East Sussex County Council

Pharmaceutical Needs Assessment

July 2017

Document summary:

This document is an analysis of the health needs of the population of East Sussex with regard to the need for and use of pharmacy services.

The document has 11 sections including an executive summary and an introduction. Section 2 describes population profiles and projections for the three Clinical Commissioning Group (CCG) areas and their localities in East Sussex.

Section 3 describes in detail the current pharmacy service provision in East Sussex and includes NHS, non-NHS and locally commissioned services. This includes an updated mapping section.

Section 4 covers the patient /public survey across East Sussex which was undertaken during the Autumn of 2016.

Section 5 presents a synthesis of identified health needs and pharmacy service provision for the CCG localities.

Sections 6 to 9 present results from surveys that involved the community pharmacies, dispensing GP practices, together with views of general practitioners and care home managers.

Section 10 provides an assessment of whether there is sufficient choice for the East Sussex population with regard to obtaining pharmaceutical services. This section also discusses key findings and gives recommendations on service improvement.

Section 11 includes findings from the stakeholder consultation. The report concludes with recommendations for the development and improvement of pharmacy services for the population until the next PNA is due in 2020.

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Appendices are in a separate document.

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CTRL and click on the table of contents to navigate.

Press CTRL and Home key to return to the top of the document

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Table of contents

Table of Tables

Table of Figures

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ESCC – East Sussex County Council
EHS and H&R CCG – Eastbourne,Hailsham and Seaford,and Hastings & Rother Clinical Commissioning Groups
HWLH CCG – High Weald Lewes Havens Clinical Commissioning Group

The East Sussex Health and Wellbeing Board would like to acknowledge the contribution of staff from various ESCC departments (Adult Social Care,Marketing and Communications,Drugs and Alcohol Team,Public Health),NHS England - South (South East),Community Pharmacies,GP Practices,other stakeholders and members of the public towards the development of the 2017 Pharmaceutical Needs Assessment (PNA).

Executive summary

Introduction

As from 1st April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the need for pharmaceutical services in its area, otherwise referred to as a pharmaceutical needs assessment (PNA). HWB had to publish their first PNA by April 1st 2015.

The PNA is a key document that is utilised in the development and improvement of pharmaceutical services in East Sussex. National Health Service (NHS) England is responsible for commissioning pharmaceutical services and is expected to make reference to the PNA when making decisions about market entry for new service providers, as well as in commissioning advanced and enhanced services. All HWB are required to publish a revised PNA within three years of publication of their first PNA.

It is essential that PNAs should be of a high standard and sufficiently robust to withstand legal challenges that could occur because of the PNA's relevance to decisions about the commissioning of services and the proposed opening of a new pharmacy. The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Process

The main aim of the East Sussex PNA is to describe the current pharmaceutical services in East Sussex, systematically identify any gaps/unmet needs and, in consultation with stakeholders, make recommendations on future development.

To oversee the process, a PNA Steering Group was formed in July 2016 consisting of key professionals mainly drawn from the Public Health department at East Sussex County Council (ESCC), Marketing & Communications and equalities team at ESCC, Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), Healthwatch, local Clinical Commissioning Groups (CCGs) and NHS England-South (South East).

A smaller team consisting of a Consultant in Public Health, Public Health Practitioner, Head of Public Health Intelligence at ESCC and the NHS England Kent, Surrey and Sussex Pharmacy Contracts Manager were responsible for the day to day process. This involved reviewing and analysing East Sussex's demographic details, health needs, mapping current pharmaceutical service provision and consulting the public and other stakeholders through surveys.

To comply with the Regulations a public consultation of the PNA document was undertaken between April and May 2017. Views from the public and other stakeholders were sought and used in drafting the final document to be published in July 2017.

Key findings & recommendations

East Sussex's population profile shows a significantly higher percentage of older people 24.9% aged 65 years and over (in 2015) as compared to the national average (17.7%) and fewer younger adults.

Between 2017 and 2020 the East Sussex population is expected to increase by 1.3% overall, amounting to 7,300 more persons of all ages in total. Notably there is expected to be an increase of 5.3% in the 65 and over age group amounting to 7,460 persons, of whom an additional 1,570 will be aged 85 and over. There will be an expected *decrease* of 2,460 in the number of persons aged 18-64, amounting to a 0.8% reduction. There will be an *increase* of 2,311 in the 0-17 age group.

These demographic changes present a challenge for commissioners and providers of all health and social care, including providers of pharmacy services.

The increase in older people in the population will lead to more people living with long term conditions: diabetes, circulatory and respiratory diseases, neurological problems, and dementia.

Pharmaceutical service providers will be expected to participate more in long term disease prevention, identification and management. Pharmacies are an under-used resource for health advice. The expertise of pharmacies needs to be further harnessed to help reduce the increasing burden on other urgent care services.[1]

Compared to England, in East Sussex some district and borough local authorities have high levels of alcohol-related admissions for under 18s (Lewes) and adults (Hastings), teenage pregnancy (Hastings), adult smoking (Hastings), excess weight in adults (Lewes), deaths from all circulatory disease and from stroke (Hastings), and cancers (Hastings).

A review of the East Sussex Joint Strategic Needs and Assets Assessment (JSNAA) shows there are deprived localities in all Clinical Commissioning Group (CCG) areas. Populations in deprived localities are characterised by poorer health-related outcomes related to unhealthy lifestyle behaviours, lower life expectancy, a higher burden of ill health, and with a lower uptake of health protection services including cancer screening and vaccination. In these areas people may delay seeking medical attention, as evidenced by high A&E attendance and emergency admission rates.

Pharmaceutical service providers have the potential to play an even greater role in identifying and helping to address health issues as they are based at the heart of communities, including rural and deprived areas, having daily interactions with local populations. Evidence from the Healthy Living Pharmacy initiative,[2] shows community pharmacies can make a significant impact in improving the health and wellbeing of local communities.

There are 112 pharmacy service providers in East Sussex. Four are internet/distance selling only. In addition, fourteen general practices, mainly in the rural parts of Hastings & Rother CCG and High Weald Lewes Havens CCG, also provide dispensing services to local populations. There are 20.6 community pharmacies per 100,000 population in East Sussex, ranging from 18.6 per 100,000 in High Weald Lewes Havens CCG to 21.6 per 100,000 in Hastings & Rother CCG. This is slightly higher than the Kent, Surrey and Sussex regional average of 19.4 per 100,000 population and lower than the England average of 21.6 per 100,000 population

Where people have access to a car there is adequate access in terms of travel times to a pharmacy in all parts of the county, including weekends. However, over a third of pensioner households do not have access to a car.

There are small areas during the day on weekdays and even larger rural areas of the county in Wealden and Rother Districts with no access to a pharmacy (within two hours) on Saturdays and Sundays by public transport (for two way journeys).

Pharmaceutical service providers will play an important future role in:

- providing a range of clinical and public health services
- the management of long term conditions.
- new approaches to urgent and emergency care and access to general practice.
- providing services that will contribute more to out of hospital care.
- supporting the delivery of improved efficiencies across a range of services.

Overall, however, there is good service pharmaceutical provision across East Sussex. Where the area is rural there are enough dispensing practices to provide essential dispensing services to the rural population. There are areas where population may increase due to housing development, however this may not affect pharmaceutical service provision within the lifetime of this PNA.

