Draft Pharmaceutical Needs Assessment

Consultation Draft

November 2014
# Pharmaceutical Needs Assessment

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Separate Documents
1. Background

1.1 Why a PNA is needed

- The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical Services, must apply to be on the Pharmaceutical List. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the system for market entry.

- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA). Box 1 summarises the duties of a HWB in relation to PNAs.

- A PNA sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. Box 2 summarises the information which the PNA must contain and the matters which must be taken into account when making the assessment.

- The PNA is subsequently used by NHS England to consider applications to open a new pharmacy or to move an existing pharmacy and when commissioning services. It will also be a reference source for existing NHS pharmaceutical services contractors who may wish to change the services they provide and/or by potential new entrants to the market.

- In undertaking our assessment, we have recognised that our community pharmacies have a key role to play in helping us to develop and deliver the best possible pharmaceutical services. Our vision is to create a network of pharmacies which will play a pivotal role in improving the health and wellbeing of our population. Our PNA may, therefore, be used by Croydon Council and the NHS Croydon Clinical Commissioning Group in the development of their commissioning strategies.

- This document has been prepared by Croydon’s HWB, in accordance with the Regulations. It replaces the PNA (2011-14) published by the former Croydon PCT.

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**Box 1 - Duties of the HWB**

1. **Publish** its first PNA by 1 April 2015
2. **Maintain** the PNA, in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s). A map of provision must be kept up to date. A new PNA must be published every 3 years
3. **Respond to consultations**, by a neighbouring HWB, on a draft of their PNA.

**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
- The extent to which need for pharmaceutical services is affected by:
  - Pharmaceutical services outside the area
  - Other NHS services

Schedule 1 sets out the information the PNA must include:

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

### 1.2 Methodology

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

### Activity

| Step 1 Governance & Project management | • A multi-agency Steering Group was established to oversee and drive the development of the PNA. The Terms of Reference are attached in Appendix A • Webstar Lane Ltd was appointed to provide subject matter expertise and project management support |
| Step 2 Gather and validate data | • Information and data was requested from managers and commissioners within NHS England, Croydon Council and NHS Croydon CCG • A questionnaire was designed and disseminated to community pharmacies to verify current service provision and to secure insights into other aspects of service delivery. A copy is attached in Appendix C • The data from the questionnaire was used to identify and address anomalies with the data supplied by service commissioners to produce an accurate dataset |
| Step 3 Health Needs & strategic priorities | • A desktop review of the JSNA and key strategies was undertaken • This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services |
| Step 4 Pharmacy profile | • The current profile of pharmaceutical services, was documented on a service by service basis • This was supplemented with a benchmarking exercise using our ONS comparators (where data was available) |
| Step 5 Synthesis & assessment | • Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision • Pre-determined principles were used to underpin the decision making process |
| Step 6 Formal consultation | • A formal consultation was undertaken between 3rd November 2014 – 6th January 2015 in accordance with the Regulations • Comments were collated and presented to the PNA Steering Group for discussion and decision • The consultation report is attached in Section 4 (to be included at the end of this consultation cycle) |
### 1. Background

#### 1.3 Scope of the PNA

<table>
<thead>
<tr>
<th>Contractors included on the Croydon Pharmaceutical List - 75 Pharmacies &amp; 1 Dispensing Appliance Contractor</th>
<th>Refer to page 24 for Further Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacy Contractors</strong></td>
<td><strong>Dispensing Appliance Contractors</strong></td>
</tr>
<tr>
<td>“Community pharmacists; National contract”</td>
<td>“Provide appliances but not medicines”</td>
</tr>
<tr>
<td>73</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Pharmaceutical Services

Community pharmacists provide:
- **Essential Services**
  - Dispensing (includes electronic prescription services) and the actions associated with dispensing
  - Repeatable 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) & Prescription Intervention Service
  - New Medicines Service (NMS)
  - Appliance Use Reviews (AURs)
  - Stoma Appliance Customisation Services (SACS)
- **Enhanced Services**
  - London Pharmacy Vaccination Service

