Notice of Meeting

Health and Wellbeing Board

Date & time	Place	Contact
Thursday, 12 March 2015 at **1.00 pm**	New Council Chamber, Reigate Town Hall, Castlefield Rd, Reigate, Surrey RH2 0SH	Bryan Searle Room 122, County Hall Tel 020 8541 9019 bryans@surreycc.gov.uk

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9019, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email bryans@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Bryan Searle on 020 8541 9019.

Board Members

Mr Michael Gosling (Co-Chairman)	Cabinet Member for Public Health and Health and Wellbeing Board
Dr Andy Brooks (Co-Chairman)	Surrey Heath Clinical Commissioning Group
Councillor John Kingsbury	Woking Borough Council
Dr David Eyre-Brook	Guildford and Waverley Clinical Commissioning Group
Dr Claire Fuller	Surrey Downs Clinical Commissioning Group
Dr Andy Whitfield	North East Hampshire and Farnham Clinical Commissioning Group
Dr Liz Lawn	North West Surrey Clinical Commissioning Group
Mrs Mary Angell	Cabinet Member for Children and Families
Councillor James Friend	Mole Valley District Council
Mr Mel Few	Cabinet Member for Adult Social Care
Peter Gordon	Healthwatch Surrey
Chief Constable Lynne Owens	Surrey Police
Helen Atkinson	Director for Public Health
Nick Wilson	Strategic Director for Children, Schools and Families
John Jory	Reigate and Banstead Borough Council
Dave Sargeant	Strategic Director for Adult Social Care

TERMS OF REFERENCE

The Health and Wellbeing Board:

- oversees the production of the Joint Health & Wellbeing Strategy for Surrey;
- oversees the Joint Strategic Need Assessment; and
- encourages integrated working.

PART 1
IN PUBLIC

1 APOLOGIES FOR ABSENCE

2 MINUTES OF PREVIOUS MEETING: 8 JANUARY 2015 (Pages 1 - 6)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

4 QUESTIONS AND PETITIONS

4a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting *(Friday 6 March 2015).*

4b Public Questions

The deadline for public questions is seven days before the meeting (***actual deadline date***).

4c Petitions

The deadline for petitions was 14 days before the meeting. No petitions have been received.

5 BOARD BUSINESS

To update the Board on any key issues relevant to its areas of work, membership and terms of reference.

6 FORWARD WORK PROGRAMME (Pages 7 - 10)

To agree the Boards Forward Work Programme.

7 BETTER CARE FUND UPDATE

The Strategic Director for Adult Social Care will provide an oral update at the meeting.

8 SURREY PHARMACEUTICAL NEEDS ASSESSMENT (Pages 11 - 178)

The Board's sign-off for the Pharmaceutical Needs Assessment is requested.

9 DISTRICT AND BOROUGH STRATEGIC PLAN WELLBEING ASSESSMENTS (Pages 179 - 190)

To discuss the alignment of the strategic plans of Surrey's District and

Borough Councils with Surrey's Joint H&W Strategy.

10 AN UPDATE ON DEVELOPING A PREVENTATIVE APPROACH PRIORITY ACTION PLAN (Pages 191 - 210)

The purpose of the paper is to review progress made in turning strategic priorities into actions, consider a set of proposed actions and agree which actions should be taken forward as part of the next steps.

11 SURREY PHYSICAL ACTIVITY STRATEGY (Pages 211 - 228)

The new Surrey Physical Activity Strategy aims to: make local sense of national policy and research; collate in one place what's happening across all the different sectors; and then look to fill the gaps as required. It will also highlight good practice so others can improve their delivery and ensure more organisations work together more effectively to make better use of existing resources.

The Strategy looks to increase the numbers of residents meeting the Chief Medical Officers (CMO) guidelines and enhance ownership amongst wider partners of the two Public Health Outcomes related to physical activity.

12 COMMISSIONING PLANS AND ANNUAL REPORTS (Pages 229 - 232)

This item provides an update on the development of CCG Commissioning Plans (executive summaries to be presented / made available at the meeting) and the County Council's Corporate Strategy (attached); and sets out the process for meeting the Health and Wellbeing Board (and the CCGs) requirements in relation to sharing CCG annual reports.

13 PUBLIC ENGAGEMENT SESSION

An opportunity for any members of the public to ask any questions relating to items discussed at today's meeting.

David McNulty
Chief Executive
Surrey County Council
Published: Wednesday, 4 March 2015

QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

The Health and Wellbeing Board will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area and petitions containing 100 or more signatures relating to a matter within its terms of reference, in line with the procedures set out in Surrey County Council's Constitution.

Please note:

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).

The Public engagement session held at the end of the meeting is made available to Members of the public wanting to ask a question relating to an Item on the current agenda. Questions not relating to items on the agenda will need to be submitted in advance of the meeting.

2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Board Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Board Members may decline to answer a supplementary question.

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

Anyone is permitted to film, record or take photographs at council meetings. Please liaise with the council officer listed in the agenda prior to the start of the meeting so that those attending the meeting can be made aware of any filming taking place.

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It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

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MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 8 January 2015 at Committee Room C, County Hall, Penrhyn Road, Kingston upon Thames, KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 12 March 2015.

Elected Members:

	Mr Michael Gosling (Co-Chairman)
*	Dr Andy Brooks (Co-Chairman)
	Councillor John Kingsbury
*	Dr David Eyre-Brook
*	Dr Claire Fuller
*	Dr Andy Whitfield
	Dr Liz Lawn
*	Dr Patrick Kerr
	Mrs Mary Angell
*	Councillor James Friend
*	Mr Mel Few
	Peter Gordon
	Chief Constable Lynne Owens
*	Helen Atkinson
*	Nick Wilson
	John Jory
*	Dave Sargeant

Ex officio Members:

Co-opted Members:

Substitute Members:

Councillor John Kingsbury
Dr Liz Lawn
Mrs Mary Angell
Peter Gordon
Chief Constable Lynne Owens
John Jory

In attendance

91/14 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Mary Angell, Peter Gordon, John Jory, John Kingsbury, Liz Lawn and Lynne Owens.

Jo-anne Alner, Tom Kealey, and Michael Rich attended as substitutes for Liz Lawn, John Jory and Peter Gordon respectively.

92/14 MINUTES OF PREVIOUS MEETING: TO FOLLOW [Item 2]

The Minutes were tabled at the meeting and agreed as an accurate record, subject to the notification of any queries once members of the Board had read them in detail.

93/14 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest.

94/14 QUESTIONS AND PETITIONS [Item 4]

There were no questions or petitions.

a MEMBERS' QUESTIONS [Item 4a]
There were no member questions.

95/14 PUBLIC QUESTIONS [Item 4b]

There were no public questions.

96/14 PETITIONS [Item 4c]

There were no petitions.

97/14 FORWARD WORK PROGRAMME [Item 5]

The Forward Work Programme was agreed.

98/14 THE SURREY BETTER CARE FUND [Item 6]

Witnesses:

Pennie Ford, Director of Operations & Delivery, NHS England

Key points raised during the discussion:

1 Dave Sargeant, Strategic Director for Adult Social Care, introduced the report on behalf of the partners involved. It was noted that the current Plan had been updated following feedback from the national team in Autumn 2015 when approval had been received subject to

the provision of more information and evidence. The amendments were as follows:

- Making clearer how our plan meets the 'national conditions' such as the implementing 7 day services to support discharge, data sharing and the commitment to protect social care;

- Providing more evidence around our engagement with providers and how the plan aligns to other strategies and plans such as the CCGs 2 year operational plans;

- Agreeing a governance framework to support the implementation of the plan and strengthening information around risks and risk sharing;

- Refining the local schemes which are found in 'annex 1' of the plan – strengthening the information provided and being clearer and more consistent about the delivery chain, evidence base and key success factors for each scheme;

- Reviewing our targets against the key metrics and providing additional information and clear rationale for our chosen targets; and

- Providing more detail in the 'part 2' section of the plan which sets out the expenditure plan and financial benefits.

2 The Better Care Fund (BCF) advisors, Mimi Konigsberg and David Bolger, were thanked for the support they had provided in providing positive informal feedback and ensuring that the amendments made addressed the above issues.

3 Since the publication of the papers for this meeting there had been continued refinement of the Plan to ensure that it was ready for submission. This had included some additional information about the parts of the Plan which related to work with Windsor, Ascot and Maidenhead Clinical Commissioning Group and updating the provider commentary for two of the trusts (Ashford St Peters and Surrey & South East Hampshire) which appear in Annex 2 of the Plan.

4 Representatives of the Clinical Commissioning Groups (CCGs) welcomed the focus provided by the Better Care Fund (BCF) whilst acknowledging that the creation of the pooled budgets has added, in the short term at least, to their financial challenges and that they faced difficult decisions about service provision in the coming years.

5 The BCF was seen as positive in helping CCGs to move from a high-cost to a low-cost environment, and some steps had been taken to put changes in place from April 2015 so that the full-year benefit

could be realised. However, the CCGs would continue to face severe financial difficulties in 2015/2016, and there needed to be greater focus on complete system overhaul. It was also commented that an important part of the BCF plan was the transfer of significant sums (totalling £25m) from the pooled budgets to the County Council for the protection of Adult Social Care (with a health benefit) and that in order to ease the pressure on CCGs, the plans needed to lead to real transformation of services.

6 Surrey County Council welcomed the additional funds recognising the pressures on the social care budget arising from demographics and the scope this gave to sustain existing preventative social care services. However, concern was expressed about the speed at which the implementation of change would free the necessary funds for the county to ensure protection of these services..

7 It was noted that the overall governance arrangements varied between CCG areas to reflect differences between needs in each of the geographical areas, and discussions were being held between the CCGs and the County Council to ensure that the right relationships were in place to oversee spending on adult social care and mental health. Local Joint Commissioning Groups in each CCG area would be the key forum for making local spending decisions in relation to the Better Care Fund. Monitoring of the decisions of these groups would therefore enable overall spending in relation to the Better Care Fund to be tracked.

8 The importance of keeping control of the financial aspects of the Better Care Fund was stressed, and the Board recommended that the Better Care Board be asked to set clear targets for the production of financial information by partners.

9 The complexity of the Better Care Fund document was partly a reflection of the large number of local authorities, CCGs and other partners responsible for health services in Surrey, and testament was paid to the effective partnership working which had allowed the BCF programme to be developed to this level. The importance of communication and engagement with the public to explain the implications for health services arising from the BCF prior to April 2015 was stressed, and it was agreed that an easy-access summary version of the document should be produced.

Whole Systems Partnership Funding for 2014/15

10 It was noted that this funding was a transfer of funds from the Department of Health, via NHS England, to local authorities to support adult social care which also has a health benefit. The Board supported the allocation of total funding of £18.3m between the Clinical Commissioning Groups and the County Council for 2014/15, as set out in the report.

Better Care Fund Metrics

11 It was noted that a Metrics Group reported to the Better Care Board quarterly on six metrics, four of which were set nationally and two of which were chosen locally. These were as follows:

National

- Permanent admissions of older people (65 and over) to residential and nursing care homes, per 100,000 population.
- Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services.
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).
- Friends and family test (inpatient)

Local

- Total non-elective admissions to hospital (general and acute) per 100,000 population (all ages)
- Estimated diagnosis rate for people with dementia

12 It was noted that the second of the national metrics had been chosen as this had historically been an area for improvement in Surrey, and it was important to know how many people were successfully being supported in the local community following discharge. Comment was made that the value of the local metric about non-elective admissions could be questioned because the figures could reduce due to a lack of availability of beds for patients, rather than as a result of successful management.

Resolved:

(a) That the updated Surrey Better Care Fund plan be approved for re-submission on 9 January 2015

(b) That the draw down and distribution of the whole systems partnership funding for 2014/15 be approved.

(c) That an update on the key Better Care Fund metrics be considered by the Board on a quarterly basis.

(d) That the Better Care Board be asked to set clear targets for the production of financial information by partners.

Action by: Dave Sargeant

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Actions/Next Steps:

- The Board to receive an update report at its meeting in March 2015.

99/14 PUBLIC ENGAGEMENT SESSION [Item 7]

Key points made during the discussion:

- Support was expressed for the Better Care Fund process and the positive discussion of the item by the Board, and the importance of Borough and District Councils working together to ensure arrangements were joined up at the local level was stressed.

A leaflet aimed at councillors to explain changes as a result of the Better Care Fund arrangements had been produced, and this could be helpful to draw on when producing an easy-access document for Surrey residents. It was felt that the public would be particularly interested in the principles behind the BCF and the local implications.

Meeting ended at: 2.10 pm

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Chairman

This forward plan is subject to ongoing review and may be amended depending on external events and Government policy

Forward Work Plan

April 2015 – No meeting

May 2015 –Informal meeting (date to be agreed)

Item title:	
H&W Board champion(s):	
H&W will be asked to:	

11 June 2015 – Formal meeting in public

Item title:	**Commissioning Strategies & Strategic Plans**
H&W Board champion(s):	**Michael Gosling, Andy Brooks**
H&W will be asked to:	**Discuss commissioning plans;** **Identify opportunities and challenges;** **Provide comments / feedback re. alignment of all commissioning plans with Surrey's Joint H&W Strategy.**

Item title:	**JHWS Priority Update: Improving Children and Young People's Health and Wellbeing**
H&W Board champion(s):	**David Eyre-Brook, Nick Wilson, Mary Angell**
H&W will be asked to:	**Note / discuss progress; and** **Endorse the next steps.**

Item title:	**JHWS priority update: Promoting emotional wellbeing and mental health**
H&W Board champion(s):	**Andy Whitfield, Dave Sargeant, Mel Few**
H&W will be asked to:	**Note / discuss progress on the 'Promoting Emotional Wellbeing and mental health' JHWS priority;** **Including an update on the Mental Health Crisis Care Concordat;** **Endorse the next steps.**

Item title:	**JHWS priority update: Improving older adults health and wellbeing**
H&W Board champion(s):	**Dave Sargeant, Liz Lawn, Mel Few**
H&W will be asked to:	**Note / discuss progress; and** **Endorse the next steps.**

11 June 2015 – Informal meeting

Item title:	**Impact of the General Election**

H&W Board champion(s):	**Michael Gosling, Andy Brooks**
H&W will be asked to:	**Discuss known / potential impact of the General Election for health and wellbeing in Surrey.**

2 July 2015 – Informal meeting

Item title:	
H&W Board champion(s):	
H&W will be asked to:	

August 2015 – No meeting

3 September 2015 – Formal meeting in public

Item title:	**Commissioning intentions and cycles**
H&W Board champion(s):	**Michael Gosling, Andy Brooks**
H&W will be asked to:	**Discuss commissioning intentions and cycles;** **Identify opportunities and challenges; and** **Assure itself of alignment of all commissioning intentions with Surrey's Joint H&W Strategy.**

Item title:	**Beyond the Better Care Programme**
H&W Board champion(s):	**Andy Brooks, Dave Sargeant**
H&W will be asked to:	**Discuss and consider the next phase of health and social care integration.**

1 October 2015 – Informal meeting

Item title:	
H&W Board champion(s):	
H&W will be asked to:	

5 November 2015 – Informal meeting

Item title:	
H&W Board champion(s):	
H&W will be asked to:	

10 December 2015 – Formal meeting in public

Item title:	**Surrey Safeguarding Children Board Annual report**
H&W Board champion(s):	**Mary Angell, Nick Wilson**
H&W will be asked to:	**Discuss the recommendations from the Surrey Safeguarding Children Board Annual Reports; and** **Consider implications for H&W Board member organisations.**

Item title:	**Surrey Safeguarding Adults Board Annual report**
H&W Board champion(s):	**Mel Few, Dave Sargeant**
H&W will be asked to:	**Discuss the recommendations from the Surrey Safeguarding Adults Board Annual Report; and** **Consider implications for H&W Board member organisations.**

Item title:	**Sharing forecast budget positions**
H&W Board champion(s):	**Michael Gosling, Andy Brooks**
H&W will be asked to:	**Discuss forecast budget positions; and** **Identify opportunities, challenges and implications.**

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Surrey Health and Wellbeing Board

Date of meeting	12 March 2015

Item / paper title: Pharmaceutical Needs Assessment (PNA)

Purpose of item / paper	To present the Surrey Pharmaceutical Needs Assessment (2015) to the Health and Wellbeing Board for approval and for agreement to its publication by 1 April 2015 (as per NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013).
Surrey Health and Wellbeing priority(ies) supported by this item / paper	Pharmacies have a vital role in supporting the health and wellbeing of the whole population. The PNA therefore supports all five priorities.
Financial implications - confirmation that any financial implications have been included within the paper	None identified.
Consultation / public involvement – activity taken or planned	Public Consultation: In March 2014 7000 questionnaires were distributed randomly using a sample frame of all Surrey addresses. 1246 postal responses and 230 online responses were received. The survey consisted of questions on demographics, pharmacy access, visiting times, services used and suggestions. Community pharmacies, dispensing doctors, GPs and healthcare providers were also invited to take part in similar survey during the same period. Consultation on the draft PNA: The process of publishing a Pharmaceutical Needs Assessment requires that the draft PNA be available for consultation for a minimum of 60 days. The Surrey PNA consultation ran from the 22nd September to 31st December 2014. The consultation was sent to key stakeholders across the county who were encouraged to distribute it further. The consultation was available online at www.surreysays.co.uk/pna, where documents could be read and responded to online or downloaded. Hard copies of the draft PNA and questionnaire were posted to respondents as requested. The consultation was publicised on Surrey Health and Wellbeing Board's website; Healthy Surrey (www.healthysurrey.org.uk) and

	on the webpage of the current PNA published on Surreyi (www.surreyi.gov.uk)
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	As per Regulation 4, Schedule 1 of the NHS England Regulations 2013 within the PNA is an explanation of how the assessment was carried out, in particular how it has taken into account the different needs of people in its area who share a protected characteristic. An equality impact assessment has been carried out to support the PNA.
Report author and contact details	Ruth Hutchinson, Deputy Director of Public Health, G55 County Hall, email: ruth.hutchinson@surreycc.gov.uk, telephone: 020 8541 7801 Hannah Bishop, Public Health Lead G55 County Hall, email: hannah.bishop@hotmail.co.uk, telephone: 01737 737104
Sponsoring Surrey Health and Wellbeing Board Member	Michael Gosling, Health and Wellbeing Board Co-Chairman, Helen Atkinson, Director of Public Health
Actions requested / Recommendations	**The Surrey Health and Wellbeing Board is asked to:** a) Approve Surrey's Pharmaceutical Needs Assessment and agree to its publication on Surreyi.

Health and Wellbeing Surrey

Health and Wellbeing Board
12 March 2015

Pharmaceutical Needs Assessment

Purpose of the report: Policy Development and Review

To present the Surrey Pharmaceutical Needs Assessment (2015) to the Health and Wellbeing Board for approval and for agreement to its publication by 1 April 2015 (as per NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013).

Introduction:

1. From the 1st April 2013 Health and Wellbeing Boards have a statutory responsibility to publish and keep up to date the Pharmaceutical Needs Assessment (PNA), to be published by 1 April 2015.

2. The PNA provides a statement of need for the pharmaceutical services for the population of the Health and Wellbeing Boards area. Under the NHS Regulations (2013), a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. The PNA is therefore an essential part of the process of making decisions about market entry for new service providers.

Process

3. A Steering Group consisting of key professionals was formed in January 2014 to provide guidance, support and to oversee the production of the Surrey PNA. An Operational Group was formed to take responsibility for the delivery of analysing local demographics, health needs, service needs and the overall production of the PNA.

4. In March 2014 7000 questionnaires were distributed randomly using a sample frame of all Surrey addresses. 1246 postal responses and 230 online responses were received. The survey consisted of questions on

demographics, pharmacy access, visiting times, services used and suggestions.

5. Community pharmacies, dispensing doctors, GPs and healthcare providers were also invited to take part in similar survey during the same period.

6. A consultation of the draft PNA document was undertaken from 22nd September to 31st December 2014, where views of the public and other stakeholders was sought to ensure the PNA is reflective of the needs of the Surrey population. Responses to the consultation have been included in a report with the PNA and used to inform the final draft of the PNA.

Content of the PNA

7. The PNA has 14 sections plus appendices;

Section 1: Executive Summary

Section 2: Introduction: including the context, purpose, aims, methodology and production of the PNA

Section 3: Demography: describes the population of Surrey and explores population projections and housing growth for the County. Information by CCG is provided in an appendix.

Section 4: Local Health Needs: a review of inequalities in mortality, morbidity and health service provision across the population of Surrey. This section is designed to work alongside the Joint Strategic Needs Assessment (JSNA). Local Health Profiles by Borough and District are provided.

Section 5: Current Pharmaceutical Service Provision: describes the number of pharmaceutical services in Surrey and includes NHS, locally commissioned and enhanced services. This section also includes maps for pharmacy locations, days open (weekdays, Saturdays and Sundays), distance and journey times, and services commissioned by Public Health such as Stop Smoking and Needle and Syringe exchange programme.

Section 6 to 10 Survey results: from the public, community pharmacy, dispensing doctors, GP and healthcare professional surveys.

Section 11: Health Needs and service mapping: identifies the health needs by CCG, the number of community pharmacies and dispensing doctors, current services provided and suggested service developments.

Section 12: Conclusions and recommendations of the PNA

Section 13: Consultation report: a summary of the responses received from the consultation on the draft PNA which took place from September to December 2014.

Section 14: Further information: including references and bibliography

Key findings and recommendations

- Increases in population and the need for pharmaceutical services to be continually reviewed to ensure they are meeting the needs of the local population.
- Surrey's population is growing and ageing which will increase demand on healthcare services, particularly with regard to long term conditions. The population is mainly affluent with good health outcomes but there are pockets of deprivation and ill-health.
- Surrey has five identified places where there are high levels of deprivation with lower life expectancy and poor health outcomes and high levels of health related lifestyle risk factors e.g. Smoking prevalence.
- Pharmacies have a key role in future healthcare e.g. prevention and management of long term conditions.
- There are 19 pharmacies per 100,000 which is similar to the national average (22). There are two internet pharmacies and two dispensing appliance contractors in Surrey. There are 17 pharmacies on 100 hr contracts with at least one in each Clinical Commissioning Group (CCG).
- The three most common themes that emerged from the services the public would like to see improved were;
  - Increased opening hours (and staffing levels) of pharmacies
  - A reduction in waiting times for prescription
  - For pharmacies to concentrate on the core offer of dispensing and sales rather than additional services.
- Provision of essential services including the 5 mile radius and acknowledging feedback from surveys is deemed satisfactory in meeting the needs of the population
- Activity of advanced services is above the national average.

Conclusions:

8. The Health and Wellbeing Board has a statutory responsibility to publish and keep up to date the statement of need for pharmaceutical services for the population of its area (NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013).

9. The Surrey PNA (2015) has been developed in accordance with the NHS Regulations 2013.

Recommendations:

10. It is recommended that the Health and Wellbeing Board approves the final draft of the Surrey PNA (2015) and agrees to its publication.

8

Next steps:

- Following approval, the PNA will be published online on Surreyi.
- The PNA will be published by 1 April 2015.
- The PNA Steering Group will keep up to date a statement of the need for pharmaceutical services (Supplementary Statement) as per the regulations.

Report contact: Ruth Hutchinson, Deputy Director of Public Health, Public Health.

Contact details: 020 8541 7801 / ruth.hutchinson@surreycc.gov.uk

Sources/background papers:

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf

Surrey Pharmaceutical Needs Assessment

FINAL DRAFT April 2015

Health and Wellbeing Surrey

SURREY

8

Contents

8 Glossary

(In alphabetical order)

AUR:	Appliance Use Review
CCG:	Clinical Commissioning Group
D&B:	District and Borough
DAC:	Dispensing Appliance Contractor
EHC:	Emergency Hormonal Contraception
EPSr2:	Electronic Prescribing Service release 2
FP10:	NHS standard prescribing form
GP:	General Practitioner
HSCIS:	Health & Social Care Information Centre
HWB:	Health and Wellbeing Board
IMD:	Index of Multiple Deprivation
JSNA:	Joint Strategic Needs Assessment
LA:	Local Authority
LAT:	Local Area Team
LMC:	Local Medical Committee
LPC:	Local Pharmaceutical Committee
LPS:	Local Pharmaceutical Services
LSOA:	Lower Super Output Area
LTC:	Long Term Condition
MAR:	Medicines Administration Record
MUR:	Medicine Use Review
NHS:	National Health Service
NHSCB:	National Health Service Commissioning Board, now known as NHS England
NICE:	National Institute of Clinical Excellence
NMS:	New Medicine Services
ONS:	Office for National Statistics
PCT:	Primary Care Trust
PHE:	Public Health England
PID:	Project Initiation Document
PNA:	Pharmaceutical Needs Assessment
SAC:	Stoma Appliance Customisation Service
SCC:	Surrey County Council

1 Executive Summary

1.1 Purpose

From the 1st April 2013 Health and Wellbeing Boards (HWB) have a statutory responsibility to publish and keep up to date the pharmaceutical needs assessment (PNA). The PNA provides a statement of need for pharmaceutical services for the population of its area[i] (each HWB's population).

The PNA must relate to all the pharmaceutical services that may be provided under arrangements made by the NHS Commissioning Board (NHSCB), now known as NHS England.

Under the NHS Regulations (2013)[ii], a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. The PNA is therefore an essential part of the process of making decisions about market entry for new service providers.

The PNA is required to be robust and of a high standard to withstand legal challenges that may occur through the decisions made on commissioning pharmaceutical services due to this document.

1.2 Process

A Steering Group consisting of key professionals was formed in January 2014 to provide guidance, support and to oversee the production of the Surrey PNA. An Operational Group was formed to take responsibility for the delivery of analysing local demographics, health needs, service needs and the overall production of the PNA.

In March 2014 surveys were carried out gaining insight into provision of community pharmacies and dispensing doctors from those delivering services as well as consulting with the public and health care professionals on their experience of provision.

A consultation on the draft PNA document was undertaken between 22nd September and 31st December 2014, when views of the public and other stakeholders was sought to ensure the PNA is reflective of the needs of the Surrey population. A report of the consultation can be found in Section 13.

1.3 Key findings and recommendations

- Increase in population and the need for pharmaceutical services to be continually reviewed to ensure they are meeting the needs of the local population.
- Surrey's population is growing and ageing which will increase demand on healthcare services, particularly with regard to long term conditions. The population is mainly affluent with good health outcomes but there are pockets of deprivation and ill-health.
- Surrey has five areas where there are high levels of deprivation with lower life expectancy and poor health outcomes and high levels of health related lifestyle risk factors e.g. Smoking prevalence.

8

- Pharmacies have a key role in future healthcare e.g. prevention and management of long term conditions.
- There are 19 pharmacies per 100,000 which is similar to the national average (22). There are three internet pharmacies and two dispensing appliance contractors in Surrey. There are 17 pharmacies on 100 hr contracts with at least one in each Clinical Commissioning Group (CCG).
- The three most common themes that emerged from the services the public would like to see improved were;
    - Increased opening hours (and staffing levels) of pharmacies
    - A reduction in waiting times for prescription
    - For pharmacies to concentrate on the core offer of dispensing and sales rather than additional services.
- Provision of essential services including the 5 mile radius and acknowledging feedback from surveys is deemed satisfactory in meeting the needs of the population
- Activity of advanced services is above the national average.

2 Introduction

2.1 Context for the Pharmaceutical Needs Assessment

From the 1st April 2013 Health and Wellbeing Boards (HWB) have a statutory responsibility to publish and keep up to date the pharmaceutical needs assessment (PNA) which provides a statement of need for pharmaceutical services for the population of its area[i]. The Health and Social Care Act 2012 transferred responsibility for developing and maintaining PNAs from Primary Care Trusts to HWB[iii]; the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013[iv] set out the legislative basis for developing and updating PNAs.

2.2 What is a pharmaceutical needs assessment?

PNAs provide a statement of the need for pharmaceutical services for each HWB's population. The PNA must relate to all of the pharmaceutical services that may be provided under arrangements made by the NHS Commissioning Board (NHSCB), now known as NHS England for:

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

The HWB is required to publish the first assessment or any revised assessment[v]. The PNA must contain the information set out in Schedule 1 (Section 1A).

2.3 Pharmaceutical needs assessment purpose

Under the NHS Regulations (2013)[ii], a person who wishes to provide NHS pharmaceutical services must generally apply to NHS England to be included on a relevant list by proving they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this, such as applications for needs not foreseen in the PNA or to provide pharmaceutical services on a distance-selling (internet or mail order only) basis[vi].

2.4 Surrey's PNA

2.4.1 Background

Surrey Primary Care Trust (PCT) produced the first PNA for Surrey in 2011 which was published on the *PCT Website* and has since moved to *Surrey-i*[1]. The 2011 PNA concluded that there was no evidence to suggest that there were gaps in local provision which would require for additional services to be commissioned. The PNA has since had three supplementary statements (June 2011, November 2012 and February 2014) and an update in March 2012. The supplementary

[1] *Surrey*-i is Surrey's local information portal, bringing data, information and analysis about the local area and the whole of Surrey.

8 statement published in February 2014 identified that service provision had not been impacted on by the community pharmacy changes outlined in Table 1.

Table 1: Community Pharmacy changes 2011 - 2014

	Approved applications	Pharmacy closure	Pharmacy change of hands	Pharmacy relocation	Pharmacy change in opening hours
2014	4	0	3	1	36
2012	4	3	4	0	0

2.4.2 Aim

To review the current pharmaceutical services in Surrey and identify any gaps in provision through assessment, consultation and analysis of local need.

2.4.3 Objectives

- To publish the modified PNA by 1 April 2015.
- To review the current PNA (2011) to ensure it is fit for purpose and any supplementary statements required which will highlight any changes in service provision.
- To assess the public's, GPs' and Healthcare Providers' opinion on pharmaceutical services.
- To assess contractors of pharmaceutical services on the services they provide and any identified gaps in provision.
- To define localities for the assessment and review of pharmaceutical services in Surrey
- To consult with key stakeholders and the public throughout the process
- To ensure the PNA is influenced by the HWB strategy.
- Conduct a sixty day consultation with the public and organisations identified in Schedule 1 of the final PNA ahead of HWB sign off.
- To produce a list of pharmacies and the services currently provided including enhanced and locally commissioned services in Surrey.
- To produce a list of dispensing doctors' surgeries currently provided in Surrey.
- To produce maps of provision outlining travel/walking times of pharmaceutical services.
- To produce a map of pharmaceutical services within a five mile radius in bordering HWB's that might affect the need of service provision in Surrey.
- To review the demographics of the population's health needs and pharmaceutical service provision.
- To identify service gaps that could be met through pharmaceutical services.
- To ensure the PNA is utilised to influence commissioning.

2.4.4 Methodology

A series of national documents were used to guide the processes of producing the PNA which are referenced in the bibliography (Section 14).

The PNA has drawn on primary sources of information which have been used to provide a comprehensive profile of the population, including current and future needs and the current provision of pharmaceutical services in meeting these needs. These sources are:

- CCG health profiles and a review of data from the Joint Strategic Needs Assessment (JSNA);
- A review of organisational plans and priorities;
- Public survey on pharmaceutical service provision;
- Community pharmacy and dispensing doctors survey on pharmaceutical service provision;
- GPs and Healthcare Providers survey on pharmaceutical service provision;
- Synthesis from national data sets and statistics.

2.4.5 Production

The PNA was produced through several keys steps which are outlined below:

1. Review of Surrey's 2011 PNA and any supplementary statements through analysis of HWB priorities, JSNA (including demographics and population health needs), local pharmaceutical service changes and any recent or future planning;
2. Assessment of pharmaceutical services provided (essential, advanced, enhanced and locally commissioned) and activity to enable comparison nationally and locally. This will allow any service gaps to be identified. Assessment will be carried out through a questionnaire to contracted pharmaceutical services, GPs and Healthcare Providers e.g. Acute Trusts, Dentists, Opticians;
3. Assessment of patient experiences and needs through a questionnaire which will be available via websites and sent via post to a stratified sample;
4. Synthesis of populations' health needs, HWB priorities, future provision and mapping of service provision including travel time;
5. Formal consultation of draft PNA for required professionals and the public for sixty days.

2.4.6 Localities

Local needs have been identified and pharmaceutical provision analysed according to the Clinical Commissioning Group (CCG) boundaries. Surrey has five CCGs and 11 Local Authorities (LAs) which are outlined in Table 2. Part of North East Hampshire & Farnham CCG and Windsor, Ascot and Maidenhead CCGs are also within Surrey's HWB Border. Lower super output areas (LSOA) are used for more localised analysis where necessary. The table below demonstrates that part of the Surrey Borough Council of Waverley falls within the North East Hampshire and Farnham CCG. Where figures are shown for the borough of Waverley throughout the PNA these figures include the Surrey population within this CCG.

8

Table 2: CCGs and Local Authorities within Surrey

Local Authority	Surrey County	Surrey CCGs	East Surrey	Guildford & Waverley	North East Hampshire and Farnham	North West Surrey	Surrey Downs	Surrey Heath
			LSOAs	LSOAs	LSOAs	LSOAs	LSOAs	LSOAs
Elmbridge	81	81				37	44	
Epsom & Ewell	44	44					44	
Guildford	84	84		71				13
Mole Valley	54	54					54	
Reigate & Banstead	86	86	55				31	
Runnymede	52	46				46		
Spelthorne	60	60				60		
Surrey Heath	55	55				8		47
Tandridge	50	50	50					
Waverley	82	53		53	29			
Woking	61	61				61		
Total	709	674	105	124	29	212	173	60

2.4.7 Pharmaceutical services

Essential Services

- Dispensing of medicines and appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of Healthy Lifestyles (Public Health)
- Signposting
- Support for self-care
- Clinical Governance

Advanced Services

- Medicines Use Review (includes domiciliary and telephone MUR as required on an individual basis)
- New Medicine Service
- Appliance Use Review
- Stoma Customisation Service For Dispensing Appliance Contractors

Enhanced Services (Commissioned by NHS England):

- an Anticoagulant Monitoring Service
- a Care Home Service
- a Disease Specific Medicines Management Service
- a Gluten Free Food Supply Service
- an Independent Prescribing Service
- a Home Delivery Service
- a Language Access Service

- a Medication Review Service
- a Medicines Assessment and Compliance Support Service
- a Minor Ailment Scheme,
- a Needle and Syringe Exchange Service,
- an On Demand Availability of Specialist Drugs Service
- Out of Hours Services
- a Patient Group Direction Service
- a Prescriber Support Service
- a Schools Service
- a Screening Service
- a Stop Smoking Service
- a Supervised Administration Service
- a Supplementary Prescribing Service

Locally Commissioned Services (Commissioned by Local Authority Public health* or Clinical Commissioning Groups)**

- Smoking Cessation Service*
- Emergency Hormonal Contraception*
- Chlamydia Screening And Treatment*
- Needle and Syringe Exchange Scheme*
- Supervised Consumption of Prescribed Medicines.*
- NHS Health Checks*
- Palliative Care Scheme**
- H.Pylori Testing**
- Medicines Assessment And Compliance Support**
- Medicines Administration Record (MAR) Charts**
- Disease Specific Medicines Management Service**
- Anti-Viral Collection Point

Other private (Non NHS funded) services provided by community pharmacies

- Collection and Delivery of Prescriptions
- Blood Pressure Measurement
- Erectile Dysfunction Patient Group Direction
- Food Intolerance
- Malarone (antimalarial)
- Allergy Testing
- Care Home Service
- Seasonal Influenza Vaccination

2.5 Structure of the PNA

The PNA has 14 sections plus appendices. Section 3 reviews population structures and projected growth. Section 4 identifies the health needs and inequalities within Surrey. Section 5 details current pharmaceutical service provision in Surrey and details locally commissioned services under Public Health Agreements and enhanced services. Sections 6 to 10 detail findings from surveys of the public, community pharmacies, dispensing doctors, GPs and Healthcare providers. Section 11 synthesises the needs of the local population with service provision and provides recommendations. Section 12 provides an assessment on whether current service provision meets the needs of the population of Surrey. Section 13 presents comments from the consultation and Section 14 holds further information and the bibliography.

8

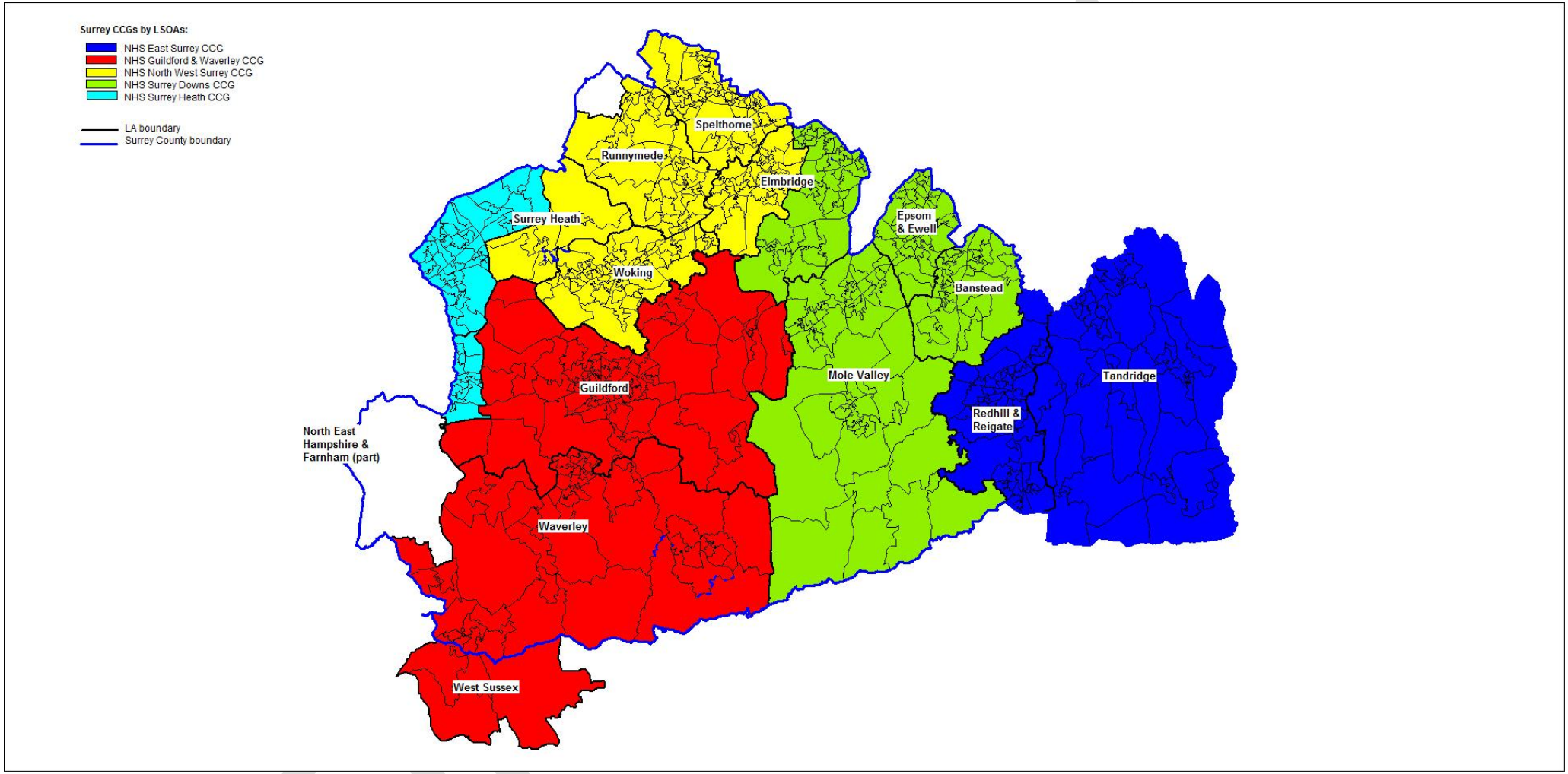
3 Demography

There are five CCGs in Surrey and 11 LAs based on commissioning structures in Surrey. The CCG structures are complex, where no CCG has all its Local Authorities coterminous with the CCG boundaries (Table 3, Map 1). The PNA will focus on the five CCGs within Surrey, breaking the data down where necessary at district and borough level. Demographics for North East Hampshire & Farnham and Windsor, Ascot & Maidenhead CCG both of which lie part within the Surrey HWB border are in Appendix A (Map 1).

Table 3: CCGs and Local Authorities that sit within Surrey including Lower Super Output Areas (LSOA)

Local Authority	Surrey County	Surrey CCGs	East Surrey		Guildford & Waverley		North East Hampshire and Farnham		North West Surrey		Surrey Downs		Surrey Heath	
			LSOA	%	LSOAs	%			LSOA	%	LSOA	%	LSOA	%
Elmbridge	81	81							37	46	44	54		
Epsom & Ewell	44	44									44	100		
Guildford	84	84			71	85							13	15
Mole Valley	54	54									54	100		
Reigate & Banstead	86	86	55	64							31	36		
Runnymede	52	46							46	88				
Spelthorne	60	60							60	100				
Surrey Heath	55	55							8	15			47	85
Tandridge	50	50	50	100										
Waverley	82	53			53	65	29	35						
Woking	61	61							61	100				
Total	709	674	105		124				212		173		60	
Surrey LSOAs in Other CCGs														
Windsor, Ascot & Maidenhead CCG	6													
Other County LSOAs														
West Sussex County		4			4				0		0		0	
Overall Total	709	678	105		128		29		212		173		60	

Map 1: Surrey Clinical Commissioning Groups



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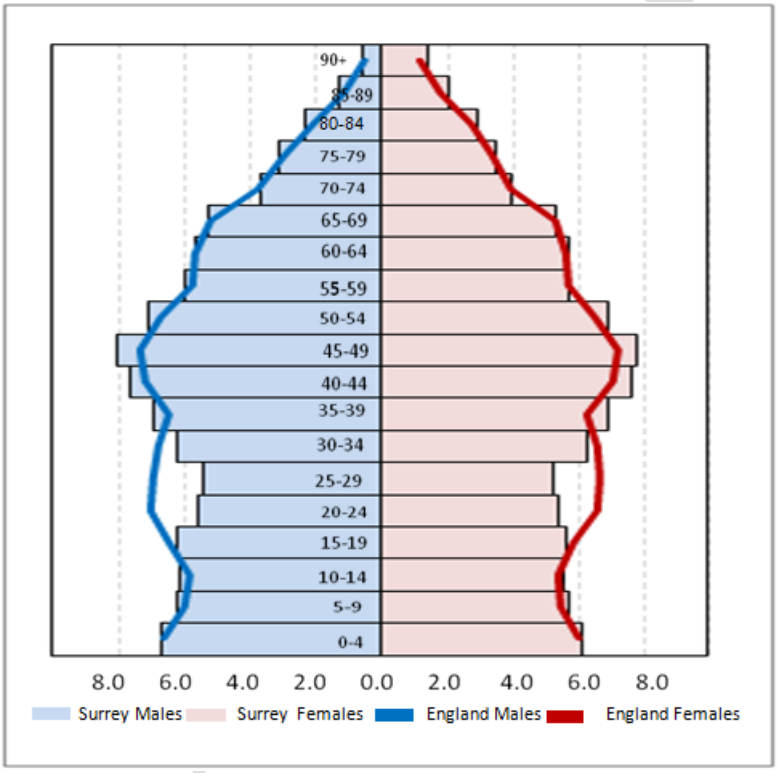
3.1 Population

3.1.1 Surrey

Surrey is one of the most prosperous counties in England with a resident population of 1,132,390, an increase of 6.9% since 2001 (ONS Census, 2011). The 2011 Census highlights that the fastest growing borough in Surrey is Epsom & Ewell (Surrey Downs CCG) which has seen an 11.9% increase in population since 2001, while Runnymede (North West Surrey CCG) has seen the lowest increase of 3.2%. The largest five year cohort is aged 45-49 with a population of 89,700. The 60 -64 old age group is the fastest growing cohort since 2001 which has increased by 35%. The population aged over 65 (n = 194,500, 2011) has increased by 13% since 2001, making up 17.2% of the population in 2011. The population aged over 85 (n = 30,000, 2011) has increased by 25.5% since 2001, making up 2.7% of the population in 2011. The population aged 0-4 (n=71,300, 2011) has increased by 13.5% since 2001, this age group makes up 6.3% of the population, up from 5.9% in 2001.

Figure 1 shows that compared to England, Surrey has a similar proportion of people in the 0-14 age groups, a significantly lower percentage of both males and females in the 15 – 34 year age groups and a higher proportion of 35 to 90+ age groups. Over half (61%) of the population of the 11 local authorities is of working age (16-59/64).

Figure 1: Surrey's Population Pyramid



Source: ONS, Mid-year estimates 2012

The Surrey population is predominantly white (90.4%). The largest population of non-white minority are resident in Woking (19.2%) (Table 4).

Table 4: Percentage of non-white persons in Surrey, Census 2011

Area	Total Population	% White	% Non-White
Surrey County	**1,132,390**	**90.4**	**9.6**
Elmbridge	130,875	85.7	14.3
Epsom & Ewell	75,102	83.0	17.0
Guildford	137,183	91.0	9.0
Mole Valley	85,375	95.3	4.7
Reigate & Banstead	137,835	93.9	6.1
Runnymede	80,510	86.4	13.6
Spelthorne	95,598	89.7	10.3
Surrey Heath	86,144	94.7	5.3
Tandridge	82,998	96.2	3.8
Waverley	121,572	95.8	4.2
Woking	99,198	80.8	19.2

Source: ONS, Census 2011

3.1.2 Surrey Population Projections

The Surrey population is projected to increase by 8.5% by 2022. This is higher than the national average of 7.2%. The 65 and over age group continues to experience the largest increase in population with an estimated rise of 21.9% by 2022, equating to 44,600 more people (Table 5, Figure 2). The second largest increase will be among children and young people aged 0-15 years (11.1%) whereas the 16-29 population is projected to have a slight increase (0.3%) and the 30-44 population is projected to stay the same. The increase in a population aged 0-15 will require additional child health services, the increase in a population aged 45 and over is likely to impact on healthcare services due to increased risks of developing long term conditions such as cardiovascular disease.

Table 5: Population projections for Surrey and England, 2012 & 2022

Ageband	Population Change Surrey County				Population Change England %
	2012	2022	Number	%	
0-15	221,760	246,320	24,560	11.1	8.8
16-29	177,840	178,380	540	0.3	-3.0
30-44	238,100	238,000	- 100	0.0	3.8
45-64	302,400	330,200	27,800	9.2	5.9
65 & Over	203,200	247,800	44,600	21.9	22.4
All ages	1,143,300	1,240,700	97,400	8.5	7.2

Source: ONS, Population Projections 2012

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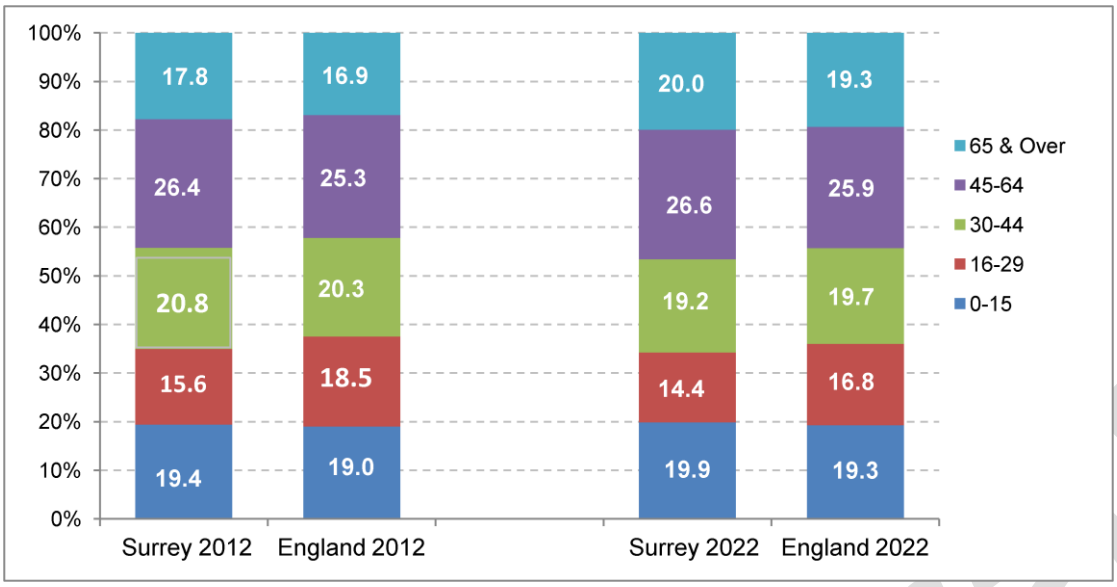
Figure 2: Population proportions for Surrey and England, 2012 & 2022



Source: ONS, Population Projections 2012

3.1.3 Health Inequalities

The Joint Strategic Needs Assessment for Surrey recognises that Surrey is generally an affluent county with good health outcomes. However despite this there are pockets of relative deprivation in the county where residents experience greater inequality and deprivation relative to the rest of Surrey:

- Stanwell North, Ashford North, Stanwell in Spelthorne;
- Maybury and Sheerwater in Woking.
- Westborough in Guildford;
- Merstham in Reigate and Banstead.
- Old Dean area of Surrey Heath.

More detail on the health inequalities experienced by people living in these areas is outlined in the JSNA[vii].

Surrey Health and Wellbeing Board Priorities

The Surrey Health and Wellbeing Board (HWB) was established as part of the Government's recent changes to the NHS and became a statutory committee of Surrey County Council on 1 April 2013.

The HWB is the place for the NHS, public health, social care, local councillors, district and borough representatives and user representatives to work together to improve the health and wellbeing of the people of Surrey. The HWB identifies opportunities for collaboration and integration across agencies, and works with services users, patients and local stakeholders. Surrey HWB's priorities have been informed by the JSNA and include improving children's health and wellbeing, developing a preventive approach, promoting emotional and mental wellbeing, improving the health and wellbeing of older adults and safeguarding the population[2].

[2] http://www.healthysurrey.org.uk/surrey-s-priorities

3.2 Planned housing growth in Surrey

The number of dwellings is planned to increase over the next 15 years to meet the needs of the growing population and shortage of housing. Table 6 shows annual additional dwellings as well as total additional dwellings over the next 15 years, these figures are subject to ongoing research and refinement and as developments are completed, such requirements may increase or decrease. Guildford Borough Council has the largest planned increase in additional dwellings.

The Localism Act 2011 introduced the Duty to Cooperate which requires local authorities to engage with one another and relevant bodies to plan for strategic priorities. This is reflected in the Governments National Planning Policy Framework (NPPF). Paragraph 179 of the NPPF sets out the importance of working collaboratively with other bodies to ensure strategic priorities are properly coordinated and reflected in individual Local Plans. Section 14.1 provides further details on each local authority's Local Plan document, which may be under development for publication later this year, the Local Plans state the location of the housing. The borough and district Local Plans also include policies to address Gypsy and Traveller needs which need to be considered when looking at future pharmaceutical service provision.

Table 6: Planned Housing Growth in Surrey (subject to change)

Local Authority	Period	Annual additional dwellings	Total additional dwellings
Elmbridge	2011 - 2026	225	3,375
Epsom & Ewell	2006 - 2026	181	3,620
Guildford	2011 - 2031	652	13,040
Mole Valley	2014 - 2026	165	1,980
Reigate & Banstead	2014- 2027	460	6,000
Runnymede	TBC	TBC	TBC
Spelthorne	2006 - 2026	166	3320
Surrey Heath	2011-2028	191	3,240
Tandridge	2006 – 2026	125	2,500
Waverley	2013-2031	470	8,450
Woking	2010 - 2027	292	4,964

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3.3 Surrey Population Summary

- Surrey has an ageing population with the 65 and over age cohort estimated to have the highest growth between 2012 - 2022 (21.9%), which is consistent across all CCG's. This is likely to impact on future healthcare demand.

- Surrey Heath CCG is projected to see a 37.3% increase in the over 85 age cohort in the next five years

- Surrey Downs CCG has the higher number of those aged over 65 living on their own (13.5%) in comparison to Surrey (12.6%) and England (12.4%) averages. This is predominately in Mole Valley and Reigate and Banstead (14.7%, 13.6%)

- Surrey has significantly more people in the 40 – 54 age cohorts in comparison to the England average.

- Surrey predominately has a White population (90.4%) with Woking and Epsom and Ewell having the highest Non-White populations (19.2% and 17% respectively), which should be considered with regard to health needs.

- Guildford and Waverley CCG is projected to see the largest increase in additional dwellings over the next 15 years

3.4 Population characteristics by CCG

Further information including age, gender, ethnicity and birth rates is provided in Appendix A.

- **East Surrey CCG**
- **Guildford and Waverley CCG**
- **North West Surrey CCG**
- **Surrey Downs CCG**
- **North East Hampshire and Farnham CCG(part)**
- **Windsor, Ascot and Maidenhead CCG(part)**

An Equality Impact Assessment has been carried out for the PNA and is published on the County Council's website http://new.surreycc.gov.uk/your-council/equality-and-diversity/ensuring-our-decisions-are-fair/completed-equality-impact-assessments.

4 Local Health Needs

Local need will be assessed through reviewing inequalities in mortality, morbidity and health service provision across the population of Surrey. Data has been obtained from the 2011 Census, Health and Social Care Information Centre (HSCIC) and health profiles produced by Public Health England (PHE). This needs assessment is designed to work alongside the local Joint Strategic Needs Assessment (JSNA) and will frequently provide reference to that document for additional data. The following summary provides a broad picture of the local population within Surrey, and how their needs differ. The data has been presented by Clinical Commissioning Groups, districts and boroughs and at county and national levels. See Section 4.2 and Appendix B for a summary and breakdown of health profiles by district and boroughs respectively.

4.1 Clinical Commissioning Group (CCG) Profiles

The selected indicators provide a benchmark for identifying how CCGs are performing in comparison to the Surrey County Council (Surrey CC) average. Forty one indicators that were deemed relevant to pharmaceutical service needs were selected. The Indicators are grouped into five main categories namely: Deprivation, Lifestyles and Risk Factors, Managing Long-term Conditions, Burden of Ill Health - Mortality and Health Service Utilisation. Using a rating methodology the performance of the five CCGs in Surrey (Appendix B) was compared with the Surrey County Council average. Blue indicates significantly or statistically significantly lower performance than the Surrey County Council average, while yellow indicates better performance. Green indicates that the difference in performance is not significant or statistically significant.

