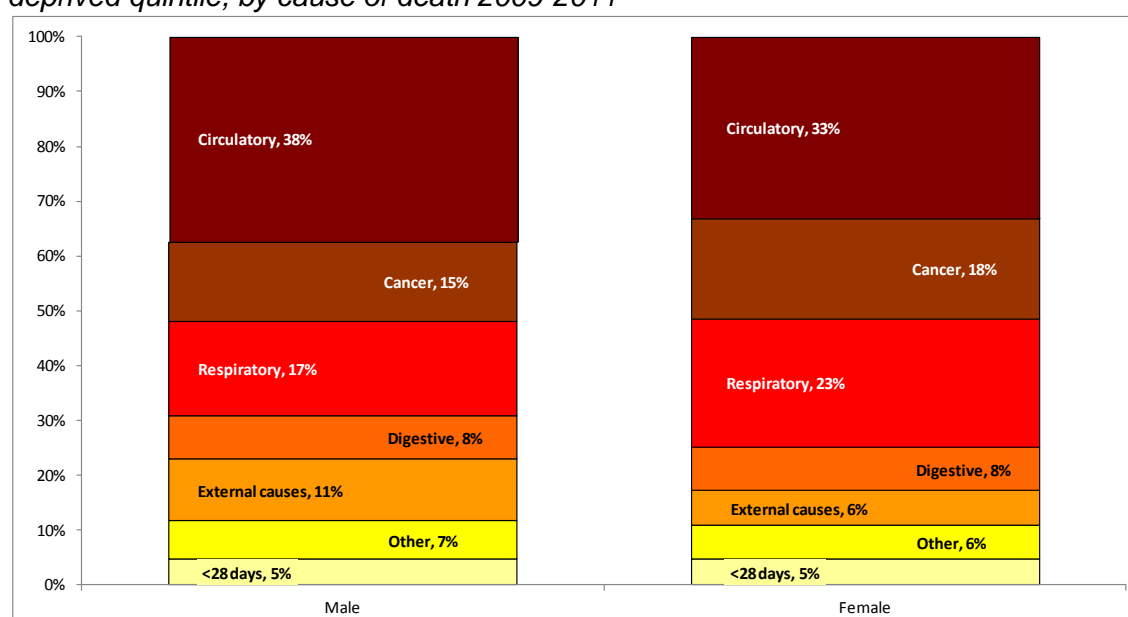


Fig. 5: Female Life Expectancy by electoral ward



Overall Sutton is a healthy place to live, however there are a number of conditions which reduce life expectancy in the most deprived wards, circulatory disease being the largest contributor (see Figure 6 below).

Figure 6: Life expectancy gap between the most deprived quintile in Sutton and the least deprived quintile, by cause of death 2009-2011



Source: Segment Tool PHE 2014

Footnote: Circulatory diseases include coronary heart disease and stroke. Digestive diseases include alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide.

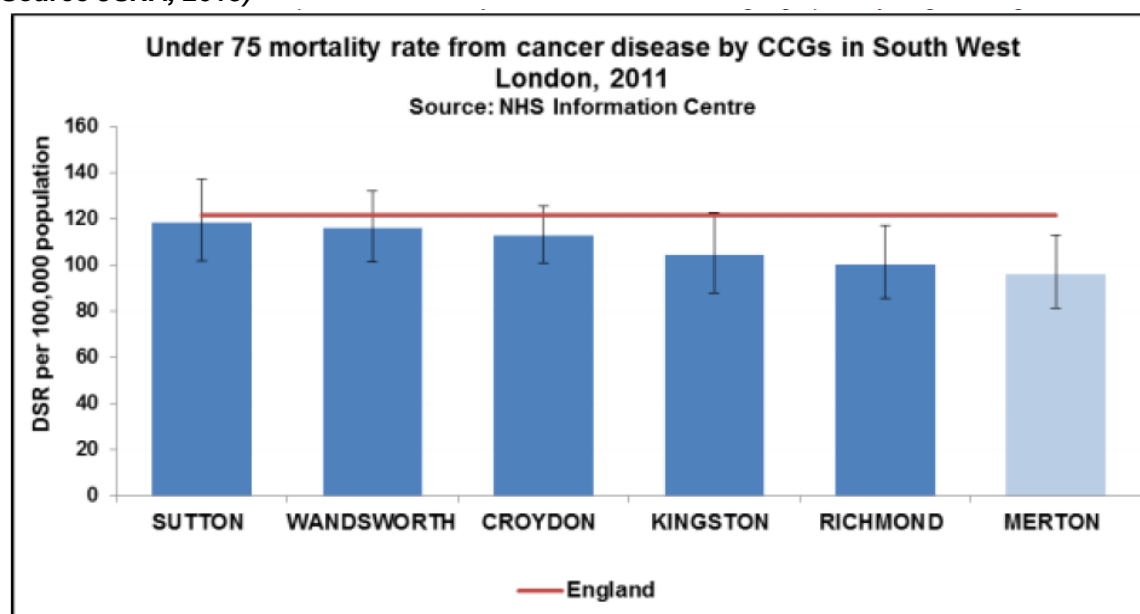
5.2 Causes for concern in Sutton

5.2.1 Cancer

The most common types of cancer in the UK are breast cancer, prostate cancer, lung cancer, cancer of the colon or rectum, bladder cancer and ovarian cancer. More than one in three people in England will develop cancer at some stage in their lives, and one in four of those who develop cancer will die of it. Risk factors include smoking, drinking too much alcohol, being obese, having a poor diet, lack of physical activity and prolonged exposure to sunlight

Based on GP Registers (QOF) for 2011/12, the prevalence of cancer in Sutton is 1.7% compared to 1.8% nationally. Cancer is the biggest cause of premature death and has increased since 2005. Rates of deaths from cancer in people aged under 75 have increased particularly for females. Inequalities exist in accessing services with those most at risk not accessing services as much as those least at risk.

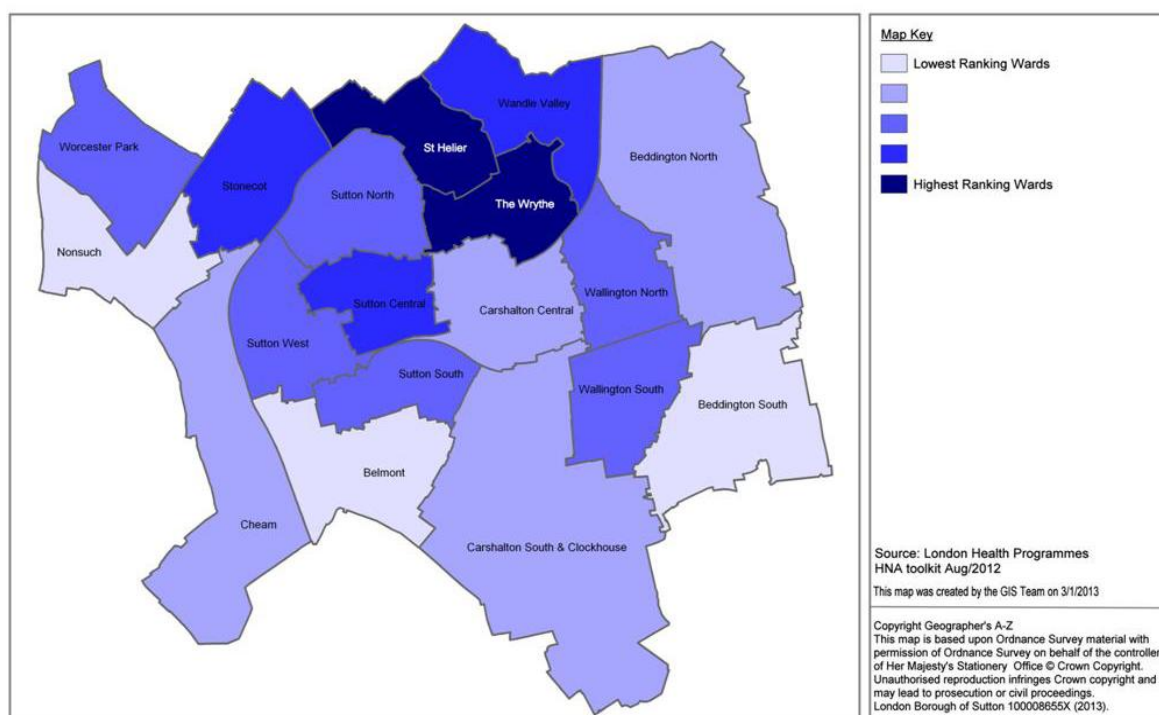
Figure 7: Sutton cancer mortality (under 75 years) compared with SW London by CCG, 2011 (Source JSNA, 2013)



There are also differences in incidence and mortality for all cancers, not only geographically but also between genders. This is reflected in differences in the prevalence of some of the main risk factors, such as smoking and obesity. But there is also evidence that the communities more likely to suffer from cancer and have the poorest outcomes are least likely to access treatment. Access to screening (the opportunity for early diagnosis) is also below regional and national uptake.

Higher levels of cancer are found in the more deprived areas and in BME groups reflecting an inequality in the burden of the disease. With the highest areas of cancer and potentially avoidable cancer being in the more disadvantaged areas of the Northern wards (St Helier and the Wrythe).

Figure 8: Standard mortality ratios for all cancers by ward, source JSNA 2013



5.2.2 Circulatory Disease

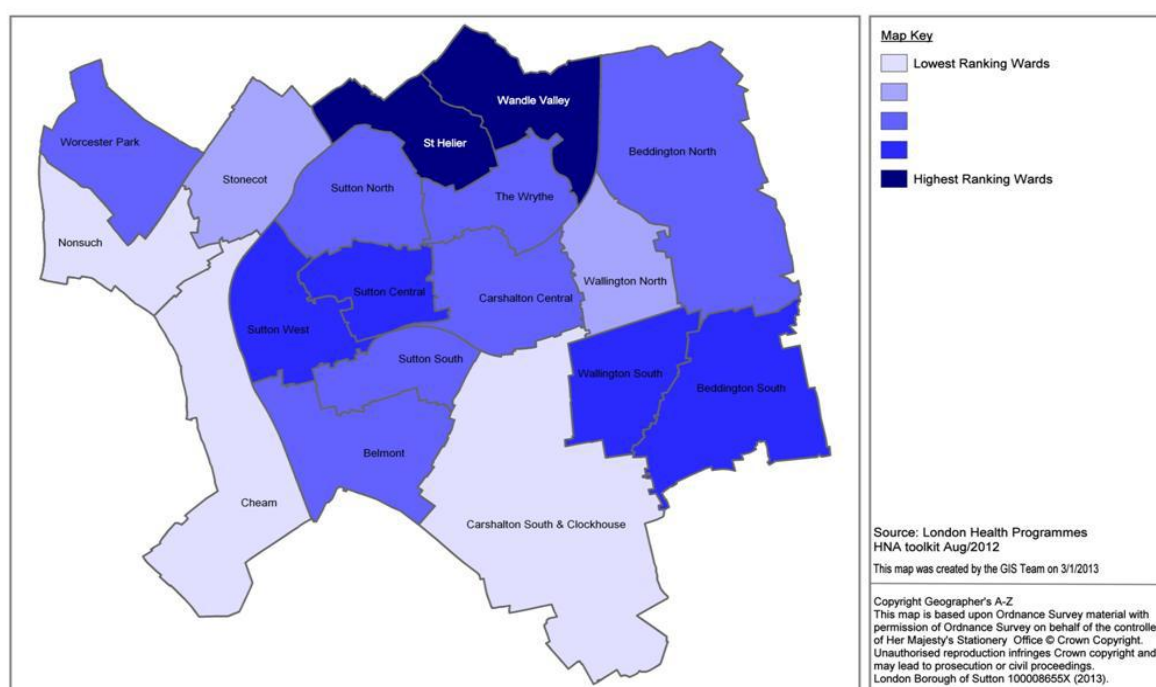
Circulatory Disease refers to all the diseases of the heart and circulation including coronary heart disease (CHD e.g. angina and heart attack), and stroke (it is also known as Cardiovascular Disease).

CHD is the single most common cause of premature death in the UK. The main risk factors for CHD and Circulatory Disease are smoking and obesity with an emerging evidence for risky drinking (alcohol). Higher prevalence is associated with increased deprivation; this is the case in Sutton refer to map.

Based on GP Registers (QOF), prevalence of CHD is 2.7% in Sutton compared to 3.4% nationally. However, modelling of expected prevalence against registered prevalence recorded by Sutton GPs suggests that a significant proportion of the population remain undiagnosed within primary care.

Circulatory disease is second biggest cause of premature death in Sutton and although the trend is downward the rate of decrease is slower than London and England.

Figure 9: Mortality Ratios for Circulatory Disease (Under 75years)



5.2.3 Stroke

Stroke is the third most common cause of death in the developed world. One quarter of stroke deaths occur in those aged under 65.

The main risk factor for stroke is hypertension, followed by smoking, obesity, poor diet (including high salt intake), diabetes and high alcohol intake.

There is considerable scope for preventing stroke by addressing these key risk factors. Where levels of smoking, obesity and risky drinking behaviour in the community are high, there are likely to be higher levels of illness and death due to stroke. Also tackling lifestyle factors in addition to appropriate medication can help prevent second strokes.

People aged over 65 years are those most at risk, but strokes can affect people of any age, including children. There is also a higher risk of stroke for people in the Black African and Black Caribbean ethnic groups due to a genetic predisposition towards some of the key risk factors including hypertension.

In England strokes are a major health problem and, with over 111,000 people having a stroke every year, they are the third largest cause of death. Brain damage caused by stroke is the largest cause of adult disability in the UK. The prevalence of stroke in Sutton in April 2014, based on GP registers, was 1.27% compared to 1.65%. It is estimated by 2025 there will be a 27% increase in people with a long term condition caused by stroke in the Sutton adult population.

Sutton stroke mortality rates for females aged under 75 years show an overall decline in line with London and national figures. Although there was a significant increase in stroke cases around 2000-2004, figures in more recent years have been well below London and England. Mortality rates for males under 75 years have been more variable reflecting small numbers, but the rate of decline is also in line with regional and national figures.

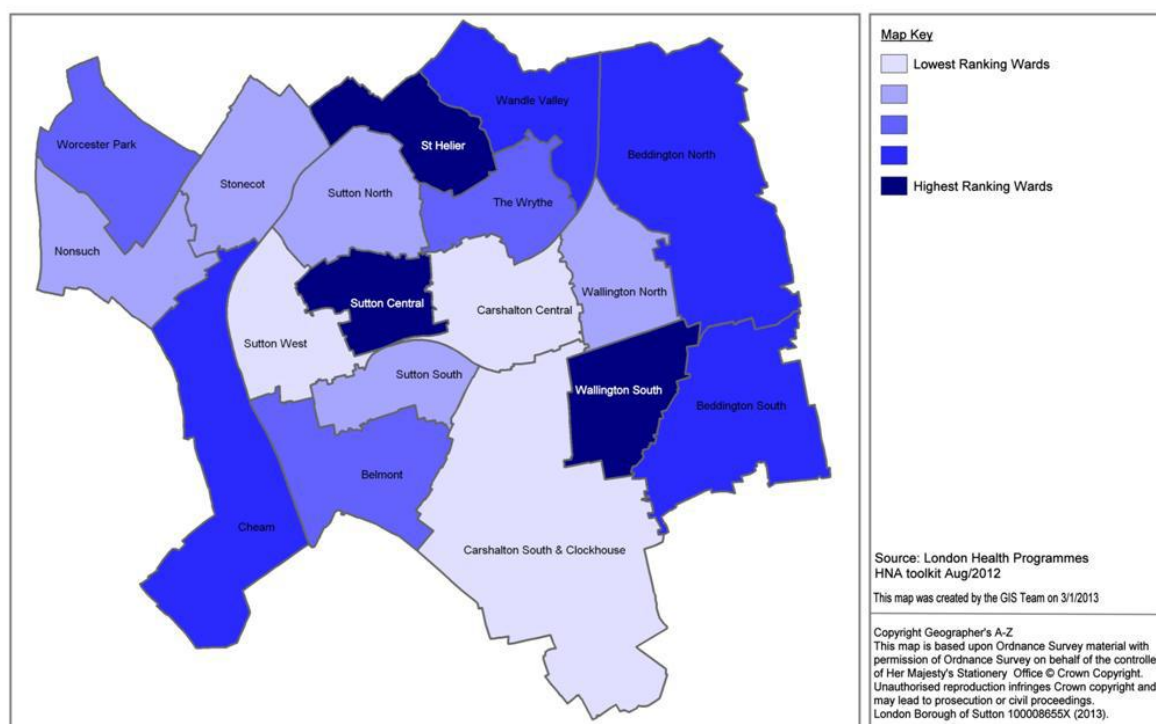
In light of the inequalities in stroke mortality rates across the borough, high levels of the most significant risk factors, and being below national targets for services, stroke remains a high priority to tackle in Sutton.

5.2.4 Respiratory Disease

Numerous conditions affect the lungs and/or airways and impact on a person's ability to breathe including tuberculosis (TB), asthma and chronic obstructive pulmonary disease (COPD). Respiratory disease is the most commonly reported long-term illness in children and the third most commonly reported in adults. The three conditions that have the greatest impact on services and mortality are COPD, asthma and pneumonia. Respiratory disease is the most commonly reported long term illness in children and the third most commonly reported in adults.

Figure 10: Hospital Admission rates for respiratory disease

Hospital admission rates for Respiratory disease all ages



The link between COPD mortality, hospital use and smoking is stark in Sutton. This map indicates that the highest ranking wards for Hospital admission for respiratory disease for people under 75 years (mainly the Northern Wards and Sutton Central) are very closely associated with the areas (MSOAs) that have the highest levels of smoking. Mortality from pneumonia and COPD combined was the third major cause of death in under 75 year olds.

As smoking is the most significant risk factor for COPD and many types of pneumonia could be prevented by vaccination, it is likely that some of this mortality is avoidable. In Sutton, there is a prevalence of 1.3% for COPD compared with 1.1% in London and 1.7% nationally, and 4.8% prevalence for asthma compared with 4.7% in London and 5.9% nationally. For Asthma the prevalence in Sutton is 5.6% compared to 4.7% in London and 5.9% nationally. In terms of emergency hospital admissions, respiratory-related conditions (excluding cancer) for all age groups accounted for 7% of all emergency admissions in 2011-12. The biggest impact is in the over 60 year olds.

Overall Sutton is generally in line with or slightly below regional and national averages in terms of the decline in mortality for COPD for both men and women but premature death from respiratory diseases has increased since 2005 with wide variation in hospital admissions by area.

5.2.5 Diabetes

There are two types of diabetes. Type 2 diabetes is increasingly the more common form.

Type 1 diabetes: occurs when the body produces no insulin and usually develops before the age of 40 and more commonly in the early teenage years. It accounts for around 10% of all people with diabetes.

Type 2 diabetes: occurs when there is too little insulin produced or when the cells in the body do not react properly to insulin (insulin resistance). In the majority of cases, Type 2 diabetes is associated with obesity and usually develops after the age of 40, though it can develop much younger. Type 2 diabetes is avoidable in many cases; it is the more common of the two main types and accounts for around 90% of cases.

Type 2 diabetes reduces life expectancy by up to 10 years. It increases the risk of death from heart disease five-fold, and of death from stroke three-fold. It magnifies the effect of other heart disease risk factors, such as high cholesterol levels and blood pressure, smoking and obesity.

Based on GP registers (QOF, 2011-12) the prevalence of diabetes (both types but only adults) is 5.4% compared with 5.8% in England but ranges from 3% to 7% by Practice. Comparing modelled figures with recorded prevalence of diabetes suggests that people remain undiagnosed.

Diabetes is associated with other significant health problems and clear inequalities in mortality within Sutton. It is a leading cause of renal failure, limb amputations and blindness, and can lead to serious complications in pregnancy.

Diabetes has major links inequalities:

- The most deprived people in the UK are 2.5 times more likely to have diabetes
- 80 per cent of people with type 2 diabetes are overweight or obese at diagnosis
- Black and Asian minority ethnic (BAME) groups have six times higher risk

Obesity is the key risk factor for diabetes (caused by poor diet and physical inactivity). However, diabetes is also more common in certain ethnic and social groups who are more likely to be overweight or have a genetic predisposition for the condition.

It is estimated by 2025 there will be 25% increase in people with Diabetes (up by 1,850) all ages.

NICE recommends action identifying people at high risk of type 2 Diabetes (2012)

- Risk assessment and risk reassessment by GPs and other health professionals and community health practitioners
- Encouraging people to have a risk assessment
- Risk identification using a validated computer-based risk assessment tool in all primary health care settings and venous blood tests
- Matching interventions to risk
- Commissioning risk identification and intensive lifestyle change programmes
- Quality assurance intensive lifestyle change programmes
- Training and professional development for professional involved

5.2.6 Mental Health

Mental Health is generally applied to conditions on a spectrum ranging from conditions almost entirely managed in Primary Care to conditions that are almost exclusively managed by specialists. The link between mental health problems and social exclusion is intricate and well documented. Mental ill-health can be both the cause and the consequence of social exclusion leading to a vicious cycle of homelessness, unemployment, and worsening physical and mental health.

One in four people in the UK will experience a mental health problem in the course of a year. The cost of mental health problems to the economy in England have recently been estimated at £105 billion each year and treatment costs are expected to double in the next 20 years (NEPHO).

In Sutton overall the rate of total contacts with mental health services is significantly lower than England and London however findings suggest that patients with mental health problems are not being identified and treated early within the borough.

It is estimated by 2025 there will be 14% increase in people with common and severe mental health problems (up by 2,800 and 200 respectively) age 18-64

By far the biggest issue for mental health services for people over the age of 65 is dementia. Dementia has a significant impact on individuals and their families. It is a syndrome, a term for a group of diseases and conditions that are characterised by the decline and eventual loss of awareness such as memory, thinking and reasoning and often by changes in personality and mood.

Old age is the largest risk factor for dementia and prevalence (that is the number of people who have the condition) doubles every decade after the age of 65. Some 68% of all people with dementia are aged over 80 and most will also have co-morbid conditions and illnesses that result in physical impairment. These co-morbidities often go undiagnosed and/or untreated. Given the predicted increase in the numbers of people aged over 65, if nothing else changes (i.e. proportionally the prevalence of current long-term conditions doesn't change), then there will be a significant increase in the absolute numbers of people with dementia. In April 2014, GP registers for Sutton showed 0.46% of patients with dementia compared to 0.60% nationally.

5.3 Lifestyle & Risky Behaviours with Sutton

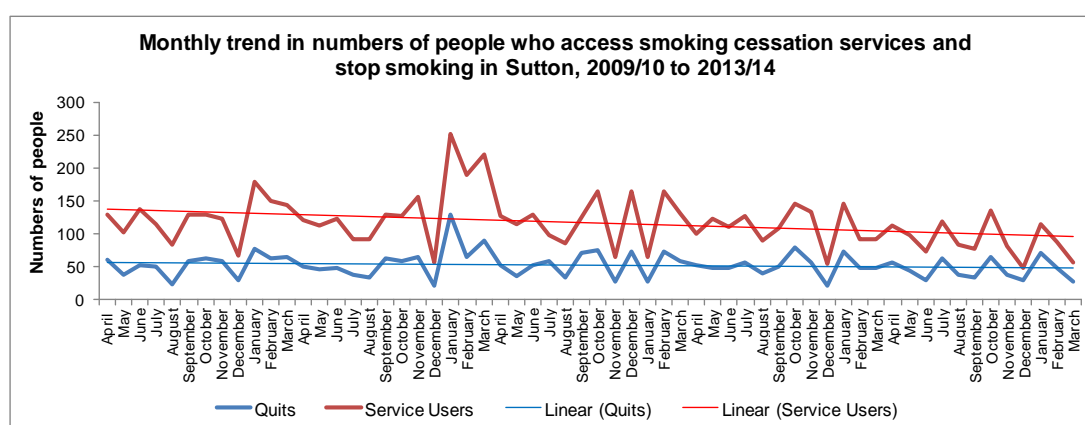
5.3.1 Smoking

Smoking is the UK's single greatest cause of preventable illness and early death. Adults who smoke lose on average 13-14 years of their lives and more than 86,000 people die from smoking each year in the UK.

The Public Health Outcome Framework indicator based on data for 2013 shows that smoking prevalence for Sutton is 15.6%, which is lower than London (17.3%) and England (18.4%). However, for those in routine and manual occupations prevalence is higher than for the general population, i.e. 22.3% in routine and manual occupations compared to 15.6% generally. This compares to prevalence for manual occupations of 24.9% in London and 28.6% in England (both higher than Sutton). There was a decrease in the rate since the previous year.

It is known that the prevalence of smoking varies markedly by socioeconomic group. People in deprived circumstances are not only more likely to take up smoking, but generally start younger, smoke more heavily and are less likely to quit, each of which increases the risk of smoking related disease. National data suggests that more men (20.9%) than women (16.1%) smoke. Smoking is a known risk factor for respiratory disease, cardiovascular disease and cancer - the three major causes of death in Sutton.

The current quit rate for Sutton is 51%. At present it is not possible to make a comparison with London, however national quit rates 2013-2014 were 51%. Although the proportion of service users who successfully quit has increased, the actual number of both service users and service use quitters has fallen slightly over time, shown in the trend lines in the graph below. This is supported by data published by Public Health England in the local Tobacco Control Profiles which indicate that Sutton's rates of successful quitters at four weeks were significantly lower than both London and England. (2,090 per 100,000 smokers aged 16 years and over in 2013-2014).



5.3.2 Healthy adult weight

Tackling obesity and helping people achieve a healthy weight is key to preventing future illness. With an increasing population and people projected to live longer, helping to prevent future ill health such as diabetes, cancer and heart disease, is vital to help health and social care services cope with future demand.

Health services have a vital role to play in providing support and care; with consistent messages on achieving and maintaining a healthy weight and increasing levels of physical activity from health and other professionals being essential. How these messages are presented and delivered seems to be key to support behaviour change

In Sutton, these estimates suggest that overall 23% of adults (aged over 16 years) are obese, higher than in London (20.7%) but slightly lower than in England (24.2%). Further estimates suggest the highest levels are in the more deprived areas, with prevalence ranging from 16.5% (1 in 6) to 29.5% (1 in 3).

Only 9% (less than 1 in 10) of Sutton residents take part in enough physical activity to benefit their health (30 minutes on at least 5 days per week). This compares with 9.9% of Londoners and 11.2% nationally. Almost half of Sutton residents have taken part in no physical activity in the past four weeks. Groups identified as having the lowest levels of physical activity are girls and women (particularly young adults), people with physical and mental health disabilities, older adults, ethnic minority groups and socially deprived communities.

In general people in Sutton eat more healthily than the rest of England but not as healthily as other people in London, and this masks variation across the Borough with the more deprived areas eating less healthy.

No pharmacies are currently commissioned to provide any form of weight management service however pharmacies were commissioned by Sutton LA to participate in the LiveWell programme providing lifestyle related brief interventions as part of a behavioural change programme and 9 pharmacies were previously commissioned to provide a weight management service (Sutton and Merton PNA, 2010).

5.3.3 Alcohol

About 90% of adults in the UK consume alcohol to a greater or less extent and an increasing number of young people are binge drinking. The Public Health White paper Choosing Health identified reducing harm from alcohol misuse and encouraging sensible drinking as a priority.

The picture of 'risky drinking behaviour' (i.e. drinking to harmful levels) is complex. Information from modelled estimates on binge drinking does not suggest a link with deprivation in Sutton rather key areas of night time economy, but this may reflect more on how the estimates have been modelled. The modelled estimates also don't reflect the pattern of health services use, which indicates that higher risk drinking is more widespread across the north of the borough, suggesting that high levels of risky drinking is occurring not only in public places/night-time economy but also at home.

In Sutton the estimated prevalence of binge drinking is 15.5% compared to 14.3% in London and 20.1% nationally. However for small geographic areas (middle super output area level) within the borough, the range is 10% to 21%. The estimated levels of drinking at "increasing risk" are higher than London as a whole. Sutton has lower rates of alcohol related hospital admissions compared to the London and national rates and although all rates have increased over the last 5 years the rate of increase in Sutton is greater than that of London and England.

JSNA contains significant information on alcohol A&E presentations and hospital admissions. JSNA does not specifically consider alcohol awareness services in pharmacies

Currently no pharmacies are commissioned to provide alcohol awareness services. In the past Sutton Council commissioned pharmacies to participate in the LiveWell programme providing lifestyle related brief interventions as part of a behavioural change programme.

5.3.4 Sexual Health

Sutton has a teenage pregnancy rate similar to that of London and slightly lower than England as a whole (under 18 conception rate of 25.8 per 1,000 women aged 15-17 years 2012).

Recent data (2011) on the percentage of pregnancies ending in termination in Sutton show that the rate is slightly higher (17.8 per 1,000 population) than England (15.1 per 1,000 population) and London (17.5 per 1,000 population). Pooled data for three years rolling averages from the 1998 baseline show that the proportion of teenage conceptions leading to terminations have remained fairly consistent in Sutton, which is a similar picture to London.

In Sutton in 2010, the under 18-conception rate was 24.6 per 1,000, lower than conception rates for London, and England and Wales. The rate had reduced in 1998 from 38.8 per 100 to 30.5 per 1000. However, there has been a slight increase since 2010 and the overall result masks significant variation across the Borough with the rates of some wards more in line with inner London.

5.3.5 Sexual Health - Chlamydia screening

Genital *Chlamydia trachomatis* is the most commonly diagnosed sexually transmitted infection (STI) in England¹⁵. Untreated infection can have serious long term consequences particularly for women, in whom it can lead to pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed although infection can be diagnosed easily and effectively treated.

It is difficult to assess changes in local chlamydia occurrence over the last decade for several reasons because the diagnostic definitions have changed during this period and more importantly in the last two years the focus of the programme has changed from the absolute numbers being diagnosed to diagnostic rate.

In 2013 the proportion of 15-24 year olds tested for chlamydia in Sutton (24.9%) was lower than the national (25.8) rate. Within Sutton the percentage of positive tests (8.1%) was the same as that seen nationally (8.1%).

In 2013, there were 584 new chlamydia diagnoses in Sutton residents¹⁶ of which 75% of new cases were diagnosed in the 15-24 year old age group. The chlamydia diagnosis rate amongst 15-24 year olds was 1997.1 per 100,000 of the population and Sutton ranks 16 out of the 33 boroughs in London and 117 out of 326 areas in England.¹⁷

Quarterly data is available from the National Chlamydia Screening Programme website:

<http://www.chlamydia screening.nhs.uk/ps/index.asp>

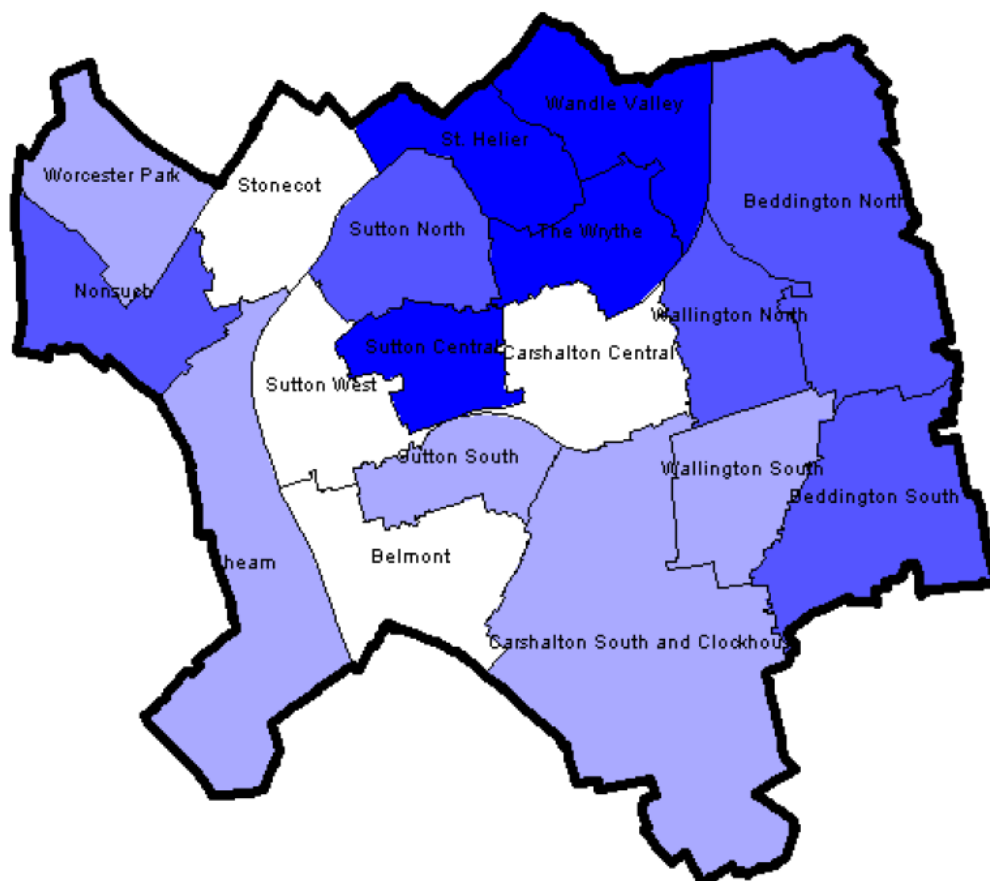
¹⁵ PHE (2014). Health Protection Report. Vol 8; Number 24. 17 June 2014.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345181/Volume_8_number_24_hp_r2414_AA_stis.pdf

¹⁶ Sutton Local Authority sexual health epidemiology report (LASER): 2013. PHE

¹⁷ Sutton Local Authority sexual health epidemiology report (LASER): 2013. PHE

Figure 14: Under 18 conception rates in Sutton, 2007-09 (Source JSNA, 2013)



Key	Rate per 1,000 females aged 15 to 17
	0 to 21.9
	22 to 36.9
	37 to 46.9
	47 and over

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5.4 Localities

Locality profiles have been constructed from the individual health profiles available for each ward contained within that locality. The following Table 1 summarises the characteristics and key issues for each of the three Localities in Sutton. These are described in further detail in the following pages.

Table 1: Summary of Locality Characteristics and Health Priorities for PNA Localities

	Sutton & Cheam Locality Residential population 96,653 (2012)	Carshalton Locality Residential population approx. 54,325 (2012)	Wallington Locality Residential population approx. 42,652 (2012)
Characteristics	<p>Geographically covers nine electoral wards in the West area of Sutton.</p> <p>Largest of the three locality areas, with relative deprivation highest in Sutton Central.</p> <p>Older population</p> <p>Range in levels of deprivation, higher in Sutton wards, but wards in the west have lowest levels in Sutton</p>	<p>Geographically covers five electoral wards in the Central area of Sutton.</p> <p>Younger population</p> <p>Carshalton is the most diverse of the three localities with a clear north to south divide.</p> <p>Levels of deprivation are relatively high in the north and low in the south. Overall Carshalton has the highest deprivation levels.</p>	<p>Geographically covers four electoral wards in the East area of Sutton.</p> <p>Smallest of the three localities.</p> <p>The most ethnically diverse</p> <p>Wide range of deprivation particularly within Beddington South Ward which has levels in the highest and lowest quintile.</p>
Issues to tackle	<p>Despite lower rate of emergency hospital admissions than England, some rates significantly high for Sutton Central ward</p> <p>Issues for Stonecot ward in terms of colorectal cancer incidence</p>	<p>Highest levels of excess weight in children aged 4-5 years</p> <p>Highest rates of emergency admissions, particularly in the north of the Locality</p> <p>Highest rates of mortality and premature mortality</p> <p>Various health and wellbeing issues in St. Helier and Wandle Valley wards</p>	<p>Highest levels of excess weight for Year 6 (10-11 years), Beddington South has highest rates</p> <p>Highest rates of bad health, unemployment, overcrowding, life expectancy in Beddington South</p>

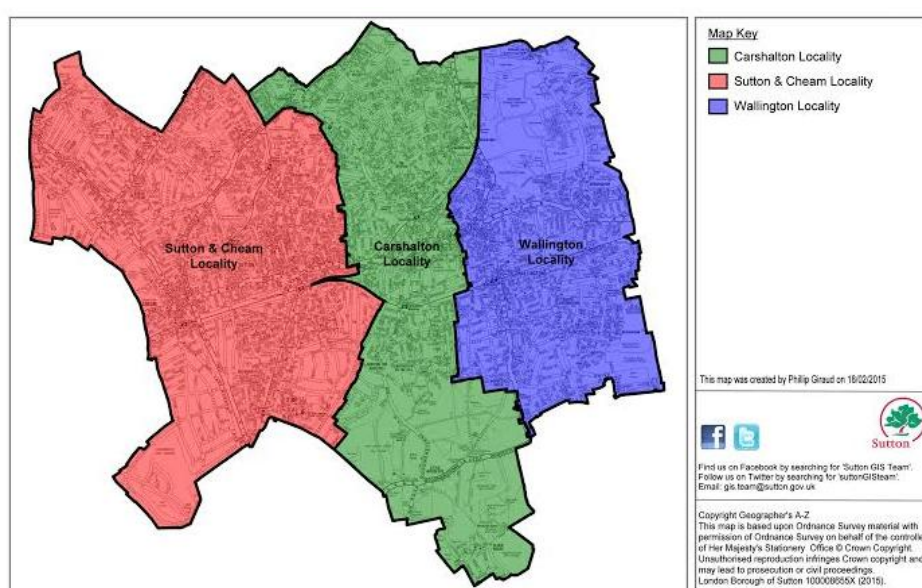
A detailed list of key health indicators by PNA Locality and for the whole of Sutton (numbers and rates) is in Appendix 3. This shows in one table how the overall profile of each locality compares to Sutton as a whole.

5.4.1 Definition of PNA Localities

It is important to note that in relation to health services there are two ways of viewing the population of Sutton. Firstly, the resident population, i.e. those who live in the borough, and secondly the registered population, i.e. people registered with a GP in Sutton. These two populations are not entirely the same, as for example it would be possible for a resident of Sutton to register with a GP nearby who was actually in another borough, and vice versa.

The following analysis is based on geographic data sources about residents, drawn from Sutton electoral ward level data. The map below profiles Sutton's localities against a map of deprivation by Electoral Ward.

Map: Sutton Pharmaceutical Needs Assessment (PNA) Localities.



5.4.2 Sutton & Cheam Locality

Demography

Information about Sutton and Cheam Locality is based on the following nine electoral wards that run north to south in the **West** of the borough:

Locality	Ward
Sutton and Cheam Locality Population 96,653 (ONS 2012)	Belmont
	Cheam
	Nonsuch
	Stonecot
	Sutton Central
	Sutton North
	Sutton South
	Sutton West
	Worcester Park

The London Borough of Sutton comprises six Local Area Committees (LACs) and Sutton and Cheam Locality includes three of these: Cheam North and Worcester Park LAC, Sutton LAC and Sutton South, Cheam and Belmont LAC.

Sutton and Cheam Locality has an older population compared to the other two localities, with a lower proportion of young people and adults and the highest proportion of the population aged 65 and over. This ranges from 11.6% in Sutton Central to 20.6% in Cheam.

In terms of ethnicity, 79% of the locality are White, the same as for Sutton overall. Asian or Asian British is the next highest proportion at 13%, similar to Sutton overall, which is 12%. However, there is variation within the locality and Sutton South and Central are the most diverse.

Local ward indicators of deprivation calculated from the Index of Multiple Deprivation 2010 show that the levels of relatively highest deprivation are in Sutton Central, North and South wards, whilst levels of deprivation in the wards further west are much lower, with Cheam and Nonsuch the lowest in the borough. Overall, Sutton and Cheam Locality has the lowest percentage of people in income deprivation (8.4%), child poverty (12.6%) and older people in deprivation (12.3%) than Sutton and the other two localities.

Child development

- The average low birth weight in Sutton and Cheam is 6.5% (2008-12 of all live and still births with birth weight less than 2,500 grams). This ranges from 5.5% in Cheam to 7.3% in Sutton North ward.
- Sutton and Cheam has a higher proportion of GCSE attainment, 5 A*-C, than the other localities and Sutton (Sutton and Cheam 75%, Sutton 70%). The ward with the highest proportion attaining this level is Cheam (81%) whilst Sutton Central has the lowest proportion (67%).
- Levels of excess weight in children at Reception (4-5 years) rank in the mid-point of the three localities (Sutton and Cheam 20%, Sutton 20%). It has the lowest levels for Year 6 (0-11 years, Sutton and Cheam 31%, Sutton 33%). Rates are highest in Sutton Central and Worcester Park wards at Reception age and Belmont at Year 6.

Hospital admissions

The rate of emergency admissions is below the national average (Sutton and Cheam 88 SMR, Sutton 94 SMR). In comparison with the other two Sutton localities, Sutton and Cheam ranks lowest, both for emergency admissions overall and for individual diseases such as circulatory disease and COPD, which again are all lower than the Sutton average. However, there is variation between the nine wards of the locality. Sutton Central is the ward that overall has the highest rate of emergency admissions, significantly higher than the England average. In particular, rates of emergency admissions for COPD are significantly high for Sutton Central whilst they are lower than the national average for all other wards in the locality. Sutton Central contains some of the borough's highest areas of relative deprivation, which is known to be correlated to levels of smoking prevalence.

Cancer incidence

Incidence of cancer is lower in Sutton and Cheam Locality than for Sutton overall and lowest of the three localities in Sutton (Sutton and Cheam 95 SIR, Sutton 97 SIR). Incidence of lung cancer is statistically lower than England in Belmont and Cheam wards, and incidence of

cancer overall in Cheam. It is of note that colorectal cancer incidence in Stonecot ward is significantly high with a SMR of 144.5.

Lifestyle

From estimated local data (2006-08), levels of obesity are lower than for Sutton overall, similar for binge drinking and higher for healthy eating. This data indicated that Stonecot ward had the highest rates of obesity and lowest rates of healthy eating in the locality.

The percentage of the working age population claiming out of work benefits in 2012/13 was lower than for Sutton overall, with rates highest in Sutton Central.

Health and care

The level of self-assessed bad or very bad health is in line with the Sutton average, but with rates highest in Sutton Central. Rates of unpaid care are also in line with Sutton overall, but with the highest rates in Stonecot, and Sutton North wards for carers providing 50 hrs or more.

Environment

- Population density is highest in Sutton Central and Sutton South, and lowest in Cheam ward.
- The proportion of households with central heating in Sutton and Cheam Locality is 97.1%, similar to the Sutton average of 97%. Sutton Central which ranks as the most deprived ward in this locality has the lowest percentage of 95.8%.
- The proportion of overcrowded households in Sutton and Cheam Locality is 10.3%, similar to the Sutton average of 10.6%. Rates are highest in Sutton Central ward followed by Sutton South.
- The proportion of households comprised of pensioners living alone in Sutton and Cheam Locality is 33.6%, similar to the Sutton average of 33.8%. Again, rates are highest in Sutton Central ward followed by Sutton South.

Mortality and Life Expectancy

Life Expectancy

Life expectancy for males and females in the nine wards of Sutton and Cheam locality are shown in the table below. Nonsuch has the highest life expectancy, and Stonecot the lowest for males, and Sutton South for females.

Table 3: Life Expectancy in Sutton & Cheam Locality

Ward	Life Expectancy 2008-2012	
	Male	Female
Belmont	79.9	85.3
Cheam	82.7	83
Nonsuch	82.9	88.9
Stonecot	78.8	83.9
Sutton Central	79.2	82.3
Sutton North	80.1	84
Sutton South	80.3	81.4
Sutton West	80.8	82.8
Worcester Park	81.6	85.3

Mortality

Mortality rates are in line with the profile of life expectancy, with the lowest rates for mortality from all causes, for all ages in Nonsuch ward. The highest rates are for Sutton South. For avoidable deaths (aged under 75), Sutton Central ranks highest.

Overall, Sutton and Cheam ranks middle for mortality rates of the three localities, but is lower than for Sutton overall. For premature (aged under 75) mortality, it ranks lowest.

5.4.3 Carshalton Locality

Demography

Information about Carshalton locality is based on the following five electoral wards which run north to south in the **Central** area of the borough:

Locality	Wards
Carshalton Population: 54,325 (ONS 2012)	Carshalton Central
	Carshalton South and Clockhouse
	St Helier
	The Wrythe
	Wandle Valley

The London Borough of Sutton comprises six Local Area Committees (LACs) and Carshalton Locality includes two of these: Carshalton and Clockhouse LAC, and St Helier, The Wrythe and Wandle Valley LAC.

Carshalton has a slightly younger population compared to the other two localities and Sutton, with a higher proportion of young people and adults and the lowest proportion of the population aged 65 and over. This ranges between 9.4% in Wandle Valley to 16.4% in Carshalton South and Clockhouse.

In terms of ethnicity, 80% of the locality are White, compared to 79% for Sutton overall. Asian or Asian British is the next highest proportion at 9%, though this is lower than for Sutton overall, which is 12%. However, there is variation within the locality and St. Helier and Wandle Valley are the most diverse.

Local ward indicators of deprivation calculated from the Index of Multiple Deprivation 2010 show that there is a stark contrast in this locality between relatively high levels of deprivation in the north to low in the south. Overall, Carshalton has a higher percentage of people in income deprivation (14%), child poverty (22%) and older people in deprivation (18%) than Sutton and the other two localities.

Child development

- The average low birth weight in Carshalton is 6.5% (2008-12 all live and still births with birth weight less than 2,500 grams). This ranges from 4.5% in Carshalton Central to 8.1% in the Wrythe.
- Carshalton has a lower proportion of GCSE attainment, 5 A*-C, than the other localities and Sutton (Carshalton 65%, Sutton 70%). The ward with the highest

proportion attaining this level is Carshalton Central (79.4%) whilst Wandle Valley has the lowest proportion (53%).

