

**Merton Council**  
**Health and Wellbeing Board**  
**27 March 2018**  
**Supplementary agenda**

9      Pharmaceutical Needs Assessment

1 - 88

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## **Committee: Health and Wellbeing Board**

**Date: 27 March 2018**

Wards: ALL.

## **Subject: Pharmaceutical Needs Assessment**

Lead officer: Dr Dagmar Zeuner, Director of Public Health.

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Barry Causer, Head of Strategic Commissioning (Public Health).

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### **Recommendations:**

That Health and Wellbeing Board members:

- A. note the collaborative work that has produced a Merton Pharmaceutical Needs Assessment (PNA) that is compliant with the regulations and best practice.
  - B. note that the process of undertaking the PNA has led to extended opening times and therefore improvements in accessing community pharmacies in the east locality in evenings during the week and on Saturday afternoons.
  - C. agree to adopt the PNA, attached in final draft form as an appendix to this report, in advance of the statutory deadline of 1<sup>st</sup> April 2018.
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

The purpose of this report is to set out the headline findings of the Pharmaceutical Needs Assessment (PNA) and ask that the HWB formally adopt it, so that it can be published on the Merton Council website by the statutory deadline of 1<sup>st</sup> April 2018.

The Merton PNA, attached in final draft form as an appendix to this report, concludes that there are no gaps or improvements that can be made to pharmaceutical services in Merton.

## **2 BACKGROUND**

- 2.1. From 1 April 2015 it became a statutory requirement that Health and Wellbeing Boards publish a PNA and publish a revised assessment within 3 years. The revised PNA is required to be published by 1<sup>st</sup> April 2018.
- 2.2. Its primary purpose is for market entry purposes; and it is used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.
- 2.3. A PNA is a tool for identifying current and future need and improve quality and effectiveness of pharmaceutical services. It uses robust, up to date evidence to ensure that pharmacy services are provided in the right place and that services commissioned from pharmacies by local authorities and

Clinical Commissioning Groups meet the needs of the community that they serve.

- 2.4. The regulations set out that the following should be included in the PNA: current provision, gaps in provision, other relevant NHS services, recommendations for improvements and better access, methodology as to how the assessment was carried out and maps of provision. The regulations also name particular organisations and other interested parties that should be consulted for a minimum of 60 days; which has been complied with for the Merton PNA.

### **3 JOINT WORKING ACROSS SOUTH WEST LONDON**

- 3.1. Merton Public Health has worked collaboratively with the London boroughs of Kingston, Wandsworth and Richmond on the refresh of their PNAs.
- 3.2. A steering group was set up, covering Wandsworth and Merton. This has guided the development of the PNAs across both boroughs, following the same stipulated process, and provides assurance that the final draft PNA meets the regulations.

### **4 HEADLINE FINDINGS**

- 4.1. Assessing the need for pharmaceutical services is a complex process and this PNA considered a number of factors, including the size and demography of the population across Merton, the protected characteristics, whether there was adequate access to pharmaceutical services across Merton, different needs of the different localities (east and west) within Merton and the pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Merton. It also included a survey of community pharmacists and a 63 day statutory consultation.
- 4.2. The main headline findings from the PNA (see final draft document in the as an appendix to this report) are as follows-
- Number of pharmacies
- 4.3. There are 41 pharmacies in Merton, provided by 34 contractors. 19 of these are located in the east locality (including one distance selling/on-line pharmacy) and 22 are in the west locality. These are generally located in areas of higher population density and around town centres.
- 4.3.1 Across Merton, the number of community pharmacies per 100,000 residents is 19.4 (excluding the distance selling pharmacy), which is slightly lower than the South London (20.3) and England (21.3) average. When looking across the localities, the picture is as follows
- a) The number of community pharmacies per 100,000 residents in the east locality is 16.6 and is lower than the South London (20.3) and England (21.3) average.
  - b) The number of community pharmacies per 100,000 residents in the west locality is 22.5 and is higher than the South London (20.3) and England (21.3) average.

Although the number of pharmacies is lower than the South London and England averages, this does not necessarily lead to a need for additional community pharmacies as there would appear to be unused capacity in

dispensing activity (see 4.4) and cross border provision that contributes to meeting pharmaceutical need at times of less demand e.g. Sunday afternoon.

#### Dispensing data

- 4.4. In 2016/17 there were 2,929,820 items prescribed for Merton residents and 77.1% of these were dispensed by contractors or GP surgeries within the HWB area. When including items that were dispensed by contractors in the neighbouring boroughs for Merton residents, this figure increases to 95.7%.
- 4.4.1 There would appear to be capacity in the existing community pharmacies for additional dispensing need. This is evidenced by-
- a) The average number of items (56,482) dispensed by community pharmacy (excluding the distance selling pharmacy) in Merton being lower than those pharmacies in South London (70,715) and in England (93,976).
  - b) The number of items dispensed per person (10.9) being lower than South London (14.3) and in England (20).
  - c) When looking at localities, the average items dispensed in the east locality (62,430) and in the west (51,615) locality is also lower than the South London (70,715) and in England (93,976).

#### Access to premises

- 4.5. For access to community pharmacies, we have considered four key times; weekdays up to 7pm, weekdays after 7pm, Saturdays and Sundays.
- 4.6. For each of these times we considered how residents may travel to the premises; walking up to 1.6km, driving within 10 minutes and using public transport for a journey of 20 minutes and if appropriate cross borough provision over the borough boundary.
- a) Weekdays up to 7pm. Access to community pharmacy during this time is good.
  - b) Weekdays after 7pm. Access to community pharmacy during this time is good. It should be noted that access at these times has been improved through the process of developing the PNA, with a community pharmacy in the east locality extending their opening hours until 7.30pm every evening. Cross border provision by community pharmacies in Sutton also support access for residents in the south of the borough after 7pm.
  - c) Saturdays. Access to community pharmacy during this time is good. It should be noted that access at these times has been improved through the process of developing the PNA, with two community pharmacies in the east locality extending their opening hours (using a rota system) on a Saturday afternoon until 3.30pm. Cross border provision by community pharmacies in Sutton also support access for residents in the south of the borough on Saturday afternoons.
  - d) Sundays. Access to community pharmacy during this time is good. It should be noted that there is naturally a lower demand for

pharmaceutical services at this time and cross border provision (particularly Sutton and Croydon) contributes to meeting the pharmaceutical need for Merton residents.

- 4.6.2 The HWB should be aware that the draft PNA, used for the consultation, identified that some small improvements could be made in the opening hours in the east locality on a Sunday afternoon and provision of the Minor Ailments Service. Having considered responses to the consultation, engaged with clinical colleagues including community pharmacists, looked into the activity data for the GP access hubs and explored cross border provision in greater depth, particularly just over the borough boundary into Croydon and Sutton; these small improvements are not an established need in the final draft PNA.

#### Conclusion

- 4.7. The Merton PNA concludes that there are no gaps or improvements that can be made to pharmaceutical services in Merton.

#### Supplementary statements

- 4.8. It is important that the PNA reflects any changes in pharmaceutical need in Merton. If the HWB becomes aware that a change may require the PNA to be updated, then they can issue a supplementary statement.

### **5 ALTERNATIVE OPTIONS**

- 5.1. Publishing a PNA is a statutory requirement of Health and Wellbeing Boards under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

### **6 CONSULTATION UNDERTAKEN OR PROPOSED**

- 6.1. The consultation on the PNA is clearly set out with regulations for the consultation to last at least 60 days and to consult with the Local Pharmaceutical Committee, the Local Medical Committee, persons on the pharmaceutical lists and any dispensing doctors in the area, the LPS chemist in its area, the Local Healthwatch, any NHS Trust or NHS Foundation Trust, NHS England, neighbouring HWB's and any other patient, consumer or community group in its area who has an interest in the provision of pharmaceutical services in the area. The consultation took place from 18<sup>th</sup> December 2017 until 19<sup>th</sup> February 2018 for a period of 63 days and had 16 responses.
- 6.2. A contractor questionnaire was sent to all community pharmacies in Merton to validate the information provided by NHSE and provide commissioners with additional information e.g. availability of consultation facilities. This ran from 14<sup>th</sup> August 2017 to 2<sup>nd</sup> October 2017 and had 24 responses (uptake rate of 58%).

### **7 TIMETABLE**

- 7.1. The deadline for the HWB to publish a revised assessment is 1<sup>st</sup> April 2018.

### **8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 8.1. The approach set out has no financial implications.

### **9 LEGAL AND STATUTORY IMPLICATIONS**

Publishing a PNA is a statutory requirement under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The final draft PNA was sent to Legal Services, who confirmed that the PNA complies with the regulations.

**10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

The PNA is concerned with delivering a balanced and equitable provision of service throughout the borough. In order to address health inequalities it is important that there is access to accurate data which reflects real needs.

**11 CRIME AND DISORDER IMPLICATIONS**

None.

**12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

None.

**13 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

Merton Pharmaceutical Needs Assessment (Final draft).

**14 BACKGROUND PAPERS**

- 14.1. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

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**Merton**

**Pharmaceutical Needs Assessment**

**27<sup>th</sup> March 2018.**

**FINAL DRAFT to HWB.**

## **Contents**

1. Executive summary – page 3.
2. Introduction – page 4.
3. Methodology – page 11.
4. Overview of Merton – page 17.
5. NHS Services – page 26.
6. General health needs in Merton – page 28.
7. Provision of pharmaceutical services – page 31.
8. Analysis and Conclusions – page 55.
9. Appendices – page 60.

FINAL DRAFT

1. **Executive Summary**

To be added prior to publication.

FINAL DRAFT

## **2. Introduction**

This document has been prepared on behalf of Merton's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) published by Merton's HWB in 2015.

There is a need for the local health partners, NHS England, Merton's Council, Merton's Clinical Commissioning Group (CCG), Merton's pharmacies and other providers of health and social care, to ensure that the health and pharmaceutical needs of the local population are met through the appropriate commissioning of services.

There is also a need to ensure that any additional services commissioned by Merton Council or Merton CCG from Merton's pharmacies are promoted to Merton's population to improve their uptake.

The current providers of pharmaceutical services in Merton are well placed to contribute to the outcomes identified as health priorities outlined in the HWB's Health and Wellbeing Strategy.

### **2.1 Background and legislation**

The Health and Social Care Act 2012 brought about the most wide-ranging reforms to the NHS since its inception in 1948. These reforms included the introduction of Clinical Commissioning Groups (CCGs) who now commission the majority of NHS services. Public health functions are now part of the remit of local authorities (LA). NHS England is the national commissioner for NHS community pharmacy services; locally commissioned community pharmacy services are contracted via a number of different routes and by different commissioners, including local authorities, CCGs and local NHS England teams.

In order to ensure integrated working, and plan how best to meet the needs of any local population including tackling local inequalities in health, the 2012 legislation called for Health and Wellbeing Boards (HWBs) to be established and hosted by LAs. These boards bring together the NHS, public health, adult social care and children's services, and include elected representatives and local Healthwatch.

The NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013<sup>2</sup> required each HWB to publish its first PNA by 1<sup>st</sup> April 2015. The PNA has a maximum lifetime of three years; consequently, there is a duty for HWBs to publish a revised assessment by 1<sup>st</sup> April 2018. HWBs are also required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response.

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>2</sup> <http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

The preparation and consultation on the PNA should take account of the HWB's Joint Strategic Needs Assessment (JSNA) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

As part of producing the PNA, 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, and any other patient, consumer and community group 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

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. 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.

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.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the LA and other local commissioners e.g. CCGs.

## 2.2 Review of Regulations

Regulation 121 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 specifies that the Secretary of State (SoS) must carry out a review of the Regulations before the end of August 2017.

At the time of writing, further information on the review process and timeline is not available. The review may be undertaken at the same time, or shortly after the refreshing of this PNA, and so there is a risk that the process may have to be altered to accommodate any revision of the Regulations.

### 2.3 HWB duties in respect of the PNA

In summary Merton's HWB must:

- Produce a PNA which complies with the regulatory requirements;
- Publish a revised PNA by 1st April 2018;
- Publish revised PNAs on a three yearly basis;
- Publish a revised PNA sooner when it identifies changes to the need for pharmaceutical services which are of a significant extent, unless to do so would be a disproportionate response to those changes; and/or
- Produce supplementary statements in certain circumstances.

### 2.4 Purpose of a PNA

The purpose of the PNA is to assess and set out how the provision of pharmaceutical services can meet the health needs of the population of a HWB's area for a period of up to three years, linking closely to the Joint Strategic Needs Assessment (JSNA). Whilst the JSNA focusses on the general health needs of the population of Merton, the PNA looks at how those health needs can be met by pharmaceutical services commissioned by NHS England.

If a person (a pharmacy or a dispensing appliance contractor) wants to provide pharmaceutical services, they are required to apply to NHS England to be included in the pharmaceutical list for the HWB's area in which they wish to have premises. In general, their application must offer to meet a need that is set out in the HWB's PNA, or to secure improvements or better access similarly identified in the PNA. There are however some exceptions to this e.g. applications offering benefits that were not foreseen when the PNA was published ('unforeseen benefits applications').

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for additional services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA. Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by LAs and CCGs to support their commissioning of local services from pharmacies. A robust PNA will ensure those who commission services from pharmacies and dispensing appliance contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

### 2.5 Circumstances under which the PNA is to be revised or updated

It is important that the PNA reflects changes that affect the need for pharmaceutical services in Merton. Where the HWB becomes aware that a change may require the PNA to be updated, then a decision either to revise the whole PNA or to develop a supplementary statement will be made.

Not all changes to pharmaceutical services will result in a change to the need for services. Where required, the HWB will issue supplementary statements to update the PNA as changes take place to the provision of services locally.

## 2.6 Scope of the PNA

A PNA is defined in the regulations as follows:

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 services to which each pharmaceutical needs assessment must relate are all the pharmaceutical services that may be provided under arrangements made by the NHS Commissioning Board (NHSCB) (now known as NHS England) for –

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

Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies (which may be LPS providers), dispensing doctors and appliance contractors.

Whether a service falls within the scope of pharmaceutical services for the purposes of the PNA depends on who the provider is and what is provided:

For *dispensing practices* the scope of the service to be assessed in the PNA is the dispensing service.

For *appliance contractors* the scope of the service to be assessed in the PNA is the dispensing of appliances and the provision of appliance use review (AUR) and stoma appliance customisation (SAC). This means that, for the purposes of the PNA, it is concerned with whether patients have adequate access to dispensing services, including dispensing of appliances, AURs and SACs where these are undertaken by an appliance contractor but not concerned with other services appliance contractors may provide.

For *community pharmacy contractors* the scope of the services to be assessed in the PNA is broad and comprehensive. It includes the essential, advanced and enhanced services elements of the pharmacy contract whether provided under the terms of services for pharmaceutical contractors or under LPS contracts.

Other providers may deliver services that meet a particular pharmaceutical service need although they are not considered pharmaceutical services under the relevant regulations. It is therefore important that these are considered as part of the assessment.

## 2.7 Minimum requirements for the PNA

Schedule 1 of the NHS 2013 Regulations state that the PNA must include, as a minimum, a statement of the following:

- Necessary services - pharmaceutical services which have been assessed as required to meet a pharmaceutical need. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision.
- Relevant services - services which have secured improvements, or better access, to pharmaceutical services. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision.
- Other NHS services, either provided or arranged by a LA, NHS England, a CCG, an NHS Trust or Foundation Trust which either impact upon the need for pharmaceutical services, or which would secure improvements, or better access to, pharmaceutical services within the area.
- A map showing the premises where pharmaceutical services are provided.
- An explanation of how the assessment was made.

## 2.8 Overview on Pharmaceutical services

Unlike for GPs, dentists and optometrists, NHS England does not hold contracts with pharmacy contractors. Instead they provide services under a contractual framework, details of which (their terms of service) are set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions).

Pharmacy contractors provide three types of service that fall within the definition of pharmaceutical services. They are:

- Essential services – all pharmacies must provide these services
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
  - Dispensing of repeatable prescriptions
  - Disposal of unwanted drugs
  - Promotion of healthy lifestyles
  - Signposting
  - Support for self-care
- Advanced services – pharmacies may choose whether to provide these services or not. If they choose to provide one or more of the advanced services they must meet



certain requirements and must be fully compliant with the essential services and clinical governance requirements.

- Medicines use review and prescription intervention services (more commonly referred to as the medicines use review or MUR service)
  - New medicine service (NMS)
  - Stoma appliance customisation (SAC)
  - Appliance use review (AUR)
  - National Flu Pilot
  - NHS Urgent Medicine Supply Advanced Service (NUMSAS)
- Enhanced services – service specifications for this type of service may be developed by NHS England and then commissioned to meet specific health needs.

Pharmacies are required to open for 40 hours per week and these are referred to as core opening hours, but many choose to open for longer and these hours are referred to as supplementary opening hours. Between April 2005 and August 2012, some contractors successfully applied to open new premises on the basis of being open for 100 core opening hours per week (referred to as 100 hour pharmacies), which means that they are required to be open for 100 hours per week, 52 weeks of the year (with the exception of weeks which contain a bank or public holiday, or Easter Sunday). These 100 hour pharmacies remain under an obligation to be open for 100 hours per week. In addition these pharmacies may open for longer hours.

The proposed opening hours for each pharmacy are set out in the initial application, and if the application is granted and the pharmacy subsequently opens then these form the pharmacy's contracted opening hours. The contractor can subsequently apply to change their core opening hours. NHS England will assess the application against the needs of the population of the HWB area as set out in the PNA to determine whether to agree to the change in core hours or not. If a contractor wishes to change their supplementary opening hours they simply notify NHS England of the change, giving at least three months' notice.

Whilst the majority of pharmacies provide services on a face-to-face basis, for example people attending the pharmacy to ask for a prescription to be dispensed, or to receive health advice, there is one type of pharmacy that is restricted from providing services in this way. They are referred to in the 2013 regulations as distance selling premises (previously called wholly mail order or internet pharmacies).

Distance selling pharmacies are required to provide essential services and participate in the clinical governance system in the same way as other pharmacies; however they must provide these services remotely. For example a patient posts their prescription to a distance selling premises and the contractor dispenses the item and then delivers it to the

patient's address. Distance selling pharmacies therefore interact with their customers via the telephone, email or a website and will deliver dispensed items to the customer's preferred address. Such pharmacies are required to provide services to people who request them, wherever they may live in England.

## 2.9 The Role and Importance of the Community Pharmacy.

Community pharmacies play a fundamental role in the NHS. Every day, approximately 1.6 million people visit a pharmacy in England<sup>3</sup>, and community pharmacists are the health professionals most accessible to the public.

Public Health England set out in their 'Pharmacy; a way forward'<sup>4</sup> (2017) report that pharmacy teams are well placed to support patient needs and that 'Pharmacy is the third largest healthcare profession and has approximately 140,000 people, including an estimated 43,000 registered pharmacists, 19,300 registered pharmacy technicians and 75,000 unregistered dispensing assistants and medicines counter assistants'.

Aside from processing and dispensing prescriptions, community pharmacists provide a range of invaluable services to the local population. These include the management and monitoring of long term conditions, responding to symptoms of minor ailments, delivering flu vaccinations, advising on self care, as well as conducting medicines reviews.

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<sup>3</sup> <https://psnc.org.uk/psncs-work/about-community-pharmacy/>.

<sup>4</sup>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/643520/Pharmacy\\_a\\_way\\_forward\\_for\\_public\\_health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643520/Pharmacy_a_way_forward_for_public_health.pdf)

### **3. Methodology - How the assessment was undertaken**

#### **3.1 Steering group**

The PNA was developed using a project management approach. A collaborative steering group was established which met at key points during the development of the PNA. The steering group covered Merton and Wandsworth areas due to the joint working between Merton and Wandsworth Public Health teams, formal arrangements between Merton and Wandsworth CCGs and the shared Local Pharmaceutical Committee (LPC), and included representation from the following groups:

- Merton, Sutton and Wandsworth Local Pharmaceutical Committee (LPC)
- Merton Local Medical Committee (LMC)
- London Borough of Merton Public Health
- Merton Clinical Commissioning Group (CCG)
- Merton Health Watch
- General Practice providers

N.B. Although the Steering Group covered both Merton and Wandsworth, for efficient use of time and resources, this PNA document covers Merton only. Wandsworth HWB have produced their own PNA.

Stakeholder views were gathered through feedback in meetings, via telephone, via email and feedback online.

The steering group was responsible for reviewing the PNA to ensure it met the statutory requirements. The steering group approved all public-facing documentation. The terms of reference of the steering group are provided at Appendix 1.

#### **3.2 Localities**

The PNA steering group considered how the areas in Merton could be defined for the PNA and agreed to use the current system of amalgamating ward boundaries to create two clear localities (East and West), as illustrated by Figure 1, Map of Merton PNA Localities.

The rationale for this was that they are used during local parliamentary elections and reflect the localities which are already in use by Merton CCG.

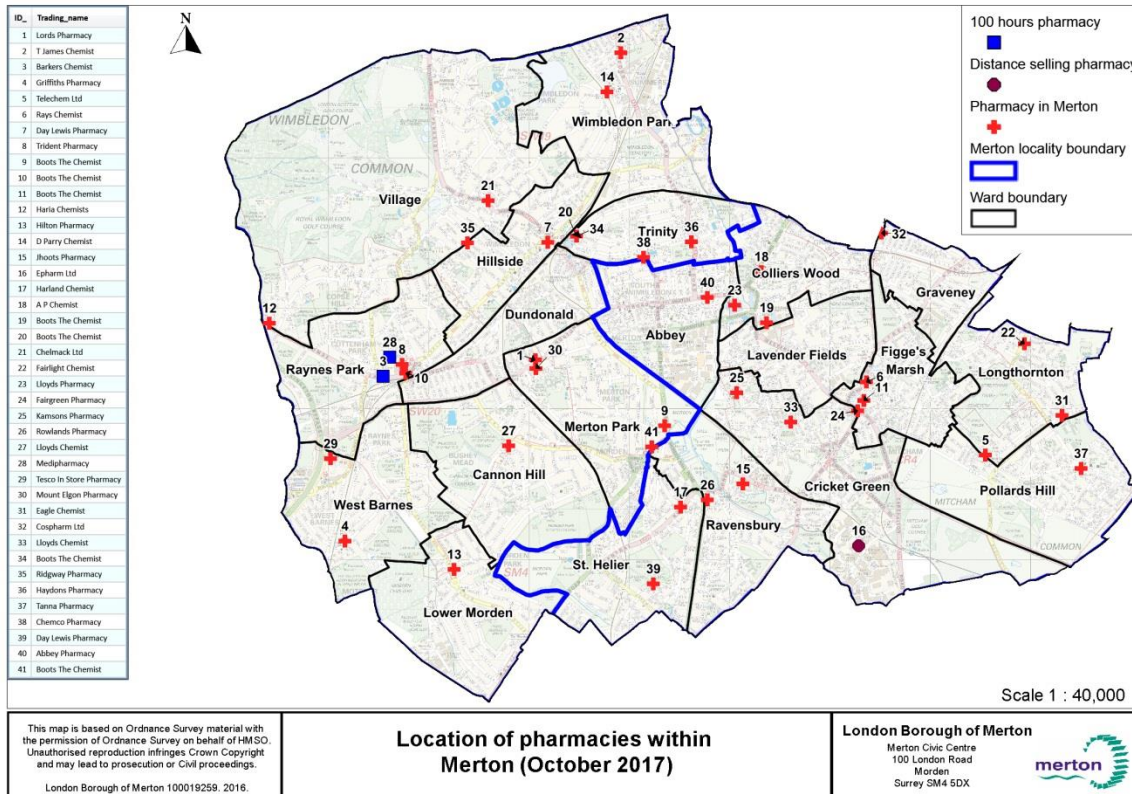


Figure 1 – Location of pharmacies, with locality boundaries.