PNA Recommendations

The responsible lead/organisation (s) for implementing these recommendations are shown in bold. These are:

NHSE: NHS England
HEE: Health Education England
CCGs: Clinical Commissioning Groups
HWLH CCG: High Weald Lewes Havens CCG
EHS CCG: Eastbourne Hailsham and Seaford CCG
H&R CCG: Hastings and Rother CCG
ESCC PH: East Sussex County Council Public Health

1. Service Quality Improvement	
a.	Actively support all community pharmacies to achieve the standards in the national contract Quality Payments Scheme **NHSE, and ESCC PH**
b.	Consider the training needs of community pharmacists to address issues identified in the stakeholder surveys and the national training needs analysis e.g. Implementation of the Accessible Information Standard, Customer Service skills, Dementia friendly services etc. **HEE, NHSE**
2. Access to Pharmaceutical Services	
a.	Review the extended hours rota scheme for community pharmacy in light of the PNA findings. **NHSE**
b.	Use different forms of media to improve availability of information for the general public about alternative services when pharmacy is not open. **NHSE**
c.	Support implementation of the NHS Urgent Medicine Supply Advanced Service (NUMSAS) through integration with other local urgent care services. **NHSE and all CCGs**
d.	Include referral to community pharmacy for self-care and treatment of minor ailments in local pathways, where appropriate. **NHSE and all CCGs**
e.	Recognise and monitor the risk in the system if the pharmacy contract funding cuts result in community pharmacies ceasing to deliver some of their unfunded activities such as home delivery of medicines which are outside the community pharmacy contractual framework. **ESCC PH, NHSE, and all CCGs**
3. Improving outcomes: Public Health Services provided by community pharmacies	
a.	Encourage all community pharmacies to implement Level 1 of the Healthy Living Pharmacy through the quality payments scheme. **NHSE**
b.	Commission the roll out of Level 2 Healthy Living Pharmacy to areas of highest need. **CCGs and ESCC PH**
c.	Encourage all community pharmacies to signpost patients and carers to other

	appropriate local services through the HLP scheme. **ESCC PH and all CCGs**
d.	Review the locally commissioned services particularly sexual health and the smoking cessation service. **ESCC PH**
e.	Improve sign-posting to pharmacy public health services from other health care access points e.g. 111 & GP practices. **ESCC PH and all CCGs**
f.	Look to develop additional public health services where a local need is identified. **ESCC PH and all CCGs**
4. Medicines Optimisation Service	
a.	Encourage community pharmacies to undertake Medicines Use Reviews (MURs) in localities with low uptake. **NHSE**
b.	Consider implementing services that support community pharmacy to expedite hospital discharge e.g. Refer to Pharmacy **All CCGs**
c.	Include local education sessions about medicines from community pharmacists in the Level 2 HLP service specification **ESCC PH and all CCGs**
d.	Consider how joint working with general practice could improve medicines optimisation. **All CCGs and NHSE**
5. IMT improvements	
a.	Improve connectivity between community pharmacy and other services **NHSE**
b.	Explore how community pharmacy could support the implementation of electronic repeat dispensing so that it becomes the norm for patients on long term medication. **All CCGs**

1 Introduction

1.1 Pharmaceutical Needs Assessment

Pharmaceutical services are defined within the National Health Service Act 2006. NHS England commissions pharmaceutical services for the population.

As from April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish, and keep up to date, a statement of the need for pharmaceutical services in its area otherwise referred to as a pharmaceutical needs assessment (PNA).

PNAs are key reference documents as regards the development and improvement of local pharmaceutical services. According to the *NHS Pharmaceutical Service Regulations 2013,* NHS England must consider local PNAs while dealing with applications from new pharmaceutical service providers. Market entry is the term used to describe this process by which applications for new premises are made, processed and determined.

PNAs are also used by NHS England and local commissioning bodies in making decisions on which other NHS and local authority funded local services need to be provided by local community pharmacies.

PNAs need to be sufficiently robust to withstand potential legal challenges from potential market entrants. The NHS Litigation Authority Family Health Service Appeal Unit (FHSAU) will refer to the PNA when hearing appeals on NHS England decisions.

The community pharmacy in improving the public's health

The PHE LGA publication: The community pharmacy offer for improving the public's health gives case studies illustrating the potential of community pharmacy teams to improve the health of the population and to reduce inequalities in health within and between communities. [3]

Community pharmacists and their teams work at the heart of communities and are trusted professionals in supporting individual, family and community health. They are uniquely placed to deliver public health services due to their access, location and informal environment. They are an important social asset, as they are often the only healthcare facility located in an area of deprivation.

Pharmacy staff reflect the social and ethnic backgrounds of the community they serve and are accessible to deprived individuals who may not access conventional NHS services. A wide range of public health services are already provided by pharmacy teams and there is the potential for further development. The Local Government Association (LGA), Public Health England (PHE) and Pharmacy Voice, recommend that community pharmacy teams should be fully integrated into local primary care networks.

Community pharmacy is a key strategic partner in local public health programmes and in prevention and early detection of disease. Pharmacy has an important role in medicines optimisation, ensuring that people get the best out of their medicines and providing health promoting advice for people living with long-term conditions.

The Price Waterhouse Coopers (PWC) Value of Community Pharmacy report analyses the benefits from 12 specific services provided by community pharmacy to the NHS, to patients

and to wider society.[4] The report considers the benefits of the following services provided by community pharmacy:

- public health services: emergency hormonal contraception services; needle and syringe programmes; supervised consumption services;
- self care support: minor ailments advice; managing prescribing errors/clarifying prescriptions;
- medicines support: medicines adjustments delivering prescriptions; managing drug shortages; sustaining supply of medicines in emergencies; medicines use reviews; new medicines service.

The PWC report concludes that the expected amount of public sector spending saved directly as a result of the 12 services analysed is enough by itself to offset the entire amount of public funding provided for community pharmacy in 2015.

Political context

The national and local picture for NHS and social care services is very challenging. Councils and NHS organisations are facing unprecedented financial challenges. People are living longer, many with complex health conditions, whilst the demand for NHS and social care services is increasing. People are expecting more from their NHS and social care services. In addition, people want to be able to choose what services they have, and how they are delivered.

New models of care being piloted across the country provide a real opportunity for pharmacy to be involved in reducing the impact of chronic diseases. Clinical pharmacists in GP practices have an excellent opportunity to promote health and wellbeing messages when they are optimising the use of medicines, especially for people with long term conditions.[5]

From December 1st 2016 the Department of Health (DH) imposed a reduction in the funding for community pharmacy while suggesting that the services provided can be improved. This presents a potential risk of community pharmacies being forced to cut services which are currently provided for free, with consequences for patients and for the local health and social care economy.

Community pharmacy funding background

Since April 2013 NHS England has held responsibility for commissioning community pharmacy services. Other local commissioning bodies such as Clinical Commissioning Groups (CCGs) and Local Authorities can commission additional local services from community pharmacies.

Most of the income for community pharmacies in England comes from payment from NHS England, through the NHS pharmaceutical services contract.

On 20 October 2016 the Government released the Community pharmacy in 2016/17 and beyond: Final package,[6] which announced that funding for NHS contractors providing services under the community pharmacy contractual framework will be:

• £2.687 billion in 2016/17
• £2.592 billion in 2017/18

This represents a 4% reduction in funding in 2016/17 and a further 3.4% reduction in 2017/18. The announcement also confirmed plans for changes to the way funding is distributed:

• Establishment payments (a basic payment for being open as a pharmacy) will be phased out, and a range of dispensing-related fees will be amalgamated into a single activity fee.
• A Pharmacy Access Scheme to support services in isolated areas. The Government has published a list of 1,341 pharmacies that will receive access payments.
• A £75 million Quality Payment Scheme will provide the opportunity for community pharmacies to earn back some of the funding that has been cut, based on how well they perform against criteria set out by the Government.

A Pharmacy Integration Fund will support closer working with other parts of the NHS. The fund will provide £42 million in addition to the funding figures set out above from 2016 to 2018.

Phasing out establishment payments

Under the old arrangements, all community pharmacies would receive an 'establishment payment' if they dispense over 2,500 prescriptions per month. Establishment payments are worth between £23,278 and £25,100 depending on the prescription volume dispensed by the pharmacy.

Under the new funding arrangements, establishment payments are being phased out, starting on 1 December 2016, when they were reduced by 20% compared to 2015/16 levels. On 1 April 2017, they were reduced by 40% compared to 2015/16 levels. Future reductions will be subject to further consultation, but it is expected that it will be fully phased out by the end of 2019/2020.

Pharmacy Access Scheme (PAS)[7]

The Pharmacy Access Scheme is intended to support access where pharmacies are sparsely spread and patients depend on their services.

The PAS will protect access in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services. Qualifying pharmacies will receive an additional payment, meaning those pharmacies will be protected from the full effect of the reduction in funding from December 2016.

A pharmacy is eligible for the PAS if it meets all of the following criteria:
• The pharmacy is **more than a mile away** from the nearest other pharmacy by road and,
• The pharmacy is on the pharmaceutical list as at 1 September 2016; and,
• The pharmacy is **not** in the top 25% largest pharmacies by dispensing volume.

