

# London Borough of Richmond upon Thames Pharmaceutical Needs Assessment

Approved by Richmond Health and Wellbeing Board:

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# 1 Executive Summary

## 1.1 Introduction

Richmond Health and Wellbeing Board (HWB) has a statutory responsibility to publish a pharmaceutical needs assessment (PNA); which aims to identify whether current pharmaceutical service provision meets the needs of the population and whether there are any gaps to service delivery.

The PNA is used by local area Pharmaceutical Services Regulations Committees (PSRC) to make decisions on new pharmacy applications and change of services or relocations by current pharmacies. Commissioners reviewing the health needs for services within their particular area may also use the PNA to identify commissioning opportunities for pharmacies.

## 1.2 Methodology

In Autumn 2017, a steering group of key stakeholders was established to oversee the development, consultation and publication of the PNA with overall responsibility of ensuring it met the statutory regulations. In order to meet this requirement, the PNA would include:

- The health needs of Richmond's population determined on a locality basis, in line with Richmond Council and CCG
- Pharmacies in the HWB area and the essential, advanced and enhanced services they provide.
- Locally commissioned services which may impact the needs for services
- Services in neighbouring HWB areas that may affect the need for services in Richmond
- Other local pharmaceutical services, including dispensing appliance contractors (DAC)
- Relevant maps relating to the services offered within the Richmond HWB area

In addition, the PNA document was also produced with information and data obtained via public and pharmacy surveys, focus groups and sought information from pharmacies, Richmond Council, Richmond CCG and NHS England.

## 1.3 Need for Pharmaceutical Services

Richmond has a population of 194,730. Life expectancy is high and rates of premature mortality are lower than other areas. Richmond has low levels of crime and accidents and lots of green spaces, good schools and high levels of volunteering. For many in Richmond, health and wellbeing is already much better than the average. However, there are pockets of deprivation, and an ageing population means the demands for health and social care services are likely to increase in the coming years.

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The 2017/18 Joint Strategic Needs Assessment identifies a number of priority needs for the resident population, including the following:

- Air quality
- Need for affordable housing
- Many car journeys that could be replaced by walking
- Small concentrations of relative deprivation
- High rates of self-harm in young people
- Gap in educational achievement between most and least deprived
- Risky behaviour in young people
- Mental and emotional wellbeing
- Health-related behaviours in adults (e.g. smoking, physical inactivity, excess alcohol, multiple sexual partners) that lead to higher levels of long term conditions
- Increasing numbers of older people
- Late entry into council-funded care services
- Over-75s living alone
- Hospital admissions in last year of life

### 1.4 Current Provision

The current provision of pharmacy services within Richmond were assessed using multiple methods and data sources and are outlined as follows:

- Richmond residents are served by 45 pharmacies, with 23.1 pharmacies per 100,000 population.
- All residents are within 1200m (3/4 mile) of a pharmacy.
- During weekday normal working hours, all residents are within a 1200m (3/4 mile) walk, an 8-minute cycle or a 4-minute drive of an open pharmacy.
- Out of hours some residents will have to travel further to access essential pharmacy services, in some cases this includes accessing services out of the borough. Nevertheless, all pharmacies are well accessible via public transport.
- There are no pharmacies in East Sheen & Barnes and Teddington & Hampton which offer Stoma Appliance Customisation services or Appliance Utilisation Reviews, however given the low-volume and specialist nature of these schemes, provision of the services in neighbouring localities is likely to be meeting demand.
- Richmond pharmacies offer a variety of enhanced and locally commissioned services, however there is variation in the numbers of pharmacies providing these services between localities.

### 1.5 Conclusions

Taking into account the totality of the information available, the HWB considered the number, location and accessibility of pharmacies covering each locality and the HWB area as a whole and concluded that:

- No current or future gaps in the provision of essential services during normal working hours have been identified across the borough.
- No current or future gaps in the provision of advanced services have been identified across the borough.
- No current or future gaps in the provision of essential services out of hours have been identified across the borough.
- There may be commissioning gaps in the current and future provision of enhanced and locally commissioned services across all of the Richmond localities. If these are provided by commissioners either now or in the future they would secure improvements, or better access, to pharmaceutical services.

The HWB has not received any significant information to conclude otherwise or any future specified circumstance that would alter this conclusion.

# 2 Introduction

This document has been prepared by Richmond 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 the Richmond HWB in 2015.

There is a need for the local health partners, NHS England, Richmond Council, Richmond CCG, Richmond 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 those additional services commissioned by Richmond Council or Richmond CCG from Richmond pharmacies are promoted to Richmond population to improve their uptake.

The current providers of pharmaceutical services in Richmond are well placed to support the HWB in achieving the required outcomes identified as the health priorities outlined in its strategy.

Glossary and acronyms are provided in Appendix 7.

## 2.1 Background and legislation

The Health Act 2009\* made amendments to the National Health Service (NHS) Act 2006 stating that each PCT must in accordance with regulations:

- Assess needs for pharmaceutical services in its area.
- Publish a statement of its first assessment and of any revised assessment.

The regulations stated that a PNA must be published by each PCT by the 1<sup>st</sup> February 2011. There was a duty to rewrite the PNA within three years or earlier if there were any significant changes which would affect the current or future pharmaceutical needs within the PCT's locality. This meant that subsequently revised PNAs were due to be produced by February 2014.

However, the Health and Social Care Act 2012<sup>†</sup> brought about the most wide-ranging reforms to the NHS since its inception in 1948. These reforms included the abolition of PCTs and the introduction of CCGs who now commission the majority of NHS services. Public health functions were not transferred to CCGs and are now part of the remit of local authorities (LA).

In order to ensure integrated working and plan how best to meet the needs of any local population and tackle local inequalities in health, the 2012 legislation called for

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\* <http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england>

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

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HWB's to be established and hosted by LA's. These boards bring together the NHS, public health, adult social care and children's services, including elected representatives and local Healthwatch.

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to HWBs. It also made provision for a temporary extension of PCTs' PNAs and access to them by NHS England and HWBs.

In order that these newly established HWBs had enough time to gather the information and publish a new PNA, the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013<sup>‡</sup> gave a requirement that each HWB must publish its first PNA by 1<sup>st</sup> April 2015, unless a need for an earlier update is identified.

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.

The PNA published by the HWB in April 2015 had a maximum lifetime of three years. Consequently, there is a duty to publish a revised assessment by 1<sup>st</sup> April 2018.

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 will be 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.

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

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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.

PNA's 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 timelines is not available. Since it is likely that the review will be undertaken at the same time as the refreshing of this PNA, 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 Richmond HWB must:

- Produce a PNA which complies with the regulatory requirements;
- Publish a revised PNA by 1<sup>st</sup> 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
- 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 Richmond, 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

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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 an additional service or 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 LA's and CCGs. 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 Richmond. Where the HWB becomes aware that a change may require the PNA to be updated then a decision to revise the PNA 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 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).

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Pharmaceutical services are defined by reference to the regulations and directions governing pharmaceutical services provided by community pharmacies, 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 provided under the terms of services for pharmaceutical contractors.

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 Pharmaceutical services

The services that a PNA must include are defined within both the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations).

Pharmaceutical services may be provided by:

- A pharmacy contractor who is included in the pharmaceutical list for the area of the HWB;
- A DAC who is included in the pharmaceutical list held for the area of the HWB; and
- A doctor who is included in a dispensing doctor list held for the area of the HWB.

NHS England is responsible for preparing, maintaining and publishing the pharmaceutical list. It should be noted, however, for Richmond HWB there is no dispensing doctor list as there are no dispensing doctors within the HWB's area.

Contractors may operate as either a sole trader, partnership or a body corporate. The Medicines Act 1968 governs who can be a pharmacy contractor, but there is no restriction on who can operate as a DAC.

#### 2.8.1 Pharmaceutical services provided by pharmacy contractors

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 may provide three types of services that fall within the definition of pharmaceutical services. These are as follows:

- Essential services<sup>§</sup> – 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

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<sup>§</sup> <http://psnc.org.uk/services-commissioning/essential-services/>

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- 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:
  - Medicine use review and prescription intervention services (more commonly referred to as the medicine use review or MUR service).
  - New medicine service.
  - Stoma appliance customisation.
  - Appliance use review (AUR).
  - National advanced flu vaccination service.
  - NHS Urgent Medicine Supply Advanced Supply Service Pilot (NUMSAS)
- Enhanced services†† – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs.

The following enhanced services are commissioned by NHS England within the borough:

- Care Homes
- Enhanced flu service
- Minor Ailments
- Palliative Care

Underpinning the provision of all of these services is the requirement on each pharmacy to participate in a system of clinical governance. This system is set out within the 2013 regulations and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme
- A premises standards programme

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\*\* <https://psnc.org.uk/services-commissioning/advanced-services/>

†† <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

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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. There are no pharmacies in Richmond with 100 hour contracts, although residents may choose to use such pharmacies outside of the borough.

The proposed opening hours for each pharmacy are set out in the initial application, if the application is granted and the pharmacy subsequently opens 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.

Pharmacy opening hours in Richmond HWB area can be found in Appendix 5.

### 2.8.2 Distance selling pharmacies

Whilst the majority of pharmacies provide services on a face-to-face basis, e.g. people attend 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. Such pharmacies are required to provide services to people who request them wherever they may live in England.

There are no distance selling pharmacies in Richmond, although residents may choose to use such pharmacies outside of the borough.

### 2.8.3 Pharmaceutical services provided by dispensing appliance contracts (DAC)

As with pharmacy contractors, NHS England does not hold contracts with DACs. Their terms of service are also set out in schedule 5 of the 2013 regulations and in the 2013 directions.

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DACs must provide the following services that fall within the definition of pharmaceutical services:

- Dispensing of prescriptions (both electronic and non-electronic), including urgent supply without a prescription
- Dispensing of repeatable prescriptions
- Home delivery service
- Supply of appropriate supplementary items (e.g. disposable wipes and disposal bags)
- Provision of expert clinical advice regarding the appliances
- Signposting

Advanced services – DACs may choose whether to provide these services or not. If they do choose to provide them then they must meet certain requirements and must be fully compliant with their terms of service and the clinical governance requirements:

- Stoma appliance customisation
- Appliance use review

DACs are required to open at least 30 hours per week and these are referred to as core opening hours. They may choose to open for longer and these hours are referred to as supplementary opening hours.

There are no DACs in Richmond and its population have appliances dispensed from pharmacy contractors or from DACs outside the Richmond area. Almost all pharmacy contractors said that they were able to dispense all types of appliances.

### 2.8.4 Pharmaceutical services provided by doctors

The 2013 regulations allow doctors to dispense to eligible patients in certain circumstances. As there are no dispensing doctors within the HWB's area this route of provision is not included in this document.

### 2.8.5 Locally commissioned services

Richmond council and Richmond CCG may also commission services from pharmacies and DACs. However, these services fall outside the definition of pharmaceutical services. In particular, the commissioning of a number of services that have been designated as public health services have been transferred to local authorities.

These services no longer fall within the definition of enhanced services or pharmaceutical services as set out in legislation and therefore should not be referred to as enhanced services.

For the purposes of this document they are referred to as locally commissioned services. These services are included within this assessment where they affect the

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need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services.

### 2.8.6 Non-commissioned added value services

Community pharmacy contractors also provide private services that improve patient care but are not commissioned directly by NHS England, LA's, or CCGs. This includes home delivery service, blood glucose measurements and weight loss programmes.

Pharmacists are free to choose whether or not to charge for these services, but are expected to follow standards of governance if they do. All pharmacies responded in the contractor questionnaire that they provide a delivery service and collections of prescriptions from surgeries. As they are private services they fall outside the scope of the PNA.

### 2.8.7 Hospital pharmacy

Hospital pharmacies affect the need for pharmaceutical services within its area. They may reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.

There are no acute hospitals in Richmond and Teddington Memorial Hospital, which is part of Hounslow and Richmond Community Healthcare NHS Trust, does not have a pharmacy on-site.

### 2.8.8 Other provision of pharmaceutical services

Pharmaceutical services are provided by other services. These can include arrangements for:

- Prison population
- Services provided in neighbouring HWB areas
- Private providers

The PNA makes no assessment of these services.

## 2.9 What has changed since the last PNA?

### Community Pharmacy Reforms

In October 2016, the Government introduced a two-year funding package for community pharmacies within England. The package represents a 4% reduction in funding in 2016/17 when compared to 2015/16 with a further reduction of 3.4% in 2017/18.<sup>1</sup>

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Contractors providing NHS pharmaceutical services under the community pharmacy contractual framework (CPCF) will receive £2.687 billion in 2016/17 and £2.592 billion in 2017/18.

As part of the reforms, the Department of Health (DH) has simplified payments via the single activity fee, moved to phase out establishment payments, introduced quality payments and the Pharmacy Access Scheme (PhAS).

The effect that these reforms will have on the future viability of community pharmacies in the borough is currently not known.

Community pharmacy remuneration for 2018/19 and beyond is the subject of future consultation.

### Pharmacy Closures

Since the last pharmaceutical needs assessment was published, one pharmacy in the Teddington and Hampton locality has closed (Lloyds Pharmacy, Teddington Memorial Hospital, 60 Hampton Road, TW11 0JL, close date 31<sup>st</sup> March 2016).

### New Pharmacy Applications

In Richmond two applications have been made to NHS England for a change of pharmacy services; these include one change of ownership request in East Sheen which has been approved and one new application for a distance selling pharmacy in Mortlake which is still under review.

# 3 Methodology - How the assessment was undertaken

The process of developing the PNA took into account the requirement to involve and consult people about changes to health services. The specific legislative requirements in relation to development of PNAs were considered.

## 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 Kingston and Richmond areas due to the joint working between Kingston and Richmond CCGs and the shared Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) and included representation from the following groups:

- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)
- London Borough of Richmond Public Health and Business Intelligence teams
- Richmond Clinical Commissioning Group (CCG)
- Richmond Health Watch
- Richmond GP Alliance

NHS England (London) did not provide representation at local steering groups and was treated as a statutory consultee.

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

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 following four localities were defined for the PNA by the steering group:

- East Sheen & Barnes
- Richmond, Ham & Kew
- Teddington & Hampton
- Twickenham & Whitton

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- The PNA steering group considered how the areas in Richmond could be defined for the PNA and agreed to use the current system of amalgamating ward boundaries to create four clear localities, as illustrated in Figure 1.
- The rationale for this was that the majority of available healthcare data is collected at ward level and wards are a well-understood definition within the general population, since they are used during local parliamentary elections. The grouping of wards into localities reflects the localities which are already in use by Richmond Council and Richmond CCG.

**Figure 1. Map of Richmond PNA localities**



### 3.3 Need for pharmaceutical services

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 lo-

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cal population, the local JSNA, Joint Health and Wellbeing Strategy, South West London Sustainability and Transformation Plan, local housing plans and other health and social care data, strategies and plans were considered.

The Richmond JSNA discusses the characteristics and identified health needs of the whole population living within the HWB area. There is limited information available on the sub-characteristics and health needs of the individual populations of each of the PNA localities. As part of the PNA process, local health profiles were produced for each PNA locality using Public Health England (PHE) Local Health, summaries of which can be found in Section 4.3.<sup>2</sup>

Where it was possible to identify the different needs of people living within these localities, including those sharing a protected characteristic, as well as the needs of other patient groups, this was addressed in the PNA. Some health information can be represented at a general practice population level, which is useful when focusing on the different localities.

### 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 MUR and NMS provision. This was used as the basis for the analysis and assessment of opening hours and pharmacy locations in section 5.

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 pharmacy need, there is no difference between the service provided in core and supplementary opening times.

Mapping of access times and distances was undertaken using the PHE Shape Place tool.<sup>3</sup>

Details of the services commissioned locally were obtained from the Local Authority and CCG primary care commissioning teams.

Details of numbers of NMS and MURs were provided by NHS England and details of prescription items dispensed in the borough were provided by Richmond CCG. These figures were used to calculate rates per population and per pharmacy for the PNA by the Business Intelligence Team.

### 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 asked a number of

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questions outside the scope of the PNA, which will provide commissioners with valuable additional information. The summary of the responses is found in Appendix 3.

The questionnaire was issued to all pharmacies in Richmond HWB area and ran from 31<sup>st</sup> of July to the 22<sup>nd</sup> of September 2017. This resulted in 30 responses (66.7%).

### 3.6 Assessing the need

Assessing the need for pharmaceutical services is a complex process. In addition to taking account of all views submitted from the stakeholders outlined above, this PNA considered a number of factors, including:

- The size and demography of the population across Richmond.
- Whether there was adequate access to pharmaceutical services across Richmond.
- Different needs of different localities within Richmond.
- Pharmaceutical services provided in the area of neighbouring HWBs which affect the need for pharmaceutical services in Richmond.
- Other NHS services provided in or outside its area which affect the need for pharmaceutical services in Richmond.
- 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 changes to the size of the population, the demography of the population, and risks to the health or wellbeing of people in its area which could influence an analysis to identify gaps in the provision of pharmaceutical services.

### 3.7 Consultation

A statutory consultation exercise was carried out over the autumn of 2017 in accordance with the 2013 Regulations. The consultation took place from 24<sup>th</sup> November 2017 to 26<sup>th</sup> January 2018 for a period of 63 days, in line with the Regulations.

The list of stakeholders consulted included the following groups:

- Richmond and Kingston Local Pharmaceutical Committee (LPC)
- Richmond and Kingston Local Medical Committee Local Medical Committee (LMC)
- Persons on the pharmaceutical list
- Richmond Health Watch
- Other patient, consumer, and community groups in the area with an interest in the provision of pharmaceutical services in the area

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- NHS trusts and NHS foundation trusts in the area (Kingston Hospital NHS Foundation Trust, West Middlesex University Hospital, Hounslow and Richmond Community Healthcare NHS Trust, Your Healthcare Community Interest Company, Central London Community Healthcare NHS Trust, South West London, and St George's Mental Health NHS Trust)
- NHS England
- Neighbouring HWBs. (Hammersmith & Fulham, Hounslow, Kingston upon Thames, Surrey, and Wandsworth HWBs)

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 draft PNA and consultation response form was issued to all stakeholders listed above. The documents were posted on the internet and publicised, with paper copies made available to those unable to access on line. The consultation was also publicised to members of the public and patients.

Consultation responses were collated and analysed. A report of the consultation, including any changes to the PNA was produced before the final PNA was published and is included in **Appendix XXX**. All issues raised as a result of the consultation process have been considered in the redrafting of the final PNA.

# 4 Need for pharmaceutical services

## 4.1 Borough health and wellbeing priorities

### 4.1.1 Richmond JSNA

The Richmond Joint Strategic Needs Assessment is a systematic method of reviewing the health and wellbeing of our population and determining both their needs and the assets available to us. This leads to agreed commissioning priorities that will improve the health and wellbeing outcomes of our residents and also reduce inequalities across the borough.

#### Assets

- 194,730 residents
- 80% working-age adults are in employment – the highest rate in London
- 49% volunteer – highest rate in London (26%)
- International Sporting events: Ride London, Autumn International Rugby Fixtures, Six Nations, largest dedicated rugby union venue in the World, capacity of 82,000.
- Heritage sites: Hampton Court Palace, Richmond Park, Kew Gardens, Bushy Park. Approximately 4.5 million visitors from across the world every year.
- 12 libraries with a variety of services, events, and support sessions.
- Life expectancy at birth: 82 years for men (1.8 years greater than London) and 85.4 years for women (1.3 years greater than London)
- Education – A borough with some of the highest performing primary and secondary schools in the country.
- Community safety – Fourth out of thirty-two for crime overall, Safest London borough for violent crime
- Open Spaces – 40% parks and open spaces, 21 miles of river frontage, 23,000 bike journeys per day in the borough -second out of thirty-three in London

#### Place

- Designated an Air Quality Management Area due to levels of nitrogen dioxide and particulate matter
- Housing affordability - £575,000 - the median purchase price of a property in Richmond - increased by 44% between 2010 and 2015
- Car usage - over a third of car journeys could be walked in less than 25 minutes
- Concentrations of relatively deprived areas in the villages of Barnes, Hampton, Heathfield & Whitton, and Ham & Petersham.

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### Start well

- Third highest rate of hospital admissions for self-harm in 10-24 year-olds in London
- 16 percentage point gap in achieving a 'good' level of development in reception between children eligible for free school meals and those not
- Obesity prevalence more than doubles between Reception and Year 6
- 61% of 15 year-olds in Richmond are sedentary for over 7 hours per day
- Over 10,000 A&E attendances for under 5 year-olds –significantly higher rate than England and London averages.
- Highest in London for 15-year-olds drunk in the previous month (25%), have tried smoking tobacco (36%) and cannabis (19%) and multiple risky behaviours (22%)
- Lower levels of children receiving MMR1 immunisation by the age of two compared to England (78% vs. 92%).
- The average mental wellbeing score for 15 year-olds in Richmond is the fourth worst in London.

### Live well

- 18,000 adults are estimated to smoke
- 35% of adults drink more than the recommended 14 units of alcohol a week
- 22,000 people estimated to have a common mental disorder, such as depression and anxiety.
- Nearly one in ten has three or more long term conditions
- About 15,800 people provide some level of unpaid care
- Approximately 1,000 incidents of domestic abuse in 2016
- 7% increase in the number of rough sleepers between 2014/15 and 2016/17

### Age well

- 28,900 to 43,100 – the projected increase in number of over 65 year-olds between 2015 and 2035 (almost 50%)
- The average age older people start to receive council-funded social care at home is 84, and 87 for people in care homes
- 2,072 Richmond residents are estimated to have dementia
- 50% of over 75 year-olds live alone
- An average of 4 emergency hospital admissions in the last year of life for those aged 65 years and over who died in hospital

#### 4.1.2 Joint Health and Wellbeing Strategy 2016-2021

The Joint Health and Wellbeing Strategy builds on the achievements and aspirations of the HWB to date, and highlights the Board's continuing commitment to joined-up services. The strategy aims to promote 'prevention and joined up services throughout people's lives to enable all residents to start well, live well, and age well'.

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### Start Well

Significant development being championed by the HWB Board to implement the Start Well strategy include:

- The Early Years development plan – ensuring the best start in life for all children by working across health, education, and local authority in areas of high impact such as transitioning to parenthood, maternal mental health, breastfeeding support, parent led integrated 2½ year review and managing minor illnesses.
- Strengthening Families Programme – a nationally led strategy supporting families with a complex range of needs including unemployment, low income, domestic abuse, and health problems. A five-year programme was started in 2015/16 aimed at identifying families as early as possible and providing comprehensive support.
- Emotional Wellbeing and Mental Health Strategy for Children – a transformational plan encompassing CAMHS centres on promoting resilience and early help especially via school and community settings with a focus on addressing the needs of children and young people with special needs or disabilities.
- Development Outcomes Framework – A framework which will enable strategic partners to work together to commission services focused on achieving the outcomes that will matter most to young people and children.

### Live Well

Significant development being championed by the HWB Board to implement the Live Well strategy include:

- Systems Approach to Prevention – From targeting individuals who are vulnerable and at-risk groups, to improving access to psychological therapies to co-ordinating efforts at a place and community level which support people to make automatic decisions for living well, a systems wide approach to population health is required to have the right impact.
- Accessibility to Balanced Food Options – enabling people to make the preferred and healthy choice when it comes to selecting their food. Having access to a wide variety of foods at home, in the workplace or at school will mean healthier choices and less consumption of high sugar or fat alternatives.
- Active Travel – The Mayor of London has stated that active travel is a key component to ensuring a healthier and more environmentally friendly London. The HWB aims to engage with healthcare, education, and local businesses to encourage and enable active travel.
- Midlife Live Well Checks & Workplace Health – Health checks are crucial for providing an awareness of individual risks. The new healthy living service in Richmond is focussed on raising awareness of health checks especially in hard to reach areas.

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### Age Well

Significant development being championed by the HWB Board to implement the Age Well strategy include:

- Outcome Based Commissioning (OBC) – The HWB, as a system leader, will drive forward the integration of health and social care and champion the OBC approach as a way of transforming health and social care. An OBC approach will support a system which is focused on prevention, early intervention, shared decision making and self-care.
- Dementia Friendly Villages – Dementia presents every day challenges to patients and their carers. Alongside support from health services, the HWB is working with the Village Planning process to encourage organisation to become “dementia aware” and commit to supporting communities that people can age well in.
- Identification of Carers – caring can affect anyone at any age. Richmond has a high number of self-identifying carers who are not known to our standard services, and therefore may not be getting the support that they and their patients need. Increasing identification of carers in all settings means that we can signpost and make aware to them the support available, protecting their health and ensuring that they stay healthy too.
- Living with Cancer and Beyond – Cancer is a condition that has affected us all, either directly or indirectly. More and more of Richmond residents are now living with cancer as a long-term condition. Along with the London Cancer Strategy, our aim is not just to prevent cancer or detect it early, but also to recognise the needs of those who have cancer and the needs of those around them.

#### 4.1.3 Richmond CCG Primary Care Commissioning Priorities

NHS Richmond Clinical Commissioning Group’s primary purpose is to improve the health and wellbeing of the residents of the borough of Richmond, by commissioning a range of high quality, effective and value for money services from community to acute hospital settings, enabling the residents of Richmond to be as healthy as they can be.

#### Community Services

- Reviewing existing 2015/16 contracts: in order to strengthen services and identify outcome measures to closely monitor impact. Using outcome measures to strengthen CCG contract management process.
- Adopt Outcome Based Commissioning approach for community & social care.

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### Mental Health

- Working with stakeholders to achieve parity of esteem to improve mental health services to the level experienced by physical health.
- Mental Health Outcome Based Commissioning to be developed for 17/18.
- Implementation of the Richmond Learning Disability Strategy for 2014-2017

### Primary Care Development

- Strengthen joint commissioning with Croydon, Kingston, Merton, Sutton & Wandsworth CCGs as South West London Collaborative Commissioning
- Implement primary care co-commissioning with NHS England
- Improve responsiveness and accessibility of primary care services, aligned with NHS Five Year Forward View and the Strategic Commissioning Framework for Primary Care Transformation in London.
- Develop collaborative working arrangements with Richmond GP Alliance, including 7 day working and PM challenge fund schemes

### Urgent care

- Joint procurement of NHS111 out of hours service.
- Development of Systems Resilience schemes with responsibility for ensuring the effective delivery of urgent care for Richmond.
- Develop Urgent & Emergency Care strategy with regional U&EC network.

### Planned Care

- Implement priorities of Cancer Strategy; including early detection, living with and beyond cancer; meeting national performance targets by improving clinical interfaces.
- Implement QIPP schemes to redesign pathways to strengthen community provision and encourage self-care.
- Develop RCAS: including increasing uptake across practices and working with GPs to use RCAS data to inform primary & community service development.

### Integrated Care

- Use Better Care Fund to build on Richmond's position of historic joint working with social care.

### Children's Commissioning

- Children's urgent care
- Special Educational Needs & Disabilities (SEND) service integration and commissioning
- CAMHS – Ongoing Development

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### 4.1.4 Richmond Joint Prevention Framework

The London Borough of Richmond upon Thames Local Authority (LA) and Clinical Commissioning Group (CCG) are committed to improving the health and well-being of Richmond's population and to support people to remain independent. The joint prevention framework aims to provide an approach for all preventative services to help ensure the long-term sustainability of health and social care services.

The key priorities of the JPF are:

- **Priority 1:** Making health and wellbeing everyone's business
- **Priority 2:** Creating healthy communities – harnessing local community assets to support people and their carers
- **Priority 3:** Re-shaping healthy lifestyles services and embedding self-care
- **Priority 4:** Reducing and delaying demand for care – promoting a recovery focussed model across health and social care pathways

### 4.1.5 South West London Sustainability and Transformation Plan Priorities

Sustainability and Transformation Plans (STP's) are place-based plans for improving the health and care services within a geographic area. There are 44 STP areas within the UK and South West London (SWL) is one of those areas. In addition to Richmond CCG, the SWL STP also covers Croydon, Kingston, Merton, Sutton, and Wandsworth CCG's as well as NHS England.

The purpose of an STP is to set out how the geographic and local area it represents will deliver the NHS Five Year Forward view. The philosophy of an STP is a move away from competition as the method of improving health services and moving towards collaboration, integration, and engagement of services across the local health and social care sectors.

The SWL STP was developed to deal with the health and social care challenges that South West London is facing. The STP aims to bring together every part of the health and social care spectrum in South West London such that they work together to deliver joined up services for patients as close as possible to their homes and tailored to their needs.

### Transforming Care for Patients

Prevention and early intervention as well as supporting people to stay well and identifying people at risk of developing long term conditions. This also includes providing proactive, personalised care for people with long term conditions such as the national diabetes prevention programme, expert patients programme, cancer vanguard, ESCAPE pain management programme as well as supporting people with dementia and mental health problems. Modern technology and a modern workforce is essen-

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tial to delivering this service and developing the proactive care required to better support individuals to remain at home and in the community.

Patients are not always treated in the best place for their needs and many people tell us that they would prefer their care in the community rather than going to hospital. By integrating primary care, NHS 111, community and acute hospital resources and community pharmacies we hope to be able to **deliver the right care in the best place**.

End of life care is one area where we know that our services are not meeting the needs or preferences of the patients involved. To **get end of life care right**, we have plans to ensure that the dying person themselves is the focus of care including supporting them to choose the place of their death and prevent unnecessary hospital admissions.

The majority of patients access hospital services via outpatients and our aim is to improve these services to deliver a more consistent service across south west London. **Transforming access to outpatient** services involves standardising protocols, reducing unnecessary appointments, bringing appointments closer to the patient's house via community based clinics and increasing roll out of new technologies to deliver better and more personalised patient care.

Ensuring that people get the right care they need in the right place means developing new care pathways. **Getting the model of care right** in maternity, paediatrics, urgent and emergency care, ambulatory emergency care and care for the frail elderly would mean leading patients away from unnecessary acute admissions and to more appropriate settings where they could get the most suitable care.

### Building Capacity and Capability to deliver

In order to deliver the Five Year Forward View, the right people and infrastructure is required. By **transforming community and primary care** we hope to deliver our aims.

**Locality teams**, aligned to GP practices, would bring together staff from across the health, community, and social care spectrum. They would be easily accessible and help people to stay well, intervene early and work closely with both voluntary and community services to ensure that people stay well and access the right care in the right place.

**The community crisis and intermediate care response** is the next tier in responding to prevent unnecessary admissions and to facilitate discharges. This response is aimed to be easy to access, work across the system and has an expanded remit compared to the locality teams, having access to extra assessment, support, and intervention packages. They will operate on a "home first" principle to deliver enhanced care at the home where possible.

Primary care is one of the most critical aspects of healthcare delivery. Our vision to **transform primary care** to provide accessible, coordinated, and proactive care to

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our population to ensure that there is consistency in the quality of care delivered throughout SW London.

