

Notice of Meeting

Health and Wellbeing Board



Date & time

Thursday, 5 April 2018
at 1.00 pm

Place

Committee Room C., County
Hall, Kingston-Upon-Thames,
KT1 2DN

Contact

Richard Plummer
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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Richard Plummer on 020 8213 2782.

Board Members

Dr Andy Brooks (Co-Chairman)

Chief Officer, Surrey Heath Clinical Commissioning Group

Mrs Helyn Clack (Co-Chairman)

Cabinet Member for Health, Surrey County Council
Clinical Chair, Surrey Downs CCG

Dr Russell Hills

Cabinet Member for Children, Surrey County Council
Clinical Chair, East Surrey Clinical Commissioning Group

Mrs Clare Curran

Dr Elango Vijaykumar

Dr Charlotte Canniff

Clinical Chair, North west Surrey Clinical Commissioning Group

Dr Andy Whitfield

Clinical Chair, North East Hampshire and Farnham Clinical Commissioning Group

Peter Gordon

Chair, Healthwatch Surrey

Helen Atkinson

Strategic Director of Adult Social Care and Public Health, Surrey County Council

John Jory

Chief Executive, Reigate and Banstead Borough Council

David Munro

Surrey Police and Crime Commissioner

Dr David Eyre-Brook

Clinical Chair, Guildford and Waverley Clinical Commissioning Group

Mr Mel Few

Cabinet Member for Adults, Surrey County Council

Borough Councillor Paul Spooner

Leader, Guildford Borough Council

Jason Gaskell

CEO, Surrey Community Action

Rose Durban

Interim Strategic Director of Children, Schools and Families, Surrey County Council

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

To receive any apologies for absence and substitutions.

2 MINUTES OF PREVIOUS MEETING: 7 DECEMBER 2017

(Pages 1
- 16)

To agree the minutes of the previous meeting.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter

- (i) Any disclosable pecuniary interests and / or
- (ii) Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

4 QUESTIONS AND PETITIONS

There were none.

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (*28 March 2018*).

b Public Questions

The deadline for public questions is seven days before the meeting (*29 March 2018*).

c Petitions

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

5 BOARD BUSINESS

(Pages
17 - 36)

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

The Health and Wellbeing Strategy (2018) is attached for reference and final approval.

- 6 LETTERS CIRCULATED BY THE BOARD** (Pages 37 - 42)
- To review letters sent by the co-chairman of the Board between the date of the last meeting and the current date.
- 7 FORWARD PLAN AND ACTION REVIEW** (Pages 43 - 56)
- To review and agree the Board forward work program and actions tracker.
- 8 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIPS UPDATE** (Pages 57 - 58)
- Purpose of the report:** To update the Health and Wellbeing Board on progress on the Sustainability and Transformation Partnerships affecting Surrey.
- 9 PRIORITY STATUS UPDATE: IMPROVING OLDER ADULT'S HEALTH AND WELLBEING** (Pages 59 - 70)
- Purpose of the report:** Performance Management/Policy Development and Review
- 10 PRIORITY STATUS UPDATE: IMPROVING CHILDREN'S HEALTH AND WELLBEING** (Pages 71 - 82)
- Purpose of the report:** Performance Management/Policy Development
- The purpose of this report is to update the Health and Wellbeing Board on progress against the outcomes under the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy. An update is provided to the Board every six months with the last in September 2017.
- 11 PHARMACEUTICAL NEEDS ASSESSMENT** (Pages 83 - 328)
- Purpose of report:**
- a) To present the Surrey Pharmaceutical Needs Assessment (PNA), highlighting key aspects of the PNA including its recommendations to the Health and Wellbeing Board (HWB)
 - b) To ask the HWB to ratify the PNA following the Chair's Action to approve publication on 1st April 2018 in accordance with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.
- 12 COMMUNICATING INFORMATION THROUGH THE HOSPITAL DISCHARGE JOURNEY** (Pages 329 - 342)
- Purpose of the report:** To highlight patient experience of hospital discharge.
- 13 DATE OF THE NEXT MEETING**
- The next public meeting of the Health and Wellbeing Board will be on 7 June 2018.

Joanna Killian
Chief Executive
Surrey County Council
Published: Wednesday, 28 March 2018

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.

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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.

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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

MINUTES of the meeting of the **HEALTH AND WELLBEING BOARD** held at 1.00 pm on 7 December 2017 at Old Council Chamber, Reigate and Banstead Borough Council. Town Hall, Castlefield Road, Reigate, RH2 0SH.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 1 March 2018.

Elected Members:

- * Dr Andy Brooks (Co-Chairman)
- * Mrs Helyn Clack (Co-Chairman)
- Dr Russell Hills
- Mrs Clare Curran
- * Dr Elango Vijaykumar
- Dr Charlotte Canniff
- Dr Andy Whitfield
- Peter Gordon
- Helen Atkinson
- John Jory
- * David Munro
- Dr David Eyre-Brook
- * Mr Mel Few
- * Borough Councillor Paul Spooner
- Borough Councillor Clive Smitheram
- Jason Gaskell
- * Rose Durban

Substitutes:

- * Dr Sian Jones
- * Dr Richard Barnett
- * Liz Uliasz
- * Kate Scribbins
- * Tom Kealey

In attendance

47/17 APOLOGIES FOR ABSENCE [Item 1]

Apologies were received from Dr Russell Hills, Cllr Clare Curran, Dr Charlotte Canniff, Dr Andy Whitfield, Dr David Eyre-Brook, Mr Peter Gordon, Mrs Helen Atkinson, Cllr John Jory, Cllr Clive Smitheram and Mr Jason Gaskell.

Dr Sian Jones substituted for Dr David Eyre-Brook, Liz Uliasz substituted for Helen Atkinson, Kate Scribbins substituted for Peter Gordon, Tom Kealey substituted for John Jory and Dr Richard Barnett substituted for Dr Charlotte Canniff.

48/17 MINUTES OF PREVIOUS MEETING: 7 SEPTEMBER 2017 [Item 2]

The minutes were agreed as a true record of the meeting.

49/17 DECLARATIONS OF INTEREST [Item 3]

There were none.

50/17 QUESTIONS AND PETITIONS [Item 4]**a MEMBERS' QUESTIONS [Item 4a]**

There were no Member questions received.

51/17 PUBLIC QUESTIONS [Item 4b]

There were no public questions received.

52/17 PETITIONS [Item 4c]

There were no petitions received.

53/17 BOARD BUSINESS [Item 5]**Declarations of interest:**

None

Witnesses:

None

Key points raised during the discussion:

1. The Board noted that there has been feedback from the JSNA Strategic Development Group regarding the updated JSNA:
2. First they were very complimentary about the robustness of the approach to prioritisation led by Shannon Katiyo, with support from Andy Cross, Selina Rajan, and others members of the Public Health team. They thought the priorities identified through this process and those ultimately agreed by the HWBB reflected current concerns/issues across the system and were good priorities for the HWBB to focus on.
3. Second, they thought that the new JSNA is a significant improvement on previous iterations, particularly the dynamic data visualisations, having strategic group ownership of individual chapters, the life course approach with fewer chapters and the cross-cutting themes focussing on wider determinants. The process of implementing the change was led by Rich Stockley with significant support from Jon Walker and Andre Lotz amongst others, with Shannon Katiyo securing the completion of a number of chapters in time for the prioritisation process.

4. Finally, it was discussed what approaches could be taken to keeping the JSNA current but agreed that there was no need for the group to continue meeting at this juncture.
5. The Board noted it's thanks to all of those listed and to others who worked on the JSNA and worked with the JSNA Strategic Development Group.

54/17 FORWARD PLAN [Item 6]

Declarations of interest:

None

Witnesses:

Victoria Heald, Health and Wellbeing Programme Manager
Richard Plummer, Democratic Services Assistant

Key points raised during the discussion:

1. Officers outline the forward work programme and asked the Board to provide comment and agree and approve the programme for 2018.

RESOLVED:

1. That the Board agreed the forward work programme for the Health and Wellbeing Board.

55/17 ACTION REVIEW [Item 7]

Declarations of interest:

None

Witnesses:

Victoria Heald, Health and Wellbeing Programme Manager
Richard Plummer, Democratic Services Assistant

Key points raised during the discussion:

1. The Board noted the actions undertaken. Officers noted that the Health and Wellbeing Strategy would be shared in draft and will be finalised by the next public meeting of the Board.

Actions/ further information to be provided:

1. That the draft of the Health and Wellbeing Strategy be shared with the Board before approval at its next public meeting.

RESOLVED:

1. That the Board notes and approves the Actions Tracker.

56/17 LETTERS CIRCULATED BY THE BOARD [Item 8]

Declarations of interest:

None

Witnesses:

Richard Plummer, Democratic Services Assistant

Key points raised during the discussion:

1. The Board noted the letters circulated by the Board since the last public meeting.
2. Members noted that the three Sustainability and Transformation Programmes (STPs) had received letters regarding police attendance at acute sites, and suggested that the Health and Wellbeing Board continue to attempt to receive a response.

Actions/ further information to be provided:

None

RESOLVED:

1. That the Board noted and approved the letters circulated by the Board.

57/17 PRIORITY STATUS UPDATE REPORT - PREVENTION [Item 9]

Witnesses:

Catherine Croucher, Public Health Consultant, Surrey County Council
Bryn Strudwick, Surrey Fire and Rescue

Key points of discussion:

1. Officers noted that the emphasis of this Priority Update on prevention had shifted in this update towards the Sustainability and Transformation Partnership (STP) programmes and the development of their prevention plans.
2. The air quality achievement and outcome was highlighted by officers, noting the establishment and work of the Surrey Air Alliance to raise the awareness and impact of air quality on physical and mental health.
3. It was noted that road traffic, and the consequences of, was the primary area of concern regarding air quality. It was stressed that a behavioural change regarding the use of motor vehicles was

required and was being promoted.

4. Members questioned recycling and waste disposal methods used, and noted that the Surrey Waste Plan suggested that it would use incineration methods to remove some waste. It was suggested by Members that this could have a detrimental impact upon air quality and should be monitored by the service. Officers agreed to look into this.
5. It was questioned by Members whether the service formulated a data set of key areas at risk from poor air quality and whether this was available to the public. Officers noted that this was in development and that it would be shared with the Board upon completion.
6. Members asked what this impact of the Surrey Air Alliance would be on District and Borough Authorities and questioned whether they were sufficiently engaged with this group. Officers stressed that Borough and District Authorities were key partners in the Surrey Air Alliance and that they were well engaged with the group.
7. Members stressed that hospitals would need to be engaged as a key partner, due to the high levels of emissions that are put out by them. It was noted by officers that hospitals were a key part of this initiative and that energy sustainability was an aspect of the work on the sustainable hospitals model.
8. District and Borough Members noted that air quality was a key aspect of local plans, but that there were no specific targets included.
9. The work around the Surrey Fire and Rescue Service as a health asset was outlined by the representative of Surrey Fire and Rescue Service. It was noted that there had been collaborative work undertaken with partners to engage with falls prevention. It was noted that the "Safe and Well" visits had been implemented with the aim of alleviating issues in a number of high risk areas including falls prevention, non-emergency (Telecare) response service and referrals of high risk vulnerable adults. It was highlighted that there was a high uptake for this service.
10. It was noted that the formulation and implementation of new locality hubs was in progress resultant of the success of the current service.
11. The witness for the Fire and Rescue Service stressed that there was no identified county-wide support for the utilisation of the Fire Service as a health asset and that there was a requirement for a Surrey-wide consensus across all partner organisations. They noted that CCGs would need to be a key part of this plan and that a business case was being developed with STPs with the potential requirement for support from the Health and Wellbeing Board to aid in finding Surrey-wide consensus in future.

12. Members requested more detail regarding the development of the non-emergency (Telecare) response service pilot in Elmbridge and whether details of the use of technology could be circulated to the Board. Members also stressed that the provision of Telecare could be improved.
13. Witnesses from Surrey Fire and Rescue noted that a paper had been submitted to Public Health and the six Surrey CCGs for approval to encourage the use of the Fire Service as a health asset. Members noted that the Health and Wellbeing Board would explore opportunities with commissioners of service to use the Fire Service as a health asset.
14. Officers highlighted the links between the Surrey Healthy Weight Strategy and the work undertaken in the prevention of Cardio Vascular Disease (CVD). It was noted that the Surrey Heartlands STP was undertaking a programme of early prevention work. Secondary prevention was also highlighted as a key priority, explaining that routine checks on this were being undertaken and creating positive results.
15. Members stressed that there was a requirement to look at the wider determinants of health and the public choice aspect of the causes of CVD in eating habits and awareness of health issues. Officers noted that this was a long term goal, but that the service was looking at any potential quick wins to help alleviate CVD issues.
16. Members questioned the consistency of treatment of CVD across all STPs covering Surrey. It was stressed that coverage of service must be maintained equally across the STPs and that the Health and Wellbeing Board should engage with the three STPs to ensure consistent practice.
17. Officers noted that there had been an individual and environmental change with regard to the use of tobacco, noting that many public sector organisations had implemented smoke free grounds and were encouraging smoke free home environments.
18. The service noted that they and the Surrey STPs were working in close partnership with Surrey Police to resolve the issue of illicit trade in tobacco, alcohol and drugs.
19. Members stressed that the next steps outlined in the report regarding prevention did not indicate a timescale for implementation, and noted that they would like to see additional impetus on some of these problems. It was noted that some of these actions could be undertaken by April 2019 and that a timescale for completion of these actions would be provided to the Board at a later date.

Actions/ further information to be provided:

None

RESOLVED:

That the Health and Wellbeing Board agreed to:

1. Ask that the Surrey Air Alliance report to the Health and Wellbeing Board as part of the next Prevention Priority Update to suggest key priorities for air quality in Surrey.
2. That the Health and Wellbeing Board would explore opportunities with commissioners of service to use the Fire Service as a health asset.
3. That there is an update provided in nine months to update the Board on work undertaken and give an indication of timescales.
4. That more work is undertaken with NHS organisations to explore how to use Fire as a health asset.

58/17 TRANSFORMING CARE PLAN [Item 10]**Witnesses:**

Liz Uliasz, Deputy Director, Adult Social Care
Diane McCormack, Director of Commissioning G&W CCG

Key points of discussion:

1. Officers outlined the plan and background, noting that the Transforming Care Plan was initially aimed towards being an adult social care project. It was explained that this had subsequently expanded to include children and young people due to increasing numbers of users and demand.
2. It was noted that tier four service users were all placed out of county. However, it was noted that there were a fluctuating number of service users being placed in and out of county.
3. Officers noted that the Intensive Support Service was developed in 2016 and had worked to support individuals in crisis and to prevent individuals from being admitted into assessment and treatment services. It was noted that the team involved in this met regularly and had reduced overall stay time and improved overall outcomes.
4. It was noted by officers that there had been a shift in the governance arrangements and that all of the workstreams highlighted which were discussed at the Transforming Care Partnership Board: Workforce, Estates, Prevention, Information, Advice and Advocacy, TCP Finance Plan, Service Development, 0 - 25 SEND.
5. It was noted by officers that the Estates workstream had been working on improved utilisation of assets and had reviewed a wide range of options. However, it was noted that there was a significant range of needs which limited any change in asset

utilisation.

6. It was stressed that the service needed to upon build and identify skill sets among staff and was undertaking a scoping exercise to do this.
7. Officers noted that the finance plan was being submitted to NHS England for approval in September 2017.
8. Members questioned how accommodation fit in with local health and care plans. Officers noted that there was a potential gap in provision, but that the service would seek to work more closely with local housing officers to ensure successful resolution and improve partnership working. Members suggested that this should be completed as a matter of urgency as local plans were almost completed.
9. Officers stressed that safeguarding was a key aspect of the plan and that training for staff would be undertaken regarding the utilisation of the Multi-Agency Safeguarding Hub and Surrey Police, and that any who had not undertaken this training would be accompanied by a member of staff who had.

ACTIONS/FURTHER INFORMATION TO BE PROVIDED:

None

RESOLVED:

The Health and Wellbeing Board:

1. Noted and approved of progress of the Transforming Care Plan.

**59/17 PROMOTING EMOTIONAL WELLBEING AND MENTAL HEALTH
PRIORITY UPDATE [Item 11]**

Witnesses:

Diane Woods, Mental Health Collaborative Commissioning on behalf of Surrey Heartlands and East Surrey CCG MH Collaborative and Blackwater Mental Health CCG Alliance

Key points of discussion:

1. Witnesses explained the background of the Emotional Wellbeing and Adult Mental Health Strategy approved by the Board in 2014 and highlighted the achievements undertaken as a result. It was explicitly noted that Section 136 persons in custody had reduced significantly. It was highlighted that the service was pleased with developments and achievements.
2. It was noted by witnesses that access standards had increased to Priority One: Promotion, Prevention and Early Intervention and that the priority actions had all been met for year three.

3. It was explained by witnesses that there was a gap in provision for perinatal mental health provision, but stressed that the service was working to improve this working in partnership with STPs. It was explained that a bid to commission perinatal mental health community services had been prepared for submission to Surrey Heartlands STP and Surrey Health CCG after successful implementation in East Surrey.
4. It was noted by witnesses that there had been significant work undertaken with regard to suicide prevention and that a multi-agency prevention plan was in place. It was stressed that work was underway to further develop the plan and that there was a need to engage more with STPs to help alleviate the issue.
5. Work on "Priority Two: Working Better Together" was outlined by witnesses, noting that there were significant challenges to delivery and that the service needed to work more in order to achieve its stated goal. However, it was noted that this issue was not isolated to Surrey and that it was a national trend. It was noted that there was a strong adult mental health movement in Surrey which could be engaged with better, but noted that independent care networks had improved involvement.
6. It was noted that the effectiveness of crisis care was rated as good, as noted in Priority Five.
7. Witnesses noted that there was a gap in provision relating to autism and challenging behaviour, but that the service was working to raise awareness of the issue with training for secondary care staff with Surrey and Borders Partnership NHS Trust.
8. Witnesses noted and explained the success of the implementation of the GP Education for Mental Health Advanced Diploma. Members questioned how many staff members undertook training. It was stressed that there was significant interest in this amongst staff and that the value of this training was recognised. It was noted that a new training provider would need to be sought, due to the provider falling through. Members stressed that there needed to be a continuation of these and encouraged the service to find a new provider for training.
9. The representative for Healthwatch Surrey questioned the amount of information available between referral and treatment and offered to help the service by providing user centric information. Witnesses noted that NHS Choices did hold some information and work with providers but welcomed the offer from Healthwatch Surrey to provide user centric information.
10. The representative of the Surrey Police and Crime Commission noted that instances of S136 in custody had dropped, but noted that there were some exceptions. Witnesses noted that they would look into any exceptions and report back to the Police accordingly.
11. Members noted that suicide prevention should remain a key priority due to the social and mental health impact on a wide range of people.

It was stressed by witnesses that the service would be keeping this as a key aim for the mental health priority.

12. The Chairman of the Health and Wellbeing Board opened the item to public questions:
13. Members of the public questioned the extent to which the service was working with housing agencies to ensure that they are trained to identify and work with issues in mental health for residents. Witnesses noted that work had started with providers and housing agencies to identify the level of need. It was noted that the agencies that the service was working with would be made available in the next public update of the Health and wellbeing Board.
14. Members of the public questioned work with the Surrey Mental Health Network and raised concerns that issues were not being addressed by the service, several of which were identified as long term issues.
15. Members of the public raised concerns regarding changes to Young People's Havens, and stressed there needed to be an emphasis on Mental Health. Members noted that this was a concern, but stressed that there have been good examples of where social inclusion in Young People's Havens has been successful, but that this should be monitored, stressing the requirement to maintain a good level of crisis care.

ACTIONS/FURTHER INFORMATION TO BE PROVIDED:

None

RESOLVED:

The Health and Wellbeing Board:

1. Noted the outcomes on the implementation of the commissioning Strategy at the end of year 3.
2. Will ensure each of the Health Wellbeing Board agencies have included or plan to include mental health in their strategies.
3. That the housing agencies that the service was working with would be made available in the next public update of the Health and wellbeing Board.

60/17 CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES TRANSFORMATION PLAN (2017) [Item 12]

Declarations of interest:

None

Witnesses:

Diane McCormack, Director of Commissioning G&W CCG

Key points of discussion:

1. The Director of Commissioning highlighted the Children and Adolescent Mental Health Services Transformation Plan (2017), noting that it was written on behalf of the six Surrey Clinical Commissioning Groups (CCGs) and that it was a requirement of the Health and Wellbeing Board to approve the plan once per annum.
2. The Executive Summary was highlighted, stressing that it had followed guidance issued from the Cabinet Office regarding children's input into plans, which the executive summary has done. Members stressed that this work was positive and that it clearly had young people in mind in its design.
3. Witnesses noted that the service was working to improve work with the voluntary sector, stressing that it hoped to provide access to Improving Access to Psychological Therapies (IAPT) training through a specialist workstream. It was noted that additional funding was being released to allow voluntary sector providers to embark on training.
4. Members noted the behavioural pathway and questioned what the timescale was for improving the waiting lists for the behavioural pathway. It was noted that the commissioner was working with the provider to help deliver the service and that a decision to improve the timescales would be made by March 2018.
5. Members questioned whether there was an outcome plan for the CAMHS transformation. Witnesses noted that the CAMHS Transformation Board ensures that the service discusses and scrutinises the service Key Performance Indicators (KPIs) to ensure that it is delivered within them.

Actions/ further information to be provided:

None

RESOLVED:

That the Health and Wellbeing Board:

1. Approved the Surrey CAMHS Whole System Transformation Plan (2017)
2. Noted the Executive Summary written by Surrey's young people and the impact of this transformational work demonstrates on the outcomes and experience for children and young people.
3. That CCGs would be asked by the Health and Wellbeing Board to ensure that the updated Plan is published on their websites.

61/17 CASE STUDY - INTEGRATED MODELS OF CARE [Item 13]**Declarations of interest:**

None

Witnesses:

Dr Andy Cross, Public Health Registrar

Key points of discussion:

1. Officers noted that the evaluation of the integrated models of care was focussed on the Surrey Heartlands STP and looked at a snapshot of locality care models primarily. The models of care, implementation of these and the evaluation of success used in the integration process were highlighted in the presentation attached as **Annex A**.
2. Members questioned whether there was merit in implementing a single care model. Officers noted that the locality model allowed for a tailored approach, noting that different areas had significantly different needs which could be addressed as part of this model.
3. Members queried whether the service held hospital discharge figures and whether these could be shared with the Board. Officers noted that these were in the full report which would be circulated to the Health and Wellbeing Board.
4. Members noted that re-ablement was a key aspect of any integration model and that the service should carefully consider this aspect. Officers stressed that there was a model in place with different levels of development across a wide range of areas. It was noted that the service was involving staff and that they shared instances of good practice across the different locality models to grow the service.
5. Members questioned the level of engagement with service users. Officers noted that they had engaged with service users as part of the evaluation stage, and noted the positive feedback, but that number of respondents for feedback was low. Members of the public noted that engagement with the public was positive and stressed that there needed to be more undertaken and with a wider audience.

Dr Andy Brooks entered the meeting at 3.13pm

ACTIONS/FURTHER INFORMATION TO BE PROVIDED:

None

RESOLVED:

1. That the service reports to the Health and Wellbeing Board on progress and next steps in one year.

62/17 SURREY HEALTH AND WELLBEING BOARD COMMUNICATIONS AND ENGAGEMENT UPDATE [Item 14]

Declarations of interest:

None

Witnesses:

Victoria Heald, Health and Wellbeing Programme Manager

Key points of discussion:

1. Officers highlighted the outcomes of a co-ordinated summer campaign in Surrey from June to September 2017, noting that the Communications Sub Group had done significant amounts of work with partners to raise awareness of seasonal health issues.
2. It was noted that the sub group had worked to examine key health issues identified in Surrey and tailor campaigns based on those. It was noted that the service had worked closely with Healthwatch and NHS England to produce relevant seasonal campaigns.
3. It was noted that different medium were used to engage with people living in Surrey, including online and printed, to deliver health messages. A one page summary outlining these medium was shared with the Board.
4. It was noted that the group is currently co-ordinating a Surrey-wide winter campaign, details of which are in the report.
5. Key challenges highlighted by the group was the timeliness of messages for health campaigns being issued from central government, and the relevancy issues that arise from this.

Paul Spooner left the meeting at 3.36pm

6. Members questioned whether the communications were in an easy read format for users. Officers stressed that all publication was available in an easy read format, which was welcomed by members of the public.

ACTIONS/FURTHER INFORMATION TO BE PROVIDED:

None

RESOLVED:

That the Health and Wellbeing Board:

1. Noted the progress made on Board communications and engagement since June 2017;
2. Endorsed the activity of the Communications and Engagement Sub-Group for the next six months and requested a further update in six months.

63/17 CCG COMMISSIONING INTENTIONS [Item 15]

Declarations of interest:

None

Witnesses:

Dr Andy Brooks, Clinical Chair Surrey Heath CCG

Dr Sian Jones, Clinical Chair Guildford and Waverley CCG

Dr Elango Vijaykumar, Clinical Chair East Surrey CCG

Key points of discussion:

1. Members noted the statutory responsibility to publish and approve CCG Commissioning Intentions to the Health and wellbeing Board and stressed the requirement for intentions to align with the Health and Wellbeing Strategy. It was noted that this was the second year of a two year plan.
2. It was noted that the Commissioning Intentions must align with STP plans. It was noted that STP plans, due to changes in NHS structure, are being published before CCG Commissioning Intentions.
3. It was stressed by Members that CCG Commissioning Intentions was an overview of all of the CCGs covering the Surrey area.
4. CCGs highlighted key work being undertaken as part of the Commissioning Intentions:
 - (a) Surrey Heath CCG particularly highlighting work regarding frailty and the work undertaken to identify early those at risk of frailty to promote wellbeing and independence. One particular initiative highlighted was measuring “chair rise” time to recognise those at risk of frailty. It was also noted that there was a frailty index being used by GPs to identify those in need of support early.
 - (b) Guildford and Waverly CCG noted that there was a single set of Commissioning Intentions for the Heartlands STP. Members highlighted adaptable care and how this is planned to work with devolution proposals.
 - (c) East Surrey CCG noted that their priorities were different from those of Sussex and East Surrey STP and stressed that their intentions were aligned more towards Surrey Heartlands. Members highlighted that it was working on socialisation in a joined up manner in committees.

Actions/Further Information To Be Provided:

None

Resolved:

That the Health and Wellbeing Board:

1. Approved the commissioning intentions and agreed that they are aligned to the Surrey Joint Health and Wellbeing Strategy.

64/17 DATE OF THE NEXT MEETING [Item 16]

The Board noted that its next public meeting would be held on 1 March 2018.

The Board noted that its next private meeting would be held on the 4 January 2018.

Meeting ended at: 3.59 pm

Chairman

Health and Wellbeing Board
5 April 2018
Board Business



Purpose of report:

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

The Health and Wellbeing Strategy (2018) is attached for reference and final approval.

Report contact: Richard Plummer, Democratic Services Officer

Contact details:

Tel: 020 8213 2782

Email: richard.plummer@surreycc.gov.uk

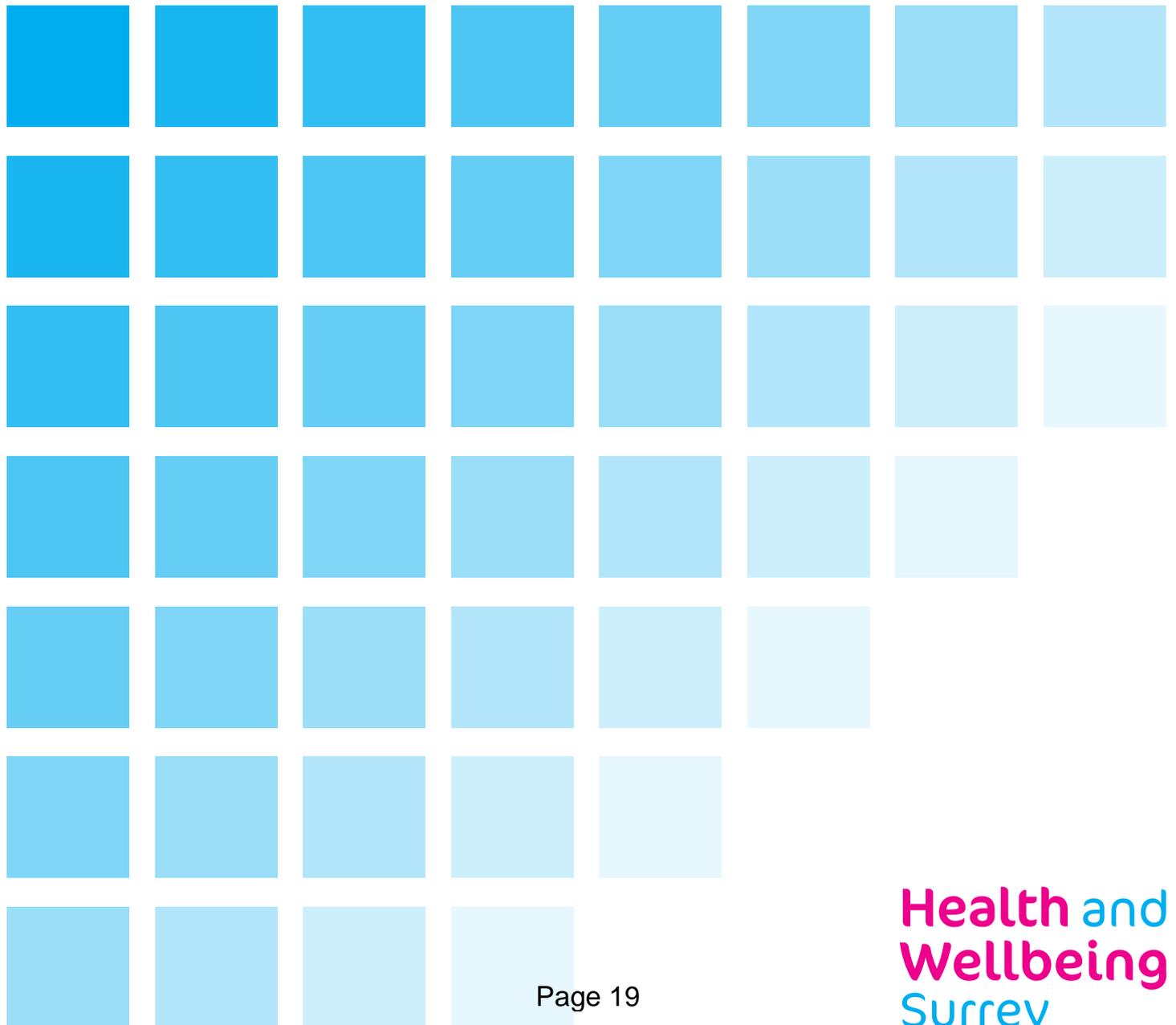
Supporting Documents:

Annex A – Health and Wellbeing Strategy

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Surrey's Joint Health and Wellbeing Strategy

“Through mutual trust, strong leadership, and shared values, we will improve the health and wellbeing of Surrey people”





5 **Dear Residents/Patients**

This is a 2018 refresh of the joint strategy between health and social care presented by the Health and Wellbeing Board. The joint strategy is an evolutionary document and the start of a conversation with you, our patients, people who use services, their carers, families, and partners.

This strategy sets out areas of priority and focus, which were selected based on what can we do better together than apart. Everything we do is to improve the health and wellbeing of you, the Surrey people.

County Councillor Helyn Clack

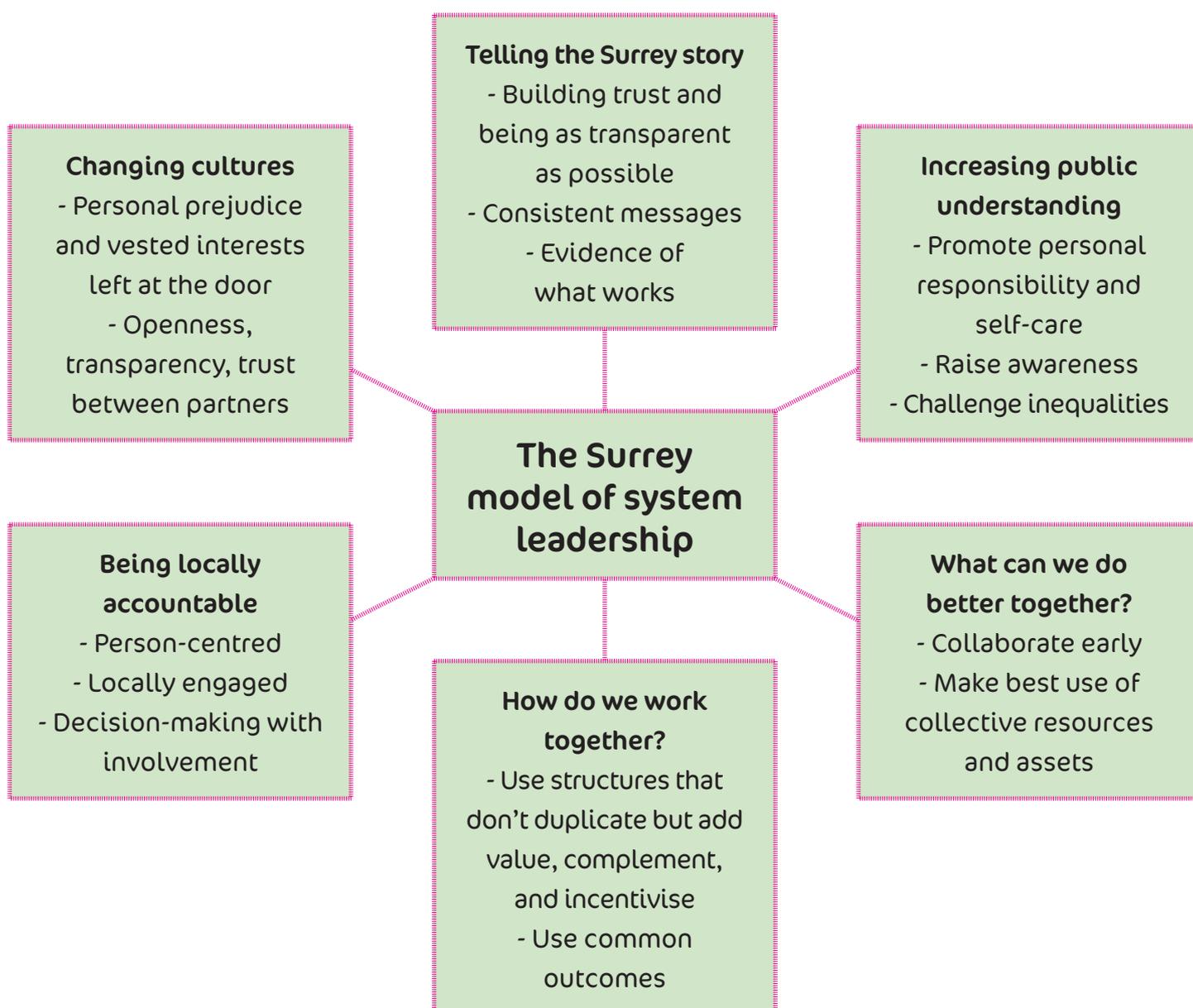
Cabinet Member for Health
Joint Chair – Surrey Health and
Wellbeing Board

Dr Andy Brooks

Chief Officer – Surrey Heath Clinical
Commissioning Group
Joint Chair – Surrey Health and
Wellbeing Board

Health and Wellbeing Boards were set up around the country in 2013 as part of the Government’s changes to the NHS. The Board is the place for the NHS, Public Health, children’s and adult social care, local councillors, voluntary, community and faith sector and service user representatives to work together to improve the health and wellbeing of the people of Surrey.

This joint strategy was refreshed by Surrey’s Health and Wellbeing Board in January 2018. The Board has set itself the ambitious challenge of developing the most innovative and effective health and social care system in the country. Surrey’s Board has built a strong foundation for leading this change by working in the following ways:



The Board sets direction and makes sure that direction is translated into activity, supporting each partner organisation. Some areas are led by specific partners and some are led by the Board as a whole.

To develop this strategy initially the Board asked for the help of Surrey residents, partner organisations and key stakeholders, to decide what it should focus on. While lots of work continues across all the areas considered, you helped us select five priorities where the Board should work together.

These are:

- **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**

You can find more information about all the priorities in the Joint Strategic Needs Assessment at www.surreyi.gov.uk. This pulls together lots of information about people in Surrey, how they live, where they live and their health and wellbeing needs. This information, along with the views of residents and partner organisations, provided the evidence base for the Health and Wellbeing Strategy and the focused areas of each priority.

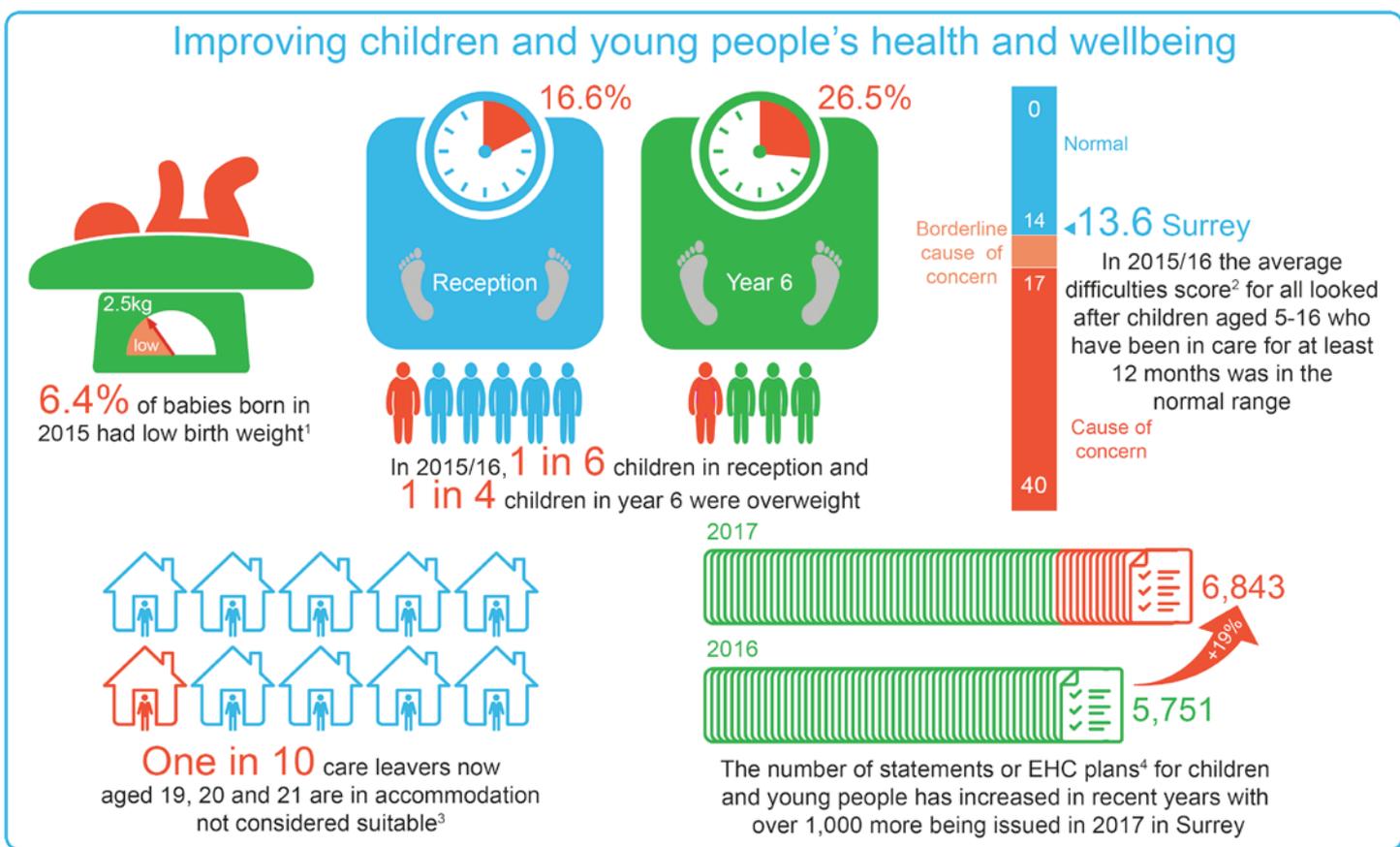
Priority 1: Improving children’s health and wellbeing

Improving children’s health and wellbeing means giving every child the best start in life and supporting children and young people to achieve the best health and wellbeing outcomes possible. We can do this by supporting families from the very start, right through to children becoming adults, and giving additional support where this is needed.

We will get this right so that:

- Children have a healthy weight
- The health outcomes for looked after children and care leavers improve
- Children with special educational needs and disabilities (SEND) have their educational, health and care needs assessed and met

Our Joint Strategic Needs Assessment tells us that in Surrey:



¹ All births with a recorded birth weight under 2500g ² Data is collected through a strengths and difficulties questionnaire (SDQ) and a single summary figure for each child (the total difficulties score), is submitted to the Department for Education through the looked after children return. A higher score indicates greater difficulties (a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern). ³ Accommodation is to be regarded as suitable if it provides safe, secure and affordable provision for young people ⁴ Statements of Special Educational Needs or Education, Health and Care plans - Data sources: Office for National Statistics, NHS Digital - National Child Measurement Programme, Department for Education.

Priority 2: Developing a preventative approach

We want to prevent ill-health and promote wellness, as well as spot potential problems as early as possible and ensure effective support for people. National and international evidence tells us that there is a clear link between social status, income and health, which creates a significant gap in life expectancy. Put simply people are healthy when they:

Have a good start in life, reach their full potential and have control over their lives, have a healthy standard of living, have good jobs and working conditions, live in healthy and sustainable places and communities.

You can find out more about this from: www.instituteoftheequity.org

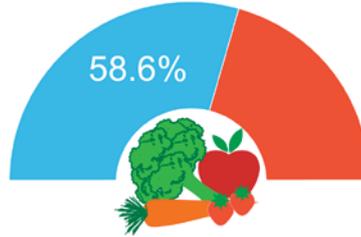
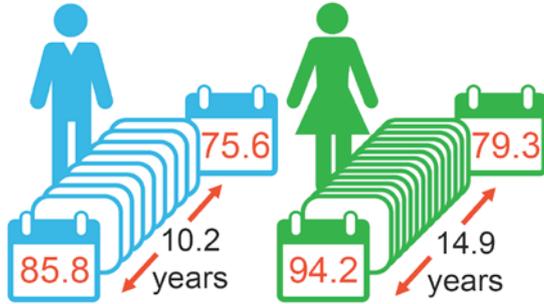
We will get this right so that:

- **The gap in healthy life expectancy across Surrey narrows**
- **People (children, young people and adults) with multiple needs have better health outcomes**
- **People eat and drink healthily, are physically active and stop smoking**
- **People travel actively, air quality in Surrey is improved and health is embedded in planning**
- **People with learning disabilities live independently locally wherever possible**

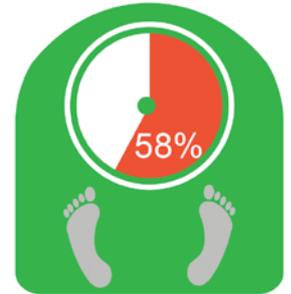
Our Joint Strategic Needs Assessment tells us that in Surrey:

Developing a preventative approach

The life expectancy gap between wards in Surrey is **10.2** years for men and **14.9** years for women



6 out of 10 adults eat the recommended 5 portions of fruit and vegetables per day



6 out of 10 adults are overweight²



Half of adults walk for 10 minutes at least 5 times a week¹

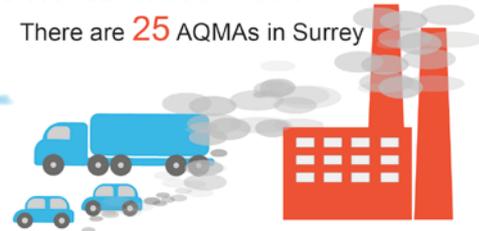
In the last 8 years the rate of alcohol-related hospital admissions per 100,000 population has increased by **43%**



In Surrey the estimated smoking prevalence for adults is lower than it is for England

Air Quality Management Areas (AQMAs) are set up for potential areas likely to breach pollution standards on NO₂ or PM₁₀³.

There are **25** AQMAs in Surrey



¹Number of respondents aged 16 and over who did at least 10 minutes walking on twenty or more days in the 28 days of the survey period

²includes overweight and obese ³nitrogen dioxide (NO₂) and particulate matter under 10 microns (PM₁₀).

Data sources: Public Health England, Department for Transport; Active People Survey, Sport England, Annual Population Survey (APS), Defra

Priority 3: Promoting emotional wellbeing and mental health

Positive mental health is a foundation of individual and community wellbeing. The communities in which we live, the local economy and the environment all impact on an individual's mental health. We want to promote good mental health for the wider population, early intervention to support people with emerging mental health needs and effective treatment and support services for people with enduring mental health problems.

We will get this right so that:

- **The gap in life expectancy for people with serious mental illness narrows**
- **Children, young people and families have good emotional wellbeing and mental health**
- **The provision of perinatal mental health services improves**
- **There is a reduction in the death rate from suicide**
- **People with mental health needs live independently wherever possible**

Our Joint Strategic Needs Assessment tells us that in Surrey:



¹The percentage of respondents scoring 6-10 to the question "Overall, how anxious did you feel yesterday?" ²Adults who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support, as a percentage of adults who are receiving secondary mental health services and who are on the Care Programme Approach (aged 18 to 69)

Data Sources: Office for National Statistics - Public Health England Annual Mortality Extracts, Annual Population Survey (APS), Health & Social Care Information Centre, NHS Digital

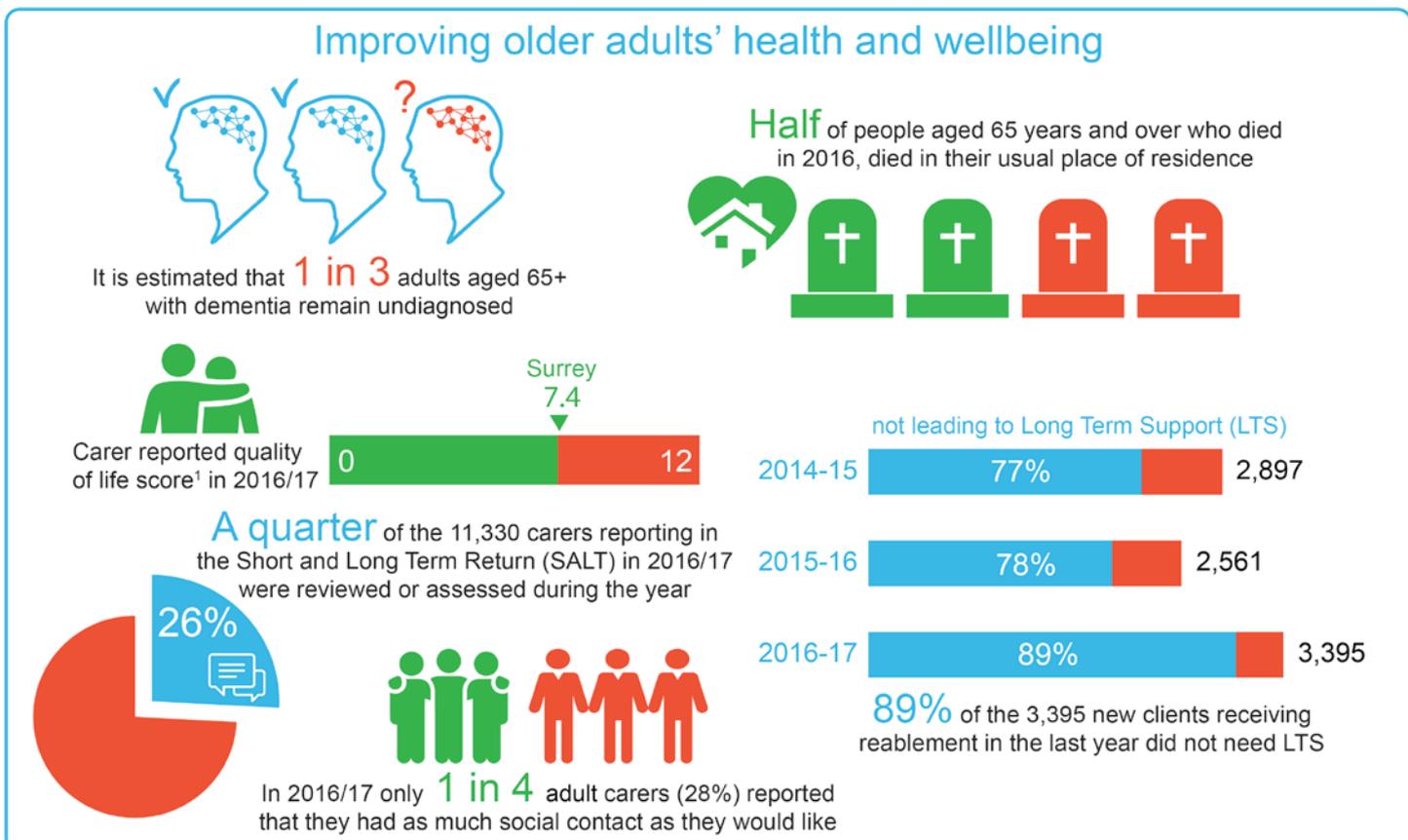
Priority 4: Improving older adults' health and wellbeing

More people in Surrey are living longer. This is great news, but there are also some challenges. The growing number of older people in Surrey will have a major impact, as older people are more likely to experience disability and long-term conditions. Part of the challenge will be to make sure that the right services are in place so that older people can remain independent for as long as possible. The number of people over 85 years old is predicted to increase significantly. People over the age of 85 often need more support from health and social care services. They are also at greatest risk of isolation and of poor, inadequately heated housing, both of which can impact on health and wellbeing.

We will get this right so that:

- **Older adults stay healthier and independent for longer**
- **Surrey is dementia friendly**
- **Carers are identified and supported**
- **People at the end of their life can choose where they die**

Our Joint Strategic Needs Assessment tells us that in Surrey:



¹ Each respondent to the 'Survey of Adult Carers in England' (PSS SACE) is assigned a score based on their answers to six questions. Each of the questions has three answers. Scores are assigned to answers as follows: No needs met = 0 Some needs met = 1 No unmet needs = 2. The numerator is then a sum of the scores for all respondents who have answered all six questions. The maximum score possible is 12. Data sources: NHS Digital, PHE analysis of Office for National Statistics Mortality File, NHS Digital ASCOF, Personal Social Services Survey of Adult Carers in England.

Priority 5: Safeguarding the population

Living a life that is free from harm and abuse is a fundamental right of every person and everyone has a responsibility for safeguarding children and adults. Any individual can be hurt, put at risk of harm or abuse regardless of their age, gender, religion or ethnicity. When abuse does take place, it needs to be dealt with swiftly, effectively and in ways that are proportionate to the issues, with the individual's views at the heart of the process.

Protecting this right means that people can grow up and live safely, and live a life that makes the most of their opportunities.

Working towards a Safer Surrey, we believe that children and their families have the strengths, resources and ability to recover from adversities.

We will get this right so that:

- **Children, young people and adults are safe and healthy in Surrey**
- **There is a reduction in the number of people experiencing domestic abuse and repeat incidents of domestic abuse**
- **There is a reduction in the number of people experiencing sexual abuse, including child sexual exploitation, rape and assault**
- **There is a reduction in the number of children experiencing abuse and neglect**

Our Joint Strategic Needs Assessment tells us that in Surrey:

Safeguarding the population

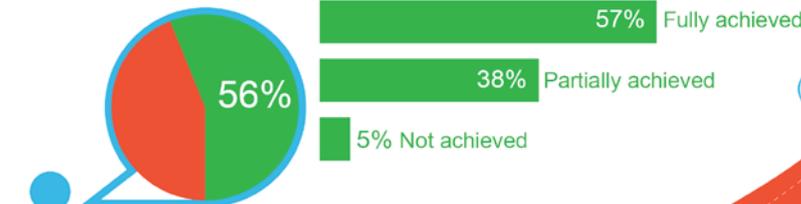


51% had their primary need² identified as "abuse or neglect" at assessment



One in 6 of the 6,003 MASH³ contacts received in October 2017 progressed to Children's Social Care;

In October 2017 there were **123** children at risk from Child Sexual Exploitation



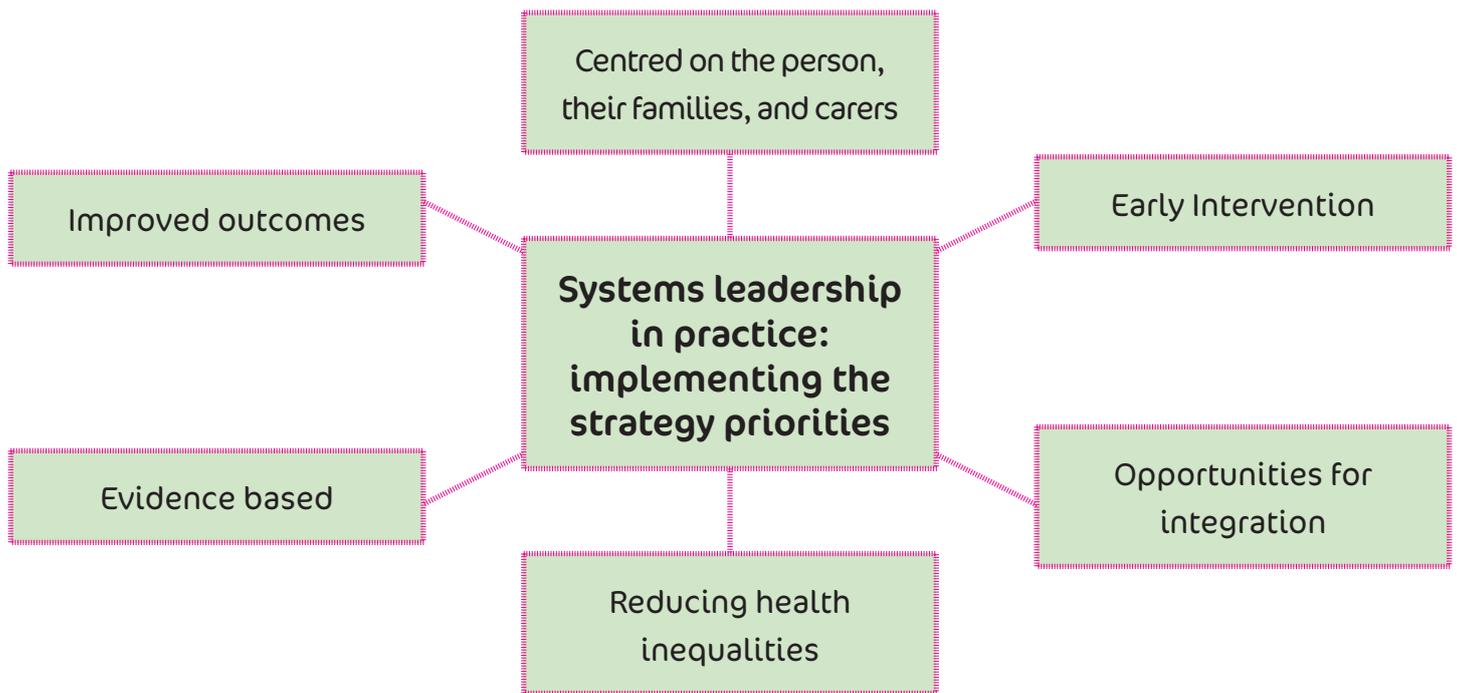
During 2016/17, more than half of adults at risk who were asked, expressed their desired outcomes and 57% of them said their outcomes were fully achieved



¹ A child in need is one who has been referred to children's social care services, and who has been assessed, usually through an initial assessment, to be in need of social care services ² Primary need indicates the main reason why a child started to receive services ³ Multi Agency Safeguarding Hub ⁴ The definition of "domestic violence" used here is the Home Office definition: "any incident of threatening behaviour, violence or abuse [psychological, physical, sexual, financial or emotional] between adults who are or have been intimate partners or family members, regardless of gender or sexuality".
Data sources: Surrey Police, SCC Performance Compendium, NHS Digital, Safeguarding Adults Collection (SAC) 2016/17, Department for Communities and Local Government

The Health and Wellbeing Board is the place to ensure each of these priorities is clear and present in the plans and actions of all its partner organisations. Each priority has an action plan and related strategy attached to it.

The Board has agreed a set of principles that will underpin its work together on each priority. The principles provide reference points for each discussion at the Board and will help to identify where to facilitate an improved outcome, support existing arrangements, challenge underperformance, or develop new ways of working:



The Board wants everybody in Surrey to be involved in improving their health and wellbeing.

You can keep an eye on the Board and let us know what you think or share any ideas you have by following us on www.surreycc.gov.uk/healthandwellbeingboard.

As well as joining us at Health and Wellbeing Board meetings you can find out what is going on in your local area.

Healthwatch Surrey represent the views of local people on health and social care issues, and they are members of the Health and Wellbeing Board. You can contact them and they always welcome new volunteers who want to be involved.

We will be reviewing our strategy and looking at what we will need to do in the future. We really need your help to do this so please join in. To find out more visit www.healthwatchesurrey.co.uk.

Working to improve your health and wellbeing

The Surrey Health and Wellbeing Board membership is made up of the following representatives:

County Councillor Helyn Clack

Joint Chair, Surrey Health and Wellbeing Board, Cabinet Member for Health, Surrey County Council

Dr Andy Brooks

Joint Chair, Surrey Health and Wellbeing Board, Chief Officer, Surrey Heath Clinical Commissioning Group

Dr David Eyre-Brook

Chair, Guildford and Waverley Clinical Commissioning Group.

Helen Atkinson

Strategic Director Adult Social Care and Public Health, Surrey County Council

Dr Charlotte Canniff

Chair, North West Surrey Clinical Commissioning Group

County Councillor Clare Curran

Cabinet Member for Children, Surrey County Council

David Munro

Surrey Police and Crime Commissioner

Rose Durban

Interim Strategic Director for Children's Services, Surrey County Council

Councillor Paul Spooner

Leader, Guildford Borough Council (District and Borough elected member representative)

Dr Russell Hills

Chair, Surrey Downs Clinical Commissioning Group

Peter Gordon

Chair, Healthwatch Surrey

Tom Kealey

Chief Executives Office, Reigate and Banstead Borough Council (District and Borough officer representative)

Councillor Clive Smitheram

Majority Group Leader, Epsom and Ewell Borough Council (District and Borough elected member representative)

Dr Elango Vijaykumar

Chair, East Surrey Clinical Commissioning Group

Dr Andy Whitfield

Chair, North East Hampshire and Farnham Clinical Commissioning Group

Jason Gaskell

Chief Executive, Surrey Community Action

Useful links and references

For further details on the work of the Board visit www.healthysurrey.org.uk/about or contact us by email healthwellbeingsurrey@surreycc.gov.uk

To find your nearest healthcare services and for comprehensive online information to help people make choices about their health visit: www.nhs.uk and www.healthysurrey.org.uk

For health advice and information about local services call NHS 111; a free to call number when you need medical help fast, but it is not an emergency.

For information about the health needs of the Surrey population visit: www.surreyi.gov.uk

To find out what local support and services are available in your area visit www.surreyinformationpoint.org.uk

The Board will use the following indicators to monitor whether we have achieved what we set out to achieve and to track progress against the strategy:

Priority ①

Improving children's health and wellbeing

Outcome →

- Children have a healthy weight
- The health outcomes for looked after children and care leavers improve
- Children with special educational needs and disabilities (SEND) have their educational, health and care needs assessed and met

Indicators

- Low birth weight of term babies
- Percentage of overweight or obese 10 – 11 year olds
- The average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March
- Care leavers now aged 19, 20 and 21 by suitability of accommodation, by local authority
- The percentage of Education, Health and Care Plans (EHCPs) completed within the 20 week statutory timeframe, over a 12 month period

Priority ②

Developing a preventative approach

Outcome →

- The gap in healthy life expectancy across Surrey narrows
- People with multiple needs have better health outcomes
- People (children, young people and adults) eat and drink healthily, are physically active and stop smoking
- People travel actively, air quality in Surrey is improved and health is embedded in planning.
- People with learning disabilities live independently locally wherever possible

Indicators

- Slope index of inequality at birth
- Statutory homelessness
- Re-offending levels per offender
- Percentage of smokers
- Rate of alcohol related admissions to hospital
- Particulate matter
- Rate of people in Surrey who walk or cycle to travel
- Life expectancy of people with learning disabilities

Priority ③

Promoting emotional wellbeing and mental health

Outcome →

- People (children, young people and adults) have good mental health and emotional wellbeing
- The gap in life expectancy for those with serious mental illness narrows
- The provision and outcomes of perinatal mental health services improves
- There is a reduction in the death rate from suicide
- People with mental health needs live independently wherever possible

Indicators

- Self-reported wellbeing score
- Number of people reached by the anti-stigma campaign 'Time to Change'
- IAPT access to treatment for older people (65+) as a proportion of older people in the adult population
- Proportion of people with SMI who have received complete list of physical checks
- Additional number of women receiving specialist perinatal care compared to baseline (placeholder)
- Rate of suicide
- Years of life lost due to suicide
- Proportion of people aged 18-69 in contact with adult mental health services in stable accommodation

Priority ④

Improving older adults' health and wellbeing

Outcome →

- Older adults stay healthier and independent for longer
- Surrey is dementia friendly
- Carers are identified and supported
- People at the end of their life can choose where they die

Indicators

- Estimated diagnosis rate for people with dementia
- Carer reported quality of life
- Rate of carers receiving assessments
- Proportion of people dying in their preferred place of death
- The number of people accessing reablement services
- Proportion of people that had reablement services that required no ongoing long term support

Priority ⑤

Safeguarding the population

Outcome

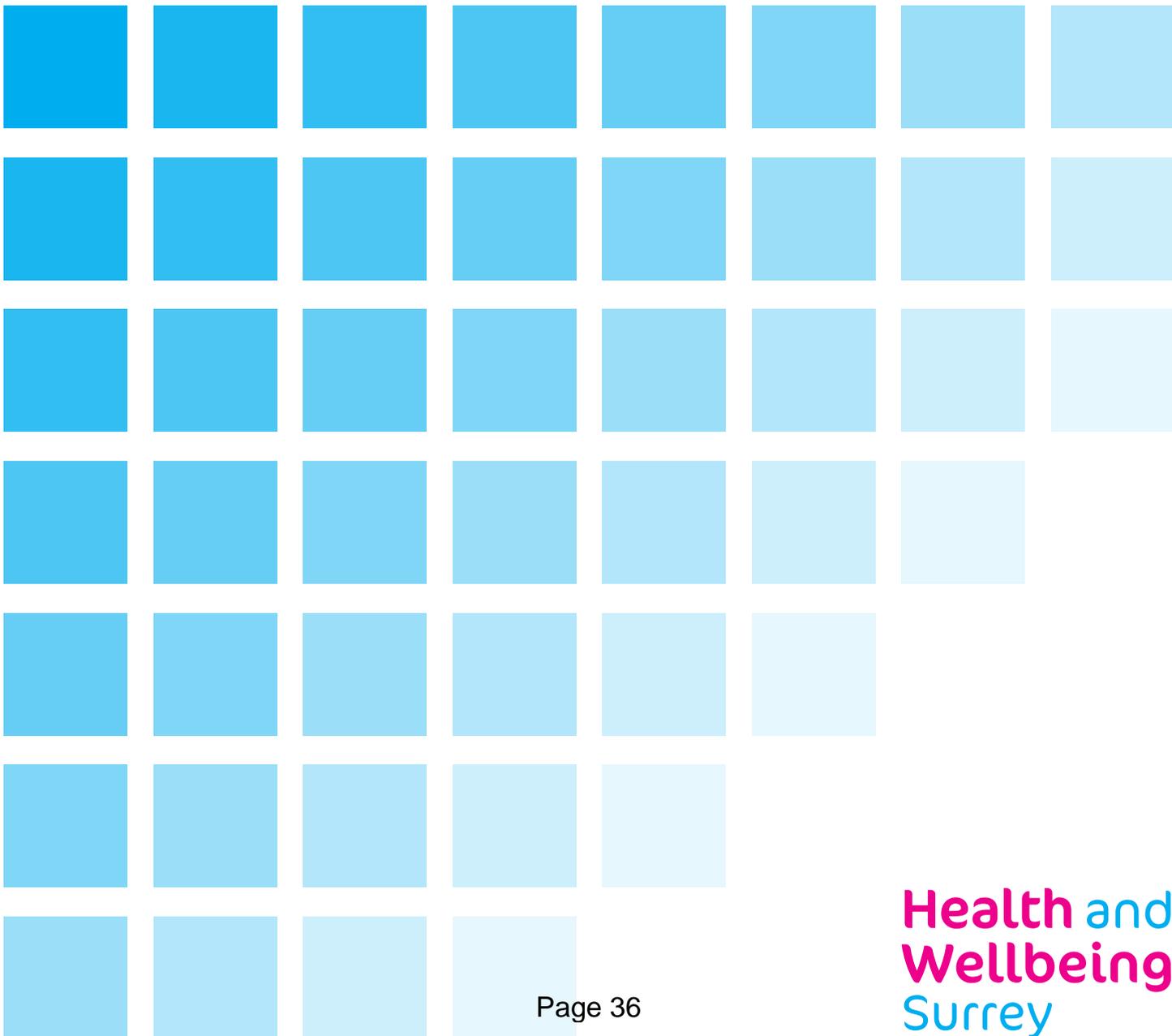
- Children, young people and adults are safe and healthy in Surrey
- There is a reduction in the number of people who experience domestic abuse and repeat incidents of domestic abuse
- There is a reduction in the number of people who experience sexual abuse, including child sexual exploitation, rape and assault
- There is a reduction in the number of children who experience abuse and neglect

Indicators

- Number of children in need
- Percentage of children with abuse or neglect identified at their primary needs assessment
- Rate of domestic abuse incidents recorded by police
- The percentage of MASH contacts with a decision made within timescales
- No. of children at risk from Child Sexual Exploitation (CSE)
- % of Care Leavers with a completed Pathway Plan
- Making Safeguarding Personal



5 For more detail on how we are doing in Surrey, with comparisons to other areas, see the Health and Wellbeing Board dashboard on www.surreyi.gov.uk



**Health and Wellbeing Board
5 April 2018
Letters Circulated by the
Board**



Purpose of report:

To review letters sent by the co-chairman of the Board between the date of the last meeting and the current date.

Report contact: Richard Plummer, Democratic Services Officer

Contact details:

Tel: 020 8213 2782

Email: richard.plummer@surreycc.gov.uk

Supporting Documents:

Annex A - Sussex and East Surrey STP Suicide Prevention Workstream

Annex B - Re: Sussex and East Surrey STP Suicide Prevention Workstream

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Our Ref: SA/mj

Date: 21st February 2018

Helen Atkinson
Via Email: helen.atkinson@surreycc.gov.uk

Swandean – Trust Headquarters
Arundel Road
Worthing
West Sussex
BN13 3EP

Dear Helen

Sussex and East Surrey STP Suicide Prevention Workstream

The STP mental health strategic framework outlined reduction in suicide as one of 12 opportunity areas which could deliver significant improvements to our system (see slide 13 of the attachment for opportunity description).

There is also an expectation from NHS England that CCGs and STPs “refresh or fully establish an STP-wide multi-agency suicide prevention plan bringing together local authority based action plans (in line with national guidance) and wider mental health transformation” by Q2 2018/19 and “if not receiving additional funds to strengthen plans as part of an STP-wide conversation in preparation for funding allocations in 2019/20” (see p11 of attached NHS England Draft Delivery Plan 2018/19).

We are requesting the participation of your local authority in a STP-wide suicide prevention workstream to deliver these opportunities and objectives. Martin Pickin (ESCC Lead PH Consultant) and Emma Wadey (SPFT Director Suicide Prevention) have agreed to co-chair the workstream project group and terms of reference will be agreed at the first project group meeting.

We are also seeking your written commitment (from your Health & Wellbeing Board) to the ‘towards zero suicide’ ambition announced by Jeremy Hunt on 31st January 2018 as the framework for the STP approach.

Please could you confirm that you’re happy for your local authority to participate in the workstream on this basis and who you wish to attend on your behalf by emailing Charlotte Clow, STP MH Programme Manager c.clow@nhs.net.

Yours sincerely



Samantha Allen
Chief Executive
Sussex Partnership NHS Foundation Trust



Ashley Scarff
Director of Commissioning & Deputy Chief Officer
High Weald Lewes Havens CCG

Interim Chair: Richard Bayley

Chief Executive: Samantha Allen

Head office: Sussex Partnership NHS Foundation Trust, Swandean, Arundel Road, Worthing, West Sussex, BN13 3EP

www.sussexpartnership.nhs.uk

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C/O Victoria Heald
Health & Wellbeing Programme Manager
Surrey County Council
County Hall
Penrhyn Road
Kingston upon Thames
KT1 2DN
Email: Victoria.heald@Surreycc.gov.uk
Tel: 0208 541 7492

Samantha Allen
Chief Executive
Sussex Partnership NHS Foundation Trust

Ashley Scarff
Director of Commissioning & Deputy Chief Officer
High Weald Lewes Havens CCG

22 March 2018

Re: Sussex and East Surrey STP Suicide Prevention Workstream

Dear Samantha and Ashley,

Many thanks for your letter of 21 February 2018 outlining the Sussex and East Surrey STP plans for suicide prevention. As chairs of the Surrey Health and Wellbeing Board we are really pleased to hear of your plans to prioritise suicide prevention with a dedicated workstream within your STP.

In Surrey, we have prioritised suicide prevention in our [Surrey Joint Health and Wellbeing Strategy](#) and we are currently developing a Surrey-wide prevention strategy to deliver this. This is due to be presented to the Surrey Health and Wellbeing Board in Autumn.

The Surrey Health and Wellbeing Board is committed to preventing suicide and we maintain our long term ambition to work towards achieving zero suicides in Surrey, for those known to mental health services.

Best wishes,



Cllr Helyn Clack
Co-Chair
Surrey Health & Wellbeing Board



Dr Andy Brooks
Co-Chair
Surrey Health & Wellbeing Board

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Health and Wellbeing Board
5 April 2018
Forward Plan and Actions
Review



Purpose of report:

To review and agree the Board forward work program and actions tracker.

Report contact: Richard Plummer, Democratic Services Officer

Contact details:

Tel: 020 8213 2782

Email: richard.plummer@surreycc.gov.uk

Supporting Documents:

Annex A - Forward Work Program

Annex B - Actions Tracker

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Surrey Health and Wellbeing Board Forward Work Plan 2018

Version control

Version	Date	Who	Change made
2.2	12/12/17	Victoria Heald (requested by Alison Bolton)	Moved Domestic Homicide Review case study from January to April 2018 following county-wide event
3	12/02/18	Victoria Heald	Moved University of Surrey Medical School case study from March to October (requested by Kamila Hawthorne)

Item title	Health and Wellbeing Board Champion	The Health and Wellbeing Board will be asked to?	Item type
January 2018 - Informal			
Implications of the Autumn Budget Statement and sharing forecast budget position	Co-Chairs	Discuss informally the forecast budget positions; and Identify opportunities, challenges and implications.	Discussion
Pharmaceutical Needs Assessment Consultation Response Review	Helen Atkinson	Review the outcomes of the responses to the Consultation on the Pharmaceutical Needs Assessment	Statutory Board responsibility
Voluntary Community and Faith Sector involvement in Sustainability and Transformation Partnerships	Jason Gaskell	Discuss the links between the VCFS and STPs; Discuss the vision for public engagement across Surrey; and Identify ways that these can be strengthened.	Workshop discussion
Surrey Compact	Jason Gaskell	Discuss Surrey Compact and identify ways in which the Board can adopt the principles.	Workshop discussion
February 2018 - Informal			
Children and Family Health	Helyn Clack	N/A	Case study
Older adults themed workshop, to include: <ul style="list-style-type: none"> i) Care Market Provision ii) Falls Prevention iii) Frail Elderly iv) Social isolation and health impacted loneliness 	Helen Atkinson, Mel Few, Andy Brooks	Discuss system-wide challenges relating to older adults; and identify ways to do things differently by working together. The Board will consider: <ul style="list-style-type: none"> v) Care Market Provision vi) Falls Prevention vii) Frail Elderly viii) Social isolation and health impacted loneliness 	Workshop discussion
March 2018 - In Public			

Priority Status update: improving childrens health and wellbeing. This will include: i) residential facilities for children with extreme complex needs and challenging behaviour; ii) learning from joint commissioning of monitoring and management for contracts with childrens services; iii) pathway into, through and out of CAMHS; and iv) mental health aspect of SEND)	Rose Durban, Charlotte Canniff, Clare Curran	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update
Priority Status update: improving older adults health and wellbeing (including Better Care Fund)	Helen Atkinson and Andy Brooks	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
Pharmaceutical Needs Assessment	Co-chairs	Sign off the updated Pharmaceutical Needs Assessment	Statutory Board responsibility
Joint Strategic Needs Assessment	Co-chairs	Sign off the process for updating the JSNA	Statutory Board responsibility
April 2018 – Informal			
Domestic Homicide Review	David Munro	N/A	Case study
CCG annual reports and operating plans	CCG Clinical Chairs	Note the CCG annual reports and operating plans; and Review how they have contributed to the Joint Health and Wellbeing Strategy	Statutory Board responsibility
Focus on health inequalities workshop:			
Civilian Military Partnership	Helyn Clack	TBC	Workshop discussion

Prisons	David Munro	Discuss the provision of health services in prisons; and identify ways the Board can do things differently together	Workshop discussion
Diversity and Inclusion	Russell Hills	Discuss diversity and inclusion; and identify ways the Board can do things differently together	Workshop discussion
Health needs of people with multiple needs, with a focus on substance misuse and alcohol	Helen Atkinson, David Munro	Discuss the health needs and provision of services for people with multiple needs, with a particular focus on substance misuse and alcohol; and Identify ways the Board can do things differently to support people with multiple needs	Workshop discussion
May 2018 – Informal			
Health and social care integration (provider)	TBC	N/A	Case study
Creating a sustainable health and social care system	Co-chairs	TBC	Workshop discussion
PREVENT	David Munro	Discuss PREVENT and identify ways for the health and social care sector can work with police colleagues to improve identification and referrals	Workshop discussion
June 2018 - In Public			
TBC	TBC	N/A	Case study
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update
Health and Wellbeing Board Communications and engagement update	Co-chairs	Note / discuss progress on Health and Wellbeing Board communications and engagement; and Endorse the next steps.	Regular Board update
Surrey Safeguarding Children Board Annual Report	Rose Durban, Charlotte Canniff, Clare Curran	Discuss the recommendations from Surrey Safeguarding Children Board Annual Report; and Consider implications for HWB member organisations	Statutory Board responsibility

Surrey Safeguarding Adults Board Annual Report	Helen Atkinson, Mel Few, Andy Brooks	Discuss the recommendations from Surrey Safeguarding Adult Board Annual Report; and Consider implications for HWB member organisations	Statutory Board responsibility
Priority Status update: Promoting emotional wellbeing and mental health	Mel Few, Elango Vijaykumar	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
Priority status update: Developing a preventative approach	Helen Atkinson, Helyn Clack, Andrew Whitfield	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
July 2018 – Informal			
TBC	TBC	N/A	Case Study
Board review and forward planning workshop	Co-chairs	Review the progress of the Health and Wellbeing Board over the last year; and plan for 2019.	Workshop discussion
Seasonal Health	TBC	TBC	Workshop discussion
Healthwatch Surrey Annual Report	Peter Gordon	Note Healthwatch Surrey's Annual report	
September 2018 - In Public			
TBC	TBC	N/A	Case study
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update
Priority Status update: improving childrens health and wellbeing	Rose Durban, Charlotte Canniff, Clare Curran	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update

Priority Status update: improving older adults health and wellbeing (including Better Care Fund)	Helen Atkinson, Mel Few and Andy Brooks	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
October 2018 - Informal			
University of Surrey's Medical School	Kamila Hawthorne	N/A	Case study
Focus on the wider determinants of health, including: i) Cardiovascular Disease Secondary Prevention ii) Social Prescribing iii) Planning and Health iv) Housing and Health		Discuss system-wide challenges relating to the wider determinants of health; and identify ways to do things differently by working together. The Board will consider: v) Cardiovascular Disease Secondary Prevention vi) Social Prescribing vii) Planning and Health viii) Housing and Health	Workshop discussion
November 2018 - Informal			
TBC	TBC	N/A	Case study
Learning Disabilities	TBC	Consider the impact of Learning Disabilities on people of all ages; note and endorse different projects happening across the partnership to alleviate these difficulties; and identify new ways to alleviate difficulties and set the strategic view.	Workshop discussion
December 2018 - In Public			
TBC	TBC	N/A	Case study
Sustainability and Transformation Partnerships update	CCG Clinical Chairs	Discuss progress on the Sustainability and Transformation Partnerships	Regular Board update
Health and Wellbeing Board Communications and engagement update	Co-chairs	Note / discuss progress on Health and Wellbeing Board communications and engagement; and Endorse the next steps.	Regular Board update

Commissioning intentions	Co-chairs	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.	Statutory Board responsibility
Priority Status update: Promoting emotional wellbeing and mental health	Mel Few, Elango Vijaykumar	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update
Priority status update: Developing a preventative approach	Helen Atkinson, Helyn Clack, Andrew Whitfield	Note / discuss progress on the children and young people's action plan; and Endorse the next steps.	Priority update

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Surrey Health and Wellbeing Board Actions and Recommendations Tracker 5 April 2018

The recommendations tracker allows Board Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Board meeting. Once an action has been completed and reported to the Board, it will be removed from the tracker.