Approximately 122 pharmacies in KSS will be eligible for the scheme and will receive around £11,600 in 2016/17 (£2,900/month December - March) and £17,600 in 2017/18 (£1,500/month full year). There are 20 pharmacies in East Sussex that are eligible, please see Figure 21. Pharmacies that are not on the PAS list can apply to NHS England to have their case reviewed if they believe they are eligible for PAS payments. Pharmacies can qualify for review on the following grounds:

• Inaccuracy – e.g. the postcode has been recorded incorrectly or the distance to the nearest pharmacy has been miscalculated.
• Physical feature anomaly – if there is evidence that the normal '1-mile rule' produces an unreasonable outcome for the particular pharmacy. This could be due to a semi-permanent roadblock, or because the journey in between the two pharmacies is particularly difficult.

• ‘Near miss’ pharmacies in areas of high deprivation – pharmacies in the 20% most deprived areas in the country, that are located between 0.8 and 1 mile from the nearest other pharmacy.

Pharmacy Integration Fund

A new Pharmacy Integration Fund (PhIF) is intended to support the development of clinical pharmacy practice in a wider range of primary care settings, resulting in a more integrated and effective NHS primary care patient pathway.

In particular, the PhIF will drive the greater use of community pharmacy, pharmacists and pharmacy technicians in new, integrated local care models.

Initiatives already started under the PhIF include:

1. Two work streams aimed at integrating community pharmacy into the NHS’ national urgent care system, to run in parallel from December 2016 to April 2018: (a) the urgent medicines supply service and (b) the urgent minor illness care work with NHS 111.

2. A new advanced service pilot has been introduced *National Urgent Medicines Supply Advanced Service (NUMSAS)* – pharmacies will register to offer this service and accept direct referrals from NHS 111 for people who require urgently needed repeat medication.

3. Health Education England has been commissioned to produce a workforce plan for pharmacy professionals in primary care to be able inform the workforce development needs for pharmacy across the health care system linking with the work they have already done in secondary care.

4. From April 2017: deployment of pharmacy professionals in care homes and funding workforce development for pharmacists who work in care homes including a prescribing qualification.

5. From April 2017: there will be funding for pharmacists working in urgent care clinical hubs, such as NHS 111, integrated urgent care clinical hubs or GP out of hours services, and again this will include a prescribing qualification.

6. There will be educational grants for community pharmacists to access postgraduate clinical pharmacy education and training courses up to diploma level from April 2017.

7. Also from April 2017, a programme of pharmacy technician clinical leadership development.

8. An agreed priority will be to evaluate the impact of digital technologies on the health care system to improve efficiencies and modernize.[8]

Consolidation of pharmacies

A new regulation has been added to facilitate pharmacies in consolidating from two or more sites in to an existing site without allowing a new pharmacy to open in the ‘perceived gap’. This then protects the pharmacies that choose to consolidate where this does not create a gap in provision.

When NHS England receives such an application, they must notify the relevant interested parties (the Health and Wellbeing Board (HWB) is included), as with other applications. However, unlike other applications the HWB must make representations in writing to indicate

whether, if the application were granted, in the opinion of the HWB the proposed *removal* of the one or more premises would create a gap in pharmaceutical services provision. Once issued this supplementary statement becomes part of the PNA. The HWB must have due regard for any notifications that may be received from NHS England and respond accordingly.

The 'Community Pharmacy Forward View, published by the Pharmaceutical Services Negotiating Committee (PSNC) and Pharmacy Voice, with the support of the Royal Pharmaceutical Society (RPS) English Pharmacy Board, sets out the sector's ambitions radically to enhance and expand the personalised care, support and wellbeing services that community pharmacies provide. In the scenarios outlined in the document, pharmacy teams would be fully integrated with other local health and care services in order to improve quality and access for patients, increase NHS efficiency and produce better health outcomes for all.[9]

The Community Pharmacy Forward View sets out the organisations' shared ambition for the sector, focussed on three key roles for the community pharmacy of the future:

1. As the facilitator of personalised care for people with long-term conditions.
2. As the trusted, convenient first port of call for episodic healthcare advice and treatment.
3. As the neighbourhood health and wellbeing hub.

The Murray Review[10]

The Murray review was commissioned by the Chief Pharmaceutical Officer in April 2016 and published by NHS England in December 2016. NHS England is using the report to inform future decisions about the commissioning of community pharmacy services.

The key elements of the report include recommendations linked to the provision of clinical services, new models of care and how to overcome barriers to promote collaborative working and best utilisation of the current workforce. A summary of the recommendations from the report are listed below and have been considered in the final recommendations concluded from this PNA.

Services

- Full use should be made of the electronic repeat dispensing service.
- Extend services to support people with long term conditions that include medicine optimisation and advice to encourage people to stay well.
- Medicine usage reviews should evolve to full clinical reviews.
- Consider smoking cessation as a nationally commissioned service.
- NHS England to inform how it will support locally commissioned minor ailment schemes.

New Models of Care

- Community pharmacy teams should be fully integrated into long term condition pathways and involved in case finding programmes for conditions that have significant consequences if not identified, such as hypertension.
- Support more rapid uptake of independent prescribing and new ways of commissioning to deliver clinical community pharmacy services.

Overcoming barriers

- NHS England and its national partners should consider how to integrate community pharmacy plans into Sustainability and Transformation Plans. Primarily this should inform how to make local pharmaceutical services easier to use.
- Improve digital maturity and connectivity to facilitate effective and confidential communications between pharmacies and other healthcare teams.
- Consider amending Patient Group Directions regulations to allow pharmacy technicians to work under this framework.
- Encourage collaborative working by encouraging pharmacy staff to engage actively with primary care stakeholders to identify integration pathways.
- Encourage collaborative working between primary care professional bodies and the Pharmaceutical Services Negotiating Committee to promote a patient centred approach to closer working between the professions and to identify and overcome boundaries.
- A formal group including community pharmacy leaders and trade bodies should come together with NHS England and Public Health England to monitor progress and suggest further action where necessary.

The NHS Five Year forward view and the Vanguard programmes[11]

It is important that community pharmacy is integrated into Sustainability and Transformation Plans (STPs). The Five Year Forward View looks to develop practical examples for new models of care and community pharmacy needs to be fully integrated into these new care models. There are five new care models being developed in the Vanguard programme of which four are particularly relevant for community pharmacy:

- Integrated primary and acute care systems (PACs) that are joining up GP, hospital, community and mental health services;
  (this model is being followed in the ESBT area-please see Section 1.3)

- Multispecialty community providers (MCPs) that are moving specialist care out of hospitals into the community and establishing better out-of-hospital integration;
  (this model is being followed in C4Y in the HWLH area-please see Section 1.3)

- Enhanced health in care home Vanguards that are offering older people better, joined up health, care and rehabilitation services;

- Urgent and emergency care Vanguards that are supporting new approaches to improve the coordination of urgent and emergency care services and reduce the pressure on A&E departments.

- Acute care collaboration Vanguards which are looking to join up providers of acute services and which are more relevant to hospital pharmacy.[12]

1.2 East Sussex PNA background

This is the second PNA to be carried out in East Sussex. The last PNA in 2014 was published on the East Sussex Joint Strategic Needs Assessment website www.eastsussexjsna.org.uk).

Findings from the assessment showed that:

- There was good access to pharmaceutical services for the East Sussex population;
- Access to services had improved in recent years following the opening of new pharmacies;

- The commissioned services were considered necessary for the local population.

Since the publication of the PNA there have been changes, as shown in the supplementary statements, published on the County Council website alongside the PNA document. The changes are summarised in Table 1 below:

Table 1: Community pharmacy changes in East Sussex, 2014-2016 to December 2016

CCG	New pharmacy	Pharmacy relocation	Pharmacy change of name	Pharmacy closure
High Weald Lewes Havens			1	
Hastings & Rother			1	
Eastbourne Hailsham and Seaford	2	1		2

Source: http://www.eastsussexjsna.org.uk/comprehensive

1.3 Changes in East Sussex Health and Social Care Economy:

East Sussex Better together [ESBT]

East Sussex Better Together (ESBT) is our whole system (£1billion) health and care transformation programme, which was formally launched in August 2014, to fully integrate health and social care across the ESBT footprint in order to deliver high quality and sustainable services to the local population.

The first 150-week phase focussed on galvanising the cultural shift to enable us to establish excellent whole system partnerships, scoping the issues and solutions, and agreeing the necessary framework for the delivery of whole system care pathways. Having made very significant progress in all these aspects, it is clear that this is not enough in itself to deliver long term sustainable and high quality services for the population we serve. Our next phase is to ensure we fully exploit the opportunities of accountable care. ESBT is now business as usual.