Dispensing Appliance Contractors provide:
- **Essential Services**
  - Dispensing (includes electronic prescription services) & the actions associated with dispensing appliances
  - Repeatable dispensing
  - Home delivery for specified appliances
  - Provision of supplementary items (e.g. disposable wipes)
- **Advanced Services**
  - Stoma Appliance Customisation Services (SACS)
  - Appliance Use Reviews (AURs)

#### Other services commissioned from Pharmacies

- Services Commissioned by Public Health or Croydon Council
  - Stop Smoking Service
  - Chlamydia Screening Programme
  - Enhanced Sexual Health
  - Supervised Consumption Service and Needle / Syringe programme
  - NHS Health Checks

- Services commissioned by Croydon CCG
  - Domiciliary medicines review
  - Pharmacy First - Minor Ailments

- Services commissioned by NHS Trusts or Foundation Trusts: **None**

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

- Croydon Health Services (CHS) NHS Trust which comprises Croydon University Hospital & Croydon Community Health Services
- South London & Maudsley NHS FT (SLaM) - mental health services
- Urgent Care Centre (Croydon University Hospital)
- Purley War Memorial Hospital (Minor Injuries Unit & various out patient clinics)
- Edridge Road Walk-In Centre
- GP Out of Hours Service (based at Croydon University Hospital)
- Community Drugs and Alcohol Service
- Sexual Health Services
- Dentists, Optometrists, GPs, Care Homes

The following services have been excluded from the scope of this PNA because they do not fall within the Regulations and do not impact market entry decisions:
- Non-NHS services provided by community pharmacies (refer to Appendix D)
- The Pharmacy Services provided by CHS NHS Trust & SLaM
2. Local Context
2.1 The Place

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

For the purpose of our PNA, we have adopted a ward based locality structure that divides the Borough into six locality areas (refer to the upper table on the right hand side).

The rationale for adopting this locality structure may be summarised as follows:

- The structure reflects the resident population of Croydon and is co-terminus with wards.
- The structure enables explicit analysis of developments and growth occurring within the East Croydon locality.
- It should be noted that the GP networks used by NHS Croydon CCG were considered but discounted as these are not co-terminus with wards. However, the PNA localities have been determined so that they align broadly with the GP networks.

It should be noted that whilst the localities will form the basis of our PNA, we will also make reference to wards as a means of pin pointing specific issues within the localities; or where locality level information is not available. This is particularly important for localities where there are extremes with respect to diversity, health needs and/or service provision.

The Office National Statistics (ONS) groups together geographical areas according to key characteristics common to the population within a grouping. The ONS comparator group for Croydon is shown in the lower table on the right hand side. This group will be used for the purposes of benchmarking within the PNA.

### Local Context

#### 2.1 The Place (cont…)

<table>
<thead>
<tr>
<th>Locality</th>
<th>Ward(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Mayday</td>
<td>Bensham Manor, Norbury, West Thornton</td>
</tr>
<tr>
<td>2 Thornton Heath</td>
<td>South Norwood, Upper Norwood, Thornton Heath</td>
</tr>
<tr>
<td>3 Woodside &amp; Shirley</td>
<td>Ashburton, Shirley, Woodside</td>
</tr>
<tr>
<td>4 New Addington &amp; Selsdon</td>
<td>Fieldway, Heathfield, New Addington, Selsdon &amp; Ballards</td>
</tr>
<tr>
<td>5 Purley</td>
<td>Coulsdon East, Coulsdon West, Kenley, Purley, Sanderstead</td>
</tr>
<tr>
<td>6 East Croydon</td>
<td>Addiscombe, Broad Green, Croham, Fairfield, Selhurst, Waddon</td>
</tr>
</tbody>
</table>

**ONS Comparator Group**

- Barnet
- Ealing
- Enfield
- Harrow
- Hounslow
- Greenwich
- Luton
- Redbridge
- Waltham Forest
- Slough*
- Merton*

*Used where benchmarking data is available; otherwise excluded*
2. Local Context

2.2 Demography

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

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

What this means for the PNA

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

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

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

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

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

Similarly, pharmaceutical services within the wards with the highest proportion of people aged under 65 years.