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## 4.2 Borough health profile

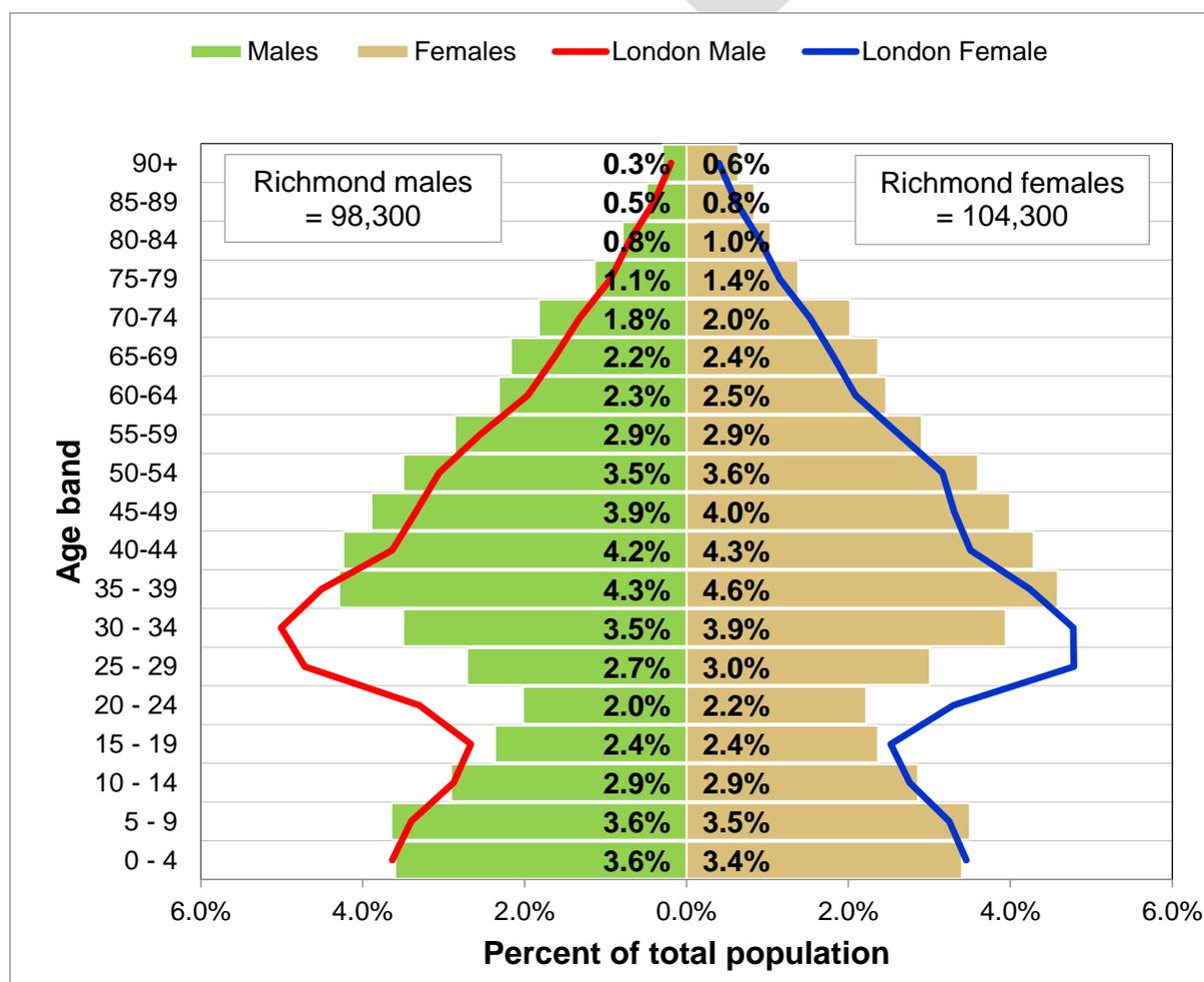
Richmond covers an area of 5,095 hectares (14,591 acres) in south west London and is the only London borough spanning both sides of the Thames, with river frontage of 21.5 miles. There are about a dozen towns and villages in Richmond, although more than a third of its land is open space (including Richmond Park, Bushy Park, and Kew Gardens).

The ONS 2014-based population projections<sup>4</sup> suggest:

- The population is expected to grow by almost 3.7% between 2017 and 2021.
- There is an expected increase in people aged 0-4 of 3.5% and in those aged over 65 of 9.6%.
- The greatest increase is expected in those aged 75-79 years at 23.5%, followed by 70-74 years at 12.8%.

### 4.2.1 Age

Figure 2. Richmond and London population in 2017 by age group and gender



Source: ONS, 2014-based Subnational population projections

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Compared to London proportionately there are fewer people between the ages of 15 to 39.

The number of children in the 0-4 age range will increase by 3.5% between 2017 and 2021 to 14,700, and this cohort now represents 3.6% of the population. Young children are a group with a particular need for medicines and pharmacy services, so this increase is likely to have an impact on pharmaceutical demand.

Currently, 14.9% of the population of Richmond are aged over 65 years.<sup>4</sup>

People aged 65 and over predicted<sup>5</sup> to live in 2017 in Richmond is 30,400.

The percentage of single pensioner households, predicted to be in 2017, is 36% (10,945 people) of all people aged 65 and over in the borough. There are 25% (3,456) male and 45% (7,489) female single pensioner households.

The age characteristics of people in other equality protected characteristic groups may be relevant to their health and social care needs. Consequently, it is important to note the following differences between age groups:

- Older people are substantially more likely to have a disability.
- A higher proportion of older people are women.
- Older people are less likely to have a living spouse or partner, and consequently are more likely to be living alone.
- Older people are more likely to practice a religion.

Age has an influence on which medicine and method of delivery is prescribed. Older people have a higher prevalence of illness and take many medicines. The medicines management of older people is complicated by multiple disease, complex medication regimes and the ageing process affecting the body's capacity to metabolise and eliminate medicines from it.

Community pharmacies can support people to live independently by supporting optimisation of use of medicines, support with ordering, re-ordering medicines, home delivery to the housebound and appropriate provision of multi-compartment compliance aids and other interventions such as reminder charts to help people to take their medicines.

Supporting independence by offering:

- Reablement services following discharge from hospital
- Falls assessments
- Supply of daily living aids
- Identifying emerging problems with people's health
- Signposting to additional support and resources

Younger people, similarly, have different abilities to metabolise and eliminate medicines from their bodies. Advice can be given to parents on the optimal way to use the

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medicine or appliance and provide explanations on the variety of ways available to deliver medicines.

Pharmacy staff can provide broader advice when appropriate to the patient or carer on the medicine, for example, possible side effects and significant interactions with other substances.

The safe use of medicines for children and older people is one where pharmacies play an essential role.

### 4.2.2 Sex

In Richmond, the numbers and proportions of men and women are roughly equal overall, and across life-course age-bands until later life. However, by the time people are aged 85 years and over there are more than one and a half times as many women as men.

In Richmond, the life expectancy at birth for men in 2013-15 is 82.0 years and 85.4 years for women: <sup>6</sup>

- Compared to 2011-13, the female life expectancy in 2013-15 has reduced by 0.2 years whilst the male life expectancy has increased by 0.3 years.
- Healthy life expectancy at birth for men is 68.7 years compared to 64.1 and 63.4 for London and England respectively.
- Healthy life expectancy at birth for women is 71.1 years compared to 64.1 for both London and England.

Gender inequality is reported to exist in many aspects of society and refers to lasting and embedded patterns of advantage and disadvantage. In relation to health and social care, men and women can be subject to differences in:

- Risks relating to the wider determinants of health and wellbeing.
- Biological risks of particular diseases.
- Behavioural and lifestyle health risks.
- Rights and risks of exploitation.

It is well documented that men are often more unlikely to access healthcare services. Community pharmacies are ideally placed for self-care by providing advice and support for people to derive maximum benefit from caring for themselves or their families.

In the planning and delivery of health and social care services should consider the distinct characteristics of men and women in terms of needs, service use, preferences/satisfaction, and provision of targeted or segregated services (e.g. single sex hospital or care accommodation).

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When necessary, access to advice, provision of over the counter medications and signposting to other services is available as a walk-in service without the need for an appointment. Community pharmacy is a socially inclusive healthcare service providing a convenient and less formal environment for those who do not choose to access other kinds of health services.

### 4.2.3 Disability

In Richmond, data and survey show that:

- 21,447 (11.5%) people report that they have some form of disability or health problem that affects their day-to-day activities.<sup>7</sup>
- 23,300 (18.8%) people aged 16-64 years consider themselves to be economically inactive due to a permanent sickness or disability.<sup>8</sup>

People with disabilities often have individual complex and specific needs. It is important that health and social care services are able to provide effective specialist services to meet such needs.

When patients are managing their own medication but need some support, pharmacists and dispensing doctors must comply with the Equality Act 2010. Where the patient is assessed as having a long term physical or mental impairment that affects their ability to carry out every day activities, such as managing their medication, the pharmacy contract includes funding for reasonable adjustments to the packaging or instructions that will support them in self-care. The first step should be a review to ensure that the number of medications and doses are reduced to a minimum. If further support is needed, then compliance aids might include multi-compartment compliance aids, large print labels, easy to open containers, medication reminder alarms/charts, eye dropper or inhaler aids.

Each pharmacy should have a robust system for assessment and auxiliary aid supplies that adheres to clinical governance principles.

### 4.2.4 Race

According to the GLA projected figure for 2017, 169,156 (84%) of Richmond's residents categorise themselves as belonging to a White ethnic group, and 31,473 (16%) to a Black and minority ethnic (BME) group. Asian/Asian British make up 47% of the BME population (see Figure 3).

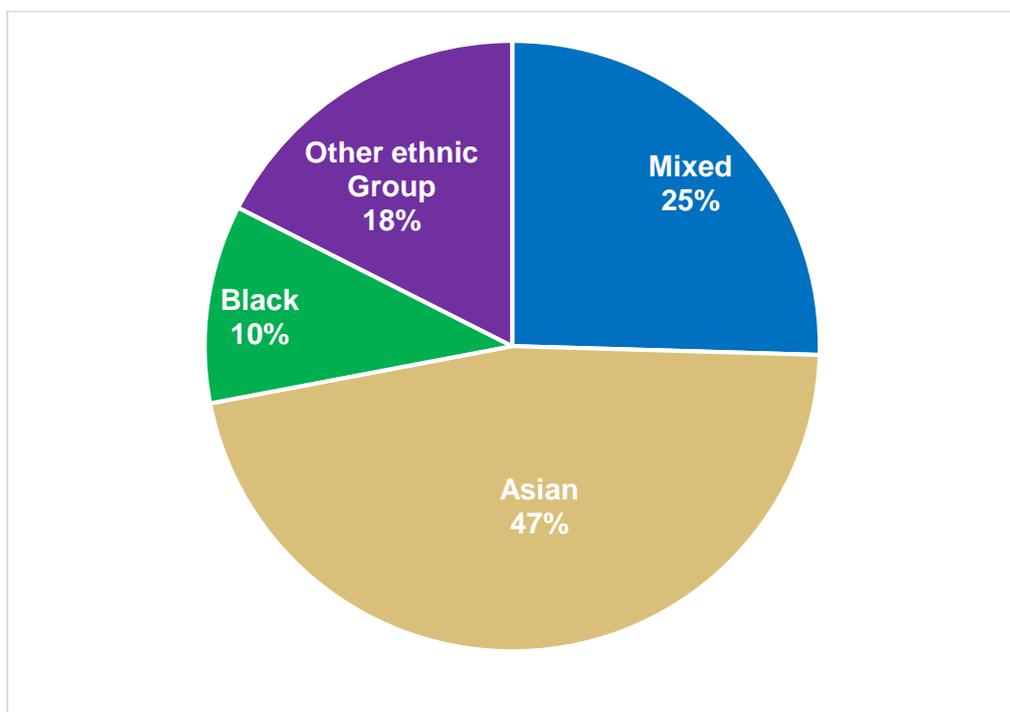
According to the 2011 ONS census:

- Over 75% of people in the borough were born in the UK
- 4.6% of the Richmond population were born in Europe an increase of 0.3% since 2001 and considerably higher than the figure for Outer London of 2.76%.
- 79.4% of residents of the borough hold a United Kingdom passport
- Approximately 90% of households have at least one member who speaks English as a main language

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- 86.3% of households consist of members who all have English as a main language compared to 90.9% in England as a whole.
- Heathfield and Whitton wards have higher proportions of BME populations, mainly from Asian groups.

**Figure 3 BME groups in Richmond, 2017**



Source: Source: GLA 2015 round Ethnic Group projections

While the health issues facing particular ethnic groups vary, overall, people from BME groups are more likely to have poorer health than the White British population although some BME groups fare much worse than others, and patterns vary from one health condition to the next. This represents an important health inequality.

Research provides the examples of the health problems experienced by different ethnic groups:

- Recent eastern European migrants experience higher rates of communicable disease, occupationally linked health problems, and mental health problems.
- South Asian groups are at higher risk of diabetes, cardiovascular disease, and some cancers.
- People from black ethnic groups are at higher risk of stroke and some cancers.
- People from a range of BME groups are at higher risk of the inherited blood conditions: sickle cell and thalassaemia
- People from BME groups, particularly newer migrants, are more likely to experience mental health problems.

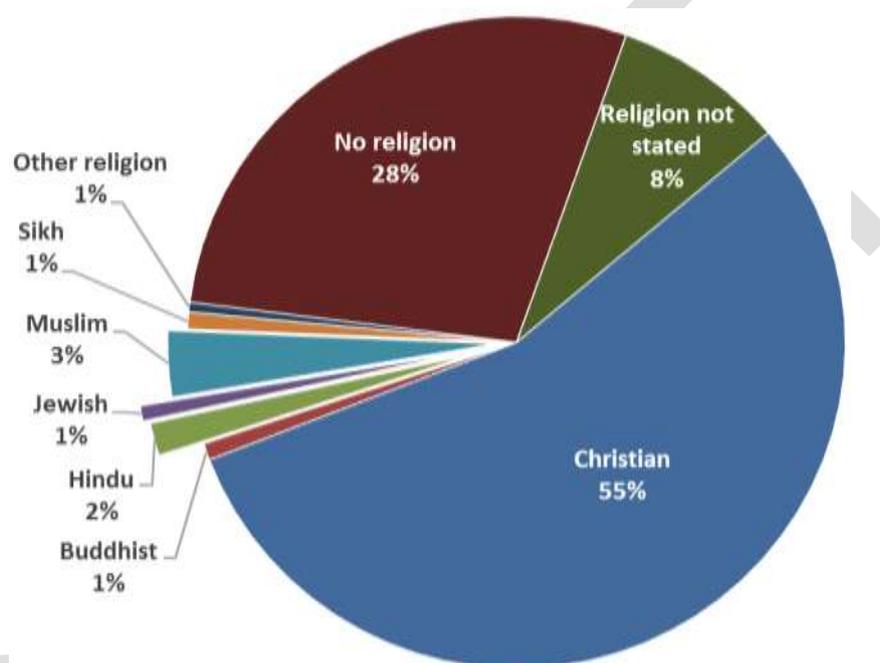
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Evidence suggests that the poorer socio-economic position of BME groups is the main factor driving ethnic health inequalities. Language can be a barrier to delivering effective advice on medicines, health promotion and public health interventions.

There are opportunities to access translation services that should be used when considered necessary. Community pharmacy is consequently a socially inclusive healthcare service providing a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health services.

### 4.2.5 Religion and belief

Figure 4. Distribution of religious belief in Richmond



Source: ONS census 2011

According to the 2011 ONS census, the proportion of the population reporting themselves as Christian is declining and those reporting no religion increasing; and compared to London as a whole, Richmond continues to have a higher proportion of Christian (55% vs 48%), a higher proportion reporting no religion (28% vs 21%), and lower proportions of other religions (e.g. Muslim: 3% vs 12%, see Figure 4).

It is important that health and social care services are aware of the need to respect and be sensitive to the preferences of people of particular religions and beliefs relevant to the services they deliver, including:

- Practices around births and deaths.
- Diet & food preparation.
- Family planning and abortion.
- Modesty of dress.
- Same sex clinical staff.

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- Festivals and holidays.
- Medical ethics considerations in accepting some treatments and end of life care.
- Pharmaceuticals, vaccines, and other medical supplies.

Like the BME communities in which they are most common, the Muslim, Hindu and Sikh communities in Richmond are highly concentrated in Heathfield and Whitton wards.

Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.

### 4.2.6 Marriage and civil partnership

According to the 2011 Census the following proportions of the 150,052 Richmond residents aged over 16 years of age: married (47%), single (37%), divorced (8%), widowed (5%), and separated (2%). In addition, 665 residents (0.4% of the eligible population) stated they were in a civil partnership. Limited systematically considered evidence is available on the particular health and social care needs of people in terms of marriage and civil partnership.

It is important that health and social care services are aware of and respectful of the legal equivalence of marriage and civil partnership when dealing with individuals, their partners, and families. Some research suggests that married people and their children are less likely to suffer problems with their mental wellbeing.

It seems likely that these benefits will also potentially be enjoyed by people in similarly committed and secure relationships, including civil partnership, and other long-term couple partnerships. However, some research suggests that such benefits are associated specifically with marriage as opposed to other forms of couple partnership.

Consideration should be given to signs of domestic violence especially towards women, pharmacies can help to raise awareness of this issue and sign posting to services/organisations who can provide advice and support.

### 4.2.7 Pregnancy and maternity

In 2015, there were 2,609 live births to women living in Richmond borough. The age profile of mothers giving birth in Richmond borough, in 2015 is older than the London and England averages – 45% of mothers in the borough were aged 35 years or over, compared to 29% in London and 22% in England.<sup>9</sup>

- Levels of smoking in pregnancy in Richmond are low compared to the regional and national averages.<sup>10</sup>
- Mothers in the borough have one of the highest rates of breastfeeding initiation in England.<sup>11</sup>

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- The rate of teenage pregnancies in the borough is lower than regional and national averages.<sup>12</sup>

Pharmacies can provide advice to pregnant mothers on medicines and self-care. They have the expertise on advising which medicines are safe for use in pregnancy and during breast feeding.

### 4.2.8 Sexual orientation

It is difficult to accurately estimate the size of the lesbian, gay and bisexual (LGB) population in Richmond. However, the 2011 census found that 665 people (0.4% of the borough population) reported being in a same sex Civil Partnership. The Annual Population Survey found that 2.7% of adult Londoners identify as lesbian, gay, or bisexual, which would equate to around 4,200 people in Richmond.<sup>13</sup>

Research suggests that the LGB population may be exposed to particular patterns of health risks, for instance:

- They are more likely to experience harassment or attacks, have negative experiences of health services related to their sexuality, lesbian and bisexual women are less likely to have had a smear test, and more likely to smoke, to misuse drugs and alcohol and to have deliberately harmed themselves.
- Gay and bisexual men are more likely to attempt suicide, suffer domestic abuse, smoke, misuse alcohol and drugs, and engage in risky sexual behaviours.

Gay and bisexual men are at substantially higher risk of sexually transmitted diseases (STDs) including HIV/AIDS.

Pharmacies can help to raise awareness of this emerging issues discussed above and can provide advice to members of the LGB community in relation to healthy lifestyle choices e.g. safe drinking levels, interactions, and side effects of recreational drugs

### 4.2.9 Gender reassignment

Transgender people often report feelings of gender discomfort from early childhood. The average age of presentation to health services for gender dysphoria is currently 42 years. Studies in the UK suggest that the majority (80%) of those presenting to gender services are those who are born as a male.

It is reported the transgender community experience disproportionate levels of discrimination, harassment, and abuse.

Acceptance of transgender people in general health and social care settings and gender specific health services (e.g. sexual health), and access to appropriate specialist gender identity services are often reported as problematic.

Research and analyses suggest that untreated gender dysphoria can severely affect the person's health and quality of life and can result in:

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- Higher levels of depression, self-harm, and consideration or attempt of suicide.
- Higher rates of drug and alcohol abuse.

Research suggests about 20 per 100,000 population have undergone gender reassignment, which would equate to around 40 people in Richmond.<sup>14</sup>

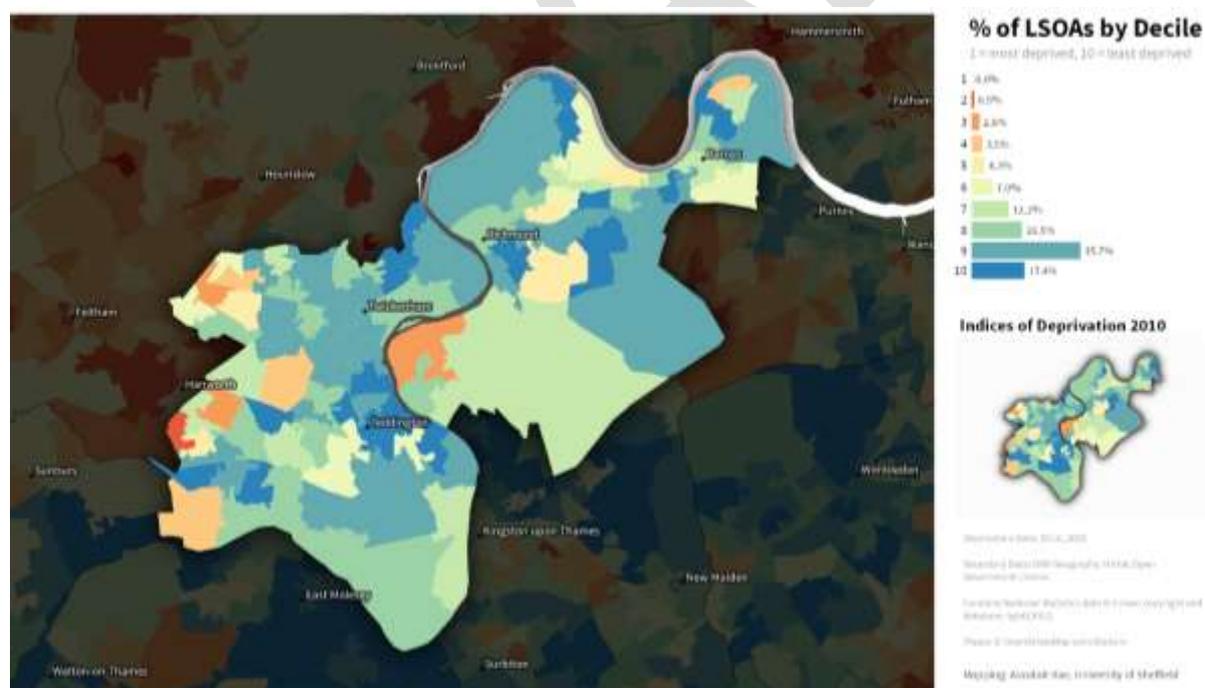
Provision of necessary medicines and advice on adherence and side effects including the long-term use of hormone therapy. Pharmacies can provide advice to members of this community in relation to health and well-being and on raising awareness about issues relating to members of these communities as discussed above.

### 4.2.10 Deprivation

Richmond upon Thames is one of the least deprived boroughs in London. No areas in Richmond are in the most deprived 10% of the country, according to the 2015 Index of Multiple Deprivation (IMD), which combines a number of economic, social, and housing indicators into one deprivation score (Department for Communities and Local Government (see Map 1).

In Richmond 9.5% of households are estimated to be in fuel poverty in 2014. Although this is lower than the averages for London and England (both 10.6%) and the 9th lowest among London boroughs (Department of Energy and climate change).

**Map 1. Indices of Deprivation 2015**



### 4.2.11 Health

Richmond has a much better rate of people reporting to be in very good health at 57%, than either London (49%) or England (47%). Broadly speaking, these figures demonstrate that Richmond is a healthy borough. 15,802 (8.5% of all residents) identified themselves as carers, which is similar to London (8.5%), and lower than

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the average in England (10.2%), In terms of informal care arrangements, fewer carers look after friends and family than in England overall.

Map 2 shows the locations of NHS healthcare facilities in the borough.

### Map 2. Healthcare facilities in the borough

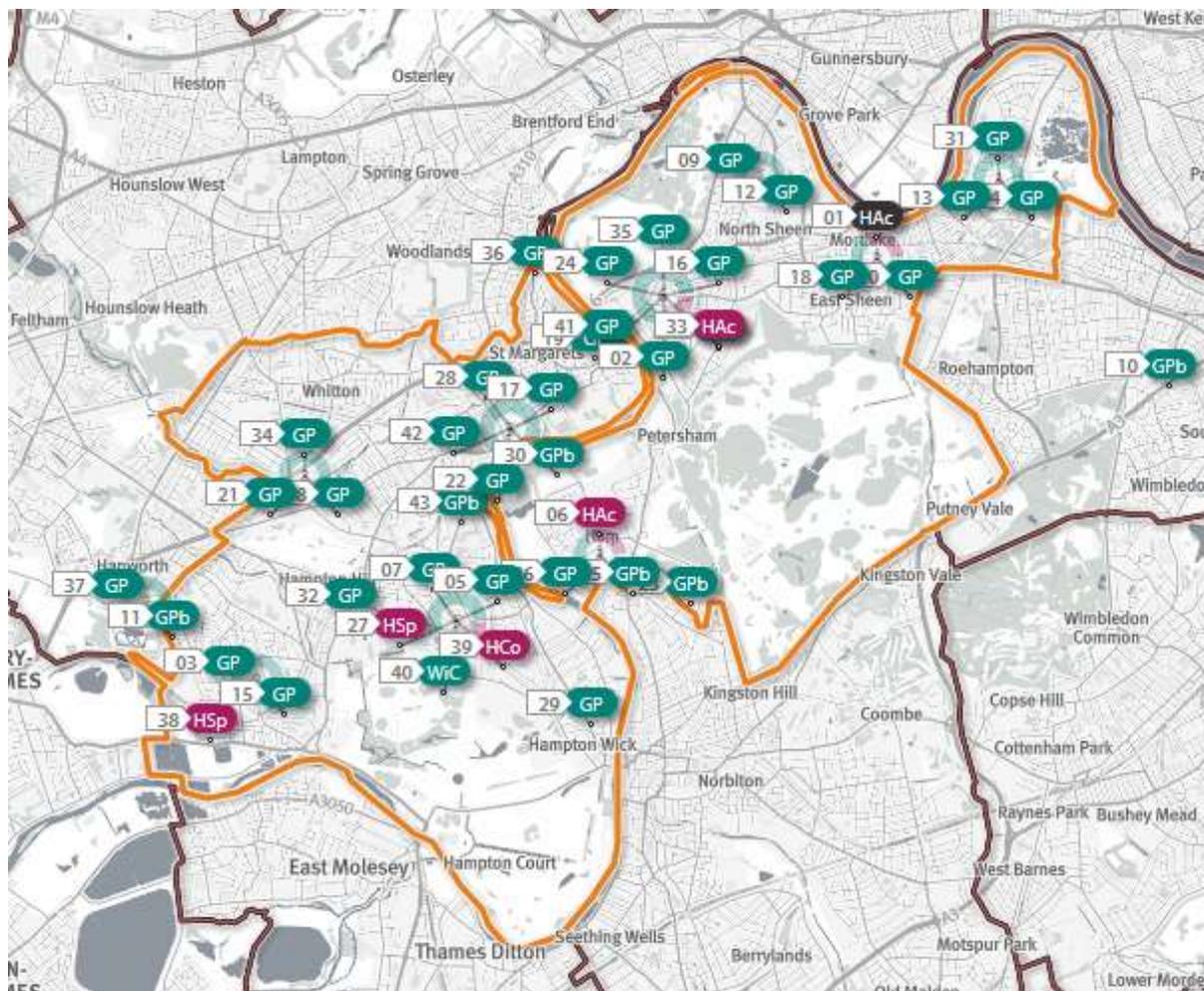


Table 1. Healthcare facilities in the borough - map index

Map Code	Name	Type
1	Barnes Hospital	General acute hospital
2	Bates (Parkshot Medical Practice)	General practice
3	Bhatia (Broad Lane)	General practice
4	Botting (Glebe)	General practice
5	Brockbank (Park Road)	General practice
6	Cassel Hospital	General acute hospital
7	Childs (Thameside)	General practice
8	Crane Park Surgery	General practice
9	Crowley (North Road)	General practice
10	Dr A Sayer	General practice
11	Fir Road	General practice
12	Fitzmaurice (Kew)	General practice

## Appendices

Map Code	Name	Type
13	Flood (Essex House)	General practice
14	Greville House	General practice
15	Hampton Medical Centre	General practice
16	Hudson (Seymour House)	General practice
17	Jackson (Acorn)	General practice
18	Jeziarski (Sheen Lane)	General practice
19	Johal (Twickenham Park)	General practice
20	Johnson (Sheen Lane)	General practice
21	Jubilee Surgery	General practice
22	Kudra (Woodlawn)	General practice
23	Latchmere House	General practice
24	Lee (Paradise Road)	General practice
25	Lock Road	General practice
26	Lock Road Surgery	General practice
27	Maddison Clinic	Specialist/tertiary
28	O'Donnell (Cross Deep)	General practice
29	O'Flynn (Hampton Wick)	General practice
30	Oak Hill Lane Medical Centre	General practice
31	Palacci (Castelnau)	General practice
32	Pennycook (Hampton Hill)	General practice
33	Richmond Royal Hospital	General acute hospital
34	Sarajlic (Staines Road)	General practice
35	Sayer (Richmond Green)	General practice
36	Smith (Richmond Lock)	General practice
37	Sood (The Green & Fir Road)	General practice
38	St. Mary's Lodge	Specialist/tertiary
39	Teddington Memorial Hospital	Community hospital
40	Teddington Walk in Centre	Walk-in centre
41	The Vineyard Surgery	General practice
42	York Medical Practice	General practice
43	York Medical Practice, St Mary's College	General practice

### 4.3 Locality health profiles

According to the 2011 ONS Census, population age profiles vary between areas across the Borough. The following wards have higher proportions of particular age groups:

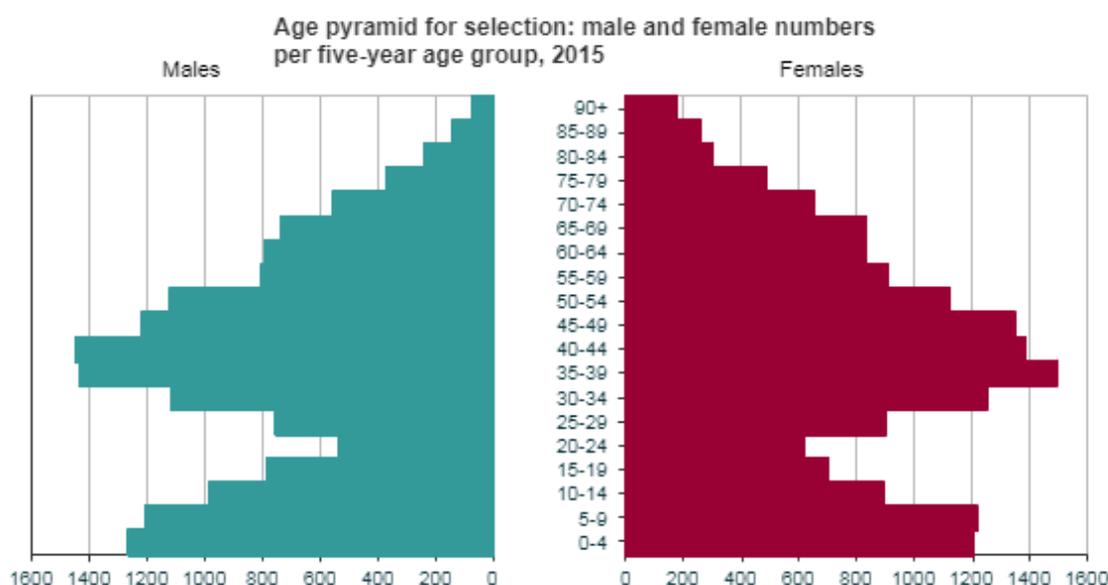
- Infants (0–4 years): Mortlake and Barnes Common, and South Twickenham.
- Children & young adults (5–24 years): Heathfield and South Richmond.
- Working age adults (26–60 years): Twickenham Riverside and South Twickenham.
- Older people (60–74 years): Hampton and Hampton North.
- Elderly (75+ years): Ham, Petersham and Richmond Riverside, and Whitton.

