

# London Borough of Richmond upon Thames Pharmaceutical Needs Assessment

Approved by Richmond Health and Wellbeing Board:  
17<sup>th</sup> March 2015

Publication date:  
1<sup>st</sup> April 2015

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# 1 Executive Summary

## 1.1 Introduction

From 1<sup>st</sup> April 2013, Richmond Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up-to-date a statement of the needs for pharmaceutical services for the population in its area, referred to as a 'pharmaceutical needs assessment' (PNA).

The PNA aims to identify whether current pharmaceutical service provision meets the needs of the population. The PNA considers whether there are any gaps to service delivery.

The PNA may be used to inform commissioners such as clinical commissioning groups (CCG) and local authorities (LA), of the current provision of pharmaceutical services and where there are any gaps in relation to the local health priorities. Where such gaps are not met by NHS England, these gaps may then be considered by those organisations.

The PNA will be used by NHS England in its determination as to whether to approve applications to join the pharmaceutical list under [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#). The relevant NHS England area team (AT) will then review the application and decide if there is a need for a new pharmacy in the proposed location. When making the decision NHS England is required to refer to the local PNA.

Richmond has a population of 191,365 (2013 population estimate). Life expectancy is increasing and the number of people dying prematurely is 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, although the overall picture is positive, this can hide the fact that some people do have health and wellbeing issues.

## 1.2 How the assessment was undertaken

This PNA describes the needs for the population of Richmond. It considers current provision of pharmaceutical services across four localities in the Richmond HWB area:

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

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The PNA uses the current system of Richmond ward boundaries to create four clear localities, separated by the River Thames. This approach was taken because:

- This grouping of wards into localities reflects the localities which are already in use by Richmond Council's Adult and Community Services Directorate and are constituent parts of Richmond CCG's two locality areas.
- The majority of available healthcare data is collected at ward level and wards are a well-understood definition within the general population as they are used during local parliamentary elections.

The PNA includes information on:

- Pharmacies in Richmond and the services they currently provide, including dispensing, providing advice on health, medicines reviews and local public health services, such as smoking cessation, sexual health and support for drug users.
- Other local pharmaceutical services, including dispensing appliance contractors (DAC).
- Relevant maps relating to Richmond and providers of pharmaceutical services in the HWB area.
- Services in neighbouring HWB areas that may affect the need for services in Richmond.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

The HWB established a steering group to lead a comprehensive engagement process to inform the development of the PNA. The group undertook a public survey, focus groups and sought information from pharmacies, Richmond Council, Richmond CCG and NHS England.

## 1.3 Results

Richmond has 46 pharmacies all providing a full range of essential services, advanced services, enhanced services and locally commissioned services on behalf of Richmond Council and one of Richmond CCG.

There are no 100 hour pharmacies or dispensing doctors in Richmond. There are also no dispensing appliance contractors (DAC) in Richmond, which means that residents of Richmond access dispensing and services associated with appliances from pharmacy contractors or through DACs elsewhere within England.

Almost all pharmacy contractors said that they were able to dispense all types of appliances.

The draft PNA concluded no gaps in pharmaceutical services had been established.

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This is clearly demonstrated by the following points:

- Richmond has 24 pharmacies per 100,000 population, which is higher than the London and England averages.
- Richmond has fewer prescription items dispensed per month per pharmacy than the London and England average
- 99% of Richmond residents are within 1 mile (1.6km) of a pharmacy.
- 99.1% of the population can access a pharmacy by driving with 5 minutes and 100% within 10 minutes.
- 95% of the residents can access a pharmacy using public transport within 15 minutes increasing to 97% in 20 minutes.
- 94.8% of residents are able to walk to their nearest pharmacy within 20 minutes and 99.2% of the population within 30 minutes.
- The location of pharmacies within each of the four PNA localities and across the whole HWB area.
- The number, distribution of pharmacies within each of the four PNA localities and across the whole HWB area.
- The choice of pharmacies covering the each of the four PNA localities and the whole HWB area.
- Over 63% of patients surveyed thought having a pharmacy close to where they live was the most import factor regarding the location of a pharmacy.
- Over 87% of patients surveyed had not had any problems accessing a pharmacy service in the past year and approximately 87% were satisfied with the opening hours of the pharmacy they used.
- Richmond has a choice of pharmacies open a range of times including evenings and the weekend.
- Richmond pharmacies offer a range of pharmaceutical services to meet the requirements of the population.

## 1.4 Consultation

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the HWB area are accurately reflected in the final PNA document. Richmond council's consultation ran from 22<sup>nd</sup> October 2014 until 24<sup>th</sup> December 2014. The responses received were used to inform the final conclusions which were collated and are now published as part of this PNA.

The majority of respondents felt the PNA reflected:

- current provision of pharmaceutical services within Richmond
- needs of the Richmond population
- no services that could be provided in the community pharmacy setting in the future that have not been highlighted

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- purpose and scope had been explained sufficiently
- provided enough information to inform future service commissioning and pharmacy dispensing appliance contractors service provision and plans
- agreed with the conclusions of the PNA.

The HWB concluded that the vast majority of the responses were supportive of the draft PNA and the comments offered provided no reason to alter the conclusions for the final PNA, albeit minor amendments were made as outlined in the consultation report.

## 1.5 Conclusions

Taking into account the totality of the information available, the HWB considered the location, number, distribution and choice of pharmacies covering each of the four localities, including the whole of Richmond HWB area providing essential and advanced services during the standard core hours meet the needs of the population.

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

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 hours have been identified.
- No current gaps in the provision of essential services outside normal working hours have been identified.
- No current gaps in the provision of advanced and enhanced services have been identified.
- No gaps in the need for pharmaceutical services in specified future circumstances have been identified.
- No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.
- No gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.
- No gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.



## 2 Introduction

This document has been prepared by Richmond's Health and Wellbeing Board (HWB) in accordance with the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013, as amended. It replaces the Pharmaceutical Needs Assessment (PNA) published by the former Richmond & Twickenham primary care trust (PCT).

In the new NHS 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's 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 20.

### 2.1 Background and legislation

The Health Act 2009<sup>1</sup> 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 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)

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england>

## Introduction

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 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<sup>2</sup> 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>3</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.

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.

The PNA, published by the HWB by April 2015, will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response.

As part of developing their first 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 ap-

<sup>2</sup> <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>3</sup> <http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made>

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plications from current pharmaceutical providers to change their existing regulatory requirements.

Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts.

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

## 2.2 HWB duties in respect of the PNA

In summary Richmond HWB must:

- Produce its first PNA which complies with the regulatory requirements;
- Publish its first PNA by 1<sup>st</sup> April 2015;
- Publish subsequent PNAs on a three yearly basis;
- Publish a subsequent 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.

## 2.3 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 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.

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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.

## 2.4 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.

## 2.5 Scope of the PNA

A PNA is defined in the regulations as follows:

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

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

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

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

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

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For **dispensing practices** the scope of the service to be assessed in the PNA is the dispensing service. However, as there are no dispensing practices in Richmond, these are not considered in the document.

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

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

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

## 2.6 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.

## 3 How the assessment was undertaken

### 3.1 Development of the PNA

The process of developing the PNA has taken 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.

#### Stage 1

The PNA was developed using a project management approach. A steering group was established which met regularly during the development of the PNA. The steering group included representation from the following groups:

- Local Pharmaceutical Committee (LPC)
- Local Medical Committee (LMC)
- Primary Care Commissioning (PCC)
- NHS England area team (AT)
- Richmond Public Health team
- Richmond Clinical Commissioning Group (CCG)

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

#### Stage 2

The contractor questionnaire and patient survey were approved by the steering group. The contractor questionnaire was undertaken during 2014. A patient survey was also undertaken in 2014 of the views of Richmond residents on the current pharmaceutical services provision.

Once completed the results of both were analysed. The contractor survey results were validated against data already held. A number of focus groups were advertised and held for contractors and public participation. During these focus groups, attendees were briefed on the purpose of the PNA and asked to contribute their opinions on the current provision of pharmaceutical and locally commissioned services in their communities.

For the public participation groups, opinions were captured on how people use local pharmacies, why they use them, ease of access and what improvements in service provision should be considered. Public awareness of services currently provided by pharmacies within the HWB area was also captured. For contractor participation groups, their views on what current services were effective and those services that required improvement were captured.

## How the assessment was undertaken

### Stage 3

The content of the PNA including demographics, localities and background information was approved by the steering group. In looking at the health needs of the local population, the local JSNA, the CCG's Annual Health Report and other health data were considered.

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 is 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.

### Stage 4

As required by legislation, a consultation exercise with stakeholders was carried out for 60 days. The list of stakeholders consulted included the following groups:

- Kingston, Richmond & Twickenham Local Pharmaceutical Committee Local Pharmaceutical Committee (LPC).
- Kingston & Richmond Local Medical Committee Local Medical Committee (LMC)
- Persons on the pharmaceutical list and ESPLPS.
- Richmond HealthWatch.
- Other patient, consumer and community groups in the area with an interest in the provision of pharmaceutical services in the area:
- NHS trusts and NHS foundation trusts in the area (Hounslow and Richmond Community Healthcare NHS Trust, West Middlesex University Hospital NHS Trust, South West London & St Georges Mental Health Trust and Kingston Hospital NHS Foundation Trust).
- NHS England.

## How the assessment was undertaken

- Neighbouring HWBs. (Hammersmith & Fulham, Hounslow, Kingston upon Thames, Surrey and Wandsworth HWBs).

### 3.2 PNA steering group

The steering group has been responsible for reviewing the PNA to ensure it meets the statutory requirements. The steering group approved all public facing documentation. Members of the steering group are provided at Appendix 2.

### 3.3 PNA localities

Four localities have been defined for the PNA by the steering group, these are:

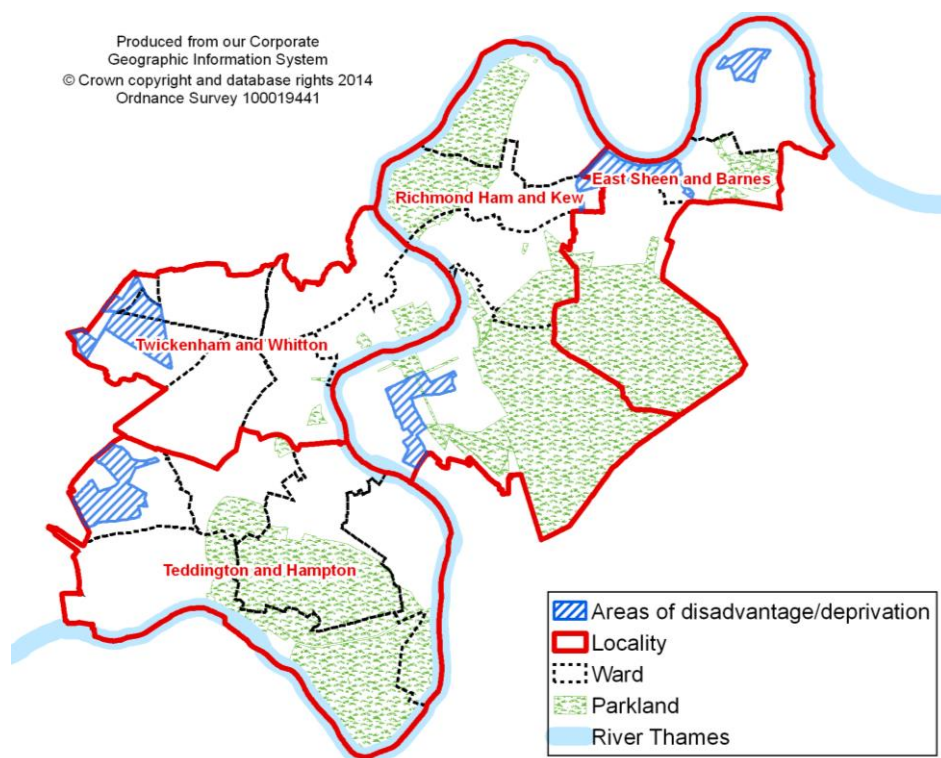
- East Sheen & Barnes
- Richmond, Ham & Kew
- Teddington & Hampton
- Twickenham & Whitton

The PNA steering group considered how the areas in Richmond could be defined for the PNA and agreed that to use the current system of Richmond ward boundaries would be used and amalgamated to create divided into four clear localities, separated by the river Thames, as illustrated in Figure 1.

The reason for this was because the majority of available healthcare data is collected at ward level and wards are a well-understood definition within the general population as they are used during local parliamentary elections. The grouping of wards into localities reflects the localities which are already in use by Richmond Council's Adult and Community Services Directorate and are constituent parts of Richmond CCG's two locality areas.



### Figure 1. Map of Richmond PNA localities



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 four PNA localities. As part of the PNA process local health profiles were developed for each PNA locality using Public Health England (PHE) data. These are located in Appendix 6.

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

### 3.4 Patient and public engagement

In order to gain the views of patients and the public on pharmaceutical services, a questionnaire was developed and made available on the council's website on 14<sup>th</sup> August 2014, closing 16<sup>th</sup> October 2014 prior to the statutory consultation period. The results of the survey, which identifies the questions asked, can be found in Appendix 8.

There were 160 responses with an approximate 70/30 split of female to male respondents. Over half of those who completed the survey, were over 65 years and would receive free prescriptions. Close to 80% were identified as over 46 years of age and as White British. 82% of those who completed the survey described their

## How the assessment was undertaken

health as either good or fairly good, with almost half having a long-term illness, health problem or disability. Respondents were provided with an opportunity to answer some questions in free text form, which the HWB have considered. Not all of the questions were answered by all of the participants.

Of those surveyed, three quarters used pharmacies for health-related reasons within the last month. Over half of the respondents had a consultation with the pharmacist as part of the services accessed. These took place either at the counter (48%), in a consultation room (33%) or in a quiet area of the shop (15%).

When asked what other services they would use, if pharmacies provided them, some respondents suggested essential services that all pharmacies are contracted to provide. These included:

- repeat dispensing
- buying over-the-counter (OTC) medicines
- disposal of unwanted or old medications
- self-care

Over a third of those who responded to the question said they would use pharmacies to dispose of unwanted medication if pharmacies provided it. This is something that all pharmacies already do as an essential service.

### 3.4.1 Choice of Pharmacy

Of those surveyed, the main reasons for choosing a particular pharmacy to access services were:

- close to home
- close to the doctors
- close to other shops

Over 63% of people thought having a pharmacy close to where they live was the most important factor regarding the location of a pharmacy.

### 3.4.2 Access to Pharmaceutical Services

Over 87% of patients surveyed had not had any problems accessing a pharmacy service in the past year and approximately 87% were satisfied with the opening hours of the pharmacy they used. When rating the overall experience of using a pharmacy most respondents (97%) indicated it was good or fair, with over 82% rating it good (the highest option). Only two people surveyed were unable to access a pharmacy when their preferred pharmacy wasn't open and one used the NHS 111 service and the other attended hospital, suggesting a high level of access to pharmacies in the HWB area.

## How the assessment was undertaken

### 3.4.3 Development of Pharmacy Services

When people were asked what services they might use if they were provided by pharmacies, the most preferred services were:

- free medicines for minor ailments
- health checks
- flu vaccinations

There was some minor interest in services such as:

- sexual health tests
- help with alcohol and stop smoking
- weight management
- pain management

In addition to the patient questionnaire (Appendix 8), respondents were provided with an opportunity to answer some questions in free text form, which the HWB have considered. Positive and negative comments were received on local pharmacies which relate to operational matters such as politeness, waiting times and other matters that while important are not concerns that are addressed with the context of the PNA. Each pharmacy will undertake its own patient survey on a regular basis to inform such considerations. The main themes informing this PNA were with regard to opening times and services provided.

### 3.4.4 Focus groups

In addition, the steering group identified the need to engage with a number of “seldom heard voices” to ensure that the PNA reflected the needs of these people. Between 4<sup>th</sup> and 27<sup>th</sup> November 2014 three focus groups were held with young parents and carers of children under five, older people and substance misusers the results of which are included at Appendix 9.

In summary, there did not appear to be any major issues with access to services, other than parking or when people had mobility problems, nor with the quality of advice offered by pharmacies. People found the service to be very good when there was a consistent pharmacist, but that this was a problem when there was regular staff turnover.

People valued the pharmacists’ advice as an alternative to making GP appointments. They indicated that they felt greater use could be made of pharmacies in providing advice and services, as long as they were nil or low cost.

However, people saw the issue of dispensing repeat prescriptions, the updating of the electronic system, the information they received about repeat prescriptions, particularly related to the way in which multiple prescriptions were dispensed/pre-boxed, caused them major worries about their dosages, how long they would last and

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whether they had all of the right medicines. Most attributed this lack of clarity to their GP or hospital consultant rather than the pharmacy.

### 3.5 Contractor engagement

At the same time as the initial patient and public engagement questionnaire, an online contractor questionnaire was undertaken (Appendix 10).

The contractor questionnaire 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 questions outside the scope of the PNA, which will provide commissioners with valuable information related to governance and IT.

The questionnaire was issued to all 46 pharmacies in Richmond HWB area and ran from 7<sup>th</sup> August 2014 until 16<sup>th</sup> October 2014. This resulted in 30 responses (65%) with 90% dispensing appliances as an essential service. With regard to premises, all have a consultation area, the majority (80%) with wheelchair access, with 97% having a closed room. 100% are enabled for release 2 of the electronic prescription service.

Also, the steering group identified the need to engage directly with the profession to ensure the PNA reflected their needs and held an evening event to do so.

#### 3.5.1 Advanced services

Pharmacies confirmed which services they currently provide and if they intended to provide them in the near future. All pharmacies either provide or soon will be able to provide the MUR (currently 97% coverage) and NMS services (currently 93% coverage).

One pharmacy provides AUR and two provide stoma customisation services.

#### 3.5.2 Enhanced and locally commissioned services

Pharmacies confirmed which services they currently provide and gave expressions of interest in providing new services.

All pharmacies expressed an interest in providing a minor ailments scheme. In addition, nine out of ten pharmacies are interested in providing a phlebotomy service and 94% a NHS contraception service. In addition, pharmacies were willing to provide services for:

- Anti-coagulation monitoring
- Type I & II diabetes
- Coronary heart disease (CHD)
- Hypertension
- Epilepsy
- Asthma & chronic obstructive pulmonary disease (COPD)

## How the assessment was undertaken

- Depression
- Dementia/ Alzheimer service
- Parkinson's Disease

The majority of pharmacies were also interested in providing allergy analysis and the dispensing of anti-viral and gluten free food supplies as well as screening services for a variety of conditions and diseases.

The list of services set out below indicate the number of pharmacies who are providing or willing to provide the service either as an enhanced service (commissioned by NHS England) or locally commissioned service (commissioned by LA or CCG):

- Supervised Administration – 9 provided and 15 willing to provide;
- Needle and Syringe Exchange Service - 8 provided and 15 willing to provide;
- Sharps Disposal Service - 5 provided and 17 willing to provide
- On Demand Availability of Specialist Drugs Service - 2 provided and 26 willing to provide;
- Smoking Cessation Counselling Service - 26 provided and 3 willing to provide;
- NRT Voucher Service - 18 provided and 7 willing to provide;
- Care Home Service - 4 provided and 19 willing to provide;
- Medicines Assessment and Compliance Support Service - 2 provided and 22 willing to provide;
- Medication Review Service - 8 provided and 21 willing to provide;
- Out of hours services - 1 provided and 9 willing to provide;
- Emergency Hormonal Contraception Service - 9 provided and 18 willing to provide;
- Contraceptive Service - 1 provided and 28 willing to provide;
- Chlamydia testing service - 18 provided and 10 willing to provide;
- Chlamydia treatment service - 7 provided and 20 willing to provide;
- Gonorrhoea service - 3 provided and 21 willing to provide
- Seasonal Influenza Vaccination Service - 24 provided and 3 willing to provide;
- Childhood vaccinations - 1 provided and 21 willing to provide
- Palliative Care Service - 2 provided and 22 willing to provide;
- NHS Health Checks - 7 provided and 22 willing to provide;
- Obesity management (adults and children) - 1 provided and 25 willing to provide;
- Patient Group Direction Service - 5 provided and 22 willing to provide;
- Alcohol service - 3 provided and 21 willing to provide;
- Cholesterol service - 3 provided and 26 willing to provide;
- Diabetes service - 3 provided and 26 willing to provide;

## How the assessment was undertaken

Please note, there is a discrepancy between these results and the services currently commissioned.

### 3.5.3 Non-NHS services

Of the pharmacies that completed the questionnaire:

- All provide a prescription collection service.
- All but one provide a free delivery service (criteria applies).
- One pharmacy also has a chargeable delivery service.

Pharmacies have staff who speak a number of languages, other than English, including: Czech and Slovak and Farsi, Gujarati, Arabic, Polish, Spanish, French, Hindi, Urdu, Punjabi, Kurdish, German, Swahili, Welsh, Armenian, Russian, Tamil Swedish, Japanese, Italian, Kurdish and Marathi.

IT facilities available to staff are variable; however all have full or restricted access to the internet. All but one pharmacy is able to use documents in Word or Excel. All pharmacies can access PDF formatted documents.

## 3.6 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 pharmacy contractor who is included in the local pharmaceutical services (LPS) 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.

## How the assessment was undertaken

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.

### 3.6.1 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 – all pharmacies must provide these services (refer Appendix 11):
  - Dispensing of prescriptions (both electronic and non-electronic), including urgent supply of a drug or appliance without a prescription
  - Dispensing of repeatable prescriptions
  - Disposal of unwanted drugs
  - Promotion of healthy lifestyles
  - Signposting
  - Support for self-care
- Advanced services – pharmacies may choose whether to provide these services or not (refer Appendix 12). 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 (this service currently runs until 31 March 2015, however the national evaluation on it was published in August 2014 and an announcement on its future is expected in the coming months).
  - Stoma appliance customisation.
  - Appliance use review (AUR).
- Enhanced services – service specifications for this type of service are developed by NHS England and then commissioned to meet specific health needs (refer to Appendix 13).

## How the assessment was undertaken

The following enhanced service is commissioned by NHS England within Richmond HWB area:

- Immunisation service (commissioned in 2014)
  - Seasonal flu immunisation
  - Immunisation against pertussis in pregnancy
  - Shingles immunisation programme<sup>4</sup>
  - Pneumococcal immunisation programme

In December 2014 NHS England commissioned a Pharmacy Urgent Repeat Medication (PURM) as a Pan-London enhanced pharmacy service. The service is a pilot and forms part of NHS England's response to the "Winter Pressures" initiative for 2014/15. The service involves triaging and redirecting out of hours urgent prescription requests via 111 to participating pharmacies in order to reduce the burden on out of hours GP services and A&E departments. Individual pharmacies have to register to participate in the service.

The service will run as a pilot from 1<sup>st</sup> December 2014 – 2<sup>nd</sup> April 2015. NHS England has indicated that this service will be evaluated, and if successful consideration will be given to future commissioning. In agreement with NHS England, this service has not be included in the conclusions of the PNA nor have participating pharmacies been identified as the service is only a pilot until 2<sup>nd</sup> April 2015.

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

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.

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<sup>4</sup> At the time of writing this PNA, the shingles immunisation programme has not been commissioned due to a distribution issue which restricted access to shingles vaccine in pharmacies. NHS England is working towards resolving this issue and the service is due to commence in 2015.



## How the assessment was undertaken

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 4.

### 3.6.2 Local pharmaceutical services

Local pharmaceutical services (LPS) are a local alternative to the nationally negotiated terms of service. It can be used by NHS England when there is a need to commission a service from a pharmacy contractor to meet the particular needs of a patient group or groups, or a particular locality. For the purposes of the PNA the definition of pharmaceutical services includes LPS.

Essential small pharmacies local pharmaceutical services (ESPLPS) contracts were introduced in April 2006 and replaced the previous essential small pharmacy scheme (ESPS). Only those pharmacies that previously met the ESPS criteria were eligible for this type of contract and since April 2006 the scheme has been closed to new entrants.

An ESPLPS contract guarantees a minimum level of income in return for the provision of essential services. ESPLPS contracts will terminate on 31<sup>st</sup> March 2015 and the contractors will have a right to return to the national arrangements should they wish to do so. Should they not exercise this right then the pharmacy will no longer be able to provide any NHS services.

One pharmacy in Richmond has an LPS contract and two have an ESPLPS contract. Please refer to the pharmaceutical list for Richmond HWB area in Appendix 1.

### 3.6.3 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

## How the assessment was undertaken

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.

### 3.6.4 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.

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.

## How the assessment was undertaken

### 3.6.5 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.

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

Services commissioned by Richmond Council are:

- Sexual Health Services:
  - Emergency hormonal contraception (EHC)
  - Chlamydia testing
  - Chlamydia treatment

Some pharmacies participate in a London Condom Distribution Scheme for young people (commonly known as the C-card). This enables them to provide free condoms. This is not a locally commissioned service.

- Substance misuse services including:
  - Supervised methadone/buprenorphine
  - Needle exchange
- Smoking cessation
- Alcohol screening and early interventions
- NHS health checks

The following services are commissioned by Richmond CCG:

- Access to palliative care medicines

## How the assessment was undertaken

### 3.6.7 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.

### 3.6.8 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. Richmond is unique in London in having no in-borough acute hospital site. The community pharmacy in Teddington Memorial Hospital (contracted to provide services until 30<sup>th</sup> September 2015) falls within the definition of pharmaceutical services and is considered within this PNA.

### 3.6.9 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.

### 3.6.10 Other sources of information

Information was gathered from NHS England, Richmond CCG and Richmond Council regarding:

- Services provided to residents of the HWB's area, whether provided from within or outside of the HWB's area
- Changes to current service provision
- Future commissioning intentions
- Known housing developments within the lifetime of the PNA
- Any other developments which may affect the need for pharmaceutical services

## How the assessment was undertaken

The JSNA and the joint health and wellbeing strategy provided background information on the health needs of the population.

### 3.7 Consultation

A statutory consultation exercise was carried out over the autumn of 2014 in accordance with the 2013 Regulations. The consultation took place from 22<sup>nd</sup> October 2014 until 24<sup>th</sup> December 2014 for a period of 60 days, in line with regulations. This is based on Section 242 of the NHS Act 2006, which requires HWBs to involve users of services in:

- The planning and provision of services;
- The development and consideration of proposals for changes in the way services are provided
- Decisions affecting the operation of services.

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 in Appendix 3. The documents were posted on the internet and publicised, with paper copies made available to those unable to access on line.

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 18. All issues raised as a result of the consultation process have been considered in the redrafting of the final PNA.

There were 12 responses to the consultation, the vast majority supportive of the draft PNA. The comments received provided no reason to alter the conclusions of the final published PNA, albeit amendments have been made as appropriate. These are outlined within the consultation report at Appendix 18.

## 4 Context in Richmond

### 4.1 Overview

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).

Map 2 detailed below shows the boundaries of the four localities, the main roads, urban areas, green spaces and the river Thames against the population density and locations of pharmacy contractors.

At the time of the 2011 census, the resident population of London Borough of Richmond upon Thames was 187,000<sup>5</sup>. It is made up of 48.7% men and 51.3% women, compared to 49.3% men and 50.7% women for London. Richmond's population is older than the London average, with a significantly lower percentage of people aged 20-24 (4.9% in Richmond and 7.7% in London) and 25-29 (6.5% in Richmond compared with 10% in London).

Between 2001 and 2011 the population of the borough changed in the following ways:

- 9% increase in population (compared to 14% London average).
- 5% increase in households.
- An increase of 0.08 person per household to 2.3 people per household.
- A 7% increase to 2,900 of people living in managed residential accommodation or supported sheltered housing establishments.

The 2011 Census and population projections suggest:

- The population is expected to grow by almost 8% between 2013 and 2018.
- There is an expected increase in people aged 0-4 of 3% and in those aged over 65 of 10%.
- The greatest increase is expected in those aged 70-74 years at 38%, followed by 5-14 years at 16%, and 50-59 years at 15%.
- From 2013 to 2019 births are expected to remain static at approximately 3,000 per year. However, the Greater London Authority projections predict births will decrease by about 50 each year.

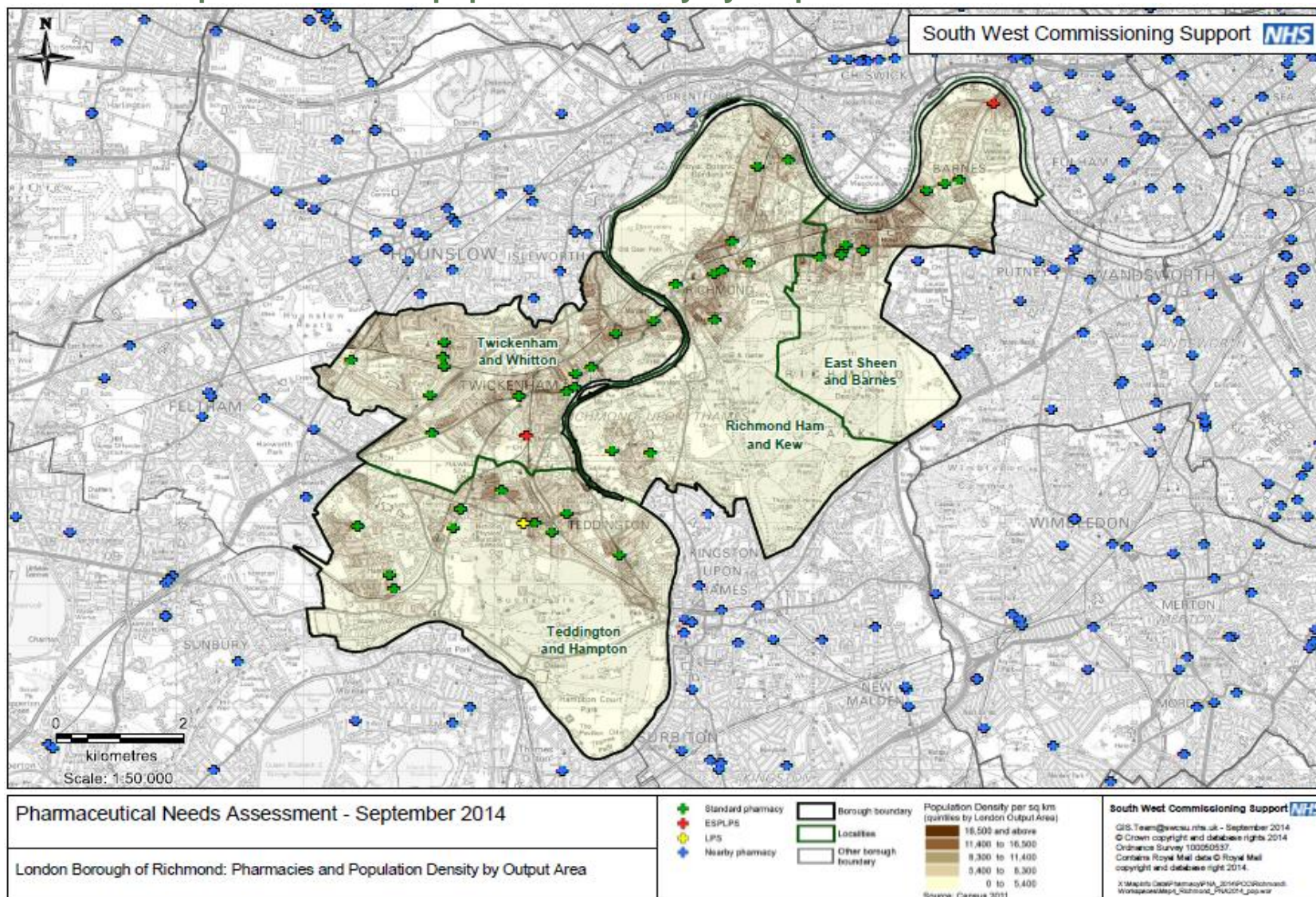
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<sup>5</sup> Richmond's DataRich site in Mid-year estimate for 2013 is 191,365, Office for National Stats

## Context in Richmond

- 13.5% of the population are aged over 65 years and 2.1% are aged over 85 years.
- There has been a decrease in the number of people aged 75-84 (down 11.2% since 2001) but large proportionate increase in the number of people aged 60-64 (up 49.4%) and 65-69 (up 26.6%).

Map 2 – Richmond pharmacies and population density by output area

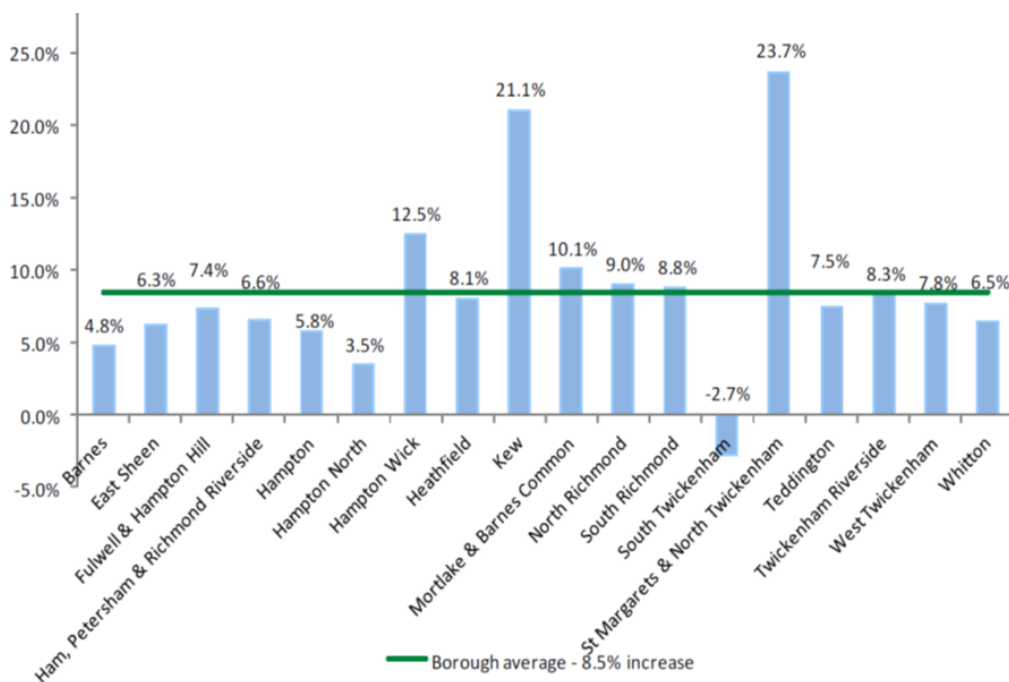




## Context in Richmond

Figure 2 below shows changes in population by ward between 2001 and 2011. Kew ward has the highest population at 11,436 people and is 21.8% more populous than Hampton North, the ward with the smallest population at 9,387 people. In 2001, South Twickenham had the largest population but it was the only ward that did not grow during the census decade showing a fall by 2.7% in the decade to 2011. The ward of St Margaret's and North Twickenham saw the biggest increase in population, rising by 23.7% during the period.

**Figure 2. Census 2011: Population change by ward, 2001 - 2011**



## 4.2 Key findings from the 2011 census data

### Young children

The number of children in the 0-4 age range increased by 18.3% between 2001 and 2011 to 14,000, and this cohort now represents 7.5% 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.

### Older people

Currently, 13.5% of the population of Richmond are aged over 65 years. While there has been a decrease in the number of people aged 75-84 years (down 11.2% since 2001), there have been large proportionate increases in the number of people aged 60-64 years (up 49.4%) and 65-69 years (up 26.6%). There are around 1,500 people aged over 90 years (up 27.2%) which equates to 5% more than the England average. Over the next five to ten years, there will be significant numbers of people mov-

## Context in Richmond

ing into the over 75 years age bracket which is likely to lead to an increase in demand on services. However, the fall in the number of people aged 75-84 years since 2001 may indicate that some older people in Richmond are choosing to leave the borough post-retirement.

### Isolated older people

The percentage of single pensioner households in the borough has fallen from just under 14% in 2001 to 12% of all households in 2011. In terms of numbers, this means 1,056 fewer over 65s are now living alone compared to ten years ago. Despite this decrease, Richmond still has the highest proportion of people aged over 75 years and living alone in London (51% in Richmond vs. 35% for London).

### Health and care

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

## 4.3 Life expectancy

Healthy life expectancy and disability-free life expectancy at birth for men in Richmond borough are the best in the country (both 70 years), and, for women, healthy life expectancy is the second best in the country (71 years) and disability-free life expectancy is third best in the country (70 years)<sup>6</sup>.

**Table 1. Life expectancy in Richmond**

Area	Life expectancy at birth females (years) 2009-2011	Life expectancy at birth males (years) 2009-2011
<b>Richmond upon Thames</b>	86.0	81.5
<b>London</b>	83.6	79.3
<b>England</b>	82.9	78.9

Source [http://www.richmond.gov.uk/borough\\_profile](http://www.richmond.gov.uk/borough_profile)

Since 2002, the slope index of inequality (a measure of inequality in life expectancy across the whole population of a LA) has remained stable in women and has wid-

<sup>6</sup> Healthy life expectancy at birth for 2010-12, life expectancy at birth for 2010-12, disability-free life expectancy at birth for 2009-11, Office for National Statistics

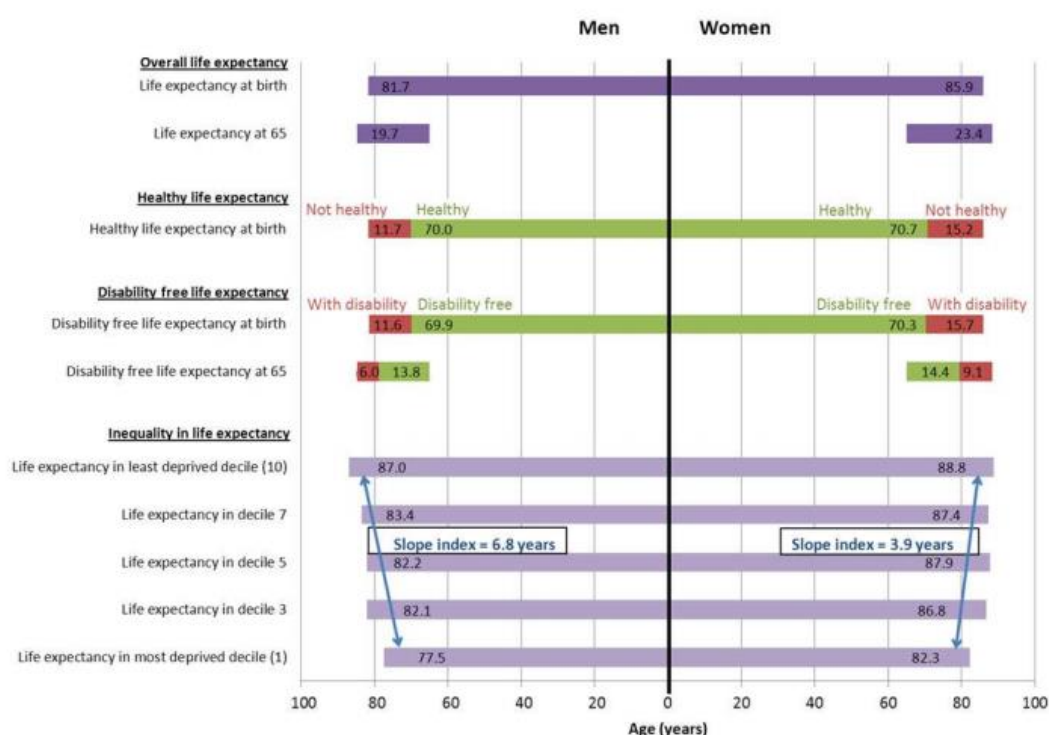
## Context in Richmond

ened for men. Inequality in life expectancy is mainly due to coronary heart disease and stroke, cancer, respiratory disease, liver disease and other digestive disease and external causes.