4.1.1 Surrey Clinical Commissioning Groups (CCGs) performance compared to Surrey County Council (SCC) average

Domain	Number	Indicator	East Surrey	Guildford & Waverley	North West Surrey	Surrey Downs	Surrey Heath	Surrey County Council	England	Year/ Period
Deprivation	1	IMD 2010 score	10.5	8.2	9.9	7.8	7.8	8.8	22.1	2010
	2	Income Deprivation Domain score	7.4	6.1	7.7	6.0	6.7	6.8	14.7	2010
	3	Income Deprivation Affecting Children Index (IDACI) score	10.6	8.3	12.0	8.2	10.3	10.0	21.8	2010
	4	Income Deprivation Affecting Older People Index (IDAOPI) score	9.7	9.1	10.5	8.2	8.7	9.3	18.1	2010

Domain	Number	Indicator	East Surrey	Guildford & Waverley	North West Surrey	Surrey Downs	Surrey Heath	Surrey County Council	England	Year/ Period
	5	Percentage of working age people claiming out-of work benefits	1.9	1.5	1.7	1.4	1.8	1.6	3.8	2012/13
	6	Percentage of working age people claiming incapacity benefit or severe disablement allowance	1.3	0.7	0.9	0.9	0.6	0.8	1.3	Nov-13
	7	Percentage of working age people claiming disability living allowance	5.8	4.4	4.9	4.6	4.6	4.8	8.2	Nov-13
	8	Provision of unpaid care per week - 1 or more hours per week	9.6	9.4	9.5	9.9	9.2	9.6	10.2	2011
Lifestyles and Risk Factors	9	Percentage of reception year children classified as overweight or obese (of those measured)	18.5	17.0	19.9	16.6	19.1	18.3	22.5	2010/11-2012/13
	10	Percentage of year 6 children classified as overweight or obese (of those measured)	28.2	25.0	30.3	24.7	27.8	27.1	33.5	2010/11-2012/13
	11	GP reported prevalence of obesity, rate per 1,000 population aged 16 years and over	77.8	63.9	72.7	56.9	74.5	67.1	107.2	2012/13
	12	GP reported prevalence of smoking, percentage of persons aged 15 years and over	16.1	12.8	15.7	13.7	14.2	14.5	12.6	2012/13
	13	Percentage of the adult population (aged 16+) that eat healthily	31.2	34.4	31.1	33.7	31.5	32.5	28.7	2006-2008
	14	Percentage of the adult population (aged 16+) that binge drink	18.3	18.9	18.3	16.8	17.4	18.0	20.1	2007-2008
	15	Birth rate - Crude rate per 1000 population of females aged 15-44 years	67.4	58.9	68.8	63.8	62.7	64.1	63.7	2008 to 2012

Domain	Number	Indicator	East Surrey	Guildford & Waverley	North West Surrey	Surrey Downs	Surrey Heath	Surrey County Council	England	Year/ Period
	16	Teenage conceptions (aged under 18): rates per 1,000 females aged 15-17	20.9	18.0	28.0	20.3	18.4	22.5	30.7	2011
Managing Long-term Conditions	17	General Health - Good health	85.1	86.8	85.4	86.0	85.8	86.0	81.4	2011
	18	Reported numbers of people with Coronary Heart Disease on GP registers - Prevalence (rate per 1,000 population)	29.2	26.5	26.3	30.2	29.0	27.8	33.4	2012/13
	19	Cancer Prevalence (rate per 1,000 population)	21.0	23.4	19.9	22.2	21.6	21.3	19.3	2012/13
	20	Mental Ill Health Prevalence (rate per 1,000 population)	7.8	7.1	6.6	6.9	5.4	6.8	8.4	2012/13
	21	Dementia Prevalence (rate per 1,000 population)	6.1	6.2	5.9	6.4	5.0	5.9	5.7	2012/13
	22	Chronic Obstructive Pulmonary Disease Prevalence (rate per 1,000 population)	13.7	11.7	12.7	11.5	12.3	12.1	17.4	2012/13
	23	Diabetes Mellitus (Diabetes) (ages 17+) Prevalence (rate per 1,000 population)	49.0	43.2	53.4	47.1	51.9	48.9	60.1	2012/13
	24	Depression (ages 18+) Prevalence (rate per 1,000 population)	51.0	53.4	47.8	51.8	50.1	51.1	58.4	2012/13
Burden of Ill Health - Mortality	25	Life Expectancy at birth Males	80.6	82.2	80.6	81.8	81.0	81.3	79.2	2010-12
	26	Life Expectancy at birth Females	83.9	85.1	83.9	85.1	84.3	84.5	83.0	2010-12
	27	Life Expectancy at age 65 for Males	19.2	20.2	19.3	20.1	19.5	19.7	18.6	2010-12

Domain	Number	Indicator	East Surrey	Guildford & Waverley	North West Surrey	Surrey Downs	Surrey Heath	Surrey County Council	England	Year/ Period
	28	Life Expectancy at age 65 for Females	21.3	22.6	21.6	22.4	21.4	22.0	21.1	2010-12
	29	*Potential years of life lost (PYLL) from causes considered amenable to healthcare – Male	1875.5	1616.2	1644.1	1398.6	1716.7	1838.4	2232.2	2012
	30	*Potential years of life lost (PYLL) from causes considered amenable to healthcare – Female	1267.5	1244	1267.9	1430.2	1378.5	1642.5	1891.4	2012
	31	Mortality from suicide and injury of undetermined intent, age standardised ratio	7.6	7.3	8.0	7.8	8.8	7.9	7.6	2009-12
	32	Mortality from all circulatory diseases for persons aged 0-74 years, age standardised ratio	43.7	39.0	48.1	39.6	52.6	51.3	65.5	2012
	33	Mortality from all cancers for persons aged 0-74 years, age-standardised ratio	110.2	101.7	120.2	92.5	94.5	115.4	123.3	2012
Health Service Utilisation	34	Percentage of children who have been immunised for measles, mumps and rubella (MMR) by age 5	77.8	85.9	82.8	72.0	85.2	80.3	86.0	2011/12
	35	Percentage of persons aged 65 years and over receiving seasonal flu vaccination	68.1	71.6	69.0	65.8	73.3	68.8	70.9	2012/13
	36	Percentage of eligible women aged 50-70 years screened through the NHS breast screening programme at least once in the last 36 months	75.4	74.8	71.9	75.0	76.5	74.2	78.6	2010/11-2011/12
	37	Percentage of patients satisfied with GP Practice opening hours	76.9	76.6	73.1	73.4	81.2	75.1	78.6	2012/13

Domain	Number	Indicator	East Surrey	Guildford & Waverley	North West Surrey	Surrey Downs	Surrey Heath	Surrey County Council	England	Year/ Period
	38	Percentage of households without a car who can access a GP practice within 15 minutes using public transport/walking	**75.8**	**75.9**	**75.4**	**75.8**	**76.0**	**75.7**	**75.4**	2011
	39	Percentage of households without a car who can access a Hospital within 30 minutes using public transport/walking	**42.4**	**68.4**	**61.2**	**40.2**	**79.7**	**54.0**	**60.7**	2011
	40	*All emergency hospital admissions, age standardised ratio - Overall - Non-elective admissions per 1000 population across secondary care - Activity)	**104.7**	**90.4**	**82.2**	**89.1**	**97.8**	**92.8**	**109.23**	2010/11
	41	*Emergency admissions for acute conditions that should not usually require hospital admission (Directly standardised rate (DSR) for all ages per 100,000 population	**595.5**	**762.7**	**1054.1**	**885.9**	**1134**	**907.6**	**1189.8**	2012/13

* CCG indicator comparator is Surrey and Sussex Area Team rather than Surrey County Council

Key

Significantly (could be statistically significant) better performance than the Surrey County Council average

The difference in performance is not statistically significant

Significantly (could be statistically significant) lower performance than the Surrey County Council average

4.1.2 Summary of key health needs for Surrey's Clinical Commissioning Groups (CCGs)

Deprivation
The overall deprivation for Surrey is better than the National average. However within Surrey, East Surrey and North West Surrey CCGs have a relatively more deprived population than the Surrey CC average. North West Surrey CCG has more children and older people affected by low family income while Surrey Downs CCG has the lowest among all the Surrey CCGs. Surrey Downs CCG on the other hand has the highest proportion of unpaid carers providing one or more hours of care per week.

Lifestyle and risk factors
Guildford and Waverley CCG and Surrey Downs CCG have the lowest prevalence of GP reported obesity for both year 6 children and adults in Surrey. The highest prevalence is recorded by Surrey Heath and North West Surrey CCGs. Teenage conception rates per 1,000 females aged 15-17 in North West Surrey CCG is significantly higher than the Surrey CC average. Birth rate is highest in North West Surrey CCG followed by East Surrey CCG.

Managing Long-term Conditions
Over 85% of all the Surrey CCG registered population surveyed reported to be in good health. Guildford and Waverley CCG had the highest response rate but also had the highest prevalence of Cancer and depression among those aged 18 years and over. Cancer prevalence in Surrey is higher than the National average. GP reported Coronary Heart Disease (CHD) prevalence is highest within East Surrey and Surrey Downs CCGs. North West Surrey CCG had the highest GP reported diabetes prevalence followed by Surrey Heath CCG.

Burden of ill health – mortality
Life Expectancy at birth and at 65 years in Surrey is better than the England average. Guildford and Waverley and Surrey Downs CCGs both have higher life expectancy at birth and at age 65 years. East Surrey CCG has the highest potential years of life lost (PYLL) from causes considered amenable to healthcare among the male registered population. Death from circulatory diseases for Surrey is lower than the England average.

Health service utilisation
Surrey Downs CCG has the lowest uptake of immunisation for measles, mumps and rubella (MMR) by children aged 5 and the lowest uptake in seasonal flu vaccination for adults aged 65 years and over. Of households without a car who can access a hospital within 30 minutes using public transport/ walking, East Surrey and Surrey Downs CCGs recorded the lowest proportion. Emergency hospital admissions rates for all conditions and for acute conditions that do not usually require a hospital admission are higher in Surrey Heath CCG for both indicators (40, 41). East Surrey CCG has the highest rate for all emergency hospital admission while North West Surrey CCG the second highest emergency admissions for acute conditions.

4.2 Local Health Profiles 2013

Health Profiles are produced by Public Health England. The profile consists of 32 indicators grouped under five main themes:

- Our communities
- Children and young people's health
- Adults' health and lifestyles
- Disease and poor health
- Life expectancy and causes of death

The purpose of the health profiles is to assist local authorities and health services in their decision making and planning to improve health and reduce health inequalities within the local population. Performance for district and boroughs in Surrey and for England is benchmarked against the Surrey average for the 32 specified indicators. Table 7 shows the areas for district and boroughs in Surrey where performance is better or worse than the Surrey average. England's performance against Surrey is significantly worse for 27 indicators except for incidence of malignant melanoma (Appendix B for a full profile).

Table 7: Health profile indicators where England, and Surrey's district and borough performance are better or worse than Surrey average

Local Authority	Indicators (Better than Surrey average)	Indicators (Worse than Surrey average)
Elmbridge	• Children in poverty • Violent crime • Adult obesity • Drug misuse • Higher detection of people with diabetes	
Epsom & Ewell	• GCSE achieved • Teenage conception • Life expectancy in females	• Violent crime • Low incidence of diabetes
Guildford	• GCSE achieved • Higher detection of people with diabetes	• Violent crime • Long-term unemployment • Drug misuse • Sexually transmitted infections • Road injuries and death

Local Authority	Indicators (Better than Surrey average)	Indicators (Worse than Surrey average)
Mole Valley	• Children in poverty • Violent crime • Sexually transmitted infections	• Road injuries and death
Reigate & Banstead	• Hospital stays for alcohol related harm • Sexually transmitted infections	• Income deprivation • Children in poverty • Homelessness • GCSE achieved • Violent crime • Under 18 alcohol admissions
Runnymede	• Incidence of malignant melanoma	• Children in poverty • Homelessness • Teenage conception • Drug misuse • People diagnosed with diabetes • Early deaths from cancer • Road injuries and death
Spelthorne		• Children in poverty • Homelessness • GCSE achieved • Violent crime • Long-term unemployment • Teenage conception • Adult obesity • Hospital stays self harm • Hospital stays for alcohol related harm • People diagnosed with diabetes • Sexually transmitted infections • Life expectancy for males • Smoking related deaths • Early cancer deaths

Local Authority	Indicators (Better than Surrey average)	Indicators (Worse than Surrey average)
Surrey Heath		• Homelessness • Hospital stays self harm • Hospital stays for alcohol related harm • People diagnosed with diabetes • Sexually transmitted infections
Tandridge	• Homelessness • Violent crime • Under 18 alcohol admissions • Teenage conception • Hospital stays for alcohol related harm • Drug misuse • Sexually transmitted infections	• GCSE achieved • Road injuries and death
Waverley	• Children in poverty • Homelessness • GCSE achieved • Violent crime • Obesity in children • Under 18 alcohol admissions • Teenage conception • Drug misuse • Higher detection of people with diabetes • Sexually transmitted infections	
Woking		• Income deprivation • Children in poverty • GCSE achieved • Violent crime • Drug misuse • People diagnosed with diabetes • New cases of tuberculosis • Sexually transmitted infections

8

5 Current Pharmaceutical Service Provision

Pharmacy contractors including community pharmacies within the Surrey HWB area and internet/ distance selling pharmacies and those located in neighbouring HWB areas will be discussed in this section. This section will also look at access to pharmacies in terms of opening times and distance/ travel times before looking in further detail at the advanced services, enhanced services and other services commissioned by Public Health and CCGs within the Surrey HWB area (as listed on page 11).

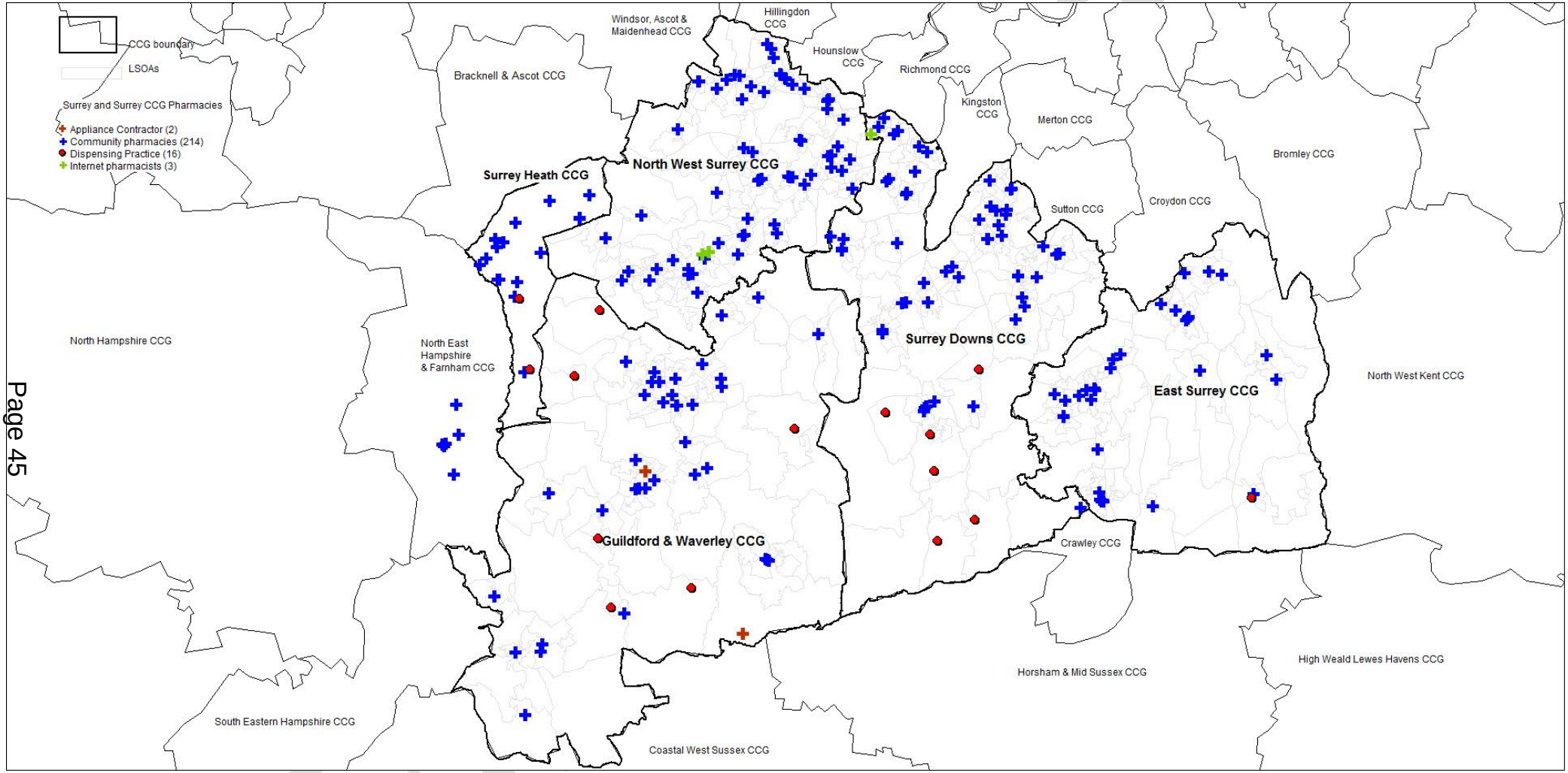
Table 8 provides a breakdown of pharmaceutical services provided in Surrey with Map 2 showing the distribution across Surrey and CCGs.

Table 8: Number of pharmaceutical services in Surrey

CCG	Community Pharmacies	Other Community Pharmacies within Surrey CCGs	Internet/ Distance Selling	Dispensing Appliance Contractors	Total Number of pharmacies	Dispensing Doctors Surgeries (including branch surgeries)
East Surrey	32				32	1
Guildford and Waverley	37	1		2	40	5
North East Hampshire and Farnham	7*				7	1
North West Surrey	67		2		69	1
Surrey Downs	53		1		54	6
Surrey Heath	17					2
Surrey	213		3	2	218	16
Total	213	1	3	2	219	16

*includes pharmacies and residents in Surrey

Map 2: Pharmaceutical provision in Surrey



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5.1 Community pharmacies

There are currently 217 community pharmacies in Surrey County, 210 in Surrey CCGs which includes 1 pharmacy from West Sussex (part of Guildford and Waverley CCG). A list of pharmacies by CCG is listed in Appendix C. The distribution of pharmacies by CCG and the ratio per population is presented in Table 9. Map 2 provides locations of pharmacies. There is an average of 19 pharmacies per 100,000 population in Surrey, which is the same as the 2011 PNA. North West Surrey CCG has the highest number of pharmacies per 100,000 population (n=21). An average of 19 pharmacies per 100,000 population is consistent with the collective average for Kent, Surrey and Sussex and slightly below England's average of 22 per 100,000 per population.

Table 9: Pharmacies per population

Area	All Pharmacies	Population**	Ratio (pharmacies per 100,000 pop)
East Surrey	32	175,875	18
Guildford and Waverley**	38	203,580	19
North East Hampshire and Farnham*	7	44,135	16
North West Surrey	69	335,508	21
Surrey Downs	54	280,125	19
Surrey Heath	17	93,167	18
Surrey County	217	1,132,390	19
Kent, Surrey and Sussex	857		19
England	11,495		22

* includes pharmacies and residents in Surrey
** ONS Census, 2011

5.2 Dispensing Activity

It is a requirement for pharmacies to maintain a record of all medicines dispensed and any significant interventions made. In 2012-13, just over 1.1 million items were dispensed per month in Surrey. With regards to cost, drugs used to manage diabetes accounted for the highest Net ingredient cost, followed by Corticosteroids for respiratory conditions. This could be attributed to the rise in long-term conditions.

Table 10 shows the number of items dispensed from Community Pharmacies by Primary Care Trust (PCT) in the South East of England, comparing dispensing activity. Surrey's dispensing activity is lower in comparison to other areas within the South East and to the England average in 2012-13.

Table 10: Items dispensed per month per population by PCT 2012-2013

PCT	Number of community pharmacies	Pharmacies per 100,000 population	Average number of:		
			items dispensed per month	items dispensed per month per person	items dispensed per month per pharmacy
	2012-2013	2011	2012-2013	2012-2013	2012-2013
East Sussex Downs & Weald	69	20	513,337	1.5	7,400
Hampshire	237	18	1,634,900	1.2	6,878
Surrey	213	19	1,168,007	1.0	5,484
West Kent	117	17	961,894	1.4	8,221
West Sussex	160	20	1,065,362	1.3	6,659
South East Coast	857	19	5,766,630	1.3	6,729
England	11,495	22	76,190,707	1.4	6,628

Source: NHS Prescription Services part of the NHS Business Services Authority

Table 11 below shows the average number of items dispensed by community pharmacies within Surrey CCGs. Surrey CCG pharmacies on average dispensed less than the national and Kent, Surrey and Sussex average in 2013-14.

Table 11: Average Items dispensed per month per community pharmacy 2013 -2014

Area	All Surrey Community Pharmacies	Average number of items dispensed per month per pharmacy
East Surrey	32	6,305
Guildford and Waverley	38	6,513
North West Surrey	67	5,612
Surrey Downs	53	6,613
Surrey Heath	17	5,845
Surrey CCGs	207*	6,178
Surrey	213*	5,955

Kent, Surrey and Sussex	857	7,616
England	11,495	7,421

Source: NHS Prescription Services part of the NHS Business Services Authority
*does not include internet pharmacies

5.3 Dispensing Doctors

Surrey has 16 practices (including branch surgeries) that have permission to dispense medicines in Surrey. This is an increase since 2011 when there were 15 dispensing doctors. The distribution of dispensing doctors by CCG is outlined in Table 12. Appendix C provides a list of dispensing doctors.

A patient may at any time request in writing that a dispensing doctor provides them with pharmaceutical services if[ii]:

- a patient would have serious difficulty in obtaining any necessary drugs or appliances from pharmacy premises by reason of distance or inadequacy of means of communication; and/or
- a patient is resident in a controlled locality at a distance of more than 1.6 kilometres from any pharmacy premises, other than distance selling premises.

The patient is required to be on the doctor's patient list or the patient list of a provider of primary medical services by whom doctor is employed or engaged. Part 8 (48) of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 outlines the requirements for dispensing doctors.

Schedule 6 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 outlines the responsibilities of the dispensing doctor.

Table 12: Dispensing Doctors by CCG

CCG	Number of dispensing doctors practices	Number of dispensing doctors branch practices
East Surrey	1	0
Guildford and Waverley	3	2
North East Hampshire and Farnham	1	0
North West Surrey	1	0
Surrey Downs	2	4
Surrey Heath	1	1
Total	**9**	**7**

5.4 Internet/distance selling pharmacies

Currently there are three internet/distance selling pharmacies in Surrey CCGs two in Woking (North West Surrey CCG) and the third is within Elmbridge in Surrey Downs CCG, all provide the full range of essential services. Online pharmacies, Internet pharmacies, or Mail Order Pharmacies have no shop face and cannot provide essential services face-to-face.

Patients have the right to pharmaceutical services from any community pharmacy this includes the internet/ distance selling pharmacy of their choice from those available nationwide.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 Part 9 details a number of conditions for distance selling pharmacies which they are required to conform to.

5.5 Dispensing appliance contractors (DACs)

Surrey has two DACs located in Guildford and Alford, which are both within Guildford and Waverley CCG. DACs hold an NHS contract to dispense (on prescription) dressings and appliances as defined in the Drug Tariff[viii].

5.6 Access to pharmacies

Pharmacies are formally contracted to deliver 40 hour or 100 hour contracts (core hours), pharmacies may also provide supplementary hours above core hours (opening hours) which may be altered subject to giving three months notice to NHS England.

Of the 217 pharmacies in Surrey and Surrey CCGs, 17 have core hours of 100 hours (7.8%) with the remaining 200 having standard 40 hour contracts (Map 3). Table 13 provides the numbers and percentage of pharmacies with 40 and 100 hour contracts by CCG, North West Surrey and Surrey Heath CCGs have the highest percentage of 100 hour contracts (11.8% n = 8, n=2 respectively) and East Surrey CGG has the lowest (3.1% n=1).

Bank Holidays

Public holiday opening hours are largely serviced by voluntary opening arrangements covered by supplementary hours. Christmas Day, Boxing Day and Easter Sunday are covered by an Enhanced Service directed rota from NHS England, for which an additional payment is made to the contractor/pharmacy.

An Out of Hours rota is within the Pharmaceutical Contractual Framework to ensure pharmacies are open on specified Bank Holidays.

Table 13: Number of community pharmacies in Surrey by core contract type*

Area	40 hour contract			100 hour contract		
	n	% CCG	% Surrey	n	% CCG	%
East Surrey	31	96.9	14.4	1	3.1	0.5
Guildford and Waverley	36	94.7	16.7	2	5.3	0.9
North East Hampshire and Farnham	7	100.0	3.2	0	0.0	0.0
North West Surrey	62	89.9	28.7	7	10.1	3.2
Surrey Downs	49	90.7	22.7	5	9.3	2.3
Surrey Heath	15	88.2	6.9	2	11.8	0.9
Total	**200**		**92.1**	**17**		**7.8**

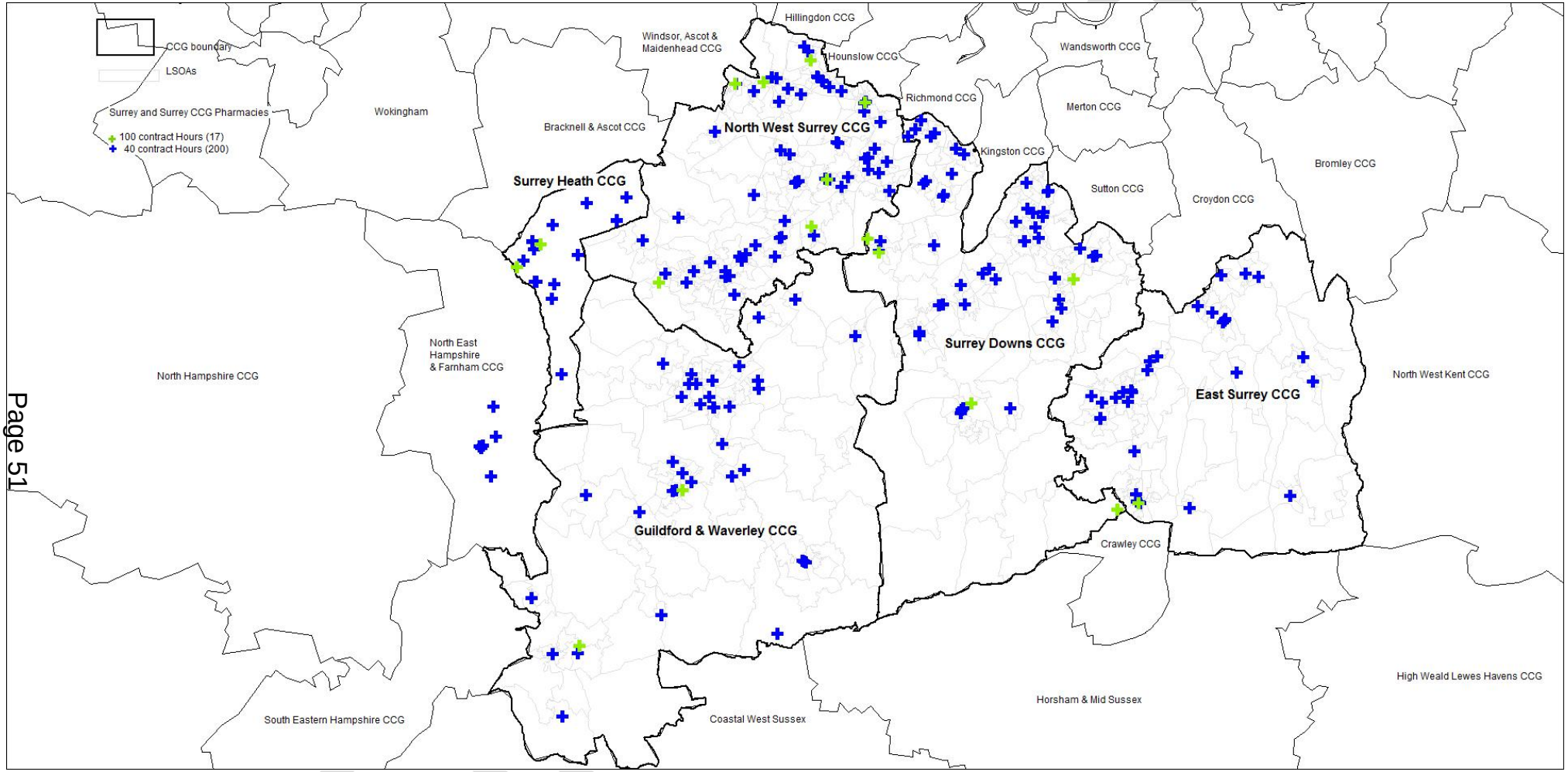
*excluding dispensing appliance contractors
**7 pharmacies within the Surrey border for North East Hampshire and Farnham CCG.
*** Figures may not tally due to rounding

Ninety two percent (n=199) of community pharmacies in Surrey are open on a Saturday for some part of the day, 55 (25.3%) are open in the evening (after 18:30) and 46 (21.2%) are open on a Sunday (Table 14). Map 4 to Map 7 show locations of pharmacies open weekdays, evenings, on Saturdays and on Sundays.

Table 14: Provision of core contract Hours and opening times

Surrey CCG	40 hour contract	100 hour contract	Opening		
			Evening after 18:30	Saturday	Sunday
Surrey	**200**	**17**	**55**	**199**	**46**
East Surrey	31	1	6	31	6
Guildford and Waverley*	36	2	6	36	9
North East Hampshire and Farnham	7	0	2	4	2
North West Surrey	62	7	24	64	15
Surrey Downs	49	5	15	49	11
Surrey Heath	15	2	2	15	3

Map 3: Location of Surrey CCG community pharmacies by core-hour contract type (40 and 100 hours)



5.6.1 Neighbouring Health and Wellbeing Boards

Surrey borders 14 Health and Wellbeing Boards[3], which have between them over 400 community pharmacies within a five mile radius of the Surrey border (Table 15). It is recognised that these pharmacies provide Surrey residents with the opportunity to access pharmaceutical services local and convenient to them, although use of these pharmacies is likely to be at an opportunistic level. These pharmacy services will be acknowledged when reviewing service provision within Surrey against the needs of the local population.

Table 15: Community pharmacies within five mile radius of Surrey border

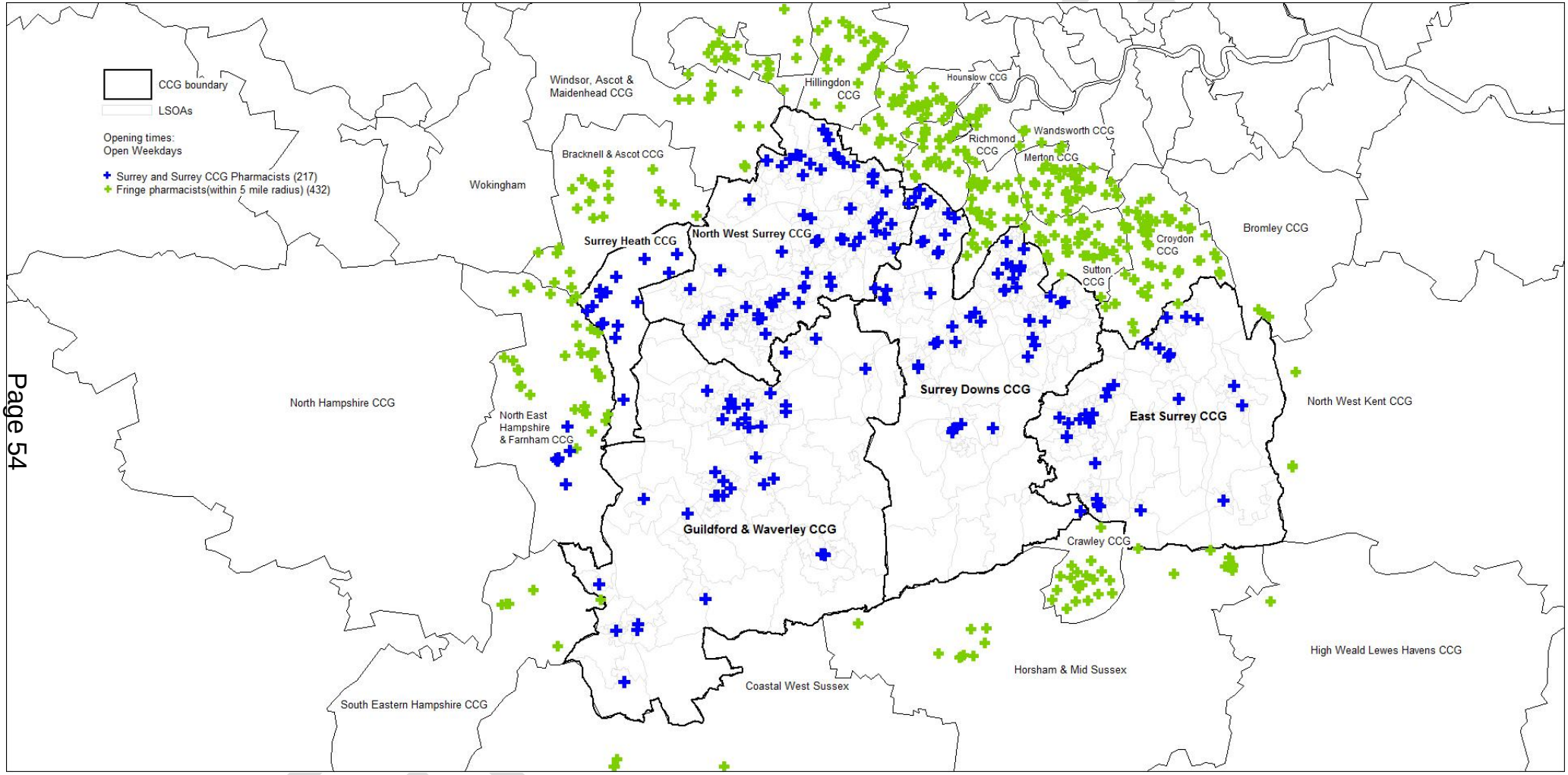
County	Pharmacy			
	CCG Name	Number	Within 5 mile radius	%
Windsor, Ascot & Maidenhead	Bracknell & Ascot	24	24	100.0
	Slough	32	19	59.4
	Windsor, Ascot & Maidenhead	26	12	46.2
Buckinghamshire	Chiltern	61	3	4.9
East Sussex	High Weald Lewes Havens	29	1	3.4
Hampshire	North East Hampshire	34	34	100.0
	South Eastern Hampshire	41	6	14.6
Kent	North West Kent	67	3	4.5
London	Bromley	58	3	5.2
	Croydon	75	55*	70.5
	Ealing	75	2	2.7
	Hillingdon	63	27	42.9
	Hounslow	52	40	76.9
	Kingston	33	33	100.0
	Merton	34	34	100.0
	Richmond	46	32*	68.1

[3] Bracknell Forest, Bromley, Croydon, East Sussex, Hampshire, Hillingdon, Hounslow, Kent, Kingston upon Thames, Richmond upon Thames, Slough, Sutton, West Sussex, Windsor and Maidenhead

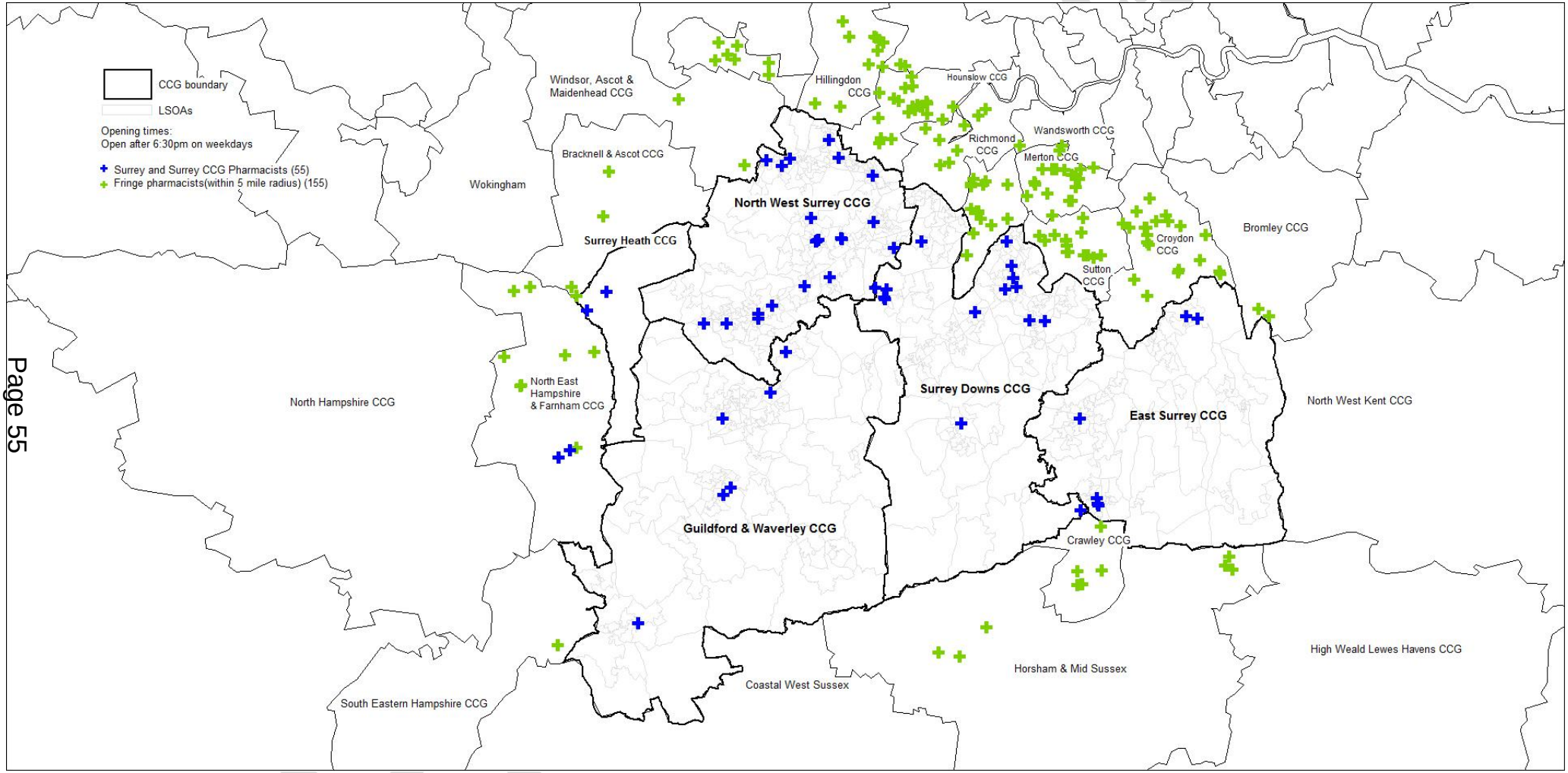
	Sutton	44	44	100.0
	Wandsworth	63	4	6.3
West Sussex	Coastal West Sussex	102	4*	4.0
	Crawley	22	22*	100.0
	Horsham & Mid Sussex	39	19	48.7
	Total	1,020	432*	

* figures awaiting confirmation

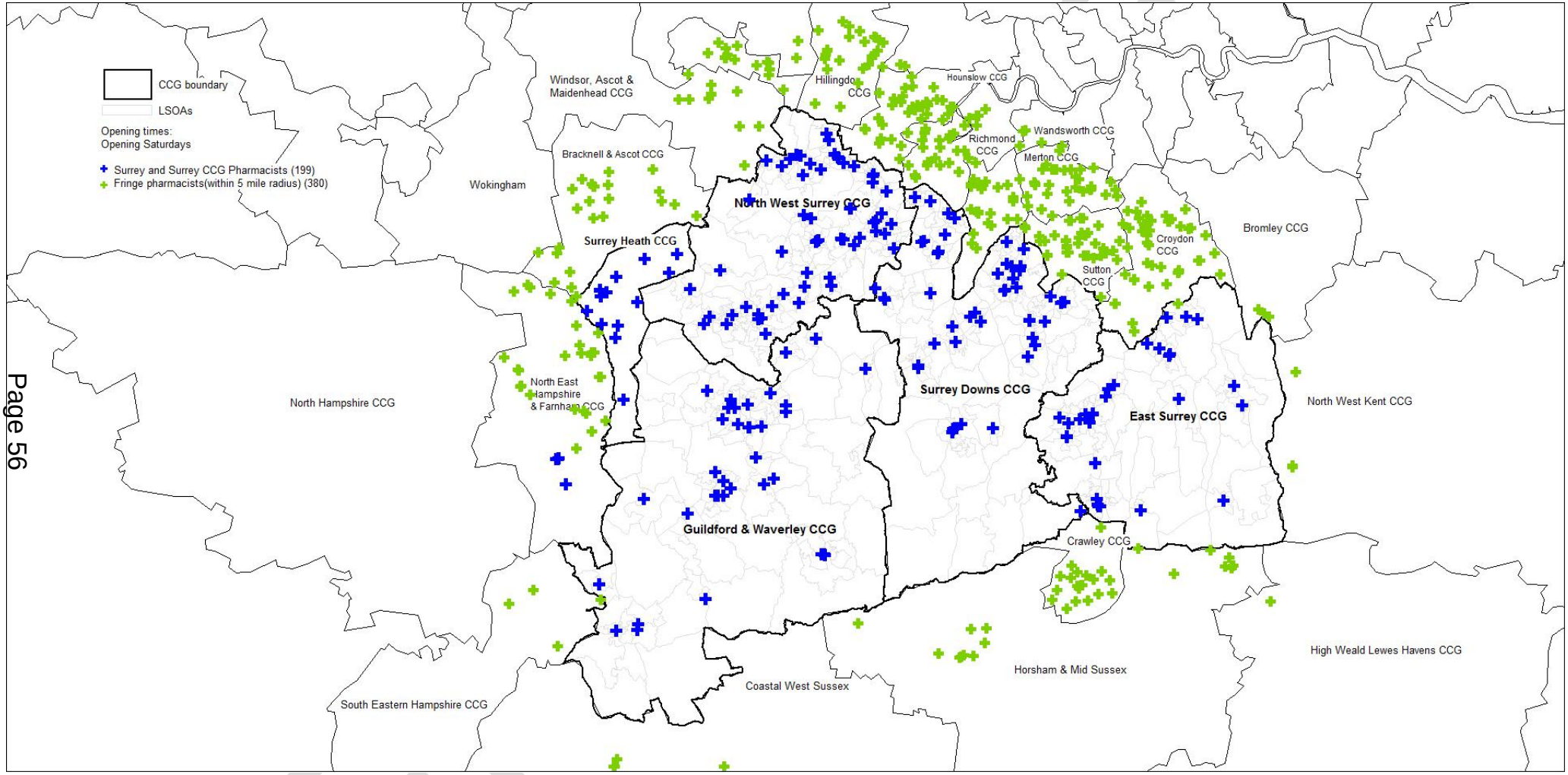
Map 4: Pharmacies in Surrey CCGs and neighbouring CCGs open during weekdays



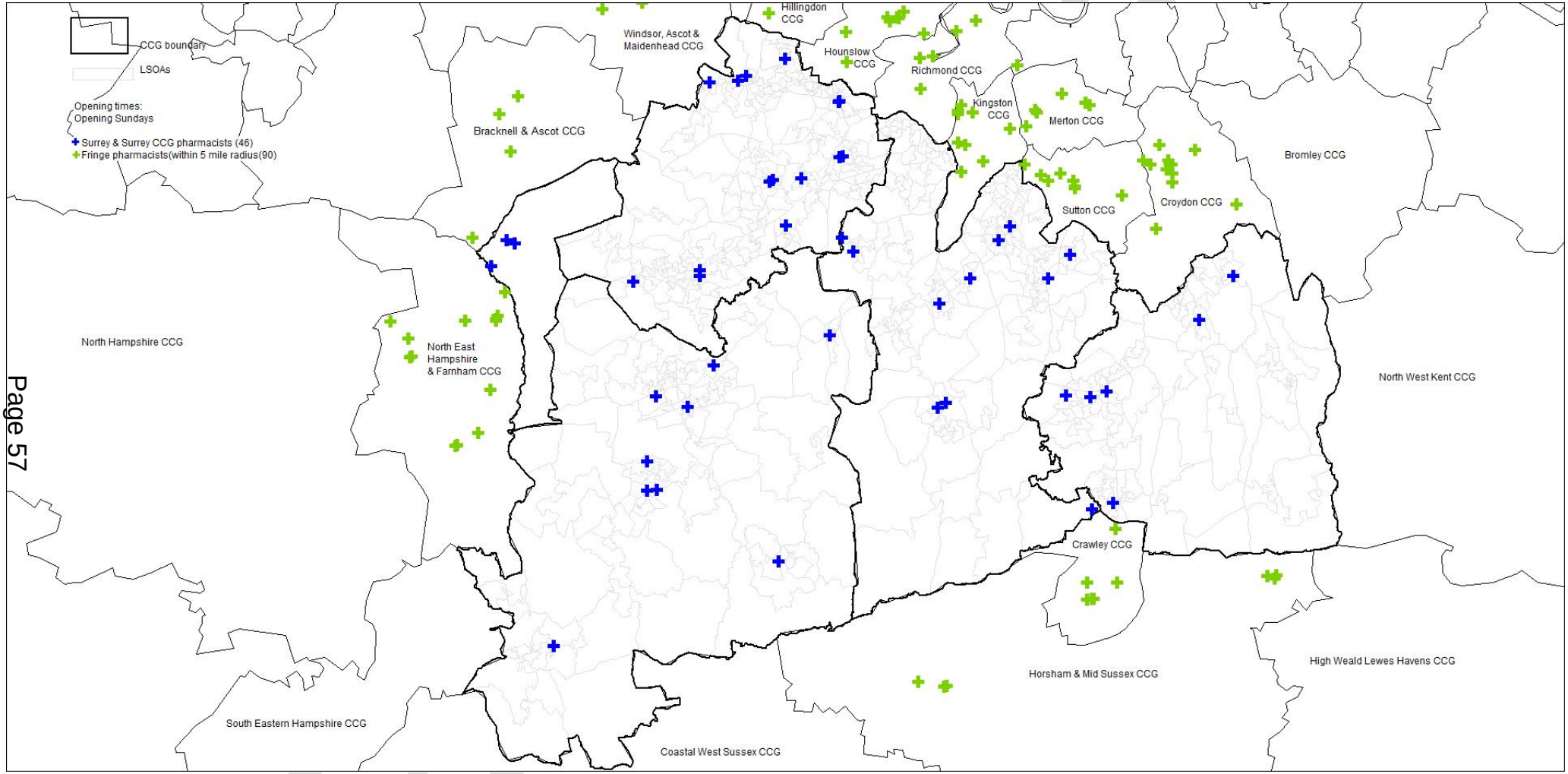
Map 5: Pharmacies in Surrey and neighbouring CCGs open during evenings (after 1830hrs)



Map 6: Pharmacies in Surrey CCGs and neighbouring CCGs open on Saturdays



Map 7: Pharmacies in Surrey CCGs and neighbouring CCGs open on Sundays



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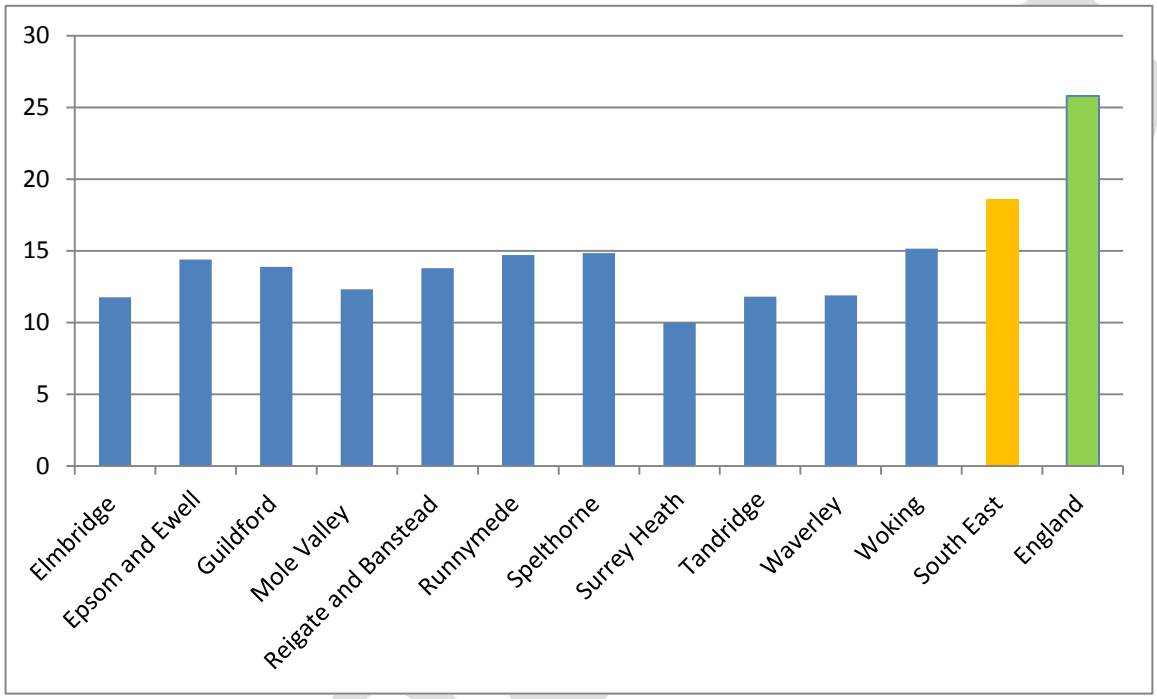
5.7 Distance and travel times

Community pharmacies should be accessible to 99% of the population by being able to get to a pharmacy within 20 minutes by car and 96% of the population should be able to access a pharmacy through walking or using public transport[ix]. Being able to access a pharmacy within six miles by car or public transport was deemed reasonable by the NHS Litigation Authority[x].

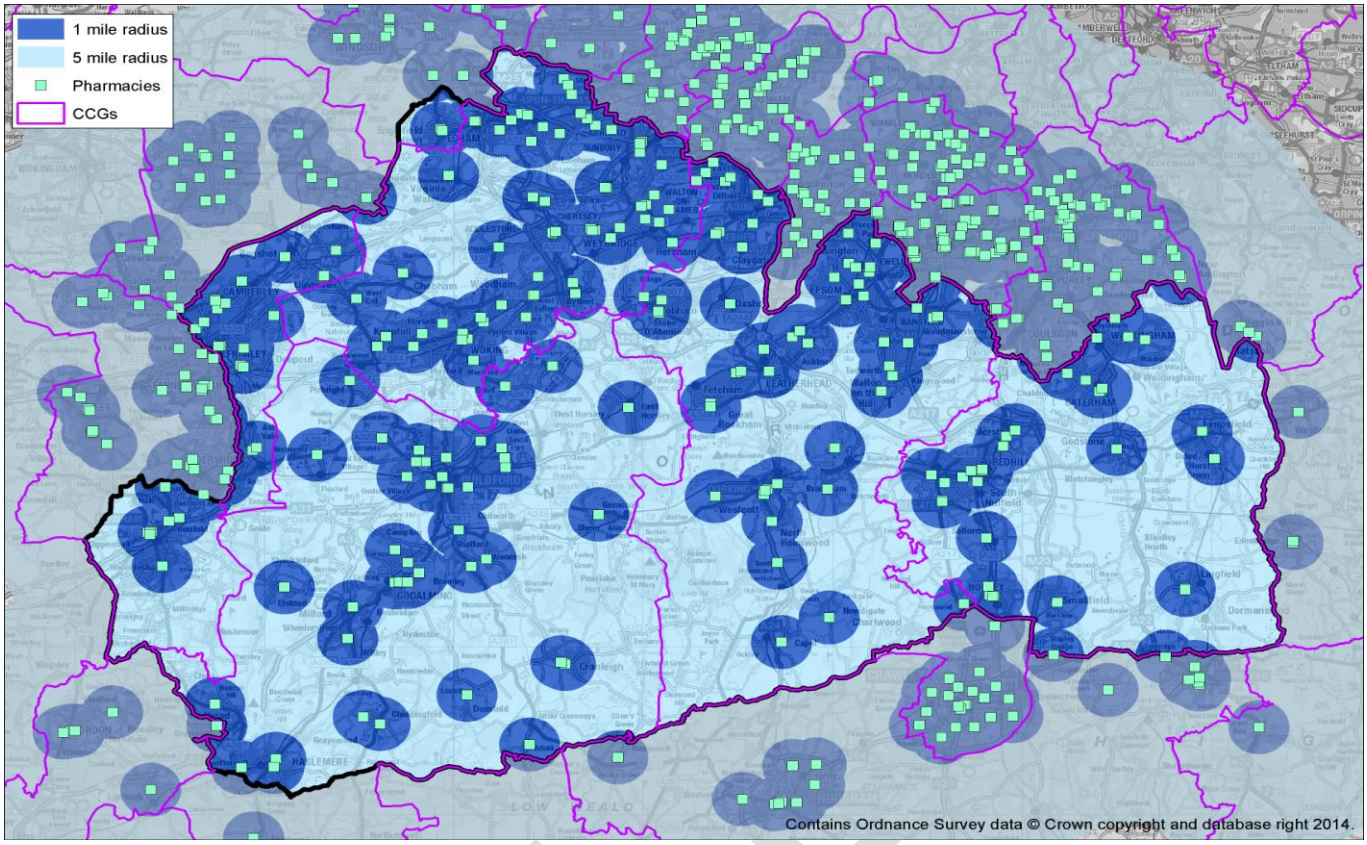
The 2011 census indicates that 13.1% (59,865) of the residents in Surrey do not own a car. This is lower than the England (25.8%) and the South East (18.6%) average (Figure 3). Woking in North West Surrey CCG has the highest number of households per local authority with no car (15.1%) followed by Spelthorne (14.8%) and Runnymede (14.7%).

Figure 3: The percentage of Surrey households that do not own a car

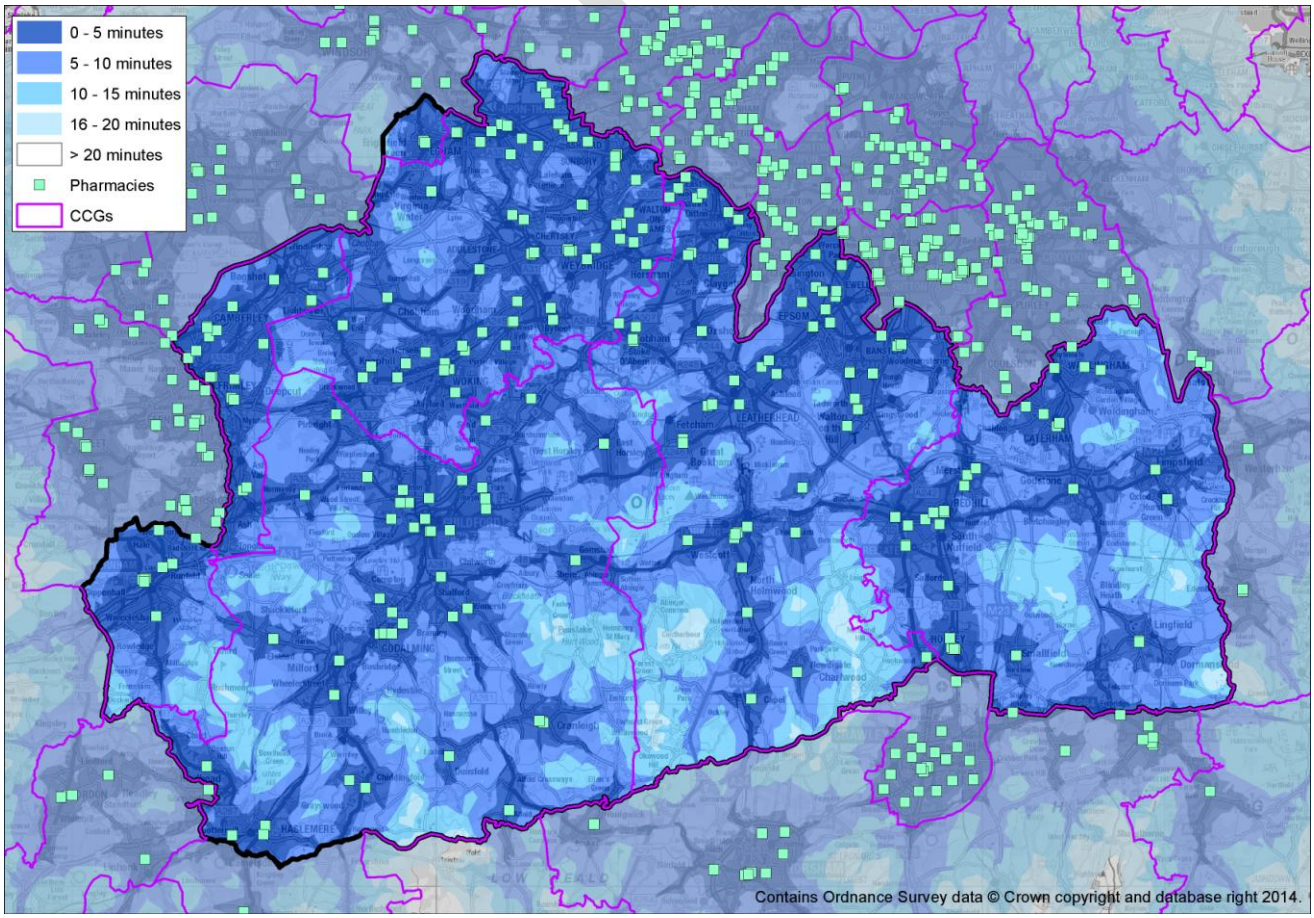


Map 8 to Map 15 show areas of Surrey within one and five mile radii and journey times by car according to pharmacy opening times.

