

# Pharmaceutical Needs Assessment

8 February 2018

*Made in accordance with the National Health Service (Pharmaceutical Services and Local  
Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349)  
and amended in 2014, 2015 and 2016*

# Pharmaceutical Needs Assessment

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# 1. Background

## 1.1 Why a PNA is needed

- The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical Services, must apply to be on the Pharmaceutical List. The NHS (Pharmaceutical Services & Local Pharmaceutical Services) Regulations 2013<sup>1</sup>, amended in 2014, 2015 and 2016 set out the system for market entry
- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA)
- A PNA sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population
- The NHS (Pharmaceutical Services, Charges Prescribing) (Amendment) Regulations 2016<sup>2</sup> allow pharmacy businesses to apply to consolidate (merge) services from two or more sites onto one site. HWBs are required to provide a view to NHS England (NHSE) on whether or not this would provide a gap in services
- Box 1 summarises the duties of a HWB in relation to PNAs & Box 2 summarises the requirements for the PNA
- The PNA and supplementary statements are subsequently used by NHSE to consider applications to open a new pharmacy or to move an existing pharmacy and when commissioning services. It is also a reference source for existing NHS pharmaceutical services contractors who may wish to change the services they provide and/or by potential new entrants to the market
- In undertaking our assessment, we have recognised that our community pharmacies have a key role to play in helping us to develop and deliver the best possible pharmaceutical services. Our vision is to link the network of pharmacies into the Bromley Integrated Care Networks (ICNs). They will play a pivotal role in improving the health and wellbeing of our population. Our PNA will, therefore, be used by the London Borough of Bromley and the NHS Bromley CCG in the development of commissioning strategies
- This document prepared by the Bromley HWB, in accordance with the Regulations, replaces the PNA published at end of January 2015

### Box 1 - Duties of the HWB

1. **Publish** its first PNA by 1 April 2015; and update this every 3 years
2. **Provide a view** to NHSE **on consolidated applications**
3. **Maintain** the PNA in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s). Where a supplementary statement refers to a consolidated application this must state that the removal a pharmacy does not create a gap. The HWB must make the PNA, and any supplementary statements, available to NHSE and neighbouring HWBs
4. **Respond to consultations**, by a neighbouring HWB, on a draft of their PNA. In doing so, the HWB must consult with the LPC and the LMC for its area and have due regard to their representations

### Box 2 – Requirements for the PNA

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

- The demography and health needs of the population
- Whether or not there is reasonable choice in the area
- Different needs of different localities
- The needs of those who share a protected characteristic as defined by the Equality Act 2010:
- The extent to which the need for pharmaceutical services are affected by:
  - Pharmaceutical services outside the area
  - Other NHS services

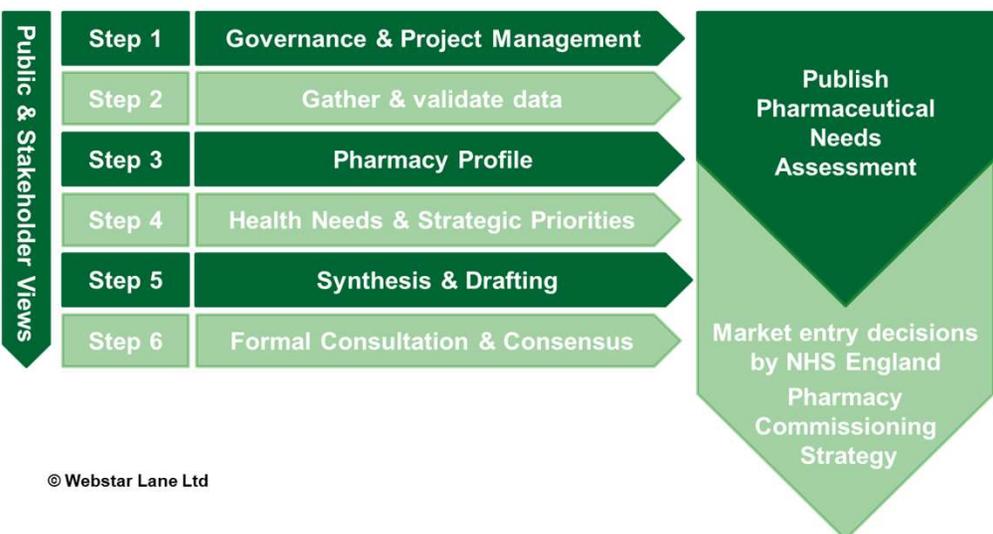
Schedule 1 of the Regulations<sup>1</sup> sets out the **information** the PNA must include:

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

# 1. Background

## 1.2 Methodology

- Our PNA has been developed using a structured approach and the scope for the assessment is set out on the next page
- The diagram (below) provides a high level overview of the process adopted; and the table (right) summarises the key activities which were carried out at each stage
- The views of stakeholders were captured throughout the process and used to inform the assessment. The engagement approach included:
  - An online survey for completion by residents of Bromley. A media campaign, engagement with LBB & partner stakeholder networks and an email sent to our customer base secured a high response rate (5,741 respondents in total). Insights from the survey have been included throughout the document and a report setting out detailed findings is included in Appendix B
  - A contractor questionnaire
  - A multidisciplinary, multi-agency steering group
  - A series of meetings with service commissioners and relevant managers from within London Borough of Bromley and partner organisations
- The formal statutory consultation was then used to test and challenge our assessment and conclusions prior to producing the final PNA for approval by the HWB
- The final PNA was approved by the HWB on the [enter date] 2017



	Activity
<b>Step 1 Governance &amp; Project management</b>	<ul style="list-style-type: none"> <li>• A multi-agency Steering Group was established to oversee and drive the development of the PNA. Terms of Reference are attached in Appendix A</li> <li>• External expertise was appointed to provide project management support</li> </ul>
<b>Step 2 Gather and validate data</b>	<ul style="list-style-type: none"> <li>• Information and data was requested from managers and commissioners within the London Borough of Bromley, NHSE, NHS Bromley CCG</li> <li>• A online contractor questionnaire was designed to verify current service provision by pharmacies and to secure insights into other aspects of service delivery. A copy is attached in Appendix C; a modified version was used for the dispensing appliance contractors</li> <li>• The questionnaire was cross-referenced with data supplied by service commissioners as part of a validation exercise; anomalies were addressed to produce an accurate dataset</li> </ul>
<b>Step 3 Pharmacy Profile</b>	<ul style="list-style-type: none"> <li>• The current profile of pharmaceutical &amp; locally commissioned services was documented on a service by service basis</li> <li>• This was supplemented with a benchmarking exercise using London &amp; England comparators</li> </ul>
<b>Step 4 Health Needs &amp; strategic priorities</b>	<ul style="list-style-type: none"> <li>• A desktop review of local health needs (including the JSNA) and key strategies was undertaken</li> <li>• This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services</li> </ul>
<b>Step 5 Synthesis &amp; assessment</b>	<ul style="list-style-type: none"> <li>• Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision</li> <li>• Pre-determined principles were used to underpin the decision making process</li> </ul>
<b>Step 6 Formal consultation</b>	<ul style="list-style-type: none"> <li>• A formal consultation was undertaken between 18 October and midnight on 20 December 2017 in accordance with the Regulations</li> <li>• Comments were collated and presented to the PNA Steering Group for discussion and decision</li> <li>• The consultation report is attached in Section 4</li> </ul>

# 1. Background

## 1.3 Scope of the PNA

### Contractors included on the NHS Pharmaceutical List for Bromley

**Pharmacy Contractors (PhS)**  
Community pharmacists; National contract  
**60 pharmacies**

**Dispensing Appliance Contractors**  
Provide appliances but not medicines  
**0**

**Local Pharmaceutical Services Contractors (LPS)**  
Local contract, commissioned by NHSE  
**0**

**Dispensing Doctors**  
**0**

#### Pharmaceutical Services

##### Community pharmacists provide:

###### • Essential Services

- Dispensing medicines, appliances and other prescribed items (includes electronic prescription services) & the actions associated with dispensing
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles:
  - Prescription linked interventions
  - Public health campaigns
- Signposting / support for self-care

###### • Advanced Services

- Medicines use reviews (MURs) and Prescription Intervention Service
- New Medicine Service (NMS)
- Flu vaccination
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)
- Stoma Appliance Customisation Service (SACS)
- Appliance Use Reviews (AURs)

###### • Enhanced Services

- London Pharmacy Vaccination Service
- Informal Bank Holiday Rota Service

##### Dispensing Appliance Contractors provide:

###### • Essential Services

- Dispensing and actions associated with dispensing appliances
- Repeatable dispensing
- Electronic prescription services
- Home delivery for specified appliances
- Provision of supplementary items (e.g. disposable wipes)

###### • Advanced Services

- Stoma Appliance Customisation Service (SACS)
- Appliance Use Reviews (AURs)

*Included for information; all DAC services are provided by out of area contractors*

#### Other services commissioned from Pharmacies

##### Services Commissioned by Public Health

- Needle & syringe exchange
- Supervised administration of opiates
- Integrated sexual health service

##### Services commissioned by NHS Bromley CCG

- Tailored Dispensing Service

##### Services commissioned by NHS Trusts or Foundation Trusts

- None

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

##### Bromley HWB Area

- Princess Royal University Hospital (Kings College Hospital NHS FT)
- Oxleas NHS Foundation Trust (health visiting, mental health & learning disability services; medicines optimisation service commissioned by the CCG)
- Bromley Healthcare (range of community services excluding health visiting)
- Sexual Health & GUM Services
- Greenbrook Healthcare (urgent care & minor injuries)
- GP practices and GP out of hours service
- Bromley GP Alliance (3 GP Access Hubs)
- Care Homes

##### Other HWB Areas

- Lewisham & Greenwich NHS Trust
- Croydon Health Services NHS Trust

The following have been excluded from the scope of the PNA because they do not fall within the Regulations and do not impact market entry decisions:

- Non-NHS services provided by community pharmacies (Appendix D)
- The in-house pharmacy services provided by all of the NHS Trusts providing Acute, Community and Mental Health Service
- The anti-coagulant service. This is contracted as an “Any qualified provider” service. It is currently provided by a pharmacy multiple, but has not been specifically commissioned from pharmacy

# 1. Background

## 1.4 Changes Since 2015

In updating its PNA, Bromley HWB has taken into account a number of factors including:

### National Strategy & Drivers

- “Five Year Forward View”<sup>3</sup> & “Next Steps on the Five Year Forward View”<sup>4</sup>
- The independent community pharmacy service review, commissioned by NHS England in 2016<sup>5</sup>. This includes recommendations to maximise the use of electronic repeat dispensing; modernise medicines use reviews; and for stop smoking services to become part of the NHS pharmaceutical services contract
- The Department of Health’s report: “Community Pharmacy 2016/17 and beyond: final package”<sup>6</sup>. This sets out various reforms with respect to:
  - Pharmacy remuneration, the introduction of a Quality Payment Scheme and the Pharmacy Access Scheme (Box 3)
  - Market entry and the introduction of new regulations which permit the consolidation of pharmacies
  - Modernisation of pharmacy services, including the Pharmacy Integration Fund and the piloting of pathways which carve out a role for community pharmacy in the urgent supply of medicines and the urgent management of minor illnesses

### Local Strategy

- The South East London Sustainability and Transformation Partnership (STP). This sets the strategic direction for the health and care economy
- Public Health strategies and plans including:
  - The Joint Health & Wellbeing Strategy (2012) where the themes and priority areas still stand
  - Public Health Commissioning Intentions 2018/19
- CCG strategies and plans including:
  - Better Health, Better Care, Better Value – Integrated Commissioning Plan 2014-2019
  - Bromley Out of Hospital Care Strategy 2015

### Specific Service Changes

- Arrangements for extended GP opening hours including 3 GP Access Hubs
- Changes in the provision of NHS pharmaceutical services (Box 4)

## Box 3 - Financial and Quality Reform

### Funding Settlement

- A reduction in funding for contractors providing NHS pharmaceutical services:
  - 4% decrease in 2016/17; and an additional 3.4% decrease in 2017/18 (and a further consultation planned regarding remuneration from 2018/19 onwards)
  - Phasing out of the establishment payment (where applicable i.e. pharmacies which historically dispense 2,500+ items per month) with a view to coming to a complete end by 2019/20
  - Consolidating the professional fee (dispensing fee), practice payment, repeat dispensing payment and monthly electronic prescription service payment into a single activity fee
- The Pharmacy Access Scheme (PhAS) was introduced alongside the new remuneration package. This has a stated aim of ensuring that a baseline level of access to NHS community pharmacy services be protected, particularly in areas where there are fewer pharmacies with higher health needs. Pharmacies qualifying for the PhAS will receive an additional payment, to support the transition to the new arrangements. The scheme will end on 31 March 2018

### The Quality Payment Scheme

- The quality payment scheme was introduced in 2017/18; it is a voluntary scheme
- Appendix E sets out a summary of the “gateway” criteria and quality criteria

## Box 4 – Changes in NHS Pharmaceutical Services

Local changes in NHS pharmaceutical services relevant to the new PNA include:

- Reversion of Elmers Pharmacy from an LPS to the PhS contract
- Inclusion of Tesco Instore Pharmacy (Sidcup) in the Pharmacy Access Scheme
- A change of ownership for 4 pharmacies
- Changes in *PNA reported* opening hours:
  - **Weekdays:** Opening hours are longer for 26 pharmacies; and shorter for 13 pharmacies; 8 pharmacies close for lunch (previously 17)
  - **Saturdays:** 17 pharmacies have longer hours; 25 have shorter hours; 3 pharmacies close for lunch (previously 9)
  - **Sundays:** 2 additional pharmacies are open
- **Advanced services**
  - New Services: Flu vaccination; and the NHS Urgent Medicines Advanced Service (Pilot scheme until 30 September 2018; accessed via NHS 111)
  - Changes in the number of pharmacies accredited to provide services
- **Enhanced and locally commissioned services:**
  - Stop Smoking & NHS Health Checks have been decommissioned
  - Decrease in the number of pharmacies commissioned to provide substance misuse services (supervised administration and needle & syringe exchange); and an increase in the number commissioned to provide EHC

## 2. Local Context

### 2.1 The Place

- The London Borough of Bromley is based in South London
- It is the largest London borough geographically; occupying an area of 59m<sup>2</sup> (150km<sup>2</sup>); and is 30% larger than the next largest borough
- Bromley is a relatively prosperous area, however, there is considerable variation between different communities:
  - The North West wards of the North locality and North East locality have higher levels of deprivation and disease prevalence and face similar issues to those seen in our neighbouring Inner London Boroughs of Lambeth, Lewisham, Southwark & Greenwich
  - The South locality compares more with rural Kent
- Bromley has one metropolitan town centre (central Bromley), one major town centre (Orpington) and four district town centres (Penge, Beckenham, West Wickham and Petts Wood). The Borough also benefits from a good number of parks and open spaces
- About 38% of the borough is undeveloped, 28% is designated green belt and 8% is metropolitan open land. The rest of the borough is made up of suburban areas with a population density of 38.63 people per hectare. This is lower than for London as a whole (48.12) but nearly ten times the figure for England (3.94)
- Bromley borders with several other HWB areas:
  - Bexley
  - Croydon
  - Greenwich
  - Lambeth
  - Lewisham
  - Kent
  - Southwark
  - Surrey
- Our assessment has taken into account pharmaceutical services provided in these neighbouring HWB areas

In the remainder of this section, we explore the local demography, health needs and strategy which influence the need of the population for pharmaceutical services.

This section should be read in conjunction with the Joint Strategic Needs Assessment 2016 and the Bromley “My Life” webpages



## 2. Local Context

### 2.1 The Place (cont...)

#### Localities

- The PNA regulations require that the HWB divides its area into localities which are then used as a basis for structuring the assessment
- In determining the locality structure, the PNA Steering Group considered two options:
  - The ward based locality structure which was used for the 2015 PNA
  - A locality structure which reflects Bromley's integrated care network (ICN) structure
- The decision was to retain the ward based locality structure for the following reasons:
  - A ward based structure, based on resident population, makes it easier to describe the health needs of the population
  - Whilst the ICNs link to the configuration of other services, they are still embryonic and the structure may change over the coming months
  - ICNS are based on GP registered patients; when these are mapped back to ward to reflect 95% residence it became clear there was an overlap between the Beckenham and Bromley ICNs and the Bromley and Orpington ICNs
  - Community pharmacies are not yet linked into the ICNs
- The table (right) describes the structure and features of the four localities
- Whilst the localities form the basis of our PNA we also make reference to wards. This has allowed us to pin-point specific issues within the localities, particularly where we identify extremes with respect to diversity, health needs or service provision; or where locality level information is not available

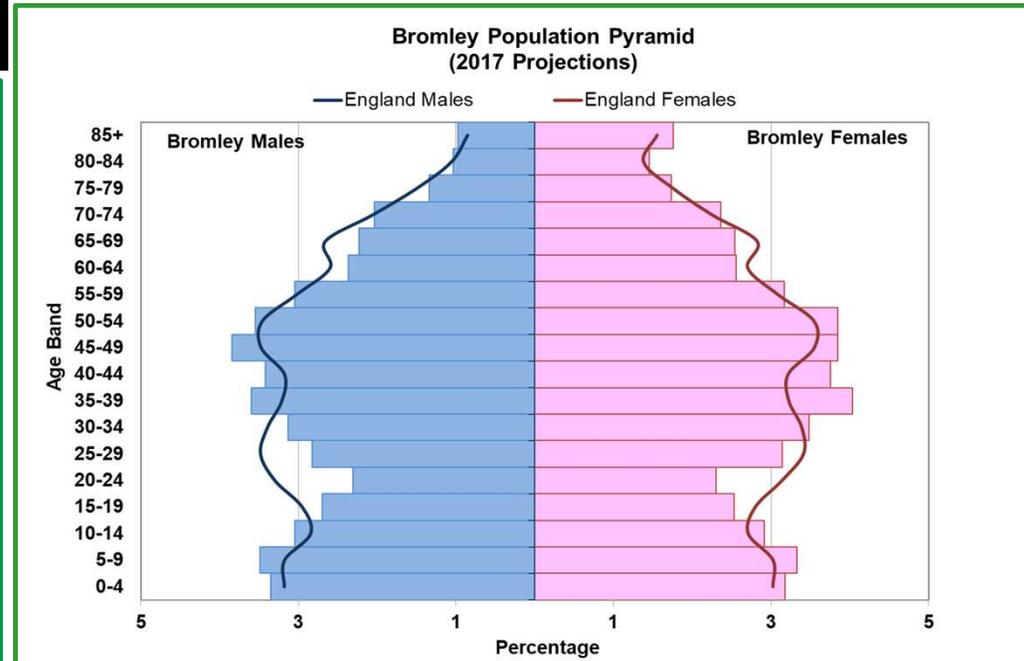
Locality	Ward(s)	Features
North	<ul style="list-style-type: none"> <li>• Bickley</li> <li>• Bromley Town</li> <li>• Chislehurst</li> <li>• Clock House</li> <li>• Copers Cope</li> <li>• Crystal Palace</li> <li>• Kelsey &amp; Eden Park</li> <li>• Mottingham &amp; Chislehurst North</li> <li>• Penge &amp; Cator</li> <li>• Plaistow &amp; Sundridge</li> </ul>	<ul style="list-style-type: none"> <li>• Higher deprivation levels</li> <li>• A younger population</li> <li>• Higher proportion of ethnic minorities</li> <li>• More urban</li> <li>• Higher risk factors for circulatory disease</li> <li>• Higher rates of people in treatment for substance misuse</li> <li>• Higher rates of HIV</li> </ul>
North East	<ul style="list-style-type: none"> <li>• Cray Valley East</li> <li>• Cray Valley West</li> <li>• Orpington</li> </ul>	<ul style="list-style-type: none"> <li>• Higher deprivation</li> <li>• Predominantly white population</li> <li>• Mix of younger and older people</li> <li>• Settled gypsy traveller population</li> <li>• High burden of disease</li> <li>• Higher rates of people in treatment for substance misuse</li> </ul>
Central	<ul style="list-style-type: none"> <li>• West Wickham</li> <li>• Shortlands</li> <li>• Hayes &amp; Coney Hall</li> <li>• Bromley Common &amp; Keston</li> <li>• Petts Wood &amp; Knoll</li> <li>• Farnborough &amp; Crofton</li> <li>• Chelsfield &amp; Pratts Bottom</li> </ul>	<ul style="list-style-type: none"> <li>• Lower levels of deprivation</li> <li>• Long life expectancy</li> <li>• A high volume of long term conditions associated with an older people</li> </ul>
South	<ul style="list-style-type: none"> <li>• Biggin Hill</li> <li>• Darwin</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate levels of deprivation</li> <li>• Lower density population</li> <li>• More rural</li> </ul>

## 2. Local Context

### 2.2 Demography

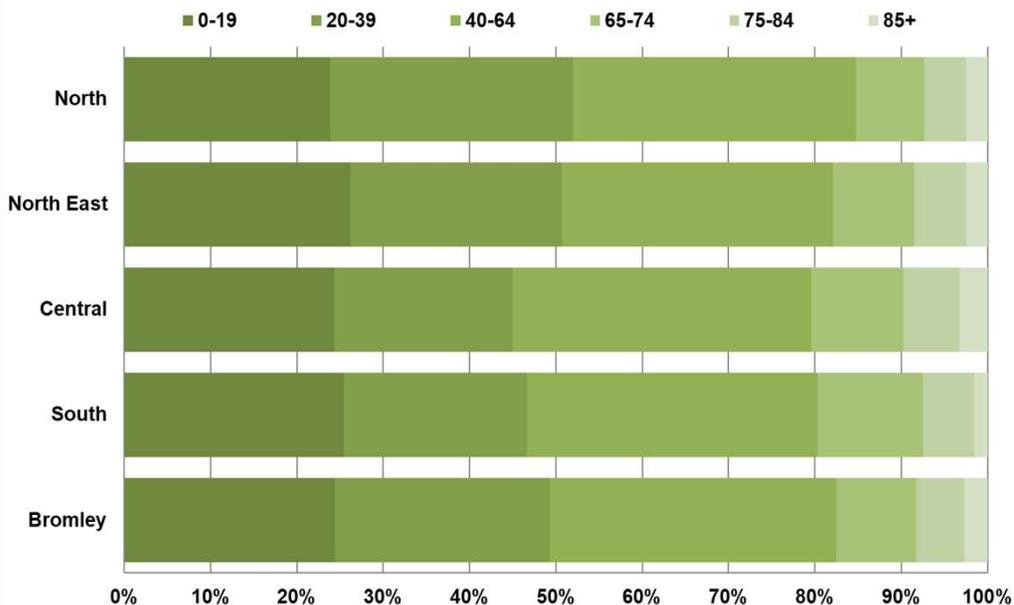
#### Population & Age Distribution

- Bromley has a resident population of 330,900 (GLA 2017 projections)
- The population pyramid (on the right) demonstrates a gender split of males 48% to females 52% (this is similar to England which has a 49% & 51% split)
- The age distribution graph (below) demonstrates how age varies in Bromley:
  - 58.2% of people are working age (i.e. those aged 20 – 64 years); 17.5% of people are aged 65+; of these 8.4% are aged 75+ and 2.7% aged 85+
  - The North locality has a higher than average proportion of people who are working age (60.9%)
  - The Central & NE localities have higher than average proportions of residents aged 75+ (9.7% and 8.5% respectively)
  - The Central locality has a higher than average proportion of people aged 85+
- Bromley’s population is expected to rise by 2.1% by 2021(JSNA 2016); The number of residents aged 0-4 years is expected to decrease; whereas the 75+ population is expected to increase



Projections based on GLA SHLAA; Interim 2015 estimates (Bromley); ONS 2014 Subnational Population (England)

**Population Distribution by Age in Bromley (2017)**  
(GLA SHLAA; Interim 2015 estimates)



#### What this means for the PNA

- The age of a person has an impact upon how and when they may need to use pharmaceutical services. This is summarised in Appendix F – “Pharmaceutical Needs Across the Life-course”
- A survey of the population in England<sup>7</sup> showed that the people more likely to visit a pharmacy once a month or more are: older people, children, women aged 55+ and those with a long-term condition. Conversely men, younger adults and people in employment are less likely to visit a pharmacy
- It is important that pharmacies maximise opportunities to target health promotion and public health interventions in order to improve health and prevent or delay the onset of disease and long term conditions, particularly for the younger population. Similarly, it is important that services are responsive to and meet the needs of older people
- The growing population has implications for future demand for all services, including pharmacy services. Our assessment will consider the capacity of the existing pharmacy network to meet this demand

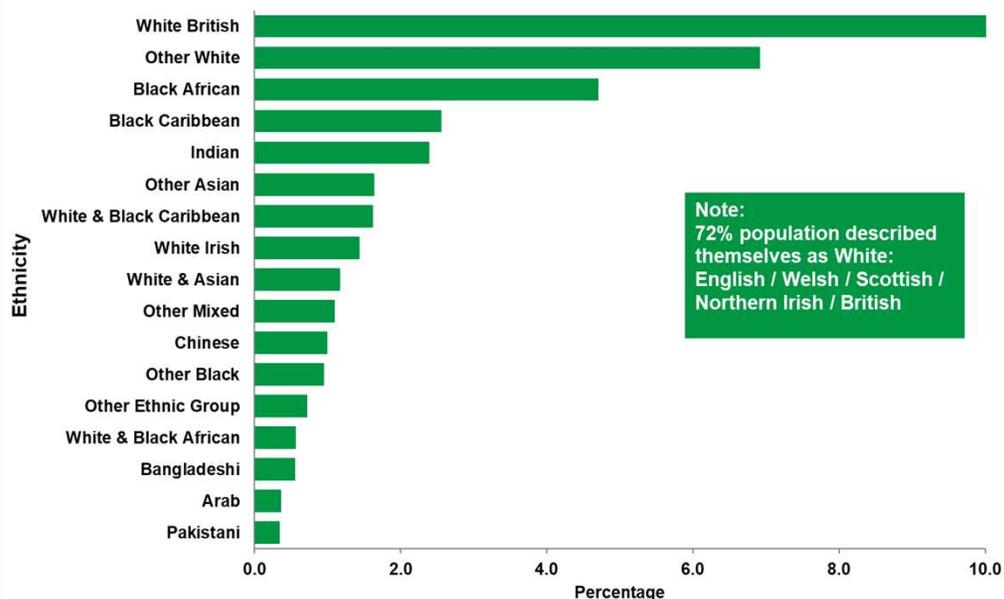
## 2. Local Context

### 2.2 Demography (cont...)

#### Ethnicity

- The graph below provides an overview of the distribution of Bromley's population in different ethnic groups
- Black, Asian and Minority Ethnic groups (BAME) represent just over 19% of the total population; and this is set to increase to 21.3% by 2021 (GLA 2015 Round Ethnic Group projections)
- The greatest proportion population rise will be in the Black African Group
- The North West of Bromley (North locality) has the highest proportion of ethnic minority populations; and the South locality the lowest proportion
- There is a large Gypsy Traveller community, chiefly concentrated the North East locality; this minority group tends to experience poorer health outcomes
- The table (right) provides an overview of languages spoken by Bromley pharmacy staff. Increasingly, pharmacists make use of Google translate or Smart Apps to interact with users who are unable to speak English

Distribution of the population in ethnic minority groups  
GLA 2015 Round Ethnic Projections for 2017



#### Languages Spoken by Bromley Pharmacy Staff

Language	No. Pharmacies	Percentage	Other languages spoken (<5% pharmacies)
Gujarati	22	37%	Arabic Akan Italian West African Latvian Bangladesh Luganda Tigrinya Maltese Hungarian Shona Cantonese Afrikaans Romanian
Hindi	15	25%	
French	8	13%	
Punjabi	8	13%	
Urdu	7	12%	
Turkish	5	8%	
Yoruba	5	8%	
Polish	4	7%	
Swahili	4	7%	
German	3	5%	

#### What this means for the PNA

- There is a correlation between health inequalities and the levels of diversity within the population. For example: BAME communities are at risk of 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
- It is essential that pharmaceutical services meet the specific needs of all communities within Bromley, as well as providing a broad and appropriate range of services to the general population
- The diversity of spoken languages potentially presents a challenge for the effective communication of medication-related information; and health promotion and lifestyle advice
- A significant number of staff within our pharmacies speak languages other than English; and communication is enhanced through the use of technology such as Google translate or Smart Apps
- Where possible we will take opportunities to signpost patients to pharmacies where their first language is spoken with a view to improving access to pharmaceutical and health promotion advice

## 2. Local Context

### 2.2 Demography (cont...)

#### Deprivation

- Bromley is a generally a prosperous borough:
  - It is ranked 220 out of the 326 local authorities in England with respect to deprivation; as such it is the 106<sup>th</sup> least deprived area in England and the 4<sup>th</sup> least deprived in London (measured by the IMD score 2015; where 1 = most deprived)
  - 8.9% people live in the 20% most deprived areas compared to 22.9% and 20.2% for London and England respectively (2014)
  - 16% of children live in poverty
- However, there is variation across the Borough with a wide gap between the least and most deprived areas:
  - Six Lower Super Output Areas (LSOAs) in Bromley fall within the ten per cent most deprived nationally; and 35 of 173 LSOAs (20%) rank in the lowest ten per cent on at least one domain
  - Within Bromley, the wards which rank highest in terms of the IMD are located in the North locality (Mottingham & Chislehurst North; Crystal Palace, Penge & Cator); and the North East locality (Cray Valley East and Cray Valley West)
  - Wards in the Central and South localities tend to rank lower on the IMD

#### Life Expectancy

- Life expectancy is a measure of how long a person born into an area would be expected to live by reference to current observed rates of mortality
- The all-cause mortality rate for Bromley is 846 per 100,000 (2012-14); this is the 9<sup>th</sup> lowest rate in London; and is below the London and England averages
- In Bromley average life expectancy (2013-15 data) for:
  - Women is: 85.1 years compared with 83.1 for England
  - Men is: 81.3 years compared with 79.5 for England
- The gap in life expectancy between the best and worst helps to illustrate how inequalities affect the population differently
- The 2017 Health Profile for Bromley identifies that the gap in life expectancy, between those who live in the most deprived 10% of Bromley and the least deprived 10% is 7.4 years for men and 5.9 years for women
- Life expectancy tends to be lower for men and women in the North and North East localities; and higher in the Central locality
- The ward with the lowest life expectancy for men and women is Crystal Palace (North locality); and the ward with the highest life expectancy for men and women in Shortlands (Central locality)

#### Religion

- Bromley is a religiously diverse local authority area. The 2011 census provides an overview of religions practiced within the Borough:

○ Christian	60.7%
○ No religion	26.0%
○ Not stated	7.8%
○ Muslim	2.5%
○ Hindu	1.6%
○ Buddhist	0.5%
○ Jewish	0.3%
○ Sikh	0.2%

#### What this means for the PNA

- There is a correlation between deprivation, higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. This has a negative impact upon health outcomes and contributes towards health inequalities
- Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs, as well as facilitating the self-management of those with long term conditions
- The PNA will need to take into account whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet health needs
- With respect to religion, pharmaceutical services need to ensure that advice on medicines and medicines-related issues are tailored to meet the needs of specific religious beliefs. For example, residents may seek advice on:
  - Whether or not a particular medicinal product includes ingredients which are derived from animals
  - Taking medicines during periods of fasting e.g. Ramadan

## 2.3 Health Needs

### 2.3.1 Lifestyle

#### Overview

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

#### Smoking

- 13.8% of Bromley adults smoke (2016 data); This is the one of the lowest rates in London and is statistically similar to the England average (15.5%). Whilst smoking prevalence is declining, this still represents over 30,000 people
- Smoking is more prevalent in some segments of the population:
  - 28.1% of adults (aged 18 – 64 years) in routine and manual occupations smoke; this higher than the London and England averages (23.9% and 26.5% respectively) although the difference is not statistically different
  - People in the North East (particularly the Crays) and the North (particularly Penge & Cator and Bromley Common & Keston wards) have the highest number of smokers
  - 5.3% of expectant mothers smoke in pregnancy; this is just above the London average (5%) but lower than the England average (10.6%) although this is not statistically significant
- Smoking is the number one cause of preventable death in England and is a major risk factor for cardiovascular disease (heart disease and stroke); chronic obstructive pulmonary disease and cancer
- Smokers are more likely to die prematurely; and 1 in 2 long term smokers die from a smoking-related illness

#### Physical inactivity

- Physical inactivity is the fourth leading cause of global mortality; improving activity levels could help prevent CHD, cancer and diabetes
- The percentage of physically inactive adults in Bromley (2015) was 23.8%; this was significantly better than the London and England averages (22.2% and 22.3%); and the 8<sup>th</sup> lowest rate out of 33 boroughs in London
- Only 12.1% of 15 year olds are physically active for a least one hour per day on 7 days a week, although this is in line with the London average

#### Diet

- Bromley is higher than the England average for babies being breast fed at 6 – 8 weeks after birth (JSNA 2016, provisional statistics)
- 29.5% of children in year 6 are classified as overweight or obese; this is significantly better than the London (38.1%) & England (34.2%) averages
- 64% of adults are obese or overweight; this is similar to the England average (64.8%) but statistically worse than the London average (58.8%)
- 62.1% of adults in Bromley meet the “5 a day” recommendation for fruit and vegetables (2015/16); this is similar to the London average of 56.4% and statistically better than the England average of 56.8%
- There is a correlation between fast food outlets (FFOs) and obesity:
  - Bromley has a slightly lower proportion of FFOs (79.4 outlets per 100,000) compared to the England average of 88 per 100,000 (2014)
  - The FFOs are primarily clustered around town centres; but there is higher prevalence in the more deprived parts of the North and North East localities

#### Substance misuse

- Nationally 1 in 4 adults are binge drinkers and middle class drinkers are more likely to indulge in "heavy" drinking
- In Bromley, 22% of those aged 16+ are increasing or heavy drinkers; this is similar to the London and England averages (20.6% and 22.3%)
- The estimated prevalence of opiate and/or crack cocaine users is 5.6 per 1,000 which is lower than the London and England average (2011/12)
- Application of the findings of the Adult Psychiatric Morbidity survey (2014) to Bromley's population suggest an estimated:
  - 3,000 (1.2%) adults are dependent drinkers
  - 7,900 (3.1%) of adults show signs of dependence on drugs, including 5,000 (2.3%) who show signs of dependence on cannabis only and 2,050 (0.8%) with signs of dependence on other drugs (with or without cannabis dependence)

#### Risky sexual behaviour

- Sexual health is influenced by a number of factors including sexual behaviour and attitudes
- Unprotected sex can lead to poor sexual health and unplanned pregnancy
- There is a correlation between alcohol & poor sexual health outcomes

In the pages which follow, we explore the health consequences of these lifestyle choices, together with a range of other diseases. ***The implications for the PNA are set out on pages 24 and 25***

## 2.3 Health Needs

### 2.3.1 Health Consequences of Lifestyle Choices

#### Cardiovascular Disease and Stroke

- Cardiovascular disease (CVD) is the main cause of death in Bromley. The table (right) summarises mortality rates (2013/15)
- It is estimated that 80% of cases of CVD are preventable either through modification of lifestyle and/or the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant or anti-platelet therapy, anti-diabetic medication etc)

#### Cancer

- Cancer is the second most common cause of death in Bromley. The table (right) summarises cancer mortality rates
- Four lifestyle factors: tobacco, diet, alcohol and obesity account for one third of all cancers

#### Respiratory Disease

- Respiratory disease is the third most common cause of death in Bromley. The table (right) summarises mortality rates
- 'Preventable' deaths are generally lower (better) than the London and England averages; the standardised mortality rate for 'all deaths' is lower (i.e. better) than the London and England values
- The mortality rate for COPD, for which smoking is the main cause, is statistically lower than the London and England values

#### Diabetes

- Diabetes is associated with long-term complications including heart disease, stroke, blindness, amputation and chronic kidney disease
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity
- There is also a correlation with:
  - Deprivation: those living in the most deprived areas have a higher risk
  - Ethnicity: the risk for people of South Asian origin is six times greater; and Black-African Caribbean origin is five times greater than for white people. There is also a greater risk of long-term complications in these groups
- The percentage of recorded cases is 5.4% (2014/15) compared with 6.1% & 6.4% for London & England; diabetes is continuing to rise

#### Hospital admissions

- The table (right) summarises smoking attributable hospital admissions; the rate in Bromley is statistically lower than London & England

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

2013-15 data	Men	Women	Total
<b>All Deaths - Bromley</b> (London; England)	<b>85.5</b> (110.0; 104.7)	<b>37.2</b> (47.7; 48.6)	<b>60.0</b> (77.4; 74.6)
<b>Preventable* - Bromley</b> (London; England)	<b>61.1</b> (73.7; 72.5)	<b>19.7</b> (25.8; 25.0)	<b>39.3</b> (48.7; 48.1)

#### Under 75 mortality rates from cancer per 100,000 population

2013-15 data	Men	Women	Total
<b>All Deaths - Bromley</b> (London; England)	<b>139.4</b> (147.7; 154.8)	<b>97.1</b> (113.8; 123.9)	<b>116.8</b> (129.7; 138.8)
<b>Preventable* - Bromley</b> (London ; England)	<b>77.4</b> (83.6; 88.4)	<b>57.2</b> (68.6; 74.5)	<b>66.6</b> (75.6; 81.1)

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

2013-15 data	Men	Women	Total
<b>All Deaths - Bromley</b> (London; England)	<b>26.9</b> (37.8; 38.5)	<b>20.0</b> (23.7; 28.0)	<b>23.2</b> (30.4; 33.1)
<b>Preventable* - Bromley</b> (London; England)	<b>16.9</b> (20.7; 20.3)	<b>13.3</b> (12.8; 16.1)	<b>15.0</b> (16.5; 18.1)
<b>COPD - Bromley</b> (London; England)	-	-	<b>43.8</b> (49.9; 52.6)

#### Smoking Attributable Hospital Admissions per 100,000 – Total (2015/16)

<b>No. of Admissions - Bromley</b> (London; England)	<b>1,296</b> (1,597; 1,726)
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Source: Public Health Outcomes Framework

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

## 2.3 Health Needs

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

#### Substance Misuse

- The World Health Organisation (WHO) defines the misuse of drugs or alcohol as “*the use of a substance for a purpose not consistent with legal or medical guidelines*”. It may also be defined as “*a pattern of substance use that increases the risk of harmful consequences for the user*”
- Substance misuse is associated with a range of adverse physical, mental health and/or social consequences
- The table (right) summarises the number of hospital admissions which are attributable to substance misuse; the data demonstrate that this is higher than the London and England averages for young people aged 15 – 24 years

#### A. Drug Misuse

- The rate of drug-related deaths (per 100,000) in Bromley is 1.9 compared with 3.1 for London & 4.2 for England (2014-2016); the rate in men is higher than in women (2.4 versus 1.5 in Bromley)
- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV, which may cause chronic poor health and can lead to serious disease and premature death
- The Health Protection Agency (HPA) has estimated that:
  - 16% of current or previous drug injectors are Hepatitis B Positive
  - 43% are Hepatitis C positive
  - 1.2% are HIV positive

#### B. Alcohol misuse

- Latest CMO guidance is that men and women should limit alcohol intake to a maximum of 14 units a week. Drinking more than the recommended daily allowance, particularly dependent drinking and/or binge drinking, has health consequences and social risks:
  - Liver disease:** The under 75 mortality rate (2013/15) was 13.7 per 100,000. This is statistically better than the London (17.0) and England average (18.0)
  - Alcohol related Mortality (2015):** This was 35.2 per 100,000 and is significantly better than the London (41.3) and England (46.1) averages; the rate for males (54.6) is significantly higher than for females (19.0)
  - Alcohol related hospital admissions** (table, right): Whilst the rate is increasing, it remains significantly below the London and England averages

#### Sexual Health

##### A. Sexual Transmitted Infections (STIs) & HIV

- STIs and HIV can cause a range of illnesses and may lead to premature death:
  - The rate of new diagnoses of STIs (excluding chlamydia) in those aged under 25 years was 754 per 100,000 population compared with 1,547 for London and 795 for England (2016). A high proportion of STIs are occurring in men who have sex with men (MSM)
  - The rate of chlamydia diagnosis in those aged 15-24 years was 2,239 for Bromley compared with 2,309 for London and 1,882 for England (2016). This rate of diagnosis was on target for Bromley
  - The gonorrhoea diagnosis rate per 100,000 was 52.9; this is statistically lower than the London rate of 186.6 and the England rate of 64.9 (2016)
  - The rate of HIV in Bromley is rising and is 2.68 per 1,000 in those aged 15-59; this is lower than the London rate (5.83) and similar to the England rate (2.26)
  - 32.9% HIV is diagnosed at late stage (CD4 <350) in those aged 15+. This is similar to the London (33.5%) & England (40.1%) averages (2013-15 data)
  - STI and HIV rates are highest in the North East locality

##### B. Pregnancy

- Unwanted and termination of pregnancy can have long term physical and psychological effects, particularly in young girls, leading to health problems in the future. Teenage pregnancy may lead to poor health and social outcomes for mother and baby. In Bromley:
  - The under 18s conception rate was 15 per 1,000; this was lower than the London (19.2) and England (20.8) averages (2015)
  - The under 18 abortion rate was 9.3 per 1,000; this was below the London average but above the England average (2016)
  - The repeat abortion rate is higher than London and England for the under 25s
  - The under 18s birth rate was 2 per 1,000 compared with 4.4 for London & 6.3 for England
  - There is an increasing trend towards older motherhood

#### Hospital admissions (per 100,000 population)

<b>Alcohol related (narrow definition) - Bromley (2015/16)</b> (London, England)	<b>541</b> (545; 647)
<b>Alcohol related (broad definition) – Bromley (2015/16)</b> (London, England)	<b>1,828</b> (2,235; 2,179)
<b>Substance misuse (aged 15–24) – Bromley (2013/14 -15/16)</b> (London, England)	<b>158.1</b> (67.9; 95.4) 14

## 2.3 Health Needs

### 2.3.3 Other Considerations

#### Mental Health

- At least one in four people will experience a mental health problem at some point in their life; and one in six adults has a mental health problem at any one time
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders
- In Bromley:
  - The prevalence of mental health disorders (based on QOF data) in 2015/16 was 0.82% compared with 1.02% for London and 0.90% for England
  - Depression prevalence as recorded on GP registers, in those aged 18+, was 7.8% compared to 6.0% for London and 8.3% for England (2015/16)
- A vast array of medication is available to treat various mental health disorders including anxiety, depression, schizophrenia etc
- Adherence to medicines is often poor; this is partly a result of the conditions themselves but also a reflection of the unpleasant side effects of many of the medicines

#### Older People

- The frequency of ill health rises with increasing age
- People aged 65+ occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions to hospitals
- Older people are particularly vulnerable to:
  - **Cardiovascular disease and diabetes**
  - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities
  - **Dementia:** The prevalence in Bromley is 0.8% of the registered population (QoF). This is slightly higher than the London average (0.5%) and the same as the England average. Alzheimer's disease is the most common form of dementia
  - **Falls:** The aged standardised rate of emergency hospital admissions per 100,000 of older people who sustained an injury due to a fall (2015/16) was:
    - 5,275 for those aged 80+; this was similar to the London (5,550) and England rates (5,526)
    - 888 for those aged 65 – 79; this is significantly better than the London (1,116) and England rate (1,012)

#### Care Homes

- With increasing numbers of frail older people with long term conditions and complex requirements including palliative needs, care homes are providing care that has historically been provided by hospitals
- In 2016, the number of nursing and residential home beds per 100 people aged 75+ was 4.0 and 6.2 respectively. This is lower than the London and England averages. This may be a measure of services available; or reflect the fact that Bromley residents stay longer in their own homes with private care compared with London and England
- Adopting a proactive approach to managing medicines will help reduce unplanned admissions to hospital. Pharmacy related recommendations from the NICE "*Managing Medicines in Care Homes (SC1)*" include:
  - The ongoing supply and demand of medicines prescribed to patients
  - Advice/support for care plans and on identifying & managing adverse effects
  - Supporting the disposal of medicines from care homes
  - Supporting delivery of the local anticipatory medicines pathways
  - Advice/support to staff on the medication administration records for patients
  - Providing a key contact for queries around medicines

#### Disability

##### Physical

- More than 19,700 people have a physical disability; this equates to approximately 10% of the population aged 18-64; of these 4,500 have a serious physical disability

##### Sensory (Visual or Hearing Impairment)

- 665 people are registered as blind; 615 as partially sighted; and up to 10,000 have sight loss which impacts upon daily living
- Prevalence of the most common eye conditions, which may impact upon sight, is increasing
- In 2015/16, the crude rate of preventable sight loss per 100,000 was:
  - **Diabetic eye disease:** 1.8 compared to 2.5 (London) and 2.9 (England)
  - **Age related macular degeneration:** 105.6 versus 86.7 (London) and 114 (England)
  - **Glaucoma:** 10.9 compared to 13.4 (London) and 12.8 (England)
- Over 32,000 adults have a moderate or severe hearing impairment (predicted to rise to 43,000 by 2030); and 757 have profound hearing impairment (set to rise to 1,010 by 2030)

##### Learning Disability

- QoF prevalence is 0.3% compared with 0.4% (London) & 0.5% (England)

## 2.3 Health Needs

### 2.3.3 Other Considerations

#### Seasonal Influenza

- Seasonal influenza may cause severe illness and complications in vulnerable groups including:
  - Children aged under 6 months
  - Older people
  - Pregnant women
  - Those with underlying disease especially chronic respiratory disease, cardiac disease and immunosuppression
- Seasonal influenza vaccine is recommended for people falling into these clinical groups
- In 2016/17, the DH target was:
  - 75%+ for those aged 65+
  - 40-65% for children (aged 2 to school year 3)
  - 55% for all other “at risk” patients aged under 65 (including pregnant women)
- The seasonal influenza vaccination rates in Bromley were (2016/17):
  - **Over 65s:** 67.0%; this was above the London rate (65.1%) and worse than the England rate (70.5%)
  - **Those aged 2 – 4 years:** 36.7% compared with 29.2% (London) and 38.1% (England)
  - **Those aged 6 months to 64, in ‘at risk’ group:** 45%. This is lower than the average rates for London and England (47.1% and 48.6%)

#### Pneumococcal immunisation

- People within the following groups, who are at risk of complications arising as a result of a pneumococcal infection, are eligible for pneumococcal vaccination:
  - All children under the age of two
  - Adults aged 65 or over
  - Children and adults with certain long-term health conditions, such as a serious heart or kidney condition
- In 2015/16:
  - 63.4% of the eligible population (aged 65+) received pneumococcal (PPV) vaccination; this was higher than the previous year’s coverage but below the London (65.3%) and England (70.1%) averages
  - Vaccination coverage was much higher for eligible children who received the complete course of pneumococcal (PCV) vaccine by their 1<sup>st</sup> birthday: 92.4% compared to 90.0% and 93.4% for London & England respectively

#### Shingles vaccination

- Shingles vaccination is recommended in people aged 70+ years and a benchmark goal of 60% coverage has been set
- In 2015/16, 48.8% of eligible people were vaccinated compared with 47.1% for London and 54.9% for England

#### Childhood immunisation

- A priority is to achieve ‘herd’ immunity against infectious diseases (i.e. 95% of the eligible population immunised against the disease)
- Bromley is not meeting the national vaccination targets of 95% for a number of childhood immunisations:
  - **Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b (Dtap / IPV / Hib)**
    - Uptake of 3 doses by 1<sup>st</sup> birthday: 92.5% compared to 89.2% (London) and 93.6% (England)
  - **Meningococcal C (Men C)**
    - Completion of course by 1<sup>st</sup> birthday: 94.1% (comparators not available)
  - **Measles, Mumps & Rubella (MMR) uptake**
    - 90.8% of eligible children received one dose on or after their 1<sup>st</sup> birthday and anytime up until their 2<sup>nd</sup> birthday (compared to 86.4% and 91.9% for London & England)
    - 84.1% of eligible children received two doses of MMR on or after their 1<sup>st</sup> birthday and up until the 5<sup>th</sup> birthday compared to 81.7% (London) & 88.2% (England)
  - **Haemophilus Influenzae Type b (Hib) / Meningococcal C (MenC)**
    - **Uptake at 2 years:** the percentage of children who had received one booster by their 2<sup>nd</sup> birthday was 90.4%. compared to 85.9% (London) and 91.6% (England)
    - **Uptake at 5 years:** the percentage of children who had received one booster by their 5<sup>th</sup> birthday and was 92.3% compared to 88.7% (London) and England (92.6%)

In the next section, we show how national and local healthcare strategy set out to tackle the lifestyle behaviours and health needs as outlined in the preceding pages.