The gap in the life expectancy between males and females has been reduced, as males have gained 2.8 years compared to 2.4 years gained by females from 2001.

Life expectancy is lower in three wards; Ham, Petersham and Riverside (77.7 years), Twickenham Riverside (78.6 years) and Mortlake and Barnes Common (78.2 years). The highest is in South Richmond (81.2 years), St Margaret's and North Twickenham (82.3 years) and East Sheen (83.2 years).

**Figure 3. Illustration of life expectancy in Richmond**



Data for disability free life expectancy is for 2009-11, all other data in the graph is for 2010-12.

Source JSNA Newsflash - Life Expectancy (published August 2014)

## 4.4 Deprivation

Richmond upon Thames is one of the least deprived areas in the country and in London according to the 2010 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).

Almost half of all areas in Richmond are among the least deprived 20% in England. There has however, been a drop in the number of lower super output areas (LSOAs)

## Context in Richmond

featuring in the least deprived 20%, down from 63 out of 114 LSOAs in 2007 to 54 in 2010.

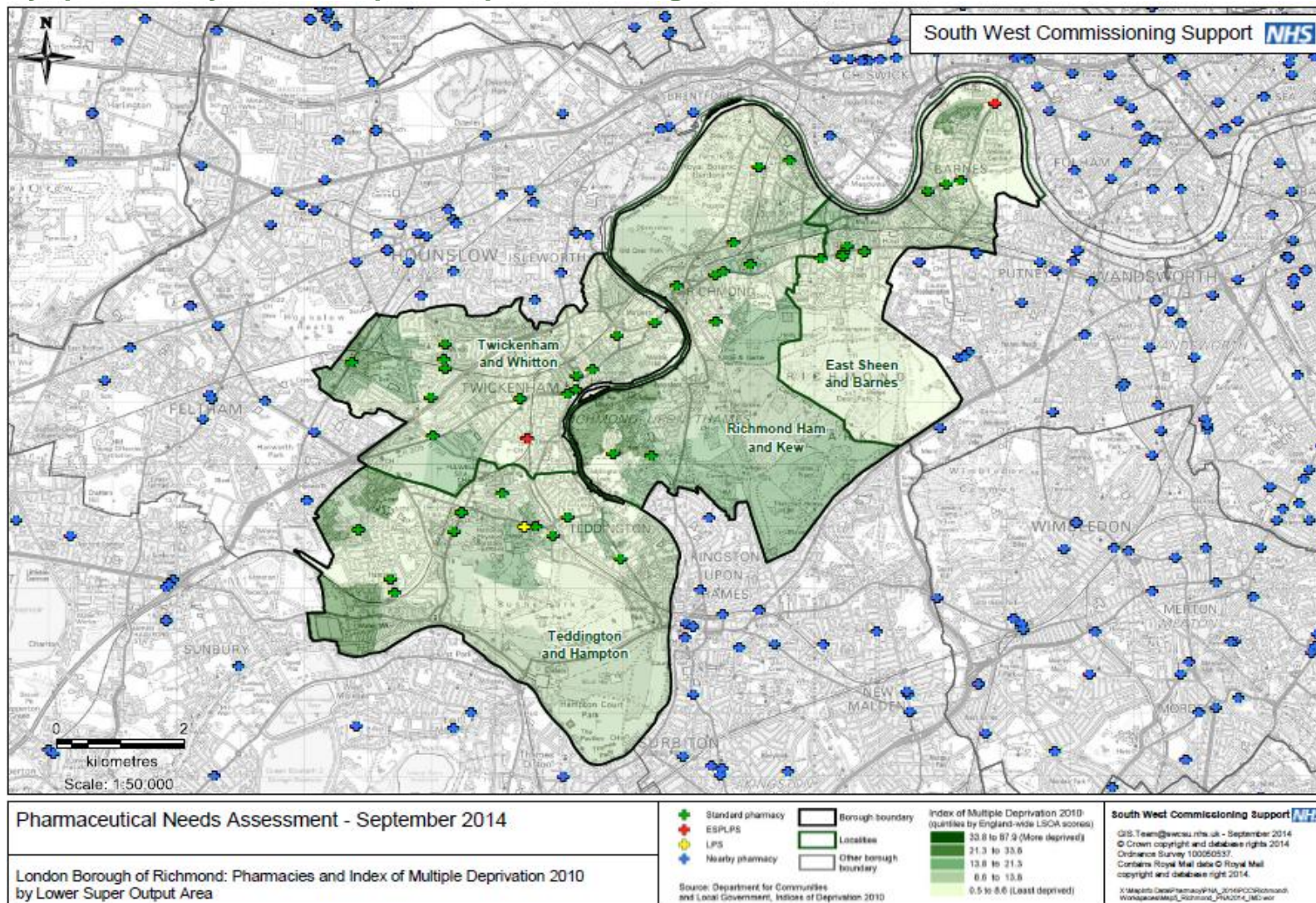
According to Department for Education data, in January 2013, 14.2% of secondary pupils in Richmond were taking free school meals, compared to the London average of 23.4% and England average of 15.1%.

In Richmond, the percentage of households estimated to be in fuel poverty is 7.6%, lower than the averages for London (8.9%) and England (10.4%) and the 11th lowest among London boroughs (Department of Energy and climate change).

Map 4 detailed below shows the distribution of pharmacy contractors against the IMD 2010, ranked by quintiles by LSOA, England. From Map 4 it can be seen that pharmacy contractors are located within or within easy reach of areas with the highest levels of deprivation.

## Context in Richmond

Map 4 shows the distribution of pharmacy contractors against the Index of Multiple Deprivation 2010, ranked by quintiles by Lower Super Output Area, England.



### 4.5 Population characteristics health needs

The following patient groups with one or more of the following protected characteristics have been identified as living within the HWB's area:

- Age;
- Sex / gender;
- Pregnancy and maternity;
- Disability which is defined as a physical or mental impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities;
- Gender reassignment;
- Marriage and civil partnership;
- Race which includes colour, nationality, ethnic or national origins;
- Religion (including a lack of religion) or belief (any religious or philosophical belief)
- Sexual orientation.

This section also focusses on their particular health issues, setting out how pharmacies can support the specific needs of the population as defined by the protected characteristics in equality legislation.

#### 4.5.1 Age

Figure 4 provides an overview of the age and gender of the population within Richmond compared to the London average, indicating that Richmond's population is older than average.<sup>7</sup> Compared to the age distribution of England, there are more people in the 0–4 years and 30–49 years age groups, and less in the 10–24 years ages.

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:

- A higher proportion of children, young people and school pupils in Richmond are from black and minority ethnic (BME) 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.

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<sup>7</sup> Census 2011, Office for National Statistics 2011

## Context in Richmond

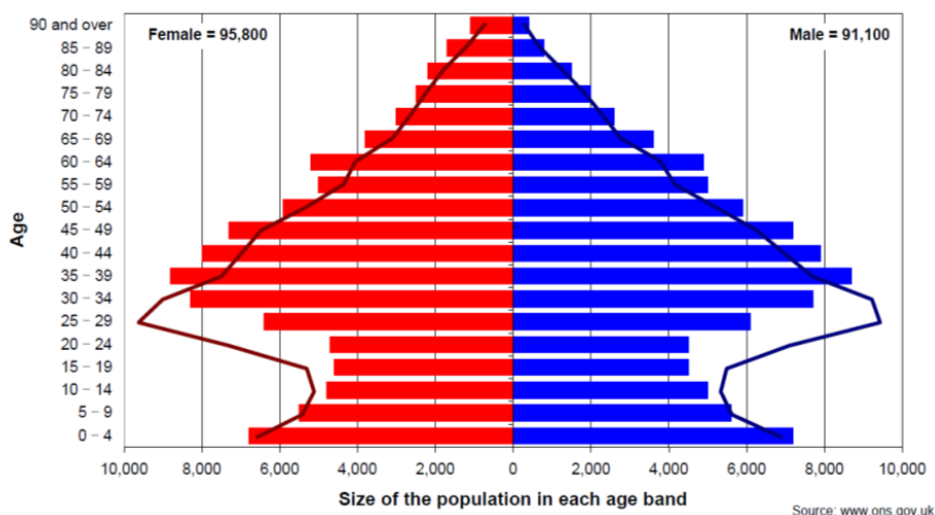
- Older people are more likely to practice a religion.

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.

### Figure 4. Richmond Borough compared with London

The bars indicate the Richmond population; the line indicates the London average.



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

## Context in Richmond

- 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 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.

### 4.5.2 Sex / Gender

In Richmond, the numbers and proportions of men (91,149: 49%) and women (95,849: 51%) 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 twice as many women as men.

In Richmond, the life expectancy of men is 81.7 years and 85.9 years in women:

Men are around twice as likely as women to die of coronary heart disease and chronic respiratory diseases.

Men have around 50% higher risk of dying of lung or colorectal cancer than women.

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 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, prefer-



## Context in Richmond

ences/satisfaction, and provision of targeted or segregated services (e.g. single sex hospital or care accommodation).

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.

### 4.5.3 Disability

In Richmond, data and estimates show that:

- 21,447 (12%) people report that they have some form of disability or health problem that affects their day-to-day activities. 2,802 (2%) people aged 16-74 years consider themselves to be economically inactive due to a permanent sickness or disability.
- 370 people are blind, 260 partially sighted, and 550 are deaf or hard of hearing.
- In people aged 18–64 years a total of 20,510 people have a common mental health problem, 9,155 have two or more psychiatric disorders, 1,526 have a serious mental illness (including: 574 borderline personality disorder, 442 anti-social personality disorder, 510 psychotic disorder).
- In people aged 15–64 years, a total of 3,621 have a learning disability, and that of these 770 have a moderate or severe learning disability.

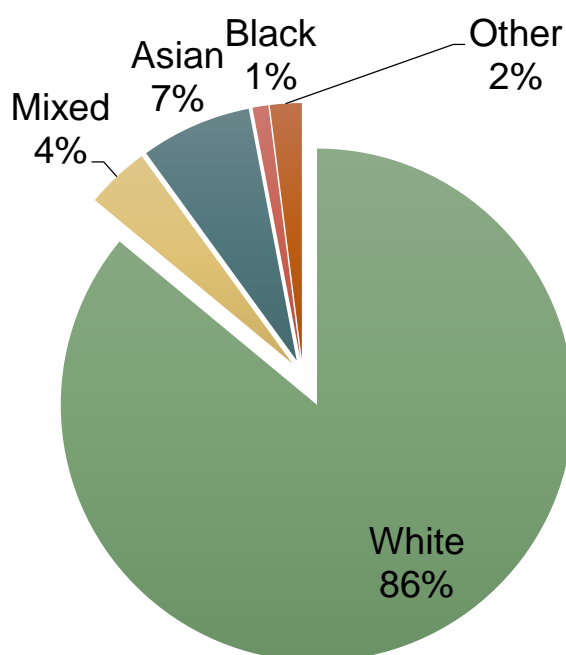
People with disabilities often have individual complex and specific needs. It is important that health and social care services are able to provide effective specialist services to meet such needs.

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.

#### 4.5.4 Race, ethnicity and language

Figure 5. Ethnicity in Richmond, 2011



Source: [http://www.richmond.gov.uk/borough\\_profile](http://www.richmond.gov.uk/borough_profile)

The borough is less ethnically diverse than the London average, but more diverse than England overall, with some notable exceptions:

- According to the 2011 Census, 160,725 (86%) of Richmond's residents categorise themselves as belonging to a White ethnic group, and 26,265 (14%) to a Black and minority ethnic (BME) group.
- The proportion of BME groups in Richmond has risen from 9% to 14% between 2001 and 2011.
- Richmond has a considerably lower proportion of people in the ethnic group Asian/Asian British: Pakistani (0.6% Richmond compared to 2.1% in England) and the ethnic group Black/African/Caribbean/Black British: African (0.9% in Richmond compared to 1.8% in England).
- Over 75.71% 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

## Context in Richmond

- 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.

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:

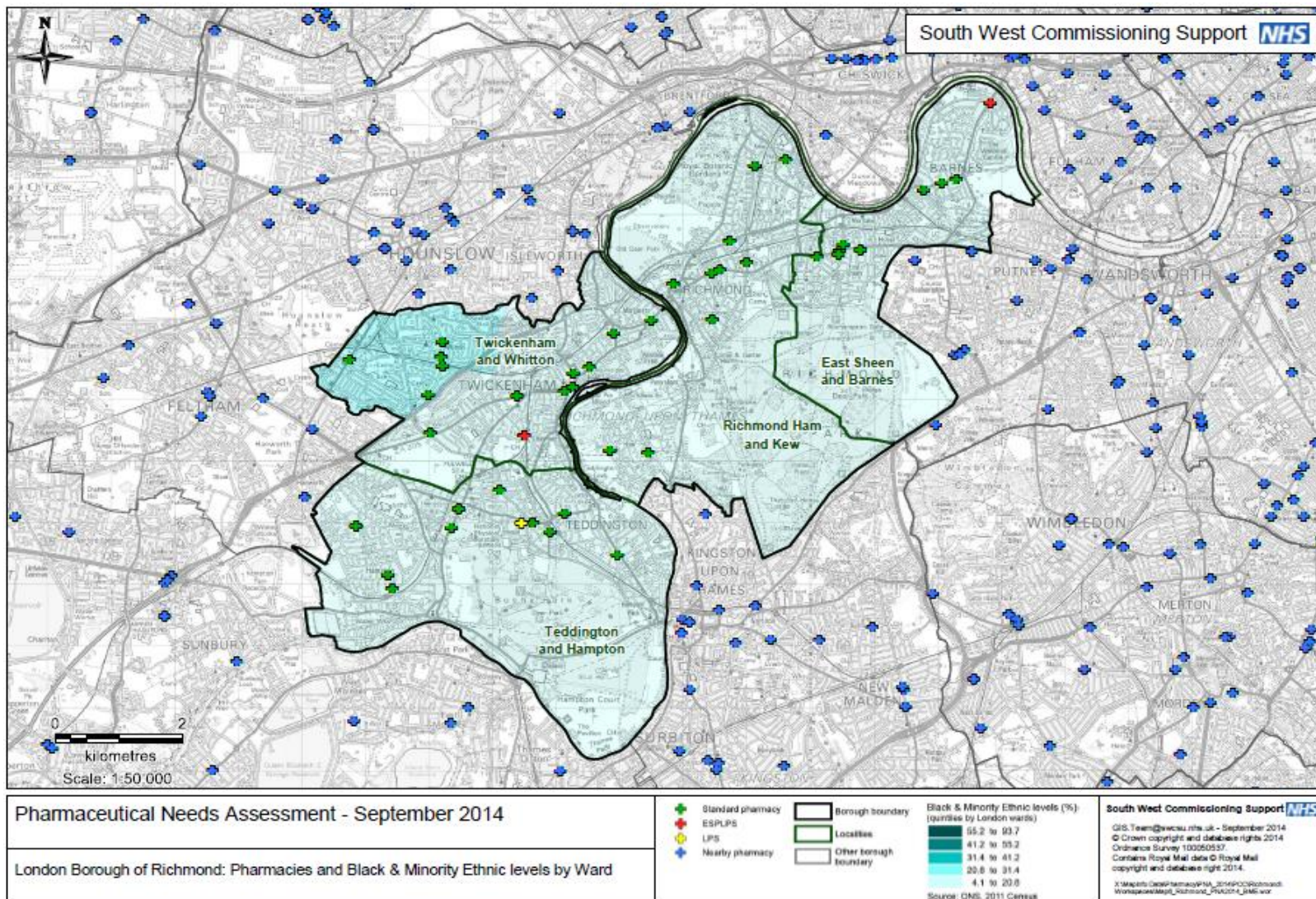
- Recent eastern European migrants experience higher rates of communicable disease, occupationally linked health problems, and mental health problems.
- South Asian groups are at higher risk of diabetes, cardiovascular disease, and some cancers.
- People from black ethnic groups are at higher risk of 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.

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. The patient survey shows that over 80% of the Richmond population - even those living in the most deprived areas – were happy with the distance to access their local pharmacy. 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.

Map 3 detailed below shows the distribution of pharmacies against percentage levels of BME population across the borough.

Map 3: Richmond pharmacies and black and minority ethnic (BME) levels by ward



## 4.5.5 Religion and belief

In Richmond, 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%).

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.
- 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.

## 4.5.6 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 (48%), 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

## Context in Richmond

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.

### 4.5.7 Pregnancy and maternity

The age profile of mothers giving birth in Richmond borough, in 2011 is older than the London and England averages – 34% of mothers in the borough were aged 35 years or over, compared to 20% in London and 16% in England.

In 2012, there were 2,916 live births to women living in Richmond borough. The number of births in Richmond is predicted to remain fairly stable over the next ten years at around 3,000 births per year.

Almost all women from the borough had their baby in an NHS facility (96%) in 2011. Of the remaining women, 2% of women had their baby at home and 2% gave birth in a non-NHS facility.

In Richmond borough there are low levels of smoking in pregnancy compared to the regional and national averages.

Mothers in the borough have one of the highest rates of breastfeeding initiation in England.

A low level of teenage pregnancies in the borough has been maintained for over a decade.

Postnatal depression affects around 10-15% of women following childbirth. Richmond has an estimated 352 women per year who may require mental health services during the postnatal period.

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.

### 4.5.8 Sexual orientation

It is difficult to accurately estimate the size of the lesbian, gay and bisexual and transgender (LGBT) 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. Estimates of the LGBT population in Richmond vary. A conservative estimate of 5% equates to 9,500 people in Richmond.

Research suggests that the LGBT 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

## Context in Richmond

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. While Richmond has one of the lowest rates of new HIV infections in the capital (14 new cases in 2011), there has been an increase of 37% in the number of residents living with HIV between 2007 and 2011.
- In 2011, 92 men who have sex with men who were residents of the borough were accessing specialist HIV care.
- In 2011, prevalence of diagnosed HIV is 41st out of 151 PCTs in England but 50% of cases are diagnosed late

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

### 4.5.9 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:

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

Research suggests that each year there are likely to be between 16 and 39 new people with gender dysphoria in Richmond borough.

## Context in Richmond

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.



## 5 Locally identified health needs

To identify how pharmaceutical service provision can help tackle the need of Richmond's local population we have used Richmond's JSNA<sup>8</sup>.

Richmond's JSNA considers all current and future health and social care needs which are capable of being met or influenced to a significant extent by the LA and the CCG. It aims to provide a comprehensive 'picture of place' including inequalities and gaps in provision.

It will be used as evidence to inform decisions about commissioning services and action to be taken by the local authority and CCG. It forms the evidence base for Richmond's Joint Health and Wellbeing Strategy (JHWS)<sup>9</sup>.

### 5.1 JSNA Vision

The JSNA vision is that all people in Richmond are able to achieve their full potential, live their lives with confidence and resilience, and access quality services that promote independence and deliver value for money.

The Richmond story is a snapshot of the local needs identified through the JSNA process. It is developed to inform commissioning intentions and updated annually.

The Richmond story 2014/15 identifies the following areas as priority:

- Maximising prevention opportunities (P2)
- Reducing health inequalities (P1)
- Minimising hidden harms and threats to health (P3)
- Planning for increasing numbers of people with multiple long term conditions (P4)

#### 5.1.1 Maximising prevention opportunities

Despite favourable comparison with London and England, estimated numbers of people in Richmond with unhealthy lifestyles are substantial:

- An estimated 20,400 (14%) adults in Richmond smoke. In Richmond, per year around 200 deaths are attributable to smoking, and over 1,000 hospital admissions are due to smoking related conditions.

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<sup>8</sup> London Borough of Richmond upon Thames' Joint Health and Wellbeing Strategy Strategic Needs Assessment [http://www.richmond.gov.uk/draft\\_health\\_and\\_wellbeing\\_board\\_strategy\\_13\\_16.pdf](http://www.richmond.gov.uk/draft_health_and_wellbeing_board_strategy_13_16.pdf) accessed Oct 2014

<sup>9</sup> London Borough of Richmond upon Thames' Joint Health and Wellbeing Strategy. [http://www.richmond.gov.uk/joint\\_health\\_and\\_wellbeing\\_strategy](http://www.richmond.gov.uk/joint_health_and_wellbeing_strategy) accessed Oct.2014

## Locally identified health needs

- Approximately 3,000 primary school aged children are overweight or obese. In reception year 16.3% of children are overweight or obese making Richmond the eighth lowest LA in England. In year six this has risen to 26.1% making Richmond twentieth lowest LA.
- An estimated 29,900 (20%) Richmond residents report not being active for 30 minutes per week, compared with 28.5% for England.
- Survey results have shown that only 10% of residents use outdoor space for exercise or health reasons. While this is similar to the average for London (10.5%), the use of the many green spaces in Richmond could be improved.
- Estimates indicate that Richmond has higher than average proportions of increasing-risk (21.3%) and higher-risk (7.8%) drinkers, compared to England. After year-on-year increases in alcohol-related mortality and hospital admissions in Richmond, the latest data (2012) show some decreases.
- Hospital admissions due to substance abuse in those aged 15-24 years is mid-range compared to London.
- Recent evidence is emerging that healthy lifestyles such as avoidance of tobacco, alcohol, poor diet and physical inactivity can reduce the risk of dementia.
- National prevalence models suggest that there are large numbers of people with undiagnosed long term conditions in Richmond (e.g. 2,700 people with undiagnosed coronary heart disease, and 4,200 people with undiagnosed diabetes).
- The overall mortality rate from causes considered preventable in Richmond is relatively low. The under 75 mortality rate from respiratory disease (12.8/100,000) and cancer (75.6/100,000) considered preventable is mid-range.

### 5.1.2 Reducing health inequalities

- Life expectancy is about seven years lower for men and four years lower for women in the most deprived than in the least deprived areas within Richmond (mainly due to coronary heart disease and stroke, cancer, respiratory disease, liver disease and other digestive disease and external causes).
- Eleven small areas with nearly 18,000 (9%) residents have above average levels of deprivation compared with the England average. An estimated 4,065 (10%) children in Richmond are living in poverty.
- There is wide variation between schools in the numbers of children eligible for free school meals and also a gap in educational attainment. Attainment is strongly associated with social background. In Richmond 69% of children eligible for free school meals achieved level 4 or above in Key Stage 2, compared to 88% for non-eligible children.
- In 2013 there were 95 people who were identified as being gypsies and travellers. With half of these people living at a recognised permanent site, and evi-

## Locally identified health needs

dence suggests that their health is similar to that of the surrounding sedentary population.

- Homelessness causes significant health problems and local services need to consider this vulnerable group. While there are only few homeless people, their health costs are high.
- Low income, poor energy efficiency and energy prices (“fuel poverty”) are strongly linked to living in homes that are not sufficiently warmed. In Richmond borough, the percentage of households that experience fuel poverty is approximately 11.1%, similar to the average for England of 10.9% and 11th highest among the London boroughs.
- Of those aged 16-18 years, 3.9% are not in education, employment or training. The difference in the percentage of work age adults who are receiving mental health services who are employed and the percentage of all respondents who are employed in Richmond (65.3%) is in the bottom quartile compared to London.
- In Richmond, 439 adults with learning disabilities are known to general practice. People with learning disabilities generally have higher health needs and more complex health needs than the rest of the population.

### 5.1.3 Minimising hidden harms and threats to health

- Approximately 15,800 provide some level of unpaid care and 15% of those provide more than 50 hours unpaid care per week. Carers are more likely to report health problems compared to those who do not provide care and this risk of poor health increases with the number of hours of unpaid care that are provided.
- Children and young people most at risk of poor outcomes include those affected by parental mental health problems, parental misuse of alcohol and drugs, domestic violence and financial stress. It is estimated that around 255 children under the age of five years live in households where there is a known high risk of domestic abuse and violence. In Richmond, there are 85 children in care.
- Wellbeing (good social, emotional and psychological health) is associated with healthy behaviours, positive mental health and educational attainment. While most children and young people in Richmond have high levels of wellbeing, there is considerable variation in levels of wellbeing with gender and across age groups.
- The most frequent mental health problems in the teenage years include anxiety and depression, eating disorders, conduct disorder (serious anti-social behaviour), attention deficit and hyperactivity disorders (ADHD) and self-harm. In 2012/13, there were 73 hospital admissions as a result of self-harm in those aged 10-24 years.

## Locally identified health needs

- Richmond has the highest proportion of people aged over 75 years and living alone in London (51% in Richmond vs. 35% for London). A survey found that just under half of adult social care users feel they do not have as much social contact as they would like. Feeling isolated and lonely has a profound negative effect on health.
- There has been a downward trend in the percentage of people who die in winter months (excess winter deaths) in Richmond. Older people are most susceptible to higher death rates in winter. In those aged 85 years and over, there were 30 (19.2%) additional deaths in winter in Richmond, compared to 45 (11.8%) in all age groups. This is similar to London and England.
- Screening coverage of eligible women for breast (70.3%) and cervical (71.9%) cancers is worse than the national averages (respectively 76.3% and 73.9%).
- Childhood MMR vaccination coverage in Richmond is below the England average (79.5% of children have received 2 doses at before the age of 5, compared to 87.7% in England).
- Neighbouring Hounslow has one of the highest tuberculosis incidence rates in London at 74.4 per 100,000 population (Richmond 8.0/100,000).
- Prevalence of diagnosed human immunodeficiency virus (HIV) is one of the lowest in London, but still higher than the England average, and Richmond is officially classed as a 'high prevalence' area. The Richmond diagnosed HIV rate is 275 per 100,000 population aged 15-59 years. Around 40% of cases are diagnosed late.
- Although Richmond has some of the best air quality in London, we compared poorly with some national indicators as London overall has lower quality air than England.

### 5.1.4 Planning for increasing numbers of people with multiple long term conditions

- Nearly one in three people registered with a GP in Richmond has one or more long-term condition (LTC) and nearly one in ten has three or more. The number of people with three or more LTCs increases from 4% in people under the age of 65 years to 44% in those over the age of 65 years. There is a clear need for integrated care of multiple conditions within the health care system, and this is a priority of Richmond's Health and Wellbeing Strategy.
- In Richmond, almost 32,000 of the GP registered population have a heart condition (including congestive heart failure, hypertension, ischemic heart disease and atrial fibrillation). Multi-morbidity is common; over 15% of people with a heart condition in Richmond have at least three other LTCs. In addition, 20% of patients have either depression or anxiety.
- There are 5,840 patients of all ages with diabetes in Richmond. 90% of people with diabetes have co-morbidities. Diabetes is a major cause of premature mortality.

## Locally identified health needs

- Around 1,500 people are estimated to have some form of severe mental illness. Co-morbidity among psychiatric conditions is high. In addition, an estimated 20,000 people in Richmond have a less severe, common mental disorder (such as depression and anxiety).
- Overall, the emergency hospital admission rate is among the lowest in the country. However, around 2,073 (15%) emergency admissions (costing £4.2 million per year) are for potentially preventable conditions. Emergency readmission rates (11.6%) are similar to London 11.8%.
- The number of 0-4 year olds attending accident and emergency (A&E) in Richmond is significantly above the national average. The majority receive no investigation or significant treatment, or are discharged without follow-up. In this age group, respiratory disease and infections are the main reason for emergency admissions and GP consultations.
- The number of A&E attendances fluctuates over the course of the year (high in winter), over the course of the week (high on Monday, lower attendance on weekends by older people), and over the course of the day (peak mid-morning, for children a second peak is seen around 7pm).
- Deaths in hospital have reduced year on year since the implementation of the End of Life Care Strategy in 2008. A high proportion of terminal admissions (49%) are for those aged 85 years and above compared with England average (38%).
- 10% (£1.7 million per year) of spend on emergency admissions is attributable to care homes. 34% of emergency hospital admissions from care homes are for short stay patients (0 or 1 day) suggesting there is potential to reduce these.
- There are 1,780 people with multiple sclerosis, Parkinson's disease or epilepsy resident in the Borough of Richmond. Long term neurology conditions like these tend to be incurable and progressive in nature, and particularly towards the later stages of the disease impact on quality of life.
- It is estimated that 2,075 Richmond residents have dementia. Around 50% of the estimated number of people with dementia has received a formal diagnosis, which is similar to the national average. Locally a goal has been set of achieving a diagnosis rate of 66% by 2015 in line with the national goal. Of those with dementia, 70% have one or more other LTC, and it is estimated that two-thirds of those with dementia live in the community.
- Cancer prevalence and incidence are increasing nationally. While compared to other areas in England the overall cancer incidence is lower in Richmond, breast cancer incidence is relatively high. Survival is high and is increasing.
- The employment rate of those with long-term health condition is 13.2% lower than the overall employment rate.

## 5.2 Joint Health and Wellbeing Board Strategy

The HWB has agreed their first Joint Health and Wellbeing Strategy (JHWS) will focus on the integration of services. The four strategic aims are:

- Give children a good start (A1)
- Integrate health and social care to increase independence and manage patients with long-term conditions out-of hospital (A2)
- Adopt a systematic approach to prevention and self-care (A3)
- Looking out for hidden risks and harms and be ready to address them when they become known (A4)

The HWB has identified four priority areas for action through Richmond's JSNA. These are priority areas where improvements can only be made in partnership rather than issues that are the remit of a single agency:

- Child to adults services transition (HWB1)
- Mental and physical health services (HWB2)
- Health and social care services (HWB3)
- Hospital and community services (HWB4)<sup>10</sup>

This strategy emphasises the importance of partnership working and joint commissioning of services to achieve a more focused use of resources and better value for money.

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<sup>10</sup> [http://www.richmond.gov.uk/health\\_and\\_wellbeing\\_strategy\\_april\\_13.pdf](http://www.richmond.gov.uk/health_and_wellbeing_strategy_april_13.pdf)

## 6 Provision of pharmaceutical 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:

- those services provided by pharmacies and DACs in line with their terms of service as set out in the 2013 regulations, and
- advanced services

### 6.1 Necessary services - current provision within the HWB's area

There are 46 pharmacies included in the pharmaceutical lists for the area of the HWB, all of whom have a standard 40-hour contract. There are no DACs.

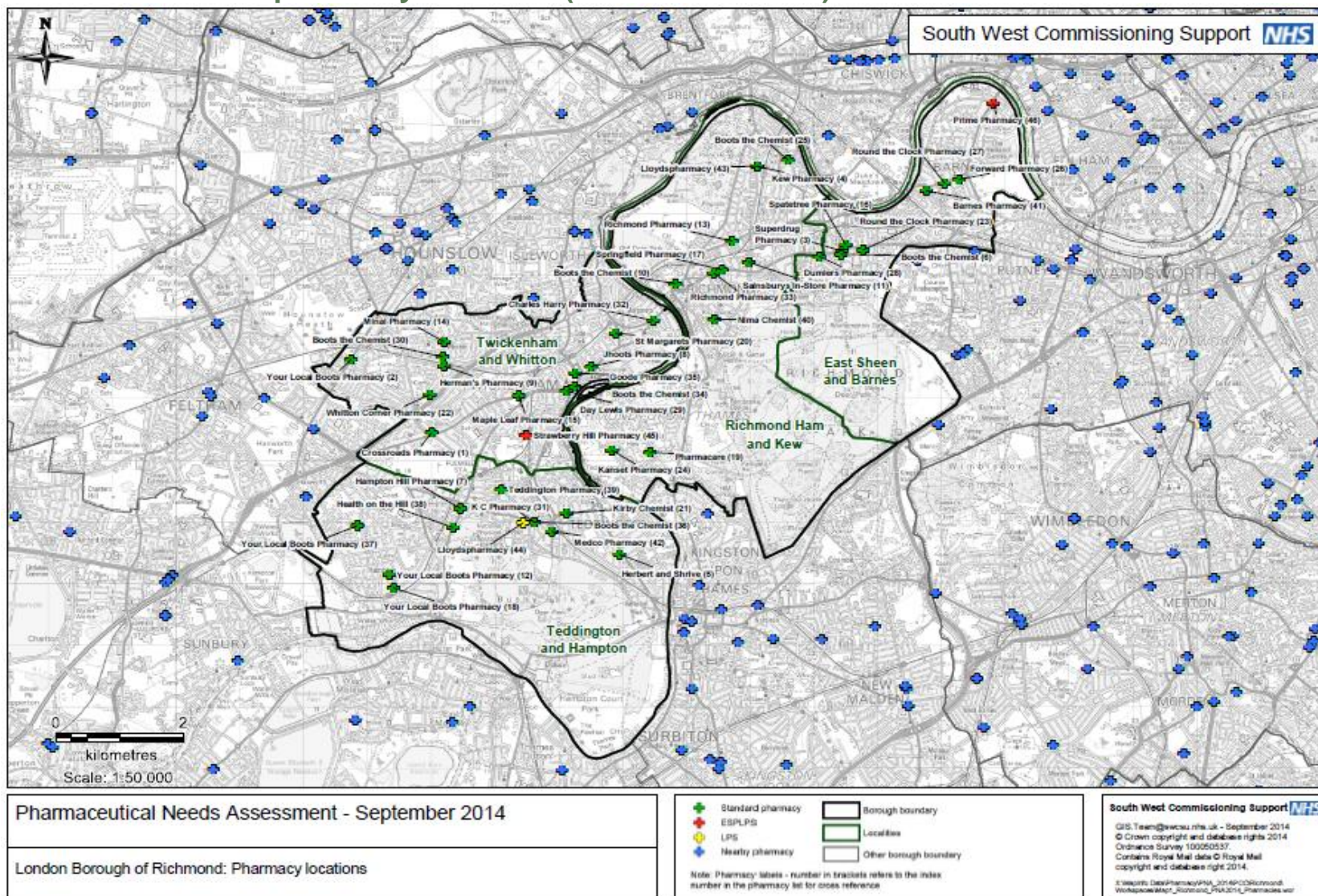
Richmond has two pharmacies which hold an ESPLPS contract with NHS England. These contracts will terminate on 31<sup>st</sup> March 2015, at which time the pharmacies can choose to operate under the national terms of service or close. The intentions of the pharmacies are not currently known. Richmond also has one pharmacy with an LPS contract inside TMH. This contract is due to expire on 30<sup>th</sup> September 2015.

Map 1, which is the statutory map as provided below, shows the location of premises providing pharmaceutical services within the HWB's area. It should be noted that due to the proximity of some pharmacies some icons may reflect the location of two contractors. The map index to premises can be found in Appendix 1, with locality indexing showing opening hours in Appendix 4.

While not a statutory requirement, where maps within this PNA include the location of GP premises, they do so solely as a point of reference and proximity to pharmacies. Appendix 7 provides an index of those GP surgeries.

# Provision of pharmaceutical services

## Map 1 – Richmond HWB pharmacy locations (indexed & named)





## Provision of pharmaceutical services

As can be seen from Table 2 detailed below, the number of pharmacies within the HWB's area has remained relatively static since 2007/08, with one pharmacy closing in 2012/13 and one new pharmacy opening in 2014. As at March 2013, Richmond had 24 pharmacies per 100,000 population. This is higher than both the England average (22) and the London average (23). As may be expected London has some of the highest average number of pharmacies per 100,000 head of population across England (Westminster, Camden and Kensington and Chelsea respectively 43, 31 and 28).

There has been a small increase in the number of items dispensed per month which has been absorbed by the existing contractors. However, as indicated in Table 3 detailed below, in 2012/13 Richmond's average prescription items per month per pharmacy was 4,493 – the sixth lowest of all London boroughs and significantly lower than the national average. Havering had the highest rate in London dispensing 7,469 items per month on average.

In 2012/13, Richmond pharmacies also dispensed one of the lowest items per head of population (1.1 items) in London (0.9 to 1.4 items) and were below the average in England (1.4 items).

**Table 2. Number of pharmacies and items dispensed per month in Richmond since 2007/08**

Year	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid 2007	Pharmacies per 100,000 population
2007-8	46	163	180	26
2008-9	45	171	180	25
2009-10	46	181	180	26
2010-11	46	191	189	24
2011-12	46	195	188	25
2012-13	45	202	188	24

*Source: Health and Social Care Information Centre. However the number of pharmacies in the area has since changed to 46. Full details of the current community pharmacy providers are listed in each localities details and the appendix.*

As the average items per month are below the national and regional averages, it can be concluded that the current number of pharmacies across Richmond is sufficient and can cope with a future increase in items. An increase may occur if there is an increase in population or in the prevalence of certain diseases or an ageing population or possibly a combination of all three factors, some of which are predicted to happen in the years leading up to 2020.

## Provision of pharmaceutical services

**Table 3. Number of pharmacies and items dispensed nationally since 2007/08**

PCT	Number of community pharmacies	Prescription items dispensed per month (000)s	Population (000)s Mid 2011	Pharmacies per 100,000 population	Average items per pharmacy per month
<b>ENGLAND</b>	11,495	76,191	53,107	22	6,628
<b>LONDON</b>	1,846	9,644	8,204	23	5,224
<b>Westminster</b>	94	275	220	43	2,927
<b>Camden</b>	68	210	220	31	3,084
<b>Kensington and Chelsea</b>	44	140	158	28	3,173
<b>City and Hackney Teaching</b>	65	262	255	26	4,036
<b>Islington</b>	45	193	206	22	4,299
<b>Richmond and Twickenham</b>	45	202	188	24	4,493
<b>Barnet</b>	77	363	358	22	4,715
<b>Hammersmith and Fulham</b>	40	190	182	22	4,747
<b>Waltham Forest</b>	59	281	260	23	4,762
<b>Brent</b>	75	370	312	24	4,938
<b>Haringey</b>	57	283	256	22	4,972
<b>Southwark</b>	63	315	289	22	5,001
<b>Lambeth</b>	67	337	304	22	5,036
<b>Greenwich</b>	61	320	255	24	5,247
<b>Wandsworth</b>	63	339	308	20	5,385
<b>Hillingdon</b>	66	356	275	24	5,395
<b>Harrow</b>	61	331	240	25	5,429
<b>Lewisham</b>	58	317	277	21	5,463
<b>Bromley</b>	59	326	311	19	5,529
<b>Ealing</b>	74	411	339	22	5,554
<b>Hounslow</b>	56	320	255	22	5,713
<b>Sutton and Merton</b>	82	472	392	21	5,762
<b>Croydon</b>	74	431	365	20	5,818
<b>Kingston</b>	32	187	160	20	5,849
<b>Bexley</b>	45	269	233	19	5,982
<b>Redbridge</b>	56	347	281	20	6,193
<b>Barking and Dagenham</b>	38	240	187	20	6,328
<b>Newham</b>	68	440	310	22	6,471
<b>Tower Hamlets</b>	48	337	256	19	7,023
<b>Enfield</b>	61	442	314	19	7,238
<b>Havering</b>	45	336	238	19	7,469

## Provision of pharmaceutical services

Source: Health and Social Care Information Centre.