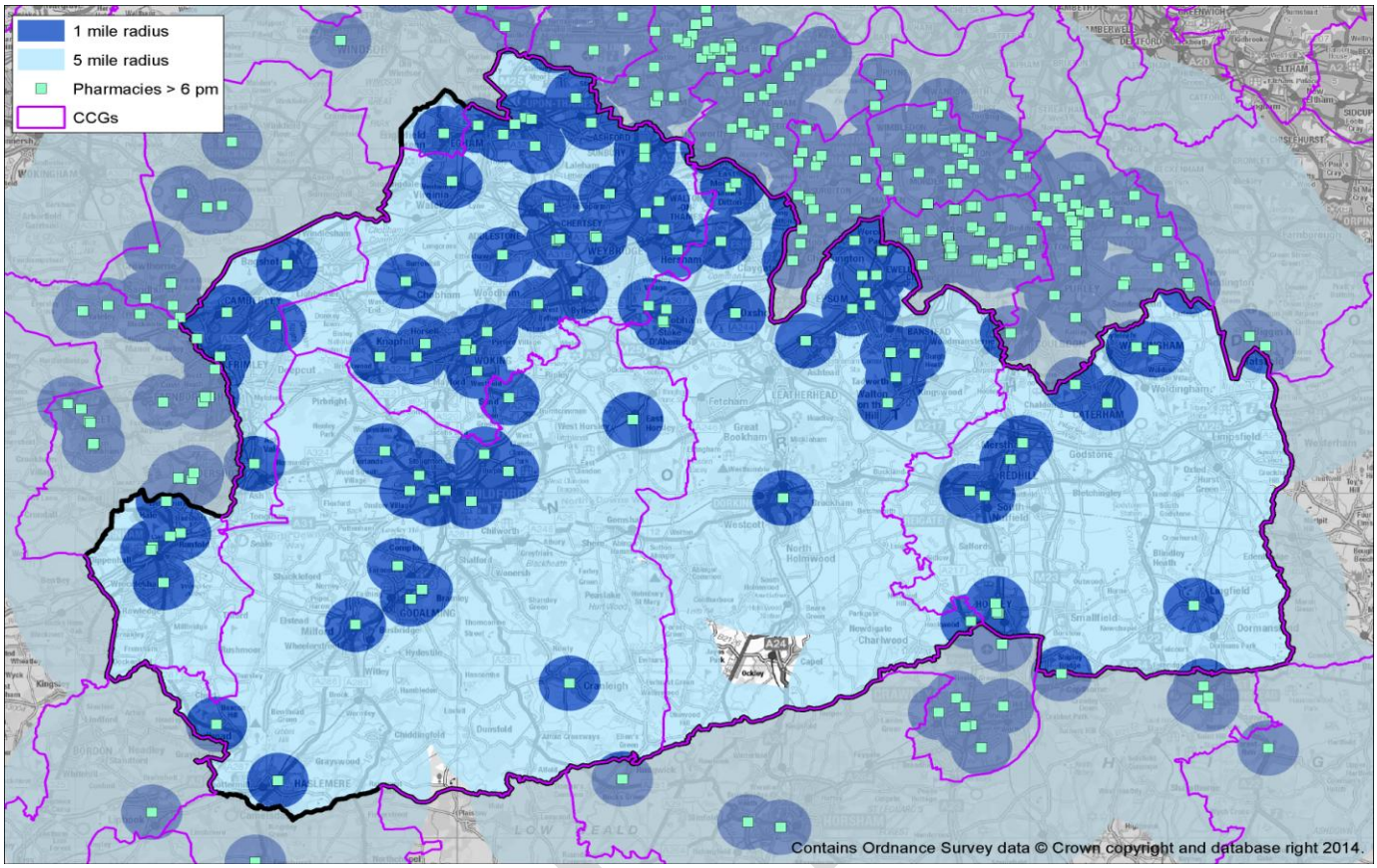
Map 8: Areas of Surrey within one and five mile radius of a pharmacy open on weekday (including dispensing practices)



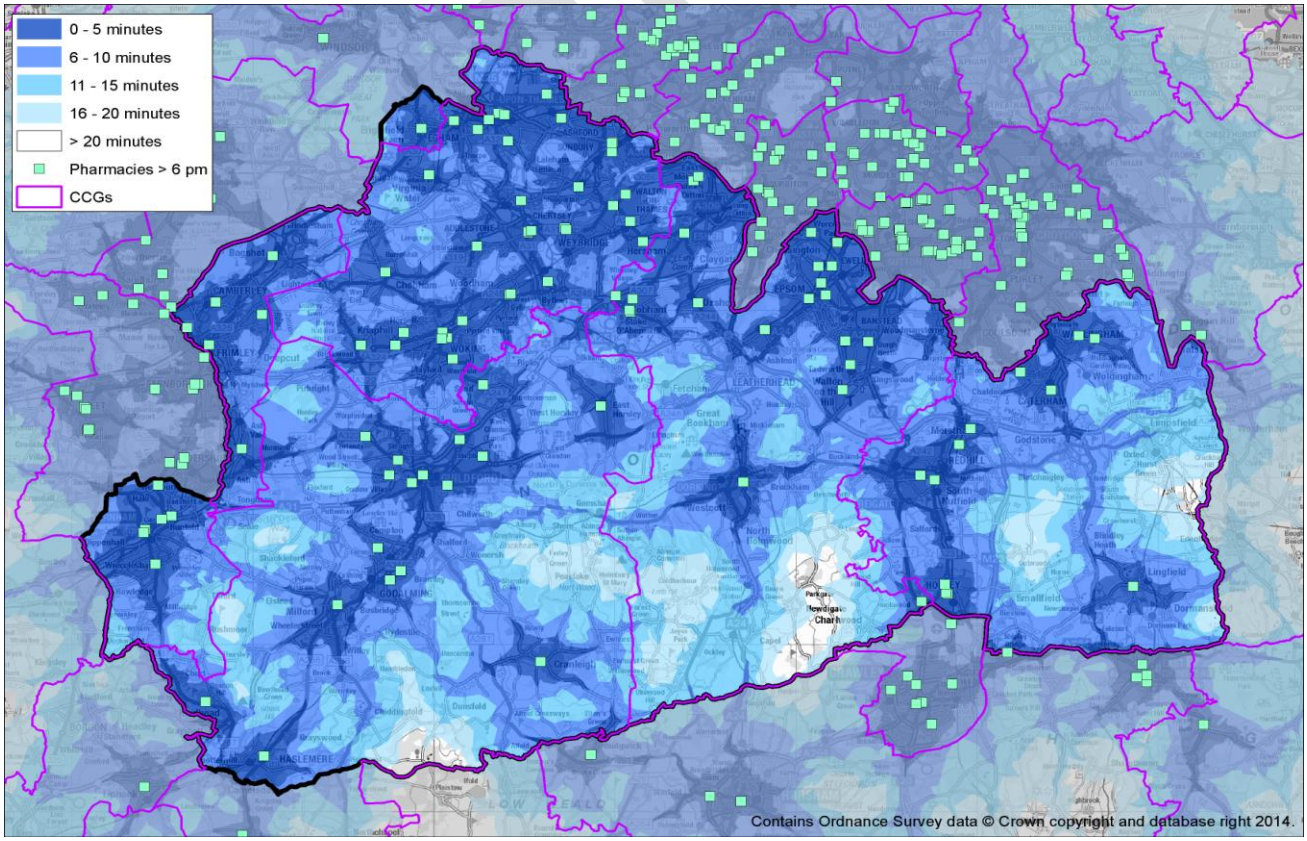
Map 9: Journey time by car during weekdays



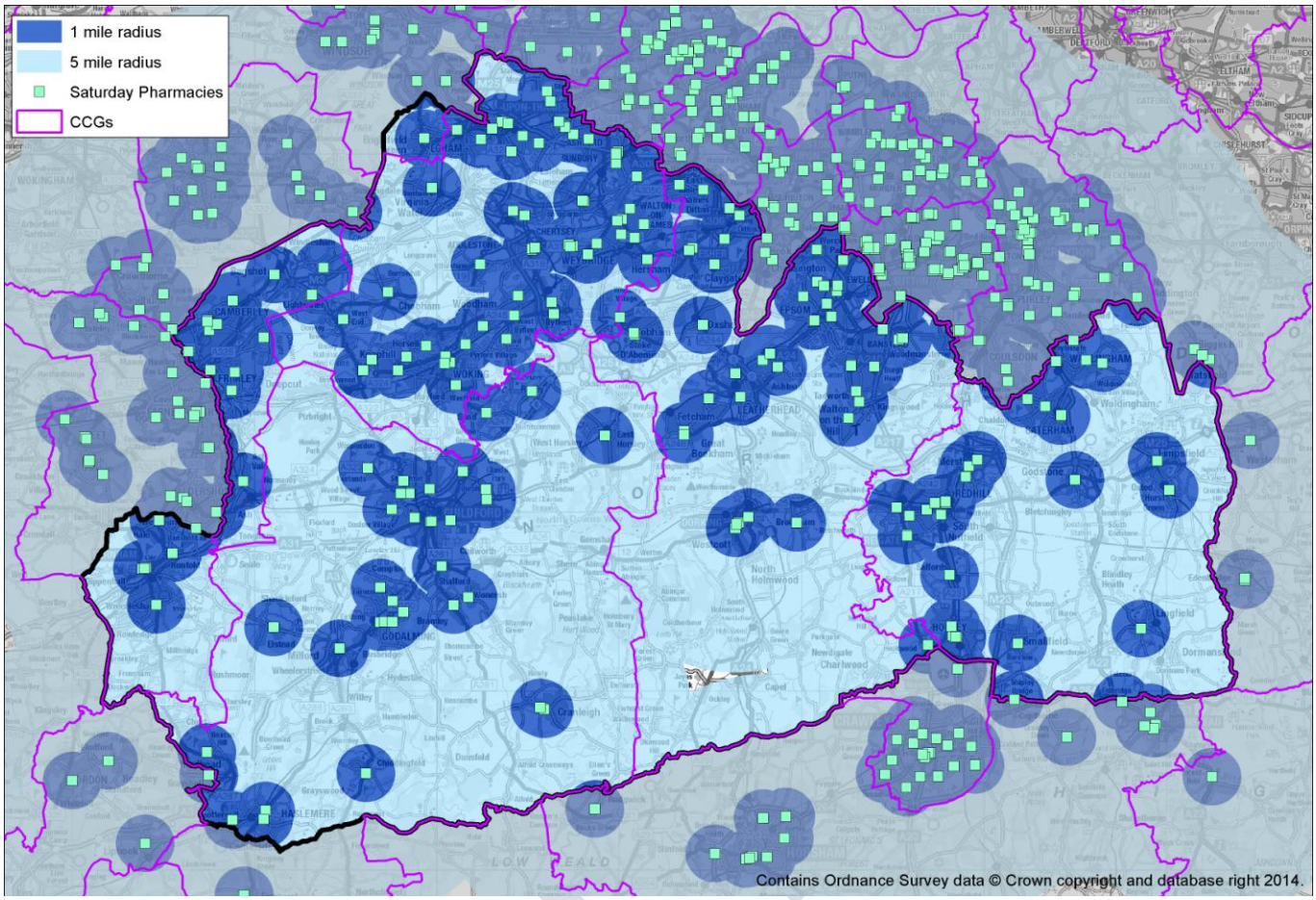
Map 10: Areas of Surrey within one and five miles of a pharmacy open on weekday evenings (after 18:00hrs)



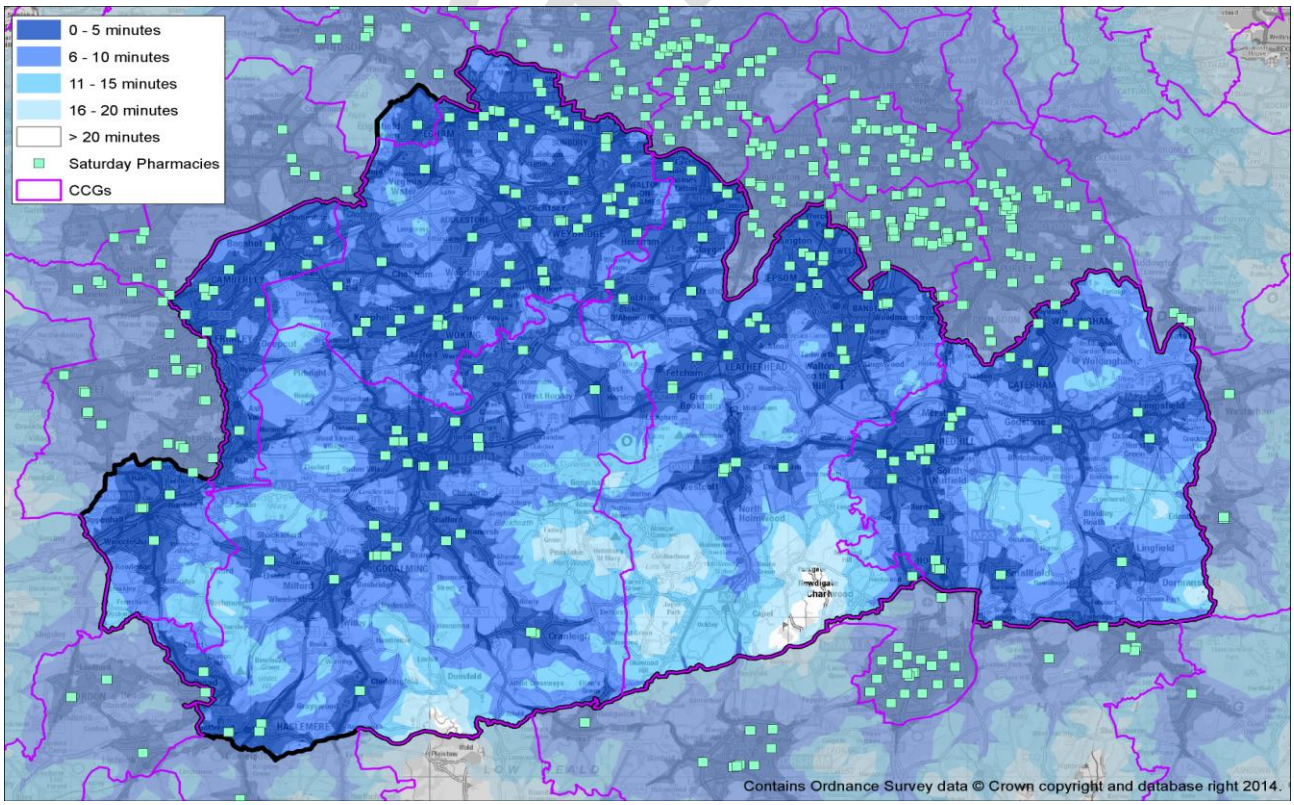
Map 11: Journey time by car on weekday evenings (after 18:00hrs)



Map 12: Areas of Surrey within one and five miles of a pharmacy open on Saturday



Map 13: Journey time by car during Saturdays



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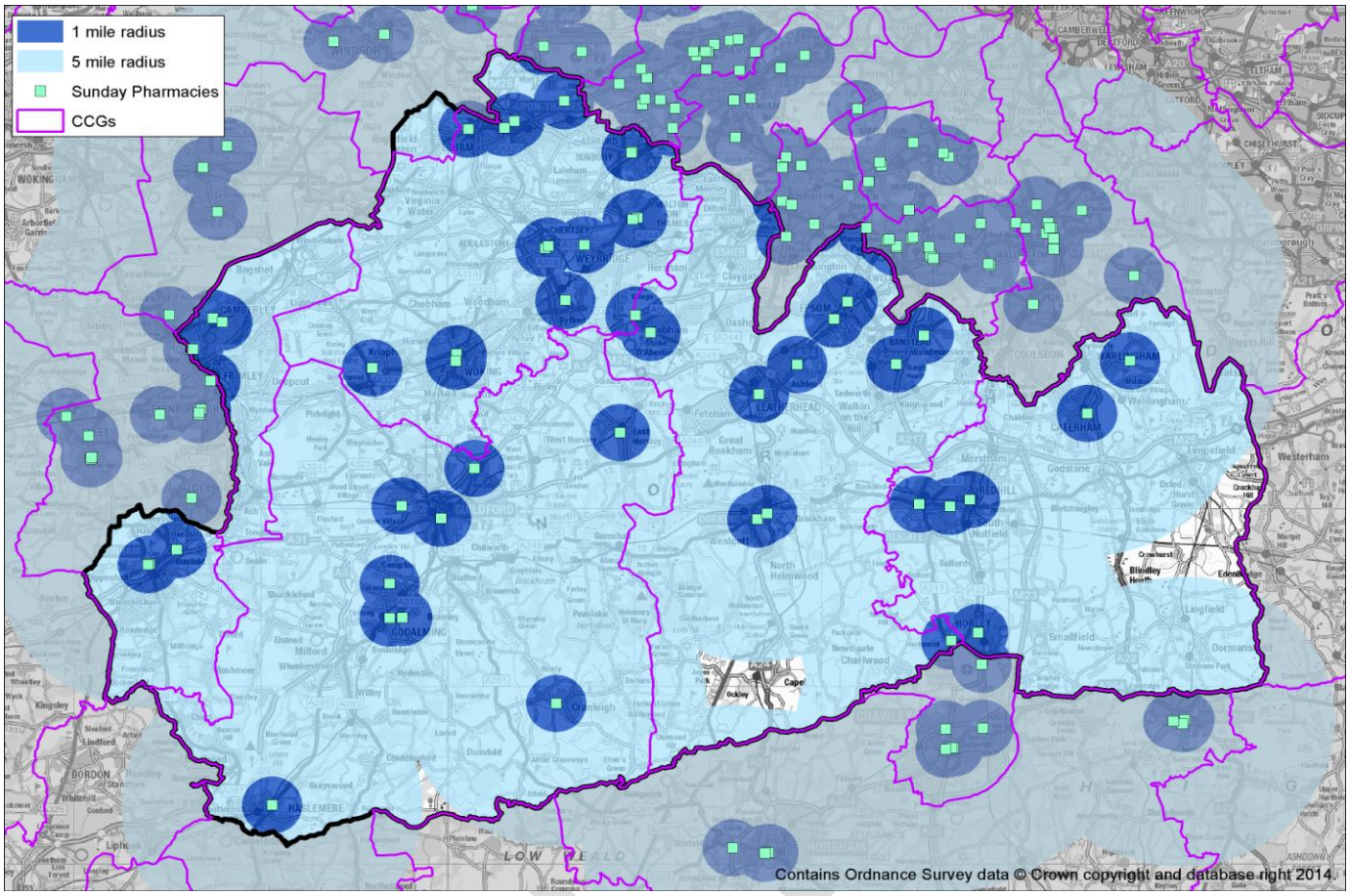
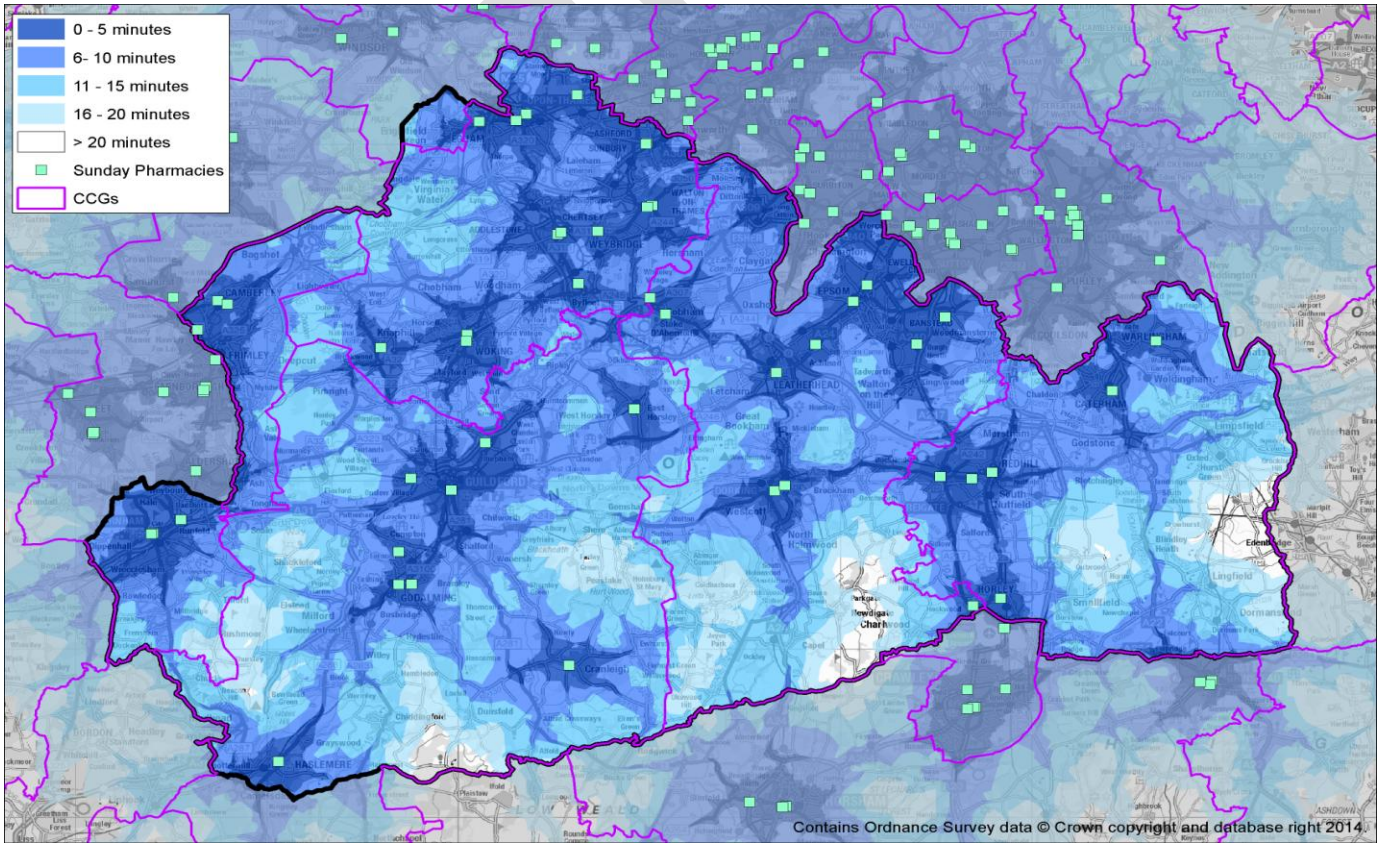
Map 14: Areas of Surrey within one and five miles of a pharmacy open on Sunday



Map 15: Journey time by car on Sunday



5.8 Pharmaceutical services

Community pharmacies are the only pharmaceutical service to provide three tiers of pharmaceutical services, defined in the Regulations (2013):

- Essential Services – services all pharmacies are required to provide;
- Advanced Services – services to support patients with safe use of medicines;
- Enhanced services and Locally Commissioned Services.

Enhanced services are commissioned by NHS England and Locally Commissioned Services by Surrey County Council Public Health Team through Public Health Agreements or by CCGs in order to meet the health needs of the population.

Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 requires statements to identify services that the HWB has defined as;

Necessary services: current provision
Services currently provided which are determined to be "necessary to meet the need for pharmaceutical services in its area". This includes services provided within the Surrey HWB area and within neighbouring HWB areas.

Necessary services: gaps in provision
Services not currently provided which are determined to be necessary "in order to meet a current need for pharmaceutical services".

Other relevant services: current provision
Services provided which are "not necessary to meet the need for pharmaceutical services in its area, nevertheless, have secured improvements or better access to pharmaceutical services". This includes services provided within the Surrey HWB area and within neighbouring HWB areas.

Improvements and better access: gaps in provision
Services not currently provided but which the HWB is satisfied would "secure improvements or better access, to pharmaceutical services" if provided.

Other NHS services
Any services provided or arranged by a local authority, the NHSCB (NHS England), a CCG, an NHS trust or an NHS foundation trust which the HWB assess to affect the need for pharmaceutical services in its area or where further provision would secure improvement, or better access to pharmaceutical services.

For the purposes of this PNA necessary services have been identified as

- essential services
- advanced services

Other relevant services have been defined as

- enhanced services

Other NHS services are those not directly commissioned by NHS England and known as Locally Commissioned Services.

5.9 Necessary Services: current provision

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5.9.1 Essential service provision

All community pharmacies are required to provide all of the essential services outlined in the Community Pharmacy Contractual Framework. Provision of these services is overseen by NHS England. Essential services are:

Dispensing of appliances

Pharmacists must dispense appliances only if the pharmacy supplies such products in the normal course of their business[xi].

Dispensing of medicines

Pharmacies are required to maintain a record of all medicines dispensed, and also keep records of any interventions made which they judge to be significant[xi].

Disposal of unwanted medicines

Pharmacies are obliged to accept back unwanted medicines from patients. NHS England's Area Team will make arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals[xi].

Public Health (promotion of healthy lifestyle)

Each year pharmacies are required to participate in up to six campaigns at the request of NHS England. This involves the display and distribution of leaflets provided by NHS England.
In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation[xi].

Repeat dispensing

Pharmacies dispense repeat prescriptions and store the documentation if required by the patient. They ensure each repeat supply is required and act to ascertain that there is no reason why the patient should be referred back to their GP[xi].

Signposting

NHS England provides pharmacies with lists of sources of care and support in the area. Pharmacies are expected to help people who ask for assistance by directing them to the most appropriate source of help[xi].

Supporting self-care

Pharmacies help manage minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS 111[xiii].

Clinical governance

Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 set out the 'Terms of Service' of NHS pharmacists in four parts. Part 4 sets out terms of service, including Clinical Governance. Adherence with the clinical governance requirements is thus a part of the terms of service[xi].

5.9.2 Advanced service provision

As listed on page 11 there are four advanced services that are within the NHS Community Pharmacy Contractual Framework;

- Appliance Use Reviews
- Medicines Use Reviews (MURs) and Prescription Intervention Service
- New Medicines Service (NMS)
- Stoma Appliance Customisation (SAC) Service

Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. Pharmacies are required to seek approval from NHS England before providing these services and are required to have an appropriate consultation area. The community pharmacy is also required to have a pharmacist who has been accredited by a Higher Education Institution to provide the service[xi].

Appliance Use Reviews (AURs)

AURs aim to improve the patient's knowledge and use of a 'specified appliance' by:

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

The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business as long as they meet the conditions of service[viii].

Medicines Use Reviews (MURs) and Prescription Intervention Service.

The MURs and Prescription Intervention Service consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions.

National target groups have been agreed in order to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines which can be prescribed and non-prescribed. The review helps patients understand their therapy and identifies any problems and possible solutions[xi]. Each community pharmacy in Surrey can conduct up to 400 MURs each financial year.

In 2012/13, 192 (90%) out of 213 community pharmacies in Surrey were offering MURs for their patients[xii] and those that did the service performed an average of 301 MURs in the year. Surrey continues to carry out more MURs per pharmacy in comparison to the England average and has been increasing annually (Table 16).

Table 16: Average number of MURs carried out by pharmacies

Area	2007 -08	2008 - 09	2009 – 10	2010 - 11	2011 - 12	2012 - 13
Surrey	148	186	218	242	257	301
South East Coast	128	163	192	234	264	292
England	126	161	186	219	239	267

Source: NHS Prescription Services part of the NHS Business Services Authority

Below is the summary data for MUR activity delivered from March 2013 to February 2014 (Table 17). It shows by CCG, the total number and average number of MURs done at pharmacies within Surrey.

A total of 60,111 MURs were conducted across all pharmacies throughout this period with an average of 350 per pharmacy per annum. North West Surrey CCG completed the highest number

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on average, whilst Guildford and Waverley CCG completed the lowest number on average, 393 and 291 respectively.

Table 17: Surrey Pharmacies delivering MURs by CCG; March 2013 – February 2014

CCG*	Number of Pharmacies	Number of MURs	Average MURs per community pharmacy per annum
East Surrey	29	10,210	352
Guildford and Waverley	35	10,199	291
North East Hampshire and Farnham	6	2,149	358
North West Surrey	49	19,278	393
Surrey Downs	39	13,601	349
Surrey Heath	14	4,674	334

Source: NHS Prescription Services part of the NHS Business Services Authority

New Medicines Service (NMS)

The NMS was added to the NHS Community Pharmacy Contract in 2011. The service provides support for people with long-term conditions who are newly prescribed a medicine. The aim is to improve medicines adherence and is initially focused on particular patient groups and conditions.

The NMS was implemented as a time-limited service commissioned until March 2013.However, this has repeatedly been extended and the service will now run until at least the end of March 2015x.

Over 83% (176) of community pharmacies in Surrey carried out NMS in the 2012/2013 with an average of 67 NMS per community pharmacy[xii] (Table 18).

Table 18: Surrey Pharmacies delivering NMS

Area	Percentage (%) of community pharmacies providing NMS	Total NMS	Average NMS per community pharmacy
Surrey	83%	11,778	67
South East Coast	87%	54,630	73
England	82%	647,859	68

Source: NHS Prescription Services part of the NHS Business Services Authority

Stoma Appliance Customisation (SAC) Service

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

SAC services can be provided by pharmacies that normally provide specified appliances in the normal course of their business as long as they meet the conditions of service. Table 19 shows that activity for SAC has dropped from an average of 69 SAC per community pharmacy in 2010-11 to an average of 10 in 2012-13. The proportion of pharmacies providing this service in Surrey (17%) is higher than England (15%) and South East Coast (14%).

Table 19: Average number of SACs carried out by pharmacies

Area	Percentage of community pharmacy and appliance contractors providing SAC			Average SAC per community pharmacy and appliance contractor		
	2010-11	2011-12	2012-13	2010-11	2011-12	2012-13
Surrey	21%	18%	17%	63	69	10
South East Coast	15%	15%	14%	778	793	559
England	16%	16%	15%	597	606	635

Source: NHS Prescription Services part of the NHS Business Services Authority

5.10 Relevant services: current provision

Enhanced services refer to services commissioned directly by NHS England and as listed within the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

At present NHS England commission out of hours service and seasonal influenza vaccinations. Services commissioned by other organisations such as Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) such as Public Health are referred to as locally commissioned services and whilst they are not considered NHS Pharmaceutical Services as defined by the regulations, they are discussed within this PNA where they affect the need for pharmaceutical services in the area or where further provision would secure improvement, or better access to pharmaceutical services.

Pharmacy Urgent Repeat Medication service

In December 2014 NHS England launched a Pharmacy Urgent Repeat Medication service, the trial taking place in London is to run until April 2015. NHS England has indicated that this service will be evaluated, and if successful consideration will be given to future commissioning of it.

5.11 Locally Commissioned Services

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Locally commissioned services are contracted via a number of different routes and by different commissioners, including Local Authorities, CCGs and NHS England's area teams [xi]. Services commissioned by Surrey County Council (SCC) Public Health Team through Public Health Agreements and CCGs are described below.

5.11.1 Public Health local services

SCC Public Health Team commissions pharmacies to provide a range of public health services. These include: Smoking Cessation, Emergency Hormonal Contraception (EHC), Chlamydia Screening, Needle and Syringe Exchange and Supervised Consumption of Methadone. These services have been commissioned according to local needs as well as local and national initiatives. They are designed to provide a specific role in the wider health agenda such as the HWB priority to develop a preventative approach. SCC Public Health priority outcomes for 2014 / 15 are:

- Increase in the number of NHS Health Checks offered and delivered
- Reduction in the number of people smoking
- Reduction in teenage conception
- Increased Chlamydia diagnoses
- Increased access to sexual health services
- Successful completion of drug treatment
- Reduction in alcohol-related hospital admissions
- Increased uptake of immunisations

These are based on outcomes that originate from the national Public Health Outcomes Framework 2014/15 which identify where Surrey could see developments in improving the health and wellbeing of the population. The Public Health Outcomes Framework alongside the NHS Outcomes Framework and Adult Social Care Framework sit at the core of the health and care system to improve healthy life expectancy and to reduce inequalities (Appendix D).

Smoking Cessation

People using Smoking Cessation Services and pharmacotherapy are four times more likely to quit than when they have no support[xiii]. Smoking cessation services across Surrey achieved an average quit rate of 63% in 2013/14 (52% nationally). There has however been about a 20% decline in the number of people accessing the service across Surrey this year, which is reflected nationally.

Forty nine pharmacies (23%) are currently commissioned to provide smoking cessation services in Surrey. Between Quarter 1 and Quarter 3 in 2013/2014 there were 188 quits (Quarter 1, 111; Quarter 2, 38; Quarter 3, 39) equating to 51% of those that signed up. The uptake of smoking cessation services in pharmacies in Surrey is low. Surrey County Council Public Health Team regularly provide training for staff due to high staff turnover in larger pharmacy chains, therefore levels of support offered to clients can vary, with little continuity. The current Public Health Agreement for smoking cessation states that pharmacies need to support a minimum of 10 clients per year, of the 49 pharmacies signed up to offer the service many have not met this criteria, consequently a review of pharmacy provision will take place later this year.

Table 20 shows the number of pharmacies commissioned to provide a stop smoking service in Surrey by CCG, Map 16 shows their locations.

Table 20: Pharmacies delivering Smoking Cessation by CCG

Type of Service	CCG						
	East Surrey	Guildford and Waverley	North East Hants and Farnham*	North West Surrey	Surrey Downs	Surrey Heath	Total
Smoking Cessation	9	9	1	17	9	4	49
% per CCG	28.1	24.3	14.3	25.4	17.0	23.5	23.0

* 7 Pharmacies in North East Hampshire and Farnham are within Surrey

Smoking Cessation services provided by pharmacies are an integral part of the Tobacco Control Strategy for Surrey 2010/2015 in tackling health inequalities to help smokers quit (strategic priority 2).

Sexual Health Services

In Surrey pharmacies have been commissioned to provide specified sexual health services. Table 21 demonstrates how many pharmacies provide each service.

Emergency Hormonal Contraception (EHC) Service

The provision of free EHC is offered through community pharmacies under a Public Health Agreement contributing to out of clinic services. EHC in Surrey is primarily provided by community contraception and sexual health clinics (CaSH), Primary care and Walk in Centres. EHC in pharmacies contributes to the Teenage Pregnancy strategy.

Table 21 shows that 81 pharmacies in Surrey have been commissioned to provide this service, provision across CCG's varies between 57% (North East Hampshire and Farnham) and 30% (North West Surrey).

EHC provision by community pharmacies is currently under review following the SCC Public Health Team undertaking a Sexual Health Needs Assessment to help improve services and inform future commissioning (Map 17).

Chlamydia screening service

Community pharmacies play a crucial role in the Surrey Chlamydia Screening Programme, by being able to offer quick screening and treatment. This service targets young people aged under 25 who, evidence indicates, are at higher risk of Chlamydia infection. In Surrey only 37 pharmacies are currently commissioned to provide the service (Map 18) with provision being lower than 23% in all CCGs. Chlamydia screening has been offered through pharmacists since 2010. A comprehensive training package is offered to pharmacists, but uptake has been poor. There are a handful of very committed pharmacists who both offer tests frequently and also treat for Chlamydia. There is room for improvement and increased screening.

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Table 21: Pharmacies delivering Sexual Health Services by CCG

Type of Service	CCG						
	East Surrey	Guildford and Waverley	North East Hants and Farnham*	North West Surrey	Surrey Downs	Surrey Heath	Total
Emergency Hormonal Contraception	17	13	4	20	20	7	81
% per CCG	53.1	35.1	57.1	29.9	37.7	41.2	38.0
Chlamydia	5	7	0	11	12	2	37
% per CCG	15.6	18.9	0.0	16.4	22.6	11.8	17.4

* 7 Pharmacies in North East Hampshire and Farnham are within Surrey

Substance misuse service

Pharmacies are commissioned to provide supervised consumption of prescribed medicines and the needle and syringe exchange programme. The Public Health Team within Surrey County Council coordinate the local strategy for these services. Provision is deemed to be meeting the needs of the population throughout the county by commissioners.

Table 22: Pharmacies delivering Substance Misuse Services by CCG

Type of Service	CCG						
	East Surrey	Guildford and Waverley	North East Hants and Farnham*	North West Surrey	Surrey Downs	Surrey Heath	Total
Supervised consumption of methadone	23	29	5	44	27	9	137
% per CCG	71.9	78.4	71.4	65.7	50.9	52.9	64.3
Needle and syringe exchange programme	13	8	1	21	15	3	61
% per CCG	40.6	21.6	14.3	31.3	28.3	17.6	28.6

*7 Pharmacies in North East Hampshire and Farnham are within Surrey

Supervised consumption of methadone

Supervised consumption of methadone in the community pharmacy aims to reduce mortality and morbidity risks among high-risk substance users by improving the consistency and quality of care. Pharmacies that have been commissioned to provide the service provide support and advice to the patient, including referral to primary care or specialist services when appropriate. Users of this service have to nominate a pharmacy that they can easily access on a daily basis. Community pharmacies report missed doses or other behavioural concerns to the prescriber.

There are 137 pharmacies participating in the scheme with over 50% of pharmacies providing supervised consumption of methadone in each CCG (Table 22, Map 19).

Needle and syringe exchange programme

The aim of this service is to reduce the transmission of blood-borne infections associated with intravenous drug use by providing free, sterile injecting equipment and advice in line with NICE (National Institute of Clinical Evidence) public health guideline PH52[4].

The local substance misuse provider monitors activity closely and responds to changes in patterns of use, provides specific stimulant packs and smaller packs in certain locations to reduce needle waste. There are 61 pharmacies participating in the scheme (Table 22, Map 20).

[4] http://www.nice.org.uk/Guidance/PH52

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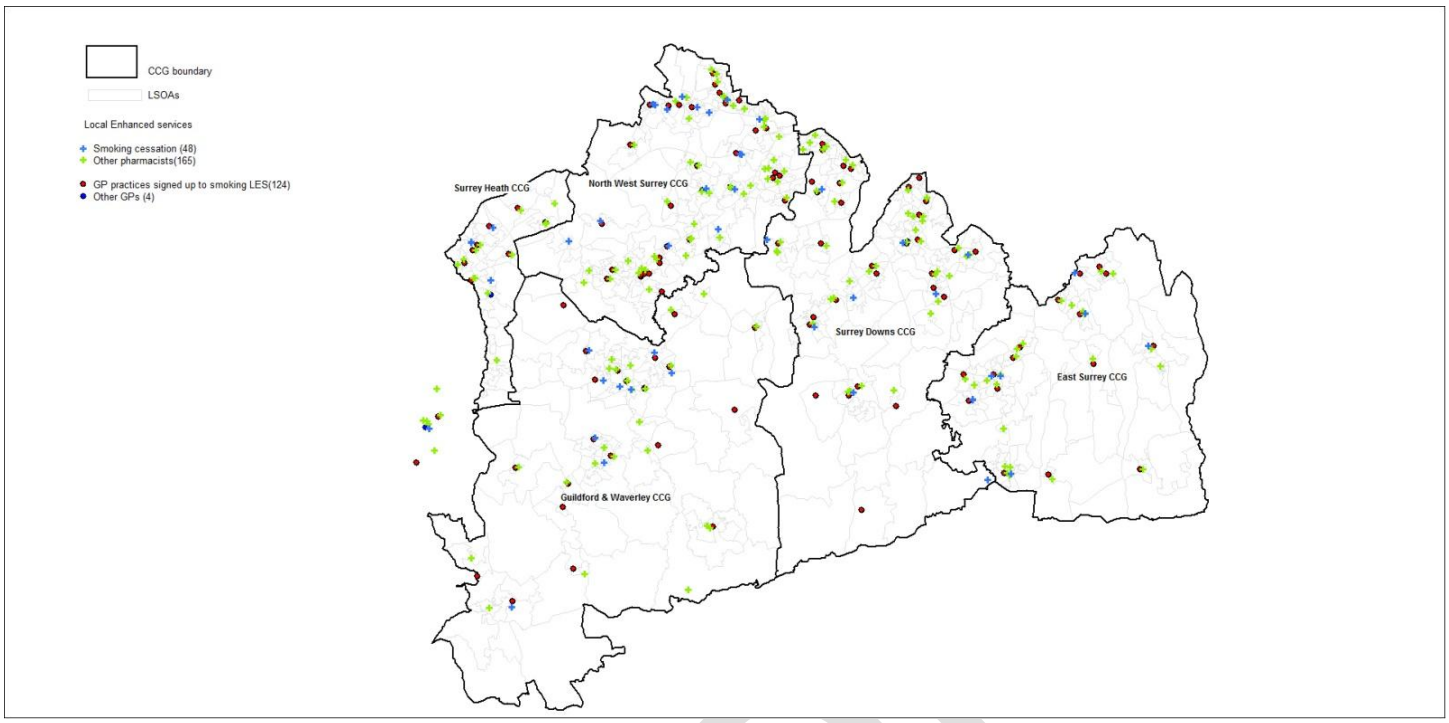
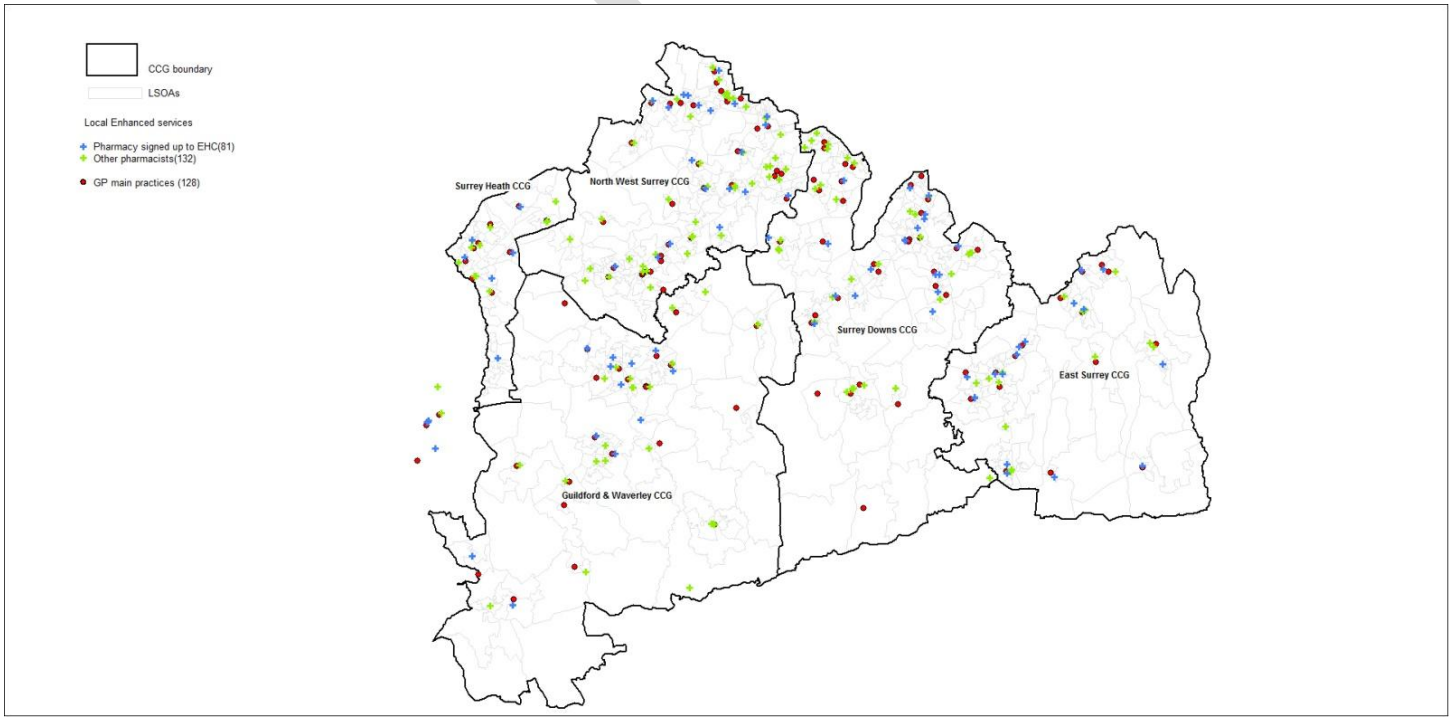
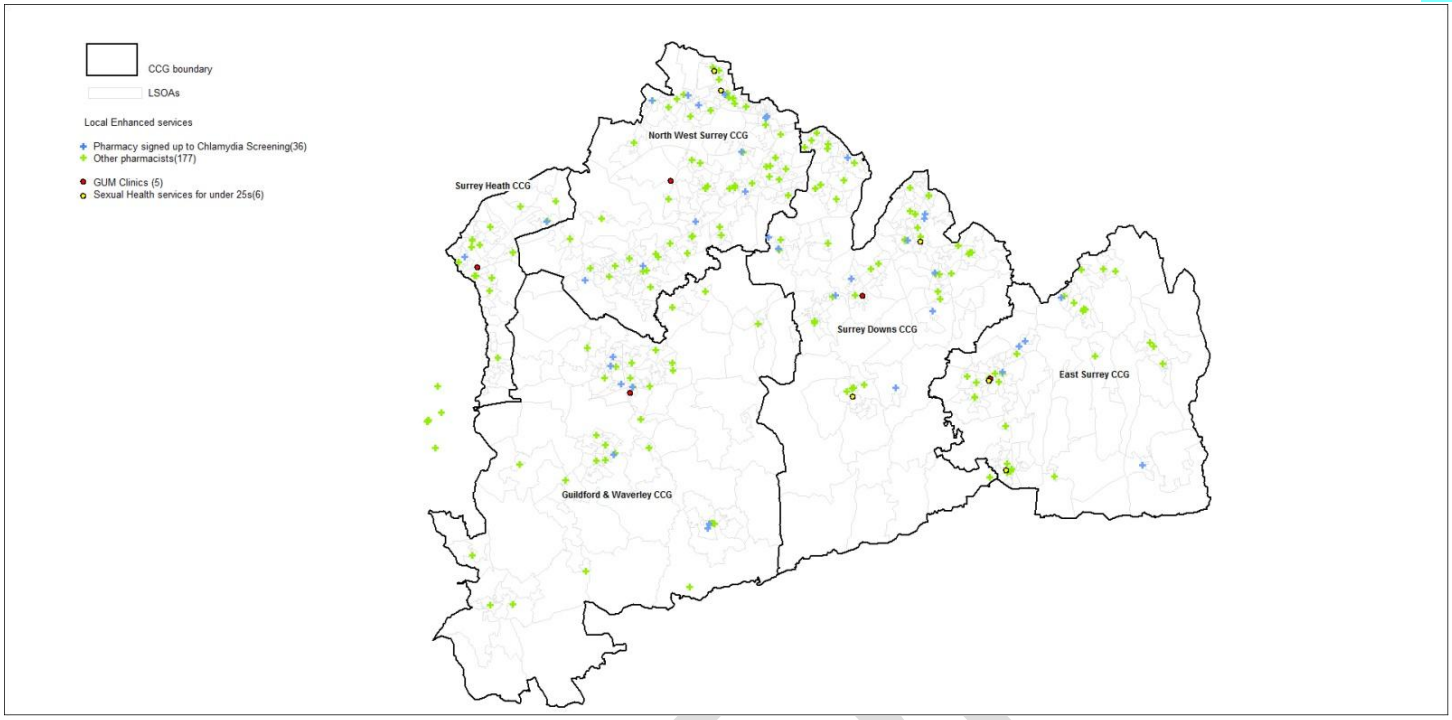
Map 16: Pharmacies commissioned to provide stop smoking service in Surrey CCGs



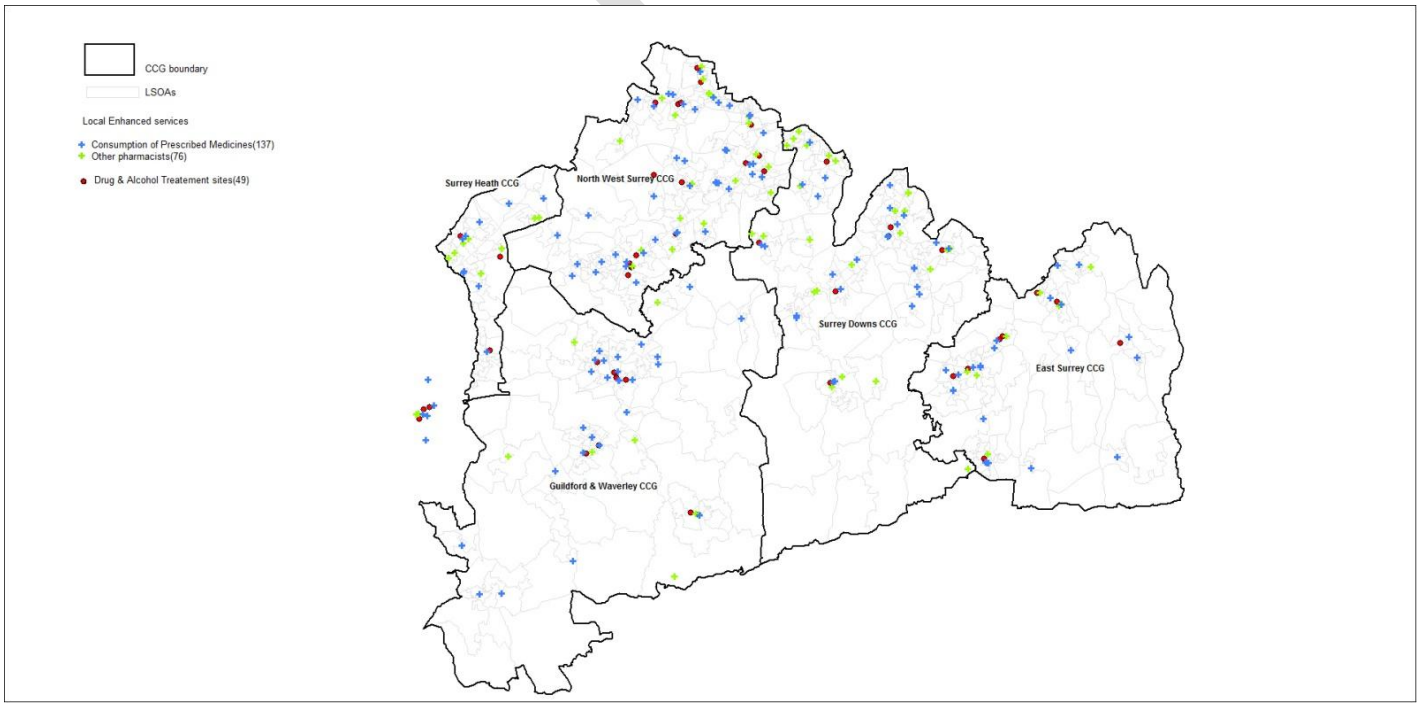
Map 17: Pharmacies commissioned to provide Emergency Hormonal Contraception Service in Surrey CCGs



Map 18: Pharmacies commissioned to provide Chlamydia Screening Service in Surrey CCGs



Map 19: Pharmacies commissioned to provide supervised consumption of prescribed medicines for substance misusers in Surrey CCGs



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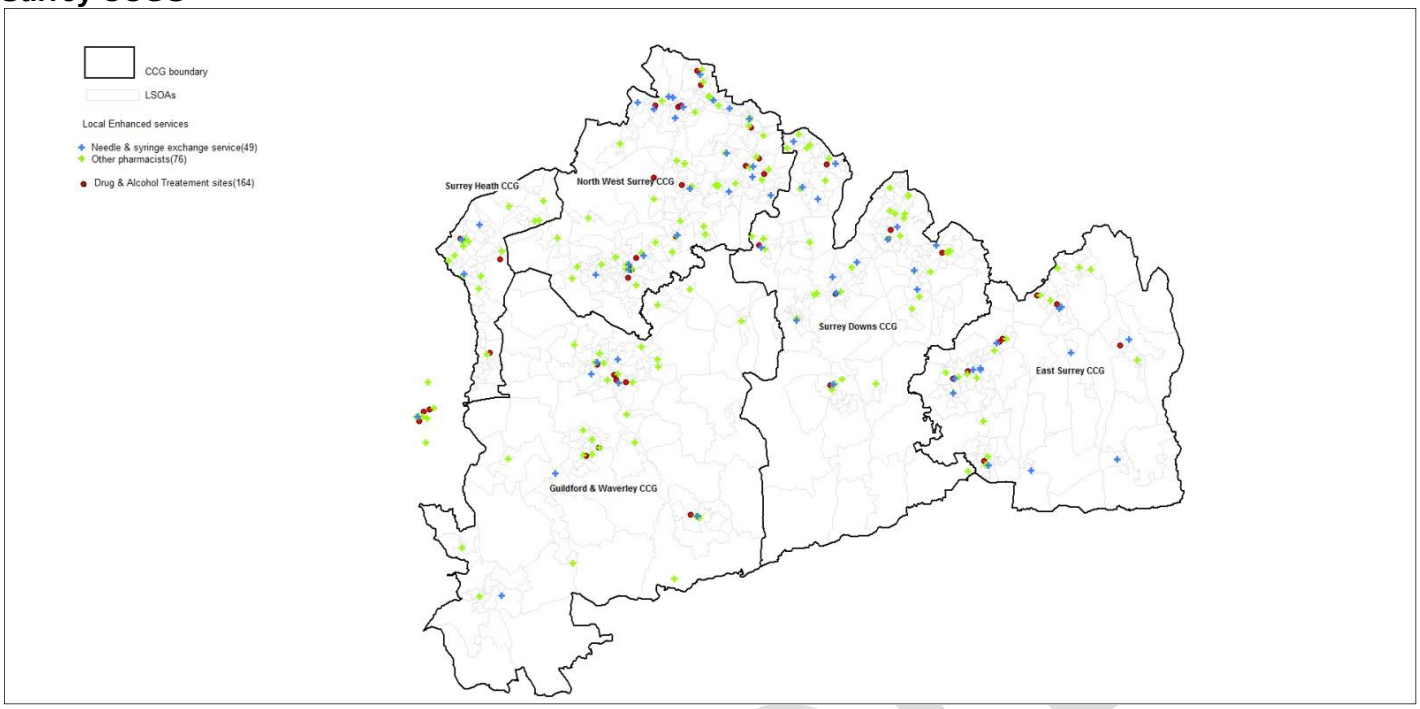
Map 20: Pharmacies commissioned to provide needle and syringe exchange programme service in Surrey CCGS



NHS Health Checks

There are 45 pharmacies delivering NHS Health Checks in Surrey (Table 23), with East Surrey CCG having the highest number of pharmacies signed up to deliver NHS health checks. In Surrey the public health team have worked closely with the Centre for Pharmacy Postgraduate Education (CPPE) to develop locally tailored Health Checks training and workshops for the independent and smaller chains of pharmacies.

The NHS Health Check is a free service aimed at adults in England aged 40 to 74. It is an assessment of the risk of developing vascular or circulatory disease. During the check questions around lifestyle and family medical history and some routine tests are carried out. From these the healthcare professional is able to give the patient their risk of developing heart disease, kidney disease and/or diabetes. For patients over 65, the signs and symptoms of dementia are also discussed[xiv].

The NHS Health Check offers personalised advice and support to stay healthy, and reduce risks if any results need improving upon. NHS Health Checks are an integral part of Surrey's Public Health and CCG prevention and well being strategies and are recommended by the South East Strategic Clinical Network in reducing mortality and morbidity of cardiovascular disease through early detection and intervention.

As part of the national programme Surrey County Council is required to implement a 'uniform and universal' Vascular Risk Assessment and Management programme (NHS Health Checks) for people aged between 40 and 74.

During the year 2014/15 the programme for delivery of NHS Health Checks in Surrey is being scaled up and provision is via three main components:

- Systematic Invitation via GP practices to their eligible patients;
- Opportunistic Outreach via a local agreement between Surrey County Council and community pharmacies and;
- Systematic Outreach via targeted outreach events using trained public health advisors to reach populations in priority areas.

For the year 2013/14 a total of 2,017 Health Checks were delivered from all work streams which represent 6% of the annual delivery target of 34,185. Feedback from users of pharmacy services is positive as to its convenience and benefit. Community pharmacies are easily accessible and provide a convenient and less formal environment for those who cannot or do not wish to visit other kinds of health services.

Surrey County Council Public Health has a huge challenge in 2014/15 to meet the required target of 69,204 offered and 34,602 delivered NHS Health Checks to the eligible population of 346,020. It represents an opportunity for community pharmacies to continue to play an important role in helping meet the public health agenda in Surrey.

Table 23: Pharmacies delivering NHS Health Checks by CCG

Type of Service	CCG						
	East Surrey	Guildford and Waverley	North East Hants and Farnham*	North West Surrey	Surrey Downs	Surrey Heath	Total
Number of pharmacies delivering Health checks in each CCG area**	14	10	1	9	8	3	45
% of pharmacies per CCG	43.8	27.0	14.3	13.4	15.1	17.6	21.1

* 7 Pharmacies in North East Hampshire and Farnham within Surrey

5.11.2 CCG commissioned services

Each CCG within Surrey has strategic priorities to meet the needs of their local population. The Surrey wide strategic objectives for 2014 – 2016 are:

- A 5.8% improvement on potential years of life lost
- To maintain top decile performance for quality of life in long term conditions
- A 17.5% improvement on avoidable time in hospital
- Improve care for elderly at home
- An 8.6% improvement on positive patient experience in hospital
- An 23.2% improvement on positive patient experience out of hospital
- Reduce avoidable deaths

The objectives outlined are based on the indicators from the NHS Outcomes Framework which highlighted areas that need to be developed and improved.

CCGs are able to commission services such as minor ailments services, palliative care schemes and other medicine optimisation services under the NHS Standard Contract to meet the needs of the local population. In the past minor ailments was piloted in two pharmacies in deprived areas and the provision of pharmaceutical advice to care homes was developed in 2004 within East Surrey but ceases to exist. The below services are commissioned by CCGs.

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Palliative Care Scheme

Palliative care is an integral part of End of Life Care providing medicines to facilitate symptom control and enable patients to live and die in their place of choice whilst reducing unnecessary admissions in the last weeks of their life. The aim of this service is to provide immediate and consistent access to palliative care medication across Surrey. Out of hours access to medical help and drugs is therefore essential.

Following a review by Surrey CCGs in 2014, there are 17 pharmacies that provide palliative care in Surrey which all have extended opening hours, good accessibility and parking. This is an increase since the 2011 PNA when there were 15 pharmacies offering this service. Provision in North West Surrey is the highest and Surrey Heath CCG has the lowest (Table 24).

Table 24: Provision of the Palliative Care Scheme by CCG

Type of Service		CCG					
	East Surrey	Guildford and Waverley	North East Hants and Farnham*	North West Surrey	Surrey Downs	Surrey Heath	Total
Palliative Care	3	4	0	5	3	2	17
% per CCG**	9.4	10.8	0	7.5	5.7	11.8	8

* 7 Pharmacies in North East Hampshire and Farnham within Surrey

H-Pylori Test

In 2007 East Surrey commissioned community pharmacists to carry out H-Pylori testing using Pylobactell Tests. This is a simple breath test used to determine the presence of active bacterium known as *Helicobacter Pylori* in the gut. The service was developed to help prescribers confirm if the patient is suffering from *Helicobacter pylori* infection in order to help diagnose and treat the condition. Activity in this service has been determined by GPs writing an FP10 for the test and taking it to the participating pharmacy.

There are 22 pharmacies that are signed up to provide H-Pylori Test care in Surrey which are all situated in East Surrey CCG. In 2013/2014 770 H-Pylori tests were carried out by 10 pharmacies, indicating that less than half of those signed up to deliver are carrying out the tests.

5.12 Other services and providers

The following are providers of pharmacy services in the Surrey HWB area but not defined as NHS Pharmaceutical Services therefore they fall outside of this assessment but are included for information.

5.12.1 Acute trusts

Surrey's population has access to seven acute providers, with Epsom & St Helier University NHS Trust divided into two sites. There is a pharmacy on site at each acute provider which dispense to hospital patients only and do not dispense FP10s[5].

Table 25 shows the opening times of these dispensing services. Surrey and Sussex Healthcare NHS Trust Pharmacy at East Surrey Hospital is commissioned to deliver smoking cessation and NHS Health Checks through Public Health Agreements.

Table 25: Acute Trusts that serve the Surrey Population

Trust	CCG	Opening hours	
East Surrey Hospital (Surrey and Sussex Healthcare NHS Trust)	East Surrey	Monday – Friday: Saturday: Sunday:	08:00 – 20:30 08:00 – 20:30 10:00 – 16:30
Ashford and St Peters NHS Foundation Trust	North West Surrey	Monday – Friday: Saturday: Sunday:	09:00 – 17:30 09:00 – 13:30 11:00 – 13:00
Frimley Park NHS Foundation Trust	Guildford and Waverley	Monday – Friday: Saturday: Sunday:	09:00 – 19:00 09:30 – 12:30 09:30 – 12:30
The Royal Surrey County NHS Foundation Trust	Guildford and Waverley	Monday – Friday: Saturday: Sunday	09:00 – 17:00 09:00 – 12:00 Closed
Epsom Hospital (Epsom and St Helier University Hospitals NHS Trust)	Surrey Downs	Monday – Friday: Saturday: Sunday:	08:30 – 17:30 09:00 – 12:30 Closed
St Helier (Epsom and St Helier University Hospitals NHS Trust)	Surrey Downs	Monday – Friday: Saturday Sunday:	09:00 – 17:30 09:00 – 12:30 Closed
Kingston Hospital NHS Foundation Trust	Kingston (outside of Surrey)	Monday – Friday: Saturday: Sunday	08:30 – 17:00 08:00 – 12:00 10:00 – 11:00

[5] Different prescribers use different versions of the NHS FP10 prescription form which have different codes and colours enabling the NHS Prescription Service and dispenser to identify the prescriber.