#### 4.3.1 East Sheen and Barnes

Composed of the wards of East Sheen, Mortlake and Barnes Common and Barnes, East Sheen & Barnes is the smallest of the four localities with a total population of 32,226 (ONS 2016), a 0.9% increase since 2012. 55.7% of the population are between 25 and 64, with the biggest sub-groups being the 35-39 and 40-44 age brackets (Figure 5).

Compared to England, East Sheen & Barnes has a much higher number of under 19's (22.1% vs 19.0%) and a lower number of over 65's.

**Figure 5. Age pyramid for East Sheen & Barnes**

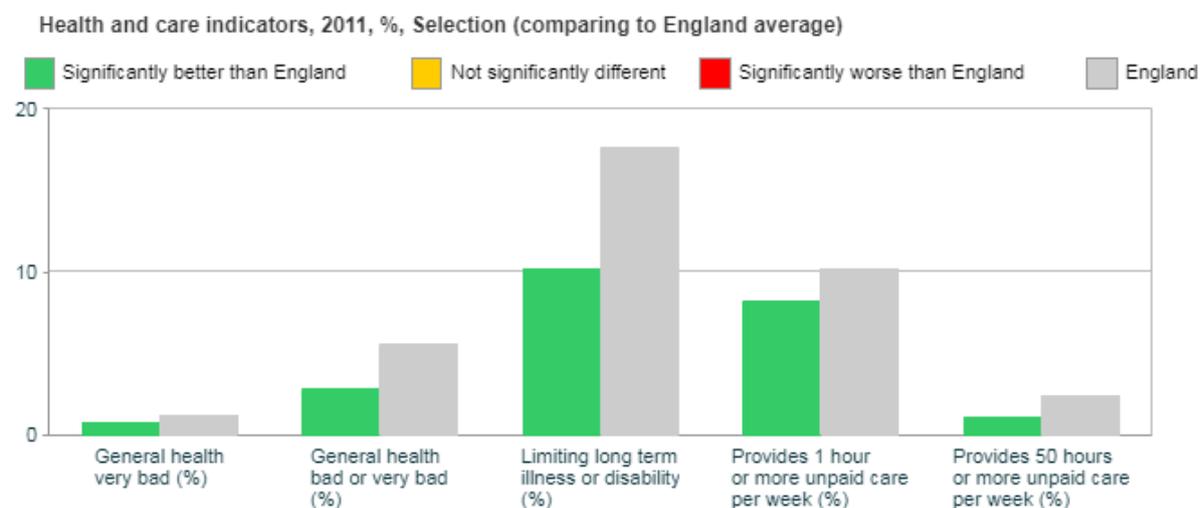


Compared to Richmond as a whole, East Sheen & Barnes has slightly higher ethnicity scores (29.1% vs 28.6%) although the proportion of people who cannot speak English well or at all is slightly lower (08% vs 1%).

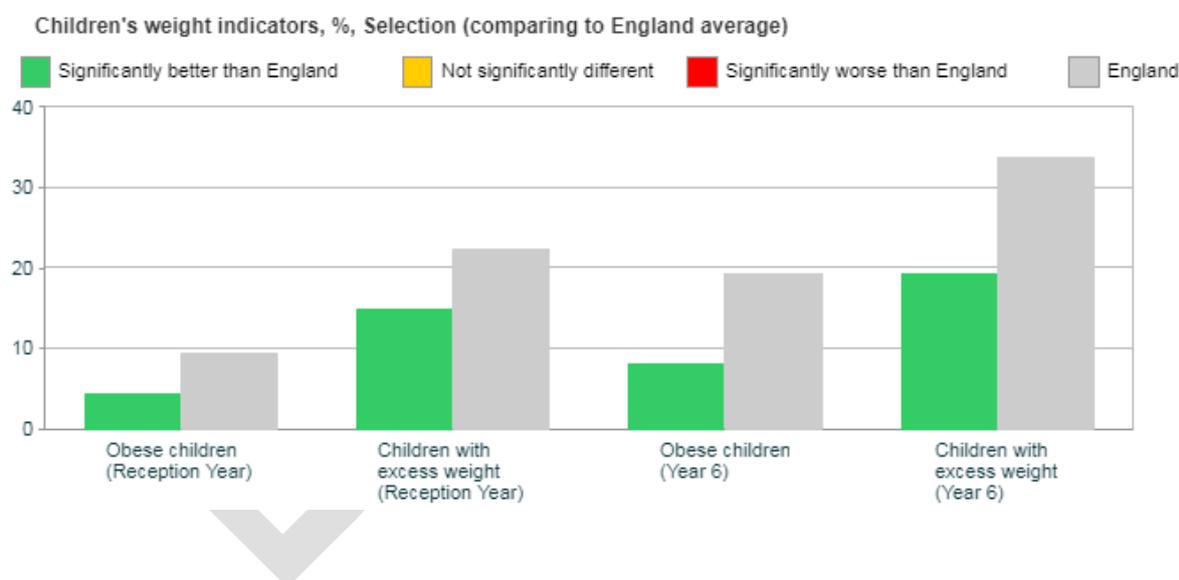
## Appendices

Generally, the population of East Sheen & Barnes have significantly better health and care indicators than England as whole (Figure 6). This also includes significantly lower proportion of obese children (Figure 7) and adults (Figure 8), and significantly lower all-cause and major disease mortality rates (Figure 10).

**Figure 6. Health and care indicators for East Sheen & Barnes**

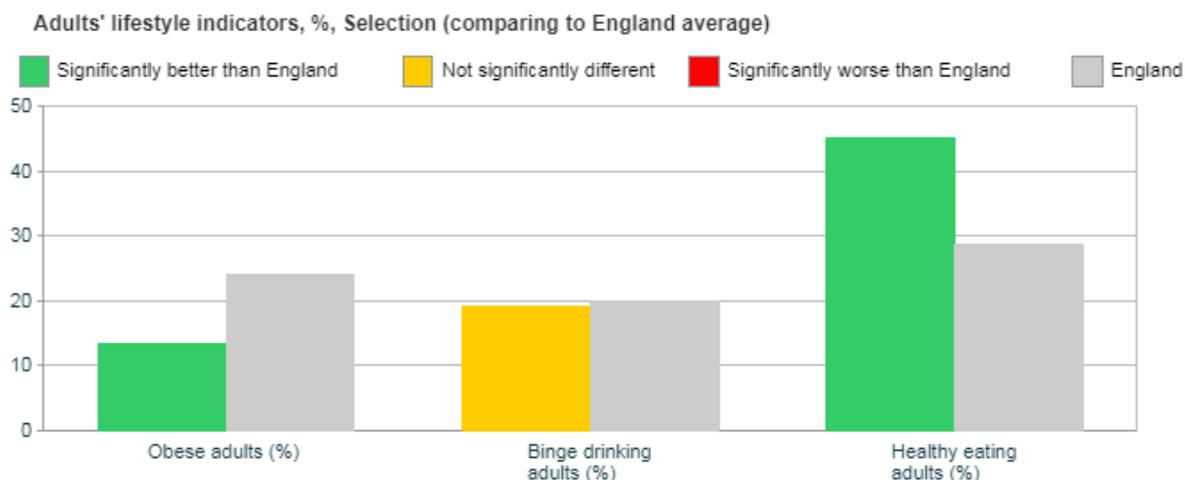


**Figure 7. Children's weight indicators for East Sheen & Barnes**

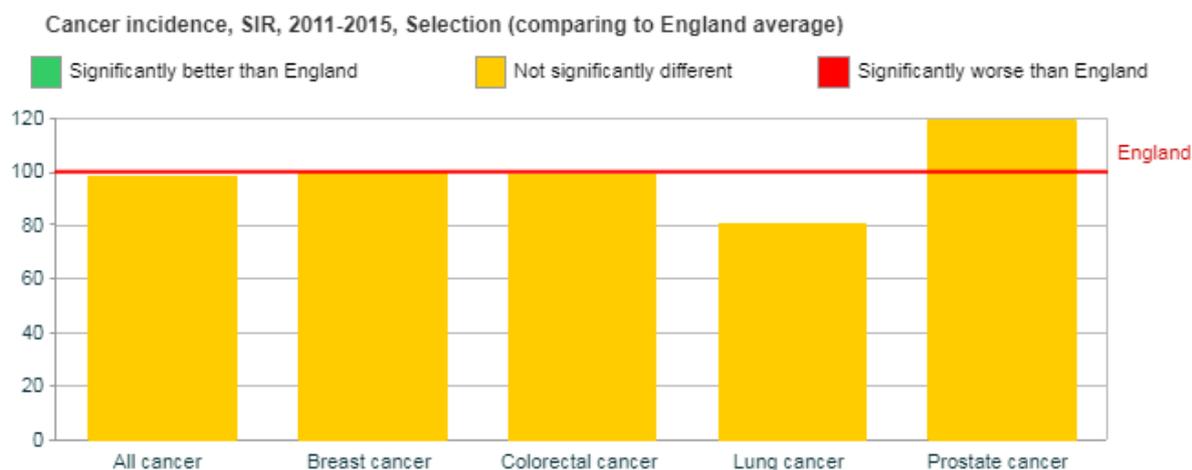


## Appendices

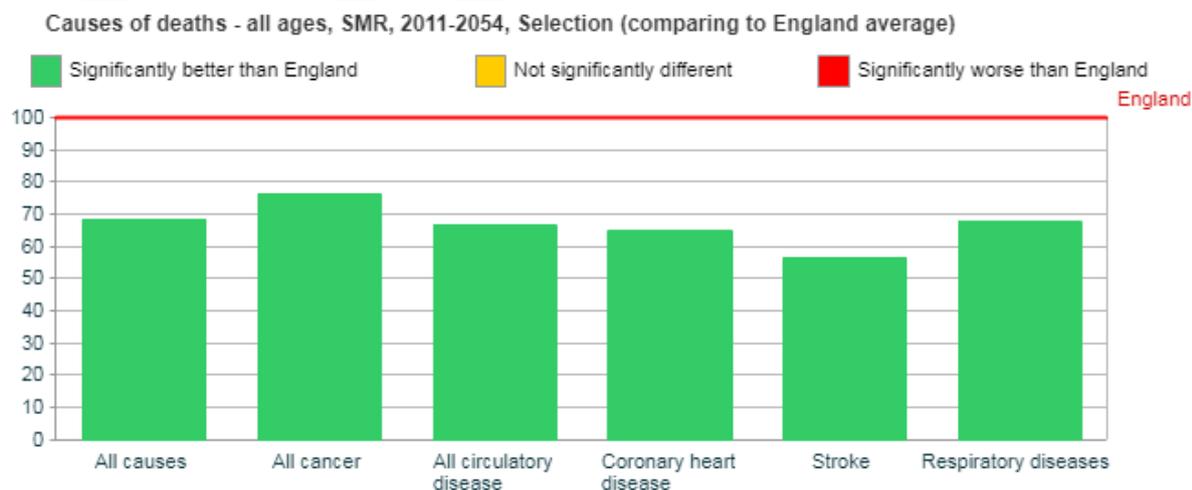
**Figure 8. Adults' lifestyle indicators for East Sheen & Barnes**



**Figure 9. Cancer incidence in East Sheen & Barnes**



**Figure 10. Causes of deaths in East Sheen & Barnes**



## Appendices

### Developments

Plans are currently being developed for North Road GP to move away from its current address (77 North Rd, Richmond TW9 4HQ) within the lifetime of the PNA and relocate to the Emerald Gardens development. The new location is situated in the Richmond, Ham, and Kew locality.

The Stag brewery redevelopment in Mortlake is currently awaiting formal planning application submission. The latest available plans (July 2017 Exhibition) make provision for 730 new homes, 3,300m<sup>2</sup> of office space, up to 40 new retail units on the high street and a green space connecting Mortlake Green with the River Thames in addition to pedestrian and cycle networks.

Importantly, a care village with 126 assisted living units and a nursing home is also planned as well as approximately 929m<sup>2</sup> of ground floor space dedicated to healthcare may include a GP surgery, although no further details are available at this time.

Other minor developments:

- Barnes Hospital – construction of 25 new units over the next 5 years.

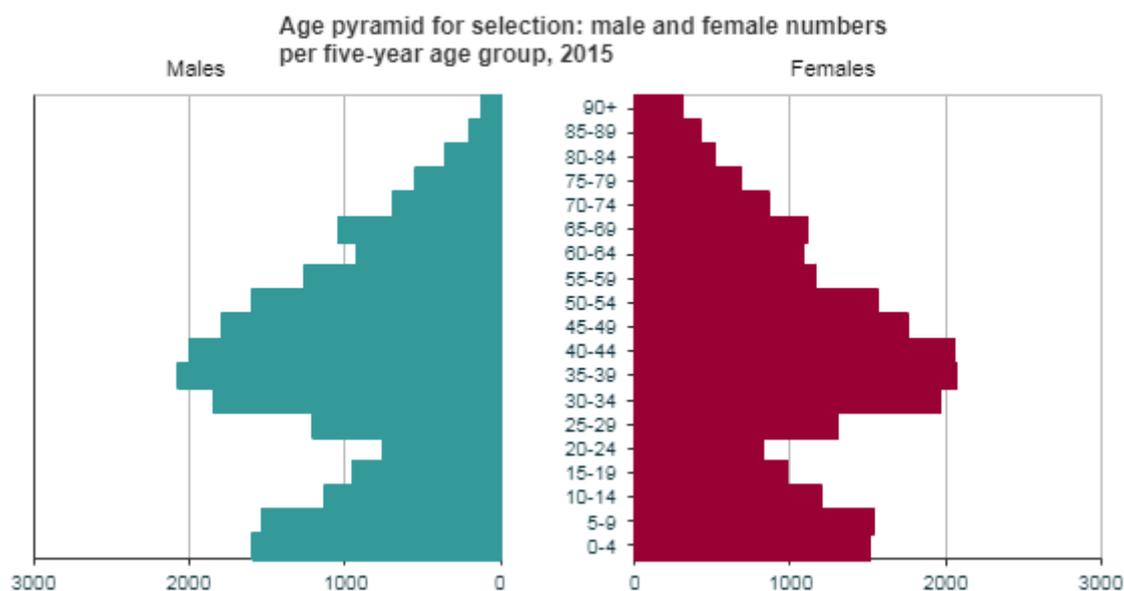
#### 4.3.2 Richmond, Ham & Kew

Kew, North Richmond, South Richmond, and Ham, Petersham and Richmond Riverside are the wards which make up the Richmond, Ham & Kew locality. Home to 44,639 (ONS 2016) residents, an increase of 2.2% since 2012, it is the largest of the Richmond localities, with Kew being the single most populous ward in Richmond. 57.6% of the population are between 25 and 64, with the most significant sub-groups being the 35-39 and 40-44 age brackets (Figure 11).

Compared to England, Richmond, Ham & Kew has a slightly higher proportion of under 16's but a slightly lower proportion of over 65's.

## Appendices

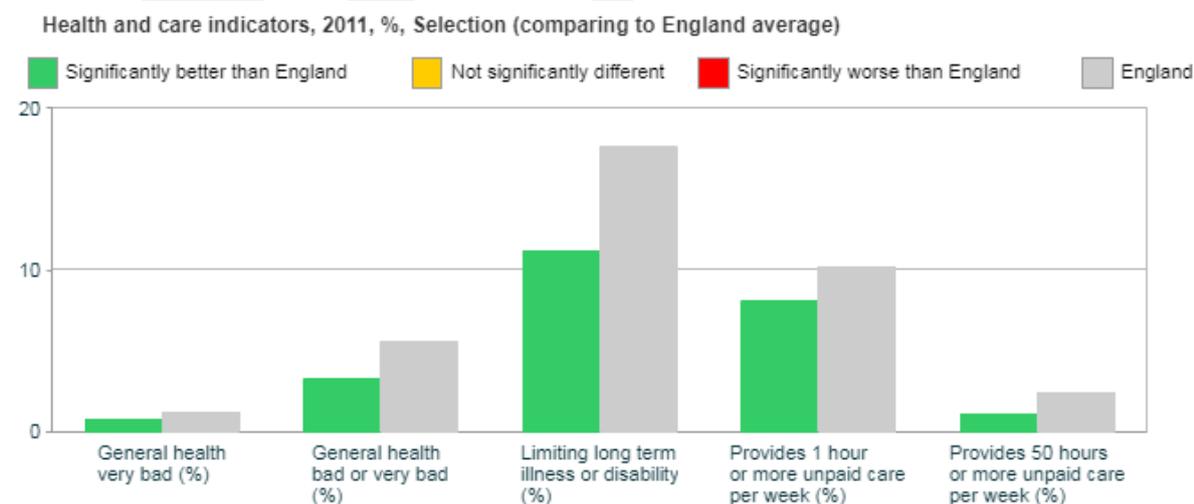
**Figure 11. Age pyramid for Richmond, Ham & Kew**



Compared to the rest of Richmond, the locality of Richmond, Ham & Kew has higher ethnicity scores (34% “non-white UK” vs 28.6%) and slightly higher proportion of people who cannot speak English or well at all (1.1% vs 1%).

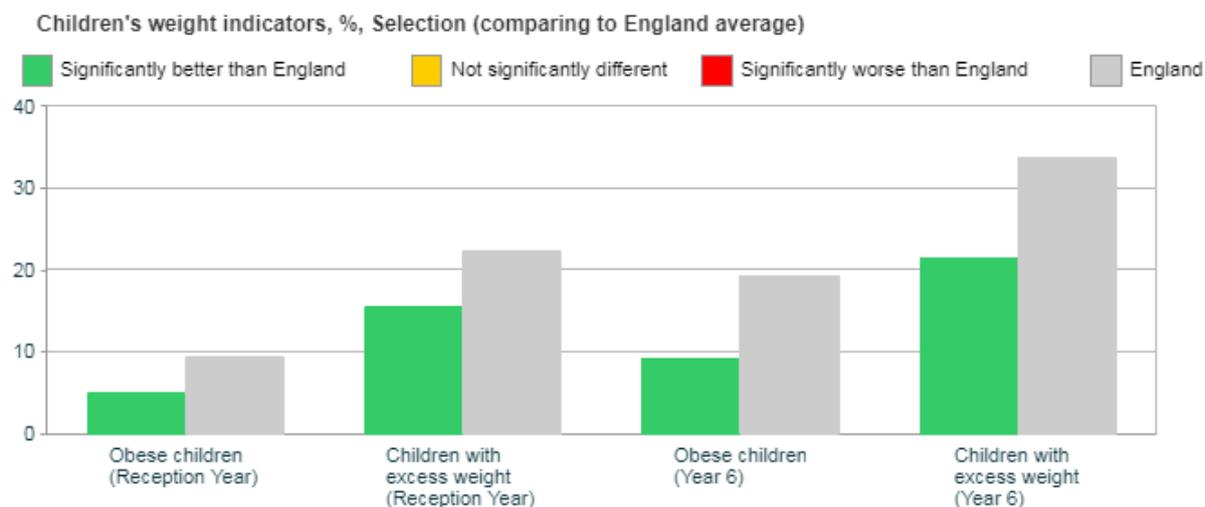
Generally Richmond, Ham & Kew locality has significantly better health and care indicator scores when compared to England (Figure 12), as well as lower rates of childhood (Figure 13) and adult (Figure 14) obesity and all-cause mortality (Figure 16). Nevertheless, compared to England and the rest of Richmond, incidence rates of prostate cancer are significantly worse (Figure 15).

**Figure 12. Health and care indicators for Richmond, Ham & Kew**

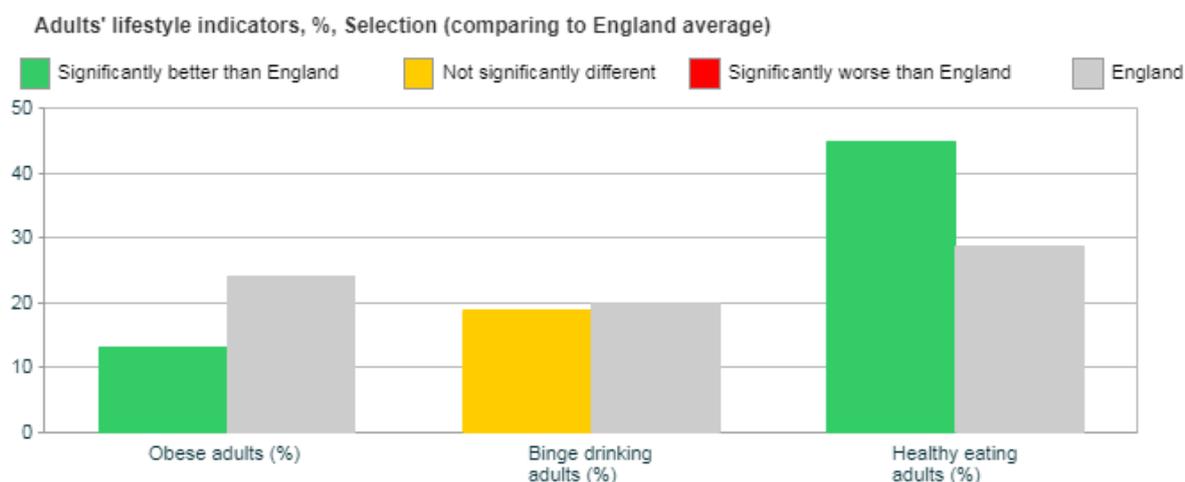


## Appendices

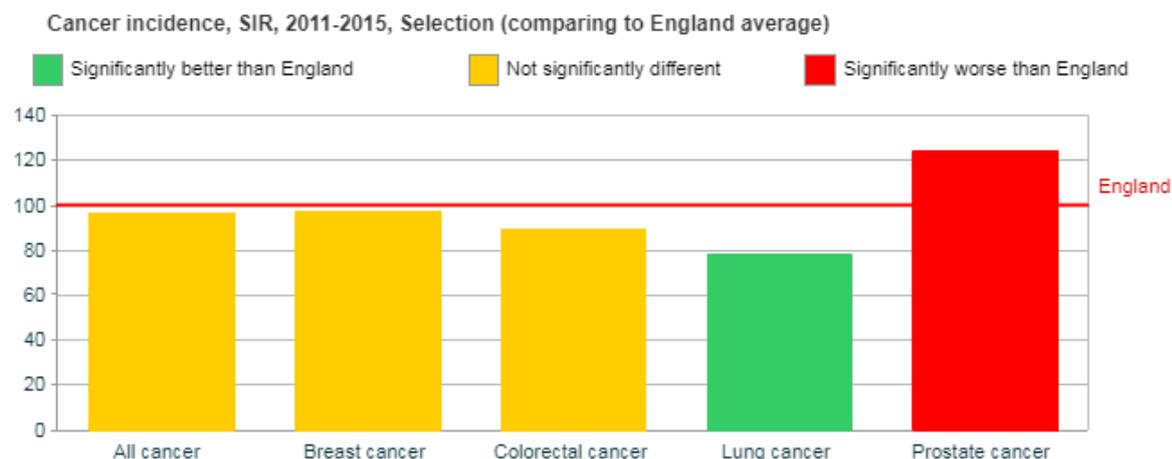
### Figure 13. Childrens weight indicators for Richmond, Ham & Kew



### Figure 14. Adults' lifestyle indicators for Richmond, Ham & Kew

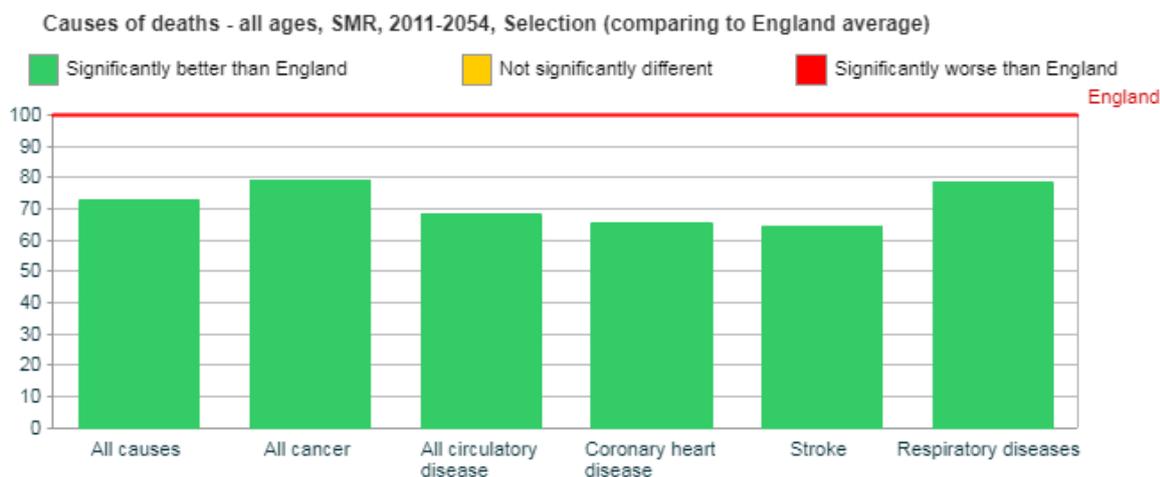


### Figure 15. Cancer incidence in Richmond, Ham & Kew



## Appendices

Figure 16. Causes of deaths in Richmond, Ham & Kew



## Developments

Below is a list of current proposed developments which are under construction, have planning permission or are identified sites for housing within Richmond, Ham & Kew. Where possible estimated dates of completion have been given and if not, no current estimate for completion is available.

- HMP Latchmere – Demolition of existing buildings, excluding Latchmere House. Provision of 42 residential units comprising 35 new build units and the conversion and ground floor extension of Latchmere House to provide 7 apartments. Cross-boundary proposal also comprising land within the Royal Borough of Kingston upon Thames and providing in total 73 residential units including 66 new build units and 7 apartments within the converted and extended Latchmere House. Due to be completed in 2019/20.
- Star and Garter House - Change of use from care home to residential, comprising 86 dwelling units, due to be completed in 2018/19.
- Emerald Gardens - Erection of 4 blocks containing 170 1, 2 and 3 bedroom apartments. Approximately half of the units are due to be completed during 2017/18 with the remainder during 2018/19.
  - North Road GP surgery (currently 77 North Rd, Richmond TW9 4HQ) has plans underway to relocate to the Emerald Gardens site during the lifetime of the PNA.
- Sainsbury's manor road – Development of 128 new units.
- Ham Central Area – development of 50 new units; half of which due to be completed by 2022/23.
- In addition, there are also expected to be 145 new units in various smaller developments over the next 5 years; approximately half of which is estimated to be completed by 2022/23.

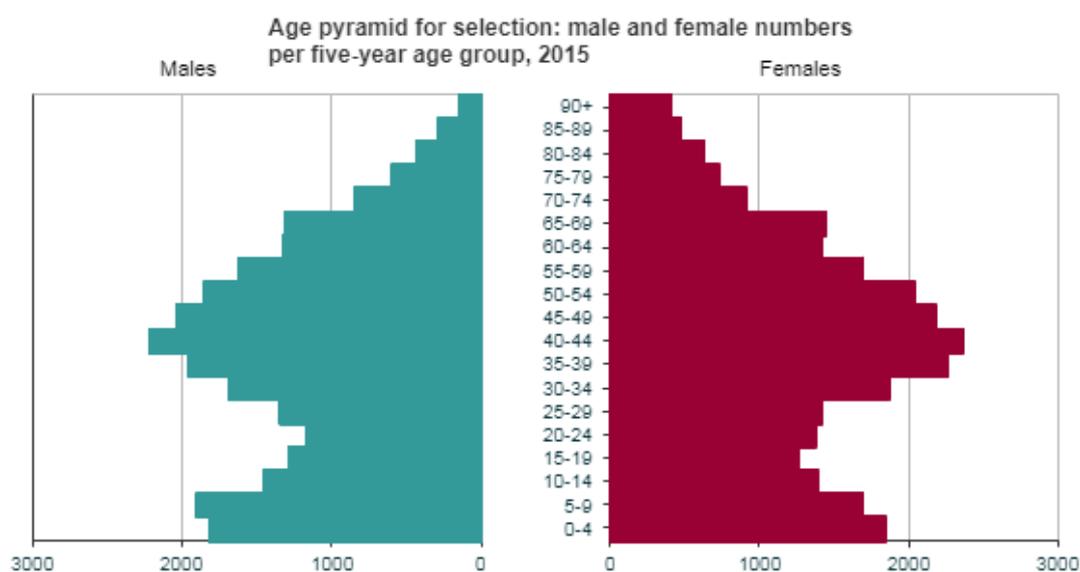
## Appendices

### 4.3.3 Teddington & Hampton

The Teddington & Hampton locality consists of the wards of Fulwell and Hampton Hill, Hampton, Hampton North, Hampton Wick and Teddington and is home to 52,880 (ONS 2016) residents, an increase of 4.8% since 2012. 55.5% of the population are between 25 and 64, with the most significant sub-groups being the 35-39, 40-44 and 45-49 age brackets (Figure 17).

Compared to England, Richmond, Ham and Kew has a slightly higher proportion of under 16's (20.3% vs 19.0%) and over 85's (2.5% vs 2.4%)

**Figure 17. Age pyramid for Teddington & Hampton**

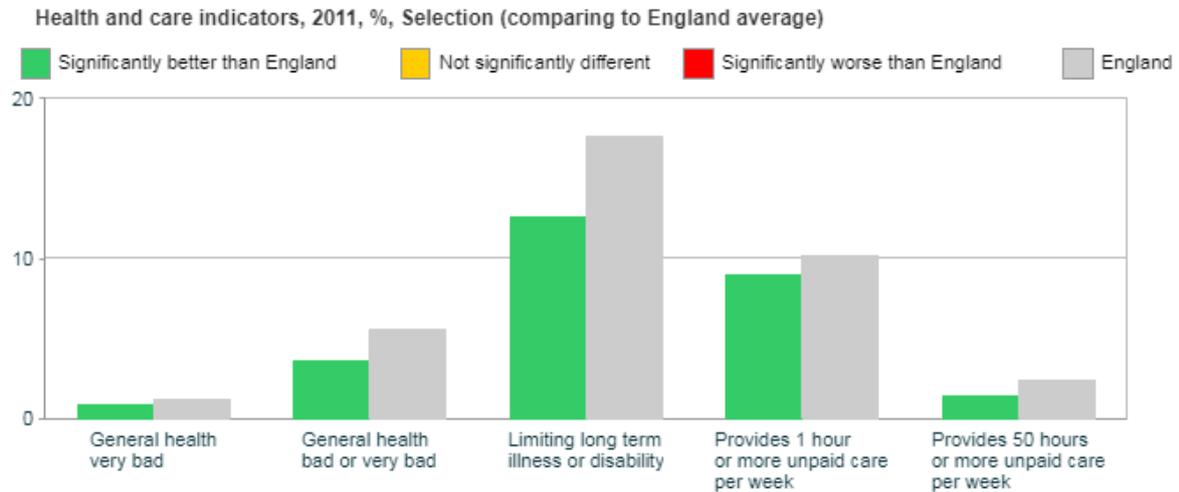


Compared to the rest of Richmond, Teddington and Hampton has lower ethnicity scores (21.9% “not white UK” vs 28.6%) and lower proportion of people who cannot speak English well or at all (0.8% vs 1%).

