

# Southwark Pharmaceutical Needs Assessment

April 2015

Written in accordance with the National Health Service, England (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (Statutory Instruments 2013 No.349).

# Acknowledgements

**We would like to thank the following for their support in developing the PNA:**

- Southwark Pharmaceutical Needs Assessment Steering Group
- Lambeth & Southwark Public Health Directorate
- Southwark Council
- NHS Southwark Clinical Commissioning Group
- NHS England
- Southwark Healthwatch
- Lambeth, Southwark and Lewisham Local Pharmaceutical Committee

The Southend-on-Sea Borough Council, Pharmaceutical Needs Assessment, Draft for Consultation (June 2014) has been used as a template for the completion of this PNA.

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# 1. Background:

## 1.1. Why do we need a PNA?

- A Pharmaceutical Needs Assessment (PNA) sets out the pharmaceutical services which are provided in the borough together with when, and where, these are available to the population. The PNA considers how these services meet the current and future needs of the population. **Table 1** summarises the information which the PNA must contain and the matters which must be taken into account.
- The provision of NHS Pharmaceutical Services is a controlled market. Under the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (“the 2013 Regulations”)<sup>1</sup>, any pharmacist, dispensing appliance contractor (DAC) or dispensing doctor who wishes to provide NHS pharmaceutical services must apply to NHS England to be included on the Pharmaceutical List. The 2013 Regulations outline the system of market entry.
- The responsibility to develop, keep up to date, and publish PNAs lies with Health and Wellbeing Boards (HWB). **Table 2** describes the duties of the HWB.
- The PNA will be used by:
  - NHS England, as the basis for determining market entry to a pharmaceutical list – whether a new pharmacy should open or an existing pharmacy relocate - and for commissioning services
  - Southwark Council and Southwark Clinical Commissioning Group (CCG) and other organisations to inform current and future commissioning.
- This document has been prepared by Southwark Health and Wellbeing Board in accordance with the 2013 Regulations and replaces the PNA published by Southwark Primary Care Trust (PCT) in 2011.

# 1. Background:

## 1.1. Why do we need a PNA?

Table 1 Requirements for the PNA

Schedule 1 of the 2013 Regulations<sup>1</sup> sets out the information to be contained within the PNA

- A statement of the:
  - provision of services in the area of the HWB which are **necessary** to meet the pharmaceutical need and the provision of other **relevant** services that have secured improvements, or better access, to pharmaceutical services. This will include providers and premises within the HWB area and also those that may lie outside in a neighbouring HWB but who provide services to the population within the HWB area. The statement should report current provision as well as current or future gaps in provision.
  - **Other NHS services** provided or arranged by the HWB, NHS England, CCG, an NHS trust or an NHS foundation trust which impact upon the need for pharmaceutical services or which would secure improvements in, or better access to, pharmaceutical services.
- How the assessment was carried out including:
  - The localities which have been used for the basis of the assessment and a description of how the HWB arrived at the choice of localities.
  - How it has taken into account (where applicable) the different needs of different localities and people who share a protected characteristic in its area.

Table 1 Requirements for the PNA continued

- A map showing where pharmaceutical services are provided
- Likely future needs
- A report on the consultation that it has undertaken

The HWB must also have regard, in so far as it is practicable to do so, to the following:

- The demography
- Whether in its area there is sufficient choice with regard to obtaining pharmaceutical services
- Any different needs of different localities within its area
- The needs of different groups who share a protected characteristic, as defined within the Equality Act 2010 (Chapter 1; Part 11)<sup>2</sup>
- The extent to which the need for pharmaceutical services are affected by:
  - Pharmaceutical services outside the area
  - Other NHS services

# 1. Background:

## 1.1. Why do we need a PNA?

Table 2 Duties of the HWB

Each HWB must:

- Publish its first pharmaceutical needs assessment by 1st April 2015.
- Keep the existing PNA up to date.
  - if there are significant changes in the availability of pharmaceutical services the HWB should publish a revised assessment (as soon as is reasonably practical) or, where this is thought to be a disproportionate response, issue a supplementary statement summarising the changes.
  - issue a supplementary statement where the HWB is in the process of modifying its PNA and considers this to be essential to prevent detriment to the provision of pharmaceutical services.
- Publish a revised PNA within 3 years of publication of their first assessment.

# 1. Background:

## 1.2. Scope of the PNA

### Service providers included on the Pharmaceutical List for Southwark and therefore considered within the PNA

<p><b>Pharmacy Contractors</b> "Community pharmacists"</p> <p><b>62 pharmacies</b></p>	<p><b>Dispensing Appliance Contractors</b> "Provide appliances but not medicines"</p> <p><b>None</b></p>	<p><b>Local Pharmaceutical Services Contractors / Essential Small Pharmacy Local Pharmaceutical Services</b> "Local contract, commissioned by NHS England" <b>1 pharmacy</b></p>	<p><b>Dispensing Doctors</b> "GPs who dispense the medicines they prescribe for their patients"</p> <p><b>None</b></p>
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### Pharmaceutical Services commissioned by NHS England – Community pharmacists

Essential Services	Advanced Services	Enhanced Services
<ul style="list-style-type: none"> <li>• As set out in the 2013 Regulations<sup>1</sup> all community pharmacy contractors must provide the full range of services which encompass:                             <ul style="list-style-type: none"> <li>– Dispensing and actions associated with dispensing (e.g. providing advice on medications, and keeping records)</li> <li>– Repeatable dispensing</li> <li>– Disposal of waste medicines</li> <li>– Promotion of healthy lifestyles                                     <ul style="list-style-type: none"> <li>◦ Prescription linked interventions</li> <li>◦ Public health campaigns</li> </ul> </li> <li>– Signposting</li> <li>– Support for self-care</li> </ul> </li> </ul>	<p>Advanced Services are defined in the (Advanced and Enhanced Services) (England) Directions 2013<sup>3</sup>. A contractor has discretion as to whether or not they provide advanced service. There are requirements which need to be met in relation to premises, training or notification to NHS England. Advanced services include:</p> <ul style="list-style-type: none"> <li>• Medicines Use Review and Prescription Intervention (MUR) Services</li> <li>• New Medicines Service (NMS)</li> <li>• Appliance Use Reviews (AUR)</li> <li>• Stoma Appliance Customisation Service (SAC)</li> </ul>	<p>Additional services commissioned by NHS England in response to local need:</p> <ul style="list-style-type: none"> <li>• London Community Pharmacy Vaccination Service – Seasonal influenza vaccination</li> <li>• Out of hours service (on Easter Sunday and Christmas Day)</li> </ul>

# 1. Background:

## 1.2. Scope of the PNA

### Other services commissioned from specific pharmacies in response to the needs of the local population

Services commissioned by Southwark Council	Services commissioned by NHS Southwark CCG on behalf of Southwark Council	Services commissioned by NHS Southwark CCG	Services commissioned by NHS Trusts or Foundation Trusts
<ul style="list-style-type: none"> <li>• Substance misuse service:               <ul style="list-style-type: none"> <li>– Needle and syringe exchange</li> <li>– Supervised administration</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Stop smoking service               <ul style="list-style-type: none"> <li>– Nicotine replacement therapy vouchers</li> <li>– varenicline (Champix)</li> </ul> </li> <li>• Sexual health               <ul style="list-style-type: none"> <li>– Emergency hormonal contraception (EHC)</li> <li>– Chlamydia screening (distribution of kits)</li> <li>– Chlamydia treatment</li> <li>– Oral contraceptives</li> </ul> </li> <li>• NHS Health Checks</li> </ul>	<ul style="list-style-type: none"> <li>• Free (vitamin) D Distribution</li> </ul>	<ul style="list-style-type: none"> <li>• none</li> </ul>

### Services excluded from the scope of the PNA because they do not fall within the 2013 NHS Regulations<sup>1</sup> and do not impact upon market-entry decisions:

- Non-NHS services provided by pharmacy contractors
- The pharmacy services within hospitals providing secondary and tertiary care, including: Guy's and St Thomas' NHS Foundation Trust ; Kings College Hospital NHS Foundation Trust ; South London and the Maudsley NHS Foundation Trust

# 1. Background:

## 1.2. Scope of the PNA

### Other services that affect the need for Pharmaceutical Services

- Community pharmacists in neighbouring HWB areas
- Community based clinics provided by NHS Southwark
- General Practitioners
- Walk in Centres/Extended Primary Care Access Schemes / GP Out of Hours Service
- Drug and alcohol services provided in non-pharmacy settings
- NHS Foundation Trusts: Guy's and St Thomas' NHS Foundation Trust; King's College Hospital NHS Foundation Trust; South London and the Maudsley NHS Foundation Trust
- Dentists
- Optometrists
- Care Homes
- Health Checks Outreach Service

# 1. Background:

## 1.3. How was the PNA completed?

- The PNA has been developed through a multiagency steering group and wide engagement with key stakeholders.
- **Table 3** outlines the activities which were carried out at each step.
- Throughout the process it was key to seek different people's points of view to inform the PNA. To achieve this, expert advice was sought from Southwark Council and Southwark CCG communication and engagement teams. The methods used to engage with people were:
  - Online survey for completion by residents of Southwark (see Appendix B)
  - Seeking the views of a wide range of health and social care professionals within Southwark Council, Southwark CCG, Local Pharmaceutical Committee (LPC) and NHS England
- The formal 60 day consultation was used as an opportunity to 'sense-check' our assessment and conclusions prior to the final PNA being signed off by the HWB and published. The feedback from the consultation and the amendments resulting from this was discussed and agreed at the Southwark Health and Wellbeing Board meeting on 16th March 2015.
- The full engagement strategy can be found in Appendix C.
- Commissioned services from pharmacies can be found in Appendix F.

# 1. Background:

## 1.3. How was the PNA completed?

Table 3 Steps and activities undertaken to develop the PNA

Step	Activity
<b>Step 1 Governance</b>	<ul style="list-style-type: none"><li>• A multiagency steering group was set up to guide and review the development to the PNA. Terms of Reference are attached in Appendix D.</li></ul>
<b>Step 2 Data collection</b>	<ul style="list-style-type: none"><li>• Information and data were requested from commissioners in Southwark Council, Southwark CCG and NHS England.</li><li>• A survey was designed to gather information from community pharmacists on current service provision (and to better understand their views on services). A copy is attached in Appendix E.</li><li>• Data collected from the commissioners and the Community Pharmacy Survey were compared.</li><li>• Nationally available data from the Health and Social Care Information Centre (HSCIC) was used to compare local data against other local authorities.</li></ul>
<b>Step 3 Health needs and local priorities</b>	<ul style="list-style-type: none"><li>• The Joint Strategic Needs Assessment (JSNA) and other supporting documents were used to summarise the needs of the local population.</li><li>• Interviews with commissioners, public health leads and others were undertaken to ensure that the current and future priorities for pharmaceutical services were incorporated.</li></ul>
<b>Step 4 Analysis</b>	<ul style="list-style-type: none"><li>• The data were analysed separately for each service.</li><li>• Comparisons between local, regional and national data were undertaken to understand the picture in Southwark relative to others.</li><li>• MapInfo software and Ordnance survey maps were used to map local pharmaceutical services. The maps used 500m and 1km buffer zones as these represent a 10 and 20 minute walk from the relevant service, respectively.</li></ul>

# 1. Background:

## 1.3. How was the PNA completed?

Table 3 Steps and activities undertaken to develop the PNA continued

Step	Activity
<b>Step 5</b> <b>Drawing Conclusions</b>	<ul style="list-style-type: none"><li>• Conclusions were formulated and presented at the steering group for discussion and agreement.</li></ul>
<b>Step 6</b> <b>Formal consultation</b>	<ul style="list-style-type: none"><li>• In accordance with the regulations, a formal 60 day consultation was held.</li><li>• The findings of this consultation were presented to the Steering Group and the HWB amendments discussed and agreed.</li><li>• A report on the consultation can be found in Section 4.</li></ul>
<b>Step 5</b> <b>Drawing Conclusions</b>	<ul style="list-style-type: none"><li>• Conclusions were formulated and presented at the steering group for discussion and agreement.</li></ul>
<b>Step 7</b> <b>Publication of the PNA</b>	<ul style="list-style-type: none"><li>• The final PNA was signed off by the HWB on 16th March 2015 and published.</li></ul>

## 2. The Local Picture:

### 2.1. Southwark – an overview

- Southwark is an inner London borough in South East London with 21 electoral wards. The River Thames is the northern boundary, with Lambeth borough to the west and Lewisham borough to the east. At its southern tip, Southwark also shares a boundary with Bromley borough. The assessment takes into account pharmacy services within these three neighbouring areas. [Map 1](#) shows geography of Southwark and location within London.
- The borough covers 28.9 square km. 293,530 people live in the borough (with 305,868 people registered with a Southwark GP). This makes Southwark the 9th most densely populated local authority in England & Wales, with 9,992 persons / km<sup>2</sup>, compared to London (5,199 persons / km<sup>2</sup>) and England (407 persons / km<sup>2</sup>).
- The borough is deprived but there is variation between wards in the demography, levels of deprivation and types of health needs.
- The PNA regulations require that the HWB divide its area into localities which are then used as the basis for structuring the assessment. The boundaries of the Southwark CCG localities are based upon clusters of GP practices and so are virtual rather than corresponding to set geographical boundaries. For the purpose of the PNA, four localities have been chosen based upon the CCG localities, but with boundaries based upon wards. These localities and their corresponding wards, are summarized in [Table 4](#).
- The rationale for the selection of the localities was that:
  - This locality structure aligns to that used by Southwark CCG for planning and commissioning services.
  - The population size of each locality is broadly similar.
  - The localities reflect differences in deprivation across the borough. Wards in the middle of the borough – within Borough & Walworth and Peckham and Camberwell localities – tend to be more deprived than wards in the south of the borough – Dulwich locality – which tend to be less deprived.
- Detailed locality profiles can be accessed from [www.southwark.gov.uk/jsna](http://www.southwark.gov.uk/jsna)
- Further information and interpretation can be accessed by contacting [JSNA@southwark.gov.uk](mailto:JSNA@southwark.gov.uk)

## 2. The Local Picture:

### 2.1. Southwark – an overview

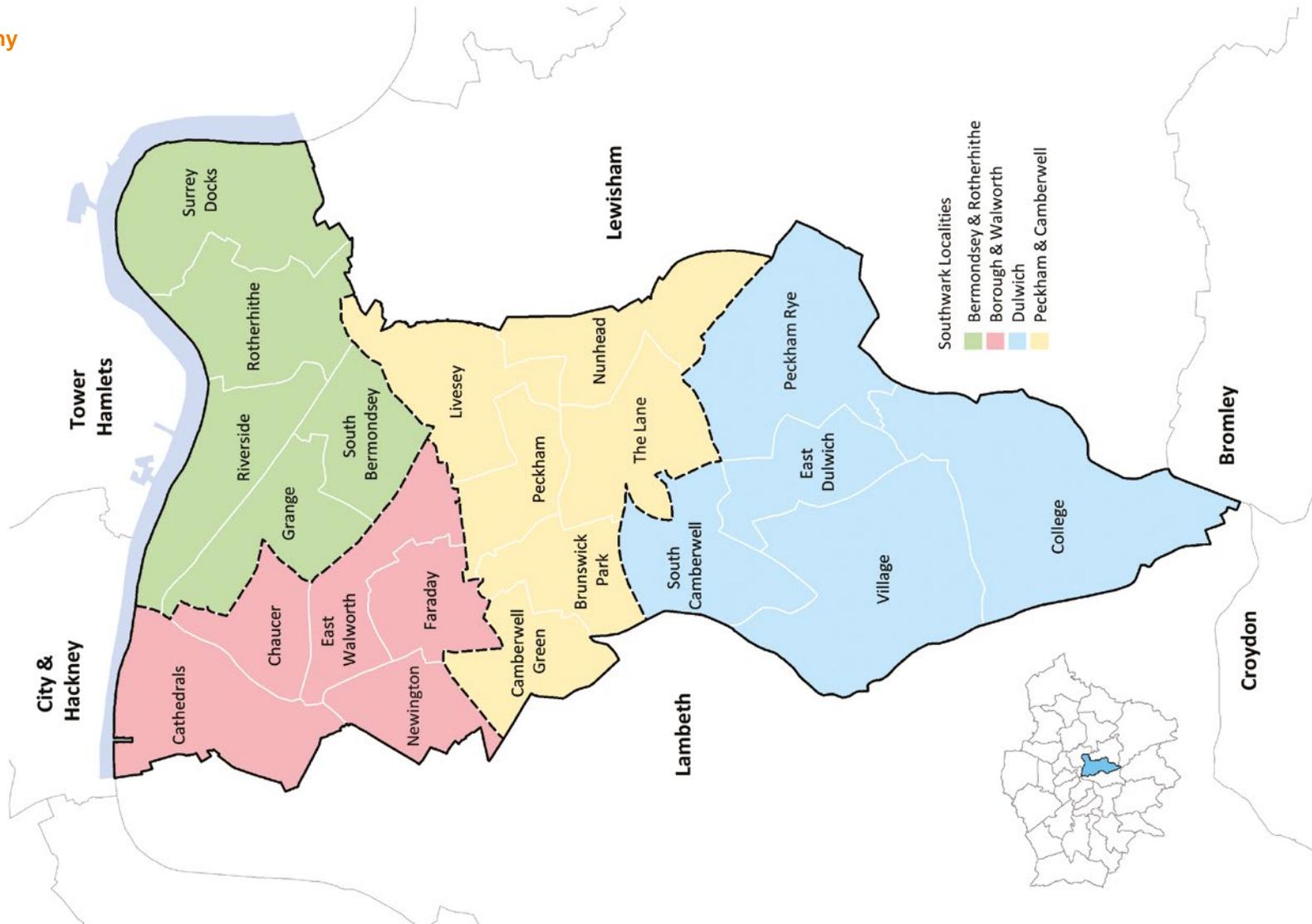
Table 4 Localities for the PNA

Localities	Ward Name
Bermondsey & Rotherhithe	Grange
	Riverside
	Rotherhithe
	South Bermondsey
	Surrey Docks
Borough & Walworth	Cathedrals
	Chaucer
	East Walworth
	Faraday
	Newington
Dulwich	College
	East Dulwich
	Peckham Rye
	Village
	South Camberwell
Peckham & Camberwell	Brunswick Park
	Camberwell Green
	Nunhead
	Peckham
	The Lane
	Livesey

# 2. The Local Picture:

## 2.1. Southwark – an overview

Map 1: Geography



## 2. The Local Picture:

### 2.2. Demography

- 2011 Census data recorded Southwark's resident population at 288,200, which is an increase of 18% since 2001. The latest mid-year estimate (2012) from the Office for National Statistics (ONS) estimated the population at 293,530.
- Southwark's resident population is estimated to increase by 61,147 persons between 2011 to 2021. This equates to a 21% increase, compared to a 14% increase in London and a 9% increase in England. This 21% increase is across all age groups with the highest increase expected in the population aged 18-64.

Age, gender, ethnicity and deprivation are all strong predictors of health needs. This section looks at the distribution of these factors within Southwark.

#### Population change and development in Southwark, figure 1

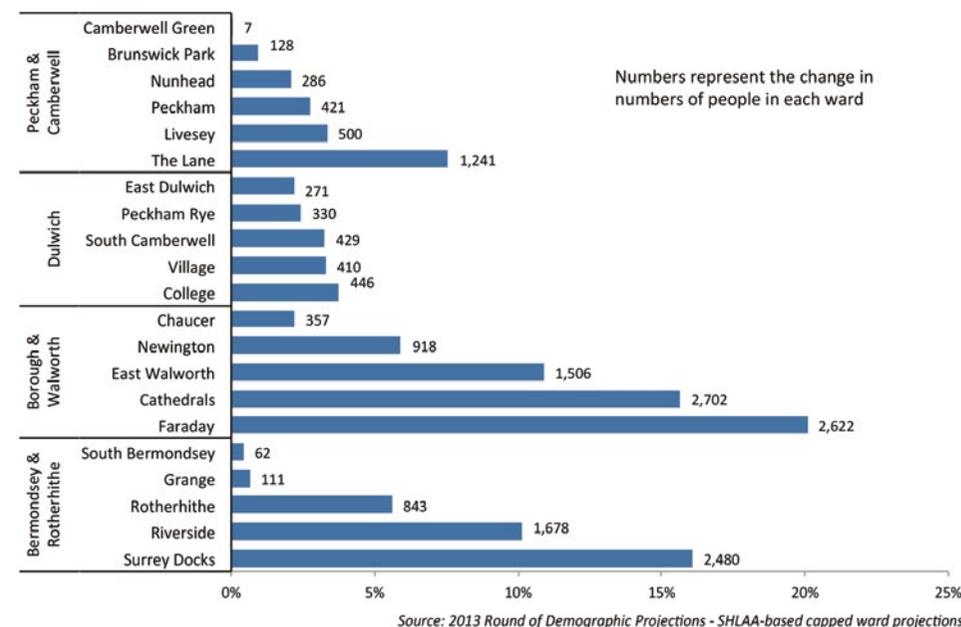
The population in Southwark is projected to increase 6% in the next three years from 2015-2018 (GLA, 2013 Round of Demographic Projections - SHLAA-based capped ward projections). The populations in Borough & Walworth and Bermondsey & Rotherhithe localities are projected to increase the most (11% and 7% respectively).

In Borough & Walworth, the populations of Faraday and East Walworth wards are projected to increase 20% and 11% respectively. These wards will see the regeneration of the Aylesbury Estate over the next 20 years where there will be a net increase in homes from 2,400 to 4,200 ([www.nottinghillhousing.org.uk/our-developments/aylesbury-estate-southwark](http://www.nottinghillhousing.org.uk/our-developments/aylesbury-estate-southwark)).

In Cathedrals ward, the population is projected to increase 16%. Cathedrals ward encompasses the Elephant & Castle which is currently undergoing a £3bn programme of regeneration ([www.southwark.gov.uk/info/200183/elephant\\_and\\_castle](http://www.southwark.gov.uk/info/200183/elephant_and_castle)).

In Bermondsey & Rotherhithe, significant increases are projected in Riverside (10%) and Surrey Docks (16%). The populations of Dulwich and Peckham & Camberwell localities are projected to increase 3% in the next three years.

Figure 1: Population change (%) in Southwark wards by locality, 2015-2018

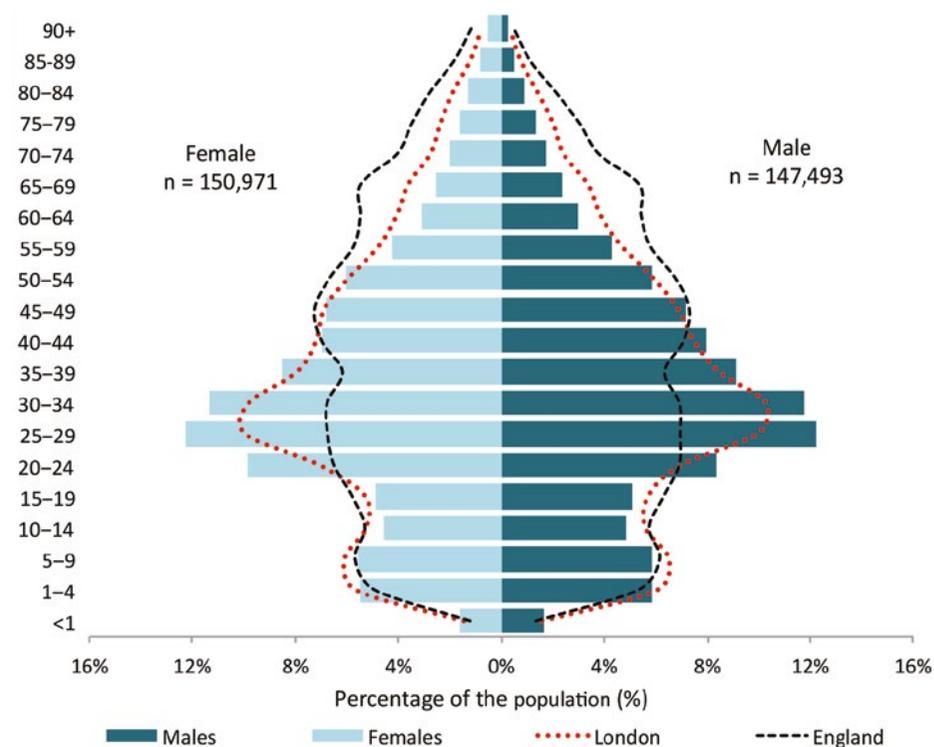


## 2. The Local Picture:

### 2.2.1. Age and gender

- The population pyramid (Figure 2) shows that there are similar numbers of females (50%) and males living in the borough
- Southwark has a younger population with 42% aged 20 to 39 years old compared with 35% in London and 27% in England
- 8% of the population are aged 65 and over
- 1% of the population are aged 85 and older
- 10% of the population are aged 10-19 years
- Figure 3 shows how age varies by ward:
  - The wards with the largest percentage of people aged 65 years or older are Village and College, both in the Dulwich locality in the south of the borough
  - The wards with the largest percentage of children aged 0-19 years are Peckham, Village, Livesey and Faraday
- 30% of the population have at least 1 long term condition
- The population of young people aged 16-24 is highest in the locality of Borough & Walworth (17%) compared to lowest in Dulwich (9%). The proportion of older people aged 65 and over is highest in Dulwich (9%) and lowest in Bermondsey & Rotherhithe (7%).

Figure 2: 2013, male/female population pyramid, Southwark vs London & England

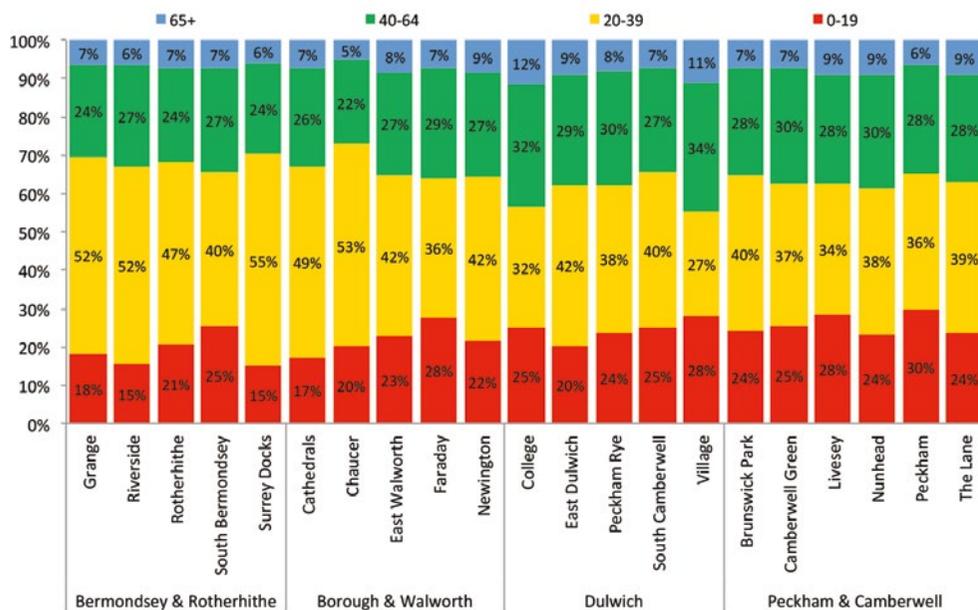


Source: ONS mid-2013 population estimates

# 2. The Local Picture:

## 2.2.1. Age and gender

Figure 3: Southwark, ward population structure by locality, 2011



Source: ONS, 2011 Ward Mid Yearly Estimate (MYE)

### Conclusions on age and gender

Taking into account the younger population profile, Southwark needs to ensure that services in community pharmacies maximise opportunities to target health promotion and public health interventions in order to improve health and delay the onset of disease.

Southwark’s population has been growing and is expected to grow at a greater rate than the national average. Services in community pharmacies will need to develop and respond to meet the changing needs of the population as well as specific groups.

Pharmaceutical services within the wards and localities with the highest proportion of older people need to meet their specific needs e.g. Medicines Use Review (MUR) and New Medicines Service (NMS).

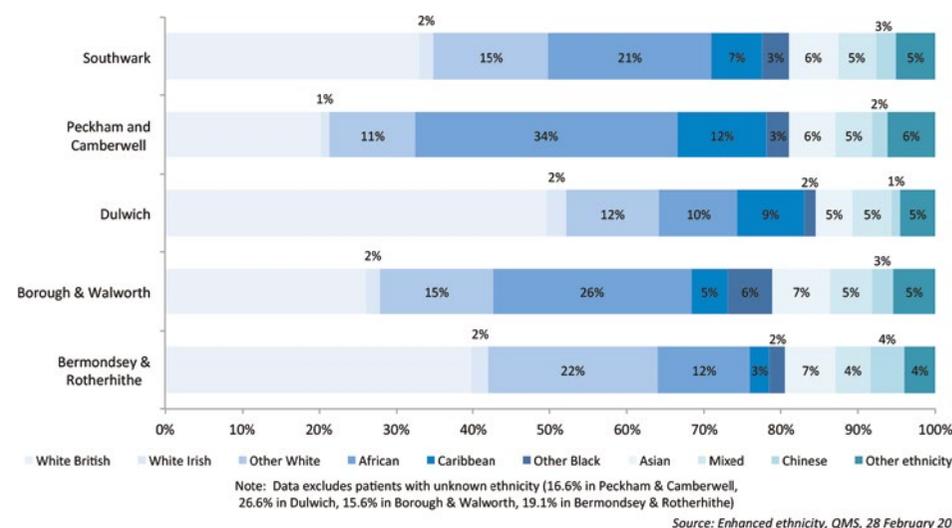
The high population density within Southwark needs to be taken into account when assessing access to services.

## 2. The Local Picture:

### 2.2.2. Ethnicity

- Southwark is an ethnically diverse borough, with 60% of the population from Black and Minority Ethnic (BME) communities compared to 20% for the whole of England. This includes “Other White” groups from all over the world.
- **Figure 4** shows the ethnic structure of Southwark according to the 2011 census:
  - 40% describe themselves as White: English/Welsh/Scottish/Northern Irish/British compared to 79.8% for the whole of England
  - 26.9% described themselves as Black ethnicity compared to 3.4% England;
  - 9.4% Asian ethnicity compared to 7.8% England
  - 12.3% from White Other groups compared to 4.6% England.
- Over a quarter of residents were born outside of the European Union (EU compared to 9.4% in England. 8.5% of the population were born in a non-UK EU country compared to 3.7% in England.
- 120 languages are spoken with Yoruba, Spanish and Bengali, being the most common after English spoken by school pupils at home. In 11% of households nobody has English as a first language.
- In Peckham & Camberwell locality, the population whose ethnicity is not ‘White UK’ is 70% (highest) and 46% in Dulwich locality (lowest).

**Figure 4: Southwark localities, ethnic categories, percentage distribution**



## 2. The Local Picture:

### 2.2.2. Ethnicity

- Table 5 summarises the languages spoken by staff within our pharmacies, as reported in the community pharmacy survey.

**Table 5: Languages spoken by staff within Southwark pharmacies**

Language	No. Pharmacies	Percentage	Other languages spoken by less than 5% of pharmacies:
Hindi	24	38.7%	Algerian, Bugandan, Creole, Ebo, Ga, Hakka, Kannada, Malay, Manadarin, Marathi, Nepali, Punjabi, Romanian, Russian, Shona, Somali, Telugu.
Gujarati	20	32.3%	
Bengali	18	29.0%	
French	12	19.4%	
Urdu	11	17.7%	
Spanish	10	16.1%	
Arabic	9	14.5%	
Yoruba	9	14.5%	
Polish	7	11.3%	
Portuguese	7	11.3%	
Swahili	6	9.7%	
Twi	6	9.7%	
Cantonese	5	8.1%	
Italian	4	6.5%	
Turkish	4	6.5%	

#### Conclusions on ethnicity

In Southwark there is a large BME population and a large number of residents who were born outside of the EU.

There is a correlation between health inequalities and the levels of diversity in the population. BME communities are exposed to a range of health challenges from low birth weight and infant mortality through to higher incidence of long term conditions such as diabetes and cardiovascular disease.

Individuals born outside of the UK and those who frequently travel to their countries of origin may be exposed to different health risks and this may be reflected in their needs. Southwark's services in community pharmacies need to reflect the specific needs of the BME population whilst providing services for the entire population.

The diversity of spoken languages presents challenges for the delivery of health promotion messages and lifestyle advice. There is some correlation between the languages spoken in pharmacies and the languages spoken by residents. Yoruba, Spanish and Bengali, the three most common languages, after English, spoken by pupils at home are spoken in 15%, 16% and 29% of pharmacies respectively. Where possible, commissioners and providers should endeavour to signpost patients to pharmacies where their first language is spoken. Commissioners and providers also need to review the steps required to ensure all patients are able to benefit from the services and interventions offered in community pharmacies.

## 2. The Local Picture:

### 2.2.3. Deprivation

- Southwark is the 41st most deprived local authority in England (out of 326) and the 12th most deprived borough in London (out of 33). 35% of Southwark residents live in the most deprived areas in England.
- 1 in 3 children (under 16s) live in poverty compared with 1 in 5 across England.
- Whilst Southwark is a relatively deprived borough compared with other local authorities across England, there are also areas of affluence. **Figure 5** shows the relative deprivation in Southwark across wards by locality:
  - The wards with the highest levels of deprivation are East Walworth and Livesey – both in Borough & Walworth locality.
  - There is large variation with some wards in the South of the borough – notably East Dulwich and Village (both in Dulwich locality) – relatively less deprived.

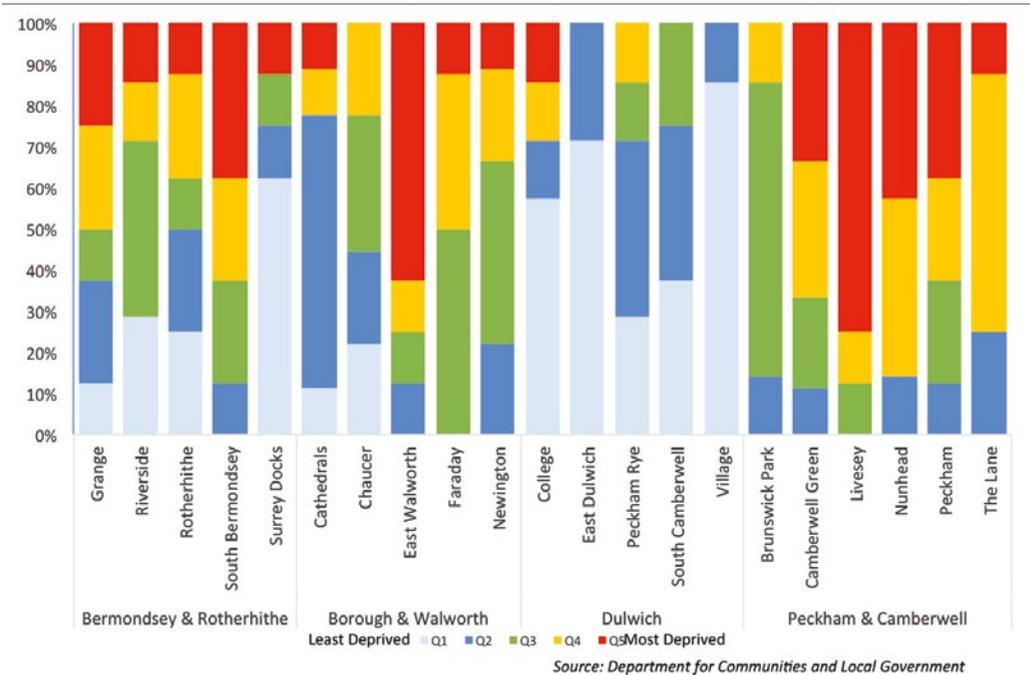
#### Conclusions on deprivation

There is a correlation between deprivation and health outcomes, with higher incidence of long term conditions and earlier onset of disease in those from more deprived communities.