### 3.3 Need for pharmaceutical services

For the purposes of the PNA, the HWB have deemed that all essential services (see 2.8) are necessary to meet the pharmaceutical need in Merton.

The content of the PNA including demographics, localities and background information was approved by the steering group. In looking at the health needs of the local population, the local JSNA, Joint Health and Wellbeing Strategy, South West London Sustainability and Transformation Plan, local housing plans, health and social care data and the strategies and plans of Merton CCG were consulted.

Merton’s JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area. The East Merton Health Profile and West Merton Health profile which form part of the JSNA, give an overview of the sub-characteristics and health needs of the individual populations of each of the PNA localities.<sup>5</sup>

As mentioned previously, to avoid duplication of work, the PNA takes into account the HWB’s Joint Strategic Needs Assessment (JSNA) and other relevant local strategies and will not provide significant commentary on local needs.

<sup>5</sup> <https://www2.merton.gov.uk/health-social-care/publichealth/jsna/ward-health-profiles.htm>

### 3.4 Current service provision

NHS England provided up-to-date pharmacy lists for the borough, including details of core and supplementary opening hours and details about services that they commission e.g. MUR and NUMSAS. This was used as the basis for the assessment of opening hours, mapping of pharmacy locations and the service analysis.

Although pharmacy opening hours can be divided into two types (core and supplementary), which have different contractual status with NHS England, for the purposes of this PNA, the total opening hours (core *plus* supplementary) have been used to assess pharmacy provision. The rationale for this is that both types of hours are stable enough for the purposes of the assessment, and from the perspective of a patient with pharmaceutical need, there is no difference between the service provided in core and supplementary opening times.

Merton CCG does not currently commission any services from community pharmacy and at the time of writing this is not expected to change.

Section 7.6.8 includes details of the services commissioned by Merton Council. At the time of writing, this is not expected to change.

### 3.5 Contractor survey

The contractor questionnaire (Appendix 2) was approved by the steering group and provided an opportunity to validate the information provided by NHS England in respect of the hours and services provided. The questionnaire also asked a number of questions outside the scope of the PNA, which will provide commissioners with valuable additional information e.g. information on consultation facilities and enquired about the contractors' views on the health needs of the population they serve.

Due to only 58% of the community pharmacies completing the contractor questionnaire, it was not possible to validate the information provided by NHS England in its entirety and this PNA is therefore based on the data provided by NHS England. This is the approach that has been taken by other HWBs across South West London including Wandsworth, Richmond and Kingston, for consistency and comparability across PNAs.

The contractor questionnaire was issued to all 41 pharmacies in Merton HWB area and ran from 14th of August 2017 and 2<sup>nd</sup> October 2017 and 24 responses were received (an uptake rate of 58%). It should be noted that, due to the low returns, the key findings below will under-report the services available in Merton.

Key findings include:

#### Consultation Facilities

- 20 pharmacies (83.3% of respondents) have a wheelchair accessible consultation area available on the premises.
- 3 pharmacies (12.5% of respondents) have a consultation area available without wheelchair access on premises.

#### Dispensing of Appliances

- 15 pharmacies (62% of respondents) reported they dispense all types of appliances.
- 7 (29.2% of respondents) dispense dressings only.
- 1 pharmacy dispenses all appliances but stoma appliances, and 1 pharmacy dispenses all appliances excluding stoma and incontinence appliances.

#### Home Delivery Service

- 2 pharmacies (8.3% of respondents) run a home delivery service.
- 16 pharmacies (66.7% of respondents) reported they would provide this service if they were commissioned to.

#### Flu Vaccination Service

- 21 pharmacies (87.5% of respondents) reported they run this service.
- 3 pharmacies (12.5% of respondents) are not currently commissioned to provide this service, but 2 of these reported they would be setting the service up in the near future.

### 3.6 Assessing the need

Assessing the need for pharmaceutical services is a complex process and this PNA considered a number of factors, including:

- The size and demography of the population across Merton.
- Protected characteristics.
- Whether there was adequate access to pharmaceutical services across Merton
- Different needs of the localities (east and west) within Merton
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Merton or contribute to meeting the need.
- The number of pharmacies and ownership status e.g. chain or independent.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Merton
- Whether further provision of pharmaceutical services would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area.
- Likely changes to needs in the future occurring due to projected changes to the size of the population, the demography of the population, and risks to the health or

wellbeing of local residents which could lead to future gaps in the provision of pharmaceutical services.

### 3.7 Mapping

Access maps e.g. travel times were produced using the Strategic Health Asset Planning and Evaluation (SHAPE) application and location, population density and ethnicity maps were produced using MapInfo software.

### 3.8 Consultation

A statutory consultation exercise was carried out over the winter of 2017 in accordance with the 2013 Regulations. The consultation took place from 18<sup>th</sup> December 2017 until 20<sup>th</sup> February 2018 for a period of 63 days, in line with the Regulations.

The list of stakeholders consulted included the following groups:

- Merton, Sutton and Wandsworth Local Pharmaceutical Committee (LPC)
- Merton Local Medical Committee (LMC)
- Persons on the pharmaceutical list
- Merton Health Watch
- NHS trusts and NHS foundation trusts in the area (Epsom and St Helier University Hospitals NHS trust, St Georges University Hospitals NHS Foundation Trust, Hounslow and Richmond Community Healthcare NHS Trust, Central London Community Healthcare NHS Trust, South West London and St George's Mental Health NHS Trust)
- NHS England
- Neighbouring HWBs (Wandsworth, Kingston, Sutton, Croydon and Lambeth)
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area

The statutory consultees were written to and provided with a link to the council's web site where the draft PNA was published and invited to respond online. The documents were posted on the internet and publicised, with paper copies available to those unable to access on line. The consultation was also publicised to members of the public and patients through newsletters e.g. Merton Voluntary Services Council.

There were 16 responses submitted in response to the consultation; two pharmacists, one healthcare professional, six members of the public, one other HWB area, NHS England and 5 were of unknown origin.

Consultation responses were collated and analysed and a report of the consultation is included in Appendix 3. All issues raised as a result of the consultation process have been considered in the redrafting of the final PNA.

On close inspection of the consultation responses it appears that there have been 4 responses from the same individual, indicated by the same IP address being used to respond to the questionnaire in quick succession. As there are a small number of responses overall (16) these repeated responses distort the overall conclusions that can be made from the consultation. Therefore this will need to be taken into consideration when summarising the findings.

FINAL DRAFT



#### **4. Overview of Merton**

Merton is an outer London borough, situated in south west London and borders Wandsworth, Kingston, Sutton, Croydon and Lambeth boroughs. It is one of the smallest boroughs in London covering 37 square kilometres (3,758 hectares) in size, is predominately residential in character and has great variation in social mix and density of development.

Merton is one of the greenest boroughs in London, with extensive green infrastructure. 18% of the borough is open space compared to the London average of 10%. A significant part of the borough's open space is made up of Wimbledon and Mitcham Commons.

The east of the borough tends to have greater levels of deprivation, poor public realm, and more people in lower skilled employment and with low education achievement. While in the west, there are small pockets of deprivation; more people are in higher skilled employment (for example middle management/professional roles), earn more money, and more have obtained a degree or a professional qualification.

The borough has three main town centres Morden, Mitcham and Wimbledon, of which Wimbledon is the largest. There are also several smaller centres scattered across the borough these include Colliers Wood/South Wimbledon, Wimbledon Village, Raynes Park, North Mitcham and Motspur Park. Each centre has its own characteristics and retail offer.

Public Transport Accessibility Level (PTAL) varies across Merton, with some of the lowest levels in the south east part of the borough. Each area across London is graded between 0 and 6b, where a score of 0 is very poor access to public transport, and 6b is excellent access to public transport. In the south eastern part of Merton there is a PTAL rate of 2 (poor), while areas like Wimbledon, Morden South Wimbledon/Colliers Wood the PTALs level are 4 and above.

Overall health outcomes in Merton are amongst the best in London, and largely in line with the England average, for example life expectancy for men in 2014-16 is 80.8 years and for women is 84.2 years. However, there are stark differences between different areas and life expectancy is nearly 6.2 years lower for men and 3.9 years lower for women in the most deprived areas (ward level) in east Merton than the least deprived areas in the west of the borough. Although overall deprivation has reduced across Merton, these health inequalities reflect the gap in multiple deprivation between east and west Merton.

Local communities have become more diverse over the last ten years, and it is estimated that overall 39% of the population is from Black and Asian minority ethnic (BAME) groups and non British white communities, with emerging new Polish and Tamil communities in the borough. It is important to understand the different needs of all of our communities so that

when help is needed, we can ensure people can access the right services at the right time to meet their needs.

The total number of households in Merton at Census 2011 was 78,757 and the average household size in Merton was 2.5 persons per household which was exactly on par with London. The household types were as follows:

- One family household – 58%
- One person household – 28%
- Other – 14%

#### 4.1 Population age profile

Merton’s population of 206,000 (2015), live in nearly 79,000 (2011 Census) occupied households. Population density tends to be higher in the east wards of the borough than in the west wards as can be seen from figure 2 (below). It should be noted that the darker the shading, the larger the population.

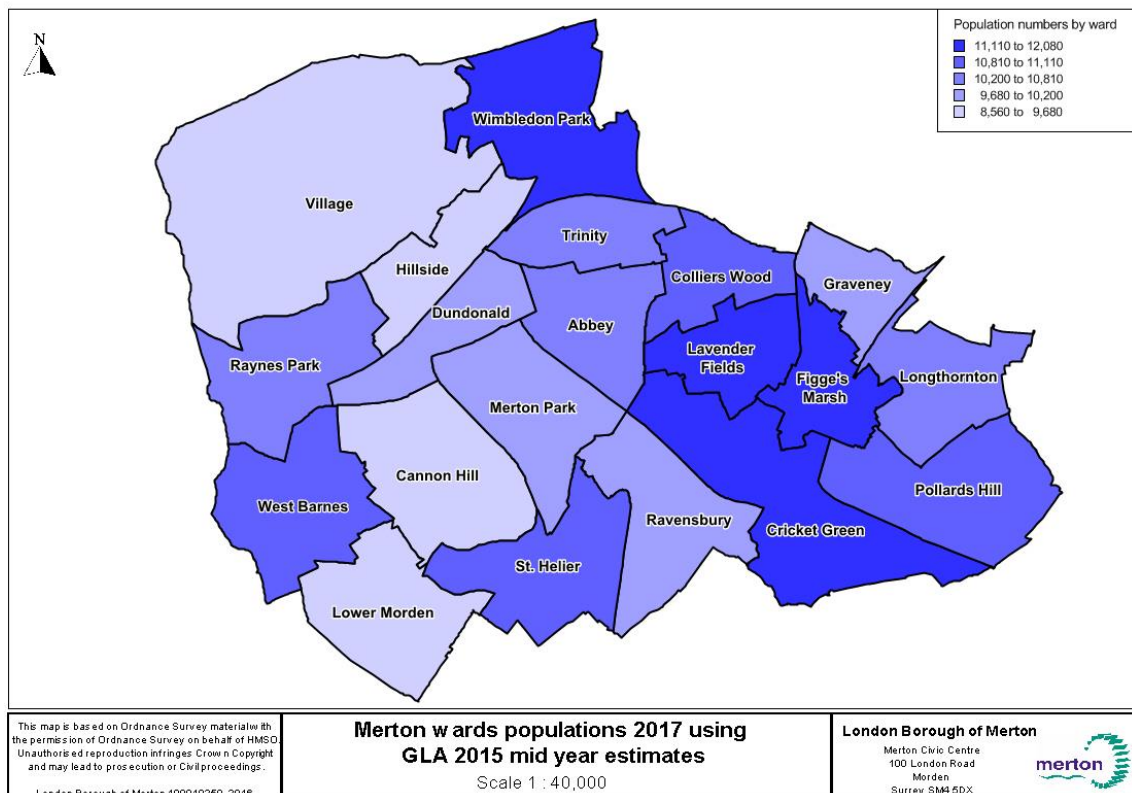


Figure 2 – Merton’s population by ward.

A significant feature of Merton’s population by 2021 is the changing age profile of the borough’s residents:

- The number of children and young people aged 0-19 is forecast to increase by around 4,800 (10%) over this period. In particular, there is forecast to be an increase of 2,800 (24.3%) in the number of children aged 5-9.
- It is notable that the 20-35 age group is forecast to fall by around 4,400 (7.7%) in 2021, perhaps reflecting the lack of affordable housing in the borough.
- There is also forecast to be an increase of 3,800 people (16%) in the over 65 age group with an increase of around 250 in the over 90 age group.

These demographic shifts are similar to what is happening in London as a whole, except for the decrease in the 20-35 age group.

The forecast increase in the overall population is the product of the number of births forecast to be significantly higher than deaths: around 3,500 births a year over this period. Birth rates are significantly higher than in England as a whole and in 2015/16 the proportion of babies born to older mothers was also significantly higher, with almost 30% of babies born to mothers over 35 years.

The following map (see figure 3, below) shows the predicted increases in population at ward level; as with the figure 2 (above) the darker the shading, the greater the increase.

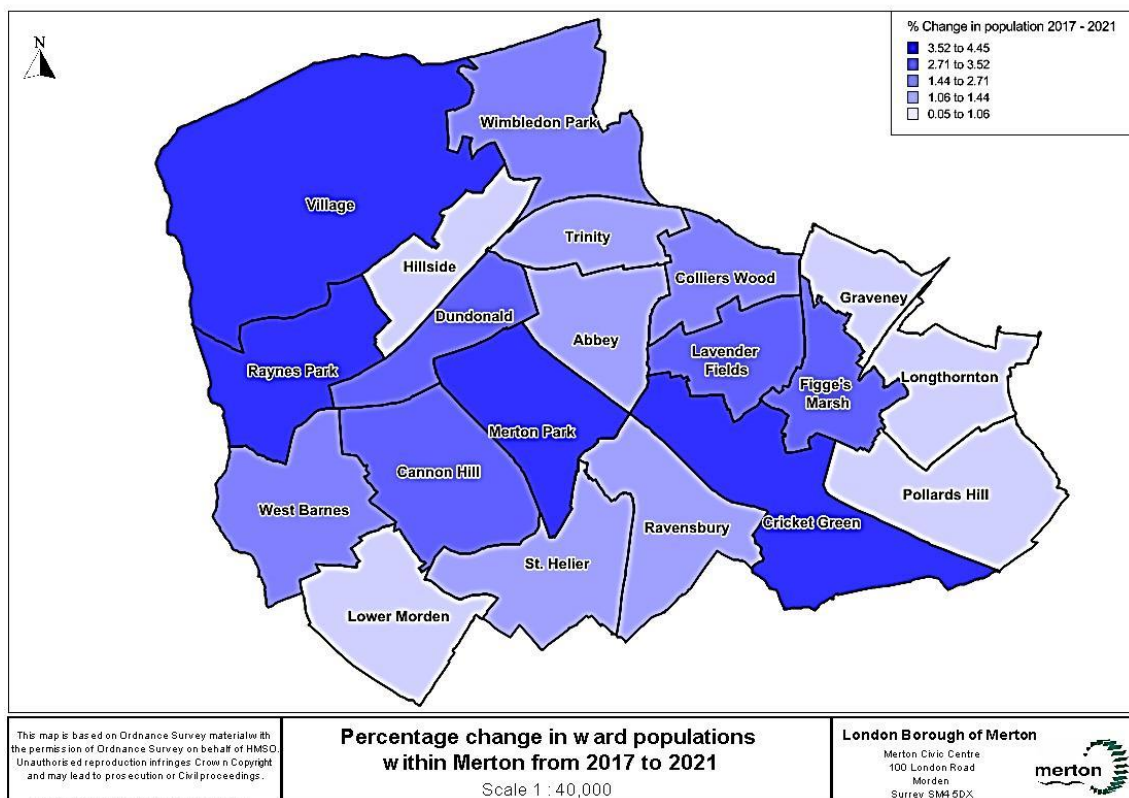


Figure 3: predicted population growth by ward

Figure 4 (below) shows the age and gender breakdown for residents of the borough, and how this compares to the national average.

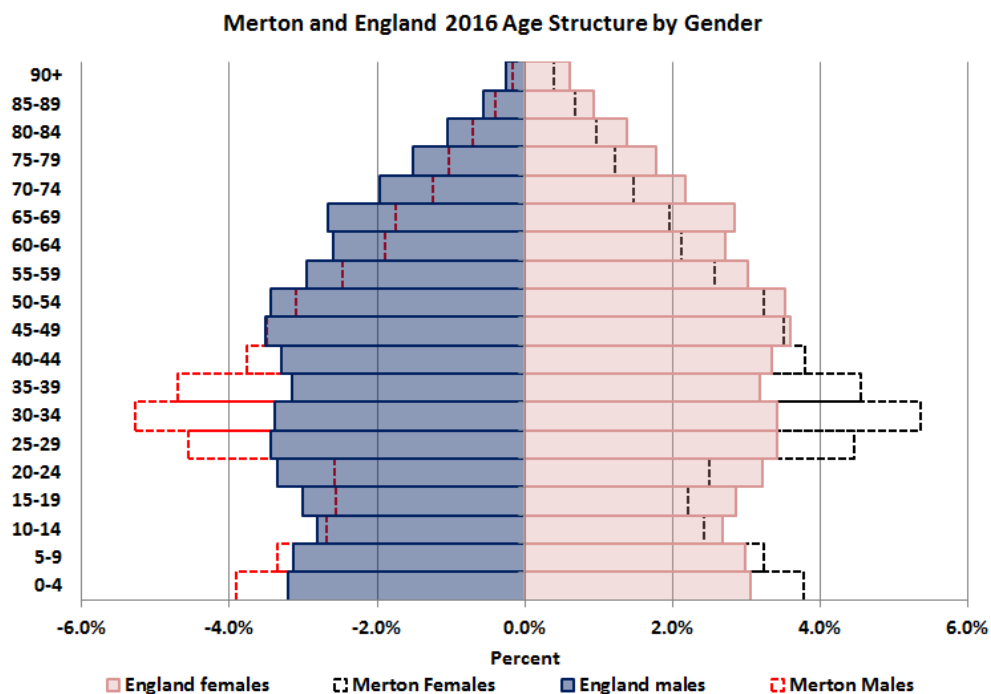


Figure 4: 2011 Census age profile Merton v England

#### 4.2 Index of multiple deprivation.

The English index of multiple deprivation (IMD) 2015 sets out the relative position of local areas in terms of deprivation. Figure 5 (below) highlights that in Merton there is a relatively higher level of deprivation in the east of the borough with small pockets in the west in Raynes Park. The Merton divide affects all ages – deprivation affecting older people and children mirrors the overall differences between east and west Merton.

In general, the east of the borough is younger, poorer, and ethnically more diverse with relatively lower levels of education and training qualifications than the west. Overlaying deprivation data from the IMD shows population growth and highest density are in wards to the east of the borough, which currently have higher levels of deprivation when compared to the west of the borough.

Overall Merton has become relatively less deprived since 2004. However this is not necessarily the case for smaller areas; some smaller areas have become relatively more deprived and some have become relatively less deprived.

At borough level, the rank for IMD 2015 was 214 out of 326 boroughs (where 1 is the most deprived and 326 the least deprived). In terms of overall IMD Merton has no lower super output areas (LSOAs) in the 10% most deprived areas in England.

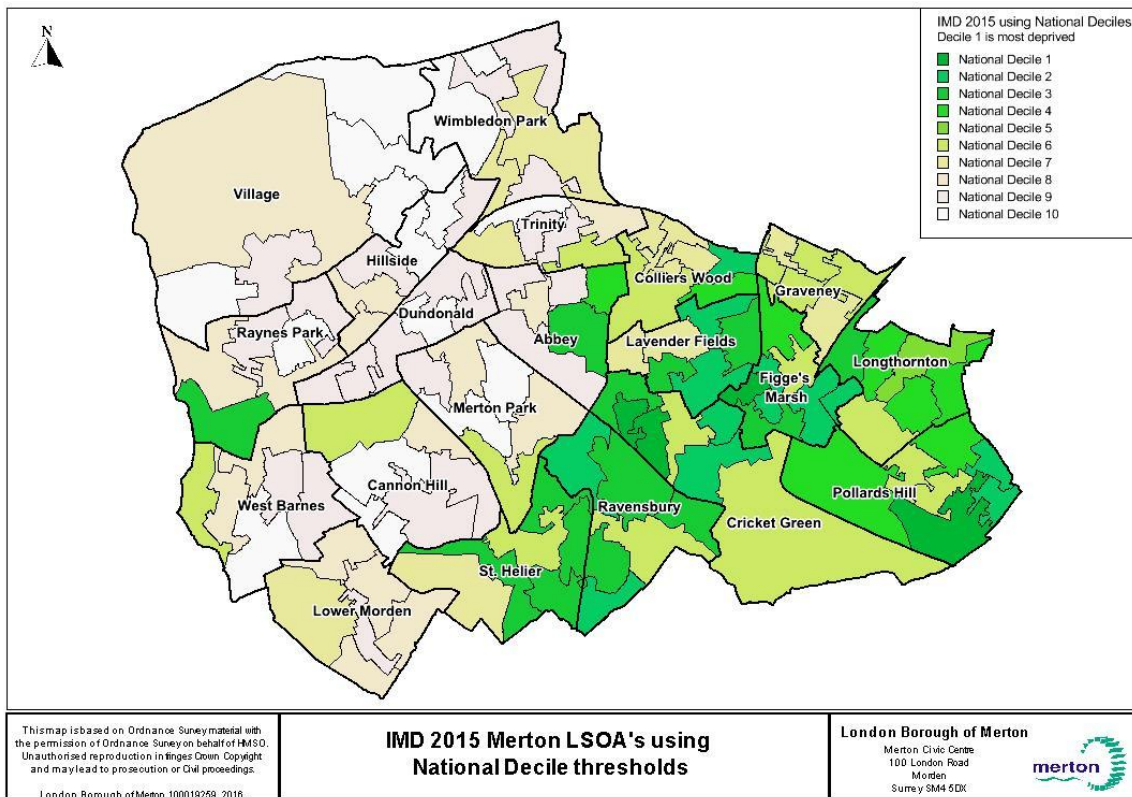


Figure 5: Pattern of deprivation across Merton.