### 6.1.1 Access to premises

Access can be defined by the location of the pharmacy in relation to where residents of the HWB area live and length of time to access the pharmacy by driving (private car, using public transport or walking).

The latest information shows that 99% of the English population - even those living in the most deprived areas - can reach a pharmacy within 20 minutes by car and 96% by walking or using public transport<sup>5</sup>.

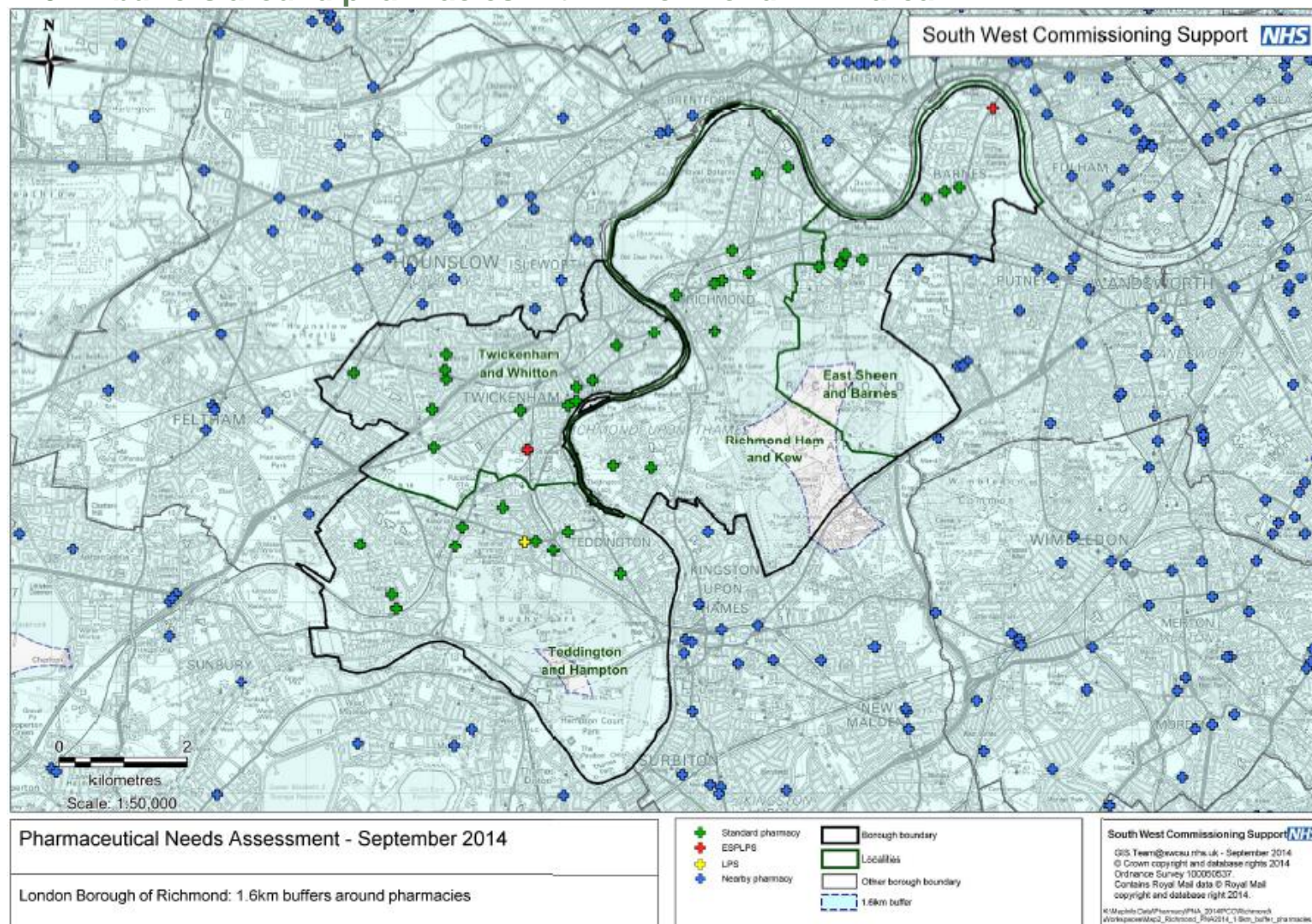
From the public survey, 63% of people responded that they had used the pharmacy close to where they live most often (Appendix 8).

Map 14 detailed below shows that with the exceptions of a small area in the Teddington & Hampton locality and a slightly larger area in Richmond, Kew & Ham locality, all Richmond residents live within 1.6km, in a straight line, of a pharmacy. Both these areas are characterised by being composed of mostly parkland. Even taking into account these two areas, 99% of Richmond's population is within 1.6km of a pharmacy or ESPLPS pharmacy as illustrated in Map 14.

However, very few people will be able to travel in a straight line from their home to a pharmacy. A more useful measure therefore is how long it takes for people to access a pharmacy by car, public transport or by foot.

## Provision of pharmaceutical services

### Map 14: 1.6km buffers around pharmacies within Richmond HWB area



## Provision of pharmaceutical services

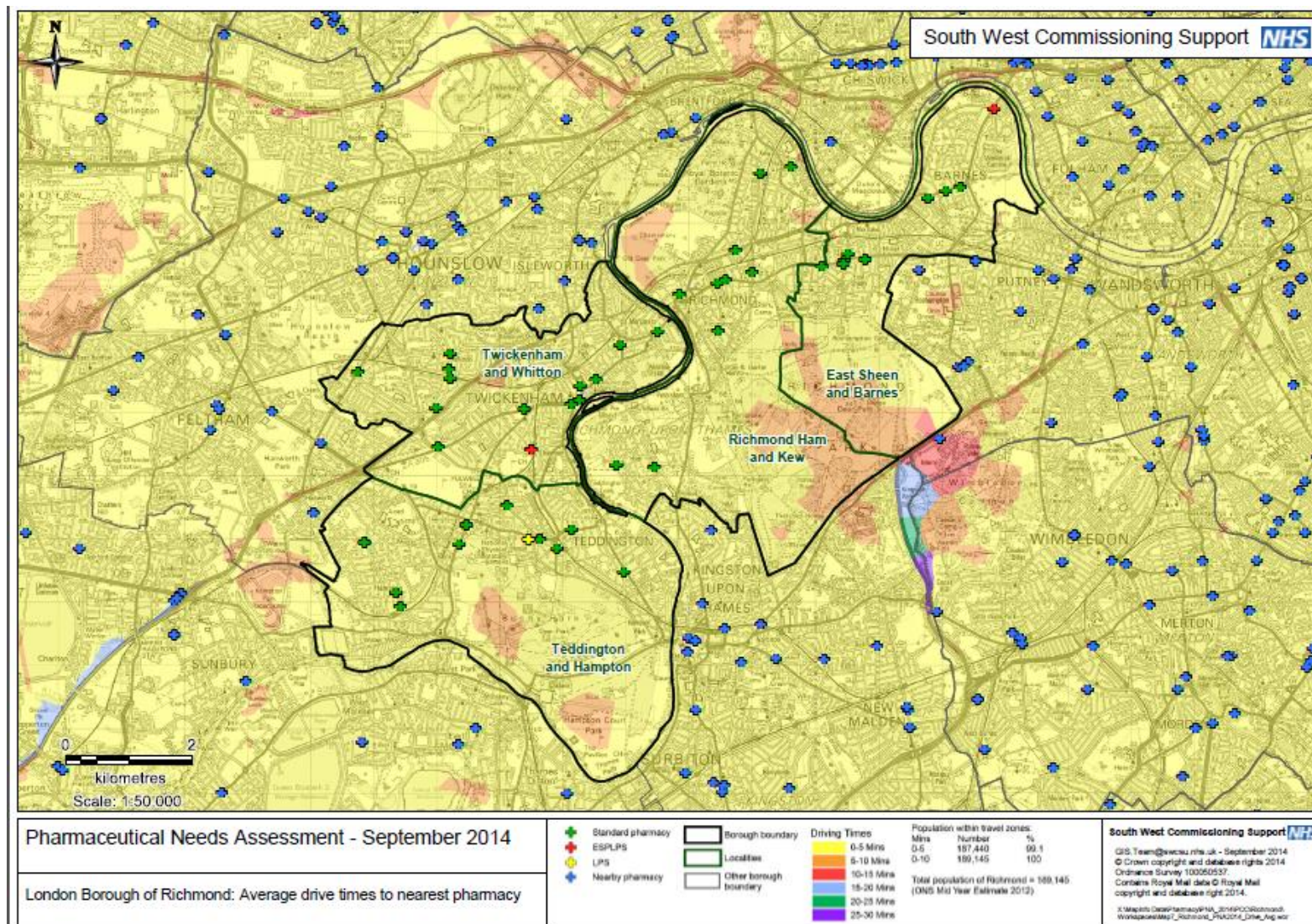
### Accessing a pharmacy by driving

Map 5a detailed below illustrates that using average driving times, 99.1% of the population can access a pharmacy with five minutes.

Appendix 5 contains Maps 5b and 5c which show drive times at peak and off peak driving times.

## Provision of pharmaceutical services

### Map 5a – Average driving times to nearest pharmacy in Richmond HWB area



## Provision of pharmaceutical services

### Accessing a pharmacy by public transport

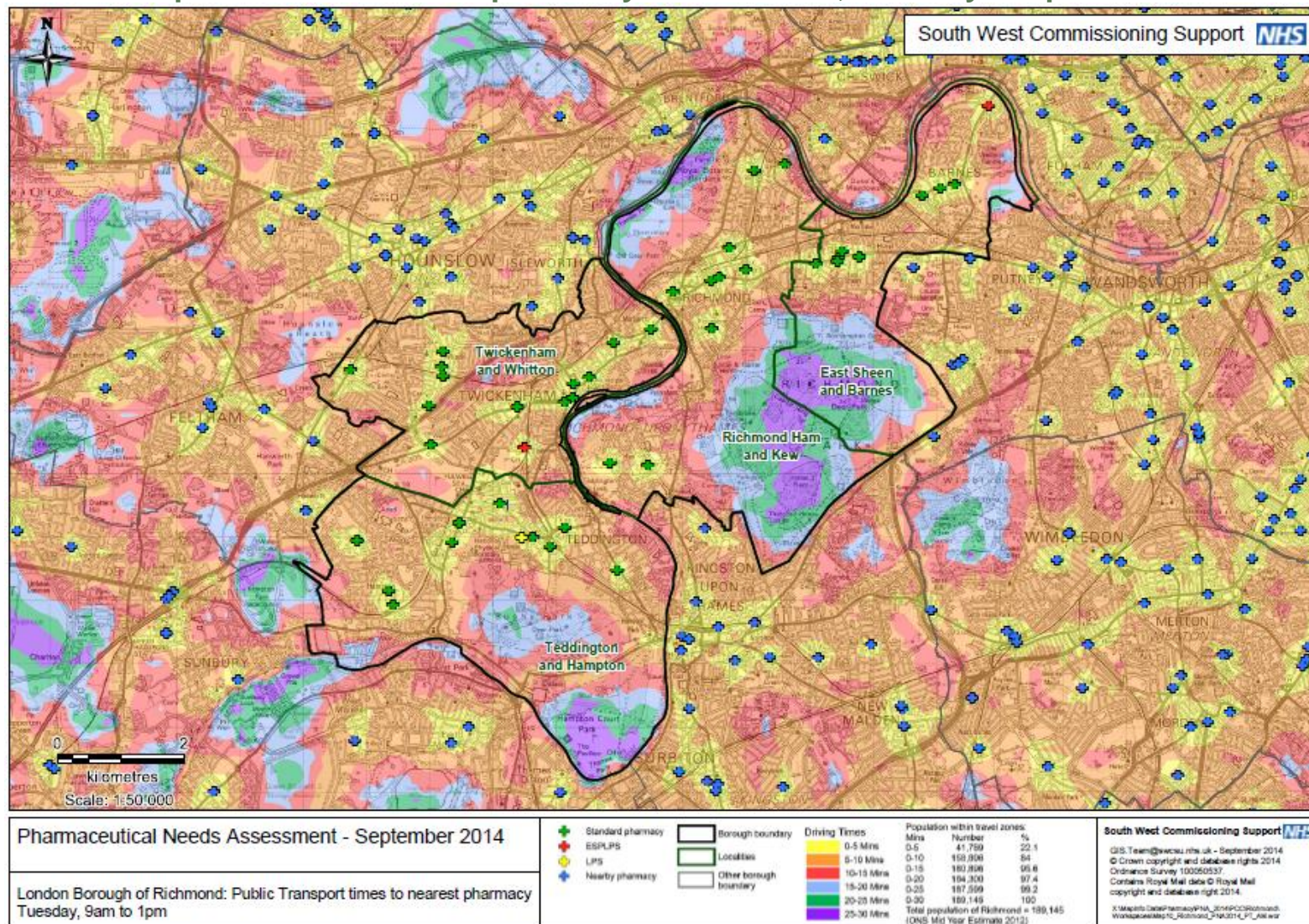
Richmond has an excellent transport system with residents having the options of using London underground and over-ground rail services, plus an extensive bus network and the provision of cycle lanes.

Maps 6 and Map 7 detailed below illustrate that 95% of the residents of the HWB area can access a pharmacy within 15 minutes increasing to 97% in 20 minutes.

Times represent the best case scenario for journeys by tube, bus, train, light rail and tram on a Tuesday between 9am and 1pm. Travel times are shown as five minute zones, up to 30 minutes. The population summary gives the number of Richmond residents within cumulative travel zones.

Note that due to the frequency of transport for London (TfL) services remaining constant throughout the day there is very little difference between the AM and PM maps

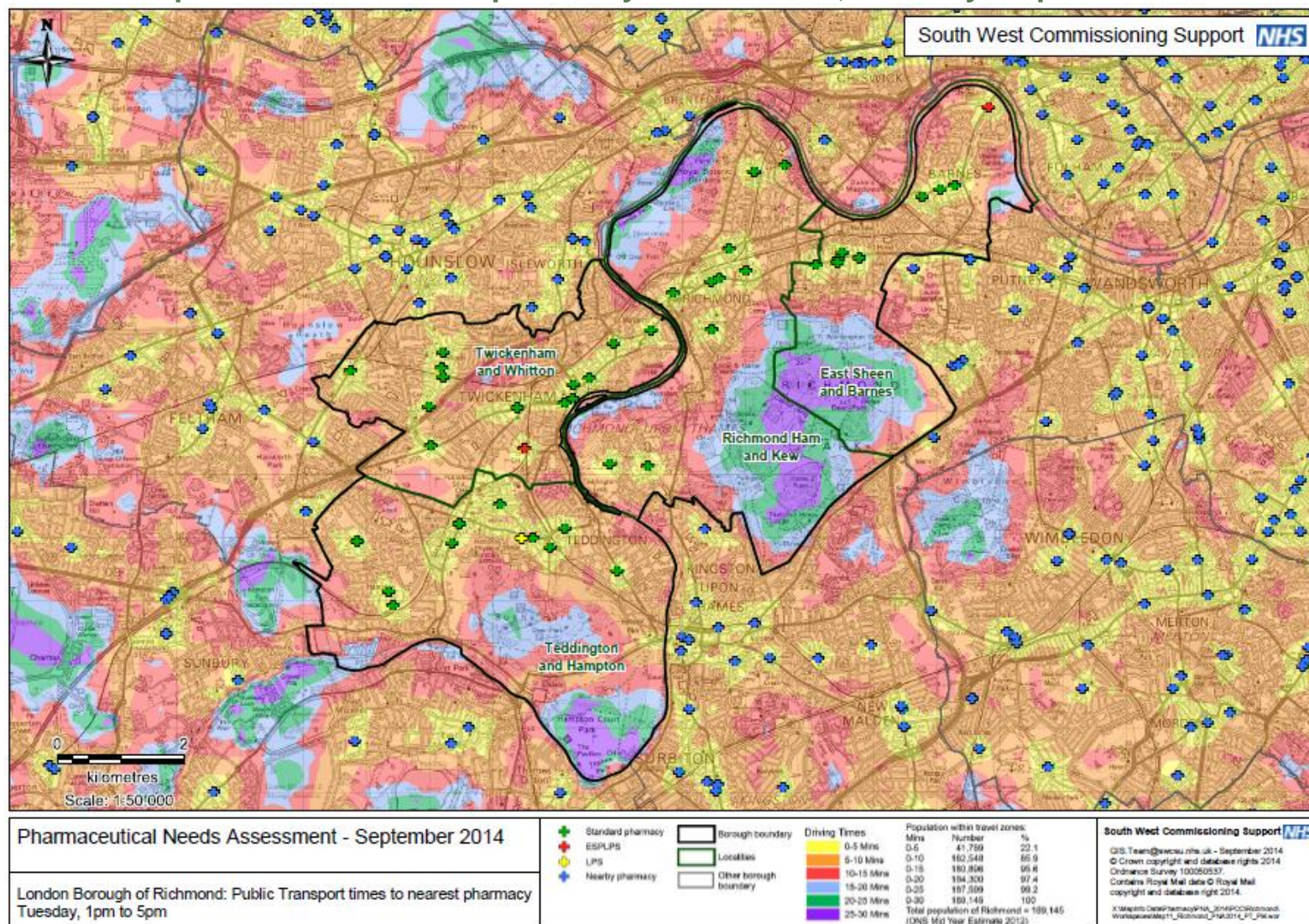
Map 6: Public transport travel times to a pharmacy in Richmond, Tuesday 9-1 pm





## Provision of pharmaceutical services

### Map 7: Public transport travel times to a pharmacy in Richmond, Tuesday 1-5pm



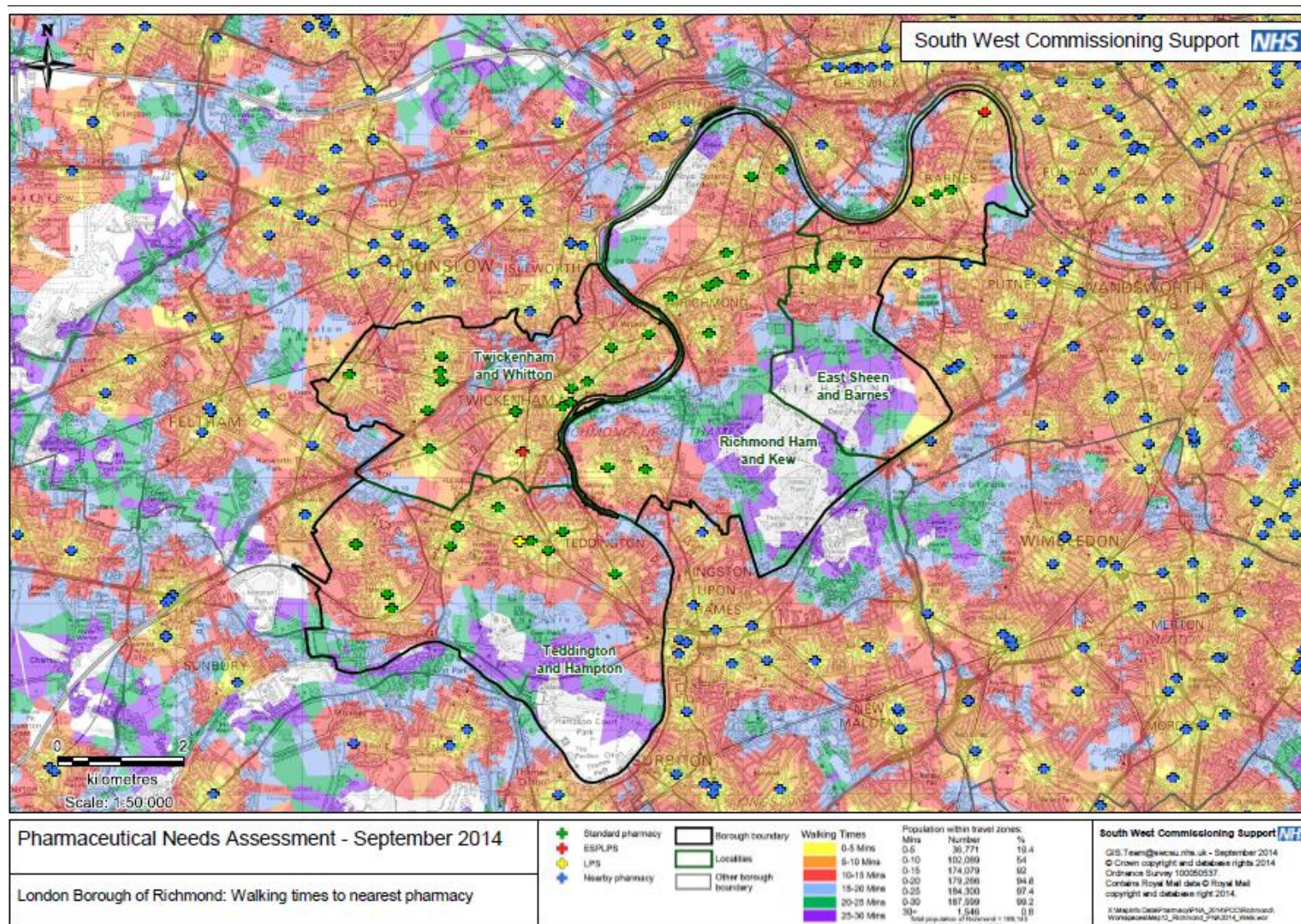
## Provision of pharmaceutical services

### Accessing a pharmacy by walking

There will be a cohort of the population who do not have access to a car or another other vehicle and are unable to afford public transport or who choose not to utilise it. Map 8 detailed below analyses how long it takes to walk to a pharmacy.

From the map it can be seen that 94.8% of residents are able to walk to their nearest pharmacy within 20 minutes and 99.2% of the population within 30 minutes.

Map 8: Walking distance to a pharmacy in Richmond



## Provision of pharmaceutical services

### 6.1.2 Correlation with GP practices

As expected, there are significantly more community pharmacies than there are GP practices reflecting the higher number of pharmacies per 100,000 population in London and England (Table 3, see section 6.1).

In addition, all localities have more pharmacies than GP practices. All GP practices have at least one pharmacy located nearby, although practice list sizes, number of GPs and opening times may differ significantly between practices.

### 6.1.3 Access to services

Whilst the majority of people will visit a pharmacy during the 8.30am to 6pm period, Monday to Friday, following a visit to their GP, there will be times when people will need to access a pharmacy outside of those times. This may be to have a prescription dispensed after being seen by the out of hours GP service, or it may be to access one of the other services provided by a pharmacy outside of a person's normal working day.

The public survey provided the following insights into how Richmond residents access pharmaceutical services:

- Over 87% of patients surveyed had not had any problems accessing a pharmacy service in the past year and
- Approximately 87% were satisfied with the opening hours of the pharmacy they used.
- When rating the overall experience of using a pharmacy most respondents (97%) indicated it was good or fair, with over 82% rating it good (the highest option).
- Only two people surveyed were unable to access a pharmacy when their preferred pharmacy wasn't open; one used the NHS 111 service and the other attended hospital, once again highlighting the high level of access to pharmacies in the HWB area.

Map 9 detailed below shows the opening times for Richmond pharmacies based on their core and supplementary opening hours<sup>11</sup>. This identifies those that open 7 days a week, all day Saturday (open Monday to Friday), only half day Saturday (open Monday to Friday) and closed Saturday (open Monday to Friday). The map also identifies those open after 6pm Monday to Friday.

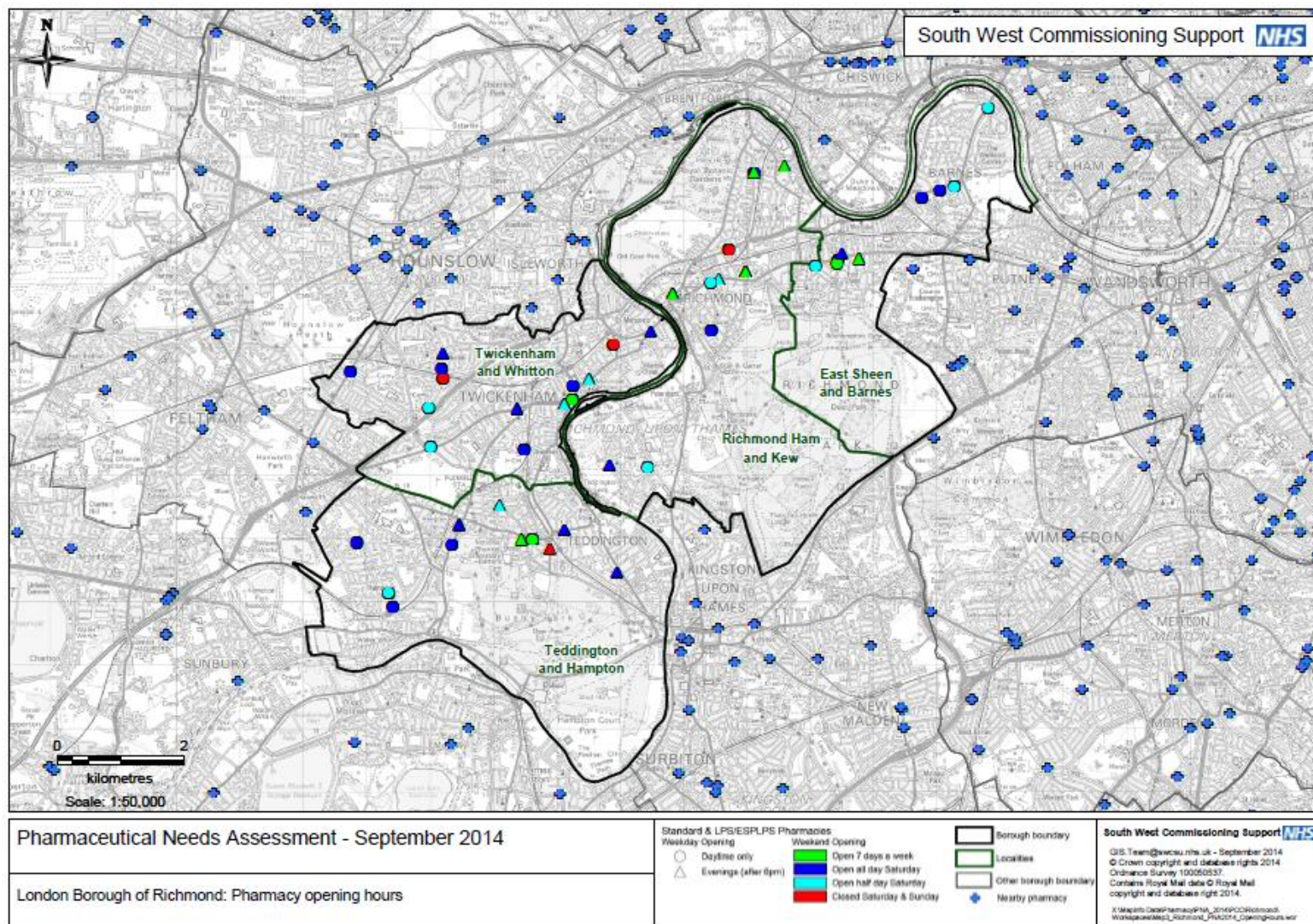
Full details of the opening hours for community pharmacies in Richmond are at Appendix 4.

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<sup>11</sup> As at 30 September 2014.

# Provision of pharmaceutical services

## Map 9: Richmond pharmacies: opening hours



## Monday to Saturday opening

Of Richmond's 46 pharmacies, four do not open on Saturdays.

As can be seen in Table 4 detailed below access to extended hours (beyond 7.00 p.m.) in the evening Monday to Saturday is limited to four pharmacies:

**Table 4. Richmond pharmacies open beyond 7.00 p.m.**

Map Index	ODS Code	Trading Name	Comment
11	FG716	Sainsbury's Pharmacy	Open until 9.00 p.m. Monday to Saturday
15	FJ815	Maple Leaf Pharmacy	Open until 9.00 p.m. Monday to Friday
25	FNM74	Boots the Chemist	Open until 9.00 p.m. Monday to Saturday
44	FRM18	Lloyds Pharmacy	Open until 9.00 p.m. Saturday to Wednesday and until 8.00 p.m. Thursday and Friday.

There are five pharmacies that open before 9.00 a.m. However, there is only one that opens before 8.30 a.m. - Sainsbury's Instore Pharmacy, Map Index 11 see Appendix 4 which opens at 8.00 a.m. Monday to Saturday.

In Richmond there is no access to pharmaceutical services beyond 9.00 p.m.

## Sunday opening

**Table 5. Richmond pharmacies open on Sunday**

Map Index	ODS Code	Pharmacy Name	Open	Close
6	FDN22	Boots the Chemist	11:00	17:00
10	FF832	Boots the Chemist	11:00	17:00
11	FG716	Sainsbury's In-Store Pharmacy	10:00	16:00
15	FJ815	Maple Leaf Pharmacy	10:00	16:00
23	FN176	Round the Clock Pharmacy	10:00	14:00
25	FNM74	Boots the Chemist	11:00	17:00

## Provision of pharmaceutical services

Map Index	ODS Code	Pharmacy Name	Open	Close
34	FT792	Boots the Chemist	11:00	16:00
36	FTT52	Boots the Chemist	11:00	16:00
43	FYC71	Lloyds Pharmacy	10:00	14:00
44	FRM18	Lloyds Pharmacy	13:00	21:00

There are ten pharmacies in Richmond that open on Sunday (Table 5 detailed above), four of which have core opening hours on Sunday. There is good access to pharmacies on Sunday, with extended hours at the Lloyds Pharmacy (Map index 44 see Appendix 4) until 9.00 p.m.

### Changes to pharmacy contractors

Teddington Memorial Hospital is the site for Richmond NHS Walk-in Centre. It is also the host site for the LPS contract (Map ref 44) provided by Lloyds Pharmacy. The future of this LPS is uncertain, NHS England have extended the contract to 30<sup>th</sup> September 2015. The HWB will review the status of this provider and consider the impact of any contractual changes on the provision of pharmaceutical services in this locality and to all residents within the HWB area.

#### 6.1.4 Access to Medicines Use Reviews (MUR)

Appendix 14 provides a list of pharmacies providing MUR advanced services.

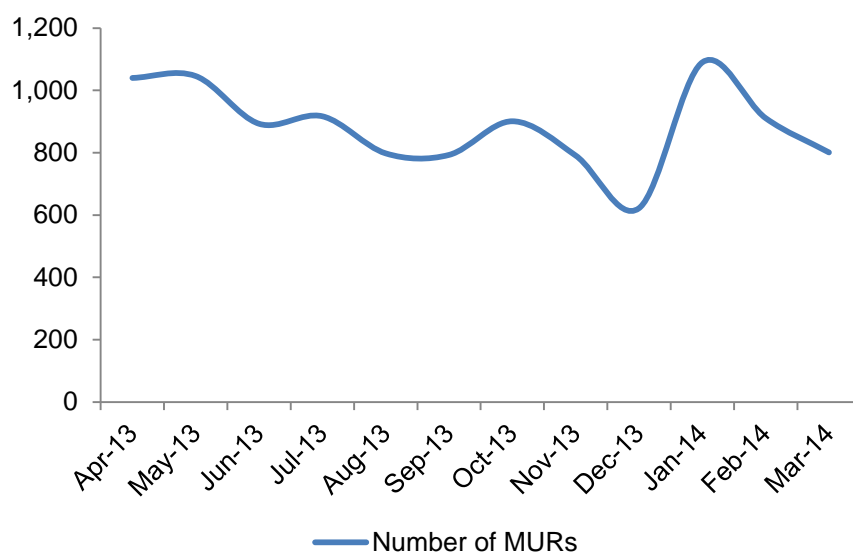
This service is medicines adherence service designed to improve patient outcomes from taking regular medication. A report is shared with the patient and prescriber. 70% of MURs undertaken have to be from a specified group of patients:

- Patients taking certain high risk medications
- Patients recently discharged from hospital
- Patients prescribed certain respiratory medicines
- Patients diagnosed with cardiovascular disease or another condition which puts them at increased risk of developing cardiovascular disease.

Each pharmacy can provide a maximum of 400 MURs a year.

In 2013/14 a total of 10,603 MURs were provided by 38 of the pharmacies with 15 pharmacies claiming at or near the maximum number of MURs. The graph at Figure 6 shows the pattern of claiming throughout the year for all pharmacies.

**Figure 6. Number of MURs claimed in Richmond 2013/14**



Up to 400 MURs can be provided at each pharmacy, giving an overall maximum number of 18,400 per annum. However with three pharmacies not providing the service the actual number of MURs that could have been undertaken is 17,200.

MURs are accessible to residents in all four localities.

### 6.1.5 Access to New Medicine Service (NMS)

This service is designed to improve adherence and outcomes for patients receiving newly prescribed medications often for LTCs. The service is relatively new having been in operation for two years.

**Table 6. Community pharmacies on a PCT pharmaceutical list at 31 March, number and percentage providing New Medicines Services by SHA(1), England 2012-13(2)**

Area	Number of community pharmacies	Number of community pharmacies providing NMS	Percentage of community pharmacies providing NMS	Total NMS	Average NMS per community pharmacies
<b>England</b>	11,495	9,464	82.3	647,859	68
<b>London</b>	1,846	1,453	78.7	107,454	74
<b>Richmond and Twickenham</b>	45	37	82.2	2,834	77

Source: NHS Prescription Services part of the NHS Business Services Authority. Copyright © 2013, Health and Social Care Information Centre.



## Provision of pharmaceutical services

In 2012/13 a total of 2,834 NMS interventions were provided by 37 pharmacies.

Unlike for MURs there is no nationally set maximum number of NMS interventions that may be provided in a year. Currently the service is limited to a specific range of drugs and can only be provided in certain circumstances and this therefore limits the total numbers of eligible patients.

NMS are accessible to residents in all four localities

### 6.1.6 Access to stoma appliance customisation

In responding to the pharmacy questionnaire, two of the pharmacies in the area customised appliances with a further two stating they would be providing this service soon. This low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs specialising in the provision of stoma appliances.

### 6.1.7 Access to Appliance Use Review (AUR)

While no pharmacy within the area provided this service in 2012/13, in responding to the pharmacy questionnaire, one of the pharmacies in the area provided appliance use reviews with a further six saying they would be providing this service soon. This low level of provision reflects the specialist nature of the provision of appliances and it would be expected that this service is provided by DACs.

### 6.1.8 Access to enhanced services

In October 2014, the only enhanced service commissioned by NHS England from pharmacies in the HWB area is immunisation services; 24 pharmacies provide this service. The HWB recognises that this position may be mitigated by locally commissioned services.

Further details of this enhanced service are provided in section 8.3.1.

### 6.1.9 Access to pharmaceutical services on public and bank holidays and Easter Sunday

NHS England has a duty to ensure that residents of the HWB's area are able to access pharmaceutical services every day. Pharmacies and DACs are not required to open on public and bank holidays, or Easter Sunday, although some choose to do so. NHS England asks each contractor to confirm their intentions regarding these days and where necessary will direct a contractor or contractors to open on one or more of these days to ensure adequate access.

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

In making its assessment the 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 the population of Richmond by pharmacy contractors outside their area, or by GP practices, or other health services providers including those that may be provided by NHS trust staff.

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 where they go shopping, recreational or other reasons. Consequently not all the prescriptions written for residents of Richmond were dispensed by the pharmacies within Richmond. The London Borough of Richmond upon Thames has borders with four London boroughs (Kingston, Wandsworth, Hounslow, Hammersmith and Fulham) and with Surrey county council.

There are a large number of pharmacy contractors surrounding the Richmond area and in particular late night pharmacies in Hounslow and Kingston. Map 1 (section 6.1) shows the distribution of pharmacies in Richmond and in the immediate vicinity. Appendix 4 lists the pharmacy contractors and the index number provided on Map 1.

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.

In 2013/14 495,532 (19%) out of 2,666,205 items were dispensed outside of the HWB's area by a total of 2,635 different contractors.

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.

### 6.3 Other relevant services - current provision

Other relevant services are pharmaceutical services that are not necessary (see section 3.6.1 and section 8.2 to 8.5) but have secured improvement or better access to pharmaceutical services.

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

- Essential services provided at times by pharmacies beyond the standard 40 core hours (known as supplementary hours) in line with their terms of service as set out in the 2013 regulations,
- Enhanced services

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

All 46 pharmacies 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 4 and Map 9 (see section 6.1.3).

#### 6.3.2 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.

#### 6.3.3 Other relevant services

Whilst the HWB consider enhanced services as providing an improvement or better access to pharmaceutical services, only one is commissioned by NHS England<sup>12</sup>. The HWB is mindful of local commissioned services as described in section 3.6.6 and 6.5.4).

#### 6.3.4 Choice with regard to obtaining pharmaceutical services

As can be seen from sections 6.1 and 6.2, the residents of the HWB's area currently exercise their choice of where to access pharmaceutical services to a considerable degree.

Within the HWB's area they have a choice of 46 pharmacies which have been utilised to dispense 81% of items prescribed within RCGG. Residents choose to access a large number of pharmacies spread across London and the rest of England to

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<sup>12</sup> By October 2014

## Provision of pharmaceutical services

have 19% of items dispensed. As expected a proportion of these were dispensed in neighbouring HWB areas but not in significant numbers.

There is no DAC in the HWB area however residents may choose to use DACs further afield or those pharmacies that provide appliances.

## 6.4 Future provision – necessary and other relevant services

### 6.4.1 Housing and development

Please refer to appendix 19 and Richmond Council Annual Monitoring Report (AMR) 2012\_13<sup>13</sup> for further details of known developments identified during the writing of this PNA.

The developments listed in the AMR 2013 were taken into account when drawing conclusions in this PNA. Richmond Council is expecting the greatest concentration of development mainly in the wards of Mortlake and Barnes Common (509 units), St Margaret's and North Twickenham (486 units), North Richmond (397 units), Hampton Wick (345 units) and South Twickenham (314 units). The more significant developments and proposals sites which could come forward in the next three years are:

- Stag Brewery site, Mortlake – mixed use scheme (200-300 units)
- Inland Revenue site, Kew – 170 units
- Barnes Hospital – mixed use (50-100 units) including extra care facilities and primary school
- Teddington Studios – current planning application for around 220 units
- Richmond upon Thames College – potential for significant number of new residential units
- West Twickenham cluster (including Greggs Bakery) – up to 200 units
- Rugby Football Union, Twickenham – potentially expired planning permission for 115 units
- Twickenham Station (not within the SA Plan but in the Twickenham Area Action Plan) – permission for 115 unit
- Twickenham Former Sorting Office (not within the SA Plan but in the Twickenham Area Action Plan) – permission for 110 units
- HM Latchmere Prison, Ham/Petersham (part of the site is in Borough of Kingston) – two current planning applications under consideration – 42 or 58 units in Richmond borough
- Ham Central Area – potentially around 50 units
- Star & Garter, Richmond – 86 units

<sup>13</sup> [http://www.richmond.gov.uk/appendices\\_to\\_2012-13\\_amr\\_final.pdf](http://www.richmond.gov.uk/appendices_to_2012-13_amr_final.pdf)

## Provision of pharmaceutical services

There are no known future developments that are likely to significantly alter demand for pharmaceutical services.