Access to appropriate services in community pharmacies for these communities is important in supporting the population to address their health needs.

The PNA will need to take into account whether the services provided by pharmacies are available in our most deprived communities and have sufficient capacity to meet the needs of this population.

**Figure 5: Southwark, ward Index of Multiple Deprivation by ward & locality**



## 2. The Local Picture:

### 2.3. Health needs

Improving health and reducing health inequalities are key priorities for Southwark. Whilst progress has been made in recent years, addressing the health of the population and health inequalities remains a challenge.

This section describes the health of the borough and the behavioural factors which contribute towards poor health and inequalities.

Figure 6: Summary of health needs & issues in Southwark

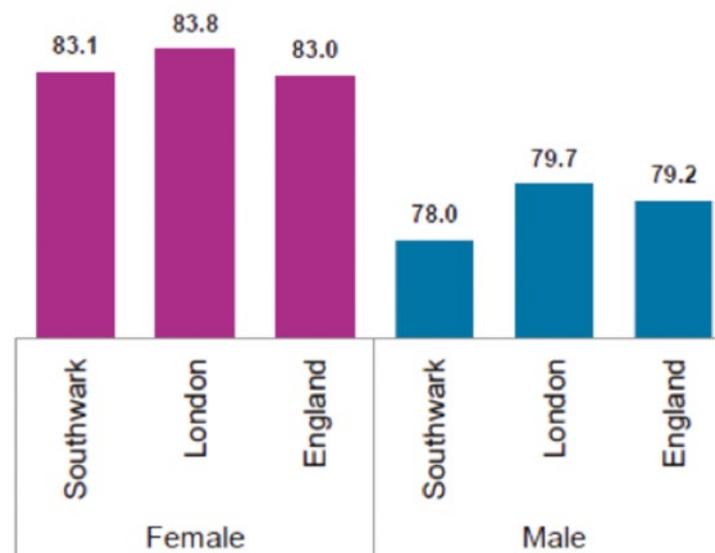
High Burden	<ul style="list-style-type: none"> <li>Life expectancy (LE)</li> <li>Preventable premature mortality from cancer; CVD; respiratory disease; liver disease</li> <li>Mortality from causes amenable to health care*</li> <li>Smoking prevalence (overall)</li> <li>Teenage conceptions</li> <li>Hip fractures in the elderly</li> <li>Child poverty</li> </ul>	<ul style="list-style-type: none"> <li>Healthy (LE)</li> <li>LE gap (males)</li> <li>Hypertension prevalence</li> <li>Alcohol related burden</li> <li>Childhood &amp; adult obesity prevalence</li> <li>Sexual Health burden (HIV, STIs)</li> <li>Lower prevalence of LTC (lower detection)</li> <li>Falls injury (older people)</li> <li>Wider determinants of health burden</li> <li>Low wellbeing levels*</li> <li>Mental ill-health</li> <li>Smoking in routine and manual groups</li> <li>Social isolation in adult social care users</li> <li>Emergency hospital re-admissions</li> </ul>
Low Burden	<ul style="list-style-type: none"> <li>Gap in LE (females)</li> <li>Infant mortality</li> <li>Physical activity adults</li> <li>Childhood vaccination related diseases</li> <li>Childhood tooth decay*</li> <li>Preventable sight loss</li> <li>Excess winter deaths*</li> <li>Injuries in young people</li> <li>Mortality from communicable diseases</li> <li>Low birth weight</li> <li>Road traffic injuries/mortality</li> </ul>	<ul style="list-style-type: none"> <li>Vit D deficiency rickets</li> <li>Injuries in Children</li> <li>TB incidence</li> <li>Suicide</li> </ul>
	Improving	Worsening

## 2. The Local Picture:

### 2.3.1. Life Expectancy

- Life expectancy is a measure of how long a person born in an area would be expected to live by reference to current observed rates of mortality.
- **Figure 7** shows life expectancy in Southwark and compares it with London and England
  - 83.1 years for females compared with 83.0 for England
  - 78 years for males compared with 79.2 for England
- The gap in life expectancy between Southwark and England has narrowed over the years such that in females there is no longer a significant difference.
- The majority of the gap in life expectancy between Southwark and England is explained by excess deaths from respiratory disease (predominantly chronic obstructive pulmonary disease) and cancer (predominantly lung cancer).
- **Figure 8a & b** shows how life expectancy varies between wards by locality:
  - 8.3 years for men
  - 9.7 years for women
  - For males and females circulatory disease (coronary heart disease and stroke) is the single most important disease explaining this difference.

**Figure 7: Life expectancy at birth 2010-12**

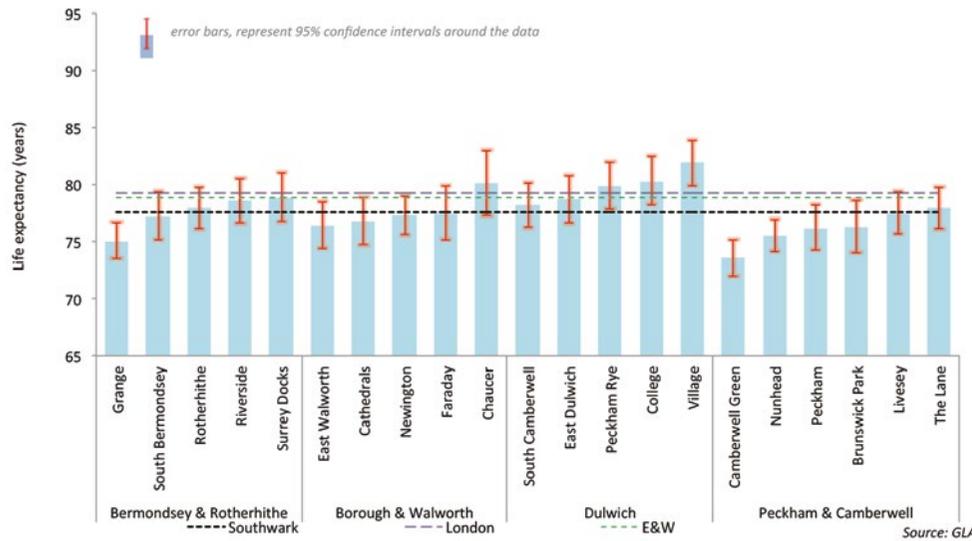


Source: Public Health Outcomes Framework, PHE 2014

# 2. The Local Picture:

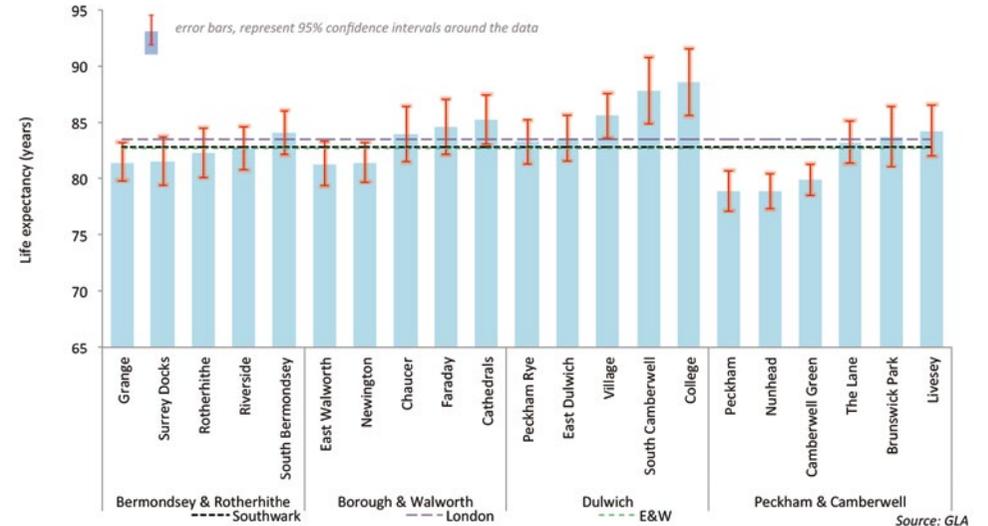
## 2.3.1. Life Expectancy

Figure 8a:  
Southwark wards by locality, female life expectancy at birth, 2008-2012



Source: GLA

Figure 8b:  
Southwark wards by locality, female life expectancy at birth, 2008-2012



Source: GLA

## 2. The Local Picture:

### 2.3.2. Explaining differences in life expectancy

The next section looks at those diseases which explain a large proportion of the difference in life expectancy between Southwark and England and variation in life expectancy within Southwark.

#### Cardiovascular disease

- Circulatory diseases are the single most common cause of death in Southwark and a key contributor to the life expectancy gap between the most and least deprived wards within Southwark.
- **Table 6** summarises early death rates (under 75s) from cardiovascular disease. Compared with England, Southwark men have statistically higher rates of early deaths and higher rates of deaths which are preventable. Death rates in females are similar to the England average.
- Risk factors for cardiovascular disease (CVD) include smoking, high blood pressure, high blood cholesterol, being physically inactive, being overweight/obese, having diabetes, family history of heart disease, ethnic background, increasing age and gender (men are more likely to develop CVD earlier).
- It is estimated that 80% of cases of CVD are preventable either through adopting healthy lifestyle choices and/or the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant or anti-platelet therapy, anti-diabetic medication etc).

#### Cancer

- Excess death from cancer (particularly lung cancer) explains over a quarter (27%) of the difference in male life expectancy between Southwark and England.
- **Table 6** summarises early death rates from cancer. Early death rates in Southwark men and women are similar to the England average but Southwark men have statistically higher rates of deaths which are preventable.

- Smoking is the most important preventable cause of cancer. Smoking accounts for more than 1 in 4 UK cancer deaths and nearly a fifth of all cancer cases.
- About a third of cancers can be prevented through adopting healthy lifestyle choices.
- If cancer is diagnosed at an early stage, treatment is often simpler and more likely to be effective. The uptake of cervical, breast and colorectal screening is below national average although the rates are slowly improving.

#### Respiratory disease

- The vast majority of deaths due to respiratory conditions are accounted for by chronic obstructive pulmonary disorder (COPD). **Table 6** summarises early death rates from all respiratory diseases. Compared with England, Southwark men have statistically higher rates of early deaths and higher rates of deaths which are preventable. Death rates in females are similar to the England average.
- Smoking is the main cause of COPD.
- Asthma is another important respiratory condition.
  - 4,296 people aged under 19 years have asthma.
  - There are 250 asthma-related hospital admissions per 100,000 population in those aged under 19 in Southwark, compared to 221 per 100,000 in England. Better asthma control could avoid the majority of hospital admissions.

## 2. The Local Picture:

### 2.3.2. Explaining differences in life expectancy

Table 6: Southwark, mortality rates in those aged under 75 years

Under 75 mortality rates from cardiovascular disease (per 100,000) population			
	Men	Women	Total
<b>All deaths</b> (Southwark) (London; England)	<b>138.9</b> (113.5; 109.5)	<b>53.2</b> (49.6; 48.6)	<b>94.4</b> (80.1; 78.2)
<b>Preventable*</b>	<b>94.8</b> (76.4; 76.7)	<b>29.4</b> (26.3; 26.5)	<b>60.9</b> (50.2; 50.9)

Under 75 mortality rates from cancer (per 100,000) population			
	Men	Women	Total
<b>All deaths</b> (Southwark) (London; England)	<b>168.8</b> (155.6; 160.9)	<b>140.7</b> (119.6; 129.2)	<b>153.8</b> (136.5; 144.4)
<b>Preventable*</b>	<b>110.2</b> (89.1; 91.3)	<b>86.2</b> (71.2; 76.9)	<b>97.4</b> (79.6; 83.8)

Under 75 mortality rates from chronic respiratory disease (per 100,000) population			
	Men	Women	Total
<b>All deaths</b> (Southwark) (London; England)	<b>52.9</b> (40.1; 39.1)	<b>28.2</b> (24.5; 27.6)	<b>40.1</b> (31.9; 33.2)
<b>Preventable*</b>	<b>34.0</b> (21.6; 20.4)	<b>18.3</b> (13.1; 15.5)	<b>25.8</b> (17.1; 17.9)
<b>COPD</b> (Southwark) (London; England)	<b>40.9</b> (21.1; 19.7)	<b>22.2</b> (12.8; 14.9)	<b>31.2</b> (16.8; 17.2)

\*Preventable deaths are those which could be avoided through public health interventions.

## 2. The Local Picture:

### 2.3.3. Healthy Lifestyles

#### Smoking

- Smoking is the single largest preventable cause of poor health and health inequalities in Southwark (and England as a whole).
- 20.7% of adults (18 years and older) and 29.3% of adults in the routine and manual group smoke in Southwark - similar to the England averages 18.4% and 28.6%.
- 3.8% of pregnant women are recorded as smokers at the time of delivery; there is evidence that this rate varies with women in low paid jobs being three times as likely to smoke during pregnancy as women in jobs classified as “professional”.

**Table 7: Estimated number of smokers by locality**

Locality	Population aged 18+	No. smokers
Bermondsey & Rotherhithe	59,241	11,670
Borough & Walworth	77,520	15,271
Dulwich	57,155	11,260
Peckham & Camberwell	49,099	9,673
Southwark	243,015	47,874

Source: Integrated Household Survey 2012, applied to PCIS, 2012-13, Q3 population

#### Poor diet and physical inactivity

- 64% of infants are either totally or partially breast fed at the 6-8 week check compared with 76% in England.
- In a local survey of health related behaviour in school pupils aged 8 to 11 years
  - 28% said they ate 5 or more portions of fruit or vegetables the day before the survey; 9% said that they had no portions.
  - 60% of the boys and 41% of the girls played sport the previous evening.
- 38.6% of Southwark residents aged 14 or older participate in sport at least once a week compared with 38.1% (London) and 36.7% (England).
- The impact of poor diet and/or physical inactivity can be seen in the increasing numbers of children and adults who are overweight or obese:
  - 26.7% of children aged 4-5 years are overweight or obese compared with 23.0% in London and 22.2% in England.
  - 44.2% of children aged 10-11 are overweight or obese compared to 37.4% in London and 33.3% in England.
  - For adults over a half (56.3%) are overweight or obese compared with 57.3% in London and 63.8% in England.

## 2. The Local Picture:

### 2.3.3. Healthy Lifestyles

#### Alcohol misuse

- Regularly drinking more than the recommended daily limits risks damaging your health. Alcohol is the second biggest preventable killer after smoking and can lead to heart disease, stroke, liver diseases and certain types of cancer.
- It is estimated that 21.4% of Southwark’s residents drink excessively, compared with 20.6% in London.
- Alcohol consumption is highest in least deprived groups who drink more often but in smaller amounts. By comparison, alcohol-related harm is greatest in those most deprived.
- The under 75 mortality rate from liver disease (2011-13) was 27.9 per 100,000. This is statistically higher than the England average (17.9 per 100,000) and higher than the London average (17.9 per 100,000).
- Alcohol related mortality (2012) was 72.9 per 100,000 for males and 27.3 per 100,000 for female. In both cases this is statistically similar to England averages.

#### Drug misuse

- There are 2,829 opiate and/or crack users in Southwark, this is 13.1 per 1,000 of the population compared with 9.6 per 1,000 in London and 8.4 per 1,000 in England.
- Of these, 728 are injecting drug users. Injecting drug users are particularly susceptible to contracting blood borne viruses – hepatitis B and C and human immunodeficiency virus (HIV). These infections may cause long-term poor health and premature death.
- Public Health England estimate that:
  - 16% of current or previous drug injectors are hepatitis B positive
  - 53% are hepatitis C positive
  - 1.2% are HIV positive
- There is a well recognised link between poverty and substance misuse; vulnerable individuals (those who live in deprived communities or are part of disadvantaged families) are disproportionately affected by problem drug use.

**Table 8: Estimated number of at risk alcohol drinkers by locality**

Locality	Total 16+	No. drinkers	Low risk	Increasing risk	Higher risk
Bermondsey & Rotherhithe	60,264	47,002	34,085	9,771	3,146
Borough & Walworth	79,399	61,926	44,908	12,873	4,145
Dulwich	58,451	45,588	33,060	9,477	3,051
Peckham & Camberwell	50,492	39,380	28,558	8,186	2,636
Southwark	248,606	193,895	140,611	40,308	12,977

Source: LAPE synthetic estimates (2009) applied to PCIS, 2012-13, Q3 population

## 2. The Local Picture:

### 2.3.3. Healthy Lifestyles

#### Risky sexual behaviour

- Southwark has a young, diverse and highly mobile population with high rates of sexually transmitted infections (STIs) and (HIV). Rates of infection continue to rise partly due to more people accessing services for testing and treatment.
- STIs can cause a range of illnesses which may lead to premature death:
  - In 2013 there were 6,903 acute STIs in Southwark
  - The rate of STIs (including chlamydia) per 100,000 population was 2,352 for Southwark compared with 1,333 in London and 834 in England as a whole
  - The rate of chlamydia diagnosis in those aged 15-24 years was 3218 for Southwark; compared to 2179 and 2016 for London and England respectively (2013)
  - In 2013, the gonorrhoea diagnosis rate (per 100,000) was 397.9; this is higher than London (155.4) and significantly higher than the England average rate (52.9)
  - The borough has one of the highest HIV prevalence rates (12.6 per 1000 15-59 years old) compared with 5.7 in London and 2.1 in England
  - Despite this, late diagnosis rates are lower than many other London boroughs due to high levels of HIV testing. 42.9% of HIV is diagnosed at a late stage compared with London (44.9%) and England (48.3%).
- Teenage pregnancy is associated with poorer health and social outcomes for both mother and baby.
  - The rate of teenage conception (per 1,000 females aged 15-17) in Southwark is 31.8 compared to 25.9 for London and 27.7 for England (2012). Whilst the rate in Southwark is high, it is reducing and appears to be reducing at a greater rate than London and England.
  - Termination of pregnancy may result in long term physical and psychological effects that can lead to poorer health outcomes in future.
  - In 2012, the percentage of conceptions in females aged 18 or under leading to abortions was 63.4%; this is similar to the London average (62.2%) but statistically higher than the England average (49.1%).

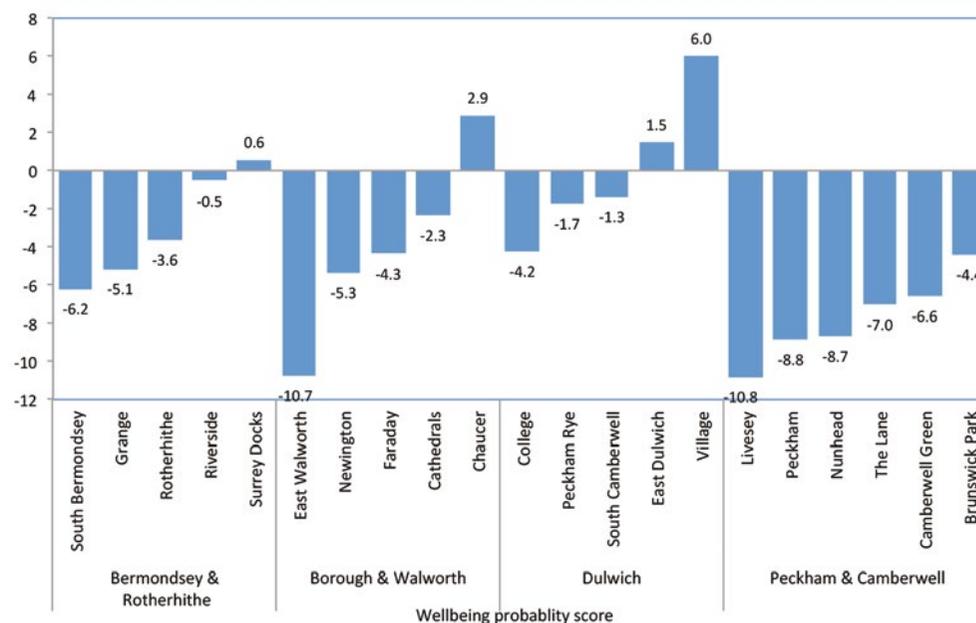
## 2. The Local Picture:

### 2.3.4. Other considerations

#### Mental health and wellbeing

- At any one time, 1 in 6 adults (over 16) may have a common mental disorder such as depression, anxiety, panic disorder, phobias, obsessive compulsive disorders and eating disorders.
- Nationally, 1 in 10 children and young people aged 5-16 have a clinically diagnosed mental disorder.
- Many people with long term physical health conditions also have mental health problems, this can lead to significantly poorer health outcomes.
- Not everyone is at the same risk of poor mental health. Risk increases as household income decreases.
- In Southwark the recorded suicide rate (7.5 per 100,000 population) is similar to the national average (2011-13).
- Wellbeing is a broader concept than mental health including happiness, satisfaction with life, autonomy and sense of purpose.
- Pharmacy staff can play a role in promoting awareness of good mental health, for example, signposting to information about local support networks, mental health helplines etc.
- Community pharmacists can also help by promoting simple mechanisms to help people understand and take their medicines as intended. If necessary, the patient could receive medication by instalment dispensing or through supervised administration.
- **Figure 9** shows the probability of wellbeing in Southwark wards by locality (the England and Wales average is shown as 0). Only four wards in Southwark – Village, Chaucer, East Dulwich and Surrey Docks - have wellbeing scores above the England and Wales average (i.e. above 0).

**Figure 9: Probability of wellbeing in Southwark wards by locality**



Source: GLA, London ward wellbeing scores, 2013 edition

## 2. The Local Picture:

### 2.3.4. Other considerations

#### Older people

- The frequency of ill health increases with increasing age.
- Nationally, people aged 65+ occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions.
- Older people are particularly vulnerable to:
  - Long term conditions and complex multi-morbidity
  - Dementia – this is often not recognised by GPs. Around 1800 people are estimated to have dementia in Southwark. It is estimated that under half of people with dementia over 65 are known to GPs. Dementia may be a precipitating factor for admission to hospital, for example when the person forgets to take medication. Dementia can be prevented in middle age by addressing risk factors such as smoking, excess alcohol use, diabetes and hypertension (high blood pressure)
  - Depression
- Falls – In 2012/13 the rate (per 100,000) of older people who sustained an injury due to a fall was:
  - 7,276 for those aged 80+; this was higher than the London and England averages
  - 1,446 for those aged 65-79; this was higher than the London and England averages

#### Seasonal Influenza

- Seasonal influenza is an unpleasant but usually self-limiting disease. However, it may cause severe illness and complications for older people, the very young, pregnant women and those with a health condition - particularly chronic respiratory conditions such as asthma, diabetes or heart disease or those with a weakened immune system.
- Public Health England encourage uptake of the influenza (flu) vaccine among these most at-risk groups: those aged 65 and over, pregnant women, people in clinical risk groups, residential care home residents, children aged 2-4, and carers.
- In 2013/14, seasonal influenza vaccination uptake was lower than 75%:
  - 70% of eligible adults aged 65+ received the flu vaccine
  - 51% of those aged 6 months to 65 years in “at-risk groups” received the flu vaccine
- Data from Kings College Hospital NHS Foundation Trust and Guy’s & St Thomas’ NHS Foundation Trust showed that 43% of flu-related emergency hospital admissions were in patients in one of the higher risk groups.

## 2. The Local Picture:

### 2.3.4. Other considerations

#### Childhood Immunisations

- Vaccination programmes aim to protect people for life. They often concentrate on young children, as they're particularly vulnerable to many potentially dangerous infections.
- If enough people in a community are vaccinated, it's harder for a disease to pass between people who have not been vaccinated.
- Southwark's performance against national vaccination targets for childhood immunisations varies with coverage tending to be significantly lower than the England average.

#### Vitamin D deficiency

- Populations at particular risk of deficiency include babies and children.
- Under 5, all pregnant and breastfeeding women and all darker skinned populations (such as African, African-Caribbean and South Asian populations).
- One condition that is caused by profound vitamin D deficiency is rickets – a childhood disease that can affect developing bones.
- There has been an increase in the number of cases of vitamin D deficiency and rickets nationally; with the high proportion of BME populations in Southwark, vitamin D deficiency is likely to be more prevalent than in other areas of the UK.
  - In 2013 it was estimated that there would be 2646 children aged 0-4 with Vitamin D deficiency and 203 cases of rickets in children aged 0-4 in Southwark.

The next section reports on the local and national health strategies for tackling the lifestyle behaviours and health needs outlined in the preceding pages.

## 2. The Local Picture:

### 2.4. National and Local Strategic Plans

#### Overview

- Healthcare strategy is set by a range of health and care organisations working in an integrated way:
  - **Public Health England (PHE)** – is an executive agency of the Department of Health. Its aim is to protect and improve the nation’s health and wellbeing, and reduce health inequalities.
  - **Local Authorities** – have been given renewed responsibility for public health, with dedicated funding, as part of the government’s 2012 health and social care reforms.
  - **Health and Wellbeing Boards (HWBs)** - Each top tier and unitary authority will have its own HWB. Board members will collaborate to understand their local community’s needs, agree priorities and encourage commissioners to work in a more joined up way. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a Joint Health and Wellbeing Strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care. Membership of the HWB includes local commissioners for health and social care, elected members, Director of Public Health and representatives from Healthwatch.
- **NHS England** – is a national body which aims to improve health outcomes for people in England. It commissions primary health care services (Community Pharmacists, GPs, Optometrists and Dentists), offender healthcare, services for members of the armed forces as well as range of specialized and highly specialized services.
- **Clinical Commissioning Groups** – plan and commission the health care services for the local area including, planned hospital care, urgent and emergency care, community health services and mental health. The CCG board is made up of GPs from the local area and at least one registered nurse and one secondary care specialist doctor.
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered.
- This section therefore outlines the high level strategic health and wellbeing priorities together with the implications for the PNA.
- Much of this strategy is evolving and the assessment reflects the emerging themes and priorities at the time the PNA was written.

## 2. The Local Picture:

### 2.4.1. South East London Commissioning Strategy

- This is a five-year NHS Commissioning Strategy for South East London.
- It builds on individual strategies of the CCGs, working in partnership with their local authorities, Health and Wellbeing Boards and others including NHS England.
- It focuses on those issues which would be best done together.
- It is developing a collective vision for the health systems in South East London based on the following themes:
  - Supporting people to be more in control of their health and have a greater say in their own care
  - Helping people to live independently and know what to do when things go wrong
  - Helping communities to support one another
  - Making sure primary care services are consistently excellent and with an increased focus on prevention
  - Reducing variation in healthcare outcomes and addressing inequalities by raising the standards in our health services to match the best
  - Developing joined up care so that people receive the support they need when they need it
  - Delivering services that meet the same high quality standards whenever and wherever care is provided
  - Spending our money wisely, to deliver better outcomes and avoid waste.
- Seven system objectives have been agreed by the Partnership Group and reflect both local priorities and national framing. While delivering against each system objective, there will be a focus on reducing health inequalities across all of these areas. The objectives are:
  - Securing additional years of life for those with avoidable and treatable mental and physical health conditions
  - Improving the health related quality of life of people with one or more long-term conditions, including physical and mental health
  - Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community
  - Increasing the number of older people living independently at home following discharge from hospital
  - Increasing the number of people having a positive experience of hospital care
  - Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community
  - Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

## 2. The Local Picture:

### 2.4.2. NHS Southwark CCG Primary and Community Care Strategy (2013/14 - 17/18)

This plan describes Southwark CCG's intentions to build strong local services to meet the challenges of improving care over the next five years. The key themes within this strategy are outlined below:

#### **Population health management and reducing inequalities:**

Southwark CCG intends to strengthen the capacity and capability of its services in order to continue to focus on population health management in future.

#### **Improving outcomes:**

We will do this by commissioning services which focus on targeting health inequalities and by ensuring that primary and community care services are strong and able to deliver consistently high quality care for all patients.

#### **Improving access:**

The CCG believes that all patients should have access to the same range of and quality of services to meet their health needs. We also plan to make it easier for patients to get the care they need when they need it, as close to their home as possible.

#### **Integrated services:**

People should experience care that is seamless and tailored to their individual needs.

#### **Providing more care out of hospital:**

This will include more preventative care, more home based care and an extended range of services available in primary care to prevent the need for more specialist treatment.

#### **Organisational development:**

We plan to support the development of locality based care as a way of bringing services together to meet the needs of local populations within the borough, working outside the traditional remit of individual GP practices.

#### **Enabling improvements:**

Developing the primary and community care workforce.

#### **Local Care Network (LCN):**

Locality Care Networks (LCN) are a cohesive population-based network of all professional involved in a person's care with the person at the centre. LCNs are developing across SE London and Southwark CCG has two (North and South).

LCNs provide an opportunity for providers to work together at greater scale, through collective working, collaboration or formal merger. Locality models of care could include 'core' GMS/PMS services and cover a range of extended services, including enhanced and non-core services, as well as some community specialist services, depending on the scale that these services are offered at (i.e. borough, locality or other). Opportunities exist for pharmacies to work strategically within these LCNs in Southwark to improve patient centred care and reduce health inequalities. Commissioners and providers need to review these in the light of the PNA.

## 2. The Local Picture:

### 2.4.3. Southwark Joint Health and Wellbeing Strategy (JHWBS)

- At the time of writing the PNA, Southwark's JHWB is in the process of developing its strategic plan.
- The current vision includes:
  - tackling the root causes of ill health and inequality
  - best and fairest start
  - improving health & wellbeing
  - earlier intervention
  - promoting resilience and self-management of health
  - supporting the most vulnerable
- The five themes are:
  - **Best start** – ensure best possible start to life for children and young people and families
  - **Wider determinants** – maximize opportunities for economic wellbeing, development, jobs & apprenticeships; make homes safe, warm and dry
  - **Prevention** – promote positive lifestyle changes and responsibility for own health; Improving people's wellbeing, resilience and connectedness
  - **Long term conditions** – improve detection and management of long term conditions including self-management and support
  - **Tackling neglect and vulnerabilities** – support vulnerable children & young people and ensure positive transition; ensure choice and control for people with disabilities; independent living for older people in age-friendly borough
- Underpinning the themes is **integration for better health and wellbeing outcomes**:
  - Integrating health and social care that is personalized and coordinated in collaboration with individuals, carers and families
  - Shift away from over reliance on acute care to primary care and self-care

## 2. The Local Picture:

### 2.5. What this means for the PNA – Context for the PNA in Southwark

- Pharmacy is a universally available and accessible community service. It is generally accepted that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport.<sup>4</sup>
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons<sup>5</sup>. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population.
- The strengths of community pharmacy may be summarised as:
  - **Medicines expertise.** Non-adherence to prescribed medicines, is a silent but significant challenge in managing long-term conditions. It is estimated that between a third and a half of all medicines prescribed for a long term condition are not taken as recommended<sup>6</sup>. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole.
  - **Provider of public health services.** Pharmacy is increasingly becoming a provider of public health services (e.g. health promotion, lifestyle advice and a range of other preventive services). This is a reflection of its location within communities, accessibility, early/late opening hours and the opportunistic nature of its contact with the public.
- On the following page is a exploration of the role of community pharmacy in tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the local strategic priorities.
- In considering pharmaceutical service provision current and future gaps, variation in health needs across localities, as outlined in sections 2.1 to 2.4, needs to be taken into account. More detail on localities can be found at [www.southwark.gov.uk/jsna](http://www.southwark.gov.uk/jsna)

## 2. The Local Picture:

### 2.5. What this means for the PNA – Context for the PNA in Southwark

#### Dispensing

- The provision of a dispensing service ensures that people can obtain the medicines they need
- This PNA assesses the accessibility (both geographical and opening times) of dispensing services

#### MURs and NMRs

- The differences in life expectancy between Southwark and England and between different groups and localities within Southwark are largely due to long term conditions; medicines have an important role to play in their management
- Non-adherence is a silent but significant challenge to managing long-term conditions
- Ensuring that medicines are used effectively and safely will reduce the risk of adverse effects and may reduce unplanned admissions and re-admissions to hospital
- Medicines reviews – through MUR and NMRs – can play an important part in the management of long term conditions and ensuring patients, clinicians and carers can obtain the maximum benefit from medicines whilst reducing the risks associated from treatment
- Targeting MURs and/or the NMRs to specific groups (e.g. those with diabetes, history or risk of stroke, asthma, COPD and those with mental health disorder) will support achievement local strategic priorities.

#### Health promotion advice

- A large proportion of long term conditions could be prevented or better controlled by adopting a healthy lifestyle:
  - not smoking
  - maintaining a healthy weight
  - healthy diet
  - being physically active
  - not drinking to excess
  - reducing risky sexual behaviour
- Taking into account the younger population profile pharmaceutical services need to maximise opportunities to target health promotion and public health interventions to improve health and delay onset of disease
- The large number of people using pharmacies means that they are ideally placed to support local campaigns to deliver healthy lifestyle messages

## 2. The Local Picture:

### 2.5. What this means for the PNA – Context for the PNA in Southwark

#### Signposting

- Pharmacies need to be equipped to facilitate signposting to other services:
  - Pharmacies may provide an opportunistic way to refer patients to Southwark “exercise on referral scheme” which is available for people with medical conditions or CVD risk factors and is accessed through GPs, practice nurses and hospital staff.
  - Drug and alcohol services
  - Hepatitis and HIV screening
  - Specialist stop smoking services
  - Sexual health services, ante-natal care

#### Vaccination

- There is a need to vaccinate a higher proportion of those considered most at risk to prevent illness and reduce flu related hospital admissions; community pharmacy-based vaccination improves access and uptake of seasonal flu vaccination.
- Southwark has a low uptake of childhood immunisations; there may be an opportunity for community pharmacists to extend their services to offer childhood immunisations and increase uptake within the borough.

#### Stop smoking

- Smoking is the single largest preventable cause of poor health and health inequalities in Southwark (and England).
- The prevalence of smoking varies across Southwark and it is important that services are tailored accordingly.
- Pharmacy is a unique provider in that pharmacies have access to nicotine replacement therapy at the point of care. They can also provide a ‘walk-in’ service, often across extended hours of service provision.
- Pharmacy-based services are both effective and cost-effective
- Increased utilisation of pharmacy support staff will help increase capacity to provide brief advice and to record smoking status using the patient medication records system.