ESBT is a partnership comprising Eastbourne Hailsham and Seaford (EHS) Clinical Commissioning Group (CCG), Hastings and Rother (HR) CCG and East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT) and Sussex Partnership NHS Foundation Trust (SPFT).The programme covers a population base of approximately 370,000.

Together, ESBT has a combined resource of £1.042 billion, the majority of which is used to commission primary, community, acute, mental health and social care services from East Sussex NHS Trust (ESHT), Sussex Partnership NHS Foundation Trust (SPFT), GP Practices and providers in the independent care sector and voluntary sector.

The shared vision of ESBT is that by 2020, there will be a fully integrated health and social care economy in East Sussex that ensures people receive proactive, joined up care, supporting them to live as independently as possible and achieving the best outcomes. This includes strengthening community resilience, through an asset-based approach that enables local people to take ownership of their own health and well-being through proactive partnerships. Ultimately by working together we aim to achieve high quality and affordable care now and for future generations and improve the safety and quality of all the services we commission and deliver.

Initiatives in the ESBT programme to improve the experience of local people and services have included:

- Implementation of a Medicines Optimisation Strategy (2015-18) Link to Strategy that is focussed on patient-centred services to support patients to get the best use from their medicines.
- Significant improvements in care pathways across health and social care. The formation of Health and Social Care Connect (HSCC), which is an integrated adult health and care access point that helps the public and professionals receive the right health and social care support faster;
- Nurse-led Crisis Response Teams, which help prevent unnecessary hospital admissions through arranging the right care, in the right place, at the right time.
- Six integrated locality teams of health and social care professionals to work in local communities. Local people's health and social care needs will be provided by one team, in one convenient local place.
- A service at East Sussex Healthcare NHS Trust to support frail people to live independent and healthy lives out of hospital.
- The Health Help Now 'phone app to help people make the right choices about accessing NHS services.
- A new urgent care service that includes integrated care hubs at the front of emergency departments and extends access to community-based, seven-day, urgent care services.
- A programme to tackle health inequality in the most deprived wards, in Hastings and Rother.

We have come a long way since we launched the first 150-week phase of our East Sussex Better Together (ESBT) programme in August 2014, and we have seen many successes and have improved services for tens of thousands of people in this time. You can find out more about this in our latest video.

ESBT is our best opportunity to transform our local health and social care system. It will allow us to continue to improve local services, the health and well-being of local people, and ensure financial sustainability in the longer term.

However there is still more to do to create a sustainable, integrated health and social care system that works as one.

Moving to the future ESBT model of accountable care

To complete the transformation a new model of care is needed, known as 'accountable care'. An accountable care model is a way of integrating the whole health and social care system: primary prevention, primary and community care, social care, mental health, acute and specialist care. It will enable the best use of the approximately £1billion that is spent every year to meet the health and care needs of the people in our ESBT population.

Accountable care focusses on incentivising professionals and providers, through aligned payment mechanisms, to break down organisational barriers and work more effectively together to improve health and wellbeing outcomes for populations. International examples of accountable care indicate that approximately a 20% reduction in transactional costs is achievable, as well as improving people's experience of health and care services, and improving the quality and safety of those services.

The move to an accountable care approach is intended to bring together all health and care organisations and professionals within the ESBT area to offer safe, sustainable, high quality physical and mental health services for adults and children. An additional aim is to empower and enable people to manage their own health and care whenever that's possible. This means ensuring people know how to access services that help them, as individuals, or as part of a family or wider community, to improve their own health and wellbeing, while also being able to access appropriate care and treatment from professionals when they need it, in the best place and at the right time.

A change to a joined up health and care system will help spend funds more wisely and target resources and services more effectively. More importantly, it will help reduce variation and improve outcomes for local people, improving their health and wellbeing while making the experience of using health and care services better and more inclusive.

We have looked nationally and internationally to see how we might transform our services to best effect. We believe that testing an accountable care system in the form of an alliance between commissioners and providers is the best way forward. In April 2017 we moved into the ESBT Alliance arrangement, which allows our local partners (ESCC, EHS CCG, HR CCG, ESHT and SPFT) to work together in a more effective way, breaking down organisational barriers and creating mixed teams of health and social care professionals. We are using our Alliance arrangement in 2017/18 to test the best solutions for the population and the most effective ways of working together, with a view to establishing a fully integrated accountable care model on a formal basis in the future.

During 2017/18 the ESBT Alliance partners will be working even more closely together to determine the right model of accountable care to 'fit' the East Sussex population. At the same time as exploring the best delivery model for ESBT in the future, we are operating the principles of collectively managing the health and social care system. We will focus on what matters to local people, raising the profile and investment in prevention and proactive care while reducing reliance on secondary care (hospital) services.

The vehicle for our future model must provide the right platform to enable us to improve the quality of services, improve health outcomes and reduce inequalities across the ESBT footprint offering integrated, person-centred care in a clinically and financially sustainable way. In particular the future organisational form must enable us to deliver the following benefits:

- a reduction in variation and improved outcomes for local people;
- improved population health and wellbeing;
- improved experience of health and care services;
- achievement of our ESBT objective of system balance by 2020/21 and;
- improved connections with other elements of service delivery where working on a larger population basis within the Sussex and East Surrey Sustainable Transformation Partnership.

We are now moving into a phase of undertaking the necessary learning and development, with support from NHS Improvement (NHSI), NHS England (NHSE) and the Care Quality Commission (CQC) as the system regulators, to design our future ESBT Alliance accountable care model (ACM), which in the longer-term would be structured around a single organisation, alliance or partnership holding the capitated budget to make sure we have integrated delivery of high quality services for our population.

The future model will incorporate both the commissioning and delivery of health and care services to the local population and is likely to have an annual income of approximately £1billion. Learning from international best practice it is expected that the future model will deliver around 50% of services directly. The remaining approximately 50% will be subcontracted by the future accountable care delivery vehicle to other providers, which could include GPs, community pharmacists, independent care providers, charities, voluntary, specialist clinical/treatment and ambulance services. We will use our learning in the test-bed year to undertake further work to determine what is in and out of scope of the core work of the future accountable care model, as well as engagement with key delivery partners in the health and care system.

Consideration of the options for the future ESBT delivery vehicle has also been taking place as this has yet to be fully agreed. There are a number of 'legal vehicles' or ways that our organisations could be structured in the future that will help ESBT to achieve its aim, to fully integrate our health and social care system, and these include:

1. **Prime provider/prime contractor 'integrator'**: One provider acts as 'host' holding the main contract on behalf of other providers. The host can sub contract or provide some services themselves
2. **Corporate joint venture**: A number of Alliance orgs could partner in a corporate joint venture/special purpose vehicle (SPV) which holds the main contract
3. **Alliancing commissioners and providers**: The providers remain separate but are bound together by an alliance agreement.
4. **Forms of merger or new organisation**: A new Health and Care Trust is created

In line with this a panel process took place in June with representatives of each of the ESBT Alliance organisations, key stakeholders and subject matter experts, who appraised the different options. The panel's aim was to develop a recommendation for the future ESBT legal delivery vehicle. Each of the options above were discussed and scored based on a set of criteria.

This options appraisal indicated that a stronger Alliance arrangement – which we could establish by April 2018 – moving towards full integration in the longer term, would deliver the best opportunity for tackling this year's challenges as well as providing a stepping stone to future sustainability. This recommendation will now be put forward to the governing body of each ESBT Alliance organisation in July. The input and contributions of local people, patients, partners, professionals, the voluntary sector, charitable organisations and health and care staff, will continue to help shape the best accountable care model for the ESBT area.

Connecting 4 You (C4Y)

Connecting 4 You is the transformation programme created in partnership by High Weald Lewes Havens (HWLH) CCG and East Sussex County Council. The HWLH health economy is complex, as it is in the middle of three acute hospital systems and adjoins four city and county boundaries.

The C4Y programme is being developed to address the specific population needs, geographical challenges, arrangement of services and patient flows of the HWLH CCG area. The programme is at an early stage of development, building on the earlier work of the East Sussex Better Together programme.

C4Y works in partnership with Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust and will involve other partner NHS trusts, including East Sussex Healthcare NHS Trust, Healthwatch East Sussex, and partners from the voluntary and independent sectors.