The IMD has several domains, one of which is 'health deprivation and disability'. Figure 6 (below) shows the distribution of this domain in Merton with the more deprived areas for this domain in darker shades.



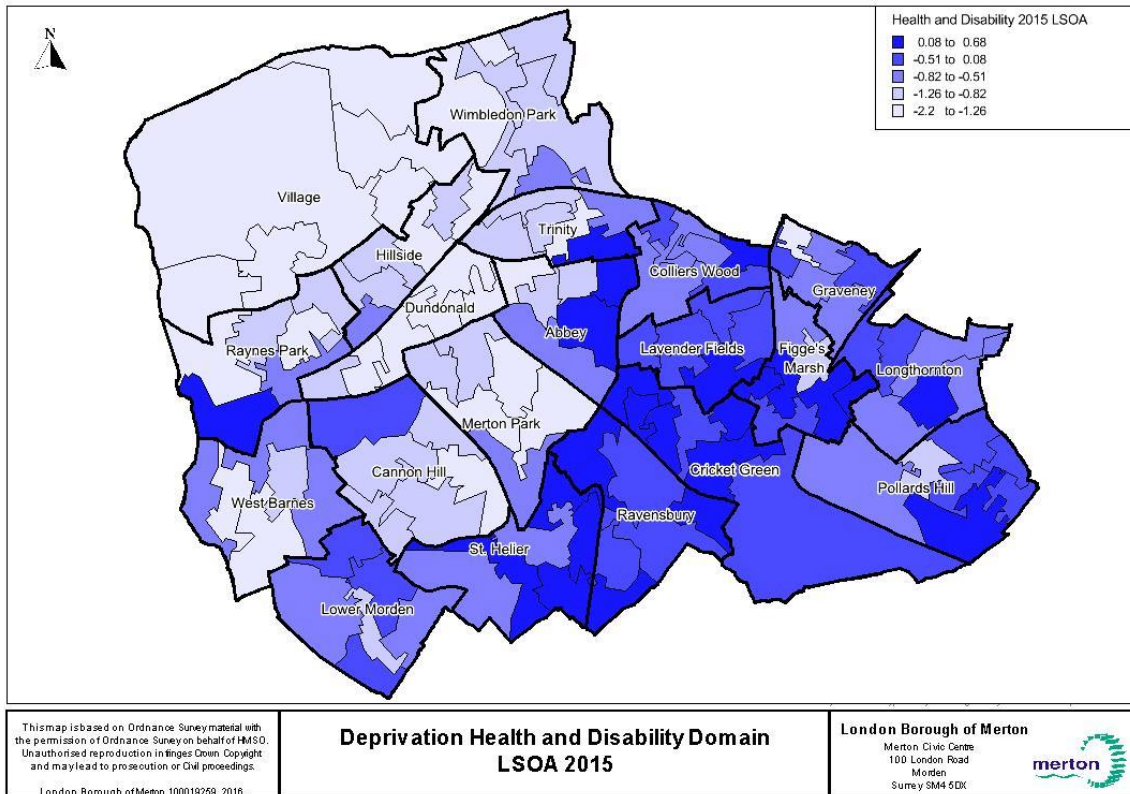


Figure 6: Merton map of indices of deprivation, health deprivation and disability domain, 2015.

In Merton, there are no areas that fall within the 20% most deprived for health and disability, reflecting overall good health and less disability compared with the rest of the country. However, there is a significant variance across the borough demonstrating significant inequalities in health and differences in need.

#### 4.3 Ethnicity

The ethnic composition of the borough is also forecast to change, with the proportion of people from a BAME background increasing from 36.5% in 2017 to 40% in 2021. However, this is still lower than the forecast BAME population in 2017 for London as a whole (45%) and Outer London (44%).

- The largest increases are in the Asian other black other and Pakistani ethnic groups.
- The ethnic composition of the borough's residents also differs across age groups with a forecast increase in the proportion of BAME people in the 0-19 age group from 50% in 2017 to 52% in 2021.
- The increase in the BAME population has implications for public health where risks for specific diseases, lifestyle risks and lower awareness of prevention services result in higher prevalence of disease amongst the BAME.

#### 4.4 Life expectancy

In Merton overall life expectancy at birth in 2010-14 is longer than the England average, but there is a difference between the most and least deprived areas within the borough of approximately 6.2 years for men and 3.9 years for women. Between 2006-10 and 2010-14 this gap decreased for men by over two years and by 1 year for women.

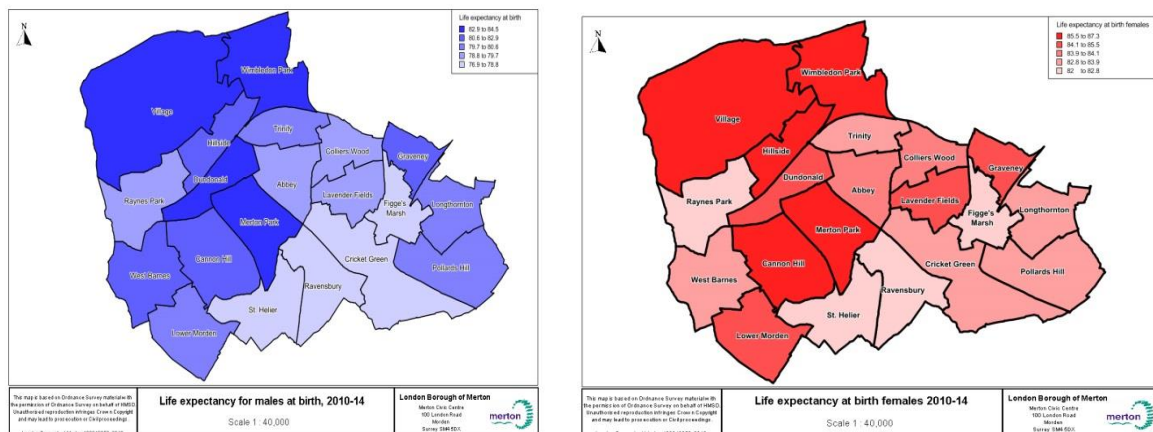


Figure 7: Male and female life expectancy in Merton by ward 2010-14

For the period 2010-14 life expectancy for Merton men overall was 80.2 years and ranged from 76.9 in Ravensbury to 84.5 in Village. In women, life expectancy overall was 84.0 years and ranged from 82.0 years in Figge’s Marsh to 87.3 years in Cannon Hill.

#### 4.5 Housing

The 2011 Census identified 78,757 households in Merton which were:

- 60.1% (47,360) were owner occupied (either owned outright or with a mortgage or loan, or in shared ownership),
- 14.1% (11,102) were social housing tenants
- 24.8% (19,503) were renting privately.

According to the GLA 2016 Household Projections the number of households in Merton was 82,392 in 2016. The number of households is projected to increase by +5% (87,224) by 2021 (source GLA 2016 Household long term projections).

It should be noted that these figures do not include the estates regeneration or the Morden town centre projects, as at the time of GLA projections release, the numbers of homes were not known. Further information on these projects feature later in this report (see section 4.6).

The 2011 Census identified that 28% of households in Merton were single persons household. By 2021 it is predicted that 30% of households in Merton will be single person households.

The number of households in 2016 with persons aged 60+ is estimated to be 22,603 and it is projected to increase by +8% (24,796) by 2021.

Merton Council housing stock is amongst the lowest in London at 14%; following the stock transfer in 2010 to a Registered Provider (formally known as a Housing Association). In 2014, 16% of residents in Merton rented their home from either the local authority or a Registered Provider.

#### 4.6 Planned development in Merton

Similar to other London boroughs, there are a number of regeneration, housing and changes to healthcare provision that will affect the need for pharmaceutical services. There are a number of housing developments proposed across Merton including two major regeneration projects (the estates and Morden town centre), all of which will contribute to population growth and are likely to create some extra demand for pharmaceutical services, as shown below (figure 8).

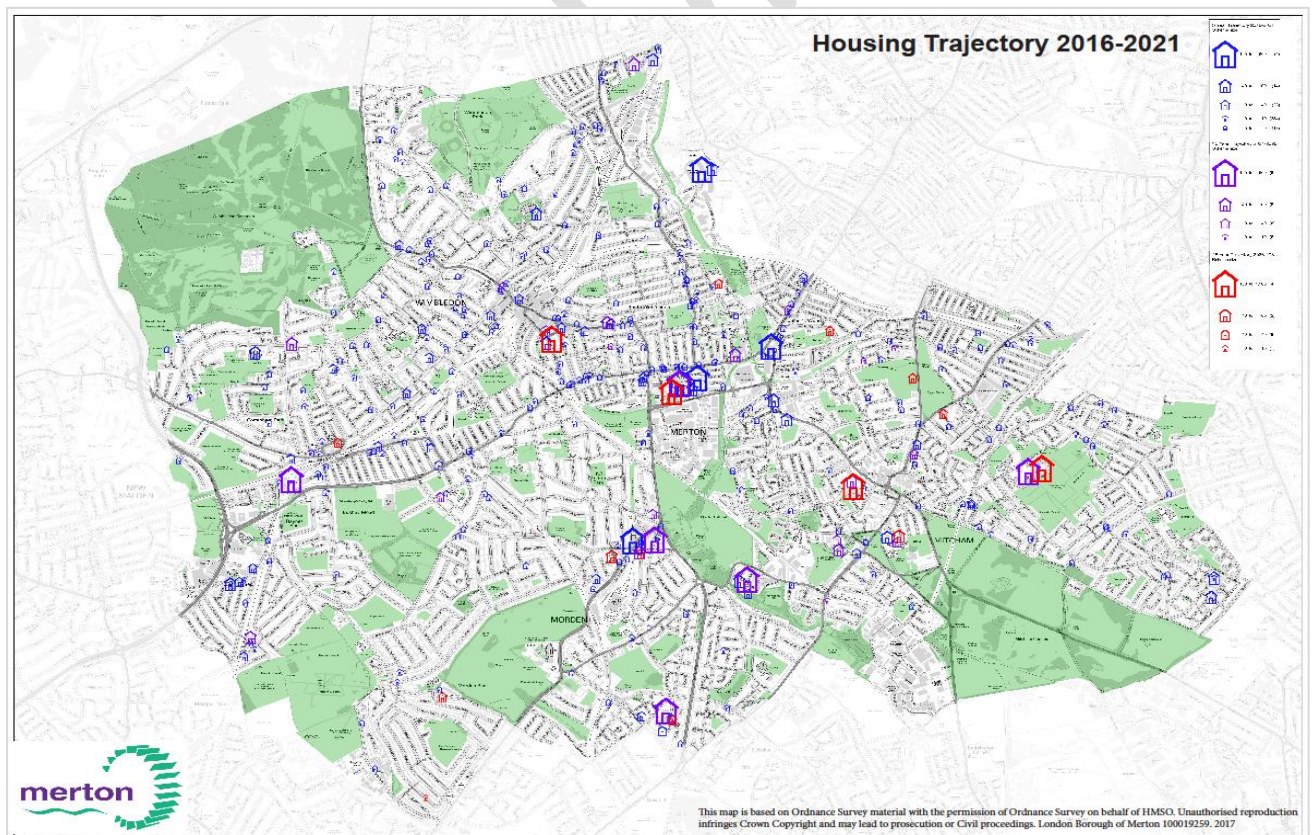


Figure 8: Future known development in Merton (2016-2021) the major regeneration projects



#### 4.6.1 Clarion Estates regeneration

Managed by a Registered Provider, Clarion Housing Group (formally Circle Housing), the three estates (Eastfields (Figge's Marsh Ward), High Path (Abbey Ward) and Ravensbury (Ravensbury Ward)) together provide approximately 1,200 homes. The regeneration project includes a mix of replacing and building new homes for existing residents and providing around 100 homes per year, starting in 2019, over a 10-15 year period; totalling an additional 1,000 new homes across the three estates.

It should be noted that the three estates are all situated in the east locality and once completed may affect the need for pharmaceutical services, however this increase will be gradual from 2019 and has no or limited impact on pharmaceutical need during the lifetime of this PNA.

#### 4.6.2 Morden town centre

The Morden town centre regeneration boundary covers a small part of the following wards Cannon Hill, Merton Park, Ravensbury and St Helier towards south of the borough. The project is predicted to bring between 1,000 and 2,000 new homes, between 6,000 and 12,000 sq.m of new retail space, some employment space, possibly a new leisure facility, hotel and substantial public realm improvements.

This area straddles the boundary of the localities and it is expected that the regeneration will start in 2020/22 and be completed over an 8-10 year period. Once completed this development may affect the need for pharmaceutical services but has no impact on pharmaceutical need during the lifetime of this PNA.

#### 4.7 Protected characteristics

Under the Equality Act 2010, Merton Council and Merton CCG has a Public Sector Equality Duty (PSED) to ensure that in exercising their functions and delivering services and partnership work they (1) eliminate discrimination, harassment, victimisation (2) advance equality of opportunity between persons who share a protected characteristic and persons who do not share a protected characteristic and (3) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The Act introduced nine 'Protected Characteristics; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

Further details on the protected characteristics can be found in Merton Council's Equality and Community Cohesion Strategy 2017 to 2021<sup>6</sup> and in the PSED report of Merton CCG.<sup>7</sup>

FINAL DRAFT

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<sup>6</sup> <https://www2.merton.gov.uk/council/plansandpolicies/equality-strategy.htm>

<sup>7</sup> <http://www.mertonccg.nhs.uk/about-us/equality-and-diversity/Equality%20documents/14GB%20JAN18%20PT1%20PSED.PDF>

## **5. NHS Services**

The following services are deemed, by the HWB, to affect the need for pharmaceutical services in Merton.

### **5.1 Hospital pharmacies**

There are no hospitals within Merton; however residents access hospitals in other parts of London and outside of London. The nearest hospitals for Merton resident are St George's (Tooting) and St Helier's (Rosehill), both just outside the Merton borough boundary. Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed and this will be done by the hospital pharmacy.

Should services continue to be moved out of hospitals and into primary care settings, as per the approach set out in the South West London Five Year Forward Plan<sup>8</sup>, or GPs take on the prescribing of hospital initiated medication, then it is likely that this would lead to more prescriptions needing to be dispensed by pharmacies. At this point in time it is not possible to quantify the level of demand for pharmaceutical services that this approach may create.

### **5.2 Personal Administration of items by GPs.**

Under their medical contract with NHS England there will be occasion where a GP or other healthcare profession at the practice personally administers an item to a patient and this also reduces the demand for the dispensing essential service.

Items such as vaccines are sourced and personally administered by GPs and/or practice nurses thus preventing patients having to take a prescription to a pharmacy, in order to then return to the practice so that it may be administered.

In 2016/17 43,553 (1.5%) items were personally administered by the GP practices in Merton.

### **5.3 GP Out-of-hours service.**

People contacting the out-of-hours service will initially be triaged by the national NHS 111 call line. The NHS 111 team will assess the patient's condition over the phone and if it is clinically appropriate, they will refer the patient to the out-of-hours service. This will then result in either a face-to-face appointment to attend a primary care centre to see a doctor, or a home visit from a doctor.

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<sup>8</sup> <https://www.swlccgs.nhs.uk/wp-content/uploads/2016/11/SWL-5-year-forward-plan-summary-document.pdf>

Depending on the nature of the patient's condition they will either be given a full course of treatment, for example antibiotics for an infection, or sufficient medication to tide them over until a prescription can be dispensed, for example for pain relief.

#### 5.4 GP access Hubs

As part of Merton CCG's improvement plans for primary care in Merton, up to 50,000 extra GP appointments are being offered in 2017/18, many of which will be offered at weekends or from 8am to 8pm in the week. Provided at the Nelson Medical Practices (in the west locality) and The Wide Way Medical Practice (in the east locality) these offer 'on the day' and pre-bookable appointments.

The take up of these additional appointments across the borough is good and are increasing month by month with February 2018 data showing 66% of available appointments are being utilised. Work is taking place to promote the availability of these appointments; with direct booking via NHS 111 being piloted in one of the hubs to further increase the utilisation rates. This is being complimented with an extensive communication and engagement programme across the borough in to schools, pharmacies and our harder-to-reach groups.

This extension of the availability to GP services, referenced in the South West London Five Year Forward Plan<sup>9</sup>, increases the need for good access to pharmaceutical services in the evenings and at weekends, and is taken into account in this PNA.

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<sup>9</sup> <https://www.swlccgs.nhs.uk/wp-content/uploads/2016/11/SWL-5-year-forward-plan-summary-document.pdf>

## 6. General health needs in Merton.

The following section, taken from the Merton Story<sup>10</sup>, provides a brief overview of the general health needs in Merton but does not aim to duplicate the information available in the JSNA<sup>11</sup>.

The main causes of ill health and premature deaths in Merton are cancer and circulatory disease (including coronary heart disease and stroke). Known risk factors (unhealthy diet, smoking, lack of physical activity, and alcohol) account for around 40% of total ill health. Consequently changing patterns of unhealthy behaviour must be an important focus for prevention efforts. Furthermore, most risk factors are inversely associated with socio-economic conditions. The numbers of people in Merton with unhealthy behaviours are substantial.

23,500 adults smoke in Merton; representing 14.7% of adults; and 22.5% are routine and manual workers (2015). The level of smoking is not significantly different from London (16.3%) and England (16.9%). 46,000 adults are physically inactive, with 28% of adults doing less than 30 minutes of physical activity a week. This level has increased since 2014. 97,200 adults are overweight or obese (59.5% of adults).

The scale of alcohol related harm is significant. In 2015/16 there were 2,980 admission episodes to hospital for alcohol related conditions (broad definition). While the number is substantial, this represents a lower rate of admissions (1,870 per 100,000 population) compared to London (2,235) and for England (2,179). There is a significant variation between the East and West of the borough, with a higher rate of alcohol-related admissions in the East compared to the West.

In 2016 screening coverage rates for both breast and cervical cancer were lower than the England average but similar to London. The number of eligible women screened adequately within the previous 3.5 or 5.5 years for cervical screening was 45,677 women (67.9%) in Merton, and the number of eligible women screened adequately within the previous 3 years for breast screening was 12,896 women (70%).

Most children and young people living in Merton are healthy and have a good start in life. Most experience better health and related outcomes than the London and England average. However not all children enjoy similar positive outcomes. The health divide is evident at the start of life.

‘School readiness’ is a key measure of a child’s development- the percentage of children achieving a good level of development at the age of reception. In 2015/16, 71.2% of children living in Merton achieved this standard - which is 1,915 reception children. This is the same

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<sup>10</sup> <https://www2.merton.gov.uk/Merton-story-final.pdf>

<sup>11</sup> <http://www2.merton.gov.uk/health-social-care/publichealth/jsna.htm>

as London but higher than the England average (69.3%). This was an improvement against the previous 3 years.

However children with free school meal status do less well. In 2015/16, 58.5% of children with free school meal status achieved a good level development, representing a trend of continuous improvement over the past four years. Also, whilst all other pupils have improved, the gap in school readiness between children with free school status and their peers has reduced (to 12.7%). The gap nationally is 15%. Uptake of childhood immunisations has increased in Merton however, as with most boroughs in London we are below the national target of 95%. MMR for 2 doses at age 5 years in Merton is 80% compared to London 81.7% and England 88.2% (2015/16).

There has been a general decline in the proportion of 4-5 year olds that are of excess weight, however, a decline among 10-11 year olds is only starting to become evident (2015/16). Despite this recent promising trend, the overall gain in excess weight amongst children between reception and Year 6 remains substantial (an increase of 15.7%).

Since 2006 there has been a decline in under 18s conceptions from 41.1 per 1000 to currently 14.1 per 1000 in 2015, which is lower than London (19.2) and England (20.8). Merton has the 10th lowest numbers of under 18 conceptions in London with 43 cases of teenage pregnancy – over half of these pregnancies resulted in abortion in 2015. Wards in East Merton have the highest rates of teenage pregnancies compared to the West of Merton.

The population is ageing: the number of people aged 65 or over is projected to increase by 13% (from 25,200 in 2017 to 28,400 in 2025). This further increases the challenge of caring for increasing numbers of people living with multiple long term conditions such as heart disease, diabetes, cancer, mental health conditions, and dementia.

An estimated 1,686 older people (65 years and over) have dementia in Merton; with 74.4% have received a formal diagnosis. This represents a higher diagnostic rate compared to London (71.1%), and England (66.4%). Recent evidence is emerging that healthy lifestyles such as avoidance of tobacco, alcohol, poor diet and physical inactivity can reduce the risk of dementia. 10,571 people have been recorded with diabetes (2015/16). This equates to 6% of the population, and similar to London (6.3%) and 6.5% England overall. 68% of diabetes patients achieved the treatment standard of good blood pressure control. This is significantly lower than the average for London.

There are an estimated 24,000 adults (16-74 years) with common mental health disorders such depression and anxiety (2015), representing 16% of the adult population in Merton. There are 10,617 adults identified with depression by Merton GPs (6.1% of patients). This suggests that a substantial proportion of adults in Merton experiencing common mental

health conditions remain undetected. The 6.1% figure is lower than England (8.3%) but slightly higher than the London average (6%).

FINAL DRAFT

## **7. Provision of Pharmaceutical Services**

### **7.1 Necessary services**

Necessary services are defined within the 2013 regulations as those services that are provided:

- Within the HWB's area and which are necessary to meet the need for pharmaceutical services in its area; and
- Outside the HWB's area but which nevertheless contribute towards meeting the need for pharmaceutical services within its area.

For the purposes of the PNA, the HWB have deemed that all essential services (see 2.8) are necessary to meet the pharmaceutical need in Merton.