## 2. The Local Picture:

### 2.5. What this means for the PNA – Context for the PNA in Southwark

#### Sexual health

- Southwark has one of highest rates of acute STIs in England with young people being disproportionately affected
- Community pharmacy improves access to Chlamydia screening and emergency hormonal contraception services
- In some parts of the UK, community pharmacy-based sexual health services also include supply of free condoms, pregnancy testing and access to oral contraceptives
- It is important that commissioners and providers take these factors into consideration, as well as considering the accessibility of sexual health services within Southwark

#### Substance misuse

- Alcohol is the second biggest preventable killer after smoking and can lead to heart disease, stroke, liver diseases and certain types of cancer
- There is a well recognised link between poverty and substance misuse; vulnerable individuals are disproportionately affected by problem drug use
- Community pharmacies are accessible to the public. The 'walk-in' nature of the service means that Pharmacy is ideally placed to provide screening and brief interventions to tackle alcohol misuse
- Community pharmacy-based services help to address the consequences of substance misuse including blood borne infections, reducing drug-related crime and improving outcomes
- Pharmacies may be able to provide other services such as community alcohol detoxification

#### Screening

- Pharmacies have a role to play in identifying unmet need (e.g. undiagnosed diabetes and hypertension)
- Some pharmacies offer NHS vascular health checks as an NHS service

# 3. Assessment of Pharmaceutical Services

## 3.1. Introduction and approach

### Overview

- This section describes the current provision of pharmaceutical services and other services commissioned from pharmacies in response to the needs of the local population. It uses data from a variety of sources which are listed in the [Table 9](#).
- For the PNA, the HWB is required to determine whether a service is **necessary** (i.e. required to meet the need for that service) or **relevant** (i.e. has secured improvements, or better access to the service). [Table 10](#) outlines the criteria used to determine whether a service was 'necessary' or 'relevant'.
- We have also considered the impact of a range of other factors on the need for services including:
  - Services provided outside of the Southwark HWB area
  - NHS services provided by other NHS trusts
  - Specific circumstances which influence future needs including projected changes in population size, demography, health needs, future plans for commissioning or service delivery and other local plans.
- A number of data sources were used in the assessment. These include data from JSNA/health profiles, commissioning data sets from NHS Business Services Authority, NHS England, Southwark Clinical Commissioning Group and a locally Community Pharmacy Survey. Service data only includes those service that are currently recorded as commissioned. Opening times of pharmacies is based on current contracted times held by NHS England.
- The HWB is also required to consider whether or not there is reasonable **choice** in the area. For service users, choice is a mechanism to drive up the quality of services and improve the user's satisfaction with the service. At a health system level choice also acts as a mechanism to drive more cost effective use of resources and services. Factors used to consider whether there is sufficient choice are:
  - Current level of access to NHS pharmaceutical services and choice of providers in the area
  - Extent to which existing services already offer a choice
  - Extent to which choice may be improved through the availability of additional providers or additional facilities
  - Extent to which current service provision adequately responds to the changing needs of the community it serves
  - Need for specialist or other services which would improve the provision of, or access to, services for vulnerable people or specific populations
- The following sections describe **essential services** (which all pharmacy contractors must provide) and **advanced services, enhanced services and locally commissioned services** (commissioned from/provided by specific pharmacies).

# 3. Assessment of Pharmaceutical Services

## 3.1. Introduction and approach

Table 9: Sources of data used in the PNA assessment

Community Pharmacy Survey	<ul style="list-style-type: none"> <li>• The findings from the Community Pharmacy Survey completed by every pharmacy between August and September 2014. These are self-reported data from each community pharmacy on a range of topics including:               <ul style="list-style-type: none"> <li>– opening hours</li> <li>– services currently delivered</li> <li>– interest in providing additional services in the future</li> <li>– views on the opportunities and challenges of using community pharmacies to improve health and wellbeing</li> </ul> </li> </ul>
Public Engagement Survey	<ul style="list-style-type: none"> <li>• Insights from our public engagement survey, which was undertaken between October and November 2014, together with views expressed at engagement events</li> </ul>
Stakeholders	<ul style="list-style-type: none"> <li>• The views of stakeholders within partner organisations</li> </ul>
Health and Social Care Information Centre	<ul style="list-style-type: none"> <li>• Pharmacy benchmarking data from the HSCIC (2012/13). This allows comparison of the local picture with what’s happening in similar local authorities across England</li> <li>• The <b>ONS comparator group</b> in which Southwark is placed includes: Brent Teaching, City &amp; Hackney Teaching, Haringey Teaching, Lambeth, Lewisham, Newham, and Southwark</li> </ul>
Commissioning data	<ul style="list-style-type: none"> <li>• Data held by NHS Southwark CCG and Southwark Council on the services they commission from pharmacies</li> </ul>

# 3. Assessment of Pharmaceutical Services

## 3.1. Introduction and approach

Table 10: Criteria for determining 'necessary' or 'relevant' services

Who can provide the service	If the service may only be provided by a person on the pharmaceutical list and therefore there is no alternative service to meet the need it was more likely to be determined as <b>necessary</b> (e.g. dispensing)
Health needs	Where there is a clear local health need for a specific service it was more likely to be determined as <b>necessary</b> (e.g. Sexual health services)
Evidence	If there was strong evidence for a service being effective when delivered through pharmacy it was more likely to be determined as <b>necessary</b>
Performance	When pharmacies are better performers at providing the service than alternatives the service was more likely to be determined as <b>necessary</b>
Future need	Where there is expected to be an increased demand on the service in the next 3 years the service was more likely to be determined as <b>necessary</b>
Access	Where pharmacies offer provision of the service in a more accessible way then it was more likely to be determined as <b>necessary</b> (e.g. pharmacies providing the service with extended opening hours compared to other providers)

# 3. Assessment of Pharmaceutical Services

## 3.2. Essential services

### Overview

- All community pharmacies and DACs must provide the essential services, as set out in the 2013 NHS Regulations<sup>1</sup>. **Table 11** gives a brief overview of these services.
- In addition, all community pharmacies must comply with the clinical governance arrangements which were introduced as part of the 2005 Regulations, with amendments in 2012 and further amendments agreed in 2014.

This must comprise of the following components:

- a patient and public involvement programme
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff management programme
- an information governance programme
- a premises standards programme

- Essential services are fundamental for patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS prescriptions forms the primary basis of this evaluation, other essential services such as public health campaigns, sign-posting and support for self-care, are assessed throughout the PNA.
- Before focusing on dispensing, this section will explore the broader issues of:
  - distribution of pharmacies
  - access to pharmacies

# 3. Assessment of Pharmaceutical Services

## 3.2. Essential services

Table 11: Essential services provided by Community Pharmacies

<b>Essential service</b>	
<b>Dispensing medicines and actions associated with dispensing (e.g. keeping records)</b>	
	<ul style="list-style-type: none"> <li>The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.</li> </ul>
<b>Repeat dispensing</b>	
	<ul style="list-style-type: none"> <li>The management and dispensing of repeatable NHS prescriptions for medicines and appliances, in partnership with the patient and the prescriber. In addition to dispensing, the pharmacist should ascertain the patient's need for a repeat supply and communicate any clinically significant issues to the prescriber.</li> </ul>
<b>Disposal of waste medicines</b>	
	<ul style="list-style-type: none"> <li>Acceptance, by community pharmacies, of unwanted medicines from households and individuals which require safe disposal.</li> </ul>
	<b>Promotion of healthy lifestyles (prescription linked interventions, and public health campaigns)</b>
	<ul style="list-style-type: none"> <li>The provision of opportunistic healthy lifestyle advice and public health advice to patients receiving prescriptions. Pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods.</li> </ul>
	<b>Signposting</b>
	<ul style="list-style-type: none"> <li>The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, on other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.</li> </ul>
	<b>Support for self-care</b>
	<ul style="list-style-type: none"> <li>The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.</li> </ul>

# 3. Assessment of Pharmaceutical Services

## 3.2.1. Distribution of pharmacies

### Overview

- Southwark has 62 community pharmacies.
- One of these pharmacies is contracted under the essential small pharmacy local pharmaceutical services scheme (EPSLPS).
- There are no local pharmaceutical services contracts, DACs or dispensing doctors or mail order or internet based pharmacies.
- **Figure 10** shows how the number of pharmacies per 100,000 population in Southwark compares with ONS comparators, London and England:
  - Southwark has a similar number of pharmacies (22 pharmacies per 100,000 population) to its ONS comparators and the London (23 per 100,000) and England (22 per 100,000) averages.
- **Table 12** and **Map 2** shows the distribution of community pharmacies across the borough:
  - The majority of pharmacies are situated in the north and middle of the borough where levels of deprivation are higher
  - There is some variation in the number of pharmacies between localities:
    - Bermondsey & Rotherhithe having 13
    - Borough & Walworth 19
    - Dulwich 13
    - Peckham & Camberwell 17
  - Two wards (Surrey Docks and College) do not contain any pharmacies.
  - All remaining wards (with the exception of Nunhead and Livesey) have at least 2 pharmacies and therefore offer a choice in provider.
  - In the four wards where there are one or no pharmacy there is access to pharmacies in other wards or over the border in neighbouring HWB areas.
  - There is good alignment between GP surgeries and pharmacies
  - The number of pharmacies per 100,000 population varies across the four localities (from 21.6 to 36.4 per 100,000) which is similar to the England average.

# 3. Assessment of Pharmaceutical Services

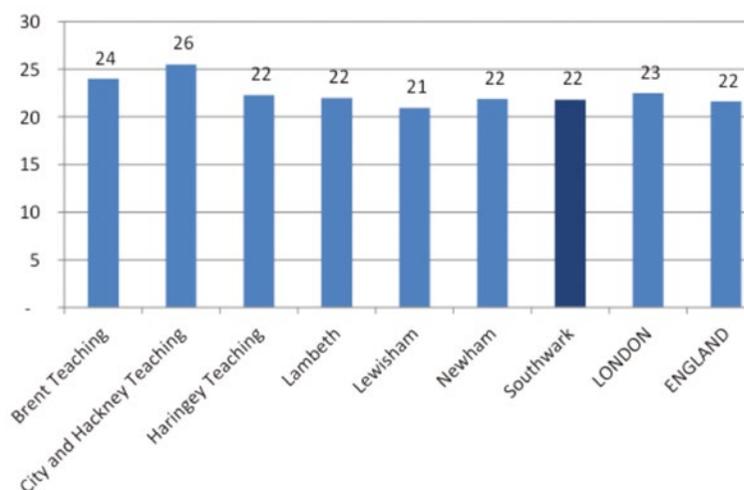
## 3.2.1. Distribution of pharmacies

### Overview

Map 3 shows that three areas are not within 1km of a community pharmacy:

- An area in Surrey Docks ward - however, this area is residential and all access routes (foot, bus, tube or road) to it pass by existing community pharmacies and therefore provision in this area is adequate for the population's needs
- Very small residential areas within Peckham Rye/Nunhead wards – however, when community pharmacies in neighbouring HWB areas are taken into account it suggests that provision in these areas is adequate for the population's needs
- The southern tip of Southwark – within College ward – however, this part of the borough has a number of community pharmacies within 1km in neighbouring HWB areas (Lambeth, Lewisham and Croydon). When these are taken into account only a small area within the Dulwich locality is not within 800m of a community pharmacy but this area is predominantly parkland. Provision in this area is therefore adequate for the population's needs.
- From the public survey:
  - Of the respondents who stated they have a usual pharmacy, 96% (79 people) said that their usual pharmacy was easy to get to
  - 81% said it takes 10 minutes or less to get to a pharmacy and 95% are within 20 minutes of a pharmacy
  - Of the respondents who stated they have a usual pharmacy, 79% said they usually walk to their pharmacy, 9% travel by car (as a passenger or driver), and 7% use a form of public transport

Figure 10: Number of pharmacies per 100,000 population in Southwark compared with ONS comparators, London and England



Source: Health and Social Care Information Centre, 2012-13

# 3. Assessment of Pharmaceutical Services

## 3.2.1. Distribution of pharmacies

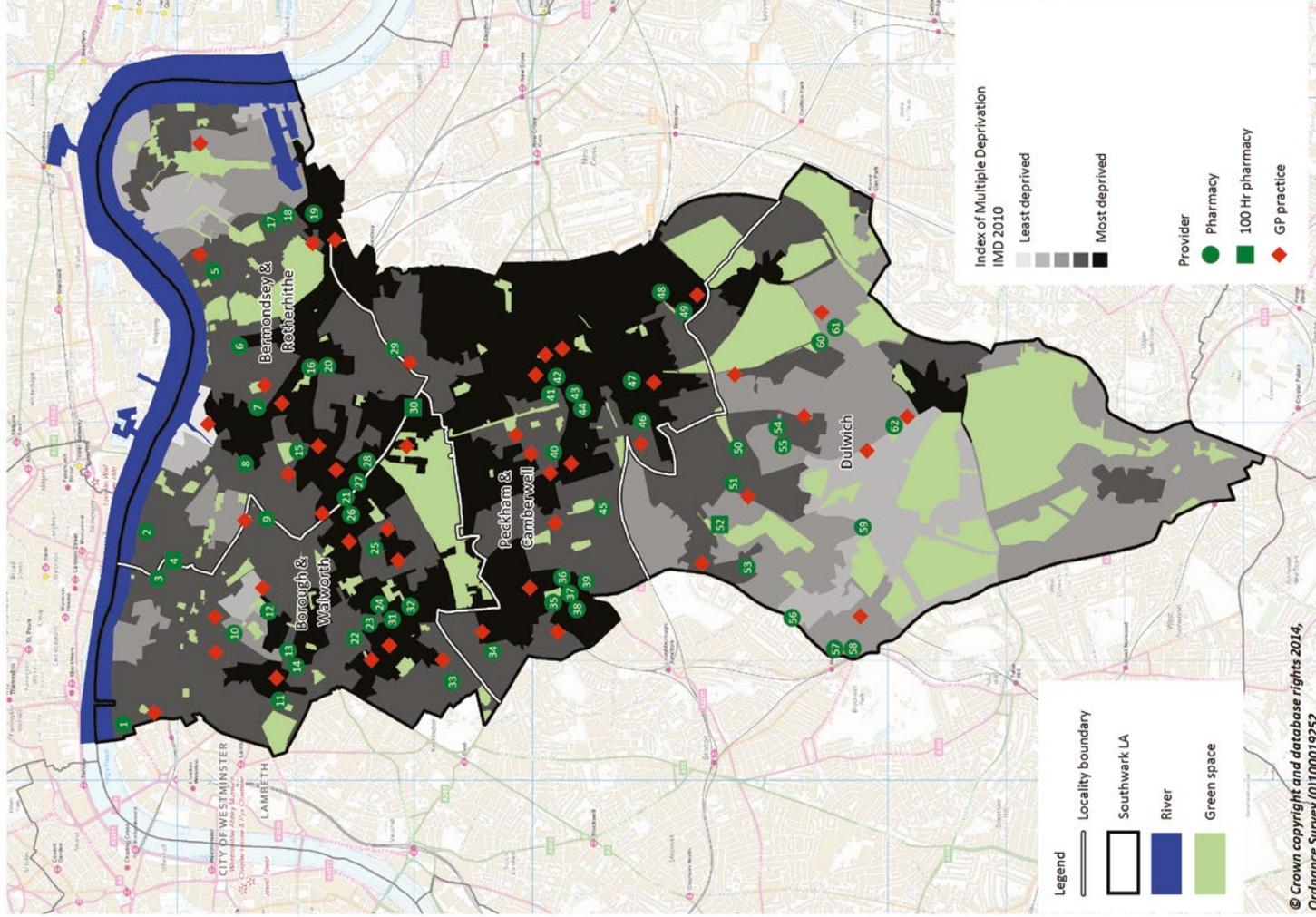
Table 12: Distribution of community pharmacies by locality and ward

Locality	Ward	Number of pharmacies	Ward population	Pharmacies/ 100,000 population	No of pharmacies by locality	Locality Pharmacies/ 100,000 population
Bermondsey & Rotherhithe	Grange	3	12802	23.4	13	21.6
	Riverside	3	13705	21.9		
	Rotherhithe	4	10105	39.6		
	South Bermondsey	3	14206	21.1		
	Surrey Docks	0	9266	0.0		
Borough & Walworth	Cathedrals	2	9456	21.2	19	27.7
	Chaucer	5	16498	30.3		
	East Walworth	6	11007	54.5		
	Faraday	4	14590	27.4		
	Newington	2	17031	11.7		
Dulwich	College	0	3657	0.0	13	36.4
	East Dulwich	5	12079	41.4		
	Peckham Rye	2	6008	33.3		
	Village	2	4445	45.0		
	South Camberwell	4	9495	42.1		
Peckham & Camberwell	Brunswick Park	2	14166	14.1	17	21.9
	Camberwell Green	5	15497	32.3		
	Nunhead	1	10318	9.7		
	Peckham	3	16692	18.0		
	The Lane	5	11198	44.7		
	Livesey	1	9812	10.2		
<b>Total</b>		<b>62</b>	<b>242033</b>	<b>25.6</b>		

# 3. Assessment of Pharmaceutical Services

## 3.2.1. Distribution of pharmacies

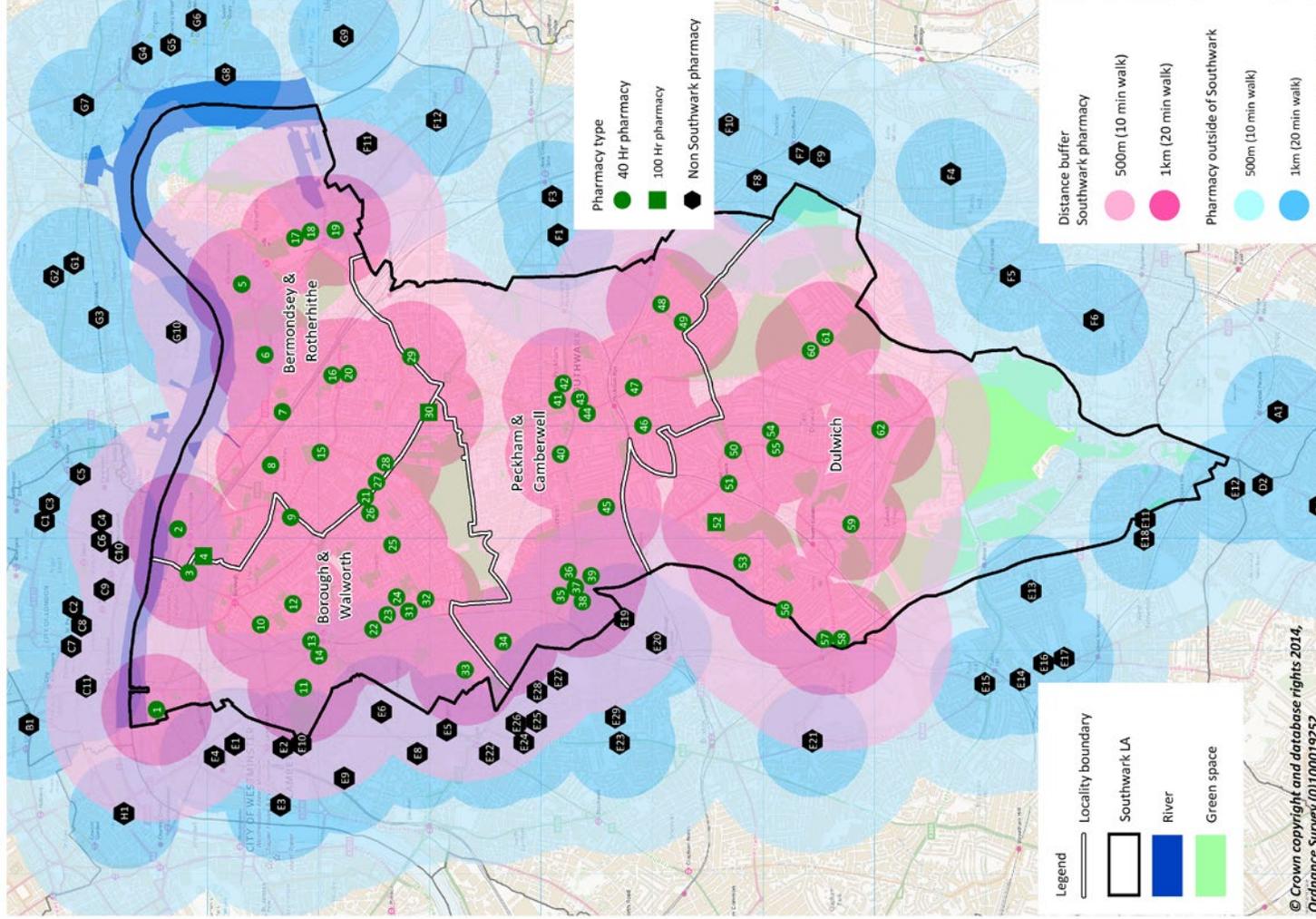
Map 2: Pharmacies, GP practices and Deprivation  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.2.1. Distribution of pharmacies

Map 3: Pharmacy coverage  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.2.2. Opening Hours and Access

### Overview

- Pharmacies are required to open between specific times by their terms of service. A community pharmacy must open for a minimum of 40 core hours unless it has been granted a contract under the “100 hour exemption” or NHS England has granted a contract on the basis of more than 40 core hours, under the current market entry system. Additional hours, over and above core hours, are termed “supplementary hours”.
- Southwark has three ‘100 hour’ pharmacies that are situated in Borough & Walworth, Bermondsey & Rotherhithe and Dulwich localities.
- If a pharmacy wishes to amend its core hours, it must seek permission from NHS England. Supplementary hours may be changed at the discretion of the contractor, subject to approval from NHS England, providing that they are given 90 days notice. This has implications for access if a pharmacy chooses to reduce its supplementary hours.
- Throughout this PNA total hours (core plus supplementary) – as contracted by NHS England - are used to assess opening hours and access to services. The rationale for this is:
  - Total (rather than core) hours reflect hours of access for residents
  - The opening hours held by NHS England reflect the most accurate pharmacy opening times
- Pharmacy opening times can be found in Appendix H.

### Current picture

- [Table 13](#) and [Maps 4-7](#), show opening hours and geographical coverage through the week.
- **Weekdays**
  - 62 (100%) pharmacies are open from 9.30am to 5.00pm on four out of five weeks days
  - 59 (95%) pharmacies are open from 9.30am to 5.00pm every week day – the remaining three pharmacies close early on one day of the week. During these times provision is provided by other pharmacies in the ward, except Livesey.
  - 58 (94%) pharmacies are usually open from 9.30am until 6.00pm. In addition to the 3 pharmacies that close early 1 day of the week, there is a pharmacy that closes at 5.00pm, Monday to Thursday. The 4 pharmacies that are not open from 9.30am until 6.00pm Monday to Friday are all located in different wards.
  - 8 (13%) pharmacies close for lunch every day of the week Monday to Friday, 12 (19%) pharmacies close for at least 1 day Monday to Friday.
  - Pharmacies that close for lunch are all situated in wards with more than 1 pharmacy.
  - 11 (18%) pharmacies are open Monday to Friday at or before 8.30am with at least 1 in each locality, [Map 4](#).
  - 29 (47%) pharmacies usually close at 7.00pm or later with at least 1 in each locality, [Map 5](#).

# 3. Assessment of Pharmaceutical Services

## 3.2.2. Opening Hours and Access

- **Saturdays**

- 53 (85%) pharmacies are open on a Saturday
- **Map 6** shows that these are distributed across all 19 wards which contain a pharmacy
- 44 (71%) close at 1.30pm or later and 6 (10%) close at 7.00pm or later. There is at least one pharmacy that closes at 7pm or later on a Saturday in each locality.

- **Sundays**

- 11 (18%) pharmacies open on a Sunday for between 6 to 12 hours – 1 pharmacy is open for 12 hours; the other 10 are open for between 6 and 7 hours.

- **Map 7** shows that all localities have at least 2 pharmacies open on a Sunday

- **Access to GP practices**

- As a minimum, all GP practices are open on weekdays between 8.00 am and 6.30pm.
- In the South of the borough (covering Dulwich and Peckham & Camberwell localities) an extended Primary Care Access Service has recently been established. This is in a single location and is open from 8am to 8pm 7 day a weeks. This service is accessed through the patient's own GP. Practices in the North of the borough (Bermondsey & Rotherhithe and Borough & Walworth) plan to start a similar service in one location in early 2015.

- **Bank holiday opening**

- NHS England commissions Pharmacies to open on the two religious bank holidays Easter Sunday and Christmas Day.
- A number of the multiples and some independents are opened during other bank holidays.

- **Out of hours service**

- An out of hours medical service is provided in Southwark by the South East London Doctors On-Call service (SELDOC). SELDOC provides a telephone, clinic and home-visiting service. Arrangements are in place for medicine supply to be made where these are urgently required and /or prescription to be provided when deemed appropriate by a clinician.

- **Insights from public engagement**

- The percentage of people satisfied or very satisfied with opening hours varied according to the day of the week (this excludes people who had indicated "no comment" for these specific opening times):
  - 95% satisfaction Monday to Friday during the daytime (09.00am to 6.00pm)
  - 77% satisfaction Monday to Friday evenings (after 6.30pm)
  - 64% satisfaction Monday to Friday early morning (before 9.00am)
  - 86% satisfaction Saturday
  - 61% satisfaction Sunday
  - 51% satisfaction Bank Holidays
- Most people (79%) had no preferred day for using the pharmacy whilst 15% preferred weekdays, 3% Saturdays and 3% Other (e.g. the day I get to see my GP).
- Most people (54%) had no preferred time for using the pharmacy whilst 35% preferred 9.00am to 6.30pm and 11% evenings (after 6.30pm).
- When asked what was a reasonable time to travel if their regular pharmacy was closed, most people (54%) felt 10 minutes was reasonable, 34% within 20 minutes and 12% longer than 20 minutes.

# 3. Assessment of Pharmaceutical Services

## 3.2.2. Opening Hours and Access

Table 13: Total opening hours

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	3	0	1	0	2	2	0	0	0
	Riverside	1	3	1	1	0	2	2	0	0	1
	Rotherhithe	1	4	3	0	1	3	3	1	0	2
	South Bermondsey	1	3	3	0	1	3	3	1	0	1
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>13</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>10</b>	<b>10</b>	<b>2</b>	<b>0</b>	<b>4</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Borough & Walworth	Cathedrals	2	2	0	0	0	1	0	0	0	0
	Chaucer	2	5	2	0	0	4	2	1	0	1
	East Walworth	1	6	4	1	1	6	6	1	1	2
	Faraday	0	4	0	0	0	4	3	0	0	1
	Newington	0	2	0	1	0	1	1	0	0	0
	<b>Total</b>	<b>5</b>	<b>19</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>16</b>	<b>12</b>	<b>2</b>	<b>1</b>	<b>4</b>

# 3. Assessment of Pharmaceutical Services

## 3.2.2. Opening Hours and Access

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	East Dulwich	1	5	2	1	0	5	3	0	0	0
	Peckham Rye	0	2	0	1	0	2	1	0	0	0
	South Camberwell	1	2	1	1	1	2	1	1	0	1
	Village	0	4	3	0	0	4	4	0	0	0
	<b>Total</b>		<b>2</b>	<b>13</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>13</b>	<b>9</b>	<b>1</b>	<b>0</b>

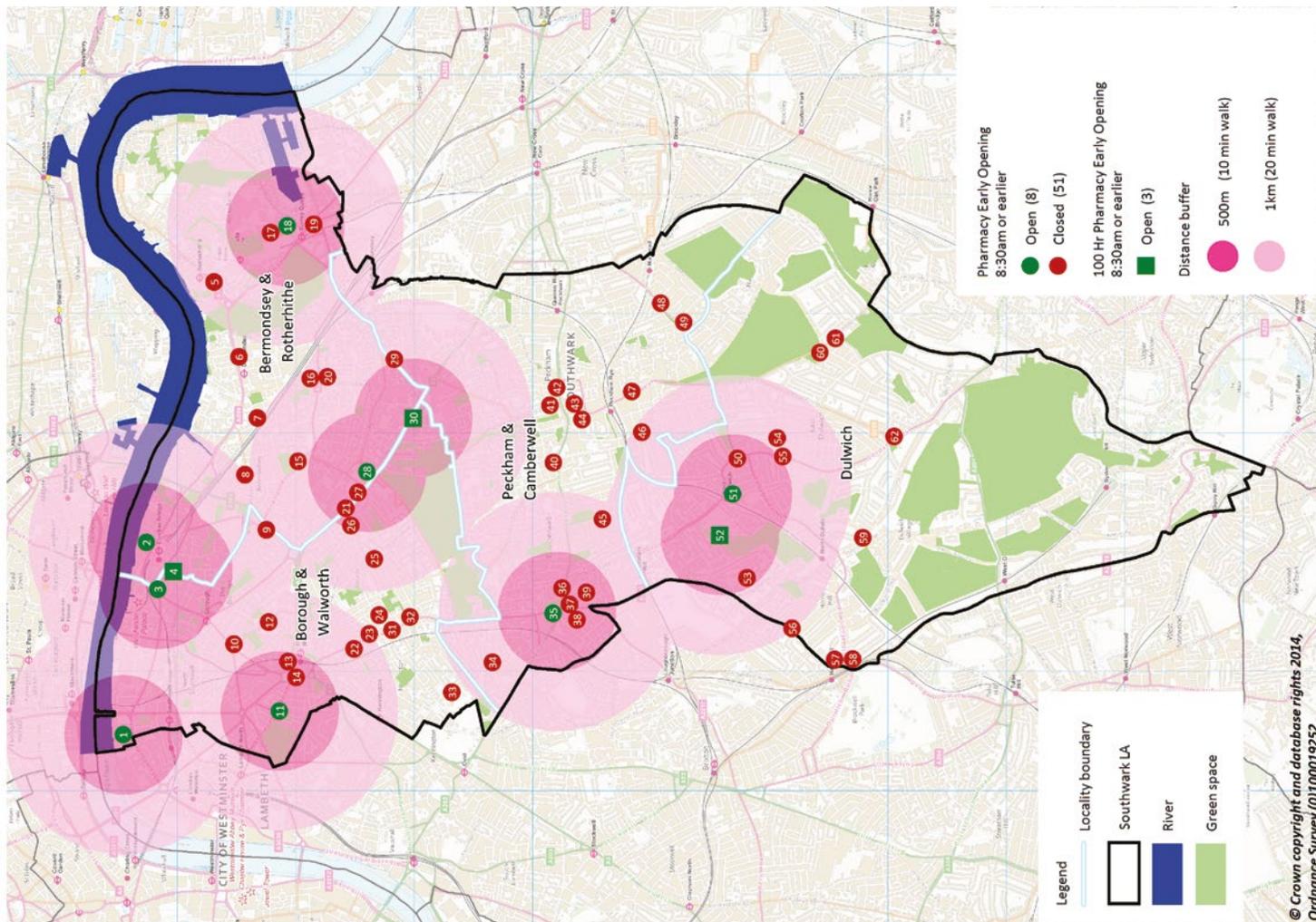
Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Peckham & Camberwell	Brunswick Park	0	2	1	0	0	2	1	0	0	0
	Camberwell Green	1	5	3	1	0	5	5	0	0	0
	Livesey	0	1	1	0	0	1	1	0	0	0
	Nunhead	0	1	1	0	0	1	1	0	0	0
	Peckham	0	3	3	1	0	2	2	0	0	0
	The Lane	0	5	2	0	0	3	3	1	0	2
<b>Total</b>		<b>1</b>	<b>17</b>	<b>11</b>	<b>2</b>	<b>0</b>	<b>14</b>	<b>13</b>	<b>1</b>	<b>0</b>	<b>2</b>

<b>Grand Total</b>	<b>11</b>	<b>62</b>	<b>30</b>	<b>9</b>	<b>4</b>	<b>53</b>	<b>44</b>	<b>6</b>	<b>1</b>	<b>11</b>
<b>% of total</b>	<b>17.7%</b>	<b>100.0%</b>	<b>48.4%</b>	<b>14.5%</b>	<b>6.5%</b>	<b>85.5%</b>	<b>71.0%</b>	<b>9.7%</b>	<b>1.6%</b>	<b>17.7%</b>

# 3. Assessment of Pharmaceutical Services

## 3.2.2. Opening Hours and Access

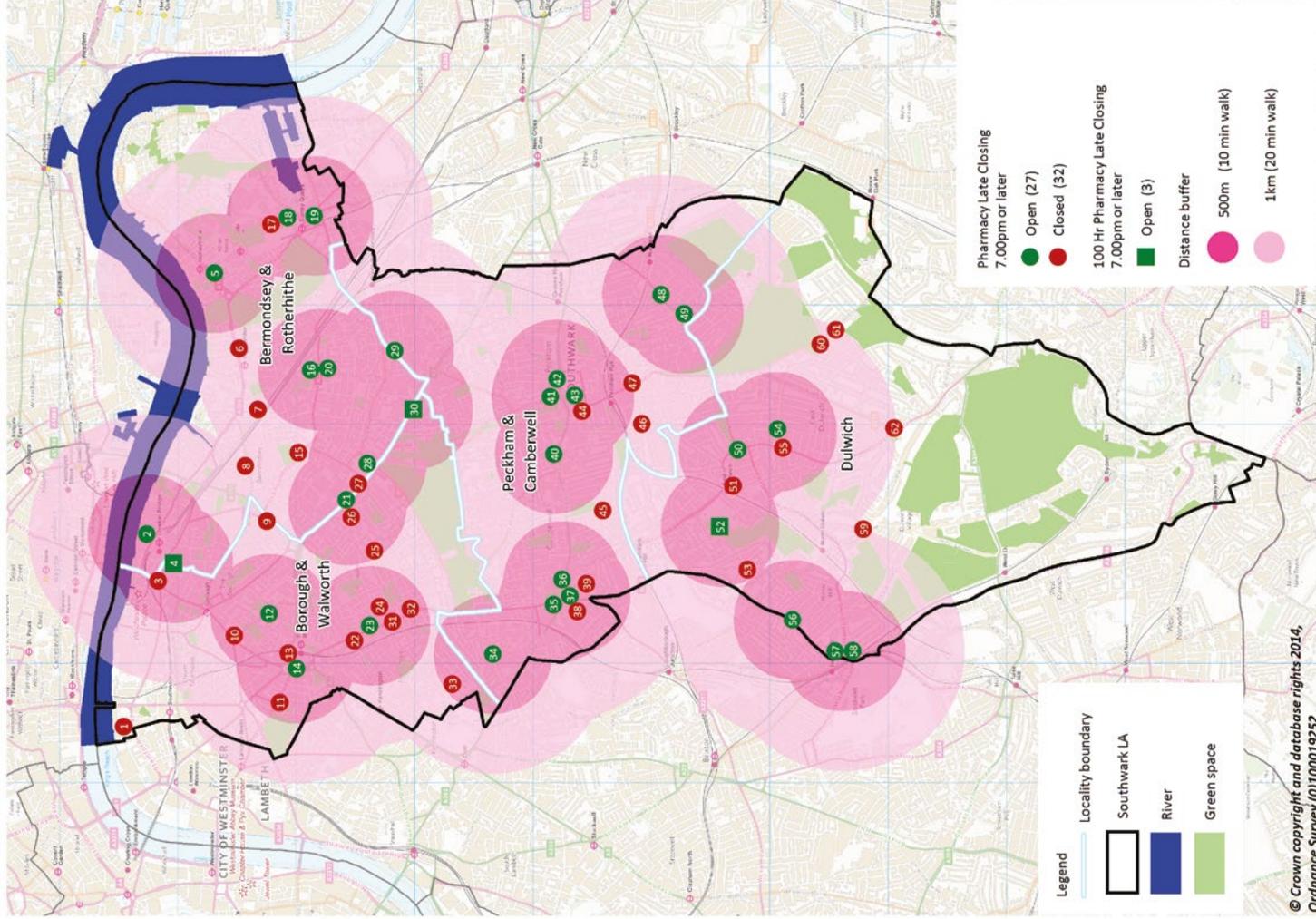
Map 4: Pharmacy opening 8.30 or before  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.2.2. Opening Hours and Access