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

Deprivation
- Croydon is the 19th (out of 32) most deprived boroughs in London:
  - 63,482 residents (17.2%) fall within the 20% most deprived areas of the county and 16,000 fall within the 10% most deprived areas
  - Within Croydon, the 5 wards which rank highest on the Index of Multiple Deprivation (IMD) are Fieldway, New Addington, Broad Green, Selhurst and South Norwood
  - Long term unemployment is similar to the regional average and slightly higher than the national average at 10.01% (approximately 2,422 people; 2012 data); this is a decrease by 8.17% compared with the previous year
  - 25.2% children live in poverty compared to 20.6 in England. There is considerable variation across the Borough with nearly half the children in Fieldway living in poverty compared with 1 in 10 in the wards to the South
- This picture of deprivation, together with pockets of affluence, result in significant differences in life expectancy (see graph below)

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

Life expectancy at Birth 2008-12

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

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

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

Lifestyle has a significant impact upon the health and outcomes of an individual.

Within Croydon, the lifestyle factors and behaviours which are a cause for concern include:

**Smoking**
- 17.1% of adults smoke. This rate is similar to that of the regional average (18.0%) and below the England average (19.5%)
- Prevalence is highest in the wards of Addiscombe & Broad Green (East Croydon locality) Ashburton (Woodside & Shirley locality), Bensham Manor (Mayday locality), Coulsdon East (Purley locality).
- The prevalence of smoking is higher in people from routine and manual occupational groups, 29.4% of people in these groups currently smoke.

**Poor diet**
- 67.9% of infants are either totally or partially breast fed at the 6-8 week check. This is significantly higher than the England average (47.2%). The percentage of breast fed infants is lowest in the New Addington & Selsdon and Woodside & Shirley Localities (47.3% and 63.7% respectively)
- Only 27.8% of people eat the recommended 5+ portions of fruit and vegetables each day
- There is a correlation between fast food and obesity. Croydon has a high proportion of fast food outlets (114 outlets per 100,000 population compared to the England average of 77.9)

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

**Substance misuse**
- It is estimated that there are 1,676 opiate and/or crack users (OCU); this is equivalent to 6.94 per 1,000 population, which is lower than the regional (9.32) and national (8.60) averages
- 12.8% of the population drink alcohol at a level of increasing risk (hazardous) to their health, a further 5.0% drink at an even higher risk (harmful). These compare well to the regional averages (15.8%, 7.6% respectively).
- There have been approximately 1,726 hospital stays for alcohol related harm.
- GP data shows alcohol dependence is highest in Waddon & Addiscombe (East Croydon locality), Woodside & Ashburton (Woodside & Shirley locality) and Bensham Manor (Mayday locality)
- It is estimated, approximately 30% of secondary school pupils in Croydon have been drunk.

**Risky sexual behaviour**
- Sexual health is influenced by a number of factors including sexual behaviour and attitudes
- Unprotected sex can lead to poor sexual health, sexually transmitted infections (STIs) and unplanned pregnancy
- There is a strong correlation between alcohol and poor sexual health outcomes
  o Croydon has higher rates of teenage pregnancy, HIV, Chlamydia (all ages) and other common STIs than the national average (2012/13)
  o Abortions rates (26.9 per 1,000 women aged 15-44) are higher than the London (21.7) and England (16.1) averages (2012/13)
  o Repeat abortions in those under 25 (38.7%) is higher compared to London (32.6%) and England (26.9%) (2012/13)
  o The rates of alcohol related recorded crime (per 1,000) is 9.2 compared to 9.0 in London and 5.7 in England (2012/13).

