



Draft Pharmaceutical Needs Assessment 2022

Sutton Health and
Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Sutton Council. The production has been overseen by the PNA Steering Group for Sutton Health and Wellbeing Board with authoring support from Soar Beyond Ltd. All information correct at the time of writing in May 2022.

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Executive summary

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. The last PNA for Sutton was published in June 2018. Due to the COVID-19 pandemic the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

This mapping of pharmaceutical services against local health needs provides Sutton HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This draft PNA has been produced through the PNA Steering Group on behalf of Sutton HWB by Sutton Council with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the 'pharmaceutical list' held by NHS England and NHS Improvement (NHSE&I). Types of providers are:

- Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

The Community Pharmacy Contractual Framework is made up of three types of services:

- [Essential Services](#)
- [Advanced Services](#)
- [Enhanced Services](#)

This PNA is based upon the HWB defining Essential Services as [Necessary Services](#) and the Advanced and Enhanced Services as being relevant.

Pharmaceutical service providers in Sutton

Sutton has 42 community pharmacies, including one DSP and one LPS pharmacy (as of 29 March 2022) for a population of 207,707. Sutton has an average of 20.2

community pharmacies per 100,000 population, compared with 20.6 per 100,000 in England. There is also one DAC in Sutton.

Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and/or reflects future population changes.

The PNA is required to clearly state what is considered to constitute necessary services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for Sutton HWB are defined as Essential Services.

Current provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in [Section 1.4](#). Access to Necessary Service provision in Sutton is described in [Section 6.2](#).

- Necessary Services – normal working hours

There is no current gap in the provision of Necessary Services during normal working hours across Sutton to meet the needs of the population.

- Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across Sutton to meet the needs of the population.

- Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Sutton.

Improvements and better access – gaps in provision

Advanced Services and Enhanced Services are considered **relevant** as they contribute toward improvement in provision and access to pharmaceutical services.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for, pharmaceutical services in the Sutton HWB area, and are commissioned by the Integrated Care Board or local authority, rather than NHSE&I.

- Current and future access to Advanced Services

There are no gaps in the provision of services at present or in the future that would secure improvements or better access to Advanced Services in Sutton.

- Current and future access to Enhanced Services

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Sutton.

- Current and future access to Locally Commissioned Services

Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances across Sutton to meet the needs of the population.

Abbreviations

AF – Atrial Fibrillation

AUR – Appliance Use Review

A&E – Accident and Emergency

BAME – Black, Asian and Minority Ethnic

BSA – Business Services Authority

CCG – Clinical Commissioning Group

CHAIN – Combined Homelessness and Information Network

CHD – Coronary Heart Disease

CKD – Chronic Kidney Disease

CLA – Children Looked After

COA – Census Output Area

COPD – Chronic Obstructive Pulmonary Disease

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

CVD – Cardiovascular Disease

DAC – Dispensing Appliance Contractor

DHSC – Department of Health and Social Care

DLUHC – Department for Levelling Up, Housing and Communities

DMIRS – Digital Minor Illness Referral Service

DMS – Discharge Medicines Service

DSP – Distance-Selling Pharmacy

EHC – Emergency Hormonal Contraception

EPS – Electronic Prescription Service

eRD – Electronic Repeat Dispensing

ES – Essential Services

GLA – Greater London Authority

GP – General Practitioner

Hep C – Hepatitis C

HIV – Human Immunodeficiency Virus

HLP – Healthy Living Pharmacy

HWB – Health and Wellbeing Board

HWS – Health and Wellbeing Strategy
ICB – Integrated Care Board
ICS – Integrated Care Systems
IMD – Index of Multiple Deprivation
INR – International Normalised Ratio
JSNA – Joint Strategic Needs Assessment
LA – Local Authority
LCS – Locally Commissioned Services
LE – Life Expectancy
LFD – Lateral Flow Device
LGBT – Lesbian, Gay, Bisexual and Transgender
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower Layer Super Output Area
LTC – Long-Term Condition
LTP – Long Term Plan
MUR – Medicines Use Review
NHS – National Health Service
NHSE&I – NHS England and NHS Improvement
NMS – New Medicine Service
NUMSAS – NHS Urgent Medicine Supply Advanced Service
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
PANSI – Projecting Adult Needs and Service Information
PCN – Primary Care Network
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PHE – Public Health England
PNA – Pharmaceutical Needs Assessment
POCT – Point-of-Care Testing
PQS – Pharmacy Quality Scheme
PSNC – Pharmaceutical Services Negotiating Committee

PWID – People Who Inject Drugs

QOF – Quality and Outcomes Framework

SAC – Stoma Appliance Customisation

STP – Sustainability and Transformation Plan

SWL – South West London

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Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),¹ hereafter referred to as the Pharmaceutical Regulations 2013, came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNA for Sutton was published in June 2018.

Due to the COVID-19 pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This draft PNA for Sutton fulfils this regulatory requirement.

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

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during COVID-19 pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives and environmental factors, which need to be considered as part of this PNA.

1.2 National changes since the last PNA

- **NHS Long Term Plan (LTP):**² The NHS LTP was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in [Section 2.4](#).
- Clinical Commissioning Groups (CCGs) are now replaced by **Integrated Care Boards** (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 www.legislation.gov.uk/uksi/2013/349/contents/made

² NHS Long Term Plan. www.longtermplan.nhs.uk/

responsibility for managing resources, delivering NHS standards and improving the health of the population they serve.

- From 1 January 2021, being a **Healthy Living Pharmacy (HLP)** was an essential requirement for all community pharmacy contractors in England. The HLP framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.³
- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.⁴ During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.⁵ In response to the pandemic, two Advanced Services were also created: pandemic delivery service and COVID-19 Lateral Flow Device (LFD) provision. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.⁶ The COVID-19 vaccination service was added as an Enhanced Service provided from community pharmacies and commissioned by NHS England and NHS Improvement (NHSE&I).
- **Remote access:** Since November 2020, community pharmacies have had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.
- **Community Pharmacist Consultation Service (CPCS):**⁷ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, 999. From 1 November 2020;

³ PCNS. Healthy Living Pharmacies. <https://psnc.org.uk/services-commissioning/essential-services/healthy-living-pharmacies/>

⁴ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

⁵ Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

⁶ Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

⁷ PSNC. Community Pharmacist Consultation Service. <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS LTP.

- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.⁸
- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme which forms part of the CPCF.⁹ It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing, the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the DHSC and NHSE&I.

1.3 Purpose of the PNA

NHSE&I is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be included on the pharmaceutical list. NHSE&I must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHSE&I to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE&I regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

⁸ Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

⁹ NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products. Information and JSNA products will be updated on the Sutton Data Hub, which is kept live and informs the Health and Wellbeing Strategy (HWS), which will take into account the findings of JSNA products. Sutton's JSNA¹⁰ is made up of a number of user-friendly products, which gives a snapshot of what Sutton is like as a place to live, including the demographic make-up of residents and the wider environment within which they live, the key risk factors for health and wellbeing through the life course, and health outcomes and health inequalities that exist between different population groups in Sutton. It also includes ward health profiles for each of Sutton's electoral wards, and a range of more in-depth topic health profiles and health needs assessments on priority topic areas.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHSE&I and the Integrated Care Boards (ICBs), these documents jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

It is anticipated that ICBs will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services currently commissioned from pharmacies by the newly formed ICBs may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as 'pharmaceutical services'.

1.4 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

What are Necessary Services?

The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identifies as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.

Sutton HWB has decided that all Essential Services are Necessary Services in Sutton.

¹⁰ <https://data.sutton.gov.uk/jsna/>

What is classed as relevant?

These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are necessary then the remaining services will be other relevant services.

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

To appreciate the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHSE&I. They are:

- Pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' has been defined as those that are/may be commissioned under the provider's contract with NHSE&I. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE&I, is set out below.

1.4.1 Community pharmacy contractors

Pharmacy contractors comprise both those located within the Sutton HWB area as listed in [Appendix A](#), those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs).

A DSP provides services per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England. It is therefore possible that patients within Sutton HWB area will receive pharmaceutical services from a DSP outside Sutton HWB area.

NHSE&I is responsible for administering opening hours for pharmacies, which is handled locally by its regional offices. A pharmacy normally has 40 core contractual hours (or 100 for those that have opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHSE&I, together with supplementary hours, which are all the additional opening hours, and which can be amended by the pharmacy subject to giving three months' notice (or less if NHSE&I consents). A pharmacy may also have more than 40 core hours where it has made an application based on that higher number, and NHSE&I has agreed that application,

and in this case, the pharmacy cannot amend these hours without the consent of NHSE&I.¹¹

The CPCF, last agreed in 2019,¹² is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face to face on the premises, therefore provision is by mail order and/or wholly internet.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

1.4.1.1 Essential Services (ES)

Sutton has designated that all Essential Services are to be regarded as Necessary Services.

The Essential Services of the community pharmacy contract **must** be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service (DMS)

ES1 and ES2 support patients living with Long-Term Conditions (LTCs) by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on medicines as part of their treatment for LTCs, e.g. diabetes, cardiovascular or respiratory.

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 error in taking medicines or the taking of out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many LTCs, such as smoking, healthy diet, physical activity and alcohol consumption.

¹¹ PSNC. <https://psnc.org.uk/contract-it/pharmacy-regulation/opening-hours/>

¹² DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. 22 July 2019.

www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

ES4 provides 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

Community pharmacy also plays a vital role in the management of minor ailments and self-care. 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 symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The pandemic highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care to improve health outcomes and reduce inequalities.

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 supporting the numerous outcomes highlighted as priorities in the Sutton HWS. Essential Services may also identify other issues, such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and 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 LTCs, 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 and lead to an appropriate referral. Promotion of self-care is an important aspect of the management of many LTCs and a key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

ES7: From 15 February 2021, NHS trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme

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

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or 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 commissioner.

1.4.1.2 Advanced Services (A)

Advanced Services are all considered relevant for the purpose of this PNA.

There are several Advanced Services within the NHS CPCF. Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Sutton can be seen in [Section 3.2.4](#) and later in this section by locality.

- A.1: Appliance Use Review (AUR)
- A.2: Stoma Appliance Customisation (SAC)
- A.3: C-19 LFD distribution service (stopped 1 April 2022)
- A.4: Pandemic delivery service (stopped 5 March 2022, at 23:59)
- A.5: Community Pharmacist Consultation Service (CPCS)
- A.6: Flu vaccination service
- A.7: Hepatitis C testing service
- A.8: Hypertension case-finding service
- A.9: New Medicine Service (NMS)
- A.10 Smoking cessation Advanced Service

Although the Steering Group has determined that Advanced Services are relevant but not Necessary Services, Sutton would wish to support all existing pharmaceutical service providers to make available all Advanced Services where a need exists.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in LTC management.

A.1 Appliance Use Review (AUR)

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

- Establishing the way the patient uses the appliance and the patient's experience of such use;
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
- Advising the patient on the safe and appropriate storage of the appliance; and
- Advising the patient on the safe and proper disposal of appliances that are used or unwanted.

A.2 Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

A.3 and A.4 Services provided to give support during the COVID-19 pandemic

From 16 March 2021, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support for the **delivery of their prescriptions from community pharmacies**.

C-19 LFD distribution service was a service pharmacy contractors could choose to provide, as long as they met the necessary requirements, aimed at improving access to COVID-19 testing by making LFD test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

From 24 February 2022, the government eased COVID-19 restrictions. Therefore, the pandemic delivery was decommissioned on 6 March 2022. Since 1 April 2022, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.¹³

¹³ Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

A.5 Community Pharmacist Consultation Service (CPCS)

Since 1 November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. As well as referrals from GPs, CPCS takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, the 999 service, and the service has been available since 29 October 2019.

A.6 Flu vaccination

The inclusion of flu vaccination as one of the Advanced Services contributes to improving access and opportunity for the public to receive their seasonal vaccine, therefore increasing uptake across the population. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September to March.

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, Cardiovascular Disease (CVD) or Chronic Obstructive Pulmonary Disease (COPD), or carers, against diseases such as seasonal flu or shingles.

A.7 Hepatitis C testing service

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

A.8 Hypertension case-finding service

This Advanced Service has recently been introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

A.9 New Medicine Service (NMS)

The service provides support to people who are prescribed a new medicine to manage an LTC, which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service, detailed below.

The service is split into three stages: 1. patient engagement; 2. intervention; and 3. follow-up.

From 1 September 2021, the following conditions are covered by the service:

- Asthma and COPD
- Parkinson's disease
- Diabetes (type 2)
- Urinary incontinence/retention
- Hypertension
- Heart failure
- Hypercholesterolaemia
- Acute coronary syndromes
- Osteoporosis
- Atrial fibrillation
- Gout
- Long-term risks of venous thromboembolism/embolism
- Glaucoma
- Stroke/transient ischaemic attack
- Epilepsy
- Coronary Heart Disease (CHD)

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for the NMS.¹⁴

A.10 Smoking Cessation Advanced Service

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.

1.4.1.3 Enhanced Services

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I.

There are currently four Enhanced Services commissioned in Sutton.

- Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic.
- NHSE&I (London region) currently commissions the London Vaccination Service from pharmacies in Sutton. This Enhanced Service is in addition to the National Advanced Flu Vaccination Service and includes a top-up element for seasonal flu as well as pneumococcal vaccinations for certain cohorts.
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required.
- Coverage on all other remaining bank holidays to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required.

¹⁴ NHS BSA. New Medicine Service (NMS) – Drug Lists. www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

1.4.2 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC.

Pharmacy contractors, dispensing doctors and LPS providers may supply appliances, but DACs are unable to supply medicines.

1.4.3 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by NHSE&I and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from national contract. Payment for service delivery is locally agreed and funded.

1.4.4 Pharmacy Access Scheme (PhAS) providers¹⁵

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors, and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

¹⁵ DHSC 2022 Pharmacy Access Scheme: guidance. 4 July 2022.

www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

1.4.5 Dispensing GP practices

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities'.

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE&I and patients retain the right of choice to have their prescription dispensed from a community pharmacy, if they wish.

There are no dispensing GP practices in Sutton.

1.4.6 Other providers of pharmaceutical services in neighbouring areas

There are four other HWBs that border Sutton:

- Croydon HWB
- Kingston-upon-Thames HWB
- Merton HWB
- Surrey HWB

In determining the needs of and pharmaceutical service provision to the population of the Sutton, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

1.4.7 Other services and providers in Sutton

As stated in [Section 1.4](#), for the purpose of this PNA, 'pharmaceutical services' have been defined as those which are or may be commissioned under the provider's contract with NHSE&I.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Sutton commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA. At the time of writing the commissioning organisations primarily discussed are the local authority and ICBs.

1.5 Process for developing the PNA

As a direct result of the Health and Social Care Act 2012, a paper was presented to Sutton HWB.

The purpose of the paper was to inform Sutton HWB of its statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Sutton was published in June 2018 and is therefore due to be reassessed in line with the extended timetable by October 2022 (extended due to the pandemic).

Public Health Sutton has a duty to complete this document on behalf of Sutton HWB. Soar Beyond Ltd were subsequently commissioned to undertake the Sutton PNA for 2022 publication.

Soar Beyond Ltd was chosen from a selection of potential candidates due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

- **Step 1: Steering group**

On 16 March 2022 Sutton's PNA Steering Group was established. The terms of reference and membership of the group can be found in [Appendix B](#).

- **Step 2: Project management**

At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. [Appendix C](#) shows an approved timeline for the project.

- **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and JSNA.

- **Step 4a: Public questionnaire on pharmacy provision**

A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group and circulated to residents via various channels

A total of 152 responses were received. A copy of the public questionnaire can be found in [Appendix D](#) with detailed responses.

- **Step 4b: Pharmacy contractor questionnaire**

The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA.

A total of 33 responses were received. A copy of the pharmacy contractor questionnaire can be found in [Appendix E](#) with detailed responses.

- **Step 5: Mapping of services**

Details of services and service providers were collated and triangulated to ensure the information that the assessment was based on was the most robust and accurate. NHSE&I, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to their contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced. The pharmaceutical list from NHSE&I dated March 2022 was used for this assessment.

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter the group were fully aware of the need to reassess.

1.6 Localities for the purpose of the PNA

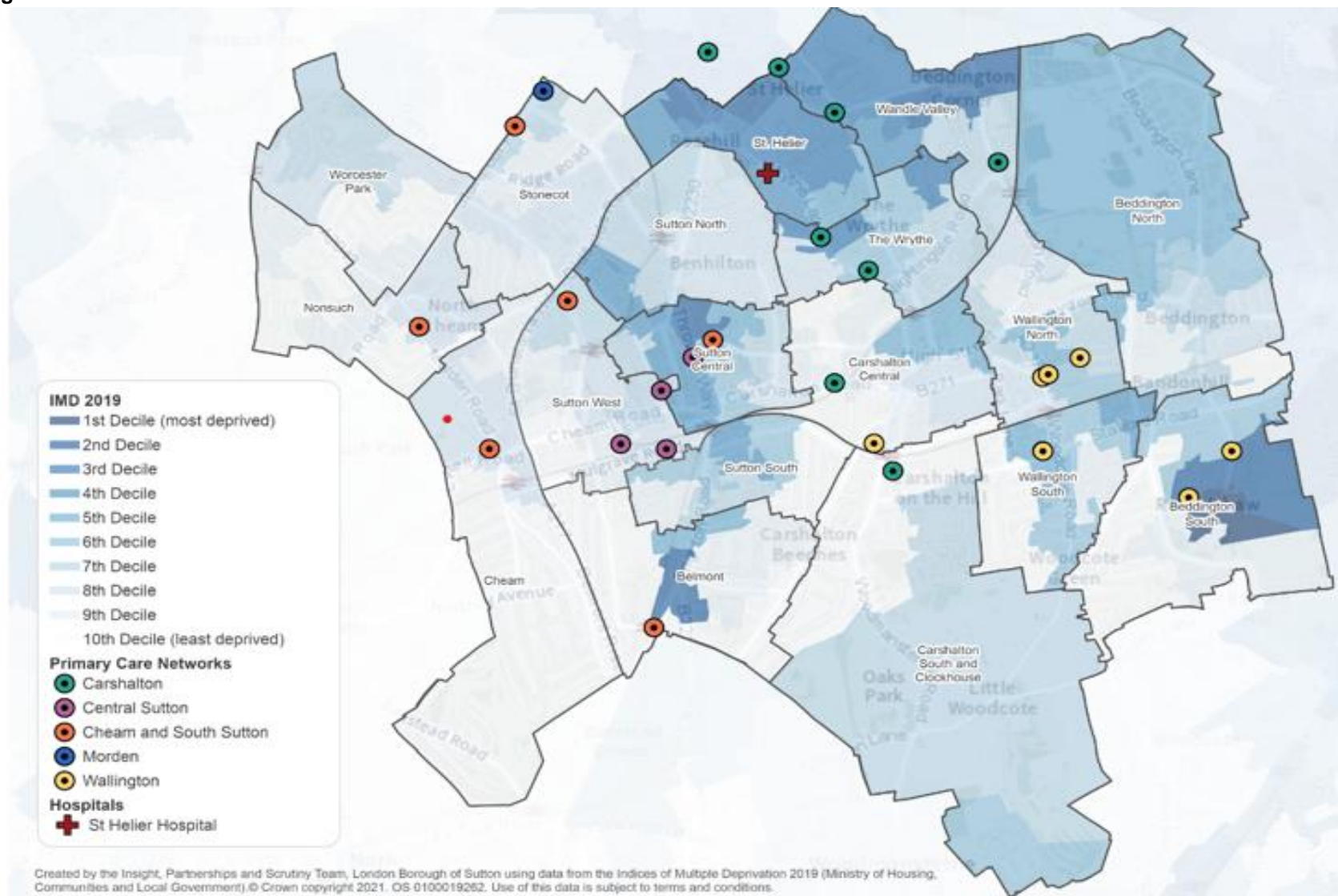
The PNA Steering Group, at its first meeting, considered how the localities within Sutton geography would be defined.

The majority of health and social care data is available at local authority borough level and at this level provides reasonable statistical rigour. It was agreed that Sutton as a whole would be used as a single locality for the purpose of assessment for the 2022 PNA. Figure 1 shows wards and Primary Care Networks (PCN) within Sutton.

A list of providers of pharmaceutical services is found in [Appendix A](#).

The information contained in [Appendix A](#) has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), Sutton Council and South West London (SWL) ICB.

Figure 1: Wards and PCNs in Sutton PNA



Section 2: Context for the PNA

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population. These are usually laid out in the JSNA of the local area. The strategies for meeting the needs identified in JSNAs are contained in the Joint Health and Wellbeing Strategies, otherwise known as the HWS. An overview of the demographics and health needs of Sutton is contained with [Appendix F](#).

2.1 Joint Strategic Needs Assessment (JSNA)

The purpose of the JSNA is to provide insight and intelligence on the current picture of the use of services by and needs of the local population, highlighting where there might be unmet need that allows for general or targeted interventions ensuring the efficient use of public funds and resources to improve health, care and wellbeing and reduce inequity in access and inequality of outcomes. In summary, the JSNA is an assessment of the health and wellbeing needs of the local area.

The JSNA is an assessment of the current and future health and social care needs of the local community. These are needs that could be met by the local authority, CCG, or NHSE&I. JSNAs are produced by HWBs and are unique to each local area. The policy intention is for HWBs to also consider wider factors that affect their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. The Sutton JSNA¹⁶ was last published in 2017 and a plan to refresh it was disrupted by the COVID-19 pandemic. Therefore, an updated brief of the JSNA is presented in [Appendix F](#) and it is recommended that other parts of this PNA are read in the context of this section and [Appendix F](#).

2.2 Sutton Health and Wellbeing Strategy (HWS)

The HWB has adopted the 'Sutton Health and Care Plan'¹⁷ as the HWS, which sets the priorities for 2022 to 2024. The key priorities of the Plan and how these will be delivered primarily through six transformation programmes are structured around the life-course population approach of 'Start Well', 'Live Well' and 'Age Well'. The six transformation programmes are:

- Children and young people including young carers
- Learning disability
- Frailty including prevention and end-of-life care
- Health and social care integration
- Health inequalities and population health
- Mental health

The Sutton Health and Care Plan brings together shared priorities that will enable the Sutton system to make decisions that demonstrate the best use of resources and, at the same time, deliver opportunities to integrate services.

¹⁶ Sutton JSNA. <https://data.sutton.gov.uk/jsna/>

¹⁷ Sutton HWB. Refreshed Sutton Health and Care Plan. 1 March 2022.

https://moderngov.sutton.gov.uk/documents/s79078/6 Refreshed Sutton Health and Care Plan - Our Health and Wellbeing Strategy for Sutton_R_Heal.pdf

2.3 Sustainability and Transformation Plan (STP) priorities

The original SWL STP plan¹⁸ was put together in 2016 and refreshed about a year later. The plan aims to tackle the four big challenges: money, workforce, estates and quality of care by:

- Using money and staff differently to build services around the needs of patients
- Investing in more and better services in local communities
- Investing in local estates to bring them up to scratch
- Trying to bring all services up to the standard of the best

The plan suggests a number of changes to health services and the way they work. Taken together, the following improvements for patients were to be the focus and, hence, priorities for the STP:

- Providing easier access to see a GP
- Availability of more care in the community
- Providing better advice and support to patients to look after themselves and their loved ones
- Treating mental and physical health together
- Delivering round-the-clock, consultant-led care for those who need it, at all acute hospitals, meeting the standards required of them
- Buildings where health services are delivered are made safer for patients and suitable for 21st-century healthcare
- Providing better support to frail older people
- Making it easier for children and young people and their parents to get the help they need from their GP or another service in their community
- Providing a more personalised service and more choice to pregnant women
- Providing more treatment without hospital admission
- Diagnosing and treating cancer more quickly
- Providing better hospital care
- Changing outpatient services

2.4 NHS Long Term Plan (LTP)¹⁹

NHS LTP was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

- Prevention
 - Smoking
 - Obesity
 - Alcohol

¹⁸ NHS South West London. Five Year Forward Plan. October 2016. www.swlondon.nhs.uk/wp-content/uploads/2016/11/SWL-5-year-forward-plan-summary-document.pdf

¹⁹ NHS Long Term Plan. www.longtermplan.nhs.uk/

- Antimicrobial resistance
- Stronger NHS action on health inequalities
- Hypertension
- Better care for major health conditions
 - Cancer
 - CVD
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- **Section 4.21** states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’ and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’
- **Section 1.10** refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies** who support urgent care and promote patient self-care and self-management. The CPCS has been developed and has been available since 31 October 2019 as an Advanced Service.
- **Section 1.12** identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- **Section 3.68** identifies **community pharmacists** as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- **Section 3.86** states: ‘We will do more to support those with respiratory disease to receive and use the right medication’. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with LTCs prescribed a new medicine, to help improve medicines adherence.
- **Section 6.17** identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: ‘Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.’

2.5 Core20PLUS5²⁰

Core2PLUS5 is a national NHSE&I approach to support the reduction of health inequalities at both national and ICS level. The targeted population approach focuses on the most deprived 20% of the national population (CORE20) as identified by the Index of Multiple Deprivation (IMD) and those within an ICS who are not identified within the core 20% who experience lower than average outcomes, experience or access. Additionally, there are five key clinical areas:

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding.

²⁰ NHSE&I. Core20PLUS5. [NHS England » Core20PLUS5 – An approach to reducing health inequalities](#)

Section 3: NHS pharmaceutical services provision, currently commissioned

3.1 Overview

There are a total of 43 contractors in Sutton

Table 2: Contractor type and number in Sutton

Type of contractor	Number
40-hour community pharmacies (including the PhAS)	39
100-hour community pharmacies	1
LPS	1
DSP	1
DAC	1
Total	43

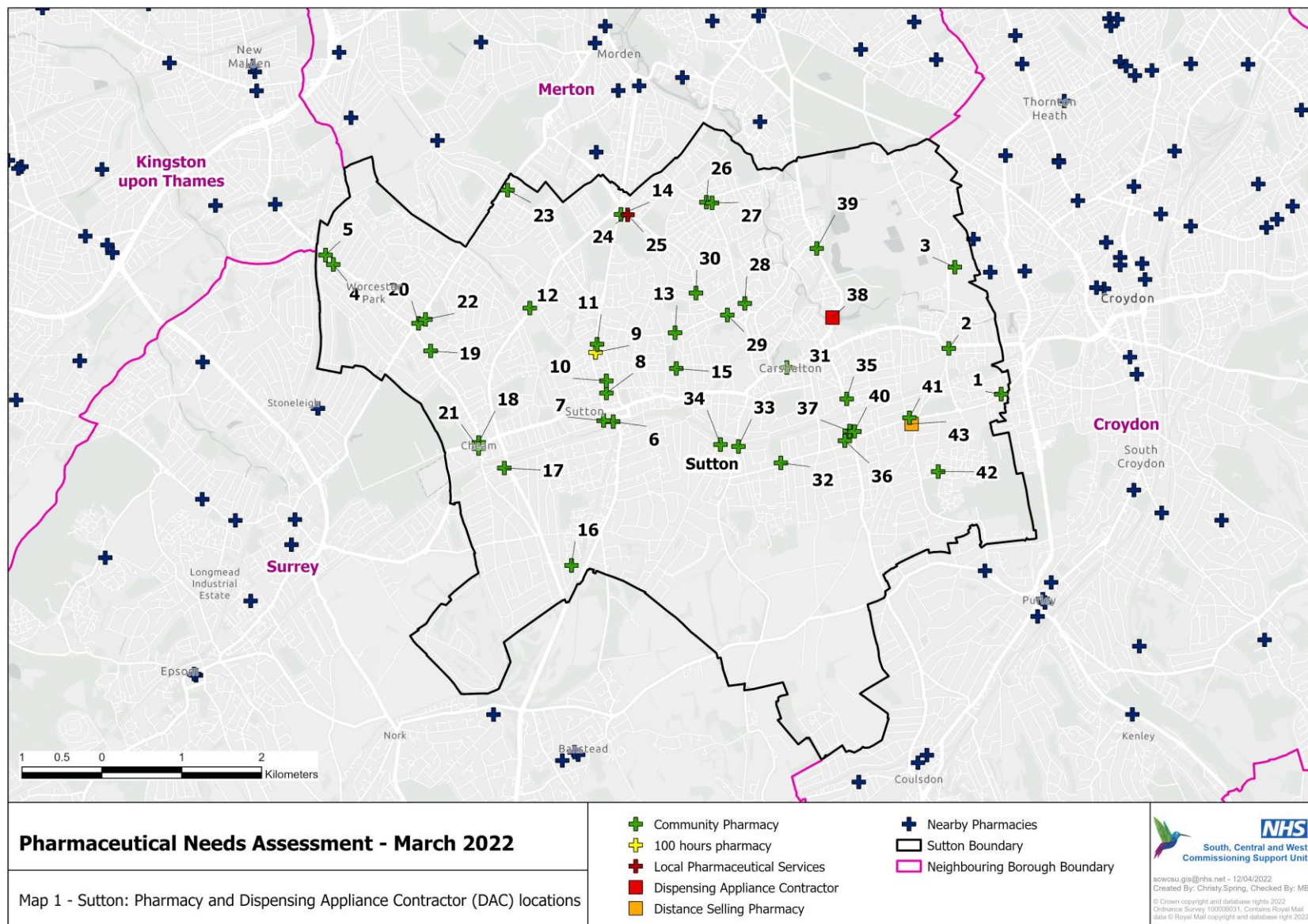
In the discussions in [Section 6](#) the total number of community pharmacies may vary as the DSP provides services in different ways and the LPS provides services out-of-hours.

DSPs may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet; when discussing services provided by the community pharmacies it may be appropriate to exclude the DSP from the analysis as they cannot or do not provide the service being discussed. This information will be annotated in the tables and made clear in the discussion. The DSP in Sutton provides the NMS, but not any other Advanced, Enhanced or Locally Commissioned Services.

An LPS contract allows NHSE&I to commission services that are tailored to meet specific local requirements. It provides flexibility to include within a locally negotiated contract a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under national pharmacy arrangements set out in the Pharmaceutical Regulations 2013. The contract must, however, include an element of dispensing. The LPS contractor in Sutton is open between 7.30 pm and 10.30 pm on weekdays, 7 pm to 10 pm on Saturdays and 5 pm to 10 pm on Sundays. It also provides the bank holiday service for Sutton.



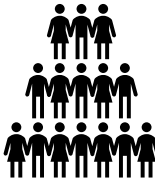
A list of community pharmacies in Sutton and their opening hours can be found in [Appendix A](#). Figure 2 shows all contractor locations within Sutton.

Figure 2: All contractors in Sutton



Path: X:\PROJECTS\Pharmacy\PNA_2021_22\Soar Beyond\G12499_PNA_Sutton\ArcGISPro_ProjectFiles\G12499_PNA_Sutton\G12499_PNA_Sutton.aprx

3.2 Community pharmacies

<p>42 community pharmacies in Sutton</p> 	<p>207,707 population of Sutton</p> 	<p>20.2 pharmacies per 100,000 population*</p> 
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*Correct as of 29 March 2022

There are 42 community pharmacies in Sutton, which has reduced from 43 since the last PNA. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018 when the average number was 21.2. The London average has also decreased to 20.7 from the previous 22.3 community pharmacies per 100,000 population. The Sutton average of 20.2 pharmacies per 100,000 is slightly below both the London and National averages.

London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas: Croydon (19.0), Kingston-upon-Thames (17.5), Merton (19.3) and Surrey (16.9).

Table 3 shows the change in the numbers of pharmacies over recent years compared with regional and national averages.

Table 3: Number of pharmacies per 100,000 population (including DSP)

	England	London	Sutton
2020-21	20.6	20.7	20.2
2019-20	21.0	20.2	20.5
2018-19	21.2	20.7	21.1

Source: ONS Population

[Section 1.4.1.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6](#).

3.2.1 Choice of community pharmacies

Table 4 shows the breakdown of community pharmacy ownership in Sutton. The data shows that Sutton has a higher percentage of independent pharmacies compared with England and London, with no one provider having a monopoly in any locality. People in Sutton therefore have a good choice of pharmacy providers.

Table 4: Community pharmacy ownership, 2021-22

Area	Multiples (%)	Independent (%)*
England	60%	40%
London	39%	61%
Sutton	26%	74%

*Includes the pharmacies on AIMP list

3.2.2 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 5 shows the percentage of Sutton pharmacies open for 100 hours or more compared with regionally and nationally. Most 100-hour pharmacies are open late and at the weekends.

Table 5: Number of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour pharmacies
England (2020-21 data)	1,094 (9.4%)
London	104 (5.5%)
Sutton	1 (3%)

3.2.3 Access to community pharmacies

Community pharmacies in Sutton are particularly located around areas with a higher density of population, as seen in Map A. Sutton, like rest of London, is highly populated. Many pharmacies also provide extended opening hours and/or open at weekend.

A previously published article²¹ suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation, see Map B. Higher levels of deprivation are linked with increased premature mortality rates.

A list of community pharmacies in Sutton and their opening hours can be found in [Appendix A](#) and in Map C.

²¹ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

3.2.3.1 Routine daytime access to community pharmacies

Maps D–H show travel times to community pharmacies using a variety of options. How this has been analysed is contained in [Appendix G](#).

In summary:

- Walking: 94% of the population can walk to a pharmacy within 15 minutes (99.8% within 20 minutes)
- Public transport: Approximately 84% can reach a community pharmacy within 10 minutes (afternoon is faster than morning); up to 99% of people can reach a pharmacy within 20 minutes
- Driving off-peak and peak: 98.4% of the population can drive to a pharmacy within 5 minutes (100% within 10 minutes)

3.2.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6.30 pm, Monday to Friday (excluding bank holidays), varies within each locality; they are listed in the table below and seen in Map C. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult, given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 6, where 44% are open beyond 6.30 pm.

Table 6: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, and on Saturday and Sunday (not including DSP)

Locality	Percentage of pharmacies open beyond 6.30 pm	Percentage of pharmacies open on Saturday	Percentage of pharmacies open on a Sunday
Sutton	44%	98%	20%

3.2.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Sutton, 98% are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in [Appendix A](#) and in Map C.

3.2.3.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies (20%) are open on Sundays than any other day in Sutton, which typically mirrors availability of other healthcare providers open on a Sunday. Full details of all pharmacies open on a Sunday can be found in [Appendix A](#) and in Map C.

3.2.3.5 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While 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.

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out of hours providers so patients can easily access medication if required. The current service-level agreements expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. In Sutton there is the following coverage:

Sutton & Merton Out of Hours Co-operative, 28 The Market, Wrythe Lane, Carshalton, SM5 1AG	Christmas Day and Easter Sunday Coverage 10:00-22:00
	Bank holiday coverage 10:00-22:00

3.2.4 Advanced Service provision from community pharmacies

Data supplied from NHSE&I has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services in Table 7. Details of individual pharmacy providers can be seen in [Appendix A](#).

Note: Community pharmacy COVID-19 LFD distribution service stopped on 1 April 2022 and COVID-19 medicine delivery service stopped on 5 March 2022 at 23:59 and have therefore not been included in the table below.

Table 7: Percentage of providers (not including LPS) of Advanced Services in Sutton (2021-22) (number of pharmacies)

Advanced Service	Sutton (41)
NMS	98%
Community pharmacy seasonal influenza vaccination	88%
CPCS*	90%
Hypertension case-finding service	43%
Smoking cessation Advanced Service	10%
Community pharmacy hepatitis C antibody-testing service	8%

* This includes CPCS and GP CPCS consultations

[Section 1.4.1.2](#) lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Based on the information provided, none of the community pharmacies in Sutton have signed up to provide AUR. The number of providers of the AUR service is also very low regionally and nationally. There were only 65 community pharmacy or DAC providers nationally (1%) and ten providers in London.