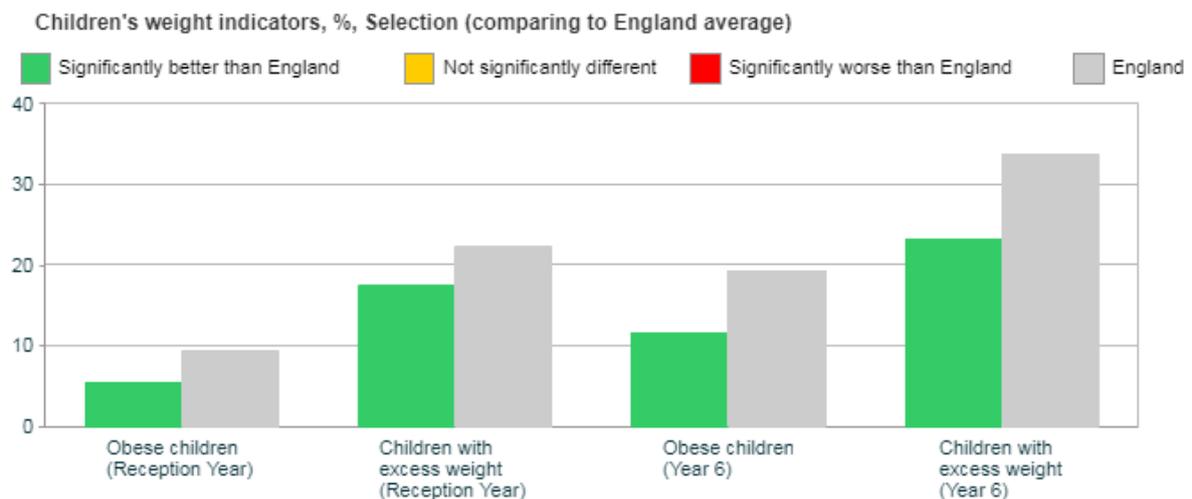
Compared to England, Teddington and Hampton has significantly better general health and care indicators (Figure 18), including childhood (Figure 19) and adult (Figure 20) obesity rates and all-cause mortality (Figure 22). Nevertheless, compared to other localities within Richmond, the rates of respiratory disease related mortality are higher (Figure 22).

## Appendices

**Figure 18. Health care indicators for Teddington & Hampton**

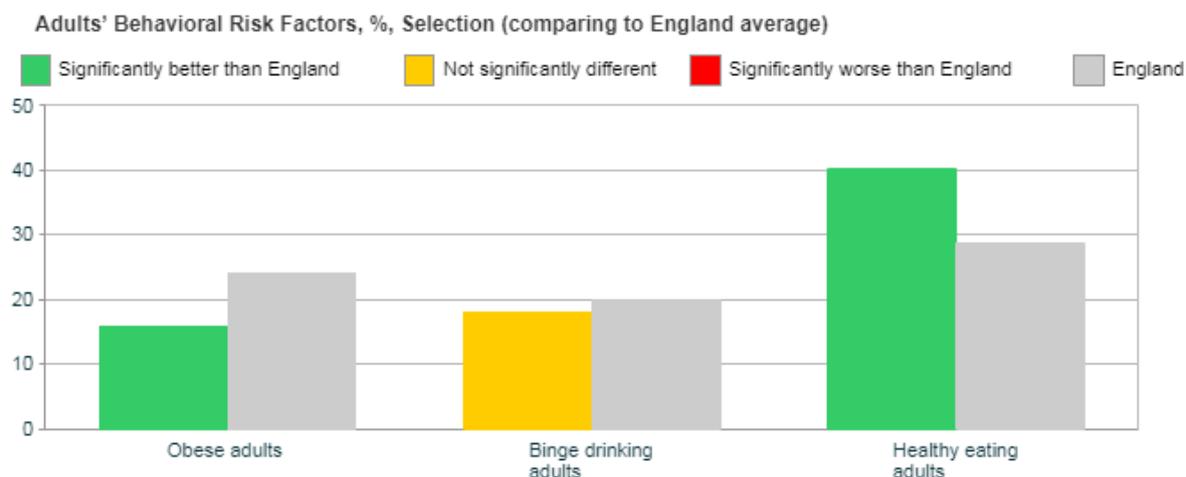


**Figure 19. Children's weight indicators for Teddington & Hampton**

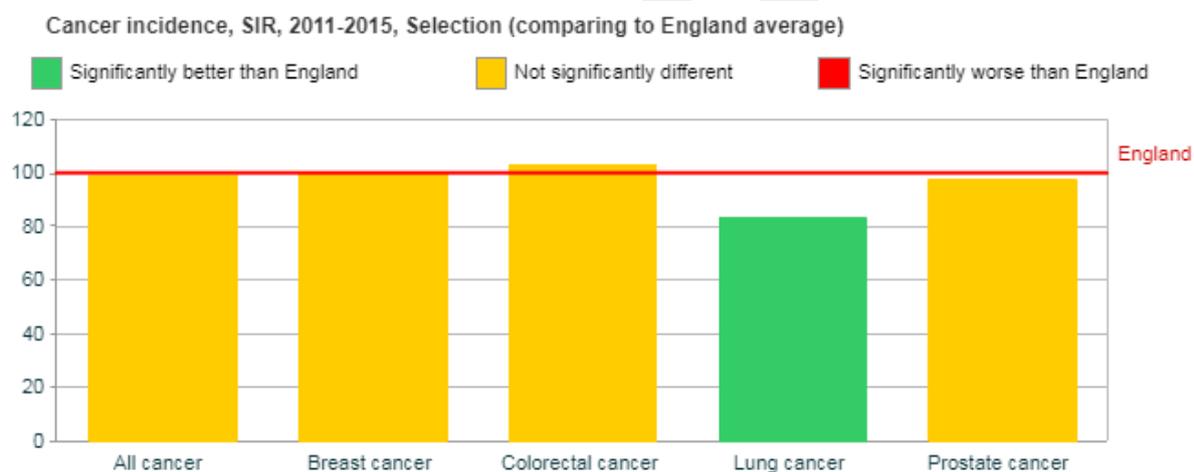


## Appendices

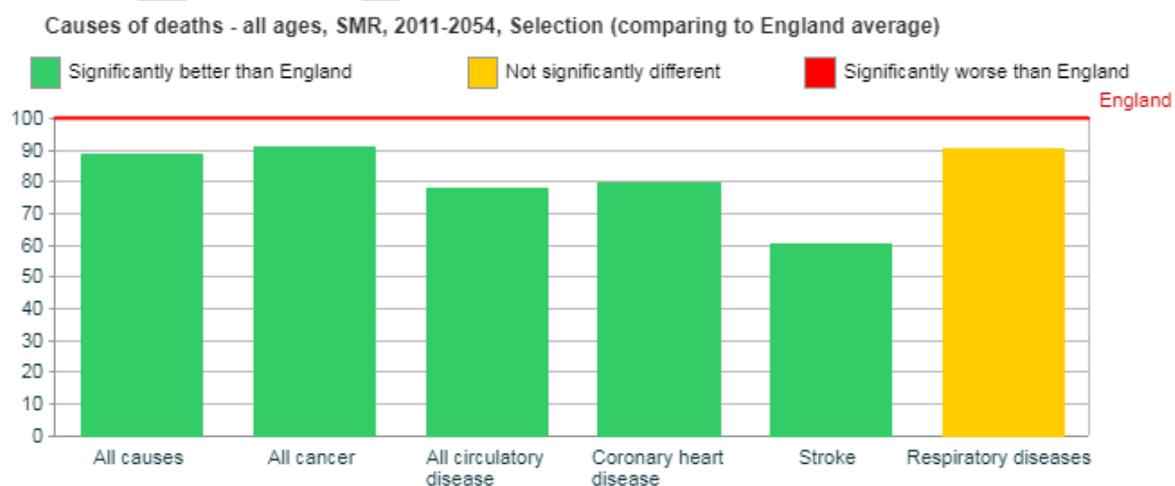
**Figure 20. Adults' behavioural risk factors for Teddington & Hampton**



**Figure 21. Cancer incidence in Teddington & Hampton**



**Figure 22. Causes of deaths in Teddington & Hampton**



## Appendices

### Developments

Below is a list of current proposed developments which are under construction, have planning permission or are identified sites for housing within Teddington & Hampton. Where possible estimated dates of completion have been given and if not, no current estimate for completion is available.

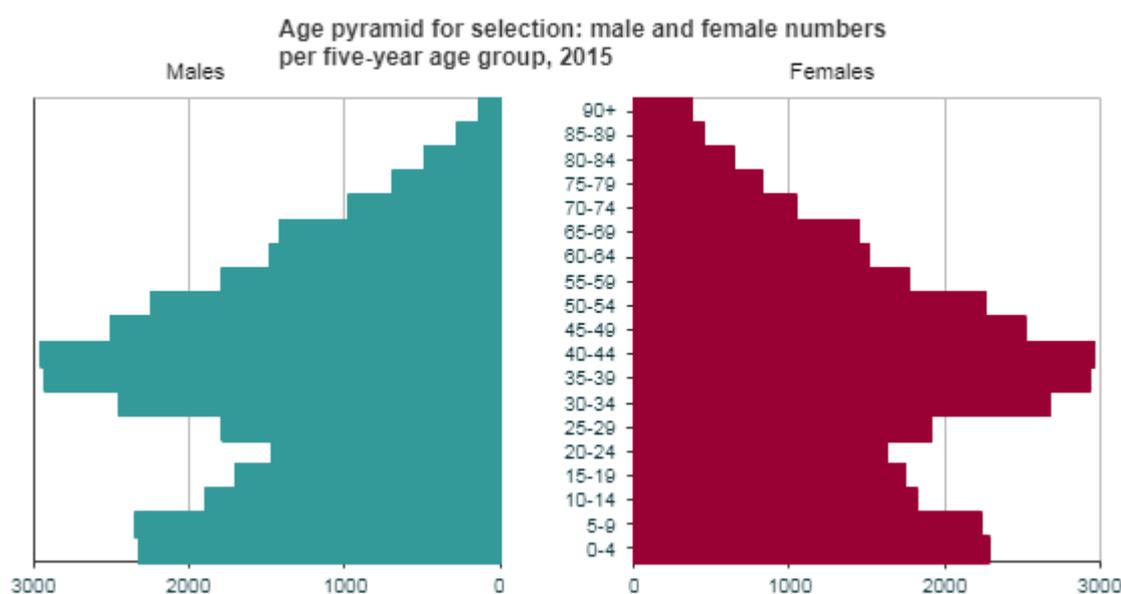
- Teddington Studios – construction of 253 new units with estimated completion in 2021/22.
- The Avenue Centre –Redevelopment of the site to provide a care home, 4 supported living units and 15 affordable housing units, with associated onsite parking and external works. The existing care home at Silver Birches, 2-6 Marchmont Road, Richmond is being relocated to The Avenue Centre site, and the affordable housing associated to The Silver Birches redevelopment is being provided off site on The Avenue Centre site.
- In addition, several sites have been identified which if developed could potentially add a further 150 units over the next 5 years.

#### 4.3.4 Twickenham & Whitton

Twickenham & Whitton consists of the wards of Heathfield, St Margarets and North Twickenham, South Twickenham, Twickenham Riverside, West Twickenham and Whitton and is home to 64,985 (ONS 2016) residents, an increase of 3% since 2012. 56.5% of the population are between 25 and 64, with the most significant sub-groups being the 35-39 and 40-44 age brackets (Figure 23).

Compared to England, Twickenham & Whitton has a slightly higher proportion of under 16's (20.9% vs 19.0%) but lower over 85's (1.9% vs 2.4%).

**Figure 23. Age pyramid for Twickenham & Whitton**

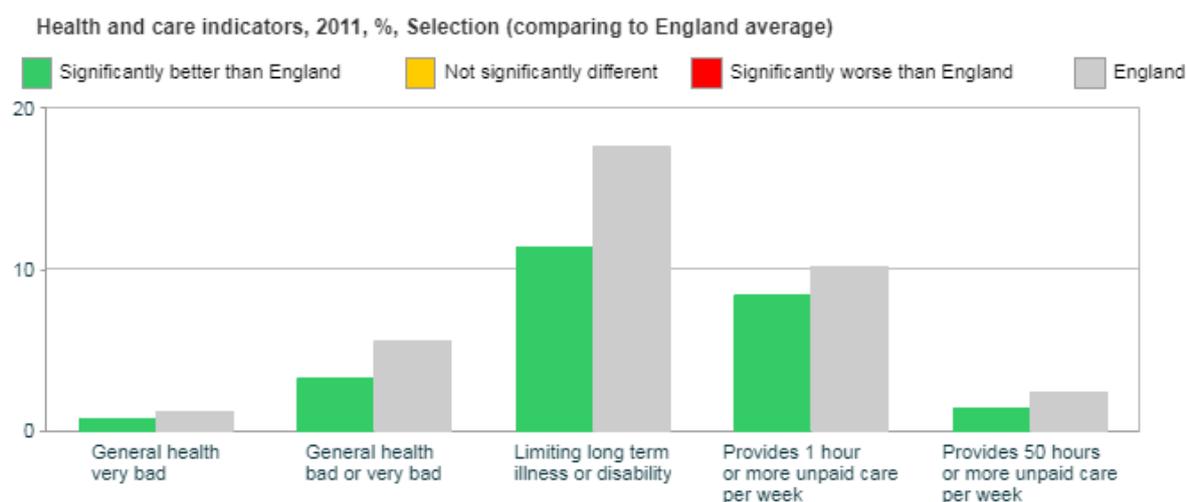


## Appendices

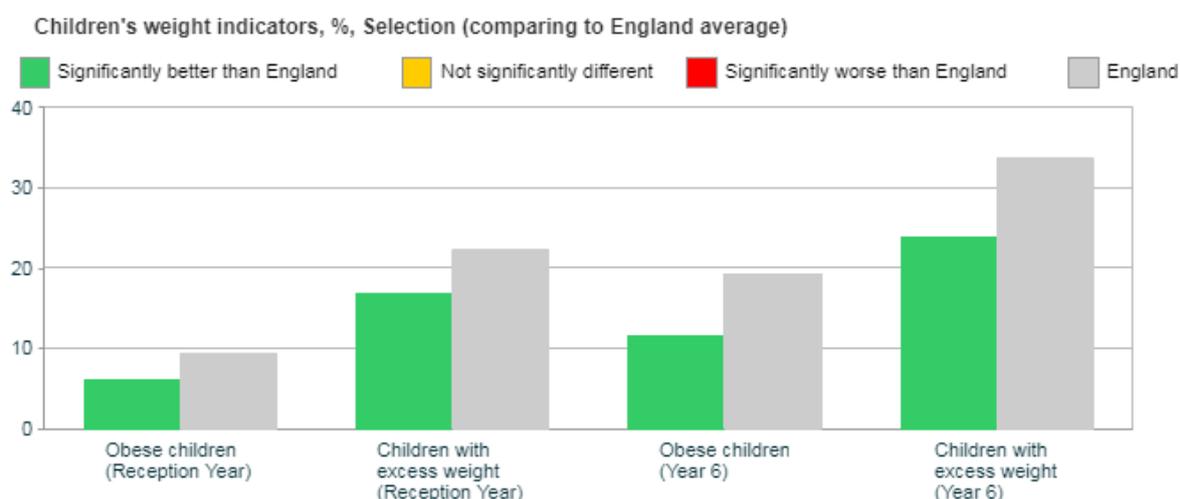
Compared to the rest of Richmond, Twickenham and Whitton has higher ethnicity scores (29.9% “not white UK” vs 28.6%) and a higher proportion of the population who cannot speak English well or at all (1.3% vs 1%).

Overall, Twickenham and Whitton has significantly better general health and care indicators compared to the rest of England (Figure 24) as well as significantly lower childhood (Figure 25) and adult (Figure 26) obesity rates and all-cause mortality (Figure 28). Nevertheless, breast cancer incidence rates within the locality are significantly worse than the England average and the rest of Richmond (Figure 27).

**Figure 24. Health and care indicators for Twickenham & Whitton**



**Figure 25. Children’s weight indicators for Twickenham & Whitton**



## Appendices

Figure 26. Adults' behavioral risk factors for Twickenham & Whitton

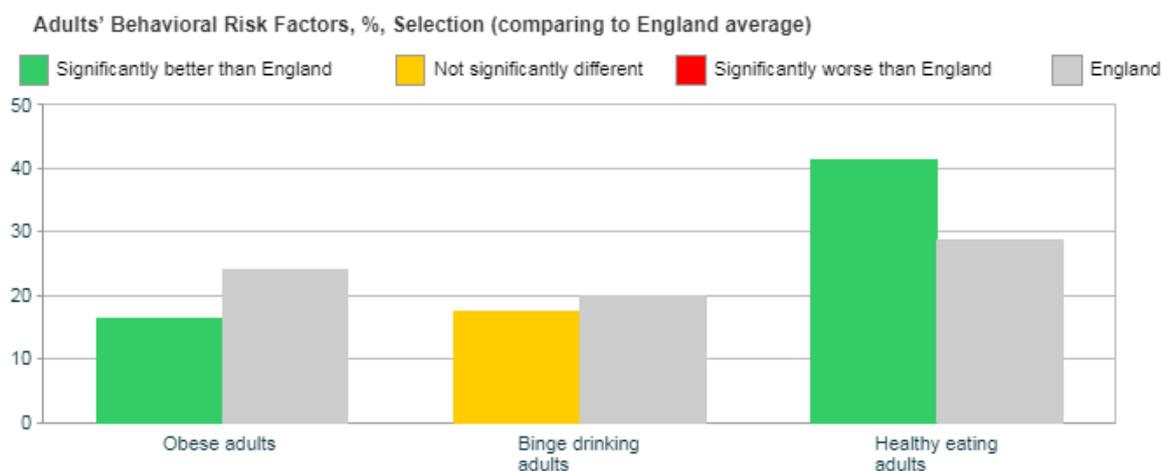


Figure 27. Cancer incidence in Twickenham & Whitton

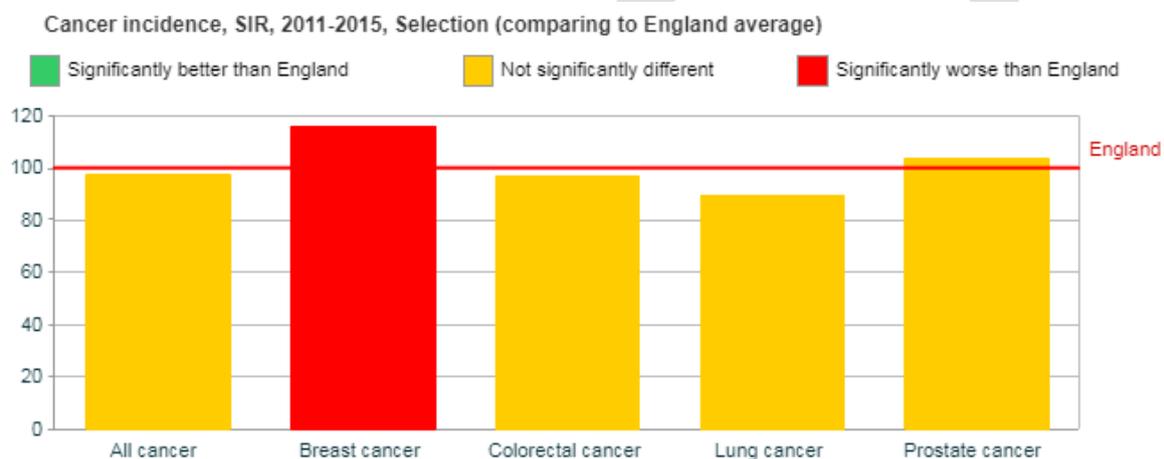
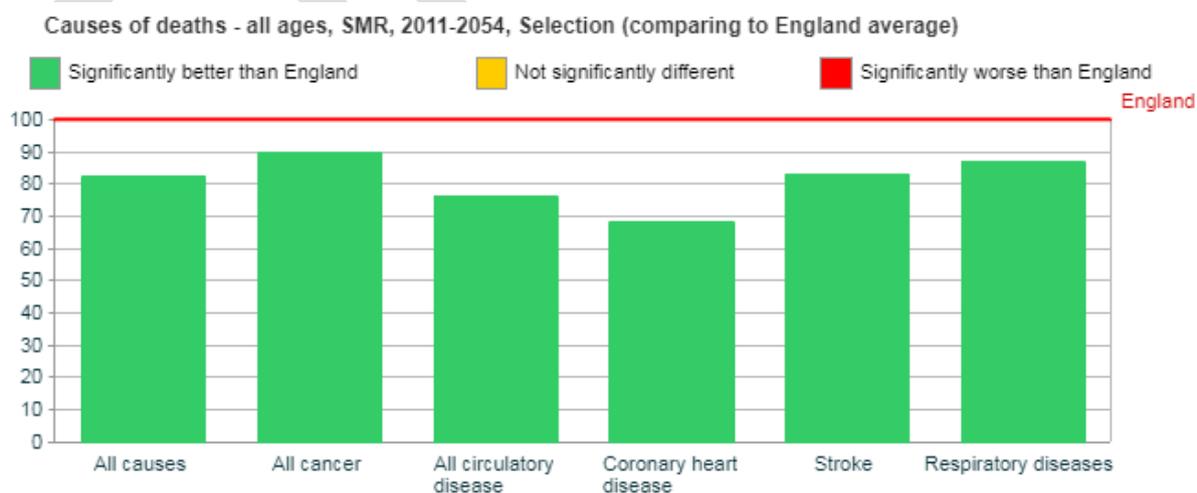


Figure 28. Causes of deaths in Twickenham & Whitton



## Appendices

### Developments

Below is a list of current proposed developments which are under construction, have planning permission or are identified sites for housing within Twickenham and Whetton. Where possible estimated dates of completion have been given and if not, no current estimate for completion is available.

- Twickenham Railway Station: Construction of 115 new units by 2020/21.
- Langhorn Drive/A316 junction: Construction of 175 new units by 2022/23.
- Within the locality there are currently 97 units due for completion in 2017/18.
- In addition, several sites have been identified which if developed could potentially add a further 140 units over the next 5 years. No further details are available at this point.

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# 5 Current Provision

## 5.1 Necessary services

The regulations governing the development of the PNA require the HWB to consider the needs for pharmaceutical services in terms of necessary and relevant services:

- Necessary services i.e. 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 i.e. 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.

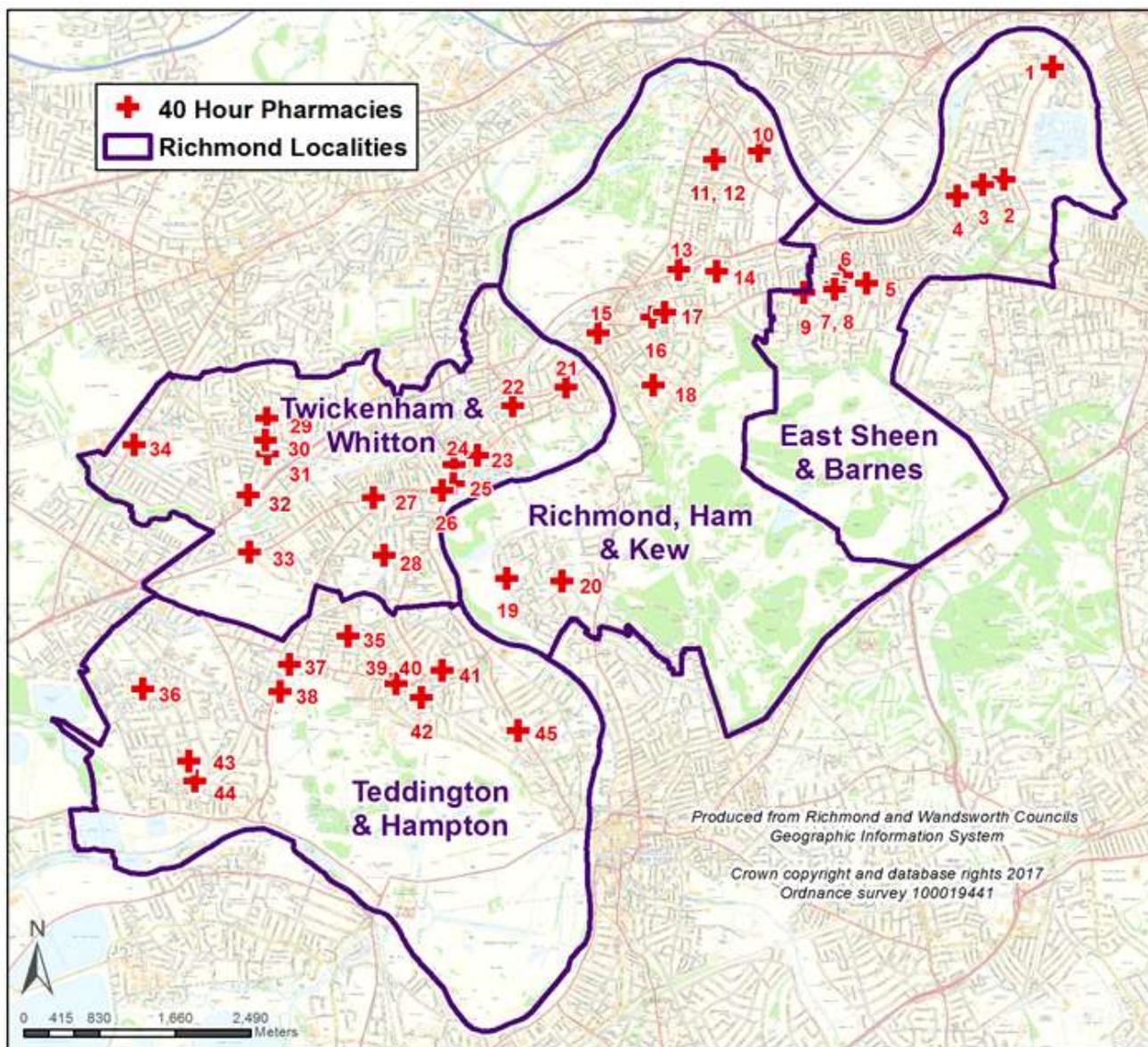
Necessary services, for the purposes of this PNA, are defined as:

- Access to Essential services provided by pharmacies on the pharmaceutical list for the borough
- Essential services provided by pharmacies during their core hours
- Advanced services

### 5.1.1 Access to pharmacy

Richmond residents have access to 45 pharmacies spread throughout the borough (Map 3).

Map 3. Richmond pharmacy locations



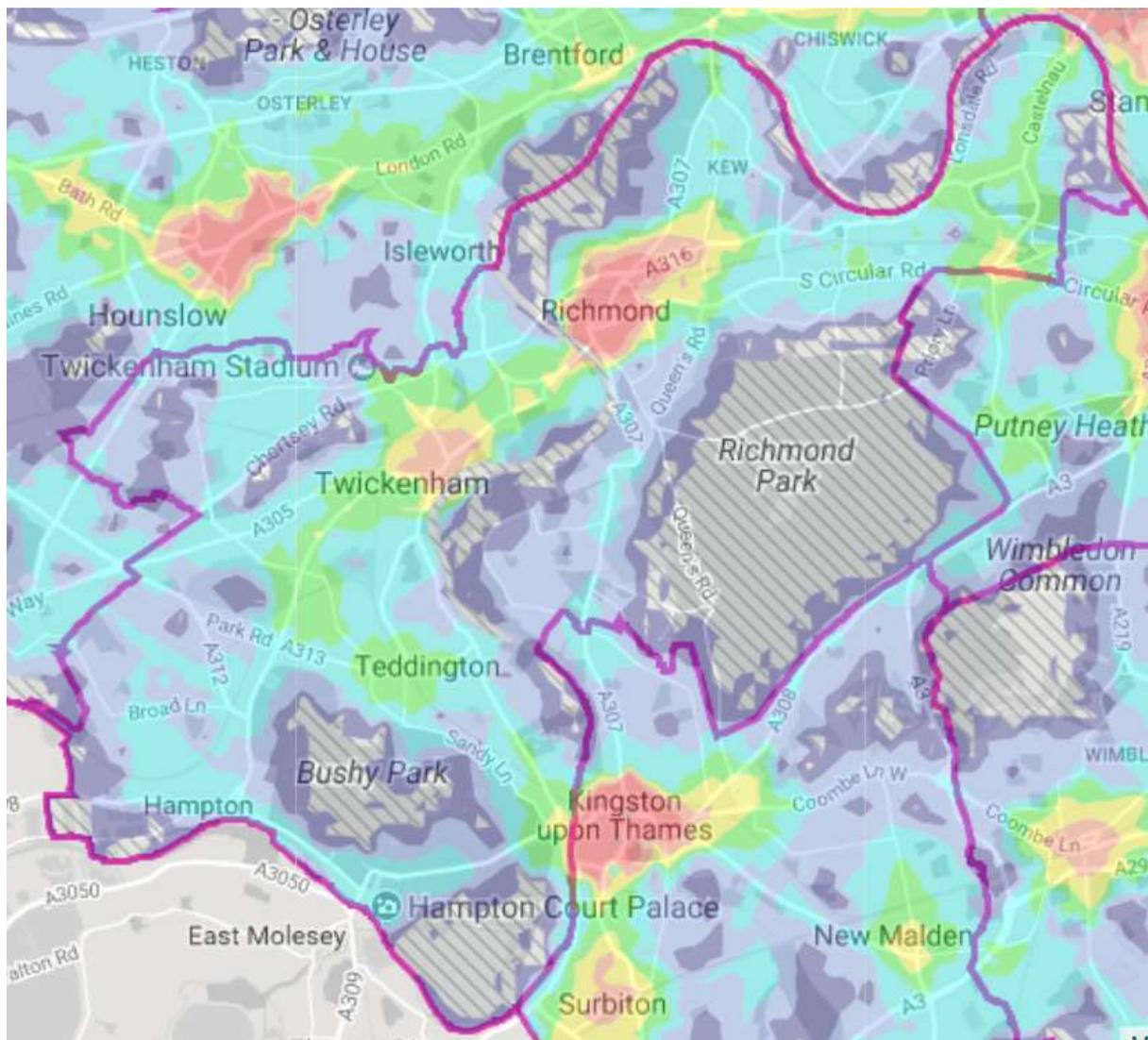
See Appendix 4 for pharmaceutical list with map codes.

Public Transport Access Levels<sup>‡‡</sup> in Richmond are shown in Map 4, which indicates that, compared to the town centres of Richmond and Twickenham, the rest of the borough is not particularly well-served by public transport.<sup>15</sup>

<sup>‡‡</sup> Public Transport Access Level is a measure of access to the public transport network. For any given point in London, PTALs combine walk times from a chosen point to the network (stations and bus stops, for example) together with service frequency data at these locations. This provides an overall access index which can be allocated to nine accessibility levels between 0 and 6b. In WebCAT, PTAL values have been pre-calculated for a grid of points covering the whole of London (approximately 150,000 point).