In the pages which follow, we explore the health consequences of these lifestyle choices, together with a range of other diseases. The implications for the PNA are set out on pages 20 and 21
2.3 Health Needs

2.3.2 The Health Consequences of Lifestyle Choices

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

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

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

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

Hospital admissions
- Smoking contributes towards the impact of smoking on hospital admissions. Tackling smoking will reduce such admissions.

• The tables on the right provide an insight into the impact of the conditions.
• It is important to refer to Appendix E when reviewing this information, as this provides the confidence intervals and the 1 and 3 year trend for the data.

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

<table>
<thead>
<tr>
<th>2010-12 data</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Deaths (Croydon) (London; England)</td>
<td>121.5 (118.1; 114)</td>
<td>50.8 (51.1; 50.1)</td>
<td>84.1 (83.1; 81.1)</td>
</tr>
<tr>
<td>Preventable* (Croydon) (London; England)</td>
<td>85.4 (79.3; 80.8)</td>
<td>28.3 (27.0; 27.6)</td>
<td>55.2 (52.0; 53.5)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>2010-12 data</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Deaths (Croydon) (London; England)</td>
<td>161.8 (158.6; 163.6)</td>
<td>118.8 (121.9; 130.8)</td>
<td>138.7 (139.1; 146.5)</td>
</tr>
<tr>
<td>Preventable* (Croydon) (London; England)</td>
<td>93.0 (91.4; 92.7)</td>
<td>68.3 (72.4; 77.9)</td>
<td>79.6 (81.5; 84.9)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>2010-12 data</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Deaths (Croydon) (London; England)</td>
<td>45.5 (40.6; 39.6)</td>
<td>29.1 (25.4; 27.9)</td>
<td>36.8 (32.6; 33.5)</td>
</tr>
<tr>
<td>Preventable* (Croydon) (London; England)</td>
<td>23.5 (21.4; 20.1)</td>
<td>13.0 (13.2; 15.2)</td>
<td>17.9 (17.1; 17.6)</td>
</tr>
</tbody>
</table>

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

| COPD (Croydon) (London; England) | 3.62 (3.20; 3.07) |

### Smoking – Related Hospital Admissions (Total) 2010-12

| No. of Admissions (Croydon); (London; England) | 1,216 (1,331; 1,420) |

*Source: Public Health Outcomes Framework*

- Preventable deaths are those which may be avoided through public health interventions.
- Statically worse than the region or national average.
2.3 Health Needs

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

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

Drug Misuse
- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV. These infections may cause chronic poor health and can lead to serious disease and premature death
- The Health Protection Agency (HPA) has estimated that in England (2013) for current and previous drug users:
  - 1.2% are Hepatitis B Positive
  - 17% are Hepatitis C positive
  - 50% are HIV positive
  - In 2011/12, it was estimated that there were 1,914 opiate and/or crack users in Croydon

Alcohol misuse
- Drinking more than the recommended daily allowance, and particularly binge drinking (i.e. at least twice the daily recommended amount of alcohol in a single drinking session i.e. 8+ units for men and 6+ units for women), has health consequences which include:
  - Liver disease: The under 75 mortality rate in 2010/12 was 15.4/100,000. This is statistically similar to the England average (18/100,000) and lower than the London average (18.9/100,000)
  - Alcohol-related mortality (2012): This was 55.57/100,000 for males and 25.58/100,000 for females. In both cases, this rate is statistically similar to both the London and England averages
- GP recorded prevalence of alcohol dependence shows quite a variation within Croydon; with higher areas of prevalence in the Thornton Health, Woodside & Shirley and East Croydon localities