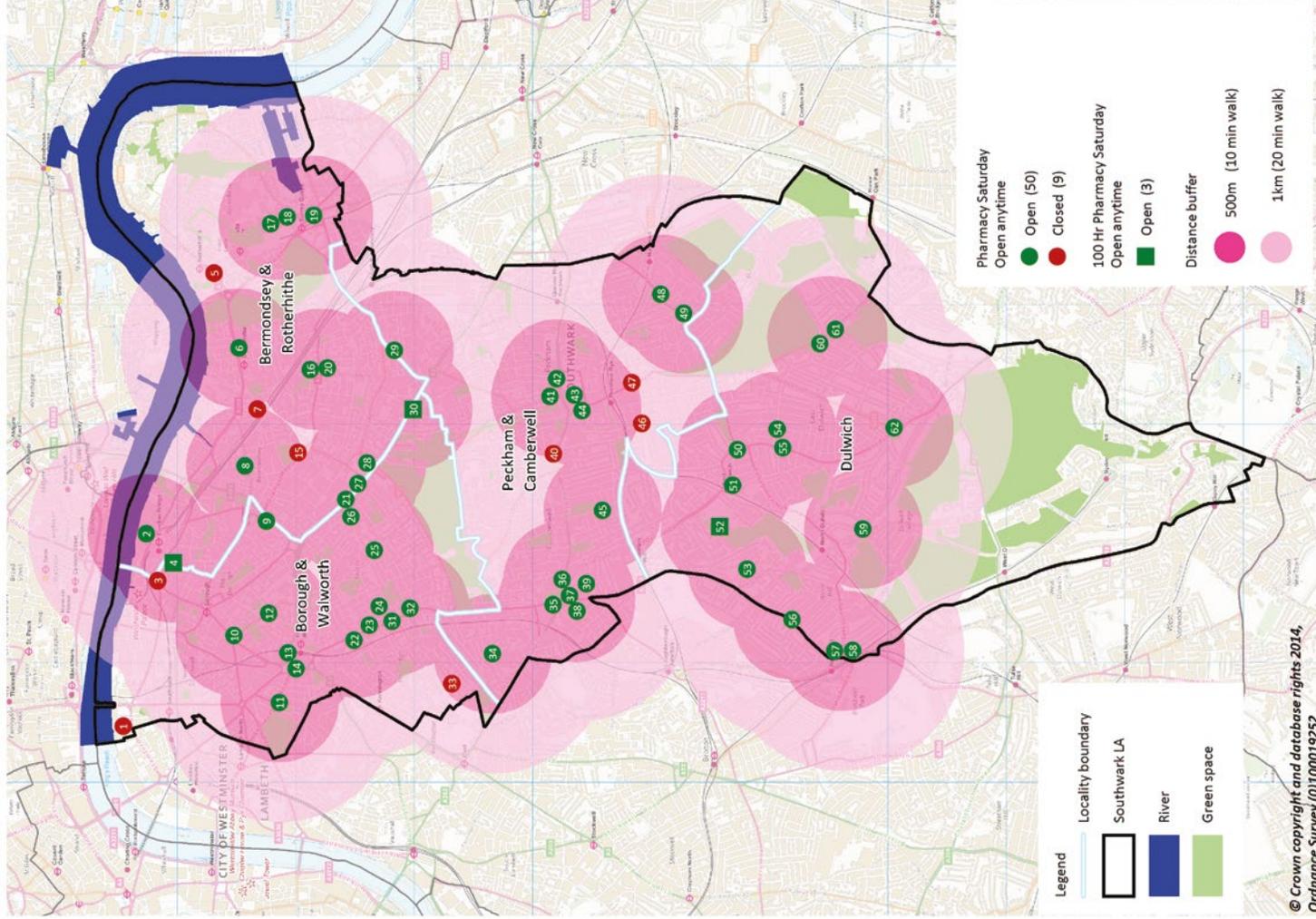
Map 5: Pharmacy 19.00 or later  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.2.2. Opening Hours and Access

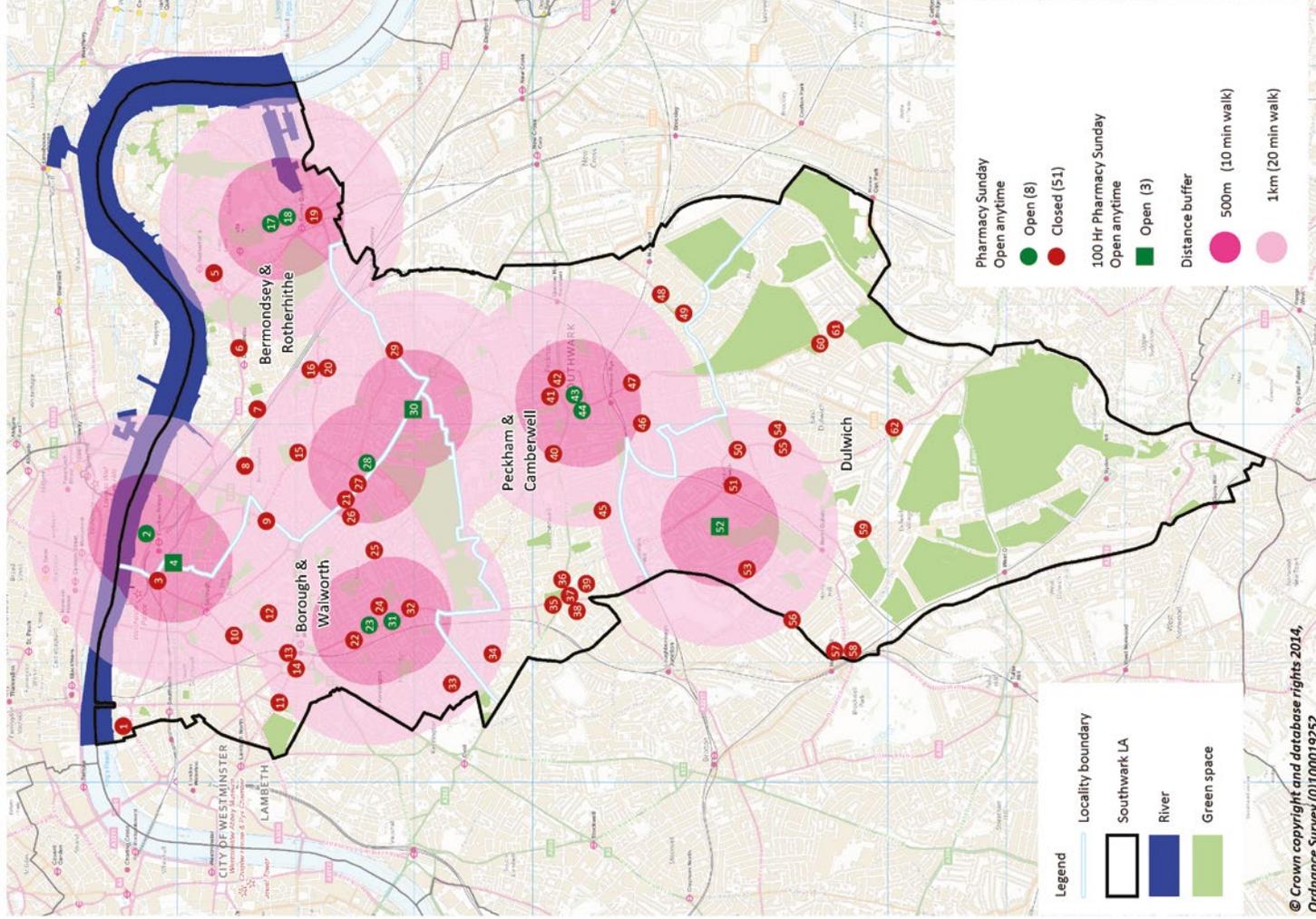
Map 6: Pharmacy open Saturday  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.2.2. Opening Hours and Access

Map 7: Pharmacy open Sunday  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.2.3. Dispensing

### Overview

- In this review of dispensing we look at:
  - The pattern of dispensing in Southwark compared with ONS comparators
  - Whether dispensing meets the needs of local residents and the role of neighbouring pharmacies in meeting these needs
  - The role of repeat dispensing and electronic prescriptions services
  - Future capacity of Southwark pharmacies to continue to meet pharmaceutical need

### Current picture

- **Figure 11** compares the average pharmacy dispensing rate per month in Southwark with ONS comparators and the London and England averages. These are dispensing rates for all prescriptions dispensed by Southwark pharmacists, not just those issued by Southwark GPs.
  - Southwark pharmacies are on average dispensing similar numbers of items per pharmacy (5001 prescriptions per pharmacy) compared with ONS comparators and the ONS comparator average.
  - The average Southwark dispensing rate is slightly lower than the London average (5225) and is notably lower than the England average (6628).
- Cross border dispensing is important in that it serves to improve access to pharmaceutical services, particularly for those residents who live close to the borders with other HWB areas, or for those who choose to get their prescription dispensed closer to their place of work or via an internet pharmacy
- It is worth noting that Southwark pharmacies will service non-Southwark patients and resultantly dispense prescriptions for these patients, the data for which we do not have access.

- 959,893 prescriptions were prescribed by GP practices located in Southwark between September to November 2014
  - 92% dispensed by a community pharmacy located in Southwark
  - 3% are dispensed by a Lewisham community pharmacy
  - 1% are dispensed by a Lambeth community pharmacy
  - 1% are dispensed by a community pharmacy outside London
  - 3% by other community pharmacies in other London boroughs
- Both DACs and community pharmacists may supply appliances against a prescription.
- One pharmacy (Dulwich locality) is contracted under the essential small pharmacy local pharmaceutical services scheme (EPSLPS) due to the low volumes of prescriptions they dispense

### Repeat dispensing

- Repeat dispensing allows patients who have been issued with a repeatable prescription, to collect their repeat medication from a pharmacy without having to request a new prescription from their GP.
- Benefits of repeat dispensing include:
  - Reduced GP practice workload, freeing up time for clinical activities
  - Greater predictability in workload for pharmacies which facilitates the delivery of a wider range of pharmaceutical services
  - Reduced waste as pharmacies only dispense medicines which are needed
  - Greater convenience for patients.

# 3. Assessment of Pharmaceutical Services

## 3.2.3. Dispensing

### Electronic Prescription Services (EPS)

- Electronic Prescription Services (EPS)
- The Electronic Prescription Service (EPS) is being implemented as part of the dispensing service
- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy. The system is more efficient and reduces errors. It can reduce trips for patients between the GP surgery and pharmacy
- All pharmacies in Southwark are providing EPS.

### Insights from public engagement

- When asked in the survey: "Have you ever been unable to get a prescription dispensed?": 56% of respondents answered "Yes"; 39% answered "No" and 2% "Did Not Know"
  - Of those who answered yes 40% said this happened once only and 37% said it happened twice (i.e. 77% said it happened only once or twice; 23% said it happened more than twice
  - 78% of those who answered yes were not able to get a prescription dispensed as the pharmacy was out of stock and 10% the pharmacy was closed

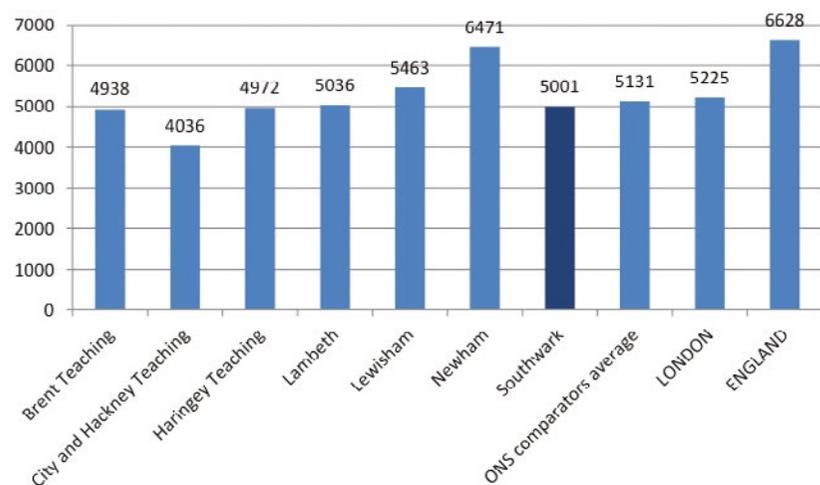
### Future capacity

- There are a number of proposed housing developments (see page 15) which may have an impact on pharmaceutical service need within the next 3 years. The proposed developments in Southwark aim to increase the available number of housing units by 10,391:
  - The largest of these is due to be on the New Kent Road in East Walworth ward consisting of 2,469 units
  - The next largest is potentially occurring in Rotherhithe ward consisting of 1,030 units
  - A number of smaller developments are proposed in Cathedrals and Riverside wards that would lead to a notable increase in housing units.
- The above areas are well served by the existing network of pharmacies and we do not anticipate any future gaps. Therefore there are no specific plans to include a pharmacy in any of the developments.

# 3. Assessment of Pharmaceutical Services

## 3.2.3. Dispensing

Figure 11: Average items dispensed per month per pharmacy in Southwark compared with ONS comparators, London and England



Health and Social Care Information Centre, 2012-13

# 3. Assessment of Pharmaceutical Services

## 3.2.3. Dispensing

### Meeting the needs of those with a protected characteristic

<b>Age</b>	✓	Advice on, and support with, taking medicines needs to be tailored according to a patient's age. For example: <ul style="list-style-type: none"> <li>• Older people may benefit from the provision of a multi-compartment compliance aid to improve adherence</li> <li>• Parents may require advice on managing their child's medicines during school hours</li> </ul>
<b>Disability</b>	✓	Many pharmacy users may be considered as disabled. This may include disability as a consequence of their disease as well as physical and/or sensory disabilities. Pharmacies offer a range of support including: <ul style="list-style-type: none"> <li>• The provision of large print labels for those who are visually impaired</li> <li>• Supply of original packs with braille or medicines labelled in braille for those who are blind</li> <li>• The use of hearing loops to aid communications for those with impaired hearing</li> <li>• Provision of a multi-compartment compliance aid to improve adherence in those who have memory impairment</li> </ul> People with a disability may exercise a choice and choose a pharmacy which better addresses their needs.
<b>Gender</b>	✓	Younger adults, particularly men, are less likely to visit pharmacies: <ul style="list-style-type: none"> <li>• We need to ensure that our pharmacies maximise opportunities to target health promotion and public health interventions (e.g. smoking cessation advice and stop smoking services) at this group</li> </ul>
<b>Race</b>	✓	Language may be a barrier to effectively delivering advice on taking medicines, health promotion advice and public health interventions. We have identified an opportunity to sign post patients to pharmacies where their first language is spoken. BME communities are exposed to a range of health challenges from low birth weight and infant mortality through to higher incidence of long term conditions such as diabetes and cardiovascular disease. This provides an opportunity to target relevant health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes.
<b>Religion or belief</b>	✓	Pharmacies are able to provide medicines related advice to specific religious groups. For example: <ul style="list-style-type: none"> <li>• Advice on taking medicines during Ramadan</li> <li>• Advice on whether or not a medicine contains ingredients derived from animals.</li> </ul>
<b>Pregnancy and maternity</b>	✓	Pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning to become pregnant. They play a vital role in helping to ensure that pregnant and breast feeding mothers avoid medicines which may be harmful.
<b>Sexual orientation</b>	✗	No specific needs identified
<b>Gender reassignment</b>	✓	Pharmacies may be part of the care pathway for people undergoing gender reassignment and play a role in ensuring the medicines which form part of that treatment are available and provided without delay or impediment.
<b>Marriage &amp; civil partnership</b>	✗	No specific needs identified

# 3. Assessment of Pharmaceutical Services

## 3.2.4. Conclusions on Essential Services

### Conclusions on Essential Services

- All essential services including dispensing of NHS prescriptions are a fundamental service commissioned nationally by the NHS. We have used provision of these services to explore a range of factors which are relevant to the pharmaceutical needs of our population. Many of the findings in this section e.g. access in relation to opening hours, support for people with disabilities are relevant to other pharmacy based services and the conclusion should be considered when reviewing the remainder of the PNA.
- We have identified that essential services are **necessary to meet the pharmaceutical needs of our population** for the following reasons:
  - Through pharmacies, the population can obtain the prescribed medicines which they need in a safe and reliable manner.
  - Through participating in local public health campaigns and through a proactive approach to delivering health promotion and signposting advice, community pharmacy plays a valuable role in addressing the health needs and tackling health inequalities of Southwark's population.
- The current access to community pharmacies meets the essential pharmaceutical needs of our population.

### Distribution of pharmacies

- Southwark has a level of pharmacy provision that is comparable with its ONS comparators and London and England averages and appropriate for the size of the population.
- There is a good correlation between deprivation and the number of pharmacies within each locality.
- Southwark residents have a choice of pharmacy in the majority of wards. In the four wards where there is only one or no pharmacy, residents have the option of traveling to a neighbouring ward to access pharmacy services

- Our public survey suggests that the number of residents who can access a pharmacy within 20 minutes (95%) is similar to the England average (whereby 99% of the population are within 20 minutes of the pharmacy by car and 96% within 20 minutes on foot)

### Opening hours

- Access and choice are adequate on weekdays between the hours of 9:30am and 5.00pm and Saturdays 9am to 1.00pm.
- Outside of these hours, access and choice is more limited particularly on:
  - Weekday mornings before and including 8.30am, particularly in Peckham and Camberwell where only one pharmacy is open
  - Saturday mornings there is limited access and choice before and including 8.30am, particularly in Peckham and Camberwell wards where no pharmacies are open
  - Saturday evenings from 7pm onwards, particularly in Dulwich where only one pharmacy is open.
  - Sundays, 11 wards do not have a pharmacy open on a Sunday, but two or more are open in each locality.
- Even on a Sunday the vast majority of residents are in a position to access pharmacy services, either within Southwark or across the border in the neighbouring HWB area within a reasonable timescale.
- 3 pharmacies – well distributed across the borough - open for 100 hours a week which help to improve access.
- In terms of current gaps, extending opening hours at weekends would improve access and choice.

# 3. Assessment of Pharmaceutical Services

## 3.3.1. Consultation area

### Overview

- Consultation areas provide a place in which private discussions may be held within a pharmacy. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services and also facilitate confidentiality when a pharmacy user wishes to seek advice on a sensitive matter.
- For advanced services, the characteristics of a pharmacy consultation area have been defined. There must be a sign designating the private consultation area. The area or room must be:
  - Clean and not used for the storage of any stock
  - Laid out and organised so that any materials or equipment which are on display are healthcare related
  - Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected and the patient and Pharmacists are able to sit down and speak at a normal volume without being overheard.

### Current picture

- In recognition of the interdependency between the commissioning of a broad range of services from pharmacies and the presence of a suitable consultation area, we explored the facilities available in our community pharmacy questionnaire.
- 58 (94%) pharmacies reported having an on site consultation room. Of the remaining four pharmacies:
  - one has access to an off-site consultation room
  - two are planning to have a consultation room in the next 12 months
  - one has a consultation room on-site which can meet required characteristics if advanced services are offered in the future
- **Table 14** summarises the facilities in these 58 consultation rooms and other facilities on the premises.
- 19 (31%) pharmacies were willing to undertake consultations in a patient's own home and 18 (29%) were willing to undertake consultations at other suitable sites.
- 14 (23%) pharmacies had access to nhs.net email to allow them to send and receive confidential information securely.

# 3. Assessment of Pharmaceutical Services

## 3.3.1. Consultation area

Table 14: Consultation areas and facilities

Feature	Rationale	Number	% of total
Closed room	For confidentiality	58	100.0%
Hand washing facilities in the room	Required for services which include examination or taking samples	51	87.9%
Wheelchair access	Improves access to a confidential area for those with a physical disability	48	82.8%
Choice to speak to a male or female member of staff	Gives patients a choice when disclosing personal or sensitive information that they may feel more comfortable doing to a particular gender	47	81.0%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	18	31.0%
Access to toilet facilities	Facilitates provision of samples	21	36.2%

# 3. Assessment of Pharmaceutical Services

## 3.3.1. Consultation area

### Conclusions on consultation areas

- The majority of pharmacies have at least one consultation area; four community pharmacies reported that they did not have a consultation area on-site (one has access to an off-site consultation room, two are planning to have a consultation room in the next 12 months, the last has a consultation room on-site which can meet required characteristics if advanced services are offered in the future)
- All 58 consultation rooms are closed rooms providing confidentiality for patients
- There are opportunities to:
  - Set-up nhs.net email accounts to enable secure, confidential sharing of information, where required
  - Make adaptations to support those with disabilities, particularly with respect to meeting the needs of people with a hearing impairment
  - In our public survey, of the respondents who stated they have a usual pharmacy, 10% (17/83) people in our public survey said that there was insufficient privacy when discussing sensitive issues within the pharmacy.
- Nearly a third (31%) of pharmacies said they would be willing to undertake consultations in patients' own homes, which would improve access to pharmaceutical services for those individuals who are less able to travel to a pharmacy

# 3. Assessment of Pharmaceutical Services

## 3.3.2. Access for those with a disability

### Overview

- A key consideration, with respect to access, is the extent to which a pharmacy has made adjustments to their premises to meet the needs of those with a disability.
- This was explored in our Community Pharmacy Survey and Public Engagement survey.

### Current picture

- **Table 15** summarises the findings from the Community Pharmacy Survey by ward and locality:
  - 56 (90%) pharmacies have wheelchair access. In the 19 wards which have pharmacies at least one pharmacy in each ward has wheelchair access
  - 18 (29%) pharmacies have a hearing loop fitted; these pharmacies are distributed fairly evenly between the four localities.

### Insights from public engagement

- 81% of people who use a wheel chair or pram/pushchair indicated that their usual pharmacy was easily accessible for them; however, 19% said this was not the case.
- 58% of those with a hearing impairment said that their usual pharmacy has facilities to aid communication; 29% said this was not the case and 13% did not know.
- 40% of people who said they had other access or disability needs indicated that their usual pharmacy addressed these needs; however, 4% said this was not the case; and 56% didn't know.
- These data are based on small numbers.

# 3. Assessment of Pharmaceutical Services

## 3.3.2. Access for those with a disability

Table 15: Accessibility of Community Pharmacies

Locality	Wards	Access for wheel chairs	Hearing loop fitted
Bermondsey & Rotherhithe	Grange	2	0
	Riverside	3	2
	Rotherhithe	4	2
	South Bermondsey	3	1
	<b>Total</b>	<b>12</b>	<b>5</b>

Locality	Wards	Access for wheel chairs	Hearing loop fitted
Borough & Walworth	Cathedrals	1	0
	Chaucer	4	2
	East Walworth	6	2
	Faraday	4	2
	Newington	1	0
	<b>Total</b>	<b>16</b>	<b>6</b>

Locality	Wards	Access for wheel chairs	Hearing loop fitted
Dulwich	East Dulwich	5	2
	Peckham Rye	2	0
	South Camberwell	2	1
	Village	4	0
	<b>Total</b>	<b>13</b>	<b>3</b>

# 3. Assessment of Pharmaceutical Services

## 3.3.2. Access for those with a disability

Locality	Wards	Access for wheel chairs	Hearing loop fitted
Peckham & Camberwell	Brunswick Park	1	0
	Camberwell Green	5	1
	Livesey	1	0
	Nunhead	1	1
	Peckham	3	1
	The Lane	4	1
	<b>Total</b>	<b>15</b>	<b>4</b>
<b>Grand Total</b>	<b>56</b>	<b>18</b>	
<b>Percentage of total</b>	<b>90 %</b>	<b>29 %</b>	

# 3. Assessment of Pharmaceutical Services

## 3.3.2. Access for those with a disability

### Conclusions on access and disability

- The results of our Community Pharmacy Survey indicate that not all of the pharmacies are accessible to wheelchairs.
- Less than one third of pharmacies have facilities to aid those with a hearing impairment. This could adversely impact on the quality of pharmaceutical support these patients receive.
- We would wish to see all pharmacies working towards meeting the minimum legislative requirements, in relation to the Equality Act 2010. This includes ensuring that all public areas of a pharmacy are accessible to wheel chair users and providing appropriate facilities and support for those with a hearing impairment.
- We would anticipate that NHS England will explore access and support for those with disabilities when considering applications.

# 3. Assessment of Pharmaceutical Services

## 3.4.1. Medicines Use Reviews & Prescription Interventions

### Overview

- The Medicines Use Reviews (MURs) & Prescription Intervention service consists of structured reviews for patients taking multiple medicines.
- This service is intended to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste.
- To provide this service the pharmacy must have:
  - a consultation area which meet the specific criteria
  - a pharmacist accredited to undertake MURs
- A pharmacy may:
  - only offer an MUR to a patient who has been using the pharmacy for 3 months (this is known as the 3 month rule).
  - undertake up to 400 MURs per annum.
  - At least 50% of the MURs must be directed at the national target groups which are:
- People taking high risk medicines (non-steroidal anti-inflammatory drugs, anti-coagulants, anti-platelets, diuretics)
- Patients recently discharged from hospital
- Patients prescribed certain respiratory medicines

### Evidence base

- The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies<sup>7</sup>
  - 49% of patients reported receiving recommendations to change how they take their medicines, and of these 90% were likely to make the change(s)
  - 77% had their medicines knowledge improved by the MUR
  - 97% of patients thought the place where the MUR was conducted was sufficiently confidential
  - 85% of patients scored the MUR 4 or 5 on a usefulness scale where 1 was not useful and 5 very useful.

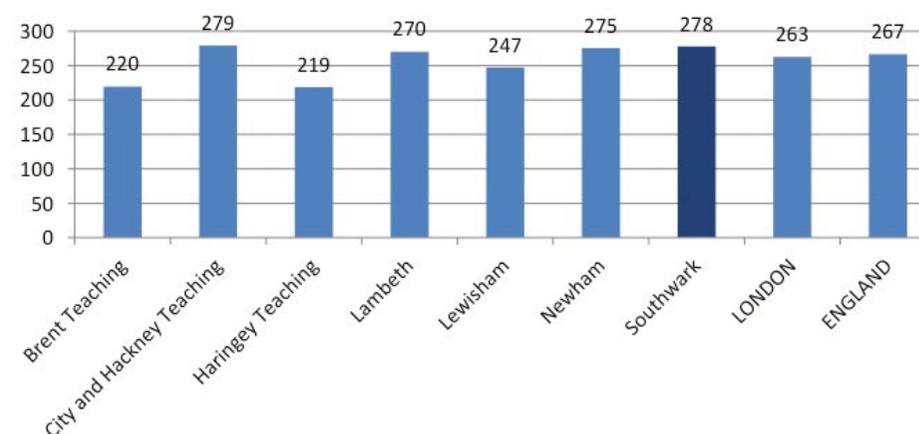
# 3. Assessment of Pharmaceutical Services

## 3.4.1. Medicines Use Reviews & Prescription Interventions

### Current picture

- 51 (82%) pharmacies declared to NHS England between April 2014 and November 2014 that they provided at least 1 MUR.
- **Figure 12** shows the average number of MURs per pharmacy in Southwark compared to ONS comparators and London and England:
  - In Southwark, the average number of MURs per pharmacy was 278. This is similar, but at the higher end, of the range being delivered by other pharmacies in ONS comparator areas and slightly higher than the London and England averages
  - All areas are significantly below the maximum threshold of 400 MURs per annum
- **Map 8** gives an overview of the distribution of the 51 pharmacies providing MURs and **Table 16** summarises service availability:
  - There is good access to the service on weekdays (9.30am to 5.00pm) and Saturday mornings (9.00am to 1.00pm) in all localities.
  - There is more limited access outside of these times.
  - There is a good distribution and reasonable access for those aged 65+ (a group which stand to benefit from MURs)
  - 6 pharmacies reported in the community pharmacy survey they are intending to provide the MUR service in the next 12 months.

**Figure 12: Average MURs per community pharmacy per annum in Southwark, ONS comparators, London and England**



# 3. Assessment of Pharmaceutical Services

## 3.4.1. Medicines Use Reviews & Prescription Interventions

Table 16: Number of pharmacies offering MURs

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	2	0	1	0	1	1	0	0	0
	Riverside	1	3	1	1	0	2	2	0	0	1
	Rotherhithe	1	4	3	0	1	3	3	1	0	2
	South Bermondsey	1	2	2	0	1	2	2	1	0	1
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>11</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>8</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>4</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Borough & Walworth	Cathedrals	0	0	0	0	0	0	0	0	0	0
	Chaucer	1	4	1	0	0	3	1	0	0	0
	East Walworth	1	6	4	1	1	6	6	1	1	2
	Faraday	0	4	0	0	0	4	3	0	0	1
	Newington	0	1	0	1	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>15</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>13</b>	<b>10</b>	<b>1</b>	<b>1</b>	<b>3</b>

# 3. Assessment of Pharmaceutical Services

## 3.4.1. Medicines Use Reviews & Prescription Interventions

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	East Dulwich	1	4	2	1	0	4	3	0	0	0
	Peckham Rye	0	1	0	0	0	1	1	0	0	0
	South Camberwell	1	2	1	1	1	2	1	1	0	1
	Village	0	4	3	0	0	4	4	0	0	0
	<b>Total</b>		<b>2</b>	<b>11</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>11</b>	<b>9</b>	<b>1</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Peckham & Camberwell	Brunswick Park	0	2	1	0	0	2	1	0	0	0
	Camberwell Green	0	2	2	1	0	2	2	0	0	0
	Livesey	0	1	1	0	0	1	1	0	0	0
	Nunhead	0	1	1	0	0	1	1	0	0	0
	Peckham	0	3	3	1	0	2	2	0	0	0
	The Lane	0	5	2	0	0	3	3	1	0	2
<b>Total</b>		<b>0</b>	<b>14</b>	<b>10</b>	<b>2</b>	<b>0</b>	<b>11</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>2</b>

<b>Grand Total</b>	<b>7</b>	<b>51</b>	<b>27</b>	<b>8</b>	<b>4</b>	<b>43</b>	<b>37</b>	<b>5</b>	<b>1</b>	<b>10</b>
<b>% of total</b>	<b>11.3%</b>	<b>82.3%</b>	<b>43.5%</b>	<b>12.9%</b>	<b>6.5%</b>	<b>69.4%</b>	<b>59.7%</b>	<b>8.1%</b>	<b>1.6%</b>	<b>16.1%</b>

# 3. Assessment of Pharmaceutical Services

## 3.4.1. Medicines Use Reviews & Prescription Interventions

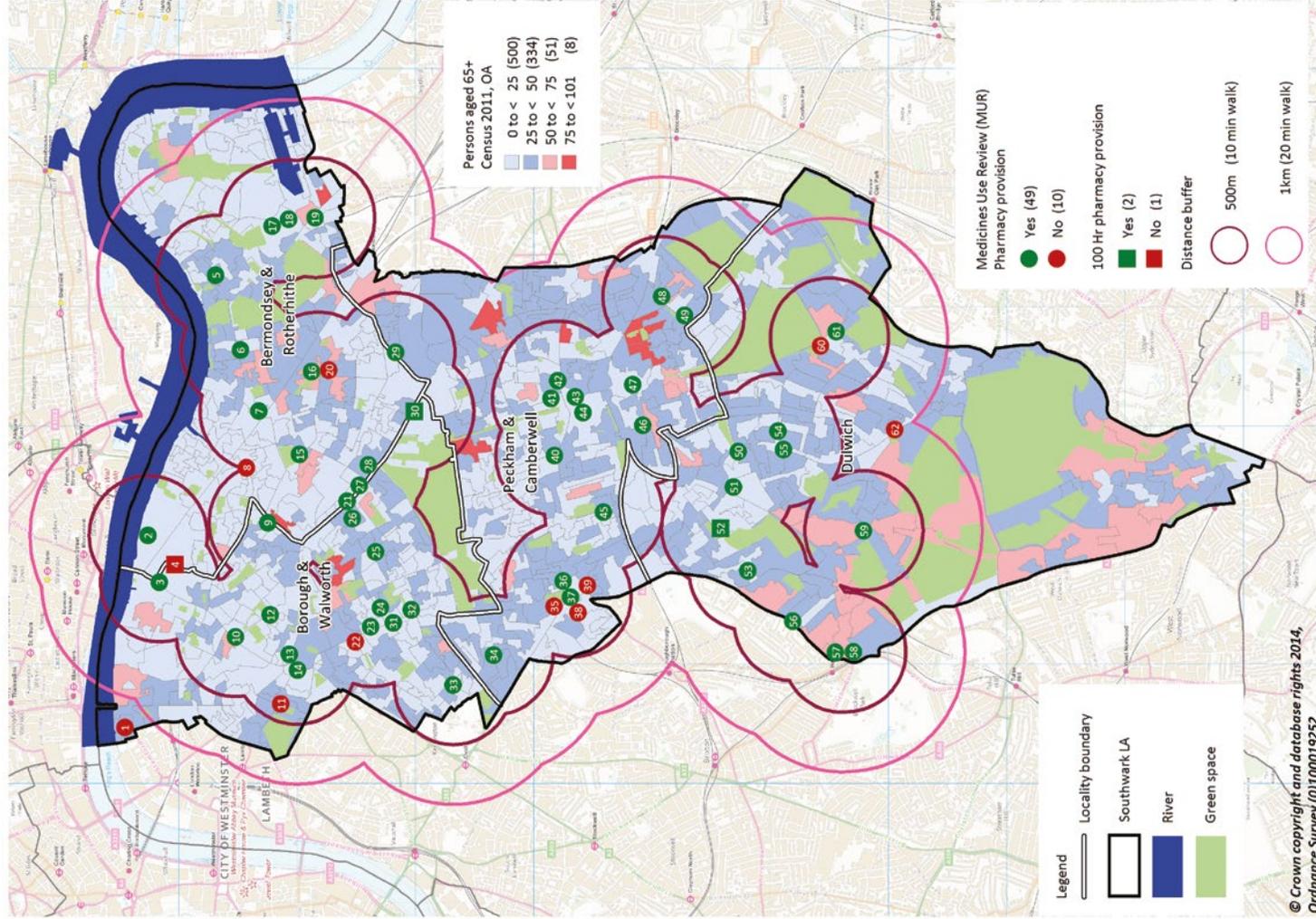
### Meeting the needs of those with a protected characteristic

<b>Age</b>	✓	Older people, on multiple medications for long term conditions are likely to require MURs. People of working age may wish to access this service during early/late opening hours.
<b>Disability</b>	✓	MURs help to assess and provide support e.g. large print label, monitored dosage systems
<b>Gender</b>	X	No specific needs identified
<b>Race</b>	✓	Language may be a barrier to delivering successful MURs
<b>Religion or belief</b>	X	No specific needs identified
<b>Pregnancy and maternity</b>	✓	MURs help pregnant or breast feeding women to avoid harmful medicines
<b>Sexual orientation</b>	X	No specific needs identified
<b>Gender reassignment</b>	✓	MURs may help to improve adherence to prescribed medicines
<b>Marriage &amp; civil partnership</b>	X	No specific needs identified

# 3. Assessment of Pharmaceutical Services

## 3.4.1. Medicines Use Reviews & Prescription Interventions

Map 8: Medicines Use Review (MUR)  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.4.1. Medicines Use Reviews & Prescription Interventions

### Further provision

- We wish to see all Southwark pharmacies (now and in the future) providing MUR services with a focus on those who would benefit the most.