Key areas of work in the C4Y programme are:

- Developing community and personal resilience to promote health and wellbeing, and to prevent avoidable ill health.
- Coordinating supportive services, technology, equipment and housing solutions to enable people to live independently in their own homes and communities.
- Integrating local health and social care, based around four 'communities of practice' in HWLH CCG (based around Newhaven/Peacehaven, Lewes, Uckfield and Crowborough).
- Strengthening responsive joint services that help people to avoid unnecessary hospital admission, facilitate discharge, and support people in times of need (e.g. intermediate care, reablement, crisis response, night support, etc.)
- Improving the urgent care system, including better community approaches (above), and improved primary care urgent care capacity.
- Appraising the capacity and use of the community NHS and social care bed base.

Connecting 4 You holds the 'system leadership' overview of all of the work within the HWLH community 'model of care'. Different elements of the development work will be planned for and invested in at the different planning levels. The objective is to maximize efficient and effective delivery, and to avoid duplication and waste.

The components of the HWLH community 'model of care' will be delivered at the level most appropriate to the activity and as locally as possible, given the need for delivery to be at practicable and viable scale. High Weald, Lewes and the Havens sits within several existing planning footprints of varying size, as follows:

- **Sustainability and Transformation Plan** - Sussex and East Surrey
- **Place-based planning level** - Central Sussex and East Surrey Alliance (CSESA)
- **Pan-East Sussex** – East Sussex County Council footprint
- **C4Y/CCG level** – High Weald, Lewes and the Havens
- **Communities of Practice** – Crowborough, Uckfield, Lewes, the Havens

C4Y is taking forward the Multi-specialty Community Provider model mentioned above.

1.4 Process followed in developing the Pharmaceutical Needs Assessment PNA

The main aim of the East Sussex PNA is to describe the current pharmaceutical services in East Sussex, systematically identify any gaps/unmet needs in pharmaceutical service provision and, in consultation with stakeholders, make recommendations on future development.

Objectives

- Compile a comprehensive list of pharmacies and the services currently provided: for example dispensing, providing advice on health, medicines use reviews, stop smoking service and support for substance misusers.
- List other services such as dispensing by GP surgeries, and services available in neighbouring Health and Wellbeing Board (HWB) areas that might affect the need for services in East Sussex.

- Examine the demographics of the local population and their public health needs in relation to current and future pharmaceutical service provision.
- Identify service gaps that could be met by providing additional pharmacy services or through opening more pharmacies.
- Produce maps relating to East Sussex pharmaceutical service e.g. location of pharmacies, travel/walking times.
- Consult and engage with stakeholders, patients and the public throughout the process so that their opinions inform the PNA document.
- To facilitate a two month public consultation period, after completion of the PNA assessment, before consideration by the Health and Wellbeing Board and publication.

Methodology

The PNA 2014 report compiled by the ESCC public health department has been used in developing the current PNA. Other key reference documents have included the East Sussex Health and Wellbeing Board Strategy: Healthy Lives, Healthy People,[13] Pharmaceutical Needs Assessment Information Pack for Local Authority Health and Wellbeing Boards,[14] Pharmaceutical Needs Assessment: Right Service in the Right Place,[15] Pharmaceutical Needs Assessment: A Guide for Local Authorities,[16] Pharmaceutical Needs Assessment Tool Kit,[17] Part 1 & 2, and Developing Pharmaceutical Needs Assessments: A Practical Guide.[18] Prince 2 project management approach was employed in the delivery for this assessment.

Key Steps

The assessment involved the following six key steps:

1. Review and analysis of: the East Sussex Health and Wellbeing Strategy 2016-19, the JSNAA scorecards, Director of Public Health Annual Reports and other relevant local plans in relation to pharmaceutical service provision.
2. Collation of community pharmacy and dispensing pharmacy information about current service provision. Collation and summary of routine pharmacy contracting and activity data, with national and local benchmarking.
3. Patient experience: a telephone questionnaire.
4. Professional experience: on-line questionnaires and telephone interviews.
5. Synthesis of identified health needs and priorities, mapped against service provision.
6. Professional and public consultation between April and May 2017.

NHS pharmaceutical services

The following were assessed in determining the adequacy of pharmaceutical services against the needs of the East Sussex population:

Essential services

Definition of essential services: all pharmacies must provide

- Dispensing prescriptions
- Dispensing repeatable prescriptions
- Disposal of unwanted drugs
- Promotion of healthy lifestyles
- Public health campaigns
- Signposting
- Support for self care

Essential services provided by Dispensing Appliance Contractors (DACs) are

- Dispensing prescriptions

- Dispensing repeatable prescriptions
- Delivery of certain appliances
- Supply of bags and wipes
- Signposting

Dispensing Appliance Contractors dispense NHS prescriptions for appliances e.g. incontinence and stoma appliances. They cannot dispense NHS prescriptions for drugs.

To address the population needs for the above the following have been considered in the PNA Report

- Distribution of pharmacies
- Pharmacy opening hours
- The neighbourhood population
- Average travel times to the nearest pharmacy
- Provision of dispensing services

Advanced services

Contractors may choose to provide these and have to meet certain criteria

- Medicines Use Review (pharmacies only)
- New Medicine Service (pharmacies only)
- Flu vaccination (pharmacies only)
- Appliance Use Review (pharmacies and DACs)
- Stoma Customization Service (pharmacies and DACs)
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)

Locally commissioned services

- Stop smoking service
- Chlamydia screening and treatment
- Emergency Hormonal Contraception (EHC)
- Condom distribution service
- Alcohol breathalyser service
- Needle and syringe exchange scheme
- Supervised consumption of prescribed medicines
- Palliative care medication supply (ESBT area only)
- Electronic Repeat Dispensing (ERD)

Pharmacists Training Needs Analysis:

Health Education England (HEE), working across London and the South East, has the remit of supporting the professional practice development of the entire workforce providing NHS services within their region. Although the makeup of the workforce for the services directly managed by the NHS (such as the hospital sector) is readily available, knowledge of the workforce supplying many primary care services, such as community pharmacies, has traditionally been much less well understood.

Up to date information is needed on skill mix, skill sets and geographical spread. A comprehensive survey, conducted in 2014, provided an effective snapshot of the community pharmacy workforce in Kent, Surrey and Sussex and enabled HEE to commission educational activities, based on the specific areas of training need highlighted. In order for future commissioning to reflect the needs for professional development to deliver the above

services, it is important to undertake this scoping exercise again and establish the educational requirements of the current workforce. It is expected this national exercise will begin in mid-2017.Further local training needs analysis and implementation will follow as part of quality improvements during 2017/18.

2 Demography

This section describes the three clinical commissioning group (CCG) areas and their localities in East Sussex which are the focus for the current PNA. It also includes population profiles, general fertility rates and projections for East Sussex County, CCGs and localities.

2.1 Localities, definitions & descriptions

Local authority and CCG boundaries in East Sussex

East Sussex County consists of 2 boroughs (Eastbourne and Hastings) and 3 districts (Lewes, Rother and Wealden).
There are three clinical commissioning groups (CCGs) in East Sussex and eight localities, based on commissioning structures, two of which are divided into communities of practice in HWLH CCG.

The NHS localities within East Sussex are:

In Hastings & Rother CCG (H&R CCG)

- Hastings and St Leonards Locality – Hastings and St Leonards and areas to the north and east of Hastings.
- Bexhill Locality – Bexhill and areas to its north and west.
- Rural Rother – the remaining, largely rural, portion of Hastings & Rother CCG.