We then go on to set out the implications for the PNA on **pages 24 and 25**

## 2.4 Health Services Strategy

### 2.4.1 National Strategy

#### Overview

- Healthcare Strategy is set by a range of health and care organisations working in an integrated way:
  - **Public Health England (PHE)** is an executive agency of the Department of Health. It plays a strategic role to protect and improve the nation's health and wellbeing; and reduce health inequalities. It does this by informing health protection, health improvement and health & social care commissioning. Locally, Directors of Public Health are statutory Chief Officers and principal advisers on all health matters advising local authorities on the best ways to improve the health of the population
  - **Local Authorities (LAs)** which have responsibility for public health and improving the health of the population
  - **Health and Wellbeing Boards (HWBs)** which must be established by each LA. The HWB is responsible for overseeing the health and wellbeing needs of its local community and for developing a Joint Health and Wellbeing Strategy, which provides a framework to inform the commissioning of integrated and/or co-ordinated health, social care and public health services based on local need. Membership of the HWB includes local commissioners of health and social care, elected members of the LA and representatives from Healthwatch
  - **NHS England (NHSE)** is the national body responsible for commissioning 'primary care services' from GPs, pharmacies, dentists and optometrists. In addition, it is responsible for commissioning healthcare services for prisons (and other custodial organisations), the armed forces and a range of specialised and highly specialised services
  - **Clinical Commissioning Groups (CCGs)** commission the majority of NHS healthcare for their area. Core responsibilities include securing continuous improvements in the quality of services commissioned, reducing health inequalities, enabling choice, promoting patient involvement, securing integration and promoting innovation and research. Full delegation of primary care medical services, from NHSE to Bromley CCG, was granted in 2017
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, this section sets out high level strategic priorities together with the implications for the PNA
- Our assessment reflects strategic priorities at the time the PNA was written

#### “Five Year Forward View”

- This document<sup>3</sup> sets out key strategic priorities, and new models of care, to ensure that the NHS evolves to meet the challenge associated with people living longer with more complex health needs, whilst embracing the opportunities offered by science and technology. Of note, and of relevance to community pharmacy, are:
  - An enhanced focus on prevention to tackle the rising burden of avoidable illness arising from obesity, smoking, alcohol and other major health risks
  - Empowering patients and their carers to managing their own care
  - Breaking down barriers which prevent effective service integration
  - Organising care around individuals with multiple health conditions and not based on single disease pathways

#### “Next Steps on the Five Year Forward View”

- This follow up document to the “Five Year Forward View” was published in 2017, and sets out a number of priorities<sup>4</sup>:
  - Provision of urgent and emergency care, 24 hours a day on 7 days a week
  - Tackling inappropriate use of A&E, pressures on hospital beds and delayed discharges through:
    - Redesign of pathways, to ensure patients are seen in the right place at the right time; including care from new urgent treatment centres
    - Closer working between hospitals, community services and social care to free up hospital beds; includes working in “hubs” or networks
    - Improved access to GPs, through greater availability of GP appointments including bookable appointments in the evening and at weekends (to be universally available by 2019)
    - 1,300 clinical pharmacists to support medicines optimisation to improve efficiency & outcomes; and helping patients to manage their condition(s)
    - Improving pharmacy access to the summary care record & increasing use of EPS
  - A focus on cancer, aimed at improving survival rates including:
    - Early identification
    - Opening new rapid diagnosis and treatment centres
  - Improving mental health services including:
    - Increased access to psychological or “talking” therapies
    - Addressing physical health needs in people with a mental health condition, through additional health checks
    - Better services for new mothers, children and adolescents
  - Assisting frail and older people to stay health & independent
  - Sustainability and Transformation plans, Accountable Care Systems and joined up funding are vehicles to deliver the required changes

## 2.4 Health Services Strategy

### 2.4.1 National Strategy (cont...)

#### “Community Pharmacy Clinical Services Review”

- An independent review of pharmacy<sup>5</sup> was commissioned in response to the “Five Year Forward View” and the “General Practice Forward View”
- The context for the review included:
  - The changing patient and population needs, particularly the demands of an ageing population with multiple long term conditions
  - Emerging models of pharmaceutical care within the UK and internationally
  - Evidence of sub-optimal outcomes from medicines in primary care settings
  - The need to improve integration of pharmacy and clinical pharmacy skills into patient pathways and emerging models of care
  - The need for service redesign in all aspects of care
- The review acknowledges that community pharmacy remains an under-utilised resource; and that whilst the clinical role of pharmacy has evolved over the last decade there are opportunities to do more
- Three barriers have been identified:
  - Poor integration with other parts of the NHS including digital immaturity
  - Issues with behaviours and cultures, sometimes with weak relationships between community pharmacy and GPs
  - Complex contractual mechanisms and commissioning arrangements
- The report makes a number of recommendations which focus upon maximising existing clinical services; ensuring integration of community pharmacy into new models of care; and enhancing support which is provided to people with long term conditions and for public health services. A number of actions and next steps are recommended:
  - Electronic repeat dispensing should become the default of repeat prescribing, unless a patient is yet to be stabilised on a medicine
  - Medicines use reviews (page 57) should be redesigned to include ongoing monitoring and regular follow up; and with a focus on people with co-morbidities
  - An England-wide minor ailments scheme
  - Stop smoking services should be considered as an element of the national contract
  - Integrating community pharmacists into long term condition management pathways; and a role in case finding for conditions such as hypertension
  - Overcoming barriers through contractual & legislative reform; and digital maturity to facilitate registered pharmacy professionals to see, document and share information within clinical records held by other healthcare professionals

#### “Community Pharmacy 2016/17 and beyond: final package”

- The Department of Health set out a series of reforms including a significant change to the pharmacy remuneration structure to drive efficiencies and quality whilst preserving pharmacy services in areas with the highest need<sup>6</sup>
- The document also describes a modernisation programme for pharmacy service, which reflects priorities outlined in “Next Steps on the Five Year Forward View”:
  - **Market entry:** New regulations permitting the consolidation of contracts within a Health and Wellbeing Board area (introduced in December 2016)
  - **Digital technologies:** to improve the “prescription ordering journey” with a view to maximising patient choice and convenience
  - **Distance selling pharmacies:** a review of the terms of service to reflect the different service offering by these contractors
  - **Pharmacy Integration Fund:**
    - This sets out to develop clinical pharmacy practice within primary care including a wider role for community pharmacy, pharmacists and pharmacy technicians in the new, integrated, local care models
    - The aim is to improve access for patients; reduce pressure on GPs and A&E; optimise medicines use; drive better value; improve patient outcomes; and contribute to the delivery of a 7 day health & care service
    - Initial priorities focus on the deployment of clinical pharmacists within groups of GP practices, care homes and urgent care settings, including NHS 111; and development of the pharmacy workforce and establishing principles for medicines optimisation for patient centred care
    - **Urgent medicines supply pilot scheme:** This scheme, which is accessed following referral by the NHS 111 service, is being piloted until March 2018 (refer to page 39 “NHS Urgent Medicine Supply Advanced Service” for further information)
    - **Urgent minor illness care:** The intention is to develop an evidence-based, clinical and cost-effective approach to how community pharmacies contribute to urgent care
    - **Digital:** accelerating digital integration including developing the adoption of messaging and transfer of care to community pharmacy from NHS 111 and hospital care settings; and sending a post-event message from community pharmacy to other care settings

## 2.4 Health Services Strategy

### 2.4.2 Local Strategy

#### South East London Sustainability and Transformation Partnership (STP)

- A 5 year partnership, across the SEL footprint (table, right) which sets out to transform local health and care services within South East London
- Five priorities and related areas of focus have been defined and summarised in the figure (bottom right; reproduced from the STP document)
- Key transformational changes, relevant to community pharmacy include:
  - Networks of Community Based Care (CBC) providers and 23 local care networks (LCNS) bringing together primary, community & specialist teams
  - Accessible, proactive & preventative care provided outside of hospital
  - Extended GP access from 8am – 8pm on 7 days a week
  - New care teams of GPs, nurses, pharmacists and other specialists
  - An integrated urgent care system to reduce inappropriate use of A&E, with a single out of hours number (111), access to a clinical hub and advice on use of alternative services including community pharmacy and district nursing
  - A home care service providing intensive medical care in people's homes
  - A focus on prevention and staying healthy. Priorities include obesity, mental health, smoking, alcohol, new mothers & pregnancy and managing long term conditions; and targeted interventions including alcohol IBA and behavioural interventions for those at risk of type 2 diabetes
  - Improved cancer diagnosis by increasing screening rates, life-style advice and through the new cancer centres at Guy's Hospital and at Queen Mary's, Sidcup
  - Development of two new specialist orthopaedic centres
  - Integrating mental health services, ensuring that both mental and physical health needs are identified and addressed

#### What this means for the PNA

- Recommendations from the Community Pharmacy Clinical Services review (previous page) are highly relevant to the potential role which community pharmacy can play, particularly in relation to:
  - Prevention and identification of unmet need
  - Support with self-care and signposting to relevant services
  - Improved management of long term conditions through medicines optimisation
- Changes in the provider landscape (e.g. the new cancer and elective orthopaedic centres), more care closer to home, 7 day services and closer multidisciplinary working with health and care professionals are relevant to:
  - When & where patients may need to access community pharmacy services
  - The need to ensure that community pharmacy is well integrated into the LCNs

#### South East London STP Footprint

Local Authorities	CCGs	Service Providers
<ul style="list-style-type: none"> <li>• Bexley</li> <li>• Bromley</li> <li>• Greenwich</li> <li>• Lambeth</li> <li>• Lewisham</li> <li>• Southwark</li> </ul>	<ul style="list-style-type: none"> <li>• Bexley</li> <li>• Bromley</li> <li>• Greenwich</li> <li>• Lambeth</li> <li>• Lewisham</li> <li>• Southwark</li> </ul>	<ul style="list-style-type: none"> <li>• Guy's &amp; St Thomas' NHS FT</li> <li>• King's College Hospital NHS FT</li> <li>• Lewisham &amp; Greenwich NHS Trust</li> <li>• South London &amp; Maudsley NHS FT</li> <li>• Oxleas NHS FT</li> <li>• Bromley Healthcare C.I.C</li> <li>• Primary care providers</li> </ul>

Dartford & Gravesham NHS Trust is an associate organisation

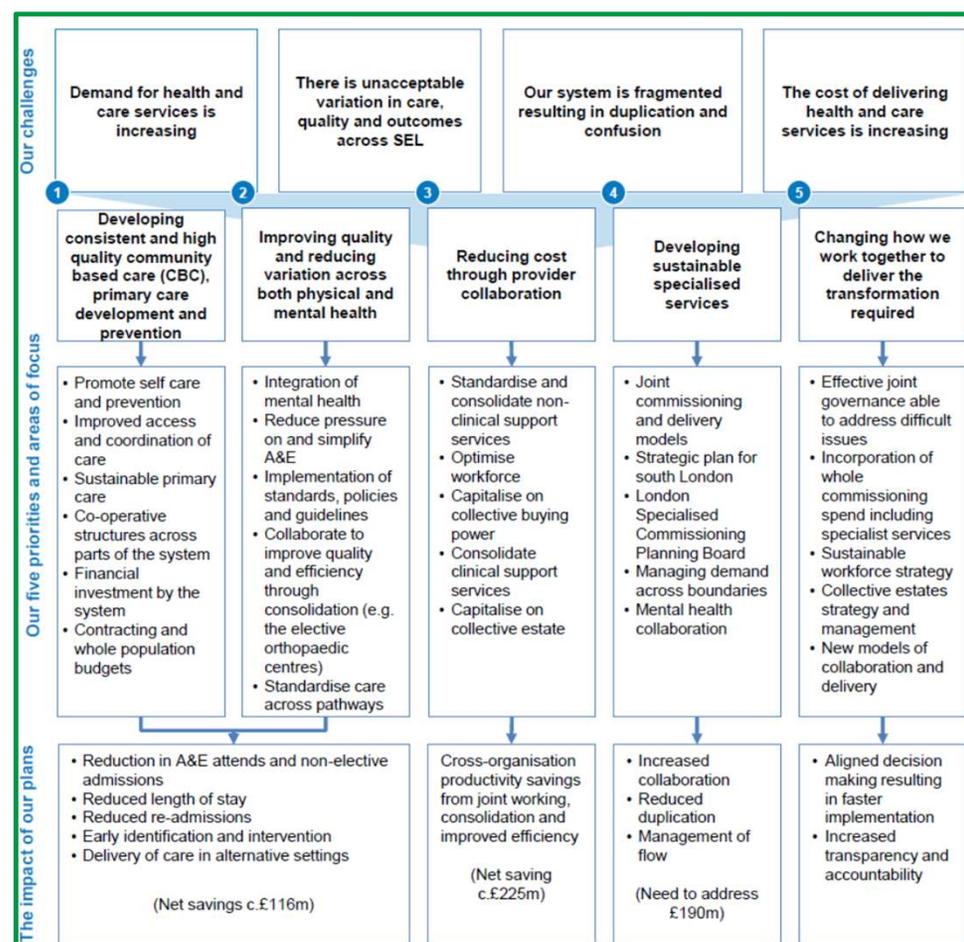


Figure reproduced from SEL STP, Oct 16

## 2.4 Health Services Strategy

### 2.4.2 Local Strategy (cont...)

#### Bromley Joint Health & Wellbeing Strategy 2012 - 15

##### Vision

- The Joint Health and Wellbeing strategy (JHWS) for 2012-15, sets out the vision for people living in Bromley to **“Live independent, health and happy life for longer”**
- The strategy defines three themes and 9 priorities focussed on improving the health and wellbeing of the population; these were based on the Joint Strategic Needs Assessment which was current at the time
- These priorities remain relevant at the time of the PNA publication

##### Themes

###### Increasing life expectancy

###### Primary causes of premature mortality

- Cardiovascular disease
- Cancer
- Respiratory disease

###### Secondary causes of premature mortality

- Smoking
- Obesity
  - Unhealthy Eating
  - Physical inactivity
- Poor mental health

###### Improving quality of life and wellbeing *Whole Population*

- Social inclusion with communities
- Supportive social networks
- Clean and safe environment
- Housing quality and affordability
- Education attainment and aspiration
- Employment opportunities
- Income maximisation
- Crime reduction

###### Improving quality of life and wellbeing *Those with specific health needs*

- Care pathways
- Care of long term conditions
- Acute care – primary and secondary
- Social care
  - Older people
  - Carers
  - Disabilities
  - Mental Health
  - Dementia
- End of life care

##### Key Priorities

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Hypertension</li> <li>• Dementia</li> </ul> | <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Anxiety and depression</li> <li>• Support for carers</li> </ul> | <ul style="list-style-type: none"> <li>• Children referred to social care</li> <li>• Children with mental and emotional health problems</li> <li>• Children with complex needs and disabilities</li> </ul> |
|--|---|--|

##### What this means for the PNA

- We explore the strengths of community pharmacy and systematically review the contribution made by our existing network of pharmacies with respect to improving the health and wellbeing of our population (refer to pages 24 and 25)

## 2.4 Health Services Strategy

### 2.4.2 Local Strategy

#### Bromley CCG Integrated Commissioning Plan 2014- 2019: “Better Health, Better Care, Better Value”

##### Vision

- **Better Health:** Improve health outcomes and reduce health inequalities across Bromley
- **Better Care:** Transform the landscape of healthcare, by developing partnerships leading to an integrated healthcare system with improved access and quality
- **Better Value:** Create a sustainable health economy reinforced through collaborative working

##### Improvement Ambition

###### Ambition 1

Securing additional life for the people with treatable mental and physical conditions

###### Ambition 2

Improving health related quality of life for people with long term conditions (including mental health)

###### Ambition 3

Reducing the time people spend avoidably in hospital through better or more integrated care in the community

###### Ambition 4

Increasing the proportion of older people living independently at home, following discharge from hospital

###### Ambition 5

Improving the number of people having a positive experience of hospital care

###### Ambition 6

Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and the community

###### Ambition 7

Make significant progress towards eliminating avoidable deaths in our hospitals, caused by problems with care

- Sitting alongside the Bromley CCG Integrated Commissioning plan are the “Out of Hospital Transformation Programme and CCG arrangements for medicines optimisation. The relevant headlines are summarised on pages 22 and page 23
- We go on to explore the strengths of community pharmacy and systematically review the contribution made by our existing network of pharmacies and implications / considerations associated with national and local strategy on pages 24 and 25)

## 2.4 Health Services Strategy

### 2.4.2 Local Strategy

#### Bromley Out of Hospital Transformation Programme (2015)

##### Aims

To provide co-ordinated care for patients via integrated services and responsiveness to patients' needs, while ensuring the best possible use of resources, avoiding fragmentation of services and reducing the complexity of the patient journey

##### Focus on Prevention

##### Primary Prevention

- Activities to reduce incidence of disease including reducing lifestyle risks
- Systematic primary prevention to improve health outcomes
- Evidence-based behavioural interventions targeted at individuals and communities

##### Secondary Prevention

- Early identification of disease with evidence based interventions to delay progression
- Systematic application of standard, low technology, cost-effective interventions to improve healthcare outcomes with a positive impact upon life expectancy and health inequalities

##### Tertiary Prevention

- Helping people to manage LTCs and complex health problems or injuries to preserve or improve their ability to function, improve quality of life and life expectancy
- Includes modifying risk factors e.g. lifestyle risks, environmental factors

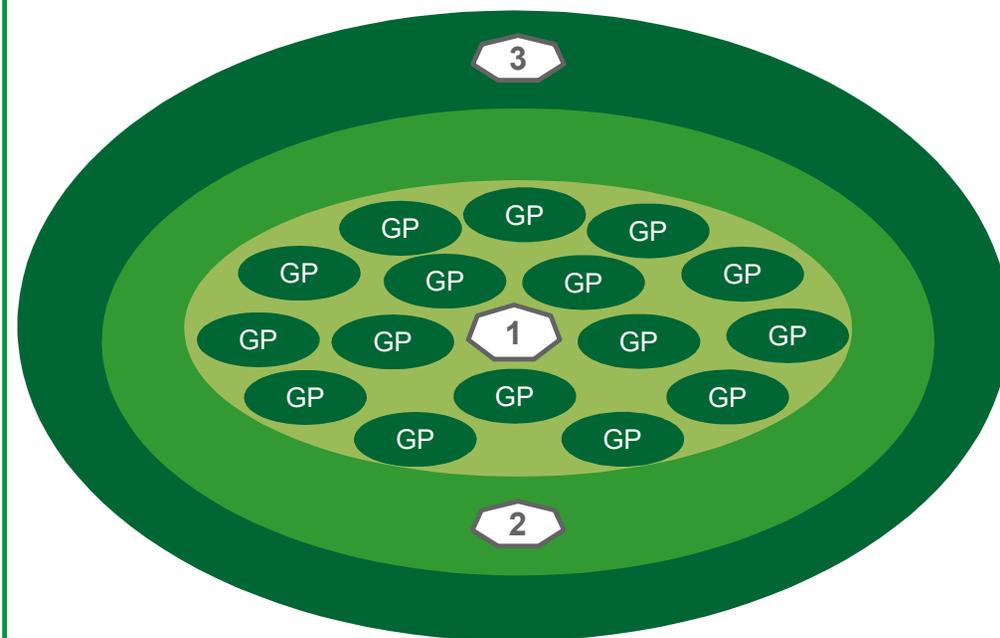
##### Risk Stratification & Case Management

- Co-ordinated care, which is patient centred and with multidisciplinary working via ICNs (figure, top right) and a risk stratification and case management approach (figure, bottom right) approach are pivotal to ensuring a targeted approach to interventions and management of long term conditions based on relative risk:
  - Low: Prevention and wellness promotion
  - Moderate: Supported self-care
  - High: Disease management
  - Very high: Case management
- Key elements of the approach include:
  - Single point of access into Bromley's health and care services
  - Case management team (figure, top right)
  - ICN workforce with integration of Bromley Healthcare, Oxleas and LBB teams providing co-ordinated care
  - Accessible care including direct access to care; 7 day services, clear pathways
  - Proactive care including self-referrals & management, increasing capacity and capability in the community, sustainable and capable workforce, prevention of crisis

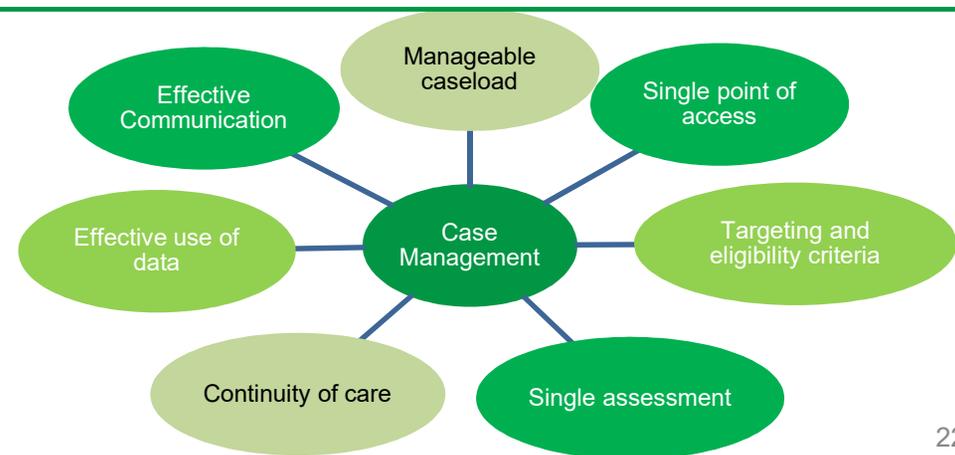
##### Voluntary and Community Services

- **Voluntary & community sector:** Consortium approach. Direct contribution to the whole system model of healthcare; helping people to connect about health and wellbeing issues
- **Community pharmacists:** may be commissioned to provide a wider range of services to improve accessibility, relieve pressure on the urgent care system & free up capacity for other health and social care professionals

#### Integration Care Network Hubs



1. **Integrated care network hub:** circa 15 GP practices; population 100,000
2. **Case management team:** clinical care co-ordinators, clerical care navigators, social prescribing advocate. Care plans and case management for target patient groups
3. **Borough-wide specialist offer:** specialist and enabling services; includes interaction with acute consultants and provision of care from specialist health and care teams e.g. COPD, direct reablement team, St Christopher's



## 2.4 Health Services Strategy

### 2.4.2 Local Strategy

#### Medicines Optimisation in Bromley

- Bromley CCG has a central medicines optimisation team
- A range of medicines optimisation services are also commissioned; these may be accessed by patients registered with a Bromley GP

#### Medicines Optimisation Service

- Currently commissioned from Oxleas NHS FT
- 2 year pilot which aims to support patients living in the community to access and use their medicines appropriately; and with a view to supporting self management and independence, reducing medicines-related hospital admissions, improving health outcomes and reducing pharmaceutical waste

#### Tailored Dispensing Service

- Commissioned from community pharmacies in Bromley
- The service comprises provision of appropriate auxiliary aids, by community pharmacies, to meet patients' personalised needs for support in their using medicines; as such it supports patients with LTCs to use their prescribed medicines independently and to live in their own homes as long as possible
- Patients are referred into the TDS by the MOS (approximately 60% of referrals are to the TDS; the rest fall within the Equality Act 2010)
- Refer to section 3.3.2 for full details of the service

#### ICN Pharmacists

- Pilot service, commissioned from Prescribing Support Services Ltd, which operates within all GP practices (bar one) based in Beckenham
- Comprises a team of clinical pharmacists (most of whom are independent prescribers) with a remit to support practices with optimising repeat prescribing, undertaking face to face medication reviews, running minor ailments clinics etc. The aim is to release GP and nursing time

- The figure (right) summarises the pathway and illustrates the relationship between this service, NHS Pharmaceutical Services and the Tailored Dispensing Service

#### Medicines Optimisation Service Pathway

##### Referral from Health & Social Care Professionals

##### Initial Triage & Contact / Assessment

- Access to medicines
- Adherence (intentional vs non-intentional)
- Side effects / poor outcomes

##### Medication Assessment & Review

- Domiciliary visit undertaken by technician or pharmacist
- Care plan agreed

##### Liaise with GP, Community Pharmacist & others to co-ordinate care plan and refer

##### Implementation of Support – liaise with

- Community pharmacy (box right)
- Social services care package
- District nursing
- Others e.g. carers, family

##### Review within 6 weeks

- Follow up care plan
- Liaise with community pharmacist (box, right)
- Further follow up / review as required

#### Community Pharmacy Support

- **Essential & advanced services** e.g. Adjustments for Equality Act, MURS, NMS
- **Tailored Dispensing Service** e.g. MAR charts, compliance aids for non-EA patients
- Ongoing monitoring, information and support

Figure adapted from Bromley CCG Medicines Optimisation Service Specification

## 2.5 Implications for the PNA

### 2.5.1 Overview

#### The Local Context - What this means for the PNA

- Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car and 96% by walking or public transport<sup>8</sup>
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons<sup>9</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, which were reinforced by our public survey (box, right), may be summarised as:
  - Healthcare knowledge**
    - The healthcare knowledge of pharmacists, together with good accessibility, reinforces the role of community pharmacy as a “first port of call” to support people with self-care, including the management of minor illnesses
  - Medicines expertise**
    - Medicines are the most common medical intervention. Non-adherence to prescribed medicines is a silent but significant challenge in managing long term conditions. It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended<sup>10</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
    - Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber. As such, they have a central role to play in the management of long term conditions
  - Provider of public health services**
    - Pharmacy is an established provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services. Its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public are pivotal to its success
- It is of note that the dynamic within the NHS is changing. NHSE and CCGs are moving the focus of responsibility to the users of health services e.g. through encouraging individuals to take more responsibility for self-care, the purchase of OTC medicines and ordering repeat medicines etc. This shift in emphasis plays to the strengths of community pharmacy and is of relevance to the future shape of pharmacy-based services

#### Insights from our Public Survey

##### Reasons for using a pharmacy (n = 5,741)

- Get a prescription dispensed for self: 91.3%; or for someone else: 47.7%
- Buy a medicine: 48.9%
- Advice from a pharmacist for self: 45.8%; or for someone else: 18.3%
- Use other healthcare services the pharmacy offers: 12.4%
- Shop for non-medical goods: 30.8%

##### Advice (n = 146)

- 44.5% respondents say they choose to use a pharmacy because the staff provide good advice and information
- 90.3% of respondents said pharmacists have a role to play in providing advice on how to stay healthy

##### Minor illnesses - where do you go first...? (n = 5,741)

- For Advice:** Pharmacy (64.3%); Online (20.5%); Other (7.4%); GP (6.5%); NHS 111 (1.1%); A&E (0.2%)
- For Treatment:** Pharmacy (58.4 %); Treat self (26.7%); GP (11.2%); Other (1.8%); Online (1.5%), NHS 111 (0.5%), A&E (0.04%);

*Some respondents commented that they “do nothing” because the illness is minor; several identified they either use their own knowledge or seek advice from a family member or friend; some respondents commented that they buy medicines to self-care but this is not necessarily from a pharmacy*

Refer to Appendix B for further details

On the next page, we systematically explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section. We also set out factors which our assessment will need to take into account in relation to these roles.

Our assessment we will reflect on the national and local strategic priorities, as described in the preceding pages. This includes considering how these priorities may influence the need for NHS pharmaceutical services and/or how they might impact upon the delivery of pharmaceutical services and/or locally commissioned services.

Given the scale of national & local changes together with the financial pressures we believe that there is a need for local pharmacy leaders to be involved at a strategic level locally, regionally and nationally

## 2.5 Implications for the PNA

### 2.5.2 Systematic review

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

##### Dispensing Services

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

##### Health Promotion & Brief Advice

- The high number of people using pharmacies is a real opportunity to “Make every Contact Count”<sup>11</sup>.
- Our priorities include a focus on modifying lifestyle behaviours with a view to supporting the prevention agenda, as set out in the STP, JHWS and CCG strategies i.e. tackling behaviours which contribute to higher rates of CVD, diabetes, cancer and respiratory disease; improving physical health in those with mental illness; and reducing risky sexual behaviour. We would welcome NHSE prioritising some, or all of these areas, for future nationally set campaigns

##### Signposting

- Pharmacies need to be equipped to facilitate signposting to health & social care services including:
  - Specialist stop smoking services
  - Sexual health services, ante-natal care etc
  - Hepatitis & HIV screening
  - Drug or alcohol services
- Signposting will be increasingly important to help patients to navigate services which have been transformed, as part of the STP, the Bromley “Out of Hospital Transformation Programme” & the “Bromley Well” service

##### Health Assessment & Unmet Need

- Pharmacies potentially have a role to play in identifying unmet need e.g. undiagnosed diabetes & hypertension
- This approach supports the focus on primary and secondary prevention, as set out in the Bromley “Out of Hospital Transformation Programme”
- Some pharmacies offer screening as a non-NHS service

##### Medicines Use Reviews & New Medicine Service

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

##### Tailored Dispensing Service

- This service comprises the provision of appropriate auxiliary aids, and advice, to meet patients’ personalised needs for using medicines
- It helps those patients with LTCs, who are not eligible for similar support from pharmacies under the Equality Act, to use their medicines independently and live at home for as long as possible
- The service plays a important part within the medicines optimisation arrangements which have been established by the CCG

##### Support for Unscheduled Care and Self-care

- Community pharmacies provide valuable advice to support self care for people with self-limiting conditions who may otherwise go to their GP or another unscheduled care provider
- “Pharmacy First” minor illness schemes have been flagged as a priority by the DH<sup>6</sup>
- The NHS Urgent Medicines Advance Service pilot, accessed via NHS 111, helps to manage urgent requests for repeat medicines

##### Pharmacy-based Vaccination

- Community pharmacy-based vaccination has been shown to improve access and uptake of vaccinations
- The Flu Vaccination Advanced Service and the London Pharmacy Vaccination Service play a role in improving uptake of flu vaccination and pneumococcal (PPV) vaccination, both of which are a priority Bexley due to historically low uptake

##### Substance Misuse

- Community pharmacy-based services help to address the consequences of substance misuse including reducing blood borne infections, hospital-related admissions for those aged 15-24, drug-related crime; and improving health outcomes
- Our PNA will examine the extent to which the needle and exchange service and supervised administration of opiates service align with need

##### Sexual Health Services

- Community pharmacy improves access to level 1 integrated sexual health services and emergency hormonal contraception
- Some women prefer to use town centre pharmacies as these offer a sense of anonymity. Similarly, LGBT people (including those who are HIV positive) may prefer to use pharmacy services if they do not wish to disclose their sexuality to their GP
- The PNA will take this into account, as well as considering the accessibility of sexual health services

##### Integrated Care Networks & Out of Hospital Care

- The Bromley “Out of Hospital Transformation Programme”, identifies a potential opportunity to commission a wider range of services from community pharmacy as part of the ICN model
- The aim of such services, if commissioned, would be to improve accessibility, relieve pressure on the urgent care system and free up capacity for other health and social care professionals

## 3. The Assessment

### 3.1 Introduction and approach

#### Overview

- This section sets out the current provision of pharmaceutical services and other locally commissioned services within Bromley
- In making this assessment, we have taken into account a variety of data sources (refer to box below) and have determined broad principles to underpin our decisions in relation to:
  - Determining whether or not a service is **necessary** (i.e. required to meet the need for pharmaceutical services) or **relevant** (i.e. a service which has secured improvements or better access to pharmaceutical services). Refer to table on the right
  - Determining whether or not there is sufficient choice with respect to obtaining pharmaceutical services. Refer to the box, bottom right
- We have also considered the impact of a range of other factors on the need for pharmaceutical services, including:
  - Services provided in neighbouring HWB areas
  - NHS Services provided by NHS Trusts and other providers
  - 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

#### Data Sources

- General Pharmaceutical Services benchmarking 2015/16 (NHS Digital) and NHSBSA data (2016/17)
- Data and information from NHS England and the London Borough of Bromley, in relation to the planning, commissioning and delivery of pharmaceutical services and locally commissioned services
- The findings from the contractor questionnaire which was issued to pharmacies in January 2017. A 100% response rate was achieved
- Insights from our public survey undertaken between 15 June and 15 September 2017
- The views of stakeholders within our partner organisations
- The Joint Strategic Needs Assessment (JSNA), the public health outcomes framework and other public health data
- National and local healthcare strategy; and other relevant strategies
- The Bromley Local Development Scheme, Bromley Town Centre Action Plan and the 5 Year Housing Land Supply (2016)

Factor	Principle(s) for Determining “Necessary” Services
Who can provide the service?	<ul style="list-style-type: none"> <li>Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it was more likely to be determined as necessary</li> </ul>
Health needs & benefits	<ul style="list-style-type: none"> <li>Where there is a clear local health need for a given service, it was more likely to be determined as necessary</li> </ul>
Published Evidence	<ul style="list-style-type: none"> <li>Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it was more likely to be determined as necessary</li> </ul>
Performance	<ul style="list-style-type: none"> <li>Where a service is delivered by a range of providers, if pharmacy performs well compared with other providers (in terms of quality, outcomes etc), the service was more likely to be determined as necessary</li> </ul>
Accessibility	<ul style="list-style-type: none"> <li>Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours; weekend access etc) then it was more likely to be determined as necessary</li> </ul>

#### Choice

- For patients, choice is a mechanism to drive up the quality of services and improve satisfaction. For the overall health system, choice is a mechanism to encourage more appropriate and cost-effective use of services
- In considering choice, a number of factors have been taken into account:
  - Extent to which existing services already offer a choice; or where this could 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
  - Current level of access to NHS pharmaceutical services in the area (using “99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport”<sup>8</sup> as a benchmark). However, our PNA acknowledges that this may vary dependent upon the type of area:
    - In urban areas, there tends to be access to a greater range of services
    - In rural areas, services and businesses are not always available in the immediate locality and public transport may be less frequent or non-existent. Residents have to make arrangements for shopping and other services, including pharmaceutical services; and expect to spend longer travelling

## 3.2 Pharmaceutical Services

### 3.2.1 Essential Services

#### Overview

- All providers of NHS pharmaceutical services are expected to provide essential services, as set out in the 2013 NHS Regulations. The scope of services for community pharmacies, DACs and Dispensing Doctors is different. Bromley only has community pharmacies
- The table (right) provides a brief overview of the full range of essential services provided by community pharmacies
- In addition, pharmacies must comply with clinical governance requirements (table below)<sup>12</sup>. The new quality payment scheme (Appendix E) reflects a number of these requirements; noting that participation in this scheme is voluntary
- Essential services are fundamental to enable patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS FP10 prescriptions forms the primary basis of this evaluation, we also refer to other elements including health promotion, sign-posting and support for self-care in our PNA
- As dispensing is a common requirement for all contractors it will be used to explore key service fundamentals including:
  - The distribution of pharmacies
  - Access (including the impact of opening hours)
  - Future capacity

#### Essential Services provided by Community Pharmacies

##### Dispensing and actions associated with dispensing

- Supply of medicines or appliances
- Provision of information and advice, to enable the safe and effective use of medicines by patients and carer
- Recording of all medicines dispensed, advice provided, referrals and interventions made using a Patient Medication Record (PMR)
- Electronic prescription services (EPS); these allow the prescriber to electronically transmit a prescription to a patient's chosen pharmacy

##### Repeat dispensing

- Allows the pharmacy to dispense against a "repeatable prescription", for up to a year, without the patient having to request a new prescription
- The pharmacist must ascertain a patient's need for a repeat supply of a given medicine before each dispensing; and communicate issues to the prescriber with suggestions on medication changes as appropriate

##### Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines

##### Signposting, Healthy Lifestyles & Public Health Campaigns

- Advice, information & signposting around lifestyle & public health issues
- NHSE sets up to 6 campaigns per annum

##### Support for self-care

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

#### Clinical Governance (CG)

**Patient & public involvement** – practice leaflet publicising NHS services, patient satisfaction, compliance with inspections & reviews, compliance with Equality Act 2010<sup>13</sup>

**Risk management** – CG lead, procurement & stock handling, incident reporting, standard operating procedures, waste disposal, patient safety communications, Health & Safety

**Staffing & Staff management** - induction for staff & locums, training, qualifications & references, development needs, poor performance, making disclosure in the public interest policy

**Use of information** – procedures for information management and security, self assessment of compliance

**Clinical audit** – one pharmacy based audit; one other audit set by NHSE

**Clinical effectiveness** – ensuring appropriate advice e.g. for repeat prescriptions, self care etc

**Premises standards** – cleanliness, appropriate environment

## 3.2.1 Essential Services

### 3.2.1.1 Distribution of Pharmacies

#### Overview

- There are 60 community pharmacies in Bromley. There is a pharmacy on the Greenwich / Bromley border, which has a Bromley post-code. This was a Greenwich pharmacy prior to a boundary change and the pharmacy remains on the Greenwich pharmaceutical list
- There are no distance selling pharmacies, LPS contracts, dispensing appliance contractors or GP dispensing practices
- The graph (right) sets Bromley's pharmaceutical services into context. It shows the number of pharmacies per 100,000 population is below the London and England averages
- The table (next page) and maps 1 & 2 (subsequent pages) provide an overview of the distribution of pharmacies, by locality:
  - The North and North East localities have areas with higher deprivation; there are one or more pharmacies in the 5 wards which rank highest on the IMD. However, residents living in more deprived areas of Cray Valley East may have to travel more than a mile to access a pharmacy
  - There is a reasonable correlation between the number of pharmacies and population density. The South locality is more rural, with a lower population density and has 3 pharmacies. These are clustered towards the SW tip of the locality. This means residents may have to travel further than in other localities to access pharmaceutical services
  - There is good geographical alignment between GP surgeries and pharmacies
  - Several pharmacies, located in neighbouring HWB areas, are located within half a mile of the Bromley border and are easily accessible for our residents
- Our public survey looked at factors which influence choice (table below) and accessibility (top right). Full results can be found in Appendix B

#### Choice of Pharmacy – Factors Relating to Accessibility; multi-response n=5,681

Close to my home	79.7%
Easy to get to	47.4%
Close to my doctor	43.7%
Close to other shops	26.4%
Close to work	12.4%
Close to the children's school or nursery	2.3%
Pharmacy collects my prescriptions from the GP / delivers medicines to my home	45.5% / 7.5%

#### Accessibility of Pharmacy Services (n = 5,681)

- 97% of respondents said they are within 20 minutes of a pharmacy; 2.5% within 30 minutes and only 0.4% said longer than 30 minutes
- 68.5% usually walk to their pharmacy, 55.6% drive, 12% take the bus, 1.4% cycle and 0.3% use a taxi (multiple responses permitted)

Pharmacies per 100,000 population



NHS Digital, General Pharmaceutical Services, England, 2015/16; mid year 2014 pop (2015 Bromley)

#### Conclusions on Distribution

- The number of pharmacies per 100,000 population in Bromley is below the London and England average
- There is a reasonable correlation between population density, deprivation and the distribution of pharmacies within the North, NE and Central localities. Residents in the South locality may have to travel further to access pharmaceutical services; however, it is generally accepted that this is the norm for rural areas
- Bromley residents have a reasonable choice of pharmacy within each locality; and those living near the borders of Bromley may also choose to use a pharmacy in a neighbouring HWB area
- The insights from our public survey demonstrate that the majority of respondents find pharmacy services to be accessible. The vast majority walk or drive and 97% only have to travel for 20 minutes or less to access pharmaceutical services

## 3.2.1 Essential Services

### 3.2.1.1 Distribution of Contractors by Locality and Ward

Locality	Ward	IMD rank*	No. of Pharmacies	Ward Population	Pharmacies / 100,000 population	No. of Pharmacies by Locality	Locality Pharmacies / 100,000 population
North	Bickley	17	2	15,427	13.0	29	18.4
	Bromley Town	11	4	18,349	21.8		
	Chislehurst	14	3	15,986	18.8		
	Clock House	10	0	16,362	0.0		
	Copers Cope	12	5	16,800	29.8		
	Crystal Palace	2	3	13,378	22.4		
	Kelsey & Eden Park	13	6	16,480	36.4		
	Mottingham & Chislehurst North	1	1	10,822	9.2		
	Penge & Cator	5	3	18,541	16.2		
	Plaistow and Sundridge	6	2	15,703	12.7		
North East	Cray Valley East	4	5	16,528	30.3	11	22.1
	Cray Valley West	3	1	17,395	5.7		
	Orpington	7	5	15,962	31.3		
Central	Bromley Common & Keston	8	1	16,463	6.1	17	16.7
	Chelsfield & Pratts Bottom	19	3	14,867	20.2		
	Farnborough & Crofton	16	3	15,089	19.9		
	Hayes & Coney Hall	18	3	16,167	18.6		
	Petts Wood & Knoll	22	3	13,768	21.8		
	Shortlands	20	1	10,172	9.8		
	West Wickham	21	3	15,284	19.6		
South	Biggin Hill	15	3	10,049	29.9	3	19.6
	Darwin	9	0	5,265	0.0		
<b>Total</b>			<b>60</b>	<b>324,857</b>	<b>18.5</b>	<b>60</b>	<b>18.5</b>

\*IMD = Index of Multiple Deprivation (2015) where 1 = most deprived and 22 = least deprived in Bromley (Population based on mid year estimates 2015 data)  
The wards which rank highest for deprivation have been highlighted in red

### Pharmaceutical Needs Assessment Map 1 - Map of Provision

#### Legend

- + Pharmacies
  - + 100 Hour Pharmacies
  - GPs
  - Princess Royal University Hospital
  - ▲ GP Access Hubs
  - ▲ Urgent Care (Minor Injuries and Illnesses)
  - Bromley
  - Bromley Localities
  - Wards
- Rank of IMD Score 2015 by LSOA  
Percentage of Rank**
- < 20 %
  - 20 - 39.9 %
  - 40 - 59.9 %
  - 60 - 79.9 %
  - > 79.9 %

#### Bromley Pharmacies

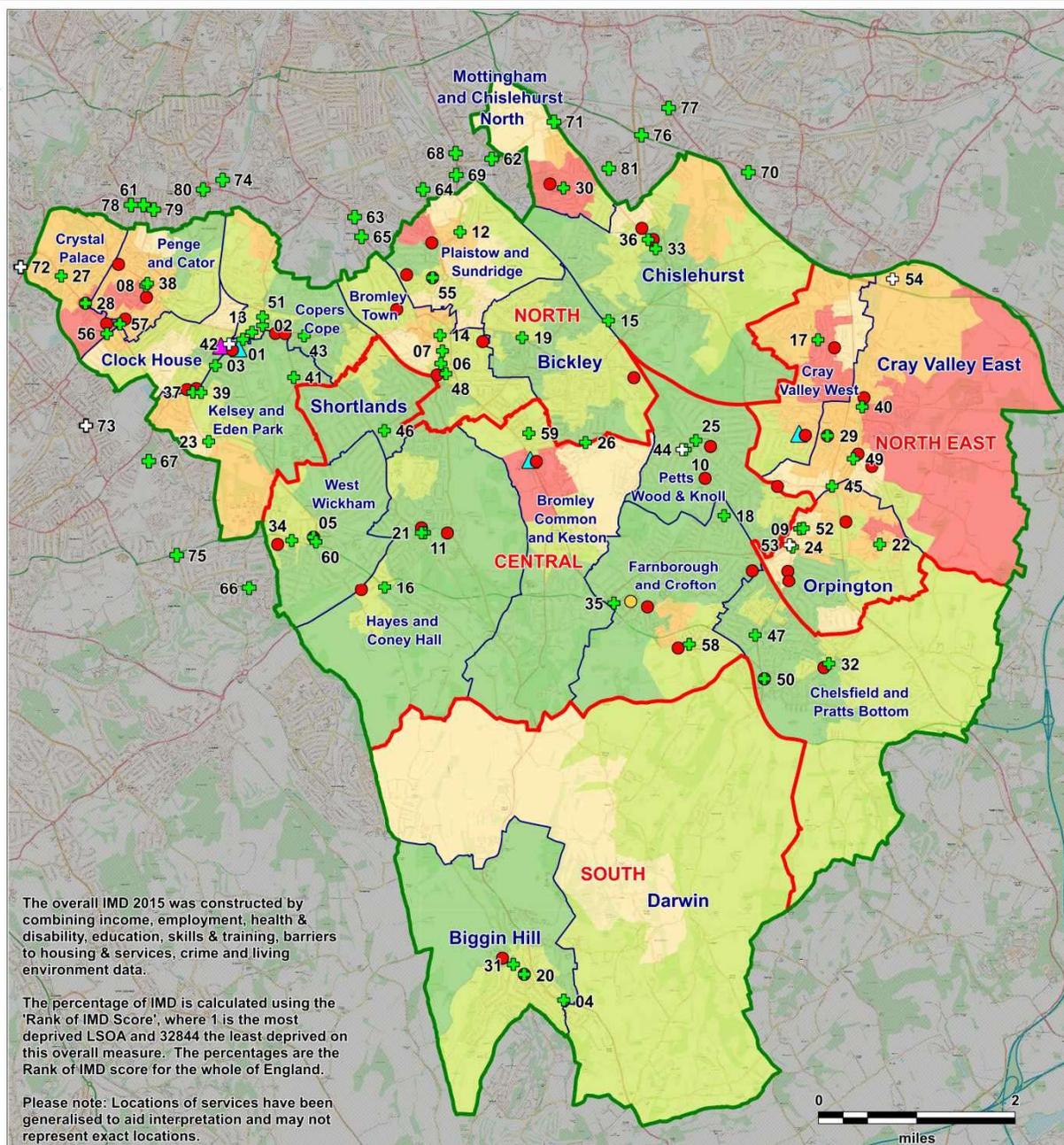
- 01 Beckenham Pharmacy - BR3 1AH
- 02 Beckenham Pharmacy - BR3 1ED
- 03 Blackwells Chemist - BR3 3PS
- 04 Boots - TN16 3JZ
- 05 Boots - BR4 0PU
- 06 Boots - BR1 1JY
- 07 Boots - BR1 1HD
- 08 Boots - SE20 7EX
- 09 Boots - BR6 0LS
- 10 Boots - BR5 1DQ
- 11 Boots - BR2 7EQ
- 12 Boots - BR1 5AB
- 13 Boots - BR3 1EW
- 14 Caxton Pharmacy - BR1 1RL
- 15 Chislehurst Pharmacy - BR7 5NP
- 16 Coney Hall Pharmacy - BR4 9JB
- 17 Cray Hill Pharmacy - BR5 2RG
- 18 Crofton Pharmacy - BR6 8DG
- 19 Day Lewis Pharmacy - BR1 2RG
- 20 Day Lewis Pharmacy - TN16 3TJ
- 21 Day Lewis Pharmacy - BR2 7EQ
- 22 Eldred Drive Pharmacy - BR5 4PE
- 23 Elmers Pharmacy - BR3 3DY
- 24 Farnray Pharmacy - BR6 0NQ
- 25 Farrants Pharmacy - BR5 1LY
- 26 Gordon Davie Chemist - BR2 8AR
- 27 Hamlet Pharmacy - SE19 2AS
- 28 Kamsons Pharmacy - SE20 8AJ
- 29 Lloydspharmacy - BR5 2DD
- 30 Lloydspharmacy - SE9 4DZ

#### Out of Area Pharmacies

- 61 Boots - SE26 5EX
- 62 Brook Pharmacy - SE12 9QL
- 63 Browne's Chemist - BR1 4PQ
- 64 Day Lewis Pharmacy - BR1 5HS
- 65 Duncans Chemist - BR1 4JX
- 66 Greenchem (Broom Rd) - CR0 8NG
- 67 Greenchem (Bywood Rd) - CR0 7RA
- 68 Grove Park Pharmacy - SE12 0DU
- 69 Harris Chemist - SE12 0EF
- 70 Hollytree Pharmacy - DA14 6RJ
- 71 Jarman & Dixon Chemists - SE9 4QZ

- 31 Lloydspharmacy - TN16 3XZ
- 32 Lloydspharmacy - BR6 6EY
- 33 Lloydspharmacy - BR7 5AF
- 34 Lloydspharmacy - BR4 0LT
- 35 Lloydspharmacy - BR6 8NZ
- 36 LM Williams Chemist - BR7 5AG
- 37 Lotus Pharmacy - BR3 3RA
- 38 Macks Pharmacy - SE20 7DS
- 39 Macks Pharmacy - BR3 3HN
- 40 Osborn Pharmacy - BR5 3NJ
- 41 Park Langley Pharmacy - BR3 6QH
- 42 Paydens Late Night Pharmacy - BR3 3PR
- 43 Peters Chemist - BR3 5NT
- 44 Petts Wood Pharmacy - BR5 1DQ
- 45 Priory Pharmacy - BR6 0JB
- 46 Rowlands Pharmacy - BR2 0TY
- 47 Rowlands Pharmacy - BR6 9LP
- 48 Scotts Pharmacy - BR1 1LF
- 49 Silversands Pharmacy - BR5 4AD
- 50 Stevens Pharmacy - BR6 6BG
- 51 Superdrug Pharmacy - BR3 1AY
- 52 Superdrug Pharmacy - BR6 0PF
- 53 Tesco Instore Pharmacy - BR6 0NH
- 54 Tesco Instore Pharmacy - DA14 5BN
- 55 Touchwood Pharmacy - BR1 4HE
- 56 TT Pharmacy - SE20 7YZ
- 57 United Pharmacy - SE20 7AA
- 58 Village Pharmacy - BR6 7AZ
- 59 Wallace Pring Pharmacy - BR2 9QE
- 60 Westchem Pharmacy - BR4 0PX

- 72 Lloydspharmacy - SE19 3RW
- 73 Lloydspharmacy - SE25 4PT
- 74 Lloydspharmacy - SE26 4PU
- 75 Mona Pharmacy - CR0 8BJ
- 76 Rey Pharmacy - SE9 3SA
- 77 Stevens Pharmacy - SE9 2DR
- 78 Touchwood Pharmacy - SE26 4RS
- 79 Touchwood Pharmacy - SE26 5QE
- 80 Touchwood Pharmacy - SE26 5SL
- 81 Well - SE9 3AZ



The overall IMD 2015 was constructed by combining income, employment, health & disability, education, skills & training, barriers to housing & services, crime and living environment data.