The hepatitis C service also has a low sign-up rate which is similar nationally. It should be noted that for some of these services, such as AUR, not signing up does not preclude providers from providing the service.

It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity.

[Appendix A](#) lists those community pharmacies who have provided these services as at 31 January 2022.

The new hypertension case-finding service started as of October 2021. Activity data is still low nationally, and there is low activity in Sutton at the time of writing.

The smoking cessation Advanced Service started on 10 March 2022, and therefore no activity data is available at time of writing.

3.2.5 Enhanced Service (EnS) provision

There are currently four Enhanced Services commissioned through community pharmacies from NHSE&I in Sutton. Any Locally Commissioned Services (LCS) commissioned by the ICB or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

- EnS.1: London Vaccination Service
- EnS.2: COVID-19 vaccination service
- EnS.3: Bank holiday provision
- EnS.4: Christmas Day and Easter Sunday services

EnS.1 London Vaccination Service

This service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless, as well as providing vaccination for those aged 2–18.

There is also provision for pneumococcal vaccination to eligible cohorts.

EnS.2 COVID-19 vaccination

This has been added into the Enhanced Services provided from community pharmacies and commissioned by NHSE&I. On 21 January 2022 it was the one-year anniversary of providing C-19 vaccinations in Sutton from community pharmacies.

The numbers of pharmacies currently providing COVID-19 vaccination nationally under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and the

latest reports are that over 22 million doses have been provided by community pharmacies in the past 12 months (to 14 January 2022).

There are currently two (5%) community pharmacies providing this service in Sutton. The pharmacies providing the service are listed in [Appendix A](#) and highlighted in [Section 6.2](#).

EnS.3 and EnS.4: Bank holiday, Easter Sunday and Christmas Day coverage

For the last two years NHSE&I has two Enhanced Services for coverage over bank holidays and Easter Sunday and Christmas Day; to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers, so patients can easily access medication if required

This service is provided by one pharmacy to cover the whole of Sutton.

3.3 Dispensing Appliance Contractors (DACs)

There is one DAC in Sutton:

- Fittleworth Medical, 270 London Road, Wallington SM6 7DJ

DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 33 responses to this question and 76% of them reported that they provide all appliances. All respondents report that they provide some appliances.

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 Sutton.

There were 112 DACs in England in 2020-21. DACs dispensed 1.17% of items prescribed in Sutton in 2021-22 (10 months).²²

3.4 Distance-Selling Pharmacies (DSPs)

There is one DSP in Sutton:

- RX Live, 3-4 Chalice Close, Ground Floor Suite, Lavender Vale, Wallington SM6 9RU

DSPs dispensed 2.04% of items prescribed in Sutton in 2021-22 (10 months).²³

The DSP in Sutton does not provide any Enhanced or Locally Commissioned Services, however it does provide Advanced Services.

3.5 Local Pharmaceutical Service (LPS) providers

There is one LPS pharmacy in Sutton:

- Sutton & Merton Out of Hours Co-operative, 28 The Market, Wrythe Lane, Carshalton SM5 1AG

²² NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

²³ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

3.6 Dispensing GP practices

There are no dispensing GP practices in Sutton.

3.7 PhAS pharmacies

There is one PhAS pharmacy in Sutton.

3.8 Pharmaceutical service provision provided from outside Sutton

Sutton is bordered by four other areas: Croydon, Kingston-upon-Thames, Merton and Surrey. As previously mentioned, like most of London, Sutton has good transport links. As a result, it is anticipated that many residents in Sutton will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

A number of providers lie within close proximity to the borders of Sutton area boundaries and are marked in Figure 2. Further analysis of cross-border provision is undertaken in [Section 6](#).

Section 4: Other services that may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the local authority or ICB.

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list. From the contractor questionnaire 100% (of 33 responses) indicated that they would be willing to provide services if they were commissioned by the ICB or Local Authority (LA).

The services commissioned in Sutton are described below and in [Section 6](#). Those commissioned from community pharmacy contractors in Sutton are listed in Table 8.

Table 8: Commissioned services from community pharmacies in Sutton

Commissioned service	ICB-commissioned service	LA-commissioned service
Anticoagulation service	y	
Palliative care service	y	
Sexual health service		y
Smoking cessation		y
Needle and syringe exchange		y
Supervised consumption		y

4.1 Local authority-commissioned services provided by community pharmacies in Sutton

Sutton commissions four services from community pharmacies.

These services may also be provided from other providers, e.g. GP practices, community health services. A full list of services and community pharmacy providers can be found in Appendix A.

4.1.1 Sexual health service

The service will operate during normal working hours as well as out of hours (late evenings and weekends) to improve access to emergency contraception services.

Pharmacy provision of sexual health services aims to deliver enhanced screening for key STIs and facilitate clinical care for people within the borough of Sutton and, especially, young persons.

Participating pharmacies provide:

- Emergency Hormonal Contraception (EHC) (to 13–24 years)
- EHC (to Sutton residents 25 and over)
- Chlamydia screening (to 15–24 and females under 15)
- Chlamydia treatment (to 15–24 and their sexual contacts)

- Registration and distribution of the condom distribution scheme (to 13–24 years)
- Pregnancy testing (to under-21s)
- POCT for HIV (to 18 years and over)
- Oral contraception (to women under 25 years)

Sutton manages Patient Group Directions (PGDs) that establish criteria for administering medications relevant to sexual and reproductive health. These PGDs are doxycycline (for chlamydia treatment), ulipristal acetate (for emergency contraception), and levonorgestrel (for EHC).

In Sutton, 18 pharmacies (45%) are commissioned to provide this service.

4.1.2 Smoking cessation

Smoking is the leading cause of premature death and illness in the UK and contributes towards the development of many diseases, most commonly, CHD, stroke, lung cancer, asthma and COPD. Smoking is estimated to be responsible for 87% of all cases of lung cancer, 86% of all cases of COPD and 58% of all ischaemic heart disease in those aged 35–54.

Smoking is also a major factor in relation to health inequalities. Smoking prevalence tends to be higher in more disadvantaged communities and the fall in smoking prevalence in these communities has been slower compared to the country overall. Smoking is estimated to be responsible for half of the difference in life expectancy between those in the highest and lowest socio-economic groups. Reducing the prevalence of smoking among routine and manual workers, minority ethnic groups and disadvantaged communities will help reduce health inequalities more than any other measure to improve the public's health. People in lower socio-economic groups are also disproportionately affected by the cost of smoking as it makes up a larger percentage of their household income.

The smoking cessation service in community pharmacies aims to:

- Improve access to and choice to stop smoking services including access to pharmacological stop smoking aids
- Reduce smoking-related illnesses and deaths
- Improve the health of the population by reducing exposure to passive smoke
- Reduce health inequalities
- Reduce the prevalence of smoking in Sutton

In Sutton, 11 pharmacies (28%) are commissioned to provide this service.

4.1.3 Substance misuse service

4.1.3.1 Supervised consumption

There is a 'lead provider' arrangement, with the local authority holding a contract with Inspire, who subcontracts with individual contractors.

Community pharmacies have been used for a number of years by drug and alcohol service providers in the provision of supervised consumption services and needle exchange services.

Supervised consumption involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy. It is a medicines adherence service that 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. In Sutton, 16 pharmacies (40%) are commissioned to provide this service.

4.1.3.2 Needle exchange service

There is a 'lead provider' arrangement, with the local authority holding a contract with Inspire, who subcontracts with individual contractors.

This 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 and HIV, and to act as a referral point for service users to other health and social care services.

Four community pharmacies (10%) in Sutton are sub-commissioned to provide this service.

4.2 ICB-commissioned services

Sutton, under SWL ICB, commissions two services from community pharmacies.

4.2.1 Anticoagulation service

The community anticoagulation management service provider will provide anticoagulation management for patients registered with SWL ICB (Sutton) GPs. Anticoagulant drugs are used to treat and prevent thrombosis (abnormal blood clots) within the veins or arteries. The most commonly used drugs in the UK are the heparins, warfarin and direct oral anticoagulants. All anticoagulants are associated with an increased risk of bleeding and must therefore be used with care.

Anticoagulants is one of the classes of medicines most frequently identified as causing preventable harm and admission to hospital. Managing the risks associated with anticoagulants can reduce the chance of patients being harmed. Warfarin has a narrow therapeutic index and regular titration of the dose against the anticoagulant effect in the blood, as assessed by the international normalised ratio (INR), is essential.

The patient should be maintained within their therapeutic range, as deviation from the therapeutic range is associated with an increased risk of haemorrhage (if too high), or thrombosis and increased risk of stroke (if too low). Management is provided by means of near patient testing (INR testing) within the local community using computerised decision support software.

The management of warfarin anticoagulation services is for residents aged over 18 years who are:

1. Domiciliary patients registered with Sutton GPs who are unable to attend clinic-based sessions.

2. Ambulatory patients that are able to attend clinic-based sessions at pharmacies within Sutton.

One community pharmacy (3%) in Sutton is commissioned to provide this service.

4.2.2 Palliative care service

The service will allow access to palliative care medicines from a network of community pharmacies in Sutton during normal working hours. Participating pharmacists will continually stock from an approved formulary of palliative care drugs. This will help ensure there is a supply of such medication for patients in need of a palliative care service and their healthcare professionals. In addition, this service will link into Sutton ICBs end-of-life and cancer care and with the SWL and South East London Cancer Networks.

Eight community pharmacies (20%) in Sutton are commissioned to provide this service.

4.3 Other services provided from community pharmacies

There were 33 respondents to the community pharmacy contractor questionnaire, found in [Appendix E](#). 52% of respondents stated that there was a need for more LCS in Sutton.

Respondents were also asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. All 33 respondents indicated that they would be willing to provide services if they were commissioned.

A summary of the community pharmacy contractor questionnaire responses is detailed in [Appendix E](#).

4.4 Collection and delivery services

The delivery services offered by pharmacy contractors are not a commissioned service.

From the pharmacy contractor questionnaire, up to 70% of community pharmacies provide home delivery services free of charge on request. It should be noted 88% of community pharmacies collect prescriptions from GP practices.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is one DSP based in Sutton, and there 372 throughout England. Free delivery of appliances is also offered by DACs and there are 110 DACs throughout England.

4.5 Provision of services to nursing and residential care homes

Elderly patients require proportionally more medicines than younger people. As of 31 March 2022, there were 1,999 residents receiving residential, nursing, supported living and community-based care in Sutton.

4.6 Language services

From the public questionnaire, 29% of residents found a language/interpreting service extremely/very important when choosing which community pharmacy to visit.

4.7 Services for less-abled people

Under the Equality Act 2010,²⁴ community pharmacies are required to make ‘reasonable adjustments’ to their services to ensure they are accessible by all groups, including less-abled persons. The 2020 PANSI report estimated that 6,847 residents in Sutton had impaired mobility, 1,089 had serious personal care disability and 12,091 had some hearing loss. It is estimated that the number of residents with any physical disabilities will increase over the next 15 years.

Of the public responses to the questionnaire, 53% were aware that there was wheelchair access to the consultation room.

4.8 Electronic Prescription Service (EPS)

All practices are enabled to provide the EPS. Of respondents to the public questionnaire, 35% reported that their GP can send prescriptions to their chosen pharmacy via an EPS.

4.9 GP practices providing extended hours

Sutton has two GP hubs that provide extended hours. These are open from 6.30 pm to 8 pm Monday to Friday and 8 am to 8 pm Saturday, Sundays and bank holidays. Identifying these allows the HWB to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. The most common late opening evening is any weekday, and usually the latest opening time is 7 pm. There is also a 100-hour pharmacy in Sutton, open until 11 pm on weekdays.

Details may be found in [Appendix A](#).

4.10 Other providers

The following are providers of pharmacy services in Sutton but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

4.10.1 NHS Hospitals

Pharmaceutical service provision is provided to patients by the hospitals:

- St Helier Hospital, Whyte Lane, Carshalton SM5 1AA
- Queen Mary’s Hospital for Children, Wrythe Lane, Carshalton SM5 1AA
- Sutton Hospital, Cotswold Road, Sutton SM2 5NF

Outside Sutton HWB, residents have access to:

- Epsom and St Helier University Hospital, Dorking Road, Epsom KT18 7EG
- Kingston Hospital, Galsworthy Road, Kingston-upon-Thames KT2 7QB
- Croydon University Hospital, 530 London Road, Croydon CR7 7YE
- St George’s University Hospital, Blackshaw Road, London SW17 0QT
- South West London & St George’s Mental Health NHS Trust, 61 Glenburnie Road, London SW17 7DJ

²⁴ The Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

4.10.2 Urgent care centres

Residents of Sutton have access to urgent care at:

- St Helier Hospital, Whyte Lane, Carshalton SM5 1AA

There are no minor injury units or walk in centres in Sutton.

4.10.3 Other

The following are services provided by NHS pharmaceutical providers in Sutton, commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA.

Privately provided services – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services and may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home
- PGD service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

Services will vary between provider and are occasionally provided free of charge, e.g. home delivery.

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed ([Appendix D](#)) and compiled by Sutton PNA Steering Group. This was circulated to a range of stakeholders listed below:

- Age UK (including hard copies)
- Sutton Central Library (hard copies and displayed on digital screens)
- Community Action Sutton (hard copies distributed in Hill house and Granfers lodge)
- Sutton volunteer centre (including hard copies)
- Homestart (including hard copies)
- Sutton Vision (including large text version of questionnaire)
- Sutton carers centre
- Council-owned internal and public e-newsletters: Insight, Sutton Scene
- Sutton Health and Care
- Sutton NHS CCG
- Sutton Housing Partnership (SHP)
- Council Social media channels (Facebook, Twitter, Instagram and Next Door)
- Distributed A4 window posters to pharmacies, GP practices and libraries in Sutton
- Healthwatch Sutton
- Sutton Health Visiting (Promoted on their Facebook page)
- Sutton Health Champions
- LBGTQ+ forum
- Advocacy for all Sutton
- Sutton African and Caribbean Cultural Organisation
- Sutton African & Caribbean Heritage Association
- Sutton Central Mosque
- Muslim Cultural & Welfare Association of Sutton

From the **152 responses** received from the public questionnaire:

5.1 Visiting a pharmacy

- 95% have a regular or preferred pharmacy (3% use a combination of traditional or internet pharmacy)
- 60% have visited/contacted a pharmacy once a month or more frequently for themselves in the past six months
- 84% found it very easy/fairly easy to speak to their pharmacy team during the 18 months of the pandemic

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents (extremely/very important)
Quality of service	96%
Location of pharmacy	91%

Reason for choosing pharmacy	% Respondents (extremely/very important)
Opening times	77%
Parking	37%
Public transport	22%
Accessibility	27%
Communication	29%
Space to have a private consultation	53%
Availability of medication/services	97%

5.3 Mode of transport to a community pharmacy

The main way reported is that patients access a pharmacy is:

- By walking (56%)
- By car (30%)
- By public transport (3%)
- By wheelchair/mobility scooter (1%)
- 6% use a delivery service

5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
99%	86%

- 77% report no difficulty in travelling to a pharmacy
- Of the 30 respondents (23%) reporting any difficulty, 26 of them report difficulty in travelling to a pharmacy due to parking

5.5 Preference for when to visit a pharmacy

- The information from respondents showed that there was no preferred day or time to visit a pharmacy
- 98% of respondents suggest that the pharmacy is open on the most convenient day and 96% at the most convenient time

5.6 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacies (most over 90%), with the exception of the emergency supply of prescriptions (57%).

Table 9 shows the awareness of respondents for each service and a second column that identifies the percentage that would wish to see the service provided.

Table 9: Awareness of services

Service	% of respondents who were aware	% of respondent who would wish to see provided	% of respondents 'No opinion'
Health tests, e.g. cholesterol, blood pressure check	31%	79%	16%
Advice on healthy living, self-care advice and treatment for common ailments	82%	80%	17%
Flu vaccination	89%	82%	14%
Stop smoking	64%	43%	53%
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	53%	50%	46%
COVID-19 vaccination	80%	72%	25%

It can be seen that there is awareness of many of the services that are currently provided, with the exception of health tests and sexual health services. Respondents did indicate that they wished to see the provision of many of these services from community pharmacy although specific need may vary within the community, e.g. not everyone would require a stop smoking service, hence the large number of 'no opinion' responses. Eighteen respondents commented a minor ailments service would be useful.

There were only 152 responses from a population of over 207,000 so the findings should be interpreted with some care regarding the representation of the community as a whole.

A full copy of the results can be found in [Appendix D](#).

Table 10 provides some demographic analysis of respondents.

Table 10: Demographic analysis of the community pharmacy user questionnaire respondents

Sex (%)									
Female		Male			Prefer not to say			Prefer to self-describe	
71%		27%			1%			1%	
Age (%)									
<16 years	16–24	25–34	35–44	45–54	55–64	65–74	75–84	85+	Prefer not to say
0%	1%	5%	14%	16%	19%	27%	15%	1%	1%
Illness or disability (%)?									
No	Yes						Prefer not to say		
	Affecting mobility	Affecting hearing	Affecting vision	Learning disability	Mental ill health	Another form of disability			
71%	13%	3%	1%	1%	7%	7%	4%		

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

[Section 2](#) and [Appendix F](#) discusses the Sutton JSNA, HWS and other local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

The following priorities can be supported by the provision of pharmaceutical services within the Sutton HWB area. Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there have been temporary changes to the service requirements within the NHS CPCF that were introduced during the COVID-19 pandemic.

The changes were agreed by the PSNC with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

These services are temporary, with some already stopped and there is no way to determine whether they will be extended, stopped or reintroduced, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.²⁵

At present it is not clear what shape services locally commissioned by the ICB will take in the long-term future. The development of the ICS across Sutton (and the wider area) will conceivably lead to an alignment of these LCS across the ICS area.

6.1.1 Sutton health needs

Causes of ill health in Sutton are discussed in detail in [Appendix F](#). Some of the key areas are as follows:

- Sutton is a relatively affluent borough; based on IMD 2019, Sutton is ranked 226th overall out of 317 local authorities in England for deprivation (1st being most deprived)
- LE for both females and males in Sutton, is similar to London but higher than England
- The all-cause premature mortality rate of 299.7 per 100,000 persons is significantly better than both London (316.1 per 100,000) and England (336.5 per 100,000)
 - Cancer – better than England and similar to London

²⁵ PSNC Pharmacy Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

- CVD – better than both England and London
 - heart disease better than both
 - stroke similar to both
- Respiratory similar to both

Obesity

- About 6 in every 10 adults (61%) aged 18+ are classified as overweight or obese in Sutton; this is significantly worse than the London average (56%) but similar to England (63%)
- The prevalence of overweight and obese children is 34% for children in Year 6 (aged 10-11) – significantly better than London (38%) but statistically similar to England

Smoking

- Smoking prevalence in adults is 15.8%
- The rate of smokers that have successfully quit at four weeks is significantly lower (and hence, worse) than both the London and England rates

Sexual health

- Most of the STI indicators for Sutton are either better than – or similar to – England; the exceptions are:
 - The chlamydia detection rate
 - The STI testing rate (excluding chlamydia aged less than 25 years)
 - both are worse than the national rates and London rates
 - The proportion of those aged 15–24 screened for chlamydia in Sutton in 2020 (18%) is worse than London (19%) but better than England (14%)
 - The gonorrhoea diagnosis rate, which is significantly increasing and getting worse
 - HIV indicators: the areas that need improvements relate to HIV testing coverage and virological success in adults accessing HIV care
- Teenage pregnancies (under-18s conceptions) in Sutton are at a rate of 13.6 per 1,000 females aged 15–17, which is similar to both London and England
 - In 2019, 68.1% led to abortion – this proportion is statistically similar to both London (64.8%) and England (54.7%) and has been over 50% consistently since 2000

Long term conditions

- Of those patients diagnosed with an LTC in Sutton the most common conditions seen are:
 - Hypertension (35%)
 - Depression (32%)
 - Asthma (32%)
 - Diabetes (15%)
 - Cancer (10%)

- PHE data shows that the prevalence of almost all QOF-monitored LTCs – namely hypertension, CHD, CKD, dementia, depression, diabetes, hypertension, stroke, osteoporosis and rheumatoid arthritis – is higher in Sutton than the London average
 - For example, the prevalence of CHD is 2.5% in Sutton residents, but only 1.9% for London
- The prevalence of many of the common LTCs in the Sutton population is increasing
 - The prevalence of diabetes has been increasing slowly but steadily from 5.7% in 2012-13 to 6.9% in 2018-19
 - SWL Diabetes Board estimates that 31% of diabetes cases are still undiagnosed
 - Sutton has the second highest population with type 2 diabetes in SWL; within Sutton, Carshalton PCN has the highest population with diabetes

Palliative care

- There is variation by PCN in the need for palliative care across Sutton
- There has been a considerable increase in in Central Sutton and Wallington PCNs (higher than the England average)
- It is lower than the England average in Carshalton and Cheam & South Sutton PCNs
- Note: the proportion of patients in need of palliative care or support will largely be affected by the location of nursing and residential homes and the inclusion of the service-users in the PCN's practice list.

6.1.2 Sutton Health and Wellbeing Strategy (HWS)

This is discussed in [Section 2.2](#). The following summarises the key priorities.

The HWB has adopted the 'Sutton Health and Care Plan'²⁶ as the HWS, which sets the priorities for 2022 to 2024. The key priorities of the HWS and how these will be delivered, primarily through six transformation programmes, are structured around the life course population approach of 'Start Well', 'Live Well' and 'Age Well'. The six transformation programmes are:

- Children and young people including young carers
- Learning disability
- Frailty including prevention and end-of-life care
- Health and social care integration
- Health inequalities and population health
- Mental health

6.1.3 Priorities from the NHS Long Term Plan (LTP)

[Section 2.4](#) details the priorities from the NHS LTP.

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-

²⁶ Sutton HWB. Refreshed Sutton Health and Care Plan. 1 March 2022.

https://moderngov.sutton.gov.uk/documents/s79078/6 Refreshed Sutton Health and Care Plan - Our Health and Wellbeing Strategy for Sutton_R_Heal.pdf

care and self-management. The **CPCS** has been available since October 2019 as an Advanced Service, with the addition of GP CPCS from 1 November 2020.

‘Pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication, has been identified as an important part of the services that can be provided from community pharmacies and should include services that support patients in taking their medicines to get the best from them, reduce waste and promote self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, and rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacies as part of this process, but other disease-specific programmes should be made part of the service options available including for respiratory conditions, diabetes and cancer. For example, the LTP states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The NMS is an Advanced Service that provides support for people with LTCs prescribed a new medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines, and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

6.1.4 Priorities from Core20PLUS5

The Core20PLUS5 priorities are as follows, many of which can be supported in community pharmacies:

- Maternity
- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension case-finding

6.2 PNA localities

There are 42 community pharmacies within Sutton including one DSP and one LPS. Individual pharmacy opening times are listed in [Appendix A](#).

The DSP and may not provide Essential Services face-to-face and therefore provision is by mail order and/or wholly internet.

As described in [Section 1.6](#), the PNA Steering Group decided that the PNA should be discussed at borough level.

Community pharmacy information is summarised in the following three tables in terms of opening hours and availability of services.

Table 11: Number and type of contractor

Opening times	Sutton (41)
100-hour pharmacy	1 (2%)
After 18:30 weekday*	18 (44%)
Saturday*	40 (98%)
Sunday*	8 (20%)
DSP	1
DAC	1
LPS	1
Total Contractors	43

*% excludes DSPs

Table 12: Provision of NHSE&I Advanced and Enhanced Services (number of community pharmacies)

NHSE Advanced or Enhanced Service	Sutton (41) **
NMS	40 (98%)
CPCS	36 (90%)
Flu vaccination	35 (88%)
Hypertension case-finding service	17 (43%)
SAC	2 (5%)
AUC	0
Smoking cessation Advanced Service	4 (10%)
Hep C testing	3 (8%)
C-19 vaccination*	3 (8%)
London Vaccination*	35 (88%)

*Enhanced **Excludes LPS

The smoking cessation Advanced Service has had a delayed implementation nationally and the Hep C testing service has had very low uptake across England for a number of reasons, most importantly the COVID-19 pandemic.

Table 13: Provision of Locally Commissioned Services (ICB and LA)

	Sutton (41) *
LA	
Sexual health	18 (45%)
Smoking cessation	11 (28%)
Needle exchange	4 (10%)
Supervised consumption	16 (40%)

ICB	
Palliative care service	8 (20%)
Anticoagulation service	1 (3%)

*Excludes LPS

Taking the health needs highlighted in each locality into consideration, this section considers pharmaceutical service provision within the borough.

[Appendix A](#) contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.2.1 Necessary Services: current provision

Sutton has a population of 207,707.

There are 42 community pharmacies (including one DSP and one LPS) in Sutton and estimated average number of community pharmacies per 100,000 population is 20.2, which is slightly lower than England average of 20.6 ([Section 3.2](#)).

There is also one DAC in Sutton, bringing a total of 43 contractors in Sutton. DACs are unable to supply medicines. DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. The DAC in Sutton only provides one Advanced Service, SAC.

Thirty-nine community pharmacies hold a standard 40-core hour contract and one has a 100-hour contract (one of the 40-hour core contract pharmacies is a PhAS provider).

The LPS contractor in Sutton is open between 7.30 pm and 10.30 pm on weekdays, 7 pm to 10 pm on Saturdays and 5 pm to 10 pm on Sundays. It also provides the bank holiday service for Sutton.

DSPs may not provide Essential Services face to face on the premises, therefore provision is by mail order and/or wholly internet, and their opening hours are not discussed in this section.

Of the 41 community pharmacies (ex DSP):

- 18 pharmacies (44%) are open after 6.30 pm on weekdays
- 40 pharmacies (90%) are open on Saturdays
- 8 pharmacies (20%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.2.2 Necessary Services: gaps in provision

When assessing the provision of pharmaceutical services in Sutton, the HWB has considered the following:

- The health needs of the population of Sutton from the JNSA and HWS, and nationally from the NHS LTP and Core20PLUS5

- The map showing the location of pharmacies within Sutton ([Section 3](#), Figure 2)
- Population information ([Appendix F, Section 4](#)), including specific populations:
 - 34% of the Sutton population are from a BAME background and will have specific health needs, particularly in areas such as cardiovascular and diabetes
 - The Asian population is the largest BAME group in Sutton, similar to both London and England
- The ratio of pharmacies per 100,000 resident population is similar to the national average.
- Projected population growth:
 - Estimated population growth is estimated to reach 210,000 by 2025 (the lifespan of this PNA)
 - This should not make a material difference to access to community pharmacy provided services although the ratio of community pharmacies per 100,000 population will reduce to 20
 - The proportion of older people (>65 years old) in the Sutton population is projected to rise from 16% in 2022 to 19% in 2032
- Housing developments
 - The Sutton Local Plan sets out the planning strategy and policies for the borough until 2031
 - The current five-year target is **2,462** net additional dwellings
- Access to community pharmacies via various types of transport ([Section 3.2.3](#)). From the information provided, the travel times to community pharmacies were:
 - Walking: 94% of the population can walk to a pharmacy within 15 minutes (99.8% within 20 minutes)
 - Driving off-peak and peak: 98.4% of the population can drive to a pharmacy within 5 minutes (100% within 10 minutes)
 - Public transport: Approximately 84% can reach a community pharmacy within 10 minutes (afternoon is faster than morning); up to 99% of people can reach a pharmacy within 20 minutes
- The number, distribution and opening times of pharmacies across the whole of Sutton ([Appendix A](#))
- Service provision from community pharmacies and DSPs ([Appendix A](#))
- The choice of pharmacies in Sutton ([Appendix A](#))
- Results of the public questionnaire ([Section 5](#) and [Appendix D](#))
 - 95% have a regular or preferred pharmacy
 - 60% have visited a pharmacy once a month or more for themselves in the previous six months
 - 98% of respondents suggest that the pharmacy is open on the most convenient day and 96% at the most convenient time
 - 56% of respondents walk to their community pharmacy and 30% travel by car
- Results of the pharmacy contractor questionnaire ([Appendix E](#))

There are 42 community pharmacies including one DSP and one LPS in Sutton. There are 20.2 community pharmacies per 100,000 population in Sutton, compared with 20.6 per 100,000 in England.

There is one 100-hour pharmacies in Sutton and there are many pharmacies open on weekday evenings and weekends, including the LPS contractor, which is open exclusively outside of normal working hours, i.e. between 9.30 pm and 10.30 pm on weekdays, 7 pm to 10 pm on Saturdays and 5 pm to 10 pm on Sundays. Only one community pharmacy (and the DAC and DSP) are closed on Saturdays. Eight pharmacies are open on Sundays, and 44% of community pharmacies are open after 6.30 pm on weekdays.

Access to pharmaceutical services on bank holidays is limited but there is access if required as an Enhanced Service across Sutton provided by the LPS contractor.

There is a significant number of community pharmacies on or near the border of Sutton HWB area, which further improves the access to pharmaceutical services for the population.

The proportion of residents over 65 years is growing faster than other population group. Older people are at increased risk of contact with – or dependence on – health and social care services due to complex needs relating to age-related risk factors impacting on health and wellbeing. The impact on services is likely to be increased demand for acute care, primary care (including medicines management), patient care services for isolated, vulnerable adults, such as prescriptions delivery services, and social care services including reablement.

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to **Necessary Services** outside normal hours anywhere in Sutton.

Sutton HWB will continue to monitor pharmaceutical service provision to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Sutton locality.

6.2.3 Other relevant services: current provision

Sutton HWB has, for the purpose of the PNA, designated Advanced and Enhanced Services as being relevant.

Note: the DSP provides the NMS but no other relevant services. The LPS contractor provides the bank holiday services but no other relevant services.

Table 12 shows the pharmacies providing Advanced and Enhanced Services in Sutton – it can be seen that there is generally good availability of Advanced Services:

- NMS (40 pharmacies)
- CPCS (36 pharmacies),
- Flu vaccination (35 pharmacies)

There are currently a lower number of providers of the hypertension case-finding (17 pharmacies), smoking cessation Advanced Service (4 pharmacies) and Hep C testing service (3 pharmacies), however, at the time of writing, these are recently introduced services and more pharmacies may sign up in the near future.

Regarding access to **Enhanced Services**:

- 3 pharmacies provide the C-19 vaccination service
- 35 pharmacies provide the London Vaccination Service
- The LPS contractor provides the bank holiday, Easter Sunday and Christmas Day service

6.2.4 Improvements and better access: gaps in provision

The Steering Group considers 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.

Sutton HWB has identified LCS that secure improvements or better access or have contributed towards meeting the need for pharmaceutical services in the HWB area.

Neither the DSP or LPS contractor provides any LCS in Sutton.

Regarding access to **LCS** provided from the 40 community pharmacies (ex LPS and DSP):

- 18 pharmacies (45%) provide the sexual health service
- 11 pharmacies (28%) provide the smoking cessation LCS
- 16 pharmacies (40%) provide supervised consumption services
- 4 pharmacies (10%) provide a needle exchange service
- 1 pharmacy (3%) provides the anticoagulation service
- 8 pharmacies (20%) provide the palliative care service

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

Sutton is a relatively affluent borough but does have some areas of higher deprivation. People who live in the most deprived areas have the poorest health and wellbeing outcomes. On average, people living in deprived areas, lower socio-economic groups and marginalised groups have poorer health and poorer access to health care than people resident in affluent areas and people from higher socio-economic groups.

Causes of ill health in Sutton are discussed in detail in Appendix F [Section 4](#) and [Section 5](#) and more information can be found on the JSNA website. This information is summarised in [Section 6.1.1](#).

PHE data shows that the prevalence of almost all QOF-monitored LTCs – namely hypertension, CHD, CKD, dementia, depression, diabetes, hypertension, osteoporosis, stroke and rheumatoid arthritis – is higher in Sutton than the London average.

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing pharmaceutical

services from current providers and extending provision through community pharmacies including:

- Delivery of the recently introduced Advanced Service – hypertension case-finding service; hypertension is the most common LTC seen in Sutton
- The smoking cessation Advanced and Locally Commissioned Service would contribute to reducing a major risk factor in cancer, stroke, respiratory and CVD; smoking prevalence in adults in Sutton is 15.8% and the rate of smokers that have successfully quit at four weeks is significantly lower (and hence, worse) than both the London and England rates
- There are 11 community pharmacies providing stop smoking services (of both types) in Sutton
- The locally commissioned sexual health service is quite extensive and includes screening and treatment for STIs and provision of EHC, as well as pregnancy testing and oral contraceptive services
- Most of the STI indicators for Sutton are either better than – or similar to – England. The exceptions are:
 - The chlamydia detection rate
 - The STI testing rate (excluding chlamydia aged <25)
 - both are worse than the national rates and London rates
 - The proportion of those aged 15–24 screened for chlamydia in Sutton in 2020 is worse than London’s average
 - The gonorrhoea diagnosis rate, which is significantly increasing and getting worse
 - HIV indicators: the areas that need improvements relate to HIV testing coverage and virological success in adults accessing HIV care
- Teenage pregnancies (under-18s conceptions) in Sutton are at a rate of 13.6 per 1,000 females aged 15–17, which is similar to both London and England
 - in 2019, 68.1% led to abortion – this proportion has been over 50% consistently since 2000
- 18 community pharmacies provide sexual health services in Sutton
- Hepatitis C is a major WHO, national and local health priority. Uptake of the screening service in community pharmacies currently commissioned by Inspire, who subcontracts with individual contractors to provide needle exchange services in Sutton, could support meeting targets in this area.
- Four community pharmacies provide the needle exchange service and three community pharmacies in Sutton provide the Hep-C testing service
- Use the DMS and NMS to support specific disease areas that are local priorities, e.g. almost all LTCs including respiratory and diabetes
- Essential Services include signposting patients and carers to local and national sources of information and reinforcing those sources already promoted; signposting for NHS Health Checks may support the management of patients with highly prevalent LTCs seen in Sutton

- The ICB commissions an anticoagulant monitoring service, which is provided from one pharmacy; the prevalence of CHD and stroke is higher in Sutton residents (than London)
- There is good access to the palliative care service, with eight pharmacies providing access to palliative care medicines

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. LFD distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers that would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Sutton, this has been included within the document. [Appendix H](#) discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in Sutton will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE&I and the ICB to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for Sutton HWB are defined as Essential Services.

Other Advanced Services and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

LCS are those services that secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in Sutton HWB area, and are commissioned by the ICB or local authority, rather than NHSE&I.

7.1 Current Provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in [Section 1.4.1.1](#). Access to Necessary Service provision in Sutton is provided [Section 6.2.1](#).

In reference to [Section 6](#), and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

7.1.1 Necessary Services – normal working hours

There is no current gap in the provision of Necessary Services during normal working hours across Sutton to meet the needs of the population.

7.1.2 Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across Sutton to meet the needs of the population.

7.2 Future provision of Necessary Services

The proportion of residents over 65 years is growing faster than other population groups. The impact on services is likely to be increased demand for acute care, primary care (including medicines management), patient care services for isolated, vulnerable adults such as prescriptions delivery services and social care services including reablement.

Population growth is expected to be approximately 2,000 persons over the lifespan of the PNA.

A clear understanding of the potential impact of proposed population growth and housing development over the next ten years would support the understanding of ongoing needs for service provision in future PNAs.

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Sutton.

7.3 Improvements and better access – gaps in provision

Advanced Services and Enhanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

LCS are those services that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Sutton HWB area, and are commissioned by the ICB or local authority, rather than NHSE&I.