Sexual Health
- Sexually transmitted infections (STIs) and HIV can cause a range of illnesses which may lead to premature death:
  - In 2013, the number of acute STIs diagnosed was 4,615 in Croydon
  - The rate of STIs (including chlamydia) per 100,000 population was 1251 for Croydon; this compares to 1332.5 and 834.2 for London and England respectively (2013)
  - The rate of chlamydia diagnosis, in those aged 15-24 years (per 100,000), was 2,704 for Croydon; this compares to 2,179 for London and England 2,016 (2013)
  - In 2013, the gonorrhoea diagnosis rate (per 100,000) was 128.5; this is lower than London (155.4) and statistically similar to England (52.9)
  - Croydon has an HIV prevalence rate 5.1, this is lower than the London rate of 5.5 but significantly higher than the national rate of 2.1 per 1,000 population.
  - 58.3% of HIV in Croydon is diagnosed at late stage (CD4 <350) in those aged 15+. This is statistically higher than the London (44.9%) and England (48.3%) averages (2010-2012 data)
- Unwanted pregnancy has a significant impact, particularly in young girls; and termination of pregnancy can have long term physical and psychological effects leading to health problems in the future.
- Teenage pregnancy often leads to poor health and social outcomes for mother and baby.
  - In 2012, the rate of under 18 conceptions (per 1,000) is 28.6, in Croydon. This is slightly higher than the regional (25.9) and England (27.7) averages

<table>
<thead>
<tr>
<th>Hospital admissions per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol related harm</strong> (Croydon) (2012/13) (London; England)</td>
</tr>
<tr>
<td><strong>Alcohol specific stays – aged under 18 years</strong> (Croydon; 2010/11 – 12/13) (London; England)</td>
</tr>
</tbody>
</table>

Source: Public Health Outcomes Framework
2.3 Health Needs
2.3.3 Other Considerations

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

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

Care Homes
- With increasing numbers of frailer older people with long term conditions and complex requirements including palliative needs, care homes are providing care that historically has been provided by hospitals. As care is provided by generalists supported by specialists, it is recognised that specialism is required to meet the needs of the individual residents and the care homes
- There are currently over 200 care homes in Croydon with circa 2,900 beds. 60 homes are managed by the council
- Projecting Older People Population Information (POPPI) has estimated that around 1,562 people aged 65 and over currently live in a care home. The highest proportion of which are for people aged 85 and over (n=819).
- By 2025, these projections estimate the total number of those aged 65 and over living in care home is set to increase to 2,148
- Recommendations from the NICE Managing Medicines in Care Homes (SC1) that directly relate to Pharmacy involvement include:
  - The ongoing supply and demand of medicines prescribed to patients,
  - Advice/support the patients care plan and staff with regards to adverse effects due to medicines
  - Support the disposal of medicines from care homes
  - Supporting delivery of the local anticipatory medicines pathways
  - Advise/support staff on the information administration records of patients
  - Key contact for queries, around medicine, for the resident/family members when the patient is temporarily away from care home
- Adopting a proactive approach to managing medicines in care homes is likely to make a contribution towards reducing unplanned admissions to hospital
2.3 Health Needs
2.3.3 Other Considerations (cont…)

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

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

**Disability**
- Supporting people with a disability through the provision of a range of responsive and coherent health and care services will help those with a disability to live independently for as long as possible.
- Around 38,500 (16.96%) people (aged 16 – 64 years) are in a chronic state of ill health or disability.
- Nearly 7000 (15%) of older people (65+) are in a chronic state of ill health or disability and who have a need for extra help with mobility or more general care.
- 40% (19,690 out of 48,400) of people aged 65+ are unable to manage at least one domestic task on their own; and 30% (16,131) are unable to manage at least one self-care task on their own.
- Projected estimates suggest that the number of people, aged 18 – 64 years, with a learning disability is set to increase to 6,039 by 2020 (from 5,761 in 2014); and for those aged 65+ this is set to increase from 1000 (2014) to 1,144 in 2020.
- Long term conditions, particularly cardiovascular disease, are a major cause of physical disability.
- The total number of 65+ with a limiting long term illness whose day-to-day activities are limited a lot is 10,680.