KEY			
	No Progress Reported	Action In Progress	Action Completed

Actions

Reference	Date of Meeting	Recommendations/ Actions	Responsible Officer/ Member	Response	Status
A10/17	1 June 2017	Develop simple diagram to channel Health & Wellbeing Board communications to different types of audience.	Health & Wellbeing Board Programme Manager	Responsibility for devising this diagram has been delegated to the Health and Wellbeing Board Communications and Engagement Sub-Group who will report back to the Board once a suitable diagram has been created. (Updated: 12 June 2017)	Complete
A22/17	9 September 2017	Health & Wellbeing Communications Sub-Group to consider how hard copies of the new Joint Health & Wellbeing Strategy to be made available for those without access to a computer	Health & Wellbeing Programme Manager	Currently trying to source funding for printing of hard copies.	Complete
A23/17	9 September 2017	Health & Wellbeing Board to undertake an abridged consultation on the Joint Health & Wellbeing Strategy to be	Health & Wellbeing Programme Manager	The Strategy is attached to the Agenda as part of Board business for final approval	Complete

		completed by December 2017.			
A28/17	7 December 2017	Ask that the Surrey Air Alliance report to the Health and Wellbeing Board as part of the next Prevention Priority Update - the Alliance should suggest key priorities for air quality in Surrey, including timescales.	Developing a preventative approach priority leads/ Democratic Services Officer	An update on the key priorities for air quality in Surrey will be provided as part of the next prevention priority update in June 2018	Ongoing – Due June 2018
A29/17	7 December 2017	That the Health and Wellbeing Board would explore opportunities with commissioners of service to use the Fire Service as a health asset and that there is an update provided in nine months to update the Board on work undertaken.	Developing a preventative approach priority leads	Update to be provided as part of the developing a preventative approach priority update in June 2018	Ongoing
A31/17	7 December 2017	That more work is undertaken with NHS organisations to explore how to use Fire as a health asset.	Developing a preventative approach priority leads	Update to be provided as part of the developing a preventative approach priority update in June 2018	Ongoing – due June 2018
A32/17	7 December 2017	Will ensure each of the Health Wellbeing Board agencies have included or plan to include mental health in their strategies.	Improving emotional wellbeing and mental health priority leads	Update to be provided as part of the developing a preventative approach priority update in June 2018	Ongoing – Due June 2018
A33/17	7 December 2017	That the housing agencies that the service was working with would be made available in a public update of the Health and wellbeing Board.	Improving emotional wellbeing and mental health priority leads	This was included in the Board public update	Complete
A34/17	7 December 2017	That CCGs would be asked by the Health and Wellbeing Board to ensure that the updated CAMHS Transformation Plan is	Improving emotional wellbeing and mental health		Ongoing

		published on their websites.	priority leads		
A35/17	7 December 2017	That the Health and Wellbeing Board receive an update on progress and next steps in one year of the integrated models of care	Improving older adults health and wellbeing priority leads	Update to be given as part of the improving older adults health and wellbeing priority update in December 2018.	Ongoing – Due December 2018

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Health and Wellbeing Board
5 April 2018
Sustainability and
Transformation
Partnerships Update



Purpose of report:

That representatives of the Sustainability and Transformation Partnerships (STPs) provide an update on the STP's effecting Surrey and to engage in discussion with Board members on the difference that plans are making - and will make - for residents of Surrey.

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Health and Wellbeing Board
5 April 2018

**Joint Health and Wellbeing Strategy Priority Update:
Improving Older Adults' Health and Wellbeing**

Purpose of the report: Performance Management/Policy Development and Review

Recommendations:

1. The Board are asked to:
 - Note the progress made in the last five years' of the improving older adults health and wellbeing priority of the Joint Health and Wellbeing Strategy
 - Note the Surrey Better Care Fund and Improved Better Care Fund returns for the 2017-18 Quarter two period (Annex 1).
 - Endorse the next steps for this priority in the context of the updated Strategy; and
 - Receive an update on this priority in 6 months' time.

Introduction

2. The Surrey Joint Health and Wellbeing Strategy, which was first published in 2012, set out the context for the 'Improving Older Adults' Health and Wellbeing' priority:

"More people in Surrey are living longer, with the number of people over 85 years old predicted to increase significantly. This is great news, but this does pose some challenges as older people are more likely to experience disability and long-term conditions. Part of the challenge is to make sure that the right services are in the right place so that older people can remain independent for as long as possible. People over the age of 85 often need more support from health and social care services and are at greatest risk of isolation and of poor inadequately heated housing, both of which can impact on health and wellbeing."

3. This strategy has recently been updated and identifies new areas for focus to improve the health and wellbeing of older adults in Surrey. This

priority update will look back at the journey we have taken in Surrey since 2012 and will look at where we are now, highlighting the achievements we have made along the way. This update will also look to the future to what we will focus on next and how we will track the progress of this to ensure we are making the differences we want to.

Background

4. In 2012, health and social care services for older adults looked very different to how they do today in Surrey. In 2012, services were variable across the county, older patients had to tell their story numerous times to a number of different health and social care professionals and had to attend a variety of different appointments. If older people were in hospital, they were waiting longer than needed to be discharged and were frequently ending up back in hospital soon after they had been discharged.
5. System-wide, there was no shared understanding of the issues for older adults and no shared understanding of a vision for how we could improve the health and wellbeing of older adults living in Surrey. There was a high proportion of people with dementia and people who were carers over the age of 65 years with limited working together to tackle these issues. The health outcomes for these groups were lower than for the general Surrey population.
6. Based on the needs of older adults identified in the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy set out the outcomes that we hoped to see to improve older adults health and wellbeing:
 - Older adults will stay healthier and independent for longer
 - Older adults will have a good experience of care and support
 - More older adults with dementia will have access to care and support
 - Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible
 - Older carers will be supported to live a fulfilling life outside caring
7. The national Better Care Fund (BCF) programme aimed to bring health and social care partners together. In Surrey, the first BCF plan in 2014 set the strategic direction for the older adults priority, with the below three strategic aims, which the current two year plan (agreed by the Health and Wellbeing Board in September 2017), also prioritises.
 - Enabling people to stay well - maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs
 - Enabling people to stay at home - integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing care

- Enabling people to return home sooner from hospital - excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home
8. The Surrey Joint Health and Wellbeing Strategy and the Surrey BCF have been the main strategic delivery mechanisms for improving the health and wellbeing of older adults in Surrey over the last 5 years.

What actions have we taken together?

9. Partners across the Health and Wellbeing Board invested in a wide range of activities, services and programmes of work to improve the health and wellbeing of older adults from 2013.
10. The vision and strategic direction for this work was set at a series of Health and Wellbeing Board workshops starting in October 2013. These identified areas that required further focus across the health and social care system to make a difference to the health and wellbeing of older adults in Surrey; and the subsequent action plan for this priority was signed off by the Board in April 2014 - at the same time as the first BCF plan.
11. The action plan focused on the key outcomes of the strategy (paragraph 6) and the things that the system could do differently by working together.
12. The key achievements from 2012 to 2018 as a result of this action plan, the strategy and the BCF are outlined below under headings of the strategy outcomes.
- 13. Wider health and social care integration and BCF** (supporting outcomes 1 – 5 of the Joint Health and Wellbeing Strategy)
- The BCF has acted as a catalyst for driving forward health and social care integration. As a system, we have learnt a great deal from our experience in developing plans, negotiating and agreeing governance arrangements, and through the implementation of our plans. Our governance and accountability arrangements in the Surrey system have matured, and provided the sound base upon which our STPs have been built, and the delivery of ever closer integration.

The latest Surrey BCF plan for 2017-19 was formalised more quickly than in previous years, through seven joint Section 75 contracts. This BCF introduced further developments in our integrated working, agreeing as a system the approach for allocating the additional “Improved Better Care Fund” (iBCF), from the Department of Communities and Local Government (DCLG) . Also the introduction of the High Impact Change Model action plans for improving Delayed Transfers of Care from hospitals, with

separate joint plans being built for each Acute hospital system, being delivered in partnership with the local Acute Trusts.

- Wider integration and new models of care – current integrated models include (see previous updates for details on these):
 - East Surrey:
 - Integrated Reablement Unit
 - Integrated Discharge Team
 - Frailty Unit
 - CHC Discharge to Assess
 - East Surrey Intermediate Care Integration
 - Farnham:
 - Farnham Integrated Care Team (Vanguard project)
 - Guildford & Waverley:
 - Royal Surrey County Hospital (RSCH) Home First
 - Proactive Care Hubs in Guildford and in Waverley
 - North West Surrey:
 - Ashford Hub (SSASE Spelthorne GP area)
 - Thames Medical Hub (Runnymede and West Elmbridge GP area)
 - The Bedser Hub (Woking GP locality area)
 - Integrated Care Bureau (ICB)
 - Surrey Downs:
 - Epsom Health and Care (including the @Home Service) (20 GP practices in Epsom GP Health Partners Federation)
 - Dorking Integrated Community Hub (GP Federation Dorking Health Care)
 - East Elmbridge Integrated Community Hub (GP Federation - Surrey Medical Network)
 - Surrey Heath:
 - Surrey Heath Integrated Care Team
 - Surrey Heath Intermediate Care Integration
- The health and wellbeing of older adults forms an important part of the three Sustainability and Transformation Partnership plans (STPs) that cover Surrey. The key themes relating to older adults in these plans include:
 - Creating new models of care that enable older adults to access more integrated and co-ordinated care
 - Improved access to care outside of hospital for older adults
 - Improved quality of care, in particular fewer delays when transferring between care settings
 - Preventing older adults from becoming unwell.

14. Older adults will stay healthier and independent for longer

- We are helping more people to live independently with the proportion of older people (65 years and over) who were still at home 91 days after discharge from hospital has increased by 5% in Surrey from 2012/13 to 2016/17.
- More older people are able to choose how their care and support needs are met so that they can stay healthier and independent for longer in an environment appropriate for their needs. We have

done this through a county wide strategy aiming to deliver the best options of **accommodation with care and support** for older adults living in Surrey who need it. This includes nursing and residential care, extra care housing and specialist accommodation supporting people with mental health, substance misuse and learning disability needs. We are integrating our approach across health, care and community services in order to do this.

- One priority of the BCF, and monitored as one of its key metrics, is the rate of individuals aged 65 and over, who are permanently admitted to care homes. This metric is one way in which independence can be measured, as the desire is to maximise the number of people who can continue to be supported in their own homes, in a community setting. It has been possible to decrease the Surrey rate per 100,000 population from the 2014/15 year to date total to the 2016/17 full year total, by 12%.
- Simple equipment and technology enabled support, funded through our local BCF, has assisted older people to live more independently, supporting people with their activities of daily living, or by monitoring their safety. Simple equipment, or small changes to homes can make the difference between living independently and needing help or it can make caring for someone easier.
- Additionally, through the Disability Facilities Grant (DFG) pooled through the BCF, Surrey's Boroughs and Districts receive funding from DCLG for the provision of home adaptations which also supports older adults to remain independent and at home. And in 2017/18, a portion of that funding has also been provided by Boroughs and Districts to supplement health and care spend on community equipment.

15. Older adults will have a good experience of care and support

- The proportion of Surrey adults (all ages) who have had an inpatient experience of health services and would recommend to their friends and family was another key BCF metric and from April 2014 to March 2017, this improved from 92% to 97% across Surrey.

16. More older adults with dementia will have access to care and support

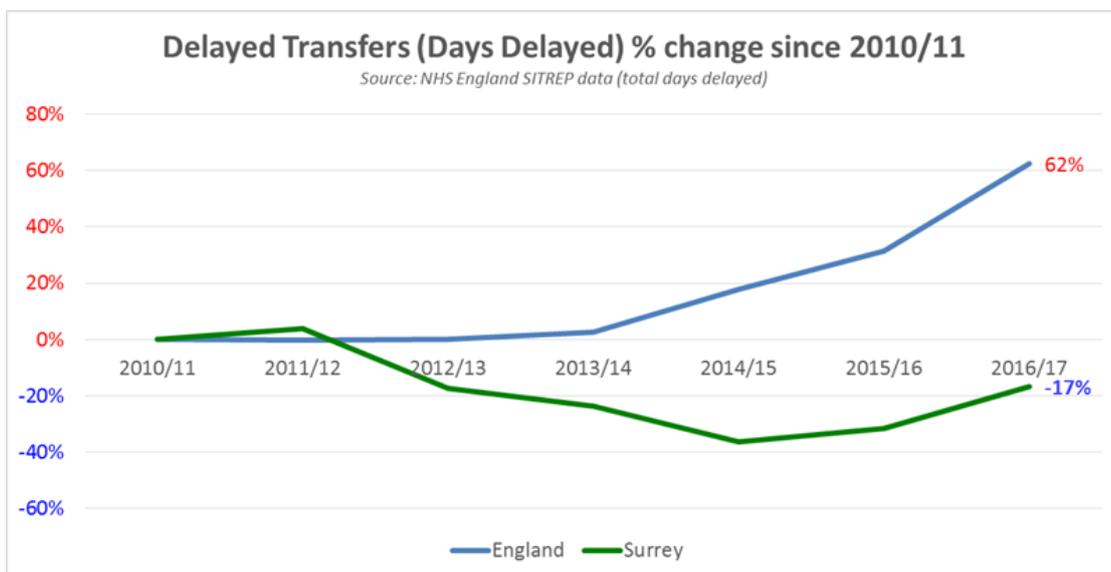
- Dementia diagnosis, as a percentage of local demographic estimates, was a locally identified BCF indicator and priority, and from April 2014 until March 2017, this improved by 14% across the county.
- We commissioned a dementia navigator service which supports over 1400 people with dementia and their carers each quarter; provides continuity of specialist support and advice; actively facilitates access to services in the community in a personalised way in order to sustain and improve the quality of life of people with dementia, their carer's and family, as and when they need it throughout their dementia journey. The navigators (currently under contract with Alzheimer's Society) signpost people with dementia and their carers to access appropriate services and to provide them with information and advice in order to keep them as

healthy and independent as possible in their own homes with choice and control over their lives, health and social care support.

- Over 100 Dementia Friends sessions have taken place in Surrey, resulting in over 1500 new Dementia Friends.
- Piloted the “Internet of Things” partnership project between Surrey and Borders Partnership, Alzheimer’s Society, University of Surrey and Royal Holloway. This involved putting devices into homes of 700 people in Surrey with mild-moderate dementia for six months. We are awaiting results of the research.
- Get Active 50+ provided sports and physical activities for over 2000 older people. Providers received dementia awareness training to ensure that people with dementia were well-supported.

17. Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible

- A key BCF metric is the number of non-elective admissions to hospital, and it is a priority to keep this low for the system. Over the years of the BCF, while the rate has increased due to rising demand, Surrey has maintained a non-elective admission rate consistently below that of England overall.
- Delayed Transfers of Care (DTC) from hospital, another BCF priority, has seen a decrease of 22% from April to November this financial year, across Surrey. And if we look at this measure over the last 7 years, DTC days have increased by 62% in total across England though they have reduced by 17% in Surrey. Between 2010/11 - 2011/12 Surrey’s performance was behind the England average. However, action taken since then, including embedding social care teams at hospital sites and implementing 8am to 8pm working 7 days a week, has enabled Surrey to significantly outperform the England average.



- Each local Acute system with support from ASC has built their own High Impact Change Model (HICM) action plans to improve Delayed Transfers of Care from hospitals. Some local examples of HICM activity include:

- East Surrey: Improved patient care in care homes - reduction in admissions and conveyances between care homes and the hospital, with continued growth in savings.
- G&W: Trusted Assessor model is in place in more than half of care homes. Out of area DTOCs (from Hampshire) have also decreased due to dedicated Adult Social Care resource in the local Acute hospital.
- North East Hampshire & Farnham & Surrey Heath: Phase one of the Frimley South Discharge to Assess plan has been initiated, focussing on intermediate care and complex individuals. Through a Discharge Collaboration Fund - protocol has recently been drafted for agreement.
- Surrey Downs: Continuing Healthcare trusted assessor process is now in place and being utilised.
- North West Surrey: The new Alamac database has been reviewed and updated to ensure full capture of system flow information; this has been completed in line with the Surrey Heartlands roll out of Alamac, which will provide both a local and STP view on activity.

18. Older carers will be supported to live a fulfilling life outside caring

- The quality of life score given by carers in Surrey, from the biennial Carers survey, is an average of 7.9 on a scale of 1 – 12 which is similar to England (2014/15). There is no trend data available for this indicator as the way it is collected has changed and therefore is not comparable.
- In 2018, services for carers in Surrey involve:
 - Independent Carers Support services
 - Breaks services agreed via GP practices
 - Identification of carers through the Carers Prescription system
 - High quality breaks services provided by Crossroads Care
 - Back care (moving and handling service for carers)
 - Support through Carers Assessments
 - Independent support for young carers and young adult carers
 - 25 Carer Practice Advisers supporting whole system working in statutory assessment teams and promoting integration at local level
 - Carers Digital Resource for carers
 - Promoting Carer Friendly Employment practice both within the health and social care workforce and wider community
- Below are some of the key achievements for older carers in Surrey in the last five years:
 - Receipt of a national Health Service Journal Award for Commissioning for Carers
 - Whole system working enhanced by adoption of “Together for Carers”
 - One of 4 exemplar areas working with NHS England on embedding carers issues within the work of STPs
 - 24,074 of carers registered with GP practices has risen by 8.66% in 2017-18

- 31,438 carers services delivered as a result of 20,953 carers prescriptions
- Carers Digital Resource was developed for Surrey but is now being rolled out nationally and is already used in 20 local authorities and several large employers as an employee benefit
-

What have we learnt?

19. As a health and care system, over the past 5 years, we have learnt a huge amount from our experience in developing plans, negotiating and agreeing governance arrangements, and through the implementation of our plans. Our governance and accountability arrangements in the Surrey system are now well matured, and have served well in the building of our STPs and will drive the delivery of integration across Surrey in the coming years.
20. The Health and Wellbeing Board built the work around whole systems partnership working and has proved invaluable at strengthening relationships and understanding between local government and NHS partners.
21. The re-alignment of Adult Social Care with CCG boundaries enabled and accelerated the development of local integrated health and social care services focused on the frail elderly. The BCF led to the development of new local joint commissioning arrangements between the council and CCGs, with pooling of budgets and co-location or integration of teams. By co-locating and integrating teams we have learnt that it enables information to flow easier meaning patients tell their story once instead of multiple times. By bringing different organisational cultures together we have seen improvements in communication, understanding and trust between partners.
22. The system has reaped the benefits of working through the challenges that the first year of the BCF provided. We learnt that true partnerships take time and commitment to develop and with open and honest dialogue, the development of shared objectives and ambitions it opens the system up to a greater appreciation of the opportunities integration can provide.
23. Having a partner lead on system wide health and social care metrics (Public Health team at Surrey County Council) enabled existing arrangements for intelligence sharing between partners to be expanded between CCGs, adult social care and public health. By using data visualisation such as Tableau, it has enabled us to communicate to a wider audience by presenting information clearly and succinctly and enabling us to have a shared understanding of the needs and performance across the county.
24. Building on the points above, the development of STPs in Surrey, has provided significant learning including:

- The importance of providers and commissioners leading and tackling challenges together
- The value of the wider determinants of health and the role the voluntary sector and districts and boroughs have to lead and deliver this
- Clinical and professional leadership across health and social care is crucial to enabling integration and system wide transformation
- Patient and public engagement is integral to the transformation of health and social care services
- The benefits of sharing skills across organisations, as demonstrated with local authority research expertise being used to develop the engagement model which has been recognised as best practice nationally.

What next?

25. The 2018 Health and Wellbeing Strategy continues to focus on older adults health and wellbeing and we will get it right so that:
- Older adults stay healthier and independent for longer
 - Surrey is dementia friendly
 - Carers are identified and supported
 - People at the end of their life can choose where they die
26. A dashboard will be developed and published on the internet to enable partners, key stakeholders and the public to keep track of Surrey's performance against these updated strategy outcomes.
27. The BCF plan for 2017 – 19 has been agreed and outlines the areas of focus and next steps for integration of health and social care to be:
- recognition that the pace of change and integration across Surrey needs to increase to meet rising demands, financial challenges and our ambitions for improving people's health outcomes;
 - the need to keep developing a more coherent and joined up approach to 'market management' as an important area of focus – this will help to ensure we have the right capacity to meet local needs and support the delivery of our sustainability goals;
 - the acceleration of our integration plans places greater importance on the engagement and involvement of patients and service users, and staff in shaping the changes that are being made; and.
 - focus on local delivery of HIC models in coordination with respective A&E Delivery Boards, to deliver improvements in helping individuals home from hospital
 - continue to coordinate Surrey-based integration plans and vision, across our complex system, and taking advantage of the opportunities in collaboration and shared system learning.
28. The BCF pooled budget arrangements across Surrey will be part of the future governance arrangements of STPs and integrated care

partnerships and wider joint commissioning arrangements. Integrating health and care services continues to be a key priority in the STPs going forward as described in the STP update at the 1 March 2018 meeting.

29. A few examples of local next steps include:

- A new model of integration involving Intermediate Care, Rapid Response and Reablement into one service in Guildford & Waverley
- The development of a hybrid health and care worker across both acute and community and community hospital discharges using current vacancies across all three services
- Continued development of the trusted assessor role across all disciplines
- A new Stroke Service launch in March in Epsom

30. The Health and Wellbeing Board had an in-depth workshop to understand and support some of the issues affecting older adults in February 2018. The Board heard about current work and challenges relating to falls prevention, frailty, social isolation and care market provision and discussed ways that they could work differently together to support older adults to live independently and healthily. Key actions to come out of this discussion included:

- The Health and Wellbeing Board to support partners to work better with communities to identify and help frail people.
- The Health and Wellbeing Board will work to embed the use of Health Impact Assessments across the health and social care system working with borough and district colleagues, Local Enterprise Partnerships and the care market. They will be used to champion the wider determinants of health; to help plan and prepare for health provisions and requirements relating to the care market; and to gather information relating to social prescribing to improve connectivity and combat social isolation.
- The Board will consider how the Making Connections programme – to help tackle social isolation – can be adopted widely in Surrey.

Conclusions:

31. We have achieved a great deal over the life-course of the previous strategy, however, there is always more that can be done. We will continue to work hard to deliver the new strategy to ensure that the health and wellbeing of older adults in Surrey is the best it can possibly be.

Next steps:

Next steps for this priority are to:

- Develop an action plan for this priority, feeding in the actions from the February Health and Wellbeing Board meeting.
- Provide a further update to the Health and Wellbeing Board in six months.

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Annexes/ further reading:

Background papers circulated to the Board – Better Care Fund submissions to NHS England for quarter two.

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Health and Wellbeing Board
Thursday 1 March 2018

Improving Children's Health and Wellbeing – Priority Status Update

Purpose of the report: Performance Management/Policy Development

The purpose of this report is to update the Health and Wellbeing Board on progress against the outcomes under the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy. An update is provided to the Board every six months with the last in September 2017.

Recommendations:

It is recommended that the Health and Wellbeing Board:

- i. note that progress has been made against the 'improving children's health and wellbeing' priority within the Joint Health and Wellbeing Strategy;
- ii. note the specific updates in relation to (i) residential facilities for children with extreme complex needs and challenging behaviour; (ii) learning from joint commissioning of monitoring and management for contracts with children's services; (iii) pathway into, through and out of CAMHS; and mental health aspect of SEND; and
- iii. receive a further update for the 'improving children's health and wellbeing' priority against the new set of outcomes, in six months' time.

Context

1. Surrey's [Joint Health and Wellbeing Strategy](#) (JHWS) outlines five priorities, the first of which is 'Improving children's health and wellbeing'.
2. The Surrey Children and Young People's Partnership Board and its joint commissioning strategy are the main delivery mechanisms for improving children's health and wellbeing.

Specific Updates

Residential facilities for children with extreme complex needs and challenging behaviour

3. Children Schools and Families (CSF) has recently established the 'Sustainable Futures' initiative which focuses on achieving a more cost effective and more local offer from the market that supports a financially sustainable model for quality social care and SEND placements for Surrey children. The Assistant Directors for Commissioning and Prevention, CSF Finance, Schools and Learning and Children's Services are co- sponsors of the initiative.
4. The indication that we have achieved this change will be the availability of a greater range of provision, particularly local provision, for placements for children (social care and SEND), which is affordable.

To do this we are proposing four strategic outputs:

- The cost of current provision is reduced.
- New affordable provision commissioned.
- The need/demand for residential placements is reduced through Early Help.
- Future commissioning and financial planning is aligned to robust modelling of future demand.

These four outcomes will be established in our current change programmes and evidenced through a specific performance framework.

5. Since 2014, Surrey's primary method of purchasing residential care for looked after children has been via the regional framework agreement procured by Hampshire County Council – this contract is due to expire in September 2018. In preparation for this SCC are working closely with Southampton City Council and 17 other local authorities across the south of England to develop a new 'flexible framework' which is due to commence by 1 October 2018.
6. As part of partnership arrangements for the new Framework, all members of the consortia will contribute to the costs associated with having a centralised contract compliance and quality assurance/market development coordination solution – ensuring that local authorities continue to work together and quality of provision remains high.
7. Within the tendering process there will be an option for children's homes to bid to provide services under 'Lot 5: Therapeutic Residential Care and Accommodation'. Under this lot, Providers will need to demonstrate their understanding of the challenges of working with highly traumatized children in residential care, who have a range of complex behaviours and be clear on how the (evidence based) therapeutic approach/service used within the home will improve the child's ability to function within their daily lives.

Learning from joint commissioning of monitoring and management for contracts with children's services

8. Through the joint management of the CAMHS contract, commissioning partners have taken an active role in improving data quality through a remedial action plan.
9. We also continue to work jointly on the Surrey Children's Community Health Service contract, working jointly to improve pathways for SEND and looked after children.
10. The joint Commissioners Forum is a good setting for developing shared understanding of achievements and challenges around the contract and agreeing joint action.
11. Ongoing joint work is required to ensure data is captured in line with the contractual targets, and those targets are appropriate to the resource level commissioned and the service delivery.
12. Learning from a recent contract review shows that desired outcomes and core purpose of services needed to be more clearly communicated in the contract.

Pathway into, through and out of CAMHS; and mental health aspect of SEND

13. Surrey and Borders have an improvement and development plan in place to improve outcomes for children, specifically for the Behaviour Pathway for children with Neurodevelopmental Disorders (BEN pathway) a number of changes have been made and some of these are highlighted below:
 - Review of pathway and standard operating procedures.
 - National Autistic Society introducing regular drop in clinics Jan 2018.
 - Non-medical prescriber in place.
 - Barnardo's reconnecting with families on the BEN pathway to attend Parenting Support Groups.
 - Autism Diagnostic Observation Schedule (ADOS) training completed on the 3 Jan 2018 with community staff to increase capacity.
14. CAMHS Transformation Funding is supporting a number of service areas including the new CYP Havens and Intensive Support Service, as part of the CAMHS "crisis umbrella" and implementation of the national CYP IAPT programme of training and outcomes-based clinical management. These services are set out in the updated Surrey CAMHS Local Transformation Plan (2017). Transformation funding is also supporting additional capacity within the current targeted contract for Care Leavers and the 3Cs service.

Overview of CAMHS Demand Pressures

15. On 20 February 2018, Surrey and Borders Partnership (SABP) alerted the commissioner that they were holding high levels of clinical risk and that they were unable to manage this risk with the available resources. This was the first time that this level of risk was highlighted. It was agreed that SABP would describe that risk and propose a plan to address it.
16. SABP have therefore developed a plan which describes three options to help clear the backlog. All options involve suspending the 'no wrong-door' approach for a limited period and require significant and additional investment. The options would involve use of a) current staff or b) current staff and additional locum capacity or c) additional external capacity.
17. Surrey County Council and SABP are working together to finalise proposed next steps. These will focus on:
 - supporting SABP to continue to undertake immediate harm reviews for all children on backlogged pathways;
 - rapidly co-developing, with SABP, an interim process to immediately address the clinical risk for children;
 - commissioning an independent review of Surrey Mindsight CAMHS, looking at the current model and the current financial envelope; and
 - partners exploring a re-design of CAMHS in Surrey, to inform future commissioning intentions.
18. The decision to extend the current contract, to be taken by a SSC and CCG Committee in Common in May 2018, is a key interdependency. The work done as part of the next steps should inform this decision.

Performance Overview

More babies will be born healthy

19. Surrey hospitals are being challenged by the national direction to reduce still birth rates by 50% by 2030. The rate of still births in Surrey's hospitals is similar to that seen nationally:
 - Breastfeeding initiation is higher than the national average, however, this decreases by 30% at 6-8 weeks.
 - Smoking at delivery is better than the national average, however, numbers remain at 4-500 people/year/trust. Smoking at birth, influences the likelihood of still birth and low birth weight.
 - Childhood immunisation rates are improving however remain below 95%.
 - There is currently no specialist tier 3 perinatal MH service in the county. Although a funding bid is currently being developed to address this gap.

Children and young people with complex needs will have a good, 'joined up' experience of care and support

18. Over the last six months extensive work has been underway to make progress on the SEND Written Statement of Action which followed the 2016 Ofsted and Care Quality Commission (CQC) inspection of SEND services in Surrey.
19. In November 2017 the Department of Education and NHS England undertook a monitoring visit to assess distance travelled since the inspection. Their analysis of our efforts to improve SEND services was a positive one which reflected 'substantial' progress in the last 12 months.
20. The SEND Joint Commissioning plan completed in November 2017 has highlighted some key opportunities for improving outcomes for children whilst securing sustainable services. Focussed work is underway to increase the opportunities for children to receive their education close to home and to identify and respond to need at the earliest opportunity.

More families, children and young people will have healthy behaviours

21. The Surrey-wide Children's Community Health contract is now near the end of its first year of delivery. There have been a number of challenges to delivery that include the timeliness of health assessments for Looked After Children and SEND. As well as waiting times for developmental paediatric and therapy services. In addition we are starting to see a decline in the delivery of the mandated Health Visitor, compared to the last quarter of 2016/17.
22. Children and Family Health Surrey (CFHS) have worked closely with the commissioning bodies to understand and, where possible, resolve these issues. We need to understand the implications of any further system wide changes that may affect delivery.
23. CFHS have been able to roll out areas of innovation. A number of which are now accessible on a Surrey-wide basis.
 - **CHAT HEALTH**; Personal and sensitive subjects can be difficult to discuss, particularly in a school setting, so based on a successful model developed in Leicestershire, the school nurse team in east Surrey introduced a texting service to communicate with students in secondary schools. Children and Family Health Surrey is now extending this service to all secondary schools in Surrey.
 - **'One Stop'**, the new centralised referral and triage service introduced by Children and Family Health Surrey, received more than 1000 referrals in November after extending its service across the whole of Surrey on 31 October 2017. The service triages referrals for Surrey's specialist children's community services and was introduced by Children and Family Health Surrey within months of taking on the new contract to run Surrey's children's services.

- **Immunisations**, The service also delivered the seasonal flu vaccination to 66% of children, across years R - 4. The Schools Childhood flu delivery programme completed in schools at the end of December 2017 but there are catch-up clinics in some areas in January 2018, so these figures will increase further.
24. Surrey experiences consistently better outcomes than the national statistics for young people leaving structured substance misuse treatment in a planned way (successful completions).

Health outcomes for looked after children and care leavers will improve

25. The number of LAC with a completed Initial Health Assessment continues to improve from 49% in December 2017 to 57% in January 2018 although it is significantly below the target of 80%. The number of children who had an IHA within 28 days of entering care is 31(9%).
26. Review Health Assessments for LAC in care 1 year or more remains stable at 71% which is below the target of 90%.
27. There has been a significant improvement in LAC in care for less than 1 year having a dental check. This has risen from 39% in December 2017 to 69% in January 2018. There is no target set for this at present, a request for information on this from the regional benchmarking group has been made to inform the decision for a target. Dental checks for children who have been in care for a year or more have improved from 68% in December 2017 to 73% in January 2018 but remains below the target of 90%.

More children and young people will be emotionally healthy and resilient

28. Data captured about our Child and Adolescent Mental Health Services has improved with more subcontractor data and manual data now being recorded to provide more accurate activity levels.
- **Referrals** have declined for the BEN pathway since September 2017 and increased for Extended HOPE. Referral numbers remain relatively low for Post Order, STARS, Care Leavers and Children in Care.
 - **Assessment and treatment** activity is increasing in particular for the BEN pathway. With existing trends activity is getting closer to agreed annual contractual levels. Earlier help being provided as pre-diagnostic support for the BEN pathway is now being more accurately reflected and shows a significant level of activity.
 - **Average waits** for referral to assessment have decreased for most services since September, apart from Children in Care and BEN. However, waits for assessment to treatment remain and are increasing in some services (Children in Care, Post Order). Waiting times for the BEN pathway and Primary Mental Health service and Post Order are particularly challenging.

Key Achievements and Outcomes

Key achievements over the last six months include the following:

More babies will be born healthy

29. The Surrey Heartlands STP women and children's workstream has achieved a number of successes including sign off by NHS England of the Local Maternity System (LMS) Plan.
30. The LMS plan describes the work of the Better Births Early Adopter programme which will soon see the opening of a single Advice Line for maternity services, across the STP patch. Helping women and families to access support whenever it is needed.
31. Other notable areas of progress include the scoping and development of maternity community hubs.

Children and young people with complex needs will have a good, 'joined up' experience of care and support

32. Following the monitoring visit in November 2017, the Minister of State for Children and Families acknowledged some of the key areas of improvement including:
 - The partnership work underway to improve identification of SEND
 - Reduction of permanent exclusions for children receiving SEN support or on statutory plans (EHC)
 - The progress made to ensure the voice of children and their families is embedded into ECH plans and
 - Improvements in the timeliness of assessments of new EHC plans

More families, children and young people will have healthy behaviour

20. The HANDi Paediatric App is a new app that has been launched across North West Surrey to provide advice and support to parents and carers if their children have symptoms of common childhood illnesses. The HANDi App offers simple and straightforward advice on what to do and who to contact when a child is unwell. You can download the HANDi App for Android phones from Google Play or the Apple App Store for iPhones by searching 'Handi app'.
33. 2,500 primary and secondary school pupils completed the Health Related Behaviour Questionnaire completed for 2017. This provides a broad set of health information across the county ([HRBQ 2017](#)).
34. All Surrey's 58 Children Centres have been assessed by the UNICEF Baby Friendly Initiative which trains health professionals in hospitals, health visiting services and children's centres to support mothers to breastfeed and help all parents to build a close and loving relationship with their baby irrespective of feeding method. Half of all the Children's

Centres are now fully level 3 accredited with the remaining awaiting the outcome of their assessment which took place in January. CFHS and the hospital maternity units are also accredited through UNICEF.

35. 21 of Surrey's Children's Centres are accredited as Healthy Children Centres. This award recognises the broad range of work children centres deliver and facilitate that impact on the health and wellbeing of children and their families. As a result of the success of this programme and in response to excess weight levels amongst Reception Year children, Public Health have procured the services of a dietitian to develop a healthy eating award for Early Years settings.

Health outcomes for looked after children and care leavers will improve

36. SCC Children's Services have reviewed and updated documentation related to the health assessment pathway - focussing on Initial Health Assessments (IHAs), clarifying the timescales, process and roles & responsibilities at each stage of the child's pathway. This was completed in Nov'17 and has helped to address pathway delays as evidenced by the reduction in delays over the last 3 months for children receiving an IHA within 28 days of coming into care.
37. Leaders from Surrey County Council, Guildford & Waverley Clinical Commissioning Group (CCG) and health provider met on 2 February 2018 and have agreed to take a system leadership approach to this with outcomes for children firmly at the centre. From the February 2018 Improvement Board onwards, a joint update on IHAs will be provided to the board, ensuring any conflicts with performance information are resolved in advance - this same report will be presented to the Corporate Parenting Board on 12 March 2018.

More children and young people will be emotionally healthy and resilient

38. The Extended Hope service, which provides out of hours mental health support service for 11-17 year olds in Surrey, has been honoured at the first ever Children and Young People's Mental Health (CYPMH) Positive Practice Awards 2018.
39. The Joint Strategic Needs Assessment was approved in September 2017, which was subsequently supplemented by a more detailed Joint Emotional Wellbeing and Mental Health Needs Assessment (December 2017). This included feedback from families and referrers and identified new and emerging needs to inform the development of a joint EWMH commissioning strategy.

Partnership alignment

31. We have been able to align the commissioning intentions for the six CCGs with those of the County Council's - Child First. These are also included within the Health and Wellbeing Board priorities in addition to

the commissioning intentions for the Surrey Heartlands Sustainable Transformation Partnership (STP).

32. The Surrey Heartlands STP Women and Children's Plan aims to reduce variation in service delivery and outcome and has a strong focus on prevention as well as improving access to services through maternity advice lines and localised apps.

Key Challenges

40. The monitoring visit of SEND services in Surrey reflected what we know about our ongoing challenges. Work continues at pace to ensure the national deadline is met to transfer Statements of Education to Education Health and Care Plans this year. More work is needed to improve the timeliness of EHCP assessments and to make progress on our ability to measure the quality of our plans for children and young people.
41. There are a number of challenges in relation to the targeted CAMHS contract:
- Some service waiting times are still too long, particularly in BEN, Primary Mental Health and Post-Order.
 - BEN pathway - issues around families accessing pre-diagnostic support, unclear interdependencies with other CAMHS teams and higher than contracted activity.
 - Some targeted services are underperforming, particularly Post Order and Care Leavers. Commissioners and providers will undertake further work to review if contracted activity levels are appropriate.
 - Very limited outcomes reporting for CYP from provider. Feedback from service users has been mixed, with concerns around accessing the service and receiving timely support. There has been positive feedback from service users of sub-contractors and crisis care (Extended Hope / HOPE).
 - Work needs to be done promote the CAMHS offer, particularly within schools, to deliver the message about what support is available and how to access it.
42. Budget reductions have taken place across all of public health's services including; health visiting, school nursing, sexual health and weigh management. Many areas for delivery are reliant upon partner organisations, including schools and children centres, for effective reach to families, children and young people. There is a risk of multiple savings being made in budget areas which serve the same area of population e.g. early years.
43. There are a number of challenges in relation to Independent Health Assessments experienced by Children's Services, the CCG, health provider and children in our care, many of which have been discussed at the Improvement Board, and have been highlighted as part of the commitment to take a new joint approach to monitoring and reporting in February 2018; key challenges include:

- Delays including reporting when a child becomes Looked After; obtaining consent; returning completed IHA reports, recording on the case management system.
 - Suitable times for appointments including having a different assessment approach for children of different ages.
 - Child or social worker not attending appointments and not failure to arrange transport or interpreters where required.
 - Different tools and methods used for tracking children through the pathway and access to different information used for reporting.
44. A number of these challenges are also experienced for Review Health Assessments and Dental Check processes as well.

Conclusions:

45. It is critical that we continue to respond to what we hear with passion and purpose and work better together to keep our children seen, safe and heard, not just some of the time, but all of the time. We can achieve this by ensuring our best practice becomes consistent practice for children and families in Surrey.
46. We have made some progress working in partnership to improve the health and wellbeing of children in Surrey however a number of practice shortfalls and joint partnership challenges remain in particular around performance issues in CAMHS and mental health support for children, and Independent Health Assessments and dental checks for children in care.

Next steps:

Key next steps include:

- a. The partnership-wide Surrey Children's Improvement Board will continue to drive the delivery of our shared Improvement Plan and oversee progress and impact for children. The Children and Education Select Committee, Surrey Safeguarding Children's Board, Corporate Parenting Board and all Members – particularly in the role of Corporate Parents - will continue to play a vital role in ensuring we are making a difference for children.
- b. Subject to final agreement at the Improvement Board on 22 February 2018, the proposed improvements for Initial Health Assessments agreed with SCC and CCGs include:
 - Taking a different approach to conducting Initial Health Assessments for children and young people of different ages.
 - Establishing a different pathway for those children and young people that refuse to undertake a health assessment.
 - Providing access to Surrey County Council's children's data for the CCG and Health Provider.

- Reporting of performance information jointly to the Corporate Parenting Board, Information Board and Select Committee Performance sub-group from February 2018 onwards.
 - We will continue to monitor and scrutinise performance and improvement activity for individual children and at a 'system-wide' level utilising our improved Tableau reporting system.
- c. To improve our SEND services we continue to work closely with families, young people and our partners in health and education to prioritise the activity that will have the biggest impact for example, we are working together to define a common set of outcomes which will provide better consistency of assessments and support across services.
- d. We recognise that there remains much to do along our SEND improvement journey and so work continues at pace. We will continue to prioritise the commitments as laid out in the Written Statement of Action whilst pursuing our ongoing improvement activity with families, young people and partners across the SEND system.
- e. Whilst there are challenges with the ongoing perception of CAMHS and mixed performance, the commissioners and providers will continue to work together to address challenges and develop the services to meet need. This will be done through:
- Specific focus on bringing down wait times and improving performance through a joint review of year 2 of the contract by commissioners and providers. This includes reviewing contracted activity levels and resources and how experience is impacting upon service design and delivery. This will be delivered through clear, specific actions and be time bound.
 - Ongoing monthly contract and quality management meetings.
 - Planned Committees in Common process for commissioners to agree jointly the decision to extend for 2 years or re-procure at the end of the contract term.
 - Development of a Joint EWMH commissioning strategy to inform future commissioning developments and improvements.
- f. A number of the public health contracts have only recently been re-commissioned and therefore there is a continued need to understand the implications of budget savings on service delivery and associated outcomes. Public Health and the CCGs will continue to work with our service providers in their ambitions to transform services across Surrey.
- g. Public Health and the CCGs will continue to align commissioning intentions with the priorities of the Sustainable Transformation Partnerships. This also provides further opportunities to embed prevention and early help within wider clinical pathways for maternity and children's services.

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Health and Wellbeing Board

DATE: 5 April 2018

TITLE: Pharmaceutical Needs Assessment

Purpose of report:

- a) To present the Surrey Pharmaceutical Needs Assessment (PNA), highlighting key aspects of the PNA including its recommendations to the Health and Wellbeing Board (HWB)
- b) To ask the HWB to ratify the PNA following the Chair's Action to approve publication on 1st April 2018 in accordance with the requirements of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

Introduction:

1. From the 1st April 2013 Health and Wellbeing Boards (HWB) have a statutory responsibility as set out in the Health and Social Care Act 2012 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.
2. The regulations require PNAs to be revised at least once every 3 years or more frequently if changes to the local population or services are sufficient to require a supplementary statement. Surrey HWB published its first PNA on 1st April 2015. The first revision is therefore due by 1st April 2018.

What is the PNA used for?

3. Under the NHS Regulations (2013), a person (a pharmacist, a dispenser of appliances, or in some circumstances and normally in rural areas, a GP) who wishes to provide NHS pharmaceutical services must 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.

4. A PNA also gives an opportunity for the Health and Wellbeing Board to understand how pharmacies might better contribute to addressing the health needs of the local population through identifying gaps in access or the potential to improve the health of the local population through more targeted interventions.

Scope of the PNA

5. Schedule 1 of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and sets out what information must be contained in the PNA.
6. The following is not within the scope of the PNA:
 - 6.1 Collaborative arrangements between pharmacies and other sectors
 - 6.2 Accessible Information Standard (AIS)
 - 6.3 Physical access
 - 6.4 Service quality

Process of developing the PNA:

7. The Surrey HWB delegated responsibility for overseeing the production of the Surrey PNA to the Surrey PNA Steering Group chaired by Public Health with representation from pharmacy, general practice, Clinical Commissioning Groups, NHS-E and Healthwatch. This group has met since February 2017 to provide guidance, support and oversee the production of the 2018 Surrey PNA. An Operational Group was formed to take responsibility for the production of the PNA, analysing local demographics, health needs, and service needs as well as consulting with the public and other local stakeholders.
8. The previous PNA was reviewed and any changes to the structure agreed. An assessment of the coverage of pharmaceutical services was made. Surveys were carried out to seek views on pharmaceutical service provision from those delivering services as well as consulting with the public, GPs and other health care professionals on their experience of provision. Analysis of the data was conducted to identify gaps in service provision and opportunities to secure improvements or better access to pharmaceutical services. Pharmacies were also mapped to see where they might be able to impact on local health need.

9. A consultation on the draft PNA document was undertaken between 2nd October and 1st December 2017 when views of the public and other stakeholders were sought to ensure the PNA is reflective of the needs of the Surrey population. The Regulations (2013) require a consultation period of 60 days and stipulate who must be consulted. Responses to the consultation have been included as a section within the PNA and have been used to inform the final draft of the PNA.

Content of the PNA:

10. The PNA is comprised of 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: the PNA has considered the role and functions of pharmacies, and how they relate to a number of important local health needs chosen on the basis of the potential for impact by local pharmaceutical services.

Section 5: Current Pharmaceutical Service Provision: describes the number of pharmacy contractors (community pharmacy and dispensing doctors) in Surrey by CCG locality, considers access to them in terms of time and distance and the services they provide. This section includes maps of 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 programme.

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

Section 11: Conclusions and recommendations of the PNA.

Section 12: Consultation report: a summary of the responses received from the consultation on the draft PNA.

Section 13: Further information: including references and bibliography.

Section 14: Addendum: changes to pharmacy contracts after production of the draft PNA to the end of December 2017

Key findings and recommendations of the PNA:

11. Changing policy context

The current PNA has been undertaken in a rapidly changing policy context for community pharmacies. Between the changes to the funding arrangements for pharmacies and rapid organisational change in the NHS with Sustainability and Transformation Partnerships and the General Practice Forward View, the next three years will be a period of change for pharmacies.

12. Population growth

Recognising the potential for change in local populations due to proposed large scale housing developments in Surrey, the PNA Steering Group should review actual increases in population and the implications of any increases on an annual basis and publish their findings in a PNA supplementary statement.

13. Necessary Service Provision

Taking into account current service provision and the access residents of Surrey HWB have to pharmaceutical services in terms of distance, time and choice, it is concluded there are no gaps in necessary service provision.

14. Other relevant services: Improvements and better access

14.1 Public Health and the commissioned specialist stop smoking service in Surrey, Quit 51, should work with pharmacies in the remaining areas of high smoking prevalence which do not yet have an agreement to provide stop smoking services.

14.2 Given the higher prevalence of asthma in more rural areas of Surrey where access to the New Medicine Service (NMS) is poorer, CCGs should consider how best to address the access to the NMS for these patients to support them in managing their condition.

14.3 Local health partners seeking to address health inequalities should consider how best to ameliorate the impact of poorer access to community pharmacies in

areas of higher multiple deprivation and higher health and disability deprivation.

15. Signposting

Many residents are not aware of the range of services offered by local pharmacies or the availability of services outside of daytime hours. Local health partners should consider a campaign to signpost local residents to NHS Choices for detailed information about their local community pharmacies and the services they offer to improve local understanding and access to existing services.

16. Inter-professional contact

While most GPs had daily contact with their local pharmacies and most healthcare providers had regular contact, many thought that inter-professional contact could be improved. Pharmacies and Local health partners should explore ways in which inter-professional contact and collaborative working can be improved for the benefit of local residents.

17. Overall recommendation

Local Clinical Commissioning Groups and the Sustainability and Transformation Programme should consider the findings and recommendations of this PNA in the course of their on-going work to improve the health of the local population, implement the GPFV and improve urgent and unplanned care services.

Recommendation to HWB:

18. In order to approve the PNA, it is suggested that the HWB consider:
- a. Whether the process followed to produce the PNA was robust and met the regulations
 - b. Whether the findings are appropriate to the evidence found
 - c. Whether the recommendations are commensurate with the findings
19. It is recommended that the Health and Wellbeing Board approves the final draft of the Surrey PNA (2018) and agrees to its publication.

Next steps:

20. Following sign off, the PNA will be published online on Surrey-i.

21. The PNA will be published by 1st April 2018.
 22. The Regulations state each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment. The Surrey PNA should therefore be revised by 1st April 2021. In the interim, the chair of the PNA Steering Group will review annually the need for a revised statement or a supplementary statement to keep the PNA up to date as required by the regulations.
-

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Sources/background papers: Surrey Pharmaceutical Needs assessment 2018 and appendices.

Surrey Pharmaceutical Needs Assessment

April 2018

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Glossary

ACT	Accredited Checking Technician
AUR	Appliance Use Review
BBV	Blood Borne Virus
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
D&B	District and Borough
DAC	Dispensing Appliance Contractor
DCLG	Department for Communities and Local Government
EHC	Emergency Hormonal Contraception
EPS	Electronic Prescription Service
FP10	NHS standard prescribing form
GP	General Practitioner
GPhC	General Pharmaceutical Council
GRT	Gypsy, Roma and Traveller
HCV	Hepatitis C Virus
HSCIC	Health & Social Care Information Centre
HWB	Health and Wellbeing Board
IC24	Integrated Care 24 – not for profit organisation (provide OOH cover at ESH)
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
LPN	Local Professional Network
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
LTC	Long Term Condition
MAR	Medicines Administration Record
MDS	Monitored Dosage System
MUR	Medicine Use Review

NHS	National Health Service
NHSE	NHS England
NHSCB	National Health Service Commissioning Board, now known as NHS England
NICE	National Institute for Health and Care Excellence
NMS	New Medicine Service
NSP	Needle and Syringe Programme
NUMSAS	NHS Urgent Medicine Supply Advanced Service
ONPOS	Online Non-Prescription Ordering Service
ONS	Office for National Statistics
OST	Opiate Substitution Therapy
PCT	Primary Care Trust
PGD	Patient Group Directive
PHA	Public Health Agreements – contracts between providers and SCC
PHE	Public Health England
PNA	Pharmaceutical Needs Assessment
PSNC	Pharmaceutical Services Negotiating Committee
PURM	Pharmacy Urgent Medicines
PWID	People Who Inject Drugs
RDS	Repeat Dispensing Service
SAC	Stoma Appliance Customisation Service
SCC	Surrey County Council

1 Executive Summary

1.2 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 the area covered by that HWBⁱ.

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

Under the NHS Regulations (2013)ⁱⁱ, a person who wishes to provide NHS pharmaceutical services must 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 should describe services provided and the access in terms of time and place that local residents have to those services. The PNA is not intended to describe the quality of the services provided.

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. The lifetime of this PNA will be 3 years from the 1st April 2018 until 31st March 2021.

The PNA can also give useful information about how pharmacies might be better used to contribute to addressing the health needs of the local population.

1.3 Process

The Surrey HWB delegated responsibility for overseeing the production of the Surrey PNA to the Surrey PNA Steering Group consisting of key professionals. An Operational Group was also formed to take responsibility for its delivery.

The previous PNA was reviewed and any changes to the content were determined. An assessment of the coverage of pharmaceutical services was made and surveys were carried out to seek views on pharmaceutical service provision from those delivering services as well as consulting with the public, GPs and other health care professionals on their experience of provision. Analysis of the data was conducted to identify gaps in service provision and opportunities to secure improvements or better access to pharmaceutical services. Pharmacies were also mapped to see where they might be able to impact on local health need.

A consultation on the draft PNA document was undertaken between 2nd October and 1st December 2017 when views of the public and other stakeholders were sought to ensure the PNA is reflective of the needs of the Surrey population. A report of the consultation can be found in Section 12.

Data is presented for all areas of Surrey but principally the 6 CCGs represented on the HWB.

1.4 Key findings and recommendations

The current PNA has been undertaken in a rapidly changing policy context for community pharmacies. Between the changes to the funding arrangements for pharmacies and rapid

organisational change in the NHS with Sustainability and Transformation Partnerships and the General Practice Forward View, the next three years will be a period of change for pharmacies.

The PNA found no gaps in access to nationally commissioned services. Locally commissioned services provide an improvement or better access to pharmaceutical provision for the population of Surrey.

Mapping local health needs against pharmacy provision highlights additional opportunities for improvements or better access to pharmaceutical services in areas across Surrey. Specific recommendations are made in the relevant section of this document.

2 Introduction

2.1 What is the 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 areaⁱ. The Health and Social Care Act 2012 transferred responsibility for developing and maintaining PNAs from Primary Care Trusts (PCTs) to HWBⁱⁱⁱ; the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013^{iv} set out the legislative basis for developing and updating PNAs.

The current PNA has been undertaken in a rapidly changing policy context for community pharmacies. Between the changes to the funding arrangements for pharmacies and rapid organisational change in the NHS with the Sustainability and Transformation Programmes and the General Practice Forward View (GPFV) to name but two, the next three years will be a period of change for pharmacies. The GPFV in particular describes the ways in which community pharmacy can support developments around urgent care and GP workload.

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 NHS England, previously known as the NHS Commissioning Board (NHSCB), 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 PNA must contain the information set out in Schedule 1 of the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013^v.

The list (1-3) above is taken directly from this document.

2.3 What is the purpose of the Pharmaceutical Needs Assessment?

If a person (a pharmacist, a dispenser of appliances, or in some circumstances and normally in rural areas, a GP) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. Pharmaceutical lists are compiled and held by NHS England. This is commonly known as the NHS "market entry" system^{iv}.

Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list transferred from PCTs to NHS England from 1 April 2013. 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^{iv}. The PNA is therefore required to be robust and of a high standard to withstand legal challenges that may occur to the decisions made on commissioning pharmaceutical services.

The PNAs also give an opportunity for the Health and Wellbeing Board to understand how pharmacies might better contribute to the health needs of the local population through identifying gaps in access or the potential to improve the health of the local population through more targeted interventions.

2.4 What kind of Pharmaceutical services should be described?

The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types:

- **Essential Services:** provided by all pharmacy contractors and are commissioned by NHS England;
- **Advanced Services:** can be provided by all contractors once accreditation requirements have been met and are commissioned by NHS England;
- **Locally Commissioned Services:** commissioned by Local Authorities, Clinical Commissioning Groups and NHS England (i.e. “Enhanced Services” outlined in the Drug Tariff) in response to the needs of the local population^{vi}.

Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013^v requires statements of pharmaceutical services that the HWB has identified as;

- **Necessary services: current provision**
Services currently provided which are deemed 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 deemed to be necessary in order to meet a current or future 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 future improvements, or better access, to pharmaceutical services if provided”.

- **Other NHS services**

Any services provided or arranged by a local authority, 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 nationally commissioned necessary services have been identified as:

- Essential services
- Advanced services

Other relevant services have been defined as:

- Locally commissioned services. NHS England do not commission any enhanced services in Surrey or the South East of England.

2.4.1 Pharmaceutical services

The services described in this PNA will be among the following, depending on provision by the local community pharmacies within the Surrey HWB area:

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

- Medicine Use Review (MUR) which includes domiciliary and telephone MUR as required on an individual basis
- New Medicine Service (NMS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- Seasonal Flu Vaccination
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)

Current 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
- H. Pylori Testing

- Pharmacy Urgent Medicines (PURM) Service
- Palliative Care Scheme
- Online Non-Prescription Ordering Service (ONPOS)

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

- Anticoagulant Monitoring Service
- Care Home Service
- Disease Specific Medicines Management Service
- Gluten Free Food Supply Service
- Home Delivery Service
- Independent Prescribing Service
- Language Access Service
- Medication Review Service
- Medicines Administration Record (MAR) Charts
- Medicines Assessment and Compliance Support Service
- Minor Ailment Scheme
- On Demand Availability of Specialist Drugs Service
- Patient Group Direction Service
- Prescriber Support Service
- Schools Service
- Screening Service
- Supplementary Prescribing Service

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

2.5 What are other NHS services?

The following are providers of pharmacy services in the Surrey HWB area but not defined as NHS Pharmaceutical Services within The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, therefore they do not fall within the remit of this assessment but are included for information.

2.5.1 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 dispenses to

hospital patients only, and does not dispense prescriptions issued by other prescribers such as GPs¹.

Table 1 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 1: 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 – 16:00
Ashford and St Peters NHS Foundation Trust	North West Surrey	Monday – Friday: Saturday: Sunday:	09:00 – 17:00 10:00 – 15:00 10:00 – 15:00
Frimley Park NHS Foundation Trust	Guildford and Waverley	Monday – Friday: Saturday: Sunday:	09:00 – 19:00 09:30 – 16:00 09:30 – 16:00
The Royal Surrey County NHS Foundation Trust	Guildford and Waverley	Monday – Friday: Saturday: Sunday	09:00 – 17:45 Closed Closed
Epsom Hospital (Epsom and St Helier University Hospitals NHS Trust)	Surrey Downs	Monday – Friday: Saturday: Sunday:	08:30 – 17:30 09:00 – 12:00 Closed
St Helier (Epsom and St Helier University Hospitals NHS Trust)	Surrey Downs	Monday – Friday: Saturday: Sunday:	09:00 – 17:30 09:00 – 12:00 Closed
Kingston Hospital NHS Foundation Trust	Kingston (outside of Surrey)	Monday – Friday: Saturday: Sunday	09:00 – 18:30 10:00 – 16:00 10:00 – 14:00

2.5.2 Walk-In-Centres (WIC) and Minor Injury Units (MIU)

There are three walk-in-centres in Surrey and two minor injury units (Table 2) 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. The Weybridge walk-in-centre has closed indefinitely due to a fire in July 2017.

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

¹ 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.

administer the medication are produced by the Virgincare pharmacy team. Support for centres in East Surrey is 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. The walk-in-centres are located in convenient locations and have a number of pharmacies located nearby.

Table 2: 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
Ashford WIC	North West 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

2.5.3 GP practices

There are 126 GP practices and 34 GP branch (i.e. not main) surgeries in Surrey which are outlined in Table 3. 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 3: GP Practices within Surrey and locally commissioned services they provide (September 2017)

CCG	Number of GP practices	Number of branches	Number of GP practices providing		
			Smoking Cessation	NHS Health Checks	Drug Misuse
East Surrey	18	3	10	10	0
Guildford and Waverley	21	11	11	13	3
North East Hampshire and Farnham	5	2	2	5	2
North West Surrey	42	7	15	36	14
Surrey Downs	32	10	19	30	9
Surrey Heath	8	1	6	8	4
Surrey	126	34	62	102	32

2.5.4 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. Three contracted OOH providers (i) IC24 (East Surrey CCG), (ii) North Hampshire Urgent Care (Surrey Heath CCG) and (iii) Care UK (North West Surrey CCG, Surrey Downs CCG, Guildford and Waverley CCG) 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.

2.5.5 Prison Services

There are five prisons in Surrey (HMP Send, HMP High Down, HMP Coldingley, HMP/YOI Bronzefield, and HMP Downview). Central and North West London NHS Foundation Trust (CNWL) provides a clinical and supply pharmacy service to HMP High Down, HMP Coldingley, HMP Downview and HMP Send. The CNWL pharmacy is based in-house at HMP High Down and a daily delivery of medicines is made to all four sites. Bronzefield Prison pharmacy services are provided through a contract with Boots.

2.6 What period is covered by the PNA?

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, Part 2, Regulation 6^{vii} state the HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment. The lifetime of this PNA will therefore be 3 years from the 1st April 2018 until 31st March 2021.

2.7 Surrey's PNA

2.7.1 Background

Surrey Primary Care Trust (PCT) produced the first PNA for Surrey in 2011. The 2011 PNA was updated in March 2012^{viii} and had three supplementary statements (June 2011, November 2012 and February 2014).

The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013^{ix} required each HWB publish its first PNA by 1st April 2015 and thereafter requires each HWB publish a statement of its revised assessment within 3 years of its previous publication of a PNA^x. The 2015 PNA concluded there were no gaps in nationally commissioned service provision and satisfactory provision of locally commissioned services to meet the needs of the population^{xi}. A supplementary statement issued in June 2016 did not highlight any additional needs created by changes in service provision^{xii} as outlined in Table 4.

Table 4: Community Pharmacy changes April 2015 – June 2016

	New contracts issued	Pharmacy closure	Pharmacy change of hands	Pharmacy relocation	Pharmacy change in opening hours
2016	2	0	0	5	0

2.7.2 Aim

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

2.7.3 Objectives

- To review the current PNA (2015) and amend the table of contents for 2018 PNA as appropriate
- 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 assess the opinion of the public, GPs and Healthcare Providers on pharmaceutical services
- To document contractors of pharmaceutical services on the services they provide and any identified gaps in provision
- 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 GP surgeries currently provided in Surrey
- To produce maps of provision outlining travel times to pharmaceutical services
- To produce a map of pharmaceutical services within a one mile radius in bordering HWB's that might affect the need of service provision in Surrey
- To review the population's demography, health needs and pharmaceutical service provision taking account of likely future need
- To identify any gaps in provision that could be met through pharmaceutical services
- To conduct a sixty day consultation with the public and organisations identified in regulation 8 of the final PNA ahead of HWB sign off
- To publish the updated PNA by 1 April 2018.

2.7.4 Methodology

The PNA has largely followed the same methodology as the previous iteration of the document in 2015^{xi}. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013ⁱⁱ were used to inform the process and content as well as the documentation referred to in the bibliography.

It has drawn on primary sources of information which have been used to inform current and future population needs and the current provision of pharmaceutical services in meeting these needs.

These sources include:

- NHS England;
- NHS Digital;
- PHE;
- ONS;
- Surrey County Council;
- The Surrey Joint Strategic Needs Assessment (JSNA);
- Public survey on pharmaceutical service provision;
- Community pharmacy and dispensing doctors surveys on pharmaceutical service provision;
- GPs and Healthcare Providers surveys on pharmaceutical service provision;
- Synthesis from other national data sets and statistics.

The decision on which health needs to describe were determined by considering the functions of pharmacies and how they could address local health needs. For example, analysis of local A&E use resulting in no treatment during pharmacy opening hours can support plans to streamline urgent care across providers, while Medicine Use Reviews (MURs) give opportunities to help the management of those with long term conditions. Pharmacies also have an important role in prevention and reduction of health risk such as through the provision of stop smoking services.

2.7.5 Production of the PNA

The Surrey HWB delegated responsibility for overseeing the production of the Surrey PNA to the Surrey PNA Steering Group consisting of key professionals. An Operational Group was also formed to take responsibility for its delivery. The PNA was produced through several key steps which are outlined below:

1. Review of Surrey's 2015 PNA and any supplementary statements, the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013ⁱⁱ and subsequent amendments^{xiii}, consideration of pharmaceutical service provision against local health needs, local pharmaceutical service changes and any recent or future planning for housing developments;
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 (including dispensing doctors) and practice nurses, acute and community trust staff including chief executives, hospital pharmacists, community matrons and health visitors;
3. Assessment of patient experiences and needs through a questionnaire which will be sent by post to a random sample of all Surrey addresses as well as open access online;
4. Synthesis of populations' health needs, future provision and mapping of service provision including travel time;
5. Formal consultation with required bodies about the contents of the draft PNA for sixty days;
6. Sign off by the PNA steering group with recommendations to HWB to approve the report.

2.7.6 Localities

To meet requirements as set out in Regulation 9 of The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013^{xiv} and Paragraph 6 of Schedule 1^{xv}, the PNA steering group has chosen to present data by CCG based on the needs of relevant commissioning partners. The Surrey HWB area, which is coterminous with Surrey County, covers 11 Districts and Boroughs, 5 CCGs in their entirety and 2 CCGs in part as outlined in Figure 1 and Table 5. The Surrey CCG structures are complex, and no CCG is entirely coterminous with its Local Authority boundaries. The PNA will present data for the 6 CCGs represented on the Surrey HWB and the 1 part CCG where data is available and information governance allows. Use of CCG boundaries also supports CCGs in their implementation of the GPFV by providing detailed information on the current provision of community pharmaceutical services.

Figure 1: Surrey Clinical Commissioning Groups

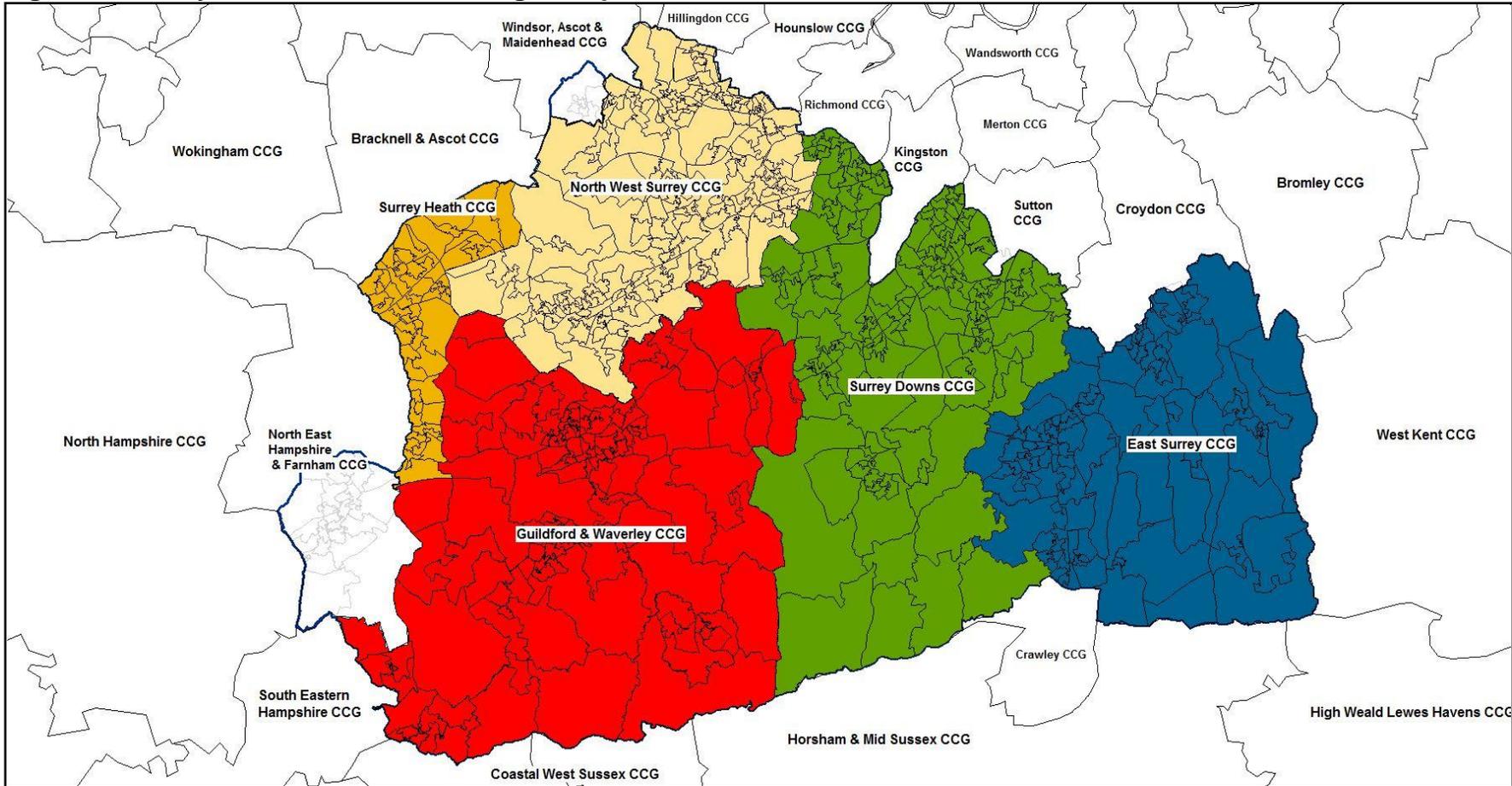


Table 5: CCGs and Local Authorities within Surrey broken down by number of LSOAs

Local Authority	Surrey County	Surrey CCGs	Surrey CCGs					Part CCGs	
			East Surrey	Guildford and Waverley	North West Surrey	Surrey Downs	Surrey Heath	North East Hampshire and Farnham	Windsor Ascot and Maidenhead
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				6
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	212	173	60	29	

Source: ONS

2.8 Structure of the PNA

The PNA has 13 sections plus appendices. Section 1 is the Executive Summary. Section 2 describes the requirements and process of generating the PNA. 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 locally commissioned services. Sections 6 to 10 detail findings from surveys of the public, community pharmacies, dispensing doctors, GPs and Healthcare providers. Section 11 provides an assessment on whether current service provision meets the needs of the population of Surrey and gives recommendations. Section 12 presents comments from the consultation and Section 13 holds further information and the bibliography. The Appendices are in a separate document.

3 Demography

Appendix A contains demographic information for the 5 CCGs and the 2 part CCGs.

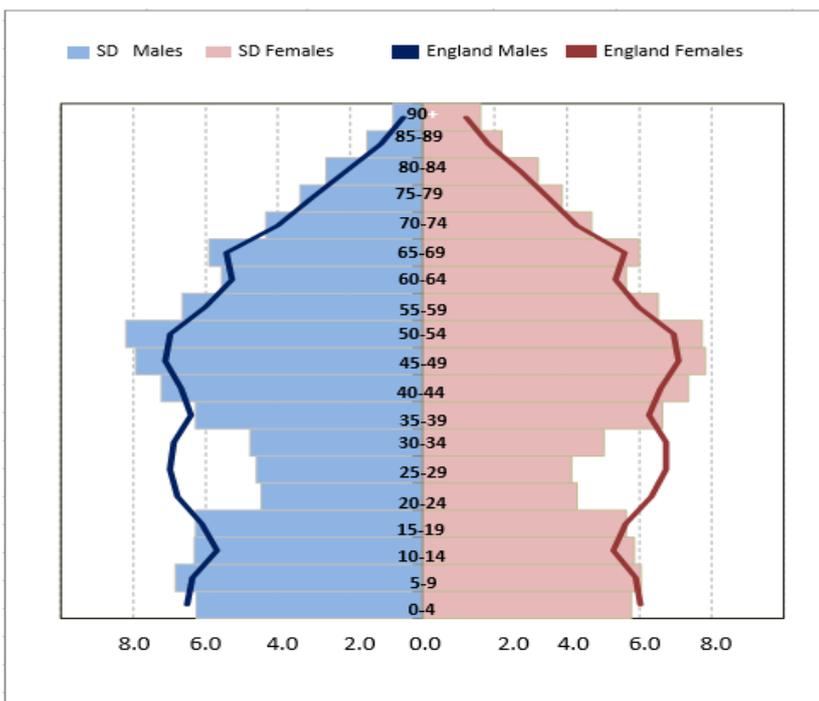
3.1 Population

3.1.1 Surrey

Surrey is one of the most prosperous counties in England with a mid-year 2016 resident population of 1,176,500, an increase of 3.6% since 2011. ONS Population Estimates highlights that the fastest growing borough in Surrey is Runnymede (North West Surrey CCG) which has seen a 7.9% increase in population since 2011, while Woking (North West Surrey CCG) has seen the lowest increase of 0.2%. The largest five year cohort is aged 50-54 with a population of 88,600 (2016). The 70-74 age group is the fastest growing cohort since 2011 which has increased by 19.8%. The population aged over 65 is 219,800 (2016) and has increased by 12.1% since 2011, making up 18.7% of the population in 2016. The population aged over 85 is 33,900 (2016), an increase of 11.6% since 2011, making up 2.9% of the population in 2016. The population aged 0-4 is 72,400 (2016), an increase of 1.0% since 2011, this age group makes up 6.2% of the population, down from 6.3% in 2011.

Figure 2 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 20 – 34 year age groups and a higher proportion of 40 to 90+ age groups. Over half (61.7%) of the population of the 11 local authorities is of working age (16-64) although it is recognised these ages do not accurately reflect current retirement ages.

Figure 2: Surrey’s Population Pyramid showing percentage breakdown of each gender by age group



Source: ONS SAPE Mid 2015

The most recent data on ethnicity shows the Surrey population is predominantly white (90.4%). Table 6 shows the proportion of non-White people in each Surrey district and borough and estimates the absolute numbers accordingly. Woking has the largest proportion (19.2%) and the highest estimated number of non-White residents.

Table 6: Percentage of non-white persons in Surrey and estimated numbers

Area	Population mid-year 2016	White		Non-White	
		%	Number	%	Number
Surrey County	1,176,549	90.4	1,063,600	9.6	112,949
Elmbridge	132,764	85.7	113,779	14.3	18,985
Epsom & Ewell	79,588	83	66,058	17	13,530
Guildford	148,020	91	134,698	9	13,322
Mole Valley	86,223	95.3	82,171	4.7	4,052
Reigate & Banstead	145,648	93.9	136,763	6.1	8,885
Runnymede	86,889	86.4	75,072	13.6	11,817
Spelthorne	98,902	89.7	88,715	10.3	10,187
Surrey Heath	88,387	94.7	83,702	5.3	4,685
Tandridge	86,665	96.2	83,372	3.8	3,293
Waverley	123,768	95.8	118,570	4.2	5,198
Woking	99,695	80.8	80,554	19.2	19,141

Source: ONS, Census 2011

3.1.2 Surrey population projections

The Surrey population is projected to increase by 7.9% between 2018 and 2028. This is higher than the national average of 6.7%. The 65 and over age group continues to experience the largest increase in population with an estimated rise of 22.1% by 2028, equating to an increase of around 50,000 people (Table 7, Figure 3). The second largest increase will be among children and young people aged 0-15 years (9.3%) whereas the 16-29 and the 30-44 age groups are projected to increase less (0.4%) and (2.4%). The increase in the population aged 0-15 will require additional child health services and 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 7: Population projections for Surrey and England, 2018 & 2028

Age band	Population Change Surrey County				Population Change England %
	2018	2028	Number	%	
0-14	225,000	237,000	12,000	5.1	3.7
15-29	195,000	204,000	9,000	4.8	1.7
30-44	233,000	240,000	7,000	2.9	6.7
45-64	322,000	339,000	17,000	5.2	1.2
65 & Over	228,000	278,000	50,000	22.1	22.7
All ages	1,203,000	1,297,000	95,000	7.9	6.7

Source: ONS 2014 based subnational population projections

Figure 3: Population proportions for Surrey and England, 2018 & 2028

Source: ONS 2014 based subnational population projections

3.1.3 Planned housing growth in Surrey

Housing constrained population projections give an estimate of population growth based on assumptions of fertility, mortality, migration and dwelling formation rates provided by ONS and DCLG projections, but constrained to expected housing development provided by Districts and Boroughs. Therefore it is considered to be a more realistic projection based on the accommodation of a projected population increase.

Numbers and percentages are presented in Table 8 by CCG but because it has not been possible to estimate housing constrained population projections for the Farnham part of North East Hampshire and Farnham CCG, projections for districts and boroughs are also included which include Waverley. Among the Surrey CCGs, housing constrained population growth is expected to be highest in Guildford and Waverley CCG both at 2021 and to 2028. Among Surrey Districts and

Boroughs in terms of absolute numbers Waverley is expected to grow the most by 2021 and Guildford by 2028.

Table 8: Housing constrained population projections 2018-2028

		2018	2021	2028	Number change 2018-21	% change 2018-21	Number change 2018-28	% change 2018-28
CCGs	East Surrey	186,100	190,800	198,200	4,700	2.5	12,100	6.5
	Guildford and Waverley	213,000	220,100	232,000	7,100	3.3	19,000	8.9
	North West Surrey	348,900	354,700	365,500	5,800	1.7	16,600	4.8
	Surrey Downs	291,900	297,200	306,800	5,300	1.8	14,900	5.1
	Surrey Heath	97,800	99,700	104,100	1,900	1.9	6,300	6.4
Districts and Boroughs	Elmbridge	133,900	135,200	136,700	1,300	1.0	2,800	2.1
	Epsom and Ewell	81,600	84,400	90,500	2,800	3.4	8,900	10.9
	Guildford	150,800	154,500	164,400	3,700	2.5	13,600	9.0
	Mole Valley	86,300	86,600	87,300	300	0.3	1,000	1.2
	Reigate and Banstead	147,000	150,600	154,500	3,600	2.4	7,500	5.1
	Runnymede	87,700	90,300	97,400	2,600	3.0	9,700	11.1
	Spelthorne	100,000	101,100	102,200	1,100	1.1	2,200	2.2
	Surrey Heath	89,600	91,100	94,600	1,500	1.7	5,000	5.6
	Tandridge	88,500	90,900	96,500	2,400	2.7	8,000	9.0
	Waverley	127,700	133,700	138,500	6,000	4.7	10,800	8.5
	Woking	101,100	102,600	105,100	1,500	1.5	4,000	4.0
Surrey	1,194,200	1,220,900	1,267,500	26,700	2.2	73,300	6.1	

Forecasts created using POPGROUP population forecasting model July 2017 using 2016 Mid-Year Estimate as base. Based on assumptions of fertility, mortality, migration and dwelling formation from ONS/DCLG 2012 based projections. Constrained to expected housing development provided by Districts and Boroughs as at May 2017.