- Levels of excess weight in children at Reception age (4-5 years) are higher than Sutton and the other two localities (Carshalton 22%, Sutton 20%). Though it is not the highest for Year 6 (10-11 years), the rate is still higher than for Sutton overall (Carshalton 34%, Sutton 33%). Rates are highest in St. Helier and Wandle Valley wards.

Hospital admissions

The rate of emergency admissions is higher than the Sutton average (Carshalton 105 SMR, Sutton 94 SMR). In comparison with the other two Sutton localities, Carshalton ranks highest, both for emergency admissions overall and for emergency admissions for individual diseases such as circulatory disease and COPD, which again are above the Sutton average. However, there is stark variation between the five wards of the locality. The three northern wards of St. Helier, the Wrythe and Wandle Valley all have significantly higher rates of emergency admissions, whilst Carshalton Central and South have significantly lower rates. Carshalton is the most diverse of the three localities within Sutton, with a strong north / south divide. This is mirrored by levels of deprivation within the locality which are relatively high in the north and low in the south.

Cancer incidence

Incidence of cancer is higher in Carshalton Locality than for Sutton overall, again accounted for by the northern three wards (Carshalton 103 SIR, Sutton 97 SIR). St. Helier ranks the highest. By contrast, rates in the southern wards are lower. Of particular note are the rates of lung cancer incidence in St. Helier which are the highest in the borough, with Wandle Valley and the Wrythe ranking second and third.

Lifestyle

From estimated local data (2006-08), levels of obesity are higher than for Sutton overall, similar for binge drinking and lower for healthy eating. Wandle Valley and St. Helier have the higher rates of obesity and lower rates of healthy eating.

The percentage of the working age population claiming out of work benefit in 2012/13 was a little higher than for the other two localities and Sutton overall, with rates highest in St. Helier and Wandle Valley.

Health and care

The level of self-assessed bad or very bad health is in line with the Sutton average, but with rates highest in St Helier and Wandle Valley wards. The rate of the population engaged in unpaid care services is also in line with the Sutton average, though rates are higher in St. Helier and Wandle Valley for carers providing 50 hrs or more.

Environment

- Population density is highest in St. Helier and The Wrythe and lowest in Carshalton South and Clockhouse ward.
- The proportion of households with central heating in Carshalton Locality is 96.4%, just lower than the Sutton average of 97% and the lowest of the three localities. As with other indicators there is a difference between the three northern more deprived wards and the less deprived wards further south (Carshalton Central and South wards).

- The proportion of overcrowded households in Carshalton Locality is 11.3%, higher than the Sutton average of 10.6% and highest of the three localities. Again, there is a difference between the two most deprived wards of St. Helier and Wandle Valley and the rest.
- The proportion of households comprised of pensioners living alone in Carshalton Locality is 33.6%, similar to the Sutton average of 33.8%. Again, the two most deprived wards of St. Helier and Wandle Valley have the highest percentage.

Mortality and Life Expectancy

Life Expectancy

Life expectancy ranges within the five wards of Carshalton Locality as follows. Carshalton Central has the highest life expectancy and St. Helier and Wandle Valley the lowest.

Table 2 : Life expectancy in Carshalton Locality

Ward	Life Expectancy 2008-2012	
	Male	Female
Carshalton Central	81.7	84.3
Carshalton South and Clockhouse	81.5	84.3
St. Helier	76.8	82.9
The Wrythe	77.2	82.9
Wandle Valley	77.7	80.7

Mortality

Similarly, mortality rates for deaths from all causes range between wards, with Carshalton Central and South wards having lower rates than the Sutton average, whilst the other three wards have higher rates. Again Wandle Valley has the highest rates, overall for all deaths, and also for deaths in those aged under 75 for all causes, cancer and circulatory disease. (Many deaths under 75 are considered preventable).

Overall, Carshalton has the highest mortality rates of the three localities, higher also than Sutton overall. This is also the case for each individual disease group and for premature (aged under 75) mortality.

5.4.4 Wallington Locality

Demography

Information about Wallington Locality is based on the profile of the following four electoral wards which run north to south in the **East** of the borough:

Locality	Ward
Wallington Population: 42,652 (ONS 2012)	Beddington North
	Beddington South
	Wallington North
	Wallington South

The London Borough of Sutton comprises six Local Area Committees (LACs) and Wallington Locality is coterminous with one of these: Beddington and Wallington LAC.

Wallington Locality has a similar age profile compared to Sutton. The proportion of the population aged 65 and over ranges from 13.1% in Wallington North ward to 17.8% in Wallington South.

In terms of ethnicity, 77% of the population of Wallington Locality are White, and the next highest ethnic group is Asian. Overall the ethnic profile is similar to Sutton, though with a slightly higher proportion of people of Black or Black British ethnicity (6% Wallington compared to 5% for Sutton) and a slightly lower proportion classified as White (77% Wallington compared to 79% Sutton). Beddington South is the most diverse of the wards with 71% of people White, and 16% Asian/Asian British.

Levels of relative deprivation vary considerably within the Locality. Local ward indicators show that the relatively highest deprivation is in Beddington South ward whilst the lowest is in Beddington North ward. Beddington South has two small areas in the most deprived and two in the least deprived quintile (Lower Super Output Areas).

Overall, Wallington has a higher percentage of people in income deprivation (12.5%), child poverty (20%) and older people in deprivation (16%) than Sutton and ranks middle of the other two localities.

Child development

- The overall proportion of babies born with a low birth weight in Wallington is 7.4% (2008-12 all live and still births with birth weight less than 2,500 grams). This ranges from 6.5% in Wallington South to 8.2% in Beddington North.
- Wallington has a lower proportion of GCSE attainment, 5 A*-C, than the other localities and Sutton (Wallington 67%, Sutton 70%). The ward with the highest proportion attaining this level is Wallington South (73.2%) whilst Beddington South has the lowest proportion (56%).
- Levels of excess weight in children at Reception age (4-5 years) rank lowest of the three localities (Wallington 19%, Sutton 20%). However, they are the highest for Year 6 (10-11 years, Wallington 36%, Sutton 33%). Rates are highest in Beddington South for both age groups.

Hospital admissions

The rate of emergency admissions is below the Sutton average (Wallington 97 SMR, Sutton 94 SMR). Compared to the other two Sutton localities, Wallington ranks in the middle, for emergency admissions overall. However, there is variation between the four wards of the locality. In particular, rates of emergency admissions for COPD are comparatively low for all wards except Beddington South. This ward contains some of the borough's highest areas of relative deprivation, which is known to be correlated to levels of smoking prevalence. This is the ward that overall has the highest rate of emergency admissions in the locality.

Cancer incidence

Incidence of cancer is a little lower in Wallington locality than for Sutton overall (Wallington 96 SIR, Sutton 97 SIR). Differences between wards for incidence of the various types of cancers are not significant.

Lifestyle

From estimated local data (2006-08), levels of obesity are similar to Sutton overall, though a little lower for healthy eating. Beddington North and South wards have the highest rates of

obesity and lowest rates of healthy eating. Rates of binge drinking are also estimated to be a little higher.

The percentage of the working age population claiming out of work benefit in 2012/13 was similar to Sutton, with rates highest in Beddington South.

Health and care

The level of self-assessed bad or very bad health is in line with the Sutton average, but with rates highest in Beddington South. The proportion of the population engaged in unpaid care services is slightly higher in Wallington than the other two localities for carers providing 1 hr or more but similar for 50 hrs or more, with the highest rates being in Beddington South.

Environment

- Population density is highest in Wallington North and lowest in Beddington North ward.
- The proportion of households with central heating in Wallington Locality is 97.2%, similar to the Sutton average of 97%. Wallington South has the lowest percentage of 95.4%.
- The proportion of overcrowded households in Wallington Locality is 10.6%, the same as the Sutton average. Rates are highest in Beddington South.
- The proportion of households comprised of pensioners living alone in Wallington Locality is 34.3%, higher than the Sutton average of 33.8%. Rates are highest in Wallington South followed by Wallington North.

Mortality and Life Expectancy

Life Expectancy

Life expectancy for males and females in each of the four wards of Wallington Locality is shown in the table below. Wallington North has the highest life expectancy for males, and Beddington North for females, and Beddington South the lowest overall.

Table 4: Life Expectancy in Wallington Locality

Ward	Life Expectancy 2008-2012	
	Male	Female
Beddington North	79.7	86.1
Beddington South	79.1	83.9
Wallington North	80.2	83.9
Wallington South	79.3	84.7

Mortality

Mortality rates are lower than the Sutton average (for all ages, all cause) except for Beddington South which is slightly higher, though not significantly so.

Overall, Wallington ranks lowest for mortality rates of the three localities, and for Sutton overall. For premature (aged under 75) mortality, it ranks middle of the three localities but is lower than for Sutton overall.

6 Patient Groups: Particular Health Issues

The following patient groups with one or more of the following protected characteristics have been identified as living within the HWB's area:

- Age;
- Sex / gender;
- Pregnancy and maternity;
- Disability which is defined as a physical or mental impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities;
- Gender reassignment;
- Marriage and civil partnership;
- Race which includes colour, nationality, ethnic or national origins;
- religion (including a lack of religion) or belief (any religious or philosophical belief)
- Sexual orientation.

Table 5 sets out how pharmacy can support the specific needs of the population as defined by the protected characteristics in equality legislation.

Table 5: Meeting the needs of specific populations

Protected Characteristic	How pharmacy can support the specific population
Age	<p>Age has an influence on which medicine and method of delivery is prescribed.</p> <p>Older people have a higher prevalence of illness and may take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the aging process affecting the body's capacity to metabolise and eliminate medicines from it. Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.</p> <p>Supporting independence by offering:</p> <ul style="list-style-type: none">• Reablement services following discharge from hospital• Falls assessments• Supply of daily living aids• Identifying emerging problems with peoples health• Signposting to additional support and resources <p>Younger people, similarly, have different abilities to metabolise and eliminate medicines from their bodies.</p> <p>Advice can be given to parents on the optimal way to use</p>

Protected Characteristic	How pharmacy can support the specific population
	<p>the medicine or appliance and provide explanations on the variety of ways available to deliver medicines.</p> <p>Pharmacy staff provide broader advice when appropriate to the patient or carer on the medicine, for example, its possible side effects and significant interactions with other substances.</p> <p>The safe use of medicines for children and older people is one where pharmacies play an essential role.</p>
Disability	<p>When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out every day activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further support is needed, then compliance aids might include multi- compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.</p> <p>Each pharmacy should have a robust system for assessment and auxiliary aid supply that adheres to clinical governance principles.</p>
Gender	<p>It is well documented that men are often more unlikely to access healthcare services. Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.</p> <p>When necessary, access to advice, provision of over the counter medications and signposting to other services is available as a walk in service without the need for an appointment.</p> <p>Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health service.</p>
Race	<p>Black and minority ethnic (BME) groups generally have worse health than the overall population, although some BME groups fare much worse than others, and patterns vary from one health condition to the next. Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health</p>

Protected Characteristic	How pharmacy can support the specific population
	<p>Inequalities. Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions.</p> <p>There are opportunities to access translation services that should be used when considered necessary. The patient survey shows that 100% of the Sutton population can get to a pharmacy within 5-10 minutes by car. Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service.</p>
Religion	Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.
Pregnancy and maternity	Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.
Sexual orientation	<p>Certain sexual health issues may be more prevalent in lesbian and gay communities e.g. men who have sex with men are in a higher risk group for HIV. There is evidence to suggest that members of the lesbian and gay communities may be less likely to be screened for certain conditions meaning problems are not identified at the earliest stage possible.</p> <p>Pharmacies can help to raise awareness of a range of health related issues and can provide advice to the LGBT community in relation to a variety of healthy lifestyle choices.</p>
Gender reassignment	<p>Transgendered individuals and those who have experienced gender reassignment can face discrimination, harassment and may even be subjected to hate crimes.</p> <p>Provision of necessary medicines and advice on adherence and side effects including the long term use of hormone therapy. Pharmacies can provide advice to members of this community in relation to health and wellbeing and on raising awareness about issues relating to members of these communities.</p>
Marriage and civil partnership	Consideration should be given to signs of domestic violence especially towards women. Pharmacies can help to raise awareness of this issue.

7 Other Services which may impact upon pharmaceutical service need in Sutton

The PNA does not include pharmaceutical services provided by HMP prisons within the HWB area or internal hospital pharmaceutical services i.e. use of hospital prescriptions as opposed to FP10 prescriptions within the HWB area. This section refers to services that are available in a primary care or community setting which may have a pharmaceutical service element.

The following services may impact on the need for pharmaceutical services within the Sutton HWB area:

7.1 Hospital pharmacies

There are four hospitals within Sutton. Three are part of the NHS Epsom and St Helier University Hospitals NHS Trust:

- St Helier Hospital pharmacy: Opening hours 9am - 5.30pm Monday to Friday and 9am - 12.30pm on Saturday. (Closed on Sundays).
- Queen Mary's Hospital for children (based on the St Helier hospital site)
- Sutton Hospital pharmacy: Opening hours 9am - 1pm and 2pm - 5pm Monday to Friday. (Closed Saturday and Sunday)

The Trust's pharmacy department supplies medicines to outpatients, inpatients and at discharge from its five dispensaries and pharmacy departments across the Trust.

In addition the Royal Marsden hospital has a site in the south of the borough in Belmont with a hospital pharmacy situated in the outpatients department. The hospital pharmacy will supply patients leaving the hospital with any medicines they need to continue their cancer treatment.

7.2 Primary care services

Primary care services are provided to patients in the local community. Some of these services are commissioned from GP practices by NHS England using GMS, PMS or APMS contracts.

Contract	Details
General Medical Services (GMS) contract	This is a nationally directed contract between NHS England and a practice. Currently, about 60 per cent of practices in England are on GMS contracts.
Personal Medical Services (PMS) contract	This is a local contract agreed between NHS England and the practice, together with its funding arrangements. In England, approximately 40 per cent of practices are on PMS contracts. The GMS contract has a strong influence on the content and scope of

	this contract.
Alternative Provider Medical Services (APMS) contracts	This allows NHS England to contract with 'any person' under local commissioning arrangements

There are currently 27 GP practices in Sutton, details of which are available on the Sutton CCG website¹⁸.

The core opening hours for most GMS and PMS GP practices are 8am to 6:30pm, Monday to Friday. Some practices offer extended hours, as a direct enhanced service (DES) commissioned by NHS England. In October 2014, 23 of the 27 GP practices in Sutton opened for extended hours with 4 of these practices opening on Saturday morning¹⁹. National policy direction such as Everyone Counts: Planning for Patients 2013/14²⁰ sets out initial steps towards identifying how to improve access to services seven days a week, including GP Practices and community nursing services. In addition Sutton CCG Commissioning Intentions and the Joint Wellbeing Strategic Operating Plan both refer to initiatives that could have an impact on the opening times of primary care services including GP Practices e.g. strategies to reduce unplanned hospital admissions for patients with long term conditions or increased "out of hospital" care. The HWB will consider any potential changes e.g. to GP Practice opening times on pharmaceutical needs as details emerge within the 3 year time horizon of this PNA.

Sutton has been fortunate in benefiting from the Better Healthcare Closer to Home programme, with the opening of the Jubilee Health Centre in Wallington. This programme will provide modern integrated care in local care centres, ensuring that facilities are developed for the safe delivery of healthcare in community settings.

Changes such as the Jubilee Health Centre and new integrated pathways for the management of long term conditions could impact upon future pharmaceutical service provision within Sutton. The HWB will consider any potential changes as details of these strategic programmes continue to emerge within the 3 year time horizon of this PNA.

The strategic programmes of Better Healthcare Closer to Home and Better Services Better Value have meant that Sutton CCG have inherited an ongoing programme of service redesign for commissioning "out of hospital" care.

The CCG has been working with a number of local health partners – Epsom and St Helier University Hospitals NHS Trust, Sutton and Merton Community Services (delivered by The Royal Marsden), South West London and St George's Mental Health NHS Trust, HealthWatch Sutton and local GP practices - to achieve its vision of 'care closer to home'. By developing the services delivered from the Jubilee health centre in Wallington the CCG has taken a step towards achieving the aims of its out of hospital strategy for community-based outpatient care. The centre opened in May 2012, and contains two GP practices - the

¹⁸ <http://www.suttonccg.nhs.uk/Aboutus/Pages/Our-localities-and-practices.aspx>

¹⁹ Source NHS England

²⁰ <http://www.england.nhs.uk/everyonecounts/>

Wallington Family Practice and Shotfield Medical Practice. Other healthcare services (including hospital outpatient clinics, phlebotomy, physiotherapy, child health and mental health) are also offered at the Centre. Currently no prescriptions are generated by these services and therefore they do not affect the need for pharmaceutical services. The HWB will consider any changes and their impact upon pharmaceutical need during the 3 year time horizon of this PNA.

7.3 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasions when a GP personally administers an item to a patient. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items the practice will issue a prescription, but rather than the patient taking the prescription to a pharmacy, to have it dispensed, the items are administered by a GP or nurse within the practice. In 2013/14 48,765 items were personally administered by the GP practices in Sutton²¹.

7.4 GP out of hours service

The GP out of hours service, SELDOC (South east London doctors' cooperative) provides out-of-hours care to patients in Sutton from 6.30pm to 8am Monday to Thursday, and 6.30pm Friday to 8am Monday, and bank and public holidays.

People contacting the out of hours service will initially be triaged by the national NHS 111 telephone service²². The NHS 111 team will assess the patient's condition over the phone and if it is clinically appropriate, they will refer the patient to the out-of-hours service. This will then result in either:

- A face to face appointment to see a doctor at St Helier Hospital, Wrythe Lane, Carshalton, Surrey SM5 1AA, or
- A home visit from a doctor.

Depending on the nature of the patient's condition they will either be given:

- A prescription when pharmacies are open, or
- A full course of medication if it is required immediately.

Peak usage times for the out of hours service are:

- Mid-week between 7 and 10pm
- Weekends, public and bank holidays 10am to 4pm

Therefore this service impacts upon the need for pharmaceutical services for residents of the HWB using the GP Out of Hours service, in particular the essential service of dispensing. Since 2006 an LPS contract has been commissioned to meet this need, section 4.3.2. The majority of items prescribed by this service are dispensed within the HWB area. In 2013/14,

²¹ ePACT prescribing data Sutton CCG, accessed Nov 2104

²² <http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx>

351 items were prescribed by the out of hours service for Sutton residents; of these 305, or 89.4%, were dispensed by pharmacy contractors within the HWB area.²³

The HWB will continue to monitor the need for OOH pharmaceutical services within the HWB area during the 3 year time horizon of this PNA.

7.5 Walk-in centre

Whilst there is not a walk-in centre in Sutton, residents may use the centre that is in Merton and provides fast and convenient care to NHS advice and treatment for minor injuries and illnesses, including EHC. It is located at the Wilson Health Centre, Cranmer Road, Mitcham.

The centre is open 8am to 8pm, every day of the year including public and bank holidays. Services are available to local residents, irrespective of whether or not they are registered at the centre.

7.6 Urgent care centre

The Sutton urgent care centre (UCC) is located in the same part of the St Helier hospital as the A&E and out-of-hours GP service. It is open 24 hours a day, seven days a week.

The UCC is staffed by GPs and nurse practitioners as well as emergency department doctors and nurses. Patients with urgent conditions who do not require emergency, lifesaving treatment are treated in this area. Attendance at the UCC has grown from approximately 750 patients a month in 2011 to 1000 patients per month in 2013. This service will generate prescriptions to be dispensed by pharmacies and potentially DACs. The HWB will continue to impact of the UCC on pharmaceutical services within the HWB area during the 3 year time horizon of this PNA

7.7 Locally commissioned services

7.7.1 Sutton Council

Since 1st April 2013 Sutton Council has been responsible for commissioning local public health services. Sutton Council currently commissions the following public health services from pharmacies:

- Supervised consumption of methadone
- Needle exchange services
- Emergency Hormonal Contraception
- Chlamydia screening
- NHS health checks

Sutton Council commission the Hounslow and Richmond Community Healthcare Trust to deliver smoking cessation and other services within the borough. The provider has service level agreements (SLA) with a number of pharmacies to deliver smoking cessation services.

²³ ePACT prescribing analysis Sutton CCG, accessed Jan 2015

7.7.2 Sutton CCG

Sutton CCG does not commission any services from pharmacy contractors. It does however commission a number of other providers to deliver services within primary care, for example:

- Anticoagulant initiation by hubs
- Insulin initiation by hubs
- End of life medicines by St Raphael's hospice
- Community prevention of admissions team
- Community specialist diabetes team

The provision of community based care is a priority for Sutton CCG and their Out of Hospital Strategy sets out their intention to deliver 30% of all outpatient activity in a community setting by 2018. In line with this a community hernia repair service opened in January 2015 and the CCG are likely to commission a primary care gynaecology service and expand the current anticoagulation service within the lifetime of the PNA.

In March 2015, NHS England announced the first wave of "Vanguard" sites to pilot new care models outlined in the NHS Five Year Forward View.²⁴ Sutton CCG has been successfully designated as a Vanguard site in *Enhanced Health in Care Homes* which aim to offer older people better, joined up healthcare and rehabilitation services. The Vanguard application has been made in partnership with Sutton Council, Age UK Sutton, the Alzheimer's Society, Epsom and St. Helier Hospitals NHS Trust, South West London and St. George's Mental Health Trust and Sutton and Merton Community Services (the Community division of the Royal Marsden).²⁵ Details of the programme are still emerging.

There are 84 care homes within the HWB area and many of their residents are already receiving pharmaceutical services from pharmacy contractors within the Sutton. NHS England already commissions a care home advisory service discussed in sections 4.1.3 and 9.3.4. The HWB will be informed of the impact of any new service designs on pharmaceutical services within the HWB area during the 3 year time horizon of this PNA.

7.8 Other services provided from community pharmacies


As part of the community pharmacy contractor survey (Appendix 9), community pharmacies were asked to indicate against a range of other services which they currently provide, would be willing to provide, or would not be willing to provide. A number of pharmacies indicated that they currently provide a number of these services. Apart from those services commissioned by the local authority, these services are not currently commissioned. Therefore any services are privately provided and funded. A summary of the community pharmacy contractor survey is detailed in Appendix 9.

7.8.1 Collection and delivery services

From the Pharmacy Contractor Survey, 25 pharmacy contractors or 56.8% responded. Of these respondents, 14 or 58% offer a free delivery service of dispensed medicines, upon request. Almost all pharmacies who responded offer a repeat prescription service, to order

²⁴ <http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/>

²⁵ <http://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/new-care-models/care-homes-sites/>



repeat prescription on the patient's behalf, collect the prescription from their surgery, and dispense it ready for the patient to collect/be delivered.

7.8.2 Language services

All pharmacies who responded to the community pharmacy contractor questionnaire reported that they offer at least one additional language in addition to English. Most common spoken additional languages were, Gujarati, Hindi, French, Urdu and Tamil.

7.8.3 Services for less-abled people

As a requirement of the Equalities Act 2012, community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all equalities groups, including less-abled persons.

7.8.4 Electronic Prescription Service

Many GP practices are now able to transmit prescriptions electronically to a pharmaceutical service provider (community pharmacy or DAC). This system is known as electronic prescription service (EPS) Release 2 and means that the patient no longer needs to obtain a paper prescription and present it at their pharmacy for dispensing. Electronic prescriptions are sent directly to the pharmacy nominated by the patient. GP practices which are enabled to provide this service are only able to transmit electronic prescriptions to a pharmacy who has a dispensing system enabled to receive electronic ('Release 2') prescriptions. All pharmacies have a system which is system enabled to receive electronic ('Release 2') prescriptions. Data available on which pharmacies in England are enabled to offer the Electronic Prescription Service is available from NHS Choices.²⁶

²⁶ <http://www.nhs.uk/Pages/HomePage.aspx>

8 Current Pharmacy Service Provision in Sutton

8.1 Provision of Pharmacy Services

For the purposes of this PNA, necessary services are defined as:

- access to essential services provided at all contractors on the pharmaceutical list,
- essential services provided by pharmacy providers during core hours in line with their terms of service as set out in the 2013 regulations, and
- advanced services in line with their terms of service as set out in the 2013 regulations

Table 6: Summary of Services categorised as necessary or relevant

Necessary services: current provision in the HWB area
Essential services provided during core hours
Advanced services
Necessary services: current provision outside of the HWB area
Services accessed in neighbouring HWB areas
Services accessed from DSP and DAC
Relevant services: current provision in the HWB area
NHS England commissioned enhanced services
NHS England commissioned LPS
Locally Commissioned Services by Sutton Council
Access to essential and advanced services during supplementary hours
Access to pharmaceutical services on public and bank holidays

The necessary services defined in Table 6 are implicit to the core function of a pharmacy as the provider of medicines and expert pharmaceutical advice with the HWB area. Without the safe, efficient and effective delivery of essential and advanced services a community pharmacy is not an economically viable service delivery model. It is implicit that a pharmacy must be economically viable in order to meet the pharmaceutical and health needs of the residents of the HWB area.

In order to assess the provision against the needs of the population the PNA has considered the location of pharmacies, the distribution of pharmacies, the opening times of pharmacies and the provision of pharmacy services in each of the three localities and across the whole HWB area.

The 2008 White Paper Pharmacy in England: Building on strengths – delivering the future²⁷ states that it is a strength of the current system that community pharmacies are easily accessible, and that 99% of the population, including those living in the most deprived areas, can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport. This PNA seeks to establish the situation in Sutton HWB.

²⁷ <https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future>

8.1.1 Choice of pharmacy providers

In March 2015, there are 44 pharmacy contractors (43 pharmacies and 1 DAC) included in the pharmaceutical list for Sutton, operated by 35 different contractors (Appendix 1). In addition there is the out of hours LPS, section 4.3.2; including this contract there are 45 pharmacy providers within the HWB board.

Of these, approximately 70% are owned by independent contractors (defined as owning five or less pharmacies within England) and 30% by multiple contractors (those owning six or more pharmacies). This is not reflective of the national pattern, in 2012-2013, where 38.6% of pharmacies were owned by independent contractors and 61.4% by multiple contractors however this is more reflective to regionally ownership patterns²⁸.

No single provider has a monopoly in any locality therefore the HWB consider that Sutton residents have a good choice of pharmacy providers reflective of other HWB areas within London.

The HWB is required to provide a single map of pharmacies/premises providing pharmaceutical services within its area. This is Map 1, shown below, however in the development of this PNA, a series of additional maps have been produced located within the body text and in appendix 5.

The key to this map and the subsequent maps in this section can be found in appendix 4.

8.1.2 NHS dispensing activity in Sutton

Patients retain the right of choice to have their prescription dispensed from any community pharmacy however the vast majority of residents chose to have their prescriptions dispensed within the HWB. In 2013/14 92.09% of items²⁹ prescribed for Sutton residents were dispensed by contractors within the borough³⁰ reflective of patient survey (Appendix 8) and one of the highest proportions in SW London. Items dispensed outside the HWB area (7.91%) were dispensed by over 1500 pharmacy contractors across England. In the absence of any guidance in statistical analysis, no further analysis has occurred.

92% of items prescribed within the HWB area for residents are also dispensed within the HWB area.

Information on the number of pharmacies and items dispensed is gathered and analysed by the Health and Social Care Information Centre (HSCIC). Up to 1 April 2013 it was analysed at primary care trust (PCT) level thus present complex challenges in extracting historical data on Sutton HWB.

Table 6 summaries prescriptions dispensed per pharmacy in Sutton at 31 March 2014. At this time point Sutton had 44 pharmacy providers serving a population of 193,000. This equates to an average of 22.7 pharmacies per 100,000 population which is almost equate to

²⁸ <http://www.hscic.gov.uk/catalogue/PUB12683>

²⁹ The number of items dispensed differs from the number of prescription forms as a prescription form may contain more than one item.

³⁰ ePACT.net

the London average of 22 and very slightly less than the England average of 23 pharmacies per 100,000 population.

Table 6. Community pharmacies on a pharmaceutical list at 31 March 2014, prescription items dispensed per month and population , England 2013-14. Sources: NHS Prescription Services part of the NHS Business Services Authority. Population data - Office of National Statistics (2011 mid-year Estimates based on 2011 census)

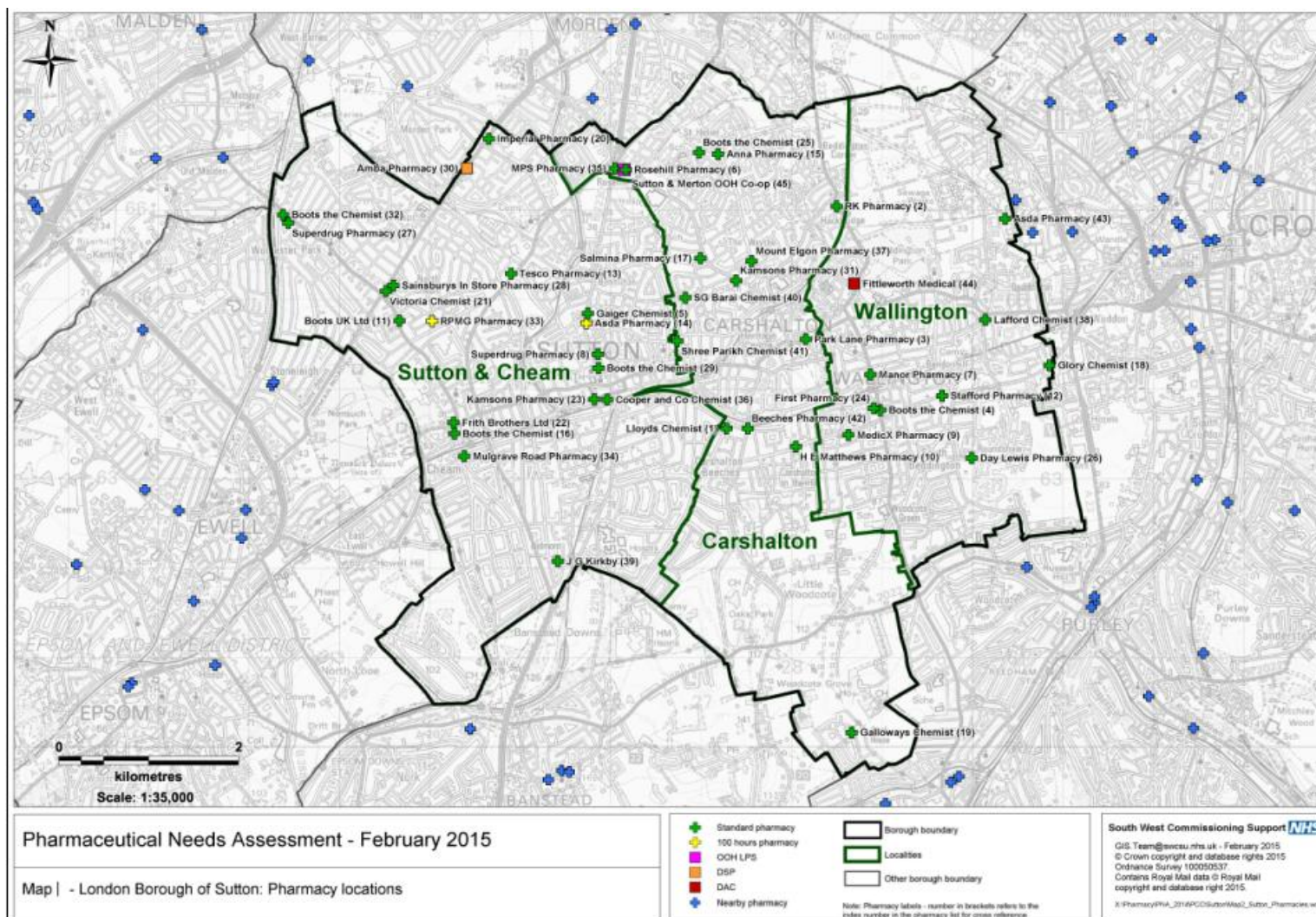
	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid 2011	Pharmacies per 100,000 population	Average prescription items dispensed per month per community pharmacy	Prescription items dispensed per month per 100,000 population (000)s
England	11,495	76,191	53,107	22	6628	1.43
London	1,846	9,644	8,204	23	5225	1.18
Sutton	44	269	193	22.7	5658	1.27

These figures include DAC and LPS pharmacies.

The figures for Sutton have been extracted from 2014 data

Although there are nearly the same number of pharmacies per 100,000 population in Sutton compared to England, on average they dispense fewer items. This would suggest that there is capacity within the existing network of pharmacies to accommodate an increasing demand in dispensing volume.

Map 1: Location of Pharmacies and DAC within Sutton HWB Area



8.1.3 Change in number of Pharmacy contractors since 2011

Since 2010 the number of community pharmacies has increased from 41 to 43 (4.9% increase). Both of these are 100 hour pharmacies and opened under the NHS (Pharmaceutical Services) Regulations 2005, as amended. No pharmacies have opened under the 2013 regulations or the preceding NHS (Pharmaceutical Services) Regulations 2012 as the preceding Sutton & Merton PNA³¹ that covered Sutton did not identify the need for new premises. In addition no applicant has successfully demonstrated that there would be unforeseen benefits in approving an application for new premises.

8.2 Access to pharmacy premises - location

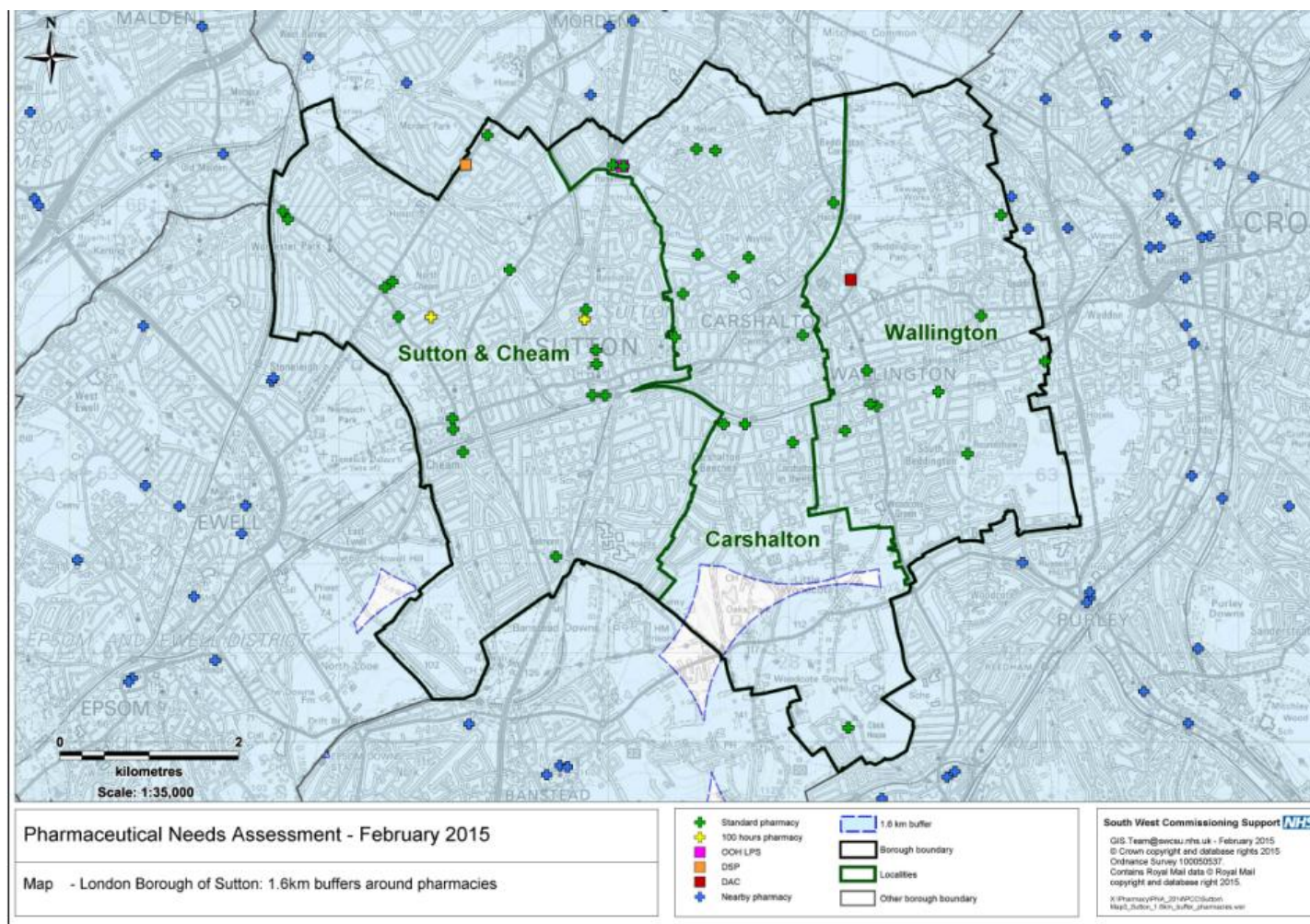
Map 2 illustrates how many Sutton residents live within 1.6km (1 mile) of a pharmacy. The map confirms that almost all Sutton residents live within 1.6km of a pharmacy, with only a very small area in the south of the Carshalton locality which lies outside this buffer zone showing this not to be the case. It is important to note however that this geographical area corresponds to the Oaks Sports Centre Golf Course, Oaks Park and nursery land. It can be concluded therefore that very few, if any Sutton residents live further than 1.6km from a pharmacy.

Map 2 has been generated using a uniform straight line to generate a 1.6km radius. As few people will ever travel in a straight line from their home, maps have been created to consider access to pharmacies using different modes of transport: on foot, by private vehicle (car) and public transport. The impact of travelling at different times of day has been mapped for journeys made by car and public transport.

31

<http://www.mvsc.co.uk/sites/mertonconnected.com/files/Pharmaceutical%20Needs%20Assessment%20PDF.pdf>

Map 2: Presentation of a 1.6km (1 mile) buffer surrounding each pharmacy in Sutton HWB area



8.3 Accessing a pharmacies by driving

Approximately 76.6% of Sutton residents have access to a car or van³² and map 7 shows the average drive times to pharmacies. Most Sutton residents can reach a pharmacy by car in 0-5minutes with a small number in the south of the Carshalton locality having a 5-10minute journey by car³³.

Time of day does not affect journey times significantly as Map 8 (peak travel times) and Map 9 (off peak travel times) both illustrate. It can be concluded that there are no residents in Sutton whose drive time to a pharmacy exceeds 10 minutes.

8.4 Accessing a pharmacy by public transport

Approximately 23.4% of Sutton residents don't have access to a car or van. Maps 10 and 11 show how long it takes for residents who are using public transport³⁴ to reach a pharmacy, at different times of day.

- Map 10, (journeys made between 9.00am and 1.00pm) shows that 84% of Sutton residents have access to a pharmacy within 10 minutes by public transport and 99% within 20 minutes.
- Map 11, (journeys made between 1.00pm and 5.00pm) shows that 84% of Sutton residents have access to a pharmacy within 10 minutes by public transport and 99% within 20 minutes.

As the frequency of public transport services remains fairly constant throughout the day, there is very little difference in the time taken to reach a pharmacy during each of the timeframes considered. It can be concluded that 99% of Sutton residents can reach a pharmacy using public transport within 20 minutes.

8.5 Accessing a pharmacy by walking

There will be a cohort of the population who do not have access to a private vehicle, are unable to access or afford public transport or chose not to use public transport. Map 12 analyses how long it takes to walk to a pharmacy.

Walking times (based on 2.5mph/4kph) are shown as five minute zones, up to 30 minutes. The population summary gives the number of Sutton residents within cumulative travel zones.

³²

[http://neighbourhood.statistics.gov.uk/dissemination/viewFullDataset.do?instanceSelection=033380&productId=2511&\\$ph=60_61_62&datasetInstanceId=33380&startColumn=1&numberOfColumns=8&containerAreaId=6274999](http://neighbourhood.statistics.gov.uk/dissemination/viewFullDataset.do?instanceSelection=033380&productId=2511&$ph=60_61_62&datasetInstanceId=33380&startColumn=1&numberOfColumns=8&containerAreaId=6274999)

³³ The map shows two areas with drive times of 5-10 minutes: in the Wallington locality this area corresponds to the Beddington Sewage Treatment Plant and in the south of the Carshalton locality much of the area park or nursery land.

³⁴ Times represent the best case scenario for journeys by tube, bus, train, light rail and tram on a Tuesday between 9am and 1pm. Travel times are shown as five minute zones, up to 30 minutes. The population summary gives the number of Sutton residents within cumulative travel zones.

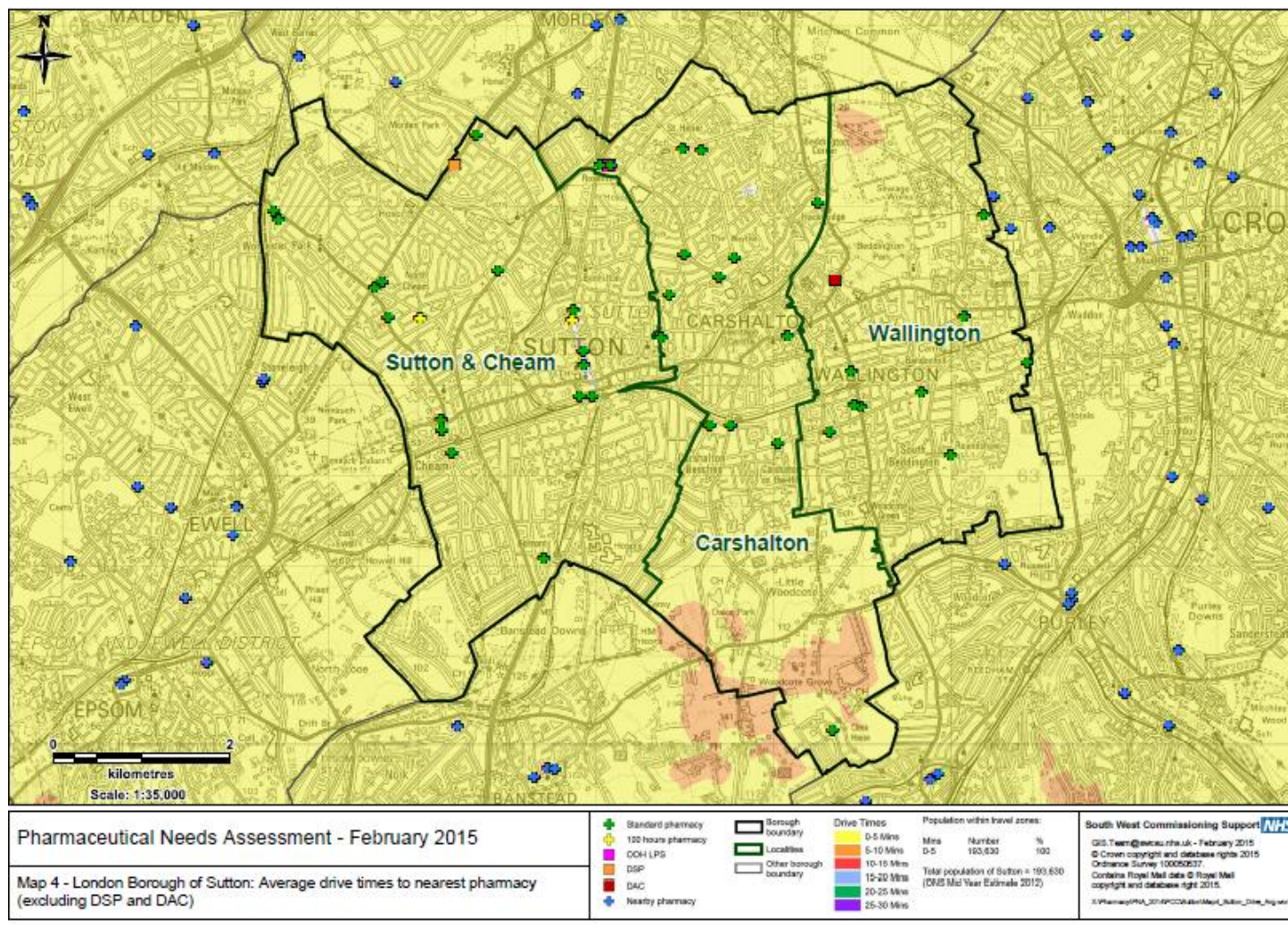
For residents walking to a pharmacy, Map 12 gives an estimate of their journey time. These estimates which are based on a walking speed of 2.5m/h (4km/h) show that 99.1% of Sutton residents live within a 20 minute walk of a pharmacy. Longer walk times (> 25 minutes) are found in the South of the Carshalton locality, where the population density is low and the north of the Wallington locality, which corresponds to the Beddington Sewage Treatment Works.

