

Surrey Pharmaceutical Needs Assessment

FINAL DRAFT April 2015

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Glossary

(In alphabetical order)

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

1 Executive Summary

1.1 Purpose

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

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

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

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

1.2 Process

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

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

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

1.3 Key findings and recommendations

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

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

2 Introduction

2.1 Context for the Pharmaceutical Needs Assessment

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

2.2 What is a pharmaceutical needs assessment?

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

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

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

2.3 Pharmaceutical needs assessment purpose

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

2.4 Surrey's PNA

2.4.1 Background

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

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

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

Table 1: Community Pharmacy changes 2011 - 2014

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

2.4.2 Aim

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

2.4.3 Objectives

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

2.4.4 Methodology

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

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

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

2.4.5 Production

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

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

2.4.6 Localities

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

Table 2: CCGs and Local Authorities within Surrey

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

2.4.7 Pharmaceutical services

Essential Services

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

Advanced Services

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

Enhanced Services (Commissioned by NHS England):

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

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

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

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

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

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

2.5 Structure of the PNA

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

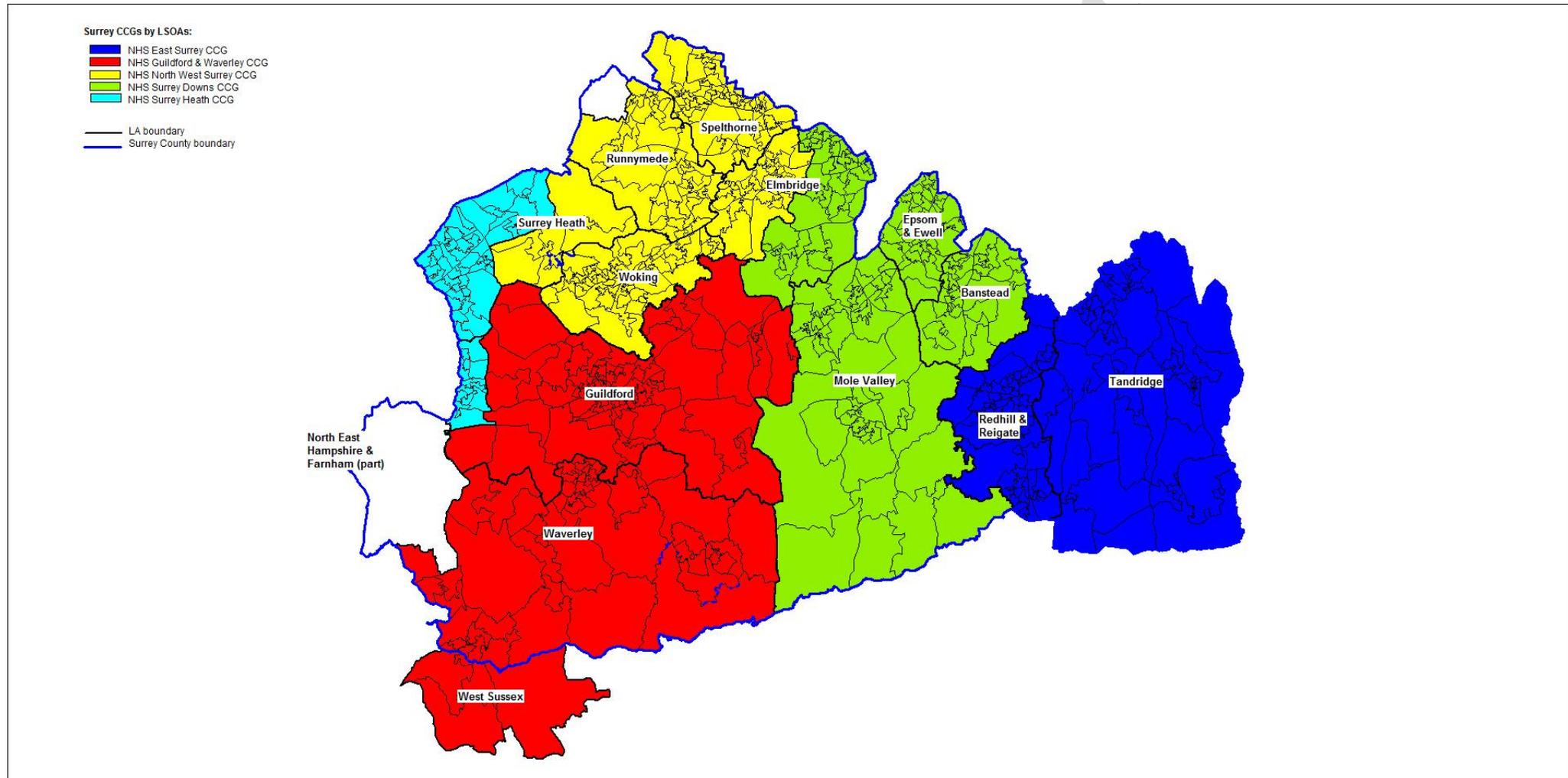
3 Demography

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

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

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

Map 1: Surrey Clinical Commissioning Groups



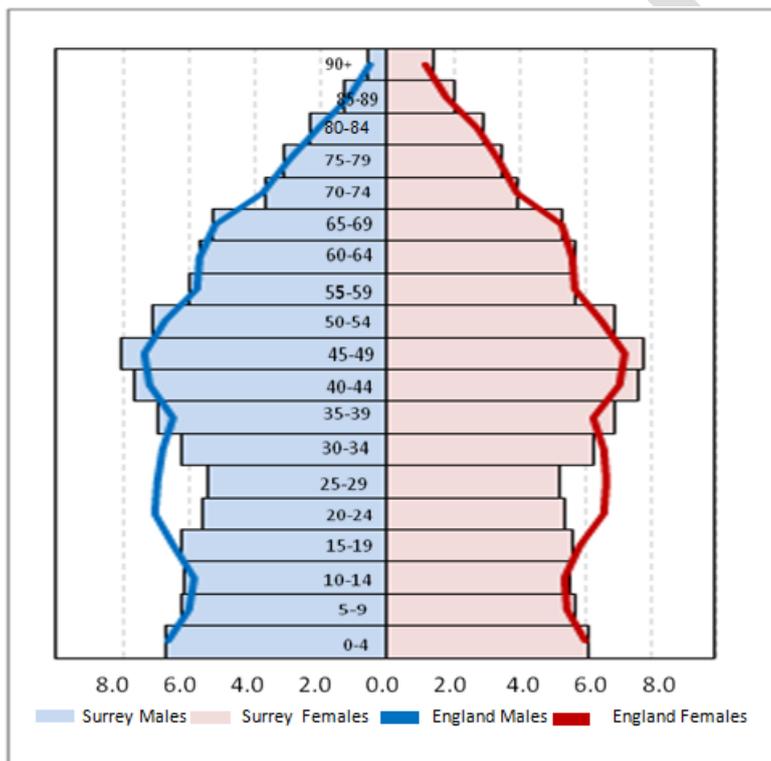
3.1 Population

3.1.1 Surrey

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

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

Figure 1: Surrey's Population Pyramid



Source: ONS, *Mid-year estimates 2012*

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

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

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

Source: ONS, Census 2011

3.1.2 Surrey Population Projections

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

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

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

Source: ONS, Population Projections 2012

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

Source: ONS, *Population Projections 2012*

3.1.3 Health Inequalities

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

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

More detail on the health inequalities experienced by people living in these areas is outlined in the JSNA^{vii}.

Surrey Health and Wellbeing Board Priorities

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

The HWB is the place for the NHS, public health, social care, local councillors, district and borough representatives and user representatives to work together to improve the health and wellbeing of the people of Surrey. The HWB identifies opportunities for collaboration and integration across agencies, and works with services users, patients and local stakeholders. Surrey HWB's priorities have been informed by the JSNA and include improving children's health and wellbeing, developing a preventive approach, promoting emotional and mental wellbeing, improving the health and wellbeing of older adults and safeguarding the population².

² <http://www.healthysurrey.org.uk/surrey-s-priorities>

3.2 Planned housing growth in Surrey

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

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

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

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

3.3 Surrey Population Summary

- Surrey has an ageing population with the 65 and over age cohort estimated to have the highest growth between 2012 - 2022 (21.9%), which is consistent across all CCG's. This is likely to impact on future healthcare demand.
- Surrey Heath CCG is projected to see a 37.3% increase in the over 85 age cohort in the next five years
- Surrey Downs CCG has the higher number of those aged over 65 living on their own (13.5%) in comparison to Surrey (12.6%) and England (12.4%) averages. This is predominately in Mole Valley and Reigate and Banstead (14.7%, 13.6%)
- Surrey has significantly more people in the 40 – 54 age cohorts in comparison to the England average.
- Surrey predominately has a White population (90.4%) with Woking and Epsom and Ewell having the highest Non-White populations (19.2% and 17% respectively), which should be considered with regard to health needs.
- Guildford and Waverley CCG is projected to see the largest increase in additional dwellings over the next 15 years

3.4 Population characteristics by CCG

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

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

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

4 Local Health Needs

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

4.1 Clinical Commissioning Group (CCG) Profiles

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

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

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

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

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

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

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

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

Key

	Significantly (could be statistically significant) better performance than the Surrey County Council average
	The difference in performance is not statistically significant
	Significantly (could be statistically significant) lower performance than the Surrey County Council average

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

Deprivation

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

Lifestyle and risk factors

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

Managing Long-term Conditions

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

Burden of ill health – mortality

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

Health service utilisation

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

4.2 Local Health Profiles 2013

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

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

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

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

Local Authority	Indicators (Better than Surrey average)	Indicators (Worse than Surrey average)
Elmbridge	<ul style="list-style-type: none"> • Children in poverty • Violent crime • Adult obesity • Drug misuse • Higher detection of people with diabetes 	
Epsom & Ewell	<ul style="list-style-type: none"> • GCSE achieved • Teenage conception • Life expectancy in females 	<ul style="list-style-type: none"> • Violent crime • Low incidence of diabetes
Guildford	<ul style="list-style-type: none"> • GCSE achieved • Higher detection of people with diabetes 	<ul style="list-style-type: none"> • Violent crime • Long-term unemployment • Drug misuse • Sexually transmitted infections • Road injuries and death

Local Authority	Indicators (Better than Surrey average)	Indicators (Worse than Surrey average)
Mole Valley	<ul style="list-style-type: none"> • Children in poverty • Violent crime • Sexually transmitted infections 	<ul style="list-style-type: none"> • Road injuries and death
Reigate & Banstead	<ul style="list-style-type: none"> • Hospital stays for alcohol related harm • Sexually transmitted infections 	<ul style="list-style-type: none"> • Income deprivation • Children in poverty • Homelessness • GCSE achieved • Violent crime • Under 18 alcohol admissions
Runnymede	<ul style="list-style-type: none"> • Incidence of malignant melanoma 	<ul style="list-style-type: none"> • Children in poverty • Homelessness • Teenage conception • Drug misuse • People diagnosed with diabetes • Early deaths from cancer • Road injuries and death
Spelthorne		<ul style="list-style-type: none"> • Children in poverty • Homelessness • GCSE achieved • Violent crime • Long-term unemployment • Teenage conception • Adult obesity • Hospital stays self harm • Hospital stays for alcohol related harm • People diagnosed with diabetes • Sexually transmitted infections • Life expectancy for males • Smoking related deaths • Early cancer deaths

Local Authority	Indicators (Better than Surrey average)	Indicators (Worse than Surrey average)
Surrey Heath		<ul style="list-style-type: none"> • Homelessness • Hospital stays self harm • Hospital stays for alcohol related harm • People diagnosed with diabetes • Sexually transmitted infections
Tandridge	<ul style="list-style-type: none"> • Homelessness • Violent crime • Under 18 alcohol admissions • Teenage conception • Hospital stays for alcohol related harm • Drug misuse • Sexually transmitted infections 	<ul style="list-style-type: none"> • GCSE achieved • Road injuries and death
Waverley	<ul style="list-style-type: none"> • Children in poverty • Homelessness • GCSE achieved • Violent crime • Obesity in children • Under 18 alcohol admissions • Teenage conception • Drug misuse • Higher detection of people with diabetes • Sexually transmitted infections 	
Woking		<ul style="list-style-type: none"> • Income deprivation • Children in poverty • GCSE achieved • Violent crime • Drug misuse • People diagnosed with diabetes • New cases of tuberculosis • Sexually transmitted infections

8 5 Current Pharmaceutical Service Provision

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

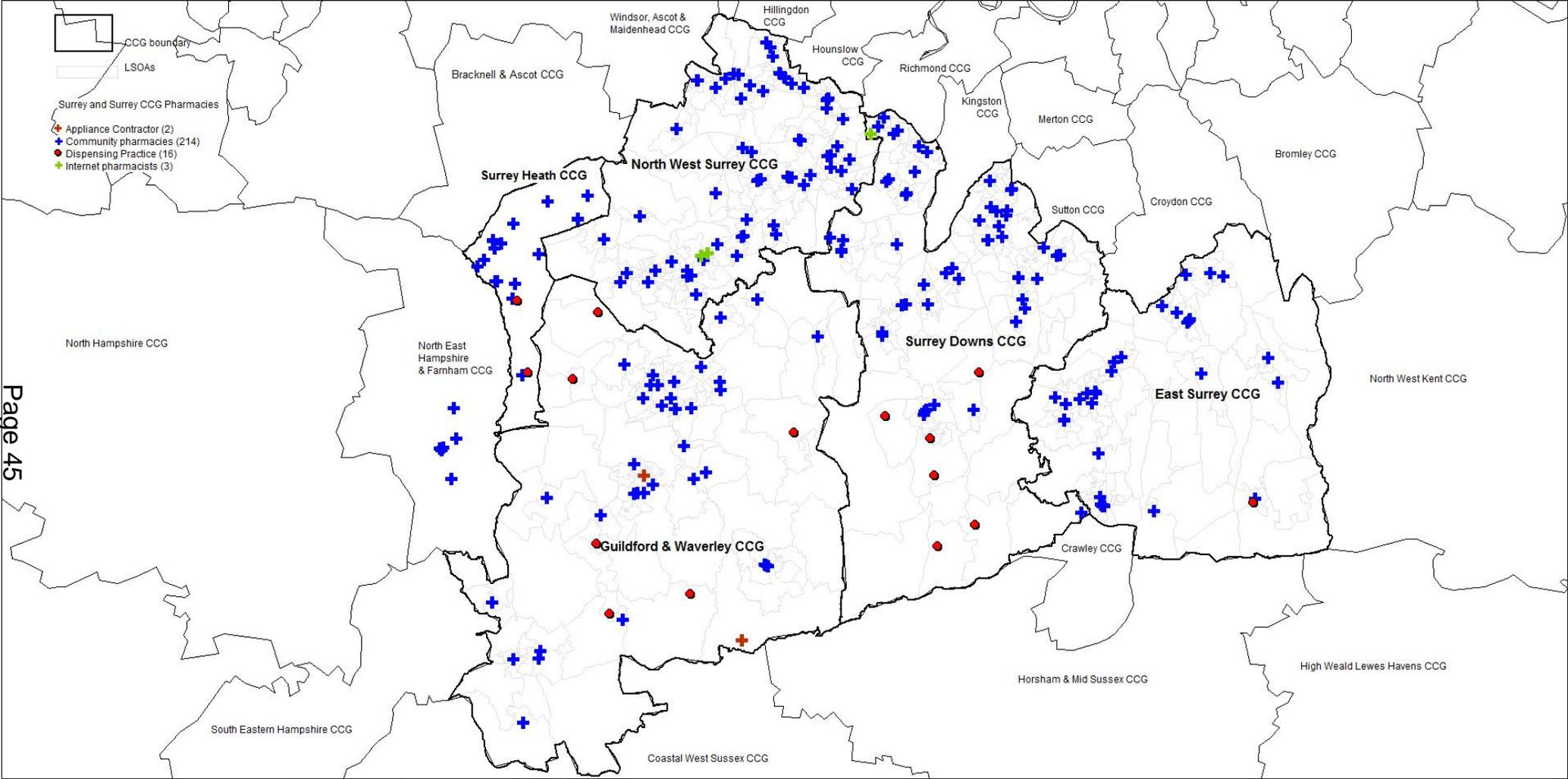
Table 8 provides a breakdown of pharmaceutical services provided in Surrey with Map 2 showing the distribution across Surrey and CCGs.

