

Thurrock Pharmaceutical Needs
Assessment 2017/18

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Acknowledgements

Authors:	Maria Payne, Senior Programme Manager – Health Intelligence Funmi Worrell, Strategic Lead in Public Health Nicola Smith, Public Health Intelligence Analyst Kelly Clarke, Public Health Information Support Officer Kareema Olaleye, Public Health Graduate Trainee
Other Contributions:	Karen Samuel-Smith, Contractor Development Manager, Essex LPC Katie Clark, Senior Analyst, NHS Thurrock CCG Denise Rabbette, Head of Medicines Management, NHS Thurrock CCG Georgina Shanley – Primary Care Commissioning Officer, NHS England Cathy Pedder – Liaison Manager, Essex Local Medical Committee Navtej Tung – Principal Transport Planner, Thurrock Council <i>With thanks to the 34 Thurrock pharmacy contractors who returned data required for this PNA.</i>

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1. Executive Summary

This Pharmaceutical Needs Assessment (PNA) provides a comprehensive report on the needs for and provision of pharmaceutical services (as defined by legislation) in Thurrock. It will be used by NHS England to decide upon applications to open new pharmacies, change hours, relocate existing pharmacies or merge pharmacies, and will inform commissioners regarding the commissioning of pharmaceutical services.

Every Health and Wellbeing Board has the responsibility to carry out and publish a PNA every 3 years. This is to include information from a number of sources including inputs from local pharmaceutical service providers, local intelligence, references to existing plans and strategies and patient views. A formal public consultation on this document lasting 61 days took place between 18th October 2017 and 17th December 2017.

Local Population

There are a number of demographic factors that affect the need for pharmaceutical services. The population of Thurrock is 167,025, and this is expected to increase by 27% by 2039. The borough has a relatively young population compared to the rest of England, although the proportion of older people is set to increase at a faster rate than the all age population. Thurrock is an area with stark inequalities – between the most and least deprived areas, the life expectancy gap in males is 9.4 years and females is 6.5 years.

Pharmacy Services

There are 34 pharmacies and 2 distance-selling pharmacies located in Thurrock. This equates to a rate per 100,000 population of 21.2. The number of high street pharmacies has not changed since the last PNA document. There are also 3 dispensing doctors. Analysis of dispensing activity indicates that some Thurrock residents also use certain pharmacies located in neighbouring areas. The PNA concludes that the current number of pharmacies is sufficient to meet future pharmaceutical needs of residents over the lifetime of this document. In addition, the locations of current pharmacies are distributed sufficiently across the borough, with those most likely to need pharmaceutical services (e.g. residents in the most deprived areas and older people) having more provision available to them. The PNA has found pharmacies in Thurrock to be accessible to the majority of residents by walking or by bus (70.4% walking and 96% by bus within 30 minutes during the week), and all residents are within a 20 minute car journey of a pharmacy.

Provision of Services

The PNA found that dispensing activity has increased by 9.05% between 2013-14 and 2016-17, but that this has been absorbed in current provision of pharmacy services. An increase was seen in the proportion undertaken by distance-selling pharmacies, with two contractors in Leeds and Peterborough responsible for 15.95% of all out of area activity. There was found to be sufficient coverage of Advanced Services across Thurrock, with all contractors declaring they were undertaking Medicines Use Reviews, 31/34 undertaking New Medicines Service Reviews and 26/34 undertaking the Flu Vaccination service. 3/34 provide Stoma

Appliance Customisation, 4/34 provide Appliance Use Reviews and 8/34 are signed up to the NHS NUMSAS pilot programme offered as an Advanced Service up to March 2018. The PNA concludes that there is sufficient coverage of these services which particularly benefit the older population and those with long term health conditions. Whilst the provision of locally commissioned services was outside of the scope of this PNA, it was noted during the development of this work that there is capacity and opportunities for existing community pharmacy contractors to meet certain health needs – something that was also noted in the recent Community Pharmacy Patient Questionnaire Results (CPPQ) where patients highlighted pharmacies could offer more lifestyle support and advice. Addressing of these opportunities will be picked up in local work directly with existing contractors.

In conclusion

Whilst Thurrock has an ambitious future growth agenda, much of the large expected population increase will occur beyond the lifespan of this PNA. The local strategies and plans to reduce demand in secondary care and increase patient capacity to self-care could lead to further opportunities for community pharmacies; however many of these plans also continue past the lifespan of this PNA. Information from Thurrock patients indicate that the majority of them choose to visit their particular pharmacy (70%) and Thurrock's pharmacies as a whole have a high public satisfaction rating (90%). It is therefore the finding of this PNA that the current pharmaceutical service provision is sufficient for the population for at least the next three years.

2. Introduction/Context

2.1 What is a PNA?

The Health and Social Care Act 2012 places a statutory duty on all Health and Wellbeing Boards (HWBs) to publish and keep-up-to-date a statement of the needs for pharmaceutical services for the population in its area. These statements are referred to as Pharmaceutical Needs Assessments (PNAs). The responsibility to produce the PNA was previously held by Primary Care Trusts which were abolished in April 2013. The PNA is a structured approach to identifying unmet pharmaceutical needs, and can be an effective tool to enable Health and Wellbeing Boards to identify the current and future commissioning of services required from pharmaceutical service providers¹.

The PNA is used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements regarding opening hours, services or location. The Health and Social Care Act 2012 transferred responsibility for using PNAs as the basis for determining “market entry to a pharmaceutical list” from PCTs to NHS England. Of note, decisions on whether to open new pharmacies are not made by the HWB. Applicants must submit a formal application to NHS England whereby the relevant local Pharmaceutical Services Regulations Committee will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA. Such decisions are appealable to the NHS Litigation Authority’s Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts.

The PNA will also inform decisions by local commissioning bodies including Local Authorities, NHS England and Clinical Commissioning Groups (CCGs) as to which NHS funded services are provided locally and where pharmacies may be able to deliver commissioned services (such as Stop Smoking and Sexual Health Services). The preparation and consultation on the PNA should take account of the health needs of the population defined in the local Joint Strategic Needs Assessments (JSNAs) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public. This PNA should therefore be viewed in conjunction with the Thurrock JSNA reports which are accessible online at: www.thurrock.gov.uk/jsna.

As PNAs are central to decision-making regarding commissioned services and new pharmacy openings, it is essential that they comply with the requirements of the regulations (further information in [this appendix](#)), that due process is followed in their development and they are kept up-to-date. Section 2.3 describes the process for development of this PNA.

This PNA was developed using the following regulations:

¹ Department of Health. ‘Pharmaceutical needs assessments: Information Pack for local authority Health and Wellbeing Boards.’ May 2013. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf

- National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2013
- Pharmaceutical Needs Assessment, Information Pack for Local Authority Health and Wellbeing Boards

2.2 What are pharmaceutical services?

Community Pharmacies provide three tiers of Pharmaceutical Services commissioned by NHS England:

- **Essential Services** – These services are offered by all Community Pharmacies as part of the Community Pharmacy Contractual Framework
- **Advanced Services** – There are 6 Advanced services within the Community Pharmacy contract, most of which are to support patients with safe use of medicines as well as a flu vaccination service;
- **Enhanced Services** – These are services that can be commissioned locally by NHS England. Local Authorities and Clinical Commissioning Groups (CCGs) can commission ‘locally commissioned services’.

These types of services are defined in the *NHS Regulations*² and are briefly described below.

1. Community Pharmacy Essential Services

The essential services offered by all pharmacy contractors are specified by a national contractual framework that was agreed in 2005, with some amendments in 2012. The following description of these services is an excerpt from a briefing summary on NHS Community Pharmacy services by the Pharmaceutical Services Negotiating Committee (PSNC)³:

Dispensing 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. The Electronic Prescription Service (EPS) has also been implemented as part of the dispensing service.

[see section 6.2 for dispensing activity analysis across Thurrock]

Dispensing Appliances

Pharmacists may regularly dispense appliances in the course of their business, or they may dispense such prescriptions infrequently, or they may have taken a decision not to dispense them at all. Whilst the Terms of Service requires a pharmacist to dispense any (non-blacklisted) medicine ‘with reasonable promptness’, for appliances the obligation to dispense arises only if the pharmacist supplies such products ‘in the normal course of his business’.

² The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at: http://www.legislation.gov.uk/uksi/2013/349/pdfs/uksi_20130349_en.pdf

³ Pharmaceutical Services Negotiating Committee . Available at: <http://psnc.org.uk/>

Repeat Dispensing/electronic Repeat Dispensing (eRD)

At least two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines, and since 2005 repeat dispensing has been an Essential Service within the Community Pharmacy Contractual Framework (CPCF).

Under the repeat dispensing service pharmacy teams will:

- dispense repeat dispensing prescriptions issued by a GP
- ensure that each repeat supply is required; and
- seek to ascertain that there is no reason why the patient should be referred back to their GP.

Originally this service was mainly carried out using paper prescriptions, but as the Electronic Prescription Service (EPS) has developed, the majority of repeat dispensing is now carried out via EPS release 2 and is termed electronic Repeat Dispensing (eRD), which is much more efficient and convenient for all involved.

This means that pharmacy teams need to identify appropriate patients and provide them with information about the repeat dispensing/eRD service, with the aim that there is a significant increase in the use of the service by patients. Appropriate advice can be given to patients in a number of ways such as:

- verbally explaining about the service and its benefits to patients; and
- providing patients with a leaflet describing the service when they are collecting a prescription.

This requirement is part of a broader programme to increase use of the service, which will also engage GP practices and other stakeholders such as Clinical Commissioning Groups (CCGs).

All pharmacies are encouraged to work with their Local Professional Network (LPN), LPC and other local partners to support activities to increase uptake of repeat dispensing/eRD by prescribers in their area. These could include:

- identifying and notifying prescribers of suitable patients; and
- seeking to transfer patients already using managed repeats to repeat dispensing/eRD.

Disposal of unwanted medicines

Pharmacies are obliged to accept back unwanted medicines from patients.

Public Health (Promotion of Healthy Lifestyles)

Each year pharmacies are required participate in up to six campaigns at the request of NHS England. This may include the display and distribution of leaflets provided by NHS England. In addition, pharmacies are required to undertake prescription-linked interventions for patients who appear to have diabetes, a risk of coronary heart disease, who smoke or appear to be overweight.

[see section 6.1 for adoption of these across Thurrock pharmacies]

Signposting

NHS England and other organisations provide pharmacies with lists of sources of care and support in the area. Pharmacies are expected to help people who appear to need assistance by directing them to the most appropriate source of help.

Support for 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. This support also includes ongoing support for patients with long term conditions. Records will be kept where the pharmacist considers it relevant to the care of the patient.

NHS England is responsible for monitoring pharmacies so that they deliver all of the essential services as specified.

2. Advanced Services

In addition to essential services, the community pharmacy contractual framework allows pharmacies to opt to provide any of six nationally-commissioned advanced services to support patients with the safe use of medicine, which currently include:

- Seasonal Flu Vaccination Service
- Medicines Use Reviews (MUR)
- Appliance Use Reviews (AUR)
- New Medicines Service (NMS)
- Stoma Appliance Customisation (SAC)
- NHS Urgent Medicine Supply Advanced Service (NUMSAS) – pilot until March 2018

[see section 0 for adoption of these across Thurrock pharmacies]

3. Enhanced Services

The third tier of Pharmaceutical Service that can be provided from pharmacies are the Enhanced Services. These are services that can be commissioned locally from pharmacies by NHS England. Examples of enhanced services include:

- Anticoagulation monitoring
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support
- Minor ailment service
- On demand availability of specialist drugs

- Out of hours service
- Patient group direction service
- Prescriber support service
- Schools service
- Supplementary prescribing service.

These services can only be referred to as Enhanced Services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services.

****It should be noted that locally commissioned services are outside of the scope of this PNA. Further details on the adoption of and need for these across Thurrock pharmacies will be found in separate analyses.****

Dispensing Doctors

NHS legislation provides that in rural areas classified as 'controlled localities' general practitioners may apply to dispense NHS prescriptions as 'dispensing doctors'. The provisions to allow GPs to dispense were introduced to provide patients access to dispensing services in rural communities not having reasonable access to a community pharmacy. Dispensing GP practices can make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies.

There are three dispensing practices in Thurrock – further information on their activity can be found in section 6.2.3.

2.2.1 Roles and Responsibilities of varying organisations

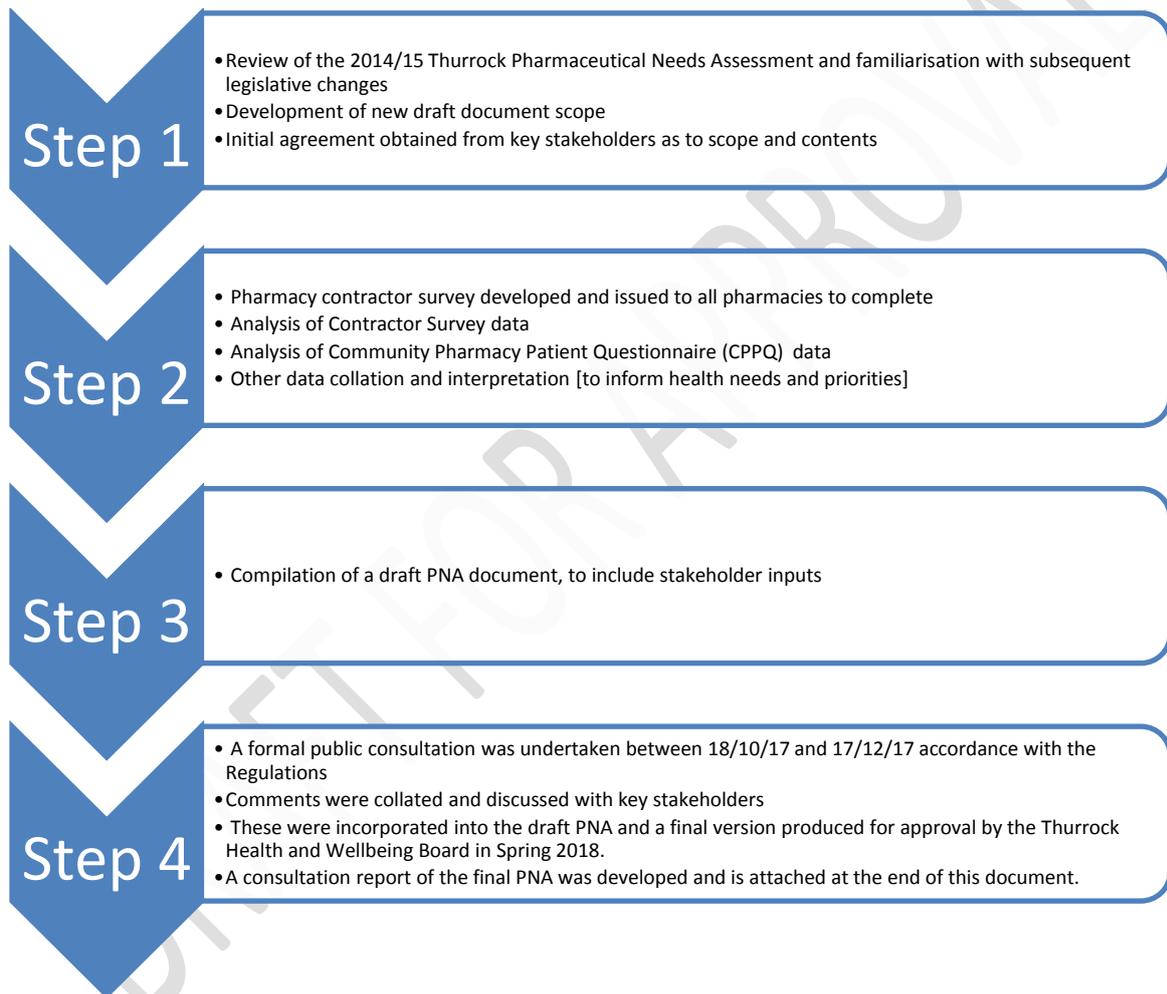
The Health and Social Care Act 2012 influences both the need and delivery of pharmaceutical services. A range of health and care organisations work in partnership to deliver under this Act.

- *Local Authority* - The local authority has responsibility for Public Health and social care.
- *Clinical Commissioning Group* - CCGs have a role to commission most NHS services. CCGs are responsible to secure improvements in service, involve patients, reduce health inequalities and promote research and development.
- *Health and Wellbeing Board* - Each upper tier Local Authority has established a Health and Wellbeing Board (HWB) that brings together a range of leaders from health and care organisations to improve the health and wellbeing of their local population and reduce health inequalities. Each HWB has developed a HWB strategy that will provide the local framework for commissioning, integration and coordination of services in order to meet local need.
- *NHS England* - NHS England is a national body that has the responsibility for commissioning primary care core contracts, offender health, military health and specialised commissioned services.

- *Public Health England* - Public Health England (PHE) is a national body that has the responsibility to protect the health of the nation and address inequalities. The main focus of PHE work is around delivery and informing health improvement, health protection, commissioning and research and development.

2.3 Process followed in developing the PNA

This PNA was developed using a range of methods including consultation with stakeholders and local pharmaceutical service providers. The steps below summarise the main activities undertaken during this process:



2.4 Local Context

2.4.1 Mid & South Essex Sustainability and Transformation Partnership (STP)

The NHS has outlined a new approach to help ensure that health and care services are planned by place rather than around individual institutions. To do this, local health and care

systems have come together in STP ‘footprints’. The health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population’s health and wellbeing, and in NHS finances. Each ‘footprint’ had to publish a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the [Five Year Forward View](#) vision.

Thurrock is part of the Mid and South Essex STP footprint. The Mid and South Essex STP aims to:

- Invest in innovation and expertise that can help people stay well for longer
- Join services together to provide more care closer to people and where they live
- Redesign our hospitals to meet rising demands with the best quality emergency and specialist care for everyone who needs it

Further information on the Mid and South Essex STP can be found [here](#).

2.4.2 Thurrock Health and Wellbeing Strategy 2016-21

The latest Health and Wellbeing Strategy is in place from 2016-2021. It sets out five strategic goals that focus on the areas within which we can make the most difference to the health and wellbeing of Thurrock’s people. Each goal has a named sponsor who sits on the Health and Wellbeing Board, and four objectives underneath which all require a high level of partnership working to be achieved. The list of goals and objectives is shown below.