Patient and Public Engagement

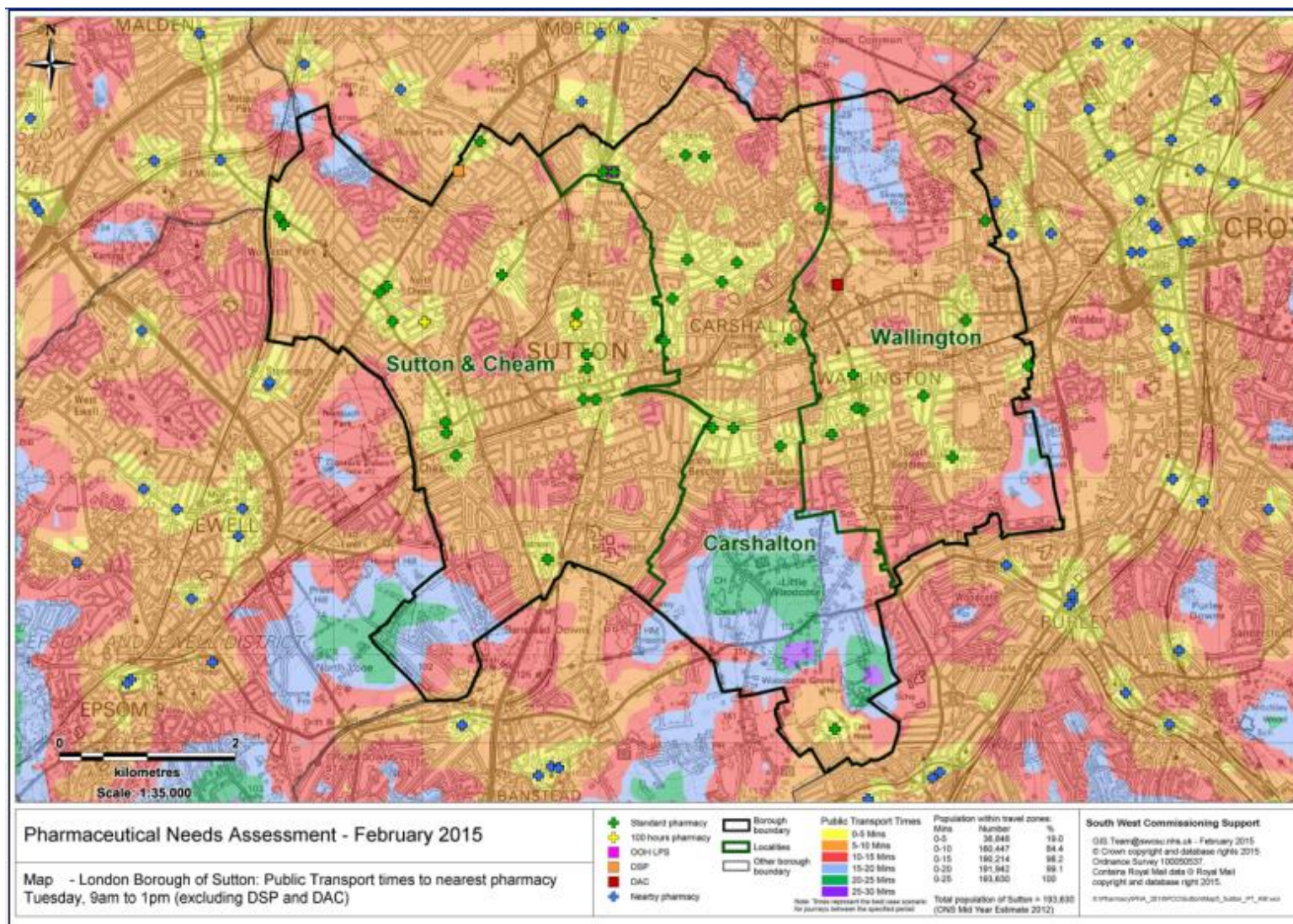
The public survey received 51 responses (Appendix eight) and provided the following insights into accessing pharmaceutical services:

- 73.5% of people thought that it easy to get to a pharmacy
- Regardless of the mode of access, 59.2% estimated they could access a pharmacy within 5 -15 minutes.
- The most popular reason for using a pharmacy regularly (63.6%) was because it was close to where the respondent lived.
- 32% of people used the same pharmacy all the time whilst 56% use different pharmacies but visit one most often
- 41% of respondents had used a pharmacy in the last month.
- Regarding travel to a pharmacy 61.2% walk, 44.9% travel by car, 16.3% bus, 4.1% by bike and 2.0% stated 'other'.

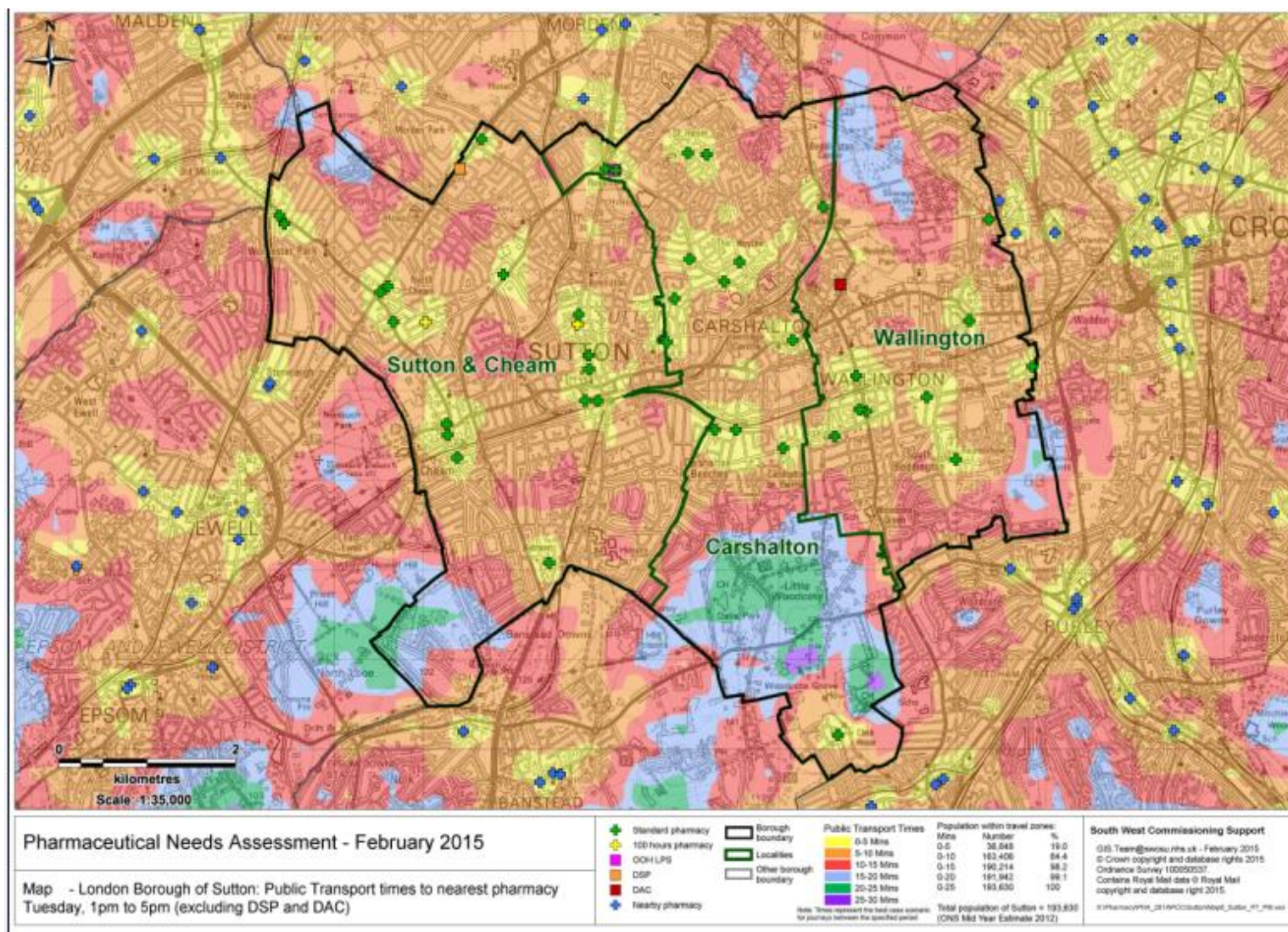
Map 7: Average travel time driving to a pharmacy within the Sutton HWB area (Map 7 DSP and DAC are shown for information)



Map 10: Public Transport times to the nearest pharmacy in Sutton HWB, Tuesday 9.00-13.00 (DSP and DAC are shown for information).



Map 11: Public Transport times to the nearest pharmacy in Sutton HWB, Tuesday 13.00-17.00 (DSP and DAC are shown for information.)





8.6 Access to premises – opening times

There is an expectation that the majority of people will visit a pharmacy after a visit to their GP therefore most people will visit a pharmacy between 8.00 – 18.30 Monday to Friday (section 6.3.5). However there will be circumstances when people will require access outside of these weekday hours e.g. out of hours prescriptions and advice. Map 3 illustrates pharmacies within the HWB area by their opening times.

The opening times are based upon core and supplementary hours shown in Appendix 1.

Pharmacy contractors are categorised into 4 groups, those that open

- Monday to Friday
- Monday to Saturday (open for part of Saturday)
- Monday to Saturday (open at least 9.00-17.00 on Saturday)
- Monday to Sunday

GP practices opening times within Sutton HWB could change over the next 3 years of the PNA potentially increasing opening hours or decreasing opening hours.

In summary across the borough there are:

- 9 pharmacies open seven days a week (also included in Monday through to Saturday count)
- 27 pharmacies open Monday through to Saturday
- 15 pharmacies open Monday through to Friday, and part of Saturday (less than 9.00-17.00)
- 2 pharmacies (1 DAC) that open Monday to Friday.

In addition residents have access to the LPS service described in section 4.3.2.

Routine weekday access to community pharmacies

All pharmacies and the dispensing appliance contractor (DAC) on the pharmaceutical list open on weekdays Monday to Friday (excluding bank holidays) the number, location and opening hours varies across Sutton (appendix one). 3 pharmacies close at 13.00 on a Wednesday, two are based in the Carshalton locality and the other is in the Wallington locality. Most people visit a pharmacy after attending a GP appointment - usually between 8.00am – 6.30pm (Monday to Friday). Potentially GP practice opening hours in the HWB area could change within the life time of the PNA to accommodate changes such as 7 day working.

8.6.1 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 18.00, Monday to Friday (excluding bank holidays) varies within each locality; they are listed in the table below. 'Average' access is difficult given the variety of opening hours and locations. 54.5% of pharmacies are open after 18.00 on more than one weekday evening. Residents can also access the LPS service described in section 4.3.2. Appendix 2 shows the opening times (core and supplementary) for all pharmacies in Sutton HWB and Map 3 shows the location of pharmacies by opening time. A further analysis of provision is detailed by the localities in appendix 2 and section 8.9.

8.6.2 Access to pharmacies on Saturday

In Sutton HWB area 95.4% of community pharmacy providers (excluding the DAC) are open on Saturdays, the majority of which are open into the late afternoon. It is difficult to consider 'average' access because of the variety of opening hours and locations.

The number of community pharmacy providers and the hours that they open for on a Saturday varies within each locality. Appendix one shows the opening times (core and supplementary) for all pharmacies in Sutton HWB and Map 3 shows the location of pharmacies by opening time. 2 pharmacies are closed on a Saturday of these; one is the distance selling pharmacy (DSP) in the Sutton and Cheam locality and the other is in the Carshalton locality. Residents can also access the LPS service described in section 4.3.2.

8.6.3 Routine Sunday daytime access to community pharmacies

In Sutton HWB area fewer pharmacies (20.4% excluding the DAC) are open on a Sunday than any other day of the week. It is difficult to consider 'average' access because of the variety of opening hours and locations; however each of the main shopping areas has a pharmacy open on Sundays. Pharmacies open on Sundays are shown in Map C.

The number of community pharmacy providers and the hours that they open for on a Sunday varies within each locality. Appendix one shows the opening times (core and supplementary) for all pharmacies in Sutton HWB and Map 3 shows the location of pharmacies that open on a Sunday. Residents can also access the LPS service described in section 4.3.2. A summary is shown below.

8.6.4 Routine Bank Holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. Whilst many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets, and major high streets) opt to open - often for limited hours.

The number, location and opening hours of community pharmacy providers open on a bank holiday vary within each locality and on different bank holidays. Annually, NHS England requests feedback from community pharmacies on their bank holiday intentions. For most bank holidays, a number of providers have planned to open and NHS England has deemed provision as satisfactory and not commissioned any further provision. NHS England may often need to commission a bank holiday rota service from a small number of pharmacies, particularly in some areas for Easter Sunday and Christmas Day.

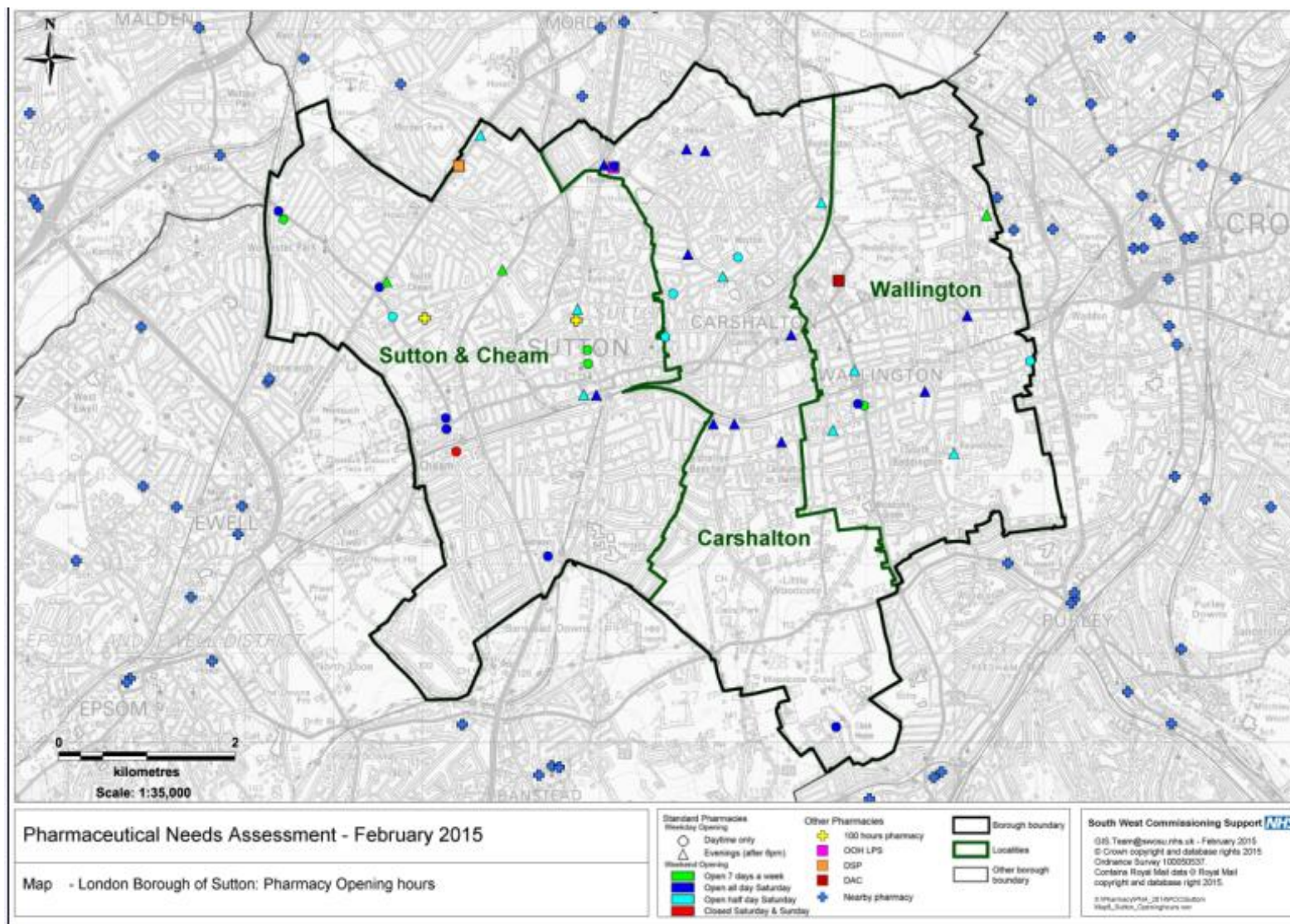
The OOH LPS opens on bank holidays plus Christmas day and Easter Sunday 10:00-22:00.

Patient and public engagement

The public survey received 51 responses (Appendix eight) and provided the following insights into accessing pharmaceutical services:

- Question 13 asked what time of day people found most convenient to use a pharmacy fewest people. The majority of those participating in the survey indicated using a pharmacy between 9am and 5pm as being most convenient. Within those hours, the most convenient time slot was 9am to 12pm. Responses show that accessing pharmacies Monday to Saturday as being more common than on a Sunday. On the whole Sundays are considerably less convenient for people, as were opening times before 9am and after 8pm.
- Question 14 of the online patient survey related to an issue with access. When asked if there was a recent time they couldn't access their regular pharmacy a total of 37 out of 51 people responded, of which:
 - 25 (67.6%) went to another pharmacy
 - 12 (32.4%) waited until their pharmacy was open and
 - 1 (2.7%) went to a walk in centre.
- 43.2% of respondents said that they chose a pharmacy because it had good opening hours
- 61.2% of respondents use the internet to find information about pharmacy opening times.

Map 3: Pharmacy opening times in Sutton HWB



8.7 Advanced service provision from community pharmacies

8.7.1 Medicine Use Reviews (MUR)

40 pharmacies provide Medicines Use Reviews (MUR) (appendix two) and the service is available in all 3 localities with the number, location, and opening hours of community pharmacy providers varying across the borough. By locality:

- 18 in Sutton and Cheam locality
- 13 in Carshalton locality
- 9 in Wallington locality.

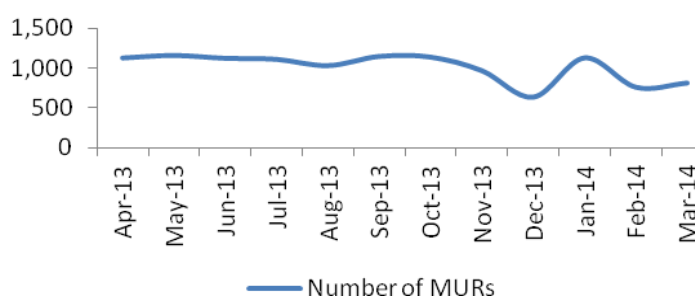
Three pharmacies in the HWB area (7% of eligible providers) are not providing the MUR service and all are in the Carshalton locality (appendix two).

The number of pharmacies offering medicine use reviews in Sutton HWB area (93%) and the rate of provision of the service is similar to regional and national levels (92% England 2012-2013³⁵). None of the respondents to the community pharmacy contractor questionnaire indicated that they do not have a consultation area which complies with the requirements to perform MUR services.

There is significant variation in activity between pharmacies across the HWB and within localities. The service is capped at 400 MUR per annum per pharmacy, regardless of the number of items dispensed by the pharmacy, its location or opening times. In 2013-2014 eleven of the pharmacies claimed the maximum number of MUR. The average number of MURs per pharmacy in Sutton was 302 (based on 40 pharmacies), compared to an average of 267 in London and 263 in England. In theory if each of the 43 eligible providers³⁶ had provided 400 MUR a further 5116 MUR could have been provided to Sutton residents during 2013-14.

This data demonstrates that Sutton residents are accessing the Medicines Use Review service and that there is further capacity amongst providers to deliver it.

**Number of MURs claimed in Sutton
2013/14**



³⁵ <http://www.hscic.gov.uk/catalogue/PUB12683/gen-pharm-eng-200304-201213-rep.pdf>

³⁶ Neither the DAC nor the DSP is eligible to provide this service, OOH LPS is not commissioned to provide advanced services

8.7.2 New Medicine Service (NMS)

In 2013-2014 32 pharmacies provided the NMS (appendix two). The service is available in all 3 localities with the number, location, and opening hours of community pharmacy providers varying between localities.

- 12 pharmacies provide the service in the Sutton and Cheam locality
- 11 in the Carshalton locality
- 9 in the Wallington locality.

In 2013-2014 the average number of NMS provided within Sutton HWB was 83 per active pharmacy. This compares to an average of 74 for London and 68 for England. This demonstrates that residents of Sutton are accessing this service.

The number of providers and rate of provision of NMS services in Sutton HWB area is higher than national levels. 32 community pharmacies (74%) are providing the NMS service, this compares with 68% in England (2012-2013).³⁴

Table 7 - Advanced Service provision

Advanced Service	Percentage of providers currently providing (Average number per provider, 2012/13)		
	England	London	Sutton
Medicines Use Reviews (MURs)	92% (267)	89.9% (263)	90.9% (302)
New Medicines Service (NMS) ³⁷	82.3% (68)	78.7% (74)	72.7% (83)
Appliance Use Review (AUR)*	1.2% (197)	0.5% (242)	2.3%**
Stoma Appliance Customisation (SAC)*	15.2% (635)	4.1% (921)	2.3%**

*AUR and SAC data includes provision from Dispensing Appliance Contractors and excludes DSP

** estimated data

8.7.3 Appliance Use Reviews (AUR)

In 2014-2015 the dispensing appliance contractor (DAC) in the Wallington locality was the only contractor to offer AUR. This figure reflects the specialist nature of the service; however the percentage of providers offering the service in Sutton (2.3%) is higher than for London or England. The DAC is open between 9.00 am and 5.00pm Monday to Friday and closed on Saturday and Sunday. (The DAC provides services on a national basis and may be providing AUR for residents outside of the HWB area).

8.7.4 Stoma appliance Customisation (SAC)

In 2014-2015 the dispensing appliance contractor (DAC) in the Wallington locality was the only contractor to offer stoma appliance customisation in the borough. This figure reflects the specialist nature of the service however the percentage of providers offering the service in Sutton (2.3%) is lower than London (4.1%) and considerably lower than England (15.2%). The DAC is open between 9.00 am and 5.00pm Monday to Friday and closed on Saturday

³⁷ <http://www.nhsbsa.nhs.uk/prescriptionservices/3545.aspx>

and Sunday. (The DAC provides services on a national basis and may be providing AUR for residents outside of the HWB area).

In Sutton the percentage of providers offering AUR is low compared to England (15.2%) and London (4.1%) but the percentage offering SAC is higher than London and England. The number of AUR providers is very low regionally and nationally: there were only 143 DAC and community pharmacies nationally (1.2%) and 9 DAC or community pharmacies in London.

Patient and public engagement

50 people responded to question 1 of the public survey question: why and how often do you use a pharmacy (appendix eight). Of these 98% use a pharmacy to collect a prescription for themselves and 64% for someone else. 28% of respondents stated that someone else collects their prescription for them. 72% use a pharmacy to seek advice for themselves and 34% to seek advice for someone else.

43 people responded to question 15 of the survey: your pharmacy may offer some of the free NHS Services listed below, tell us what you know about them. With regard to medicines reviews, 44% of respondents were aware of the service and 30% were not. 7% of people answering the question had used a medicine review service from a community pharmacy.

8.8 Access to enhanced services

NHS England commissioned 5 enhanced services from pharmacies in 2014/15, section 4.1.3:

- Immunisation services (IMMS)
- minor ailments service (MAS)
- MDS service
- access to palliative care medicines
- advice to care homes

Appendix 2 provides details of the individual pharmacies providing enhanced services. Not all enhanced services are accessible in all localities. HWB notes that residents can move between localities to access enhanced services as they are available to all residents of the Sutton HWB area. It is also noted that these enhanced services are commissioned from a borough and not a locality perspective. With the exception of immunisation services none of the enhanced services have been reviewed. Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

8.8.1 Immunisation Services

In 2012- 2013, within Sutton HWB area 70.4% of eligible adults aged 65 received a seasonal flu vaccine. This compares to 73.4% in England and 71.2% in London. In addition 50.3% of individuals aged between 6 months and 65 years old who were considered at risk of contracting seasonal flu received the vaccine in 2012-2013. This is lower than both 51.3% in England (51.3%) and London (50.9%).

Within the Sutton HWB area, in 2013-2014, 17 commissioned pharmacies provided a total of 1548 seasonal flu immunisations as part of this service (source NHS England, September

2014). In 2014-15 this figure has increased by 65% to 28 pharmacies which are geographically spread across the borough with activity varying by locality.

Immunisation services are available in pharmacies across the borough and in all localities. The immunisations service provided by pharmacies is reviewed annually by NHS England.

8.8.2 Minor Ailments Services (MAS)

The MAS service is commissioned from 42 pharmacies (Appendix 2 and section 8.9). These pharmacies are geographically spread across the borough and present in all 3 localities

Between April and September (2014), NHS England confirmed that 12 pharmacies had been active but data was not available for the service.

Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

There is evidence that Sutton residents are using this service. Due to the limited information available, a service review and evaluation is recommended to establish if the Minor Ailment Service as it was commissioned, currently meets the needs of the local population or whether these needs have changed.

8.8.3 The Monitored Dosage System (MDS)

The Monitoring Dosage System (MDS) service was commissioned in 2006 and made available to every pharmacy provider in Sutton at the time. The MDS service is commissioned by NHS England; it is unclear if this service is still available from all pharmacies in the HWB area. In January 2015, NHS England confirmed that three pharmacies are currently active (2014-2015). These pharmacies are all located in the Carshalton locality and are open Monday to Saturday (at least 9.00- 17.00), none of the pharmacies is open on a Sunday (Appendix 2 and section 8.9).

Activity data for the MDS service was not available from NHS England. Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

There is limited evidence that Sutton residents are using this service. Due to the limited information available, a service review and evaluation is recommended to establish if the MDS Service as it was commissioned, currently meets the needs of the local population or whether these needs have changed.

8.8.4 Access to Palliative Care Medicines Service

In January 2015, NHS England confirmed that 7 pharmacies in Sutton HWB area are commissioned to provide this service. These pharmacies are geographically spread across the borough and present in all 3 localities. All of the pharmacies offering the palliative care medicines supply service are open Monday to Saturday and all are closed on Sunday (Appendix 2 and section 8.9).

Activity data for this service was not available for NHS England. Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

There is some evidence that Sutton residents are using this service. Due to the limited information available, a service review and evaluation is recommended to establish if the MDS Service as it was commissioned, currently meets the needs of the local population or whether these needs have changed.

8.8.5 Advice to Care Homes

At January 2015, there is only one pharmacy providing this service in Sutton based in the Sutton and Cheam locality. The pharmacy is open Monday to Saturday and closed on Sunday (Appendix 2 and section 8.9).

Activity data relating to this service was not available from NHS England. Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

There is limited evidence that Sutton residents are using this service. Due to the limited information available, a service review and evaluation is recommended to establish if the MDS Service as it was commissioned, currently meets the needs of the local population or whether these needs have changed.

The public survey received 51 responses (Appendix eight) and provided an insight into accessing pharmaceutical services in Sutton HWB. Question 15 asked: your pharmacy may offer some of the free NHS Services listed below, tell us what you know about them. The responses demonstrated familiarity with some pharmacy services e.g. a high level of awareness of the Minor Ailments Service (55.8%) amongst respondents but a lower level of awareness of immunisation services (39%).

Appendix 6 contains a description of enhanced services from 2013 regulations. The HWB board notes that some of the services listed are commissioned as locally commissioned services.

8.9 PNA Localities

The borough has been divided into 3 localities (section 3.5.2). Access is considered in each of the localities but the HWB accepts that residents can move between localities when choosing a pharmacy to access. Refer to Map 1 for pharmacy locations.

There are 43 pharmacies and 1 DAC within the borough, these are illustrated on Map 1. As described within Section 3.5.2, the PNA Steering Group decided that for the purposes of the PNA Sutton HWB PNA should be divided into 3 localities –Sutton and Cheam Carshalton and Wallington. Substantial health data is available at this level, and populations and their health needs vary between wards and localities. Section 5.2 provides a detailed overview of the health needs of each locality, this is further supplemented by the table in Appendix 3.

This section considers the pharmaceutical service provision of each of the localities within Sutton HWB and some of the health needs discussed in section 5.2 and Appendix 3.

Table 7: Estimation of the average number of pharmacies per 100,000 population

Region/ HWB area/locality	Number of community pharmacies included DAC and DSP.	Population (000)s Mid 2011	Pharmacies per 100,000 population
ENGLAND	11,495	53,107	22
LONDON	1,846	8,204	23
Sutton HWB Area	44*	193	22.7
Sutton & Cheam	19*	96	19.8**
Carshalton	15*	54	27.8**
Wallington	10*	43	23.3**

* September 2014

** Estimation based upon the average population cohort per pharmacy in the PNA locality

8.9.1 Sutton and Cheam locality

In the Sutton and Cheam locality (Map 3a) there are 19 pharmacy contractors 19.8 per 100,000 residents. The locality has the largest number of pharmacy providers however it should be noted that this includes a Distance Selling Pharmacy (DSP), two 100 core hour contracts with the remaining 16 pharmacies all hold a standard 40 core hour contract.

Summary Sutton and Cheam locality (Based upon the 18 contract pharmacies (excluding DSP))	
	Number of pharmacies
Pharmacies open after 6pm weekdays	8 (44%)
Pharmacies open on Saturday	18 (100%)
Pharmacies open on Sunday	7 (39)%
Pharmacies providing MUR	18 (100%)
Pharmacies providing NMS	12 (67%)
Enhanced services	
Pharmacies providing immunisation services	13 (72%)
Pharmacies providing minor ailments services	18 (100%)
Pharmacies providing MDS services	0
Pharmacies providing access to care home advisory service	1 (16%)
Pharmacies providing access to palliative care medicines	1 (16%)

Availability of MUR is above the national and London average whilst the availability of NMS is below the national and London average (Table 7)

It is the case for enhanced services that the pharmacies providing these services are geographically spread across the locality and have varying opening times.

Regarding access to locally commissioned services (LCS) within the 18 contract pharmacies, five of the six locally commissioned services are accessible in the locality.

- Zero pharmacies (0%) provide needle exchange service
- 13 pharmacies (72%) provide stop smoking
- Six pharmacies (34%) provide supervised consumption
- One pharmacy (6%) provide NHS Health Checks
- Five pharmacies (28%) provide emergency hormonal contraception
- Five pharmacies (28%) provide national chlamydia screening programme

It is the case for locally commissioned services that the pharmacies providing these services are geographically spread across the locality and have varying opening times.

Appendix 2 contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs.

Maps have been generated using pharmacy post codes which can result in anomalies in map generation especially with pharmacies contained within post codes that border with localities and other HWB areas.

8.9.2 Carshalton locality

Carshalton locality has 15 community pharmacies, 27.8 per 100,000 residents, the highest of any Sutton locality. Most pharmacies are located in the north of this locality (Map 3b) with just one (an ESPLPS contract holder) in the south, where the population density is lower. There are no distance-selling pharmacies (DSP) or dispensing appliance contactors (DAC). All the 15 pharmacies hold a standard 40 core hour contract. This locality also contains the OOH LPS contracts (section 4.3.2)

Carshalton	
Based upon the 15 standard contract pharmacies, including the ESPLPS but excluding the OOH LPS contracts	
	Number of pharmacies
Pharmacies open after 6pm weekdays	11 pharmacies (73%)
Pharmacies open on Saturday	15 pharmacies (100 %)
Pharmacies open on Sunday	0 pharmacies (0%)
Pharmacies providing MUR	13 pharmacies (87%)
Pharmacies providing NMS	11 pharmacies (73%)
Enhanced Services	
Pharmacies providing immunisation services	7 (47%)
Pharmacies providing minor ailments services	15 (100%)
Pharmacies providing MDS services	3 (20%)
Pharmacies providing access to care home advisory service	0 (0%)
Pharmacies providing access to palliative care medicines	3 (20%)

Availability of MUR and NMS is below the national and London average (Table 7)

The presence of the OOH LPS provides access to pharmaceutical services on Sundays. The OOH LPS is not commissioned by NHS England to provide advanced services. Due to the nature of this contract it may not be appropriate or feasible for the LPS to provide advanced services. It is commissioned by NHS England to provide 2 enhanced services - Palliative Care and Minor Ailments Services. Activity data relating to the LPS was not available from NHS England. Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

Regarding access to enhanced services within the 15 standard contract pharmacies, four of the five enhanced services are accessible in the locality. It is the case for enhanced services that the pharmacies providing these services are geographically spread across the locality and have varying opening times.

Regarding access to locally commissioned services (LCS) within the 15 standard contract pharmacies and both LPS, all six LCS are accessible in the locality

- Two pharmacies (13%) provide needle exchange service
- Ten pharmacies (75%) provide stop smoking
- Five pharmacies (34%) provide supervised consumption
- Two pharmacies (13%) provide NHS Health Checks
- Seven pharmacies (47%) provide emergency hormonal contraception
- Seven pharmacies (47%) provide national chlamydia screening programme

It is the case for locally commissioned services that the pharmacies providing these services are geographically spread across the locality and have varying opening times.

The OOH LPS is not commissioned by Sutton Council to provide any locally commissioned services, the HWB would encourage Sutton council to consider the OOH LPS in any future service reviews, the absence of EHC service is of particular note.

Appendix 2 contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Maps have been generated using pharmacy post codes which can result in anomalies in map generation especially with pharmacies contained within post codes that border with localities and other HWB areas.

8.9.3 Wallington Locality

Wallington locality has 10 pharmacy providers with an average of 23.3 community pharmacies per 100,000 population, the dispensing appliance contractor (DAC) is also based in this locality. The locality has the least number of pharmacy providers (Map 3c). There are no DSP or 100 hour contracted pharmacies, 9 of the pharmacies hold a standard 40 core hour contract.

Wallington	
Based upon the 9 standard contract pharmacies (excluding DAC)	
	Number of pharmacies

Pharmacies open after 6pm weekdays	6(67%)
Pharmacies open on Saturday	9 (100%)
Pharmacies open on Sunday	2 (22%)
Pharmacies providing MUR	9 (100%)
Pharmacies providing NMS	9 (100%)
Enhanced Services	
Pharmacies providing immunisation services	8 (89%)
Pharmacies providing minor ailments services	3(34%)
Pharmacies providing MDS services	0 (0%)
Pharmacies providing access to care home advisory service	0 (0%)
Pharmacies providing access to palliative care medicines	3(34%)

Availability of MUR and NMS is above the national and London average (Table 7)

Regarding access to enhanced services within the 9 contract pharmacies, three of the five enhanced services are accessible in the locality. It is the case for enhanced services that the pharmacies providing these services are geographically spread across the locality and have varying opening times.

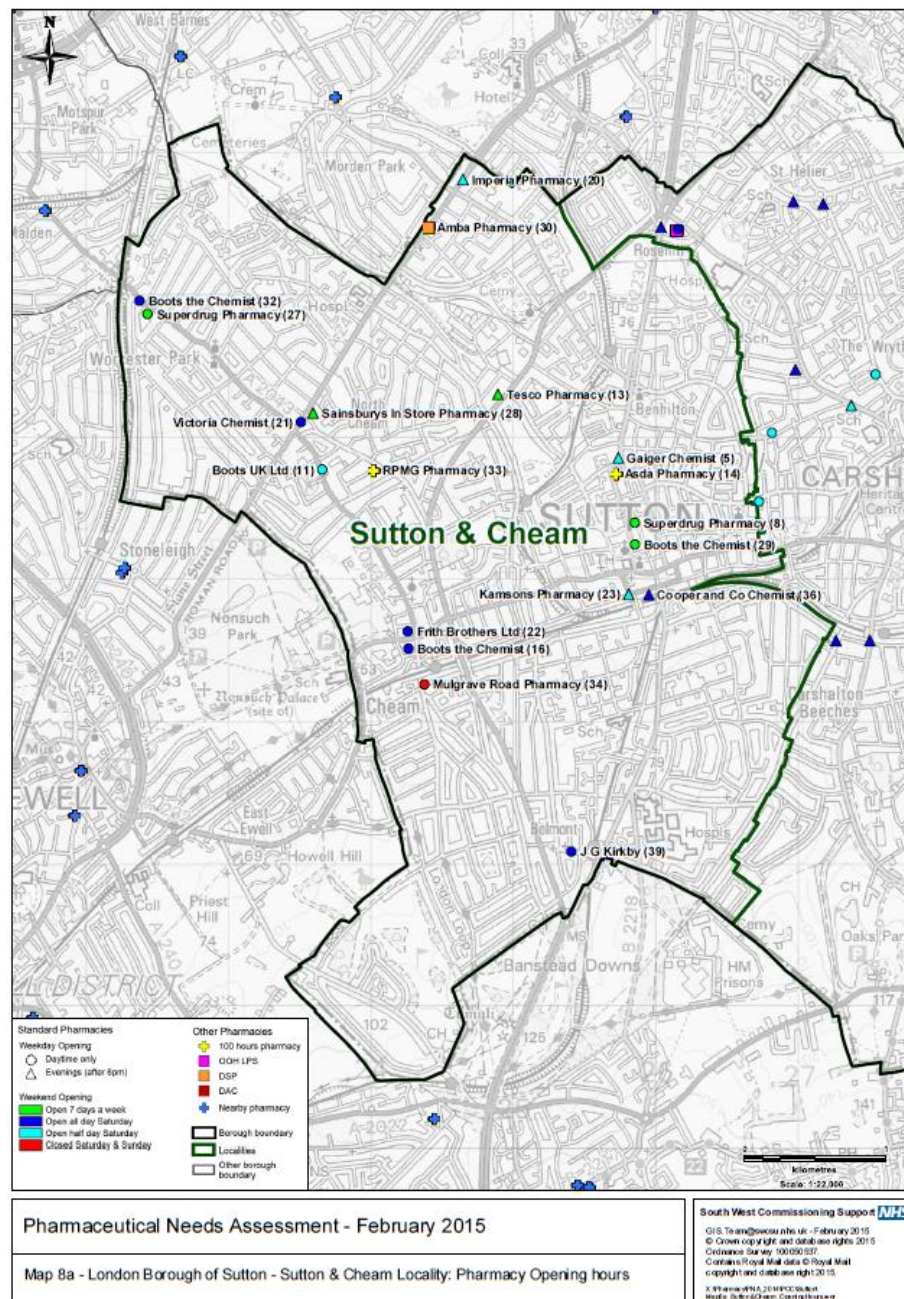
Regarding access to locally commissioned services (LCS) within the 9 contract pharmacies, five of the six LCS are accessible in the locality

- Zero pharmacies (0%) provide needle exchange service
- Nine pharmacies (100%) provide stop smoking
- Three pharmacies (34%) provide supervised consumption
- Three pharmacy (34%) provide NHS Health Checks
- Four pharmacies (44%) provide emergency hormonal contraception
- Six pharmacies (67%) provide national chlamydia screening programme

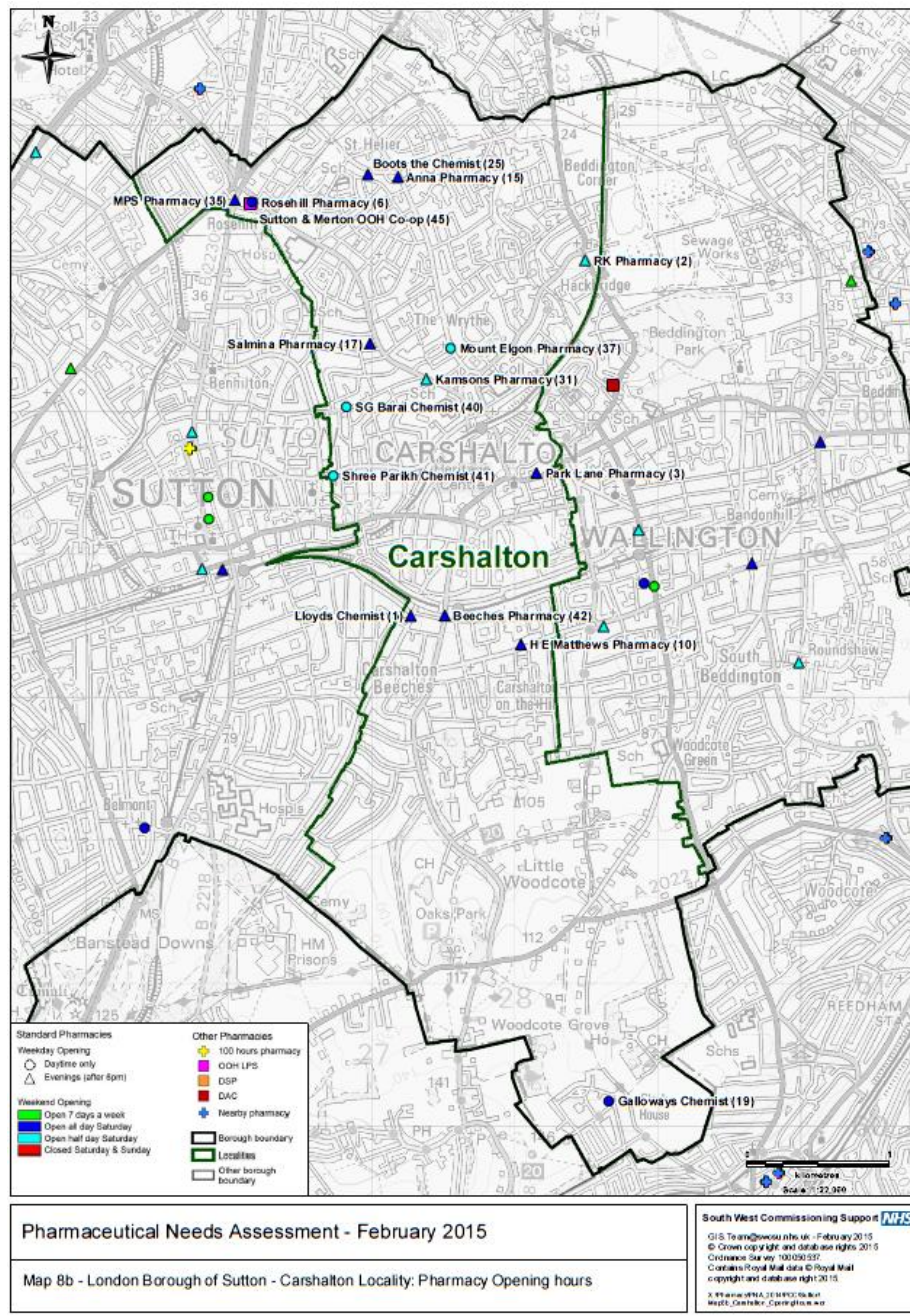
It is the case for locally commissioned services that the pharmacies providing these services are geographically spread across the locality and have varying opening times.

Appendix 2 contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs.

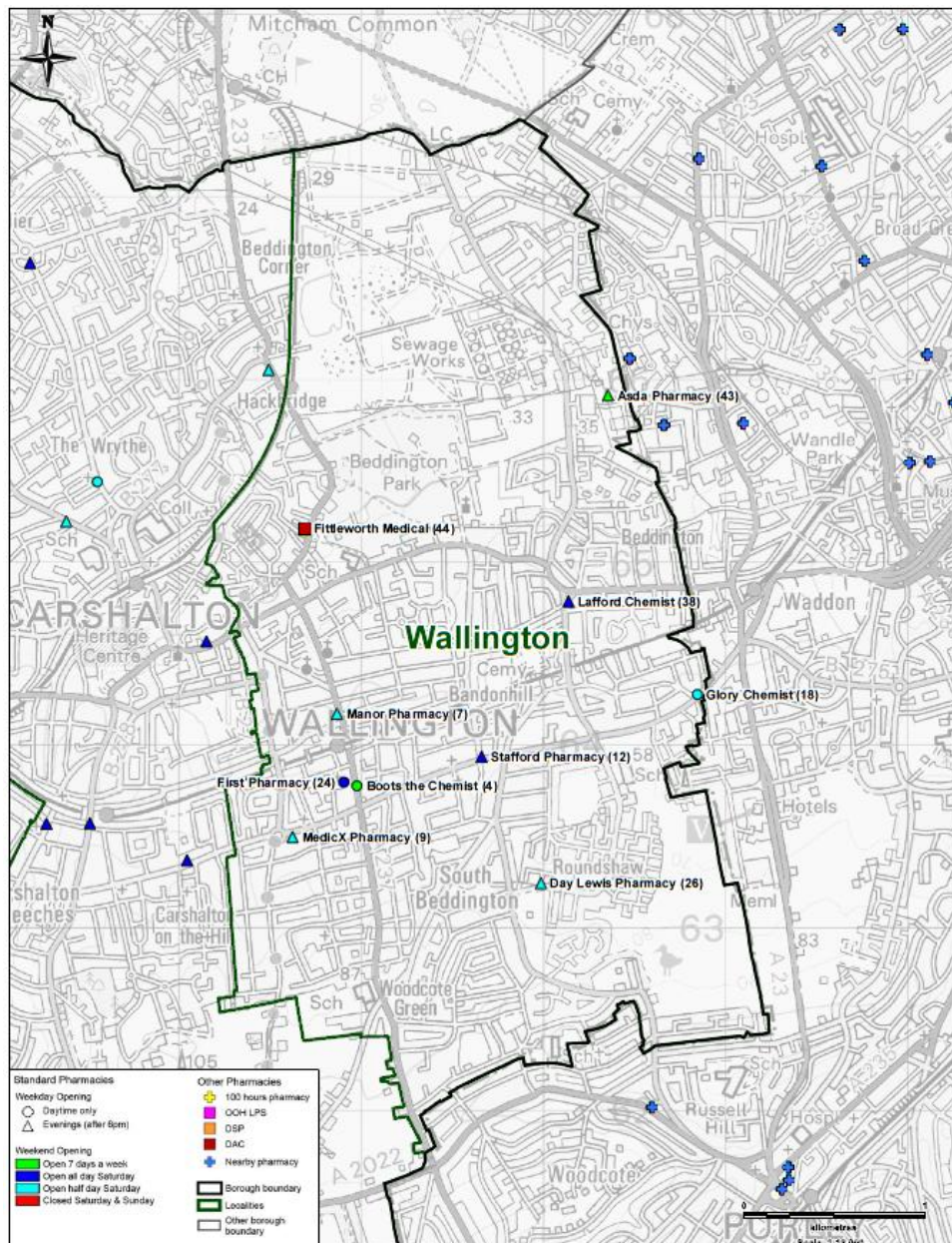
Map 3b: Pharmacy providers in Sutton & Cheam Locality



Map 3a: Pharmacy providers in Carshalton Locality



Map 3c: Pharmacy providers in Wallington locality



Pharmaceutical Needs Assessment - February 2015

Map 8c - London Borough of Sutton - Wallington Locality: Pharmacy Opening hours

South West Commissioning Support **NHS**
 GIS Team@swcs.nhs.uk - February 2015
 © Crown copyright and database rights 2015
 Ordnance Survey 100050517
 Contains Royal Mail data © Royal Mail
 copyright and database right 2015
 X:\Pharmacies\SWCS\Map8c Wallington Opening hours.docx

Maps have been generated using pharmacy post codes which can result in anomalies in map generation especially with pharmacies contained within post codes that border with localities and other HWB areas.