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5.12.2 Walk in Centres (WIC) and Minor Injury Units (MIU)

There are five walk in centres in Surrey and two minor injury units which offer a range of services to the public without the need for a prior appointment, the services are designed to typically deal with routine and urgent primary care for minor ailments and injury.

Table 26: Walk in Centres and Minor Injury Units

Walk in Centre (WIC)	CCG	Opening hours	
Woking Community Hospital WIC	North West Surrey	Monday – Friday: Saturday – Sunday:	07:00 – 19:30 09:00 – 19:00
Weybridge WIC	North West Surrey	Monday – Friday: Saturday – Sunday:	07:00 – 19:00 09:00 – 15:00
Ashford WIC	North West Surrey	Monday – Friday: Saturday – Sunday:	08:00 – 20:00 08:00 – 20:00
Royal Surrey County Hospital WIC	Guildford and Waverley		24 hours a day
Redhill WIC	East Surrey	Monday – Friday: Saturday – Sunday:	08:00 – 20:00 08:00 – 20:00

Minor Injury Unit (MIU)	CCG	Opening hours	
Caterham MIU Over 18's only	East Surrey	Monday – Friday: Saturday – Sunday:	09:00 – 17:00 Closed
Haslemere MIU	Guildford and Waverley	Monday – Friday: Saturday – Sunday:	09:00 – 17:00 Closed

All WICs in Surrey receive their medication (pre-pack medication and stock medication) from an acute trust. The dispensing arrangements are included in the service specification for pharmacy services from that acute trust. The patient group directions that the WICs use in order to supply and administer the medication are produced by the Virgincare pharmacy team with support for centres in East Surrey provided by First Community Health and Care in partnership with the WICs.

Occasionally patients are prescribed medicines using an FP10 form to take to a pharmacy. All 5 walk in centres are located in convenient locations and have a number of pharmacies located nearby:

- Woking WIC has a pharmacy within 200 metres and four pharmacies within a 1.6 km radius;
- Weybridge WIC has a pharmacy on site and five pharmacies within a 1.6 km radius;
- Ashford WIC has a pharmacy within 700 metres and five pharmacies within a 1.6 km radius;
- Royal Surrey County Hospital WIC has a pharmacy within 300 metres and four pharmacies within a 1.6 km radius;
- Redhill WIC has just one pharmacy approximately 1.6km away. The WIC has convenient access.

5.12.3 GP practices

There are 128 GP practices and 32 GP branching practices in Surrey which are outlined in Table 27. GPs also offer a range of locally commissioned services that may be provided in a particular locality to tackle health inequalities. There is a range of GPs signed up to provide locally commissioned services through a Public Health Agreement.

Table 27: GP Practices within Surrey and enhanced services they provide

CCG	Number of GP practices	Number of branches	Number of GP practices providing		
			Smoking Cessation	NHS Health Checks	Drug Misuse
East Surrey	18	2	18	3	0
Guildford and Waverley	21	8	21	6	7
North East Hampshire and Farnham	5		4	0	2
North West Surrey	42	8	41	6	20
Surrey Downs	33	11	32	5	9
Surrey Heath	9	3	8	0	3
Surrey	**128**	**32**	**124**	**20**	**41**

5.12.4 GP Out of hours

The out-of-hours (OOH) period for the majority of General Medical Practices is from 18:30 to 08:00 on weekdays and all day at weekends and on bank holidays. There are three OOH providers IC24 (East Surrey CCG), North Hampshire Urgent Care (Surrey Heath CCG) and Care UK (North West Surrey CCG, Surrey Downs CCG, Guildford and Waverley CCG) which provide urgent primary care health needs including prescribing and supply of drugs and medicines under the *National Out of Hours Formulary*. Only if they do not have appropriate stock is there a need to issue a patient with a prescription.

5.12.5 Prison Services

There are five prisons in Surrey (HMP Send, HMP High Down, HMP Coldingley, Bronzefield Prison, and HMP Downview which is due to open October/November 2014). Virgin Care provides a clinical and supply pharmacy service to HMP High Down and HMP Coldingley (and will to HMP Downview when it opens). The pharmacy is based in-house at HMP Send and High Down and a daily delivery of medicines is made to HMP Coldingley. Bronzefield Prison pharmacy services are provided through contract with Boots.

5.13 Future of National Pharmaceutical Services

The Royal Pharmaceutical Society indicates the potential role community pharmacies can play in the future of healthcare. They suggest moving to a system (Figure 4) where the 1.6 million people visiting a community pharmacy each day should expect to:

- See their pharmacist more often and have more opportunities to discuss their health and wellbeing and early detection of serious illness
- Be signposted to community services and facilities aimed at helping to address some of the underlying determinants of health
- Have diabetes checks, blood pressure tests, flu vaccinations and a range of other patient services offered at convenient times in their local community pharmacy
- Access services like smoking cessation, weight management and sexual health
- Use community pharmacy as a first point of contact for advice on minor illnesses.

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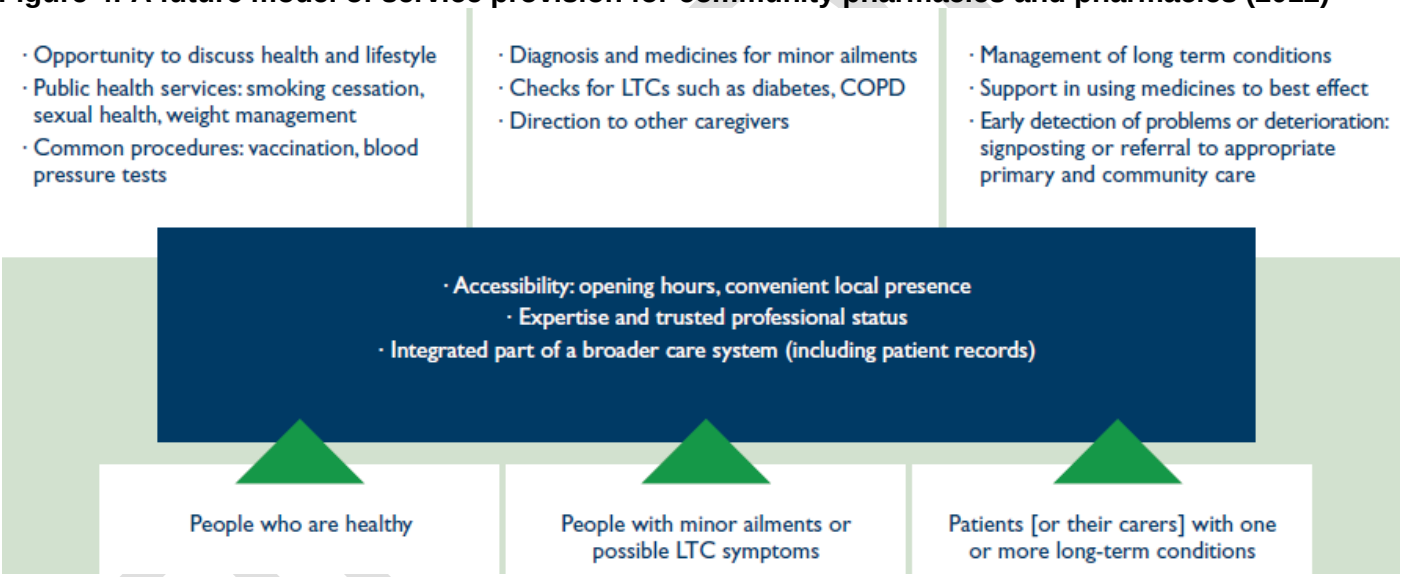
People with a long-term condition should expect:

- Pharmacists and GPs working in partnership to ensure the best possible care, ideally with linked IT systems
- Pharmacists to help them to manage their medicine needs on an on-going basis
- Support from pharmacists and their teams to self-manage their conditions so that they can stay well and out of hospital
- Early detection of problems or deterioration in their condition through routine monitoring
- Pharmacists to consult with them in a range of settings appropriate and convenient to them. For example, pharmacy consulting rooms, GP practices, home visits, Skype or telephone calls[xv].

If this model was adopted in the future it could support a reduction of unnecessary hospital admissions and out of hours services. By pharmacies supporting patients in making optimal use of their medicines through an integrated system of care of local urgent and out-of-hours services, pharmacists could take the pressure off general practice as well as proactively provide public health services, thereby reducing demand on the NHS through preventing ill health and keeping people healthy. Pharmacies are based on the high street and have extended hours, giving greater convenience for patients and providing an opportunity for preventative and maintenance services to be delivered.

Figure 4: A future model of service provision for community pharmacies and pharmacies (2012)[xv]



The healthy living pharmacy is a model where pharmacists and their teams use their regular contact with the public to deliver services including smoking cessation, sexual health advice, and guidance on lifestyle changes to combat obesity. The programme has already demonstrated clear improvements in outcomes, such as smoking cessation for patients accessing these services[xv]. The majority of community pharmacies indicated that they would be willing to provide this service if there was need identified by commissioners and future training.

5.14 Pharmaceutical service provision summary

Pharmaceutical service providers

- There are currently 217 community pharmacies in Surrey and Surrey CCGs equivalent to 19 per 100,000. This is comparable with the national average (22).
- There are 16 dispensing doctors (including branches) at the time of writing, mainly in Surrey Downs CCG (n=6) and Guildford and Waverley CCG (n=4) providing services to rural areas.
- There are three internet/distance selling pharmacies based in Surrey.
- There are two dispensing appliance contractors in Surrey.
- There are 14 neighbouring HWBs which provide 432 pharmacies within a 5 mile radius of Surrey.

Opening hours

- Seventeen community pharmacies have 100 hour per week contracts, located mainly in North West Surrey CCG (n=8) and Surrey Downs CCG (n=5).
- Two hundred community pharmacies have 40 hour per week contracts.
- One hundred and ninety nine (92%) are open on Saturdays and 21.2% are open on Sunday's with provision across CCGs seen as adequate.
- Fifty five (25.5%) pharmacies are open in the evening after 18:30 which is low in comparison to neighbouring HWBs (East Sussex).
- The population of Surrey are in a 5 mile radius of a pharmacy during weekdays.

Performance

- During the period 2013/14 pharmacies in Surrey dispensed an average of 5,955 items per month.
- There are a limited number of pharmacies delivering Smoking Cessation, NHS Health Checks and Chlamydia screening.

6 Public Survey

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Seven thousand questionnaires were distributed randomly using a sample frame of all Surrey addresses in March 2014. Participants were able to fill in the questionnaire and return via post or complete the online survey. There were 1,246 postal responses and 230 responses online. Respondents had six weeks to complete the survey. The survey consisted of questions on demographics, access, visiting times, services used and suggestions.

6.1 Key findings

- Almost two thirds of the respondents were female. The largest single group of respondents had the following characteristics; over 55, retired, White British, heterosexual and Christian (32%). Forty one percent of respondents identified themselves as having a long term condition
- The majority of respondents visited the pharmacy during the day between 09:00 – 17:00
- Respondents tended to visit the pharmacy near their home or near/at their GP
- The majority of respondents tended to visit the pharmacy monthly
- The majority of respondents could usually find a pharmacy open when needed, although 31% disagreed that they found it easy to find a pharmacy open after 18:00.
- The majority of respondents found their pharmacy to be helpful and friendly
- Forty five percent of respondents used the Prescription Collection Service.
- The most common services used were minor ailments (conditions) (37%), MURs (24%) and services that supported long term conditions (15%). The majority of respondents strongly agreed or agreed that enhanced services should be provided.
- Twenty five percent of respondents did not know about the health services pharmacies provided and 43% did not know about the advice pharmacies provide on other NHS services.
- Suggestions on service improvement included:
  - increasing opening hours (& staffing levels) (n=18, n=4)
  - reducing waiting times for prescriptions (n=12)
  - pharmacies to concentrate on the core offer of dispensing and sales, rather than provide other services (n=12).

6.2 Results

Demographics

The majority of respondents were female (63%), over half were aged 55 or over (65%). The majority of respondents were White British (89%) and heterosexual (82%). Forty percent of respondents were in employment and 49% were retired. Forty one percent of respondents identified themselves as having a disability or longstanding health condition.

Table 28 provides the breakdown of respondents by CCG. The geographical response was across six CCGs and was highest in Surrey Downs. One hundred and forty two responses could not be assigned to a CCG and therefore have not been included in the following CCG analysis and graphs. Five responses were received from Surrey residents in Windsor, Ascot and Maidenhead CCG who have been included in Tables 29 and 42 but not presented alongside other CCG tables and figures because of the low number.

Table 28: Respondents by CCG

	CCG						Other
	East Surrey	Guildford and Waverley	North East Hants and Farnham	North West Surrey	Surrey Downs	Surrey Heath	
Responses	186	239	55	348	393	113	142

Table 29 provides further details of the gender, age, ethnicity employment and disability of respondents.

Table 29: Gender, age, ethnicity, employment and disability status

Gender	Number	Percentage (%)
Male	486	33.91
Female	922	64.34
Prefer not to say	25	1.74
Age group		
0 – 15	1	0.07
16 – 24	7	0.49
25 – 34	85	5.59
35 – 44	143	9.93
45 – 54	250	17.36
55 – 64	272	18.89
65 – 74	313	21.74
75+	346	24.03
Prefer not to say	23	1.60
Ethnic Group		
White British	1292	89.97
White Irish	16	1.11
White other	44	3.06
Chinese	5	0.35
Indian	8	0.56
Pakistani	4	0.28
Other Asian	13	0.91
African	4	0.28
Mixed white and black Caribbean	1	0.07
Mixed white and black African	1	0.07
Mixed white and Asian	2	0.14
Mixed Other	3	0.21
Other	3	0.21
Prefer not to say	40	2.79
Employment status		
Employed full time	347	24.32
Employed part time	236	16.54
Unemployed	30	2.10

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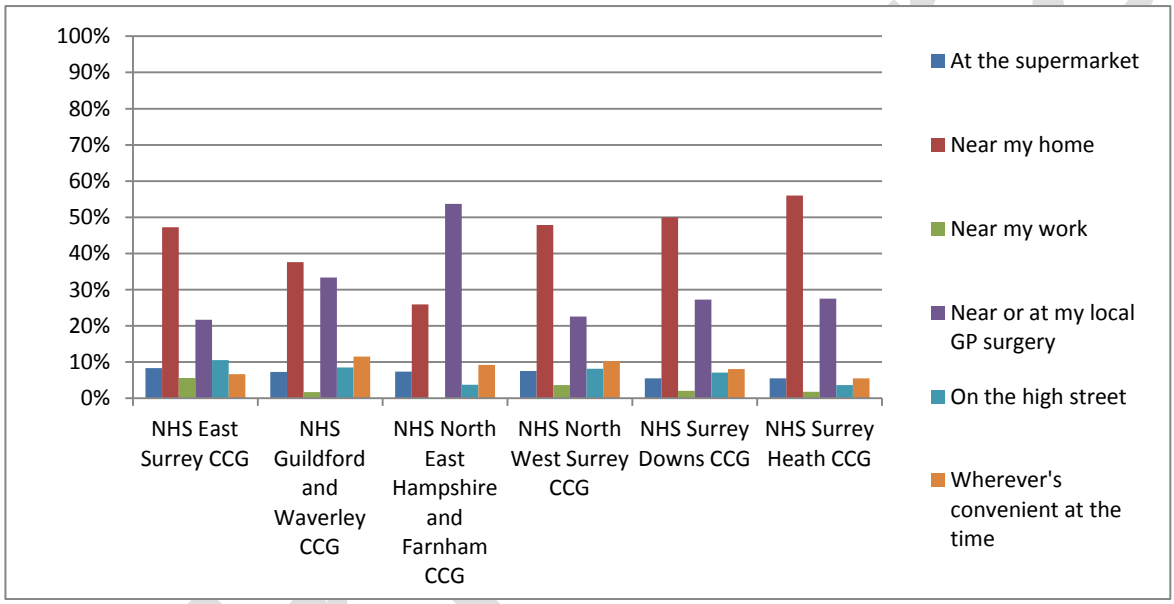
Student	5	0.35
Retired	703	29.26
Other	72	5.05
Prefer not to say	34	2.38

Use of pharmaceutical services

The majority (46%) of respondents accessed pharmacy services near their home. The second most common place to access pharmacy services was at or near their GP practice (27%). North East Hampshire and Farnham CCG was an exception as the majority of respondents visited the pharmacy near or at the GP (54%) and Guildford and Waverley CCG had similar numbers of respondents visiting the pharmacy near their home (37%) or near or at the GP practice (33%). Three percent of respondents visited the pharmacy near where they work, whilst 7% accessed pharmacies on the high street (n=105) and at the supermarket (n=94). The majority of the respondents who indicated they accessed pharmaceutical services at the supermarket, near work or wherever was convenient were under 65 year old (see Figure 5).

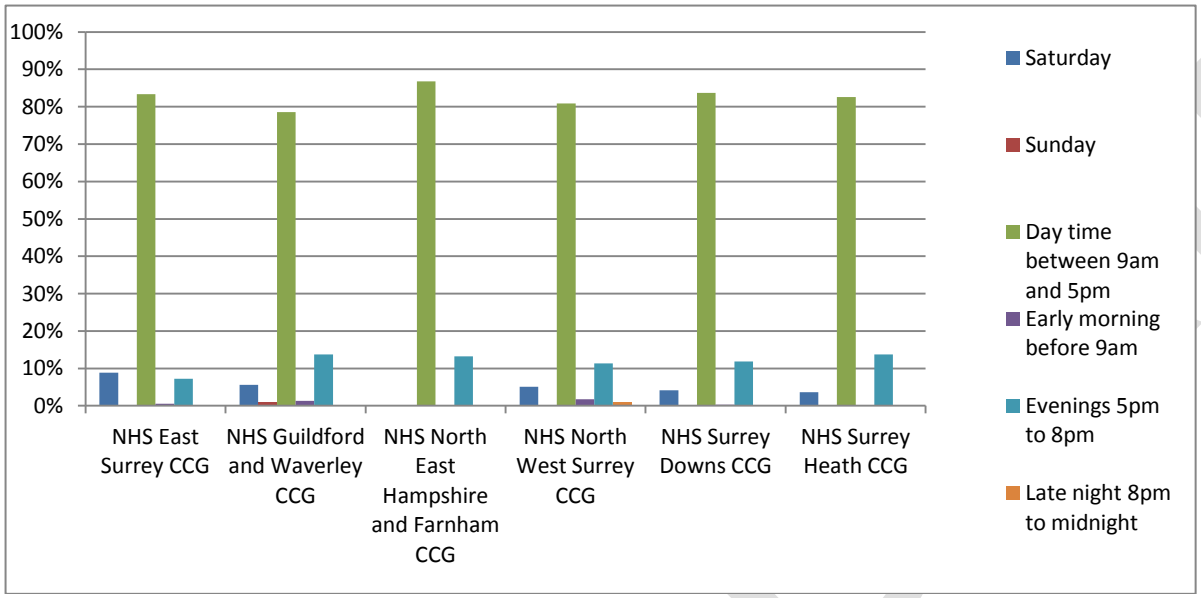
Figure 5: Where people usually access pharmaceutical services most often



Visiting times

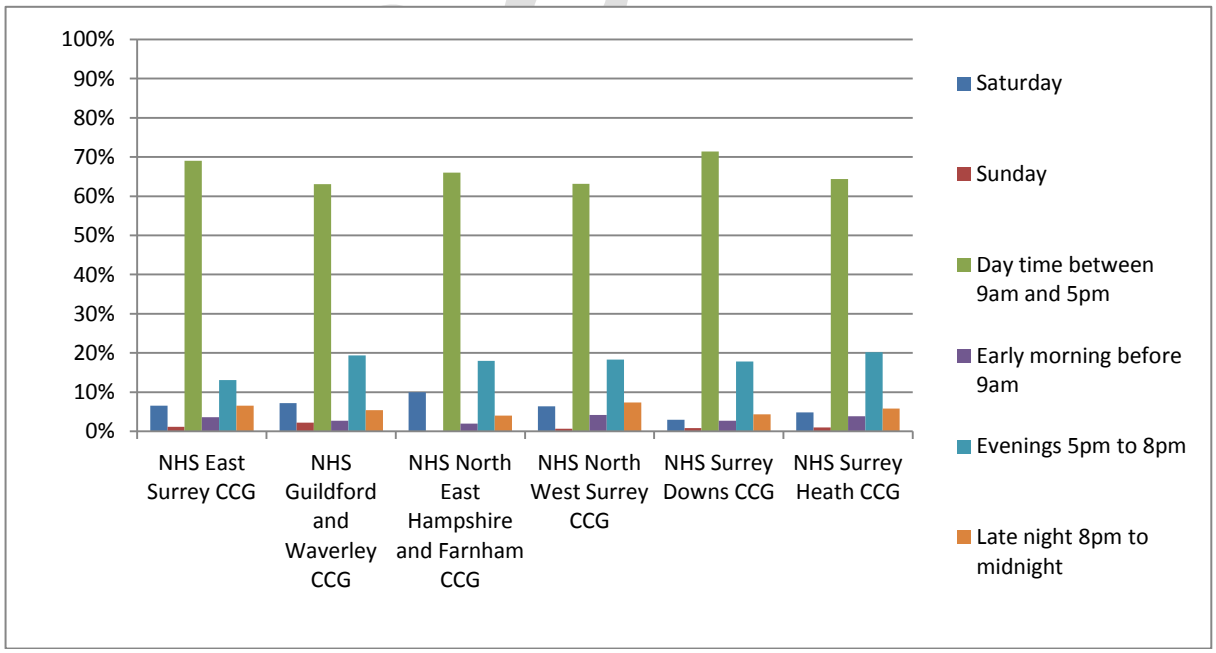
Respondents tended to visit pharmacy services during the day between 9am and 5pm (81%), 12% used pharmacy services in the evening. Five respondents (0.5%) used the pharmacy after 8pm and were all from North West Surrey CCG. Respondents from Guildford and Waverley were the only respondents to report using pharmaceutical services on a Sunday. The majority of respondents using the pharmacy on a Saturday and in the evening were aged under 65 years (Figure 6).

Figure 6: When people commonly tend to use pharmaceutical services



The majority of respondents would prefer to visit the pharmacy during the day (between 9am and 5pm), 19% of respondents suggested they would prefer to use the pharmacy between 5pm and 8pm. Sunday is the least preferred time to visit the pharmacy (Figure 7).

Figure 7: When people would prefer to visit pharmaceutical services



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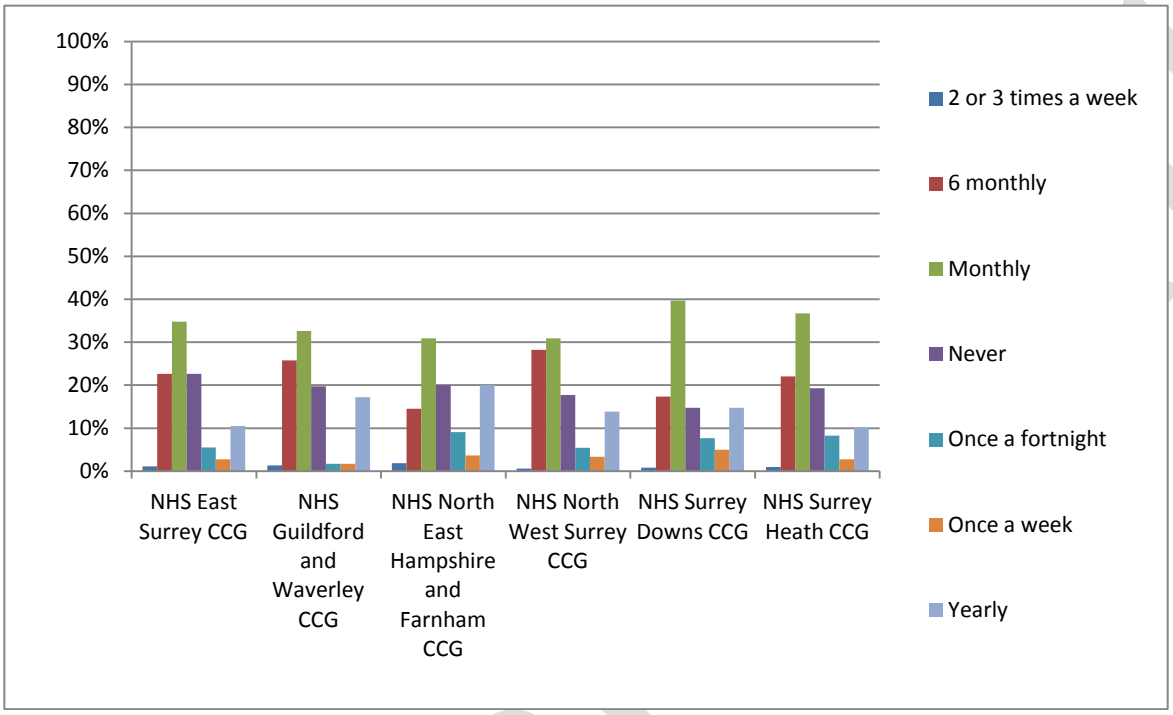
Frequency of visits to pharmaceutical services

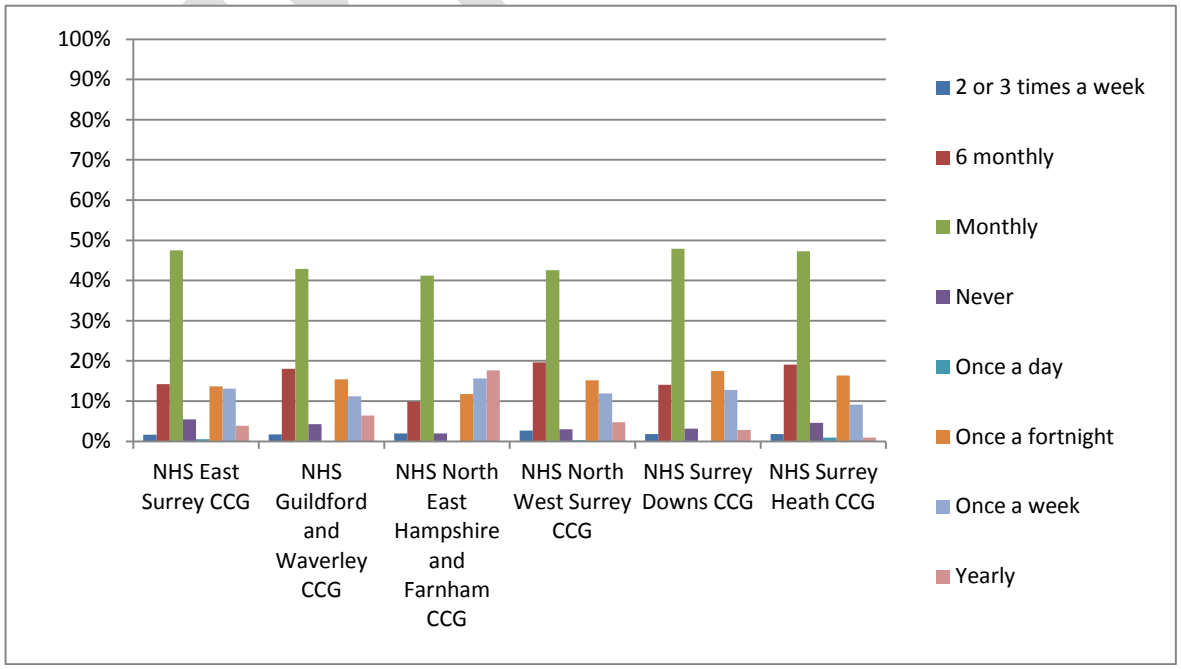
A third of respondents visited the pharmacy monthly and 22% visited six monthly. One percent of respondents visited 2 -3 times a week and three percent once a week. Sixty seven percent of those visiting every six months and 46% of those visiting monthly were under 65 years of age. Twenty six percent of those visiting the pharmacy once a week and 39% once fortnight were aged under 65 (Figure 8).

Figure 8: Frequency of pharmacy visits for a health reason



Forty six percent of respondents visited the pharmacy once a month for any reason (Figure 9).

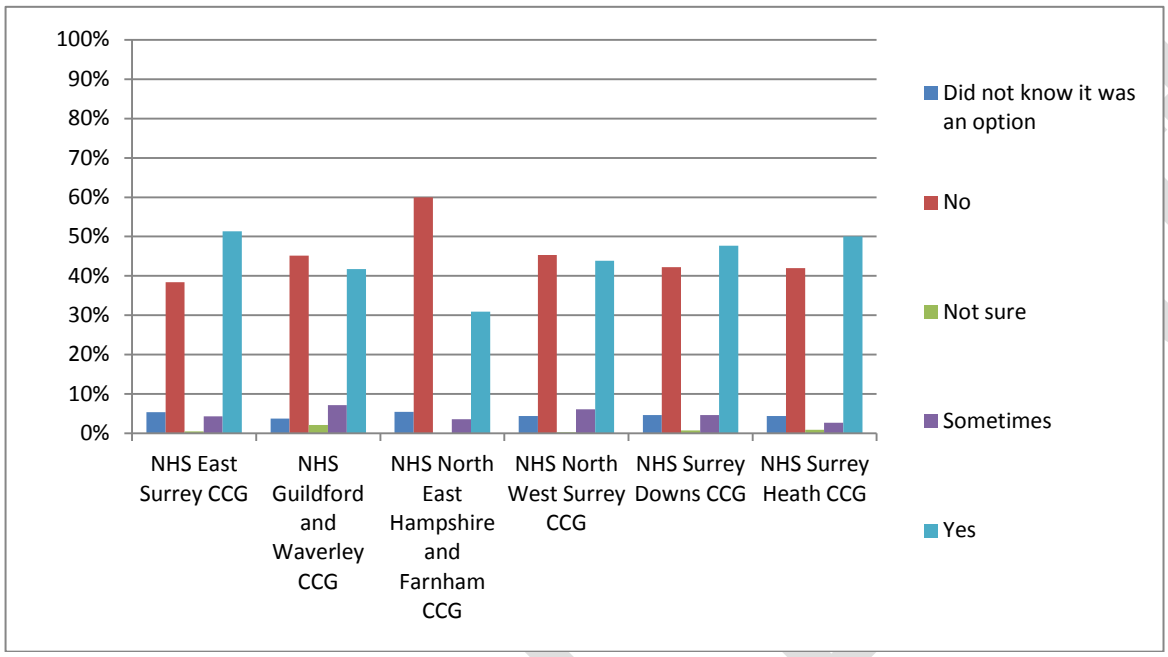
Figure 9: Frequency of pharmacy visits for any reason



Prescription collection service

Forty five percent of respondents used the prescription collection service; the majority of the respondents using the service were aged 55 and over (75%) (Figure 10). Sixty percent of respondents identified themselves as having a disability or a health condition; over half of these respondents used the prescription collection service.

Figure 10: Respondents using the prescription collection service



Access to pharmaceutical services

The majority of respondents strongly agreed (24%) or agreed (64%) that they could usually find a pharmacy open when needed and at weekends (48%, agreed, 13% strongly agreed). Forty percent of respondents disagreed (31% n=437) or strongly disagreed (9%, n=126) that they found it easy to find a pharmacy open in the evening. Over 90% felt their usual pharmacy was helpful and friendly. The majority of respondents indicated there was a range of useful health services at their usual pharmacy. Forty three percent of respondents did not know if the pharmacy offered health advice or information on other NHS services. Table 30 to Table 35 break down the findings by CCG and are reflective of the overall picture for Surrey with the majority not being able to access pharmaceutical services in the evening.

Table 30: Access to pharmacies in East Surrey CCG (n=186)

Statement	%					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
I can usually find an open pharmacy when needed	19.9	64.0	7.5	0.5	5.9	2.2
I find it easy to find a pharmacy near where I want it	22.6	64.0	8.1	1.1	2.2	2.2
I find it easy to find a pharmacy open in the evening	7.0	19.9	30.1	7.5	33.3	2.2
I find it easy to find a pharmacy open at weekends	10.2	44.1	16.1	4.3	21.0	4.3
I find my usual pharmacy helpful and friendly	46.2	46.8	3.2	0.0	2.2	1.6

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Statement	%					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
My pharmacy offers helpful advice on other NHS services	16.1	30.1	6.5	0.0	45.2	2.2

Table 31: Access to pharmacies in Guildford and Waverley CCG (n=239)

Statement	%					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
I can usually find an open pharmacy when needed	20.1	65.7	6.7	1.7	3.3	2.5
I find it easy to find a pharmacy near where I want it	26.8	64.0	4.2	0.0	1.3	3.8
I find it easy to find a pharmacy open in the evening	5.9	27.2	26.4	8.4	28.0	4.2
I find it easy to find a pharmacy open at weekends	9.2	48.1	13.8	6.3	18.4	4.2
I find my usual pharmacy helpful and friendly	43.5	46.0	2.9	1.7	2.5	3.3
There is a range of useful health services and my usual pharmacy	17.2	51.5	2.9	0.4	24.7	3.3
My pharmacy offers helpful advice on other NHS services	11.3	37.2	2.5	2.1	43.9	2.9

Table 32: Access to pharmacies in North East Hampshire and Farnham CCG (n=55)

Statement	%					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
I can usually find an open pharmacy when needed	18.2	70.9	3.6	0.0	5.5	1.8
I find it easy to find a pharmacy near where I want it	23.6	65.5	3.6	1.8	3.6	1.8
I find it easy to find a pharmacy open in the evening	3.6	18.2	40.0	1.8	34.5	1.8
I find it easy to find a pharmacy open at weekends	9.1	36.4	25.5	3.6	21.8	3.6
I find my usual pharmacy helpful and friendly	45.5	49.1	1.8	1.8	1.8	0.0
There is a range of useful health services and my usual pharmacy	18.2	49.1	1.8	1.8	27.3	1.8
My pharmacy offers helpful advice on other NHS services	12.7	32.7	3.6	3.6	43.6	3.6

Table 33: Access to pharmacies in North West Surrey CCG (n=348)

Statement	%					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
I can usually find an open pharmacy when needed	27.3	59.2	6.6	1.4	3.4	2.0
I find it easy to find a pharmacy near where I want it	33.9	58.0	3.4	0.9	1.4	2.3
I find it easy to find a pharmacy open in the evening	7.5	27.6	27.0	8.3	25.9	3.7
I find it easy to find a pharmacy open at weekends	15.5	47.4	14.1	4.9	14.7	3.4
I find my usual pharmacy helpful and friendly	46.8	44.8	3.4	0.3	2.3	2.3
There is a range of useful health services and my usual pharmacy	25.9	39.7	6.6	1.1	24.7	2.0
My pharmacy offers helpful advice on other NHS services	16.1	28.4	7.2	2.0	43.4	2.9

Table 34: Access to pharmacies in Surrey Downs CCG (n=393)

Statement	%					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
I can usually find an open pharmacy when needed	21.1	64.1	7.9	1.3	3.1	2.5
I find it easy to find a pharmacy near where I want it	27.2	63.4	4.6	0.0	2.3	2.5
I find it easy to find a pharmacy open in the evening	6.6	24.9	30.8	9.2	24.2	4.3
I find it easy to find a pharmacy open at weekends	9.9	46.1	20.1	3.8	17.3	2.8
I find my usual pharmacy helpful and friendly	47.3	47.6	1.5	0.3	1.3	2.0
There is a range of useful health services and my usual pharmacy	23.7	42.2	8.9	0.5	22.1	2.5
My pharmacy offers helpful advice on other NHS services	17.0	30.5	7.9	1.8	40.7	2.0

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Table 35: Access to pharmacies in Surrey Heath CCG (n=113)

Statement	%					
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
I can usually find an open pharmacy when needed	31.0	61.1	2.7	0.9	1.8	2.7
I find it easy to find a pharmacy near where I want it	33.6	53.1	3.5	0.9	4.4	4.4
I find it easy to find a pharmacy open in the evening	12.4	22.1	27.4	4.4	29.2	4.4
I find it easy to find a pharmacy open at weekends	17.7	47.8	8.0	4.4	16.8	5.3
I find my usual pharmacy helpful and friendly	51.3	41.6	1.8	1.8	0.0	3.5
There is a range of useful health services and my usual pharmacy	21.2	50.4	3.5	1.8	20.4	2.7
My pharmacy offers helpful advice on other NHS services	17.7	34.5	1.8	1.8	41.6	2.7

Use of Advanced and Locally Commissioned Enhanced Services.

The most commonly accessed service was minor conditions advice (37%) followed by MURs (24%), long term conditions advice (15%) and urgent medical services out of hours (10%). Over half of the respondents aged under 65 used pharmacies for minor conditions (n=343), over half of under 55's used urgent medical services out of hours. The majority of respondents strongly agreed or agreed that the advanced and enhanced services listed should be provided.

Table 35 to Table 41 break down the findings by CCG. Just over 20% of respondents in Surrey Heath CCG disagreed or strongly disagreed that alcohol misuse services should be provided in pharmacies, which is reflective of respondents from other CCGs. Around 8% of respondents in East Surrey CCG, Guilford and Waverly CCG and Surrey Downs CCGs disagreed or strongly disagreed that urgent medical services should be provided by pharmacies. Over 10% of respondents in Surrey Downs CCG and Surrey Heath CCG disagreed that immunisations and vaccinations should be provided in pharmacies. Surrey Downs CCG had the most amount of respondents reporting that they had been to the pharmacy for a health check (13%), 11% of respondents disagreed that this service should be provided. Only two percent of respondents in Surrey Heath CCG disagreed or strongly disagreed that MUR's should be provided by pharmacies. In East Surrey CCG only 2% disagreed or strongly disagreed that palliative care should be provided by pharmacies. Residents in all CCGs tended to agree or strongly agree that minor conditions advice should be provided.

Table 36: Use of pharmacy services in the last year and respondents perception of what services should be delivered by pharmacies in East Surrey CCG (n=186)

East Surrey	Yes	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
Rota Services - e.g. Christmas Day or Easter Sunday	3.8	20.4	40.3	5.9	0.5	11.3	21.5
Urgent Medical Services Out of Hours - e.g. overnight or weekends	8.1	20.4	42.5	7.0	1.6	10.8	17.7
Palliative Care - access to medicines	9.1	18.8	41.4	1.6	0.5	15.6	22.0
Care Homes - e.g. medicines management advice and support	1.1	12.9	39.8	3.2	0.5	19.9	23.7
Stop Smoking Advice	1.1	16.7	44.6	2.7	0.5	11.3	24.2
Chlamydia Screening Services	1.1	11.3	38.2	7.0	0.5	17.2	25.8
Healthy Eating and Healthy Living Advice	1.6	12.4	40.9	7.0	0.5	14.0	25.3
Substance Misuse e.g. needle exchange and methadone supply	1.1	11.8	33.3	6.5	3.2	19.9	25.3
Emergency Contraception e.g. Morning After Pill	2.2	21.0	37.6	2.2	1.6	13.4	24.2
Minor Conditions Advice e.g. sore throat, hay fever	30.1	33.3	36.6	1.6	0.0	6.5	22.0
Immunisations / vaccination jabs e.g. flu	6.5	21.5	35.5	8.1	1.1	10.2	23.7
Alcohol Misuse Services, e.g. advice, interventions	0.5	8.6	35.5	11.3	2.7	16.7	25.3
Long Term Conditions advice e.g. asthma, diabetes, high blood pressure	16.1	24.2	39.8	4.8	2.2	9.1	19.9
New Medicine Service e.g. new medicine prescribed for asthma	4.3	19.4	34.9	4.8	1.1	14.5	25.3
NHS Health Checks e.g. blood sugar, cholesterol, blood pressure	4.3	24.7	38.2	4.8	1.1	10.8	20.4
Medicine Use Checks - Pharmacist offering advice on your medication	21.5	31.7	34.9	2.2	1.1	9.1	21.0

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Table 37: Use of pharmacy services in the last year and respondents perception of what services should be delivered by pharmacies Guildford and Waverley CCG (n=239)

Guildford and Waverley	Yes	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
Rota Services - e.g. Christmas Day or Easter Sunday	3.3	23.8	36.0	7.5	1.3	10.5	20.9
Urgent Medical Services Out of Hours - e.g. overnight or weekends	10.9	26.8	35.6	8.4	0.8	10.0	18.4
Palliative Care - access to medicines	7.5	27.2	29.7	4.2	0.8	17.6	20.5
Care Homes - e.g. medicines management advice and support	1.3	17.2	24.7	4.6	0.8	29.3	23.4
Stop Smoking Advice	2.5	23.8	38.1	5.4	1.3	8.8	22.6
Chlamydia Screening Services	0.4	17.6	30.5	7.1	2.1	17.2	25.5
Healthy Eating and Healthy Living Advice	2.1	16.7	38.1	10.9	1.3	7.9	25.1
Substance Misuse e.g. needle exchange and methadone supply	0.4	20.1	25.1	10.9	1.7	15.9	26.4
Emergency Contraception e.g. Morning After Pill	1.7	26.8	33.9	2.5	0.4	10.9	25.5
Minor Conditions Advice e.g. sore throat, hay fever	38.1	36.0	43.1	0.4	0.4	2.9	17.2
Immunisations / vaccination jabs e.g. flu	10.0	20.9	38.9	9.2	0.8	5.4	24.7
Alcohol Misuse Services, e.g. advice, interventions	0.4	14.6	26.8	15.1	4.6	13.8	25.1
Long Term Conditions advice e.g. asthma, diabetes, high blood pressure	12.6	30.1	33.5	8.8	0.8	5.9	20.9
New Medicine Service e.g. new medicine prescribed for asthma	4.6	20.1	34.7	7.5	0.8	11.7	25.1
NHS Health Checks e.g. blood sugar, cholesterol, blood pressure	9.6	25.1	38.9	7.5	0.8	5.0	22.6
Medicine Use Checks - Pharmacist offering advice on your medication	23.8	30.5	38.1	3.8	0.4	3.8	23.4

Table 38: Use of pharmacy services in the last year and respondents perception of what services should be delivered by pharmacies North East Hampshire and Farnham CCG (n=55)

North East Hampshire and Farnham	Yes	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
Rota Services - e.g. Christmas Day or Easter Sunday	0.0	18.2	30.9	10.9	0.0	20.0	20.0
Urgent Medical Services Out of Hours - e.g. overnight or weekends	9.1	20.0	41.8	3.6	0.0	16.4	18.2
Palliative Care - access to medicines	10.9	20.0	30.9	9.1	0.0	20.0	20.0
Care Homes - e.g. medicines management advice and support	1.8	16.4	25.5	7.3	0.0	27.3	23.6
Stop Smoking Advice	0.0	18.2	34.5	1.8	1.8	20.0	23.6
Chlamydia Screening Services	0.0	12.7	32.7	5.5	0.0	25.5	23.6
Healthy Eating and Healthy Living Advice	0.0	7.3	40.0	9.1	1.8	18.2	23.6
Substance Misuse e.g. needle exchange and methadone supply	0.0	10.9	29.1	7.3	5.5	23.6	23.6
Emergency Contraception e.g. Morning After Pill	0.0	12.7	40.0	3.6	1.8	16.4	25.5
Minor Conditions Advice e.g. sore throat, hay fever	23.6	25.5	45.5	0.0	0.0	7.3	21.8
Immunisations / vaccination jabs e.g. flu	10.9	18.2	36.4	10.9	1.8	9.1	23.6
Alcohol Misuse Services, e.g. advice, interventions	0.0	7.3	27.3	16.4	0.0	25.5	23.6
Long Term Conditions advice e.g. asthma, diabetes, high blood pressure	7.3	16.4	36.4	5.5	1.8	12.7	27.3
New Medicine Service e.g. new medicine prescribed for asthma	5.5	14.5	36.4	5.5	1.8	20.0	21.8
NHS Health Checks e.g. blood sugar, cholesterol, blood pressure	14.5	16.4	43.6	5.5	1.8	9.1	23.6
Medicine Use Checks - Pharmacist offering advice on your medication	20.0	25.5	34.5	5.5	0.0	10.9	23.6

8 **Table 39: Use of pharmacy services in the last year and respondents perception of what services should be delivered by pharmacies North West Surrey CCG (n=348)**

North West Surrey	Yes	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
Rota Services - e.g. Christmas Day or Easter Sunday	3.7	24.7	35.9	6.6	0.9	11.2	20.7
Urgent Medical Services Out of Hours - e.g. overnight or weekends	8.6	29.3	32.8	5.5	0.9	11.2	20.4
Palliative Care - access to medicines	6.3	24.1	35.1	1.4	0.3	16.4	22.7
Care Homes - e.g. medicines management advice and support	2.0	17.2	30.5	3.2	0.6	23.0	25.6
Stop Smoking Advice	2.0	17.8	39.4	4.9	1.7	12.1	24.1
Chlamydia Screening Services	0.3	12.6	34.2	5.5	1.4	20.4	25.9
Healthy Eating and Healthy Living Advice	2.3	12.1	40.8	8.3	1.1	12.4	25.3
Substance Misuse e.g. needle exchange and methadone supply	0.3	14.1	30.7	8.6	3.2	16.4	27.0
Emergency Contraception e.g. Morning After Pill	1.1	23.6	33.6	3.2	1.1	12.9	25.6
Minor Conditions Advice e.g. sore throat, hay fever	39.7	31.6	43.4	0.9	0.3	5.5	18.4
Immunisations / vaccination jabs e.g. flu	8.9	18.4	35.9	9.2	2.3	9.2	25.0
Alcohol Misuse Services, e.g. advice, interventions	0.3	11.2	31.0	12.9	3.4	14.9	26.4
Long Term Conditions advice e.g. asthma, diabetes, high blood pressure	14.1	25.6	36.8	6.9	1.7	6.6	22.4
New Medicine Service e.g. new medicine prescribed for asthma	3.2	17.8	37.1	5.7	0.9	12.1	26.4
NHS Health Checks e.g. blood sugar, cholesterol, blood pressure	8.3	22.7	40.2	5.5	1.7	7.2	22.7
Medicine Use Checks - Pharmacist offering advice on your medication	22.1	27.9	37.9	4.6	1.1	6.0	22.4

Table 40: Use of pharmacy services in the last year and respondents perception of what services should be delivered by pharmacies in Surrey Downs CCG (n=393)

Surrey Downs	Yes	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
Rota Services - e.g. Christmas Day or Easter Sunday	4.3	27.2	36.9	6.1	1.0	10.7	18.1
Urgent Medical Services Out of Hours - e.g. overnight or weekends	10.7	28.8	35.6	6.9	1.8	10.7	16.3
Palliative Care - access to medicines	6.6	23.7	35.1	3.8	0.8	17.0	19.6
Care Homes - e.g. medicines management advice and support	1.8	16.3	30.8	6.9	1.0	24.7	20.4
Stop Smoking Advice	1.8	18.6	40.7	7.1	1.3	10.2	22.1
Chlamydia Screening Services	0.3	12.7	32.8	10.2	1.8	17.6	24.9
Healthy Eating and Healthy Living Advice	2.8	11.2	38.9	12.0	1.5	11.5	24.9
Substance Misuse e.g. needle exchange and methadone supply	0.8	12.5	31.6	12.5	3.3	16.0	24.2
Emergency Contraception e.g. Morning After Pill	1.5	20.9	37.2	4.1	1.8	12.5	23.7
Minor Conditions Advice e.g. sore throat, hay fever	35.9	32.3	41.7	2.0	0.3	5.3	18.3
Immunisations / vaccination jabs e.g. flu	9.2	20.4	33.8	11.5	1.5	9.9	22.9
Alcohol Misuse Services, e.g. advice, interventions	0.3	10.7	30.8	15.8	1.3	16.5	24.9
Long Term Conditions advice e.g. asthma, diabetes, high blood pressure	17.0	24.9	36.6	8.4	1.3	9.2	19.6
New Medicine Service e.g. new medicine prescribed for asthma	6.6	21.4	35.9	6.6	0.8	12.7	22.6
NHS Health Checks e.g. blood sugar, cholesterol, blood pressure	12.7	27.2	32.1	10.9	0.5	9.4	19.8
Medicine Use Checks - Pharmacist offering advice on your medication	25.4	29.3	38.4	5.1	0.3	7.1	19.8

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Table 41: Use of pharmacy services in the last year and respondents perception of what services should be delivered by pharmacies in Surrey Heath CCG (n=113)

Surrey Heath	Yes	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Blank
Rota Services - e.g. Christmas Day or Easter Sunday	1.8	23.9	29.2	5.3%	0.0	18.6	23.0
Urgent Medical Services Out of Hours - e.g. overnight or weekends	10.6	22.1	29.2	7.1%	0.0	16.8	24.8
Palliative Care - access to medicines	5.3	23.0	27.4	2.7%	0.9	19.5	26.5
Care Homes - e.g. medicines management advice and support	0.9	15.0	21.2	4.4%	0.9	30.1	28.3
Stop Smoking Advice	0.9	16.8	29.2	5.3%	2.7	18.6	27.4
Chlamydia Screening Services	0.0	9.7	25.7	9.7%	2.7	23.9	28.3
Healthy Eating and Healthy Living Advice	3.5	10.6	31.9	8.8%	3.5	17.7	27.4
Substance Misuse e.g. needle exchange and methadone supply	0.0	12.4	26.5	10.6%	1.8	20.4	28.3
Emergency Contraception e.g. Morning After Pill	2.7	18.6	31.0	6.2%	2.7	14.2	27.4
Minor Conditions Advice e.g. sore throat, hay fever	37.2	31.9	41.6	0.9%	0.0	8.8	16.8
Immunisations / vaccination jabs e.g. flu	10.6	16.8	25.7	15.9%	1.8	14.2	25.7
Alcohol Misuse Services, e.g. advice, interventions	0.0	9.7	16.8	16.8%	3.5	24.8	28.3
Long Term Conditions advice e.g. asthma, diabetes, high blood pressure	16.8	26.5	28.3	6.2%	2.7	13.3	23.0
New Medicine Service e.g. new medicine prescribed for asthma	7.1	21.2	31.9	5.3%	0.9	15.9	24.8
NHS Health Checks e.g. blood sugar, cholesterol, blood pressure	7.1	23.9	29.2	7.1%	0.9	14.2	24.8
Medicine Use Checks - Pharmacist offering advice on your medication	30.1	34.5	31.0	0.9%	0.9	11.5	21.2

Suggestions

There were 231 comments on services the public would like to be provided. The three most common responses were:

- increasing opening hours (& staffing levels) (n=18, n=4)
- reducing waiting times for prescriptions (n=12)
- pharmacies to concentrate on the core offer of dispensing and sales, rather than provide other services (n=12).

These findings were reflective of other themes that emerged from respondents, which were on medication, the pharmacy, systems and services (Table 42).

Respondents felt that side effects of medication should be discussed (n=5) as well as having more medication stocked to meet their health needs including emergency medication (n=2, n=3). Improvement on the accuracy of prescriptions being dispensed was also highlighted (n=2).

General comments focussed on staff having the relevant qualifications to provide extra services (n=4) followed by more communication with GP's (n=2) and advertising of services (n=2).

The highest number of comments related to the pharmacy itself and included increased opening hours (n=18), improvements on waiting times (n=12) as well as offering advice and consultations in a private area (n=5, n=5). Other comments related to prescribing services being improved and products that could be offered such as disability aids. The most common service respondents would like provided was collection and delivery of prescriptions (n=9), followed by minor ailments (n=6), baby and child advice (n=5), disposal of needles and medicines (n=5) and an out of hours service (n=5). Respondents mainly felt that pharmacies should focus on prescribing to ensure that a good core service is provided and not reduced through additional services being provided (n=12).

Other comments focused on national systems such as prescription length being shortened for those with long term conditions (n=2).

Table 42: Services the public would like to see provided

Category	Services	Number
Medication	Side effects of medication to be discussed for prescribed and counter medicines	**5**
	More medication stocked	**3**
	Emergency medication if medication not stocked	**3**
	Improvement on accuracy of prescriptions dispensed	**2**
General	Staff training and qualifications	**4**
	Communication with GP's	**2**
	Advertising of services being provided	**2**
	Incorrect advice given e.g. medication, health query	**1**
Pharmacy	Opening hours to be increased e.g. Lunch time, morning, evening, 7/7	**18**
	Improvement on time waiting for prescriptions	**12**
	Pharmacy closer to home / more local pharmacies to manage demand	**5**
	Offer pharmaceutical advice/consultation service	**5**
	Privacy e.g. for advice and consultations	**5**
	Improve process of repeat prescriptions	**5**
	Products e.g. disability aids, hearing aid batteries	**4**

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	Increase staffing levels	**4**
	Online services	**3**
	Improve pill boxes (daily dosage compartments, ease of opening etc)	**3**
	Car parking availability	**2**
	Increase the time a pharmacist is available on site	**2**
	Offer a prescribing service	**2**
	Improve interpersonal contact with customers	**2**
	Improve process of home delivery	**2**
	Loop system installed in pharmacies	**1**
Systems	No additional services e.g. too many services taking away from core role in dispensing	**12**
	Prescription length	**2**
	Financial costs and planning on services	**1**
	Other ways to get prescriptions e.g. Pharmacists, online.	**1**
Services	Collection and delivery of prescriptions	**9**
	Minor ailment service	**6**
	Baby and child advice	**5**
	Medicine / needle disposal	**5**
	Out of hours service	**5**
	Blood tests	**4**
	Blood pressure measurement	**4**
	Screening of long term conditions (LTC) e.g. diabetes, cardiovascular disease	**4**
	Weight management (including provision of scales)	**4**
	Complementary / alternative therapies	**3**
	Travel vaccination	**3**
	Chiropody / podiatry	**2**
	Free health checks e.g. BMI, blood pressure	**2**
	Allergy testing	**2**
	Management of LTC's e.g. diabetes, cardiovascular disease	**2**
	Depression / mental health issues	**1**
	Medicine use reviews	**1**
	Cancer post-treatment advice	**1**
	Smoking cessation	**1**

7 Community pharmacy questionnaire

All pharmacies (n=217) including internet/distance selling pharmacies) were invited to fill in the questionnaire online. The survey consisted of questions on premises, staff and current and future service provision. Pharmacies had up to 6 weeks to complete the survey.

7.1 Key findings

- One hundred and forty six pharmacies completed the questionnaire (69% response rate)
- The majority of pharmacies (93%) had a consultation room on the premises that complies with the service specification for advanced services
- One hundred and three pharmacies had a computer in the consultation room with access to patients' medical records
- A third (32%) of pharmacies have access to toilet facilities and 82% have access to hand washing facilities
- One hundred and thirty four pharmacies have easy access for disabled customers
- The majority of the pharmacies had one full time pharmacist (n=104), followed by part time pharmacists (n=51) and regular locums (n=42)
- Typical hours for pharmacists was between 30 and 45 hours per week
- The majority of healthcare assistants were not trained to deliver smoking cessation, NHS Health Checks, EHC and Chlamydia Screening.
- Services pharmacies would be willing to provide were anything commissioners would like to see delivered (n=18) followed by travel vaccinations (n=9) and screening and management of LTC's (n=9, n=8).
- Priorities included minor ailment services (n=34) followed by seasonal influenza vaccinations (n=24) and services that are provided under Public Health Agreements.

7.2 Results

One hundred and forty six pharmacies completed the questionnaire (69% response rate). Surrey Heath CCG had the highest response rate based on the number of pharmacies located within its CCG (70.6%) (Table 43). Information will be presented at Surrey wide level due to low numbers.

Table 43: Number of pharmacy respondents per CCG

	CCG (n=146)						
	East Surrey	Guildford and Waverley	North East Hants and Farnham	North West Surrey	Surrey Downs	Surrey Heath	Unknown
Responses	16	22	4	41	26	12	25
Response rate per CCG	50.0	57.9	57.1	61.2	50.0	70.6	-

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Pharmacy premises

The majority of pharmacies (93%) had a consultation room on the premises that complies with the service specification for advanced services. Seventy one percent (n=103) of pharmacies have a computer in the consultation room with access to patients' medical records. Ninety six percent (n=140) complied with the 2010 Equality Act and 1.4% planned to in the future. Ninety two percent of pharmacies had easy access for disabled customers (n=134), six (4.2%) didn't and four (2.8%) planned to in the future. Sixty percent (n=87) of pharmacies didn't have access to toilet facilities, 32% of pharmacies did have access and five percent were planning on having access in the future. Eighty two percent of pharmacies have access to hand washing facilities (n=119) 14% of pharmacies didn't and four pharmacies were planning on having access in the future (Table 44). Sixty two percent (n=90) of pharmacies had limited room for expansion. Sixty two percent of pharmacies had car parking facilities and 47% had disabled car parking facilities despite 92% having easy access for disabled customers (Table 45).

Table 44: Pharmacy premises

Statement	Percent (n=146)			
	Yes	No	Planned for future years	Not planning to do this
There is a separate consultation area on the premises that complies with the service specification for provision of advanced services	95.2	3.4	1.4	1.4
There is a separate consultation area on the premises that does not comply with the service specification for provision of advanced services	5.5	85.6	0.7	2.1
There is an offsite consultation area that complies with the service specification for the provision of advanced services that has been agreed with the NHS England Area Team	2.1	81.5	2.1	9.6
The pharmacy is willing to undertake domiciliary consultations for advanced services	67.8	12.3	11.6	6.8
There is a computer in the consultation area with access to the internet	75.3	16.4	8.2	0.7
There is a computer in the consultation area with access to patients' medical records (PMR)	70.5	21.2	8.2	0.0
The premises comply with the 2010 Equality Act	95.9	0.0	1.4	0.0
There is easy access for disabled customers at the premises	91.8	4.1	2.7	0.0
The consultation area has hand washing facilities within or near by	81.5	14.4	2.7	1.4
Patients have easy access to toilet facilities	32.2	59.6	4.8	7.5

Table 45: Development constraints

Statement	Percent (n=146)
	Yes
Listed building	8.9
Conservation area	4.8
Limited room for expansion	61.6
The premises have car parking facilities?	62.3
The premises have disabled car parking facilities?	46.6

Information technology

Eighty five percent (n=120) of pharmacies have at least one computer providing access to patient medical records in the pharmacy (71% have access in the consultation room). Eighty six percent (n=122) of pharmacies have access to email and a printer with 76% (n=108) having access to the internet during opening hours. Eighty nine percent (n=127) of pharmacies had at least one computer with *Electronic Prescription Service Release 2* (EPSr2) (Table 46). The majority of pharmacies had access to Adobe Acrobat (91%) followed by Word (85%) and Excel (83%). Only eight percent (n=10) of pharmacies have access to Vista.