The PNA Steering Group has agreed that a planned development of 4,000-5,000 population or around 2,000 homes is indicative of a need for additional pharmacy provision and should therefore be included in the PNA. The proposed Deepcut redevelopment of the Princess Royal Barracks which straddles the boundaries of Surrey Heath and Guildford Borough Councils is a major development in Surrey. This plans to provide an additional 1200 homes between 2011 and 2025. The Supplementary Planning Document indicates delivery of 500 dwellings in phase 2 (2016-2020) and the remaining 700 in phase 3 (2020-2025)^{xvi}. Surrey Heath Borough Council have confirmed 390 are expected to be built by 2022 with occupancy occurring from 2018/19. There is an additional development at Meath Green Lane in Horley, possibly delivering around 800 new houses up to 2021/22, and a number of more spread out developments in Ash delivering up to 960 new homes². None of these estimates exceeds the benchmark of 2,000 homes indicating a need for additional pharmacies during the lifetime of this PNA. However, the PNA steering group agreed to review these developments once the homes are built through the mechanism of supplementary statements.

² Data from Environment & Infrastructure Directorate, SCC

3.2 Population characteristics by CCG

Further information including age, gender, ethnicity and birth rates is provided in Appendix A for the following localities:

- East Surrey CCG
- Guildford and Waverley CCG
- North West Surrey CCG
- Surrey Downs CCG
- Surrey Heath 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.

3.3 Key Findings

- Surrey has an ageing population with the 65 and over age cohort estimated to have the highest growth between 2018 and 2028 (22.1%). This increase ranges from 20.6% in Guildford and Waverley CCG to 26.9% in East Surrey CCG. This is likely to impact on future healthcare demand
- Surrey Heath CCG is projected to see a 22.2% increase in the over 85 age cohort between 2018 and 2023
- Surrey Downs CCG has a 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% and 13.6% respectively)
- Surrey has a greater proportion of people in the 40 – 54 age cohort in comparison to England but a smaller proportion between 20 and 35
- Surrey has a predominantly White population (90.4%) with Woking and Epsom and Ewell having the highest Non-White population (19.2% and 17% respectively), which could impact on the prevalence of some long term conditions in these areas
- Guildford and Waverley CCG is projected to see the largest increase in additional dwellings over the next 10 years.

3.4 Recommendation

Recognising the potential for change in local populations due to proposed large scale housing developments in Surrey, the PNA Steering Group should review actual increases in population and the implications of any increases on an annual basis and publish their findings in a PNA supplementary statement.

4 Local Health Needs relevant to local pharmaceutical provision

4.1 Introduction

The PNA steering group considered the role and functions of pharmacies, and how they relate to a number of important local health needs. Chosen on the basis of the potential for impact by local pharmaceutical services, these are (i) the proportion of the local population that smoke, (ii) those with long term conditions, specifically asthma and diabetes, (iii) those aged 75 and over, who are more likely to have multiple conditions, and (iv) those attending Accident and Emergency Departments receiving advice and guidance only. Deprivation is also included given the strong evidence of the link between poor health and areas of high material deprivation.

The health needs have been mapped at LSOA level against the location of pharmacies, to help understand where local pharmacies could contribute to the management of these health needs, through advanced services such as the MURs or NMSs, or locally commissioned pharmaceutical services such as stop smoking services or NHS Health Checks. The new pharmacy Quality Payments Scheme has the potential to meet some of these health needs through obtaining Healthy Living Pharmacy status and additional Asthma Care, but the impact of this service innovation is not yet known. Additional data on local needs of health and wellbeing can be found in the [Surrey JSNA](#).

4.2 Smoking

Pharmacies have an important role in primary and secondary prevention. Smoking remains the primary cause of preventable illness and premature death. It is therefore important that stop smoking services and pharmacotherapy are promoted at every opportunity^{xvii}.

Pharmacy staff should deliver brief advice and refer smokers to the specialist stop smoking service. Alternatively, staff can be trained to deliver the 8 week stop smoking programme and dispense stop smoking medications, via the Public Health Agreement (PHA). In Surrey, 67 pharmacies are signed up to deliver the stop smoking PHA.

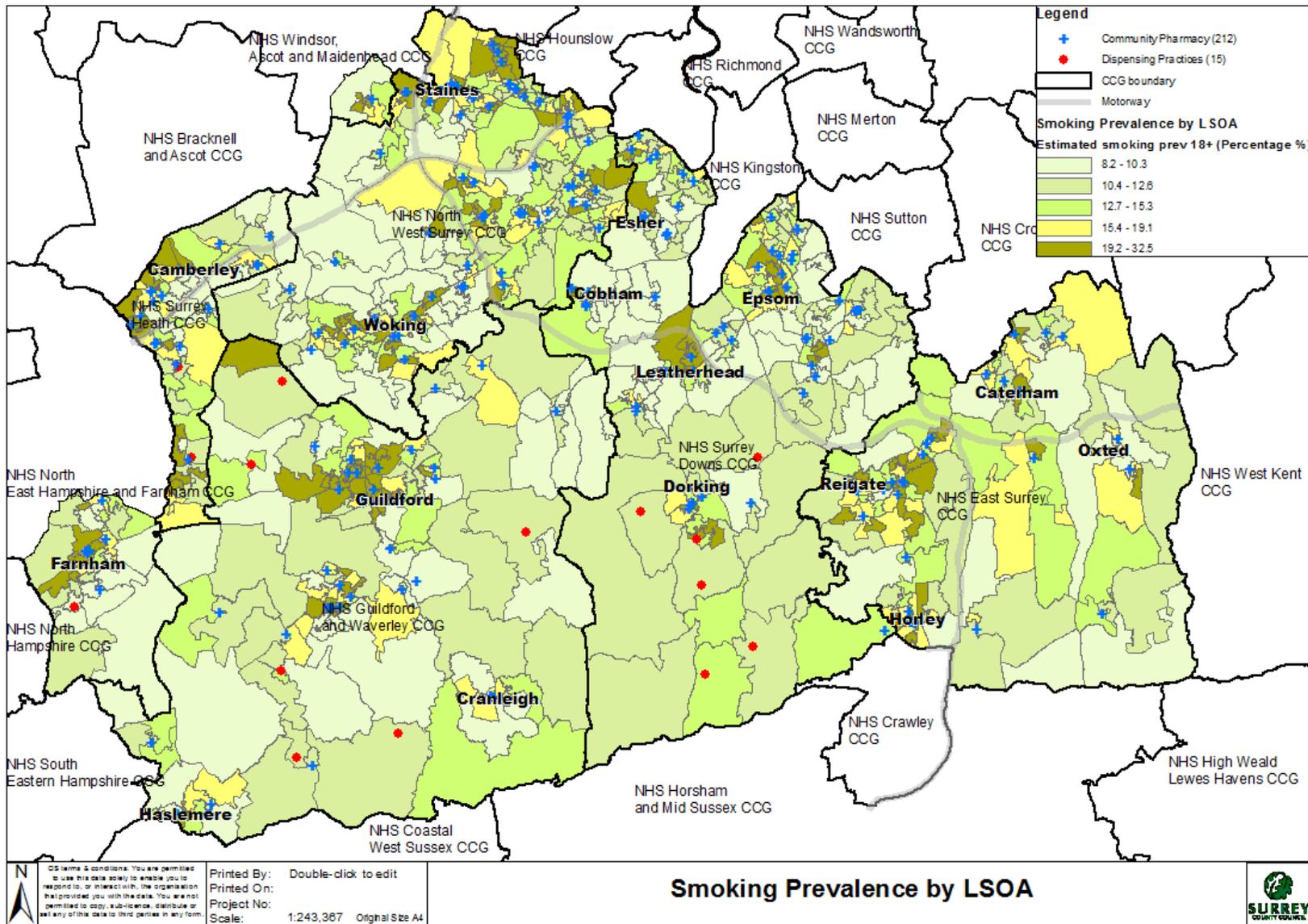
Figure 4 maps existing community pharmacies against estimated LSOA smoking prevalence. With a couple of exceptions there appear to be pharmacies located where smoking prevalence is estimated to be highest. These pharmacies are well placed to deliver stop smoking services to the local community.

4.3 Long term conditions

Pharmacists have an important role in helping people manage their long term conditions and medication in the community. The New Medicine Service (NMS) is an advanced service within the CPCF. Among other things, the aims of the NMS are to:

- improve patient adherence which will generally lead to better health outcomes;
- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management;
- reduce medicines wastage;
- reduce hospital admissions due to adverse events from medicines^{xviii}.

Figure 4: Estimated LSOA smoking prevalence mapped against Surrey community pharmacies



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Source: Mosaic and NHS England

4 conditions were initially selected by a reference group including the PSNC, NHS Employers, NICE and the Department of Health to be included in the delivery of the NMS. These are:

- asthma and COPD;
- type 2 diabetes;
- antiplatelet/anticoagulant therapy; and
- hypertension^{xix}.

The Medicine Use Review (MUR) is an advanced service within the CPCF. The MUR is a structured review that is undertaken by a pharmacist to help patients to manage their medicines more effectively. It involves the pharmacist reviewing the patient's use of their medication, ensuring they understand how their medicines should be used and why they have been prescribed, identifying any problems and then, where necessary, providing feedback to the prescriber. The MUR is a way to:

- improve patients' understanding of their medicines;
- highlight problematic side effects and propose solutions where appropriate;
- improve adherence; and
- reduce medicines wastage, usually by encouraging the patient only to order the medicines they require^{xx}.

There are 4 national target groups for MURs, and community pharmacies must carry out at least 70% of their MURs within any given financial year on patients in one or more of these:

- patients taking high risk medicines;
- patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge;
- patients with respiratory disease; and
- patients at risk of or diagnosed with cardiovascular disease and regularly being prescribed at least four medicines^{xxi}.

Apart from those taking one high risk medicine, those eligible for an MUR are those taking multiple medicines^{xxii}. This will include many with multiple morbidity who are also more likely to use pharmaceutical services.

4.3.1 Asthma and diabetes

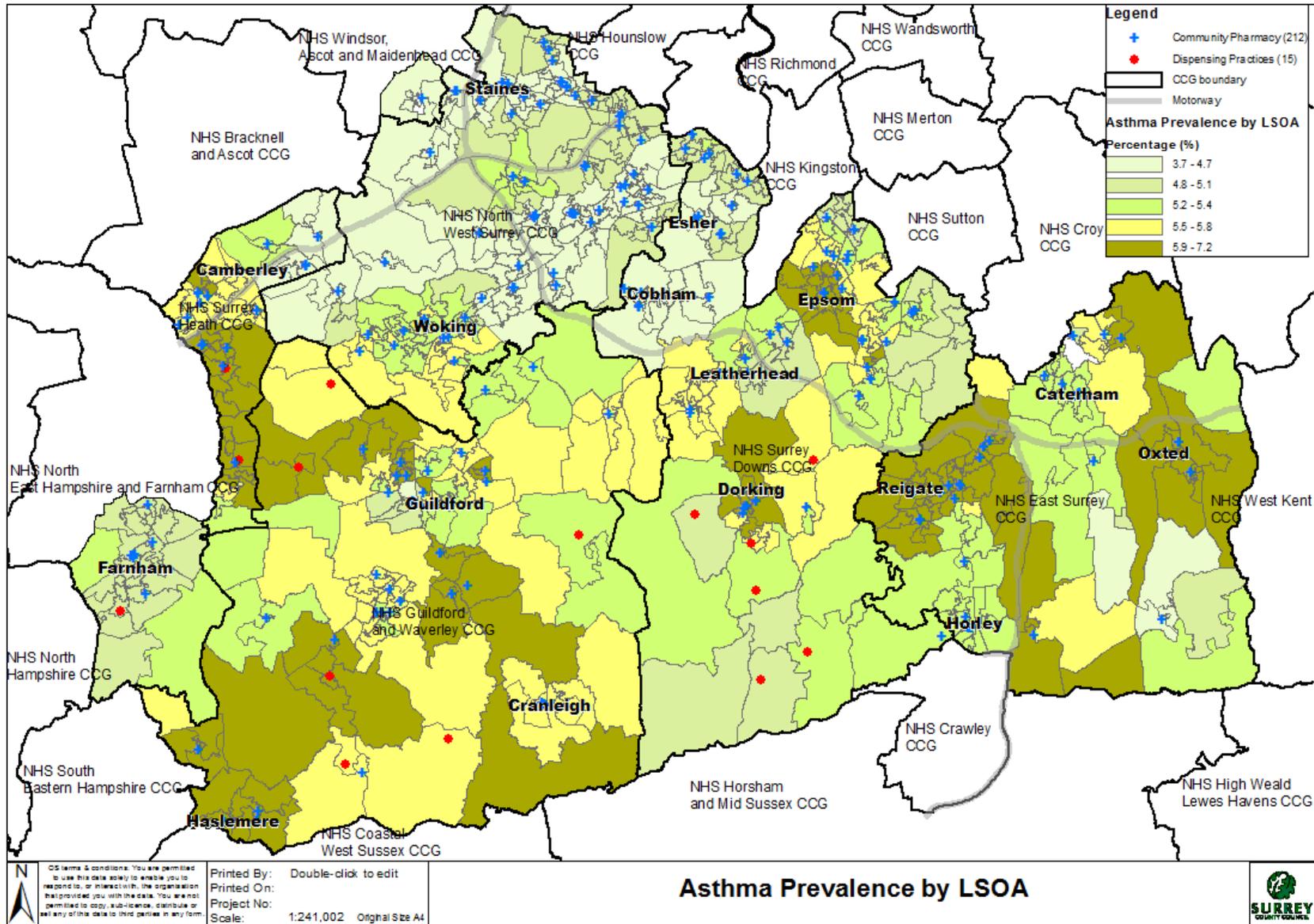
Pharmacists can provide NMSs and MURs to help people manage asthma and diabetes. Figure 5 shows LSOAs with higher asthma prevalence tend to be in the more rural parts of the County and may not have community pharmacies within their immediate area. Pharmacies can assist with inhaler technique and work with patients to successfully manage their condition in the community. There appears to be a mismatch between areas of greater need and availability of community pharmacies.

Figure 6 shows the prevalence of diabetes modelled by LSOA mapped against community pharmacies. In general, areas of highest prevalence appear to be well served by community pharmacies, in particular in North West Surrey. They are therefore well placed to work with diabetic patients to help manage their medication and condition in the community. There are however areas

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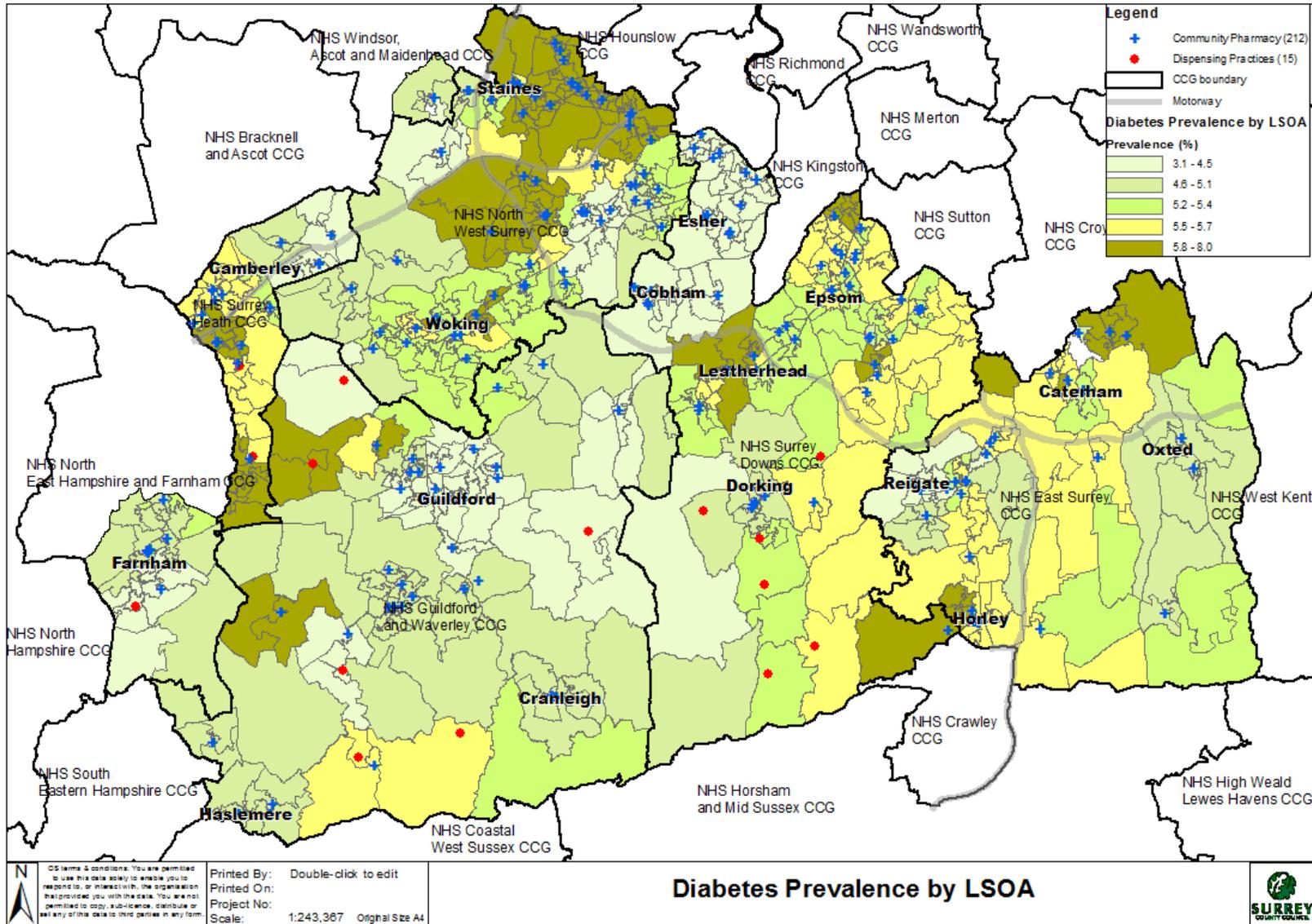
in the more rural parts of the County with high diabetes prevalence which have no immediate pharmacy support.

Figure 5: Asthma prevalence modelled by LSOA mapped against Surrey community pharmacies



Source: QOF and NHS England

Figure 6: Diabetes prevalence modelled by LSOA mapped against Surrey community pharmacies



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Source: QOF and NHS England

4.3.2 Long term conditions: multiple morbidity

The proportion of the population aged 75 and over is shown as a proxy for multiple morbidity. The choice of the 75 and over age group as a proxy is based on evidence from the JSNA suggesting the prevalence of four morbidities is above 5% of all persons at that age and are therefore likely to have at least four medicines^{xxiii}. Pharmacists can provide NMSs and MURs to help people manage their multiple morbidities.

Figure 7 shows the areas where community pharmacies are not immediately local and where residents with multiple morbidity may find it more difficult to access services further afield. Once again these are in the more rural parts of the County although pharmacists do domiciliary MURs.

4.4 Urgent and unplanned care

Pharmacy has an important role to play in diverting people from urgent care services. Accident and Emergency Departments (A&E) are attended by significant numbers of people experiencing common ailments that could be managed without recourse to an intervention by a medical practitioner.

Pharmacists in the community could play a greater role in urgent care requests from people with common self-limiting ailments, both as a triage and referral service but also as an end point for self-limiting common ailments. No appointments are necessary which keeps waiting times relatively short, staff have the skills to advise and support people wishing to self-care and they can supply a wide range of products for treating them^{xxiv}. The objectives of the NHS Urgent Medicine Supply Advanced Service (NUMSAS) include reducing demand on the rest of the urgent care system^{xi}.

Figure 8 maps the location of community pharmacies against rates of A&E attendance by local residents receiving advice and guidance only. There is clear opportunity for increased pharmacy input into the management of minor ailments which can reduce the burden on A&E as well as other NHS urgent care and GP services.

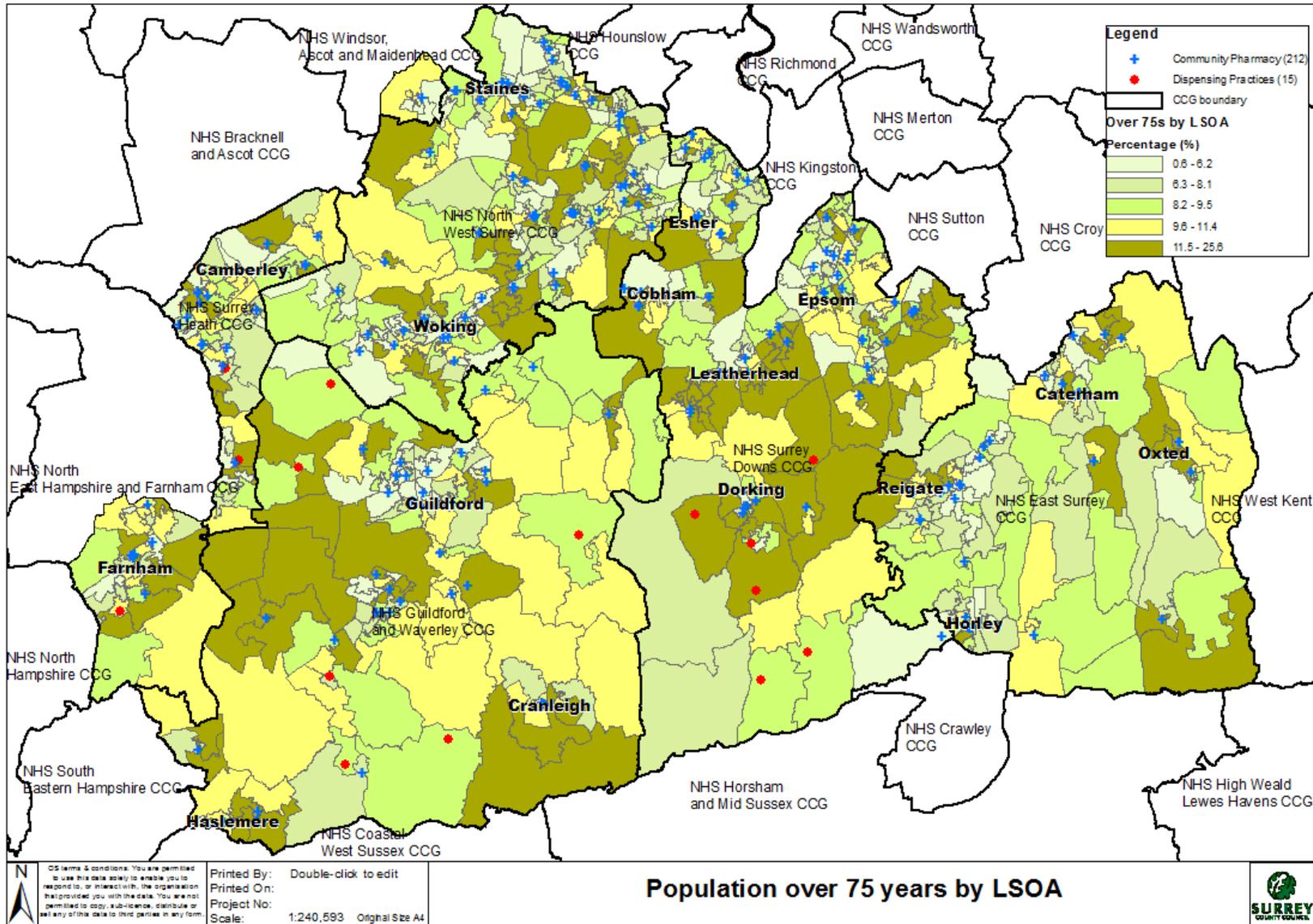
4.5 Deprivation

The Marmot review 'Fair Society, Healthy lives' observed that health inequalities result from social inequalities. These inequalities result in reduced life expectancy and a greater proportion of life spent living with a disability^{xxv}. He suggested a number of policy objectives to reduce health inequalities, among them creating and developing healthy and sustainable places and communities and strengthening the role and impact of ill health prevention, both of which pharmacies are well placed to do. Cardiovascular disease is one of the main contributors to health inequalities and pharmacies are contracted by public health to deliver the NHS Health Check as a means of reducing health inequalities by detecting disease at an early stage.

The Index of Multiple Deprivation (IMD) 2015 measures relative deprivation by small area. It describes how relatively deprived an area is by saying whether it falls among the most deprived 10 per cent, 20 per cent or 30 per cent of LSOAs^{xxvi}. The LSOAs in Surrey have been ranked from most to least deprived and then split into 10 equal groups or deciles. The IMD is based on seven different domains of deprivation to produce an overall index^{xxvii}. Maps showing the overall index as well as the health and disability domain of deprivation are presented.

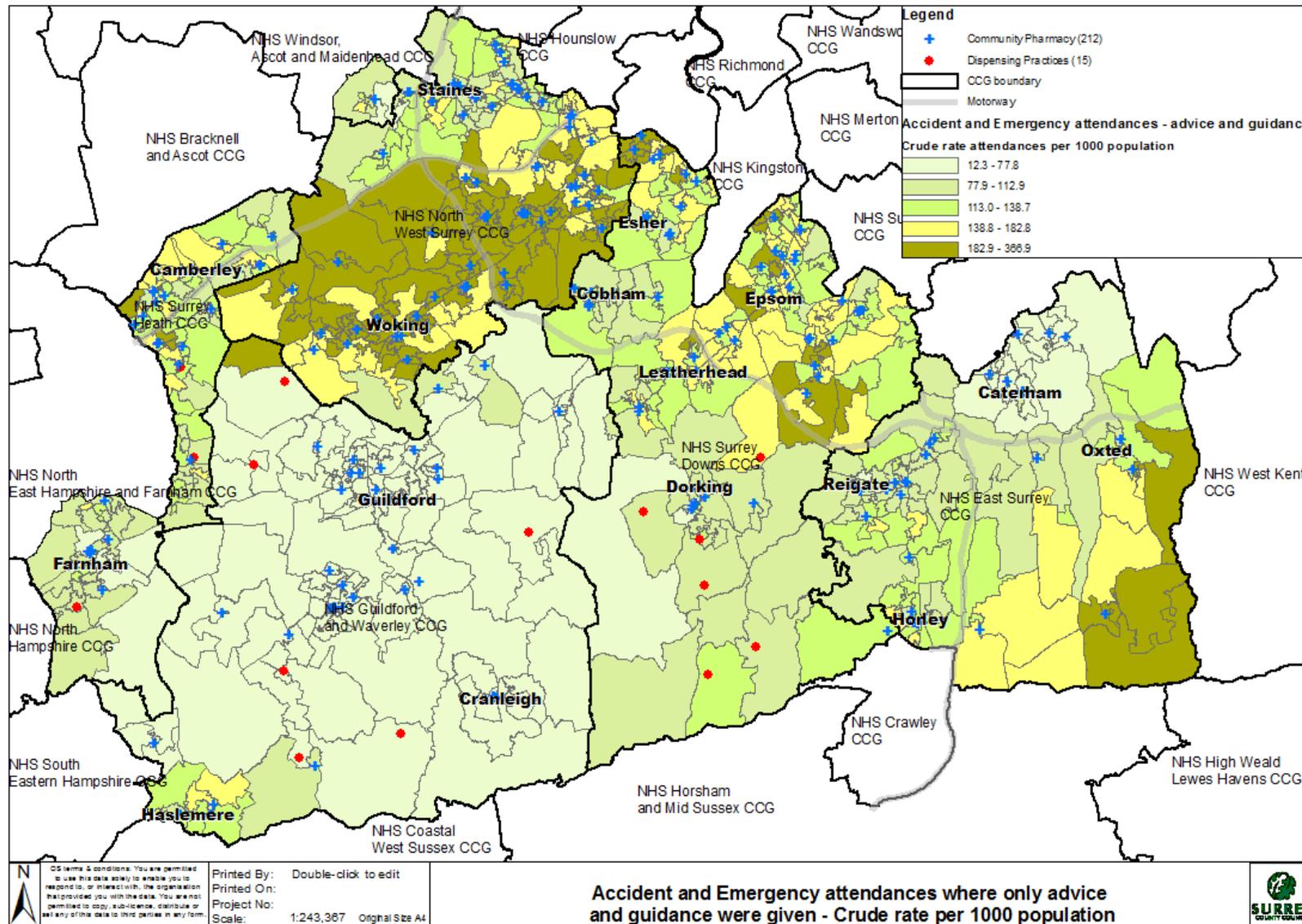
Figure 9 shows the overall index mapped against community pharmacies. There appears to be a mismatch between deprivation and available community pharmacy services particularly in the Southern and South Eastern areas of Surrey while a few of the most deprived Surrey LSOAs are without a local pharmacy in East Surrey and North West Surrey. Mapping the health and disability domain of the IMD once again indicates a gap between community pharmacy provision and health deprivation, this time particularly in the South West of the County (Figure 10).

Figure 7: Proportion of population 75+ by LSOA mapped against Surrey community pharmacies



Source: ONS and NHS England

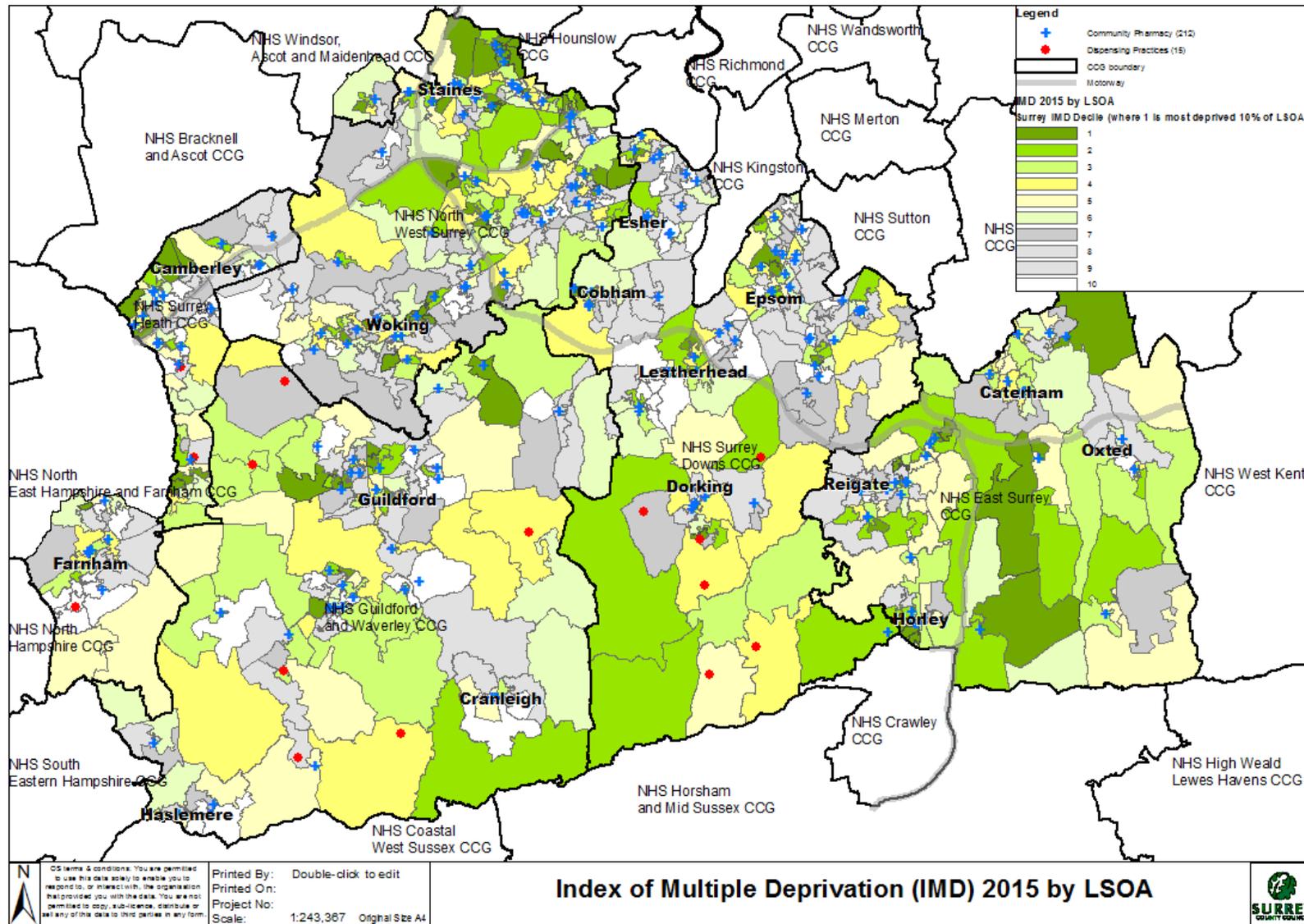
Figure 8: Crude rate of A&E attendances receiving advice and guidance only by LSOA mapped against Surrey community pharmacies



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Source: HES and NHS England

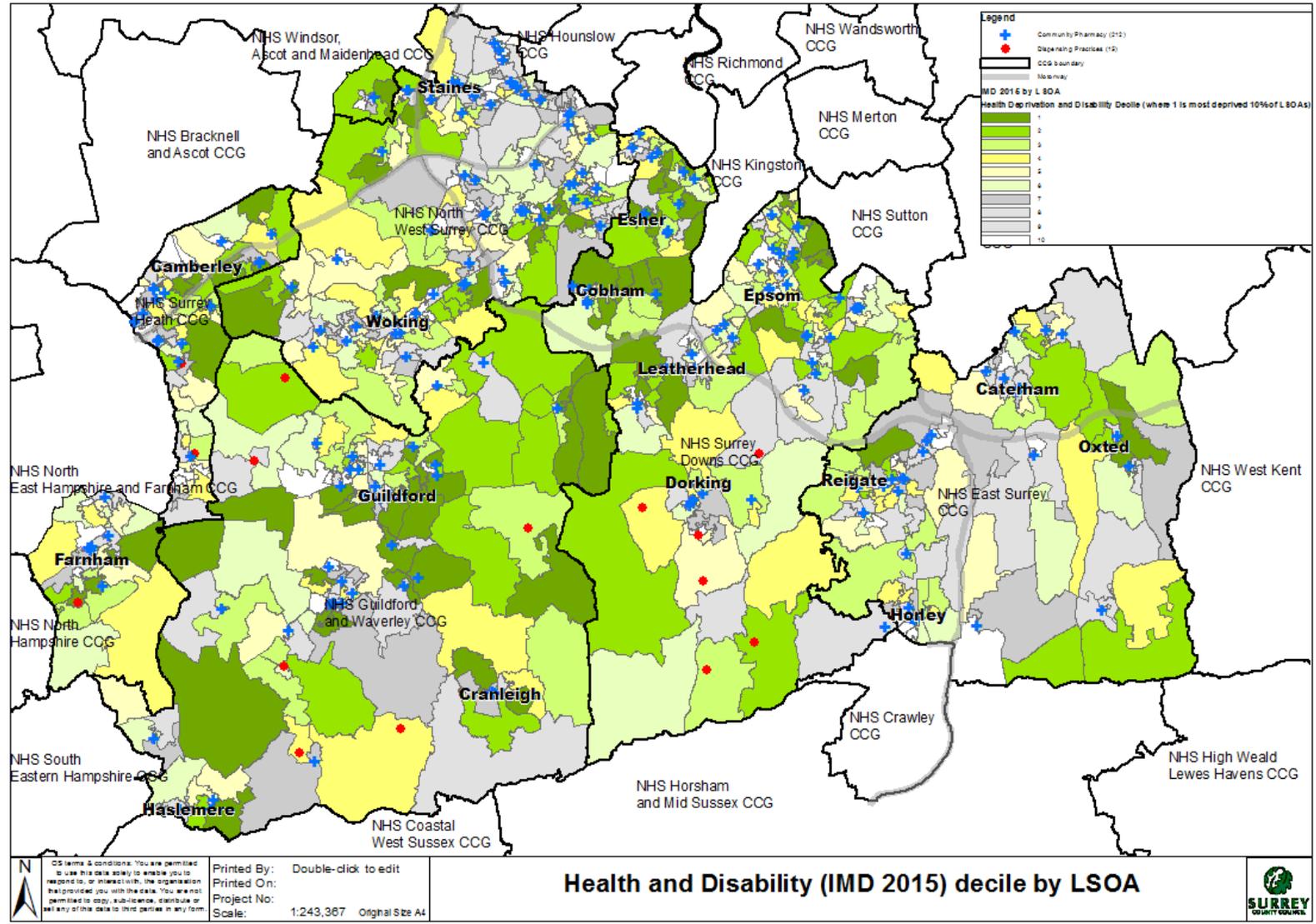
Figure 9: Index of Multiple Deprivation (IMD) overall index decile by LSOA mapped against Surrey community pharmacies



Source: DCLG and NHS England



Figure 10: IMD Health Deprivation and Disability deciles by LSOA mapped against Surrey community pharmacies



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Source: DCLG and NHS England

4.6 Key Findings and recommendations

- 1 Public Health and the commissioned stop smoking provider, Quit 51, should work with pharmacies in the remaining areas of high smoking prevalence which do not yet have an agreement to provide stop smoking services.
- 2 Given the higher prevalence of specified long term conditions in more rural areas of Surrey where access to the NMS is poorer, CCGs and NHS England should consider how best to address the access to the NMS for these patients to support their own care of their condition.
- 3 Local health partners seeking to address health inequalities should consider how best to ameliorate the impact of poorer access to community pharmacies in areas of higher multiple deprivation and higher health and disability deprivation.

5 Current Pharmaceutical Service Provision

This section covers the location of community pharmacies within the Surrey HWB area and in neighbouring HWB areas in terms of opening times, distance and travel times. It also considers the services provided within the Surrey HWB area. The NHS CPCF covers essential, advanced and enhanced and locally commissioned services as listed in section 2.4.1. Pharmacy contractors must provide essential services but can choose to provide advanced, enhanced and locally commissioned services^{xxviii}.

Table 9 provides a breakdown of pharmaceutical services provided in Surrey with Figure 11 showing the distribution across Surrey and CCGs.

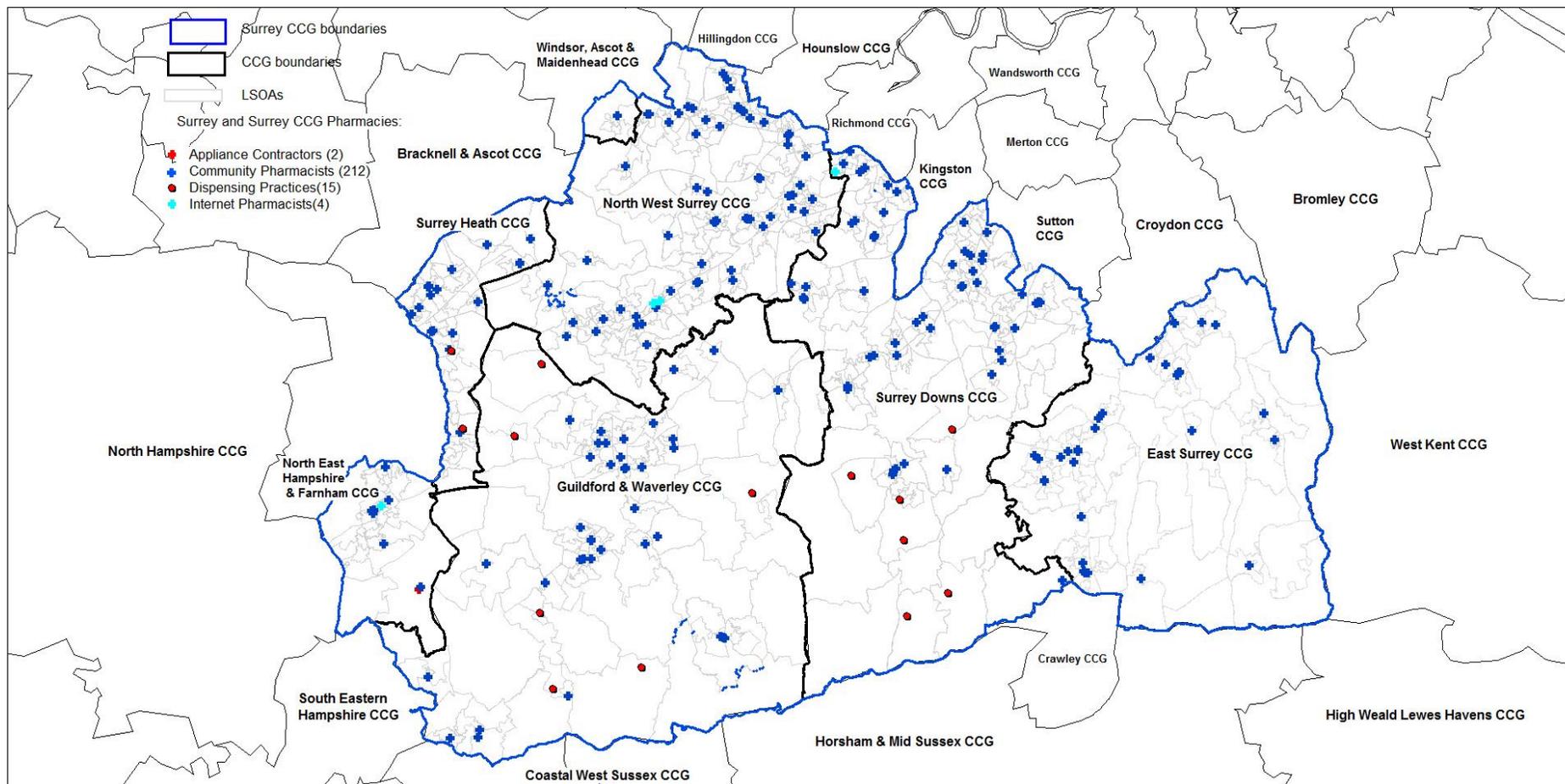
Table 9: Number of pharmaceutical services in Surrey (July 2017)

Area	Community pharmacy	Internet / distance selling pharmacy	Dispensing Appliance Contractor (DAC)	Total	Dispensing doctor practices (including branch)
East Surrey CCG	33			33	
Guildford and Waverley CCG	37		2	39	5
North East Hampshire and Farnham CCG	7*			7*	1
North West Surrey CCG	65	2		67	1
Surrey Downs CCG	52	1		53	6
Surrey Heath CCG	17	1		18	2
Windsor, Ascot and Maidenhead CCG	1*			1*	
Surrey CCGs	204	4	2	210	
Surrey County	212	4	2	218	15

*Pharmacies in CCG within Surrey HWB area

Source: NHSE

Figure 11: Pharmaceutical provision in Surrey (July 2017)



Source: NHS England; Dispensing Doctors' Association



5.1 Community pharmacies

There are 212 community pharmacies in Surrey County excluding internet pharmacies and DACs. A list of pharmacies by CCG is given in Appendix B. The distribution of pharmacies by CCG and the ratio per population is presented in Table 10. Figure 11 shows the location of pharmacies. There is an average of 18 pharmacies per 100,000 population in Surrey, slightly below 21 per 100,000 in England. North West Surrey CCG has the highest ratio of pharmacies in Surrey at 19 per 100,000 population.

Table 10: Pharmacies per population

Area	All Community Pharmacies	Population**	Ratio (pharmacies per 100,000 pop)
England (2016)	11,688	54,786,327	21
Surrey County	212	1,168,809	18
East Surrey	33	180,126	18
Guildford and Waverley	37	206,104	18
North East Hampshire & Farnham*	7	43,135	16
North West Surrey	65	343,000	19
Surrey Downs	52	287,017	18
Surrey Heath	17	95,851	18
Windsor, Ascot & Maidenhead*	1	11,683	9

* includes those pharmacies in Surrey HWB area

** ONS SAPE, 2015

Source: NHS Digital; NHSE

5.2 Dispensing Activity

It is a requirement for pharmacies to maintain a record of all medicines dispensed and any significant interventions made. In 2015-16, more than 1.25 million items were dispensed per month in Surrey.

Table 11 shows the average number of items dispensed by community pharmacies (including DAC and distance selling pharmacies) within the Surrey CCGs. The Surrey pharmacies on average dispensed fewer items per month than the Kent, Surrey and Sussex average in 2015-16. Pharmacies in North East Hampshire and Farnham and Windsor, Ascot and Maidenhead CCGs dispensed more per month on average than Kent, Surrey and Sussex³. All Surrey CCGs dispensed a lower average of items per person than Kent, Surrey and Sussex as a whole which may reflect the local demography.

³ This is only a representation of the 8 pharmacies within Surrey County and not North East Hampshire and Farnham and Windsor, Ascot and Maidenhead CCGs as a whole.

Table 11: Average Items dispensed per month per community pharmacy 2015-2016

CCG	Number of community pharmacies**	Number of Items Dispensed (000s)	Per month (000s)	Average per month per pharmacy	2015 mid-year resident CCG population estimate	Items dispensed per month per person
East Surrey	33	2,591,206	215	6,543	182,019	1.2
Guildford and Waverley	37	2,508,542	209	5,649	206,104	1.0
North West Surrey	69	4,721,767	393	5,702	343,000	1.1
Surrey Downs	53	3,410,625	284	5,362	287,017	1.0
Surrey Heath	17	1,268,265	105	6,216	95,851	1.1
Part CCGs*	8	673,037	56	7,010	54,818	1.0
Surrey	217	15,173,442	1,264	5,826	1,168,809	1.1
Kent, Surrey & Sussex	883	75,585,041	6,298	7,133	4,073,848	1.5
England	11,688	995,300	82,940	7,096	54,786,327	1.5

*Pharmacies in North East Hampshire and Farnham and Windsor, Ascot and Maidenhead CCGs within Surrey HWB area

**Number of pharmacies refers to time period 2015/16 so count differs from 2017 due to contract changes

Source: NHS England and NHS Digital General Pharmaceutical Services

5.3 Dispensing Doctors

Surrey has 15 practices (including branch surgeries) that have permission to dispense medicines in Surrey. The distribution of dispensing doctors by CCG is outlined in Table 12. Appendix B provides a list of dispensing doctors.

Regulation 48 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 sets out the arrangements for provision of pharmaceutical services by doctors. A patient may at any time request in writing that a dispensing doctor provides them with pharmaceutical services if he or she:

- 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
- 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 the doctor is employed or engaged^{xxix}.

Schedule 6 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 sets out the terms of service of dispensing doctors^{xxx}.

Table 12: Dispensing Doctors by CCG

CCG	Number of dispensing doctors' practices	Number of dispensing doctors' branch practices
East Surrey	0	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
Windsor, Ascot and Maidenhead	0	0
Total	8	7

Source: Dispensing Doctors' Association and individual practice websites

5.4 Internet/distance selling pharmacies

Distance selling or online pharmacies must also apply to NHS England for market entry. Currently there are four internet or distance selling pharmacies in Surrey CCGs. Two are in Woking (North West Surrey CCG), one is in Farnham (North East Hampshire and Farnham CCG) and the fourth is within Elmbridge (Surrey Downs CCG). All provide the full range of essential services but they cannot provide essential services to persons face-to-face^{xxxi}.

None of the internet pharmacies based in Surrey can see patients at their premises. Therefore, they improve choice and access to services but not specifically to Surrey residents. There are also internet pharmacies whose premises are located outside of Surrey who provide services to Surrey residents. Determining the extent of use of internet pharmacies is not possible within local resources.

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

5.5 Dispensing appliance contractors (DACs)

DACs hold an NHS contract to dispense (on prescription) dressings and appliances as defined in the Drug Tariff^{xxxiii}. They are not permitted to dispense medicines or drugs and do not need a pharmacist to dispense their prescriptions. The terms of service of NHS appliance contractors can be found in Schedule 5 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013^{xxxiv}. DACs are required to comply with the Essential Services requirements in relation to appliances and only provide AURs and stoma customisation advanced services.

Surrey has two DACs, one located in Godalming in Guildford and Waverley CCG and the other in Tilford in NE Hants and Farnham CCG.

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 of notice to NHS England.

Of the 216 pharmacies in Surrey (including internet pharmacies but excluding DACs), 200 or 92.6% have standard 40 hour contracts (Figure 12) while 16 or 7.4% have core hours of 100 hours (Figure 13). Table 13 provides the numbers and percentage of pharmacies with 40 and 100 hour contracts by CCG. Surrey Heath and Surrey Downs CCGs have the highest percentage of its pharmacies with 100 hour contracts, 11.1% and 9.3% respectively and East Surrey CCG has the lowest at 3.1%.

Out-of-hours services are no longer provided as an enhanced service. NHS England relies on pharmacies having extended opening hours beyond 6pm and can direct pharmacies to open when needed to do so on Christmas Day or Easter Sunday^{xxxv}. NHSE will be trialling a new arrangement in some areas where they have commissioned some pharmacies to open for 4 hours on these two days. This arrangement will be in place for at least 3 years so that residents will become used to these pharmacies being open for these days and times. This should also have a beneficial impact on demand for out-of-hours services, A&E and NHS111. One area of uncertainty is the impact of current plans to provide extended hours in general practice (as required by the GPFV) which may not be mirrored by an extension in pharmacy hours. Detailed analysis to investigate this point is beyond the scope of the PNA but may be helpful for CCGs to undertake in future.

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

Area	40 hour contract			100 hour contract		
	n	% CCG	% Surrey	n	% CCG	% Surrey
Surrey County	200	-	92.6	16	-	7.4
East Surrey	31	96.9	14.4	1	3.1	0.5
Guildford & Waverley*	35	94.6	16.2	2	5.4	0.9
North East Hampshire & Farnham**	7	100	3.2	0	0	0
North West Surrey	61	91.0	28.2	6	9.0	2.8
Surrey Downs	49	90.7	22.7	5	9.3	2.3
Surrey Heath	16	88.9	7.4	2	11.1	0.9
Windsor, Ascot & Maidenhead**	1	100	0.5	0	0	0

*excluding dispensing appliance contractors

**pharmacies within the Surrey HWB area

Source: NHSE

198 (92%) of community pharmacies in Surrey are open on a Saturday for some part of the day, 60 (27.8%) are open in the evening (after 18:30) and 46 (21.3%) are open on a Sunday (Table 14). Figures 14-17 show the locations of pharmacies, including those one mile from the Surrey border, open weekdays (Figure 14), evenings (Figure 15), on Saturdays (Figure 16) and on Sundays (Figure 17).

Table 14: Provision of core contract Hours and opening times

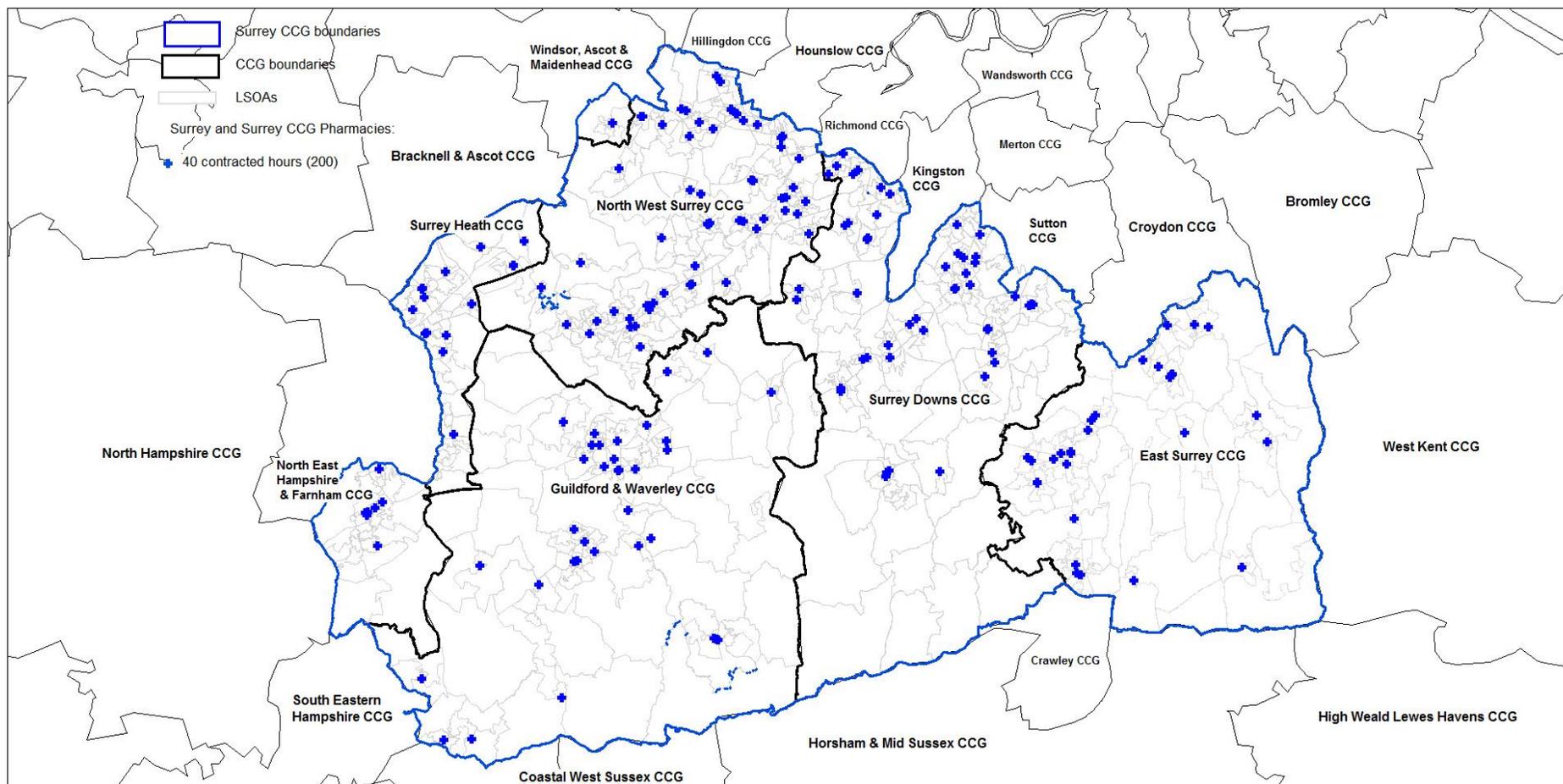
Area	40 hour contract	100 hour contract	Opening		
			Evening after 18:30	Saturday	Sunday
Surrey	200	16	60	198	46
East Surrey	31	1	6	31	6
Guildford & Waverley*	35	2	12	36	10
North East Hampshire & Farnham**	7	0	2	4	2
North West Surrey	61	7	21	62	14
Surrey Downs	49	5	16	49	11
Surrey Heath	16	2	2	15	3
Windsor, Ascot & Maidenhead**	1	0	1	1	0

*excluding dispensing appliance contractors

**pharmacies within the Surrey HWB area

Source: NHSE

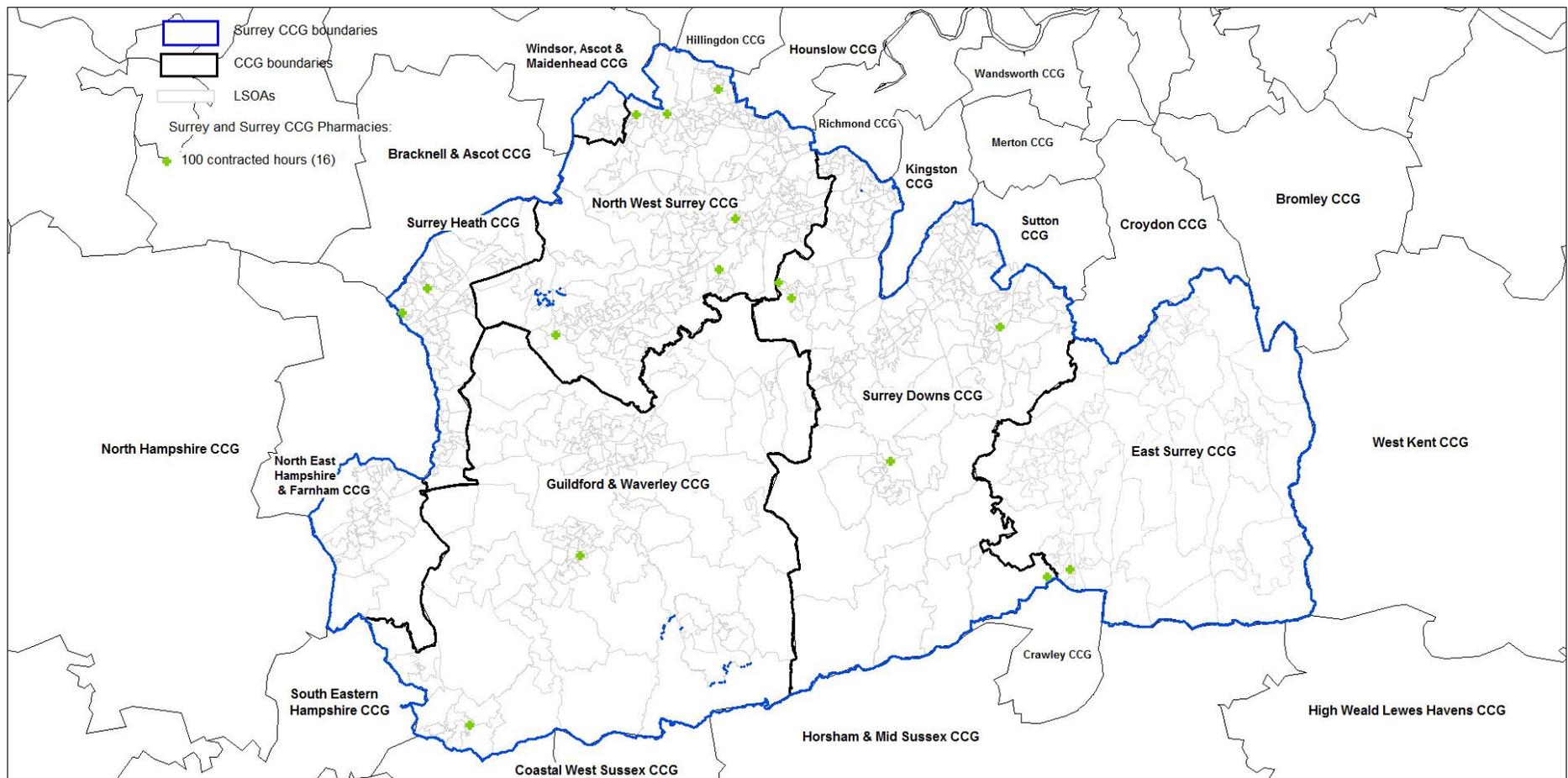
Figure 12: Location of Surrey CCG community pharmacies with 40 core-hour contract type



Source: NHS England

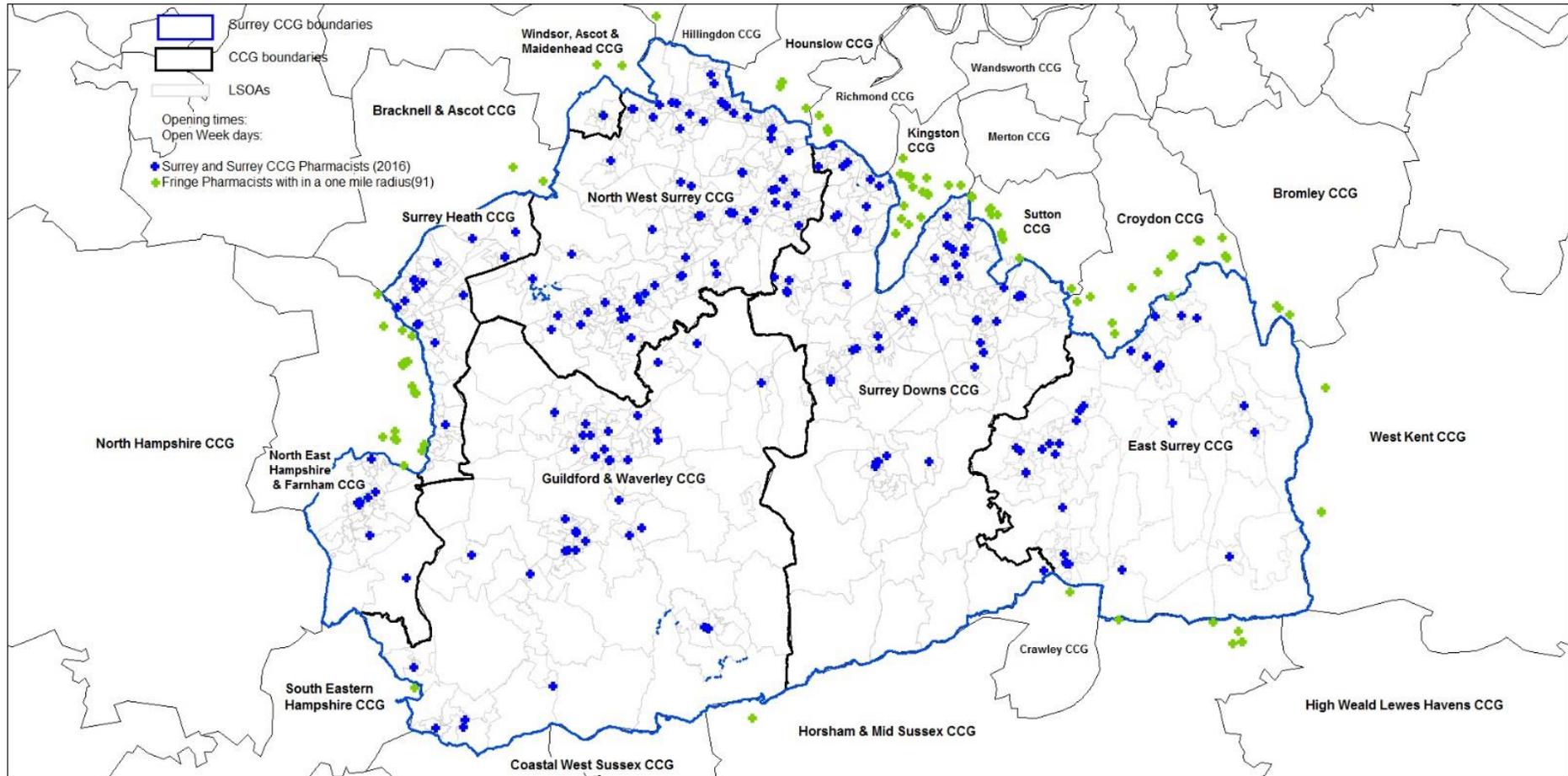


Figure 13: Location of Surrey CCG community pharmacies with 100 core-hour contract type



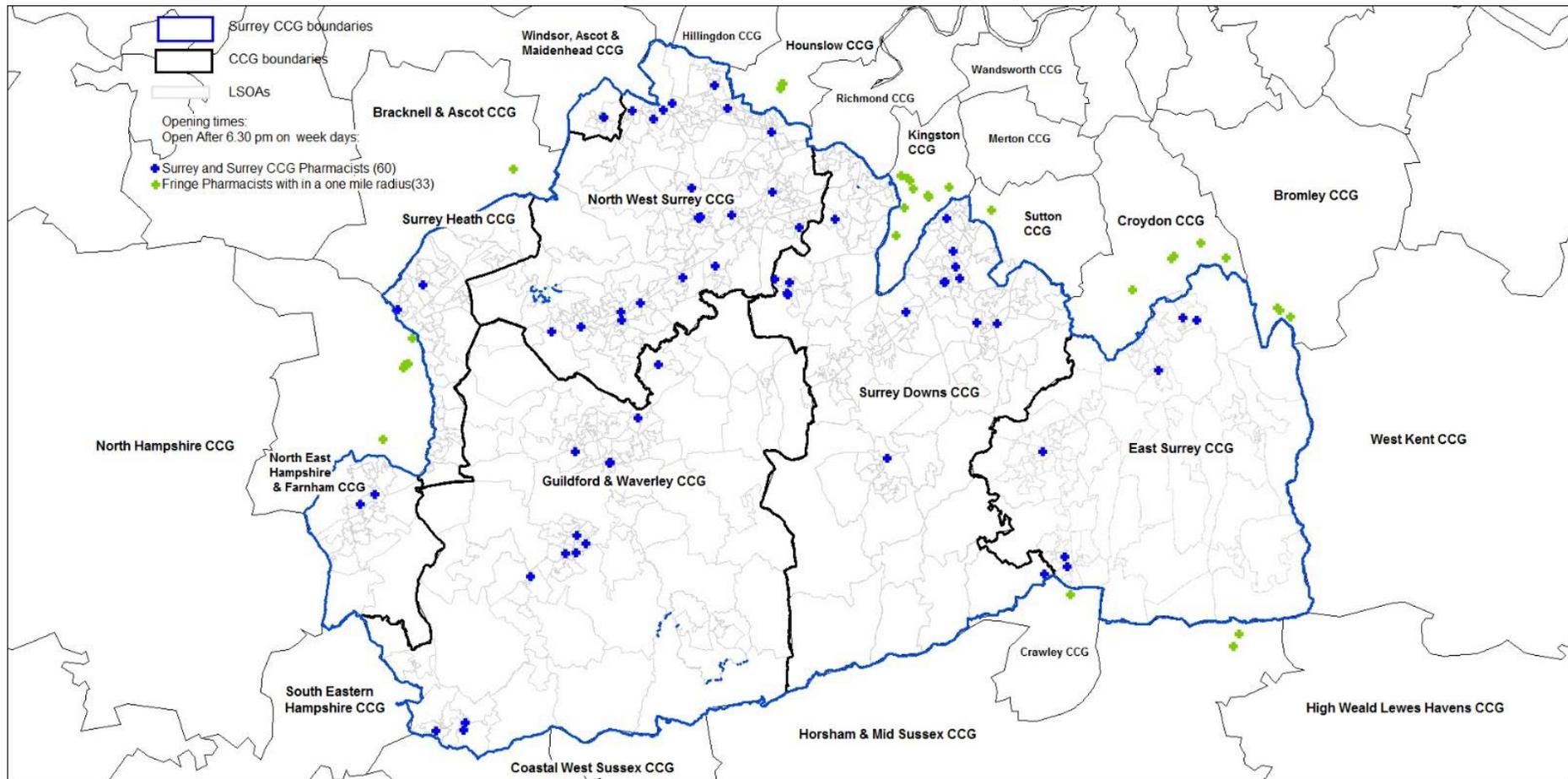
Source: NHS England

Figure 14: Pharmacies in Surrey CCGs and neighbouring CCGs open during weekdays



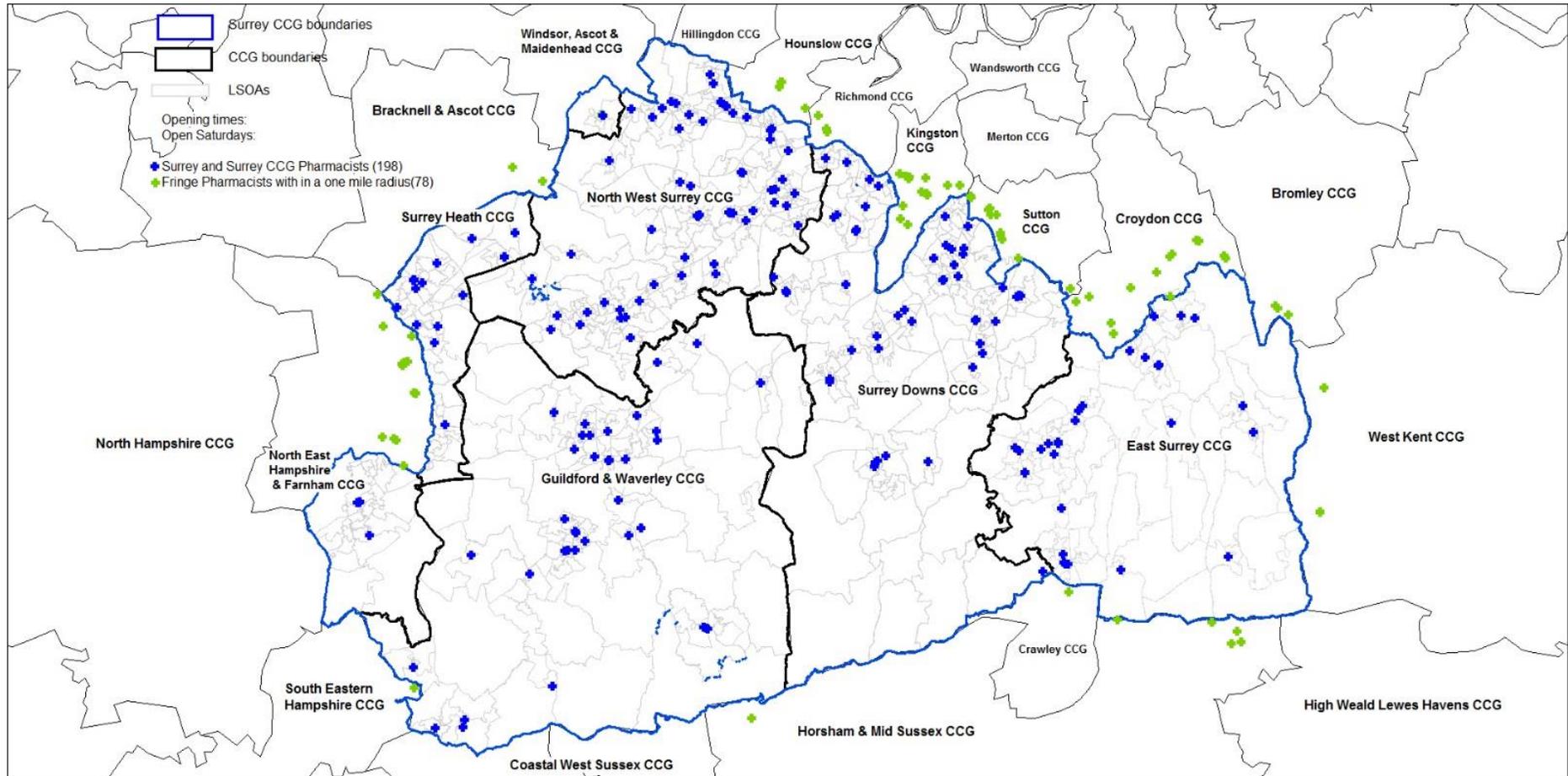
Note: 2 DACs are not included in this map
 Source: NHS England

Figure 15: Pharmacies in Surrey and neighbouring CCGs open during evenings (after 1830hrs)



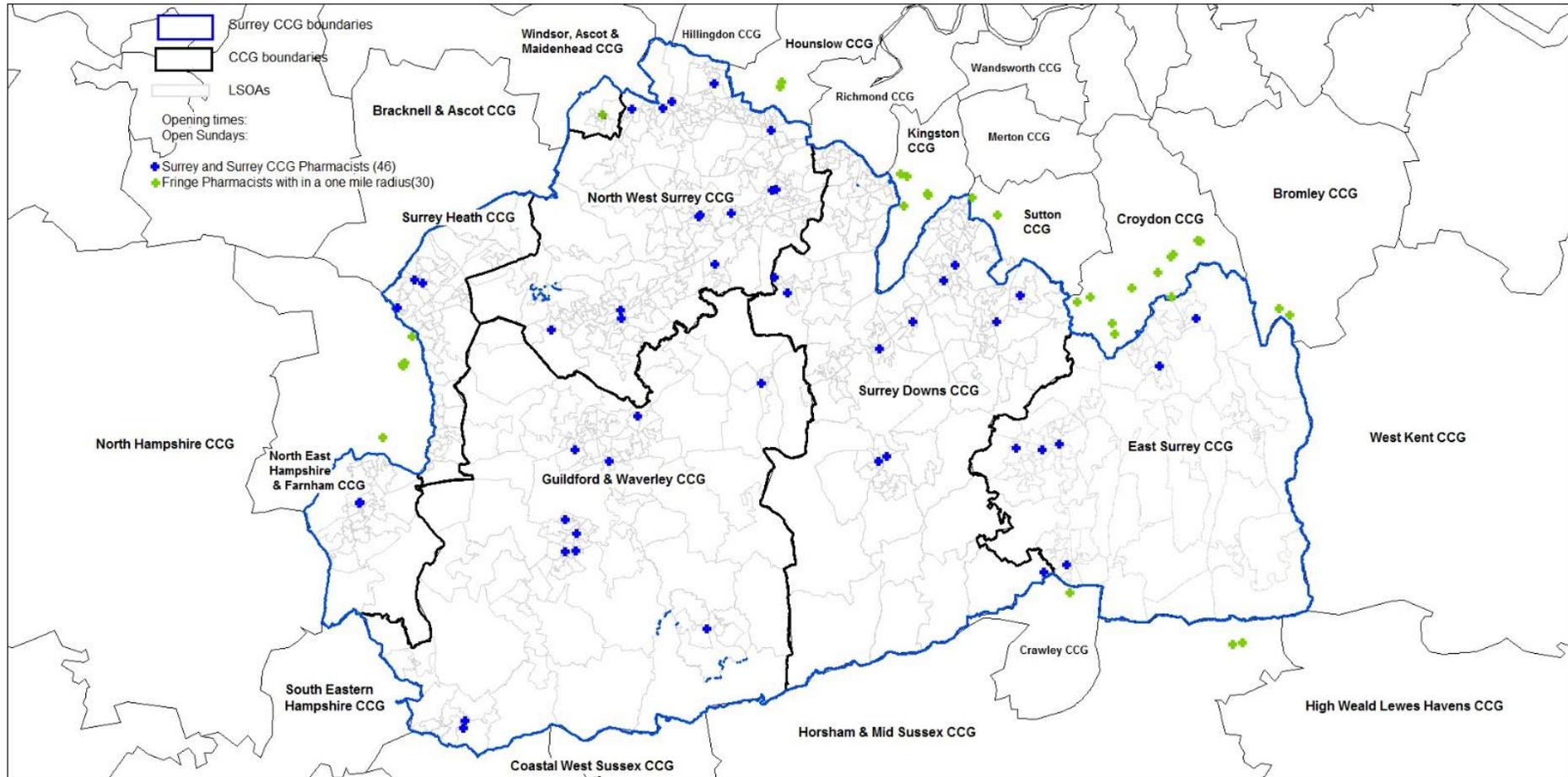
Source: NHS England

Figure 16: Pharmacies in Surrey CCGs and neighbouring CCGs open on Saturdays



Source: NHS England

Figure 17: Pharmacies in Surrey CCGs and neighbouring CCGs open on Sundays



Source: NHS England

5.6.1 Neighbouring Health and Wellbeing Boards

Surrey borders 14 Health and Wellbeing Boards⁴, which have between them 91 community pharmacies within a one 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. These pharmacy services need to be acknowledged when reviewing service provision within Surrey against the needs of the local population. Figures 12-15 show the locations of pharmacies in neighbouring HWB areas up to one mile outside the Surrey border open weekdays (Figure 14), evenings (Figure 15), on Saturdays (Figure 16) and on Sundays (Figure 17).

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

County	CCG Name	Pharmacy	
		Number	Within 1 mile radius*
Windsor, Ascot & Maidenhead	Bracknell & Ascot	25	3
	Slough	33	1
	Windsor, Ascot & Maidenhead	27	3
Hampshire	North East Hampshire and Farnham	43	17
	South Eastern Hampshire	46	1
Kent	West Kent	69	3
London	Bromley	62	3
	Croydon	77	15
	Hounslow	59	5
	Kingston	27	17
	Richmond	46	3
	Sutton	44	11
West Sussex	Crawley	22	1
	Horsham & Mid Sussex	40	8
	Total	684	91

*Data taken from pharmaceutical lists provided by April 2017

Source: NHSE

⁴ Bracknell Forest, Bromley, Croydon, East Sussex, Hampshire, Hillingdon, Hounslow, Kent, Kingston upon Thames, Richmond upon Thames, Slough, Sutton, West Sussex, Windsor and Maidenhead

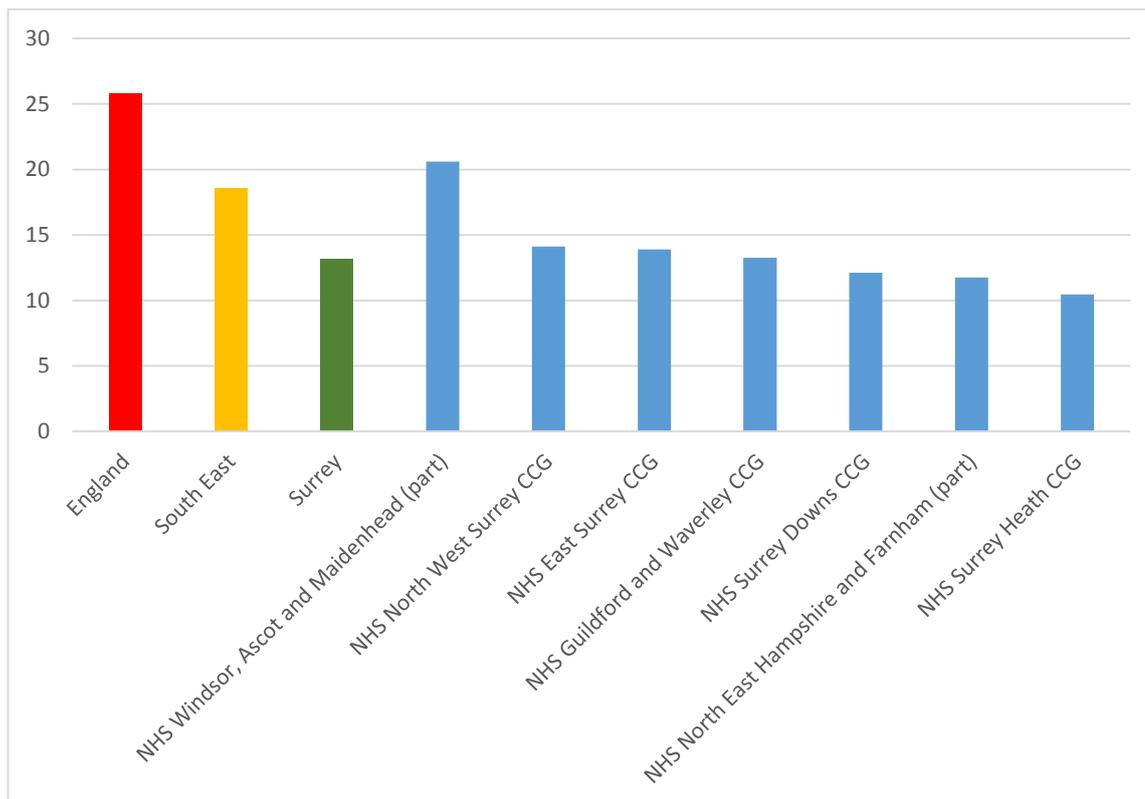
5.7 Distance and travel times by car

In 2008, a Department of Health report stated that 99% of the population could get to a pharmacy within 20 minutes by car and 96% by walking or using public transport^{xxxvi}. This PNA will therefore use 20 minutes as the definition of a reasonable time within which to access a pharmacy. In addition, being able to access a pharmacy within six miles by car or public transport was deemed reasonable by the NHS Litigation Authority⁵ and that reasonable choice refers to obtaining pharmaceutical services in the HWB area^{xxxvii}.