7.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.4.1.2](#) and the provision in Sutton discussed in [Section 6.2.3](#).

[Section 6.2.4](#) discusses improvements and better access to services in relation to the health needs of Sutton.

There are no gaps in the provision of Advanced Services across the whole of Sutton

[Appendix H](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Sutton.

There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to services in Sutton.

7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.4.1.3](#) and the provision in Sutton discussed in [Section 3.2.5](#) and [Section 6.2.3](#).

[Section 6.2.4](#) discusses improvements and better access to services in relation to the health needs of Sutton.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Sutton

7.3.3 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Section 4.1](#) and [Section 4.2](#).

[Section 6.2.4](#) discusses improvements and better access to LCS in relation to the health needs of Sutton

[Appendix H](#) discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Sutton.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

Based on current information, no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances across Sutton to meet the needs of the population.

Appendix A: List of pharmaceutical service providers in Sutton HWB area

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		ICB		LA			
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	Anticoagulation	Palliative care	EHC	Smoking cessation	Supervised consumption	Needle exchange	
Anna Pharmacy	FGT46	Community	398 Green Wrythe Lane, Carshalton	SM5 1JF	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	Y	Y	Y	Y		
Asda Pharmacy	FT061	Community	Asda Superstore, Marlowe Way, Croydon	CR0 4XS	09:00-20:00	08:30-21:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	-	Y	-	-	
Asda Pharmacy	FHP04	Community	St Nicholas Way, Sutton	SM1 1LD	07:00-23:00 (Mon 08:00-23:00)	07:00-22:00	11:00-17:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	Y	-	Y	-	
Beeches Pharmacy	FYN54	Community	2B Beeches Avenue, Carshalton	SM5 3LF	09:00-13:30, 14:00-19:00	09:00-13:30, 14:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	-	-	-	Y	Y	-	-		
Boots	FVA14	Community	158 Central Road, Worcester Park	KT4 8HH	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Boots	FQM06	Community	109 High Street, Sutton	SM1 1JG	09:00-18:00 (Thu 09:00-19:00)	09:00-18:00	10:30-16:30	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	Y	-		
Boots	FFK37	Community	322a Malden Road, North Cheam	SM3 8EP	08:30-18:30	09:00-12:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-		
Boots	FJ597	Community	2 Station Way, Cheam	SM3 8SW	09:00-17:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	Y	-		
Boots	FNL63	Community	370 Middleton Road, Carshalton	SM5 1HA	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-		
Boots	FD485	Community	40-43 Wallington Square, The High Street, Wallington	SM6 8RG	09:00-19:00	09:00-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	Y	-		
Coopers Pharmacy	FX547	Community	3-5 Grove Road, Sutton	SM1 1BB	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	Y	Y	-	Y	-		
Day Lewis Pharmacy	FP402	Community	Unit 4, Mollison Square, Wallington	SM6 9DA	09:00-18:30 (Thu 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	Y	Y		
First Pharmacy	FNL59	Community	108 Woodcote Road, Wallington	SM6 0LY	08:30-18:30	09:00-17:30	Closed	-	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	Y	-	-	-		
Fittleworth Medical	FVW18	DAC	270 London Road, Wallington	SM6 7DJ	09:00-17:00	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-		

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		ICB		LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	Anticoagulation	Palliative care	EHC	Smoking cessation	Supervised consumption	Needle exchange		
Frith Pharmacy	FL820	Community	11 The Broadway, Cheam	SM3 8BH	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-
Gaiger Chemist	FDC37	Community	296 High Street, Sutton	SM1 1PQ	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	Y	-	-	Y	-	Y	-
Glory Chemist	FJM89	Community	314 Stafford Road, Croydon	CR0 4NH	09:00-15:00, 15:30-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	Y	-	-	-	-	-	-
HE Matthews Pharmacy	FF721	Community	148 Stanley Park Road, Carshalton	SM5 3JG	09:00-18:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	-	-	-
Imperial Pharmacy	FJX06	Community	139-141 Epsom Road, Sutton	SM3 9EY	08:30-20:00	08:30-14:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Kamsons Pharmacy	FLM95	Community	58 Grove Road, Sutton	SM1 1BT	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-
Kamsons Pharmacy	FJ272	Community	40 Green Wrythe Lane, Carshalton	SM5 2DP	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-
Kamsons Pharmacy	FVP08	Community	Wrythe Lane, near Wrythe Green, Carshalton	SM5 2RE	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-
Kamsons Pharmacy	FAG93	Community	Jubilee Health Centre, Shotfield, Wallington	SM6 0HY	08:30-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	Y	-	-
Kirkby Pharmacy	FXT75	Community	19 Station Road, Belmont, Sutton	SM2 6BX	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	Y	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	Y	Y	Y	-	-	-
Lafford Chemist	FXG53	Community	7-8 The Broadway, Plough Lane, Beddington	CR0 4QR	09:00-18:30 (Wed 09:00-13:00, Fri 09:00-18:00)	09:00-14:00	Closed	-	-	-	-	-	Y	-	Y	-	-	Y	-	-	-	Y	-	-	Y	-	-	-
Lloyds Pharmacy	FQ474	Community	Sainsbury's Superstore, 566 London Road, North Cheam	SM3 9AA	08:00-22:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-
Lloyds Pharmacy	FAC15	Community	79 Banstead Road, Carshalton Beeches	SM5 3NP	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	Y	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	Y	-	-
Manor Pharmacy	FE392	Community	75 Manor Road, Wallington	SM6 0DE	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-
MPS Pharmacy	FWX02	Community	46-47 The Market, Rosehill, Sutton	SM1 3HE	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	-	Y	Y	Y	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced		ICB		LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	Anticoagulation	Palliative care	EHC	Smoking cessation	Supervised consumption	Needle exchange								
Mulgrave Road Pharmacy	FKX86	Community	60 Upper Mulgrave Road, Cheam	SM2 7AJ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Park Lane Pharmacy	FD462	Community	27-29 High Street, Carshalton	SM5 3AX	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-	-		
RK Pharmacy	FE836	Community	27 London Road, Hackbridge	SM6 7HW	09:00-13:00, 14:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-		
Rosehill Pharmacy	FDX56	Community	28 The Market, Wrythe Lane, Carshalton	SM5 1AG	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-		
RX Live	FWF39	DSP	3-4 Chalice Close, Ground Floor Suite, Lavender Vale, Wallington	SM6 9RU	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Salmina Pharmacy	FJC02	Community	107 Wrythe Lane, Carshalton	SM5 2RR	09:00-13:00, 14:00-19:00	09:00-13:00, 14:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y		
SG Barai Chemist	FY243	Community	39 Erskine Road, Sutton	SM1 3AT	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-		
Stafford Pharmacy	FGD87	Community	150 Stafford Road, Wallington	SM6 9BS	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Superdrug Pharmacy	FPQ37	Community	107 Central Road, Worcester Park	KT4 8DY	08:30-14:00, 14:30-18:00	09:00-14:00, 14:30-17:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	
Superdrug Pharmacy	FER38	Community	150 High Street, Sutton	SM1 1NS	08:30-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	
Sutton & Merton Out of Hours Co-operative	FMR49	LPS	28 The Market, Wrythe Lane, Carshalton	SM5 1AG	19:30-22:30	19:00-22:00	17:00-22:00	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Sutton Pharmacy Surrey	FYN02	Community	86 Westmead Road, Sutton	SM1 4HY	09:00-19:00 (Wed 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	
Tesco Pharmacy	FGM91	Community	55 Oldfields Road, Sutton	SM1 2NB	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Victoria Chemist	FL523	Community	524 London Road, North Cheam	SM3 8HW	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Appendix B: PNA Steering Group terms of reference

Objective / Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Sutton Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated Responsibility

Request to HWB has been submitted for delegation to the Director of Public Health and Chair of HWB

Accountability

The Steering Group is to report to the Head of Public Health Integration.

Membership

Core members:

- Head of Public Health Integration
- Local Medical Committee representative
- Local Pharmaceutical Committee (LPC) representative
- ICB representative
- Healthwatch representative (lay member)

Soar Beyond is not to be a core member but will chair the meetings. Each core member has one vote. The Head of Public Health Integration will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with representation from three different organisations in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- ICB commissioning managers
- NHS Trust chief pharmacists

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by Sutton Council to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Four Steering Group meetings will be arranged at key stages of the project plan. The Steering Group will meet in autumn 2022 to sign off the PNA for submission to the HWB.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs

- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
 - Any LPC for its area
 - Any local medical committee for its area
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS Trust or NHS Foundation Trust in its area
 - NHSE&I
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to HWB on both the draft and final PNA
- Publish the final PNA as soon as practically possible

Appendix C: PNA project plan

	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Stage 1: Project planning and governance <ul style="list-style-type: none"> • Stakeholders identified • First Steering Group meeting conducted • Project plan, communications plan and terms of reference agreed • PNA localities agreed • Questionnaire templates shared and agreed 										
Stage 2: Research and analysis <ul style="list-style-type: none"> • Collation of data from NHSE&I, Public Health, LPC and other providers of services • Listing and mapping of services and facilities with the borough • Collation of information regarding housing and new care home developments • Equalities Impact Assessment • Electronic, distribution and collation • Analysis of questionnaire responses • Steering Group meeting two • Draft update for HWB 										
Stage 3: PNA development <ul style="list-style-type: none"> • Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs • Develop consultation plan • Draft PNA • Engagement for consultation • Steering Group meeting three • Draft update for HWB 										
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> • Coordination and management of consultation • Analysis of consultation responses • Production of consultation findings report • Draft final PNA for approval • Steering Group meeting four • Minutes to meetings • Edit and finalise final PNA 2022 • Draft update for HWB 										

Appendix D: Public questionnaire

Total responses received:¹ 152

1) Do you have a regular or preferred local community pharmacy? (Please select one answer)

Answered – 150; skipped – 2

Response options	%	Total
Yes	95%	142
No	3%	4
I prefer to use an internet/online pharmacy (An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home)	0%	0
I use a combination of traditional and internet pharmacy	3%	4

*An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home.

2) On a scale of 1 to 10 how well does your local community pharmacy meet your needs? (Please select one answer) (1 = Poorly and 10 = Extremely well)

Answered – 150; skipped – 2

Response options	%	Total
1	1%	1
2	1%	2
3	1%	2
4	1%	2
5	5%	7
6	3%	5
7	7%	10
8	14%	21
9	15%	22
10	52%	78

3) How often have you visited/contacted (spoken to, emailed or visited in person) a pharmacy in the last six months? (Please select one answer for yourself and one for someone else)

For yourself: Answered – 146; skipped – 6

Response options	%	Total
Once a week or more	3%	5
A few times a month	26%	38
Once a month	31%	45
Once every few months	30%	44
Once in six months	5%	7
I haven't visited/contacted a pharmacy in the last six months	5%	7

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

For someone else: Answered – 99; skipped – 53

Response options	%	Total
Once a week or more	3%	3
A few times a month	20%	20
Once a month	16%	16
Once every few months	26%	26
Once in six months	13%	13
I haven't visited/contacted a pharmacy in the last six months	21%	21

4) If you have not visited/contacted a pharmacy in the last six months, is there a reason why? (Please select one answer)

Answered – 27; skipped – 125

Response options	%	Total
I have used an internet/online pharmacy	0%	0
Someone has done it on my behalf	15%	4
I have had no need for any pharmacy service during this period	56%	15
Other (please specify below)	30%	8

Reasons given	Total
Pharmacy delivers	3
N/A	3
I have visited/contacted	2

5) How easy has it been to speak to someone at your local pharmacy over the last 18 months, during the pandemic? (Please select one answer)

Answered – 149; skipped – 3

Response options	%	Total
Very easy	62%	92
Fairly easy	22%	33
Neither easy nor difficult	11%	16
Fairly difficult	5%	7
Very difficult	1%	1

6) Who do you normally visit/contact a pharmacy for? (Please select all that apply)

Answered – 151; skipped – 1

Response options	%	Total
Yourself	89%	134
A family member	49%	74
A neighbour/friend	2%	3
Someone you are a carer for	5%	8
All of the above	1%	2
Other (please specify below)	2%	3

Reasons given	Total
N/A	3

7) If you normally visit/contact a pharmacy on behalf of someone else, please give a reason why. (Please select all that apply)

Answered – 83; skipped – 69

Response options	%	Total
For a child/dependant	42%	35
The person is too unwell	18%	15
Opening hours of the pharmacy are not suitable for the person requiring the service	14%	12
The person can't access the pharmacy (e.g. due to disability/lack of transport)	14%	12
The person can't use the delivery service	1%	1
The person can't access online services	7%	6
All of the above	2%	2
Other (please specify below)	19%	16

Reasons given	Total
Convenience	10
The person is not able to go	3
N/A	2
I use the phone	1

8) How important are each of the following aspects to you when choosing a pharmacy? (Please select one answer for each factor)

Answered – 151; skipped – 1

Quality of service (friendly staff, expertise)	%	Total
Extremely important	71%	107
Very important	25%	38
Moderately important	2%	3
Fairly important	1%	2
Not at all important	0%	0

Location of pharmacy	%	Total
Extremely important	59%	86
Very important	32%	47
Moderately important	10%	14
Fairly important	0%	0
Not at all important	0%	0

Opening times	%	Total
Extremely important	44%	66
Very important	33%	49
Moderately important	17%	26
Fairly important	3%	4
Not at all important	3%	4

Parking	%	Total
Extremely important	19%	28
Very important	18%	26
Moderately important	17%	25
Fairly important	11%	16
Not at all important	36%	53

Public transport	%	Total
Extremely important	10%	14
Very important	12%	17
Moderately important	15%	21
Fairly important	9%	13
Not at all important	54%	77

Accessibility (wheelchair/buggy access)	%	Total
Extremely important	14%	20
Very important	13%	19
Moderately important	6%	8
Fairly important	11%	16
Not at all important	56%	81

Communication (languages/interpreting service)	%	Total
Extremely important	17%	24
Very important	12%	17
Moderately important	9%	13
Fairly important	8%	11
Not at all important	55%	78

Space to have a private consultation	%	Total
Extremely important	30%	45
Very important	23%	35
Moderately important	27%	40
Fairly important	9%	14
Not at all important	11%	16

Availability of medication/services (stocks, specific services)	%	Total
Extremely important	72%	103
Very important	25%	36
Moderately important	2%	3
Fairly important	1%	2
Not at all important	0%	0

Other responses	Total
Communication and discuss details of medicines and their alternatives. Ability to order on the phone or check if items are ready for collection. Free parking	1
Flexibility, willingness to help out	1
Communication	1

9) Is there a consultation room in your local community pharmacy, and is it fully accessible to wheelchair users, or to people with other accessibility needs? (Please select one answer)

Answered – 148; skipped – 4

Response options	%	Total
Yes, there is a fully accessible consultation room	53%	79
Yes, there is a consultation room, but inaccessible for wheelchair users	10%	15
No	3%	4
I don't know	34%	50

Any other comment you would like to make about the consultation room	Total
Room exists but too small	6
Room exists but don't know if fully accessible	5
Consultation room is used as storage	1
Pharmacy service is not very good	1

10) How would you usually travel to the pharmacy? (Please select one answer)

Answered – 151; skipped – 1

Response options	%	Total
Car	30%	45
Taxi	0%	0
Public transport	3%	5
Walk	56%	84
Bicycle	0%	0
Wheelchair/mobility scooter	1%	1
I don't, someone goes for me	1%	1
I don't, I use an online pharmacy	0%	0
I don't, I utilise a delivery service	6%	9
Other (please specify below)	4%	6

Other responses	Total
Varies	4
Phone instead	1
N/A	1

11) If you travel to a pharmacy, where do you travel from? (Please select all that apply)

Answered – 131; skipped – 21

Response options	%	Total
Home	99%	130
Work	14%	18
Other (please specify below)	2%	2

Other responses	Total
From school	1
Use phone	1

12) On average, how long does it take you to travel to a pharmacy? (Please select one answer)

Answered – 131; skipped – 21

Response options	%	Total
0 to 15 minutes	86%	113
16 to 30 minutes	13%	17
Over 30 minutes	1%	1

13) Do you face any difficulties when travelling to a pharmacy? (Please select all that apply)

Answered – 133; skipped – 19

Response options	%	Total
Lack of parking	20%	26
Lack of suitable public transport	2%	3
It's too far away	1%	1
Lack of disabled access/facilities	2%	2
No, I don't face any difficulties	77%	103
Other (please specify below)	5%	7

Other responses	Total
Too far to walk if not feeling well	3
Overgrown hedges block paths	1
Uneven pavements hard to traverse with electric wheelchair	1
Parking is too expensive	1
I phone the pharmacy	1

14) What is the most convenient day for you to visit/contact a pharmacy? (Please select one answer)

Answered – 143; skipped – 9

Response options	%	Total
Monday to Friday	36%	51
Saturday	4%	5
Sunday	1%	1
Varies	26%	37
I don't mind	34%	49

15) Is your preferred pharmacy open on the most convenient day for you? (Please select one answer)

Answered – 142; skipped – 10

Response options	%	Total
Yes	98%	139
No	2%	3

16) What time of the day do you prefer to visit/contact a pharmacy? (Please select one answer)

Answered – 143; skipped – 9

Response options	%	Total
Morning (8 am–12 pm)	18%	26
Lunchtime (12 pm–2 pm)	4%	6
Afternoon (2 pm–6 pm)	16%	23
Early evening (6 pm–8 pm)	6%	9
Late evening (after 8 pm)	0%	0
Varies	34%	48
I don't mind/no preference	22%	31

17) Is your preferred pharmacy open at a time convenient for you? (Please select one answer)

Answered – 141; skipped – 11

Response options	%	Total
Yes	96%	135
No	4%	6

18) How frequently do you buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

Answered – 143; skipped – 9

Response options	%	Total
Daily	0%	0
Weekly	1%	1
Fortnightly	6%	9
Monthly	15%	21
Every few months	43%	61
Yearly	4%	5
Rarely	31%	44
Never	1%	2

19) Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select Yes or No for each service – even if you do not use the service)

Service	Yes (%)	Yes (total)	No (%)	No (total)	Answered
Advice from your pharmacist	99%	142	1%	1	143
Discuss your prescription medicines	92%	132	8%	11	143
COVID-19 vaccination services	80%	111	20%	27	138
Flu vaccination services	89%	126	11%	16	142
Buying over-the-counter (non-prescription) medicines	99%	142	1%	1	143
Home delivery and prescription collection services	81%	115	19%	27	142
Emergency supply of prescription medicines	57%	80	43%	60	140
Disposal of unwanted medicines	81%	112	19%	27	139
Dispensing prescription medicines	96%	136	4%	5	141
Advice on healthy living, self-care advice and treatment for common ailments	82%	114	18%	25	139
Stopping smoking/nicotine replacement therapy	64%	86	36%	49	135
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	53%	71	47%	63	134
Blood tests	12%	17	88%	121	138
Health tests, e.g. cholesterol, blood pressure check	31%	43	69%	94	137

20) And which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select a response for each service)

Service	Yes (%)	Yes (total)	No (%)	No (total)	No opinion (%)	No opinion (total)	Answered
Advice from your pharmacist	97%	138	1%	2	1%	2	142
Discuss your prescription medicines	94%	133	2%	3	4%	6	142
COVID-19 vaccination services	72%	101	3%	4	25%	35	140
Flu vaccination services	82%	115	4%	5	14%	20	140
Buying over-the-counter (non-prescription) medicines	90%	127	2%	3	8%	11	141
Home delivery and prescription collection services	79%	111	1%	2	20%	28	141
Emergency supply of prescription medicines	94%	133	0%	0	6%	8	141
Disposal of unwanted medicines	84%	118	1%	1	16%	22	141

Service	Yes (%)	Yes (total)	No (%)	No (total)	No opinion (%)	No opinion (total)	Answered
Dispensing prescription medicines	98%	139	1%	1	1%	2	142
Advice on health living, self-care advice and treatment for common ailments	80%	113	3%	4	17%	24	141
Stopping smoking/nicotine replacement therapy	43%	60	4%	6	53%	74	140
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	50%	70	4%	6	46%	65	141
Blood tests	75%	106	6%	8	19%	27	141
Health tests, e.g. cholesterol, blood pressure check	79%	110	5%	7	16%	23	140

Other responses	Total
A private consultation area is needed	1
Weight monitoring service	1

21) Is your pharmacy able to provide medication on the same day that you prescription is sent to it? (Please select one answer)

Answered – 142; skipped – 10

Response options	%	Total
Yes	49%	69
No – it normally takes one day	11%	15
No – it normally takes two or three days	21%	30
No – it normally takes more than three days	7%	10
I don't know	13%	18

22) Is your pharmacy able to alert you (by call/text/email) when your medication is ready for collection? (Please select one answer)

Answered – 141; skipped – 11

Response options	%	Total
Yes – using my preferred method	30%	42
Yes – but using a method that is not convenient to me	2%	3
No – but I would like to be alerted	25%	35
No – and I wouldn't use an alert service	4%	5
I don't know	40%	56

23) If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

Answered – 127; skipped – 25

Response options	%	Total
Paper request form to my GP practice	12%	15
Paper request form through my pharmacy	3%	4
By email to my GP practice	7%	9
Online request to my GP practice	35%	44
My pharmacy orders on my behalf	28%	36
Electronic Repeat Dispensing (eRD)	14%	18
NHS app	11%	14
Varies	4%	5
Other (please specify)	11%	14

Other responses	Total
Telephone	7
Online app/website	5
Collection	1
The pharmacy has to chase the GP practice	1

24) Have you ever used Electronic Repeat Dispensing (eRD)? (Electronic repeat dispensing is a process that allows your GP to authorise and issue a batch of repeat prescriptions for medication/appliances until you need to be reviewed. The prescriptions are then available at your nominated pharmacy at the intervals specified by your GP).

Answered – 141; skipped – 11

Response options	%	Total
Yes	35%	49
No	34%	48
I don't know/I have never heard of it	31%	44

Any other comments you would like to make about eRD	Total
Service not advertised/offered	5
No comments	2
It is a good service	2
I prefer to order myself	2
I use patient access	1
Timescales are too tight and I often am in danger of running out	1
GPS have not in my experience been conducting reviews during COVID	1
I don't have a regular prescription	1

25) Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. What treatments or advice would you like to receive from pharmacies so they can better meet your needs?

Answered – 63; skipped – 89

Comments	Total
Minor ailment services	18
No / N/A	14
Ear syringing	4
All advice should be given by a doctor	3
Already provides an amazing service	3
Blood tests	3
Referral service	3
Antibiotics dispensing	3
Blood pressure checks	2
Distinct lack of urgent services available	1
Cryotherapy treatment for warts	1
Sometimes meds do not work	1
Children services	1
X-rays	1
Vaccination service	1
Anything that removes pressure from GPs	1
Medication review	1
Weight monitoring	1
Women's health services	1
Oral contraceptive pill dispensation	1

26) Do you have any other comments you would like to make about your pharmacy?

Answered – 79; skipped – 73

Comments	Total
They provide a very good service	45
No / N/A	11
Understaffed and lacking in stock	5
Very disorganized, can take an hour to collect prescription	2
Staff are very impersonal and need better training	2
Unreliable service	2
Needs to be open weekdays	1
Better advertising of who is the pharmacist in store	1
Prescriptions are often late	1
Should provide notice of which pharmacies are open during holidays etc.	1
Independent pharmacies are better than chains	1
Pharmacy should be located at GP	1
Very busy regardless of time of day	1
Minor ailments service would be appreciated	1
Information should not be given out by shop assistant rather than pharmacist	1
Not very welcoming	1
Pharmacy is small and crowded, leaving people to queue outside	1
Needs to stay open longer hours	1

A bit about you

27) In which age group are you?

Answered – 136; skipped – 16

Response options	%	Total
Under 16	0%	0
16–24	1%	1
25–34	5%	7
35–44	14%	19
45–54	16%	22
55–64	19%	26
65–74	27%	37
75–84	15%	21
85+ years	1%	2
Prefer not to say	1%	1

28) How would you describe your ethnic group or background?

Answered – 136; skipped – 16

Response options	%	Total
Asian/Asian British	8%	11
Black/African/Caribbean/Black British	0%	0
Mixed or Multiple Ethnic Groups	1%	2
White	82%	112
Prefer not to say	4%	6
Other ethnic group (please specify)	4%	5

Other responses	Total
English	1
Hong Kong	1
White Irish	1
Mauritian	1

29) Do you consider yourself to have a disability? (A physical or mental impairment which has a long-term adverse effect on your ability to carry out normal day to day activities – the Equality Act 2010) (Please tick all that apply)

Answered – 136; skipped – 16

Response options	%	Total
No	71%	96
Yes, affecting mobility	13%	18
Yes, affecting hearing	3%	4
Yes, affecting vision	1%	1
Yes, a learning disability	1%	2
Yes, mental ill health	7%	10
Yes, another form of disability	7%	9
Prefer not to say	4%	5

30) Which of the following best describes your gender?

Answered – 137; skipped – 15

Response options	%	Total
Female	71%	97
Male	27%	37
Prefer not to say	1%	1
Prefer to self-describe:	1%	2

Other responses	Total
Agender	1
Male or female is sex – protected characteristic, not a gender	1

31) What is your sexual orientation? (Please select one answer)

Answered – 135; skipped – 17

Response options	%	Total
Bisexual	2%	3
Gay woman/lesbian	1%	1
Gay man	1%	1
Heterosexual	86%	116
Prefer not to say	8%	11
Other (please specify)	2%	3

Other responses	Total
Question is not relevant	3

32) What is your faith/religion/belief?

Answered – 136; skipped – 16

Response options	%	Total
Agnostic	8%	11
Atheist	7%	10
Buddhist	0%	0
Christian	51%	70
Hindu	1%	2
Humanist	0%	0
Jewish	1%	1
Muslim	2%	3
Sikh	1%	1
No religion or belief	17%	23
Prefer not to say	10%	14
Other religion or belief:	1%	1

Other responses	Total
Jedi	1

33) Are you pregnant or on maternity leave, or have you recently returned from maternity leave (within the last year)?

Answered – 133; skipped – 19

Response options	%	Total
Yes	2%	2
No	98%	130
Prefer not to say	1%	1

34) Do you have any caring responsibilities? (Please select all that apply)

Answered – 136; skipped – 16

Response options	%	Total
Yes, children	16%	22
Yes, children with disability or additional need	5%	7
Yes, parent with disability or additional need	7%	9
Yes, partner with disability or additional need	10%	14
Yes, other dependents	6%	8
No	60%	81
Prefer not to say	2%	3

35) What is your marital status?

Answered – 137; skipped – 15

Response options	%	Total
Cohabiting	7%	9
Civil partnership	0%	0
Divorced	7%	9
Married	57%	78
Single	12%	17
Separated	0%	0
Widowed	11%	15
Prefer not to say	6%	8

Other responses	Total
Question is not relevant	1

36) How did you hear about this consultation?

Answered – 135; skipped – 17

Response options	%	Total
Letter delivered to my home	0%	0
Sutton Council website	12%	16
Sutton Scene e-bulletin	33%	45
Facebook	22%	30
Twitter	4%	6
Word of mouth	5%	7
From my library	0%	0
From my councillor	0%	0

Other responses	Total
Sign in chemist	7
Nextdoor app	5
Sutton newsletter	2
A friend	2
BSCRA Bulletin	2
Residents association	2
Sutton council insight staff e-bulletin	2
Online	1
Healthwatch Sutton	1
Neighbourhood Watch Group	1
Instagram	1
LGBT Forum	1
Community champions meeting run by ICB	1
Sutton council twitter	1
Work email	1

37) Which statement best applies to you?

Answered – 137; skipped – 15

Response options	%	Total
Working – full time (30+ hrs/wk)	31%	42
Working – part time (8–29 hrs/wk)	11%	15
Working – (under 8 hrs/wk)	0%	0
Self-employed	3%	4
Housewife/husband	3%	4
Retired	45%	62
Registered unemployed	0%	0
Unemployed but not registered	0%	0
Permanently sick/disabled	2%	3
On a training scheme	0%	0
Voluntary work	2%	3
Student	0%	0
Full-time carer	1%	1
Other	0%	0
Prefer not to say	2%	3

Appendix E: Pharmacy contractor questionnaire

Total responses received²: **33 responses**

1) Premises and contact details

29 unique pharmacies provided their ODS code, pharmacy name and address

2) Does the pharmacy dispense appliances?

Answered - 33; skipped - 0

Response options	%	Total
None	0%	0
Yes – All types	76%	25
Yes, excluding stoma appliances, or	0%	0
Yes, excluding incontinence appliances, or	3%	1
Yes, excluding stoma and incontinence appliances, or	6%	2
Yes, just dressings, or	15%	5
Other (please specify)	0%	0

3) Is there a particular need for a locally commissioned service in your area?

Answered - 33; skipped - 0

Response options	%	Total
Yes	52%	17
No	48%	16

If so, what is the service requirement and why?	Total
Pharmacy First Scheme	7
Deliver Service	2
Appliance Service	2
Ear Syringing	2
Supervised Consumption	1
Blood testing eg warfarin INR	1
Health Checks	1

4) Non-commissioned services: Does the pharmacy provide any of the following?

Services	Yes (%)	Yes (total)	No (%)	No (total)	Total
Collection of prescriptions from GP practices	88%	29	12%	4	33
Delivery of dispensed medicines - Selected patient groups (please list patient groups below)	75%	21	25%	7	28

² Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

Services	Yes (%)	Yes (total)	No (%)	No (total)	Total
Delivery of dispensed medicines - Selected areas (please list areas below)	70%	21	30%	9	30
Delivery of dispensed medicines – Free of charge on request	70%	23	30%	10	33
Delivery of dispensed medicines – With charge	11%	3	89%	25	28

Please list your criteria for selected patient groups	Total
Elderly/housebound/disable or vulnerable patients	10
All patients without charge	8

Please list your criteria for selected areas	Total
Local area	9
5 Mile Radius	2
3 Mile Radius	1
N.A	1

5) If the CCG (ICB) or Local Authority are willing to commission new services, would you be willing to provide the service?

Answered - 33; skipped - 0

Response options	%	Total
Yes	100%	33
No	0%	0

Please provide details of services you would like to see commissioned to meet the needs of your patients	Total
Delivery service	6
Pharmacy First Scheme	3
EHC	2
Walk in prescribing service	1
Ear syringing	1
No specific service in mind	1
1care home advice & audit service, out reach services, blister pack service	1
Minor ailments, EHC, Health Check, UTI Test, sore throat testing	1
Dementia Screening, smoking cessation, EHC	1
PGD for UTI	1
Mental Health	1
MDS service	1

6) Details of the person completing this form

Answered - 33; skipped - 0

Appendix F: Demographics and health needs of Sutton

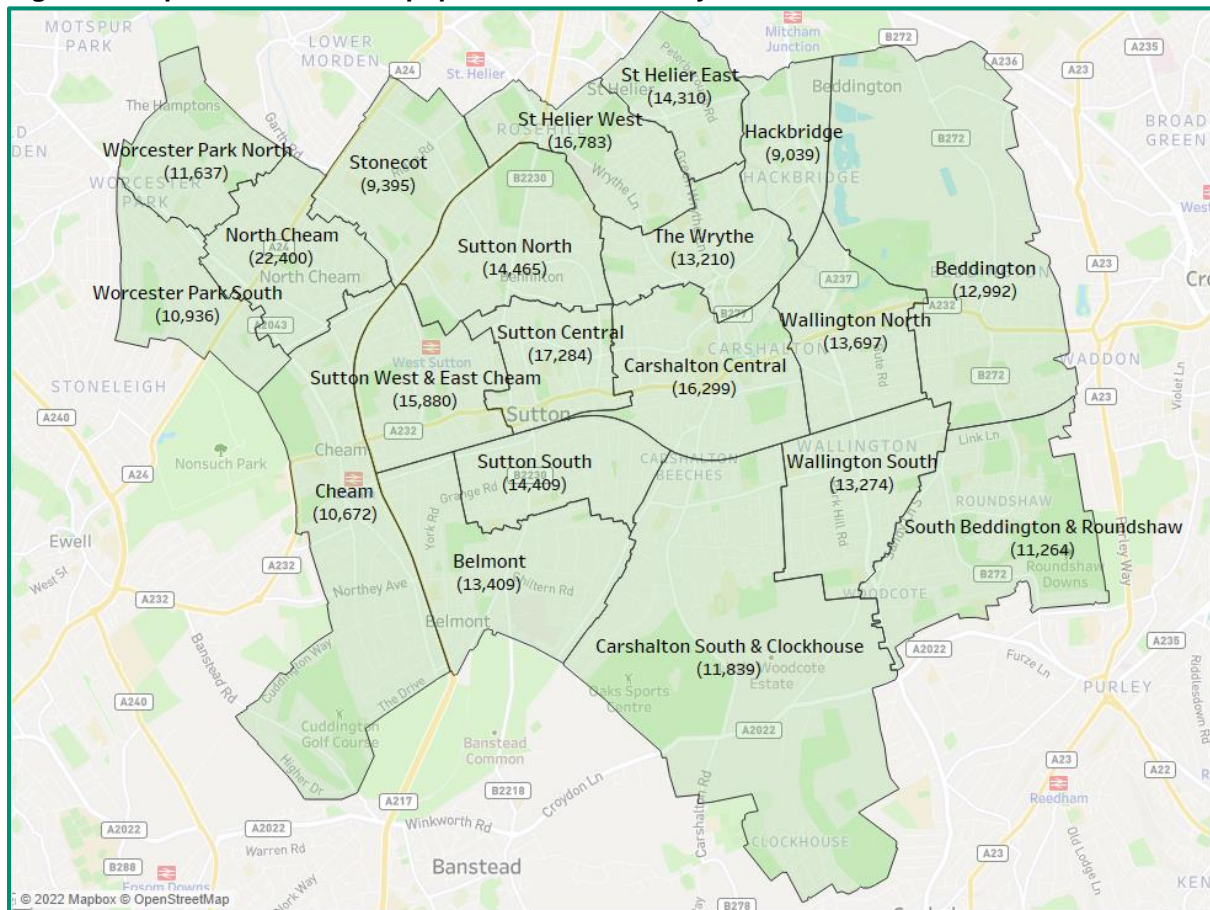
1 Population characteristics

1.a Overview

Sutton is an Outer London borough in south-west London. It covers an area of 43 square kilometres (17 square miles). Sutton borders Croydon to the east, Merton to the north, Kingston to the north-west, and the Surrey boroughs of Epsom and Ewell to the west, and Reigate and Banstead to the south.

According to the most recent estimate from the Office of National Statistics (ONS),²⁹ Sutton has a population of 207,707. There are now 20 wards in the borough, an increase of 2 wards since the last PNA was written. The new wards came into effect from May 2022 – see the map in Figure 3 for Sutton’s 20 wards and the estimated population for each of the wards.