Table 8: Number of pharmaceutical services in Surrey

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

*includes pharmacies and residents in Surrey

Map 2: Pharmaceutical provision in Surrey



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8 5.1 Community pharmacies

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

Table 9: Pharmacies per population

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

* includes pharmacies and residents in Surrey

** ONS Census, 2011

5.2 Dispensing Activity

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

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

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

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

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

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

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

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

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

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

*does not include internet pharmacies

5.3 Dispensing Doctors

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

A patient may at any time request in writing that a dispensing doctor provides them with pharmaceutical services ifⁱⁱ:

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

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

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

Table 12: Dispensing Doctors by CCG

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

5.4 Internet/distance selling pharmacies

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

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

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

5.5 Dispensing appliance contractors (DACs)

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

5.6 Access to pharmacies

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

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

Bank Holidays

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

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

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

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

*excluding dispensing appliance contractors

**7 pharmacies within the Surrey border for North East Hampshire and Farnham CCG.

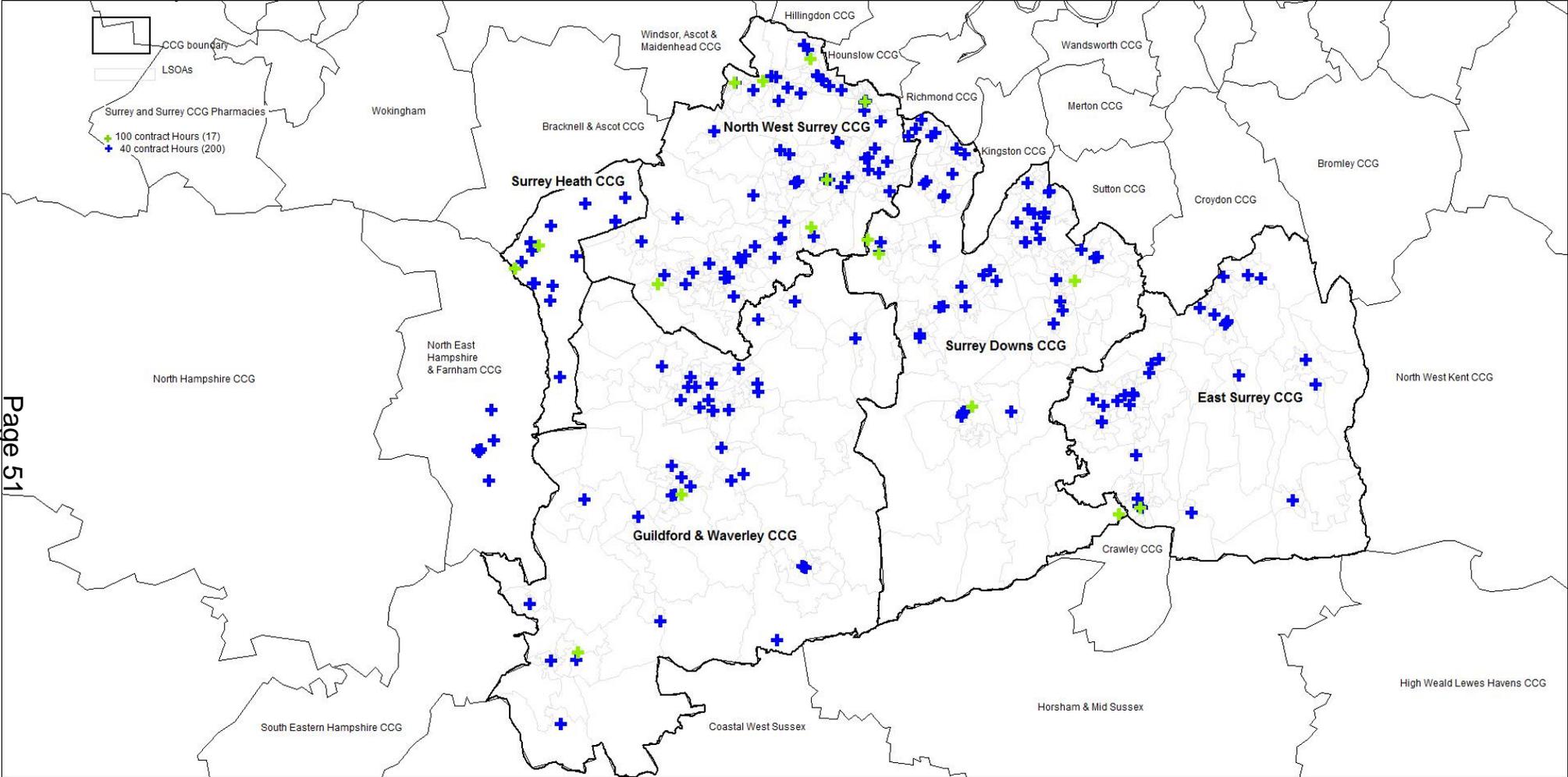
*** Figures may not tally due to rounding

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

Table 14: Provision of core contract Hours and opening times

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

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



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5.6.1 Neighbouring Health and Wellbeing Boards

Surrey borders 14 Health and Wellbeing Boards³, which have between them over 400 community pharmacies within a five mile radius of the Surrey border (Table 15). It is recognised that these pharmacies provide Surrey residents with the opportunity to access pharmaceutical services local and convenient to them, although use of these pharmacies is likely to be at an opportunistic level. These pharmacy services will be acknowledged when reviewing service provision within Surrey against the needs of the local population.

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

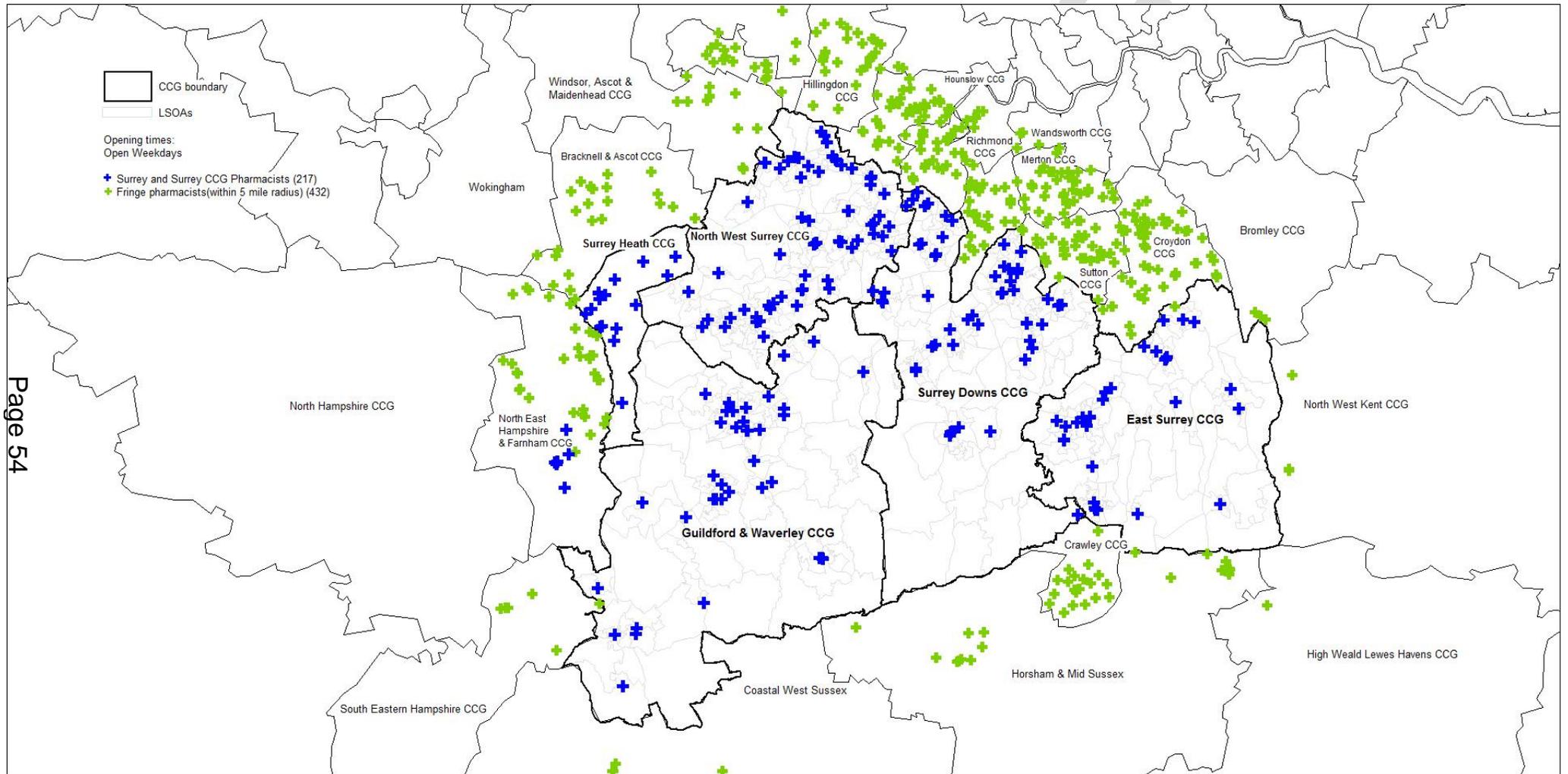
County	Pharmacy			
	CCG Name	Number	Within 5 mile radius	%
Windsor, Ascot & Maidenhead	Bracknell & Ascot	24	24	100.0
	Slough	32	19	59.4
	Windsor, Ascot & Maidenhead	26	12	46.2
Buckinghamshire	Chiltern	61	3	4.9
East Sussex	High Weald Lewes Havens	29	1	3.4
Hampshire	North East Hampshire	34	34	100.0
	South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

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

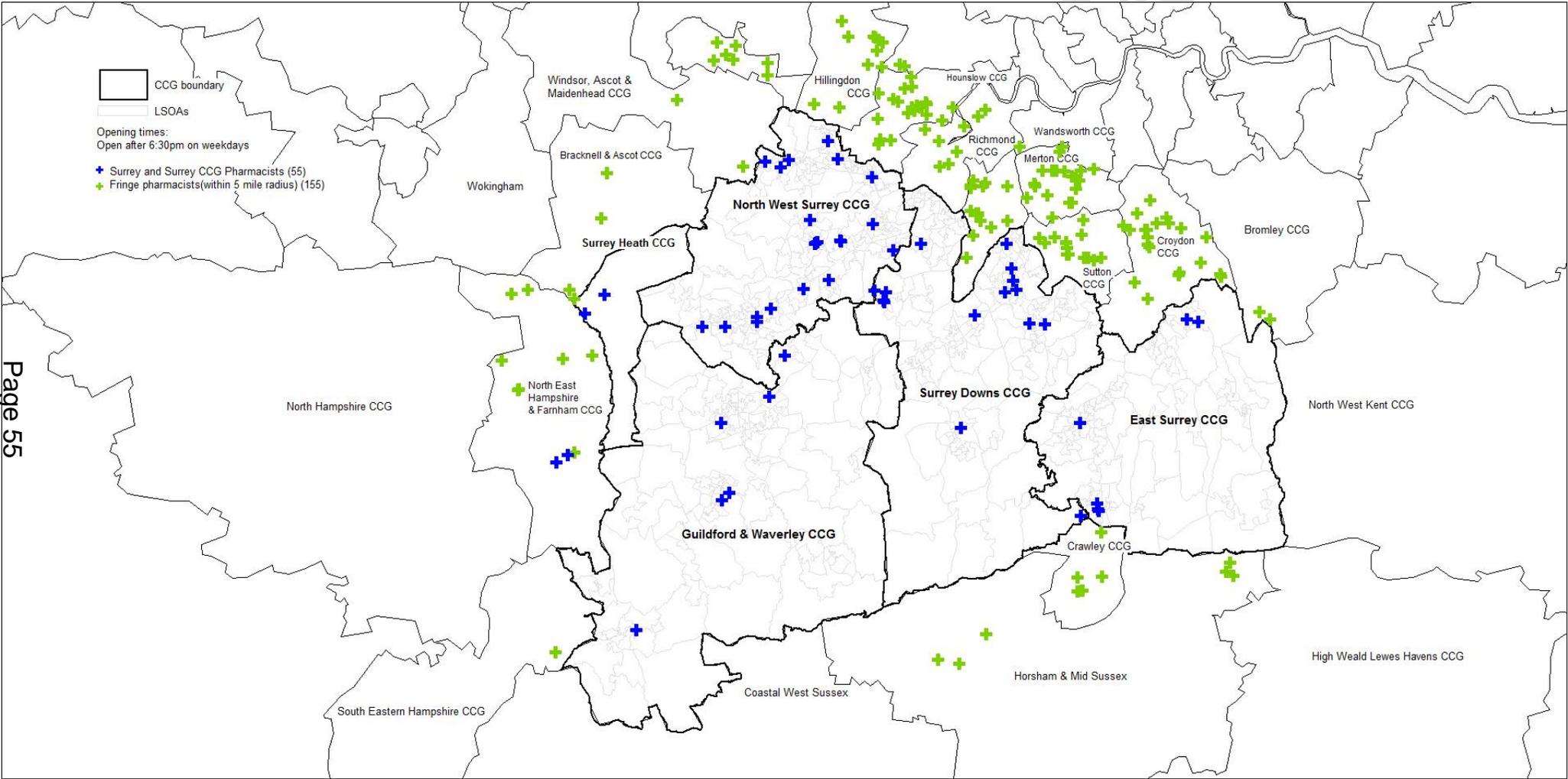
	Sutton	44	44	100.0
	Wandsworth	63	4	6.3
West Sussex	Coastal West Sussex	102	4*	4.0
	Crawley	22	22*	100.0
	Horsham & Mid Sussex	39	19	48.7
	Total	1,020	432*	

* figures awaiting confirmation

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

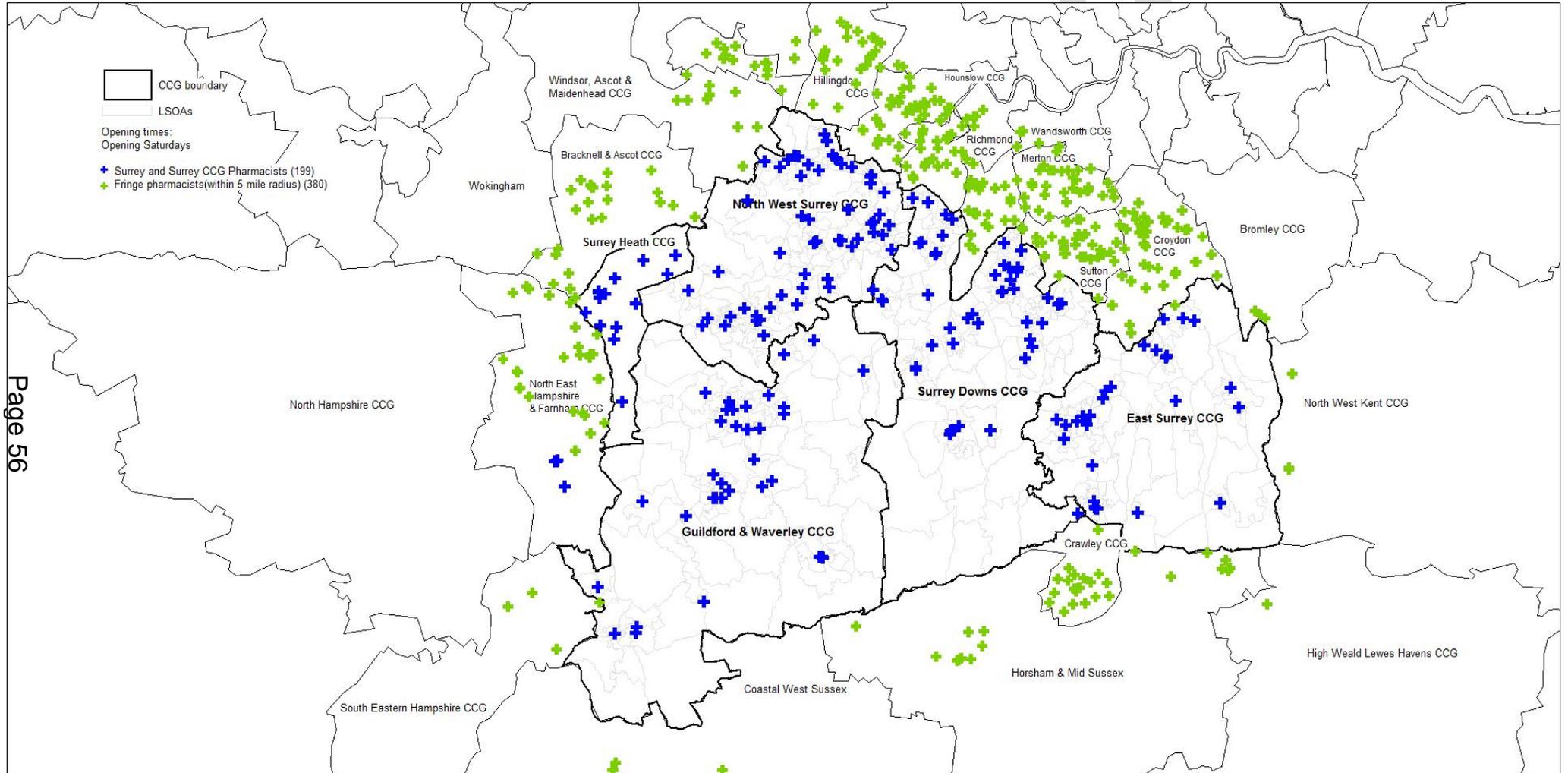


Map 5: Pharmacies in Surrey and neighbouring CCGs open during evenings (after 1830hrs)