# Appendices

**Map 4. Map of Public Transport Access Level in the borough**



**Map key - PTAL**



**Map layers**



© 2017 Google, Transport for London

## Appendices

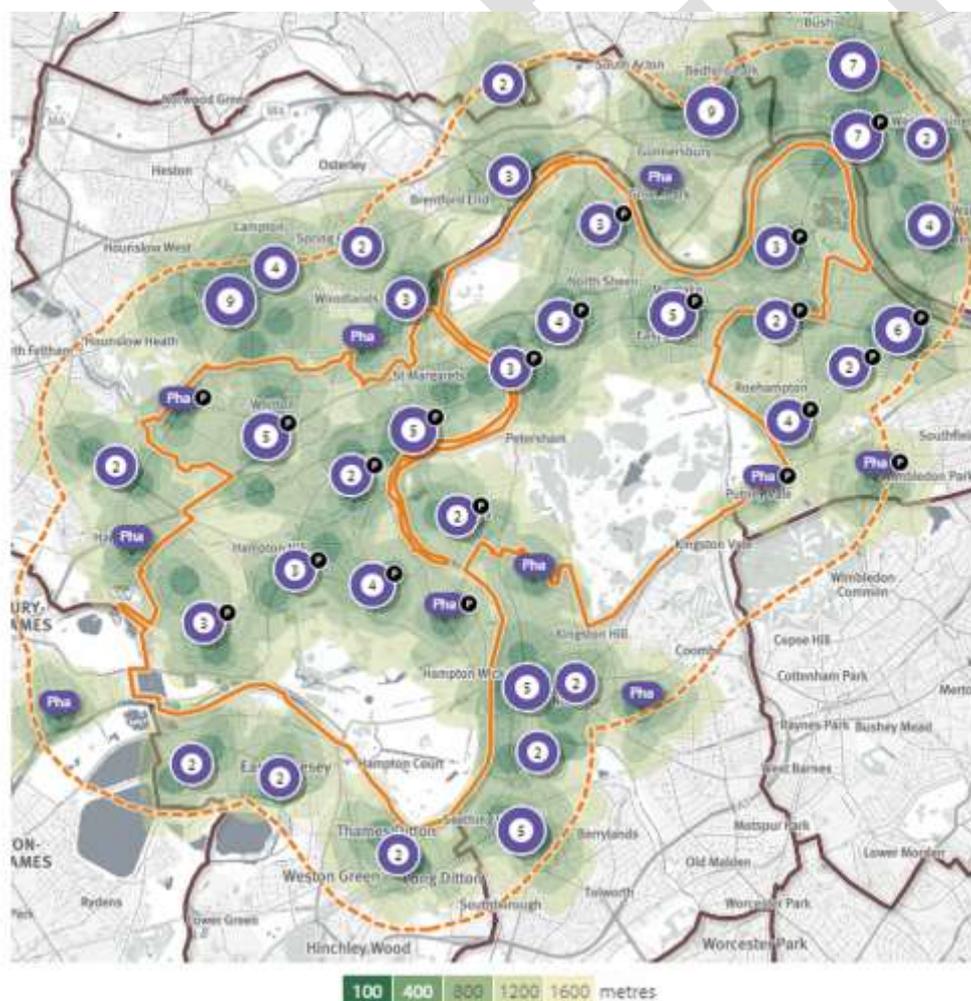
### 5.1.2 Weekday

Richmond residents are well served by pharmacies on weekdays during normal business hours:

- All residents are within 1200 metres (3/4 mile) of a pharmacy (Map and Figure 29)
- All residents are within an 8-minute cycle of a pharmacy. (Map)
- All residents are within a 4-minute drive of a pharmacy, regardless of traffic conditions. (Map)

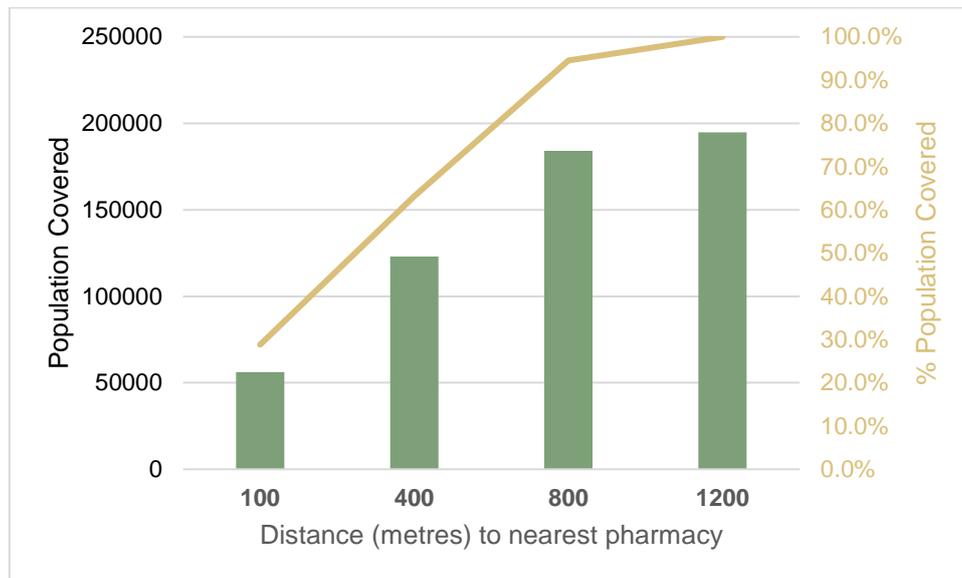
Note that for the evaluation of pharmacy access during weekdays, a 1600 metre (1 mile) zone around the borough borders was also included in the evaluation, which incorporated pharmacies in neighbouring boroughs. The same was not done for evaluation at other times (evening, Saturday and Sunday) as opening hours were not available for pharmacies outside of the borough.

**Map 5. Weekday walking access map**



## Appendices

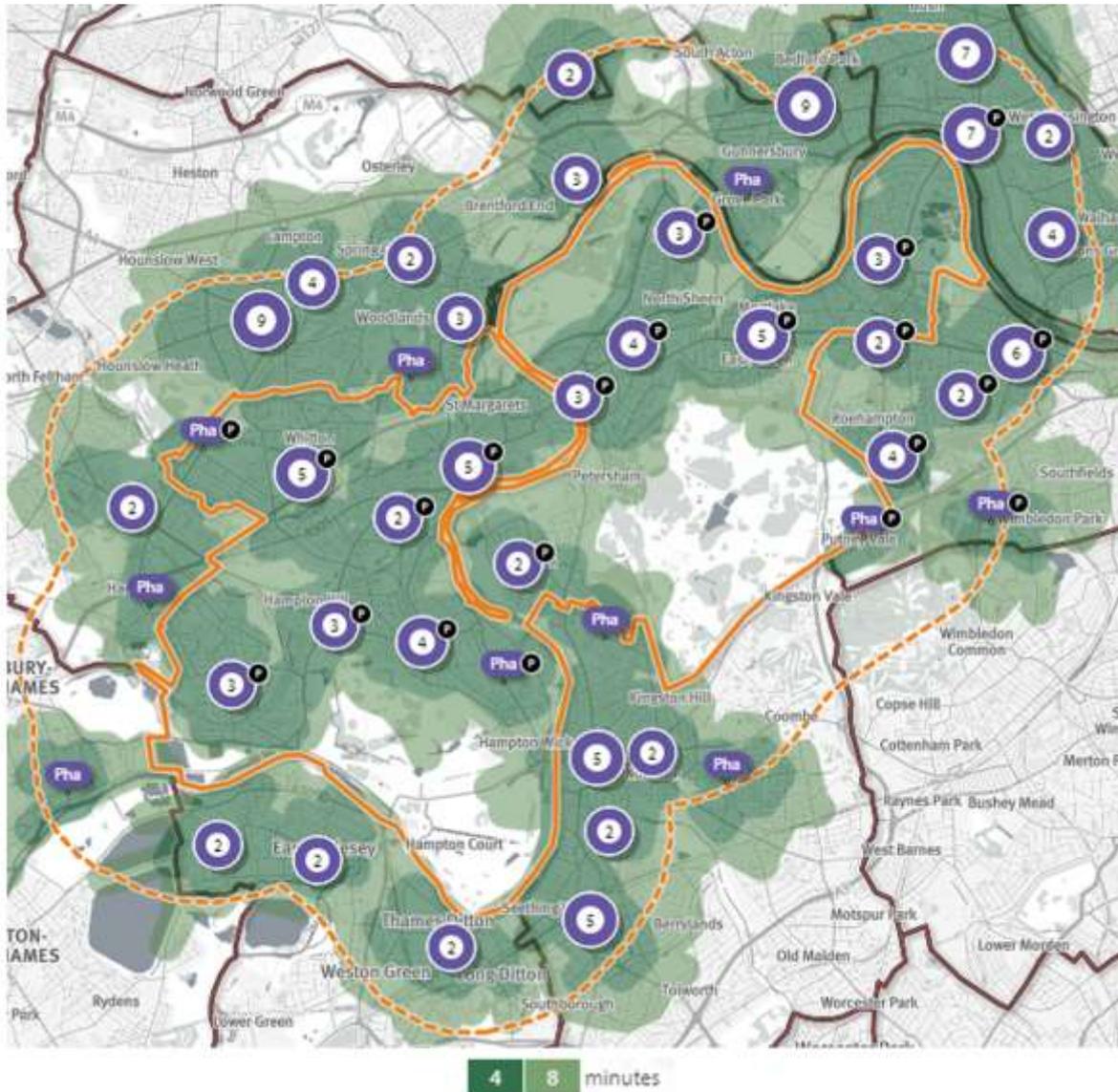
**Figure 29. Graph of population covered by walking distance to pharmacy during weekdays**



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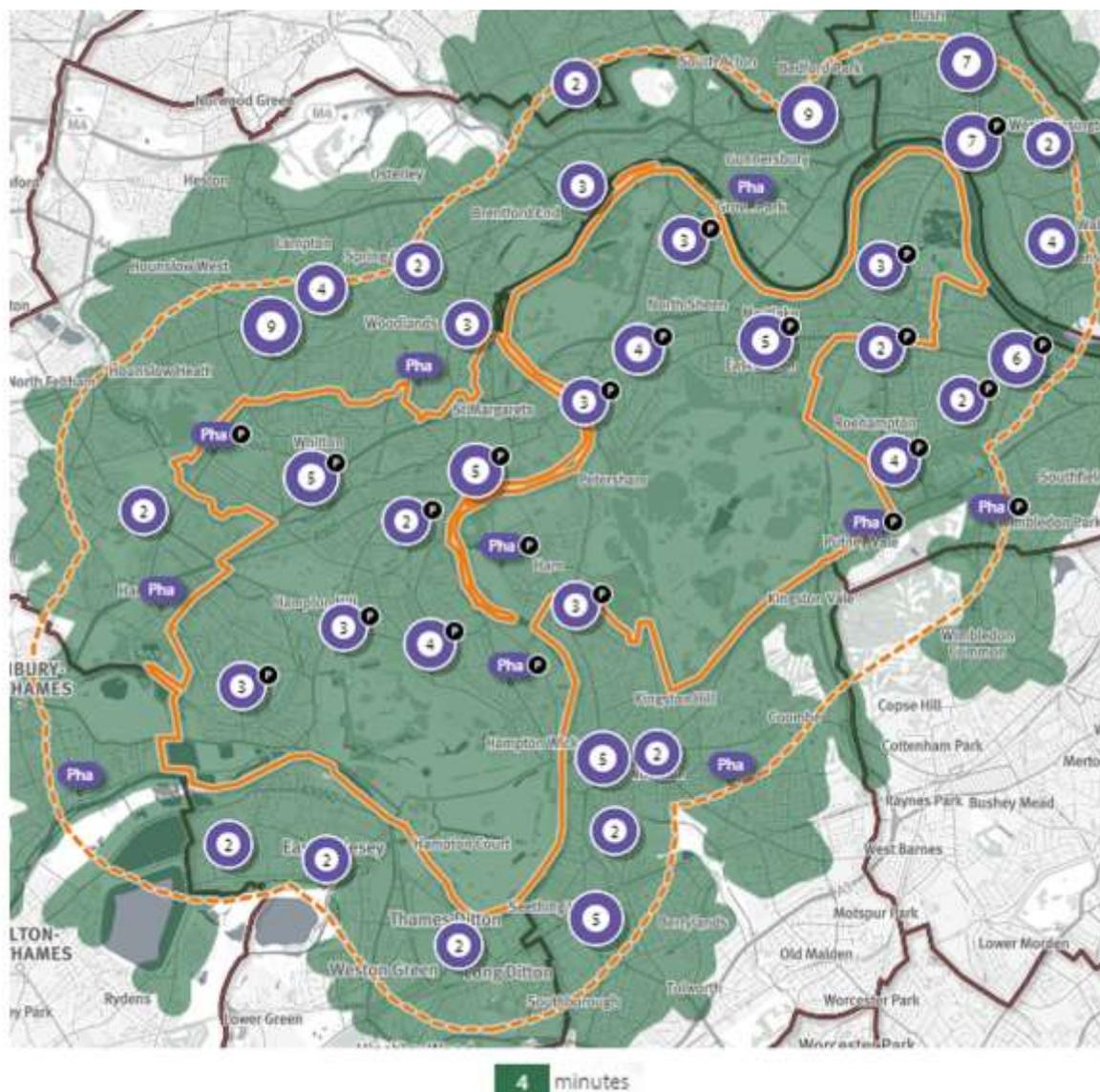
# Appendices

## Map 6. Weekday cycling access map



## Appendices

Map 7. Weekday driving (rush hour) access map



### 5.1.3 Weekday evening

Richmond has only 3 pharmacies which are open past 19:00 during the weekdays (Table 2) with a resulting significant impact on accessibility during the evenings.

Overall, distance and duration for access to pharmacies at weekends is as follows:

- 35 % of residents are within 1600 metres (1 mile) of a pharmacy. (Map and Figure 30)
- 49% of residents are within a 12-minute cycle and 78% being within a 20-minute cycle of a pharmacy. (Map and Figure 31)
- All residents are within a 12-minute drive of a pharmacy. (Map and Figure 32)

## Appendices

**Table 2. Richmond pharmacies open beyond 19:00**

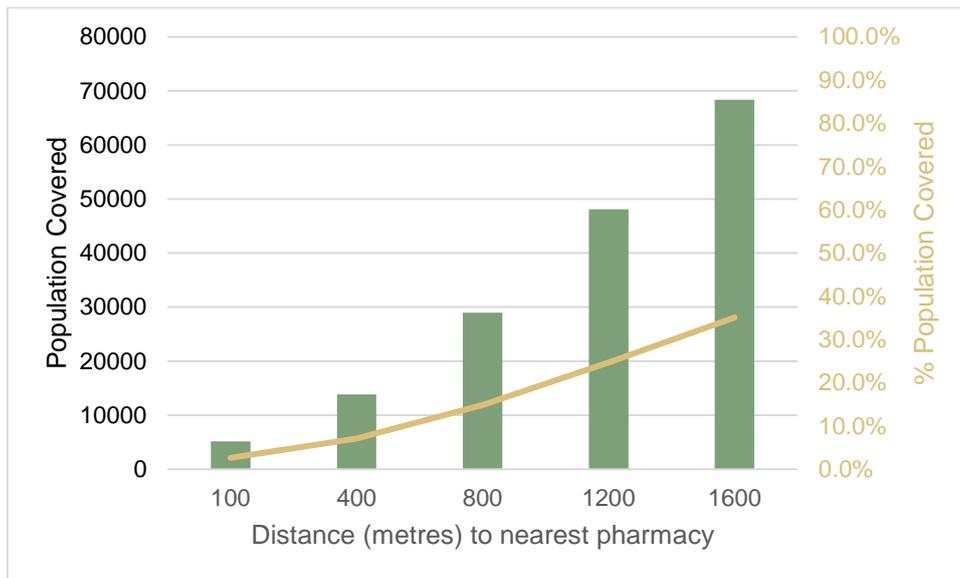
no	ODS Code	Trading Name	Comment
1	FG716	Sainsbury's Pharmacy (Lloyds Pharmacy)	Open until 21:00 Monday to Saturday
2	FJ815	Maple Leaf Pharmacy	Open until 21:00 Monday to Friday
3	FNM74	Boots the Chemist	Open until 20:00 Monday to Saturday

**Map 8. Weekday evening walking access map**



## Appendices

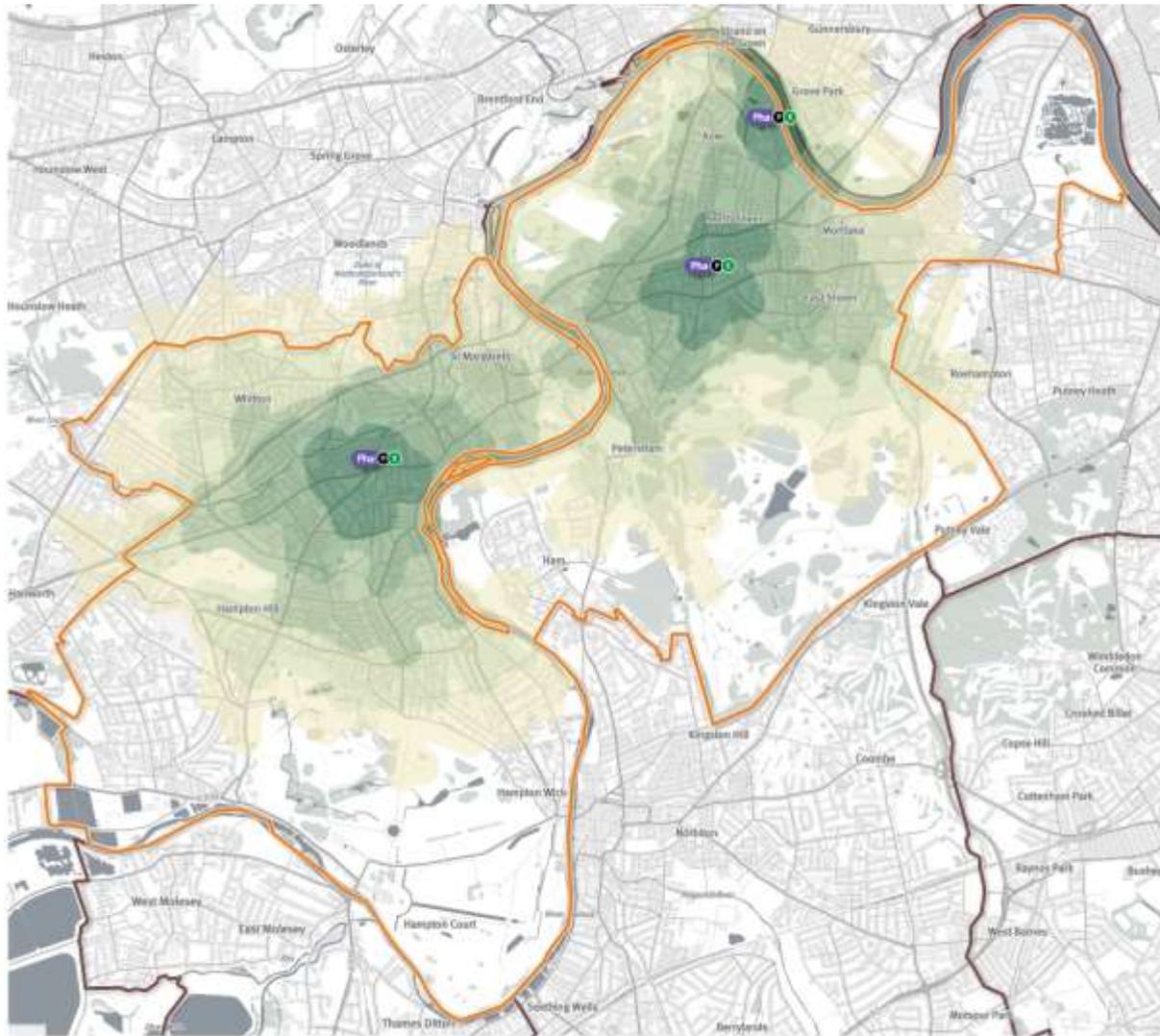
**Figure 30. Graph of population covered by walking distance to pharmacy during weekday evenings**



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# Appendices

## Map 9. Weekday evening cycling access map

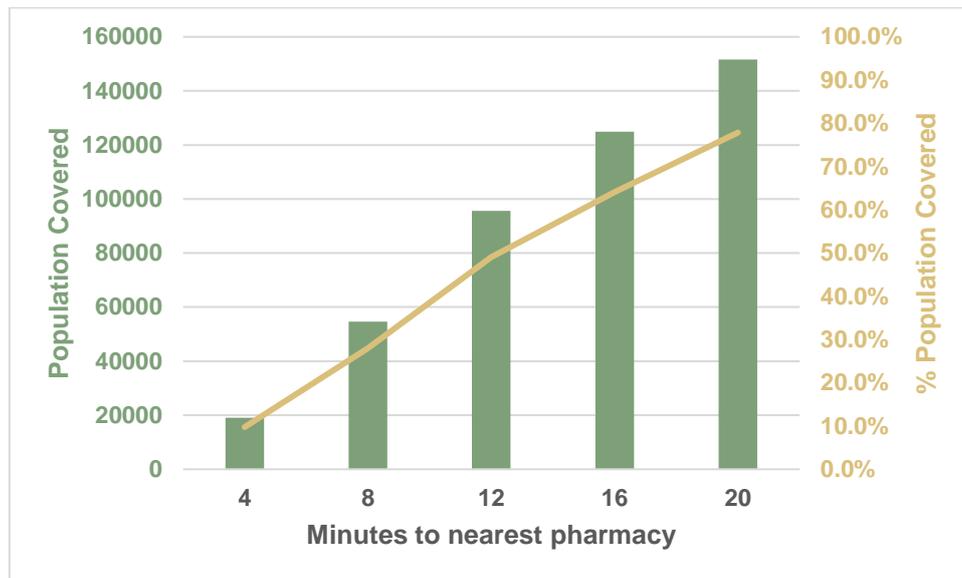


4 8 12 16 20 minutes



## Appendices

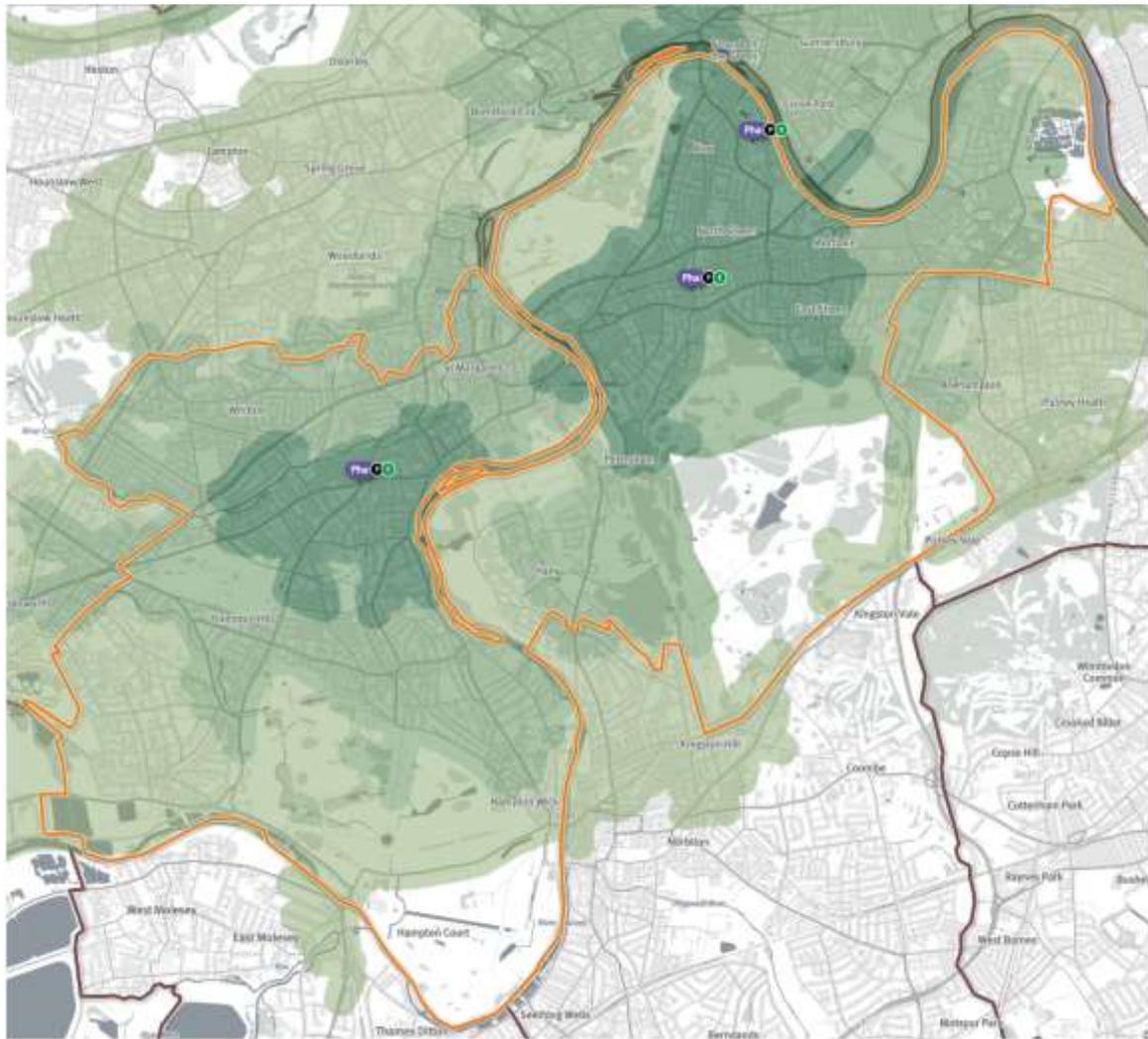
Figure 31. Graph of population covered by cycling time to pharmacy during weekday evenings



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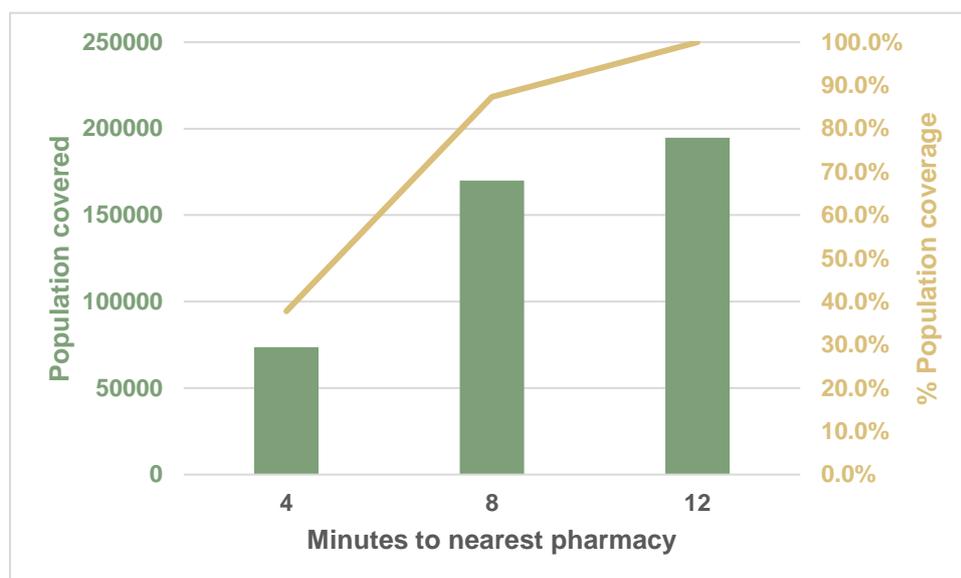
# Appendices

## Map 10. Weekday evening driving (no rush hour) access map



## Appendices

**Figure 32. Graph of population covered by driving time to pharmacy during weekday evenings**



### 5.1.4 Saturday

The majority of pharmacies in Richmond are open on Saturdays (Table 3 Richmond pharmacies open on Saturdays). Between them these offer access which is similar to what residents can expect on weekdays:

- 99% of Richmond residents are within 1200 metres (1 mile) of an open pharmacy. (Map and Figure 33)
- Over 98% of Richmond residents are within an 8-minute cycle of an open pharmacy, with 100% being within a 16-minute cycle. (Map)
- All residents are within a 4-minute drive of an open pharmacy. (Map)

**Table 3 Richmond pharmacies open on Saturdays**

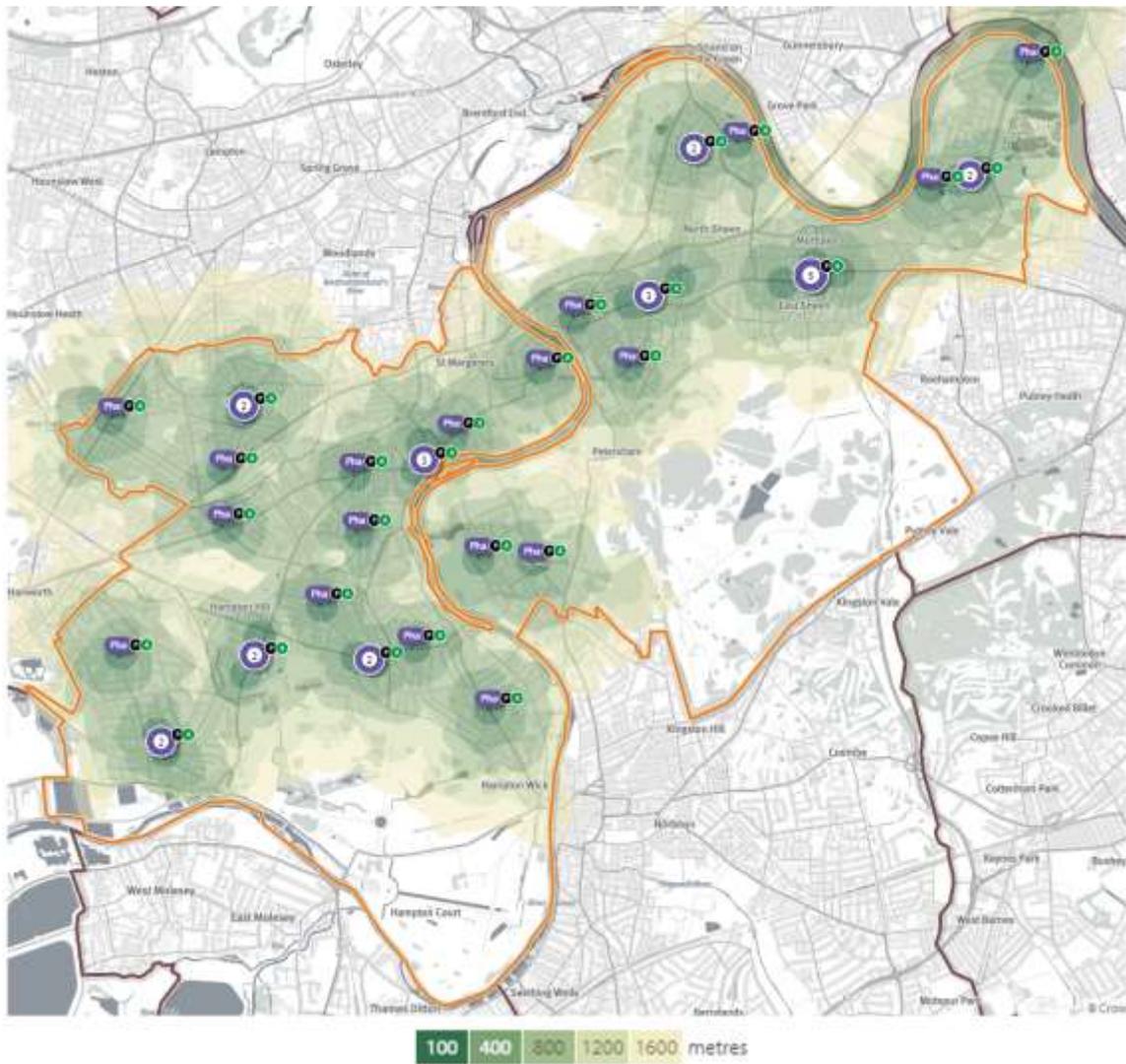
no	ODS Code	Trading Name	Open	Close
1	FW429	Barnes Pharmacy	09:00	17:30
2	FDN22	BOOTS THE CHEMIST (East Sheen)	09:00	18:00
3	FPF21	Dumlers Pharmacy	09:00	14:00
4	FNN06	Forward Pharmacy	09:00	13:00
5	FDM96	Prime Pharmacy	09:30	17:30
6	FN176	Round the Clock Pharmacy	09:00	19:00
7	FP266	Round the Clock Pharmacy	09:00	19:00
8	FK288	Spatetree Pharmacy	09:00	17:00
9	FCN10	Superdrug Pharmacy	09:00	17:30
10	FNM74	BOOTS THE CHEMIST (Bessant Drive)	09:00	20:00
11	FF832	BOOTS THE CHEMIST (Richmond upon Thames)	08:30	18:00