### The future

- We anticipate that there will be an increase in the number of people requiring MURs as our population ages, detection of long term conditions improve (a local strategic priority) and more patients being cared for closer to home.
- The benchmarking data demonstrates that - along with ONS comparators - Southwark pharmacies are not reaching the maximum threshold of 400 MURs per annum. This suggests there is capacity in the system and we believe that this increased need may be met within our existing network of pharmacies.

### Conclusions on Medicines Use Reviews (MURs) & Prescription Intervention service

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:
  - People with long term conditions with multiple medicines benefit from regular reviews
- MURs support the delivery of our local strategic priorities particularly with respect to:
  - Improving the health related quality of life of people with one or more long-term conditions, including physical and mental health
  - Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community
  - Increasing the number of older people living independently at home following discharge from hospital
  - Promoting positive lifestyle changes and responsibility for own health; Improving people's wellbeing, resilience and connectedness
  - Shift away from over reliance on acute care to primary care and self-care

# 3. Assessment of Pharmaceutical Services

## 3.4.1. Medicines Use Reviews & Prescription Interventions

- Given the benefits of MURs and the alignment with local strategic priorities, we have concluded that this service is necessary to meet the pharmaceutical needs of our population.
- Currently there appears to be sufficient capacity to meet the pharmaceutical needs of the Southwark population.
- Whilst access to MURs is good on weekdays (9.30am to 5.00pm) and Saturdays (9.00am to 1.00pm) we have identified the following current gaps in access:
  - 11 community pharmacies do not offer MUR services – six are intending to provide the MUR service in the next 12 months
  - The average number of MURs per pharmacy is below the maximum number which may be undertaken in any given year
  - Access is limited at certain times during the week, particularly on:
    - Weekdays and Saturdays up to and including 8.30am (particularly in Peckham and Camberwell localities)
    - Weekday evening, from 7pm onwards
    - Sundays
    - This pattern of opening potentially presents constraints for some of our residents; for example, people with long term conditions who work full time and who may prefer to visit a pharmacy on a weekday evening or at the weekend.
- These access issues are significant because patients can only access MURs from their regular pharmacy because of the three month rule (i.e. unlike the majority of services, they cannot choose to access the service via an alternative pharmacy). Access could be improved by ensuring all community pharmacies offer MURs and commissioners review access during times of the day/week when access has been identified as poor above.

# 3. Assessment of Pharmaceutical Services

## 3.4.2. New Medicine Service

### Overview

- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence.
- The service is focused on the following patient groups and conditions:
  - Asthma and COPD
  - Diabetes (Type 2)
  - Antiplatelet / anticoagulant therapy
  - Hypertension
- Patients starting a new medicine are either referred into the service by a prescriber when a new medicine is started (this can be from primary or secondary care) or identified opportunistically by the community pharmacist.
- The service differs from MURs in that there is no 3 month rule. The number of NMS interventions which a pharmacy may undertake is linked to the volume of dispensing in any given month.

### Evidence base

- A recent randomised control trial demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and be cost effective<sup>8</sup>
  - The NMS increased adherence by around 10% and increased identification in the numbers of medicine related problems and solutions
  - Economic modelling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less than the those in the comparator group
  - Pharmacy ownership however, was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent

- A study reviewing the cost effectiveness of a telephone based pharmacy advisory service to support people taking newly prescribed medicines found that pharmacists can meet patients' needs for information and advice on medicines, soon after starting treatment<sup>9</sup>

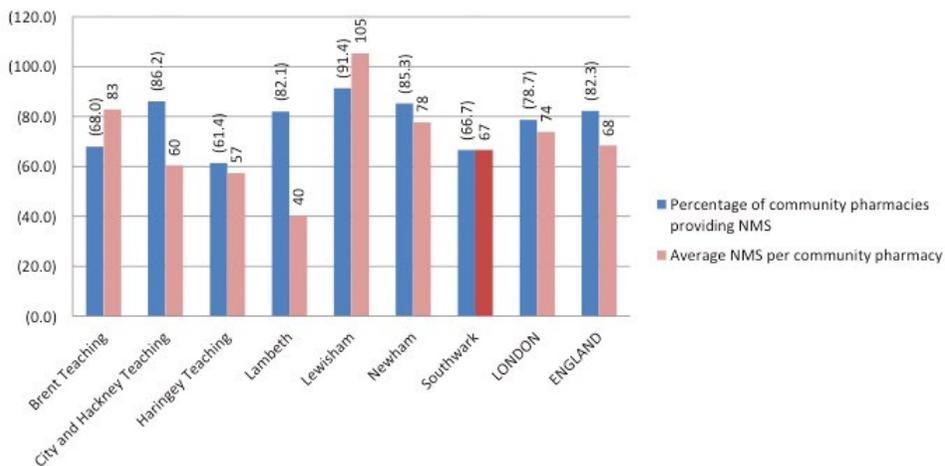
### Current picture

- 35 (56%) pharmacies declared to NHS England between April 2014 and November 2014 that they provided at least 1 NMS.
- **Figure 13** compares the number of community pharmacies providing NMS and the average number of NMS per pharmacy per annum in Southwark with ONS comparators, London and England:
  - The data from 2012-13 suggested that in Southwark a relatively low proportion of pharmacies (66.7%) provided NMS compared to both the ONS comparators and London and England averages (82.3%)
  - The average number of NMS being performed per pharmacy varies between ONS comparators (from 40 to 105). In 2012-13, Southwark pharmacies performed on average 67 NMS per annum which is in the middle of this range and similar to the London and England averages.
- **Map 9** provides an overview of the distribution of the pharmacies offering NMS and **Table 17** summaries availability by locality and ward.
  - There is good weekday (9.30am to 5.00pm) access to the service
  - Similarly, there is good access to the service on Saturday (9.00am to 1.00pm) with the exceptions of Cathedral, Newington and Livesey wards where no pharmacies offer the service
  - Access outside of these times is more limited, but all localities have at more than one pharmacy offering the service on weekday evenings and Sundays.
  - **Map 9** shows a good distribution and reasonable access for those aged 65+ (a group which stand to benefit from the NMS)
  - A further nine community pharmacies are intending to provide the service in the next 12 months.

# 3. Assessment of Pharmaceutical Services

## 3.4.2. New Medicine Service

Figure 13: Average NMS per community pharmacy per annum in Southwark, ONS comparators, London and England

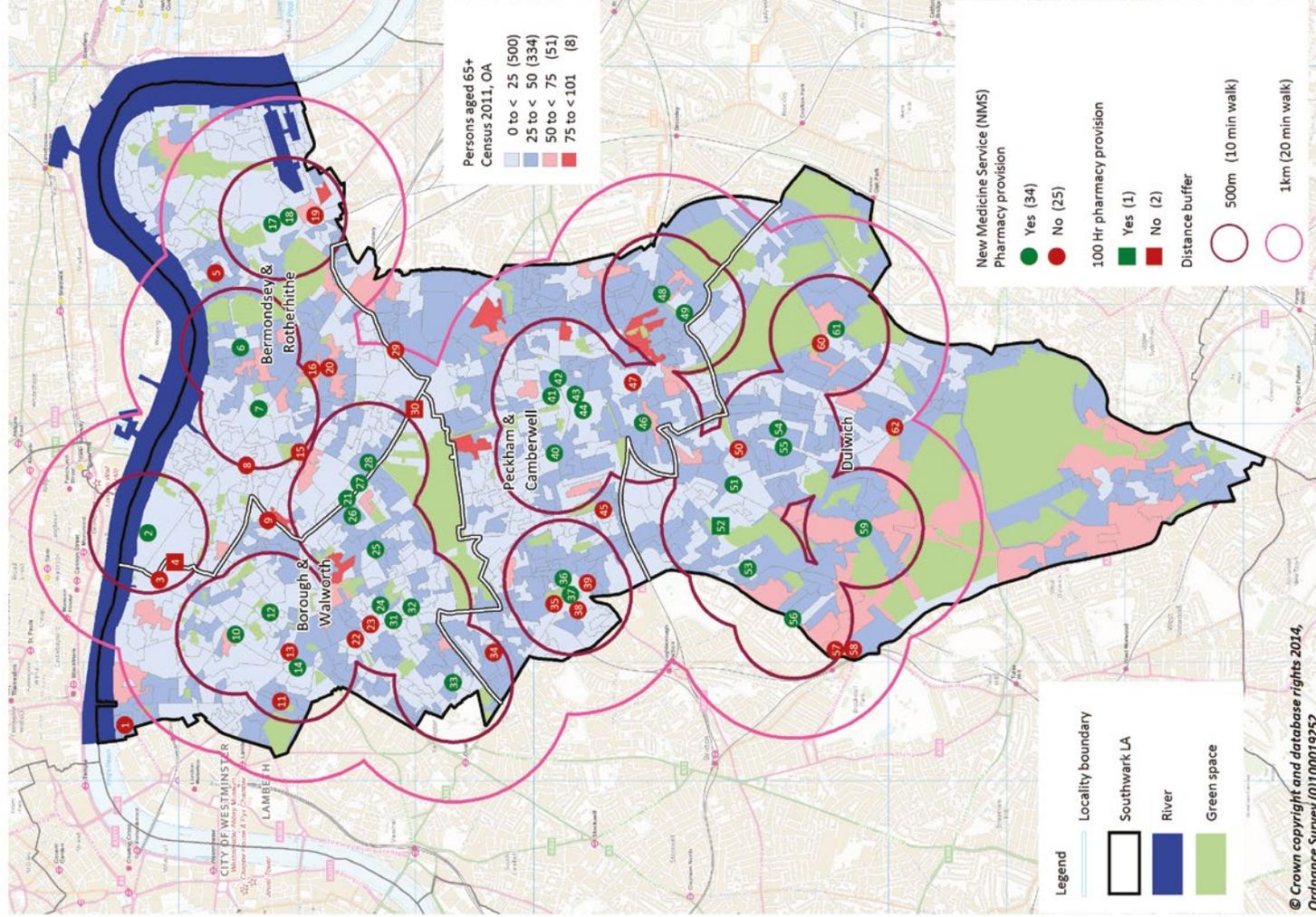


Health and Social Care Information Centre, 2012-13

# 3. Assessment of Pharmaceutical Services

## 3.4.2. New Medicine Service

Map 9: New Medicines Service (NMS)  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.4.2. New Medicine Service

Table 17: Number of pharmacies offering NMS

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	1	0	1	0	1	1	0	0	0
	Riverside	1	3	1	1	0	2	2	0	0	1
	Rotherhithe	1	2	1	0	1	2	2	1	0	2
	South Bermondsey	1	1	1	0	1	1	1	1	0	1
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>4</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Borough & Walworth	Cathedrals	0	0	0	0	0	0	0	0	0	0
	Chaucer	0	2	1	0	0	2	0	0	0	0
	East Walworth	0	3	2	1	0	3	3	0	1	0
	Faraday	0	4	0	0	0	4	3	0	0	1
	Newington	0	1	0	1	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>10</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>9</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>1</b>

# 3. Assessment of Pharmaceutical Services

## 3.4.2. New Medicine Service

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	East Dulwich	1	3	1	1	0	3	2	0	0	0
	Peckham Rye	0	1	0	0	0	1	1	0	0	0
	South Camberwell	1	2	1	1	1	2	1	1	0	1
	Village	0	2	1	0	0	2	2	0	0	0
	<b>Total</b>		<b>2</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>8</b>	<b>6</b>	<b>1</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Peckham & Camberwell	Brunswick Park	0	1	1	0	0	1	1	0	0	0
	Camberwell Green	0	1	1	1	0	1	1	0	0	0
	Livesey	0	0	0	0	0	0	0	0	0	0
	Nunhead	0	1	1	0	0	1	1	0	0	0
	Peckham	0	3	3	1	0	2	2	0	0	0
	The Lane	0	4	2	0	0	3	3	1	0	2
<b>Total</b>		<b>0</b>	<b>10</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>8</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>2</b>

<b>Grand Total</b>	<b>5</b>	<b>35</b>	<b>17</b>	<b>8</b>	<b>3</b>	<b>31</b>	<b>26</b>	<b>4</b>	<b>1</b>	<b>8</b>
<b>% of total</b>	<b>8.1%</b>	<b>56.5%</b>	<b>27.4%</b>	<b>12.9%</b>	<b>4.8%</b>	<b>50.0%</b>	<b>41.9%</b>	<b>6.5%</b>	<b>1.6%</b>	<b>12.9%</b>

# 3. Assessment of Pharmaceutical Services

## 3.4.2. New Medicine Service

### Meeting the needs of those with a protected characteristic

<b>Age</b>	✓	Older people, on multiple medications for long term conditions are likely to require NMS. People of working age may wish to access this service during early/late opening hours.
<b>Disability</b>	✓	The NMS may help to assess and provide support e.g. large print label, monitored dosage systems
<b>Gender</b>	✗	No specific needs identified
<b>Race</b>	✓	Language may be a barrier to delivering successful NMS
<b>Religion or belief</b>	✗	No specific needs identified
<b>Pregnancy and maternity</b>	✓	NMS help pregnant or breast feeding women to avoid harmful medicines
<b>Sexual orientation</b>	✗	No specific needs identified
<b>Gender reassignment</b>	✗	No specific needs identified
<b>Marriage &amp; civil partnership</b>	✗	No specific needs identified

### Further provision

- We wish to see pharmacies proactively identifying and offering the NMS to patients who will benefit from the service. Prescribers should be encouraged to refer patients, starting an eligible medicine, into the NMS.

### The future

- The NMS was introduced on 1 October 2011. NHS England will take a decision on the future commissioning of this service at the end of March 2015. In the event that the service is commissioned we would wish to see all Southwark pharmacies providing this service.

# 3. Assessment of Pharmaceutical Services

## 3.4.2. New Medicine Service

### Conclusions on NMS

- Emerging evidence is that the NMS may improve patients' adherence with medicines. In theory this will bring a range of benefits including:
  - Improving outcomes because more patients take their medicines as prescribed
  - Reducing harm as a result of early identification of side effects or taking the wrong dose of medicine
  - Reducing unnecessary medicines related hospital admissions
- NMS supports the delivery of our local strategic priorities particularly with respect to:
  - Improving the health related quality of life of people with one or more long-term conditions, including physical and mental health
  - Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community
  - Increasing the number of older people living independently at home following discharge from hospital
  - Promoting positive lifestyle changes and responsibility for own health; Improving people's wellbeing, resilience and connectedness
  - Shift away from over reliance on acute care to primary care and self-care
- The service aligns well with local strategic priorities and recent evidence supports the cost effectiveness of NMS. There is uncertainty with implementation and commissioners will need to review this locally. We conclude that NMS is a relevant service which improves adherence.
- Whilst access to NMS is good on weekdays (9.30am to 5.00pm) and Saturdays (9.00am to 1pm) we have identified the following current gaps:
  - 27 community pharmacies do not offer NMS services – nine are intending to provide the NMS service in the next 12 months.
  - Access is limited at certain times during the week, particularly on:
    - Weekdays and Saturdays up to and including 8.30am (particularly in Peckham and Camberwell localities)
    - Weekday evening, from 7pm onwards
    - Sundays
    - This presents constraints for people with long term conditions who work full time and who may prefer to visit a pharmacy on a weekday evening or at the weekend.
    - The NMS differs from MURs in that patients may choose to access this service from an alternative pharmacy, if their regular pharmacy does not provide the service or is not open at a time of day which is convenient to them

# 3. Assessment of Pharmaceutical Services

## 3.4.3. Appliance Use Reviews

### Overview

- Appliance Usage Reviews (AURs) can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' that the pharmacy would normally dispense.
- The aim of the service again is to improve patient adherence and to minimise waste by resolving any issues related to poor or ineffective use of the appliance by the patient.
- A pharmacy may undertake a limited number of AURs (the number of AURs is linked to the volume of appliances dispensed).

### Evidence base

- There is no published evidence to demonstrate the benefits of AURs
- The stated benefits of improving adherence and reducing waste are theoretical

### Current picture

- No pharmacies declared to NHS England between April 2014 and November 2014 that they provided AURs.
- The Health and Social Care Information Centre reported that in 2012/13:
  - no pharmacies in Southwark were offering AURs, therefore benchmarking data on activity are not available
  - no HWBs in South East London had pharmacies offering AURs
  - only nine pharmacies across London offered the service
  - Brent was the only ONS comparator with pharmacies offering AURs, with 2 pharmacies providing 321 reviews per year.

# 3. Assessment of Pharmaceutical Services

## 3.4.3. Appliance Use Reviews

### Meeting the needs of those with a protected characteristic

Age	✓	Older people are likely to use appliances and as such require AURs
Disability	✓	Disabled people are more likely to use appliances and as such require AURs
Gender	✓	Appliance advice can be specific to gender
Race	✓	Language may be a barrier to delivering successful AURs
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

### Conclusions on AUR

- The reviews are of a specialist nature and patients often receive the support they need from the hospital or clinic responsible for their ongoing care.
- Hospitals may refer patients directly to appliance manufacturers who supply the patient directly.
- We have not been made aware of any dissatisfaction, through complaints or other means, with the current service level. Taking all the above into account we have concluded that AURs is a relevant service.
- We have not identified any current or future gaps.

# 3. Assessment of Pharmaceutical Services

## 3.4.4. Stoma Appliance Customisation Service

### Overview

- This service involves the customisation of stoma appliances, based on the patient's measurements or a template.
- The aim of the service is to ensure proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste.
- There are no limits on the number of Stoma Appliance Customisations (SACs) that may be undertaken.

### Evidence Base

- There is no published evidence to demonstrate the benefits of SACs
- The stated benefits of improving the duration of usage and reducing waste are theoretical

### Current picture

- 2 (3%) pharmacies declared to NHS England between April 2014 and November 2014 that they provided SACs
- **Figure 14** uses HSCIC data to compare the total number of SACs provided by pharmacies across South East London areas in 2012/13:
  - In 2012/13, two pharmacies in Southwark were offering SACs – in the same year, these two pharmacies offered a total of 9 SACs
  - Southwark has a similar number of pharmacies offering SACs when compared with South East London:
    - Bromley – 7 pharmacies offer the service
    - Greenwich and Lambeth – 1 pharmacy offers the service in each area
  - Southwark's overall SAC activity is the lowest in South East London, however, there is considerable range in the number of SACs offered in South East London areas (9 in Southwark to 63 in Bromley). This range is considerably different from the London (921) and England (635) averages

- **Table 18** summaries availability by locality and ward:
  - 1 provider in Dulwich
  - 1 provider Borough & Walworth
  - Bermondsey & Rotherhithe and Peckham & Camberwell have no providers

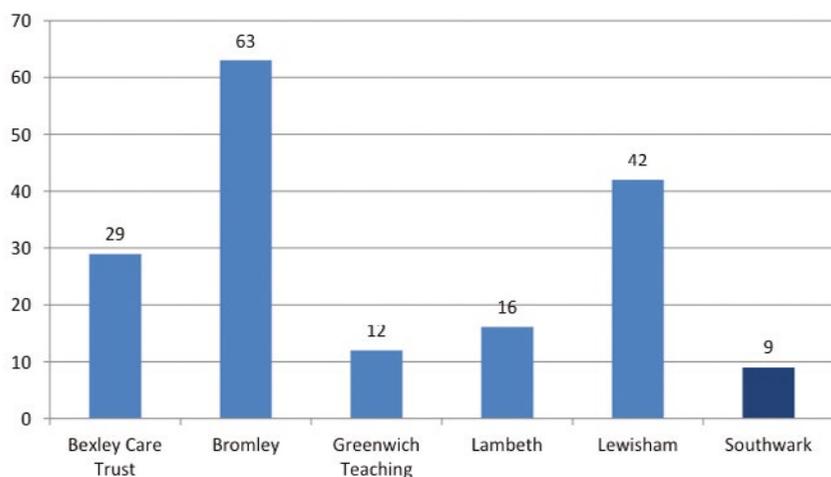
### Conclusions on SACs

- We have identified that whilst six 2 (3%) of our pharmacies provide this service very few SACs have historically been undertaken in Southwark
- We believe that this is because the reviews are of a specialist nature and patients receive the support they need from the hospital or clinic responsible for their ongoing care.
- Access to SACs service within Southwark is limited given that only 2 pharmacies provide the service across the HWB area.
- We have not been made aware of any dissatisfaction, through complaints or other means, with the current service level. Taking all the above into account we have concluded that SACs is a relevant service.
- We have not identified any current or future gaps.

# 3. Assessment of Pharmaceutical Services

## 3.4.4. Stoma Appliance Customisation Service

Figure 14: Total number of SACs by community pharmacies in South East London



Health and Social Care Information Centre, 2012-13

### Meeting the needs of those with a protected characteristic

<b>Age</b>	✓	Older people are more likely to have stomas and therefore may require access to SACs
<b>Disability</b>	✓	SACs help to assess need and provide support
<b>Gender</b>	✗	No specific needs identified
<b>Race</b>	✓	Language may be a barrier to delivering successful SACs
<b>Religion or belief</b>	✗	No specific needs identified
<b>Pregnancy and maternity</b>	✓	Due to changes in body shape in pregnancy access to SACs may be required
<b>Sexual orientation</b>	✗	No specific needs identified
<b>Gender reassignment</b>	✗	No specific needs identified
<b>Marriage &amp; civil partnership</b>	✗	No specific needs identified

# 3. Assessment of Pharmaceutical Services

## 3.4.4. Stoma Appliance Customisation Service

Table 18: Number of pharmacies offering SACs

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	0	0	0	0	0	0	0	0	0
	Riverside	0	0	0	0	0	0	0	0	0	0
	Rotherhithe	0	0	0	0	0	0	0	0	0	0
	South Bermondsey	0	0	0	0	0	0	0	0	0	0
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Borough & Walworth	Cathedrals	0	0	0	0	0	0	0	0	0	0
	Chaucer	0	1	1	0	0	1	0	0	0	0
	East Walworth	0	0	0	0	0	0	0	0	0	0
	Faraday	0	0	0	0	0	0	0	0	0	0
	Newington	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# 3. Assessment of Pharmaceutical Services

## 3.4.4. Stoma Appliance Customisation Service

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	East Dulwich	0	1	1	0	0	1	1	0	0	0
	Peckham Rye	0	0	0	0	0	0	0	0	0	0
	South Camberwell	0	0	0	0	0	0	0	0	0	0
	Village	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Peckham & Camberwell	Brunswick Park	0	0	0	0	0	0	0	0	0	0
	Camberwell Green	0	0	0	0	0	0	0	0	0	0
	Livesey	0	0	0	0	0	0	0	0	0	0
	Nunhead	0	0	0	0	0	0	0	0	0	0
	Peckham	0	0	0	0	0	0	0	0	0	0
	The Lane	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Grand Total</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>% of total</b>	<b>0.0%</b>	<b>3.2%</b>	<b>3.2%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>3.2%</b>	<b>1.6%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>

# 3. Assessment of Pharmaceutical Services

## 3.5.1. LCP Vaccination Service - Seasonal Influenza Vaccination

### Overview

- The purpose of this service is to provide access to a seasonal influenza immunisation for patients aged 65 years and over and those under 65 years who fall within an 'at risk category' making them eligible for vaccination by a trained pharmacist.
- During the seasonal influenza vaccination campaign period, pharmacy staff identify people who fall within these groups and offer the service.
- Pharmacies contracted by NHS England to provide seasonal flu vaccination 2014/15 were also expected to offer PPV-23 for pneumonia to patients aged 65 years and over and those aged 2-64 years in clinical at risk groups.

### Evidence base

A literature review of community pharmacy delivered immunisation services demonstrates<sup>11</sup>:

- Immunisation can be safely delivered through community pharmacy
- Patient medication records are effective at identifying 'at risk' clients to be invited for immunisation and this can increase uptake of vaccine
- User satisfaction with pharmacy based services is high
- Support for non-physician delivered immunisation is greater for adults than children

### Current picture

- 44 (71%) pharmacies are commission by NHS England to provide seasonal influenza vaccination
- **Map 10** provides an overview of the distribution of the pharmacies and **Table 19** summaries availability by locality and ward
  - 1 ward, Nunhead, have no pharmacy that provide this service, but access is available from other wards within their localities
  - The vaccine is generally available from participating pharmacies on weekdays (9.30am to 5.00pm) and on Saturdays (9.00am to 1.00pm).
  - Access outside of these times is more limited, but all localities have at least one pharmacy offering the service on weekday evenings and Sundays.

# 3. Assessment of Pharmaceutical Services

## 3.5.1. LCP Vaccination Service - Seasonal Influenza Vaccination

Table 19: Number of pharmacies offering seasonal influenza vaccination service

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	1	0	1	0	1	1	0	0	0
	Riverside	1	3	1	1	0	2	2	0	0	1
	Rotherhithe	1	3	2	0	1	3	3	1	0	2
	South Bermondsey	1	2	2	0	1	2	2	1	0	1
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>9</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>8</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>4</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Borough & Walworth	Cathedrals	2	2	0	0	0	1	0	0	0	0
	Chaucer	0	3	1	0	0	3	1	0	0	0
	East Walworth	1	5	3	0	1	5	5	1	0	2
	Faraday	0	2	0	0	0	2	2	0	0	0
	Newington	0	1	0	1	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>13</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>11</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>2</b>

# 3. Assessment of Pharmaceutical Services

## 3.5.1. LCP Vaccination Service - Seasonal Influenza Vaccination

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	East Dulwich	1	4	1	1	0	4	2	0	0	0
	Peckham Rye	0	1	0	0	0	1	1	0	0	0
	South Camberwell	1	2	1	1	1	2	1	1	0	1
	Village	0	2	2	0	0	2	2	0	0	0
	<b>Total</b>		<b>2</b>	<b>9</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>6</b>	<b>1</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Peckham & Camberwell	Brunswick Park	0	2	1	0	0	2	1	0	0	0
	Camberwell Green	1	3	3	1	0	3	3	0	0	0
	Livesey	0	1	1	0	0	1	1	0	0	0
	Nunhead	0	0	0	0	0	0	0	0	0	0
	Peckham	0	2	2	1	0	1	1	0	0	0
	The Lane	0	5	2	0	0	3	3	1	0	2
<b>Total</b>		<b>1</b>	<b>13</b>	<b>9</b>	<b>2</b>	<b>0</b>	<b>10</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>2</b>

<b>Grand Total</b>	<b>9</b>	<b>44</b>	<b>22</b>	<b>7</b>	<b>4</b>	<b>38</b>	<b>31</b>	<b>5</b>	<b>0</b>	<b>9</b>
<b>% of total</b>	<b>14.5%</b>	<b>71.0%</b>	<b>35.5%</b>	<b>11.3%</b>	<b>6.5%</b>	<b>61.3%</b>	<b>50.0%</b>	<b>8.1%</b>	<b>0.0%</b>	<b>14.5%</b>

# 3. Assessment of Pharmaceutical Services

## 3.5.1. LCP Vaccination Service - Seasonal Influenza Vaccination

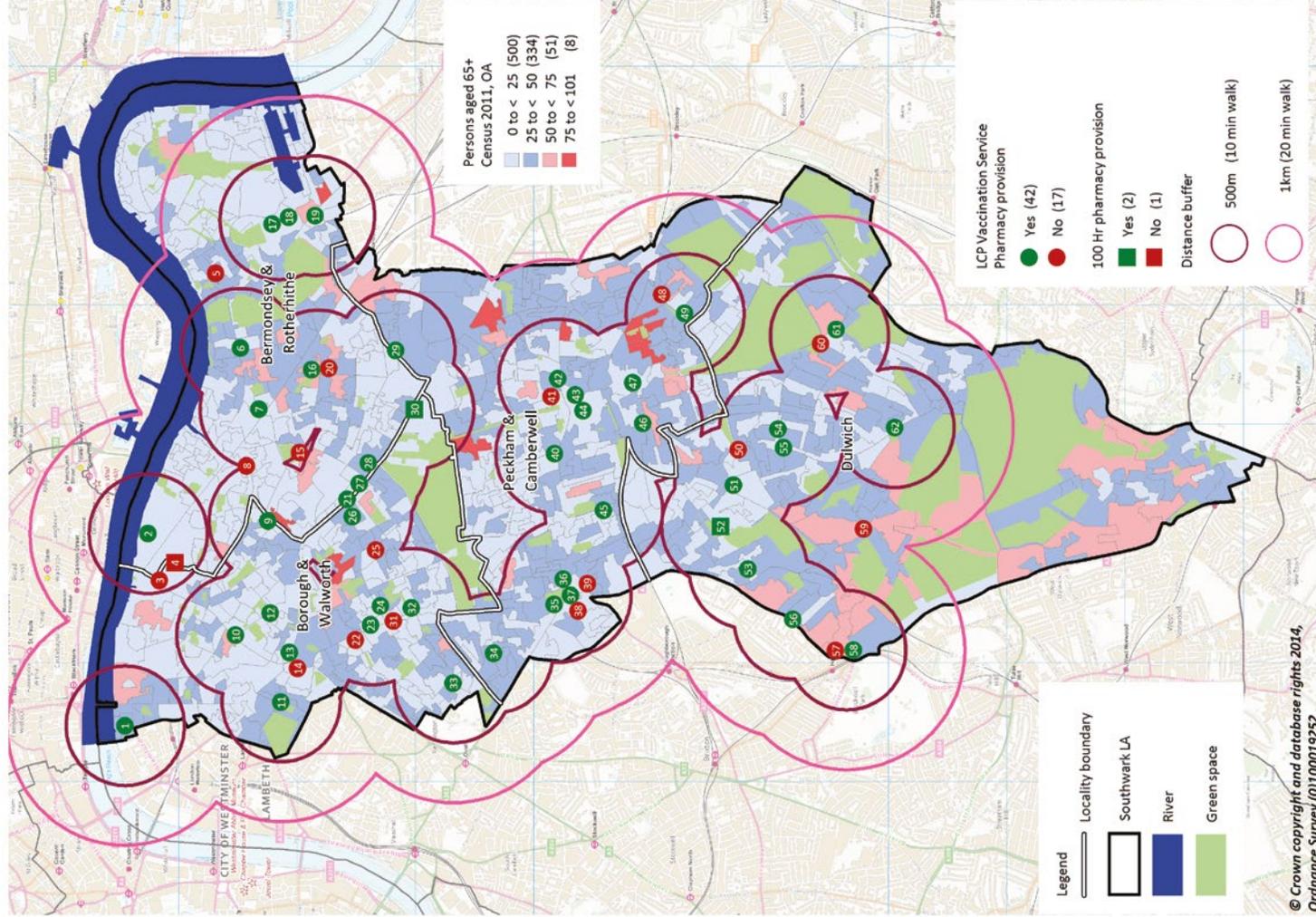
### Meeting the needs of those with a protected characteristic

<b>Age</b>	✓	People aged 65 years and over and healthy children aged 2, 3, and 4 years are eligible for a free seasonal influenza vaccination as they have an increased risk of developing complications if they get flu.
<b>Disability</b>	✗	No specific needs identified
<b>Gender</b>	✗	No specific needs identified
<b>Race</b>	✓	Language may be a barrier to successfully delivering the seasonal influenza vaccination
<b>Religion or belief</b>	✗	No specific needs identified
<b>Pregnancy and maternity</b>	✓	Pregnant women are eligible for a free seasonal influenza vaccination as they have an increased risk of developing complications if they get flu.
<b>Sexual orientation</b>	✗	No specific needs identified
<b>Gender reassignment</b>	✗	No specific needs identified
<b>Marriage &amp; civil partnership</b>	✗	No specific needs identified

# 3. Assessment of Pharmaceutical Services

## 3.5.1. LCP Vaccination Service - Seasonal Influenza Vaccination

Map 10: Seasonal Influenza Vaccination  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.5.1. LCP Vaccination Service - Seasonal Influenza Vaccination

### Future

- Given Southwark's lower uptake of seasonal influenza vaccine in all "at-risk" groups we would wish to see NHS England commissioning a community – based vaccination service for all eligible patients irrespective of age.

### Conclusions on Seasonal Influenza Vaccination

- In 2013/14, seasonal influenza vaccination uptake in Southwark was below the 75% coverage target for adults aged 65+ (70%) and those aged 6 months to 65 years in "at risk groups" (50%).
- Community pharmacies are well placed to improve uptake of this vaccine
  - Pharmacies are accessible, often open for extended hours and may provide the vaccine without the need for an appointment
  - Patient medication records may be used to identify, and proactively target, people who would benefit from immunisation
- There is emerging evidence to support the role of community pharmacies in delivering this (and other) vaccination services.
- We have concluded that seasonal influenza vaccination is a relevant service because it improves access and provides a choice of provider, for "at risk" patients, other than their GP or community nurse.

# 3. Assessment of Pharmaceutical Services

## 3.6.1. Stop Smoking

### Overview

- This Stop Smoking Service includes the delivery of opportunistic information and advice, as well as the supply of medicines including Nicotine Replacement Therapy (NRT) and Varenicline, to assist those who wish to give up smoking. The service aims to target hard to reach groups.
- The service commissioned from pharmacies aims to:
  - Improve access to ‘stop smoking services’ through local community pharmacies, as an alternative to other non-pharmacy providers
  - Increase public awareness of the full range of stop smoking services available with pharmacies displaying promotional material and signposting to more specialist services
  - Increase access to brief interventions about smoking risks

### Provider criteria

- The Stop Smoking Advisor must be available at all times during pharmacy opening hours.
- The Advisor must have:
  - Level 2 Southwark local stop smoking training or the level 2 National Centre for Smoking Cessation training including completion of the online training module
  - Attend an update event every year
  - Have evidence of ongoing and relevant CPD
- The pharmacy must have a consultation area, which must be used when providing the stop smoking services
- The pharmacy must use the “Quit Manager” IT system and respond to the appropriate deadlines
- Policies for safeguarding / complaints / data protection are required

### Evidence base

- There is good evidence to support the role of community pharmacists in stop smoking services<sup>11,12</sup>
  - Studies have demonstrated the effectiveness and cost effectiveness of stop smoking services, provided by trained pharmacy staff, in improving quit rates.
  - Community pharmacists trained in behaviour-change methods are effective in helping clients stop smoking. Training increases knowledge, self-confidence and the positive attitude of pharmacists and their staff in relation to smoking cessation.
  - Involving pharmacy support staff may increase the provision of brief advice and recording of smoking status in patient medication records.
  - Abstinence rates from one-to-one treatment services provided by community pharmacists versus primary care nurses are similar
- There is evidence to suggest that pharmacies provide good access to all population groups particularly those who may be less likely to access other health services.