There is a major development being planned on the A316, linked to redevelopment of the Teddington studios site.<sup>14</sup>

### 6.4.2 Primary Care developments

Two practices in Richmond town centre merged, with a new site opening in 2014.

Furthermore, after the PNA consultation period, the HWB were notified by NHS England (on 12<sup>th</sup> January 2015) that another practice will close on 20<sup>th</sup> February 2015 (see 0 and Appendix 7 for details).

These changes are not expected to impact on pharmaceutical service provision as there are a number of pharmacies in the immediate vicinity of each area.

The HWB will consider any changes in primary service delivery including estates development which may have an impact on pharmaceutical provision in the HWB area during the time horizon of the PNA.

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<sup>14</sup>[http://www.richmond.gov.uk/government\\_minister\\_hears\\_innovative\\_plans\\_for\\_new\\_education\\_and\\_enterprise\\_project](http://www.richmond.gov.uk/government_minister_hears_innovative_plans_for_new_education_and_enterprise_project)

### 6.5 Other NHS 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

#### 6.5.1 Hospital pharmacies

Patients attending these, on either an inpatient or outpatient basis, may require prescriptions to be dispensed. There are no acute hospitals in Richmond. Teddington Memorial Hospital, which is part of Hounslow and Richmond Community NHS Trust, has a community pharmacy onsite which is considered at 6.1.3.

Should services be moved out of the hospitals and into the primary care setting then it is likely that this would lead to more prescriptions needing to be dispensed by pharmacies in primary care. However, as the number of items dispensed by Richmond pharmacies is lower than the London or national average, it is likely that pharmacies will be able to absorb additional dispensing arising from this.

#### 6.5.2 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.

### 6.5.3 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 patients 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. GPs offer an OOH service from Teddington Memorial hospital

Prescriptions from out of hours services can be dispensed by pharmacies with longer opening hours. These are Pharmacies opened seven days a week or for longer hours six days per week are listed in section 6.1.3 (Table 4 and Table 5). These pharmacies are geographically spread across the borough and four localities.

### 6.5.4 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 15 sets out the services currently commissioned and the number of pharmacies providing these services.

The patient survey indicated that more can be done to increase awareness of these services commissioned, as many respondents indicated that they would use these services if they were available, in particular sexual health services, weight management services, help with alcohol interventions and health checks.

## 7 Localities for the purpose of the PNA

### 7.1 Overview

This assessment has taken a ward level approach in order to support the integration of public health data with other sources of information. The 18 wards were then aggregated into four localities, as described in section 3.3. As each locality has slightly differing health needs they are considered separately for the purposes of the PNA.

Individual health profiles have been developed for each locality using PHE data ([www.localhealth.org.uk](http://www.localhealth.org.uk)). These can be found in Appendix 6.

### 7.2 East Sheen and Barnes

#### 7.2.1 Locality profile

The East Sheen and Barnes locality consists of three wards:

- Barnes
- East Sheen
- Mortlake and Barnes Common

East Sheen and Barnes is the smallest of the four localities with a population of 31,931 (ONS 2012) and a below average growth of 7.1% between 2001 and 2011. It borders the Thames to the north and Roehampton and Putney (Wandsworth HWB area) to the east.

Much of the south of the locality is uninhabited (Richmond Park). Part of the north of the locality (the Castelnau estate in Barnes) contains one area of higher than average deprivation and a higher level of child poverty than the London average.

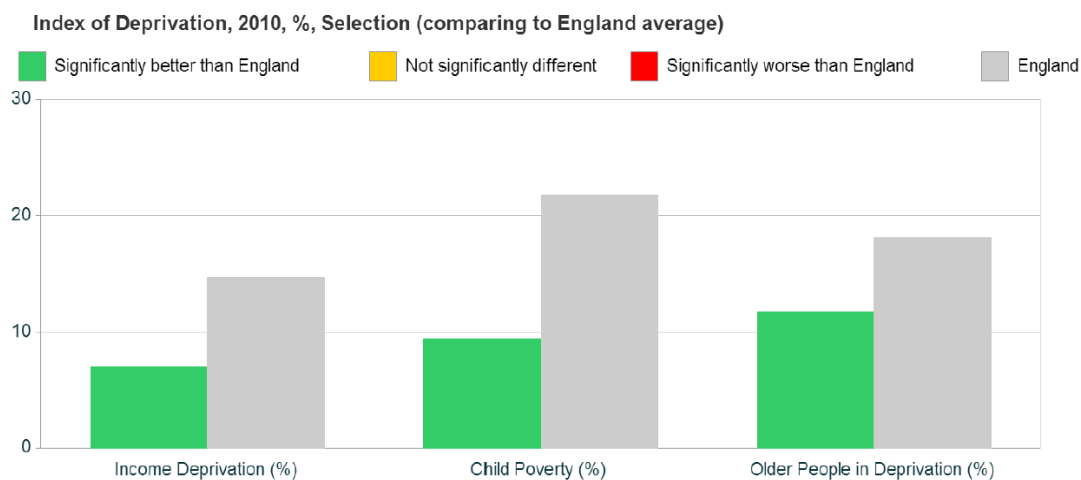
However, the eastern edge of Barnes and East Sheen in the south of the locality contain among the least deprived postcodes in the country (Appendix 6 and Figure 7 detailed below).

East Sheen also has among the highest self-reported levels of health and the highest life expectancy in the borough. It is considered a relatively healthy population (refer Appendix 6 and Figure 8 and Figure 9 detailed below).

Mortality rates in major disease categories and in all causes mortality are significantly less than the average for England (refer Appendix 6 and Figure 10 detailed below).



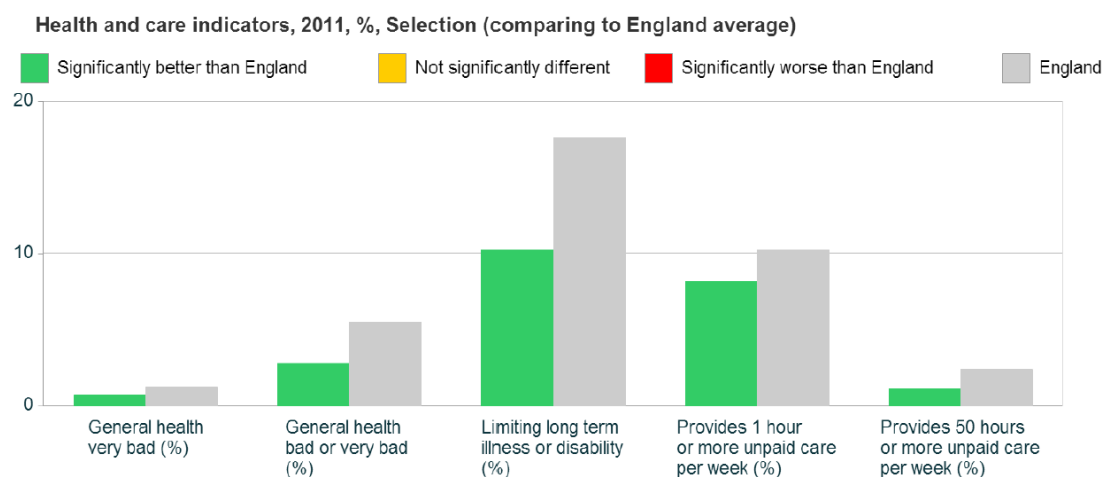
**Figure 7. Deprivation in East Sheen & Barnes**



Source: CLG © Copyright 2010

Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

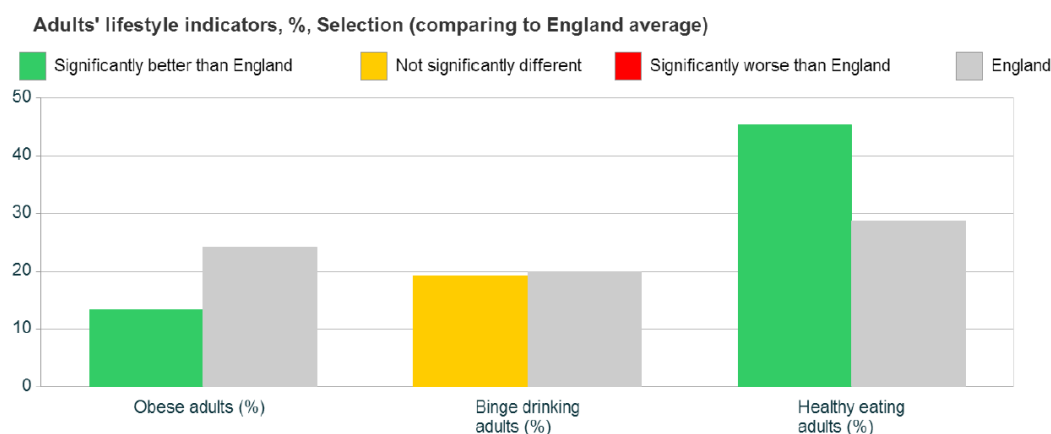
**Figure 8. Health Indicators for East Sheen & Barnes Locality**



Source: ONS Census

Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

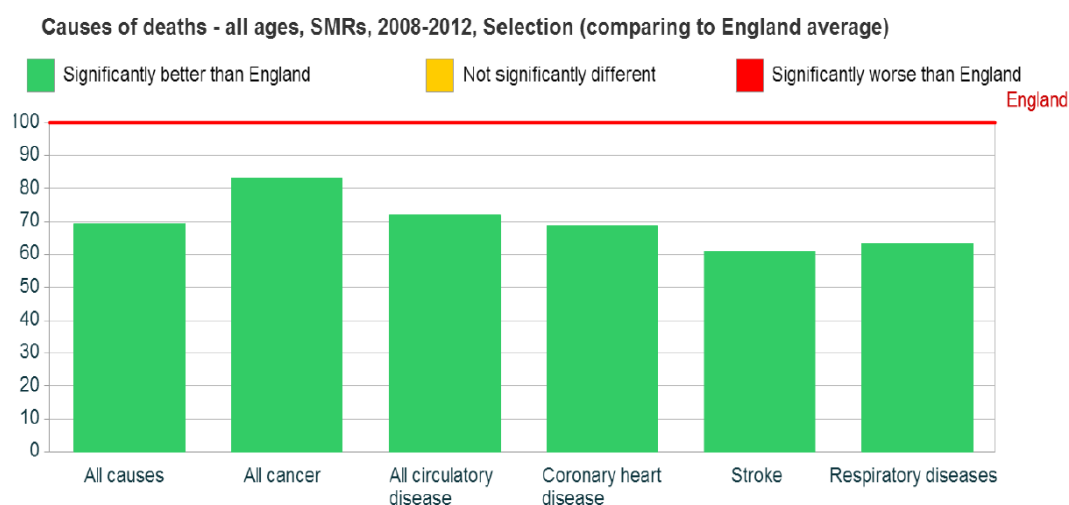
**Figure 9. Adult lifestyle Indicators for East Sheen & Barnes Locality**



## Localities for the purpose of the PNA

Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

**Figure 10. Cause of Death in East Sheen & Barnes Locality**



Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

### 7.2.2 Access to a pharmacy in East Sheen and Barnes

Map 10 detailed below shows the pharmacies by opening times in East Sheen and Barnes.

Appendix 4 lists all the pharmacies in the locality and their opening hours by locality.

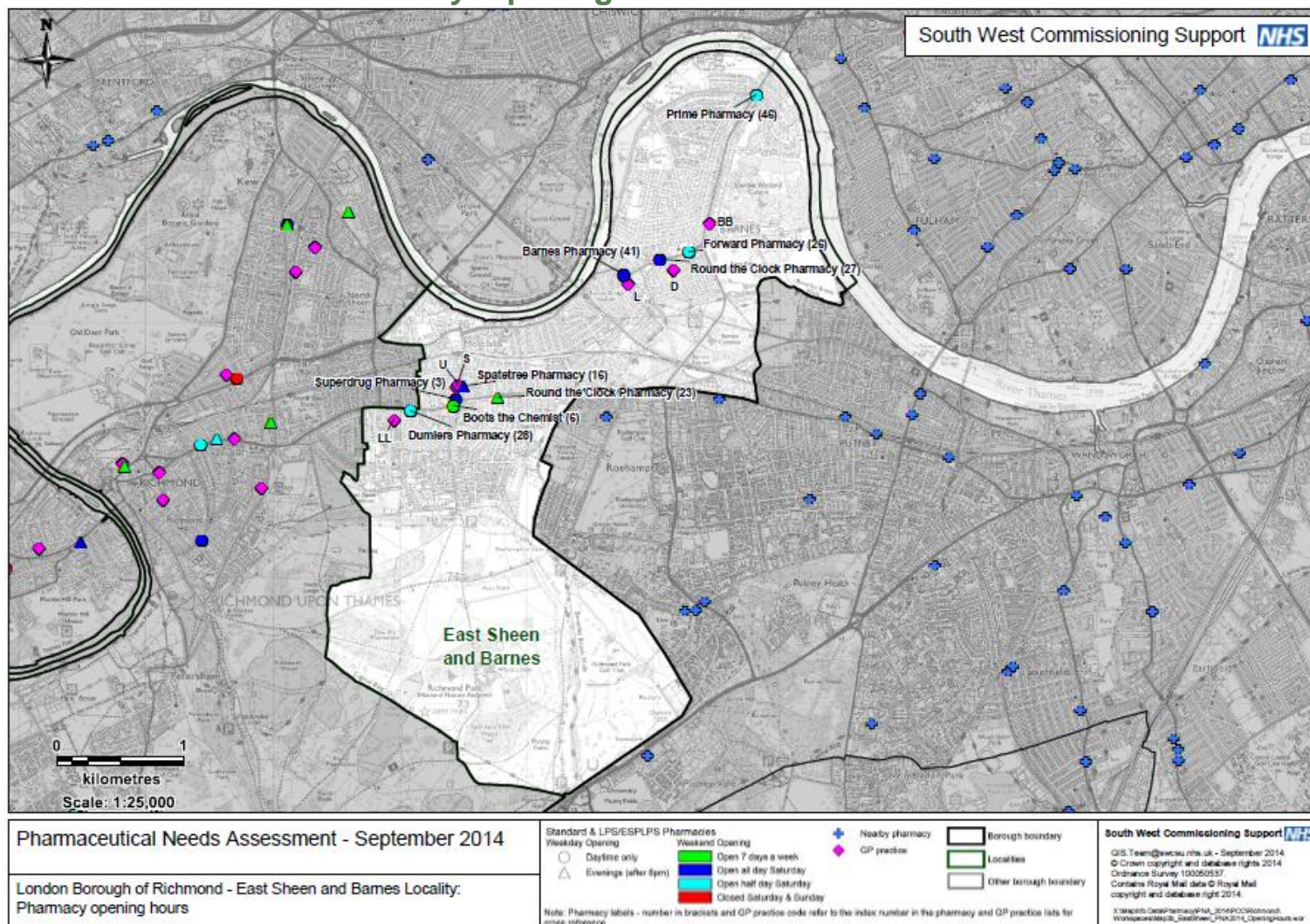
The central area around East Sheen is well served by pharmacy contractors around East Sheen offering opening hours across the seven days.

The northern area around Mortlake is well served by pharmacy contractors Monday to Saturday but residents do have to travel to access services on a Sunday. This was not identified as an issue by respondents to the public survey. The far north of the locality (in the Castelnau estate) is served by an ESPLPS contractor.

All ESPLPS contracts will terminate on 31<sup>st</sup> March 2015 and the contractors will have a right to return to the national arrangements should they wish to do so. The ES-PLPS contractor does not provide any advanced services.

## Localities for the purpose of the PNA

### Map 10: East Sheen and Barnes locality: opening times\*



\* Notified by NHS England post-consultation (on 12<sup>th</sup> January 2015) of closure of Deanhill surgery (LL) on 20<sup>th</sup> February 2015

## 7.3 Richmond, Ham and Kew

### 7.3.1 Locality profile

The Richmond Ham and Kew locality consists of four wards:

- Ham, Petersham and Richmond Riverside
- Kew
- North Richmond
- South Richmond

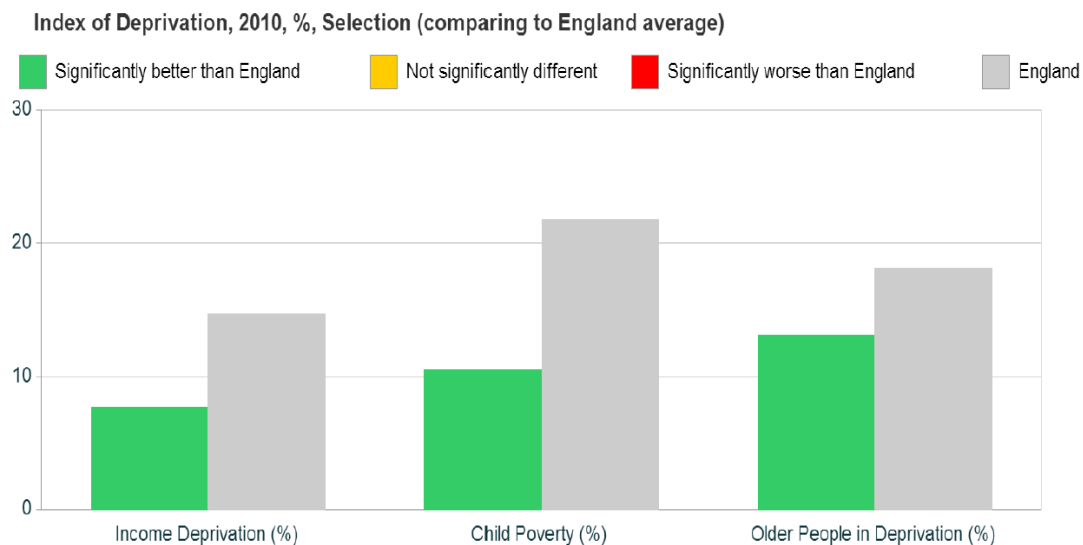
Richmond, Ham and Kew borders the south side of the river Thames and contains the main settlements of Kew, Richmond and Ham. It has a population of 43,664 (ONS 2012) and has grown by 11.3% between since 2001– 2011.

This is the largest increase of all the localities, particularly in Kew, which is now the most populous of all the wards in Richmond. Both Richmond and Kew have a higher than average working age population and among the highest self-reported levels of good health (Figure 12 detailed below).

The Ham, Petersham and Richmond Riverside ward to the south, however, has an older population and significant differences in deprivation within the ward, including the most deprived LSOA in the borough (although deprivation scores across the locality are significantly better than England, Figure 11 detailed below).

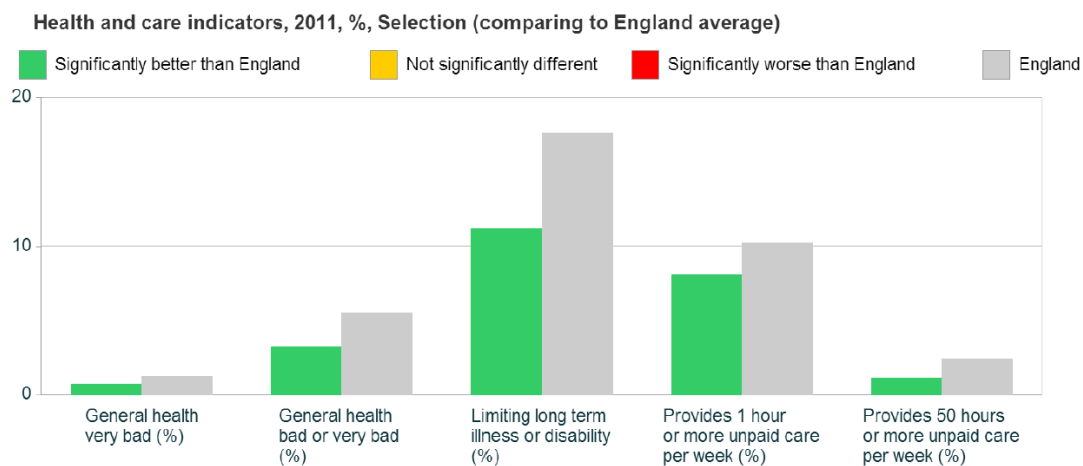
The ward has higher levels of mortality from circulatory diseases and cancer relative to other localities (Appendix 6) however its mortality rates are significantly better than England (Figure 14 detailed below). Levels of diabetes are also higher in the ward than the borough average. The southeast part of the locality contains part of Richmond Park and has no housing developments.

**Figure 11. Deprivation in Richmond, Kew & Ham Locality**



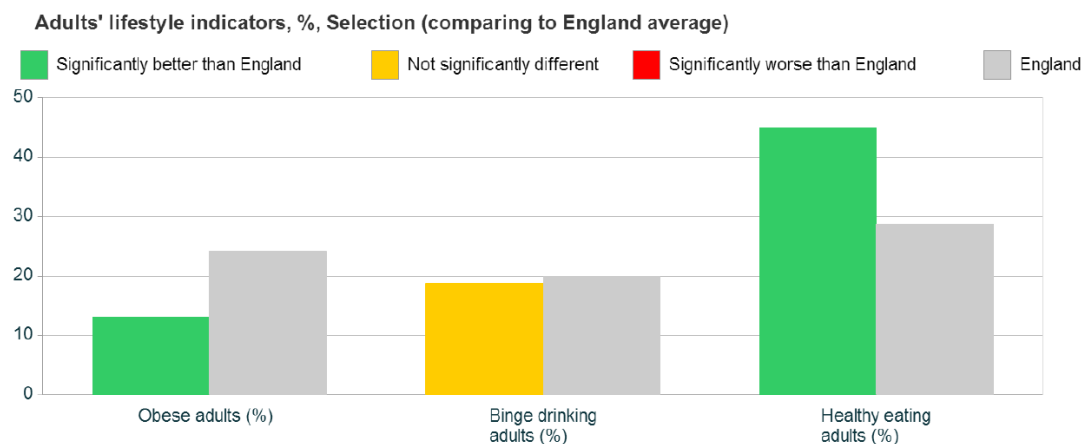
Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

**Figure 12. Health Indicators for Richmond, Kew & Ham Locality**



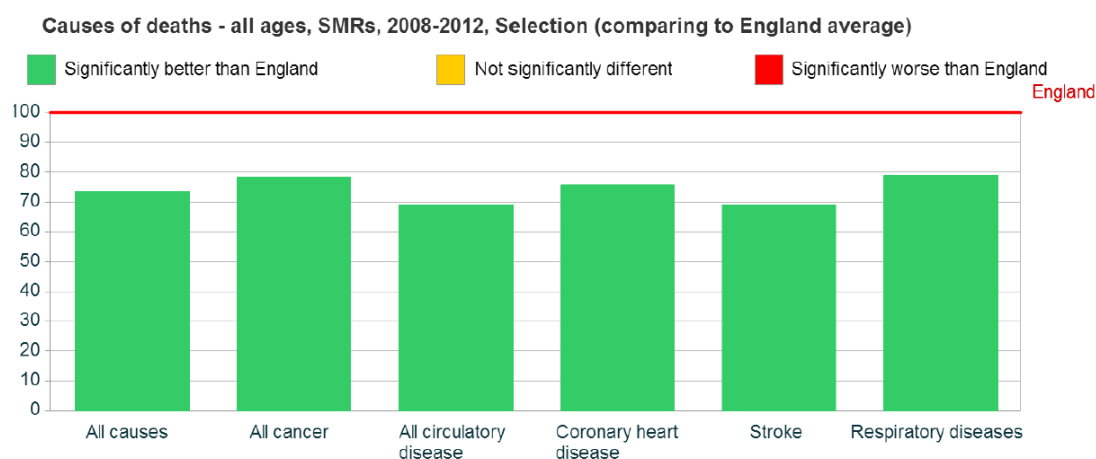
Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

**Figure 13. Adult lifestyle Indicators for Richmond, Kew & Ham Locality**



Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

**Figure 14. Cause of Death in Richmond, Kew & Ham Locality**



Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

### 7.3.2 Access to a pharmacy in Richmond, Ham and Kew

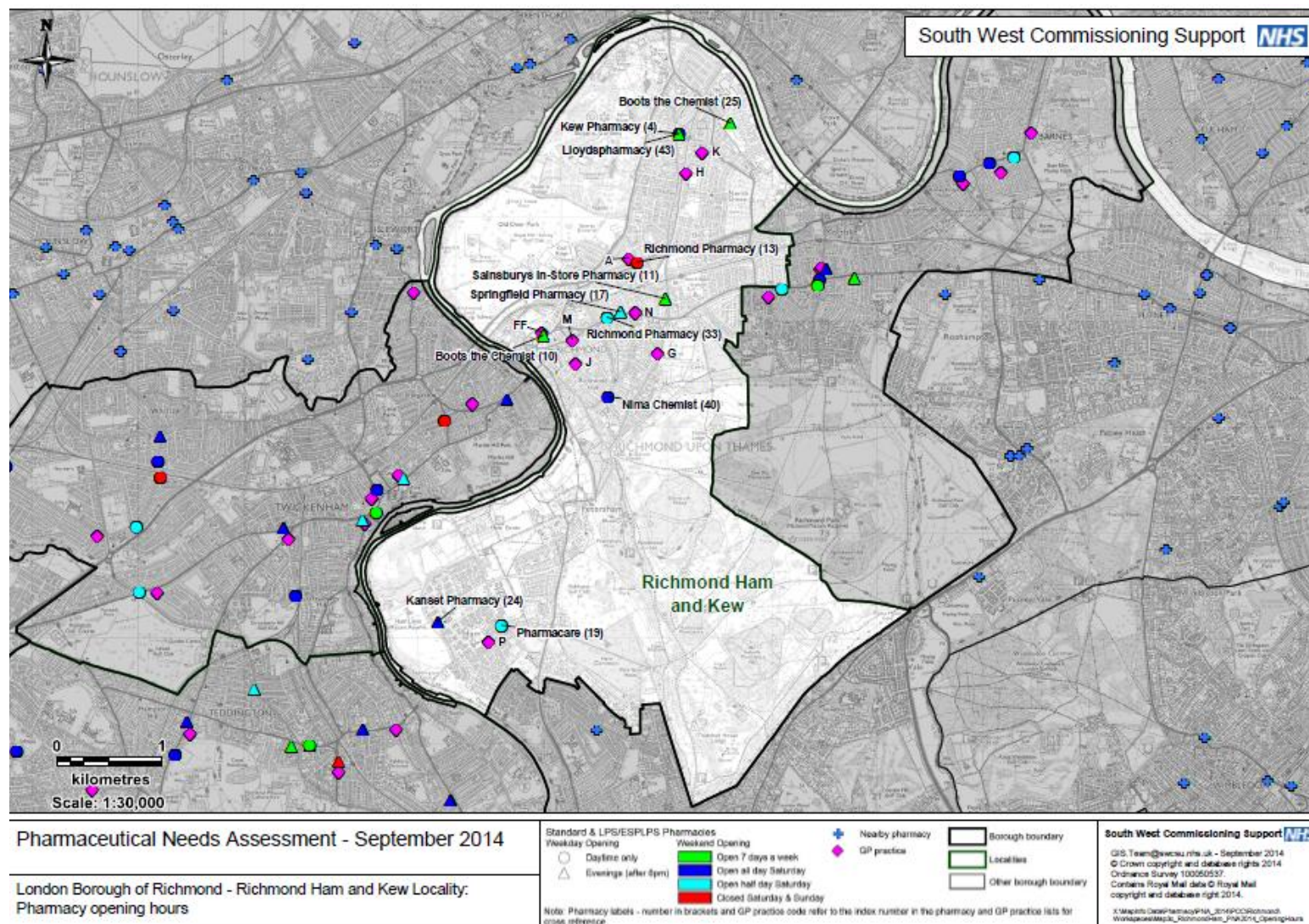
Map 11 detailed below shows the pharmacies by opening times in Richmond, Ham and Kew.

Appendix 4 lists all the pharmacies in the locality and their opening hours by locality.

The north of the area (Kew and Richmond) is well served by pharmacy contractors offering opening hours seven day a week. It is expected that these pharmacies will also absorb additional patients arising from the new primary care premises in Richmond town.

The southwest area has access to pharmacy contractors Monday to Saturday but residents would be required to travel to access services on a Sunday. This was not identified as an issue by respondents to the public survey.

Map 11: Richmond, Ham and Kew locality: opening times



## 7.4 Teddington and Hampton

### 7.4.1 Locality profile

The Teddington and Hampton locality consists of five wards:

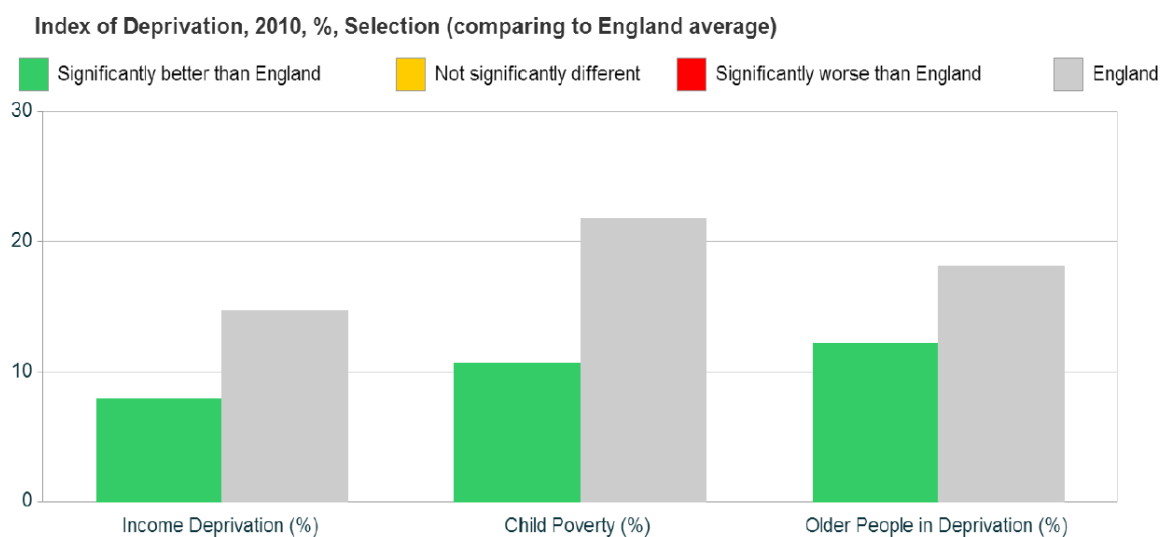
- Fulwell and Hampton Hill
- Hampton
- Hampton North
- Hampton Wick
- Teddington

Teddington and Hampton has a population of 50,482 (ONS 2012), with a rise of 7.3% since 2001 and 2011, which is lower than the Richmond average.

Hampton Wick to the East of the locality, bordering the Thames and the town of Kingston, has the highest population growth. Teddington and parts of Hampton are among the least deprived areas in the country (Figure 15 detailed below) although this masks within-ward deprivation, in particular around Hampton North with the lowest reported levels of good health, high diabetes prevalence and high premature mortality from cancer (Figure 18 detailed below).

Life expectancy is lower than the Richmond HWB area average in Hampton and Fulwell. However mortality rates are significantly better than England (Figure 19 detailed below). Much of the south and south central area of the locality contain Bushy Park, The Royal Paddocks and Hampton Court Park and has no housing developments.

**Figure 15. Deprivation in Teddington & Hamptons Locality**

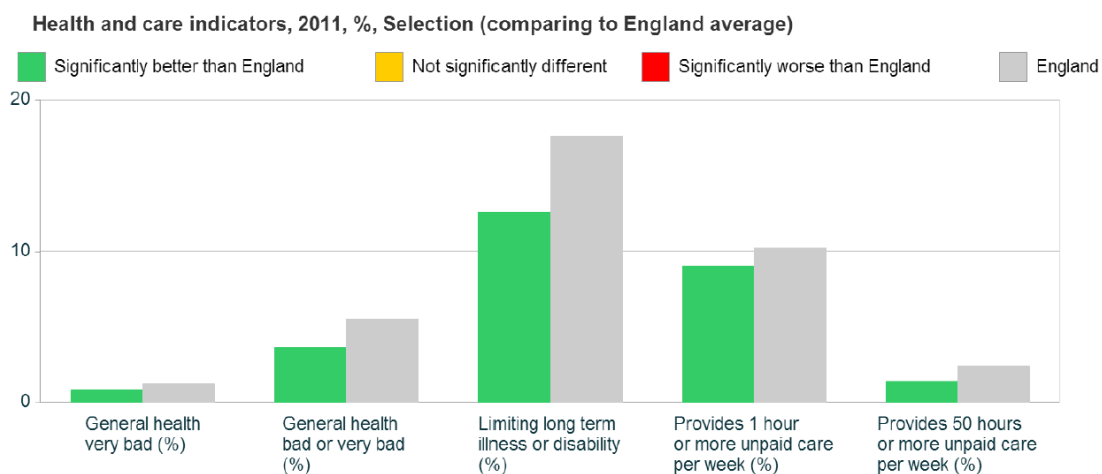




## Localities for the purpose of the PNA

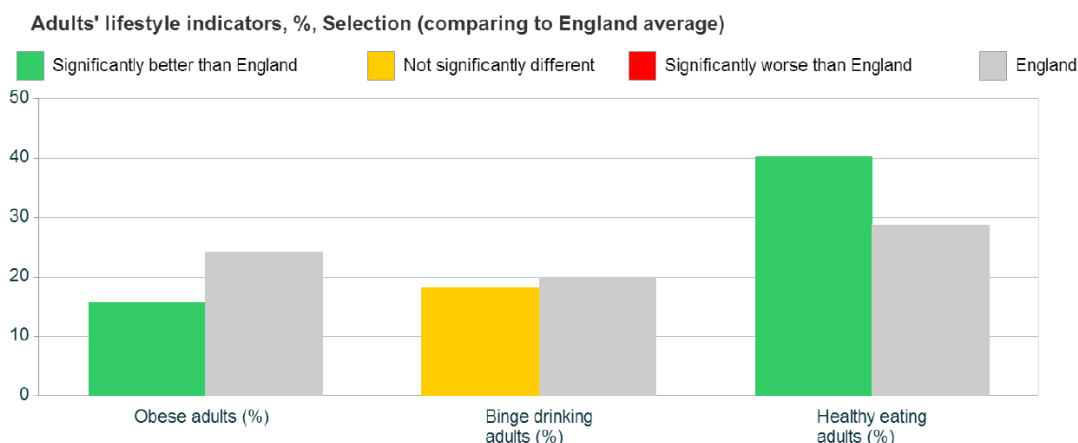
Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

### Figure 16. Health Indicators for Teddington & Hamptons Locality



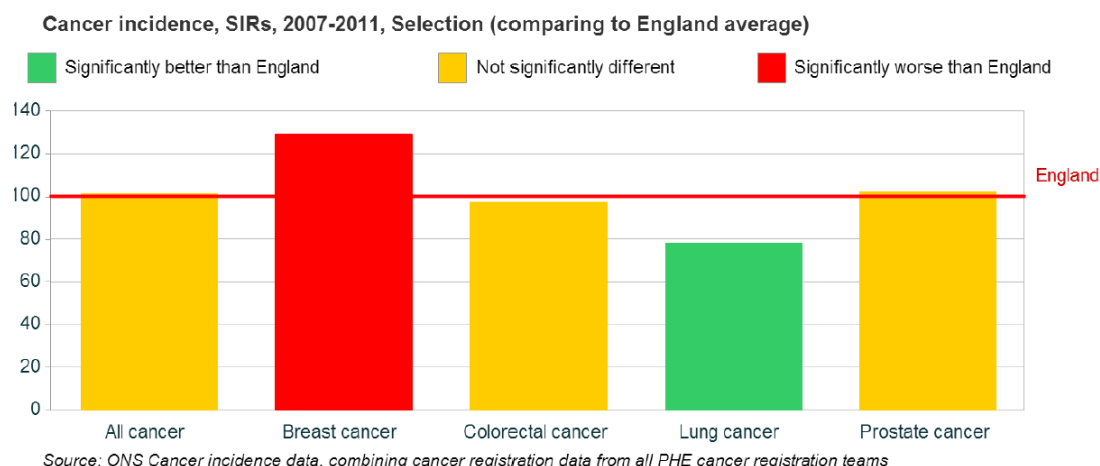
Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

### Figure 17. Adult lifestyle Indicators for Teddington & Hamptons Locality



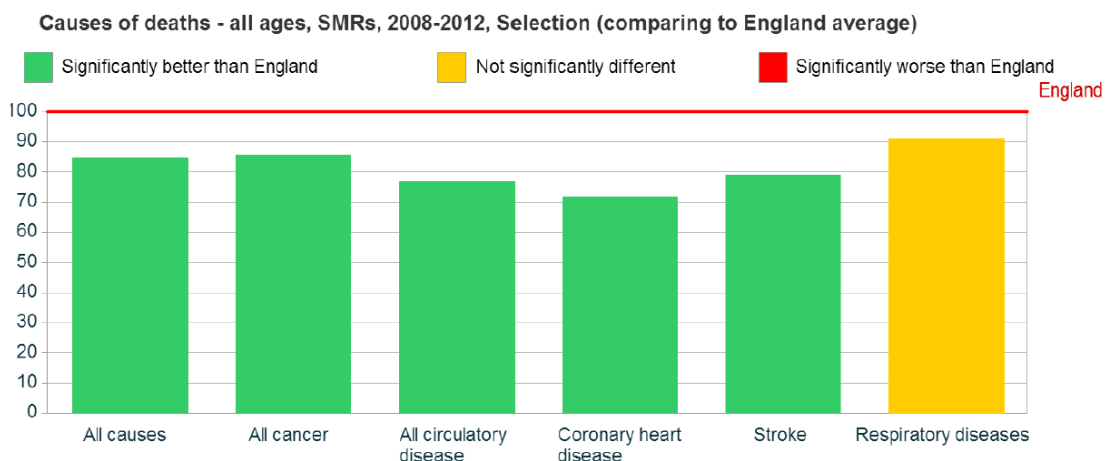
Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

**Figure 18. Cancer incidences for Teddington & Hamptons Locality**



Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

**Figure 19. Cause of Death in Teddington & Hamptons Locality**



Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

### 7.4.2 Access to a pharmacy in Teddington and Hampton

Map 12 detailed below shows the pharmacies by opening times in Teddington and Hampton.