Table 46: Information Technology

Statement	Percent % (n= 142)
Pharmacies with at least one computer or terminals in the pharmacy that have full access to patient medication records	84.5
Pharmacies with at least one printer used within the pharmacy for patient services	85.9
Pharmacies with at least one computer that has full access to email	85.9
Pharmacies with at least one computer that has full access to the internet during store opening hours	76.1
Pharmacies with at least one computer with that is EPSr2 enabled	89.4
Pharmacies with at least one Pharmacist that has a Smart Card	94.4
Pharmacies with at least one Pharmacy technician that has a Smart Card	63.4

Pharmacy and dispensing staff

The majority of pharmacies have one full time pharmacist (74%), with 30% having one regular locum (Table 47). The majority of the pharmacies did not have two or more pharmacists available. Typical hours for pharmacists were between 30 and 45 hours per week.

The majority of dispensing staff were working towards or hold a NVQ Level 2 or equivalent. Sixty percent of dispensing staff do not hold a NVQ level 3 or equivalent and 71% of dispensing staff do not hold an ACT accredited technician qualification (Table 48).

There are a very small number of healthcare assistants that are able to deliver specific enhanced services. Over sixty percent of healthcare assistants are not trained to deliver smoking cessation, NHS Health Checks or Chlamydia screening (Table 49).

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Table 47: Number of pharmacists per pharmacy

Number of pharmacists (n = 140)	1	%	2 or more	%
Full time	104	74.3	24	17.1
Part time	51	36.4	17	12.1
Regular locums	42	30.0	29	20.7

Table 48: Dispensing staff level of training they are working towards or hold

Qualification (n=134)	1	%	2 or more	%
Hold				
Dispensing assistant NVQ level 2 or equivalent	44	32.8	51	38.1
Dispensing technician NVQ level 3 or equivalent	36	26.9	12	9.0
ACT accredited checking technician	22	16.4	5	3.7
Working Towards				
Dispensing assistant NVQ level 2 or equivalent	42	31.3	16	11.9
Dispensing technician NVQ level 3 or equivalent	24	17.9	6	4.5
ACT accredited checking technician	3	2.2	1	0.7

Table 49: Number of healthcare assistants working towards or who are able to deliver specific services

Qualification (n = 133)	1	%	2 or more	%
Hold				
Smoking Cessation	27	20.3	11	8.3
NHS Health Checks	18	13.5	23	17.3
Chlamydia	9	6.8	3	2.3
Working towards				
Smoking Cessation	12	9.0	7	5.3
NHS Health Checks	22	16.5	13	9.8
Chlamydia	8	6.0	4	3.0

Current and future provision

The most common service provided by pharmacies was the New Medicine Service (NMS) with 93% of pharmacies indicating they provided this followed by Medicine Use Reviews (MURs) (90%) which are both advanced services. Thirty two percent of pharmacies indicated they would not want to provide customisation of stoma and 19% would not want to provide appliance use reviews (Table 50).

The most common services pharmacies provided through public health agreements were Supervised consumption of methadone (64%), EHC (47%) followed by NHS Health Checks (33%), smoking cessation (30%), needle exchange (30%) and Chlamydia screening (19%). Around 20% of pharmacies indicated that they would not want to provide C-Card supply and registration (Table 50). Only two percent of pharmacies did not want to become a healthy living pharmacy.

Overall there are very few services pharmacies would not be willing to provide if there was identified need and training was put in place (Table 50).

Table 50: Current and future provision

Service	Already provide this service	Could do now and would be willing to (n=135)					Would not want to do this
		provide in the future	do with further training	do with appropriate equipment	do with changes to premises	if commissioning organisations identify as a need	
MUR advanced service	89.6	5.9	2.2	2.2	2.2	3.0	0.7
New Medicine Service	93.3	4.4	0.0	0.7	3.0	2.2	0.7
Appliance Use Reviews	7.4	22.2	38.5	10.4	3.0	23.7	19.3
Customisation of Stoma Appliances	2.2	11.1	34.8	14.8	3.0	21.5	31.9
Chlamydia Screening & Treatment	18.5	30.4	42.2	12.6	4.4	15.6	5.2
Emergency hormonal contraception	46.7	28.1	23.7	3.0	3.7	9.6	1.5
C- Card Supply only	2.2	22.2	35.6	16.3	2.2	20.7	19.3
C-Card Registration and Supply	1.5	19.3	36.3	17.0	2.2	22.2	20.7
Contraception Services	22.2	27.4	33.3	5.9	4.4	19.3	7.4
Smoking Cessation	29.6	34.1	28.1	9.6	3.0	12.6	2.2
Needle Exchange	29.6	23.0	21.5	10.4	4.4	13.3	18.5
Supervised consumption of Methadone	64.4	20.0	3.7	2.2	0.7	6.7	10.4
NHS Health Check (Vascular risk assessment and management service)	32.6	26.7	35.6	14.1	5.9	14.8	3.0
Healthy Eating and Healthy Living advice	43.0	28.1	22.2	2.2	2.2	13.3	3.0
Anti-viral Collection Point	6.7	28.9	41.5	11.9	3.7	20.0	11.9
H.Pylori testing	8.1	19.3	48.9	17.0	4.4	23.0	8.9
Out of Hours Rota	21.5	24.4	9.6	4.4	2.2	22.2	25.9

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Palliative Care Medication Scheme	8.9	38.5	29.6	8.1	2.2	23.0	10.4
Provision of pharmaceutical advice to care homes	18.5	34.1	22.2	6.7	2.2	20.0	14.8
Minor Ailment Service	5.2	43.7	37.0	6.7	4.4	25.2	3.7
Seasonal Influenza Vaccination	40.7	23.0	26.7	7.4	3.7	10.4	6.7
Domiciliary MURs	7.4	41.5	29.6	5.9	3.7	17.8	11.9
MAR Charts	43.0	16.3	15.6	7.4	3.7	14.1	13.3

The most common non-NHS funded service provided by pharmacies was collection and delivery of prescriptions (96%) followed by inhaler technique/asthma checks (84%) and blood pressure measurements (68%) (Table 51). Seventy nine percent of pharmacies dispense all types of appliances (Table 52).

Table 51: Number of services provided: non-NHS funded services

Service	Number	% (n=135)
Collection and delivery of prescriptions	129	95.6
Monitored dosage for care homes	70	51.9
Blood Pressure Measurement	92	68.1
Weight Management	56	41.5
Inhaler technique / Asthma checks	113	83.7
Cholesterol	40	29.6
Diabetes Screening	60	44.4
Travel vaccination	19	14.1
Malarone (antimalarials)	54	40.0
Mole screening	2	1.5
Food intolerance	2	1.5
Allergy testing	2	1.5
Erectile Dysfunction Patient Group Direction	22	16.3

Table 52: Number of pharmacies dispensing appliances

Service	Number	% (n=133)
Yes – All types, or	105	78.9
Yes, excluding stoma appliances, or	2	1.5
Yes, excluding incontinence appliances, or	2	1.5
Yes, excluding stoma and incontinence appliances, or	7	5.3
Yes, just dressings, or	8	6.0
Yes, just hosiery, or	5	3.8
None	4	3.0

Other services pharmacies are willing to provide

The most common response to what services pharmacies would be willing to provide was anything commissioners would like to see delivered (n=18) followed by travel vaccinations (n=9) and screening and management of LTC's (n=9, n=8). Seven respondents would like to provide international normalisation ratio (INR) testing which is specifically for patients on anticoagulants (Table 53).

Table 53: Pharmaceutical services community pharmacies would be willing to provide

Services	Number
Anything commissioners would like to see delivered	18
Travel vaccination	9
Screening of long term conditions e.g. COPD, diabetes	9
Management of long term conditions e.g. diabetes, stroke, asthma, CHD, medication such as Anti-coagulant	8
International normalisation ratio (INR) testing	7
Emergency hormonal contraception	7
Smoking cessation	6
Minor Ailment Service e.g. colds, flu, cuts.	5
Erectile dysfunction patient group direction	5
Vaccinations e.g. Shingles, Hep B	3
Seasonal influenza vaccination	3
Hair retention	3
Domiciliary MURs	3
Allergy testing	3
Weight management	2
Provision of pharmaceutical advice to care homes	2
Palliative care medication scheme	2
NHS Health Check	2
Needle exchange	2
Monitored dosage for care homes	2
Malarone (antimalarials)	2
Identifying memory problems / dementia	2
Depression / mental health issues	2
Cholesterol	2
New trials	1
New Medicine Service (NMS)	1
Mole screening	1
Medicine Use Reviews (MUR)	1
Inhaler technique / asthma checks	1
H.Pylori testing	1
Food intolerance	1
Contraception services	1
Collection and delivery of prescriptions	1
Chlamydia screening and treatment	1
C-Card	1
Blood Pressure Measurement	1
Alcohol Service	1

8

If funding was available for services to be delivered by pharmacies, respondents thought minor ailment services was a priority (n=34) followed by seasonal influenza vaccinations (n=24) and services that are provided under public health agreements (smoking cessation, n=18, NHS Health Check, n=16, EHC n=16 and Chlamydia screening n=10). Enhanced services commissioned by CCGs and LAs were also listed such as domiciliary MURs and screening of long term conditions (Table 54).

Table 54: Priorities of services, if funding was available

Advanced	Number	Public Health Agreements	Number	Enhanced	Number
NMS	7	Smoking cessation	18	Minor Ailment Service	34
MURS	5	NHS Health Check	16	Seasonal influenza vaccination	24
		EHC	16	Screening of LTC's e.g. COPD,	9
		Chlamydia screening & treatment	10	Domiciliary MURs	9
		Healthy eating & healthy living advice	9	Palliative care medication scheme	8
		Needle exchange	6	Pharmaceutical advice to care homes	7
		Contraception services	4	Travel vaccination	7
		Alcohol services e.g. brief advice	1	H.Pylori testing	6
		Weight management	1	Cholesterol	5
				Management of LTC's	4
				Blood Pressure Measurement	3
				INR Testing	2
				Depression / mental health issues	2
				Erectile Dysfunction Patient Group Direction	2
				Vaccinations e.g. Shingles, Hep B	2
				Monitored dosage for care homes	1
				Malarone (antimalarials)	1
				Inhaler technique / asthma checks	1
				Anti-viral collection point	1

8 Dispensing Doctor Survey

There are 16 dispensing practices in Surrey who were invited to participate in the survey which mainly included questions on service provision and staffing. Seven dispensing practices returned completed questionnaires.

8.1 Key findings

- None of the practices were based in a listed building, 71% (n=5) of the practices were not in a conservation area and 43% (n=3) had limited room for expansion.
- All complied with the 2010 Equality Act and had easy access for disabled customers
- The majority of dispensing practices were open at 8am (83%, n=5) with closing times varying.
- None of the practices were open on Saturdays and Sundays
- The majority of dispensing practices provide collection and delivery of prescriptions and monitored dosage for care homes
- All of the dispensing practices provided Malarone (antimalarials) and all types of dispensing appliances
- One of the practices employed two pharmacists full time.
- Dispensing support staff varied in each practice with two practices reporting having no dispensing staff whilst two practices reported having three dispensing staff and one practice reported having five dispensing support staff.
- Hours individual dispensing staff worked per week varied from 16hrs to 30+hrs.

8.2 Results

Seven (53.8%) dispensing practices completed the survey. Respondents completing the survey were Practice managers (n=3), Prescribing Leads (n=2), Business Manager (n=1) and one did not disclose. The results will be reported at a Surrey level.

Premises

None of the dispensing practices were located in a listed building and two were constrained due to being in a conservation area. All of the dispensing practices had car parking facilities and access for disabled customers including wheelchair access and disabled car parking facilities. All of the premises complied with the 2010 Equality Act (Table 55).

Table 55: Development constraints and practice premises

Constraints	(n=7)	
	Yes	No
Listed building	0	7
Conservation area	2	5
Limited room for expansion	3	4
The premises has car parking facilities	7	0
The premises has disabled car parking facilities	7	0
Compliances		
The premises complies with the 2010 Equality Act	7	0
The premises has easy access for disabled customers at the premises (including wheelchairs)	7	0

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Information technology

All practices had access to Microsoft Office including Word, Excel and Access, the majority had access to Adobe Acrobat (n=6), one practice had access to Vista.

Pharmacy and dispensing staff

One practice employed two pharmacists full time. Dispensing support staff varied in each practice with two practices reporting having no dispensing staff whilst two practices reported having three dispensing staff and one practice reported having five dispensing support staff. The hours worked per week by individual dispensing staff varied from 16 hours to 30 or more hours. Two practices indicated staff worked 18.5 hours a week and two practices reported staff worked 22 hours per week (Table 56).

All of the dispensing staff held a NVQ Level 2 or equivalent, with less than half of the dispensing staff working towards NVQ Level 3 or equivalent or an ACT accreditation (Table 57).

Table 56: Number of staff dispensing medication (including pharmacists) in a practice

Number of staff dispensing medication (including pharmacists) in a practice	1	2 or more
Full time	1	2
Part time	0	6

Table 57: Dispensing staff level of training they are working towards or hold

Qualification	1	Working towards	2 or more	Working towards
Dispensing assistant NVQ level 2 or equivalent	0	4	7	1
Dispensing technician NVQ level 3 or equivalent	1	1	1	1
ACT accredited checking technician	0	0	2	0

Other services provided

The majority of dispensing practices provide collection and delivery of prescriptions and monitored dosage for care homes. All of the dispensing practices provided Malarone (antimalarials) and all types of dispensing appliances (Table 58).

Table 58: Other services provided

Service	Yes	No
Collection and delivery of prescriptions	6	1
Monitored dosage for care homes	6	1
Malarone (antimalarials)	7	0
Dispensing of all types of appliances	7	0

9 GP Survey

All of the GP practices (128) in Surrey were invited to take part in the survey, and twenty seven GPs responded (21% response rate).

9.1 Key findings

- The majority of respondents thought that pharmaceutical services were meeting the needs of their patients.
- The majority of respondents didn't know whether advanced and enhanced services were meeting the needs of their patients. Where they did provision was generally rated good.
- The majority communicated with pharmacy services monthly.
- The majority thought contact with pharmacists was very good (44%) or good (37%)
- Inter-professional contact could be enhanced through partnership meetings (n=6) followed by improved processes such as labelling of medicines and repeat prescriptions.
- Services pharmacies could deliver effectively included minor ailments (n=3) followed by collection and delivery of prescriptions (n=2) and electronic prescriptions (n=2). Other suggestions related to services that are delivered under Public Health Agreements.

9.2 Results

Due to a small amount of respondents the findings will be reported at a Surrey wide level.
Service provision

The majority of respondents felt that pharmaceutical services were good or very good at meeting the needs of their patients. The majority of respondents thought the provision of dispensing services was very good (n=13) or good (n=8). One person thought the provision of dispensing services was poor in Surrey. Forty one percent (n=11) felt disposal of unwanted medicines was fair whilst 49% thought it was good or very good (n=5, n=8). Repeat dispensing services was seen as good, very good or excellent (n=20), six respondents felt it was fair and one person thought it was poor. Three respondents felt signposting and self care was poor (Table 59
The majority of respondents did not know if advanced and enhanced services were meeting the needs of their patients. Respondents tended to rate services as good. The majority of GPs did not know about appliance use reviews, customisation of stoma appliances, anti viral collection point, palliative care medication scheme, out of hours rota, NMS, provision of pharmaceutical advice to care homes, needle exchange and supervised consumption of prescribed medicines and condom supply. A third of GPs did not know about EHC, Chlamydia screening, smoking cessation and health checks. MURs were seen as fair and good (n=7, n=8), 3 people stated they were poor (Table 60).

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Table 59: GPs' rating of how adequate pharmaceutical services are at meeting the needs of their patients

Services	(n=27)					
	Very poor	Poor	Fair	Good	Very good	Excellent
Provision of dispensing services	0	1	1	8	13	4
Disposal of unwanted medicines	0	0	11	5	8	3
Promotion of healthy lifestyles	0	2	10	6	8	1
Signposting (Directing patients to appropriate sources of help)	0	3	7	11	5	1
Support for self care	0	3	10	8	5	1
Repeat dispensing Service	0	1	6	7	9	4

Table 60: GPs' rating of how adequate advanced and enhanced pharmaceutical services are at meeting the needs of their patients

Services	(n=27)							
	Not available	Don't know	Very poor	Poor	Fair	Good	Very good	Excellent
Medicines use reviews	0	5	0	3	7	8	3	1
Appliance use reviews	1	16	1	1	3	3	2	0
Customisation of stoma appliances	2	18	1	1	1	3	1	0
Emergency hormonal contraception	2	10	0	1	1	10	3	0
Condom supply	2	16	0	1	3	3	2	0
Anti-viral collection point	2	16	0	2	4	1	2	0
Chlamydia screening	3	15	0	1	4	3	1	0
Smoking cessation	2	9	0	1	4	6	5	0
NHS Health Checks	3	9	0	1	3	10	1	0
Seasonal Flu Vaccine	3	8	0	2	1	9	4	0
Needle exchange	5	16	0	1	1	4	0	0
Out of hours rota	1	11	0	3	8	4	0	0
Palliative care medication scheme	2	11	0	0	1	8	4	1
Provision of pharmaceutical advice to care homes	3	13	2	2	3	2	0	2
Supervised consumption of prescribed medicines	4	14	0	1	2	4	1	1
New Medicine Service	2	13	1	1	4	4	0	2

Contact with pharmaceutical services

The majority of respondents reported contacting their pharmacy weekly (Table 61) with the quality of contact being very good (n=12) or good (n=10) (Table 62).

Table 61: GPs' contact with pharmaceutical services

Contact with pharmaceutical services	(n=27)
Never	0
Once a year	4
Monthly	3
Once a fortnight	4
Weekly	11
Daily	5

Table 62: GPs' quality of contact with pharmaceutical services

Contact with pharmaceutical services	(n=27)
Not applicable	0
Very poor	0
Poor	0
Fair	3
Good	10
Very good	12
Excellent	2

Suggestions

GPs indicated that inter-professional contact could be enhanced with pharmaceutical services through partnership meetings (n=6) followed by improved processes such as labelling of medicines and repeat prescriptions. Having an out of hours contact was also mentioned as well as promotion of pharmaceutical services through mediums such as leaflets and e-newsletters.

Minor ailments (n=3) was the most common response of services GPs thought could be delivered effectively by pharmacies followed by collection and delivery of prescriptions (n=2) and electronic prescriptions (n=2). Other responses included services that are delivered under Public Health Agreements (Table 63).

Table 63: GPs' response on what services pharmacies could provide effectively

Pharmaceutical services	Number
Minor ailment service	3
Collection and delivery of prescriptions	2
Electronic prescriptions	2
Blood pressure measurement	1
Collection of specimens	1
Emergency hormonal contraception	1
Inhaler technique / Asthma checks	1
Needle exchange	1
Smoking cessation	1
Vaccinations e.g. Shingles, Hep B	1
Health data collection (weight, bmi, smoking, alcohol consumption)	1
Local ostomy supplier	1
Audiology	1

10 Healthcare provider Survey

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The survey was advertised to healthcare providers though email, newsletters and sent via post. There were 37 respondents; 28 were dentists (76%), one doctor, one dietician, one mental health professional, one pharmacist, one health visitor, one optician and three nurses.

10.1 Key findings

- The majority of healthcare providers saw the services that pharmacists provided as not applicable to them, but where respondents had rated services they were generally deemed as good.
- Sixty percent thought provision of dispensing services was good or very good
- Services commissioned under public health agreements were generally perceived as good, very good and excellent
- Thirty percent of respondents had never contacted pharmaceutical services and 35% contacted pharmaceutical services once a year.
- The majority of respondents thought the quality of contact with pharmaceutical services was good, very good and excellent.
- Inter-professional contact could be enhanced with pharmaceutical services through sharing of patient information e.g. patient issues (n=2), a directory of services being provided by pharmacies (n=2) and contact details for the local pharmacist (n=2).
- Pharmaceutical services that healthcare providers think pharmacies could deliver efficiently included healthy eating and healthy living advice (n=2), followed by a range of services relating to services provided under Public Health Agreements as well as advanced services.

10.2 Results

Due the small number of respondents and a mixture of occupations the findings will be reported at Surrey wide Level.

Service provision

The majority of healthcare providers saw the services that pharmacists provided as not applicable to them, but where respondents had rated services is was generally deemed as good. The majority thought provision of dispensing services was good or very good (n=9, n=12). Three respondents thought it was excellent. Four of the respondents thought disposal of unwanted medicines was poor or very poor (n=2, n=2) whilst thirteen respondents thought it was good or very good (n=7, n=6). MUR's (n=4) and appliance user reviews (n=3) were rated poor and very poor. Services commissioned under Public Health Agreements were generally perceived as good, very good and excellent (Table 64).

Table 64: Healthcare providers rating of how adequate pharmaceutical services are at meeting the needs of their patients

Services	Not applicable	Very poor	Poor	Fair	Good	Very good	Excellent
Provision of dispensing services (medicines & appliances)	9	0	0	2	9	12	3
Disposal of unwanted medicines	11	2	2	1	7	6	0
Promotion of healthy lifestyles	7	1	0	5	6	5	2
Support for self care e.g. management of minor ailments	15	0	2	2	5	2	3
Medicines use reviews (advice on use of medicine)	11	0	4	1	7	4	1
Appliance use reviews (advice on use of medical appliances)	16	1	2	1	7	2	0
Customisation of stoma appliances	26	0	0	1	0	1	0
Emergency hormonal contraception	24	0	0	0	2	2	0
Chlamydia screening	25	0	0	1	1	0	0
Smoking cessation	11	0	0	2	11	2	1
NHS Health Checks	15	0	0	3	4	1	1
Needle exchange	21	0	0	1	1	3	1
Palliative care medication scheme	16	0	0	1	0	1	1
Provision of pharmaceutical advice to care homes	21	1	0	1	0	2	0
Supervised consumption of prescribed medicines	21	0	0	0	3	3	2
New Medicine Service	13	0	0	0	0	2	1

Contact with pharmaceutical services

Eleven of the respondents had never contacted pharmaceutical services and thirteen contacted pharmaceutical services once a year. Three respondents contacted the pharmacy daily (Table 65). The majority of respondents thought the quality of contact with pharmaceutical services was good, very good and excellent. Three of the respondents thought contact quality with pharmacists was very poor (Table 66).

Table 65: Healthcare providers' contact with pharmaceutical services

Contact with pharmaceutical services	(n=37)
Never	11
Once a year	13
Monthly	5
Once a fortnight	2
Weekly	3
Daily	3

Table 66: Healthcare providers' quality of contact with pharmaceutical services

Contact with pharmaceutical services	(n=37)
Not applicable	11
Very poor	3
Poor	2
Fair	3
Good	9
Very good	5
Excellent	4

Suggestions

Healthcare providers indicated that inter-professional contact could be enhanced with pharmaceutical services through sharing of patient information e.g. patient issues (n=2), a directory of services being provided by pharmacies (n=2) and contact details being provided for the local pharmacist (n=2). An out of hours contact was also mentioned with comments being similar to GPs.

Healthy eating and healthy living advice (n=2) was the most common response to what pharmaceutical services healthcare providers think pharmacies could deliver efficiently. This was followed by a range of services relating to services provided under Public Health Agreements as well as advanced services (Table 67).

Table 67: Healthcare Providers' responses on what services pharmacies could provide effectively

Services	Number
Health eating and healthy living advice	2
Compliance aids	1
Depression / mental health issues	1
Diabetes Screening	1
Emergency hormonal contraception	1
Management of long term conditions e.g. diabetes, stroke, asthma,	1
Medicine Use Reviews	1
Minor Ailment Service	1
Out of hours services	1
Smoking cessation	1
Weight Management	1
Promote sugar-free medicines	1

11 Health needs and service mapping

Health Needs (as identified in Section 4)	**Number of Community and internet Pharmacies and Dispensing Doctors***	**Current Services (n (%))**	**Potential service developments**
East Surrey			
• Income deprivation • High percentage of working age people claiming benefits • Adult obesity • Low levels of general good health • CHD prevalence • Mental health prevalence • COPD prevalence • PYLL from causes considered amenable to health care • Low levels of people with a car who can access hospital within 30 minutes • High level of emergency admissions	Pharmacies = 32 Ratio 18 to 100,000 population Dispensing Doctors = 1	****Advanced** MURs = 29 (91%) NMS = 23 (72%) SAC = 4 (13%) **Locally Commissioned** Smoking Cessation = 9 (28%) EHC = 17 (53%) Chlamydia Screening = 5 (16%) Supervised Methadone Consumption = 23 (72%) Needle Exchange = 13 (41%) NHS Health Checks = 14 (44%) Palliative care = 3 (9%) H-Pylori = 22 (69%)	• Blood Pressure Measurement • Minor Aliments • NHS Health Checks • Screening • Smoking cessation • Weight Management

Guildford and Waverley			
• Alcohol consumption • Cancer prevalence • Depression	Pharmacies = 37*** Ratio 19 to 100,000 population Dispensing Doctors = 5	**<u>**Advanced**</u> MURs = 35 (95%) NMS = 21 (57%) DAC = 2 (5%) SAC = 2 (5%) **<u>Local Commissioned</u>** Smoking Cessation = 9 (24%) EHC = 13 (35%) Chlamydia Screening = 7 (19%) Supervised Methadone Consumption = 29 (78%) Needle Exchange = 8 (22%) NHS Health Checks = 10 (27%) Palliative care = 4 (11%)	• NHS Health Checks
North East Hampshire and Farnham (part within Surrey County)			
• Smoking in adults • Alcohol consumption • Skin Cancer prevalence	Pharmacies = 7 Ratio 16 to 100,000 population Dispensing Doctors = 1	**<u>**Advanced**</u> MURs = 6 (86%) NMS = 3 (43%) SAC = 1 (14%) **<u>Local Commissioned</u>** Smoking Cessation = 1 (14%) EHC = 4 (57%) Chlamydia Screening = 0 Supervised Methadone Consumption = 5 (71%) Needle Exchange = 1 (14%) NHS Health Checks = 1 (14%) Palliative care = 0	• Smoking cessation • NHS Health Checks

North West Surrey			
• Income deprivation • Working age people claiming benefits • Children overweight • Adult Obesity • High rate of teenage conceptions • Low levels of general good health • Diabetes prevalence • High levels of emergency admissions for acute conditions • GP opening hours	Pharmacies = 67 Ratio 21 to 100,000 population Dispensing Doctors = 1	**<u>**Advanced</u>** MURs = 49 (73%) NMS = 38 (57%) SAC = 6 (9%) **<u>Local Commissioned</u>** Smoking Cessation = 17 (25%) EHC = 20 (30%) Chlamydia Screening = 11 (16%) Supervised Methadone Consumption = 44 (66%) Needle Exchange = 21 (31%) NHS Health Checks = 9 (13%) Palliative care = 5 (7%)	• C-Card Scheme • Emergency Hormonal Contraception • NHS Health Checks • Screening • Weight Management
Surrey Downs			
• High levels of unpaid carers • CHD prevalence • Depression • Low levels of Immunisations of MMR for children • Low levels of seasonal flu vaccinations for over 65's • Satisfaction with GP opening hours • Access to a hospital within 30 minutes	Pharmacies = 53 Ratio 19 to 100,000 population Dispensing Doctors = 6	**<u>**Advanced</u>** MURs = 39 (74%) NMS = 26 (49%) SAC = 1 (2%) **<u>Local Commissioned</u>** Smoking Cessation = 9 (17%) EHC = 20 (38%) Chlamydia Screening = 12 (23%) Supervised Methadone Consumption = 27 (51%) Needle Exchange = 15 (28%) NHS Health Checks = 8 (15%) Palliative care = 3 (6%)	• NHS Health Checks • Screening • Seasonal Influenza Vaccination • Weight Management

Surrey Heath			
• Higher uptake of vaccination for children and older people • Breast cancer screening • Overweight children • Adult obesity • Diabetes prevalence • High levels of emergency admissions • High levels of emergency admissions for acute conditions • GP opening hours • Access to a hospital within 30 minutes	Pharmacies = 17 Ratio 18 to 100,0000 population Dispensing Doctors = 2	**<u>**Advanced</u>** MURs = 14 (82%) NMS = 10 (59%) **<u>Local Commissioned</u>** Smoking Cessation = 4 (24%) EHC = 7 (41%) Chlamydia Screening = 2 (12%) Supervised Methadone Consumption = 9 (53%) Needle Exchange = 3 (18%) NHS Health Checks = 3 (18%) Palliative care = 2 (8%)	• NHS Health Checks • Screening • Weight Management

*includes branches

**Advanced services – Number of pharmacies providing this service is based on actual data received for March 2013 to February 2014 (source: NHS Prescription Service)

***excludes pharmacy within West Sussex county

12 Conclusions and recommendations

12.1 Surrey population profile

Surrey is one of the most prosperous counties in England with a resident population of 1,132,390. Surrey's population is projected to increase by 8.5% by 2022, which is higher than the national average of 7.2%. The 65 and over age group continues to experience the largest increase in population with an estimated rise of 21.9% by 2022, equating to 44,600 more people. The increase in a population aged 45 and over is likely to impact on healthcare services due to increased risks of developing long term conditions such as cardiovascular disease.

The Surrey population is predominantly white (90.4%). The largest population of non-white minority are resident in Woking (19.2%).

The number of dwellings in Surrey are planned to increase over the next 15 years to meet the needs of the growing population and a shortage of housing. Each Borough and District is developing its own Local Plan which also include the need to increase Gypsy and Traveller sites. The location and quantity of new dwellings need to be considered when looking at future pharmaceutical provision. The potential change in health needs as these developments take place will be considered during this PNA's life span (maximum three years).

12.2 Necessary services: current provision

As previously stated for the purposes of this PNA necessary services are defined as

- Essential services
- Advanced services

Surrey has 213 community pharmacies, 16 dispensing doctors surgeries, 2 dispensing appliance contractors, 3 internet/ distance selling contractors and 1 Sussex community pharmacy. Looking at the distribution of community pharmacies and including internet/ distance selling pharmacies (total 217); Surrey has an average of 19 pharmacies per 100,000 population, ranging from 16-21 in each CCG. Nineteen pharmacies per 100,000 is consistent with the collective average for Kent, Surrey and Sussex but below the England average of 22 per 100,000.

Community pharmacies including internet/distance selling pharmacies provide the essential services listed in Section 5.

There was a good response to the Community Pharmacy Survey which was completed by 146 pharmacies, a 69% response rate.

Pharmaceutical dispensing activity

In 2012-13 just over 1.1 million items per month were dispensed in Surrey. The average dispensing activity for Surrey was lower in comparison to other areas in the South East region and England during the same period.

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Advanced services

Of 213 community pharmacies, Medicines Use Reviews (MURs) are offered by 191 (90%) and New Medicines Service (NMS) by 175 (82%). These pharmacies are distributed across the CCGs providing good access and choices to patients. Surrey provides above average numbers of MURs compared to South East Coast and England averages, the percentage of community pharmacies offering NMS equals the England average. Although fewer pharmacies provide the Stoma Appliance Customisation (SAC) service compared to MURs and NMS, the proportion of pharmacies providing this service in Surrey (17%) is higher than England (15%) and the South East Coast (14%).

Public views of pharmaceutical services across Surrey

The Public Survey was completed by 1476 Surrey residents, to gain a better understanding of local patients' views on the Pharmacy services currently located across Surrey and to inform future health services. Over 90% of respondents felt their usual pharmacy was helpful and friendly. The public survey highlighted that provision was good in Surrey although 31% of respondents found it difficult to find a pharmacy open in the evening. Survey suggestions for service improvements included increasing opening hours (and staffing levels), reducing waiting times for prescriptions and for pharmacies to concentrate on the core offer of dispensing and sales, rather than to provide other services.

Opening hours

Seventeen community pharmacies have 100 hour per week contracts, located mainly in North West Surrey CCG (n=8) and Surrey Downs CCG (n=5), the remaining 200 pharmacies have 40 hour per week contracts. Responses given in the Public Survey showed the majority of respondents could usually find a pharmacy open when needed, with most accessing between 09:00- 17:00, although 31% disagreed that they found it easy to find a pharmacy open after 18:00.

Fifty five community pharmacies (25.3%) are open in the evening (after 18:30) which is low in comparison to neighbouring HWBs (East Sussex). One hundred and ninety nine community pharmacies (92%) are open on Saturdays and 46 (21.2%) are open on Sundays with provision across the CCGs seen as adequate.

Access

A community pharmacy is accessible to the majority of Surrey residents within at least 5 miles or within 20 minutes travel time by car. This includes 14 neighbouring Health and Wellbeing Boards which have collectively 432 pharmacies within five miles of the Surrey borders. Access to pharmacies is therefore seen as adequate.

The Community Pharmacy Survey asked about pharmacy premises and compliance with the 2010 Equality Act; 95.6% (146 responses) currently comply with the 2010 Equality Act with a further 1.4% planning to in the future. Almost 92% of respondents had easy access for disabled customers at the pharmacy, with 2.7% planning to in the future.

12.3 Necessary services: gaps in provision

A high number of the adult population (84%) visit a pharmacy at least once a year, with 78% being for a health reason in England[xv]. The public survey showed that a third of respondents visited the pharmacy monthly and 22% six monthly for a health reason suggesting this would provide an opportunity to engage in MURs and NMS for chronic conditions as the majority of respondents were aged over 65. Forty six percent of respondents visited for any reason which provides an opportunity to promote public health services.

In determining gaps in necessary service provision the following were considered;

- Map 2: Pharmaceutical service provision in Surrey.
    - There are currently 217 community pharmacies in Surrey and Surrey CCGs equivalent to 19 per 100,000. This is comparable with the national average (22).
    - There are 16 dispensing doctors (including branches) at the time of writing, mainly in Surrey Downs CCG (n=6) and Guildford and Waverley CCG (n=4) providing services to rural areas.
    - There are three internet/distance selling pharmacies based in Surrey.

- Table 14: Provision of core contract hours and contract types for pharmacies across Surrey CCGs.
    - Two hundred community pharmacies have 40 hour per week contracts.
    - Seventeen community pharmacies have 100 hour per week contracts.

- Map 3: Location of Surrey CCG pharmacies by core-hour contract type

- Maps 8 to 15: Showing one and five mile zones from pharmacies during opening hours and drive times to pharmacies.
    - Two hundred (92.2%) are open on Saturdays and 21.2% are open on Sunday's with provision across CCGs seen as adequate.
    - Fifty five (25.5%) pharmacies are open in the evening after 18:30 which is low in comparison to neighbouring HWBs (East Sussex).
    - The population of Surrey are in a 5 mile radius of a pharmacy during weekdays.

- Table 5: Projected population growth

- Table 6: Projected housing growth

- Section 6 Results from the patient survey

- Section 11 Health needs and service mapping

Taking the available information into account it is concluded that there is no gap in necessary service provision.

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12.4 Improvements and better access – gaps in provision

Any services that have not been identified as necessary in this PNA may be considered as providing an improvement or better access to pharmaceutical provision for the population.

At present NHS England commission two enhanced services in Surrey; out of hours service and seasonal influenza vaccinations. It is recognised that whilst not defined as pharmaceutical services as per the regulations additional services have been commissioned by other organisations, namely CCGs and Surrey County Council that could otherwise have been commissioned by NHS England and meet health needs in the population. These are known in this PNA as Locally Commissioned Services.

Locally commissioned services

These services have been commissioned according to local needs as well as local and national initiatives and therefore vary across Surrey.

Smoking Cessation Service
Forty nine pharmacies (23%) are commissioned to provide smoking cessation services in Surrey. This varies from 14.3%-28.1% of pharmacies per CCG.

Emergency Hormonal Contraception (EHC)
Eighty one pharmacies have been commissioned to provide EHC, varying between 30% of pharmacies in Guildford and Waverley CCG and 57% in North East Hampshire and Farnham CCG, with locations focused on areas with higher teenage pregnancy rates. The provision of EHC is currently under review by SCC Public Health Team.

Chlamydia Screening and Treatment
Thirty six pharmacies are currently commissioned to provided Chlamydia screening services, equating to less than 23% of pharmacies per CCG.

Needle and Syringe Exchange Scheme
Sixty one pharmacies are currently participating in this scheme across all CCGs.

Supervised Consumption of Methadone
One hundred and thirty seven pharmacies are participating in this scheme with over 50% of pharmacies in each CCG providing the service.

NHS Health Checks
Forty five pharmacies deliver NHS Health Checks in Surrey. The 2014/15 targets for delivering Health Checks set to SCC Public Health represent an opportunity for community pharmacies to continue to play an important role in helping to meet the public health agenda in Surrey.

Palliative Care Scheme
The number of pharmacies offering this service has increased from 15 in the 2011 PNA to 17 pharmacies currently providing palliative care. At least one pharmacy per CCG offers the service with five offering in North West Surrey CCG.

H Pylori testing
Twenty two pharmacies are signed up to provide H-Pylori testing; all are situated in East Surrey CCG.

The evidence shows there is currently satisfactory provision of services to meet the needs of the population, these will be regularly reviewed to ensure they continue to meet needs. Section 11 highlights potential service developments (future provision). Where services are already commissioned, but are suggested in this section this information will be used by the relevant commissioner when reviewing services. Enhanced services that are not currently commissioned (as enhanced or locally commissioned services) in Surrey are;

- Minor Ailment Scheme
- Screening Service

These are consider services that would provide an improvement or better access to pharmaceutical provision for the population according to the health needs of the population in the localities as defined in this PNA.

Minor ailments is a service that has been highlighted through community pharmacies as well as healthcare providers as priority services that could be effectively run by pharmacies.

Pharmacies have the ability to relieve the pressure on out of hours services through management of LTCs, minor ailments and through public health services that support behaviour change and early diagnosis.

In line with what was stated in *Now or Never; Shaping Pharmacy Provision (2013)* pharmacists in Surrey appear to be an under-used service, whose high street presence, strong community connection and longer opening hours mean they are well placed to deliver services to reduce hospital admissions, pressure on out of hours services and primary care. The public and healthcare providers seem to be largely unaware of the broader range of services pharmacies provide, suggesting they need to be more proactive in advertising what is available, which also seems to be the case nationally[xv].

12.5 Key findings and recommendations

- Increase in population and the need for pharmaceutical services to be continually reviewed to ensure they are meeting the needs of the local population.
- Surrey's population is growing and ageing which will increase demand on healthcare services, particularly with regard to long term conditions. The population is mainly affluent with good health outcomes but there are pockets of deprivation and ill-health.
- Surrey has five areas where there are high levels of deprivation with lower life expectancy and poor health outcomes and high levels of health related lifestyle risk factors e.g. Smoking prevalence.
- Pharmacies have a key role in future healthcare e.g. prevention and management of long term conditions.
- There are 19 pharmacies per 100,000 population which is similar to the national average (22). There are three internet pharmacies, two dispensing appliance contractors and one Sussex pharmacy in Surrey and Surrey CCGs. There are 17 pharmacies on 100 hr contracts with at least one in each CCG.
- The three most common themes that emerged from the services the public would like to see improved were;
    - Increased opening hours (and staffing levels) of pharmacies
    - A reduction in waiting times for prescription
    - For pharmacies to concentrate on the core offer of dispensing and sales rather than additional services.

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- Provision of essential services including the 5 mile radius and acknowledging feedback from surveys is deemed satisfactory in meeting the needs of the population
- Activity of advanced services is above the national average.

13 Consultation Report

13.1 Background and process

The process of publishing a Pharmaceutical Needs Assessment requires that the draft PNA available for consultation for a minimum of 60 days (NHS Regulations 2013).

The Surrey PNA consultation ran from the 22 September to 31 December 2014. The consultation was available online at www.surreysays.co.uk/pna, where documents could be read or downloaded and responded to online. Hard copies of the draft PNA and questionnaire were posted to respondents as requested.

The consultation was sent to the required list of consultees stated in Part 2 of the NHS Regulations 2013 and to other stakeholders/ groups by email, with a link to the consultation and the consultation questionnaire attached. Stakeholders were encouraged to share the consultation with their groups and clients and where possible to include the links within newsletters.

The consultation was publicised on Surrey HWB's website; Healthy Surrey (www.healthysurrey.org.uk) and on the webpage of the current PNA which is published on Surreyi (www.surreyi.gov.uk). Where invited Public Health attended meetings to present the consultation, this included the Surrey Disability Alliance Network and to planners in Surrey's Borough and District Councils.

13.2 Consultation responses

Responses were received as follows

- 24 responses via the online questionnaire or paper questionnaire
  - 6 on behalf of a business or sole trader
  - 5 neighbouring Health & Wellbeing Boards
  - 4 health and social care professionals
  - 4 Clinical Commissioning Groups (3 CCGs responded collectively)
  - 5 on behalf of an organisation
  - 2 members of the public
- 3 responses sent by email
  - 2 neighbouring Health & Wellbeing Boards
  - 1 Out of Hours Provider
- 2 informal responses from members of the public
- 5 responses from planners in Surrey's Borough and District Councils

Surrey's PNA Steering Group reviewed and discussed the responses received on behalf of the HWB at two Steering Group meetings; 24 November 2014 and 27 January 2015.

Responses are summarised in the following report along with the Steering Groups comments or agreed actions (Table 68).

Where a response or comment related to the need to make correction or clarification to the text or data within the draft PNA, for example number of pharmacies in a neighbouring, it was agreed by the Steering Group that these changes would be made directly to the PNA. A list of these corrections or clarifications can be found in Table 69.

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13.3 Responses via the consultation questionnaire (24 responses)

Question	Yes	No	No response
1. Does the draft PNA clearly explain its purpose and background?	23	1	0
2. Does the draft PNA reflect the current pharmaceutical service provision within Surrey?	21	2	1
3. Are there any unidentified gaps in service provision i.e. when, where and which services are available?	7	16	1
4. Does the draft PNA reflect the pharmaceutical needs of the Surrey population?	16	7	1
5. Are there any services which could be provided in a community pharmacy setting in the future, that have not been highlighted?	5	18	1
6. If you have further comments about the content of the draft PNA, please write them below	See Table 68 and 69 for comments made		

Question	Excellent	Very Good	Good	Average	Below average	Poor
7. What do you think of the draft PNA layout?	3	10	8	3	0	0

Question	Yes	No	No response
8. Was the information contained in the draft PNA clearly explained and understandable?	23	1	0
9. Was the information contained in the draft PNA clearly presented?	23	0	1
10. If you have any further comments about the draft PNA design and layout, please write them below:	See Table 68 and 69 for comments made		

Table 68: Comments in relation to the draft PNA from all respondents

Issue/ Comment	Action/ Comment
Surveys	
• The patient survey received a good response but may not be fully representative of the population of Surrey • Further analysis suggested; – of responses to determine if there were any specific needs identified within the smaller response groups. – wider consultation with the broader population of the breakdown of services that patients identified they would like to see provided. – Surveys to look at problems patients having taking their medicines and how these issues should be assessed • Low response rate by GPs	The questionnaires distributed for the public survey were selected using a random sample from a sampling frame of all Surrey addresses. The merit of the sampling approach used was that it ensured everyone in the resident population had an equal chance of being selected to take part in the survey: it was truly random. It is common practice in some types of survey research to weight the data for the purpose of correcting bias as a result of the survey respondents not representing the population well. In the case of this survey, due to small cell sizes in some categories and the unknown extent to which the views of respondents may differ from non-respondents, weights were not applied to the survey results because they would have amplified any bias present in the data. These comments will be noted for possible inclusion/analysis in future surveys. We are always striving to improve, for the next PNA, this would include identifying successful approaches for encouraging a higher number of responses from GPs and other health professionals.
Protected Characteristics	
• Needs of Lesbian, Gay, Bisexual and Trans populations, e.g. use of appropriate gender neutral language by dispensing/pharmacy staff, and greater awareness of the needs of those in same sex relationships or undergoing gender transition for example • many Pharmacies don't have Hearing LOOPS , have hidden or non-functional LOOPs, and very few offer non-voice telephony contact • has some form of EIA been undertaken	Public Health to liaise with Centre for Pharmacy Postgraduate Education to look to include awareness of the needs of the LGBT population and to ensure use of gender neutral language within training. NHS England require all pharmacies to complete an annual self-assessment questionnaire regarding their compliance with the community pharmacy contractual framework which includes compliance with the Equalities Act. An Equality Impact Assessment has been carried out for the PNA and will be published on the Surrey County Council website
Minor Ailments/ Other services	
• Whilst a range of services are commissioned, it is not clear from the PNA what the target level of provision of these services should be, there is limited information about the level of activity of these services, and little consideration of how quality of service and uptake can be improved.	Public Health services are commissioned using the Public Health Strategy and Joint Strategic Needs Assessment. Activity and quality requirements are embedded within contracts.

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• Unidentified gaps or services that could be provided – Flu vaccination to be available through all pharmacies. – Minor ailments – Support for alcohol dependent patients – Urgent Medication service – Healthy Living Pharmacy Model	Commissioners of other pharmaceutical services will use the PNA to determine the expansion of existing services and services to ensure the health needs of the population are met A trial is currently taking place in London, for an Urgent Medication Service, this would be looked at for Surrey after the trial has been evaluated. Statement added to PNA about Urgent Medication Service.
Localities/ Level data is presented	
• Description is at CCG level which therefore gives less detail than if at locality within CCG level • Covering the whole of Surrey, inevitably it gives a broad over-view rather than analysing individual localities • Providing data (services and need) by pharmacy/ dispensing doctor/ locality • Providing tabulated data at Pharmacy/Dispensing doctor level for opening hours- not just mapped.	Various options for the presentation of data were considered by the PNA Steering Group before this PNA was carried out, it was decided that the CCG would be the most feasible level for Surrey. Prior to the review and publication of the next PNA the level at which information is presented will again be reviewed.
Use of pharmacies in neighbouring Health and Wellbeing Boards	
• Consideration may need to be given to Surrey residents, that are likely to use pharmacies in neighbouring HWB whose PNAs have identified access issues • The PNA should reflect the Surrey population and not be set on CCG borders which has led to an information gap for NE Hampshire and Farnham CCG and the Surrey population in this area.	NHS England would refer to local PNA and neighbouring PNAs when determining a pharmacy application. Document updated to include this data
Out Of Hours (OOH)	
• Better out of hours care • Reduced availability of out of hours provision within some localities of Surrey • The opportunity for community pharmacy to work with 111 and local out of hours providers to support a more formalised service supplying "emergency supply" of medicines for patients who run out of their repeat medicines in the out of hours period. This is a project we are trying to work on in Guildford & Waverley. There is real opportunity for community pharmacy to participate in a more formalised way to support easing pressure from providers of urgent care in the out of hours period. • We are particularly concerned over the lack of service on Sundays from 4pm, bank holidays when hours are restricted, and Christmas Day and Easter Sunday when one hour a day is often considered adequate.	NHS England Surrey and Sussex Area Team (SSAT) review the availability of pharmacy services across all of Surrey at all times to ensure a good availability of pharmaceutical services. Where there are concerns that pharmacy services may not be adequate, the NHS England SSAT will direct pharmacies to open. This usually happens on Christmas day and Easter Sunday, but can occur on other bank holidays should there be a need. The PNA looks at Out of Hours provision in Section 5.

• This puts a significant strain on OOH, A&E, MIUs etc around minor ailments, injuries and healthcare advice. Patients are being educated to 'Choose Well', however in a number of areas a choice is not possible if it is required on the wrong day of the week. With the proposed advent of 7 day working in healthcare we would submit that enhanced provision during the times mentioned will not only support patients, but many other healthcare services as well.	
PNA layout, content and clarity	
Missing or not clear; required statements on • Reasonable services • Necessary services • Reasonable choice • Protected characteristics	Wording changed to make these statements clearer and added to the PNA.
• Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) are not mentioned in the PNA. • They are a vital part of the pharmaceutical services network and need to be made a permanent provision as long as all qualifying criteria continue to be met.	Essential Small Pharmacy contracts are due to terminate on the 31 March 2015. As this is prior to the publication of this PNA they have not been included. Further information is available at http://psnc.org.uk/contract-it/pharmacy-regulation/essential-small-pharmacies/
• There is significant interest within local CCGs to roll out the Electronic Prescription Service. There is no detail on the numbers of pharmacies that are actually using EPS, i.e. have "gone live".	Approximate number of Community Pharmacies that are live across England is 96%
• Dispensing activity – this section is missing the dispensing activity from dispensing doctor practices • Only a snapshot of dispensing activity from 2012-13 is included. The volume of prescribing is increasing year on year, but there is no reflection of this increased workload in the dispensing activity section, and what the implications of this are for pharmaceutical services. Availability of pharmaceutical services may need to be reviewed in the longer term to meet the need from increased volume of prescriptions that is partly driven by population demographics.	The PNA acknowledges there will be increased dispensing due to factors such as changes in population demographics (see Section 3). Due to the way by which doctors are paid for their dispensing activity it is not possible to provide data for the levels of activity. The PNA Steering Group will continue to meet following the PNA's publication and will review the availability of pharmaceutical services and dispensing activity on an ongoing basis. The lifespan of this PNA is a maximum of three years unless there is a need to review before then.
• The PNA is largely looking at the current situation with an overlay of demographic, etc. changes to come. It is not very projective/creative in terms of what might be offered through the "Pharmacy of the Future". Unless people are presented with something new to respond to they will only answer with respect to their current understanding of how things are. Doing some more creative and projective work on what could be offered and	The PNA provides an overview of demographics and services. It will provide a basis for commissioning and the opportunity to provide innovative responses to need where appropriate. Due consideration will be given to these comments during the next iteration of the PNA.

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then examining how consumers respond to the new ideas could (and probably should) be a future piece of work encompassed by the PNA.	
• Ensure there are real added value recommendations arising from the analysis and that the ending demonstrates whether or not the purpose has been achieved. • For some findings in the PNA there is very limited discussion of implications for pharmaceutical services of the findings. • It would be helpful to have an overt statement regarding whether further pharmacies are needed.	PNAs provide a statement of the need for pharmaceutical services for each HWBs population. The PNA must relate to all of the pharmaceutical services that may be provided under arrangements by NHS England. Pharmacy applications to NHS England are processed on a case-by-case basis and will be dependent on the type of application that has been submitted for consideration (see NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013), thus such a statement would be of only a small benefit.
• An application granted for a new pharmacy was overturned on appeal. • There is no reference in the draft PNA for this pharmacy which has substantial support and therefore the draft PNA has missed this gap in service provision.	The appeal was decided upon by the NHS Litigation Board and therefore due process was followed. It is not the role of the PNA to identify individual pharmacies.

Table 69: Corrections and clarifications received during the PNA Consultation

Issue/ Comment	Action/ Comment
– Make the purpose and background crisper, clearer and shorter.	Document updated to reflect this comment
– Essential services list does not reflect all Essential Services provided by community pharmacies (per PSNC definition)	Document updated to reflect this comment
– Local Enhanced Services (commissioned by NHS England) incorrectly indicates that minor ailments service and seasonal influenza vaccination are commissioned services	Document updated to reflect this comment
– Palliative Care Scheme – there are now 17 pharmacies providing this service across Surrey following a review by Surrey CCGs in 2014	Document updated to reflect this comment
– H-Pylori Test –suggested change of wording to "less than half of those signed up to deliver are carrying out the test"	Document updated to reflect this comment
– NHS Commissioning Board (NHSCB) – suggested change of wording to "NHS Commissioning Board (NHSCB), now known as NHS England."	Document updated to reflect this comment
– Section 4.2 – Surrey Heath is missing from Table 7	Document updated to reflect this comment
– Section 5.3 – refers to a distance selling pharmacy in West Molesey – this pharmacy is not in Surrey Heath, but is in Elmbridge.	Document updated to reflect this comment
– Section 5.6.2 – PGDs for Walk In Centres are now employed by Virgin Care, support for the centres in East Surrey now comes from First Community Health and Care.	Document updated to reflect this comment
– EHC uptake believe the intention is to state the lowest figure in Surrey which is 30% (North West Surrey).	Document updated to reflect this comment
– Health Checks- 0.6% of the annual delivery target should be 6%	Document updated to reflect this comment
– Table 3- clarification needed of what the numbers refer to	Document updated to reflect this comment
– Incorrect figures for number of pharmacies in neighbouring Health and Wellbeing Board areas, corrections given for Croydon, West Sussex, Sutton, Kingston and Richmond.	Document updated to reflect this comment
– Incorrect figures for future housing provision within Surrey, corrections given for Tandridge, Mole Valley, Runnymede, Waverley and Reigate and Banstead.	Document updated to reflect this comment
– Section 2.4.6, table should include NE Hampshire and Farnham CCG – Section 3 – the Surrey demographic information for NE Hampshire and Farnham CCG to be included – Table 10 - reclassify 7 pharmacies in Farnham as Surrey. – Section 11 – the health needs and provision for NE Hampshire and Farnham to be included	Document updated to reflect this comment

14 Further information

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14.1 Housing Growth

National Planning Policy Framework (NPPF)

Department for Communities and Local Government (March 2012) National Planning Policy Framework
https://www.gov.uk/government/publications/national-planning-policy-framework--2

Elmbridge: http://www.elmbridge.gov.uk/planning/policy/default.htm

Epsom and Ewell: http://www.epsom-ewell.gov.uk/EEBC/Planning/

Guildford: http://www.guildford.gov.uk/planningpolicy

Mole Valley: http://www.molevalley.gov.uk/index.cfm?articleid=17259

Reigate and Banstead: http://www.reigate-banstead.gov.uk/planning/

Runnymede: http://www.runnymede.gov.uk/planningpolicy

Spelthorne: https://www.spelthorne.gov.uk/article/2888/Development-Plan-Documents

Surrey Heath: http://www.surreyheath.gov.uk/planning/planningpolicyandconservation

Tandridge: http://www.tandridge.gov.uk/Planning/PlanningPolicy

Waverley: http://www.waverley.gov.uk/site/scripts/home_info.php?homepageID=25

Woking: http://www.woking.gov.uk/planning/policy

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ii. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.No.349. *http://www.legislation.gov.uk/uksi/2013/349/contents/made* The Department of Health (May 2013).

iii. The Department of Health (2013). Regulations under the Health and Social Care Act 2012: Market entry by means of Pharmaceutical Needs Assessments (November 2012) *https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255951/nhs_pharm_servs_market_entry_exec_sum_chpts_1-4.pdf*

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vii. JSNA Chapter: Priority Places (2011) *http://www.surreyi.gov.uk/ViewPage1.aspx?C=resource&ResourceID=689&cookieCheck=true*

viii. The Drug Tariff *http://www.nhsbsa.nhs.uk/924.aspx*

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x. NHS Litigation Authority 17182 *http://www.nhsla.co.uk/Pages/Home.aspx*

xi. Pharmaceutical Services Negotiating Committee *http://psnc.org.uk/services-commissioning/essential-services*

xii. LPC Annual Report April 2013 *http://psnc.org.uk/surrey-lpc/wp-content/uploads/sites/85/2013/08/Surrey-LPC-Annual-report-April-2013.pdf*

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xiii. National Centre For Smoking Cessation And Training (2012) Stop Smoking Services:increased chances of quitting. Breifing 8 *http://www.ncsct.co.uk/usr/pub/stop-smoking-services.pdf*

xiv. NHS Health Checks *http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-is-an-NHS-Health-Check.aspx*

xv. Royal Pharmaceutical Society (2013) Now or Never: Shaping pharmacy for the future *http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf*

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National Primary and Care Trust Development Programme(2004), Pharmaceutical Needs Assessment Tool Kit, Part 1 *http://www.natpact.info/uploads/2004_Nov/NatPacTToolkit%20Part%201%20Final.pdf*

National Primary and Care Trust Development Programme (2004), Pharmaceutical Needs Assessment Tool Kit, Part 2 *http://www.natpact.info/uploads/2004_Dec/NatPaCT%20PNA%20Toolkit%20Part%202%20Final.pdf*

Acknowledgements

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Surrey Pharmaceutical Needs Assessment

Appendices

Health and Wellbeing Surrey

SURREY

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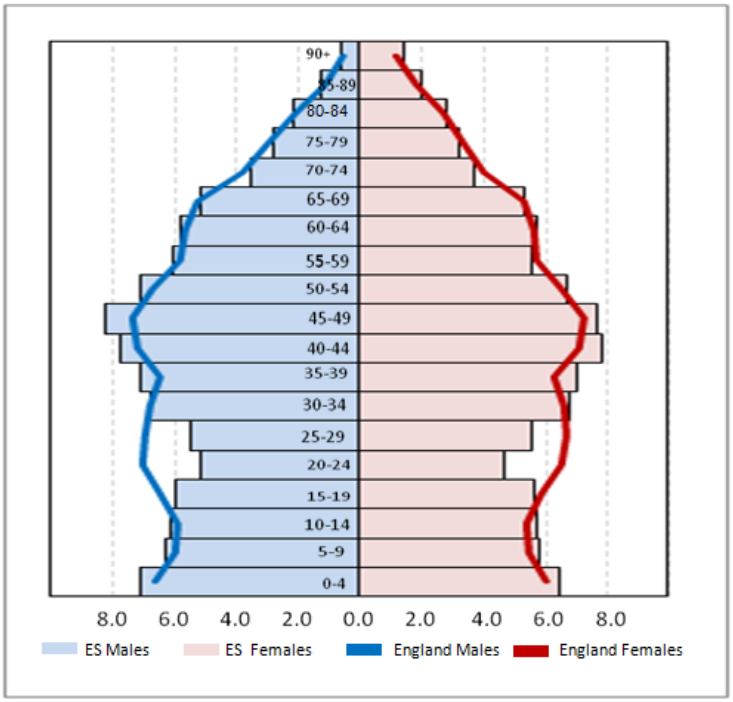
Contents

Appendix A: Demographics by CCG

A.1 East Surrey Clinical Commissioning Group

The population pyramid for NHS East Surrey CCG (Figure 1) shows that it has a slightly higher proportion of females and males aged 0-14, 35-65 and 75 and over compared to the England average. The proportions for both males and females aged 15-29 are significantly lower than the England average.