GOALS	1. OPPORTUNITY FOR ALL	2. HEALTHIER ENVIRONMENTS	3. BETTER EMOTIONAL HEALTH & WELLBEING	4. QUALITY CARE CENTRED AROUND THE PERSON	5. HEALTHIER FOR LONGER
OBJECTIVES	1A. All children in Thurrock making good educational progress	2A. Create outdoor places that make it easy to exercise and to be active	3A. Give parents the support they need	4A. Create four integrated healthy living centres	5A. Reduce obesity
	1B. More Thurrock residents in employment, education or training	2B. Develop homes that keep people well and independent	3B. Improve children’s emotional health and wellbeing	4B. When services are required, they are organised around the individual	5B. Reduce the proportion of people who smoke
	1C. Fewer teenage pregnancies in Thurrock	2C. Build strong, well-connected communities	3C. Reduce social isolation and loneliness	4C. Put people in control of their own care	5C. Significantly improve the identification and management of long term conditions
	1D. Fewer children and adults in poverty	2D. Improve air quality in Thurrock	3D. Improve the identification and treatment of depression, particularly in high risk groups Amended to: Improve the Identification and treatment of mental ill-health, particularly in high risk	4D. Provide high quality GP and hospital care to Thurrock	5D. Prevent and treat cancer better

Source: Thurrock Health and Wellbeing Strategy, 2016-2021

2.4.3 For Thurrock in Thurrock

For Thurrock In Thurrock is a joint brand between NHS Thurrock CCG and Thurrock Council which focuses on partnership working with communities and individuals to improve health and wellbeing outcomes for Thurrock residents. It proposes a new model of health care that would place greater emphasis on neighbourhood based care in communities. Health and

social care teams will work closely together to deliver care closer to home, moving away from the current more complex system.

Future programmes of work within this include:

- Bringing intermediate beds back into the area, from 49 spread across Essex to 37 solely in Thurrock;
- Investing £800,000 in enhancing community services;
- Developing a blueprint for new services with Thurrock residents including addressing root cause of bad health, improving social and mental wellbeing, managing long term health issues and bringing the hospital into the community;
- Establishing four integrated medical centres at Purfleet, Tilbury, Corringham and Grays

3. Thurrock's Population

Thurrock is located in the south of Essex and lies to the east of London on the north bank of the River Thames with an area of 165 square kilometres (km²). It has a diverse and growing population [further details in the section below]. The borough comprises of 20 wards, with areas in the central and eastern parts that are most affluent and have the healthiest residents in the borough.

The Regulations state that the Health and Wellbeing Board define the localities by which it will assess the pharmaceutical needs of its population. Thurrock has four locality areas used across the health and social care landscape. These can be defined by both the wards that fit into each locality, and the GP practices situated in each locality area. Both the wards and GP practices situated in each locality are listed in the table below.

Table 1: Locality Areas

	Corringham	Grays	South Ockendon	Tilbury
Wards	Corringham and Fobbing Stanford East and Corringham Town Stanford-le-Hope West The Homesteads	Chafford and North Stifford Grays Riverside Grays Thurrock Little Thurrock Blackshots Little Thurrock Rectory Orsett South Chafford Stifford Clays	Aveley and Uplands Belhus Ockendon West Thurrock and South Stifford	Chadwell St. Mary East Tilbury Tilbury St. Chads Tilbury Riverside and Thurrock Park
GP Practices (Code and Name)	F81644 – Ash Tree Surgery F81177 – Neera Medical Centre F81697 – The Sorrells Surgery F81198 – The Surgery, Horndon-on-the-Hill F81088 – Southend Road Surgery F81153 - Hassengate Medical Centre	F81742 - Acorns F81113 – Chafford Hundred Medical Centre F81219 – The Dell Medical Centre F81155 – Balfour Medical Centre F81137 – The Surgery, Orsett F81192 – The Health Centre, Stifford Clays F81218 – The Grays Surgery F81641 – The Milton Road Surgery F81211 – East Thurrock Road Medical Centre F81623 - Kadim Primecare Medical Centre Y00999 - St Clements Health Centre Y02807 - Thurrock Health Centre F81659 – Oddfellows Hall Health Centre	F81669 - Derry Court Medical Practice F81134 – Pear Tree Surgery F81197 – Sancta Maria Centre F81010 – Aveley Medical Centre F81632 – The Health Centre, South Ockendon Y00033 - Purfleet Care Centre	F81698 - Dilip Sabnis Medical Centre F81084 – Chadwell Medical Centre F81652 – Medic House F81110 – Tilbury Health Centre F81691 - East Tilbury Medical Centre F81708 - Sai Medical Centre F81082 - The Rigg-Milner Medical Centre F81206 – Commonwealth Health Centre

Source: Thurrock Council

NB – the three highlighted practices will have since closed or the populations redistributed since analyses were undertaken.

Thurrock shares its border with the following neighbouring HWB areas:

- Essex
- Havering
- Medway

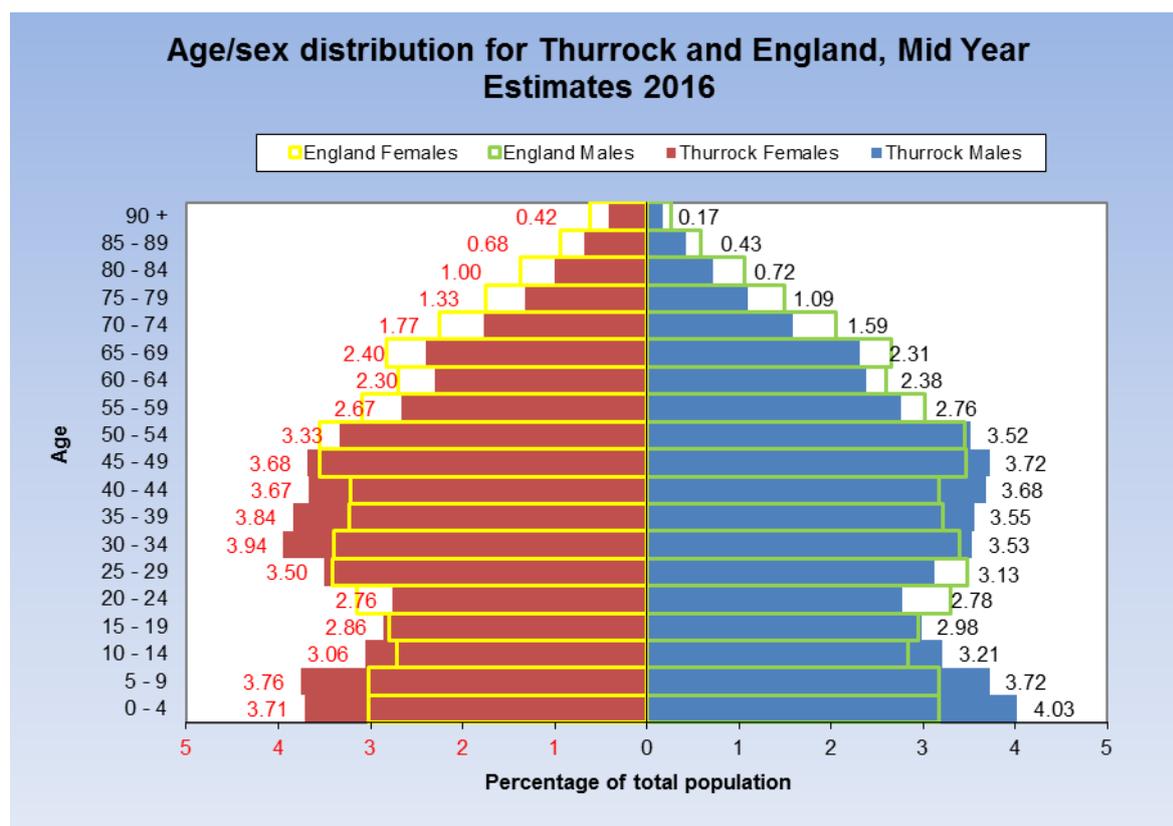
3.1 Current population distribution

The most recent mid-year estimates show the population of Thurrock (as of June 2016) is 167,025, an increase of 1841 people since the previous year, representing a percentage rise of 1.11%. This increase is consistent with recent trends and is mainly due to the difference between births and deaths (there were 2514 births and 1203 deaths). The rest is attributable to migration: a total of 7298 residents moved into the borough from other parts of England and Wales and 7082 moved out; whilst a total of 1181 people moved into the borough from areas outside England and Wales and 866 moved out. The most significant increases from the previous year are in the 10-14 year age band at 4.3%; and the 70-74 year age group at 6.9%.

The population density and distribution in Thurrock varies considerably from low density in the more rural areas to high density in the urban areas.

The figure below is a population pyramid depicting the age structure of Thurrock in 2016 compared to that of England. It is clear that Thurrock has a relatively young population with almost all the age groups below 50 years forming a greater proportion of the total population than England; this is inversely true of population aged 50+ years plus, where Thurrock has a lower proportion in the total population compared to England.

Figure 1: Age/sex distribution of Thurrock's population, 2016



Source: Office for National Statistics

When considering differences at sub-Thurrock level in population distribution, the four localities can be summarised as per table below. It can be seen that Grays is the largest of the localities (63,107 residents) and Corringham the smallest (28,726 residents). Corringham locality has the largest proportion of its residents who are over 65 years (21.28%) whilst Tilbury has the largest proportion of its residents aged 0-19 years (27.99%). Older and younger age groups can be more frequent users of pharmaceutical services.

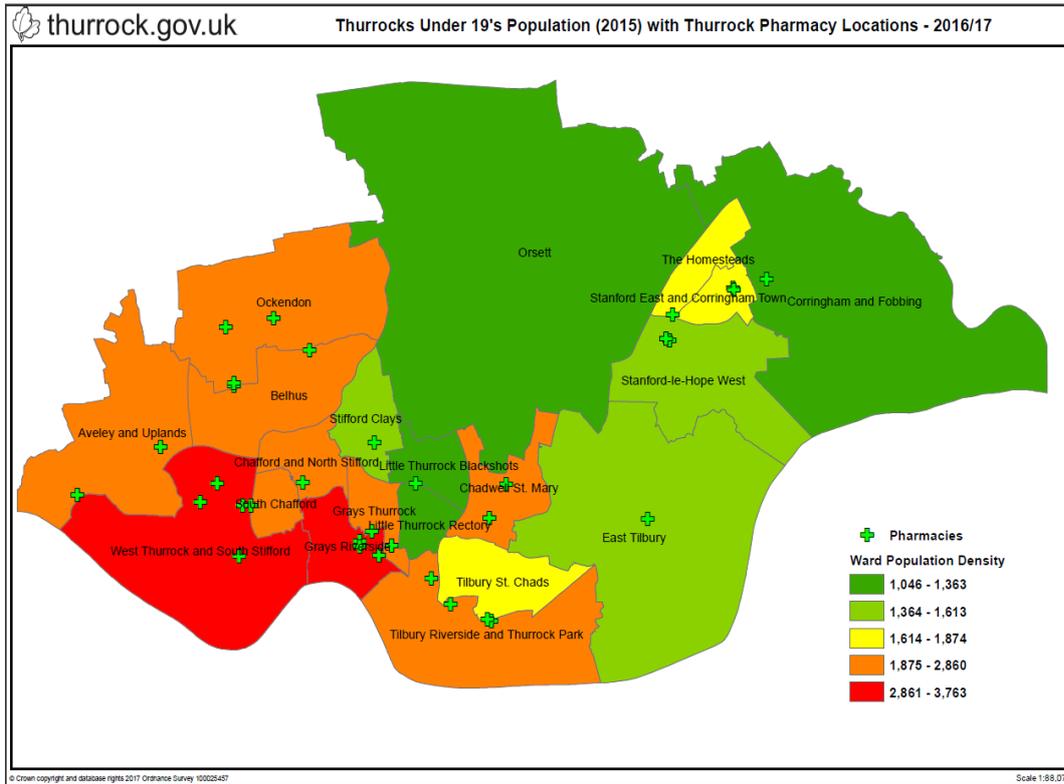
Table 2: Locality Populations, 2015

Locality	Total number of residents	% 0-19 years	% 20-64 years	% 65+ years
Corringham	28,726	21.78%	56.94%	21.28%
Grays	63,107	26.04%	61.27%	12.69%
South Ockendon	43,192	27.51%	62.00%	10.49%
Tilbury	30,159	27.99%	58.12%	13.89%

Source: Office for National Statistics

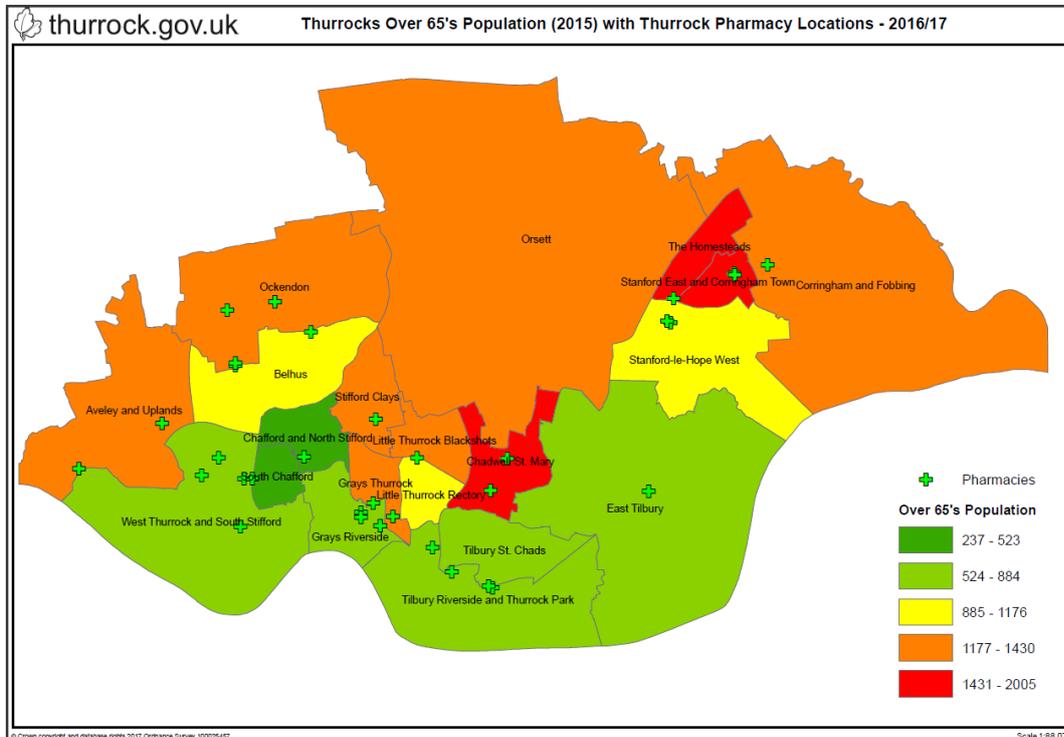
The two maps below depict the distributions of younger and older people across Thurrock in relation to locations of pharmacies. It can be seen that there is sufficient provision accessible by both age groups.

Figure 2: 0-19 Thurrock population and pharmacy locations



Source: Office for National Statistics and Thurrock Contractor Questionnaire 2017

Figure 3: 65+ Thurrock population and pharmacy locations

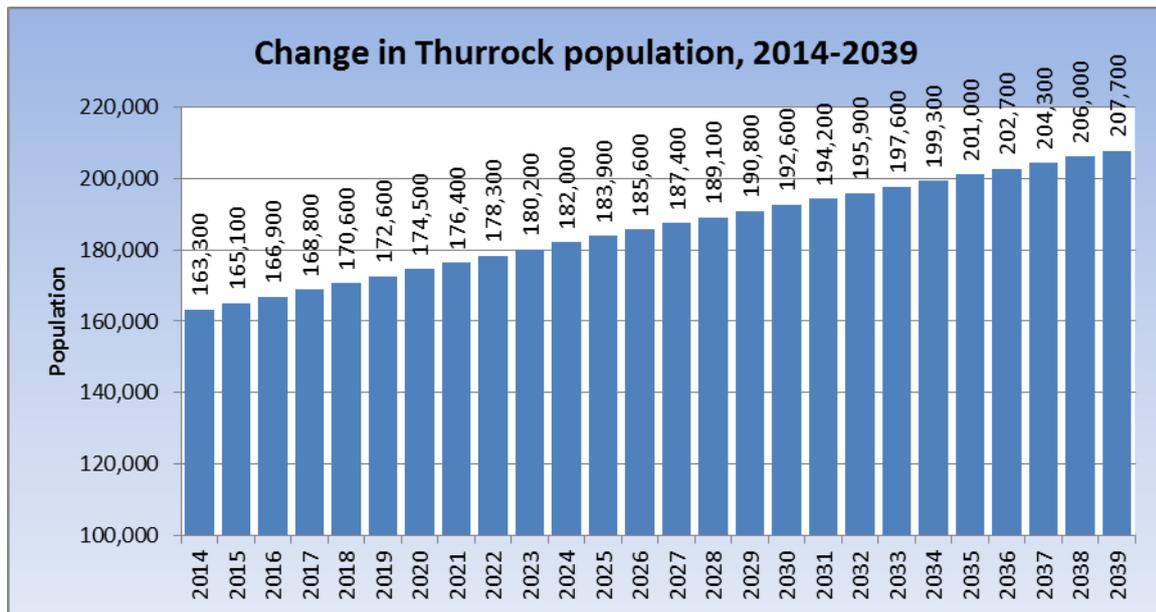


Source: Office for National Statistics and Thurrock Contractor Questionnaire 2017

3.2 Population Projections

The figure below shows population projections from 2014 to 2039. The population of Thurrock is projected to grow to 187,400 by 2027 and 207,000 by 2039. This equates to an increase of 27% in a 25 year period.