The percentage of IMD is calculated using the 'Rank of IMD Score', where 1 is the most deprived LSOA and 32844 the least deprived on this overall measure. The percentages are the Rank of IMD score for the whole of England.

Please note: Locations of services have been generalised to aid interpretation and may not represent exact locations.



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### Pharmaceutical Needs Assessment Map 2 - Map of Provision

#### Legend

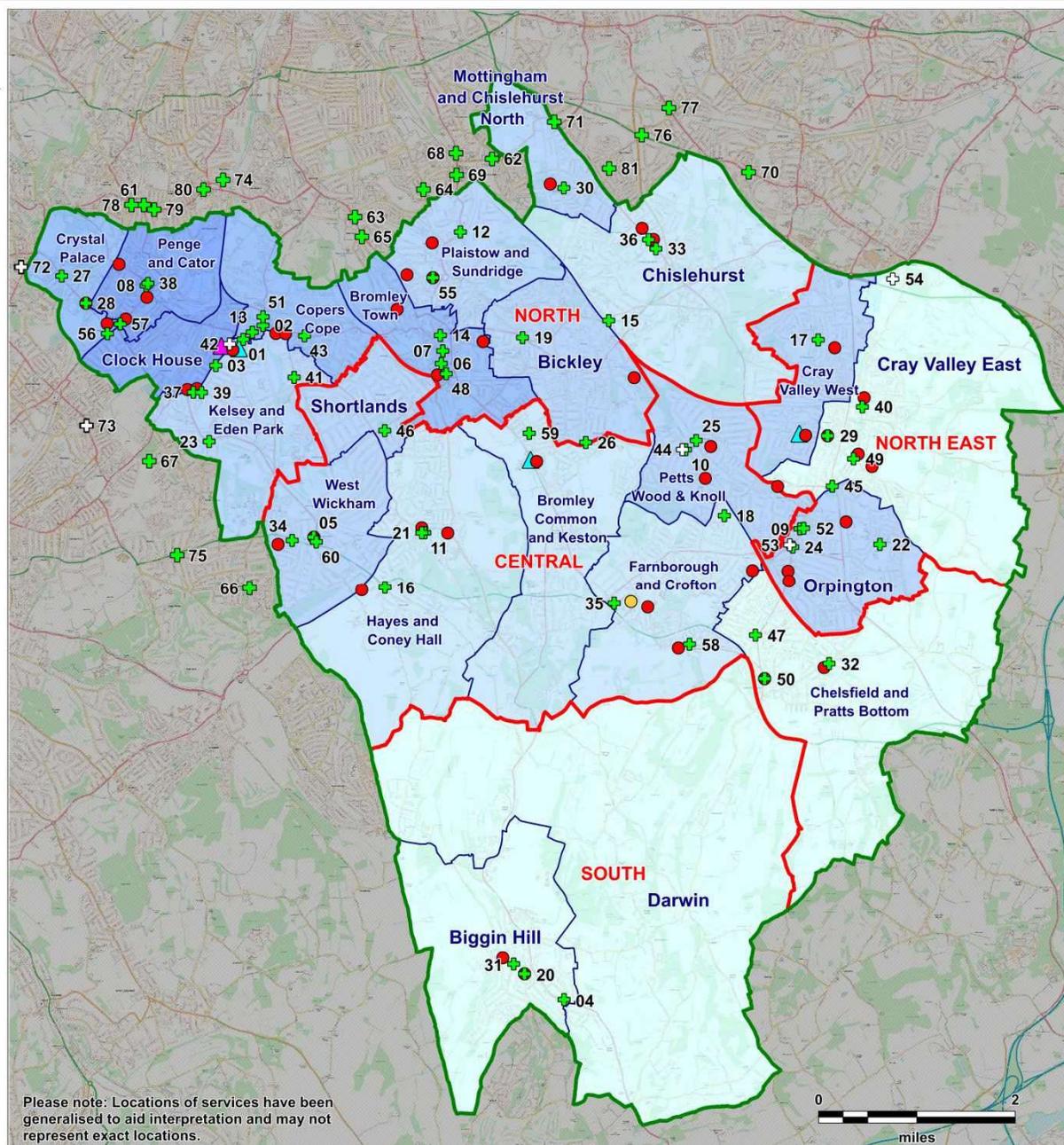
- + Pharmacies
  - + 100 Hour Pharmacies
  - GPs
  - Princess Royal University Hospital
  - ▲ GP Access Hubs
  - ▲ Urgent Care (Minor Injuries and Illnesses)
  - Bromley
  - Bromley Localities
  - Wards
- Population Density**  
Persons per hectare (range: 1.9 - 72.6)
- > 60
  - 45 - 60
  - 30 - 44
  - 15 - 29
  - < 15

#### Bromley Pharmacies

- |                                    |  |
|------------------------------------|--|
| 01 Beckenham Pharmacy - BR3 1AH    | 31 Lloydspharmacy - TN16 3XZ             |
| 02 Beckenham Pharmacy - BR3 1ED    | 32 Lloydspharmacy - BR6 6EY              |
| 03 Blackwells Chemist - BR3 3PS    | 33 Lloydspharmacy - BR7 5AF              |
| 04 Boots - TN16 3JZ                | 34 Lloydspharmacy - BR4 0LT              |
| 05 Boots - BR4 0PU                 | 35 Lloydspharmacy - BR6 8NZ              |
| 06 Boots - BR1 1UJ                 | 36 LM Williams Chemist - BR7 5AG         |
| 07 Boots - BR1 1HD                 | 37 Lotus Pharmacy - BR3 3RA              |
| 08 Boots - SE20 7EX                | 38 Macks Pharmacy - SE20 7DS             |
| 09 Boots - BR6 0LS                 | 39 Macks Pharmacy - BR3 3HN              |
| 10 Boots - BR5 1DQ                 | 40 Osbon Pharmacy - BR5 3NJ              |
| 11 Boots - BR2 7EQ                 | 41 Park Langley Pharmacy - BR3 6QH       |
| 12 Boots - BR1 5AB                 | 42 Paydens Late Night Pharmacy - BR3 3PR |
| 13 Boots - BR3 1EW                 | 43 Peters Chemist - BR3 5NT              |
| 14 Caxton Pharmacy - BR1 1RL       | 44 Petts Wood Pharmacy - BR5 1DQ         |
| 15 Chislehurst Pharmacy - BR7 5NP  | 45 Priory Pharmacy - BR6 0JB             |
| 16 Coney Hall Pharmacy - BR4 9JB   | 46 Rowlands Pharmacy - BR2 0TY           |
| 17 Cray Hill Pharmacy - BR5 2RG    | 47 Rowlands Pharmacy - BR6 9LP           |
| 18 Crofton Pharmacy - BR6 8DG      | 48 Scotts Pharmacy - BR1 1LF             |
| 19 Day Lewis Pharmacy - BR1 2RG    | 49 Silversands Pharmacy - BR5 4AD        |
| 20 Day Lewis Pharmacy - TN16 3TJ   | 50 Stevens Pharmacy - BR6 6BG            |
| 21 Day Lewis Pharmacy - BR2 7EQ    | 51 Superdrug Pharmacy - BR3 1AY          |
| 22 Eldred Drive Pharmacy - BR5 4PE | 52 Superdrug Pharmacy - BR6 0PF          |
| 23 Elmers Pharmacy - BR3 3DY       | 53 Tesco Instore Pharmacy - BR6 0NH      |
| 24 Farncray Pharmacy - BR6 0NQ     | 54 Tesco Instore Pharmacy - DA14 5BN     |
| 25 Farrants Pharmacy - BR5 1LY     | 55 Touchwood Pharmacy - BR1 4HE          |
| 26 Gordon Davie Chemist - BR2 8AR  | 56 TT Pharmacy - SE20 7YZ                |
| 27 Hamlet Pharmacy - SE19 2AS      | 57 United Pharmacy - SE20 7AA            |
| 28 Kamsons Pharmacy - SE20 8AJ     | 58 Village Pharmacy - BR6 7AZ            |
| 29 Lloydspharmacy - BR5 2DD        | 59 Wallace Pring Pharmacy - BR2 9QE      |
| 30 Lloydspharmacy - SE9 4DZ        | 60 Westchem Pharmacy - BR4 0PX           |

#### Out of Area Pharmacies

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| 61 Boots - SE26 5EX                  | 72 Lloydspharmacy - SE19 3RW     |
| 62 Brook Pharmacy - SE12 9QL         | 73 Lloydspharmacy - SE25 4PT     |
| 63 Browne's Chemist - BR1 4PQ        | 74 Lloydspharmacy - SE26 4PU     |
| 64 Day Lewis Pharmacy - BR1 5HS      | 75 Mona Pharmacy - CR0 8BJ       |
| 65 Duncans Chemist - BR1 4JX         | 76 Rey Pharmacy - SE9 3SA        |
| 66 Greenchem (Broom Rd) - CR0 8NG    | 77 Stevens Pharmacy - SE9 2DR    |
| 67 Greenchem (Bywood Rd) - CR0 7RA   | 78 Touchwood Pharmacy - SE26 4RS |
| 68 Grove Park Pharmacy - SE12 0DU    | 79 Touchwood Pharmacy - SE26 5QE |
| 69 Harris Chemist - SE12 0EF         | 80 Touchwood Pharmacy - SE26 5SL |
| 70 Hollytree Pharmacy - DA14 6RJ     | 81 Well - SE9 3AZ                |
| 71 Jarman & Dixon Chemists - SE9 4QZ |                                  |



Please note: Locations of services have been generalised to aid interpretation and may not represent exact locations.



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## 3.2.1 Essential Services

### 3.2.1.2 Access & Opening Hours

#### Overview

- A community pharmacy must open for a minimum of 40 core hours unless it has been granted a contract under the “100 hour exemption”<sup>\*</sup> 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”
- A contractor must seek permission from NHSE to amend its core hours. Supplementary hours may be changed at the discretion of the contractor, providing that NHSE are given 90 days’ notice

#### Current Picture

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

- **Weekdays**
  - All 60 pharmacies are open between 9am to 5pm
  - 8 (13.3%) pharmacies close for lunch; however, there is access in neighbouring pharmacies at these times
  - During extended hours, 9 (13.3%) pharmacies open by 8am; and 22 (36.7%) remain open until 7pm or later. Of these 4 (6.7%) are 100 hour pharmacies. One pharmacy is considering reducing its hours
  - There is a choice of pharmacy, in all localities, during extended hours
- **Saturdays**
  - 58 (96.7%) pharmacies open between 9am – 12pm; of these 42 (70%) remain open until 5pm; and 9 (15%) until 7pm or later. One pharmacy is considering opening on a Saturday; another is considering reducing its hours
  - 3 pharmacies close for lunch
  - Access is more limited during extended hours on Saturdays; some residents may have to travel further than usual to access a pharmacy
- **Sundays**
  - 11 (18.1%) pharmacies open for between 4 and 15 hours; 10 of these pharmacies are open for 6 hours or more
  - There is access to a pharmacy in all localities; and in the neighbouring HWB areas adjacent to the North of Bromley
  - Large pharmacies (>280m<sup>2</sup>) are not permitted to open for more than 6 hours; this potentially constrains access on Sundays
- **Bank Holidays**
  - An informal rota is in place for Bank Holidays

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

#### Insights from our Public Survey (n = 5,681)

##### Regular Pharmacy versus Different Pharmacies

- 43.8% respondents said they use the same pharmacy all the time; 49.8% use different pharmacies but visit one more often; the remainder use different pharmacies and none more frequently than others

##### Opening Hours

- Good opening hours were identified by 37.5% of respondents, as a factor which influenced their choice of pharmacy

##### Satisfaction with Opening Hours

- In response to question about satisfaction with opening hours, respondents were generally happy with opening hours on weekdays during the day and Saturdays:
  - **Weekdays (9am – 5:30pm):** 92.3% were satisfied or very satisfied; 7.7% were dissatisfied or very dissatisfied
  - **Saturday:** 89.6% were satisfied or very satisfied; 10.4% were dissatisfied or very dissatisfied
- However, just over a quarter were dissatisfied or very dissatisfied with opening hours on weekday evenings; and more than third were dissatisfied on Sundays:
  - **Weekday evenings:** 74% were satisfied or very satisfied; 26% were dissatisfied or very dissatisfied
  - **Sunday:** 62.3% were satisfied or very satisfied; 37.7% were dissatisfied or very dissatisfied
- One respondent commented that pharmacies closing before GPs impacts upon patient care (refer to pages 39 & 40); and others commented that evening access and access all day on Saturday and Sunday would be an advantage

##### Action taken when the preferred pharmacy was not available

- 43.6% respondents said they went to another pharmacy
- 15.5% waited for their preferred pharmacy to open again
- A small minority went to their GP (0.7%), a hospital (0.4%) or a walk-in centre (0.3%)
- 0.6% called 111
- The question was relevant for 38% of respondents

*Some respondents commented that the electronic transfer of prescriptions potential creates difficulties as it is not possible to attend an alternative pharmacy to get a medicine dispensed*

## 3.2.1 Essential Services

### 3.2.1.2 Access - Opening Hours (continued)

Locality	Ward	Number of Pharmacies Offering Essential Services									
		Weekdays				Saturdays					Sundays
		8am or earlier	9am – 5pm	7pm or later	Closed for lunch	8am or earlier	9am – 12pm	5pm or later	7pm or later	Closed for lunch	
North	Bickley	0	2	1	1	0	2	0	0	0	0
	Bromley Town	1	4	1	0	1	4	4	1	0	2
	Chislehurst	0	3	1	0	0	3	3	0	0	0
	Copers Cope	0	5	1	0	0	5	5	0	0	0
	Crystal Palace	0	3	3	1	0	2	1	0	0	0
	Kelsey & Eden Park	1	6	1	2	1	6	3	1	1	1
	Mottingham and Chislehurst North	0	1	0	0	0	1	1	0	0	0
	Penge & Cator	0	3	1	0	0	3	3	1	0	0
	Plaistow and Sundridge	0	2	1	0	0	2	1	0	0	0
North East	Cray Valley East	1	5	2	1	1	5	3	2	0	2
	Cray Valley West	0	1	0	0	0	1	0	0	0	0
	Orpington	1	5	1	1	1	5	4	1	1	2
Central	Bromley Common & Keston	0	1	0	0	0	1	1	0	0	0
	Chelsfield & Pratts Bottom	0	3	1	0	0	3	2	0	0	0
	Farnborough & Crofton	1	3	1	2	1	3	1	1	1	1
	Hayes & Coney Hall	0	3	2	0	0	3	2	0	0	0
	Petts Wood & Knoll	1	3	2	0	1	3	2	1	0	1
	Shortlands	0	1	0	0	0	1	1	0	0	0
	West Wickham	0	3	1	0	0	3	3	0	0	1
South	Biggin Hill	2	3	2	0	1	2	2	1	0	1
<b>Grand Total</b>		<b>8</b>	<b>60</b>	<b>22</b>	<b>8</b>	<b>7</b>	<b>58</b>	<b>42</b>	<b>9</b>	<b>3</b>	<b>11</b>
<b>Percentage of Total</b>		<b>13.3%</b>	<b>100.0%</b>	<b>36.7%</b>	<b>13.3%</b>	<b>11.7%</b>	<b>96.7%</b>	<b>70.0%</b>	<b>15.0%</b>	<b>5.0%</b>	<b>18.3%</b>

#### Notes

There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

Some pharmacies close early (Wednesdays: 4 pharmacies close at 1pm and 1 pharmacy closes at 4pm; Thursday: 1 pharmacy closes at 1pm). Refer to Appendix G for full details

### Pharmaceutical Needs Assessment Map 3 - Weekday Extended Hours

#### Legend

- + Pharmacies
  - + 100 Hour Pharmacies
  - GPs
  - Princess Royal University Hospital
  - ▲ GP Access Hubs
  - ▲ Urgent Care (Minor Injuries and Illnesses)
  - Bromley
  - Bromley Localities
  - Wards
- Distance Buffers**
- 0.5 mile
  - 1 mile

#### Bromley Pharmacies

- |  |   |
|--|---|
| 02 Beckenham Pharmacy - BR3 1ED <sup>+</sup>   | 33 Lloydspharmacy - BR7 5AF <sup>+</sup>              |
| 04 Boots - TN16 3JZ <sup>#</sup>               | 34 Lloydspharmacy - BR4 0LT <sup>#</sup>              |
| 07 Boots - BR1 1HD <sup>+</sup>                | 35 Lloydspharmacy - BR6 8NZ <sup>#</sup>              |
| 10 Boots - BR5 1DQ <sup>+</sup>                | 40 Osbon Pharmacy - BR5 3NJ <sup>#</sup>              |
| 11 Boots - BR2 7EQ <sup>+</sup>                | 42 Paydens Late Night Pharmacy - BR3 3PR <sup>#</sup> |
| 16 Coney Hall Pharmacy - BR4 9JB <sup>+</sup>  | 44 Petts Wood Pharmacy - BR5 1DQ <sup>#</sup>         |
| 20 Day Lewis Pharmacy - TN16 3TJ <sup>+</sup>  | 53 Tesco Instore Pharmacy - BR6 0NH <sup>#</sup>      |
| 26 Gordon Davie Chemist - BR2 8AR <sup>+</sup> | 54 Tesco Instore Pharmacy - DA14 5BN <sup>#</sup>     |
| 27 Hamlet Pharmacy - SE19 2AS <sup>+</sup>     | 55 Touchwood Pharmacy - BR1 4HE <sup>+</sup>          |
| 28 Kamsons Pharmacy - SE20 8AJ <sup>+</sup>    | 56 TT Pharmacy - SE20 7YZ <sup>+</sup>                |
| 31 Lloydspharmacy - TN16 3XZ <sup>+</sup>      | 57 United Pharmacy - SE20 7AA <sup>+</sup>            |
| 32 Lloydspharmacy - BR6 6EY <sup>+</sup>       |   |

#### Out of Area Pharmacies

- |   |   |
|---|---|
| 65 Duncans Chemist - BR1 4JX <sup>+</sup>         | 72 Lloydspharmacy - SE19 3RW <sup>#</sup>     |
| 66 Greenchem (Broom Rd) - CR0 8NG <sup>+</sup>    | 73 Lloydspharmacy - SE25 4PT <sup>#</sup>     |
| 68 Grove Park Pharmacy - SE12 0DU <sup>+</sup>    | 74 Lloydspharmacy - SE26 4PU <sup>#</sup>     |
| 69 Harris Chemist - SE12 0EF <sup>+</sup>         | 77 Stevens Pharmacy - SE9 2DR <sup>#</sup>    |
| 70 Hollytree Pharmacy - DA14 6RJ <sup>+</sup>     | 79 Touchwood Pharmacy - SE26 5QE <sup>#</sup> |
| 71 Jarman & Dixon Chemists - SE9 4QZ <sup>+</sup> | 80 Touchwood Pharmacy - SE26 5SL <sup>#</sup> |

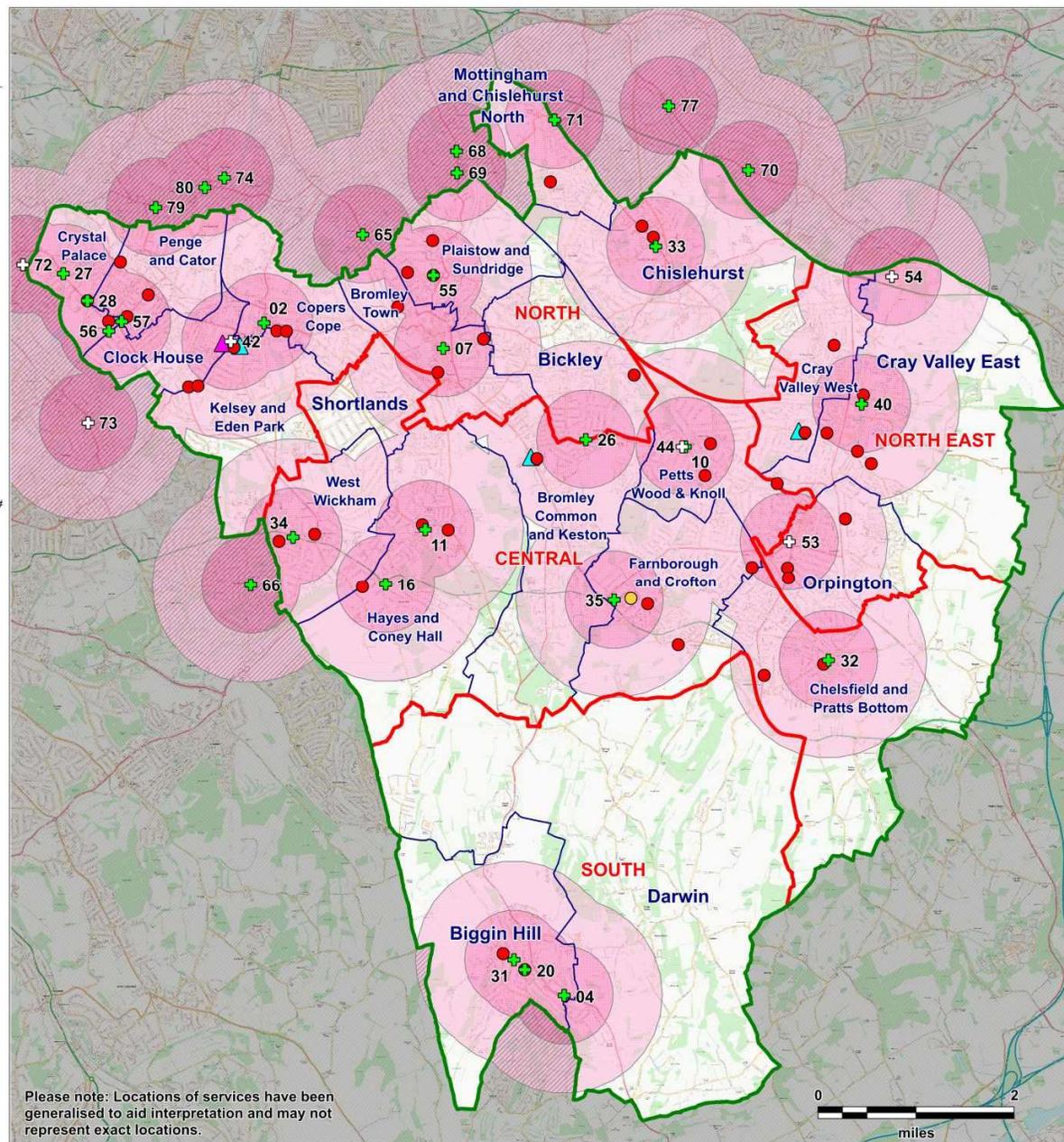
\* Open at 8am or earlier

<sup>+</sup> Open until 7pm or later

<sup>#</sup> Open at 8am or earlier and until 7pm or later



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Map produced by Apogee Data Consulting Ltd.



Please note: Locations of services have been generalised to aid interpretation and may not represent exact locations.

**Pharmaceutical Needs Assessment  
Map 4 - Open on Saturday 9am until 12noon**

**Legend**

- + Pharmacies
  - + 100 Hour Pharmacies
  - GPs
  - Princess Royal University Hospital
  - ▲ GP Access Hubs
  - ▲ Urgent Care (Minor Injuries and Illnesses)
  - Bromley
  - Bromley Localities
  - Wards
- Rank of IMD Score 2015 by LSOA Percentage of Rank**
- < 20 %
  - 20 - 39.9 %
  - 40 - 59.9 %
  - 60 - 79.9 %
  - > 79.9 %

**Bromley Pharmacies**

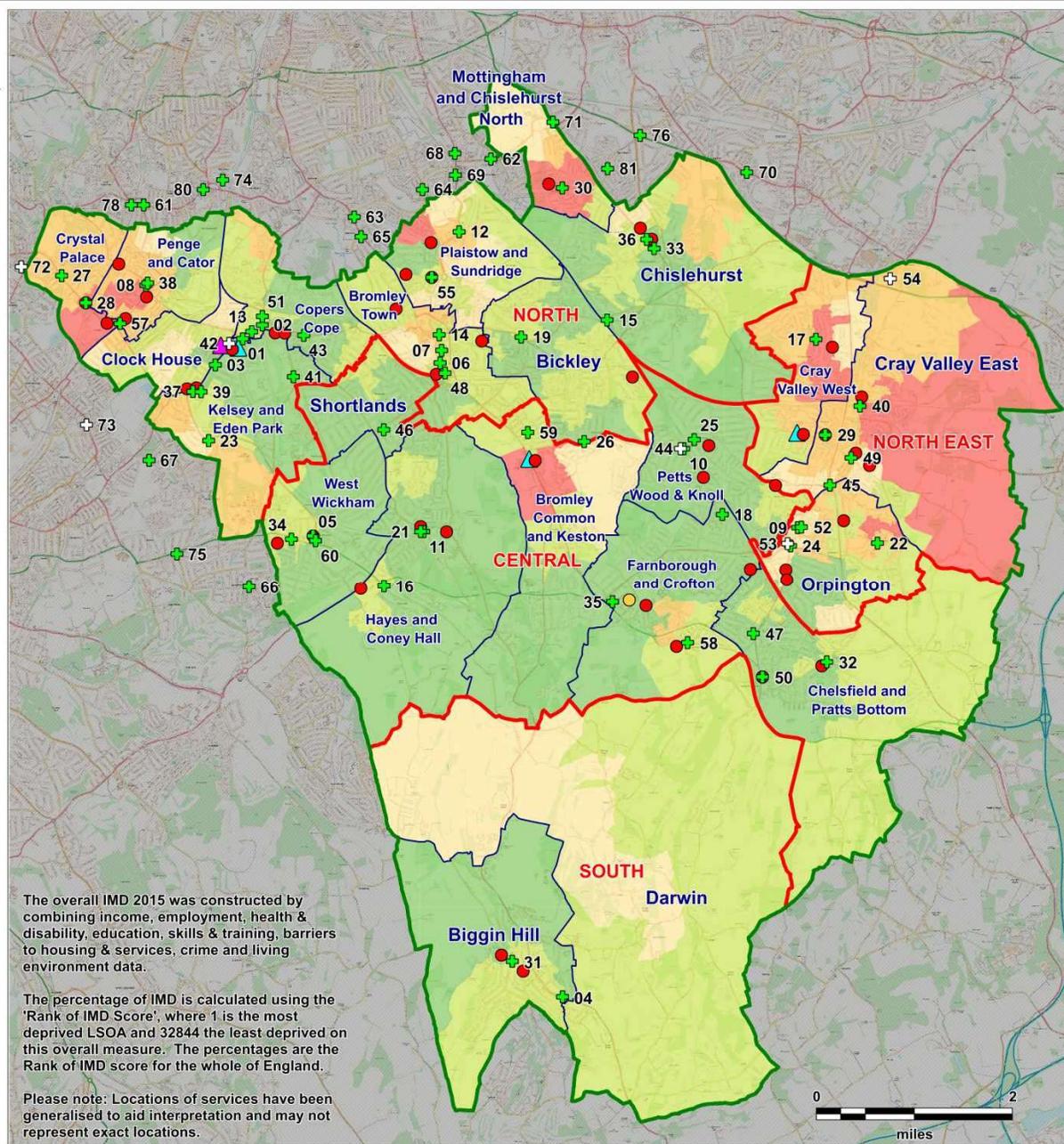
- 01 Beckenham Pharmacy - BR3 1AH
- 02 Beckenham Pharmacy - BR3 1ED
- 03 Blackwells Chemist - BR3 3PS
- 04 Boots - TN16 3JZ
- 05 Boots - BR4 0PU
- 06 Boots - BR1 1JY
- 07 Boots - BR1 1HD
- 08 Boots - SE20 7EX
- 09 Boots - BR6 0LS
- 10 Boots - BR5 1DQ
- 11 Boots - BR2 7EQ
- 12 Boots - BR1 5AB
- 13 Boots - BR3 1EW
- 14 Caxton Pharmacy - BR1 1RL
- 15 Chislehurst Pharmacy - BR7 5NP
- 16 Coney Hall Pharmacy - BR4 9JB
- 17 Cray Hill Pharmacy - BR5 2RG
- 18 Crofton Pharmacy - BR6 8DG
- 19 Day Lewis Pharmacy - BR1 2RG
- 21 Day Lewis Pharmacy - BR2 7EQ
- 22 Eldred Drive Pharmacy - BR5 4PE
- 23 Elmers Pharmacy - BR3 3DY
- 24 Farncray Pharmacy - BR6 0NQ
- 25 Farrants Pharmacy - BR5 1LY
- 26 Gordon Davie Chemist - BR2 8AR
- 27 Hamlet Pharmacy - SE19 2AS
- 28 Kamsons Pharmacy - SE20 8AJ
- 29 Lloydspharmacy - BR5 2DD
- 30 Lloydspharmacy - SE9 4DZ

**Out of Area Pharmacies**

- 61 Boots - SE26 5EX
- 62 Brook Pharmacy - SE12 9QL
- 63 Browne's Chemist - BR1 4PQ
- 64 Day Lewis Pharmacy - BR1 5HS
- 65 Duncans Chemist - BR1 4JX
- 66 Greenchem (Broom Rd) - CR0 8NG
- 67 Greenchem (Bywood Rd) - CR0 7RA
- 68 Grove Park Pharmacy - SE12 0DU
- 69 Harris Chemist - SE12 0EF
- 70 Hollytree Pharmacy - DA14 6RJ

- 31 Lloydspharmacy - TN16 3XZ
- 32 Lloydspharmacy - BR6 6EY
- 33 Lloydspharmacy - BR7 5AF
- 34 Lloydspharmacy - BR4 0LT
- 35 Lloydspharmacy - BR6 8NZ
- 36 LM Williams Chemist - BR7 5AG
- 37 Lotus Pharmacy - BR3 3RA
- 38 Macks Pharmacy - SE20 7DS
- 39 Macks Pharmacy - BR3 3HN
- 40 Osbon Pharmacy - BR5 3NJ
- 41 Park Langley Pharmacy - BR3 6QH
- 42 Paydens Late Night Pharmacy - BR3 3PR
- 43 Peters Chemist - BR3 5NT
- 44 Petts Wood Pharmacy - BR5 1DQ
- 45 Priory Pharmacy - BR6 0JB
- 46 Rowlands Pharmacy - BR2 0TY
- 47 Rowlands Pharmacy - BR6 9LP
- 48 Scotts Pharmacy - BR1 1LF
- 49 Silversands Pharmacy - BR5 4AD
- 50 Stevens Pharmacy - BR6 6BG
- 51 Superdrug Pharmacy - BR3 1AY
- 52 Superdrug Pharmacy - BR6 0PF
- 53 Tesco Instore Pharmacy - BR6 0NH
- 54 Tesco Instore Pharmacy - DA14 5BN
- 55 Touchwood Pharmacy - BR1 4HE
- 57 United Pharmacy - SE20 7AA
- 58 Village Pharmacy - BR6 7AZ
- 59 Wallace Pring Pharmacy - BR2 9QE
- 60 Westchem Pharmacy - BR4 0PX

- 71 Jarman & Dixon Chemists - SE9 4QZ
- 72 Lloydspharmacy - SE19 3RW
- 73 Lloydspharmacy - SE25 4PT
- 74 Lloydspharmacy - SE26 4PU
- 75 Mona Pharmacy - CR0 8BJ
- 76 Rey Pharmacy - SE9 3SA
- 78 Touchwood Pharmacy - SE26 4RS
- 80 Touchwood Pharmacy - SE26 5SL
- 81 Well - SE9 3AZ



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**Pharmaceutical Needs Assessment**  
**Map 5 - Open on Saturday until 5pm or later**

**Legend**

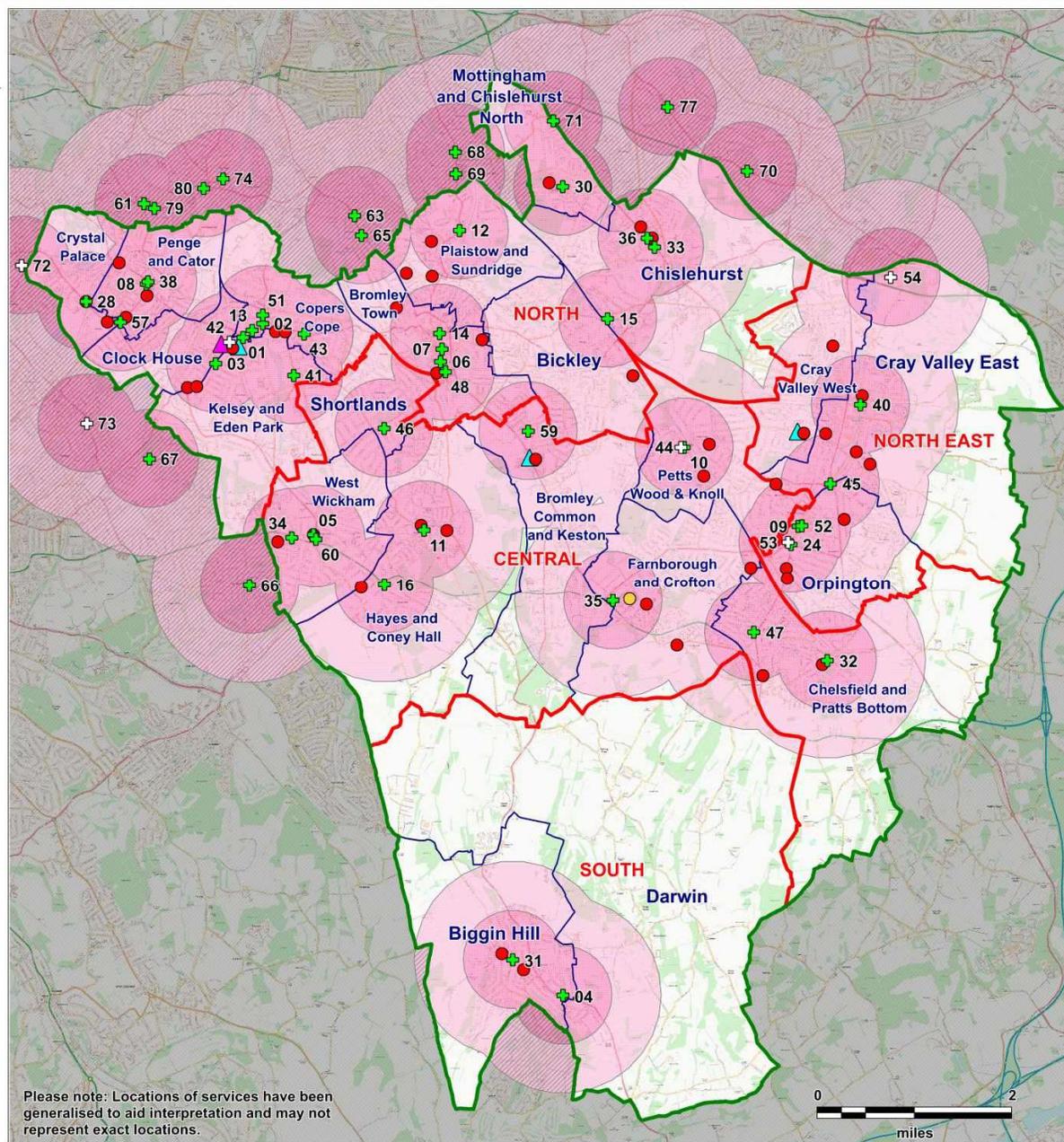
- + Pharmacies
  - + 100 Hour Pharmacies
  - GPs
  - Princess Royal University Hospital
  - ▲ GP Access Hubs
  - ▲ Urgent Care (Minor Injuries and Illnesses)
  - Bromley
  - Bromley Localities
  - Wards
- Distance Buffers**
- 0.5 mile
  - 1 mile

**Bromley Pharmacies**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>01 Beckenham Pharmacy - BR3 1AH</li> <li>02 Beckenham Pharmacy - BR3 1ED</li> <li>03 Blackwells Chemist - BR3 3PS</li> <li>04 Boots - TN16 3JZ</li> <li>05 Boots - BR4 0PU</li> <li>06 Boots - BR1 1JY</li> <li>07 Boots - BR1 1HD</li> <li>08 Boots - SE20 7EX</li> <li>09 Boots - BR6 0LS</li> <li>10 Boots - BR5 1DQ</li> <li>11 Boots - BR2 7EQ</li> <li>12 Boots - BR1 5AB</li> <li>13 Boots - BR3 1EW</li> <li>14 Caxton Pharmacy - BR1 1RL</li> <li>15 Chislehurst Pharmacy - BR7 5NP</li> <li>16 Coney Hall Pharmacy - BR4 9JB</li> <li>24 Farncray Pharmacy - BR6 0NQ</li> <li>28 Kamsons Pharmacy - SE20 8AJ</li> <li>30 Lloydspharmacy - SE9 4DZ</li> <li>31 Lloydspharmacy - TN16 3XZ</li> <li>32 Lloydspharmacy - BR6 6EY</li> </ul> | <ul style="list-style-type: none"> <li>33 Lloydspharmacy - BR7 5AF</li> <li>34 Lloydspharmacy - BR4 0LT</li> <li>35 Lloydspharmacy - BR6 8NZ</li> <li>36 LM Williams Chemist - BR7 5AG</li> <li>38 Macks Pharmacy - SE20 7DS</li> <li>40 Osbon Pharmacy - BR5 3NJ</li> <li>41 Park Langley Pharmacy - BR3 6QH</li> <li>42 Paydens Late Night Pharmacy - BR3 3PR</li> <li>43 Peters Chemist - BR3 5NT</li> <li>44 Petts Wood Pharmacy - BR5 1DQ</li> <li>45 Priory Pharmacy - BR6 0JB</li> <li>46 Rowlands Pharmacy - BR2 0TY</li> <li>47 Rowlands Pharmacy - BR6 9LP</li> <li>48 Scotts Pharmacy - BR1 1LF</li> <li>51 Superdrug Pharmacy - BR3 1AY</li> <li>52 Superdrug Pharmacy - BR6 0PF</li> <li>53 Tesco Instore Pharmacy - BR6 0NH</li> <li>54 Tesco Instore Pharmacy - DA14 5BN</li> <li>57 United Pharmacy - SE20 7AA</li> <li>59 Wallace Pring Pharmacy - BR2 9QE</li> <li>60 Westchem Pharmacy - BR4 0PX</li> </ul> |
|--|--|

**Out of Area Pharmacies**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>61 Boots - SE26 5EX</li> <li>63 Browne's Chemist - BR1 4PQ</li> <li>65 Duncans Chemist - BR1 4JX</li> <li>66 Greenchem (Broom Rd) - CR0 8NG</li> <li>67 Greenchem (Bywood Rd) - CR0 7RA</li> <li>68 Grove Park Pharmacy - SE12 0DU</li> <li>69 Harris Chemist - SE12 0EF</li> <li>70 Hollytree Pharmacy - DA14 6RJ</li> </ul> | <ul style="list-style-type: none"> <li>71 Jarman &amp; Dixon Chemists - SE9 4QZ</li> <li>72 Lloydspharmacy - SE19 3RW</li> <li>73 Lloydspharmacy - SE25 4PT</li> <li>74 Lloydspharmacy - SE26 4PU</li> <li>77 Stevens Pharmacy - SE9 2DR</li> <li>79 Touchwood Pharmacy - SE26 5QE</li> <li>80 Touchwood Pharmacy - SE26 5SL</li> </ul> |
|--|---|



Please note: Locations of services have been generalised to aid interpretation and may not represent exact locations.



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Pharmaceutical Needs Assessment  
Map 7 - Open on Sunday

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- GPs
- Princess Royal University Hospital
- ▲ GP Access Hubs
- ▲ Urgent Care (Minor Injuries and Illnesses)
- Bromley
- Bromley Localities
- Wards
- Distance Buffers**
- 0.5 mile
- 1 mile
- Rank of IMD Score 2015 by LSOA**
- Percentage of Rank**
- < 20 %
- 20 - 39.9 %
- 40 - 59.9 %
- 60 - 79.9 %
- > 79.9 %

**Bromley Pharmacies**

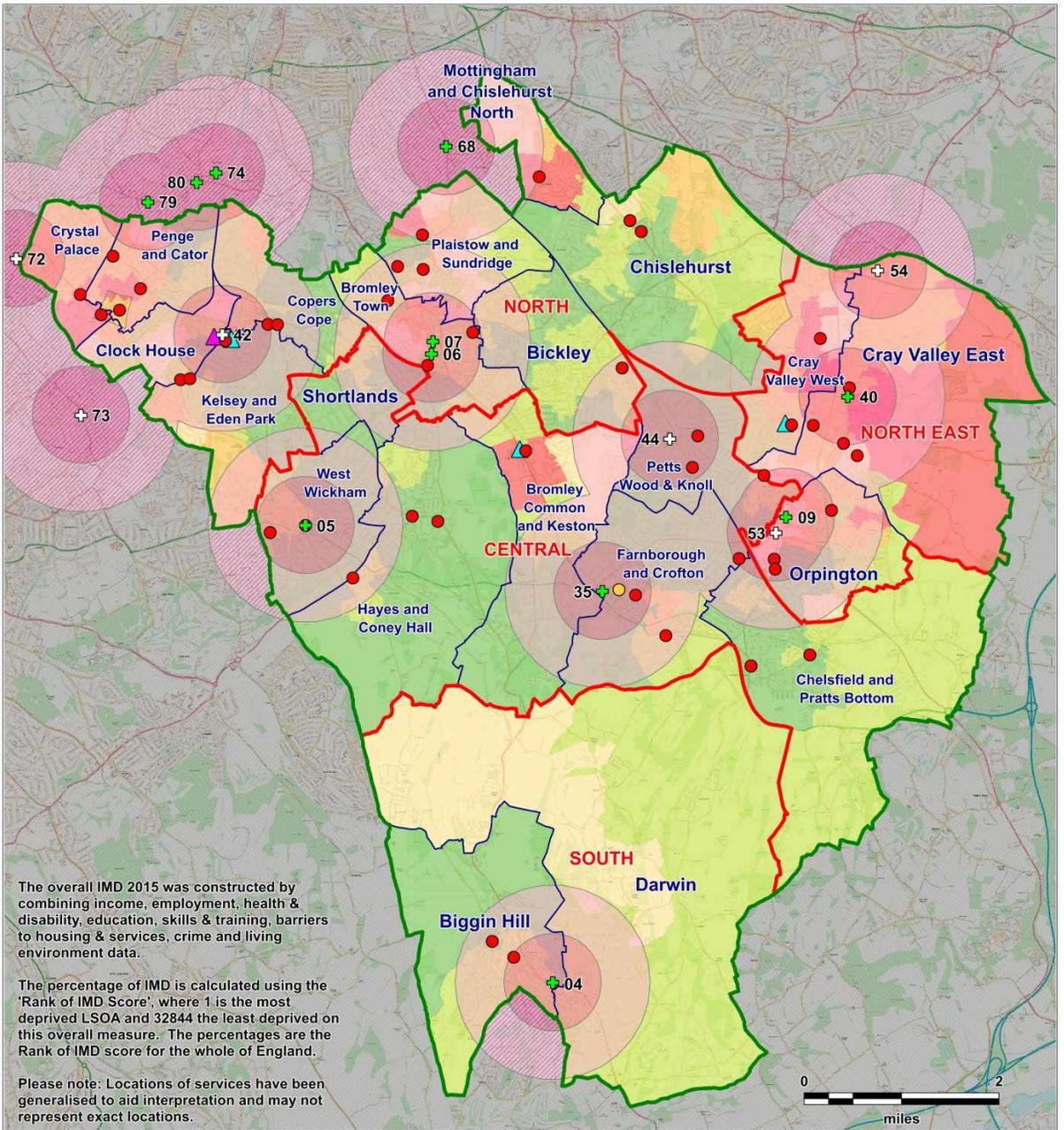
- 04 Boots - TN163JZ
- 05 Boots - BR4 0PU
- 06 Boots - BR1 1JY
- 07 Boots - BR1 1HD
- 09 Boots - BR6 0LS
- 35 Lloydspharmacy - BR6 8NZ

- 40 Osbon Pharmacy - BR5 3NJ
- 42 Paydens Late Night Pharmacy - BR3 3PR
- 44 Petts Wood Pharmacy - BR5 1DQ
- 53 Tesco Instore Pharmacy - BR6 0NH
- 54 Tesco Instore Pharmacy - DA145BN

**Out of Area Pharmacies**

- 68 Grove Park Pharmacy - SE12 0DU
- 72 Lloydspharmacy - SE19 3RW
- 73 Lloydspharmacy - SE25 4PT

- 74 Lloydspharmacy - SE26 4PU
- 79 Touchwood Pharmacy - SE26 5QE
- 80 Touchwood Pharmacy - SE26 5SL



THE LONDON BOROUGH  
www.bromley.gov.uk Contains Ordnance Survey data © Crown copyright and database right 2017.  
Map produced by Apogee Data Consulting Ltd.