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

We then set out the implications for our pharmaceutical needs assessment on pages 20 and 21.
2.4 Health Services Strategy
2.4.1 National Strategy

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

NHS England
• NHS England’s ambition, to ensure “High Quality Healthcare for all, Now and in the Future”, is set out within “Everyone Counts: Planning for Patients 2014/15 to 2018/19”. The document describes a five-year transformation programme. A nationwide consultation exercise, “A Call to Action”, has been undertaken in order to secure commitment to the above transformation programme.
• Some of the key changes relevant to pharmaceutical services include:
  o Providing a broader range of services, from the wider primary care providers (including pharmacy), in order to improve access and support for patients with a moderate mental health or physical long term condition.
  o A more integrated system of community-based care focused on improving health outcomes which include:
    • Developing new models of primary care which provide holistic services, particularly for frail older people & those with complex needs;
    • A greater focus on preventing ill health;
    • Involving patients and carers, more fully, in managing their health;
    • The establishment of urgent and emergency care networks to improve access to the highest quality services in the most appropriate setting;
    • A move towards providing responsive and patient-centred services seven days a week. Initially the focus will be on urgent and emergency care coupled with up to 9 pilots to improve access to GP services in the evenings and at weekends.
• For pharmacy, the “Call to Action” debate will inform NHS England’s strategic framework for community pharmacy services.
## Joint Health & Wellbeing Strategy (JHWS) 2013-15

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

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Area of Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement 1</td>
<td>Giving children a good start in life</td>
</tr>
<tr>
<td>Improvement 2</td>
<td>Preventing illness and injury and helping people recover</td>
</tr>
<tr>
<td>Improvement 3</td>
<td>Preventing premature death and long term conditions</td>
</tr>
<tr>
<td>Improvement 4</td>
<td>Supporting people to be resilient and independent</td>
</tr>
<tr>
<td>Improvement 5</td>
<td>Providing integrated, safe, high quality services</td>
</tr>
<tr>
<td>Improvement 6</td>
<td>Improving people’s experience of care</td>
</tr>
</tbody>
</table>

- **Focuses on health issues affecting children and young people from conception to age 19**
- **Focuses on addressing vaccination and lifestyle behaviours**
- **Focuses on early detection, management and treatment of long term conditions**
- **Focuses on empowering people to manage their own care; and reducing the need for long term care**
- **Focuses on redesigning planned and urgent/emergency care pathways including separating planned and unplanned surgery**
- **Focuses on ensuring clear eligibility criteria services, as well as improved mechanisms of onward referrals**

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

## Croydon Public Health Priorities in The Corporate Plan 2014

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

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve immunisation rates and participate in Emergency Preparedness Resilience and Response processes</td>
<td>Improvements in immunisation rates</td>
</tr>
<tr>
<td>Improve cardiovascular health with a focus on schools and workplaces by the delivery of a Heart Town campaign</td>
<td>A reduction in smoking prevalence and an increase in smoking quitters</td>
</tr>
<tr>
<td>Prevent alcohol misuse through development of options for public health based interventions</td>
<td>A reduction in incident of alcohol-related harm</td>
</tr>
<tr>
<td>Reduce obesity by re-commissioning adult and child weight management services</td>
<td>Reductions in childhood and adult obesity and increases in participation in health activity</td>
</tr>
<tr>
<td>Help residents quit smoking by re-establishing the network of community based stop smoking advisers</td>
<td>Improved sexual health including reduction in incidence of Chlamydia</td>
</tr>
<tr>
<td>Improve health in the workplace in Croydon by developing a work programme with major employers in Croydon</td>
<td></td>
</tr>
</tbody>
</table>
## 2.4 Health Services Strategy
### 2.4.2 Local Strategies (continued…)