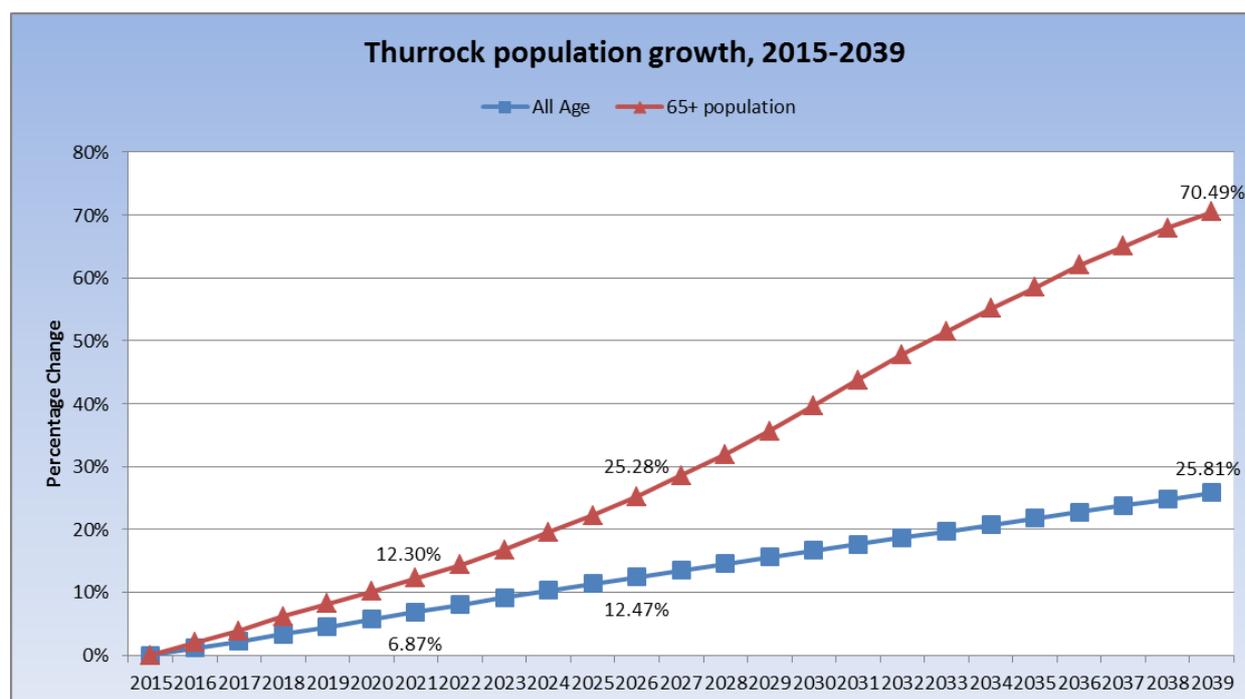
Figure 4: Predicted population growth, 2014-2039



Source: Office for National Statistics

Whilst the population of Thurrock will increase as shown above, the proportion of the population who will be aged 65+ will increase at an even higher rate. Quantifying this, there are an estimated 22,839 people aged 65+ in Thurrock in 2015; this is expected to increase to 25,649 by 2021 and 28,612 by 2026. *[Note that these estimates do not incorporate planned housing and regeneration development within the borough as accurate numbers and timelines are not yet known. The true rate of growth could be even higher once these are accounted for].* Those aged 65+ are the highest users of Adult Social Care and wider health services and are also more likely to develop multiple long term conditions, which results in increased demand for health and social care services with fewer working age people that can be taxed to pay for this increased demand.

Figure 5: Thurrock projected population increase, all-age and 65+ population, 2015-2039



Source: ONS Sub-National Population Projections, 2014

3.3 Ethnicity

The table below shows the proportions of the population in each ethnic group in 2011 and 2001. It can be seen that the proportion of White British/White Irish residents has decreased since 2001, and all other ethnic groups have increased their proportion of residents, particularly Black residents (increase from 1.2% in 2001 to 7.8% in 2011).

Table 3: Ethnic Groups, 2011

Ethnic Group	% of total population - 2011	% of total population - 2001
White British & White Irish	81.60%	93.90%
White Other	4.30%	1.40%
Mixed	2.00%	0.90%
Asian	3.80%	2.40%
Black	7.80%	1.20%
Other	0.60%	0.20%

Source: Census 2001 and 2011

The table below shows the main languages that are spoken by the Thurrock population. Almost 6% of the local population uses a language other than English as their main language. The pharmacists in Thurrock provided information on the languages other than English that they spoke as part of the Contractor Questionnaire, and this is also shown in the table below. It can be seen that no pharmacy employs staff who speak Polish at the time of

the survey, although this is the second most common language used as a main language in Thurrock.

Table 4: Main languages spoken and pharmacies with staff who speak them, 2017

Language	% of residents with this as their main language	Number of pharmacies with staff who speak the language
English	94.03%	34
<i>Polish</i>	1.42%	0
Panjabi	0.25%	5
Yoruba	0.22%	2
Bengali (with Sylheti and Chatgaya)	0.22%	1
Portuguese	0.18%	1
Romanian	0.17%	1
Urdu	0.13%	5
French	0.12%	2
Gujarati	0.08%	8
Cantonese Chinese	0.07%	2
Hindi	0.02%	10
Swahili/Kiswahili	0.02%	2
Mandarin Chinese	0.02%	1
Hebrew	0.00%	1
Lingala	0.00%	1

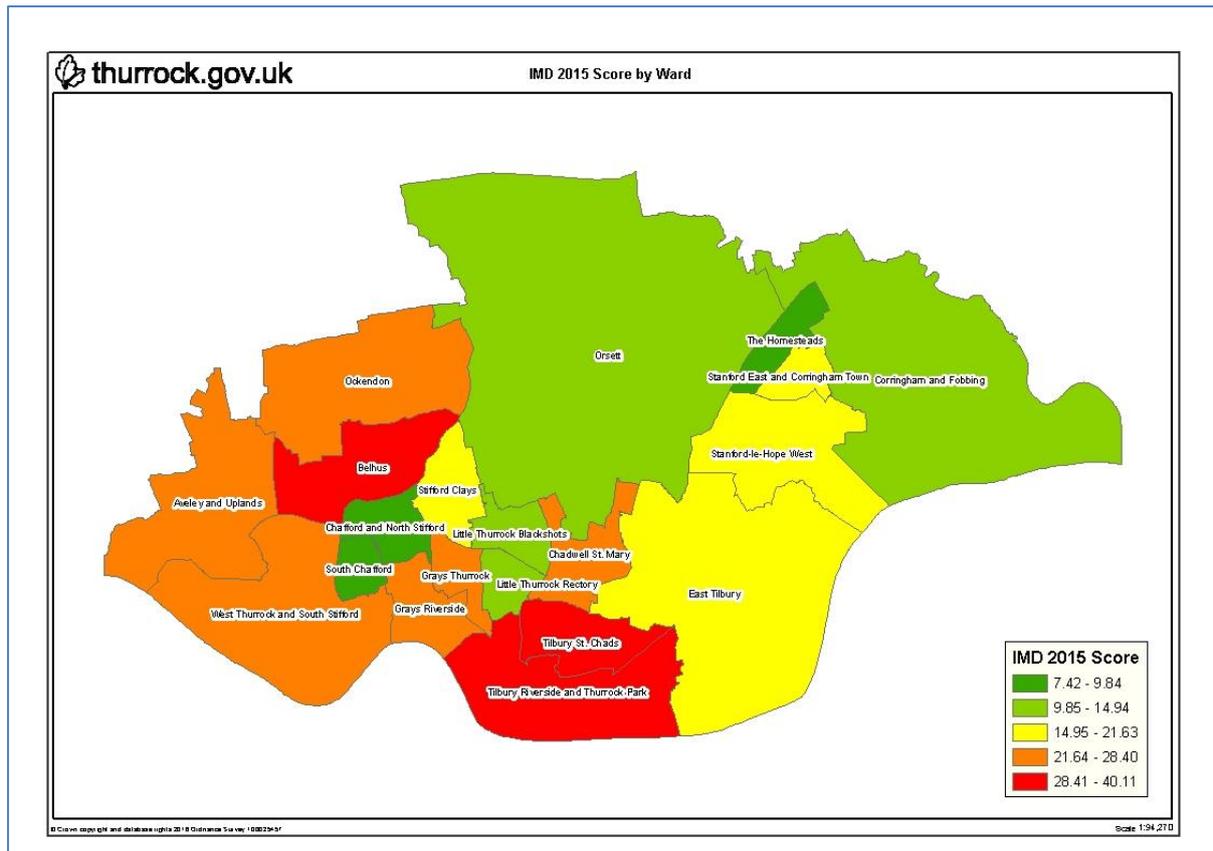
Source: Census 2011 and Thurrock Contractor Questionnaire 2017

3.4 Deprivation and Life Expectancy

There is a strong positive correlation between deprivation and higher rates of illness and poor health outcomes. Deprivation is a major factor of health inequalities, as a result of the unequal distribution of power, money and resources. Indices of Multiple Deprivation (IMD) are weighted summary measures of seven domains with the income and employment domains taking up the strongest weight. The higher the IMD score, the more deprived the area. In 2015, Thurrock's score was 21.6 which was similar to the England score of 21.8.

When considering deprivation within the borough, it can be seen that the wards of Tilbury St Chads, Tilbury Riverside and Thurrock Park [both within the Tilbury locality] and Belhus [South Ockendon locality] have the highest deprivation scores. The Homesteads [Corringham locality], South Chafford and Chafford and North Stifford [Grays locality] have the lowest deprivation scores. Some parts of Thurrock are within the 20% most deprived areas in England – 13.3% of our residents live within these areas.

Figure 6: IMD by ward, 2015



Source: Department for Communities and Local Government

The difference in life expectancy in Thurrock between those that live in 10% of the most deprived and 10% of the most affluent areas vary significantly. In males there is a life expectancy gap of 9.4 years and a 6.5 year gap between females (2012-14).

The Life expectancy for Males in Thurrock was estimated at 79.3 years and Females 82.6 years, the estimate for England is 79.5 and 83.2.

The conditions that have contributed to the gap in life expectancy between the most and least affluent areas in Thurrock are circulatory disease, particularly coronary heart disease, (CHD) lung (and other) cancers and chronic obstructive pulmonary disease (COPD).

3.5 Working patterns

Thurrock offers employment to over 19,000 workers who commute in from other areas. The majority are coming from the geographically close authorities such as Basildon, Havering, Barking and Dagenham, Dartford and Chelmsford.

Thurrock has a higher number of its workforce that commute to other areas for employment than those who commute in – nearly 32,000 Thurrock residents commute to other authority areas for employment. The majority commute into London, although substantial numbers also commute to the neighbouring areas of Basildon and Dartford.

What does this mean for pharmacies?

This is likely to mean that some of Thurrock's population working out of area may access pharmacies in other boroughs during working hours. However it could also mean they may require certain services to be provided locally during evenings and weekends.

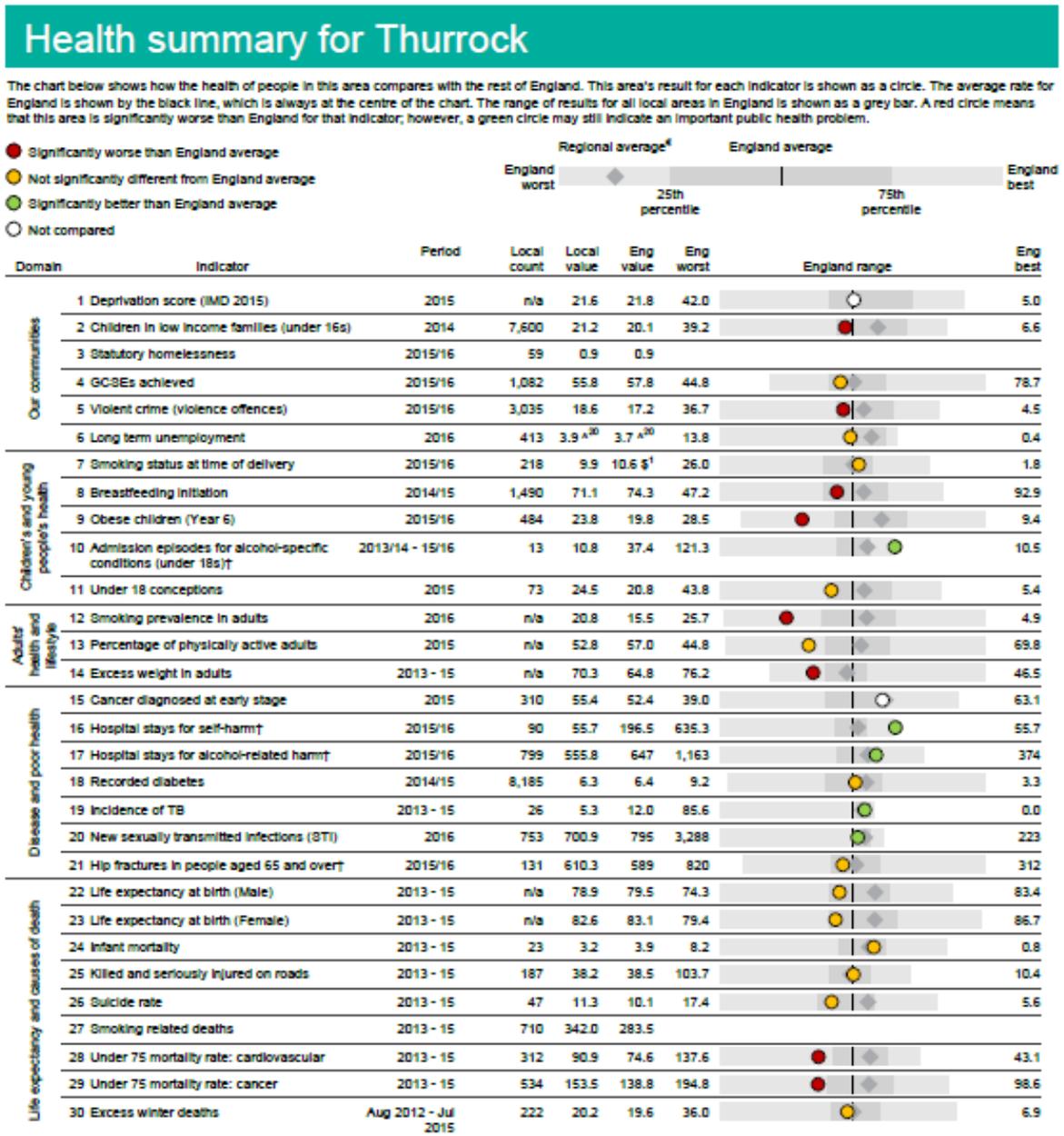
4. Local Health Issues

Thurrock has a number of health issues relating to aspects of healthy lifestyle and long term conditions that pharmacists can provide locally commissioned/enhanced services to support. Further information on these is provided in other published documents – however this is presented separately as the provision of locally commissioned services is out of the scope of this PNA.

A snapshot of Thurrock's key health and wellbeing issues can be seen in Public Health England's Health Profile 2017 below. Some of the main health issues include breastfeeding initiation, childhood and adult excess weight/obesity, smoking prevalence and premature mortality for cardiovascular disease and cancer.

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Figure 7: Thurrock Health Profile 2017



Source: Public Health England

5. Current pharmaceutical service provision

5.1 Geographical distribution of service providers

Thurrock has a rate of 21.2 pharmacies per 100,000 population. This varies slightly across localities - from 25.47 per 100,000 in South Ockendon locality, to 14.26 per 100,000 in Grays locality. The data shows that there is some choice of pharmacy in half the wards, with the exception of Belhus, Little Thurrock Blackshots, Orsett and The Homesteads that have no pharmacies, and Chafford and North Stifford, Stifford Clays, South Chafford, Little Thurrock Rectory, East Tilbury and Corringham and Fobbing that have one pharmacy each.

Nevertheless, residents in all wards are able to access one or more pharmacies located close to or on the border of an adjacent ward. It should also be noted that there are three dispensing GP practices providing dispensing services – two are located in Orsett ward and one in Ockendon ward.

Viewing this in conjunction with data on access to pharmaceutical services (see [section 5.2](#)), it is observed that not having a pharmacy in every ward does not mean there is a gap in provision as Thurrock residents can still access a pharmacy close to their homes.

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Table 5: Pharmacy provision by ward and IMD rank

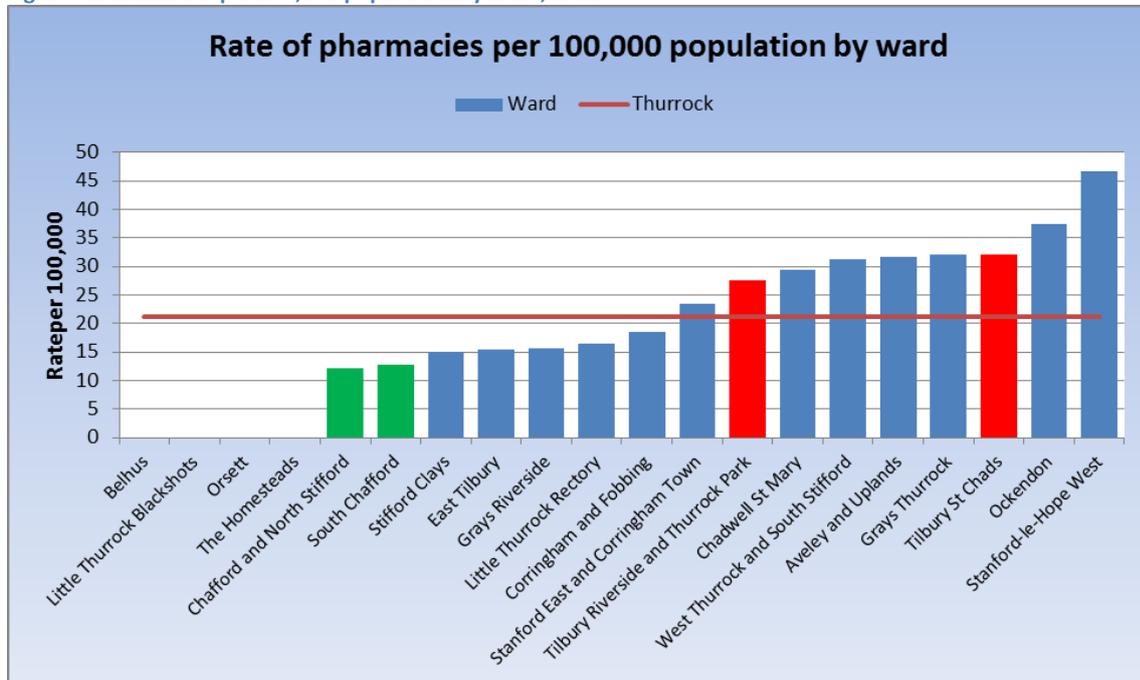
Locality	Ward	Rank of IMD within Thurrock	Number of pharmacies [Dispensing GPs in brackets]	Ward Population	Rate of pharmacies per 100,000	Locality Number of pharmacies	Locality Rate of pharmacies per 100,000
Corringham	Corringham and Fobbing	15	1	5,385	18.57	6	20.89
	Stanford East and Corringham Town	10	2	8,517	23.48		
	Stanford-le-Hope West	13	3	6,437	46.61		
	The Homesteads	18	0	8,387	0		
Grays	Chafford and North Stifford	19	1	8,248	12.12	9	14.26
	Grays Riverside	7	2	12,806	15.62		
	Grays Thurrock	9	3	9,345	32.1		
	Little Thurrock Blackshots	14	0	6,059	0		
	Little Thurrock Rectory	16	1	6,097	16.4		
	Orsett	17	0 [2 DGPs]	6,108	0		
	South Chafford	20	1	7,816	12.79		
	Stifford Clays	12	1	6,628	15.09		
South Ockendon	Aveley and Uplands	6	3	9,483	31.64	11	25.47
	Belhus	3	0*	10,256	0		
	Ockendon	8	4 [1 DGP]	10,691	37.41		
	West Thurrock and South Stifford	5	4	12,762	31.34		
Tilbury	Chadwell St Mary	4	3	10,195	29.43	8	26.53
	East Tilbury	11	1*	6,469	15.46		
	Tilbury Riverside and Thurrock Park	2	2	7,274	27.5		
	Tilbury St Chads	1	2	6,221	32.15		

Source: Thurrock Council and ONS Mid-Year Ward Estimates 2015

*The distance-selling pharmacy contractors are situated in these wards; however they are excluded from this analysis as they do not provide face-to-face services.