## 3.2.1 Essential Services

### 3.2.1.2 Access & Opening Hours (cont...)

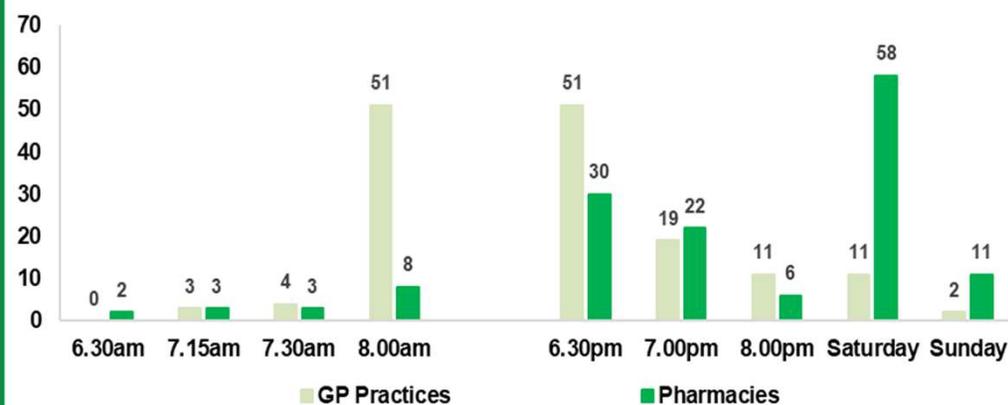
#### Alignment of Pharmacy Opening Hours with Other NHS services

- An important consideration is the ability of patients to get their prescription dispensed in a timely manner. This is critical for medicines which need to be started urgently e.g. palliative care medicines
- Therefore, we looked at pharmacy opening hours in the context of GP opening hours and other NHS services

#### Alignment of GP and Pharmacy Opening Hours

- GP core hours are 8am – 6:30pm on Mondays to Fridays; in addition some GP practices open for extended hours
- There are 3 GP access hubs, provided by the Bromley GP Alliance (table, right)
- The graphs (right and next page) provide a summary of the number of GP practices (including the GP access hubs), which open for extended hours *on one or more days each week; they demonstrate:*
  - For Bromley as a whole, there is always one or more pharmacies open when a GP surgery is open. This means that patients will always be able to get their prescription dispensed after an early morning or late evening appointment, even if they can't use their regular pharmacy
  - On weekdays mornings, patients accessing GP services before 8am may access one of 3 pharmacies which are open (one in the North locality and two in the NE locality)
  - On weekday evenings, there are one or more pharmacies open in all 4 localities up until 7pm; and in all localities apart from the South locality up until 8pm. This means that patients are able to get a prescription dispensed following an evening GP appointment or after a visit to one of the GP hubs
  - On Saturdays, there is reasonable access to pharmacy services, in all 4 localities, when GP practices are open; similarly, there is one or more pharmacy open between 8am and 8pm in each of the localities where a GP hub is located
  - On Sundays, only the GP access hubs are open. There is access to pharmaceutical services in both the North and Central localities between the hours of 8am – 8pm (i.e. the period when the hubs are open)
- The GP hub at Poverest Medical Centre may open at weekends during the winter. On Sundays, service users may have to travel just over a mile to Petts Wood to access pharmacy services before 9am and after 7pm

GP Extended and Pharmacy Opening / Closing  
Bromley



GP Access Hubs Opening Hours

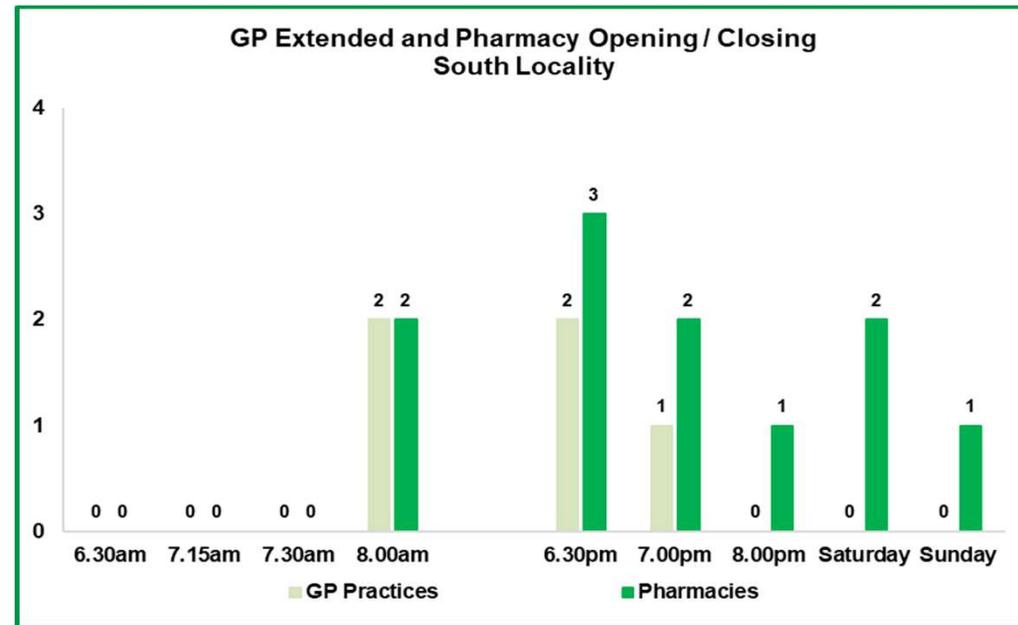
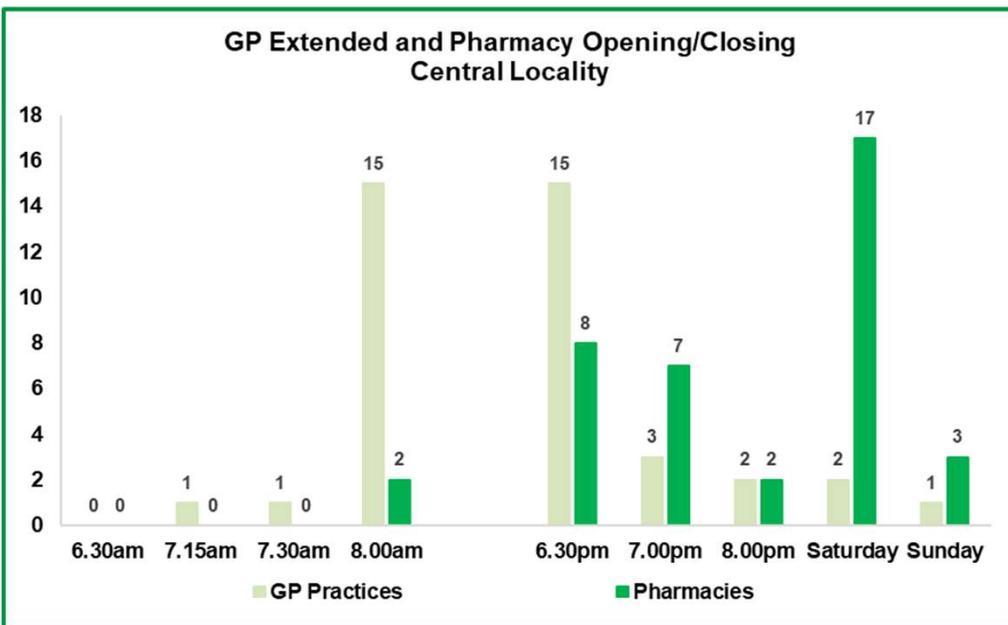
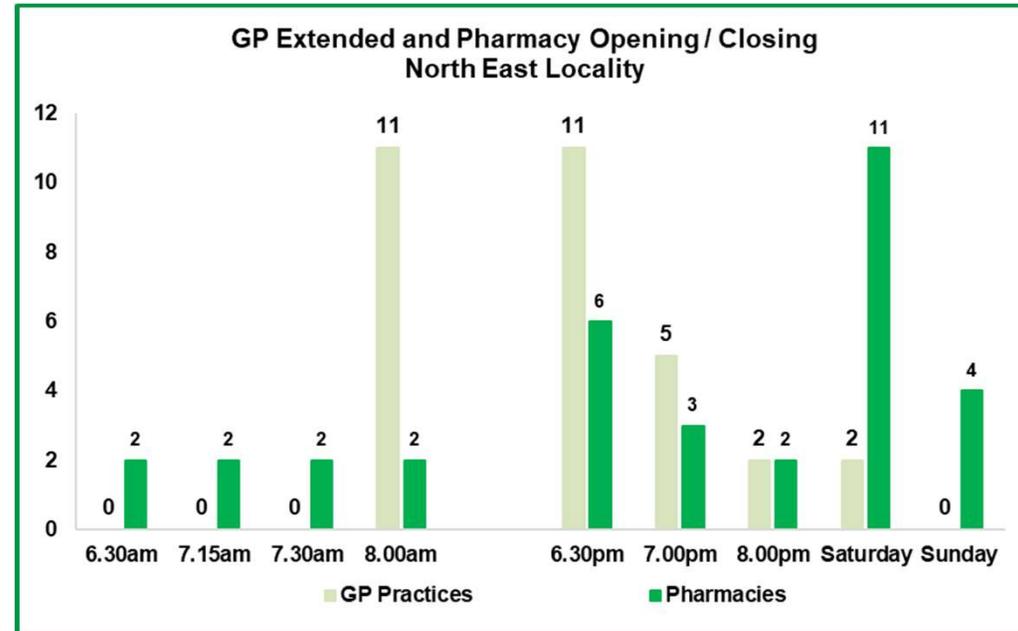
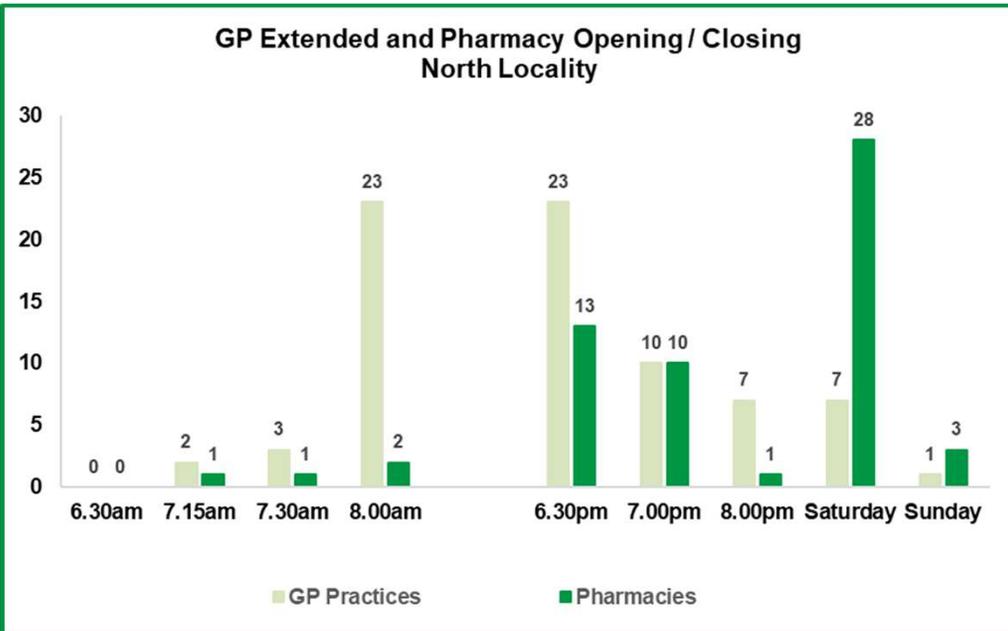
Hub Location	Locality	Weekdays	Weekends
Cator Medical Centre	North	4pm – 8pm	8am – 8pm
Poverest Medical Centre	North East	4pm – 8pm	N/A at present
Crown Medical Centre	Central	4pm – 8pm	8am – 8pm

#### NHS Urgent Medicine Supply Advanced Service (NUMSAS)

- This is a pilot service which runs from 1 Dec 16 – 30 September 2018
- It aims to manage NHS 111 requests for urgent medicine supply; reduce demand on the rest of the urgent care system; resolve problems leading to patients running out of their medicines; and to increase patients' awareness of electronic repeat dispensing
- 15 pharmacies have registered to provide the service; there is cover every day of the week and during extended hours on weekdays; NHS 111 may also direct a patient to the nearest open pharmacy in other areas
- 40 pharmacies said they plan to register to offer the service in the future
- Subject to the evaluation of the pilot, we believe that this service is **necessary** to meet the need for pharmaceutical services

### 3.2.1 Essential Services

#### 3.2.1.2 Access & Opening Hours (cont...)



## 3.2.1 Essential Services

### 3.2.1.2 Access & Opening Hours (cont...)

#### Unscheduled Care Providers

- Unscheduled care may be accessed from a number of providers, within Bromley (table on the right)
- All 3 providers are open for 365 days a year
- The services located on the site of the Princess Royal University hospital open for 24 hours a day; the urgent care minor illnesses & minor injuries service at Beckenham Beacon is open from 8am – 8pm
- All of these providers stock medicines for supply to patients although FP10 prescriptions, for dispensing by community pharmacy, may be used if a non-stock medicine is required
- The unscheduled care provider and pharmacy **extended** opening hours align with community pharmacy opening hours as follows (noting the text refers to those pharmacies with the longest opening hours):
  - **Weekdays:**
    - In the North locality, there is a pharmacy which opens between 7am and 10pm
    - In the Central locality, two pharmacies open at 8am; and one remains open until 10pm
    - There is also access in the NE locality between the hours of 6:30am (Tuesday – Friday) and 10:30pm
  - **Saturdays:**
    - In the North locality, there is a pharmacy which opens between 7am and 8pm
    - In the Central locality, two pharmacies open at 8am and one remains open until 11pm
    - There is access in the NE locality between 6:30am and 10:00pm
  - **Sundays:**
    - In the North locality, there is pharmacy which opens between 8am and 8pm
    - In the Central locality, one pharmacy opens at 8am; and one remains open until 11pm
- The above pattern of opening means that there is no access to community pharmacy services in the overnight period. This may, rarely, lead to a delay in accessing dispensing for an urgent FP10 prescription. However, we do not believe that there is gap in provision as very few FP10 prescriptions are issued during these hours; and we are not aware of any complaints in this respect

Unscheduled Care Services & Providers			
Service	Provider	Locality	Opening hours
<b>Accident &amp; Emergency</b>	Princess Royal University Hospital (PRU)	Central	24 hours, 365 days a year
<b>Urgent Care Centre for minor illnesses &amp; minor injuries</b>	Greenbrook Healthcare (co-located with A&E at PRU)	Central	24 hours, 365 days a year
	Greenbrook Healthcare (Beckenham Beacon)	North	8am – 8pm, 365 days a year

## 3.2.1 Essential Services

### 3.2.1.3 Access and Support for those with Disabilities

#### Overview

- The Equality Act 2010<sup>13</sup> requires pharmacies to make reasonable adjustments to support the needs of those with protected characteristics
- Pharmacies receive payment as contribution towards providing auxiliary aids, under this Act, to those who require support with taking their medicines
- Access and support for those with disabilities is, therefore, a key consideration. This was explored in the contractor questionnaire and public survey

#### Current Picture

- We asked community pharmacies to confirm if they had made reasonable and proportionate adjustments to support people with disabilities (refer to next page); pharmacies were also invited to give examples of support they offer:

#### Wheelchair users

- 58 (96.7%) confirmed adjustments had been made
- A number of pharmacies confirmed premises were fully accessible; some have automatic doors; some have ramps; others stated that staff are willing to help wheelchair users access the premises

#### Hearing Impairment

- 55 (91.7%) confirmed adjustments had been made
- 11 pharmacies told us that they have a hearing loop; 4 pharmacies say they can communicate via signing

#### Visual impairment

- 56 (93%) confirmed that adjustments had been made
- 7 pharmacies told us they offer large print labels; other have magnifying glasses

#### Cognitive Impairment, including dementia & learning disabilities

- 54 (90%) confirmed adjustments had been made
- 51 (85%) offer a dementia friendly environment; 8 (13.3%) pharmacies are working towards this
- 58 (96.7%) have one or more staff trained as a “dementia friend”
- Support includes large print labels, “aide memoires”, monitored dosage systems

#### Collection & Delivery Service

- 58 (96.7%) pharmacies offer a collection and delivery service

#### Auxiliary Aids & Support

- Examples include: tablet cutters & crushers; removal of tablets from blister packs

#### Insights from our Public Survey (n= 5,681)

##### Accessibility for wheelchairs and pushchairs

- 56.8% said this was not relevant or they didn't know
- 37.3% respondents said premises were easily accessible
- 5.9% said no; issues include heavy and/or narrow doors; steps leading to the premises, insufficient space between the aisles or in the consultation area; no or limited parking near the premises

##### Communication aids for people with hearing impairment

- 77% said this was not relevant or they didn't know
- 2.9% respondents said yes; 1.1% said no

##### Provision of large print labels to those with visual impairment

- 98% said this was not relevant or they didn't know
- 1.2% respondents said yes their pharmacy used large print labels
- 0.8% said no; 61.7% of these respondents said that large print labels would be helpful

##### Provision of containers with braille to those with visual impairment

- 98.7% said this was not relevant or they didn't know
- 1% said their pharmacy issued containers with braille
- 0.3% said no; 20% of these respondents said that large print labels would be helpful

##### Home delivery for people who need assistance to get to a pharmacy

- 70.8% said this was not relevant to them
- 28.4% of respondents said a home delivery service would be useful; 50.1% said their pharmacy does provide a home delivery service for medicines

#### Conclusions on Access and Disability

- A high proportion of contractors confirmed that they have made reasonable and proportionate adjustments to support people with a range of disabilities
- However, the public survey identifies that:
  - Some pharmacy premises are difficult to access for wheelchair users / pushchairs
  - A high proportion of people with visual impairment think that large print labels would be helpful to them but don't current receive these
- The contractor and public survey suggest that there may be opportunities for pharmacies to publicise and/or proactively offer the support which is available for people with disabilities

## 3.2.1 Essential Services

### 3.2.1.3 Access & Support for those with Disabilities

Supporting People with Disabilities						
Locality	Ward	Wheelchair Access	Hearing Impairment	Visual Impairment	Cognitive Impairment	Dementia Friendly Environment
North	Bickley	2	2	2	2	2
	Bromley Town	4	3	3	3	3
	Chislehurst	3	3	3	3	3
	Copers Cope	4	3	2	3	5
	Crystal Palace	2	2	3	3	2
	Kelsey & Eden Park	6	5	6	6	5
	Mottingham and Chislehurst North	1	1	1	1	1
	Penge & Cator	3	3	3	3	3
	Plastow and Sundridge	2	2	2	1	1
North East	Cray Valley East	5	5	5	5	4
	Cray Valley West	1	1	1	1	1
	Orpington	5	5	5	5	4
Central	Bromley Common & Keston	1	1	1	1	1
	Chelsfield & Pratts Bottom	3	3	3	3	3
	Farnborough & Crofton	3	3	3	3	3
	Hayes & Coney Hall	3	3	3	3	2
	Petts Wood & Knoll	3	3	3	2	3
	Shortlands	1	1	1	0	1
	West Wickham	3	3	3	3	1
South	Biggin Hill	3	3	3	3	3
<b>Total</b>		<b>58</b>	<b>55</b>	<b>56</b>	<b>54</b>	<b>51</b>
<b>Percentage of Total</b>		<b>96.7%</b>	<b>91.7%</b>	<b>93.3%</b>	<b>90.0%</b>	<b>85.0%</b>

#### Notes

- There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)
- 8 pharmacies are working towards being dementia friendly
- 58 pharmacies have one or more staff trained as a "Dementia Friend"; the percentage of staff trained ranges from 17% - 100%

## 3.2.1 Essential Services

### 3.2.1.4 Dispensing

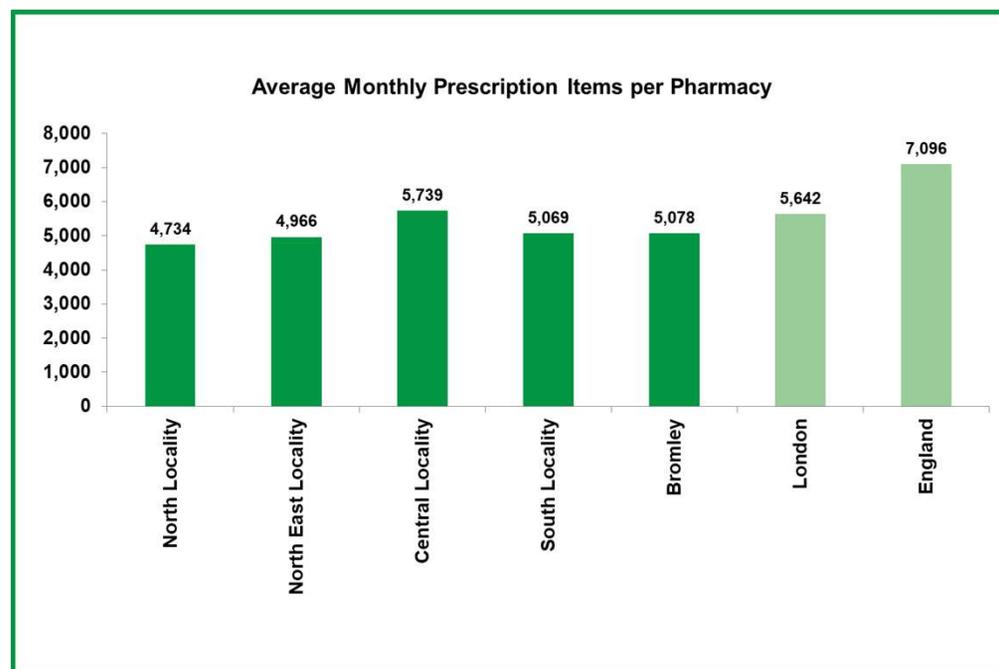
#### Overview

In our review of dispensing we looked at a number of factors including:

- The pattern of dispensing. This includes a high level comparison with the London and England average; and a more detailed look at Bromley
- The extent to which the dispensing needs of our residents are met by pharmacies in neighbouring areas
- The role of repeat dispensing and electronic prescription services
- The future capacity of our pharmacies to continue to meet the need for essential services

#### Current Picture

- The graph (on the right) compares the **average** pharmacy dispensing rate in Bromley with the London and England averages
- The data includes all prescriptions dispensed by Bromley pharmacies, not just those issued by Bromley GPs. It demonstrates that the dispensing rate for Bromley pharmacies is lower than the London & England averages
- The table (right) demonstrates variation in the proportion of items dispensed between the localities:
  - The North locality, has the lowest the number of items per month and the lowest items per head of population. This may be a reflection of the higher population density, a younger population and/or the choice afforded to residents in this locality due to the high number of out of area pharmacies
  - The NE locality has the highest number of items per month and items per head of population. This may be a result of the higher levels of deprivation and higher burden of disease within this locality
- Analysis of prescriptions written by Bromley GPs was also undertaken. The total number of items prescribed was 4,250,336 (epact data; Dec 15 – Nov 16, which was the most recent 12 month period available at the time the analysis was undertaken). Of these:
  - 88.3% of these items were dispensed by Bromley pharmacies
  - 11.7% were either dispensed by pharmacies outside of the area or were attributable to medicines which had been personally administered by GP surgeries (e.g. injections)
  - The table (page 45) shows the pharmacies, in neighbouring HWB areas, which have dispensed the highest number of items against these prescriptions (pharmacies with >1,000 items included)



NHS Digital, General Pharmaceutical Services, England, 2015/16; NHSBSA 2016/17 data for Bromley

Locality	No. of Pharmacies	Total Items Dispensed	% Total Items	Items / Pharmacy / Month	Items per Head of Population
North	29	1,647,499	45%	4,734	10.3
North East	11	655,505	18%	4,966	13.3
Central	17	1,170,689	32%	5,739	11.2
South	3	182,482	5%	5,069	11.1
<b>Total</b>	<b>60</b>	<b>3,656,175</b>	<b>100%</b>	<b>5,078</b>	<b>11.1</b>

NHSBSA: Items dispensed in 2016/17

## 3.2.1 Essential Services

### 3.2.1.4 Dispensing (continued)

#### Cross Border Dispensing

- 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 Health & Wellbeing Board areas, or for those who choose to get their prescription dispensed closer to their place of work or via an internet pharmacy
- The table on the right provides an overview of cross-border dispensing and includes the pharmacies and DACs, in neighbouring HWB areas, which have dispensed the most items against prescriptions written by Bromley GPs (only pharmacies with >1,000 items are shown)
- A further 13 pharmacies & DACs, located further afield, dispensed >1,000 items; these collectively accounted for 1.3% of dispensing

#### Repeat Dispensing

- Repeat dispensing allows patients, who have been issued with a repeatable prescription, to collect their repeat medication from their nominated pharmacy without having to request a new prescription form 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
- The repeat dispensing rate in Bromley is low. It has varied from 0.8% - 2.1% over the last 5 years (epact data, Feb 2012 – Nov 2016)
- The CCG has plans to increase repeat dispensing rates, where this is clinically appropriate

#### Electronic Prescription Services

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy; it is fully rolled out in Bromley
- The system is potentially more efficient and may reduce dispensing error rates; it facilitates the transmission of urgent prescriptions to the nearest open pharmacy and/or delivery to a place of work if required
- Electronic repeat dispensing helps to reduce trips for patients between the GP surgery and pharmacy

#### Summary of Cross Border Dispensing

HWB Area	Pharmacy / DAC Name	Post Code	Items	% Total
Bexley	Hollytree Pharmacy	DA14 6JR	10,609	0.2%
	Compact Chemist	DA5 1BT		
	St John Pharmacy	DA14 6EH		
Croydon	Boots	CR9 1SN	27,928	0.7%
	Greenchem (Bywood Road)	CR0 7RA		
	Andrew McCoig Pharmacy	CR0 8TE		
	Greenchem (Broom Road)	CR0 8NG		
	Lloydspharmacy	SE25 4PT		
	Kent Pharmacy	CR0 1RB		
	Mona Pharmacy	CR0 8BJ		
	Aumax Pharmacy	CR0 0JD		
	Lloydspharmacy	SE19 3RW		
Greenwich	Jarman and Dixon Pharmacy	SE9 4QZ	43,563	1.0%
	Well	SE9 3AZ		
	Boots	SE9 1BW		
	Rey Pharmacy	SE9 3SA		
	Lloydspharmacy	SE9 5DL		
	Stevens Pharmacy	SE9 2DR		
Kent	Lloydspharmacy	DA1 2EU	19,487	0.5%
	Lloydspharmacy	TN14 5EG		
	Boots	DA9 9SJ		
	Asda Pharmacy	BR8 7UN		
Lewisham	Duncan's Chemist	BR1 4JX	139,265	3.3%
	Brook Pharmacy	SE12 9QL		
	Browne's Chemist	BR1 4PQ		
	Grove Park Pharmacy	SE12 0DU		
	Lloydspharmacy	SE26 4PU		
	Day Lewis Pharmacy	BR1 5HS		
	Harris Pharmacy	SE12 ODZ		
	Day Lewis Pharmacy	BR1 4PH		
	Touchwood Pharmacy	SE26 5SL		
	Touchwood Pharmacy	SE26 4RS		
	Boots	SE13 5JN		
	Boots	SE26 5EX		
	Touchwood Pharmacy	SE26 5QE		
Sutton	Fittleworth Medical Ltd	SM6 7DJ	7,026	0.17%

## 3.2.1 Essential Services

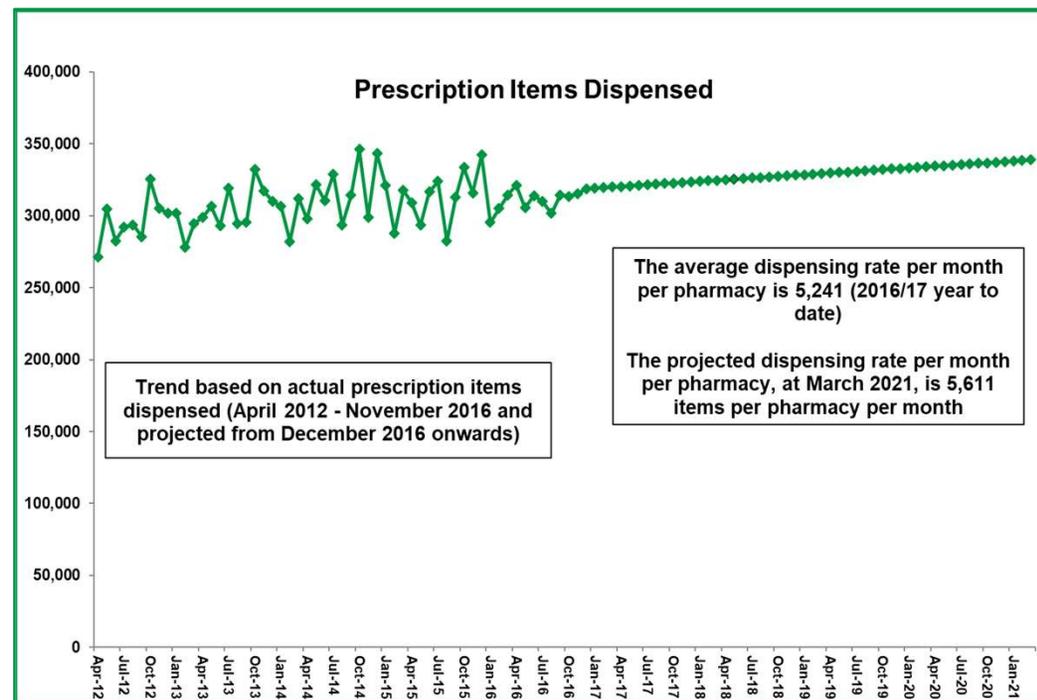
### 3.2.1.5 The Future

#### Overview

- We have undertaken the following analysis to explore the future capacity of Bromley's pharmacies:
  - The future pattern and growth of prescribing
  - The extent to which other NHS organisations (e.g. acute trusts, community and mental health services providers) rely upon NHS Pharmaceutical services to supply medicines
  - Local housing, commercial and regeneration plans and how these may impact upon the local population
  - The potential impact of consolidated applications on the distribution of pharmacies

#### Prescribing

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Bromley pharmacies
- The graph (right) plots the number of items dispensed per month, between April 2012 and Nov 2016 and projects through to March 2021
- The graph illustrates that the trend is for the volume of items to increase. Assuming that the number of pharmacies remains constant at 60, the average number of items per month has been estimated to be 5,611 per pharmacy per month. This dispensing rate is below the current England average and marginally higher than the current London averages (page 44)
- It is important to note some potential limitations with the analysis:
  - The data is based on prescriptions issued by Bromley GPs. It doesn't include prescription items issued by GPs / prescribers in other areas
  - We have assumed that the rate of cross border dispensing and personally administered items by GP practices will remain constant at 11.7%
  - It doesn't allow for changes in prescribing patterns which may arise as a result of changes in evidence, guidelines, local demography etc. For example, the CCG will be recommending against the routine prescribing of health supplements and self-care medicines for self-limiting minor illnesses. Patients will be advised to seek advice from community pharmacists and buy a medicine if required. This policy, if introduced, will reduce the number of prescription items
- However, limitations aside, the data imply that there is capacity within the existing network of pharmacies to meet future dispensing needs



Prescription Pricing Division; Electronic Prescribing & Cost Data for NHS Bromley CCG

## NHS Trusts & Use of NHS Pharmaceutical Services

### Princess Royal University Hospital

- Dispenses the majority of their medicines (i.e. for inpatients, out-patients and for discharge) in-house
- The Trust is exploring options for outpatient dispensing. This may include establishing a wholly owned subsidiary. There are no plans to apply to provide NHS Pharmaceutical services

### Oxleas NHS FT

- Inpatient and most outpatient medicines are dispensed in-house
- FP10 prescriptions are used by community clinics
- There are no plans to change these arrangements in the near future

### Bromley Healthcare C.I.C

- Uses FP10 prescriptions quite widely; there are no plans to change this arrangement in the near future
- A private arrangement is in place the supply medicines for patients who are receiving rehabilitation care at Lauriston House. This is outside of NHS Pharmaceutical Services

## 3.2.1 Essential Services

### 3.2.1.5 The Future (cont...)

Locality	Ward	IMD* rank	No. of Pharmacies	Pharmacies by locality	Ward Population (2017)	Pharmacies / 100,000 population (2017)	Locality Pharmacies per 100,000 (2017)	Projected Population (2021)	Pharmacies per 100,000 (projected)	Locality Pharmacies per 100,000 Projected Pop 2021)	Difference by Locality	Difference by ward
North	Bickley	17	2	29	15,427	12.4	18.1	16,457	12.2	17.8	-0.3	-0.2
	Bromley Town	11	4		18,349	21.0		20,086	19.9			-1.1
	Chislehurst	14	3		15,986	18.0		17,208	17.4			-0.5
	Clock House	10	0		16,362	0.0		16,735	0.0			0.0
	Copers Cope	12	5		16,800	30.1		16,955	29.5			-0.6
	Crystal Palace	2	3		13,378	22.4		13,377	22.4			0.0
	Kelsey & Eden Park	13	6		16,480	36.0		17,070	35.1			-0.8
	Mottingham & Chislehurst North	1	1		10,822	9.5		10,515	9.5			0.0
	Penge & Cator	5	3		18,541	16.5		18,214	16.5			-0.1
	Plastow and Sundridge	6	2		15,703	12.3		16,632	12.0			-0.3
North East	Cray Valley East	4	5	11	16,528	30.2	22.3	16,895	29.6	22.1	-0.2	-0.6
	Cray Valley West	3	1		17,395	5.8		17,369	5.8			0.0
	Orpington	7	5		15,962	32.2		15,602	32.0			-0.2
Central	Bromley Common & Keston	8	1	17	16,463	5.6	16.3	18,158	5.5	16.0	-0.3	-0.1
	Chelsfield & Pratts Bottom	19	3		14,867	19.7		15,640	19.2			-0.5
	Farnborough & Crofton	16	3		15,089	20.0		15,148	19.8			-0.2
	Hayes & Coney Hall	18	3		16,167	18.1		16,956	17.7			-0.4
	Petts Wood & Knoll	22	3		13,768	21.0		14,565	20.6			-0.4
	Shortlands	20	1		10,172	9.7		10,428	9.6			-0.1
	West Wickham	21	3		15,284	19.7		15,279	19.6			-0.1
South	Biggin Hill	15	3	3	10,049	28.1	18.3	11,017	27.2	17.1	-1.2	-0.8
	Darwin	9	0		5,265	0.0		6,515	0.0			0.0
Total			60		330,457	18.2	18.2	336,821	17.8	17.8	-0.3	-0.3

#### Notes

- IMD = Index of Multiple Deprivation (2015) where 1 = most deprived and 22 = least deprived in Bromley; The wards which rank highest for deprivation are highlighted in red
- GLA SHLAA population projections are linked to housing development trajectories. The level of growth is constrained so that the resulting estimate of household numbers fits with the available dwellings. The SHLAA is an assessment of the land that is likely to be available to developers within the next 5, 10 and 15 years
- London and England averages for the number of pharmacies per 100,000 (2015/16) are 21.7 and 22 respectively; it is not possible to project these forward to 2021

## 3.2.1 Essential Services

### 3.2.1.5 The Future (cont...)

#### Local Development Plans

- The Bromley Town Centre Area Action Plan sets out a vision, objectives and planned developments which focus on preserving the character of the historic parts of the town whilst providing opportunities for modern, high quality developments to attract retailers and to create a safer and more attractive environment

- Proposals of relevance to the PNA include (refer to figure on the right):

#### Northern Gateway

- High density / mixed use transport hub including residential development close to public transport facilities
- Improved pedestrian connections to the town centre

#### Bromley North Village

- New residential units as part of mixed use schemes

#### Bromley Central

- Extended retail area and redevelopment of the western side of the High Street
- Extension to The Glades
- New residential units as part of mixed use schemes

#### Bromley South

- High density mixed use residential development, close to public transport
- Provision for future hotel developments
- Improvements to the existing business area to accommodate needs of existing users as well as attracting new investment and employment opportunities

*Proposals for the Civic Centre and Western Edge are not relevant to the PNA*

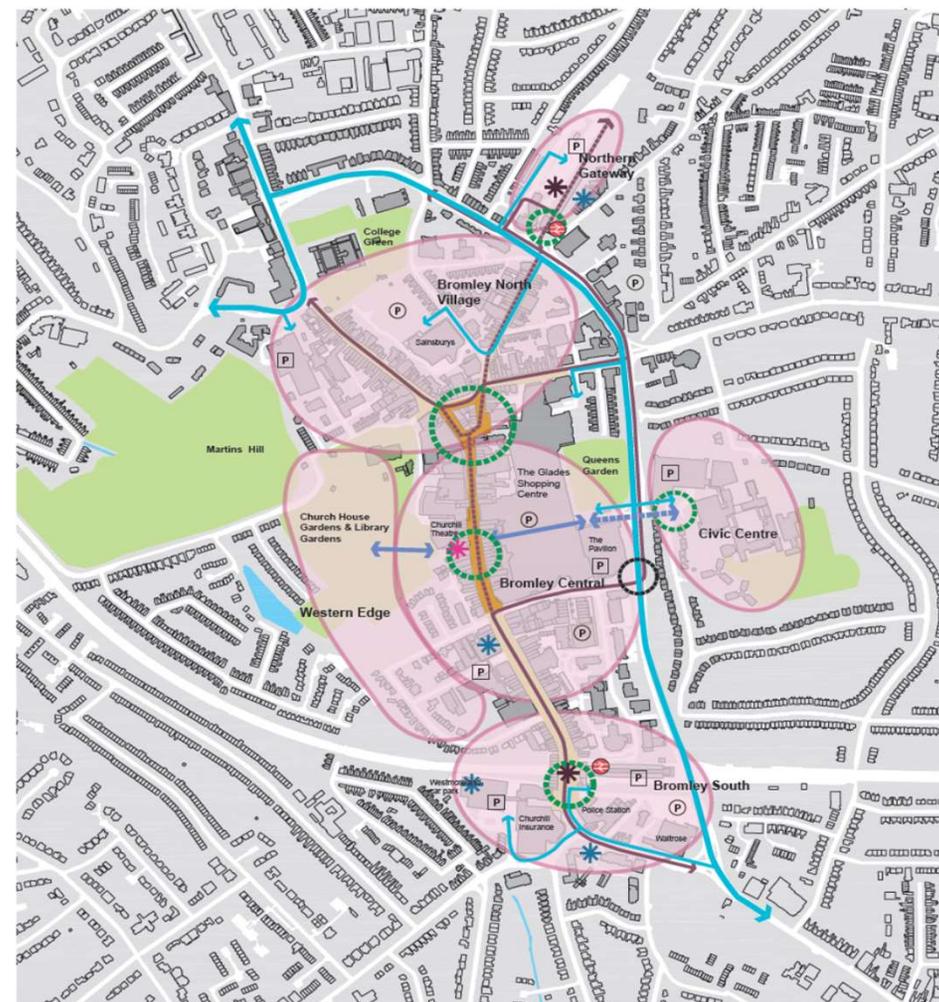
- There are no plans for new GP surgeries or primary care centres
- A new Local Development Scheme (awaiting Secretary of State examination) sets out the overarching strategy for the future development of the Borough to 2030; and a new Borough-wide "Local Plan" is planned

#### Housing

- The London Plan (2015, 2016) specifies a minimum target of 641 new dwellings per annum from 2015 until 2025. The current position in Bromley is for 3,173 units to be delivered between 2016/17 and 2020/21; this increases to 3,332 units after application of a 5% buffer
- The housing targets are used in the GLA SHLAA population projections used for the PNA; as such population increases have been accounted for

#### References

- Bromley Town Centre Action Plan; 2010
- Local Development Scheme (London Borough of Bromley; Nov 2016)
- Five Year Housing Land Supply (LBB, 2016)



Bromley Town Centre

Spatial Strategy



Local development plans will impact upon demography, the number of people coming into the area on a daily basis and the accessibility of pharmacy services. We have projected the population through to 2021 and assessed the impact on pharmacy distribution (pages 49 – 50)

## 3.2.1 Essential Services

### 3.2.1.5 The Future (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for Pharmaceutical Needs of the Locality
North	<ul style="list-style-type: none"> <li>By 2021, it is estimated that the locality population will increase by approximately 4,000 people. This will effectively reduce the number of pharmacies per 100,000 by 0.3; and move the locality slightly further away from the current London and England averages</li> <li>The average no. of items dispensed per pharmacy per month is below the Bromley, London and England averages; and the average number of items dispensed per head is below the Bromley average</li> <li>The areas with higher population density and/or deprivation, within this locality, are generally well served by pharmacies within Bromley and/or by those in neighbouring HWB areas</li> </ul>	<ul style="list-style-type: none"> <li><b>No future gaps in pharmaceutical need</b> <ul style="list-style-type: none"> <li>The overall projected increase in population is relatively small (1.9%)</li> <li>Whilst a small decrease in the number of pharmacies per 100,000 is anticipated, average dispensing rates per pharmacy and per head are currently below average</li> <li>We have, therefore, concluded that there is sufficient 'capacity' in the existing pharmacy network to absorb any increases in prescription items arising from both the natural growth in prescription items and as a result of the Bromley Local Development and Housing Plans</li> </ul> </li> </ul>
North East	<ul style="list-style-type: none"> <li>By 2021, it is estimated that the locality population will increase by almost 450 people. This will have minimal impact upon the average number of pharmacies per 100,000, which will remain above the local, London and England averages</li> <li>The average no. of items dispensed per pharmacy is below the Bromley and London and England average; however, the average number of prescription items per head is above the Bromley average</li> <li>The areas with higher population density and/or deprivation, within this locality, are generally well served by pharmacies within Bromley and in neighbouring HWB areas</li> </ul>	<ul style="list-style-type: none"> <li><b>No future gaps in pharmaceutical need</b> <ul style="list-style-type: none"> <li>The overall increase in population is small (0.5%) and it is anticipated there will be minimal impact upon the number of pharmacies per head</li> <li>Taking into account this low projected population increase and current average dispensing rates per pharmacy, we have concluded that there is sufficient 'capacity' in the existing pharmacy network to absorb any increases in prescription items arising from both the natural growth in prescription items and as a result of the Bromley Local Development and Housing Plans</li> </ul> </li> </ul>
Central	<ul style="list-style-type: none"> <li>By 2021, it is estimated that the locality population will increase by approximately 1,700 people. This will effectively reduce the number of pharmacies per 100,000 by 0.3; and move the locality slightly further away from the current Bromley, London and England averages</li> <li>The average no. of items dispensed per pharmacy is above the Bromley and London averages, but is significantly lower than the England average; however, the average number of prescription items per head is around the Bromley average</li> <li>There is reasonable access to pharmacies within the more densely populated and deprived areas of this locality</li> <li>Pharmacies in neighbouring North and North East localities are accessible to many residents</li> </ul>	<ul style="list-style-type: none"> <li><b>No future gaps in pharmaceutical need</b> <ul style="list-style-type: none"> <li>The overall projected increase in population is relatively small (1.6%)</li> <li>Whilst a small decrease in the number of pharmacies per 100,000 is anticipated, dispensing rates per head are around the Bromley average; and average dispensing rates per pharmacy are below the England average</li> <li>We have, therefore, concluded that there is sufficient 'capacity' in the existing pharmacy network to absorb any increases in prescription items arising from both the natural growth in prescription items and as a result of the Bromley Local Development and Housing Plans</li> </ul> </li> </ul>

## 3.2.1 Essential Services

### 3.2.1.5 The Future (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for Pharmaceutical Needs of the Locality
South	<ul style="list-style-type: none"> <li>By 2021, it is estimated that the locality population will increase by approximately 1,130 people. This will effectively reduce the number of pharmacies per 100,000 by 1.2; and move the locality to below the Bromley average and further away from the current London and England averages</li> <li>The average no. of items dispensed per pharmacy per month is below the Bromley, London and England averages; and the average number of items dispensed per head is similar to the Bromley average</li> <li>This is the least densely populated locality and is more rural than the rest of Bromley; the pharmacies are located towards the Southern tip of the locality; pharmaceutical services in the Central and NE localities are particularly accessible for residents close to the Northern border of this locality</li> </ul>	<ul style="list-style-type: none"> <li><b>No future gaps in pharmaceutical need</b> <ul style="list-style-type: none"> <li>The overall projected increase in population is moderate (6.9%)</li> <li>Whilst a small decrease in the number of pharmacies per 100,000 is anticipated, dispensing rates per head and per pharmacy are below the current London and England average</li> <li>We have, therefore, concluded that there is sufficient 'capacity' in the existing pharmacy network to absorb any increases in prescription items arising from both the natural growth in prescription items and as a result of the Bromley Local Development and Housing Plans</li> </ul> </li> </ul>