Figure 1: East Surrey CCG Population Pyramid



Source: ONS, Mid-year estimates,2012

The East Surrey CCG population consists of approximately 48.8% males and 51.2% females (Table 1). Over half of the population is resident in Redhill & Reigate[1] (52.4%).

Table 1: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
NHS East Surrey CCG	175,875	100	85,819	48.8	90,056	51.2
Redhill & Reigate**	92,182	52.4	45,263	49.1	46,919	50.9
Tandridge	83,693	47.6	40,556	48.5	43,137	51.5

Source: ONS, Mid-year estimates,2012

East Surrey CCG population profile shows (Table 2 and Table 3):

- A quarter of East Surrey CCG population is made up of children and young people.
- Approximately 60% of the population is aged 20-64.

[1] For the purpose of this report Redhill, Reigate and Banstead will be referred to by the locality name Redhill & Reigate .

* Redhill & Reigate locality includes Redhill, Reigate & Banstead

** Redhill & Reigate locality excluding Banstead

*** Redhill & Reigate locality includes Banstead only

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- Seventeen percent of East Surrey population is 65 and over, of which 2.5% are 85 and over
- The majority of the population are White; Redhill & Reigate has a 10% Non-White population.

Table 2: Percentage of age & sex breakdown, by locality, 2012

Locality	%											
	0-19			20 – 64			65 and Over			85 and Over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
East Surrey CCG	**24.5**	**25.4**	**23.7**	**58.5**	**59.2**	**57.8**	**17.0**	**15.4**	**18.5**	**2.5**	**1.5**	**3.4**
Redhill & Reigate**	25.1	26.0	24.2	59.9	60.6	59.3	15.0	13.4	16.5	2.4	1.6	3.1
Tandridge	23.9	24.8	23.1	56.9	57.6	56.2	19.2	17.6	20.7	2.6	1.4	3.7

Source: ONS, Mid-year estimates,2012

Table 3: Percentage of White and Non-white population, by locality, 2012

Area	Total Population	% White	% Non-White
East Surrey CCG	**173,708**	**93.5**	**6.5**
Redhill & Reigate**	90,710	91.1	8.9
Tandridge	82,998	96.2	3.8

Source: Census 2011

A. 1. 1 East Surrey CCG Population Projections

East Surrey CCG population is expected to grow by 11.1% in the next 10 years which is higher than the Surrey average (8.5%). The age cohort 65 and over is projected to have the largest growth (21.9%) (Table 4). Tandridge is estimated to have a 25% increase in those aged over 85 by 2018 (Table 5). The 0 – 64 age cohort is estimated to have the smallest increase in population in the next five years (11%).

Table 4: Projected population changes, 2012-2022

Age band	Population Change East Surrey CCG				Population Change Surrey %
	2012	2022	Number	%	
0-15	35,230	40,376	5,146	14.6	11.1
16-29	26,223	25,688	- 535	-2.0	0.3
30-44	37,934	40,198	2,264	6.0	0.0
45-64	46,563	51,574	5,011	10.8	9.2
65 & Over	29,925	37,651	7,726	25.8	21.9
All ages	175,875	195,483	19,608	11.1	8.5

Source: Office for National Statistics (ONS), 2012, 2022

[1] For the purpose of this report Redhill, Reigate and Banstead will be referred to by the locality name Redhill & Reigate .

* Redhill & Reigate locality includes Redhill, Reigate & Banstead

** Redhill & Reigate locality excluding Banstead

*** Redhill & Reigate locality includes Banstead only

Table 5: Projected population changes by locality, all persons, 2012–2018

	East Surrey CCG				Redhill & Reigate*				Tandridge			
Persons	**2012**	**2018**	**Number**	**%**	**2012**	**2018**	**Number**	**%**	**2012**	**2018**	**Number**	**%**
0-19	53,831	57,175	3,344	6.2	33,809	36,649	2,840	8.4	20,022	20,526	504	2.5
20-64	129,785	135,698	5,913	4.6	82,193	87,068	4,875	5.9	47,592	48,630	1,038	2.2
65 & over	39,965	46,355	6,390	16.0	23,886	27,734	3,848	16.1	16,079	18,621	2,542	15.8
85 & over	6,363	7,838	1,475	23.2	3,942	4,814	872	22.1	2,421	3,024	603	24.9
All ages	223,581	239,228	15,647	7.0	139,888	151,451	11,563	8.3	83,693	87,777	4,084	4.9

Source: Office for National Statistics (ONS), 2012, 2018

A.1. 2 Older People living alone

Twelve percent of those aged 65 and over are living on their own in East Surrey CCG; this is consistent with Surrey (12.6%) and England (12.4%) averages. Tandridge has a higher number of those aged over 65 living on their own (13.1%) (Table 6, Figure 2).

Table 6: Percentage of households occupied by older people (aged 65 & over) living alone, 2011

Area	Local Authority	All households	One person household:	
			Aged 65+	% Aged 65+
England		**22,063,368**	**2,725,596**	**12.4**
Surrey		**455,791**	**57,543**	**12.6**
East Surrey CCG		**70,364**	**8,600**	**12.2**
	Redhill & Reigate*	37,022	4,224	11.4
	Tandridge	33,342	4,376	13.1

Source: Census 2011

[1] For the purpose of this report Redhill, Reigate and Banstead will be referred to by the locality name Redhill & Reigate .

* Redhill & Reigate locality includes Redhill, Reigate & Banstead

** Redhill & Reigate locality excluding Banstead

*** Redhill & Reigate locality includes Banstead only

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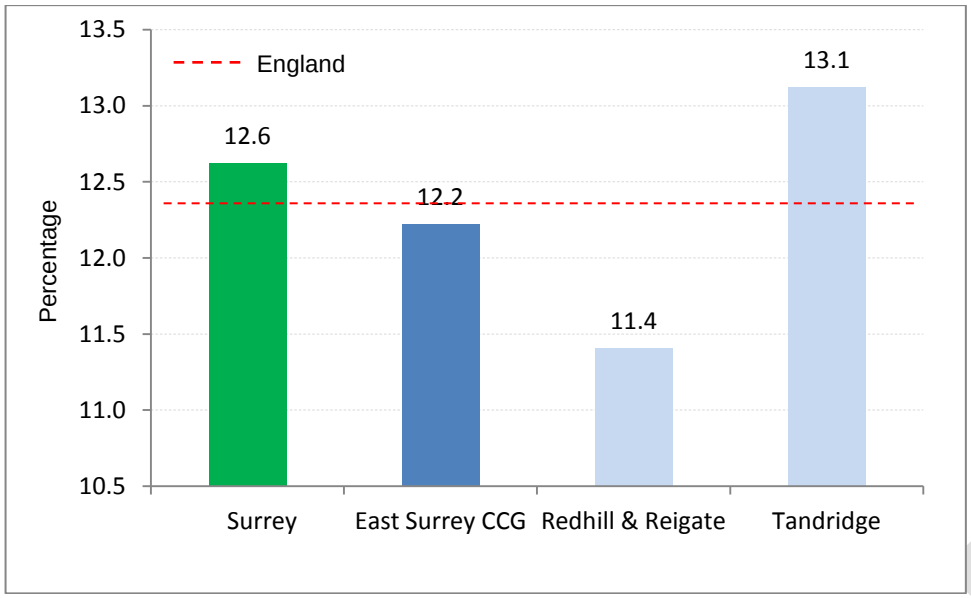
Figure 2: Percentage of households occupied by older people (aged 65 & over) living alone, 2011



Source: Census 2011

A. 1. 3 General Birth Rate

East Surrey CCG birth rate for women aged 15-44 years (69/1,000) is significantly higher than the England average (65/1,000). Redhill & Reigate has the highest birth rate among localities (72/1,000) (Table 7).

Table 7: live births, per 1,000 women aged 15-44 years by locality, 2012

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	**10,689,500**	**694,241**	**65**
Surrey CC	**217,745**	**14,258**	**66**
East Surrey CCG	**33,898**	**2,332**	**69**
Redhill & Reigate**	18,970	1,368	72
Tandridge	14,928	964	65

Source: Office for National Statistics (ONS), 2012

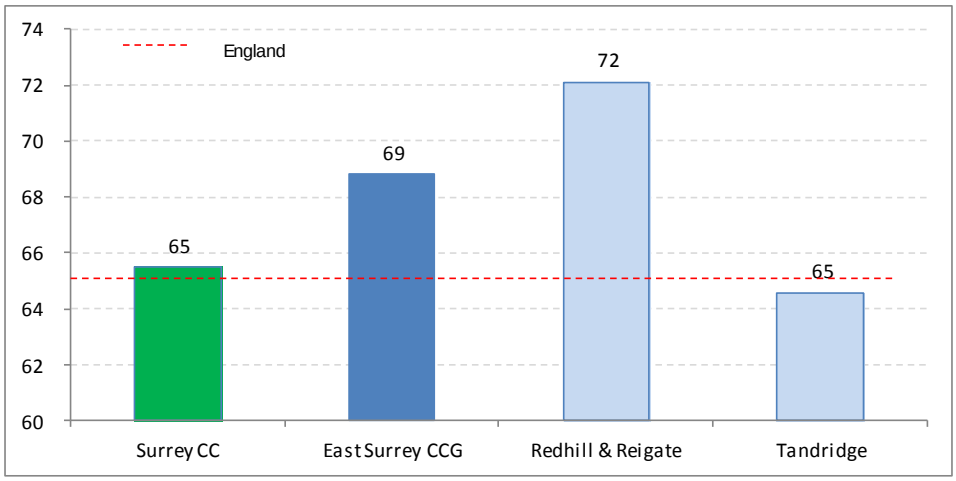
[1] For the purpose of this report Redhill, Reigate and Banstead will be referred to by the locality name Redhill & Reigate .

* Redhill & Reigate locality includes Redhill, Reigate & Banstead

** Redhill & Reigate locality excluding Banstead

*** Redhill & Reigate locality includes Banstead only

Figure 3: live births, per 1,000 women aged 15-44 years by locality, 2012



Source: Office for National Statistics (ONS), 2012

Table 8: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2012

Area of usual residence	2012		
	Live births	GFR[2]	TFR[3]
Surrey	**14,237**	**65.7**	**1.99**
Redhill & Reigate*	1,872	69.7	2.05
Tandridge	966	64.9	2.07

Source: Office for National Statistics (ONS), 2012

[1] Rates for 2012 have been calculated using the mid-2012 population estimates based on 2011 census
[2] The General Fertility Rate(GFR) is the number of live births per 1,000 women aged 15-44. The GFRs have been calculated using mid-2012 population estimates.
[3] The Total Fertility Rate (TFR) is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lifespan.

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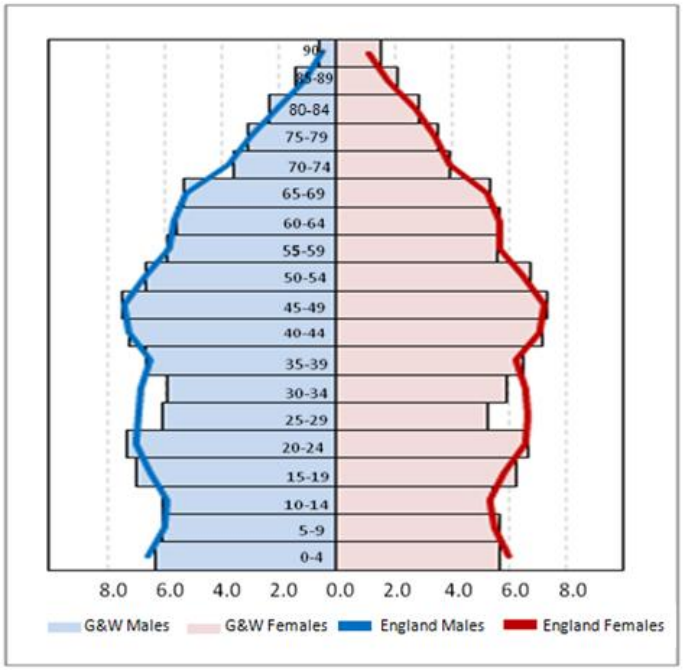
A. 2 Guildford and Waverley Clinical Commissioning Group

The population pyramid for NHS Guildford & Waverley CCG (Figure 4) shows that it has a similar proportion of males and females compared to the England average. The proportions for both males and females aged 25-34 are significantly lower than the England average where as the proportions for both male and females aged 75-90 and over are slightly higher than the England average.

Figure 4: Guildford & Waverley CCG Population Pyramid



Source: ONS, Mid-year estimates,2012

The Guildford & Waverley CCG population consists of approximately 49.3% males and 50.7% females (Table 9). Over half of the population is resident in Guildford (58.1%). West Sussex has the lowest resident population (3.3%).

Table 9: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
Guildford & Waverley CCG	**205,935**	**100**	**101,525**	**49.3**	**104,410**	**50.7**
Guildford	119,743	58.1	59,497	49.7	60,246	50.3
Waverley	79,379	38.5	38,667	48.7	40,712	51.3
West Sussex (Chichester)	6,813	3.3	3,361	49.3	3,452	50.7

Source: ONS, Mid-year estimates,2012

Guildford & Waverley CCG population profile shows (Table 10 and Table 11):

- Twenty four percent of the NHS Guildford & Waverley CCG population is made up of children and young people aged 0-19 years.
- Fifty eight percent of the population is of persons aged between 20-64 years.
- Approximately a fifth (20.9%) of persons are aged 65 years and over.
- Three percent of the Guildford & Waverley population is of persons aged 85 years and over.
- The female population (3.8%) is nearly twice that of males (2.0%)
- Ten percent of the population in Guildford are Non-White.

Table 10: Percentage of age & sex breakdown, by locality, 2012

Locality	%											
	0-19			20 – 64			65 and Over			85 and Over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Guildford & Waverley CCG	**24.2**	**25.3**	**23.2**	**57.8**	**58.5**	**57.2**	**20.9**	**16.2**	**20.4**	**2.9**	**2.0**	**3.8**
Guildford	23.6	24.3	22.8	60.6	61.4	59.8	15.8	14.3	17.4	2.5	1.7	3.2
Waverley	25.1	26.8	23.5	53.9	54.3	53.6	20.9	19.0	22.8	3.5	2.4	4.6
West Sussex (Chichester)	26.0	26.6	25.5	54.3	53.9	54.8	19.6	19.6	19.7	2.6	2.1	3.1

Source: ONS, Mid-year estimates,2012

Table 11: Percentage of White and Non-white population, by locality, 2012

Area	Total Population	% White	% Non-White
Guildford and Waverley CCG	**203,580**	**92.3**	**7.7**
Guildford	117,703	89.9	10.1
Waverley	79,197	95.4	4.6
West Sussex(Chichester)	6,680	97.6	4.2

Source: Census 2011

A. 2. 1 Guildford & Waverley CCG Population Projections

Guildford & Waverley CCG population is expected to grow by 8.4% in the next 10 years which is consistent with the Surrey average (8.5%). The 30 -34 age cohort is projected to see negative growth (-1.7%) whilst the cohort 65 and over will increase (20.4%) (Table 12).

Table 12: Guildford & Waverley CCG projected population changes, 2012-2022

Ageband	Population Change Guildford & Waverley CCG				Population Change Surrey %
	2012	2022	Number	%	
0-15	38,690	43,290	4,600	11.9	11.1
16-29	37,348	39,537	2,189	5.9	0.3
30-44	40,545	39,857	- 688	-1.7	0.0
45-64	52,418	56,077	3,659	7.0	9.2
65 & over	36,934	44,482	7,548	20.4	21.9
All ages	205,935	223,232	17,297	8.4	8.5

Source: Sub-national Population Projections, 2012

Table 13: Projected population changes by locality, all persons, 2012–2018

	Guildford & Waverley CCG			
Persons	**2012**	**2018**	**Number**	**%**
0-19	87, 101	91,715	4,614	5.3
20-64	214,710	218,913	4,203	2.0
65 & over	74,304	84,326	10,022	13.5
85 & over	11,836	14,311	2,475	20.9
All ages	376,115	394,954	18,839	5.0

	Chichester				Guildford				Waverley			
Persons	**2012**	**2018**	**Number**	**%**	**2012**	**2018**	**Number**	**%**	**2012**	**2018**	**Number**	**%**
0-19	23, 893	24,788	895	3.7	32,693	35,442	2,749	8.4	30,515	31,485	970	3.2
20-64	63,566	63,949	383	0.6	84,660	87,908	3,248	3.8	66,484	67,056	572	0.9
65 & over	27,062	31,064	4,002	14.8	22,357	24,894	2,537	11.3	24,885	28,368	3,483	14.0
85 & over	4,488	5,346	858	19.1	3,340	3,972	632	18.9	4,008	4,992	984	24.6
All ages	114,521	119,801	5,280	4.6	139,710	148,244	8,534	6.1	121,884	126,908	5,024	4.1

Source: Sub-national Population Projections, 2012

A. 2. 2 Older People living alone

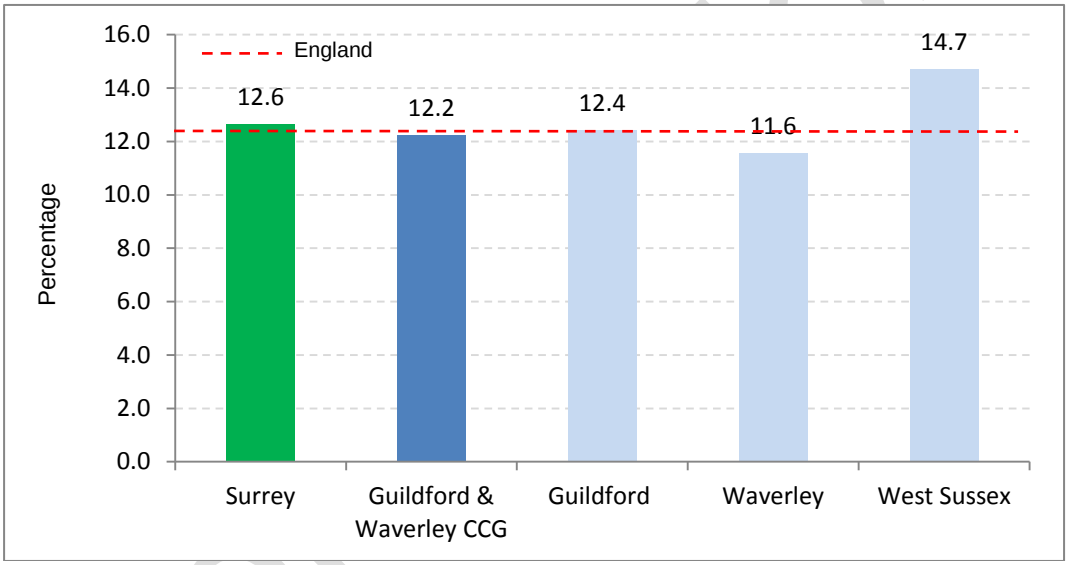
Twelve percent of those aged 65 and over are living on their own in Guildford and Waverley CCG; this is consistent with Surrey (12.6%) and England (12.4%) averages. Waverley has a higher number of those aged over 65 living on their own (14.7%) (Table 14, Figure 5).

Table 14: Percentage of households occupied by older people(aged 65 & over) living alone, 2011

Area	Local Authority	All households	One person household:	
			Aged 65+	% Aged 65+
England		**22,063,368**	**2,725,596**	**12.4**
Surrey		**455,791**	**57,543**	**12.6**
Guildford & Waverley CCG		**70,364**	**8,600**	**12.2**
	Guildford	45,646	5,278	11.6
	Waverley	32,141	4,724	14.7
	West Sussex (Chichester)	2,636	327	12.4

Source: Census, 2011

Figure 5: Percentage of households occupied by older people (aged 65 & over) living alone, 2011



Source: Census, 2011

A. 2. 3 General Birth Rate

Guildford & Waverley CCG birth rate for women aged 15-44 years (59/1,000) is significantly lower than the England average (65/1,000). Waverley has the highest birth rate among localities (67/1,000) (Table 15) which is similar to the England average.

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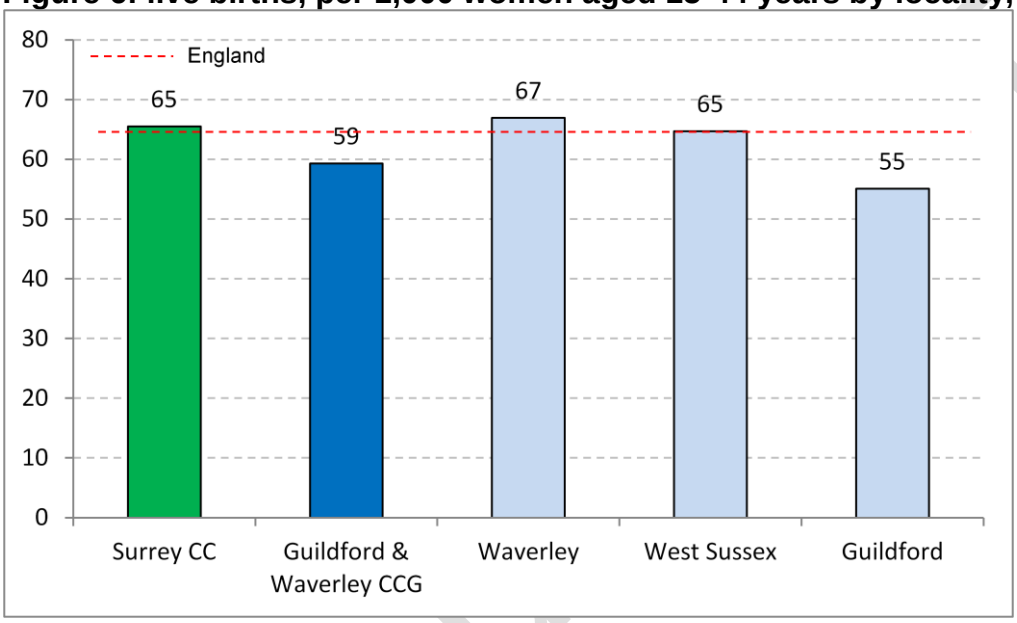
Table 15: live births, per 1,000 women aged 15-44 years by locality, 2012

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	**10,689,500**	**694,241**	**65**
Surrey CC	**217,745**	**14,258**	**66**
Guildford & Waverley CCG	**39,695**	**2,354**	**59**
Guildford	25,305	1,393	55
Waverley	13,354	894	67
West Sussex (Chichester)	1,036	67	65

Source: Office for National Statistics (ONS), 2012

Figure 6: live births, per 1,000 women aged 15-44 years by locality, 2012



Source: Office for National Statistics (ONS), 2012

Table 16: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2012

Area of usual residence	2012		
	Live births	GFR[2]	TFR[3]
Surrey	**14,237**	**65.7**	**1.99**
Guildford	1,677	57.3	1.76
Waverley	1,385	66.4	2.10
West Sussex (Chichester)	1,136	62.3	2.00

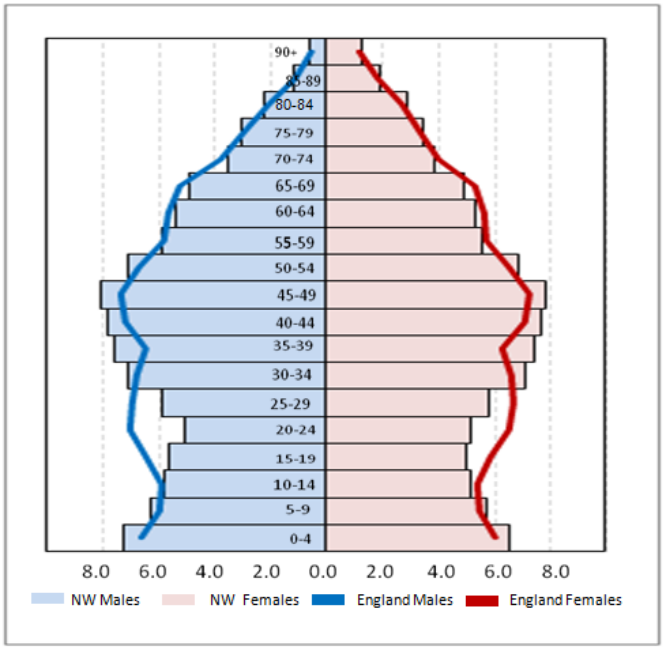
Source: Office for National Statistics (ONS), 2012

[1] Rates for 2012 have been calculated using the mid-2012 population estimates based on 2011 census
[2] The General Fertility Rate(GFR) is the number of live births per 1,000 women aged 15-44. The GFRs have been calculated using mid-2012 population estimates.
[3] The Total Fertility Rate (TFR) is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lifespan.

A. 3 North West Surrey Clinical Commissioning Group

The population pyramid for NHS North West Surrey CCG (Figure 7) shows that it has a slightly higher proportion of both males and females aged 0-14 and 55 and above compared to the England average. Both males and females aged 15-29 show a significantly lower proportion compared to that of the England average, whereas 30-54 are significantly higher than the England average.

Figure 7: North West Surrey's CCGs Population Pyramid



Source: ONS, Mid-year estimates,2012

North West Surrey CCG population consists of approximately 49.4% males and 50.6% females (Table 17). Woking has the largest resident population 29.6%, followed by Spelthorne 28.5%. Surrey Heath has the lowest resident population (3.7%).

Table 17: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
North West Surrey CCG	**339,207**	**100**	**167,486**	**49.4**	**171,721**	**50.6**
Elmbridge	58,418	17.2	28,163	48.2	30,255	51.8
Runnymede	71,155	21.0	34,878	49.0	36,277	51.0
Spelthorne	96,744	28.5	47,793	49.4	48,951	50.6
Surrey Heath	12,482	3.7	6,448	51.7	6,034	48.3
Woking	100,408	29.6	50,204	50.0	50,204	50.0

Source: ONS, Mid-year estimates, 2012

8

North West Surrey CCG population profile shows (Table 18 and Table 19):

- Twenty four percent of the North West Surrey CCG population is made up of children and young people aged 0-19 years.
- Fifty nine percent of the population is of persons aged between 20-64 years.
- Approximately 17% of persons are aged 65 years and over.
- Elmbridge has the highest proportion of those aged 85 and over (2.9%, North West Surrey CCG= 2.5%). In North West Surrey CCG, the female population (3.3%) in this group is nearly twice that of males (1.7%)
- Woking has the highest proportion of Non-White residents (19.2%), whilst Surrey Heath has the highest proportion of White residents (97.2%)

Table 18: Percentage of age & sex breakdown, by locality, 2012

Locality	%											
	0-19			20 – 64			65 and Over			85 and Over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
North West Surrey CCG	**23.6**	**24.7**	**22.6**	**59.2**	**59.4**	**58.9**	**16.9**	**18.5**	**16.9**	**2.5**	**1.7**	**3.3**
Elmbridge	25.1	26.6	23.7	58.1	58.3	58.0	16.8	18.3	16.8	2.9	1.9	3.8
Runnymede	22.3	23.5	21.2	59.9	60.3	59.5	17.8	19.3	17.8	2.6	1.8	3.4
Spelthorne	22.8	24.1	21.5	59.3	59.6	59.0	17.9	19.5	17.9	2.5	1.8	3.1
Surrey Heath	24.5	24.7	24.4	58.4	59.6	57.2	17.0	18.4	17.0	1.9	1.4	2.4
Woking	24.4	25.1	23.7	59.3	59.3	59.3	15.3	17.0	15.3	2.4	1.6	3.1

Source: ONS, Mid-year estimates,2012

Table 19: Percentage of White and Non-white population, by locality, 2012

Area	Total Population	% White	% Non-White
North West Surrey CCG	**335,508**	**86.1**	**13.9**
Elmbridge	58,352	84.6	15.4
Runnymede	69,903	87.9	12.1
Spelthorne	95,598	89.7	10.3
Surrey Heath	12,457	97.2	2.8
Woking	99,198	80.8	19.2

Source: Census 2011

A. 3. 1 North West Surrey CCG Population Projections

North West Surrey CCG population is expected to grow by 8% in the next 10 years which is consistent with the Surrey average (8.5%) (Table 20). It is projected that the 16 – 44 age cohort will see negative growth (-2.3%) whilst the 65 and over age cohort increases. North West Surrey CCG is estimated to experience a 25% increase in the next five years of those aged 85 and over and a 13% increase of those aged 65 and over. It is projected that Surrey Heath and Elmbridge will see a decline in 20 – 64 age cohort in the next five years (Table 21).

Table 20: Projected population changes, 2012-2022

Ageband	Population Change North West Surrey CCG				Population Change Surrey %
	2012	2022	Number	%	
0-15	65,885	73,562	7,677	11.7	11.1
16-29	51,307	50,107	- 1,200	-2.3	0.3
30-44	75,788	75,670	- 118	-0.2	0.0
45-64	87,888	96,814	8,926	10.2	9.2
65 & over	57,308	69,057	11,749	20.5	21.9
All ages	338,176	365,210	27,034	8.0	8.5

Source: Sub-national population projections, 2012

Table 21: Projected population changes by locality, all persons, 2012–2018

	North West Surrey CCG				Elmbridge				Runnymede			
Persons	**2012**	**2018**	**Number**	**%**	**2012**	**2018**	**Number**	**%**	**2012**	**2018**	**Number**	**%**
0-19	120,434	125,587	5,153	4.3	34,198	35,553	1,355	4.0	18,801	20372	1,571	8.4
20-64	291,650	296,046	4,396	1.5	74,881	74,559	- 322	-0.4	49,407	51671	2,264	4.6
65 & over	84,352	95,107	10,755	12.8	22,433	25,055	2,622	11.7	13,981	15610	1,629	11.7
85 & over	12,500	15,594	3,094	24.8	3,793	4,495	702	18.5	2,045	2540	495	24.2
All ages	496,436	516,740	20,304	4.1	131,512	135,167	3,655	2.8	82,189	87653	5,464	6.6
	Spelthorne				**Surrey Heath**				**Woking**			
Persons	**2012**	**2018**	**Number**	**%**	**2012**	**2018**	**Number**	**%**	**2012**	**2018**	**Number**	**%**
0-19	22,023	23,143	1,120	5.1	20,954	20804	- 150	-0.7	24,458	25,715	1,257	5.1
20-64	57,366	59,711	2,345	4.1	50,450	50088	- 362	-0.7	59,546	60,017	471	0.8
65 & over	17,355	19,256	1,901	11.0	15,210	17607	2,397	15.8	15,373	17,580	2,207	14.4
85 & over	2,397	3,027	630	26.3	1,902	2612	710	37.3	2,363	2,920	557	23.6
All ages	96,744	102,109	5,365	5.5	86,614	88499	1,885	2.2	99,377	103,312	3,935	4.0

Source: Sub-national population projections, 2012

A. 3. 2 Older People living alone

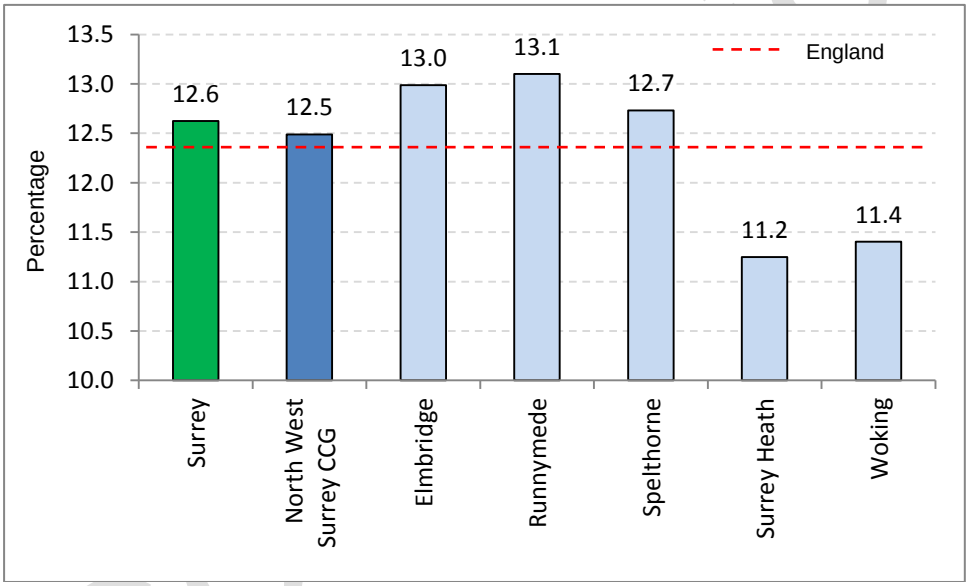
North West Surrey CCG has a similar proportion of households occupied by an older person 65 and over living alone (12.5%) compared to England (12.4%). Elmbridge (13%), Runnymede (13.1%) and Spelthorne (12.7%) have a slightly higher proportion than the England average (Table 22, Figure 8).

Table 22: Percentage of households occupied by older people (aged 65 & over) living alone, 2011

Area	Local Authority	All households	One person household:	
			Aged 65+	% Aged 65+
England		**22,063,368**	**2,725,596**	**12.4**
Surrey		**455,791**	**57,543**	**12.6**
North West Surrey CCG		**154,533**	**19,298**	**12.5**
	Elmbridge	41,559	5,398	13.0
	Runnymede	29,381	3,849	13.1
	Spelthorne	39,512	5,031	12.7
	Surrey Heath	4,614	519	11.2
	Woking	39,467	4,501	11.4

Source: Census, 2011

Figure 8: North West Surrey CCG percentage of households occupied by older people (aged 65 & over) living alone, 2011



Source: Census, 2011

A. 3. 3 General Birth Rate

North West Surrey CCG birth rate for women aged 15-44 years (72/1,000) is significantly higher than the England average (65/1,000). Elmbridge and Woking have the highest birth rates among localities (82/1,000), (79/1000) respectively (Table 23) which is significantly higher than the England average.

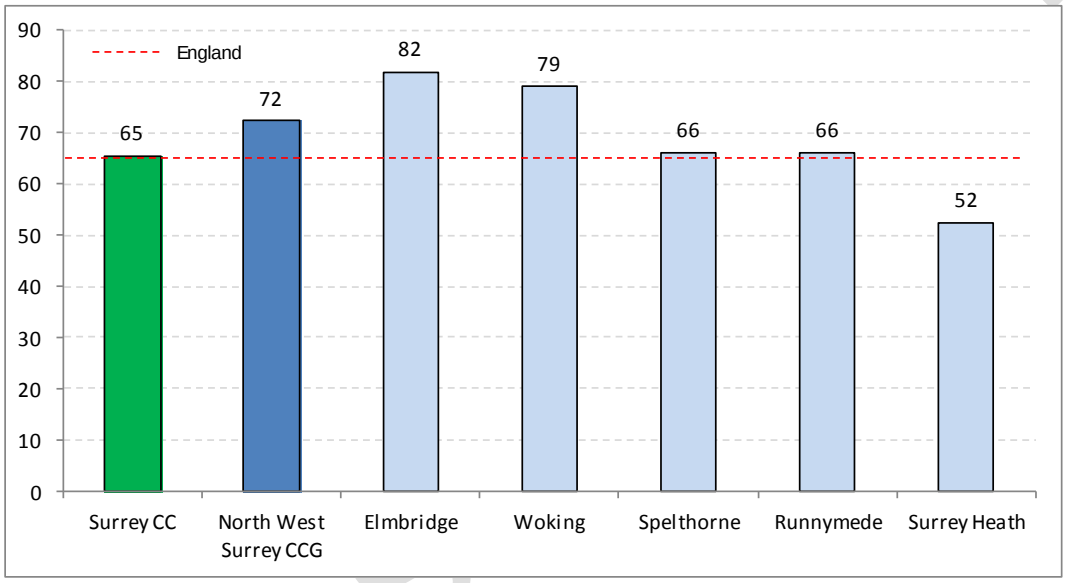
8

Table 23: live births, per 1,000 women aged 15-44 years by locality, 2012

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	**10,689,500**	**694,241**	**65**
Surrey	**217,745**	**14,258**	**66**
North West Surrey CCG	**65,327**	**4,720**	**72**
Elmbridge	11,371	931	82
Runnymede	14,024	926	66
Spelthorne	18,672	1,236	66
Surrey Heath	1,964	103	52
Woking	19,296	1,524	79

Source: Office for National Statistics (ONS), 2012

Figure 9: live births, per 1,000 women aged 15-44 years by locality, 2012



Source: Office for National Statistics (ONS), 2012

Table 24: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2012

Area of usual residence	2012		
	Live births	GFR[2]	TFR[3]
Surrey	**14,237**	**65.7**	**1.99**
Elmbridge	1,826	75.4	2.22
Runnymede	996	56.4	1.82
Spelthorne	1,224	65.6	1.95
Surrey Heath	940	60.2	1.90
Woking	1,531	77.4	2.19

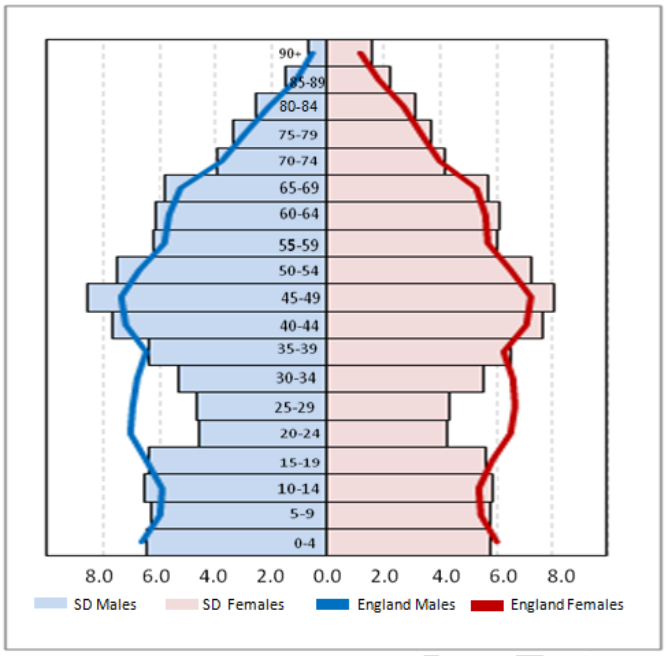
Source: Office for National Statistics (ONS), 2012

[1] Rates for 2012 have been calculated using the mid-2012 population estimates based on 2011 census
[2] The General Fertility Rate(GFR) is the number of live births per 1,000 women aged 15-44. The GFRs have been calculated using mid-2012 population estimates
[3] The Total Fertility Rate (TFR) is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lifespan

A. 4 Surrey Downs Clinical Commissioning Group

The population pyramid for NHS Surrey Downs CCG (Figure 10) shows that it has a similar proportion of both males and females aged 0-14, and a significantly higher proportion of both males and females aged 40 - 55 years compared to the England average. Both males and females 25-34 years show a significantly lower proportion compared to that of the England average. Males and Females aged 70 and over are slightly higher than that of the England average.

Figure 10: Surrey Downs CCG Population Pyramid



Source: ONS, Mid-year estimates, 2012

Surrey Downs CCG population consists of approximately 48.6% males and 51.4% females (Table 25). Mole Valley has the largest resident population (30.4%), Redhill & Reigate (Banstead part) have the lowest resident population (16.9%), within Surrey Downs CCG (Table 25).

Table 25: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
Surrey Downs CCG	**282,698**	**100**	**137,373**	**48.6**	**145,325**	**51.4**
Elmbridge	73,094	25.9	35,366	48.4	37,728	51.6
Epsom and Ewell	76,052	26.9	36,918	48.5	39,134	51.5
Mole Valley	85,846	30.4	41,915	48.8	43,931	51.2
Redhill & Reigate***	47,706	16.9	23,174	48.6	24,532	51.4

Source: ONS, Mid-year estimates, 2012

8

Surrey Downs CCG population profile shows (Table 26 and Table 27):

- Approximately a quarter of the Surrey Downs CCG population is made up of children and young people aged 0-19 years.
- More than half (56.4%) of the population is of persons aged between 20-64 years.
- Approximately a fifth (19.2%) of the population are persons aged 65 years and over. Three percent are aged 85 years and over.
- Ninety percent of the population are White. Epsom and Ewell has the highest proportion of Non-White residents (17%).

Table 26: Percentage of age & sex breakdown, by locality, 2012

Locality	%											
	0-19			20 – 64			65 and Over			85 and Over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Surrey Downs CCG	**24.3**	**25.5**	**23.2**	**56.8**	**56.8**	**56.1**	**19.2**	**17.7**	**20.7**	**3.0**	**2.2**	**3.9**
Elmbridge	26.7	28.5	25.0	55.7	55.7	56.2	17.3	15.7	18.8	2.9	2.1	3.6
Epsom and Ewell	24.7	25.6	23.8	58.5	58.5	57.6	17.3	15.9	18.5	2.5	1.9	3.1
Mole Valley	23.0	24.1	22.0	55.9	55.9	54.8	21.6	20.0	23.2	3.3	2.3	4.2
Redhill & Reigate***	22.4	23.4	21.5	57.3	57.3	55.8	21.0	19.3	22.7	3.7	2.4	4.9

Source: ONS, Mid-year estimates, 2012

The Surrey Downs CCG population is mainly white (90.5%). Redhill & Reigate has the largest proportion of white residents (99.4%). Epsom & Ewell has the largest proportion (17.0%) of non-white residents.

Table 27: Percentage of White and Non-white population, by locality, 2012

Area	Total Population	% White	% Non-white
Surrey Downs CCG	**280,125**	**90.5**	**9.5**
Elmbridge	75,523	86.6	13.4
Epsom and Ewell	75,102	83.0	17.0
Mole Valley	85,375	95.3	4.7
Redhill & Reigate***	47,125	99.4	0.6

Source: Census 2011

[1] For the purpose of this report Redhill, Reigate and Banstead will be referred to by the locality name Redhill & Reigate .

* Redhill & Reigate locality includes Redhill, Reigate & Banstead

** Redhill & Reigate locality excluding Banstead

*** Redhill & Reigate locality includes Banstead only

A. 4. 1 Surrey Downs CCG Population Projections

Surrey Downs CCG population is expected to grow by 9% in the next 10 years which is higher than the Surrey average (8.5%) (Table 28). It is projected that the 16–29 age cohort will experience negative growth whilst the 65 and over age cohort increases. Surrey Downs CCG will see a 20% increase in the next five years of those aged 85 and over and a 14% increase of those aged 65 and over, Epsom and Ewell will see the smallest growth in this age cohort. It is projected that Elmbridge will see negative growth in the 20–64 age cohort in the next five years. Redhill & Reigate will have the largest projected population growth over the next five years (Table 29).

Table 28: Projected population changes, 2012-2022

Age band	Population Change Surrey Downs CCG				Population Change Surrey %
	2012	2022	Number	%	
0-15	55,601	62,134	6,533	11.7	11.1
16-29	38,402	37,911	- 491	-1.3	0.3
30-44	55,295	55,292	- 3	0.0	0.0
45-64	79,001	86,687	7,686	9.7	9.2
65 & over	51,162	61,139	9,977	19.5	21.9
All ages	282,698	308,142	25,444	9.0	8.5

Source: Sub-national population projections, 2012

Table 29: Projected population changes by locality, all persons, 2012–2018

	Surrey Downs CCG				Elmbridge				Epsom and Ewell			
Persons	2012	2018	Number	%	2012	2018	Number	%	2012	2018	Number	%
0-19	106,554	112,279	5,725	5.4	34,198	35,553	1,355	4.0	18,773	20271	1,498	8.0
20-64	248,711	255,741	7,030	2.8	74,881	74,559	- 322	-0.4	44,140	46084	1,944	4.4
65 & over	78,033	88,673	10,640	13.6	22,433	25,055	2,622	11.7	13,139	14988	1,849	14.1
85 & over	12,479	14,950	2,471	19.8	3,793	4,495	702	18.5	1,932	2248	316	16.3
All ages	433,298	456,693	23,395	5.4	131,512	135,167	3,655	2.8	76,052	81342	5,290	7.0

	Mole Valley				Redhill & Reigate*			
Persons	2012	2018	Number	%	2012	2018	Number	%
0-19	19,774	19,807	33	0.2	33,809	36,649	2,840	8.4
20-64	47,497	48,030	533	1.1	82,193	87,068	4,875	5.9
65 & over	18,575	20,896	2,321	12.5	23,886	27,734	3,848	16.1
85 & over	2,812	3,394	582	20.7	3,942	4,814	872	22.1
All ages	85,846	88,733	2,887	3.4	139,888	151,451	11,563	8.3

Source: Sub-national population projections, 2012

[1] For the purpose of this report Redhill, Reigate and Banstead will be referred to by the locality name Redhill & Reigate .

* Redhill & Reigate locality includes Redhill, Reigate & Banstead

** Redhill & Reigate locality excluding Banstead

*** Redhill & Reigate locality includes Banstead only

A. 4. 2 Older People living alone

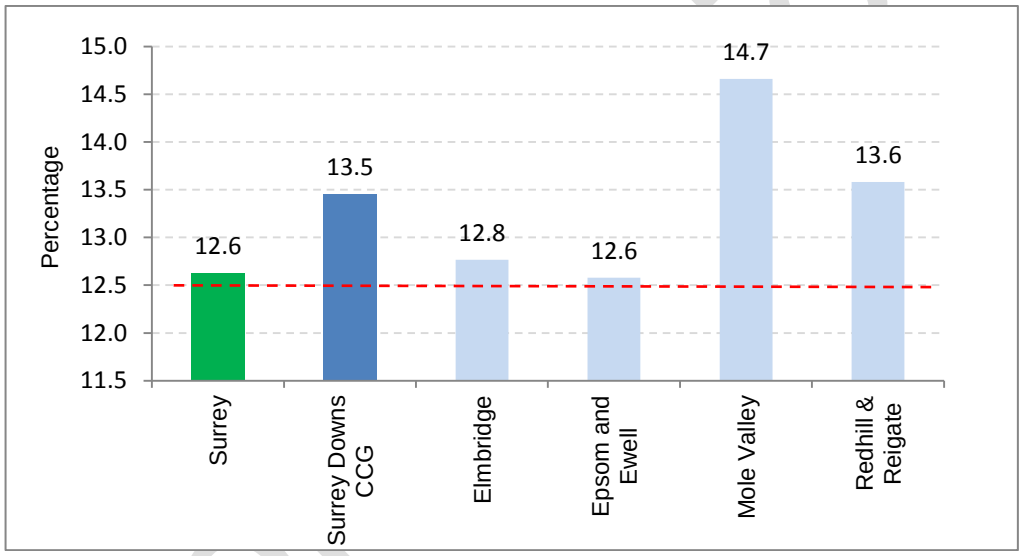
Surrey Downs CCG has a higher proportion of those aged 65 and over living on their own (13.5%) in comparison to Surrey (12.6%) and England (12.4%) averages. Mole Valley and Redhill & Reigate have a higher number of those aged over 65 living on their own (14.7%, 13.6%) (Table 30, Figure 11).

Table 30: Percentage of households occupied by older people (aged 65 & over) living alone, 2011

Area	Local Authority	All households	One person household:	
			Aged 65+	%: Aged 65+
England		**22,063,368**	**2,725,596**	**12.4**
Surrey		**455,791**	**57,543**	**12.6**
Surrey Downs CCG		**112,515**	**15,136**	**13.5**
	Elmbridge	28,502	3,639	12.8
	Epsom & Ewell	29,784	3,746	12.6
	Mole Valley	35,828	5,252	14.7
	Redhill & Reigate***	18,401	2,499	13.6

Source: Census, 2011

Figure 11: Percentage of households occupied by older people(aged 65 & over) living alone, 2011



Source: Census, 2011

A. 4. 3 General Birth Rate

Surrey Downs CCG birth rate for women aged 15-44 years (65/1,000) is the same as the England average. Elmbridge has the highest birth rate among localities (71/1,000) which is significantly higher than the England average (65/1,000) (Figure 12).

[1] For the purpose of this report Redhill, Reigate and Banstead will be referred to by the locality name Redhill & Reigate .

* Redhill & Reigate locality includes Redhill, Reigate & Banstead

** Redhill & Reigate locality excluding Banstead

*** Redhill & Reigate locality includes Banstead only

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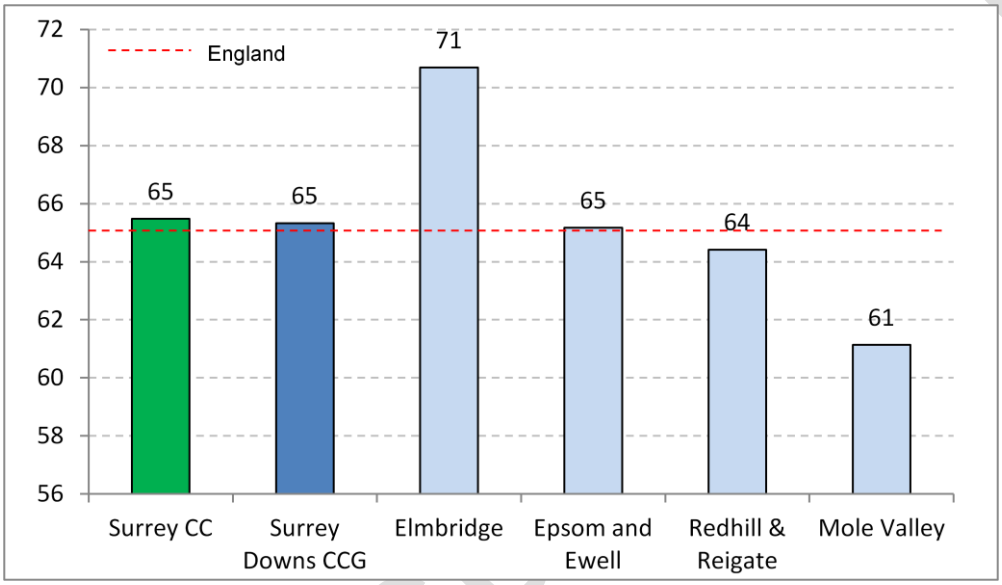
Table 31: Live births, per 1,000 women aged 15-44 years by locality, 2012

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	**10,689,500**	**694,241**	**65**
Surrey CC	**217,745**	**14,258**	**66**
Surrey Downs CCG	**49,594**	**3,240**	**65**
Elmbridge	12,845	908	71
Epsom and Ewell	14,730	960	65
Mole Valley	14,133	864	61
Redhill & Reigate***	7,886	508	64

Source: Office for National Statistics (ONS), 2012

Figure 12: Live births, per 1,000 women aged 15-44 years by locality, 2012



Source: Office for National Statistics (ONS), 2012

Table 32: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2012

Area of usual residence	2012		
	Live births	GFR[2]	TFR[3]
Surrey	**14,237**	**65.7**	**1.99**
Elmbridge	1,826	75.4	2.22
Epsom and Ewell	952	64.6	1.97
Mole Valley	868	61.4	1.95
Reigate & Redhill*	1,872	69.7	2.05

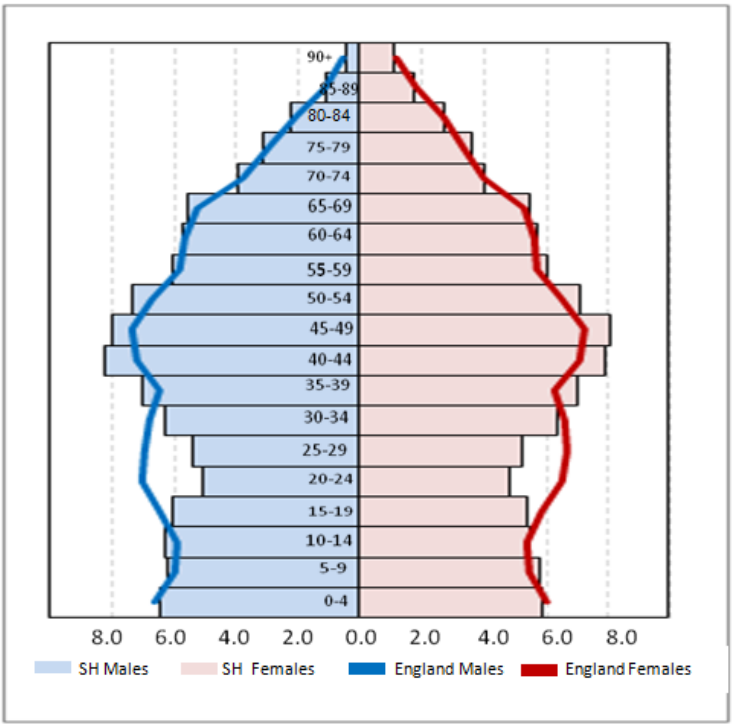
Source: Office for National Statistics (ONS), 2012

[1] Rates for 2012 have been calculated using the mid-2012 population estimates based on 2011 census
[2] The General Fertility Rate(GFR) is the number of live births per 1,000 women aged 15-44. The GFRs have been calculated using mid-2012 population estimates
[3] The Total Fertility Rate (TFR) is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lifespan

A. 5 Surrey Heath Clinical Commissioning Group

The population pyramid for NHS Surrey Heath CCG (Figure 13) shows similar proportions of both males and females aged 0-14 and 55 and over to that of the England average. The proportion of males and females aged 15-34 are significantly lower compared to that of the England average, whereas both males and females aged 40-54 are significantly higher.

Figure 13: Surrey Heath CCG's Population Pyramid



Source: ONS, Mid-year estimates, 2012

The NHS Surrey Heath CCG population consists of approximately 49.8% males and 50.2% females (Table 33). Over three quarters of the population is resident in Surrey Heath locality (78.8%).

Table 33: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
Surrey Heath CCG	**93,396**	**100**	**46,526**	**49.8**	**46,870**	**50.2**
Guildford	19,967	21.4	9,858	49.4	10,109	50.6
Surrey Heath	73,429	78.6	36,668	49.9	36,761	50.1

Source: ONS, Mid-year estimates, 2012

Surrey Heath CCG population profile shows (Table 34 and Table 35):

- Approximately 25% of the population are aged 0-19 years
- More than half (58.7%) of persons are aged 20-64 years
- Seventeen percent of the population is 65 and over, 2% are aged 85 and over
- Ninety five percent of the population are White.

8

Table 34: Percentage of age & sex breakdown, by locality, 2012

Locality	%											
	0-19			20 – 64			65 and Over			85 and Over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
Surrey Heath CCG	**23.8**	**24.9**	**22.8**	**58.7**	**59.0**	**58.5**	**17.4**	**16.2**	**18.7**	**2.3**	**1.8**	**2.9**
Guildford	22.4	23.2	21.6	60.6	60.9	60.4	17.0	15.9	18.0	2.7	2.8	2.5
Surrey Heath	24.2	25.3	23.1	58.2	58.4	58.0	17.6	16.2	18.9	2.2	1.5	3.0

Source: ONS, Mid-year estimates, 2012

Table 35: Percentage of White and Non-white population, by locality, 2012

Area	Total Population	% White	% Non-white
Surrey Heath CCG	**93,167**	**95.0**	**5.0**
Guildford	19,480	97.8	2.2
Surrey Heath	73,687	94.3	5.7

Source: Census 2011

A. 5. 1 Surrey Heath CCG Population Projections

Surrey Heath CCG population is expected to grow by 5% in the next 10 years which is lower than the Surrey average (8.5%) (Table 36). It is projected that the 16–44 age cohort will experience negative growth whilst the 65 and over age cohort increases. Surrey Heath CCG will see a 26% increase in the next five years of those aged 85 and over and a 13% increase of those aged 65 and over. Surrey Heath will see a 37% increase in the over 85 and a 15% increase in the over 65 age cohort, whilst negative growth in the 0-64 age cohort (Table 37).

Table 36: Surrey Heath CCG projected population changes, 2012-2022

Age band	Population Change Surrey Heath CCG				Population Change Surrey %
	2012	2022	Number	%	
0-15	18,120	18,948	828	4.6	11.1
16-29	13,928	13,568	- 360	-2.6	0.3
30-44	20,169	18,942	- 1,227	-6.1	0.0
45-64	25,412	26,955	1,543	6.1	9.2
65 & over	16,470	20,438	3,968	24.1	21.9
All ages	94,099	98,850	4,751	5.0	8.5

Source: Sub-national population projections, 2012

Table 37: Projected population changes by locality, all persons, 2012–2018

	Surrey Heath CCG				Guildford				Surrey Heath			
Persons	**2012**	**2018**	**Number**	**%**	**2012**	**2018**	**Number**	**%**	**2012**	**2018**	**Number**	**%**
0-19	53,647	56,246	2,599	4.8	32,693	35,442	2,749	8.4	20,954	20,804	-150	-0.7
20-64	135,110	137,996	2,886	2.1	84,660	87,908	3,248	3.8	50,450	50,088	- 362	-0.7
65 & over	37,567	42,501	4,934	13.1	22,357	24,894	2,537	11.3	15,210	17,607	2,397	15.8
85 & over	5,242	6,584	1,342	25.6	3,340	3,972	632	18.9	1,902	2,612	710	37.3
All ages	226,324	236,743	10,419	4.6	139,710	148,244	8,534	6.1	86,614	88,499	1,885	2.2

Source: Sub-national population projections, 2012

A. 5. 2 Older People living alone

Surrey Heath CCG has a lower proportion (10.8%) of those aged 65 and over living on their own in comparison to Surrey (12.6%) and England averages (12.4%) (Table 38, Figure 14).