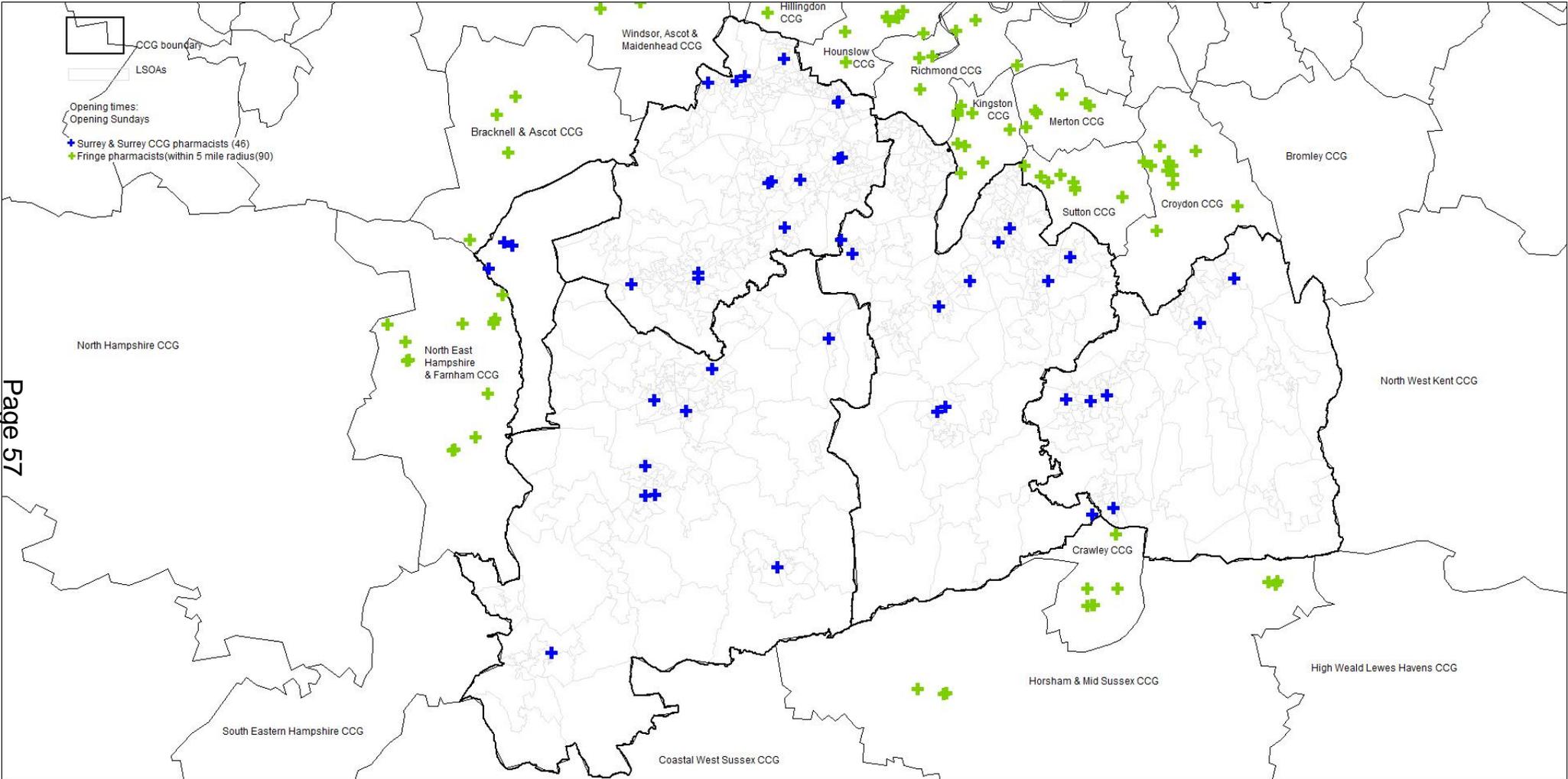
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Map 6: Pharmacies in Surrey CCGs and neighbouring CCGs open on Saturdays



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



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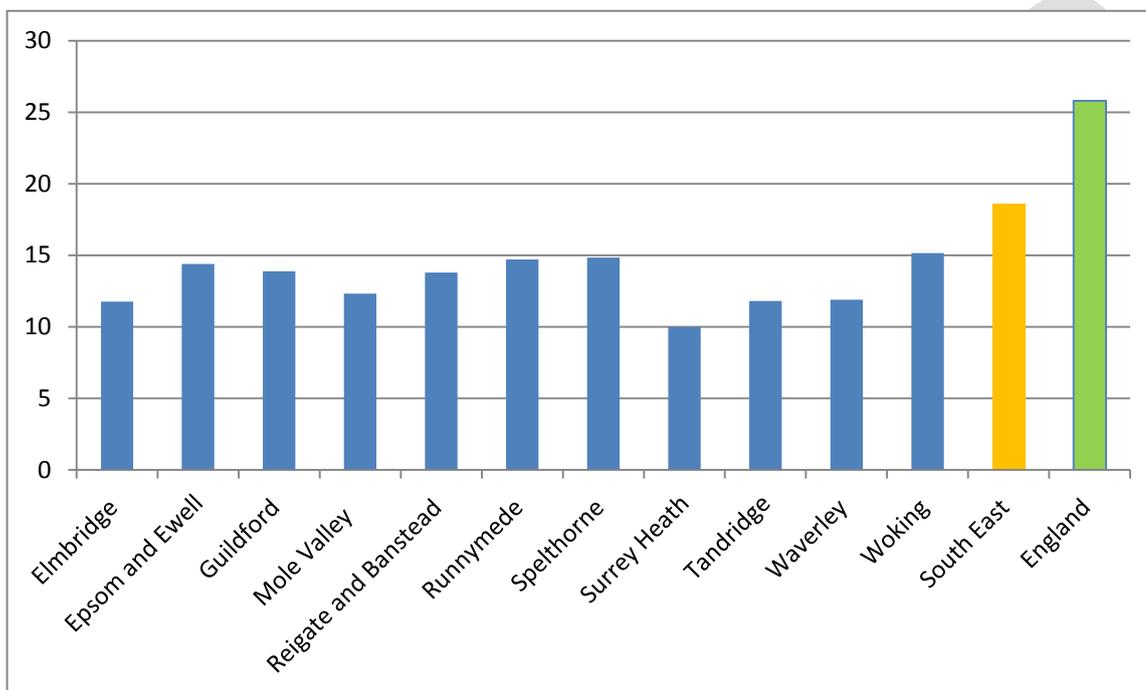


5.7 Distance and travel times

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

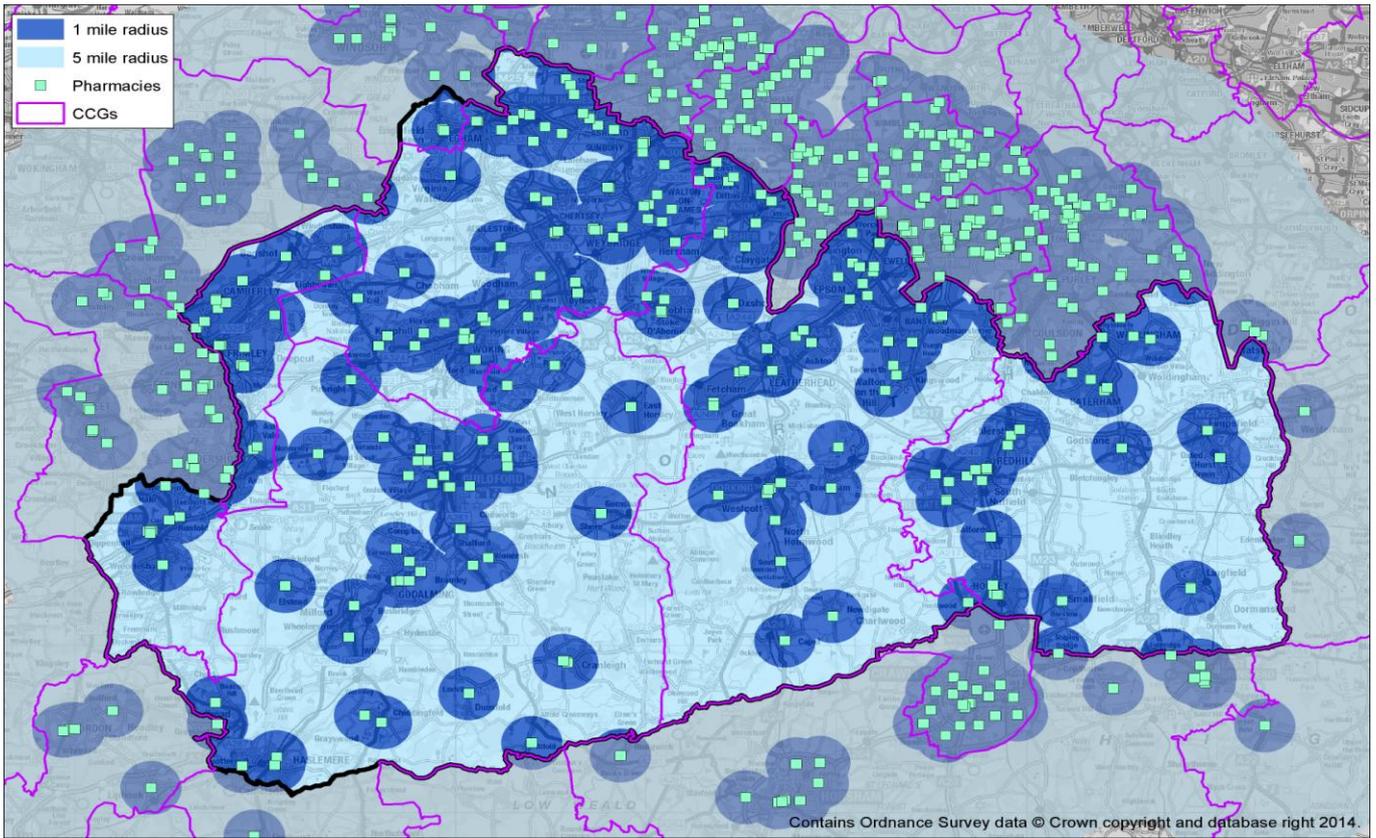
The 2011 census indicates that 13.1% (59,865) of the residents in Surrey do not own a car. This is lower than the England (25.8%) and the South East (18.6%) average (Figure 3). Woking in North West Surrey CCG has the highest number of households per local authority with no car (15.1%) followed by Spelthorne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

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

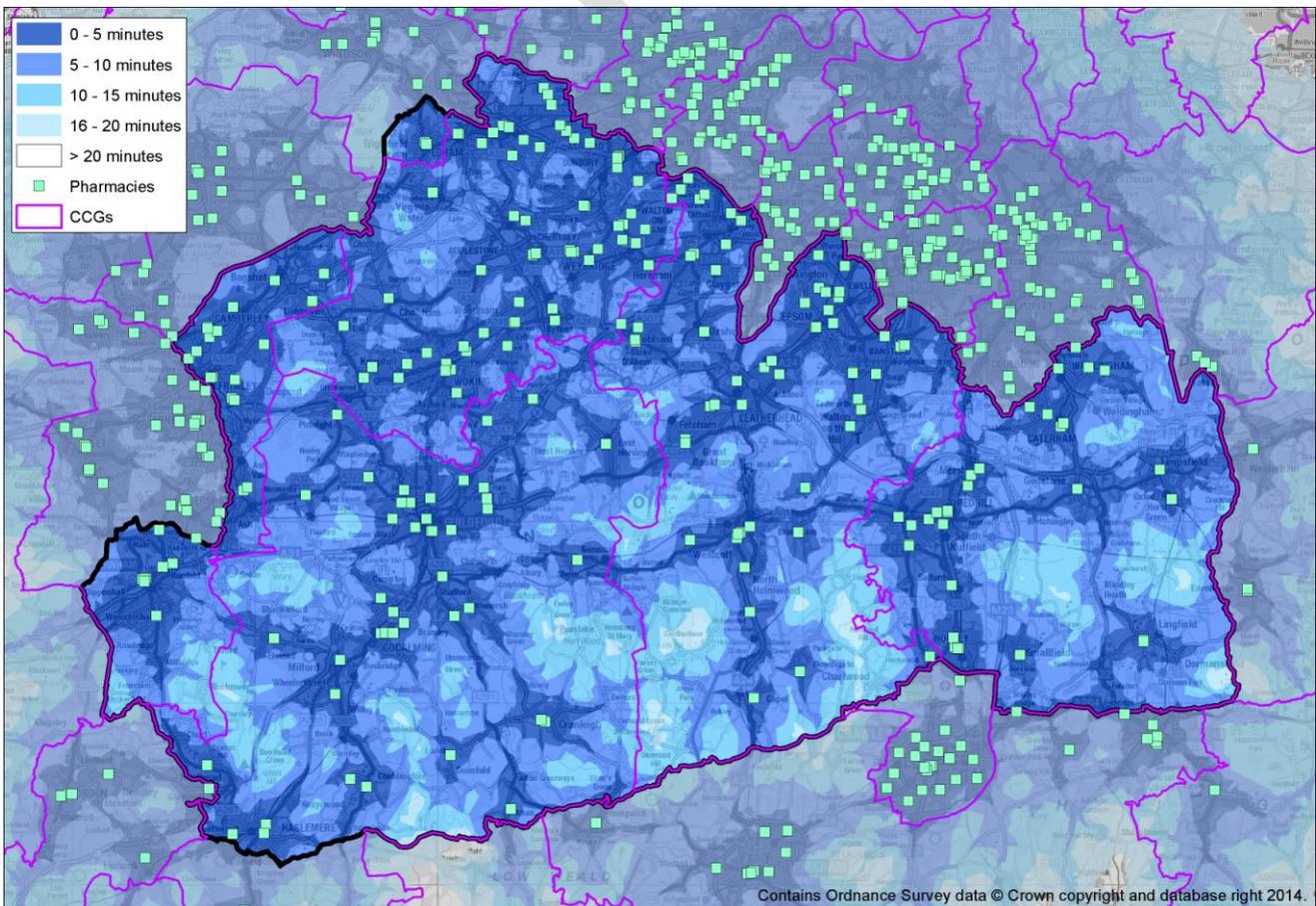


Map 8 to Map 15 show areas of Surrey within one and five mile radii and journey times by car according to pharmacy opening times.