8.10 Other relevant services: current provision

Other relevant services are pharmaceutical services that are not necessary but have secured improvement or better access to pharmaceutical services.

Other relevant services, for the purposes of this PNA, are defined as:

- Essential services provided at times by pharmacies outside their standard 40 or 100 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations,
- Advanced services provided at times by pharmacies outside their standard 40 or 100 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations
- Out of hours LPS (section 4.3.2)
- Enhanced services

8.11 Other relevant services within the HWB's area

All 42 of 40 core hour pharmacy providers are providing supplementary hours resulting in additional access during evenings, Saturday and Sunday (Appendix 1) and Map 3. The two 100hr core hour pharmacies are not. The DAC is also providing supplementary hours over their 30 core hours.

The HWB considers essential services and advanced services provided in supplementary hours as providing an improvement or better access to pharmaceutical services.

Residents can also access the LPS service described in section 4.3.2 including opening times. LPS contracts are not included in the pharmaceutical list (Appendix 1) and this contract is illustrated separately in Appendix 1 however access to the LPS has been considered in section 8.6. The HWB notes that this LPS will be reviewed by NHS England on an annual basis in the month of February through the time horizon of the PNA.

The HWB considers LPS services as providing an improvement or better access to pharmaceutical services.

Residents can access enhanced services provided during core and supplementary hours
Details of the enhanced services commissioned by NHS England within the HWB area are found in section 4.13, 9.3 and discussed in Appendix 6.

The HWB considers Enhanced Services as providing an improvement or better access to pharmaceutical services.

Although not categorised as a pharmaceutical services, the HWB notes the LCS described in section 4.2 and 9.4.

8.12 Future provision of necessary and other relevant services

8.12.1 Housing and commercial developments

A number of housing developments across the borough are planned within the lifetime of the PNA. The largest of these developments will be in Hackbridge and Sutton town centre.

Please refer to appendix eleven and Sutton Council Annual Monitoring Report (AMR) 2012-13³⁸ for further details of known developments during the writing of this PNA. The developments listed in the AMR 2013 were taken into account when drawing conclusions in this PNA. Some key residential schemes that are in the planning stages and are likely to come forward in the next three years are listed in appendix eleven.

Based upon guidance from Sutton Council, the HWB considers that individual developments and developments considered collaboratively will not significantly impact on pharmaceutical need within the HWB area. The HWB will continue to monitor the impact of developments on pharmaceutical need during the time horizon of the PNA.

8.12.2 Primary Care Developments

From March 2013 a Department of Health owned property company will own and manage current PCT estate that is not transferred to NHS providers, together with surplus SHA and arm's length bodies' estate and Secretary of State for Health owned 'retained estate'. An estates strategy is currently being implemented in Sutton prior to transfer of responsibilities and the benefits of this will be fully realised in from 2013/14 onwards, enabling further shifts in care from secondary to primary care.

Development of primary care services as part of Sutton CCG's commissioning intentions and national policies, such as the NHS Five Year Forward View and the Better Care Fund, will enable further shifts of services and care delivery from secondary to primary care and promote integration. This is likely to include long term conditions, specified outpatient services and mental health services with more services being delivered through locality based hubs. Improvements in primary care estate will support the objectives of the NHS Five Year Forward View and in January 2015 the government announced an investment of £250 million in GP premises every year for the next four years.

Sutton CCG initiatives such as Out of Hospital Care could increase demand for pharmaceutical services in primary care settings and extended opening hours to meet requirements for 7 day services.

The following primary care developments are anticipated and may progress within the life time of the PNA.

- The Wandle Valley Practice, the Wilson Walk in Centre and Hackbridge Medical Centre are anticipated to move to the Hackbridge Development.
- Grove Road Practice and Benhill and Belmont Practices are anticipated to move to new purpose built premises at the old Henderson Hospital Site.

³⁸ <https://www.sutton.gov.uk/index.aspx?articleid=2339>

The HWB notes that analysis in sections 8.1 and 8.7 which would suggest current demand in necessary services within the HWB area is being met and that there may be capacity within the existing network of pharmacies to accommodate an increased demand for prescriptions that might arise over the next three years. However future consideration for the impact on pharmaceutical service provision should be based on an agreed range of local factors specific to each development site.

The HWB will consider the impact of planned primary care developments on pharmaceutical services within the time horizon of this PNA.

8.13 Pharmaceutical service provision provided from outside the HWB area

Sutton HWB area is bordered by three other London HWB areas: Merton HWB, Croydon HWB, Kingston HWB and two non-London HWB area: Epsom & Ewell HWB and Reigate & Banstead HWB. As previously mentioned, like most London boroughs, Sutton has a comprehensive transport system. As a result, it is anticipated that many residents in Sutton HWB area will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond. It is not practical or reasonable to list all those pharmacies outside the HWB area by which Sutton residents will access pharmaceutical service e.g. over 1500 pharmacies noted in section 8.1. A number of providers lie within close proximity to the borders of Sutton HWB area boundaries, and are demonstrated on maps 1 -12. Epsact data show items dispensed in pharmacies in all bordering HWB area as well as pharmacies in Avon, Wiltshire and the City of York.

Other DAC providers are accessible to residents. DAC generally focus on a specific range of appliances and provide a nationwide delivery service.

The residents of the HWB area can access essential services via DSP however the majority appear not to do so.

63.6% of respondents to the patient questionnaire noted that they choose a pharmacy provider close to their home, whilst 59.1% chose a provider close to their GP. 73.5% of residents stated that it was easy to get to their usual pharmacy with the remaining 26.5% said it was OK (Appendix 8).

8.13.1 Necessary Services: Current provision outside HWB area

8.13.1.1 Access to Essential Services

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or where they shop etc. Therefore it is expected that some residents of Sutton will exercise their right to choose however the vast majority of items were dispensed by pharmacy contractors within the HWB's area; in 2013-14 (section 8.1)

In the absence of any guidance or bench marking the statistical significance of items dispensed outside the HWB area is not known therefore it is not appropriate to draw any conclusions other than most Sutton residents chose to have the vast majority of items dispensed with the HWB area.

8.13.1.2 Access to Advanced services

Information on the type of advanced services provided by pharmacies and DACs outside the HWB's area to residents of Sutton is not available due to the payment mechanism used by pharmacy contractors.

It is assumed however that residents of the HWB's area will be able to access the advanced services from contractors outside of Sutton however the significance is not known therefore no conclusions can be drawn.

8.13.1.3 Access to enhanced services

It is not possible to identify the number of Sutton residents who access enhanced services from pharmacies outside of the HWB's area. This is also due to the payment mechanism used by pharmacies.

Residents of Sutton HWB can access enhanced services provided by contractors outside of the locality. The significance of this is however unknown therefore no conclusions can be drawn. Sutton residents can in theory access immunisation services for flu vaccination and palliative care medicines from pharmacy contractors outside of Sutton. Access to the remaining enhanced services in theory is restricted to users living within the HWB area.

8.13.2 Other relevant services provided outside the HWB's area

There are pharmacies outside of the HWB's area providing pharmaceutical services during hours that may be regarded as providing improvement or better access e.g. late night opening or 24 hour pharmacies or DSP. None of these pharmacies have been commissioned to provide pharmaceutical services to the residents of Sutton HWB area. It is entirely down to personal choice whether a resident accesses services in these pharmacies.

The HWB considers, in the absence of any guidance or bench marking the statistical significance of other relevant services provided outside the HWB area is non-known therefore it is not appropriate to draw any conclusions other than most Sutton residents chose to have the vast majority of relevant services within the HWB area.

9 Pharmaceutical Services and Health Needs

The core purpose of the Joint Health and Wellbeing Strategy (JHWS) is to ensure that the needs identified through the JSNA are addressed, it remains important that the strategy should pick up the key messages from the JSNA.

The vision for the Joint Health and Wellbeing Strategy (JHWS) is to *“Improve the health and wellbeing of people in Sutton by working with communities and residents to increase the opportunities for all to enjoy a healthy, safe and fulfilling life and reduce health inequalities between communities.”*

The JHWS sets out an approach to improving the health and wellbeing of everyone in Sutton and reducing health inequalities between communities. This strategy is medium term and covers the financial years from 2013 to 2016. The specific outcomes under the priority themes will be updated each financial year to reflect yearly progress. The current objectives as set out in this strategy are therefore relevant for 2013/14.

Informed by the JSNA, the Joint Health and Wellbeing Strategy (JHWS) identifies four priority themes to help achieve this vision, all of these priorities can be supported by the provision of pharmaceutical services within the HWB area:

1. Improving and protecting health and wellbeing
2. Improving the health and wellbeing of those who have illness or disability
3. Improving mental health and wellbeing
4. Reaching out, engaging and empowering communities and individuals to lead healthy lives

Providers of pharmaceutical services have an important role to play in improving the health of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services. Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including direct service provision, for example Emergency Hormonal Contraception, providing information and brief advice, and signposting to other services. Sutton HWB considers community pharmacies to be a valuable public health resource and recognise that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing.

In the Royal Pharmaceutical Society (RPS) report ‘Now or never: shaping pharmacy for the future’³⁹ (2013) the RPS recommended that pharmacists collaborate with each other and with other healthcare professions, to develop models of care which enable commissioners to deliver integrated patient pathways, and ensure patients have consistent access to support with the use of medicines as they move between care settings.

The NHS Confederation report: Health on the high street: rethinking the role of community pharmacy⁴⁰ also highlights the importance of integrating the role of a community pharmacy with other elements of the health and public health system.

The NHS *Five Year Forward View* published in October 2014. It has been developed by the partner organisations that deliver and oversee health and care services including NHS

³⁹ <http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf>

⁴⁰ <http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Health-on-high-street-rethinking-role-community-pharmacy.pdf>

England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various new models of care (7 in total) which could be provided in the future, defining the actions required at local and national level to support delivery. It does make one specific reference to community pharmacy with an aspiration to “build the public’s understanding that pharmacies and on-line resources can help them deal with coughs, colds and other minor ailments without the need for a GP appointment or A&E visit directly”. Supplementary publications have also recognised pharmacy particularly in urgent care.

The Better Health for London report⁴¹ produced by the London Health Commission (2014) found that people with long term conditions wanted support to maintain their independence rather than solely to live longer. It recommended that systems should be set up to support this with care coordinated with not only improved general practice but improved community services – pharmacy, district nursing, community nursing, allied health professionals, clinical scientists and social care services – all working together, and closely with the voluntary sector, taking a multi-sector approach to manage and care for patients differently.

9.1 Essential Services

The Essential Services (ES) that all must be provided by all community pharmacy contract holders are shown below.

ES 1	Dispensing of medicines
ES 2	Repeat Dispensing
ES 3	Disposal of unwanted medicines
ES 4	Promotion of healthy lifestyles
ES 5	Signposting patients to other healthcare providers
ES 6	Support for self-care
ES 7	Clinical governance

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on lifelong medicines as part of their treatment e.g. statins or insulin.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of errors in taking medicines or in taking out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, healthy diet, physical activity and alcohol consumption. The Five Year Forward View places a huge emphasis on preventive medicine and its role in managing the burden of care on the NHS over the next

⁴¹ http://www.londonhealthcommission.org.uk/wp-content/uploads/London-Health-Commission_Better-Health-for-London.pdf

five years. ES4 provides a mechanism for additional capacity for improving health and wellbeing which can be utilised by NHS England, Sutton CCG and Sutton Council. Examples may be the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target “at risk” groups within the local population to promote understanding and access to screening programmes e.g. men in their 40s for NHS Health Checks
- Provide information about access to health and social care services provided by the Sutton CCG or Sutton Council.

Community pharmacy also plays a vital role in the management of minor ailments and self-care as recognised by the Five Year Forward View and Better Health for London reports. Evidence shows that community pharmacists are potentially the most accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms⁴². Although the evidence base is currently very small in measuring the effectiveness and cost effectiveness of community pharmacies’ contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role and for further research. This has been highlighted as a key area for improving health outcomes by Sutton CCG in particular in reducing unplanned and general hospital admissions.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in the supporting all four priorities.

Through ES6 pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions e.g. foot conditions in diabetes and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist leading to an appropriate referral.

The important role community pharmacy can play in promoting self-care as part of the Winter Pressures programme has been highlighted once again by the DH in 2014.

ES7 provides the governance structure for the delivery of pharmacy services. This structure is set out within the 2013 regulations and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme

⁴² <https://www.gov.uk/government/publications/pharmacy-in-england-building-on-strengths-delivering-the-future>

- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme

It provides an opportunity to audit pharmacy services and influence to the evidence base for the best practice and contribution of pharmacy services especially to meeting local health priorities within Sutton.

9.2 Advanced Services

Getting the most from medicines for both patients and the NHS is becoming increasingly important as more people are taking more medicines. Medicines prevent, treat or manage many illnesses or conditions and are the most common intervention in healthcare. However, it has been estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended (World Health Organization 2003). This issue is worsened by the growing number of people with long-term conditions.

Advanced services have a role in highlighting issues with medicines or appliance adherence issues, and also in reducing waste through inappropriate or unnecessary use of medicines or appliances. Data from the Health and Social Care Information Centre (HSCIC) shows that between 2003 and 2013 the average number of prescription items per year for any one person in England increased from 13 (in 2003) to 19 (in 2013). When a person is taking multiple medicines this is called polypharmacy. With an increasing ageing population, polypharmacy has become more important to consider when making clinical decisions for individual people.⁴³

Polypharmacy is highly prevalent in long-term conditions management. Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines, and in some cases, cost saving for the CCG. Advanced services may also identify other issues such as general mental health and well-being, providing an opportunity to signpost to other local services or service within the pharmacy e.g. immunisations, NHS Health Checks or repeat dispensing.

Optimising a person's medicines is important to ensure a person is taking their medicines as intended and can support the management of long-term conditions, multimorbidities and polypharmacy. Medicines optimisation is defined as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines.' (NICE, NG5).

Promotion of self-care is an important aspect to the management of many long-term conditions and advanced services provide a key opportunity for the pharmacist to do so e.g. promoting the importance of dry weight monitoring in heart failure management or inhaler technique in respiratory disease management.

⁴³ <http://www.nice.org.uk/Guidance/NG5>

9.3 Enhanced Services

In Sutton there are five pharmaceutical enhanced services commissioned by NHS England (section 4.1.3). Enhanced services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services. Appendix 2 provides details of the pharmacies providing enhanced services.

The range of services provided by community pharmacies varies due to several factors, including: availability of accredited pharmacists, capacity issues in the pharmacy, changes to service level agreements and the need for a service (for example, in response to pandemic flu).

9.3.1 Immunisation services

Commissioning, delivery, and regulation of immunisation services are now shared at national level between NHS England, Public Health England (PHE), and the Department of Health (DH); the local operating model divides responsibilities between NHS England, PHE, and Sutton Council. This service is reviewed annually by NHS England.

Provision of immunisation service by pharmacies can support the Joint Health and Wellbeing Strategy by reducing the gap in healthy life expectancy, improving early years development and protecting people from harm⁴⁴.

There is a strong evidence base for the role of immunisation in reducing morbidity and mortality in the adult and child population. Immunisations are an effective and cost effective intervention to protect at-risk groups⁴⁵ and their carers against diseases such as seasonal flu or shingles. The national flu immunisation programme is known to be one of the most effective interventions to reduce harm from flu and pressures on health and social care services during the winter⁴⁶.

Immunisation is a key intervention to protect at-risk groups such as older people, people living with diabetes, COPD, cardiovascular disease or carers against diseases such as seasonal flu or shingles, which can cause additional health complications that can be associated with unplanned hospital admissions. Therefore, there is a vital need for this service.

Within the HWB area, in 2014-15, 28 pharmacies or 64% of eligible pharmacy providers are providing immunisation services (source NHS England). These pharmacies are geographically spread across the borough. The summary report for the 2014/15 seasonal flu campaign has not been produced at the time of writing the PNA but over 100,000 individuals were vaccinated in pharmacies across London as part of this year's campaign.

This service supports priorities one, two and three of the JHWS. This service is reviewed annually by NHS England.

⁴⁴ Commissioning, delivery, and regulation of immunisation services are now shared at national level between NHS England, Public Health England (PHE), and the Department of Health (DoH); the local operating model divides responsibilities between NHS England, PHE, and Sutton Council.

⁴⁵ such as older people, people living with diabetes, COPD, cardiovascular disease

⁴⁶ www.gov.uk/government/uploads/system/uploads/attachment_data/file/316007/FluImmunisationLetter2014_accessible.pdf

9.3.2 Minor Ailments Schemes

The minor ailments service in Sutton aims to provide greater choice for patients and carers, and improved access to health care professionals by utilising the expertise of the pharmacists, so they become the first port of call for minor ailments. This can complement other medical services provisions and educate patients in self-care, thereby reducing the impact on GP consultations and other care settings. There is a growing evidence base for the effectiveness of such schemes.

The Sutton JSNA does not specifically consider minor ailments schemes provided by pharmacies however this service also supports the self-care agenda which features strongly in the JHWS. This service supports priorities one, two and three of the Joint Health and Wellbeing Strategy and the “out of hospital care agenda for Sutton CCG.

Minor ailments schemes are commissioned by NHS England on a borough basis and not on a Pan-London model. It should be noted there is heterogeneity in service description across London. In January 2015, 95% of pharmacy providers including the OOH LPS are commissioned to provide MAS. This is supportive of the aspiration of the Five Year Forward View to utilise pharmacies in the management of minor ailments thus reducing the burden on GP practices and A&E Departments further emphasised by Transforming Primary Care in London: a Strategic Commissioning Framework:

“Patients are often unaware of the range of services that their pharmacy can offer, so many people simply don’t consider visiting. But pharmacies can provide medical advice on a range of conditions and can even provide prescription drugs under minor ailment schemes, without an appointment”.

As discussed there is little activity data available on MAS therefore making it difficult to conclude if it is meeting the needs of the residents of Sutton but the reference in the Five Year Forward View emphasises the importance and potential of such a pharmaceutical service within the HWB area. The MAS would greatly benefit from a service evaluation and should be considered as part of any integrated unplanned care pathway design.

9.3.3 Monitored Dosage System (MDS) Service

The Monitoring Dosage System (MDS) service was commissioned in 2006 and made available to every pharmacy provider in Sutton at the time. It is specifically intended for people who receive their medicines from a community pharmacy in a monitored dosage system (MDS), commonly known as a dosette box. MDS aims to simplify medicine taking by organising doses into a box or device that’s arranged into days of the week and times of the day e.g. breakfast, lunch, dinner and bedtime. The service forms part of a medicines compliance assessment service and could have a role in helping to support outcomes for priority two of the Joint Health and Wellbeing Strategy.

The MDS service is commissioned by NHS England; it is unclear if this service is still available from all pharmacies in the HWB area however NHS England has confirmed that three pharmacies are currently active (2014-2015). These pharmacies are all located in the Carshalton locality and are open Monday to Saturday (at least 9.00- 17.00), none of the pharmacies is open on a Sunday.

The HWB notes that residents can move between localities to access the MDS service as it is available to all residents of the HWB area. It is also noted that the MDS service was commissioned a number of years ago from a borough and not a locality perspective.

Activity data for the MDS service was not available from NHS England. Medicines optimisation applies to people who may or may not take their medicines effectively and community pharmacy can play a vital role in optimising medicines within Sutton. Services such as the MDS service could play a significant part in medicine optimisation within integrated care pathway designs therefore the service would greatly benefit from a service evaluation so that it can be considered in future service design.

9.3.4 Care Home Advisory Service

The Care Home Advisory service is available to care homes within Sutton and is commissioned by NHS England on a borough bases and not on a Pan-London model. It should be noted there is heterogeneity in service description across London.

As part of the service a pharmacy provides advice to the care home on medicines, which includes areas such as storage and administration of drugs within the care home⁴⁷. The aim of the service is to improve pharmaceutical care to residents living in care homes in Sutton and as such the service supports compliance with CQC outcome 9 (Management of medicines). The JHWS does not specifically highlight the health needs of people living in care homes but this service could support outcomes linked to priorities one, two and three of the JHWS. Sutton CCG Commissioning Intentions and the JSNA both consider the specific health needs of individuals living in Care Homes.

At January 2015, there is only one pharmacy providing this service in Sutton based in the Sutton and Cheam locality. The pharmacy is open Monday to Saturday and closed on Sunday. Activity data relating to this service was not available from NHS England.

As previously discussed, Sutton CCG is a Vanguard site in *Enhanced Health in Care Homes* which aim to offer older people better, joined up health, care and rehabilitation services.

9.3.5 Palliative Care Rota

Good end of life care (EoLC) ensures all residents have a dignified, controlled and peaceful end to their life regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified and services provided to meet these needs. The aim of the Palliative Care Medicines Supply service is to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of an EoLC pathway and that there should be adequate provision of palliative care drugs both in hours and out of hours, to support people to die at home.

The Palliative Care Medicines Supply pharmacy service is commissioned by NHS England on a borough basis and not on a Pan-London model. It should be noted there is

⁴⁷ There is a related evidence for utilising pharmacists in other care settings to support the potential effectiveness and cost effectiveness of such a service in care homes.

heterogeneity in service description across London. This service supports outcomes linked to priorities one, two and three of the Joint Health and Wellbeing Strategy. At January 2015, 7 pharmacies of the pharmacies in Sutton HWB area provide this service.

All of the pharmacies offering the palliative care medicines supply service are open Monday to Saturday and all are closed on Sunday. Activity data for this service was not available for NHS England. It is recommended that consideration is given to commissioning the services as part of an integrated end of life care pathway.

9.4 Locally Commissioned Services (LCS)

Appendix 2 provides a summary of enhanced and locally commissioned services (LCS) within Sutton pharmacies and section 4 contains descriptions. It is important to note the commissioning status of each service as this defines whether or not it is a locally commissioned service.

All LCS within the HWB area are commissioned by Sutton Council. They are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services. The range of services provided by community pharmacies varies due to several factors, including: availability of accredited pharmacists, capacity issues in the pharmacy, changes to service level agreements and the need for a service (for example, in response to pandemic flu).

9.4.1 Stop Smoking Services

The stop smoking services aims to:

- Reduce the number of smokers in Sutton
- Reduce health inequalities by ensuring the service is aimed at the target population
- A reduction in the risk of developing smoking related conditions

Smoking cessation services within Sutton are commissioned by Sutton Council from Hounslow & Richmond Community Healthcare NHS Trust. The smoking cessation service is delivered by:

- Hounslow & Richmond Community Healthcare NHS Trust (community based services delivered as Live Well from a number of locations in Sutton).
- 32 Community pharmacies in Sutton (service level agreement with Hounslow & Richmond Community Healthcare NHS Trust)
- 14 GP Practices within Sutton (service level agreement with Hounslow & Richmond Community Healthcare NHS Trust)

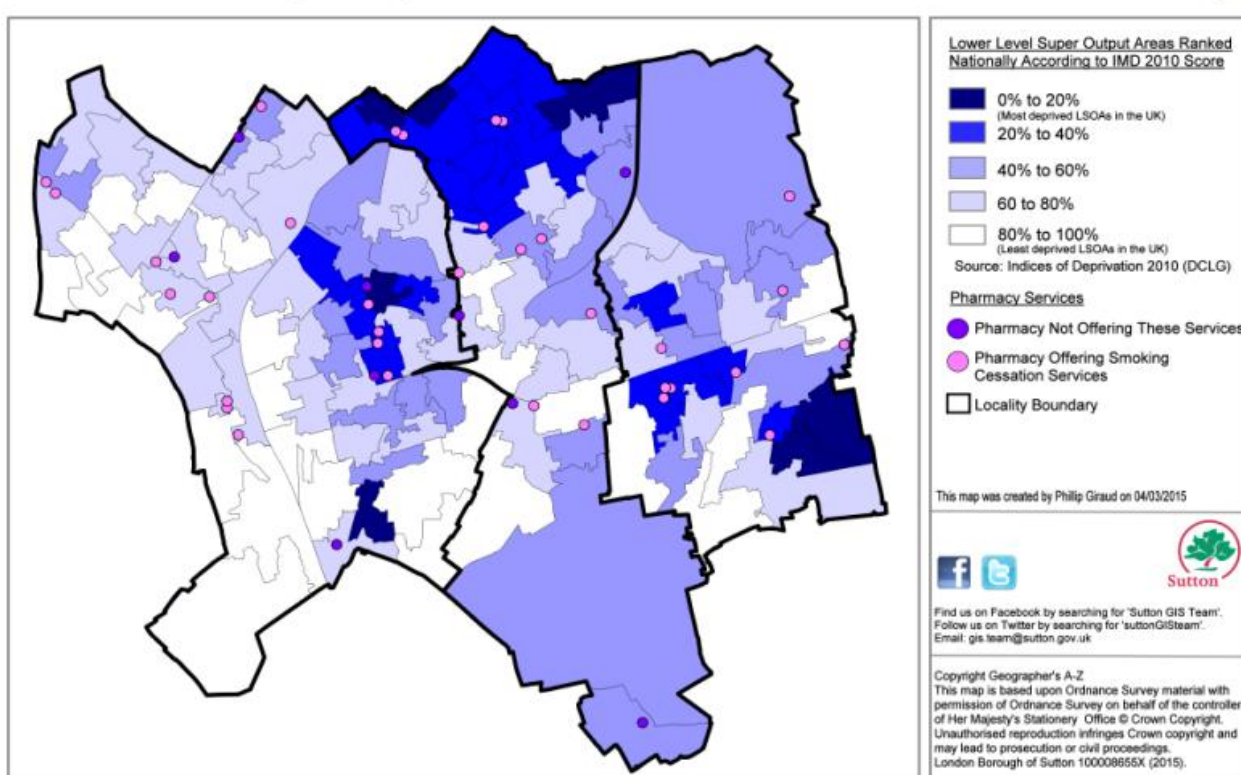
The prevalence of smoking in Sutton is discussed in section 5.5.1 and the objectives of the smoking cessation service are relevant to all of the JHWS priorities.

It is known that the prevalence of smoking varies markedly by socioeconomic group. People in deprived circumstances are not only more likely to take up smoking, but generally start younger, smoke more heavily and are less likely to quit, each of which increases the risk of

smoking related disease. Smoking is a known risk factor for respiratory disease, cardiovascular disease and cancer and national data suggests that of smokers, more men (20.9%) than women (16.1%) smoke⁴⁸. In the absence of reliable smoking prevalence data, the information presented 5 suggests a greater need for smoking cessation services in Sutton central, the north of the Carshalton locality and south of the Wallington locality.

Within Sutton HWB area, 32 pharmacies deliver smoking cessation services (2014-2015). Of these 13 are in the Sutton and Cheam locality, 10 in the Carshalton locality and 9 in the Wallington locality. The map below⁴⁹ shows the location of these pharmacies relative to areas of deprivation (IMD 2010). 30 of these pharmacies hold a 40 hour contract while 2 hold a 100 hour contract. All of the pharmacies offering smoking cessation services are open during the week and on a Saturday, 8 open on a Sunday (see appendix two).

Indices of Multiple Deprivation 2010, Lower Super Output Areas (LSOAs) by National Rank Quintiles and Pharmacies Providing Smoking Cessation Services (Dispensing Appliance Contractor not shown)



In 2013-2014 1132 people set a quit date in Sutton and 561 were recorded as successful quitters (at 4 weeks). Charts below compare this data by smoking cessation service provider.

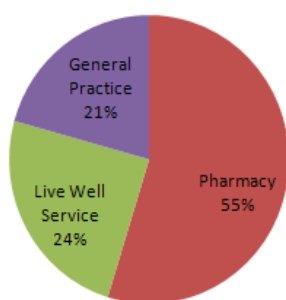
Of those who arrange a quit date at a pharmacy in Sutton (2013-2014):

- 47% of people were male and 53% were female.
- 30% were arranged at a pharmacy in the Sutton and Cheam locality, 39% at a pharmacy in Carshalton locality and 31% at a pharmacy in Wallington locality.

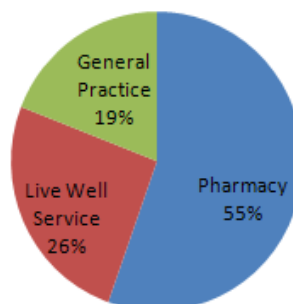
⁴⁸ www.tobaccoprofiles.info/profile/tobacco-control/data#gid/1000110/pat/6/ati/102/page/7/par/E12000007/are/E09000029

⁴⁹ Maps have been generated using pharmacy post codes which can result in anomalies in map generation especially with pharmacies contained within post codes that border with localities and other HWB areas.

**Quit dates by provider
2013-2014**

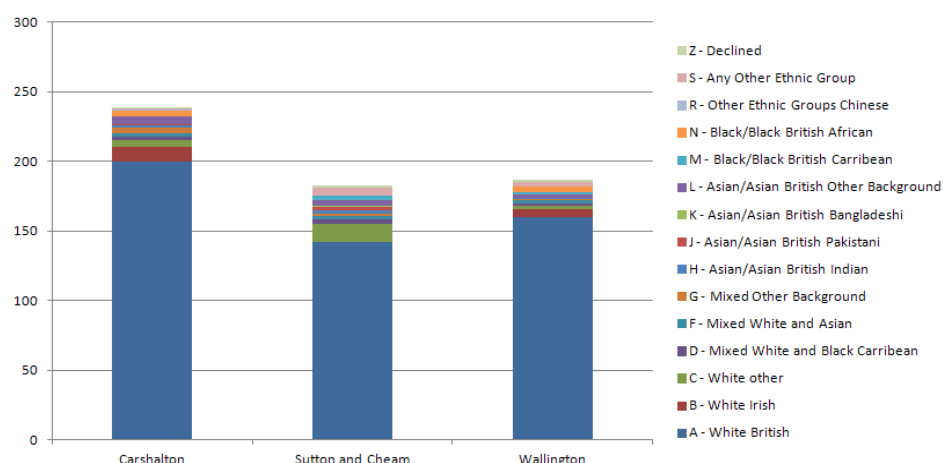


**Successful quits (at 4 weeks) by provider
2013-2014**



The graph below shows the ethnicity of people agreeing a quit date with a Sutton pharmacy by locality (2013-2014).

Graph to show Ethnicity of residents agreeing a quit date with a Sutton pharmacy by locality (2013-2014)



(Data source Hounslow & Richmond Community Healthcare NHS Trust)

Patient and Public Engagement

Of those who replied to the patient survey 45 people answered questions about 'stop smoking help' from a community pharmacy. Of these responses 58% indicated that they knew about the service while 13% did not.

In Sutton there are approximately 23,592 people who smoke⁵⁰. Of these approximately 3.7% set a quit date in a pharmacy in Sutton (2013-2014). Smoking cessation services are offered by a number of providers across Sutton HWB area. Of these providers community pharmacies deliver the largest number of quit dates (55%) and the largest number of successful quits (55%)

- There appears to be a gap in provision in the south of the Carshalton locality however residents in this area can access smoking cessation services from elsewhere in the borough or from providers outside of the borough; and
- There is a higher smoking prevalence amongst people in routine and manual

⁵⁰ Figure based on PHOF indicator 2.14 (2013) and ONS population estimates (2013) of the population aged 18 years and over.

occupations in Sutton (22.3%). It is recommended that commissioners ensure that smoking cessation services provided by pharmacies are targeted to address this inequality.

9.4.2 Emergency Hormonal Contraception (EHC)

It is a national ambition that the population is in good sexual health and well educated in how to protect themselves against sexually transmitted infections (STIs) and unplanned pregnancies. Community pharmacies play an important role in signposting people to these services which is acknowledged in the NICE guidelines PH510 'Contraceptive Services with a focus on young people up to the age of 25' (March 2014). This states that 'The local pharmacy has a vital role in meeting the needs of diverse communities, particularly the needs of young people who may be anxious about approaching contraceptive services'.

Levonorgestrel, an emergency hormonal contraceptive can be bought as an over-the-counter medicine by women aged 16 years or over or prescribed using an NHS prescription. Under the service commissioned by Sutton Council, EHC (Levonorgestrel) can be provided free of charge to women aged 13-24 years in line with the Patient Group Direction (PGD) and relevant service specification. Currently 16 of the 43 community pharmacies (37%) in Sutton are commissioned to provide the EHC service; they are geographically spread across the HWB area. The map below shows the under 18 conception rates in Sutton, 2010-2012 and the location of the pharmacies,

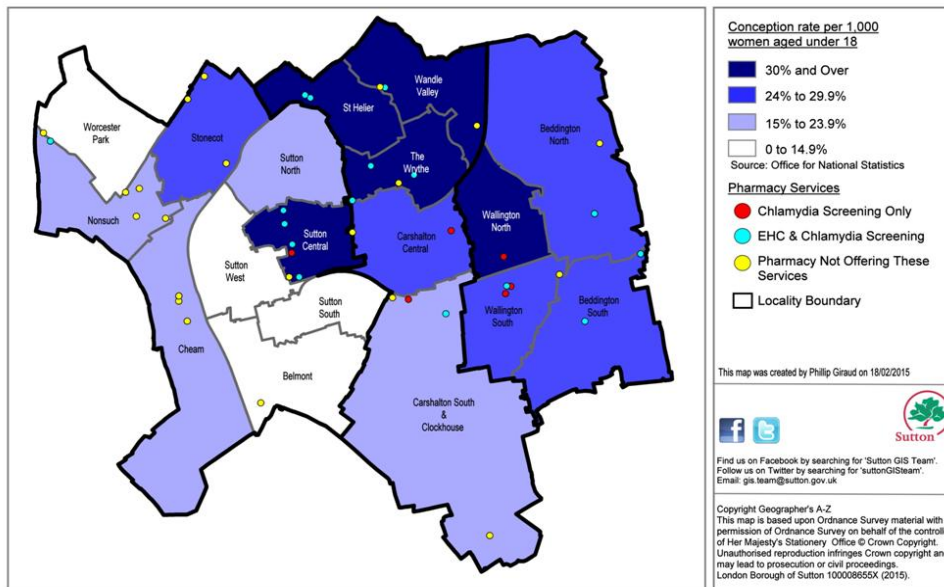
- 5 of which are in the Sutton and Cheam locality,
- 7 in the Carsharpton locality
- 4 in the Wallington locality.

In 2013-2014 737 EHC consultations took place in community pharmacies in Sutton HWB. Only one pharmacy offering the EHC service is open after 7.30pm on weekdays. The pharmacy, which is in the Sutton and Cheam locality, is open until 11.00 pm Monday to Friday. 11 of the pharmacies are open all day Saturday, (4 in the Sutton and Cheam Locality, 5 in the Carshalton locality and 2 in the Wallington locality) and 3 are open on a Sunday, all of which are in the Sutton and Cheam locality. A major omission in the commissioning of this service would appear to be the exclusion of the OOH LPS.

The patient group directive (PGD) for Levonorgestrel recommends that: 'Chlamydia and Gonorrhoea screening should be offered if the client is 24 years or under as part of the National Chlamydia screening programme'. In 2013-2014 81.7% of women treated under the service were offered a Chlamydia test.

Emergency hormonal contraception is also available to Sutton residents from a number of other providers within the HWB area (GP practices, OOH GP, Genito Urinary Medicine (GUM) clinics and Contraception and Sexual Health (CASH) clinics, A+E). At present data is not available to compare the service offered by community pharmacies with that offered elsewhere. Sutton Council is currently undertaking a sexual health needs assessment to inform a review of the services that they commission.

Teenage Conception Rates 2010 - 2012 and Pharmacies providing Emergency Hormonal Contraception (EHC) and Chlamydia Screening Services (Dispensing Appliance Contractor not shown)



Patient and Public Engagement

Of those who replied to the patient survey 39 people answered questions about supply of contraception from a community pharmacy. Of these responses 51% indicated that they knew about the service while 18% did not.

Community pharmacies offer timely access to EHC therapy and in a number of published studies; these services are highly rated by the women that use them⁵¹. It is recommended that the sexual health needs assessment should consider:

- the availability of EHC services from community pharmacies in the borough and, in the context of other local contraceptive service provision establish whether this meets the needs of the local population;
- how to increase the percentage of women offered a Chlamydia test as part of the EHC service
- how the service offered in community pharmacies is promoted to young people; and
- extending the service to include the OOH LPS

9.4.3 Chlamydia Screening

The National Chlamydia Screening Programme (NCSP) is discussed in section 5.5.5 and there is a strong evidence base for its effectiveness in reducing the prevalence of chlamydia within the population. Chlamydia testing could support the outcomes linked to priorities one and three of the Joint Health and Wellbeing Strategy.

⁵¹ <http://humrep.oxfordjournals.org/content/21/1/272.full.pdf>

In Sutton approximately 21,785 people (11.1% of the population) are aged between 15 – 24 years (2013)⁵² and in 2014-2015 22 pharmacies were commissioned to provide chlamydia testing. The map above shows the location of these pharmacies which are geographically spread across the HWB area:

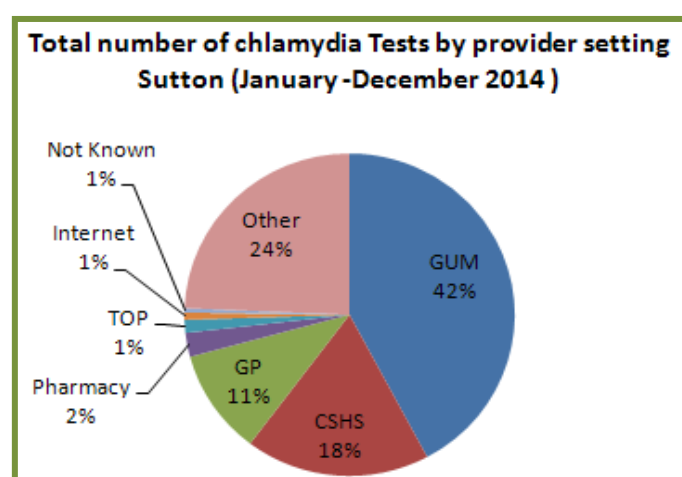
- 6 are in the Sutton and Cheam locality
- 9 are in the Carshalton locality
- 7 are in the Wallington locality.

In Sutton HWB area pharmacies provided 2% of all of the chlamydia tests offered between January and December 2014 (this compares to 3% in London). Of the total number of tests that were positive, 3% were attributable to tests provided by pharmacies, which is the same as for London. Sutton pharmacies are currently not commissioned to provide treatment for people who test positive with chlamydia. The charts below show these comparisons by provider.

Only one pharmacy offering the Chlamydia testing service is open after 7.30pm on weekdays. The pharmacy, which is in the Sutton and Cheam locality, is open until 11.00 pm Monday to Friday. 13 of the pharmacies are open all day Saturday, (5 in the Sutton and Cheam Locality, 6 in the Carshalton locality and 2 in the Wallington locality) and 5 are open on a Sunday, 4 in the Sutton and Cheam locality and 1 in the Wallington locality.

Chlamydia testing is also available to Sutton residents from a number of other providers within the HWB area (Genito Urinary Medicine (GUM) clinics and Contraception and Sexual Health (CASH) clinics, online services etc).

Sutton Council is currently undertaking a sexual health needs assessment to inform a review of the services that they commission.



Patient and Public Engagement

Of those who replied to the patient survey 36 people answered questions about Chlamydia tests and treatment from a community pharmacy. Of these responses 33% indicated that they knew about the service while 28% did not.

⁵² source ONS Mid Year Population Estimates 2013

Community pharmacies offer timely access to Chlamydia testing. It is recommended that the sexual health needs assessment should consider:

- the availability of Chlamydia testing services from community pharmacies in Sutton and, in the context of other local service provision establish whether this meets the needs of the local population
- the feasibility and cost effectiveness of offering Chlamydia treatment as part of the Chlamydia testing service delivered in community pharmacy
- how the service offered in community pharmacies is promoted to young people

9.4.4 NHS Health Checks

The aim of the NHS Health Check programme is to prevent heart disease, stroke, diabetes and kidney disease; in 2013 questions about alcohol consumption and dementia awareness were added to the check. Men and women aged between 40-74 years (who have not been diagnosed with existing vascular disease or who are already being treated for certain risk factors) are invited for an NHS Health Check every 5 years. The check is composed of 3 main components:

- risk assessment
- communication of risk and
- risk management

Many of the risk factors associated with cardiovascular disease (CVD) are associated risk factor for cancer e.g. smoking. The NHS Health Check service could support the outcomes linked to priorities one, two and three of the Joint Health and Wellbeing Strategy.

In 2013-2014 it was estimated that 54,025 people in Sutton HWB area were eligible for an NHS Health Check. GP practices invited 33.1% of the eligible population and 13.1% received an NHS Health Check at a GP practice or community pharmacy (39.7% of the people who were invited to attend)⁵³.

GP practices and community pharmacies across Sutton HWB area are commissioned by Sutton Council to provide NHS Health Checks. In total 27 GP practices and 6 community pharmacies provided the service in 2014-2015. Of these pharmacies:

- 2 are in the Carshalton locality
- 4 are in the Wallington locality.

All of the pharmacies offering the service are open during the week (Monday – Friday) and on a Saturday (4 are open until lunchtime and 2 until 5.00pm). All are closed on a Sunday.

In 2013-2014 3.44% of the NHS Health Checks provided in Sutton HWB area were delivered by community pharmacies and 96.6% in general practice.

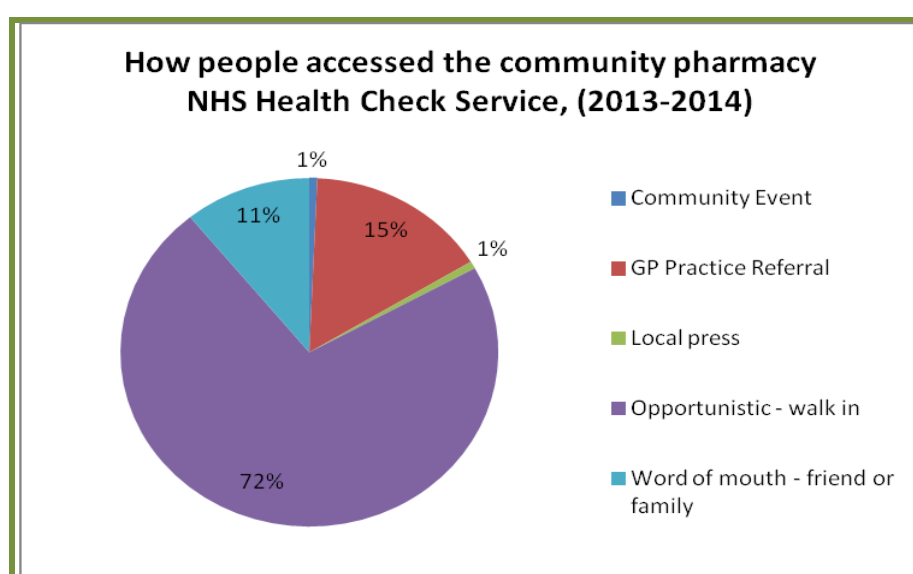
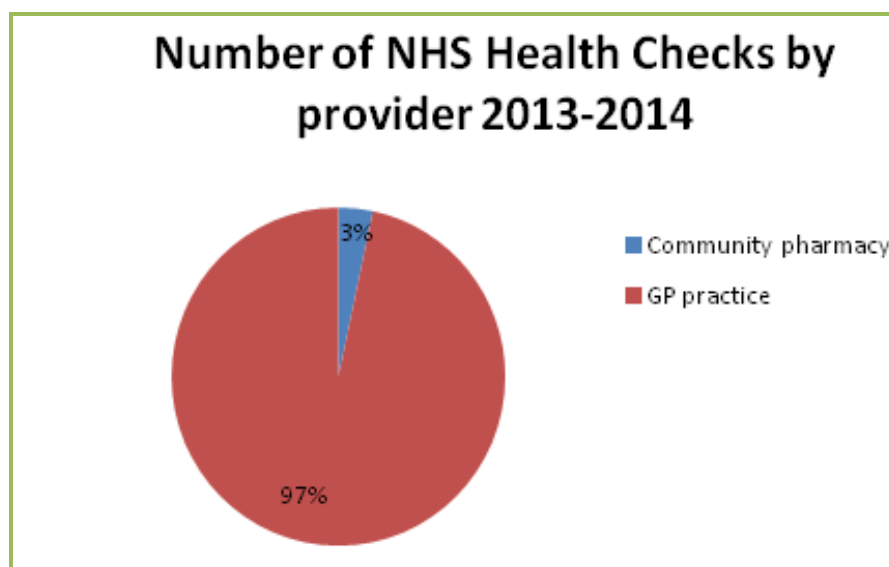
Of the people who had an NHS Health Check in a community pharmacy in Sutton:

- 60% were female and 40% were male
- More than 80% were aged 40-59 years
- 75% were white British

⁵³ Health Check data is available from <http://healthierlives.phe.org.uk/topic/nhs-health-check>

- 4.64% were identified as having a high CVD risk
- 23.84% were referred on to a GP practice for follow up.

Community pharmacies are more reliant upon walk in opportunities to deliver this service. All of the people who received an NHS Health Check in community pharmacy (2013-2014) were registered with a GP Practice.