### CCG Strategic Priorities

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

<table>
<thead>
<tr>
<th>Aim</th>
<th>Priorities</th>
<th>Aim</th>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention, Self Care &amp; Shared Decision Making</strong>&lt;br&gt;Reducing overall mortality rates from disease that are potentially avoidable with medical treatment</td>
<td>• Delivery of prevention &amp; self care advice including high blood pressure &amp; weight management&lt;br&gt;• Health promotion campaigns like ‘Self Care Week’ to ensure early detection&lt;br&gt;• Delivery of Pharmacy First: Minor Ailment Service&lt;br&gt;• Patient education programmes to manage LTCs&lt;br&gt;• Access to early intervention and screening services including diabetes and Alcohol Intervention and Brief Advice (IBA)&lt;br&gt;• Medicine expert role in Patient Decision Aids</td>
<td><strong>Planned Care</strong>&lt;br&gt;Ensuring people are seen at the right place at the right time</td>
<td>• Development of community based initiation of warfarin for patients with Atrial Fibrillation&lt;br&gt;• Supporting discharged patients within community setting</td>
</tr>
<tr>
<td><strong>Long term Condition and Vulnerable Adults/Older people</strong>&lt;br&gt;Empowering people to help maintain their independence and help keep them as well as possible for as long as possible</td>
<td>• Integrated working with GPs and healthcare professionals around health needs within the 6 networks&lt;br&gt;• Referral to Single Point of Access with appropriate re-directions&lt;br&gt;• Early intervention and planned care management for people with long term conditions and/or the vulnerable&lt;br&gt;• Development of drug management in long term condition pathways e.g. anti-coagulation&lt;br&gt;• Maintaining focus of community health services for those with a learning disability&lt;br&gt;• Maximise expert role in Telehealth</td>
<td><strong>Primary and Community care</strong>&lt;br&gt;Transforming Primary Community services so we can deliver more closer to where you live</td>
<td>• Development of Primary and Community strategy to achieve alignment and integrated care including equitable opening hours and same day appointment slots&lt;br&gt;• Provision of expert advice on multidisciplinary team case management&lt;br&gt;• Increase uptake of Pharmacy First</td>
</tr>
<tr>
<td><strong>Children and Young People</strong>&lt;br&gt;Supporting children and young people to achieve their full potential and have a great start in life</td>
<td>• Integrated working between Health and Social care partners within 6 networks&lt;br&gt;• Alignment of early intervention programmes &amp; children’s centres, including peri-natal support&lt;br&gt;• Supporting those that have been discharged within community settings</td>
<td><strong>Medicines optimisation</strong>&lt;br&gt;Supporting people to get the best use from their medicines and to reduce waste</td>
<td>• Prescribing efficiencies including MDT partnerships for older people &amp; care home dispensing&lt;br&gt;• Extension of medicines reviews/domestic medicine reviews&lt;br&gt;• Joint working with LA e.g. Re-ablement</td>
</tr>
<tr>
<td><strong>Urgent Care</strong>&lt;br&gt;Improving accessibility and responsiveness in primary care including Pharmacy First and GP First</td>
<td>• Promote 111 directory of services and single point of access&lt;br&gt;• Increase usage of alternative care pathways including Pharmacy First: Minor Ailment Services</td>
<td><strong>Aim</strong></td>
<td><strong>Priorities</strong></td>
</tr>
</tbody>
</table>

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Section 2 – Local Context
The Better Care Fund

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

Mental Health Strategy 2014 – 16

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

The Local Context - What this means for the PNA

Overview

• In considering the implications for the PNA, we have found it helpful to refer to the national picture

• Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport4

• Every year in England, 438 million visits are made to a community pharmacy for health-related reasons5. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population

• The strengths of community pharmacy may be summarised as:
  o Medicines Expertise
    • Medicines are the most common medical intervention. Non-adherence, to prescribed medicines, is a silent but significant challenge in managing long term conditions. It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended6. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole
    • Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber. As such, they have a central role to play in the management of long term conditions
  o Provider of public health services
    • Pharmacy is increasingly becoming a provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services. This is a reflection of its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public

On the next page, we:

• Systematically explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section.