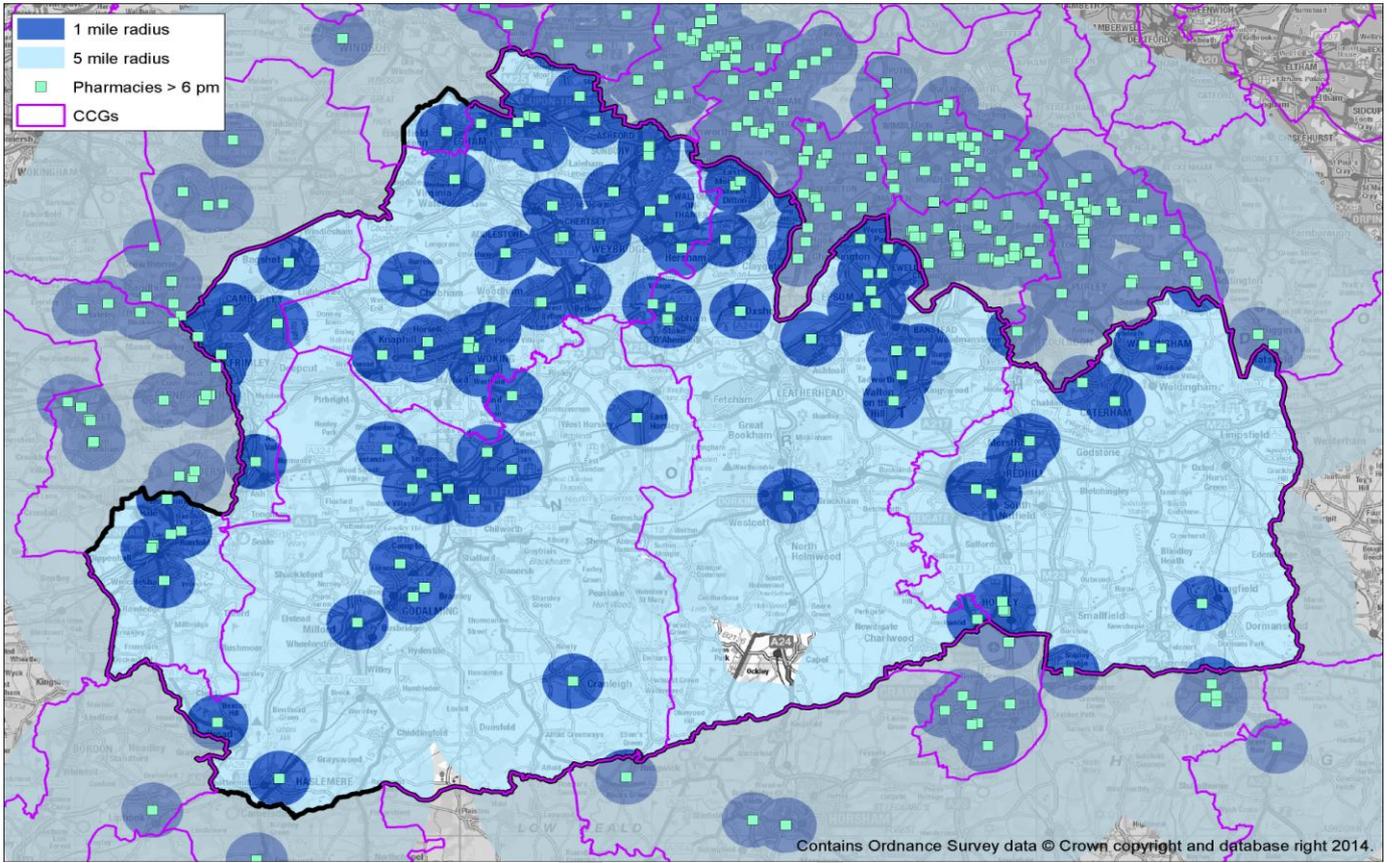
Map 8: Areas of Surrey within one and five mile radius of a pharmacy open on weekday (including dispensing practices)



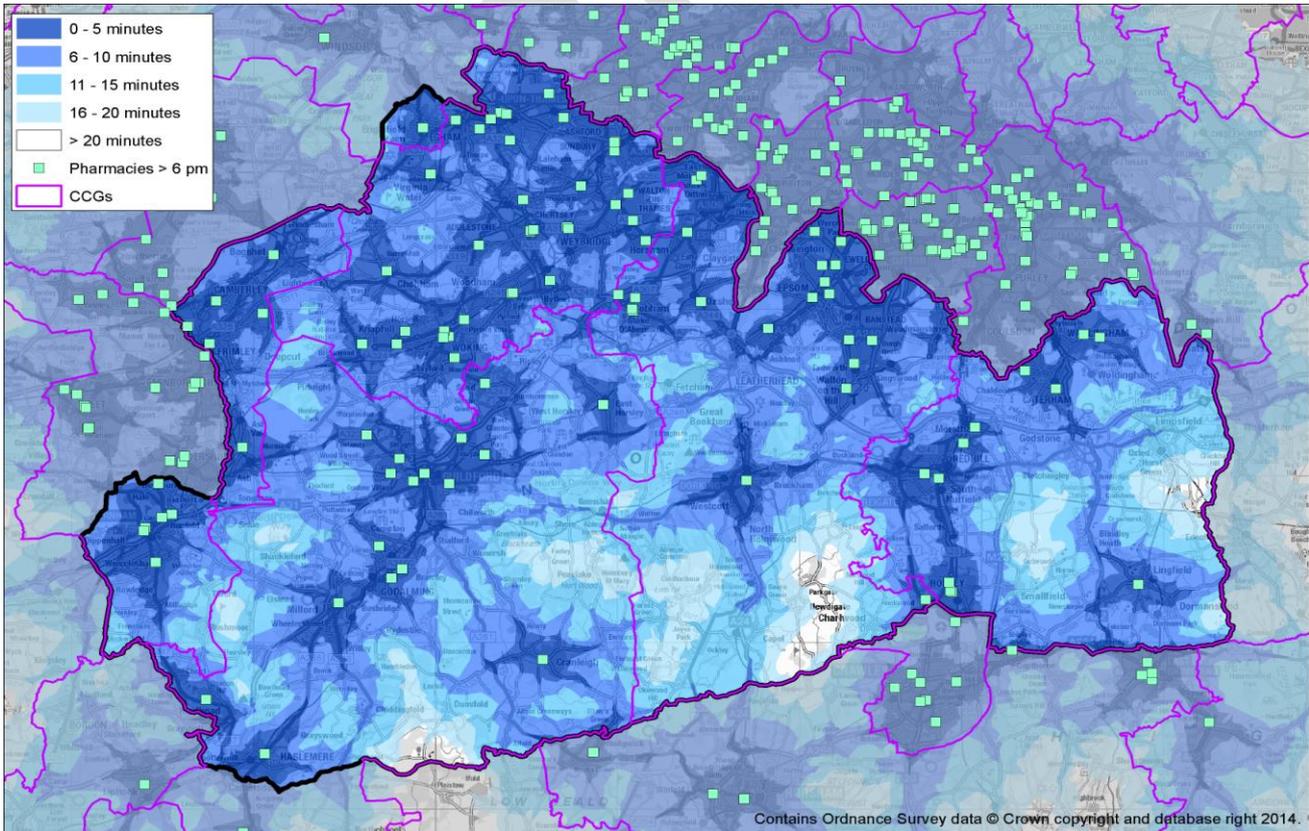
Map 9: Journey time by car during weekdays



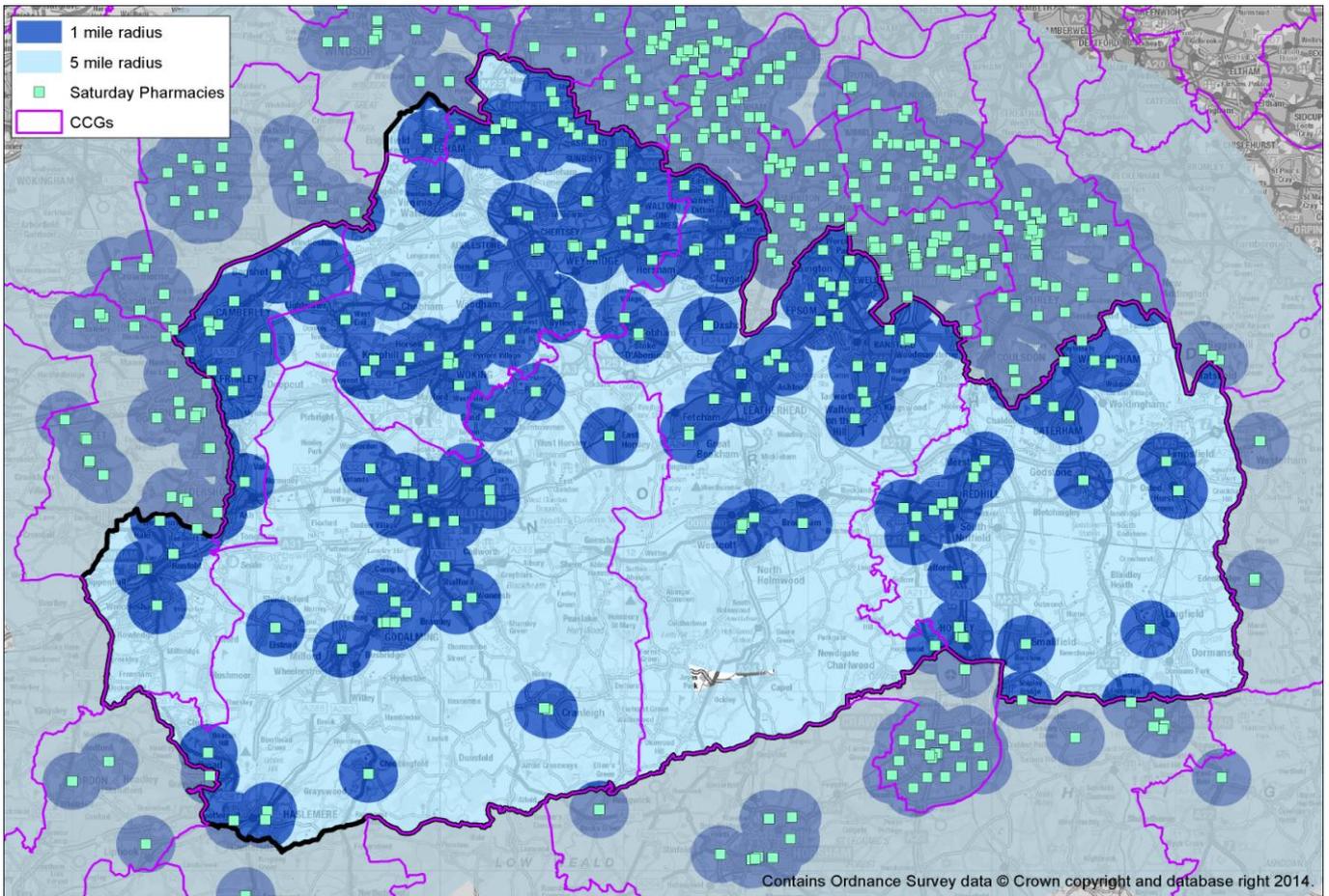
Map 10: Areas of Surrey within one and five miles of a pharmacy open on weekday evenings (after 18:00hrs)



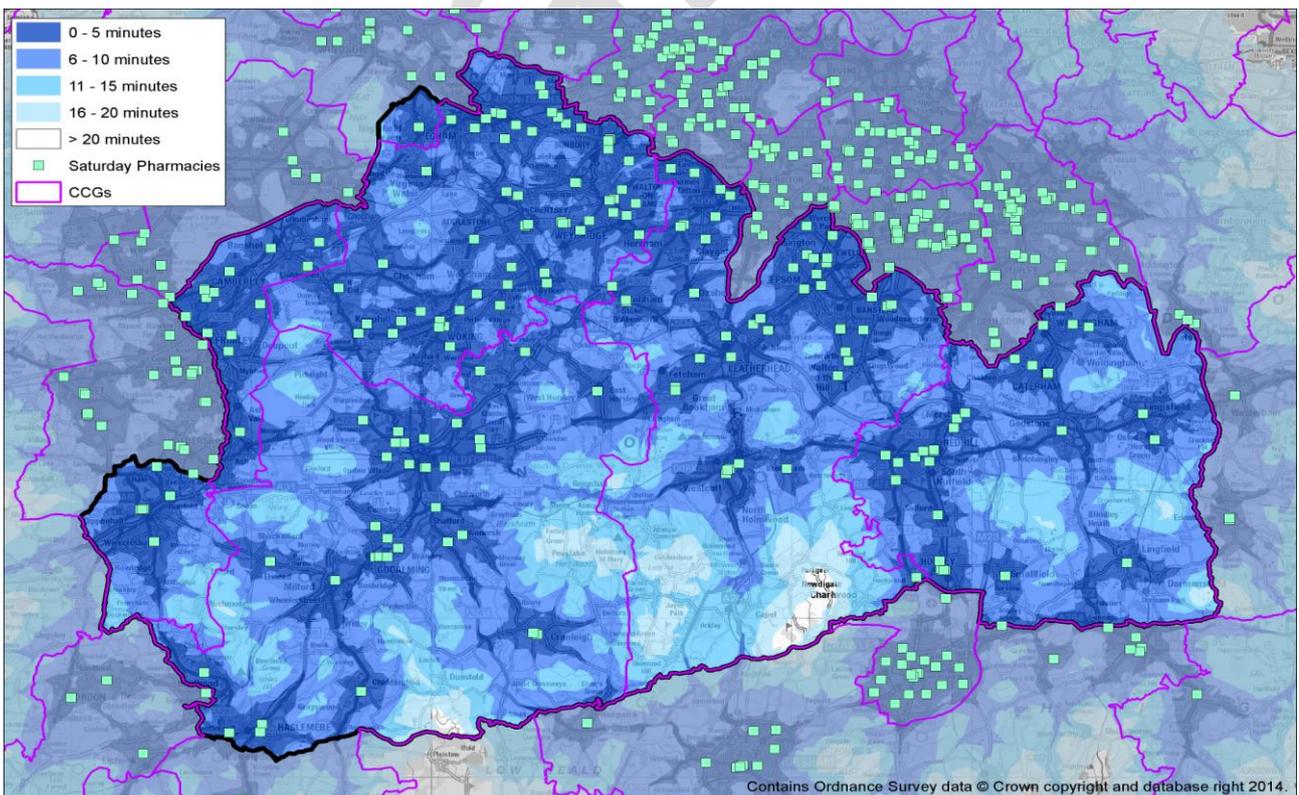
Map 11: Journey time by car on weekday evenings (after 18:00hrs)



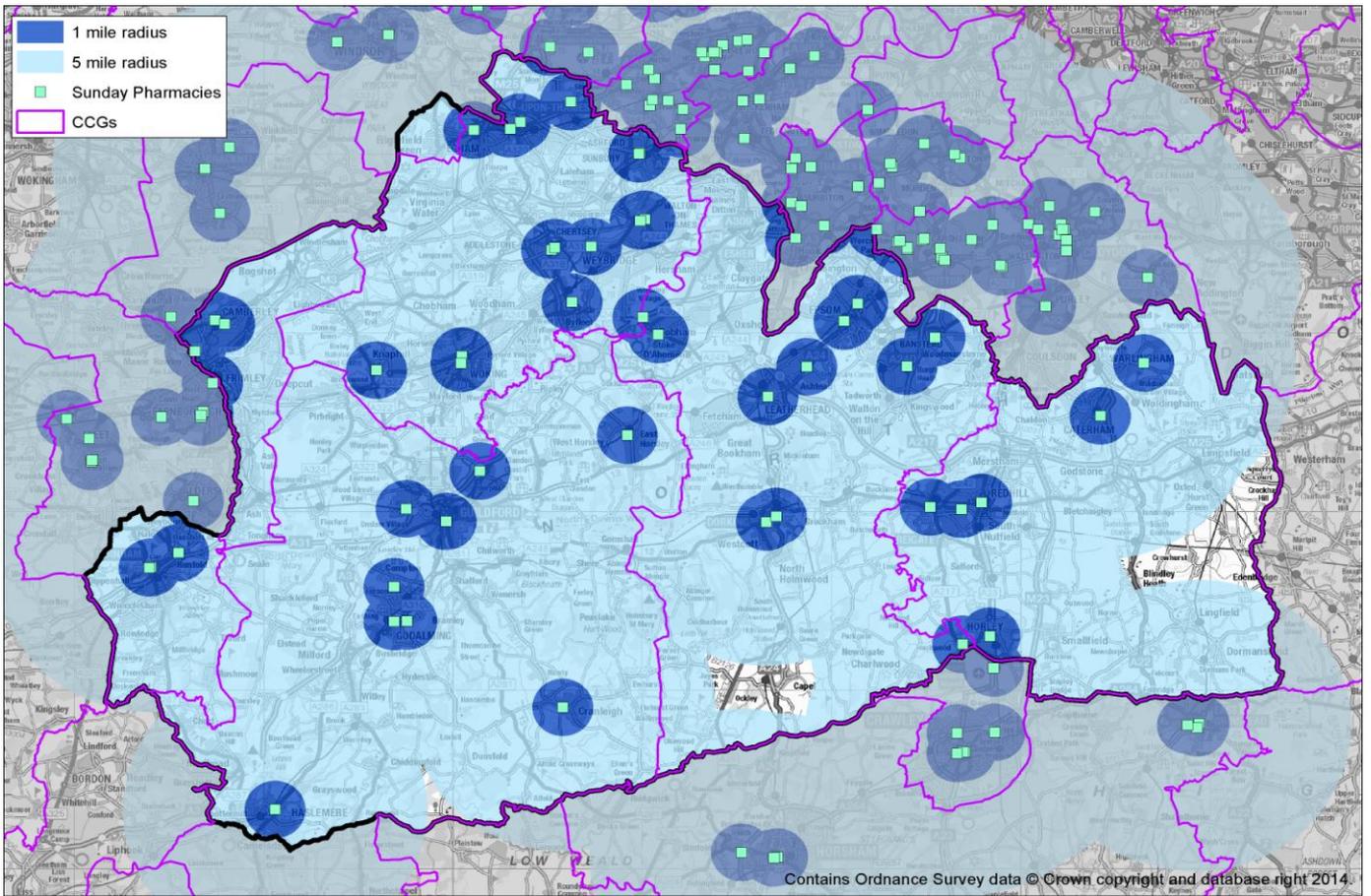
Map 12: Areas of Surrey within one and five miles of a pharmacy open on Saturday