Figure 3: Map of Sutton and its population estimates by electoral ward



Data Source: ONS Mid-2020 Estimates

²⁹ ONS. Mid-2020 Population Estimate.

www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/dataset/s/populationestimatesforukenglandandwalesscotlandandnorthernireland

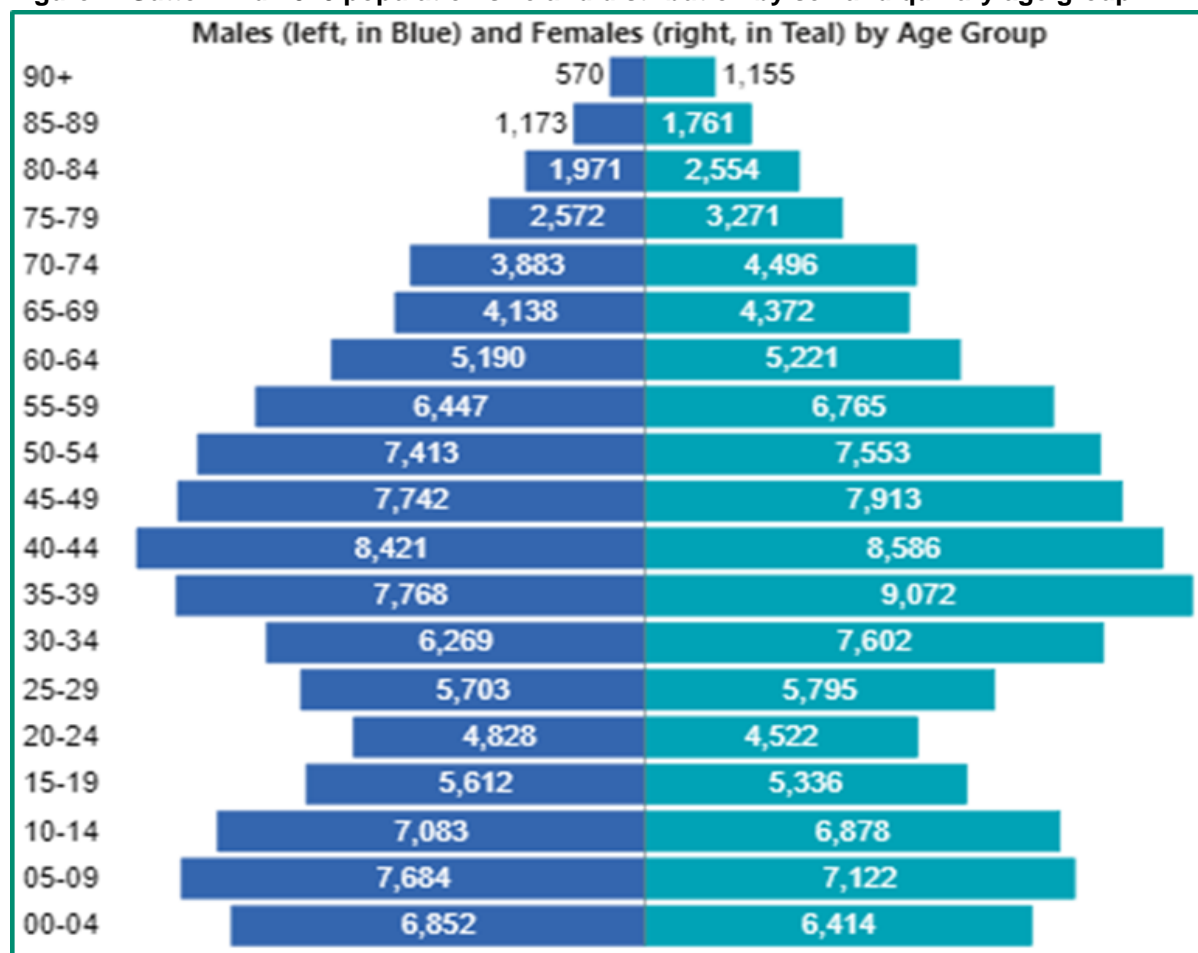
The current (mid-2020) population of Sutton (207,707) suggests that the population in Sutton has grown by 10% over the last decade (from 191,123 in 2010³⁰) and 15% over the last 20 years (from 180,485 in 2000³¹). Furthermore, the Sutton population is projected to be 208,778 and 209,880 in 2022 and 2023.³²

1.b Age

Figure 4 presents the population size of Sutton in 2020 broken down by quinary age group and gender. The summary of the distribution of Sutton population by broad age group is as follows:

- 26% (52,981) are children and young people (aged 19 and under)
- 33% (68,566) are younger adults (aged 20–44)
- 26% (54,244) are middle-aged (aged 45–64)
- 15% (31,916) are older people (aged 65 and above)

Figure 4: Sutton Mid-2020 population size and distribution by sex and quinary age group



Data Source: ONS. Mid-2020 Population Estimates

³⁰ ONS. Mid-2010 Population Estimates.

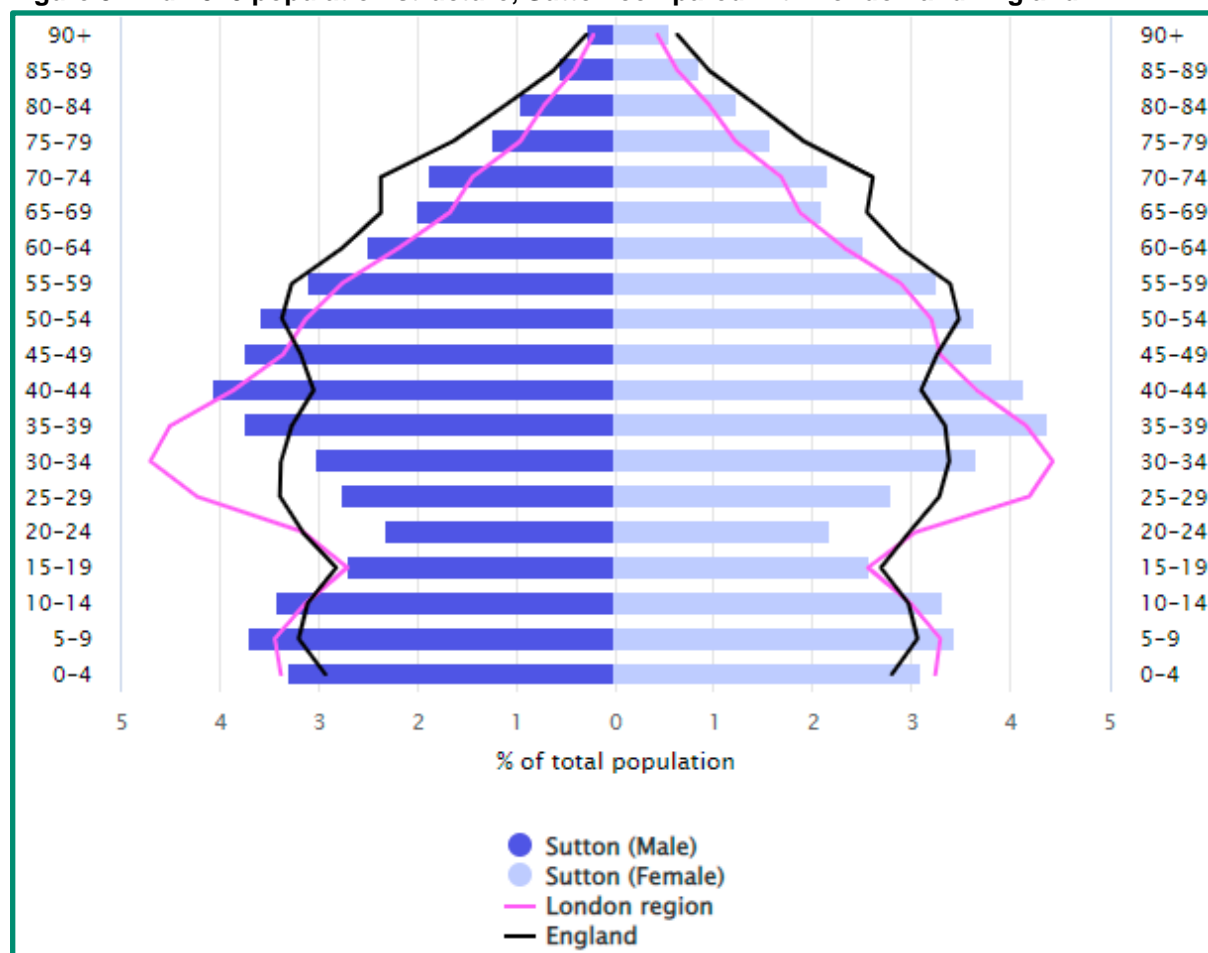
³¹ ONS. Mid-2000 Population Estimates.

³² GLA. 2020-based demographic projections: Identified Capacity Scenario

https://data.london.gov.uk/download/housing-led-population-projections/7586e731-0a89-435f-9c74-ff9c43968eee/identified_capacity_scenario.xlsx

Figure 5 compares the population structure of Sutton with that of London and England. It shows that there are generally more younger people in Sutton compared with England and more older people in Sutton when compared with London.

Figure 5: Mid-2020 population structure, Sutton compared with London and England



Source: ONS. Mid-2020 Population Estimates

1.c Ethnicity

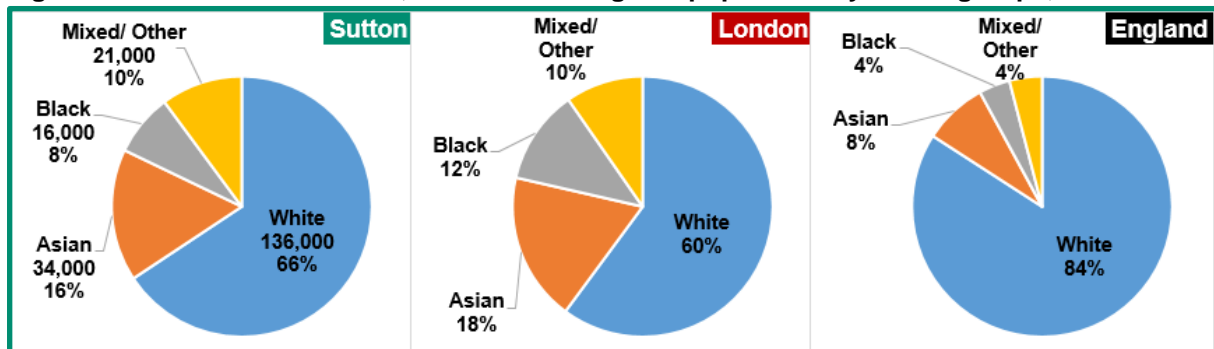
Figure 6 presents the distribution of the 2020 population of Sutton by ethnic group and compares it with London and England. It shows that:

- 66% of the Sutton population is estimated to be White
- The proportion of the population that is from a BAME background in Sutton (34%) is more than double that of England (16%) but almost similar to London (40%)
- The Asian population is the largest BAME group in Sutton, similar to both London and England

In addition, the population of school pupils in Sutton during the 2020-21 academic year has a higher proportion of BAME groups than the whole population: 53% are White,

25% are Asian, 10% are mixed, 8% and 4% are from Black and other ethnic groups respectively.³³

Figure 6: Distribution of Sutton, London and England population by ethnic groups, 2020



Data Source: ONS Annual Population Survey

Furthermore, the projected populations of ethnic groups in Sutton and their composition in the general population (presented in Table 14) show that the proportion of White British people will gradually reduce over the next decade. In addition, Table 14 suggests that the 'Other White', mixed (mainly 'White & Black Caribbean') and a few Asian groups will grow over the decade.

Table 14: Sutton projected ethnic group populations and composition, 2022, 2027 and 2032

Ethnic group	2022	2027	2032	Ethnic composition		
				2022	2027	2032
White British	130,508	128,319	126,370	60.6%	58.1%	56.3%
White Irish	3,489	3,474	3,464	1.6%	1.6%	1.5%
Other White	20,751	23,471	25,488	9.6%	10.6%	11.3%
White & Black Caribbean	3,976	4,477	4,877	1.8%	2.0%	2.2%
White and Black African	1,425	1,559	1,648	0.7%	0.7%	0.7%
White and Asian	3,359	3,557	3,654	1.6%	1.6%	1.6%
Other Mixed	2,863	3,141	3,307	1.3%	1.4%	1.5%
Indian	9,838	10,748	11,450	4.6%	4.9%	5.1%
Pakistani	4,744	5,282	5,689	2.2%	2.4%	2.5%
Bangladeshi	1,837	2,019	2,171	0.9%	0.9%	1.0%
Chinese	2,790	2,860	2,933	1.3%	1.3%	1.3%
Other Asian	14,930	16,410	17,530	6.9%	7.4%	7.8%
Black African	6,613	6,832	6,983	3.1%	3.1%	3.1%
Black Caribbean	3,610	3,842	4,043	1.7%	1.7%	1.8%

³³ 2020-21 School census (excludes independent schools).

Ethnic group	2022	2027	2032	Ethnic composition		
				2022	2027	2032
Other Black	1,232	1,299	1,340	0.6%	0.6%	0.6%
Arab	1,328	1,407	1,453	0.6%	0.6%	0.6%
Other ethnic group	1,935	2,086	2,193	0.9%	0.9%	1.0%

Source: Greater London Authority (GLA) 2016-based Housing-led Ethnic Group Population Projections

1.d Predicted population growth

The population of Sutton is projected to rise from 208,778 (in 2022) to 211,423 and 212,385 in five and ten years respectively.³⁴ This would represent a 1.3% and 1.7% increase by 2027 and 2032, respectively. The percentage change in the population by broad age group is presented in Table 15. Table 15 suggests that the numbers of children and young people (aged 19 and under) and younger adults (aged 20–44) are projected to decline over the next decade. Conversely, the number of middle-aged residents (aged 45–64) and older people (aged 65 and above) are forecast to grow from 2022 to 2027 and 2032. The expected rise in the number of older people will be more significant.

Table 15: Sutton projected population and percentage change by broad age group, from 2022 to 2027 and 2032

Age group	2022	2027		2032	
	Number	Number	% change from 2022	Number	% change from 2022
0–19	51,333	49,696	-3.2%	46,606	-9.2%
20–44	68,984	66,288	-3.9%	65,715	-4.7%
45–64	55,804	59,500	6.6%	59,869	7.3%
65+	32,657	35,940	10.1%	40,195	23.1%
Total	208,778	211,423	1.3%	212,385	1.7%

Source: GLA 2020-based demographic projections: Identified Capacity Scenario

One of the key determinants of population growth (and where the growth will likely happen) is the local housing plan for developments. On 26 February 2018, Sutton adopted the Local Plan³⁵ as a development plan document. The Sutton Local Plan sets out the planning strategy and policies for the borough until 2031 and includes a

³⁴ GLA. 2020-based demographic projections: Identified Capacity Scenario

https://data.london.gov.uk/download/housing-led-population-projections/7586e731-0a89-435f-9c74-ff9c43968eee/identified_capacity_scenario.xlsx

³⁵ [1. Sutton Local Plan \(Adopted 2018\).pdf](#)

Sutton has identified sufficient housing sites to demonstrate that it can meet its minimum housing target for the five-year period from 1 April 2021 to 31 March 2026, including the 5% buffer. The current five-year target is **2,462** net additional dwellings.

This five-year housing land assessment identifies a total supply of **2,750** net additional dwellings, comprising:

- **711** net additional dwellings currently under construction
- **460** net additional dwellings on sites with planning permission but not started
- **638** net additional dwellings on large allocated sites but currently without planning permission
- **79** net additional dwellings on sites with 'prior approval'
- **52** net additional dwellings on significant unallocated brownfield sites
- **810** net additional dwellings on small sites fewer than ten dwellings (windfalls)

This total of 2,750 net additional dwellings exceeds the council's five-year cumulative housing requirement of 2,462 net additional dwellings (incorporating the 5% buffer) by 288 net additional dwellings (+11.6%).

Table 16: Sites with planning permission as of March 2021

Location	Dwellings under construction	Dwellings not yet started
Hackbridge	403	0
Sutton Town Centre	178	319
Cheam	0	53
North Cheam	65	0
Wallington	31	0
Carlshalton	0	30
Cheam Village	0	15
Rosehill	0	14
The Wrythe	0	10
Worcester Park	0	9
Rest of borough	34	0

Source: Five-Year Housing Land Supply Assessment 2021-22 to 2025-26, Sutton Local Plan, April 2021

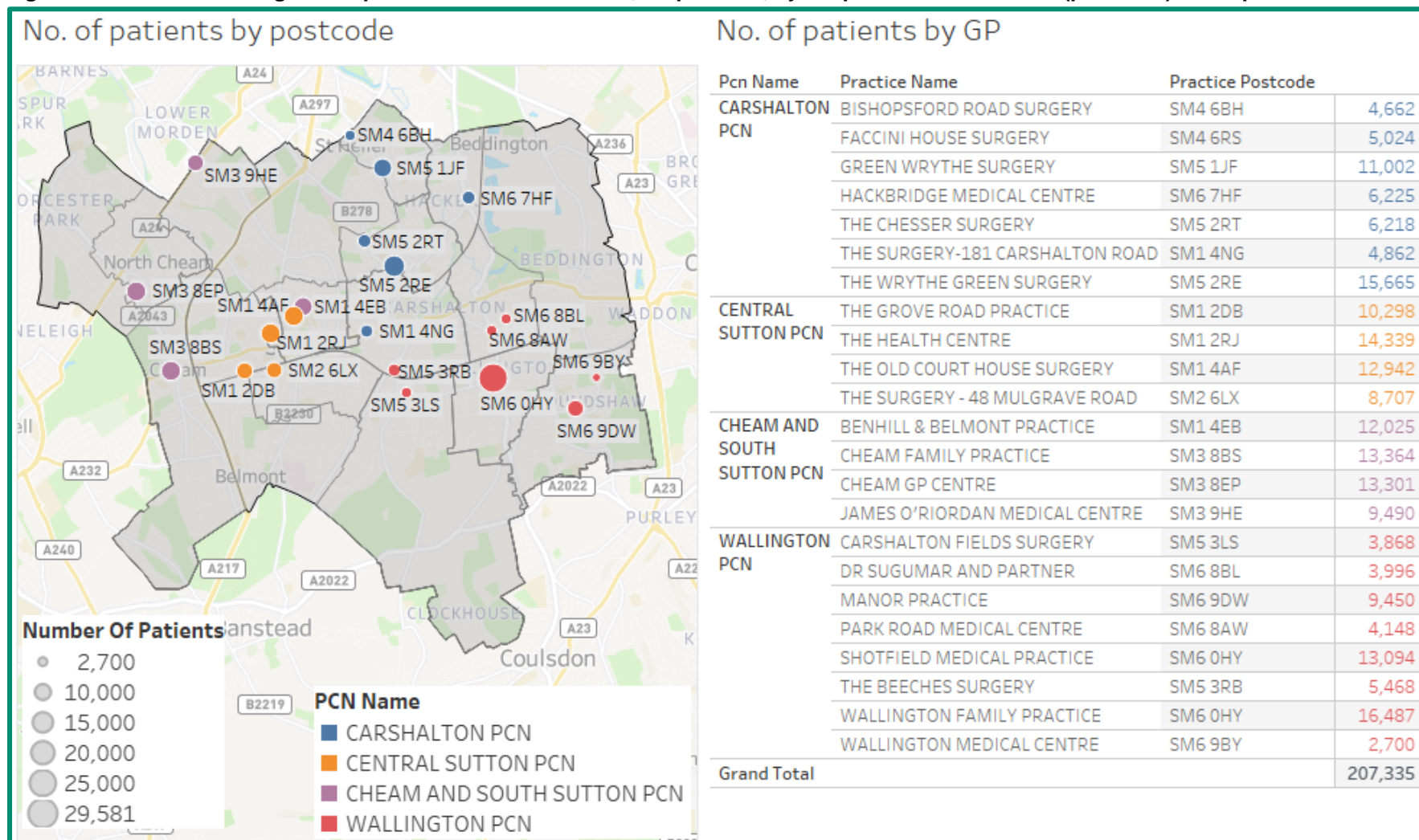
1.e GP-registered population

As at 1 April 2022, there were 207,335 patients registered with the four Sutton PCNs – Carshalton PCN, Central Sutton PCN, Cheam and South Sutton PCN and Wallington PCN (see Figure 8).

Figure 8 (right) shows the number of registered patients by individual GP practices. In addition, Figure 8 (left) shows the distribution of the number of registered patients by

the location (postcode) of the GP practices – this means that where more than one GP practices are co-located (that is, share the same postcode), their registered patients are added together.

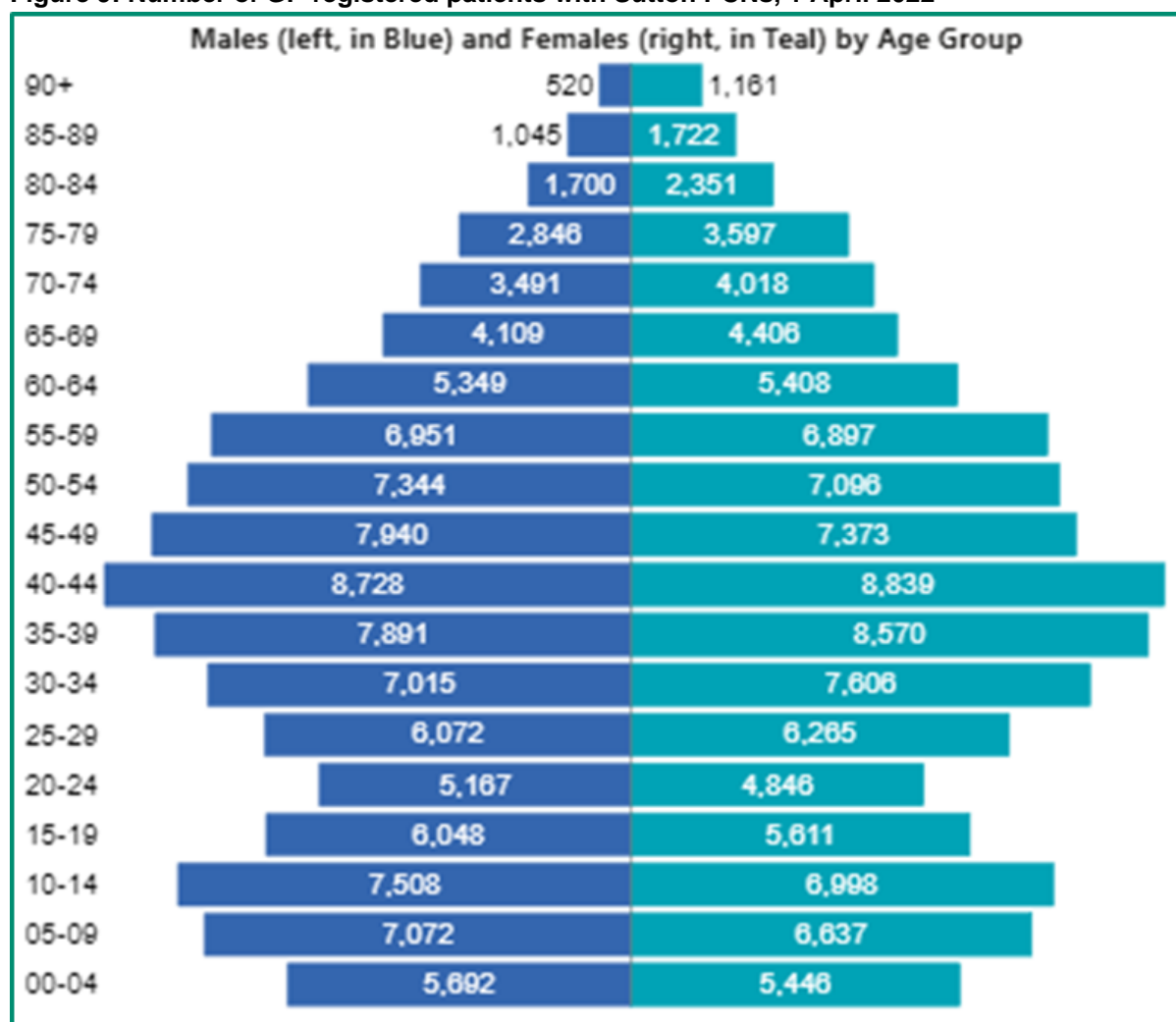
Figure 8: Number of GP-registered patients with Sutton PCNs, 1 April 2022, by GP practice and location (postcode) of GP practices



Source: NHS Digital

The GP registered population for the Sutton PCNs is presented by gender and age group in Figure 9. It shows a similar structure to the resident population presented in Figure 4.

Figure 9: Number of GP-registered patients with Sutton PCNs, 1 April 2022

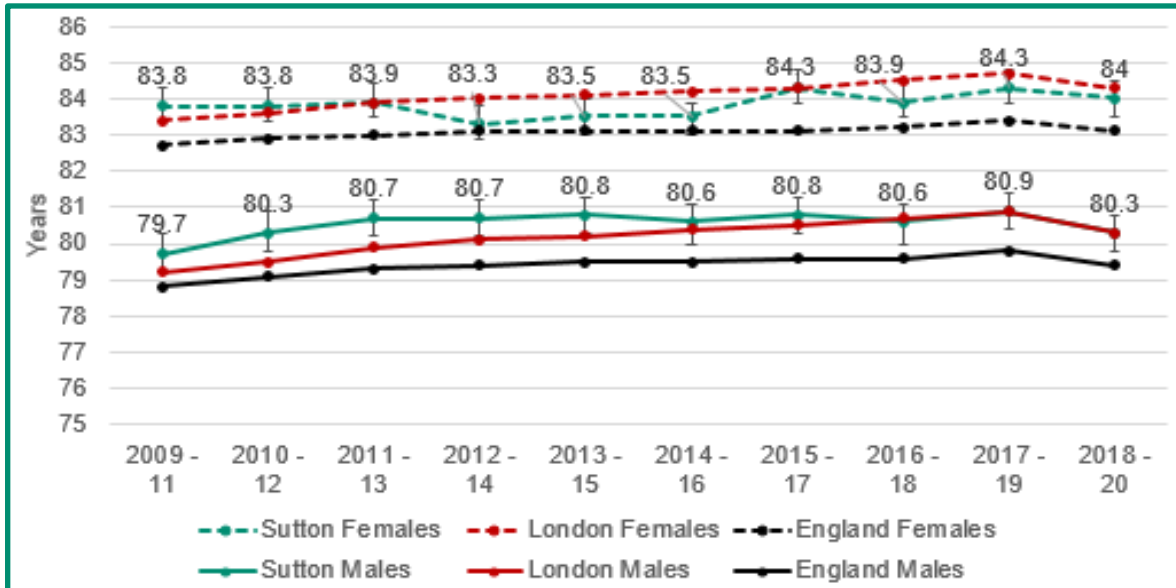


Source: NHS Digital

1.f Life expectancy

The life expectancy (LE) for males in Sutton at birth is 80.3 years. This is the same as London (80.3 years) but significantly higher than England (79.4 years). Over a decade (of three-year rolling periods from 2009-11 to 2018-20), it has not changed significantly (see Figure 10). The LE for females in Sutton at birth is 84 years – this is also similar to London (84.3 years) but significantly higher than England (83.1 years). Over a decade (of 3-year rolling periods – from 2009-11 to 2018-20), it has not changed significantly (see Figure 10).

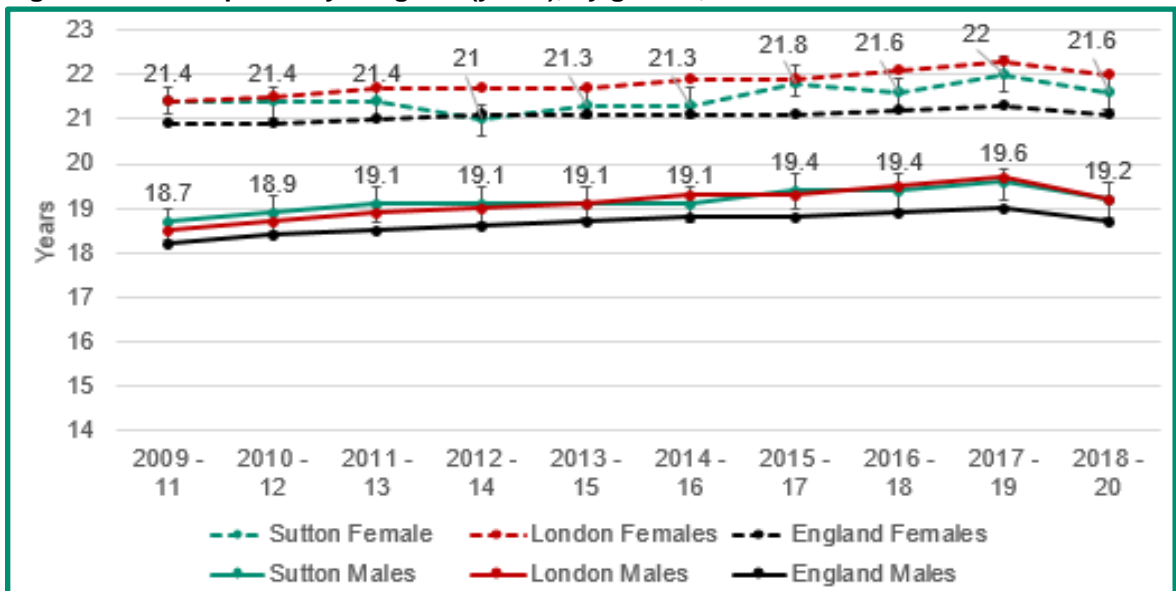
Figure 10: Life expectancy at birth (years), by gender, 2009-11 to 2018-20



Source: OHID. Public Health Profiles: Life expectancy at birth. <https://fingertips.phe.org.uk/search/life-expectancy#page/4/gid/1000049/pat/6/par/E12000007/ati/401/are/E09000029/iid/90366/age/1/sex/2/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

The additional LE in Sutton for males and females and how they compare against London and England is presented in Figure 11.

Figure 11: Life expectancy at age 65 (years), by gender, 2009-11 to 2018-20



Source: OHID. Public Health Profiles: Life expectancy at 65. <https://fingertips.phe.org.uk/search/life-expectancy#page/4/gid/1000049/pat/6/par/E12000007/ati/401/are/E09000029/iid/91102/age/94/sex/2/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

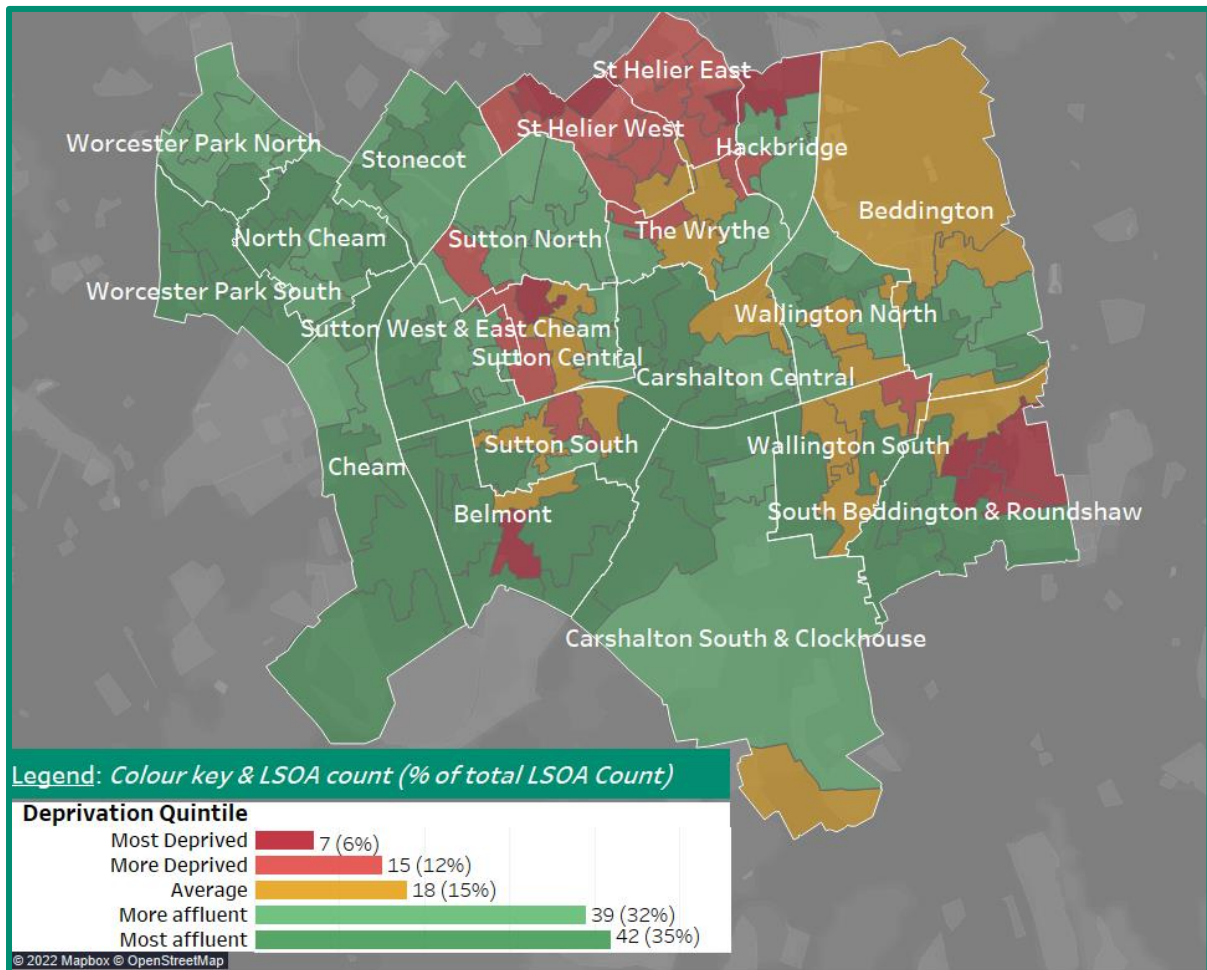
Figure 11 shows that the additional LE in Sutton for males at age 65 is 19.2 years – this is the same as London (19.2 years) but higher than England (18.7 years). Over a decade (of three-year rolling periods – from 2009-11 to 2018-20) – the LE for males in Sutton at age 65 has not significantly changed. The additional LE in Sutton for females at age 65 is 21.6 years – this is significantly lower than London (22 years) but higher than England (21.1 years). Over a decade (of three-year rolling periods – from 2009-

11 to 2018-20) – the LE for females in Sutton at age 65 has also not changed significantly (see Figure 11).

1.g Deprivation

Sutton is a relatively affluent borough. Based on IMD 2019, Sutton is ranked 226th overall out of 317 local authorities in England for deprivation (the 1st being most deprived). Figure 12 presents the map of Sutton by the deprivation quintile of Sutton Lower Layer Super Output Areas (LSOAs) relative to England and identifies areas more deprived compared with other national LSOAs.

Figure 12: IMD 2019 quintiles, by LSOAs in Sutton wards



Data Source: Ministry of Housing, Communities and Local Government. English Indices of Deprivation 2019. <https://opendatacommunities.org/resource?uri=http%3A%2F%2Fopendatacommunities.org%2Fdata%2Fsocietal-wellbeing%2Fimd2019%2Findices>

Figure 12 shows that whilst 35% of Sutton’s small areas (42 out of 121) are in the top 20% most affluent areas in England, there are pockets of deprivation in some parts of the borough. Seven LSOAs (6%) in Belmont, Hackbridge, South Beddington & Roundshaw, St Helier East, St Helier West and Sutton Central wards are in the 20% most deprived areas in the country.

People who live in the most deprived areas have the poorest health and wellbeing outcomes. On average, people living in deprived areas, lower socio-economic groups

and marginalised groups have poorer health and poorer access to healthcare than people resident in affluent areas and people from higher socio-economic groups.

2 Specific populations

2.a Children and young people

Fertility rates can be a good indicator of population change in an area. The general fertility rate in Sutton for 2020 was 57 per 1,000 women aged 15–44, which is statistically similar to London’s rate of 56 per 1,000 in 2020.³⁷ More importantly, Sutton’s general fertility rate has been on a downward trend – it was 66.7 per 1,000 in 2016. The number of live births in Sutton is also on a downward trend – from 2,741 (in 2016) to 2,356 live births in 2020.