## 3.2.1 Essential Services

### 3.2.1.5 The Future (cont...)

#### Consolidated Applications

- The NHS (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 (SI 1077)<sup>2</sup> permit the merger of two pharmacy businesses, within the same HWB area, providing that this does not create a gap in the provision of pharmaceutical services
- The “consolidation” involves the closure of one of the pharmacies and may involve an associated change of ownership
- The Regulations provide statutory protection against the consolidated pharmacy in that a new pharmacy is not permitted to open and replace the pharmacy which has closed. This protection only remains in place until the HWB produces a new PNA
- Only pharmacies on the pharmaceutical list may submit an application (i.e. the Regulations do not apply to distance selling pharmacies, DACs and LPS pharmacies)
- The pharmacy which remains open must:
  - Retain the same core hours
  - Provide any enhanced service which is commissioned by NHSE in the HWB area
- Whilst a consolidated application is an “excepted” application, NHSE must not grant it if this would create a gap in pharmaceutical services, that could be met by a standard application i.e. to:
  - Meet a current need (Regulation 13, 2013 Regulations);
  - Meet a future need (Regulation 15, 2013 Regulations); or
  - Secure improvements or better access (Regulation 17, 2013 Regulations)
- The PNA Steering has determined principles to support the HWB with decision making in the event that a consolidated application is received (refer to table on the right)

Factor(s)	Principles to Inform Consolidation Application Decisions
<b>Advanced, enhanced &amp; locally commissioned services</b>	<ul style="list-style-type: none"> <li>• A potential closure must not have an adverse impact on access to any pharmaceutical services</li> <li>• The HWB would anticipate that <u>all</u> services (including locally commissioned services) offered by the closing pharmacy would need to be available from the consolidated pharmacy</li> <li>• Residents need to have reasonable access*, to identical services, from an alternative pharmacy</li> </ul>
<b>Pharmacy opening hours</b>	<ul style="list-style-type: none"> <li>• The earliest and latest opening of a pharmacy within a locality must be preserved, particularly if a potential closure impacts upon extended hour opening and weekend opening</li> </ul>
<b>Deprivation</b>	<ul style="list-style-type: none"> <li>• Reasonable access* to pharmacy services need to be maintained where the potential closure relates to a pharmacy in a deprived area</li> </ul>
<b>Population density &amp; average number of pharmacies</b>	<ul style="list-style-type: none"> <li>• The impact of a potential closure on a locality’s average number of pharmacies (compared with benchmarks), and future capacity, is a consideration in densely populated areas</li> </ul>
<b>Alignment of GP services</b>	<ul style="list-style-type: none"> <li>• The alignment between GP &amp; pharmacy services needs to be maintained, so that residents continue to have reasonable access* following a GP consultation</li> </ul>
<b>Choice</b>	<ul style="list-style-type: none"> <li>• The impact of the potential closure on choice will be considered in a locality where choice is already limited</li> </ul>

\* The HWB defines reasonable access as approximately 20 minutes travel time for the majority of residents living in urban areas; longer travel times are the norm for more rural areas

We have applied these principles to the current network of pharmacies, to identify if any locality is “potentially vulnerable” to a gap in the event that a consolidated application is received (refer to page 52)

## 3.2.1 Essential Services

### 3.2.1.5 The Future (cont...)

Factor(s)	North Locality	North East Locality	Central Locality	South Locality
<b>Advanced, enhanced &amp; locally commissioned services</b>	<ul style="list-style-type: none"> <li>Risks of gap / less choice for:               <ul style="list-style-type: none"> <li>AURs, SACS</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Risks of gap / less choice for:               <ul style="list-style-type: none"> <li>AURs, SACS</li> </ul> </li> <li>May impact access to:               <ul style="list-style-type: none"> <li>Sexual health</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Risks of gap / less choice for:               <ul style="list-style-type: none"> <li>NUMSAS, AURs</li> </ul> </li> <li>May impact access to:               <ul style="list-style-type: none"> <li>Needle exchange</li> <li>Supervised consumption</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Risks of gap / less choice for:               <ul style="list-style-type: none"> <li>AURs, SACS</li> </ul> </li> <li>May impact access to:               <ul style="list-style-type: none"> <li>Tailored dispensing service</li> <li>Sexual health: Level 1+EHC</li> </ul> </li> </ul>
<b>Pharmacy opening hours: Preserve the hours shown</b>	<ul style="list-style-type: none"> <li>M-F: 07:00 – 22:00</li> <li>Sat: 07:00 – 20:00</li> <li>Sun: 08:00 – 20:00</li> </ul>	<ul style="list-style-type: none"> <li>Mon: 08:00 – 22:30</li> <li>T-F: 06:30 – 22:30</li> <li>Sat: 06:30 - 22:00</li> <li>Sun: 09:00 – 19:00</li> </ul>	<ul style="list-style-type: none"> <li>M-F: 08:00 – 22:00</li> <li>Sat: 08:00 – 23:00</li> <li>Sun: 08:00 – 23:00</li> </ul>	<ul style="list-style-type: none"> <li>M-F: 08:00 – 21:00</li> <li>Sat: 08:00 – 20:00</li> <li>Sun: 10:00 – 16:00</li> </ul>
<b>Deprivation</b>	<ul style="list-style-type: none"> <li>Good access on weekdays</li> <li>Risk of reduced access, in deprived areas, on Saturday evenings and Sundays</li> </ul>	<ul style="list-style-type: none"> <li>Risk of reduced or adverse effect on access in deprived areas</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable - lower levels of deprivation in this locality</li> </ul>	<ul style="list-style-type: none"> <li>Moderate levels of deprivation</li> <li>Risk of reduced or adverse effect on access in more deprived areas</li> </ul>
<b>Population density &amp; average number of pharmacies</b>	<ul style="list-style-type: none"> <li>Around average number of pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>Above average number of pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>Below average number of pharmacies; risk of reduced access</li> </ul>	<ul style="list-style-type: none"> <li>Above average number of pharmacies</li> </ul>
<b>Alignment with GP services</b>	<ul style="list-style-type: none"> <li>Essential to preserve alignment with GP practice &amp; hub opening hours on weekday mornings and evenings; and on Sunday</li> </ul>	<ul style="list-style-type: none"> <li>Essential to preserve alignment with GP practice &amp; hub opening hours on weekday mornings and evenings; and on Sunday</li> </ul>	<ul style="list-style-type: none"> <li>Essential to preserve the limited alignment with GP practice &amp; hub opening hours on weekday mornings and evenings</li> <li>Pharmacy access is via North or NE localities before 8am</li> </ul>	<ul style="list-style-type: none"> <li>Essential to preserve alignment with GP practice opening hours in the mornings</li> </ul>
<b>Choice</b>	<ul style="list-style-type: none"> <li>No choice in parts of the locality during extended hours on weekdays</li> <li>Minimal choice on Saturday evenings and on Sundays</li> </ul>	<ul style="list-style-type: none"> <li>Choice is reasonable on weekdays, Saturdays and Sunday</li> </ul>	<ul style="list-style-type: none"> <li>Choice is reasonable on weekdays during extended hours</li> <li>Choice is more limited on Saturday evening &amp; Sunday</li> </ul>	<ul style="list-style-type: none"> <li>Choice is reasonable during weekday extended hours</li> <li>No choice on Saturday evenings &amp; Sunday; access must be preserved</li> </ul>
<b>Conclusion</b>	<ul style="list-style-type: none"> <li>Potentially vulnerable to a gap depending upon the location(s) affected</li> <li>Other localities dependent upon pharmacies in this locality</li> </ul>	<ul style="list-style-type: none"> <li>Potentially vulnerable to a gap, particularly if hours &amp; services not preserved</li> <li>Other localities dependent upon pharmacies in this locality</li> </ul>	<ul style="list-style-type: none"> <li>Potentially vulnerable to a gap depending upon the location(s) affected</li> <li>Other localities dependent upon pharmacies in this locality</li> </ul>	<ul style="list-style-type: none"> <li>Potentially vulnerable to a gap depending upon the location(s) affected</li> <li>Gap if hours &amp; services not preserved</li> </ul>

## 3.2.1 Essential Services

### 3.2.1.6 Meeting the Needs of Specific Populations

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

Age	✓	<ul style="list-style-type: none"> <li>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 require advice on managing complex medicine regimens and are more susceptible to side effects</li> <li>Parents may require advice on managing their child's medicines during school hours or advice on managing minor ailments; supply of sugar free medicines may be particularly beneficial for children</li> </ul> </li> <li>People of working age, may wish to access services outside of normal working hours e.g. on weekdays before or after work; or at weekends</li> </ul>
Disability	✓	<ul style="list-style-type: none"> <li>A proportion of 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 (refer to page 15 for the local context in Bromley). 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 communication for those with impaired hearing</li> <li>Provision of multi-compartment compliance aids, "aide memoires" and easy to read information which may improve adherence in those who have cognitive impairment</li> </ul> </li> <li>People with a disability may exercise a choice and choose a pharmacy which better addresses their needs; most pharmacies confirmed that they have made reasonable and proportionate adjustments to people with disabilities; and most premises are accessible to wheelchairs</li> </ul>
Gender	✓	<ul style="list-style-type: none"> <li>We have identified that younger adults, particularly men, are less likely to visit pharmacies. We need to encourage pharmacies to maximise opportunities to target health promotion and public health interventions at this group</li> </ul>
Race	✓	<ul style="list-style-type: none"> <li>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 signpost patients to pharmacies where their first language is spoken. Pharmacists increasingly access Google Translate and/or Smart Apps to facilitate communication</li> <li>BAME communities are exposed to a range of health challenges from low birth rate and infant mortality through to a higher incidence of long term conditions. This provides an opportunity to target health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes. People in this group are more likely to take medicines and may benefit from medicines related advice</li> </ul>
Religion or belief	✓	<ul style="list-style-type: none"> <li>Pharmacies are able to provide medicines related advice to specific religious groups and need to be aware of the religious beliefs of the population they service. For example, advice on taking medicines during Ramadan and/or whether or not a medicine contains ingredients derived from animals</li> </ul>
Pregnancy and maternity	✓	<ul style="list-style-type: none"> <li>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</li> </ul>
Sexual orientation	✓	<ul style="list-style-type: none"> <li>LGBT people (including those who are HIV positive) may prefer to use pharmacy services, for health advice and support with self-care including minor ailments, rather than using GP services as they may not wish to disclose their sexuality to their GP</li> </ul>
Gender reassignment	✓	<ul style="list-style-type: none"> <li>Pharmacies may be part of the care pathway for people undergoing gender reassignment; they play a role in ensuring the medicines which form part of the treatment regimen are available and provided without delay or impediment</li> </ul>
Marriage & civil partnership	✗	<ul style="list-style-type: none"> <li>No specific needs identified</li> </ul>

## 3.2.1 Essential Services

### 3.2.1.7 Conclusions

#### Conclusions on Essential Services

- Essential services are provided by all NHS Pharmaceutical Services contractors and were used to explore a range of factors relevant to the pharmaceutical needs of our population
- We have determined that essential services are **necessary** to meet the need for pharmaceutical services for the following reasons:
  - Dispensing is a fundamental service which ensures that patients can access prescribed medicines in a safe, reliable and timely manner
  - FP10 prescriptions may only be dispensed by providers of NHS Pharmaceutical Services
  - Through supporting health promotion campaigns, and a proactive approach to delivering health promotion and signposting advice, community pharmacy plays a valuable role in addressing health needs and tackling the health inequalities; these services all contribute towards the implementation of local strategic priorities

#### Distribution of Pharmacies

- Bromley has a below average number of pharmacies compared with the London and England average
- There is a reasonable correlation between pharmacy distribution, population density and deprivation in the North, NE and Central localities; residents in the South locality may have to travel further to access NHS pharmaceutical services, but this is the norm for more rural areas
- Insights from the public survey suggest that pharmacy services are accessible; 68.5% usually walk to a pharmacy; and 97% have to travel for 20 minutes or less to access a pharmacy

#### Opening Hours

- Access and choice are good on weekdays between the hours of 9am – 5pm and on Saturdays between 9am and 12pm. This was reflected in our public survey where 92.3% and 89.6% respondents were very satisfied or satisfied with opening hours on weekdays and Saturdays respectively. We have concluded that choice is sufficient and we have not identified a need for the provision of additional facilities or providers
- Outside of these hours, access and choice within Bromley is more limited, particularly on:
  - Weekdays during extended hours: Only two pharmacies, in each locality, open by 8am and this limits choice at this time of day. Whilst access is reasonable on weekdays evenings, just over a quarter of respondents in the public survey were dissatisfied or very dissatisfied with opening hours at this time of day
  - Saturdays: A small number of pharmacies open before 9am; and access is more limited on Saturday evenings; some residents in all localities may have to travel further to access a pharmacy at these times
  - Sundays: There is access to a pharmacy in all localities on Sundays; and there is a choice of pharmacy in all but the South locality. Almost 40% of respondents in our public survey were dissatisfied or very dissatisfied with opening hours on Sundays. However, Sunday trading laws place restrictions on large pharmacies which are not permitted to open for more than 6 hours
  - Bank Holidays: There is no obligation for pharmacies to open. NHS England are required to ensure NHS Pharmaceutical Services are available and to commission pharmacies to open if deemed to be necessary; in Bromley all arrangements are informal
- Residents of Bromley, particularly those in the North and NE localities may choose to access pharmacies in the neighbouring HWB area; a number of these are open during extended opening hours on weekdays, Saturdays and also on Sundays
- With respect to alignment of pharmacy opening hours with other services:
  - There is a reasonable alignment with GP practice and GP hub opening hours in that there is always one or more pharmacies open when a GP practice is open
  - However, residents with an urgent prescription following an early morning GP appointment in the Central locality may have to travel to the North or NE locality to get this dispensed if they do not wish to wait for a pharmacy to open within their own locality
  - Residents are not be able to access dispensing services overnight e.g. after being given a prescription by the GP out of hours service or the A&E department. However, the need for such access is rare

## 3.2.1 Essential Services

### 3.2.1.7 Conclusions

#### Conclusions on Essential Services (cont...)

##### Access and support for people with disabilities

- A high proportion of pharmacies confirmed, in the contractor questionnaire, that they have made reasonable and proportionate adjustments to meet the needs of those with a disability; however, in our public survey a number of respondents identified potential issues with wheelchair access for some pharmacies; and a high proportion of those with visual impairment advised that they would find large print labels beneficial
- We have recommended that pharmacies proactively publicise the support which they offer to people with disabilities

##### Dispensing

- The dispensing rate for Bromley pharmacies varies across all four localities and is below the London and England average
- 83.3% of prescriptions written by Bromley GPs are dispensed by Bromley pharmacies. Out of area pharmacies, DACs and personally administered items by GPs account for the other 11.7%
- The rate of repeat dispensing is very low and has varied between 0.8% to 2.1% over the last 5 years; there is scope to increase this because of the benefits to patients and the health economy in general
- Electronic prescription services improves access to repeat prescriptions without the need to see the GP surgery and facilitates transmission of an urgent prescription to the nearest open pharmacy and/or delivery to a place of work, at the request of the patient. EPS is fully rolled out in Bromley

##### Consolidated Applications

- We have developed principles to support the HWB making robust decisions in relation to consolidated applications

##### The Future

- We have taken into account the trend for growth in prescription items; the Bromley local development and housing plans; and the potential impact of consolidated applications
- Benchmarking data show that our pharmacies have sufficient capacity to meet the current and future dispensing requirements of our population
- The principles for consolidated applications have been applied. We have identified that all localities are potentially vulnerable to a gap, dependent upon the location(s) affected by a consolidated application. However, the HWB will consider any future application on its own merits

##### Overall conclusions

##### Current need [Regulation 4(1); 2(a)]

- No gaps or need identified

##### Future need [Regulation 4(1); 2(b)]

- No gaps or need identified

##### Current and Future Improvements or Better Access [Regulation 4(1); 4 (a and b)]

- The HWB has identified that better signposting and improved advertising may improve awareness of pharmacies which open for extended hours
- We have identified that access and choice could be enhanced if more pharmacies *within the existing network* were commissioned to extend opening hours on weekday mornings and evenings and also at weekends. This would strengthen alignment with GP opening hours. The HWB has not identified a need for an additional pharmacy in any locality
- **Other NHS services (Regulation 4(1); 5 (a and b))**
- We have not identified any other NHS service which affect the need for pharmaceutical services; or where further provision of pharmaceutical services would secure improvements, or better access, to these services

## 3.2.2 Premises & Other Considerations

### Consultation Areas

- Consultation areas provide a place in which private discussions may be held. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services. They facilitate confidentiality when a pharmacy user wishes to seek advice on a sensitive matter
- For advanced services, the characteristics of the consultation area have been defined:
  - There must be a sign designating the private consultation area or room
  - 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
- In recognition of the interdependency between the commissioning of a broad range of services from pharmacy and the presence of a suitable consultation area, we asked contractors to confirm if they have a consultation area on site:
  - 59 (98.3%) have a consultation area which is a closed room
  - 12 (20%) pharmacies have two or more consultation areas, noting that one pharmacy has 3 areas and another pharmacy has 4 areas
  - The pharmacy which doesn't have a consultation area has no plans to install one

### Secure exchange of Information

- Access to NHS.net email is one of the gateway criteria for the Quality Payment Scheme (Appendix E)
- In our contractor questionnaire:
  - 28 (46.7%) pharmacies confirmed that they have an NHS.net email account; all but one of these routinely use this to exchange patient identifiable data
  - 30 pharmacies (50%) are planning to get an NHS.net email in the next 12 months
  - 1 pharmacy is planning on getting access at some point in the future; and 1 pharmacy has no plans to get an account

### Safeguarding

- The Quality Payment Scheme includes safeguarding, as one of the patient safety criteria
- The requirement is for 80% of registered pharmacy professionals, working at the pharmacy, to have achieved level 2 safeguarding status for children and vulnerable adults in the last two years
- We asked contractors what progress they had made against this criterion in the contractor questionnaire:
  - 54 (90%) have one or more professional staff who have achieved level 2 safeguarding status for children and vulnerable adults
  - 14 (23.3%) have exceeded the target of 80% or more staff achieving level 2 status

## 3.2.3 Advanced Services

### 3.2.3.1 Medicines Use Reviews & Prescription Interventions

#### Overview

- The Medicines Use Reviews (MURs) & Prescription Intervention service consists of structured reviews for people taking multiple medicines
- The service is intended to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste
- Reviews are normally undertaken face to face
- The pharmacy must have a consultation area which complies with specified criteria (or seek permission from NHSE to provide these in the domiciliary setting)
- Pharmacists must be accredited to undertake MURs
- A pharmacy may:
  - Only offer an MUR to a patient who has been using the pharmacy for 3 months or more (this is known as the '3 month rule')
  - Undertake up to 400 MURs per annum
  - 70% of MURs must be directed to target groups i.e. people:
    - Who are taking high risk medicines (diuretics, anti-coagulants, anti-platelets, non-steroidal anti-inflammatory drugs)
    - Who have been recently discharged from hospital, where changes were made to medicines (MUR undertaken within 4 - 8 weeks)
    - Who have been prescribed certain respiratory medicines
    - Those at risk or diagnosed with CVD who are prescribed at least 4 medicines

#### The Current Picture

- 59 (98.3%) Bromley pharmacies are accredited to provide the service
- The table (next page) demonstrates good access on weekdays (9am – 5pm) and Saturdays (9am – 12pm) in all localities. Access is more limited during extended hours on weekdays and Sundays
- **Map 8** shows there is access to MURs within a mile for almost all areas of high need (based on those aged 65+, a group which stand to benefit)
- The graph (right) compares Bromley with London & England:
  - The average number of MURs per **active** pharmacy was 266. This is below the London and England averages and falls short of the maximum number of 400 MURs per annum
  - There is variation between localities. The average number of MURs in the South was higher than the local, England and London averages; interestingly this isn't necessary a reflection of need (based on those aged 65+)
  - All accredited pharmacies were active; however, the number of MURs undertaken varied from 1 – 463

#### Public Survey – Services used in the last 12 months (n=5,681)

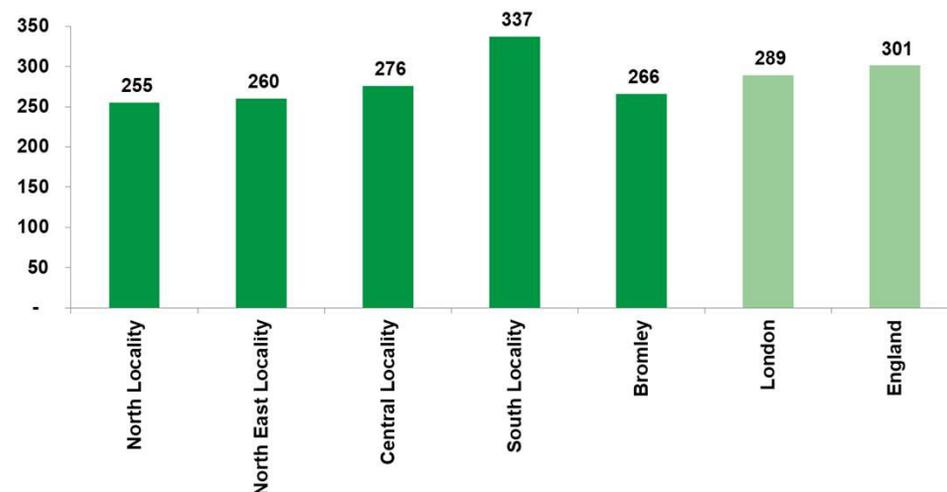
- 17.8% of respondents said they had used the MUR service
- This was the 3rd most used service after repeat prescription services and urgent supply of repeat medicines

#### The 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>14</sup>:

- 49% of patients reported receiving recommendations to change how they take their medicines; of these 90% of patients 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

Average No. of MURs per Accredited Pharmacy



## 3.2.3 Advanced Services

### 3.2.3.1 Medicines Use Reviews & Prescription Interventions

Locality	Ward	Number of Pharmacies Offering MUR and PI Services									
		Weekdays				Saturdays					Sundays
		8am or earlier	9am – 5pm	7pm or later	Closed for lunch	8am or earlier	9am – 12pm	5pm or later	7pm or later	Closed for lunch	
North	Bickley	0	2	1	1	0	2	0	0	0	0
	Bromley Town	1	4	1	0	1	4	4	1	0	2
	Chislehurst	0	3	1	0	0	3	3	0	0	0
	Copers Cope	0	5	1	0	0	5	5	0	0	0
	Crystal Palace	0	3	3	1	0	2	1	0	0	0
	Kelsey & Eden Park	1	6	1	2	1	6	3	1	1	1
	Mottingham and Chislehurst North	0	1	0	0	0	1	1	0	0	0
	Penge & Cator	0	3	1	0	0	3	3	1	0	0
	Plaistow and Sundridge	0	2	1	0	0	2	1	0	0	0
North East	Cray Valley East	1	4	2	1	1	4	2	2	0	2
	Cray Valley West	0	1	0	0	0	1	0	0	0	0
	Orpington	1	5	1	1	1	5	4	1	1	2
Central	Bromley Common & Keston	0	1	0	0	0	1	1	0	0	0
	Chelsfield & Pratts Bottom	0	3	1	0	0	3	2	0	0	0
	Farnborough & Crofton	1	3	1	2	1	3	1	1	1	1
	Hayes & Coney Hall	0	3	2	0	0	3	2	0	0	0
	Petts Wood & Knoll	1	3	2	0	1	3	2	1	0	1
	Shortlands	0	1	0	0	0	1	1	0	0	0
	West Wickham	0	3	1	0	0	3	3	0	0	1
South	Biggin Hill	2	3	2	0	1	2	2	1	0	1
<b>Grand Total</b>		<b>8</b>	<b>59</b>	<b>22</b>	<b>8</b>	<b>7</b>	<b>57</b>	<b>41</b>	<b>9</b>	<b>3</b>	<b>11</b>
<b>Percentage of Total</b>		<b>13.3%</b>	<b>98.3%</b>	<b>36.7%</b>	<b>13.3%</b>	<b>11.7%</b>	<b>95.0%</b>	<b>68.3%</b>	<b>15.0%</b>	<b>5.0%</b>	<b>18.3%</b>

#### Notes

There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

Some pharmacies close early (Wednesdays: 4 pharmacies close at 1pm and 1 pharmacy closes at 4pm; Thursday: 1 pharmacy closes at 1pm). Refer to Appendix G for full details

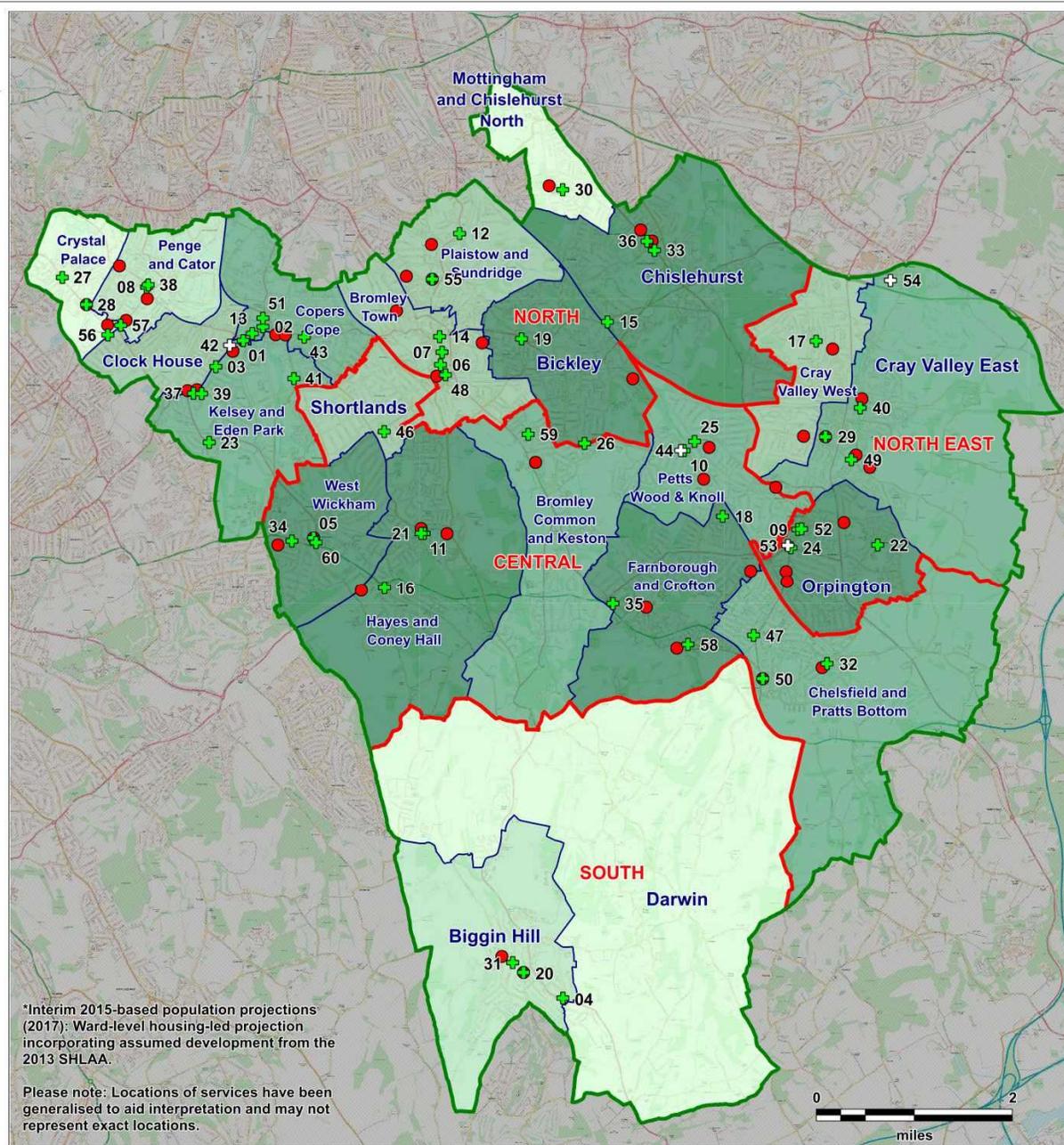
**Pharmaceutical Needs Assessment  
Map 8 - Medicines Use Reviews &  
Prescription Intervention Service**

**Legend**

- + Pharmacies
  - + 100 Hour Pharmacies
  - GPs
  - Bromley
  - Bromley Localities
  - Wards
- |                              |   |
|------------------------------|---|
| <b>*No. persons aged 65+</b> | <span style="display: inline-block; width: 15px; height: 15px; background-color: #006400; border: 1px solid black;"></span> > 3,190       |
|                              | <span style="display: inline-block; width: 15px; height: 15px; background-color: #008000; border: 1px solid black;"></span> 2,661 - 3,190 |
|                              | <span style="display: inline-block; width: 15px; height: 15px; background-color: #00A000; border: 1px solid black;"></span> 2,131 - 2,660 |
|                              | <span style="display: inline-block; width: 15px; height: 15px; background-color: #00C000; border: 1px solid black;"></span> 1,601 - 2,130 |
|                              | <span style="display: inline-block; width: 15px; height: 15px; background-color: #00E000; border: 1px solid black;"></span> < 1,600       |

**Bromley Pharmacies**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>01 Beckenham Pharmacy - BR3 1AH</li> <li>02 Beckenham Pharmacy - BR3 1ED</li> <li>03 Blackwells Chemist - BR3 3PS</li> <li>04 Boots - TN16 3JZ</li> <li>05 Boots - BR4 0PU</li> <li>06 Boots - BR1 1JY</li> <li>07 Boots - BR1 1HD</li> <li>08 Boots - SE20 7EX</li> <li>09 Boots - BR6 0LS</li> <li>10 Boots - BR5 1DQ</li> <li>11 Boots - BR2 7EQ</li> <li>12 Boots - BR1 5AB</li> <li>13 Boots - BR3 1EW</li> <li>14 Caxton Pharmacy - BR1 1RL</li> <li>15 Chislehurst Pharmacy - BR7 5NP</li> <li>16 Coney Hall Pharmacy - BR4 9JB</li> <li>17 Cray Hill Pharmacy - BR5 2RG</li> <li>18 Crofton Pharmacy - BR6 8DG</li> <li>19 Day Lewis Pharmacy - BR1 2RG</li> <li>20 Day Lewis Pharmacy - TN16 3TJ</li> <li>21 Day Lewis Pharmacy - BR2 7EQ</li> <li>22 Eldred Drive Pharmacy - BR5 4PE</li> <li>23 Elmers Pharmacy - BR3 3DY</li> <li>24 Farncray Pharmacy - BR6 0NQ</li> <li>25 Farrants Pharmacy - BR5 1LY</li> <li>26 Gordon Davie Chemist - BR2 8AR</li> <li>27 Hamlet Pharmacy - SE19 2AS</li> <li>28 Kamsons Pharmacy - SE20 8AJ</li> <li>29 Lloydspharmacy - BR5 2DD</li> <li>30 Lloydspharmacy - SE9 4DZ</li> </ul> | <ul style="list-style-type: none"> <li>31 Lloydspharmacy - TN16 3XZ</li> <li>32 Lloydspharmacy - BR6 6EY</li> <li>33 Lloydspharmacy - BR7 5AF</li> <li>34 Lloydspharmacy - BR4 0LT</li> <li>35 Lloydspharmacy - BR6 8NZ</li> <li>36 LM Williams Chemist - BR7 5AG</li> <li>37 Lotus Pharmacy - BR3 3RA</li> <li>38 Macks Pharmacy - SE20 7DS</li> <li>39 Macks Pharmacy - BR3 3HN</li> <li>40 Osbon Pharmacy - BR5 3NJ</li> <li>41 Park Langley Pharmacy - BR3 6QH</li> <li>42 Paydens Late Night Pharmacy - BR3 3PR</li> <li>43 Peters Chemist - BR3 5NT</li> <li>44 Petts Wood Pharmacy - BR5 1DQ</li> <li>46 Rowlands Pharmacy - BR2 0TY</li> <li>47 Rowlands Pharmacy - BR6 9LP</li> <li>48 Scotts Pharmacy - BR1 1LF</li> <li>49 Silversands Pharmacy - BR5 4AD</li> <li>50 Stevens Pharmacy - BR6 6BG</li> <li>51 Superdrug Pharmacy - BR3 1AY</li> <li>52 Superdrug Pharmacy - BR6 0PF</li> <li>53 Tesco Instore Pharmacy - BR6 0NH</li> <li>54 Tesco Instore Pharmacy - DA14 5BN</li> <li>55 Touchwood Pharmacy - BR1 4HE</li> <li>56 TT Pharmacy - SE20 7YZ</li> <li>57 United Pharmacy - SE20 7AA</li> <li>58 Village Pharmacy - BR6 7AZ</li> <li>59 Wallace Pring Pharmacy - BR2 9QE</li> <li>60 Westchem Pharmacy - BR4 0PX</li> </ul> |
|--|--|



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## 3.2.3 Advanced Services

### 3.2.3.1 Medicines Use Reviews & Prescription Interventions

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

Age	✓	Older people taking multiple medications for long term conditions, are likely to require MURs. People of working age may wish to access this service during extended hours
Disability	✓	MURs help to assess the need for support e.g. large print labels, aide memoires etc; advice needs to be tailored for those with cognitive impairment
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to successful MURs
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	MURs may help women who are planning pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision

- We wish to see the existing network of pharmacies actively targeting a greater number of patients for an MUR review
- We wish to see more pharmacies offering the service during extended hours and/or at weekends, where there is a demand for service provision
- We support the recommendation for the transformation of this service<sup>5</sup>
- Domiciliary or telephone MURs improve access for people who are less able to visit pharmacies; however, housebound patients may benefit from the medicines optimisation service provided by Oxleas NHS FT (page 23)
- Adopting an integrated approach to service delivery, whereby all pharmacies and prescribers in primary and secondary care work closely together may increase the number of people referred into the service and secure improvements in outcomes for patients

#### The Future

- We anticipate there will be an increase in the number of people requiring MURs as our population ages and as a result of more patients being cared for closer to home
- We believe that there is capacity in the system and that this increased need may be met within our existing network of pharmacies

#### Conclusions

- 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
  - It is estimated that up to 20% of all hospital admissions are medicines related<sup>15</sup> and arise as a result of treatment failure or an unintended consequence (e.g. a side effect or taking the wrong dose)
- We have determined that MURs are **necessary** to meet the need for pharmaceutical services:
  - There is published evidence to demonstrate the benefits of MURs
  - There is good alignment with local strategic priorities, particularly with respect to supporting improved management of long term conditions
  - The MUR service may only be provided by community pharmacies
- 98.3% of Bromley pharmacies offer MURs
- Access is good on weekdays (9am – 5pm) & Saturdays (9am – 12pm)
- We have identified the following current gaps:
  - The pharmacy which doesn't offer MURs doesn't have a consultation area so does not meet accreditation criteria for the service
  - The average number of MURs is significantly below the maximum permitted; there is variation in the number of MURs undertaken by pharmacies; and the average number of MURs undertaken by pharmacies in localities with higher need (based on number of people aged 65+) is below the local, London and England averages. This implies there is an opportunity to do more to improve patient outcomes
  - Access on weekdays & Saturdays during extended hours and on Sundays is more limited. This may present a constraint for residents with a long term condition, who work full time and who may prefer to visit a pharmacy outside of weekday working hours
- These gaps are relevant because patients cannot access MURs from an alternative pharmacy because of the 3 month rule
- Opportunities for improvements, to address these gaps, are set out under "further provision". An additional pharmacy is not required

## 3.2.3 Advanced Services

### 3.2.3.2 New Medicine Service (NMS)

#### 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)
  - Hypertension
  - Antiplatelet / anticoagulant therapy
- Patients are either referred into the service by a prescriber when a new medicine is started (referral may be from primary or secondary care) or are identified opportunistically by the community pharmacist
- The number of NMS interventions which a pharmacy may undertake is linked to their volume of dispensing in any given month
- The NMS differs from MURs in that patients may access this service from an alternative pharmacy, if their regular pharmacy does not offer the service or is not open at a time of day which is convenient to them

#### The Current Picture

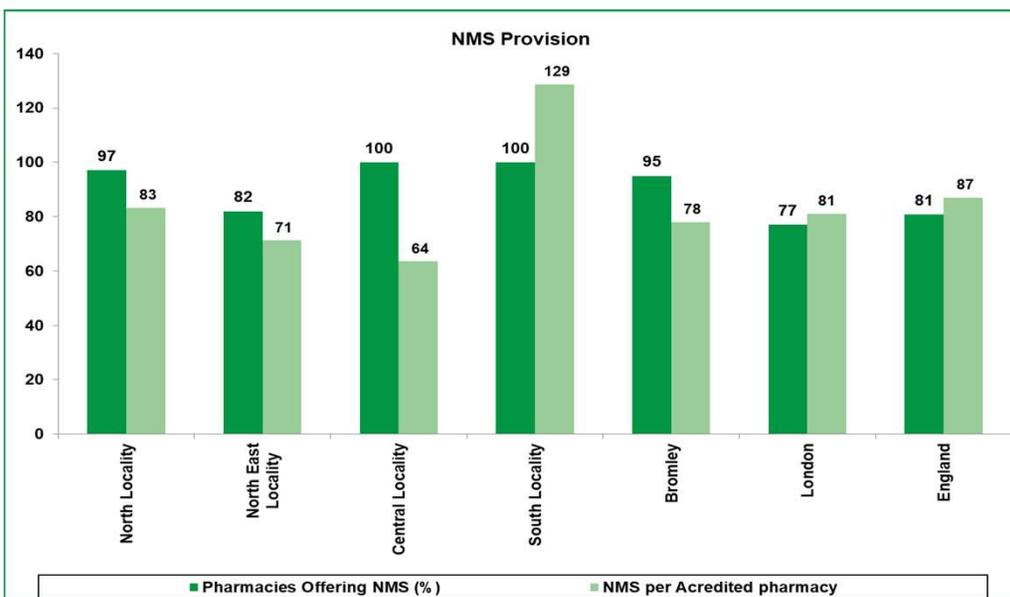
- 57 (95%) pharmacies are accredited to provide the NMS; of these 55 are active (the two inactive pharmacies are located in the NE and Central localities)
- The table (next page) demonstrates good access & a choice of pharmacy on weekdays (9am – 5pm) and Saturdays (9am – 12pm) in all localities. Access and choice are more limited during extended hours on weekdays and Sundays
- Map 9** shows there is access within a mile for almost all areas of high need (based on those aged 65+, a group which stand to benefit from the NMS)
- The graph (right) compares Bromley with London and England:
  - Whilst the proportion of Bromley pharmacies accredited to offer the service is higher than the London and England average; the number of reviews undertaken is below average
  - There is variation across the localities and this is not necessarily correlated with need: The North locality, where there is a high number of people aged 65+, is above the Bromley & London average; the South locality is above the England & London average, but need is lower

#### Public Survey – Services used in the last 12 months (n=5,681)

- 8.1% of respondents said they had used the NMS service
- In terms of choice of pharmacy, 44.6% said they prefer to use their regular pharmacy; 12.8% would be happy to use an alternative pharmacy; the remainder said the service is not relevant to them

#### The Evidence Base

- A randomised control trial demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and is cost-effective<sup>16</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
  - 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 evaluating a telephone based pharmacy advisory service, showed pharmacists met patients' needs for information and advice on medicines, when starting treatment<sup>17</sup>



### 3.2.3 Advanced Services

#### 3.2.3.2 New Medicine Service (NMS)

Locality	Ward	Number of Pharmacies Offering the New Medicines Service									
		Weekdays				Saturdays					Sundays
		8am or earlier	9am – 5pm	7pm or later	Closed for lunch	8am or earlier	9am – 12pm	5pm or later	7pm or later	Closed for lunch	
North	Bickley	0	2	1	1	0	2	0	0	0	0
	Bromley Town	1	4	1	0	1	4	4	1	0	2
	Chislehurst	0	2	1	0	0	2	2	0	0	0
	Copers Cope	0	5	1	0	0	5	5	0	0	0
	Crystal Palace	0	3	3	1	0	2	1	0	0	0
	Kelsey & Eden Park	1	6	1	2	1	6	3	1	1	1
	Mottingham and Chislehurst North	0	1	0	0	0	1	1	0	0	0
	Penge & Cator	0	3	1	0	0	3	3	1	0	0
	Plaistow and Sundridge	0	2	1	0	0	2	1	0	0	0
North East	Cray Valley East	1	4	2	1	1	4	2	2	0	2
	Cray Valley West	0	1	0	0	0	1	0	0	0	0
	Orpington	1	4	1	1	1	4	3	1	1	2
Central	Bromley Common & Keston	0	1	0	0	0	1	1	0	0	0
	Chelsfield & Pratts Bottom	0	3	1	0	0	3	2	0	0	0
	Farnborough & Crofton	1	3	1	2	1	3	1	1	1	1
	Hayes & Coney Hall	0	3	2	0	0	3	2	0	0	0
	Petts Wood & Knoll	1	3	2	0	1	3	2	1	0	1
	Shortlands	0	1	0	0	0	1	1	0	0	0
	West Wickham	0	3	1	0	0	3	3	0	0	1
South	Biggin Hill	2	3	2	0	1	2	2	1	0	1
<b>Grand Total</b>		<b>8</b>	<b>57</b>	<b>22</b>	<b>8</b>	<b>7</b>	<b>55</b>	<b>39</b>	<b>9</b>	<b>3</b>	<b>11</b>
<b>Percentage of Total</b>		<b>13.3%</b>	<b>95.0%</b>	<b>36.7%</b>	<b>13.3%</b>	<b>11.7%</b>	<b>91.7%</b>	<b>65.0%</b>	<b>15.0%</b>	<b>5.0%</b>	<b>18.3%</b>

#### Notes

There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

Some pharmacies close early (Wednesdays: 4 pharmacies close at 1pm and 1 pharmacy closes at 4pm; Thursday: 1 pharmacy closes at 1pm). Refer to Appendix G for full details

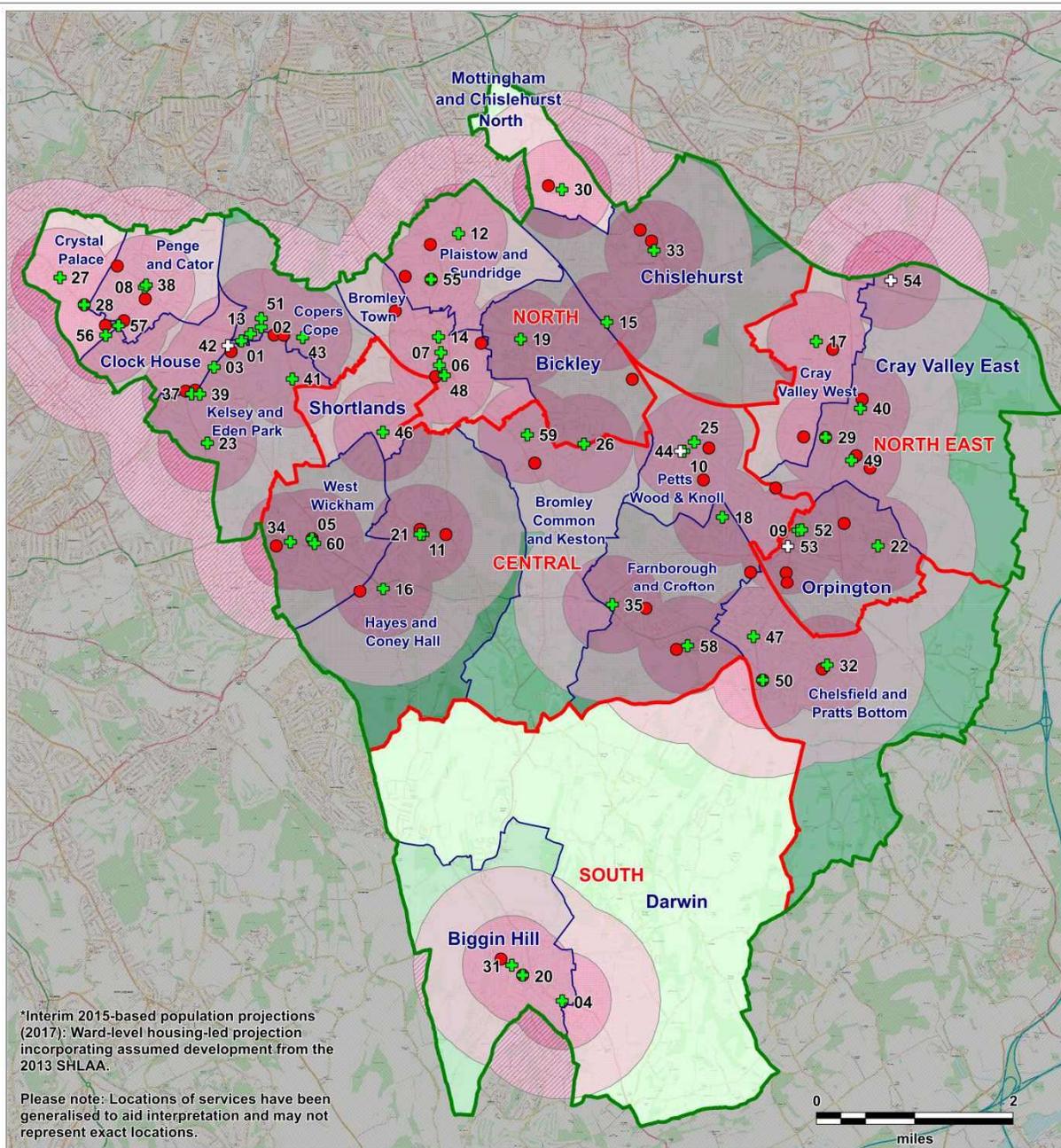
### Pharmaceutical Needs Assessment Map 9 - New Medicine Service

#### Legend

- + Pharmacies
  - + 100 Hour Pharmacies
  - GPs
  - Bromley
  - Bromley Localities
  - Wards
- Distance Buffers**
- 0.5 mile
  - 1 mile
- \*No. persons aged 65+**
- > 3,190
  - 2,661 - 3,190
  - 2,131 - 2,660
  - 1,601 - 2,130
  - < 1,600