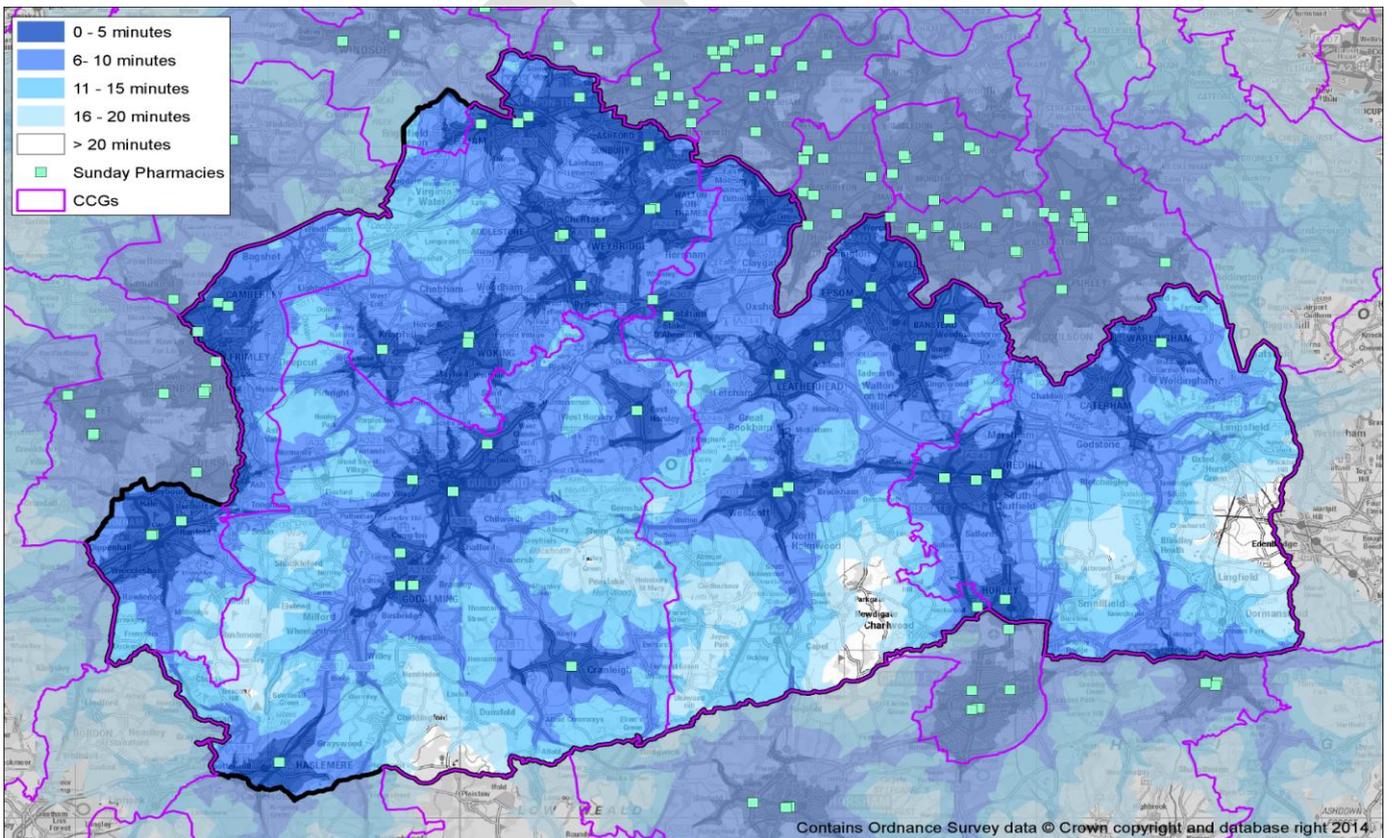
Map 13: Journey time by car during Saturdays



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



Map 15: Journey time by car on Sunday



5.8 Pharmaceutical services

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

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

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

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

Necessary services: current provision

Services currently provided which are determined to be “necessary to meet the need for pharmaceutical services in its area”. This includes services provided within the Surrey HWB area and within neighbouring HWB areas.

Necessary services: gaps in provision

Services not currently provided which are determined to be necessary “in order to meet a current need for pharmaceutical services”.

Other relevant services: current provision

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

Improvements and better access: gaps in provision

Services not currently provided but which the HWB is satisfied would “secure improvements or better access, to pharmaceutical services” if provided.

Other NHS services

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

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

- essential services
- advanced services

Other relevant services have been defined as

- enhanced services

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

5.9 Necessary Services: current provision

5.9.1 Essential service provision

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

Dispensing of appliances

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

Dispensing of medicines

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

Disposal of unwanted medicines

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

Public Health (promotion of healthy lifestyle)

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

Repeat dispensing

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

Signposting

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

Supporting self-care

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

Clinical governance

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

5.9.2 Advanced service provision

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

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

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

Appliance Use Reviews (AURs)

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

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

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

Medicines Use Reviews (MURs) and Prescription Intervention Service.

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

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

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

Table 16: Average number of MURs carried out by pharmacies

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

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

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

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

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

8

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

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

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

New Medicines Service (NMS)

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

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

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

Table 18: Surrey Pharmacies delivering NMS

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

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

Stoma Appliance Customisation (SAC) Service

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

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

Table 19: Average number of SACs carried out by pharmacies

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

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

5.10 Relevant services: current provision

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

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

Pharmacy Urgent Repeat Medication service

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

5.11 Locally Commissioned Services

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

5.11.1 Public Health local services

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

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

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

Smoking Cessation

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

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

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

Table 20: Pharmacies delivering Smoking Cessation by CCG

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

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

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

Sexual Health Services

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

Emergency Hormonal Contraception (EHC) Service

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

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

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

Chlamydia screening service

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

Table 21: Pharmacies delivering Sexual Health Services by CCG

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

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

Substance misuse service

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

Table 22: Pharmacies delivering Substance Misuse Services by CCG

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

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

Supervised consumption of methadone

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

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

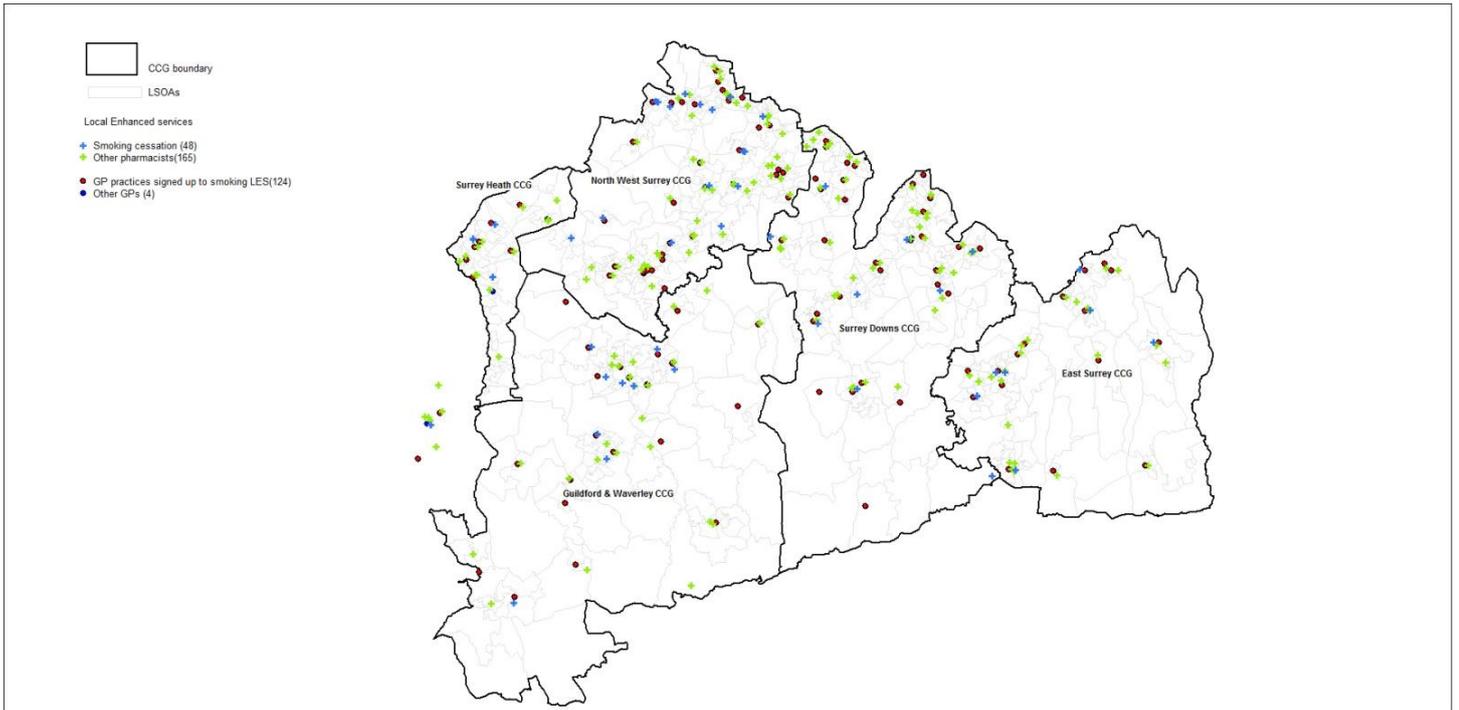
Needle and syringe exchange programme

The aim of this service is to reduce the transmission of blood-borne infections associated with intravenous drug use by providing free, sterile injecting equipment and advice in line with NICE (National Institute of Clinical Evidence) public health guideline PH52⁴.

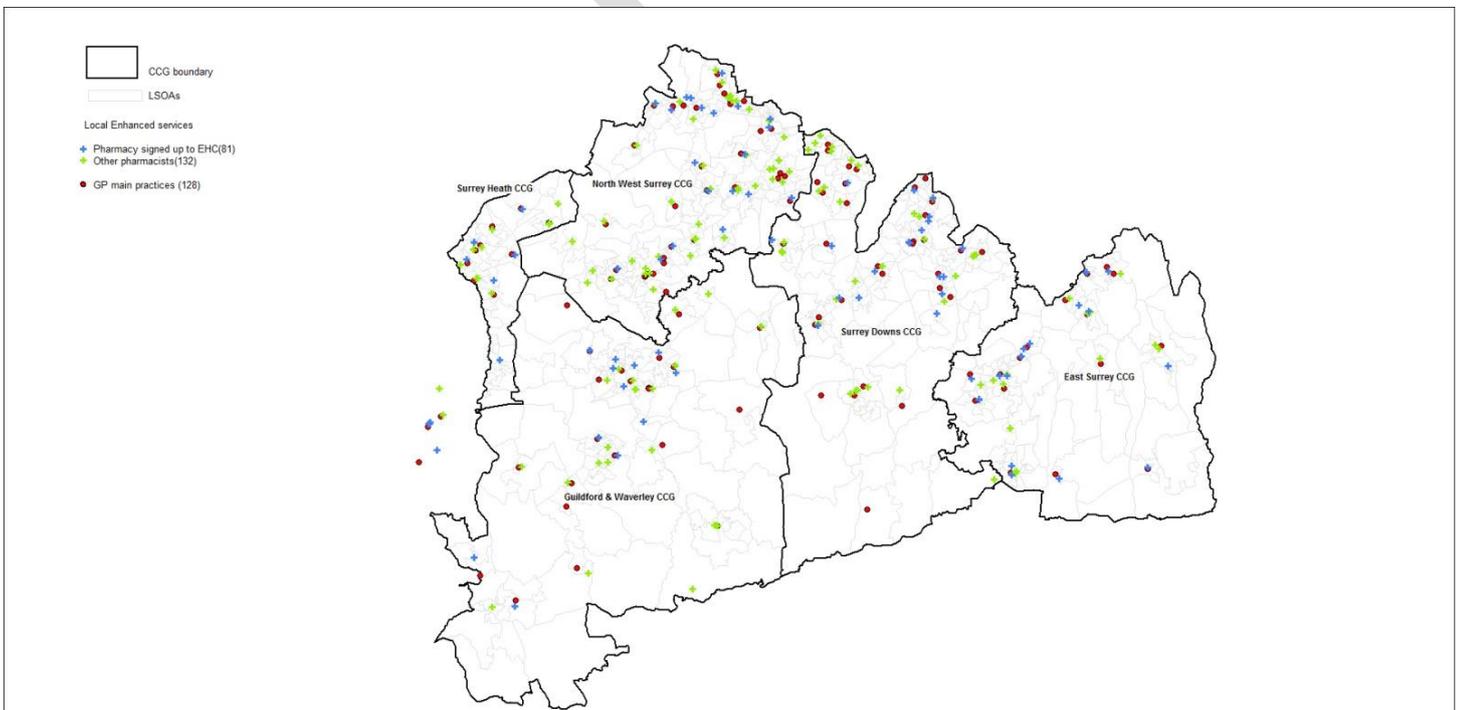
The local substance misuse provider monitors activity closely and responds to changes in patterns of use, provides specific stimulant packs and smaller packs in certain locations to reduce needle waste. There are 61 pharmacies participating in the scheme (Table 22, Map 20).