Community pharmacies are more reliant upon walk in opportunities to deliver this service. All of the people who received an NHS Health Check in community pharmacy (2013-2014) were registered with a GP Practice.

Although most NHS Health Checks are offered and delivered through GP practice there is potential for pharmacies to improve access to health checks for people who are not registered with a GP.

9.4.5 Substance Misuse Services

Community pharmacies were utilised for a number of years by Drug and Alcohol Action Team (DAAT) service providers in the provision of supervised consumption services and needle exchange services. Currently there are no DAAT services commissioned from community pharmacies.

Access to DAAT services have a significant role in supporting several outcomes highlighted in priority one and four of the JHWS.

9.4.5.1 *Supervised Consumption of Methadone and Buprenorphine*

The supervised consumption of methadone and buprenorphine service involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy. Evidence⁵⁴ supports the benefits of this medicines adherence service which aims to:

- Reduce the risk of harm to the client by over or under usage of drug treatment
- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market
- Reduce the risk of harm to the community by accidental exposure to prescribed medicines.

12 pharmacies in Sutton are commissioned to provide this service. The pharmacies are geographically spread across the borough and located in all localities with:

- 4 pharmacies in the Sutton and Cheam locality
- 5 in the Carshalton locality
- 3 in the Wallington locality.

Only one pharmacy offering the supervised consumption service is open after 7.00pm, (Monday – Friday) this pharmacy based in the Sutton and Cheam locality closes at 11.00pm. 8 of the pharmacies are open all day on a Saturday (2 in the Sutton and Cheam locality, 5 in the Carshalton locality and 1 in the Wallington locality) and 3 pharmacies are open on a Sunday (2 in the Sutton and Cheam locality and 1 in the Wallington locality).

Sutton Council is currently undertaking a substance abuse needs assessment. In the context of the Supervised Consumption of Methadone and Buprenorphine service it is recommended that the needs assessment should consider:

- the availability of Supervised Consumption of Methadone and Buprenorphine service from community pharmacies in Sutton and, in the context of other local service provision establish whether this meets the needs of the local population
- how the service offered in community pharmacies is promoted to clients

9.4.5.2 *Needle Exchange Service*

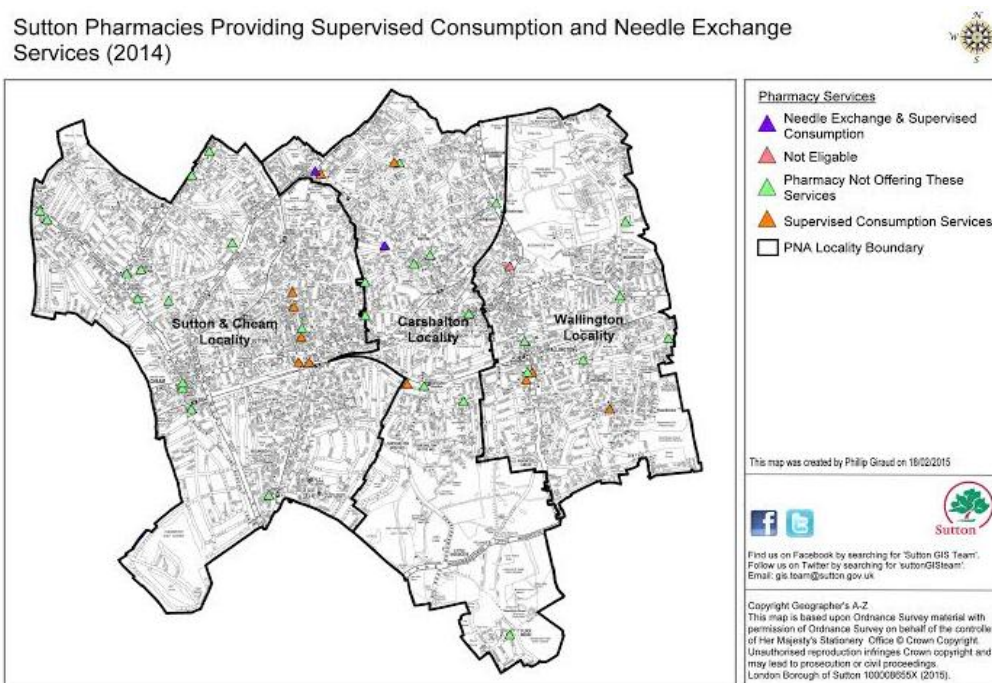
The Needle Exchange Service is an integral part of the harm reduction strategy for drug users. It aims to reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV, and act as a referral point, for service users, to other health and social care services.

⁵⁴ <http://www.bmj.com/content/341/bmj.c4851>

There is established evidence to support the effectiveness of needle exchange services with long-term health benefits to drug users and the whole population. Provision of needle exchange services through pharmacies can support the Joint Health and Wellbeing Strategy in reducing the gap in healthy life expectancy, improving early years development and protecting people from harm.

There are three needle exchange services in Sutton, two are commissioned by Sutton Council and the third, which is based in the Wallington locality, is provided by a charity. Sutton Council is currently undertaking a substance misuse needs assessment to inform a review of the services that they commission.

The map below shows the location of the pharmacies commissioned to provide the service, one is in the Sutton and Cheam locality and the other is in the Carshalton locality. Both pharmacies are open Monday to Friday, all day Saturday (9.00am – 5.30pm) and are closed on a Sunday.



People who use illicit drugs are often not in contact with health care services and specialist treatment services and their only contact may be through a needle exchange service within a community pharmacy. Community pharmacies can provide information and signposting to treatment services, together with information and support on health issues other than those that are specifically related to the client's addiction.

Sutton Council is currently undertaking a substance abuse needs assessment. In the context of the needle exchange service it is recommended that the needs assessment should consider:

- the availability of needle exchange services from community pharmacies in Sutton and, in the context of other local service provision establish whether this meets the needs of the local population
- In line with the recent announcement by the Crime Prevention Minister that Health Professionals can legally provide foil, consideration should be given to whether this should be included as part of the needle exchange programme
- how the service provided by community pharmacies is promoted to clients.

10 Necessary Services – Gaps in Service Provision

For the purposes of this PNA, necessary services are defined as:

- access to essential services provided at all premises on the pharmaceutical list,
- essential services provided by pharmacy providers during core hours in line with their terms of service as set out in the 2013 regulations, and
- advanced services in line with their terms of service as set out in the 2013 regulations

The HWB have considered the White Paper Pharmacy in England: Building on strengths – delivering the future (DH, 2008) which states that it is strength of the current system that community pharmacies are easily accessible. The HWB consider that the population of Sutton currently experience this situation in all three PNA localities.

The HWB has considered the following when assessing the provision of necessary services in the HWB area and each of the three PNA localities:

Map showing the location of pharmacies across the whole Sutton HWB area and within each of the 3 PNA localities. (Map 1, 3, 3a, 3b, 3c)
Number and distribution of pharmacies within each of the 3 PNA localities and across the whole Sutton HWB area
Choice of pharmacies covering the each of the 3 PNA localities and the whole Sutton HWB (Section 8.1 and Appendix 1&2)
Opening times and provision of services within each of the three PNA localities and across the whole Sutton HWB area (Map 3, 3a, 3b, 3c & Appendix 2)
The map showing the 1.6km buffers around pharmacies indicate that estimated almost every Sutton resident live are within 1.6km of a pharmacy.(Map 2)
Using average drive time, it is estimated that almost every Sutton resident can access a pharmacy by car within 5 minutes.(Map 7)
Using public transport, 84% of Sutton residents are within 10 minutes of a pharmacy increasing to 99% of residents within 20 minutes of a pharmacy. (Map10 & 11)
Using average walking times, 99.1% of Sutton residents are within 20 minutes walking time of a pharmacy (Map 12)
Results of the patient survey - 96% of respondents to the patient and public engagement survey said it was easy (76%) or OK (20%) to access a pharmacy (appendix eight)
Housing & development proposals within Sutton AMR for 2012-13 (Appendix eleven)
Projected population growth (section 5.1)
NHS dispensing activity data (section 8.1.)
Advanced Service activity data (section 8.7)
Estimation of the average number of pharmacies per 100,000 population (Table 7)
Availability of activity data and service reviews for pharmacy services from commissioners

In each locality, there are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and Sunday. There are

- two 100hr pharmacies with the Sutton & Cheam locality
- two “late night” opening pharmacies in Sutton and Cheam in addition to the 100hr pharmacies
- One “late night” opening pharmacy in Wallington locality
- In addition an “Out of Hours” LPS contract in Carshalton locality

Each locality within the HWB area is characterised by having variations in population densities and high levels of access to pharmacies with almost 100% of the residents of the HWB living within 1.6km of a pharmacy and with five minutes access by car.

The HWB has concluded that there is no gap in necessary service provision. The HWB will consider the change in health needs of the borough and each of the three localities as the housing developments listed in the Annual Monitoring Report 2012-13 progresses through the three year time horizon of the PNA. This represents a significant number of new dwellings being created with the HWB area which will have an impact on population densities however the impact on pharmaceutical services is not thought to be significant. The HWB will consider the responses from the public, pharmacy contractors and other stakeholders involved in these developments when considering the changing health needs of the residents of the HWB area.

Sutton CCG Commissioning Intentions and Joint Health and Wellbeing Strategic Plan both refer to initiatives that could have an impact on the provision of pharmaceutical services in Sutton in the next three years e.g. relocation of secondary care-based services into primary care settings, a focus on developing integrated pathways of care and the Out of Hospital care initiatives. These could see an increase in demand for pharmaceutical services in primary care settings within the HWB area. These will be considered by the HWB as the CCG progresses with its commissioning intentions.

As new models of care are introduced over the next five years as part of the transformation programme to support the NHS Five Year Forward View e.g. Enhanced Health in Care homes, the HWB will consider the requirement for pharmaceutical services and the impact on the provision of pharmaceutical services within the HWB.

As the medicine optimisation agenda gathers strength, supported by NICE Guidance and the HWB will consider the requirement for pharmaceutical services, in particular the role of advanced services, and the impact on the provision of pharmaceutical services within the HWB.

From March 2013 a Department of Health owned property company will own and manage current PCT estate that is not transferred to NHS providers, together with surplus SHA and arm's length bodies' estate and Secretary of State for Health owned 'retained estate'. Changes in the provision of GP Practice based services are already occurring e.g. increased opening hours in GP Practices. Future development of the primary care estate and resultant changes in service provision could see an increase in demand for pharmaceutical services in primary care settings within the HWB area. It is unclear if these will occur during the time horizon of this PNA. Any changes will be considered by the HWB as the CCG progresses with its commissioning intentions.

11 Improvements and better access – gaps in service provision

The HWB consider it is those services provided in addition to those considered necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

The HWB recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered however a principle of proportionate consideration should apply.

The patient survey did not record any strong themes relating to pharmacy opening times (appendix 8). The HWB therefore concludes there is no significant information to indicate there is a gap in the current provision of pharmacy opening times. The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times based upon the current information and evidence available. The HWB will consider the response by pharmacy contractors to the changing expectations of other health and social care service providers and the public towards pharmacy opening times during the time horizon of this PNA.


With regard to enhanced services, the HWB is mindful that only those services commissioned by NHS England are regarded as pharmaceutical services. However, since 1st April 2013, there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services (section 1.3.1). Therefore, the absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Sutton Council as in the case of stop smoking, emergency hormonal contraception, chlamydia screening, NHS Health Check and substance misuse services). This PNA identifies these as locally commissioned services (LCS).

The HWB notes that not all enhanced services or Locally Commissioned Services are accessible to the population in all PNA localities. However the HWB also accepts that these services are historically commissioned on a borough wide basis and that residents are able to travel to access enhanced and Locally Commissioned Services.

With the exception of immunisation services, the HWB notes that it is unclear if the other enhanced services are meeting the needs of the local population due to a lack of activity data and service review, nevertheless the HWB has not been presented with any evidence to date which concludes that any of these enhanced services should be decommissioned or that any of these enhanced services should be expanded.

Activity data is available for all of the locally commissioned services commissioned by Sutton Council. Some of the LCS services will be subject to service reviews following completion of needs assessments however it is still unclear, at the time of writing the PNA, whether the Locally Commissioned Services are meeting the needs of the local population.

Based on current information available, the HWB has not identified a need to commission any enhanced pharmaceutical services not currently commissioned. Accessing all information used to construct this PNA, the HWB consider the location, number, distribution and choice of pharmacies within the borough and each of the three localities as providing enhanced services and locally commissioned services (LCS), to provide an improvement



and better access for population. Based on the current information and evidence available, this conclusion also applied when considering any future circumstances within the time horizon of the Pharmaceutical Needs Assessment.

12 Conclusions

12.1 Current provision – necessary and other relevant services

Sutton HWB has identified necessary services in section 8.1 as essential services and advanced services as required by paragraphs 1 and 3 of schedule 1 to the Regulations.

Sutton HWB has identified enhanced services in section 4.1.3, 8.8 and 9.3 as pharmaceutical services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Sutton HWB has identified the LPS in section 4.3.2 and 8.6 as pharmaceutical services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Sutton HWB has identified locally commissioned services in section 4.2 and 9.4 which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

12.2 Necessary services – gaps in provision

In reference to section 8 and required by paragraph 2 of schedule 1 to the Regulations

12.2.1 Access to Essential Services

In order to assess the provision of essential services against the needs of the residents of Sutton, the HWB consider access (average daytime travel times and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

12.2.1.1 Access to essential services normal working hours

Sutton HWB has determined that the average daytime travel times and walking and opening hours of pharmacies in all three localities and across the whole HWB area are reasonable in all the circumstances.

There is no gap in the provision of essential services during normal working hours in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

12.2.1.2 Access to essential services outside normal working hours

Supplementary opening hours are offered by 42 of the 44 pharmacy contractors across all three localities. There are also two 100 hour contract pharmacies, and the Out of Hours LPS contract. Across localities, between 44-73% of pharmacies are open after 6pm weekdays with four regarded as “late night” pharmacies; 100% of pharmacies open on Saturdays and up to 39% open on Sundays. These are geographically spread across the HWB area and the three PNA localities.

There is no gap in the provision of essential services outside normal working hours in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

12.3 Access to advanced services

Section 8.7 & 8.9 defines the level of access to advanced services. There is no identified gap in the provision of advanced services as Medicine Use Reviews are accessible in 87-100% of pharmacies across localities and New Medicines Service is accessible in 67-100%

of pharmacies across localities. Although the uptake of Appliance Use Reviews or Stoma Appliance Customisation is low, this is reflective of national data and therefore there is currently no evidence of an unmet need within the HWB area.

There is no gap in the provision of advanced services in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

12.4 Access to enhanced services

Section 8.8 & 8.9 defines the level of access to enhanced services.

There is no identified gap in the provision of immunisation services, the service is accessible across the borough and in all 3 localities with between 47-89% of pharmacies providing the service across localities.

There is no identified gap in the provision of minor ailments; it is accessible in 95% of pharmacies within the HWB area. There is some evidence that Sutton residents are using this service. Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

The MDS service is only accessible in one locality, Carshalton. There is limited evidence that Sutton residents are using this service. Due to the limited information available, a service review and evaluation is recommended to establish if the MDS Service as it was commissioned, currently meets the needs of the local population or whether these needs have changed nevertheless the HWB has not been presented with any evidence to date which concludes that this enhanced service should be decommissioned or expanded.

The Care Homes advisory service is only accessible in one locality, Sutton and Cheam. There is limited evidence that Sutton residents are using this service. Due to the limited information available, a service review and evaluation is recommended to establish if the Care home advisory service as it was commissioned, currently meets the needs of the local population or whether these needs have changed .Nevertheless the HWB has not been presented with any evidence to date which concludes that this enhanced service should be decommissioned or expanded.

There is no identified gap in the access to palliative care medicines service, it is accessible in all 3 localities with between 6 -34% of pharmacies providing the service across localities. There is some evidence that Sutton residents are using this service. Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

Based upon the information available, there are no gaps in the provision of enhanced services across the borough or within the Sutton and Cheam, Carshalton and Wallington localities.

12.5 Future provision of necessary services

Sutton HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in any of the three localities.

No gaps in the need for pharmaceutical services in specified future circumstances have been identified in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

12.6 Improvements and better access – gaps in provision

As described in section 11 and required by paragraph 4 of schedule 1 to the 2013 Regulations:

12.6.1 Current and Future Access to Essential Services

Sutton HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services in any of the three localities.

No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services in the Sutton and Cheam Carshalton and Wallington localities or across the whole HWB area.

12.6.2 Current and future access to Advanced Services

In 2013-14, MURs is accessible in 87-100% of pharmacies across all localities and NMS is accessible in 67-100% of pharmacies across all localities. Where applicable, NHS England will encourage all pharmacies and pharmacists to become eligible to deliver the service in all pharmacies so that more eligible patients are able to access and benefit from this service.

Demand for the appliance use review and stoma appliance customisation advanced services (SAC and AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require the services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. It is recommended that NHS England encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to advanced services in the in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

12.6.3 Current and future access to enhanced services

NHS England commissioned five enhanced service from pharmacies. It also commissions similar services from other non-pharmacy providers, for example immunisation services from GP practices.

Some of the enhanced services listed in the 2013 Directions are now commissioned by Sutton Council (Stop smoking, NHS Health Checks, sexual health and substance misuse services) and therefore fall outside of the definition of both enhanced services and pharmaceutical services.

With the exception of immunisation services it has been difficult to establish current activity and performance of enhanced services. As a result no gaps have been identified nor has an unmet needs been identified in respect of securing improvements, or better access, to enhanced services provision on a locality basis as identified in section 8.8 & 8.9 either now or in specified future circumstances. The importance of all five enhanced services has been

considered in the context of the NHS Five Year Forward View; this has emphasised the need for activity data and a review of these services. The HWB will encourage the monitoring of the uptake and need for enhanced services within the HWB area to establish if these services are meeting the needs of the local population.

Based upon the information available, no gaps have been identified that if provided either now or in the future would secure improvements, or better access to enhanced services in the Sutton and Cheam, Carshalton and Wallington localities or across the whole HWB area.

Comprehensive service reviews of enhanced services are required in order to establish if currently and in future scenarios enhanced services secure improvement or better access as an enhanced services in the Carshalton, Sutton & Cheam and Wallington localities or across the whole HWB area.

12.7 Other NHS Services

As required by paragraph 5 of schedule 1 to the 2013 Regulations, Sutton HWB has had regard for any other NHS Services that may affect the need for pharmaceutical services in the area of the HWB.

Based on current information no gaps have been identified in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified in the Carshalton, Sutton & Cheam and Wallington localities or across the whole HWB area.

12.8 Locally Commissioned Services

With regard to locally commissioned services, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Sutton Council (Stop smoking, NHS Health Checks, sexual health and substance misuse services). This PNA identifies those as locally commissioned services (LCS).

The HWB notes that with the exception of needle exchange services, all locally commissioned services are accessible to the population in all PNA localities. The HWB also notes that Sutton Council has provided activity data for all services it commissions and it is undertaking a number of needs assessments of which some locally commissioned services will form a part, however at present it is unclear if these services are meeting the needs of the local population until these needs assessments are completed. Nevertheless the HWB has not been presented with any evidence to date which concludes that any of these locally commissioned services should be decommissioned or that any of these LCS should be expanded. Based on current information, the HWB has not identified a need to commission any enhanced pharmaceutical services not currently commissioned.

Opportunities to include locally commissioned services in needs assessments or service reviews should be encouraged to establish if these services are currently and in future scenarios securing improvement or better access as a commissioned services in the Sutton & Cheam, Carshalton and Wallington localities or across the whole HWB area.

Appendix One – Pharmaceutical List

Sutton & Cheam Locality										
Map index	Trading name	Standard hours	Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
5	Gaiger Chemist	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00		
			Total hours	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 13:00	Closed
8	Superdrug Pharmacy	40	Core	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:30 14:30 - 17:30	
			Total hours	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	10:30 - 16:30
11	Boots UK Ltd	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 12:00	Closed
			Total hours	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:30	09:00 - 12:00	Closed
13	Tesco Pharmacy	40	Core	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:00	10:00 - 16:00
			Total hours	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	08:00 - 20:00	10:00 - 16:00
14	Asda Pharmacy	100	Core	08:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 22:00	11:00 - 17:00
			Total hours	08:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 23:00	07:00 - 22:00	11:00 - 17:00
16	Boots the Chemist	40	Core	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	
			Total hours	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed
20	Imperial Pharmacy	40	Core	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:15	09:00 - 13:00 14:00 - 17:15	09:00 - 13:00 14:00 - 17:15	09:00 - 13:15	Closed
			Total hours	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	09:00 - 14:00	Closed
21	Victoria Chemist	40	Core	09:00 - 17:30	09:00 - 17:30	09:00 - 13:00	09:00 - 17:30	09:00 - 17:30	09:00 - 11:00	Closed
			Total hours	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 16:00	Closed
22	Frith Brothers Ltd	40	Core	09:00 - 16:00	09:00 - 16:00	09:00 - 16:00	09:00 - 16:00	09:00 - 16:00	09:00 - 14:00	Closed
			Total hours	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	Closed
23	Kamsons Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00		

			Total hours	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 14:00	Closed
27	Superdrug Pharmacy	40	Core	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:30 14:30 - 17:30	
			Total hours	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	08:30 - 17:30	10:00 - 16:00
28	Sainsburys In Store Pharmacy	40	Core	09:00 - 12:00 14:00 - 17:00	09:00 - 12:00 14:00 - 17:00	09:00 - 12:00 14:00 - 17:00	09:00 - 12:00 14:00 - 17:00	09:00 - 12:00 14:00 - 17:00	09:00 - 12:00 14:00 - 17:00	12:00 - 16:00
			Total hours	08:00 - 22:00	08:00 - 22:00	08:00 - 22:00	08:00 - 22:00	08:00 - 22:00	08:00 - 20:00	10:00 - 16:00
29	Boots the Chemist	40	Core	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 15:30	
			Total hours	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 19:00	09:00 - 18:00	09:00 - 18:00	10:30 - 16:30
30	Amba Pharmacy (DSP Contractor)	40	Core	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30		
			Total hours	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	Closed	Closed
32	Boots the Chemist	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00		
			Total hours	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed
33	RPMG Pharmacy	100	Core	08:00 - 00:00	08:00 - 00:00	08:00 - 00:00	08:00 - 00:00	08:00 - 00:00	08:00 - 22:00	14:00 - 17:00
			Total hours	08:00 - 00:00	08:00 - 00:00	08:00 - 00:00	08:00 - 00:00	08:00 - 00:00	06:00 - 00:00	13:00 - 17:00
34	Mulgrave Road Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	
			Total hours	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	Closed
36	Cooper and Co Chemist	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00		
			Total hours	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 18:00	Closed
39	J G Kirkby	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 17:00	
			Total hours	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 17:00	Closed
Carshalton Locality										
Map index	Trading name	Standard hours	Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	Lloyds Chemist	40	Core	09:00 -12:00 15:30 - 19:00	09:00 -12:00 15:30 - 19:00	09:00 -12:00 15:30 - 19:00	09:00 -12:00 15:30 - 19:00	09:00 -12:00 15:30 - 19:00	09:00 - 13:00 14:00 - 17:30	

			Opening	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 17:30	Closed
2	RK Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00		
			Opening	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00	Closed
3	Park Lane Pharmacy	40	Core	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00	
			Opening	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	Closed
6	Rosehill Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	Closed	Closed
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed
10	H E Matthews Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00		
			Opening	08:30 - 19:30	08:30 - 19:30	08:30 - 19:30	08:30 - 19:30	08:30 - 19:30	09:00 - 18:00	Closed
15	Anna Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00		
			Opening	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	Closed
17	Salmina Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00		
			Opening	09:00 - 13:00 14:00 - 19:00	09:00 - 13:00 14:00 - 19:00	09:00 - 13:00 14:00 - 19:00	09:00 - 13:00 14:00 - 19:00	09:00 - 13:00 14:00 - 19:00	09:00 - 13:00 14:00 - 17:30	Closed
19	Galloways Chemist (ESPLPS Contractor)	40	Core	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30		
			Opening	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	Closed
25	Boots the Chemist	40	Core	09:00 - 14:00 14:30 - 18:00	09:00 - 14:00 14:30 - 18:00	09:00 - 14:00 14:30 - 18:00	09:00 - 14:00 14:30 - 18:00	09:00 - 14:00 14:30 - 18:00	09:00 - 14:00 14:30 - 17:30	
			Opening	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	08:30 - 18:30	09:00 - 17:30	Closed
31	Kamsons Chemist	40	Core	08:30 - 13:00 15:00 - 18:30	08:30 - 13:00 15:00 - 18:30	08:30 - 13:00 15:00 - 18:30	08:30 - 13:00 15:00 - 18:30	08:30 - 13:00 15:00 - 18:30		
			Opening	08:30 - 13:00 14:00 - 18:30	08:30 - 13:00 14:00 - 18:30	08:30 - 13:00 14:00 - 18:30	08:30 - 13:00 14:00 - 18:30	08:30 - 13:00 14:00 - 18:30	08:30 - 13:30	Closed
35	MPS Pharmacy	40	Core	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00	
			Opening	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 17:30	Closed
37	Mount Elgon	40	Core	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00		

	Pharmacy			14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00		
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed
40	SG Barai Chemist	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 13:00	09:00 - 17:00	09:00 - 17:00	09:00 - 13:00	
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed
41	Shree Parikh Chemist	40	Core	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	09:00 - 18:00	09:00 - 18:00		
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:00	Closed
42	Beeches Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00		
			Opening	09:00 - 13:30 14:00 - 19:00	09:00 - 13:30 14:00 - 19:00	09:00 - 13:30 14:00 - 19:00	09:00 - 13:30 14:00 - 19:00	09:00 - 13:30 14:00 - 19:00	09:00 - 13:30 14:00 - 17:30	Closed

Wallington Locality

Map index	Trading name	Standard hours	Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
4	Boots the Chemist	40	Core	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 15:30	
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	08:30 - 17:30	10:00 - 16:00
7	Manor Pharmacy	40	Core	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:30		
			Opening	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 13:00	Closed
9	MedicX Pharmacy	40	Core	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 12:00 14:00 - 18:00	09:00 - 13:00	
			Opening	08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	08:00 - 19:00	09:00 - 13:00	Closed
12	Stafford Pharmacy	40	Core	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00 14:00 - 17:30	09:00 - 13:00	
			Opening	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 17:30	Closed
18	Blundens Chemist	40	Core	09:00 - 15:00 15:30 - 17:30	09:00 - 15:00 15:30 - 17:30	09:00 - 15:00 15:30 - 17:30	09:00 - 15:00 15:30 - 17:30	09:00 - 15:00 15:30 - 17:30		
			Opening	09:00 - 15:00 15:30 - 18:00	09:00 - 15:00 15:30 - 18:00	09:00 - 15:00 15:30 - 18:00	09:00 - 15:00 15:30 - 18:00	09:00 - 15:00 15:30 - 18:00	09:00 - 13:00	Closed
24	First Pharmacy	40	Core	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00		

				14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00		
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	Closed
26	Day Lewis Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00		
			Opening	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00	Closed
38	Lafford Chemist	40	Core	09:00 - 18:00	09:00 - 17:00	09:00 - 13:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	
			Opening	09:00 - 18:30	09:00 - 18:30	09:00 - 13:00	09:00 - 18:30	09:00 - 18:00	09:00 - 17:00	Closed
43	Asda Pharmacy	40	Core	09:00 - 12:30 14:00 - 17:00	09:00 - 12:30 14:00 - 17:00	09:00 - 12:30 14:00 - 17:00	09:00 - 12:30 14:00 - 17:00	09:00 - 12:30 14:00 - 17:00	09:00 - 12:30 14:00 - 17:00	11:00 - 13:00 14:00 - 16:00
			Opening	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	09:00 - 20:00	08:30 - 21:00	10:00 - 16:00
44	Medical (DAC)Fittleworth	30	Core	09:00 - 15:00	09:00 - 15:00	09:00 - 15:00	09:00 - 15:00	09:00 - 15:00		
			Total hours	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	Closed

Data source NHS England Area Team Aug 2014,

Updated September 2014, November 2014, December 2014, January 2015, February 2015, March 2015

LPS Contractors List

45	Sutton and Merton Out Of Hours Service	23	Opening	19:30 –22:30	19:30 –22:30	19:30 –22:30	19:30 –22:30	19:30 –22:30	19:00 –22:00	17:00 –22:00 10:00 –22:00 (Bank Holidays)
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Note: LPS contractors are not included in the pharmaceutical list

Data source NHS England Area Team Aug 2014,

Updated February 2015 with information provided by Sutton and Merton Out Of Hours contractor

Appendix 2

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)				
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHC	Chlamydia screening
CARSHALTON																				
1	Lloyds Chemist	79 Banstead Road Carshalton Beeches Surrey SM5 3NP	Carshalton	09:00 – 19:00	09.00 – 17.30	Closed	40	Y	Y	N	Y	N	N	N	N	N	Y	N	N	N
2	RK Pharmacy	27 London Road Hackbridge Surrey SM6 7HW	Carshalton	09:00 - 18:30	Closed	Closed	40	Y	Y	N	Y	N	N	N	N	N	N	N	N	N
3	Park Lane Pharmacy	27-29 High Street Carshalton Surrey SM5 3AX	Carshalton	09:00 - 18:30	09:00 - 13:00	Closed	40	Y	Y	Y	Y	N	N	N	N	Y	N	N	N	Y

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)					
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHC	Chlamydia screening	
6	Rosehill Pharmacy	28 The Market Wrythe Lane Carshalton SM5 1AG	Carshalton	09:00 – 18.00	09:00 – 18.00	Closed	40	Y	Y	N	Y	Y	N	N	N	Y	Y	N	Y	Y	
10	HE Matthews Pharmacy	140 Stanley Park Road Carshalton Surrey SM5 3JG	Carshalton	08:30 - 19:30	09:00 - 18:00	Closed	40	Y	Y	Y	Y	Y	N	Y	N	Y	N	N	Y	Y	
15	Anna Pharmacy	398 Green Wrythe Lane Carshalton Surrey SM5 1JF	Carshalton	09:00 - 19:00	09:00 - 19:00	Closed	40	Y	Y	Y	Y	Y	N	Y	N	Y	N	N	Y	Y	
17	Salmina Pharmacy	107 Wrythe Lane Carshalton Surrey SM5 2RR	Carshalton	09:00 - 19:00	09:00 – 17:30	Closed	40	Y	Y	N	Y	N	N	Y	Y	Y	Y	N	Y	Y	

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)				
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHCC	Chlamydia screening
19	Galloways Chemist**** ****ESPLPS	7 Hillcrest Parade The Mount Coulsdon CR5 2PS	Carshalton	09:00 - 17:30	09:00 – 17:30	Closed	40	N	N	N	Y	N	N	N	N	N	N	N	N	N
25	Boots the Chemist	Boots the Chemist 370 Middleton Road Carshalton Surrey SM5 1HA	Carshalton	08:30 - 18:30	09:00 - 17:30	Closed	40	Y	Y	N	Y	N	N	N	N	Y	Y	N	N	N
31	Lotus Chemist	Wrythe Lane Near Wrythe Green Carshalton SM5 2RE	Carshalton	08:30 – 18:30	08:30 - 13:30	Closed	40	N	Y	N	Y	N	N	N	N	Y	N	N	N	N
35	MPS Pharmacy	46 The Market Rosehill Sutton SM1 3HE	Carshalton	09:00 – 18:30	09:00 – 17:30	Closed	40	N	N	Y	Y	N	N	N	Y	N	Y	N	Y	Y

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)				
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHCC	Chlamydia screening
37	Mount Elgon Pharmacy	40 Green Wrythe Lane Carshalton Surrey SM5 2DP	Carshalton	09:00 – 18:00	09:00 – 13:00	Closed	40	Y	Y	Y	Y	N	N	N	N	Y	N	Y	Y	Y
40	SG Barai Chemist	39 Erskine Road Sutton Surrey SM1 3AT	Carshalton	09:00 – 18:00/13:00 (W)	09:00 – 13:00	Closed	40	Y	Y	Y	Y	N	N	N	N	Y	N	Y	Y	Y
41	Shree Parikh Chemist	86 Westmead Road Sutton Surrey SM1 4HY	Carshalton	09:00 – 18:00/13:00 (W)	09:00 – 13:00	Closed	40	N	Y	Y	Y	N	N	N	N	N	N	N	N	N
42	Beeches Pharmacy	2b Beeches Avenue Carshalton Surrey SM5 3LF	Carshalton	09:00 – 19:00	09:00 – 17:30	Closed	40	Y	Y	N	Y	N	N	N	N	Y	N	N	N	Y

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)				
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHCC	Chlamydia screening
45	Out of Hours LPS	28 The Market Wrythe Lane Carshalton SM5 1AG	Carshalton	19:30 – 22.30	19:00 – 22.00	17.00-22.00 (10.00-22.00 bank holiday	23	N	N	N	Y	N	N	Y	N	N	N	N	N	N
SUTTON & CHEAM																				
5	Gaiger Chemist	296 High Street Sutton Surrey SM1 1PQ	Sutton & Cheam	09:00 – 19:00	09:00 – 13:00	Closed	40	Y	Y	N	Y	N	N	N	N	N	Y	N	Y	Y
8	Superdrug Pharmacy	150 High Street Sutton Surrey SM1 1NS	Sutton & Cheam	08:30 – 18:00	08:30 – 18:00	10:30 - 16:30	40	N	Y	Y	Y	N	N	N	N	Y	N	N	Y	Y

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)				
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHC	Chlamydia screening
11	Boots UK Ltd	322a Malden Road North Cheam Surrey SM3 8EP	Sutton & Cheam	09:00 – 18:00/18:30 (F)	09:00 – 12:00	Closed	40	Y	Y	N	Y	N	N	N	N	Y	N	N	N	N
13	Tesco Pharmacy	55 Oldfields Road Sutton Surrey SM1 2NB	Sutton & Cheam	08:00 – 20:00	08:00 – 20:00	10:00 – 16:00	40	Y	Y	Y	Y	N	N	N	N	Y	N	N	N	N
14	Asda Pharmacy	St Nicholas Way Sutton Surrey SM1 1LD	Sutton & Cheam	08:00 – 23:00 (M) 07:00 – 23:00	07:00 – 22:00	11:00 - 17:00	100	Y	Y	Y	Y	N	N	N	N	Y	Y	N	Y	Y
16	Boots the Chemist	2 Station Way Cheam Surrey SM3 8SW	Sutton & Cheam	09:00 - 17:30	09:00 - 17:30	Closed	40	Y	Y	N	Y	N	N	N	N	N	N	N	N	N

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)				
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHCC	Chlamydia screening
20	Imperial Pharmacy	139 Epsom Road Sutton Surrey SM3 9EY	Sutton & Cheam	09:00 - 20:00	09:00 – 14:00	Closed	40	Y	Y	Y	Y	N	N	N	N	Y	N	N	N	N
21	Victoria Chemist	524 London Road North Cheam Surrey SM3 8HW	Sutton & Cheam	09:00 - 18:00	09:00 – 16:00	Closed	40	N	Y	Y	Y	N	N	Y	N	Y	N	N	N	N
22	Frith Brothers Ltd	11 The Broadway Cheam Surrey SM3 8BH	Sutton & Cheam	09:00 – 18:00	09:00 – 17:30	Closed	40	Y	Y	Y	Y	N	N	N	N	Y	N	N	N	N
23	Kamsons Pharmacy	58 Grove Road Sutton Surrey SM1 1BT	Sutton & Cheam	09:00 – 19:00	09:00 – 14:00	Closed	40	Y	Y	Y	Y	N	N	N	N	N	Y	N	N	N

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)				
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHC	Chlamydia screening
27	Superdrug Pharmacy	107 Central Road Worcester Park Surrey KT4 8DY	Sutton & Cheam	08:30 - 17:30	08:30 - 17:30	10:00 - 16:00	40	N	Y	Y	Y	N	N	N	N	Y	N	N	Y	Y
28	Sainsburys In Store Pharmacy	Sainsburys Superstore 566 London Road North Cheam SM3 9AA	Sutton & Cheam	08:00 – 22:00	08:00 – 20:00	10:00 - 16:00	40	Y	Y	N	Y	N	N	N	N	N	N	N	N	N
29	Boots the Chemist	109 High Street Sutton Surrey SM1 1JG	Sutton & Cheam	09:00 – 18:00/19:00 (Th)	09:00 – 18:00	10:30-16:30	40	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N	Y
30	Amba Pharmacy* *DSP	75 Stonecot Hill Sutton Surrey SM3 9HJ	Sutton & Cheam	09:30 – 17:00	Closed	Closed	40	N	N	N	N	N	N	N	N	N	N	N	N	N

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)				
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHCC	Chlamydia screening
32	Boots the Chemist	158 Central Road Worcester Park Surrey KT4 8HH	Sutton & Cheam	09:00 - 17:30	09:00 - 17:30	Closed	40	Y	Y	Y	Y	N	N	N	N	Y	N	N	N	N
33	RPMG Pharmacy	141 Church Hill Road Sutton Surrey SM3 8NE	Sutton & Cheam	08:00 - 00:00	06:00 – 00:00	13:00 - 17:00	100	N	Y	N	Y	N	N	N	N	Y	N	N	N	N
34	Mulgrave Road Pharmacy	11 Upper Mulgrave Road Cheam Surrey SM2 7AY	Sutton & Cheam	09:00 - 18:00	09:00-12.45	Closed	40	N	Y	N	Y	N	Y	N	N	Y	N	N	N	N
36	Cooper and Co Chemist	3 to 5 Grove Road Sutton Surrey SM1 1BB	Sutton & Cheam	09:00 – 19:00	09:00 – 18:00	Closed	40	N	Y	Y	Y	N	N	Y	N	Y	Y	N	Y	Y

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)				
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHF	Chlamydia screening
39	J G Kirkby	19 Station Road Belmont Sutton SM2 6BX	Sutton & Cheam	09:00 – 18:00	09:00 – 17:00	Closed	40	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N
44	Fittleworth Medical** **DAC	1st Floor, Aldgate House 72-74 Grove Road Sutton SM1 1BT	Sutton & Cheam	09:00 – 17:00	Closed	Closed	30	N	N	N	N	N	N	N	N	N	N	N	N	N
WALLINGTON																				
4	Boots the Chemist	40-43 Wallington Square The High Street Wallington SM6 8RG	Wallington	09:00 – 18:00	08.30 – 17:30	10:00 - 16:00	40	Y	Y	N	Y	N	N	N	N	Y	Y	N	N	Y
7	Manor Pharmacy	75 Manor Road Wallington Surrey SM6 0DE	Wallington	09:00 – 18:30	09:00 – 13:00	Closed	40	Y	Y	Y	Y	N	N	N	N	Y	N	Y	N	Y

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)				
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHCC	Chlamydia screening
9	MedicX Pharmacy	New Shotfield Health Centre Stanley Park Road, Wallington Surrey SM6 0HL	Wallington	08:00 – 19:00	09:00 – 13:00	Closed	40	Y	Y	Y	Y	N	N	Y	N	Y	Y	N	N	Y
12	Stafford Pharmacy	150 Stafford Road Wallington Surrey SM6 9BS	Wallington	09:00 – 18:30	09:00 – 17:30	Closed	40	Y	Y	Y	Y	N	N	Y	N	Y	N	Y	N	N
18	Blundens Chemist	314 Stafford Road Croydon, Surrey CR0 4NH	Wallington	09:00 – 18:00	09:00 – 13:00	Closed	40	Y	Y	Y	Y	N	N	N	N	Y	N	N	Y	Y
24	First Pharmacy	108 Woodcote Road Wallington Surrey SM6 0LY	Wallington	09:00 – 18:00	09:00 – 17:30	Closed	40	Y	Y	Y	Y	N	N	Y	N	Y	N	N	Y	Y

Map index	Pharmacy name	Address	Locality	Opening hours			Contract type (core hours) DAC and DSP identified	NHS England Advanced services provided in 2013/14 (Y/N)		NHS England Enhanced Services provided in 2014/15 (Y/N)						Sutton Council commissioned service providers in 2014/15 (Y/N)				
				Mon-Fri	Sat	Sun		NMS	MUR	immunisations	Minor ailments	MDS service	Care homes	Palliative care	Needle exchange	Stop smoking	Supervised consumption	NHSHealthcheck	EHC	Chlamydia screening
26	Day Lewis Pharmacy	Unit 4, Mollison Square Wallington Surrey SM6 9DA	Wallington	09:00 – 18:30	09:00 – 13:00	Closed	40	Y	Y	Y	Y	N	N	N	N	Y	Y	Y	Y	Y
38	Lafford Chemist	7/8 The Broadway Plough Lane Beddington CR0 4QR	Wallington	09:00 – 18:30 13:00 (Wed) 18:00 (Fri)	09:00 – 17:00	Closed	40	Y	Y	Y	Y	N	N	N	N	Y	N	Y	Y	Y
43	Asda Pharmacy	Asda Superstore Marlowe Way Croydon CR0 4XS	Wallington	09:00 – 20:00	08:30 – 21:00	11.00 - 16:00	40	Y	Y	Y	Y	N	N	N	N	Y	N	N	N	N

None of the pharmacies within the borough provide the following advanced services: Appliance Use Reviews (AUR) and Stoma Appliance Customisation (SAC).