• Set out the factors which our assessment will need to take into account in relation to the provision of pharmaceutical and other locally commissioned services

• Appendix F – provides an overview of pharmaceutical need across the life course and has been used to inform our thinking particularly in relation to future pharmaceutical services
### Implications for the PNA

#### 2.5.2 Systematic review

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

<table>
<thead>
<tr>
<th>Dispensing Services</th>
<th>Pharmacy-based immunisation</th>
<th>Sexual health services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The provision of dispensing services ensure that people can obtain the medicines they need</td>
<td>• The pan-London commissioning of the Influenza and pneumococcal vaccination (and other vaccination services in the future) improves access for Croydon residents and contributes towards achieving ‘herd immunity’ and vaccination targets</td>
<td>• In Croydon, Community pharmacy improves access to chlamydia screening and a range of other sexual health services including chlamydia treatment, emergency hormonal contraception service, pregnancy testing, free condoms and oral contraception</td>
</tr>
<tr>
<td>• Our PNA will explore both the accessibility and future capacity of dispensing services</td>
<td></td>
<td>• Some women prefer to use town centre pharmacies as these offer a sense of anonymity when compared to more ‘local’ pharmacies. It is important that our assessment takes this into consideration, when considering accessibility and provision of sexual health services within Croydon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Promotion &amp; Brief Advice</th>
<th>Pharmacy-First Minor Ailments Scheme</th>
<th>Stop Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The high number of people using pharmacies provides a real opportunity to “Make every Contact Count”</td>
<td>• Pharmacies provide valuable advice and support for people with self limiting conditions who would otherwise visit their GP or another unscheduled care provider</td>
<td>• Pharmacy based stop smoking services have been shown to be effective and cost effective, and NRT to support a quit may be supplied to clients at the point of consultation (although bupropion &amp; Varenicline must be prescribed)</td>
</tr>
<tr>
<td>• Future campaigns need to be focused on modifying lifestyle behaviours e.g. Reducing risky sexual behaviour &amp; alcohol intake, advice on healthy eating, breast feeding, weight management etc</td>
<td>• It is important that these services are accessible and well publicised to maximise the benefits</td>
<td>• Smoking prevalence varies across Croydon; and it is important that services are tailored accordingly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signposting</th>
<th>Screening &amp; Diagnostics</th>
<th>Stop Smoking</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pharmacies need to be equipped to facilitate signposting of patients to other services e.g. drug &amp; alcohol services, Hepatitis and HIV screening, sexual health services, specialist stop smoking services, ante-natal &amp; post-natal care &amp; support</td>
<td>• Pharmacies have a role to play in identifying unmet need (e.g. undiagnosed diabetes &amp; hypertension); and some have already been commissioned to provide NHS Health Checks</td>
<td>• Pharmacy based stop smoking services have been shown to be effective and cost effective, and NRT to support a quit may be supplied to clients at the point of consultation (although bupropion &amp; Varenicline must be prescribed)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicines Use Reviews (MURs) &amp; New Medicines Service (NMS)</th>
<th>Domiciliary Medicine Reviews</th>
<th>Substance Misuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Medicines play a critical role in preventing illness and improving outcomes for people with long term conditions</td>
<td>• Pharmacies play a key role in supporting housebound patients with taking their medication</td>
<td>• Community pharmacy-based services help to address the consequences of substance misuse including blood borne infections, reducing drug related crime and improving outcomes</td>
</tr>
<tr>
<td>• Community pharmacies may choose to provide MURs and/or NMS reviews, and play a pivotal role in helping people to take their medicines as prescribed, in identifying adverse effects and potentially reducing unplanned admissions and re-admissions to hospital</td>
<td>• In addition pharmacies contribute to:</td>
<td>• Prevalence of substance misuse varies across Croydon; and it is important that services reflect the different needs of the population.</td>
</tr>
<tr>
<td>• Targeting reviews to specific groups e.g. those with diabetes, history or risk of CVD or stroke, asthma, COPD and those with a mental health disorder, will support achievement of local strategic priorities</td>
<td>o Provide public health interventions and targeted support within the home setting</td>
<td>• Where prevalence data is not attributed to specific areas, it is key that all services are well promoted and accessible to a wide population</td>
</tr>
<tr>
<td></td>
<td>o Avoid ‘medicine hoarding’ by stock checking the patient’s medicine cabinet</td>
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