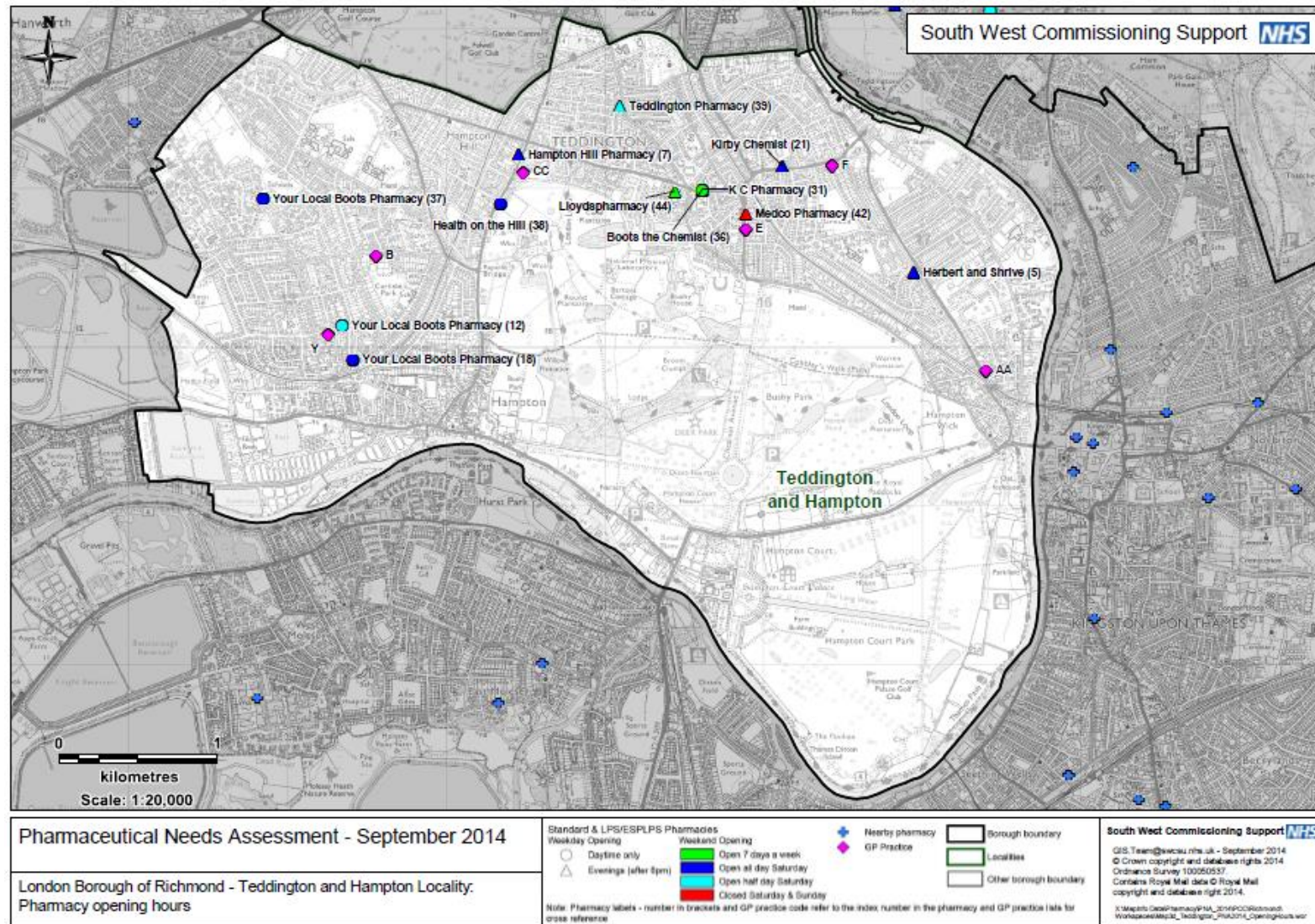
Appendix 4 lists all the pharmacies in the locality and their opening hours by locality.

The central northern area around Teddington is well served by pharmacy contractors offering opening hours across the seven days. The NHS walk-in centre is located in Teddington along with the LPS as discussed in section 6.1.3.

The northeast and western areas have good access to pharmacy contractors Monday to Saturday but residents would be required to travel to access services on a Sunday. This was not identified as an issue by respondents to the public survey.

# Localities for the purpose of the PNA

## Map 12: Teddington and Hampton locality: opening times



## 7.5 Twickenham and Whitton

### 7.5.1 Locality Profile

The Twickenham and Whitton locality consists of six wards:

- Heathfield
- St Margarets and North Twickenham
- South Twickenham
- Twickenham Riverside
- West Twickenham
- Whitton

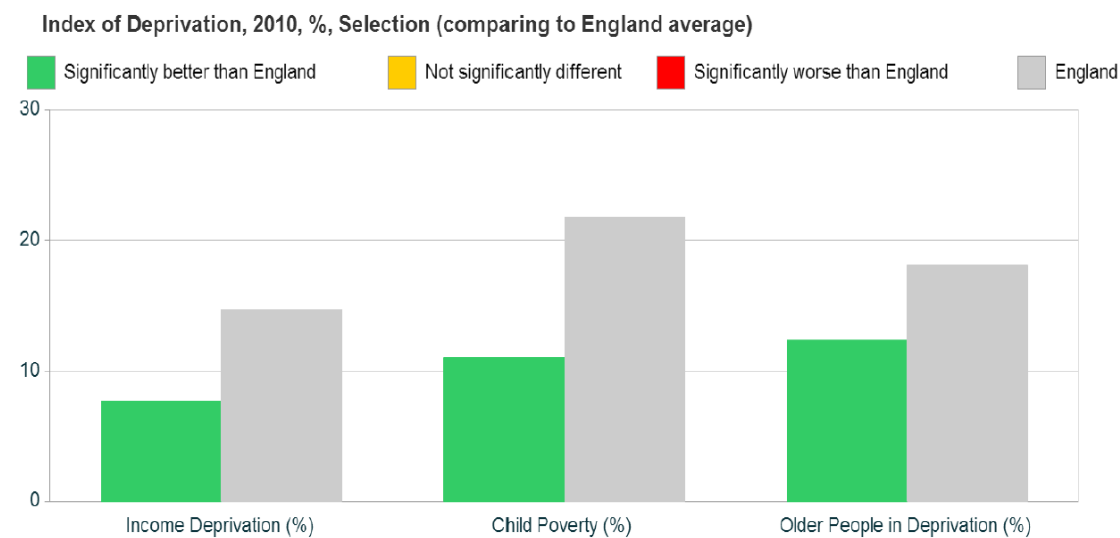
Twickenham and Whitton has the largest population of the four localities at 63,068 (ONS 2012) and has grown by 8.4% between 2001 and 2011, slightly less than the borough average with a slight decrease in population in South Twickenham.

The locality borders the Thames and the town of Richmond to the east and the London Borough of Hounslow to the north and west. The locality is the most diverse; the east is among the least deprived part of the borough and has the highest reported levels of good health. However the west of the locality (Whitton and Heathfield) has parts that are the most deprived in the borough and have above London average levels of child poverty. These two wards also have among the lowest reported levels of good health with high levels of obesity, smoking and prevalence of diabetes.

Heathfield and Whitton wards are the most ethnically diverse in the borough (30.4% in Heathfield and 21.5% in Whitton, compared to the Richmond average of 14%), mostly Indian and other South Asian. The town of Twickenham forms the south of the locality; which also has lower health outcomes than the borough average, particularly in the west.

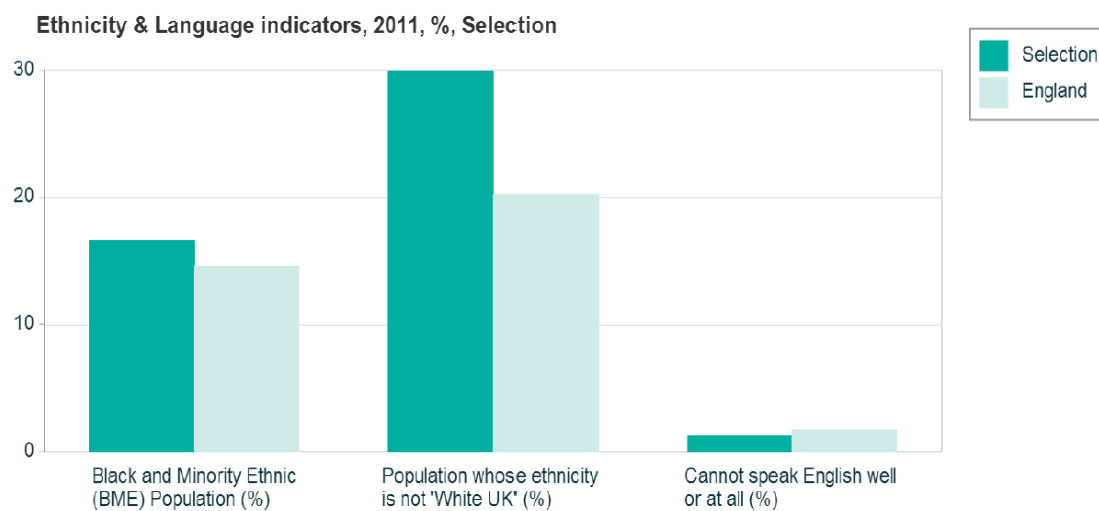
Overall the population's health and care indicators are significantly better than England (figs 20-24) and all-cause mortality is significantly better than England (Figure 25 detailed below).

**Figure 20. Deprivation in Twickenham & Whitton Locality**



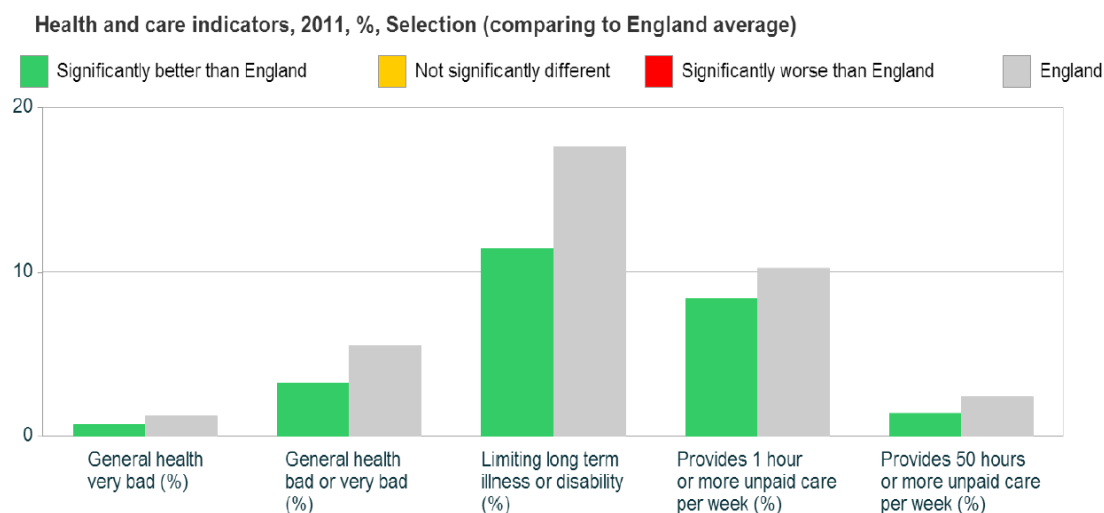
Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

**Figure 21. Ethnicity and spoken language indicator for Twickenham & Whitton locality**



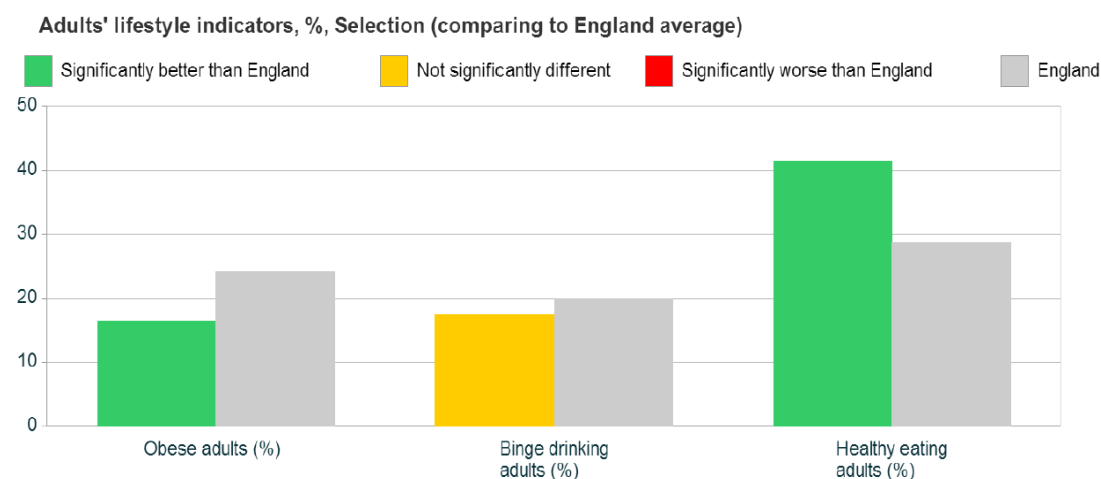
Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

**Figure 22. Health Indicators for Twickenham & Whitton Locality**



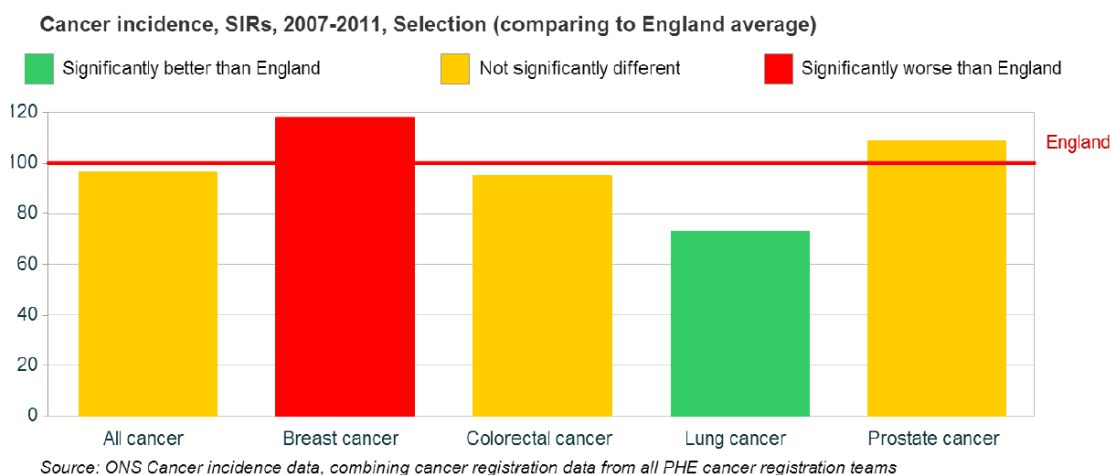
Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

**Figure 23. Adult lifestyle Indicators for Twickenham & Whitton Locality**



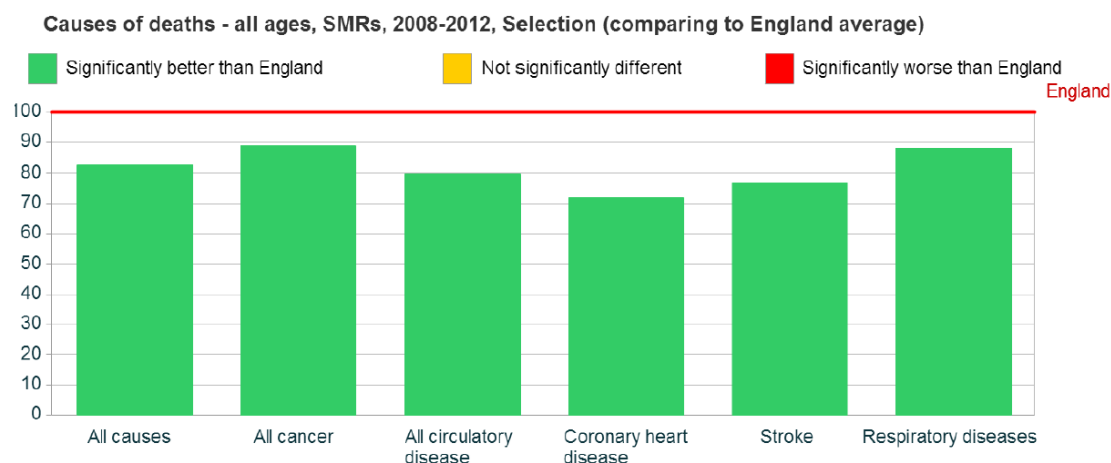
Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

**Figure 24. Cancer incidences for Teddington & Hamptons Locality**



Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

**Figure 25. Cause of Death in Twickenham & Whitton Locality**



Source [www.localhealth.org.uk](http://www.localhealth.org.uk)

### 7.5.2 Access to a pharmacy in Twickenham and Whitton

Map 13 detailed below shows the pharmacies by opening times in Twickenham and Whitton. Appendix 4 lists all the pharmacies in the locality and their opening hours by locality.

The central area is well served by pharmacy contractors and has one that opens on a Sunday in Twickenham centre.

The eastern riverside area is well provided for Monday to Saturday but residents do have to travel into Twickenham or Richmond to access services on a Sunday where there is good access. This was not identified as an issue by respondents to the public survey.

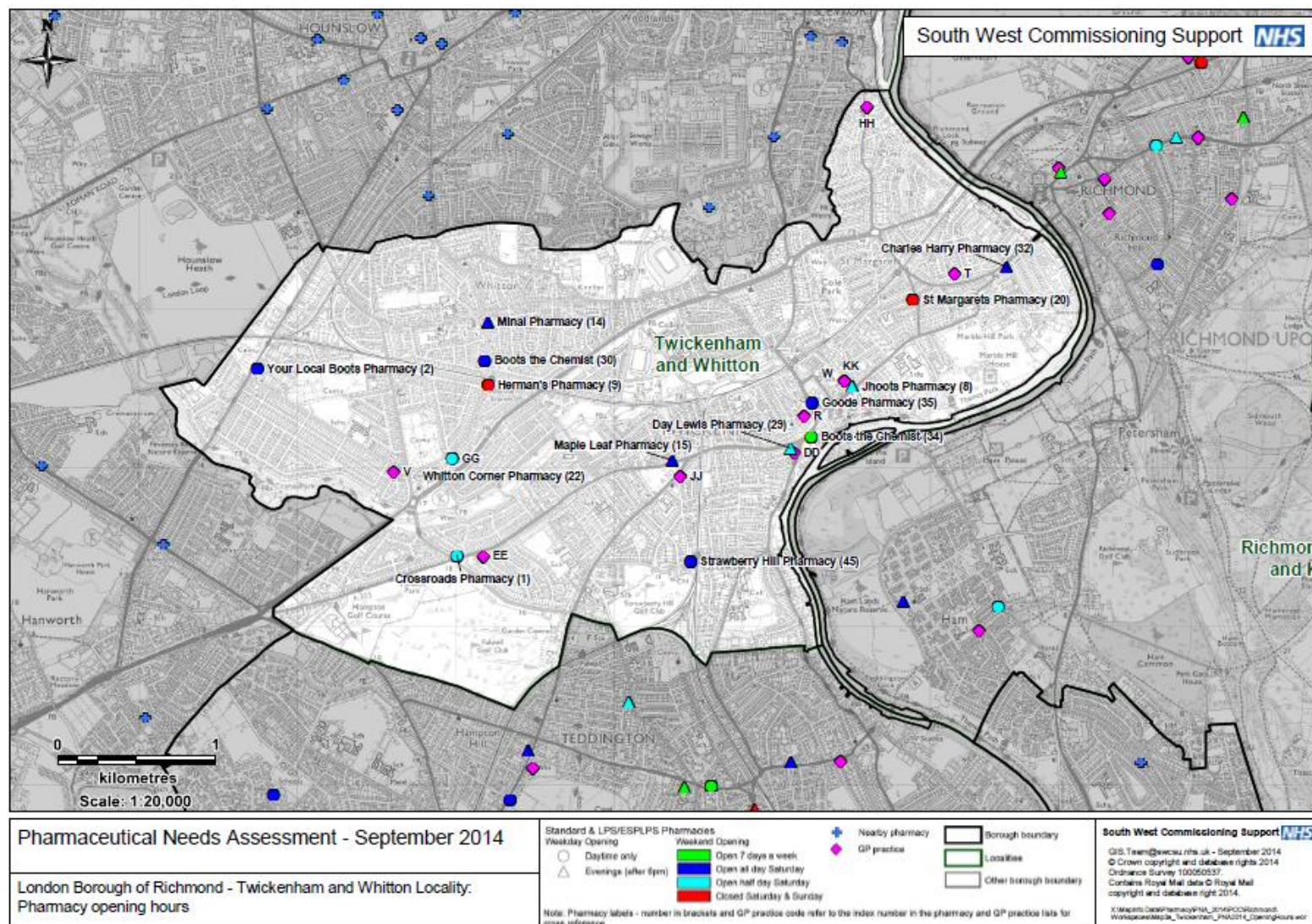
## Localities for the purpose of the PNA

There are a number of pharmacies across the border in Isleworth and Hounslow that are easily accessible to residents in the north of the borough.

An ESPLPS pharmacy is located in Strawberry Hill. All ESPLPS contracts will terminate on 31<sup>st</sup> March 2015 and the contractors will have a right to return to the national arrangements should they wish to do so. The ESPLPS contractor does not provide any advanced services.



Map 13: Twickenham and Whitton locality: opening times



## 8 How pharmaceutical services can help support a healthier population

Community pharmacies are located at the heart of communities where people live, shop, work and eat. It is estimated that 96% of the population, even those living in the most deprived areas can reach a community pharmacy within 20 minutes on foot or on public transport.

This is not an exhaustive list and this section provides examples of how pharmaceutical services in Richmond may meet some of the health needs of the population.

### 8.1 Essential Services (ES)

There are seven essential services listed below (Appendix 11). These services must be offered by all pharmacy contractors during all opening hours of the pharmacy as part of the NHS Community Pharmacy Contractual Framework.

- ES1 Dispensing Medicines & Dispensing Appliances
- ES2 Repeat Dispensing
- ES3 Disposal of Unwanted Medicines
- ES4 Public Health (Promotion of a healthy lifestyle)
- ES5 Signposting
- ES6 Support for Self-care
- ES8 Clinical Governance

Medicines management is vital in the successful control of many LTCs (e.g. circulatory diseases, mental health, diabetes) thus having a positive impact on morbidity and mortality. Disease specific guidance (such as that) provided by the National Institute for Clinical & Healthcare Excellence (NICE) regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

ES1 and ES2 support patients living with LTCs by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on lifelong medicines as part of their treatment such as those requiring statins or insulin.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home which may increase the risk of errors in taking medicines or in taking out of date medicines.

## How pharmaceutical services can help support a healthier population

ES4 can support local and national campaigns informing people of managing risk factors associated with many long term conditions such as smoking, healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke e.g. FAST campaign.
- Promote validated information resources for patients and carers.
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors.
- Target “at risk” groups within the local population to promote understanding and access to screening programmes e.g. men in their 40s for NHS health checks.

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Evidence shows that community pharmacists are potentially the most accessed healthcare professionals in any health economy (Pharmacy White Paper, 2008) and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms (Pharmacy White Paper, 2008).

Although the evidence base for measuring the effectiveness and cost effectiveness of community pharmacies contribution to urgent care, emergency care and un-planned care is currently very small there is a growing recognition of the importance of this role and for further research.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. They can also direct patients to the appropriate care pathways for their condition.

Through ES6 pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over the counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated (e.g. decongestant use in circulatory disease), and inappropriate use could increase the risk of an unplanned hospital admission. Equally some symptoms can be much more significant in certain long term conditions (e.g. foot conditions in diabetes) and the attempted purchase of over-the-counter medicines by a patient or carer could alert the pharmacist leading to an appropriate referral.

ES8 provides the governance structure for the delivery of pharmacy services. This structure 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

## How pharmaceutical services can help support a healthier population

- A staffing and staff programme
- An information governance programme.

It provides an opportunity to audit pharmacy services and influence to the evidence base for the best practice and contribution of pharmacy services.

### 8.2 Advanced Services

There are four advanced services (Appendix 12) within the NHS community pharmacy contractual framework. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions:

- Medicines Use Reviews (MUR)
- New Medicines Service (NMS)
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)

Evidence shows that up to half of medicines may not be taken as prescribed or simply not be taken at all (source NICE). Advanced services have a role in highlighting issues with medicines or appliance adherence issues and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in LTC management. Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care and opportunities for medicine optimisation.

Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines and in some cases cost saving for the CCG. Advanced services may also identify other issues such as general mental health and well-being providing an opportunity to signpost to other local services or service within the pharmacy such as seasonal flu immunisation or repeat dispensing.

Promotion of self-care is an important aspect to the management of many LTCs and advanced services provide an important opportunity for the pharmacist to do so for example, the importance of dry weight monitoring in heart failure management

### 8.3 Enhanced services

Pharmacies may choose to provide enhanced services these services are commissioned to meet an identified need in the local population (Appendix 13). Depending on the service agreement used these service may or may not be accessible for all of the pharmacies opening hours.

## How pharmaceutical services can help support a healthier population

Only those services that are listed within the Directions may be referred to as enhanced services. If NHS England wishes to commission a service not listed within the Directions then it cannot be called an enhanced service and it also falls outside the definition of pharmaceutical services.

### 8.3.1 Immunisation Services

Commissioning, delivery, and regulation of immunisation services are now shared at national level between NHS England, Public Health England (PHE), and the Department of Health (DH); the local operating model divides responsibilities between NHS England and PHE, and Richmond council has an oversight function.

Immunisation is a key intervention to protect at risk groups, older people and those with LTCs against diseases such as seasonal flu or shingle and can cause additional health complications which can be associated with unplanned hospital admissions. Therefore demonstrating a need for this service.

The vaccine is administered under a patient group direction (PGD) to patients who meet the criteria for inclusion of the PGD and service specification. There is a strong evidence base for the role of immunisation in reducing morbidity and mortality in the adult and child population. For example, seasonal flu immunisation is established as an effective and cost effective intervention in reducing unplanned hospital admissions in many LTCs, e.g. respiratory disease and circulatory disease.

From 2014, three additional immunisation services will be commissioned from pharmacies by NHS England (London region) in line with national immunisation programmes:

- Immunisation against Pertussis in pregnancy
- Shingles immunisation programme<sup>15</sup>
- Pneumococcal immunisation programme

## 8.4 Richmond CCG locally commissioned services

### 8.4.1 Access to palliative care medicines

The aims of the end of life care/palliative care pharmacy service are to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of end of life care

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<sup>15</sup> At the time of writing this PNA, the shingles immunisation programme has not been commissioned due to a distribution issue which restricted access to shingles vaccine in pharmacies. NHS England is working towards resolving this issue and the service is due to commence in 2015.

## How pharmaceutical services can help support a healthier population

pathways and there should be adequate provision to these drugs for both in hours and out of hours settings thus supporting home death scenarios.

As the service is commissioned by Richmond CCG, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

### 8.5 Richmond council locally commissioned services (LCS)

#### 8.5.1 Stop smoking

This service is commissioned by Richmond council as a LCS, however pharmacies are just one of several providers of this service. As stop smoking is commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

There are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide the LCS of stop smoking service provision, signposting people using the pharmacy to other providers of the service.

#### 8.5.2 Alcohol and substance misuse

As needle exchange and the supervised consumption of methadone/buprenorphine and alcohol screening are commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for either service to be commissioned as part of pharmaceutical services. Needle and syringe exchange services (NEX) are an integral part of the harm reduction strategy for drug users.

It aims to:

- Reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV
- Be a referral point for service users to other health and social care services

There is evidence to support the effectiveness of needle exchange services with long term health benefits to drug users and the whole population.

Supervised administration involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy.

## How pharmaceutical services can help support a healthier population

It is a medicines adherence service which aims to:

- Reduce the risk of harm to the client by over or under usage of drug treatment.
- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market.
- Reduce the risk of harm to the community by accidental exposure to prescribed medicines.

There is compelling evidence to support the effectiveness of supervised administration with long term health benefits to drug users and the whole population.

As NEX and supervised consumption are commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

Pharmacies screen patients for alcohol dependence using a screening tool called AUDIT-C which consists of three questions. Screening will apply to all patients who are aged 16 or over who live in Richmond or who are registered with a Richmond. If a patient is identified as positive score 5 and above, the remaining questions of the ten question AUDIT questionnaire are used to determine low, increasing, high or dependent patterns of drinking.

If a patient is identified as increasing risk following a full AUDIT score of 8-15, then the Pharmacist will offer a brief intervention and offer a referral into a local care pathway. A brief intervention is a five minute discussion offering advice and information around the patient's levels of drinking alcohol. If a patient's drinking pattern is identified as harmful (score of 16+) then the patient shall be referred to specialist substance misuse services.

As alcohol screening is commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

However there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide the LCS for needle exchange or supervised consumption of methadone/buprenorphine or alcohol screening, signposting people using the pharmacy to other providers of the services.

### 8.5.3 Sexual health - Teenage pregnancy

There is a very strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies, especially within teenage years. Its use forms part of an

## How pharmaceutical services can help support a healthier population

overall national strategy to reduce the rate of teenage pregnancy with England. The drug levonorgestrel is used for EHC.

Through this service it is supplied under a PGD to women who meet the criteria for inclusion of the PGD and service specification. The drug can also be prescribed using an FP10 prescription. It may also be bought as an over the counter medication from pharmacies, however the user must be 16 years or over, hence the need for a PGD service within pharmacies which provides access from 13 to 25 years of age.

As EHC provision is commissioned by the council, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

However there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide the LCS of EHC provision, signposting people using the pharmacy to other providers of the service.

### 8.5.4 Other sexual health services

Some key issues for both current and future sexual health services are:

- Reducing the transmission of and rate of undiagnosed (HIV) and sexually transmitted infections (STI). The growing incidence of HIV and STIs can only be arrested through the systematic introduction of health promotion, screening, STI testing, and prompt follow-up for both patients and their partners throughout the borough.
- Improving Access to Sexual and Reproductive Health Services. Attaining prompt diagnosis and treatment and therefore reducing the spread of infection whilst improving the patient experience of sexual health services is critical.
- Establishing service standards, definitive care pathways and targeted and appropriate services. Introduction into non-traditional settings responding to local need bringing sexual health services closer to the community

Pharmacy based screening and treatment services for STI can help achieve all of the above three points.

Pharmacies are also providing the C-card scheme. This is a service providing free condoms to young people and is commissioned as a Pan-London service. The service consists of registering young people 13-24 years on the pan London C-card scheme and providing re-issues of condoms to young people presenting for further free supplies.

Currently chlamydia screening and treatment using PGDs and the C-card scheme are commissioned by the council, it is not envisaged that within the lifetime of this



## How pharmaceutical services can help support a healthier population

PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

As sexual health services are commissioned by the council, it is not envisaged that within the lifetime of this PNA there is or will be a need for it to be commissioned as part of pharmaceutical services.

However there are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide sexual health services, signposting people using the pharmacy to other providers of the service.

### 8.5.5 NHS Health Checks

This screening programme was introduced in Richmond in 2009 to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 years, who has not already been diagnosed with one of these conditions or have certain risk factors, is eligible to have a check (once every five years) to assess their risk of cardiovascular disease. All people identified with a medium or high risk are given support and advice to help them manage their risk.

The programme is provided in all GP practices and some pharmacies and in the community targeting hard-to-reach population groups. In 2014-15, the percentage of people that received an NHS Health Check of those offered one in Richmond is 42.3%.<sup>16</sup>

As NHS health checks are commissioned by the council, it is not envisaged that within the lifetime of this PNA there is, or will be, a need for it to be commissioned as part of pharmaceutical services.

There are elements of essential service provision which will help address this health need:

- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England.
- Where the pharmacy does not provide NHS Health Checks, signposting people using the pharmacy to other providers of the service.

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<sup>16</sup>

[http://www.healthcheck.nhs.uk/interactive\\_map/london\\_and\\_integrated\\_region\\_and\\_centre/?la=Richmond upon Thame &laid=27](http://www.healthcheck.nhs.uk/interactive_map/london_and_integrated_region_and_centre/?la=Richmond upon Thame &laid=27)

## How pharmaceutical services can help support a healthier population

In addition to dispensing prescriptions, pharmacies through the provision of essential services can help to address many of the public health concerns contained within Richmond JSNA, for example:

- Where a person presents a prescription, and they appear to have diabetes, be at risk of coronary heart disease (especially those with high blood pressure), smoke or are overweight, the pharmacy is required to give appropriate advice with the aim of increasing their knowledge and understanding of the health issues which are relevant to that person's circumstances.
- Pharmacies are required to participate in up to six public health campaigns each calendar year by promoting public health messages to users. The topics for these campaigns are selected by NHS England and have previously included topics on healthy eating and physical activity.
- Signposting people using the pharmacy to other providers of services or support.

Provision of the four advanced services will also assist people to manage their long term conditions in order to maximise the quality of life by improving medicine and appliance adherence.

### 8.5.6 Mental health and well being

In addition to ensuring that people with mental health problems have access to drugs and medicines, pharmacies can support in other ways by

- Providing accessible and comprehensive information and advice to carers about what help and support is available to them.

Provision of essential services, e.g. signposting. Ensuring that pharmacies have information on the help and support that is available will enable them to signpost carers accordingly.

## 9 Necessary services - gaps in provision of pharmaceutical services

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

- Essential services provided by pharmacies during standard 40 core hours in line with their terms of service as set out in the 2013 regulations, and
- Advanced services

The HWB consider it is those services provided within the standard pharmacy providing 40 core hours that should be regarded as necessary. There are 46 such pharmacies. The opening times including the core hours are provided in Appendix 4 and this is supported by Maps 9, 10, 11, 12, 13.

The HWB are mindful of the national picture as expressed in the 2008 White Paper Pharmacy in England, Building on strengths – delivering the future, which states that it is strength of the current system that community pharmacies are easily accessible. The HWB consider that the population of Richmond across all four PNA localities currently enjoy a similar position.

In particular, the HWB had regard to the following, drawn from the mapped provision of and access to pharmacies:

- Map 1 showing the location of pharmacies within each of the four PNA localities and across the whole HWB area.
- Map 2 showing the population density per square km by Census 2011 Output Area and the relative location of pharmacy premises.
- Map 3 showing the Index of Multiple Deprivation and deprivation ranges compared to the relative location of pharmacy premises.
- Map 4 showing the Black & Minority Ethnic levels by electoral ward compared to the relative location of pharmacy premises.
- Map 5a illustrates that using average driving times, 99.1% of the population can access a pharmacy with 5 minutes and 100% within 10 minutes.
- Maps 5b and Map 5c illustrating driving times at peak and off peak times.
- Maps 6 and Map 7 illustrate that 95% of the residents of the HWB area can access a pharmacy within 15 minutes increasing to 97% in 20 minutes.
- Map 8 illustrating that 94.8% of residents are able to walk to their nearest pharmacy within 20 minutes and 99.2% of the population within 30 minutes.
- The number, distribution of pharmacies within each of the four PNA localities and across the whole HWB area (Map 10-13).
- Map 14 showing the 1.6km buffers around pharmacies indicate that 99% of Richmond residents are within 1.6km of a pharmacy.

## Necessary services - gaps in provision of pharmaceutical services

- The choice of pharmacies covering the each of the four PNA localities and the whole HWB area (Appendix 4).
- Over 63% of patients surveyed thought having a pharmacy close to where they live was the most import factor regarding the location of a pharmacy (Appendix 8).
- Over 87 % of patients surveyed had not had any problems accessing a pharmacy service in the past year and approximately 87% were satisfied with the opening hours of the pharmacy they used (Appendix 8).
- Overall results of the patient survey (Appendix 8).

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering the each of the four localities and the whole Richmond HWB area providing essential and advanced services during the standard core hours to meet the needs of the population.

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

## 10 Improvements and better access: gaps in provision of pharmaceutical services

The HWB consider it is those services and times provided in addition to those considered necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

The HWB recognises that any addition of pharmaceutical services by location, provider, hours or services may be regarded by some as pertinent to this consideration. However, the HWB consider the duty to be one of proportionate consideration overall.

The location of premises and choice of provider is not as extensive beyond the standard 40 core hours as described under the previous consideration of what is necessary. However in each locality, there are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and Sunday.

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering the each of the four localities and the Richmond HWB area providing essential and advanced services during the evening, on Saturday and Sunday, to provide an improvement and better access that meet the requirements of the population.

The patient survey did not record any specific themes relating to pharmacy opening times. The HWB therefore concludes there no significant information to indicate there is a gap in the current provision of pharmacy opening times.

At present, the same conclusion was reached in considering whether there is any future specified circumstance that would give rise to the conclusion that there is a gap in pharmaceutical provision at certain times. Nonetheless, the HWB will be considering the response by pharmacy contractors to the changing expectations of the public to reflect the times at which pharmaceutical services are provided more closely with such changes during the life of this PNA.

With regard to enhanced services, in this case immunisations services, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. However, since 1<sup>st</sup> April 2013, there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services (Appendix 13). Therefore, the absence of a particular service being commissioned by NHS England is mitigated by commissioning through the Richmond CCG and Richmond council. This PNA identifies those locally commissioned services.

Whether commissioned as enhanced or LCS, the HWB consider these to provide both an improvement and better access to such services for the residents of Richmond HWB area where such a requirement has been identified and verified at a lo-

## Improvements and better access: gaps in provision of pharmaceutical services

cal level. At the time of writing this PNA, the HWB has not identified either itself or through consultation any requirement to provide either further those services already commissioned or to commence the provision of enhanced pharmaceutical services not currently commissioned.

Taking into account the totality of information available, the HWB consider the location, number, distribution and choice of pharmacies covering each of the four localities and the Richmond HWB area providing enhanced services, including the mitigation by the provision of LCSs, to provide an improvement and better access for population. The HWB has not received any significant information to conclude otherwise currently or of any local future specified circumstance that would alter that conclusion.

# 11 Conclusions (for the purpose of Schedule 1 to the 2013 Regulations)

## 11.1 Current provision – necessary and other relevant services

As described in particular in sections 6.1, 6.2 and 6.3 and required by paragraphs one and three of schedule 1 to the Regulations, Richmond HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Richmond HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, the majority of the current provision was likely to be necessary as described in section 9 with that identified in section 10 as providing improvement or better access without the need to differentiate in any further detail.

## 11.2 Necessary services – gaps in provision

As described in particular in section 9 and required by paragraph two of schedule 1 to the Regulations, Richmond HWB has had regard to the following in seeking to identify whether there are any gaps in necessary services in the area of the HWB.

### 11.2.1 Access to essential services

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

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

Richmond HWB has determined that the travel times as identified in section 6.1.1 to access essential services are reasonable in all the circumstances.

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 hours have been identified.

## Conclusions (for the purpose of Schedule 1 to the 2013 Regulations)

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

In Richmond there is good access to essential services outside normal working hours in all four localities and across the HWB area. This is due to the supplementary opening hours offered by all pharmacies. It is not expected that any of the current pharmacies will reduce the number of core opening hours and NHS England foresees no reason to agree a reduction of core opening hours for any service provider except on an ad hoc basis to cover extenuating circumstances.

Based on the information available at the time of developing this PNA, no current gaps in the provision of essential services outside normal working hours have been identified.

### 11.2.4 Access to advanced and enhanced services

Insofar as only NHS England may commission these services, sections 6.1 and 6.2 of this PNA identify access to enhanced and advanced services.

Based on the information available at the time of developing this PNA, no current gaps in the provision of advanced and enhanced services have been identified.

## 11.3 Future provision of necessary services

Richmond HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services.

Based on the information available at the time of developing this PNA, no gaps in the need for pharmaceutical services in specified future circumstances have been identified.