According to the ONS in mid-2020, children and young people aged under 20 make up a relatively higher proportion of the population in Sutton when compared with London and England. In 2020, 0–19-year-olds comprised 26% of Sutton residents, compared with 25% and 24% in London and England respectively (see Table 17).

Table 17: Percentage of the population by broad age group

Broad age group	Sutton	London	England
0–19	26%	25%	24%
20–44	33%	40%	32%
45–64	26%	23%	26%
65+	15%	12%	19%

Source: ONS. Mid-2020 Population Estimates

However, the proportion of children and young people aged under 20 in Sutton is set to reduce from 25% in 2022 to 22% in a decade (see Table 18).

Table 18: Projected number and percentage of Sutton population by broad age group

Age group	Number			% of total		
	2022	2027	2032	2022	2027	2032
0–19	51,333	49,696	46,606	25%	24%	22%
20–44	68,984	66,288	65,715	33%	31%	31%
45–64	55,804	59,500	59,869	27%	28%	28%
65+	32,657	35,940	40,195	16%	17%	19%
Total	208,778	211,423	212,385	100%	100%	100%

Source: GLA 2020-based demographic projections: Identified Capacity Scenario

³⁷ ONS. Birth and Fertility Rates. <https://data.london.gov.uk/dataset/births-and-fertility-rates-borough>

According to the Child Health Profile³⁸, the health and wellbeing of children in Sutton is better overall than England (based on comparing local indicators with England averages). The infant mortality rate is similar to England with an average of 9 infants dying before age 1 each year. Recently there have been 7 child deaths (1–17-year-olds) each year on average.

Public health interventions can improve child health at a local level. In this area:

- The teenage pregnancy rate is similar to England, with 47 girls becoming pregnant in a year.
- 6.7% of women smoke while pregnant which is better than England.
- 73.0% of new-borns received breast milk as their first feed. Data on breastfeeding at 6 to 8 weeks after birth is not available for this area.
- The MMR immunisation level does not meet recommended coverage (95%). By age 2, 89.7% of children have had one dose.
- Dental health is similar to England. 21.0% of 5 year olds have experience of dental decay. Levels of child obesity are better than England.
- 6.7% of children in Reception and 18.4% of children in Year 6 are obese.
- The rate of child inpatient admissions for mental health conditions at 82.5 per 100,000 is similar to England.
- The rate of self-harm (10-24 years) at 281.4 per 100,000 is better than England.
- By age two, 93.7% of children have had Dtap/IPV/Hib immunisation, approaching minimum recommended coverage (95%).
- 93.0% of children in care are up to date with their immunisations, which is similar to England.
- In 2018/19, there were 10,145 A&E attendances by children aged four years and under. This gives a rate which is worse than England.

2.b Children Looked After (CLA)

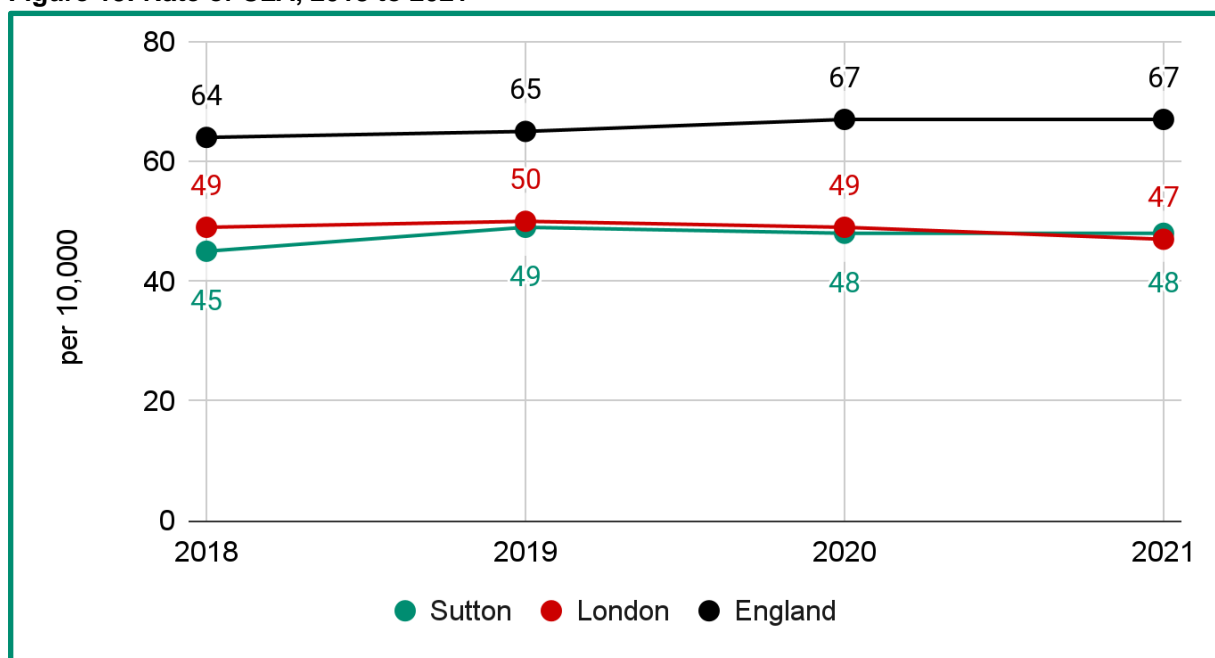
Table 19 details the number and rate of Children Looked After (CLA) in Sutton between 2018 and 2021. There were 239 CLA in Sutton as at the year ending 31 March 2021. This equates to a rate of 48 per 10,000 children in Sutton in 2021, which seems to have remained stable through the years. Figure 13 compares the rate of CLA in Sutton with London and England. It shows that Sutton's CLA rate has been lower than England's but similar to London's in the past few years.

³⁸ [Child Health Profile 2021](#) (Accessed 27th July 2022)

Table 19: Number and rate of children looked after in Sutton, 2018 to 2021

Year	Number	Rate per 10,000
2021	239	48
2020	234	48
2019	237	49
2018	215	45

Source: ONS. Children looked after in England including adoptions. 2021. <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions>

Figure 13: Rate of CLA, 2018 to 2021

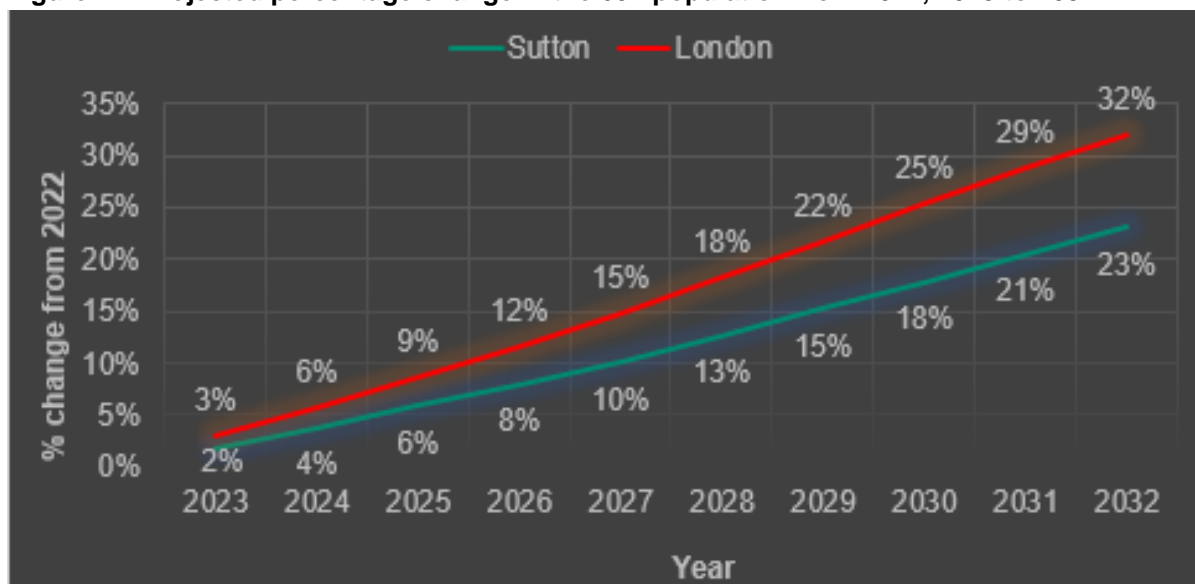
Source: ONS. Children looked after in England including adoptions. 2021. <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions>

2.c Older population

Older people (aged 65 and above) make up a relatively higher proportion of the population in Sutton when compared with London, but lower than England. In 2020, those aged 65+ comprised 15% of Sutton residents, compared with 12% and 19% in London and England respectively (see Table 17). However, the proportion that older people make up in the Sutton population is projected to rise from 16% in 2022 to 19% in a decade (see Table 18).

In addition, as previously shown in Table 15 and again in Figure 14, the population of older people in Sutton is projected to increase from 2022 by 10% and 23% in five years and ten years respectively (2027 and 2032). The 65+ population will be a consistent rise over the next decade, but the percentage increase is expected to be less than London's projected increase (see Figure 14).

Figure 14: Projected percentage change in the 65+ population from 2022, 2023 to 2032



Source: GLA 2020-based demographic projections: Identified Capacity Scenario

Older people (in 65+ age groups) are at increased risk of contact with or dependence on health and social care services due to complex needs relating to age-related risk factors impacting on health and wellbeing. The burden of disease is higher in these age groups. It is therefore expected that there will be a higher prevalence of degenerative diseases in Sutton over the coming years because of this demographic. The impact on services is likely to include increased demand for acute care, primary care (including medicines management), patient care services for isolated, vulnerable adults such as prescriptions delivery services and social care services including reablement.

2.d Prison populations

The borough of Sutton does not have any prisons or young offender institutions.

2.e People with physical and learning disabilities

Table 20 shows the estimated number of Sutton residents and the estimated prevalence (based on the projected borough population aged 18–64) with a physical disability. It is estimated that the number of residents with any physical disabilities will increase over the next 15 years.

Table 20: Sutton population aged 18–64 predicted to have physical disabilities and estimated prevalence

Physical disabilities	Estimated number				Estimated prevalence (per 100,000)			
	2020	2025	2030	2035	2020	2025	2030	2035
Impaired mobility	6,887	7,230	7,279	7,340	5,348	5,562	5,587	5,654
Moderate personal care disability	4,972	5,196	5,261	5,310	3,861	3,997	4,038	4,090

Physical disabilities	Estimated number				Estimated prevalence (per 100,000)			
	2020	2025	2030	2035	2020	2025	2030	2035
Serious personal care disability	1,089	1,132	1,151	1,162	846	871	883	895
Longstanding health condition caused by stroke	386	406	420	426	300	312	322	328
Diabetes	4,168	4,346	4,433	4,485	3,237	3,343	3,403	3,455
Serious visual impairment	82	83	84	84	64	64	64	65
Some hearing loss	12,091	12,814	13,116	13,313	9,389	9,857	10,067	10,255
Severe hearing loss	753	780	786	787	585	600	603	606

Source: PANSI (Projecting Adult Needs and Service Information) 2020 and GLA 2020-based demographic projections: Identified Capacity Scenario (used as denominator for calculating estimated prevalence or rate per 100,000)

Table 21 shows the estimated number of Sutton residents and the estimated prevalence (based on the projected borough population aged 18–64) with a learning disability. It is projected that there will be a marginal increase in the rate of learning disabilities for the next 15 years in Sutton but the rates for those with types of learning disabilities (such as those with Down's syndrome and challenging behaviour) are unlikely to change.

Table 21: Sutton population aged 18–64 predicted to have learning disabilities and estimated prevalence

Learning disabilities	Estimated number				Estimated prevalence (per 100,000)			
	2020	2025	2030	2035	2020	2025	2030	2035
Learning disability	3,061	3,106	3,138	3,154	2,377	2,389	2,409	2,429
Moderate or severe learning disability	704	717	725	728	547	552	556	561
Severe learning disability	184	187	189	190	143	144	145	146
Living with a parent	252	253	256	256	196	195	196	197
Down's syndrome	79	80	81	81	61	62	62	62
Displaying challenging behaviour	57	58	58	58	44	45	45	45

Learning disabilities	Estimated number				Estimated prevalence (per 100,000)			
	2020	2025	2030	2035	2020	2025	2030	2035
Autistic spectrum disorders	1,236	1,249	1,261	1,268	960	961	968	977

Source: PANSI 2020 and GLA 2020-based demographic projections: Identified Capacity Scenario (used as denominator for calculating the estimated prevalence or rate per 100,000)

2.f Housebound populations

Residents may be unable to leave their house due to reasons such as physical or mental ill health. There is currently no clear borough-level data on housebound populations. The number of residents with severe physical disability (see Appendix F, [Section 2.e](#)) may give an indication of the housebound population. However, many residents with severe physical disability may not be housebound, and there may be some residents who are housebound for other reasons.

2.g Residential and nursing home populations

As at 31 March 2022, there were 1,999 residents receiving residential, nursing, supported living and community based care in Sutton. This excludes the number of Sutton residents who self-fund their care, which is currently not known.

Table 22 presents the number of Sutton care service users by service description and service type. Taken together with Figure 15, it shows that the majority of Sutton clients receive community-based care rather than nursing or residential care. However, Sutton has more residential care home clients than nursing care clients by almost a 2:1 ratio (see Figure 15).

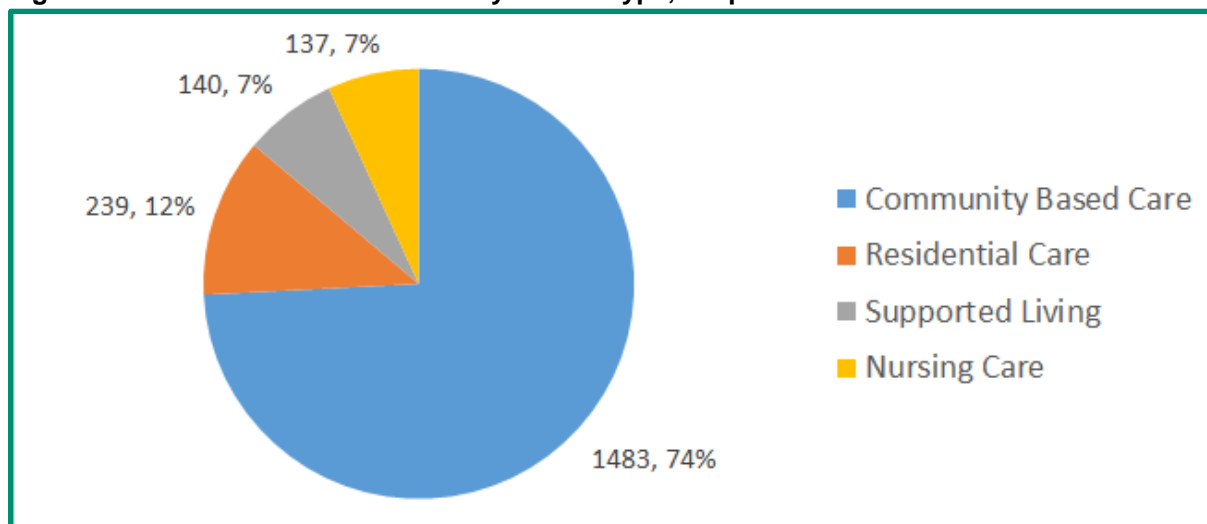
Table 22: Count and distribution of Sutton care service users by service description and service type, snapshot on 31 March 2022

Service description	Service type	Count	% of users
Domiciliary care	Community-based care	846	42.3%
Direct payments (managed virtual account)	Community-based care	85	4.3%
Direct payments (pre-paid card)	Community-based care	266	13.3%
Residential care	Residential care	239	12.0%
Supported living	Supported living	140	7.0%
Day services	Community-based care	121	6.1%
Nursing care	Nursing care	137	6.9%
Direct payments (self-managed)	Community-based care	49	2.5%
HCSS (home care)	Community-based care	96	4.8%

Service description	Service type	Count	% of users
Direct payments (virtual)	Community-based care	5	0.3%
Shared lives	Community-based care	13	0.7%
Transport	Community-based care	2	0.1%
TOTAL		1,999	100%

Source: Sutton Mosaic Social Care System Extract

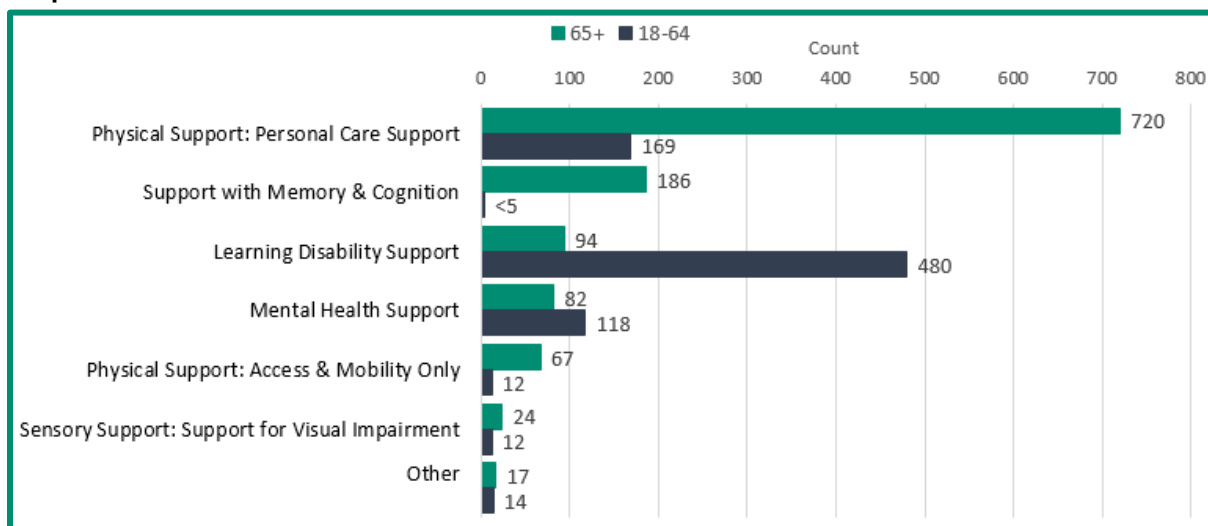
Figure 15: Sutton care service users by service type, snapshot on 31 March 2022



Source: Sutton Mosaic Social Care System Extract

Figure 16 presents Sutton care service users by primary service reason and 18–64 and 65+ age groups. It shows that in Sutton, the most-used service for 18–64-year-olds was ‘Learning Disability Support’, with 480 (59%) of service-users in that age group using this service. The second-most-used service was ‘Physical Support: Personal Care Support’, which was used by 169 (21%) of service-users aged 18–64. For the clients aged 65+ years, the most-used service was, as may be expected, ‘Physical Support: Personal Care Support’ used by 720 (about 61%) of the 65+ client base, and the second-most-used service was ‘Support with Memory & Cognition’, with 186 (16%) of service-users using this service. In total, ‘Physical Support: Personal Care Support’ was the most-used service across all ages, then ‘Learning Disability Support’ and third was ‘Mental Health Support’. Mental Health Support had a higher client base among 18–64 year olds, but only had 14.6% of clients using this service as their primary service reason.

Figure 16: Sutton care service users by primary service reason and 18–64 & 65+ age groups, snapshot on 31 March 2022



Source: Sutton Mosaic Social Care System Extract

2.h Homeless population

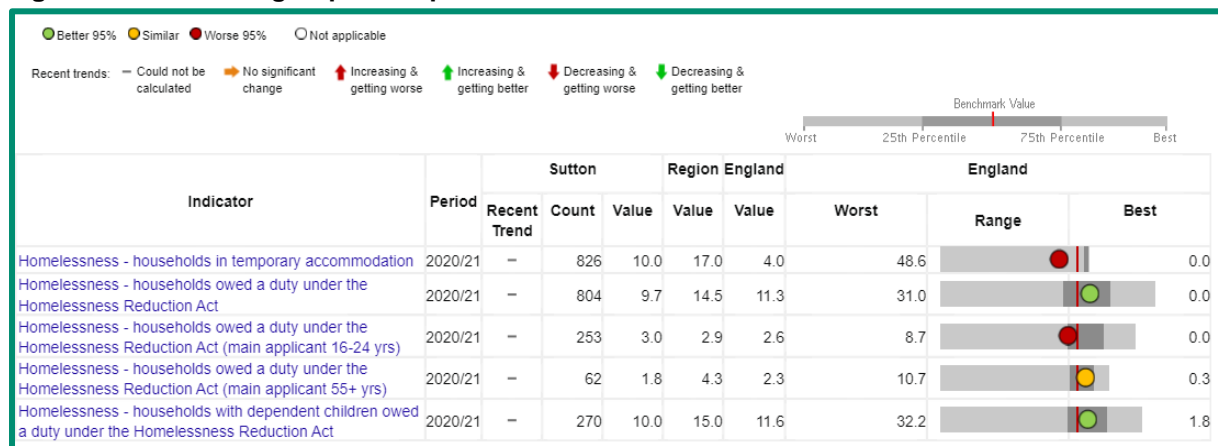
Homelessness is associated with severe poverty and is a social determinant of health. It often results from a combination of events such as relationship breakdown, debt, adverse experiences in childhood, and through ill health. Homelessness is associated with poor health, education and social outcomes, particularly for children.³⁹

In 2020-21, of the 962 Sutton households that were assessed, 804 households (84%) were assessed as being owed a duty under the Homelessness Reduction Act.⁴⁰ This represents 9.7 per 1,000 estimated households, which is significantly better than the England average (see Figure 17). However, in 2020-21, there were 826 Sutton households in temporary accommodation – a rate of 10 per 1,000 estimated total households, which is significantly worse than the England average (Figure 17).

Figure 17 further shows that the Sutton rate of households including one or more dependent children owed a prevention or relief duty (under the Homelessness Reduction Act) – 10 per 1,000 estimated households that include at least one dependent child – is significantly better than the national average. However, the rate of households owed a duty under the Homelessness Reduction Act where the main applicant is aged 16–24 (3 per 1,000 estimated households) is significantly worse than the national average.

³⁹ Local Government Association. The Impact of Homelessness on Health. 2017. www.local.gov.uk/impact-health-homelessness-guide-local-authorities

⁴⁰ DLUHC. Live Tables on Homelessness. www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

Figure 17: OHID's fingertips area profile for indicators related to homelessness

Source: OHID. Public Health Profiles.

<https://fingertips.phe.org.uk/search/homeless#page/1/gid/1/pat/6/par/E1200007/ati/401/are/E09000029/iid/93736/age/-1/sex/-1/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

According to the Department for Levelling Up, Housing and Communities (DLUHC), in 2020 only one person was recorded as sleeping rough in Sutton, out of 714 in London (0.14%). According to the DLUHC data, the number of people recorded as sleeping rough in Sutton, as a proportion of the number of rough sleepers in London, has also been low (less than 1%) over the preceding years, see Table 23.

Table 23: Number of people sleeping rough in Sutton and as a percentage of people sleeping rough in London, 2016-20

Year	Sutton	London	% of London
2016	8	964	0.83%
2017	3	1,137	0.26%
2018	5	1,283	0.39%
2019	5	1,136	0.44%
2020	1	714	0.14%

Source: DLUHC. Live Tables on Homelessness. www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

However, COVID-19 will have skewed the rough sleeper figures in Table 23. The figures in the Combined Homelessness and Information Network (CHAIN) report⁴¹ are likely to be a more accurate estimate of rough sleepers. The CHAIN report suggests that there were 18 rough sleepers in Sutton in 2020-21.

2.i Gypsy and Traveller population

In the 2011 census, 193 Sutton residents reported their ethnicity as Gypsy or Irish Traveller. This makes up 0.1% of the total Sutton population at the time of the 2011 Census.⁴² As at July 2021, there were 42 caravans occupied by Travellers and this

⁴¹ GLA. Rough sleeping in London (CHAIN reports). <https://data.london.gov.uk/dataset/chain-reports>

⁴² ONS 2011 Census

number has remained almost steady over the last six counts. All of the Traveller caravans in Sutton were on authorised sites (see Table 24).

Sutton currently has two traveller sites. Both are in Carshalton Road, near Woodmansterne.

Table 24: Count of Traveller caravans in Sutton, last six counts, January 2018 to July 2021

			Jul-21	Jan-20	Jul-19	Jan-19	Jul-18	Jan-18
Authorised sites (with planning permission)	Socially rented caravans*		26	29	26	29	28	30
	Private caravans	Temporary planning permission	0	0	0	0	0	0
		Permanent planning permission	16	15	16	15	15	15
		All private caravans	16	15	16	15	15	15
Unauthorised sites (without planning permission)	Caravans on sites on Travellers' own land	'Tolerated'	0	0	0	0	0	0
		'Not tolerated'	0	0	0	0	0	0
	Caravans on sites on land not owned by Travellers	'Tolerated'	0	0	0	0	0	0
		'Not tolerated'	0	0	0	0	0	0
Total (all caravans)			42	44	42	44	43	45
*Previously referred to as local authority sites. Includes sites owned by private registered providers								

Source: DLUHC. Traveller Caravan Count. July 2021. www.gov.uk/government/statistics/traveller-caravan-count-july-2021

3 Wider determinants

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors that have an impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources that shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances.

Below is a summary of Wider Determinants Fingertips⁴³ profile for Sutton. It aims to provide an intelligence overview regarding the wider determinants of health to help improve population health and reduce health inequalities.

Figure 18: Legends for interpreting Table 25 to Table 30

<p>Legend:</p> <ul style="list-style-type: none"> ● Better 95% ● Similar ● Worse 95% ○ Not Applicable 	<p>Legend:</p> <ul style="list-style-type: none"> ● Best ● ● ● ● Worst ○ Not Applicable 	<p>Legend:</p> <ul style="list-style-type: none"> ● Low ● ● ● ● ● High ○ Not Applicable
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Source: Wider Determinants Fingertips profile for Sutton

3.a Built and natural environment

For the 'Built and natural environment' indicators, summarily presented in Table 25, the main indicators in Sutton that have been flagged as being worse than either London or England are:

- Percentage of adults cycling for travel at least three days per week; this may have an impact on the obesity prevalence in Sutton
- Number of premises licensed to sell alcohol per square kilometre, which may influence alcohol-related outcomes
- Overcrowded households

⁴³ OHID. Fingertips: Wider Determinants of Public Health. <https://fingertips.phe.org.uk/profile/wider-determinants>

Table 25: Summary of 'Built and natural environment' indicators from the Wider Determinants Fingertips profile for Sutton

Indicator	Period	Sutton	London	England
Transport				
Percentage of adults walking for travel at least three days per week	2019-20	18.2%	22.1%	15.1%
Percentage of adults cycling for travel at least three days per week	2019-20	1.7%	4.1%	2.3%
Killed and seriously injured (KSI) casualties on England's roads (historic data)	2016-18	26.4	39.5*	42.6*
Neighbourhood design				
Rate of complaints about noise	2019-20	6.7	16.8*	6.4*
Number of premises licensed to sell alcohol per square kilometre	2017-18	9.1	21.1*	1.3*
Density of fast food outlets	2014	90.3	101.4	88.2
Access to Healthy Assets & Hazards Index	2017	8.5%	55.7%	21.1%
Natural and sustainable environments				
Air pollution: fine particulate matter	2020	8.6	8.9	6.9
Housing				
Overcrowded households	2011	5.5%	11.6%	4.8%
Affordability of home ownership	2020	11.6	12.5	7.8
Fuel poverty (low income, high cost methodology)	2018	8.4%	11.4%	10.3%
Fuel poverty (low income, low energy efficiency methodology)	2019	12.9%	15.2%	13.4%
Excess winter deaths index	Aug 2019-Jul 2020	21.5%	18.8%	17.4%
Emergency hospital admissions due to falls in people aged 65 and over	2020-21	1,756*	1,872	2,023

See Figure 18 for the legend

Source: Wider Determinants Fingertips profile for Sutton

3.b Work and the Labour market

The gap in the employment rate between those with a long-term health condition and the overall employment rate, which is worse in Sutton than both London and England, seems to be the main local issue based on the ‘work and the labour market’ indicators presented in Table 26.

Table 26: Summary of ‘Work and the labour market’ indicators from the Wider Determinants Fingertips profile for Sutton

Indicator	Period	Sutton	London	England
Percentage of people in employment	2020-21	77.9%	74.5%	75.1%
Gap in employment rate between those with a long-term health condition and overall employment rate	2019-20	17.4	11.5	10.6
Unemployment (model-based)	2020	5.2%	6.0%	4.7%
Long term claimants of Jobseeker’s Allowance	2020	0.5	2.8	2.6
Economic inactivity rate	2020-21	16.8%	20.5%	20.9%
Employment and Support Allowance claimants	2018	2.9%	4.5%	5.4%
Job density	2019	0.64	1.03	0.88
Sickness absence – percentage of employees who had at least one day off in the previous week	2018-20	1.3%	1.9%	1.9%
Sickness absence – percentage of working days lost due to sickness absence	2018-20	0.7%	0.9%	1.0%

See Figure 18 for the legend

Source: Wider Determinants Fingertips profile for Sutton

3.c Vulnerability

Regarding vulnerability indicators, summarised in Table 27, the following seem to be an issue in Sutton:

- Homelessness – households owed a duty under the Homelessness Reduction Act (main applicant aged 16–24), as previously discussed under the “homeless population” subsection above
- Homelessness – households in temporary accommodation, which has also been previously discussed in Appendix F, [Section 2.h](#)
- The proportion of carers that are unpaid

Table 27: Summary of ‘Vulnerability’ indicators from the Wider Determinants Fingertips profile for Sutton

Indicator	Period	Sutton	London	England
Homelessness – households owed a duty under the Homelessness Reduction Act	2020-21	9.7	14.5	11.3
Homelessness – households with dependent children owed a duty under the Homelessness Reduction Act	2020-21	10	15	11.6
Homelessness – households owed a duty under the Homelessness Reduction Act (main applicant aged 16–24)	2020-21	3	2.9	2.6
Homelessness – households owed a duty under the Homelessness Reduction Act (main applicant aged 55+)	2020-21	1.8	4.3	2.3
Homelessness – households in temporary accommodation	2020-21	10	17	4
Children providing unpaid care (aged 0–15)	2011	1.1%	1.1%*	1.1%
Young people providing unpaid care (aged 16–24)	2011	4.7%	5.4%*	4.8%
Young people providing 20+ hours/week of unpaid care (aged 16–24)	2011	1.2%	1.5%*	1.3%
Unpaid carers	2011	1.9%	1.8%	2.4%

See Figure 18 for the legend

Source: Wider Determinants Fingertips profile for Sutton

3.d Income

The average weekly earnings in Sutton is £561.40, which is statistically similar to the average weekly earnings in London and England. The income indicators, summarised in Table 28, seem to be favourable in Sutton. However, these borough-level indicators mask some pockets of deprivation in Sutton (as previously described) where the income indicators will be significantly worse.

Table 28: Summary of ‘Income’ indicators from the Wider Determinants Fingertips profile for Sutton

Indicator	Period	Sutton	London	England
Children in absolute low income families (under-16s)	2019-20	11.2%	14.6%	15.6%
Children in relative low income families (under-16s)	2019-20	13.9%	18.3%	19.1%

Indicator	Period	Sutton	London	England
Income deprivation, English IMD	2019	9.5%	-	12.9%
Fuel poverty (low income, high cost methodology)	2018	8.4%	11.4%	10.3%
Fuel poverty (low income, low energy efficiency methodology)	2019	12.9%	15.2%	13.4%
Average weekly earnings	2021	£561.40	£604.80	£496.00
Gender pay gap (by workplace location)	2020	12.9%	18.3%	16.6%

See Figure 18 for the legend

Source: Wider Determinants Fingertips profile for Sutton

3.e Crime

Crime in Sutton is relatively low, when compared with London and England. See Table 29 for the summary of crime indicators.

Table 29: Summary of 'Crime' indicators from the Wider Determinants Fingertips profile for Sutton

Indicator	Period	Sutton	London	England
Re-offending levels – percentage of offenders who re-offend	2018-19	24.3%	27.4%	27.9%
Re-offending levels – average number of re-offences per re-offender	2018-19	3.2	3.4	4
Violent crime – hospital admissions for violence (including sexual violence)	2018/19-20/21	42.1	44.3	41.9
Violent crime – violence offences per 1,000 population	2020-21	19.2	24.3*	29.5*
Violent crime – sexual offences per 1,000 population	2020-21	1.4	1.8*	2.3*
Crime deprivation: score	2015	0.2	-	0.01

See Figure 18 for the legend

Source: Wider Determinants Fingertips profile for Sutton

3.f Education

As Table 30 suggests, the education indicators seem favourable in Sutton when compared with London and England.

Table 30: Summary of 'Education' indicators from the Wider Determinants Fingertips profile for Sutton

Indicator	Period	Sutton	London	England
Average Attainment 8 score	2019-20	56.8	53.4	50.2
Pupil absence	2018-19	4.3%	4.5%	4.7%

See Figure 18 for the legend

Source: Wider Determinants Fingertips profile for Sutton

4 Lifestyle Issues

4.a Obesity

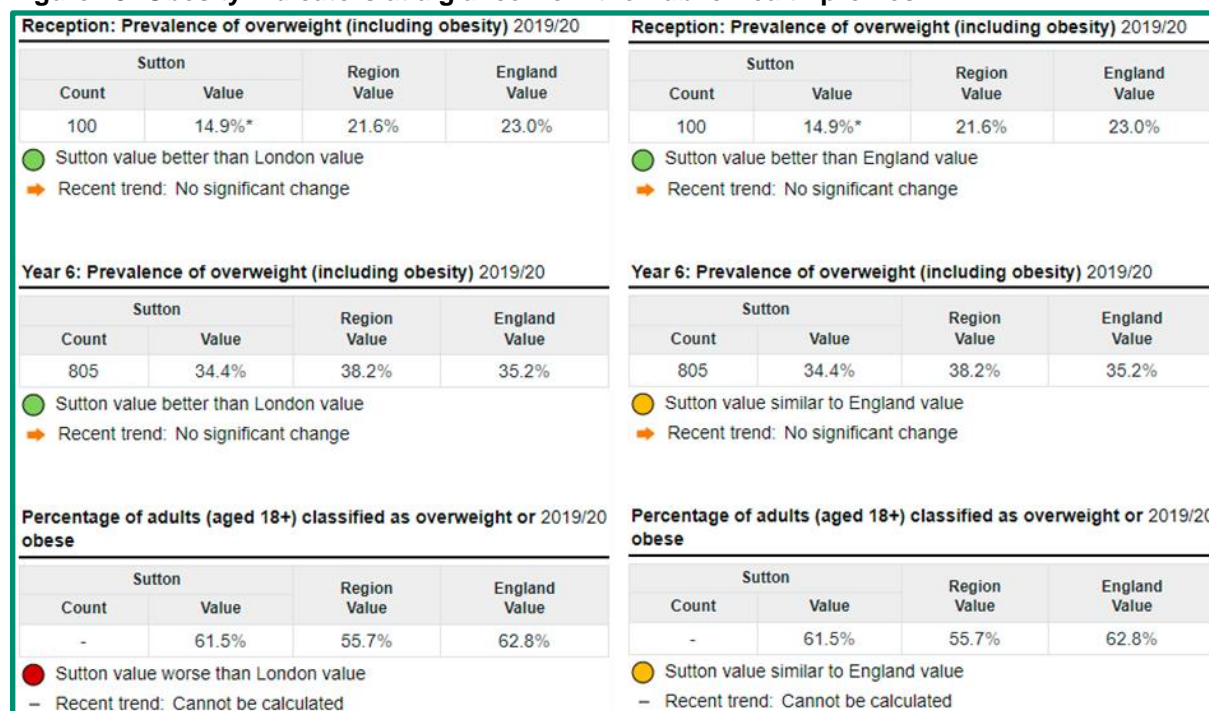
Figure 19 summarises the 2019-20 prevalence of children and adults classified as overweight and obese in Sutton and compares it with the London and England averages. It shows that:

- About 15% of Reception-aged children in Sutton were overweight or obese, which is significantly better than both London (22%) and England (23%)
- The prevalence of overweight and obese children rises to 34% for children in Year 6 (aged 10-11) – significantly better than London (38%) but statistically similar to England (35%)
- About 6 in every 10 adults (61%) aged 18+ are classified as overweight or obese in Sutton; this is significantly worse than the London average (56%) but similar to England (63%)

In addition, the prevalence of obesity in Reception and Year 6 children is usually positively correlated with measures of child poverty and child deprivation (i.e. higher rates of poverty and higher rate of obesity are associated) and negatively correlated with educational attainment (i.e. higher rates of obesity and lower rates of educational attainment are associated). Furthermore, the health consequences of childhood obesity include increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, exacerbation of conditions such as asthma, and psychological problems such as social isolation, low self-esteem, teasing and bullying.