#### Bromley Pharmacies

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>01 Beckenham Pharmacy - BR3 1AH</li> <li>02 Beckenham Pharmacy - BR3 1ED</li> <li>03 Blackwells Chemist - BR3 3PS</li> <li>04 Boots - TN16 3JZ</li> <li>05 Boots - BR4 0PU</li> <li>06 Boots - BR1 1UJ</li> <li>07 Boots - BR1 1HD</li> <li>08 Boots - SE20 7EX</li> <li>09 Boots - BR6 0LS</li> <li>10 Boots - BR5 1DQ</li> <li>11 Boots - BR2 7EQ</li> <li>12 Boots - BR1 5AB</li> <li>13 Boots - BR3 1EW</li> <li>14 Caxton Pharmacy - BR1 1RL</li> <li>15 Chislehurst Pharmacy - BR7 5NP</li> <li>16 Coney Hall Pharmacy - BR4 9JB</li> <li>17 Cray Hill Pharmacy - BR5 2RG</li> <li>18 Crofton Pharmacy - BR6 8DG</li> <li>19 Day Lewis Pharmacy - BR1 2RG</li> <li>20 Day Lewis Pharmacy - TN16 3TJ</li> <li>21 Day Lewis Pharmacy - BR2 7EQ</li> <li>22 Eldred Drive Pharmacy - BR5 4PE</li> <li>23 Elmers Pharmacy - BR3 3DY</li> <li>25 Farrants Pharmacy - BR5 1LY</li> <li>26 Gordon Davie Chemist - BR2 8AR</li> <li>27 Hamlet Pharmacy - SE19 2AS</li> <li>28 Kamsons Pharmacy - SE20 8AJ</li> <li>29 Lloydspharmacy - BR5 2DD</li> <li>30 Lloydspharmacy - SE9 4DZ</li> </ul> | <ul style="list-style-type: none"> <li>31 Lloydspharmacy - TN16 3XZ</li> <li>32 Lloydspharmacy - BR6 6EY</li> <li>33 Lloydspharmacy - BR7 5AF</li> <li>34 Lloydspharmacy - BR4 0LT</li> <li>35 Lloydspharmacy - BR6 8NZ</li> <li>37 Lotus Pharmacy - BR3 3RA</li> <li>38 Macks Pharmacy - SE20 7DS</li> <li>39 Macks Pharmacy - BR3 3HN</li> <li>40 Osbon Pharmacy - BR5 3NJ</li> <li>41 Park Langley Pharmacy - BR3 6QH</li> <li>42 Paydens Late Night Pharmacy - BR3 3PR</li> <li>43 Peters Chemist - BR3 5NT</li> <li>44 Petts Wood Pharmacy - BR5 1DQ</li> <li>46 Rowlands Pharmacy - BR2 0TY</li> <li>47 Rowlands Pharmacy - BR6 9LP</li> <li>48 Scotts Pharmacy - BR1 1LF</li> <li>49 Silversands Pharmacy - BR5 4AD</li> <li>50 Stevens Pharmacy - BR6 6BG</li> <li>51 Superdrug Pharmacy - BR3 1AY</li> <li>52 Superdrug Pharmacy - BR6 0PF</li> <li>53 Tesco Instore Pharmacy - BR6 0NH</li> <li>54 Tesco Instore Pharmacy - DA14 5BN</li> <li>55 Touchwood Pharmacy - BR1 4HE</li> <li>56 TT Pharmacy - SE20 7YZ</li> <li>57 United Pharmacy - SE20 7AA</li> <li>58 Village Pharmacy - BR6 7AZ</li> <li>59 Wallace Pring Pharmacy - BR2 9QE</li> <li>60 Westchem Pharmacy - BR4 0PX</li> </ul> |
|--|--|



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## 3.2.3 Advanced Services

### 3.2.3.2 New Medicine Service (NMS)

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

Age	✓	Older people taking multiple medications for long term conditions may benefit from the NMS. People of working age may wish to access this service during extended hours
Disability	✓	The NMS helps to assess & provide support to patients to help improve adherence to medicines e.g. provision of large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering successful NMS reviews
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	NMS may help women who are planning pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision (now and future)

- We wish to see all Bromley pharmacies offering and proactively delivering the service; pharmacies not offering the service should be encouraged to signpost to an alternative pharmacy
- We wish to see more pharmacies offering the NMS during extended hours and/or at weekends, where there is a demand for service provision
- Adopting an integrated approach to service delivery, whereby all pharmacies and prescribers in primary and secondary care work closely together may increase the number of people referred into the service and secure improvements in outcomes for patients

#### The Future

- We anticipate there will be an increase in the number of people requiring NMS as our population ages and as a result of more patients being cared for closer to home
- We believe that there is capacity in the system and that this increased need may be met by our existing network of pharmacies

#### Conclusions

- The NMS has been shown to improve adherence with a newly prescribed medicine; helps to manage medication related risks; and improves outcomes through tackling the following problems<sup>10</sup>:
  - Only 16% people take a new medicine as prescribed
  - 10 days after starting a new medicine, almost one third of patients are non-adherent
  - Up to 20% of hospital admissions are medicines-related and arise as a result of failure or an unintended consequence of the prescribed medicine
- We have determined that the NMS is **necessary** to meet the need for pharmaceutical services:
  - There is published evidence to demonstrate the benefits of the NMS
  - There is good alignment with local strategic priorities, particularly with respect to supporting improved management of long term conditions
  - The service may only be provided by community pharmacies
- 58 (95%) of pharmacies offer the service
- Access to the NMS is good on weekdays (9am–5pm) and Saturdays (9am–12pm)
- We have identified the following current gaps:
  - 3 pharmacies do not offer the NMS. 2 of these have indicated they are prepared to offer this service in the future
  - The average number of NMS per pharmacy is below the London and England averages, although there is variation between the localities; and 2 pharmacies are inactive. This implies there is an opportunity to do more to improve service delivery and patient outcomes
  - Access on weekdays & Saturdays during extended hours and on Sundays is more limited. This may present a constraint for residents with a long term condition, who work full time and who may prefer to visit a pharmacy outside of weekday working hours. Residents have the option of using an alternative pharmacy if their own pharmacy is closed. However, 44.6% of respondents, in our survey, said they prefer to use their regular pharmacy
- Opportunities for improvements, to address these gaps, are set out under “further provision”. An additional pharmacy is not required

## 3.2.3 Advanced Services

### 3.2.3.3 Stoma Appliance Customisation Service (SACS)

#### Overview

- This service involves the customisation of stoma appliances, based on a patient's measurements or a template
- The service aims 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 customisations which may be undertaken

#### The Current Picture

- 8 (13.3%) of the pharmacies advised us, in the contractor questionnaire, that they currently offer the SACS
- The table (next page) provides an overview of the service availability:
  - There is one or more pharmacy in each locality offering the service
  - On weekdays and Saturdays, all 8 pharmacies offering the service are open
  - There is no access to the SACS on a Sunday
  - 31 pharmacies told us they would be willing to offer the service in the future
- Benchmarking (table on the right) has been undertaken to set the provision of SACS into context:
  - The proportion of pharmacies offering SACS in Bromley is above the London average and just below the England average
  - There is variation with respect to the average number of customisations undertaken for England, London and Bromley
  - The average number for Bromley is very low and only 6/8 pharmacies are active
  - NHS Digital data for England shows that areas with DACs tend to have higher levels of activity compared to those with pharmacies alone
- Our analysis of prescribing data (page 67) indicates that out of area pharmacies and DACs may play a significant role in the provision of SACS
- With respect to non-pharmacy providers, stoma customisation is a specialist service and many residents will be supported by the hospital or clinic responsible for their ongoing care

#### Public Survey – Services used in the last 12 months (n = 5,681)

- Only 0.1% (6) respondents had used the stoma customisation service
- In terms of choice of pharmacy, 7.8% said they prefer to use their regular pharmacy; 2.2% would be happy to use an alternative pharmacy; the remainder said the service is not relevant to them (respondents include those who use the service now and those who may need to use the service in the future)

#### The 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

Comparator Area	SACS Service Benchmarking		
	% Pharmacies / DACs offering SACS	No. of customisations	Average No. per Pharmacy / DAC
England	14.7%	1,237,651	715
London	4%	74,422	992
Bromley	13.3%	36	4.5

NHS Digital, General Pharmaceutical Services, England, 2015/16; NHSBSA data 2016/17

### 3.2.3 Advanced Services

#### 3.2.3.3 Stoma Appliance Customisation Service (SACS)

Locality	Ward	Number of Pharmacies offering SACS		
		Weekdays	Saturdays	Sundays
North	Bickley	0	0	0
	Bromley Town	0	0	0
	Chislehurst	1	1	0
	Copers Cope	0	0	0
	Crystal Palace	0	0	0
	Kelsey & Eden Park	1	1	0
	Mottingham and Chislehurst North	0	0	0
	Penge & Cator	0	0	0
	Plaistow and Sundridge	0	0	0
North East	Cray Valley East	1	1	0
	Cray Valley West	0	0	0
	Orpington	0	0	0
Central	Bromley Common & Keston	0	0	0
	Chelsfield & Pratts Bottom	2	2	0
	Farnborough & Crofton	0	0	0
	Hayes & Coney Hall	0	0	0
	Petts Wood & Knoll	1	1	0
	Shortlands	0	0	0
	West Wickham	1	1	0
South	Biggin Hill	1	1	0
<b>Grand Total</b>		<b>8</b>	<b>8</b>	<b>0</b>
<b>Percentage of Total</b>		<b>13.3%</b>	<b>13.3%</b>	<b>0.0%</b>

**Notes**  
There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

## 3.2.3 Advanced Services

### 3.2.3.3 Stoma Appliance Customisation Service (SACS)

#### SACS Provision in Relation to Dispensing

- In order to effectively review provision of SACS, it is necessary to review the dispensing of stoma appliances
- The total number of stoma appliances dispensed against prescriptions issued by Bromley GPs, was 33,002 (Dec 15 – Nov 16 data)
- The table (right) summarises how this breaks down between Bromley and out of area pharmacies and DACs:
  - 39.8% of items were dispensed within Bromley. Pharmacies dispensed anywhere between 1 and 1,902 items
  - 60.2% of items were dispensed outside of the area
- Taking the above into account, it follows that a high proportion of residents will access the SACS outside of the area

Stoma Appliance Dispensing			
		Items	% Total
Bromley Pharmacies	North	6,506	19.7%
	North East	1,697	5.1%
	Central	4,544	13.8%
	South	381	1.2%
	<b>Bromley Total</b>	<b>13,128</b>	<b>39.8%</b>
Out of Area Pharmacies & DACs	>100 items	18,400	55.8%
	<100 items	1,474	4.5%
	<b>Out of Area Total</b>	<b>19,874</b>	<b>60.2%</b>

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

Age	✓	Older people are more likely to have stomas and are more likely to require access to the SACS
Disability	✓	SACS help to assess need and provide support to help people with disabilities to manage their stoma
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering successful SACS
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Due to changes in body shape in pregnancy access to SACS may be required
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Conclusions

- This services aims to ensure the proper and comfortable fitting of the appliance; and to improve the duration of usage, thereby reducing waste
- We have identified that 8 (13.3%) of our pharmacies offer the service. This level of provision is above the England and London averages
- There is availability in all localities; and a choice of pharmacy in the North and Central localities
- Only 6/8 pharmacies are active; each locality has at least one active pharmacy (the Central locality has 3 active pharmacies)
- We have determined that the SACS is not necessary to meet the need for pharmaceutical services but is a **relevant service** which brings improvements:
  - Our analysis shows that residents may choose to access pharmacy or DAC based stoma customisation within or outside the area; or from the hospital or clinic providing their ongoing care. This means that the pharmacy-based services offer improvements in relation to choice and accessibility
  - SACS provide theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved outcomes or value for money
- We are not aware of any dissatisfaction, through complaints or other means. This suggests that current service arrangements are adequate
- We have not identified any current or future gaps

## 3.2.3 Advanced Services

### 3.2.3.4 Appliance Use Reviews (AURs)

#### Overview

- Appliance Use Reviews (AURs) may be provided by community pharmacies and dispensing appliance contractors. They may be carried out by an appropriately trained pharmacist or specialist nurse either within the contractor's premises or in a patient's own home
- The purpose of AURs is to improve a patient's knowledge and use of any 'specified appliance' (box, top right) that they have been prescribed. The pharmacy would normally dispense and undertake a review with a view to improving adherence; and to minimise waste by resolving any issues related to poor or ineffective use of the appliance by the patient
- The number of AURs which may be undertaken is linked to the volume of appliances dispensed i.e. 1/35 of specified appliances

#### The Current Picture

- 7 (11.7%) pharmacies advised us, in the contractor questionnaire, that they offer AURs. The table (next page) provides an overview of service availability:
  - On weekdays and Saturdays there is one or more pharmacy offering the service in all localities apart from the South locality, where no pharmacies offer the service
  - One pharmacy (North locality) offers the service on a Sunday
  - 39 pharmacies said they would be willing to offer the service in the future
- Benchmarking (table on the right) has been undertaken to set the provision of AURs into context:
  - The proportion of Bromley pharmacies offering AURs is significantly higher than the England and London averages
  - There is considerable variation, with respect to the average number of AURs undertaken for England, London and Bromley. NHS Digital data shows that areas with DACs tend to have higher levels of activity compared to those with pharmacies alone
  - Only 1 pharmacy (North East locality) is active in Bromley
  - No reviews were undertaken in patients' homes; this is in contrast with other areas, where there is a high proportion of activity in patients' homes
- Our analysis of prescribing data (page 70) indicates that out of area pharmacies & DACs may play a significant role in the provision of AURs
- With respect to non-pharmacy providers, advice on the use of appliance may be offered by the hospital or clinic responsible for ongoing care

#### Specified Appliances

- Catheter appliances, accessories & maintenance solutions
- Laryngectomy or tracheostomy appliances
- Anal irrigation kits
- Vacuum pump or constrictor rings for erectile dysfunction
- Stoma appliances
- Incontinence appliances

#### Public Survey – Services used in the last 12 months (n = 5,681)

- Only 0.32% (18) respondents had used the AUR
- In terms of choice of pharmacy, 8.7% said they prefer to use their regular pharmacy; 2.6% would be happy to use an alternative pharmacy; the remainder said the service is not relevant to them (respondents include those who use the service now and those who may need to use the service in the future)

#### The Evidence Base

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

Comparator Area	AURs Service Benchmarking				
	% offering AURs	Total No.		Average No. per Pharmacy / DAC	
		Home	Premises	Home	Premises
England	1.2%	30,400	7,407	498	94
London	0.5%	1,194	707	199	177
Bromley	11.7%	0	73	0	10.4

### 3.2.3 Advanced Services

#### 3.2.3.4 Appliance Use Reviews (AURs)

Locality	Ward	Number of Pharmacies offering AURS		
		Weekdays	Saturdays	Sundays
North	Bickley	0	0	0
	Bromley Town	1	1	1
	Chislehurst	1	1	0
	Copers Cope	0	0	0
	Crystal Palace	1	1	0
	Kelsey & Eden Park	1	1	0
	Mottingham and Chislehurst North	1	1	0
	Penge & Cator	0	0	0
	Plaistow and Sundridge	0	0	0
North East	Cray Valley East	1	1	0
	Cray Valley West	0	0	0
	Orpington	0	0	0
Central	Bromley Common & Keston	0	0	0
	Chelsfield & Pratts Bottom	0	0	0
	Farnborough & Crofton	0	0	0
	Hayes & Coney Hall	0	0	0
	Petts Wood & Knoll	0	0	0
	Shortlands	0	0	0
	West Wickham	1	1	0
South	Biggin Hill	0	0	0
<b>Grand Total</b>		<b>7</b>	<b>7</b>	<b>1</b>
<b>Percentage of Total</b>		<b>11.7%</b>	<b>11.7%</b>	<b>1.7%</b>

#### Notes

There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

## 3.2.3 Advanced Services

### 3.2.3.4 Appliance Use Reviews (AURs)

#### AUR Provision in Relation to Dispensing

- We have used dispensing of appliances as a means of exploring provision of AURs
- The total number of appliances (including stoma appliances), dispensed against prescriptions issued by Bromley GPs was 84,262
- The table (right) summarises how this breaks down between Bromley and out of area pharmacies and DACs:
  - 64.3% of items were dispensed within Bromley
  - 35.7% of items were dispensed outside of the area
  - The maximum number of AURs which could be provided to people using appliances was 2,408 (based on 1/35 specified appliances):
    - 1,548 within Bromley
    - 860 outside of the area

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

Age	✓	Older people are more likely to use appliances and are more likely to require access to AURs
Disability	✓	Disabled people are more likely to use appliances and are more likely to require access to AURs. A high proportion of AURs are undertaken in patients' homes; this improves accessibility for those who are less able to get a pharmacy or DAC (this is not the case for Bromley pharmacies)
Gender	✓	Appliance advice may be specific to gender
Race	✓	Language may be a barrier to delivering successful AURs
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Appliance Dispensing

		Items	% Total
Bromley Pharmacies	North	24,627	29.2%
	North East	9,658	11.5%
	Central	17,704	21.0%
	South	2,180	2.6%
	<b>Bromley Total</b>	<b>54,169</b>	<b>64.3%</b>
Out of Area Pharmacies & DACs	>100 items	27,270	32.4%
	<100 items	2,823	3.3%
	<b>Out of Area Total</b>	<b>30,093</b>	<b>35.7%</b>

#### Conclusions

- The aim of AURs is to improve knowledge and use of 'specified appliances' with a view to improving outcomes and reducing waste
- In Bromley, 7 pharmacies offer the AUR service; this level of provision is significantly above the England and London averages
- One or more pharmacies offer the service in all localities apart from the South locality; and there is a limited choice of provider in the North locality
- Only one pharmacy (North East locality) is active
- We have concluded that the AURs service is not necessary to meet the need for pharmaceutical services but is a **relevant service** which brings improvements:
  - Our analysis shows that residents may choose to access pharmacy or DAC based AURs within or outside the area; or from the hospital or clinic providing their ongoing care. This means that the pharmacy and DAC based services offer improvements in relation to choice and accessibility
  - AURs provide theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved outcomes or value for money
- We are not aware of any dissatisfaction, through complaints or other means. This suggests that the current service arrangements are adequate
- We have concluded there are no current or future gaps

## 3.2.3 Advanced Services

### 3.2.3.5 Flu Vaccination

#### Overview

- The service is targeted at patients who are aged 65+ or those aged 18+ who fall into an “at risk” category
- The aim of the service is to:
  - Sustain and maximise uptake of flu vaccination in “at risk” groups by building capacity in community pharmacy as an alternative to general practice
  - Provide more opportunities and improve convenience for eligible patients to access flu vaccinations
  - Reduce variation and provide consistent levels of population coverage for flu vaccination across England
- All participating pharmacies are required to meet the professional and premises requirements set out in the service specification; pharmacists must be authorised by name to work under the patient group direction
- The service was first commissioned in 2015; NHSE has confirmed it will continue in 2017/18

#### The Current Picture

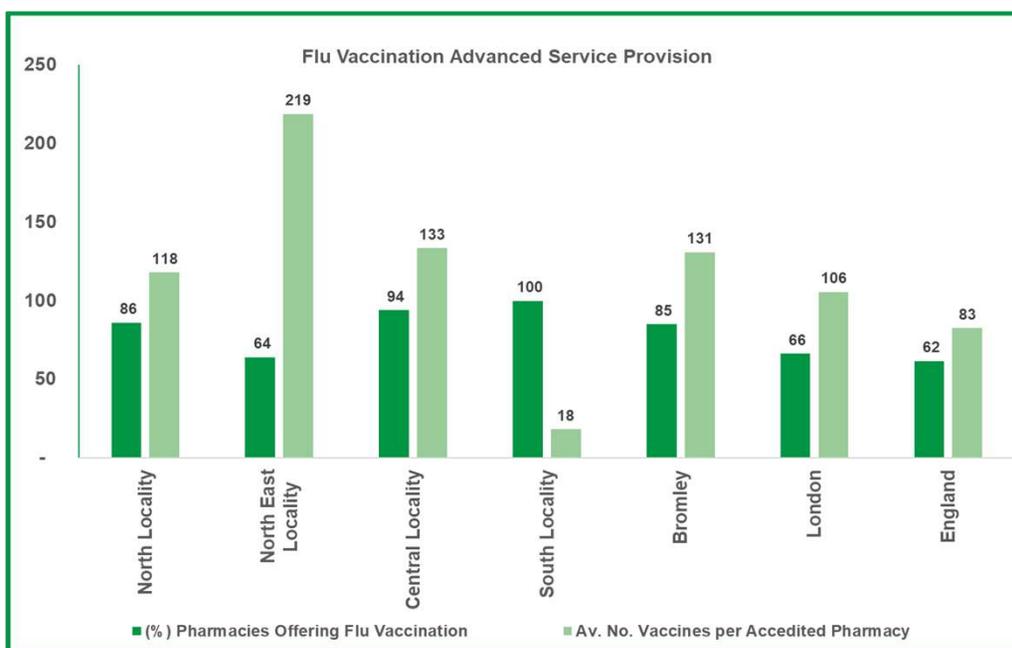
- 51 (85%) of pharmacies offer the flu vaccination advanced service
- 47 pharmacies are active. With respect to the inactive pharmacies, 3 are located in the North locality and 1 in the Central locality
- The table (next page) demonstrates good access and a choice of pharmacy provider on weekdays (9am – 5pm) and on Saturdays (9am – 12pm) in all localities. Access and choice are more limited during extended hours on weekdays and Sundays
- Map 10** shows there is access within a mile for almost all areas of high need (based on those aged 65+, one of the target groups for vaccination)
- The graph (right) compares Bromley with London and England:
  - The proportion of pharmacies accredited to offer the service, and the average number of vaccines administered is above the London and England averages
  - All localities, apart from the South locality, are above average with respect to the number of vaccines administered. This variation generally reflects need (based on the number of people aged 65+)
- Residents may choose to access pharmacy-based flu vaccination services outside of the Bromley HWB area
- Non-pharmacy providers** include GPs and community nurses

#### Public Survey – Services used in the last 12 months (n = 5.681)

- 15.9% of respondents said they had used pharmacy-based vaccination services for flu or pneumonia (cross refer to section 3.2.4.1)

#### The Evidence Base

- In a pilot, pharmacies used ‘PharmOutcomes’ to record vaccinations<sup>18</sup>:
  - 4,192 people were vaccinated (approximately 15% of the total vaccinated)
  - 35% were under 65 & in ‘at risk’ groups (versus 17% by other providers)
  - 19% patients stated vaccination was unlikely without pharmacy access
  - 97% rated the service as ‘excellent’
  - 13% of patients cited issues in obtaining the vaccine from other providers
- A literature review<sup>19</sup> of pharmacy immunisation services demonstrates:
  - 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
  - High user satisfaction with pharmacy based services
  - Support for non-physician immunisation is greater for adults than children
- A systematic review<sup>20</sup> found nurses or pharmacists offering vaccinations & related education increased the likelihood of vaccine uptake. In 2015, pharmacists immunised 500,000+ with no reports of harm



## 3.2.3 Advanced Services

### 3.2.3.5 Flu Vaccination

Locality	Ward	Number of Pharmacies offering the Flu Vaccination Service									
		Weekdays				Saturdays					Sundays
		8am or earlier	9am – 5pm	7pm or later	Closed for lunch	8am or earlier	9am – 12pm	5pm or later	7pm or later	Closed for lunch	
North	Bickley	0	2	1	1	0	2	0	0	0	0
	Bromley Town	1	4	1	0	1	4	4	1	0	2
	Chislehurst	0	2	1	0	0	2	2	0	0	0
	Copers Cope	0	3	0	0	0	3	3	0	0	0
	Crystal Palace	0	2	2	0	0	1	1	0	0	0
	Kelsey & Eden Park	1	6	1	2	1	6	3	1	1	1
	Mottingham and Chislehurst North	0	1	0	0	0	1	1	0	0	0
	Penge & Cator	0	3	1	0	0	3	3	1	0	0
	Plaistow and Sundridge	0	2	1	0	0	2	1	0	0	0
North East	Cray Valley East	1	2	2	0	1	2	2	2	0	2
	Cray Valley West	0	1	0	0	0	1	0	0	0	0
	Orpington	1	4	1	1	1	4	3	1	1	2
Central	Bromley Common & Keston	0	1	0	0	0	1	1	0	0	0
	Chelsfield & Pratts Bottom	0	3	1	0	0	3	2	0	0	0
	Farnborough & Crofton	1	3	1	2	1	3	1	1	1	1
	Hayes & Coney Hall	0	3	2	0	0	3	2	0	0	0
	Petts Wood & Knoll	1	3	2	0	1	3	2	1	0	1
	Shortlands	0	1	0	0	0	1	1	0	0	0
	West Wickham	0	2	1	0	0	2	2	0	0	1
South	Biggin Hill	2	3	2	0	1	2	2	1	0	1
<b>Grand Total</b>		<b>8</b>	<b>51</b>	<b>20</b>	<b>6</b>	<b>7</b>	<b>49</b>	<b>36</b>	<b>9</b>	<b>3</b>	<b>11</b>
<b>Percentage of Total</b>		<b>13.3%</b>	<b>85.0%</b>	<b>33.3%</b>	<b>10.0%</b>	<b>11.7%</b>	<b>81.7%</b>	<b>60.0%</b>	<b>15.0%</b>	<b>5.0%</b>	<b>18.3%</b>

#### Notes

There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

Some pharmacies close early (Wednesdays: 4 pharmacies close at 1pm and 1 pharmacy closes at 4pm; Thursday: 1 pharmacy closes at 1pm). Refer to Appendix G for full details

### Pharmaceutical Needs Assessment Map 10 - Flu Vaccination Advanced Service

#### Legend

- + Pharmacies
- + 100 Hour Pharmacies
- GPs
- Bromley
- Bromley Localities
- Wards

#### Distance Buffers

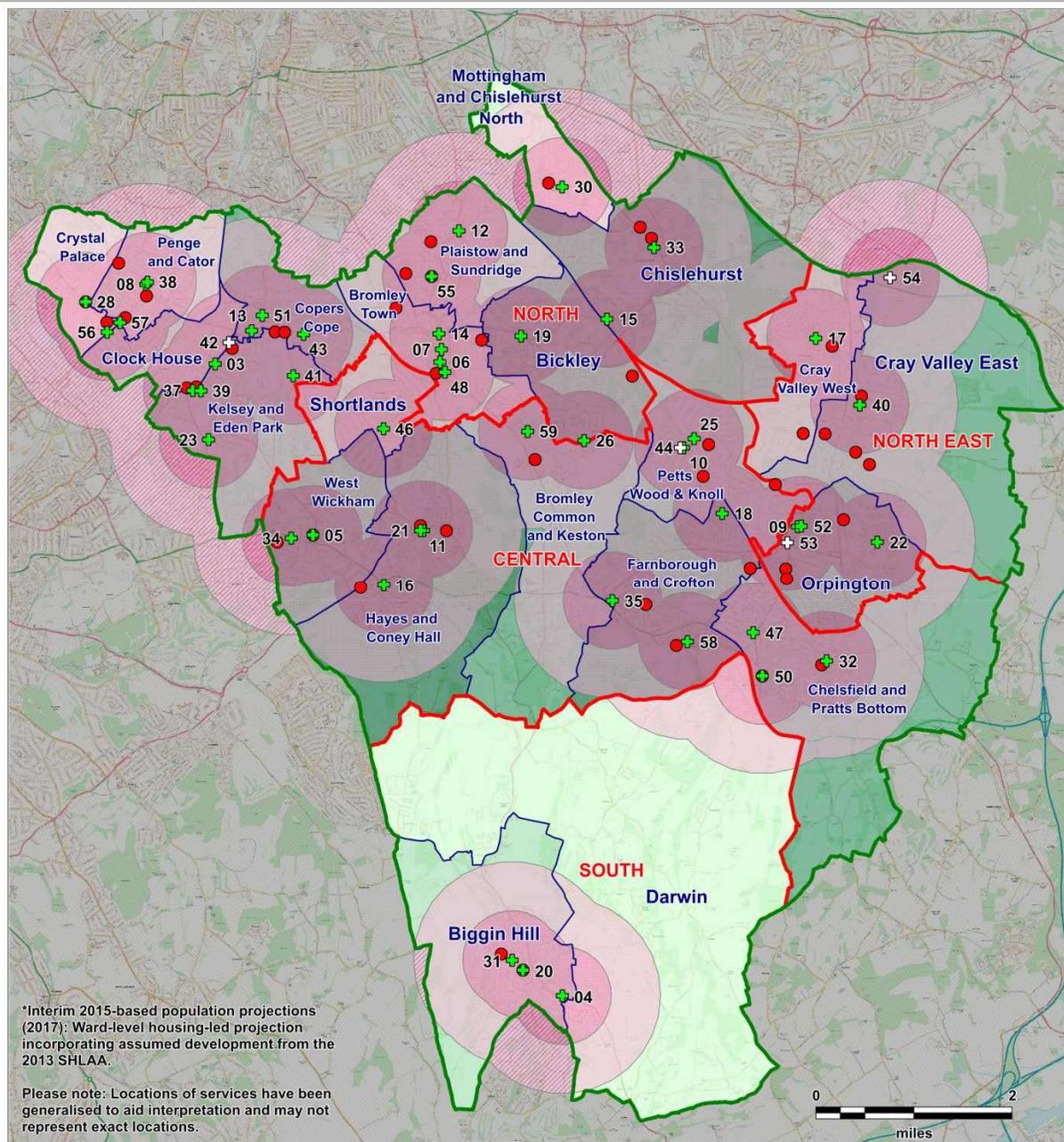
- 0.5 mile
- 1 mile

#### \*No. persons aged 65+

- > 3,190
- 2,661 - 3,190
- 2,131 - 2,660
- 1,601 - 2,130
- < 1,600

#### Bromley Pharmacies

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>03 Blackwells Chemist - BR3 3PS</li> <li>04 Boots - TN16 3JZ</li> <li>05 Boots - BR4 0PU</li> <li>06 Boots - BR1 1JY</li> <li>07 Boots - BR1 1HD</li> <li>08 Boots - SE20 7EX</li> <li>09 Boots - BR6 0LS</li> <li>10 Boots - BR5 1DQ</li> <li>11 Boots - BR2 7EQ</li> <li>12 Boots - BR1 5AB</li> <li>13 Boots - BR3 1EW</li> <li>14 Caxton Pharmacy - BR1 1RL</li> <li>15 Chislehurst Pharmacy - BR7 5NP</li> <li>16 Coney Hall Pharmacy - BR4 9JB</li> <li>17 Cray Hill Pharmacy - BR5 2RG</li> <li>18 Crofton Pharmacy - BR6 8DG</li> <li>19 Day Lewis Pharmacy - BR1 2RG</li> <li>20 Day Lewis Pharmacy - TN16 3TJ</li> <li>21 Day Lewis Pharmacy - BR2 7EQ</li> <li>22 Eldred Drive Pharmacy - BR5 4PE</li> <li>23 Elmers Pharmacy - BR3 3DY</li> <li>25 Farrants Pharmacy - BR5 1LY</li> <li>26 Gordon Davie Chemist - BR2 8AR</li> <li>28 Kamsons Pharmacy - SE20 6AJ</li> <li>30 Lloydspharmacy - SE9 4DZ</li> <li>31 Lloydspharmacy - TN16 3XZ</li> </ul> | <ul style="list-style-type: none"> <li>32 Lloydspharmacy - BR6 6EY</li> <li>33 Lloydspharmacy - BR7 5AF</li> <li>34 Lloydspharmacy - BR4 0LT</li> <li>35 Lloydspharmacy - BR6 8NZ</li> <li>37 Lotus Pharmacy - BR3 3RA</li> <li>38 Macks Pharmacy - SE20 7DS</li> <li>39 Macks Pharmacy - BR3 3HN</li> <li>40 Osbon Pharmacy - BR5 3NJ</li> <li>41 Park Langley Pharmacy - BR3 6QH</li> <li>42 Paydens Late Night Pharmacy - BR3 3PR</li> <li>43 Peters Chemist - BR3 5NT</li> <li>44 Petts Wood Pharmacy - BR5 1DQ</li> <li>46 Rowlands Pharmacy - BR2 0TY</li> <li>47 Rowlands Pharmacy - BR6 9LP</li> <li>48 Scotts Pharmacy - BR1 1LF</li> <li>50 Stevens Pharmacy - BR6 6BG</li> <li>51 Superdrug Pharmacy - BR3 1AY</li> <li>52 Superdrug Pharmacy - BR6 0PF</li> <li>53 Tesco Instore Pharmacy - BR6 0NH</li> <li>54 Tesco Instore Pharmacy - DA14 5BN</li> <li>55 Touchwood Pharmacy - BR1 4HE</li> <li>56 TT Pharmacy - SE20 7YZ</li> <li>57 United Pharmacy - SE20 7AA</li> <li>58 Village Pharmacy - BR6 7AZ</li> <li>59 Wallace Pring Pharmacy - BR2 9QE</li> </ul> |
|--|---|



Contains Ordnance Survey data © Crown copyright and database right 2017. Map produced by Apogee Data Consulting Ltd.

## 3.2.3 Advanced Services

### 3.2.3.5 Flu Vaccination

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

Age	✓	The service is available to those aged 65+ and “at risk” adults aged 18+; Under 18s are currently excluded but are eligible to access the London Pharmacy Vaccination Service. People of working age may wish to access the service during extended hours
Disability	✓	Pharmacy services may be more accessible and convenient for people with a physical disability
Gender	✗	No specific needs identified
Race	✓	BAME people are more likely to be in the “at risk” groups
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	The service is available to women who are pregnant
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision / Improvements

- Uptake of seasonal influenza vaccination is below the DH targets and the England averages for those aged 65+; and below the England and London average for other “at risk” groups. Therefore, we wish to see:
  - All Bromley pharmacies accredited to offer this service
  - Pharmacies adopting a proactive approach to targeting “at risk” patients for vaccination
- We would like to see more pharmacies, which open during extended hours and/or at weekends, offering this service particularly where there is a demand for service provision e.g. in those localities where there is a high proportion of people who work full time and who may wish to access services outside of working hours

#### The Future

- We anticipate there will be an increase in the number of people requiring flu vaccination as a result of population growth & changes in ethnic mix
- We believe that there is capacity in the system and that this increased need may be met by our existing network of pharmacies

#### Conclusions

- The Flu Vaccination Advanced Service aims to improve the uptake of immunisation in adult patients (aged 18+) who fall into an “at risk” category either as a result of their age or a clinical condition; and to establish community pharmacy as an alternative provider to general practice
- We have concluded that this service is **necessary** to meet the need for pharmaceutical services:
  - There is published evidence to support the role of community pharmacy in delivering immunisation services and educational interventions to increase vaccine uptake
  - The service will facilitate Bromley to achieve DH vaccination targets and improve uptake of seasonal influenza vaccine, in all “at risk” groups; as such, it fits with the local focus on prevention and improving quality of life and wellbeing for those with long term conditions
  - Whilst community pharmacy is one of a range of providers offering vaccination, there are potentially benefits in terms of access and choice, particularly for those pharmacies which are open during extended hours on weekdays and at weekends
- 51 pharmacies offer the service; and 47 of these are active
- Service provision, in terms of vaccine administration, generally aligns with need
- We have identified the following current gaps:
  - 9 pharmacies do not offer the service; 8 of these have indicated they would be prepared to offer this service in the future
  - Access on weekdays & Saturdays during extended hours and on Sundays is more limited. This may present a constraint for residents with a long term condition, who work full time and who may prefer to visit a pharmacy outside of weekday working hours
  - 4 pharmacies are inactive; 3 of these are located in the North locality and 1 in the Central locality; these are areas with higher need
- Opportunities for improvements, to address these gaps, are set out under “further provision”. An additional pharmacy is not required

## 3.2.4 Enhanced Services

### 3.2.4.1 London Pharmacy Vaccination Service

#### Overview

- The aim of an immunisation programme is to minimise the health impact of disease through effective prevention
- The service has been established to deliver population-wide evidence based immunisation programmes with a view to:
  - Ensuring timely delivery of immunisations to achieve optimum coverage for the target population
  - Promote a choice of provider for patients and facilitate the “*Every Contact Counts*” approach by offering co-administration where an individual is eligible for two or more vaccinations under different immunisation programmes
  - Improving access to vaccination services
  - Provides a mechanism to ensure that all “at risk” patients have access to the seasonal influenza vaccine e.g. in the event that there are delays in the start of the Flu Vaccination Advanced service (refer to section 3.2.3.5)
- The scope of service (2017/18) includes the following portfolio:
  - Seasonal influenza vaccination for patient cohorts outside of those covered by the flu vaccination advanced service
  - Pneumococcal polysaccharide vaccine (PPV)
  - Meningococcal group A, C, W and Y conjugate vaccine (MenACWY - Nimenrix® Brand)

#### The Current Picture

- 42 (70%) of pharmacies are commissioned to provide the service
- In our contractor questionnaire, we didn't identify any additional pharmacies who would be willing to provide this service in the future
- The table (next page) summarises the availability of services:
  - There is reasonable access and a choice of pharmacy on weekdays (9am - 5pm); and on Saturdays (9am – 12pm) in all localities apart from the South locality where no pharmacies have been commissioned
  - Access and choice are more limited during extended hours on weekdays and Saturdays; and also on Sundays
- **Map 11** provides an overview of the distribution of pharmacies. This shows that residents in two localities may have to travel to access the service: up to 5 miles in the South locality and up to 2 miles in the NE locality
- Residents may access this service from other London pharmacies
- **Non Pharmacy providers:** include GP surgeries and community nurses

#### Provider Criteria

- The service specifications sets out the criteria, which include:
  - The pharmacy must be signed up to the Flu Vaccination Advanced Service
  - There must be a designated consultation room, NHSE approved area or alternative premises for offsite vaccinations (only with NHSE approval)
  - Systems are required for safe storage of vaccine, maintenance of the cold chain, safe disposal of sharps and clinical waste and infection control
  - The service must be provided by an accredited, trained pharmacist working under the relevant (and signed) patient group direction for each vaccination
  - The pharmacist must complete the “Declaration of Competence self assessment framework and statement of declaration for immunisation services” via CPPE, “every 2 years; a basic life support training course for adults and children from 2 years; maintain knowledge appropriate to their clinical practice including developing skills for all vaccinations included in the service scope
  - The pharmacist must able to vaccinate 20+ people
  - The provider must have access to the current Resuscitation Council UK Anaphylaxis Algorithm and must maintain a minimum stock of epinephrine
  - Pharmacist must be aware of the need to have hepatitis B vaccination
  - Standard operating procedures must be available
  - All pharmacy staff must be trained on the operation of the scheme, with full details available for locum pharmacists
  - To facilitate communication with GPs, all vaccinations must be uploaded onto Sonar within 24 hours (48 hours at weekends / public holidays)

#### The Evidence Base

- In a pilot, pharmacies used ‘PharmOutcomes’ to record vaccinations<sup>18</sup>:
  - 4,192 people were vaccinated (approximately 15% of the total vaccinated)
  - 35% were under 65 & in ‘at risk’ groups (versus 17% by other providers)
  - 19% patients stated vaccination was unlikely without pharmacy access
  - 97% rated the service as ‘excellent’
  - 13% of patients cited issues in obtaining the vaccine from other providers
- A literature review<sup>19</sup> of pharmacy immunisation services demonstrates:
  - 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
  - High user satisfaction with pharmacy-based services
  - Support for non-physician immunisation is greater for adults than children
- A systematic review<sup>20</sup> found that nurses or pharmacists offering vaccinations & related education increased the likelihood of vaccine uptake. In 2015, 500,000+ patients were immunised by pharmacists

## 3.2.4 Enhanced Services

### 3.2.4.1 London Pharmacy Vaccination Service

Locality	Ward	Number of Pharmacies offering the London Pharmacy Vaccination Service									
		Weekdays				Saturdays					Sundays
		8am or earlier	9am – 5pm	7pm or later	Closed for lunch	8am or earlier	9am – 12pm	5pm or later	7pm or later	Closed for lunch	
North	Bickley	0	2	1	1	0	2	0	0	0	0
	Bromley Town	1	4	1	0	1	4	4	1	0	2
	Chislehurst	0	2	1	0	0	2	2	0	0	0
	Copers Cope	0	3	0	0	0	3	3	0	0	0
	Crystal Palace	0	1	1	0	0	0	0	0	0	0
	Kelsey & Eden Park	1	6	1	2	1	6	3	1	1	1
	Mottingham and Chislehurst North	0	1	0	0	0	1	1	0	0	0
	Penge & Cator	0	3	1	0	0	3	3	1	0	0
North East	Plaistow and Sundridge	0	1	1	0	0	1	0	0	0	0
	Cray Valley East	1	2	2	0	1	2	2	2	0	2
	Cray Valley West	0	1	0	0	0	1	0	0	0	0
Central	Orpington	1	4	1	1	1	4	3	1	1	2
	Bromley Common & Keston	0	1	0	0	0	1	1	0	0	0
	Chelsfield & Pratts Bottom	0	1	0	0	0	1	0	0	0	0
	Farnborough & Crofton	1	3	1	2	1	3	1	1	1	1
	Hayes & Coney Hall	0	2	2	0	0	2	2	0	0	0
	Petts Wood & Knoll	1	2	1	0	1	2	1	1	0	1
	Shortlands	0	1	0	0	0	1	1	0	0	0
South	West Wickham	0	2	1	0	0	2	2	0	0	1
	Biggin Hill	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>		<b>6</b>	<b>42</b>	<b>15</b>	<b>6</b>	<b>6</b>	<b>41</b>	<b>29</b>	<b>8</b>	<b>3</b>	<b>10</b>
<b>Percentage of Total</b>		<b>10.0%</b>	<b>70.0%</b>	<b>25.0%</b>	<b>10.0%</b>	<b>10.0%</b>	<b>68.3%</b>	<b>48.3%</b>	<b>13.3%</b>	<b>5.0%</b>	<b>16.7%</b>

#### Notes

There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

Some pharmacies close early (Wednesdays: 4 pharmacies close at 1pm and 1 pharmacy closes at 4pm; Thursday: 1 pharmacy closes at 1pm). Refer to Appendix G for full details

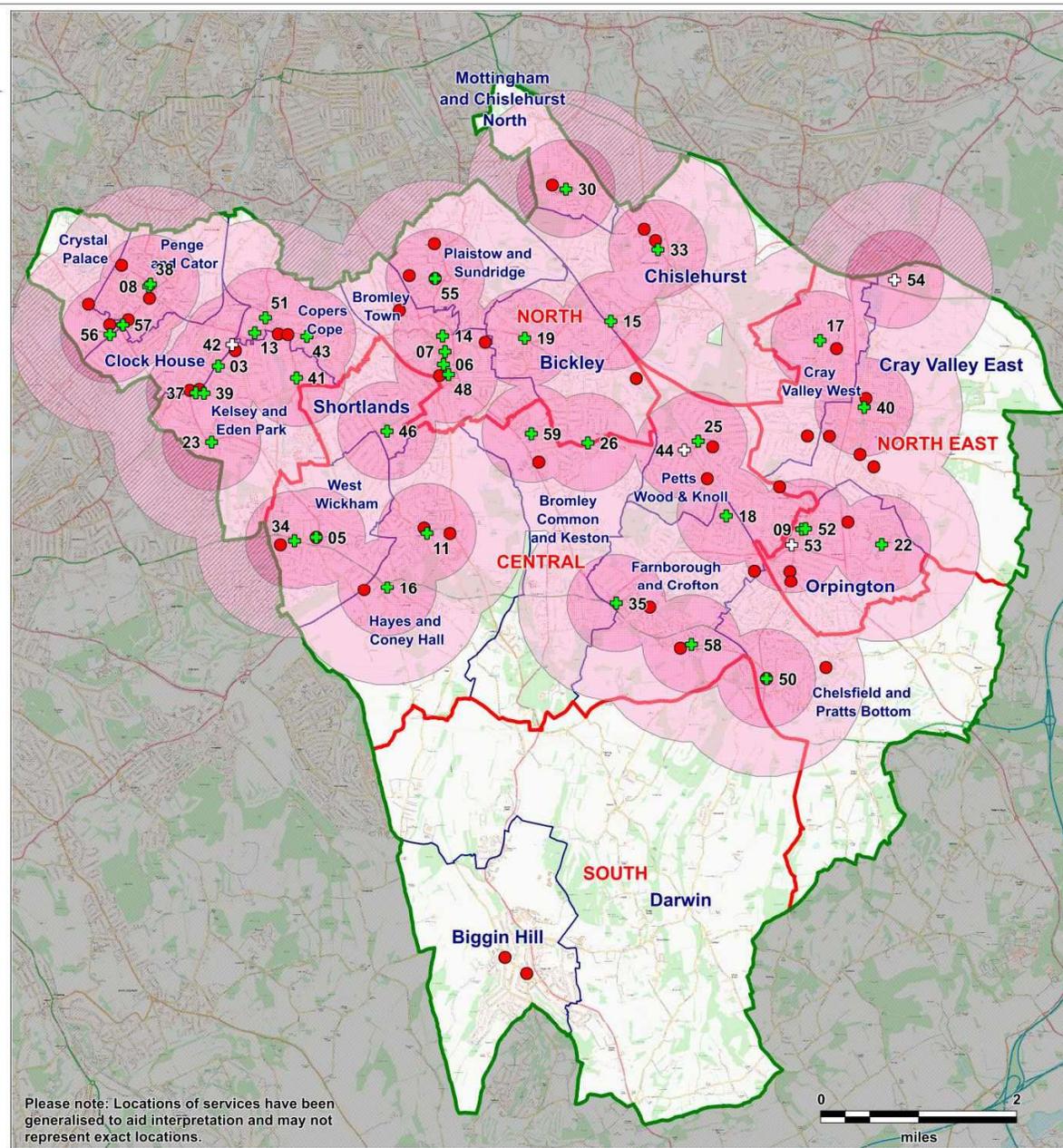
### Pharmaceutical Needs Assessment Map 11 - London Pharmacy Vaccination Service

#### Legend

- + Pharmacies
- + 100 Hour Pharmacies
- GPs
- Bromley
- Bromley Localities
- Wards
- 0.5 mile
- 1 mile

#### Bromley Pharmacies

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>03 Blackwells Chemist - BR3 3PS</li> <li>05 Boots - BR4 0PU</li> <li>06 Boots - BR1 1JY</li> <li>07 Boots - BR1 1HD</li> <li>08 Boots - SE20 7EX</li> <li>09 Boots - BR6 0LS</li> <li>11 Boots - BR2 7EQ</li> <li>13 Boots - BR3 1EW</li> <li>14 Caxton Pharmacy - BR1 1RL</li> <li>15 Chislehurst Pharmacy - BR7 5NP</li> <li>16 Coney Hall Pharmacy - BR4 9JB</li> <li>17 Cray Hill Pharmacy - BR5 2RG</li> <li>18 Crofton Pharmacy - BR6 8DG</li> <li>19 Day Lewis Pharmacy - BR1 2RG</li> <li>22 Eldred Drive Pharmacy - BR5 4PE</li> <li>23 Elmers Pharmacy - BR3 3DY</li> <li>25 Farrants Pharmacy - BR5 1LY</li> <li>26 Gordon Davie Chemist - BR2 8AR</li> <li>30 Lloydspharmacy - SE9 4DZ</li> <li>33 Lloydspharmacy - BR7 5AF</li> <li>34 Lloydspharmacy - BR4 0LT</li> </ul> | <ul style="list-style-type: none"> <li>35 Lloydspharmacy - BR6 8NZ</li> <li>37 Lotus Pharmacy - BR3 3RA</li> <li>38 Macks Pharmacy - SE20 7DS</li> <li>39 Macks Pharmacy - BR3 3HN</li> <li>40 Osbon Pharmacy - BR5 3NJ</li> <li>41 Park Langley Pharmacy - BR3 6QH</li> <li>42 Paydens Late Night Pharmacy - BR3 3PR</li> <li>43 Peters Chemist - BR3 5NT</li> <li>44 Petts Wood Pharmacy - BR5 1DQ</li> <li>46 Rowlands Pharmacy - BR2 0TY</li> <li>48 Scotts Pharmacy - BR1 1LF</li> <li>50 Stevens Pharmacy - BR6 6BG</li> <li>51 Superdrug Pharmacy - BR3 1AY</li> <li>52 Superdrug Pharmacy - BR6 0PF</li> <li>53 Tesco Instore Pharmacy - BR6 0NH</li> <li>54 Tesco Instore Pharmacy - DA14 5BN</li> <li>55 Touchwood Pharmacy - BR1 4HE</li> <li>56 TT Pharmacy - SE20 7YZ</li> <li>57 United Pharmacy - SE20 7AA</li> <li>58 Village Pharmacy - BR6 7AZ</li> <li>59 Wallace Pring Pharmacy - BR2 9QE</li> </ul> |
|--|--|



Please note: Locations of services have been generalised to aid interpretation and may not represent exact locations.