Distance and drive time maps (Figures 19-26) show that during weekdays and on Saturdays a pharmacy or dispensing doctor is accessible to everyone in Surrey by car within a reasonable time. In the evening at 7pm and on Sunday's areas in the most rural Southerly and Eastern parts of Surrey County cannot be reached by car within a reasonable time.

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. For those living in a rural area and without a car, access to a pharmacy may be limited. While it was not possible to determine the impact of this for this PNA, Figure 18 gives an indication of the scale of the problem.

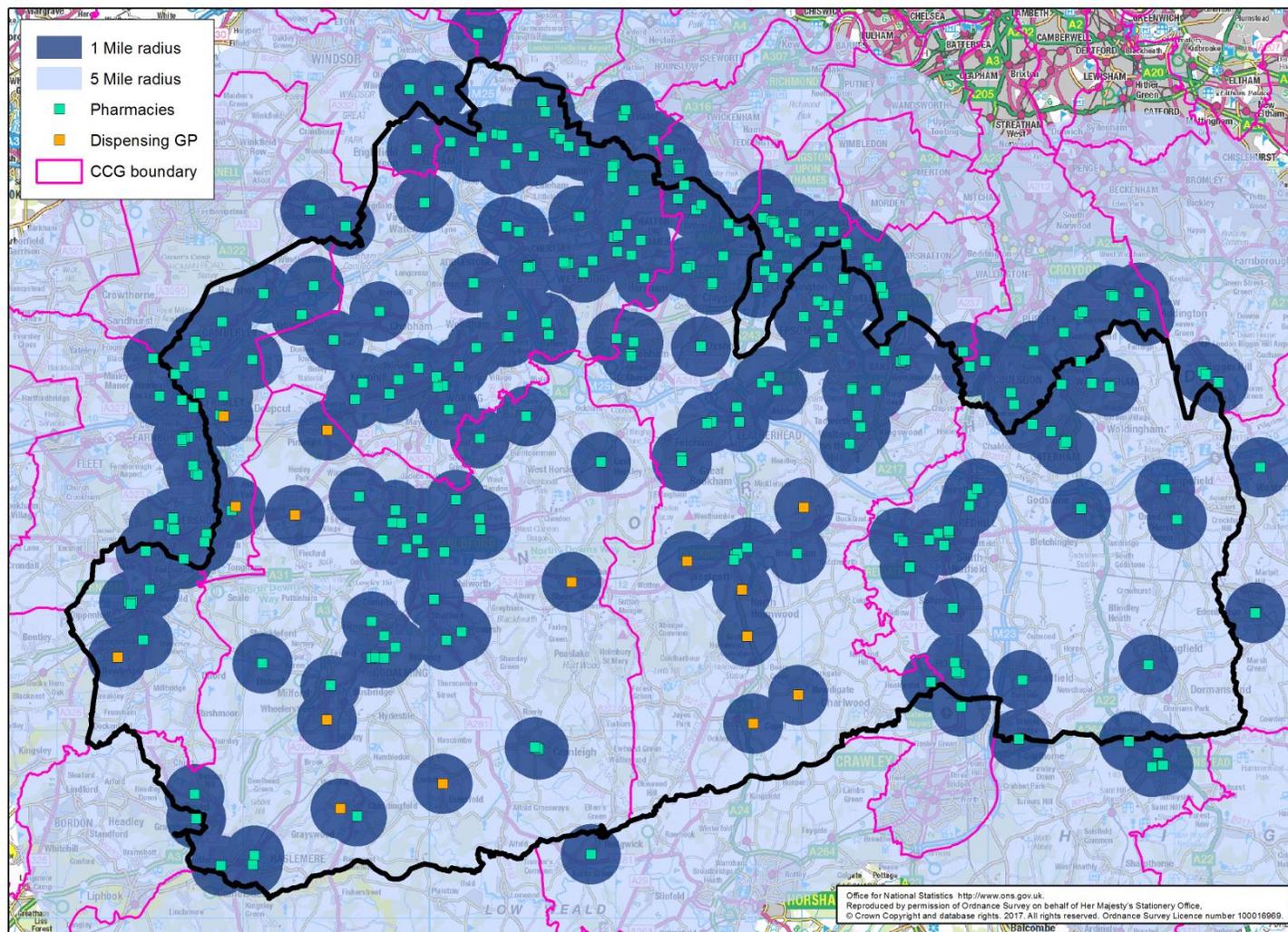
Figure 18: The percentage of Surrey households that do not own a car



Source: Census 2011

⁵ The NHS Litigation Authority has become NHS Resolution

Figure 19: Areas of Surrey within one and five mile radius of a pharmacy open on weekday (including dispensing practices)



Source: NHSE; PHE

Figure 20: Journey time by car during weekdays

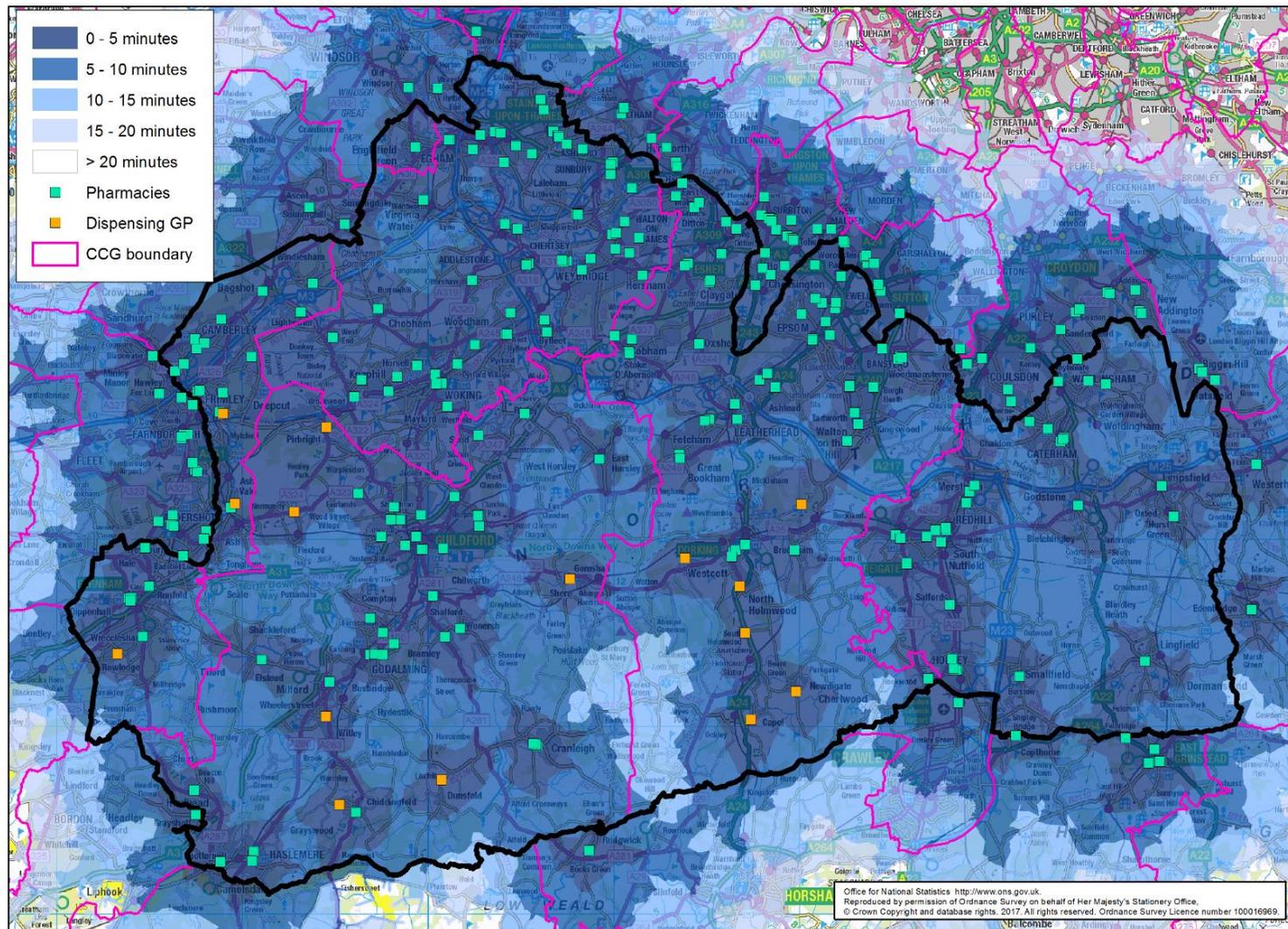
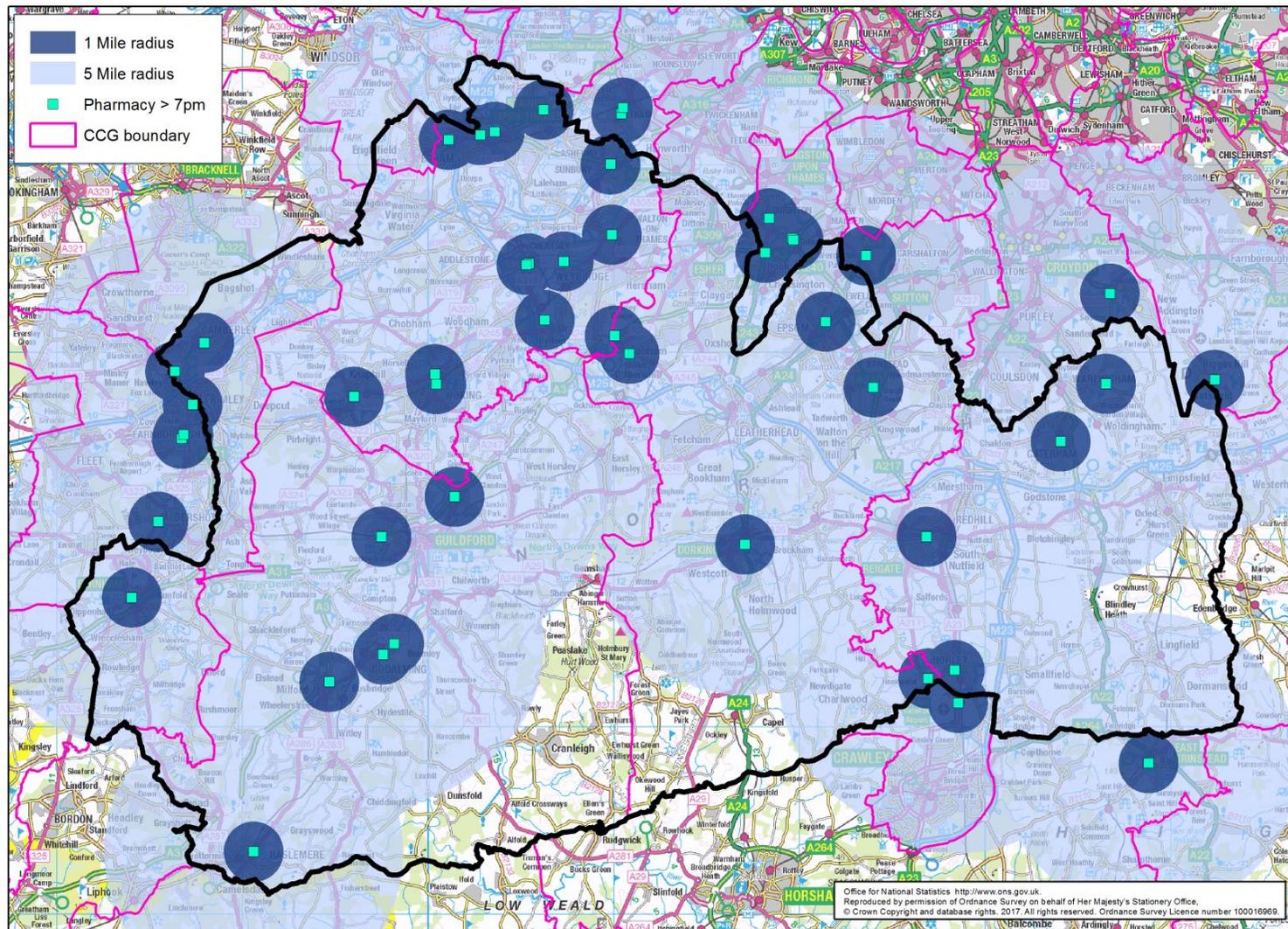


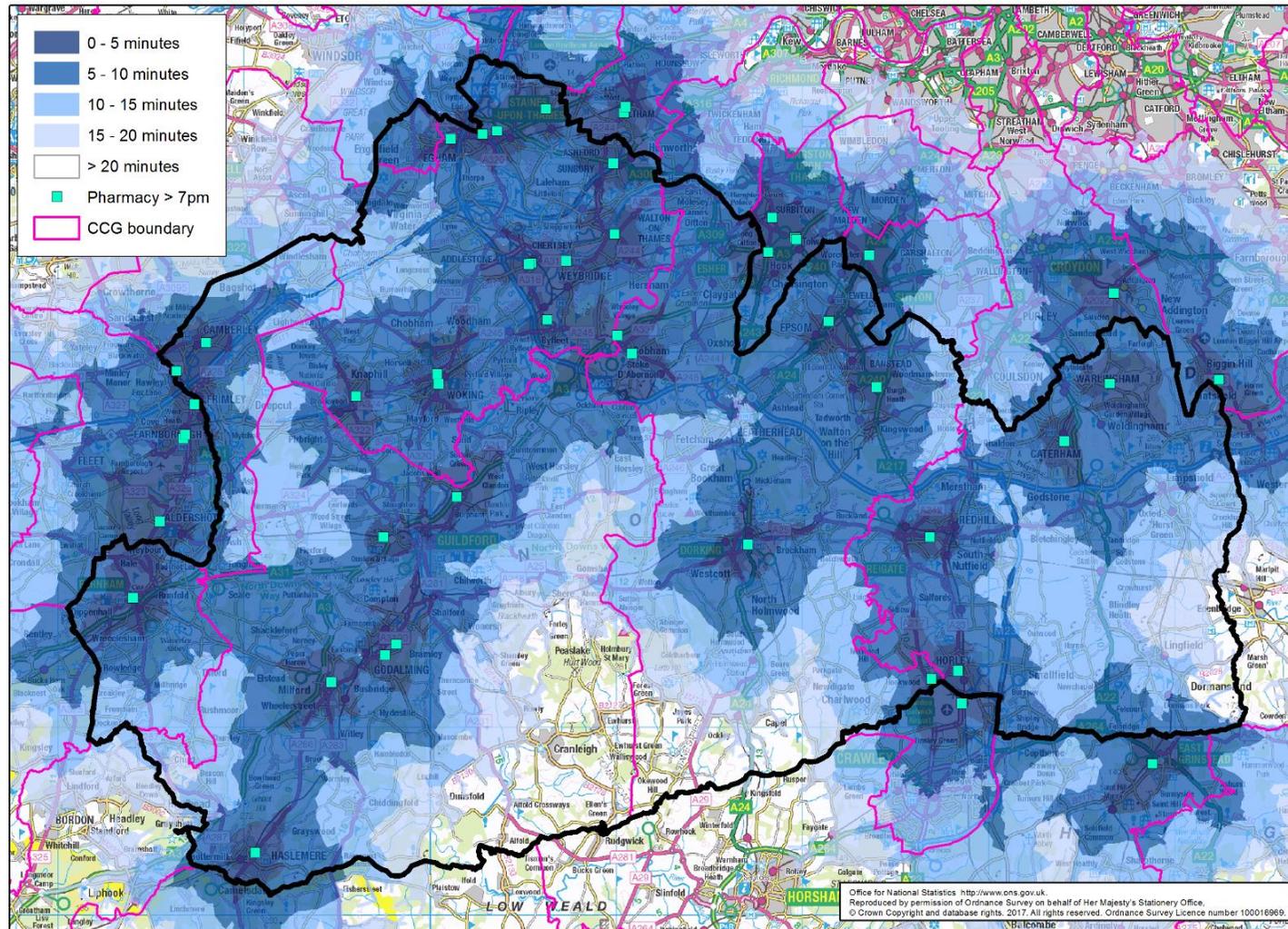
Figure 21: Areas of Surrey within one and five miles of a pharmacy open on weekday evenings (at 19:00hrs)



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Source: NHSE; PHE

Figure 22: Journey time by car on weekday evenings (at 19:00hrs)



Source: NHSE; PHE

Figure 23: Areas of Surrey within one and five miles of a pharmacy open on Saturday

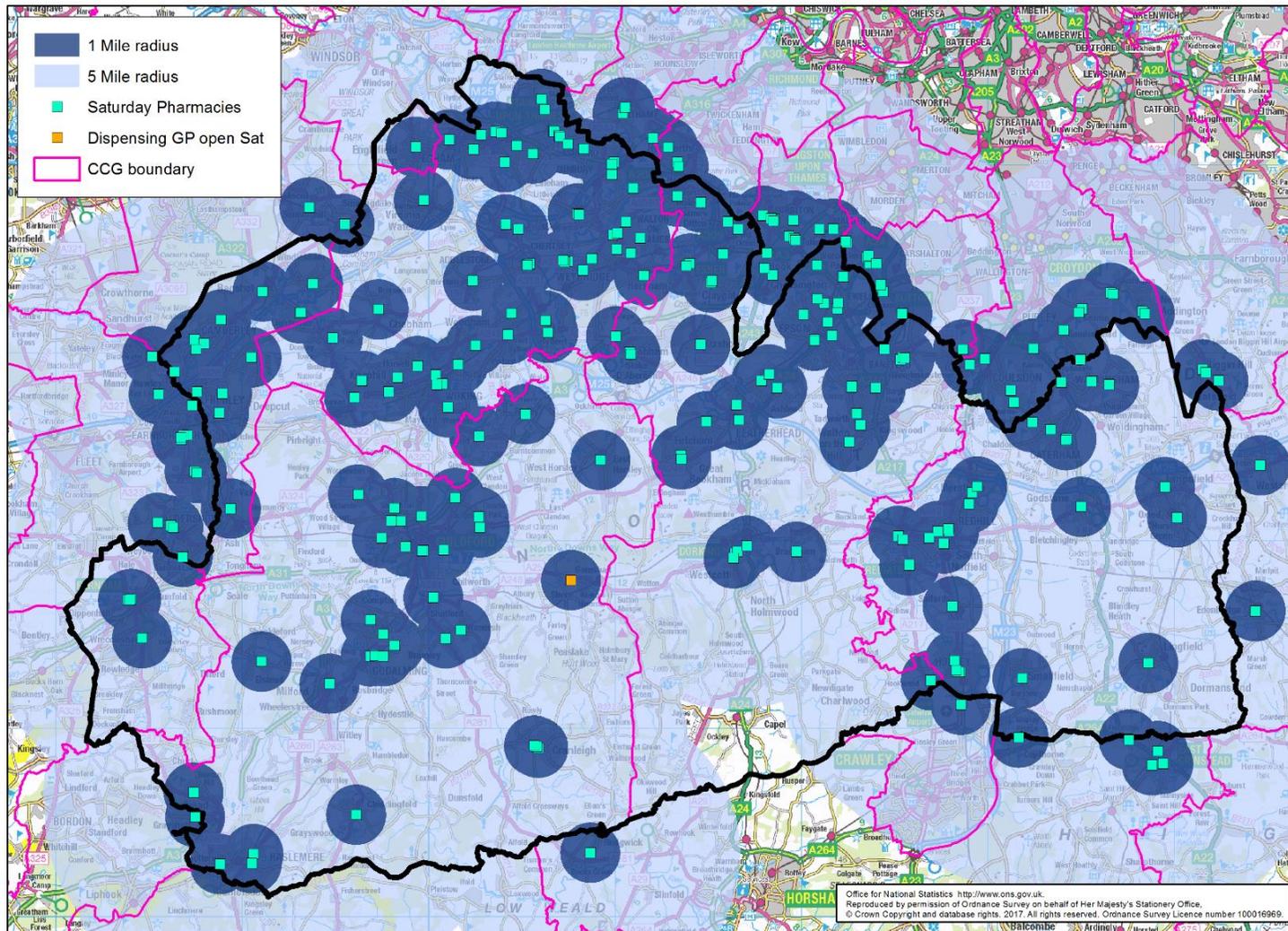
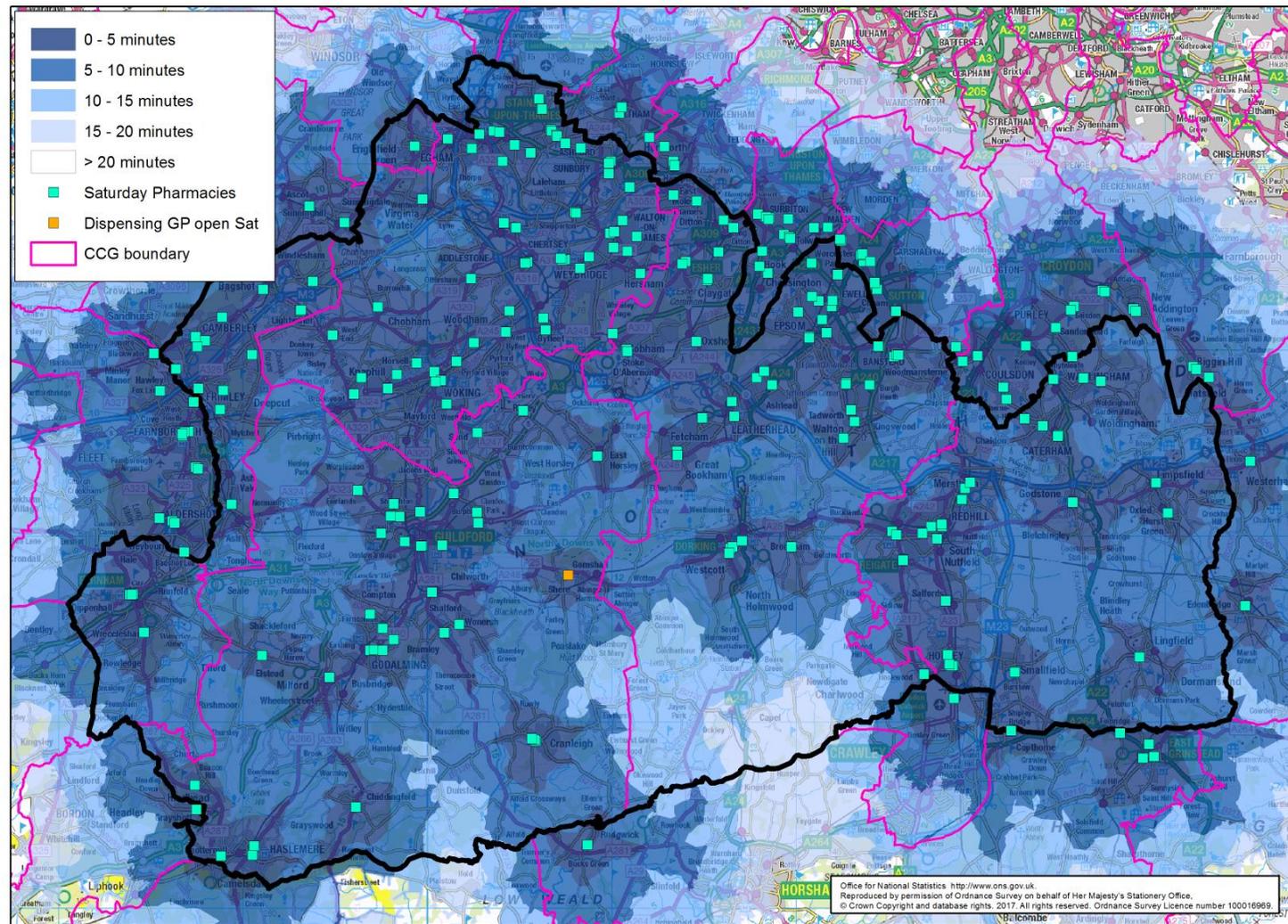


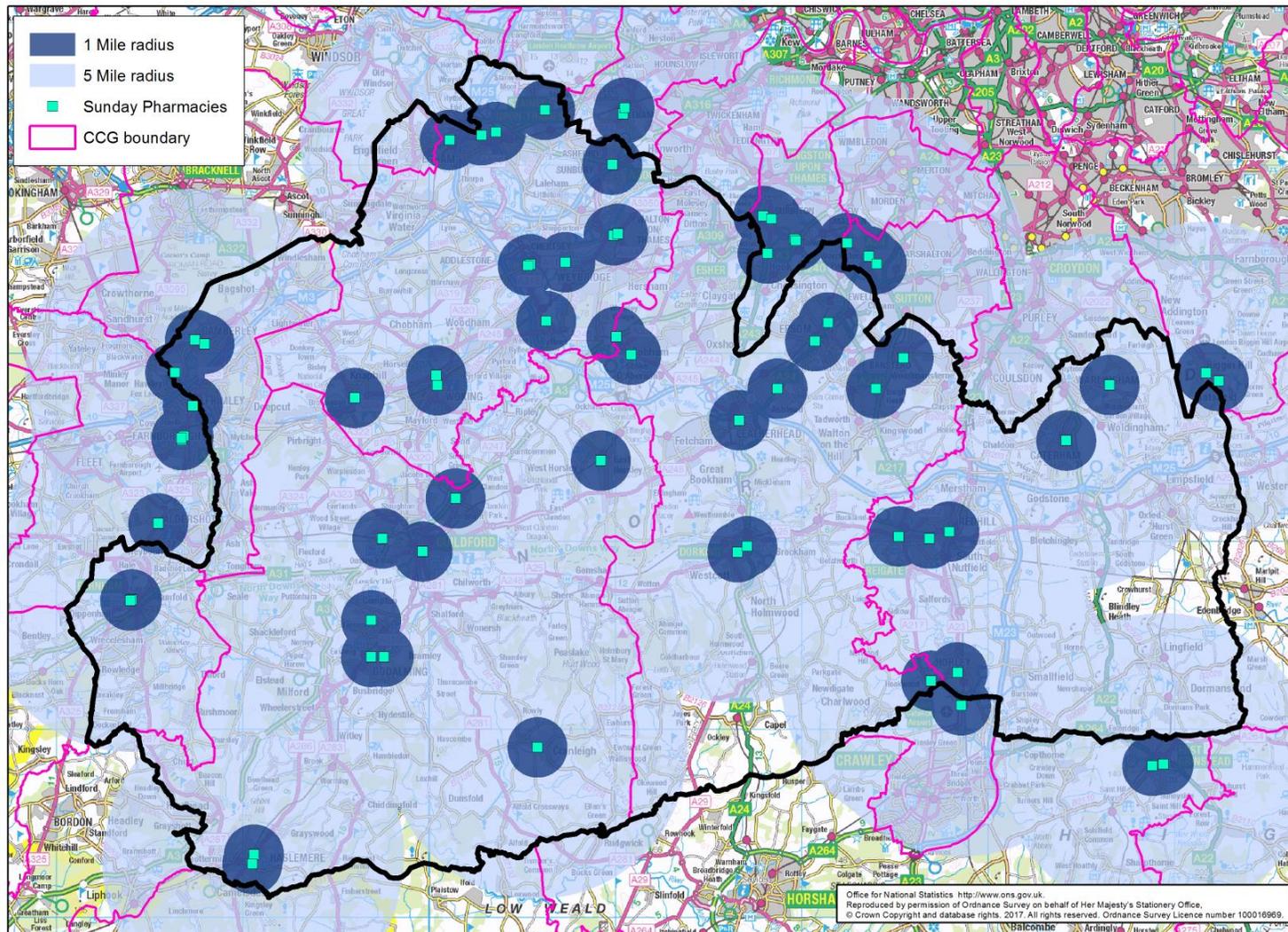
Figure 24: Journey time by car during Saturdays



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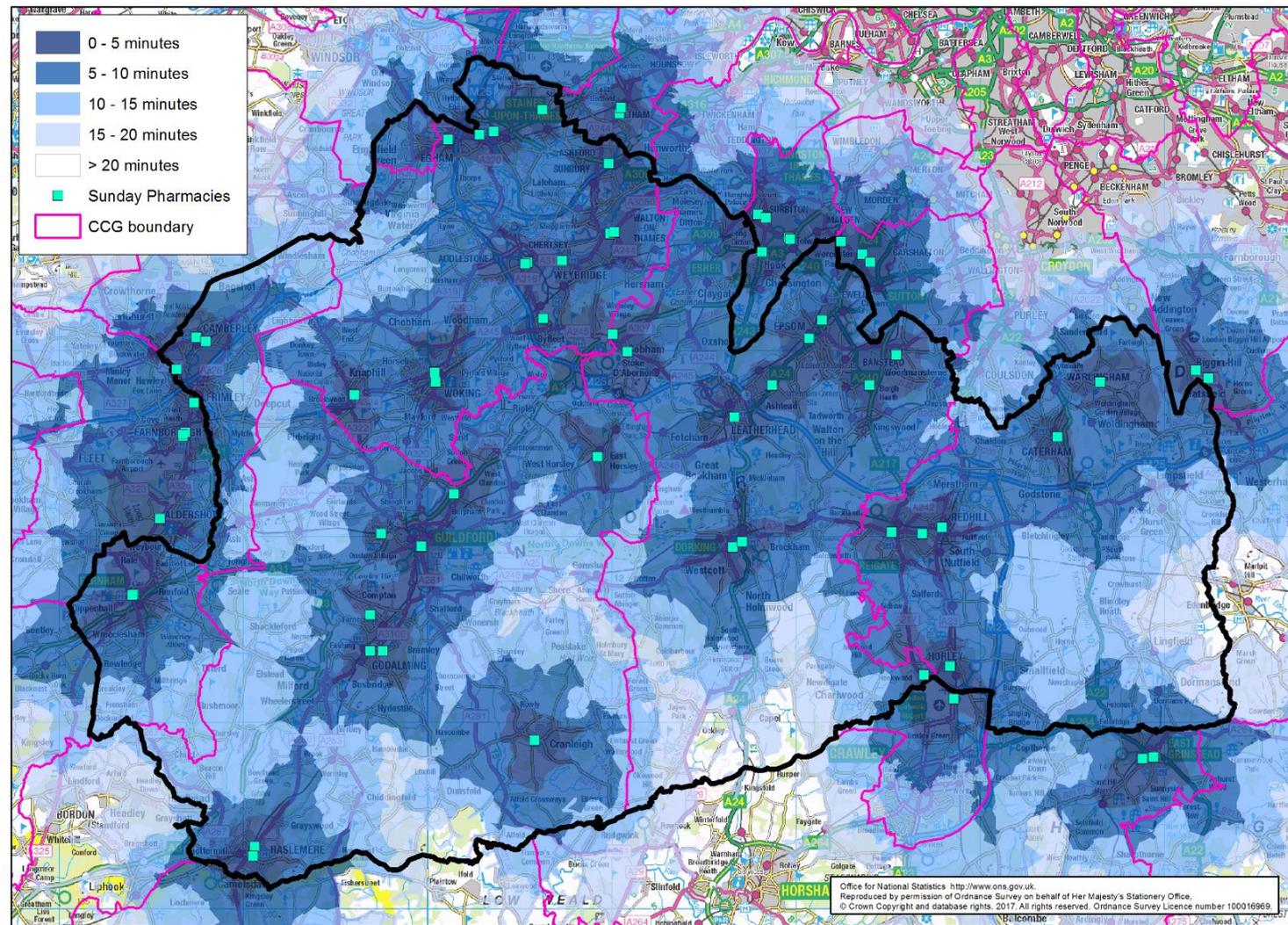
Source: NHSE; PHE

Figure 25: Areas of Surrey within one and five miles of a pharmacy open on Sunday



Source: NHSE; PHE

Figure 26: Journey time by car on Sunday



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Source: NHSE; PHE

5.8 Necessary Services: current provision

5.8.1 Essential service provision

All community pharmacies are required to provide all of the essential services outlined in the CPCF. Provision of these services is overseen by NHS England. Essential services are^{xxxviii}:

Dispensing of appliances

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

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.

Disposal of unwanted medicines

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

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.

Repeat dispensing (RD) and electronic repeat dispensing (eRD)

RD and eRD are processes that allow a patient to obtain repeated supplies of their medication or appliances without the need for the prescriber to hand sign authorised repeat prescriptions each time. The processes allow the prescriber to authorise and issue a batch of repeat prescriptions until the patient needs to be reviewed. When each supply is requested by the patient the pharmacist ensures each repeat supply is required and seeks to ascertain that there is no reason why the patient should be referred back to the GP.

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.

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.

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 other terms of service, including Clinical Governance. Adherence with the clinical governance requirements is thus a part of the terms of service^{xxxix}.

5.8.2 Advanced service provision

As listed in 2.4.1 there are six advanced services that are within the NHS CPCF;

- Appliance Use Reviews
- Medicine Use Reviews (MURs) and Prescription Intervention Service
- New Medicines Service (NMS)
- Stoma Appliance Customisation (SAC) Service
- Flu Vaccination
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)

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.

Activity data for the following advanced services reflects claims made to NHS England for provision of the service by the pharmacy contractors.

5.8.2.1 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.

Table 16 shows 47 AURs were done by Surrey pharmacies and appliance contractors in 2015-16. These could have been done either on the pharmacy premises or at the patient's home⁶.

⁶ AUR and SAC prescriptions are processed centrally at the contractors head office and sent out from that point to a site closest to the patient. Prescriptions for residents of Surrey HWB area may not therefore be handled by sites in Surrey HWB area. Therefore the numbers reflected in the data do not necessarily reflect the activity for Surrey residents.

Table 16: Appliance Use Reviews by CCG (2015-16)

CCG	Number of pharmacies and appliance contractors**	Number of pharmacies and appliance contractors providing service	Total Appliance Use Reviews	Average per pharmacy and appliance contractor claiming for service
East Surrey	33	0	0%	0
Guildford and Waverley	39	0	0%	0
North West Surrey	69	2	2.9%	21
Surrey Downs	53	0	0%	0
Surrey Heath	17	1	5.9%	5
Part CCGs*	9	0	0%	0
Surrey	220	3	1.4%	15
Kent, Surrey and Sussex	891	10	1.1%	535
England	11,798	140	1.2%	270

*Pharmacies in North East Hampshire and Farnham and Windsor, Ascot and Maidenhead CCGs within Surrey HWB area

**Number of pharmacies refers to time period 2015/16 so count differs from 2017 due to contract changes

Source: NHS England and NHS Digital General Pharmaceutical Services

5.8.2.2 Medicine 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. Community pharmacies can conduct up to 400 MURs each financial year.

Table 17 shows that in 2015/16, 204 (94%) out of 217 community pharmacies in Surrey were offering MURs to their patients. A total of 66,510 MURs were conducted by all pharmacies providing the service throughout this period, an average of 326 per pharmacy compared to the England average of 300. Of the Surrey CCGs, North West Surrey CCG completed the highest number on average, whilst Surrey Downs CCG completed the lowest, 335 and 311 respectively.

Table 17: Medicine Use Reviews (MURs) by CCG (2015-16)

CCG	Number of community pharmacies**	Number of pharmacies claiming for service		Number of Med Use Reviews	Average per pharmacy claiming for service
East Surrey	33	33	100%	10,669	323
Guildford and Waverley	37	36	97%	12,016	333
North West Surrey	69	63	91%	21,116	335
Surrey Downs	53	48	91%	14,972	311
Surrey Heath	17	16	94%	5,037	314
Part CCGs*	8	8	100%	2700	337
Surrey	217	204	94%	66,510	326
Kent, Surrey and Sussex	883	841	95%	272,004	323
England	11,688	11,029	94%	3,313,309	300

*Pharmacies in North East Hampshire and Farnham and Windsor, Ascot and Maidenhead CCGs within Surrey HWB area

**Number of pharmacies refers to time period 2015/16 so count differs from 2017 due to contract changes

Source: NHS England and NHS Digital General Pharmaceutical Services

5.8.2.3 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 but due to an overwhelmingly positive evaluation by the University of Nottingham in 2014 NHS England has made a firm decision to continue commissioning this service^{xviii}.

178 (82%) of community pharmacies in Surrey carried out NMS in 2015/16 with an average of 93 NMS per pharmacy (Table 18).

Table 18: New Medicine Services (NMS) by CCG (2015-16)

CCG	Number of community pharmacies**	Number of pharmacies claiming for service		Number of New Med Services	Average per pharmacy claiming for service
East Surrey	33	29	88%	2,544	87
Guildford and Waverley	37	33	89%	3,468	105
North West Surrey	69	58	84%	6,177	106
Surrey Downs	53	38	72%	3,355	88
Surrey Heath	17	14	82%	1,029	73
Part CCGs*	8	6	75%	252	42
Surrey	217	178	82%	16,573	93
Kent, Surrey and Sussex	883	749	85%	69,172	92
England	11,688	9,439	81%	821,893	87

*Pharmacies in North East Hampshire and Farnham and Windsor, Ascot and Maidenhead CCGs within Surrey HWB area

**Number of pharmacies refers to time period 2015/16 so count differs from 2017 due to contract changes

Source: NHS England and NHS Digital General Pharmaceutical Services

5.8.2.4 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^{xxxiii}.

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 the proportion of pharmacies providing this service in Surrey (17%) is higher than England (15%). There is a great variation in the provision of SACs across Surrey CCGs with an average of 8 per pharmacy in Surrey Heath CCG compared to 176 in Guildford and Waverley CCG and 753 in the part CCG areas. This is due to certain contractors being responsible for the vast majority of SACs in Surrey. The Surrey average is far lower than in the local NHS England local area team and England.

Table 19: Stoma Appliance Customisation Services (SACs) by CCG (2015-16)⁷

CCG	Number of pharmacies and appliance contractors	Number of pharmacies and appliance contractors claiming for service	Total Stoma Appliance Customise Services	Average per pharmacy and appliance contractor claiming for service	
East Surrey	33	5	15%	91	18
Guildford and Waverley	39	7	18%	1,234	176
North West Surrey	69	14	20%	119	8
Surrey Downs	53	6	11%	54	9
Surrey Heath	17	3	18%	24	8
Part CCGs	9	3	33%	2260	753
Surrey	220	38	17%	1,522	40
Kent, Surrey and Sussex	891	122	14%	86,117	705
England	11,798	1,732	15%	1,237,651	715

*Pharmacies in North East Hampshire and Farnham and Windsor, Ascot and Maidenhead CCGs within Surrey HWB area

**Number of pharmacies refers to time period 2015/16 so count differs from 2017 due to contract changes

Source: NHS England and NHS Digital General Pharmaceutical Services

5.8.2.5 Seasonal Flu Vaccination service

As part of the 2015/16 community pharmacy funding settlement NHS England agreed to allow community pharmacies in England to offer a seasonal influenza (flu) vaccination service for patients in at-risk groups. This service is the fifth Advanced Service in the English CCPF and provision of the service commenced from 16th September 2015.

The Community Pharmacy Seasonal Influenza Vaccination Advanced Service will continue in 2017/18^{xl}.

Table 20 shows that just over half (54%) of all community pharmacies in Surrey were providing the flu vaccination service in the first year (2015-16) and delivered an average of 77 vaccinations per pharmacy. This was similar to the England average of 83. The average by CCG varied from 52 in Surrey Heath CCG to 89 in North West Surrey CCG.

⁷ Most SACs will be provided by specialist companies, known generically as Appliance Contractors. There are two such contractors in Surrey; based in Godalming and Tilford. These companies can offer a SAC service to all their patients, many of which may not be in the Surrey area.

Table 20: Influenza Adult Vaccination Service by CCG (2015-16)

CCG	Number of community pharmacies	Number of pharmacies claiming for service	Number of Flu vaccinations	Average per pharmacy claiming for service	
East Surrey	33	18	55%	1,498	83
Guildford and Waverley	37	24	65%	1,596	66
North West Surrey	69	33	48%	2,961	89
Surrey Downs	53	30	57%	2,619	87
Surrey Heath	17	10	59%	524	52
Part CCGs	8	3	38%	225	75
Surrey	217	118	54%	9,198	77
Kent, Surrey and Sussex	883	552	63%	45,652	82
England	11,688	7,195	62%	595,467	83

*Pharmacies in North East Hampshire and Farnham and Windsor, Ascot and Maidenhead CCGs within Surrey HWB area

**Number of pharmacies refers to time period 2015/16 so count differs from 2017 due to contract changes

Source: NHS England and NHS Digital General Pharmaceutical Services

5.8.2.6 NHS Urgent Medicine Supply Advanced Service (NUMSAS)

In 2016, the Department of Health (DH) and NHS England announced that as part of the 2016/17 and 2017/18 community pharmacy funding settlement, money from the Pharmacy Integration Fund (PhIF) would be used to fund a national pilot of a community pharmacy Urgent Medicine Supply Service. The service is being commissioned as an Advanced Service and it will run from 1st December 2016 to 30th September 2018. This service is intended to relieve pressure on the GP out of hours services by redirecting 111 requests for urgent repeat medicines to local community pharmacies taking part in the service as well as reducing demand on the rest of the urgent care system^{xli}.

5.9 Relevant services: current provision

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, Clinical Commissioning Groups (CCGs) and local NHS England teams^{xlii}. Services commissioned by Surrey County Council (SCC) Public Health Team through Public Health Agreements and by CCGs are described below.

Enhanced services refer to services commissioned directly by NHS England and are listed within the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013^{xliii}.

At present NHS England does not commission any enhanced services in Surrey or the South East of England.

5.9.1 Public Health local services

SCC Public Health Team commissions pharmacies to provide a range of public health services. These include: Stop Smoking Services, Emergency Hormonal Contraception (EHC), Chlamydia Screening, Needle and Syringe Exchange, Supervised Consumption of Methadone and NHS Health Checks. These services have been commissioned according to local health needs as well as local and national initiatives. Any data in this section excludes internet pharmacies and DACs.

5.9.1.1 Stop Smoking Services

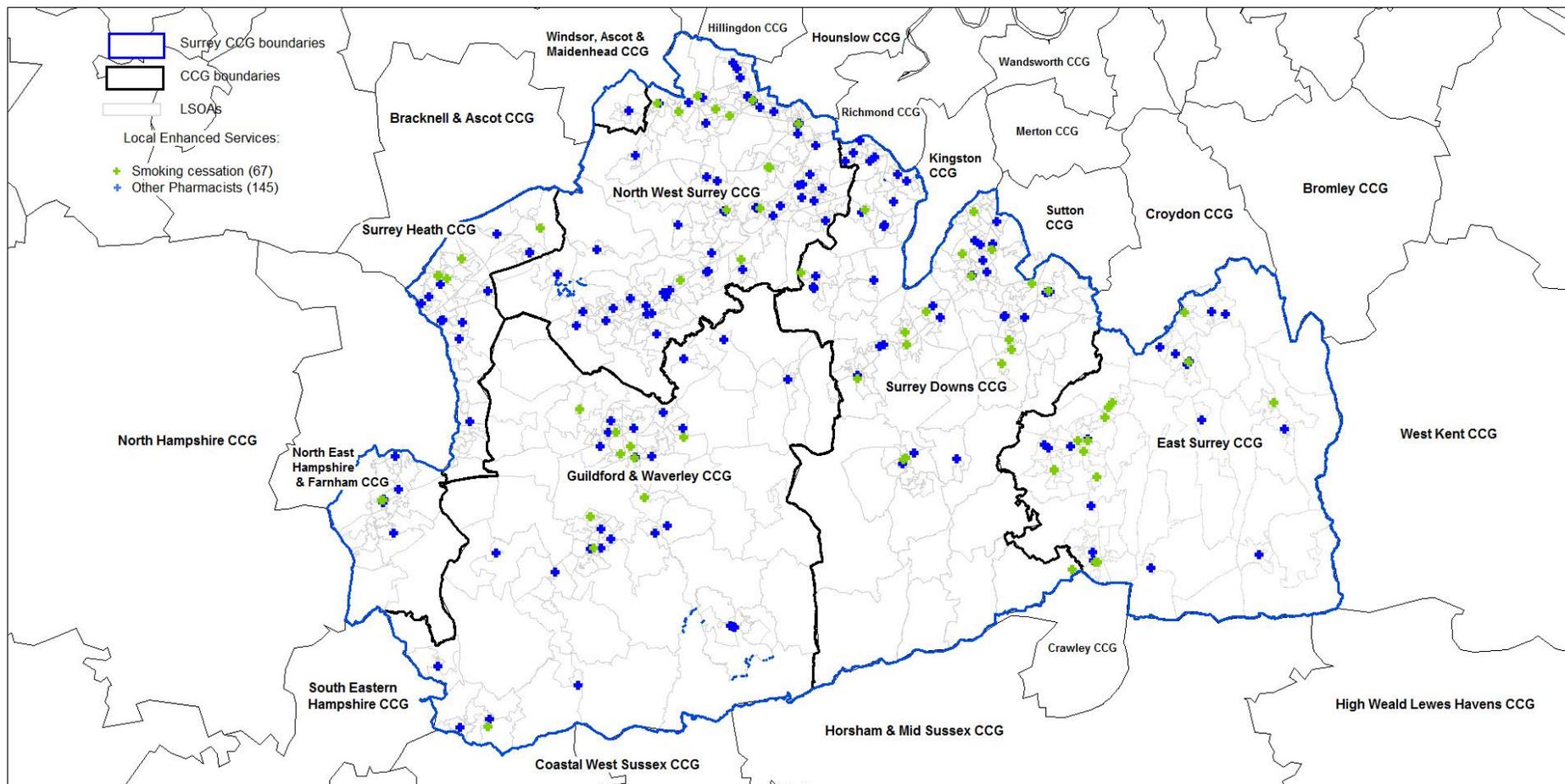
People using Smoking Cessation Services and pharmacotherapy are four times more likely to quit than when they have no support^{xliv}. Smoking cessation services across Surrey achieved an average quit rate of 53% in 2016/17 (51% nationally) or 1,551 self-reported quits. Stop Smoking Services provided by pharmacies are an integral part of the Surrey Tobacco Control Strategy 2016-2021 in tackling health inequalities to help smokers quit (Strategic Priority 1)^{xliv}. At the time of writing 67 community pharmacies (32%) are commissioned to provide stop smoking services in Surrey. Table 21 shows the number of pharmacies commissioned to provide a stop smoking service in Surrey by CCG and Figure 27 shows their location.

Table 21: Pharmacies delivering Smoking Cessation by CCG (September 2017)

Type of Service	CCG						
	East Surrey	Guildford and Waverley	North West Surrey	Surrey Downs	Surrey Heath	Part CCGs	Total
Smoking Cessation	17	11	15	17	5	2	67
% per CCG	52%	30%	23%	33%	29%	25%	32%

Source: SCC PHA

Figure 27: Pharmacies commissioned by Public Health to provide stop smoking service in Surrey (September 2017)



Source: SCC PHA



5.9.1.2 Sexual Health Services

In Surrey pharmacies have been commissioned to provide specified sexual health services for young people under 25 years old. Table 22 shows how many pharmacies provide each service. Further information on sexual health services in Surrey can be found on the [Healthy Surrey](#) website.

Emergency Hormonal Contraception (EHC) Service

EHC in pharmacies contributes to the reduction of unintended teenage conceptions. The provision of free EHC to those under 25 is offered through community pharmacies under a Public Health Agreement contributing to community-based sexual health services. EHC in Surrey is primarily provided by sexual health services, primary care and Walk-in-Centres. Table 22 shows that 107 pharmacies in Surrey have been commissioned to provide this service and Figure 28 shows their location.

Chlamydia and Gonorrhoea screening and Chlamydia treatment service

Community pharmacies play a crucial role in Chlamydia and Gonorrhoea Screening in Surrey, by being able to offer easy access to screening and treatment. This service targets young people aged 15-24 years old who, evidence indicates, are at higher risk of Chlamydia and Gonorrhoea infection. In Surrey 40 pharmacies are currently commissioned to provide chlamydia and gonorrhoea screening (Table 22, Figure 29). Chlamydia screening has been offered through pharmacists since 2010 and Gonorrhoea screening was added in 2014. Information on the number of pharmacies offering Chlamydia treatment can be found on the [Health Surrey](#) website.

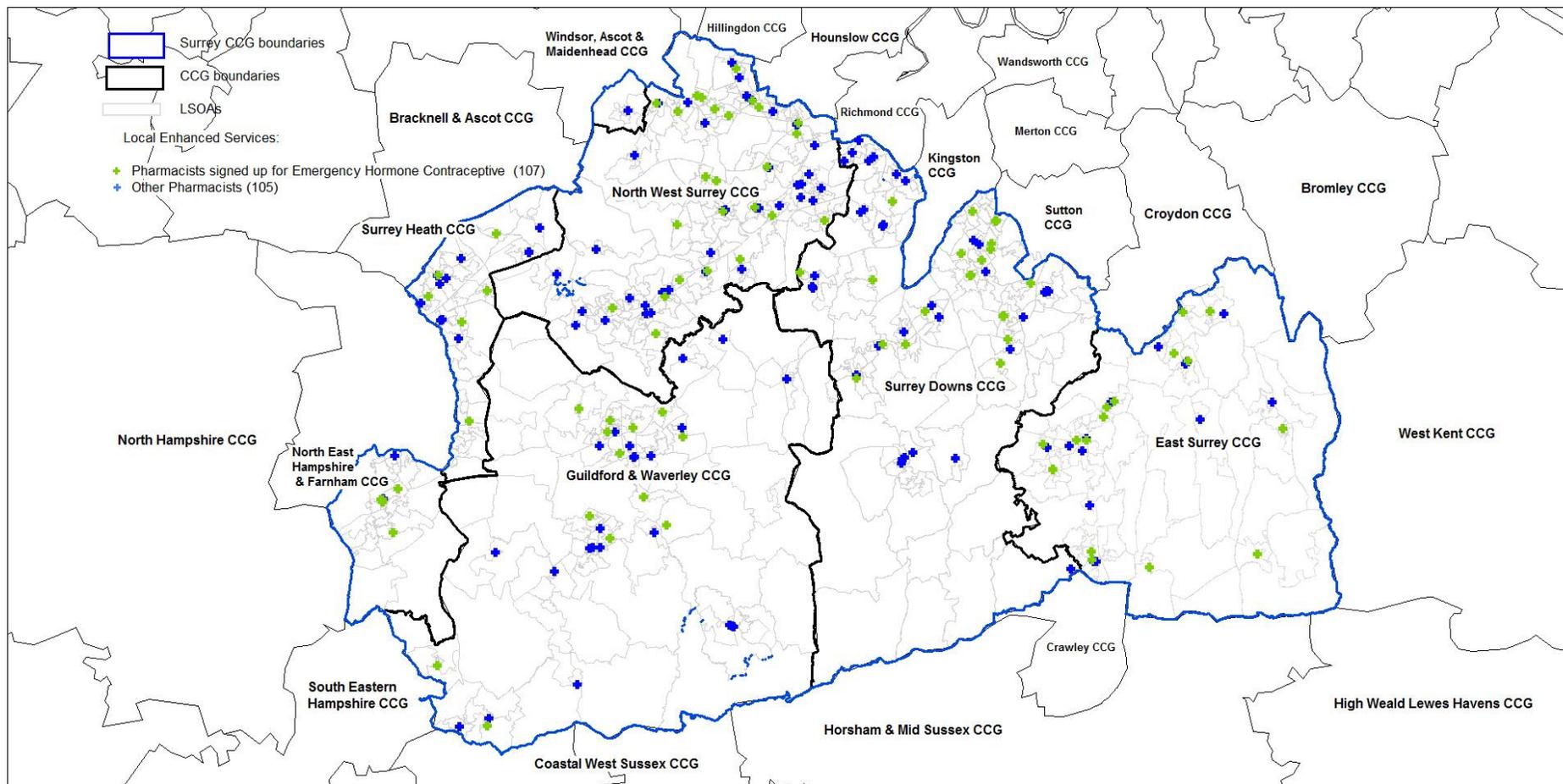
In addition a small number of pharmacies provide condoms to young people through the Surrey C-Card condom distribution scheme. The C-Card scheme is managed by the sexual health service provider, not through Public Health Agreements, and training needs to take place before pharmacies can deliver the scheme. Information on the C-Card scheme can also be found on the [Healthy Surrey](#) website.

Table 22: Pharmacies delivering Sexual Health Services by CCG (September 2017)

Type of Service	CCG						Total
	East Surrey	Guildford and Waverley	North West Surrey	Surrey Downs	Surrey Heath	Part CCGs	
Emergency Hormonal Contraception	18	18	32	26	8	5	107
% per CCG	55%	49%	49%	50%	47%	63%	50%
Chlamydia and Gonorrhoea screening	8	8	11	9	4	0	40
% per CCG	24%	22%	17%	17%	24%	0%	19%

Source: SCC PHA

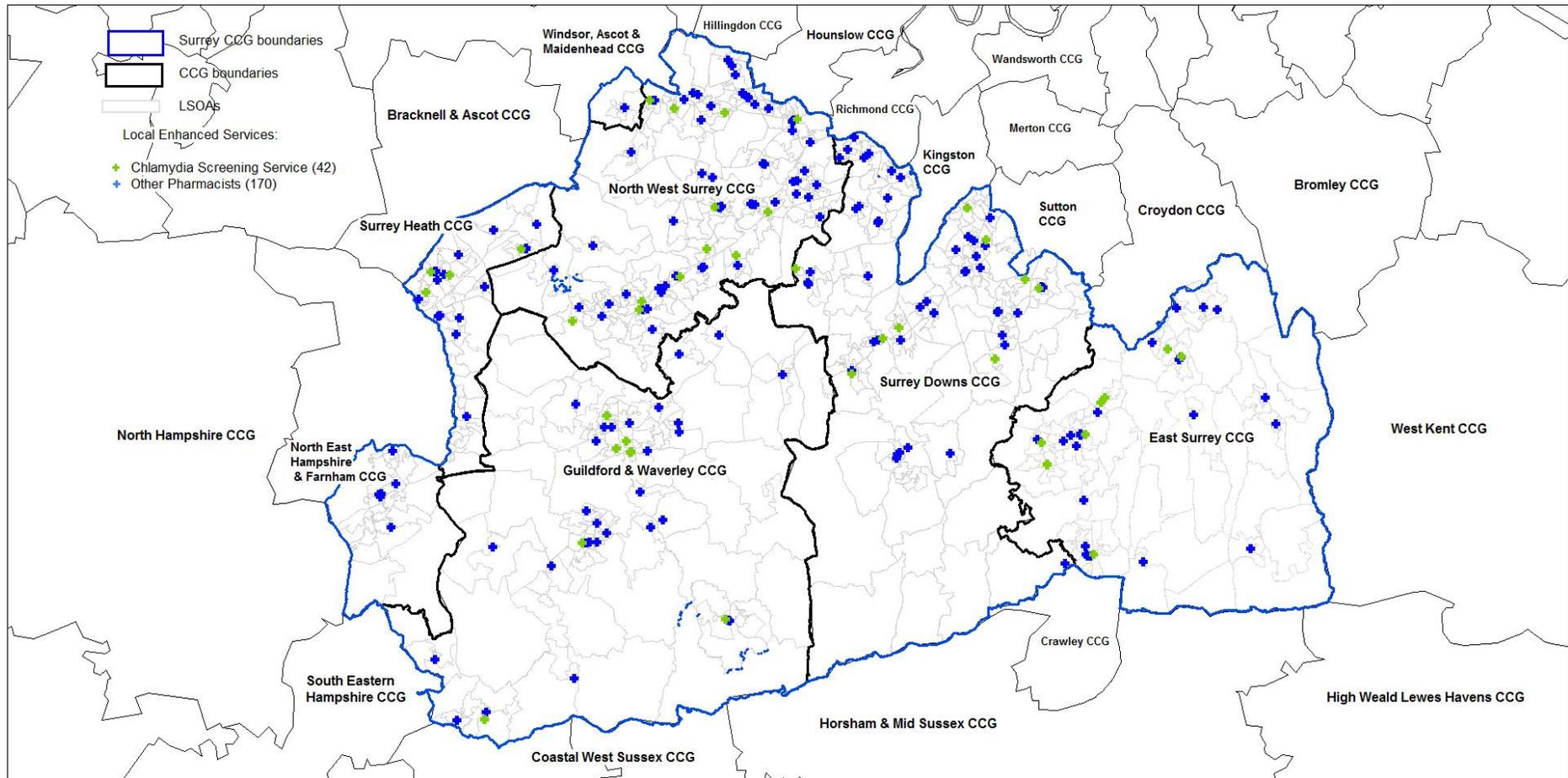
Figure 28: Pharmacies commissioned by Public Health to provide EHC in Surrey (September 2017)



Source: SCC PHA



Figure 29: Pharmacies commissioned by Public Health to provide Chlamydia and Gonorrhoea screening service in Surrey (September 2017)



Source: SCC PHA

5.9.1.3 Substance misuse service

A range of substance misuse services are commissioned through community pharmacy. The Supervised Consumption service supports opiate users by enabling them to be supervised when starting (OST) Opiate Substitution Therapy in the initial stages of their treatment pathway.

The NSP (Needle & Syringe Programme) allows for county wide provision of clean injecting equipment for PWID (People Who Inject Drugs).

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 and in 2018 Hepatitis Screening and the provision of Naloxone services will be introduced to pharmacy.

Supervised consumption of methadone

The Supervised Consumption scheme through community pharmacy aims to reduce mortality and morbidity among high-risk opiate users by improving consistency and quality of care. Government recommendations acknowledge that patient compliance with the programme is an important issue in substance misuse treatment.

This service supports individuals in complying with their prescribed regime therefore reducing incidents of accidental deaths through overdose and pharmacists are able to keep to a minimum the misdirection of controlled drugs, which may help reduce drug related deaths in the community.

Pharmacies that have been commissioned to deliver the service provide support and advice to the patient, including referral to specialist services when appropriate. Users of this services are able to nominate a pharmacy that they can easily access on a daily basis.

There are 143 accredited providers participating in the scheme, and 81 of these were active in the last financial year 2016/17 (Table 23, Figure 30).

Needle and syringe exchange programme

The aim of this service is to reduce the transmission of blood-borne viruses (BBVs) associated with injecting drug use by providing free, sterile injecting equipment and advice in line with NICE (National Institute of Health and Care Excellence) public health guideline PH52⁸. In the UK, HCV (Hepatitis C) is the most prevalent blood borne virus among people who inject drugs. (PHE, 2015).

NSPs are often the first contact individuals may have with services and key to engaging individuals into treatment.

The Public Health Team within Surrey County Council coordinate the local strategy for this service, and provision is deemed to be meeting the needs of the population throughout the county. Commissioners' actively monitor and respond to changes in patterns of drug use including provision of specific packs for an increasing prevalence of Steroid and Image and Performance Enhancing Drug Use. There are currently 58 pharmacies participating in the scheme. (Table 23, Figure 31).

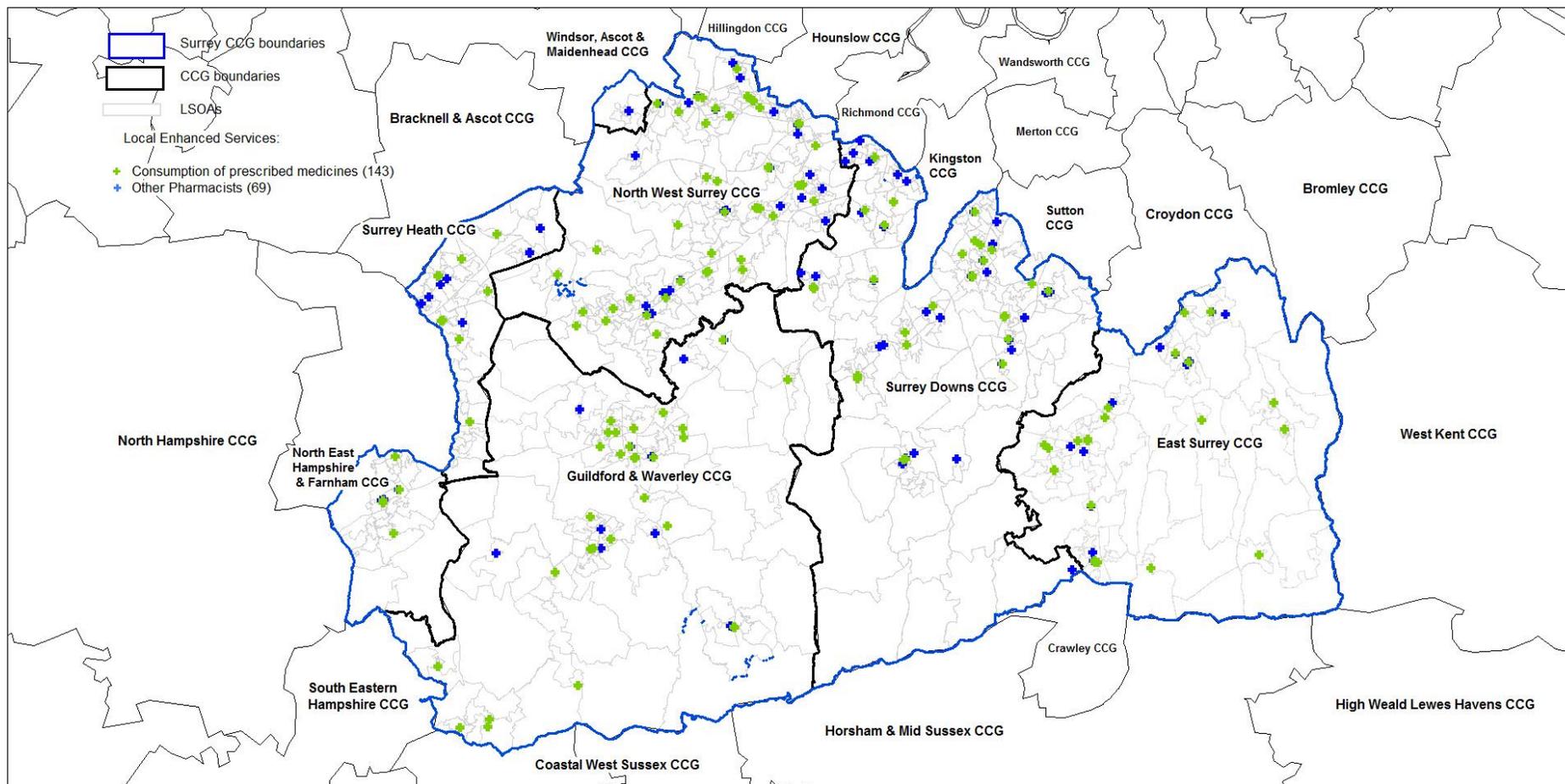
⁸ <http://www.nice.org.uk/Guidance/PH52>

Table 23: Number of pharmacies accredited to deliver Substance Misuse Services by CCG (November 2017)

Type of Service	CCG						
	East Surrey	Guildford and Waverley	North West Surrey	Surrey Downs	Surrey Heath	Part CCGs	Total
Supervised consumption of methadone	23	30	48	28	9	5	143
% per CCG	70%	81%	74%	54%	53%	63%	67%
Needle and syringe exchange programme	13	8	18	15	3	1	58
% per CCG	39%	22%	28%	29%	18%	13%	27%

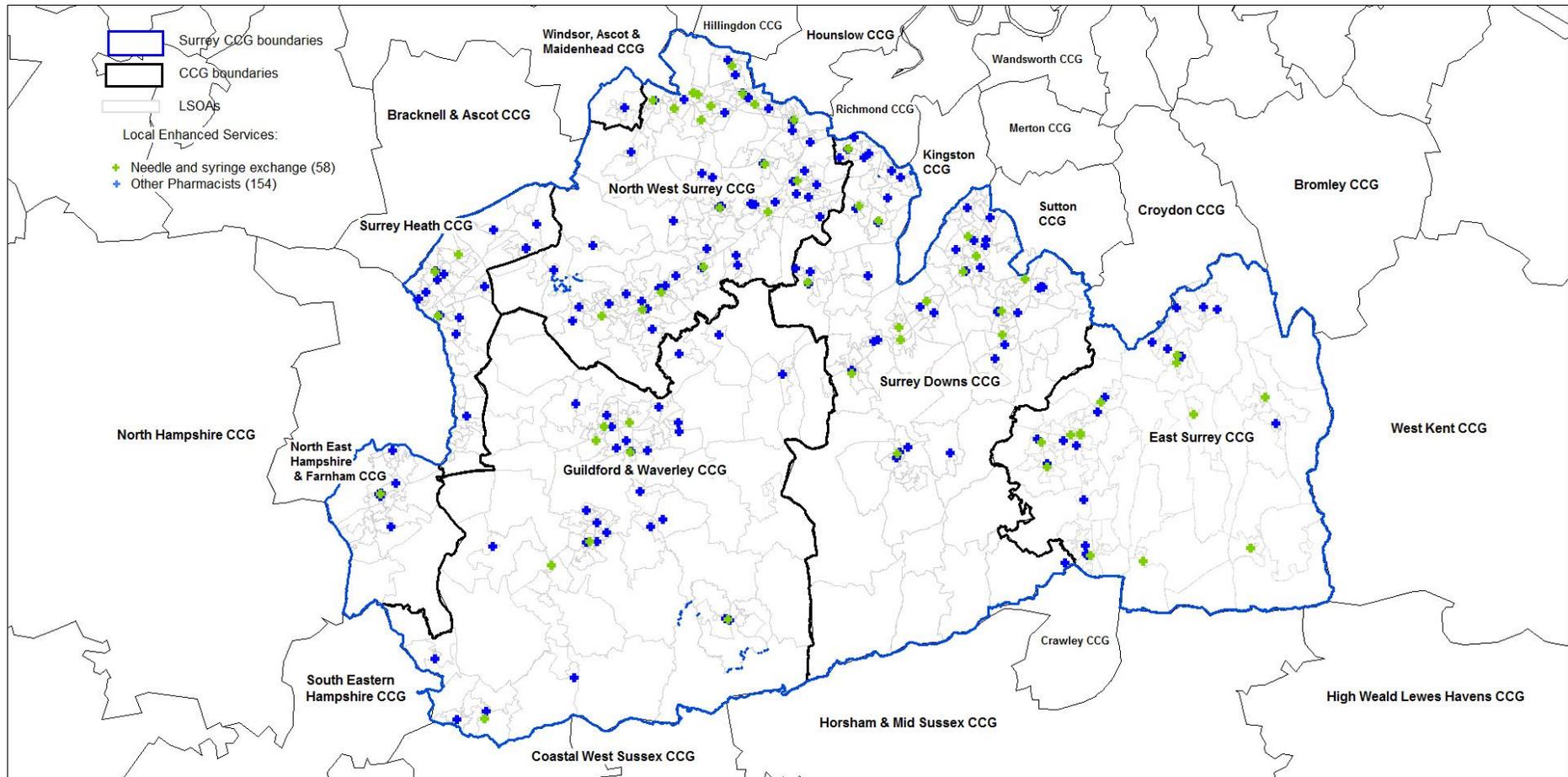
Source: Pharmoutcomes

Figure 30: Pharmacies commissioned by Public Health to provide supervised consumption of methadone in Surrey (September 2017)



Source: Pharmoutcomes

Figure 31: Pharmacies commissioned by Public Health to provide needle and syringe exchange programme in Surrey (September 2017)



Source: Pharmoutcomes

5.9.1.4 NHS Health Checks

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 over the next ten years. For patients over 65, the signs and symptoms of dementia are also discussed^{xlvi}. The NHS Health Check offers personalised advice and support to stay healthy, and reduce risks if any results need improving upon.

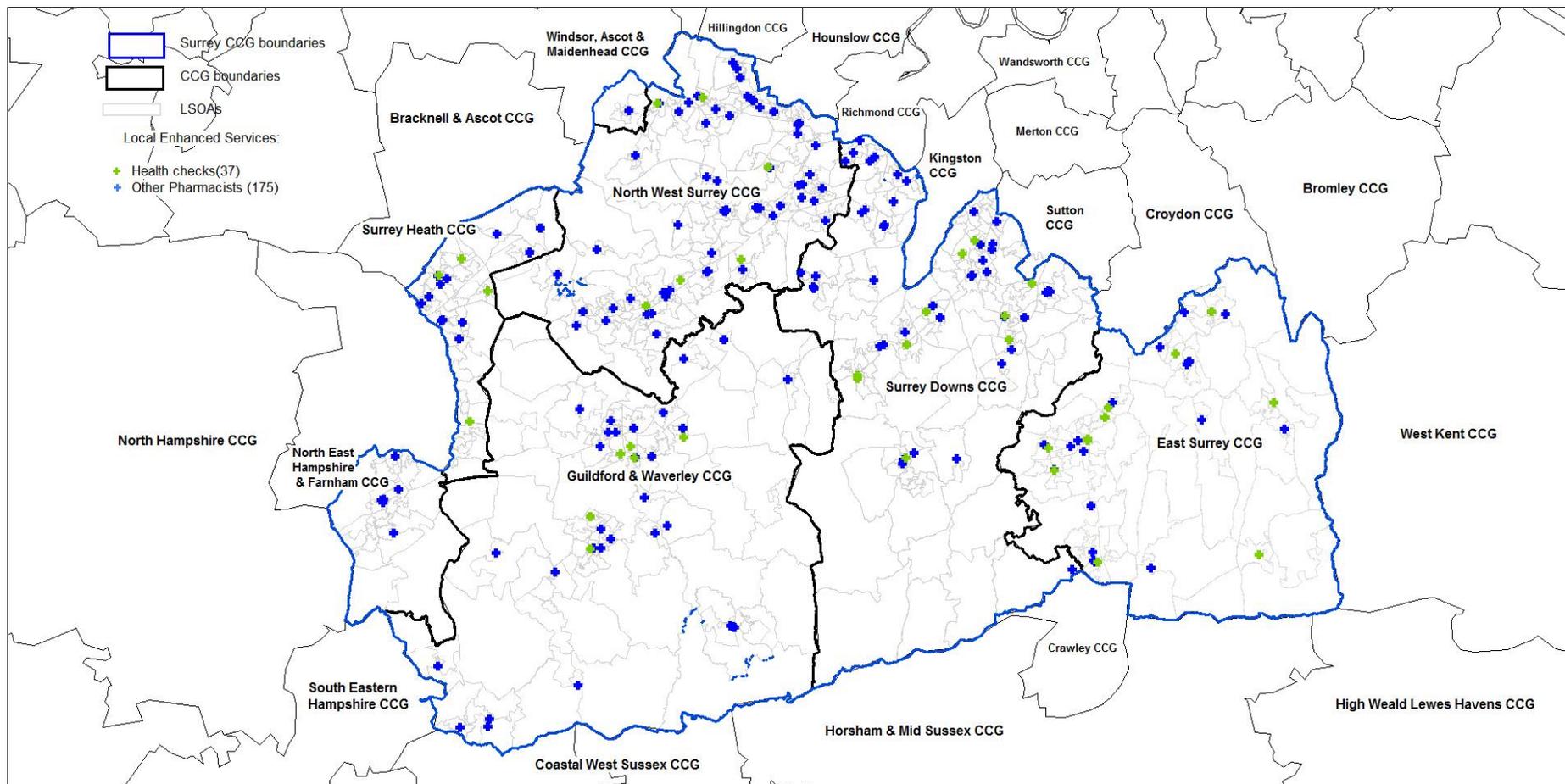
There are 37 pharmacies trained and accredited to deliver NHS Health Checks in Surrey (Table 24, Figure 32).

Table 24: Pharmacies delivering NHS Health Checks by CCG (September 2017)

Type of Service	CCG						
	East Surrey	Guildford and Waverley	North West Surrey	Surrey Downs	Surrey Heath	Part CCGs	Total
Number of pharmacies delivering Health checks in each CCG area	11	6	6	10	4	0	37
% of pharmacies per CCG	33%	16%	9%	19%	24%	0%	17%

Source: SCC PHA

Figure 32: Pharmacies commissioned by Public Health to provide NHS Health Checks in Surrey (September 2017)



Source: SCC PHA

5.9.2 CCG commissioned services

CCGs are also able to commission services as well as local authorities to meet the needs of the local population. The following services are commissioned by CCGs.

5.9.2.1 Palliative Care Scheme

An integral part of End of Life Care is the provision of 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.

Table 25 shows there are 18 pharmacies that provide the palliative care scheme in Surrey^{xlvii} which all have extended opening hours, good accessibility and parking.

Table 25: Provision of the Palliative Care Scheme by CCG (May 2016)

Type of Service	CCG						
	East Surrey	Guildford and Waverley	North West Surrey	Surrey Downs	Surrey Heath	Part CCGs*	Total
Palliative Care Scheme	4	4	5	3	2	0	18
% all CCG pharmacies	12	11	8	6	12	0	8

*Pharmacies in North East Hampshire and Farnham and Windsor, Ascot and Maidenhead CCGs within Surrey HWB area

Source: St Catherine's Hospice

5.9.2.2 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.

There are now 4 pharmacies that are signed up to provide H-Pylori Test care in Surrey all of which are situated in East Surrey CCG.

5.9.2.3 PURM

North East Hampshire and Farnham CCG currently co-commission the Pharmacy Urgent Medicines (PURM) Service from 2 Farnham Community pharmacies.

The PURM service allows the supply of a medicine at NHS expense where the pharmacist deems that the patient has immediate need for the medicine and that it is impractical to obtain a prescription without undue delay.

It is commissioned to be delivered after 1800 on Fridays, all day on Saturdays and Sundays and on Bank Holidays including from 1800 the previous day if that is a normal working day.

The service is also commissioned during declared emergency situations when NHS England - South (Wessex) will activate the service in specific areas. The service is being commissioned until 31st March 2018 when it will revert to the national NUMSAS service. The lifetime of the PNA commences on 1st April 2018 after the PURM service reverts to NUMSAS.

5.9.2.4 Online Non-Prescription Ordering Service (ONPOS)

Community pharmacies provide wound dressings through ONPOS. ONPOS reduces waste and improves patient care by enabling access to the correct formulary products when they are needed in the care environment. It is not a commissioned service but is included here for information only.

Community Pharmacies are added to the service on request and then the ONPOS users can select which Community Pharmacy they wish to use. There is no direction involved. Therefore the Pharmacies set up may not be active suppliers.

5.10 Changes to National Policy Framework

In 2016 the Government introduced changes in funding to the Community Pharmacy Contractual Framework^{xviii}. As part of the package the Department of Health (DH) has made changes to the way in which funding is distributed, introducing quality payments and a Pharmacy Access Scheme (PhAS)^{xlix}.

5.10.1 Quality Payments Scheme

The Quality Payments Scheme encourages a range of activities designed to widen the role of community pharmacists beyond dispensing, by improving the quality of health care for patients and helping to ease demand on other areas of the health system.^l

To be eligible to claim a Quality Payment, the contractor must first meet four gateway criteria:

- provision of at least one specified Advanced Service;
- have their NHS Choices entry up to date;
- have the ability for staff to send and receive NHS mail and
- ongoing utilisation of the Electronic Prescription Service.

The quality payments a contractor receives will then depend on how many of the quality criteria the contractor achieves.

Quality criteria include (i) a safety report, (ii) safeguarding training, (iii) publishing patient satisfaction survey results, (iv) gaining Healthy Living Pharmacy level 1 status, (v) increasing access to the Summary Care Record, (vi) ensuring the information NHS 111 have about the pharmacy is accurate, (vii) identifying “at risk” asthma patients and referring them for an asthma review and (viii) patient facing staff becoming Dementia Friends.