In Eastbourne, Hailsham and Seaford CCG (EHS CCG)

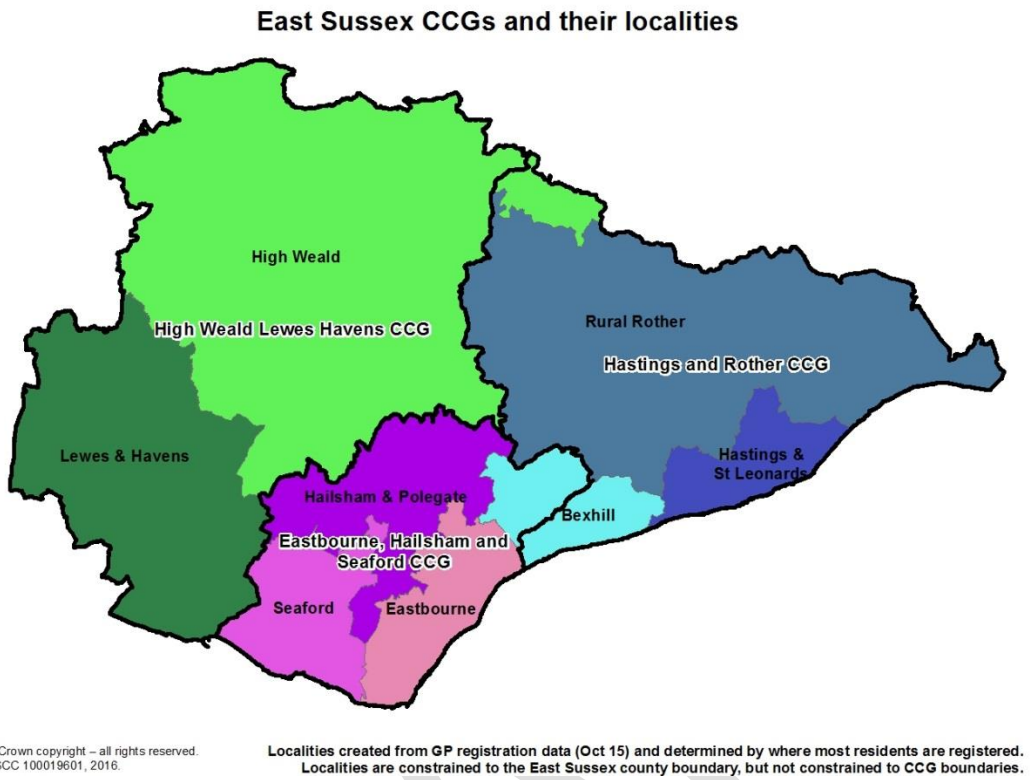
- Eastbourne Locality - Eastbourne and the area to its north east (Pevensey and Westham).
- Hailsham and Polegate Locality – Hailsham and areas to its east and west, and Polegate and Willingdon to its south.
- Seaford Locality – Seaford and areas to its north and east.

In High Weald, Lewes, Havens CCG (HWLH CCG)

- Lewes and Havens Locality – the south western part of High Weald Lewes Havens CCG, further subdivided into two communities of practice.
- High Weald Locality – central and northern part of High Weald Lewes Havens CCG, further subdivided into two communities of practice.

The three CCGs and their eight localities are shown in Figure 1

Figure 1: East Sussex CCG & Localities



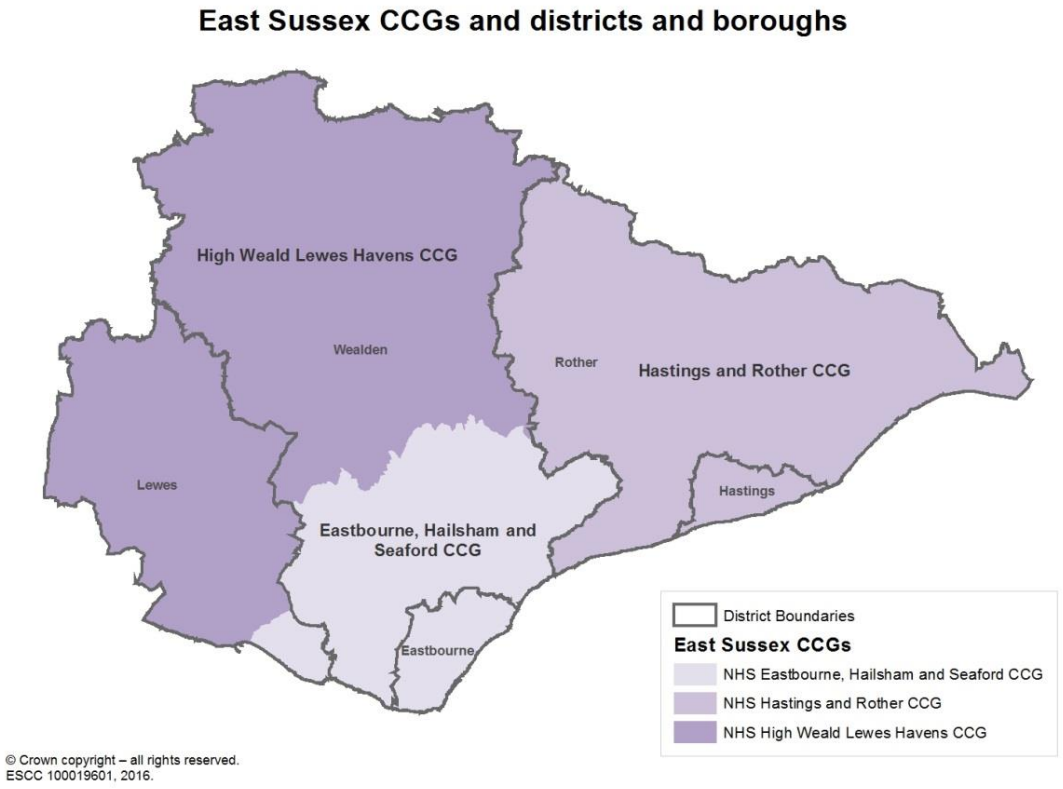
East Sussex CCGs and Districts and Boroughs

The three CCGs in East Sussex (HWLH CCG, EHS CGG and H&R CCG) cover the following local authority areas:

- H&R CCG includes Hastings Borough plus Rother District.
- EHS CCG includes Eastbourne Borough and the surrounding areas (Seaford, Alfriston, Hellingly, Herstmonceux and Ninfield).
- HWLH CCG consists of the northern portion of Wealden District and all of Lewes District except Seaford.

How these map to LA boundaries is shown in Figure 2.

Figure 2: East Sussex CCGs, districts and boroughs



2.2 Population

East Sussex population summary

In 2015 there were an estimated 539,437 residents (people with an East Sussex postcode) and 544,064 people are registered with East Sussex GP practices (most, but not all, of whom are East Sussex residents).

- Wealden is the largest district/borough (155,111 people) and Hastings is the smallest (91,019 people).
- From an NHS perspective, EHS CCG is the largest CCG in East Sussex (188,088 registered patients) and HWLH CCG is the smallest (171,571 patients).

Table 2 shows ONS estimated populations for the county, districts and boroughs, and by CCG for 2015. The resident population (local authority) and the registered population (East Sussex CCGs) are shown for all persons (number and percentage).

Table 2: East Sussex population mid-year 2015

		0-17 years		18-64 years		65-84 years		85+ years		All ages	
		No	%	No	%	No	%	No	%	No	%
Resident	East Sussex	103,972	19	299,940	56	113,977	21	21,547	4	539,437	100
	Hastings	19,058	21	54,520	60	14,963	16	2,479	3	91,019	100
	Eastbourne	19,536	19	56,911	56	20,186	20	4,544	4	101,178	100
	Rother	15,667	17	47,147	51	24,128	26	4,753	5	91,695	100
	Lewes	19,537	19	55,937	56	20,873	21	4,088	4	100,434	100
	Wealden	30,175	19	85,425	55	33,827	22	5,684	4	155,111	100
Registered	East Sussex	105,873	19	302,559	56	114,359	21	21,273	4	544,064	100
	H&R CCG	35,410	19	102,649	56	39,194	21	7,152	4	184,405	100
	EHS CCG	35,469	19	102,349	54	41,657	22	8,613	5	188,088	100
	HWLH CCG	34,994	20	97,561	57	33,508	20	5,508	3	171,571	100

Source: ESiF population estimates; ONS

Within the county Bexhill, Seaford and parts of Eastbourne and the surrounding areas have the oldest age profiles.

- Table 3 shows the estimated population changes between 2014 and 2020 for specific age groups (0-19 year olds, 20-64 year olds, over 65s and over 85s) as well as for people of all ages for the East Sussex districts/boroughs and CCGs.

- Some age groups are projected to increase in size (shown as positive numbers and percentages) whilst others will decrease in size (shown as negative numbers and percentages). Overall the numbers of younger people are expected to fall, whereas the numbers of older people are expected to increase.

From 2014, the population of East Sussex is estimated to increase by 2% by 2020 (about 11,000 more people). The largest projected percentage increase in the East Sussex population is in those aged 85 years and over (about 3,000 more people aged 85 years and over).