## 11.4 Improvements and better access – gaps in provision

As described in particular in section 10 and required by paragraph 4 of schedule 1 to the 2013 Regulations, Richmond HWB has had regard to the following in seeking to identify whether there are any gaps in other relevant services within the 4 localities and the area of the HWB.

### 11.4.1 Access to essential services – present and future circumstances

Richmond HWB considered the conclusion in respect of current provision as set out at 11.1 above and the information in respect of essential services as it had done at



## Conclusions (for the purpose of Schedule 1 to the 2013 Regulations)

11.2. While it was not possible to determine which current provision of essential service by location or standard hours provided improvement or better access, the HWB was satisfied that some current provision did so.

Richmond HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services.

Based on the information available at the time of developing this PNA, no gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services.

### 11.4.2 Current and future access to advanced services

Not all pharmacies are currently offering MURs or NMS. However, these services are not commissioned by NHS England but provided by the pharmacy should it choose to do so.

In 2013-14 eight pharmacies did not provide MURs. NHS England will encourage these pharmacies and pharmacists to become eligible to deliver MURs and to encourage all pharmacies to complete the maximum number of MURs allowed to ensure more eligible patients are able to access and benefit from this service.

In 2013-14 nine pharmacies did not provide the NMS. NHS England will encourage pharmacies and pharmacists to become eligible to deliver the service so that more eligible patients are able to access and benefit from this service.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require the services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services.

NHS England will encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

Based on the information available at the time of developing this PNA, no gaps have been identified in the need for advanced services that if provided either now or in the future would secure improvements, or better access, to advanced services.

### 11.4.3 Current and future access to enhanced services

NHS England commissioned just one enhanced service (immunisation services) from pharmacies. It also commissions this service from other non-pharmacy providers, principally GP practices.

Many of the enhanced services listed in the 2013 directions (Appendix 13) enhanced service descriptions) are now commissioned by Richmond council (public health services) or Richmond CCG (access to palliative care drugs) and so fall outside of the definition of both enhanced services and pharmaceutical services.

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to enhanced services either now or in specified future circumstances have been identified.

### 11.5 Other NHS Services

As required by paragraph five of schedule 1 to the 2013 Regulations, Richmond HWB has had regard in particular to section nine considering any other NHS services that may affect the determination in respect of pharmaceutical services in the area of the HWB.

Based on the information available at the time of developing this PNA, no gaps in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances have been identified.

### 11.6 How the assessment was carried out

As required by paragraph 6 of schedule 1 to the 2013 Regulations:

In respect of how the HWB considered whether to determine localities in its area for the purpose of this PNA, see section 3 and section 6 and maps 10-13.

In respect of how the HWB took into account the different needs in its area, including those who share a protected characteristic, see sections 6 and Appendix 6

In respect of the consultation undertaken by the HWB, see Appendix 17.

### 11.7 Map of provision

As required by paragraph seven of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical in Map 1 (Section 6.1). Additional maps are also provided throughout and as listed in Appendix 5.

## Appendix 1 – Pharmaceutical and LPS list Richmond HWB area

Source NHS England August 2014, amended September

Map Index	Contractor Name (Legal Entity)	Trading Name	Address of Contractor	Address of Contractor	Postcode
1	Crossroads Pharmacy	Crossroads Pharmacy	334 Staines Road	Twickenham	TW2 5AT
2	Boots UK Ltd	Your Local Boots Pharmacy	658 Hanworth Road	Hounslow	TW4 5NP
3	Superdrug Pharmacy	Superdrug Pharmacy	262 Upper Richmond Road West	East Sheen	SW14 7JE
4	Kew Pharmacy	Kew Pharmacy	3 Station Parade	Kew Gardens, Richmond	TW9 3PS
5	Herbert and Shrive (JMW Vicary Ltd)	Herbert and Shrive	202 Kingston Road	Teddington	TW11 9JD
6	Boots the Chemist Ltd	Boots the Chemist	381-383 Upper Richmond Road	East Sheen	SW14 7NX
7	Hampton Hill Pharmacy	Hampton Hill Pharmacy	173b High Street	Hampton Hill	TW12 1NL
8	Twickenham Pharmacy (Dejure Ltd)	Twickenham Pharmacy	17 Richmond Road	Twickenham	TW1 3AB
9	Herman Pharmacy	Herman's Pharmacy	133 Percy Road	Whitton	TW2 6HT
10	Boots the Chemist Ltd	Boots the Chemist	61/64 George Street	Richmond upon Thames	TW9 1HF

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Map Index	Contractor Name (Legal Entity)	Trading Name	Address of Contractor	Address of Contractor	Postcode
11	Sainsbury's Superstore Ltd.	Sainsbury's Pharmacy	Lower Richmond Road	Richmond upon Thames	TW9 4LT
12	Boots UK Ltd	Your Local Boots Pharmacy	28b Priory Road	Hampton	TW12 2NT
13	Richmond Pharmacy	Richmond Pharmacy	213 Lower Mortlake Road	Richmond upon Thames	TW9 2LN
14	Minal Pharmacy	Minal Pharmacy	9 High Street	Whitton	TW2 7LA
15	Maple Leaf Pharmacy	Maple Leaf Pharmacy	20 The Green	Twickenham	TW2 5AB
16	Spatetree Pharmacy	Spatetree Pharmacy	113 Sheen Lane	East Sheen	SW14 8AE
17	Springfield Pharmacy	Springfield Pharmacy	124 Sheen Road	Richmond upon Thames	TW9 1UR
18	Boots UK Ltd	Your Local Boots Pharmacy	3 Station Approach	Hampton	TW12 2HZ
19	Pharmacare	Pharmacare	12 Back Lane	Ham	TW10 7LF
20	Pelgrow Limited	St Margarets Pharmacy	38 Crown Road	St Margaret's	TW1 3EH
21	Kirby Chemist	Kirby Chemist	53 High Street	Teddington	TW11 8HA
22	Rushport Advisory LLP	Whitton Corner Pharmacy	Whitton Community Centre	Percy Road	TW2 6JL
23	Round the Clock Pharmacy	Round the Clock Pharmacy	257 Upper Richmond Road West	East Sheen	SW14 8QS

## Appendices

Map Index	Contractor Name (Legal Entity)	Trading Name	Address of Contractor	Address of Contractor	Postcode
24	Kanset Pharmacy	Kanset Pharmacy	177 Ashburnham Road	Ham	TW10 7NR
25	Boots the Chemist Ltd	Boots the Chemist	Unit 4, Kew Retail Park	Bessant Drive	TW9 4AD
26	Forward Pharmacy Ltd	Forward Pharmacy	90 Church Road	Barnes	SW13 0DQ
27	Round the Clock Pharmacy	Round the Clock Pharmacy	69 Church Road	Barnes	SW13 9HH
28	Dumlers Pharmacy	Dumlers Pharmacy	495-497 Upper Richmond Road West	East Sheen	SW14 7PU
29	ABC Drugstores Ltd	Day Lewis Pharmacy	1 Cross Deep Court	Heath Road	TW1 4AG
30	Boots the Chemist Ltd	Boots the Chemist	100 High Street	Whitton	TW2 7LN
31	K C Pharmacy	K C Pharmacy	23 Broad Street	Teddington	TW11 8QZ
32	Charles Harry Pharmacy	Charles Harry Pharmacy	366 Richmond Road	Twickenham	TW1 2DX
33	Richmond Pharmacy	Richmond Pharmacy	82-86 Sheen Road	Richmond upon Thames	TW9 1UF
34	Boots the Chemist Ltd	Boots the Chemist	3-5 King Street	Twickenham	TW1 3SD
35	Goode Pharmacy	Goode Pharmacy	22 London Road	Twickenham	TW1 3RR
36	Boots the Chemist Ltd	Boots the Chemist	59 Broad Street	Teddington	TW11 8QZ

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Map Index	Contractor Name (Legal Entity)	Trading Name	Address of Contractor	Address of Contractor	Postcode
37	Boots UK Ltd	Your Local Boots Pharmacy	29 Tangle Park Road	Hampton	TW12 3YH
38	Health on the Hill	Health on the Hill	62 High Street	Hampton Hill	TW12 1PD
39	Teddington Pharmacy	Teddington Pharmacy	113 Stanley Road	Teddington	TW11 8UB
40	Nima Chemist (Nima Malden Ltd)	Nima Chemist	50 Friars Stile Road	Richmond upon Thames	TW10 6NQ
41	Barnes Pharmacy	Barnes Pharmacy	5 High Street	Barnes	SW13 9LB
42	Richpharm (London) Ltd	Medco Pharmacy	31-33 Park Road	Teddington	TW11 0AB
43	Lloyds Pharmacy	Lloydspharmacy	19-21 Station Parade	Kew Gardens	TW9 3PS
44*	Lloyds Pharmacy Ltd*	Lloydspharmacy*	Teddington Memorial Hospital	60 Hampton Road	TW11 0JL
45**	Strawberry Hill Pharmacy	Strawberry Hill Pharmacy	3 Wellesley Parade	Strawberry Hill	TW2 5SQ
46**	Prime Pharmaceuticals	Prime Pharmacy	198 Castelnau	Barnes	SW13 9DW

40 Core Hours (identified on the map as Standard Pharmacy)

\*Local Pharmaceutical services Contract until 30/09/2015

\*\* Essential Small Pharmacy LPS until 31/03/2015

Premises and opening hours data provided by NHS England in September 2014 and updated January 2015

## Appendix 2 – Steering group members

We would like to acknowledge the members of the Steering Group for their support in producing Richmond health and wellbeing board's first PNA:

Name	Role and organisation
<b>Anna Raleigh (Co-chair)</b>	Consultant in Public Health London Borough of Richmond upon Thames
<b>Sandra O'Hagan (Co-chair)</b>	Associate Director of Public Health Royal Borough of Kingston upon Thames
<b>Steve Bow</b>	Public Health Epidemiologist and Statistician London Borough of Richmond upon Thames
<b>Preya Patel</b>	GP Registrar Royal Borough of Kingston upon Thames
<b>Nicola Harrap</b>	Senior Primary Care Pharmacist Kingston Clinical Commissioning Group (CCG)
<b>Tara Bahri</b>	Senior Practice Pharmacist Richmond Clinical Commissioning Group (CCG)
<b>Emma Richmond</b>	Chief Pharmacist Richmond Clinical Commissioning Group (CCG)
<b>Terry Silverstone</b>	Chief Executive Local Pharmaceutical Committee (LPC)
<b>David Tamby-Rajah</b>	Assistant Head of Primary Care Commissioning NHS England South London Area Team
<b>Sarah Hadland</b>	Senior Business Analyst (Commissioning) Royal Borough of Kingston upon Thames
<b>Claire Sloan</b>	Interim Category Specialist London Borough of Richmond upon Thames
<b>Jonathan Hildebrand</b>	Director of Public Health Royal Borough of Kingston upon Thames
<b>Meena Hunjan</b>	Interim Chief Pharmacist West Middlesex Hospital
<b>Sandra Wolper</b>	Head of Pharmacy and Prescribing Hounslow and Richmond Community Healthcare
<b>Grahame Snelling</b>	Chair Kingston HealthWatch
<b>Mike Derry</b>	Chief Officer Richmond HealthWatch
<b>Julius Parker</b>	Chief Executive Kingston and Richmond Local Medical Committee
<b>Fiona Hegarty</b>	Board Lead for Clinical Services Your Healthcare
<b>Paul Burns</b>	Project Manager, Primary Care Commissioning

## Appendix 3 – Statutory consultees

In line with the NHS 2013 Regulations, Richmond health and wellbeing board consulted the following stakeholders on the draft PNA document:

Organisation	Name and title
<b>Local Pharmaceutical Committee</b>	Terry Silverstone, Chief Executive, Kingston, Richmond & Twickenham LPC
<b>Local Medical Committee</b>	Dr Julius Parker, Chief Executive, Kingston and Richmond LMC
<b>Pharmacy contractors</b>	As set out in appendix 1
<b>Richmond HealthWatch</b>	Mike Derry, Chief Officer
<b>Hounslow and Richmond Community Healthcare NHS Trust</b>	Richard Tyler, Chief executive and Sandra Wolper, Chief Pharmacist
<b>NHS England</b>	South London Area Team - David Tamby Rajah, Assistant Head of Primary Care Commissioning
<b>Kingston HWB</b>	Cllr Kevin Davis, HWB Chair and Jonathan Hildebrand, Director of Public Health
<b>Surrey HWB</b>	Cllr Michael Gosling, HWB Chair and Director of Public Health
<b>Hounslow HWB</b>	Cllr Steve Curran, HWB chair and Stephen Farrow, Director of Public Health
<b>Hammersmith &amp; Fulham HWB</b>	Cllr Lukey, HWB Chair and Meradin Peachey, Director of Public Health
<b>Wandsworth HWB</b>	Cllr Jim Maddan, HWB Chair and Houda Al-Sharifi, Director of Public Health
<b>Richmond CCG</b>	Jacqui Harvey, Interim Chief officer
<b>Neighbour Trust: West Middlesex University Hospital NHS Trust (not statutory)</b>	Jacqueline Docherty, Chief executive and Meena Hunjan, Interim Chief Pharmacist
<b>Neighbour Trust: South West London &amp; St Georges Mental Health Trust (not statutory)</b>	David Bradley, Chief executive and Dianne Adams, Chief Pharmacist
<b>Kingston Hospital NHS Foundation Trust (not statutory)</b>	Kate Grimes, Chief executive and Derek Cock, Chief Pharmacist



## Appendices

# Appendix 4 – Pharmacy opening times and map index number by locality

### East Sheen and Barnes

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3	Superdrug Pharmacy	40	Core	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:00 15:00 - 17:30	09:00 - 13:30 14:30 - 17:30	–
			Opening	09:00 - 14:00 14:30 - 18:00	09:00 - 14:00 14:30 - 18:00	09:00 - 14:00 14:30 - 18:00	09:00 - 14:00 14:30 - 18:00	09:00 - 14:00 14:30 - 18:00	09:00 - 14:00 14:30 - 18:00	09:00 - 13:30 14:00 - 17:00
6	Boots the Chemist	40	Core	09:30 - 13:00 14:00 - 17:30	09:30 - 13:00 14:00 - 17:30	09:30 - 13:00 14:00 - 17:30	09:30 - 13:00 14:00 - 17:30	09:30 - 13:00 14:00 - 17:30	09:30 - 13:00 14:00 - 15:30	–
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00
16	Spatetree Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	–
			Opening	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 17:00	–
23	Round the Clock Pharmacy	40	Core	10:00 - 16:00	10:00 - 16:00	10:00 - 16:00	10:00 - 16:00	10:00 - 16:00	10:00 - 16:00	10:00 - 14:00
			Opening	09:00 -	09:00 -	09:00 -	09:00 -	09:00 -	09:00 -	10:00 -

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				19:00	19:00	19:00	19:00	19:00	19:00	14:00
26	Forward Pharmacy, Barnes	40	Core	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	Closed	–
			Opening	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	
27	Round the Clock Pharmacy, Barnes	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	–
			Opening	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00
28	Dumlers Pharmacy, East Sheen, Barnes	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	–
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 14:00
41	Barnes Pharmacy, Barnes	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 - 18:00	09:00 - 17:30
46	Prime Pharmacy * ESPLPS, Barnes	40	Core	09:30 - 17:30	09:30 - 17:30	09:30 - 13:30	09:30 - 17:30	09:30 - 17:30	09:30 - 13:30	–
			Opening	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 17:30	09:30 - 13:30

## Richmond Ham and Kew

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
4	Kew Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	–
			Opening	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 13:30

## Appendices

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				17:30	17:30	17:30	17:30	17:30	17:00	
10	Boots the Chemist	40	Core	09:30 - 14:00 15:00 - 17:00	09:30 - 14:00 15:00 - 17:00	09:30 - 14:00 15:00 - 17:00	09:30 - 14:00 15:00 - 18:00	09:30 - 14:00 15:00 - 17:00	09:30 - 14:00 15:00 - 17:00	—
			Opening	08:30 - 14:00 15:00 - 18:30	08:30 - 14:00 15:00 - 18:30	08:30 - 14:00 15:00 - 18:30	08:30 - 14:00 15:00 - 18:30	08:30 - 14:00 15:00 - 18:30	08:30 - 14:00 15:00 - 18:00	08:30 - 14:00 15:00 - 18:00
11	Sainsbury's In-Store Pharmacy	40	Core	09:00 - 12:00 16:00 - 19:00	09:00 - 12:00 16:00 - 19:00	09:00 - 12:00 16:00 - 19:00	09:00 - 12:00 16:00 - 19:00	09:00 - 12:00 16:00 - 19:00	09:00 - 13:00	10:00 - 14:00
			Opening	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00	08:00 - 21:00
13	Richmond Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	—
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	—
17	Springfield Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	—
			Opening	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 19:00	09:00 - 14:00	—
19	Pharmacare	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	Closed	—
			Opening	09:00 -	09:00 -	09:00 -	09:00 -	09:00 -	09:00 -	—

## Appendices

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				13:00 - 14:00 - 18:00	13:00 - 14:00 - 18:00	13:00 - 14:00 - 18:00	13:00 - 14:00 - 18:00	13:00 - 14:00 - 18:00	13:00	
24	Kanset Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	–
			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	–
25	Boots the Chemist	40	Core	09:30 - 14:00 - 15:00 - 17:30	09:30 - 14:00 - 15:00 - 17:30	09:30 - 14:00 - 15:00 - 17:30	09:30 - 14:00 - 15:00 - 17:30	09:30 - 14:00 - 15:00 - 17:30	09.30 - 14:00 - 15:00 - 15:30	–
			Opening	09:00 - 14:00 - 15:00 - 20:00	09:00 - 14:00 - 15:00 - 20:00	09:00 - 14:00 - 15:00 - 20:00	09:00 - 14:00 - 15:00 - 20:00	09:00 - 14:00 - 15:00 - 20:00	09:00 - 14:00 - 15:00 - 20:00	11:00 - 17:00
33	Richmond Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	–
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 13:30	–
40	Nima Chemist	40	Core	09:00 - 13:00 - 14:00 - 18:00	09:00 - 13:00 - 14:00 - 18:00	09:00 - 13:00 - 14:00 - 18:00	09:00 - 13:00 - 14:00 - 18:00	09:00 - 13:00 - 14:00 - 18:00	Closed	–
			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	–
43	Lloydspharmacy	40	Core	09:00 - 12:00 - 16:00 -	09:00 - 12:00 - 16:00 -	09:00 - 12:00 - 16:00 -	09:00 - 12:00 - 16:00 -	09:00 - 12:00 - 16:00 -	09:00 - 12:00 - 15:00 -	10:00 - 14:00

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Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				19:00	19:00	19:00	19:00	19:00	18:00	
			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	10:00 - 14:00

## Teddington and Hampton

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5	Herbert and Shrive	40	Core	09:30 - 12:30 13:30 - 18:30	09:30 - 12:30 13:30 - 18:30	09:30 - 12:30 13:30 - 18:30	09:30 - 12:30 13:30 - 18:30	09:30 - 12:30 13:30 - 18:30	Closed	–
			Opening	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 17:00	–
7	Hampton Hill Pharmacy	40	Core	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	09:00 - 13:30 14:00 - 17:30	Closed	–
			Opening	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 17:00	–
12	Your Local Boots Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	–
			Opening	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	09:00 - 13:00	–

## Appendices

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00	14:00 - 18:00		
18	Your Local Boots Pharmacy	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 - 17:30	09:00 - 14:00 15:00 - 17:30	09:00 - 14:00 15:00 - 17:30	09:00 - 14:00 15:00 - 17:30	09:00 - 14:00 15:00 - 17:00	–
21	Kirby Chemist	40	Core	09:00 - 16:00	09:00 - 16:00	09:00 - 16:00	09:00 - 16:00	09:00 - 16:00	09:00 - 14:00	–
			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	–
31	K C Pharmacy	40	Core	09:15 - 15:55	09:15 - 15:55	09:15 - 15:55	09:15 - 15:55	09:15 - 15:55	09:15 - 15:55	–
			Opening	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:00	–
36	Boots the Chemist	40	Core	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 15:30	–
			Opening	08:30 - 14:00 15:00 - 17:30	08:30 - 14:00 15:00 - 17:30	08:30 - 14:00 15:00 - 17:30	08:30 - 14:00 15:00 - 17:30	08:30 - 14:00 15:00 - 17:30	08:30 - 14:00 15:00 - 17:30	10.00 - 16:00
37	Your Local Boots Pharmacy	40	Core	09:00 - 13:15	09:00 - 13:15	09:00 - 13:15	09:00 - 13:15	09:00 - 13:15	09:00 - 11:30	–

## Appendices

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				14:15 - 17:30	14:15 - 17:30	14:15 - 17:30	14:15 - 17:30	14:15 - 17:30		
			Opening	09:00 - 13:15 14:15 - 17:30	09:00 - 13:15 14:15 - 17:30	09:00 - 13:15 14:15 - 17:30	09:00 - 13:15 14:15 - 18:00	09:00 - 13:15 14:15 - 18:00	09:00 - 13:15 14:15 - 17:30	–
38	Health on the Hill	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	–
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 15:00	–
39	Teddington Pharmacy	40	Core	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 13:00 14:00 - 17:00	09:00 - 14:00	–
			Opening	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 13:00 14:00 - 18:30	09:00 - 14:00	–
42	Medco Pharmacy	40	Core	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	09:00 - 12:30 13:00 - 17:30	Closed	–
			Opening	09:00 - 12:30 13:00 - 18:30	09:00 - 12:30 13:00 - 18:30	09:00 - 12:30 13:00 - 18:30	09:00 - 12:30 13:00 - 18:30	09:00 - 12:30 13:00 - 18:30	Closed	–
44	Lloydspharmacy * LPS	40	Core	12:00 - 20:00	12:00 - 20:00	12:00 - 20:00	12:00 - 20:00	12:00 - 20:00	13:00 - 21:00	13:00 - 21:00

## Appendices

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			Opening	12:00 - 20:00	12:00 - 20:00	12:00 - 20:00	12:00 - 20:00	12:00 - 20:00	13:00 - 21:00	13:00 - 21:00

### Twickenham and Whitton

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	Crossroads Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:30 - 13:30	–
			Opening	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:30 - 13:30	–
2	Your Local Boots Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	–
			Opening	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 17:30	–
8	Twickenham Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	Closed	–



## Appendices

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			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	—
9	Herman's Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	Closed	—
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	—
14	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	—
15	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	Closed	—
			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
20	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	Closed	—
			Opening	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	09:00 - 18:00	Closed	—
22	Whitton Corner Pharmacy	40	Core	09:00 - 13:00 14:30 - 18:00	09:00 - 13:00 14:30 - 18:00	09:00 - 13:00 14:30 - 18:00	09:00 - 13:00 14:30 - 18:00	09:00 - 13:00 14:30 - 18:00	10:00 - 12:30	—
			Opening	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	08:30 - 18:00	10:00 - 12:30	—
29	Day Lewis Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	—

## Appendices

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			Opening	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 18:30	09:00 - 13:00	—
30	Boots the Chemist	40	Core	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 15:30	—
			Opening	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:30	09:00 - 17:00	—
32	Charles Harry Pharmacy	40	Core	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	09:00 - 17:00	Closed	—
			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	—
34	Boots the Chemist	40	Core	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 17:30	09:30 - 14:00 15:00 - 15:30	—
			Opening	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	08:45 - 18:00	11:00 - 16:00
35	Goode Pharmacy	40	Core	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	Closed	—
			Opening	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	—
45	Strawberry Hill 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	—

## Appendices

Map Index	Trading Name	Standard Hours	Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	* ESPLPS			14:00 - 18:00	14:00 - 18:00		14:00 - 18:00	14:00 - 18:00		
			Opening	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	09:00 - 13:00 14:00 - 18:00	—

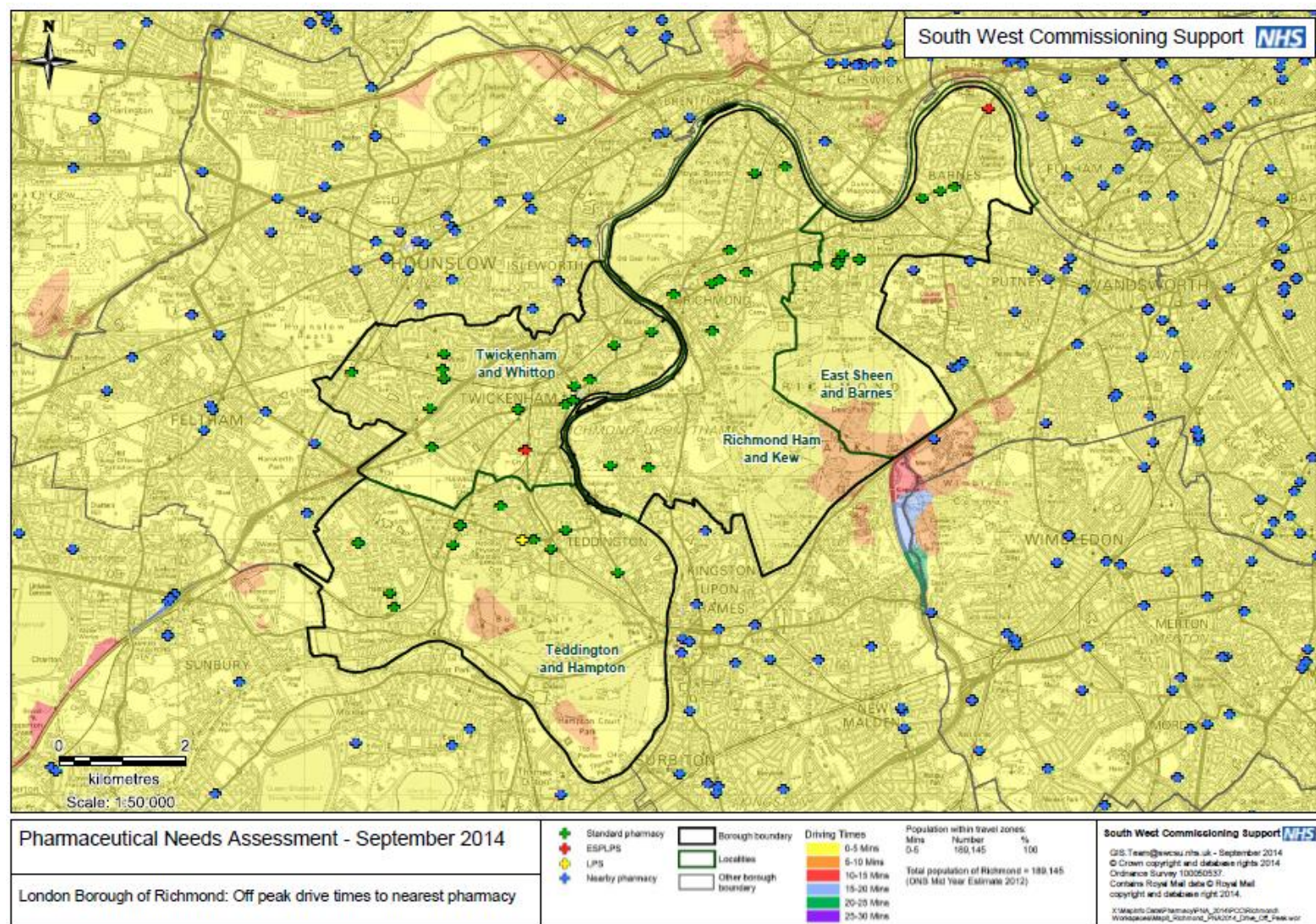
# Appendix 5 – List of maps included in the PNA

## Index of maps

- 1 Map 1 - Richmond HWB pharmacy locations indexed and named (**regulatory map located in section 7.1**)
- 2 Map 2 - Distribution of pharmacies in Richmond and population density
- 3 Map 3 - Pharmacies and Black & Minority Ethnic levels (BME) by ward
- 4 Map 4 - Pharmacies and Index of Multiple Deprivation by LSOA
- 5 Map 5a - Average drive time to a pharmacy in Richmond
- 6 Map 5b - Off peak drive times to a pharmacy in Richmond
- 7 Map 5c - Peak drive time to a pharmacy in Richmond
- 8 Map 6 - Public transport travel times to a pharmacy in Richmond, Tuesday 9-1 pm
- 9 Map 7 - Public transport travel times to a pharmacy in Richmond, Tuesday 1-5pm
- 10 Map 8 - Walking Distance to a pharmacy in Richmond
- 11 Map 9 - Opening hours of all Richmond pharmacies
- 12 Map 10 - East Sheen and Barnes locality opening hours
- 13 Map 11 - Richmond, Ham and Kew locality opening hours
- 14 Map 12 - Teddington and Ham locality opening hours
- 15 Map 13 - Twickenham and Whitton locality opening hours
- 16 Map 14 - 1.6km buffers around pharmacies with Richmond HWB area

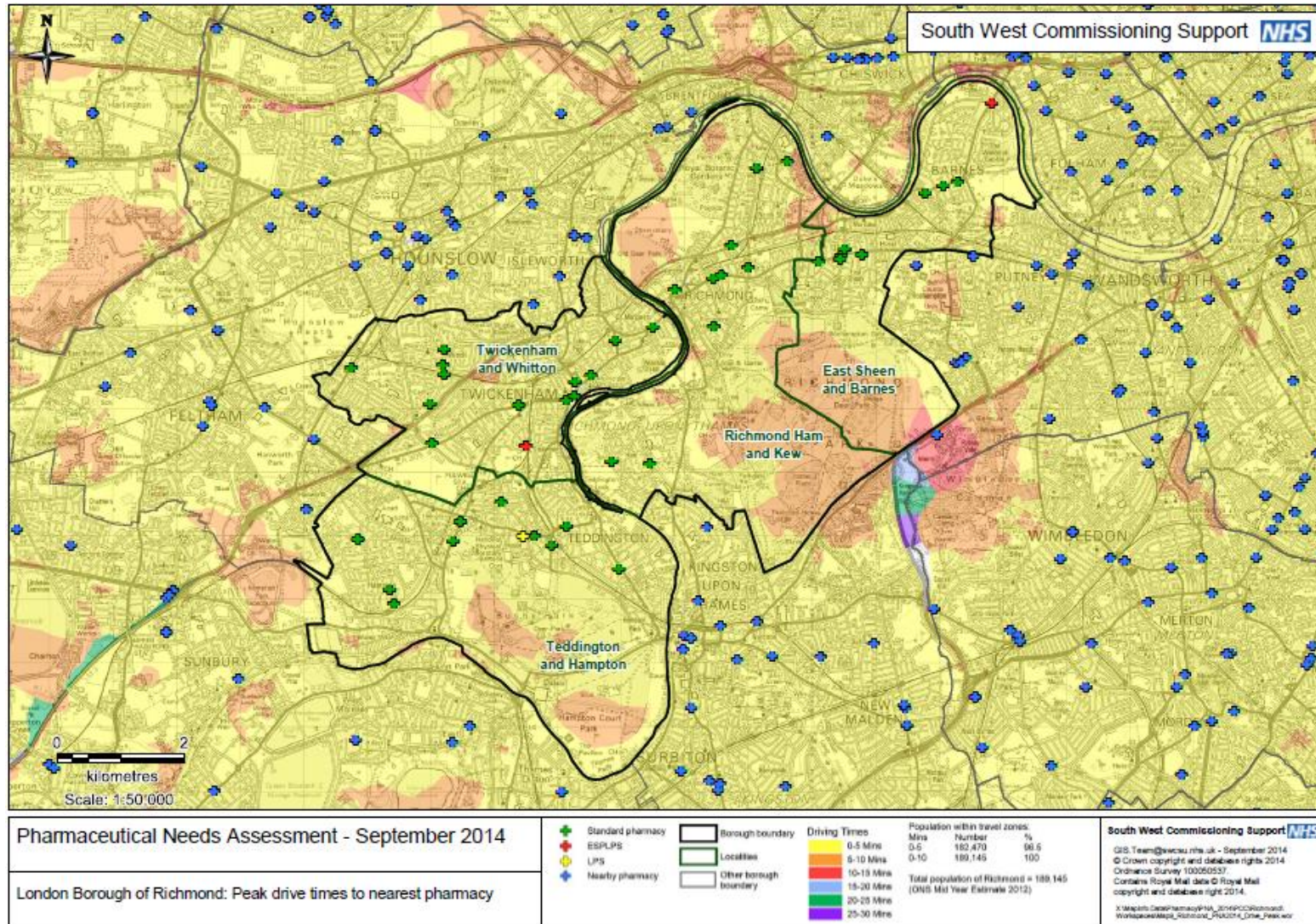
# Appendices

## Map 5b: Off peak drive times to a pharmacy in Richmond



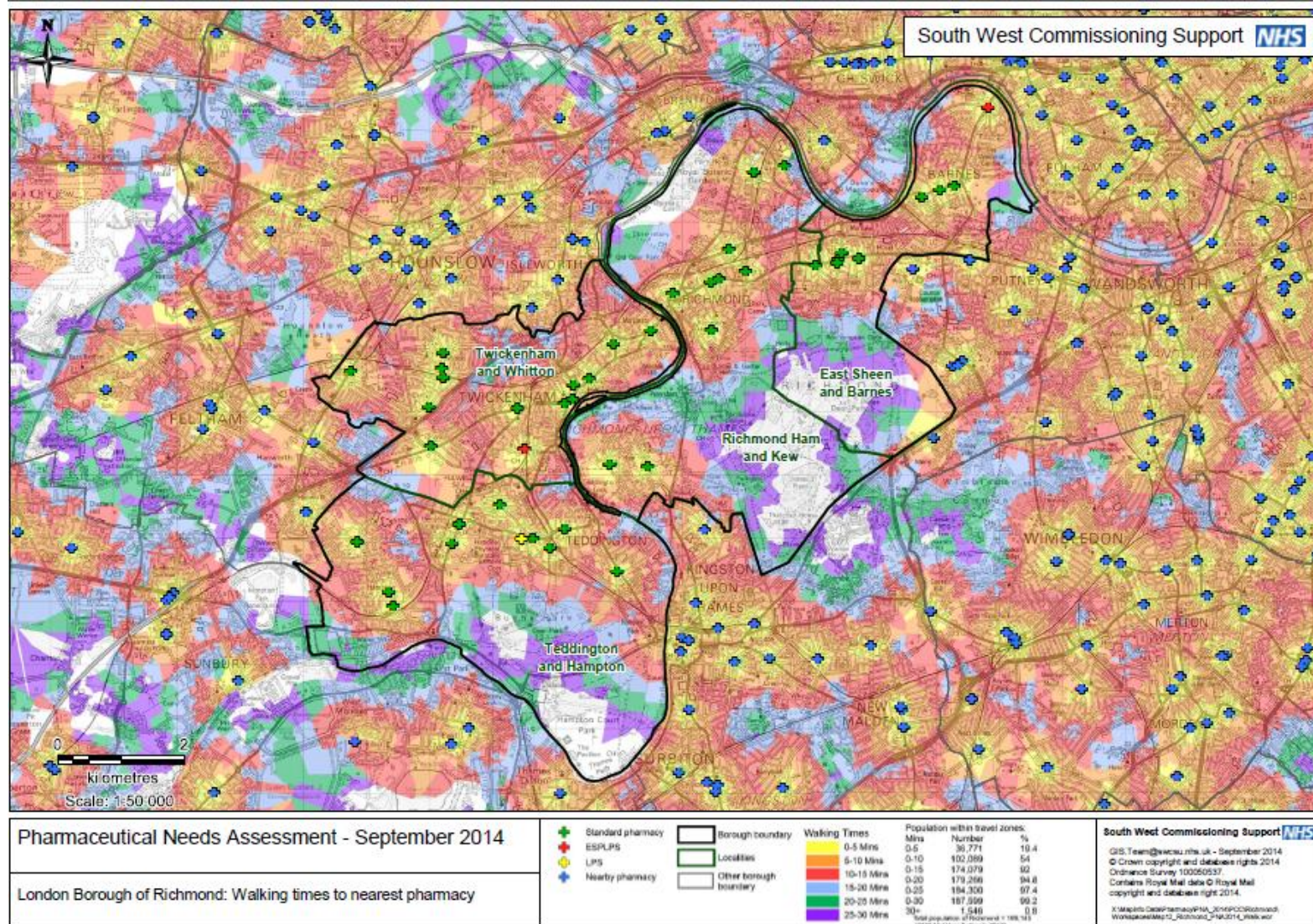
# Appendices

## Map 5c: Peak drive time to a pharmacy in Richmond



# Appendices

## Map 8: Walking Distance to a pharmacy in Richmond



## Appendix 6 – Public Health England locality health profiles

Included as separate documents:

Appendix 6a – East Sheen and Barnes

[http://www.richmond.gov.uk/pna\\_appendix\\_6a.pdf](http://www.richmond.gov.uk/pna_appendix_6a.pdf)

Appendix 6b – Richmond, Ham and Kew

[http://www.richmond.gov.uk/pna\\_appendix\\_6b.pdf](http://www.richmond.gov.uk/pna_appendix_6b.pdf)

Appendix 6c – Twickenham and Whitton

[http://www.richmond.gov.uk/pna\\_appendix\\_6c.pdf](http://www.richmond.gov.uk/pna_appendix_6c.pdf)

Appendix 6d – Teddington and Hampton

[http://www.richmond.gov.uk/pna\\_appendix\\_6d.pdf](http://www.richmond.gov.uk/pna_appendix_6d.pdf)



## Appendices

### Appendix 7 – GP practice and map index letters

Map Index	Organisation name	Address Lines 1 & 2	Address Line 3	Postcode
A	Pagoda Avenue Surgery	36 Pagoda Avenue	Richmond	TW9 2HG
B	The Surgery	71 Broad Lane	Hampton	TW12 3AX
C	Jubilee Surgery	First Floor, Whitton Corner, Percy Road, Whitton	Twickenham	TW2 6JL
D	Glebe Road Surgery	1 Glebe Road	Barnes	SW13 0DR
E	Park Road Surgery	37 Park Road	Teddington	TW11 0AU
F	Thameside Medical Practice	Thames House, 180 High Street	Teddington	TW11 8HU
G	Queens Medical Centre	109 Queens Road	Richmond	TW10 6HF
H	North Road Surgery	77 North Road, Kew	Richmond	TW9 4HQ
J	Vineyard Surgery	35 The Vineyard	Richmond	TW10 6PP
K	Kew Medical Practice	14 High Park Road, Kew	Richmond	TW9 4BH
L	Essex House	Station Road	Barnes	SW13 0LW
M	Paradise Road Surgery	37 Paradise Road	Richmond	TW9 1SA
N	Seymour House Surgery	154 Sheen Road	Richmond	TW9 1UU
P	Lock Road Surgery	55a Lock Road, Ham	Richmond	TW10 7LJ
R	Acorn Practice	29-35 Holly Road	Twickenham	TW1 4EA
S	Sheen Lane Health Centre	70 Sheen Lane	East Sheen	SW14 8LP
T	Twickenham Park Surgery	17 Rosslyn Road	Twickenham	TW1 2AR
U	Sheen Lane Health Centre	70 Sheen Lane	East Sheen	SW14 8LP
V	Woodlawn Medical Centre	19 Powder Mill Lane, Whitton	Twickenham	TW2 6EE
W	Woodlawn Medical Centre	6 Oak Lane	Twickenham	TW1 3PA
Y	Hampton Medical Centre	Lansdowne, 49a Priory Road	Hampton	TW12 2PB
AA	Hampton Wick Surgery	26 Upper Teddington Road	Hampton Wick	KT1 4DY
BB	Barnes Surgery	22 Castelnau	Barnes	SW13 9RU

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Map Index	Organisation name	Address Lines 1 & 2	Address Line 3	Postcode
CC	Hampton Hill Medical Centre	94-102 High Street	Hampton Hill	TW12 1NY
DD	Cross Deep Surgery	4 Cross Deep	Twickenham	TW1 4QP
EE	The Medical Centre	325 Staines Road	Twickenham	TW2 5AX
FF	The Richmond Green Medical Centre	19 The Green	Richmond	TW9 1PX
GG	Crane Park Medical Centre/	First Floor Whitton Corner Health & Social Care Centre, Percy Road	Whitton	TW2 6JL
HH	Richmond Lock Surgery	300 St Margaret's Road	Twickenham	TW1 1PS
JJ	The Green Surgery	1B The Green	Twickenham	TW2 5TU
KK	The York Medical Practice	St John's Health Centre, Oak Lane	Twickenham	TW1 3PA
LL	Deanhill Surgery*	2 Deanhill Road	East Sheen	SW14 7DF

\* Notified by NHS England post-consultation (on 12<sup>th</sup> January 2015) of closure of Deanhill surgery on 20<sup>th</sup> February 2015

## Appendix 8 – Patient survey results

Included as separate document:

[http://www.richmond.gov.uk/pna\\_appendix\\_8.pdf](http://www.richmond.gov.uk/pna_appendix_8.pdf)

# Appendix 9 – Patient focus group report

## Background

Three groups were selected for interview.