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Map produced by Apogee Data Consulting Ltd.

## 3.2.4 Enhanced Services

### 3.2.4.1 London Pharmacy Vaccination Service

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

Age	✓	Each vaccine is targeted at specific cohorts of patients: <ul style="list-style-type: none"> <li>Flu: “At risk” patients aged of 2 – 17</li> <li>PPV: Those aged 65+ years; “At risk” patients aged 2+ years</li> <li>MenACWY vaccine: Those aged 18-25 years</li> </ul> People of working age may wish to access the service during extended hours
Disability	✓	Pharmacy services may be more accessible people with a physical disability; pharmacists may administer the vaccines to housebound patients in their homes (subject to NHSE approval)
Gender	✗	No specific needs identified
Race	✓	BAME people are more likely to be in the “at risk” groups for flu and pneumococcal vaccine
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	The service is available to women who are pregnant, in the event that the advanced flu service is delayed
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision / Improvements

- We would like to see the service commissioned from more Bromley pharmacies in order to improve:
  - Flu vaccination rates in “at risk” patients aged 2 – 64 years (uptake in Bromley is below DH targets and the England and London averages) and PPV uptake (below London and England averages)
  - Access to the service in the South locality
  - Access & choice, during extended hours on weekdays and/or at weekends, where there is a demand for service provision e.g. in those localities where there is a high proportion of people who work full time and who may wish to access services outside of working hours

#### The Future

- NHS England has advised that they may wish to broaden the current portfolio of vaccines (subject to establishing appropriate logistics)
- It would be helpful to understand why some pharmacies do not wish to provide this service, with a view to addressing concerns and improving access

#### Conclusions

- The service aims improve the uptake of immunisation, to provide a choice of provider and to facilitate implementation of “Every Contact Counts” by offering co-administration of different vaccines, where these are clinically indicated. The scope of the service currently includes seasonal influenza vaccine, pneumococcal polysaccharide vaccine and meningococcal group A, C, W and Y conjugate vaccine
- We have concluded that this service is **necessary** to meet the need for pharmaceutical services: There is published evidence to support the role of community pharmacy in delivering immunisation services and educational interventions to increase vaccine uptake
  - The service will facilitate Bromley to improve uptake of flu, PPV and MenACWY vaccine; this fits with the local focus on prevention and improving quality of life & wellbeing for those with long term conditions
  - Whilst community pharmacy is one of a range of providers offering the vaccinations, there are potential benefits in terms of access and choice, particularly for those pharmacies which are open during extended hours on weekdays and at weekends
- 42 pharmacies are commissioned to provide the service
- We have identified the following current gaps:
  - 18 pharmacies do not provide the service. All have indicated that they aren’t willing to offer the service in the future
  - There is no access in the South locality and residents have to travel up to 5 miles if they wish to access this service
  - Access and choice, on weekdays & Saturdays during extended hours and on Sundays is more limited; This may present a constraint for people who work full time and who may prefer to visit a pharmacy on a weekday evening or at the weekend for their vaccination(s)
- Opportunities for improvements, to address these gaps, are set out under “further provision”. An additional pharmacy is not required

## 3.3 Locally Commissioned Services

### 3.3.1 Overview & Healthy Living Programme

#### Overview

- Regulations 4(1); 5a and 5b<sup>1</sup> require that the HWB considers how other NHS services affect the need for pharmaceutical services or where further provision would secure improvements or better access
- Within our PNA, we look at this from two perspectives:
  - a. Firstly, we review how other NHS services impact upon pharmaceutical need (this has been systematically considered throughout the PNA)
  - b. Secondly, we have made an assessment of services which have been directly commissioned from pharmacy. In Bromley this includes a detailed review of the following locally commissioned services:
    - Tailored Dispensing Service
    - Needle and Syringe Exchange Service
    - Supervised Administration of Opiates
    - Integrated Sexual Health Service
- The Healthy Living Pharmacy programme is of relevance to the commissioning of locally commissioned services. The box (right) provides a brief overview of this programme
- In undertaking our assessment of locally commissioned services, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out current and future gaps and identifying areas for further improvement
- We have also found it helpful to consider whether or not a locally commissioned service is necessary to meet the need for pharmaceutical services; or if we believe the service is relevant in that it secures improvements in access or choice
- It should be noted that applications to provide NHS Pharmaceutical Services **must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services). They should not be submitted solely on the basis of gaps identified for locally commissioned services

#### Healthy Living Pharmacy (HLP) Programme

- The HLP Programme aims to create an ethos which puts the local community's health and wellbeing at the heart of everything the pharmacy team does; it supports reducing health inequalities and preventing ill health by:
  - Promoting healthy living
  - Providing wellbeing advice and services
  - Supporting people to self-care and manage long-term conditions
- The HLP programme was not previously rolled out to Bromley pharmacies, however, this is now part of the Quality Payment Scheme (QPS)
- The framework is underpinned by three enablers:
  - Workforce development - a skilled team to proactively support and promote behaviour change, with a view to improving health and wellbeing
  - Premises which are fit for purpose
  - Engagement with the local community & other health professionals (especially GPs), social care, public health professionals and local authorities
- The HLP concept aims to provide a framework for commissioning services via 3 levels of increasing complexity and expertise:
  - Level 1 – Promotion: “Promoting health, wellbeing and self-care”; this level requires self-assessment by pharmacies against criteria defined by Public Health England; it is one of the requirements to achieve a payment under the QPS in 2017/18
  - Level 2 – Prevention: “Providing services” (commissioner-led)
  - Level 3 – Protection: “Providing treatment” (commissioner-led)

#### The Evidence Base

- The HLP concept has been shown to improve service delivery, increase improvements against quality measures and outcomes; and behaviour change<sup>21, 22</sup>. For example:
  - Higher quit rates for stop smoking services<sup>21, 22</sup>
  - Higher MUR and NMS activity levels<sup>21, 22</sup>
  - With respect to service users, 21% would have done nothing if they hadn't accessed an HLP; 61% would have gone to their GP instead; 98% would recommend the service to others<sup>21</sup>

## 3.3 Locally Commissioned Services

### 3.3.2 Tailored Dispensing Service

#### Overview

- The Tailored Dispensing Service (TDS) comprises provision of appropriate auxiliary aids, by community pharmacies, to meet patients' personalised needs for support using medicines; as such it supports patients with LTCs to use their prescribed medicines independently and to live in their own homes as long as possible
- Patients registered with a Bromley GP who require a dispensing adjustment are referred into the TDS, by the Medicines Optimisation Service (page 23)
  - For patients assessed as disabled under the Equality Act 2010, the usual community pharmacy provides the auxiliary aid(s) as an essential service
  - For all other patients, referred by the MOS, the auxiliary aid is provided as part of the TDS
- In addition to providing the auxiliary aid, pharmacies are required to counsel patients on the use of the aid; to follow-up patients to assess satisfaction with the solution; to notify the MOS of any changes to the recommended solution; participate in any service related audit organised by the commissioner

#### The Current Picture

- 35 (58.3%) pharmacies have been commissioned to provide the service; a further 11 pharmacies are willing to offer the service in the future
- All of these pharmacies are active
- The table (next page) and **Map 11** (subsequent page) provide an overview of the availability and distribution of the service:
  - There is reasonable access and a choice of pharmacy on weekdays (9am - 5pm); and on Saturdays (9am – 12pm) in all localities
  - Access and choice is very limited during extended hours on weekdays and Saturdays. This is particularly the case in the NE locality when the service is not available at all in the mornings before 8am or in the evenings from 7pm onwards. Similarly, there is no access during extended hours on Saturday in the Central and South localities
  - On Sundays, only one pharmacy offering the service is open; this pharmacy is based in the North locality
- Map 12 demonstrates that the service is accessible, within a mile, for large areas of Bromley; however, some residents in the NE, Central and South localities may have to travel more than a mile to access the service
- Non-pharmacy providers:** Not applicable

#### Public Survey – Services used in the last 12 months (n = 5,681)

- 1.4% of respondents said they had used the tailored dispensing service
- 19.4% would prefer to use their regular pharmacy, and 4.6% would be happy to use an alternative pharmacy, if the service was required in the future; 76% said the service was not relevant to them

#### Provider Criteria

- The service specification sets out the criteria for the service:
  - The service should be available for 100% of the pharmacy's opening hours
  - Staffing levels should be sufficient to ensure that the tailored dispensing solutions and associated education can be provided at all times
  - Source the agreed range of auxiliary aids (refer to box below)
  - The knowledge and skills of staff delivering the service should be updated as part of the normal continuing professional development requirements
  - Acceptable arrangements for clinical governance should be in place; includes ensuring data transfer complies with the Data Protection Act & Caldicott principles; systems for complaints and safety incidents
  - The pharmacy must have a standard operating procedure
  - Electronic records and secure, lockable facilities are required to store patient related documentation for 8 years
  - Adequate professional indemnity insurance should be in place

#### TDS – Auxiliary Aids and Support

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Multi-compartment compliance aids +/- alarm</li> <li>Manageable sized bottles</li> <li>Liquid medicine measure</li> <li>Tablet cutter or crusher</li> <li>De-blistering aid</li> <li>Plain top bottles</li> <li>Winged lids</li> <li>Medication reminder charge</li> <li>Medication tick chart</li> </ul> | <ul style="list-style-type: none"> <li>Large font labels</li> <li>Yellow labels with black font</li> <li>Braille labels</li> <li>Large print sheet (dosing details)</li> <li>Symbol chart</li> <li>Symbol use on labels</li> <li>Haleraid</li> <li>Eye drop aid</li> </ul> |
|--|--|

#### The Evidence Base

- NICE have identified that between one third to a half of medicines prescribed for LTCs are not taken as recommended<sup>23</sup>
- It is reasonable to extrapolate the evidence base, outlined in section 3.2.3.1 (MURs), to the TDS

## 3.3 Locally Commissioned Services

### 3.3.2 Tailored Dispensing Service

Locality	Ward	Number of Pharmacies offering the Tailored Dispensing Service									
		Weekdays				Saturdays					Sundays
		8am or earlier	9am – 5pm	7pm or later	Closed for lunch	8am or earlier	9am – 12pm	5pm or later	7pm or later	Closed for lunch	
North	Bickley	0	2	1	1	0	2	0	0	0	0
	Bromley Town	0	1	0	0	0	1	1	0	0	0
	Chislehurst	0	2	1	0	0	2	2	0	0	0
	Copers Cope	0	2	0	0	0	2	2	0	0	0
	Crystal Palace	0	1	1	0	0	1	1	0	0	0
	Kelsey & Eden Park	1	6	1	2	1	6	3	1	1	1
	Mottingham and Chislehurst North	0	1	0	0	0	1	1	0	0	0
	Penge & Cator	0	2	1	0	0	2	2	1	0	0
	Plaistow and Sundridge	0	0	0	0	0	0	0	0	0	0
North East	Cray Valley East	0	2	0	1	0	2	0	0	0	0
	Cray Valley West	0	1	0	0	0	1	0	0	0	0
	Orpington	0	2	0	1	0	2	1	0	1	0
Central	Bromley Common & Keston	0	1	0	0	0	1	1	0	0	0
	Chelsfield & Pratts Bottom	0	3	1	0	0	3	2	0	0	0
	Farnborough & Crofton	0	2	0	1	0	2	0	0	0	0
	Hayes & Coney Hall	0	2	1	0	0	2	1	0	0	0
	Petts Wood & Knoll	0	1	0	0	0	1	0	0	0	0
	Shortlands	0	1	0	0	0	1	1	0	0	0
	West Wickham	0	1	1	0	0	1	1	0	0	0
South	Biggin Hill	1	2	1	0	0	1	1	0	0	0
<b>Grand Total</b>		<b>2</b>	<b>35</b>	<b>9</b>	<b>6</b>	<b>1</b>	<b>34</b>	<b>20</b>	<b>2</b>	<b>2</b>	<b>1</b>
		<b>3.3%</b>	<b>58.3%</b>	<b>15.0%</b>	<b>10.0%</b>	<b>1.7%</b>	<b>56.7%</b>	<b>33.3%</b>	<b>3.3%</b>	<b>3.3%</b>	<b>1.7%</b>

#### Notes

There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

Some pharmacies close early (Wednesdays: 4 pharmacies close at 1pm and 1 pharmacy closes at 4pm; Thursday: 1 pharmacy closes at 1pm). Refer to Appendix G for full details

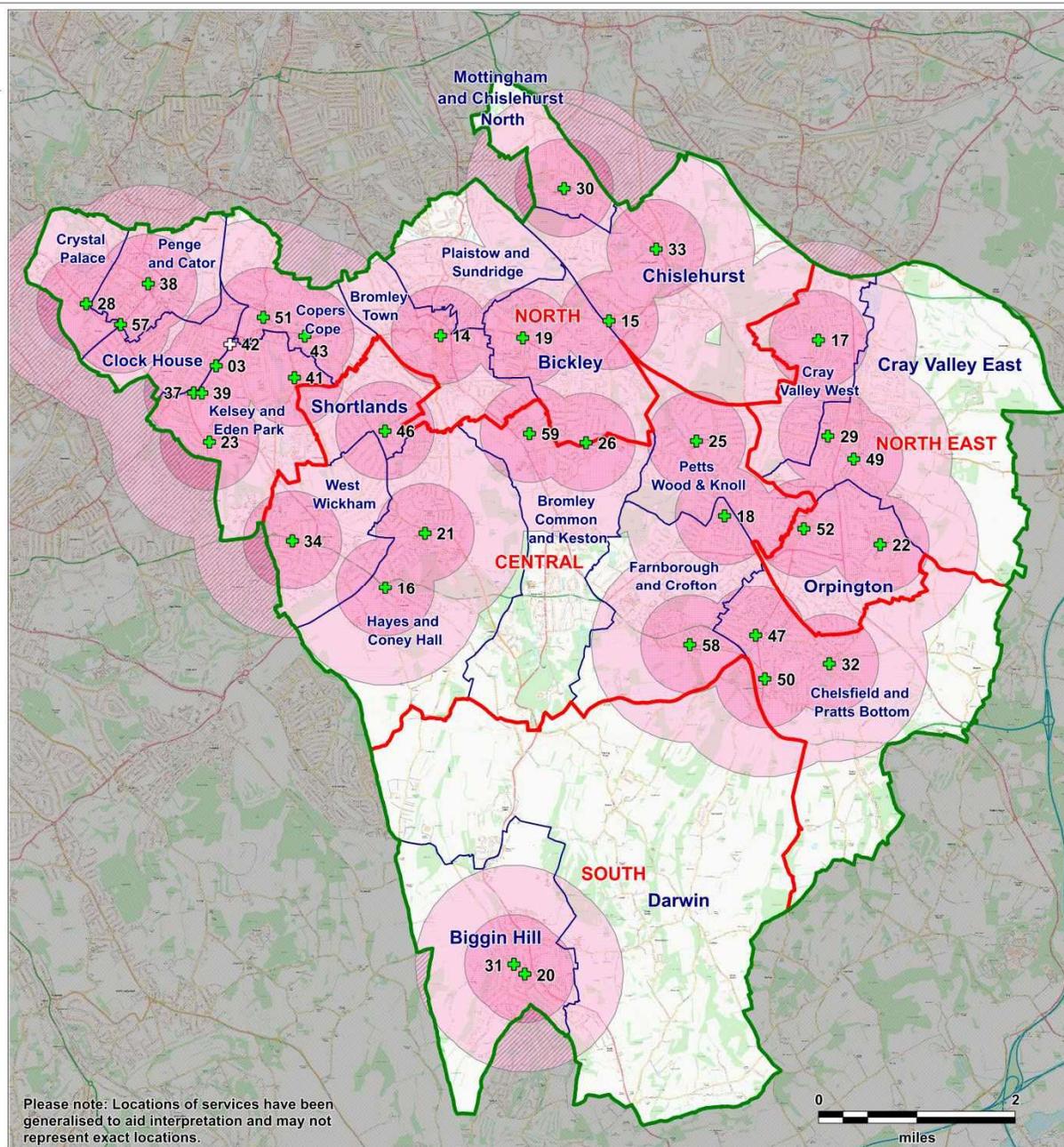
### Pharmaceutical Needs Assessment Map 12 - Tailored Dispensing Service

#### Legend

- + Pharmacies
  - + 100 Hour Pharmacies
  - Bromley
  - Bromley Localities
  - Wards
- Distance Buffers**
- 0.5 mile
  - 1 mile

#### Bromley Pharmacies

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>03 Blackwells Chemist - BR3 3PS</li> <li>14 Caxton Pharmacy - BR1 1RL</li> <li>15 Chislehurst Pharmacy - BR7 5NP</li> <li>16 Coney Hall Pharmacy - BR4 9JB</li> <li>17 Cray Hill Pharmacy - BR5 2RG</li> <li>18 Crofton Pharmacy - BR6 8DG</li> <li>19 Day Lewis Pharmacy - BR1 2RG</li> <li>20 Day Lewis Pharmacy - TN16 3TJ</li> <li>21 Day Lewis Pharmacy - BR2 7EQ</li> <li>22 Eldred Drive Pharmacy - BR5 4PE</li> <li>23 Elmers Pharmacy - BR3 3DY</li> <li>25 Farrants Pharmacy - BR5 1LY</li> <li>26 Gordon Davie Chemist - BR2 8AR</li> <li>28 Kamsons Pharmacy - SE20 8AJ</li> <li>29 Lloydspharmacy - BR5 2DD</li> <li>30 Lloydspharmacy - SE9 4DZ</li> <li>31 Lloydspharmacy - TN16 3XZ</li> <li>32 Lloydspharmacy - BR6 6EY</li> </ul> | <ul style="list-style-type: none"> <li>33 Lloydspharmacy - BR7 5AF</li> <li>34 Lloydspharmacy - BR4 0LT</li> <li>37 Lotus Pharmacy - BR3 3RA</li> <li>38 Macks Pharmacy - SE20 7DS</li> <li>39 Macks Pharmacy - BR3 3HN</li> <li>41 Park Langley Pharmacy - BR3 6QH</li> <li>42 Paydens Late Night Pharmacy - BR3 3PR</li> <li>43 Peters Chemist - BR3 5NT</li> <li>46 Rowlands Pharmacy - BR2 0TY</li> <li>47 Rowlands Pharmacy - BR6 9LP</li> <li>49 Silversands Pharmacy - BR5 4AD</li> <li>50 Stevens Pharmacy - BR6 6BG</li> <li>51 Superdrug Pharmacy - BR3 1AY</li> <li>52 Superdrug Pharmacy - BR6 0PF</li> <li>57 United Pharmacy - SE20 7AA</li> <li>58 Village Pharmacy - BR6 7AZ</li> <li>59 Wallace Pring Pharmacy - BR2 9QE</li> </ul> |
|--|--|



Please note: Locations of services have been generalised to aid interpretation and may not represent exact locations.



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## 3.3 Locally Commissioned Services

### 3.3.2 Tailored Dispensing Service

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

Age	✓	Service only available to those aged 18+ years; older people may need more support with their medicines
Disability	✓	<ul style="list-style-type: none"> <li>Advice may need to be tailored for those with learning disabilities and cognitive impairment</li> <li>The service facilitates the provision of a range of aid, to those who fall outside of the Equality Act</li> </ul>
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Summary of Activity (Apr – Dec 2016)

Locality	No. of Active pharmacies	Total Activity	Average Activity per pharmacy	% TDS Activity
North	17	8,610	506	45.5%
North East	5	3,533	707	18.7%
Central	11	5,903	537	31.2%
South	2	881	481	4.7%

#### Activity and Performance

- The table above demonstrates that all pharmacies are active
- Pharmacies commented that there is a lag time between the referral and patients receiving the aid(s); additional information and training and a simplified claims system would be welcome

#### Further Provision

- There is an opportunity to commission the service from a wider range of pharmacies, with a view to improving access during extended hours on weekdays and Saturdays; and on Sundays

#### The Future

- The MOS and TDS are currently being recommissioned. This may result in a change in the number and distribution of pharmacies commissioned to provide the service. The range of aids provided is also under review
- There may be an opportunity to encourage the local hospitals to refer patients with multiple admissions to hospital into the MOS for onward referral to the TDS, where it is identified that an auxiliary aid, or other support, will be beneficial
- There may be an opportunity to expand the role of the TDS service to include supporting the patient review with a view to referring back to the MOS and/or changing or removing the aid

#### Conclusions

- The service provides auxiliary aids and support to patients with LTCs to help them use their prescribed medicines independently and to live in their own homes as long as possible
- We have determined that the TDS is not necessary to meet the need for pharmaceutical services but is a **relevant service** which brings improvements:
  - It provides support, tailored to individual needs, for patients who do not satisfy the Equality Act criteria (i.e. those patients who fall outside of the requirement for essential services) to improve adherence
  - The service supports local priorities to promote independent living, improve management of LTCs and reduce admissions and re-admissions to hospital
- 35 pharmacies have been commissioned to provide the service
- All pharmacies are active
- We have identified the following current gaps:
  - 25 pharmacies do not provide the service. 11 of these have indicated that they are willing to offer the service in the future
  - Access and choice, during extended hours on weekdays & Saturdays is limited; only 1 pharmacy offers the service on a Sunday
  - Some pharmacies do not provide the full range of auxiliary aids and support
- Refer to “Further Provision” & “The Future” for improvement opportunities

## 3.3 Locally Commissioned Services

### 3.3.3 Needle and Syringe Exchange

#### Overview

- This service provides clean injecting equipment and encourages exchange of used needles and syringes. It also includes signposting to other substance misuse services; as well as the provision of information and advice to encourage service users 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 the health of individuals, and the wider public, by reducing the rate of blood-borne infections and drug related deaths by:
  - Reducing the rate of sharing and other high risk injecting behaviours e.g. sharing injecting equipment
  - Promoting safer drug using practices and healthier lifestyles through the provision of information, resources and advice on harm reduction strategies and other health issues
  - Signposting to other agencies where specialist treatment may be obtained; and/or other primary care, health and social services as required
  - Increasing partnership working between pharmacists, GPs and other healthcare professionals

#### The Current Picture

- 9 (15%) pharmacies are commissioned to provide the service
- Map 13** provides an overview of the distribution of these pharmacies, and the table (next page) summarises service availability:
  - The service is available in the North, NE and Central localities; and is aligned with those wards where there are higher numbers of people in treatment for substance misuse i.e. Penge & Cator and the Crays
  - There is a choice of pharmacy on weekdays (9am - 5pm) and Saturday mornings (9am – 12pm) in two localities (North & NE); choice is more limited at other times
  - On Sunday, only two pharmacies offering the service are open; one in the NE locality and the other in the Central locality (this pharmacy is not active)
- 25 additional pharmacies would be willing to offer the service in the future
- 8 pharmacies are active; 90% of services users access the service in the North locality (based on the number of claims)
- Non-pharmacy providers:** Bromley Drug & Alcohol Service:
  - Monday & Friday: 10am – 4:30pm
  - Tuesday & Thursday: 10am – 7:30pm
  - Wednesday: 1:30pm – 4:30pm

#### Public Survey – Services used in the last 12 months (n = 5,681)

- 17 (0.3%) respondents had used the needle and syringe service
- If this service is needed in the future, 7.3% would prefer to use their regular pharmacy; and 2.6% would use any pharmacy

#### Provider Criteria\*

- The pharmacy must display the logo indicating the service is offered
- Pharmacists should undertake regular CPD to keep up to date with needle exchange services; counter staff must have received appropriate training from the pharmacist; and all staff should have received health and safety training relevant to service provision
- The service should be available for a minimum of 6 days a week
- There should be a standard operating procedure which includes a list of other pharmacies offering the service
- Pharmacies must comply with safeguarding standards and applicable clinical governance for the service

\* Provider criteria may be subject to change (refer to full service specification)

#### The Evidence Base

- The effectiveness of Needle and Syringe services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies<sup>19,24</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
- A rapid review of the evidence confirms evidence of effectiveness, safety and cost-effectiveness of needle and syringe programmes<sup>20</sup>

#### Needle & Syringe Claims

Locality	No. of Active Pharmacies	% Activity (No. claims Jan – Aug 17)
North	5	76%
North East	3	24%
Central	0	N/A
South	N/A	N/A

### 3.3 Locally Commissioned Services

#### 3.3.3 Needle and Syringe Exchange

Locality	Ward	Number of Pharmacies offering the Needle & Syringe Exchange Service									
		Weekdays				Saturdays					Sundays
		8am or earlier	9am – 5pm	7pm or later	Closed for lunch	8am or earlier	9am – 12pm	5pm or later	7pm or later	Closed for lunch	
North	Bickley	0	0	0	0	0	0	0	0	0	0
	Bromley Town	0	0	0	0	0	0	0	0	0	0
	Chislehurst	0	0	0	0	0	0	0	0	0	0
	Copers Cope	0	0	0	0	0	0	0	0	0	0
	Crystal Palace	0	2	2	1	0	2	1	0	0	0
	Kelsey & Eden Park	0	1	0	1	0	1	1	0	1	0
	Mottingham and Chislehurst North	0	0	0	0	0	0	0	0	0	0
	Penge & Cator	0	2	1	0	0	2	2	1	0	0
	Plaistow and Sundridge	0	0	0	0	0	0	0	0	0	0
North East	Cray Valley East	0	1	1	0	0	1	1	1	0	1
	Cray Valley West	0	1	0	0	0	1	0	0	0	0
	Orpington	0	1	0	0	0	1	0	0	0	0
Central	Bromley Common & Keston	0	0	0	0	0	0	0	0	0	0
	Chelsfield & Pratts Bottom	0	0	0	0	0	0	0	0	0	0
	Farnborough & Crofton	0	0	0	0	0	0	0	0	0	0
	Hayes & Coney Hall	0	0	0	0	0	0	0	0	0	0
	Petts Wood & Knoll	1	1	1	0	1	1	1	1	0	1
	Shortlands	0	0	0	0	0	0	0	0	0	0
	West Wickham	0	0	0	0	0	0	0	0	0	0
South	Biggin Hill	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>		<b>1</b>	<b>9</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>2</b>
<b>Percentage of Total</b>		<b>1.7%</b>	<b>15.0%</b>	<b>8.3%</b>	<b>3.3%</b>	<b>1.7%</b>	<b>15.0%</b>	<b>10.0%</b>	<b>5.0%</b>	<b>1.7%</b>	<b>3.3%</b>

#### Notes

There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

Some pharmacies close early (Wednesdays: 4 pharmacies close at 1pm and 1 pharmacy closes at 4pm; Thursday: 1 pharmacy closes at 1pm). Refer to Appendix G for full details

### Pharmaceutical Needs Assessment Map 13 - Substance Misuse Services - Needle Exchange

#### Legend

- + Pharmacies
- + 100 Hour Pharmacies
- ▲ Bromley Drug and Alcohol Service
- Bromley
- Bromley Localities
- Wards

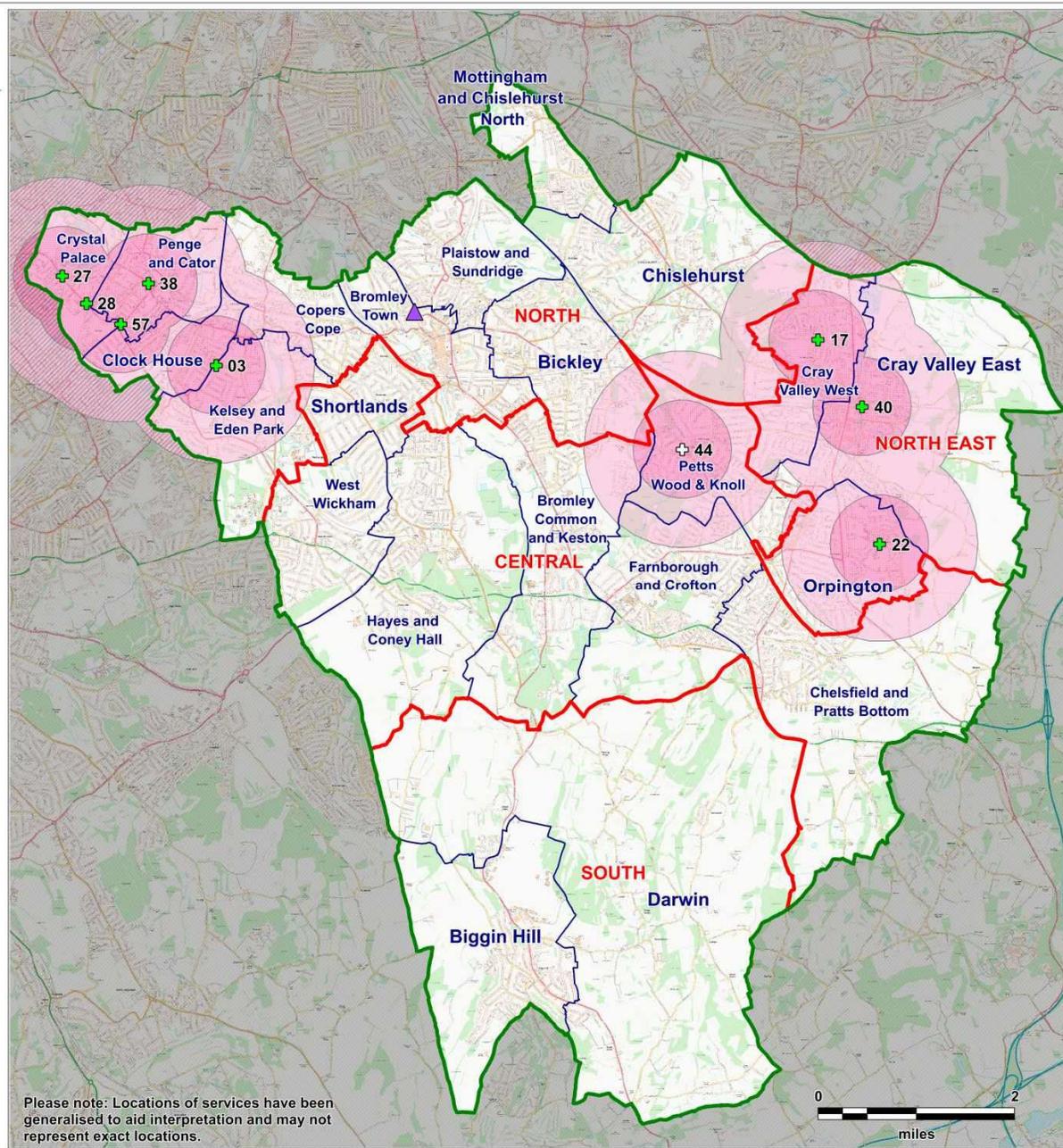
#### Distance Buffers

- 0.5 mile
- 1 mile

#### Bromley Pharmacies

03 Blackwells Chemist - BR3 3PS  
 17 Cray Hill Pharmacy - BR5 2RG  
 22 Eldred Drive Pharmacy - BR5 4PE  
 27 Hamlet Pharmacy - SE19 2AS  
 28 Kamsons Pharmacy - SE20 8AJ

38 Macks Pharmacy - SE20 7DS  
 40 Osbon Pharmacy - BR5 3NJ  
 44 Petts Wood Pharmacy - BR5 1DQ  
 57 United Pharmacy - SE20 7AA



Please note: Locations of services have been generalised to aid interpretation and may not represent exact locations.



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## 3.3 Locally Commissioned Services

### 3.3.3 Needle and Syringe Exchange

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

Age	✘	The service is for those aged 18+; those aged under 18 should be referred to the Young People's Drug & Alcohol Service (Bromley Changes, provided by CGL)
Disability	✘	Advice may need to be tailored to those with learning disabilities, if applicable
Gender	✘	No specific needs identified
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✘	No specific needs identified
Pregnancy & maternity	✓	Support for the unborn child
Sexual orientation	✘	No specific needs identified
Gender reassignment	✘	No specific needs identified
Marriage & civil partnership	✘	No specific needs identified

#### Further Provision / Improvements

- Commissioning the service from additional pharmacies, including the 100 hour pharmacies, would help to:
  - Improve service coverage across Bromley
  - Provide drug users with the opportunity to access suitably competent, geographically accessible pharmacy services on 7 days a week
  - Improve choice for users particularly in the evenings and at weekends
- Areas for support, identified by our contractor questionnaire include: training and service related information; access to equipment to support service delivery; financial support to modify premises / facilities; improved advertising so that service users are aware of all pharmacies offering the service
- Barriers to participating in the service were cited as: complicated IT platform; waste collections not frequent enough; no SLA in place

#### The Future

- Adult substance misuse services are provided by Change Grow Live (CGL) The contract is due to run until 30 November 2018
- All contracts for *adult* substance misuse services are to be re-tendered as part of a single lot procurement. Community pharmacies will be sub-contracted by the Prime Contractor, to provide needle and syringe exchange as part of the new arrangement. This may change the number and distribution of pharmacies commissioned to provide the service

#### Conclusions

- The community pharmacy-based needle and syringe exchange service is an important public health service which reduces risks to injecting drug users and the general public
- We have determined that the needle and syringe exchange service is not necessary to meet the need for pharmaceutical services but is a **relevant service** which brings improvements:
  - There is published evidence that needle and syringe programmes are cost-effective and improve outcomes
  - The service aims to tackle drug related deaths, to reduce transmission of blood-borne viruses and reduce drug related crime. It contributes to the PH outcomes framework 2.15 and local strategic priorities to focus on prevention through tackling risky lifestyle behaviours
  - Community pharmacy is one a range of providers; the service provides important access at weekends and some weekday evenings
- 9 pharmacies are commissioned to provide the service; 25 pharmacies are willing to provide this service in the future
- The service is commissioned from pharmacies in 3 of the 4 localities (i.e. the North, NE and Central localities)
- The majority of activity is centred in the North locality; and the remainder in the NE locality. This aligns with those wards where there are higher numbers of people in treatment for substance misuse i.e. Penge & Cator (North locality) and the Crays (NE locality)
- We have identified the following current gaps:
  - Limited access and choice on weekday & Saturday evenings
  - Only two pharmacies offering the service are open on a Sunday; one of these is inactive so the service is effectively only available from one pharmacy
  - There are no providers within a mile of Bromley Town centre, an area of need
  - There are no providers in the South locality
- Refer to "Further Provision" & "The Future" for improvement opportunities 87

## 3.3 Locally Commissioned Services

### 3.3.4 Supervised Administration of Opiates

#### Overview

- The service promotes harm reduction through pharmacist supervision of the consumption of substitute medicines including methadone, buprenorphine or suboxone for those:
  - Undergoing treatment for substance misuse and whom would benefit from a supervised community detoxification regimen
  - With a chaotic lifestyle / drug using behaviour who would benefit from closer monitoring
  - Starting new episodes of substitute opiate treatment where national and local guidelines recommend supervision for the first 3 months of treatment
  - On buprenorphine where there is an increased risk of injecting or diversion
- The overall aims and objectives include:
  - Stabilising and maintaining engagement in a prescribing regimen which is part of a comprehensive package of treatment; reducing the illicit need for opiates, leakage of illicit drugs into the community; reducing the risk of blood-borne virus transmission and overdose; and reducing crime associated with drug misuse
  - Promoting safer drug using practices and healthier lifestyles through the provision of information, resources and advice on harm reduction
  - Signposting clients to other agencies where specialist treatments may be available; and primary care services and agencies

#### The Current Picture

- 16 (26.7%) pharmacies are commissioned to provide the supervised administration of opiates service
- Map 14** provides an overview of the distribution of these pharmacies; and the table (next page) summarises service availability:
  - The service is available in the North, NE and Central localities; it is aligned with those wards where there are higher numbers of people in treatment for substance misuse i.e. Penge & Cator and the Crays
  - There is no access in the South locality
  - There is a choice of pharmacy on weekdays (9am - 5pm) and Saturday mornings (9am – 12pm); Choice is more limited at other times
  - 3 pharmacies offer the service on a Sunday
- 17 additional pharmacies are willing to offer the service in the future
- The table (right) provides an overview of service activity. Almost two thirds of patients are supervised in the North and one third in the NE localities

#### Public Survey – Services used in the last 12 months (n=5,681)

- 0.58% respondents had used the supervised administration service
- 12% would prefer to use their regular pharmacy if this service is required in the future; 3.2% didn't mind; the rest said "not relevant"

#### Provider Criteria\*

- Pharmacists must supervise administration themselves; this must be within the consultation room or a private designated area
- Pharmacists (including regular locums) delivering the service must complete the training specified by Bromley Public Health (CPD training or the CPPE opening learning programme "substance use & misuse")
- There should be a standard operating procedure
- Comprehensive clinical governance arrangements should be in place
- Adequate insurance must be in place

\* *Provider criteria may be subject to change*

#### The Evidence Base

- Studies have demonstrated the effectiveness of pharmacy-based services at:
  - Improving adherence, improving outcomes and reducing medicine diversion
  - Moderate quality evidence shows high attendance at community pharmacy-based supervised methadone administration services; and user acceptability
  - Inclusion of trained community pharmacists in the care of IV drug users attending to obtain methadone substitution treatment improves testing and subsequent uptake of hepatitis vaccination<sup>19,24</sup>
  - Most drug users value community pharmacy-based services highly<sup>19, 24</sup>
  - Reducing methadone-related deaths (per million defined daily doses) from 20 to 2 in Scotland; and 25 to 6 in England<sup>20</sup>
  - The cost-effectiveness of pharmacy based services is not yet proven<sup>20</sup>

#### Supervised Administration Service Claims

Locality	Commissioned Pharmacies	No. of Active Pharmacies	% Activity (Jan – Aug 17)
North	10	10	64.6%
North East	3	2	33.5%
Central	2	2	1.9%
South	N/A	N/A	N/A

### 3.3 Locally Commissioned Services

#### 3.3.4 Supervised Administration of Opiates

Locality	Ward	Number of Pharmacies offering Supervised Administration of Opiates									
		Weekdays				Saturdays					Sundays
		8am or earlier	9am – 5pm	7pm or later	Closed for lunch	8am or earlier	9am – 12pm	5pm or later	7pm or later	Closed for lunch	
North	Bickley	0	1	1	1	0	1	0	0	0	0
	Bromley Town	0	1	0	0	0	1	1	0	0	0
	Chislehurst	0	0	0	0	0	0	0	0	0	0
	Copers Cope	0	0	0	0	0	0	0	0	0	0
	Crystal Palace	0	2	2	1	0	2	1	0	0	0
	Kelsey & Eden Park	1	3	1	1	1	3	2	1	1	1
	Mottingham and Chislehurst North	0	0	0	0	0	0	0	0	0	0
	Penge & Cator	0	3	1	0	0	3	3	1	0	0
	Plaistow and Sundridge	0	0	0	0	0	0	0	0	0	0
North East	Cray Valley East	0	1	1	0	0	1	1	1	0	1
	Cray Valley West	0	1	0	0	0	1	0	0	0	0
	Orpington	0	1	0	0	0	1	0	0	0	0
Central	Bromley Common & Keston	0	0	0	0	0	0	0	0	0	0
	Chelsfield & Pratts Bottom	0	1	0	0	0	1	0	0	0	0
	Farnborough & Crofton	0	0	0	0	0	0	0	0	0	0
	Hayes & Coney Hall	0	1	1	0	0	1	1	0	0	0
	Petts Wood & Knoll	1	1	1	0	1	1	1	1	0	1
	Shortlands	0	0	0	0	0	0	0	0	0	0
	West Wickham	0	0	0	0	0	0	0	0	0	0
South	Biggin Hill	0	0	0	0	0	0	0	0	0	0
<b>Grand Total</b>		<b>2</b>	<b>16</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>16</b>	<b>10</b>	<b>4</b>	<b>1</b>	<b>3</b>
<b>Percentage of Total</b>		<b>3.3%</b>	<b>26.7%</b>	<b>13.3%</b>	<b>5.0%</b>	<b>3.3%</b>	<b>26.7%</b>	<b>16.7%</b>	<b>6.7%</b>	<b>1.7%</b>	<b>5.0%</b>

#### Notes

There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

Some pharmacies close early (Wednesdays: 4 pharmacies close at 1pm and 1 pharmacy closes at 4pm; Thursday: 1 pharmacy closes at 1pm). Refer to Appendix G for full details

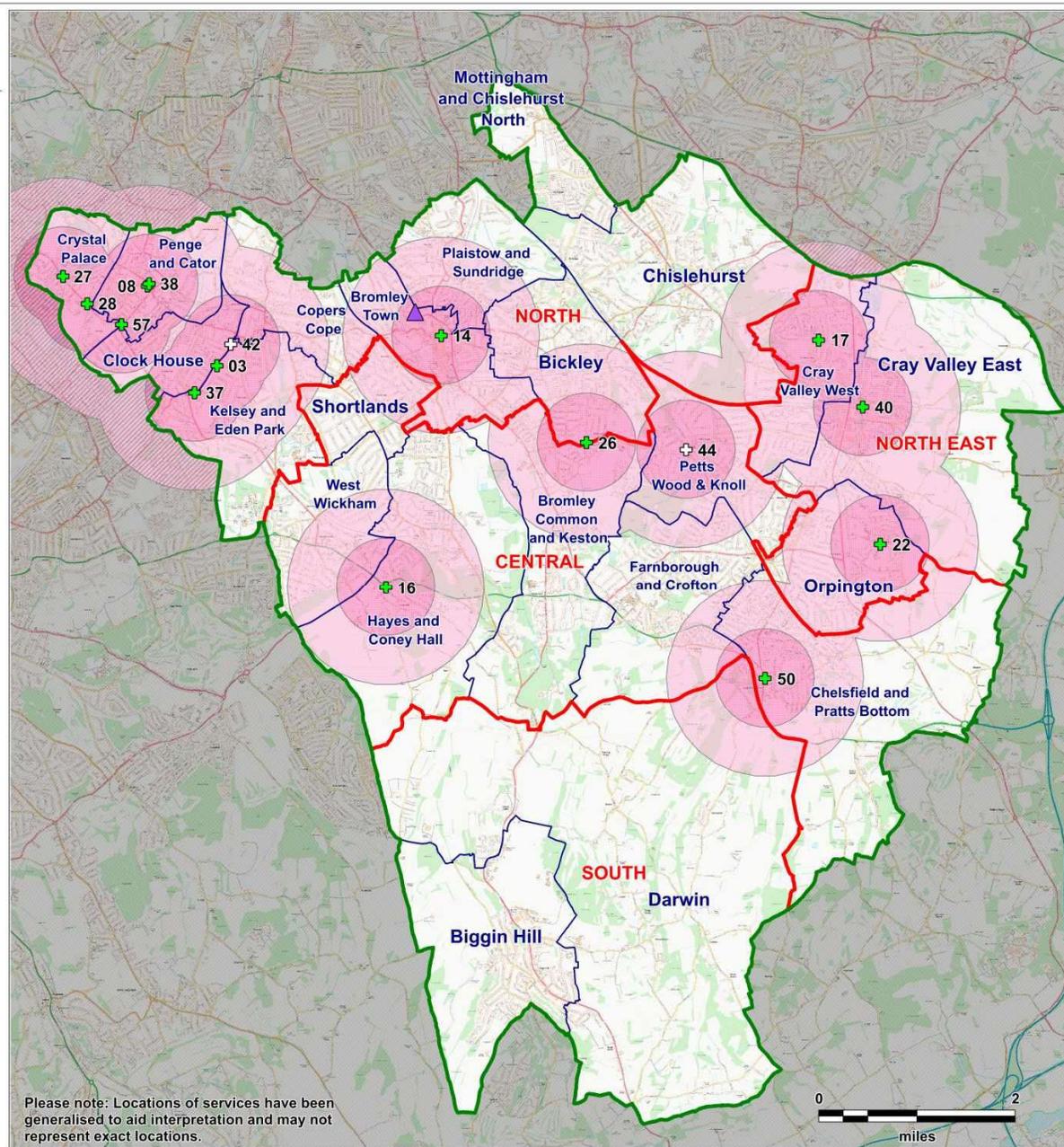
**Pharmaceutical Needs Assessment  
Map 14 - Substance Misuse  
- Supervised Administration of Opiates**

**Legend**

- + Pharmacies
  - + 100 Hour Pharmacies
  - ▲ Bromley Drug and Alcohol Service
  - Bromley
  - Bromley Localities
  - Wards
- Distance Buffers**
- 0.5 mile
  - 1 mile

**Bromley Pharmacies**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>03 Blackwells Chemist - BR3 3PS</li> <li>08 Boots - SE20 7EX</li> <li>14 Caxton Pharmacy - BR1 1RL</li> <li>16 Coney Hall Pharmacy - BR4 9JB</li> <li>17 Cray Hill Pharmacy - BR5 2RG</li> <li>22 Eldred Drive Pharmacy - BR5 4PE</li> <li>26 Gordon Davie Chemist - BR2 8AR</li> <li>27 Hamlet Pharmacy - SE19 2AS</li> </ul> | <ul style="list-style-type: none"> <li>28 Kamsons Pharmacy - SE20 8AJ</li> <li>37 Lotus Pharmacy - BR3 3RA</li> <li>38 Macks Pharmacy - SE20 7DS</li> <li>40 Osbon Pharmacy - BR5 3NJ</li> <li>42 Paydens Late Night Pharmacy - BR3 3PR</li> <li>44 Petts Wood Pharmacy - BR5 1DQ</li> <li>50 Stevens Pharmacy - BR6 6BG</li> <li>57 United Pharmacy - SE20 7AA</li> </ul> |
|---|--|



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## 3.3 Locally Commissioned Services