The eight quality criteria have been weighted based on an assessment of the challenge of achievement and the benefit to patients from such achievement with each criterion being allocated a number of 'points'. The impact of the Quality Payments Scheme is not yet known and the future of the scheme cannot be confirmed beyond 2017/18^{li}.

NHS England reports there are, at the time of writing, 1800 Healthy living Pharmacies across the country but it is not known how many are situated within the Surrey HWB area.

5.10.2 Pharmacy Access Scheme (PhAS)

The aim of the Pharmacy Access Scheme (PhAS) is to ensure that a baseline level of patient access to NHS community pharmaceutical services in England is protected. Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from December 2016.

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

A pharmacy contractor will be eligible for the PhAS if it meets all of the following criteria:

- The pharmacy is more than a mile away from its nearest pharmacy as at 1 September 2016 (measured by road distance); and,
- The pharmacy is on the pharmaceutical list as at 1 September 2016; and,
- The pharmacy dispenses less than 109,012 prescription items per year.^{lii}

A list of pharmacies that qualify for a payment from the scheme can be found on the department of Health website.^{liii} There are 37 pharmacies in Surrey on the Pharmacy Access Scheme and these are listed in Appendix C.

5.10.3 General Practice Forward View (GPFV)

The Department of Health published the GPFV in April 2016. While the focus of the report is on general practice, the report identifies key ways in which community pharmacies can support the sustainability of general practice and improve patient care. These include seeing patients who do not need to be seen by a medical practitioner but who would benefit from professional advice or support for treating minor ailments, playing a role in urgent and unplanned care and working more closely with general practice to improve medicines use. As at 12th January 2018, 54 GP practices in Surrey have a clinical pharmacist working with them^{liv}.

5.11 Key findings

- There are 218 community pharmacies in Surrey HWB area. 4 of these are internet / distance selling pharmacies and 2 are DACs
- There are 91 additional pharmacies in 14 neighbouring HWB areas within one mile of the Surrey County border
- There are 15 dispensing doctor practices including branch surgeries
- There are 18 pharmacies per 100,000 population in Surrey compared to 21 per 100,000 population in England
- Sixteen community pharmacies have 100 hour per week contracts
- Two hundred community pharmacies have 40 hour per week contracts

- One hundred and ninety eight (92%) are open on Saturdays and 46 (21%) are open on Sunday's
- Sixty (28%) pharmacies are still open in the evening at 18:30
- Across Surrey, there is good access to community pharmacy or dispensing general practice within a reasonable travel time by car during weekdays and Saturdays
- The population of Surrey is within a 5 mile radius of a pharmacy during weekday opening hours giving a reasonable choice to residents
- For some residents living in more rural areas without access to their own car, the access to community pharmacy may be less good but cannot be quantified. Their access to essential services may be ameliorated by the growing availability of internet pharmacies and the willingness of some pharmacies to deliver prescription medications
- Surrey local authority commissions pharmacies to provide stop smoking services, emergency hormonal contraception, Chlamydia and Gonorrhoea screening, supervised consumption of methadone, needle and syringe exchange programme and NHS Health Checks
- CCGs commission pharmacies to provide the palliative care scheme and H. Pylori testing.

6 Survey of public and patient views

Seven thousand questionnaires were distributed to addresses selected randomly in Surrey in April 2017. Householders were invited to fill in the questionnaire and return it by post or to complete the questionnaire online on Surrey Says. Participants had a month to complete the survey which comprised questions on demographics, access and services used.

The online survey was publicised through Twitter, Healthwatch and the Healthy Surrey website as well as through other media such as the PH news bulletin and patient engagement groups at the CCGs. The survey was also publicised through the Surrey Disability Network and Disability Alliance Network groups, commissioned groups as well as Local Valuing People Groups for people with learning disabilities and mental health focus groups. Help was requested from the Brighter Futures Project Officer to publicise the survey to the Gypsy, Roma and Traveller (GRT) community in the knowledge that the GRT community may not be represented among the random address list.

1,371 completed postal responses were received together with 229 online making a total of 1,600 survey responses from the public. 7 responded from outside the area of the Surrey HWB so were removed from the analysis leaving a total of 1,593. Of these, 168 could not be assigned to a CCG. 79 of these were postal copies and therefore returned from addresses within Surrey. The remaining 89 were completed online so the assumption was made they were all completed by Surrey residents. They were included in the analyses but only within the Surrey total. 64 stated they only get medicines / appliances dispensed online so were only asked to provide demographic information and were not included in any subsequent analysis⁹.

6.1 Results

6.1.1 Respondent characteristics

Table 26 provides the breakdown of respondents by CCG. The geographical response was across seven CCGs (NE Hants and Farnham and Windsor, Ascot and Maidenhead in part) and was highest in Surrey Downs. 172 responses could not be assigned to a CCG and therefore have not been included in the following CCG analyses and graphs. Five responses received from Surrey residents in Windsor, Ascot and Maidenhead CCG have been included in Appendix D, and Table 28 but have otherwise not been presented separately because of the low number of responses.

⁹ Additionally, those who answered 'Not applicable' to any question have been removed from the analysis which is reflected in the total number of respondents. Some respondents have not given an answer to all the questions which is not reported in the charts but they are nevertheless included in the totals, hence percentages may not add up to 100.

Table 26: Respondents by CCG

	CCG							Other	Total
	East Surrey	Guildford and Waverley	North East Hants and Farnham	North West Surrey	Surrey Downs	Surrey Heath	Windsor, Ascot and Maidenhead		
Responses	201	270	56	377	408	104	5	172	1593
Percentage	12.6%	16.9%	3.5%	23.7%	25.6%	6.5%	0.3%	10.8%	100%

63% of the total of 1,593 respondents were female and 67% were aged 55 or over. The majority of respondents were White British (89%), heterosexual (84%) and Christian (63%). 35% of respondents reported they were in full or part-time employment and 52% were retired. 40% of respondents identified themselves as having a disability or longstanding health condition. The most frequent disabilities reported by respondents were diabetes, hypertension, heart conditions, asthma, arthritis and thyroid problems. 30 of the 1,009 women respondents were pregnant.

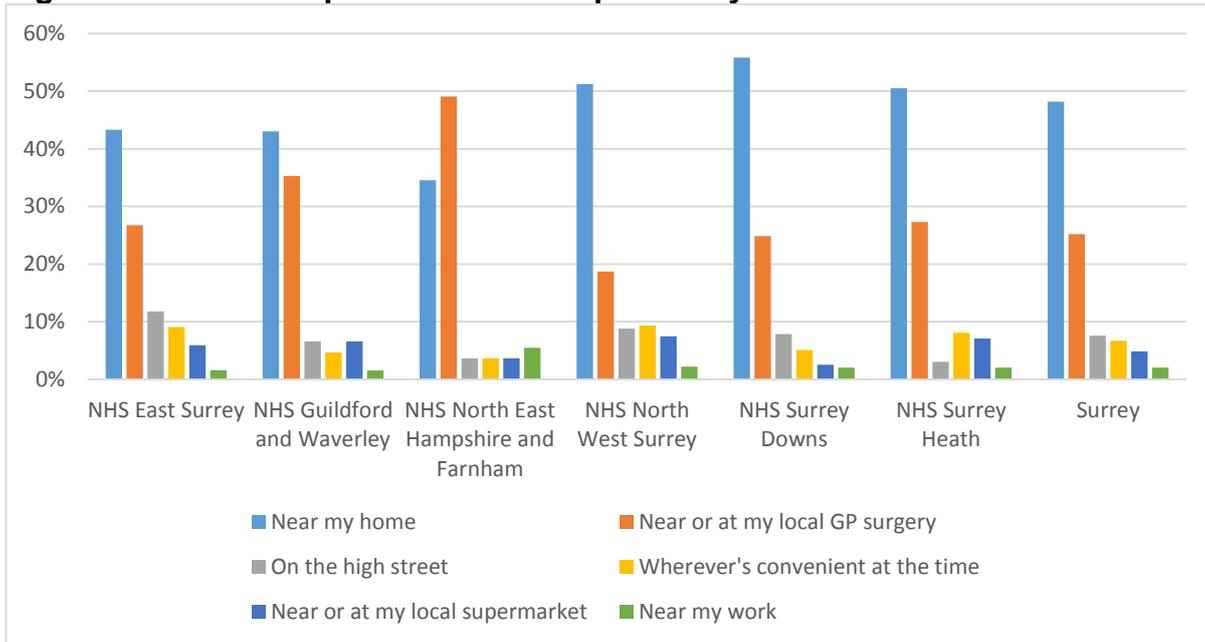
Appendix D provides full details of the gender, age, ethnicity, religion, sexual orientation, employment and disability of respondents.

6.1.2 Use of pharmaceutical services

Figure 33 shows where respondents accessed services most often. The majority (48%) of all respondents accessed pharmacy services near their home. The second most common place to access pharmacy services was at or near their GP practice (25%). Two percent of respondents visited a pharmacy near where they work, whilst 8% accessed pharmacies on the high street and 5% near or at the supermarket. 7% accessed services wherever was convenient. 5% of respondents did not answer this question. The majority (71%) of the respondents who indicated they accessed pharmaceutical services at the supermarket, near work or wherever was convenient were under 65 year old.

While a similar pattern of data is shown by all the CCGs, North East Hampshire and Farnham CCG was an exception as the majority of respondents visited the pharmacy near or at their GP (49%). Guildford and Waverley CCG had more similar numbers of respondents visiting the pharmacy near their home (43%) or near or at the GP practice (35%) than the Surrey total. This could tie in with the location of dispensing doctors.

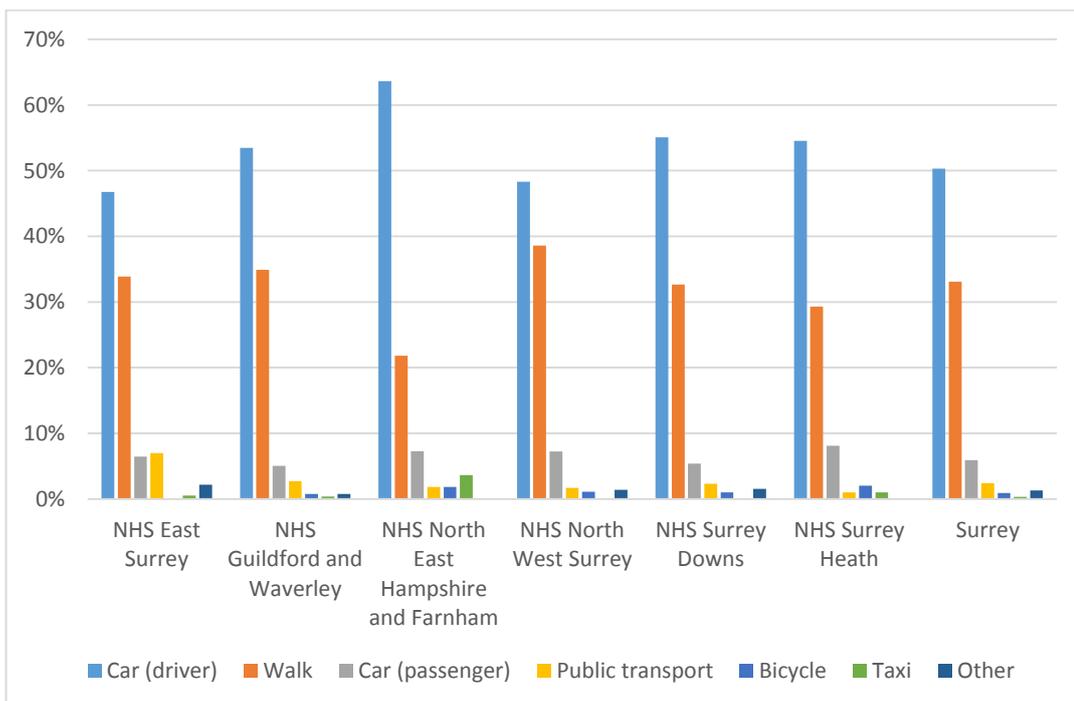
Figure 33: Where respondents access pharmacy services most often



Number of respondents: 1,529

50% of respondents in Surrey drive to the pharmacy or dispensing doctor they use most often while one third (33%) walk. 2% use public transport. 8% use other means of travel including taking lifts either in a taxi or as a car passenger or they go by bicycle or motorcycle. While the pattern is similar across Surrey CCGs, there is some local variation (Figure 34). Of 20 (1%) respondents in Surrey who mentioned other means of travel 6 used mobility scooters or adapted vehicles. 13 used the pharmacy delivery service or had their prescriptions collected by someone. 6% of respondents did not answer this question..

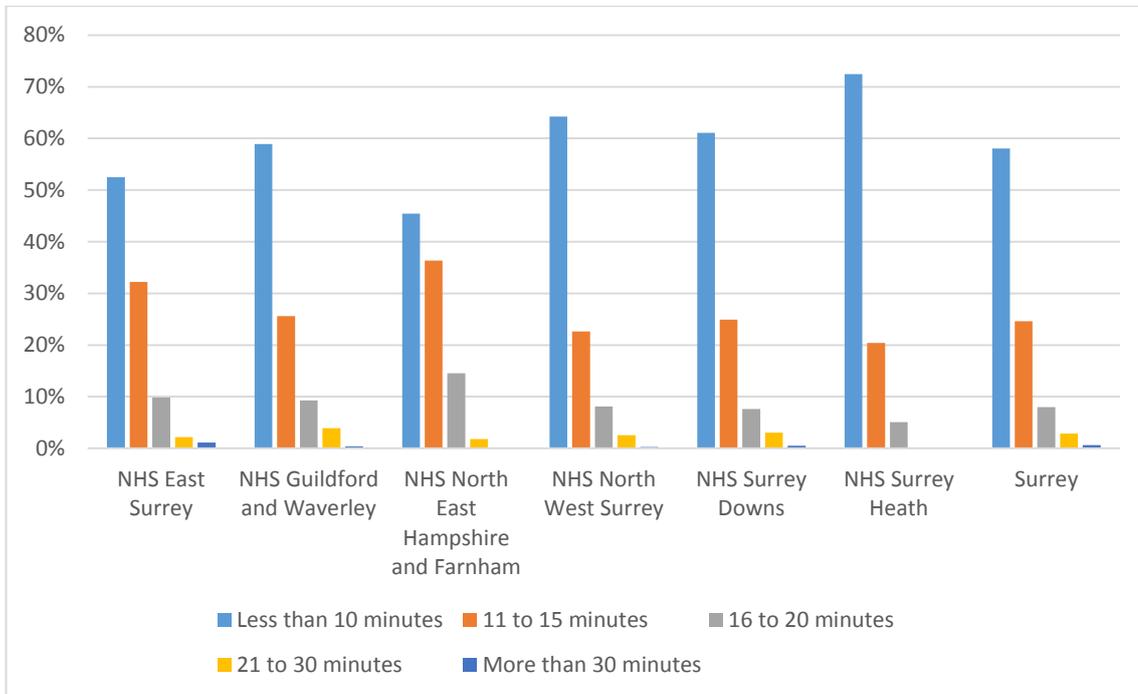
Figure 34: Means of travel to the pharmacy or dispensing doctor used most often



Number of respondents: 1,523

91% of respondents in Surrey can get to their main pharmacy or dispensing doctor within 20 minutes. 6% did not answer this question. Journey times in NE Hants and Farnham CCG are slightly longer, perhaps due to the rural nature of Waverley Borough Council (Figure 35). Of the 4% of respondents taking longer than 20 minutes, 50% walk, 31% use public transport and 15% drive or get a lift as their means of travel. Section 5.7 explains why 20 minutes is used here as the definition of what is considered a reasonable time to travel to access a pharmacy.

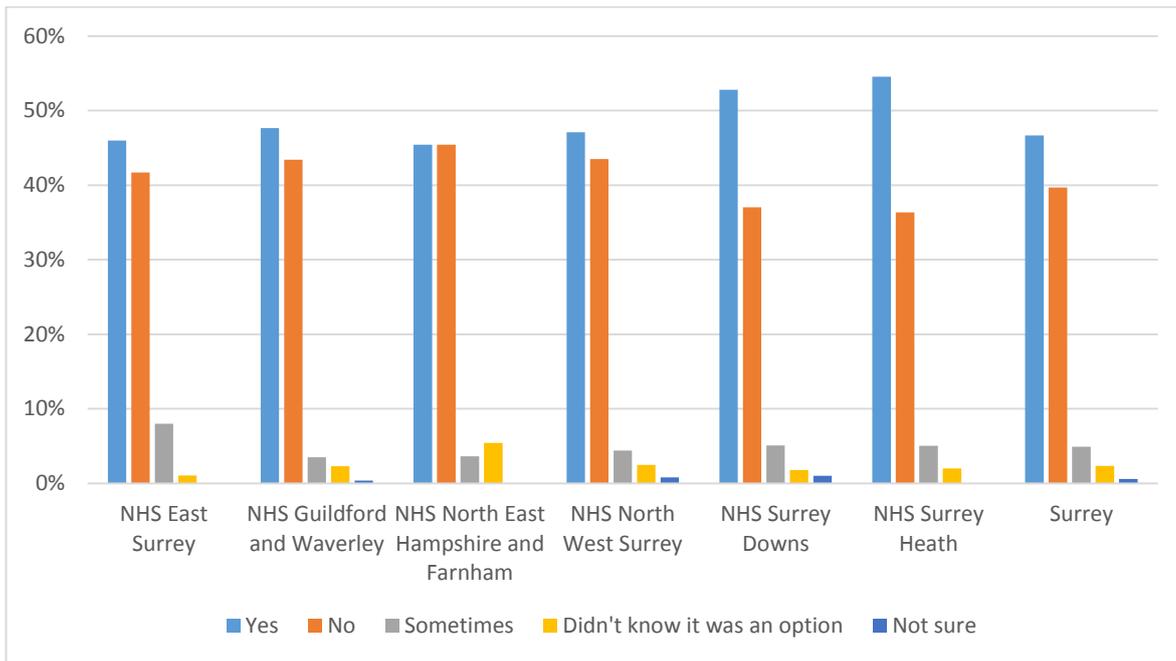
Figure 35: Time taken to travel to main pharmacy or dispensing doctor



Number of respondents: 1,516

47% of all respondents use the prescription collection service where the prescription is collected from the GP practice by the pharmacy, saving patient time. The proportion of respondents using this service is higher in Surrey Downs and Surrey Heath CCGs. A small proportion of all respondents didn't know it was an option (Figure 36). 6% did not answer this question. 57% of those using this service were 65 or over.

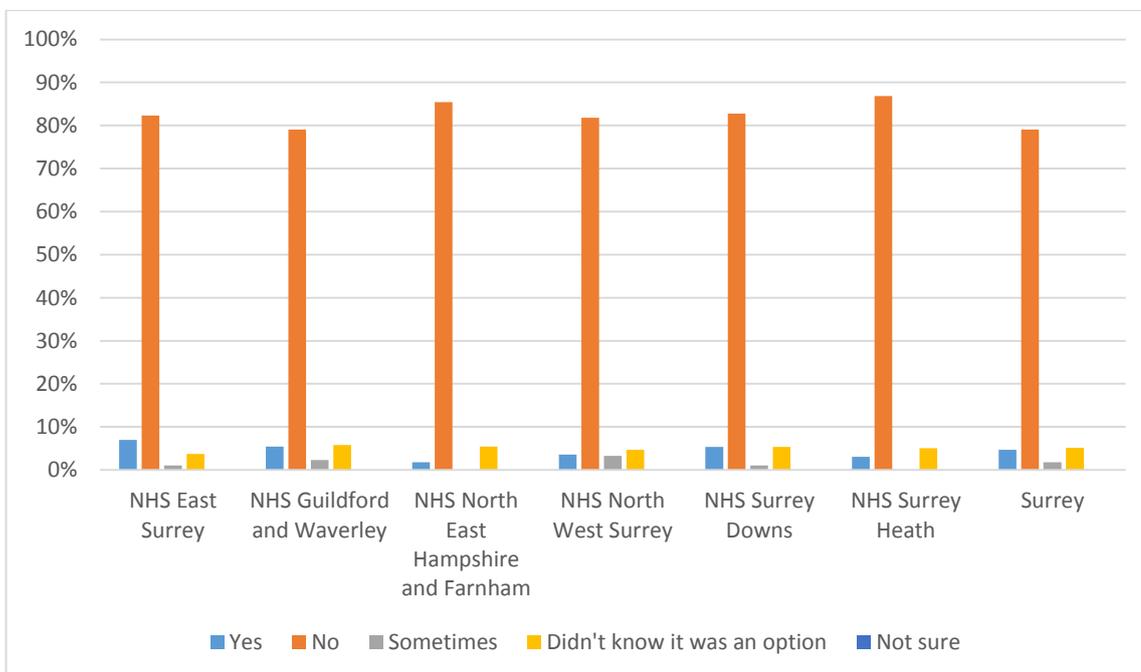
Figure 36: Respondents using the prescription collection service



Number of respondents: 1,529

Only 5% of respondents use the prescription delivery service (Figure 37). 9% did not answer this question. 75% of those using this service were 65 or over.

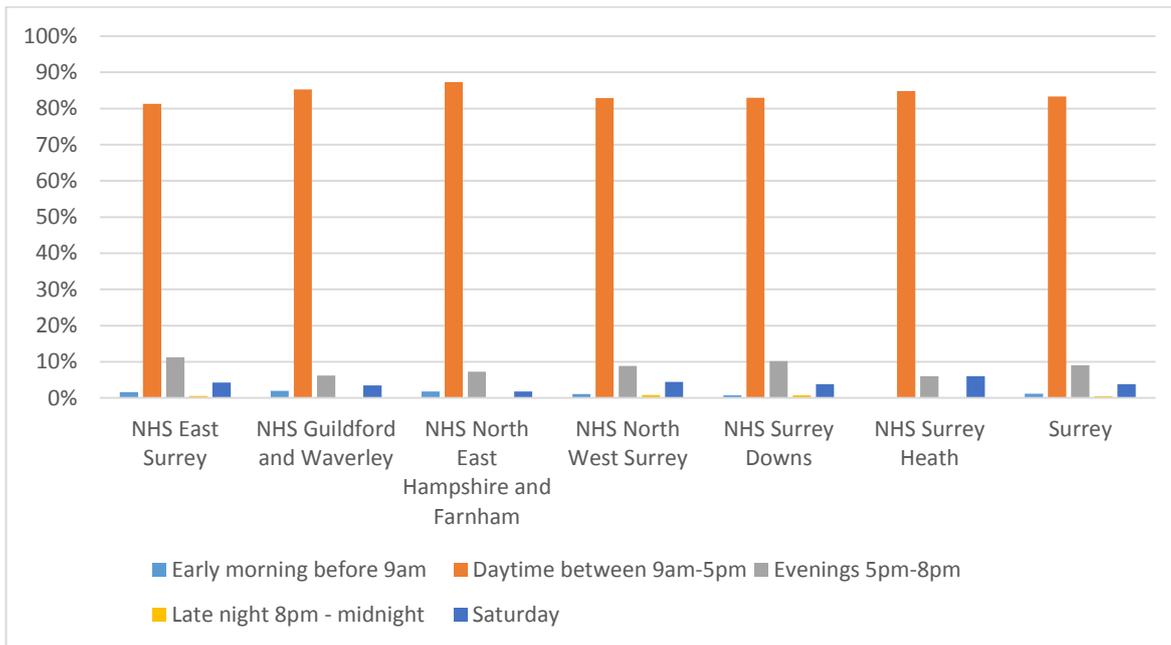
Figure 37: Respondents using the prescription delivery service



Number of respondents: 1,387

Figure 38 shows the vast majority of respondents (84%) reported commonly using pharmaceutical services during the daytime. 1% use services in the early morning, 9% in the evening and 4% on Saturdays. 2% did not answer this question. Noone reported using services on a Sunday despite 46 pharmacies providing this service.

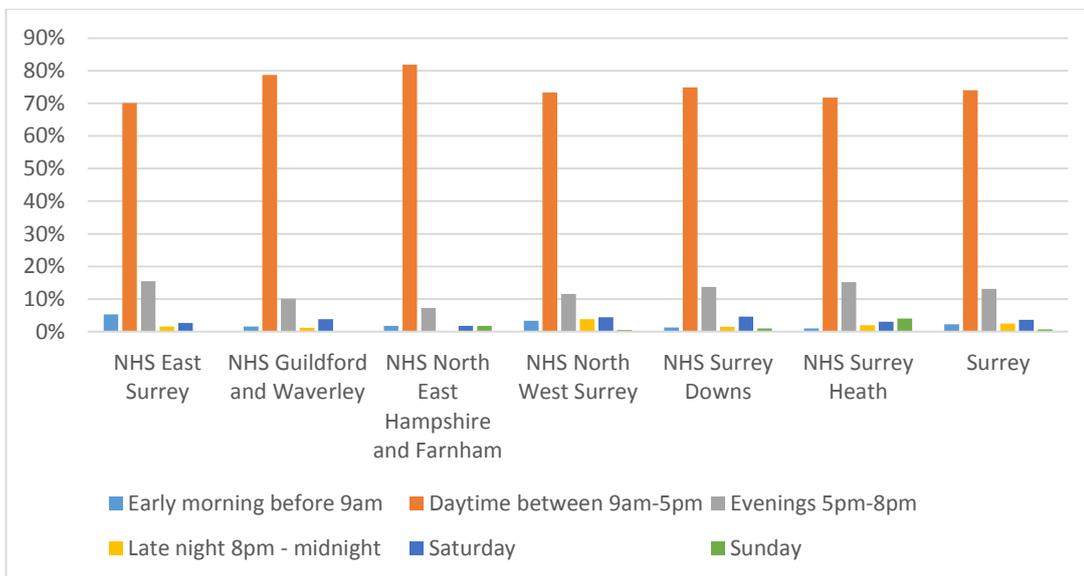
Figure 38: When people most commonly use pharmacy services



Number of respondents: 1,529

When asked to express a preference most would still prefer to use services during daytime (74%) but they would like a little more flexibility, a greater proportion preferring to use services early morning (2%), evenings (13%), late nights (2%) and Sundays (1%) (Figure 39). 4% did not answer this question.

Figure 39: When people would most prefer to use pharmacy services



Most of the time (Figure 40), if people cannot access their usual pharmacy or dispensing doctor, they would simply go to another pharmacy (40%) or defer the visit to another day (35%). A small proportion said they would go to a walk-in centre (2%), A&E (1%) or call NHS 111 (1%) or the out-of-hours provider (1%). 18% did not answer this question. Two respondents said they had their prescriptions delivered and two said they were unable to obtain their prescriptions.

Figure 40: Alternative choice if people cannot access their usual pharmacy or dispensing doctor

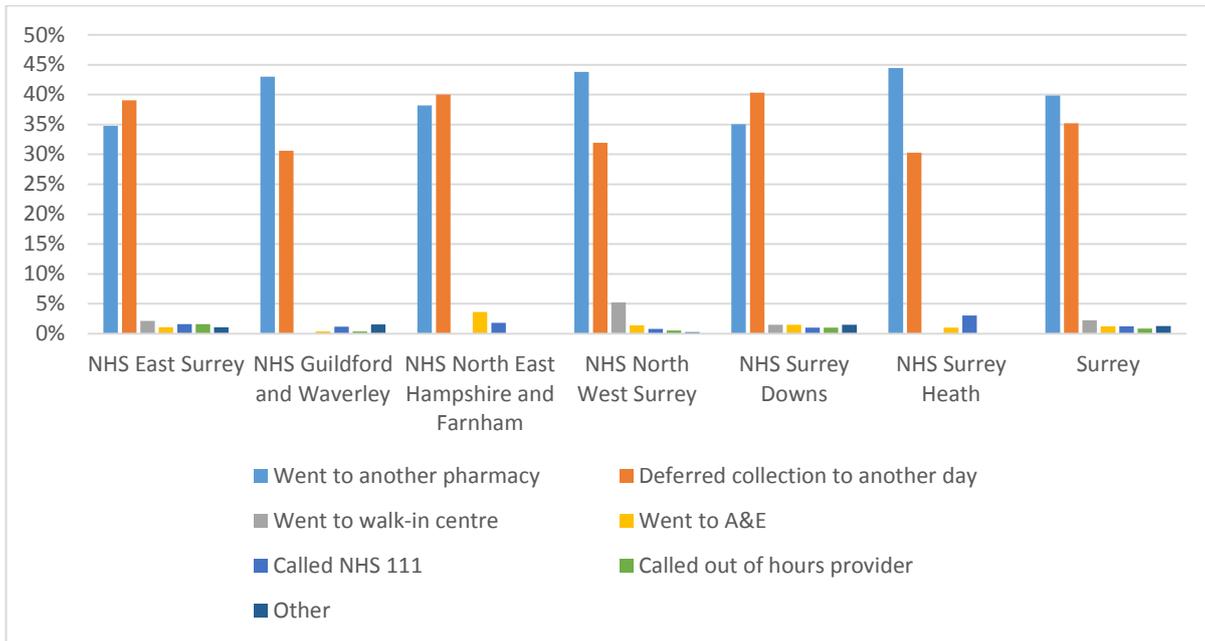


Figure 41 shows the greatest proportion of people (29%) visit a pharmacy on a monthly basis when going for a health reason which compares to 47% when going for any reason (Figure 42). 22% of people never visit a pharmacy for a health reason compared to 5% never going for any reason. 3% of respondents did not answer either of these questions.

Figure 41: Frequency of visiting a pharmacy for a health reason

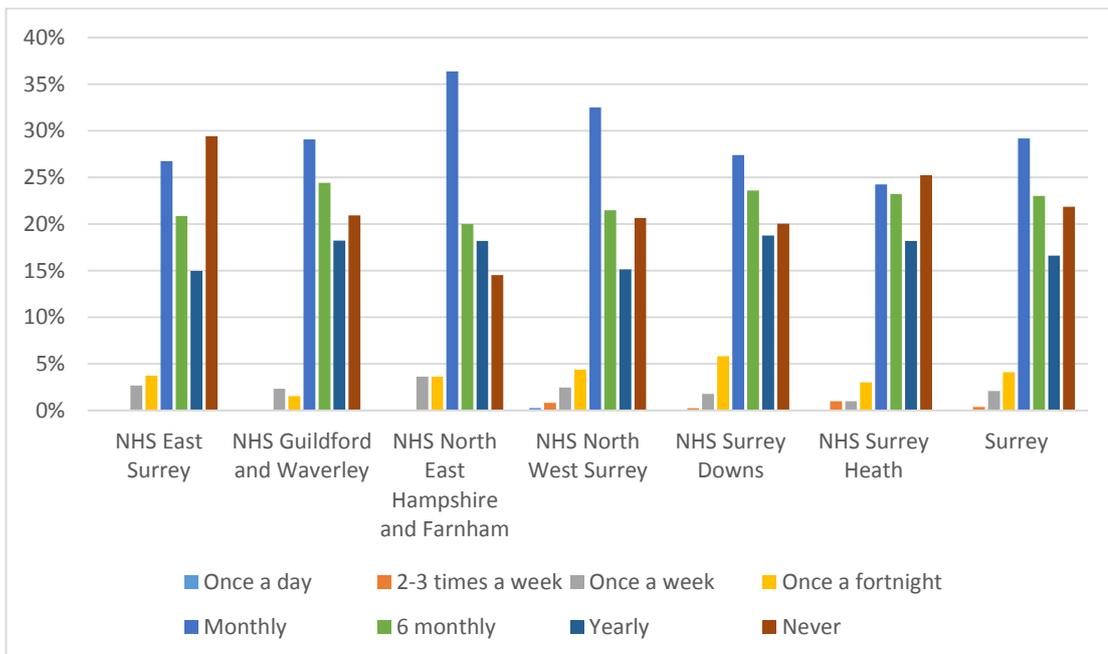
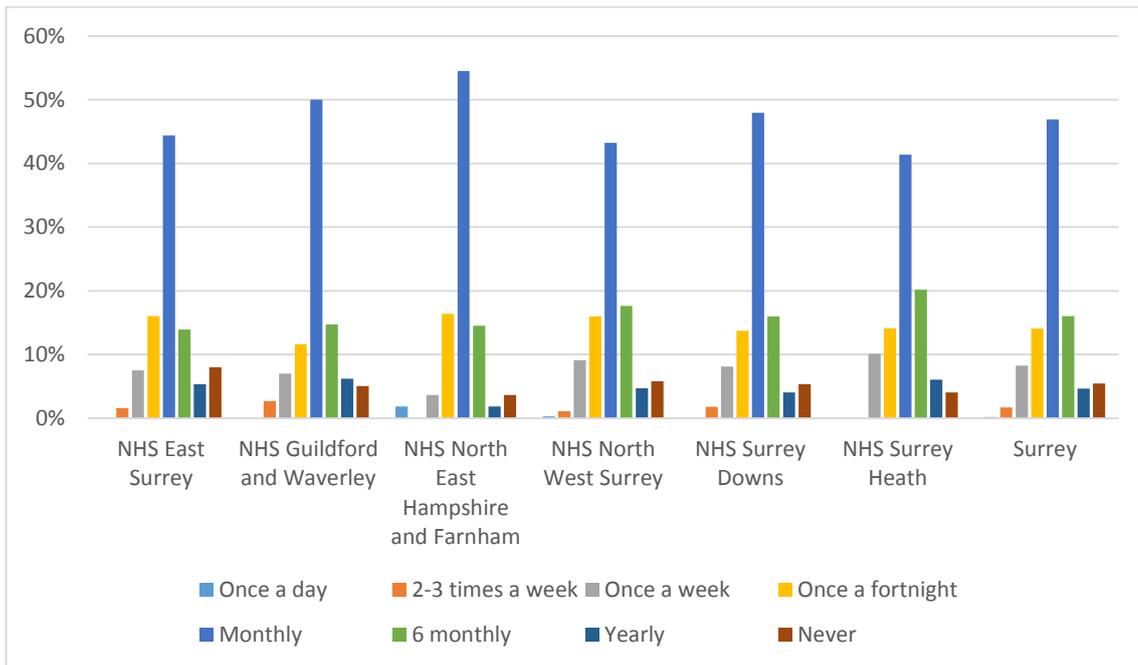


Figure 42: Frequency of visiting a pharmacy for any reason



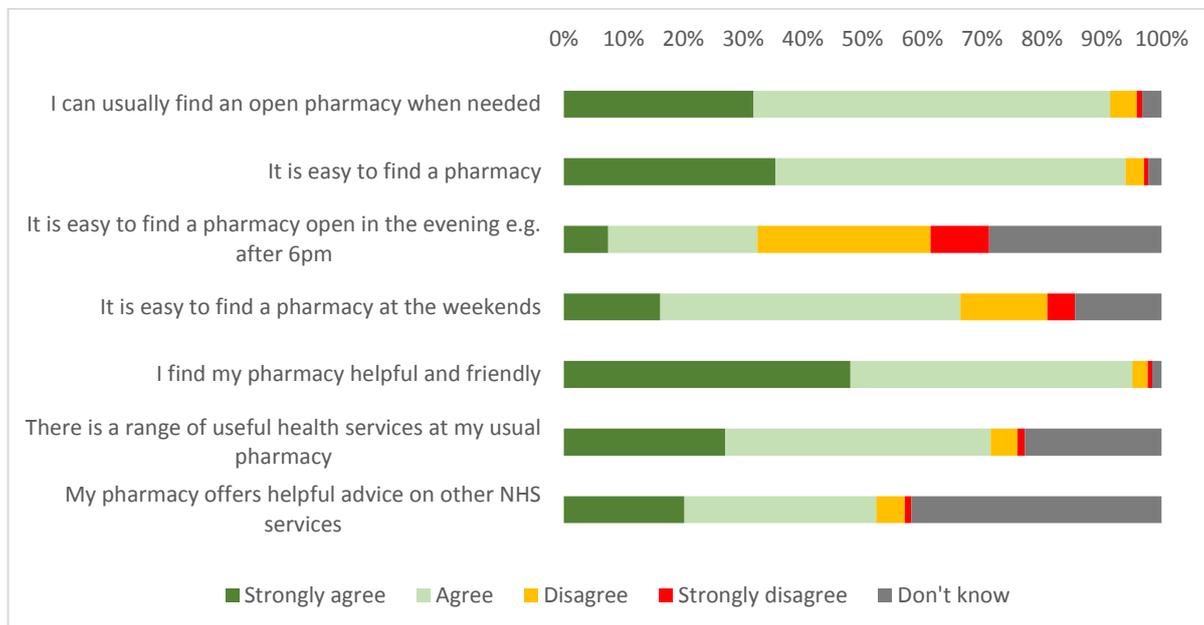
6.1.3 Access to pharmaceutical services

Surrey residents were asked if they could find a pharmacy open when needed. Table 27 and Figure 43 show 31% of respondents strongly agreed and 57% agreed they can find a pharmacy open when needed. At weekends this proportion drops but still 63% agree it is easy to do so. A larger proportion disagree it is easy to find a pharmacy open in the evenings with 37% disagreeing or strongly disagreeing although 28% do not know suggesting they have not used services at this time. 92% agree their pharmacy is helpful and friendly. While 69% agree there is a range of useful health services at their usual pharmacy, 22% do not know and 40% do not know if their pharmacy offers helpful advice on other NHS services suggesting such information could be more widely disseminated. Appendix E shows the data for each of the Surrey CCGs. A similar pattern can be seen in each CCG.

Table 27: Access to pharmacies in Surrey

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response
I can usually find an open pharmacy when needed	30.6%	57.4%	4.3%	0.9%	3.1%	3.8%
It is easy to find a pharmacy	34.0%	56.2%	3.0%	0.7%	2.1%	4.0%
It is easy to find a pharmacy open in the evening e.g. after 6pm	7.1%	23.8%	27.6%	9.3%	27.5%	4.6%
It is easy to find a pharmacy at the weekends	15.4%	47.9%	13.9%	4.4%	13.8%	4.6%
I find my pharmacy helpful and friendly	46.3%	45.5%	2.5%	0.7%	1.5%	3.6%
There is a range of useful health services at my usual pharmacy	26.0%	42.8%	4.3%	1.2%	22.0%	3.6%
My pharmacy offers helpful advice on other NHS services	19.4%	30.9%	4.6%	1.0%	40.3%	3.8%

Number of respondents: 1,529

Figure 43: Access to pharmacies in Surrey

6.1.4 Services used and provided

Commonly accessed advanced and locally commissioned services by all respondents (Table 28) include medicine use reviews (47%), minor conditions advice (34%), immunisations and vaccinations (13%), NHS Health Checks (11%) and long term conditions advice (10%). The majority

of respondents expressing an opinion agreed or strongly agreed all the services listed should be provided (Figure 44) although there was more disagreement with respect to substance misuse and alcohol misuse services.

Appendix F shows the same data by CCG. Similar patterns to Surrey are generally observed although there is less disagreement in North East Hampshire and Farnham CCG over the provision of substance misuse and alcohol misuse services.

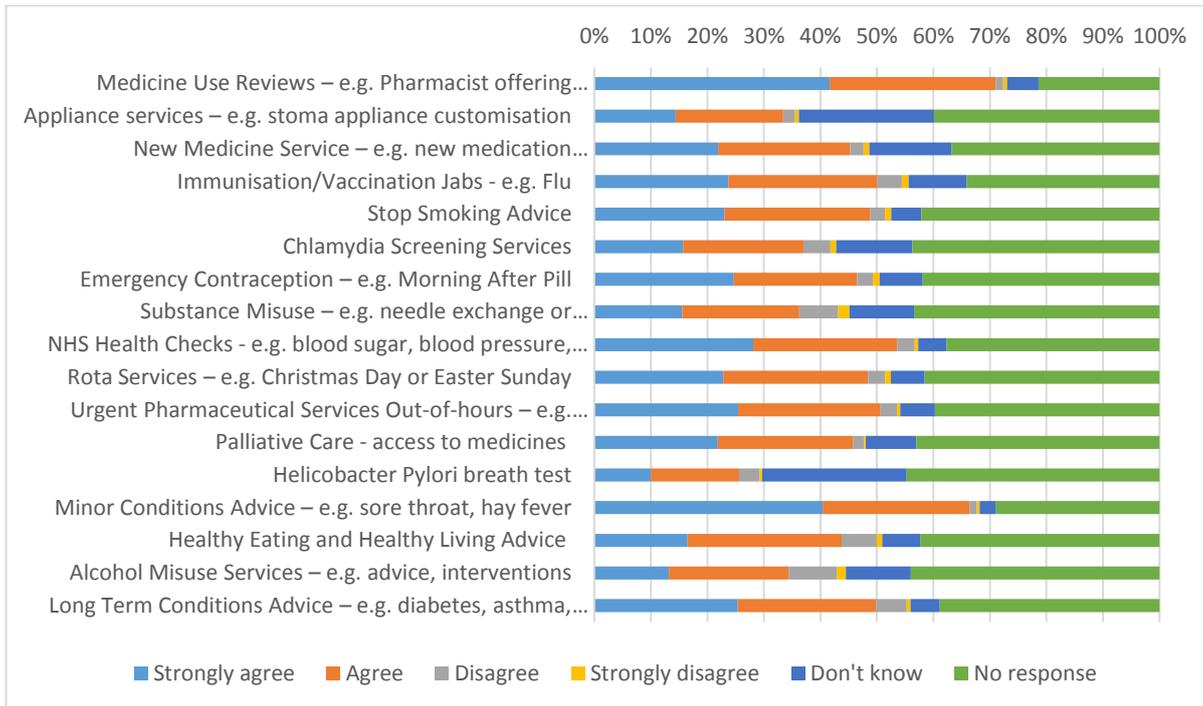
Respondents had the option to indicate any other services they had used that were provided by their pharmacies. Commonly, people reported receiving advice on medication, its side effects and interactions, advice on minor ailments and assistance with repeat prescriptions.

Table 28: Proportion of respondents using pharmacy services in the last year in Surrey

	Used service in last year
Medicine Use Reviews – e.g. Pharmacist offering advice on your medication	46.8%
Appliance services – e.g. stoma appliance customisation	1.2%
New Medicine Service – e.g. new medication prescribed for asthma	6.9%
Immunisation/Vaccination Jabs - e.g. Flu	12.6%
Stop Smoking Advice	0.6%
Chlamydia Screening Services	0.3%
Emergency Contraception – e.g. Morning After Pill	1.3%
Substance Misuse – e.g. needle exchange or methadone supply	0.3%
NHS Health Checks - e.g. blood sugar, blood pressure, cholesterol	10.8%
Rota Services – e.g. Christmas Day or Easter Sunday	2.3%
Urgent Pharmaceutical Services Out-of-hours – e.g. overnight or weekends	5.0%
Palliative Care - access to medicines	2.5%
Helicobacter Pylori breath test	0.5%
Minor Conditions Advice – e.g. sore throat, hay fever	34.3%
Healthy Eating and Healthy Living Advice	2.6%
Alcohol Misuse Services – e.g. advice, interventions	0.3%
Long Term Conditions Advice – e.g. diabetes, asthma, high blood pressure, dementia	10.1%

Number of respondents: 1,529

Figure 44: Respondent’s perceptions of what services should be delivered by pharmacies in Surrey



Number of respondents: 1,529

6.1.5 What other services would respondents like offered?

Respondents indicated a number of specific services they would like offered by community pharmacies as set out in Table 29. There is clearly an appetite for pharmacies to offer minor tests, diagnoses, treatments and advice. In addition 12 people suggested pharmacies should be able to prescribe medication, antibiotics in particular, as well as contraception and asthma medications but also to amend medications GPs have already prescribed to relive pressure on primary care services. 8 people recognised the value pharmacies have in reviewing medications, guarding against adverse side effects as well as providing useful advice.

There are some issues highlighted with respect to the prescriptions and repeat prescriptions services pharmacies provide. There is clearly some frustration around the time taken to provide prescriptions either because of delays in transferring prescriptions from the GP to the pharmacy through the Electronic Prescription Service (EPS), because of lack of stock in the pharmacy or general inefficiencies in the procedure. Some do not find it so easy to wait and may miss medication as a result.

Many respondents recognised the value pharmacists have in effectively acting in a triage or advice capacity. Many people clearly feel their local pharmacy is well placed to advise if it is necessary to see their GP or what other services exist. Alternatively they will ask community pharmacists for advice on specific things. Suggestions are also made that pharmacies should have access and be able to update medical records, to create pharmacies as centres of excellence in provision of advice on different topics and that there should be the option to allow patients to consent to their pharmacists to treat them for certain suitable conditions and therefore remove the possibility of legal liabilities to remove some of the pressure from primary care services.

Seven respondents see the value of advertising pharmaceutical services and educating people about what services community pharmacists can offer, in particular with regard to the impact this would have on demand of other NHS services. 14 respondents have taken the opportunity to indicate difficulties in accessing local service because of the opening times or closure of local services while another 7 note local resource and access issues. Staffing levels and funding levels are also observed as well as concern over local planning decisions.

Respondents have also used this section of the survey to make suggestions in general around improvements to community pharmacy policy as well as to make positive or negative comments about their local pharmacy. The PNA is not the right forum to consider these but they have been referred for consideration by the relevant authority.

Table 29: Specific services respondents would like offered by community pharmacies

Service	Number
Blood / urine tests including blood sugar, cholesterol, warfarin, iron	13
Blood pressure	11
Lifestyle advice including weight monitoring / diet / alcohol	11
Minor ailments treatment and advice	10
Child advice	5
Chiropody / foot care	5
Eye / hearing tests	3
Immunisation / flu vaccine	3
Travel clinic	3
Unwanted meds	3
Atrial fibrillation	2
Contraception / sexual health	2
Mental health advice	2
Minor ailment diagnosis	2
Stop smoking	2
Allergy testing	1
Asthma	1
Ear syringe	1
Incontinence services	1
Melanoma checks	1
Mobility advice	1
NHS Health Checks	1
Out of hours	1

6.2 Key findings

- Two thirds of those who replied to the survey were female, two thirds were over 55 and just over half were retired. Most respondents were White-British, Christian and heterosexual. 40% reported having a disability or longstanding condition
- Nearly three quarters of all respondents access pharmacy services near their home or near their local GP surgery
- 83% of people access their pharmacy by car or walking
- 91% can access a pharmacy within 20 minutes

- Nearly half of all respondents use the prescription collection service but only 5% use the delivery service
- 84% access pharmacies during the day and 74% would prefer to visit during the day
- If people are unable to access their usual pharmacy for any reason, three quarters will either go to another pharmacy or defer their visit. 1% said they would go to A&E
- 29% of people visit a pharmacy on a monthly basis for a health reason but 47% for any reason
- 87% of respondents find it easy to find a pharmacy open when needed although 30% disagree it is easy to find one open in the evening
- 22% did not know about the range of health services provided at their pharmacy and 40% did not know about the advice their pharmacy could provide on other NHS services
- The most commonly accessed services by all respondents are medicine use reviews (47%) and minor conditions advice (34%)
- There is an appetite for pharmacies to offer minor tests, diagnoses, treatments and advice. Additional suggestions for service improvements include prescribing, reducing waiting times for prescriptions, increasing opening hours and staffing levels and educating people about services available.

6.3 Recommendations

A significant proportion of those responding to the survey were not aware of the range of services offered by local pharmacies or the availability of services outside of daytime hours. Local health partners should consider a campaign to signpost local residents to NHS Choices for detailed information about their local community pharmacies and the services they offer to improve local understanding and use of existing services.

7 Survey of Community pharmacies

All 218 community pharmacies were invited to take part in the survey which consisted of questions on premises, staff and current and future service provision. The LPC publicised the survey to its members and where practical, reminders were issued the week before closure of the survey. Pharmacies had 4 weeks to complete the survey.

7.1 Results

110 pharmacies completed the questionnaire, a 50% response rate (Table 30). 70 responses (64%) were from branches of a pharmacy multiple and 40 (36%) from independent pharmacies. There were no responses from internet pharmacies or DACs. The information collected will be presented at Surrey wide level rather than by CCG because of low numbers.

Table 30: Pharmacy responses by CCG

	NHS East Surrey CCG	NHS Guildford and Waverley CCG	NHS North West Surrey CCG	NHS Surrey Downs CCG	NHS Surrey Heath CCG	Part CCGs*	Surrey
Number	20	17	30	29	10	4	110
Percentage	61%	44%	45%	55%	56%	57%	50%

7.1.1 Premises

Provision of facilities at the pharmacy premises is outlined in Table 31. Most premises have a separate consultation area that complies with the service specification for provision of advanced services. 91% report complying with the Equality Act but 9% did not provide an answer. 91% of the premises have easy access for disabled customers. While 83% have hand washing facilities accessible from the consultation area, only 30% have easy access to toilet facilities for their customers. 63% of pharmacies are willing to undertake domiciliary consultations for advanced services with an additional 13% planning to do so.

Constraints limiting the development of premises are listed in Table 32. 39% of premises have limited room for expansion. 54% of respondents did not give any response to this question. Some premises are listed and so are unable to make changes to the building structure but may have work around solutions in place e.g. for disabled access. One pharmacy reported renting their space within a health centre which would have its own attendant development constraints. 57% of pharmacies report their premises have their own car parking facilities and 33% have disabled car parking facilities. An additional 7% have car parking facilities, which are not all free, close to the pharmacy in nearby roads or car parks and 4% report having disabled car parking facilities in the local council car park and shopping parade. One reported having a cycle rack.

Table 31: Pharmacy premises

Statement	Yes	No	Percent 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	95.5	1.8	1.8	
There is a separate consultation area on the premises that does not comply with the service specification for provision of advanced services	5.5	77.3	1.8	4.5
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	4.5	75.5	3.6	6.4
The pharmacy is willing to undertake domiciliary consultations for advanced services	62.7	11.8	12.7	11.8
There is a computer in the consultation area with access to the internet	81.8	9.1	7.3	
There is a computer in the consultation area with access to patients' medical records (PMR)	72.7	14.5	9.1	
The premises comply with the 2010 Equality Act	90.9		5.5	
There is easy access for disabled customers at the premises	90.9	2.7	3.6	
The consultation area has hand washing facilities within or near by	82.7	9.1	5.5	
Patients have easy access to toilet facilities	30.0	49.1	6.4	13.6

Number of respondents: 110

Table 32: Development constraints and car parking facilities

Statement	Percent Yes
Listed building	7%
Conservation area	0%
Limited room for expansion	39%
Other constraint	1%
The premises have car parking facilities	57%
The premises have disabled car parking facilities	33%
Other car parking facilities	7%
Other disabled car parking facilities	4%
Other parking facilities	1%

Number of respondents: 110

7.1.2 Training, pharmacy and dispensing staff

53 (48%) of premises are registered as pre-registration training sites and 49 (45%) have a pre-registration tutor based at this site. 27 (25%) had a single student training at the time of the survey.

Table 33 shows not all pharmacies have a full-time pharmacist but 100 (91%) have at least one. 43% have at least one part-time pharmacist while 53% use a locum. 56 (51%) respondents stated there were at least some hours, ranging from 2 up to 125, when there were 2 or more pharmacists available each week. 49% of pharmacies did not have 2 or more pharmacists available at any time. Of 298 pharmacists practicing, 62% of them were reported as holding up to date DBS checks.

Table 34 shows 97 (88%) pharmacies had dispensing staff who held or were working towards a NVQ Level 2 or equivalent. 51 (46%) of pharmacies have staff holding or working toward the Level 3 NVQ. Pharmacists also have dispensing staff registered or working towards being registered with the General Pharmaceutical Council or hold or are working towards becoming Accredited Checking Technicians (ACT). One pharmacy stated staff are on the NPA dispensing course.

Table 35 shows numbers of pharmacies with healthcare assistants trained or working toward being trained to deliver smoking cessation, NHS Health Checks or Chlamydia screening. In addition, three have staff who are Healthy Living Champions and one has staff working toward this, one has staff holding the vitality health check training with one staff member working towards this and one pharmacy has a staff member who has undertaken the dementia friend training. One pharmacy has staff trained to provide H. Pylori testing and one has staff providing the Surrey C-Card scheme.

Table 33: Number of pharmacists per pharmacy

Number of pharmacists	0	1	2	3 or more
Full-time	9	81	14	5
Part-time	48	31	14	2
Regular locums	46	34	14	10

Table 34: Number of pharmacies where dispensing staff hold or are working towards qualifications

Qualification	Hold	Working towards
Dispensing assistant NVQ level 2 or equivalent	86	59
Dispensing technician NVQ level 3 or equivalent	33	22
Registered with GPhC	38	12
ACT accredited checking technician	19	7

Table 35: Number of pharmacies where Healthcare Assistants hold or are working towards qualifications

Qualification	Hold	Working towards
Smoking Cessation	37	11
NHS Health Checks	31	25
Chlamydia	16	8
Other: Healthy living champion	3	1
Other: Vitality Health Check	1	1
Other: Dementia Friend	1	0
Other	2	0

7.1.3 Service provision

Table 36 shows, of the advanced services, 97% provide MURs, 96% the NMS and 82% the seasonal flu vaccination. While many would be willing to provide additional advanced services in the future under certain circumstances, 42% would not want to do customisation of stoma appliances and 20% would not want to do AURs. Table 37 shows that of locally commissioned services, supervised consumption of methadone and Emergency Hormonal Contraception (EHC) are most commonly provided. Long term conditions advice, MAR charts, smoking cessation, needle exchange, NHS Health Checks and chlamydia screening and treatment are also commonly

provided. 44% would not want to provide any out of hours support and 24% needle exchange or pharmaceutical advice to care homes. Around a fifth of pharmacies would not want to provide C-card supply or registration, Hep B screening and vaccination or alcohol support services. Overall pharmacies are willing to provide most services if there was identified need and training was put in place.

Table 36: Current and future advanced service provision

Service	Already provide this service	Could do now and would be willing to					Would not want to do this	No response
		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	97%	6%	0%	0%	1%	0%	0%	0%
Domiciliary MURs	7%	35%	15%	4%	1%	22%	18%	4%
Appliance Use Reviews	13%	18%	26%	3%	2%	22%	20%	3%
New Medicine Service	96%	6%	0%	0%	1%	0%	0%	0%
NHS Urgent Medicine Supply Advanced Service (NUMSAS)	22%	36%	15%	5%	2%	15%	5%	5%
Seasonal Influenza Vaccine	82%	12%	5%	0%	3%	1%	1%	3%
Customisation of Stoma Appliances	5%	9%	25%	9%	0%	17%	42%	3%

Number of respondents: 110

Table 37: Current and future locally commissioned service provision

Service	Already provide this service	Could do now and would be willing to					Would not want to do this	No response
		provide in the future	do with further training	do with appropriate equipment	do with changes to premises	if commissioning organisations identify as a need		
Smoking cessation	37%	19%	24%	5%	1%	10%	10%	3%
Chlamydia Screening & Treatment	30%	19%	29%	6%	2%	13%	9%	3%
Emergency hormonal contraception	60%	18%	18%	1%	1%	7%	4%	1%
Needle Exchange	33%	19%	11%	2%	2%	13%	24%	2%
Supervised consumption of Methadone	66%	13%	5%	1%	2%	5%	15%	2%
NHS Health Check (Vascular risk assessment and management service)	31%	17%	28%	10%	2%	18%	7%	0%
Palliative Care Medication Scheme	11%	31%	19%	3%	1%	20%	17%	3%
H. Pylori testing	19%	14%	32%	7%	1%	22%	15%	2%
Not Dispensed Scheme	8%	21%	24%	9%	1%	24%	15%	5%
C- Card Supply only	4%	20%	27%	6%	1%	21%	21%	8%
C-Card Registration and Supply	5%	18%	31%	6%	1%	23%	20%	5%
Provision of pharmaceutical advice to care homes	24%	16%	18%	3%	1%	15%	24%	4%
Out-of-hours support	8%	18%	11%	1%	2%	17%	44%	4%
Minor ailment service	1%	30%	32%	3%	1%	29%	10%	2%
Contraception Services	15%	22%	27%	2%	1%	21%	12%	4%
MAR charts	40%	11%	14%	3%	0%	9%	19%	6%
Healthy Living Pharmacy	23%	39%	27%	5%	1%	11%	1%	2%
Long term conditions advice e.g. diabetes, asthma,	41%	22%	26%	5%	1%	11%	2%	2%

Service	Already provide this service	Could do now and would be willing to					Would not want to do this	No response
		provide in the future	do with further training	do with appropriate equipment	do with changes to premises	if commissioning organisations identify as a need		
hypertension, dementia								
Hep B screening and vaccination	4%	16%	34%	8%	2%	23%	20%	5%
Alcohol support services	2%	25%	30%	6%	1%	21%	21%	4%

Number of respondents: 110

A number of pharmacies added other services they provide or would be willing to provide as set out in Appendix G. Five respondents would like to provide international normalisation ratio (INR) testing for patients on anticoagulants and five would provide travel clinics.

Collection from GP practices and delivery of prescriptions are the most common non-NHS funded services to be provided by pharmacies followed by Inhaler technique and asthma checks and blood pressure measurement (Table 38).

Other non-NHS funded services provided include brief intervention for alcohol, PGDs, monitored dosage for community patients, online treatments, anti-malarials, emergency contraception, private prescriptions and sexual health screening.

76% of pharmacies report providing appliances of all types. Others provided are catheters and leg bags, dressings via ONPOS and some appliances on prescription for stoma and stoma and incontinence and dressings (Table 39).

Table 38: Number of pharmacies providing non-NHS funded services

Collection of prescriptions	109	99%
Delivery of prescriptions	103	94%
Inhaler technique / Asthma checks	97	88%
Blood Pressure Measurement	80	73%
Monitored dosage for care homes	61	55%
Malarone (antimalarials)	60	55%
Weight Management	40	36%
Diabetes screening	39	35%
Cholesterol	32	29%
Travel vaccination	31	28%
Child vaccination	18	16%
Erectile Dysfunction	18	16%
Mole screening	2	2%
Allergy testing	2	2%
Food intolerance	1	1%

Table 39: Number of pharmacies dispensing appliances

Service	Number	%
Yes – All types, or	84	76%
Yes, excluding stoma appliances, or	1	1%
Yes, excluding incontinence appliances, or	0	0%
Yes, excluding stoma and incontinence appliances, or	1	1%
Yes, just dressings, or	10	9%
Yes, just hosiery, or	1	1%
None	9	8%

Number of respondents: 110

Assuming funding were available, pharmacies were asked what their top two priorities would be in terms of service provision, either the introduction of a new service or expansion of an existing one. Table 40 shows that provision of the Minor Ailments Scheme is the highest priority by a clear margin. The other 2 highest priorities are becoming Healthy Living Pharmacies and the delivery of NHS Health Checks.

Table 40: Number of pharmacies indicating service provision as their priority

	Priority 1	Priority 2	Total
Minor Ailments Scheme	26	19	45
Healthy Living Pharmacy	4	11	15
Health Checks	6	4	10
Smoking Cessation	4	3	7
Advice to Care Homes	4	2	6
NUMSAS	3	4	7
Advice on long term conditions	3	2	5
EHC	5	4	9
Sexual health screening (chlamydia)	3	2	5
Travel Vaccinations & Advice Clinic	2	3	5
C-Card Supply	1	3	4
Contraception services	1	3	4
INR testing (warfarin anticoagulation)	3	1	4
Expand on palliative care	3	2	5
H. Pylori testing		3	3
Monitored dosage system for community patients	1	2	3
Diabetes	1	1	2
Domiciliary MURs	2		2
Hep B screening and vaccination	1	1	2
Needle Exchange	1	1	2
Out-of-hours support	2		2
Alcohol support services	1		1
Blood pressure	1		1
C-Card registration and supply	1		1
Cholesterol testing	1		1
Flu vaccination		1	1
MURs	1		1
Weight management	1		1
Dementia		1	1
More training		1	1
NMS		1	1
Not dispensed scheme		1	1
Whooping cough vaccine		1	1
Introduction of a new service	11	5	16

7.1.4 Further comments

Pharmacies were invited to add any further comments. Of the 11 comments received the prominent theme mentioned six times was around the link that exists between adequate resources, either in terms of funding or staff, for the maintenance or increase in service provision. This included staff training.

In addition, one comment suggested that with the increasing demand for Monitored Dosage Systems (MDS) this should become a commissioned service, and recognised the impact that improving compliance would have on reducing need for primary care, and reducing hospital admissions. One respondent indicated a specific interest in the provision of mole screening and another recognised the need for a consultation room to carry out services. Other comments referred to local service provision and their place within that.

7.2 Key findings

- Over 95% of community pharmacies report having a separate consultation area that complies with relevant standards
- Most report complying with the Equality Act
- Most having easy access for disabled customers
- Almost 40% of pharmacies report having limited room for expansion and two thirds do not have disabled car parking facilities at the premises
- 91% of pharmacies employ at least one full-time pharmacist
- 88% of pharmacies had staff who either held or were working towards the Level 2 NVQ and 46% the Level 3 NVQ
- Around a third of pharmacies report dispensing staff have been trained to deliver smoking cessation and NHS Health Checks
- Of advanced services, 97% of pharmacies provide MURs, 96% the NMS and 82% the seasonal flu vaccination. 42% would not want to do customisation of stoma appliances and 20% would not want to do AURs
- Of locally commissioned services, supervised consumption of methadone and EHC are most commonly provided. 44% would not want to provide any out of hours support and 24% would not want to provide needle exchange or pharmaceutical advice to care homes. Overall, pharmacies are willing to provide most services if there was identified need and training was put in place
- Collection and delivery of prescriptions are the most common non-NHS funded services to be provided by pharmacies followed by Inhaler technique and asthma checks and blood pressure measurement
- 76% of pharmacies report providing appliances of all types
- Pharmacies consider provision of the Minor Ailments Scheme to be their highest priority if funding were available.

8 Dispensing Doctor Survey

There are 15 dispensing practices and branch surgeries in Surrey who were invited to participate in the survey by email and by post. The survey was also publicised through the Local Medical Committee (LMC). The survey contained questions on access, staff and service provision. 8 dispensing surgeries completed questionnaires from 7 practices.

8.1 Results

Eight (53.3%) dispensing surgeries completed the survey. Respondents completing the surveys were three Practice Managers, one Dispensary Manager, one Lead Dispenser, one Senior Partner and one Business Manager. One questionnaire was completed by both practice manager and dispenser. Surgeries from 4 CCGs responded. The results are reported at Surrey level.

8.1.1 Premises

None of the dispensing practices were located in a listed building and only one was constrained due to being in a conservation area. Only one had any room for expansion and all but one had car parking facilities. While all had easy access for disabled customers at the premises two did not have disabled car parking facilities. All of the premises complied with the 2010 Equality Act (Table 41).

Table 41: Premises development constraints and compliances

Constraint or compliance	Yes	No
Listed building	0	8
Conservation area	1	7
Limited room for expansion	7	1
The premises has car parking facilities	7	1
The premises has disabled car parking facilities	6	2
The premises complies with the 2010 Equality Act	8	0
The premises has easy access for disabled customers at the premises (including wheelchairs)	8	0

8.1.2 Opening Hours

6 surgeries reported opening at 8am and 2 at 8.30. 5 close at 6.30pm. One reported opening briefly Saturday morning for 2 hours but all were otherwise closed at the weekends. Six dispensaries had the same opening hours as the surgery while at one surgery with opening hours from 8am to 8pm, the dispensary operated shorter hours opening at 8.30 and closing at 5.30 or 6pm. Another dispensary took a lunch break while the surgery did not.

One surgery and dispensary reported opening mornings only while another opened mornings only 2 days a week otherwise closing at 5 or 6pm.

8.1.3 Pharmacy and dispensing staff

No pharmacists were employed by any of the surgeries, either full-time, part-time or as locums. All dispensaries employed 3 or more dispensing staff, including none to two full-time and from two to ten part-time (Table 42). Most of the dispensaries reported not all staff hold DBS checks although one dispensary commented that DBS checks are not required if the dispensary is CQC approved.

All dispensing staff in all dispensaries were reported as either holding or working towards an NVQ level 2 or equivalent. Staff in 2 dispensaries hold or are working toward NVQ level 3 or equivalent while only one dispensary has staff qualified as an Accuracy Checking Technician (ACT) or registered with the General Pharmaceutical Council (GPhC) (Table 43).

Table 42: Number of dispensaries with number of dispensing staff

Number of dispensing staff	1	2 or more
Full time	3	2
Part time	0	8
Locum	0	0

Table 43: Number of dispensaries where dispensing staff hold or are working towards qualifications

Qualification	Hold	Working towards
Dispensing assistant NVQ level 2 or equivalent	6	4
Dispensing technician NVQ level 3 or equivalent	2	1
Registered with GPhC	1	0
ACT Accuracy Checking Technician	1	0

8.1.4 Other services provided

Provision of services varied with 3 dispensaries delivering prescriptions, 5 providing monitored dosage systems for care homes, 6 providing Malarone (antimalarials) and only one providing MAR charts. 1 dispensary did not provide any types of appliances (Table 44).

Other services provided included predictive dispensing, dosset boxes for community patients, Dispensing Review of Use of Medicines (DRUM) reviews, annual Dispensary Services Quality Scheme (DSQS) adherence and monitoring, disposal of unwanted medication, repeat medication synchronisation and online repeat medication requests.

Table 44: Other services provided by dispensaries

Service	Yes	No
Delivery of prescriptions	3	5
Monitored dosage for care homes	5	3
Malarone (antimalarials)	6	2
MAR charts	1	7
Dispensing of types of appliances	7	1

8.2 Key findings

- All complied with the 2010 Equality Act and had easy access for disabled customers
- No dispensaries were in a listed building but seven had limited room for expansion.
- All dispensaries were open by 8.30am and most stay open until 6.30pm although closing times varied with their surgeries. All surgeries and dispensaries were closed at weekends apart from one opening briefly on a Saturday morning.
- No pharmacists were employed at any of the dispensaries but all employed either full or part-time dispensing staff.
- Staff in all dispensaries either hold or are working towards an NVQ level 2 or equivalent.
- Service provision varied across the dispensaries with 6 providing Malarone and only one providing MAR charts.
- Only one dispensary did not dispense any appliances of any type.

9 GP Survey

GPs were invited to take part in an electronic survey of GPs through email invitations. The survey was also publicised to practices through the LMC. There were 24 responses from 127 GP practices in Surrey County, a 19% response rate. The survey contained questions on service provision and contact with pharmaceutical service providers.

9.1 Results

4 responses were from practices in East Surrey CCG, 4 from Guildford and Waverley CCG, 4 from North East Hampshire and Farnham CCG, 5 from North West Surrey CCG, 6 from Surrey Downs and 1 from Surrey Heath CCG. Because of the small number of responses in each CCG, results are reported at Surrey level.

9.1.1 Service provision

With regard to essential services (Table 45), 17 respondents reported the provision of dispensing services were good, very good or excellent at meeting patient needs compared to 7 responding less favourably. One thought the service was poor and one very poor while 5 thought it was only fair. For repeat dispensing, disposal of unwanted medicines and promoting healthy lifestyle services, a greater proportion of respondents reported these services were good, very good or excellent at meeting patient needs than were fair, poor or very poor. For signposting and support for self-care services a greater proportion reported these services were fair, poor or very poor at meeting patient needs. However, for these five essential services some GPs were not aware of the standard of essential services provided by pharmacies in their area.

Of the advanced services (Table 46), a greater proportion of respondents reported flu vaccination services as good, very good or excellent at meeting patient needs as opposed to fair, poor or very poor. 3 respondents did not know. For other advanced services, the majority of respondents reported they were fair, poor or very poor at meeting patient needs apart from New Medicine Services (NMS) which had equally favourable ratings. However, for these other advanced services, a greater proportion of respondents did not give an opinion.

All the locally commissioned services (Table 47) were rated by a majority of respondents as being either good, very good or excellent apart from out-of-hours support services and the provision of pharmaceutical advice services to care homes where the reverse was true. For all of the enhanced services a high number of GP practices did not know about these services in their area or reported that the service was unavailable.

Table 45: GP ratings of the adequacy of essential pharmaceutical services at meeting needs of their patients

	Not answered	Don't know	Very Poor	Poor	Fair	Good	Very Good	Excellent
Dispensing services	0%	0%	4%	4%	21%	29%	29%	13%
Repeat dispensing services	0%	13%	4%	0%	25%	29%	17%	13%
Disposal of unwanted medicines services	0%	42%	0%	4%	21%	17%	8%	8%
Promotion of healthy lifestyle services	0%	29%	0%	8%	21%	25%	8%	8%
Signposting (directing patients to appropriate sources of help) services	0%	25%	4%	4%	33%	17%	13%	4%
Support for self-care services	4%	21%	4%	8%	29%	13%	17%	4%

Percentages are out of 24 survey responses. Percentages add up to 100% for each service

Table 46: GP ratings of the adequacy of advanced pharmaceutical services at meeting needs of their patients

	Not answered	Not available	Don't know	Very Poor	Poor	Fair	Good	Very Good	Excellent
Medicines use reviews service	0%	0%	21%	4%	17%	25%	25%	4%	4%
Appliance use reviews services	0%	4%	50%	4%	8%	13%	21%	0%	0%
New medicine services	0%	0%	33%	4%	4%	25%	25%	4%	4%
Seasonal flu vaccine services	0%	0%	13%	4%	8%	25%	29%	17%	4%
Customisation of stoma appliances services	0%	0%	71%	0%	8%	8%	4%	8%	0%

Percentages are out of 24 survey responses. Percentages add up to 100% for each service

Table 47: GP ratings of the adequacy of locally commissioned pharmaceutical services at meeting needs of their patients

	Not answered	Not available	Don't know	Very Poor	Poor	Fair	Good	Very Good	Excellent
Smoking cessation services	0%	4%	50%	0%	8%	8%	13%	13%	4%
Emergency hormonal contraception services	0%	4%	38%	0%	0%	13%	21%	21%	4%
Chlamydia screening services	4%	0%	58%	0%	4%	8%	13%	13%	0%
Needle exchange services	0%	8%	67%	4%	0%	4%	13%	0%	4%
Supervised consumption of methadone services	0%	4%	67%	0%	0%	0%	21%	8%	0%
NHS Health Check services	0%	4%	50%	0%	4%	4%	25%	8%	4%
Extended hours pharmacies	0%	0%	29%	0%	4%	38%	21%	8%	0%
Palliative care medication scheme services	0%	0%	29%	0%	4%	17%	38%	4%	8%
H. Pylori testing	0%	4%	63%	4%	4%	4%	17%	0%	4%
Provision of pharmaceutical advice to care homes services	0%	8%	29%	4%	21%	13%	8%	17%	0%
Contraception services	0%	0%	46%	4%	0%	21%	13%	13%	4%

Percentages are out of 24 survey responses. Percentages add up to 100% for each service

9.1.2 Contact with pharmaceutical services

The majority of respondents had contact with a pharmaceutical service providers in their area on a daily basis, while others at least monthly (Table 48). Most reported the quality of this contact was good, very good or excellent although one stated it was very poor (Table 49).

Table 48: Frequency of professional contact with pharmaceutical service providers

Never	0	0%
Once a year	0	0%
Monthly	7	29%
Once a fortnight	0	0%
Weekly	6	25%
Daily	10	42%

Table 49: Quality of professional contact with pharmaceutical service providers

Not applicable	1	4%
Very poor	1	4%
Poor	0	0%
Fair	5	21%
Good	9	38%
Very good	2	8%
Excellent	6	25%

9.1.3 Improving inter-professional contact

Four practices thought that inter-professional contact could be improved to enhance the pharmaceutical services provided to patients in their area through partnership meetings and three through other methods to increase communication opportunities including development of shared patient medical records (PMR), dedicated email and better utilisation of GP systems such as EMIS. Three indicated the advantages of better communication particularly with regard to working with more difficult patients, discussing patient care in general and getting feedback when patients are not taking or collecting their medicines appropriately. Two thought a better understanding of what services are available for the local population would help some, as well as understanding how qualified pharmacy staff are to advise on illnesses. Other suggestions were that the CCG should update GP systems weekly so GPs cannot prescribe drugs with supply problems and ensuring community pharmacies are aware of CCG medicine management plans. Two respondents reported they had no communication problems with either their local pharmacy that gave an excellent service or because they were a dispensing practice.

9.1.4 Suggestions for other services

A number of suggestions were made of other services that pharmaceutical service providers could offer. These are:

- Repeat contraceptive scripts;
- Travel clinics;
- Advice and guidance;

- Supply of medicines under a patient group directive;
- Collection of sharps bins;
- Blood pressure medicines reviews and chronic disease medicines reviews;
- Flu jabs at home for the immobile;
- Reminders of patient repeat medication review dates with their GP;
- Prescribing for minor ailments;
- Reporting concerns about patients.

9.1.5 Suggestions about how services could be improved

Suggestions from individual GPs are the following:

- ensuring pharmacies have enough stock so that dispensing is quicker;
- not ordering medication automatically without reviewing if the patient has adequate stock of medication and understanding what stocks the local pharmacy has;
- ensuring accuracy of repeat prescription requests and that they are driven by the patient and not the pharmacy;
- creating opportunities for recycling medication, reducing waste or sending in date medication to third world countries;
- promotion of self-care and recommendation of over the counter medicines for minor ailments needs further development to alleviate pressures on GP and A&E departments;
- consistency around which companies supply sharps bins to GPs and pharmacies might remove some difficulties for GP practices and patients;
- better communication around service activity such as flu vaccinations, MURs and health checks;
- be advised when patients are not using or taking their medicines appropriately or as advised or if they report side effects or difficulties;
- avoid unnecessary patient referrals and unnecessary requests for medication to be prescribed to patients;
- move away from dispensing toward prevention.

9.2 Key findings

- The majority of respondents stated that for most of the essential services provided, the adequacy of service provision in meeting patient need was good, very good or excellent. Signposting and support for self-care were however judged less favourably
- The flu vaccination service was rated as good, very good or excellent at meeting patient needs. The majority of respondents rated other advanced services less favourably at meeting patient needs
- 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 as good
- Most had daily contact with their pharmacy
- Most thought the quality of contact with their local providers was good, very good or excellent
- Inter-professional contact could be improved through partnership meetings or other methods to increase communication opportunities including development of shared patient medical records (PMR), dedicated email and better utilisation of GP systems such as EMIS. Some benefits of improved communication were indicated

- Suggestions for other services that could be provided as well as improvements to services that could be made are given.

9.3 Recommendation

While most GPs had daily contact with their local pharmacies, many thought that inter-professional contact could be improved. Local health partners should explore ways in which inter-professional contact and collaborative working can be improved for the benefit of local residents.

10 Healthcare Provider Survey

The healthcare provider survey was sent to acute hospital trust chief executives for distribution to hospital pharmacies and professional staff. It was sent to service leads for distribution to community matrons, district nurses, practice nurses and health visitors. It was sent by email to dentists. A paper version of the survey was posted out to all nursing homes in Surrey identified through the CQC list. Where practical, reminders were sent out a week in advance of the survey closing date. There were 64 responses in total. One response came from outside of Surrey so was not included in the analysis. The survey contained questions on service provision and contact with pharmaceutical service providers.

10.1 Results

Table 50 shows the professions of respondents to the survey. There were 8 responses from care home managers, 4 of whom indicated their profession as nurses. One dental practice manager indicated their profession as a dentist. 4 of the respondents were pharmacists and 4 were pharmacy technicians. 2 did not indicate their profession. All CCGs in Surrey were represented in survey responses. Results will be presented at Surrey level.

Table 50: Respondent's profession

Nurse / practice nurse / district nurse / community matron	32	50%
Dentist / orthodontist	8	13%
Nursing / care home manager	8	13%
Pharmacist / pharmacy technician	8	13%
Consultant/doctor	2	3%
Dental practice manager	2	3%
Care home assistant	1	2%
Pharmacy manager	1	2%
No response	2	3%
Total	64	100%

10.1.1 Service provision

A high proportion of healthcare providers saw the listed services that pharmacies provided as not applicable to them or their patient demographic although fewer respondents indicated essential (Table 51) and advanced (Table 52) pharmaceutical services as not applicable. Where locally commissioned services were rated, a higher proportion of respondents indicated their level of satisfaction with those services as good, very good or excellent in every case apart from out-of-hours services where most respondents reported they were fair, poor or very poor (Table 53). Every listed service had at least one respondent rating their level of satisfaction as either poor or very poor. One respondent was not aware all of the services existed. Other services respondents mentioned they have referred patients to or consulted on their behalf are the EPS and blister packs.