The figure below depicts the same information as the table above, but it also highlights the position of the two most deprived and least deprived wards in terms of their pharmacy provision. It can be seen that both of the most deprived wards have rates that are higher than the Thurrock average, whilst the two least deprived wards have rates that are below the Thurrock average – meaning that residents in the most deprived areas have more provision.

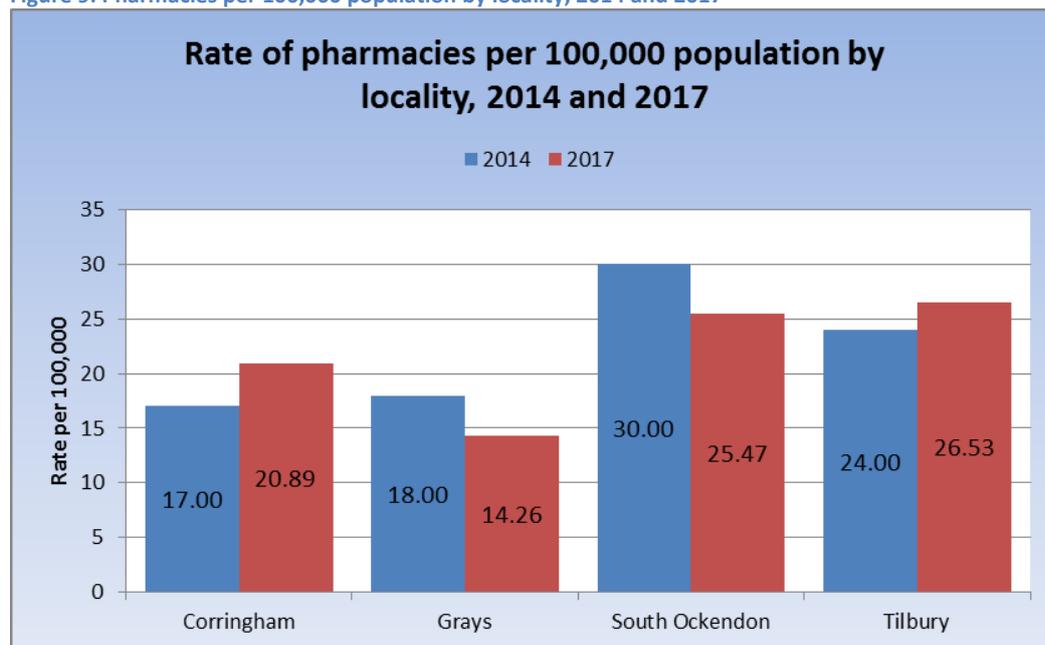
Figure 8: Pharmacies per 100,000 population by ward, 2017



Source: Thurrock Council and ONS Mid-Year Ward Estimates 2015

It should be noted that whilst the number of community pharmacy premises has not changed since the previous PNA was produced, the ward population figures have changed, resulting in slightly different figures for locality rates (see figure below). It can be seen that the rates have decreased in two of the four localities, reflecting population increases across those areas. However it is still felt that there is adequate provision of pharmacies in Thurrock.

Figure 9: Pharmacies per 100,000 population by locality, 2014 and 2017



Source: Thurrock Council

5.2 Access to pharmacies

5.2.1 Opening hours

This section explores the impact of pharmacy opening hours on access to services and patient choice.

Community pharmacies have an obligation to be open for a minimum of 40 core hours unless it has been granted a contract under the “100 hour exemption” or NHS England has granted a contract on the basis of more than 40 core hours under the current market entry system. Additional hours, over and above core hours are termed “supplementary hours”. A pharmacy may not amend its core hours without seeking permission from NHS England; but it is entitled to provide NHS England with 90 days’ notice if it wishes to change its supplementary hours.

In Thurrock, there are six “100 hour” pharmacies located in the Tilbury (3), Grays (2) and Corringham (1) localities.

Weekdays

On weekdays, 33 out of the 34 pharmacies in Thurrock are open between the hours of 9:30am to 5:00pm with the majority (33/34) of pharmacies open on or before 9am, and one pharmacy which closes at 4:00pm in the Corringham locality. One pharmacy closes at 1:00pm on Wednesdays, which is located in the Tilbury locality. Eight pharmacies close for lunch on weekdays (One pharmacy is closed for 30 minutes and seven are closed for an hour), thus potentially reducing choice during this period for clients.

With regards to extended hours:

- 10 pharmacies are open by 8:30 am (two at 7am; four at 8am and 8:30am respectively), with at least one pharmacy opened by 8:00am in all localities.
- 9 pharmacies remain open after 7:00pm, with the latest closures of two pharmacies at 11:00pm

Saturdays

On Saturdays, 74% (24/34) of the pharmacies are open between 10:00am – 1:00pm. As the day progresses, pharmacies start to close although 56% (19/34) remain open until 5:00pm

With regards to extended hours:

- Three pharmacies open at 7:00am (one in the Grays locality and the other two in Tilbury locality)
- Two pharmacies open at 8:00am (one each in the South Ockendon and Corringham localities)
- 21% (7/34) of pharmacies remain open until 7pm or later, of these:
 - Two remain open until 8:00pm (South Ockendon Locality)
 - One remains open until 9:00pm (South Ockendon Locality)
 - Three remain open until 10:00pm (Two in the Tilbury Locality and one in Corringham Locality)
 - One remains open until 11:00pm (Grays Locality)

Sundays

On Sundays, 35% (12/34) of pharmacies are open for between 3 and 11 hours; with 11 of these opening for 6 or more hours. It is felt that there is a reasonable level of coverage across Thurrock throughout the day.

Table 6 below outlines opening hours for all pharmacies per ward and locality for weekdays, Saturdays and Sundays.

Table 6: Pharmacy Opening Hours by Ward and Locality, 2017

Locality	Ward	Weekday Opening					Saturday Opening			Sunday Opening
		8am or earlier	9:30am-5pm	7pm or later	Early Closing	Closed for lunch	10am-1pm	5pm or later	7pm or later	
Corringham	Stanford East and Corringham Town	0	2	0	0	0	2	2	0	1
	Corringham and Fobbing	0	1	0	1	0	1	0	0	0
	Stanford-le-Hope West	1	3	1	0	0	2	1	1	1
Grays	Grays Riverside	1	2	1	0	0	2	1	0	2
	Chafford and North Stifford	0	1	0	0	0	1	1	0	1
	Little Thurrock Rectory	0	1	0	0	0	1	1	0	0
	Grays Thurrock	0	3	0	0	1	0	0	0	0
	Stifford Clays	0	1	0	0	0	1	0	0	0
	South Chafford	1	1	1	0	0	1	1	1	1
South Ockendon	Aveley and Uplands	0	3	0	0	2	2	0	0	0
	Ockendon	0	4	0	0	3	2	0	0	0
	West Thurrock and South Stifford	1	4	2	0	0	3	3	3	3
Tilbury	Chadwell St Mary	1	3	1	1	2	2	1	1	1
	East Tilbury	0	1*	0	0	0	1	0	0	0
	Tilbury Riverside and Thurrock Park	1	2	1	0	0	2	2	1	2
	Tilbury St Chads	0	2	0	0	0	1	0	0	0
Thurrock Total		6	34	7	2	8	24	13	7	12
Percentage		18%	100%	21%	6%	24%	71%	38%	21%	35%

Source: Contractor Questionnaire, 2017

*From September 2017, there will also be a new distance-selling contractor open in this ward

5.2.2 Access to services (by walking & public transport)

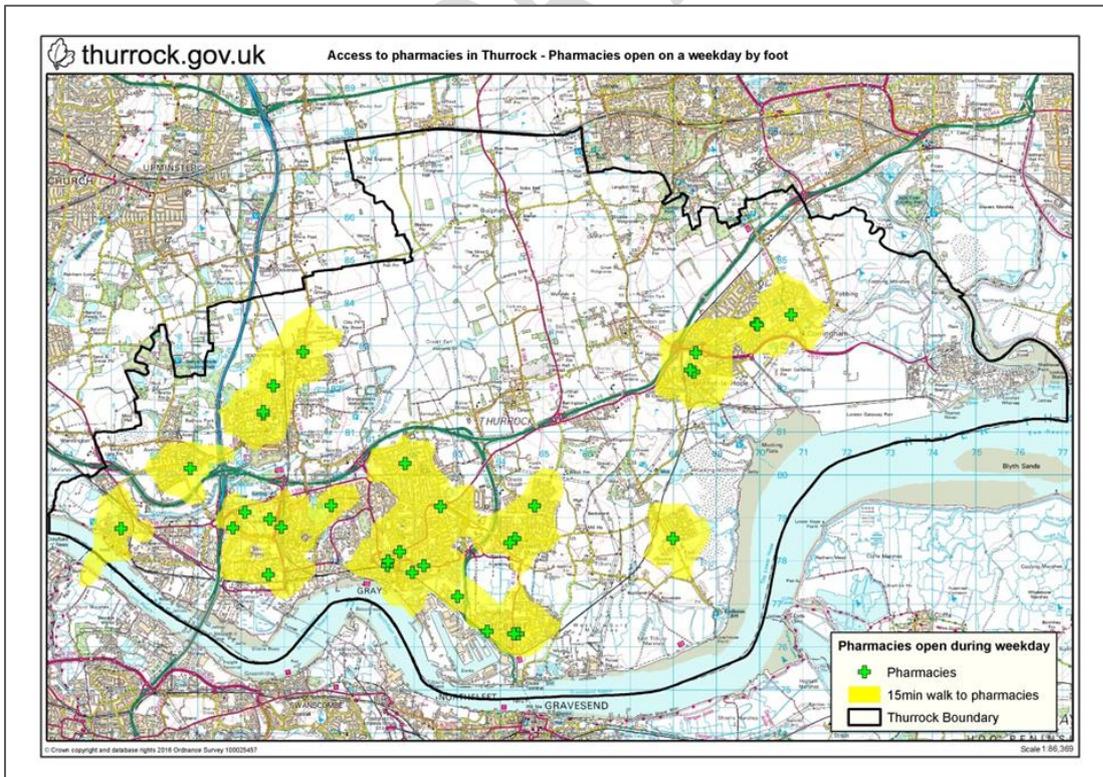
Following the breakdown of pharmacies into their respective CCG Locality areas, a review of the accessibility to the pharmacies was undertaken using the software modelling tool TRACC, and mapped out with the GIS Mapping Tool. The TRACC Software⁴ creates a representation of the transport network within an area, and is able to calculate how easily accessible a destination is from a given location, and can provide details based on different modes of transport. The 34 pharmacies in Thurrock are the given destinations for the purpose of this analysis, and the modes of accessibility calculated were for 15 minutes walking and public transport (Buses).

Accessing a pharmacy by walking

This mode of transportation has been considered for the cohort of the population who do not have access to a private car, are unable to access or afford public transport or choose not to use public transport.

Figure 10 below shows the proportion of the population who live within the walking threshold from a pharmacy open during the week. On weekdays, 70.4% (111,028) of the population live within a 15 minutes' walk from a pharmacy. The map further illustrates those who live in the highest population density areas are able to access a pharmacy within the 15 minutes walking threshold.

Figure 10: Access to pharmacies via walking - weekdays

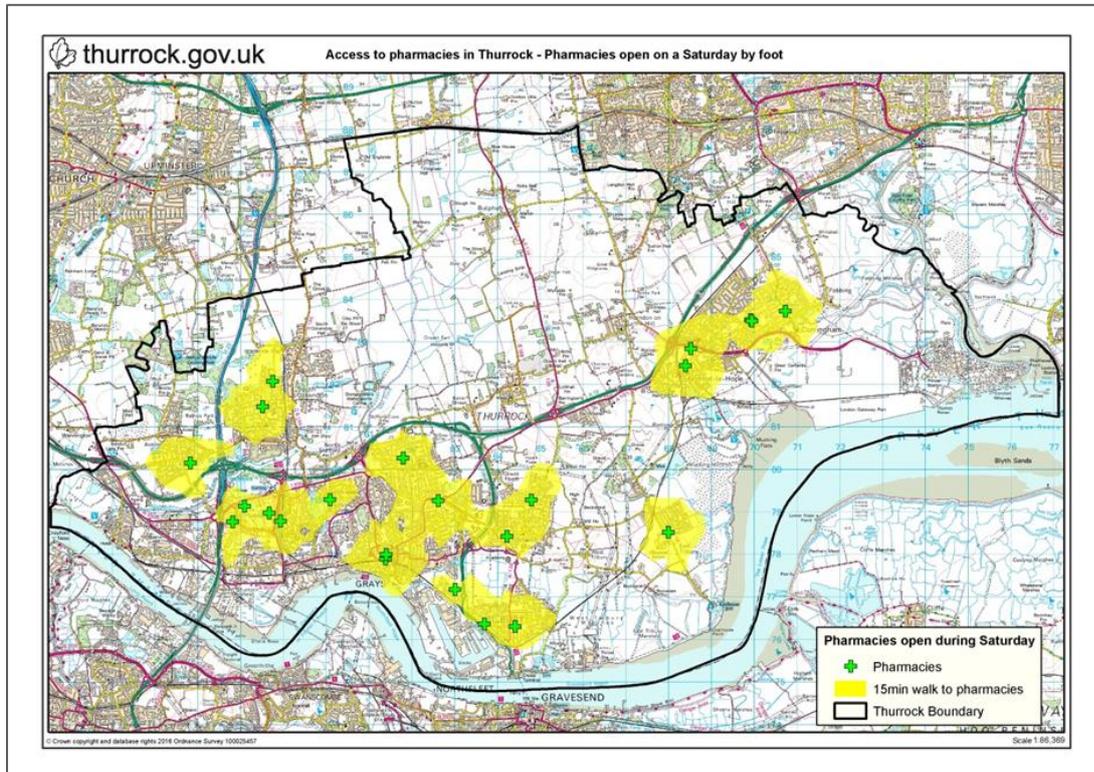


Source: Thurrock Council

⁴ TRACC calculations have been carried out using the 2011 census population data

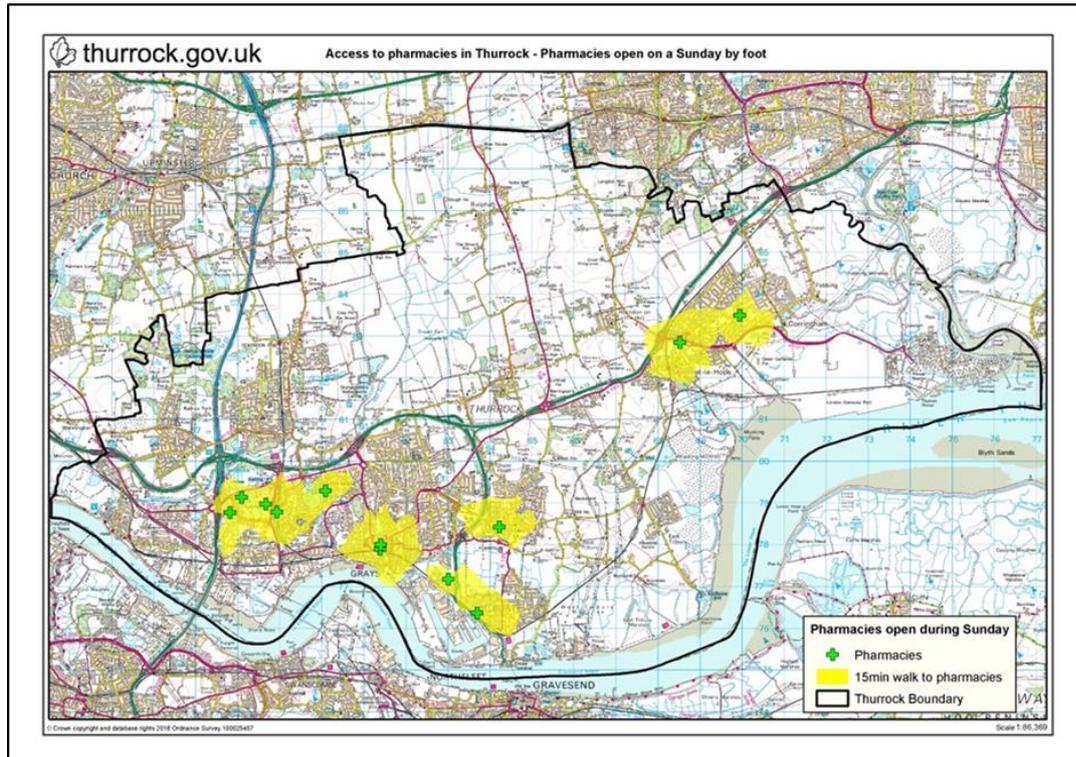
On weekends, 60.5% (95,482) and 29.8% (47,043) of the population live within a 15 minute walk from an open pharmacy on Saturday and Sunday respectively (as shown in figures Figure 11 & Figure 12).