Appendix 3 Key Health Indicators by Locality

Table of Key Health Indicators by Locality	Sutton & Cheam Locality		Carshalton Locality		Wallington Locality		Sutton		Data source and type of rate (e.g. percentage or Standardised Rate)
	No.	% or rate	No.	% or rate	No.	% or rate	No.	% or rate	
Population, 2012									
Aged under 16	18,470	19.1	11,865	21.8	8,704	20.4	39,039	20.2	PHE, Local Health %
Aged 16-24	9,098	9.4	5,921	10.9	4,540	10.6	19,559	10.1	PHE, Local Health %
Aged 25-64	53,544	55.4	29,667	54.6	23,064	54.1	106,275	54.9	PHE, Local Health %
Aged 65-84	13,155	13.6	6,037	11.1	5,489	12.9	24,681	12.7	PHE, Local Health %
Aged 85 and over	2,386	2.5	835	1.5	855	2	4,076	2.1	PHE, Local Health %
Sutton total	96,653	100	54,325	100	42,652	100	193,630	100	PHE, Local Health %
Births 2012	1,334		805		569		2,708		GLA ward atlas
Deaths 2012	777		359		286		1,422		GLA ward atlas
Ethnicity 2011									
White	74,535	79	42,846	80	32,068	77	149,449	79	GLA ward atlas %
Mixed	3,315	3	2,085	4	1,734	4	7,134	4	GLA ward atlas %
Asian or Asian British	12,261	13	4,870	9	4,904	12	22,035	12	GLA ward atlas %
Black or Black British	3,297	3	3,131	6	2,692	6	9,120	5	GLA ward atlas %
Other	1,416	1	564	1	428	1	2,408	1	GLA ward atlas %
Index of Deprivation, 2010									
Income deprivation	7,994	8.4	7,706	14.1	5,257	12.5	20,956	10.9	PHE, Local Health %
Child poverty	2,246	12.6	2,636	22	1,730	20.4	6,612	17.2	PHE, Local Health %
Older people in deprivation	2,401	12.3	1,568	17.6	1,258	15.8	5,226	14.4	PHE, Local Health %
Child development, education and employment indicators									
Low birth weight births 2008-12	428	6.5	270	6.5	208	7.4	906	6.7	PHE, Local Health %
Good development at age 5, 2011/12	850	72.4	496	66.2	353	66.6	1,699	69.2	PHE, Local Health %
5A*-C GCSE, 2011/12	760	75.3	415	64.6	342	67.2	1,517	70.2	PHE, Local Health %

Claiming JSA, 2012/13	1,356	2.2	1,227	3.4	839	3.0	3,422	2.7	PHE, Local Health %
Claiming JSA for >1 year, 2012/13	309	4.9	319	9	221	8	849	6.7	PHE, Local Health %
Health and care indicators, 2011									
General health bad or very bad	3,684	3.9	2,251	4.2	1,853	4.4	7,788	4.1	PHE, Local Health %
Limiting long term illness or disability	13,214	13.9	7,666	14.3	6,309	15.1	27,189	14.3	PHE, Local Health %
Provides unpaid care for 1hr or more hrs per wk	8,801	9.3	5,193	9.7	4,304	10.3	18,298	9.6	PHE, Local Health %
Provides unpaid care for 50 or more hrs per wk	1,678	1.8	1,101	2.1	841	2.0	3,620	1.9	PHE, Local Health %
Housing and living environment indicators, 2011									
Households with central heating	38,631	97.1	20,513	96.4	16,648	97.2	75,792	97.0	PHE, Local Health %
Overcrowded households	4,096	10.3	2,400	11.3	1,820	10.6	8,316	10.6	PHE, Local Health %
Pensioners living alone	4,958	33.6	2,201	33.6	2,044	34.3	9,203	33.8	PHE, Local Health %
Children's weight indicators, 2010/11-2012/13									
Children with excess weight (reception year)	594	19.5	438	22.4	261	19.1	1,293	20.3	PHE, Local Health %
Children with excess weight (year 6)	819	31.3	582	34.3	437	35.7	1,838	33.2	PHE, Local Health %
Adults' lifestyle indicators, 2006-08									
Obese adults	16,192	21.7	10,361	24.8	7,603	23.5	34,155	23.0	PHE, Local Health %
Binge drinking adults	11,472	15.4	6,286	15.0	5,267	16.3	23,025	15.5	PHE, Local Health %
Healthy eating adults	27,403	36.7	13,131	31.4	10,485	32.4	51,019	34.3	PHE, Local Health %
Cancer Incidence, 2007-11									
All cancer	2,198	95.2	1,169	103.0	906	95.5	4,273	97.3	PHE, Local Health SIR
Breast cancer	387	107.1	192	104.3	156	102.7	735	105.4	PHE, Local Health SIR
Colorectal cancer	286	100.8	128	94.2	117	102.4	532	99.4	PHE, Local Health SIR
Lung cancer	261	89.6	166	119.4	114	96.9	541	98.8	PHE, Local Health SIR

Prostate cancer	243	86.2	130	95.1	106	91.0	480	89.5	PHE, Local Health SIR
Emergency hospital admissions, 2008/9 to 2012/13									
All causes	40,444	88	25,450	104.8	18,609	96.6	84,503	94.4	PHE, Local Health SAR
CHD	1,069	86.3	605	101.1	465	92.1	2,139	91.3	PHE, Local Health SAR
Stroke	590	89.9	309	102.4	235	92.1	1,134	93.5	PHE, Local Health SAR
Myocardial Infarction	444	80.6	255	97	194	87.2	892	86.1	PHE, Local Health SAR
COPD	679	71.2	483	106.6	306	79.7	1,468	82.0	PHE, Local Health SAR
Hospital admissions - harm and injury, 2008/9 to 2012/13									
Hospital stays for self harm	424	45.7	411	76	293	71.3	1,128	60.0	PHE, Local Health SAR
Hospital stays for alcohol related harm	8,520	86.7	5,223	104	4,044	98.3	17,786	93.8	PHE, Local Health SAR
Emergency admissions hip fracture aged 65+	563	98.3	219	93.9	213	99.4	995	97.5	PHE, Local Health SAR
Elective hospital admissions for hip replacement	508	98.6	261	103.7	224	105.3	993	101.4	PHE, Local Health SAR
Elective hospital admissions for knee replacement	535	92.5	261	93.1	216	90.5	1,012	92.2	PHE, Local Health SAR
Mortality and causes of death, 2008-12									
All causes	3,863	91.7	1,762	98.3	1,503	90.6	7,128	93.0	PHE, Local Health SMR
All cancer	1,046	91.4	555	107.5	439	94.2	2,040	95.9	PHE, Local Health SMR
All circulatory disease	1,126	89.4	559	107.6	433	88.6	2,118	93.4	PHE, Local Health SMR



Coronary heart disease	450	77.5	230	93.8	186	81.5	867	82.1	PHE, Local Health SMR
Stroke	312	93.7	131	98.6	91	71.5	533	90.1	PHE, Local Health SMR
Respiratory diseases	594	98.3	269	110.3	242	104.3	1,106	102.3	PHE, Local Health SMR
Premature mortality, 2008-12									
All cause, aged under 65	536	77.9	368	98.0	269	86.0	1,173	85.2	PHE, Local Health SMR
All causes, aged under 75	1,067	83.0	649	98.2	484	85.9	2,200	87.6	PHE, Local Health SMR
All cancer, aged under 75	479	92.8	271	104.2	203	89.4	953	95.0	PHE, Local Health SMR
All circulatory disease, aged under 75	228	77.6	164	110.4	108	83.8	500	87.5	PHE, Local Health SMR
Coronary heart disease, aged under 75	95	57.7	68	81.3	48	65.8	211	65.6	PHE, Local Health SMR

Appendix 4 Key and Additional Maps

Map reference	Contractor name (legal entity)	Trading name	Address 1	Address 2	Address 3	Postcode
1	Lloyds Pharmacy Ltd	Lloyds Chemist	79 Banstead Road	Carshalton Beeches	Surrey	SM5 3NP
2	Rasavi Ltd	RK Pharmacy	27 London Road	Hackbridge	Surrey	SM6 7HW
3	Park Lane Pharmacy	Park Lane Pharmacy	27-29 High Street	Carshalton	Surrey	SM5 3AX
4	Boots the Chemist Ltd	Boots the Chemist	40-43 Wallington Square	The High Street	Wallington	SM6 8RG
5	Gaiger Ltd	Gaiger Chemist	296 High Street	Sutton	Surrey	SM1 1PQ
6	Rosehill Pharmacy	Rosehill Pharmacy	28 The Market	Wrythe Lane	Carshalton	SM5 1AG
7	Rivermead Pharmacy Ltd	Manor Pharmacy	75 Manor Road	Wallington	Surrey	SM6 0DE
8	Superdrug Stores PLC	Superdrug Pharmacy	150 High Street	Sutton	Surrey	SM1 1NS
9	Medicx Ltd	MedicX Pharmacy	New Shotfield Health Centre	Stanley Park Road, Wallington	Surrey	SM6 0HL
10	Kessey Afua	H E Matthews Pharmacy	140 Stanley Park Road	Carshalton	Surrey	SM5 3JG
11	Boots UK Ltd	Boots UK Ltd	322a Malden Road	North Cheam	Surrey	SM3 8EP
12	Rivermead Pharmacy Ltd	Stafford Pharmacy	150 Stafford Road	Wallington	Surrey	SM6 9BS
13	Tesco Stores Ltd	Tesco Pharmacy	55 Oldfields Road	Sutton	Surrey	SM1 2NB
14	Asda Stores Ltd (100 hour pharmacy)	Asda Pharmacy	St Nicholas Way	Sutton	Surrey	SM1 1LD
15	MV Patel	Anna Pharmacy	398 Green Wrythe Lane	Carshalton	Surrey	SM5 1JF
16	Boots the Chemist Ltd	Boots the Chemist	2 Station Way	Cheam	Surrey	SM3 8SW

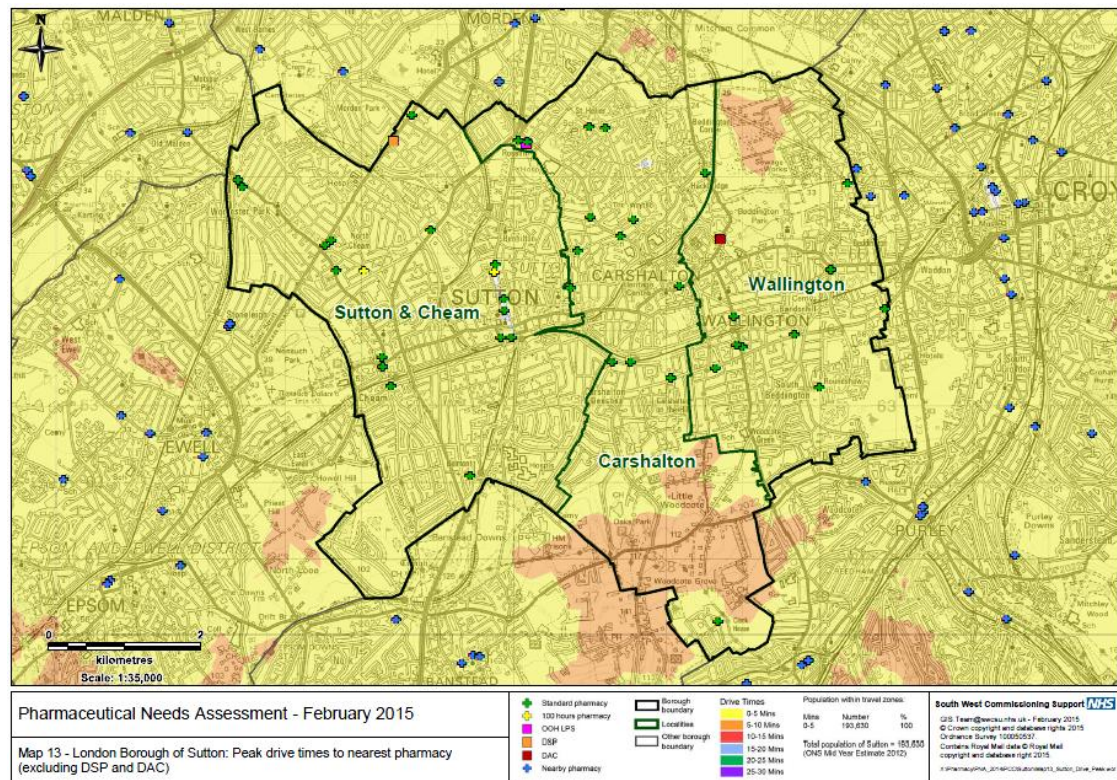
17	S Jiwa	Salmina Pharmacy	107 Wrythe Lane	Carshalton	Surrey	SM5 2RR
18	Glory Ltd	Glory Chemist*	314 Stafford Road	Croydon	Surrey	CR0 4NH
19	BKN & RKN Amin	Galloways Chemist	7 Hillcrest Parade	The Mount	Coulsdon	CR5 2PS
20	Martdeck Ltd	Imperial Pharmacy	139 Epsom Road	Sutton	Surrey	SM3 9EY
21	BN & RN Amin	Victoria Chemist	524 London Road	North Cheam	Surrey	SM3 8HW
22	Frith Bros Ltd	Frith Brothers Ltd	11 The Broadway	Cheam	Surrey	SM3 8BH
23	Waremooss Ltd	Kamsons Pharmacy	58 Grove Road	Sutton	Surrey	SM1 1BT
24	First Pharmacy	First Pharmacy	108 Woodcote Road	Wallington	Surrey	SM6 0LY
25	Boots the Chemist Ltd	Boots the Chemist	370 Middleton Road	Carshalton	Surrey	SM5 1HA
26	Day Lewis PLC	Day Lewis Pharmacy	Unit 4, Mollison Square	Wallington	Surrey	SM6 9DA
27	Superdrug Stores PLC	Superdrug Pharmacy	107 Central Road	Worcester Park	Surrey	KT4 8DY
28	Sainsbury J PLC	Sainsburys In Store Pharmacy	Sainsburys Superstore	566 London Road	North Cheam	SM3 9AA
29	Boots the Chemist Ltd	Boots the Chemist	109 High Street	Sutton	Surrey	SM1 1JG
30	Amba Ltd (distance selling pharmacy)	Amba Pharmacy	75 Stonecot Hill	Sutton	Surrey	SM3 9HJ
31	Lotus Chemist	Kamsons Pharmacy**	Wrythe Lane	Near Wrythe Green	Carshalton	SM5 2RE
32	Boots the Chemist Ltd	Boots the Chemist	158 Central Road	Worcester Park	Surrey	KT4 8HH
33	RPMG Medicals Ltd (100 hour pharmacy)	RPMG Pharmacy	141 Church Hill Road	Sutton	Surrey	SM3 8NE
34	Barons Pharmacy Ltd	Mulgrave Road Pharmacy	11 Upper Mulgrave Road	Cheam	Surrey	SM2 7AY
35	MPS Pharmacy Ltd	MPS Pharmacy	46 The Market	Rosehill	Sutton	SM1 3HE

36	Cooper and Co (Sutton) Ltd	Cooper and Co Chemist	3 to 5 Grove Road	Sutton	Surrey	SM1 1BB
37	Jasmina Limited	Mount Elgon Pharmacy	40 Green Wrythe Lane	Carshalton	Surrey	SM5 2DP
38	Singh & Singh-Kavanagh	Lafford Chemist	7/8 The Broadway	Plough Lane	Beddington	CR0 4QR
39	A B Amin	J G Kirkby	19 Station Road	Belmont	Sutton	SM2 6BX
40	SG Barai Ltd	SG Barai Chemist	39 Erskine Road	Sutton	Surrey	SM1 3AT
41	Purdome Ltd	Shree Parikh Chemist	86 Westmead Road	Sutton	Surrey	SM1 4HY
42	S Jiwa	Beeches Pharmacy	2b Beeches Avenue	Carshalton	Surrey	SM5 3LF
43	Asda Stores Ltd	Asda Pharmacy	Asda Superstore	Marlowe Way	Croydon	CR0 4XS
44	Fittleworth Medical Ltd (DAC)	Fittleworth Medical	270 London Road	Wallington	Surrey	SM6 7DJ
45	Sutton and Merton OOH Cooperative					

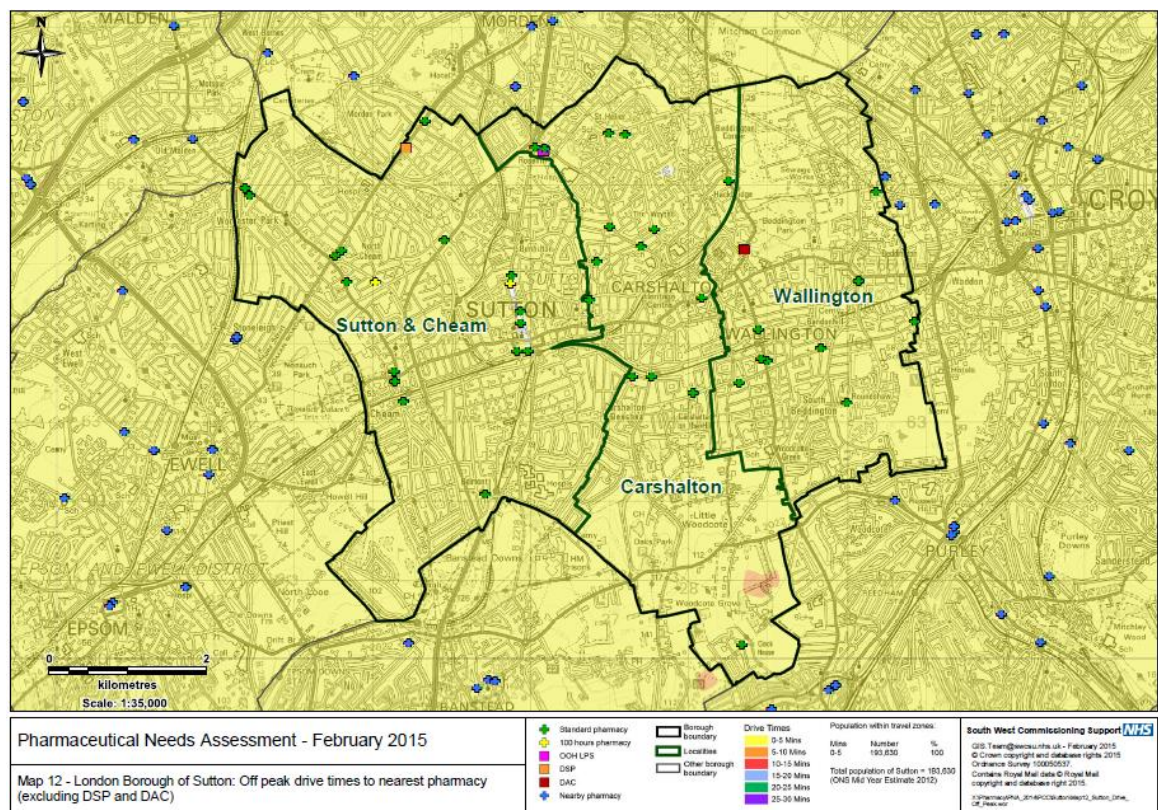
* Formerly Blundens Chemist

** Formerly Lotus Chemist

Peak drive times to nearest pharmacy



Off peak drive times to nearest pharmacy



Appendix 5 Definition of Advanced Services

1. Medicines use review and prescription intervention service

Service description

This service includes medicines use reviews undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. A medicines use review is about helping patients use their medicines more effectively.

Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

To improve patient knowledge, concordance and use of medicines by:

- establishing the patient's actual use, understanding and experience of taking their medicines;
- identifying, discussing and assisting in resolving poor or ineffective use of their medicines;
- identifying side effects and drug interactions that may affect patient compliance;
- improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage.

2. New medicine service

Service description

The new medicine service (NMS) is provided to patients who have been prescribed for the first time, a medicine for a specified long term condition, to improve adherence. The NMS involves three stages, recruitment into the service, an intervention about fourteen days later, and a follow up after a further fourteen days.

Aims and intended outcomes

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long term conditions, in order—

- (a) as regards the long term condition—
 - (i) to help reduce symptoms and long term complications, and
 - (ii) in particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support; and
- (b) to help the patients—
 - (i) make informed choices about their care,
 - (ii) self-manage their long term conditions,
 - (iii) adhere to agreed treatment programmes, and
 - (iv) make appropriate lifestyle changes.

3. Stoma appliance customisation

Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- the stoma appliance to be customised is listed in Part IXC of the Drug Tariff;
- the customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- modification is based on the patient's measurement or record of those measurements and if applicable, a template.

Aims and intended outcomes

The underlying purpose of the service is to:

- ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

4. Appliance use review

Service description

An appliance use review (AUR) is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

Aims and intended outcomes

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by:

- establishing the way the patient uses the specified appliance and the patient's experience of such use;
- identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient;
- advising the patient on the safe and appropriate storage of the specified appliance;
- advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

Appendix 6 Definition of enhanced services

1. **An anticoagulant monitoring service:** the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
2. **A care home service:** the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
 - (i) the proper and effective ordering of drugs and appliances for the benefit of residents in the care home,
 - (ii) the clinical and cost effective use of drugs,
 - (iii) the proper and effective administration of drugs and appliances in the care home,
 - (iv) the safe and appropriate storage and handling of drugs and appliances, and
 - (v) the recording of drugs and appliances ordered, handled, administered, stored or disposed of.
3. **A disease specific medicines management service:** the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.
4. **A gluten free food supply service:** the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
5. **An independent prescribing service:** the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England.
6. **A home delivery service:** the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home—
 - (i) drugs, and
 - (ii) appliances other than specified appliances;
7. **A language access service:** the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—
 - (i) drugs which they are using,
 - (ii) their health, and
 - (iii) general health matters relevant to them,and where appropriate referral to another health care professional.
8. **A medication review service:** the underlying purpose of which is for a registered pharmacist—
 - (i) to conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,

- (ii) to advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
- (iii) where appropriate, to refer the patient to another health care professional.

9. **A medicines assessment and compliance support service:** the underlying purpose of which is for the pharmacy contractor —

- (i) to assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and
- (ii) to offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens.

10. **A minor ailment scheme:** the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.

11. **A needle and syringe exchange service:** the underlying purpose of which is for a registered pharmacist—

- (i) to provide sterile needles, syringes and associated materials to drug misusers,
- (ii) to receive from drug misusers used needles, syringes and associated materials, and
- (iii) to offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre;

12. **An on demand availability of specialist drugs service:** the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.

13. **Out of hours service:** the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).

14. **A patient group direction service:** the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.

15. **A prescriber support service:** the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—

- (i) the clinical and cost effective use of drugs,
- (ii) prescribing policies and guidelines, and
- (iii) repeat prescribing.

16. **A schools service:** the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—

- (i) the clinical and cost effective use of drugs in the school,
- (ii) the proper and effective administration and use of drugs and appliances in the school,
- (iii) the safe and appropriate storage and handling of drugs and appliances, and

- (iv) the recording of drugs and appliances ordered, handled, administered, stored or disposed of.

17. **A screening service:** the underlying purpose of which is for a registered pharmacist—

- (i) to identify patients at risk of developing a specified disease or condition,
- (ii) to offer advice regarding testing for a specified disease or condition,
- (iii) to carry out such a test with the patient's consent, and
- (iv) to offer advice following a test and refer to another health care professional as appropriate.

18. **A stop smoking service:** the underlying purpose of which is for the pharmacy contractor —

- (i) to advise and support patients wishing to give up smoking, and
- (ii) where appropriate, to supply appropriate drugs and aids.

19. **A supervised administration service:** the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.

20. **A supplementary prescribing service:** the underlying purpose of which is for a registered pharmacist who—

- (i) is a supplementary prescriber, and
- (ii) with a doctor or a dentist is party to a clinical management plan,

to implement that plan, with the patient's agreement.

Appendix 7 Steering Group Membership

Sutton and Merton are separate HWBs but for the purpose of considering their PNAs they formed a joint steering group. With effect from October 2014, Sutton members held separate meetings to consider the Sutton PNA.

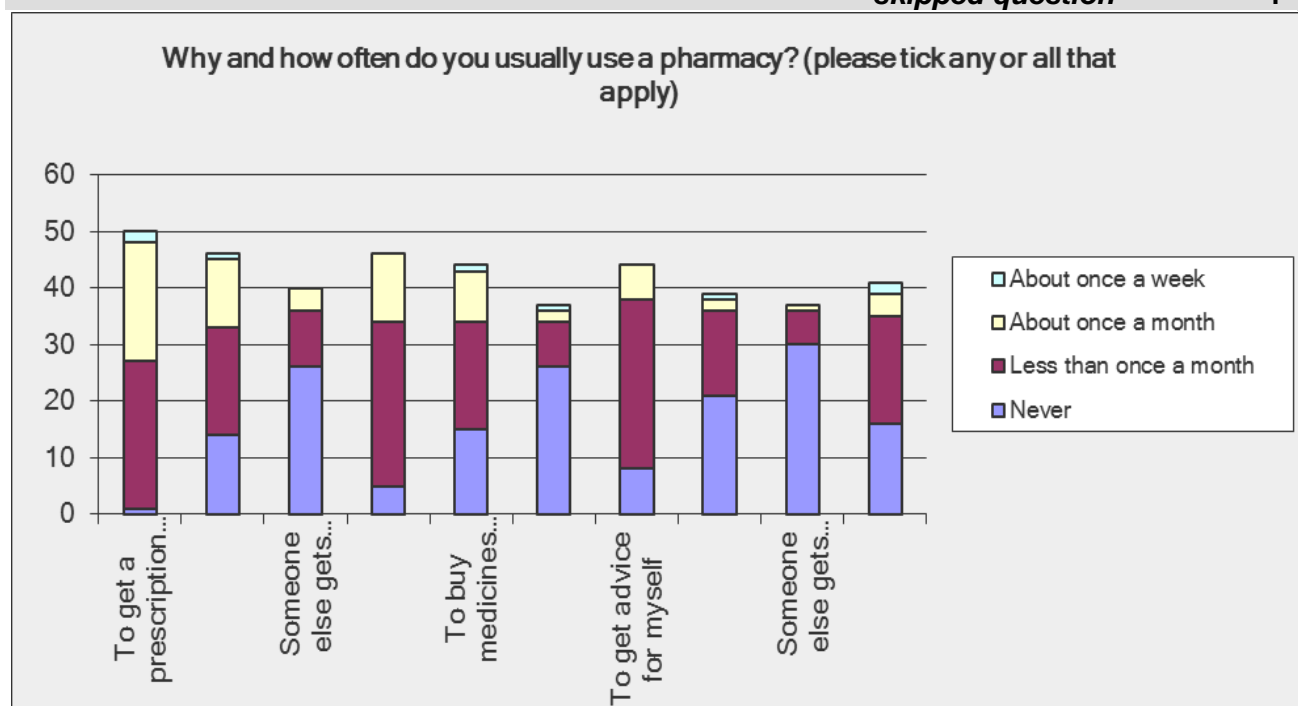
Name	Role
Barry Causer	Public Health Commissioning Manager, Merton Council
Adam Doyle	Director of Quality, Commissioning and Planning, NHS Merton CCG
Sedina Agama	Head of Medicines Optimisation/ Chief Pharmacist and Assistant Director Medicines Optimisation, NHS Merton CCG
Sylvia Godden	Principal Public Health Intelligence Specialist Adult Social Services, Housing and Health Directorate, Sutton council
Nicola Lang	Director of Public Health, Adult Social Services, Housing and Health Directorate, Sutton Council
Sarah Taylor	Acting Chief Pharmacist, NHS Sutton CCG
Rory Christie	Primary Care Commissioning Manager, NHS England
David Tamby-Rajah	Assistant Head of Primary Care Commissioning - GP & Pharmacy South London Area Team, NHS England
Andrew McCoig	Chief Executive Officer, Sutton, Merton and Wandsworth Local Pharmaceutical Committee
Nora Simon	NHS England
Rebekah Dowdy	Dr Rebekah Dowdy, Sutton, Merton and Wandsworth Local Medical Committee
Roy Prytherch	
Vasa Gnanapragasam	
David Williams	Vice Chair, HealthWatch Sutton

With appreciation to Sue Tree, Senior Public Health Commissioning Manager, who supported the PNA until her departure from Sutton Council.

Appendix 8 Patient and Public Engagement

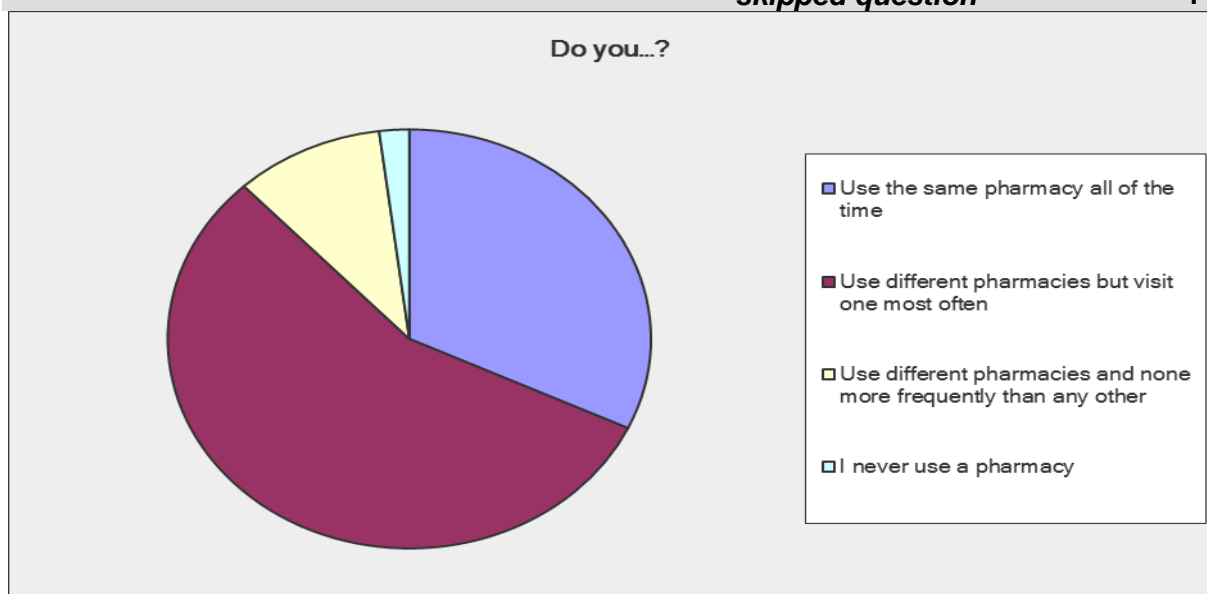
Q1. Why and how often do you usually use a pharmacy? (please tick any or all that apply)

Answer options	About once a week	About once a month	Less than once a month	Never	Response count
To get a prescription for myself	2	21	26	1	50
To get a prescription for someone else	1	12	19	14	46
Someone else gets my prescription for me	0	4	10	26	40
To buy medicines for myself	0	12	29	5	46
To buy medicines for someone else	1	9	19	15	44
Someone else buys medicines for me	1	2	8	26	37
To get advice for myself	0	6	30	8	44
To get advice for someone else	1	2	15	21	39
Someone else gets advice for me	0	1	6	30	37
To get a service the pharmacy offers	2	4	19	16	41
Other (please specify)					2
answered question					50
skipped question					1



Q2. Do you...?

Answer options	Response percentage	Response count
Use the same pharmacy all of the time	32.0%	16
Use different pharmacies but visit one most often	56.0%	28
Use different pharmacies and none more frequently than any other	10.0%	5
I never use a pharmacy	2.0%	1
answered question		50
skipped question		1



Q3. If you can remember the name of your pharmacy type it in here

Sainsbury North Cheam
Kamsons Wrythe Lane
Superdrug - Sutton High Street
Froths in Cheam
First Chemist Wallington
Friths
Kamsons Grove Road Sutton
Kamsons in Sutton
Imperial
Kamsons, Grove Road
Lafford Chemist, 6,7,8 The Broadway, Beddington CR0 4QR
MPS Pharmacy
Firths of Cheam
Friths, the Broadway, Cheam
Lotus, Wrythe Lane, Carshalton
Kirkby's Chemist

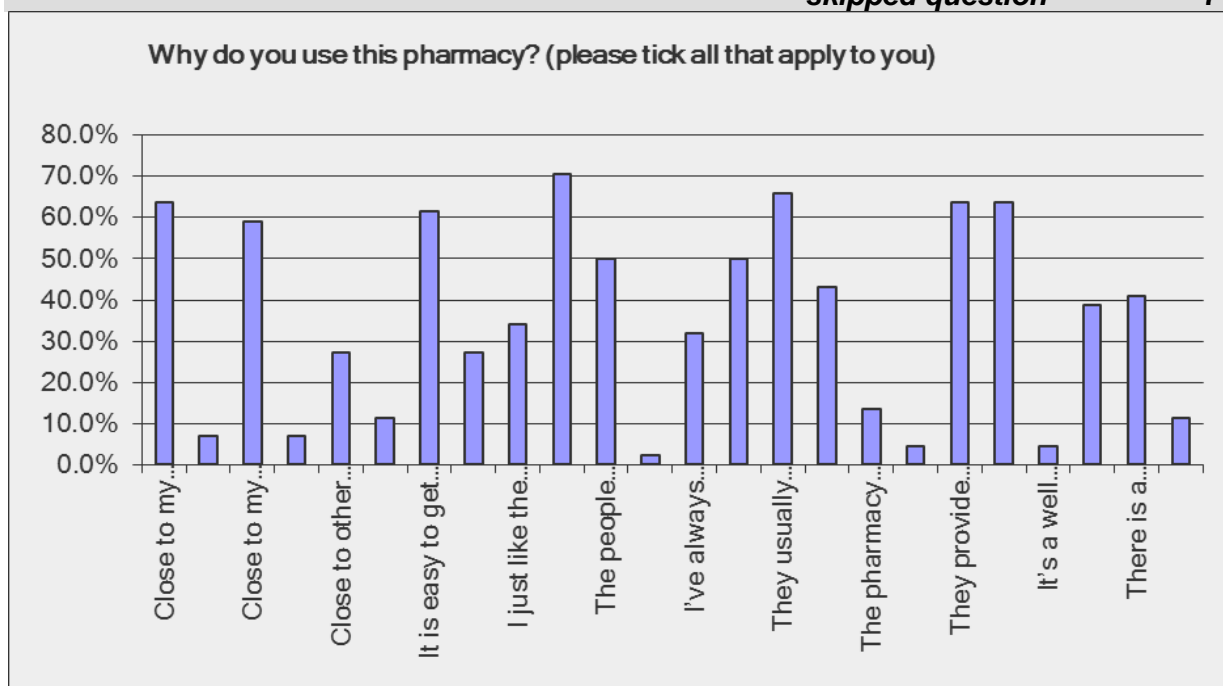
Mount Elgon Pharmacy, Carshalton
Coopers
Frith's, Cheam
Michael Frith, Cheam
Lotus
Anna Pharmacy
Kamson Wrythe lane Carshalton
Beeches Pharmacy
Kamsons, Grove Road Sutton
Park Lane Chemist in Carshalton Village, Sutton
Matthews, Carshalton on the Hill
Park Lane Pharmacy
Gaigers
Boots
Tesco
Anna Pharmacy (I think!) on The Circle/Green Wrythe Lane in Carshalton
Kamsons
Anna Pharmacy Green Wrythe Lane Carshalton
Lloyds Pharmacy Carshalton Beeches
Kirkbys Chemist, 19 Station Road, Belmont SM2 6BX
Tesco at Oldfield Rd
Park Lane Pharmacy
Lotus on Wrythe Green Lane

NB. Lotus Chemist, Wrythe Lane, has changed trading name to Kamsons Pharmacy

Q4. Why do you use this pharmacy? (please tick all that apply to you)

Answer options	Response percentage	Response count
Close to my home	63.6%	28
Close to work	6.8%	3
Close to my doctor	59.1%	26
Close to children's school or nursery	6.8%	3
Close to other shops	27.3%	12
The pharmacy delivers	11.4%	5
It is easy to get to the pharmacy	61.4%	27
It is easy to park at the pharmacy	27.3%	12
I just like the pharmacy	34.1%	15
I trust the people there	70.5%	31
The people know me and look after me	50.0%	22
They don't know me	2.3%	1
I've always used this pharmacy	31.8%	14
The service is quick	50.0%	22
They usually have what I need in stock	65.9%	29
They have good opening hours	43.2%	19
The pharmacy collects my prescription and delivers my	13.6%	6

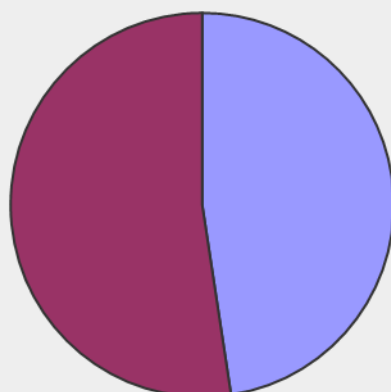
medicines		
The pharmacy was recommended to me	4.5%	2
They provide good advice & information	63.6%	28
The customer service	63.6%	28
It's a well-known big chain	4.5%	2
It's not one of the big chains	38.6%	17
There is a private area if I need to talk to the pharmacist	40.9%	18
Other (please specify)	11.4%	5
answered question		44
skipped question		7



Q5. Is there a more convenient or nearer pharmacy that for some reason you don't use?

Answer options	Response percentage	Response count
Yes	47.6%	20
No	52.4%	22
answered question		42
skipped question		9

Is there a more convenient or nearer pharmacy that for some reason you don't use?



■ Yes
■ No

Q6. ...and if yes, why don't you use that pharmacy?

Answer options	Response percentage	Response count
It is not easy to park	40.0%	6
I have had a bad experience in the past	46.7%	7
The service is too slow	26.7%	4
They don't have what I need in stock	6.7%	1
There is not enough privacy	13.3%	2
It's not open when I need it	26.7%	4
It's not wheelchair/baby buggy friendly	6.7%	1
Other (please specify)		7

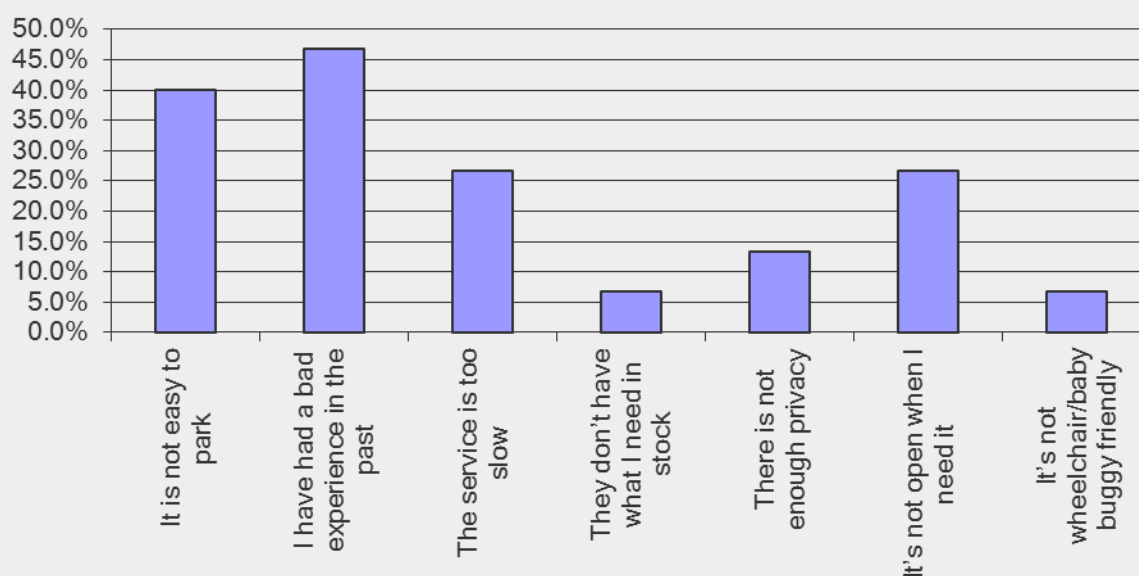
answered question

15

skipped question

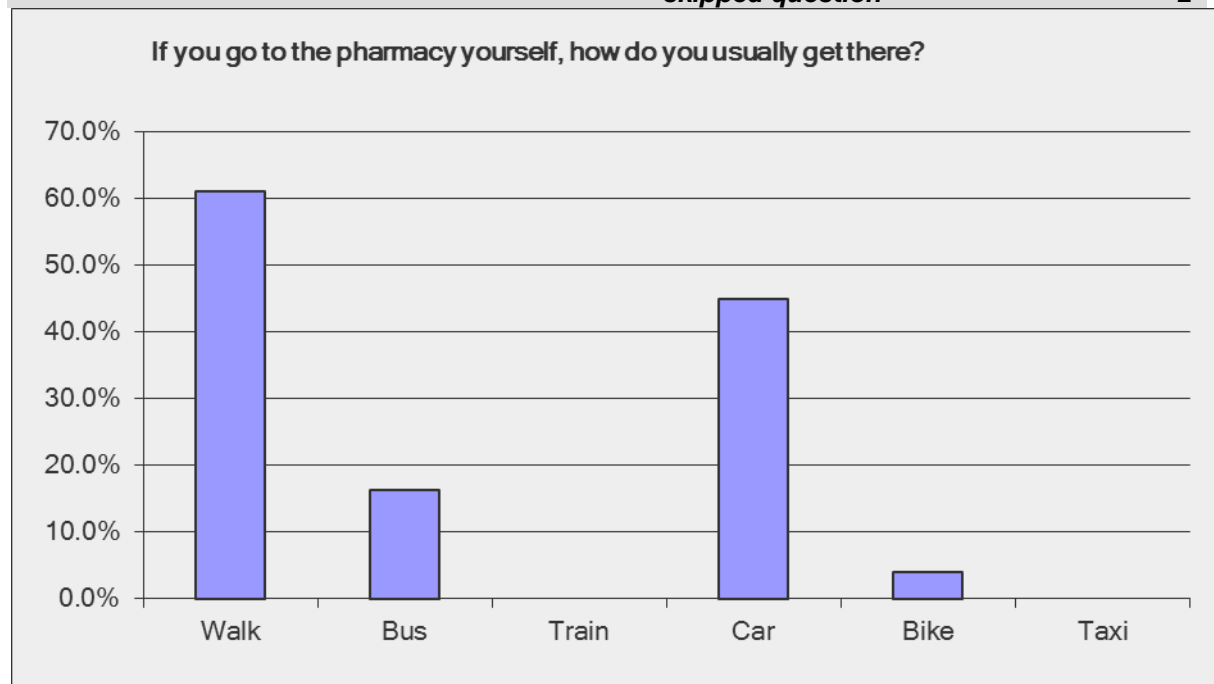
36

...and if yes, why don't you use that pharmacy?



Q7. If you go to the pharmacy yourself, how do you usually get there?

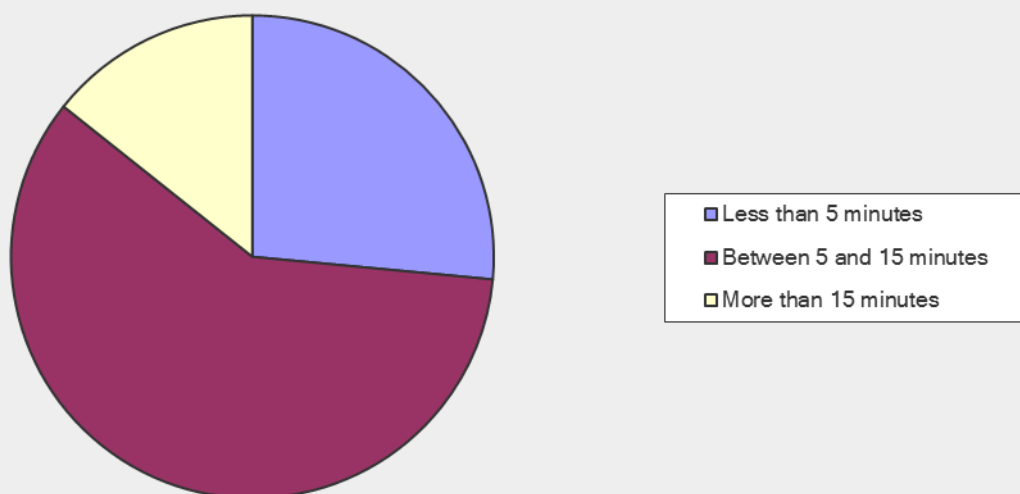
Answer options	Response percentage	Response count
Walk	61.2%	30
Bus	16.3%	8
Train	0.0%	0
Car	44.9%	22
Bike	4.1%	2
Taxi	0.0%	0
Other (please specify)		1
answered question		49
skipped question		2



Q8. ...and how long does it usually take to get there?

Answer options	Response percentage	Response count
Less than 5 minutes	26.5%	13
Between 5 and 15 minutes	59.2%	29
More than 15 minutes	14.3%	7
answered question		49
skipped question		2

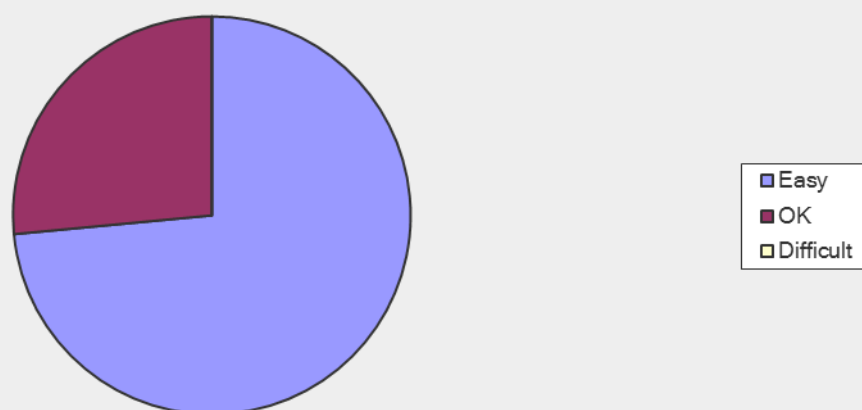
...and how long does it usually take to get there?



Q9. Overall, how easy is it for you to get to the pharmacy?

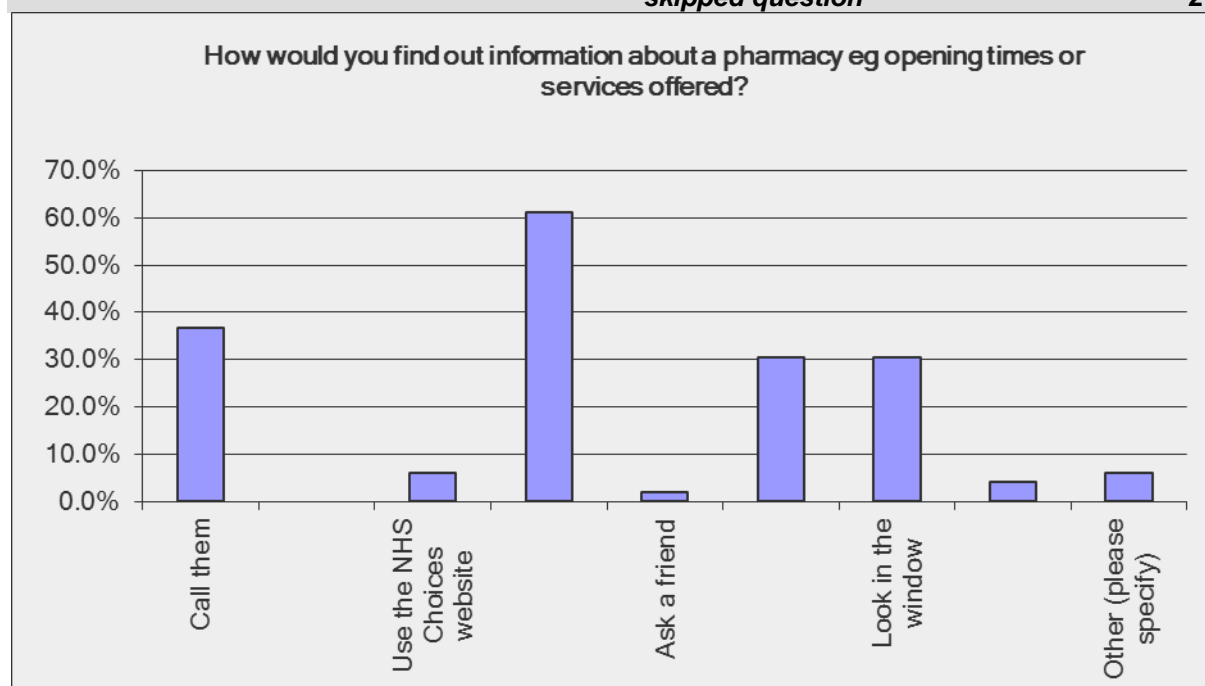
Answer options	Response percentage	Response count
Easy	73.5%	36
OK	26.5%	13
Difficult	0.0%	0
answered question		49
skipped question		2

Overall, how easy is it for you to get to the pharmacy?