Table 51: Healthcare providers' satisfaction with essential pharmaceutical services they have referred patients to or consulted on behalf of patients

	Not Applicable	Not Answered	Very poor	Poor	Fair	Good	Very Good	Excellent
Dispensing services (medicines & appliances)	14%	0%	2%	3%	13%	34%	27%	8%
Repeat dispensing service	23%	0%	0%	3%	19%	28%	19%	8%
Disposal of unwanted medicines	16%	2%	2%	14%	22%	20%	16%	9%
Promotion of healthy lifestyles	27%	2%	3%	8%	22%	27%	8%	5%
Support for self-care e.g. management of minor ailments	31%	3%	3%	0%	22%	25%	11%	5%

Percentages are out of 64 survey responses. Percentages add up to 100% for each service

Table 52: Healthcare providers' satisfaction of advanced pharmaceutical services they have referred patients to or consulted on behalf of patients

	Not Applicable	Not Answered	Very poor	Poor	Fair	Good	Very Good	Excellent
Medicines use reviews	27%	2%	3%	5%	13%	34%	9%	8%
Appliance use reviews	48%	5%	3%	5%	13%	19%	6%	2%
New Medicine Service	48%	2%	2%	3%	14%	23%	3%	5%
Customisation of stoma appliances	75%	0%	0%	5%	6%	8%	6%	0%
Seasonal Flu Vaccine	34%	2%	0%	2%	13%	23%	19%	8%

Percentages are out of 64 survey responses. Percentages add up to 100% for each service

Table 53: Healthcare providers' satisfaction of locally commissioned pharmaceutical services they have referred patients to or consulted on behalf of patients

	Not Applicable	Not Answered	Very poor	Poor	Fair	Good	Very Good	Excellent
Emergency hormonal contraception	84%	3%	0%	2%	3%	5%	2%	2%
Chlamydia Screening and treatment	89%	3%	0%	2%	2%	3%	2%	0%
Smoking Cessation	75%	2%	2%	3%	5%	11%	2%	2%
NHS Health Checks (Vascular risk assessment and management service)	69%	3%	2%	2%	6%	11%	8%	0%
Needle exchange	77%	8%	0%	2%	3%	8%	2%	2%
Supervised consumption of methadone	92%	3%	0%	2%	0%	2%	2%	0%
Palliative care medication scheme	41%	3%	3%	3%	11%	23%	9%	6%
H. Pylori Testing	84%	2%	0%	2%	3%	8%	2%	0%
Extended hours pharmacies	28%	3%	6%	11%	22%	22%	3%	5%
Provision of pharmaceutical advice to care homes	39%	2%	5%	13%	9%	17%	8%	8%

Percentages are out of 64 survey responses. Percentages add up to 100% for each service

10.1.2 Contact with pharmaceutical services

31 respondents had either daily or weekly contact with pharmaceutical service providers while 8 had contact only once a year and 8 never had contact (Table 54). Most thought the quality of contact was good, very good or excellent although 4 found it poor or very poor (Table 55).

Table 54: Frequency of professional contact with pharmaceutical service providers

Never	8	13%
Once a year	8	13%
Monthly	9	14%
Once a fortnight	7	11%
Weekly	18	28%
Weekly / daily	1	2%
Daily	12	19%

Table 55: Quality of professional contact with pharmaceutical service providers

Not Applicable	7	11%
Very Poor	1	2%
Poor	3	5%
Fair	16	25%
Good	14	22%
Very Good	14	22%
Excellent	8	13%

10.1.3 Improving inter-professional contact

Healthcare providers made a number of suggestions to improve inter-professional contact that would enhance pharmaceutical services provided to patients in their area. These are shown in Table 56.

Table 56: Suggestions to improve inter-professional contact

Better sharing of information and building of better relationships among all professionals involved with patients to understand patient needs and services such as flu vaccination or health checks already provided	12
Improved feedback around drug discontinuation or supply problems so alternatives could be provided with a process in place to ensure medication changes are communicated	6
Pharmacies could be more responsive to requests including for palliative care drugs	5
More resources would help	3
Use of the electronic prescription service (EPS) and repeat prescribing could be improved	3
Better communication between community pharmacists and hospital pharmacies	2
Contradiction between CQC requirements and the support given by pharmacy	1
Access to EMIS	1
A central telephone service providing urgent advice	1
More obvious out-of-hours services	1
Training to know what services a pharmacy provides	1

4 healthcare providers reported they were satisfied with the inter-professional contact related to their patients.

10.1.4 Suggestions for other services

Additional services that healthcare providers think could be delivered more effectively by community pharmacies are shown in Table 57:

Table 57: Suggestions of other services that could be delivered by community pharmacies

Pharmaceutical advice to care homes	3
Training and support for health care professionals	3
Timely antibiotic provision	2
Acute prescription / urgent delivery	1
Anticoagulant monitoring for warfarin dosage	1
Blood pressure monitoring for antihypertensive therapy	1
End of life care injections to be stocked and delivered	1
Minor injury/illness prescribing	1
Recycling in date but unused medication	1
Tele-dermatology clinics (with links to specialist opinion)	1

10.1.5 Suggestions about how services could be improved

The themes found in section 10.1.3 largely re-emerge regarding how healthcare providers see services could be improved. These are listed in Table 58.

Table 58: Suggestions how services could be improved

Better communication between all professional services	7
Timely provision of medications which includes end of life care drugs	5
More immediate access for advice	3
Better management of repeat prescriptions and use of the EPS	2
Pharmacies have a role on the care pathway in treating minor ailments and monitoring therapy for long term conditions and can influence the wider patient journey	2
More resources especially out-of-hours and at weekends	2
More willing to accept out of date drugs	2
More responsive service	1
Need to educate the public about the services community pharmacies offer	1
Training from pharmacists or drug reps for pharmaceutical advice and information	1
Difficulties patients have disposing of unwanted medicines or sharps bins	1
More pharmacies to supply Biodose or a similar monitored dosage system	1

10.2 Key findings

- A higher proportion of respondents indicated their level of satisfaction with services as good, very good or excellent in every case apart from out-of-hours services where most respondents reported they were fair, poor or very poor
- 8 healthcare providers never had contact with pharmaceutical service providers
- Most thought the quality of contact with their local providers was good, very good or excellent
- Inter-professional contact could be improved through better sharing of information and building of better relationships among all professionals involved with patients and through improved feedback around drug discontinuation or supply problems as well as a more responsive service
- Suggestions for other services that could be provided as well as other improvements to services that could be made are given.

10.3 Recommendation

While many healthcare providers had regular contact with their local pharmacies, many thought that inter-professional contact could be improved. Local health partners should explore ways in which inter-professional contact and collaborative working can be improved for the benefit of local residents.

11 Conclusions and recommendations

11.1 Surrey population profile

Surrey is one of the most prosperous counties in England with a resident population of 1,176,500. The Surrey population is projected to increase by 7.9% between 2018 and 2028. This is higher than the national average of 6.7%. The 65 and over age group continues to experience the largest increase in population with an estimated rise of 22.1% by 2028, equating to an increase of more than 50,000 people. The second largest increase will be among children and young people aged 0-15 years (9.3%). The increase in the population aged 0-15 will require additional child health services and 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%).

Guildford and Waverley CCG is projected to see the largest increase in additional dwellings over the next 10 years.

11.1.1 Recommendation

Recognising the potential for change in local populations due to proposed large scale housing developments in Surrey, the PNA Steering Group should review actual increases in population and the implications of any increases on an annual basis and publish their findings in a PNA supplementary statement.

11.2 Necessary services: current provision

For the purposes of this PNA nationally commissioned necessary services are defined as:

- Essential services
- Advanced services

11.2.1 Access

Surrey has 218 pharmacies, 4 of which are internet or distance selling pharmacies and 2 of which are DACs. In addition to pharmacies, Surrey has 15 dispensing doctor practices including branch surgeries. In the neighbouring 14 HWB areas there are an additional 91 community pharmacies within one mile of the Surrey County border. Surrey has 18 pharmacies per 100,000 population which is slightly below 21 per 100,000 population in England.

200 pharmacies (excluding DACs) have core hours of 40 per week while 16 have 100 hour contracts. There are 60 pharmacies open after 18:30 while 198 are open on Saturdays and 46 are open on Sundays.

Across Surrey, drive time maps show there is good access to community pharmacy or dispensing general practice within a reasonable travel time by car. The population of Surrey is within a 5 mile radius of a pharmacy and there is reasonable choice open to residents with regard to obtaining pharmaceutical services in the area of Surrey HWB.

For some residents living in more rural areas without access to their own car, the access to community pharmacy may be less good but cannot be quantified. Their access to essential services may be ameliorated by the growing availability of internet pharmacies and the willingness of some pharmacies to deliver prescription medications.

91% of respondents to the public survey reported they can access a pharmacy within 20 minutes while 87% of respondents find it easy to find a pharmacy open when needed, with most accessing during the day, although 30% disagree it is easy to find one open in the evening after 18:00.

11.2.2 Services

All pharmacies must provide essential services. 22% of respondents to the public survey did not know about the range of health services provided at their pharmacy and 40% did not know about the advice their pharmacy could provide on other NHS services.

MURs are provided by 94% of all pharmacies which is an equivalent proportion to England although the average number of MURs provided per pharmacy is higher. NMSs are provided by 82% of pharmacies, a comparable proportion to England although again, the average number provided per pharmacy is higher than England. AURs and SACs are provided by a higher proportion of all pharmacies than for England and Kent, Surrey and Sussex region although the average provided per pharmacy is lower. There is a lower proportion of pharmacies providing seasonal flu vaccinations compared to England and the average provided per pharmacy is also lower. 97% of respondents to the community pharmacy survey report providing MURs, 96% the NMS and 82% the seasonal flu vaccination. Most advanced services are provided by pharmacies in all CCGs and part CCGs across the HWB area apart from AURs because of the method of processing prescriptions.

11.3 Necessary services: gaps in provision

Taking into account current service provision and the access residents of Surrey HWB have to pharmaceutical services in terms of distance, time and choice, it is concluded there are no gaps in nationally commissioned service provision.

Advanced services are available in all CCGs and part CCGs across the HWB area apart from AURs.

11.4 Other relevant services: current 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. These refer to locally commissioned services which are commissioned by Surrey County Council and CCGs according to local needs as well as local and national initiatives. They therefore vary across Surrey.

11.4.1 Surrey County Council

Stop smoking services

67 or 32% of all community pharmacies are commissioned to provide stop smoking services in Surrey. This varies by CCG from 23% to 52% of all pharmacies.

Emergency Hormonal Contraception (EHC) service

107 or 50% of pharmacies in Surrey have been commissioned to provide this service with a similar proportion in all CCG areas.

Chlamydia and Gonorrhoea screening service

40 or nearly 20% of all pharmacies are currently commissioned to provide the service in Surrey.

Supervised consumption of methadone

143 or 67% of all pharmacies are commissioned to provide this scheme with between 53% and 81% of pharmacies in CCGs.

Needle and syringe exchange programme

58 or 27% of all pharmacies are commissioned to participate in this scheme, between 13% and 39% of pharmacies in different CCG areas.

NHS Health Checks

37 or 17% of all pharmacies are trained and accredited to deliver NHS Health Checks in Surrey.

11.4.2 CCGs**Palliative Care Scheme**

18 or 8% of all pharmacies are commissioned to provide the palliative care scheme in Surrey.

H. Pylori testing

This service is only commissioned in East Surrey CCG from 4 pharmacies.

PURM

North East Hampshire and Farnham CCG currently co-commission the Pharmacy Urgent Medicines (PURM) Service from 2 Farnham Community pharmacies. This will revert to NUMSAS on the 1st April 2018.

11.5 Improvements and better access – gaps in provision

Locally commissioned services provide an improvement or better access to pharmaceutical provision for the population of Surrey. These services are reviewed regularly to ensure they meet local need. Mapping local health needs against pharmacy provision highlights additional opportunities for improvements or better access to pharmaceutical services in areas across Surrey.

Pharmacies consider provision of the Minor Ailments Scheme to be their highest priority if funding were available.

11.5.1 Recommendations**Local Health Needs**

- 1 Public Health and the commissioned stop smoking provider, Quit 51, should work with pharmacies in the remaining areas of high smoking prevalence which do not yet have an agreement to provide stop smoking services.
- 2 Given the higher prevalence of specified long term conditions in more rural areas of Surrey where access to the NMS is poorer, CCGs should consider how best to address the access to the NMS for these patients to support them in managing their condition.

- 3 Local health partners seeking to address health inequalities should consider how best to ameliorate the impact of poorer access to community pharmacies in areas of higher multiple deprivation and higher health and disability deprivation.

Survey of Patient and Public Views

A significant proportion of those responding to the patient and public survey were not aware of the range of services offered by local pharmacies or the availability of services outside of daytime hours. Local health partners should consider a campaign to signpost local residents to NHS Choices for detailed information about their local community pharmacies and the services they offer to improve local understanding and access to existing services.

GP Survey

While most GPs had daily contact with their local pharmacies, many thought that inter-professional contact could be improved. Local health partners should explore ways in which inter-professional contact and collaborative working can be improved for the benefit of local residents.

Healthcare Provider Survey

While many healthcare providers had regular contact with their local pharmacies, many thought that inter-professional contact could be improved. Local health partners should explore ways in which inter-professional contact and collaborative working can be improved for the benefit of local residents.

Overall recommendation

Local Clinical Commissioning Groups and the Sustainability and Transformation Programme should consider the findings and recommendations of this PNA in the course of their on-going work to improve the health of the local population, implement the GPFV and improve urgent and unplanned care services.

12 Consultation Report

12.1 Background and process

The Regulations (2013) require the HWB consult on their draft PNA for a minimum 60 day period. Surrey's consultation period ran from the 2nd October until the 1st December 2017. Responses to the consultation were actively sought through targeted requests to respond and widespread publicity about the PNA.

The consultation was sent to the list of stakeholders as stipulated in the Regulations^{lv} and also a number of other relevant stakeholders including local Clinical Commissioning Groups. The consultees were informed by email with a link to the consultation and the request to publicise through their organisations and networks. A letter was sent to all pharmacists and dispensing practices in the Surrey Health and Wellbeing board area to ensure that all were aware of the consultation. Any undelivered email addresses or letters were followed up and corrected.

The consultation was available on Surrey Says, the Surrey consultation hub, at the location www.surreysays.co.uk/public-health/pna. The draft PNA was available for downloading together with the appendices. The consultation questionnaire was hosted at the same location while also being available to download separately if required. Hard copies of the draft documents and the questionnaire were posted out to anyone who requested them as required by the Regulations.

The consultation was publicised on Twitter, through the Surrey Public Health Bulletin, on the Healthy Surrey website, and at the Surrey Health and Wellbeing Board Public Update in October 2017^{lv}. Public Health took the opportunity to promote it at the LPC Public Health Event in October, the Learning Disability Partnership Board, the East and South West Surrey Valuing People Groups and the North Surrey Disability Alliance Network (DAN) meetings. The two other DAN groups were also informed of the consultation through the engagement officer. Patient, consumer and community groups were emailed directly and the consultation was also promoted through the Surrey Equality Group representing the Community, Faith and Voluntary sectors (Surrey Coalition of Disabled people/ Surrey Community Action/ SILC/ SDPP/ Outline) and the Older People Forums and Dementia Groups around Surrey together with Transitions Teams. The consultation was also posted on the Facebook pages of the Community Partnership Team and Surrey Disability Network. The Brighter Futures Project Officer was asked to promote the consultation to the GRT community and to respond to the consultation with any relevant views.

12.2 Consultation responses

Responses were received as follows:

- 13 responses via the online questionnaire or paper questionnaire
 - 4 on behalf of a business or sole trader
 - 1 neighbouring Health & Wellbeing Board
 - 5 health and social care professionals
 - 2 on behalf of an organisation
 - 1 member of the public
- 6 responses sent by email
 - 2 from members of the public

- 4 from public health professionals
- A number of verbal comments were collected at the DAN and Valuing People's Group meetings

Demographic information was collected from members of the public and health and social care professionals as part of the consultation questionnaire which means information from 6 people was available. This data is not therefore presented due to the small number of responses to the demographic questions.

Responses to the consultation were circulated at 2 week intervals to the PNA Steering Group to ensure there was adequate consideration of more in depth comments and allow any necessary initial actions and responses by the Steering Group. The responses were then collectively reviewed and discussed at the Steering Group meeting on the 7th December.

Numbers of responses received to the consultation questions are summarised in Table 59. Additional comments were received by email or verbally at promotional meetings. The responses are reported together with the Steering Group's comments or agreed actions in Table 60 and Table 61 depending on the route through which the comments were received.

Where responses or comments related to the need to make corrections or clarifications to the text or data within the draft PNA, it was agreed by the Steering Group that these changes would be made directly to the PNA without referring them back to the group. A list of suggested corrections or clarifications can be found in Table 62. Minor grammatical, punctuation or spelling errors are not listed.

Table 59: Number of responses received via the consultation questionnaire

Question	Yes	No	No response
1. Does the draft PNA clearly explain its purpose and background?	11	1	1
2. Does the draft PNA reflect the current pharmaceutical service provision within Surrey?	12	0	1
3. Are there any unidentified gaps in service provision i.e. when, where and which services are available?	1	11	1
4. Does the draft PNA reflect the pharmaceutical needs of the Surrey population?	11	1	1
5. Are there any services which could be provided in a community pharmacy setting in the future, that have not been highlighted?	4	8	1
6. Is the information contained in the draft PNA accurate?	11	2	0
7. If you have any further comments about the content of the draft PNA, please write them below:	4	8	1

Table 60: Comments received through the consultation questionnaire in response to the draft PNA consultation

Consultation question	Comment	Action/response
<p>Are there any unidentified gaps in service provision i.e. when, where and which services are available?</p>	<p>I would like to see more information on the interaction between community pharmacies and hospitals. There is a significant need for greater two way information flows and greater use of Summary Care Record in the community. I didn't see anything about current usage levels.</p>	<p>This is beyond the scope of the PNA. However, we note the following:</p> <p>NHSmal (nhs.net) email has been provided to the community pharmacies as part of the Quality Payments gateway criteria which will assist hospital pharmacy and community pharmacy contractor communications. GPs and hospital trust pharmacies need to be made fully aware that the community pharmacy contractors now have NHSmal email addresses. ACTION: NHS-E will address this with the LPC.</p> <p>Community pharmacy would like to work more closely with GPs and hospital pharmacies and see integrated services. ACTION: The STP Unplanned Care Workstream is currently working with NHS Digital to secure Pharmoutcomes to provide a platform between hospital and community pharmacy to share discharge information leading to safer discharge. Discussions are also ongoing between the Local Professional Network¹⁰ (LPN) and hospital trusts to work toward safer discharge.</p> <p>One of the Quality Payments quality criteria requires an increase in Community Pharmacy Contractors accessing Summary Care Records.</p>

¹⁰ Local Professional Networks exist across England for pharmacy, eye health and dentistry. The role of the LPN steering group is to ensure a holistic approach to commissioning services by working with a range of stakeholders to lead transformation of services to deliver improved outcomes, reduce inequalities, reduce service variation and ensure quality of access to high quality, efficient services for the population of England.

Consultation question	Comment	Action/response
		<p>Details of the current usage of Summary Care Records are in the public domain at the PSNC website.</p>
<p>Does the draft PNA reflect the pharmaceutical needs of the Surrey population?</p>	<p>Sunday services need to reflect the increasing need for patients to have access to services without attending hospitals.</p>	<p>There are pharmacies open on a Sunday as detailed in Section 5.6 and 5.7 and to which NHS 111 and NHS Choices can signpost. The NUMSAS service is now available.</p> <p>The analysis conducted to understand A&E attendance resulting in information and advice only in Section 4 did not include data for Sundays. ACTION: Conduct analysis in the next PNA iteration to understand how pharmacy coverage on any specific day of the week might affect A&E attendance.</p>
	<p>No information about 7 day discharge from hospitals and how hospital pharmacy services, working with community colleagues can support this. If a hospital needs to discuss an existing dosage aid with a community pharmacist it is often impossible on Saturday afternoon or Sunday.</p>	<p>This is beyond the scope of the PNA. However, we note the following:</p> <p>There is a practical issue for hospitals to implement goals around early discharge/7 day discharge and accessing community pharmacy. This issue needs addressing as part of a coordinated approach for faster discharges. The wider provision of NHSmail to community pharmacy contractors and securing the Pharmoutcomes platform will help with discharge planning and bridge the gap in the supply of information.</p> <p>Surrey acute trusts are planning to increase hospital pharmacy opening hours to 7 days.</p>

Consultation question	Comment	Action/response
		<p>There is also an initiative to have GPs in A&E departments. Any prescriptions issued will then need to be provided in the community which can be found via the channels mentioned already: NHS Choices; NHS 111; NUMSAS. NHS Choices provides the most up to date information on community pharmacy opening hours to help meet this need.</p>
<p>Are there any services which could be provided in a community pharmacy setting in the future, that have not been highlighted?</p>	<p>Long term prescribing for long term conditions</p>	<p>Long term prescribing numbers are growing as pharmacists are now in GP surgeries as part of the General Practice Forward View.</p>
	<p>Campaigns and health promotion for people who are at high risk of suicide and more help and support available and training to notice signs.</p>	<p>Each year, pharmacies are required to participate in up to six public health campaigns to promote healthy lifestyles at the request of NHS England. This is one of the essential services community pharmacy contractors must offer. There is therefore the potential to coordinate campaigns on this basis. Action: This has been brought to the attention of the Public Health Development Worker dealing with suicide prevention.</p>
	<p>blood pressure monitoring, cholesterol testing</p>	<p>There is an opportunity to use community pharmacy to help primary care manage some conditions such as hypertension. However the relevant infrastructure and framework is needed to do this. Surrey Heartlands Sustainability and Transformation Partnership CVD workstream is considering how pharmacies could be utilised to use their extended hours to run hypertension clinics.</p>
	<p>Links to extended hours GP access</p>	<p>The wider provision of NHSmail to community pharmacy contractors will help communication</p>

Consultation question	Comment	Action/response
		<p>with GPs. However, the LPC notes that extended hours requires only limited prescription support and to date there has been little demand for this service. This may be something for a future PNA to consider in more detail. However, this PNA makes the recommendation that local health partners should explore ways in which inter-professional contact and collaborative working can be improved for the benefit of local residents.</p>
	<p>The proximity and accessibility of community pharmacies to the population of Surrey, as highlighted in this PNA consultation document, indicates that the potential for community pharmacy to support the health and wellbeing of individuals is significant. Building on the network that is currently present by commissioning community pharmacy to act as gateway providers for social care and to support GP colleagues in their management of long-term conditions for their shared cohorts of patients would alleviate the current system strain felt in both health and social care. Examples from around the country of care navigation, reablement on discharge from hospital and clinical management of long-term conditions beyond the episodic care provided through MURs and NMS have provided the evidence base that gives confidence in the readiness and ability of community pharmacy to provide change at pace in line with the STP and ACS plans for broader strategic change.</p>	<p>This response highlighted the potential for community pharmacy to play a broader role in healthcare provision and has been brought to the attention of relevant stakeholders i.e. medicines management at the CCGs. It has already been recognised how pharmacies could be utilised to use their extended hours to run hypertension clinics.</p>

Consultation question	Comment	Action/response
Is the information contained in the draft PNA accurate?	Please see annotations on the PNA document	These are listed in Table 62
If you have any further comments about the content of the draft PNA, please write them below:	The level of ignorance by GPs of community pharmacy services is quite shocking and needs to be addressed.	This PNA makes the recommendation that local health partners should explore ways in which inter-professional contact and collaborative working can be improved for the benefit of local residents.
	<p>It is not an easy document to read, due in part to overlong sentences and excessive duplication. I thought it would benefit from a list of abbreviations.</p> <p>The best example is the Regulations 2013 document, which is referred to repeatedly by its full title. Give it an entry on a 'Definitions' page, call it something like Regs 2013, with the superscript and some descriptive words in the definition.</p> <p>How many times is the phrase 'Pharmaceutical Services' used? Call it Pharms (or similar).</p>	The PNA has been reviewed and made more readable within the constraints of the statutory requirements of compiling PNA. The changes are detailed in Table 62.
	<p>The draft PNA is comprehensive in assessing and identifying local need and meets the statutory regulations. However, there are a few suggestions that the HWB might want to consider:</p> <ul style="list-style-type: none"> - The draft PNA deems 6 mile by car or public transport as reasonable travel, however, the maps only indicate 1 mile radius over the border services. Showing services within 6 miles across the border will highlight more coverage and possibly reduced travel distance particularly for those living near the borders 	The purpose of the PNA is to demonstrate the need for services within Surrey borders. After feedback from the last PNA it was decided to limit consideration of access to pharmacy services in neighbouring HWB areas to one mile, given the concentration of contractor services within 1 mile of the border.

Consultation question	Comment	Action/response
	<p>- Domiciliary Medicines Use Reviews (MUR) have been identified as one of the services pharmacies would like to provide in the survey. It might be useful to highlight that there already is a facility for the optional provision of domiciliary MUR services by contractors, if they apply to NHS England</p> <p>- It might be worth clarifying if Surrey HWB area is coterminous with Surrey County</p>	<p>ACTION: Review the distance used for analysis of border pharmacies for the next PNA.</p> <p>Domiciliary MURs are part of the MUR advanced service.</p> <p>Action: The LPC Steering Group representative will ask for contractors to be reminded of the process in a bulletin.</p> <p>Text has been altered to make this clear.</p>

Table 61: Comments received through email and verbally in response to the draft PNA consultation

Source of comment	Comment	Action/response
Verbal comment received during PNA consultation presentation at Learning Disability Partnership Board	How do I find out where the late opening pharmacies are?	There is a list of opening times against each pharmacy in Appendix B of the PNA. NHSE are now encouraging pharmacies to update their NHS Choice profiles as part of the Quality Payment scheme. This information is available from NHS Choices .
Emailed comment following PNA consultation presentation at Valuing People Group	Pharmacies could benefit us service providers, and themselves, by having an information point in their store. It could simply be a noticeboard or a brochure carousel. If people with learning disabilities and their carers use pharmacies more than the rest of the population, they would find such a local information hub useful, and it would enable the pharmacy to be seen to contribute to its local community. Obviously it would be the responsibility of the service providers to keep it stocked with their brochures. This refers to social care information as well as health.	Pharmacies are required by NHSE to participate in up to six public health campaigns each year to promote healthy lifestyles which provides an opportunity to align information in store with them. Signposting on to other health and social care providers or support organisations for further support which cannot be provided by the pharmacy is also an essential service community pharmacies must provide. NHS Choices also hosts information that will be more up to date than in house leaflets so customers should be signposted to NHS choices instore. ACTION: NHS-E will remind pharmacies of signposting routes
Verbal comments received during PNA consultation presentation at Disability Alliance Network	A number of comments were received about pharmacies not meeting responsibilities under NHS Accessible Information Standard (AIS). There are issues regarding hearing loops, each way texting and alternatives to telephony such as SMS and email for those with BSL and	The AIS is beyond the scope of the PNA. However, these issues have been brought to the attention of the representatives of the LPC and the NHS-E on the PNA Steering Group. We further note the following:

Source of comment	Comment	Action/response
	lip reading and phone use. Some pharmacies have ignored AIS related complaints or comments. Problems remain even in new pharmacies opening since the AIS came into force. The DANs groups are working on a template so that members can confront AIS issues themselves. One meeting participant reminded the others that a consultation can be requested with a pharmacist to go through medications i.e. NMS / MUR given the communication challenges some people have. This needs promoting.	<p>Any AIS issues should be directed by those affected to their medical organisations, their pharmacies, the LPC as providers and to NHSE as commissioners. Regarding hearing loops, all pharmacies have a hearing loop. If a pharmacy does not, or it is not active, then the customer should let the LPC know who they are.</p> <p>ACTION: The LPC representative will ask the new LPC management team about how it can help those with disabilities and to potentially engage directly with those making such comments. A request to remind community pharmacies of contractor responsibilities under the Equality Act in the LPC monthly bulletin has been made.</p>
Verbal comments received during PNA consultation presentation at Disability Alliance Network	Changes to packaging and to blister packs can cause problems due to lack of consistency and the inability of those with visual impairments to distinguish between drugs.	This is beyond the scope of the PNA. However, we note the following. A patient can ask their pharmacist to order the old generic version to avoid confusion due to the packaging.
Verbal comments received during PNA consultation presentation at Disability Alliance Network	Those with hearing impairments can have problems finding local pharmacies that stock replacement batteries.	This is beyond the scope of the PNA. However, we note the following: Many hearing aids are now purchased privately. If hearing aids are provided under private contracts there is little demand for replacement batteries in pharmacies.

Source of comment	Comment	Action/response
Verbal comments received during PNA consultation presentation at Disability Alliance Network	There are often problems of communication between GPs and pharmacists causing problems with drug supply.	Drug supply is the responsibility of pharmacists. Pharmacists do receive information detailing if drugs are discontinued or if there are production issues. This PNA makes the recommendation that local health partners should explore ways in which inter-professional contact and collaborative working can be improved for the benefit of local residents.
Emailed comment from Clinical Commissioning Group Medicines Management	PURM is being commissioned by Wessex until 31 st March 2018 when it will revert to the national NUMSAS service.	The lifetime of the PNA commences on 1 st April 2018 after the PURM service reverts to NUMSAS. The text has been changed to reflect this.
Emailed comment from Surrey Public Health	It is not clear that pharmacies should be involved in 6 PH campaigns (public health essential service)	The text has been changed to make this more explicit.
Emailed comment from Surrey Public Health	Amendments have been requested to section 5.9.1.3 as there are inaccuracies within the text and the maps. Tables and maps were requested to show pharmacies that are accredited to provide services rather than actively providing services.	Surrey has 143 accredited pharmacies that deliver Supervised Consumption and 58 accredited pharmacies that deliver NSP. The tables and maps in section 5.9.1.3 have been updated to reflect this. The changes to the text are detailed in Table 62.

Table 62: Corrections and clarifications to the text received in response to the draft PNA consultation

Section	Comment	Action/response
Glossary	Suggested additions of IC24 and PHA	Text updated
2.2 What is a Pharmaceutical Needs Assessment?	Indicate list of pharmaceutical services the PNA relates to is taken from Regulations	Text updated
2.4.1 Pharmaceutical Services	A number of services listed as potential locally commissioned services are already listed under current locally commissioned services. Out of hours services are not locally commissioned	Text updated
2.5.3 GP Practices	Clarify branch GP surgeries separate from main GP practice	Text updated
2.7.1 Background	Supplementary statements were not subsequent to the PNA update in 2012. Remove word 'subsequent'	Text updated
4.1 Introduction	Insertion of word 'additional' before 'asthma care'	Text updated
4.3 Asthma and diabetes and 4.4 multiple morbidity	Request to link 4.3 and 4.4 because NMS and MUR services are relevant to asthma, diabetes and multi-morbidities - perhaps and introduction on both services then the local detail. Seems a bit disjointed at the moment	Text updated
4.4 Urgent and unplanned care	Request to add something here about the NHS urgent medicines advanced service (NUMSAS) pilot	Text updated
5.4 Internet/distance selling pharmacies	Clarification requested of how these services are commissioned and how they fit within the PNA	Text updated
5.6 Access to pharmacies	Statement 'Out-of-hours services are no longer provided as an enhanced service' viewed as incorrect with suggested changes to text	Text not updated after consultation with NHSE and confirmation of new trialled arrangement as described

Section	Comment	Action/response
5.8.1 Essential Service Provision	Suggested clarification to include electronic repeat dispensing with updated description of service	Text updated
5.8.2.5 Seasonal flu vaccination service	Request to use more up to date data as service has increased since its introduction.	Data not updated as available at the time of report production.
5.8.2.6 NHS Urgent Medicine Supply Advanced Service (NUMSAS)	Suggestion to add what service is intended for	Text updated
5.9 Relevant services: current provision	Suggested removal of statement that no enhanced services are commissioned	Text not updated – see section 5.6
5.9.1.3 Substance misuse service	Community pharmacy are commissioned to provide a range of substance misuse services. Text added to provide better overview of supervised consumption and needle exchange services and to inform the reader that new services are to be introduced.	Text updated
5.9.1.3 Supervised consumption	Aims to reduce morbidity among high risk 'opiate' users rather than 'substance' users.	Text updated
5.9.1.3 Supervised consumption	Text added that service is recognised by Government as an important issue in substance misuse treatment.	Text updated
5.9.1.3 Supervised consumption	Detail provided as to outcomes of service	Text updated
5.9.1.3 Supervised consumption	Text removed stating missed doses or other concerns are reported to prescriber	Text updated
5.9.1.3 Supervised consumption	Number of pharmacies in the scheme brought up to date	Text updated
5.9.1.3 Needle and syringe programme	Statement inserted about prevalence of HCV and brought up to date to reflect Steroid and Image and Performance Enhancing Drug Use	Text updated

Section	Comment	Action/response
5.9.1.3 Needle and syringe programme	Number of pharmacies in the scheme brought up to date	Text updated
5.9.1.3 Needle and syringe programme	Table 23 title changed to number of pharmacies accredited to deliver substance misuse services	Text updated
5.10.2 Pharmacy Access Scheme (PhAS)	Suggestion to detail number of pharmacies on PhAS	Text updated
5.10.3 General Practice Forward View (GPFV)	Add more detail on numbers of pharmacists in GP practice	Text updated
8.2.3 Pharmacy and dispensing staff	ACT stands for Accuracy Checking Technician rather than Accredited Checking Technician	Text updated
9.9.5 Recommendations about how services could be improved	Create bulleted list for ease of reading	Text updated
10.1.3 Improving inter-professional contact	Create list for ease of reading	Table inserted
10.1.5 Suggestions about how services could be improved	Create list for ease of reading	Table inserted
11.4.2 CCGs PURM	Update text in line with section 5.9.2.3	Text updated

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13.2 Acknowledgments

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14 Addendum

Since the compilation of this PNA in draft form using pharmacy data from July 2017 from NHS England, there have been some changes to pharmacy contracts that are not therefore represented in the data, tables or maps within this document. These are detailed in Table 63.

Table 63: Changes to Community Pharmacy contracts July 2017 to December 2017

Type of application	Address	Detail	Opening hours
Unforeseen benefits	Brockwood Pharmacy, North Holmwood Surgery, Bentsbrook Close, Dorking, RH5 4YH	A pharmacy opened in the North Holmwood Surgery premises of Brockwood Medical Practice on 4 th September 2017. As a result of the new pharmacy, the surgery stopped dispensing medication from 1 st September 2017. This change does not impact the weekday drive time map Figure 20	Monday to Wednesday – 0800 to 1830 Thursday – 0800 to 1700 Friday - 0800 to 1830 Saturday – 0900 to 1300
Relocation	Boots UK Limited, 21 Staines Road West, Sunbury-on-Thames, Surrey TW16 7AB	Relocating to: Sunbury Cross Centre, Staines Road West, Sunbury-on-Thames, Surrey, TW16 7AZ	Unchanged
Emergency relocation	Lloyds Pharmacy, 22 Church Street, Weybridge, Surry, KT13 8DW	New temporary address due to fire in existing premises: Car Park Adjacent to 22 Church Street, Weybridge, Surry, KT13 8DW	Unchanged
Change of ownership	Townsend Chemist, 1 Western Parade, Reigate, Surrey RH2 8AU	Owner has changed from Guidebrook Ltd to Paydens Ltd	Unchanged
	Woodhatch Pharmacy, 5 Prices	Owner has changed from Guidebrook Ltd to Paydens Ltd	Unchanged

Type of application	Address	Detail	Opening hours
	Lane, Reigate, Surrey, RH2 8BB		
	Millman Pharmacy, 56 High St, Egham, Surrey, TW20 9EX	Owner has changed from Boldasset Ltd to Paydens Ltd	Unchanged
	Central Pharmacy, 66 High Street, Esher, Surrey, KT10 9QS	Owner has changed from Patel D & SK to C & H Esher Limited	Unchanged
	Lloyds Pharmacy, 30 High Street, Banstead, Surrey, SM7 2LS	Owner and trading name has changed from Lloyds Pharmacy to Pearl Chemist Limited	Unchanged

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Surrey Pharmaceutical Needs Assessment

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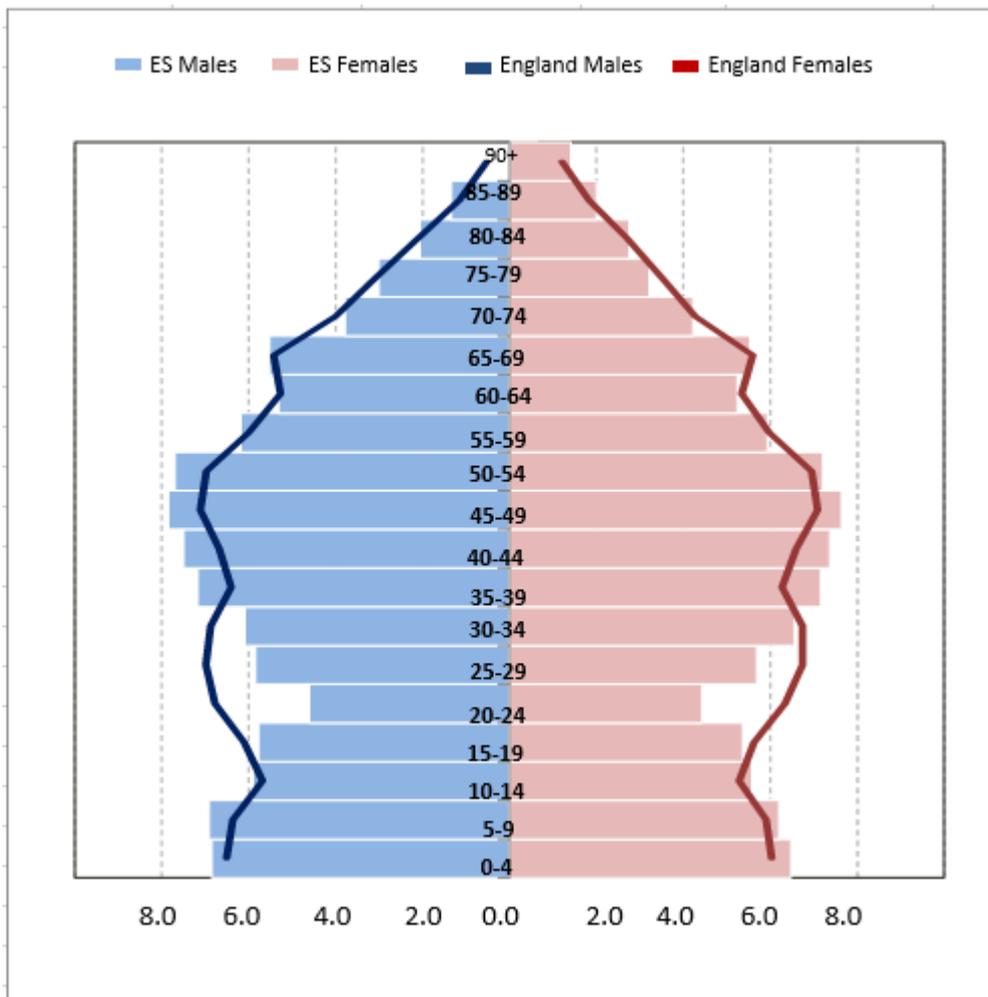
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11 Appendix A: Demographics by CCG

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 0-9 and 35-54 compared to the England average. The proportions for both males and females aged 15-34 are significantly lower than the England average.

Figure 1: East Surrey CCG Population Pyramid



Source: ONS, Mid-year estimates, 2015

The East Surrey CCG population consists of approximately 48.9% males and 51.1% females (Table 1). Over half of the population is resident in Redhill & Reigate¹ (52.7%).

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 1: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
NHS East Surrey CCG	182,019	100	88,976	48.9	93,043	51.1
Redhill & Reigate**	95,994	52.7	47,121	49.1	48,873	50.9
Tandridge	86,025	47.3	41,855	48.7	44,170	51.3

Source: ONS, Mid-year estimates, 2015

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

- Twenty five percent of East Surrey CCG population is made up of children and young people.
- Approximately 58% of the population is aged 20-64.
- Eighteen percent of East Surrey population is 65 and over, of which 2.7% are 85 and over
- The majority of the population are White; Redhill & Reigate has a 10.3% Non-White population.

Table 2: Percentage of age & sex breakdown, by locality, 2015

Locality	Per cent (%)											
	0-19			20-64			65 and over			85 and over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
NHS East Surrey CCG	24.5	25.4	23.6	57.7	58.2	57.2	17.8	16.4	19.1	2.7	2.0	3.4
Redhill & Reigate **	25.3	26.3	24.4	59.0	59.5	58.6	15.6	14.2	17.0	2.4	1.7	3.1
Tandridge	23.6	24.5	22.7	56.2	56.7	55.7	20.2	18.8	21.5	3.1	2.3	3.7

Source: ONS, Mid-year estimates, 2015

Table 3: Percentage of White and Non-white population, by locality, 2011

Area	Total Population	% White	% Non-White
East Surrey CCG	173,708	91.7	8.3
Redhill & Reigate**	90,710	89.7	10.3
Tandridge	82,998	93.8	6.2

Source: Census 2011

A. 1. 1 East Surrey CCG Population Projections

East Surrey CCG population is expected to grow by 10.2% in the next 10 years which is higher than the Surrey average (7.9%). The age cohort 65 and over is projected to have the largest growth (26.9%) (Table 4). Redhill and Reigate is estimated to have a 43.4% increase in those aged over 85 by 2028. The 0 – 64 age cohort is estimated to have the smallest increase in population in the next five years (3.4%).

Table 4: Projected population changes, 2018-2028

Age band	Population Change East Surrey CCG				Population Change Surrey %
	2018	2028	Number	%	
0-15	37,980	41,100	3,120	8.2	6.1
16-29	26,420	27,100	680	2.6	3.5
30-44	38,300	40,900	2,600	6.8	2.9
45-64	49,900	53,200	3,300	6.6	5.2
65 & over	34,600	43,900	9,300	26.9	22.1
All ages	187,300	206,400	19,100	10.2	7.9

Source: Office for National Statistics (ONS), CCG Projections, 2018, 2028

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, 2021–2028

Persons	East Surrey CCG				Redhill & Reigate(part)				Tandridge			
	2021	2028	Number	%	2021	2028	Number	%	2021	2028	Number	%
0-19	46,558	49,840	3,282	7.0	25,439	27,385	1,947	7.7	21,120	22,455	1,335	6.3
20-64	109,775	112,984	3,208	2.9	59,480	61,610	5,913	9.9	50,296	51,374	1,079	2.1
65 & over	38,894	46,095	7,200	18.5	19,492	23,263	6,390	32.8	19,403	22,832	3,429	17.7
85 & over	6,406	8,219	1,813	28.3	3,395	4,338	1,475	43.4	3,011	3,881	871	28.9
All ages	195,228	208,918	13,690	7.0	104,410	112,258	13,258	12.7	90,818	96,660	5,842	6.4

Source: Sub-national Population LA Projections, 2014

A.1.2 Older People living alone

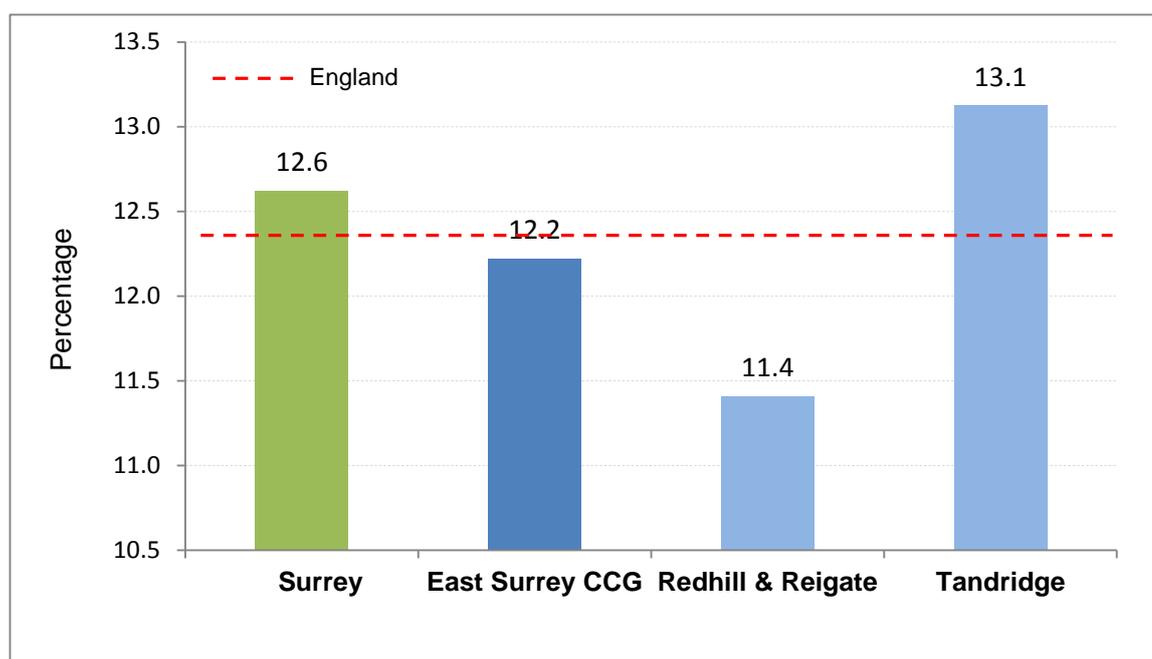
Twelve percent of those aged 65 and over are living on their own in East Surrey CCG; this is consistent with Surrey (12.6%) and England (12.4%) averages. Tandridge has a higher number of those aged over 65 living on their own (13.1%) (Table 6, Figure 2).

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+	% One person household: Aged 65+
England		22,063,368	2,725,596	12.4
Surrey		455,791	57,543	12.6
NHS 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

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



Source: Census 2011

A. 1. 3 General Birth Rate

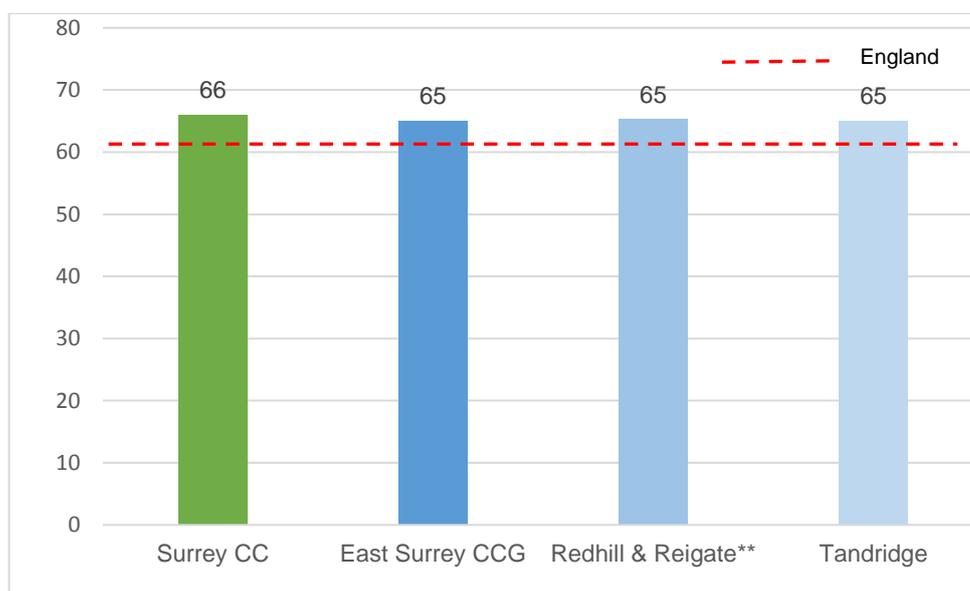
East Surrey CCG birth rate for women aged 15-44 years (66/1,000) is slightly higher than the England average (62/1,000). Redhill & Reigate and Tandridge have a similar birth rate among localities (65/1,000) (Table 7).

Table 7: live births, per 1,000 women aged 15-44 years by locality, 2015

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	10,634,900	664,399	62
Surrey CC	215,100	14,258	66
East Surrey CCG	41,600	2,707	65
Redhill & Reigate**	26,700	1,743	65
Tandridge	14,900	964	65

Source: Office for National Statistics (ONS), 2015

Figure 3: live births, per 1,000 women aged 15-44 years by locality, 2015



Source: Office for National Statistics (ONS), 2015

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 8: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2016

Area of usual residence	2016		
	Live births	GFR ²	TFR ³
England	663,157	62.5	1.81
Surrey	13,423	68.0	1.90
Redhill & Reigate **	1,796	66.8	1.93
Tandridge	956	64.5	1.96

Source: Office for National Statistics (ONS), 2016

¹ Rates for 2016 have been calculated using the mid-2016 population estimates based on 2011 census

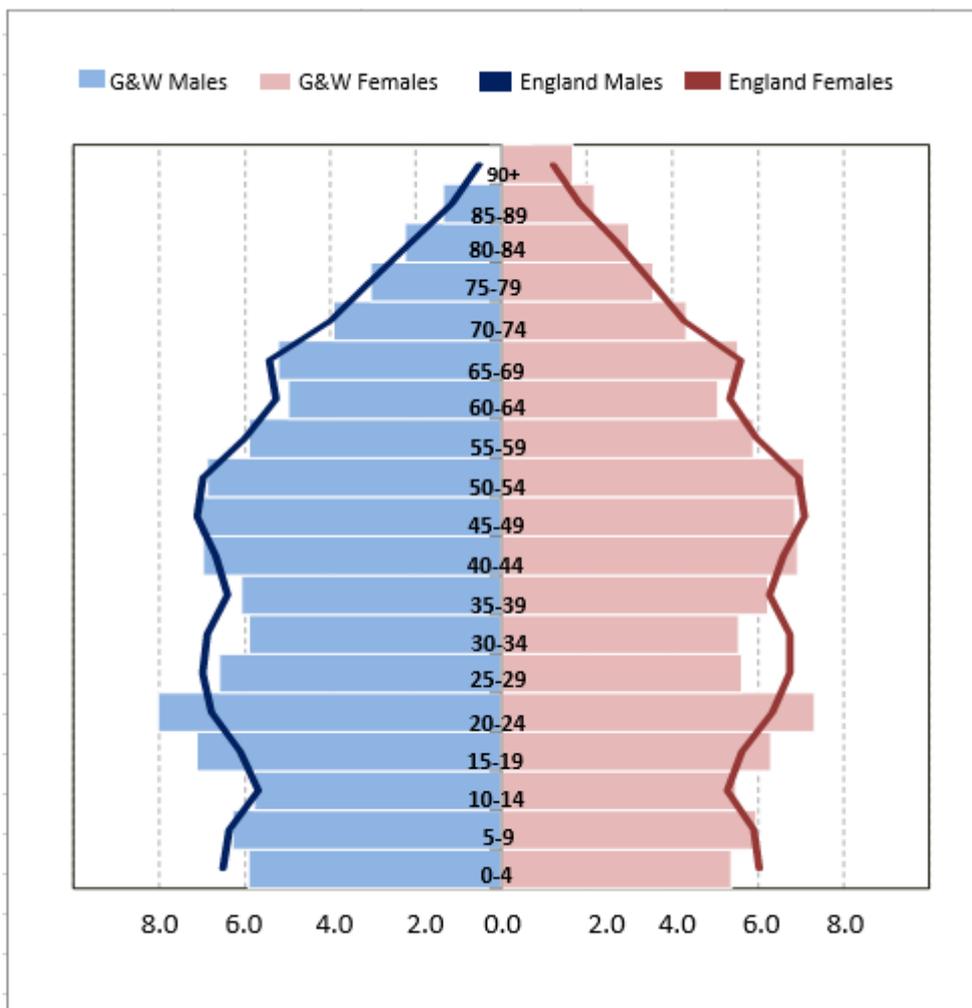
² The General Fertility Rate (GFR) is the number of live births per 1,000 women aged 15-44. The GFRs have been calculated using mid-2016 population estimates.

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. 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 15-24 are significantly higher than the England average, males and females aged 25-39 are significantly lower than the England average whereas the proportions for both males and females aged 40-90 and over are similar to the England average.

Figure 4: Guildford & Waverley CCG Population Pyramid



Source: ONS, Mid-year estimates, 2015

The Guildford & Waverley CCG population consists of approximately 49.5% males and 50.5% females (Table 9). Approximately two thirds of the population is resident in Guildford (61.1%).

Table 9: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
NHS Guildford & Waverley CCG	206,104	100	102,078	49.5	104,026	50.5
Guildford	125,924	61.1	63,107	50.1	62,817	49.9
Waverley	80,180	38.9	38,971	48.6	41,209	51.4

Source: ONS, Mid-year estimates, 2015

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.
- 58% of the population is of persons aged between 20-64 years.
- Approximately a fifth (18.4%) of persons are aged 65 years and over.
- 3% of the Guildford & Waverley CCG population is of persons aged 85 years and over.
- The female 85+ population (3.8%) is nearly twice that of males (2.1%)
- Approximately 7.3% of the population in Guildford are Non-White.

Table 10: Percentage of age & sex breakdown, by locality, 2015

Locality	Per cent (%)											
	0-19			20-64			65 and over			85 and over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
NHS Guildford & Waverley CCG	24.1	25.1	23.1	57.5	58.4	56.6	18.4	16.5	20.3	3.0	2.1	3.8
Guildford	23.5	24.1	23.0	60.5	61.6	59.4	16.0	14.3	17.6	2.5	1.7	3.2
Waverley	25.1	26.8	23.4	52.7	53.2	52.3	22.2	20.0	24.3	3.7	2.7	4.8

Source: ONS, Mid-year estimates, 2015

Table 11: Percentage of White and Non-white population, by locality, 2011

Area	Total Population	% White	% Non-White
Guildford and Waverley CCG	203,580	92.6	7.3
Guildford	117,703	90.2	9.8
Waverley	79,197	96.1	3.9

Source: Census 2011

A. 2. 1 Guildford & Waverley CCG Population Projections

Guildford & Waverley CCG population is expected to grow by 7.0% in the next 10 years which is consistent with the Surrey average (7.9%). The age cohort 45-64 is projected to have the smallest increase (2.2%), significantly lower than the Surrey population (5.2%) (Table 12). The 65 and over age cohort is estimated to have the largest increase (20.6%), of which 40.0% are 85 and over.

Table 12: Guildford & Waverley CCG projected population changes, 2018-2028

Age band	Population Change Guildford & Waverley CCG				Population Change Surrey %
	2018	2028	Number	%	
0-15	42,140	44,040	1,900	4.5	6.1
16-29	38,660	41,060	2,400	6.2	3.5
30-44	39,100	40,500	1,400	3.6	2.9
45-64	55,100	56,300	1,200	2.2	5.2
65 & over	41,700	50,300	8,600	20.6	22.1
All ages	217,000	232,100	15,100	7.0	7.9

Source: Office for National Statistics (ONS), CCG Projections, 2018, 2028

Table 13: Projected population changes by locality, all persons, 2021–2028

Persons	Guildford & Waverley CCG				Guildford(part)				Waverley			
	2021	2028	Number	%	2021	2028	Number	%	2021	2028	Number	%
0-19	54,500	57,000	2,500	4.6	22,478	23,788	1,310	5.8	32,022	33,212	1,190	3.7
20-64	123,400	124,900	1,500	1.2	56,806	58,504	1,698	3.0	66,594	66,396	- 198	- 0.3
65 & over	43,700	50,300	6,600	15.1	14,494	17,086	2,592	17.9	29,206	33,214	4,008	13.7
85 & over	8,000	10,200	2,200	27.5	2,715	3,451	737	27.1	5,285	6,749	1,463	27.7
All ages	221,700	232,100	10,400	4.7	93,877	99,278	5,401	5.8	127,823	132,822	4,999	3.9

Source: Sub-national Population LA Projections, 2014

A. 2. 2 Older People living alone

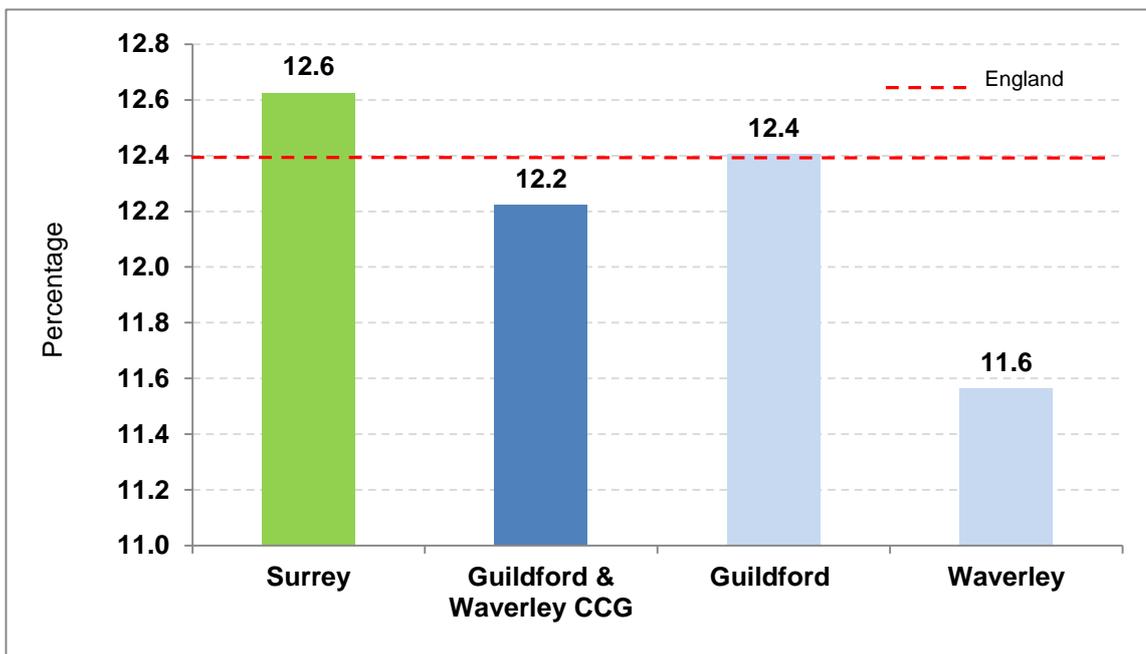
Twelve percent of those aged 65 and over are living on their own in Guildford and Waverley CCG; this is consistent with Surrey (12.6%) and England (12.4%) averages. Waverley has a higher number of those aged over 65 living on their own (14.7%) (Table 14, Figure 5).

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+	% One person household: Aged 65+
England		22,063,368	2,725,596	12.4
Surrey		455,791	57,543	12.6
NHS Guildford & Waverley CCG		70,364	8,600	12.2
	Guildford	45,646	5,278	11.6
	Waverley	32,141	4,724	14.7

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

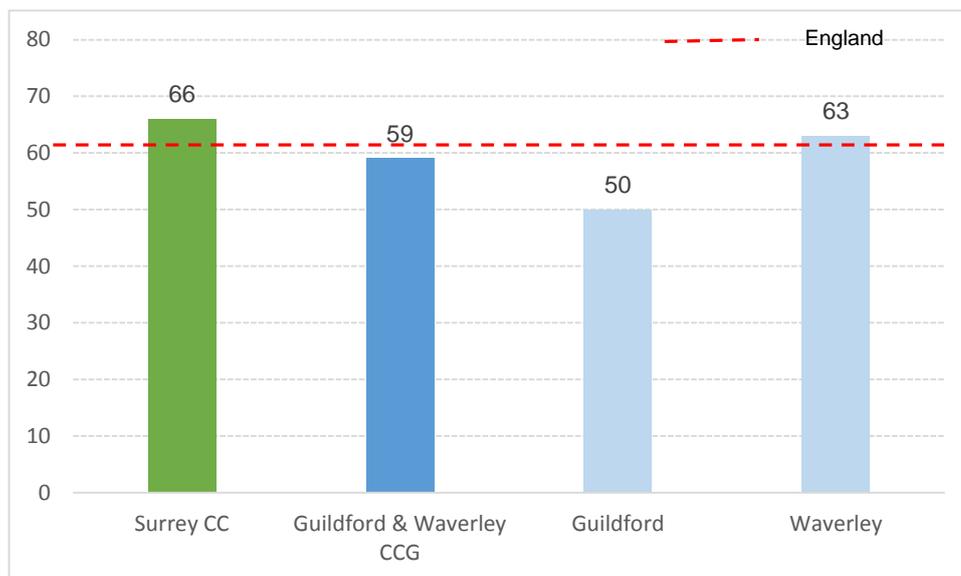
Guildford & Waverley CCG birth rate for women aged 15-44 years (50/1,000) is lower than the England average (62/1,000). Waverley has the highest birth rate among localities (63/1,000) (Table15) which is similar to the England average.

Table15: live births, per 1,000 women aged 15-44 years by locality, 2015

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	10,634,900	664,399	62
Surrey CC	215,100	14,258	66
Guildford & Waverley CCG	39,695	2,354	59
Guildford	30300	1,513	50
Waverley	20300	1,282	63

Source: Office for National Statistics (ONS), 2015

Figure 6: live births, per 1,000 women aged 15-44 years by locality, 2015



Source: Office for National Statistics (ONS), 2015

Table 16: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2016

Area of usual residence	2016		
	Live births	GFR ²	TFR ³
England	663,157	62.5	1.81
Surrey	13,423	68.0	1.90
Guildford	1,533	50.1	1.59
Waverley	1,251	62.2	2.14

Source: Office for National Statistics (ONS), 2016

¹ Rates for 2016 have been calculated using the mid-2016 population estimates based on 2011 census

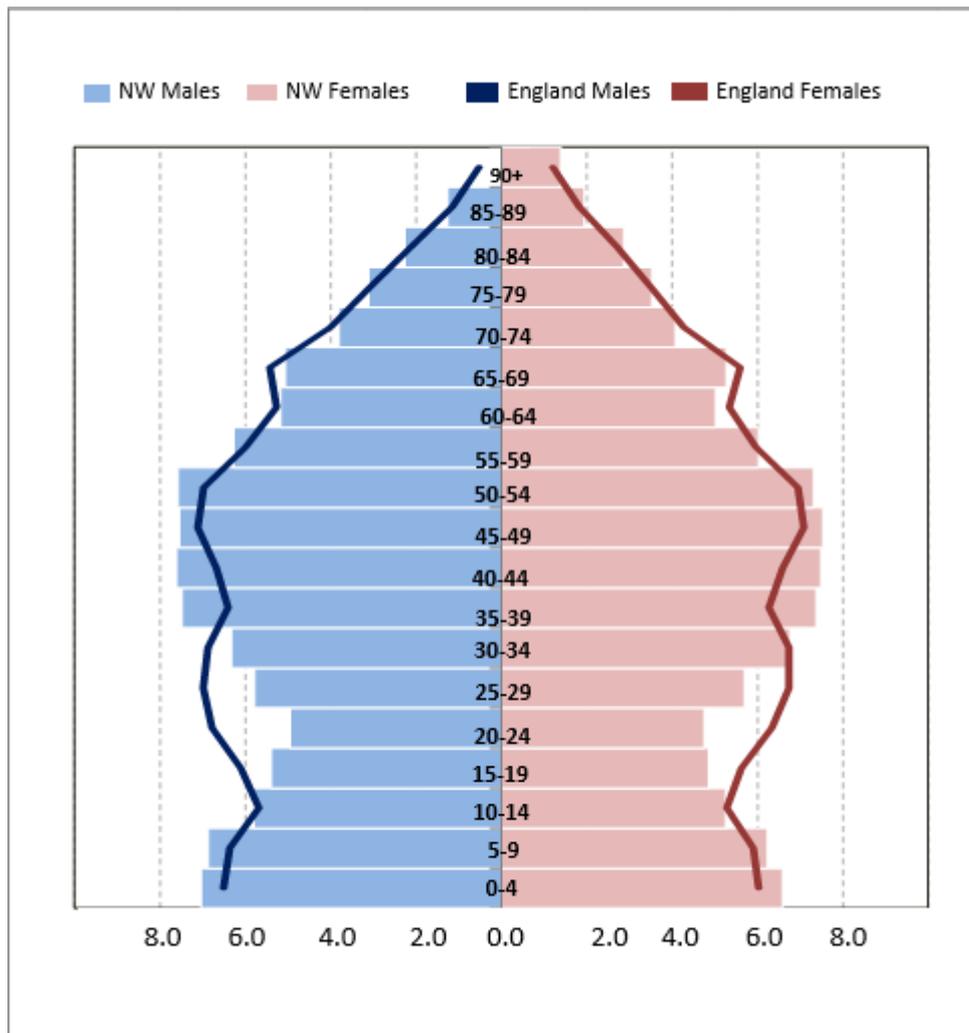
² The General Fertility Rate(GFR) is the number of live births per 1,000 women aged 15-44. The GFRs have been calculated using mid-2016 population estimates.

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 0-9 and 35-59 and above compared to the England average. The age cohort for both males and females aged 15-34 show a significantly lower proportion compared to that of the England average, whereas 35-54 are significantly higher than the England average.

Figure 7: North West Surrey's CCGs Population Pyramid



Source: ONS, Mid-year estimates, 2015

North West Surrey CCG population consists of approximately 49.3% males and 50.7% females (Table 17). Woking has the largest resident population 29.0%, followed by Spelthorne 28.7%. Surrey Heath has the lowest resident population (3.6%).

Table 17: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
NHS North West Surrey CCG	343,000	100	169,047	49.3	173,953	50.7
Elmbridge	58,813	17.1	28,385	48.3	30,428	51.7
Runnymede	73,911	21.5	36,291	49.1	37,620	50.9
Spelthorne	98,469	28.7	48,590	49.3	49,879	50.7
Surrey Heath	12,372	3.6	6,383	51.6	5,989	48.4
Woking	99,435	29.0	49,398	49.7	50,037	50.3

Source: ONS, Mid-year estimates, 2015

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 eight percent of the population is of persons aged between 20-64 years.
- Approximately 18% 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 (24.0%), whilst Surrey Heath has the highest proportion of White residents (89.8%)

Table 18: Percentage of age & sex breakdown, by locality, 2015

Locality	Per cent (%)											
	0-19			20-64			65 and over			85 and over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
NHS North West Surrey CCG	24.0	25.1	22.9	58.3	58.7	58.0	17.7	16.2	19.1	2.6	1.9	3.3
Elmbridge	26.0	27.6	24.5	56.4	56.3	56.4	17.7	16.1	19.1	2.9	2.1	3.6
Runnymede	21.9	22.9	20.9	60.0	60.4	59.7	18.1	16.7	19.4	2.7	2.0	3.4
Spelthorne	23.1	24.3	21.9	58.6	58.9	58.2	18.4	16.8	19.9	2.6	1.9	3.3
Surrey Heath	23.6	23.3	23.9	58.0	59.8	56.1	18.4	17.0	20.0	2.0	1.4	2.7
Woking	25.4	26.3	24.5	58.1	58.6	57.6	16.5	15.1	17.9	2.5	1.8	3.2

Source: ONS, Mid-year estimates, 2015

Table 19: Percentage of White and Non-white population, by locality, 2011

Area	Total Population	% White	% Non-White
North West Surrey CCG	335,508	87.5	12.5
Elmbridge	58,352	90.1	9.9
Runnymede	69,903	90.1	9.9
Spelthorne	95,598	87.3	12.7
Surrey Heath	12,457	94.0	6.0
Woking	99,198	83.6	16.4

Source: Census 2011

A. 3. 1 North West Surrey CCG Population Projections

North West Surrey CCG population is expected to grow by 7.4% in the next 10 years which is consistent with the Surrey average (7.9%) (Table 20). It is projected that growth in the 0 – 15 and 30-44 age cohorts are significantly lower than Surrey, whilst the 65 and over age cohort increases. North West Surrey CCG is estimated to experience a 6.3% increase in the next five years of those aged 65 and over, of which 2.1% are aged 85 and over. It is projected that Runnymede and Surrey Heath will see a decline in 20 – 64 age cohort in the next ten years (Table 21).

Table 20: Projected population changes, 2018-2028

Age band	Population Change North West Surrey CCG				Population Change Surrey %
	2018	2028	Number	%	
0-15	70,720	73,240	2,520	3.6	6.1
16-29	51,080	52,960	1,880	3.7	3.5
30-44	74,300	75,700	1,400	1.9	2.9
45-64	93,600	98,900	5,300	5.7	5.2
65 & over	64,200	79,200	15,000	23.4	22.1
All ages	354,100	380,200	26,100	7.4	7.9

Source: Office for National Statistics (ONS), CCG Projections, 2018, 2028

Table 21: Projected population changes by locality, all persons, 2021–2028

	North West Surrey CCG				Elmbridge(Part)				Runnymede(Part)			
Persons	2021	2028	Number	%	2021	2028	Number	%	2021	2028	Number	%
0-19	91,261	95,952	4,691	5.1	16,754	17,570	816	4.9	18,048	20,602	2,555	14.2
20-64	212,478	252,071	39,594	18.6	33,621	33,770	150	0.4	46,781	43,393	- 3,388	-7.2
65 & over	70,801	79,717	8,916	12.6	12,168	13,448	1,280	10.5	13,851	16,438	2,586	18.7
85 & over	11,670	13,528	1,858	15.9	2,051	2,540	490	23.9	2,273	2,457	184	8.1
All ages	373,758	384,679	10,921	2.9	61,924	64,789	2,865	4.6	78,680	79,490	810	1.0
	Spelthorne				Surrey Heath(Part)				Woking			
Persons	2021	2028	Number	%	2021	2028	Number	%	2021	2028	Number	%
0-19	24,283	25,845	1,562	6.4	5,268	5,339	71	1.3	26,092	26,595	504	1.9
20-64	60,113	61,144	1,031	1.7	12,584	12,345	-238	-1.9	59,230	59,301	71	0.1
65 & over	19,812	23,119	3,307	16.7	4,621	5,430	809	17.5	18,287	21,282	2,995	16.4
85 & over	3,158	3,904	747	23.6	728	966	238	32.7	2,971	3,660	689	23.2
All ages	104,207	110,107	5,900	5.7	22,473	23,115	641	2.9	103,608	107,178	3,570	3.4

Source: Sub-national Population LA Projections, 2014

A. 3. 2 Older People living alone

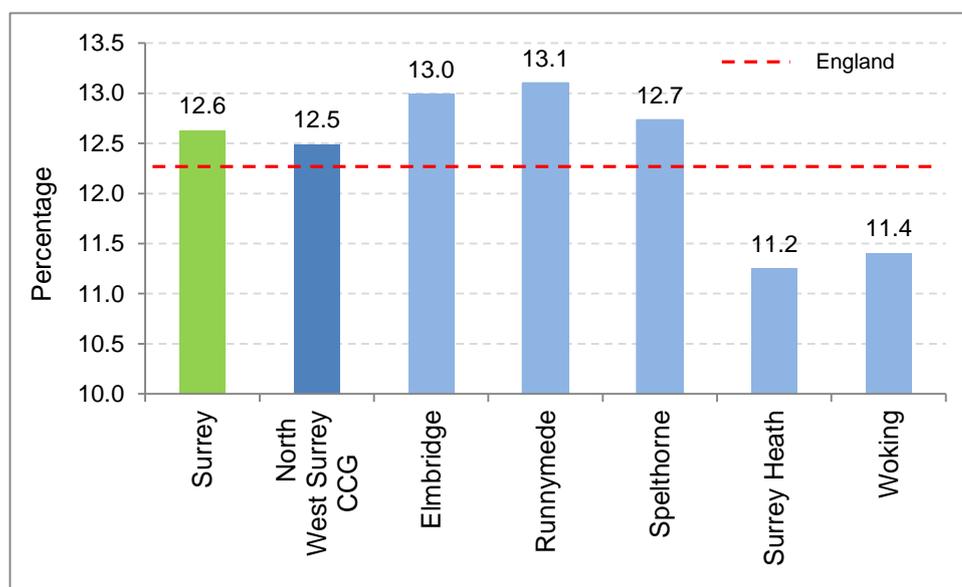
North West Surrey CCG has a similar proportion of households occupied by an older person 65 and over living alone (12.5%) compared to England (12.4%). Elmbridge (13%), Runnymede (13.1%) and Spelthorne (12.7%) have a slightly higher proportion than the England average (Table 22, Figure 8).

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+	% One person household: 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

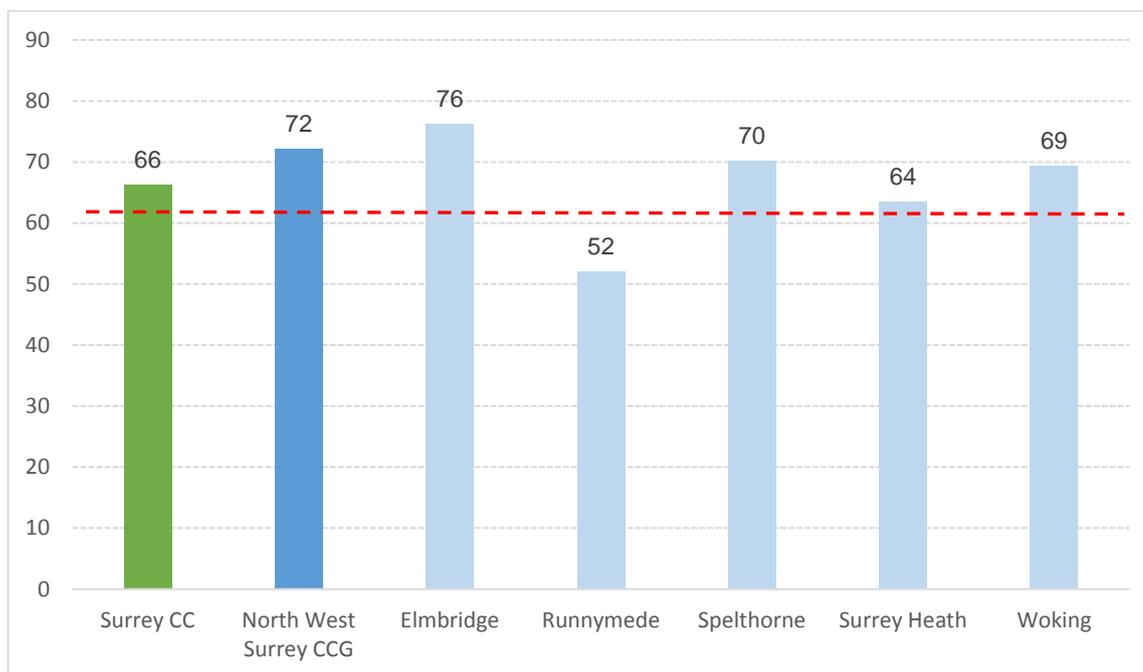
North West Surrey CCG birth rate for women aged 15-44 years (72/1,000) is significantly higher than the England average (62/1,000). Elmbridge and Spelthorne have the highest birth rates among localities (76/1,000), (70/1000) respectively (Table 23) which is significantly higher than the England average.

Table 23: live births, per 1,000 women aged 15-44 years by locality, 2015

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	10,634,900	664,399	62
Surrey CC	215,100	14,258	66
North West Surrey CCG	65,327	4,720	72
Elmbridge	23,000	1755	76
Runnymede	18,500	964	52
Spelthorne	18,400	1,291	70
Surrey Heath	15,300	972	64
Woking	18,700	1,298	69

Source: Office for National Statistics (ONS), 2015

Figure 9: live births, per 1,000 women aged 15-44 years by locality, 2015



Source: Office for National Statistics (ONS), 2015

Table 24: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2016

Area of usual residence	2016		
	Live births	GFR ²	TFR ³
England	663,157	62.5	1.81
Surrey	13,423	68.0	1.90
Guildford	1,533	50.1	1.59
Surrey Heath	884	58.5	1.83

Source: Office for National Statistics (ONS), 2016

¹ Rates for 2016 have been calculated using the mid-2016 population estimates based on 2011 census

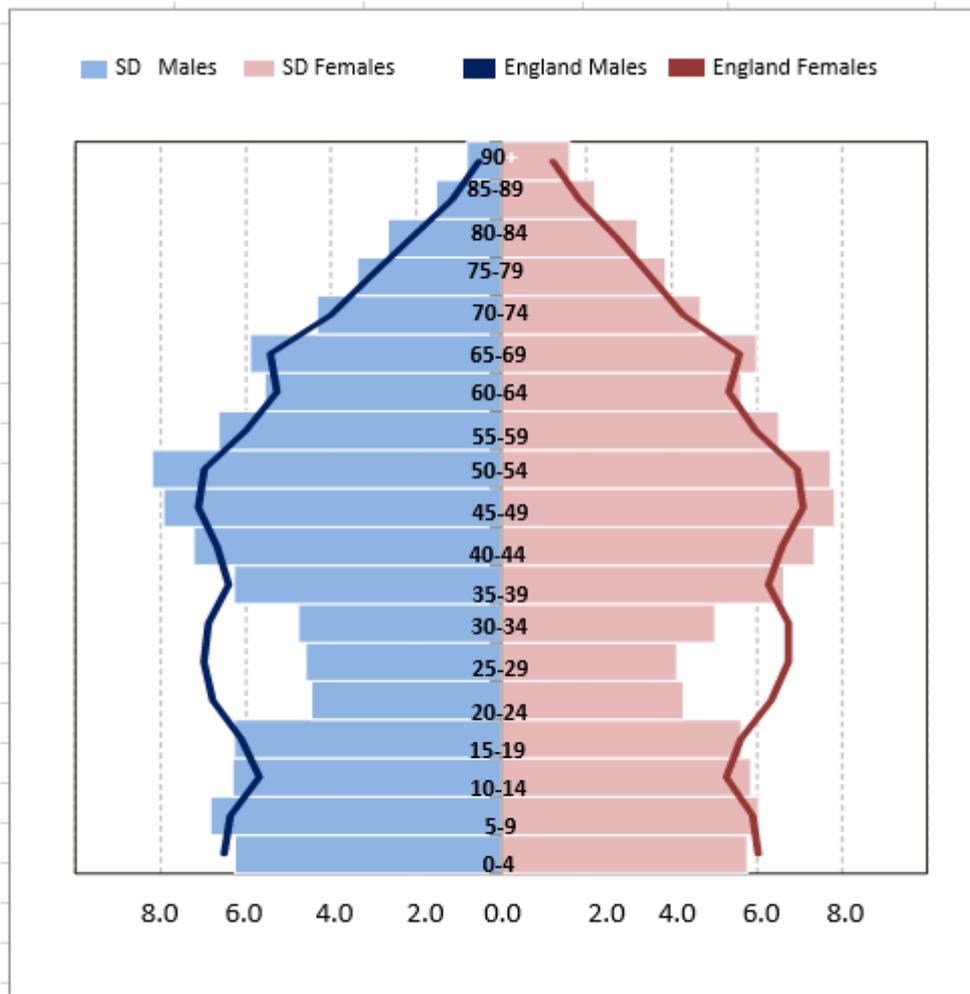
² The General Fertility Rate(GFR) is the number of live births per 1,000 women aged 15-44. The GFRs have been calculated using mid-2016 population estimates

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 0-19, and a significantly higher proportion of both males and females aged 40 - 59 years compared to the England average. Both males and females 20-34 years show a significantly lower proportion compared to that of the England average. Males and Females aged 65 and over are slightly higher than that of the England average.