There are 41 pharmacies included in the pharmaceutical list for Merton, operated by 34 different contractors. 19 of these pharmacies (including a distance selling pharmacy) are located in the East locality and 22 are in the West locality. Two pharmacies provide services for 100 hours per week; both of these are located in the Raynes Park ward in the West locality area.

There is one distance selling premise within the HWB's area, which is a new addition since the last PNA was published in 2015.

The map below (figure 9 and appendix 5) shows the location of the pharmacies within the two localities within Merton.



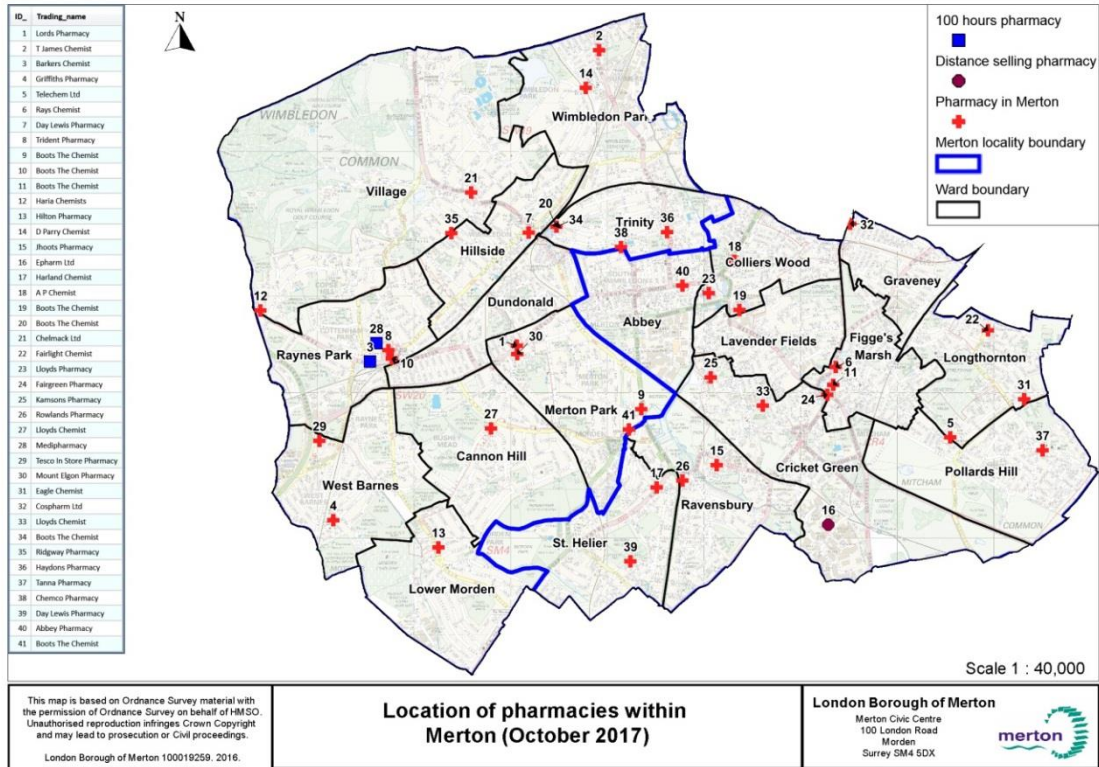


Figure 9: Location of pharmacies in Merton.

As can be seen from the map below, figure 10, the pharmacies are generally located in areas of higher population density (the darker the shading, the greater the population density).

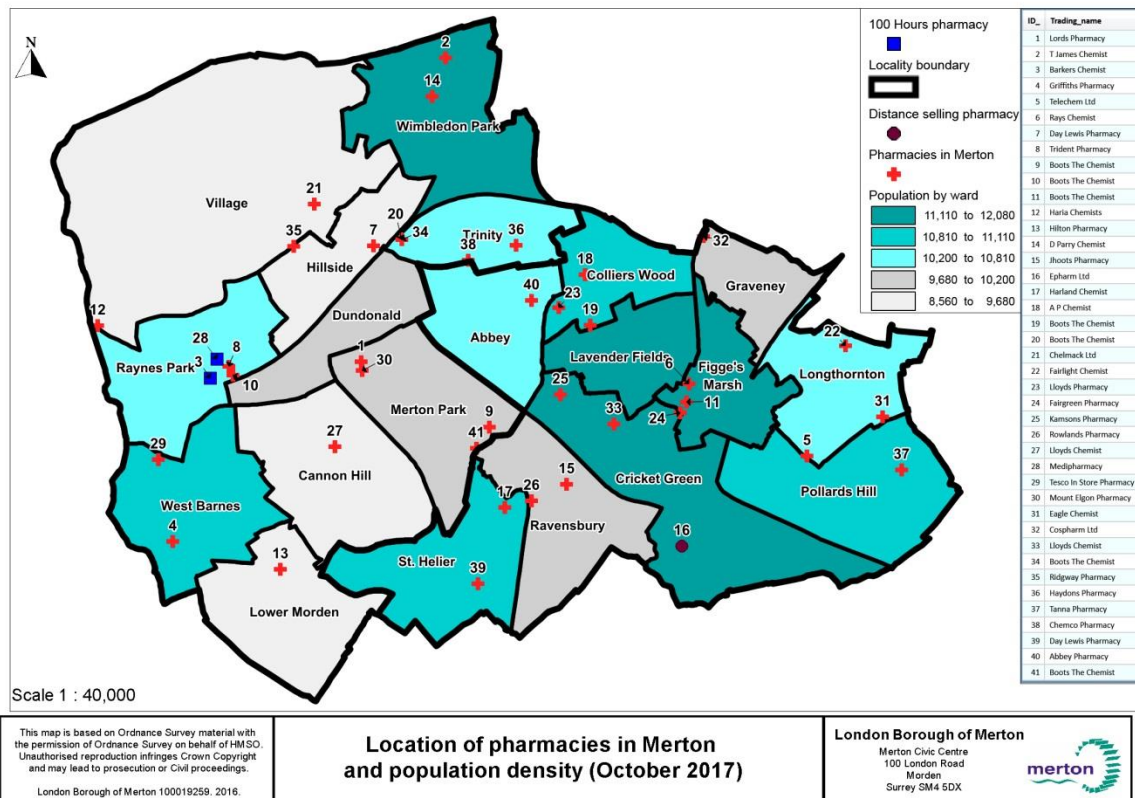


Figure 10: Location of pharmacies in Merton and population density.

There is less correlation when looking at the location of pharmacies compared to levels of deprivation as can be seen from figure 11 (below). The darker the shading, the greater the level of deprivation.

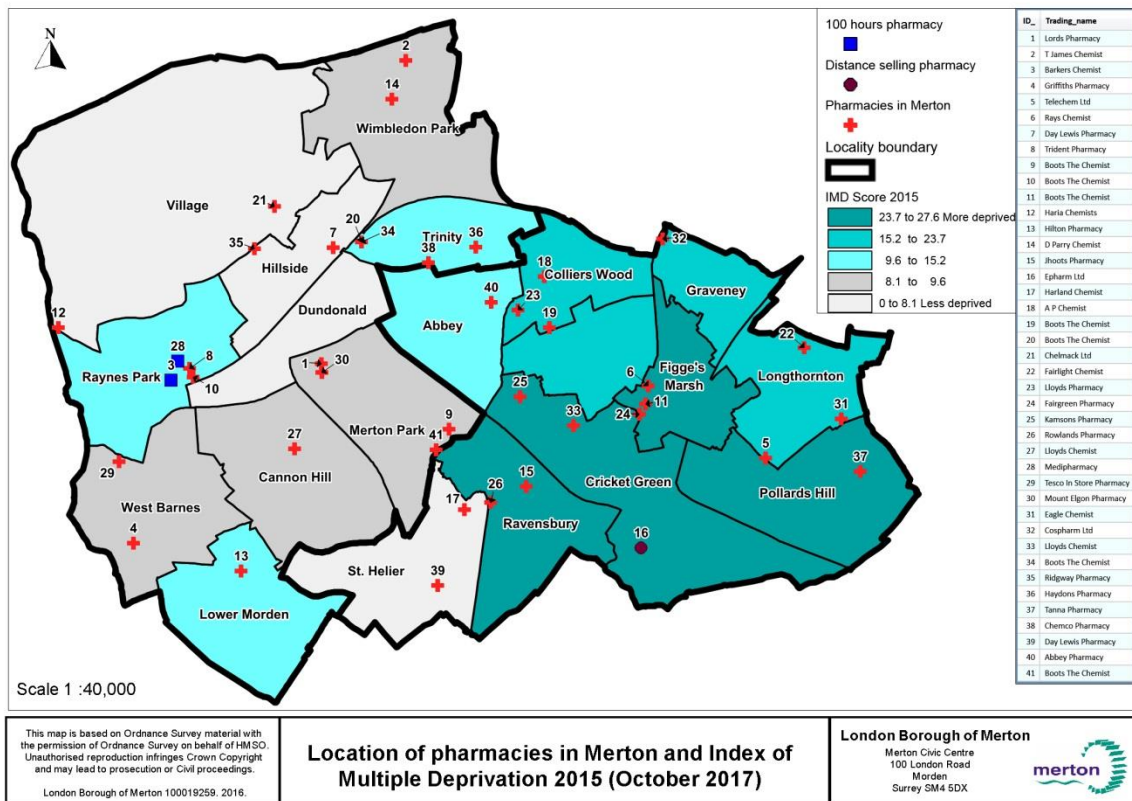


Figure 11: Location of pharmacies in Merton and IMD.

Finally, comparing the location of pharmacies with levels of BAME groups there are slightly fewer pharmacies within those wards that have higher levels of BAME residents (22 in the west and 18 (excluding the distance selling pharmacy) in the east).

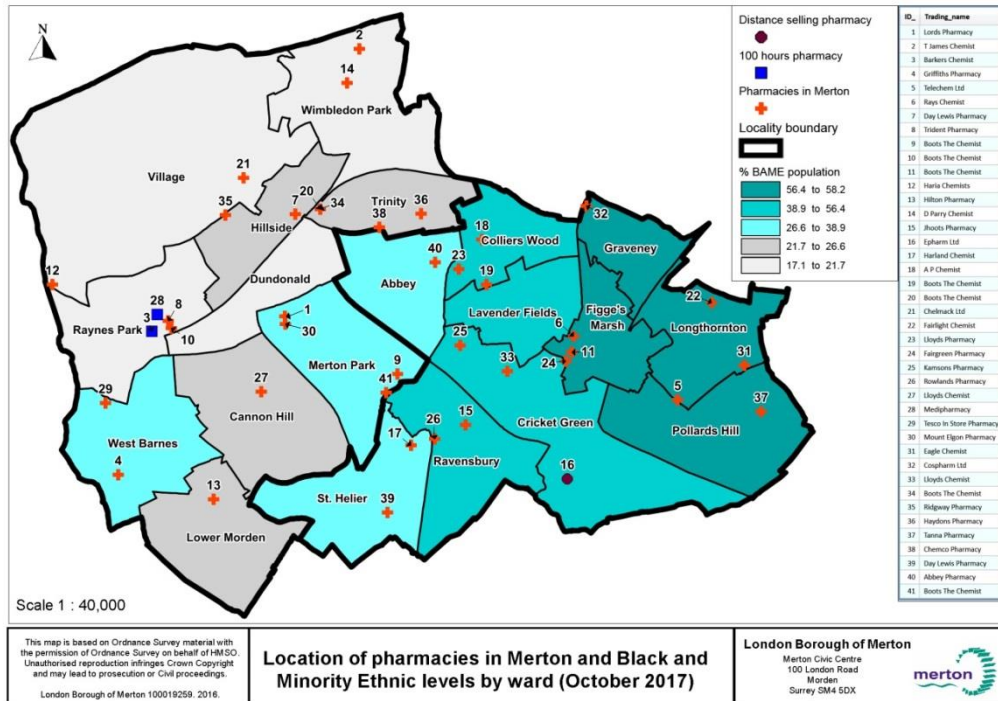


Figure 12: Location of pharmacies in Merton and BME levels by ward.

## 7.2 Number of community pharmacies

Nationally<sup>12</sup>, there were 11,688 community pharmacies in England as at 31 March 2016, compared to 11,674 as at 31 March 2015, a very small increase of 14 (0.1 per cent). The changes in Merton since the previous Merton PNA was published in 2015 are minimal and suggest that the situation in Merton is similar to the national picture and relatively stable. These changes in Merton are as follows

- the number of pharmacies has increased from 40 to 41. The additional pharmacy is the opening of the distance selling pharmacy, operating from premises in the east locality.
- a number of small location changes, or changes of ownership.

The number of community pharmacies per 100,000 residents in Merton is 19.4 (excluding the Distance selling pharmacy), which is slightly lower than the South London (20.3) and England (21.3) average.

The number of community pharmacies per 100,000 residents in the east locality is 16.6; this is lower than South London (20.3) and England (21.3) average. The number of community pharmacies per 100,000 residents in the west locality is 22.5; this is higher than South London (20.3) and England (21.3) average.

<sup>12</sup> <https://digital.nhs.uk/catalogue/PUB22317>

Although the number of pharmacies in Merton (and the east locality) is lower than the South London and England averages, this does not necessarily lead to a need for additional community pharmacies as there would appear to be capacity in dispensing activity and cross border provision for accessing other pharmacies, and the services they provide, at times of less demand.

### 7.3 Localities

#### 7.3.1 West Merton Locality

There are 22 community pharmacies in this locality; their locations can be found in figure 13 and their detailed opening hours can be found in appendix 4. Two of these are 100 hour pharmacies.

With regard to days of the week and times when pharmacies are open:

- One pharmacy is open from Monday to Friday.
- 17 pharmacies are open Monday to Friday and on a Saturday.
- Four pharmacies are open 7 days per week.
- Seven pharmacies are open after 7pm from Monday to Friday.
- 17 pharmacies are open on a Saturday after 1pm.
- Four pharmacies are open on a Sunday.

On Saturdays, pharmacy opening hours are secured (there is at least one pharmacy open) between 8.30am and 11pm. On Sundays, pharmacy opening hours are secured between 9am and 10pm.



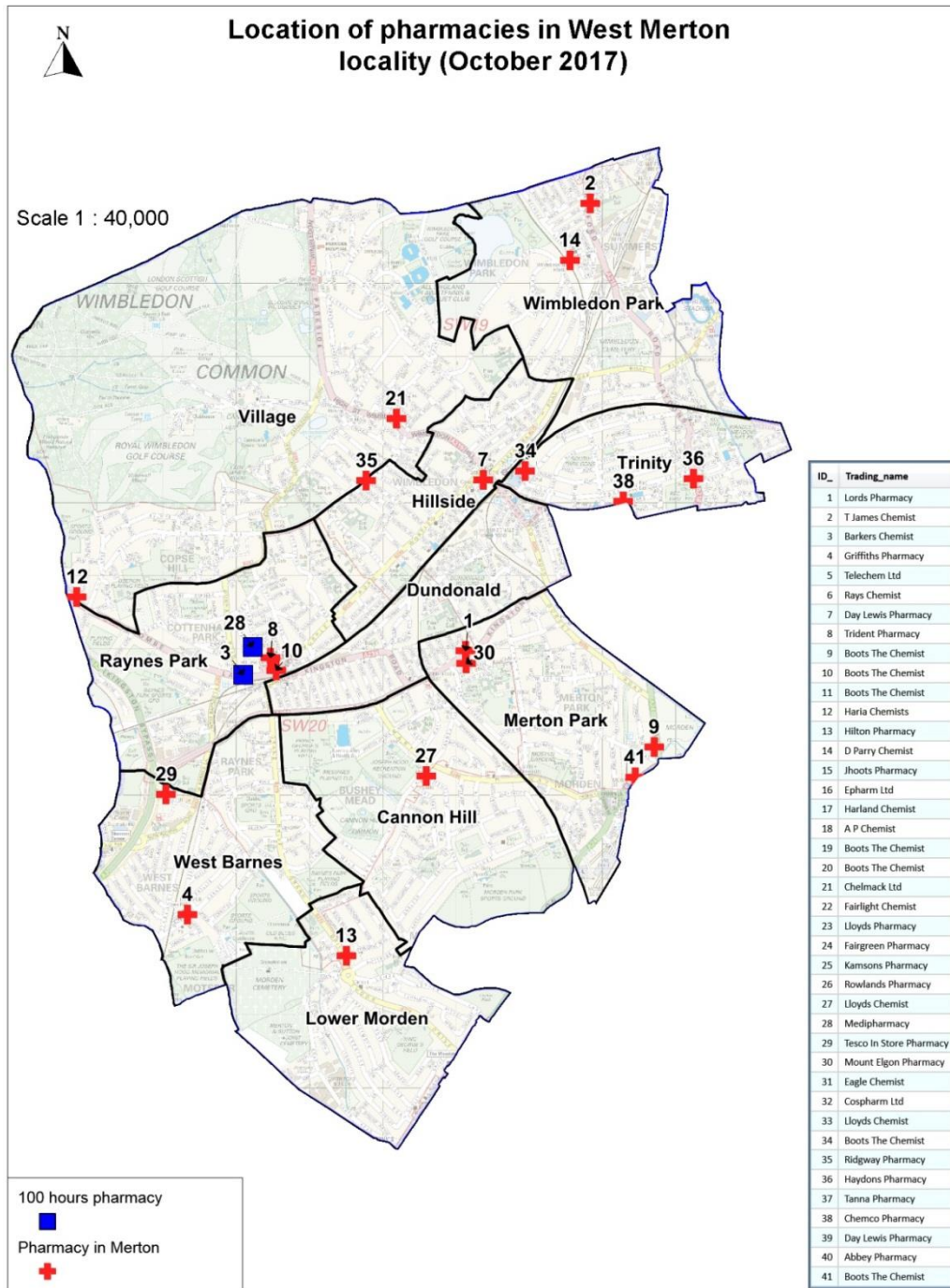


Figure 13 – location of community pharmacies in West Merton locality.

### 7.3.2 East Merton Locality

There are 19 community pharmacies in this locality, including one distance selling pharmacy, and their locations can be found in figure 14 (below) and their opening hours can be found in appendix 4. The east locality does not have any 100 hour pharmacies.

With regard to days of the week when pharmacies are open:

- Four pharmacies are open from Monday to Friday.
- 12 pharmacies are open Monday to Friday and on a Saturday.
- Two pharmacies are open 7 days per week.
- Five pharmacies are open after 7pm from Monday to Friday.
- Six pharmacies are open on a Saturday after 1pm.
- Two pharmacies are open on a Sunday.

On Saturdays, pharmacy opening hours are secured (there is at least one pharmacy open) between 8am and 7.30pm. On Sundays, pharmacy opening hours are secured between 11am and 5pm.

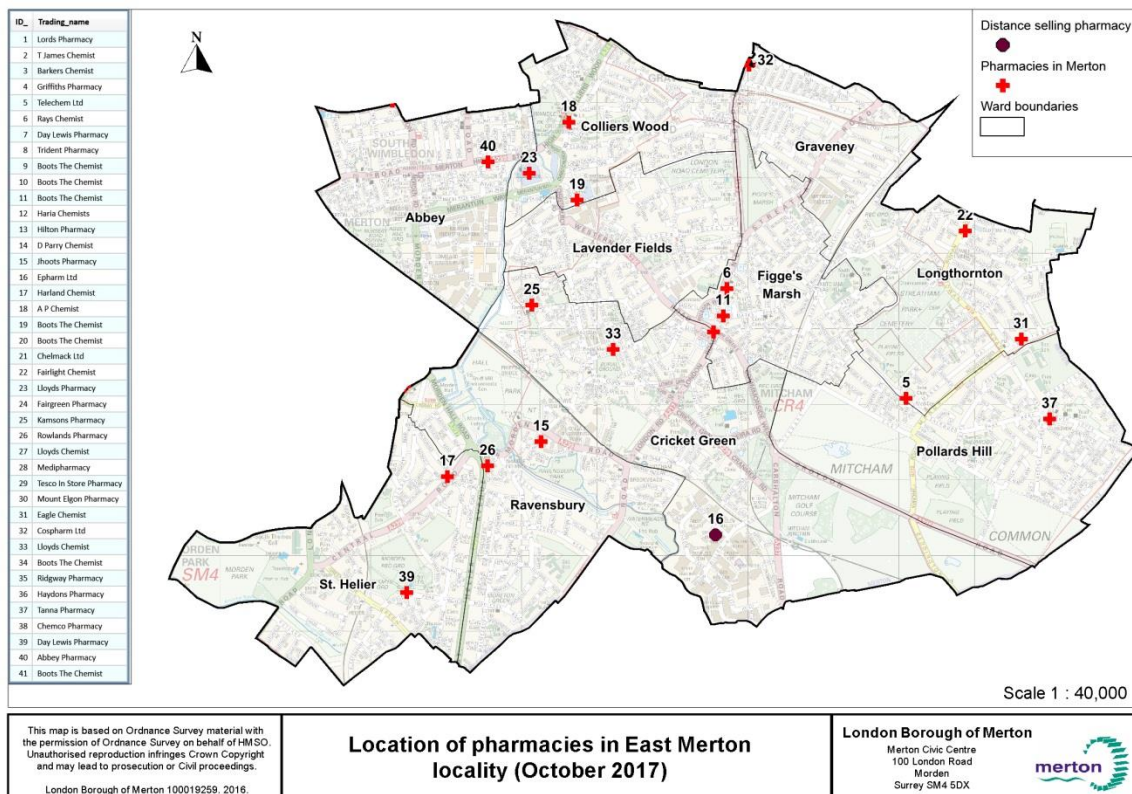


Figure 14 – location of community pharmacies in East Merton locality.

## 7.4 Dispensing data

In 2016/17, there were 2,929,820 items prescribed for Merton residents and 77.1% (2,259,285) of these were dispensed by contractors or GPs surgeries within the HWB's area. When including items that were dispensed by contractors in the neighbouring boroughs for Merton residents, this figure increases to 95.7% (see figure 15).