Table 38: Percentage of households occupied by older people (aged 65 & over) living alone, 2011

Area	Local Authority	All households	One person household:	
			Aged 65+	% Aged 65+
England		**22,063,368**	**2,725,596**	**12.4**
Surrey		**455,791**	**57,543**	**12.6**
Surrey Heath CCG		**37,259**	**4,011**	**10.8**
	Guildford	8,327	882	10.6
	Surrey Heath	28,932	3,129	10.8

Source: Census, 2011

8

Figure 14: Percentage of households occupied by older people (aged 65 & over) living alone, 2011

Source: Census, 2011

A. 5. 3 General Birth Rate

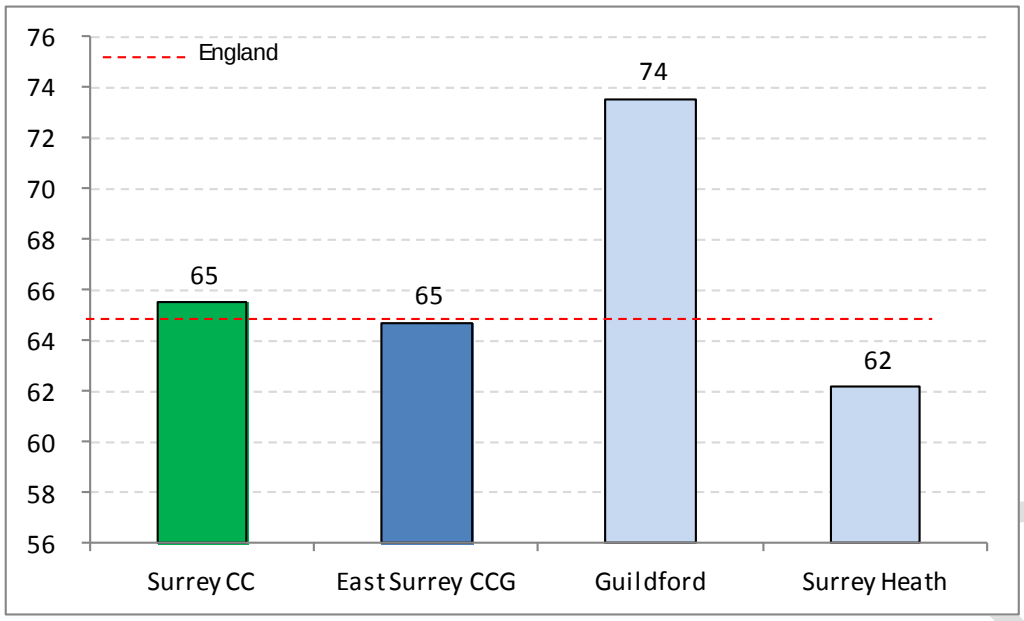
Surrey Heath CCG birth rate for women aged 15-44 years (65/1,000) is the same as the England average. Guildford has the highest birth rate among localities (74/1,000) which is significantly higher than the England average (65/1,000) (Figure 15).

Table 39: live births, per 1,000 women aged 15-44 years by locality, 2012

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	**10,689,500**	**694,241**	**65**
Surrey CC	**217,745**	**14,258**	**66**
Surrey Heath CCG	**17,587**	**1,138**	**65**
Guildford	3,943	290	74
Surrey Heath	13,644	848	62

Source: Office for National Statistics (ONS), 2012

Figure 15: live births, per 1,000 women aged 15-44 years by locality, 2012



Source: Office for National Statistics (ONS), 2012

Table 40: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2012

Area of usual residence	2012		
	Live births	GFR[2]	TFR[3]
Surrey	**14,237**	**65.7**	**1.99**
Guildford	1,677	57.3	1.76
Surrey Heath	940	60.2	1.90

Source: Office for National Statistics (ONS), 2012

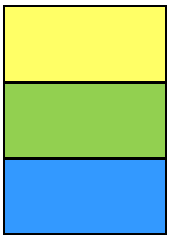
[1] Rates for 2012 have been calculated using the mid-2012 population estimates based on 2011 census
[2] The General Fertility Rate(GFR) is the number of live births per 1,000 women aged 15-44. The GFRs have been calculated using mid-2012 population estimates
[3] The Total Fertility Rate (TFR) is the average number of live children that a group of women would bear if they experienced the age-specific fertility rates of the calendar year in question throughout their childbearing lifespan

Appendix B: Local Health Profiles 2013 by Borough and District

Domain	Indicator	Surrey No. Per Year	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking	Surrey Average	England Average
Our Communities	**1** Deprivation	3,119	0	0	0	0	1.1	0	0	0	0	0	1.6	0.3	20.3
	2 Proportion of children in poverty	21,980	9.1	9.6	11.2	8.2	11.6	12.4	14.9	9.5	10.7	8.2	12.3	10.6	21.1
	3 Statutory homelessness	290	0.3	0.2	0.3	0.7	1.1	2.2	0.2	1.7	0.2	0	0.6	0.6	2.3
	4 GCSE achieved (5A*-C inc. English & Maths)	6,987	64.7	79.8	69.8	64.2	59.3	62.7	57.6	63.1	59.2	68.2	61.1	64.8	59
	5 Violent crime	12,088	8.7	12.2	12.2	8.9	12.5	9.7	13.5	11.2	8.9	5.7	14.9	10.7	13.6
	6 Long term unemployment	2,259	2.7	2.9	3.6	2.7	3.2	3.2	4.7	3.1	3.1	2.7	2.5	3.1	9.5
Children and young people's health	**7** Smoking in pregnancy	941	7.1	7.1	7.1	7.1	7.1	7.3	7.1	7.1	7.1	7.1	7.1	7.2	13.3
	8 Starting breast feeding	11,278	85.1	85.1	85.1	85.1	85.1	84.8	85.1	85.1	85.1	85.1	85.1	85.1	74.8
	9 Obese Children (Year 6)	1,324	14.5	13.1	15.9	11.9	13.2	14.7	17.3	15.5	15.6	10.7	16.6	14.5	19.2
	10 Alcohol-specific hospital stays (under 18)	117	39.2	73.6	35.8	72.7	72.8	61.4	59.6	53.6	23	21.1	42.4	48.7	61.8
	11 Teenage pregnancy (under 18)	437	18.1	16	22.6	22	24.6	32.8	35.5	17.4	15.9	12.4	23.9	21.4	34
Adults' health and lifestyles	**12** Adults smoking	n/a	19.8	12.1	16.4	13.8	15.7	11.6	18.7	11.9	16	17.2	17.2	15.8	20
	13 Increasing and higher risk drinking	n/a	23.7	23.4	24.2	23.7	23.4	23.6	22.5	23.8	23.2	23.8	23.5	23.6	22.3
	14 Healthy eating adults	n/a	34.7	32.8	33.1	34.1	31.4	30.4	29.2	32.2	31.5	34.6	32.2	32.5	28.7
	15 Physically active adults	n/a	57.7	59.9	59.4	59.6	57.9	58.7	57.6	59.8	64.9	65.1	61.8	60.1	56

Domain	Indicator	Surrey No. Per Year	Elmbridge	Epsom and Ewell	Guildford	Mole Valley	Reigate and Banstead	Runnymede	Spelthorne	Surrey Heath	Tandridge	Waverley	Woking	Surrey Average	England Average
	16 Obese adults	n/a	19.5	22.3	21	21.3	23.5	23.1	26	22.2	23.8	20.6	22	22.1	24.2
Disease and poor health	**17** Incidence of malignant melanoma	188	17.4	22	16.4	21.1	16	9.6	12.4	16.7	14.5	21	11.8	16.3	14.5
	18 Hospital stays for self-harm	1,357	91.3	120.7	131.2	130.7	127.7	120.7	119.9	216	127.7	123.9	142.7	128.2	207.9
	19 Hospital stays for alcohol related harm	20,899	1379	1435	1468	1378	1317	1481	1777	1862	1267	1437	1490	1460	1895
	20 Drug misuse	2,962	2.7	3.4	5.5	4.3	4.2	4.8	5.2	3.8	1.9	3.2	5	4.1	8.6
	21 People diagnosed with diabetes	44,609	4.2	5	4	4.7	4.6	5.3	5.9	5	4.6	4.5	5.2	4.8	5.8
	22 New cases of tuberculosis	90	6.3	7.6	6.6	3.2	7.5	6.6	13.2	8.3	2.8	4.4	23.2	8	15.4
	23 Acute sexually transmitted infections	6,195	543	499	794	418	451	525	512	583	380	457	746	546	804
	24 Hip fracture in 65s and over	1,305	422	461	393	449	479	445	400	465	468	506	408	447	457
Life expectancy and causes of death	**25** Excess winter deaths	536	20.8	20.7	15.8	12.9	21.7	16.5	22.6	15.7	22.6	14	16	18.1	19.1
	26 Life expectancy – male	n/a	81.8	81.9	81.9	81.1	80.4	80.8	79.8	81.3	80.9	81.3	80.4	81.1	78.9
	27 Life expectancy – female	n/a	84.3	85.8	84.9	84.9	83.8	84.7	84.1	84.4	83.7	84.8	84.8	84.5	82.9
	28 Infant deaths	39	2.4	2.9	1.9	1.5	3.8	2.4	4.4	3.1	3.3	2.3	3	2.8	4.3
	29 Smoking related deaths	1,421	142	143	141	149	159	170	182	149	140	137	148	150	201
	30 Early deaths: heart disease and stroke	549	44.9	42.7	41.2	39.5	45.4	49.2	50.4	41	43.6	39.7	48.3	43.8	60.9
	31 Early deaths: cancer	1,139	97.3	85.6	88.4	86	89.2	102.8	102.7	84.9	83.5	93.6	91	91.4	108.1
	32 Road injuries and deaths	558	40	31.4	63	69.1	39.2	60.2	41.8	54	65.7	47.4	38.7	49.5	41.9

8 **Key**



Significantly (could be statistically significant) better performance than the Surrey County Council average

The difference in performance is not statistically significant

Significantly (could be statistically significant) lower performance than the Surrey County Council average

B. 1 Health Profile Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010
2 % children (under 16) in families receiving means-tested benefits & low income, 2010
3 Crude rate per 1,000 households, 2011/12
4 % at Key Stage 4, 2011/12
5 Recorded violence against the person crimes, crude rate per 1,000 population, 2011/12
6 Crude rate per 1,000 population aged16-64, 2012
7 % mothers smoking in pregnancy where status is known, 2011/12
8 % mothers initiating breast feeding where status is known, 2011/12
9 % school children in Year 6 (age 10-11), 2011/12
10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled)
11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2009-2011
12 % adults aged 18 and over, 2011/12
13 % aged 16+ in the resident population, 2008-2009
14 % adults, modelled estimate using Health Survey for England, 2006-2008
15 % adults achieving at least 150 mins physical activity per week, 2012
16 % adults, modelled estimate using Health Survey for England 2006-2008
17 Directly age standardised rate per 100,000 population, aged under 75, 2008-2010
18 Directly age sex standardised rate per 100,000 population, 201 1/12
19 Directly age sex standardised rate per 100,000 population, 2010/11
20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11
21 % people on GP registers with a recorded diagnosis of diabetes 2011/12
22 Crude rate per 100,000 population, 2009-2011
23 Crude rate per 100,000 population, 2012 (Chlamydia screening coverage may influence rate)
24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12
25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.08-31.07.11
26 At birth, 2009-2011
27 At birth, 2009-2011
28 Rate per 1,000 live births, 2009-2011
29 Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011
30 Directly age standardised rate per 100,000 population aged under 75, 2009-2011
31 Directly age standardised rate per 100,000 population aged under 75, 2009-2011
32 Rate per 100,000 population, 2009-2011

Appendix C: Pharmacies and Dispensing Doctors

C. 1 Pharmacies in Surrey

C. 1. 1 East Surrey Clinical Commissioning Group

Pharmacy Name	Postcode
Boots - Caterham - (Church Walk)	CR3 6RT
Boots - Caterham - (Eothen Close)	CR3 6JU
Boots - Horley	RH6 7AY
Boots – Lingfield	RH7 6EP
Boots – Oxted	RH8 0PG
Boots - Reigate	RH2 9AT
Boots (High Street) - Redhill	RH1 1RD
Boots (Station Road) - Redhill	RH1 1QP
Chemitex Ltd	CR3 5UA
Day Lewis - Reigate	RH2 7JX
Day Lewis (Nutfield Road) - Merstham	RH1 3ER
Day Lewis (Portland Drive) - Merstham	RH1 3HY
Garlands Pharmacy	RH1 6NZ
Hobbs Pharmacy	CR3 0EL
Hogarth Pharmacy	RH6 9QL
Horley Late Night Pharmacy	RH6 7AS
Kamsons Pharmacy	RH1 2NP
Lloyds - Godstone	RH9 8LW
Lloyds - Warlingham	CR3 9NA
Lloyds (Health Centre) - Horley	RH6 7DG
Lloyds (Victoria Road) - Horley	RH6 7AB
Mediwise Pharmacy	RH1 5BX
Morrison's Stores - Reigate	RH2 7DA
Park Parade Pharmacy	RH6 7JQ
Paydens Ltd - Caterham Hill	CR3 5XL
Paydens Ltd - Oxted	RH8 0PG
Raimins Chemist - Oxted	RH8 0JP
Sainsburys - Warlingham	CR6 9DY
T H Dolman	RH1 1BD
Townsend Chemist - Reigate	RH2 8AU
Vitaltone Pharmacy	CR3 6QA
Woodhatch Pharmacy - Reigate	RH2 8BB

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C. 1. 2 Guildford and Waverley Clinical Commissioning Group

Pharmacy Name	Postcode
Binscombe Pharmacy	GU7 3PR
Boots - Bramley	GU5 0HF
Boots - Chiddingfold	GU8 4TU
Boots - Cranleigh	GU6 8AG
Boots - Farncombe	GU7 3AZ
Boots - Godalmiing	GU7 1DW
Boots - Haslemere	GU27 2HJ
Boots - Send	GU23 7HN
Boots - Shalford	GU4 8JU
Boots (Mida House) - Cranleigh	GU6 8AF
Boots (St Lukes Surgery) - Guildford	GU1 3JH
Boots (Stoughton Road) - Guildford	GU1 1LL
Boots (Aldershot Rd) - Guildford	GU2 8AF
Boots (Epsom Road) - Guildford	GU1 2RE
Boots (High Street) - Guildford	GU1 3DS
Boots (Kingfisher Parade) - Guildford	GU4 7EW
Cranleigh Pharmacy	GU6 8RF
Dapdune Pharmacy	GU1 4RP
Direct Pharmacy	GU2 7NT
Elstead Pharmacy - Elstead	GU8 6HR
Godalming Pharmacy	GU7 1DZ
Guildford Chemists - Guildford	GU2 9XA
Haslemere Pharmacy	GU27 2BQ
Lloyds - East Horsley	KT24 6QN
Lloyds - Godalmiing	GU7 1NJ
Lloyds - Guildford	GU2 6BE
Lloyds - Hindhead	GU26 6NL
Lloyds - Ripley	GU23 6AA
Lloyds (High Street) - Haslemere	GU27 2HJ
Lloyds (Junction Place) - Haslemere	GU27 1LE
Milford Pharmacy - Godalmiing	GU8 5DR
Rowlands - Guildford	GU3 3NA
Sainsbury's - Burpham	GU4 7JU
Sainsbury's - Godalming	GU7 1LQ
Superdrug - Guildford	GU1 3DP
Tesco - Guildford	GU2 7UN
Wonersh Pharmacy - Wonersh	GU5 0PE
Fenhurst Pharmacy	GU27 3JN

C. 1. 3 North East Hampshire and Farnham Clinical Commissioning Group

Pharmacy Name	Postcode
Boots - Farnham	GU9 7NW
Bourne Pharmacy	GU10 3PX
Heath End Pharmacy	GU9 9AW
Lalys Chemist	GU9 7PB
Rowland's - Farnham	GU9 9QL
Sainsbury's - Farnham	GU9 7NJ
Vaughan James Chemist - Farnham	GU9 7HH

C. 1. 4 North West Surrey Clinical Commissioning Group

Pharmacy Name	Postcode
Ashford Lodge Pharmacy	TW15 2BX
Boots - Byfleet	KT14 7QX
Boots - Egham	TW20 9EX
Boots - Knaphill	GU21 2DR
Boots - Staines	TW18 4WB
Boots - Walton On Thames	KT12 1DG
Boots - West Byfleet	KT14 6NG
Boots - Weybridge	KT13 8AX
Boots (Bampton Way) - Woking	GU21 3LG
Boots (Church Road) - Ashford	TW15 2TS
Boots (Woodlands Parade) - Ashford	TW15 1QD
Boots (York House) - Woking	GU22 7XL
Boots (Commercial Way) - Woking	GU21 1YA
Boots (Guildford Road) - Woking	GU22 7QQ
Boots (High Street) - Shepperton	TW17 9AJ
Boots (Staines Rd West) - Sunbury	TW16 7AB
Boots (Sunbury Cross) - Sunbury	TW16 7AZ
Boots (Thurlestone Parade) - Shepperton	TW17 9AR
Breakspear Ltd. - Ashford	TW15 2UN
Bridge Pharmacy	GU21 5JR
Broadway Pharmacy	TW18 1AT
Cherrys Halfway	KT12 1RJ
Church Pharmacy	KT13 9UQ
Cohens Pharmacy - West Byfleet	KT14 6DH
Courts Pharmacy	KT12 1HG
Jays Pharmacy Ltd	TW20 9HN
Goulds Pharmacy - Walton On Thames	KT12 2SD

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Herisse Ltd. - Walton On Thames	KT12 4HL
Herman Pharmacy (St David's) - Stanwell	TW19 7HT
Herman Pharmacy (Trident Hse) - Stanwell	TW19 7QU
Hive Pharmacy - Staines	TW18 1PJ
Honeycomb Chemist	KT16 9AD
Horsell Pharmacy	GU21 4SY
Imagecraft Ltd. - Sunbury	TW16 6LG
Jays Pharmacy	TW20 8AS
Lloyds - Ashford	TW15 2PH
Lloyds - Chertsey	KT16 8NF
Lloyds - Chobham	GU24 8LA
Lloyds - Ottershaw	KT16 0HL
Lloyds - Pyrford	GU22 8SW
Lloyds - Sunbury	TW16 5HS
Lloyds - Virginia Water	GU25 4DW
Lloyds - West Byfleet	KT14 6NG
Lloyds - Woking	GU22 9EH
Lloyds Pharmacy (50-52 Station Road) - Addlestone	KT15 2AF
Lloyds Pharmacy (63 Station Road) - Addlestone	KT15 2AR
Lloyds (Hospital) - Weybridge	KT13 8DY
Lloyds (Woodham Lane)- Weybridge	KT15 3NT
May & Thomson	GU21 5PE
Oatlands Park Pharmacy	KT13 9HL
Philip J. Adams	KT12 4HL
Rowlands (Gosden Road) - Woking	GU24 9LH
Rowlands (St.Johns) - Woking	GU21 8TB
Sainsbury's - Knaphill	GU21 2QY
Sainsbury's - Staines	TW18 3AP
Sainsbury's - Walton On Thames	KT12 1AD
Sunset Pharmacy - Staines	TW18 4PA
Superdrug - Ashford	TW15 2UP
T.R. Millman	TW20 9EX
Tesco - Stanwell	TW19 7PZ
Tesco In-Store - Addlestone	KT15 2AS
Tesco In-Store - Sunbury	TW16 7BB
Tesco In-Store - Weybridge	KT13 0XF
The Pharmacy - Weybridge	KT13 8DX
Townsends Chemist	KT12 3LJ
Trio Pharmacy	TW17 9AJ
Westlake Pharmacies - Staines	TW18 2PG

C. 1. 5 Surrey Downs Clinical Commissioning Group

Pharmacy Name	Postcode
A Woodcock	RH4 2EU
Anachem Pharmacy	KT19 9XA
Asda Pharmacy	KT20 5NZ
Boots - Banstead	SM7 2NL
Boots - Bookham	KT23 4AA
Boots - Claygate	KT10 0QX
Boots - Dorking	RH4 1AW
Boots - Epsom	KT18 5DB
Boots - Esher	KT10 9RL
Boots - Fetcham	KT22 9HX
Boots - Leatherhead	KT22 8AN
Boots - Thames Ditton	KT7 0RY
Boots Pharmacy - Cobham	KT11 3EB
Buckley Pharmacy	KT21 2DB
Cannon Court Pharmacy	KT22 9LG
Central Pharmacy	KT10 9QS
Courts Pharmacy (Buckingham Ave) - West Molesey	KT8 9TG
Courts Pharmacy (Walton Road) - West Molesey	KT8 0QF
Day Lewis - Tadworth	KT20 5SR
Day Lewis Chemist - (Leatherhead)	KT22 7PB
Downs Pharmacy (Paydens) - Epsom Downs	KT18 5QJ
Ewell House Pharmacy - Ewell	KT17 1NP
Glenlyn Chemist	KT8 0JX
Grove Pharmacy - Bookham	KT23 4LP
Horton Pharmacy	KT19 8SP
Jubichem	KT20 5PU
Kent Chemist	KT8 0DL
Lloyds - Ashtead	KT21 1QL
Lloyds - Banstead	SM7 2LS
Lloyds - Cobham	KT11 3DY
Lloyds - Epsom downs	KT18 5QG
Lloyds - Oxshott	KT22 0JN
Lloyds (127 High Street) - Epsom	KT19 8EF
Lloyds (Old Cottage Hosp) - Epsom	KT17 4BL
Madisons Pharmacy	SM7 1PB
Michael Frith	RH4 2HQ

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Miles Chemist	KT19 9UR
Nima Chemist	KT17 2HS
Patsons Chemist	KT17 2HP
Ricky's Chemist - Ewell	KT17 1SL
Rowlands - Betchworth	RH3 7JR
Rowland's - Cobham	KT11 1HT
Ruxley Pharmacy	KT19 0JD
Sainsbury's - Epsom	KT17 1EQ
Sainsbury's - Cobham	KT11 1HW
Tesco - Horley	RH6 0AT
Thorkhill Pharmacy	KT7 0UQ
Victoria Chemist	SM7 2NN
Wallis Jones Pharmacy	KT10 0SH
Walton Pharmacy	KT20 7RT
Medwyn Pharmacy - Dorking	RH4 1SD
Buckley Pharmacy	KT21 1AW

C. 1. 6 Surrey Heath Clinical Commissioning Group

Pharmacy Name	Postcode
Boots - Camberley	GU15 2NN
Boots - Camberley - (Obelisk)	GU15 3SD
Boots - Frimley	GU16 7HY
Boots - Frimley Green	GU16 6LD
Boots - Lightwater	GU18 5SA
Camberley Pharmacy - Camberley	GU15 2HJ
Heatherside Pharmacy	GU15 1AX
Lightwater Pharmacy - Lightwater	GU18 5SD
Lloyds - Aldershot	GU12 5AZ
Lloyds - Bagshot	GU19 5AZ
Lloyds - Frimley	GU16 7JF
Ram Chemist - Frimley	GU16 5UR
Sainsbury's - Camberley	GU15 3YN
Superdrug - Camberley	GU15 3SJ
Touchwood Pharmacy - Camberley	GU15 4DQ
VSM Pharmacy	GU15 2QN
Windlesham Village Pharmacy	GU20 6AF

C. 2 List of Dispensing Doctors

PPA	Dispensing Practice	Main Practice	Branch Surgery	Postcode	CCG
H81023	Lingfield Surgery	Lingfield Surgery		RH7 6ER	East Surrey
H81022	Chiddingfold Surgery	Ridgley Road, Chiddingfold, Surrey		GU8 4QP	Guildford and Waverley
H81022	Dunsfold Surgery	Dunsfold Surgery	Y	GU8 4ND	Guildford and Waverley
H81077	Shere Surgery/Dispensary	Shere Surgery/Dispensary		GU5 9DR	Guildford and Waverley
H81031	Witley Surgery	Witley Surgery		GU8 5QR	Guildford and Waverley
H81064	Normandy Surgery	Fairlands Medical Centre	Y	GU3 2DD	Guildford and Waverley
H81110	Holly Tree Surgery	Holly Tree Surgery		GU10 4TG	North East Hampshire and Farnham
H81129	Pirbright Surgery	Old Vicarage		GU240JE	North West Surrey
H81028	Hillside Surgery	Dorking Medical Practice	Y	KT20 7JG	Surrey Downs
H81068	North Holmwood	Brockwood Medical Practice	Y	RH5 4HY	Surrey Downs
H81068	Newdigate Surgery	Brockwood Medical Practice	Y	RH5 5BE	Surrey Downs
H81113	Leith Hill Practice	Leith Hill Practice		RH5 5EN	Surrey Downs
H81113	Northbrook Surgery	Leith Hill Practice	Y	RH5 4NP	Surrey Downs
H81611	Riverbank Surgery	Riverbank Surgery		RH4 3PA	Surrey Downs
H81013	Frimley Green Medical Centre	Frimley Green Medical Centre	Y	GU16 6QQ	Surrey Heath
H81013	Ash Vale Health Centre	Frimley Green Medical Centre		GU12 5BA	Surrey Heath

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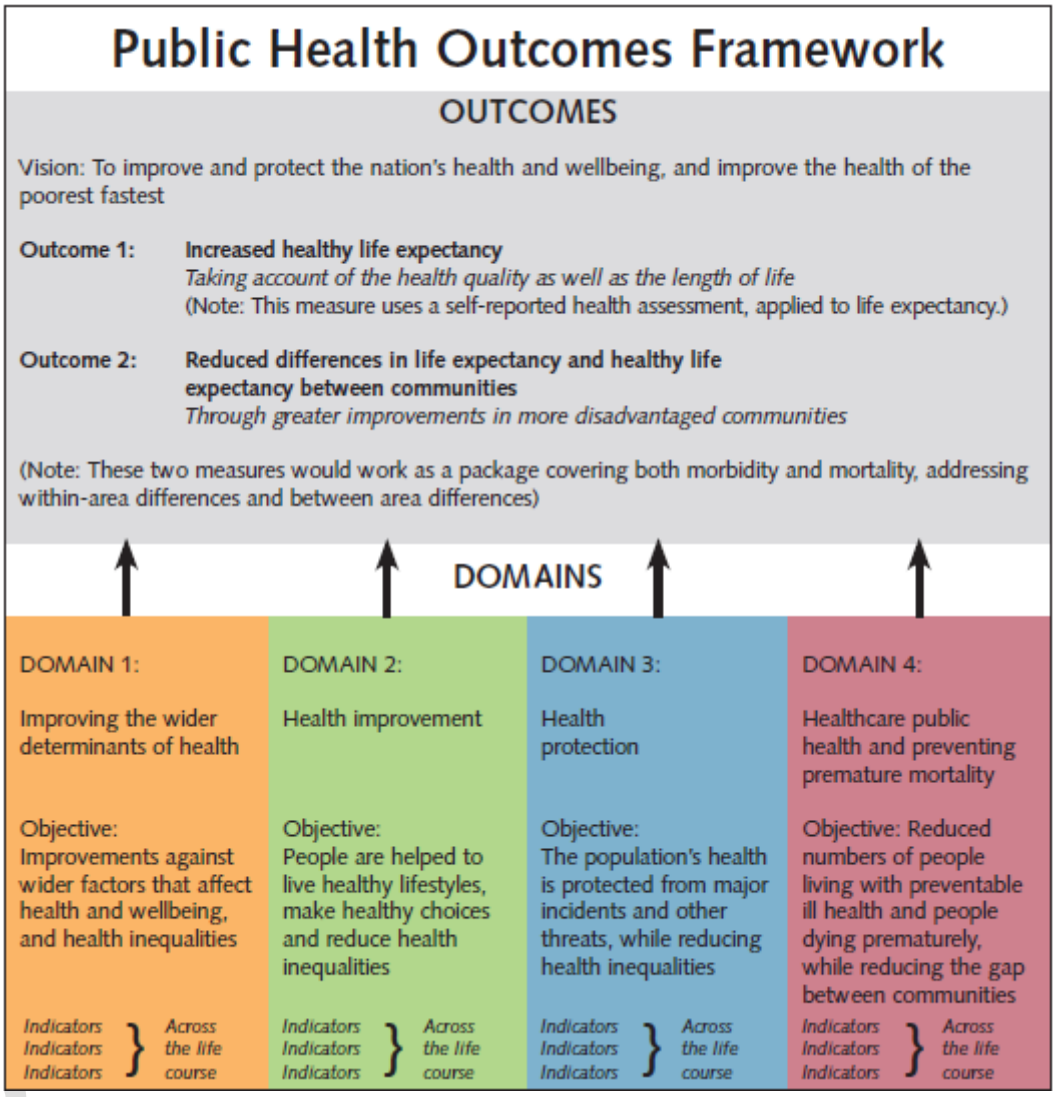
Appendix D: National Outcome Frameworks[2]

Public Health Outcomes Framework 2013 - 2016

The public health outcomes framework 2013 to 2016 concentrates on two outcomes:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities.

There are four domains which provide outcome measures to meet the objectives outlined.



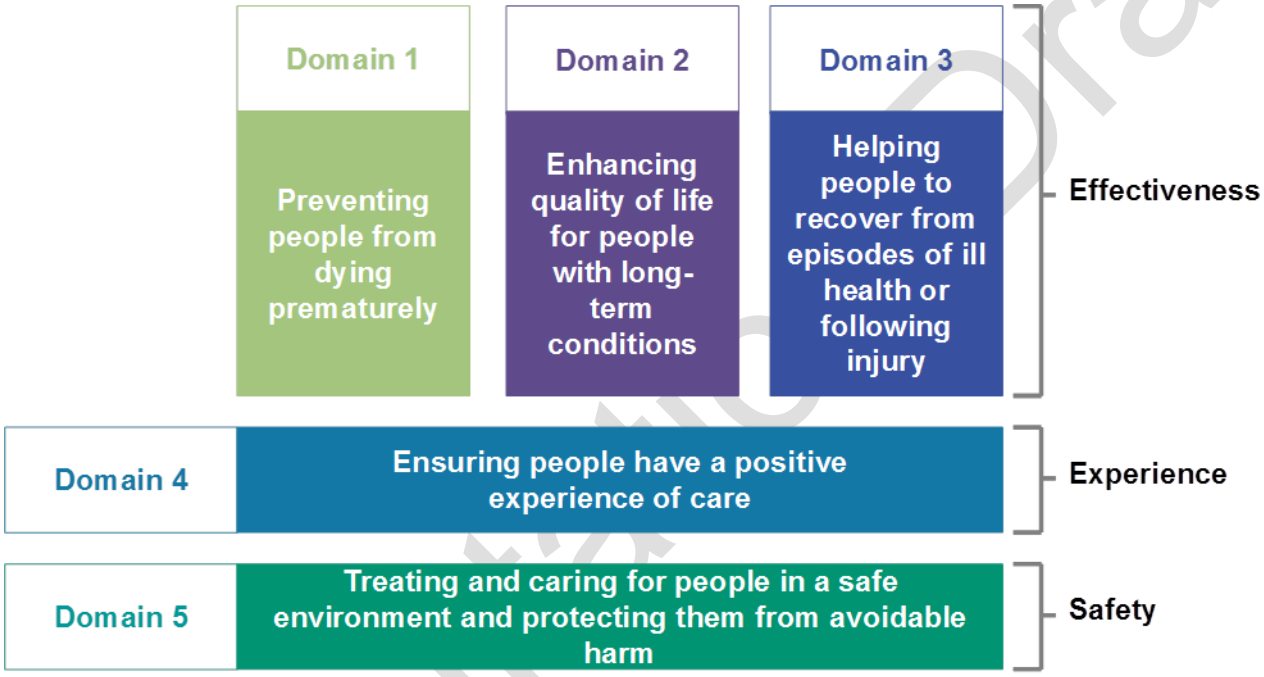
[2] https://www.gov.uk/government/collections/health-and-social-care-outcomes-frameworks

NHS Outcomes Framework 2014/2015

The NHS Outcomes Framework 2014 to 2015 covers the majority of treatment for which the NHS is responsible. Its purpose is to:

- provide a national overview of how well the NHS is performing
- be the main way, along with the NHS Mandate, in which NHS England is held to account for improvements in health outcomes
- improve quality throughout the NHS by encouraging a change in culture and behaviour focused on health outcomes not process

There are five domains which set out outcome measures the NHS should be aiming to improve.



Adult Social Care Outcomes Framework (ASCOF) 2014 / 2015

The ASCOF aims to:

- support councils to improve the quality of care and support services they provide
- provide a national overview of adult social care outcomes
- looks at how the framework will be developed in future

There are four domains which set outcome measures that ASCOF should be aiming to improve:

- Domain 1: Enhancing quality of life for people with care and support needs
- Domain 2: Delaying and reducing the needs for care and support
- Domain 3: Ensuring that people have a positive experience of care and support
- Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

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Surrey Health and Wellbeing Board

Thursday 14th March

District and Borough Update

Health and Wellbeing Surrey

1. District and Borough Commitment to Health and Wellbeing

- Majority of District & Borough's are adopting Health and Wellbeing plans/strategies
- All District & Borough's activity will contribute to the Surrey County Council's Health and Wellbeing Strategy
- Delivery of a wide range of PPPF activity
- Working with Adult Social Care to progress the Families, Friends and Community initiative across Surrey
- Ongoing development of working relationships with health partners to include Public Health, CCG's and Adult Social Care

Health and Wellbeing Surrey

District and Borough Commitment to Health and Wellbeing

Ongoing development and expansion:

- Continuing delivery of the PPPF initiatives via The Better Care Fund
- Supporting CCGs and Adult Social Care to meet the requirements of The Care Act
- Supporting health partners across the wider Health Agenda primarily through delivery of preventative services
- Further develop relationships with the Voluntary Sector to enhance the delivery of care services
- Development of Social Prescribing schemes
- Currently exploring the potential for community transport infrastructure to support patient transport services

Health and Wellbeing Surrey

District and Borough Commitment to Health and Wellbeing

- Districts and Boroughs extremely well placed to deliver preventative agenda via its services and facilities

- A plea to Public Health and CCG's not to forget Districts and Boroughs when commissioning services

Health and Wellbeing Surrey

2. Guildford Borough Council

Adopted a Health and Wellbeing Strategy

- Increased health activity with formalised action plans focussing around these priorities:
- Physical Activity
- Health and Wellbeing at work
- Inequalities in health
- Alcohol
- Road Traffic Injuries
- Smoking

Health and Wellbeing Surrey

3. Mole Valley District Council

Currently Developing a Wellbeing Strategy

- Wellbeing strategy will be adopted during 2015/16
- Establishing and developing relationships with local partners to ensure the success of the strategy
- Delivery of £45k Sport England Funding to develop inclusive sports and art activities
- Expansion of Ageing well, mental health and dementia projects
- Working with Adult Social Care to establish and promote local initiatives

Health and Wellbeing Surrey

Mole Valley District Council

Examples of current activity

- Continuation and development of Cardiac rehab and GP referral scheme at Leatherhead Leisure Centre and Dorking Sports Centre
- Free swimming for under 8's & Free swimming lessons those in need in Leatherhead
- Aline mental health and dementia projects within Arts Alive festival
- Delivering a programme of sensory art for those with sight and hearing loss.
- Expansion of Healthy Walks scheme across Mole Valley

Health and Wellbeing Surrey

4. Reigate and Banstead Borough Council
Ageing Well and Health Action Plans adopted

- Health and wellbeing embedded within our Five Year Plan
- Five Year Plan commits to working with partners to improve the health of all residents within the borough and recognises the important role we can play
- Better support our ageing population through delivery and continued success of The Ageing Well Agenda
- Improving children's health and wellbeing
- Improving older adults health and wellbeing
- Developing a preventative approach
- Promote emotional wellbeing and support mental health
- Safeguarding the population

Health and Wellbeing Surrey

Reigate and Banstead Borough Council

Examples of current activity

- We have recently invested £25m redeveloping our leisure centre facilities to include the new Tadworth Leisure Centre due to open September 2015
- A range of major regeneration projects aimed at improving peoples lifestyles as well as enhancing the physical environment in which they live and work
- Currently undertaking a review of our community centre provision, to enhance service delivery and better meet the needs of our increasing ageing population
- Living and Ageing Well week 2015
- Currently developing a young persons physical activity and healthy eating/lifestyles week 2015 (tackling childhood obesity)
- The 2015 Reigate Half Marathon (additional 10k and children's fun run)
- Optimising the use of our parks and open spaces to promote physical activity

Health and Wellbeing Surrey

5. Spelthorne Borough Council

Developing a draft Health and Wellbeing strategy

- The strategy will link with the CCG and the Health and Wellbeing board priorities

Focussing on:

- Housing
- Environment
- Supporting Families
- Leisure
- Independent Living
- Environmental Health

Health and Wellbeing Surrey

6. Waverley Borough Council

Have not yet adopted a Health and Wellbeing strategy

- **Focussing** on mainstreaming activities into core service planning
- **Implementing** a programme of activity with local partners to improve the wellbeing of Borough residents this will include:
- **Prevent** and/or reduce admissions in health and social care service
- **Improve** the wellbeing of our residents
- **Pioneer** the new models of best practise and innovation

Health and Wellbeing Surrey

Waverley Borough Council

Examples of current activity

- Investment into the most deprived wards
- £15m leisure centre investment
- Plans to build a new wellbeing centre in Farnham, multi agency approach with funding from CCG and Social Care
- Opened a new Sheltered housing scheme in Haslemere costing £1.5m
- Won National recognition from The National Leadership Centre for ‘practical support and resources to accelerate innovation and learning’ in Waverley

Health and Wellbeing Surrey

Surrey Health and Wellbeing Board

Date of meeting	12 March 2015

Item / paper title: An update on Developing a Preventative Approach Priority Action Plan

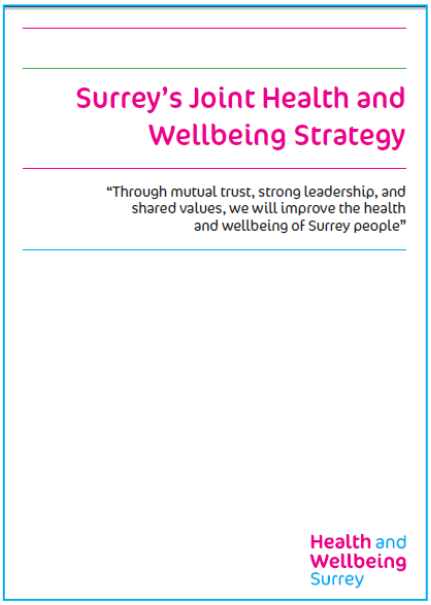
Purpose of item / paper	The purpose of the paper is to review progress made in turning strategic priorities into actions, consider a set of proposed actions and agree which actions should be taken forward as part of the next steps.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	The paper outlines the progress to date and next steps needed to implement the 'Developing a Preventative Approach' priority of the Joint Surrey Health and Wellbeing Strategy.
Financial implications - confirmation that any financial implications have been included within the paper	The development of the priority action plan is in its' early stages and one of the next steps will be to consider the financial implications for all the actions.
Consultation / public involvement – activity taken or planned	Large scale engagement took place as part of the prioritisation process that resulted in Surrey's five health and wellbeing priorities. This engagement included over 900 people from a range of organisations from across Surrey. The development of the action plans has been focused on engagement with the Surrey Clinical Commissioning Groups and the District and Boroughs. *Further engagement with the public and stakeholders will be through the incorporation of the prevention plans into the local CCG Operating Plans for next year.*
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	Consideration of the equality and diversity implications for the prevention priority have been considered throughout the development of the plans with the overarching goal to reduce the impact of health inequalities in Surrey residents.
Report author and contact details	Helen Atkinson: Director of Public Health, Surrey County Council - Helen.atkinson@surreycc.gov.uk
Sponsoring Surrey Health and Wellbeing Board	Helen Atkinson: Director of Public Health, Surrey County Council - Helen.atkinson@surreycc.gov.uk

Member	Cllr Michael Gosling: Lead Cabinet Member for Public Health and the Health and Wellbeing Board – Michael.gosling@surreycc.gov.uk John Jory: Chief Executive Reigate and Banstead Borough Council - john.jory@reigate-banstead.gov.uk
Actions requested / Recommendations	**The Surrey Health and Wellbeing Board is asked to:** • Review progress made since the March 2014 Board in turning strategic priorities into actions. • Endorse the proposed approach to further developing the local Prevention Plans with Clinical Commissioning Groups and District and Borough Councils.

1. Background / context

Surrey's Joint Health and Wellbeing Strategy sets out five priority areas for Surrey's Health and Wellbeing Board to focus upon - these are:

- Improving children's health and wellbeing
- Developing preventive approach
- Promoting emotional wellbeing and mental health
- Improving older adults' health and wellbeing
- Safeguarding population



In developing its work programme, and to ensure sufficient focus and time is spent on each priority, the Board decided to tackle each of the five priorities in turn with the aim of translating the high level strategic intentions described in the Strategy into clear sets of actions for the Board and its member organisations to take forward together.

The Board has also agreed a set of cross cutting principles which underpin the Board's work on each of the priority areas:

- Early intervention
- Improved outcomes
- Centred on the person, their families and carers
- Evidenced based
- Opportunities for integration
- Reducing health inequalities

This report provides an update on the work that has been undertaken to develop the Health and Wellbeing Board's action plan for the 'Developing a preventative approach' priority – it sets out the rationale for the focussing on prevention (the evidence base), summarises the

work undertaken so far and sets out a proposed approach and set of next steps for taking the priority planning forward.

2. Why prevention? – the evidence base

Ill-health prevention must form the foundation of any strategy to improve health and wellbeing. The evidence base for this is substantial, and includes:

- The Global Burden of Disease Survey 2010
- The US County Health Rankings Model
- The Marmot Review

The Global Burden of Disease Survey 2010 - Leading Risk Factors

The Global Burden of Disease 2010 study is the largest study ever undertaken, and shows that in the UK, the contribution of unhealthy behaviours to the overall burden of disease is enormous. This represents a key opportunity to improve health and wellbeing through targeting these behaviours through a prevention strategy.

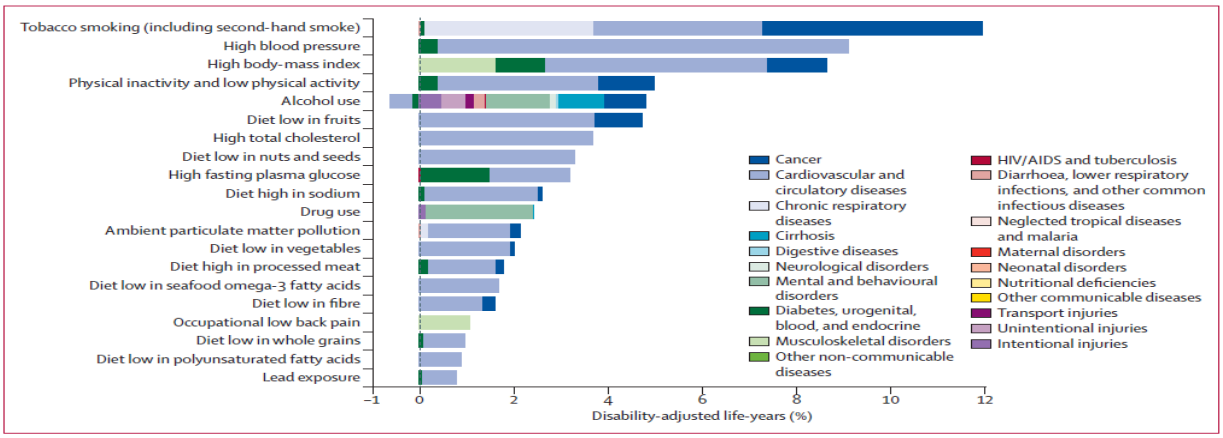


***Figure 7*: Burden of disease attributable to 20 leading risk factors for both sexes in 2010, expressed as a percentage of UK disability-adjusted life-years**
The negative percentage for alcohol is the protective effect of mild alcohol use on ischaemic heart disease and diabetes.

According to the Global Burden of Disease Survey 2010 the top 5 risk factors are tobacco smoking, hypertension, high BMI, physical inactivity, and alcohol, all of which are entirely, or in large part amenable to prevention (significant weight loss through calorie restriction or bariatric surgery leads to a cure rate for hypertension and diabetes of over 70% - not an argument for bariatric surgery necessarily, but for the impact of weight loss on hypertension).

All dietary and exercise components together account for 14.3% of the burden of disease.

Tobacco smoking alone accounts for 12% of the burden of disease, the single greatest cause of ill health in the UK.

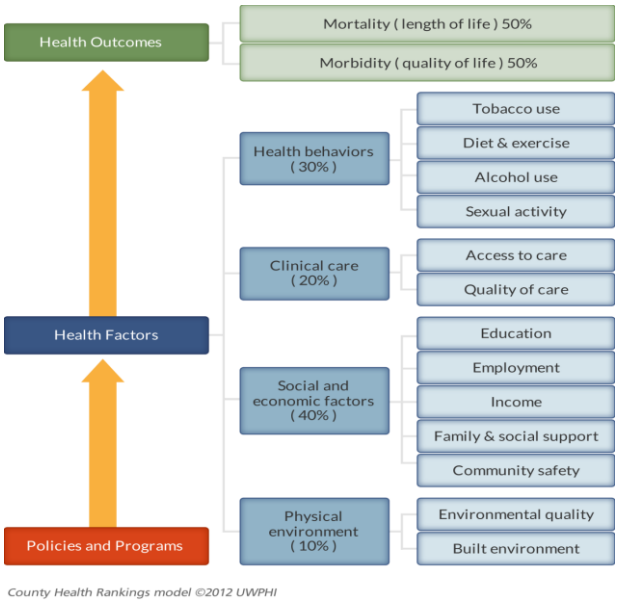
It should also be noted that tobacco smoking, as the single greatest cause of preventable deaths in England, kills over 80,000 people per year, greater than the COMBINED total of preventable deaths from obesity, alcohol, road traffic accidents, illegal drugs, and HIV (source: NICE).

US County Health Rankings

The US County Health Rankings systematic review of determinants of health outcomes estimates the following contributions:

- Socio-economic factors: 40%
- Unhealthy behaviours: 30%
- Clinical care: 20%
- Environmental factors: 10%

Note: With no UK equivalent to this study it is recognised by Public Health England (PHE) as a relevant evidence source for the UK.

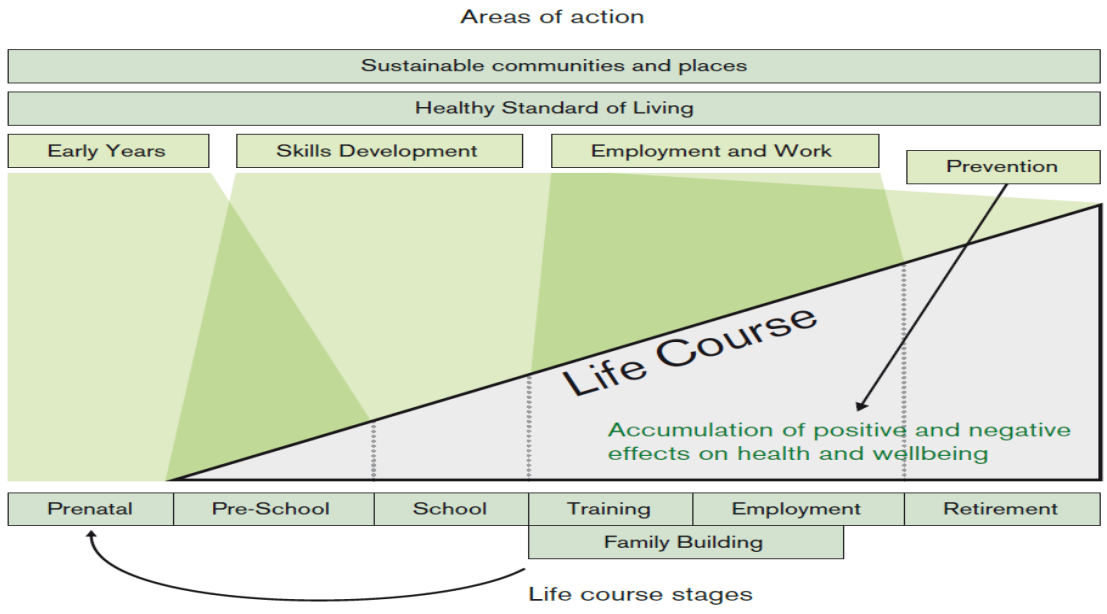


Marmot Review

The Marmot Review shows us with staggering clarity that health inequalities arise from social inequalities, and action on inequalities require a focus on prevention. Prevention here incorporates both the narrow definition of tackling unhealthy behaviours, and the wider definition of action on socio-economic determinants to prevent the onset of ill-health in the future.

http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

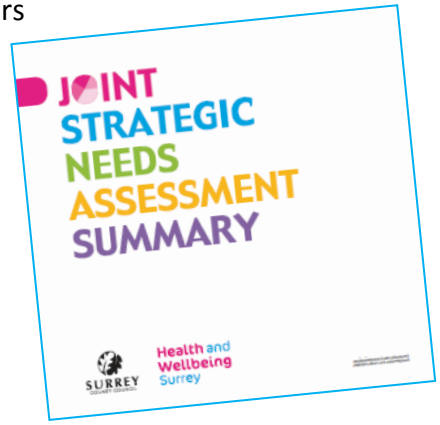
Figure 5 Action across the life course



3. Outcomes for people in Surrey

Surrey's Joint Strategic Needs Assessment (JSNA) provides a vast range of information, measures and indicators regarding the population in Surrey and includes information about the 'risk factors', outcomes and lifestyle choices of those living in the County. It is a statutory requirement for all Health and Wellbeing Board to produce a JSNA, we will be updating the summary shortly which will be available at http://www.healthysurrey.org.uk/

The JSNA tells us:



- Life expectancy is 6.3 years lower for men and 4.0 years lower for women in the most deprived areas of Surrey than in the least deprived areas. Poverty is also linked to poor health outcomes for children
- On average in Surrey, boys aged 11 to 18 years eat 3 portions of fruit and vegetables per day and girls eat 2.8 portions per day. Only 11% of boys and 8% of girls in this age group met the '5-a-day' recommendation
- 14% of children in year 6 are classed as 'obese', this is five percentage points below the English average of 19%
- Only around a third of adults (32.5%) in Surrey eat the minimum of five fruit and vegetables per day
- In 2010, 12% of adults in Surrey did the recommended amounts of physical activity (5 x 30 minutes of moderate activity every week)
- About 25% of people aged 16+ in Surrey drink in a way classed as "increasing risk", meaning more than 3-4 units a day on a regular basis. This is the second highest level of "increasing risk" drinking in the country, and is higher than the national average which is 20%
- On average there are around 550 more deaths in winter than summer in Surrey, some of which can be prevented by improvements in housing conditions.

4. What are we trying to achieve?

Surrey's Health and Wellbeing Strategy describes five outcomes that will be achieved if we are successful – these are:

- The gap in life expectancy across Surrey will narrow
- More people (people means all people – children and adults) will be physically active
- More people will be a healthy weight
- The current increase in people being admitted to hospital due to drinking alcohol will slow
- There will be fewer avoidable winter deaths

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The Public Health Outcomes Framework , which reflects a focus not only on how long people live, but on how well they live at all stages of life, provides a helpful set of measures to help us to track progress.

The Framework, a summary of which is included in appendix one, has two overarching indicators:

- increased healthy life expectancy; and
- reduced differences in life expectancy and healthy life expectancy between communities.

5. Our approach to prevention planning in Surrey

Prevention cuts across all aspects of health and wellbeing – in order to develop a manageable programme of work, the Board began by looking at the evidence base and selecting four areas to focus its initial discussions. These, being the leading causes of ill-health and early death, were:

- Smoking;
- Physical activity / exercise;
- Healthy eating / nutrition; and
- Alcohol.

Focusing on these four areas the public health team developed a Surrey wide prevention plan template or menu (see appendix two) that could be used to form the basis for local planning. The Surrey template included the case for prevention along with examples of actions in the four areas that could be lifted and adopted for use in local delivery plans. The Surrey template has been used to develop local prevention plans based on locally agreed priorities against population need and CCG strategic plans. The local prevention plans have all developed separately and in different formats to suit each specific CCG operating plan and are working documents, for further information look at CCG websites, links available at http://www.healthysurrey.org.uk/

The Board held two workshops in January and February 2014 to explore the evidence and begin to identify actions and opportunities for partners from the County Council, District and Borough Councils, Surrey's Clinical Commissioning Groups (CCGs) and Surrey Police to work together. Examples of the types of projects / pieces of work discussed at those workshops are set out in appendices three and four. The intention is for the actions identified and agreed by the Health and Wellbeing Board to complement the actions within the CCG Prevention Plans that the Public Health Team have produced in partnership with the CCGs and district and boroughs (see appendix five).

In addition, and to inform the Board discussions and to share good practice, a District and Borough workshop was held in January 2014 – this included presentations from a range of partners including Active Surrey, Sustrans[1], Guildford Borough Council's food safety team,

[1] Sustrans is a UK charity that aims to enable people to travel by foot, bike or public transport for more of their everyday journeys.

Reigate and Banstead Borough Council's Community Safety Team and the County Council Trading Standards Team.

There have been other good examples of partnership working on the prevention agenda within the Health and Wellbeing Board with the development of the Surrey Physical Activity Strategy led by Active Surrey; prevention actions underpinning the children's, adults and emotional wellbeing and mental health board strategies; a joint Surrey Nature Partnership and Health and Wellbeing Board workshop focusing on green spaces, physical activity and emotional wellbeing and mental health and we will shortly be holding a childhood obesity summit with a focus on targeting health inequalities.

6. Next steps and proposed approach

In March 2014 the Board endorsed a two-staged approach to prevention planning. At a high level, this two staged approach is:

Stage one of the Surrey prevention planning

- CCGs to incorporate their CCG Prevention Plans into their local strategic and operational plans; and
- Further work to be undertaken across all six CCG areas in Surrey to further develop, refine and agree the CCG / District and Borough / Public Health actions identified in the Health and Wellbeing Board workshops in January and February 2014. These actions were all based on strong JSNA evidence of need.

Stage two of the Surrey prevention planning developed post the March 2014 Health and Wellbeing Board

- We have spent the last few months raising the profile of prevention and wellbeing in its wider sense (including lifestyle, housing, education and employment) across the Health and Wellbeing partnerships. This has led to wellbeing being included as one of the three county council strategic goals for 2015, and has aligned to the commitment in the NHS Five Year Forward View to 'get serious about prevention'.
- This has set the direction of travel for a focus on prevention and wellbeing as a priority across Surrey taking note of the evidence from the APHR and the JSNA and aligning to both the national and local policy direction.
- We started the prevention priority journey by agreeing to deliver locally and we will continue to develop the local prevention plans for each CCG (see appendix 5), aligning to delivery in district and boroughs. The focus of these plans has widened since the initial focus on the four areas and now includes the wider prevention themes, for example the Workplace Health Charter, leisure centres/wellbeing hubs, mental health including dementia, excess winter deaths and domestic abuse.
- District and borough prevention plans for delivery are being aligned locally with CCG plans via the formation of local Health and Wellbeing Boards.
- We will be flexible in making any necessary policy changes post election for individual partners and the Health and Wellbeing Board Prevention Plan.

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- We will agree governance arrangements for overseeing delivery of the local action plans.

Alongside the approach proposed above:

- The Annual Public Health Report 2014 has focused on the evidence to support the prevention planning for stages one and two; and
- This prevention plan will not be developed or implemented in isolation - there are interdependencies with numerous other regional and local strategies and programmes.

Appendix one – the Public Health Outcomes Framework 2013 – 2016

Public Health Outcomes Framework 2013–2016
At a glance

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life

Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System

* Indicator shared with the NHS Outcomes Framework.