⁴ <http://www.nice.org.uk/Guidance/PH52>

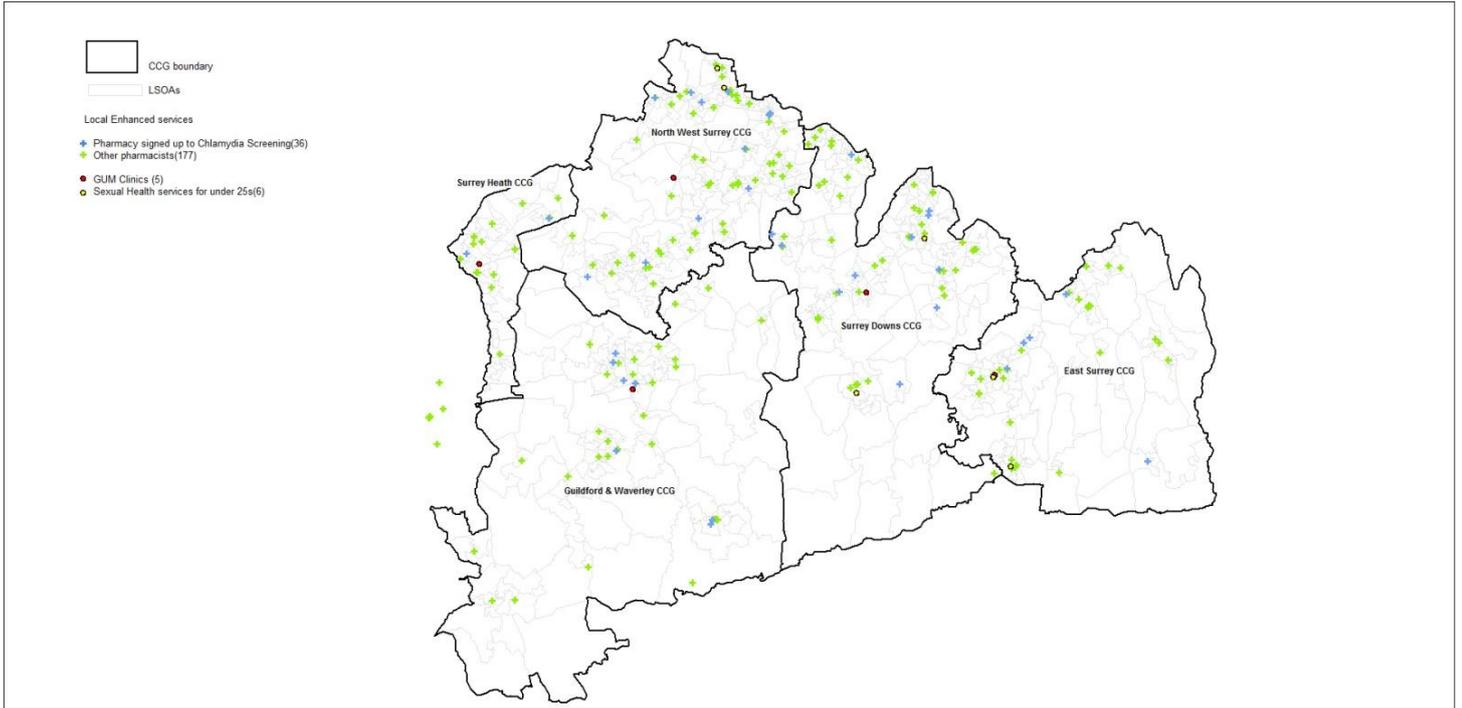
Map 16: Pharmacies commissioned to provide stop smoking service in Surrey CCGs



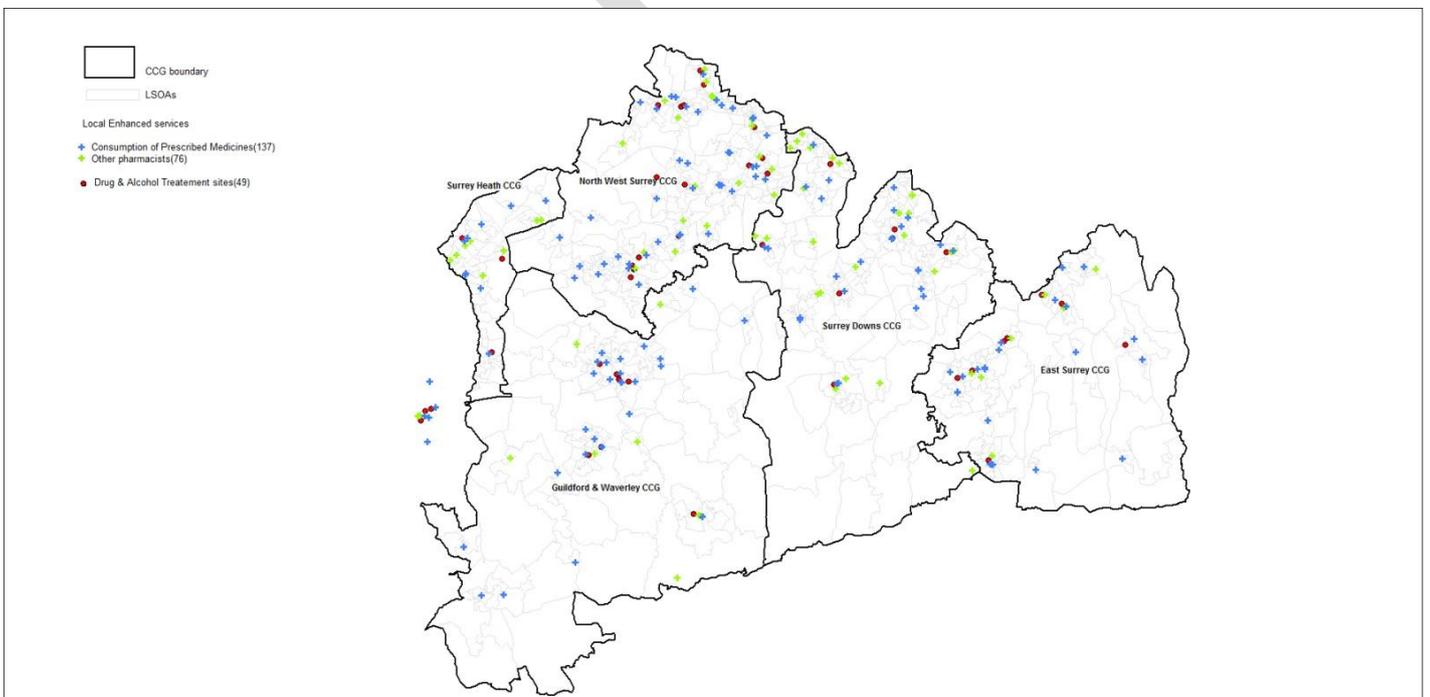
Map 17: Pharmacies commissioned to provide Emergency Hormonal Contraception Service in Surrey CCGs



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

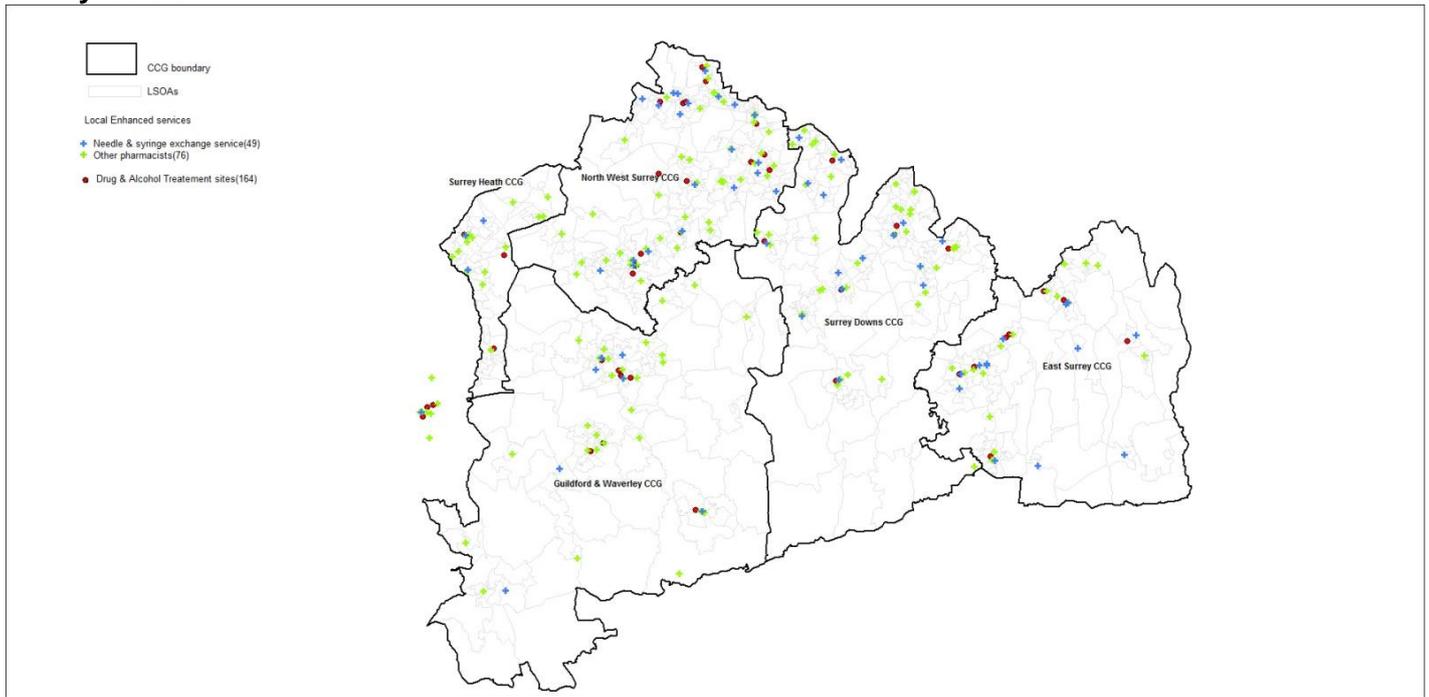


Map 19: Pharmacies commissioned to provide supervised consumption of prescribed medicines for substance misusers in Surrey CCGs



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

8



NHS Health Checks

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

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

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

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

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

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

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

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

Table 23: Pharmacies delivering NHS Health Checks by CCG

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

* 7 Pharmacies in North East Hampshire and Farnham within Surrey

5.11.2 CCG commissioned services

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

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

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

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

Palliative Care Scheme

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

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

Table 24: Provision of the Palliative Care Scheme by CCG

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

* 7 Pharmacies in North East Hampshire and Farnham within Surrey

H-Pylori Test

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

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

5.12 Other services and providers

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

5.12.1 Acute trusts

Surrey's population has access to seven acute providers, with Epsom & St Helier University NHS Trust divided into two sites. There is a pharmacy on site at each acute provider which dispense to hospital patients only and do not dispense FP10s⁵.

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

Table 25: Acute Trusts that serve the Surrey Population

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

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

8 5.12.2 Walk in Centres (WIC) and Minor Injury Units (MIU)

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

Table 26: Walk in Centres and Minor Injury Units

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

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

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

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

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

5.12.3 GP practices

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

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

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

5.12.4 GP Out of hours

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

5.12.5 Prison Services

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

5.13 Future of National Pharmaceutical Services

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

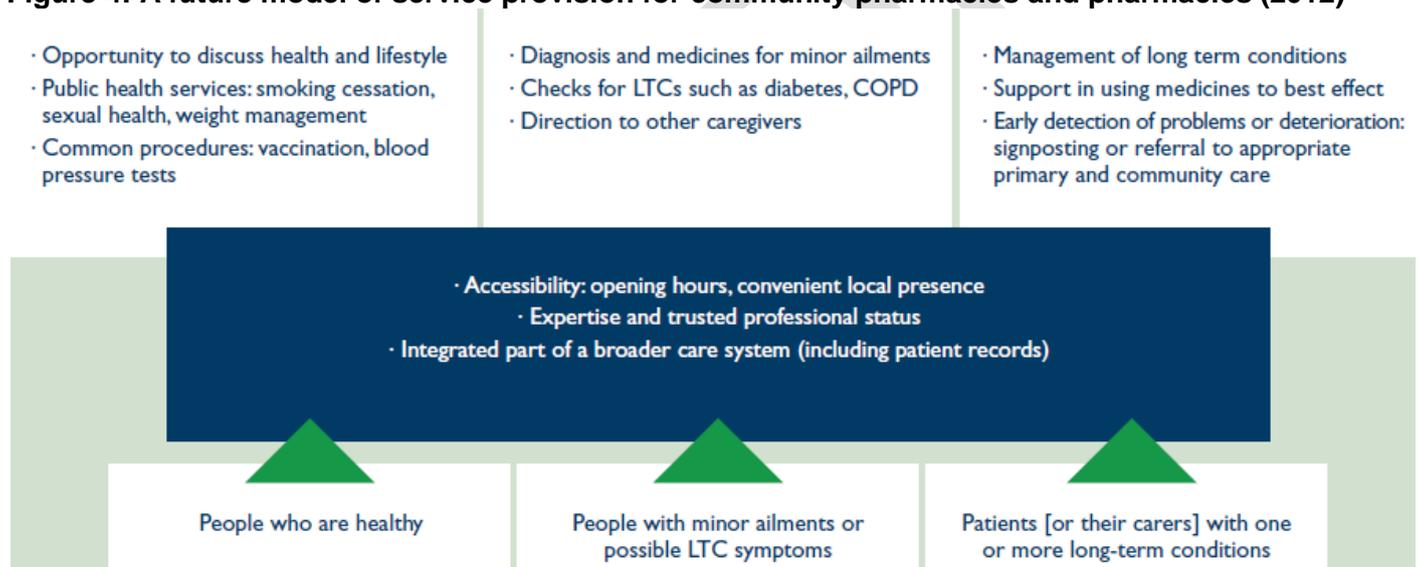
- See their pharmacist more often and have more opportunities to discuss their health and wellbeing and early detection of serious illness
- Be signposted to community services and facilities aimed at helping to address some of the underlying determinants of health
- Have diabetes checks, blood pressure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

People with a long-term condition should expect:

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

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

Figure 4: A future model of service provision for community pharmacies and pharmacies (2012)^{xv}



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

5.14 Pharmaceutical service provision summary

Pharmaceutical service providers

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

Opening hours

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

Performance

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

6 Public Survey

8

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

6.1 Key findings

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

6.2 Results

Demographics

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

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

Table 28: Respondents by CCG

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

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

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

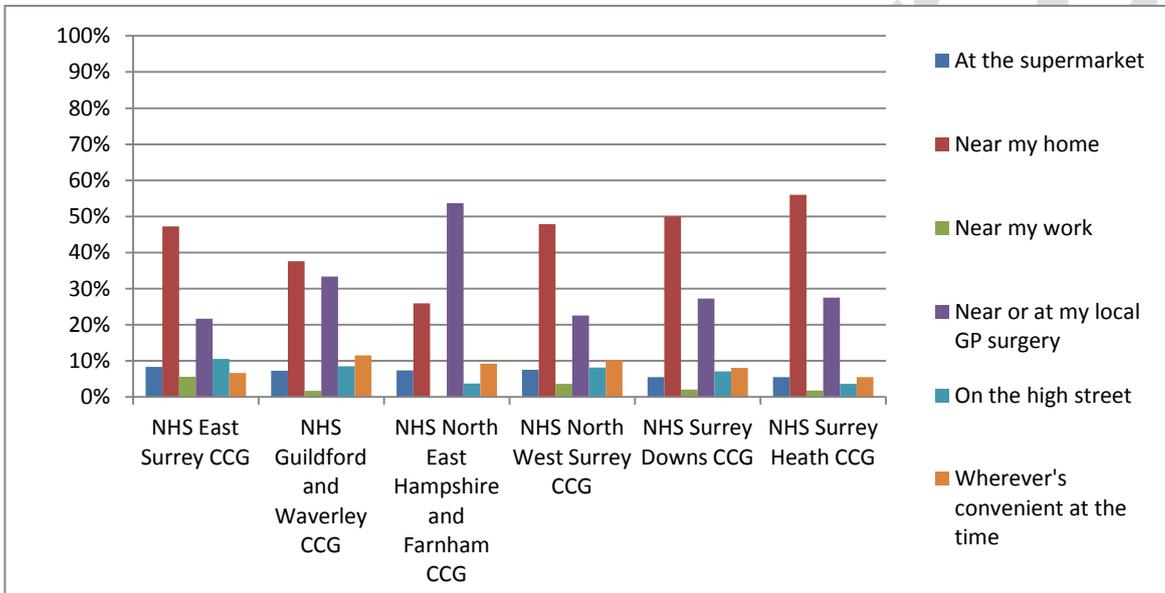
Gender	Number	Percentage (%)
Male	486	33.91
Female	922	64.34
Prefer not to say	25	1.74
Age group		
0 – 15	1	0.07
16 – 24	7	0.49
25 – 34	85	5.59
35 – 44	143	9.93
45 – 54	250	17.36
55 – 64	272	18.89
65 – 74	313	21.74
75+	346	24.03
Prefer not to say	23	1.60
Ethnic Group		
White British	1292	89.97
White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