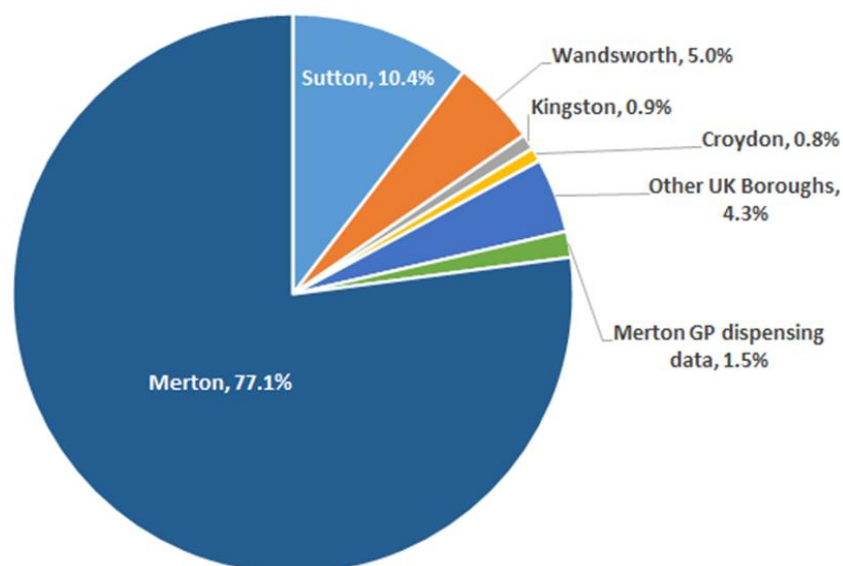


Figure 15 – items dispensed by contractors in Merton and neighbouring boroughs for Merton residents.

Area	Number of pharmacies	Population (2015)	Total items dispensed	Pharmacies per 100,000 population	Item per head of population	Items per pharmacy
East Locality	18 (exc DSP)	108,400	1,123,751	16.6	10.36	62,430.6
West Locality	22	97,700	1,135,534	22.5	11.62	51,615.2
Merton	40 (exc DSP)	206,100	2,259,285	19.4	10.96	56,482.1
South London	658	3,238,999	46,531,004	20.3	14.36	70,715.8
England	11,688	54,786,327	1,098,397,839	21.3	20.04	93,976.5

Figure 16 – dispensing data comparison with South London and England.

Figure 16 (see above) shows that

- Merton has slightly less (19.4, excluding the distance selling pharmacy) community pharmacies per 100,000 population than South London (20.3) and England (21.3) average.
- The number of community pharmacies per 100,000 residents in the east locality is 16.6; this is lower than South London (20.3) and England (21.3) average.
- The number of community pharmacies per 100,000 residents in the west locality is 22.5; this is higher than South London (20.3) and England (21.3) average.
- The average number of items (56,482) dispensed by community pharmacy, excluding the distance selling pharmacy, in Merton is lower than those pharmacies in South London (70,715) and in England (93,976).
- 2,259,285 items were dispensed by Merton pharmacies in 2016/17, which is 10.96 items per person and 56,482 per pharmacy, both of which are lower than South London and England averages.
- When looking at the localities; the average items dispensed in the east locality was 62,430 and in the west, the average items dispensed was 51,615. Both are lower than South London and England averages and this would suggest that there is capacity in the existing community pharmacies for additional dispensing need.

### 7.5 Access to premises

Whilst the majority of people will visit a pharmacy during the working day, there will be times when people will need to access a community pharmacy outside of those times e.g. after work or following a visit to their GP or another healthcare professional which are increasingly available outside traditional working hours. They may also choose to access pharmaceutical services close to their GP practice, their home, their place of work or where they go for shopping, recreational or other reasons.

Consequently not all the prescriptions written for residents of Merton are dispensed by the pharmacies within the borough (as noted in the section 7.4), although the majority of items are dispensed by contractors within the HWB's area. In 2016/17, 626,981 items (21.4%) were dispensed outside of the HWB's area by contractors located all across the country (although the majority were from pharmacies based in neighbouring boroughs – see Fig 15 above).

For the purposes of assessing access to community pharmacies, we have considered four key times:

- weekdays up to 7pm
- weekdays after 7pm
- Saturdays



- Sundays.

For each of these we have explored how residents may access (travel) to the premises:

- walking up to 1.6km (equivalent to 1 mile)
- driving within 10 minutes, and
- using public transport for a journey of 20 minutes.

Where appropriate we have considered demand for pharmaceutical services during these times and explored cross border pharmaceutical provision; particularly those pharmacies just over the Merton borough boundary in Sutton and Croydon.

As set out in section 3.4 and 3.5, the opening times provided by NHS England have been used as the basis for the analysis and assessment of total opening hours and pharmacy locations, as per the agreed methodology employed to develop PNAs across South West London.

It should be noted that in December 2017, during the process of developing the PNA a number of contractors increased their supplementary hours to improve access to community pharmacy premises and their services during midweek evenings and on Saturdays. Information on these additional supplementary hours have been included in the analysis and in the PNA conclusions as it is expected that these changes will be approved by NHSE.

#### 7.5.1 Weekdays up to 7pm.

Access to community pharmacies on a weekday up to 7pm is good. This is evidenced by the fact that 100% of residents can walk to a community pharmacy at a distance of less than 1.6km (see figure 17), 100% of residents are able to drive to a community pharmacy within 10 minutes (see figure 18) and 100% of residents can use public transport to access a community pharmacy within 20 minutes (see figure 19).

*Key – the shading denotes coverage of the particular metric*

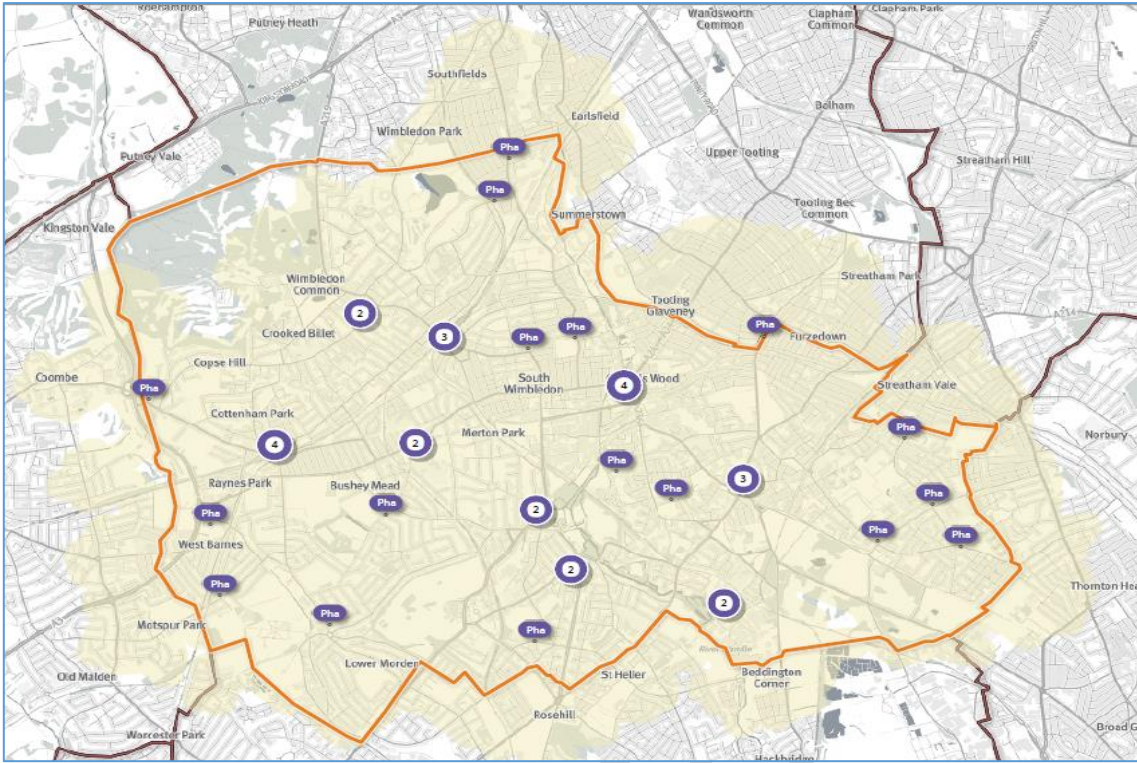


Figure 17 – Coverage of walking 1.6km to a community pharmacy, on a weekday up to 7pm.

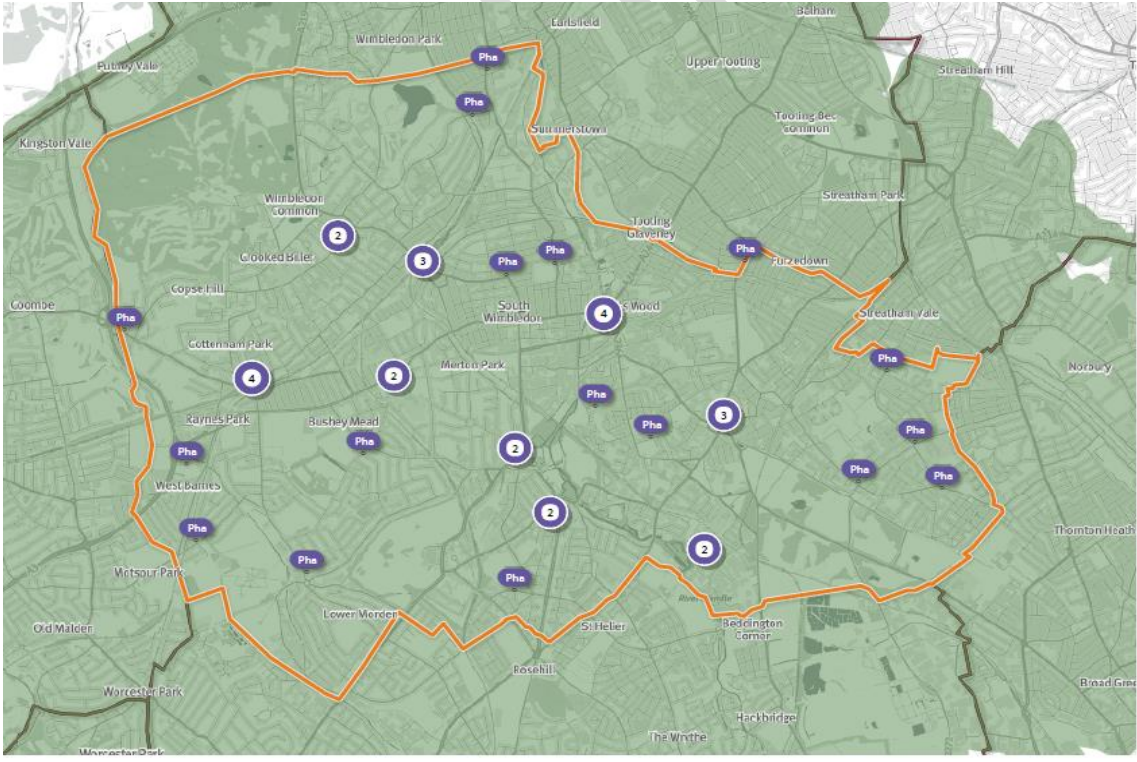


Figure 18 – Coverage of driving to a community pharmacy within 10 mins, on a weekday up to 7pm.



Figure 19 – Coverage of using public transport to access a community pharmacy within 20 mins, on a weekday up to 7pm.

#### 7.5.2 Weekday after 7pm.

Access to community pharmacies on a weekday after 7pm is good. This is evidenced by 100% of residents being able to drive to a community pharmacy within 10 minutes (see figure 20), 98% of residents can use public transport to access a community pharmacy within 20 minutes (see figure 21) and 74% of residents can walk to a community pharmacy at a distance of less than 1.6km away (see figure 22).

Cross border provision by community pharmacies in Sutton (see figure 23) also supports access to community pharmacy after 7pm for residents in the south of the borough.

It should be noted that Telechem Pharmacy have recently (during December 2017) increased their supplementary hours to improve access to community pharmacy premises and their services during early evenings and will be open on a permanent basis until 7.30pm from Monday to Friday. This extension of supplementary opening hours, provides valuable access to pharmaceutical services after 7pm for residents in the east locality.



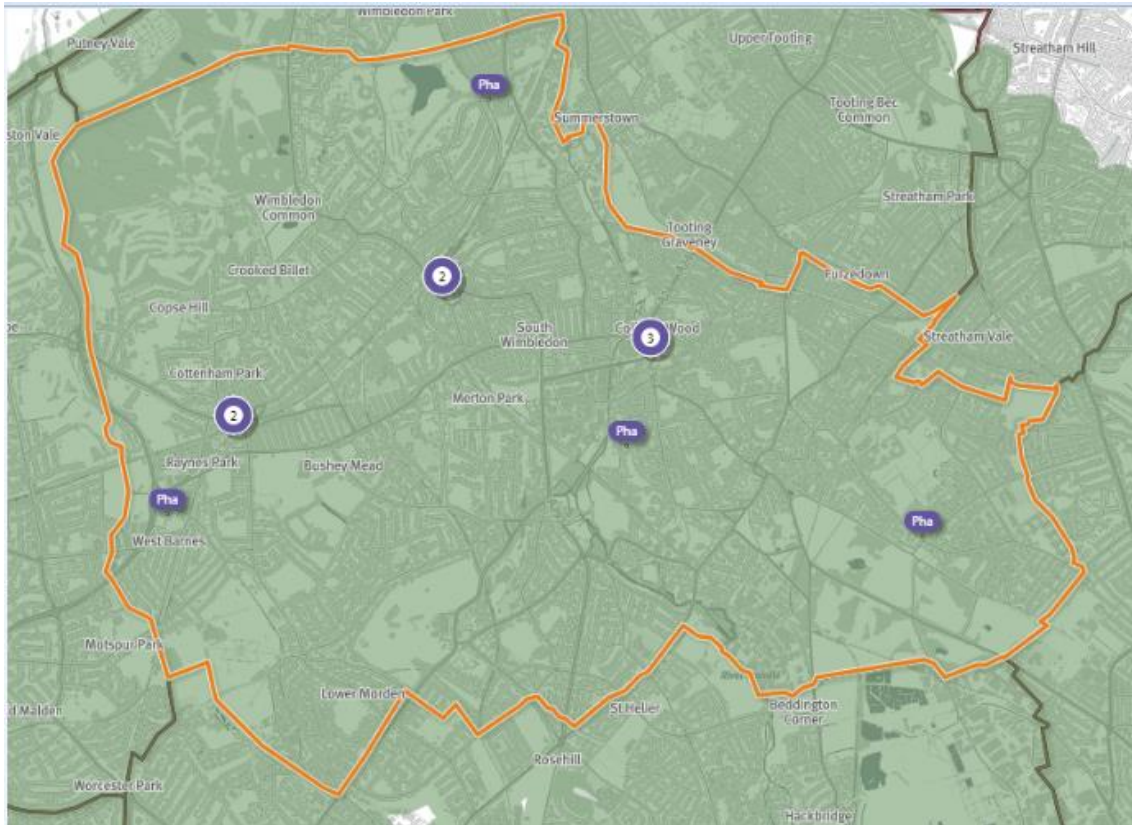


Figure 20 – Coverage of driving to a community pharmacy within 10 mins, on a weekday after 7pm

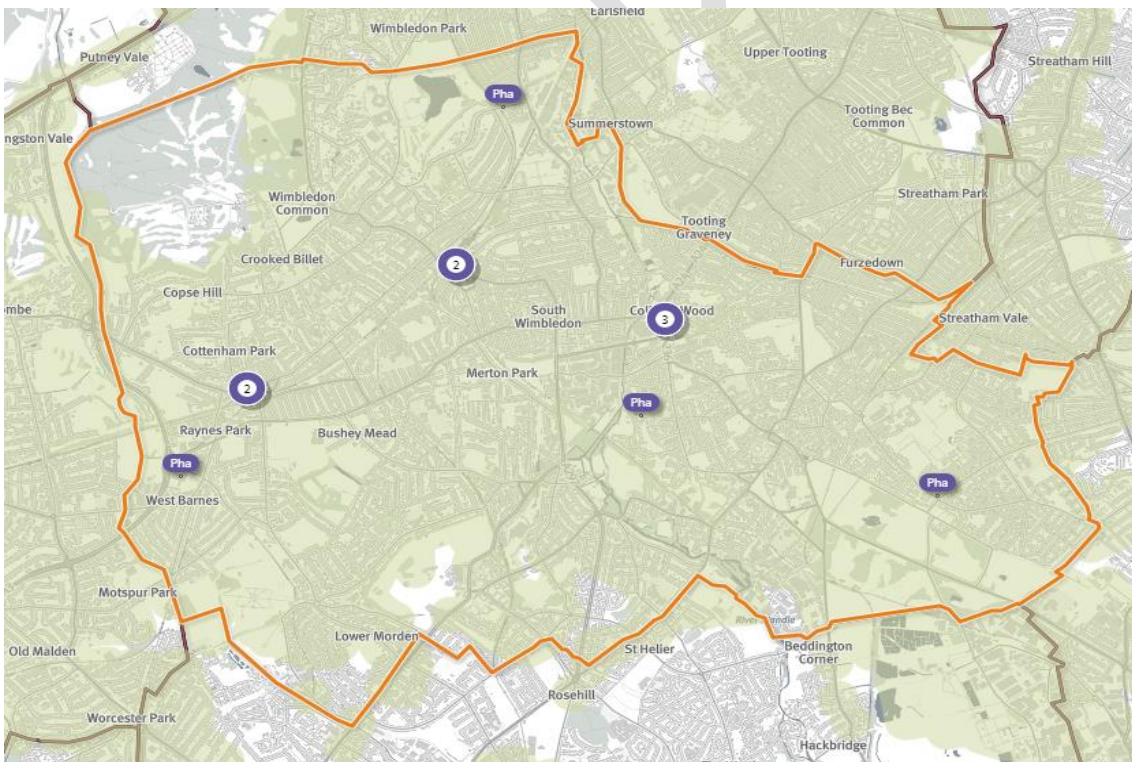


Figure 21 – Coverage of using public transport to access a pharmacy within 20 mins, on a weekday after 7pm



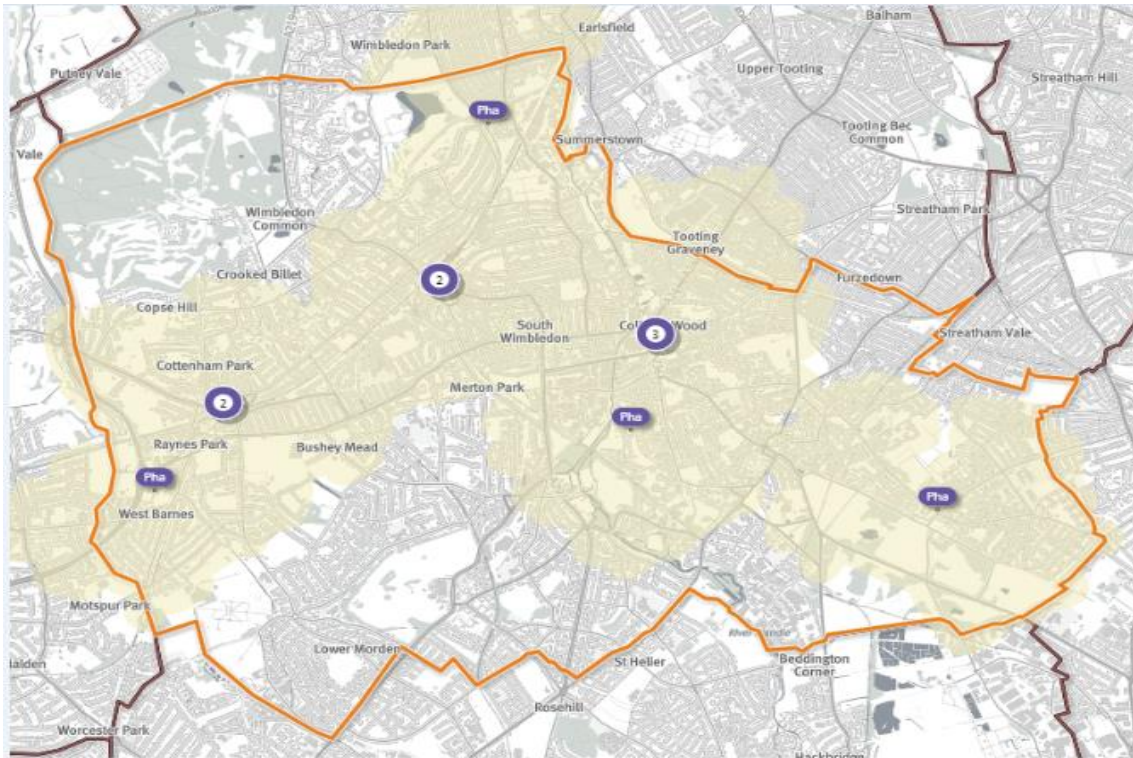


Figure 22 – Coverage of walking 1.6km to a community pharmacy, on a weekday after 7pm.

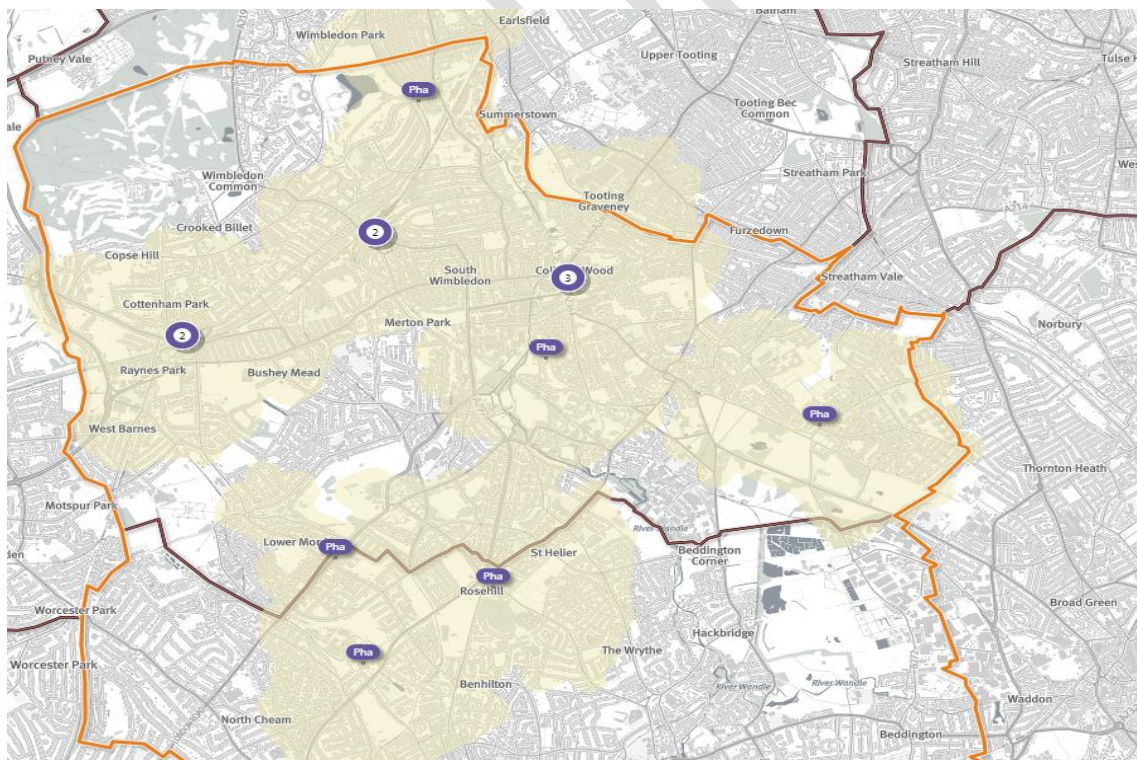


Figure 23 – Coverage of cross border provision for walking 1.6km to a community pharmacy, on a weekday after 7pm.