## Appendices

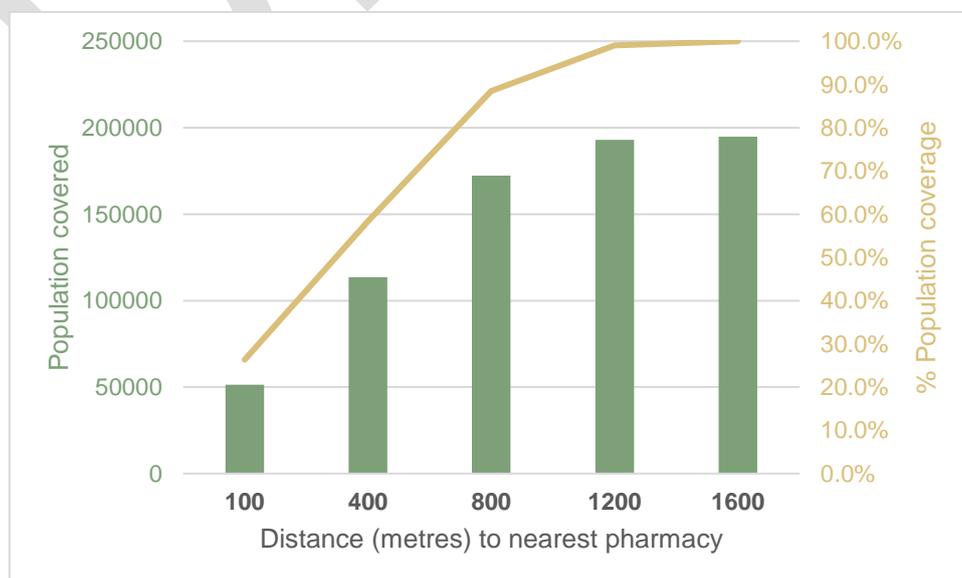
12	FN708	Kanset Pharmacy	09:00	18:00
13	FD680	Kew Pharmacy	09:00	18:30
14	FG716	Lloyds pharmacy (Lower Richmond Road, Sainsburys)	08:00	21:00
15	FYC71	Lloyds pharmacy (Kew Gardens)	09:00	18:00
16	FVH60	Nima Chemist	09:00	17:30
17	FLM25	Pharmacare	09:00	13:00
18	FRF19	Richmond Pharmacy	09:00	13:30
19	FJ123	Richmond Pharmacy	09:00	13:30
20	FK726	Springfield Pharmacy	09:00	14:00
21	FKK28	BOOTS THE CHEMIST (Hampton)	09:00	17:00
22	FTT52	BOOTS THE CHEMIST (Teddington)	08:30	17:30
23	FDD84	Herbert and Shrive	09:00	18:30
24	FQT67	K C Pharmacy	09:00	18:00
25	FM522	Kirby Chemist	09:00	18:00
26	FEW32	Hampton Hill Pharmacy	09:00	17:00
27	FV843	Health on the Hill	09:00	15:00
28	FV875	Teddington Pharmacy	09:00	14:00
29	FGG42	Your Local Boots Pharmacy	09:00	13:00
30	FV599	Your Local Boots Pharmacy	09:00	17:30
31	FQT44	BOOTS THE CHEMIST (Whitton)	09:00	17:00
32	FT792	BOOTS THE CHEMIST (Twickenham)	08:45	18:00
33	FAR56	Crossroads Pharmacy	09:30	13:30
34	FR011	Charles Harry Pharmacy	09:00	18:00
35	FQA52	Day Lewis Pharmacy	09:00	13:00
36	FT997	Goode Pharmacy	09:00	18:00
37	FKA42	Jhoots Pharmacy	09:00	12:00
38	FJ815	Maple Leaf Pharmacy	09:00	17:30
39	FJ778	Minal Pharmacy	09:00	18:00
40	FRT54	Strawberry Hill Pharmacy	09:00	18:00
41	FMW04	Whitton Corner Pharmacy	10:00	12:30
42	FAX90	Your Local Boots Pharmacy	09:00	17:30

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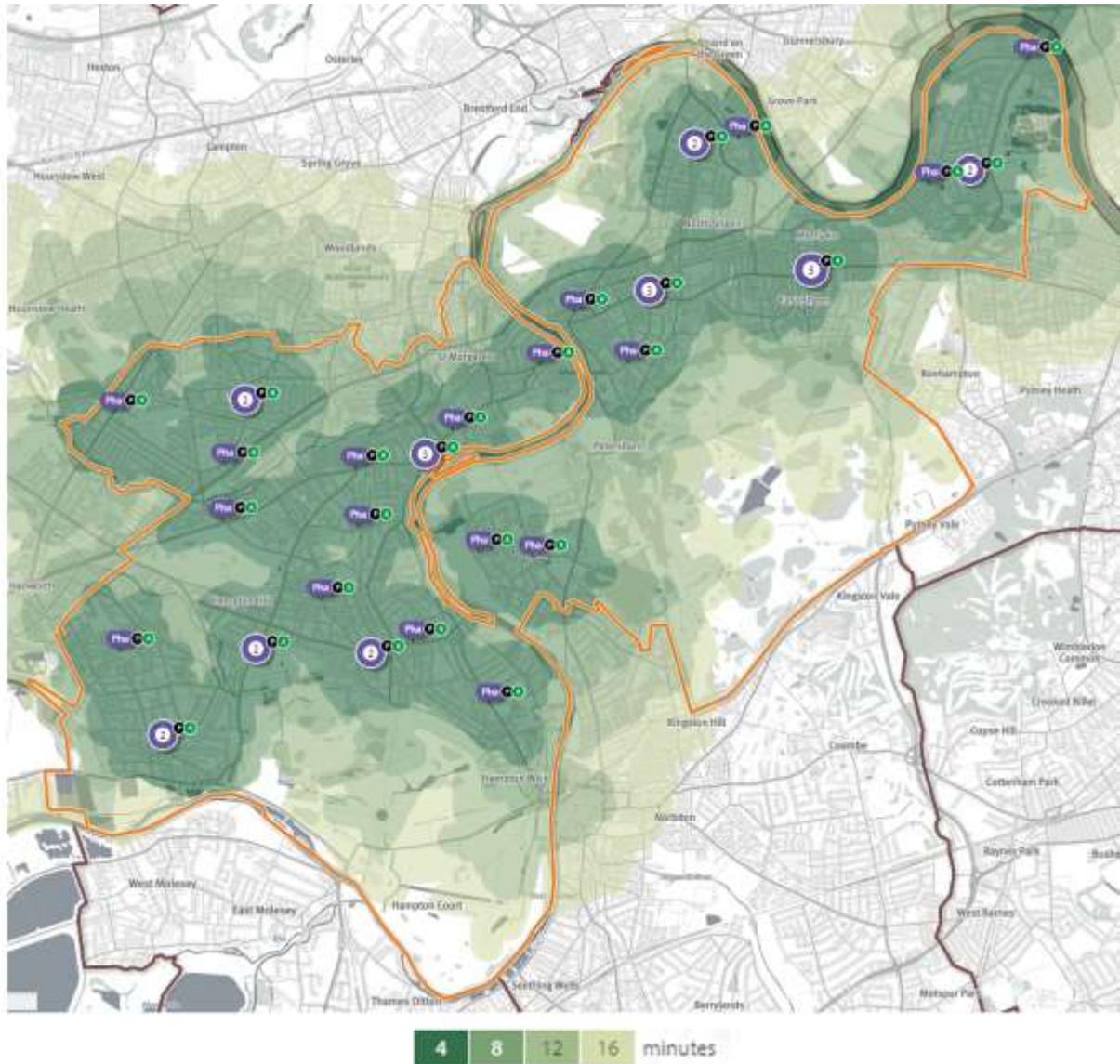
## Map 11. Saturday walking access map



**Figure 33. Graph of population covered by walking distance to pharmacy on Saturdays**

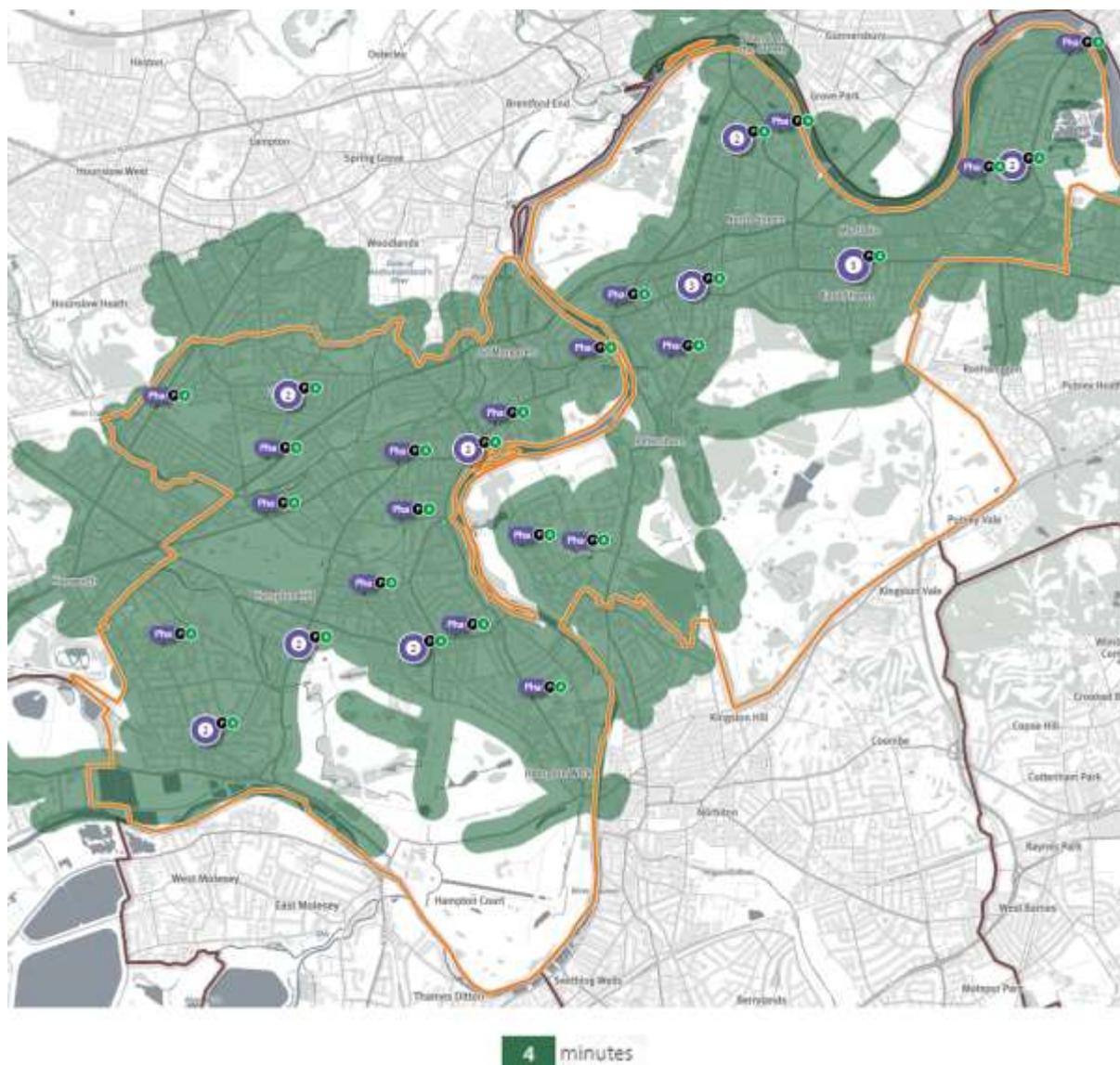


Map 12. Saturday cycling access map



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Map 13. Saturday driving access map



### 5.1.5 Sunday

Richmond has nine pharmacies open on Sundays (Table 4). Between them these offer good access for a significant portion of the population, although not as comprehensive as other days:

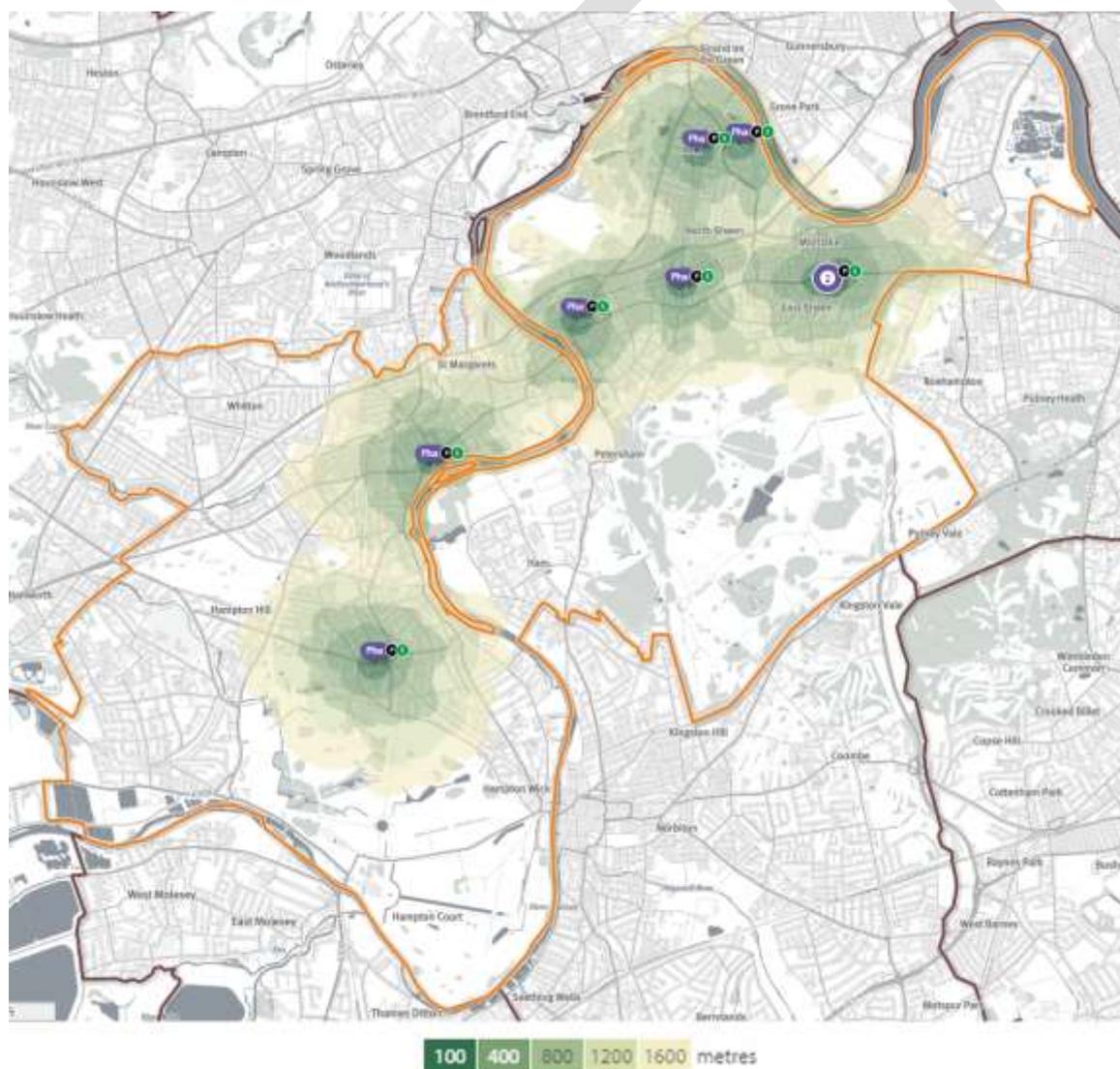
- 57% of residents are within 1600 metres (1 mile) of an open pharmacy on Sunday. (Map and Figure 34)
- 65% of residents are within a 12-minute cycle of an open pharmacy, with 91% being within a 20-minute cycle. (Map and Figure 35)
- 95% of residents are within an 8-minute drive of an open pharmacy (Map X)

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**Table 4. Richmond pharmacies open on Sunday**

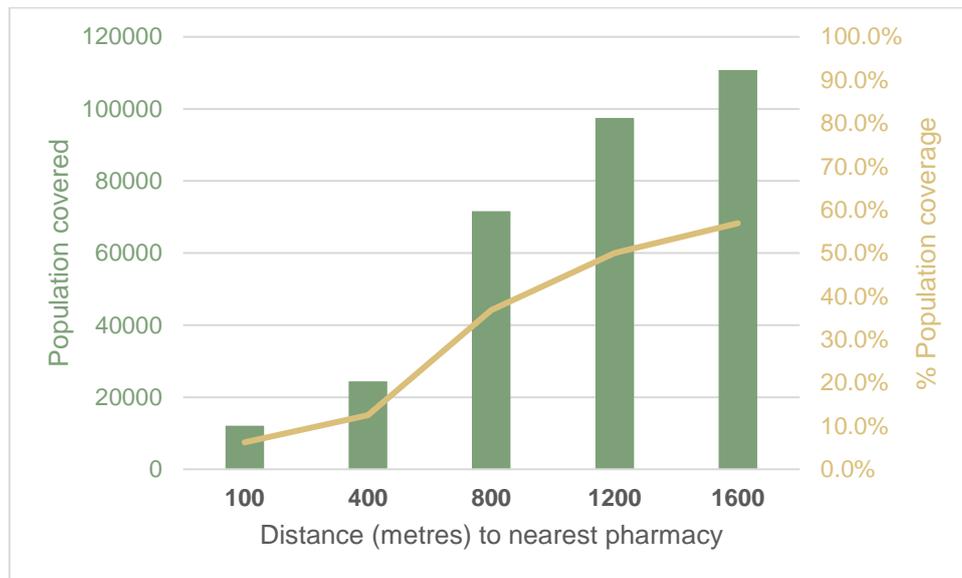
no	ODS Code	Pharmacy Name	Open	Close
1	FDN22	Boots the Chemist	11:00	17:00
2	FF832	Boots the Chemist	11:00	17:00
3	FG716	Sainsbury's In-Store Pharmacy	10:00	16:00
4	FJ815	Maple Leaf Pharmacy	10:00	16:00
5	FN176	Round the Clock Pharmacy	10:00	14:00
6	FNM74	Boots the Chemist	11:00	17:00
7	FT792	Boots the Chemist	11:00	16:00
8	FTT52	Boots the Chemist	11:00	16:00
9	FYC71	Lloyds Pharmacy	10:00	14:00

**Map 14. Sunday walking access map**



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**Figure 34. Graph of population covered by walking distance to pharmacy on Sundays**

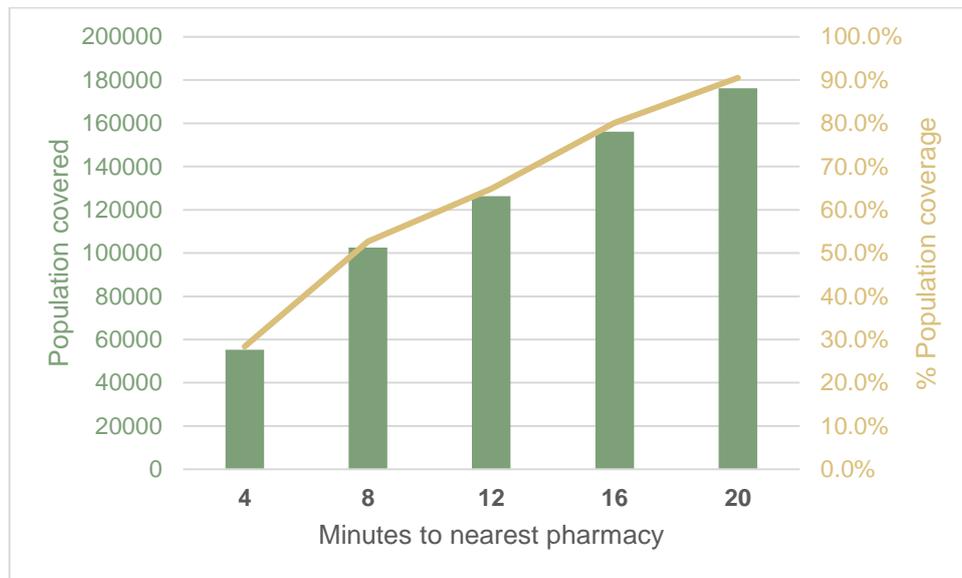


DRAFT



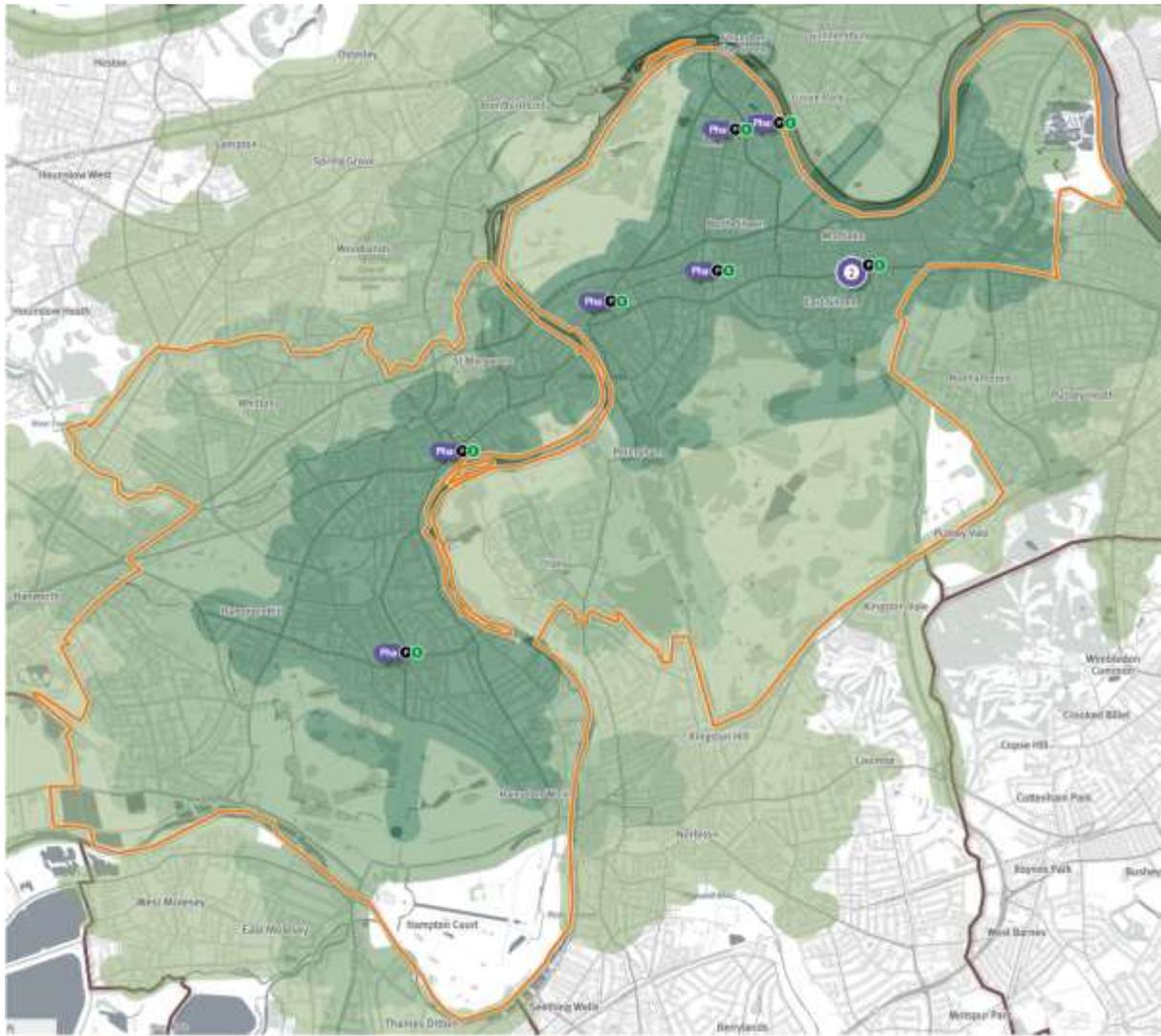
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**Figure 35. Graph of population covered by cycling time to pharmacy on Sun-days**



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## Map 16. Sunday driving access map



4 8 12 minutes



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### 5.1.6 Dispensing data

Table 5. Items dispensed by pharmacies by localities in Richmond, 2016/17

Locality	Number of pharmacies	Population (2015)*	Total Prescribed Items Dispensed	Pharmacies per 100,000 Population	Items per head of Population	Items per pharmacy
East Sheen & Barnes	9	32,226	435,475	27.9	13.5	48,386.1
Richmond, Ham & Kew	11	44,639	448,024	24.6	10.0	40,729.5
Teddington & Hampton	11	52,880	734,221	20.8	13.9	66,747.4
Twickenham & Whitton	14	64,985	720,197	21.5	11.1	51,442.6
<b>Richmond (total)</b>	<b>45</b>	<b>194,730</b>	<b>2,337,917</b>	<b>23.1</b>	<b>12.0</b>	<b>51,953.7</b>
<b>South London (total)</b>	<b>658</b>	<b>3,238,999</b>	<b>46,531,004</b>	<b>20.3</b>	<b>14.4</b>	<b>70,715.8</b>
<b>England (total)</b>	<b>11,688</b>	<b>54,786,327</b>	<b>1,098,397,839</b>	<b>21.3</b>	<b>20.0</b>	<b>93,976.5</b>

Source: ONS 2016 via Local Health

Richmond has more pharmacies per 100,000 population than South London and England averages (23.1 compared to 20.3 and 21.3 respectively, see Table 5). The concentration is higher in East Sheen & Barnes and Richmond, Ham & Kew localities, whereas in Teddington & Hampton and Twickenham & Whitton, the concentration is closer to the South London and England averages.

Over 2 million items were dispensed by Richmond pharmacies in 2016/17, which equates to about 12 items per person and 52,000 per pharmacy, both of which are lower than South London and England averages. This is true for every locality in Richmond.

A small percentage (1.6%) of Richmond CCG items were dispensed in general practice, which relate to personally-administered medicines such as vaccines (Table 8).

### 5.1.7 Access to advanced services

The list of pharmacies which provide advanced services across the borough is available in Appendix 5.

Table 6 shows the distribution of pharmacies providing advanced services across the borough. A high percentage of pharmacies provide the MUR, NMS and National Flu advanced services, with fewer partaking in the NUMSAS pilot. Only two pharmacies provide AUR and SAC, which leaves two localities (East Sheen & Barnes and Teddington & Hampton) without pharmacies providing these services.

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Figure 36 shows that distribution of these services is well spread across the localities once the differing population sizes are taken into account.

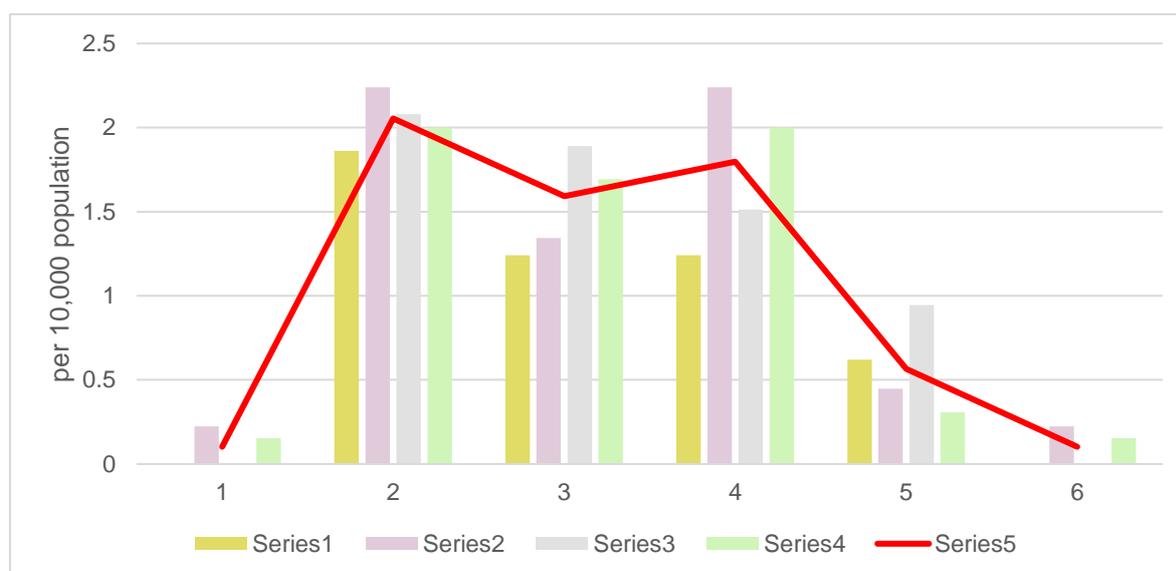
With respect to NMS, a nuance exists which demonstrates the importance of demand assessment. Figure 36 suggests that both East Sheen & Barnes and Teddington & Hampton have much lower capacity per 10,000 compared to the rest of the borough. Nevertheless, comparing the use per 1,000 population figures (Table 7) however demonstrates that these are in fact comparable to neighbouring localities and both below the London average, suggesting that demand and capacity are well aligned.

With respect to MUR, it is important to note however that although it seems that all boroughs are equally well served, Teddington & Hampton actually has significantly higher rates of use per 1,000 population, above London average (Table 7). This may indicate higher demand in the locality.