- Carers of children under five (parents, carers and nannies).
- Older People
- Substance Misusers

Three focus groups were held between the 4<sup>th</sup> and the 27<sup>th</sup> of November 2014 in venues appropriate to the client group.

In total there were 27 attendees across these groups (seven, 17 & three attendees at each respectively).

In order to get some consistency in responses and to support the online survey, a set of questions was derived from the content of the larger online survey.

- Access to medicines
- Advice
- Other services

## Summary outcomes

Focus group attendees did not raise any major issues regarding access to services, other than parking or access for those who had mobility problems.

No major issues were raised regarding the quality of advice offered by pharmacies.

Some concern was expressed about the lack of a pharmacy in Mortlake.

Overall, people found pharmaceutical services to be very good and professional; that there was always a pharmacist available except during the night and that the pharmacists were knowledgeable, supportive and part of the community.

Attendees said that they used the advice available and often preferred it to alternatives, such as NHS Direct.

They indicated that they felt greater use could be made of pharmacies in providing advice and services, as long as they were nil or low cost.

People most specifically found the service to be very good when there was a consistent pharmacist, and reflected that this could be a problem when there was regular staff turnover.

However, the people recovering from substance abuse gave a different view, stating that they had very mixed and some very poor experiences of service provision, which they felt to be based on discriminatory views of them.

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### Access to medicines

The three groups were all regular users of pharmacy services with the parents group also being regular users of ad hoc services and advice.

People felt that services could easily be accessed until about 10 or 11pm, but that there could occasionally be problems through the night.

Convenience – to GPs, shops or home - were given as reasons for using pharmacies, though people also stressed how much they valued the relationship they built with their pharmacist, and their preference for a "family feel" to the service, and for there to be consistency in the staff available.

A consistent issue of concern across all groups was the use of an online electronic re-ordering repeat prescription system. All groups reported difficulties and teething problems with this system such as medication not being available when needed, changes to generic prescriptions causing confusion because of changes to colour, shape and size. This was a particular issue for older people who had many repeat prescriptions to manage. When changes were made to their medications the system seemed unable to respond to these changes immediately causing them repeated phone calls and visits to the pharmacy. Whilst this issue caused much concern in the group the patients attributed the issues to the GP or hospital consultant rather than the pharmacy.

### Advice

Most people were well informed about the range of advice available and would make use of the advice rather than make a GP appointment. They saw it as a "good second opinion" from people who "know what they are talking about", either for things like childhood rashes, or other minor ailments.

They believed this to be quicker and better than trying to get an appointment with their GP and that the pharmacist was often the most appropriate, that they often knew about the drugs better than the GPs did and that they had more time to talk than GPs with whom it could be difficult to get an appointment.

They felt confident that the pharmacist would look at the mix of drugs they were taking and would understand about potential side effects, or problems between different drugs that should not be taken together.

A small number had received Medicine Use Reviews in private rooms, though most people received general advice at the counter, which many said could be "embarrassing".

### Other services

There was good awareness of other services available, and some limited use made of these services.

The older people particularly identified their wish to see a more flexible home delivery service.

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One person stated that they were not happy with arrangements for the collection of sharps in their area, as they did not want to leave a sharps box outside their home.

## Appendix 10 – Contractor questionnaire

Included as separate document:

[http://www.richmond.gov.uk/pna\\_appendix\\_10.pdf](http://www.richmond.gov.uk/pna_appendix_10.pdf)

# Appendix 11 – Essential services

## Dispensing of prescriptions

### **Service description**

The supply of medicines and appliances ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.

### **Aims and intended outcomes**

To ensure patients receive ordered medicines and appliances safely and appropriately by the pharmacy:

- (i) performing appropriate legal, clinical and accuracy checks
- (ii) having safe systems of operation, in line with clinical governance requirements
- (iii) having systems in place to guarantee the integrity of products supplied
- (iv) maintaining a record of all medicines and appliances supplied which can be used to assist future patient care
- (v) maintaining a record of advice given, and interventions and referrals made, where the pharmacist judges it to be clinically appropriate.

To ensure patients are able to use their medicines and appliances effectively by pharmacy staff:

1. providing information and advice to the patient or carer on the safe use of their medicine or appliance
2. providing when appropriate broader advice to the patient on the medicine, for example its possible side effects and significant interactions with other substances.

## Dispensing of repeatable dispensing

### **Service description**

The management and dispensing of repeatable NHS prescriptions for medicines and appliances in partnership with the patient and the prescriber.



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This service specification covers the requirements additional to those for dispensing, such that the pharmacist ascertains the patient's need for a repeat supply and communicates any clinically significant issues to the prescriber.

### Aims and intended outcomes

- To increase patient choice and convenience, by allowing them to obtain their regular prescribed medicines and appliances directly from a community pharmacy for a period agreed by the prescriber
- To minimise wastage by reducing the number of medicines and appliances dispensed which are not required by the patient
- To reduce the workload of general medical practices, by lowering the burden of managing repeat prescriptions.

## Disposal of unwanted drugs

### Service description

Acceptance by community pharmacies, of unwanted medicines which require safe disposal from households and individuals. NHS England is required to arrange for the collection and disposal of waste medicines from pharmacies.

### Aims and intended outcomes

1. To ensure the public has an easy method of safely disposing of unwanted medicines
2. To reduce the volume of stored unwanted medicines in people's homes by providing a route for disposal thus reducing the risk of accidental poisonings in the home and diversion of medicines to other people not authorised to possess them
3. To reduce the risk of exposing the public to unwanted medicines which have been disposed of by non-secure methods
4. To reduce environmental damage caused by the inappropriate disposal methods for unwanted medicines.

## Promotion of healthy lifestyles

### Service description

The provision of opportunistic healthy lifestyle and public health advice to patients receiving prescriptions who appear to:

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- have diabetes; or
- be at risk of coronary heart disease, especially those with high blood pressure; or
- who smoke; or
- are overweight,

and pro-active participation in national/local campaigns, to promote public health messages to general pharmacy visitors during specific targeted campaign periods

### **Aims and intended outcomes**

- To increase patient and public knowledge and understanding of key healthy lifestyle and public health messages so they are empowered to take actions which will improve their health.
- To target the 'hard to reach' sectors of the population who are not frequently exposed to health promotion activities in other parts of the health or social care sector.

## Signposting

### **Service description**

The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy, but is available from other health and social care providers or support organisations who may be able to assist the person. Where appropriate, this may take the form of a referral.

### **Aims and intended outcomes**

- To inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations
- To enable people to contact and/or access further care and support appropriate to their needs
- To minimise inappropriate use of health and social care services.

## Support for self-care

### **Service description**

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The provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families.

### **Aims and intended outcomes**

- To enhance access and choice for people who wish to care for themselves or their families
- People, including carers, are provided with appropriate advice to help them self-manage a self-limiting or long-term condition, including advice on the selection and use of any appropriate medicines
- People, including carers, are opportunistically provided with health promotion advice when appropriate, in line with the advice provided in essential service – promotion of healthy lifestyles service
- People, including carers, are better able to care for themselves or manage a condition both immediately and in the future, by being more knowledgeable about the treatment options they have, including non-pharmacological ones
- To minimise inappropriate use of health and social care services.

# Appendix 12 – Advanced services

## Medicines use review and prescription intervention service

### Service description

This service includes medicines use reviews undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. A medicines use review is about helping patients use their medicines more effectively.

Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

### Aims and intended outcomes

To improve patient knowledge, concordance and use of medicines by:

- establishing the patient's actual use, understanding and experience of taking their medicines;
- identifying, discussing and assisting in resolving poor or ineffective use of their medicines;
- identifying side effects and drug interactions that may affect patient compliance;
- improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage.

## New medicine service

### Service description

The new medicine service (NMS) is provided to patients who have been prescribed for the first time, a medicine for a specified long term condition, to improve adherence. The NMS involves three stages, recruitment into the service, an intervention about fourteen days later, and a follow up after a further fourteen days.

### Aims and intended outcomes

The underlying purpose of the service is to promote the health and wellbeing of patients who are prescribed a new medicine or medicines for certain long term conditions, in order—

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- (a) as regards the long term condition—
  - (i) to help reduce symptoms and long term complications, and
  - (ii) in particular by intervention post dispensing, to help identification of problems with management of the condition and the need for further information or support; and
- (b) to help the patients—
  - (i) make informed choices about their care,
  - (ii) self-manage their long term conditions,
  - (iii) adhere to agreed treatment programmes, and
  - (iv) make appropriate lifestyle changes.

## Stoma appliance customisation

### Service description

Stoma appliance customisation is the customisation of a quantity of more than one stoma appliance, where:

- the stoma appliance to be customised is listed in Part IXC of the Drug Tariff;
- the customisation involves modification to the same specification of multiple identical parts for use with an appliance; and
- modification is based on the patient's measurement or record of those measurements and if applicable, a template.

### Aims and intended outcomes

The underlying purpose of the service is to:

- ensure the proper use and comfortable fitting of the stoma appliance by a patient; and
- improve the duration of usage of the appliance, thereby reducing wastage of such appliances.

## Appliance use review

### Service description

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An appliance use review (AUR) is about helping patients use their appliances more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment.

### **Aims and intended outcomes**

The underlying purpose of the service is, with the patient's agreement, to improve the patient's knowledge and use of any specified appliance by:

1. establishing the way the patient uses the specified appliance and the patient's experience of such use;
2. identifying, discussing and assisting in the resolution of poor or ineffective use of the specified appliance by the patient;
3. advising the patient on the safe and appropriate storage of the specified appliance;
4. advising the patient on the safe and proper disposal of the specified appliances that are used or unwanted.

# Appendix 13 – Definition of Enhanced Services

- (i) An anticoagulant monitoring service, the underlying purpose of which is for the pharmacy contractor to test the patient's blood clotting time, review the results and adjust (or recommend adjustment to) the anticoagulant dose accordingly.
- (ii) A care home service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to residents and staff in a care home relating to—
- the proper and effective ordering of drugs and appliances for the benefit of residents in the care home,
  - the clinical and cost effective use of drugs,
  - the proper and effective administration of drugs and appliances in the care home,
  - the safe and appropriate storage and handling of drugs and appliances, and
  - the recording of drugs and appliances ordered, handled, administered, stored or disposed of.
- (iii) A disease specific medicines management service, the underlying purpose of which is for a registered pharmacist to advise on, support and monitor the treatment of patients with specified conditions, and where appropriate to refer the patient to another health care professional.
- (iv) A gluten free food supply service, the underlying purpose of which is for the pharmacy contractor to supply gluten free foods to patients.
- (v) An independent prescribing service, the underlying purpose of which is to provide a framework within which pharmacist independent prescribers may act as such under arrangements to provide additional pharmaceutical services with NHS England.
- (vi) A home delivery service, the underlying purpose of which is for the pharmacy contractor to deliver to the patient's home—
- drugs, and
  - appliances other than specified appliances;

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(vii) A language access service, the underlying purpose of which is for a registered pharmacist to provide, either orally or in writing, advice and support to patients in a language understood by them relating to—

- (i) drugs which they are using,
- (ii) their health, and
- (iii) general health matters relevant to them,

and where appropriate referral to another health care professional.

(viii) A medication review service, the underlying purpose of which is for a registered pharmacist—

- (i) to conduct a review of the drugs used by a patient, including on the basis of information and test results included in the patient's care record held by the provider of primary medical services that holds the registered patient list on which the patient is a registered patient, with the objective of considering the continued appropriateness and effectiveness of the drugs for the patient,
- (ii) to advise and support the patient regarding their use of drugs, including encouraging the active participation of the patient in decision making relating to their use of drugs, and
- (iii) where appropriate, to refer the patient to another health care professional.

(ix) A medicines assessment and compliance support service, the underlying purpose of which is for the pharmacy contractor —

- (i) to assess the knowledge of drugs, the use of drugs by and the compliance with drug regimens of vulnerable patients and patients with special needs, and
- (ii) to offer advice, support and assistance to vulnerable patients and patients with special needs regarding the use of drugs, with a view to improving their knowledge and use of the drugs, and their compliance with drug regimens.

(x) A minor ailment scheme, the underlying purpose of which is for the pharmacy contractor to provide advice and support to eligible patients presenting with a minor ailment, and where appropriate to supply drugs to the patient for the treatment of the minor ailment.

(xi) A needle and syringe exchange service, the underlying purpose of which is for a registered pharmacist—

- (i) to provide sterile needles, syringes and associated materials to drug misusers,



## Appendices

- (ii) to receive from drug misusers used needles, syringes and associated materials, and
  - (iii) to offer advice to drug misusers and where appropriate refer them to another health care professional or a specialist drug treatment centre;
- (xii) An on demand availability of specialist drugs service, the underlying purpose of which is for the pharmacy contractor to ensure that patients or health care professionals have prompt access to specialist drugs.
- (xiii) Out of hours services, the underlying purpose of which is for the pharmacy contractor to dispense drugs and appliances in the out of hours period (whether or not for the whole of the out of hours period).
- (xiv) A patient group direction service, the underlying purpose of which is for the pharmacy contractor to supply or administer prescription only medicines to patients under patient group directions.
- (xv) A prescriber support service, the underlying purpose of which is for the pharmacy contractor to support health care professionals who prescribe drugs, and in particular to offer advice on—
- (i) the clinical and cost effective use of drugs,
  - (ii) prescribing policies and guidelines, and
  - (iii) repeat prescribing.
- (xvi) A schools service, the underlying purpose of which is for the pharmacy contractor to provide advice and support to children and staff in schools relating to—
- (i) the clinical and cost effective use of drugs in the school,
  - (ii) the proper and effective administration and use of drugs and appliances in the school,
  - (iii) the safe and appropriate storage and handling of drugs and appliances, and
  - (iv) the recording of drugs and appliances ordered, handled, administered, stored or disposed of.
- (xvii) A screening service, the underlying purpose of which is for a registered pharmacist—
- (i) to identify patients at risk of developing a specified disease or condition,
  - (ii) to offer advice regarding testing for a specified disease or condition,
  - (iii) to carry out such a test with the patient's consent, and
  - (iv) to offer advice following a test and refer to another health care professional as appropriate.

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- (xviii) A stop smoking service, the underlying purpose of which is for the pharmacy contractor —
- (i) to advise and support patients wishing to give up smoking, and
  - (ii) where appropriate, to supply appropriate drugs and aids.
- (xix) A supervised administration service, the underlying purpose of which is for a registered pharmacist to supervise the administration of prescribed medicines at the pharmacy contractor's premises.
- (xx) A supplementary prescribing service, the underlying purpose of which is for a registered pharmacist who—
- (i) is a supplementary prescriber, and
  - (ii) with a doctor or a dentist is party to a clinical management plan,
  - (iii) to implement that plan, with the patient's agreement.

## Appendix 14 – Pharmacies providing MUR advanced services

MAP INDEX	Richmond MUR providers 2013/14	Address of Contractor	Postcode	Locality
3	Superdrug Pharmacy	262 Upper Richmond Road West, East Sheen	SW14 7JE	East Sheen and Barnes
6	Boots the Chemist Ltd	381-383 Upper Richmond Road, East Sheen	SW14 7NX	East Sheen and Barnes
16	Spatetree Pharmacy	113 Sheen Lane, East Sheen	SW14 8AE	East Sheen and Barnes
23	Round the Clock Pharmacy	257 Upper Richmond Road West, East Sheen	SW14 8QS	East Sheen and Barnes
26	Forward Pharmacy Ltd	90 Church Road, Barnes	SW13 0DQ	East Sheen and Barnes
28	Dumlers Pharmacy	495-497 Upper Richmond Road West, East Sheen	SW14 7PU	East Sheen and Barnes
41	Barnes Pharmacy	5 High Street, Barnes	SW13 9LB	East Sheen and Barnes
46	Prime Pharmaceuticals	198 Castelnau, Barnes	SW13 9DW	East Sheen and Barnes
10	Boots the Chemist Ltd	61/64 George Street, Richmond upon Thames	TW9 1HF	Richmond, Ham and Kew
11	Sainsbury's Pharmacy	Lower Richmond Road, Richmond upon Thames	TW9 4LT	Richmond, Ham and Kew
17	Springfield Pharmacy	124 Sheen Road, Richmond upon Thames	TW9 1UR	Richmond, Ham and Kew
19	Pharmacare	12 Back Lane, Ham	TW10 7LF	Richmond, Ham and Kew
24	Kanset Pharmacy	177 Ashburnham Road, Ham	TW10 7NR	Richmond, Ham and Kew
25	Boots the Chemist Ltd	Unit 4, Kew Retail Park, Richmond upon Thames	TW9 4AD	Richmond, Ham and Kew
33	Richmond Pharmacy	82-86 Sheen Road, Richmond upon Thames	TW9 1UF	Richmond, Ham and Kew
40	Nima Malden Ltd	50 Friars Stile Road, Richmond upon Thames	TW10 6NQ	Richmond, Ham and Kew
43	Lloyds Pharmacy	19-21 Station Parade, Kew Gardens	TW9 3PS	Richmond, Ham and Kew
5	JMW Vicary Ltd (Herbert and Shrive)	202 Kingston Road, Teddington	TW11 9JD	Teddington and Hampton

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MAP INDEX	Richmond MUR providers 2013/14	Address of Contractor	Postcode	Locality
12	Boots UK Ltd	28b Priory Road, Hampton	TW12 2NT	Teddington and Hampton
18	Boots UK Ltd	3 Station Approach, Hampton	TW12 2HZ	Teddington and Hampton
21	Kirby Chemist	53 High Street, Teddington	TW11 8HA	Teddington and Hampton
31	K C Pharmacy	23 Broad Street, Teddington	TW11 8QZ	Teddington and Hampton
36	Boots the Chemist Ltd	59 Broad Street, Teddington	TW11 8QZ	Teddington and Hampton
37	Boots UK Ltd	29 Tangle Park Road, Hampton	TW12 3YH	Teddington and Hampton
38	Health on the Hill	62 High Street, Hampton Hill	TW12 1PD	Teddington and Hampton
39	Teddington Pharmacy	113 Stanley Road, Teddington	TW11 8UB	Teddington and Hampton
42	Richpharm (London) Ltd	31-33 Park Road, Teddington	TW11 0AB	Teddington and Hampton
1	Crossroads Pharmacy	334 Staines Road, Twickenham	TW2 5AT	Twickenham and Whitton
2	Boots UK Ltd	658 Hanworth Road, Hounslow	TW4 5NP	Twickenham and Whitton
8	Twickenham Pharmacy	17 Richmond Road, Twickenham	TW1 3AB	Twickenham and Whitton
14	Minal Pharmacy	9 High Street, Whitton	TW2 7LA	Twickenham and Whitton
15	Maple Leaf Pharmacy	20 The Green, Twickenham	TW2 5AB	Twickenham and Whitton
20	Pelgrow Limited (St Margarets Pharmacy)	38 Crown Road, St Margaret's	TW1 3EH	Twickenham and Whitton
22	Rushport Advisory LLP (Whitton Corner Pharmacy)	Percy Road, Twickenham	TW2 6JL	Twickenham and Whitton
29	Day Lewis Pharmacy	1 Cross Deep Court , Twickenham,	TW1 4AG	Twickenham and Whitton
30	Boots the Chemist Ltd	100 High Street, Whitton	TW2 7LN	Twickenham and Whitton
32	Charles Harry Pharmacy	366 Richmond Road, Twickenham	TW1 2DX	Twickenham and Whitton
34	Boots the Chemist Ltd	3-5 King Street, Twickenham	TW1 3SD	Twickenham and Whitton
35	Goode Pharmacy	22 London Road, Twickenham	TW1 3RR	Twickenham and Whitton

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# Appendix 15 – Pharmacies providing Enhanced and Locally Commissioned Services

### East Sheen and Barnes Locality

Map Number	Pharmacy	Address	Locality											
				Alcohol screening	Chlamydia screening	Chlamydia treatment	EHC	Needle ex-change	NHS Health Checks	Stop smoking service	Supervised admin service	Immunisation Services	palliative care medicines	
3	Superdrug Pharmacy	262 Upper Richmond Road West, SW14 7JE	East Sheen and Barnes								✓		✓	
6	Boots the Chem-ist Ltd	381-383 Upper Richmond Road, SW14 7NX	East Sheen and Barnes											✓
16	Spatetree Pharmacy	113 Sheen Lane, East Sheen, SW14 8AE	East Sheen and Barnes								✓			
23	Round The Clock Pharmacy	257 Upper Richmond Road West, East Sheen, SW14 8QS	East Sheen and Barnes		✓						✓			
26	Forward Pharmacy	90 Church Road, Barnes, SW13 0DQ	East Sheen and Barnes								✓		✓	
27	Round The Clock Pharmacy	69 Church Road, Barnes, SW13 9HH	East Sheen and Barnes		✓						✓			
28	Dumler's Pharmacy	495-497 Upper Richmond Road West, East	East Sheen and Barnes								✓			

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Map Number	Pharmacy	Address	Locality	Alcohol screening	Chlamydia screening	Chlamydia treatment	EHC	Needle exchange	NHS Health Checks	Stop smoking service	Supervised admin service	Immunisation Services	palliative care medicines
		Sheen, SW14 7PU											
41	Barnes Pharmacy	5 High Street, Barnes, SW13 9LB	East Sheen and Barnes										
46	Prime Pharmacy	198 Castelnau, Barnes, SW13 9DW	East Sheen and Barnes							✓			

## Richmond, Ham and Kew Locality

Map Number	Pharmacy	Address	Locality	Alcohol screening	Chlamydia screening	Chlamydia treatment	EHC	Needle exchange	NHS Health Checks	Stop smoking service	Supervised admin service	Immunisation Services	palliative care medicines
4	Kew Pharmacy	3 Station Parade, Kew Gardens, TW9 3PS	Richmond, Ham and Kew							✓		✓	
10	Boots	61/64 George Street, TW9 1HF	Richmond, Ham and Kew							✓			
11	Sainsbury's Pharmacy	Lower Richmond Road, Richmond TW9 4LT	Richmond, Ham and Kew							✓			

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Map Number	Pharmacy	Address	Locality	Alcohol screening	Chlamydia screening	Chlamydia treatment	EHC	Needle exchange	NHS Health Checks	Stop smoking service	Supervised admin service	Immunisation Services	palliative care medicines
13	Richmond Pharmacy	213 Lower Mortlake Road, Richmond TW9 2LN	Richmond, Ham and Kew							✓			
17	Springfield Pharmacy	124 Sheen Road, Richmond TW9 1UR	Richmond, Ham and Kew						✓	✓		✓	
19	Pharmacare	Back Lane, Ham, Richmond TW10 7LF	Richmond, Ham and Kew						✓	✓		✓	
24	Kanset Pharmacy	177 Ashburnham Road, Ham, TW10 7NR	Richmond, Ham and Kew	✓	✓	✓	✓	✓	✓	✓	✓	✓	
25	Boots	Unit 4, Kew Retail Park, Richmond TW9 4AD	Richmond, Ham and Kew							✓		✓	
33	Richmond Pharmacy	82-86 Sheen Road, Richmond TW9 1UF	Richmond, Ham and Kew		✓	✓	✓	✓	✓			✓	
40	Nima Malden Ltd	50 Friars Stile Road, Richmond Surrey TW10 6NQ	Richmond, Ham and Kew										
43	Lloydspharmacy	19-21 Station Parade, Kew Gardens, TW9 3PS	Richmond, Ham and Kew					✓		✓	✓	✓	

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### Teddington and Hampton Locality

Map Number	Pharmacy	Address	Locality	Alcohol screening	Chlamydia screening	Chlamydia treatment	EHC	Needle exchange	NHS Health Checks	Stop smoking service	Supervised admin service	Immunisation Services	palliative care medicines
5	Herbert & Shrive	202 Kingston Road, TW11 9JD	Teddington and Hampton							✓		✓	
7	Hampton Hill Pharmacy	173b High Street, Hampton TW12 1NL	Teddington and Hampton							✓			
12	Boots (Your Local Boots Pharmacy)	28b Priory Road, Hampton, TW12 2NT	Teddington and Hampton							✓			
18	Boots (Your Local Boots Pharmacy)	3 Station Approach, Hampton, TW12 2HZ	Teddington and Hampton							✓			
21	Kirby Chemist	53 High Street, Teddington, TW11 8HA	Teddington and Hampton							✓		✓	
31	KC Pharmacy	23 Broad Street, Teddington, TW11 8QZ	Teddington and Hampton							✓			
36	Boots	59 Broad Street, Teddington, TW11 8QZ	Teddington and Hampton		✓					✓		✓	
37	Boots (Your Local Boots Pharmacy)	29 Tangle Park Road, Hampton, TW12 3YH	Teddington and Hampton		✓					✓		✓	



## Appendices

Map Number	Pharmacy	Address	Locality	Alcohol screening	Chlamydia screening	Chlamydia treatment	EHC	Needle exchange	NHS Health Checks	Stop smoking service	Supervised admin service	Immunisation Services	palliative care medicines
38	Health On The Hill	62 High Street, Hampton Hill, TW12 1PD	Teddington and Hampton					✓	✓	✓	✓	✓	
39	Teddington Pharmacy	113 Stanley Road, Teddington, TW11 8UB	Teddington and Hampton							✓		✓	
42	Medco Pharmacy	31-33 Park Road, Teddington, TW11 0AB	Teddington and Hampton							✓		✓	
44	Lloydspharmacy	Teddington Memorial Hospital, 60 Hampton Road, TW11 0JL	Teddington and Hampton	✓	✓	✓			✓	✓			✓

## Twickenham and Whitton Locality

Map Number	Pharmacy	Address	Locality	Alcohol screening	Chlamydia screening	Chlamydia treatment	EHC	Needle exchange	NHS Health Checks	Stop smoking service	Supervised admin service	Immunisation Services	palliative care medicines
1	Crossroads Pharmacy	334 Staines Road, TW2 5AT	Twickenham and Whitton		✓			✓		✓	✓		

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Map Number	Pharmacy	Address	Locality	Alcohol screening	Chlamydia screening	Chlamydia treatment	EHC	Needle exchange	NHS Health Checks	Stop smoking service	Supervised admin service	Immunisation Services	palliative care medicines
2	Boots	658 Hanworth Road, TW4 5NP	Twickenham and Whitton		✓	✓	✓			✓			
8	Twickenham Pharmacy	17 Richmond Road, TW1 3AB	Twickenham and Whitton		✓					✓		✓	
9	Herman Pharmacy	133 Percy Road, Whitton, TW2 6HT	Twickenham and Whitton							✓			
14	Minal Pharmacy	9 High Street, Whitton, TW2 7LA	Twickenham and Whitton		✓			✓	✓	✓	✓	✓	
15	Maple Leaf Pharmacy	20 The Green, Twickenham TW2 5AB	Twickenham and Whitton							✓			
20	St Margaret's Pharmacy	38 Crown Road, St Margaret's, TW1 3EH	Twickenham and Whitton							✓			
22	Whitton Corner Pharmacy	Whitton Community Centre, Percy Road, W2 6JL	Twickenham and Whitton		✓	✓	✓			✓		✓	
29	Day Lewis	1 Cross Deep Court, Heath Road, TW1 4AG	Twickenham and Whitton		✓	✓	✓			✓		✓	
30	Boots	100 High Street, Whitton, TW2 7LN	Twickenham and Whitton							✓		✓	
32	Charles Harry Pharmacy	366 Richmond Road, Twickenham, TW1	Twickenham and Whitton							✓			

## Appendices

Map Number	Pharmacy	Address	Locality	Alcohol screening	Chlamydia screening	Chlamydia treatment	EHC	Needle exchange	NHS Health Checks	Stop smoking service	Supervised admin service	Immunisation Services	palliative care medicines
		2DX											
34	Boots	3-5 King Street, Twickenham, TW1 3SD	Twickenham and Whitton		✓					✓		✓	
35	C Goode Pharmacy	22 London Road, Twickenham, TW1 3RR	Twickenham and Whitton	✓	✓	✓	✓	✓	✓	✓	✓	✓	
45	Strawberry Hill Pharmacy	3 Wellesley Parade, Strawberry Hill, TW2 5SQ	Twickenham and Whitton		✓					✓			

## Appendix 16 – Pharmacy services that support Richmond HWB health and wellbeing priorities

Community Pharmacy Service	Which of the Richmond’s identified priorities will this impact? Refer to Section 5.0, for these	Comments/Examples
<b>Essential services</b>		
Dispensing medicines or appliances	A2, A3, P1, P2, P3, HWB3 and HWB4	<p>Explanation of medicines prescribed at the time of dispensing can increase the understanding of why and how medicines should be taken. This should lead to a more informed medicine user and reduce adverse effects causing unnecessary hospital admissions or presentations to urgent care</p> <p>EXAMPLE: Pharmacies could be asked to target patients who come into the pharmacy with a prescription relating to coronary disease and ask about their smoking habits. This could bring about a referral into the stop smoking service if a patient was a smoker who was contemplating stopping.</p>
Repeat dispensing	A1, A2, P4, HWB2, HWB3 and HWB4	<p>Patients who use a repeat dispensing service use less GP staff time and appointments whilst ordering their medication. This leaves GPs, and their staff, more free time to help the people who have more severe health needs and therefore more health services could be identified to remain in the community.</p> <p>Checking how patients use their prescribed medication can avert incidences arising from inappropriate use. Patients with long-term conditions (LTC) are managed and supported more appropriately.</p> <p>EXAMPLE: Patients with an increased use of their analgesics could be identified by patients returning for repeats early than anticipated. Increase use could be a sign of a reduction in the patient’s quality of life or could lead to excessive symptoms of depression due to poor pain control.</p>

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Community Pharmacy Service	Which of the Richmond's identified priorities will this impact? Refer to Section 5.0, for these	Comments/Examples
Disposal of unwanted medicines	A2, A3 and A4	Again this is another area where pharmacy staff have the opportunity to identify patients who have not taken the medicines they were prescribed. This can initiate a discussion and problems such as side effects or dosage regimes can be addressed to help improve the patients' health outcomes. When controlled systems of disposal are used, it can also help the pharmacist to identify other issues such as non-compliance or excessive prescribing. CCGs would be interested in knowing whether issued medicines are not being used correctly. A significant amount of wasted NHS resource is attributed to medications being used incorrectly or not at all.
Public health (Promotion of healthy lifestyles - 6 campaigns to be promoted as designated by NHS England.)	A1, A2, A3, A4, P1, P2, P3, HWB2 and HWB3	Using these campaigns to promote messages that will reinforce wider campaigns to improve health in the locality and are a useful tool to engage the public in meaningful discussions about preventing illness and staying well.  EXAMPLE: An oral health campaign can be used to target awareness of tooth decay in children aged 5
Signposting	A1, A2, A3, A4, P2, P3, HWB1, HWB2, HWB3 and HWB4	Pharmacists are a community hub and as such are in an ideal and convenient position to signpost patients to specific services they require. Pharmacists can deliver an invaluable signposting service that can be used to direct patients and help achieve the HWB strategic outcomes.  EXAMPLE: Pharmacists could direct nursing mothers to their local support services if they are having difficulties.
Support for self-care	A1, A2, A3, P1, P2, P4, HWB1, HWB2, HWB3 and HWB4	EXAMPLE: If patients used pharmacies for advice on a more frequent basis this would free other health care settings, which they might otherwise have accessed. Such as accident & emergency (A&E) or GP practices. This would free resources including money to be redirected into patient care thereby further enhancing the population's health outcomes.

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Community Pharmacy Service	Which of the Richmond's identified priorities will this impact? Refer to Section 5.0, for these	Comments/Examples
<b>Advanced services</b>		
Medicines use review (MURs)	A2, A3, A4, P1, P2, P4, HWB2, HWB3 and HWB4	<p>EXAMPLE:</p> <ol style="list-style-type: none"> <li>1 Patients taking high risk medicines;</li> <li>2 Patients recently discharged from hospital who had changes made to their medicines while they were in hospital. Ideally patients discharged from hospital with receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge and;</li> <li>3 Patients with respiratory disease.</li> </ol>
New medicines service (NMS)	A2, A3, A4, P1, P2, P4, HWB2, HWB3 and HWB4	<p>The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.</p> <p>EXAMPLE: when a person is discharged from hospital they may have had their medication regime altered and a new medicine added. Patients who have been ill sometimes do not realise they should stop a certain medicine. This could lead to the person taking two medicines that interact and they could return to hospital for treatment.</p> <p>A NMS aims to stop these problems before they occur by helping the patient to understand why certain medicine have been stopped or started.</p>
Appliance use review (AUR)	A3, P4 and HWB4	AURs should improve the patient's knowledge and use of any 'specified appliance'
Stoma appliance customisation (SAC)	A2, P4 and A3	<p>The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.</p> <p>EXAMPLE: if a patient is able to manage their stoma products themselves they are less likely to need costly, intensive nursing and also less likely to be admitted to a residential or nursing home.</p>

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Community Pharmacy Service	Which of the Richmond's identified priorities will this impact? Refer to Section 5.0, for these	Comments/Examples
<b>NHS England – Enhanced services</b>		
Immunisations	A1, A2, A3, P1, P2, P4, HWB3 and HWB4	The aim of the service is to assist in the delivery of a range of immunisations (Pertussis in pregnancy, Shingles immunisation programme, Pneumococcal immunisation programme and Seasonal Flu immunisation for at risk groups) to help protect the population of Richmond.
<b>LA – Locally commissioned services</b>		
Immunisations	A1, A2, A3, P1, P2, P4, HWB3 and HWB4	The aim of the service is to assist in the delivery of a range of immunisations (Pertussis in pregnancy, Shingles immunisation programme, Pneumococcal immunisation programme and Seasonal Flu immunisation for at risk groups) to help protect the population of Richmond.
Emergency hormonal contraception (EHC)	A3, A4, P2, P3 and HWB4	EXAMPLE: if a patient has unprotected sexual intercourse and requires EHC or advice over a weekend when their GP surgery and many of the health clinics are closed then pharmacy locations are the ideal place to receive treatment especially during out of hours. If patients were unable to get EHC promptly they may decide to go to A&E, which would be an inappropriate use of NHS funding.
Chlamydia testing and chlamydia treatment	A3, A4, P2, P3 and HWB4	EXAMPLE: If patients used pharmacies for their confidential chlamydia testing and treatment on a more frequent basis this would free other health care settings, which they might of, otherwise have accessed. Such as A&E or GP practices. This would free resources including money to be redirected into patient care thereby further enhancing the population's health outcomes.
Supervised methadone/buprenorphine	A3, A4, P2 and HWB2	EXAMPLE: Supervision of medicine use for some individuals leads to a more stable routine and reduction in street drug misuse.

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Community Pharmacy Service	Which of the Richmond's identified priorities will this impact? Refer to Section 5.0, for these	Comments/Examples
Needle exchange	A4, P2, P3 and HWB2	Needle exchange is a harm reduction programme designed to stop the spread of disease via needles sharing between drug users. The pharmacies are also asked to take the opportunity to talk to their clients about reduction of self-harm and health benefits resulting from this. Also promoting other services, which would be beneficial to the drug users.
Alcohol screening	A3, A4, P1, P2 and P3	Pharmacies screen patients for alcohol dependence using a screening tool called AUDIT-C which consists of three questions. Screening will apply to all patients who are aged 16 or over who live in Richmond or who are registered with a Richmond. If a patient is identified as positive score 5 and above, the remaining questions of the ten question AUDIT questionnaire are used to determine low, increasing, high or dependent patterns of drinking.
NHS Health Checks	A3, A4, P1, P2 and P3	This is a national screening programme introduced to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 years, who has not already been diagnosed with one of these conditions or have certain risk factors, is eligible to have a check (once every five years) to assess their risk of cardiovascular disease. All people identified with a medium or high risk are given support and advice to help them manage their risk.
Smoking cessation	A3, A4, P1, P2 and P3	Pharmacist promotion of stop smoking service gives clients access to this service at a time convenient for them and reduces their need to access GP appointments for repeat prescriptions.
<b>CCG – Locally commissioned services</b>		
OOH palliative care medicines service	A2,A3, P4, HWB3 and HWB4	Pharmacies maintain an agreed list of medicines used in palliative care. This ensures prompt access to advice and dispensing of medicines, particularly in the out of hours period.



## Appendix 17 – Equality impact and needs analysis

<b>Directorate:</b>	ACS
<b>Service Area:</b>	Public Health
<b>Name of service/ function/ policy/ being assessed:</b>	Pharmaceutical Needs Assessment
<b>Officer leading on assessment:</b>	Primary Care Commissioning
<b>Other staff involved:</b>	Anna Raleigh, Consultant in Public Health Steven Bow, Public Health Epidemiologist and Statistician

### **SUMMARY OF THE KEY FINDINGS**

**Set out the key findings from the equality impact needs analysis of the service/ function/ policy. Key questions to consider when completing this section:**

**The aims and scope of the PNA are defined by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA aims to review existing provision of pharmaceutical services in Richmond and ensure that services are accessible by all persons irrespective of any protected characteristic or other differential factor such as for example, socio-economic status; residential status/transience; criminal or law abiding behaviour, substance use/misuse.**

**The PNA takes account of health inequalities and that some population groups may have greater needs than others (including non-health specific needs such as access to information and communication). Any differential impact arising from the PNA will be in relation to tackling these inequalities. The PNA is informing the market to determine if services could be improved.**

**The PNA is expected to have a positive impact on protected groups as it seeks to highlight service gaps and encourage better provision of pharmaceutical services. It is unlikely to have a high differential impact on any particular protected characteristic.**

### **Briefly describe the service/ function/ policy:**

#### **Pharmaceutical Needs Assessment (PNA) for Richmond.**

The Health and Social Care Act 2012 transferred responsibility for the development and updating of PNAs to Health and Wellbeing Boards (HWBs).