Figure 11: Access to pharmacies via walking - Saturdays



Source: Thurrock Council

Figure 12: Access to pharmacies via walking - Sundays



Source: Thurrock Council

Accessing a pharmacy by Public Transport (Buses)

Thurrock has quite a good network of bus services which run locally and to neighbouring boroughs. Analysis of public transport (bus running times) shows a majority of Thurrock population can access a pharmacy using a bus.

On weekdays, three scenarios and four travel durations have been considered in calculating the proportion of the population that can access a pharmacy using public transport. For the weekends, calculations have been carried with consideration of the core operating hours (i.e. between 10am – 1pm) of pharmacies during the weekends.

As shown in Table 7 below, and depicted in Figures 13, 14 and 15 – 96% of the population can access a pharmacy via public transport in 30 minutes on weekdays and Saturdays, and 92% of the population on a Sunday.

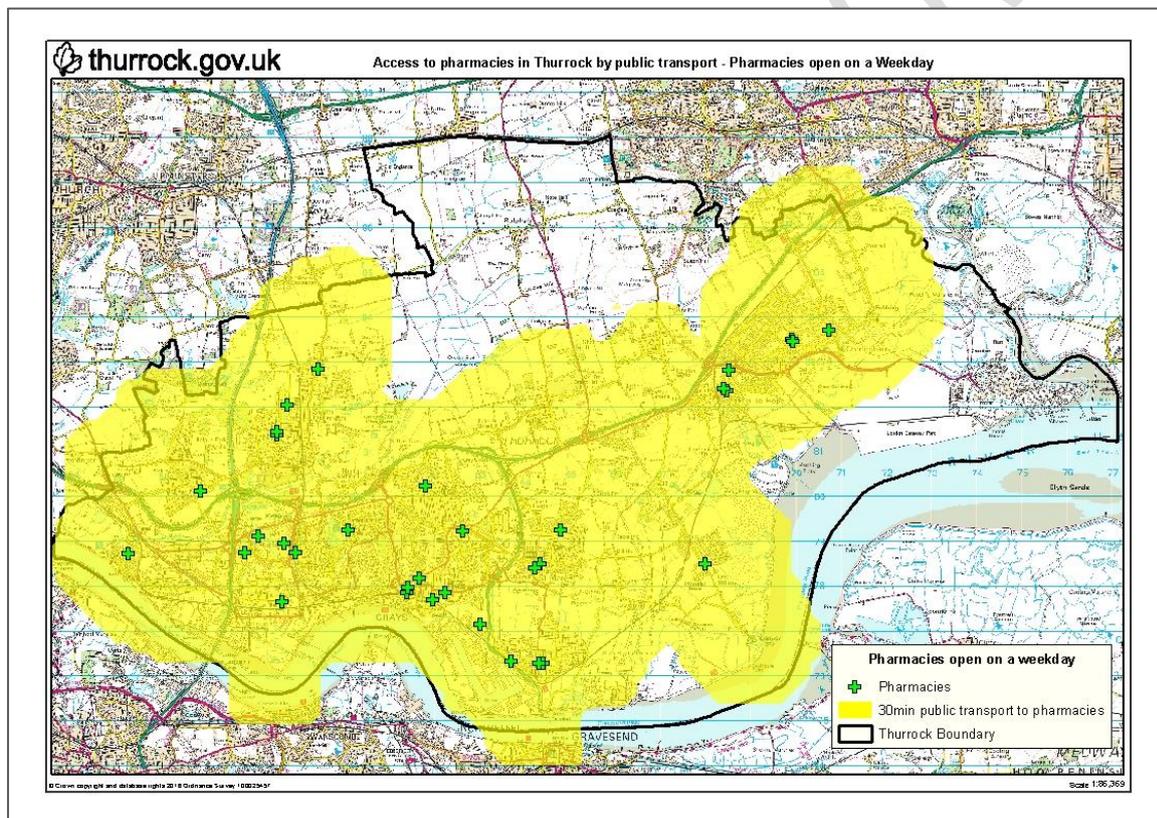
It is generally recognised that 100% of the population are within 20 minutes of a community pharmacy by car. Considering this journey time for public transportation in Thurrock, between 81% - 96% of the population are within 20 minutes of a community pharmacy by public transport.

Table 7: Number and proportion of population who can access a pharmacy via public transport by length of time, 2017

Pharmacy Opening Times	Public Transport Journey Time (minutes) / % of population			
	10	20	30	60
Weekday 10am – 12noon	140,549 (89%)	150,940 (96%)	152,185 (96%)	152,326 (97%)
Weekday before 9am	89,492 (57%)	148,542 (94%)	152,185 (96%)	152,326 (97%)
Weekday after 6pm	82,123 (52%)	143,818 (91%)	151,674 (96%)	152,326 (97%)
Saturday	124,877 (79%)	151,054 (96%)	151,583 (96%)	151,656 (96%)
Sunday	67,347 (43%)	128,447 (81%)	144,371 (92%)	146,209 (93%)

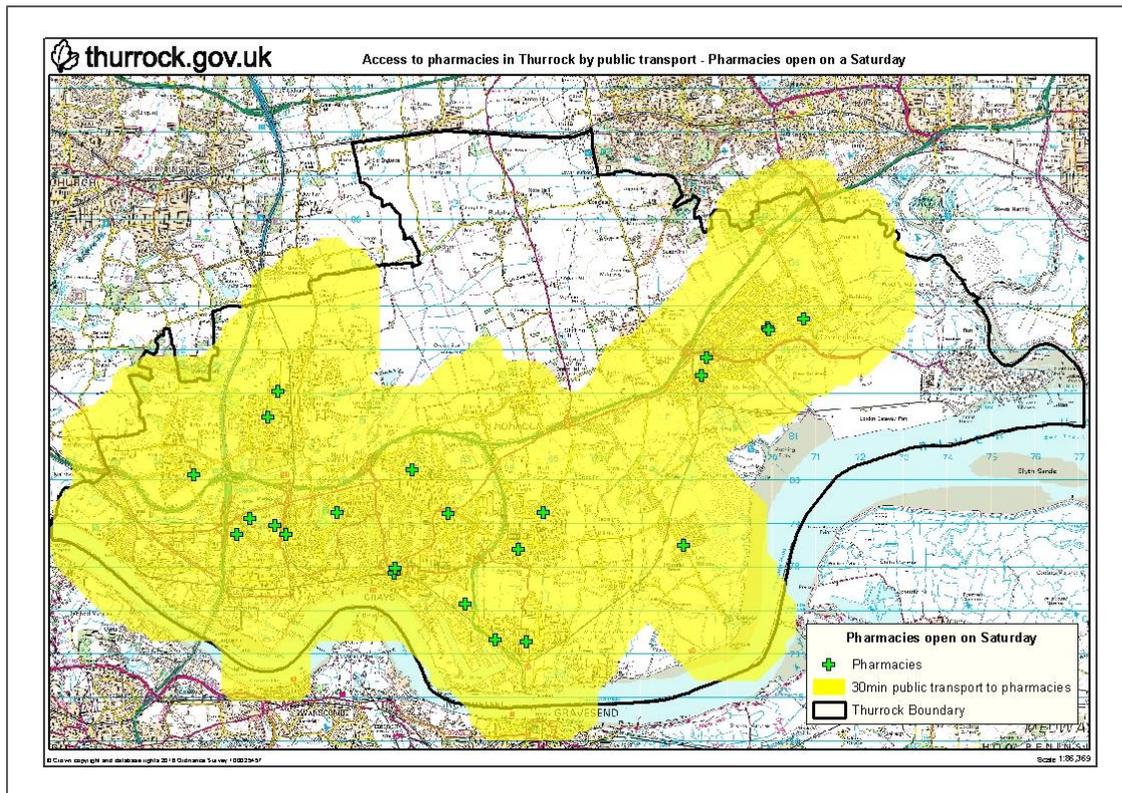
Source: Thurrock Council

Figure 13: Access to Pharmacies via public transport on a weekday



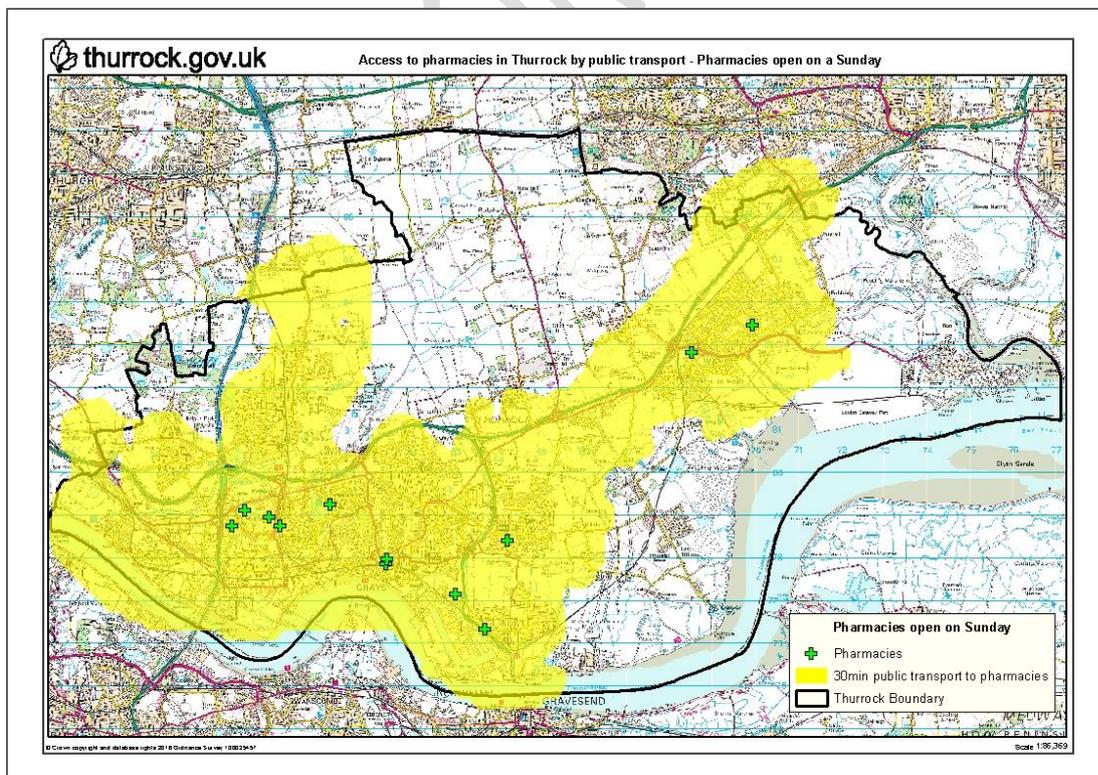
Source: Thurrock Council

Figure 14: Access to Pharmacies via public transport on a Saturday



Source: Thurrock Council

Figure 15: Access to Pharmacies via public transport on a Sunday



Source: Thurrock Council

5.2.3 Access to Consultation Rooms

Pharmacies are encouraged to have at least one private consultation area within their premises. In order for pharmacies to carry out Advanced Services, consultation areas must meet the following requirements:

- The patient and the pharmacist can sit down together;
- They can talk at normal speaking volumes without being overheard by staff or customers; and
- The area is clearly signed as a private consultation area

It is best practice for consultation rooms to be wheelchair-accessible also. In the Contractors questionnaire, pharmacies were asked whether the premises had access for wheelchairs to the consultation area. The table below summarises the responses and shows that 24/34 (71%) of Thurrock pharmacies have consultation rooms that are accessible to wheelchair users. The locality with the highest percentage of pharmacies with rooms that are accessible to wheelchair users is Corringham (83%).

Table 8: % of pharmacies with accessible consultation rooms by locality, 2017

Locality	Wheelchair accessible consultation room	Consultation room - no wheelchair access	Consultation room planned in the next 12 months	% of pharmacies in locality with a wheelchair accessible consultation room
Corringham	5	1	0	83%
Grays	6	2	1	67%
South Ockendon	7	2	1	64%
Tilbury	6	1	0	75%

Source: Thurrock Contractor Questionnaire, 2017

5.2.4 ICT facilities

Pharmacies are able to request a shared NHSmail account and to have the NHS Summary Care Record enabled. Enabling of the NHS Summary Care Record in community pharmacy is one of the criteria for the [QPS scheme](#). The aim of this quality criterion is to encourage pharmacies to access information about the patient to support clinical decision-making. To claim for the quality criterion in either review period pharmacies must have access to the summary care records (SCRs) and must have accessed the SCR on at least one more occasion in period 2 compared to period 1.

The findings from the Contractor Questionnaire show that 21 pharmacies are currently using NHS mail and 32 have the NHS summary care record enabled.

6. Essential Services

6.1 Public Health Promotion

Since publication of the previous PNA, NHS England has run the following Public Health campaigns in pharmacies across Thurrock:

- Stop Smoking (2014)
- Skin Cancer
- Sexual Health
- Blood In Pee
- Under The Weather
- Breathlessness
- Stop Smoking 2015
- Alcohol Awareness
- Well In Winter (2015)
- Dry January (2016)
- Stoptober (2016)
- Stay Well This Winter (2016)
- One You (2017)

These will have been key opportunities for communicating healthy lifestyle messages to the public and potentially increasing interventions such as quit attempts. **The Local Authority and CCG should continue to work with NHS England's Local Pharmaceutical Network and the Essex LPC in supporting participation in future campaigns.**

6.1.1 Healthy Living Pharmacies (HLP)

The Healthy Living Pharmacy (HLP) framework is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The HLP framework is underpinned by three enablers:

- Workforce development – a skilled team to pro-actively support and promote behaviour change, improving health and wellbeing.
- Premises that are fit for purpose.
- Engagement with the local community, other health professionals (especially GPs), social care and public health professionals and local authorities.

What does this mean for pharmacies?

Findings from the Community Pharmacy Patient Questionnaires (CPPQ) indicate that the public feel that pharmacies could improve in their healthy lifestyles signposting and delivery of advice on topics such as smoking cessation, exercise and alcohol reduction. This is something that HLP accreditation could support with.

Of the 34 pharmacy contractors that responded to the questionnaire, 12% (four) of pharmacies had achieved HLP Status and 74% (twenty five) were currently working towards this status.

Table 9: Status of Healthy Living Pharmacy (HLP) accreditation in Thurrock

Locality	The pharmacy is not currently working towards HLP status	The pharmacy is working towards HLP status	The pharmacy has achieved HLP status	Pharmacy did not comment
Corringham	-	6	-	2
Grays	1	9	1	-
South Ockendon	-	5	1	1
Tilbury	1	5	2	-

Source: Thurrock's Contractor Questionnaire 2017

The Quality Payments Scheme (QPS) (2017/18) has eight criteria eligible for payment under QPS – one of which is to become a Level 1 Healthy Living Pharmacy (HLP) (see further information [elsewhere](#) in the document), which is likely to have impacted on the numbers with or working towards accreditation. The above breakdown shows that within Grays, there are nine potential pharmacies working towards HLP status. If they all achieve this, it would result in 91% of Grays pharmacies achieving HLP status. This is a different picture in Corringham, where there are currently no pharmacies with HLP Status and six working towards this; this would be 75% of all Corringham pharmacies with HLP Status.

Table 10: Proportion of pharmacies working towards or already achieved HLP accreditation

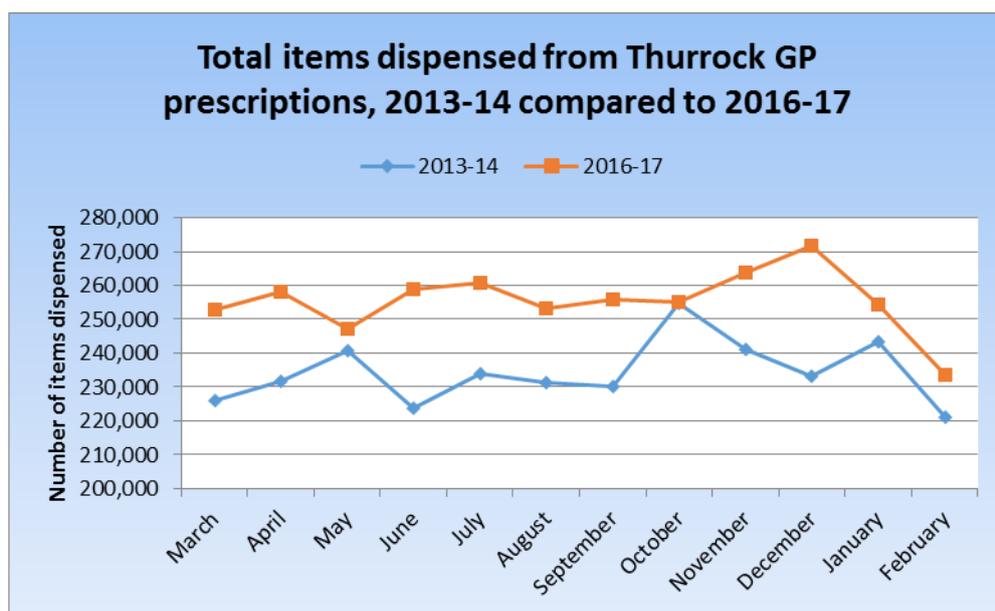
Locality	Locality totals	Locality Pharmacies %	Thurrock Pharmacies Overall %
	(Working Towards and Already Achieved)		
Corringham	6	75%	21%
South Ockendon	6	86%	21%
Tilbury	7	88%	24%
Grays	10	91%	34%

Source: Thurrock's Contractor Questionnaire 2017

6.2 Prescribing activity

There were 3,065,694 items dispensed following a prescription from Thurrock GPs from March 2016 to February 2017. 97.28% of these were dispensed from within Thurrock. [Analyses of where the remaining 2.72% were dispensed from are shown in the section below] The number of items dispensed has increased since the previous PNA was produced. In the period from Mar 2013 to Feb 2014, 2,811,159 items were dispensed, meaning the activity has increased by 9.05% in 3 years. The figure below shows the monthly variation for both years, and it can be seen that for every month, more items were dispensed in 2016-17. Dispensing peaked in December 2016, with 271,852 items being dispensed. It is felt that this increase in items dispensed is managed sufficiently within existing pharmaceutical provision.