Figure 10: Surrey Downs CCG Population Pyramid



Source: ONS, Mid-year estimates, 2015

Surrey Downs CCG population consists of approximately 48.6% males and 51.4% females (Table 25). Mole Valley has the largest resident population (30.0%), Redhill & Reigate (Banstead part) have the lowest resident population (16.8%), within Surrey Downs CCG.

Table 25: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
NHS Surrey Downs CCG	282,698	100	137,373	48.6	145,325	51.4
Elmbridge(part)	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***(part)	47,706	16.9	23,174	48.6	24,532	51.4

Source: ONS, Mid-year estimates, 2015

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 (55.5%) of the population is of persons aged between 20-64 years.
- A fifth (20.1%) 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, 2015

Locality	Per cent (%)											
	0-19			20-64			65 and over			85 and over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
NHS North West Surrey CCG	24.5	25.7	23.4	55.5	55.7	55.3	20.2	18.6	21.6	3.1	2.3	3.8
Elmbridge	27.7	29.4	26.0	54.8	54.1	55.4	18.2	16.5	19.7	2.9	2.2	3.6
Epsom and Ewell	24.7	25.7	23.8	57.4	57.7	57.2	17.8	16.6	19.0	2.5	1.9	3.1
Mole Valley	22.9	24.0	21.8	54.3	54.7	53.9	22.8	21.3	24.2	3.4	2.6	4.2
Reigate and Banstead	22.2	23.1	21.3	55.4	56.5	54.5	22.4	20.5	24.2	3.8	2.7	4.9

Source: ONS, Mid-year estimates, 2015

Table 27: Percentage of White and Non-white population, by locality, 2011

Area	Total Population	% White	% Non-white
Surrey Downs CCG	280,125	90.9	9.4
Elmbridge	75,523	90.4	9.6
Epsom and Ewell	75,102	85.9	14.1
Mole Valley	85,375	95.1	4.9
Redhill & Reigate***	47,125	92.3	7.7

Source: Census 2011

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 8.8% in the next 10 years which is higher than the Surrey average (7.9%) (Table 28). Surrey Downs CCG population growth is similar to that of Surrey. Surrey Downs CCG will see a 40% increase in those aged 85 and over and a 23% increase of those aged 65 and over, Elmbridge and Redhill & Reigate*** will see negative growth overall. It is projected that Mole Valley will have the largest population growth. (Table 29).

Table 28: Projected population changes, 2018-2028

Age band	Population Change Surrey Downs CCG				Population Change Surrey %
	2018	2028	Number	%	
0-15	59,200	63,060	3,860	6.5	6.1
16-29	38,600	40,240	1,640	4.2	3.5
30-44	53,900	55,700	1,800	3.3	2.9
45-64	84,000	88,600	4,600	5.5	5.2
65 & over	61,700	75,900	14,200	23.0	22.1
All ages	297,300	323,500	26,200	8.8	7.9

Source: Sub-national population projections, 2014

Table 29: Projected population changes by locality, all persons, 2021–2028

	Surrey Downs CCG				Elmbridge(Part)				Epsom and Ewell			
Persons	2021	2028	Number	%	2021	2028	Number	%	2021	2028	Number	%
0-19	74,707	79,895	5,188	6.9	21,262	22,111	849	4.0	21,262	23,928	2,666	12.5
20-64	175,712	172,048	7,030	4.0	49,714	42,497	-7,217	-14.5	49,714	50,398	684	1.4
65 & over	64,950	74,433	10,640	16.4	16,292	16,924	632	3.9	16,292	19,091	2,800	17.2
85 & over	10,462	12,548	2,471	23.6	2,838	3,197	359	12.7	2,838	2,854	16	0.6
All ages	321,311	325,081	23,395	7.3	87,268	81,532	-5,736	-6.6	87,268	92,322	5,054	5.8
	Mole Valley				Redhill & Reigate(Part)							
Persons	2021	2028	Number	%	2021	2028	Number	%				
0-19	19,689	20,827	1,138	5.8	11,688	13,028	1,340	11.5				
20-64	47,684	47,824	140	0.3	29,671	31,329	1,657	5.6				
65 & over	20,469	24,766	4,296	21.0	11,695	13,653	1,958	16.7				
85 & over	3,192	4,341	1,148	36.0	1,878	2,156	278	14.8				
All ages	87,843	93,417	5,574	6.3	58,996	57,810	-1,187	-2.0				
85 & over	3,192	4,341	1,148	36.0	1,878	2,156	278	14.8				
All ages	87,843	93,417	5,574	6.3	58,996	57,810	-1,187	-2.0				

Source: Sub-national population LA projections, 2014

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

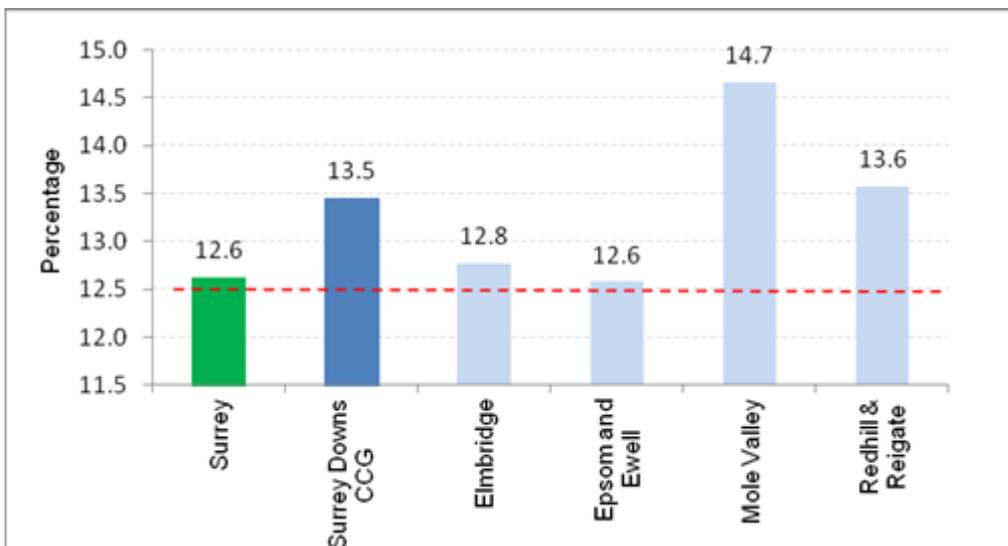
Surrey Downs CCG has a higher proportion of those aged 65 and over living on their own (13.5%) in comparison to Surrey (12.6%) and England (12.4%) averages. Mole Valley and Redhill & Reigate have a higher number of those aged over 65 living on their own (14.7%, 13.6%) (Table 30, Figure 11).

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+	% One person household: 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

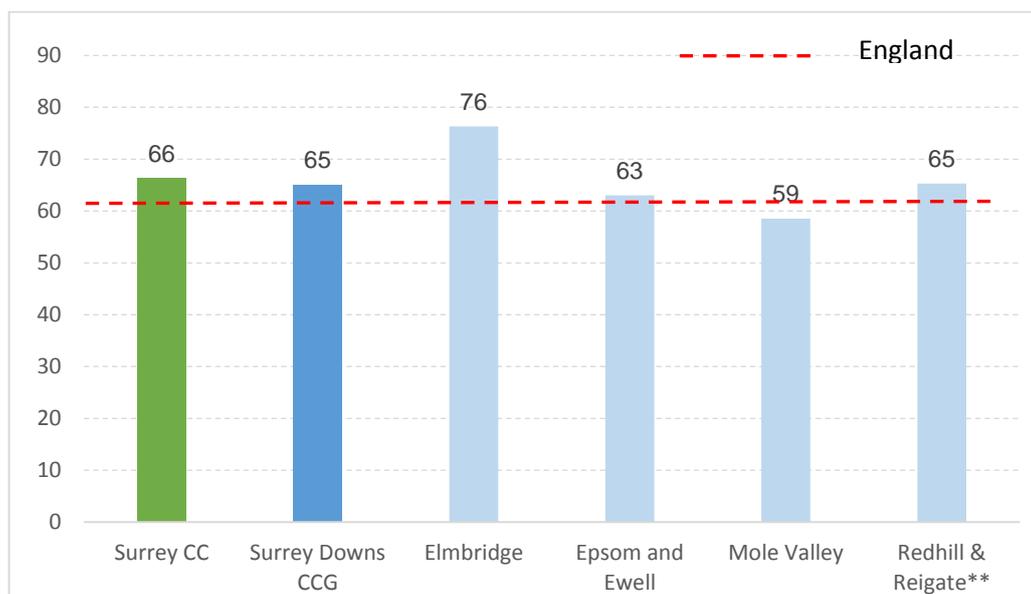
Surrey Downs CCG birth rate for women aged 15-44 years (65/1,000) compared to the England average (62/1000). Elmbridge has the highest birth rate among localities (76/1,000) which is significantly higher than the England average. (Figure 12).

Table 31: Live births, per 1,000 women aged 15-44 years by locality, 2015

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	10,634,900	664,399	62
Surrey CC	215,100	14,258	66
Surrey Downs CCG	49,594	3,240	65
Elmbridge	23,000	1,755	76
Epsom and Ewell	15,200	958	63
Mole Valley	13,700	802	59
Redhill & Reigate**	26,700	1,743	65

Source: Office for National Statistics (ONS), 2015

Figure 12: Live births, per 1,000 women aged 15-44 years by locality, 2015



Source: Office for National Statistics (ONS), 2015

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 32: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2016

Area of usual residence	2016		
	Live births	GFR ²	TFR ³
England	663,157	62.5	1.81
Surrey	13,423	68.0	1.90
Elmbridge	1,646	73.4	2.23
Epsom and Ewell	950	63	1.91
Mole Valley	770	57.9	1.85
Reigate & Banstead	1,796	66.8	1.93

Source: Office for National Statistics (ONS), 2016

¹ Rates for 2016 have been calculated using the mid-2016 population estimates based on 2011 census

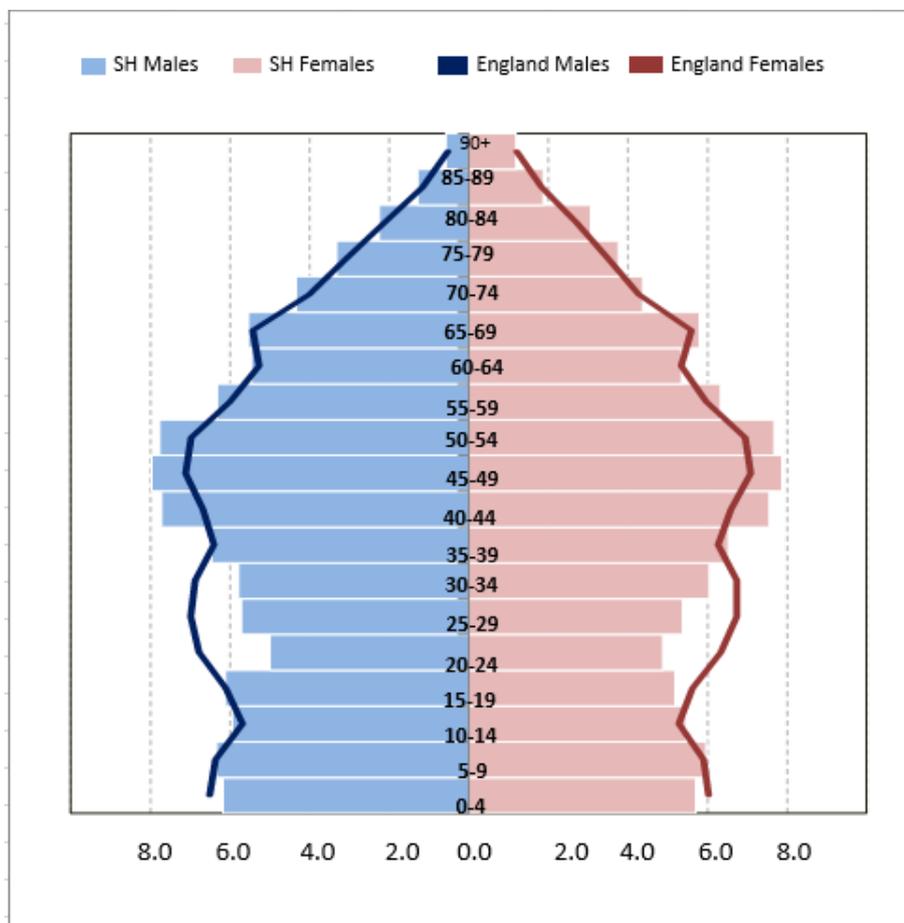
² The General Fertility Rate(GFR) is the number of live births per 1,000 women aged 15-44. The GFRs have been calculated using mid-2016 population estimates

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, 2015

The NHS Surrey Heath CCG population consists of approximately 49.8% males and 50.2% females (Table 33). Approximately four fifths of the population is resident in Surrey Heath locality (78.6.0%).

Table 33: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
NHS 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, 2015

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

- Approximately 24% of the population are aged 0-19 years
- More than half (58.7%) of persons are aged 20-64 years
- Approximately 17% of the population is 65 and over, 2.3% are aged 85 and over
- 91% of the population are White.

Table 34: Percentage of age & sex breakdown, by locality, 2015

Locality	Per cent (%)											
	0-19			20-64			65 & Over			85 & Over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Ms	Females
NHS 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, 2015

Table 35: Percentage of White and Non-white population, by locality, 2011

Area	Total Population	% White	% Non-white
Surrey Heath CCG	93,167	90.7	9.3
Guildford (part)	19,480	95.0	5.0
Surrey Heath (part)	73,687	89.5	10.5

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 (7.9%) (Table 36). It is projected that the 16–29 and 45-64 age cohort will experience negative growth whilst the 65 and over age cohort increases. Surrey Heath CCG will see a 23% increase in the next 10 years of those aged 65, of which 50% will be of those aged 85 and over (Table 37).

Table 36: Surrey Heath CCG projected population changes, 2018-2028

Age band	Population Change Surrey Heath CCG				Population Change Surrey %
	2018	2028	Number	%	
0-15	18,500	18,600	100	0.5	6.1
16-29	13,800	13,400	-400	-2.9	3.5
30-44	18,700	19,100	400	2.1	2.9
45-64	26,800	26,500	-300	-1.1	5.2
65 & over	18,900	23,300	4,400	23.3	22.1
All ages	96,800	101,600	4,800	5.0	7.9

Source: Sub-national population projections, 2014

Table 37: Projected population changes by locality, all persons, 2021–2028

Persons	Surrey Heath CCG				Guildford(part)				Surrey Heath(part)			
	2021	2028	Number	%	2021	2028	Number	%	2021	2028	Number	%
0-19	23,651	24,361	711	3.0	7,762	8,258	497	6.4	15,889	16,103	214	1.3
20-64	57,340	56,950	-391	-0.7	19,387	19,715	328	1.7	37,953	37,235	-719	-1.9
65 & over	19,441	22,652	3,212	16.5	5,502	6,274	772	14.0	13,939	16,378	2,439	17.5
85 & over	3,069	3,972	903	29.4	874	1,060	186	21.3	2,195	2,912	717	32.7
All ages	100,432	103,963	3,531	3.5	32,651	34,248	1,597	4.9	67,781	69,716	1,934	2.9

Source: Sub-national population projections, 2014

A. 5. 2 Older People living alone

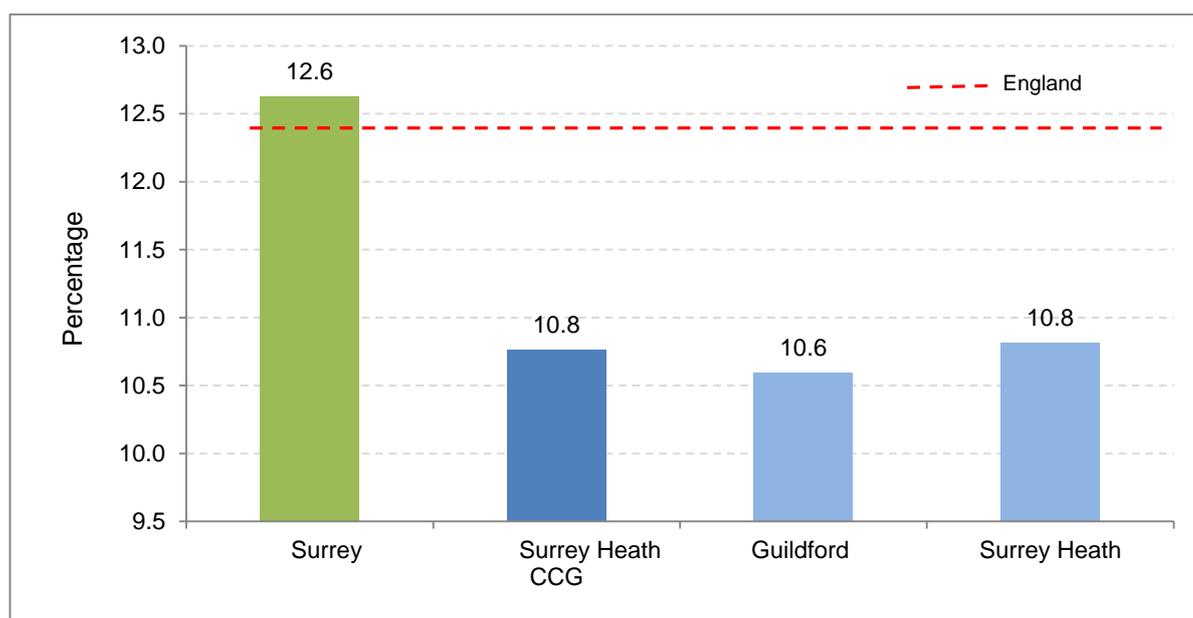
Surrey Heath CCG has a lower proportion (10.8%) of those aged 65 and over, living on their own in comparison to Surrey (12.6%) and England averages (12.4%) (Table 38, Figure 14).

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+	% One person household: 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

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 (54/1,000) is lower than the England average. Surrey Heath has the highest birth rate among localities (64/1,000) 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, 2015

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	10,634,900	664,399	62
Surrey CC	215,100	14,258	66
Surrey Heath CCG	45,600	2,485	54
Guildford	30,300	1,513	50
Surrey Heath	15,300	972	64

Source: Office for National Statistics (ONS), 2015

Figure 15: live births, per 1,000 women aged 15-44 years by locality, 2015

Source: Office for National Statistics (ONS), 2015

Table 40: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2016

Area of usual residence	2016		
	Live births	GFR ²	TFR ³
England	663,157	62.5	1.81
Surrey	13,423	68.0	1.90
Guildford	1,533	50.1	1.59
Surrey Heath	884	58.5	1.83

Source: Office for National Statistics (ONS), 2016

¹ Rates for 2016 have been calculated using the mid-2016 population estimates based on 2011 census

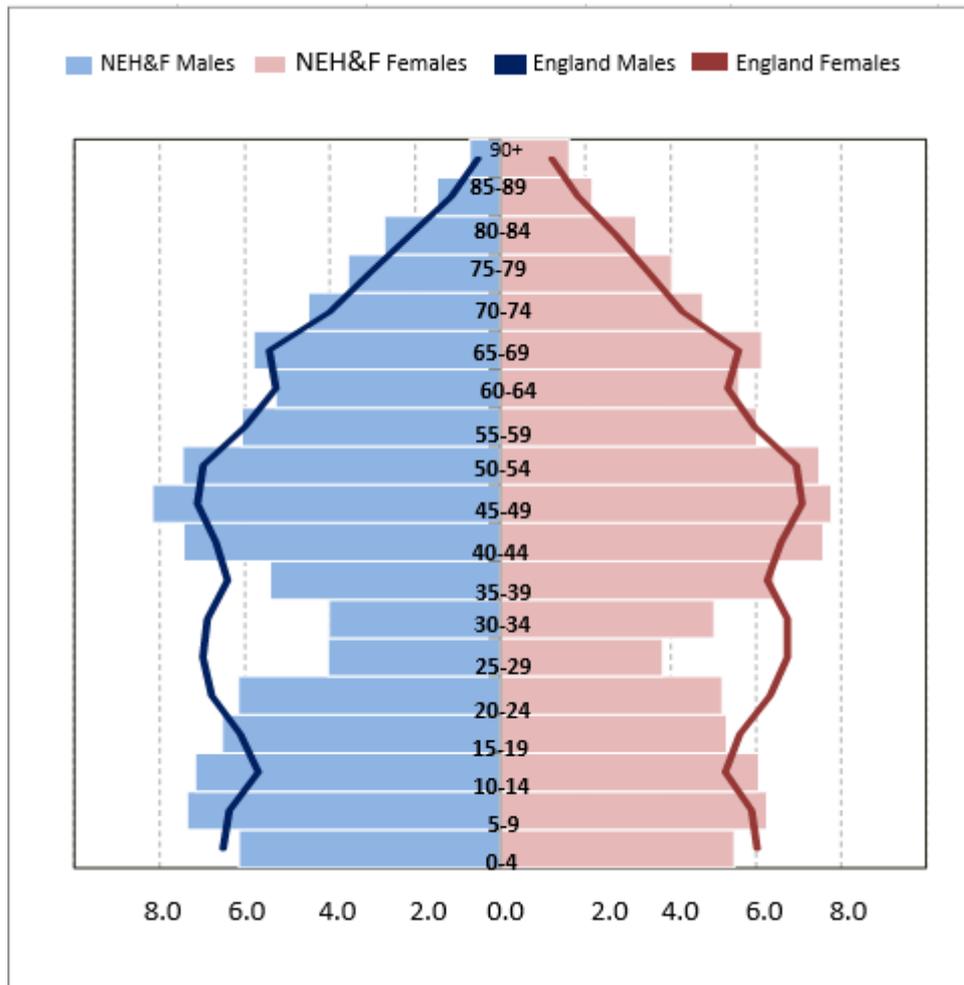
² The General Fertility Rate (GFR) is the number of live births per 1,000 women aged 15-44. The GFRs have been calculated using mid-2016 population estimates

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.6 North East Hampshire & Farnham Clinical Commissioning Group

The population pyramid for Farnham part of NHS NE Hampshire & Farnham CCG (Figure 19) shows a slightly higher proportion of both males and females aged 0-19 and 35 and over to that of the England average. The proportion of males and females aged 20-34 are significantly lower compared to that of the England average.

Figure 169: Farnham (part) of NE Hampshire and Farnham CCG's Population Pyramid, 2015



Source: ONS, Mid-year estimates, 2015

NE Hampshire & Farnham CCG population consists of approximately 49.6% males and 50.4% females (Table 41).

Table 41: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
NHS NE Hampshire and Farnham CCG	200,597	100	99,489	49.6	101,108	50.4
Farnham	43,135	21.5	21,255	49.3	21,880	50.7
Hart	64,166	32.0	31,528	49.1	32,638	50.9
Rushmoor	93,296	46.5	46,706	50.1	46,590	49.9

Source: ONS, Mid-year estimates, 2015

- Approximately 25% of Farnham population is made up of children and young people.
- Approximately 55% of the population is aged 20-64.
- One fifth of Farnham's population is 65 and over, of which 3.0% are 85 and over.
- The majority of the population are White; Farnham has approximately 92% White population.

Table 42: Percentage of age & sex breakdown, by locality, 2015

Locality	Per cent (%)											
	0-19			20-64			65 and over			85 and over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
NHS NE Hampshire and Farnham CCG	24.3	25.4	23.3	58.2	58.6	57.8	17.4	16.0	18.9	2.3	1.7	3.0
Farnham	25.1	27.2	23.1	54.5	54.0	55.0	20.4	18.8	21.9	3.0	2.2	3.8
Hart	23.7	24.7	22.8	55.8	56.6	55.0	20.5	18.7	22.3	2.6	2.0	3.3
Rushmoor	24.4	25.1	23.7	61.6	62.1	61.1	14.0	12.8	15.1	1.8	1.2	2.4

Source: ONS, Mid-year estimates, 2015

Table 43: Percentage of White and Non-white population, by locality, 2011

Area	Total Population	% White	% Non-white
NE Hampshire & Farnham CCG	196,397	90.3	9.3
Farnham	42,375	97.8	2.2
Hart	62,350	94.9	5.1
Rushmoor	91,672	84.7	15.3

Source: ONS, 2011

A. 6. 1 NE Hampshire & Farnham CCG Population Projections

NE Hampshire & Farnham CCG population is expected to grow by 4.7% in the next 10 years. The 0-15 age cohort is projected to see negative growth, whilst the cohort 65 and over will increase (25.7%) (Table 44).

Table 44: NE Hampshire & Farnham CCG projected population changes, 2018-2028

Age band	Population Change North East Hampshire CCG Farnham(part)				Population Change Surrey %
	2018	2028	Number	%	
0-15	14,275	14,242	-34	-0.2	6.1
16-29	11,370	11,370	0	0.0	3.5
30-44	14,289	14,390	101	0.7	2.9
45-64	18,805	18,805	0	0.0	5.2
65 & over	12,975	16,311	3,336	25.7	22.1
All ages	71,680	75,084	3,404	4.7	7.9

Source: Sub-national Population Projections, 2014

Table 45: Projected population changes by locality, all persons, 2021–2028

Persons	North East Hampshire & Farnham CCG				Farnham			
	2021	2028	Number	%	2021	2028	Number	%
0-19	51,885	52,523	637	1.2	11,208	11,624	416	3.7
20-64	122,358	120,224	- 2,134	- 1.7	23,308	23,239	- 69	- 0.3
65 & over	40,175	47,429	7,253	18.1	10,222	11,625	1,403	13.7
85 & over	5,744	7,858	2,114	36.8	1,850	2,362	512	27.7
All ages	214,418	220,175	5,757	2.7	44,738	46,488	1,750	3.9
Hart (part)					Rushmoor			
Persons	2021	2028	Number	%	2021	2028	Number	%
0-19	15,890	15,781	- 109	- 0.7	23,464	23,251	- 213	-0.9
20-64	35,988	35,125	- 863	- 2.4	59,093	57,378	- 1,714	-2.9
65 & over	14,323	16,828	2,505	17.5	16,034	19,710	3,677	22.9
85 & over	2,149	3,042	893	41.6	2,222	3,145	923	41.5
All ages	66,202	67,735	1,533	2.3	98,175	100,340	2,166	2.2

Source: Sub-national Population Projections, 2014

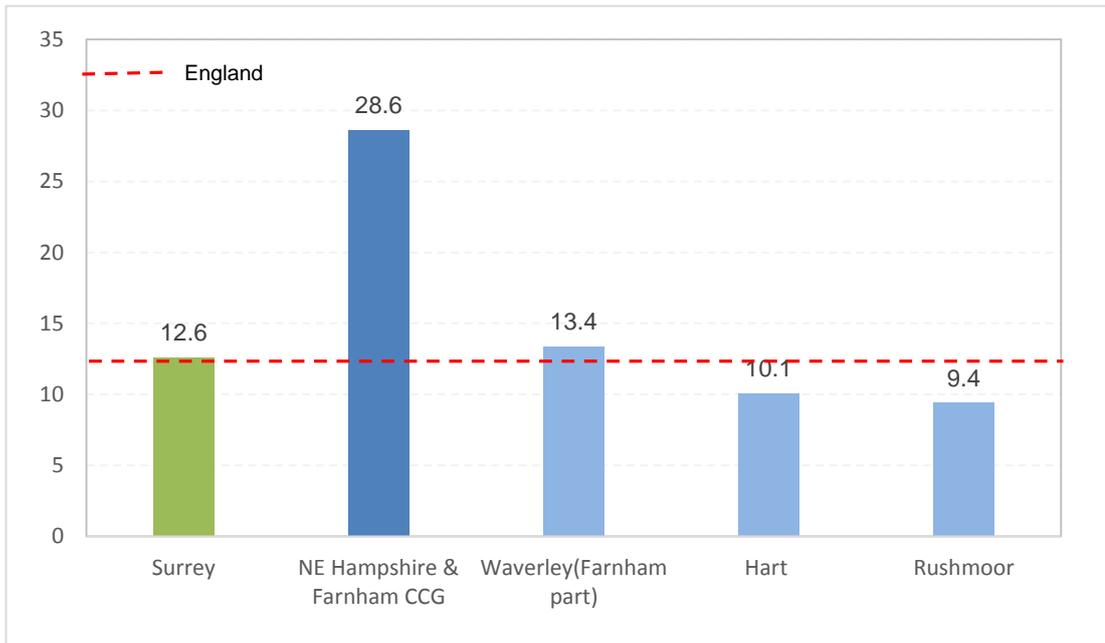
A. 6. 2 Older People living alone

Approximately 13.4% percent of those aged 65 and over are living on their own in Farnham; this is slightly higher than Surrey (12.6%) and England (12.4%) averages. (Table 46, Figure 20).

Table 46: 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
NE Hampshire & Farnham CCG		80,407	8,431	10.5
	Farnham	17,139	2,294	13.4
	Hart	26,924	2,727	10.1
	Rushmoor	36,344	3,410	9.4

Source: Census, 2011

Figure 20: Percentage of households occupied by older people (aged 65 & over) living alone, 2011

Source: Census, 2011

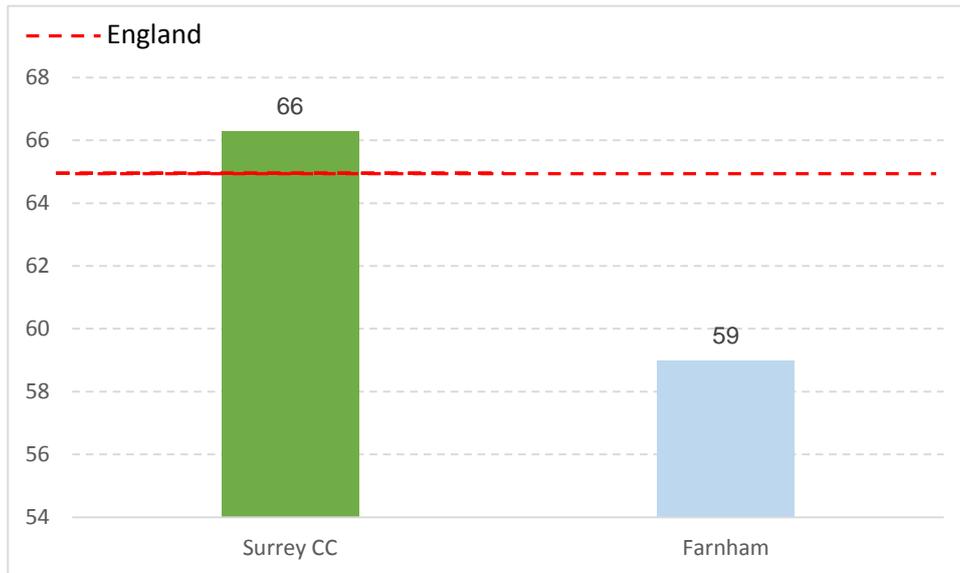
A. 6. 3 General Birth Rate

NE Hampshire & Farnham CCG birth rate for women aged 15-44 years (59/1,000) is similar to the England average (62/1,000).

Table 47: live births, per 1,000 women aged 15-44 years by locality, 2015

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	10,634,900	664,399	62
Surrey CC	215,100	14,258	66
Farnham	7,302	433	59

Source: Office for National Statistics (ONS), 2015

Figure 21: live births, per 1,000 women aged 15-44 years by locality, 2015

Source: Office for National Statistics (ONS), 2015

Table 48: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2016

Area of usual residence	2016		
	Live births	GFR ²	TFR ³
England	663,157	62.5	1.81
Surrey	13,423	68.0	1.90
Waverley	1,251	62.2	2.14
Hart	1,000	62.5	1.98
Rushmoor	1,334	66.6	1.93

Source: Office for National Statistics (ONS), 2016

¹ Rates for 2016 have been calculated using the mid-2016 population estimates based on 2011 census

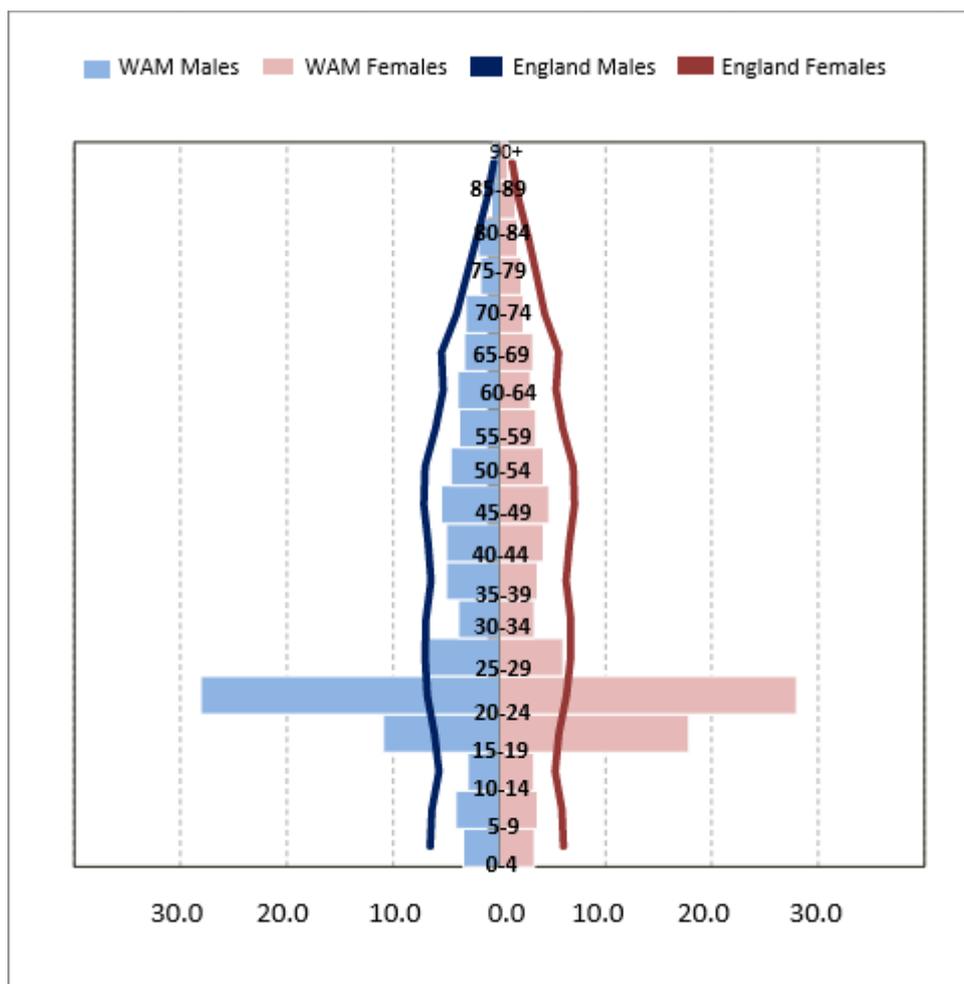
² The General Fertility Rate (GFR) is the number of live births per 1,000 women aged 15-44. The GFRs have been calculated using mid-2016 population estimates.

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.7 Windsor, Ascot and Maidenhead (Runnymede, Surrey part) Clinical Commissioning Group

The population pyramid for NHS Windsor, Ascot & Maidenhead (Runnymede, Surrey part) CCG (Figure 22) shows significantly lower proportions of both males and females aged 0-14 and 30 and over to that of the England average. The proportion of males and females aged 15-24 are significantly higher compared to that of the England average.

Figure 22: Runnymede (Surrey part) of Windsor, Ascot & Maidenhead CCG's Population Pyramid



Source: ONS, Mid-year estimates, 2015

Runnymede part of Windsor, Ascot & Maidenhead CCG population consists of approximately 46.2% males and 53.8% females (Table 49).

Table 49: Population by gender and locality

Locality	Persons		Males		Females	
	Number	%	Number	%	Number	%
NHS Windsor, Ascot & Maidenhead CCG	159,391	100	78,593	48.9	80,798	50.7
Runnymede(part)	11,683	7.3	5,392	46.2	6,291	53.8
Windsor, Ascot & Maidenhead	147,708	92.7	73,201	49.6	74,507	50.4

Source: ONS, SAPE, 2015

Windsor, Ascot & Maidenhead (Runnymede, Surrey part) CCG population profile shows (Table 50 and Table 51):

- Approximately 25% of the population are aged 0-19 years
- More than half (63.4%) of persons are aged 20-64 years
- Approximately 11.6% of the population is 65 and over, 1.8% are aged 85 and over
- 81% of the population are White.

Table 50: Percentage of age & sex breakdown, by locality, 2015

	Per cent (%)											
	0-19			20-64			65 and over			85 and over		
	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons	Males	Females
NHS Windsor, Ascot & Maidenhead CCG	24.8	25.9	23.6	57.4	58.5	56.4	17.1	16.2	18.1	2.6	1.9	3.4
Runnymede(part)	25.0	21.4	28.1	63.4	67.0	60.4	11.6	11.6	11.5	1.8	1.3	2.3
Windsor, Ascot & Maidenhead	24.7	26.2	23.3	56.9	57.8	56.1	17.6	16.5	18.6	2.7	1.9	3.5

Source: ONS, SAPE, 2015

Table 51: Percentage of White and Non-white population, by locality, 2011

Area	Total Population	% White	% Non-white
Windsor, Ascot & Maidenhead CCG	155,167	85.8	14.2
Runnymede(part)	10,607	81.3	18.7
Windsor, Ascot & Maidenhead	144,560	86.1	13.9

Source: ONS 2011

A. 7. 1 Windsor, Ascot & Maidenhead CCG Population Projections

Windsor, Ascot & Maidenhead CCG, Runnymede population is expected to grow by 1.0% in the next 10 years. (Table 52). It is projected that the 16–29 age cohort will experience negative growth whilst the 65 and over age cohort increases. Runnymede Local Authority will see an 8.1% increase in the over 85 and an 11.9% increase in the over 65 age cohort, the lowest increase in growth is in the 30-44 age cohort (Table 52).

Table 52: Windsor, Ascot & Maidenhead CCG projected population changes, 2018-2028

Age band	Population Change Windsor, Ascot & Maidenhead CCG Runnymede(part)				Population Change Surrey %
	2018	2028	Number	%	
0-15	2,280	2,666	386	16.9	6.1
16-29	2,588	1,857	-731	-28.2	3.5
30-44	2,425	2,469	44	1.8	2.9
45-64	3,173	3,339	167	5.3	5.2
65 & over	2,236	2,501	265	11.9	22.1
All ages	12,702	12,833	131	1.0	7.9

Source: Sub-national population projections, 2014

Table 53: Projected population changes by locality, all persons, 2021–2028

Persons	Windsor, Ascot & Maidenhead CCG				Runnymede(Part)			
	2021	2028	Number	%	2021	2028	Number	%
0-19	36,800	38,300	1,500	4.1	2,914	3,326	412	14.2
20-64	84,700	86,200	1,500	1.8	7,552	7,005	-547	-7.2
65 & over	28,000	32,600	4,600	16.4	2,236	2,501	265	11.9
85 & over	4,800	6,300	1,500	31.3	367	397	30	8.1
All ages	149,300	156,900	7,600	5.1	12,702	12,833	131	1.0

Source: Sub-national population projections, 2015

A. 7. 2 Older People living alone

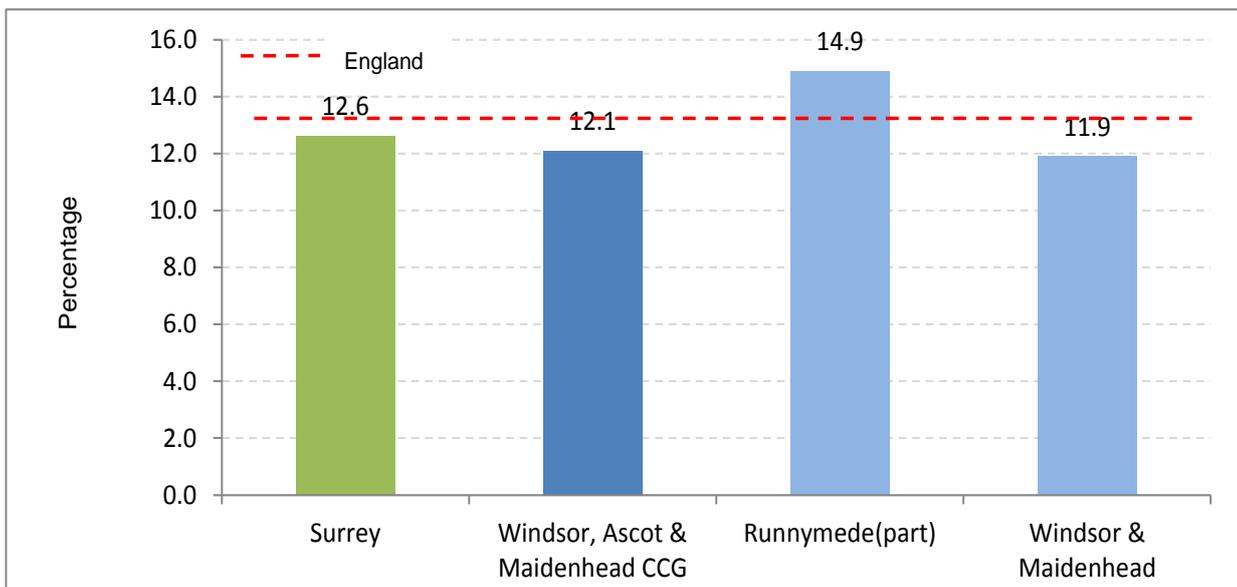
Windsor, Ascot & Maidenhead CCG has a similar proportion (12.1%) of those aged 65 and over living on their own compared to Surrey (12.6%) and England averages (12.4%) (Table 54, Figure 17).

Table 54: Percentage of households occupied by older people (aged 65 & over) living alone, 2011

Area	Local Authority	All households	One person household: Aged 65+	% One person household: Aged 65+
England		22,063,368	2,725,596	12.4
Surrey		455,791	57,543	12.6
Windsor, Ascot & Maidenhead CCG				
	Runnymede(part)	3,333	496	14.9

Source: Census, 2011

Figure 23: Percentage of households occupied by older people (aged 65 & over) living alone, 2011



Source: NOMIS, Office for National Statistics (ONS), 2011

A. 7. 3 General Birth Rate

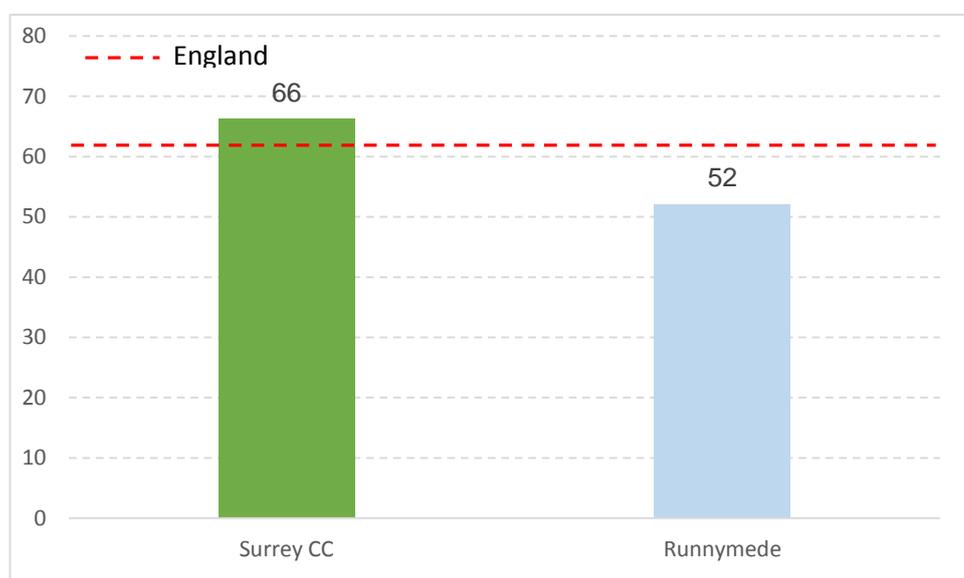
Windsor, Ascot & Maidenhead CCG birth rate for women aged 15-44 years (52/1,000) is significantly lower than the England average (62/1,000). (Table 55)

Table 55: live births, per 1,000 women aged 15-44 years by locality, 2015

Area	Female population 15-44 years	Births	Rate per 1,000 Female population
England	10,634,900	664,399	62
Surrey	215,100	14,258	66
Runnymede	18,500	964	52

Source: Office for National Statistics (ONS), 2015

Figure 24: live births, per 1,000 women aged 15-44 years by locality, 2015



Source: Office for National Statistics (ONS), 2015

Table 56: Live births by local authority of usual residence of mother, numbers, General Fertility Rates and Total Fertility Rates, 2016

Area of usual residence	2016		
	Live births	GFR ²	TFR ³
England	663,157	62.5	1.81
Surrey	13,423	68.0	1.90
Runnymede	954	50.4	1.64
Windsor and Maidenhead	1,617	60.4	1.76

Source: Office for National Statistics (ONS), 2016

¹ Rates for 2016 have been calculated using the mid-2016 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-2016 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: Pharmacies and Dispensing Doctors

B. 1 Pharmacies in Surrey

B. 1. 1 East Surrey Clinical Commissioning Group

PHARMACY NAME	POSTCO DE	Opening Times						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots UK Ltd	CR3 6JU	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-20:00	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30		
Boots UK Ltd	CR3 6RT	08:30-14:00; 15:00-17:30	08:30-14:00; 15:00-17:30	08:30-14:00; 15:00-17:30	08:30-14:00; 15:00-17:30	08:30-14:00; 15:00-17:30	08:30-14:00; 15:00-17:30	10:00-16:00
Boots UK Ltd	RH1 1QH	09:00-13:30; 14:30-18:00	09:00-13:30; 14:30-18:00	09:00-13:30; 14:30-18:00	09:00-13:30; 14:30-18:00	09:00-13:30; 14:30-18:00	09:00-13:30; 14:30-17:00	
Boots UK Ltd	RH1 1RD	09:00-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	10:30-16:30
Boots UK Ltd	RH2 9AT	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	10:30-16:30
Boots UK Ltd	RH6 7AY	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	
Boots UK Ltd	RH7 6EP	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	
Boots UK Ltd	RH8 0PG	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	10:00-16:00	
Butt & Hobbs Ltd	CR3 0EL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Chemitex Ltd	CR3 5UA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Day Lewis Chemist Ltd	RH2 7AQ	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	
Day Lewis Limited	RH1 3ER	09:00-17:30	09:00-17:30	09:00-18:30	09:00-17:30	09:00-17:30	09:00-13:00	
Day Lewis Limited	RH1 3HU	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00	

Genesis Enterprise	RH6 7JQ	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00	
Guidebrook Ltd	RH2 8AU	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Guidebrook Ltd	RH2 8BB	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	
Hogarth Pharmacy Ltd	RH6 9QL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	09:00-12:00	
Iceline Trading	RH1 6NZ	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00	
Lloyds Pharmacy Ltd	CR6 9DY	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	07:00-22:00	10:00-16:00
Lloyds Pharmacy Ltd	RH6 7AB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
Lloyds Pharmacy Ltd	RH6 7DG	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	
Lloyds Pharmacy Ltd	RH9 8LW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Paydens Ltd	CR3 5XL	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	09:00-13:00	
Paydens Ltd	RH8 0PG	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	
Pharmahealth Ltd	RH1 5BX	09:30-18:00	09:30-18:00	09:30-18:00	09:30-18:00	09:30-17:30	10:00-14:00	
Raimins Limited	RH8 0JP	09:00-13:00; 14:15-17:30	09:00-13:00; 14:15-17:30	09:00-13:00	09:00-13:00; 14:15-17:30	09:00-13:00; 14:15-17:30	09:00-13:00	
Sutton Chase Ltd	CR6 9NA	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	
Tesco Stores Ltd	RH6 0AT	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
TH Dolman Ltd	RH1 1BD	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	
Vitaltone Ltd	CR3 6QA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
Waremass Ltd	RH1 2NP	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	
WM Morrison Supermarkets PLC	RH2 7DA	08:30-13:30; 14:00-20:00	08:30-13:30; 14:00-20:00	08:30-13:30; 14:00-20:00	08:30-13:30; 14:00-21:00	08:30-13:30; 14:00-21:00	08:00-13:30; 14:00-20:00	10:00-16:00
Zein Health Ltd	RH6 7AS	08:00-21:30	08:00-21:30	08:00-21:30	08:00-21:30	08:00-21:30	09:00-24:00	00:01-17:30
Guidebrook Ltd	RH2 8BB	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	

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Hogarth Pharmacy Ltd	RH6 9QL	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	09:00-18:00	09:00-12:00	
Iceline Trading	RH1 6NZ	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00	
Lloyds Pharmacy Ltd	CR6 9DY	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	07:00-22:00	10:00-16:00
Lloyds Pharmacy Ltd	RH6 7AB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
Lloyds Pharmacy Ltd	RH6 7DG	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	
Lloyds Pharmacy Ltd	RH9 8LW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Paydens Ltd	CR3 5XL	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	09:00-13:00	
Paydens Ltd	RH8 0PG	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	
Pharmahealth Ltd	RH1 5BX	09:30-18:00	09:30-18:00	09:30-18:00	09:30-18:00	09:30-17:30	10:00-14:00	
Raimins Limited	RH8 0JP	09:00-13:00; 14:15-17:30	09:00-13:00; 14:15-17:30	09:00-13:00	09:00-13:00; 14:15-17:30	09:00-13:00; 14:15-17:30	09:00-13:00	
Sutton Chase Ltd	CR6 9NA	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	
Tesco Stores Ltd	RH6 0AT	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00
TH Dolman Ltd	RH1 1BD	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	
Vitaltone Ltd	CR3 6QA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
Ware Moss Ltd	RH1 2NP	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	
WM Morrison Supermarkets PLC	RH2 7DA	08:30-13:30; 14:00-20:00	08:30-13:30; 14:00-20:00	08:30-13:30; 14:00-20:00	08:30-13:30; 14:00-21:00	08:30-13:30; 14:00-21:00	08:00-13:30; 14:00-20:00	10:00-16:00
Zein Health Ltd	RH6 7AS	08:00-21:30	08:00-21:30	08:00-21:30	08:00-21:30	08:00-21:30	09:00-24:00	00:01-17:30

B. 1. 2 Guildford and Waverley Clinical Commissioning Group

PHARMACY NAME	POSTCODE	Opening Times						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A D & A I Gohill	GU8 5DR	08:30-19:30	08:30-19:30	08:30-19:30	08:30-19:30	08:30-19:30	08:30-16:00	
A D Gohill	GU8 6HR	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-18:00	09:00-13:00	
Boots UK Ltd	GU1 1LL	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:00	
Boots UK Ltd	GU1 2RE	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 14:00-17:30	
Boots UK Ltd	GU1 3DS	08:30-18:00	08:30-18:00	08:30-18:00	08:30-19:00	08:30-18:00	08:30-18:00	11:00-17:00
Boots UK Ltd	GU1 3JH	08:30-13:30; 14:00-18:30	08:30-13:30; 14:00-18:30	08:30-13:30; 14:00-18:30	08:30-13:30; 14:00-18:30	08:30-13:30; 14:00-18:30	09:00-13:00	
Boots UK Ltd	GU2 8AF	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00	
Boots UK Ltd	GU23 7HN	08:30-12:30; 13:30-19:00	08:30-12:30; 13:30-18:15	08:30-12:30; 13:30-18:15	08:30-12:30; 13:30-18:15	08:30-12:30; 13:30-18:15	09:00-13:00	
Boots UK Ltd	GU27 2HJ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
Boots UK Ltd	GU4 7EW	09:00-13:00; 13:30-18:30	09:00-13:00; 13:30-18:30	09:00-13:00; 13:30-18:30	09:00-13:00; 13:30-18:30	09:00-13:00; 13:30-18:30	09:00-13:00	
Boots UK Ltd	GU4 8JU	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:00	
Boots UK Ltd	GU5 0HF	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:30	
Boots UK Ltd	GU6 8AF	09:00-12:00; 13:00-18:30	09:00-12:00; 13:00-18:30	09:00-12:00; 13:00-18:30	09:00-12:00; 13:00-18:30	09:00-12:00; 13:00-18:30	09:00-13:00	
Boots UK Ltd	GU6 8AG	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-17:30	11:00-17:00

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Boots UK Ltd	GU7 1DW	08:30-14:00; 15:00-18:00	08:30-14:00; 15:00-18:00	08:30-14:00; 15:00-18:00	08:30-14:00; 15:00-19:00	08:30-14:00; 15:00-18:00	08:30-14:00; 15:00-18:00	11:00-17:00
Boots UK Ltd	GU7 3AZ	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	
Boots UK Ltd	GU8 4TU	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	
Borg Pharma Ltd	GU7 3PR	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	10:00-13:00
Canterbury Pharmacies Ltd	GU5 OPE	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	08:00-18:00	09:00-13:00	
Charles s Bullen Stomacare Ltd	GU7 3AY	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
DSM Pharma Ltd	GU7 1DZ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Fittleworth Medical Ltd	GU10 2DY	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
Haslemere Healthcare LLP	GU27 2BQ	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	07:00-22:30	10:00-17:00
Jeneesapharmacy Ltd	GU2 9XA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
L Rowland & Co (Retail) Ltd	GU3 3NA	08:30-13:30; 13:50-18:30	08:30-13:30; 13:50-18:30	08:30-13:30; 13:50-18:30	08:30-13:30; 13:50-18:30	08:30-13:30; 13:50-18:30	09:00-13:00	
Lloyds Pharmacy Ltd	GU2 8BE	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:30	
Lloyds Pharmacy Ltd	GU23 6AA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	
Lloyds Pharmacy Ltd	GU26 6NL	09:00-13:00; 14:15-18:30	09:00-13:00; 14:15-18:30	09:00-13:00; 14:15-18:30	09:00-13:00; 14:15-18:30	09:00-13:00; 14:15-18:30	09:00-13:00	
Lloyds Pharmacy Ltd	GU27 1LE	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	
Lloyds Pharmacy Ltd	GU27 2HJ	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	10:00-16:00
Lloyds Pharmacy Ltd	GU4 7JU	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:00-20:00	10:00-16:00
Lloyds Pharmacy Ltd	GU7 1LQ	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
Lloyds Pharmacy Ltd	GU7 1NJ	08:30-19:30	08:30-19:30	08:30-19:30	08:30-19:30	08:30-19:30	08:30-17:00	
Lloyds Pharmacy Ltd	KT24 6QN	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	10:00-13:00
Needsuper Ltd	GU1 4RP	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30		
Needsuper Ltd	GU2 7NT	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00	

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Superdrug Stores PLC	GU1 3DP	09:00-14:00; 14:30-18:00	09:00-14:00; 14:30-18:00	09:00-14:00; 14:30-18:00	09:00-14:00; 14:30-19:00	09:00-14:00; 14:30-18:00	09:00-13:30; 14:00-17:30	
Surrey H/C Solutions Ltd	GU6 8RF	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	
Tesco Stores Ltd	GU2 7UN	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	10:00-16:00

B. 1. 3 North West Surrey Clinical Commissioning Group

PHARMACY NAME	POSTCODE	Opening Times						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A Amin	KT12 1HG	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	11:00-17:00	
A O Akodu	TW15 2BX	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	
Assan Pharmacy Ltd	KT14 6DH	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30		
Boldasset Ltd	TW20 9EX	08:30-13:00; 13:30-18:00	08:30-13:00; 13:30-18:00	08:30-13:00; 13:30-18:00	08:30-13:00; 13:30-18:00	08:30-13:00; 13:30-18:00	08:30-13:00; 13:30-17:30	
Boots UK Ltd	GU21 2DR	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
Boots UK Ltd	GU21 3LG	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-17:30	
Boots UK Ltd	GU21 6GB	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	11:00-17:00
Boots UK Ltd	GU22 7QQ	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	09:00-21:00	11:00-17:00
Boots UK Ltd	GU22 7XL	08:30-13:00; 13:30-18:30	08:30-13:00; 13:30-18:30	08:30-13:00; 13:30-18:30	08:30-13:00; 13:30-18:30	08:30-13:00; 13:30-18:30	09:00-12:30	
Boots UK Ltd	KT12 1DG	08:30-17:30	08:30-17:30	09:00-17:00	08:30-17:30	08:30-17:30	08:30-17:30	11:00-17:00
Boots UK Ltd	KT13 8AX	08:30-18:00	08:30-18:00	09:00-18:00	08:30-18:00	08:30-18:00	09:00-17:30	
Boots UK Ltd	KT14 6NG	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:45-17:30	
Boots UK Ltd	KT14 7QX	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	
Boots UK Ltd	TW15 1QD	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	
Boots UK Ltd	TW15 2TS	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:30	
Boots UK Ltd	TW16 7AB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	
Boots UK Ltd	TW17 9AJ	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-17:30	

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Boots UK Ltd	TW17 9AR	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:00	
Boots UK Ltd	TW18 WB	08:30-18:30	08:30-18:30	08:30-18:30	08:30-19:30	08:30-18:30	08:30-18:30	10:00-16:00
Boots UK Ltd	TW20 9EX	08:30-24:00	08:30-24:00	08:30-24:00	08:30-24:00	08:00-24:00	08:00-24:00	10:00-16:00
Borg Pharma Ltd	GU21 5EN	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
Express Dispense Ltd	GU21 5JY	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		
Goulds UK Ltd	KT12 2SD	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-14:00	
H. A. McParland Ltd	KT12 1RJ	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	
Heath End Pharmacy Ltd	GU21 5JR	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	
Herisse Ltd	KT12 4HL	09:00-18:45	09:00-18:45	09:00-18:45	09:00-18:45	09:00-18:45	09:00-17:30	
Herisse Ltd	KT12 4HL	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	
Herman Trading Ltd	TW19 7HT	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00		
Jays Pharmacy Ltd	TW20 9HN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00		
Jays Pharmacy Ltd	TW20 8AS	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	
Julie Chuna Li	TW18 1AT	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	
KV Chouhan	TW19 7QU	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-13:00	
L Rowland & Co (Retail) Ltd	GU24 9LH	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	
L Rowland & Co Ltd	GU21 8TB	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00	
Lloyds Pharmacy Ltd	GU21 2QY	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
Lloyds Pharmacy Ltd	GU22 9EH	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	
Lloyds Pharmacy Ltd	GU24 8LA	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00	
Lloyds Pharmacy Ltd	GU25 DW	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-17:30	
Lloyds Pharmacy Ltd	KT12 1AD	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	11:00-17:00

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Lloyds Pharmacy Ltd	KT13 8DY	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
Lloyds Pharmacy Ltd	KT14 6NG	09:00-19:00	Tue:09:00-19:00	09:00-19:00	08:30-19:00	09:00-19:00	09:00-17:30	
Lloyds Pharmacy Ltd	KT15 2AD	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	09:00-17:30	10:00-13:00
Lloyds Pharmacy Ltd	KT15 2AR	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	
Lloyds Pharmacy Ltd	KT15 3NT	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
Lloyds Pharmacy Ltd	KT16 0HL	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	
Lloyds Pharmacy Ltd	KT16 8NF	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:00	
Lloyds Pharmacy Ltd	TW15 2PH	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-17:30	
Lloyds Pharmacy Ltd	TW16 5HS	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
Lloyds Pharmacy Ltd	TW18 3AP	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	07:00-21:00	10:00-16:00
M Bhanu	TW16 6LG	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	09:00-18:15	10:00-12:30	
Manichem Ltd	GU21 4SY	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-14:00	
May & Thomson Ltd	GU21 5PE	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Mr Sachin Patel	TW18 1PJ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-14:00	
Mrs O Udueni	KT13 9UQ	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	
P&U Mangal Ltd	KT13 9HL	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-13:00; 14:00-17:30	09:00-12:00	
Pharmacy 4 You Limited	KT13 8DX	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-21:00	10:00-16:00
Pillbox Chemist Ltd	TW15 2UN	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	
Pillbox Chemist Ltd	TW18 2PG	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:00	
S P Pharm Ltd	TW18 4PA	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	
Superdrug Stores PLC	TW15 2UP	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-13:30; 14:00-17:30	
Tesco Stores Limited	KT15 2AS	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	11:00-17:00
Tesco Stores Ltd	TW16 7BB	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00
Tesco Stores Ltd	KT13 0XF	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	10:00-16:00

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Tesco Stores Ltd	TW19 7PZ	08:00-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:30	06:30-22:00	11:00-17:00
Trio Pharma Ltd	TW17 9AJ	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-17:00	
Wedgeglen Ltd	KT16 9AD	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-15:00	
Y Dhir	KT12 3LJ	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-16:00	

B. 1. 4 Surrey Downs Clinical Commissioning Group

PHARMACY NAME	POSTCODE	Opening Times						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
ASDA Stores Ltd	KT20 5NZ	08:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
B B Madhvani	SM7 1PB	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Boots UK Ltd	KT10 0QX	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
Boots UK Ltd	KT10 9RL	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	
Boots UK Ltd	KT11 3EB	08:00-24:00	08:00-24:00	08:00-24:00	08:00-24:00	08:00-24:00	08:00-24:00	10:00-16:00
Boots UK Ltd	KT18 5DB	08:30-14:00; 15:00-18:00	08:30-14:00; 15:00-18:00	08:30-14:00; 15:00-18:00	08:30-14:00; 15:00-18:00	08:30-14:00; 15:00-19:00	08:30-14:00; 15:00-18:00	11:00-17:00
Boots UK Ltd	KT22 8AN	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	10:00-16:00
Boots UK Ltd	KT22 9HX	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:30	
Boots UK Ltd	KT23 4AA	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:30	
Boots UK Ltd	KT7 0RY	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	
Boots UK Ltd	RH4 1AW	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:00	09:00-17:30	10:00-16:00
Boots UK Ltd	SM7 2NL	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-17:30	10:00-16:00
C&H Esher	KT10 9QS	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	
Celticpharm Ltd	KT19 9UR	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-16:00	
Day Lewis Chemist	KT20 5SR	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-13:00	
Day Lewis plc	KT22 7SR	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-12:00	
Dev & Kalher Associates Ltd	KT19 8SP	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Frith Brothers Ltd	RH4 2HQ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	
Geruda Ltd	RH4 2EU	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	

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Herisse Ltd	KT22 9LG	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00		
JSKR Pharma Ltd	KT10 OSH	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Jubichem Ltd	KT20 5PU	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	
KICO Ltd	KT10 OPD	09:00-13:00; 14:00-18:15	09:00-13:00; 14:00-18:15	09:00-13:00; 14:00-18:15	09:00-13:00; 14:00-18:15	09:00-13:00; 14:00-18:15	09:00-13:00	
L Rowland & Co (Retail) Ltd	RH3 7JR	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	09:00-13:00	
L Rowland & Co Ltd	KT11 1HT	08:30-13:00; 13:20-19:00	08:30-13:00; 13:20-19:00	08:30-13:00; 13:20-19:00	08:30-13:00; 13:20-19:00	08:30-13:00; 13:20-19:00		
Laldas Ltd	KT7 0UQ	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	
Lloyds Pharmacy Ltd	KT11 1HW	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
Lloyds Pharmacy Ltd	KT11 3DY	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	
Lloyds Pharmacy Ltd	KT17 1EQ	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	08:00-22:00	10:00-16:00
Lloyds Pharmacy Ltd	KT17 4BL	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	08:30-19:00	09:00-13:00	
Lloyds Pharmacy Ltd	KT18 5QG	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	
Lloyds Pharmacy Ltd	KT19 8EF	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	
Lloyds Pharmacy Ltd	KT21 1QL	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	
Lloyds Pharmacy Ltd	KT22 0JN	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-13:00	
Lloyds Pharmacy Ltd	SM7 2LS	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
M Amin	KT8 1TG	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00		
M B & C Amin	KT8 2QF	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-14:00	
Manugor Ltd	KT17 1NP	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	09:00-13:00	
Mauripharm Ltd	KT21 1AW	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	10:00-12:00

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Mauripharm Ltd	KT21 2DB	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00	
Mitrerose Ltd	KT19 0JD	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00; 14:00-19:00	09:00-13:00	
Nicklevale Ltd	KT8 0JX	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30	08:30-13:00; 14:00-18:30		
Nicklevale Ltd	KT8 0DL	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-16:00	
Nima (Malden) Ltd	KT17 2HS	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	
P&U Mangal Ltd	KT19 9XA	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-12:00	
Paydens Ltd	KT18 5QJ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:30	
Quincewood Ltd	KT23 4LP	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:30	
R & B Amin	SM7 2NN	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	09:30-17:30	
Richard Woodroffe	RH4 1SD	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	10:00-20:00
Ricky's (Ewell) Ltd	KT17 1SL	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-14:00	
Sadera & Co Ltd	KT17 2HS	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-18:30	09:00-13:00; 14:00-17:00	
Vertical Pharma Resources Ltd	KT8 2QZ	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00		
Vibikas Ltd	KT20 7RT	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-14:00	

B. 1. 5 Surrey Heath Clinical Commissioning Group

PHARMACY NAME	POSTCODE	Opening Times						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Balchem Ltd	GU18 5SD	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-18:00	08:45-14:00	
Boots UK Ltd	GU15 2NN	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	09:00-12:30	
Boots UK Ltd	GU15 3SD	08:30-14:00; 15:00-17:30	08:30-14:00; 15:00-17:30	09:00-14:00; 15:00-17:30	08:30-14:00; 15:00-17:30	08:30-14:00; 15:00-17:30	08:30-14:00; 15:00-17:30	10:30-16:30
Boots UK Ltd	GU16 6LD	08:45-13:00; 14:00-18:00	08:45-13:00; 14:00-18:00	08:45-13:00; 14:00-18:30	08:45-13:00; 14:00-18:30	08:45-13:00; 14:00-18:00	08:45-13:00; 14:00-17:30	
Boots UK Ltd	GU16 7HY	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30	09:00-13:00; 13:30-17:30		
Boots UK Ltd	GU18 5SA	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-17:30	
Camberley Healthcare LLP	GU15 2HJ	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-23:00	08:00-18:00
H P Hindocha	GU16 8UR	09:30-13:00; 14:00-18:00	09:30-13:00; 14:00-18:00	09:30-13:00; 14:00-18:00	09:30-13:00; 14:00-18:00	09:30-13:00; 14:00-18:00	09:30-16:00	
Lloyds Pharmacy Ltd	GU12 5AZ	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	
Lloyds Pharmacy Ltd	GU15 3YN	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-22:00	10:00-16:00
Lloyds Pharmacy Ltd	GU16 7JF	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	
Lloyds Pharmacy Ltd	GU19 5AZ	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	
Pillbox Chemist Ltd	GU15 1AX	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:00	
RSA & Co. Ltd	GU20 6AF	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	
Superdrug Stores PLC	GU15 3SJ	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	08:30-17:30	09:00-13:30; 14:00-17:30	
V S Mithani	GU15 2QN	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00		
White Pharmacy Ltd	GU9 7UG	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00	09:00-17:00		

X-Pharm Ltd	GU15 4HE	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-13:00; 14:00-18:00	09:00-12:30
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B. 1. 6 North East Hampshire and Farnham Clinical Commissioning Group (Surrey Pharmacists)

PHARMACY NAME	POSTCODE	Opening Times						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Boots the Chemist	GU9 7NW	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	10:30-16:30
Bourne Pharmacy	GU10 3PX	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	
Farnham	GU9 7HH	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-12:00	
Heath End Pharmacy	GU9 9AW	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30		
Laly's Chemist	GU9 7PB	09:00-13:00; 13:30-18:30	09:00-13:00; 13:30-18:30	09:00-13:00; 13:30-18:30	09:00-13:00; 13:30-18:30	09:00-13:00; 13:30-18:30		
Rowland's Pharmacy	GU9 9QL	08:30-13:00; 13:20-19:00	08:30-13:00; 13:20-19:00	08:30-13:00; 13:20-19:00	08:30-13:00; 13:20-19:00	08:30-13:00; 13:20-19:00		
Sainsbury's Pharmacy	GU9 7NJ	08:00-14:00; 15:00-21:00	08:00-14:00; 15:00-21:00	08:00-14:00; 15:00-21:00	08:00-14:00; 15:00-21:00	08:00-14:00; 15:00-21:00	08:00-14:00; 15:00-20:00	10:00-16:00

B. 1. 7 Windsor, Ascot and Maidenhead th East Hampshire and Farnham Clinical Commissioning Group(Surrey Pharmacists)

PHARMACY NAME	POSTCODE	Opening Times						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Lloyds Pharmacy	TW20 0DF	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-17:30	

B. 2 List of Dispensing Doctors

PPA	Dispensing Practice	Main Practice	Branch Surgery	Postcode	CCG
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



Surrey PNA 2018 Appendices

H81013	Ash Vale Health Centre	Frimley Green Medical Centre		GU12 5BA	Surrey Heath
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Appendix C: pharmacies qualifying for Pharmacy Access Scheme payments

Trading Name	Address
AVICENNA PHARMACY	46 FRENHAM ROAD, LOWER BOURNE, FARNHAM, SURREY, GU10 3PX
ELSTEAD PHARMACY	2 CARLTON HOUSE, MILFORD ROAD, ELSTEAD, SURREY, GU8 6HR
HEATH END PHARMACY	103 FARNBOROUGH ROAD, HEATH END, FARNHAM, SURREY, GU9 9AW
HEATHERSIDE PHARMACY	6 HEATHERIDGE ARCADE, CAMBERLEY, SURREY, GU15 1AX
HOBBS PHARMACY	197 GODSTONE ROAD, WHYTELEAFE, SURREY, CR3 0EL
HORSELL PHARMACY	91 HIGH STREET, HORSELL, WOKING, SURREY, GU21 4SY
HORTON PHARMACY	HORTON LOCAL CENTRE, PELMAN WAY, EPSOM, SURREY, KT19 8SP
LLOYDSPHARMACY	36 HIGH STREET, BAGSHOT, SURREY, GU19 5AZ
LLOYDSPHARMACY	18 WINDSOR ROAD, CHOBHAM, SURREY, GU24 8LA
LLOYDSPHARMACY	7 STATION PARADE, EAST HORSLEY, SURREY, KT24 6QN
LLOYDSPHARMACY	98 ST. JUDES ROAD, ENGLEFIELD GREEN, EGHAM, SURREY, TW20 0DF
LLOYDSPHARMACY	72 HIGH STREET, GODSTONE, SURREY, RH9 8LW
LLOYDSPHARMACY	5-7 JUNCTION PLACE, SHOTTERMILL, HASLEMERE, SURREY, GU27 1LE
LLOYDSPHARMACY	CHURT ROAD, BEACON HILL, HINDHEAD, SURREY, GU26 6NL
LLOYDSPHARMACY	2 HEATH BUILDINGS, HIGH STREET, OXSHOTT, SURREY, KT22 0JR
LLOYDSPHARMACY	1 & 2 LONDON HOUSE, HIGH STREET, RIPLEY, SURREY, GU23 6AA
LLOYDSPHARMACY	8 AVENUE PARADE, SUNBURY-ON-THAMES, MIDDLESEX, TW16 5HS
LLOYDSPHARMACY	17 STATION APPROACH, VIRGINIA WATER, SURREY, GU25 4DW
LLOYDSPHARMACY	KINGFIELD ROAD, KINGFIELD, WOKING, SURREY, GU22 9EH
LLOYDSPHARMACY (Sainsbury superstore)	CLAY LANE, OLD LONDON ROAD, BURPHAM, GUILDFORD, SURREY, GU4 7JU
MEDIWISE PHARMACY	32 BRIGHTON ROAD, SALFORDS, SURREY, RH1 5BX
MILFORD PHARMACY	PORTSMOUTH ROAD, MILFORD, GODALMING, SURREY, GU8 5DR
RAIMINS CHEMIST	224 POLLARDS OAK ROAD, HURST GREEN, OXTED, SURREY, RH8 0JP

RAM DISPENSING CHEMIST	4 BEAUMARIS PARADE, BALMORAL DRIVE, FRIMLEY, SURREY, GU16 5UR
ROWLANDS PHARMACY	THE PHARMACY, BROCKHAM GREEN, BETCHWORTH, SURREY, RH3 7JR
ROWLANDS PHARMACY	3 THE PARADE, GOSDEN ROAD, WEST END, WOKING, SURREY, GU24 9LH
RUXLEY PHARMACY	2 RUXLEY LANE, EWELL, SURREY, KT19 0JD
TESCO PHARMACY	TESCO EXTRA, REIGATE ROAD, HORLEY, SURREY, RH6 0AT
TOUCHWOOD PHARMACY	199 UPPER COLLEGE RIDE, CAMBERLEY, SURREY, GU15 4HE
WALLIS JONES PHARMACY	6 MANOR ROAD NORTH, HINCHLEY WOOD, ESHER, SURREY, KT10 0SH
WESTLAKE PHARMACY	63 WHEATSHEAF LANE, STAINES, MIDDLESEX, TW18 2PG
YOUR LOCAL BOOTS PHARMACY	261 FRIMLEY GREEN ROAD, FRIMLEY GREEN, CAMBERLEY, SURREY, GU16 6LD
YOUR LOCAL BOOTS PHARMACY	THE GREEN, CHIDDINGFOLD, GODALMING, SURREY, GU8 4TU
YOUR LOCAL BOOTS PHARMACY	6-8 EAST GRINSTEAD ROAD, LINGFIELD, SURREY, RH7 6EP
YOUR LOCAL BOOTS PHARMACY	VILLAGES MEDICAL CENTRE, SEND BARNES LANE, WOKING, SURREY, GU23 7BP
YOUR LOCAL BOOTS STORE	8 KINGS ROAD, SHALFORD, GUILDFORD, SURREY, GU4 8JU
YOUR LOCAL BOOTS STORE	12 STOUGHTON ROAD, GUILDFORD, SURREY, GU1 1LL

Appendix D: Public survey demographic data

Gender	Number (n = 1,593)	Percentage (%)
Female	1009	63.3%
Male	509	32.0%
Transgender	1	0.1%
Prefer not to say	74	4.6%
Age group		
0 – 15	0	0%
16 – 24	3	0.2%
25 – 34	66	4.1%
35 – 44	132	8.3%
45 – 54	251	15.8%
55 – 64	294	18.5%
65 – 74	393	24.7%
75+	381	23.9%
Prefer not to say	73	4.6%
Ethnic Group		
White British	1424	89.4%
White Irish	15	0.9%
White other	50	3.1%
Mixed White & Asian	7	0.4%
Mixed White & Black Caribbean	1	0.1%
Mixed White and Black African	1	0.1%
Other Mixed	1	0.1%
Indian	11	0.7%
Pakistani	3	0.2%
Chinese	4	0.3%
Other Asian	7	0.4%
Caribbean	1	0.1%
Other	5	0.3%
Prefer not to say	63	4.0%
Religion		
Christian	999	62.7%
Buddhist	68	4.3%
Hindu	12	0.8%
Jewish	5	0.3%
Muslim	10	0.6%
Sikh	3	0.2%
Other	25	1.6%
No religion	327	20.5%
Prefer not to say	144	9.0%
Sexual orientation		
Heterosexual	1336	83.9%
Homosexual	14	0.9%
Bisexual	13	0.8%