### 7.5.3 Saturdays.

Access to community pharmacies on a Saturday is good. This is evidenced by the fact that 100% of residents are able to drive to a community pharmacy within 10 minutes (see figure 24), 100% of residents can use public transport to access a community pharmacy within 20 minutes (see figure 25) and 100% of residents can walk to a community pharmacy under 1.6km away (see figure 26).

35 out of 40 (excluding the distance selling pharmacy) are open at some point on a Saturday, reducing to 23 that are open after 1pm. In addition, it should be noted that Eagle Pharmacy and Tanna Pharamcy have recently (during December 2017) increased their supplementary hours to improve access to community pharmacy premises and their services on Saturday afternoons and will be open alternate Saturdays until 3.30pm. Access after 1pm is not affected by those that have access to a car, or use public transport however the number of residents who can walk to a community pharmacy in less than 1.6km drops to 82% (see Figure 27a and 27b).

Cross border provision by community pharmacies in Sutton (see figure 27c) also supports access for residents to community pharmacy on Saturdays afternoons.



Figure 24 – Coverage of driving to a community pharmacy within 10 mins, on a Saturday.



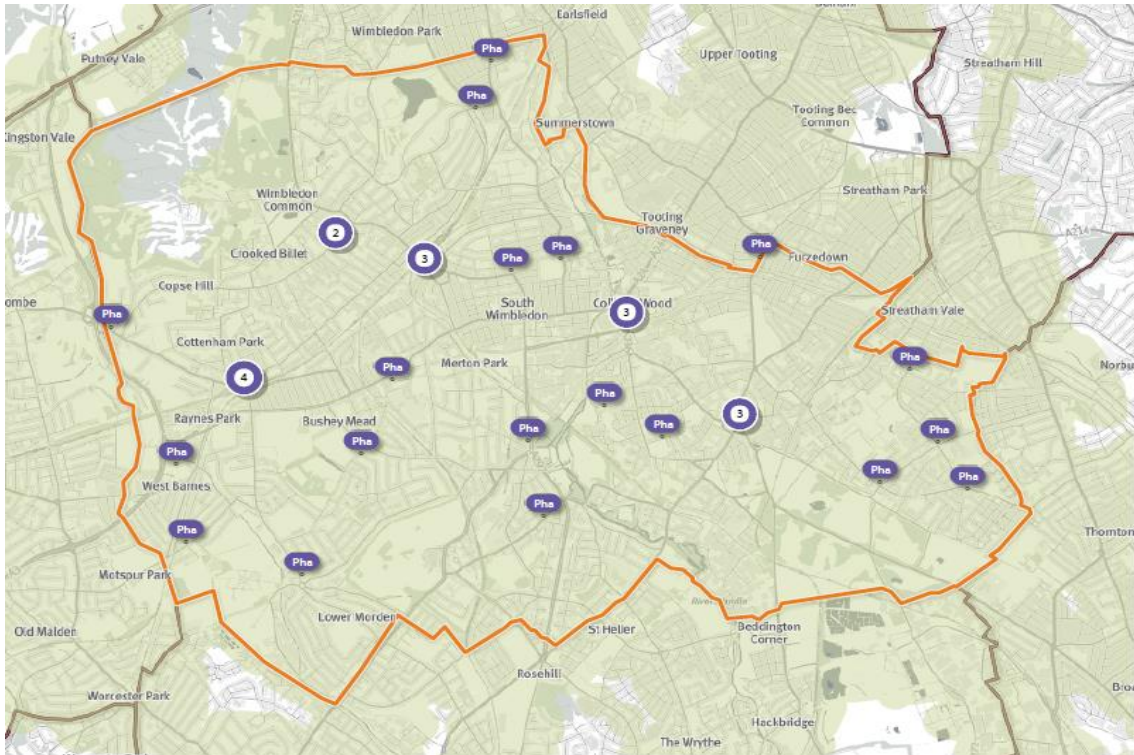


Figure 25 – Coverage of using public transport to access a pharmacy within 20 mins, on a Saturday.

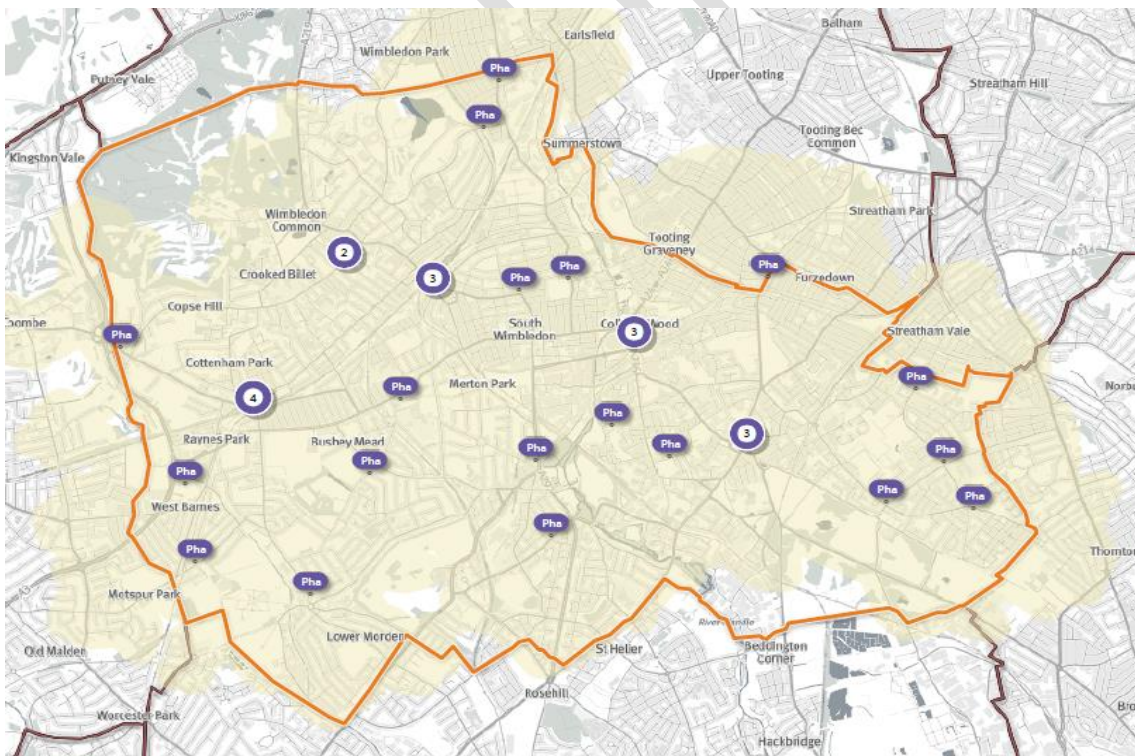


Figure 26 – Coverage of walking 1.6km to a community pharmacy, on a Saturday.



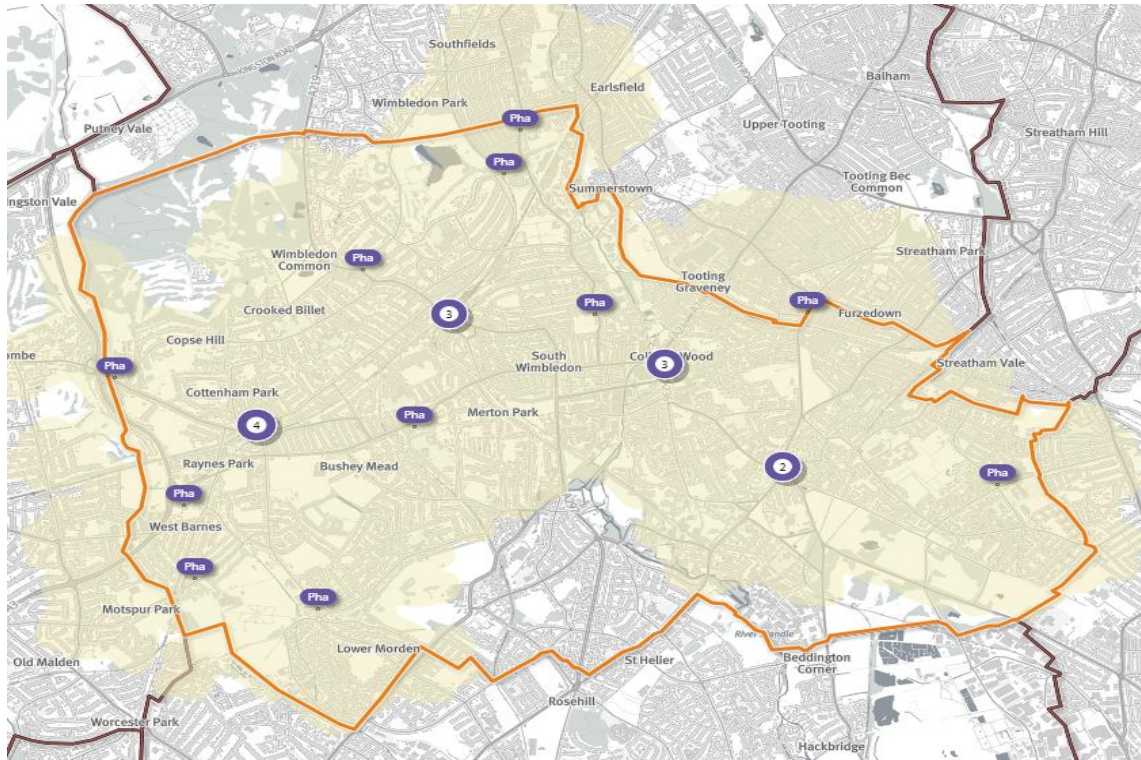


Figure 27a – Coverage of walking 1.6 km to a community pharmacy on a Saturday after 1pm, showing Eagle Pharmacy

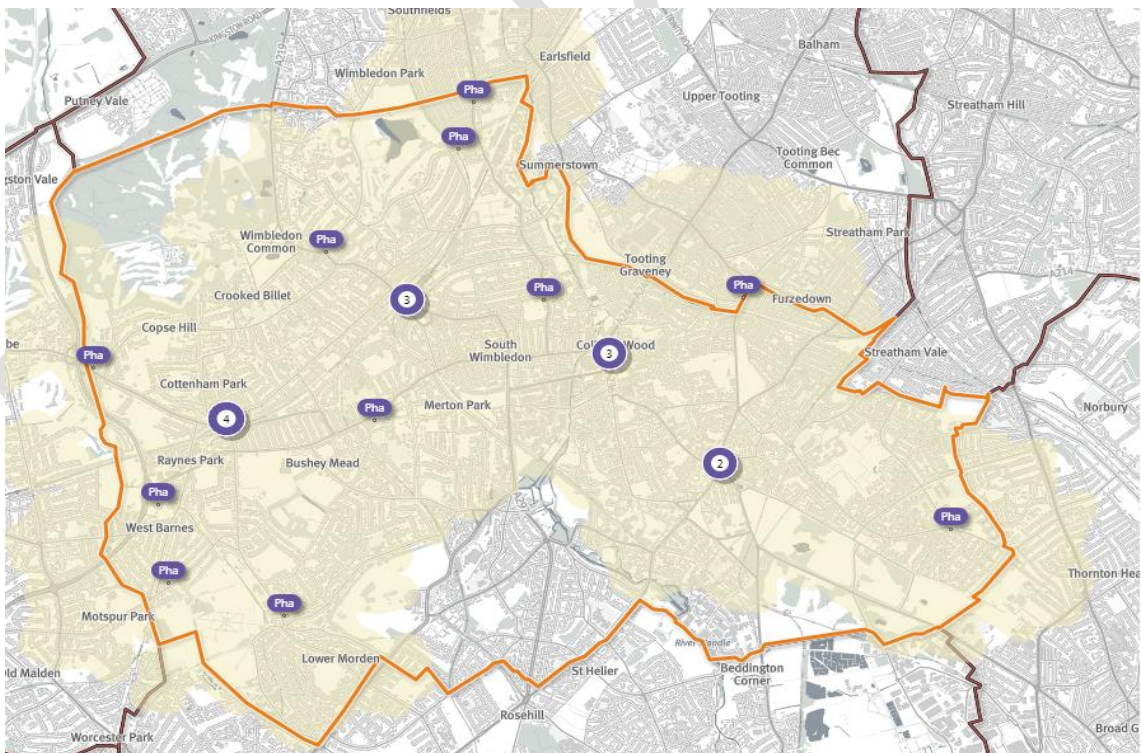


Figure 27b – Coverage of walking 1.6 km to a community pharmacy on a Saturday after 1pm, showing Tanna Pharmacy.



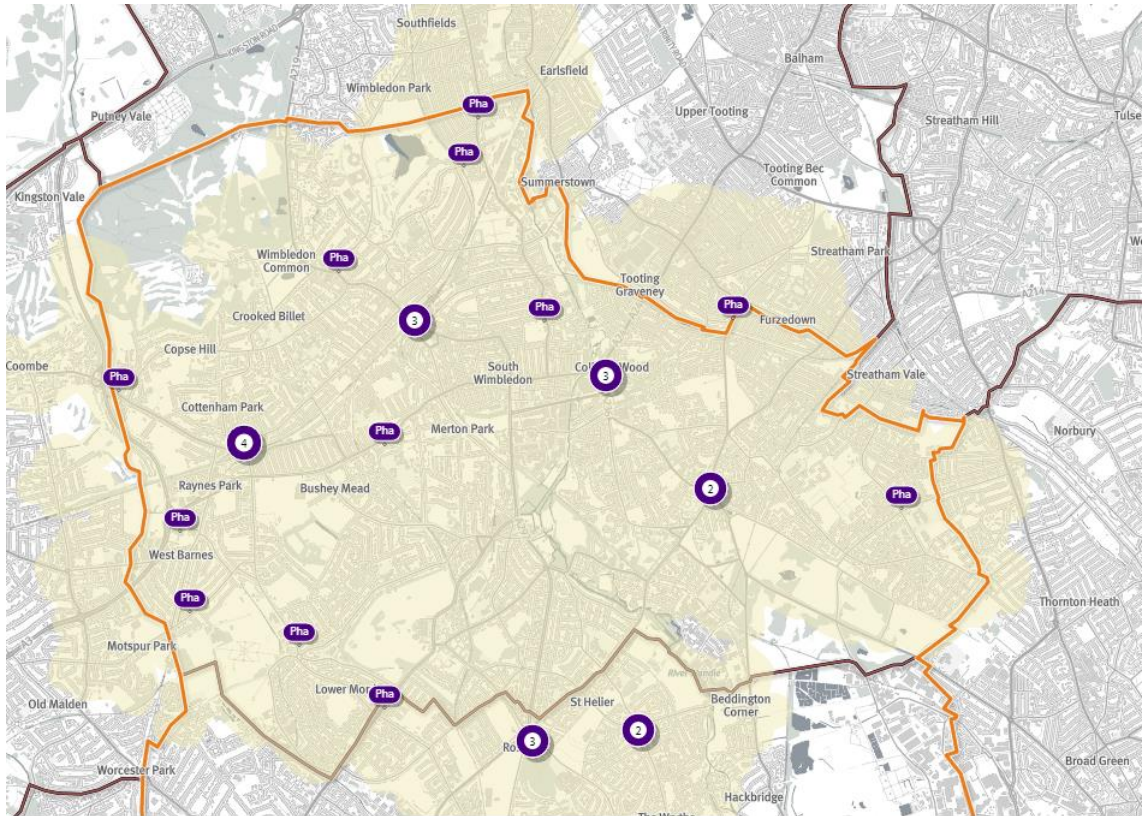


Figure 27c – Cross border provision by community pharmacies in Sutton, coverage of walking 1.6km to a community pharmacy on a Saturday after 1pm.

#### 7.5.4 Sunday

Six community pharmacies are open on a Sunday, with four in the west locality and two in the east, and therefore access is less than at other times of the week. Access is good for car users, with a high (100%) percentage of residents able to drive to a community pharmacy in 10 minutes (see figure 28), 78% of residents who use public transport (78%) can access a community pharmacy within 20 minutes (see figure 29) and 50% of residents can walk to a community pharmacy in under 1.6km (see figure 30). This is particularly an issue for those in the south and east of the borough.

It is noted that there is naturally a lower demand for pharmaceutical services on a Sunday afternoon, compared to other times of the week and that cross border provision contributes to meeting the demand from residents by (a) community pharmacies in Sutton (see figure 31) which increases access for residents to community pharmacy on a Sunday in the east locality and (b) Cross border provision (see figure 32) in Croydon, specifically Mayday Pharmacy, which increases access for residents albeit with a slightly longer walking distance (over 1.6km).

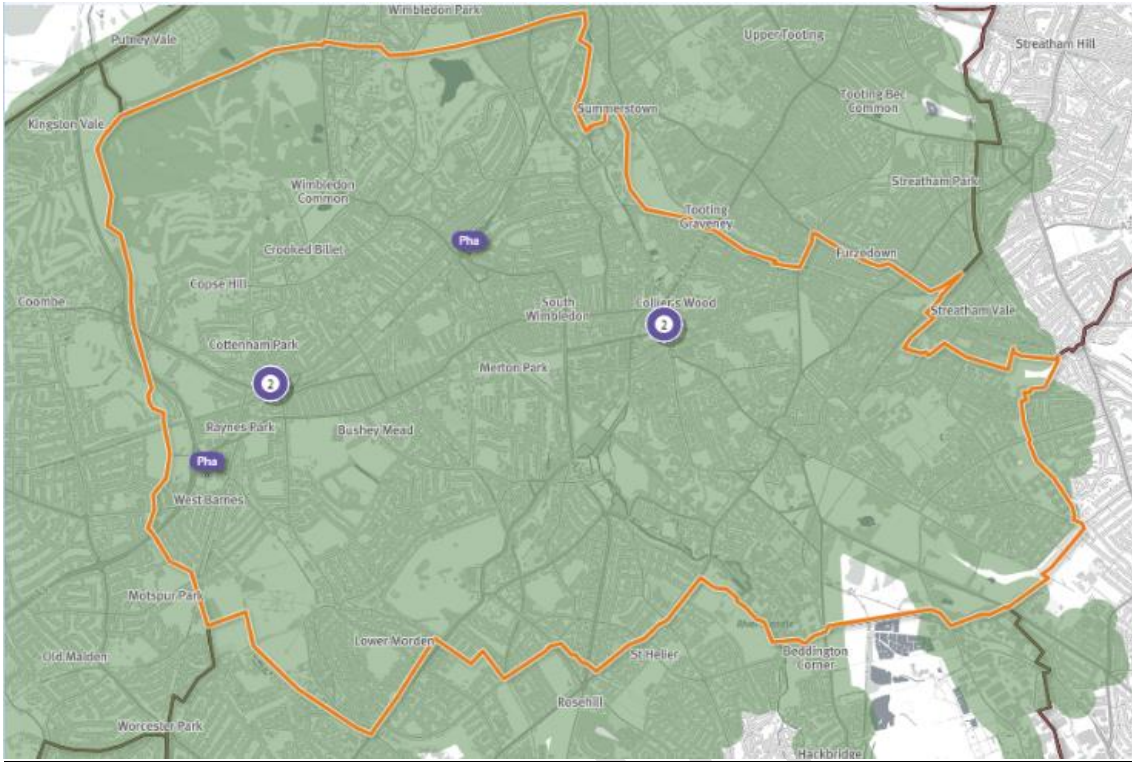


Figure 28 – Coverage of driving to a community pharmacy within 10 mins, on a Sunday

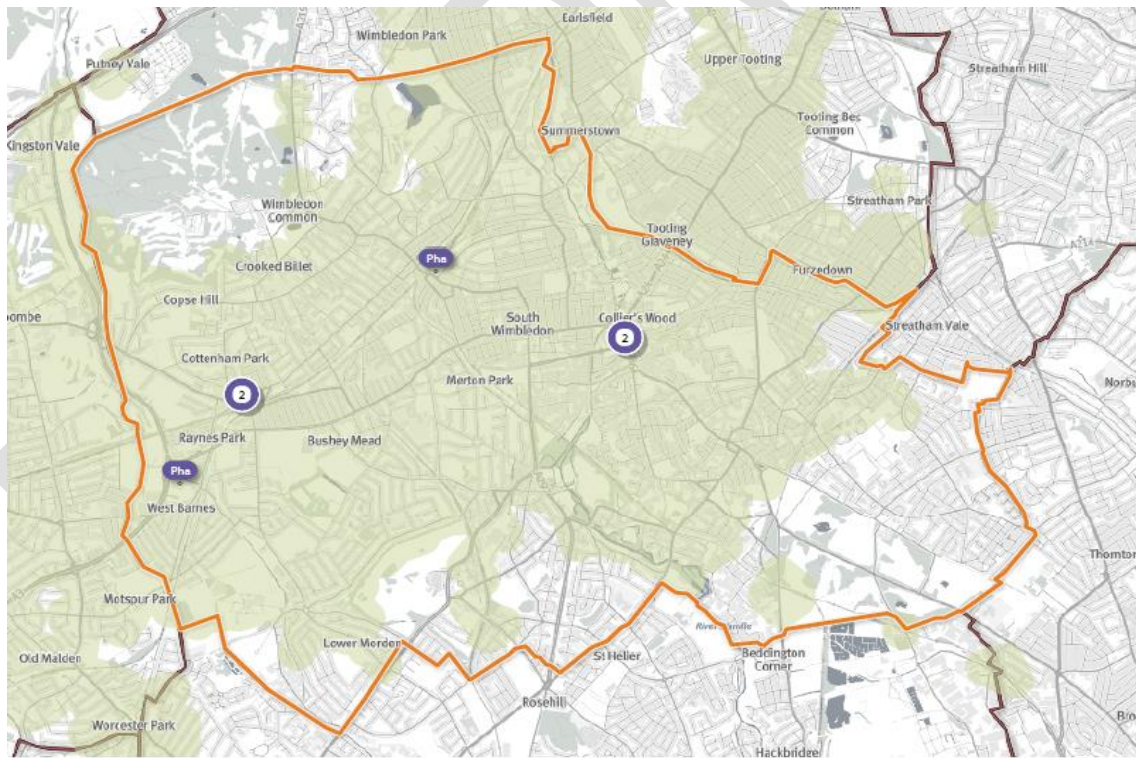


Figure 29 – Coverage of using public transport to access a pharmacy within 20 mins, on a Sunday.