Figure 16: Total items dispensed following Thurrock GP prescriptions, 2013-14 and 2016-17



Source: ePACT, accessed by Thurrock CCG

6.2.1 Repeat dispensing activity

The ePACT data found that repeat dispensing activity accounted for 7.45% of all items dispensed in 2016-17. This varied slightly per month (in April 2016, 8.39% of items were repeats whilst in July it was 6.91%).

6.2.2 Locality variation

When considering variation in prescribing activity across Thurrock, it can be seen that 38.16% of the items were prescribed by GPs within the Grays locality. The variation is roughly in line with the population distribution across the borough – this can be seen in the table below.

Table 11: GP Prescribing activity by locality, 2016-17

Area	Total Items	% of total items	% Population split
Corringham	484986	15.82%	14.93%
Grays	1169904	38.16%	41.71%
South Ockendon	715344	23.33%	21.30%
Tilbury	677012	22.08%	22.06%
Unknown	18448	0.60%	
Total	3065694	100.00%	100.00%

Source: ePACT data and NHS Digital

6.2.3 Dispensing GP activity

There are three dispensing doctors in Thurrock – at Peartree, Orsett and Horndon surgeries. Of the 3,065,694 items dispensed, the three dispensing doctors dispensed 104,459 of them, accounting for 3.41% of the total number of items dispensed. Thurrock GPs were identified as the dispenser for 132,058 items in total, meaning that the three dispensing doctors accounted for 79.1% of activity by GPs. The remaining 20.9% is likely to be items personally administered by GPs.

6.2.4 Out of Area dispensing activity

When considering where the out of area dispensing is taking place, it can be seen that the main areas in which these pharmacists are based are Barking & Dagenham (13.44% of OOA activity) and Basildon (13.30%), but with large proportions also originating from further areas such as Leeds and Peterborough. [The large number of items dispensed from these areas is due to distance-selling pharmacies] The main areas dispensing Thurrock prescriptions but who are based out of area are shown in the table below.

Table 12: Main areas outside of Thurrock dispensing Thurrock prescription items, 2016-17

Area	Total Items dispensed	% of all out of area activity
Barking & Dagenham	11185	13.44%
Basildon	11071	13.30%
Southend	6751	8.11%
Leeds	6394	7.68%
Peterborough	6048	7.27%
Castle Point & Rochford	5086	6.11%
Havering	2466	2.96%
Gravesend	1841	2.21%
Romford	1728	2.08%
Brentwood	1645	1.98%
East London	1407	1.69%
Other	27611	33.17%
Total Out of Area Dispensing	83233	100.00%

Source: ePACT, accessed by Thurrock CCG

7. Advanced Services

7.1.1 Community Pharmacy Seasonal Influenza Vaccination Advanced Service

Each year from September through to March the NHS runs a seasonal flu vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus.

The eligible groups are:

- all people aged 65 years and over
- people aged from 18 to less than 65 years of age with one or more of the following medical conditions:
 - chronic (long-term) respiratory disease, such as severe asthma, chronic obstructive pulmonary disease (COPD) or bronchitis;
 - chronic heart disease, such as heart failure;
 - chronic kidney disease at stage three, four or five;
 - chronic liver disease;
 - chronic neurological disease, such as Parkinson's disease or motor neurone disease, or learning disability;
 - diabetes;
 - a weakened immune system due to disease (such as HIV/AIDS) or treatment (such as cancer treatment); or
 - splenic dysfunction
- pregnant women aged 18 or over (including those women who become pregnant during the flu season);
- people aged 18 or over living in long-stay residential care homes or other long-stay care facilities;
- carers aged 18 or over; or
- household contacts of immunocompromised individuals who are aged 18 or over.

In addition from the 1st September 2017 morbidly obese people (>40kg/m²) who are aged 18 to 65 will also be eligible to receive the flu vaccination.

This pharmacy-commissioned service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets.

The aims of the national programme are:

- to sustain and maximise uptake of flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice;
- to provide more opportunities and improve convenience for eligible patients to access flu vaccinations; and

- to reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework.

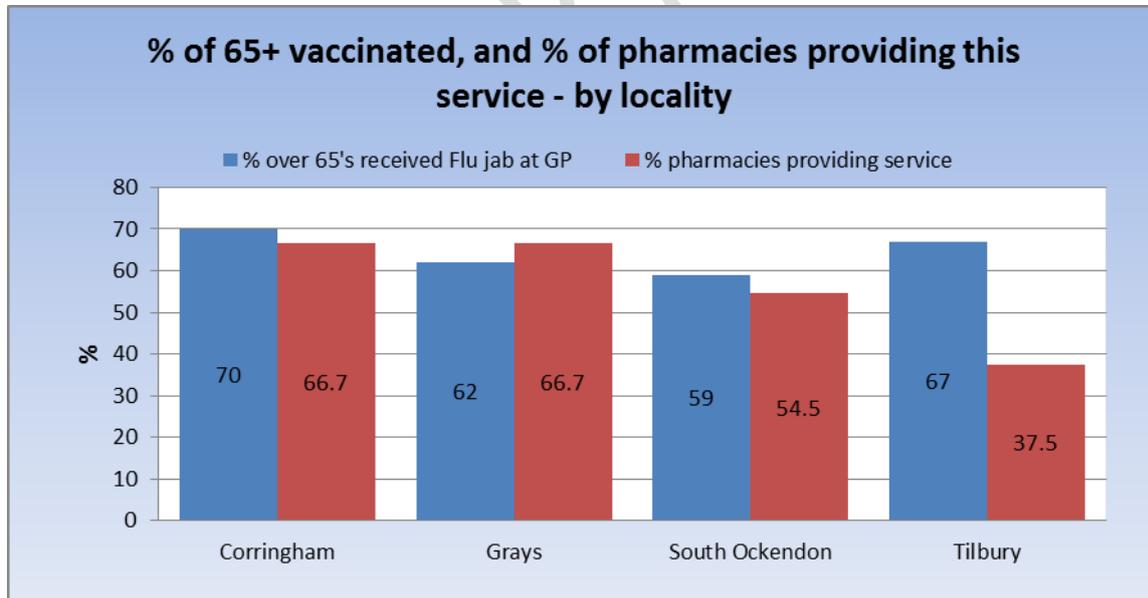
The service can be provided by any community pharmacy in England that fully meets the requirements for provision of the service and has notified NHS England of their intention to begin providing the service.

What does this mean for pharmacies?

According to the contractor survey, there are currently 26 pharmacies that provide the seasonal flu vaccination service for those eligible under the NHS programme, and a further 5 pharmacies said they were intending to provide this within the next 12 months. Only 1 pharmacy stated they were not providing this service.

Looking at the uptake of flu vaccinations in vulnerable groups by locality and the proportion of pharmacies providing this service, a general estimation of areas with higher likely need can be generated. The two figures below show the proportion of over 65s vaccinated and the proportion of other at risk groups vaccinated, both against the proportion of pharmacies currently providing this service per locality.

Figure 17: 65+ receiving flu vaccinations (2016/17), and proportion of pharmacies offering seasonal service

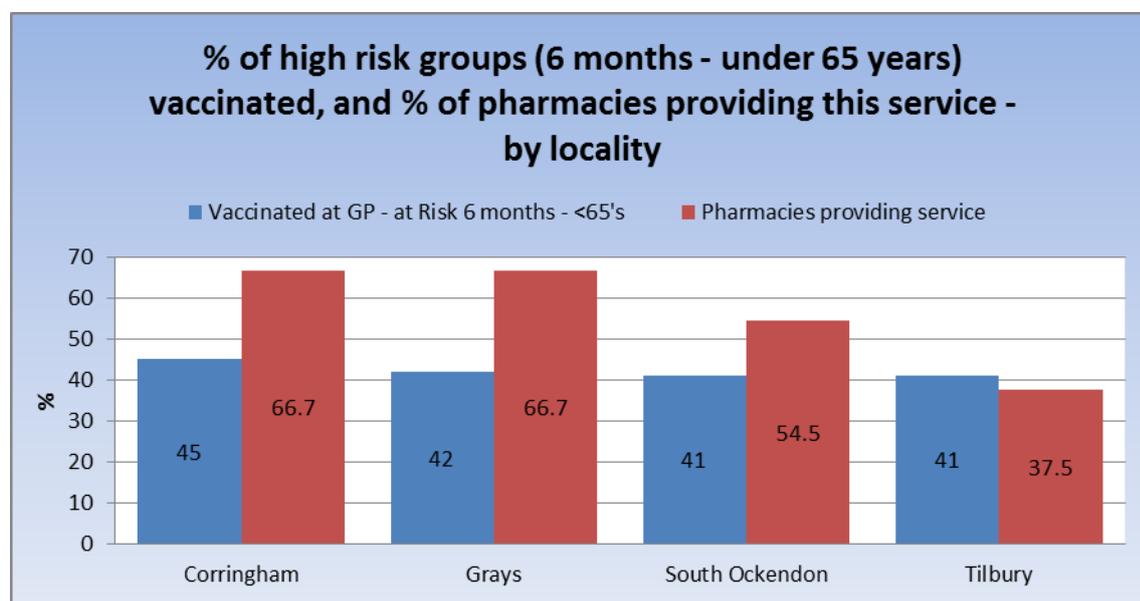


Source: Immform and Contractor Questionnaire 2017

The figure above shows the percentage of over 65's who had a flu vaccination in 2016/17 and the percentage of pharmacies who provide this service by locality. It can be seen that South Ockendon locality has the lowest proportion of over 65's having received a flu jab, but there are also only just over 50% of pharmacies in the locality who provide this service. In

Tilbury, a lower proportion of pharmacies (37.5%) offer this as a service, but just over two thirds of the 65+ population received their flu vaccination from their GP.

Figure 18: At risk groups receiving flu vaccinations (2016/17) and proportion of pharmacies offering seasonal service



Source: Immform and Contractor Questionnaire 2017

The figure above shows those under 65 in the 'at risk' groups who received their flu jab at their GP and in contrast the percentage of pharmacies that provide this service. South Ockendon and Tilbury localities only had approximately 40% of those eligible vaccinated at the GPs, and particularly for Tilbury, a relatively low proportion of pharmacies provide this service.

7.1.2 Medicines Use Reviews (MUR)

This service consists of pharmacies undertaking structured adherence-centred reviews with patients who are on multiple medicines, in particular those who are taking medication for long term conditions. [Changes](#) to the targeting of MURs were agreed for implementation in 2014/15. Since September 2014 at least 70% of MURs completed must be directed at the national target groups that include:

- Patients taking high risk medicines as specified in the directions.
- Patients recently discharged from hospital that has had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge; and
- Patients with respiratory disease.
- Patients at risk of, or diagnosed with Cardiovascular disease and regularly being prescribed at least four medicines.

An MUR is a way to:

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

What does this mean for pharmacies?

In Thurrock all 34 pharmacies offer a medicine use review service according to the contractor questionnaire.

The PSNC releases data showing the number of MURs completed per pharmacy. Taking activity data from 2016/17, and looking at the number completed as a proportion of the maximum each pharmacy can complete (400 per pharmacy), the table below shows that there is variation across the borough - the pharmacies in the South Ockendon locality are undertaking less than 60% of their potential total, although this is due to a couple of pharmacies completing very few or no MURs, thereby skewing the average.

Table 13: Proportion of potential MURs completed by locality, 2016/17

Locality	% MUR's completed out of potential total
Corringham	97.08
Grays	83.5
South Ockendon	58.68
Tilbury	75.63

Source: PSNC

As MURs are targeted towards those with long term health conditions at greater need of support, and analyses published in the [2016 Annual Public Health Report](#) has indicated a likely high level of need in the South Ockendon locality area, pharmacists in this area should be encouraged to increase their provision of these.

7.1.3 Appliance Use Reviews (AUR)

Whilst dispensing of appliances is an Essential pharmaceutical service – responses to the Contractor Questionnaire indicated that 76.5% dispense all types of appliances, 14.7% only dispense dressings and 2.9% dispenses everything but stoma appliances, use reviews are an Advanced service.

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 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

It should also be noted that whilst they are outside the scope of this PNA, Dispensing Appliance Contractors also provide a range of services associated with dispensing of appliances which may meet patients' needs.

According to the contractor questionnaire, 4 pharmacies offer this service - 2 of these are within the Tilbury locality and 2 in South Ockendon. 21 pharmacies are not intending to offer this service and 4 are intending to within the next 12 months.

7.1.4 New Medicines Service (NMS)

This service provides support for people who have an eligible condition who have been newly prescribed a medication. It enables them to understand the new medication they are taking and to help them get the most from it.

It was hoped the successful implementation of NMS would:

- improve patient adherence which will generally lead to better health outcomes;
- increase patient engagement with their condition and medicines, supporting patients in making decisions about their treatment and self-management;
- reduce medicines wastage;
- reduce hospital admissions due to adverse events from medicines;
- lead to increased Yellow Card reporting of adverse reactions to medicines by pharmacists and patients, thereby supporting improved pharmacovigilance;
- receive positive assessment from patients;
- improve the evidence base on the effectiveness of the service; and
- support the development of outcome and/or quality measures for community pharmacy.

According to the Contractor Questionnaire, 31 out of the 34 pharmacies offer the New Medicines Service.

7.1.5 Stoma Appliance Customisation (SAC)

The 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](#).

According to the Contractor Questionnaire, 3 pharmacies in Thurrock provide this service - 1 in Tilbury and 2 in South Ockendon. 3 more pharmacies intend to deliver this service within the next 12 months - 1 in Grays and 2 in Corringham.

However appliance prescriptions can also be dispensed by Dispensing Appliance Contractors and supplied to patients, which may be the preferred option for some Thurrock patients.

7.1.6 NHS Urgent Medicine Supply Advanced Service (NUMSAS)

On 20th October 2016, the Department of Health (DH) and NHS England announced that as part of the 2016/17 and 2017/18 community pharmacy funding settlement, money from the Pharmacy Integration Fund (PhIF) would be used to fund a national pilot of a community pharmacy Urgent Medicine Supply Service. The service is being commissioned as an Advanced Service and it will run from 1st December 2016 to 31st March 2018 with a review point to consider progress in September 2017.

The objectives of the service are to:

- manage appropriately NHS 111 requests for urgent medicine supply;
- reduce demand on the rest of the urgent care system;
- resolve problems leading to patients running out of their medicines; and
- increase patients' awareness of electronic repeat dispensing

According to the contractor questionnaire, 8 Thurrock pharmacies currently provide this service, with all localities having at least 1 pharmacy that provides it.

At the time of writing this PNA, data was not available to demonstrate the impact of the pilot programme.

8. Future Opportunities

8.1 Regeneration and Planning in Thurrock

There are a number of large regeneration programmes planned for the borough to ensure future population growth is sustainable and that the regeneration benefits the entire borough. The 6 growth 'hubs' are:

- [Purfleet](#) - home of High House Production Park and soon a new town centre
- [Lakeside and West Thurrock](#) - already a major retail and leisure destination and set to expand to become a regional town centre
- [Grays](#) - the administrative hub of Thurrock will build upon the current projects to improve economic growth and enhance the public realm
- [Tilbury](#) - a new vision will build on the strengths of the close community and expansion of the port
- [London Gateway](#) - the largest inward investment project in the UK saw DP World's high tech deep-sea container port open in 2013 and become home to a high tech logistics business park, creating thousands of new jobs
- [Thames Enterprise Park](#) - creating an Environmental Technologies and Energy hub alongside a new import/export and blending facility for oil products on the site of the former Coryton Oil Refinery, it will include the world's first bio jet fuel plant converting landfill waste into jet fuel in a partnership between Solena Fuels and British Airways

It is important to note that whilst the borough's regeneration will result in an increased number of dwellings – in particular the Purfleet development, this will not take place within the lifetime of this PNA document. Further information on the proposals and development timescales can be found on the relevant webpage for each development (see above hyperlinks).

The authors of this PNA are not aware of any evidence to suggest a generic *population trigger point* for which a new pharmacy provider would be required, nor is there a measure for how much population growth an existing contractor can accommodate. Factors to consider when assessing the need for a new service provider are likely to include:

- Average household size of new developments
- Demographics of new residents (e.g. older populations may have more health and social care needs)
- Existing pharmaceutical service provision, both locally and access to distance-selling contractors
- Capacity of existing pharmacy contractors to increase their provision of services
- Health inequalities and needs of existing residents

8.2 QPS scheme

A Community Pharmacy Quality Payments Scheme has been introduced which forms part of the Community Pharmacy Contractual Framework (CPCF) from 1 December 2016 until 31

March 2018.. The Quality Payments Scheme will reward community pharmacies for delivering quality criteria in the following quality dimensions:

- Clinical Effectiveness
- Patient Safety
- Patient Experience
- Digital
- Public Health
- Workforce

Payment will depend on how many of the quality criteria the pharmacy achieves. For a pharmacy to become eligible for any payment under the Quality Payments Scheme it must have first met four gateway criteria prior to April 2017:

- I. the contractor must be offering at the pharmacy Medicines Use Reviews (MURs) or the New Medicine Service (NMS); or must be registered for the NHS Urgent Medicine Supply Advanced Service (NUMSAS) Pilot; and
- II. the NHS Choices entry for the pharmacy must be up to date; and
- III. pharmacy staff at the pharmacy must be able to send and receive NHSmail; and
- IV. the pharmacy contractor must be able to demonstrate ongoing use of the Electronic Prescription Service (EPS) at the pharmacy premises.

There are two review dates during the year at which quality payments can be claimed: 28 April 2017 and 24 November 2017.

Further information on the QPS pilot scheme can be found in [this guidance document](#).

9. Appendices

9.1 Legal PNA regulations

Definition of a PNA

A PNA is defined in the Regulations as:

“The statement of the needs for pharmaceutical services which each HWB is required to publish by virtue of section 128A of the 2006 Act(1) (pharmaceutical needs assessments), whether it is the statement of its first assessment or of any revised assessment, is referred to in these Regulations as a “pharmaceutical needs assessment”.