# 3. Assessment of Pharmaceutical Services

## 3.6.1. Stop Smoking

### Current picture

- 33 pharmacies are commissioned to provide stop smoking services
- 44 (71%) pharmacies reported in the Community Pharmacy Survey that they offered a stop smoking service.
- **Map 11** provides an overview of the distribution of the 33 commissioned pharmacies, and **Table 20** summarises service availability by locality and ward:
  - 9 pharmacies are located in Bermondsey & Rotherhithe, 14 in Borough & Walworth, 4 in Dulwich and 6 in Peckham & Camberwell
  - No commissioned services are available in Village, Camberwell Green and Nunhead
  - Of those wards that have a commissioned service there is good access on weekdays (9.30am to 5.00pm) and Saturday (9.00am to 1.00pm)
  - The service is available in all localities except Dulwich on weekday evenings and Sundays. On a Saturday evening there are no pharmacies offering the service in Dulwich or Borough & Walworth, other localities have at least 1 pharmacy offering the service.
  - Access is more limited in the early mornings (up until and including 8.30am) when there is no provision by pharmacies in Peckham & Camberwell weekdays and only provision in Bermondsey & Rotherhithe Saturday
- **Non pharmacy providers include:**  
GP surgeries, specialist stop smoking service, and acute trusts

### Activity & Performance

- **Table 21** summarizes the relative performance of pharmacies in the four localities. 29 pharmacies provided an active service record on quit manager for Quarter 1 (April 2014 – June 2014):
  - There were a total of 151 quit attempts, with 93 quitting smoking after 4 weeks. This gives an average quit rate of 61.6%.
  - Pharmacies in Bermondsey & Rotherhithe are more active and have a higher quit rate
  - The service offered varied between pharmacies
- number of individuals setting a quit date ranged from 1 to 29 (data not shown)
- quit rates varied from 0 to 100%
- 20 out of the 29 pharmacies achieved the expected quit rate of 35%.

# 3. Assessment of Pharmaceutical Services

## 3.6.1. Stop Smoking

Table 20: Number of pharmacies offering stop smoking service

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	1	0	1	0	1	1	0	0	0
	Riverside	0	2	0	1	0	1	1	0	0	0
	Rotherhithe	1	3	2	0	1	3	3	1	0	2
	South Bermondsey	1	2	2	0	1	2	2	1	0	1
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>8</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>3</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Borough & Walworth	Cathedrals	2	2	0	0	0	1	0	0	0	0
	Chaucer	1	1	0	0	0	0	0	0	0	0
	East Walworth	0	2	2	1	0	2	2	0	1	0
	Faraday	0	2	0	0	0	2	2	0	0	0
	Newington	0	1	0	1	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>8</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.1. Stop Smoking

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	East Dulwich	1	2	1	1	0	2	1	0	0	0
	Peckham Rye	0	1	0	0	0	1	1	0	0	0
	South Camberwell	0	1	0	1	0	1	0	0	0	0
	Village	0	1	1	0	0	1	1	0	0	0
	<b>Total</b>		<b>1</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Peckham & Camberwell	Brunswick Park	0	0	0	0	0	0	0	0	0	0
	Camberwell Green	0	1	1	0	0	1	1	0	0	0
	Livesey	0	1	1	0	0	1	1	0	0	0
	Nunhead	0	1	1	0	0	1	1	0	0	0
	Peckham	0	2	2	1	0	1	1	0	0	0
	The Lane	0	3	1	0	0	2	2	1	0	2
<b>Total</b>		<b>0</b>	<b>8</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>2</b>

<b>Grand Total</b>	<b>6</b>	<b>29</b>	<b>14</b>	<b>7</b>	<b>2</b>	<b>23</b>	<b>20</b>	<b>3</b>	<b>1</b>	<b>5</b>
<b>% of total</b>	<b>9.7%</b>	<b>46.8%</b>	<b>22.6%</b>	<b>11.3%</b>	<b>3.2%</b>	<b>37.1%</b>	<b>32.3%</b>	<b>4.8%</b>	<b>1.6%</b>	<b>8.1%</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.1. Stop Smoking

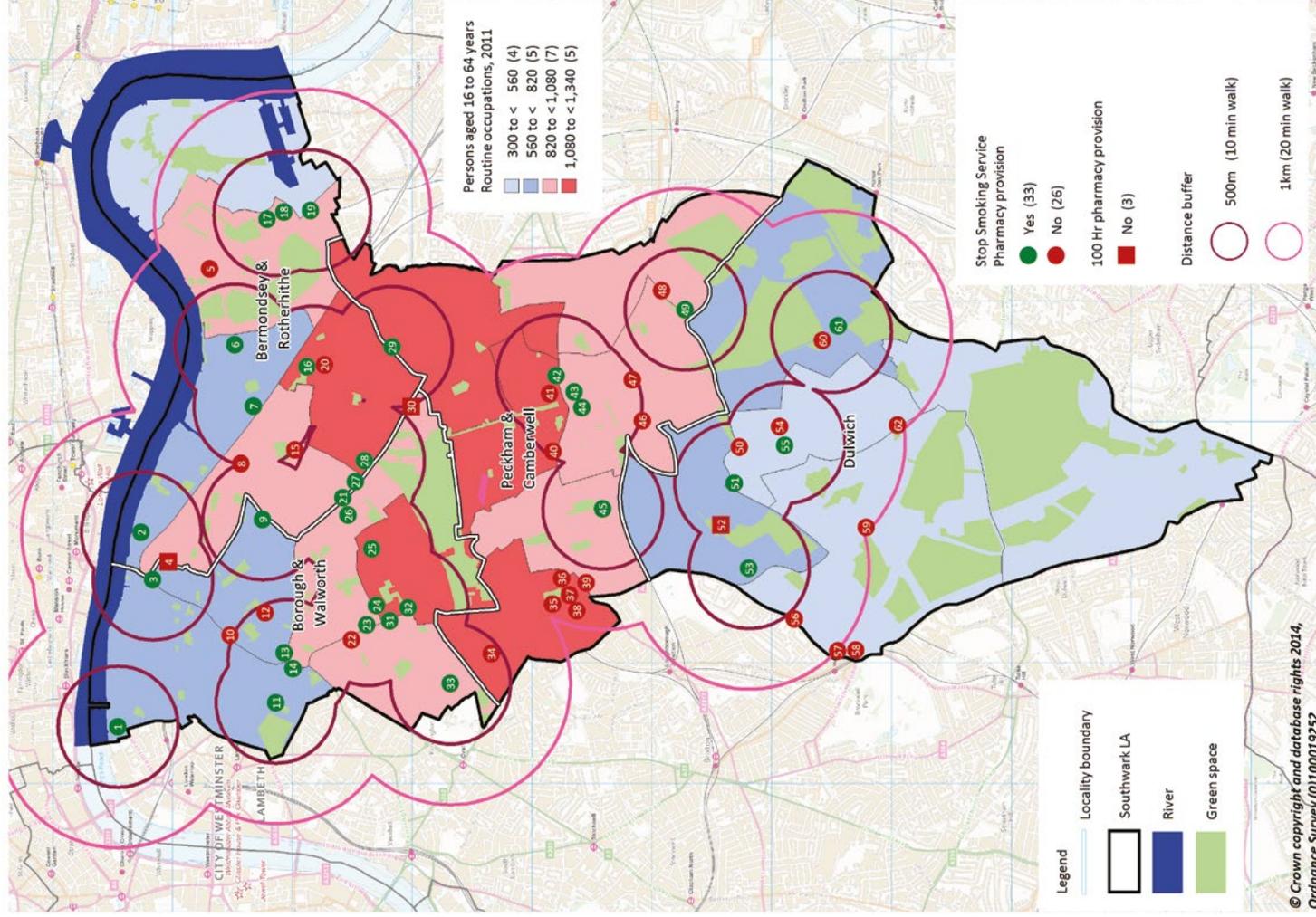
### Meeting the needs of those with a protected characteristic

<b>Age</b>	✓	Correlation between age and smoking rates which are increasing in young women
<b>Disability</b>	✗	No specific needs identified
<b>Gender</b>	✓	Smoking rates are increasing in young women
<b>Race</b>	✓	Language may be a barrier to successfully delivering stop smoking service. However, the specialist team can identify bilingual stop smoking advisors who work within pharmacy settings. BME group more susceptible to diabetes and CVD which are made worse by smoking
<b>Religion or belief</b>	✗	No specific needs identified
<b>Pregnancy and maternity</b>	✓	Pregnant women/mothers with small children who quit benefits them and family members
<b>Sexual orientation</b>	✗	Smoking rates are higher in Lesbian, Gay, Bisexual and Transgender populations
<b>Gender reassignment</b>	✗	No specific needs identified
<b>Marriage &amp; civil partnership</b>	✗	No specific needs identified

# 3. Assessment of Pharmaceutical Services

## 3.6.1. Stop Smoking

Map 11: Stop Smoking Services  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.6.1. Stop Smoking

Table 21: Performance of stop smoking service in community pharmacies by locality

Locality	Pharmacies	Quit attempts	Quitters	Average quit rate	Percentage of pharmacies achieving quit target (35%)	Lowest performance	Highest performance
Bermondsey & Rotherhithe	8	69	55	79.7%	87.5%	0%	100%
Borough & Walworth	8	31	15	48.4%	87.5%	0%	100%
Dulwich	5	14	8	57.1%	60.0%	0%	100%
Peckham & Camberwell	8	37	15	40.5%	37.5%	0%	77.8%
<b>Total</b>	<b>29</b>	<b>151</b>	<b>93</b>	<b>61.6%</b>	<b>69.0%</b>	<b>0%</b>	<b>100%</b>

Source: Quit Manager Database

# 3. Assessment of Pharmaceutical Services

## 3.6.1. Stop Smoking

### Further provision

- We would wish to see pharmacies proactively identifying (e.g. through their patient medication records or opportunistic intervention within the pharmacy) patients who may benefit from the stop smoking service.

### Future

- We intend to explore the variation in activity between pharmacies within the localities.
- We will be working towards ensuring clients are provided with the most appropriate support according to their needs such as tobacco dependency.

### Conclusions on Stop Smoking Services

- Stop smoking services are vital with respect to reducing the health consequences and inequalities associated with smoking. They are a high priority for Southwark given that a fifth of all residents aged 18 years and older smoke.
- There is good evidence to support community pharmacy-based stop smoking services. Pharmacy services are beneficial in that medication to support a quit attempt may be supplied at the point of consultation.
- Activity data generally points to a good performance for Southwark pharmacies (for the pharmacies where data were available 20 out of the 29 pharmacies achieved the expected quit rate of 35%). These factors, together with our strategic priorities around prevention and improved management of long term conditions (e.g. COPD and CVD) have led us to conclude that this service is **necessary to meet the pharmaceutical needs** of our population.
- There is good access and a choice of pharmacy. Whilst this is more limited during early mornings and Saturday evenings the majority of residents are still able to access the service within 2-3 miles of where they live.
- We have not identified any current or future gaps.

# 3. Assessment of Pharmaceutical Services

## 3.6.2. Sexual Health

### Overview

- The sexual health service commissioned from community pharmacy, is divided into two levels:
- Level 1 service consists of:
  - Provision of emergency hormonal contraception (EHC) and advice to women aged 30 years and under
  - Provision of chlamydia testing is available to women accessing EHC and male and females under 25
  - Signposting clients with positive chlamydia results to obtain appropriate treatment
  - Supply of condoms to women accessing EHC
- Level 2 service includes the level 1 services with the addition of:
  - The provision of treatment to clients with a positive chlamydia screen
  - Condoms may be supplied to young men or women aged 25 or under on presentation of a C-card
- An oral contraceptive service is also commissioned separately.

### Provider criteria

- Pharmacies delivering this service must:
  - Complete the following CPPE open learning courses: EHC, Chlamydia screening and treatment, Safeguarding Children
  - Be accredited to use the relevant Patient Group Directions (PGDs) and be familiar with the NICE guidance on PGDs
  - Attend separate training relating to the provision of oral contraception
- The service should be available at all times during the pharmacy's opening hours
- The pharmacy must have a consultation area which must be used for these consultations

- Premises must be insured
- Policies for safeguarding (including Fraser competency) / complaints / data protection must be place

### Evidence base

- The effectiveness of Sexual Health Services at improving outcomes and reducing chlamydia infections and unwanted pregnancies, has been demonstrated in studies:
  - Over 14,000 Chlamydia tests were administered in one private pharmacy over 2 years; private and NHS services improve choice for patients<sup>13</sup>
  - Community pharmacy-based chlamydia testing and treatment services increase client access<sup>11</sup>
  - EHC services provide timely access, with most women able to receive it within 24 hours of unprotected intercourse<sup>12,14</sup>
  - EHC services (including supply against prescription, under PGDs or over the counter sales) are highly rated by women who use them<sup>12,14</sup>
  - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, but it is not possible to separate out the contribution of the community pharmacy service<sup>15</sup>
  - Evidence of EHC impact is generally lacking, although one randomised controlled trial noted fewer A&E visits<sup>16</sup>. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referral, links to contraception advice and pregnancy testing intercourse<sup>17</sup>
  - 10% of women, choose pharmacy supply of EHC to maintain anonymity. Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more 'local' pharmacies intercourse<sup>1</sup>

# 3. Assessment of Pharmaceutical Services

## 3.6.2. Sexual Health

### Current picture

- Pharmacies are commissioned as follows:
  - 30 (48%) pharmacies are commissioned to provide level 1 services
  - 4 (6%) pharmacies are commissioned to provide level 2 services
  - 7 (11%) pharmacies are commissioned to provide oral contraception.
- In the Community Pharmacy Survey:
  - 22 (35.5%) pharmacies stated they provided Chlamydia testing
  - 7 (11.3%) pharmacies stated that they provided Chlamydia treatment.
  - 9 (14.5%) pharmacies stated they provided the oral contraceptive service
  - 32 (51.6%) pharmacies stated they provided EHC.
  - 37 (59.7%) of pharmacies stated they provided at least 1 of these services.
- **Maps 12-14** provide an overview of the distribution of pharmacies commissioned to provide sexual health services. **Table 22** summarises service availability by locality and ward:
  - 30 pharmacies provide one or more sexual health services
  - 5 pharmacies are located in Bermondsey & Rotherhithe, 9 in Borough & Walworth, 8 in Dulwich and 8 in Peckham & Camberwell
  - These 30 pharmacies provide access to the service on weekdays (09.00am to 5.00pm) and Saturday (9.00am to 1.00pm)
  - Access outside of these hours is much more limited, particularly in the early mornings (up until and including 8:30am) and Saturday evenings.
  - **Maps 12-14** give an appreciation of where in the borough pharmacies providing different aspects of the sexual health service are located. All services are available in all localities except for Level 2, Chlamydia treatment and oral contraception, where there is no pharmacy in Bermondsey and Rotherhithe providing the service.
  - There is substantial interest from pharmacies, not already providing sexual health services, to deliver the service:
    - 50 pharmacies reported that they would be interested in providing the oral contraception service
    - 29 EHC
    - 35 Chlamydia testing
    - 50 Chlamydia treatment
- **Non-pharmacy providers include:** Specialised and community sexual health clinics, GPs, providers specifically contracted for certain groups (e.g. Brook for young people), termination services, A&E.

# 3. Assessment of Pharmaceutical Services

## 3.6.2. Sexual Health

Table 22: Number of pharmacies offering any sexual health service

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	1	0	1	0	1	1	0	0	0
	Riverside	0	1	0	1	0	1	1	0	0	0
	Rotherhithe	1	2	2	0	1	2	2	1	0	1
	South Bermondsey	1	1	1	0	1	1	1	1	0	1
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>2</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Borough & Walworth	Cathedrals	1	1	0	0	0	1	0	0	0	0
	Chaucer	0	2	0	0	0	2	1	0	0	0
	East Walworth	0	4	2	0	0	4	4	0	0	1
	Faraday	0	2	0	0	0	2	2	0	0	0
	Newington	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>9</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>1</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.2. Sexual Health

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	East Dulwich	0	3	2	0	0	3	3	0	0	0
	Peckham Rye	0	2	0	1	0	2	1	0	0	0
	South Camberwell	0	1	0	1	0	1	0	0	0	0
	Village	0	2	2	0	0	2	2	0	0	0
	<b>Total</b>	<b>0</b>	<b>8</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>8</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>

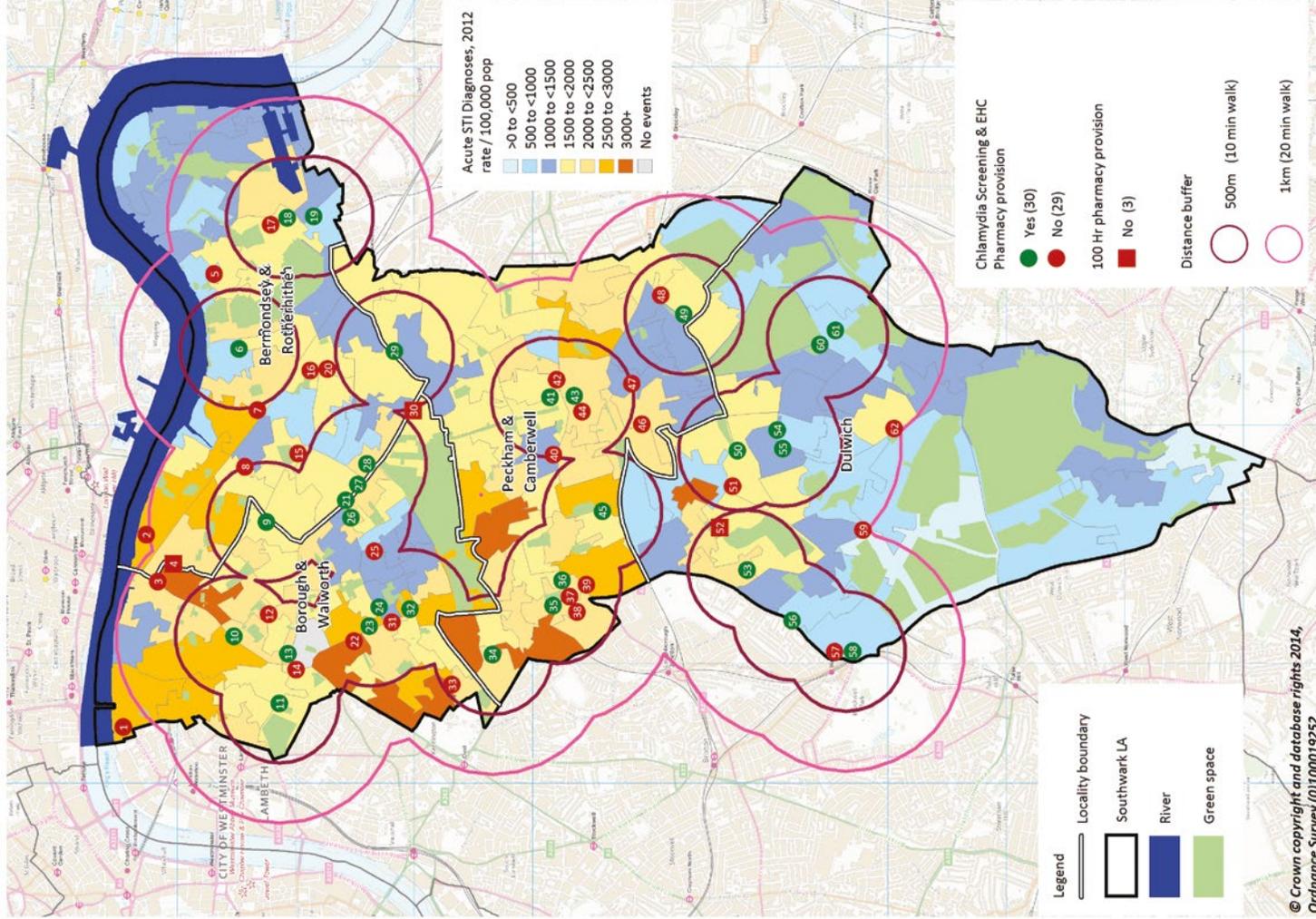
Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Peckham & Camberwell	Brunswick Park	0	2	1	0	0	2	1	0	0	0
	Camberwell Green	1	2	2	0	0	2	2	0	0	0
	Livesey	0	1	1	0	0	1	1	0	0	0
	Nunhead	0	0	0	0	0	0	0	0	0	0
	Peckham	0	1	1	0	0	1	1	0	0	0
	The Lane	0	2	2	0	0	2	2	1	0	1
<b>Total</b>	<b>1</b>	<b>8</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>1</b>	

<b>Grand Total</b>	<b>4</b>	<b>30</b>	<b>16</b>	<b>4</b>	<b>2</b>	<b>30</b>	<b>25</b>	<b>3</b>	<b>0</b>	<b>4</b>
<b>% of total</b>	<b>6.5%</b>	<b>48.4%</b>	<b>25.8%</b>	<b>6.5%</b>	<b>3.2%</b>	<b>48.4%</b>	<b>40.3%</b>	<b>4.8%</b>	<b>0.0%</b>	<b>6.5%</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.2. Sexual Health

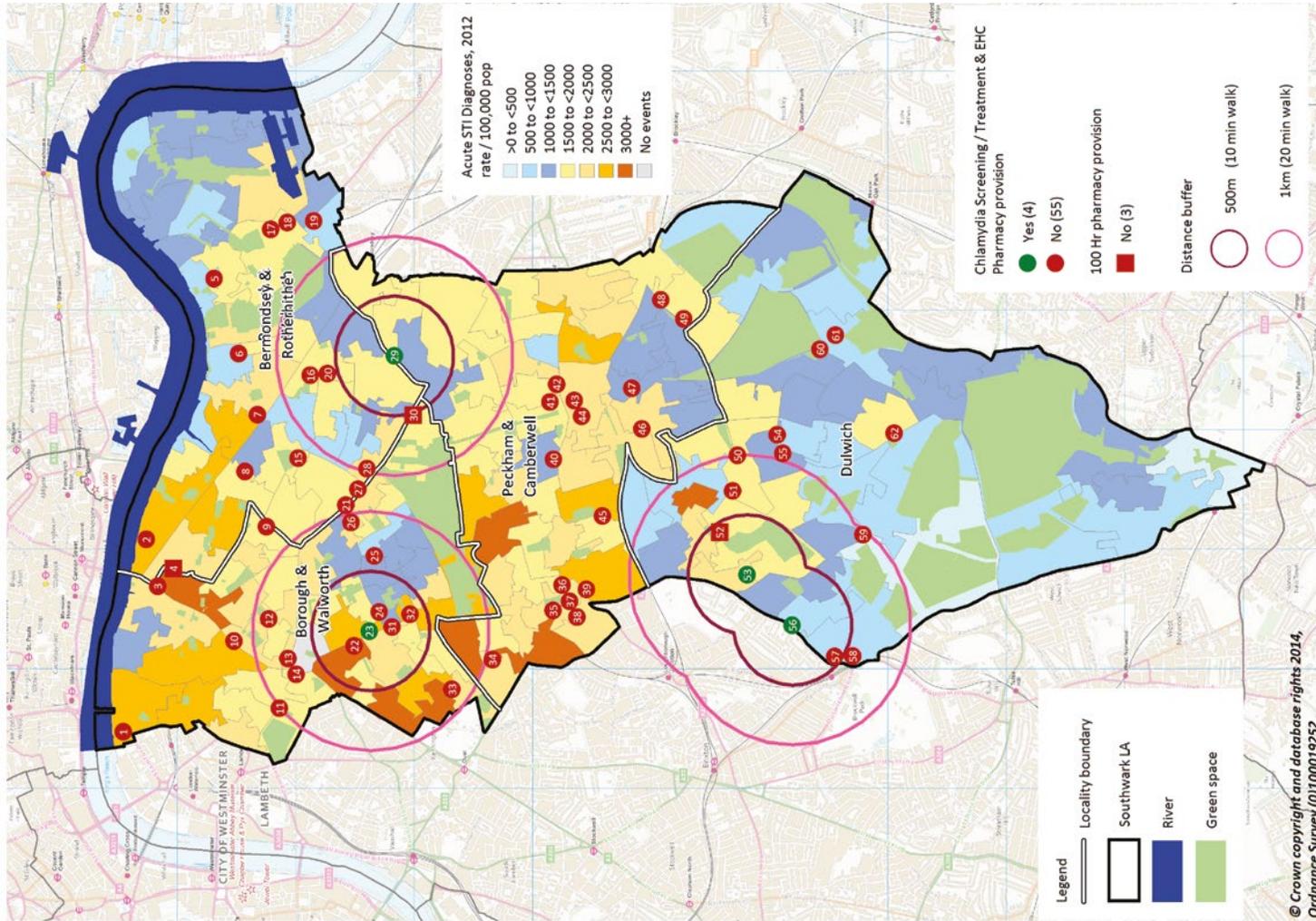
Map 12 Sexual Health - Level 1 - Chlamydia testing & EHC  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.6.2. Sexual Health

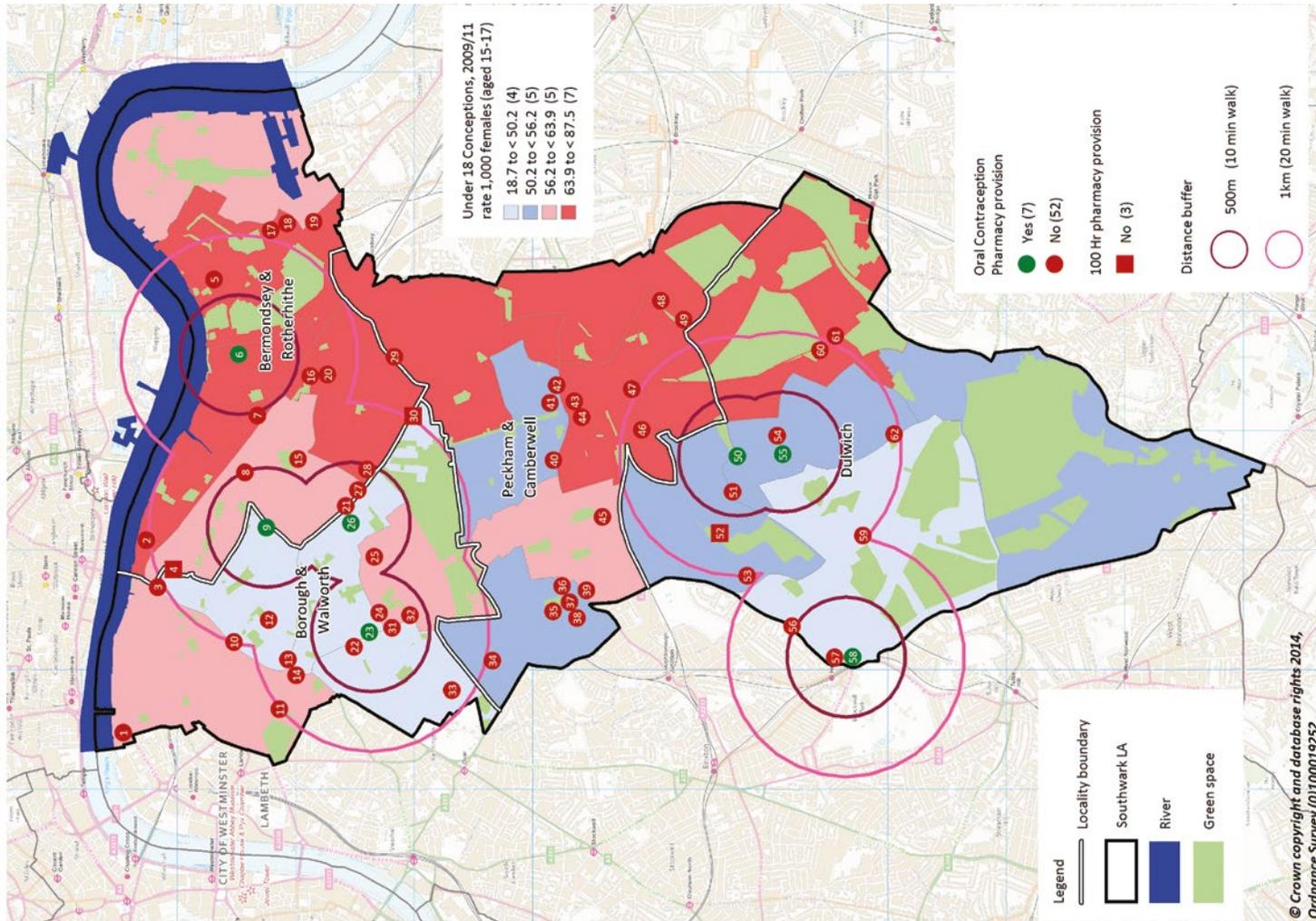
Map 13 Sexual Health - Level 2 - Chlamydia testing / treatment & EHC  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.6.2. Sexual Health

Map 14 Sexual Health - Oral Contraception  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.6.2. Sexual Health

### Activity & performance

- Table 23 summarises the activity of pharmacies in the four localities (2013/14).
  - Not all pharmacies provided data. For those pharmacies that did not provide data it was assumed there was no activity:
- 25 (out of 36) pharmacies provided data on EHC
- 17 (out of 36) on chlamydia screening
- 3 (out of 6) on chlamydia treatment and
- 2 (out of 14) on oral contraception provision.
  - There is variation in service use between pharmacies
  - A total of 5120 EHC were provided by Southwark pharmacies – each pharmacy supplying between 0 to 1294 EHC
  - There were an additional 100 consultations on EHC by pharmacists where EHC was not supplied
  - The numbers using the Chlamydia screening and treatment services are relatively low with only 420 being screened and 49 treated.
  - Limited data (from 2 pharmacies) were available for the oral contraception service and so this is not included in the table; there were 472 initial consultations and 460 repeat consultation across the borough.

### Meeting the needs of those with a protected characteristic

<b>Age</b>	✓	Contracted EHC service provided by the NHS available to under 30s only; chlamydia screening for 15-24 only
<b>Disability</b>	X	No specific needs identified
<b>Gender</b>	✓	Young women following unprotected sexual intercourse / male partners for chlamydia treatment
<b>Race</b>	✓	Language may be a barrier to delivering successful sexual health services
<b>Religion or belief</b>	✓	Religious beliefs need to be taken into account
<b>Pregnancy and maternity</b>	✓	Chlamydia can have an adverse effect on fertility; support for unwanted pregnancies by referring onto services
<b>Sexual orientation</b>	✓	Advice on safe sex and risky sexual behaviour
<b>Gender reassignment</b>	X	No specific needs identified
<b>Marriage &amp; civil partnership</b>	X	No specific needs identified

# 3. Assessment of Pharmaceutical Services

## 3.6.2. Sexual Health

Table 23: Sexual health services activity (2013/14)

Locality	Pharmacies commissioned to provide sexual health services		EHC supply (number)	Chlamydia	
	Level 1 only	Level 1 and 2		Total screens	Total treatments
Bermondsey & Rotherhithe	7	1	590	70	0
Borough & Walworth	10	1	2072	158	34
Dulwich	5	2	762	73	9
Peckham & Camberwell	8	2	1696	119	6
<b>Total</b>	<b>30</b>	<b>6</b>	<b>5120</b>	<b>420</b>	<b>49</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.2. Sexual Health

### Further provision

- Approaching the 100 hour pharmacies, as well as those who open for extended hours, would assist with addressing the current gaps

### The Future

- A review is currently underway into the role of pharmacies in sexual health provision to increase equitable and appropriate access.
- We intend to explore and address the variation in performance between pharmacies within the localities.
- Potential service developments include alcohol identification and brief advice to service users
- A Healthy Living Pharmacy Programme could support improvements in sexual health.

### Conclusions on Sexual Health

- Improving sexual health is a priority for Southwark. There is published evidence to support the supply of EHC and chlamydia screening and treatment through pharmacies
- We have concluded that the sexual health service is necessary to meet the pharmaceutical needs of our population, particularly with respect to access to contraception provision. The pharmacy-based chlamydia screening and treatment service provides a choice of provider and potentially improves access for young people
- Service accessibility including late night and at weekends usually sets pharmacy aside from other providers. However, this is not the case in Southwark. Whilst there is reasonable access on weekdays (9.30am to 5.00pm) and Saturday (9.00am to 1.00pm), we have identified a number of gaps with sexual health services outside of these hours:
  - In all localities there is limited access in the early mornings
  - On Sunday 4 pharmacies offer the service with Bermondsey and Rotherhithe and Dulwich both having only one pharmacy offering the service, respectively.

# 3. Assessment of Pharmaceutical Services

## 3.6.3. NHS Health Checks

### Overview

- The NHS Health Check is a screening check of vascular or circulatory health aimed at adults in England aged 40 to 74.
- It looks at and attempts to modify the risk factors for heart disease, stroke, diabetes, kidney disease and some forms of dementia.
- Advice or referral onto other services are provided for: physical activity, weight management, stopping smoking, alcohol intake, diabetes and dementia.

### Provider criteria

- Staff delivering the service must:
  - Meet the competencies set out in the Skills for Health “*Vascular risk assessment: Workforce Competences*” & be familiar with “*NHS Health Check : Vascular Risk Assessment and Management Best Practice Guidance*” (December 2013)
  - Attend update training and/or competence training on an annual basis or more frequently if the programme dictates
- NHS Health Checks must be undertaken in a private consultation room with hand washing facilities, wipe clean surfaces (including the floor) and access to a computer with Excel software and the internet. Pharmacies must also have access to an on-site fridge to store relevant medicine.
- Pharmacies must be compliant with the service specification which sets out the contents of the health check.
- Point of care testing equipment is loaned to pharmacies and all pharmacies are required to meet the manufacturer’s guidance for quality assurance.