The PNA uses the Joint Strategic Needs Assessment (JSNA) and other Board approved documents to identify the local health priorities. It looks at current demographics and future trends and developments which may impact on the health of the local population. The PNA looks at issues that may affect it across the 3 years it could be valid for.

The PNA also identifies where pharmaceutical services are currently used to address these priorities and where changes may be required to fill any current identified gaps or to address possible future health needs.

The PNA is a tool which will be used to inform commissioners of the current provision of pharmaceutical services and where there are any gaps, in relation to the local health priorities, which could be addressed by improving services or access to services in the area. The commissioners who would find it most useful are Clinical Commissioning Groups (CCGs), Local Authority Public Health and NHS England.

The PNA is of particular importance to NHS England which, since 1<sup>st</sup> April 2013, has been identified in the Health and Social Care Act 2012 as responsible for maintaining pharmaceutical lists. The PNA is a key document in making decisions with regards to applications made under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Pharmaceutical contractors were surveyed to verify information held by NHS England on their opening hours and the scope of services they currently provide.

A public survey was also undertaken, the findings of which are reflected in the PNA.

In addition, three specific focus groups were engaged via smaller engagement events to assess their views of pharmaceutical services across the borough:

- a. Families
- b. Older people
- c. Substance misusers

From 22<sup>nd</sup> October 2014 to 24<sup>th</sup> December 2014, a 60 day public consultation on the draft PNA was conducted, from which feedback was assessed and included as appropriate.

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### Why is the equality impact and needs analysis being undertaken?

The PNA reviews existing pharmaceutical service provision and assesses current and potential needs, identifying service gaps and opportunities for future provision across Richmond.

As such it is a key tool to be used by commissioners to make decisions about future services.

### Has this service/ function/ policy undertaken a screening for relevance?

Screening has not been undertaken, therefore this EINA assesses all protected characteristics.

### What sources of information have been used in the preparation of this equality impact and needs analysis?

<i>Information source</i>	<i>Description and outline of the information source</i>
London Borough of Richmond upon Thames' Joint Health and Wellbeing Strategy Strategic Needs Assessment <a href="http://www.richmond.gov.uk/jsna">http://www.richmond.gov.uk/jsna</a>	The JSNA is an assessment of the health and well-being needs of the population of Richmond upon Thames. Richmond's JSNA is made up of a number of needs assessments for different groups of the population, each being updated on a regular basis.
London Borough of Richmond upon Thames' Joint Health and Wellbeing Strategy. <a href="http://www.richmond.gov.uk/draft_health_and_wellbeing_board_strategy_13_16.pdf">http://www.richmond.gov.uk/draft_health_and_wellbeing_board_strategy_13_16.pdf</a>	The Joint Health and Wellbeing Strategy sets out Richmond's vision for improving the health and wellbeing of local people.
Knowing Our Communities Borough Demographics: January 2014 Equality Analysis	Designed to assist commissioners, providers and staff to understand the different, and sometimes similar needs of the diverse groups within the borough of Richmond, de-

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<i>Information source</i>	<i>Description and outline of the information source</i>
<a href="http://www.datarich.info/equality-and-diversity">http://www.datarich.info/equality-and-diversity</a>	signed to provide a starting point for a range of information.
PNA public questionnaire	<p>Survey of Richmond residents' views and experiences of pharmaceutical services in the borough. Included questions about what services the public were aware of, how they access services and what services they would like to see provided by community pharmacies.</p> <p>11% of responses came from people from BME groups and 47% of responses came from people who had a long-term illness, health problem or disability. A high proportion of responses were from females (68%) and older people (52% aged 65 and over).</p>
PNA focus groups	<p>Three focus groups conducted with families with young children, older people and substance misusers. Included questions about what services the public were aware of, how they access services and what services they would like to see provided by community pharmacies.</p> <p>Details of the composition of the groups (beyond the defined characteristics) is not known, however these groups by design were not meant to be representative samples, but to ensure that these groups of "seldom heard voices" were given input into the PNA.</p>
PNA pharmacy contractor survey	Enquired from the pharmacy providers what services their pharmacy offered, when they were open, and included questions related to customer access, including facilities for the disabled and the provision of targeted services, languages spoken by staff.

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### ANALYSING IMPACT, NEEDS AND EFFECTS

#### **Key questions to consider:**

- *What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the service/ function/ policy on the protected characteristic groups, where assessed as relevant to area being examined?*
- *Important to understand levels of disadvantage experienced by groups, different needs people have.*
- *Are there any barriers to accessing services for any groups ?*
- *How well are diverse needs understood and met ?*
- *Do differences in service take up, user feedback or satisfaction levels indicate that it is not accessible to certain protected groups, or does not meet their needs?*
- *Are there population changes that might indicate new needs?*
- *Have the needs of disabled people been identified and addressed where these are different from the needs of non-disabled people ?*
- *Is there any other evidence of differential impact or different outcomes which need to be addressed ?*
- *Are there any opportunities to promote equality or improve participation by diverse groups ?*
- *Have you identified any need to tackle prejudice or promote understanding between different groups ?*

Information pertaining to protected characteristics is considered specifically in the PNA, in section 4 (Context in Richmond) in general and section 4.5 (Population characteristics health needs) in particular.

<b>Protected Group</b>	<b>Findings</b>
Age	Age has an influence on which medicine and method of delivery is prescribed.  52.5% of respondents to the PNA patient survey were aged 65 and over. 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 aging process affecting the body's capacity to metabolise and eliminate

<i>Protected Group</i>	<i>Findings</i>
	<p>medicines from it.</p> <p>Community pharmacies can support people to live independently by supporting optimisation of the 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.</p> <p>Supporting independence by offering:</p> <ul style="list-style-type: none"> <li>• Re-ablement services following discharge from hospital</li> <li>• Falls assessments</li> <li>• Supply of daily living aids</li> <li>• Identifying emerging problems with people's health</li> <li>• Signposting to additional support and resources</li> </ul> <p>Younger people, similarly, have different abilities to metabolise and eliminate medicines from their bodies. Only 2.5% of respondents to the PNA patient survey were 25 years of age and under, however a focus group was conducted with parents with young children.</p> <p>Advice can be given to parents on the optimal way to use the medicine or appliance and provide explanations on the variety of ways available to deliver medicines.</p> <p>Pharmacy staff provide broader advice when appropriate to the patient or carer on the medicine, for example, its possible side effects and significant interactions with other substances.</p> <p>The safe use of medicines for children and older people is one where pharmacies play an essential role.</p>
Disability	<p>Issues around access to pharmacy services and types of services provided were asked in the public survey. 46.9% of respondents described themselves as having long term illness, health problems or disability. Issues raised are discussed within the document and outcomes relating to these can be identified and discussed by the HWB. The survey is published alongside the PNA.</p> <p>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</p>

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<i>Protected Group</i>	<i>Findings</i>
	<p>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.</p> <p>Each pharmacy should have a robust system for assessment and auxiliary aid supply that adheres to clinical governance principles.</p>
Gender (Sex)	<p>Responses to the survey were split as 28.1% male and 67.5% female, with 4.4% non-committal. Some of the services discussed are solely directed to addressing female conception issues which may be reflected in the response ratio across the genders. Also, more women are visiting the pharmacy possibly due to caring responsibilities for older and younger relatives.</p> <p>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.</p> <p>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.</p> <p>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 service.</p>
Gender reassignment	<p>It is reported the transgender community experience disproportionate levels of discrimination, harassment and abuse.</p> <p>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.</p> <p>Research and analyses suggest that untreated gender dysphoria can severely affect the person's health and quality of life and can result in:</p> <ul style="list-style-type: none"> <li>• Higher levels of depression, self-harm, and consideration or attempt of suicide.</li> <li>• Higher rates of drug and alcohol abuse.</li> </ul>

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<i>Protected Group</i>	<i>Findings</i>
	<p>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.</p>
<p>*Marriage and civil partnership  (*only in relation to first part of the duty: eliminate discrimination and harassment)</p>	<p>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.</p> <p>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.</p>
<p>Pregnancy and maternity</p>	<p>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.</p>
<p>Race/ethnicity</p>	<p>Black and minority ethnic (BME) groups generally have worse health than the overall population, although some BME groups fare much worse than others, and patterns vary from one health condition to the next. 76.3% of respondents to the PNA patient survey described themselves as 'White British', with 8.8% as 'White Other', 9.4% as 'Asian/Asian British' and 1.3% as mixed or multiple ethnicity. 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.</p> <p>There are opportunities to access translation and interpreting 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 service.</p>
<p>Religion and belief including non-belief</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• Practices around births and deaths.</li> <li>• Diet &amp; food preparation.</li> </ul>



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Protected Group	Findings
	<ul style="list-style-type: none"> <li>• Family planning and abortion.</li> <li>• Modesty of dress.</li> <li>• Same sex clinical staff.</li> <li>• Festivals and holidays.</li> <li>• Medical ethics considerations in accepting some treatments and end of life care.</li> <li>• Pharmaceuticals, vaccines, and other medical supplies.</li> </ul> <p>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.</p> <p>Pharmacies can provide advice to specific religious groups on medicines derived from animal sources and during periods of fasting.</p>
Sexual orientation	<p>Research suggests that the LGBT population may be exposed to particular patterns of health risks, for instance:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Gay and bisexual men are more likely to attempt suicide, suffer domestic abuse, smoke, misuse alcohol and drugs, and engage in risky sexual behaviours.</li> <li>• Gay and bisexual men are at substantially higher risk of sexually transmitted diseases (STDs) including HIV/AIDS. While Richmond has one of the lowest rates of new HIV infections in the capital (14 new cases in 2011), there has been an increase of 37% in the number of residents living with HIV between 2007 and 2011.</li> <li>• In 2011, 92 men who have sex with men who were residents of the borough were accessing specialist HIV care.</li> <li>• In 2011, prevalence of diagnosed HIV is 41st out of 151 PCTs in England but 50% of cases are diagnosed late</li> </ul> <p>Pharmacies can help to raise awareness of these emerging issues and can provide advice to members of the LGBT community in relation to healthy lifestyle choices e.g. safe drinking levels, interactions and side effects of recreational drugs.</p>

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### **Have you identified any data gaps in relation to the relevant protected characteristics and relevant parts of the duty?**

<i>Gaps in data</i>	<i>Action to deal with this</i>
None identified	

### **CONSULTATION ON THE KEY FINDINGS**

**What consultation have you undertaken with stakeholders or critical friends about the key findings? What feedback did you receive as part of the consultation?**

The EINA was included within the draft PNA.

The draft PNA was published for public consultation for 60 days from 22<sup>nd</sup> October to 24<sup>th</sup> December 2014.

The HWB concluded that the vast majority of the responses were supportive of the draft PNA and the comments offered provided no reason to alter the conclusions for the final published PNA, albeit minor amendments were made.

### **ACTION PLANNING**

**What issues have you identified that require equality actions? What are these actions, who will be responsible for them and when will they be completed?**

<b>Issue identified</b>	<b>Planned action</b>	<b>Lead officer</b>	<b>Completion Date</b>
None identified			

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### **MONITORING AND REVIEW**

**How will the actions in the action plan be monitored and reviewed? For example, any equality actions identified should be added to business, service or team plans and performance managed.**

HWBs will be required to publish a revised PNA within three years of publication of their first assessment.

HWBs are also required to publish a revised assessment as soon as is reasonably practical should they identify significant changes to the availability of pharmaceutical services since the publication of the relevant current PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes.

As a core part of the PNA, the EINA will also require review.

### **PUBLISHING THE COMPLETED ANALYSIS**

**When completed, the equality impact and needs analysis should be approved by a member of DMT and published on the Council's website. Please provide details below:**

<b>Approved by</b>	DEB
<b>Date of approval</b>	11/03/2015
<b>Date of publication</b>	To be confirmed

### **DECISION-MAKING PROCESS**

**Has a copy of this EINA or summary of key findings been provided to key decision-makers, where relevant, to help inform decision making, for example as an appendix to a Cabinet or Committee report or report for DMT or Exec Board?**

The PNA, containing this EINA as an appendix, is required to be authorised by the Health and Wellbeing Board.

## Appendix 18 – Consultation report

### Introduction

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the Health and Wellbeing Board (HWB) area are accurately reflected in the final PNA document, which is to be published by 1<sup>st</sup> April 2015. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

### Consultation Process

In order to complete this process the HWB has consulted with those parties identified under Regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services Regulations) 2013, to establish if the draft PNA addresses issues that they considered relevant to the provision of pharmaceutical services. Examples of consulted parties include: NHS England, the LPC; LMC; Healthwatch; NHS Trusts, neighbouring HWB areas and those on the pharmaceutical lists.

In addition, other local stakeholders were invited to consult on the draft. These included commissioners such as local CCGs and patient groups

Each consultee was contacted via a letter explaining the purpose of the PNA and that as a statutory party; the HWB welcomed their opinion on whether they agreed with the content of the proposed draft. They were directed to the Richmond Upon Thames Council website to access the document and accompanying appendixes, and offered the option of a hard copy if they wanted one.

Consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online, via a link or alternatively email, post or paper copy. The questions derived were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from 22<sup>nd</sup> October 2014 until 24<sup>th</sup> December 2014.

### Results

The consultation received 12 responses in total. This includes the 7 responses provided using the online facility, identifying themselves as the following:

Answer Options	Response Percent	Response Count
<b>On behalf of a pharmacy / dispensing appliance contractor / dispensing doctor</b>	42.9%	3
<b>On behalf of an organisation *</b>	28.6%	2
<b>A personal response</b>	28.6%	2
<i>answered question</i>		<b>7</b>

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*\*Hounslow and Richmond Community Healthcare NHS Trust and Kingston Health and Wellbeing Board.*

While the other five of the seven respondents provided no further personal information, two provided the following information:

- They are both female.
- One considered them self to have a disability, the other not.
- They are both aged between 45 and 54.
- They both describe themselves as White or White British.

This report outlines the considerations and responses to the consultation. It should be noted that participants in the consultation were not required to complete every question. As a result percentages are derived from the number of responses to the questions rather than the number of overall respondents.

### Summary of Online Questions, Responses and HWB Considerations

In asking “**Have the purpose and scope of the PNA been explained sufficiently**”, the HWB were pleased to note the majority of respondents replied positively, as shown below:

Answer Options	Response Percent	Response Count
<b>Yes</b>	85.7%	6
<b>No</b>	14.3%	1
<b>If no, please let us know why.</b>		1
		<i>answered question</i>
		<b>7</b>

Comment:	HWB response
<b>Not in layman's language.</b>	The HWB note this comment and the document has been edited to improve the flow and readability.

In asking “**Does the PNA reflect the current provision of pharmaceutical services within Richmond**”, the HWB noted the majority (71.43%) of the respondents agreed the needs of the population were addressed however two comments were received and considered by the HWB, as shown below:

Answer Options	Response Percent	Response Count
<b>Yes</b>	71.4%	5
<b>No</b>	28.6%	2
<b>If no, please let us know why.</b>		2
		<i>answered question</i>
		<b>7</b>

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Comment:	HWB response
<b>It doesn't state (I don't think) clearly enough that a large proportion of pharmacies would be willing to provide (as any 'Any Willing Provider') virtually any conceivable service offered via national or local CCG/LBRuT commissioning.</b>	The responses to the Contractor Questionnaire, under taken pre-consultation, show an expressed willingness by many pharmacies to provide the majority of services. The HWB note this comment does not detract from the draft PNA conclusions.
<b>The pharmaceutical needs of the patients attending Teddington Memorial Hospital have not yet been considered</b>	The HWB understand the position is that the current LPS contract at TMH has been extended beyond the publication date of this PNA. An additional statement has been included in section 6.1.3.

In asking “**Are there any gaps in service provision; i.e. when, where and which services are available that have not been identified in the PNA**”, the HWB noted the majority (71.43%) of the respondents agreed there were no gaps in the provision of pharmaceutical services. However two comments was received and considered by the HWB, as shown below:

Answer Options	Response Percent	Response Count
<b>No</b>	71.4%	5
<b>Yes</b>	28.6%	2
<b>If yes, please let us know why.</b>		2
<i>answered question</i>		<b>7</b>

Comment:	HWB response
<b>No chemist/pharmacy in Hampton Wick.</b>	The locality containing Hampton Wick has been analysed with regards to the provision of pharmaceutical services and elsewhere and no gap has been identified.
<b>The full impact of the potential changes to the pharmacy contractor based in Teddington Memorial Hospital has not yet been adequately assessed. It is essential that this considered as part of the PNA. This is particularly with regard current services provided from Teddington including a very new GP out of hours service as well as the Walk In Centre, Inpatient Units and Outpatients. Patients need timely access to medicines and advice. Delays could affect their health, potentially resulting in admissions or longer lengths of stay as well as increased risk to patient safety from limited (or no) on-site pharmaceutical advice. Other NHS staff on site</b>	The HWB understand the position is that the current LPS contract at TMH has been extended beyond the publication date of this PNA. An additional statement has been included in section 6.1.3.

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Comment:	HWB response
<b>will also be affected by delays and communication issues if services are not retained on site as well as additional inconvenience to patients.</b>	

In asking “**Does the draft PNA reflect the needs of the Richmond population?**”, the HWB noted the majority of the respondents’ positive confirmation however, one positive comment and three less so were received and considered by the HWB, as shown below:

Answer Options	Response Percent	Response Count
<b>Yes</b>	71.4%	5
<b>No</b>	28.6%	2
<b>If no, please let us know why.</b>		2
		<i>answered question</i>
		<b>7</b>

Comment:	HWB response
<b>Hampton Wick no provision</b>	The locality containing Hampton Wick has been analysed with regards to the provision of pharmaceutical services and elsewhere and no gap has been identified.
<b>The pharmaceutical needs of the patients attending Teddington Memorial Hospital have not yet been considered.</b>	The HWB understand the position is that the current LPS contract at TMH has been extended beyond the publication date of this PNA. An additional statement has been included in section section 6.1.3.

In asking “**Has the PNA provided enough information to inform future service commissioning and pharmacy dispensing appliance contractors service provision and plans?**”, the HWB noted the majority of the respondents’ positive confirmation however, one positive comment and three less so were received and considered by the HWB, as shown below:

Answer Options	Response Percent	Response Count
<b>Yes</b>	57.4%	4
<b>No</b>	42.6%	3
<b>If no, please let us know why.</b>		4
		<i>answered question</i>
		<b>7</b>

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Comment:	HWB response
<b>Not insofar there conceivably are innovative services that could be commissioned and planned that are not mentioned in the draft PNA, and some may argue should be commissioned.</b>	The HWB note this singular comment does not identify particular pharmaceutical services or where there may be a gap.
<b>not in layman's language</b>	The HWB note this comment and the document has been edited to improve the flow and readability.
<b>The pharmaceutical needs of the patients attending Teddington Memorial Hospital have not yet been considered.</b>	The HWB understand the position is that the current LPS contract at TMH has been extended beyond the publication date of this PNA. An additional statement has been included in section section 6.1.3.
<b>Sufficient information for the 3 year period covered by the PNA.</b>	The HWB were pleased to note this positive comment.

In asking “**Do you agree with the conclusions of the PNA**”, the HWB appreciated the majority respondents’ positive confirmation, as shown below:

Answer Options	Response Percent	Response Count
<b>Yes</b>	71.4%	5
<b>No</b>	28.6%	2
<b>If no, please let us know why.</b>		2
		<i>answered question</i>
		<b>7</b>

Comment:	HWB response
<b>You forgot Hampton Wick, again.</b>	The locality containing Hampton Wick has been analysed with regards to the provision of pharmaceutical services and elsewhere and no gap has been identified.
<b>The pharmaceutical needs of the patients attending Teddington Memorial Hospital have not yet been considered</b>	The HWB understand the position is that the current LPS contract at TMH has been extended beyond the publication date of this PNA.

In asking “**Do you have any other comments?**”, only two comments were received and considered by the HWB however these were not relevant to the PNA.



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### Comments Received By Post and Email

In addition to the on-line responses, the HWB received and considered the following responses:

Comment:	HWB response
<b>Kanset Pharmacy identified a need for a spelling correction of address to 177 Ashburnham Road</b>	Amended throughout the document
<b>Richmond CCG commented that advice to care homes service not commissioned in 2014-15.</b>	This has been confirmed by NHS England and removed from PNA
<b>Surrey Health and Wellbeing Board commented:</b>	
<b>In section 9.1 regarding Essential Services, clinical governance is ES8 and not ES7.</b>	This has been amended accordingly (section 8.1)
<b>Whilst the PNA is clearly presented we found some of the maps contained within the PNA difficult to read, particularly 6.1.1 Access to premises.</b>	The HWB noted this observation but accepted the inclusion of maps within the main PNA document to be sufficient for the purpose.
<b>Summary of Richmond &amp; Kingston LPC comments:</b>	
<b>Regarding Immunisation services - Pertussis also has not been commissioned yet.</b>	The HWB requested NHS England confirm the position
<b>ESPLPS pharmacies and cessation of the LPS contractual status on 31.03.15.</b>	The HWB has taken the view that until ESPLPS contractor have declared their future contractual intentions from 01.04.15 in line with DH guidance, the PNA should not speculate on any potential impact on pharmaceutical services. The HWB will consider the potential impact of any contractual changes in the ESPLPS. An additional statement has been included in sections 0 and 0.
<b>C-Card scheme- This is commissioned but currently there is no payment offered for this service.</b>	Additional inclusions have been made in section 3.6.6 and 8.5.4
<b>Section 2.3 “8 pharmacies have said they provide medication review services” Are these being confusing with MURs as the LPC is not aware of any medication review services other than MURs?</b>	The HWB were not in a position to know whether the contractor’s statement of provision or willingness to provide was correct (now in section 3.5).
<b>Discussion of service in appendix 15 - does not mention the alcohol service or NHS health checks currently being provided.</b>	This has been amended to include reference to both. It is now Appendix 16 – Pharmacy services that support Richmond HWB health and wellbeing prior-

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Comment:	HWB response
	ities.
<b>Number of pharmacies providing immunisation services.</b>	Amended in 7.1.8 and added to new Appendix 15 – Pharmacies providing Enhanced and Locally Commissioned Services.
<b>JHoots is now Twickenham Pharmacy ( map ref 13).</b>	Amended throughout the document
<b>GPs are now offering an OOH service from Teddington Memorial Hospital.</b>	Added to section 6.5.
<b>Definition of enhanced services- no mention of sexual health or alcohol services.</b>	The HWB note this comment and the document has been edited to improve the flow and readability.
<b>Day Lewis Pharmacy (map ref 29) is a provider of MUR services.</b>	Amended in Appendix 14 – Pharmacies providing MUR advanced services
<b>Future provision for housing development, there is no mention of Brewery Wharf which consists of 28 gate homes plus 71 flats which will be ready in 18-24 months starting June 2014 opposite Twickenham train station.</b>	The HWB note further information regarding housing developments has been added in section 6.4.1 and Appendix 19 – Housing Developments
<b>Summary of NHS England response:</b>	
<b>The 9 questions from the regulations have been answered.</b>	The HWB were pleased to note this positive comment.
<b>Some of the content i.e. health information was repeated several times and could be condensed. Lay out of information in the PNA could be summarised i.e. use of tables, removal of duplication.</b>	The HWB note this comment and the document has been edited to improve the flow and readability.
<b>MUR data needs to be reviewed the graph does not match the table.</b>	Tables have been removed and only graphical presentations retained as these relate to the text.
<b>PNA states that MURs are offered by all pharmacies (page 17), but then quantifies this is 8 contractors providing the service (page 19).</b>	The HWB were not in a position to know whether the contractor's statement of provision or willingness to provide was correct.
<b>PNA needs to clarify if all advanced services are necessary or just only MURs and NMS,</b>	When the term advanced services is used it applies to all advanced services including in the conclusion section.
<b>Not much information on commissioning intentions by CCG or local authority could be expanded into a table to show what could be commissioned from Community Pharmacy by the CCG and by the Local Authority.</b>	The HWB is mindful the PNA is not required to identify commissioning intentions however used to inform them in the future.
<b>More information should be provided on the</b>	The HWB, note this comment

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Comment:	HWB response
<p><b>reasoning for the localities in Richmond. Information on localities should be broken down into the pharmacies, opening hours, and services provide by those pharmacies from NHS England, CCG and Local Authority.</b></p>	<p>and believe this has been addressed in the additional text in section 3.3.</p>
<p><b>There is no reference to pharmacies providing the C card service,</b></p>	<p>This has been addressed in sections 3.6.6 and 8.5.4.</p>
<p><b>The HWB needs to confirm if there are any developments in the lifetime of this PNA which could impact on Community pharmacy and pharmaceutical, services i.e.</b></p> <ul style="list-style-type: none"> <li>• <b>Primary care developments</b></li> <li>• <b>Housing developments</b></li> <li>• <b>Retail/shopping developments</b></li> <li>• <b>Any proposed plans for changes in traffic</b></li> </ul>	<p>The HWB note any primary care information provided has been included and further information regarding housing developments has been added in section 6.4.1 and Appendix 19 – Housing Developments</p>
<p><b>In December 2014 NHS England launched a Pharmacy Urgent Repeat Medication (PURM) service, which is to run to April 2015. NHS England has indicated that this service will be evaluated, and if successful consideration will be given to future commissioning of it.</b></p>	<p>The HWB note the current position on this matter. An NHS England statement along with additional information has been included in section 3.6.1.</p>
<p><b>NHS England will need to send updated pharmaceutical lists.</b></p>	<p>The HWB notes that no errors were highlighted by NHS England and that the PNA is based upon the Pharmaceutical list supplied by NHS England in July 2014 and corrected in September 2014. The HWB sought confirmation from NHS England as to any variance in the data used in the draft and confirmed that any amendments notified would be made to the published PNA accordingly.</p>
<p><b>GP contract information should be provided to included opening hours and state</b></p> <ul style="list-style-type: none"> <li>• <b>Any plans for 7 day working</b></li> <li>• <b>Any GP closures, practice mergers</b></li> </ul> <p><b>This needs to be within the lifetime of the PNA.</b></p>	<p>As inclusion of this information is not essential for the purpose of the PNA nor is it a regulatory requirement, it has not been included. GP premises are identified within the PNA.</p>

## Summary Conclusions

The HWB concluded that the vast majority of the responses were supportive of the draft PNA and the limited comments offered provided no reason to alter the conclu-

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sions for the final published PNA, albeit amendments were made as outlined in this consultation report.

# Appendix 19 – Housing Developments



## Appendix 8a: Housing Land Supply: large sites

This Table identifies the phasing of large sites and their approximate capacities.

Type (PP = Planning Permission)	Site Name	Ward	No of units (net gain)	Phasing 2014-24		Notes on Planning Permission Status and Affordable Housing
				1-5 yrs (2014-19)	6-10 yrs (2019-24)	
Large Site with PP	Somerset House and 14 Elmtree Road	Fulwell, Hampton Hill	58	58		PP granted ( <a href="#">12/1199/VRC</a> ). Construction already started. 29 affordable
Large Site with PP	1-5 And Outbuildings The Maples	Hampton Wick	10 (5)	5		PP granted ( <a href="#">06/3371/NMA</a> ) Construction already started
Large Site with PP	Becketts Wharf and Osbourne House, Becketts Place	Hampton Wick	11	11		PP granted ( <a href="#">11/0468/PS19</a> )
Large Site with PP	Normansfield Hospital	Hampton Wick	89	89		PP granted ( <a href="#">07/1871/FUL</a> ) Construction already started
Large Site with PP	Former Goods Yard Land At Queens Ride	Mortlake, Barnes Common	14	14		PP granted ( <a href="#">08/4383/FUL</a> ) Construction already started
Large Site with PP	37 Hamilton Road	South Twickenham	27	27		PP granted ( <a href="#">10/1691/FUL</a> ). 8 affordable units.
Large Site with PP	Car Park, Wakefield Road	South Richmond	11	11		PP granted ( <a href="#">09/2420/FUL</a> ) Construction already started
Large Site with PP; Proposal Site (Ref: SA TW14)	Twickenham Stadium / Rugby Football Union (RFU) Site, Rugby Road	St Margaret's & North Twickenham	115	115		PP granted ( <a href="#">09/3273/FUL</a> ). 33 affordable units.
Large Site with PP	Twickenham Railway Station	St Margaret's & North Twickenham	115	115		PP granted ( <a href="#">11/1443/FUL</a> )
Proposal Site (Ref: SA RI5)	Royal Star & Garter	Ham, Petersham, Richmond Riverside	80	80		
Other known large site	HMP Latchmere House, Ham	Ham, Petersham, Richmond Riverside	40	40		Potential for 20 affordable units.
Proposal Site (Ref: UDP)	Platts Eyott	Hampton	30	30		Progressing ( <a href="#">05/0270/FUL</a> )

Source AMR 2012/13 Richmond Council [http://www.richmond.gov.uk/appendices\\_to\\_2012-13\\_amr\\_final.pdf](http://www.richmond.gov.uk/appendices_to_2012-13_amr_final.pdf)

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Type (PP = Planning Permission)	Site Name	Ward	No of units (net gain)	Phasing 2014-24		Notes on Planning Permission Status and Affordable Housing
				1-5 yrs (2014-19)	6-10 yrs (2019-24)	
Proposal Site (Ref: UDP S4; SA EM1)	Budweiser Stag Brewery, Mortlake	Mortlake, Barnes Common	200-300		300	Potential for 150 affordable units.
Proposal Site (Ref: SA EM4)	Bus Station, Avondale Road	Mortlake, Barnes Common	5-10		10	Potential for 5 affordable units.
Other known large site	Sainsbury's, Manor Road/Lower Richmond Road	North Richmond	60-255		255	Potential for 127 affordable units.
Other known large site	Lower Richmond Road, Richmond	North Richmond	30		30	Potential for 15 affordable units.
Proposal Site (Ref: UDP R6; SA RI2)	Richmond Station and above track, The Quadrant	South Richmond	5-20		20	Potential for 10 affordable units.
Proposal Site (Ref: SA RI3)	Richmond Police Station, Red Lion Street	South Richmond	10-20		20	Potential for 10 affordable units.
Proposal Site (Ref: SA TW11)	Greggs Bakery, Gould Road	South Twickenham	75-200		200	Potential for 100 affordable units.
Proposal Site (Ref: SA TW13)	Mereway Day Centre, Mereway Road	South Twickenham	10-20		20	Potential for 10 affordable units.
Proposal Site (Ref: UDP T14; SA TW9)	Council Depot, Langhorn Drive	St Margaret's & North Twickenham	25-55		55	Potential for 27 affordable units.
Proposal Site (Ref: SA TD1)	Telephone Exchange, High Street, Teddington	Teddington	10-20		20	Potential for 10 affordable units.
Proposal Site (Ref: TAAP TW2)	Station Yard, Twickenham	Twickenham Riverside	15-20		20	Potential for 10 affordable units.
Proposal Site (Ref: TAAP TW7)	Twickenham Riverside (Former Pool Site) and south of King Street	Twickenham Riverside	5-10		10	Potential for 5 affordable units.
Proposal Site (Ref: TAAP TW5)	Telephone Exchange, Garfield Road, Twickenham	Twickenham Riverside	10-20		20	Potential for 10 affordable units.
Proposal Site (Ref: TAAP TW6)	Police Station, London Road, Twickenham	Twickenham Riverside	10-20		20	Potential for 10 affordable units.
Proposal Site (Ref: SA WT1)	Whitton Library, Nelson Road	Whitton	5-10		10	Potential for 5 affordable units.
Proposal Site (Ref: SA WT2)	Iceland Store, 26-30 High Street	Whitton	5-10		10	Potential for 5 affordable units.
Proposal Site (Ref: SA WT3)	Kneller Hall Telephone Exchange, Ashdale Road	Whitton	10-20		20	Potential for 10 affordable units.
<b>TOTALS</b>				<b>1063</b>	<b>1190</b>	

Source AMR 2012/13 Richmond Council [http://www.richmond.gov.uk/appendices\\_to\\_2012-13\\_amr\\_final.pdf](http://www.richmond.gov.uk/appendices_to_2012-13_amr_final.pdf)

The Core Strategy identifies broad quanta and the spatial areas where growth is expected.

6.1.14 Future estimated increases in residential units, retail and employment floorspace to 2017/18, by area\*

Residential

Most development over the next 15 years will be residential development. The current London Plan target of **245 homes per annum** is being met. It is anticipated that this target will be increased in the Further Alterations to the London Plan (consultation draft expected in 2014). This development will be **across the borough**. Local plan policies identify priorities to meet specific local housing needs, although general needs affordable housing is often a greater priority than other types such as care homes, private sheltered accommodation.

Business

In most recent years there have been losses of employment floorspace. The high relative value of residential suggest that this trend will continue and with offices to residential now being permitted development will increase (at least while there is this flexibility). The Council **encourages the development of modern high quality offices** and these are likely to be within **Richmond and Twickenham town centres and on the Richmond upon Thames College site in Twickenham**.

Area (+ wards)	Residential* (net inc in units, larger sites plus an allowance for small sites to nearest 100)	Employment** (net inc. in jobs to 2021)	Centre	Retail*** (net inc in sq m)
Richmond Ham, Petersham & Richmond Riverside	700-1,100	3,000	Richmond	8,000
Twickenham Twickenham Riverside St Margarets & N. Twickenham S. Twickenham W. Twickenham	700-1,100	2,500	Twickenham	400
Teddington + Hampton Hampton North Hampton Fulwell & Hampton Hill Teddington Hampton Wick	700-800	1,600	Teddington	300
East Sheen East Sheen Mortlake + Barnes Common Barnes	300	100	East Sheen	1,500
Whitton Whitton Heathfield	400	50	Whitton	600

Retail

There is an overall **potential for c. 12,900 sqm** (convenience and comparison) by 2021. 8,929 sqm is for comparison floorspace and this is likely to be concentrated in **Richmond town centre**. The UDP (2005) and draft Site Allocations Plan identifies **Richmond Station** as a major opportunity for mixed use town centre development including retailing. Small scale extensions to existing stores and conversions are more likely than new stores due to limited site availability across the borough.

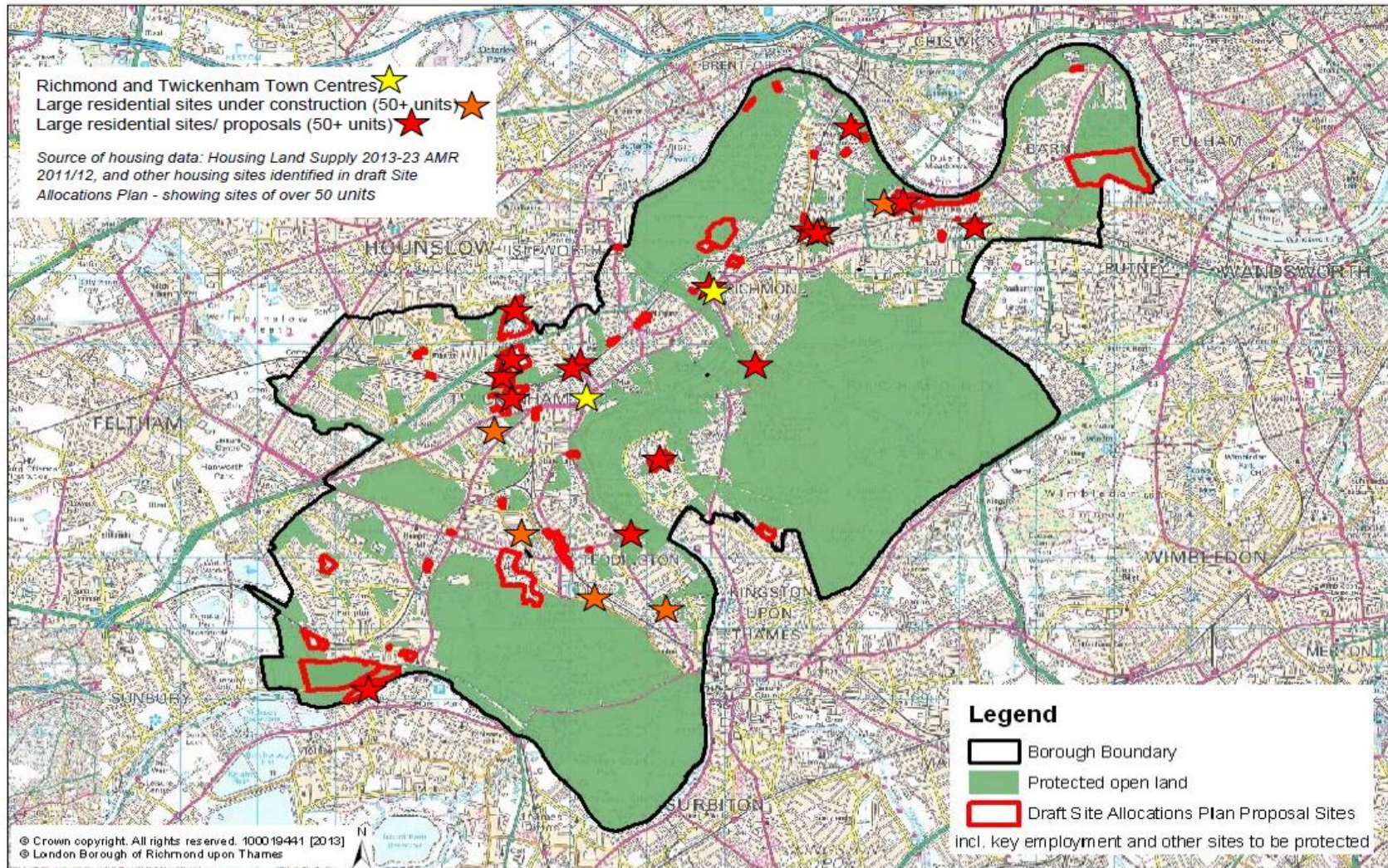
\* Residential based on Local Housing Availability Assessment, large sites over 10 units gross only, there will be approx 1,700 units on smaller sites, locations not yet known.  
 \*\*Employment based on Roger Tym London Employment sites employment capacity forecast tables for GLA and subject to testing of site availability at Site Allocations stage.  
 \*\*\* Retail based on Retail Study of capacity and subject to testing of site availability at Site Allocations stage.

Other growth

Other growth will be in **educational facilities (schools), new health facilities and possibly new sports facilities** in the borough. There is also a commercial interest in the development of budget hotels although potential will be limited by site availability.

Source AMR 2012/13 Richmond Council [http://www.richmond.gov.uk/appendices\\_to\\_2012-13\\_amr\\_final.pdf](http://www.richmond.gov.uk/appendices_to_2012-13_amr_final.pdf)

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Source AMR 2012/13 Richmond Council [http://www.richmond.gov.uk/appendices\\_to\\_2012-13\\_amr\\_final.pdf](http://www.richmond.gov.uk/appendices_to_2012-13_amr_final.pdf)



# Appendix 20 – 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

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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