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

Use of pharmaceutical services

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

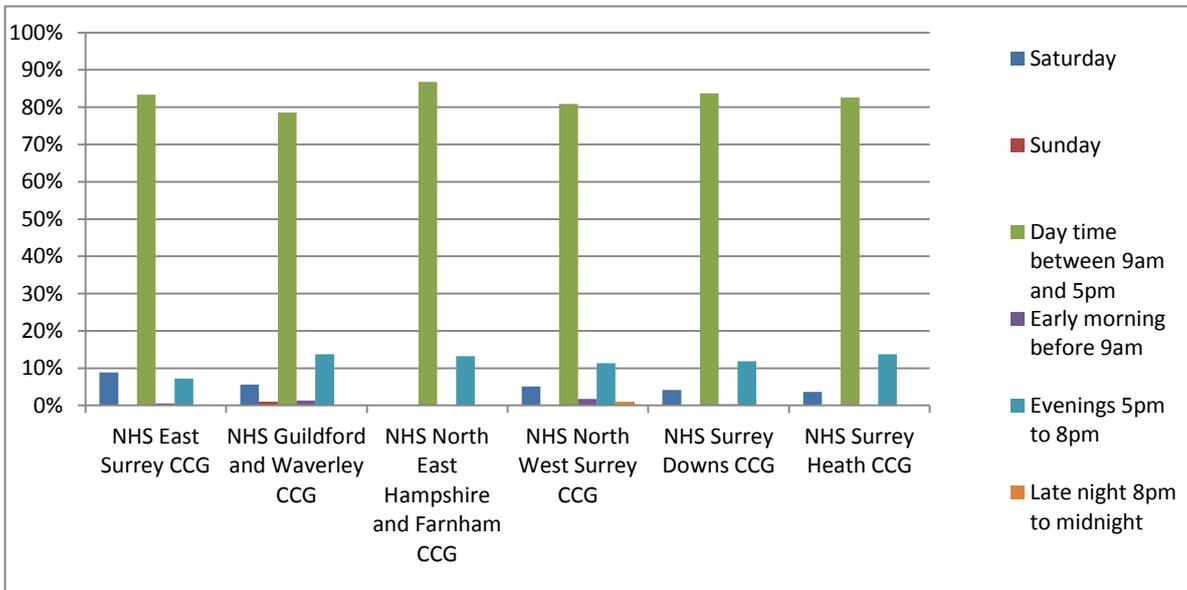
Figure 5: Where people usually access pharmaceutical services most often



Visiting times

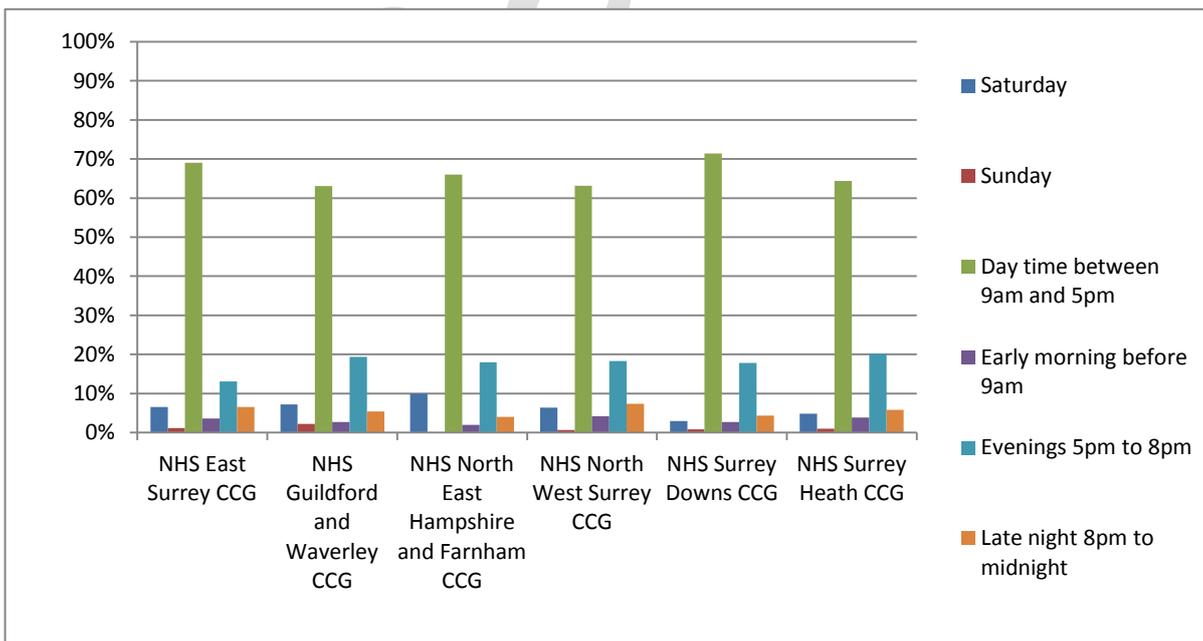
Respondents tended to visit pharmacy services during the day between 9am and 5pm (81%), 12% used pharmacy services in the evening. Five respondents (0.5%) used the pharmacy after 8pm and were all from North West Surrey CCG. Respondents from Guildford and Waverley were the only respondents to report using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

Figure 6: When people commonly tend to use pharmaceutical services



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

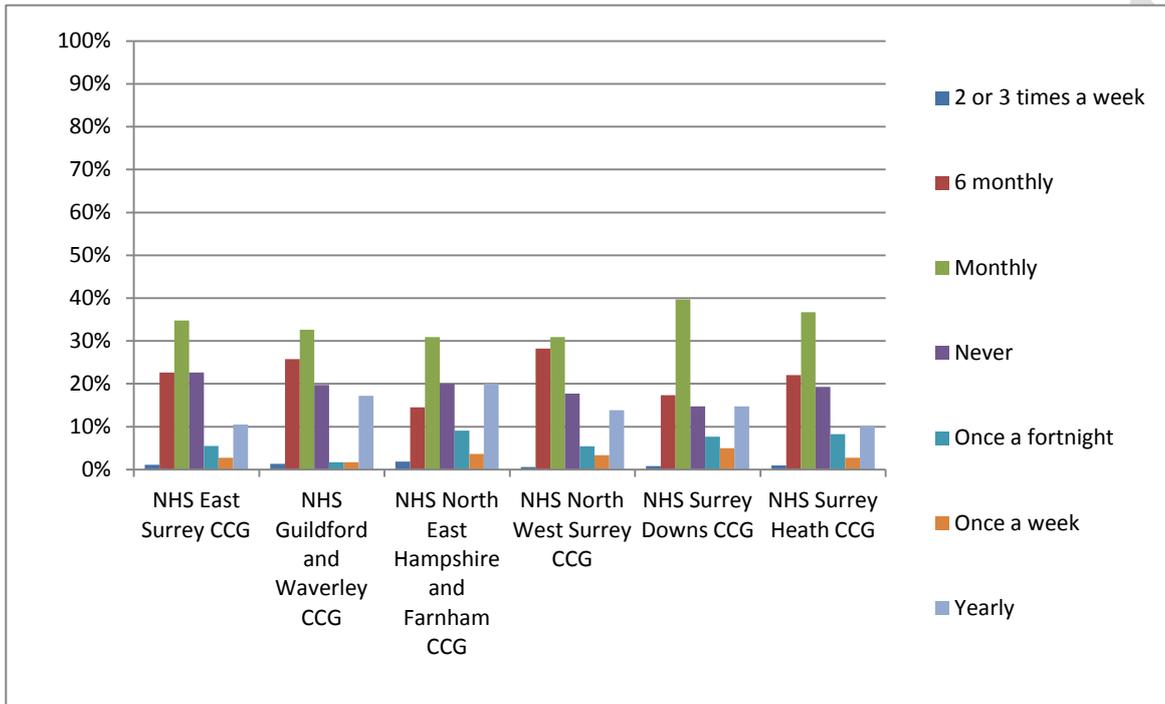
Figure 7: When people would prefer to visit pharmaceutical services



8 Frequency of visits to pharmaceutical services

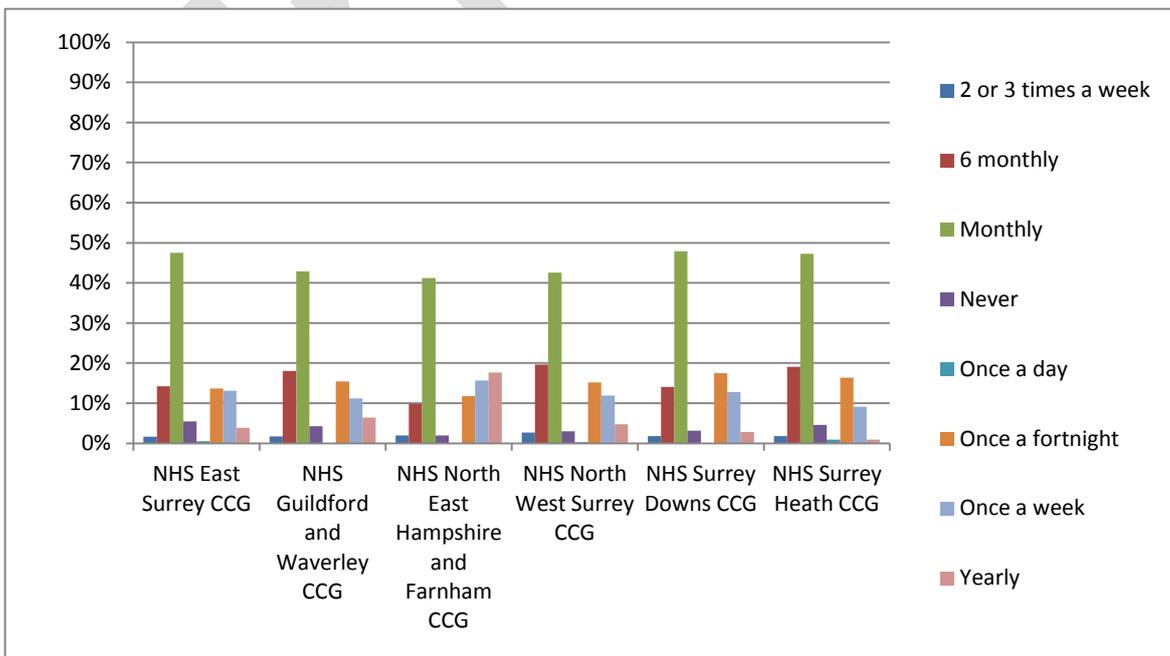
A third of respondents visited the pharmacy monthly and 22% visited six monthly. One percent of respondents visited 2 -3 times a week and three percent once a week. Sixty seven percent of those visiting every six months and 46% of those visiting monthly were under 65 years of age. Twenty six percent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

Figure 8: Frequency of pharmacy visits for a health reason



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

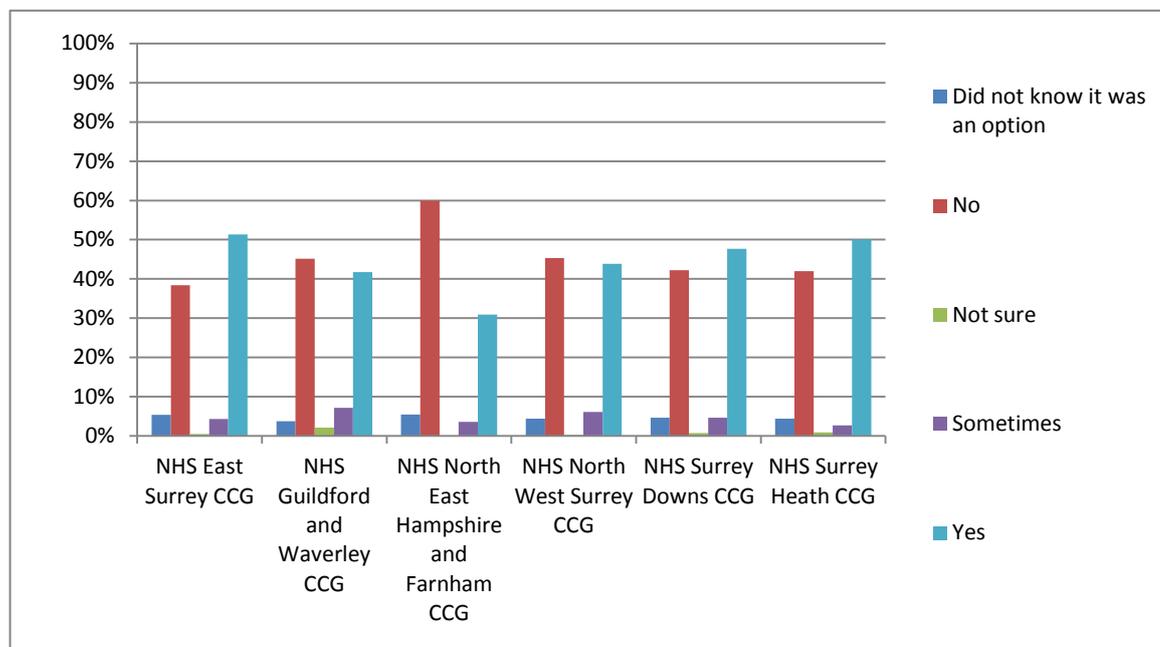
Figure 9: Frequency of pharmacy visits for any reason



Prescription collection service

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

Figure 10: Respondents using the prescription collection service



Access to pharmaceutical services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Use of Advanced and Locally Commissioned Enhanced Services.

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

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

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

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

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

8

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

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

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

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

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

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

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

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

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

Suggestions

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

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

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

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

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

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

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

Table 42: Services the public would like to see provided

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

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

7 Community pharmacy questionnaire

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

7.1 Key findings

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

7.2 Results

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

Table 43: Number of pharmacy respondents per CCG

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

Pharmacy premises

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

Table 44: Pharmacy premises

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

Table 45: Development constraints

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

Information technology

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

Table 46: Information Technology

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

Pharmacy and dispensing staff

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

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

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

Table 47: Number of pharmacists per pharmacy

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

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

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

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

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

Current and future provision

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

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

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

Table 50: Current and future provision

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

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

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

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

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

Table 52: Number of pharmacies dispensing appliances

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

Other services pharmacies are willing to provide

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

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

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

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

Table 54: Priorities of services, if funding was available

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

8 Dispensing Doctor Survey

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

8.1 Key findings

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

8.2 Results

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

Premises

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

Table 55: Development constraints and practice premises

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

Information technology

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

Pharmacy and dispensing staff

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

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

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

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

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

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

Other services provided

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

Table 58: Other services provided

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

9 GP Survey

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

9.1 Key findings

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

9.2 Results

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

Service provision

The majority of respondents felt that pharmaceutical services were good or very good at meeting the needs of their patients. The majority of respondents thought the provision of dispensing services was very good (n=13) or good (n=8). One person thought the provision of dispensing services was poor in Surrey. Forty one percent (n=11) felt disposal of unwanted medicines was fair whilst 49% thought it was good or very good (n=5, n=8). Repeat dispensing services was seen as good, very good or excellent (n=20), six respondents felt it was fair and one person thought it was poor. Three respondents felt signposting and self care was poor (Table 59)

The majority of respondents did not know if advanced and enhanced services were meeting the needs of their patients. Respondents tended to rate services as good. The majority of GPs did not know about appliance use reviews, customisation of stoma appliances, anti viral collection point, palliative care medication scheme, out of hours rota, NMS, provision of pharmaceutical advice to care homes, needle exchange and supervised consumption of prescribed medicines and condom supply. A third of GPs did not know about EHC, Chlamydia screening, smoking cessation and health checks. MURs were seen as fair and good (n=7, n=8), 3 people stated they were poor (Table 60).