### Evidence base

- The NHS health check aims to prevent people developing long term conditions and it has not been in place for a long enough time period to clearly show that it is doing this. A Department of Health statistical model suggests that every year, the NHS Health Check is expected to help<sup>18</sup>:
  - save 650 lives
  - prevent 1,600 heart attacks and strokes
  - prevent 4,000 people from developing diabetes
  - detect at least 20,000 cases of diabetes or kidney disease earlier

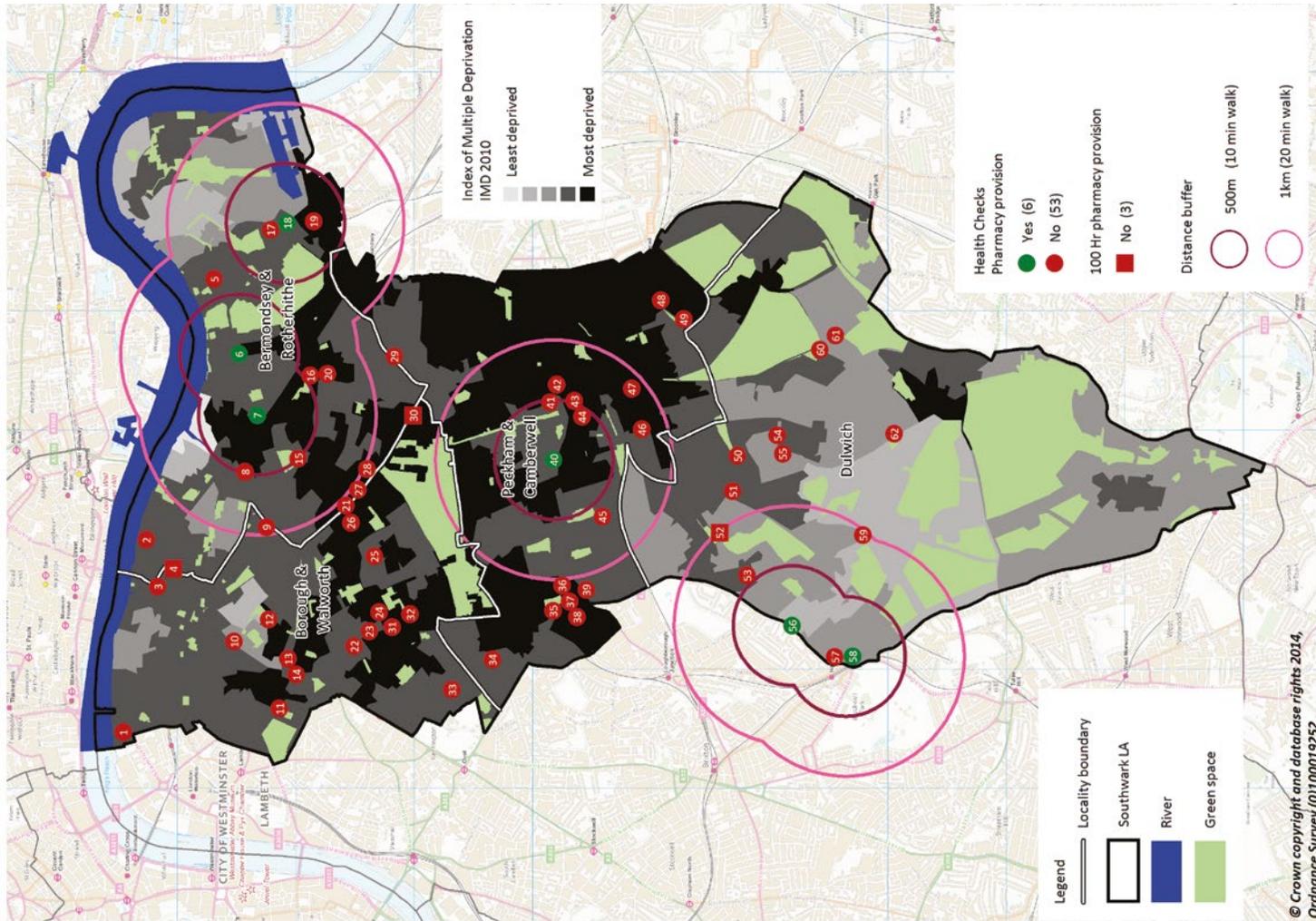
### Current picture

- 6 pharmacies in Southwark are commissioned to provide NHS health checks.
- Pharmacies commissioned for this service have been selected due to being in areas where there is a lack of access to the NHS health check from other providers
- **Map 15** provides an overview of the distribution of those pharmacies commissioned to provide health checks and **Table 24** summarises service availability by locality and ward:
  - 3 pharmacies are located in Bermondsey & Rotherhithe, 0 in Borough & Walworth, 2 in Dulwich and 1 in Peckham & Camberwell
  - These 6 pharmacies provide access to the service on weekdays (9.30am to 5.00pm) but outside of these hours there is a much more limited service, particularly in the mornings (up until and including 8:30am)
  - On Saturday evenings from 7pm and Sundays there is only one pharmacy open to provide the service.
- **Non-pharmacy providers include:** GPs, NHS Health Checks Outreach Team

# 3. Assessment of Pharmaceutical Services

## 3.6.3. NHS Health Checks

Map 15: Health Checks  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.6.3. NHS Health Checks

Table 24: Number of pharmacies offering NHS Health checks

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	0	0	0	0	0	0	0	0	0
	Riverside	0	2	0	1	0	1	1	0	0	0
	Rotherhithe	1	1	1	0	1	1	1	1	0	1
	South Bermondsey	0	0	0	0	0	0	0	0	0	0
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Borough & Walworth	Cathedrals	0	0	0	0	0	0	0	0	0	0
	Chaucer	0	0	0	0	0	0	0	0	0	0
	East Walworth	0	0	0	0	0	0	0	0	0	0
	Faraday	0	0	0	0	0	0	0	0	0	0
	Newington	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.3. NHS Health Checks

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	East Dulwich	0	0	0	0	0	0	0	0	0	0
	Peckham Rye	0	0	0	0	0	0	0	0	0	0
	South Camberwell	0	0	0	0	0	0	0	0	0	0
	Village	0	2	2	0	0	2	2	0	0	0
	<b>Total</b>		<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Peckham & Camberwell	Brunswick Park	0	0	0	0	0	0	0	0	0	0
	Camberwell Green	0	0	0	0	0	0	0	0	0	0
	Livesey	0	0	0	0	0	0	0	0	0	0
	Nunhead	0	0	0	0	0	0	0	0	0	0
	Peckham	0	1	1	1	0	0	0	0	0	0
	The Lane	0	0	0	0	0	0	0	0	0	0
<b>Total</b>		<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Grand Total</b>	<b>1</b>	<b>6</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>% of total</b>	<b>1.6%</b>	<b>9.7%</b>	<b>6.5%</b>	<b>3.2%</b>	<b>1.6%</b>	<b>6.5%</b>	<b>6.5%</b>	<b>1.6%</b>	<b>0.0%</b>	<b>1.6%</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.3. NHS Health Checks

### Activity & performance

- In 2013/14 pharmacies performed 616 health checks. This is 9% of the total health checks performed in Southwark.
- This activity was similar to that of GP practices providing the service (an average of 102.7 health checks per pharmacy compared to 105.6 health checks per GP practice).

### Further provision

- The Health Checks service will be extended to a further 10 pharmacies in 2015/16 to improve choice and access at weekends.

### Future

- NHS Health Checks could be linked into a Healthy Living Pharmacy Programme because of synergies with other lifestyle services

### Meeting the needs of those with a protected characteristic

Age	X	Service may be used by those aged 40 to 75
Disability	X	No specific needs identified
Gender	X	Men are at higher risk of poor vascular or circulatory health
Race	✓	Language may be a barrier to delivering health promotion advice; BME populations are at higher risk of poor vascular or circulatory health
Religion or belief	X	No specific needs identified
Pregnancy and maternity	X	No specific needs identified
Sexual orientation	X	LGBT populations are at higher risk of poor vascular or circulatory health as a result of higher smoking rates
Gender reassignment	X	No specific needs identified
Marriage & civil partnership	X	No specific needs identified

# 3. Assessment of Pharmaceutical Services

## 3.6.3. NHS Health Checks

### Conclusions

- Circulatory diseases are the single most common cause of death in Southwark and a key contributor to the life expectancy gap between the most and least deprived.
- Southwark has significantly higher rates of early deaths (under 75) from cardiovascular diseases (94.4 per 100,000) compared with the London (80.1 per 100,000) and England (78.2 per 100,000) averages.
- It is estimated that 80% of cases of CVD are preventable either through adopting healthy lifestyle choices and/or the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant or anti-platelet therapy, anti-diabetic medication)
- There are high levels of cardiovascular problems in the borough and it is a key contributor to the life expectancy gap between the most and least deprived. Reducing health inequalities is a local strategic priority. However, as there are other non-pharmacy providers of NHS Health Checks we have concluded that NHS Health Checks is a relevant, but not necessary, service to meet the pharmaceutical needs of our population.
- 6 pharmacies are commissioned to provide the service but a further 1 pharmacies stated they would be willing to provide this service in the future.
- With respect to service provision we have identified the following current gaps:
  - Only 6 pharmacies are commissioned to provide NHS Health Checks with no pharmacies delivering the service in Borough & Walworth and only 1 in Peckham and Camberwell.
  - Very limited access to the community-pharmacy-based service on Saturday evening and Sundays, when only one pharmacy in Rotherhithe (Bermondsey & Rotherhithe locality) is open
- When we take into consideration the availability of NHS Health Checks through GPs and the Outreach Team we conclude that there are no gaps in service provision.

# 3. Assessment of Pharmaceutical Services

## 3.6.4. Supervised consumption

### Overview

- The supervised consumption service supports those with an opiate addiction as part of a detoxification programme or those on maintenance therapy.
- The service may be accessed by those aged 16 years or over.
- It involves the pharmacist supervising the consumption of the substitute medicine (methadone, naltrexone, suboxone or buprenorphine) to ensure the patient is complying with their treatment (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed).
- This service promotes harm reduction by reducing the need for clients to inject drugs, presents opportunities for health promotion (e.g. through displaying leaflets and/or opportunistic advice) and signposting / referral on to other drug services as necessary.
- The overall aim and objectives of the service include:
  - Ensuring compliance within an agreed care plan
  - Reducing the risk of drug related death or health complications
  - Reducing the likelihood of illicit drug leakage into the community and reducing crime associated with drug misuse.

### Provider Criteria

- Pharmacies should ensure that pharmacists delivering the service have attended the relevant training.
- Pharmacists must supervise consumption themselves
- The pharmacy should provide the service Monday – Saturday
- The pharmacy must have a consultation area/ a private space
- Policies for safeguarding, complaints and data protection must be in place
- The pharmacy staff should act with dignity, be respectful and non-judgemental towards the clients and see the client within a reasonable timeframe

### Evidence base

- Studies have demonstrated the effectiveness of community pharmacy based supervised consumption services at improving adherence, improving outcomes and reducing medicine diversion:<sup>11,12</sup>
  - There is moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users
  - Recent evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination
  - Most drug users value community pharmacy-based services highly

# 3. Assessment of Pharmaceutical Services

## 3.6.4. Supervised consumption

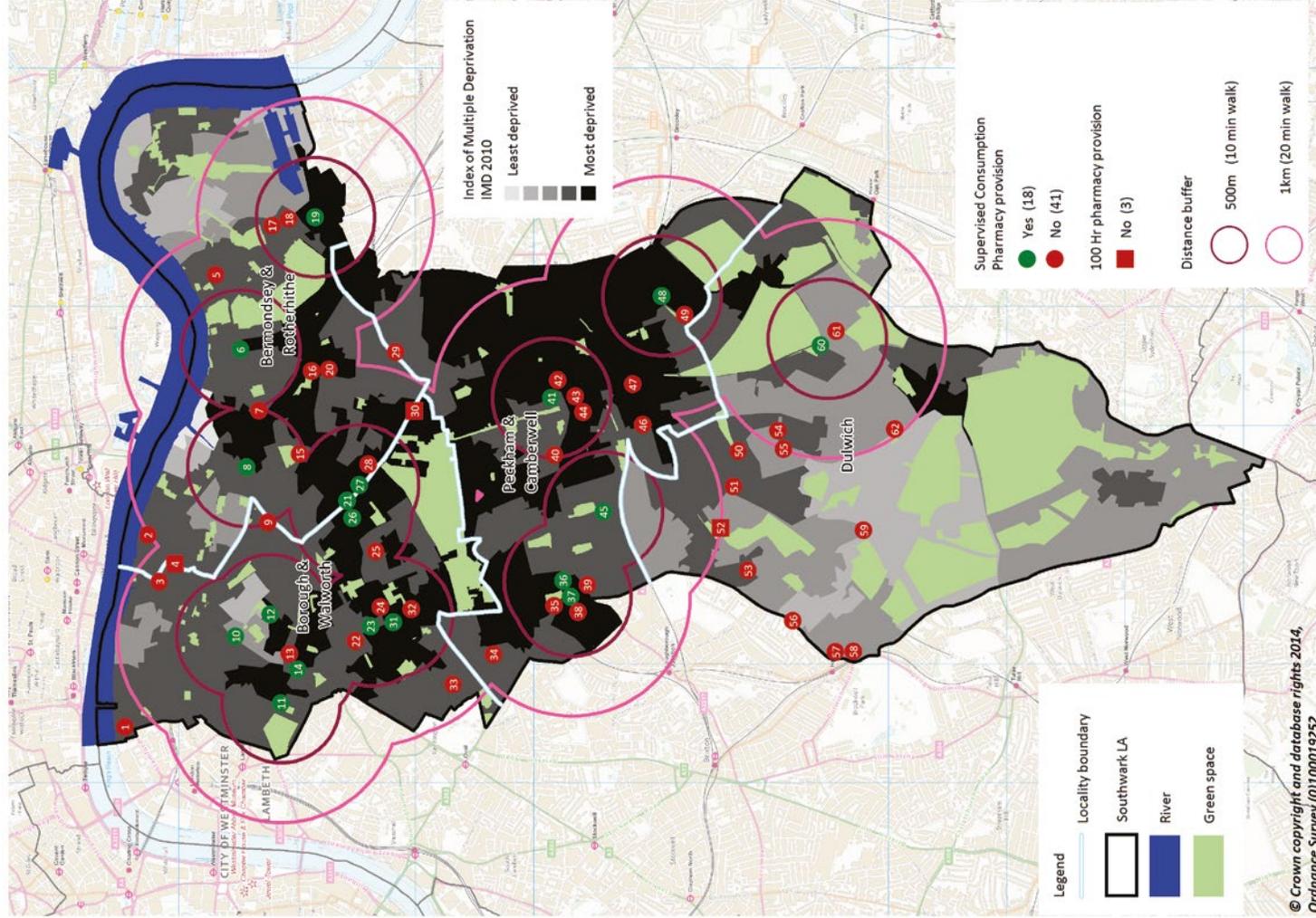
### Current Picture

- 18 (29.0%) pharmacies are commissioned to provide supervised administration.
- **Map 16** provides an overview of the distribution of these 18 pharmacies and **Table 25** summarises service availability:
  - 4 pharmacies are located in Bermondsey & Rotherhithe, 8 in Borough & Walworth, 1 in Dulwich and 5 in Peckham & Camberwell
  - On weekdays (9.30 to 5.00pm) and Saturdays (9.00 to 1.00pm), most residents can access the service within their own.
  - Access outside of these hours is much more limited, particularly in the early mornings (up until and including 9.30am) and on Saturday evening.
  - On Sunday, only Borough & Walworth has provision.
- **Table 26** summarises the activity of pharmacies which are commissioned to provide the service
- **Non-pharmacy providers:** None.

# 3. Assessment of Pharmaceutical Services

## 3.6.4. Supervised consumption

Map 16: Supervised Administration  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.6.4. Supervised consumption

Table 25: Number of pharmacies offering supervised administration service

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	2	0	1	0	2	2	0	0	0
	Riverside	0	1	0	1	0	1	1	0	0	0
	Rotherhithe	0	1	1	0	0	1	1	0	0	0
	South Bermondsey	0	0	0	0	0	0	0	0	0	0
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Borough & Walworth	Cathedrals	1	1	0	0	0	1	0	0	0	0
	Chaucer	0	2	1	0	0	2	0	0	0	0
	East Walworth	0	4	3	1	0	4	4	0	1	1
	Faraday	0	1	0	0	0	1	1	0	0	1
	Newington	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>8</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>8</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>2</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.4 Supervised consumption

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	East Dulwich	0	0	0	0	0	0	0	0	0	0
	Peckham Rye	0	1	0	1	0	1	0	0	0	0
	South Camberwell	0	0	0	0	0	0	0	0	0	0
	Village	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>		<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Peckham & Camberwell	Brunswick Park	0	2	1	0	0	2	1	0	0	0
	Camberwell Green	0	1	1	1	0	1	1	0	0	0
	Livesey	0	0	0	0	0	0	0	0	0	0
	Nunhead	0	1	1	0	0	1	1	0	0	0
	Peckham	0	1	1	0	0	1	1	0	0	0
	The Lane	0	0	0	0	0	0	0	0	0	0
<b>Total</b>		<b>0</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Grand Total</b>	<b>1</b>	<b>18</b>	<b>9</b>	<b>5</b>	<b>0</b>	<b>18</b>	<b>13</b>	<b>0</b>	<b>1</b>	<b>2</b>
<b>% of total</b>	<b>1.6%</b>	<b>29.0%</b>	<b>14.5%</b>	<b>8.1%</b>	<b>0.0%</b>	<b>29.0%</b>	<b>21.0%</b>	<b>0.0%</b>	<b>1.6%</b>	<b>3.2%</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.4 Supervised consumption

Table 26: Activity of pharmacies who were commissioned to provide supervised administration service ( 2013-14)

Locality	Pharmacies	Number of dispenses	Average number of dispenses per pharmacy	Lowest performance	Highest performance
Bermondsey & Rotherhithe	5	13906	2781	0	10140
Borough & Walworth	7	15964	2281	29	5289
Peckham and Camberwell	5	11303	2261	703	6515
Dulwich	1	422	422	422	422
<b>Total</b>	<b>18</b>	<b>41595</b>	<b>2311</b>	<b>0</b>	<b>10140</b>

Source: Local commissioner of supervised administration Service

# 3. Assessment of Pharmaceutical Services

## 3.6.4. Supervised consumption

### Meeting the needs of those with a protected characteristic

<b>Age</b>	X	Service may be accessed by those aged 18 years and over
<b>Disability</b>	X	No specific needs identified
<b>Gender</b>	X	No specific needs identified
<b>Race</b>	✓	Language may be a barrier to delivering the needle and syringe exchange service
<b>Religion or belief</b>	X	No specific needs identified
<b>Pregnancy and maternity</b>	✓	Support for the unborn child
<b>Sexual orientation</b>	X	No specific needs identified
<b>Gender reassignment</b>	X	No specific needs identified
<b>Marriage &amp; civil partnership</b>	X	No specific needs identified

### Overview

#### Further provision

- Review the reason as to why some pharmacies are more active than others and address and issues identified (we believe that this may be due, in part, to service users exercising choice)
- Continue to ensure that the service referring substance misuse clients into the supervised consumption service, offer the client a choice from all pharmacies who are currently commissioned to provide the service
- Where suitable approach the 100 hour pharmacies, as well as those who open for extended hours, could assist with addressing the current gaps

#### The Future

- Actively monitor the quality, outcomes and client experience of service provision; and will work with pharmacist s to address any issues identified. If a pharmacy’s service quality and/or outcomes remains consistently poor, the service may be decommissioned. This could lead to service gaps in the short term.

# 3. Assessment of Pharmaceutical Services

## 3.6.4. Supervised consumption

### Conclusions

- The supervised administration service provides support to drug users with a view to helping them manage their treatment programme. It aims to improve patients' outcomes and to reduce the diversion of drugs into the community.
- Southwark has a high rate of opiate and/or crack users in Southwark (13.1 per 1000 of the population compared with 9.6 per 1000 in London and 8.4 per 1000 in England).
  - Of the 2,829 opiate and/or crack users approximately a quarter (728) are injecting drug users. The needle and syringe programme aims to reduce the transmission of blood borne viruses in this population.
  - The supervised administration service aims to support drug users to manage their treatment as reduce drug related crime.
- Given the benefits of the supervised consumption scheme, the alignment with local strategic priorities and that there are no non-pharmacy providers of supervised administration we have concluded that this service is **necessary to meet the pharmaceutical needs of our population.**
- 18 pharmacies are commissioned to provide supervised administration.
- With respect to service provision we have identified the following current gaps:
  - Very limited access to the community pharmacy-based service in the early mornings (up until and including 9.30am) and on Saturday evening.

# 3. Assessment of Pharmaceutical Services

## 3.6.5. Needle and syringe exchange

### Overview

- The needle and syringe exchange service involves the provision of clean injecting equipment and the means to dispose of used needles and syringes.
- The service also helps to signpost users to the local Community Drugs Team and through the provision of information and advice, encourage those people to access further services. This support is important to enable individuals to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life.
- The service aims to protect health and reduce the rate of blood-borne infections and drug related deaths among injecting service users by:
  - Reducing the rate of sharing and other high risk injecting behaviours by providing sterile injecting equipment and other support
  - Promoting safer injecting practices by providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention
  - Protecting the health of the public by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment
  - Helping services users access other health and social care and to act as a gateway to other services including Hepatitis B immunisations, Hepatitis and HIV screening, primary care services, drug and alcohol services.

### Provider Criteria

- Pharmacists delivering the service must complete the relevant training delivered by the local needle-exchange coordinator
- Staff should be aware of the relevant Standard Operating Procedure and follow it
- The service should be available at all times when the pharmacy is open
- The pharmacy must have a consultation area/private area
- Premises must be insured
- Policies for safeguarding / complaints / data protection must be in place
- The pharmacy staff should act with dignity, be respectful and non-judgemental towards the clients and see the client within a reasonable timeframe

# 3. Assessment of Pharmaceutical Services

## 3.6.5. Needle and syringe exchange

### Evidence Base

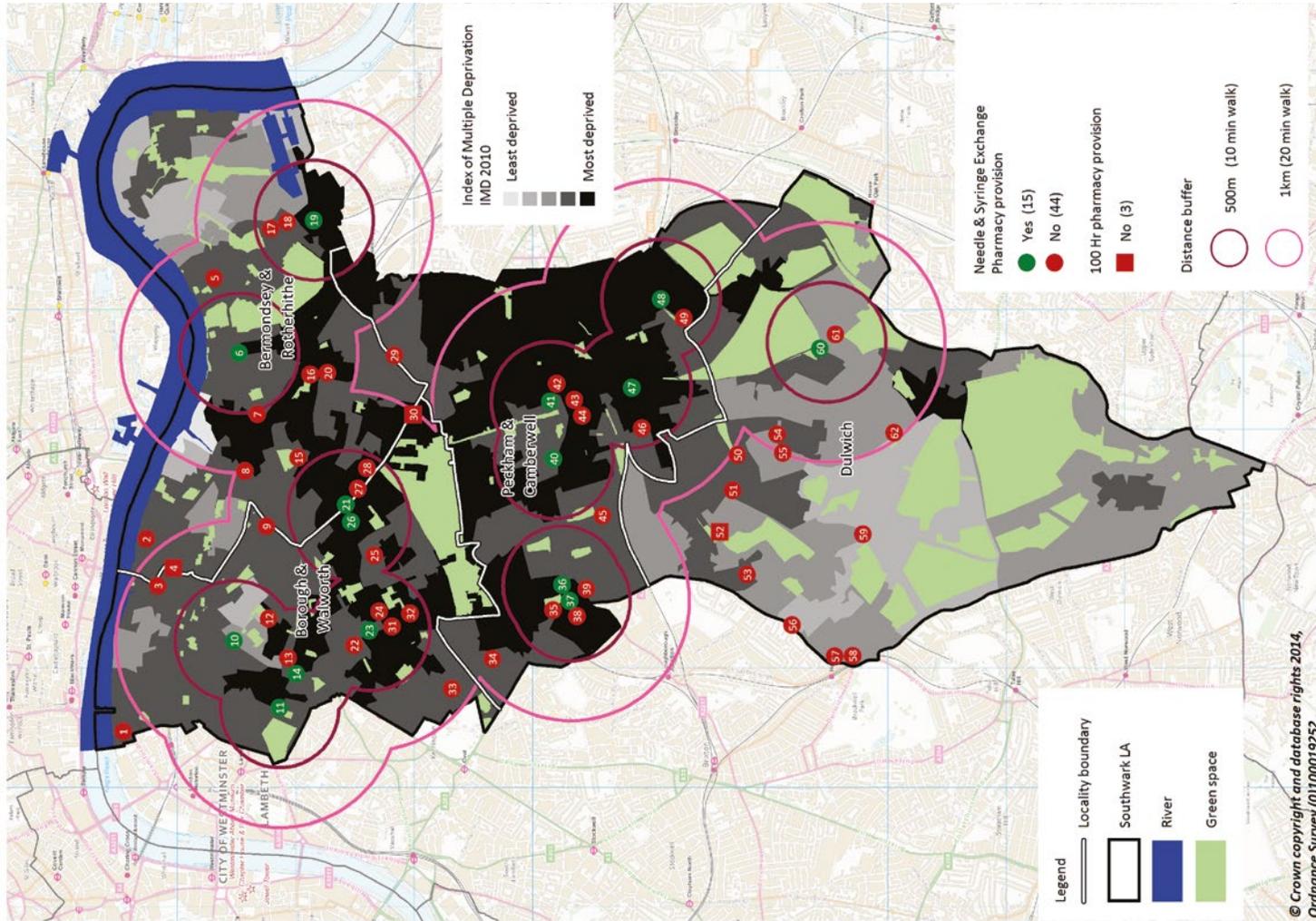
- The effectiveness of Needle and Syringe Exchange services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies:<sup>11,12</sup>
  - Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only
  - Most drug users value community pharmacy-based services highly

### Current picture

- 15 (24.2%) pharmacies are commissioned to provide a needle and syringe exchange service
- **Map 17** provides an overview of the distribution of these pharmacies, and **Table 27** summaries service availability.
  - 2 pharmacies are located in Bermondsey & Rotherhithe, 6 in Borough & Walworth, 1 in Dulwich and 6 in Peckham & Camberwell
  - On weekdays (9.30am-5.00pm) and Saturdays (9.30am to 1.00pm) a large number of residents can access the service within their own ward and all within their own locality
  - Access outside of these hours is much more limited, particularly on Sundays and Saturday evenings from 7pm when only one pharmacy (situated in East Walworth ward and Nunhead ward, respectively) is open
- **Non-pharmacy providers include:** Foundation 66 (Alcohol Treatment Service), Kappa (Shared Care Drug Service), CDAT (alcohol and Drug Service), Evolve (Stimulant and Club Drug Service), various hostels in the borough.

# 3. Assessment of Pharmaceutical Services

Map 17: Needle Exchange  
Appendix G pharmacy name and addresses



# 3. Assessment of Pharmaceutical Services

## 3.6.5. Needle and syringe exchange

Table 27: Number of pharmacies offering needle and syringe exchange service

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	0	0	0	0	0	0	0	0	0
	Riverside	0	1	0	1	0	1	1	0	0	0
	Rotherhithe	0	1	1	0	0	1	1	0	0	0
	South Bermondsey	0	0	0	0	0	0	0	0	0	0
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Borough & Walworth	Cathedrals	1	1	0	0	0	1	0	0	0	0
	Chaucer	0	1	0	0	0	1	0	0	0	0
	East Walworth	0	4	3	1	0	4	4	0	1	1
	Faraday	0	0	0	0	0	0	0	0	0	0
	Newington	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>1</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.5. Needle and syringe exchange

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	East Dulwich	0	0	0	0	0	0	0	0	0	0
	Peckham Rye	0	1	0	1	0	1	0	0	0	0
	South Camberwell	0	0	0	0	0	0	0	0	0	0
	Village	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>		<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Peckham & Camberwell	Brunswick Park	0	1	1	0	0	1	1	0	0	0
	Camberwell Green	0	1	1	1	0	1	1	0	0	0
	Livesey	0	0	0	0	0	0	0	0	0	0
	Nunhead	0	1	1	0	0	1	1	0	0	0
	Peckham	0	2	2	1	0	1	1	0	0	0
	The Lane	0	1	0	0	0	0	0	0	0	0
<b>Total</b>		<b>0</b>	<b>6</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Grand Total</b>	<b>1</b>	<b>15</b>	<b>9</b>	<b>5</b>	<b>0</b>	<b>13</b>	<b>10</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>% of total</b>	<b>1.6%</b>	<b>24.2%</b>	<b>14.5%</b>	<b>8.1%</b>	<b>0.0%</b>	<b>21.0%</b>	<b>16.1%</b>	<b>0.0%</b>	<b>1.6%</b>	<b>1.6%</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.5. Needle and syringe exchange

### Activity and Performance

- No activity data available. Commissioners would need to review this data to understand future commissioning intentions.

### Meeting the needs of those with a protected characteristic

Age	X	No specific needs identified
Disability	X	No specific needs identified
Gender	X	No specific needs identified
Race	✓	Language may be a barrier to delivering the needle and syringe exchange service
Religion or belief	X	No specific needs identified
Pregnancy and maternity	✓	Support for the unborn child
Sexual orientation	X	No specific needs identified
Gender reassignment	X	No specific needs identified
Marriage & civil partnership	X	No specific needs identified

# 3. Assessment of Pharmaceutical Services

## 3.6.5. Needle and syringe exchange

### Further provision

- There is an option to approach the 100 hour pharmacies, as well as those who are open for extended hours, this will assist addressing the current gaps particularly on Saturday evenings and on Sundays

### The future

- Actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified. If a pharmacy's service quality and/or outcomes remain consistently poor, the service may be decommissioned. This could lead to service gaps in the short term.
- Potential service developments include:
  - Alcohol identification and brief advice
  - Blood-borne virus testing

### Conclusions

- The community pharmacy-based needle and syringe programme is an important public health service which reduces risks to injecting drug users and the general public
- There is published evidence that needle and syringe programmes are cost effective and improve outcomes
- The aim of the service is to keep users as healthy as possible as well as reducing the transmission of blood-borne viruses.

- We have concluded that this service is **necessary to meet the pharmaceutical needs of our population** because:
  - There are limited alternative providers of an extended distribution service and there is a perceived stigma of asking for needles at other providers
  - There is a clear local health need as Southwark has a high rate of opiate and/or crack users and approximately a quarter are injecting drug users.
  - Supplements have to be collected on a regular basis and pharmacies offer provision of the service in a more accessible way
  - There is documented evidence that needle and syringe programmes are effective and the service is aligning with local strategic priorities to reduce harm associated with drug misuse
  - 15 pharmacies are commissioned to provide the service. In our Community Pharmacy Survey a further 29 said they would be interested in providing the service in the future.
  - With respect to community pharmacy-based service provision we have identified the following current gaps:
    - Very limited access to the community pharmacy-based service on a Saturday evenings from 7pm and Sunday when only one pharmacy situated in East Walworth ward and Nunhead ward, respectively) is open.

# 3. Assessment of Pharmaceutical Services

## 3.6.6. Free (Vitamin) D Distribution

### Overview

- This service, which started in September 2014, involves universal provision of Vitamin D to all pregnant and breast feeding women, mothers with children under 1 and all children until their 4th birthday.

### Provider criteria

- Pharmacies have attended training on the importance of Vitamin D and how to register individuals onto a database that will facilitate the monitoring of vitamin distribution at an individual and local level.

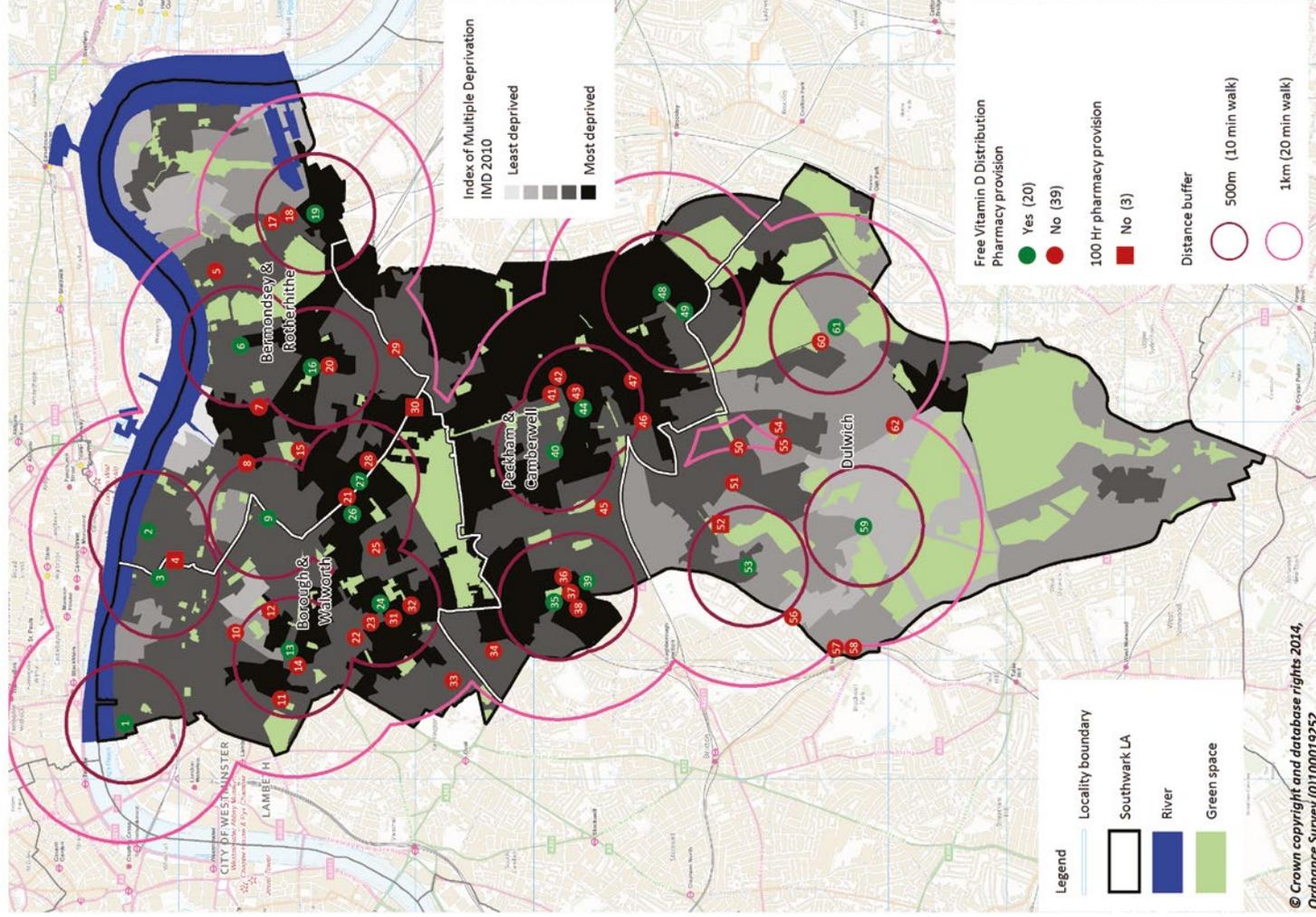
### Evidence base

- Vitamin D is a known cause of rickets.<sup>19</sup>
- The Department of Health recommends that all pregnant and breastfeeding women and infants and young children aged 6 months to 5 years should take a daily vitamin D supplement.<sup>20</sup>
- There is no published evidence on the effectiveness of pharmacies as a setting for vitamin D supplement distribution.