** Complementary to indicators in the NHS Outcomes Framework

† Indicator shared with the Adult Social Care Outcomes Framework

†† Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in italics are placeholders, pending development or identification

1 Improving the wider determinants of health

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

1.1 Children in poverty
1.2 School readiness
1.3 Pupil absence
1.4 First time entrants to the youth justice system
1.5 16-18 year olds not in education, employment or training
1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation† *(ASCOF 1G and 1H)*
1.7 People in prison who have a mental illness or a significant mental illness
1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services **(i-NHSOF 2.2) ††(i-ASCOF 1E) **(ii-NHSOF 2.5) †† (ii-ASCOF 1F)*
1.9 Sickness absence rate
1.10 Killed and seriously injured casualties on England's roads
1.11 Domestic abuse
1.12 Violent crime (including sexual violence)
1.13 Re-offending levels
1.14 The percentage of the population affected by noise
1.15 Statutory homelessness
1.16 Utilisation of outdoor space for exercise / health reasons
1.17 Fuel poverty
1.18 Social isolation † *(ASCOF 1I)*
1.19 Older people's perception of community safety †† *(ASCOF 4A)*

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

2.1 Low birth weight of term babies
2.2 Breastfeeding
2.3 Smoking status at time of delivery
2.4 Under 18 conceptions
2.5 Child development at 2 – 2 ½ years
2.6 Excess weight in 4-5 and 10-11 year olds
2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
2.8 Emotional well-being of looked after children
2.9 *Smoking prevalence – 15 year olds (Placeholder)*
2.10 Self-harm
2.11 Diet
2.12 Excess weight in adults
2.13 Proportion of physically active and inactive adults
2.14 Smoking prevalence – adults (over 18s)
2.15 Successful completion of drug treatment
2.16 People entering prison with substance dependence issues who are previously not known to community treatment
2.17 Recorded diabetes
2.18 Alcohol-related admissions to hospital
2.19 Cancer diagnosed at stage 1 and 2
2.20 Cancer screening coverage
2.21 Access to non-cancer screening programmes
2.22 Take up of the NHS Health Check programme – by those eligible
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

3 Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

3.1 Fraction of mortality attributable to particulate air pollution
3.2 Chlamydia diagnoses (15-24 year olds)
3.3 Population vaccination coverage
3.4 People presenting with HIV at a late stage of infection
3.5 Treatment completion for TB
3.6 Public sector organisations with board approved sustainable development management plan
3.7 Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

4.1 Infant mortality* *(NHSOF 1.6i)*
4.2 Tooth decay in children aged 5
4.3 Mortality rate from causes considered preventable ** *(NHSOF 1a)*
4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* *(NHSOF 1.1)*
4.5 Under 75 mortality rate from cancer* *(NHSOF 1.4i)*
4.6 Under 75 mortality rate from liver disease* *(NHSOF 1.3)*
4.7 Under 75 mortality rate from respiratory disease* *(NHSOF 1.2)*
4.8 Mortality rate from communicable diseases
4.9 Excess under 75 mortality rate in adults with serious mental illness* *(NHSOF 1.5)*
4.10 Suicide rate
4.11 Emergency readmissions within 30 days of discharge from hospital* *(NHSOF 3b)*
4.12 Preventable sight loss
4.13 Health-related quality of life for older people
4.14 Hip fractures in people aged 65 and over
4.15 Excess winter deaths
4.16 Estimated diagnosis rate for people with dementia * *(NHSOF 2.6i)*

Appendix three - local actions agreed at the Health and Wellbeing Workshop on 9 January 2014

CCG/D&B	Rationale	What action	Who by	When and next steps	Measure of Success
Surrey Heath, Guildford and Waverley CCGs	Smoking has a big overall impact on health and wellbeing	Involving targeted local communities in a different model of delivery of Stop Smoking interventions e.g. Smoking clinics in pubs	PH stop smoking team CCG's, D and Bs on the wider smoking issues Targeting GP practices in areas of high prevalence. Involve Voluntary sector (Carol Dunnett)	Immediate	Improved numbers of quits and improved quit rates
Surrey Heath, Guildford and Waverley CCGs	Improving opportunities for physical exercise in daily routine e.g. work	Stair marking in workplaces showing the number of calories used if people use the stairs rather than the lift. Has an evidence base and has been tried before in other areas. Easy to do by everyone and all partners	PH team, CCG and D& Bs	Discussions to start with partners on feasibility within work places e.g. SCC and D and B offices	Slow down overall increase in obesity rates. Increase level of physical activity within population
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Improving health and wellbeing with particular focus on early diagnosos	Increase number of health checks delivered in GP Practice to identify those with high cholesterol, hypertension and obesity. Focus on "at risk" populations Support national health promotion campaigns e.g. Change4life,	CCG, PH and D& Bs	Encourage GP Practice to sign up to NHS Health Check PH Agreement via New Primary Care Networks	Early diagnosis and prevention of conditions
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Reduction in health inequalities by targeted interventions	Increase number of smokers accessing Surrey Stop Smoking Service. Target at risk populations Increase the number of people achieving a healthy weight	CCG, PH and D&Bs	Scope additional KPI in contracts Appoint a CCG lead for Healthy Weight Develop obesity strategy and care pathway Support national health promotion campaigns e.g. Change 4 Life Increase referrals into Henry, child weight management programme	Improved health outcomes

Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Widening the PH workforce skills for better health outcomes	Developing multidisciplinary skill sets by training frontline staff in brief interventions (, GP surgeries, schools, housing dept and benefits agency)	PH, D&Bs, CCGs	Scope the training offer and how this will be offered	Increased specialist workforce Improved health outcomes
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	A focus on alcohol which is one of the leading causes of ill health	Deliver Integrated Care pathway, early intervention and Individual Brief Intervention. Support national campaigns	SCC, D&Bs, Police and PH	Scope potential alcohol CQUINN	Improved health outcomes and reduction in A&E attendances due to alcohol
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	A targeted approach to improve health outcomes in the workplace	Trarget the unhealthy behaviours and lifestyles of NHS staff through the Workplace Health Charters and Environmental Health	PH, D&Bs	NHS Health Checks for CCG staff. Develop WPH programme for staff	Improved health outcomes
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Tackle excess winter deaths through wider determinants of health	Fund winter warmer packs and boilers on prescription programme Support Red Cross to deliver “Help at Home” programme	CCG, D & Bs	Link with D & Bs and community services to identify people in need. Fund purchase of new vehicle vehicle for Red Cross to transport patients	Fewer avoidable winter deaths
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Targeted approach to reduce the effects of crime on health	Increase early identification and disclosure of domestic abuse to health professionals	CCG, D & B, Police, PH	Sign up frontline staff for DA training. Ensure all organisations signed up to and acting on Multi Agency Information Sharing protocol	Increase in families living with DA supported by outreach services. Improved health outcomes.
East Surrey CCG and Reigate and Banstead BC	Better information sharing across partners on alcohol: Primarily between GPs, borough and district councils and the Police.	For discussion at the Joint Enforcement Group – need to work through the detail i.e. what the information would be, how it would be shared and when, and have a formal protocol.	PH, CCG, D&Bs	Joint Enforcement Group to invite health to their meeting	Improved health outcomes and reduction in A&E attendances due to alcohol

East Surrey CCG and Reigate and Banstead BC	**Licensing:** The Police and Public Health should be more formally involved in licensing decisions about bars and off licences, to ensure they are more effective, based on more robust evidence	Map the current process for consultation re licensing in Reigate and Banstead. Identify what other areas are doing with respect to health input into licensing. Public Health to consider their input into the licensing process	PH, D&Bs and CCG Pete Tong Kate Lees Kate Lees	To include in the alcohol strategy action plan	Improved health outcomes and reduction in A&E attendances due to alcohol
East Surrey CCG and Reigate and Banstead BC	Communications - Agreeing key messages to public / joint surrey communications strategy on alcohol	Agree core messages so that we can have a coordinated approach. Localise these messages e.g. numbers of people turning up at A&E, what this costs i.e. at East Surrey Hospital there were X no of alcohol related admissions Agree a comms strategy can explain what comms methods will be a county approach and what methods will be local.	PH, CCG, D&Bs and the Health and Wellbeing Board Communications Group	Include in the Alcohol Strategy Action Plan and use the Health and Wellbeing Board Communications Group and website to take forward	Improved health outcomes and reduction in A&E attendances due to alcohol
East Surrey CCG and Reigate and Banstead BC	Having one pot of money that many organisations contribute to (like the Better Care Fund).	This would help delivery of preventative initiatives where one organisation invests (the money, time, effort) and another organisation gains the benefits. An e.g. initiative Booze Bus outside hospital	PH, CCGs and D&Bs	Further scoping	TBC
East Surrey CCG and Reigate and Banstead BC	Focused work on increasing physical activity a key priority for improving health outcomes	GP prescribing physical activity with the incentive of free gym membership for one month	CCG and D&Bs	Scope the referral	Increased physical activity Improved health outcomes

East Surrey CCG and Reigate and Banstead BC		A service that provides blood pressure monitors or an ECG in different locations like libraries or leisure centres	CCGs, D&Bs	Scope the evidence base	
East Surrey CCG and Reigate and Banstead BC	Linking up GPs to the Neighbourhood Policing Teams–	GPs could refer patient's details onto policing team to follow up on, to prevent reoccurrence?	CCGs, D&Bs, Police	Scope the evidence base	
East Surrey CCG and Reigate and Banstead BC	Birmingham City Council provides leisure centre services free of charge.	D&Bs to offer leisure services free of charge	D&Bs	Cost / benefit evidence for this is not clear – would need to be investigates before exploring in Surrey.	
East Surrey CCG and Reigate and Banstead BC	Police and CCG keen to work together on occupational health	Districts and Boroughs are leading on the Workplace Health Charter. Could the Police and Primary Care practices be included as workplaces?	D&Bs, PH, CCGs and Police	Include in the plans for roll out post the pilot in April	Improved health outcomes
East Surrey CCG and Reigate and Banstead BC	Targeted joint working with the elderly frail at a local level	GPs should share the risk stratification tool with borough and district councils to enhance effectiveness and outcomes	CCGs, D&Bs	Further scoping of what information would be shared and link into Better Care Fund action plans	Improved health outcomes
NW Surrey CCG and Woking Borough Council	Linking H&W prevention priority (smoking, alcohol, physical activity and nutrition) and H&W children's priority. Strong evidence base regarding implementing 'early help'. (Marmot life course)	Focus on 'early help' in targeted communities in Woking. To align with partners commissioning plans in particular NW Surrey CCG 'targeted communities' prevention plan. Immediate action: clarify needs regarding prevention in early years from NW Surrey JSNA. Ensure strategic fit with all key partners: NW Surrey CCG, Surrey County Council (CSF, ASC and PH), Woking Borough Council and Area Team	SCC CSF, CCG, D&B, PH Ian Banner (SCC) - to lead from 'early help' perspective. Jo-Anne Alner (NW Surrey CCG) Ray Morgan (Woking BC) Ruth Hutchinson (SCC- PH)	Scoping to be completed by end of March 2014.	Strategic fit with priorities of all partners based on need.

10		Find recent research on 'family nursing' and circulate. **Principles:** Universally available services but targeted and differentiated where necessary. Evidence based: effective prevention in early years support but not over professionalised e.g. use of peer support.			

Appendix four - on 6 February 2014 the Board assessed the identified projects for each CCG/D&B area against both the Board Principles and the Strategy Outcomes.

Health and Wellbeing Board Principles

CCG/D&B Projects	Centred on the person, their family and carers	Early Intervention	Opportunities for integration	Reducing Health Inequalities	Evidenced based	Improved outcomes
East Surrey – Alcohol better info sharing	√	√	√	√	√	√
East Surrey - Licencing	X	√	√	X	√	√
East Surrey – pooled budgets	√	√	√	√	√	√
East Surrey - GP exercise on referral	√	√	√	√	√	√
East Surrey – Workplace Health Charter	X	√	√	√	√	√
East Surrey – frail elderly social prescribing	√	√	√	√	√	√
Surrey Downs – Early diagnosis	√	√	√	√	√	√
Surrey Downs – Wider determinants of health	√	√	√	√	√	√
Surrey Downs – Developing multidisciplinary skills	√	√	√	√	?	?
Surrey Downs – Alcohol intelligence in enforcement	√	√	√	√	√	√
Surrey Downs – Workplace Health Charter	√	√	X	√	?	?
Surrey Downs – Crime and Health						
North West Surrey – Teenage Conceptions	√	√	√	√	√	√
North West Surrey – emotional wellbeing children	√	√	√	√	√	√
North West Surrey – childhood obesity	√	√	√	√	√	√
North West Surrey - Alcohol	√	√	√	√	√	√
North West						

Surrey - smoking	√	√	√	√	√	√
North West Surrey - Nutrition	√	√	√	√	√	√
North West Surrey – Physical activity	√	√	√	√	√	√
North West Surrey – Targeted awareness	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted smoking cessation	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham - Physical activity (stairs & employers)	---	√	---	---	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted physical activity offer	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – YP smoking prevention	?	√√	?	√	√	√

Health and Wellbeing Board Outcomes

CCG/D&B **Projects**	**Gap in Life Expectancy narrowed**	**More people physically active**	**More people with a healthy weight**	**Increase in alcohol admissions slowing**	**Fewer avoidable winter deaths**
East Surrey – Alcohol better info sharing	√	X	√	√	√
East Surrey - Licencing	√	X	X	√	X
East Surrey – pooled budgets	√	√	√	√	√
East Surrey - GP exercise on referral	√	√	√	X	X
East Surrey – Workplace Health Charter	√	√	√	√	X
East Surrey – frail elderly social prescribing	√	√	√	X	√
Surrey Downs – Early diagnosis	√	√	√	√	√

Surrey Downs – Wider determinants of health	√	x	√	√	√
Surrey Downs – Developing multidisciplinary skills	√	√	√	√	√
Surrey Downs – Alcohol intelligence in enforcement	√	X	√	√	X
Surrey Downs – Workplace Health Charter	√	√	√	√	X
Surrey Downs – Crime and Health	√	x	x	√	x
North West Surrey – Teenage Conceptions	X	X	X	X	X
North West Surrey – emotional wellbeing children	√	√	√	√	X
North West Surrey – childhood obesity	√	√	√	X	X
North West Surrey - Alcohol	√	X	√	√	?
North West Surrey - smoking	√	X	X	X	√
North West Surrey - Nutrition	√	√	√	√	√
North West Surrey – Physical activity	√	√	√	X	√
North West Surrey – Targeted awareness	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted smoking cessation	√	X	X	X	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham - Physical activity (stairs & employers)	?	√	√	X	?
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted physical activity offer	√	√	√	X	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – YP smoking prevention	√	X	X	X	?

Appendix Five - Progress since the March 2014 Health and Wellbeing Board Meeting

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The Public Health Team has worked with each CCG and the district and borough councils in their geographical area to further develop the local prevention plans. As agreed by the Health and Wellbeing Board each area is progressing a local prevention plan based on population need and the priorities of both the CCG and the district and borough councils. The plans are being developed with local leaders and stakeholders based on these priorities via the local health and wellbeing boards.

We have provided progress updates against turning the Surrey strategic priorities into local action for delivery against the Health and Wellbeing Prevention Priority.

Progress to date by CCG and D&B area:

Surrey Heath CCG and D&B

The Surrey Heath Prevention Plan currently in draft and was presented to the Surrey Heath Health and Wellbeing Group in September 2014. The Surrey Heath Health and Wellbeing Board has partner membership from the CCG, D&B (officers and councillors), SCC ASC and PH.

Feedback from the Board included that they would like to see Health Visiting included in the "cross-cutting services" section; more information on Youth Counselling services; more information on the monitoring and outcomes of the Supporting Families Programme (Surrey Heath team); metrics on Children's Centre use and whether they are attended by those most in need of their services; more links to the Surrey Heath Fuel Poverty Strategy; an update to the "minor" public health campaigns that could be supported (e.g. self-care week) and clarity on what elements of Surrey-wide services that are available in Surrey Heath.

An updated version was produced for the SH HWB held on the 27th November and included further prioritisation on the topic areas looking at both value (cost & quality) and ease of implementation within the timescale of the plan and a further section included on self-harm.

East Surrey CCG

In October 2014, the CCG's Practices Commissioning Committee agreed priorities for an East Surrey CCG Prevention Plan, based on analysis of the health and wellbeing needs of the population. These were:

- Healthy weight and physical activity
- Smoking
- Alcohol
- Mental well being
- Excess winter deaths
- Long term conditions

In December 2014, the developing CCG prevention plan became part of the East Surrey System Resilience and Transformation Board's (SRTB) Signposting and Prevention workstream and the following two priorities added;

- Reducing unintentional injuries
- Reducing falls

Work is currently underway to bring together the SRTB's partner organisations' prevention plans, to develop an agreed set of priorities supported by all major players across the health system. This includes those in the developing CCG prevention plan, and within existing plans such as Reigate and Banstead Borough Council's Health Action Plan and Tandridge District Council's Health and WellBeing Board Action Plan. Work is also underway to engage other partners, such as the system's healthcare providers in these priorities.

This work includes setting goals for these priority areas, and agreeing target populations for action, in order to reduce health inequalities, by improving the health of those populations that are most in need; and identifying and delivering high-impact programmes that will achieve the goals being developed for the above priorities.

North West Surrey CCG

In North West Surrey the prevention plan is embedded in the CCG Strategic Operating Plan (SOP). The prevention section sits within the Targeted Communities Strategic Change Programme, one of five programmes within the NW Surrey CCG SOP. The programme brief has been approved by the CCG clinical executive.

The programme is managed by the Targeted Communities Strategic Change Programme Board, chaired by Dr Munira Mohammed. There are representatives from each of the four districts and boroughs in the NW on the programme board. We are aiming to ensure that the prevention plans at the four district and boroughs are aligned to the CCG prevention plans. Each of the four district and boroughs have a local health and well being board, or similar themed group.

The targeted communities prevention plan for North West Surrey focuses on key areas including: reducing smoking prevalence, improving levels of physical activity, alcohol, healthy weight (including childhood obesity) increasing the uptake of health checks, reducing fuel poverty and early identification of COPD and teenage conceptions. Work in these areas will focus on targeted geographical communities as well as certain population groups such as carers.

Guildford & Waverley CCG

The Guildford and Waverley CCG approved the CCG Prevention Plan at the November 2014 Governing Body to ensure ownership as progress will depend on various people and committees at the CCG. The plan focuses on physical activity, alcoholl misuse, smoking, early detection and control of long term health conditions and mental health. Currently delivery plans are being developed, with early focus on prioritising smoking cessation activities in areas of high prevalence and alcohol misuse. The workstreams around long term conditions and mental health, particularly addressing social isolation, are also addressing key objectives of the local implementation board for the Better Care Fund.

Guildford Borough Council have reinvigorated the multi-agency Health and Wellbeing Board with a workshop in June 2014 to determine priorities and the development of an agreed HWB Strategy over the subsequent months. The Guildford Strategy is prioritising physical activity, smoking, alcohol misuse, health inequalities, road traffic accidents, and Workplace Health and Wellbeing.

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Delivery plans are currently being developed to be delivered through subgroups, starting with physical activity.

Waverley HWB Partnership have focused on a range of areas, including developing leisure centres as wellbeing hubs, workforce issues around the caring profession, addressing health inequalities in Ockford Ridge and Aaron's Hill, and mental health.

Surrey Downs CCG

The Surrey Downs Prevention Plan has been presented to the Surrey Downs CCG Executive. Priority areas for Surrey Downs are undiagnosed hypertension, dementia, diabetes and Chronic Obstructive Pulmonary Disease, malignant melanoma, excess winter deaths and families living with domestic abuse. The modifiable risk factors associated with these priorities are smoking, alcohol intake, overweight and obesity, sedentary behaviour and protection in hot weather. The priority populations for Surrey Downs are Gypsy Roma Travellers, older adults, carers and children living in poverty.

An action plan has been developed and has been broadly adopted in principle by the CCG Executive. The CCG want to target increasing risk drinkers in their area plans are being developed to consider the best way of achieving this given the current low uptake of health checks. CCG are also supportive of the idea of increasing referrals into the Stop Smoking service by targeting MH and maternity patients. SD CCG are also considering targeting smokers who have been referred for surgery through the Referral Support Service and providing a spirometry test in the new patient check for smokers, without it costing any more. This tells the patient their lung age and is a good tool to encourage smokers to consider a quit attempt.

Surrey Health and Wellbeing Board

Date of meeting	12 March 2015

Item / paper title: Surrey Physical Activity Strategy

Purpose of item / paper	The new Surrey Physical Activity Strategy aims to: make local sense of national policy and research; collate in one place what's happening across all the different sectors; and then look to fill the gaps as required. It will also highlight good practice so others can improve their delivery and ensure more organisations work together more effectively to make better use of existing resources. The Strategy looks to increase the numbers of residents meeting the Chief Medical Officers' (CMO) guidelines and enhance ownership amongst wider partners of the two Public Health Outcomes related to physical activity.
Surrey Health and Wellbeing priority(ies) supported by this item / paper	Whilst physical activity is specifically mentioned as a key priority of developing a preventative approach, it can play an integral role in supporting each of the 5 priorities, particularly the Children's, Older Adults and Mental Health and Emotional Wellbeing.
Financial implications - confirmation that any financial implications have been included within the paper	None. Existing budgets are in place but greater partnership working and understanding of different organisations'/ directorates' agendas, and the work that is being planned, is needed to better join up planning and delivery.
Consultation / public involvement – activity taken or planned	150 local and national organisations (including local authorities, CCGs and Public Health England) were invited to a partner consultation day (Oct 2014) with around 70 attending (110 people). This was followed by two online consultations sent to the invited organisations and circulated to the public through social media and e-news.
Equality and diversity - confirmation that any equality and diversity implications have been included within the paper	We need to take both a universal and a targeted approach. Building activity into everyday life can impact on all of us. But we know that those on a low income, females, those from minority ethnic groups and those with a disability are less active than the general population. Our action plans will take this into account, targeting more effort into reducing these activity and health inequalities thus making Surrey a more prosperous and healthier place to live.

Report author and contact details	Campbell Livingston, Director, Active Surrey Campbell.livingston@surreycc.gov.uk / 01483 518954
Sponsoring Surrey Health and Wellbeing Board Member	Helen Atkinson, Director of Public Health Helen.atkinson@surreycc.gov.uk
Actions requested / Recommendations	**The Surrey Health and Wellbeing Board is asked to:** a. Note the content of the Strategy. b. Endorse the Strategy and approve the use of the H&WB logo to demonstrate this. c. Support the Active Surrey Board in its work. d. Consider using the Strategy when reviewing / introducing local strategies / plans (CCGs and Boroughs/Districts).

Health and Wellbeing Surrey

Health and Wellbeing Board
12 March 2015

Surrey Physical Activity Strategy

Purpose of the report: Policy Development and Review

This new strategy pulls all national and local plans together and will create an impetus to make a step change in the numbers of residents being physically active which will benefit more residents' health and wellbeing. Through delivering the strategy, improvements to facilities, green spaces and activity provision will be better planned and coordinated which will likely result in better outcomes and more choice for residents.

Introduction:

1. This strategy aims to encourage everyone in Surrey to be more active and therefore gain the many benefits that being active can bring, whatever their age or ability.

2. It has been developed by Active Surrey, the County's Sports Partnership, with input from its wide range of partners and stakeholders who will continue to help drive it forward through detailed action plans. The organisations are all keen to play their part but a greater impact can be made across Surrey by encouraging other organisations to align strategies and plans that impact on physical activity with the priority areas identified in this strategy. By working together more effectively existing resources can be used better and new ones can be accessed, to make a real difference to the lives of the population.

3. The three key priorities to enable more residents to meet the Chief Medical Officers' physical activity guidelines are: Start Moving; Move Every Day; Stay Moving. The vision is that by 2020, Surrey will be the most active county in England.

The need for a strategy:

4. Surrey is consistently in the top 4 counties for physical activity levels which is good news for Surrey. More active people are more productive

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at work, attain better educationally, and cost the health and social care system less. Sport and leisure in Surrey sustains 13,500 jobs and returns (Gross Value Added) over £450m per annum to the economy.

5. However, there is a direct link between inactivity levels, excess weight, areas of deprivation and health inequalities. Annually, the direct and indirect cost to Surrey's health system from inactivity is £18m and a major study has recently found that inactivity leads to double the number of deaths than obesity does.

6. Around 360,000 of Surrey's adults do not exercise enough to meet health guidelines (at least 150 minutes per week moderate intensity) and nearly one in four adults (around 210,000) are classed as physically inactive (less than 30 minutes per week moderate intensity) and therefore in the Chief Medical Officer's high risk health category. Around 55,000 Surrey children are overweight or obese.

7. In addition, residents with limiting disabilities are only half as likely to participate in sport as those without disabilities; physical activity is higher in males than females at all ages; and certain ethnic groups have lower levels of physical activity. Activity levels decrease with age and, with an ageing population, the situation in Surrey will become more challenging over time.

8. Physical activity like cycling, walking, school PE, or community sport is already being promoted by many organisations and through many different strategies and action plans. There is lots of great work happening across the county, usually by people working closely together. However, sometimes this work happens in isolation and so there is a danger that, without an overarching strategy on physical activity, there may be duplication of work, or opportunities to work together and share resources/ideas may be lost. Worse still, areas that need greater support may not receive enough attention, resulting in health or social inequalities.

9. Surrey needs a strategy that pulls together, and starts to address, key issues and makes real progress on them - the new Surrey Physical Activity Strategy is designed to do this. It aims to: make local sense of national policy and research; collate in one place what's happening across all the different sectors; and then look to fill the gaps as required. It will also highlight good practice so others can improve their delivery and ensure more organisations work together more effectively to make better use of existing resources.

10. Working with the county, borough and district Health and Wellbeing Boards and other key partners across many different sectors, the Active Surrey Board will oversee the strategy's implementation and monitoring, reporting progress annually.

11. Being active is a sure and enjoyable way to improve our mental and physical wellbeing – but many of us are not active enough. This strategy aims to encourage everyone in Surrey to be more active and therefore

gain the many benefits that being active can bring, whatever their age or ability.

Recommendations:

12. The Surrey Health and Wellbeing Board is asked to:
    a. Note the content of the Strategy.
    b. Endorse the Strategy and approve the use of the Surrey Health and Wellbeing logo to demonstrate this.
    c. Support the Active Surrey Board (ASB) in its work. The ASB will oversee the various action plans that will be produced and report progress to the Health and Wellbeing Board annually.
    d. Commit to consider using the Strategy when reviewing / introducing local strategies / plans (CCGs and Boroughs/Districts).

Next steps:

The final draft strategy is also being presented to Borough and District Council members over the next few weeks. It is intended to launch the agreed version of the strategy in June 2015.

Report contact: Campbell Livingston, Director, Active Surrey

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Sources/background papers:

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- Everybody active every day (2014): https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life
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- Raising the heartbeat of the nation (2015): http://www.sportandrecreation.org.uk/smart-sport/ministers-do-list
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- Surrey cycling strategy (2012): http://www.surreycc.gov.uk/__data/assets/pdf_file/0016/800125/cycling-strategy-publication-version-March-2014.pdf
- A More Active Scotland (2015): http://www.gov.scot/Publications/2014/02/8239

Surrey's Physical Activity Strategy 2015 – 2020

Final draft version (23 Feb 2015)

For consideration by Surrey's Borough, District and County Councils

Introduction

Being physically active helps us feel good, grow well and achieve at school or work. We can walk, run or ride through Surrey's superb countryside or save time and money on our commutes. We can experience the joy of winning and losing together with teammates or feel pride in conquering a personal challenge. Sport brings us together as a community and allows us to pass on, or develop new, skills through volunteering. Being active can support us to live independently as long as possible and can reduce social isolation. It improves our physical health and reduces the risk of developing many illnesses. In short, it is a sure and enjoyable way to improve our mental and physical wellbeing.

Physical activity includes sport, dance, play, gardening, PE, walking and cycling.

We are a nation of sport supporters, as evidenced by the millions of spectators lining the Olympic cycling routes through Surrey in 2012. But for many of us, watching is all we do and we are simply not active enough. Almost 40% of Surrey's adults don't meet the NHS's activity guidelines and almost a quarter of adults are completely inactive. This is worrying as scientific evidence is now showing that being physically inactive is as bad for our health as smoking.

In Surrey there are a large number of people who would benefit from being more physically active and there are many opportunities in daily life to be active. Our challenge is to bring the two together by:

- Enabling people to be more active, for example by helping sports clubs become more accessible or better quality, making active travel an easier choice, or by ensuring our natural and built environment supports active choices rather than creating barriers.
- Identifying what is currently happening and spreading this information more widely; and, where provision or promotion of services does not match the needs of specific population groups, take positive action to rectify this where we can.

This strategy aims to encourage everyone in Surrey to be more active and therefore gain the many benefits that being active can bring - whatever our age or ability. We need to spread the message so that, throughout our lives, we can all:

Start Moving **Move Every Day** **Stay Moving**

This strategy has been developed by Active Surrey, the County's Sports Partnership, with input from its wide range of partners and stakeholders who will continue to help drive it forward through detailed action plans. The organisations are all keen to play their part but we can make a greater impact across our county by encouraging other organisations to align strategies and plans that impact on physical activity with the priority areas identified in this strategy. By working together more effectively we can use existing resources better, access new ones, and make a real difference to the lives of the population.

This physical activity strategy provides guidance to strategic leads, policymakers, commissioners and providers on the key approaches and priority groups we need to focus on to improve activity levels in Surrey. But everyone has a role to play in increasing levels of physical activity and therefore health and wellbeing – whether in our school, our work, our community or home, as we travel and how we plan and use our built and natural environment. Let's create a real legacy from London 2012; help us to implement this strategy to make Surrey the most active county in England by 2020.

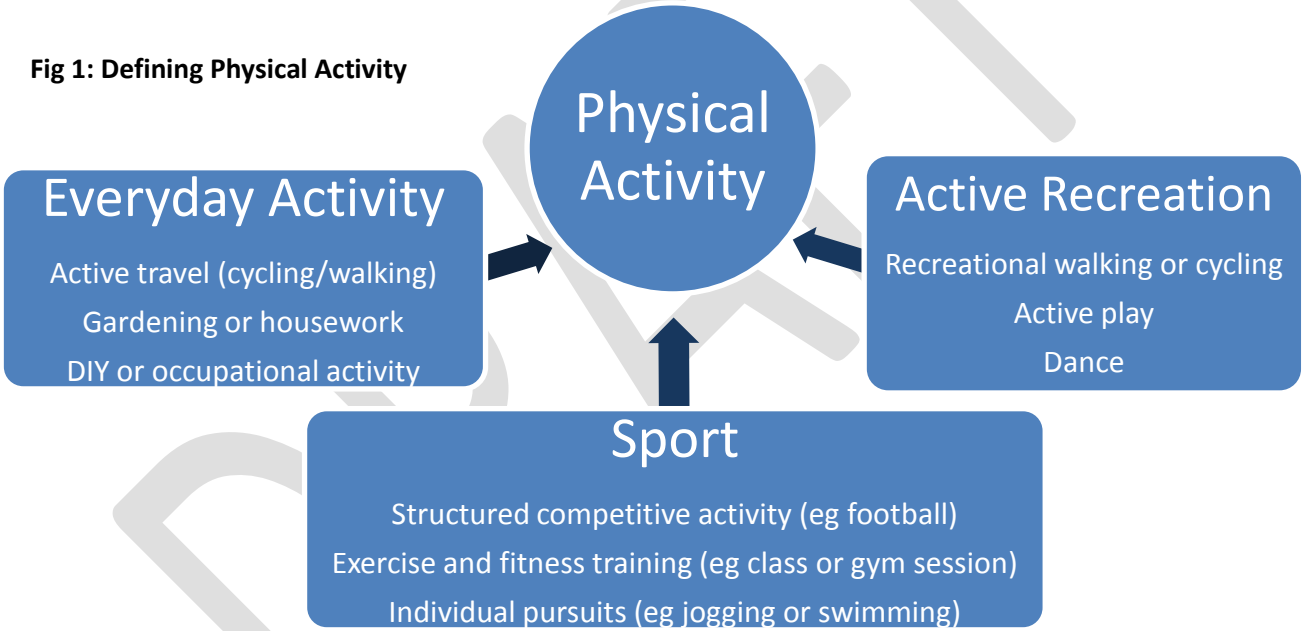
The Active Surrey Board, June 2015

Why are we focusing on physical activity?

It is only in the past 50 years that physical fitness and activity have become non-essential in our daily lives. National statistics show year-on-year declines in walking and cycling rates as car ownership continues to increase, we have less active jobs, more labour saving appliances and more screen based technology for home entertainment. The result is that we walk less, sit down more, and allow gadgets to do the work for us - during this time, physical activity levels have declined by 20% in the UK with projections indicating a further 15% drop by 2030. The physical demands placed on our bodies are so low that we are becoming more overweight, less fit and in many ways less healthy as a nation.

Of the big four causes of preventable ill-health (smoking, poor nutrition, lack of physical activity and alcohol excess), the impact of physical inactivity has not been as high profile. This is worrying as it has now been shown that physical inactivity is as bad for our health as smoking. Yet, relatively low levels of increased activity can make a huge difference. All the evidence suggests small amounts of regular exercise (20 to 30 minutes every day for adults) brings dramatic benefits. The exercise should be moderate – enough to get a person slightly out of breath and/or sweaty, and with an increased heart rate.

Fig 1: Defining Physical Activity



It is important to understand the scope of this strategy and what is meant by physical activity. We will focus on the activity measured by the Active People Survey, a large, annual telephone survey of adults (14+) in England, commissioned by Sport England. The survey measures participation in sport, active recreation and everyday activity, and provides details of how participation varies from place to place and between different groups in the population. The activities are measured in bouts of 10 minutes and include: sport, recreational cycling, recreational walking, walking for active travel purposes, cycling for active travel purposes, dance and gardening/housework. Occupational activity or DIY is not measured and therefore it will not be considered for development as part of this strategy.

According to the Health Survey for England (2008) and analysis of the annual Active People Survey, it is clear that there are significant health inequalities in relation to the prevalence of physical inactivity according to income, gender, age, ethnicity and disability. The extent of people meeting the recommended levels of physical activity decreases with age, with marked step changes down at specific life transitions such as moving schools (in particular primary to secondary), adolescence, leaving school, moving house, having children and retirement.

The greatest drop-off in activity levels is seen in the teenage years, in particular in girls. There is a clear gender gap with females participate in sport 20% less on average than males. People with a disability are half as likely to take part in physical activity and sport and their experiences are less positive than non-disabled peers.

Some of the key findings for Surrey:

- Over 360,000 adults are not active enough to meet Chief Medical Officer (CMO) health guidelines (at least 150 minutes per week at moderate intensity)
- One in four of the adult population (210,000 people) are classed as physically inactive, that is, they fail to achieve 30 minutes of moderate intensity activity per week. They fall into the CMO's "high risk" category and are at a much greater risk of developing serious chronic diseases
- 55,000 children and young people are overweight or obese (see Appendix 2)
- 56% of Surrey adults want to do more sport

Fig 2: The Cost of Physical Inactivity

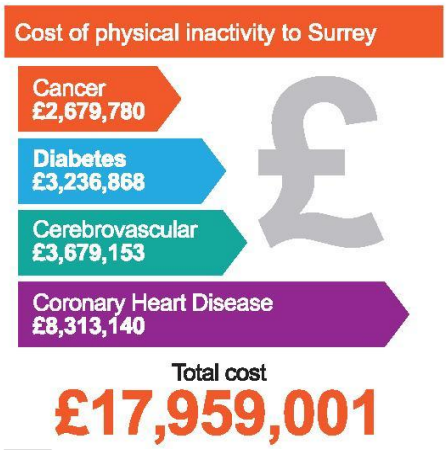


Table 1: Rates of physical activity, sport and active commuting by adults (aged 16+)

	<30 mins Activity per week	30-149 mins Activity per week	150+ mins Activity per week	1 x 30 mins Sport per week	Commuting on foot	Commuting by cycle
England	28.9%	15.5%	55.6%	35.8%	10.7%	3.0%
Surrey	23.5%	16.1%	60.4%	41.1%	8.6%	2.2%
Elmbridge	21.9%	17.3%	60.8%	42.2%	6.2%	3.2%
Epsom and Ewell	20.5%	20.9%	58.6%	39.4%	8.2%	2.5%
Guildford	21.9%	15.4%	62.7%	41.2%	12.0%	2.6%
Mole Valley	22.2%	16.4%	61.4%	44.7%	9.7%	1.9%
Reigate and Banstead	20.0%	13.7%	66.3%	42.7%	9.0%	1.7%
Runnymede	24.3%	13.5%	62.2%	41.7%	9.9%	2.9%
Spelthorne	29.2%	12.7%	58.1%	34.4%	6.3%	2.7%
Surrey Heath	27.9%	15.7%	56.4%	44.6%	7.3%	1.7%
Tandridge	19.8%	21.8%	58.4%	41.8%	7.0%	0.9%
Waverley	27.2%	16.1%	56.7%	39.2%	9.2%	1.5%
Woking	25.1%	14.9%	60.0%	39.8%	8.9%	2.7%
Sources:	**APS 7 (2013)**	**APS 7 (2013)**	**APS 7 (2013)**	**APS8 (2014)**	**Census 2011**	**Census 2011**

The Surrey Joint Strategic Needs Assessment (JSNA) on Physical Activity (2013) gives full details of the state of the county, its needs, the gaps in knowledge (eg children's activity levels) and recommendations for action.

By working across the life course with targeted support for particular groups, the Surrey Physical Activity Strategy will put many of the JSNA recommendations into action.

A national and local priority

Many national advisory papers, reports and strategies have been published over the last few years which provide detailed background information and evidence and should be read in conjunction with the Surrey Physical Activity Strategy 2015-2020. They all demonstrate that physical activity is firmly in the national spotlight, showing an increasing drive to improve the health of the nation and tackle health inequalities. Recognition of the need to invest in preventative health is growing, focusing on staying healthy and promoting wellbeing.

National context

The Department of Health published Start Active, Stay Active in 2011, aimed at the NHS, local authorities and a range of other organisations that develop services, advocating a partnership approach to increasing physical activity levels across the country. Known as the UK's Chief Medical Officers' guidelines (see Appendix 3) the report listed the volume, duration, frequency and type of physical activity required for the UK population to achieve the range of benefits of being active (see Appendix 1).

In January 2012, the Government published the 'Public Health Outcomes Framework' which includes two key outcomes in which physical activity can play a role in increasing healthy life expectancy and reducing differences in life expectancy. The Government's national ambition for physical activity (2012) remains to achieve these two outcomes: to (year on year) reduce the numbers of adults classed as inactive and to increase the numbers meeting the UK's Chief Medical Officers' guidelines. The Surrey Physical Activity Strategy supports this ambition.

The same year, the Department for Culture, Media and Sport's (2012) Creating a sporting habit for life, focused much attention on addressing the drop off rates in sport in teenage years and early adult life. Sport England-funded programmes like Sportivate and Satellite Clubs are currently showing impact in this age group.

The 2012 National Policy Planning Framework sets out principles that local plans should reflect in order to achieve sustainable development (ie, meeting current needs without compromising the ability of future generations to meet theirs). The scope of a local plan is broad but one of the key principles is promoting healthy communities - play, active recreation and sport have an obvious role as well as in enhancing community cohesion / a sense of place.

In 2013 the Government launched an all-party commission on physical activity. The commission took evidence about transport planning and the design of the urban environment as well as sport and health. Its first report (2014) emphasised the need to take action to increase the amount of physical activity taken by children and adults. It includes recommendations for making workplaces more active and reinforces the need to ensure that infrastructure encourages activity, incorporating cycleways, places to walk and access to recreation. It emphasised the need to improve cross-sector working, to design physical activity back into our everyday lives and make physical activity a lifelong habit.

In 2013, UK Active produced a report entitled Turning the Tide on Physical Inactivity recommended a number of ideas including asking local authorities to: prioritise and resource physical inactivity programmes to the same level as other top tier public health risks; partner with all local activity and sports providers to deliver a local ambition of a 1% reduction in inactivity year-on-year for the next five years; and ensure that their green spaces are developed to make them safe, accessible and integrated into their leisure and physical inactivity strategies.

In 2014, UK Active partnered with the Local Government Association, Public Health England and the County Sports Partnership Network to publish Everybody Active Every Day, a framework for national and local action to address the national physical inactivity epidemic. It identified priorities for the next 10 years which included researching gaps, building evidence, and implementing action across settings and life course, and provided a range of national and international best practice on what works to raise physical activity levels. The framework looks for providers and commissioners to:

- change the social 'norm' to make physical activity the expectation
- develop expertise and leadership within professionals and volunteers
- create environments to support active lives
- identify and up-scale successful programmes nationwide.

The Sport and Recreation Alliance's Raising the heartbeat of the nation (2015) is the latest five-step call to action to central and local government, again emphasising the need to make physical activity part of everyone's lives every day.

The role of the NHS is further defined through the NHS's Five Year Forward View (2014) which sets out a vision for the future of the NHS to close the widening gaps in the health of the population, quality of care and the funding of services. It covers areas such as disease prevention; new, flexible models of service delivery tailored to local populations and needs; integration between services; and consistent leadership across the health and care system.

The 2015 Academy of Medical Royal Colleges' report Exercise – the miracle cure and the role of the doctor in promoting it outlines not just 'why' doctors in all four nations in the UK must take a leading role in the fight against a sedentary lifestyle, but also sets out in clear and simple terms 'how' they should do that.

Locally, Surrey produced a Joint Health and Wellbeing Strategy (2013) with a key vision to "improve the health and wellbeing of Surrey people". The strategy was drawn up by the Surrey Health and Wellbeing Board which consists of Borough, District and County councillors and staff, GPs and other partners who work together to achieve the shared vision of improving health and wellbeing in Surrey. The public were also widely consulted on the strategy which has the following priorities:

- Improving children's health and wellbeing
- Developing a preventative approach
- Promoting emotional wellbeing and mental health
- Improving older adults' health and wellbeing
- Safeguarding the population

Whilst physical activity is specifically mentioned as a key part of developing a preventative approach, it can play an integral role in supporting each of these priorities. Other key local strategies which mention the importance of increasing physical activity include the Surrey Children & Young People's Strategy 2012-17 and Surrey Cycling Strategy 2014.

In October 2014, 115 people from 70 local organisations took part in a consultation day to consider the landscape, discuss priorities and provide ideas which started the conversation about the scope of the Surrey Physical Activity Strategy 2015-20. Since then Active Surrey has continued these conversations with stakeholders. The vision and headline actions have been drawn from all the guidance and suggestions provided by the national reports and local discussion, with this final draft version prepared for endorsement by statutory partners.

Where do we want to get to? The vision for Surrey in 2020

In Surrey we want to increase the number of people being active at the levels that will promote their health and wellbeing. We want to make physical activity a priority in people's everyday lives and, by 2020, ensure Surrey is the most active county in England.

We need to take both a universal and a targeted approach. Building activity into everyday life can impact on all of us. But we know that those on a low income, females, those from minority ethnic groups and those with a disability are less active than the general population. Our action plans will take this into account, targeting more effort into reducing these activity and health inequalities thus making Surrey a more prosperous and healthier place to live.

THE VISION

By enabling more residents of all ages to meet the Chief Medical Officers' physical activity guidelines, our vision is that by 2020, Surrey will be the most active county in England

HEADLINE KEY PERFORMANCE INDICATORS

KPI 1: **By 2020, achieve a 2.5% increase in adults* being active for 150 mins per week**	Baseline: 60.4% Target: 62.9%	[APS 7 (2013)]
KPI 2: **By 2020, achieve a 2.5% decrease in adults* not being active for at least 30 mins/week**	Baseline: 23.5% Target: 21.0%	[APS 7 (2013)]
KPI 3: **By 2020, achieve a 2.5% increase in adults* playing sport once per week**	Baseline: 41.1% Target: 43.6%	[APS 8 (2014)]

A number of other KPIs will be developed as part of our detailed action planning work

PRIORITIES

- **START MOVING:** Supporting all children and young people to have an active start in life.
- **MOVE EVERY DAY:** Encouraging all adults to build activity into their everyday lives.
- **STAY MOVING**: Supporting older adults to live longer and more active lives.

PRINCIPLES:

- **ACTIVE TOGETHER:** Working in partnership across all sectors to develop shared priorities and projects and to highlight the importance of, and benefits from, everyone moving more.
- **ACTIVE LONGER:** Working together to make physical activity a priority in health and social care.
- **ACTIVE ENVIRONMENT:** Using and shaping the natural and built environment to encourage residents to move more in their everyday lives (including active travel).

*** Adults are defined as aged 16 or over.**

HEADLINE ACTIONS

START MOVING

- Expand the role of children's centres / early years settings in developing physical literacy
- Ensure educational, community and work facilities meet sporting, physical activity and active travel needs
- Raise the standard of physical education, activity and school sport in all Surrey schools
- Listen to and address the needs of young people to reduce teenage activity drop-off rates
- Provide more opportunities to smoothly transition from sport in schools, colleges and universities to excellent community clubs
- Help the most inactive get moving

MOVE EVERY DAY

- Improve community access to, and quality of, facilities for sport, play and recreation
- Better coordinate and improve countywide sport provision for those with disabilities
- Promote the benefits of activity, including active travel, to workplaces (especially sedentary workers)
- Meet the needs of women and girls to reduce the physical activity gender gap
- Increase access to, and awareness of, green spaces, particularly by those with the poorest health (mental & physical)
- Consider physical activity implications when planning projects and housing developments

STAY MOVING

- Implement a systematic approach to assessment/promotion of physical activity in primary care generally, and specifically within disease management pathways
- Include physical activity training (prevention and treatment) within primary care training activities
- Increase availability, and awareness, of appropriate programmes in various settings

Implementation, monitoring and evaluation

This five year strategy highlights the importance of increasing physical activity levels for the health and wellbeing of the population and identifies the key measures that will be needed within Surrey to achieve increased levels of activity.

Each aim has a high level headline action (shown above). In turn, these actions will have their own project plan created to implement, monitor and evaluate the strategy. Organisations will be encouraged to align strategies and plans that impact on physical activity with the priority areas identified in this strategy.

Whilst all agencies, working in partnership, have a role to play, effective leadership and coordination of effort is needed. Each action plan will have clear lines of accountability overseen by the Active Surrey Board which will work closely with Health and Wellbeing Boards (county and local). An annual progress report on the key actions will be undertaken.

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Appendix 1: the health and social benefits of being physically active

Being active is hugely beneficial – not just for our health, it can also improve other aspects of our daily lives:

- It prevents and helps to manage over 20 conditions and diseases including coronary heart disease, type 2 diabetes, stroke, mental health problems, musculoskeletal conditions and some cancers[4]. It can also be part of the treatment for these conditions[5].
- It has a positive effect on wellbeing, mood, sense of achievement, relaxation and release from daily stress[4].
- It reduces the risk of depression, dementia and Alzheimer's[2].
- It improves the health of those with a physical or mental disability[8].
- In childhood it aids healthy growth and development, maintenance of energy balance, mental wellbeing and social interaction. In adolescence, activities that stress the bone are important for bone health and reduce the risk of osteoporosis[1] .
- Sport can improve educational attainment, teach important life skills, divert young people from crime and foster social inclusion[6, 9].
- Active children are less likely to smoke, or to use alcohol/get drunk or take illegal drugs[7].
- Increasing physical activity levels has been shown to reduce the risk of premature death by 20 – 30%[12].
- Being active can help older people to maintain independence and promotes happiness and mental health and wellbeing[11].
- Active travel such as walking and cycling can reduce congestion and improve productivity in the workplace[3].
- Active outdoor recreation can help protect our local green spaces as more people use and enjoy them.
- It reduces the strain on NHS budgets: inactivity costs Surrey £13 million a year through disease treatment, sickness absence and premature death[3]. When compared to those who are active, an inactive person, on average, spends 38% more days in hospital and visits their GP6% more often[10].

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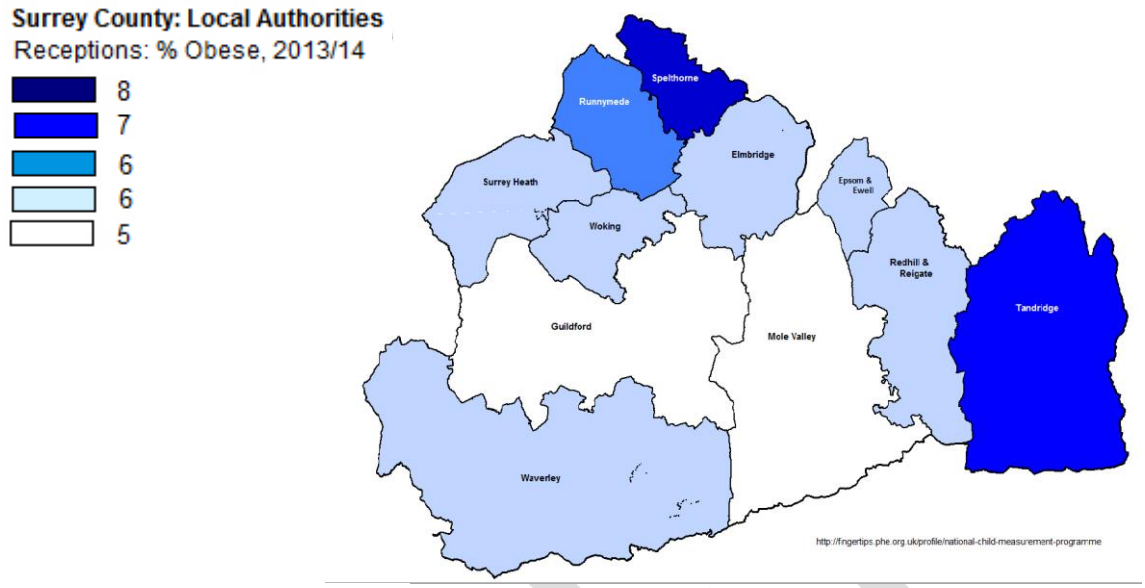
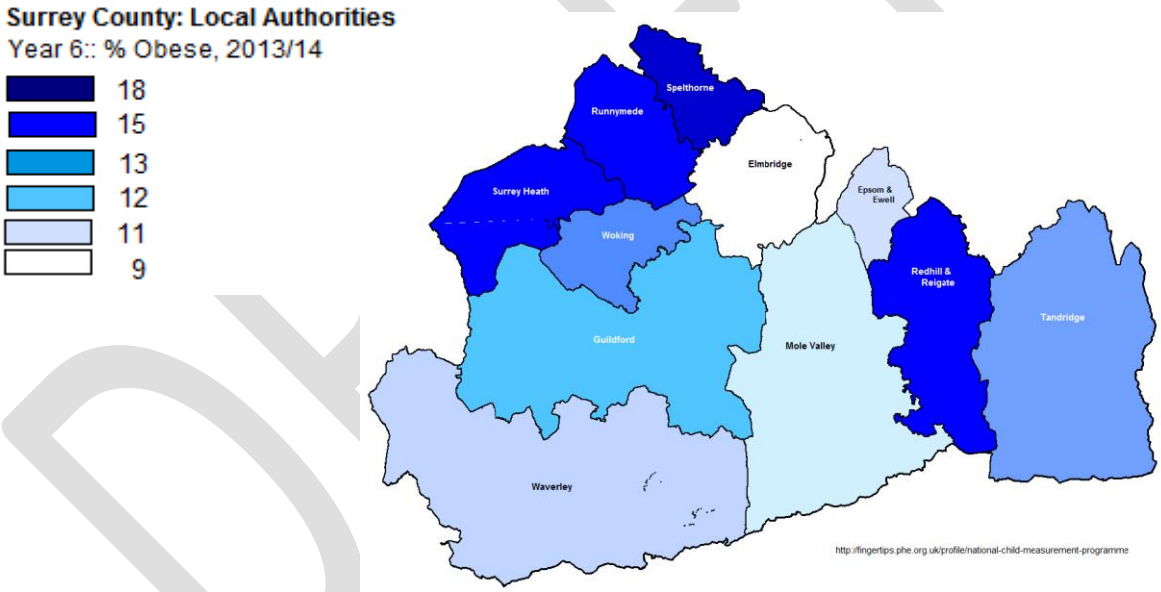
Appendix 2: Reception and Year 6 obesity levels for Surrey local authorities 2013-14





Appendix 3: Chief Medical Officer (CMO) Guidelines 2011

In July 2011, The Chief Medical Officers (CMOs) of England, Scotland, Wales and Northern Ireland published new guidelines for physical activity. The report emphasised the importance of physical activity for people of all ages and also highlights the risks of sedentary behaviour. The recommendations for different age groups are as follows:

EARLY YEARS (under 5s)

Physical development involves providing opportunities for babies and young children to be active and interactive and to improve their skills of coordination, control, manipulation and movement. Children should be supported in developing an understanding of the importance of physical activity.

1. Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
2. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
3. All under 5s should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

CHILDREN AND YOUNG PEOPLE (5–18 years)

1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

ADULTS (19–64 years)

1. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
2. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
3. Adults should also undertake physical activity to improve muscle strength on at least two days a week.
4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

OLDER ADULTS (65+ years)

1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.
5. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.
6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Produced by Active Surrey (February 2015) in conjunction with the following partners/stakeholders:

- Elmbridge Borough Council, Epsom & Ewell Borough Council, Guildford Borough Council, Mole Valley District Council, Reigate & Banstead Borough Council, Runnymede Borough Council, Spelthorne Borough Council, Surrey County Council, Surrey Heath Borough Council, Tandridge District Council, Waverley Borough Council, Woking Borough Council
- Amateur Swimming Association, Badminton England, British Athletics, British Canoeing, British Gymnastics, British Judo, British Universities & Colleges Sport, British Water Ski and Wakeboard, County Sports Partnership Network, England Athletics, England Boxing, England Netball, Exercise Movement and Dance Partnership, Lawn Tennis Association, Public Health England, Rugby Football Union, Sport England, Table Tennis England, Triathlon England, UK Active, UK Sport, Volleyball England, Youth Sport Trust
- Achieve Lifestyle, ActivKids, A2Dominion, Camberley Cricket Club, Dance Woking, East Surrey College, Everyone Active, Farnham Sports Council, Freedom Leisure, Fulham Football Club Foundation, Fusion Lifestyle, Guildford & Godalming Athletic Club, Holy Family Catholic Primary School, Laleham Sailing Club, Links Partnership, North East Hampshire & Farnham Clinical Commissioning Group, North Runnymede Learning Partnership, Places for People Leisure, Reigate & Redhill YMCA, Reigate Priory Athletic Club, Royal Holloway University of London, R-U-Able2, Special Olympics Surrey, Sport Godalming, Sport Guildford, Sport Woking, Surrey Athletics Network, Surrey Connects, Surrey County Bowling Association, Surrey County Football Association , Surrey County Netball Association, Surrey Cricket Board, Surrey Disabled People's Partnership, Surrey Golf Partnership, Surrey Hills AONB, Surrey Playing Fields, Surrey Rugby, Surrey Sports Park, Surrey Wheels for All, Surrey Wildlife Trust, Surrey Youth Focus, Sustrans, Tandridge Trust, Voluntary Action in Spelthorne, Walking Basketball Ltd, Walton Athletic Club, Walton Rowing Club, Weir Archer Academy

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Surrey Health and Wellbeing Board

Date of meeting	12 March 2015

Item title: Commissioning Plans and Annual Reports

Purpose of item	This item: - provides an update on the development of CCG Commissioning Plans (executive summaries to be presented / made avalable at the meeting) and the County Council's Corporate Strategy (attached); and - sets out the process for meeting the Health and Wellbeing Board (and CCGs) requirements in relation to sharing CCG annual reports. There are a range of duties and requirements for Health and Wellbeing Boards and Clinical Commissioning Groups (CCGs) set out in section 26 of the Health and Social Care Act 2012 in relation to CCG commissioning plans and annual reports. Specific requirements / duties: ➢ Section 26 of the Health and Social Care Act 2012 places a duty on all clinical commissioning groups to prepare a plan setting out how it proposes to exercise its functions and to "*involve each relevant Health and Wellbeing Board in preparing or revising the plan*". ➢ The Act requires that clinical commissioning groups "*give each relevant Health and Wellbeing Board a draft of their plan*" and "*consult each such Board on whether the draft takes proper account of each joint health and wellbeing strategy*". ➢ The Act also states that the Health and Wellbeing Board "*must give the clinical commissioning group its opinion*" on whether their plan does take proper account of the joint health and wellbeing strategy and that a statement of the Board's final opinion is included in the CCGs final published plan. ➢ Section 26 of the Act also sets out requirements for CCGs to prepare an 'annual report' in which they must "*review the extent to which the group has contributed to the delivery of any joint health and wellbeing strategy*" and in preparing that 'review' the CCG "must consult each relevant Health and Wellbeing Board".
Summary of CCG / Health and Wellbeing Board response / action in relation to these duties / requirements	<u>CCG commissioning plans</u>: At the meeting (12 March 2015) representatives of each of the CCGs will present an executive summary of their draft Commissioning Plan. Board members will be asked to feedback / opinion on the alignment of each CCGs plans with the Surrey Health and Wellbeing Strategy. Copies of the full CCG plans will be circulated following the feedback and the meeting.

	CCG annual reports: Due to the external submission deadline and Health and Wellbeing Board meetings dates, it is proposed that the Health and Wellbeing Board consultation requirement in relation to annual reports is met outside of meetings (via email) – each CCG will be asked to complete and circulate a simple template to demonstrate how it has contributed to each of the five Surrey Health and Wellbeing Strategy priorities over the last year. Final versions of the full annual reports will be published on CCG websites later in the year and each CCG will hold a public meeting to present their annual reports.
Surrey Health and Wellbeing priorities supported by this item	This item will help to demonstrate contributions to the delivery of all five priorities: ➢ Developing a preventative approach ➢ Promoting emotional wellbeing and mental health ➢ Improving older adults' health and wellbeing ➢ Improving Children and Young People's Health and Wellbeing ➢ Safeguarding the Population
Financial implications	There are no direct financial implications as a result of this item.
Consultation / public involvement – activity taken or planned	Consultation and patient engagement form an integral part of the CCG planning process. CCG plans describe how patients have been engaged and how their views have influenced commissioning.
Equality and diversity	Surrey County Council and all Clinical Commissioning Groups have a statutory duty to ensure compliance with the Equality Duty, showing they have had due regard to eliminate unlawful discrimination, advance equality of opportunity as well as foster good relations between people who share a protected characteristic and people who do not.
Item contact details	Justin Newman – justin.newman@surreycc.gov.uk
Sponsoring Surrey Health and Wellbeing Board Member	Dr Andy Brooks, Councillor Michael Gosling
Actions requested / Recommendations	**The Surrey Health and Wellbeing Board is asked to:** 1. Provide feedback / opinion on the 6 CCGs draft commissioning plans and the County Council's Corporate Strategy; and 2. Agrees to the proposed approach to Health and Wellbeing Board consultation on CCG annual reports.

Confident in Surrey's future: Corporate Strategy 2015-20

PURPOSE

We are the representative body elected to ensure Surrey residents remain healthy, safe and confident about their future

VISION

ONE place
ONE budget
ONE team for Surrey

VALUES

- **Listen**
- **Responsibility**
- **Trust**
- **Respect**

Context

Residents expect services to be easy to use, responsive and value for money. Demands are increasing while financial resources are decreasing. We will meet these challenges by continuing to work as one team with our residents and partners. By working together, investing in early support, and using digital technology we will improve and ensure residents can lead more independent lives.

Changing birth rates and people moving into Surrey means that 13,000 more school places are expected to be needed by 2020

Surrey's population is increasing and is ageing - by 2020, it is estimated that older people will make up 20% of the population, increasing demand on health and social care services

Surrey's economy expanded by 17% between 2009 and 2013, but there are critical challenges: roads are congested; employers struggle to attract staff with the right skills; and there is limited affordable housing

Our strategic goals

1. Wellbeing

Everyone in Surrey has a great start to life and can live and age well

To support this goal in 2015/16 we will

- Provide over 2,800 additional school places for the September 2015 school year
- Improve outcomes for children in need
- Support 750 families through the Surrey Family Support Programme
- Help older and disabled people to live independently at home
- Support a healthy living approach

2. Economic prosperity

Surrey's economy remains strong and sustainable

To support this goal in 2015/16 we will

- Support young people to participate in education, training or employment
- Ensure more than 50% of council spending is with Surrey businesses
- Improve and renew 70kms of roads
- Increase waste recycling and reduce the amount produced and sent to landfill
- Support a £50m plus infrastructure investment programme

3. Resident experience

Residents in Surrey experience public services that are easy to use, responsive and value for money

To support this goal in 2015/16 we will

- Collaborate with partners to transform services for residents
- Use digital technology to improve services for residents
- Invest in flood and maintenance schemes
- Work with partners to tackle issues that make residents less safe
- Deliver £62m savings

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