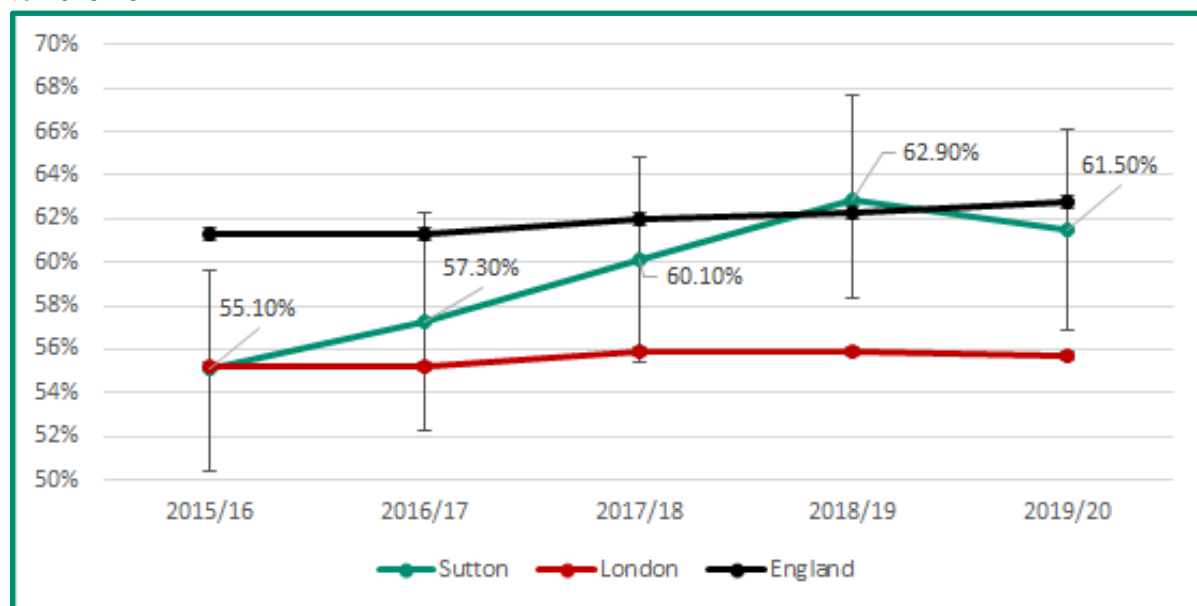
A look at the recent trend of the prevalence of overweight and obese adults in Sutton, compared with London (see Figure 19), shows that the local prevalence became significantly higher than London from 2018-19. A higher prevalence of obesity in Sutton increases the risk of a higher number of health conditions including type 2 diabetes and cardiovascular disease.

Figure 19: Obesity indicators at a glance from the Public Health profiles



Source: OHID. Fingertips

Figure 20: Percentage of adults (aged 18+) classified as overweight or obese in Sutton, 2015-16 to 2019-20



Source: OHID. Fingertips

4.b Smoking

Smoking is a major risk factor for many conditions including several cancers, circulatory conditions and COPD. The key indicators related to smoking from the Local

Tobacco Control Profiles⁴⁴ for Sutton (compared with England) are presented in Figure 21.

The only key indicator that is significantly worse than England from Figure 21 is the rate of smokers that have successfully quit at four weeks, and it is also significantly lower (and hence, worse) than the London rate (see Figure 22). Furthermore, the rate of smokers that have successfully quit at four weeks in Sutton has been declining over the last few years – from a peak of 2,691 per 100,000 smokers quitting at four weeks in 2014-15 to 335 per 100,000 in 2019-20 (see Figure 22).

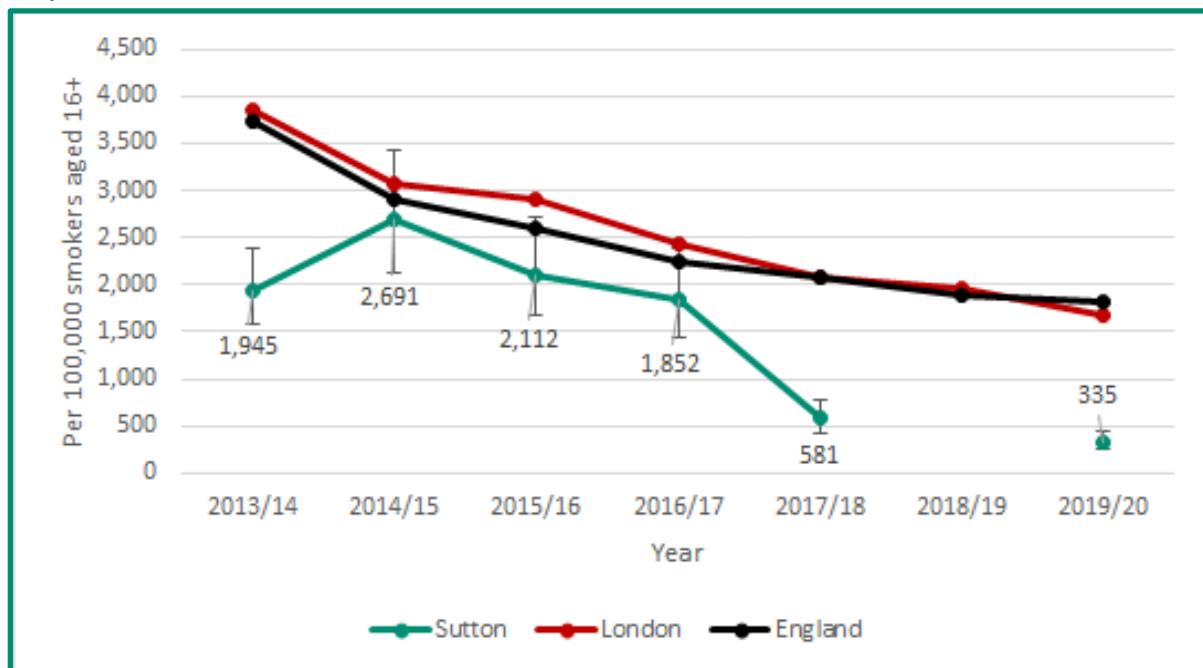
Figure 21: Key indicators from the Local Tobacco Control Profiles

Key							
Background colour shows significance compared to England average. Arrows display trend:							
Significantly worse	Significantly lower	↑	Increasing / Getting worse	↑	Increasing / Getting better		
Not significantly different	Significantly higher	↓	Decreasing / Getting worse	↓	Decreasing / Getting better		
Significantly better	Significance not tested	↑	Increasing	↓	Decreasing		
		→	No significant change	—	Could not be calculated		
Indicator	Age	Sex	Period	Local value	Unit	Change from prev	Recent trend
Smoking Prevalence in adults (18+) - current smokers (APS)	18+ yrs	Persons	2019	15.8	%	→	—
Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS)	18-64 yrs	Persons	2019	1.88		→	—
Smokers that have successfully quit at 4 weeks	16+ yrs	Persons	2019/20	334.5	per 100,000 smokers aged 16+	→	—
Smoking status at time of delivery	All ages	Female	2019/20	6.70	%	→	→
Smoking attributable mortality	35+ yrs	Persons	2016 - 18	223.3	per 100,000	→	—
Smoking attributable hospital admissions	35+ yrs	Persons	2018/19	1311	per 100,000	↑	→
Deprivation score (IMD 2019)	All ages	Persons	2019	14.0		—	—
Smoking Prevalence in adults (18+) - current smokers (APS)	18-64 yrs	Persons	2019	17.9	%	→	—

Source: Public Health England (PHE). Local Tobacco Control Profiles: Sutton. <https://fingertips.phe.org.uk/static-reports/tobacco-control/at-a-glance/E09000029.html?area-name=Sutton>

⁴⁴ PHE. Local Tobacco Control Profiles: Sutton. <https://fingertips.phe.org.uk/static-reports/tobacco-control/at-a-glance/E09000029.html?area-name=Sutton>

Figure 22: Rate of smokers that have successfully quit at four weeks (per 100,000 smokers aged 16+), 2013-14 to 2019-20



Note: No data was available for 2018-19 for Sutton

Source: OHID. Public Health Profile: Smokers that have successfully quit at four weeks. <https://fingertips.phe.org.uk/search/smoking#page/3/gid/1/pat/6/par/E1200007/ati/401/are/E09000029/iid/1210/age/164/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

4.c Alcohol misuse

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.⁴⁵

The Local Alcohol Profiles for Sutton⁴⁶ show that almost all of the indicators in the profiles are either similar to or better than the national (England) average. This is true for the key indicators, mortality indicators, hospital admissions indicators and indicators on alcohol-related conditions – see the key indicators in Figure 23, for example. The only exception is the indicator on admission episodes for alcohol-related unintentional injuries (narrow), which is worse for Sutton in comparison with England.

In addition, the following indicators show where there is a significant increase in recent trend:

- The Sutton rate of admission episodes for alcohol-related conditions (broad) is for both males and females, and then overall (all persons)
- The Sutton rate of admission episodes for alcohol-related unintentional injuries (narrow) for all persons

⁴⁵ OHID

⁴⁶ PHE. Local Alcohol Profiles: Sutton. <https://fingertips.phe.org.uk/static-reports/local-alcohol-profiles/at-a-glance/E09000029.html?area-name=Sutton>

- The Sutton rate of admission episodes for alcohol-related CV (Broad) for all persons.

Figure 23: Key indicators at a glance from the Local Alcohol Profiles

Key Indicators							
Indicator	Age	Sex	Period	Local value	Unit	Change from prev	Recent trend
Alcohol-related mortality	All ages	Persons	2018	37.3	per 100,000	→	→
Alcohol-specific mortality	All ages	Persons	2017 - 19	7.27	per 100,000	→	—
Admission episodes for alcohol-related conditions (Narrow)	All ages	Persons	2018/19	579.0	per 100,000	→	→
Admission episodes for alcohol-related conditions (Broad)	All ages	Persons	2018/19	2271	per 100,000	↑	↑
Admission episodes for alcohol-specific conditions	All ages	Persons	2019/20	551.0	per 100,000	→	→
Admission episodes for alcohol-specific conditions - Under 18s	<18 yrs	Persons	2017/18 - 19/20	13.9	per 100,000	→	—

Key

Background colour shows significance compared to England average. Arrows display trend:

Significantly worse	↑	Increasing / Getting worse	↑	Increasing / Getting better
Not significantly different	↓	Decreasing / Getting worse	↓	Decreasing / Getting better
Significantly better	→	No significant change	—	Could not be calculated
Significance not tested				

Source: PHE. Local Alcohol Profiles: Sutton. <https://fingertips.phe.org.uk/static-reports/local-alcohol-profiles/at-a-glance/E09000029.html?area-name=Sutton>

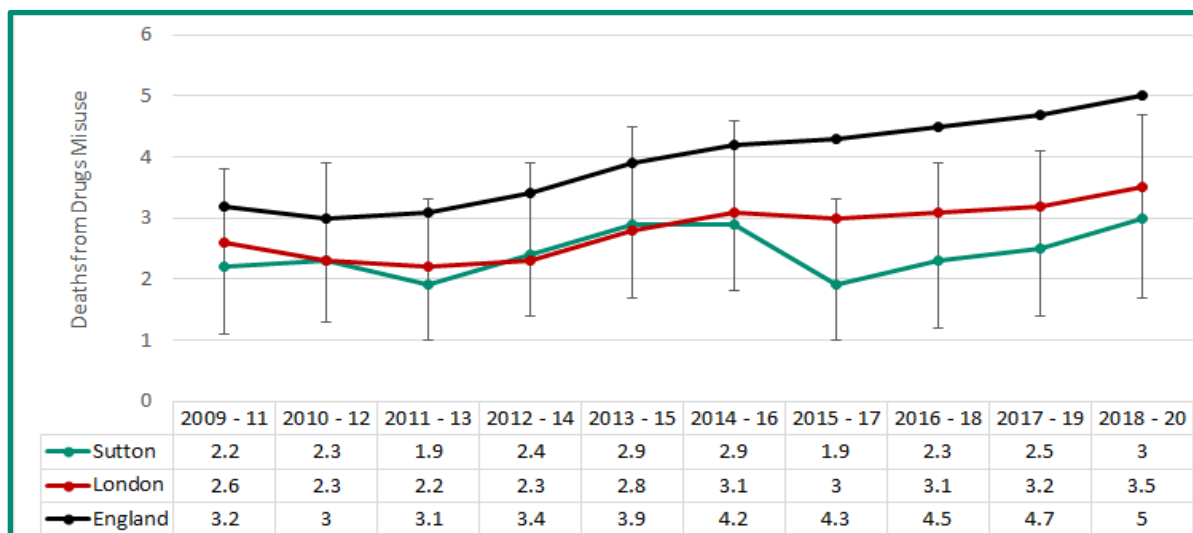
4.d Drug misuse

Drug misuse is a significant cause of premature mortality in the UK. In 2018-20, 18 Sutton residents died from drug misuse. This equates to a rate of 3 per 100,000 population, which is similar to London (3.5 per 100,000) and lower than England (5 per 100,000).⁴⁷ This pattern has been the same for the preceding three 3-year rolling

⁴⁷ OHID. Public Health Profiles: Deaths from drug misuse (persons). <https://fingertips.phe.org.uk/search/drug#page/4/qid/1/pat/6/par/E12000007/ati/401/are/E09000029/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

periods – see the trend analysis of the rate deaths from drug misuse per 100,000 over a decade presented in Figure 24.

Figure 24: Deaths from drug misuse per 100,000 persons, by 3-year rolling pooled periods, 2009-11 to 2018-20



Source: OHID. Public Health Profiles: Deaths from drug misuse (persons). <https://fingertips.phe.org.uk/search/drug#page/4/gid/1/pat/6/par/E12000007/ati/401/are/E09000029/iid/92432/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/car-do-0>

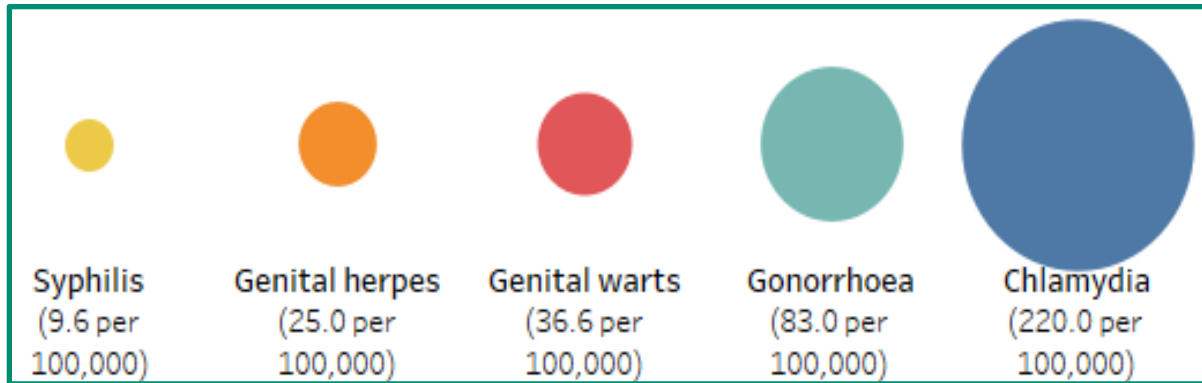
Individuals who successfully complete treatment for their drug misuse demonstrate a significant improvement in health and wellbeing in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.⁴⁸ In 2020, 7% of opiate users in Sutton successfully completed their drug treatment – this is similar to London and England. However, the trend analysis suggests a downward trend (from 10% in 2010 to 7% in 2020). In addition, in 2020, about 39% of non-opiate users in Sutton successfully completed their drug treatment – this is significantly better than London (32%) but statistically similar to England (33%) – and this has remained relatively stable from 2010.

4.e Sexual health

As illustrated in Figure 25, chlamydia is the most common sexually transmitted infection (STI) in Sutton, with 220 diagnoses per 100,000 of the population in 2020. With the lowest rate of acute diagnoses, 9.6 per 100,000 of the population in 2020, syphilis is the least common STI in Sutton. A summary of STI indicators for Sutton is presented in Figure 25.

⁴⁸ OHID. Indicator notes on 'Successful completion of drug treatment'.

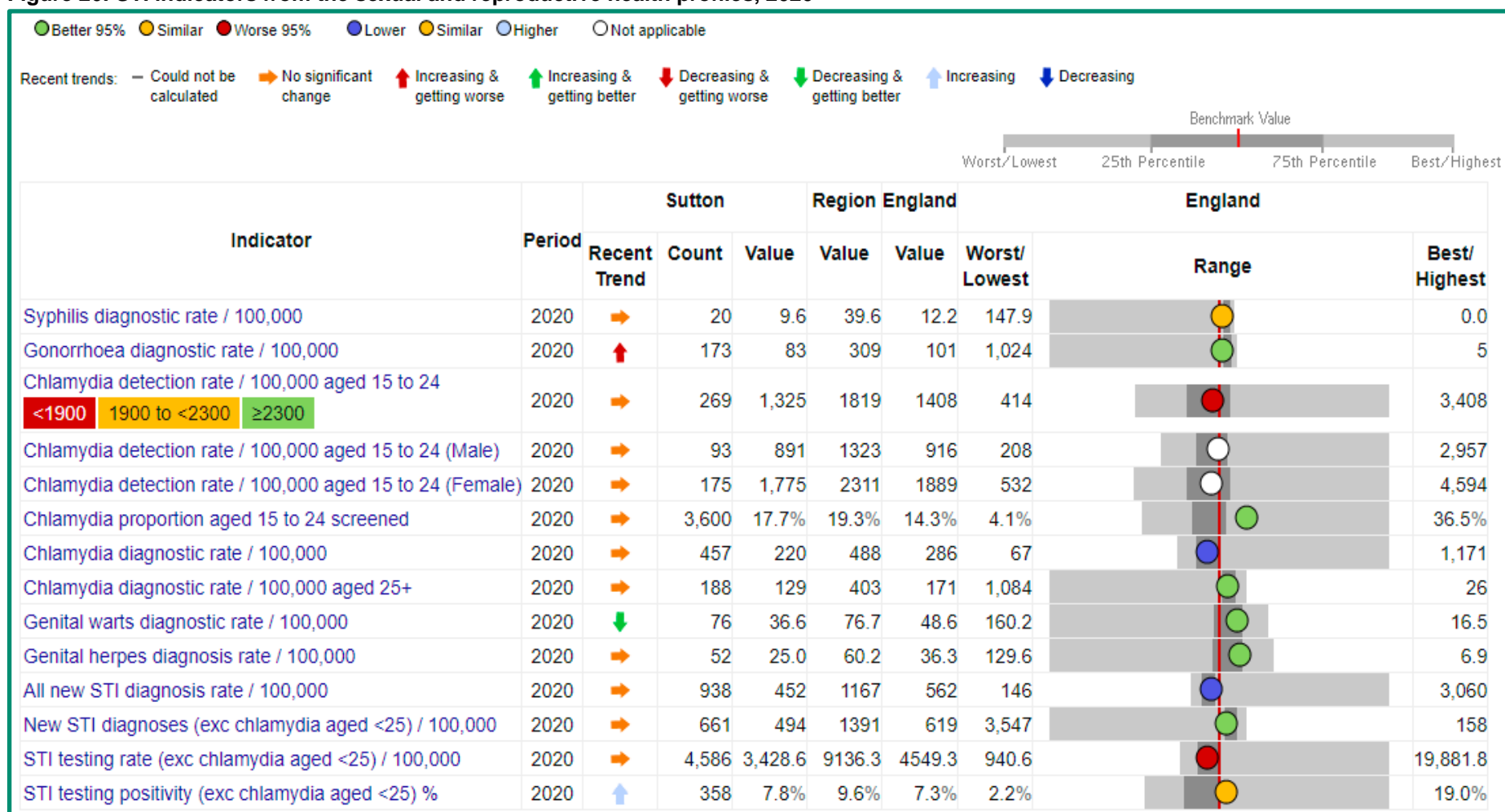
Figure 25: Rates of acute STI diagnoses per 100,000 in Sutton, by STI type, 2020



Source: OHID. Sexual and Reproductive Health Profiles: STI.

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000035/pat/6/par/E1200007/ati/401/are/E09000029/iid/90742/age/1/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

Figure 26: STI indicators from the sexual and reproductive health profiles, 2020



Source: OHID. Sexual and Reproductive Health Profiles: STI.

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/8000035/pat/6/par/E1200007/ati/401/are/E09000029/iid/90742/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

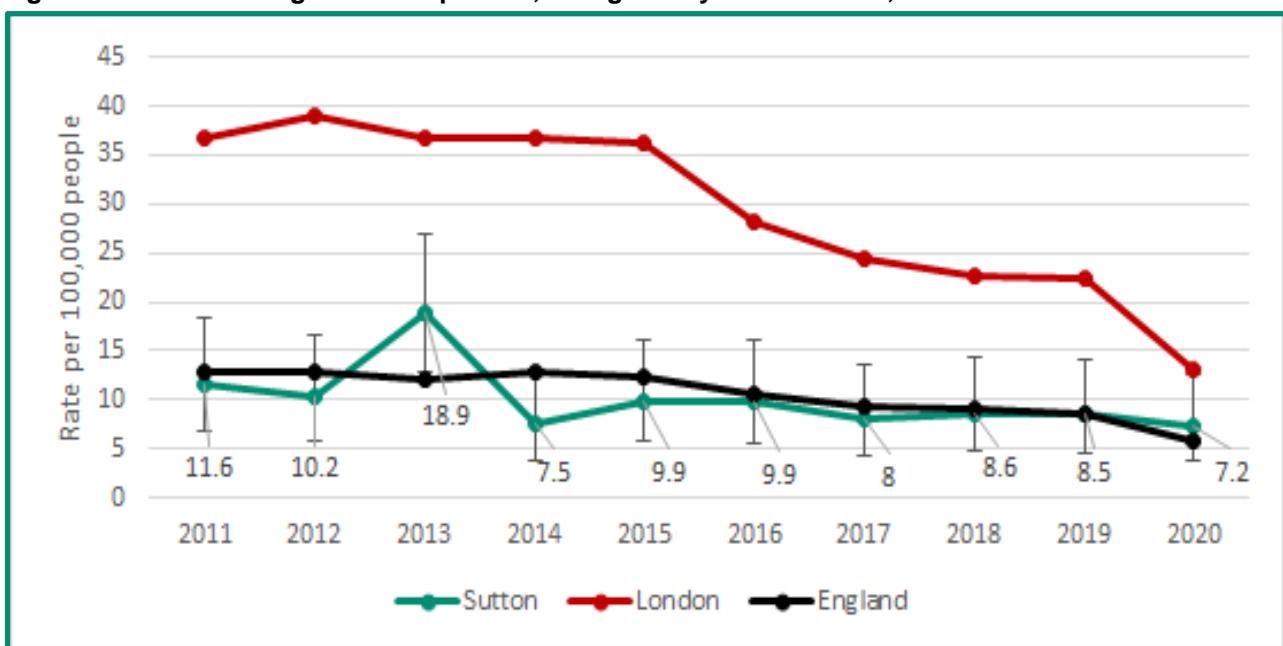
Figure 26 shows that most of the STI indicators for Sutton are better than or similar to England. The exceptions are the chlamydia detection rate and the STI testing rate (excluding chlamydia aged less than 25 years), which are both worse than the national rates. These same indicators are significantly worse than London's rates. In addition, the proportion of those aged 15–24 screened for chlamydia in Sutton in 2020 (18%) is worse than London's (19%) but better than England (14%).

There has been no significant change in recent trends of the STI indicators in Sutton, except for the following:

- The gonorrhoea diagnosis rate, which is significantly increasing and getting worse
- The genital warts diagnosis rate, which is significantly decreasing and getting better
- STI testing positivity (excluding chlamydia aged less than 25 years) percentage, which is increasing

Furthermore, there were 12 Sutton residents newly diagnosed with HIV in 2020 (a rate of 7.2 per 100,000 persons aged 15 years and over) – this is similar to England but better than London. The rate and pattern have not significantly changed over the decade (see Figure 27). In addition, the HIV indicators from the sexual and reproductive health profiles for Sutton⁴⁹ show that the areas that need improvement relate to HIV testing coverage and virological success in adults accessing HIV care.

Figure 27: New HIV diagnosis rate per 100,000 aged 15 years and over, 2011-20



Source: OHID. Sexual and Reproductive Health Profiles: HIV.

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/1938133286/pat/6/par/E12000007/ati/401/are/E09000029/iid/91525/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1/page-options/car-do-0>

⁴⁹ OHID. Sexual and Reproductive Health Profiles: HIV.

[Shttps://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/1938133286/pat/6/par/E12000007/ati/401/are/E09000029/iid/91525/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1/page-options/car-do-0](https://fingertips.phe.org.uk/profile/sexualhealth/data#page/1/gid/1938133286/pat/6/par/E12000007/ati/401/are/E09000029/iid/91525/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/1/tbm/1/page-options/car-do-0)

4.f Teenage pregnancy

Most teenage pregnancies are unplanned and around (or more than) half end in an abortion. In 2019, there were 47 teenage pregnancies (under-18 conceptions) in Sutton – a rate of 13.6 per 1,000 females aged 15–17, which is similar to both London and England. This rate has been on a downward trend from a high of 40.9 per 1,000 females aged 15–17 in 2008.⁵⁰ Furthermore, in 2019, 32 of those 47 conceptions (68.1%) led to abortion – this proportion is statistically similar to both London (64.8%) and England (54.7%) and has consistently been over 50% since 2000.⁵¹

As well as teenage pregnancy being an avoidable experience for the young parent, abortions represent an avoidable cost to the NHS. And while for some young people having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long-term poverty. Teenage pregnancy is associated with poorer outcomes for both young parents and their child(ren). Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.⁵²

4.g Oral health

Tooth decay is a predominantly preventable disease. Significant levels remain of five-year-old children who have observable decay resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic. This applies to about 1 in every 5 children (21%) in Sutton, based on the 2018-19 data, but this is statistically similar to England (23%) and even significantly better than the London average (27%).⁵³ In addition, there were 165 hospital admissions for dental caries for Sutton children aged 0–5 between 2018-19 and 2020-21 – a rate of 336 admissions per 100,000 population aged 0–5. The rate is about 222 admissions per 100,000 population aged 0–5 for England.⁵⁴

There is no currently available borough-level data on adult oral health.

⁵⁰ OHID. Public Health Profiles: Under 18s conception rate.

<https://fingertips.phe.org.uk/search/conception#page/4/gid/1000042/pat/6/par/E12000007/ati/401/are/E09000029/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

⁵¹ OHID. Public Health Profiles: Under 18s conceptions leading to abortion.

<https://fingertips.phe.org.uk/search/conception#page/4/gid/8000036/pat/6/par/E12000007/ati/401/are/E09000029/iid/90731/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

⁵² OHID. Public Health Profiles: Indicator supporting information for under 18s conception rate.

<https://fingertips.phe.org.uk/search/conception#page/6/gid/1000042/pat/6/par/E12000007/ati/401/are/E09000029/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

⁵³ OHID. Fingertips (Indicator: Percentage of 5 year olds with experience of visually obvious dental decay).

⁵⁴ OHID. Fingertips (Indicator: Hospital admissions for dental caries (0–5 years)).

5 Causes of morbidity and mortality

5.a Long term conditions

Long-term conditions (LTCs) or chronic diseases are conditions that currently have no cure, but their symptoms and complications are usually managed with medication and other treatments. Examples of LTCs include diabetes, dementia, Chronic Kidney Disease (CKD) or asthma. The National Institute for Health Research reports⁵⁵ that GP data in England suggests that hypertension, depression and anxiety and chronic pain are the most common LTCs. The presence of an LTC may increase the risk of developing a second or third comorbidity, for example individuals with mental illness have up to twice the risk of developing obesity, diabetes and cardiovascular diseases than the general population.

In Sutton, 71,194 people (out of 207,159 Sutton population registered with one of the four Sutton PCNs) have at least one LTC registered.⁵⁶ This equates to about 1 in 3 of the population, which is higher than the national average, where 1 in 4 of the population have at least one LTC. In addition, the number of people with multiple conditions is rising and, in Sutton, more than 1 in 3 people with LTCs (39.6%, n=28,187) live with complex comorbidities. Living with numerous and often complex health problems is increasingly common for older people and those from disadvantaged communities.

Some conditions cluster together and people can experience many different combinations of conditions. The impact of these combinations can vary. People with multiple conditions are more likely to have poorer health, poorer quality of life and a higher risk of dying than those in the general population. Some combinations of mental and physical diseases are associated with especially poor outcomes. For example, there are clear indications⁵⁷ that type 2 diabetes and depression are interlinked and each can magnify the risk of the other. Depression can worsen diabetes outcomes, as individuals who are depressed are less likely to follow their prescribed treatment; whilst poor diabetes control can intensify the symptoms of depression.

The prevalence of LTCs is recorded through the Quality and Outcomes Framework (QOF).⁵⁸ The data shows that hypertension is the most common LTC in Sutton – more than one in every three GP-registered Sutton residents diagnosed with an LTC (35%) has been diagnosed with the condition. The next four most common LTCs in Sutton are depression (32%), asthma (32%), diabetes (15%), and cancer (10%)⁵⁹. There is a higher risk of hospital

⁵⁵ NIHR Collection. Multiple long-term conditions (multimorbidity): making sense of the evidence. March 2021. doi: 10.3310/collection_45881. <https://evidence.nihr.ac.uk/collection/making-sense-of-the-evidence-multiple-long-term-conditions-multimorbidity/>

⁵⁶ Data from SWL Population Health Dashboard – NEL CSU.

⁵⁷ NIHR Collection. Multiple long-term conditions (multimorbidity): making sense of the evidence. March 2021. doi: 10.3310/collection_45881. <https://evidence.nihr.ac.uk/collection/making-sense-of-the-evidence-multiple-long-term-conditions-multimorbidity/>

⁵⁸ The QOF is a voluntary annual reward and incentive programme for all GP practices in England, detailing practice achievement results. The programme includes collection of prevalence data across 20 clinical areas. It should be noted that some conditions, such as musculoskeletal conditions, do not have QOF disease registers. Therefore, the actual prevalence of LTCs will be higher than outlined in this report.

⁵⁹ Note that the denominator for the percentages is "people diagnosed with a LTC in Sutton" and not the total Sutton population.

admission for those with only one LTC compared with those without an LTC diagnosis and the presence of comorbidities significantly increases the risks. It has been estimated by the DHSC that people with LTCs account for about 50% of all GP appointments, 64% of all outpatient appointments and over 70% of all inpatient bed-days in England. In addition, treatment and care for people with LTCs is estimated to take up around 70% of total health and social care expenditure.⁶⁰

OHID data⁶¹ shows that the prevalence of almost all QOF-monitored LTCs – namely hypertension, CHD, CKD, dementia, depression, diabetes, hypertension, osteoporosis, rheumatoid arthritis, and stroke – is higher in Sutton than the London average. For example, the prevalence of CHD is 2.5% in Sutton residents, but only 1.9% for London.

Further, the prevalence of many of the common LTCs in the Sutton population is increasing. Of note is the prevalence of diabetes, which has been increasing slowly but steadily from 5.7% in 2012-13 to 6.9% in 2018-19, where it has since plateaued. It is likely that this an underrepresentation of the actual numbers of individuals suffering from diabetes, as the SWL Diabetes Board estimates that 31% of diabetes cases are still undiagnosed. Sutton has the second highest population with type 2 diabetes in south-west London. Within Sutton, Carshalton PCN has the highest diabetic population. Risk factors for type 2 diabetes include hypertension, obesity, mental health conditions, low physical activity and high alcohol consumption.

Diabetic care processes look to meet three defined treatment targets for each patient, HbA1c⁶² levels of 58 mmol/mol or less, cholesterol below 5 and a blood pressure of 140/80 and below. In Sutton, only 24% of patients with diabetes meet all three treatment targets,⁶³ whilst 9% do not meet any treatment targets at all and have no interactions with their GP. Research⁶⁴ has shown that meeting treatment targets lowers the risk of diabetes-related complications such as eye problems (retinopathy), foot nerve damage or amputation, heart attack, stroke, kidney problems and cancer. As a further example of the impact one disease may have on another, individuals with diabetes are more at risk of developing certain cancers such as breast and bowel cancer,⁶⁵ whilst cancer treatments may affect diabetic control and worsen the condition.

5.b Preventable mortality

The implication of the information provided in the preceding section is that much of the morbidity and mortality attributable to LTCs is preventable. Preventable mortality is the concept that all or most deaths from the underlying cause could mainly be avoided through effective public health and primary prevention interventions. In Sutton (in 2020), the under-75 mortality rate from causes considered preventable is 118.5 per 100,000. Though this rate

⁶⁰ DHSC. Long Term Conditions Compendium of Information: Third Edition. May 2012.

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_134487

⁶¹ OHID. Public Health Profiles: QOF Data. <https://fingertips.phe.org.uk/search/qof>

⁶² HbA1c is glycated haemoglobin and is used to measure the average blood glucose level for the previous 2–3 months.

⁶³ NEL CSU Population Health Data Storyboard Carshalton Diabetes Project.

⁶⁴ Diabetes UK. Meeting type 2 treatment targets could save NHS millions. August 2019.

www.diabetes.org.uk/about_us/news/meeting-treatment-targets-could-save-nhs-millions

⁶⁵ Diabetes UK. Diabetes and Cancer. www.diabetes.org.uk/diabetes-the-basics/related-conditions/diabetes-and-cancer

is lower than both London (122.7 per 100,000) and England (140.5 per 100,000), it means that about 197 deaths of Sutton residents were considered to be from preventable causes in 2020.⁶⁶ Table 31 presents the Sutton preventable mortality counts and rates for liver disease, CVD, cancer and respiratory disease and compares the rates with London and England.

Table 31: Preventable mortality rates for liver disease, CVD, cancer and respiratory disease, 2020

Legend:

- Better 95%
- Similar
- Worse 95%
- Not Applicable

Disease	Sutton (count)	Sutton (per 100,000)	London (per 100,000)	England (per 100,000)
Liver disease	34	18.9	15.7	18.2
CVD	41	25.0	28.4	29.2
Cancer	71	44.7	45.1	51.5
Respiratory disease	26	16.7	15.4	17.1

Source: OHID. Fingertips: Mortality Profile (premature mortality – specific indicators).