### Current picture

- 20 (32.3%) pharmacies are commissioned to provide this service.
- [Map 18](#) provides an overview of the distribution of these pharmacies, and [Table 28](#) summaries service availability by locality and ward:
  - 5 pharmacies are located in Bermondsey & Rotherhithe, 6 in Borough & Walworth, 3 in Dulwich and 6 in Peckham & Camberwell
  - On weekdays (9.30am to 5.00pm) and Saturdays (9.00am to 1.00pm), most residents can access the service within their own ward and all within their own locality.
  - Access outside these hours is more limited, particularly in the early mornings, on Saturday evenings and on Sundays.
- Non-pharmacy providers include: Health centres

# 3. Assessment of Pharmaceutical Services



# 3. Assessment of Pharmaceutical Services

## 3.6.6. Free (Vitamin) D Distribution

Table 28: Number of pharmacies offering Free Vitamin D distribution service

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Bermondsey & Rotherhithe	Grange	0	1	0	1	0	1	1	0	0	0
	Riverside	1	2	1	1	0	2	2	0	0	1
	Rotherhithe	0	1	1	0	0	1	1	0	0	0
	South Bermondsey	0	1	1	0	0	1	1	0	0	0
	Surrey Docks	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Borough & Walworth	Cathedrals	1	1	0	0	0	0	0	0	0	0
	Chaucer	1	2	0	0	0	1	1	0	0	0
	East Walworth	0	2	0	0	0	2	2	0	0	0
	Faraday	0	1	0	0	0	1	1	0	0	0
	Newington	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.6. Free (Vitamin) D Distribution

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Dulwich	College	0	0	0	0	0	0	0	0	0	0
	East Dulwich	0	0	0	0	0	0	0	0	0	0
	Peckham Rye	0	1	0	0	0	1	1	0	0	0
	South Camberwell	0	1	0	1	0	1	0	0	0	0
	Village	0	1	0	0	0	1	1	0	0	0
	<b>Total</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>

Locality	Ward	Weekdays				Saturday					Sunday
		Open 8:30 or earlier	Open 9:30 to 17:00	Close at 19:00 or later	Closes for lunch	Open 8:30 or earlier	Open at some point	Close at 13:30 or later	Close at 19:00 or later	Closes for lunch	Open
Peckham & Camberwell	Brunswick Park	0	0	0	0	0	0	0	0	0	0
	Camberwell Green	1	2	1	0	0	2	2	0	0	0
	Livesey	0	0	0	0	0	0	0	0	0	0
	Nunhead	0	1	1	0	0	1	1	0	0	0
	Peckham	0	1	1	1	0	0	0	0	0	0
	The Lane	0	2	1	0	0	2	2	0	0	1
<b>Total</b>	<b>1</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	

<b>Grand Total</b>	<b>4</b>	<b>20</b>	<b>7</b>	<b>4</b>	<b>0</b>	<b>17</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>% of total</b>	<b>6.5%</b>	<b>32.3%</b>	<b>11.3%</b>	<b>6.5%</b>	<b>0.0%</b>	<b>27.4%</b>	<b>25.8%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>3.2%</b>

# 3. Assessment of Pharmaceutical Services

## 3.6.6. Free (Vitamin) D Distribution

### Activity & Performance

- The Table 29 summarises the relative performance of pharmacies for September and October 2014 combined.

Table 29: Number of parents and children supplied with free vitamin D through Community Pharmacies

	Total Vitamins	Parent Vitamins	Children Vitamins	Healthy Start Total	Non Healthy Start Total
September	278	80	198	96	182
October	621	183	438	160	461

Source: Vitamin D Co-ordinator

### Meeting the needs of those with a protected characteristic

Age	✓	Babies and children under 5 are at increased risk of deficiency
Disability	✗	No specific needs identified
Gender	✓	Pregnant and breastfeeding women are at increased risk of deficiency
Race	✓	Darker skinned populations such as African, African-Caribbean and South Asian populations are at increased risk of deficiency
Religion or belief	✓	Cultural dress, leading to reduced exposure to the sun, increases risk of deficiency
Pregnancy and maternity	✓	Pregnant and breastfeeding women are at increased risk of deficiency
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

# 3. Assessment of Pharmaceutical Services

## 3.6.6. Free (Vitamin) D Distribution

### Further provision

- The use of Health centres to provide vitamin D supplements is in the process of being phased out, after which pharmacies will be the only provider.
- Once the service is established and more activity data available it will be necessary to assess whether there are sufficient numbers of pharmacies offering the service, which are open at accessible times, to ensure that it meets the needs of the population.
- There is an option to approach the 100 hour pharmacies, as well as those who open for extended hours, this will assist with addressing the current gaps particularly on Saturday evening and Sundays.

### The future

- It will be essential to monitor whether vitamins reach all at risk populations, especially BME populations which make up the majority of rickets cases in the borough.

### Conclusions

- There has been an increase in the number of cases of vitamin D deficiency and rickets nationally; with the high proportion of BME populations in Southwark, vitamin D deficiency is likely to be more prevalent than in other areas of the UK.
- We have concluded that the pharmacy-based service is **necessary to meet the pharmaceutical needs** of our population because:
  - There are no alternative providers of an extended distribution service
  - There is a clear local health need
  - Supplements have to be collected on a regular basis and pharmacies offer provision of the service in a more accessible way
- We have identified some gaps in service provision:
  - There is limited access and/or choice in the early mornings, on Saturday evenings and on Sunday

# 3. Assessment of Pharmaceutical Services

## 3.7. Conclusions from the Assessment

### Introduction

- In this section we summarise the high level findings from our assessment. We then set out the gaps, together with how these may be addressed, using a framework which is based on the types of application which may be submitted to NHS England

### Overall picture and distribution of pharmacies

- Southwark has 62 pharmacies, including three which are open for 100 hours each week but no dispensing appliance contractors
- The distribution of community pharmacies correlates well with deprivation
- The number of pharmacies per 100,000 population varies across the four localities (from 21.6 to 36.4 per 100,000) which is similar to England average

### Essential services

- Essential services are fundamental with respect to ensuring patients can access the medicines they need; and play a valuable role in improving the health of our population. We have concluded they are **necessary to meet the pharmaceutical needs** of our population
- On weekdays (9.30am to 5.00pm) and Saturdays (9am to 1pm), there is good access to pharmacies with the majority of our residents being afforded a reasonable choice of pharmacy either within their own ward or from a neighbouring ward
- Whilst access is more limited outside of these hours, the majority of our residents are still within reasonable travelling distance of a pharmacy either within Southwark or in a neighbouring HWB area
- We have identified that there is sufficient capacity, within our existing network of pharmacies, to meet the current and future dispensing needs of our population.

### Premises

- Pharmacies need to ensure that the minimum requirements of the Equality Act 2010 are met, particularly with respect to supporting those with a hearing impairment and ensuring that all public areas of the pharmacy are accessible to wheel chair users
- Not all pharmacies have a consultation room, this is required if these pharmacies decide in the future to offer advanced services and local commissioned services. There are opportunities to enhance consultation area facilities and equipment in some pharmacies.

### Advanced Services

#### Medicines Use Reviews (MURs) & Prescription Intervention Service

MURs are offered by 51 pharmacies and we have determined that they are **necessary to meet the pharmaceutical needs** of our population

- Access to the service is limited early mornings and evenings (weekdays and Saturdays) and all day on Sunday
- 11 pharmacies do not offer the MUR service although 6 have indicated they are intending to provide the MUR service in the next 12 months; patients using these 11 pharmacies are not able to access this service from an alternative pharmacy because of the 3 month rule.
- In the future, whilst we anticipate an increase in demand for MUR services, there is sufficient capacity within the existing network of pharmacies to meet this need

#### New Medicines Services (NMS)

- The NMS is provided by 35 pharmacies. We have determined that this is a **relevant service** which improves access to medicines reviews
- Access to the service is limited early mornings and evenings (weekdays and Saturdays) and all day on Sunday
- 27 pharmacies do not provide the service, although nine of these are intending to do so in the next 12 months

# 3. Assessment of Pharmaceutical Services

## 3.7. Conclusions from the Assessment

### Appliance Use Reviews (AURs) and Stoma Appliance Customisation Reviews (SACs)

- AURs and SACs are **relevant services** which may result in improvements for our population
- Data were not available on the number of AURs undertaken by pharmaceutical services contractors within Southwark as in 2012/13 no pharmacies in Southwark were offering AURs
- The reviews are of a specialist nature and patients often receive the support they need from the hospital or clinic responsible for their ongoing care. We have not been made aware of any dissatisfaction with the current service level. We have not identified any current or future gaps.

### Enhanced Services

#### Seasonal Influenza Vaccine Service

- This is a **relevant service** which improves access and a choice of provider for 'at risk patients' other than their GP or community nurse
- NHS England are commissioning a service in 2015/16 for those aged 18-64 years who fall into an 'at risk' group.

### Locally Commissioned Services

- Our review of locally commissioned services is based on a similar structure and approach to pharmaceutical services
- It should be noted that application **must be related to pharmaceutical services** (i.e. essential, advanced and enhanced services) and should not be submitted solely on gaps identified for locally commissioned services

### Stop Smoking

- The Stop Smoking Service, which we have concluded is **necessary to meet the pharmaceutical needs of our population**, is commissioned from 34 pharmacies.
- Access to the service is limited in the early mornings (up until and including 8.30am) and on Saturday evening (when only 3 pharmacies – 2 in Bermondsey & Rotherhithe, 1 in Peckham & Camberwell). On Sunday, three of the four localities contain a pharmacy that offers the service, with no pharmacies open in Dulwich

### Sexual Health

- The Sexual Health service, which we have concluded is **necessary to meet the pharmaceutical needs of our population**, is commissioned from 30 pharmacies (Level 1 only), 4 pharmacies (Level 1 and Level 2), 7 pharmacies (oral contraception).
- There is limited access to the service in the early mornings and Saturday evenings.
- There is variation in activity between pharmacies. A review is currently underway into the role of pharmacies in sexual health provision to increase equitable and appropriate access.

# 3. Assessment of Pharmaceutical Services

## 3.7. Conclusions from the Assessment

### Health Checks

- This service, which we have concluded is **relevant**, but not necessary, service to meet the pharmaceutical needs of our population, is commissioned from 6 pharmacies.
- No pharmacies deliver the service in Borough & Walworth and only 1 in Peckham and Camberwell. There is very limited access to the community-pharmacy-based service on Saturday evening and Sundays, when only one pharmacy in Rotherhithe (Bermondsey & Rotherhithe locality) is open.
- The Health Checks service will be extended to a further 10 pharmacies in 2015/16 to improve choice and access at weekends. NHS Health Checks are also accessible through GPs and the Outreach Team. We conclude that there are no gaps in service provision.

### Supervised Consumption

- This service, which we have concluded is **necessary to meet the pharmaceutical needs** of our population, is commissioned from 18 pharmacies.
- The aim is to supervise the consumption of opiate substitute medication with a view to improving outcomes and reducing the diversion of illicit drugs into the community
- Access to the service is limited in the early mornings and on Saturday evening
- A priority is to actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified. If a pharmacy's service quality and/or outcomes remain consistently poor, the service may be decommissioned.

### Needle and Syringe Exchange

- This service which has been commissioned from 15 pharmacies, provides clean injecting equipment in exchange for used needles and syringes. We have concluded that it is **necessary to meet the pharmaceutical needs of our population**.
- We have identified issues with access to the service particularly on Saturday evening from 7pm and Sunday when only one pharmacy situated in East Walworth ward is open.
- A priority is to actively monitor the quality, outcomes and client experience of service provision; and work with pharmacists to address any issues identified. If a pharmacy's service quality and/or outcomes remain consistently poor, the service may be decommissioned.

### Free (Vitamin) D Distribution

- The vitamin D distribution service, which we have concluded is **necessary to meet the pharmaceutical needs of our population**, is commissioned from 20 pharmacies.
- Access to the service is limited in the early mornings (throughout the week), on Saturday evenings and on Sundays
- This is a new service which started in September 2014. Once the service is established and more activity data available it will be necessary to assess whether there are sufficient numbers of pharmacies offering the service, which are open at accessible times, to ensure that it meets the needs (particularly those most at risk – BME populations) of the population.

# 3. Assessment of Pharmaceutical Services

## 3.8. The Future

### Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided.
- **Table 30** sets out the priorities for pharmacy premises and services, which we would wish to be prioritised for future applications for pharmaceutical services.
- **Table 31** considers how community pharmacy may support the delivery of the ambitions set out in the Joint Health and Wellbeing Strategy and our local strategic priorities.
- It is our intention that the potential service development set out below will be considered alongside other priorities by Southwark Council and our partner organisations when developing future commissioning strategy. However, because much of the local strategy is still emerging, it is not possible to set out the specific circumstances under which such services will be commissioned.
- In the future it is envisaged that community pharmacies will work in an integrated way with other health and social care providers to meet the health needs of the population e.g. Local Care Networks.
- Finally, **Table 32** highlights the gaps and areas for improvement identified throughout our PNA.

# 3. Assessment of Pharmaceutical Services

## 3.8. The Future

Table 30: Priorities for pharmacy premises and services for future applications for pharmaceutical services

Element	Summary of Priorities
Pharmacy opening hours	7 days a week opening in line with extended access to GP services 7 days a week 8am to 8pm to ensure patient access
Advanced services	<ul style="list-style-type: none"> <li>Accredited and prepared to offer MURs, NMS, AURs and SACs</li> <li>Willing to provide services in the domiciliary setting, including care homes (subject to NHS England approval)</li> </ul>
Enhanced services	<ul style="list-style-type: none"> <li>Accredited and prepared to offer all currently commissioned services</li> <li>Prepared to seek accreditation for and offer future enhanced services (if required)</li> </ul>
Locally commissioned services	<ul style="list-style-type: none"> <li>Accredited and prepared to offer all currently commissioned services</li> <li>Prepared to seek accreditation for and offer future locally commissioned services (if required)</li> <li>Meet standards as and when commissioned as a Healthy Living Pharmacy</li> </ul>
Consultation area	<p>Minimum of one area, fully compliant with the Regulations; and following additional characteristics:</p> <ul style="list-style-type: none"> <li>Space for chaperone and /or wheel chair</li> <li>Sink with hot water</li> <li>Equipped with a telephone, computer, secure IT connection and access to nhs.net</li> <li>Access to patient medication records</li> <li>Security measures i.e. panic button and CCTV</li> <li>Hearing loop</li> <li>Patient toilet nearby</li> <li>Space to hold testing equipment as required (e.g. near patients testing)</li> </ul>
Meeting the needs of those with a disability	<p>Premises and services should be suitable adapted to meet the needs of those with a disability including:</p> <ul style="list-style-type: none"> <li>Step-free wheelchair access to all public areas within the pharmacy</li> <li>Hearing loop</li> <li>Ability to provide large print labels and labels with braille</li> </ul>

# 3. Assessment of Pharmaceutical Services

## 3.8. The Future

Table 31: How community pharmacy may support the delivery of our local ambitions and strategic priorities

Potential Future Service	JHWS ambitions	CCG Primary and Community Care Priorities	South East London Commissioning Strategy
<p><b>Health Information Hubs</b> Build upon the health promotion and signposting role so that Community Pharmacy becomes a recognised "Health Information" point. Southwark residents will either be supported directly in the pharmacy and/or signposted on to other services depending upon their needs</p>	<p>Best start Prevention Long term conditions Tackling neglect and vulnerabilities</p>	<p>Population health management and reducing inequalities Improving outcomes Improving access Integrated services Providing more care out of hospital</p>	<p>Securing additional years of life Improving health related quality of life</p>
<p><b>Healthy Living Pharmacies</b> Development and roll out of programme as a foundation for delivering public health service through pharmacy</p>	<p>Best start Prevention Long term conditions Tackling neglect and vulnerabilities</p>	<p>Population health management and reducing inequalities Improving outcomes Improving access</p>	<p>Securing additional years of life Improving health related quality of life Older people living independently at home</p>
<p><b>Immunisations</b> Expand the range of immunisations administered. This could include:</p> <ul style="list-style-type: none"> <li>• childhood immunisations</li> <li>• Hepatitis B vaccination</li> <li>• NHS Travel vaccines</li> </ul>	<p>Best start Prevention Tackling neglect and vulnerabilities</p>	<p>Population health management and reducing inequalities Improving outcomes Improving access</p>	<p>Securing additional years of life</p>

# 3. Assessment of Pharmaceutical Services

## 3.8. The Future

Potential Future Service	JHWS ambitions	CCG Primary and Community Care Priorities	South East London Commissioning Strategy
<p><b>Minor Ailments Service</b> Development and roll out of a programme to:</p> <ul style="list-style-type: none"> <li>• give advice and treatment to people who may otherwise gone to their GP or to an unscheduled care service for a minor ailment</li> </ul> <p>Promote the use of the “pharmacy first” with a view to:</p> <ul style="list-style-type: none"> <li>• Reducing the number of people accessing general practice and A&amp;E for minor ailments with a view to increasing capacity for more urgent and complex cases</li> <li>• Reducing health inequalities particularly where the cost of medications is the primary barrier to access</li> <li>• An increase in patient choice, convenience and access to treatment of the service</li> </ul>	<p>Best start Tackling neglect and vulnerabilities</p>	<p>Population health management and reducing inequalities Improving outcomes Improving access Integrated services Providing more care out of hospital</p>	<p>Reducing time in hospital through better and more integrated care in the community</p>
<p><b>Screening &amp; Diagnostics</b> Pharmacy based screening and/or diagnostics e.g.</p> <ul style="list-style-type: none"> <li>• Blood-borne virus testing</li> <li>• Blood pressure checks</li> <li>• Simple blood tests</li> </ul> <p>These could be undertaken by pharmacists or other healthcare professionals</p>	<p>Long term conditions Tackling neglect and vulnerabilities</p>	<p>Population health management and reducing inequalities Improving outcomes Improving access</p>	<p>Securing additional years of life</p>

# 3. Assessment of Pharmaceutical Services

## 3.8. The Future

Potential Future Service	JHWS ambitions	CCG Primary and Community Care Priorities	South East London Commissioning Strategy
<p><b>Integrated medicines optimisation</b> Integrated systems to support people who are cared for in more than one clinical setting. Opportunities may include:</p> <ul style="list-style-type: none"> <li>• Patients identified as high risk, with regards to medicines, post discharge referred into community pharmacy for follow up</li> <li>• Support for patients to improve adherence e.g. aide memoirs, text messages</li> <li>• Facilitate exchange of medicines information between clinical settings</li> <li>• Training and advice for health and social care professionals and carers</li> </ul>	<p>Long term conditions Tackling neglect and vulnerabilities</p>	<p>Population health management and reducing inequalities Improving outcomes Integrated services Providing more care out of hospital</p>	<p>Securing additional years of life Improving health related quality of life Reducing time in hospital in hospital through better and more integrated care in the community Older people living independently at home Positive experience of care</p>
<p><b>Stop Smoking Quit Groups</b> Expand scope of pharmacy-led stop smoking service to include 'quit groups'. These could be:</p> <ul style="list-style-type: none"> <li>• Pharmacist-led (within the pharmacy or as an outreach service)</li> <li>• Provided by a counsellor on pharmacy</li> </ul>	<p>Long term conditions</p>	<p>Population health management and reducing inequalities Improving outcomes Improving access</p>	<p>Securing additional years of life Improving health related quality of life</p>

# 3. Assessment of Pharmaceutical Services

## 3.8. The Future

Potential Future Service	JHWS ambitions	CCG Primary and Community Care Priorities	South East London Commissioning Strategy
<p><b>Substance misuse services</b> Expand scope to include:</p> <ul style="list-style-type: none"> <li>Alcohol Identification and Brief Advice (IBA) either within the pharmacy or in an outreach setting</li> <li>Blood-borne virus screening</li> <li>Hepatitis B vaccination</li> </ul> <p>Link or integrate with sexual health services (because of link with risky sexual behaviour)</p>	<p>Best start Tackling neglect and vulnerabilities</p>	<p>Population health management and reducing inequalities Improving outcomes Improving access</p>	<p>Securing additional years of life Improving health related quality of life Positive experience of care</p>
<p><b>Sexual health services</b> Expand scope to include:</p> <ul style="list-style-type: none"> <li>Pregnancy testing (with referral into maternity services / termination services as required)</li> <li>Access to EHS for all women of childbearing age (i.e. lift current age restriction)</li> <li>Alcohol IBA (because of link with risky sexual behaviour)</li> </ul>	<p>Best start Wider determinants Prevention Long term conditions Tackling neglect and vulnerabilities</p>	<p>Population health management and reducing inequalities Improving outcomes Improving access Integrated services</p>	<p>Securing additional years of life Improving health related quality of life Reducing time in hospital in hospital through better and more integrated care in the community</p>

# 3. Assessment of Pharmaceutical Services

## 3.8. The Future

Potential Future Service	JHWS ambitions	CCG Primary and Community Care Priorities	South East London Commissioning Strategy
<p><b>Falls</b> Many medicines increase risk of falling; medication review may help to reduce risk Scope could include:</p> <ul style="list-style-type: none"> <li>• Pharmacy delivered falls service</li> <li>• Pharmacy referral into falls service</li> <li>• Pharmacy as a member of the falls multi-disciplinary team</li> <li>• Combination of the above</li> </ul>	Tackling neglect and vulnerabilities	<p>Population health management and reducing inequalities</p> <p>Improving outcomes</p> <p>Improving access</p> <p>Integrated services</p>	<p>Improving health related quality of life</p> <p>Reducing time in hospital in hospital through better and more integrated care in the community</p> <p>Older people living independently at home</p>
<p><b>Weight management support</b> Scope could include:</p> <ul style="list-style-type: none"> <li>• Advice and brief interventions targeted at healthy eating, weight management and exercise</li> <li>• Community pharmacy referral into "exercise referral scheme"</li> <li>• Pharmacy as a provider of the new weight management service</li> </ul>	<p>Best start</p> <p>Long term conditions</p>	<p>Population health management and reducing inequalities</p> <p>Improving outcomes</p> <p>Improving access</p> <p>Integrated services</p>	<p>Securing additional years of life</p> <p>Improving health related quality of life</p>

# 3. Assessment of Pharmaceutical Services

## 3.8. The Future

Potential Future Service	JHWS ambitions	CCG Primary and Community Care Priorities	South East London Commissioning Strategy
<p><b>Management of Long Term Conditions (LTC)</b> Supporting the monitoring and management of LTC, within a framework of a care plan including:</p> <ul style="list-style-type: none"> <li>Assessing and monitoring disease control and medication (e.g. blood tests, blood pressure etc)</li> <li>Education on self care</li> </ul> <p>The service could include:</p> <ul style="list-style-type: none"> <li>Pharmacists-led (within the pharmacy or as an outreach service)</li> <li>Another healthcare professional working within the pharmacy</li> </ul>	<p>Long term conditions</p>	<p>Population health management and reducing inequalities</p> <p>Improving outcomes</p> <p>Improving access</p> <p>Integrated services</p> <p>Providing more care out of hospital</p>	<p>Securing additional years of life</p> <p>Improving health related quality of life</p> <p>Reducing time in hospital in hospital through better and more integrated care in the community</p> <p>Older people living independently at home</p> <p>Positive experience of care</p>
<p><b>Mental health</b> Support for people who are at risk from medicines adherence failure</p> <p>May include:</p> <ul style="list-style-type: none"> <li>Limiting the amount of medication supplied e.g. 3-7 days</li> <li>Daily supervision for those who are seriously at risk</li> <li>“Hot line” for alerting key worker, relative, Community Psychiatric Nurse or nominated psychiatrist</li> <li>Integration of pharmacists into community multi-disciplinary patient assessment meetings</li> </ul>	<p>Best start</p> <p>Tackling neglect and vulnerabilities</p>	<p>Population health management and reducing inequalities</p> <p>Improving outcomes</p> <p>Improving access</p> <p>Integrated services</p>	<p>Securing additional years of life</p> <p>Improving health related quality of life</p> <p>Reducing time in hospital in hospital through better and more integrated care in the community</p> <p>Older people living independently at home</p>

# 3. Assessment of Pharmaceutical Services

## 3.8. The Future

Potential Future Service	JHWS ambitions	CCG Primary and Community Care Priorities	South East London Commissioning Strategy
<p><b>Wider healthcare services provided from pharmacy</b></p> <p>The utilisation of dedicated space, within pharmacies for use by other health or social care professionals</p> <p>A range of services (other than those documented on the preceding pages) could be provided including:</p> <ul style="list-style-type: none"> <li>• Minor injuries</li> <li>• Wound management</li> <li>• Phlebotomy</li> <li>• Podiatry</li> <li>• Counselling</li> <li>• Group behavioural change support</li> </ul>	<p>Best start</p> <p>Wider determinants</p> <p>Prevention</p> <p>Long term conditions</p> <p>Tackling neglect and vulnerabilities</p>	<p>Population health management and reducing inequalities</p> <p>Improving outcomes</p> <p>Improving access</p> <p>Integrated services</p> <p>Providing more care out of hospital</p>	<p>Positive experience of care</p>

# 3. Assessment of Pharmaceutical Services

## 3.8. The Future

Table 32: Summary of gaps

	Description of the gap(s)	Proposed solution(s)
<b>Future need</b>	Proposed extended access to General Practices in the future will cause a misalignment with current pharmacy opening times	7 days a week opening in line with extended access to GP services 7 days a week 8am to 8pm to ensure patient access
<b>Improvements or better access</b>	Not all pharmacies provide MURs	We would wish to see all pharmacies providing MURs. This applies to our existing network of pharmacies and future applications
	Not all pharmacies provide the NMS service	We would wish to see all pharmacies providing the NMS service (unless there is a valid reason not to). This applies to our existing network of pharmacies and future applications
	There are gaps in the provision of all pharmacy-based services during early morning and evening on weekdays and at weekends	Commissioning all enhanced and locally commissioned services from the 100 hour pharmacies and other pharmacies which open for extended hours would improve access, and choice, to pharmacy-based services
<b>Future improvements or better access</b>	Meeting the needs of those with a disability	<ul style="list-style-type: none"> <li>We would wish to ensure that new pharmacies have taken appropriate steps to meet the needs of people with disabilities. Specifically we anticipate that all premises have:</li> <li>Step-free wheelchair access to all public areas</li> <li>Hearing loop installed</li> <li>Ability to provide large print labels and labels with braille</li> </ul>
	There is variation in activity in pharmacy-based sexual health services which has an impact on access to services	A review is currently underway into the role of pharmacies in sexual health provision to increase equitable and appropriate access. This may lead to a change in the scope of services provided and commissioning the service from a greater number of pharmacies within our existing network

## 4. Consultation Report

### Method

A 60 day statutory consultation occurred between 19 December 2014 and the 28 February 2015. Table 1 outlines a list of stakeholders to be consulted on the draft PNA was developed and following the regulations relating to the development of the PNA. An email was sent to all surrounding Chairs and support officers of each Health and Wellbeing Board with a link to the PNA document. In addition to this, the draft PNA was promoted by the Local Pharmaceutical Committee (LPC). The consultation was also open to members of the public (although a separate consultation was carried out with the general public and this has already been incorporated into the main body of the PNA).

Table 33: List of stakeholders invited

Response sent to	Detail	Response received
Local community Pharmacies	62 Pharmacies	Yes (18/62)
Local Pharmaceutical Committee (LPC)	1 LPC	Yes
Local Medical Committee (LMC)	1 LMC	Yes
London-wide (LMC)	1 London-wide LMC	No
Local Patient Groups	Community Action Southwark	No
	Health Watch Southwark	No
Neighbouring HWBB	Bromley HWBB	No
	Croydon HWBB	No
	Lambeth HWBB	No
	Lewisham HWBB	No
Local Hospital trusts	Guys and St Thomas'	No
	Kings NHS Trust	No
	SLAM	Yes
Local CCGs	Southwark CCG	Yes
NHS England		Yes
Local Councils	Southwark Council	No
	Lambeth Council	No

## 4. Consultation Report

The following questions were posed in the consultation.  
Responders were invited to leave additional comments/feedback.

1. Has the purpose of the PNA been explained sufficiently within section 1.1 of the draft PNA document?
2. Does Section 1.2 clearly set out the scope of the PNA?
3. Does Section 2 clearly set out the local context and the implications for the PNA?
4. Does the information in Sections 3.2 (Essential Services); 3.4 (Advanced Services); 3.5 (Enhanced Services) and 3.6 (Locally Commissioned Services) provide a reasonable description of the services which are provided by pharmacies and dispensing appliance contractors in Southwark?
5. Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?
6. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?
7. Please indicate below if you agree with the conclusions for the services described (in the PNA).
8. Do you agree with "The Future" section as set out in section 3.8?
9. Is there any additional information which you think should be included in the PNA?
10. Has the PNA provided adequate information to inform:
  - Market entry decisions (NHS England only)
  - How you may commission services from pharmacy in the future (All service commissioners)
11. Does the PNA give enough information to help your own future service provision and plans (pharmacies and dispensing appliance contractors only)
12. Community pharmacies & Dispensing Appliance Contractors only. Please can you review the information in Appendix F (Summary of services by pharmacy) for accuracy?
13. If you have any further comments, please enter them in the box below (question applies to all)
14. About you – please can you provide the following information (respondent details)

# 4. Consultation Report

## Summary findings

There were 23 responses overall (18 were from community pharmacies and 5 from other stakeholders). Within specific questions valid responses varied depending on the nature of the question being asked as well as the respondent. Two pharmacies only responded to questions related to their

services. Table 2 provides a summary of the overall response from all stakeholders and table 3 provides all the qualitative responses and proposed feedback for these from the Southwark Health and Wellbeing Board.

**Table 34: Summary of overall response by each question.**

Question	Responses (valid responses only)	Number of respondents with comments
1. Has the purpose of the PNA been explained sufficiently within section 1.1 of the draft PNA document?	21/21 yes	None
2. Does Section 1.2 clearly set out the scope of the PNA?	21/21 yes	None
3. Does Section 2 clearly set out the local context and the implications for the PNA?	19/21 yes	Two
	2/21 not sure	
4. Does the information in Sections 3.2 (Essential Services); 3.4 (Advanced Services); 3.5 (Enhanced Services) and 3.6 (Locally Commissioned Services) provide a reasonable description of the services which are provided by pharmacies and dispensing appliance contractors in Southwark?	17/21 yes	Four
	3/21 not sure	
	1/21 no	
5. Are you aware of any pharmaceutical services currently provided which have not been included within the PNA?	17/21 not aware	None
	2/21 not sure	
	2/21 aware	
6. Do you think the pharmaceutical needs of the population have been accurately reflected throughout the PNA?	15/21 yes	Six
	6/21 not sure	

# 4. Consultation Report

Table 34: Summary of overall response by each question.

Question	Responses (valid responses only)	Number of respondents with comments
7. Please indicate below if you agree with the conclusions for the services described (in the PNA)		
• Essential services	17/18 agreed; 1 not sure	One
• Medicines Use Reviews	19/19 agreed	None
• New Medicine Service	17/19 agreed; 2 not sure	One
• Appliance Use Reviews	16/19 agreed; 2 not sure; 1 no	Two
• Stoma Appliance Customisation Services	16/19 agreed; 1 not sure; 2 no	Two
• Seasonal Influenza Vaccination Service	19/19 agreed	One
• Stop smoking	18/18 agreed	One
• Sexual health	17/18 agreed; 1 no	Two
• NHS Health Checks	17/18 agreed, 1 not sure	Two
• Supervised administration service	15/18 agreed; 3 no	Two
• Needle and syringe exchange service	17/18 agreed; 1 no	Two
• Free (vitamin) D distribution	18/18 agreed	None
8. Do you agree with "The Future" section as set out in section 3.8?	16/21 agreed	Five
	4/21 not sure	
	1/21 no	

## 4. Consultation Report

Table 34: Summary of overall response by each question.

Question	Responses (valid responses only)	Number of respondents with comments
9. Is there any additional information which you think should be included in the PNA?	11/21 no	Eight
	3/21 not sure	
	7/21 yes	
10. Has the PNA provided adequate information to inform:		
• Market entry decisions (NHS England only)	1 not sure	One
• How you may commission services from pharmacy in the future (all service commissioners)	1 yes	One
11. Does the PNA give enough information to help your own future service provision and plans (pharmacies and dispensing appliance contractors only)	15/17 yes	Two
	2/17 not sure	
12. Community pharmacies & Dispensing Appliance Contractors only. Please can you review the information in Appendix F (Summary of services by pharmacy) for accuracy?	11/17 yes	Six
	6/17 no	
13. If you have any further comments, please enter them in the box below (question applies to all)	9/21 provided additional comments	Nine

## 4. Consultation Report

Table 35: Summary of qualitative response grouped by broad theme

Theme	Count	%
Consideration commissioners / providers (out of PNA scope)	40	41%
Amendment	23	23%
Response	11	11%
Missing Information	11	11%
Clarity / Interpretation / Wording	10	10%
Gap analysis	2	2%
Additional Analysis	1	1%
<b>Grand Total</b>	<b>98</b>	<b>100%</b>

## 5. References

1. The National Health Service, England (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (Statutory Instruments 2013 No.349) and amended in 2014 (SI 2014 No.417)
2. Equality Act 2010; Chapter 1, Part 11
3. National Health Service Act 2006, The Pharmaceutical Services (Advance and Enhanced Services) (England) Directions 2013.
4. *"Pharmacy in England: Building on Strengths - Delivering the Future"*. Department of Health 2008.
5. *"Improving Health and Patient Care through Community Pharmacy – A Call to Action"*. NHS England, December 2013
6. *"Medicines Adherence: involving patients in decisions about prescribed medicines and supporting adherence"*. National Collaborating Centre for Primary Care January 2009
7. *"Royal Pharmaceutical Society QI4PD Medicines Use Review audit reports"*. London: Royal Pharmaceutical Society Annual report 2009/10.
8. *"A randomised controlled trial and economic evaluation with qualitative appraisal comparing the effectiveness and cost effectiveness of the New Medicines Service in community pharmacies in England"* Rachel A Elliott, Matthew J Boyd, Justin Waring et al. August 2014
9. *"The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines"*. Pharmacy World & Science 2008; 30(1), 17-23. Elliott RA, Barber N, Clifford S, Horne R, Hartley E.
10. *PharmOutcomes Data"*. PSNC Website, October 2013.
11. *"The contribution of community pharmacy to improving the public's health: summary report of the literature review 1990–2007"*. London: Pharmacy Health Link, 2009. Anderson, C., Blenkinsopp, A. Armstrong, M.
12. *"Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum"*. Public Health England, Jan 2014.
13. *"A pharmacy-based private chlamydia screening programme: results from the first 2 years of screening and treatment"*. Int J of Clinical Pharmacy 2011; 33(1): 88-91. Anderson, C., Thornley, T.
14. *"Community pharmacy supply of emergency hormonal contraception: as structure literature review of international evidence."*. Human Reproduction 20016; 21(1):272-284. Anderson, C., Blenkinsopp, A.
15. *"ONS Conception Statistics 2011"*, England and Wales, Released April 2013
16. *"Emergency contraception. Has over the counter availability reduced attendances at emergency departments?"* Emergency Med Journal 2004; 21:67-68. Kerins, M et al.
17. *"Review of the Community Pharmacy Public Health Service for Smoking Cessation and Emergency Hormonal Contraception"*. Scottish Government Social Research, 2011
18. *NHS Health Checks Ready Reckoner Tool*, [http://www.healthcheck.nhs.uk/commissioners\\_and\\_healthcare\\_professionals/national\\_resources\\_and\\_training\\_development\\_tools/ready\\_reckoner\\_tools/](http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources_and_training_development_tools/ready_reckoner_tools/), accessed 11 December 2014
19. <http://www.nhs.uk/Conditions/Rickets/Pages/Causes.aspx>, accessed 11 December 2014
20. Department of Health (2012). Vitamin D – advice on supplements for at risk groups – letter from UK Chief Medical Officers.