**Table 6. Number of pharmacies providing advanced services by locality**

Advanced Service	East Sheen & Barnes (population = 32,226)	Richmond, Ham & Kew (population = 44,639)	Teddington & Hampton (population = 52,880)	Twickenham & Whitton (population = 64,985)	Richmond Total
Appliance Utilisation Review (AUR)	0	1	0	1	2
Medicines Utilisation Review (MUR)	6	10	11	13	40
National Advanced Flu service	4	6	10	11	31
New Medicine Service (NMS)	4	10	8	13	35
NHS Urgent Medicine Supply Advanced Supply Service Pilot (NUMSAS)	2	2	5	2	11
Stoma Appliance Customisation (SAC)	0	1	0	1	2

**Figure 36. Advanced service rates for Richmond and localities**



**Table 7. NMS and MUR activity in community pharmacies, 2016/17**

Area	NMS			MUR		
	Number provided	Rate per 1,000 population	Rate per pharmacy	Number provided	Rate per 1,000 population	Rate per pharmacy
East Sheen and Barnes	251	7.8	27.9	1,720	53.4	191
Richmond, Ham and Kew	321	7.2	29.2	2,596	58.2	236
Teddington and Hampton	700	13.2	63.6	3,344	63.2	304
Twickenham and Whitton	833	12.8	59.5	3,724	57.3	266
<b>Richmond (total)</b>	<b>2,105</b>	<b>10.8</b>	<b>46.8</b>	<b>11,384</b>	<b>58.5</b>	<b>253</b>
<b>London (total)</b>	<b>119,721</b>	<b>13.8</b>	<b>64.3</b>	<b>519,828</b>	<b>59.9</b>	<b>279</b>

### 5.1.8 Necessary services: current provision outside the HWB's area

In making its assessment the Richmond HWB needs to take account of any services provided to its population which may affect the need for pharmaceutical services in its area. This could include services provided across a border to its population by pharmacy contractors, GP practices or other health services providers including those that may be provided by NHS trust staff or those outside its area.

Patients have a choice of where they access pharmaceutical services; this may be close to their GP practice, their home, their place of work or elsewhere. Consequent-

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ly, not all prescriptions written for residents of Richmond will be dispensed within the borough. The London Borough of Richmond upon Thames has borders with four London boroughs (Kingston, Wandsworth, Hounslow, Hammersmith and Fulham) and with Surrey county council.

Patient flow throughout London sees the movement of patients between areas to access services. In particular there is no acute hospital trust within the Richmond border and patients must access hospital services outside the borough. Residents of Richmond will also commute out of the area for work purposes and access pharmaceutical services in other London areas.

**Table 8. Richmond CCG prescribed items dispensed by dispensing location, 2016/17**

	Total Items dispensed	Items dispensed (%)
Richmond Pharmacy	2,337,917	82.4%
Richmond GP	45,539	1.6%
Non-Richmond Pharmacy	454,777	16.0%
<b>Total</b>	<b>2,838,233</b>	<b>100.0%</b>

Source: ONS 2016 via Local Health

In 2016/17, of those items prescribed to Richmond CCG patients, 16% of items were dispensed outside the HWB's area (Table 8).

Information on the type of advanced services provided by pharmacies and DACs outside the HWB's area to Richmond residents is not available. When claiming for advanced services contractors merely claim for the total number provided for each service.

The exception to this is the stoma appliance customisation service where payment is made based on the information contained on the prescription. However, even with this service just the total number of relevant appliance items is noted for payment purposes. It can be assumed however that Richmond residents will be able to access advanced services from contractors outside of Richmond.

It is not possible to identify the number of Richmond residents who access enhanced services from pharmacies outside the HWB's area. This is due to the way that pharmacies are paid. However, residents of the HWB's area may access enhanced services from outside Richmond.

## 5.2 Other relevant services

Other relevant services are pharmaceutical services that are not necessary but have secured improvement or better access to pharmaceutical services.

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Other relevant services, for the purposes of this PNA, are defined as:

- Essential services provided by pharmacies outside their standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 Regulations
- Enhanced services

### 5.2.1 Other relevant services within the HWB's area

All 45 pharmacies in Richmond provide essential and advanced services through supplementary hours. The totality of these hours covers evenings, Saturday and Sunday. The data on opening hours provided by NHS England is shown in Appendix 5.

#### Facilities offered

- All respondents (n=30) to our contractor survey said they offered closed room on site consultation services. Of those, 75% (24/30) had wheelchair access.
- 83% (25/30) of responding pharmacies provided handwashing facilities in or close to the consultation area. Of those, 7 also provided toilet facilities for customers.
- 37% (11/30) of responding pharmacies stated they were willing to undertake consultations at patient homes or another suitable site.
- 90% (27/30) of responding pharmacies stated that their staff could speak a language other than English:

*This information has been compiled using the self-reported contractor survey which had a response rate of 66.7%.*

#### Languages spoken

At least 27 of the pharmacies within Richmond can offer services in a language other than English:

**Table 9. Pharmacies offering services in languages other than English**

Language	Number of pharmacies
Hindi	22
Punjabi	11
Gujarati	12
Farsi	7
Polish	7
Urdu	6
Tamil	4
Telugu	3
Arabic	3

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Italian	3
French	2
Romanian	2
Czech	1
Swahili	1
Portuguese	1
Hebrew	1
Russian	1
Dutch	1
Afrikaans	1
Bengali	1
Mandarin	1
Taiwanese	1
Spanish	1
Konkani	1
Serbian	1
Korean	1
Nepalese	1

*This information has been compiled using the contractor survey which had a response rate of 66.7%.*

### 5.2.2 Enhanced services

The list of pharmacies which provide enhanced services across the borough is available in Appendix 5.

Table 10 shows the distribution of pharmacies providing enhanced services across the borough. Approximately half of pharmacies provide the enhanced flu service, with a good spread across the four localities. Only two pharmacies provide the minor ailments enhanced service, both of which are in Teddington & Hampton locality, and one pharmacy in Twickenham & Whitton provides the palliative care enhanced service. No pharmacies in the borough provide the advice to care homes service.

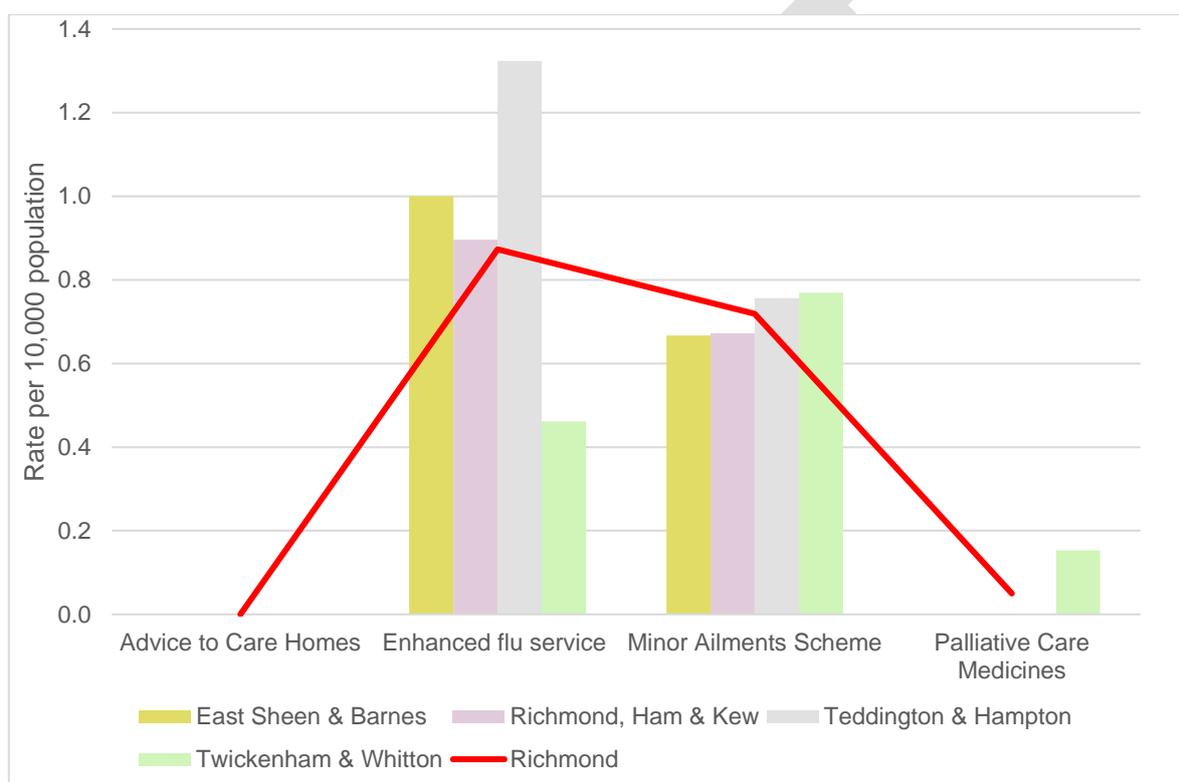
Figure 37. Enhanced service rates by locality\* demonstrates that although all localities are similar in provision of service based on their population, the enhanced flu service in Twickenham & Whitton is spread much thinner compared to other localities.

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**Table 10. Number of Pharmacies providing Enhanced Services by Locality**

Enhanced Service	East Sheen & Barnes (population = 32,226)	Richmond, Ham & Kew (population = 44,639)	Teddington & Hampton (population = 52,880)	Twickenham & Whitton (population = 64,985)	Richmond Total
Care Homes	0	0	0	0	<b>0</b>
Enhanced flu service	3	4	7	3	<b>17</b>
Minor Ailments	0	0	2	0	<b>2</b>
Palliative Care	0	0	0	0	<b>0</b>

**Figure 37. Enhanced service rates by locality\***



\*Minor Ailments Scheme and Palliative Care Medicines scheme includes Richmond CCG commissioned services data (see 5.3.4)

### 5.2.3 Other relevant services provided outside the HWB's area

Whilst there are pharmacies outside of the HWB's area providing pharmaceutical services during hours that may be regarded as providing improvement or better access, it is a choice of individuals whether to access these as part of their normal lives. None are specifically commissioned to provide services to the population of Richmond HWB area

### 5.3 Other services

The following NHS services are deemed, by the HWB, to affect the need for pharmaceutical services within its area:

- Hospital pharmacies – reduce the demand for the dispensing essential service as prescriptions written in the hospital are dispensed by the hospital pharmacy service.
- Personal administration of items by GPs – as above this also reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or practice nurses thus saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.
- GP out of hours service.
- Services commissioned by Richmond council

#### 5.3.1 Hospital pharmacies

There are no acute hospitals in Richmond. The Teddington Memorial Hospital, which is part of Hounslow and Richmond Community Healthcare NHS Trust, does not have a pharmacy on-site, although there are nearby pharmacies on Hampton Road.

Nevertheless, Richmond residents attending secondary care elsewhere in London may be using the hospital pharmacy or other pharmacies in the proximity of the hospital to obtain their prescriptions. Due to the way that dispensing data is recorded, the extent cannot be determined.

#### 5.3.2 Personal administration of items by GPs

Under their medical contract with NHS England there will be occasion where a GP practice personally administers an item to a patient.

Generally, when a patient requires a medicine or appliance their GP will give them a prescription which they take to their preferred pharmacy. In some instances, however the GP will supply the item against a prescription and this is referred to as personal administration as the item that is supplied will then be administered to the patient by the GP or a nurse. This is different to the dispensing of prescriptions and only applies to certain specified items for example vaccines, anaesthetics, injections, intra-uterine contraceptive devices and sutures.

For these items, the practice will produce a prescription however the patient is not required to take it to a pharmacy, have it dispensed and then return to the practice for it to be administered.

#### 5.3.3 GP out of hours service

Beyond the normal working hours practices open, there is an out of hours service operated as an initial telephone consultation where the doctor may attend the pa-

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tients home or request the patient access one of the clinics. The clinics and travelling doctors have a stock of medicines and depending on the patient and their requirement they may be given medicines from stock or a prescription issued for dispensing at a pharmacy.

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. These pharmacies are listed in Section 5.1.

### 5.3.4 Locally commissioned services – Richmond borough council and Richmond CCG

Since 1<sup>st</sup> April 2013 Richmond council has been responsible for the commissioning of some public health services. In addition, the CCG commissions a number of services that have an impact. Appendix 5 sets out the services currently commissioned and the number of pharmacies providing these services.

Table 11 shows the distribution of pharmacies providing locally commissioned services across the borough. Most pharmacies provide the stop smoking service with a smaller proportion providing chlamydia screening and treatment, emergency hormonal contraception, needle exchange and supervised administration services, with East Sheen & Barnes locality and Teddington & Hampton locality lacking pharmacies providing some of these services. Only two pharmacies provide NHS Health Checks. Around a third of pharmacies provide the “Pharmacy First” minor ailments service, with coverage in all four localities.

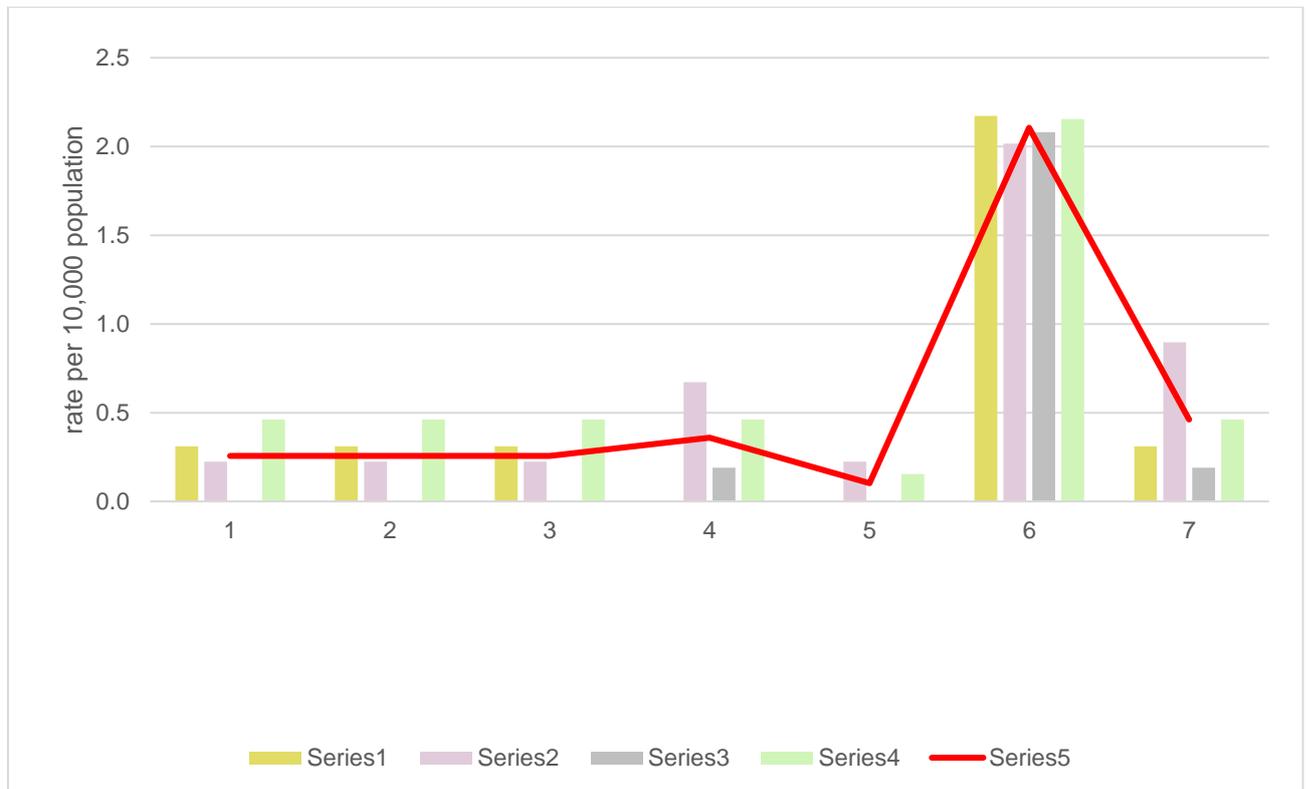
**Table 11. Number of Pharmacies providing Locally Commissioned Services by Locality**

Commissioner	Locally Commissioned Services	East Sheen & Barnes (population = 32,226)	Richmond, Ham & Kew (population = 44,639)	Teddington & Hampton (population = 52,880)	Twickenham & Whitton (population = 64,985)	Richmond Total
Richmond CCG	Pharmacy First (minor ailments service)	2	3	2	5	<b>12</b>
	Palliative Care Medicines Scheme	0	0	0	1	<b>1</b>
Richmond Council	Chlamydia screening	1	1	0	3	<b>5</b>
	Chlamydia treatment	1	1	0	3	<b>5</b>
	Emergency Hormonal Contraception	1	1	0	3	<b>5</b>
	Needle exchange	0	3	1	3	<b>7</b>
	NHS Health Checks	0	1	0	1	<b>2</b>

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	Stop smoking service	7	9	11	14	<b>41</b>
	Supervised administration service	1	4	1	3	<b>9</b>

**Figure 38. Locally commissioned council service rates by locality**



## 6 Analysis and Conclusions

### 6.1 Necessary services

#### 6.1.1 Access to essential services

In order to assess the provision of essential services against the needs of our 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 essential services meets the needs of the population.

#### 6.1.2 Access to essential services during normal working hours

With consideration of:

- Map 5, Map 6, Map 7 which demonstrate that weekday access and travel times to pharmacy services in Richmond during working hours are excellent.
- Figure 29, which demonstrates that all residents are within 1200metres (3/4 mile) of an open pharmacy during weekday working hours.
- Table 5. Items dispensed by pharmacies by localities in Richmond, 2016/17

Richmond HWB has concluded that based on the information available at the time of developing this PNA:

No current gaps in the need for provision of essential services during normal working (09:00-17:00) hours have been identified.

#### 6.1.3 Access to advanced services

With consideration of:

- Table 6. Number of pharmacies providing advanced services by locality
- Table 7. NMS and MUR activity in community pharmacies, 2016/17
- Figure 36. Advanced service rates for Richmond and localities

Richmond HWB notes that although there are no AUR or SAC services in East Sheen & Barnes and Teddington & Hampton, it does not consider this to equate to a gap in service as the demand for these specialist and low volume services would be adequately met by the provision of the AUR and SAC services in the other localities.

The HWB notes that the MUR activity data shows a higher rate of use per population in Teddington & Hampton when compared to other localities and the London aver-

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age. It cannot be determined if this is due to excessive demand or better awareness of the service in the locality, and therefore the significance of this and its impact on the pharmaceutical need cannot be assessed.

The Richmond HWB therefore concludes that based on the information available at the time of developing this PNA:

No current gaps in the provision of advanced services have been identified

### 6.1.4 Future provision of necessary services

With consideration of:

- Section 4.3.1, 4.3.2, 4.3.3 and 4.3.4 (Developments)
- Section 5.1.2 – that demonstrate current access times to pharmacy services throughout the week.

The Richmond HWB has determined that the current and planned developments taking place across the borough, with subsequent changes in population expected, and with consideration of current access times, do not represent a significant change in the needs of the localities as a whole.

The Richmond HWB therefore concludes that based on the information available at the time of developing this PNA:

No gaps in the future provision of necessary pharmaceutical services have been identified

## 6.2 Improvements and better access

### 6.2.1 Access to essential services outside normal working hours

#### Weekday evenings

With consideration of:

- Map 4. Map of Public Transport Access Level in the borough
- Table 2 which lists the three pharmacies open after 19:00 on weekdays, with none open after 21:00,
- Map 8 and Figure 30. Graph of population covered by walking distance to pharmacy during weekday evenings which demonstrate that only 35% of

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Richmond's population are within 1600metres (1 mile) of an open pharmacy after 19:00,

- Map 9 which demonstrates that 49% of residents are within a 12-minute cycle of an open pharmacy after 19:00,
- and Map 10 which demonstrates that all residents are within a 12-minute drive of an open pharmacy after 19:00,

Richmond HWB has determined that there in the provision of essential services on weekday evenings across the borough:

The Richmond HWB notes however that with respect to Teddington & Hampton:

- Hampton Wick residents are likely currently being served by pharmacies (Boots FG680 and Lloyds FLF25) located in the neighbouring Borough of Kingston-upon-Thames, which are open until 21:00.
- Residents in Hampton Hill and on the eastern side of the locality who do not drive do not have easy access to any pharmacies open after 19:00, either from within the borough or within neighbouring boroughs.

With respect to Richmond, Ham & Kew, the HWB notes that:

- Residents in Ham who do not drive do not have easy access to any pharmacies open after 19:00, either from within the borough or within neighbouring boroughs.

With respect to Twickenham & Whitton, the HWB notes that:

- Residents in Whitton who do not drive do not have easy access to any pharmacies open after 19:00, either from within the borough or within neighbouring boroughs.

With respect to East Sheen & Barnes, the HWB notes that:

- Barnes residents, specifically those close to Hammersmith, may be currently being served by pharmacies within the Borough of Hammersmith and Fulham, (Boots FY620 and Superdrug FMF82) which are open until 21:00.
- Residents in the southern side of Barnes and those around Mortlake who do not drive, do not have easy access to any pharmacies open after 19:00, either from within the borough or within neighbouring boroughs.

The HWB also notes however that the late opening pharmacies are located in high PTAL areas and thus are well connected with good access, thus offers some mitigation to the gaps identified above.

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In addition, the HWB acknowledges that demand for pharmaceutical services will be much lower at evenings and in the event that residents require pharmacy services, current arrangements and access time are sufficient to meet demand.

Richmond HWB has therefore concluded that based on the information available at the time of developing this PNA:

No gaps have been identified in the provision of essential services during weekday evenings (after 19:00)

## Saturday

With consideration of:

- Map 4. Map of Public Transport Access Level in the borough
- Table 3 which lists the pharmacies open on Saturdays,
- Map 11 which demonstrate that over 99% of Richmond residents are within 1200 metres (3/4 mile) of an open pharmacy on Saturdays,
- Map 12 which demonstrates that over 98% of residents are within an 8-minute cycle of an open pharmacy on Saturdays,
- and Map 13 which demonstrates that all residents are within a 4-minute drive of an open pharmacy on Saturdays,

Richmond HWB has concluded that based on the information available at the time of developing this PNA:

No current gaps in the need for provision of essential services on Saturdays been identified

## Sunday

With consideration of:

- Map 4. Map of Public Transport Access Level in the borough
- Table 4 which lists the nine pharmacies open on Sundays,
- Map 14 and Figure 34 which demonstrate that 57% of Richmond residents are within 1600metres (1 mile) of an open pharmacy on Sundays,
- Map 15 which demonstrates that 65% of residents are within a 12-minute cycle of an open pharmacy on Sundays,
- and Map 16 which demonstrates that 95% of residents are within an 8-minute drive on Sunday's

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Richmond HWB has determined that there may be apparent gaps in the provision of essential services on Sundays across the borough.

With respect to Twickenham & Whitton, the Richmond HWB notes that:

- Residents in Whitton who do not drive will not have easy access to any pharmacies on Sundays, either from within the borough or within neighbouring boroughs.

With respect to Teddington & Hampton, the HWB notes that:

- Hampton Wick residents are likely currently being served by pharmacies (Boots FG680 and Lloyds FLF25) located in the neighbouring Borough of Kingston-upon-Thames, which are open on Sundays.
- Residents in Hampton Hill, and those in the east of the locality who do not drive will not have easy access to any pharmacies on Sundays, either from within the borough or within neighbouring boroughs.

With respect to Richmond, Ham & Kew, the HWB notes that:

- Residents in Ham who do not drive will not have easy access to any pharmacies on Sundays, either from within the borough or within neighbouring boroughs.

With respect to East Sheen & Barnes, the HWB notes that:

- Barnes residents, specifically those close to Hammersmith, are likely currently being served by pharmacies within the Borough of Hammersmith and Fulham (Boots FY620 and Superdrug FMF82) which are open on Sundays.

Similar to the assessment of weekday evening access times, the HWB notes that many of the Sunday opening pharmacies are located in high PTAL areas, suggesting that they are well connected and therefore easy to access from all points within the borough, thus offers some mitigation to the gaps identified above.

In addition, the HWB acknowledges that demand for pharmaceutical services will be much lower on Sundays and in the event that residents require pharmacy services, current arrangements and access time are sufficient to meet demand.

Richmond HWB has concluded that based on the information available at the time of developing this PNA:

No current gaps in the need for provision of essential services on Saturdays  
been identified

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### 6.2.2 Future provision – access to essential services outside of normal working hours

With consideration of:

- Section 4.3.1, 4.3.2, 4.3.3 and 4.3.4 (Developments)
- Section 5.1.3, 5.1.4 and 5.1.5– that demonstrate current access times to pharmacy services outside of normal working hours,
- Section 6.2.1 above,

The Richmond HWB has determined that the current and planned developments taking place across the borough, with subsequent changes in population expected, and with consideration of current access times, do not represent a significant change in the needs of the localities as a whole.

The Richmond HWB therefore concludes that based on the information available at the time of developing this PNA:

there is no gap in the future provision of essential pharmaceutical services outside of working hours

### 6.2.3 Access to enhanced services

With consideration of:

- Table 10. Number of Pharmacies providing Enhanced Services by Locality
- Figure 37. Enhanced service rates by locality\*
- Appendix 3. Contractor survey summary

Richmond HWB notes that with respect to the advice to care home service:

- That there are no pharmacies currently commissioned to provide the advice to care homes service.
- The contractor survey suggests that nearly all pharmacies are willing to provide the service if commissioned.
- The HWB therefore concludes that the absence of the advice to care home scheme is a commissioning decision and not a pharmaceutical gap.

With respect to the access to palliative medicines scheme:

- There is one pharmacy providing the service within the borough on a 24 hour, seven day a week basis.
- Similar arrangements are also in place in the neighbouring borough of Kingston-upon-Thames.

## Appendices

- The HWB therefore concludes that the current provision can appropriately meet the demands of Richmond residents.

The Richmond HWB therefore concludes that based on the information available at the time of developing this PNA:

There is a potential for improvement in the access to the advice to care home scheme throughout the borough which should be considered by commissioners

### 6.2.4 Future provision – access to enhanced services

With consideration of:

- Section 4.3.1, 4.3.2, 4.3.3 and 4.3.4 (Developments)
- Section 6.2.3 above,

The Richmond HWB has determined that the current and planned developments taking place across the borough, with subsequent changes in population expected do not represent a significant change in the needs of the localities as a whole.

The Richmond HWB therefore concludes that, should the gaps currently identified in section 6.2.3 be addressed, then based on the information available at the time of developing this PNA:

There is no gap in the future provision of enhanced services

### 6.2.5 Locally commissioned services

With consideration of:

- Table 11. Number of Pharmacies providing Locally Commissioned Services by Locality
- Figure 38. Locally commissioned council service rates by locality
- Appendix 3. Contractor survey summary

And as required by paragraph 5 of schedule 1 to the 2013 Regulations, Richmond HWB has determined that there may be gaps in provision of other NHS services within the borough.

With respect to Teddington & Hampton, the HWB notes that:

- There are no pharmacies which have been commissioned by the council to offer chlamydia screening and treatment, emergency hormonal contraception, NHS health checks.

## Appendices

With respect to East Sheen & Barnes, the HWB notes that:

- There are no pharmacies which have been commissioned by the council to offer a needle exchange service or NHS health checks.

The HWB notes that given the contractor survey findings which suggest that nearly all pharmacies are willing to provide services if commissioned, that the absence of the advice to care home scheme is a commissioning decision and not a pharmaceutical gap.

The HWB therefore recommends that the commissioning of these services be reassessed by the local authority to determine if there is a true commissioning gap based on the best available demand and/or activity data.

Richmond HWB therefore concludes that based on the information available at the time of developing this PNA:

There is a potential for improvement in the access to locally commissioned services throughout the borough which should be considered by commissioners

### 6.2.6 Future Provision: Locally commissioned services

With consideration of:

- Section 4.3.1, 4.3.2, 4.3.3 and 4.3.4 (Developments)
- Section 6.2.5 above,

The Richmond HWB has determined that the current and planned developments taking place across the borough, with subsequent changes in population expected do not represent a significant change in the needs of the localities as a whole.

The Richmond HWB therefore concludes that, should the gaps currently identified in section 6.2.5 be addressed, then based on the information available at the time of developing this PNA:

There is no gap in the future provision of locally commissioned services

# 7 References

- <sup>1</sup> Department of Health, Community pharmacy in 2016/17 and beyond; Final package, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/561495/Community\\_pharmacy\\_package\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/561495/Community_pharmacy_package_A.pdf) [accessed 24/1/2017]
- <sup>2</sup> Public Health England Local Health, (accessed 20/10/2017), <http://www.localhealth.org.uk/>
- <sup>3</sup> Public Health England, Shape Place <https://shapeatlas.net/place/>
- <sup>4</sup> Office for National Statistics, 2014-based population projections
- <sup>5</sup> Projecting Older People Population Information (POPPI)
- <sup>6</sup> Public Health England, Public Health Outcomes Framework
- <sup>7</sup> Office for National Statistics, Census 2011
- <sup>8</sup> Public Health England, Wider Determinants of Health Profile, 2015/16
- <sup>9</sup> Office for National Statistics, Live Births by Area of Usual Residence, England and Wales 2015
- <sup>10</sup> Public Health England, Health Profiles, Smoking status at time of delivery (historical method), 2016/17
- <sup>11</sup> Public Health England, Public Health Outcomes Framework 2.02i, Breastfeeding - breastfeeding initiation, 2014/15
- <sup>12</sup> Public Health England, Public Health Outcomes Framework 2.04, Under 18s conception rate / 1,000
- <sup>13</sup> Office for National Statistics, Sexual identity, UK: 2016
- <sup>14</sup> GIRES, 2009 Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution
- <sup>15</sup> Transport for London, Webcat, <https://tfl.gov.uk/info-for/urban-planning-and-construction/planning-with-webcat/webcat?intcmp=25932> Accessed 13/11/2017

## 8 Appendices

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# Appendix 1. Pharmaceutical Needs Assessment Steering Group Terms of Reference

## Project Aim

To fulfil the duty of Richmond and Kingston 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>8</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 Borough of Richmond upon Thames and the Royal Borough of Kingston upon Thames, in line with the Regulations and Department of Health guidance<sup>9</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 Kingston and Richmond to make efficient use of resources and in reflection of the common links to the Richmond and Kingston Local Pharmaceutical Committee and the integration of Kingston and Richmond 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 Kingston and Richmond with roles and responsibilities detailed:

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

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<sup>8</sup> <http://www.legislation.gov.uk/ukxi/2013/349/part/1/made>

<sup>9</sup> <https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack>

## Appendices

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

Anna Raleigh, Consultant in Public Health, Richmond and Wandsworth Councils

Helen Raison, Consultant in Public Health, Kingston Council

Karen Titterington, Sexual Health Improvement Specialist, Kingston Council

Steven Bow, Business Intelligence Manager, Richmond and Wandsworth Councils

Tejal Indulkar, Senior PH Intelligence Analyst, Kingston Council

Shewa Melesse, Analyst Support Officer, Richmond and Wandsworth Councils

Youssof Oskrochi, Public Health Registrar, Richmond and Wandsworth Councils

Clinical Commissioning Group (CCG)

*Clinical and professional advice relating to medicines optimisation*

Emma Richmond, Chief Pharmacist, Richmond CCG (also representing Kingston CCG)

Ensure pharmacy is embedded within wider primary care landscape

Kathryn MacDermott, Head of Planning & Primary Care Development, Kingston CCG (also representing Richmond CCG)

Attracta Asika, Head of Commissioning, Primary and Urgent Care, Richmond CCG (also representing Kingston CCG)

Healthwatch

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

Mike Derry, Chief Officer, Richmond Healthwatch

Grahame Snelling, Chair of Trustees, Kingston Healthwatch

**Key stakeholder membership**

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

Terry Silverstone, Chief Executive, Richmond and Kingston Local Pharmaceutical Committee

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

Julius Parker, Chief Executive, Kingston & Richmond Local Medical Committee

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

- Penny Taylor, Richmond General Practice Alliance (RGPA)

## Appendices

### 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
- West Middlesex University Hospital

#### Community trusts

- Hounslow and Richmond Community Healthcare NHS Trust
- Your Healthcare Community Interest Company
- 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 31<sup>st</sup> August 2017

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

### Chair

The Steering Group will be co-chaired by Anna Raleigh (Consultant in Public Health, Richmond and Wandsworth Councils) and Helen Raison (Consultant of Public Health, Royal Borough of Kingston upon Thames), 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

## Appendices

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

## Appendix 2. PNA Pharmacy Questionnaire

### Richmond 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			

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### 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.