<https://fingertips.phe.org.uk/profile/mortality-profile/data#page/1/gid/1938133056/pat/6/par/E12000007/ati/402/are/E09000029/yr/3/cid/4/tbm/1>

By focusing public health interventions on the wider determinants of public health, such as behaviour and lifestyle factors, socioeconomic status and environmental factors, there is scope to avoid these deaths. This will require a system-wide approach to population health and tackling health inequalities.

5.c Premature mortality

Over the course of the three most recent years for which whole-year data is currently available (2018-20), 4,774 people died in Sutton from all causes – an all-cause mortality rate of 911 per 100,000, which is better than England (973 per 100,000) but worse than London rate (880 per 100,000).⁶⁷

All-cause mortality is a fundamental measure of the health status of a population. It represents the cumulative effect of the prevalence of risk factors, the prevalence and severity of disease, and the effectiveness of interventions and treatment. However, premature mortality (which refers to deaths in people aged under 75 years) is an especially good high-level indicator of the overall health of a population, being correlated with many other measures of population health. To ensure that there continues to be a reduction in the

⁶⁶ OHID. Fingertips: Mortality Profile (premature mortality – all-cause). <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/1/gid/1938133009/pat/6/par/E12000007/ati/402/are/E09000029/iid/108/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

⁶⁷ OHID. Fingertips: Mortality Profile: all ages, all-cause. <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/4/gid/1938133058/pat/6/par/E12000007/ati/401/are/E09000029/iid/93823/age/1/sex/4/cat/-1/ctp/-1/yr/3/cid/1/tbm/1>

rate of premature mortality, and that inequalities between areas are reduced, there needs to be concerted action in both prevention and treatment.

In 2018-20, out of the 4,774 people who died in Sutton from all causes, 1,463 (31%) died before they were 75 years old, prematurely. This equates to an all-cause premature mortality rate of 299.7 per 100,000 persons, which is significantly better than both London (316.1 per 100,000) and England (336.5 per 100,000), see Figure 28. Figure 28 shows that the rate of premature mortality in Sutton has generally been on a downward trend, along with national trends, except for the impact of COVID-19 on the number of deaths in 2020.

Figure 28: Under-75 mortality rate (directly age-standardised) from all causes, three-year rolling pooled data, 2001-03 to 2018-20



Source: OHID. Fingertips: Mortality Profile: under-75 all-cause. <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/4/gid/1938133009/pat/6/par/E12000007/ati/401/are/E09000029/iid/108/age/163/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Table 32 presents the Sutton count and rate of premature deaths in the most recent three-year periods for which data is currently available. It also compares the Sutton rate with London and England for all-causes and specified main causes (such as cancer, cardiovascular diseases etc.). It shows that the premature mortality rate from all-causes and from the specified causes is either similar or better in Sutton compared with London and England.

Table 32: Under-75 mortality all-person count and rate in Sutton, for all causes and specified causes, three-year rolling pooled data

Legend:

- Better 95%
- Similar
- Worse 95%
- Not Applicable

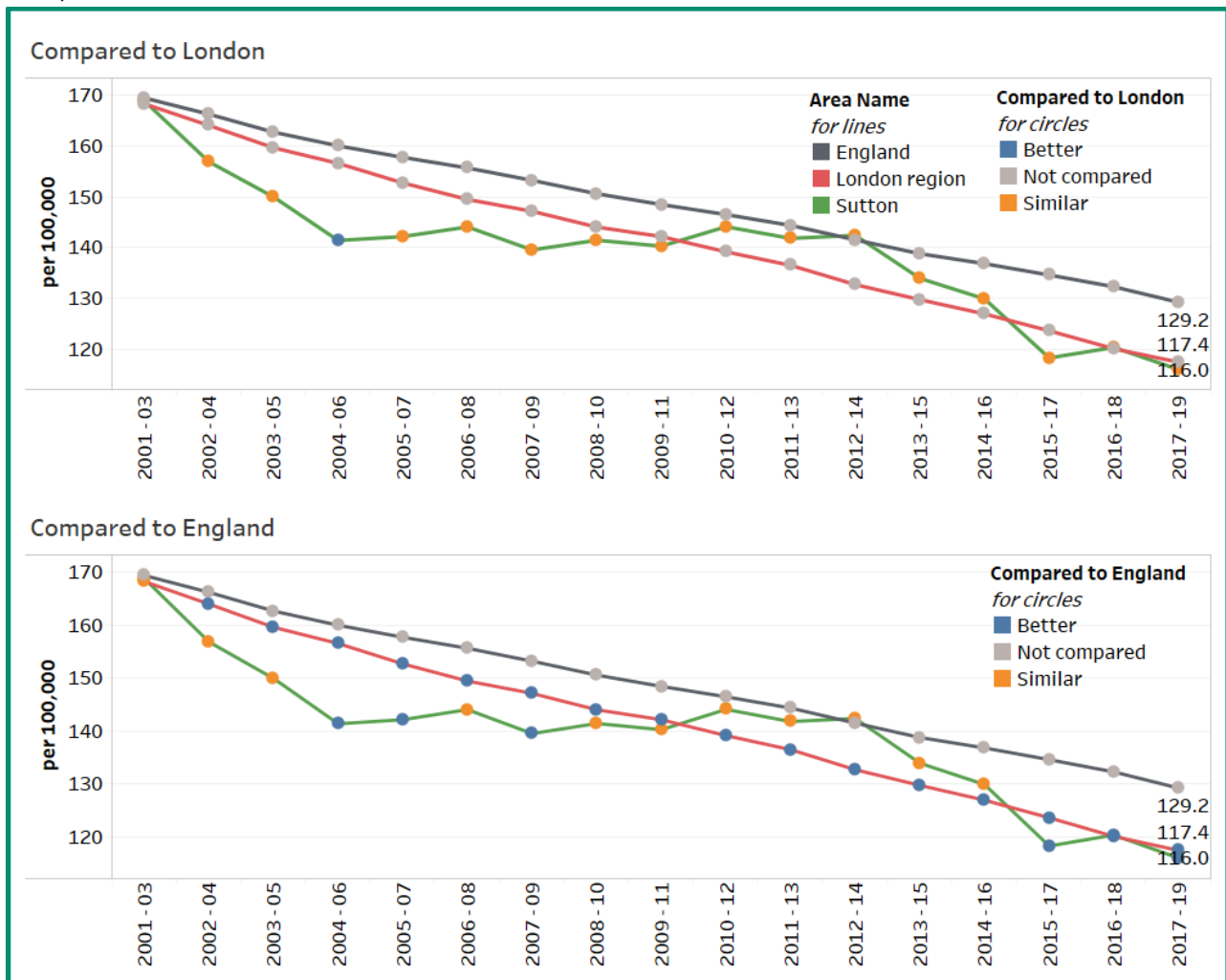
Premature deaths from:	3-year period	Sutton (count)	Sutton (age standardised rate – per 100,000)	Compared with London rate (per 100,000)	Compared with England rate (per 100,000)
All causes	2018-20	1,463	299.7	316.1	336.5
Cancer	2017-19	550	116.0	117.4	129.2
All cardiovascular diseases	2017-19	246	51.7	69.1	70.4
Heart disease	2017-19	108	22.9	35.7	37.5
Stroke	2017-19	50	10.9	12.5	12.3
Respiratory disease	2017-19	160	34.4	29.4	33.6
Liver disease	2017-19	80	15.8	16.1	18.8
COVID-19	2020	73	45.8	63.7	39.2
Injuries	2018-20	51	9.8	11.0	14.4

Source: OHID. Fingertips: Mortality Profile (under 75). <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/4/gid/1938133009/pat/6/par/E1200007/ati/401/are/E09000029/iid/108/age/163/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

5.c.i Cancer

In the most recent three-year period for which data is available (2017-19), there were 550 premature deaths from cancer in Sutton. This equates to a premature mortality rate of 116 per 100,000 persons, which is similar to London (117.4 per 100,000) but better than England (129.2 per 100,000). The rate of premature mortality from cancer in Sutton has been on a downward trend, along with national trends (see Figure 29).

Figure 29: Under-75 mortality rates (directly age-standardised) from cancer, three-year rolling pooled data, 2001-03 to 2017-19



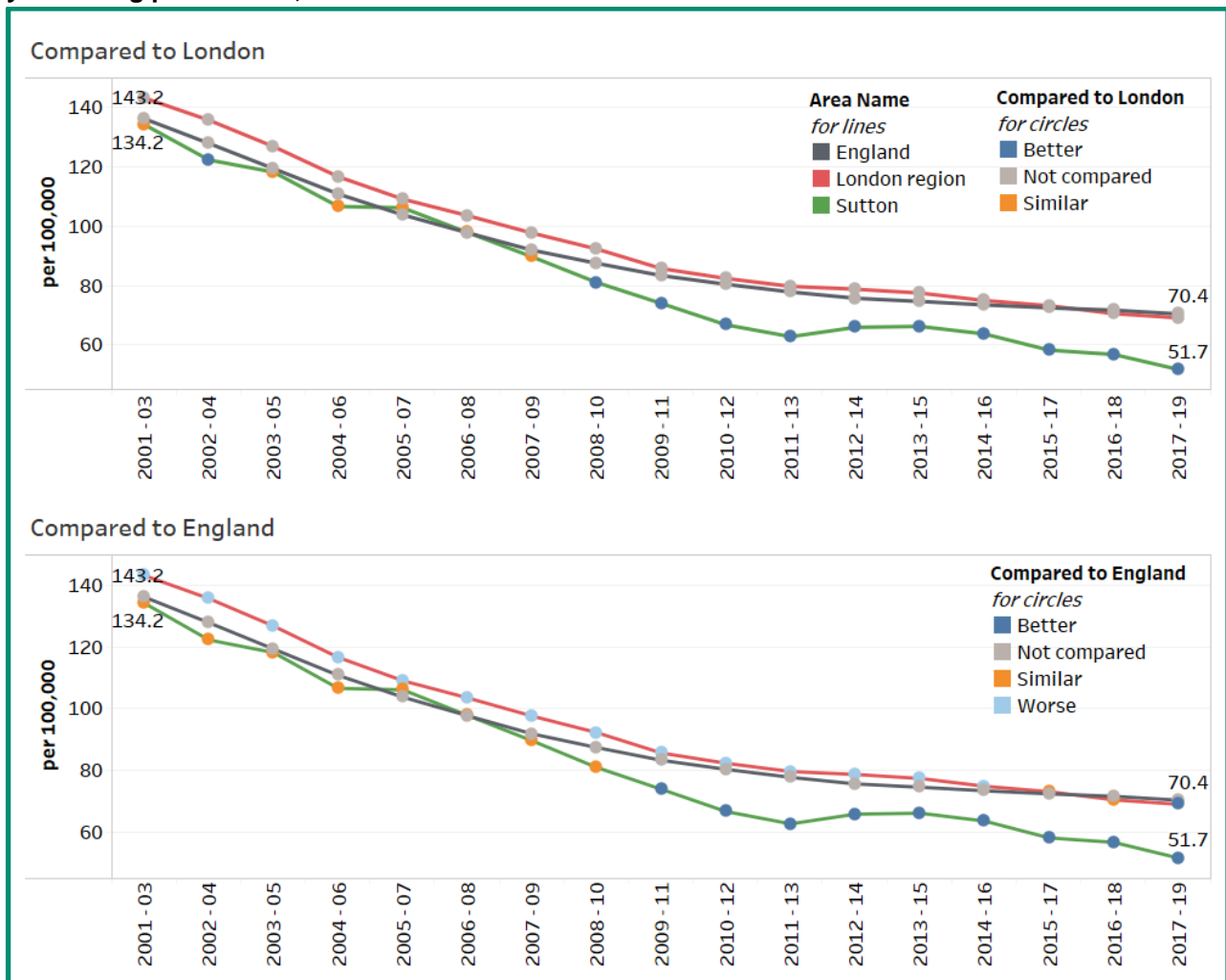
Source: OHID Fingertips: Mortality Profile (under-75 mortality rate from cancer).

<https://fingertips.phe.org.uk/profile/mortality-profile/data#page/4/gid/1938133009/pat/6/par/E12000007/ati/401/are/E09000029/iid/40501/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/1/tbm/1>

5.c.ii Cardiovascular diseases (CVD)

In the most recent three-year period for which data is available (2017-19), there were 243 premature deaths from CVD in Sutton, including heart disease and stroke. This represents a premature mortality rate of 51.7 per 100,000 persons, which is better than both London (69.1 per 100,000) and England (70.4 per 100,000). The rate of premature mortality from CVD in Sutton has generally been on a downward trend, along with national trends (see Figure 30).

Figure 30: Under-75 mortality rate (directly age-standardised) from all cardiovascular diseases, three-year rolling pooled data, 2001-03 to 2017-19

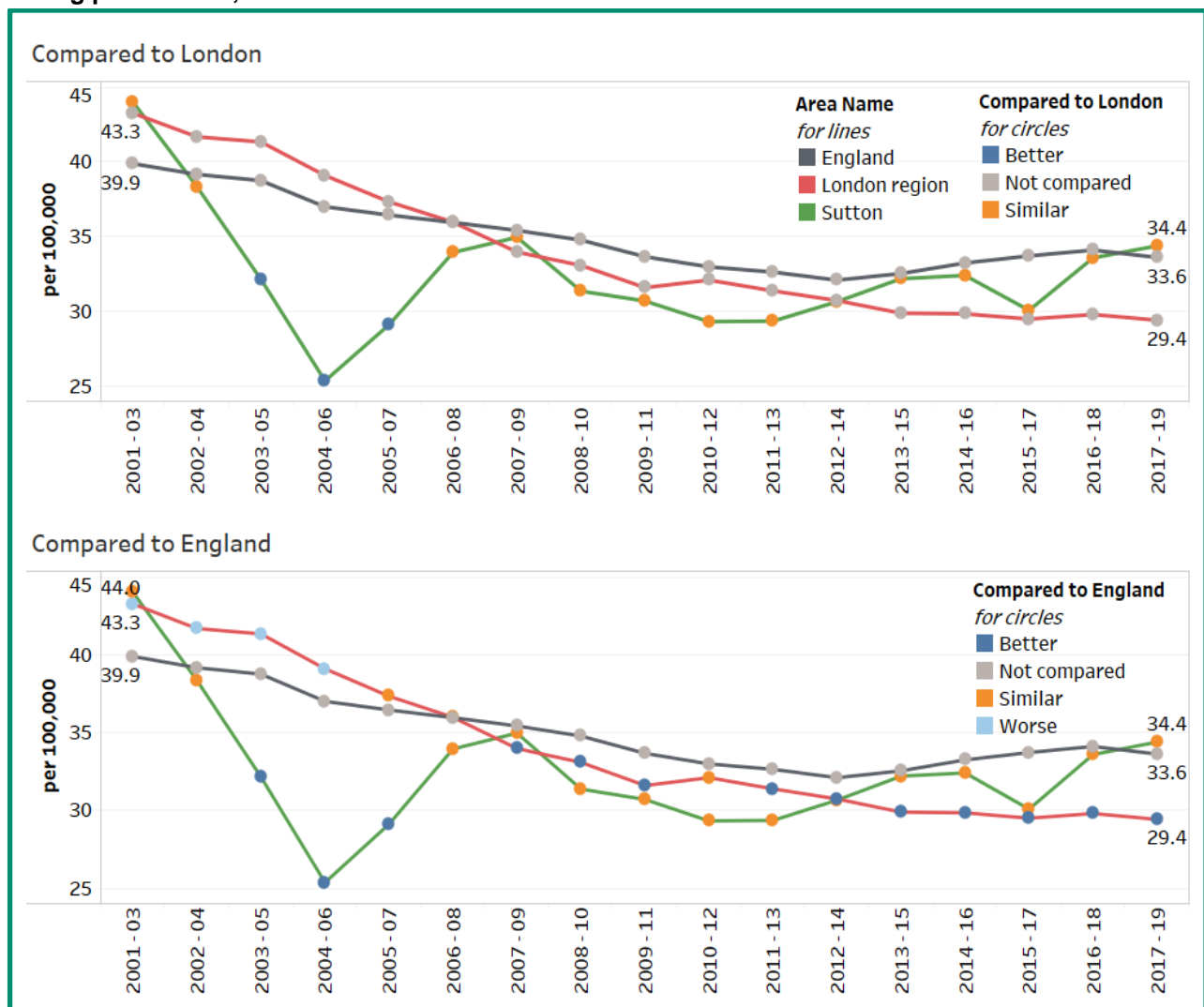


Source: OHID. Fingertips: Mortality Profile (under-75 mortality rate from CVD) <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/4/gid/1938133009/pat/6/par/E12000007/ati/401/are/E09000029/iid/40401/age/163/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1>

5.c.iii Respiratory disease

In the most recent three-year period for which data is available (2017-19), there were 160 premature deaths from respiratory diseases in Sutton, including asthma and COPD. This represents a premature mortality rate of 34.4 per 100,000 persons, which is statistically similar to both London (29.4 per 100,000) and England (33.6 per 100,000). The rate of premature mortality from respiratory diseases in Sutton has flatlined over the last decade (of three-year rolling periods), unlike the London rate that is on a downward trend (see Figure 31).

Figure 31: Under-75 mortality rate (directly age-standardised) from respiratory disease, three-year rolling pooled data, 2001-03 to 2017-19



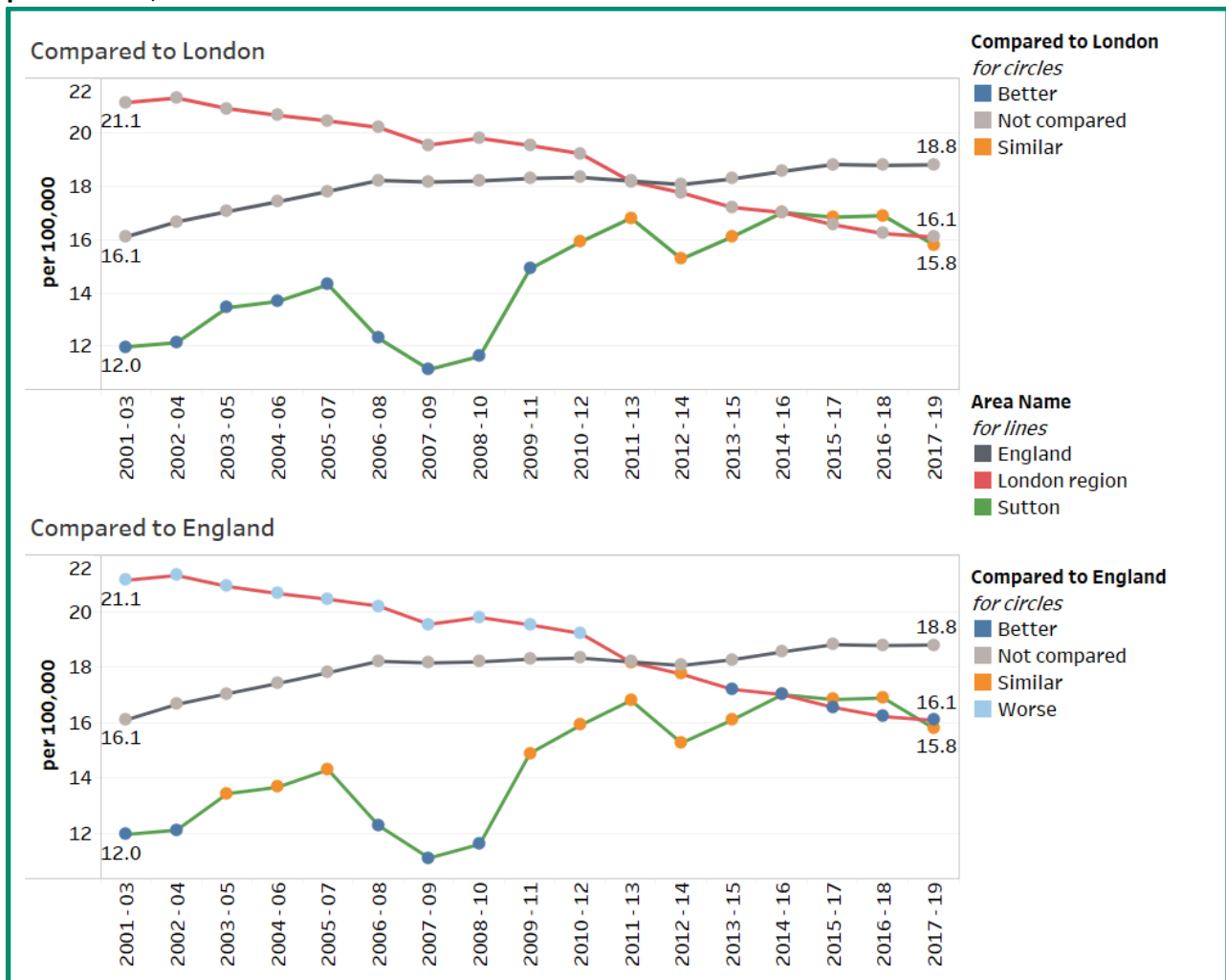
Source: OHID. Fingertips: Mortality Profile (under-75 mortality rate from respiratory disease).

<https://fingertips.phe.org.uk/profile/mortality-profile/data#page/4/gid/1938133009/pat/6/par/E12000007/ati/401/are/E09000029/iid/40701/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/1/tbm/1>

5.c.iv Liver disease

In the most recent three-year period for which data is available (2017-19), 80 Sutton residents died before the age of 75 years – a premature mortality rate of 15.8 per 100,000 persons, which is statistically similar to both London (16.1 per 100,000) and England (18.8 per 100,000). The rate of premature mortality from liver disease in Sutton has increased over the years, unlike the London rate, which is on a downward trend (see Figure 32).

Figure 32: Under-75 mortality rate (directly age-standardised) from liver disease, three-year rolling pooled data, 2001-03 to 2017-19



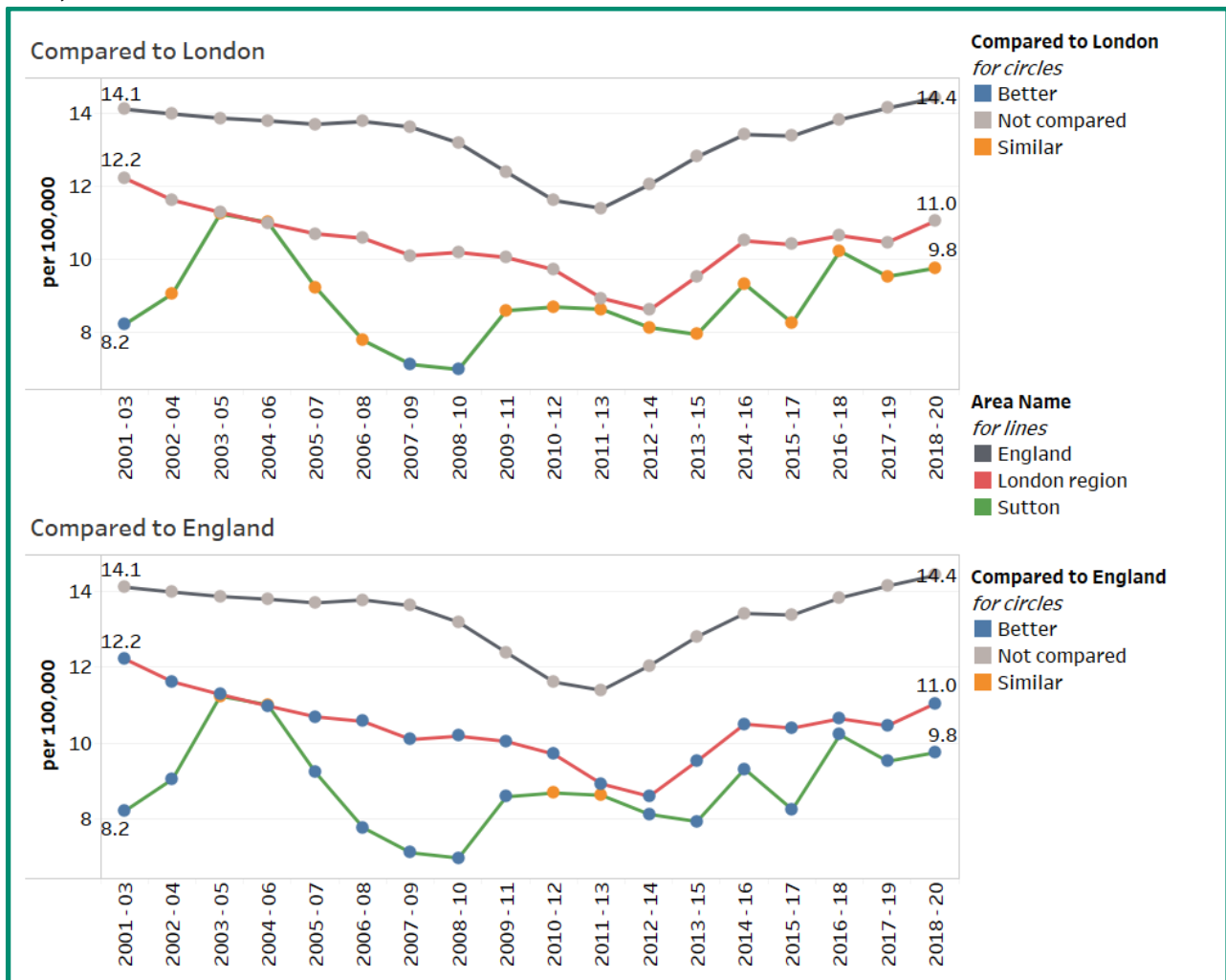
Source: OHID. Fingertips: Mortality Profile (under-75 mortality rate from liver disease).

<https://fingertips.phe.org.uk/profile/mortality-profile/data#page/4/gid/1938133009/pat/6/par/E12000007/ati/401/are/E09000029/iid/40601/age/163/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1>

5.c.v Injuries

In the three-year period 2018-20, 51 Sutton residents died from injuries before the age of 75 – a premature mortality rate of 9.8 per 100,000 persons, which is statistically similar to London (11 per 100,000) but better than England (14.4 per 100,000). The rate of premature mortality from injuries in Sutton has fairly remained stable over the years, along with national trends (see Figure 33).

Figure 33: Under-75 mortality rate (directly age-standardised) from injuries, three-year rolling pooled data, 2001-03 to 2018-20



Source: OHID. Fingertips: Mortality Profile (under-75 mortality rate from injuries).

<https://fingertips.phe.org.uk/profile/mortality-profile/data#page/4/gid/1938133009/pat/6/par/E12000007/ati/401/are/E09000029/iid/91165/age/163/sex/4/cat/-1/ctp/-1/yr/3/cid/4/tbm/1>

5.d Palliative care

About 1% of the population in the UK die each year (over half a million), with an average of 20 deaths per GP per year. A quarter of all deaths are due to cancer, a third from organ failure, a third from frailty or dementia, and only one twelfth of patients have a sudden death.⁶⁸ There are considerable benefits from identifying patients in need of palliative care – they include providing the best health and social care to both patients and families and avoiding crises (by prioritising them and anticipating need).

The key steps in the provision of high quality care at the end of life in general practice are: identifying patients in need of palliative care, assessing their needs and preferences and proactively planning their care. GPs are therefore incentivised to maintain a register

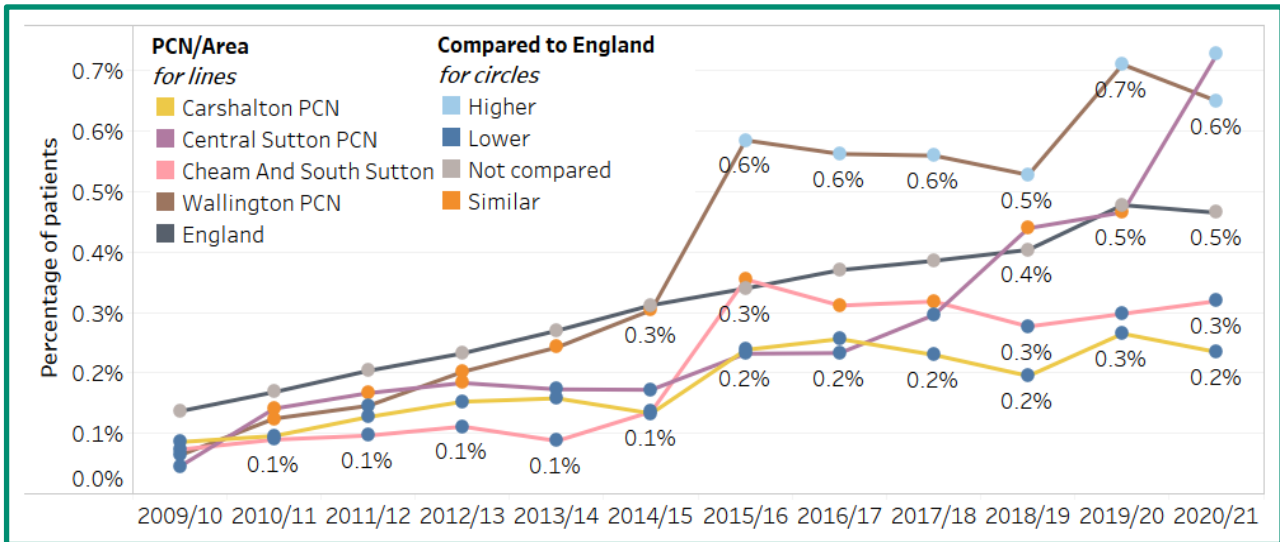
⁶⁸ OHID. Public Health Profiles: Indicator supporting information for palliative/supporting care.

<https://fingertips.phe.org.uk/search/palliative-care#page/6/gid/1/pat/167/par/E38000245/ati/204/are/U66620/iid/294/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

(identifying the patients) and have regular multidisciplinary meetings where the team can ensure that all aspects of a patient’s care have been assessed and that future care can be coordinated and planned proactively.

Figure 34 presents the percentage of patients in need of palliative care/support, as recorded on practice disease registers, in Sutton PCNs compared with England. It shows that this has increased over time in Sutton PCNs, in line with the national trend.

Figure 34: Percentage of patients in need of palliative care/support, as recorded on practice disease registers, 2009/10-2020/21



Source: OHID. Public Health Profiles: palliative/supporting care. <https://fingertips.phe.org.uk/search/palliative-care#page/4/gid/1/pat/167/ati/204/are/U66620/iid/294/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

However, this increase has been considerable in Central Sutton and Wallington PCNs, which have figures significantly higher than the England average. Conversely, the proportion of patients in need of palliative care/support, as recorded on practice disease registers, is lower than the England average in Carshalton PCN and in Cheam and South Sutton PCN. However, the proportion of patients in need of palliative care or support will largely be affected by the location of nursing and residential homes and the inclusion of service-users in the PCN’s practice list.

5.e Impact of COVID-19

The global COVID-19 pandemic and its response, in the form of protracted nationwide lockdowns, have had several short-term as well as long-term impacts on human health, society, economy and environment. As stated in Table 32, there were 73 deaths involving COVID in people under 75 years in 2020. This represents, for one year only, a mortality rate of 45.8 per 100,000 people, which is better than London (63.7 per 100,000) but similar to England (39.2 per 100,000).⁶⁹

⁶⁹ OHID. Fingertips: Mortality Profile (mortality rates for deaths involving COVID-19, under-75s). <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/4/gid/1938133009/pat/6/par/E12000007/ati/401/are/E09000029/iid/93840/age/163/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Data on the direct impacts (that is, the number of COVID-19 cases, testing regimen, related hospital admissions, vaccinations and deaths) is regularly updated and monitored online on the national coronavirus.data.gov.uk website. However, the impacts of the pandemic on health and on health inequalities are much broader than the direct impacts regularly monitored.

Below is a summary of the indicators in the 'Wider Impacts of COVID-19 on Health' profile,⁷⁰ which aims to detail some of the wider impacts of COVID-19 nationally:

- Life expectancy at birth (for both males and females) is decreasing (getting worse); life expectancy at 65 years (for both males and females) is decreasing (getting worse)
- Inequality in life expectancy at birth (for both males and females) is increasing (getting worse)
- Emergency admissions and A&E attendances (for children aged 0–4 years) are increasing (getting worse)
- Most of the indicators on hospital admissions for various causes appear positive (that is, they are 'decreasing and better') but those activities decreased mainly because COVID-19 disrupted healthcare services by becoming the priority for health services
- Many indicators show a reduction in prevention, detection and management of conditions
- Wider societal and economic impacts that affect health are variable; of note, however, are the indicators on children in care and child development (percentage of children achieving a good level of development at 2–2½ years) – they are decreasing and getting worse
- The percentage of school pupils with social, emotional and mental health needs, and the prevalence of overweight (including obesity) at both Reception and Year 6 are increasing (getting worse)
- The numbers of people who report high anxiety and admission episodes for alcohol-related conditions are increasing (getting worse)
- The percentage of physically active adults, the percentage of adults walking for travel at least three days per week, and the percentage of adults cycling for travel at least three days per week are all decreasing (getting worse)

⁷⁰ OHID. Fingertips: Wider Impacts of COVID-19 on Health. <https://fingertips.phe.org.uk/profile/covid19/data#page/1>

Appendix G: Travel-time analysis

Travel-time analysis has been used to derive the areas from within which it is possible to access pharmacies within specified time limits. This analysis was based on the pharmacies within the study area and also included pharmacies that are outside of the area but could potentially be accessed by residents within the study area. This analysis incorporated community pharmacies (including 100-hour pharmacies) and excluded dispensing GP practices, dispensing appliance contractors and distance-selling pharmacies.

The travel analysis incorporates the road network, public transport schedules and prevailing traffic conditions and was carried out to model pharmacy accessibility based on driving by car (during peak and off-peak hours) and by public transport (during AM and PM) and also by walking.

The areas from where a pharmacy can be reached within the stated conditions are presented as shaded zones in the maps. The colour used in the shading on the map corresponds to the time required to travel to a pharmacy from within that area. If an area is not shaded within the map it would take greater than the allocated upper time limit to access any of the pharmacies included in the analysis (or is inaccessible using the travel mode in question).

A point dataset containing the ONS mid-term population estimate (2020) at Census Output Area (COA) level was then overlaid against the pharmacy access zones. The population points that fall within the pharmacy access zones were identified and used to calculate the numbers and percentages of the resident population within the study area who are able to access a pharmacy within the stated times. These calculations are also presented in the following maps.

Please note that the COA population dataset represents the location of approximately 125 households as a single point (located on a population-weighted basis) and is therefore an approximation of the population distribution. Also the travel-time analysis is modelled on the prevailing travel conditions and actual journey times may vary. The population coverage should therefore be viewed as modelling rather than absolutely accurate.

Appendix H: Future opportunities for possible community pharmacy services in Sutton

Introduction

Any local commissioning of services for delivery by community pharmacy lies outside of the requirements of a PNA; it is considered as being additional to any **Necessary Services** required under the Pharmaceutical Regulations 2013.

In reviewing the provision of **Necessary Services** and considering Advanced, Enhanced and Locally Commissioned Services for Sutton as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across the ICS. This will mean that more eligible patients are able to access and benefit from these services.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. LFD distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

Health needs identified in the NHS Long Term Plan (LTP)

The LTP identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available including for respiratory conditions, diabetes and cancer. For example, the LTP states: 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicine Service (NMS) is an Advanced

Service that provides support for people with Long-Term Conditions (LTCs) newly prescribed a medicine, to help improve medicines adherence.

LTP priorities that can be supported from community pharmacy:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Stronger NHS action on health inequalities
- Better care for major health conditions
 - Cancer
 - Cardiovascular disease
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

Health needs in Sutton

The health needs of the population of Sutton were outlined in [Appendix F](#) and summarised in [Section 6.1](#) of the PNA.