### 3.3.4 Supervised Administration of Opiates

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

Age	✓	The service is for those aged 18+; those aged under 18 should be referred to the Young People's Drug & Alcohol Service (Bromley Changes, provided by CGL)
Disability	✓	Advice may need to be tailored to those with learning disabilities, if applicable
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the supervised consumption service
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision

- We will consider commissioning the service from additional pharmacies which open at weekends and during extended hours on weekdays and Saturdays
- Areas for support, identified in our contractor questionnaire include: training for regular and locum staff; a better referral system to ensure all commissioned pharmacies have an opportunity to supervise service users
- We will ensure that those 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
- Barriers included: poor communication with prescribers which impedes resolution of prescription-related queries; prescriptions are being issued for instalment dispensing rather than supervision; a need for an SLA to be in place for pharmacies which supervise informally

#### The Future

- Adult substance misuse services are provided by Change Grow Live (CGL) The contract is due to run until 30 November 2018
- All contracts for *adult* substance misuse services are to be re-tendered as part of a single lot procurement. Community pharmacies will be sub-contracted by the Prime Contractor, to provide supervised administration of opiates, as part of the new arrangement. This may change the number and distribution of pharmacies commissioned to provide the service

#### Conclusions

- The service provides support to drug users to help them to adhere to their treatment programme with a view to improving outcomes
- We have determined that the service is **necessary** to meet the need for pharmaceutical services:
  - The service is only available through community pharmacy
  - Published evidence suggests that community pharmacy-based supervised administration can improve health outcomes including reducing methadone-related deaths and substance misuse related hospital admissions
  - The service aims to tackle drug related deaths, to reduce transmission of blood-borne viruses and reduce drug related crime. It contributes to the PH outcomes framework 2.15 and local strategic priorities to focus on prevention through tackling risky lifestyle behaviours
- 16 pharmacies are commissioned to provide the service; these are based in 3 out of the 4 localities (i.e. the North, NE and Central localities); 17 additional pharmacies are willing to provide this service in the future
- 15 pharmacies active; those in the North and NE are most active. This aligns with those wards where there are higher numbers of people in treatment for substance misuse i.e. Penge & Cator (North locality) and the Crays (NE locality)
- We have identified the following current gaps:
  - Very limited access on weekday & Saturday mornings up until 8am; Saturday evenings; and on Sundays. This means that service users have less flexibility as to when they may attend a pharmacy; and it means that a lesser level of supervision can be provided by those pharmacies which do not open for 7 days a week. Taking this into account, it is important that:
    - Collection and supervision times are negotiated with the service user
    - High risk patients requiring daily supervision should ideally be referred to a pharmacy which is open for 7 days a week
- Refer to "Further Provision" & "The Future" for improvement opportunities

## 3.3 Locally Commissioned Services

### 3.3.5 Integrated Sexual Health Service

#### Overview

- The sexual health service is an integrated service comprised of three levels of services (refer to table, next page)
- Bromley Healthcare C.I.C is the prime contractor for the Sexual Health Early Intervention service; and sub-contracts pharmacies to provide a range of sexual and reproductive health services which aim to tackle the consequences of risky sexual behaviour
- The pharmacy-based service aims to:
  - Increase access to the National Chlamydia Screening Programme (NCSP) and, where indicated, chlamydia treatment preventing onwards transmission
  - Increase access to timely EHC preventing unwanted pregnancy
  - Increase awareness and use of the free condom scheme therefore reducing the spread of STIs
  - Signpost to core services for long term sexual health & contraception needs
  - Increase safe sex awareness and reduce sexual ill health within Bromley

#### The Current Picture

- 29 (48.3%) pharmacies have been commissioned to provide Level 1 (L1) services; of these, 23 (38.3%) provide the EHC element of level 2 services
- The table (next page) summarises service availability:
  - Each locality has one or more pharmacies providing L1 services and EHC
  - There is a choice of pharmacy in all localities, apart from the South locality on weekdays (9am – 5pm) & Saturdays (9am – 12pm)
  - Outside of these hours, access and choice is more limited particularly on:
    - Weekday mornings & Saturday mornings up until 8am: pharmacy-based L1 & EHC services are only available in the North & Central localities
    - Saturday evenings and Sundays: The service is not available in the South locality; and only from a limited number of pharmacies in the other localities
- **Map 15** plots pharmacies providing L1 services against a background of the number of people aged 15 – 24 years; and **Map 16** plots pharmacies providing EHC against a background of teenage conception rates per 1,000
- The maps show that most young people, in areas of higher need, may access L1 and EHC within a mile; however, those resident in some parts of the Central & NE localities may have to travel further than this to access a pharmacy-based service
- 27 pharmacies providing L1, and 17 providing EHC are active (page 98)
- **Non-pharmacy providers:** refer to page 98

#### Public Survey – Services used in the last 12 months (n=5,681)

- **Chlamydia screening & treatment:** Only 1 respondent in the eligible age range had used the service
- **EHC service** – all respondents excluded (none were in the eligible age range)

#### Provider Criteria

- There must be a private consultation area, conforming to health and safety requirements; and which affords confidentiality
- The pharmacy must be able to provide the commissioned service elements, on five days a week; one of which should be a Saturday
- Systems must be in place for the disposal of clinical waste
- Providers must follow local complaints protocols and be aware of the NCSP serious untoward incident procedure
- Pharmacists must have completed the following training either as workshops or distance learning (dependent upon service level):
  - CPPE: Emergency Contraception, Sexual Health in Pharmacies, Safeguarding Children
  - Local Authority Commissioned Training Workshop
  - HIV Point of Care testing assessment (if applicable)

#### The Evidence Base

- The effectiveness of sexual health services has been demonstrated:
  - Over 14,000 Chlamydia tests were administered in one private pharmacy over 2 years; private and NHS services improve choice for patients<sup>24</sup>
  - Community pharmacy-based chlamydia testing and treatment services increase client access<sup>19</sup> and are convenient<sup>20</sup>
  - Pharmacy-based EHC services (including supply against prescription or under PGD and OTC sales) provide timely access to treatment<sup>16</sup> and are highly rated by women who use them<sup>19, 26</sup>
  - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, however, it is not possible to separate out the contribution of the community pharmacy service<sup>27</sup>
  - Evidence of EHC impact is lacking. A randomised controlled trial noted fewer A&E visits<sup>28</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<sup>29</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<sup>19</sup>
  - The average time to access EHC was 16 hours through pharmacies compared to 41 hours through family planning clinics<sup>22</sup>

## 3.3 Locally Commissioned Services

### 3.3.5 Integrated Sexual Health Service

Level of Service	Service Description
<b>LEVEL 1</b>	
<b>Chlamydia &amp; Gonorrhoea Screening</b> (as part of the National Chlamydia Screening Programme)	<ul style="list-style-type: none"> <li>Opportunistic issue of self-sampling postal kits screening and advice on testing, to young people aged 15 – 24 including:               <ul style="list-style-type: none"> <li>Any young woman requesting EHC or with a prescription for contraception</li> <li>Those purchasing condoms or requesting free condoms as part of the London-wide C-Card Scheme (see below)</li> <li>General advice encouraging a yearly opportunistic test</li> </ul> </li> </ul>
<b>Chlamydia Treatment</b>	<ul style="list-style-type: none"> <li>Supply of treatment, under a patient group direction, for the treatment of chlamydia infection to:               <ul style="list-style-type: none"> <li>Any young person, aged 15 – 24 years, who have a laboratory confirmed positive test (confirmed by text, email, letter or following discussion with a local sexual health officer)</li> <li>Individuals presenting with a NCSP “contact slip” (irrespective of age); these individuals should be provided with a testing kit and advised to process the kit in the same week</li> </ul> </li> </ul>
<b>Instigation of partner notification</b>	<ul style="list-style-type: none"> <li>Issue of “Contact slips”</li> </ul>
<b>Advice &amp; signposting to core services</b>	<ul style="list-style-type: none"> <li>Provision of advice to service users on seeking a full STI screen; with signposting advice to services</li> </ul>
<b>Condom Distribution</b> (“Come Correct”, “C-Card”)	<ul style="list-style-type: none"> <li>Registration and supply of free condoms to young people aged 13 – 24 years</li> </ul>
<b>LEVEL 2 (inclusive of Level 1)</b>	
<b>Emergency Hormonal Contraception</b> (EHC)	<ul style="list-style-type: none"> <li>Supply and supervised administration of levonorgestrel 1.5mg, under patient group direction, to all women (free of charge to those aged 15 - 24 years)</li> <li>Service users are also provided with:               <ul style="list-style-type: none"> <li>A chlamydia testing kit, counselling advice and details of local contraceptive services</li> <li>Free condoms and information on the C-Card scheme</li> </ul> </li> </ul>
<b>Point of Care HIV testing (PoC HIV)</b>	<ul style="list-style-type: none"> <li>Not currently commissioned from pharmacy</li> </ul>
<b>LEVEL 3 (inclusive of Level 1 and Level 2)</b>	
<b>Oral Contraception</b>	<ul style="list-style-type: none"> <li>Not currently commissioned from pharmacy</li> </ul>

### 3.3 Locally Commissioned Services

#### 3.3.5 Integrated Sexual Health Service

Locality	Ward	Number of Pharmacies Offering Sexual Health Service – Level 1									
		Weekdays				Saturdays					Sundays
		8am or earlier	9am – 5pm	7pm or later	Closed for lunch	8am or earlier	9am – 12pm	5pm or later	7pm or later	Closed for lunch	
North	Bickley	0	0	0	0	0	0	0	0	0	0
	Bromley Town	1	4	1	0	1	4	4	1	0	2
	Chislehurst	0	1	0	0	0	1	1	0	0	0
	Copers Cope	0	1	0	0	0	1	1	0	0	0
	Crystal Palace	0	2	2	1	0	2	1	0	0	0
	Kelsey & Eden Park	1	5	1	2	1	5	3	1	1	1
	Mottingham and Chislehurst North	0	0	0	0	0	0	0	0	0	0
	Penge & Cator	0	3	1	0	0	3	3	1	0	0
	Plaistow and Sundridge	0	0	0	0	0	0	0	0	0	0
North East	Cray Valley East	0	2	1	1	0	2	1	1	0	1
	Cray Valley West	0	1	0	0	0	1	0	0	0	0
	Orpington	0	2	0	0	0	2	1	0	0	1
Central	Bromley Common & Keston	0	1	0	0	0	1	1	0	0	0
	Chelsfield & Pratts Bottom	0	0	0	0	0	0	0	0	0	0
	Farnborough & Crofton	0	1	0	0	0	1	0	0	0	0
	Hayes & Coney Hall	0	2	2	0	0	2	2	0	0	0
	Petts Wood & Knoll	1	2	1	0	1	2	1	1	0	1
	Shortlands	0	0	0	0	0	0	0	0	0	0
	West Wickham	0	1	0	0	0	1	1	0	0	0
South	Biggin Hill	0	1	1	0	0	1	1	0	0	0
<b>Grand Total</b>		<b>3</b>	<b>29</b>	<b>10</b>	<b>4</b>	<b>3</b>	<b>29</b>	<b>21</b>	<b>5</b>	<b>1</b>	<b>6</b>
<b>Percentage of Total</b>		<b>5.0%</b>	<b>48.3%</b>	<b>16.7%</b>	<b>6.7%</b>	<b>5.0%</b>	<b>48.3%</b>	<b>35.0%</b>	<b>8.3%</b>	<b>1.7%</b>	<b>10.0%</b>

#### Notes

1 Pharmacy in Crystal Palace (North locality) provides testing only

There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

Some pharmacies close early (Wednesdays: 4 pharmacies close at 1pm and 1 pharmacy closes at 4pm; Thursday: 1 pharmacy closes at 1pm). Refer to Appendix G for full details

## 3.3 Locally Commissioned Services

### 3.3.5 Integrated Sexual Health Service

Locality	Ward	Number of Pharmacies Offering Sexual Health Service – Level 1 plus EHC									
		Weekdays				Saturdays					Sundays
		8am or earlier	9am – 5pm	7pm or later	Closed for lunch	8am or earlier	9am – 12pm	5pm or later	7pm or later	Closed for lunch	
North	Bickley	0	0	0	0	0	0	0	0	0	0
	Bromley Town	1	3	1	0	1	3	3	1	0	2
	Chislehurst	0	1	0	0	0	1	1	0	0	0
	Copers Cope	0	1	0	0	0	1	1	0	0	0
	Crystal Palace	0	1	1	1	0	1	0	0	0	0
	Kelsey & Eden Park	1	4	1	2	1	4	3	1	1	1
	Mottingham and Chislehurst North	0	0	0	0	0	0	0	0	0	0
	Penge & Cator	0	3	1	0	0	3	3	1	0	0
	Plaistow and Sundridge	0	0	0	0	0	0	0	0	0	0
North East	Cray Valley East	0	1	1	0	0	1	1	1	0	1
	Cray Valley West	0	1	0	0	0	1	0	0	0	0
	Orpington	0	2	0	0	0	2	1	0	0	1
Central	Bromley Common & Keston	0	0	0	0	0	0	0	0	0	0
	Chelsfield & Pratts Bottom	0	0	0	0	0	0	0	0	0	0
	Famborough & Crofton	0	1	0	0	0	1	0	0	0	0
	Hayes & Coney Hall	0	2	2	0	0	2	2	0	0	0
	Petts Wood & Knoll	1	2	1	0	1	2	1	1	0	1
	Shortlands	0	0	0	0	0	0	0	0	0	0
	West Wickham	0	0	0	0	0	0	0	0	0	0
South	Biggin Hill	0	1	1	0	0	1	1	0	0	0
<b>Grand Total</b>		<b>3</b>	<b>23</b>	<b>9</b>	<b>3</b>	<b>3</b>	<b>23</b>	<b>17</b>	<b>5</b>	<b>1</b>	<b>6</b>
<b>Percentage of Total</b>		<b>5.0%</b>	<b>38.3%</b>	<b>15.0%</b>	<b>5.0%</b>	<b>5.0%</b>	<b>38.3%</b>	<b>28.3%</b>	<b>8.3%</b>	<b>1.7%</b>	<b>10.0%</b>

#### Notes

There are no pharmacies in Clock House or Darwin wards (both wards are excluded from the table above)

Some pharmacies close early (Wednesdays: 4 pharmacies close at 1pm and 1 pharmacy closes at 4pm; Thursday: 1 pharmacy closes at 1pm). Refer to Appendix G for full details

### Pharmaceutical Needs Assessment Map 15 - Level 1 (National Chlamydia Screening Programme & Treatment, Supply of Free Condoms)

#### Legend

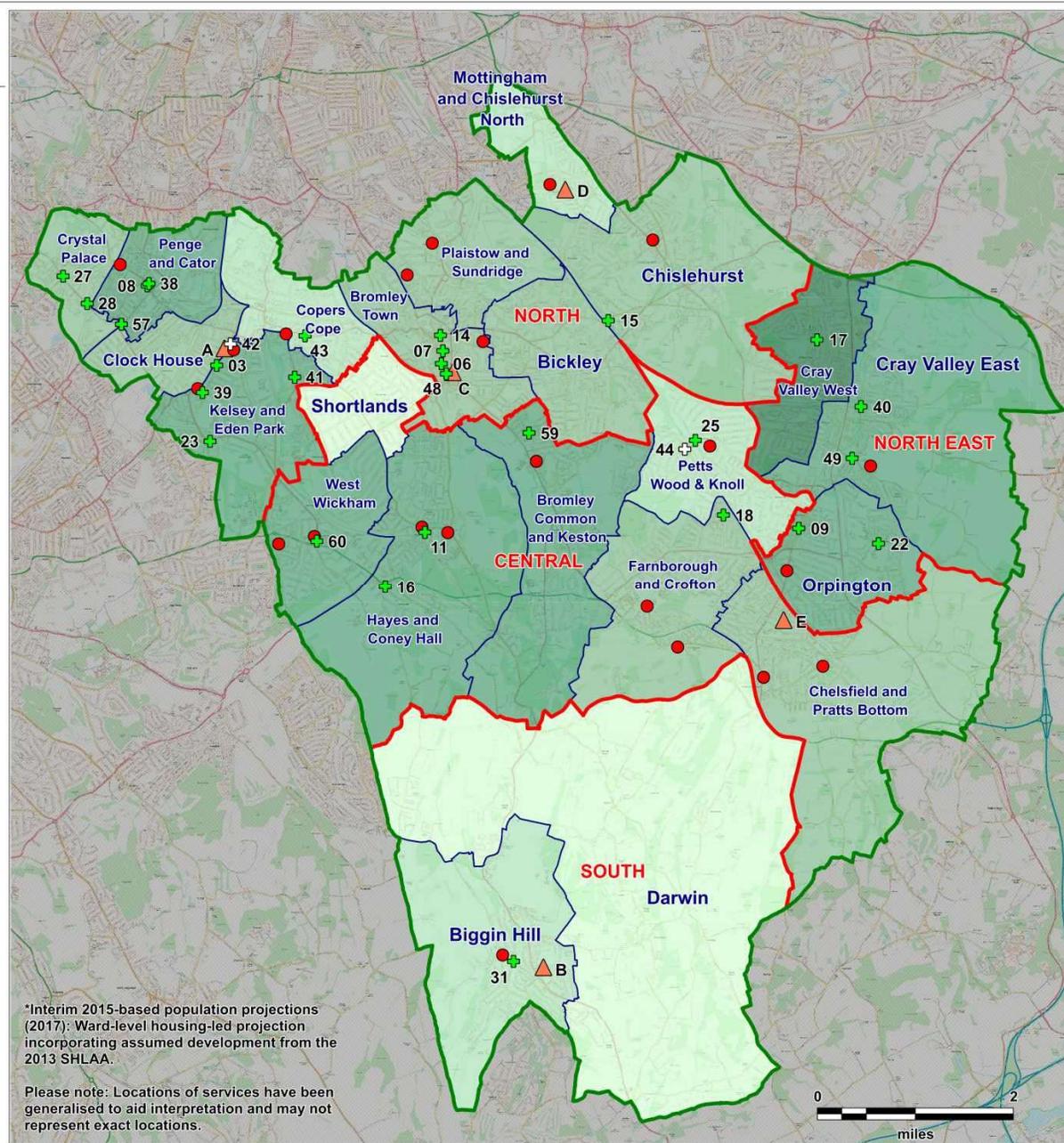
- + Pharmacies
  - + 100 Hour Pharmacies
  - GPs
  - ▲ Contraceptive and Sexual Health Services
  - Bromley
  - Bromley Localities
  - Wards
- \*No. persons aged 15 to 24**
- > 2,030
  - 1,661 - 2,030
  - 1,291 - 1,660
  - 920 - 1,290
  - < 920

#### Bromley Pharmacies

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>03 Blackwells Chemist - BR3 3PS</li> <li>06 Boots - BR1 1JY</li> <li>07 Boots - BR1 1HD</li> <li>08 Boots - SE20 7EX</li> <li>09 Boots - BR6 0LS</li> <li>11 Boots - BR2 7EQ</li> <li>14 Caxton Pharmacy - BR1 1RL</li> <li>15 Chislehurst Pharmacy - BR7 5NP</li> <li>16 Coney Hall Pharmacy - BR4 9JB</li> <li>17 Cray Hill Pharmacy - BR5 2RG</li> <li>18 Crofton Pharmacy - BR6 8DG</li> <li>22 Eldred Drive Pharmacy - BR5 4PE</li> <li>23 Elmers Pharmacy - BR3 3DY</li> <li>25 Farrants - BR5 1LY</li> <li>27 Hamlet Pharmacy - SE19 2AS</li> </ul> | <ul style="list-style-type: none"> <li>28 Kamsons Pharmacy - SE20 8AJ (Testing only)</li> <li>31 Lloydspharmacy - TN16 3XZ</li> <li>38 Macks Pharmacy - SE20 7DS</li> <li>39 Macks Pharmacy - BR3 3HN</li> <li>40 Osbon Pharmacy - BR5 3NJ</li> <li>41 Park Langley Pharmacy - BR3 6QH</li> <li>42 Paydens Late Night Pharmacy - BR3 3PR</li> <li>43 Peters Chemist - BR3 5NT</li> <li>44 Petts Wood Pharmacy - BR5 1DQ</li> <li>48 Scotts Pharmacy - BR1 1LF</li> <li>49 Silversands Pharmacy - BR5 4AD</li> <li>57 United Pharmacy - SE20 7AA</li> <li>59 Wallace Pring Pharmacy - BR2 9QE</li> <li>60 Westchem Pharmacy - BR4 0PX</li> </ul> |
|---|---|

#### Contraceptive and Sexual Health Services

- A Beckenham Contraceptive & Reproduction Health Clinic - BR3 3FD
- B Biggin Hill Contraceptive & Reproduction Clinic - TN16 3LB
- C Bromley Young People's Contraceptive & Reproduction Clinic - BR1 1AJ
- D Mottingham Contraceptive & Reproduction Clinic - SE9 4EB
- E Orpington Contraceptive & Reproduction Clinic - BR6 9JU



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### Pharmaceutical Needs Assessment Map 16 - Sexual Health - Emergency Hormonal Contraception

#### Legend

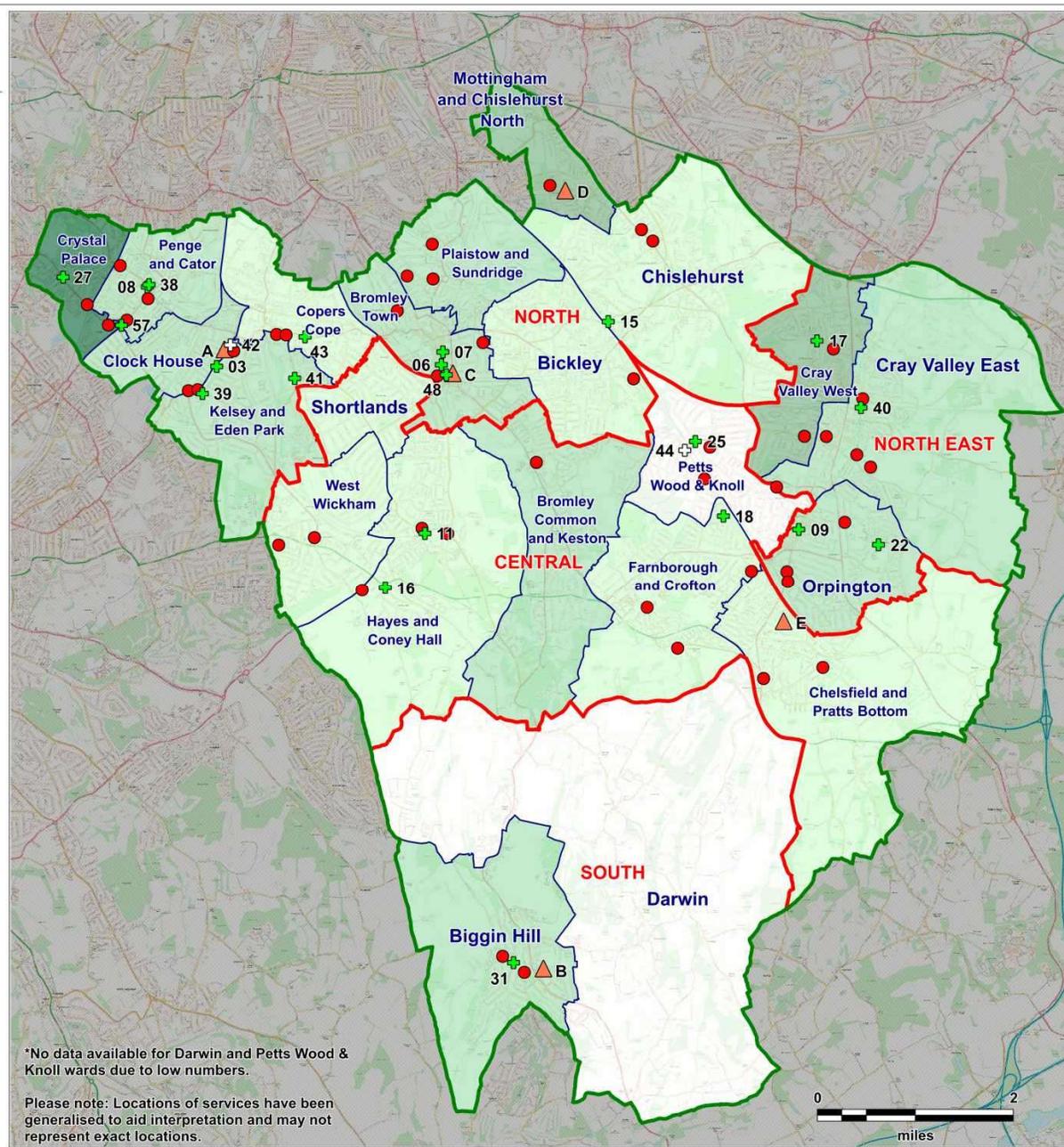
- + Pharmacies
  - + 100 Hour Pharmacies
  - GPs
  - ▲ Contraceptive and Sexual Health Services
  - Bromley
  - Bromley Localities
  - Wards
- \*Teenage Conception Rates per 1,000**
- > 55.7
  - 43.2 - 55.8
  - 30.7 - 43.1
  - 18.1 - 30.6
  - 5.6 - 18.0

#### Bromley Pharmacies

- |                                    |  |
|------------------------------------|--|
| 03 Blackwells Chemist - BR3 3PS    | 27 Hamlet Pharmacy - SE19 2AS            |
| 06 Boots - BR1 1JY                 | 31 Loydspharmacy - TN16 3XZ              |
| 07 Boots - BR1 1HD                 | 38 Macks Pharmacy - SE20 7DS             |
| 08 Boots - SE20 7EX                | 39 Macks Pharmacy - BR3 3HN              |
| 09 Boots - BR6 0LS                 | 40 Osbon Pharmacy - BR5 3NJ              |
| 11 Boots - BR2 7EQ                 | 41 Park Langley Pharmacy - BR3 6QH       |
| 15 Chislehurst Pharmacy - BR7 5NP  | 42 Paydens Late Night Pharmacy - BR3 3PR |
| 16 Coney Hall Pharmacy - BR4 9JB   | 43 Peters Chemist - BR3 5NT              |
| 17 Cray Hill Pharmacy - BR5 2RG    | 44 Petts Wood Pharmacy - BR5 1DQ         |
| 18 Crofton Pharmacy - BR6 8DG      | 48 Scotts Pharmacy - BR1 1LF             |
| 22 Eldred Drive Pharmacy - BR5 4PE | 57 United Pharmacy - SE20 7AA            |
| 25 Farrants Pharmacy - BR5 1LY     |  |

#### Contraceptive and Sexual Health Services

- A Beckenham Contraceptive & Reproduction Health Clinic - BR3 3FD
- B Biggin Hill Contraceptive & Reproduction Clinic - TN16 3LB
- C Bromley Young People's Contraceptive & Reproduction Clinic - BR1 1AJ
- D Mottingham Contraceptive & Reproduction Clinic - SE9 4EB
- E Orpington Contraceptive & Reproduction Clinic - BR6 9JU



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## 3.3 Locally Commissioned Services

### 3.3.5 Integrated Sexual Health Service

#### NCSP Service Activity (2017/18, Quarter 1)

Locality	Active Pharmacies	No. Kits	% Kits Supplied	Average No. Kits per Pharmacy	No. of Screens	% Screens	Average Screens per Pharmacy	No. of Treatments	% of Treatments	Average No. Treatments / Commissioned Pharmacy
North	15	129	62.9%	8.1	91	61.9%	5.7	20	48.8%	1.3
North East	7	57	27.8%	11.4	29	19.7%	5.8	4	9.8%	0.8
Central	6	14	6.8%	2	19	12.9%	2.7	15	36.6%	2.1
South	1	5	2.4%	5	8	5.4%	8	2	4.9%	2
<b>Bromley</b>	<b>27</b>	<b>205</b>		<b>7.1</b>	<b>147</b>		<b>5.1</b>	<b>41</b>		<b>1.4</b>

#### Emergency Hormonal Contraception Activity (2017/18, Quarter 1)

Locality	Active Pharmacies	No. EHC Supplied	% Of Total	Average No. EHC per Commissioned Pharmacy
North	11	217	84.4%	16.7
North East	2	28	10.9%	7
Central	3	11	4.3%	2.2
South	1	1	0.4%	1
<b>Bromley</b>	<b>17</b>	<b>257</b>		<b>11.2</b>

#### Non Pharmacy Providers

- Free condoms are available from a whole range of outlets including GP surgeries, contraceptive and sexual health clinics, Libraries, Bromley Changes (Young Persons' Drug & Alcohol Service), various colleges, community centres, the mobile health van etc
- A number of GP practices provide Level 1 and/or Level 2 sexual health services (refer to maps 15 and 16 for the location of these practices)
- The Sexual Health Early Intervention service is provided by Bromley Healthcare C.I.C
- Contraceptive and Sexual Health Services are currently available from the following clinics:
  - Contraceptive & Reproduction Health Clinic (Beckenham Beacon; BR3)
  - Biggin Hill Contraceptive & Reproductive Clinic (TN16)
  - Bromley Contraceptive & Reproductive Clinic (include services for young people) (BR1)
  - Orpington Contraceptive & Reproductive Clinic (SE9)
  - Mottingham Contraceptive and Reproductive Clinic (BR6)
  - Mobile Health van
- Sexual health services are also "universal". Residents may choose to access pharmacy-based services in neighbouring areas

## 3.3 Locally Commissioned Services

### 3.3.5 Integrated Sexual Health Service

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

Age	✓	L1 sexual health services and free EHC is available to those aged 15-24 years; Those under 16 need to be assessed and deemed Fraser competent
Disability	✓	The service and advice may need to be tailored for those with learning disabilities
Gender	✓	Young women following UPSI / male partners for chlamydia treatment
Race	✓	Language may be a barrier to delivering successful sexual health services
Religion or belief	✓	Religious beliefs need to be taken into account
Pregnancy and maternity	✓	Chlamydia can have an adverse effect on fertility; the service offers support for young women with unwanted pregnancies by referring on to other services
Sexual orientation	✓	Advice on safe sex and risky sexual behaviour. LGBT people (including those who are HIV positive) may prefer to use pharmacy services rather than GP services as they may not wish to disclose their sexuality to their GP
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision

- Access and choice could be improved if the service were commissioned from additional pharmacies, particularly those which open at weekends and during extended hours on weekdays and Saturdays
- In the contractor questionnaire, pharmacies identified that they would like more training and support materials; they suggested that signposting to the integrated sexual health services could be improved with a view to raising awareness of the services

#### The Future

- There are currently no plans to commission point of care HIV testing (Level 2 service element) or oral contraception (Level 3 services) from community pharmacies

#### Conclusions

- The pharmacy-based sexual health service provides valuable access to chlamydia screening for those aged under 25 years; provision of treatment for those who test positive including their sexual partners (irrespective of age); access to free condoms; and access to EHC for women aged under 25 years who have had unprotected sex within the last 72 hours
- We have determined that the EHC service is **necessary** to meet the need for pharmaceutical services; and that the level 1 service is **relevant** in that it provides improved access and a choice of provider:
  - There is published evidence to support the supply of EHC and chlamydia screening & treatment through pharmacies
  - Tackling the higher than average repeat abortion rate and the rising HIV rate are local priorities
  - Pharmacy-based services improve access for young people at weekends; this may be an advantage for service users who prefer the anonymity offered by a pharmacy
- 29 pharmacies are commissioned to provide L1 services; and 23 of these also supply EHC; an additional 22 pharmacies are willing to provide the integrated sexual health service in the future
- The distribution of pharmacies and pharmacy-based activity generally aligns with need
- We have identified the following gaps:
  - The service is only available in the North and Central localities on weekday & Saturday mornings up until 8am
  - The service is not available in the South locality on Saturday evenings and Sundays; access and choice are limited in the other localities at these times
  - Two L1 pharmacies were inactive and 6 pharmacies offering EHC were inactive in the first quarter of 2017/18
- Refer to “Further Provision” & “The Future” for improvement opportunities

## 3. The Assessment

### 3.4 Looking to the Future

#### Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided
- In this section, we set our vision as to how community pharmacy *may* support the delivery of local strategic priorities and public health ambitions
- Our thinking has been influenced by a number of factors including:
  - Local strategic priorities which focus on prevention and staying healthy, tackling primary and secondary causes of premature mortality including interventions to address lifestyle risks and risky behaviours. We support the inclusion of the Healthy Living Pharmacy Programme, within the quality payment scheme, as a means of providing the foundation upon which community pharmacy can make a material difference in improving the health and wellbeing of our population
  - The accessibility and strengths of community pharmacy to offer opportunistic health promotion and brief interventions to “Make Every Contact Count”<sup>7</sup>
  - The opportunity for community pharmacy to play a wider role in primary care, including improving accessibility; relieving pressure on the urgent care system perhaps with a role as the ‘first port of call’ for the public; signposting and a pivotal role in supporting the management of long term conditions
  - Our review of pharmaceutical needs across the life-course (Appendix F)
  - A literature review, which has looked at the evidence to support the delivery of pharmacy-based services
  - Pharmacy-based services which have been commissioned in other areas
- Our vision is to transform community pharmacy into “High Street Neighbourhood Clinics”. These clinics could offer a combination of NHS, social care and privately funded clinical services, linked to the dispensing of patients’ medicines. Strategic integration of community pharmacy at the highest levels of the STP, HWB & CCG will help secure this transformation
- We set out specific potential service developments, mapped against local strategic priorities on pages 101 - 102. These *may* be considered alongside other priorities by the London Borough of Bromley, and our partner organisations, when developing future commissioning strategy
- Finally, we have reflected upon gaps and areas for improvement identified throughout our PNA. The box (right) sets out the HWB aspirations for pharmacy premises and services for existing contractors. It follows that we would anticipate these aspirations to be prioritised for any future applications for NHS pharmaceutical services

Element	Summary of Priorities
Pharmacy opening hours	<ul style="list-style-type: none"> <li>• 7 day a week opening</li> <li>• Extended hour opening as part of core hours:               <ul style="list-style-type: none"> <li>○ Weekdays:                   <ul style="list-style-type: none"> <li>• Open by 8am (or earlier) and not closing before 7pm; or</li> <li>• As a minimum, opening at the same time as GP surgeries and closing 30 minutes later</li> </ul> </li> <li>○ Saturday, open from 9am – 5pm as a minimum; and ideally open until 7pm or beyond</li> <li>○ Sunday, open for a minimum of 6 hours</li> </ul> </li> </ul>
Advanced services	<ul style="list-style-type: none"> <li>• Accredited &amp; prepared to offer all advanced services</li> <li>• Prepared to seek accreditation for all future advanced services</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>• Prepared to seek accreditation for and to offer future enhanced services (if required)</li> </ul>
Locally commissioned services	<ul style="list-style-type: none"> <li>• Accredited and prepared to offer all locally commissioned services</li> <li>• Prepared to seek accreditation for and to offer future locally commissioned services (if required)</li> <li>• Prepared to achieve Healthy Living Pharmacy status under the quality payment scheme</li> </ul>
Consultation Area	<ul style="list-style-type: none"> <li>• Minimum of one area, fully compliant with the Regulations; and with the following additional characteristics:               <ul style="list-style-type: none"> <li>○ Space for a chaperone and/or a wheel chair</li> <li>○ Sink with hot water</li> <li>○ Equipped with a telephone, computer, secure IT connection &amp; access to Nhs.net email</li> <li>○ Access to patient medication records</li> <li>○ Security measures i.e. panic button &amp; CCTV</li> <li>○ Hearing loop</li> <li>○ Patient toilet nearby</li> </ul> </li> </ul>
Meeting the needs of those with a disability	<ul style="list-style-type: none"> <li>• Premises and services should be suitably adapted to meet the needs of those with a disability including:               <ul style="list-style-type: none"> <li>○ Step-free wheelchair access to all public areas</li> <li>○ Hearing loop</li> <li>○ Ability to provide large print labels and labels with braille</li> <li>○ “Aide memoirs” and easy to read information</li> </ul> </li> </ul>

## 3.4 Looking to the Future

### 3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Sustainability & Transformation Partnership	Joint Health & Wellbeing Strategy	Bromley CCG Integrated Commissioning Plan	“Out of Hospital Transformation Programme”
<b>Urgent minor illness service</b> <ul style="list-style-type: none"> <li>Advice, support &amp; supply of medicines (including prescription only medicines under PGD) to patients who would otherwise have gone to their GP or other urgent care services</li> <li>Referral to other health &amp; social care professionals if required</li> </ul>	<ul style="list-style-type: none"> <li>Integrated urgent care system to reduce pressure on A&amp;E; including advice on using alternative services such as community pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>	<ul style="list-style-type: none"> <li>No specific links to the plan’s ambitions</li> </ul>	<ul style="list-style-type: none"> <li>Relieve pressure on the urgent care system</li> </ul>
<b>Immunisations</b> <ul style="list-style-type: none"> <li>Expand the range of immunisations administered.</li> <li>This could include childhood immunisations</li> </ul>	<ul style="list-style-type: none"> <li>Focus on prevention &amp; staying healthy</li> </ul>	<ul style="list-style-type: none"> <li>No specific link to the strategy’s themes or priorities</li> <li>Immunisation is fundamental to minimising the impact of disease</li> </ul>	<ul style="list-style-type: none"> <li>Reducing the time people spend avoidably in hospital through better or more integrated care in the community</li> </ul>	<ul style="list-style-type: none"> <li>Primary prevention – activities to reduce incidence of illness</li> </ul>
<b>Substance misuse services</b> <ul style="list-style-type: none"> <li>Scope may be expanded to include Alcohol IBA</li> </ul>	<ul style="list-style-type: none"> <li>Focus on prevention &amp; staying healthy; specifically refers to alcohol IBA as a targeted intervention</li> </ul>	<ul style="list-style-type: none"> <li>No specific link to the strategies themes or priorities</li> </ul>	<ul style="list-style-type: none"> <li>Reduce time people spend avoidably in hospital through better or more integrated care in the community</li> </ul>	<ul style="list-style-type: none"> <li>Evidence-based behavioural interventions targeted at individuals and communities</li> </ul>
<b>Management of LTCs</b> <ul style="list-style-type: none"> <li>Monitoring &amp; management of LTCs, within a care plan: <ul style="list-style-type: none"> <li>Assessing &amp; monitoring disease control and medication (e.g. blood tests, BP etc)</li> <li>Education on self care</li> </ul> </li> <li>The service could be: <ul style="list-style-type: none"> <li>Pharmacist-led (pharmacy-based or outreach service)</li> <li>Other healthcare professional working in the pharmacy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Focus on prevention and staying healthy –management of LTCs</li> </ul>	<ul style="list-style-type: none"> <li>Quality of life and wellbeing – care of long term conditions</li> </ul>	<ul style="list-style-type: none"> <li>Ambition 1 – securing additional life for people with mental health and physical conditions</li> <li>Ambition 2 – improving health-related quality of life for people with LTCs</li> <li>Ambition 3 – reducing the time people spend avoidably in hospital through better or more integrated care</li> </ul>	<ul style="list-style-type: none"> <li>Free up capacity for other health and social care professionals</li> </ul>

## 3.4 Looking to the Future

### 3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Sustainability & Transformation Partnership	Joint Health & Wellbeing Strategy	Bromley CCG Integrated Commissioning Plan	“Out of Hospital Transformation Programme”
<p><b>Support for Specific Groups</b></p> <ul style="list-style-type: none"> <li>• Work in partnership with community pharmacies to explore how people with dementia, cognitive impairment, mental health and other needs can be optimally supported to take their medicines; with signposting to other services as required</li> <li>• Design service based on recommendations from this work</li> </ul>				

## 3. The Assessment

### 3.5 Regulatory Statements

NECESSARY SERVICES Services which are necessary to meet the need for pharmaceutical services		RELEVANT SERVICES Services which have secured improvements or better access to pharmaceutical services		
In the HWB area Regulation 4 (1); 1 (a)	Outside the HWB area Regulation 4 (1); 1 (b)	In the HWB area Regulation 4 (1); 3 (a)	Outside the HWB area Regulation 4 (1); 3 (b)	Other pharmaceutical services which affect the assessment Regulation 4 (1); 3 (c)
<ul style="list-style-type: none"> <li>Essential Services</li> <li>Medicines Use Reviews &amp; Prescription Interventions</li> <li>New Medicine Service</li> <li>Flu Vaccination Advanced Service</li> <li>NHS Urgent Medicine Supply Advanced Service (pilot)</li> <li>London Pharmacy Vaccination Service</li> </ul>	<ul style="list-style-type: none"> <li>Essential services provided by pharmacies in neighbouring HWB areas</li> <li>NHS Urgent Medicine Supply Advanced Service (pilot)</li> </ul>	<ul style="list-style-type: none"> <li>Stoma Appliance Customisation Service</li> <li>Appliance Use Reviews</li> </ul>	<ul style="list-style-type: none"> <li>Stoma Appliance Customisation Service provided by out of area pharmacies and DACs</li> <li>Appliance Use Reviews provided by out of area pharmacies and DACs</li> </ul>	<ul style="list-style-type: none"> <li>None identified inside or outside of the HWB area</li> </ul>

Regulation	Summary of Gaps, Needs and Improvements
<b>Necessary Services – gaps in provision (current need)</b> Schedule 1; Regulation 4(1); 2(a)	<ul style="list-style-type: none"> <li>No gaps or needs identified</li> </ul>
<b>Necessary Services – gaps in provision (future need)</b> Schedule 1; Regulation 4(1); 2(b)	<ul style="list-style-type: none"> <li>No gaps or needs identified</li> </ul>
<b>Improvements or Better Access</b> Schedule 1; Regulation 4(1); 4(a)	<ul style="list-style-type: none"> <li>Better signposting and improved advertising may improve awareness of pharmacies which open for extended hours</li> <li>Access and choice to all pharmacy-based services could be improved if more pharmacies in the existing network, were commissioned to extend opening hours on weekday mornings and evenings and at weekends. This would strengthen alignment with GP opening hours (particularly in the mornings). <b>The HWB has not identified a need for a new pharmacy, in any locality, to secure this improvement</b></li> </ul>
<b>Future improvements or Better Access</b> Schedule 1; Regulation 4(1); 4(b)	<ul style="list-style-type: none"> <li>Access and choice as described under “Improvements or Better Access” above</li> </ul>
<b>Other NHS services which affect the need for pharmaceutical services or where further provision would secure improvements or better access</b> Schedule 1; Regulation 4(1); 5 (a and b)	<ul style="list-style-type: none"> <li>We have not identified any gaps or needs for other NHS services (provided or arranged by a local authority, NHSE, a CCG, an NHS Trust or NHS Foundation Trust) which affects the need for pharmaceutical services; or where further provision of pharmaceutical services would secure improvements, or better access, to these services</li> </ul>

## 4. Consultation Report

- Bromley Health and Wellbeing Board has undertaken a consultation on a draft of its Pharmaceutical Needs Assessment
- The consultation was managed electronically:
  - All stakeholder groups, as stated within the Regulations, were invited to participate (refer to the Box below)
  - Stakeholders were emailed on the 18 October 2017 to advise that they were being invited to participate in the consultation; and to provide notification that this was now live
  - A hard copy letter was posted 1<sup>st</sup> class on the 16 October. This was sent to Chief Executives of NHS & other provider organisations and neighbouring HWBs. A copy was also sent to community pharmacy contractors as a precaution to ensure that all stakeholders were served with a draft of the PNA
  - The draft PNA and associated appendices were posted on a dedicated page on the Council website; participants were advised that they may request a hard copy of the draft PNA, free of charge, if required
  - Respondents were required to complete a standard response form (Appendix I). They were given the option of using an on-line survey tool or completing the form and emailing this back to a dedicated email address
- The consultation was initiated on the 18 October 2017 and ended at midnight on the 20 December 2017. This period exceeded the minimum 60 day consultation required by the Regulations

### Consultation Outcome

- All feedback was consolidated into a document for review by the PNA Steering Group on the 10 January 2018
- In total, 8 responses were received to the consultation from the following stakeholders:
  - NHS England, London Region
  - Bexley, Bromley & Greenwich LPC
  - 6 community pharmacy contractors
- 12 stakeholders initiated a response using the online tool; these responses were not submitted and were therefore disregarded
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix J
- Where applicable, the draft PNA was updated to reflect the decision of the PNA Steering Group

### Stakeholder Groups invited to Participate in the Consultation

#### Stakeholders Specified Within the Regulations

- Healthwatch Bromley
- Bexley, Bromley & Greenwich Local Pharmaceutical Committee
- Bromley Local Medical Committee
- Bromley NHS Pharmaceutical Services Contractors (60 pharmacies)
- Kings College Hospital NHS Foundation Trust
- Oxleas NHS Foundation Trust
- Neighbouring Health & Wellbeing Boards (Bexley, Croydon, Greenwich, Lambeth, Lewisham, Kent, Southwark, Surrey)

#### Other Stakeholder Groups

- NHS Bromley Clinical Commissioning Group
- Bromley Healthcare C.I.C

## Annex A

### References

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## Annex B

### Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	LGBT	Lesbian, Gay, Bisexual, Transgender
AUR	Appliance Use Review	LMC	Local Medical Committee
BAME	Black, Asian and Minority Ethnic	LPC	Local Pharmaceutical Committee
CCGs	Clinical Commissioning Groups	LPS	Local Pharmaceutical Services (local contract)
CCTV	Closed Circuit Television	LSOA	Lower Super Output Areas
CGL	Change Grow Live	LTC	Long Term Condition
CNS	Central Nervous System	MOS	Medicines Optimisation Service
COPD	Chronic Obstructive Pulmonary Disease	MURs	Medicines Use Reviews
CPD	Continuing professional development	NHSE	NHS England
CPPE	Centre of Pharmacy Postgraduate Education	NICE	National Institute for Health & Care Excellence
CVD	Cardiovascular Disease	NMS	New Medicine Service
DACs	Dispensing Appliance Contractors	NUMSAS	NHS Urgent Medicines Supply Advanced Service
EHC	Emergency hormonal contraception	OCU	Opiate / Crack Cocaine User
EPS	Electronic prescription services	ONS	Office of National Statistics
FP10	NHS Prescription Form	PGD	Patient Group Direction
FT	Foundation Trust	PhAS	Pharmacy Access Scheme
GLA	Greater London Authority	PHE	Public Health England
GP	General practitioner	PhS	Pharmaceutical Services (national contract)
GUM	Genito-urinary medicine	PMR	Patient Medication Record
HIV	Human Immunodeficiency Virus	PNA	Pharmaceutical Needs Assessment
HPA	Health Protection Agency	PRU	Princess Royal University Hospital
HWB	Health & Wellbeing Board	PSNC	Pharmaceutical Services Negotiating Committee
IBA	Identification and Brief Advice	QoF	Quality and Outcomes Framework
ICN	Integrated Care Network	QPS	Quality Payment Scheme
IMD	Index of multiple deprivation	SHLAA	Strategic Housing Land Availability Assessment
JHWS	Joint Health & Wellbeing Strategy	STIs	Sexually transmitted infections
JSNA	Joint Strategic Needs Assessment	TDS	Tailored Dispensing Service
LAs	Local Authorities	UPSI	Unprotected Sexual Intercourse