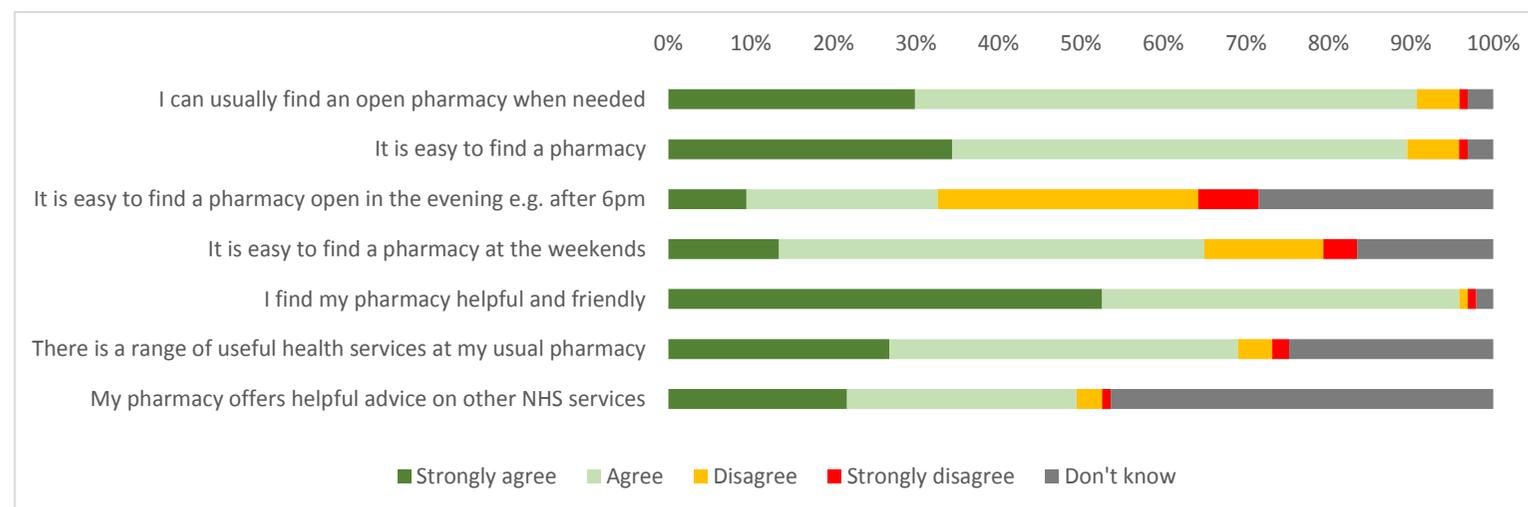
Prefer not to say	230	14.4%
Employment status		
Employed full time	344	21.6%
Employed part time	220	13.8%
Unemployed	38	2.4%
Student	5	0.3%
Retired	820	51.5%
Unpaid carer	9	0.6%
Other	64	4.0%
Prefer not to say	93	5.9%
Disability status		
Yes	639	40.1%
No	813	51.0%
Prefer not to say	141	8.9%

Appendix E: Public survey data on access by CCG

Views of respondents to public survey on access to pharmacies in East Surrey CCG

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
I can usually find an open pharmacy when needed	29%	59%	5%	1%	3%	4%	100%
It is easy to find a pharmacy	33%	53%	6%	1%	3%	5%	100%
It is easy to find a pharmacy open in the evening e.g. after 6pm	9%	22%	30%	7%	27%	5%	100%
It is easy to find a pharmacy at the weekends	13%	50%	14%	4%	16%	4%	100%
I find my pharmacy helpful and friendly	51%	42%	1%	1%	2%	3%	100%
There is a range of useful health services at my usual pharmacy	26%	41%	4%	2%	24%	3%	100%
My pharmacy offers helpful advice on other NHS services	21%	27%	3%	1%	45%	3%	100%

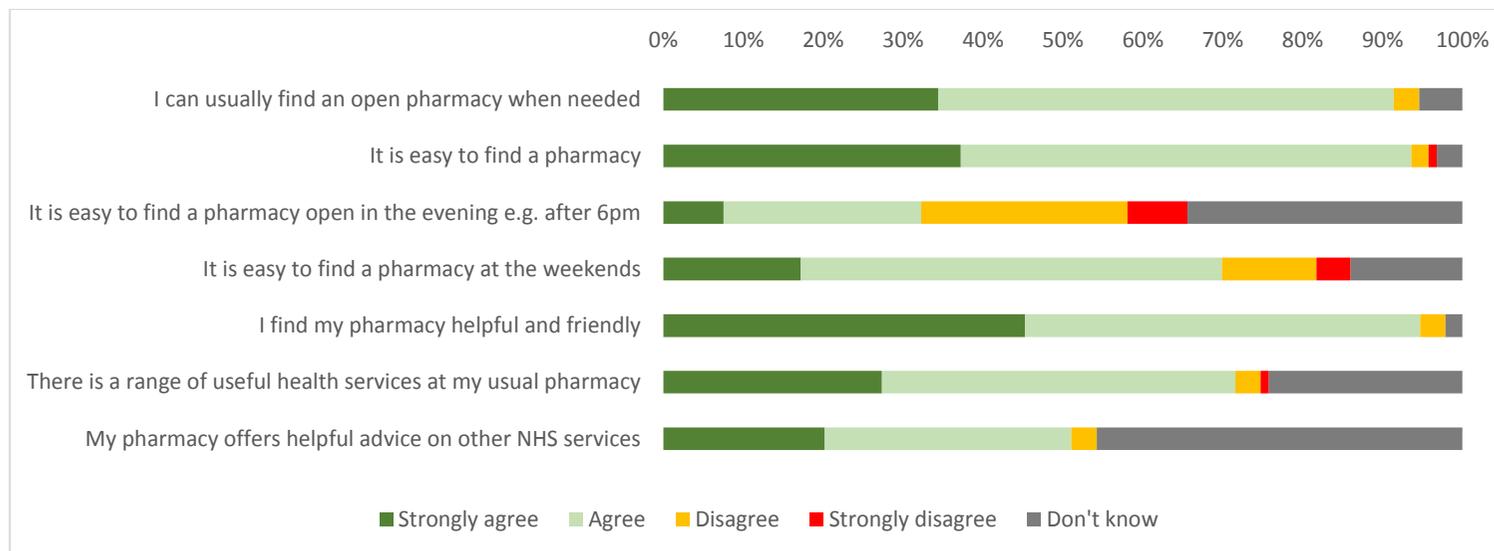
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Views of respondents to public survey on access to pharmacies in Guildford and Waverley CCG

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
I can usually find an open pharmacy when needed	32%	53%	3%	0%	5%	7%	100%
It is easy to find a pharmacy	35%	53%	2%	1%	3%	6%	100%
It is easy to find a pharmacy open in the evening e.g. after 6pm	7%	23%	24%	7%	32%	7%	100%
It is easy to find a pharmacy at the weekends	16%	49%	11%	4%	13%	7%	100%
I find my pharmacy helpful and friendly	43%	47%	3%	0%	2%	5%	100%
There is a range of useful health services at my usual pharmacy	26%	42%	3%	1%	23%	5%	100%
My pharmacy offers helpful advice on other NHS services	19%	29%	3%	0%	43%	5%	100%

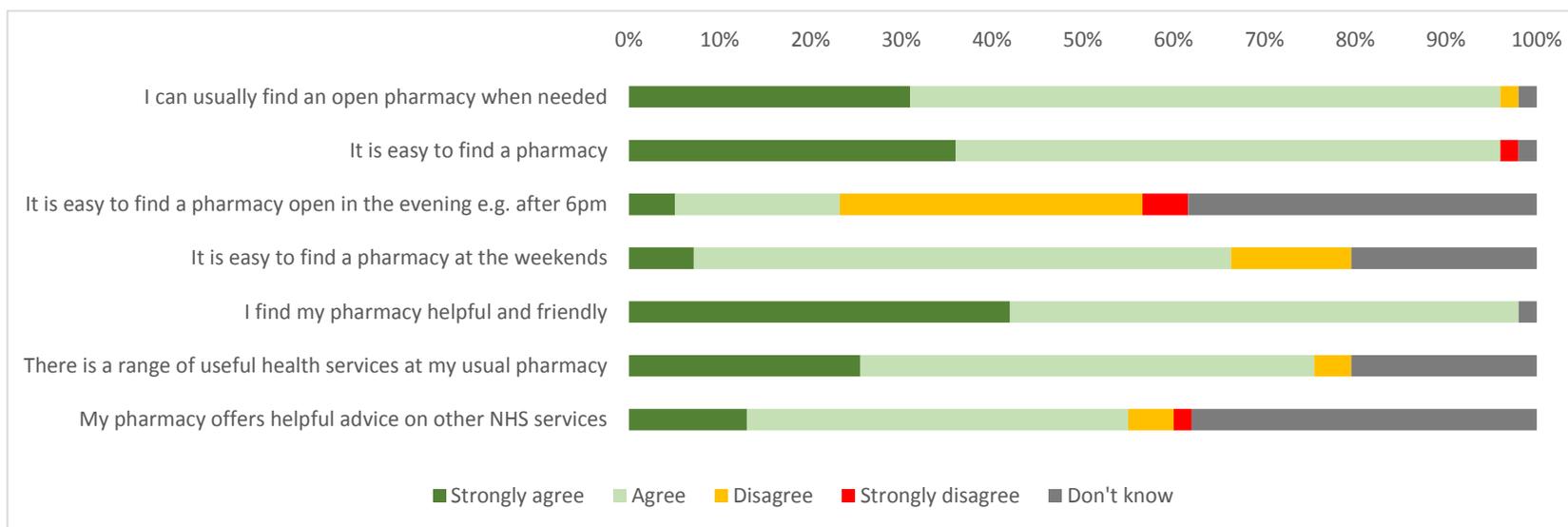
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Views of respondents to public survey on access to pharmacies in North East Hampshire and Farnham CCG

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
I can usually find an open pharmacy when needed	31%	65%	2%	0%	2%	0%	100%
It is easy to find a pharmacy	36%	60%	0%	2%	2%	0%	100%
It is easy to find a pharmacy open in the evening e.g. after 6pm	5%	18%	33%	5%	38%	0%	100%
It is easy to find a pharmacy at the weekends	7%	58%	13%	0%	20%	2%	100%
I find my pharmacy helpful and friendly	42%	56%	0%	0%	2%	0%	100%
There is a range of useful health services at my usual pharmacy	25%	49%	4%	0%	20%	2%	100%
My pharmacy offers helpful advice on other NHS services	13%	42%	5%	2%	38%	0%	100%

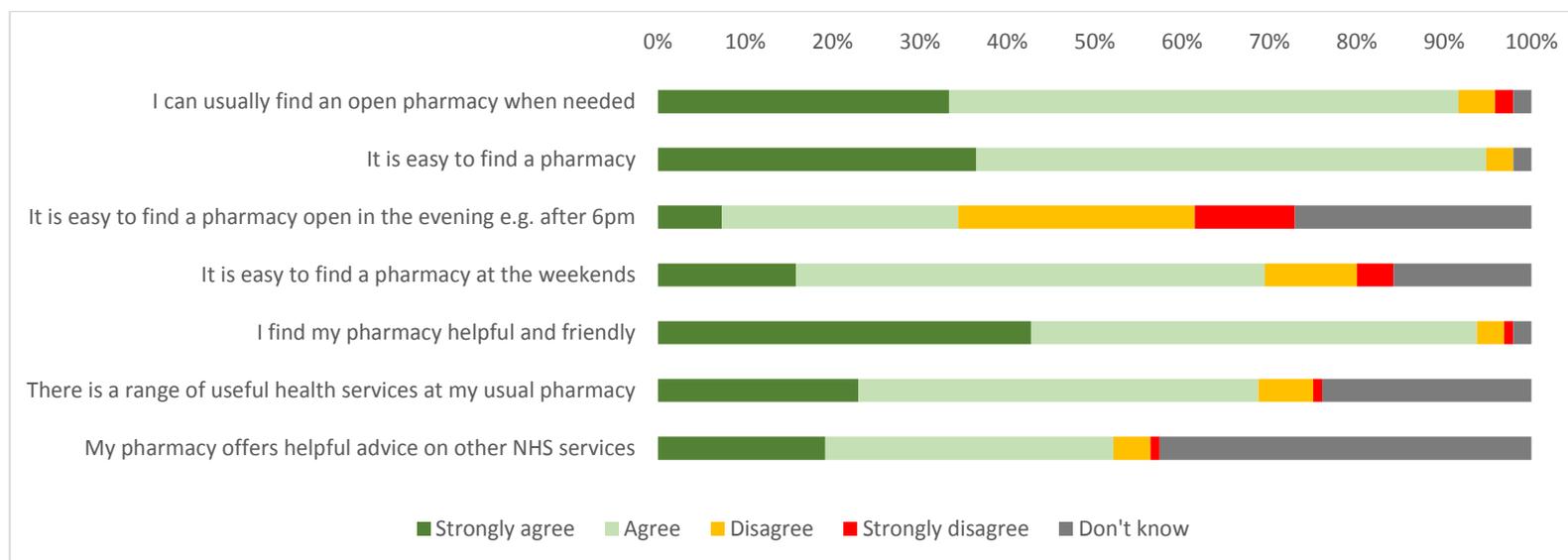
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Views of respondents to public survey on access to pharmacies in North West Surrey CCG

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
I can usually find an open pharmacy when needed	32%	56%	4%	2%	2%	3%	100%
It is easy to find a pharmacy	35%	56%	3%	0%	2%	4%	100%
It is easy to find a pharmacy open in the evening e.g. after 6pm	7%	26%	26%	11%	26%	4%	100%
It is easy to find a pharmacy at the weekends	15%	51%	10%	4%	15%	4%	100%
I find my pharmacy helpful and friendly	41%	49%	3%	1%	2%	4%	100%
There is a range of useful health services at my usual pharmacy	22%	44%	6%	1%	23%	3%	100%
My pharmacy offers helpful advice on other NHS services	18%	31%	4%	1%	40%	5%	100%

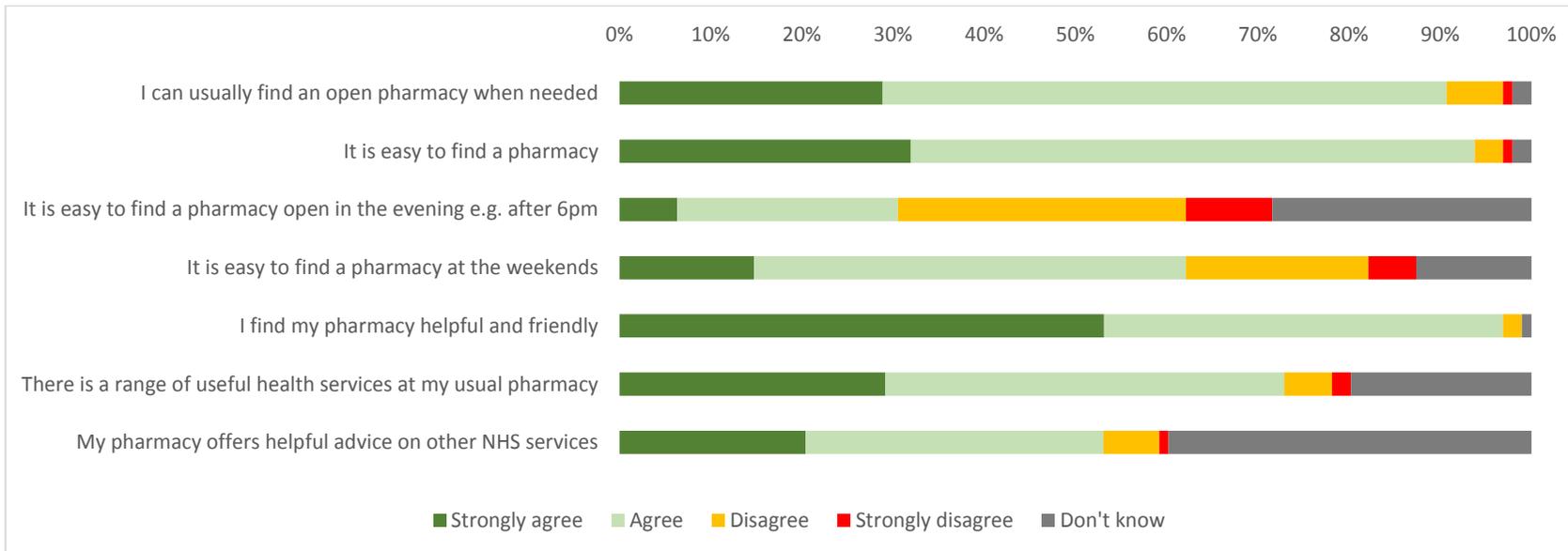
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Views of respondents to public survey on access to pharmacies in Surrey Downs CCG

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
I can usually find an open pharmacy when needed	28%	60%	6%	1%	2%	4%	100%
It is easy to find a pharmacy	31%	60%	3%	1%	2%	4%	100%
It is easy to find a pharmacy open in the evening e.g. after 6pm	6%	23%	30%	9%	27%	4%	100%
It is easy to find a pharmacy at the weekends	14%	45%	19%	5%	12%	5%	100%
I find my pharmacy helpful and friendly	51%	42%	2%	0%	1%	4%	100%
There is a range of useful health services at my usual pharmacy	28%	42%	5%	2%	19%	4%	100%
My pharmacy offers helpful advice on other NHS services	20%	32%	6%	1%	39%	3%	100%

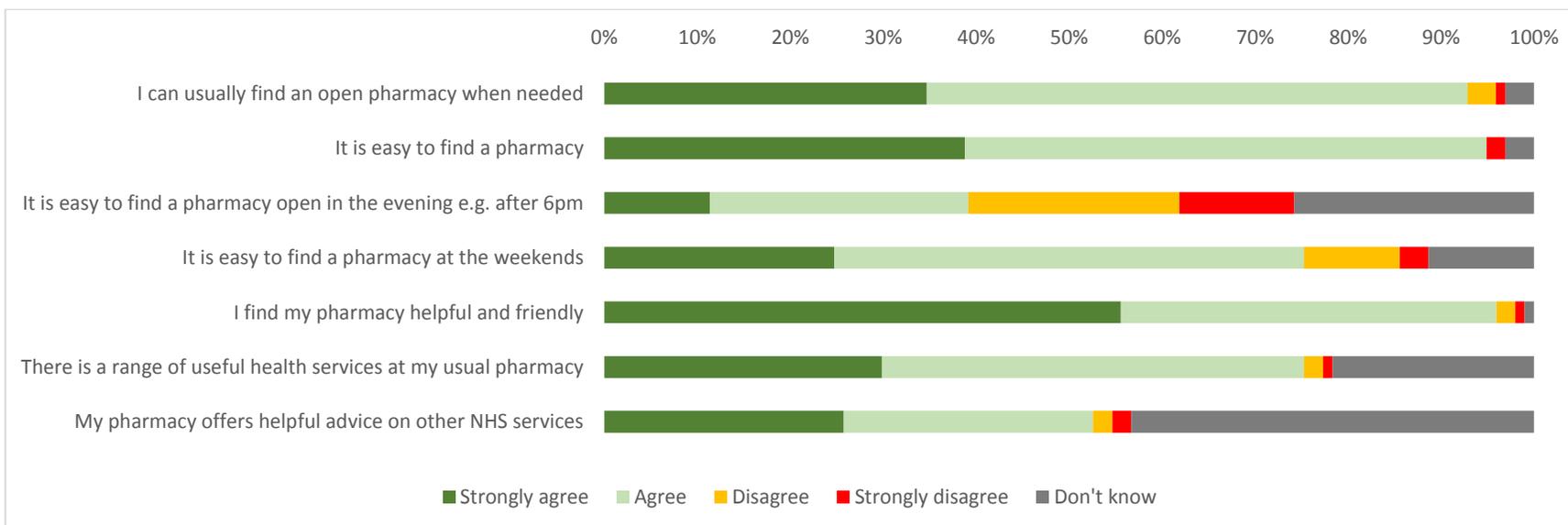
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Views of respondents to public survey on access to pharmacies in Surrey Heath CCG

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
I can usually find an open pharmacy when needed	34%	57%	3%	1%	3%	2%	100%
It is easy to find a pharmacy	38%	55%	0%	2%	3%	2%	100%
It is easy to find a pharmacy open in the evening e.g. after 6pm	11%	27%	22%	12%	25%	2%	100%
It is easy to find a pharmacy at the weekends	24%	49%	10%	3%	11%	2%	100%
I find my pharmacy helpful and friendly	55%	40%	2%	1%	1%	1%	100%
There is a range of useful health services at my usual pharmacy	29%	44%	2%	1%	21%	2%	100%
My pharmacy offers helpful advice on other NHS services	25%	26%	2%	2%	42%	2%	100%

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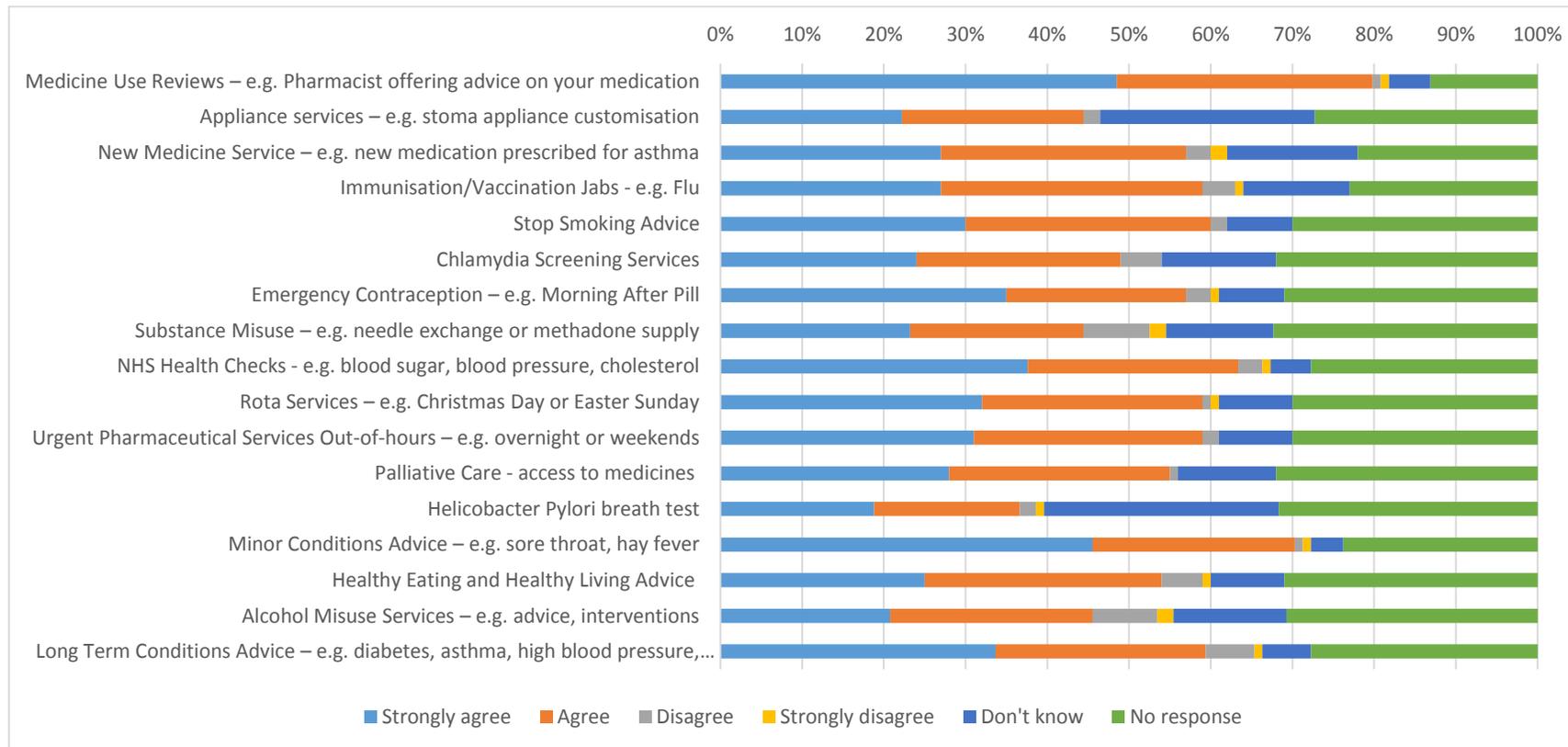


Appendix F: Public survey data on services used and provided by CCG

Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in East Surrey CCG

	Yes	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
Medicine Use Reviews – e.g. Pharmacist offering advice on your medication	45%	48%	31%	1%	1%	5%	13%	100%
Appliance services – e.g. stoma appliance customisation	2%	22%	22%	2%	0%	26%	27%	100%
New Medicine Service – e.g. new medication prescribed for asthma	6%	27%	30%	3%	2%	16%	22%	100%
Immunisation/Vaccination Jabs - e.g. Flu	10%	27%	32%	4%	1%	13%	23%	100%
Stop Smoking Advice	1%	30%	30%	2%	0%	8%	30%	100%
Chlamydia Screening Services	1%	24%	25%	5%	0%	14%	32%	100%
Emergency Contraception – e.g. Morning After Pill	0%	35%	22%	3%	1%	8%	31%	100%
Substance Misuse – e.g. needle exchange or methadone supply	0%	23%	21%	8%	2%	13%	32%	100%
NHS Health Checks - e.g. blood sugar, blood pressure, cholesterol	8%	38%	26%	3%	1%	5%	28%	100%
Rota Services – e.g. Christmas Day or Easter Sunday	0%	32%	27%	1%	1%	9%	30%	100%
Urgent Pharmaceutical Services Out-of-hours – e.g. overnight or weekends	2%	31%	28%	2%	0%	9%	30%	100%
Palliative Care - access to medicines	3%	28%	27%	1%	0%	12%	32%	100%
Helicobacter Pylori breath test	2%	19%	18%	2%	1%	29%	32%	100%
Minor Conditions Advice – e.g. sore throat, hay fever	26%	46%	25%	1%	1%	4%	24%	100%
Healthy Eating and Healthy Living Advice	4%	25%	29%	5%	1%	9%	31%	100%
Alcohol Misuse Services – e.g. advice, interventions	0%	21%	25%	8%	2%	14%	31%	100%
Long Term Conditions Advice – e.g. diabetes, asthma, high blood pressure, dementia	8%	34%	26%	6%	1%	6%	28%	100%

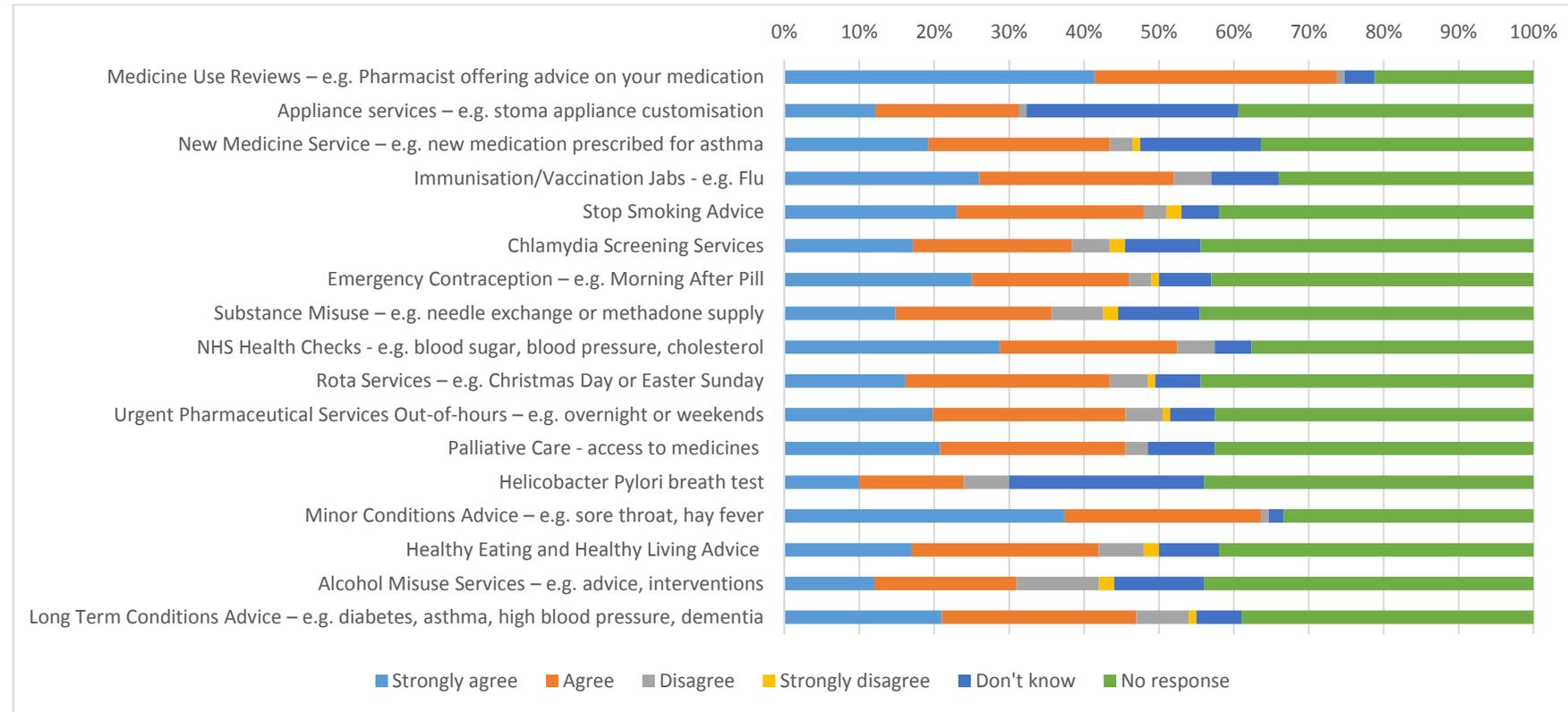
Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in East Surrey CCG



Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in Guildford and Waverley CCG

	Yes	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
Medicine Use Reviews – e.g. Pharmacist offering advice on your medication	53%	41%	32%	1%	0%	4%	21%	100%
Appliance services – e.g. stoma appliance customisation	3%	12%	19%	1%	0%	28%	39%	100%
New Medicine Service – e.g. new medication prescribed for asthma	7%	19%	24%	3%	1%	16%	36%	100%
Immunisation/Vaccination Jabs - e.g. Flu	14%	26%	26%	5%	0%	9%	34%	100%
Stop Smoking Advice	1%	23%	25%	3%	2%	5%	42%	100%
Chlamydia Screening Services	0%	17%	21%	5%	2%	10%	44%	100%
Emergency Contraception – e.g. Morning After Pill	0%	25%	21%	3%	1%	7%	43%	100%
Substance Misuse – e.g. needle exchange or methadone supply	0%	15%	21%	7%	2%	11%	45%	100%
NHS Health Checks - e.g. blood sugar, blood pressure, cholesterol	14%	29%	24%	5%	0%	5%	38%	100%
Rota Services – e.g. Christmas Day or Easter Sunday	0%	16%	27%	5%	1%	6%	44%	100%
Urgent Pharmaceutical Services Out-of-hours – e.g. overnight or weekends	3%	20%	26%	5%	1%	6%	43%	100%
Palliative Care - access to medicines	3%	21%	25%	3%	0%	9%	43%	100%
Helicobacter Pylori breath test	0%	10%	14%	6%	0%	26%	44%	100%
Minor Conditions Advice – e.g. sore throat, hay fever	34%	37%	26%	1%	0%	2%	33%	100%
Healthy Eating and Healthy Living Advice	3%	17%	25%	6%	2%	8%	42%	100%
Alcohol Misuse Services – e.g. advice, interventions	0%	12%	19%	11%	2%	12%	44%	100%
Long Term Conditions Advice – e.g. diabetes, asthma, high blood pressure, dementia	9%	21%	26%	7%	1%	6%	39%	100%

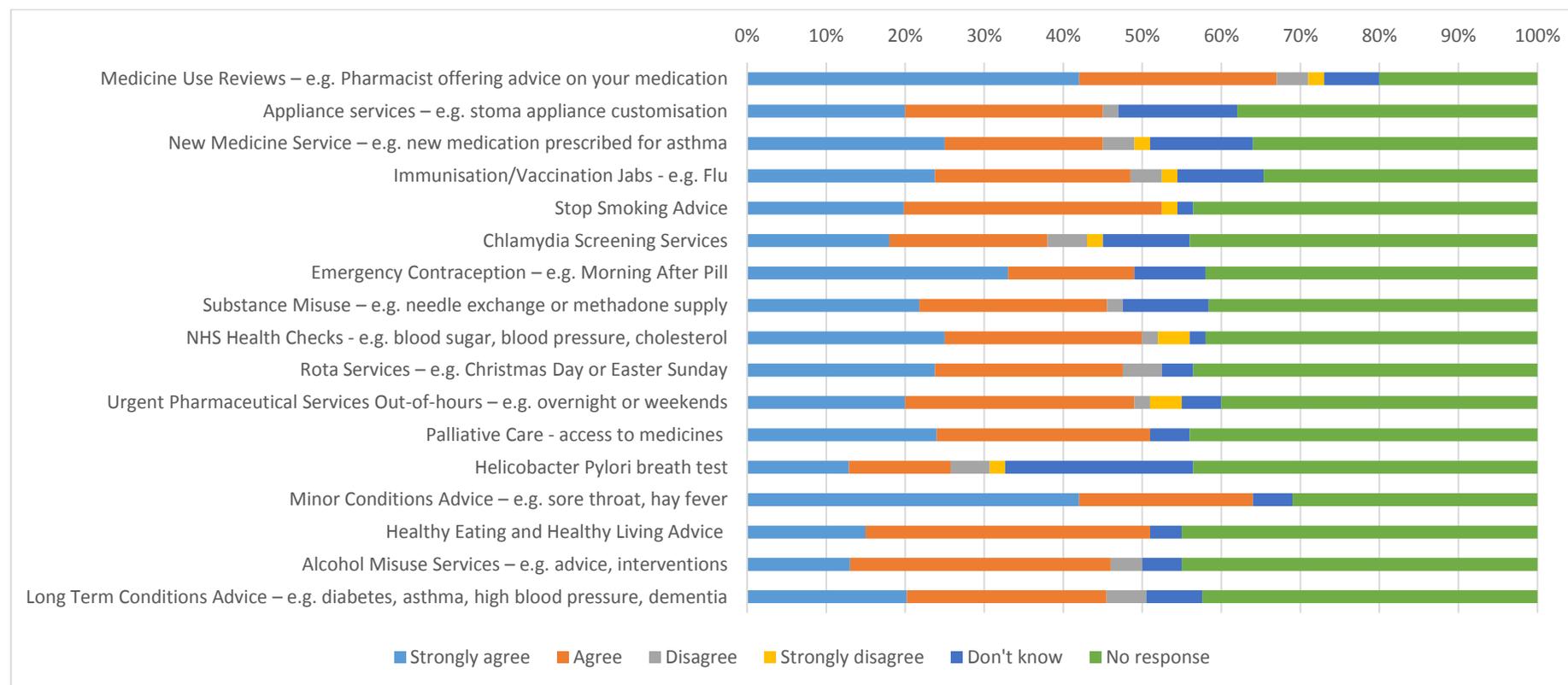
Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in Guildford and Waverley CCG



Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in North East Hampshire and Farnham CCG

	Yes	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
Medicine Use Reviews – e.g. Pharmacist offering advice on your medication	42%	42%	25%	4%	2%	7%	20%	100%
Appliance services – e.g. stoma appliance customisation	0%	20%	25%	2%	0%	15%	38%	100%
New Medicine Service – e.g. new medication prescribed for asthma	4%	25%	20%	4%	2%	13%	36%	100%
Immunisation/Vaccination Jabs - e.g. Flu	13%	24%	25%	4%	2%	11%	35%	100%
Stop Smoking Advice	0%	20%	33%	0%	2%	2%	44%	100%
Chlamydia Screening Services	0%	18%	20%	5%	2%	11%	44%	100%
Emergency Contraception – e.g. Morning After Pill	0%	33%	16%	0%	0%	9%	42%	100%
Substance Misuse – e.g. needle exchange or methadone supply	0%	22%	24%	2%	0%	11%	42%	100%
NHS Health Checks - e.g. blood sugar, blood pressure, cholesterol	15%	25%	25%	2%	4%	2%	42%	100%
Rota Services – e.g. Christmas Day or Easter Sunday	5%	24%	24%	5%	0%	4%	44%	100%
Urgent Pharmaceutical Services Out-of-hours – e.g. overnight or weekends	5%	20%	29%	2%	4%	5%	40%	100%
Palliative Care - access to medicines	2%	24%	27%	0%	0%	5%	44%	100%
Helicobacter Pylori breath test	2%	13%	13%	5%	2%	24%	44%	100%
Minor Conditions Advice – e.g. sore throat, hay fever	31%	42%	22%	0%	0%	5%	31%	100%
Healthy Eating and Healthy Living Advice	2%	15%	36%	0%	0%	4%	45%	100%
Alcohol Misuse Services – e.g. advice, interventions	0%	13%	33%	4%	0%	5%	45%	100%
Long Term Conditions Advice – e.g. diabetes, asthma, high blood pressure, dementia	7%	20%	25%	5%	0%	7%	42%	100%

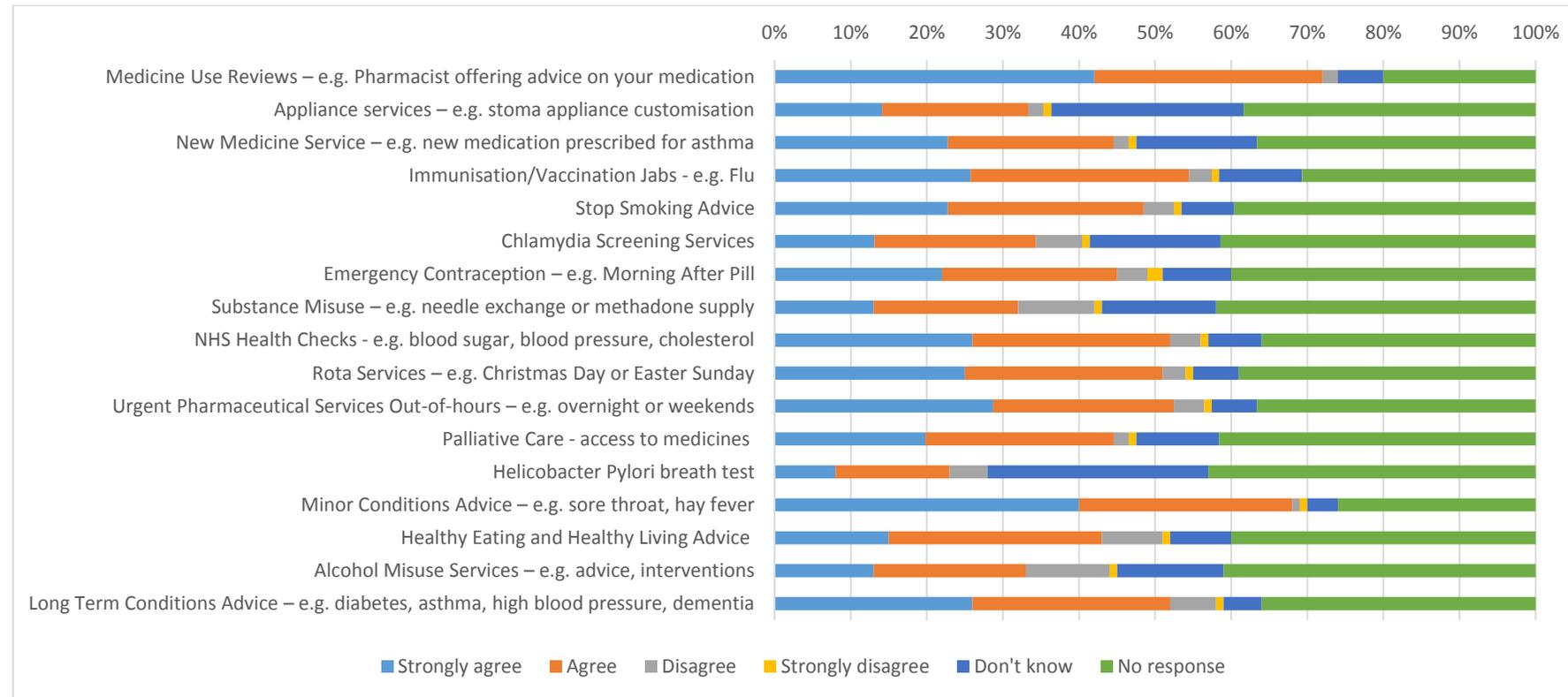
Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in North East Hampshire and Farnham CCG



Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in North West Surrey CCG

	Yes	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
Medicine Use Reviews – e.g. Pharmacist offering advice on your medication	46%	42%	30%	2%	0%	6%	20%	100%
Appliance services – e.g. stoma appliance customisation	1%	14%	19%	2%	1%	25%	38%	100%
New Medicine Service – e.g. new medication prescribed for asthma	7%	23%	22%	2%	1%	16%	37%	100%
Immunisation/Vaccination Jabs - e.g. Flu	14%	26%	29%	3%	1%	11%	31%	100%
Stop Smoking Advice	0%	23%	26%	4%	1%	7%	40%	100%
Chlamydia Screening Services	0%	13%	21%	6%	1%	17%	41%	100%
Emergency Contraception – e.g. Morning After Pill	1%	22%	23%	4%	2%	9%	40%	100%
Substance Misuse – e.g. needle exchange or methadone supply	0%	13%	19%	10%	1%	15%	42%	100%
NHS Health Checks - e.g. blood sugar, blood pressure, cholesterol	8%	26%	26%	4%	1%	7%	36%	100%
Rota Services – e.g. Christmas Day or Easter Sunday	3%	25%	26%	3%	1%	6%	39%	100%
Urgent Pharmaceutical Services Out-of-hours – e.g. overnight or weekends	4%	29%	24%	4%	1%	6%	37%	100%
Palliative Care - access to medicines	2%	20%	25%	2%	1%	11%	42%	100%
Helicobacter Pylori breath test	0%	8%	15%	5%	0%	29%	43%	100%
Minor Conditions Advice – e.g. sore throat, hay fever	36%	40%	28%	1%	1%	4%	26%	100%
Healthy Eating and Healthy Living Advice	2%	15%	28%	8%	1%	8%	40%	100%
Alcohol Misuse Services – e.g. advice, interventions	0%	13%	20%	11%	1%	14%	41%	100%
Long Term Conditions Advice – e.g. diabetes, asthma, high blood pressure, dementia	11%	26%	26%	6%	1%	5%	36%	100%

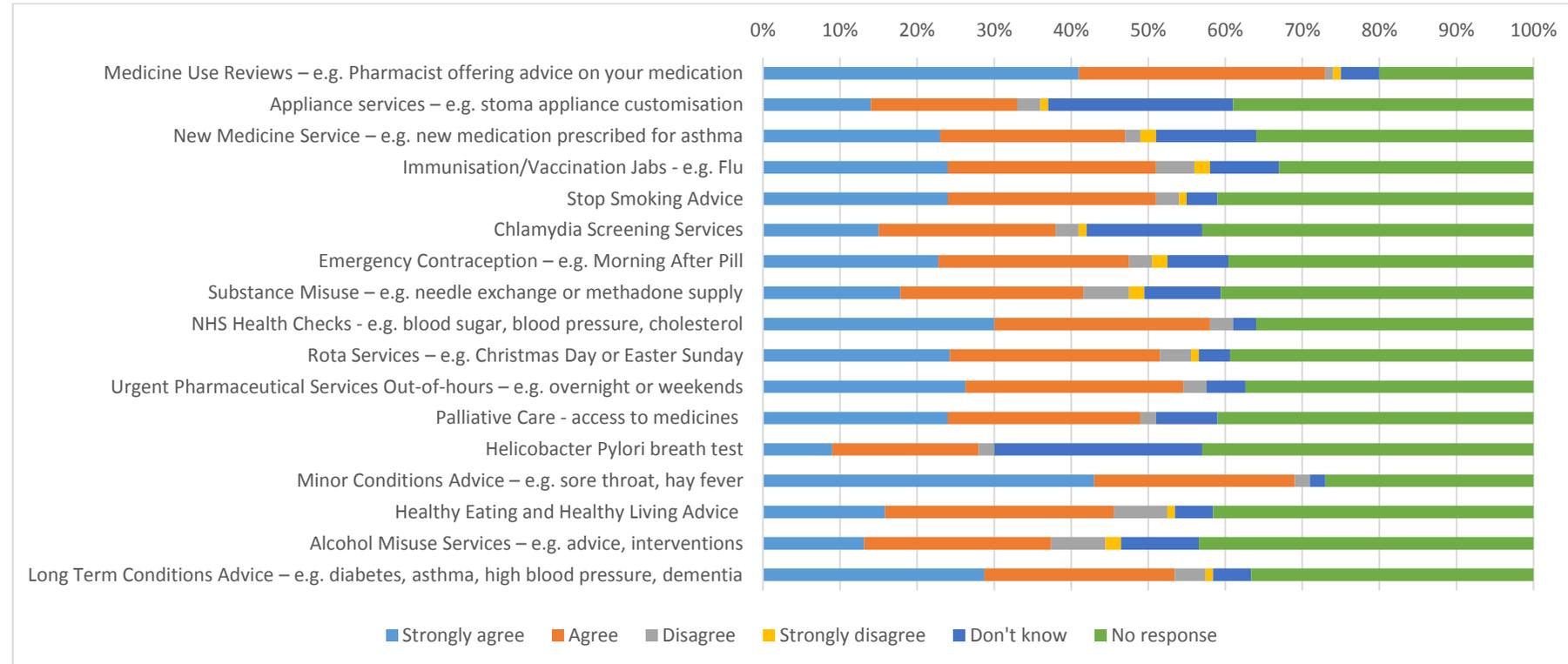
Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in North West Surrey CCG



Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in Surrey
Downs CCG

	Yes	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
Medicine Use Reviews – e.g. Pharmacist offering advice on your medication	45%	41%	32%	1%	1%	5%	20%	100%
Appliance services – e.g. stoma appliance customisation	1%	14%	19%	3%	1%	24%	39%	100%
New Medicine Service – e.g. new medication prescribed for asthma	6%	23%	24%	2%	2%	13%	36%	100%
Immunisation/Vaccination Jabs - e.g. Flu	12%	24%	27%	5%	2%	9%	33%	100%
Stop Smoking Advice	1%	24%	27%	3%	1%	4%	41%	100%
Chlamydia Screening Services	0%	15%	23%	3%	1%	15%	43%	100%
Emergency Contraception – e.g. Morning After Pill	2%	23%	25%	3%	2%	8%	40%	100%
Substance Misuse – e.g. needle exchange or methadone supply	1%	18%	24%	6%	2%	10%	41%	100%
NHS Health Checks - e.g. blood sugar, blood pressure, cholesterol	10%	30%	28%	3%	0%	3%	36%	100%
Rota Services – e.g. Christmas Day or Easter Sunday	2%	24%	27%	4%	1%	4%	39%	100%
Urgent Pharmaceutical Services Out-of-hours – e.g. overnight or weekends	6%	26%	28%	3%	0%	5%	37%	100%
Palliative Care - access to medicines	2%	24%	25%	2%	0%	8%	41%	100%
Helicobacter Pylori breath test	1%	9%	19%	2%	0%	27%	43%	100%
Minor Conditions Advice – e.g. sore throat, hay fever	37%	43%	26%	2%	0%	2%	27%	100%
Healthy Eating and Healthy Living Advice	2%	16%	30%	7%	1%	5%	42%	100%
Alcohol Misuse Services – e.g. advice, interventions	1%	13%	24%	7%	2%	10%	43%	100%
Long Term Conditions Advice – e.g. diabetes, asthma, high blood pressure, dementia	12%	29%	25%	4%	1%	5%	37%	100%

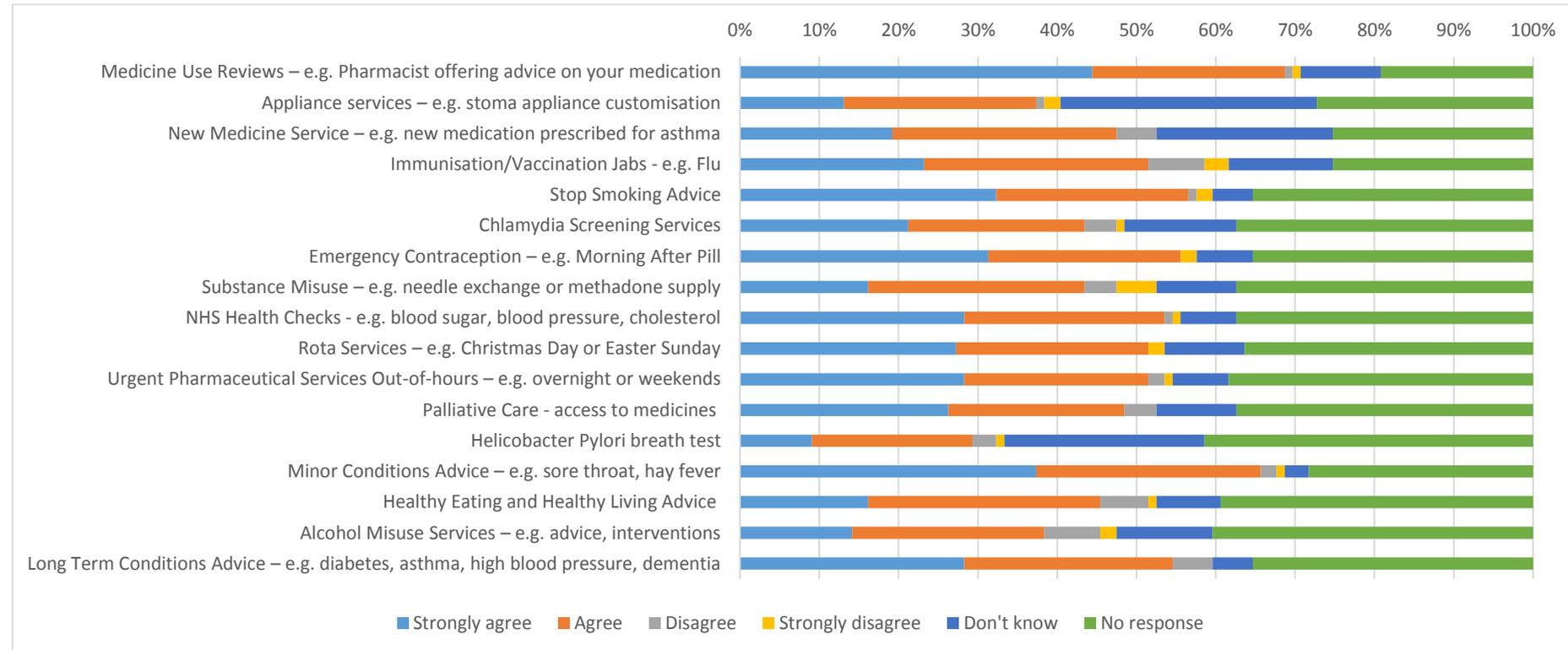
Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in Surrey Downs CCG



Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in Surrey Heath CCG

	Yes	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	No response	Grand Total
Medicine Use Reviews – e.g. Pharmacist offering advice on your medication	47%	44%	24%	1%	1%	10%	19%	100%
Appliance services – e.g. stoma appliance customisation	2%	13%	24%	1%	2%	32%	27%	100%
New Medicine Service – e.g. new medication prescribed for asthma	8%	19%	28%	5%	0%	22%	25%	100%
Immunisation/Vaccination Jabs - e.g. Flu	12%	23%	28%	7%	3%	13%	25%	100%
Stop Smoking Advice	1%	32%	24%	1%	2%	5%	35%	100%
Chlamydia Screening Services	0%	21%	22%	4%	1%	14%	37%	100%
Emergency Contraception – e.g. Morning After Pill	2%	31%	24%	0%	2%	7%	35%	100%
Substance Misuse – e.g. needle exchange or methadone supply	0%	16%	27%	4%	5%	10%	37%	100%
NHS Health Checks - e.g. blood sugar, blood pressure, cholesterol	5%	28%	25%	1%	1%	7%	37%	100%
Rota Services – e.g. Christmas Day or Easter Sunday	0%	27%	24%	0%	2%	10%	36%	100%
Urgent Pharmaceutical Services Out-of-hours – e.g. overnight or weekends	5%	28%	23%	2%	1%	7%	38%	100%
Palliative Care - access to medicines	4%	26%	22%	4%	0%	10%	37%	100%
Helicobacter Pylori breath test	1%	9%	20%	3%	1%	25%	41%	100%
Minor Conditions Advice – e.g. sore throat, hay fever	26%	37%	28%	2%	1%	3%	28%	100%
Healthy Eating and Healthy Living Advice	1%	16%	29%	6%	1%	8%	39%	100%
Alcohol Misuse Services – e.g. advice, interventions	0%	14%	24%	7%	2%	12%	40%	100%
Long Term Conditions Advice – e.g. diabetes, asthma, high blood pressure, dementia	10%	28%	26%	5%	0%	5%	35%	100%

Use of pharmacy services in the last year and respondent's perceptions of what services should be delivered by pharmacies in Surrey Heath CCG



Appendix G: Other services pharmacies provide or would be willing to provide

Service	Number of responses
Travel clinic	5
International Normalisation Ratio (INR) Testing	5
Anti-malarials via PGD Travel vaccinations	3
Whatever NHS wants to promote we will be too happy undergo training and provide the service	3
Minor ailment service	3
Monitored dosage system (MDS)	3
Mole scanning service	2
Erectile dysfunction	2
Meningitis B vaccination for 2 years old	1
Provide Online Non-prescription Ordering Service (ONPOS) dressings to practice nurses	1
Allergy testing	1
Managed repeat (patient led), RDS	1
C-Card registration	1
Contraceptive service	1
EHC	1
Advice to Homes	1
Child vaccinations	1
Sexual health screening	1
Blood testing	1
Smoking cessation	1
Alcohol screening and brief intervention	1
Out-of-hours support	1

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Healthwatch Surrey Report On Communicating Information Through The Hospital Discharge Journey

5 April 2018

Purpose of the report:

The Health and Wellbeing Board are invited to review the insight from people in Healthwatch Surrey's report and consider:

- How can the system work together, across all Surrey STPs, to ensure good information and communication is delivered consistently?
- How can the pressure to discharge people be balanced by the need to ensure individual needs are met, and that patients are at the heart of the process?

"There are two sides. The medical and then everything else. They know the medical stuff. But what are my risks in day to day life?....How careful have I got to be? What can I do and not do...?"

Background

Patient experience of hospital discharge is a priority area for Healthwatch Surrey. We often hear from people about the need for better information and communication on the discharge process, particularly from older people.

National guidance highlights the importance of good communication in successful discharge, particularly for those people who require additional care and support.

We wanted to find out how we are doing in Surrey. We spoke in depth to almost 60 older people, both in hospital and after discharge.

What we found

People told us how important it is to have clear information presented in the right way at the right time, to help them absorb and remember it, and in a way that can be shared with families/carers where appropriate. Arrangements for transport home, knowing if there's food in the house, and knowing about plans and support available after discharge were particularly important. Having good information about what medication to take was also key. We heard some examples of good practice, but also cases where people told us the basics had gone wrong.

If people are to be empowered to look after their own health, they and their families need the right information to enable them to do this.

Report contact:

Kate Scribbins, Chief Executive Healthwatch Surrey

Contact details:

Telephone: 01483 533 043 / email: kate.scribbins@healthwatchsurrey.co.uk

Sources/background papers:

Annex 1 – “It’s Difficult to know what to ask - Communicating information throughout the hospital discharge journey, January 2018

“It’s difficult to know what to ask”

Communicating information throughout the hospital discharge journey

January 2018



“It’s difficult to know what to ask”

12 Communicating information throughout the hospital discharge journey

January 2018

healthwatch
Surrey

Background

Discharge from hospital is a key area of conversation in the National Health Service (NHS) for a number of reasons including¹ :

- The potential for longer than necessary stays in hospital to have a negative impact on people’s health and wellbeing;
- The risk of readmission into hospital if a person is discharged before being ready or without appropriate support;
- The number of beds unavailable to people who need to be admitted into hospital as a result of delayed discharge.

The Healthwatch England report ‘Safely Home’² and the October 2017 update ‘What happens when people leave hospital and other care settings?’¹ identify a number of issues in people’s experiences of hospital discharge. These include people not feeling fully involved in decisions about their care, not having enough information available, and feeling that their overall needs were not appropriately considered prior to being discharged. The reports also highlight the value of gaining qualitative feedback in order to improve future experiences of leaving hospital for others.

Introduction

In light of the national discussion about hospital discharge, understanding people’s experiences of hospital discharge continues to be a priority area for Healthwatch Surrey.

We often hear from people who have had a negative experience of leaving hospital, and many of the issues highlighted by Healthwatch England nationally are reflected in the experiences we hear from people locally.

A common theme in what we hear at a local level is a need for improved information and communication throughout the discharge process, with a large number of these comments coming from, or relating to, people aged 65 or over. National guidance highlights communication as an essential factor in successful discharge, particularly for people who require additional care or support³, warranting further exploration of this topic at a local level.

Between September and December 2017, Healthwatch Surrey undertook a specific project, speaking to local people aged 65+ (including their family/friends) about their experiences of leaving hospital. We were particularly keen to hear about the information people need to help make the transition out of hospital as smooth as possible, and how this can best be communicated. In total we spoke to 59 people in depth about their expectations, needs and experiences throughout the process of leaving hospital.



1 ‘What happens when people leave hospital and other care settings’ Healthwatch England, 2017

2 ‘Safely Home - What happens when people leave hospital and other care settings?’ Healthwatch England, 2015

3 ‘Moving between hospital and home, including care homes’ NICE/SCIE, September 2017

“It’s difficult to know what to ask”

Communicating information throughout the hospital discharge journey

January 2018

What We Heard

Information and communication in hospital	3
Do people feel comfortable asking questions	4
What do people want to know?	6
What is wrong with my health?.....	6
What about my mobility?.....	6
How do I get home?.....	7
What about my medication?.....	7
What’s going to happen about my food?.....	8
What else do I need at home?.....	8
Going to residential care/ community hospital	9

Information and communication in hospital

We asked people about their experiences of communication in hospital relating to plans for their discharge and follow-up care, and asked people what methods of communication were most helpful.

Many people told us that it would be useful to have information available to them before being formally discharged from hospital so that they could ask questions and get clear answers. It was clear that a mix of face-to-face and written information was valued; written information was helpful for remembering detail, while face-to-face explanations were experienced as reassuring and a good opportunity to ask questions or seek clarification.

Comments prior to discharge

“I like them to talk to me but then there is so much to remember that it is good to have it written down too so I can take it all in – you’re fed so much information that I think it’s good to have a note of it.”

“You like to know exactly what’s being done, you don’t like to be kept in the dark.”

“I need time to ask questions – to get advice and understand.”

“Talk to me face to face. Give me guidance prior to leaving. People are frightened of the unknown.”

Comments following discharge

“It’s difficult to know what to ask because you have so much going on and so many people talking to you – you lose track.”

“They sometimes use unfamiliar terms so I like to get things in writing – you think you’ve taken everything in but then you’re home and you can’t always remember. So it’d be good to have the information before leaving so that you can ask questions and clarify things. Then you leave feeling reassured.”

Information and communication in hospital (continued)

Some people told us that it was important to make information available to someone they trusted as well as to themselves, particularly if their ability to understand information and ask questions themselves had been temporarily affected by ill-health.

Comments prior to discharge

“I like to be told, and for my family to be involved.”

Comments following discharge

“Where there are appointees with power of attorney, staff need to fully communicate with the person as well as the patient, depending on the mental capacity of the patient at the time.”

“An overview of what exactly happened could have been given to a relative so someone understood - doctors come round during non-visiting hours to review medical care...in my view as the person being treated I am not focused or able to take in what the doctor is saying to me about my health, my condition, my treatment and prognosis. This made me feel excluded from my own care. As I got well, I wanted to know more but family members could not tell me what had been done to me as the doctors and nurses never explained to them and they were not invited to be present when ‘rounds’ were done.”

One gentleman told us about how technology was helping him to ensure that his wife was involved in receiving up-to-date information about his care and plans for leaving hospital:

“I’ve been given top class information about looking after myself when I leave. The doctor comes every day and I have an iPad, which I can talk to my wife on. When the doctor comes to speak to me I turn the iPad on and my wife can listen too.”

Do people feel comfortable asking questions

We also asked people whether they had chance to ask questions about leaving hospital and the follow-up support they would need. Many people told us that they felt comfortable and confident asking questions and said that getting answers to their questions was reassuring for them.

Comments prior to discharge

“I can ask questions but I know there are many others who can’t.”

“I feel confident to ask and get clear answers. That’s not the same for everyone.”

Comments following discharge

“It worked because I knew what was happening and that care was in place so I felt safe to go home.”

“There was a daily update provided by the discharge team to the appointee (with power of attorney) and follow-up care was agreed – good communication.”

Information and communication in hospital (continued)

However, this was not the case for everyone. Individuals commented that they felt there was no time to ask questions and others suggested that the answers they were given were not clear or that explanations contained jargon that they did not understand. Some people commented that communication of information did not take account of their medical state or factor in the involvement of their family.

Comments prior to discharge

“It’s hard to keep track of jargon - they don’t tell you what it all means!”

Comments following discharge

“I felt I was being a nuisance.”

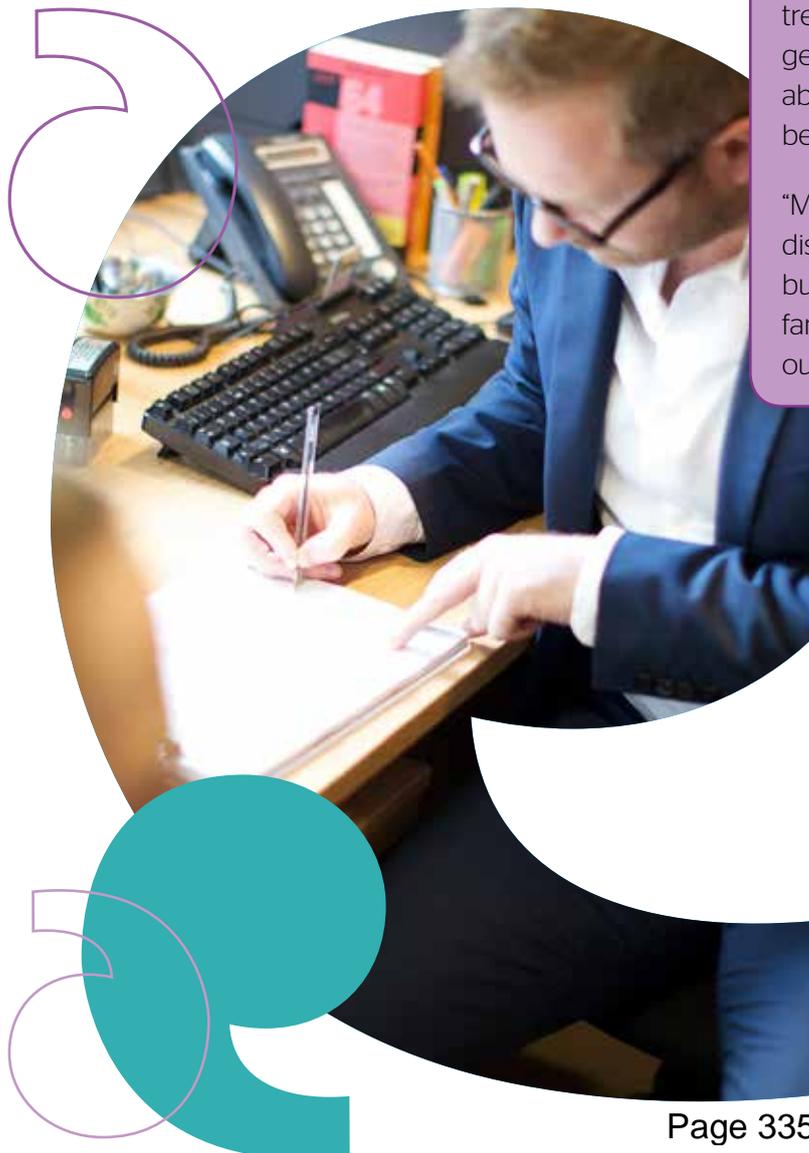
“I didn’t feel comfortable asking because there was no time and my hearing is impaired.”

“The ward nurses were very good but the doctors were too abrupt and short of time.”

“When my daughter arrived, I had no medication. No staff member spoke to her and she tried to find someone to help her understand what she needed to do, what medicine I needed to take and what follow ups - but there was no one available.”

“I had been in difficulties needing additional treatment, was heavily medicated and trying to get well so I barely knew my own name let alone able to understand medical jargon about what had been done to me.”

“My mother’s condition was not checked prior to discharge - i.e. physio had assessed previous week but in that time her condition deteriorated. We (the family) were not informed about how to care for our mother at home or what to expect.”



What do people want to know?

We also asked people about the information they felt it was important to have prior to being discharged, and identified a number of themes in people’s answers.

What is wrong with my health?

Some of the people we spoke to said they were unsure why they were in hospital, and suggested that more information about their current state of health would be welcome. People also told us that information about what would happen next with their health was important to them, particularly so that they could be prepared for any changes.

Comments prior to discharge

“I don’t know much about why I ended up here. That would be so helpful to know. I just ended up in hospital, so I’d like to know why in case it happens again.”

“I’d like to know more clearly what’s wrong and what will happen next with my health, so I know what to expect.”

“What exactly is wrong? And will it get worse? If so, how?”

What about my mobility?

A number of people expressed concern about their ability to move around independently after their hospital stay and commented that they would like more information and support to help them get back to being more mobile.

Comments prior to discharge

“I don’t know if I’ll need mobility support but I haven’t been walking since I’ve been here. No one has come to tell me if I need to be doing anything or what I can do to get ready.”

“They should talk more about physiotherapy. I’ve had a little walk around but I don’t know what the plan is beyond that – is there anything I can do to help myself?”

Comments following discharge

“They only do a bit of physio – they are reluctant – you have to fight for it.”

Within this, people also commented on a need to know the risks involved with going about their day to day life on their return home.

Comments prior to discharge

“There are two sides. The medical and then everything else. They know the medical stuff. But what are my risks in day to day life? I like being outside and gardening – what are the risks?”

“How careful have I got to be? What can I do and not do?”



What do people want to know? (continued)

How do I get home?

Getting home was a key issue for many people we spoke to. Individuals who were expecting to get a lift from a friend or family member often expressed that it was important to give that person enough notice to prepare.

Comments prior to discharge

“I’m ready and waiting for discharge but it depends if my wife can come and get me or not – and get a parking space close enough!”

“I’d need a good hour to prepare to leave and get my things together and let my husband know what’s going on.”

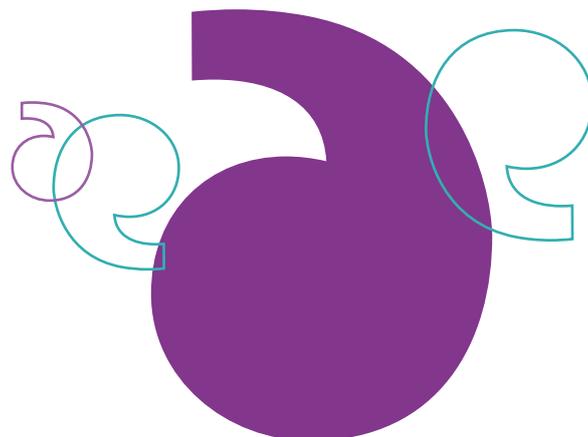
Although a number of people were satisfied with the arrangements made for transport by the hospital, we also heard of cases where arrangements for getting home were not suitable.

Comments following discharge

“Told I would be discharged, arranged for daughter to collect me, daughter took time off work, then told I couldn’t go because doctor needed to sign discharge papers and none were available.”

“I had two heart attacks and got the bus home to my sister’s as we had no money for a cab.”

One lady told us that she was discharged from hospital and taken home by ambulance but that no one had contacted friends or family - when the ambulance took her home there was no one in, and she didn’t have a key. “Luckily they were able to get hold of my neighbour who had a key”.



“It was a horrific experience. No one asked me, I had had surgery and no one even checked I was mobile and able to get about. My daughter herself had to go find a wheelchair as I couldn’t walk and wheel me out of the hospital.”

“I was given no time to prepare for discharge although I had been asking for the information (calling frequently) for four and a half hours beforehand!”

What’s going to happen about my food?

Many people spoke about the practical things that needed to be done when they got home to make sure that they would be safe and well, and expressed concern that these things had not been considered. Some were worried about having food in the house and being able to cook proper meals.

Comments prior to discharge

“I need two or three days’ notice so that I can organise food for back home.”

“What’s going to happen about my food? I can’t cook anymore.”

“Normally my partner does all the cooking, she’s the food provider, but we live apart so it’s a question of whether I need something like meals on wheels or something, but that’s all a bit unknown at the moment.”

Comments following discharge

“There was very little food in the house and I couldn’t contact anyone to go shopping for me.”

What do people want to know? (continued)

What about my medication?

Where medication was required, people commented that detailed and timely information relating to taking and collecting the medication was important.

Comments prior to discharge

“They need to be clear about how to take my medication.”

“It’s the medication that’s important to know about and when it will be ready.”

However, people commented that there were often issues getting their medication at the time of being discharged and highlighted that it was important for information about medication to be passed onto family or a trusted person. This theme is consistent with findings from the Hospital Discharge Survey 2017 (local Healthwatch working together), where waits for medication were identified as the top reason for delayed discharge.

Comments following discharge

“There is always a hold up with medication and my husband ends up having to come back the following day.”

“She was prescribed new medication but that information was not explained to her family.”

“I got told suddenly that I was going home so I got my daughter to come with transport. Then she had to sit and wait for medication. It was midnight before we got the medication sorted.”

What else do I need at home?

Concerns about practicalities also extended to the support people would need at home to continue living as independently as possible. Types of support ranged from mobility aids to care at home, and people often commented that it was important for them to know in advance about the support they would get with doing everyday tasks.

Comments prior to discharge

“They should know about the support I will need when I get home. Things like how I will get to the toilet on my own? In hospital I have a commode but where do I get one of those? Will I have one at home? That’s hard. And I’ll need something for the bath. I can get my legs over but I might need more help getting out.”

“Who will help me do the laundry or get to M&S? How do I change the sheets? People don’t think about the day to day stuff, you take all these things for granted.”

“It’s a big responsibility going home because I can’t do the maintenance - I’m an old man and I live alone. I’m worried I won’t be able to cope.”

The majority of people said that they did expect to be involved in decisions about their follow-up care and support. In many cases, people did feel involved in plans for after their discharge from hospital, however there were instances where people would have liked more information.

“They’ve talked about getting live in carers for me but they haven’t talked about my space - where will they stay?!”

Comments following discharge

“There was just a lack of understanding of how the patient lives and the anxiety of moving out of medical care in hospital.”

What do people want to know? (continued)

Going to residential care/community hospital

Many of the people we spoke to expected to be discharged to their own homes, however for those waiting to be discharged to a care home or community hospital, there were concerns over how to prepare for this. We heard from people that not knowing where they were going next caused them to worry, and there were suggestions that having answers to the small, practical questions would be helpful.

Comments prior to discharge

“I’m very apprehensive, I haven’t seen a picture of what it looks like.”

“I would like to have someone to talk to about the home, it’s important to go somewhere where I know the area. It would stop me worrying.”

“What can I expect from the home? The nursing home will know when to take me to the GP. But will I have the same GP when I go in? I’ve been there since 1953!”

“I’m going to a care home but I don’t know which one yet – it will be a strange place...can I take my own furniture and bits and bobs? Will someone know what to pack for me?”

Comments following discharge

“Discharged to a community hospital. It would have been very useful to have practical details of what was required at community hospital by way of clothes, aids etc.”



Summary

People’s experiences of hospital discharge are particularly important in understanding how the process can be improved for others in future. National guidelines highlight the importance of good communication and access to information throughout the hospital discharge journey. In undertaking the present piece of work, Healthwatch Surrey heard first hand from local people about the value of clear communication and information provision when leaving hospital. People highlighted that having information available and communicated in a way that was easy to understand and process was reassuring, whilst lack of information and unclear communication led to experiences of worry.

The information people highlighted as being particularly important included transport arrangements, having food available at home, knowing about the support available following discharge, and having information about where they were going next if this was not familiar to them.

Based on the comments of the people involved, Healthwatch Surrey have produced the following recommendations for consideration.

Recommendations

1. Hospital staff should ensure that people are supported to ask key questions about the process of leaving hospital, taking into account people’s confidence, ability, and the time required to process information in preparation for leaving hospital (e.g. flexible use of written/verbal communication, jargon-free language);
2. Hospital discharge teams should ensure that processes are in place to identify and record a trusted contact for each patient and that, where consent is provided, the contact is informed of plans for (and changes to) discharge and follow-up care in a timely manner;
3. All patients, and/or their trusted contact, should be involved in planning transport arrangements for leaving hospital to ensure that safe and timely transport is available at the point of discharge;
4. Social care teams and providers of on-going care should work together to consider how transfers to other care settings can be communicated to patients so that they feel reassured about their change in living circumstances. (for example, supply brochures with pictures, arrange a telephone call);
5. Hospital discharge teams should consider how patients (and/or their trusted contact) can be put in touch with services offering practical, short-term home support prior to them being discharged (e.g. Red Cross, Age Concern);
6. Hospital discharge teams and social care teams should explore how technology (e.g. iPads, teleconferencing) can be used to:
 - i) Involve trusted contacts, identified by the patient, in conversations about leaving hospital;
 - ii) Allow patients to find out more about other care settings prior to transfer out of hospital, to support adjustment to changes in their living circumstances.

What Next?

People do not always have the confidence, ability, or time to ask questions to help them prepare for leaving hospital. A number of people we spoke to suggested it can be difficult to take in information and said that “it’s difficult to know what to ask”.

Healthwatch Surrey are looking at ways in which older people could be supported and empowered to find out information about leaving hospital and their follow-up care; creation of a checklist/conversation record that can be utilised by patients, next of kin, and hospital staff has the potential to aid communication during an individual’s hospital stay, and this is currently being considered.

This report and its recommendations will be shared with commissioners, service providers and other organisations. Responses will be published on the Healthwatch Surrey website in due course.

Acknowledgements

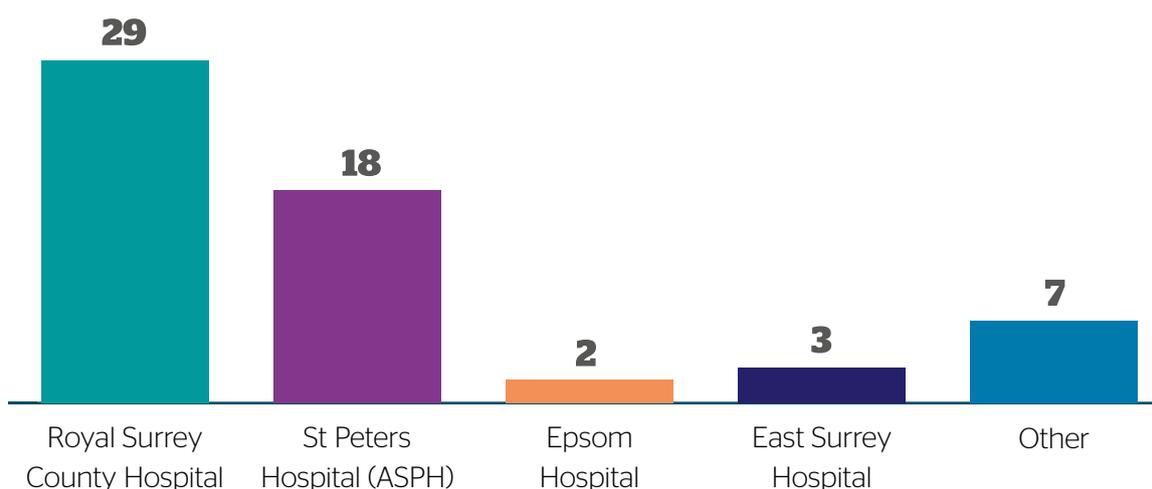
Healthwatch Surrey would like to thank the participating hospitals and all those who contributed their views and experiences. We would also like to thank the Healthwatch Surrey volunteers who supported with this project.

Appendix 1: Method

Participants

Between September 2017 and December 2017 we set out to collect feedback from people 65+ (or carers/friends/relatives on their behalf, with consent) who had been discharged from hospital in Surrey within the past 18 months. Feedback was received from 59 people in total (Male = 15, Female = 44; Age 65-103 years), including eight responses from family/friends.

Recruitment



1. People aged 65+ who were discharged from hospital (or their proxy) in the past 18-months were invited to complete an online survey, promoted via social media in collaboration with local hospitals;
2. Based on methods used by Healthwatch Sutton (2014), Healthwatch Surrey volunteers visited four geriatric wards at the two participating hospitals (St Peter’s Hospital, and Royal Surrey County Hospital) at two time points to speak to patients about leaving hospital. Volunteers also gained consent (including contact details) to follow-up with patients once they were discharged, via telephone, to get a full picture of their experience of leaving hospital.

Method (continued)

Online Survey

A survey was created using Survey Monkey combining a number of free-text response boxes and multiple-choice questions.

Interviews

Initial feedback and expectations about preparing for discharge were gathered by DBS checked Healthwatch Surrey volunteers who visited wards in teams of two or more. A semi-structured interview guide was put together to mirror the online survey structure.

Where patients agreed to be involved in an interview following their discharge, contact details were taken and stored securely, along with an estimated discharge date. 16 people were followed up by telephone after leaving hospital and gave additional comments on their experience.

All participants were offered the opportunity to enter a prize draw for the chance to win one of five £20 Marks and Spencer vouchers.



About Healthwatch Surrey

Healthwatch Surrey is an independent local watchdog that gives the people of Surrey a voice to improve, shape and get the best from health and social care services.

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