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

8

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

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

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

Contact with pharmaceutical services

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

Table 61: GPs' contact with pharmaceutical services

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

Table 62: GPs' quality of contact with pharmaceutical services

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

Suggestions

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

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

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

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

10 Healthcare provider Survey

8

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

10.1 Key findings

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

10.2 Results

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

Service provision

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

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

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

Contact with pharmaceutical services

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

Table 65: Healthcare providers' contact with pharmaceutical services

8

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

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

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

Suggestions

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

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

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

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

11 Health needs and service mapping

Health Needs (as identified in Section 4)	Number of Community and internet Pharmacies and Dispensing Doctors*	Current Services (n (%))	Potential service developments
East Surrey			
<ul style="list-style-type: none"> • Income deprivation • High percentage of working age people claiming benefits • Adult obesity • Low levels of general good health • CHD prevalence • Mental health prevalence • COPD prevalence • PYLL from causes considered amenable to health care • Low levels of people with a car who can access hospital within 30 minutes • High level of emergency admissions 	<p>Pharmacies = 32 Ratio 18 to 100,000 population</p> <p>Dispensing Doctors = 1</p>	<p>**Advanced</p> <p>MURs = 29 (91%) NMS = 23 (72%) SAC = 4 (13%)</p> <p><u>Locally Commissioned</u></p> <p>Smoking Cessation = 9 (28%) EHC = 17 (53%) Chlamydia Screening = 5 (16%) Supervised Methadone Consumption = 23 (72%) Needle Exchange = 13 (41%) NHS Health Checks = 14 (44%)</p> <p>Palliative care = 3 (9%) H-Pylori = 22 (69%)</p>	<ul style="list-style-type: none"> • Blood Pressure Measurement • Minor Ailments • NHS Health Checks • Screening • Smoking cessation • Weight Management

Guildford and Waverley			
<ul style="list-style-type: none"> Alcohol consumption Cancer prevalence Depression 	Pharmacies = 37*** Ratio 19 to 100,000 population Dispensing Doctors = 5	<p>**Advanced</p> MURs = 35 (95%) NMS = 21 (57%) DAC = 2 (5%) SAC = 2 (5%) <p>Local Commissioned</p> Smoking Cessation = 9 (24%) EHC = 13 (35%) Chlamydia Screening = 7 (19%) Supervised Methadone Consumption = 29 (78%) Needle Exchange = 8 (22%) NHS Health Checks = 10 (27%) <p>Palliative care = 4 (11%)</p>	<ul style="list-style-type: none"> NHS Health Checks
North East Hampshire and Farnham (part within Surrey County)			
16 <ul style="list-style-type: none"> Smoking in adults Alcohol consumption Skin Cancer prevalence 	Pharmacies = 7 Ratio 16 to 100,000 population Dispensing Doctors = 1	<p>**Advanced</p> MURs = 6 (86%) NMS = 3 (43%) SAC = 1 (14%) <p>Local Commissioned</p> Smoking Cessation = 1 (14%) EHC = 4 (57%) Chlamydia Screening = 0 Supervised Methadone Consumption = 5 (71%) Needle Exchange = 1 (14%) NHS Health Checks = 1 (14%) <p>Palliative care = 0</p>	<ul style="list-style-type: none"> Smoking cessation NHS Health Checks

North West Surrey			
<ul style="list-style-type: none"> Income deprivation Working age people claiming benefits Children overweight Adult Obesity High rate of teenage conceptions Low levels of general good health Diabetes prevalence High levels of emergency admissions for acute conditions GP opening hours 	<p>Pharmacies = 67 Ratio 21 to 100,000 population</p> <p>Dispensing Doctors = 1</p>	<p>**Advanced</p> <p>MURs = 49 (73%) NMS = 38 (57%) SAC = 6 (9%)</p> <p>Local Commissioned</p> <p>Smoking Cessation = 17 (25%) EHC = 20 (30%) Chlamydia Screening = 11 (16%) Supervised Methadone Consumption = 44 (66%) Needle Exchange = 21 (31%) NHS Health Checks = 9 (13%)</p> <p>Palliative care = 5 (7%)</p>	<ul style="list-style-type: none"> C-Card Scheme Emergency Hormonal Contraception NHS Health Checks Screening Weight Management
Surrey Downs			
<p>Page 117</p> <ul style="list-style-type: none"> High levels of unpaid carers CHD prevalence Depression Low levels of Immunisations of MMR for children Low levels of seasonal flu vaccinations for over 65's Satisfaction with GP opening hours Access to a hospital within 30 minutes 	<p>Pharmacies = 53 Ratio 19 to 100,000 population</p> <p>Dispensing Doctors = 6</p>	<p>**Advanced</p> <p>MURs = 39 (74%) NMS = 26 (49%) SAC = 1 (2%)</p> <p>Local Commissioned</p> <p>Smoking Cessation = 9 (17%) EHC = 20 (38%) Chlamydia Screening = 12 (23%) Supervised Methadone Consumption = 27 (51%) Needle Exchange = 15 (28%) NHS Health Checks = 8 (15%)</p> <p>Palliative care = 3 (6%)</p>	<ul style="list-style-type: none"> NHS Health Checks Screening Seasonal Influenza Vaccination Weight Management

Surrey Heath			
<ul style="list-style-type: none"> • Higher uptake of vaccination for children and older people • Breast cancer screening • Overweight children • Adult obesity • Diabetes prevalence • High levels of emergency admissions • High levels of emergency admissions for acute conditions • GP opening hours • Access to a hospital within 30 minutes 	<p>Pharmacies = 17 Ratio 18 to 100,000 population</p> <p>Dispensing Doctors = 2</p>	<p>**Advanced</p> <p>MURs = 14 (82%) NMS = 10 (59%)</p> <p>Local Commissioned</p> <p>Smoking Cessation = 4 (24%) EHC = 7 (41%) Chlamydia Screening = 2 (12%) Supervised Methadone Consumption = 9 (53%) Needle Exchange = 3 (18%) NHS Health Checks = 3 (18%)</p> <p>Palliative care = 2 (8%)</p>	<ul style="list-style-type: none"> • NHS Health Checks • Screening • Weight Management

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includes branches

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

*excludes pharmacy within West Sussex county

12 Conclusions and recommendations

12.1 Surrey population profile

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

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

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

12.2 Necessary services: current provision

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

- Essential services
- Advanced services

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

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

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

Pharmaceutical dispensing activity

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

Advanced services

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

Public views of pharmaceutical services across Surrey

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

Opening hours

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

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

Access

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

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

12.3 Necessary services: gaps in provision

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

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

- Map 2: Pharmaceutical service provision in Surrey.
 - There are currently 217 community pharmacies in Surrey and Surrey CCGs equivalent to 19 per 100,000. This is comparable with the national average (22).
 - There are 16 dispensing doctors (including branches) at the time of writing, mainly in Surrey Downs CCG (n=6) and Guildford and Waverley CCG (n=4) providing services to rural areas.
 - There are three internet/distance selling pharmacies based in Surrey.
- Table 14: Provision of core contract hours and contract types for pharmacies across Surrey CCGs.
 - Two hundred community pharmacies have 40 hour per week contracts.
 - Seventeen community pharmacies have 100 hour per week contracts.
- Map 3: Location of Surrey CCG pharmacies by core-hour contract type
- Maps 8 to 15: Showing one and five mile zones from pharmacies during opening hours and drive times to pharmacies.
 - Two hundred (92.2%) are open on Saturdays and 21.2% are open on Sunday's with provision across CCGs seen as adequate.
 - Fifty five (25.5%) pharmacies are open in the evening after 18:30 which is low in comparison to neighbouring HWBs (East Sussex).
 - The population of Surrey are in a 5 mile radius of a pharmacy during weekdays.
- Table 5: Projected population growth
- Table 6: Projected housing growth
- Section 6 Results from the patient survey
- Section 11 Health needs and service mapping

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

12.4 Improvements and better access – gaps in provision

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

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

Locally commissioned services

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

Smoking Cessation Service

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

Emergency Hormonal Contraception (EHC)

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

Chlamydia Screening and Treatment

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

Needle and Syringe Exchange Scheme

Sixty one pharmacies are currently participating in this scheme across all CCGs.

Supervised Consumption of Methadone

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

NHS Health Checks

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

Palliative Care Scheme

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

H Pylori testing

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

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

- Minor Ailment Scheme
- Screening Service

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

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

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

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

12.5 Key findings and recommendations

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

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

Final Draft

13 Consultation Report

13.1 Background and process

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

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

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

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

13.2 Consultation responses

Responses were received as follows

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

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

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

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

13.3 Responses via the consultation questionnaire (24 responses)

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

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

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

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

Issue/ Comment	Action/ Comment
Surveys	
<ul style="list-style-type: none"> • The patient survey received a good response but may not be fully representative of the population of Surrey • Further analysis suggested; <ul style="list-style-type: none"> – of responses to determine if there were any specific needs identified within the smaller response groups. – wider consultation with the broader population of the breakdown of services that patients identified they would like to see provided. – Surveys to look at problems patients having taking their medicines and how these issues should be assessed • Low response rate by GPs 	<p>The questionnaires distributed for the public survey were selected using a random sample from a sampling frame of all Surrey addresses. The merit of the sampling approach used was that it ensured everyone in the resident population had an equal chance of being selected to take part in the survey: it was truly random. It is common practice in some types of survey research to weight the data for the purpose of correcting bias as a result of the survey respondents not representing the population well. In the case of this survey, due to small cell sizes in some categories and the unknown extent to which the views of respondents may differ from non-respondents, weights were not applied to the survey results because they would have amplified any bias present in the data.</p> <p>These comments will be noted for possible inclusion/analysis in future surveys.</p> <p>We are always striving to improve, for the next PNA, this would include identifying successful approaches for encouraging a higher number of responses from GPs and other health professionals.</p>
Protected Characteristics	
<ul style="list-style-type: none"> • Needs of Lesbian, Gay, Bisexual and Trans populations, e.g. use of appropriate gender neutral language by dispensing/pharmacy staff, and greater awareness of the needs of those in same sex relationships or undergoing gender transition for example • many Pharmacies don't have Hearing LOOPS , have hidden or non-functional LOOPS, and very few offer non-voice telephony contact • has some form of EIA been undertaken 	<p>Public Health to liaise with Centre for Pharmacy Postgraduate Education to look to include awareness of the needs of the LGBT population and to ensure use of gender neutral language within training.</p> <p>NHS England require all pharmacies to complete an annual self-assessment questionnaire regarding their compliance with the community pharmacy contractual framework which includes compliance with the Equalities Act.</p> <p>An Equality Impact Assessment has been carried out for the PNA and will be published on the Surrey County Council website</p>
Minor Ailments/ Other services	
<ul style="list-style-type: none"> • Whilst a range of services are commissioned, it is not clear from the PNA what the target level of provision of these services should be, there is limited information about the level of activity of these services, and little consideration of how quality of service and uptake can be improved. 	<p>Public Health services are commissioned using the Public Health Strategy and Joint Strategic Needs Assessment. Activity and quality requirements are embedded within contracts.</p>

<ul style="list-style-type: none"> • Unidentified gaps or services that could be provided <ul style="list-style-type: none"> – Flu vaccination to be available through all pharmacies. – Minor ailments – Support for alcohol dependent patients – Urgent Medication service – Healthy Living Pharmacy Model 	<p>Commissioners of other pharmaceutical services will use the PNA to determine the expansion of existing services and services to ensure the health needs of the population are met</p> <p>A trial is currently taking place in London, for an Urgent Medication Service, this would be looked at for Surrey after the trial has been evaluated.</p> <p>Statement added to PNA about Urgent Medication Service.</p>
<p>Localities/ Level data is presented</p>	
<ul style="list-style-type: none"> • Description is at CCG level which therefore gives less detail than if at locality within CCG level • Covering the whole of Surrey, inevitably it gives a broad over-view rather than analysing individual localities • Providing data (services and need) by pharmacy/ dispensing doctor/ locality • Providing tabulated data at Pharmacy/Dispensing doctor level for opening hours- not just mapped. 	<p>Various options for the presentation of data were considered by the PNA Steering Group before this PNA was carried out, it was decided that the CCG would be the most feasible level for Surrey.</p> <p>Prior to the review and publication of the next PNA the level at which information is presented will again be reviewed.</p>
<p>Use of pharmacies in neighbouring Health and Wellbeing Boards</p>	
<ul style="list-style-type: none"> • Consideration may need to be given to Surrey residents, that are likely to use pharmacies in neighbouring HWB whose PNAs have identified access issues • The PNA should reflect the Surrey population and not be set on CCG borders which has led to an information gap for NE Hampshire and Farnham CCG and the Surrey population in this area. 	<p>NHS England would refer to local PNA and neighbouring PNAs when determining a pharmacy application.</p> <p>Document updated to include this data</p>
<p>Out Of Hours (OOH)</p>	
<ul style="list-style-type: none"> • Better out of hours care • Reduced availability of out of hours provision within some localities of Surrey • The opportunity for community pharmacy to work with 111 and local out of hours providers to support a more formalised service supplying "emergency supply" of medicines for patients who run out of their repeat medicines in the out of hours period. This is a project we are trying to work on in Guildford & Waverley. There is real opportunity for community pharmacy to participate in a more formalised way to support easing pressure from providers of urgent care in the out of hours period. • We are particularly concerned over the lack of service on Sundays from 4pm, bank holidays when hours are restricted, and Christmas Day and Easter Sunday when one hour a day is often considered adequate. 	<p>NHS England Surrey and Sussex Area Team (SSAT) review the availability of pharmacy services across all of Surrey at all times to ensure a good availability of pharmaceutical services. Where there are concerns that pharmacy services may not be adequate, the NHS England SSAT will direct pharmacies to open. This usually happens on Christmas day and Easter Sunday, but can occur on other bank holidays should there be a need.</p> <p>The PNA looks at Out of Hours provision in Section 5.</p>

<ul style="list-style-type: none"> This puts a significant strain on OOH, A&E, MIUs etc around minor ailments, injuries and healthcare advice. Patients are being educated to 'Choose Well', however in a number of areas a choice is not possible if it is required on the wrong day of the week. With the proposed advent of 7 day working in healthcare we would submit that enhanced provision during the times mentioned will not only support patients, but many other healthcare services as well. 	
PNA layout, content and clarity	
<p>Missing or not clear; required statements on</p> <ul style="list-style-type: none"> Reasonable services Necessary services Reasonable choice Protected characteristics 	<p>Wording changed to make these statements clearer and added to the PNA.</p>
<ul style="list-style-type: none"> Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) are not mentioned in the PNA. They are a vital part of the pharmaceutical services network and need to be made a permanent provision as long as all qualifying criteria continue to be met. 	<p>Essential Small Pharmacy contracts are due to terminate on the 31 March 2015. As this is prior to the publication of this PNA they have not been included.</p> <p>Further information is available at http://psnc.org.uk/contract-it/pharmacy-regulation/essential-small-pharmacies/</p>
<ul style="list-style-type: none"> There is significant interest within local CCGs to roll out the Electronic Prescription Service. There is no detail on the numbers of pharmacies that are actually using EPS, i.e. have "gone live". 	<p>Approximate number of Community Pharmacies that are live across England is 96%</p>
<ul style="list-style-type: none"> Dispensing activity – this section is missing the dispensing activity from dispensing doctor practices Only a snapshot of dispensing activity from 2012-13 is included. The volume of prescribing is increasing year on year, but there is no reflection of this increased workload in the dispensing activity section, and what the implications of this are for pharmaceutical services. Availability of pharmaceutical services may need to be reviewed in the longer term to meet the need from increased volume of prescriptions that is partly driven by population demographics. 	<p>The PNA acknowledges there will be increased dispensing due to factors such as changes in population demographics (see Section 3).</p> <p>Due to the way by which doctors are paid for their dispensing activity it is not possible to provide data for the levels of activity.</p> <p>The PNA Steering Group will continue to meet following the PNA's publication and will review the availability of pharmaceutical services and dispensing activity on an ongoing basis. The lifespan of this PNA is a maximum of three years unless there is a need to review before then.</p>
<ul style="list-style-type: none"> The PNA is largely looking at the current situation with an overlay of demographic, etc. changes to come. It is not very projective/creative in terms of what might be offered through the "Pharmacy of the Future". Unless people are presented with something new to respond to they will only answer with respect to their current understanding of how things are. Doing some more creative and projective work on what could be offered and 	<p>The PNA provides an overview of demographics and services. It will provide a basis for commissioning and the opportunity to provide innovative responses to need where appropriate.</p> <p>Due consideration will be given to these comments during the next iteration of the PNA.</p>

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<p>then examining how consumers respond to the new ideas could (and probably should) be a future piece of work encompassed by the PNA.</p>	
<ul style="list-style-type: none"> • Ensure there are real added value recommendations arising from the analysis and that the ending demonstrates whether or not the purpose has been achieved. • For some findings in the PNA there is very limited discussion of implications for pharmaceutical services of the findings. • It would be helpful to have an overt statement regarding whether further pharmacies are needed. 	<p>PNAs provide a statement of the need for pharmaceutical services for each HWBs population. The PNA must relate to all of the pharmaceutical services that may be provided under arrangements by NHS England.</p> <p>Pharmacy applications to NHS England are processed on a case-by-case basis and will be dependent on the type of application that has been submitted for consideration (see NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013), thus such a statement would be of only a small benefit.</p>
<ul style="list-style-type: none"> • An application granted for a new pharmacy was overturned on appeal. • There is no reference in the draft PNA for this pharmacy which has substantial support and therefore the draft PNA has missed this gap in service provision. 	<p>The appeal was decided upon by the NHS Litigation Board and therefore due process was followed.</p> <p>It is not the role of the PNA to identify individual pharmacies.</p>

Table 69: Corrections and clarifications received during the PNA Consultation

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

14 Further information

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14.1 Housing Growth

National Planning Policy Framework (NPPF)

Department for Communities and Local Government (March 2012) National Planning Policy Framework

<https://www.gov.uk/government/publications/national-planning-policy-framework--2>

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

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

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

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

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

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

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

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

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

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

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

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Acknowledgements

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