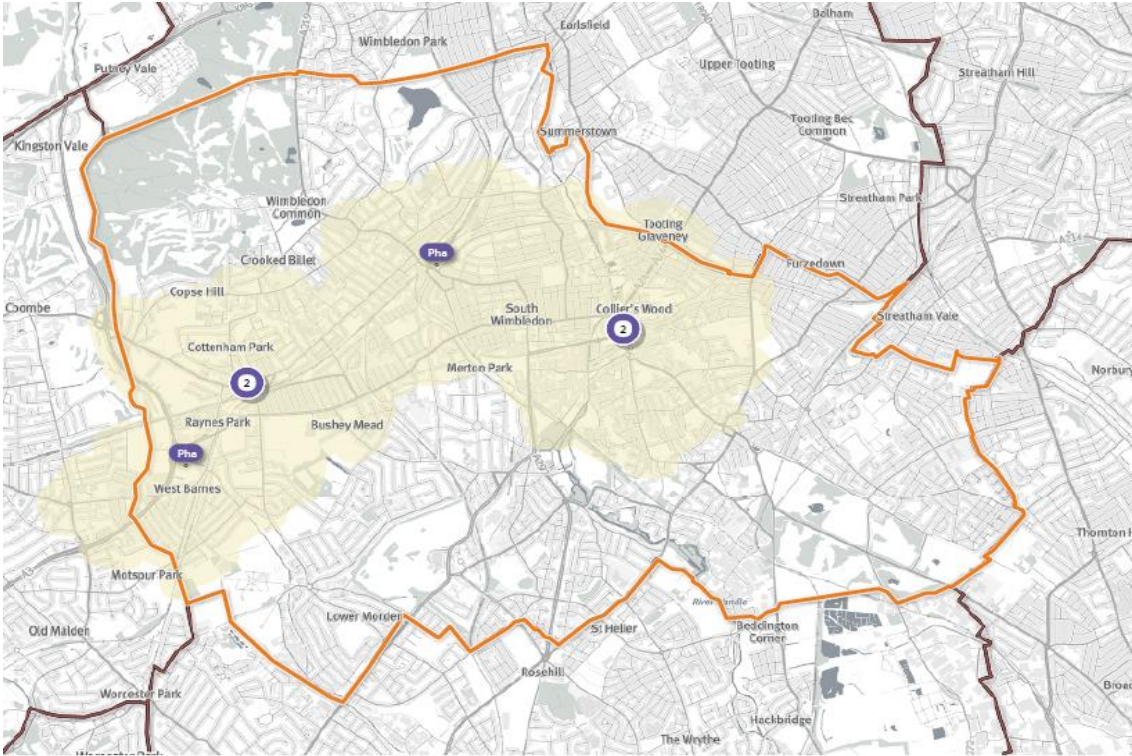


Figure 30 - Coverage of walking 1.6km to a community pharmacy, on a Sunday.

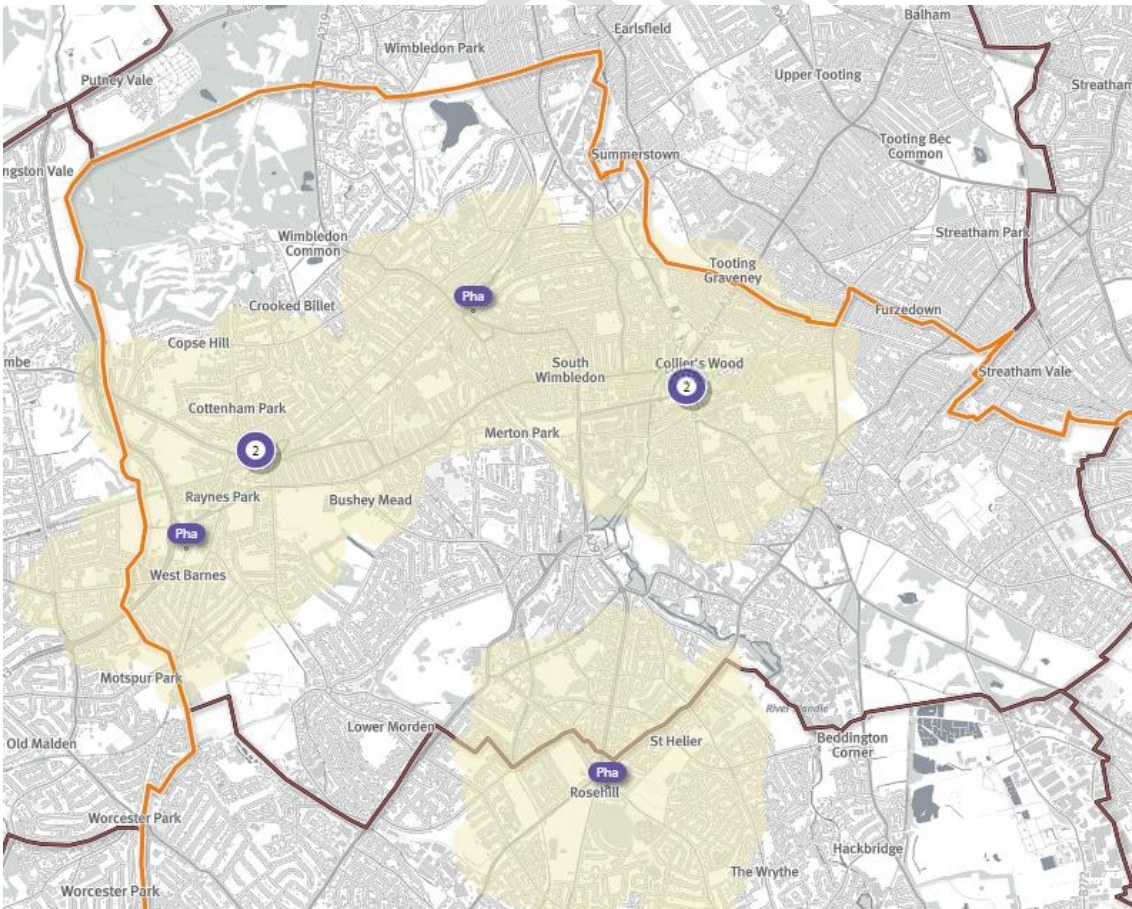


Figure 31 – Coverage of cross border provision for walking 1.6km to a community pharmacy, on a Sunday.

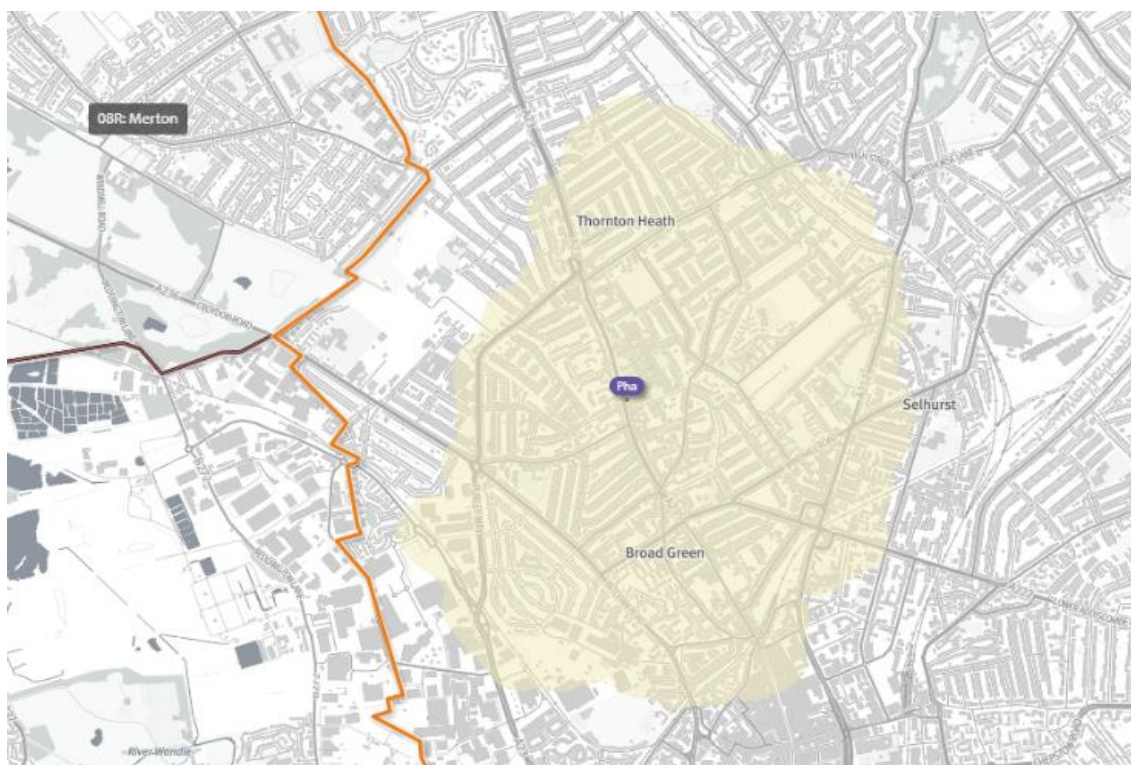


Figure 32 – Location of Mayday pharmacy in Croydon, for walking 1.6km to a community pharmacy, on a Sunday.

## 7.6 Access to Relevant services

GP practices are contracted to provide services between 8am and 6.30pm, Monday to Friday, excluding bank and public holidays. However, some open longer and there are two access hubs delivering 'on the day' and pre-bookable appointments up to 8pm on weekdays and at weekends. This link between the opening hours of community pharmacy and the opening hours of GP services is an important part of the PNA.

Opening hours for the community pharmacies can be found in appendix 4.

### 7.6.1 Access to Medicine Use Reviews (MURs)

A Medicine Use Review is an advanced service offered by pharmacies in the UK, as part of their current contract with the NHS. An MUR gives patients an opportunity to discuss their medicines with a qualified pharmacist.

In the year 2016-2017, 40 out of 41 community pharmacies delivered the MUR service and a total of 12,255 MURs were provided. The average number of MURs delivered by community pharmacy in the east is 297, compared to 285 in the west. Delivery of MURs by Community Pharmacies is capped at 400 to by NHS England and so there is unused capacity of 3,745



MURs in Merton and there is good access to this advanced service. Details of which community pharmacies are delivering the service can be found in appendix 5.

#### 7.6.2 Access to the New Medicine Service (NMS)

The New Medicines Service is an advanced service and supports people with long-term conditions who are newly prescribed a medication to help improve medicines adherence; it is focused on particular patient groups and conditions.

In the year 2016-2017, 3,078 NMS were provided by 34 pharmacies in Merton, with 7 pharmacies reporting no activity (3 of these are in the east and 4 in the west). The average number of MURs delivered by community pharmacy in the east is 87, compared to 63 in the west and there is good access to this advanced service. Details of which community pharmacies are delivering the service can be found in appendix 5.

#### 7.6.3 Access to Appliance Use Review (AUR) service

The Appliance Use Review service is an advanced service and improves a patient's knowledge and use of an appliance and aims to provide support on how the appliance is used, stored and disposed of. In the year 2016-17 the AUR service was provided by 2 pharmacies in Merton; one in the east and one in the west. These two pharmacies are open on 6 days per week, until 7pm on weekdays and provide good access to this advanced service. Details of which community pharmacies are delivering the service can be found in appendix 5.

#### 7.6.4 Access to Stoma Appliance Customisation (SAC) service

The Stoma Appliance Customisation 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.

In the year 2016-17 the SAC service was provided by 2 pharmacies in Merton; one in the east and one in the west. These two pharmacies are open on 6 days per week, until 7pm on weekdays and provide good access to this advanced service. Details of which community pharmacies are delivering the service can be found in appendix 5.

#### 7.6.5 Access to Flu Vaccination

In July 2015, the Pharmaceutical Services Negotiating Committee (PSNC) announced that as part of the 2015/16 community pharmacy funding settlement, NHS England had agreed to

allow community pharmacies in England to offer a seasonal influenza (flu) vaccination service for patients in at-risk groups. Provision of the service commenced from September 2015.

30 of the borough's 41 pharmacies offer the vaccine; 14 were located in the East locality and 16 in the West and provide good access to this advanced service. Details of which community pharmacies are delivering the service can be found in appendix 5.

#### 7.6.6 Access to NUMSAS

Requests for medicines needed urgently account for about 2% of all completed NHS 111 calls.<sup>13</sup> These calls normally default to a GP appointment to arrange an urgent prescription and as a result may block access to GP appointments for patients with greater clinical need.

NHS England is commissioning the national NHS Urgent Medicine Supply Advanced Service pilot, via referral from NHS 111, in order to reduce the burden on urgent and emergency care services of handling urgent medication requests. In an emergency and at the request of a patient, a pharmacist can supply a prescription only medicine (POM) without a prescription to a patient who has previously been prescribed it.

11 pharmacies in Merton are signed up for the NUMSA pilot in Merton; 5 pharmacies in the East locality and 6 in the West and provide good access to this advanced service. Details of which community pharmacies are delivering the service can be found in appendix 5.

#### 7.6.7 Access to Minor Ailments

The Minor Ailments Service, which is currently under review by NHSE, helps people access treatment for less serious injuries and illnesses through advice from their local pharmacist. This service can aid in reducing attendance to GPs and Emergency services, and is effective in promoting self-care.

- In the East locality, there are 4 pharmacies that provide the Minor Ailments Service from Monday to Saturday, with no pharmacies providing this service on a Sunday. Cross border provision in Croydon (Mayday Pharmacy) provides this service just over the borough boundary until 10pm on a Sunday.
- In the West locality, there are 4 pharmacies which provide the service from Monday to Friday, 3 pharmacies which provide it on Saturday, and 1 pharmacy which provides it on Sunday.
- Details of which community pharmacies are delivering the service can be found in appendix 5.

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<sup>13</sup> Based on NHS 111 data reported 2015/16.

Community pharmacies in Merton deliver a range of other enhanced services including the enhanced flu service (21 community pharmacies) and palliative care (2 community pharmacies). No community pharmacies are commissioned to deliver the care home service.

#### 7.6.8 Locally Commissioned Services

Merton Council commissions a number of services from community pharmacy in the borough:

##### 7.6.8.1 Substance Misuse related services.

Public Health currently commissions two services from community pharmacy; Needle exchange services (2 in the East locality and 2 in the West) and supervised consumption of substance misuse medicines (5 in the East locality and 2 in the West). It should be noted that a newly commissioned 'recovery focussed' substance misuse service, delivered by WDP, will start on 1<sup>st</sup> April 2018 and it is expected that there will be a review of needle exchange and supervised consumption in the near future to ensure that these services are meeting identified needs of service users.

##### 7.6.8.2 Sexual Health Services.

There are 17 pharmacies that are commissioned to provide EHC and Chlamydia screening; 7 in the East locality and 10 in the West locality. It should be noted that in October 2017 a newly commissioned Integrated Sexual Health service started delivery and as part of phase two of this service these services will be reviewed.

## 8. Analysis and Conclusions

The PNA has considered the current provision of pharmaceutical services across Merton and some key drivers of population health needs, in particular relating to population demographics including population density (Figure 10), IMD (Figure 11) and BAME groups (figure 12). In order to assess the provision of necessary services against the needs of the Merton population the HWB considers access (travelling times and opening hours) as the most important factor in determining the extent to which the current provision of necessary services meets the needs of the population.

Merton has 41 pharmacies, including one distance selling pharmacy, all providing the full range of essential services. Some provide advanced and enhanced services commissioned by NHS England and some provide services commissioned by Merton Council.

### 8.1 Necessary Services

#### 8.1.1 Access to essential service during normal working hours

We note that there are fewer community pharmacies per 100,000 population in the east Merton locality (16.6) than the South London (20.3) and England (21.3) average and there are more community pharmacies per 100,000 residents in the west locality (22.5) than South London (20.3) and England (21.3) average.

On the whole, although Merton has slightly fewer community pharmacies (19.4), excluding the distance selling pharmacy, per 100,000 population than South London (20.3) and England (21.3), the number of items dispensed per person, per pharmacy and per locality are lower than South London and England averages. This would suggest that there is capacity in the existing community pharmacies for additional dispensing need.

Merton HWB have concluded that based on the information available at the time of writing this PNA that **there are no gaps in the need of essential services during normal working hours.**

#### 8.1.2 Access to essential services outside of working hours

Weekdays up to 7pm.

Access to community pharmacies on a weekday after 7pm is good. This is evidenced by 100% of residents being able to drive to a community pharmacy within 10 minutes 98% of residents can use public transport to access a community pharmacy within 20 minutes and 74% of residents can walk to a community pharmacy at a distance of less than 1.6km away.



Cross border provision by community pharmacies in Sutton supports access to community pharmacy after 7pm for residents in the south of the borough as does the increase in supplementary hours by Telechem Pharmacy.

Merton HWB have concluded that based on the information available at the time of writing this PNA that **there are no improvements that need to be made in the provision of essential services during the week until 7pm**. This should be closely monitored and a supplementary statement should be issued if this changes.

Weekdays after 7pm.

Access is good for residents with access to a car, with a high percentage (95%) able to drive to a community pharmacy within 10 minutes but access is reduced for other residents. At this time 82% of residents can use public transport to access a community pharmacy within 20 minutes and only 63% of residents can walk to a community pharmacy less than 1.6km away.

Cross border provision by community pharmacies in Sutton also improve access for residents, as does the increase in supplementary hours by Telechem Pharmacy.

Merton HWB have concluded that based on the information available at the time of writing this PNA that **there are no improvements that need to be made in the provision of essential services during the week after 7pm**. This should be closely monitored and a supplementary statement should be issued if this changes.

Saturdays.

Access to community pharmacies on a Saturday is good. This is evidenced by the fact that 100% of residents are able to drive to a community pharmacy within 10 minutes, 100% of residents can use public transport to access a community pharmacy within 20 minutes and 100% of residents can walk to a community pharmacy under 1.6km away.

35 out of 40 (excluding the distance selling pharmacy) are open at some point on a Saturday, reducing to 23 that are open after 1pm. Cross border provision by community pharmacies in Sutton does improve access for residents, as does the increase in supplementary hours by Eagle Pharmacy and Tanna Pharmacy.

Merton HWB have concluded that based on the information available at the time of writing this PNA that **there are no improvements that need to be made in the provision of essential services on Saturdays**. This should be closely monitored and a supplementary statement should be issued if this changes.

## Sundays

Six community pharmacies are open on a Sunday, with four in the west locality and two in the east, and therefore access is less than at other times of the week. Access is good for car users, with a high (100%) percentage of residents able to drive to a community pharmacy in 10 minutes, 78% of residents who use public transport can access a community pharmacy within 20 minutes and 50% of residents can walk to a community pharmacy in under 1.6km. This is particularly an issue for those in the south and east of the borough.

It is noted that there is naturally a lower demand for pharmaceutical services on a Sunday afternoon, compared to other times of the week and that cross border provision contributes to meeting the demand from residents by (a) community pharmacies in Sutton which increases access for residents to community pharmacy on a Sunday in the east locality and (b) Cross border provision in Croydon, specifically Mayday Pharmacy, which increases access for residents albeit with a slightly longer walking distance.

Merton HWB have concluded that based on the information available at the time of writing this PNA that **there are no improvements that can be made in the need for provision of essential services on a Sunday**. This should be closely monitored and a supplementary statement should be issued if this changes.

### 8.1.3 Future provision of necessary services

Similar to other London boroughs, there are a number of changes to regeneration, housing and healthcare provision that will affect the need for pharmaceutical services in the future.

The specific impact of these changes e.g. regeneration, impact of GP access hubs are unknown at the time of writing. Although some of the impact on pharmaceutical services may be unlikely to occur during the three year lifespan of this PNA, the impact will need to be considered in more detail as more information becomes available so that proactive planning is undertaken to meet future need.

Merton HWB have concluded that based on the information available at the time of writing this PNA that **there are no gaps in the future provision of necessary pharmaceutical services during normal working hours or outside of working hours**. This should be closely monitored and a supplementary statement should be issued if this changes.

## 8.2 Improvements and better access (relevant services)

### 8.2.1 Access to advanced services

Community pharmacies are commissioned to deliver a range of advanced services across east and west Merton localities.

Merton HWB have concluded that based on the information available at the time of writing this PNA that **there are no gaps in the need of advanced services.**

#### 8.2.1 Access to enhanced services

Access to enhanced services are good in the borough and cross border provision, particularly in Croydon for the Minor Ailments service provides additional access to residents in the east locality.

Merton HWB have concluded that based on the information available at the time of writing this PNA that **there are no improvements that need to be made in the provision of enhanced services.** This should be closely monitored and a supplementary statement should be issued if this changes.

#### 8.2.2 Future provision – access to relevant services

Similar to other London boroughs, there are a number of regeneration, housing and changes to healthcare provision that will affect the need for pharmaceutical services in the future.

The specific impact of these changes e.g. regeneration, impact of GP access hubs are unknown at the time of writing, and although the impact on pharmaceutical services may be unlikely to occur during the three year lifespan of this PNA, the impact will need to be considered in more detail as more information becomes available so that proactive planning is undertaken to meet future need.

Merton HWB have concluded that based on the information available at the time of writing this PNA that **there are no improvements that need to be made in the future provision of relevant services.** This should be closely monitored and a supplementary statement should be issued if this changes.

#### 8.2.3 Locally commissioned services

Locally commissioned services currently being delivered by community pharmacies e.g. sexual health and those related to substance misuse will be reviewed once recently commissioned integrated services have mobilised.

Merton HWB have concluded that based on the information available at the time of writing this PNA that **there are no improvements that need to be made in the provision of locally commissioned services.** This should be closely monitored and a supplementary statement should be issued if this changes as a result of reviews through the commissioning cycle.

## 9. Appendices

### Appendix 1. The terms of reference of the steering group

# **Merton and Wandsworth Pharmaceutical Needs Assessment Steering Group Terms of Reference**

## **Project Aim**

To fulfil the duty of Merton and Wandsworth Health and Wellbeing Boards (HWBs) to produce revised pharmaceutical needs assessments (PNAs) which will provide a rational basis to plan where resources need to be invested, to ensure that the commissioning of enhanced pharmaceutical services from community pharmacy is explicitly linked to national targets and local needs. NHS England must take account of PNAs in its commissioning decisions. The PNA complements the local Joint Strategic Needs Assessment (JSNA) which the Council and Clinical Commissioning Group (CCG) uses to inform commissioning of local services.