- Sutton is a relatively affluent borough. Based on IMD (Index of Multiple Deprivation) 2019, Sutton is ranked 226th overall out of 317 local authorities in England for deprivation (1st being most deprived)
- The life expectancy for both females and males in Sutton is similar to London but higher than England
- The all-cause premature mortality rate of 299.7 per 100,000 persons is significantly better than both London (316.1 per 100,000) and England (336.5 per 100,000)
 - Cancer – better than England and similar to London
 - CVD – better than both England and London
 - Heart disease better than both England and London
 - Stroke similar to both England and London
 - Respiratory similar to both England and London

Obesity

- About 6 in every 10 adults (61%) aged 18+ are classified as overweight or obese in Sutton; this is significantly worse than the London average (56%) but similar to England (63%)
- The prevalence of overweight and obese children is 34% for children in Year 6 (aged 10–11) – significantly better than London (38%) but statistically similar to England

Smoking

- Smoking prevalence in adults is 15.8%

- The rate of smokers that have successfully quit at four weeks is significantly lower (and hence, worse) than both the London and England rates

Sexual Health

- Most of the STI indicators for Sutton are either better than or similar to England. The exceptions are:
 - The chlamydia detection rate
 - The STI testing rate (excluding chlamydia aged <25 years)
 - both are worse than the national rates and London rates
 - The proportion of those aged 15–24 screened for chlamydia in Sutton in 2020 (18%) is worse than London's (19%) but better than England (14%)
 - The gonorrhoea diagnosis rate, which is significantly increasing and getting worse
 - HIV indicators: the areas that need improvements relate to HIV testing coverage and virological success in adults accessing HIV care
- Teenage pregnancies (under-18s conceptions) in Sutton are at a rate of 13.6 per 1,000 females aged 15–17, which is similar to both London and England
 - In 2019, 68.1% led to abortion – this proportion is statistically similar to both London (64.8%) and England (54.7%) and has been over 50% consistently since 2000

Long term conditions

- Of those patients diagnosed with a LTC in Sutton the most common conditions seen are:
 - Hypertension (35%)
 - Depression (32%)
 - Asthma (32%)
 - Diabetes (15%)
 - Cancer (10%)
- Public Health England (PHE) data shows that the prevalence of almost all QOF-monitored LTCs – namely hypertension, Coronary Heart Disease (CHD), Chronic Kidney Disease (CKD), dementia, depression, diabetes, hypertension, osteoporosis, rheumatoid arthritis and stroke – is higher in Sutton than the London average
 - For example, the prevalence of CHD is 2.5% in Sutton residents, but only 1.9% for London
- The prevalence of many of the common LTCs in the Sutton population is increasing
 - The prevalence of diabetes which has been increasing slowly but steadily from 5.7% in 2012-13 to 6.9% in 2018-19
 - SWL Diabetes Board estimates that 31% of diabetes cases are still undiagnosed
 - Sutton has the second highest population with type 2 diabetes in south-west London. Within Sutton, Carshalton PCN has the highest population with diabetes

Palliative care

- There is variation by PCN in the need for palliative care across Sutton
- There has been a considerable increase in in Central Sutton and Wallington PCNs, (higher than the England average)
- It is lower than the England average in Carshalton and Cheam & South Sutton PCNs
- Note: the proportion of patients in need of palliative care or support will largely be affected by the location of nursing and residential homes and the inclusion of the service users in the PCN's practice list.

Opportunities for further community pharmacy provision

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Sutton.

From the contractor questionnaire 100% of respondents to the question indicated that they would be willing to provide new services if they were commissioned.

A. Existing services

Essential Services

Signposting for issues such weight management and health checks.

Advanced Services

Some of the existing Advanced Services could be better used within Sutton, i.e. NMS, including a focus on particular health needs in the population for these services, e.g. diabetes, CHD.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Sutton based on the identified health needs, including:

- Hypertension case-finding service

This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

Currently 43% of community pharmacies in Sutton provide this service.

- Hepatitis C testing service

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

There is an increasing prevalence of STIs in Sutton and a small but significant population using illegal drugs. Currently three pharmacies provide this service in Sutton.

- Stop smoking

There is a new stop smoking Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care and NHSE&I proposed the commissioning of this service as an Advanced Service.

Smoking is the highest cause of preventable ill health and premature mortality in the UK and is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

In Sutton it is estimated that 15.8% of the adult population are active smokers, although it is known that smoking levels in more deprived populations are higher.

Four community pharmacies in Sutton provide the stop smoking Advanced Service and eleven provide the local authority-commissioned service.

B. New services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

- NHS Health Check

This is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks. Health Checks are available from other providers in Sutton e.g. GP practices.

PHE data shows that the prevalence of almost all QOF-monitored LTCs – namely hypertension, CHD, CKD, dementia, depression, diabetes, hypertension, osteoporosis, rheumatoid arthritis, and stroke – is higher in Sutton than the London average.

SWL Diabetes Board estimates that 31% of diabetes cases are still undiagnosed. Sutton has the second highest population with type 2 diabetes in south-west London. Within Sutton, Carshalton PCN has the highest population with diabetes.

Possible disease-specific services

The following are examples of disease-specific services that have been commissioned in some areas of England either by NHSE&I or ICBs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

PHE data shows that the prevalence of almost all QOF-monitored LTCs – namely hypertension, CHD, CKD, dementia, depression, diabetes, hypertension, osteoporosis, rheumatoid arthritis and stroke – is higher in Sutton than the London average

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Sutton or in the NHS LTP.

- Weight management

There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation or coupled with programmes for other ill health, e.g. CVD or diabetes.

About 6 in every 10 adults (61%) aged 18+ are classified as overweight or obese in Sutton. This is significantly worse than the London average (56%) but similar to England (63%). The prevalence of overweight and obese children is 34% for children in Year 6 (aged 10–11) – significantly better than London (38%) but statistically similar to England.

- Diabetes

Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team, 2. Prevention and lifestyle, 3. Complications of diabetes, 4. Education programmes, 5. Medicines adherence; 6. Signposting.

The prevalence of diabetes which has been increasing slowly but steadily from 5.7% in 2012-13 to 6.9% in 2018-19 in Sutton. SWL Diabetes Board estimate that 31% of diabetes cases are still undiagnosed. Sutton has the second highest population with type 2 diabetes in south-west London. Within Sutton, Carshalton PCN has the highest population with diabetes.

- Cardiovascular

AF screening service (multiple areas). This service provides patients at high risk of Atrial Fibrillation (AF) with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a Stop Smoking Service or Weight Loss Support Service.

The prevalence of CHD is 2.5% in Sutton residents, but only 1.9% for London. The prevalence of stroke is also higher than in London.

- Mental health

Mental Health Support Scheme (NHS England – South (Wessex)). Commissioned as a community pharmacy Enhanced Service pilot within Dorset. The aim of the pilot is to test a model of community pharmacy support for suitable clients who are under the care of the Dorset Healthcare University Foundation Trust Community Mental Health Team (CMHT). The pilot will assess whether community pharmacy support improves medicines optimisation in this group of clients and reduces the number of readmissions to the service.

Patient eligibility for the service is:

- Under care of CMHT
- Recently discharged from in-patient services;
- Aged 18–65;
- No diagnosis of dementia; and
- Willing to use a regular pharmacy

During the first appointment, the pharmacist, key worker and patient will discuss the referral and agree the support that will be given and the review period. The pharmacist will:

- Provide the service as agreed at the first appointment
- Discuss with the patient at each interaction if there any issues with managing or taking their medicines
- Contact the patient’s CMHT and/or GP, if appropriate
- Signpost to other services, if appropriate

- Respiratory

Asthma inhaler technique (Greater Manchester) The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.

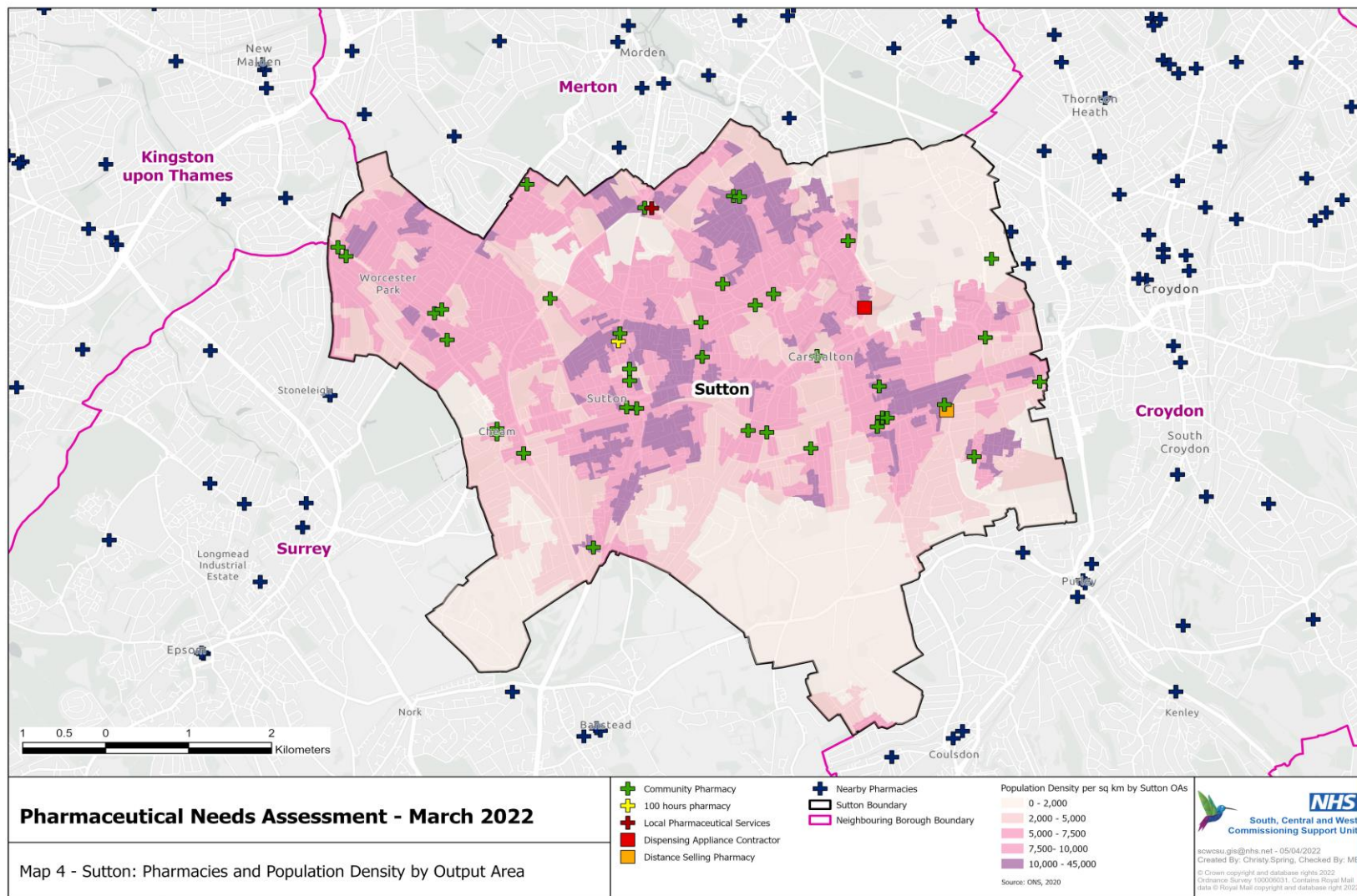
- Lung cancer initiative

The Local Pharmacy Early Identification of Symptomatic Lung Cancer Patients Scheme (East Sussex) is to enable local awareness-raising – for example, ‘not ALL cough is COVID’ – to support pharmacies to identify symptomatic patients who may come into the pharmacy and provide a pathway for those patients which the pharmacist can use. Locally defined outcomes: 1. A reduction in the numbers of late, emergency presentations for patients with lung cancer in the Crawley area; 2. An increase in GP referral activity for lung cancer up to and beyond levels seen prior to COVID; 3. An increase in the number of patients who stop smoking; 4. Prevention of early deaths and patients dying undiagnosed of cancer.

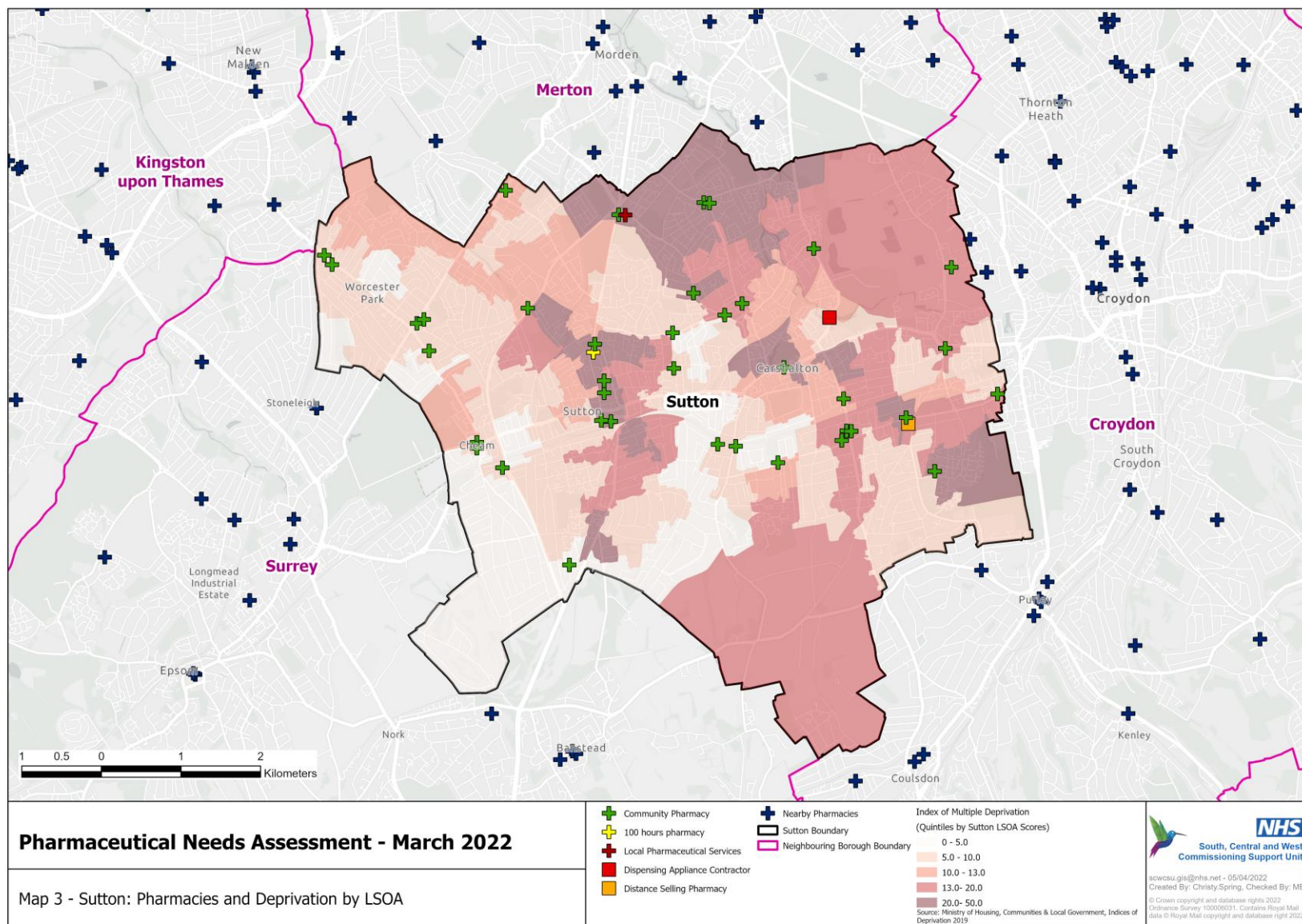
Recommendations

- 1. Highlight to the public the services that are currently available from community pharmacies** to support the improved utilisation of these existing services.
- 2. Identify the best way to deliver the new Advanced Services**
Smoking cessation, hepatitis C screening and hypertension case-finding can meet the health needs of Sutton, potentially in targeted wards.
- 3. Consider the provision of new locally commissioned services**
To meet specific health needs in Sutton, e.g. NHS Health Checks, diabetes, weight management, cancer, mental health, respiratory and cardiovascular.

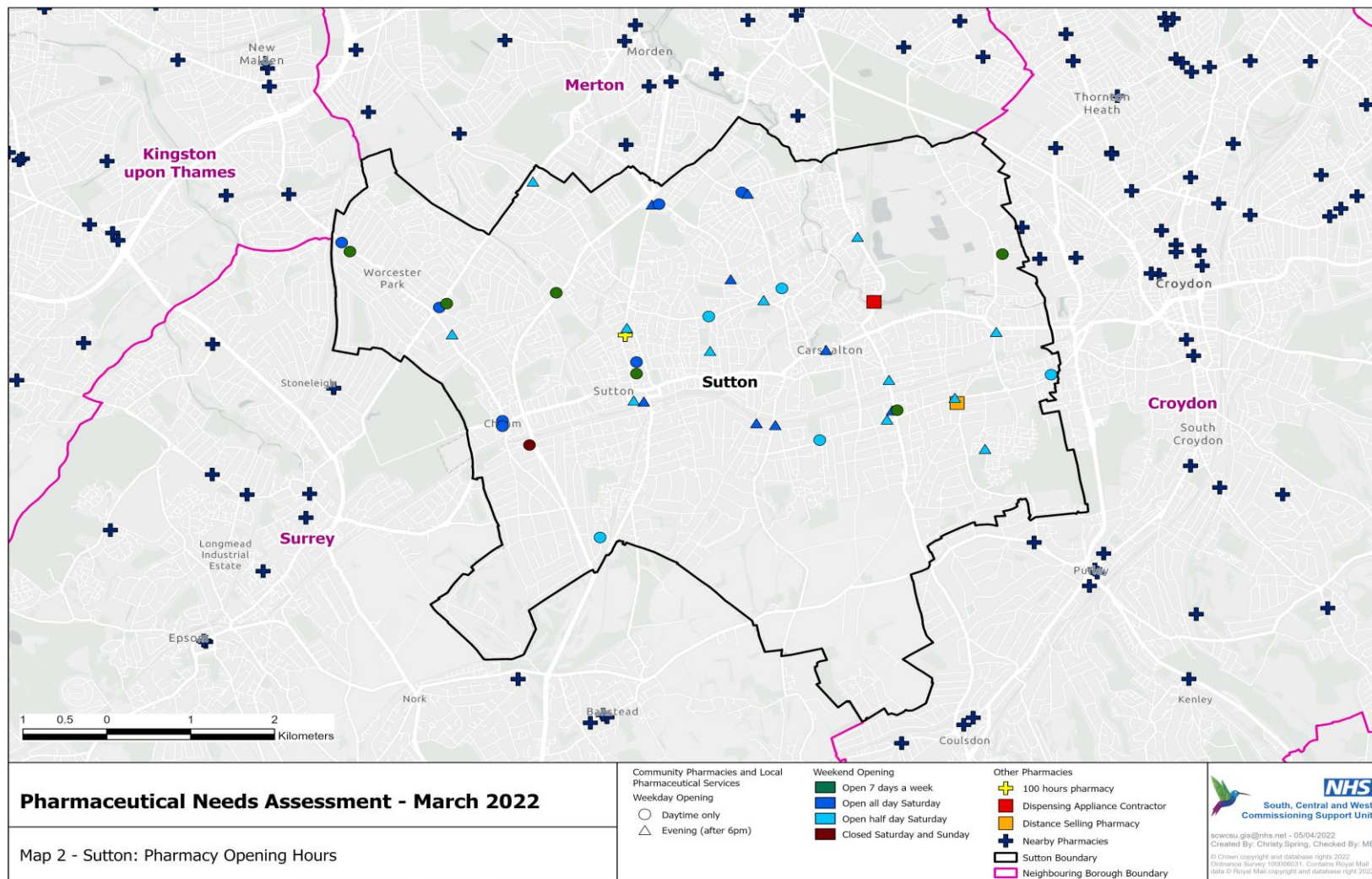
Map A: Sutton pharmacies and population density by output area



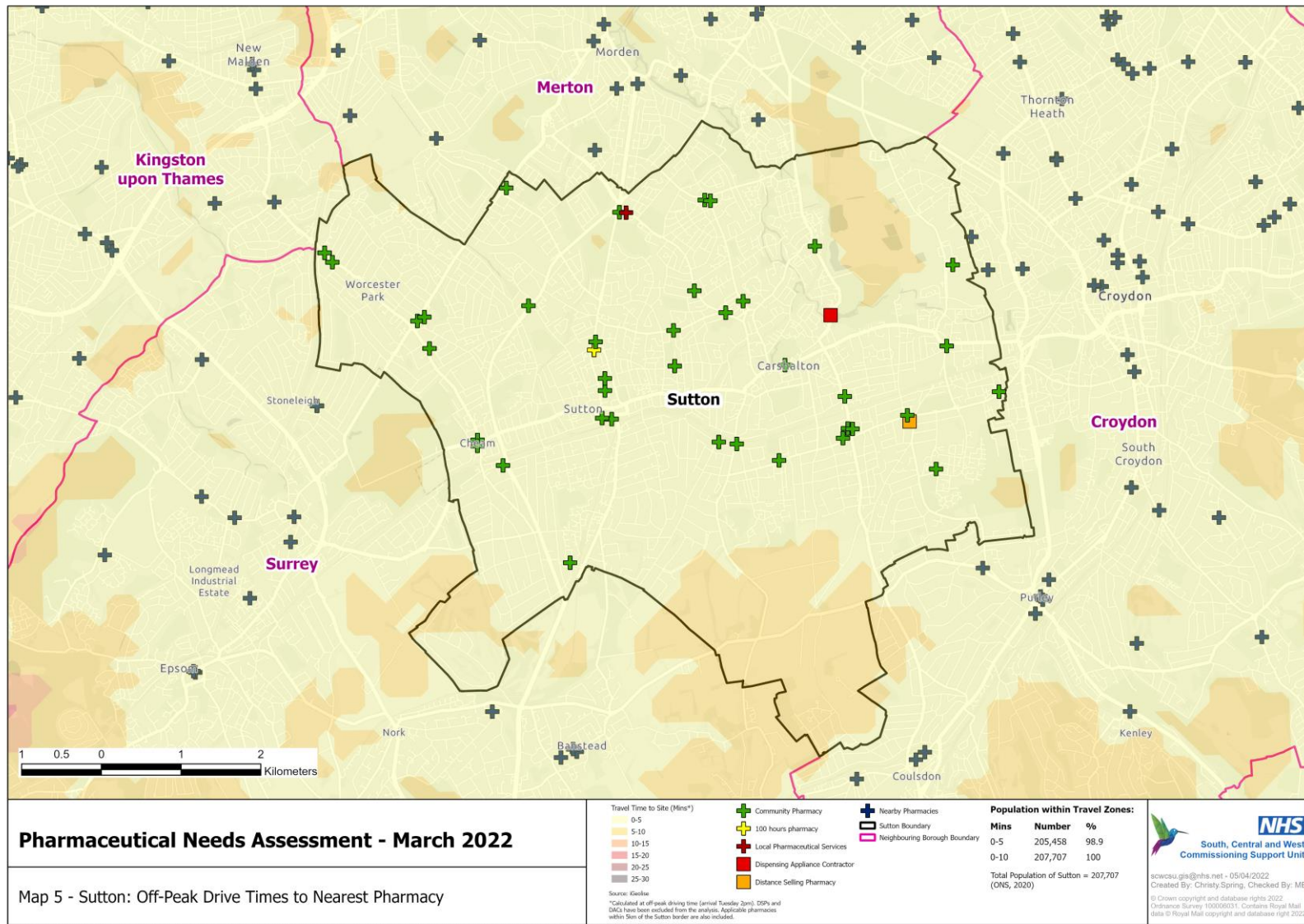
Map B: Pharmacies in Sutton and deprivation by LSOA



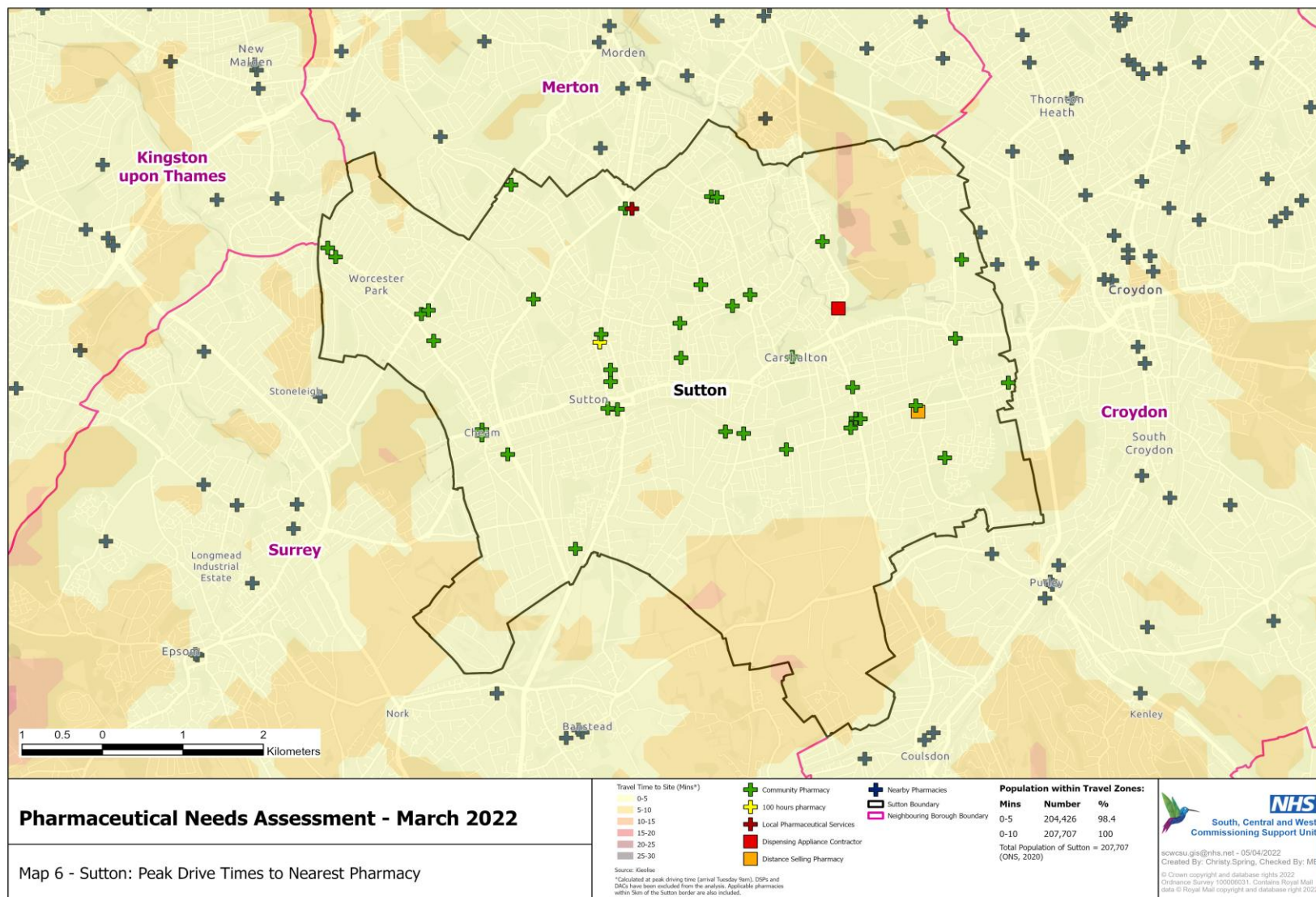
Map C: Pharmacies in Sutton and opening hours



Map D: Off-peak drive times to nearest pharmacy in Sutton

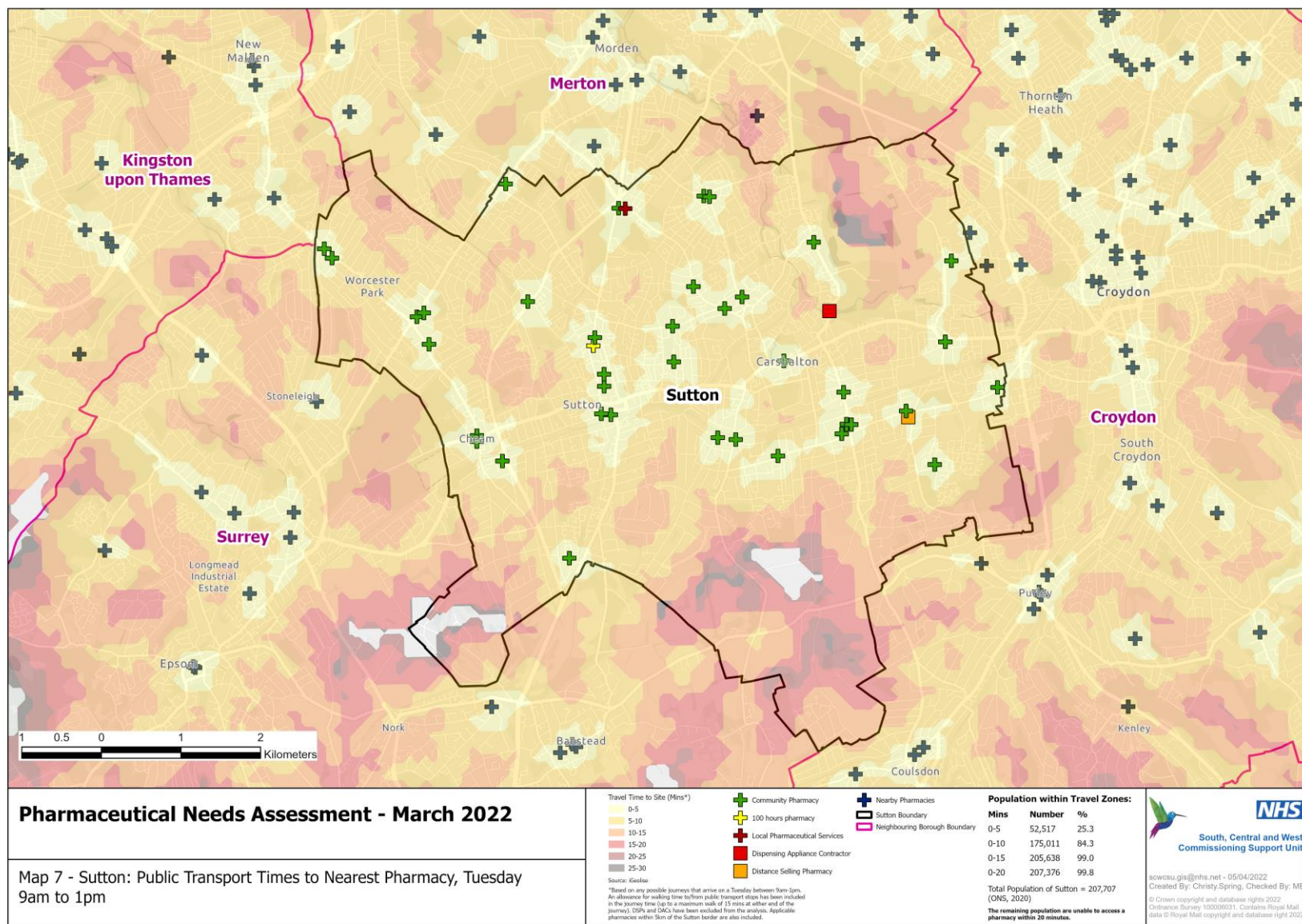


Map E: Peak drive time to nearest pharmacy in Sutton

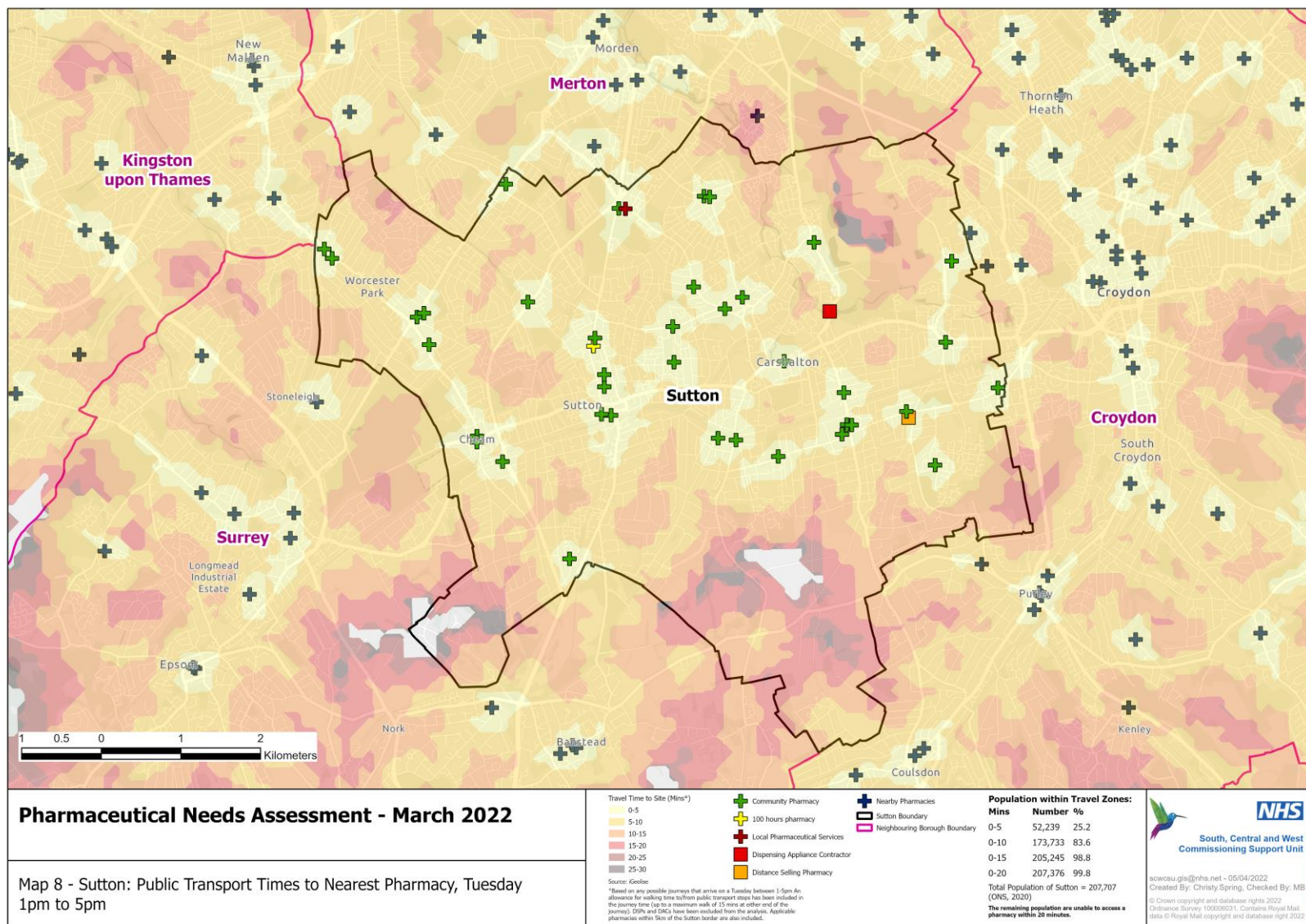


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Map F: Public transport times to nearest pharmacy (morning) in Sutton



Map G: Public transport times to nearest pharmacy (afternoon) in Sutton



Map H: Walking times to nearest pharmacy in Sutton