Table 3: Estimated population changes between 2014 and 2020 for specific age groups

		0-19 years		20-64 years		65+ years		85+ years		All ages	
		No	%	No	%	No	%	No	%	No	%
Resident	East Sussex	-2,250	-2	-1,300	0	14,650	11	3,100	15	11,100	2
	Hastings	-700	-3	-850	-2	1,950	11	100	3	400	0
	Eastbourne	-750	-3	-1,550	-3	2,000	8	300	7	-350	0
	Rother	-900	-5	-400	-1	2,800	10	500	10	1,500	2
	Lewes	100	0	0	0	2,900	12	900	22	3,000	3
	Wealden	-50	0	1,500	2	5,050	13	1,350	25	6,500	4
Registered	East Sussex	-2,250	-2	-1,450	0	14,500	11	3,000	15	11,000	2
	H&R CCG	-1,500	-4	-1,300	-1	4,700	11	550	8	2,000	1
	EHS CCG	-750	-2	-1,100	-1	5,100	10	1,300	15	2,900	2
	HWLH CCG	0	0	950	1	4,650	13	1,200	24	6,150	4

Source: JSNAA

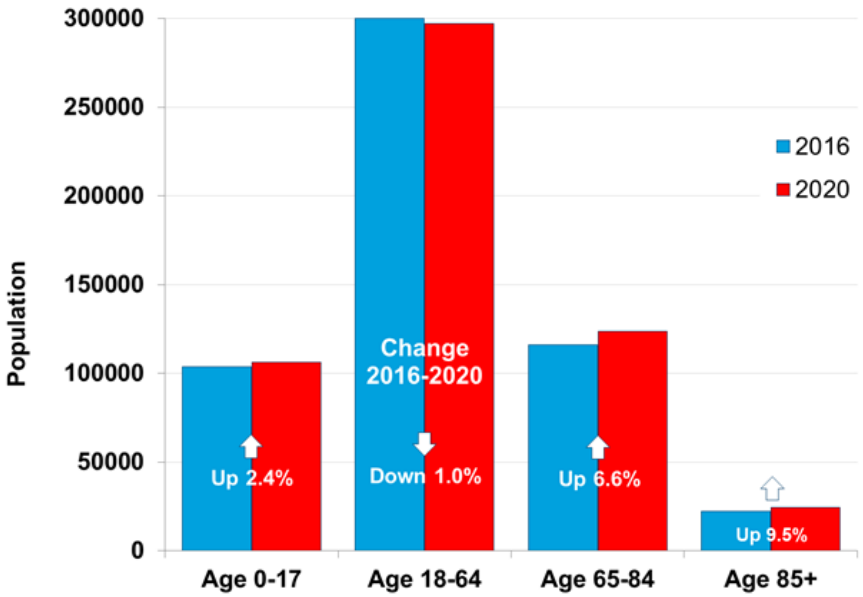
At district/borough level Wealden is predicted to see the biggest percentage change in its population (a 4% increase). It is also predicted to see the biggest percentage increase in those aged 85 years and over (a 25% increase).

- At locality level, High Weald, and Hailsham and Polegate localities are predicted to see the biggest percentage increases in their population (4% increases). These two localities are predicted to experience the highest percentage increases in persons aged 65 years and over (about a 13% increase) and in persons aged 85 years and over (almost a 25% increase).

By January 2016, it was estimated that there were 541,468 people living in the county of East Sussex. (Source, ESiF Jan 2016). Among the three CCGs in the county, Eastbourne, Hailsham and Seaford CCG is still the largest with an estimated population of 193,295 people in 2016.

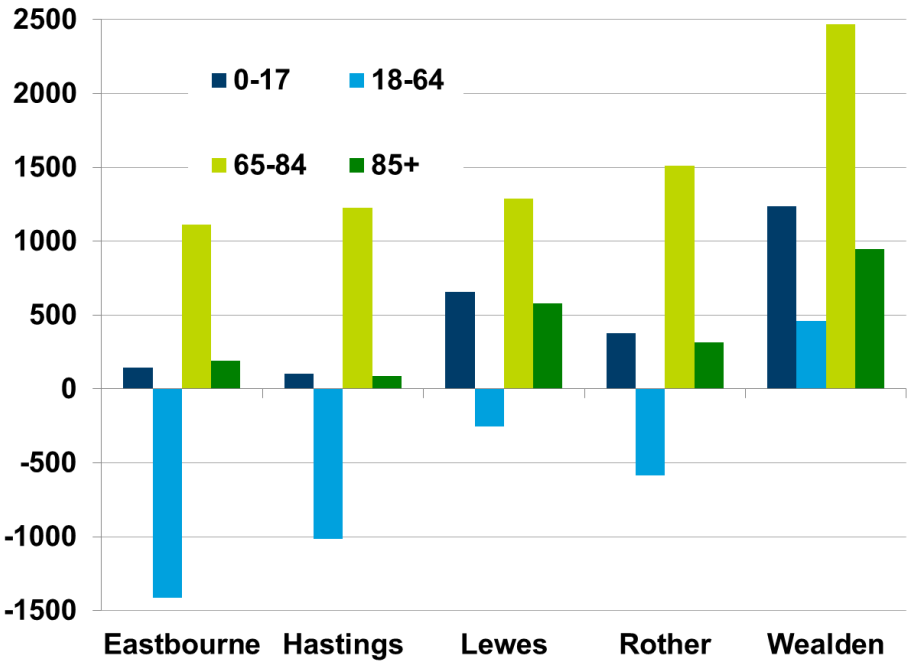
The summary changes in the East Sussex population from 2016 until 2020 are shown in Figures 3,4 and 5.

Figure 3: Changes in East Sussex population 2016-20



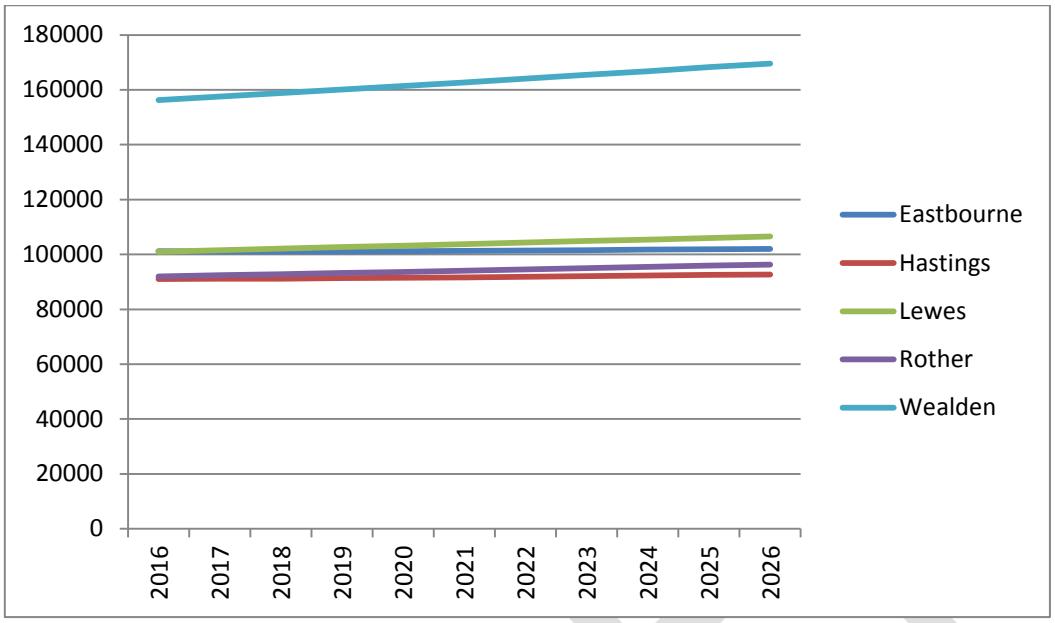
Source: East Sussex State of the County report, July 2016

Figure 4: Changes in East Sussex Local Authority populations by age group



Source: East Sussex State of the County report, July 2016

Figure 5: Population projections for East Sussex and Local Authorities 2016 to 2026



Source: ESiF

The greatest increase in population size over the next ten years will be in Wealden district with a predicted 13,200 more people, followed by Lewes district with 5,500 more people and Rother district with 4,300 more people.