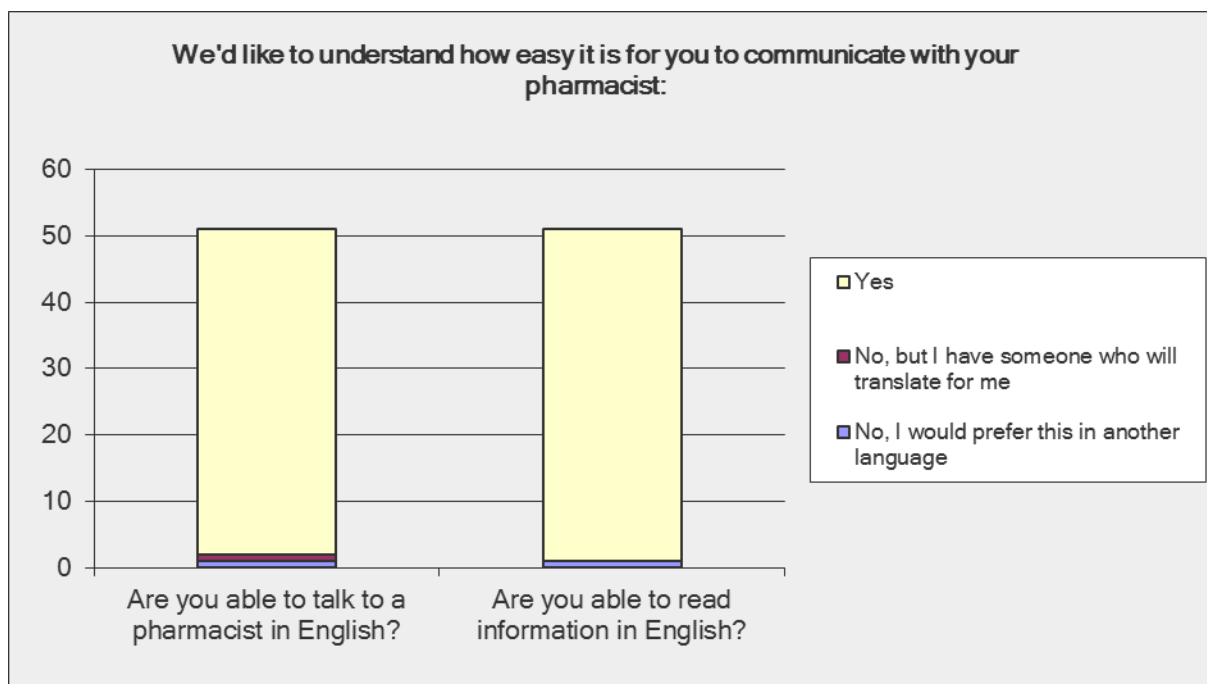
Q10. How would you find out information about a pharmacy e.g. opening times or services offered?

Answer options	Response percentage	Response count
Call them	36.7%	18
Call 111	0.0%	0
Use the NHS Choices website	6.1%	3
Search the internet	61.2%	30
Ask a friend	2.0%	1
Pop in and ask	30.6%	15
Look in the window	30.6%	15
From a local newspaper	4.1%	2
Other (please specify)	6.1%	3
answered question		49
skipped question		2



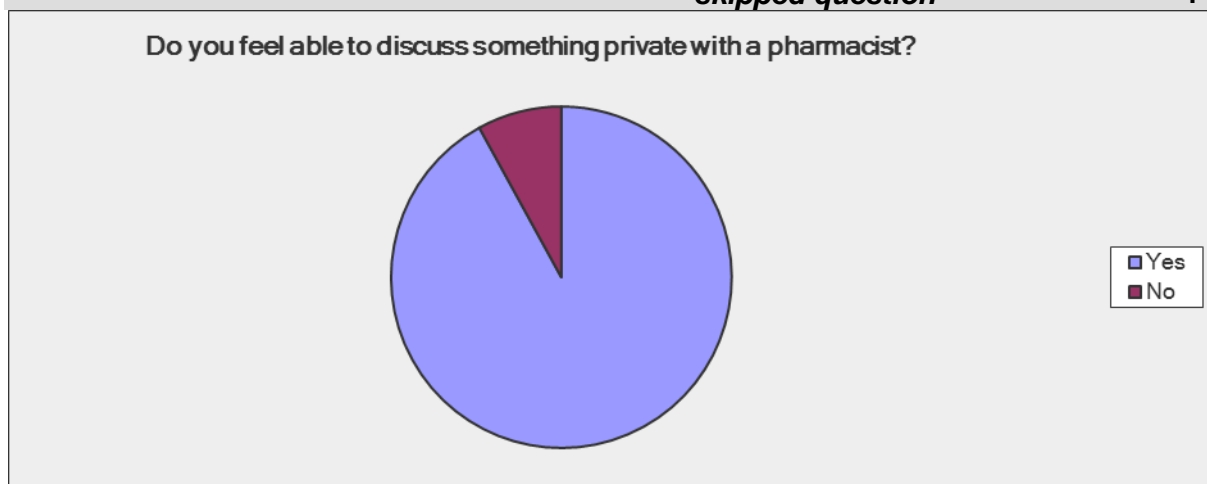
Q11. We'd like to understand how easy it is for you to communicate with your pharmacist:

Answer options	Yes	No, but I have someone who will translate for me	No, I would prefer this in another language	Response count
Are you able to talk to a pharmacist in English?	49	1	1	51
Are you able to read information in English?	50	0	1	51
answered question				51
skipped question				0



Q12. Do you feel able to discuss something private with a pharmacist?

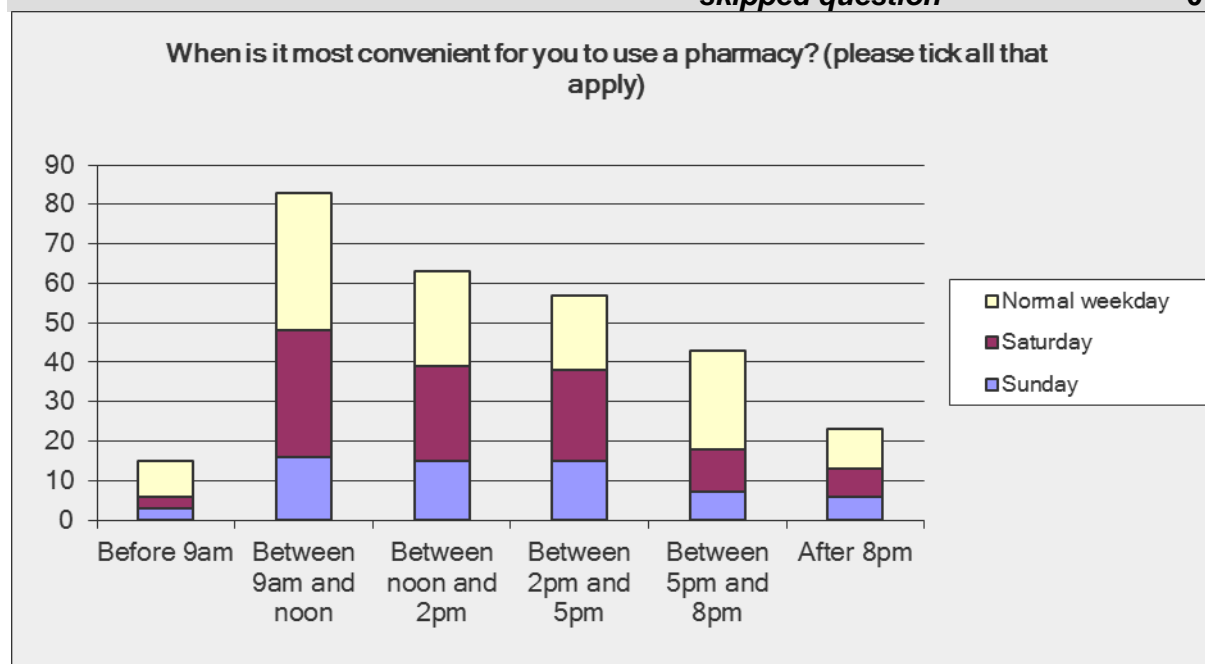
Answer options	Response percentage	Response count
Yes	92.0%	46
No	8.0%	4
answered question		50
skipped question		1



Q13. When is it most convenient for you to use a pharmacy? (please tick all that apply)

Answer options	Normal weekday	Saturday	Sunday	Response count
Before 9am	9	3	3	9
Between 9am and noon	35	32	16	44
Between noon and 2pm	24	24	15	32
Between 2pm and 5pm	19	23	15	31

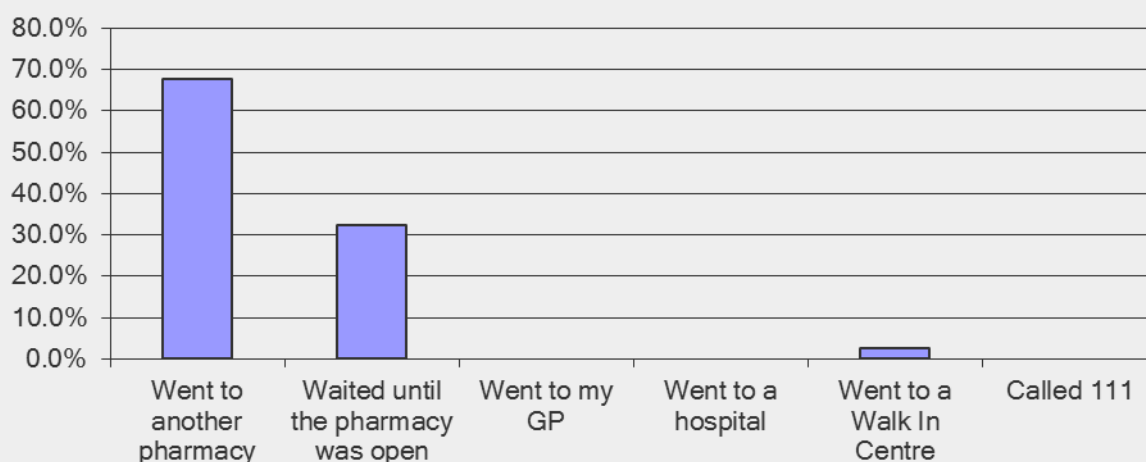
Between 5pm and 8pm	25	11	7	26
After 8pm	10	7	6	11
answered question				51
skipped question				0



Q14. If there has been a time recently when you weren't able to use your normal pharmacy, what did you do?

Answer options	Response percentage	Response count
Went to another pharmacy	67.6%	25
Waited until the pharmacy was open	32.4%	12
Went to my GP	0.0%	0
Went to a hospital	0.0%	0
Went to a Walk In Centre	2.7%	1
Called 111	0.0%	0
Other (please specify)		6
answered question		37
skipped question		14

If there has been a time recently when you weren't able to use your normal pharmacy, what did you do?



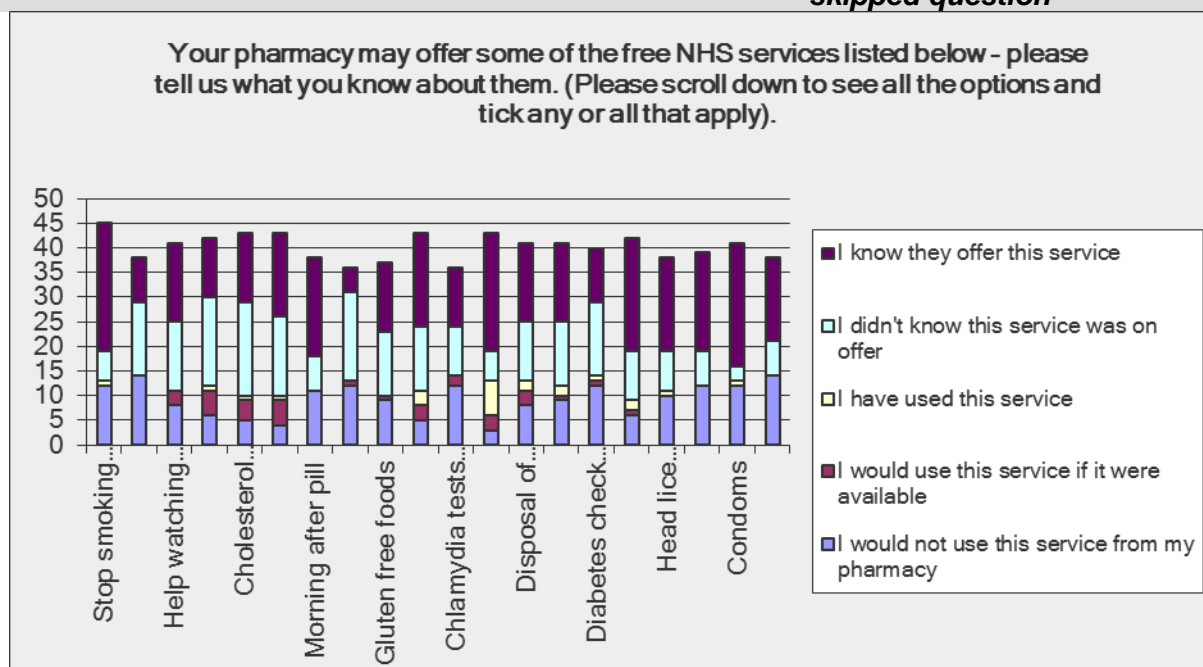
Q15. Your pharmacy may offer some of the free NHS services listed below - please tell us what you know about them. (Please scroll down to see all the options and tick any or all that apply).

Answer options	I know they offer this service	I didn't know this service was on offer	I have used this service	I would use this service if it were available	I would not use this service from my pharmacy	Response count
Stop smoking help	26	6	1	0	12	45
Alcohol advice	9	15	0	0	14	38
Help watching your weight	16	14	0	3	8	41
Heart health check ups	12	18	1	5	6	42
Cholesterol check ups	14	19	1	4	5	43
Blood pressure check ups	17	16	1	5	4	43
Morning after pill	20	7	0	0	11	38
Anticoagulation (blood thinners) checks	5	18	0	1	12	36
Gluten free foods	14	13	0	1	9	37
Medicine reviews	19	13	3	3	5	43
Chlamydia tests and treatment	12	10	0	2	12	36
Treatment for minor ailments	24	6	7	3	3	43
Disposal of injecting equipment	16	12	2	3	8	41
Flu vaccination	16	13	2	1	9	41
Diabetes check ups	11	15	1	1	12	40
Home delivery	23	10	2	1	6	42

Head lice treatment	19	8	1	0	10	38
Contraception supply	20	7	0	0	12	39
Condoms	25	3	1	0	12	41
Pregnancy testing	17	7	0	0	14	38

answered question 49

skipped question 2

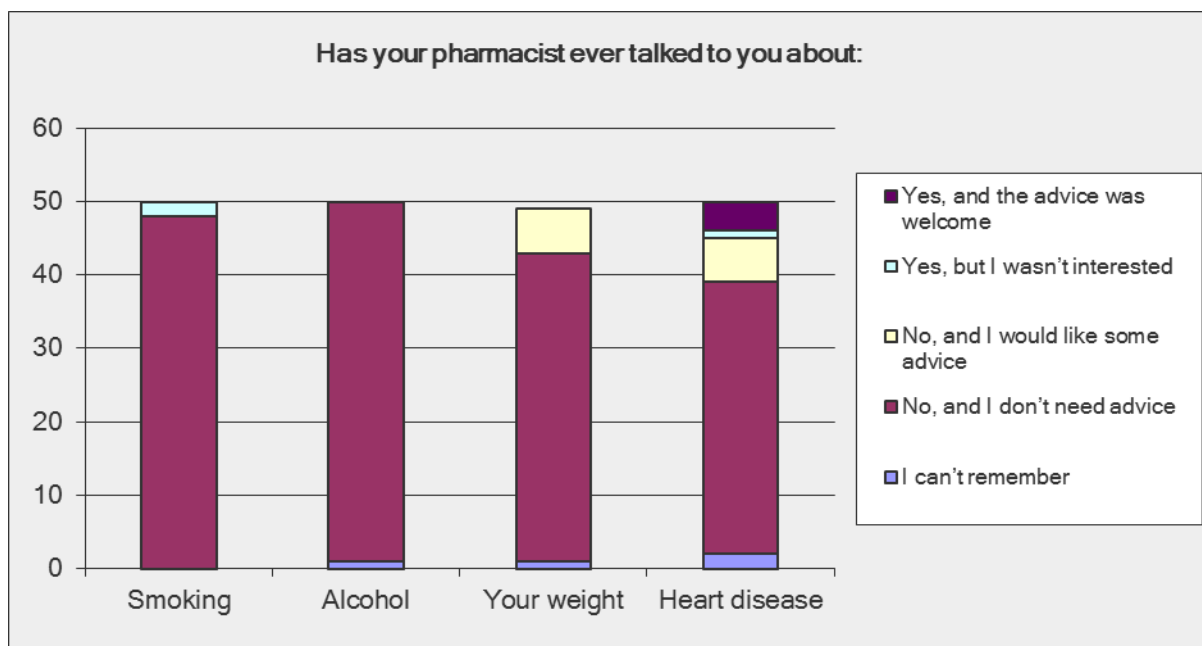


Q16. Has your pharmacist ever talked to you about:

Answer options	Yes, and the advice was welcome	Yes, but I wasn't interested	No, and I would like some advice	No, and I don't need advice	I can't remember	Response count
Smoking	0	2	0	48	0	50
Alcohol	0	0	0	49	1	50
Your weight	0	0	6	42	1	49
Heart disease	4	1	6	37	2	50

answered question 51

skipped question 0



Q17. Are there any other services you would like to see available at your pharmacy?

Answer options	Response count
	19
<i>answered question</i>	19
<i>skipped question</i>	32
No (8 responses)	
I can't think of any	
I'm very happy with what is on offer in the way of advice if I have a question	
Blood pressure and cholesterol checks	
Better online prescriptions.	
Online prescription services	
When the prescription from the Doctors surgery has not been delivered to the pharmacy when requested by customer/pharmacy the pharmacy should chase the prescription up and not wait for the customer to collect and it is not there, then they chase up the prescription. This is not good enough service and dangerous for some people who need to take their medication regular i.e. Diabetics, Asthma, cancer patients etc. If a patient has regular items on their prescription and is a regular customer i.e. orders prescription via pharmacy then they should ensure the items are in stock. The pharmacy should not wait for the person to bring in the prescription and then have to order the item	
Could routine prescriptions be authorised rather than needing to go back to GP? Other general services associated with GP including diagnosis.	
Travel vaccinations. repeat prescription management	
I don't believe my pharmacy offers services such as diabetes testing - if they don't they should, and if they do they should publicise it better! I know I am at risk because I have a history on both sides of my family, but I don't like to trouble my GP with constant blood tests.	
Just a quicker dispensing service, they are SO slow	
LATE OPENING SUNDAY OPENING	

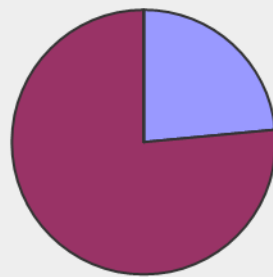
Q18. Is there anything else you would like to tell us about local pharmacy services?

Answer options	Response count
	28
<i>answered question</i>	28
<i>skipped question</i>	23
No (3 responses)	
It is hard to find one open locally after lunchtime on Sat or at all on Sun	
Always helpful and approachable	
Online prescription renewals are a welcome improvement. But they are still overly complicated, having to nominate a specific pharmacy and being still partly based around paper prescriptions. I have had prescriptions lost in the past because of this.	
The fact that I can order on line is marvellous.	
It's frustrating how long it takes pharmacists to get prescriptions ready when I'm waiting.	
At Kamsons, Grove Road, they offer a pleasant and personal service.	
I am very pleased with Friths, Cheam	
Very obliging, courteous respectful, helpful smart and clear displays of other products.	
Personal, efficient and fast service	
Frith's is the friendliest and most helpful pharmacy that I know of.	
Very good and efficient	
I think they are very good in Sutton and I have an excellent relationship with my pharmacy	
Matthews' staff are extremely helpful and supportive; they are also very friendly.	
Convenient, helpful, friendly staff. Pharmacies are much under used -needs a cultural shift.	
Basically I use it only for prescriptions and I am satisfied.	
This Pharmacy is very helpful with advertising a local diabetes support group's talks by medical professionals. Some others are not, which is surprising as informing and encouraging people to look after themselves better is in everyone's interest.	
My son has an epi-pen. I am finding it impossible to find pharmacies which take unused but expired epi-pens. How on earth are people meant to dispose of them safely? Boots won't take them either. Other people are having the same problem and I'm sure some people will just end up throwing them in the bin!	
My normal local pharmacy closes from 1-2pm on Monday, Tuesday, Thursday and Friday. It also closes at 1pm for the rest of the day on Wednesday.	
I like the extended hours	
My Pharmacy always has different pharماسist. It would be very helpful to have the same pharماسist as the customer gets to know the pharماسist and built trust with them.	
Extended opening hours would be valued as would prescription service linking between GPs and the most convenient pharmacy - I think this has started but the two pharmacies I asked about this were not confident in helping and ending up saying they could not help (GP in neighbouring borough; work in Sutton).	
I don't think my pharmacy has a quiet area. At other pharmacies I have asked to have a word in private and they have behaved as though I asked them to eat their own arm. I don't smoke or drink but the pharmacist has randomly given me advice on heart health before. Also, when my family planning clinic ran out of the contraceptive pill I used to take the pharmacist still had a stock. They are very friendly in there.	
offer very good service -well stocked store	
I do hope it will survive given the plans for a new GP centre in the area.	
They're not very fast at all, the wait time for a prescription is ridiculous on some occasions, but it's the closest one to me so I have no choice	

Q19. What gender are you?

Answer options	Response percentage	Response count
Male	23.5%	12
Female	76.5%	39
Transgender	0.0%	0
Would rather not say	0.0%	0
answered question		51
skipped question		0

What gender are you?

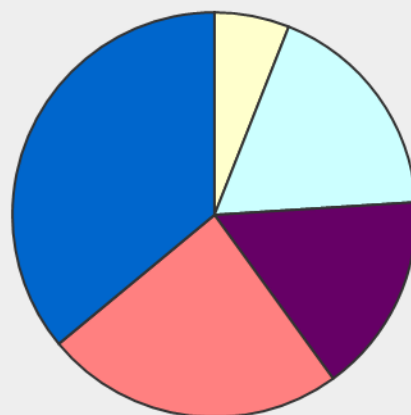


■ Male
■ Female
■ Transgender
■ Would rather not say

Q20. What age are you?

Answer options	Response percentage	Response count
Under 16	0.0%	0
16 to 25	0.0%	0
26 to 35	6.0%	3
36 to 45	18.0%	9
46 to 55	16.0%	8
56 to 65	24.0%	12
Over 66	36.0%	18
answered question		50
skipped question		1

What age are you?

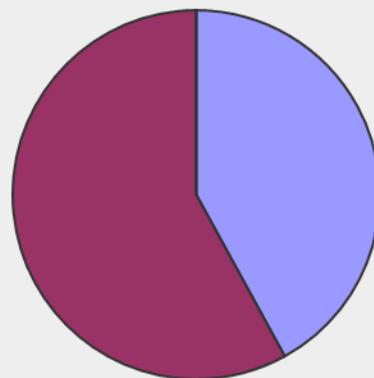


■ Under 16
■ 16 to 25
■ 26 to 35
■ 36 to 45
■ 46 to 55
■ 56 to 65
■ Over 66

Q21. Do you have to pay prescription charges?

Answer options	Response percentage	Response count
Yes	42.0%	21
No	58.0%	29
Don't know	0.0%	0
answered question		50
skipped question		1

Do you have to pay prescription charges?

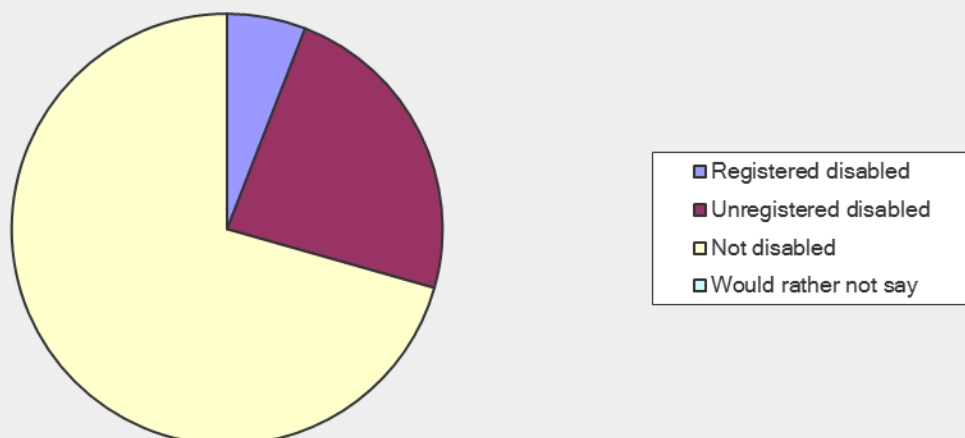


■ Yes
■ No
■ Don't know

Q22. Do you consider yourself to have a disability?

Answer options	Response percentage	Response count
Registered disabled	5.9%	3
Unregistered disabled	23.5%	12
Not disabled	70.6%	36
Would rather not say	0.0%	0
answered question		51
skipped question		0

Do you consider yourself to have a disability?



Q23. Are you housebound?

Answer options	Response percentage	Response count
Yes	2.0%	1
No	98.0%	49
answered question		50
skipped question		1

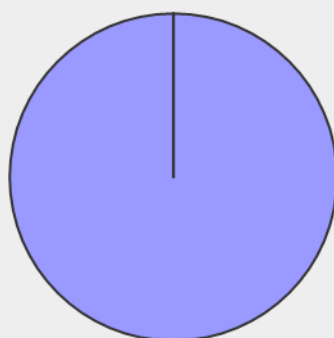
Are you housebound?



Q24. Do you have easy access to the internet?

Answer options	Response percentage	Response count
Yes	100.0%	51
No	0.0%	0
answered question		51
skipped question		0

Do you have easy access to the internet?

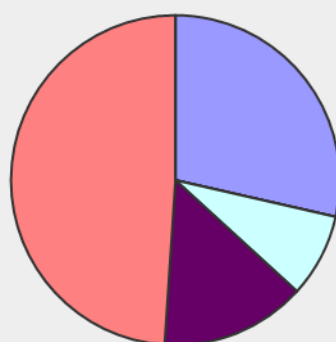


■ Yes
■ No

Q25. What is your work situation?

Answer options	Response percentage	Response count
Full-time (days)	28.6%	14
Full-time (nights)	0.0%	0
In full time education	0.0%	0
House wife/ husband	8.2%	4
Part-time	14.3%	7
Retired	49.0%	24
Unemployed	0.0%	0
Other (please specify)		3
answered question		49
skipped question		2

What is your work situation?



■ Full-time (days)
■ Full-time (nights)
■ In full time education
■ House wife/ husband
■ Part-time
■ Retired
■ Unemployed

Q26. To which of these ethnic groups would you say you belong?

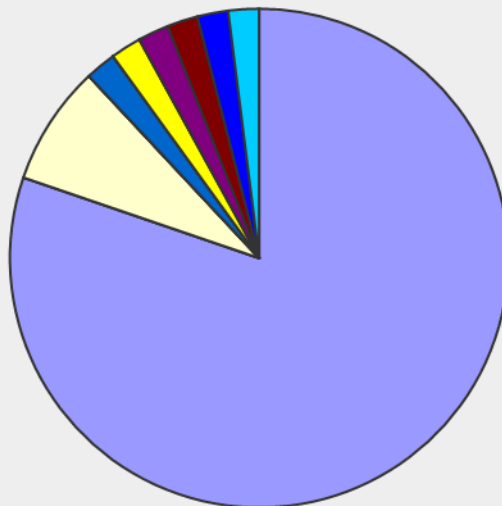
Answer options	Response percentage	Response count
White British	80.4%	41
White Irish	0.0%	0
Any other White background	7.8%	4
Mixed White and Black Caribbean	0.0%	0
Mixed White and Black African	0.0%	0

Mixed White and Asian	0.0%	0
Other Mixed background	2.0%	1
Asian or Asian British Indian	0.0%	0
Asian or Asian British Pakistani	0.0%	0
Asian or Asian British Bangladeshi	0.0%	0
Other Asian background	2.0%	1
Black or Black British Caribbean	0.0%	0
Black or Black British African	2.0%	1
Any other Black background	2.0%	1
Chinese	0.0%	0
Any other ethnic group	2.0%	1
Rather not say	2.0%	1

answered question 51

skipped question 0

To which of these ethnic groups would you say you



- ☐ White British
- ☐ White Irish
- ☐ Any other White background
- ☐ Mixed White and Black Caribbean
- ☐ Mixed White and Black African
- ☐ Mixed White and Asian
- ☐ Other Mixed background
- ☐ Asian or Asian British Indian
- ☐ Asian or Asian British Pakistani
- ☐ Asian or Asian British Bangladeshi
- ☐ Other Asian background
- ☐ Black or Black British Caribbean
- ☐ Black or Black British African
- ☐ Any other Black background
- ☐ Chinese
- ☐ Any other ethnic group
- ☐ Rather not say

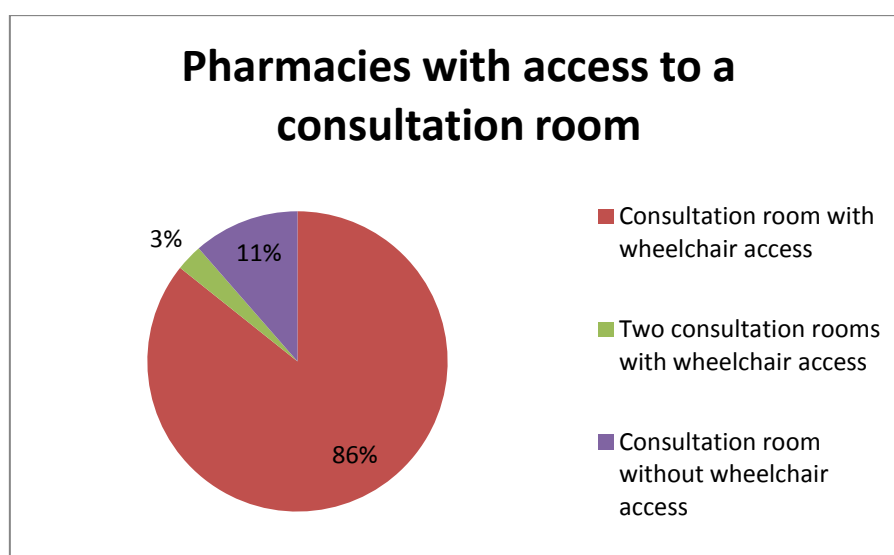
Appendix 9 Pharmacy Contractor Questionnaire

There were a total of 41 responses to the Pharmacy Contractor Questionnaire carried out between January and February 2015. Thirty six of these responses were from community pharmacies in the Sutton HWB area. Responses relating to opening hours, advanced, enhanced and locally commissioned services (LCS) have been collated into a table. Only responses from Sutton Pharmacies have been included.

Question: Is there a consultation area on the premises?

35 pharmacies replied of this question their replies are summarised below.

Consultation room with wheelchair access	30
Two consultation rooms with wheelchair access	1
Consultation room without wheelchair access	4
Total of responses	35



Question: Does the pharmacy have access to an off-site consultation area?

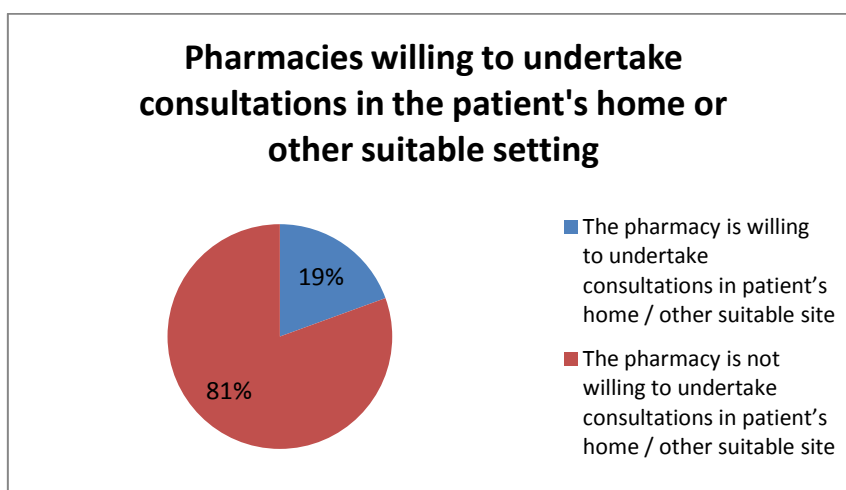
36 pharmacies replied to this question their replies are summarised below.

The pharmacy has access to an off-site consultation area	0
The pharmacy does not have access to an off-site consultation area	36
Total of responses	36

Question: Is the pharmacy willing to undertake consultations in patient's home / other suitable site?

36 pharmacies replied to this question their replies are summarised below.

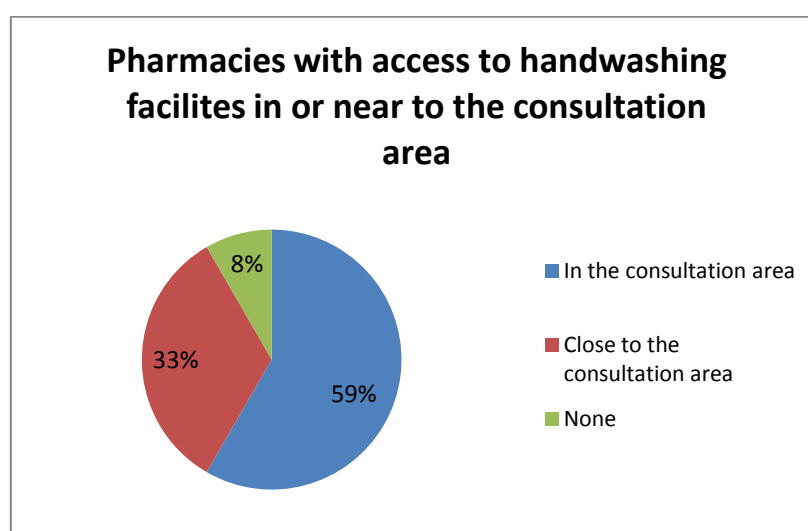
The pharmacy is willing to undertake consultations in patient's home / other suitable site	7
The pharmacy is not willing to undertake consultations in patient's home / other suitable site	29
Total of responses	36



Question: During consultations are there hand-washing facilities?

36 pharmacies replied to this question their replies are summarised below.

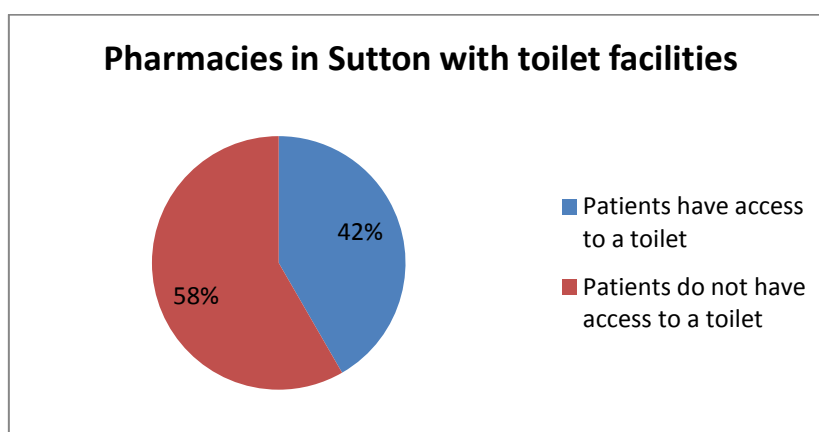
In the consultation area	21
Close to the consultation area	12
None	3
Total of responses	36



Question: Do patients attending for consultations have access to toilet facilities?

36 pharmacies replied to this question their replies are summarised below.

Yes patients attending for consultations have access to toilet facilities?	15
No patients attending for consultations have access to toilet facilities?	21
Total of responses	36

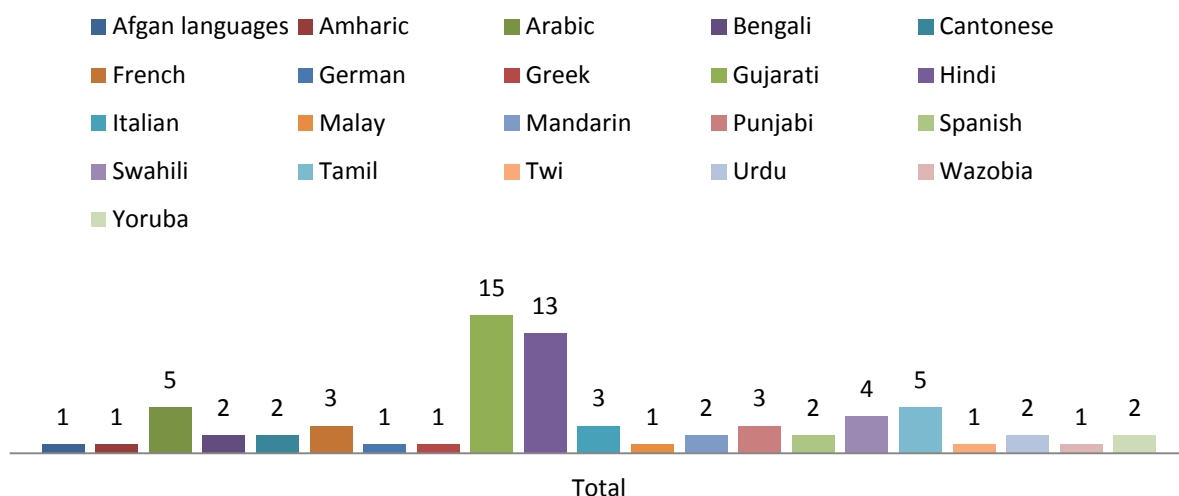


Question: what languages are spoken (in addition to English)?

25 pharmacies replied to this question their replies are summarised below.

Afgan languages	1	Hindi	13
Amharic	1	Malay	1
Arabic	5	Mandarin	2
Bengali	2	Punjabi	3
Cantonese	2	Spanish	2
French	3	Swahili	4
German	1	Tamil	5
Greek	1	Twi	1
Gujarati	15	Urdu	2
Italian	3	Wazobia	1
Yoruba	2		

Languages, other than English, spoken in pharmacies



Question: Does the pharmacy have Electronic Prescription Service?

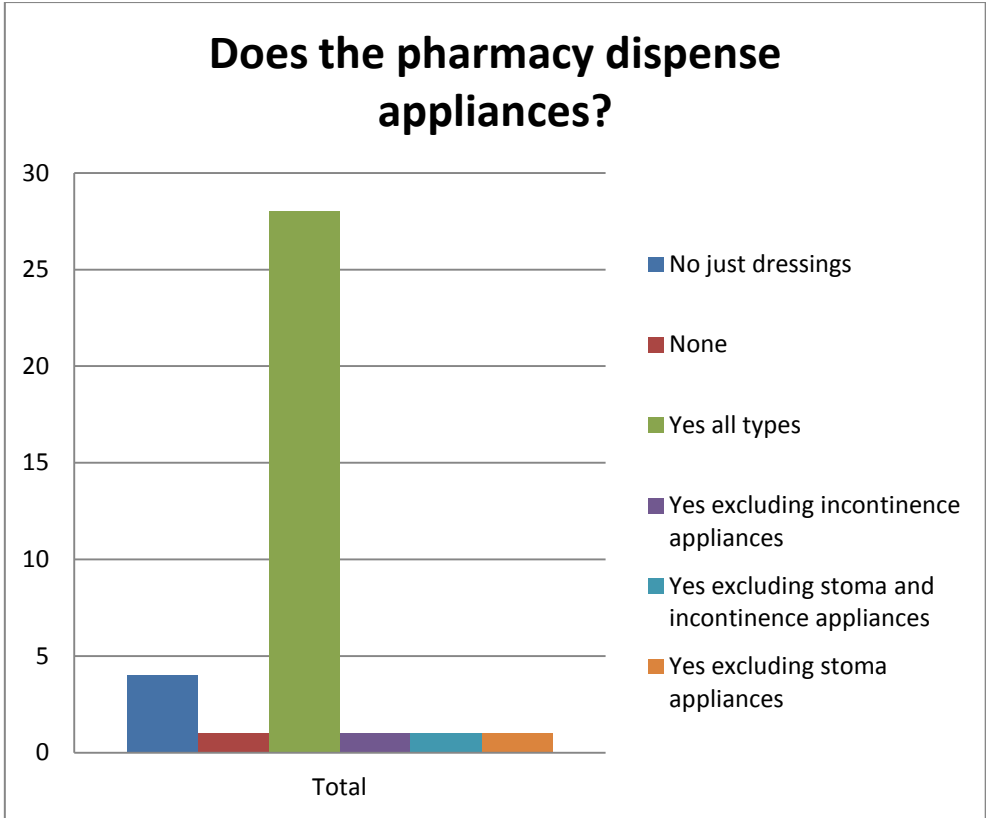
36 pharmacies replied to this question their replies are summarised below:

Release 2 enabled	36
No	0
Total of responses	36

Question: Does the pharmacy dispense appliances?

36 pharmacies replied to this question their replies are summarised below:

Yes – just dressings	4
Yes, excluding incontinence appliances	1
Yes, excluding stoma appliances	1
Yes, excluding stoma and incontinence appliances	1
Yes – all types	28
None	1
Total of responses	36



Question: If you are currently providing an Independent Prescribing Service, what therapeutic areas are covered?

1 pharmacy replied to this question their reply was: not at the moment

Responses to other questions are summarised in the table below:

Service area	Are you currently commissioned to provide this service?	Would you be willing to provide this service if commissioned	Are you not able or willing to provide this service?	Total number of responses to the question
Anticoagulation monitoring service*	1	31	3	35
Antiviral distribution*	2	31	2	35
Disease specific medicines management services:				

• Allergies*	1	33	2	36
• Alzheimers/dementia*	0	31	5	36
• Asthma*	1	33	2	36
• CHD*	0	32	4	36
• COPD*	1	33	3	36
• Depression*	0	31	5	36
• Diabetes type I*	0	34	2	36
• Diabetes type II*	0	34	2	36
• Epilepsy*	0	31	5	36
• Heart failure*	0	30	4	34
• Hypotension*	1	33	3	36
• Parkinson's Disease*	0	30	5	35
• Gluten free food supply service (i.e. not via FP10)*	0	36	0	36
• Home delivery service (not appliances)*	8	25	2	35
• Independent prescribing service*	0	29	7	36
• Language access service*	0	24	10	34
• Medication review service*	16	18	2	36
• Obesity management (adults and children)*	1	30	4	35
• On demand availability of specialist drugs*	0	29	6	35
• Out of hours service	2	20	13	35
• Patient group directive (PGD) name the medicine covered by the PGD*.	4	29	2	35
• Phlebotomy service*	0	21	14	35
• Medicines assessment and compliance support service*	1	31	3	35
• Prescriber support service*	0	29	6	35
• Schools service*	0	28	7	35
Screening services				
• Alcohol*	1	28	6	35
• Cholesterol*	3	28	3	34
• Diabetes*	2	30	3	35
• Gonorrhoea*	3	22	9	34

• H Pylori*	0	31	3	34
• HbA1C*	0	31	4	35
• HIV*	0	24	10	34
Other vaccination services				
• Childhood vaccinations*	0	29	7	36
• Hepatitis (at risk workers or patients)*	0	30	5	35
• HPV*	0	30	5	35
• Travel vaccinations*	0	30	4	34
• Sharps disposal service*	4	23	8	35
• Supplementary prescribing services – what other services are offered*	0	29	7	36
Does the pharmacy provide any of the following services				
Service	Yes	No	Total number of responses	
• Collection of prescriptions from GP Practices*	35	1	36	
• Delivery of dispensed medicines – free of charge on request	30	6	36	
• Delivery of dispensed medicines – Selected patient groups	27	7	34	
• Delivery of dispensed medicines – Selected areas	27	6	33	
• Delivery of dispensed medicines – chargeable	3	31	34	

***Service not commissioned**

Appendix 10

Integrated Impact Assessments (IIAs) are a tool that the Council's uses for assessing the possible impact (positive and negative) of policies, service delivery plans, strategies, projects, programmes, commissioning activities or other initiatives. IIAs are a mechanism through which the Council demonstrates compliance with the [Equality Act 2010](#), [Public Services \(Social Value\) Act 2012](#), and [Localism Act 2011](#).

A comprehensive IIA will facilitate evidence-based and informed decision making. Data to complete an IIA should be collected and considered from the beginning to the end of the project cycle. An IIA for each project will be revised and have several iterations as the project/programme cycle is scoped, developed, implemented and reviewed.

It is an expectation that a completed IIA is an appendix to all reports to committee where there will be an impact on employees, the organisation, customers and/or residents. Where a project is not being submitted to Committee, an IIA should be provided to the Policy & Customer Service Team.

In all instances Section 1: Aim & Demographics, Section 2: Equality & Diversity, Section 3: Health & Wellbeing and Section 6: Action & Publication must be completed. Section 4: Local Economy and Section 5: Sustainability must be completed if they are relevant to the proposal.

For more information on IIA's please see the [intranet page](#) or the Policy & Customer Service Team (Key contacts Fiona Cameron 020 8770 6181; Rebecca Escott-New 020 8770 6880).

SECTION 1: AIMS AND DEMOGRAPHICS

A. IS THIS A NEW POLICY OR A REVIEW OF AN EXISTING POLICY OR SERVICE?

The Pharmaceutical Needs Assessment (PNA) reviews existing Pharmaceutical service provision and assesses current and potential need, identifying service gaps and opportunities for future provision.

B. WHAT ARE THE AIMS AND PURPOSE OF THIS PROPOSAL?

The Pharmaceutical Needs Assessment (PNA) for Sutton.

The Health and Social Care Act 2012 transferred responsibility for the development and updating of PNAs to Health and Wellbeing Boards (HWBs).

A PNA will use the Joint Strategic Needs Assessment (JSNA) and other Board approved documents to identify local health priorities. It should look at current demographics and future trends and developments which could impact on the health of the local population. The PNA will look at issues that may affect it across the 3 years it could be valid for.

The PNA will also identify where pharmaceutical services are currently used to address these priorities and where changes may be required to fill any current identified gaps or to address possible future health needs.