The pharmaceutical service to which each pharmaceutical needs assessment must relate are *“all the pharmaceutical services that maybe provided under arrangements made by NHS England”* and encompass pharmacies that are included on the Pharmaceutical list.

Role of the Health and Wellbeing Board

The legal duties of the Health and Wellbeing Board are to:

- **Publish and maintain the PNA**

HWBs must have published their first PNA by April 2015, with each PNA having a maximum lifetime of three years.

- **Maintain and keep the PNA up to date**

In response to changes in the availability of pharmaceutical services, HWBs are required to determine whether there is a need to revise the PNA or, where this is considered to be a disproportionate response, to issue and keep up to date supplementary statements describing the changes in pharmaceutical services.

- **Respond to a consultation by a neighbouring HWB**

HWB have a further responsibility to respond to a draft PNA when consulted by a neighbouring HWB. The HWB must consult with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) for the area (unless the LPC and LMC service both areas) before making its own response to the consultation.

Minimum requirements for the PNA

Schedule 1 of the Regulations sets out the minimum information that must be included in the PNA, these are:

- Necessary services that meet the need for pharmaceutical services in its area. This should include current provision (within the HWB area and outside the area) as well as any current or future gaps in provision.
- Relevant Services that are not necessary to meet the needs for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services. This should include current provision (within the HWB area and outside the area) as well as any current or future gaps in provision.
- Other NHS Services provided or arranged by the Local Authority, HWB, Public Health England, NHS England, a CCG, an NHS Trust or Foundation Trust that affects the current or future need for pharmaceutical services, or would secure

improvement, or better access to current or future pharmaceutical services within its area, or that have unforeseen benefits.

- A map identifying the premises at which pharmaceutical services are provided in the area of the HWB. The regulations specify the keeping up to date of this map, in so far as is practicable.
- An explanation of how the assessment is carried out including:
 - How localities were determined.
 - How different needs of different localities have been taken into account.
 - How the needs of different groups who are a similar protected characteristic (defined in the Equality Act 2010) has been considered.
- A report on the consultation undertaken.

Regulation 9 sets out the following matters HWBs must have regards to when developing their PNAs as far as practicable to do so:

- The demography of its area, as set out in the Joint Strategic Needs Assessment (JSNA)
- Whether there is sufficient choice with regards to obtaining pharmaceutical services
- Any differing needs of different localities in its area
- The pharmaceutical services provided in neighbouring HWB which affect the need for pharmaceutical services in its area, or whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services within the area
- Other NHS services provided in or outside the area that affect the need for pharmaceutical services, or whether further provision of pharmaceutical services would secure improvements, or better access to pharmaceutical services within the area
- Likely future pharmaceutical needs

Consultation requirements for the draft document

As part of developing PNAs, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult. This list includes:

- Any relevant Local Pharmaceutical Committee (LPC) for the HWB area
- Any Local Medical Committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
- Any local Healthwatch organisation for the HWB area
- Consumer and community groups which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS trust or NHS foundation trust in the HWB area
- NHS England
- Any neighbouring HWB

9.1.1 Secretary of State Directions

Market entry regulations

Please note: Existing pharmacy contractors (i.e. persons already on a pharmaceutical list) who have queries on the Market Entry system, can seek support from their Local Pharmaceutical Committee (LPC). Persons who are not already pharmacy contractors should seek their own legal advice, since PSNC and LPCs are unable to offer support. The following are links to the relevant regulations and guidance.

Since 1 April 2013, pharmaceutical lists have been maintained by NHS England and so applications for new, additional or relocated premises must be made to the local NHS England Area Team. Most routine applications for a new pharmacy will be assessed against the Pharmaceutical Needs Assessment for the area, prepared either by the Local Authority, or the Health and Wellbeing Board (HWB). The [NHS \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) set out the arrangements for pharmaceutical lists and the applications that may be made, and the Department of Health has issued [guidance](#) on these. For help navigating the 2013 regulations, contractors may find [page 15 of the HSCIC's \(now NHS Digital\) General Pharmaceutical Services report](#) helpful.

The Secretary of State Directions

The Secretary of State Directions provide the regulatory framework for the Advanced Services and the Enhanced Services.

[The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013](#)

[The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) \(Amendment\) Directions 2013](#)

[The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) \(Amendment\) Directions 2014](#)

[The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) \(Amendment\) \(No. 2\) Directions 2014](#)

[The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) \(Amendment\) Directions 2015](#)

[The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) \(Amendment\) Directions 2016](#)

[The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) \(Amendment\) \(No. 2\) Directions 2016](#)

At the time of writing this Pharmaceutical Needs Assessment, the Directions for 2017 had not yet been published.

9.1.2 Regulation 26A regarding mergers

As part of the consultation on community pharmacy 2016/17 and beyond, PSNC proposed changes to the [National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) (the 2013 Regulations) to prevent a new pharmacy stepping in straight away if two pharmacies merge. These proposed changes were accepted by the Department

of Health as part of the two year funding package imposed upon community pharmacy in England and [announced](#) on 20th October 2016.

On 5 December 2016, [amendments](#) to the 2013 Regulations came into force which facilitated pharmacy business consolidations from two sites on to a single existing site. Importantly, a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site. NHS England can only approve consolidations where this does not create a gap in provision.

DRAFT FOR APPROVAL

9.2 List of pharmacies and dispensing practices in Thurrock

Below is the list of the 34 high street pharmacies and the one distance-selling pharmacy (in italics). This list was correct as of May 2017:

ODS Code	Pharmacy	Street	Town	Post Code	Locality
FK026	Allcures Pharmacy	23 High Street	STANFORD-LE-HOPE	SS17 0HD	Corringham
FGW47	Allcures Pharmacy	16 Kings Parade	STANFORD-LE-HOPE	SS17 0HP	Corringham
FT060	Hassengate Pharmacy*	Southend Road	STANFORD-LE-HOPE	SS17 0PH	Corringham
FA673	Unicare Pharmacy	22 St. Johns Way	CORRINGHAM	SS17 7LJ	Corringham
FQ578	Boots UK Ltd	83-85 St Johns Way	CORRINGHAM	SS17 7LL	Corringham
FQV22	Allcures Pharmacy	19-21 Lampits Hill	CORRINGHAM	SS17 9AA	Corringham
FCJ06	Vision Pharmacy*	11 Crammavill Street	STIFFORD CLAYS	RM16 2AP	Grays
FQY84	Well Pharmacy	16 Crammavill Street	STIFFORD CLAYS	RM16 2AP	Grays
FD776	Lloyds Pharmacy inside Sainsbury's*	Burghley Road	CHAFFORD HUNDRED	RM16 6QQ	Grays
FNT96	Armada Pharmacies Ltd	1 Drake House, Drake Rd	CHAFFORD HUNDRED	RM16 6RX	Grays
FQG23	Unicare Pharmacy	89 Orsett Road	GRAYS	RM17 5HH	Grays
FLQ07	Lloyds Pharmacy Ltd	31 Lodge Lane	GRAYS	RM17 5RY	Grays
FAL12	Steve's Chemist	36 Bridge Road	GRAYS	RM17 6BU	Grays
FA736	Allcures Pharmacy*	62 High Street	GRAYS	RM17 6NA	Grays
FMX69	Boots UK Ltd	35-41 High Street	GRAYS	RM17 6NB	Grays
FMM25	Allcures Pharmacy	34 East Thurrock Road	GRAYS	RM17 6SP	Grays
FTK09	Ohms Pharmacy	32 High Street	AVELEY	RM15 4AD	South Ockendon
FM809	Well Pharmacy	22 High Street	AVELEY	RM15 4AD	South Ockendon
FNT35	Hemants Chemist	10 Derwent Parade	SOUTH OCKENDON	RM15 5EE	South Ockendon
FQQ40	Boots UK Ltd	17 Derwent Parade	SOUTH OCKENDON	RM15 5EF	South Ockendon
FF646	Allcures Pharmacy	Allcures House, Arisdale Avenue	SOUTH OCKENDON	RM15 5TT	South Ockendon
FKL83	South Road Pharmacy	1 South Road	SOUTH OCKENDON	RM15 6NU	South Ockendon
FT715	<i>Pharmacyshoponline</i>	<i>Unit 10, Little Mollands Farm, Mollands Lane</i>	<i>SOUTH OCKENDON</i>	<i>RM15 6RX</i>	<i>South Ockendon</i>
FKK05	Dave's Chemists	The Purfleet Care Centre, Tank Hill Road	PURFLEET	RM19 1SX	South Ockendon
FJ599	TESCO Instore Pharmacy	Cygnets View, Lakeside Retail Park	WEST THURROCK	RM20 1TX	South Ockendon
FKD78	Boots UK Ltd	74-75 Lakeside Shopping Centre	WEST THURROCK	RM20 2ZG	South Ockendon

FC682	St Clements Pharmacy	643 London Road	WEST THURROCK	RM20 3HD	South Ockendon
FNC41	Boots UK Ltd	Unit 1B, The Junction Retail Park, Western Avenue	THURROCK	RM20 3LP	South Ockendon
FPY31	Riverview Pharmacy	22 River View	CHADWELL ST MARY	RM16 4BJ	Tilbury
FDY66	Dip's Chemist	12 Defoe Parade	CHADWELL ST MARY	RM16 4QR	Tilbury
FDT05	Asset Chemist*	128 Dock Road	TILBURY	RM18 7BJ	Tilbury
FFP86	Asda Pharmacy*	Thurrock Park Way	TILBURY	RM18 7HJ	Tilbury
FTR41	Chapharm Ltd	2-3 Civic Square	TILBURY	RM18 8AD	Tilbury
FHF78	Boots UK Ltd	2 St. Chads Road	TILBURY	RM18 8LB	Tilbury
FG775	Allcures Pharmacy	1 Stanford House, Princess Margaret Rd	EAST TILBURY	RM18 8YP	Tilbury

*100 hour pharmacies are marked with an asterisk

In September 2017, Thurrock Council were advised that a second distance-selling premises would open during weekdays only. Details are below:

FWT56	Primary Health Solutions Ltd, T/A Essex Pharmacy Online	Unit 54A Thames Industrial Park, Princess Margret Road	EAST TILBURY	RM18 8RH	Tilbury
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The below are the three dispensing GP practices:

Practice Code	Name	Locality
F81134	PEARTREE W HORNDON SURGERIES	South Ockendon
F81137	ORSETT SURGERY	Grays
F81198	HORNDON-ON-THE-HILL SURGERY	Corringham

9.3 Blank contractor questionnaire

PNA Pharmacy Questionnaire Thurrock Health and Wellbeing Board

Premises Details

Contractor Code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading Name	
Address of Contractor pharmacy	
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/> Yes
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/> Yes
Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	<input type="checkbox"/> Yes
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the LPC store the above information and use it to contact you?	<input type="checkbox"/> Yes

Core hours of opening

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Saturday			
Sunday			

Total hours of opening

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Potential changes to hours of opening

Please indicate if you are planning to reduce your opening hours between now and publication of the PNA in March 2018? (note that this response is not binding)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
If yes, please list the potential changes below.	

Consultation facilities

There is a consultation area (meeting the criteria for the Medicines Use Review service) (tick as appropriate)

On premises	None, or	<input type="checkbox"/>
	Available (including wheelchair access), or	<input type="checkbox"/>
	Available (without wheelchair access), or	<input type="checkbox"/>
	Planned within the next 12 months, or	<input type="checkbox"/>
	Other (specify)	
Where there is a consultation area, is it a closed room?		<input type="checkbox"/> Yes

During consultations are there hand-washing facilities	In the consultation area, or	<input type="checkbox"/>
	Close to the consultation area, or	<input type="checkbox"/>
	None	<input type="checkbox"/>

Patients attending for consultations have access to toilet facilities	<input type="checkbox"/> Yes
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Off-site	The pharmacy has access to an off-site consultation area (i.e. one which the former PCT or NHS England local team has given consent for use)	<input type="checkbox"/> Yes
	The pharmacy is willing to undertake consultations in patient's home / other suitable site	<input type="checkbox"/> Yes

Languages spoken (in addition to English)	
---	--

IT Facilities

Select any that apply.

Electronic Prescription Service Release 2 enabled	<input type="checkbox"/>
NHSmail being used	<input type="checkbox"/>
NHS Summary Care Record enabled	<input type="checkbox"/>
Up to date NHS Choice entry	

Healthy Living Pharmacies (HLP)

Select the one that applies.

The pharmacy has achieved HLP status	<input type="checkbox"/>
The pharmacy is working toward HLP status	<input type="checkbox"/>
The pharmacy is not currently working toward HLP status	<input type="checkbox"/>

Services

Does the pharmacy dispense appliances?

Yes – All types, or	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>

Advanced services

Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Medicines Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Urgent Medicine Supply Advanced Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enhanced⁵ and Other Locally Commissioned Services

Which of the following services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service ⁽⁶⁾	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽²⁾	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽²⁾	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC) ⁽²⁾	<input type="checkbox"/> ⁽²⁾				
Disease Specific Medicines Management Service:					
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⁵ 'Enhanced Services' are those commissioned by the local NHS England Team. CCGs and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'

⁶ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the local NHS England Team. The local NHS England Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
Emergency Contraception Service ⁽²⁾	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽²⁾	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?					
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUR Plus/Medicines Optimisation Service ⁽²⁾	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?					
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) ⁽²⁾	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)				<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service ⁽²⁾	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service					
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
Seasonal Influenza Vaccination Service ⁽²⁾	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccinations ⁽²⁾					
Childhood vaccinations	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients)	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)					
Sharps Disposal Service ⁽²⁾	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (what therapeutic areas are covered?)				<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) ⁽²⁾	<input type="checkbox"/> ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/>
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/>
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines - Chargeable	<input type="checkbox"/>
Monitored Dosage Systems – Free of charge on request	<input type="checkbox"/>
Monitored Dosage Systems – chargeable	<input type="checkbox"/>

Way of working

Please indicate if you are working in a 'hub and spoke' model.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe below.	

Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why.	<input type="checkbox"/>
---	--------------------------

Details of the person completing this form:

Contact name of person completing questionnaire, if questions arise	Contact telephone number

9.4 Summary report of contractor questionnaire responses

A questionnaire was sent out to all 35 pharmacies in Thurrock in April 2017. 34 out of these 35 returned a response, although it should be noted they did not all answer every question [the tables below show the response rate per question]. The pharmacy that did not return a questionnaire was PharmacyShopOnline, for which some of these questions would not have been relevant in any case.

Opening Hours

The analysis on contractor opening hours can be found in [this section](#) of the full PNA document.

Contractor Type

Question	Responses
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	Of 34 responses: 6 (17.6%) said yes 21 (61.7%) said no 7 (20.6%) said possibly
Is this pharmacy a 100-hour pharmacy?	Of 34 responses: 6 (17.6%) were 100-hour pharmacies
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the standard Pharmaceutical Services contract)	Of 34 responses: 4 (11.8%) have LPS contracts
Is this pharmacy a Distance Selling Pharmacy?	Of 34 responses: 1 (2.9%) said they were a Distance Selling Pharmacy
Please indicate if you are working in a 'hub and spoke' model.	Of 34 responses: 3 said they were working in this way. Of the free text explanations given, one was the distance selling pharmacy, one had their MDS done at Head Office, and the other had the repeat prescription service done in Preston.

The analysis on languages spoken can be found in [this section](#) of the full PNA document.

Consultation Facilities

Question	Responses
Is there a consultation area on site?	Of 34 responses: 24 (71%) have a consultation area with wheelchair access 7 (20.6%) have a consultation area without wheelchair access 2 (5.9%) have a consultation area planned within the next 12 months
If yes, is it a closed room?	Of 34 responses: 17 (50%) have the consultation area in a closed room
Does the pharmacy have access to an off-site consultation area?	Of 34 responses: 1 (2.9%) has access to an off-site area
Is the pharmacy willing to undertake consultations in patient's home/other suitable	Of 34 responses: 18 (52.9%) are willing to undertake

site?	consultations in patient's home or elsewhere
During consultations, are there hand-washing facilities?	Of 34 responses: 23 (67.7%) have hand-washing facilities within the consultation area 8 (23.5%) have hand-washing facilities close to the consultation area 3 (8.8%) have no hand-washing facilities
Do patients attending for consultations have access to toilet facilities?	Of 34 responses: 15 (44.1%) have access to toilet facilities

IT Facilities

Question	Responses
Is Electronic Prescription Service Release 2 enabled?	Of 34 responses: 34 (100%) have EPS release 2 enabled
Does the pharmacy use NHSmail?	Of 34 responses: 21 (61.8%) are using NHSmail
Is the NHS Summary Care Record enabled?	Of 34 responses: 32(94.1%) have the SCR enabled
Does the pharmacy have an up to date NHS Choices entry?	Of 34 responses: 30 (88.2%) have an up to date NHS Choices entry

Essential Services

Question	Responses
Does the pharmacy dispense appliances?	Of 33 responses: 26 (78.8%) dispense all types 1 (3.03%) dispense all excluding stoma appliances 5 (15.2%) dispense just dressings 1 (3.03%) said they dispensed <i>other</i> -

Advanced Services

Question	Responses
Does the pharmacy provide the Medicines Use Review service?	Of 34 responses: 34 (100%) said yes
Does the pharmacy provide the New Medicines service?	Of 34 responses: 31 (91.2%) said yes 2 (5.9%) said they intend to begin within the next 12 months 1 (2.9%) said no - they were not intending to provide
Does the pharmacy provide the Appliance Use Review service?	Of 29 responses: 4 (13.8%) said yes 4 (13.8%) said they intend to begin within the next 12 months 21 (72.4%) said no - they were not intending to provide
Does the pharmacy provide the Stoma Appliance Customisation service?	Of 28 responses: 3 (10.7%) said yes 3 (10.7%) said they intend to begin within the

	next 12 months 22 (78.6%) said no - they were not intending to provide
Does the pharmacy provide the Flu Vaccination service?	Of 32 responses: 26 (81.3%) said yes 5 (15.6%) said they intend to begin within the next 12 months 1 (3.1%) said no - they were not intending to provide
Does the pharmacy provide the NHS Urgent Medicine Supply Advanced service?	Of 32 responses: 8 (25%) said yes 16 (50%) said they intend to begin within the next 12 months 8 (25%) said no - they were not intending to provide