The current PNAs were published the 1<sup>st</sup> April 2015 in accordance with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013<sup>14</sup> (hereafter, “the Regulations”) following extensive local engagement and analysis. The revised assessments will build on the existing evidence, taking into account developments in the strategic context and local need and provision.

## **Purpose**

The purpose of the steering group is to:

- Oversee in the refresh of the PNAs for the London Boroughs of Merton and Wandsworth, in line with the Regulations and Department of Health guidance<sup>15</sup> to inform existing and future commissioning plans for the 2017/18 commissioning cycle and beyond.
- To ensure publication of the PNAs and recommendations therein by 31<sup>st</sup> March 2018.
- Coordinate collaboration across Merton and Wandsworth to make efficient use of resources and in reflection of the common links to the Sutton, Merton and Wandsworth Local Pharmaceutical Committee and the integration of Merton and Wandsworth Clinical Commissioning Group staffing, whilst retaining the sovereignty of the two boroughs and distinct assessments of their pharmaceutical needs.

## **Steering group members and key stakeholders**

A multidisciplinary joint steering group has been established, comprising the following personnel from Wandsworth and Merton with roles and responsibilities detailed:

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<sup>14</sup> <http://www.legislation.gov.uk/ukxi/2013/349/part/1/made>

<sup>15</sup> <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

## **Health and Wellbeing Board member organisations membership**

Council Public Health and health intelligence - *Project manage, analyse and draft PNAs.*

- Anna Raleigh, Consultant in Public Health, Richmond and Wandsworth Councils
- Barry Causer, Public Health Commissioning Manager, Merton Council
- Steven Bow, Business Intelligence Manager, Richmond and Wandsworth Councils
- Samina Sheikh, Principal Public Health Intelligence Specialist, Merton Council
- Shewa Melesse, Analyst Support Officer, Richmond and Wandsworth Councils
- Youssof Oskrochi, Public Health Registrar, Richmond and Wandsworth Councils
- Rooah Omer, Specialty Registrar in Public Health Medicine, Merton Council

### Clinical Commissioning Group (CCG)

*Clinical and professional advice relating to medicines optimisation*

- Sita Patel, Senior Pharmaceutical Adviser, Wandsworth CCG (also representing Merton CCG)
- Sedina Agama, Chief Pharmacist, Merton CCG

*Ensure pharmacy is embedded within wider primary care landscape*

- Lucy Lewis, Primary Care Commissioning & West Merton Locality Manager, Merton CCG (also representing Wandsworth CCG)

### Healthwatch

*Support consultation on PNA and ensure public and patient voice is heard.*

- Donald Roy, Healthwatch Board Member, Healthwatch Wandsworth
- Dave Curtis, Healthwatch Manager, Healthwatch Merton

### **Key stakeholder membership**

Local Pharmaceutical Committee (LPC) – *Representing and supporting liaison and communication with pharmacy contractors*

- Andrew McCoig, Chief Executive Officer, Wandsworth, Merton and Sutton LPC

Local Medical Committee (LMC) – *Representing and supporting liaison and communication with general practice*

- Marek Jarzembowski, Chair, Merton LMC
- Amer Salim, Vice chair, Wandsworth LMC

General Practice providers – *Representing (some) locally commissioned services*

- Paul Bond, General Manager, Merton GP Federation
- Tom Coffey, Non Executive Board Member, Battersea Healthcare

### **Key stakeholders for consultation**

NHS England – *Responsibility to take account of PNAs in commissioning decisions, and to provide information to inform PNAs (i.e. pharmaceutical lists and details of services commissioned), but no responsibility for producing the PNAs themselves.*

### Acute hospital trusts

- Kingston Hospital NHS Foundation Trust

- St George's NHS Foundation Trust
- Epsom and St Helier University Hospital NHS Trust

#### Community trusts

- Central London Community Healthcare NHS Trust

#### Mental health trusts

- South West London and St George's Mental Health NHS Trust

#### Pharmacists and dispensing doctors

#### Neighbouring HWBs

The Joint Steering Group will meet at critical project dates for the term of the project with the first such meeting scheduled for the 20<sup>th</sup> September 2017

The Steering Group will reach decisions by consensus. When consensus cannot be achieved, decisions will be referred to each HWB.

### **1.1 Chair**

The Steering Group will be co-chaired by Anna Raleigh (Consultant in Public Health, Richmond and Wandsworth Councils) and Barry Causer (Public Health Commissioning Manager, Merton Council), who are to be the PNA operational officers.

## **Key Functions of the Pharmaceutical Needs Assessment Steering Group**

- Oversee the PNA process
- Ensure key project milestones are delivered to timescale
- Provide guidance to the project teams developing the PNAs
- Ensure consultation with all stakeholders
- Ensure that the outputs of the PNAs have "fit" with the wider health economy and priorities therein
- Ensure the PNAs are integrated with the HWB's JSNAs
- Ensure that the PNAs are utilised to influence commissioning
- Responsible for considering the interdependencies and consequences of commissioning proposals emanating from the PNAs
- Responsible for approving the PNA before submission to the respective HWB
- Ensure interface between pharmacy and primary care

### **Accountability**

The steering group will report to the HWBs.

## **Project Implementation Plan**

Progress will be monitored against the milestones detailed within the PNA project plan. Updates on the project plan and milestones therein will be presented to the Steering Group at each meeting.

### **Deliverables**

- Completion of a pharmaceutical needs assessment in line with national/guidance
- Recommend an appropriate range of services from Community Pharmacies which support or enhance primary care services in the area
- Maintain or improve levels of access to Pharmacy Services in the area

FINAL DRAFT

## PNA Pharmacy Questionnaire

### Merton 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			

### 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)	
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### IT Facilities

Select any that apply.

Electronic Prescription Service Release 2 enabled	<input type="checkbox"/>
NHSmal 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"/>
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### Enhanced<sup>16</sup> 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 <sup>(17)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<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 <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC) <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>				
<b>Disease Specific Medicines Management Service:</b>					
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

<sup>16</sup> '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'

<sup>17</sup> 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
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 <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<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) <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<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"/>
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 <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<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?					

	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
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) <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<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 <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<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"/>
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 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 <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<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
<b>Other vaccinations<sup>(2)</sup></b>					
Childhood vaccinations	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at risk workers or patients)	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/> <sup>(2)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)					
Sharps Disposal Service <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<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) <sup>(2)</sup>	<input type="checkbox"/> <sup>(2)</sup>	<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"/>
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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"/>
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**Details of the person completing this form:**

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

FINAL DRAFT



### Appendix 3. Statutory Consultation report

Total number of responses - 16

On close inspection of the responses it appears that there have been 4 responses from the same individual, indicated by the same IP address being used to respond to the questionnaire in quick succession. As there are a small number of responses overall (16) these repeated responses distort the overall conclusions that can be made from the consultation. Therefore this will need to be taken into consideration when interpreting the findings.

**Question 1:** The Merton draft PNA identifies two gaps in the provision of pharmaceutical services; (1) the provision of necessary services on a Sunday after 1pm in the east locality and (2) the provision of the minor ailments service on a Sunday in the east locality. To what extent do you agree or disagree with this assessment?

Strongly agree	3
Tend to agree	2
Neither agree nor disagree	2
Tend to disagree	2
Strongly disagree	4
Don't know/can't say	3

*Please note, four of these responses appear to be from the same individual; 2 responses "Tend to disagree" and 2 responses "Strongly disagree".*

**Question 2:** To what extent do you agree or disagree with the other conclusions contained within the draft PNA?

Strongly agree	1
Tend to agree	5
Neither agree nor disagree	3
Tend to disagree	1
Strongly disagree	4

Don't know/can't say	2
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*Please note, four of these responses appear to be from the same individual; 1 response "Tend to disagree", 1 response "Neither agree nor disagree", 2 responses "Strongly disagree".*

**Question 3:** In your opinion, how accurately does the draft PNA reflect the current pharmaceutical needs of Merton's population?

Very accurately	0
Moderately accurately	7
Not at all accurately	5
Don't know/can't say	2

*Please note, four of these responses appear to be from the same individual; 4 responses "Not at all accurately".*

**Question 4:** In your opinion, how accurately does the draft PNA reflect the current provision of pharmaceutical services in Merton?

Very accurately	1
Moderately accurately	6
Not at all accurately	5
Don't know/can't say	2

*Please note, four of these responses appear to be from the same individual; 4 responses "Not at all accurately".*

**Question 5:** In your opinion, how accurately does the draft PNA reflect the future pharmaceutical needs of Merton's population (over the next three years)?

Very accurately	0
Moderately accurately	6

Not at all accurately	4
Don't know/can't say	2

*Please note, four of these responses appear to be from the same individual; 3 responses "Not at all accurately", 1 response "Don't know/can't say".*

**Question 6:** Are you mainly responding as?

A member of the public	6
A carer	
A pharmacist	2
A GP	
A healthcare or social care professional	1
A member of Merton Council (a councillor)	
An employee of Merton Council	
A voluntary or community sector organisation	
A business	
Other	2

*Please note, four of these responses appear to be from the same individual; 4 responses "A member of the public".*

#### **Other responses to the consultation**

<b>Comments</b>	<b>Response</b>
As with many PNA's it is difficult to reflect all the needs and provision with a low return of questionnaires. I understand healthwatch were involved therefore reflecting the voice of the people however it would have been good to have the views of experts by	The steering group thank you for your response.  The Steering Group has significant experience of working in partnership with community groups in Merton and have a

<p>experience.</p>	<p>good understanding of community pharmaceutical needs and commissioning.</p>
<p>Why would I need to visit a pharmacy if the GP's are not open!</p>	<p>The steering group thank you for your response.</p> <p>Aside from processing and dispensing prescriptions, community pharmacists provide a range of invaluable services to the local population. These include the management and monitoring of long term conditions, responding to symptoms of minor ailments, delivering flu vaccinations, advising on self care, as well as conducting medicines reviews.</p>
<p>Access to the Minor Ailments Service on Sunday, the report mentions that there are no pharmacies offering this service on Sunday in the East locality, hence a gap has been identified. Although technically correct, there is not reference to cross border pharmacies which could provide access to this service on Sundays. For instance, Mayday Pharmacy in Croydon provides this service on Sundays up to 22:00 and this may be taken into consideration, even if this pharmacy is slightly further than 1.6km walking distance. The report therefore would benefit from adding information of cross border pharmacies (i.e. Croydon and Sutton) providing Minor Ailment Service on Sundays which could improve access to those living in the East locality.</p>	<p>The steering group thank you for your response and can confirm that this cross border provision is in place and has been used to inform the final conclusions in the PNA.</p>
<p>Page 15 consultation end date 20<sup>th</sup> not 19<sup>th</sup></p> <p>Page 43 typo pharmacy spelt wrong</p> <p>Would like to see enhanced services offered by community pharmacy for: BP monitoring in patients with diabetes, support for people with Mental Health conditions regarding</p>	<p>The steering group thank you for your response.</p>

<p>adherence, Community Pharmacies administering depot/long acting injections for patients with mental health conditions, local pharmacies contributing to GP QOF.</p>	
<p>NHS England submitted a detailed response to the draft PNA to the Public Health lead.</p>	<p>The steering group thank you for your response.</p>

FINAL DRAFT

Appendix 4. Table with opening hours of Merton pharmacies.

Trading Name	Ward	Locality	Standard Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A P Chemist	Colliers Wood	East	40	09:30-19:30	09:30-19:30	09:30-19:30	09:30-19:30	09:30-19:30	09:30-19:30	Closed
Abbey Pharmacy	Abbey	East	40	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	Closed	Closed
Tanna Pharmacy	Pollards Hill	East	40	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00/15:30	Closed
BOOTS THE CHEMIST	Figge's Marsh	East	40	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
BOOTS THE CHEMIST	Colliers Wood	East	40	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-20:00	09:00-18:00	11:00-17:00
Day Lewis Pharmacy	St Helier	East	40	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	08:30-18:00	Closed	Closed
Epharm Ltd	Cricket Green	East	40							
Cospharm Ltd	Graveney	East	40	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed
Rowlands Pharmacy	Ravensbury	East	40	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	Closed	Closed
Lloyds Chemist	Cricket Green	East	40	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	Closed
lloyds Pharmacy	Colliers Wood	East	40	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:30-22:00	08:00-22:00	11:00-17:00
Fairlight Chemist	Longthornton	East	40	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00	Closed
Fairgreen Pharmacy	Cricket Green	East	40	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed
Jhools Pharmacy	Ravensbury	East	40	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	Closed	Closed
Harland Chemist	St Helier	East	40	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	Closed
Kamsons Pharmacy	Cricket Green	East	40	08:30-20:45	08:30-20:45	08:30-20:45	08:30-20:00	08:30-20:45	09:00-13:00	Closed
Eagle Chemist	Longthornton	East	40	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-13:00/15:30	Closed
Rays Chemist	Figge's Marsh	East	40	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-13:00	Closed
Telechem Ltd	Longthornton	East	40	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-19:30	09:00-13:00	Closed
Hilton Pharmacy	Lower Morden	West	40	09:00-18:00	09:00-18:00	09:00-14:00	09:00-18:00	09:00-18:00	09:00-16:30	Closed
BOOTS THE CHEMIST	Merton Park	West	40	09:00-21:00	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-12:00	Closed
BOOTS THE CHEMIST	Raynes Park	West	40	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	09:00-17:30	Closed
BOOTS THE CHEMIST	Trinity	West	40	08:30-19:30	08:30-19:30	08:30-19:30	08:30-19:30	08:30-19:30	08:30-19:00	11:00-17:00
BOOTS THE CHEMIST	Merton Park	West	40	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	08:30-18:30	09:00-17:30	Closed
Wimbleton Pharmacy	Village	West	40	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed
Day Lewis Pharmacy	Hillside	West	40	09:30-18:00	09:30-18:00	09:30-18:00	09:30-18:00	09:30-18:00	09:30-18:00	Closed
Barkers Chemist	Raynes Park	West	100	08:30-23:00	08:30-23:00	08:30-23:00	08:30-23:00	08:30-23:00	08:30-23:00	09:00-22:00
Trident Pharmacy	Raynes Park	West	40	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	10:00-17:00	Closed
Mount Elgon Pharmacy	Merton Park	West	40	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-17:00	Closed	Closed
Ridgway Pharmacy	Hillside	West	40	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	Closed
Lloyds Chemist	Cannon Hill	West	40	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	Closed
Medipharmacy	Raynes Park	West	100	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	07:00-23:00	08:00-22:00	10:00-16:00
Chemco Pharmacy	Trinity	West	40	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-13:00	Closed
T James Chemist	Wimbleton Park	West	40	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-19:00	09:00-18:00	Closed
D Parry Chemist	Wimbleton Park	West	40	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	08:30-21:00	09:00-17:00	Closed
Lords Pharmacy	Merton Park	West	40	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	09:00-18:00	Closed	Closed
Haydons Pharmacy	Trinity	West	40	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:00	Closed
Haria Chemists	Village	West	40	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:00	Closed
Griffiths Pharmacy	West Barnes	West	40	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-18:30	09:00-17:30	Closed
Superdrug Pharmacy	Trinity	West	40	09:00-19:30	09:00-19:30	09:00-19:30	09:00-20:00	09:00-19:30	09:00-18:00	Closed
Tesco In-Store Pharmacy	West Barnes	West	40	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	08:00-21:00	11:00-17:00

Appendix 5. Service provided by community pharmacy in Merton.

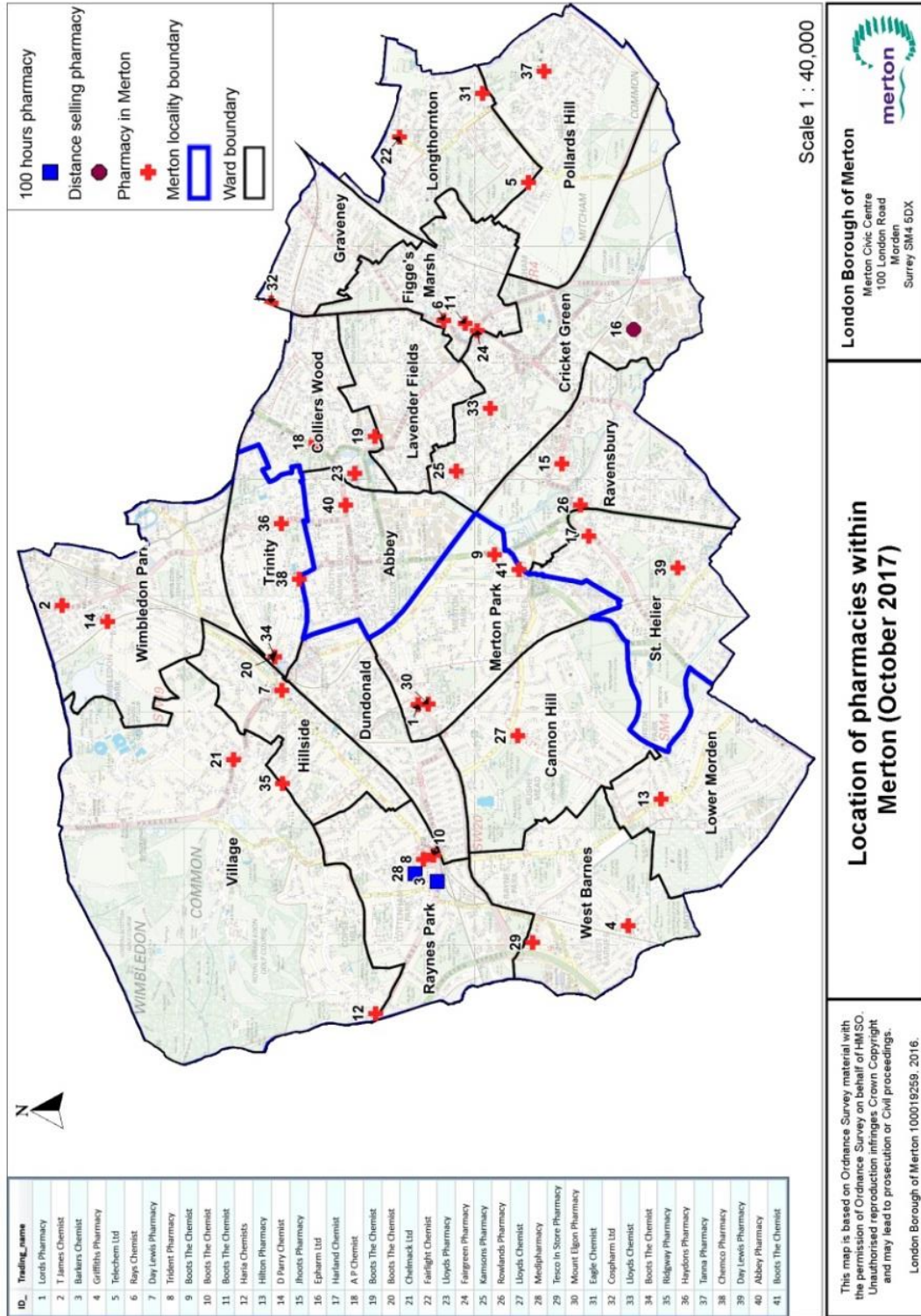
Name	Address		Locality	MUR	NMS	ARCS	ASAC	Flu	NUMSA S	Minor Ailment	Enhanced service	Palliative Care
A P Chemist Abbey Pharmacy	129 Colliers Wood High Street	Colliers Wood	East	Yes	Yes	No	No	Yes	Yes	No	Yes	No
Barkers Chemist	12a Abbey Parade	Merton High Street	East	Yes	Yes	No	No	Yes	No	No	Yes	No
BOOTS	80 Coombe Lane	Raynes Park	West	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes
BOOTS	Morden Hall Medical Centre	256 Morden Road	West	Yes	Yes	No	No	Yes	No	No	No	No
BOOTS	30 Coombe Lane	Raynes Park	West	Yes	Yes	No	No	Yes	No	No	Yes	No
BOOTS	6/7 Majestic Way	Mitcham	East	Yes	Yes	No	No	Yes	No	No	No	No
BOOTS	Unit 9, Tandem Retail Park	Colliers Wood	East	Yes	Yes	No	No	Yes	No	No	Yes	No
BOOTS	121 Centre Court Shopping Centre	4 Queens Road	West	Yes	Yes	No	No	Yes	No	No	Yes	No
BOOTS	58 London Road	Morden	West	Yes	Yes	No	No	Yes	No	No	Yes	No
Chelmack Ltd Chemco Pharmacy	80 High Street	Wimbledon	West	Yes	Yes	No	No	Yes	Yes	No	Yes	No
Cospharm Ltd	268 The Broadway	Wimbledon	West	Yes	No	No	No	No	No	No	No	No
D Parry Chemist	281-283 Mitcham Road	Tooting	East	Yes	Yes	No	No	Yes	No	No	Yes	No
Day Lewis Pharmacy	124 Arthur Road	Wimbledon Park	West	Yes	Yes	No	No	Yes	Yes	No	Yes	No
Day Lewis Pharmacy	Sterling House	6-10 St Georges Road	West	Yes	Yes	No	No	Yes	No	No	No	No
Eagle Chemist	64 Middleton Road	Morden	East	Yes	Yes	No	No	Yes	No	No	Yes	No
	301 Northborough Road	Norbury	East	Yes	No	No	No	No	Yes	No	No	No





Superdrug Pharmacy	104/105 Centre Court Shopping Centre	Wimbledon	SW19 8YE	West	Yes	Yes	No	No	Yes	No	Yes	Yes	No
T James Chemist	385 Durnsford Road	Wimbledon Park	SW19 8EF	West	Yes	Yes	No	No	Yes	Yes	No	Yes	No
Tanna Pharmacy	14 South Lodge Avenue	Mitcham	CR41L U	East	Yes	Yes	No	No	Yes	No	Yes	No	Yes
Telechem Ltd	Tamworth House	341 Tamworth Lane	CR41 DL	East	Yes	Yes	No	No	No	Yes	No	Yes	No
Tesco In Store Pharmacy	300 Beverley Way	New Malden	KT34PJ	West	Yes	Yes	No	No	No	No	No	No	No
Trident Pharmacy	211 Worple Road	Raynes Park	SW20 8QY	West	Yes	No	No	No	No	No	No	No	No

Appendix 5. Locations of community pharmacies in Merton.



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