The PNA should be a tool which is used to inform commissioners of the current provision of pharmaceutical services and where there are any gaps, in relation to the local health priorities, which could be addressed by improving services or access to services in the area. The commissioners who would find it most useful are Clinical Commissioning Groups (CCGs), Local Authority Public Health Teams and NHS England.

The PNA is of particular importance to NHS England who since 1 April 2013 has been identified in the Health and Social Care Act 2012 as responsible for maintaining pharmaceutical lists. The PNA is a key document in making decisions with regards to applications made under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Pharmaceutical contractors have been surveyed to verify information held by NHS England regarding their opening hours and the scope of services they currently provide.

A public survey has also been undertaken, the findings of which are reflected in the draft PNA.

From January 2015 to March 2015 there will be a 60 day public consultation on the draft PNA, feedback from which will be assessed and included as relevant.

C. WHICH OF THE GEOGRAPHIC AREAS DOES THIS PROPOSAL AFFECT?

(Insert any specific wards or state all borough)

All borough

SECTION 2: EQUALITY AND DIVERSITY

A. WHICH STAKEHOLDER GROUP OR GROUPS DOES THIS PROPOSAL AFFECT? (E.G. STAFF AT LBS, RESIDENTS, THIRD AND VOLUNTARY SECTOR)

Residents, Pharmacy contractors, NHS Sutton CCG, LBS (Public Health), NHS England

B. WHOSE NEEDS IS THE PROPOSAL DESIGNED TO MEET? (Include any specific impact on protected group members)

The PNA does not promote equality and diversity per se, but aims to review existing provision of pharmaceutical services in Sutton and ensure that services are accessible by all persons irrespective of any protected characteristic or other differential factor such as for example, socio-economic status, residential status/transience, criminal or law abiding behaviour, substance use/misuse.

The PNA takes account of health inequalities and that some population groups may have greater needs than others. Any differential impact arising from the PNA will be in relation to tackling these health inequalities. The PNA is informing the market to determine if services could be improved.

C. WHAT EVIDENCE HAS BEEN COLLECTED TO INFORM THIS PROPOSAL?

The exercise of developing the PNA required reviewing existing source data and gathering new information.

This PNA utilises the latest available data from the Joint Strategic Needs Assessment (JSNA), other relevant datasets and recent Public Health Reports.

Key drivers for setting priorities within Sutton are found within a variety of sources such as Sutton's Joint Health & Wellbeing Strategy, NHS Sutton CCG's Commissioning Intentions and Sutton's Better Care Programme.

In addition, information has also been gathered via:

A PNA public questionnaire – a survey of Sutton residents' views and experiences of pharmaceutical services within the borough. This included questions about what services the public were aware of, how they access services and what services they would like to see provided by community pharmacies. The PNA includes a summary of these responses.

A PNA pharmacy contractor survey – a survey of pharmacy providers that included

questions about the services the pharmacy offers, provision of targeted services, opening times, customer access, facilities for the disabled and languages spoken by staff.

In addition, a contractor engagement event with Sutton pharmacy contractors is planned for Tuesday 24th February at the Civic Centre to publicise the PNA and gauge local contractors' feedback.

The draft PNA will be out to public consultation for 60 days from January to March 2015. The document may then be updated further to include feedback received during the consultation. Amendments may include comments with respect to the IIA.

D. WHAT EQUALITY-RELATED INFORMATION, FOR EXAMPLE THROUGH CONSULTATION WITH STAKEHOLDERS, HAS BEEN GATHERED ON THIS PROPOSAL?

(Indicate the type of information gathered and ensure you address ethnicity, disability, gender, age, religion and sexual orientation. You can also include people with caring responsibilities. Attach a summary or refer to where the evidence is held.)

The 60 day Consultation January – March 2015 will ensure that stakeholder views are reflected within the PNA. Hard copies of the PNA will be available at Sutton Library, the Alzheimer's Society (Lind Road) and on request from Public Health, LBS.

Links to the PNA will be forwarded to the LBS Residents Panel and to the LBS Equality and Diversity Forum.

E. IN WHAT WAYS MIGHT THE PROPOSAL IMPACT POSITIVELY OR NEGATIVELY ON SOME GROUPS OF PEOPLE?

(Please ensure you address ethnicity, disability, gender, age, religion and sexual orientation. You can also include people with caring responsibilities.)

Characteristic	Information gathered
Age	<p>Age has an influence on which medicine and method of delivery is prescribed.</p> <p>Older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the aging process affecting the body's capacity to metabolise and eliminate medicines from it.</p> <p>Over three quarters of the respondents to the patient survey (76.0%) were aged between 46 to 64 years old, with 36.0% being 65 years old or over.</p> <p>Younger people, similarly, have different abilities to metabolise and eliminate medicines from their bodies.</p>

	Only 6.0% of respondents were under 35 years old.
Disability	Issues around access to pharmacy services and types of services provided were asked in the public survey. 30.0% of respondents described themselves as disabled. Issues raised are discussed within the document and outcomes relating to these can be identified and discussed by the HWBB. The survey will be published alongside the PNA.
Gender Reassignment	Insufficient information to comment
Marriage and Civil Partnership	Insufficient information to comment
Pregnancy and maternity	Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.
Race	<p>Black and minority ethnic (BME) groups generally have worse health than the overall population, although some BME groups fare much worse than others, and patterns vary from one health condition to the next. Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health inequalities. Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions.</p> <p>Within the patient survey, 80.4% of respondents described themselves as white British.</p>
Religion or Belief	Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.
Sex	<p>Responses to the survey were split as 23.5% male and 76.5% female. Some of the services discussed are solely directed to addressing female conception issues which may be reflected in the response ratio across the genders. Also, more women are visiting the pharmacy possibly due to caring responsibilities for older and younger relatives.</p> <p>It is well documented that men are often more unlikely to access healthcare services.</p>

Sexual Orientation	No specific needs are identified
Community Safety	No specific needs are identified
Poverty	The PNA takes account of health inequalities and that some population groups may have greater needs than others. Any differential impact will be in relation to tackling these health inequalities. The PNA seeks to improve access to pharmaceutical services for everybody.

E. WHAT WILL BE DONE TO PROMOTE EQUALITY OF OPPORTUNITY AS PART OF THIS PROPOSAL?

Characteristic	Possible solutions and mitigating actions
Age	<p>Community pharmacies can support people to live independently by supporting optimisation of the use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.</p> <p>Supporting independence by offering:</p> <ul style="list-style-type: none"> • Supply of daily living aids • Identifying emerging problems with peoples health • Signposting to additional support and resources <p>Advice can be given to patients on the optimal way to use the medicine or appliances and provide explanations on the variety of ways available to deliver medicines.</p> <p>Pharmacy staff can provide broader advice when appropriate to the patient or carer on the medicine, for example, possible side effects and significant interactions with other substances.</p> <p>The safe use of medicines for children and older people is one where pharmacies play an essential role.</p>
Disability	When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the

	<p>Equality Act 2010.</p> <p>Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out every day activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care.</p> <p>The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further support is needed, then compliance aids might include multi- compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.</p> <p>Each pharmacy should have a robust system for assessment and auxiliary aid supply that adheres to clinical governance principles.</p>
Gender Reassignment	Provision of necessary medicines and advice on adherence and side effects.
Pregnancy and maternity	Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding
Race	<p>There are opportunities to access translation services that should be used when considered necessary.</p> <p>Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service.</p>
Sex	<p>Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.</p> <p>When necessary, access to advice, provision of over the counter medications and signposting to other services is available as a walk in service without the need for an appointment.</p> <p>Community pharmacy is a socially inclusive</p>

	healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health service
Sexual Orientation	<p>Community pharmacy can provide contraceptive advice and safe sex messages.</p> <p>When necessary, access to advice, provision of over the counter medications and signposting to other services is available as a walk in service without the need for an appointment.</p> <p>Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health service</p>

SECTION 3: HEALTH AND WELL BEING

Please note: Data from the Joint Strategic Needs Assessment can be used to fill in this section of the form, which can be accessed here: <http://www.suttonjsna.org.uk/>

<p>A. IN WHAT WAY COULD THIS PROPOSAL POSITIVELY OR NEGATIVELY IMPACT ON THE PHYSICAL AND/OR MENTAL WELLBEING OF RESIDENTS? IF THERE IS A NEGATIVE IMPACT WHAT ACTION WILL BE TAKEN TO MITIGATE THIS? WHAT EVIDENCE HAS BEEN OR WILL BE COLLECTED?</p>
<p>The impact on physical health and wellbeing will be positive. This is because the PNA uses local health priorities, identified from the Joint Strategic Needs Assessment (JSNA), to consider whether current and future pharmaceutical services will be adequate to meet these needs.</p>
<p>B. IN WHAT WAY COULD THIS PROPOSAL HAVE A POSITIVE OR NEGATIVE IMPACT ON AN INDIVIDUAL'S OPPORTUNITY TO IMPROVE THEIR OWN HEALTH AND WELLBEING? IF THERE IS A NEGATIVE IMPACT WHAT ACTION WILL BE TAKEN TO MITIGATE THIS? WHAT EVIDENCE HAS OR WILL BE COLLECTED?</p>
<p>Positive – improved access to medicines, pharmaceutical care and advice on general health and well being, promotion of self care and appropriate signposting my a health professional to support services within the HWB area.</p> <p>A negative impact has not been identified</p> <p>A review od service active and effectiveness will be undertaken by NHS England, Sutton Council and other commissioning organisations</p>

C. IN WHAT WAY COULD THIS PROPOSAL POSITIVELY OR NEGATIVELY IMPACT DISPROPORTIONALLY ON THE HEALTH AND WELLBEING OF ONE OR MORE DIFFERENT COMMUNITIES? IF THERE IS A NEGATIVE IMPACT WHAT ACTION WILL BE TAKEN TO MITIGATE THIS?

(For example, improve the lives and health of a vulnerable group such as people with learning disabilities, but impact negatively on a different vulnerable group)

No impact has been identified as evidence shows that all groups freely access community pharmacies as demonstrated by the DH lead review- Community Pharmacy Use Review, Galbraith et al , 2008

SECTION 4: LOCAL ECONOMY

IS THIS SECTION RELEVANT TO YOUR PROPOSAL? (CIRCLE)	YES	NO
A. WILL THIS PROPOSAL AFFECT THE LOCAL JOB MARKET, LOCAL BUSINESS OR LOCAL INWARD INVESTMENT TO THE BOROUGH?		
B. DOES THIS PROPOSAL IMPACT UPON EMPLOYMENT OPPORTUNITIES FOR RESIDENTS IN SUTTON?		
C. DOES THIS PROPOSAL PROVIDE OPPORTUNITIES FOR THE THIRD SECTOR ORGANISATIONS AND OR LOCAL BUSINESSES IN SUTTON?		

SECTION 5: SUSTAINABILITY

IS THIS SECTION RELEVANT TO YOUR PROPOSAL? (CIRCLE)	YES	NO
A. IS THIS PROPOSAL SUSTAINABLE MEDIUM OR LONG TERM FOR IMPROVING SERVICES IN		

SUTTON?

B. IS THIS PROPOSAL A COST – EFFECTIVE USE OF RESOURCES?

C. IF APPLICABLE; DOES THIS PROPOSAL HAVE ANY IMPACT ON THE ENVIRONMENT AND ONE PLANET LIVING PRINCIPLES IN SUTTON?

(For example, does it impact upon reducing waste, encourage the use of carbon neutral modes of transport conserve the environment or encourage the efficient use of water? Please see guidance for further details if this is relevant to your policy or review).

SECTION 6: ACTIONS AND PUBLICATION

A. PLEASE RATE THE OVERALL IMPACT IDENTIFIED THROUGH THIS ASSESSMENT WITH THE LEVEL OF ACTION THAT NEEDS TO BE TAKEN (DELETE AS APPROPRIATE):

1. **No major change required** (when the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.)
2. **Adjustments to remove barriers identified by the assessment or to better advance equality.** (Are you satisfied that the proposed adjustments will remove the barriers identified?)
3. **Continue despite having identified some potential for adverse impacts or missed opportunities to advance equality.** (In this case, the justification should be included in the assessment and should be in line with the duty to have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.)
4. **Stop and rethink** (when an assessment shows actual or potential unlawful discrimination)

B. WHAT ACTIONS ARE GOING TO BE TAKEN AS A RESULT OF THIS IIA TO ADDRESS NEGATIVE IMPACTS OR PREVIOUSLY MET UNIDENTIFIED NEEDS?

No major change required

C. WHAT DATA MONITORING OR EVALUATION ACTIVITY HAS BEEN PUT INTO PLACE TO MONITOR THE IMPACT OF THIS PROPOSAL?

N/A

D. SIGN- OFF

(Your completed IIA must be signed off by a Head of Service)

Dr Nicola Lang

Director of Public Health

Appendix 11 Housing and Development

LBS list of Sites with Planning Permission and 'Office to Residential Conversions' with Prior Approval.

Sites with Planning Permission (Delivery Likely within 5 years)

Site	Number of residential units
Elizabeth House, Park Lane, Cheam, SM3 8BT	45
Victoria House, 388 Malden Road, North Cheam, SM3 8HY	75
Vacant Land, 17 Sutton Court Road, Sutton, SM1	82
Windsor House, Lodge Place, Sutton, SM1 4AU	27
South Point, Sutton Court Road, Sutton, SM1 4TY	332
324-340 High Street, Sutton, SM1 1PR	40
Old Gasworks, High Street, Sutton, SM1 1LG	186
Durand Close Regeneration, Durand Close, Carshalton, SM5 2BT	172
Felnex Trading Estate, London Road, Hackbridge, SM6 7EL	725
Mayfield Park, Fountain Drive, Carshalton, SM5 4NR	44
Wandle Valley Trading Estate, Goat Lane, Hackbridge, CR4 4HW	124
Former Magistrates Court, Shotfield, Wallington, SM6 0JA	57
Wallington Square, Wallington, SM6 8RG	30

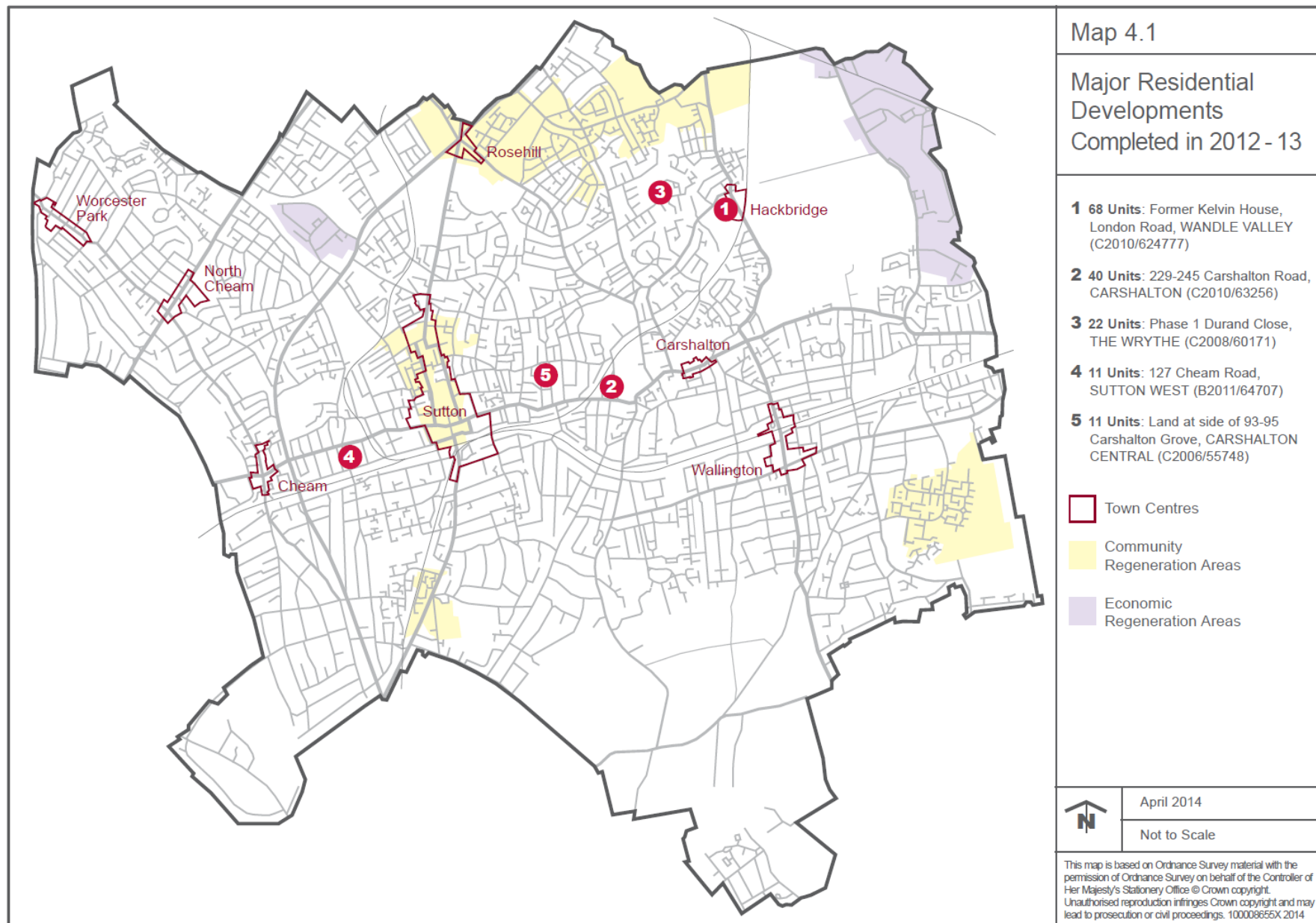
Data Collected: 30 September 2014

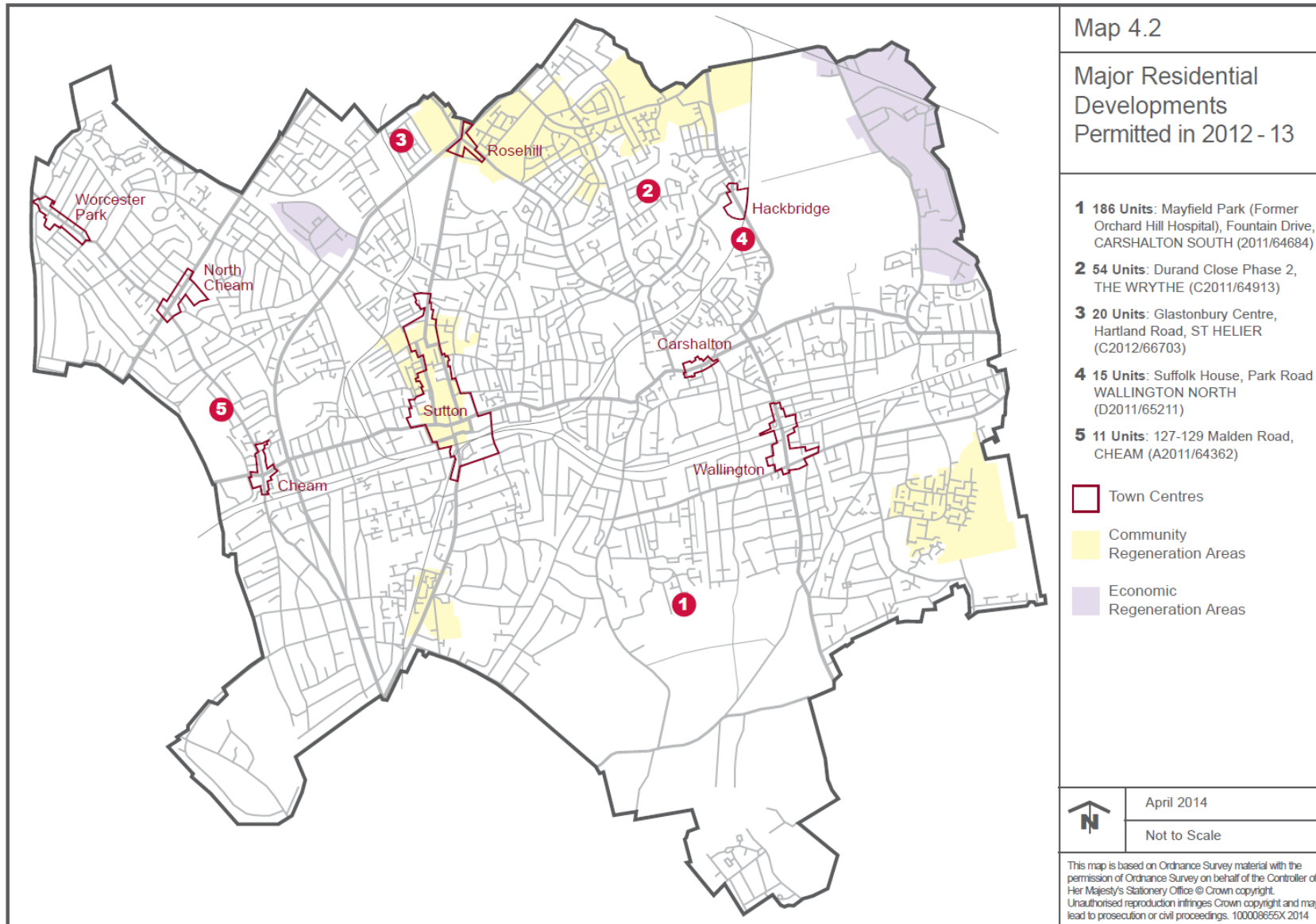
Office to Residential Conversions with Prior Approval (Delivery Likely within 5 years)

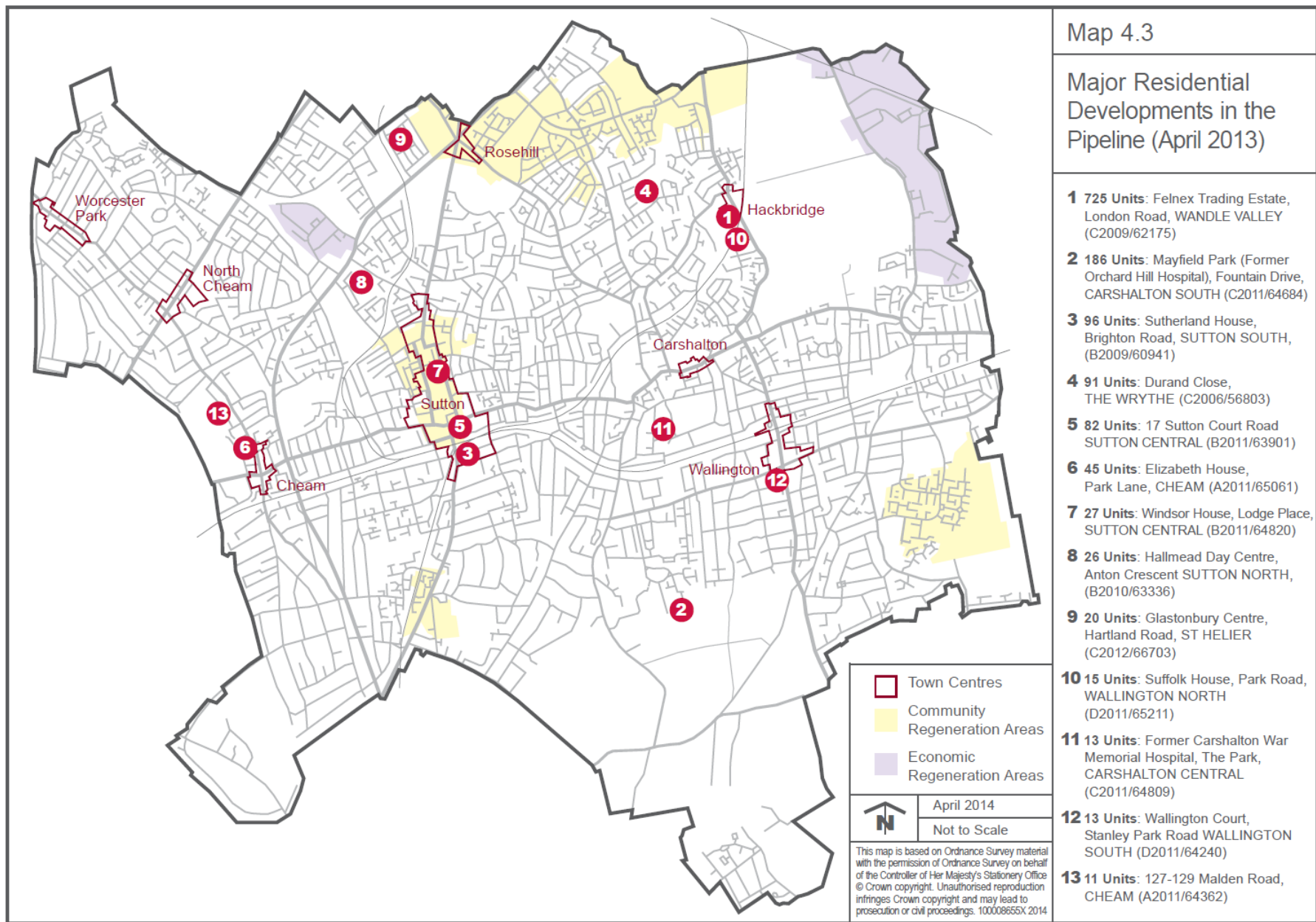
Site	Number of residential units
Cantium House, Railway Approach, Wallington	40
UCB House, Sutton Court Road, Sutton	67
Waddon House, 283 Stafford Road, Wallington	61
Mill Green Business Park, Mill Green Road, Hackbridge	43
Haredon House, 810 London Road, Stonecot	43
Century House, Station Way, Cheam	27
Marshalls Court, Marshalls Road, Sutton	21
McMillan House, Cheam Common Road, North Cheam	46
Group House, Sutton Court Road, Sutton	29
Old Inn House, 2 Carshalton Road, Sutton	28
Unicol House, 819-31 London Road, Stonecot	51
Sutherland House, Brighton Road, Sutton	128

Data collected: 20 November 2014

All maps sourced from the Sutton AMT 2012-13







Appendix 12

Your views on the draft PNA

Q1. The Sutton draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?

Strongly agree ☐ Tend to agree ☐ Neither agree nor disagree ☐
Tend to disagree ☐ Strongly disagree ☐ Don't know / can't say ☐

If you disagree, please explain your reason(s) below:

Q2. To what extent do you agree or disagree with the other conclusions contained within the draft PNA (please see the Executive Summary section of the document)?

Strongly agree ☐ Tend to agree ☐ Neither agree nor disagree ☐
Tend to disagree ☐ Strongly disagree ☐ Don't know / can't say ☐

If you disagree, please explain your reason(s) below:

Q3. In your opinion, how accurately does the draft PNA reflect each of the following?

a. Current provision of pharmaceutical services in Sutton

Extremely accurately ☐ Very accurately ☐ Moderately accurately ☐

Slightly accurately ☐ Not at all accurately ☐ Don't know / can't say ☐

If you ticked 'not at all accurately' please explain below

b. Current pharmaceutical needs of Sutton's population

Extremely accurately ☐ Very accurately ☐ Moderately accurately ☐

Slightly accurately ☐ Not at all accurately ☐ Don't know/can't say ☐

If you ticked 'not at all accurately' please explain below

c. Future pharmaceutical needs of Sutton's population (over the next 3 years)

Extremely accurately ☐ Very accurately ☐ Moderately accurately ☐

Slightly accurately ☐ Not at all accurately ☐ Don't know / can't say ☐

If you ticked 'not at all accurately' please explain below

Q4. Please use the space below to make any other comments relevant to the PNA or pharmaceutical services in Sutton

Your interest in the PNA

Q5. Are you responding mainly as?

- A member of the public..... ☐
- A pharmacist ☐
- A GP..... ☐
- A healthcare or social care professional..... ☐
- A member of Sutton Council (a councillor)..... ☐
- An employee of Sutton Council ☐
- A voluntary or community sector organisation..... ☐
- A business..... ☐
- Other..... ☐

If responding on behalf of an organisation, please tell us its name:

Q6. Please tell us your full postcode:

Thank you for completing this survey. Please return it by **Tuesday 27th March 2015**



About you

This section is optional but is really important as it helps us to gain a better understanding of the needs and views of different groups of people, and how they might be impacted by any changes.

This information will remain confidential and will be used for analysis purposes only. Your personal information will not be published and individuals will not be identified.

If you are responding on behalf of an organisation you do not need to complete this section.

Appendix 13 – Consultation report

Introduction

The PNA process has a statutory provision which requires at least a 60 day consultation. Its purpose is to establish if the pharmaceutical providers and pharmaceutical services supporting the population in the Health and Wellbeing Board (HWB) area are accurately reflected in the final PNA document. The following report outlines considerations and responses to the consultation and describes the overall consultation process.

Consultation Process

As part of the process the HWB has consulted with those parties identified under Regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services Regulations) 2013, to establish if the draft PNA addresses issues that they considered relevant to the provision of pharmaceutical services. Examples of consulted parties include: NHS England; Local Pharmaceutical Committee; Local Medical Committee; Healthwatch; contractors on the Sutton pharmaceutical list, NHS Trusts and neighbouring HWB areas.

Each consultee was contacted via an email explaining the purpose of the PNA and that as a statutory party; the HWB welcomed their opinion on the draft PNA content and conclusions. Consultees were directed to the Sutton Council website where the draft PNA could be freely accessed or offered the option of a hard copy.

In addition, other local stakeholders were invited to consult on the draft. These included the Sutton Residents Panel and the Equality and Diversity Forum. Hard copies of the document were left in Sutton Central Library, the Alzheimer's Society and at Age Concern Sutton.

Responses from consultees were captured using a questionnaire comprising 6 questions (Appendix twelve) and/or submitting additional comments. The questionnaire was available on line or in hard copy. Responses and additional comments were accepted by completing the questions online or alternatively by email, post or paper copy.

The content of the questionnaire was derived as part of a PNA bench marking exercise. The questionnaire purpose was to capture opinion on current pharmaceutical services provision, consider any specified future circumstance where the current position may significantly change and identify any current and future gaps in pharmaceutical services within the 3 year time horizon of the PNA.

The consultation ran from 27th January 2015 until 27th March 2015.

Results

The consultation received 10 responses in total. This includes 1 response by letter and 9 responses using the online facility, the on line respondents identified themselves as the following:

Answer Options	Response Percent	Response Count
member of the public	22%	2
pharmacist	78%	8
GP	0%	1
healthcare or social care professional	0%	0

member of Sutton Council (a councillor)	0%	0
employee of Sutton Council	0%	0
voluntary or community sector organisation	0%	0
business	0%	0
other	0%	0
<i>answered question</i>		11

The pharmacies who responded were

- Coopers & Co. Chemist
- SG Barai Chemist
- Glory (Blundens Chemist)
- J.G Kirkby
- First Pharmacy
- Manor Pharmacy
- Kamsons Pharmacy
- Boots UK Ltd

Both of the members of the public were anonymous.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question. As a result percentages are derived from the number of responses to the questions rather than the number of overall respondents.

Summary of Online Questions, Responses and HWB Considerations

Question: The Sutton draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?

10 responses (91%) either *strongly agree* or *tend to agree* whilst one respondent neither agreed nor disagreed. No respondent disagreed

Question: To what extent do you agree or disagree with the other conclusions contained within the draft PNA (please see the Executive Summary section of the document)?

8 responses (73%) were *strongly agree* or *tend to agree*, 1 response (9%) was *don't know* and 2 response (18%) was *neither agree nor disagree*. No respondent disagreed.

Question: In your opinion, how accurately does the draft PNA reflect each of the following?
Current provision of pharmaceutical services in Sutton

8 responses (73%) were *extremely accurately* or *very accurately*, 2 responses (18%) were *moderately accurately* and 1 responses (11%) was *not at all accurately*

No additional comments were provided for the *not at all accurately* response.

Question: In your opinion, how accurately does the draft PNA reflect each of the following?
Current pharmaceutical needs of Sutton's population

7 responses (64%) were *extremely accurately* or *very accurately*, 3 responses (27%) were *moderately accurately* and 1 response (9%) was *neither agree nor disagree*. No respondent disagreed.

Question: In your opinion, how accurately does the draft PNA reflect each of the following?
Future pharmaceutical needs of Sutton's population (over the next 3 years)

6 responses (54%) were extremely accurately or very accurately, 3 responses (27%) were moderately accurately, 1 response (9%) was *don't know* and 1 response (9%) was *neither agree nor disagree*. No respondent disagreed.

Question: Please use the space below to make any other comments relevant to the PNA or pharmaceutical services in Sutton

Additional comments

Comment:	HWB response
the population mix of Sutton will change but the PNA should cover this	The PNA considers this is covered both in section 5, section 6, section 7, section 8, section 9, section 10, section 11 and section 12
the LPS is a well received and appreciated service by the local population and from Merton	The PNA considers the LPS in section 4.3, section 5.2, section 8.6, section 8.9, section 10, section 11 and section 12
the NHS and Sutton should develop new services as enhanced services from the current pharmacies	The PNA considers pharmaceutical service provision currently and in the future in section 9, section 10, section 11 and section 12
Absence of an alcohol awareness service	<p>This is not a pharmaceutical service</p> <p>The HWB may consider the evidence base for the effectiveness and cost effectiveness of such pharmacy services when considering the need for this type of service during the time horizon of the PNA.</p> <p>The HWB will also consider other providers of this service when considering the needs of the population during the time horizon of the PNA.</p>
Absence of Needle exchange service in Sutton & Cheam Locality	<p>This is not a pharmaceutical service</p> <p>The PNA has encouraged a review of locally commissioned services as part of its conclusions. Substance misuse services are due for review in 2015.</p>

Comments Received By Post and Email

In addition to the on-line responses, the HWB received and considered the following responses:

Comment:	HWB response
Croydon HWB	This is noted by HWB.
Surrey HWB	This is noted by HWB.
<p>LPC and numerous individual Pharmacy Contractors responses relating to the accuracy of the pharmaceutical list</p> <ul style="list-style-type: none"> opening times (core & supplementary) Contractors names Contractors address/location 	<p>The accuracy of the Pharmaceutical list used to compile the PNA and the maintenance of its future accuracy is the responsibility of NHS England. The HWB notes that a number of contractors and the LPC have commented on discrepancies in the Pharmaceutical list. These have been communicated to NHS England by the contractors or via Sutton Council.</p> <p>The HWB would like to seek assurance from NHS England regarding the accuracy of Sutton Pharmaceutical List.</p>
LPC and LPS contractors comments on the accuracy of the contract status of the OOH LPS	<p>The HWB has noted the incomplete information originally provided by NHS England in relation to this contract. The HWB is grateful to the LPC for facilitating the feedback on this service directly from the LPS contractor</p> <ul style="list-style-type: none"> LPS operates from the same premises as Rosehill Pharmacy but uses a separate dispensary and OTC medicines stocks. LPS has its own separate premises area and separate staff are employed. LPS's opening hours are not dovetailed with opening hours of the Rosehill contractor but are dovetailed with general opening/closing hours of pharmacies in the area. LPS is open when most of the pharmacies are close in the HWB area, this was the original concept of the service. Opening hours for LPS: Mon - Fri 19:30-22:30, Sat: 19:00-22:00, Sun: 17:00-22:00 Bank Holidays plus Christmas day and Easter Sunday 10:00-22:00. LPS is openly accessible to the public LPS provides all essential services but not advanced services - due to fact that the majority of prescriptions dispensed are for acute conditions and not repeats. LPS also

	<p>provides 2 pharmaceutical services - Palliative Care and Minor Ailments Services. It is not commissioned to provide any locally commissioned services.</p> <ul style="list-style-type: none"> LPS contract was last reviewed by NHS England on 9th Feb 2015 and will extend the contract by 12 months. Its next review occurs in Feb 2016. This has been agreed between the LPS contractors and NHS England. <p>The PNA has been updated throughout to reflect the above information on LPS contract status.</p> <p>There are currently 44 entries on the Sutton pharmaceutical list, this figure does not include the LPS. Note, there is no requirement to include LPS in the pharmaceutical list.</p> <p>When using the term <i>pharmacy contracts</i> in the PNA this term is inclusive of the LPS thus refers to 45 pharmacy contracts in the HWB area.</p> <p>The HWB notes NHS England are now in receipt of the correct information relating to the LPS.</p>
LPC and LPS contractors comments on the accuracy of the contract status of Galloways Chemist as an Essential Small Pharmacy LPS	<p>The HWB has noted the information originally provided by NHS England in relation to this contract differs from the information provided by the contractor.</p> <p>Recent information from NHS England has confirmed that Galloways Chemist holds an ESPLPS contract. This is reflected throughout the PNA</p>
<p>LMC members comments.</p> <p>With regard to the co-location of pharmacy services within a medical centre the LMC is of the view that where patient benefit can be demonstrated, the LMC would support such a co-location. The LMC had no further comments to make on the PNA.</p>	This is noted by the HWB
<p>NHS England</p> <p>Under section 4.1, the PNA makes a reference to Appendix 1 as the pharmaceutical list for Sutton. Technically, the ESP LPS contractor is not on the pharmaceutical list (as per the Regulations) and this should be</p>	<p>The PNA has been referenced to the pharmaceutical list provided by NHS England. The list was supplied with both LPS included.</p> <p>The HWB notes a number of discrepancies in the list and would like to seek assurance from NHS England regarding maintenance of the</p>

made clear. Similarly, the LPS for out of hours is also not on the pharmaceutical list.

In relation to the above bullet point, the reference in section 8.1.1 should be amended to reflect the correct number of providers on the pharmaceutical list.

On page 91, the third last paragraph, the last sentence, should the word 'access' be replaced by 'assess'?

The legends on the maps are too small for the reader.

In section 9 there are several instances where the word 'for' may need to be replaced by 'from' in relation to activity data for each of the enhanced service.

In section 12.4, the PNA assesses no gaps in the provision of enhanced services. This is contradictory to the statement made at the bottom of page 91 which says that "Based upon current information available, it is inconclusive whether these (enhanced) services are currently meeting the needs of the local population upon which it was commissioned or if original need has changed. The continued need for these services within the local population requires a review".

In section 12.6.1 and 12.6.2, the statements in the boxes in blue do not make sense from a regulatory point of view.

Sutton Council

Activity data for all LCS services was subsequently provided by Sutton Council commissioners.

Service reviews which may incorporate some of these LCS have been identified

Pharmaceutical List.

It should be noted that the arrangements for the ESPLPS contracts will expire 1st April 2015 and ESPLPS pharmacies will have a right to return to national contracting and funding arrangements.

Appendix 1 has been altered to clarify that OOH LPS is not included in the pharmaceutical list and additional text included in section 4 and section 8.

Section 8.1.1 is correct and additional text has been added.

Page 91, the wording is correct

The HWB note the comment regarding maps. The PNA will be available on line, in hard copy or enlarged print.

The wording in section 9 is correct, additional text and editing has occurred in this section.

The wording section 12.4 and section 8 has been edited to clarify the conclusions.

Section 12.6.1 and 12.6.2, the HWB notes the comment and does not agree.

The HWB is grateful for this additional data and notes the comment on future service reviews

The PNA has been updated in section 9 to include activity data relating to all locally commissioned services.

Additional wording has been introduced into the Section 11 "improvement and better access" and section 12 "conclusions" to reflect this additional information

Note overall conclusions have not been altered.

<p>Sutton CCG</p> <p>The PNA didn't adequately reflect the future requirements for 7 day working</p> <p>Is there sufficient Sunday and late night service provision</p> <p>Is there sufficient palliative care cover – particularly late night and weekends</p> <p>The PNA should reflect the new models of pharmacy further – in particular distance selling pharmacies</p> <p>Whilst there is equal distribution of pharmacies across the patch, and in particular the services that are offered – how do we know that this is enough?</p> <p>Additionally, there is a primary care premises redevelopment scheme underway, that NHSE are aware of I assume, which may have an impact on service provision in Belmont/South Sutton</p> <p>Sutton CCG is re-commissioning domiciliary INR monitoring and have invited expressions of interest from potential providers - including community pharmacies</p>	<p>The PNA clearly states the methodology used to assess pharmaceutical need and has concluded there are no gaps in pharmaceutical services within the HWB.</p> <p>Section 7 has considered a future impact of 7 day working and additional text has been introduced.</p> <p>Data on the palliative care service is not available from NHS England. This has been taken into account in the conclusions</p> <p>Distance selling pharmacies have been considered in section 8. PNA acknowledges the very low usage by Sutton residents.</p> <p>The HWB notes that the PNA will be updated through supplemental statements until the refresh of the document in 3 years time.</p> <p>Information on primary care premises has been updated in section 7 using information from NHS England.</p> <p>The HWB notes the information regarding INR monitoring and will reflect the outcome of this re-commissioning in the PNA if appropriate.</p>
<p>A group of residents from Clockhouse have communicated that they value the pharmacy there. They find the pharmacy convenient to use and have raised concerns about the distance to reach other pharmacies.</p>	<p>This is noted by the HWB</p>

Summary Conclusions

The HWB concluded that the vast majority of the responses were supportive of the draft PNA and the limited comments offered provided no reason to alter the conclusions for the final published PNA, albeit a series of amendments were made as outlined in this consultation report.

Key Amendments

The HWB concluded that the vast majority of the responses were supportive of the draft PNA and the limited comments offered provided no reason to alter the conclusions for the final PNA, albeit minor amendments were made as outlined in this consultation report.

1. Various sections and appendices – LPS

Inclusion in Section 4.2.2

The LPS is , located in the Carshalton locality, is providing OOH LPS.

- *Opening hours for LPS: Mon - Fri 19:30-22:30, Sat: 19:00-22:00, Sun: 17:00-22:00 Bank Holidays plus Christmas day and Easter Sunday 10:00-22:00. The opening hours are not dovetailed with opening hours of the Rosehill contractor but are dovetailed with general opening/closing hours of pharmacies in the area.*
- *LPS operates from the same premises as Rosehill Pharmacy but uses a separate dispensary and OTC medicines stocks. LPS has its own separate premises area and separate staff are employed.*
- *LPS is openly accessible to the public from this premises.*
- *LPS provides all essential services but not advanced services - due to fact that majority of prescriptions dispensed are for acute conditions and not repeats.*
- *LPS also provides 2 pharmaceutical services - Palliative Care and Minor Ailments Services.*
- *LPS is not commissioned to provide any locally commissioned services.*

At the time of writing the PNA, NHS England has reviewed the LPS (9th February 2015) and agreed to extend this contract by 1 year (contract end 31st March 2016). The LPS will be reviewed again in February 2016.

2. Section 4.3 Locally Commissioned Services

Note that Sutton CCG do not commission any services from pharmacies within the HWB area at the time of compiling the PNA.

3. Section 7.2 Primary Care Services

The HWB will consider any potential changes in opening times on pharmaceutical need as details emerge within the 3 year time horizon of this PNA.

4. Pharmacy And Choice

Additional text has been added for clarification to section 8

5. NHS Dispensing activity

Additional text has been added for clarification to section 8

6. Advanced services

Note the DAC provides a national service not just for the HWB area and may be performing AUR for residents outside the HWB area

Note the DAC provides a national service not just for the HWB area and may be performing SAC for residents outside the HWB area

7. Minor Ailments Scheme

The HWB notes that because residents can move between localities to access the Minor ailments Service it is available to all residents in the Sutton HWB area.

Additional text has been added section 9 and section 12

8. Palliative Care Service

The HWB notes that because residents can move between localities to access the Minor ailments Service it is available to all residents in the Sutton HWB area.

9. Locally Commissioned Services

Various inclusions of data, graphs and pie charts

10. Housing and Commercial Developments

The HWB do not believe that the location and sum total of housing and commercial developments details in the AMR will have an impact on pharmaceutical service provision. The HWB will continue to monitor the content of this and future AMR during the next 3 years to assess any impact on pharmaceutical service provision.

11. Improvement and Better access- gaps in service provision

The HWB also notes that activity data is available for all LCS commissioned by Sutton Council and some of these services will be subject to services reviews in the immediate future (e.g. sexual health). However it is still unclear if LCS are meeting the needs of the local population due to a lack of service review at the time of compiling this PNA. Nevertheless the HWB has not been presented with any evidence to date which concludes that any of these LCS should be decommissioned or expanded.

12. Enhanced service – Section 8 and conclusions

Due to the limited information available, a service review and evaluation is recommended to establish if the enhanced service as it was commissioned, currently meets the needs of the local population or whether these needs have changed e.g. increased.

In section 12

There is no identified gap in the provision of immunisation services, the service is accessible across the borough and in all 3 localities with between 47-89% of pharmacies providing the service across localities.

There is no identified gap in the provision of minor ailments; it is accessible in 95% of pharmacies within the HWB area. There is some evidence that Sutton residents are using this service. Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

The MDS service is only accessible in one locality, Carshalton. There is limited evidence that Sutton residents are using this service. Due to the limited information available, a service review and evaluation is recommended to establish if the MDS Service as it was commissioned, currently meets the needs of the local population or whether these needs have changed nevertheless the HWB has not been presented with any evidence to date which concludes that this enhanced service should be decommissioned or expanded.

The Care Homes advisory service is only accessible in one locality, Sutton & Cheam. There is limited evidence that Sutton residents are using this service. Due to the limited information available, a service review and evaluation is recommended to establish if the Care home advisory service as it was commissioned, currently meets the needs of the local population or whether these needs have changed .Nevertheless the HWB has not been presented with

any evidence to date which concludes that this enhanced service should be decommissioned or expanded.

There is no identified gap in the access to palliative care medicines service, it is accessible in all 3 localities with between 6 -34% of pharmacies providing the service across localities. There is some evidence that Sutton residents are using this service. Service utilisation and capacity should be periodically reviewed to assist commissioners in establishing commissioning intentions from pharmacies.

13. Locally Commissioned services – Conclusions

Removed the references to a lack of activity data and service review *and inserted the phrase the absence of current service reviews*

Additional text has been added to section 11 and section 12