Enhanced and Other Locally Commissioned Services

Question	Responses
Does the pharmacy provide anticoagulant monitoring service?	Of 33 responses: No pharmacies are currently providing this 25 (75.8%) are willing and able to provide if commissioned 8 (24.2%) are not willing or able to provide
Does the pharmacy provide antiviral distribution service?	Of 30 responses: No pharmacies are currently providing this 24 (80%) are willing and able to provide if commissioned 6 (20%) are not willing or able to provide
Does the pharmacy provide Care Home service?	Of 29 responses: 1 (3.5%) is currently providing 18 (62.1%) are willing and able to provide if commissioned 10 (34.5%) are not willing or able to provide
Does the pharmacy provide Chlamydia testing service?	Of 34 responses: 5 (14.7%) are currently providing 25 (73.5%) are willing and able to provide if commissioned 4 (11.8%) are not willing or able to provide
Does the pharmacy provide Chlamydia treatment service?	Of 34 responses: 5 (14.7%) are currently providing 25 (73.5%) are willing and able to provide if commissioned 4 (11.8%) are not willing or able to provide
Does the pharmacy provide Contraceptive service (non-emergency)?	Of 33 responses: 3 (9.1%) are currently providing 24 (72.7%) are willing and able to provide if commissioned 6 (18.2%) are not willing or able to provide
Does the pharmacy provide Emergency Contraception service?	Of 33 responses: 10 (30.3%) are currently providing 20 (60.6%) are willing and able to provide if commissioned 3 (9.1%) are not willing or able to provide

Does the pharmacy provide Emergency Supply service?	Of 33 responses: 6 (18.2%) are currently providing 24 (72.7%) are willing and able to provide if commissioned 3 (9.1%) are not willing or able to provide
Does the pharmacy provide Gluten Free Food Supply Service (i.e. not via FP10)?	Of 28 responses: No pharmacies are currently providing this 22 (78.6%) are willing and able to provide if commissioned 6 (21.4%) are not willing or able to provide
Does the pharmacy provide Home Delivery service (not appliances)?	Of 28 responses: 6 (21.4%) are currently providing 16 (57.1%) are willing and able to provide if commissioned 6 (21.4%) are not willing or able to provide
Does the pharmacy provide Independent Prescribing service?	Of 28 responses: No pharmacies are currently providing this 19 (67.9%) are willing and able to provide if commissioned 9 (32.1%) are not willing or able to provide
Does the pharmacy provide Language Access service?	Of 28 responses: No pharmacies are currently providing this 16 (57.1%) are willing and able to provide if commissioned 12 (42.9%) are not willing or able to provide
Does the pharmacy provide Medication Review service?	Of 33 responses: 18 (54.5%) are currently providing 11 (33.3%) are willing and able to provide if commissioned 4 (12.1%) are not willing or able to provide
Does the pharmacy provide Medicines Assessment and Compliance Support service?	Of 27 responses: No pharmacies are currently providing this 19 (70.4%) are willing and able to provide if commissioned 8 (29.6%) are not willing or able to provide
Does the pharmacy provide Minor Ailment Scheme?	Of 32 responses: 2 (6.3%) are currently providing 27 (84.4%) are willing and able to provide if commissioned 3 (9.4%) are not willing or able to provide
Does the pharmacy provide MUR Plus/Medicines Optimisation service?	Of 29 responses: 2 (7%) are currently providing 21 (72.4%) are willing and able to provide if commissioned 6 (20.7%) are not willing or able to provide
Does the pharmacy provide Needle and Syringe Exchange service?	Of 31 responses: 9 (29.0%) are currently providing 11 (35.5%) are willing and able to provide if commissioned 11 (35.5%) are not willing or able to provide
Does the pharmacy provide Obesity Management service (adults and children)?	Of 32 responses: No pharmacies are currently providing this 28 (87.5%) are willing and able to provide if commissioned

	4 (12.5%) are not willing or able to provide
Does the pharmacy provide Not Dispensed Scheme?	Of 27 responses: 2 (7.4%) are currently providing 18 (66.7%) are willing and able to provide if commissioned 7 (25.9%) are not willing or able to provide
Does the pharmacy provide On Demand Availability of Specialist Drugs service?	Of 26 responses: No pharmacies are currently providing this 19 (73.1%) are willing and able to provide if commissioned 7 (26.9%) are not willing or able to provide
Does the pharmacy provide Out of Hours services?	Of 28 responses: No pharmacies are currently providing this 19 (67.9%) are willing and able to provide if commissioned 9 (32.1%) are not willing or able to provide
Does the pharmacy provide Patient Group Direction (PGD) services?	Of 10 responses: 8 (80%) gave examples of specific PGDs covering flu vaccination, travel vaccines (e.g. malaria), Meningitis, Erectile Dysfunction, Champix [stop smoking] and emergency contraception 2 (20%) are willing and able to provide if commissioned
Does the pharmacy provide Phlebotomy service?	Of 26 responses: No pharmacies are currently providing this 15 (57.7%) are willing and able to provide if commissioned 11 (42.3%) are not willing or able to provide
Does the pharmacy provide Prescriber Support service?	Of 28 responses: 21 (75%) are willing and able to provide if commissioned 7 (25%) are not willing or able to provide
Does the pharmacy provide Schools service?	Of 27 responses: No pharmacies currently provide this 18 (66.7%) are willing and able to provide if commissioned 9 (33.3%) are not willing or able to provide
Does the pharmacy provide Sharps Disposal service?	Of 30 responses: 5 (16.7%) are currently providing 16 (53.3%) are willing and able to provide if commissioned 9 (30%) are not willing or able to provide
Does the pharmacy provide Stop Smoking service?	Of 33 responses: 20 (60.6%) are currently providing 12 (36.4%) are willing and able to provide if commissioned 1 (3%) are not willing or able to provide
Does the pharmacy provide Supervised Administration service?	Of 30 responses: 7 (23.3%) are currently providing under NHS England contract 5 (16.7%) are currently providing under CCG contract 2 (6.7%) are currently providing under Local

	Authority contract 9 (30%) are willing and able to provide if commissioned 7 (23.3%) are not willing or able to provide
Does the pharmacy provide Supplementary Prescribing service?	Of 4 responses: 2 (50%) are willing and able to provide if commissioned 2 (50%) are not willing or able to provide
Does the pharmacy provide Vascular Risk Assessment Service (NHS Health Check)?	Of 32 responses: 2 (6.3%) are currently providing 25 (78.1%) are willing and able to provide if commissioned 5 (15.6%) are not willing or able to provide

The analysis on Healthy Living Pharmacies can be found in [this section](#) of the full PNA document.

Locally commissioned services – Disease-Specific Management Service

Question	Responses
Does the pharmacy provide this service for Allergies?	Of 32 responses: No pharmacies currently provide this 27 (84.4%) are willing and able to provide if commissioned 5 (15.6%) are not willing or able to provide
Does the pharmacy provide this service for Alzheimer's/Dementia?	Of 34 responses: No pharmacies currently provide this 27 (79.4%) are willing and able to provide if commissioned 7 (20.6%) are not willing or able to provide
Does the pharmacy provide this service for Asthma?	Of 34 responses: 1 (2.9%) is currently providing under NHS England contract 28 (82.4%) are willing and able to provide if commissioned 5 (14.7%) are not willing or able to provide
Does the pharmacy provide this service for CHD?	Of 32 responses: No pharmacies are currently providing this 26 (81.3%) are willing and able to provide if commissioned 6 (18.8%) are not willing or able to provide
Does the pharmacy provide this service for COPD?	Of 33 responses: No pharmacies are currently providing this 27 (81.8%) are willing and able to provide if commissioned 6 (18.2%) are not willing or able to provide
Does the pharmacy provide this service for Depression?	Of 32 responses: No pharmacies are currently providing this 24 (75%) are willing and able to provide if commissioned

	8 (25%) are not willing or able to provide
Does the pharmacy provide this service for Diabetes Type I?	Of 31 responses: No pharmacies are currently providing this 24 (77.4%) are willing and able to provide if commissioned 7 (22.6%) are not willing or able to provide
Does the pharmacy provide this service for Diabetes Type II?	Of 31 responses: No pharmacies are currently providing this 26 (83.9%) are willing and able to provide if commissioned 5 (16.1%) are not willing or able to provide
Does the pharmacy provide this service for Epilepsy?	Of 31 responses: No pharmacies are currently providing this 23 (74.2%) are willing and able to provide if commissioned 8 (25.8%) are not willing or able to provide
Does the pharmacy provide this service for Heart Failure?	Of 29 responses: No pharmacies are currently providing this 20 (69%) are willing and able to provide if commissioned 9 (31%) are not willing or able to provide
Does the pharmacy provide this service for Hypertension?	Of 31 responses: No pharmacies are currently providing this 26 (83.9%) are willing and able to provide if commissioned 5 (16.1%) are not willing or able to provide
Does the pharmacy provide this service for Parkinson's Disease?	Of 29 responses: No pharmacies are currently providing this 21 (72.4%) are willing and able to provide if commissioned 8 (27.6%) are not willing or able to provide

Locally commissioned services – Screening Services

Question	Responses
Does the pharmacy provide Alcohol Screening?	Of 33 responses: No pharmacies are currently providing this 21 (63.6%) are willing and able to provide if commissioned 12 (36.4%) are not willing or able to provide
Does the pharmacy provide Cholesterol Screening?	Of 33 responses: No pharmacies are currently providing this 28 (84.9%) are willing and able to provide if commissioned 5 (15.2%) are not willing or able to provide
Does the pharmacy provide Diabetes Screening?	Of 32 responses: No pharmacies are currently providing this 27 (84.4%) are willing and able to provide if commissioned 5 (15.6%) are not willing or able to provide
Does the pharmacy provide Gonorrhoea	Of 32 responses:

Screening?	No pharmacies are currently providing this 19 (59.4%) are willing and able to provide if commissioned 13 (40.6%) are not willing or able to provide
Does the pharmacy provide H. pylori Screening?	Of 32 responses: No pharmacies are currently providing this 24 (75%) are willing and able to provide if commissioned 8 (25%) are not willing or able to provide
Does the pharmacy provide HbA1C Screening?	Of 32 responses: No pharmacies are currently providing this 23 (71.9%) are willing and able to provide if commissioned 9 (28.1%) are not willing or able to provide
Does the pharmacy provide Hepatitis Screening?	Of 31 responses: No pharmacies are currently providing this 18 (58.1%) are willing and able to provide if commissioned 13 (41.9%) are not willing or able to provide
Does the pharmacy provide HIV Screening?	Of 30 responses: No pharmacies are currently providing this 15 (50%) are willing and able to provide if commissioned 15 (50%) are not willing or able to provide

Locally commissioned services – Other Vaccinations

Question	Responses
Does the pharmacy provide childhood vaccinations?	Of 30 responses: 1 (3.3%) is currently providing 20 (66.7%) are willing and able to provide if commissioned 9 (30%) are not willing or able to provide
Does the pharmacy provide Hepatitis vaccinations (at risk workers or patients)?	Of 30 responses: No pharmacies are currently providing this 21 (70%) are willing and able to provide if commissioned 9 (30%) are not willing or able to provide
Does the pharmacy provide HPV vaccinations?	Of 28 responses: No pharmacies are currently providing this 20 (71.4%) are willing and able to provide if commissioned 8 (28.6%) are not willing or able to provide
Does the pharmacy provide travel vaccinations?	Of 30 responses: 1 (3.3%) is currently providing 25 (83.3%) are willing and able to provide if commissioned 4 (13.3%) are not willing or able to provide
Does the pharmacy provide the Seasonal Influenza vaccination service?	Of 34 responses: 21 (61.8%) are currently providing 11 (32.4%) are willing and able to provide if commissioned 2 (5.9%) are not willing or able to provide

Non-NHS funded services

Question	Responses
Does the pharmacy provide collection of prescriptions from GP practices?	Of 34 responses: 34 (100%) said yes
Does the pharmacy deliver dispensed medicines?	Of 34 responses: 29 (85.3%) deliver free of charge on request Of those who indicated they restricted delivery of dispensed medicines to selected patient groups or areas, the pre-requisites were mainly to elderly or housebound patients, although 5 (14.7%) said they would deliver to all.
Does the pharmacy provide Monitored Dosage Systems?	Of 34 responses: 30 (88.2%) said they provided them free of charge upon request 1 (2.9%) said they provided them for a charge

Pharmacists Views

Pharmacists were asked if they felt there was a particular need for a locally commissioned service in their area, and if so, why they felt that was. Of the 17 that provided responses (1 provided 2 suggestions):

- 9 supported a need for Minor Ailments services
- 2 supported a need for Hypertension detection
- 1 supported a need for weight management
- 1 supported a need for Alzheimers/Dementia services
- 1 supported a need for pregnant/breastfeeding services
- 1 supported a need for glucose testing
- 1 supported a need for Cystitis under a PGD
- 1 supported a need for EHC under a PGD
- 1 supported a need for Home MURs

9.5 Summarised feedback from Community Pharmacy Patient Questionnaires

In 2016/17, pharmacies nationally asked their customers for their views via completion of Community Pharmacy Patient Questionnaires (CPPQ). Whilst pharmacies were asked to publish their results on their NHS Choices page in 2017, there was no mandated proforma for displaying the results, nor was there a requirement to publish the responses for every question asked.

Below is a summary of the key themes that emerged from the Thurrock pharmacists responses:

Top five areas customers reported high levels of satisfaction with:

- Pharmacy Layout (results shown for 9 pharmacies – average 83%)
- Service received from pharmacists (results shown for 16 pharmacies – average 83%)
- Service received from other staff (results shown for 13 pharmacies – average 81%)
- Efficient (results shown for 14 pharmacies – average 84%)
- Advice on health problem (results shown for 10 pharmacies – average 73%)

Areas customers suggested improvements for:

- Advice on healthy lifestyles
- Not many patients had actually accessed the pharmacist for smoking cessation, exercise or healthy eating advice
- Some contractor-specific comments (e.g. to improve product range, the automated doors etc)

Customers were asked as part of the CPPQ why they had selected that particular pharmacy, in order to give an idea of whether customers had a preferred pharmacy or whether it was just convenient on the day.

Of the 12 pharmacies that provided data on this:

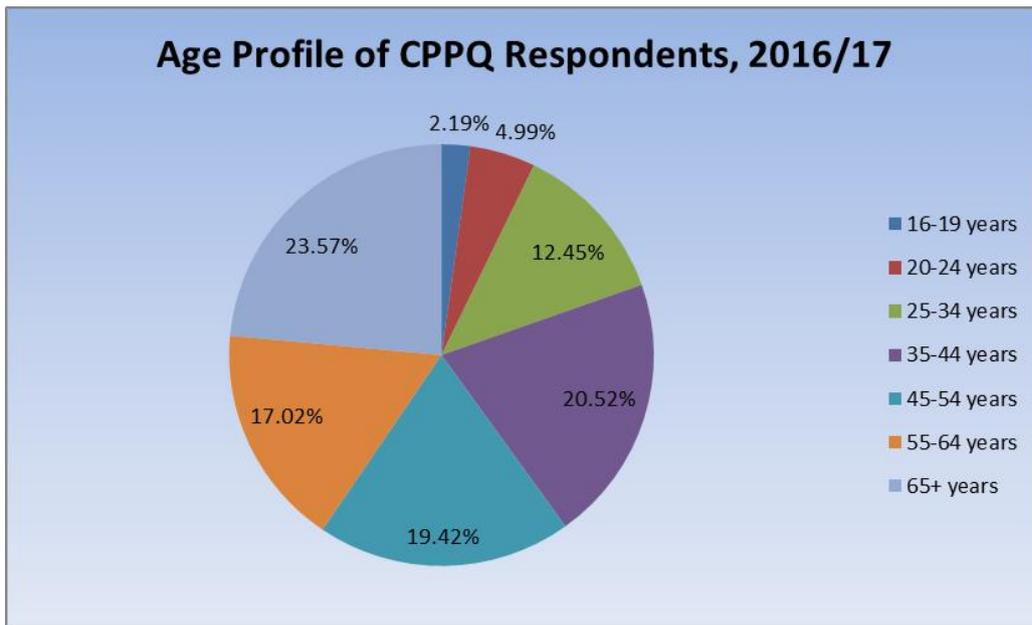
- 70% chose that pharmacy
- 17% said it was one of several they used
- 14% used that one because it was convenient

Of 18 pharmacies, the average overall satisfaction rating with their pharmacy was 93%.

Customer profile:

12 pharmacies provided an age breakdown of respondents as seen below. It can be seen that the largest proportion were aged 65+ (23.57%), and that the proportion of responses from younger adults was quite small (only 2.19% were aged 16-19 years and 4.99% aged 20-24 years) – yet there are a number of services offered out of pharmacies that may be particularly beneficial for them, so it is important to ensure we have their feedback recorded.

Figure 19: Age Profile of CPPQ Respondents, 2016/17



Source: CPPQ Results published on NHS Choices

DRAFT FOR APPROVAL

9.6 Public Consultation responses

The draft PNA document was released for a period of public consultation for 61 days between 18th October 2017 and 17th December 2017. It was published on Thurrock Council's online consultation portal, along with a short questionnaire asking for views on the document. The questions asked are listed below:

- 1) Has the purpose of the PNA been sufficiently explained? (Y/N)
- 2) Is the scope clearly identified? (Y/N)
- 3) Does the document provide a reasonable description of the services that are provided by pharmacies and dispensing doctors in Thurrock? (Y/N/Not Sure)
- 4) Do you know of any pharmaceutical services that are not described in the PNA? (Y/N/Not Sure)
- 5) Do you feel that the needs for pharmaceutical services in the Thurrock population have been adequately identified? (Y/N/Not Sure)
- 6) Do you agree with our conclusion that we have a sufficient number of pharmacies across Thurrock? (Y/N/Not Sure)
- 7) Is there any other feedback on aspects of this PNA that you would like to give? (open ended)

The draft document was also discussed at various CCG committees and publicised by the LPC during this period.

A total of 7 responses were received to this consultation questionnaire. 5 of these came from local pharmacies, with the other responses from Thurrock CCG and Essex LMC.

The majority of questions had 100% of respondents answering affirmatively. For the questions where a couple of respondents answered 'not sure', no further detail was provided as to why they had selected this response.

The conclusion from this consultation period was that no changes to the draft should be made, and it would be submitted for Health and Wellbeing Board approval in early 2018.