## Appendices

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"/>

## Appendices

### Enhanced<sup>10</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>(11)</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"/>
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"/>

<sup>10</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>11</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'

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	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
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?					
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"/>

## Appendices

	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
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"/>
Other vaccinations <sup>(2)</sup>					
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)					

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	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
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"/>

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

### Details of the person completing this form:

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

## Appendix 3. Contractor survey summary

### Opening Times

#### Early Open:

Map Index	ODS Code	Trading Name	Open (M-F)	Close (M-F)
	FF832	Boots	08:00	19:00
	FTT52	Boots	08:30	18:30
	FT792	Boots	08:30	18:30
		Lloyds	08:00	21:00

#### Late Open

Map Index	ODS Code	Trading Name	Open	Close	Notes
	FJ815	MLPC Ltd	09:00	21:00	Monday to Friday
		Lloyds	08:00	21:00	Monday to Friday
	FW429	Barnes	09:00	21:00	Monday Only

#### Open Saturday

Map Index	ODS Code	Trading Name	Open	Close
	FV599	Books UK Ltd	09:00	17:30
	FKK28	Boots, Station approach , Hampton	09:00	17:00
	FGG42	Boots The Chemist	09:00	13:00
	FF832	BOOTS UK Ltd	08:00	19:00
	FQT44	Boots Whitton	09:00	17:30
	FTT52	Boots UK Ltd	08:30	18:30
	FT792	Boots UK LTD	08:30	18:30
	FR011	Charles Harry Pharmacy	09:00	18:00
	FAR56	CROSSROADS PHARMACY	09:30	13:30
	FT997	C Goode Pharmacy	09:00	18:00

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	FEW32	Hampton Hill Pharmacy	09:00	17:00
	FV843	Health On The Hill	09:00	15:00
	FDD84	HERBERT & SHRIVE	09:00	17:00
	FN708	KANSET PHARMACY	09:00	18:00
	FM522	KIRBY CHEMIST	09:00	18:00
	FJ815	MLPC Ltd	09:00	17:30
	FJ778	MINAL PHARMACY	09:00	18:00
	FK726	Springfield Pharmacy	09:00	14:00
	FM474	St Margarets Pharmacy	09:00	13:30
	FRT54	Strawberry Hill Pharmacy	09:00	18:00
	fv875	TEDDINGTON PHARMACY	09:00	14:00
	Corrupt	Lloyds Pharmacy Ltd.	08:00	21:00
	FW429	Barnes Pharmacy	09:00	18:00
	FDN22	Boots UK LTD	09:00	18:00
	FPF21	Dumlers pharmacy	09:00	14:00
	FNN06	Forward Pharmacy	09:00	15:00
	FK288	Spatetree Pharmacy	09:00	17:00
	FCN10	Superdrug	09:00	17:30

### Open Sunday

Map Index	ODS Code	Trading Name	Open	Close
	FF832	Boots UK LTD	11:00	17:00
	FTT52	Boots UK LTD	10:00	16:00
	FT792	Boots UK LTD	11:00	17:00
	FJ815	MLPC Ltd	10:00	16:00

## Appendices

	Corrupt	Lloyds Pharmacy Ltd.	10:00	16:00
	FDN22	Boots UK LTD	11:00	17:00

### Facilities & Services

- All respondents (n=30) to our contractor survey offered closed room on site consultation services. Of those, 75% (24/30) had wheelchair access.
- 83% (25/30) of responding pharmacies provided handwashing facilities in or close to the consultation area. Of those, 7 also provided toilet facilities for customers.
- 37% (11/30) of responding pharmacies stated they were willing to undertake consultations at patient homes or another suitable site.
- 90% (27/30) of responding pharmacies stated that their staff could speak a language other than English:

Hindi	22
Punjabi	11
Gujarati	12
Farsi	7
Polish	7
Urdu	6
Tamil	4
Telugu	3
Arabic	3
Italian	3
French	2
Romanian	2
Czech	1
Swahili	1
Portuguese	1
Hebrew	1
Russian	1
Dutch	1
Afrikaans	1
Bengali	1
Mandarin	1
Taiwanese	1
Spanish	1
Konkani	1
Serbian	1
Korean	1
Nepalese	1

## Appendices

### IT

- All responding pharmacies said they have EPS Release 2 enabled.
- 73% (22/30) of responding pharmacies said they were using NHSmail.
- 73% (22/30) of responding pharmacies said they had NHS Summary Care Records enabled.
- 83% (25/30) of responding pharmacies said their NHS Choices entry was up to date.
- Overall, 73% (22/30) of pharmacies were meeting all of the above IT guidelines.

### Healthy Living Pharmacies

- Only 4 pharmacies (13%) stated that they had reach HLP status. Of the remaining, 23 stated they were actively working towards obtaining HLP status, whilst 3 stated they were not currently working towards it.

### Dispensing Appliances

- 90% (27/30) of responding pharmacies said they dispensed appliances in some capacity. Of those, 20 stated they do all types of appliances, 5 stated they do all types excluding stoma appliances, 1 said they do all types except incontinence appliances whilst 1 does dressings only.

### Advanced Services

Service	Currently Offer	Offering within 12 months	Not offering and no plans to offer
MUR	30	0	0
NMS	29	1	0
AUR	4	4	22
Stoma Appliance Customisation	2	4	24
Flu Vaccination	24	3	3
NHS UMAS	14	6	10

### Enhanced Services

		Commissioner/Status					Notes
		NHSE	CCG	LA	WP	NA	
nce d	Anticoagulation Monitoring Service	0	0	0	22	8	

## Appendices

	Anti-viral distribution service	0	0	0	23	7	
	Care Home Service	0	0	0	21	9	
	Chlamydia Testing Service	0	1	4	20	5	
	Chlamydia Treatment Service	0	0	2	23	5	
	Contraceptive Service (non-EC)	0	0	0	27	3	

Disease Specific Services	Allergies	0	0	0	24	6	
	Alzheimer's/dementia	0	0	0	25	5	
	Asthma	2	0	0	23	5	
	CHD	0	0	0	25	5	
	COPD	0	0	0	25	5	
	Depression	0	0	0	24	6	
	Diabetes type I	0	0	0	25	5	
	Diabetes type II	0	0	0	25	5	
	Epilepsy	0	0	0	25	5	
	Heart Failure	0	0	0	25	5	
	Hypertension	0	0	0	25	5	
	Parkinson's disease	0	0	0	25	5	

Other Services	Emergency Contraception Service	0	2	2	22	4	
	Emergency Contraception Service	0	4	0	22	4	
	Gluten Free Food Service Supply (via FP10)	1	0	1	23	5	
	Home Delivery Service	0	3	1	22	4	
	Independent Prescribing Service	0	0	0	19	12	

## Appendices

	Language Access Service	0	0	0	22	8	
	Medication Review Service	5	0	0	21	4	
	Medicines Assessment and Compliance Support Service	1	0	0	23	6	
	Minor Ailment Scheme	1	7	2	16	4	
	MUR Plus/Medicines Optimisation Service <sup>(2)</sup>	0	1	0	23	6	
	Needle and Syringe Exchange Service	0	1	4	10	15	
	Obesity management (adults and children) <sup>(2)</sup>	0	0	0	26	4	
	Not Dispensed Scheme	0	1	0	22	7	
	On Demand Availability of Specialist Drugs Service	0	1	0	23	6	
	Out of Hours Services	0	0	0	16	14	
	Patient Group Direction Service	4	4	0	16	6	PGDS Medicines: Influenza Vaccine (3x) PPV Vaccine (2x) Nimenrix Chloramphenicol Trimethoprim (4x) Nitrofurantoin (2x) Levonestrogel Azithromycin Doxycycline Salbutamol Malaria Prophylaxis
	Phlebotomy Service <sup>(2)</sup>	0	0	0	17	13	
	Prescriber Support Service	0	0	1	22	7	
	Schools Service	0	0	0	21	9	

min	Alcohol	0	0	1	25	4	
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## Appendices

	Cholesterol	0	0	1	25	4	
	Diabetes	0	0	1	25	4	
	Gonorrhoea	0	0	1	24	5	
	H. pylori	0	0	0	26	4	
	HbA1C	0	0	0	26	4	
	Hepatitis	0	0	0	23	7	
	HIV	0	0	0	22	8	

Other Vaccinations	Seasonal Influenza Vaccination Service <sup>(2)</sup>	0	12	2	11	5	
	Childhood vaccinations	0	0	0	23	7	
	Hepatitis (at risk workers or patients)	0	0	0	24	6	
	HPV	0	0	0	24	6	
	Travel vaccines	0	0	0	24	6	
	Sharps Disposal Service <sup>(2)</sup>	0	1	2	15	11	
	Stop Smoking Service	5	5	10	8	2	
	Supervised Administration Service	6	1	6	10	7	
	Supplementary Prescribing Service	1	0	0	21	8	
	Vascular Risk Assessment Service (NHS Health Check) <sup>(2)</sup>	0	0	1	25	4	

### Non-commissioned Services

	Yes	No	Notes
Collection of prescriptions from GP practices	30	0	
Delivery of dispensed medicines – Free of charge on request	29	1	<b>Stated eligibility:</b> Varied, majority state for immobile/housebound or elderly patients whilst others state for urgent prescriptions, all patients or large/bulky medicines/appliances.

## Appendices

			<b>Locations delivered:</b> varied depending on pharmacy location, some deliver within 2-3 mile radius.
Delivery of dispensed medicines - Chargeable	4	26	
Monitored Dosage Systems – Free of charge on request	29	1	
Monitored Dosage Systems – chargeable	2	28	

### Particular needs identified for a locally commissioned service in area:

Postcode	Comment
TW1	Care home services
TW1	Phlebotomy (improve patient access to take pressure off GPs) Chiropractor and Podiatry (service not available widely) Weight management (due to obesity) ear syringing (decommissioned from GP surgeries)
TW2	domiciliary visits e.g. MUR asthma review
TW9	Due to demand of our patient in our area, we would like to do chlamydia testing and treatment service and contraceptive service.
SW13	glucose monitoring
SW14	EHC - we get a lot of requests for it and makes it harder for ladies to get the urgent care free of charge. Needle Exchange - a lot of requests from customers who are finding it difficult to get rid of their sharps boxes. From my knowledge, there are no pharmacies in East Sheen area providing these two services.

## Appendix 4. Pharmaceutical list for Richmond

ODS Code	Trading Name	Address	Map code
FDM96	Prime Pharmacy	198 Castelnau, Barnes, London, SW13 9DW	1
FNN06	Forward Pharmacy	90 Church Road, Barnes, London, SW13 0DQ	2
FP266	Round the Clock Pharmacy	69 Church Road, Barnes, London, SW13 9HH	3
FW429	Barnes Pharmacy	5 High Street, Barnes, London, SW13 9LB	4
FN176	Round the Clock Pharmacy	257 Upper Richmond Road West, East Sheen, London, SW14 8QS	5
FK288	Spatetree Pharmacy	113 Sheen Lane, East Sheen, London, SW14 8AE	6
FCN10	Superdrug Pharmacy	Superdrug Store, 262 Upper Richmond Road West, East Sheen, SW14 7JE	7
FDN22	Boots the Chemist	381-383 Upper Richmond Road, East Sheen, London, SW14 7NX	8
FPF21	Dumlers Pharmacy	495-497 Upper Richmond Road West, East Sheen, London, SW14 7PU	9
FNM74	Boots the Chemist	Unit 4, Kew Retail Park, Bessant Drive, Richmond upon Thames, TW9 4AD	10
FYC71	Lloyds pharmacy	19-21 Station Parade, Kew Gardens, Richmond upon Thames, TW9 3PS	11
FD680	Kew Pharmacy	3 Station Parade, Kew Gardens, Richmond, Surrey, TW9 3PS	12
FJ123	Richmond Pharmacy	213 Lower Mortlake Road, Richmond upon Thames, Surrey, TW9 2LN	13
FG716	Lloyds pharmacy	Sainsburys Store, Lower Richmond Road, Richmond upon Thames, TW9 4LT	14
FF832	Boots the Chemist	61/64 George Street, Richmond upon Thames, Surrey, TW9 1HF	15
FRF19	Richmond Pharmacy	82-86 Sheen Road, Richmond upon Thames, Surrey, TW9 1UF	16
FK726	Springfield Pharmacy	124 Sheen Road, Richmond upon Thames, Surrey, TW9 1UR	17
FVH60	Nima Chemist	50 Friars Stile Road, Richmond upon Thames, Surrey, TW10 6NQ	18
FN708	Kanset Pharmacy	177 Ashburton Road, Ham, Richmond upon Thames, TW10 7NR	19
FLM25	Pharmacare	12 Back Lane, Ham, Richmond upon Thames, TW10 7LF	20
FR011	Charles Harry Pharmacy	366 Richmond Road, Twickenham, Middlesex, TW1 2DX	21
FM474	St Margarets Pharmacy	38 Crown Road, St Margaret's, Twickenham, TW1 3EH	22
FKA42	Jhoots Pharmacy	17 Richmond Road, Twickenham, Middlesex, TW1 3AB	23

## Appendices

FT997	Goode Pharmacy	22 London Road, Twickenham, Middlesex, TW1 3RR	24
FT792	Boots the Chemist	3-5 King Street, Twickenham, Middlesex, TW1 3SD	25
FQA52	Day Lewis Pharmacy	1 Cross Deep Court, Heath Road, Twickenham, TW1 4AG	26
FJ815	Maple Leaf Pharmacy	20 The Green, Twickenham, Middlesex, TW2 5AB	27
FRT54	Strawberry Hill Pharmacy	3 Wellesley Parade, Strawberry Hill, Twickenham, TW2 5SQ	28
FJ778	Minal Pharmacy	9 High Street, Whitton, Middlesex, TW2 7LA	29
FQT44	Boots the Chemist	100 High Street, Whitton, Middlesex, TW2 7LN	30
FF664	Herman's Pharmacy	133 Percy Road, Whitton, Middlesex, TW2 6HT	31
FMW04	Whitton Corner Pharmacy	Whitton Community Centre, Percy Road, Twickenham, TW2 6JL	32
FAR56	Crossroads Pharmacy	334 Staines Road, Twickenham, Middlesex, TW2 5AT	33
FAX90	Your Local Boots Pharmacy	658 Hanworth Road, Hounslow, Middlesex, TW4 5NP	34
FV875	Teddington Pharmacy	113 Stanley Road, Teddington, Middlesex, TW11 8UB	35
FV599	Your Local Boots Pharmacy	29 Tangle Park Road, Hampton, Middlesex, TW12 3YH	36
FEW32	Hampton Hill Pharmacy	173b High Street, Hampton Hill, Middlesex, TW12 1NL	37
FV843	Health on The Hill	62 High Street, Hampton Hill, Middlesex, TW12 1PD	38
FQT67	K C Pharmacy	23 Broad Street, Teddington, Middlesex, TW11 8QZ	39
FTT52	Boots the Chemist	59 Broad Street, Teddington, Middlesex, TW11 8QZ	40
FM522	Kirby Chemist	53 High Street, Teddington, Middlesex, TW11 8HA	41
FWL31	Medco Pharmacy	31-33 Park Road, Teddington, Middlesex, TW11 0AB	42
FGG42	Your Local Boots Pharmacy	28b Priory Road, Hampton, Middlesex, TW12 2NT	43
FKK28	Boots the Chemist	3 Station Approach, Hampton, Middlesex, TW12 2HZ	44
FDD84	Herbert and Shrive	208 Kingston Road, Teddington, Middlesex, TW11 9JD	45

## Appendix 5. Pharmacies providing Advanced, Enhanced and Locally Commissioned Services

### East Sheen and Barnes Locality

ODS Code	Pharmacy name	Advanced Services						Enhanced Services				Locally Commissioned Services							
		New Medicine Service (NMS)	Appliance Utilisation Review (AUR)	Medicines Utilisation Review (MUR)	Stoma Appliance Customisation	National Advanced Flu service	NHS Urgent Medicine Supply Advanced Supply Service Pilot (NUMSAS)	Minor Ailments	Enhanced service Flu	Palliative Care Drugs	Care homes	Richmond CCG		Richmond Council					
												Pharmacy First (minor ailments service)	Palliative Care Drugs	Chlamydia screening	Emergency Hormonal Contraception (EHC2)	Needle exchange	Supervised administration service	NHS Health Checks	Stop smoking service
FCN10	Superdrug Pharmacy	✓		✓	✓			✓											✓
FDM96	Prime Pharmacy			✓															✓

## Appendices

FDN22	BOOTS THE CHEMIST	✓		✓		✓			✓				✓	✓		✓		
FK288	Spatetree Pharmacy																	✓
FN176	Round the Clock Pharmacy																	✓
FNN06	Forward Pharmacy	✓		✓			✓				✓							✓
FP266	Round the Clock Pharmacy																	✓
FPF21	Dumlers Pharmacy	✓		✓		✓	✓		✓			✓						✓
FW429	Barnes Pharmacy			✓		✓												

Richmond, Ham and Kew Locality



## Appendices

FLM25	Pharmacare	✓		✓		✓					✓							✓
FN708	Kanset Pharmacy	✓		✓		✓			✓				✓	✓	✓	✓	✓	✓
FNM74	BOOTS THE CHEMIST	✓		✓		✓			✓									✓
FRF19	Richmond Pharmacy	✓		✓										✓	✓			
FVH60	Nima Chemist	✓		✓							✓							
FYC71	Lloyds Pharmacy	✓	✓	✓	✓	✓	✓								✓	✓		✓

### Teddington and Hampton Locality

ODS Code	Pharmacy name	Advanced Services	Enhanced Services	Locally Commissioned Services	
				Richmond CCG	Richmond Council

## Appendices

		New Medicine Service (NMS)	Appliance Utilisation Review (AUR)	Medicines Utilisation Review (MUR)	Stoma Appliance Customisation	National Advanced Flu service	NHS Urgent Medicine Supply Advanced Supply Service Pilot (NUMSAS)	Minor Ailments Scheme	Enhanced service Flu	Palliative Care Drugs	Advice to care homes	Pharmacy First (minor ailments service)	Palliative Care Drugs	Chlamydia screening	Emergency Hormonal Contraception (EHC2)	Needle exchange	Supervised administration service	NHS Health Checks	Stop smoking service
FDD84	Herbert and Shrive	✓		✓		✓	✓					✓							✓
FEW32	Hampton Hill Pharmacy	✓		✓			✓												✓
FGG42	Your Local Boots Pharmacy	✓		✓		✓			✓										✓
FKK28	BOOTS THE CHEMIST	✓		✓		✓													✓
FM522	Kirby Chemist	✓		✓		✓	✓	✓	✓			✓							✓
FQT67	K C Pharmacy			✓		✓													✓
FTT52	BOOTS THE CHEMIST	✓		✓		✓			✓										✓
FV599	Your Local Boots Pharmacy	✓		✓		✓			✓										✓

## Appendices

FV843	Health on the Hill			✓		✓	✓		✓							✓	✓		✓
FV875	Teddington Pharmacy	✓		✓		✓	✓	✓	✓										✓
FWL31	Medco Pharmacy			✓		✓			✓										✓

## Twickenham and Whitton Locality

ODS Code	Pharmacy name	Advanced Services	Enhanced Services	Locally Commissioned Services	
				Richmond CCG	Richmond Council

## Appendices

		New Medicine Service (NMS)	Appliance Utilisation Review (AUR)	Medicines Utilisation Review (MUR)	Stoma Appliance Customisation	National Advanced Flu service	NHS Urgent Medicine Supply Advanced Supply Service Pilot (NUMSAS)	Minor Ailments Scheme	Enhanced service Flu	Palliative Care Drugs	Advice to care homes	Pharmacy First (minor ailments service)	Palliative Care Drugs	Chlamydia screening	Emergency Hormonal Contraception (EHC2)	Needle exchange	Supervised administration service	NHS Health Checks	Stop smoking service
FAR56	Crossroads Pharmacy	✓		✓		✓										✓	✓		✓
FAX90	Your Local Boots Pharmacy	✓		✓		✓													✓
FKA42	Jhoots Pharmacy	✓		✓		✓						✓							✓
FF664	Herman's Pharmacy	✓		✓			✓												✓
FJ778	Minal Pharmacy	✓		✓												✓	✓		✓
FJ815	Maple Leaf Pharmacy	✓		✓			✓												✓
FM474	St Margarets Pharmacy	✓		✓		✓						✓							✓
FMW04	Whitton Corner Pharmacy	✓		✓		✓			✓			✓		✓	✓				✓

## Appendices

FQA52	Day Lewis Pharmacy	✓		✓		✓					✓		✓	✓				✓
FQT44	BOOTS THE CHEMIST	✓		✓		✓												✓
FR011	Charles Harry Pharmacy	✓	✓	✓	✓	✓			✓		✓							✓
FRT54	Strawberry Hill Pharmacy					✓												✓
FT792	BOOTS THE CHEMIST	✓		✓		✓												✓
FT997	Goode Pharmacy	✓		✓		✓			✓			✓	✓	✓	✓	✓	✓	✓

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## Appendix 6. Pharmacy opening times by locality

### East Sheen and Barnes Locality

no	ODS Code	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	FW429	Barnes Pharmacy	40	Core	10:00 - 17:00	10:00 - 17:00	10:00 - 17:00	10:00 - 17:00	10:00 - 17:00	10:00 - 15:00	-
				Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 17:30	-
2	FDN22	BOOTS THE CHEMIST (East Sheen)	40	Core	09:30 - 13:00 14:00 - 17:30	09:30 - 13:00 14:00 - 15:30	-				
				Opening	09:00 - 13:00 14:00 - 18:00	11:00 - 17:00					
3	FPF21	Dumlers Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	-	-
				Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 14:00	-
4	FNN06	Forward Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	-	-				

## Appendices

				Opening	09:00 - 18:00	09:00 - 13:00	-				
5	FDM96	Prime Pharmacy	40	Core	09:30 - 17:30	09:30 - 17:30	09:30 - 13:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	-
				Opening	09:30 - 17:30	-					
6	FN176	Round the Clock Pharmacy	40	Core	10:00 - 16:00	10:00 - 14:00					
				Opening	09:00 - 19:00	10:00 - 14:00					
7	FP266	Round the Clock Pharmacy	40	Core	09:00 - 17:00	-	-				
				Opening	09:00 - 18:00	09:00 - 19:00	-				
8	FK288	Spatetree Pharmacy	40	Core	09:00 - 17:00	-	-				
				Opening	09:00 - 19:00	09:00 - 17:00	-				
9	FCN10	Superdrug Pharmacy	40	Core	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 14:30 - 17:30	-				
				Opening	09:00 - 14:00 14:30 - 18:00	09:00 - 13:30 14:00 - 15:00	-				

## Appendices

### Richmond, Ham and Kew

no	ODS Code	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10	FNM74	BOOTS THE CHEMIST (Bessant Drive)	40	Core	09:30 - 14:00	09:00 - 14:00	-				
				Opening	15:00 - 17:30	15:00 - 15:30	-				
11	FF832	BOOTS THE CHEMIST (Richmond upon Thames)	40	Core	09:30 - 14:00	-					
				Opening	15:00 - 17:00	15:00 - 17:00	15:00 - 17:00	15:00 - 18:00	15:00 - 17:00	15:00 - 17:00	-
12	FN708	Kanset Pharmacy	40	Core	08:30 - 14:00	11:00 - 17:00					
				Opening	15:00 - 18:30	15:00 - 18:00	-				
13	FD680	Kew Pharmacy	40	Core	09:00 - 17:00	-	-				
				Opening	09:00 - 17:30	09:00 - 18:30	-				

## Appendices

14	FG716	Lloyds pharmacy (Lower Richmond Road, Sainsburys)	40	Core	09:00 - 12:00 16:00 - 18:30	09:00 - 10:00 - 13:00	10:00 - 14:00				
				Opening	08:00 - 21:00	08:00 - 21:00	10:00 - 16:00				
15	FYC71	Lloyds pharmacy (Kew Gardens)	40	Core	09:00 - 12:00 16:00 - 19:00	09:00 - 15:00 - 18:00	-				
				Opening	09:00 - 19:00	09:00 - 18:00	10:00 - 14:00				
16	FVH60	Nima Chemist	40	Core	09:00 - 13:00 14:00 - 18:00	-	-				
				Opening	09:00 - 18:00	09:00 - 17:30	-				
17	FLM25	Pharmacare	40	Core	09:00 - 13:00 14:00 - 18:00	-	-				
				Opening	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 13:00	-				
18	FRF19	Richmond Pharmacy	40	Core	09:00 - 18:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 13:30	-

## Appendices

				Opening	09:00 - 18:00	-	-				
19	FJ123	Richmond Pharmacy	40	Core	09:00 - 17:00	-	-				
				Opening	09:00 - 18:00	09:00 - 13:30	-				
20	FK726	Springfield Pharmacy	40	Core	09:00 - 17:00	-	-				
				Opening	09:00 - 19:00	09:00 - 14:00	-				

## Teddington and Hampton

no	ODS Code	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
21	FKK28	BOOTS THE CHEMIST (Hampton)	40	Core	09:00 - 14:00 15:00 - 17:30	09:00 - 14:00 15:00 - 17:30	09:00 - 14:00	09:00 - 14:00 15:00 - 17:30	09:00 - 14:00 15:00 - 17:30	09:00 - 14:00	-
				Opening	09:00 - 14:00 15:00 - 17:30	09:00 - 14:00 15:00 - 17:00	-				

## Appendices

22	FTT52	BOOTS THE CHEMIST (Teddington)	40	Core	09:30 - 14:00	09:30 - 15:00	-				
				Opening	08:30 - 14:00	11:00 - 16:00					
23	FDD84	Herbert and Shrive	40	Core	09:30 - 12:30	-	-				
				Opening	09:00 - 18:30	-					
24	FQT67	K C Pharmacy	40	Core	09:15 - 15:55	-	-				
				Opening	09:00 - 18:30	09:00 - 18:00	-				
25	FM522	Kirby Chemist	40	Core	09:00 - 16:00	09:00 - 14:00	-				
				Opening	09:00 - 19:00	09:00 - 18:00	-				
26	FEW32	Hampton Hill Pharmacy	40	Core	09:00 - 13:30	-	-				
				Opening	09:00 - 18:30	09:00 - 17:00	-				

## Appendices

27	FV843	Health on the Hill	40	Core	09:00 - 17:00	-	-				
				Opening	09:00 - 18:00	09:00 - 15:00	-				
28	FWL31	Medco Pharmacy	40	Core	09:00 - 12:30 13:00 - 17:30	-	-				
				Opening	09:00 - 12:30 13:00 - 18:30	-	-				
29	FV875	Teddington Pharmacy	40	Core	09:00 - 13:00 14:00 - 17:00	09:00 - 14:00	-				
				Opening	09:00 - 13:00 14:00 - 18:30	09:00 - 14:00	-				
30	FGG42	Your Local Boots Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	-				
				Opening	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	-				

## Appendices

31	FV599	Your Local Boots Pharmacy	40	Core	09:00 - 13:15 14:15 - 17:30	09:00 - 11:30					
				Opening	09:00 - 13:15 14:15 - 17:30	-					

## Twickenham and Whitton

no	ODS Code	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
32	FQT44	BOOTS THE CHEMIST (Whitton)	40	Core	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 15:30	-				

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				Opening	09:00 - 17:30	09:00 - 17:00	-				
33	FT792	BOOTS THE CHEMIST (Twickenham)	40	Core	09:30 - 14:00	09:30 - 15:00	-				
				Opening	15:00 - 17:30	09:30 - 15:30	-				
34	FAR56	Crossroads Pharmacy	40	Core	09:00 - 13:00	09:00 - 13:00		09:00 - 13:00	09:00 - 13:00		-
				Opening	14:00 - 18:00	14:00 - 18:00	09:00 - 13:00	14:00 - 18:00	14:00 - 18:00	09:30 - 13:30	-
35	FR011	Charles Harry Pharmacy	40	Core	09:00 - 17:00	-	-				
				Opening	09:00 - 19:00	09:00 - 18:00	-				
36	FQA52	Day Lewis Pharmacy	40	Core	09:00 - 17:00	-	-				
				Opening	09:00 - 18:30	09:00 - 13:00	-				
37	FT997	Goode Pharmacy	40	Core	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 14:00	-	-
					14:00 - 18:00						

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				Opening	09:00 - 13:00 14:00 - 18:00	-					
38	FF664	Herman's Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	-	-				
				Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	-	-
39	FKA42	Jhoots Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	-	-				
				Opening	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 12:00	-
40	FJ815	Maple Leaf Pharmacy	40	Core	10:00 - 18:00	10:00 - 18:00	10:00 - 18:00	10:00 - 18:00	10:00 - 18:00	-	-
				Opening	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 21:00	09:00 - 17:30	10:00 - 16:00
41	FJ778	Minal Pharmacy	40	Core	10:00 - 17:00	10:00 - 17:00	10:00 - 16:00	10:00 - 17:00	10:00 - 17:00	10:00 - 16:00	-
				Opening	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 18:00	-
42	FM474	St Margarets Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	-	-
				Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	-	-

## Appendices

43	FRT54	Strawberry Hill Pharmacy	40	Core	09:00 - 13:00	09:00 - 13:00		09:00 - 13:00	09:00 - 13:00		-
				Opening	14:00 - 18:00	14:00 - 18:00	09:00 - 13:00	14:00 - 18:00	14:00 - 18:00	09:00 - 13:00	
44	FMW04	Whitton Corner Pharmacy	40	Core	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	10:00 - 12:30	-
				Opening	14:30 - 18:00	14:30 - 18:00	14:30 - 18:00	14:30 - 18:00	14:30 - 18:00	10:00 - 12:30	
45	FAX90	Your Local Boots Pharmacy	40	Core	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	-
				Opening	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	09:00 - 17:30	

## Appendix 7. Glossary of terms

A&E – accident and emergency  
AUR – appliance use review  
BME - black and minority ethnic  
CCG – clinical commissioning group  
COPD – chronic obstructive pulmonary disease  
CVD – cardio-vascular disease  
DAC – dispensing appliance contractor  
DH – Department of Health  
EIA - equality impact assessment  
HIV – human immunodeficiency virus  
HPV - human papilloma virus  
HWB – health and well-being board  
IMD – index of multiple deprivation  
IMMS - immunisation services  
JSNA – joint strategic needs assessment  
LPS – local pharmaceutical services  
LTC – long term condition  
LSOA – lower super output area  
MUR – medicines use review  
NMS – new medicines service  
ONS – Office for national statistics  
PCT – primary care trust  
PNA – pharmaceutical needs assessment  
RCCG – NHS Richmond Clinical Commissioning Group  
STI – sexually transmitted infection  
TB – tuberculosis  
TfL – Transport for London  
TMH – Teddington Memorial Hospital

## Appendices

The 2013 directions – The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013

The 2013 regulations – The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended

UK – United Kingdom

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