East Sussex population structure compared to England

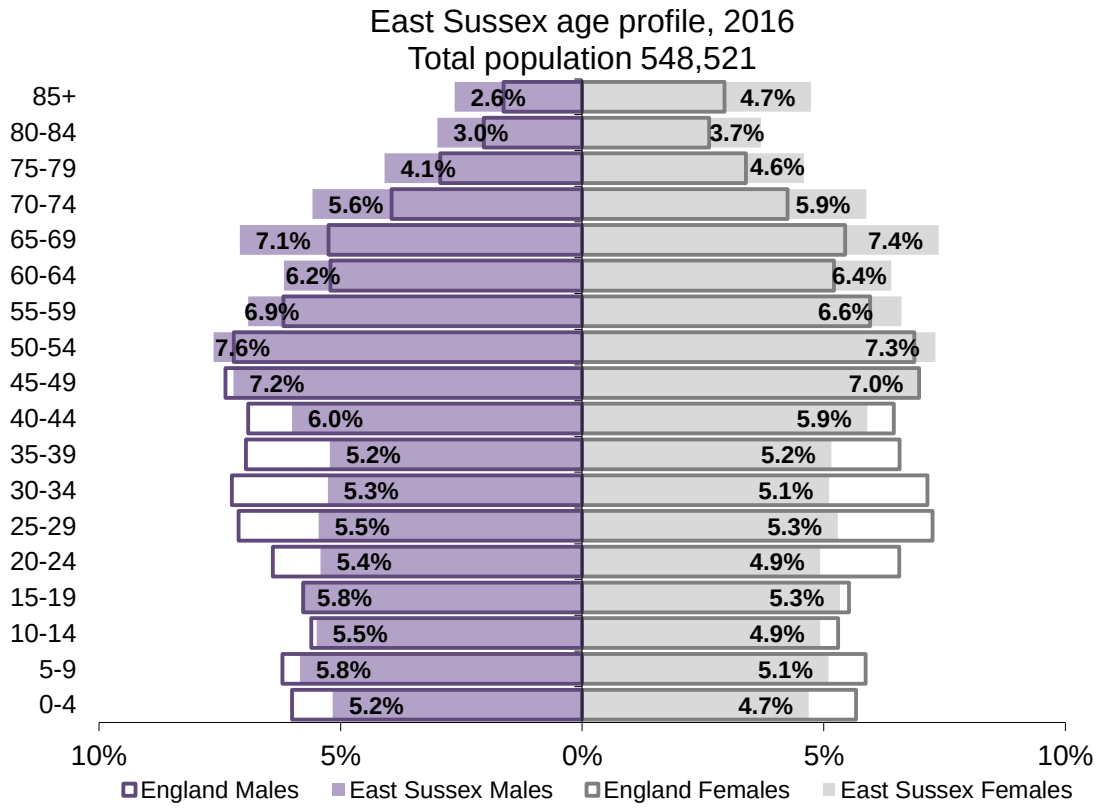
The population pyramid for people registered with East Sussex GP practices in 2016 shows that, when compared to the England average, there are proportionately fewer children under 15, fewer people aged between 20 and 44 years, and higher proportions of people aged 50 or over, particularly in the 60 and over age groups, Figure 6.

Changes in the relative proportions of age groups in the population compared to expected changes in England between 2011 and 2021 are shown in Figure 7.

Sixteen per cent of households are occupied by an older person living alone. The Hastings and St Leonards area (13%) has the lowest percentage whereas Bexhill (22%) has the highest.

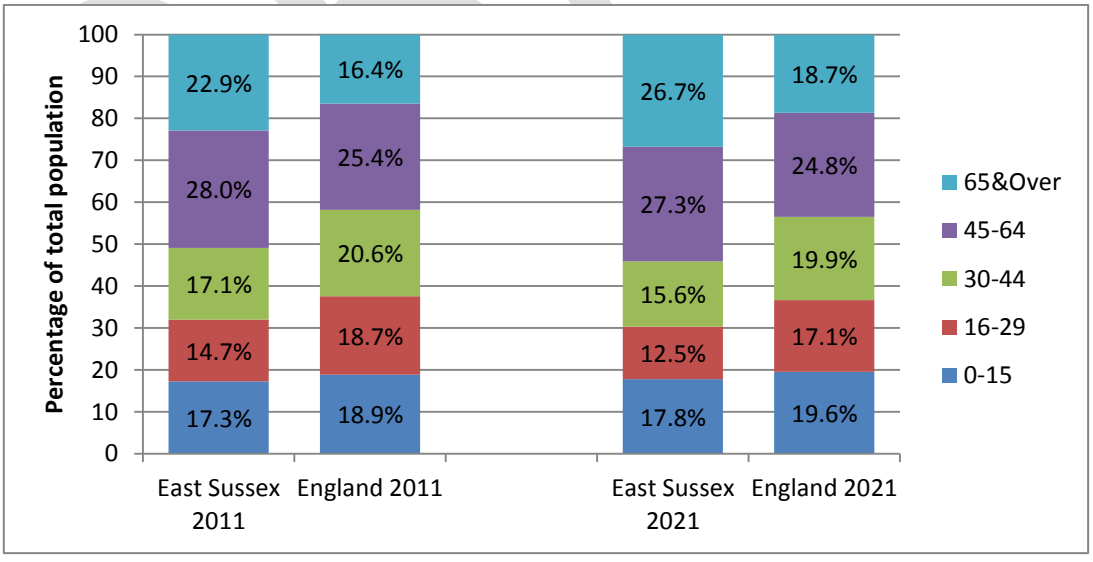
Six per cent of households are lone parent households. Hastings Borough (8%) has the highest percentage and Rother and Wealden districts (both 5%) the lowest.

Figure 6: East Sussex Population Pyramid compared to England



Source: JSNAA

Figure 7: Population proportions East Sussex and England, 2011 & 2021



Source: ONS

Ethnicity

The East Sussex population is predominantly white (96.1%), with 3.9% recorded as non-white at the last Census in 2011. There is a low proportion of persons who cannot speak English or not speak English well (0.5%). The largest proportion of non-white minority residents is in Hastings Local Authority, Table 4.

Table 4: Ethnicity in the East Sussex population

	Total Population	% White	% Non-white
Eastbourne	99,412	94.1	5.9
Hastings	90,254	93.8	6.2
Lewes	97,502	96.6	3.4
Rother	90,588	97.0	3.0
Wealden	148,915	97.4	2.6
East Sussex	526,671	96.1	3.9
England	53,012,456	85.5	14.5

Source: ONS, Census 2011

Eight per cent of the population belong to ethnic groups other than White British or Northern Irish. This 8% figure also includes white Europeans.

Twelve per cent of pupils belong to ethnic groups other than White British. The Eastbourne area has the highest percentage and Rural Rother has the lowest.

In East Sussex, 53 per 1,000 pupils have English as an additional language. Eastbourne Borough has the highest rate, and twice that of the county average, whereas Wealden District has the lowest.

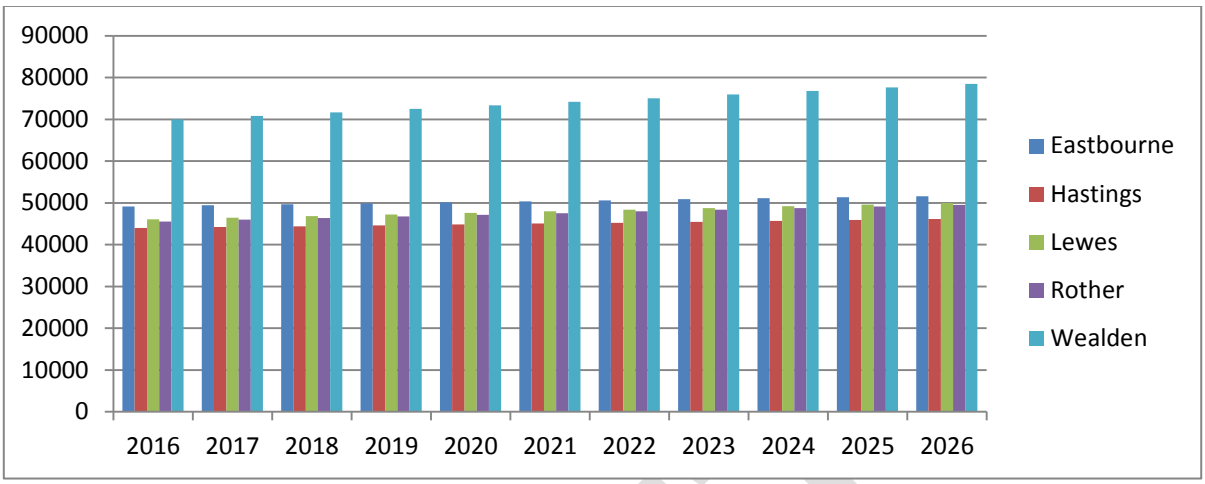
Health Needs Analysis:

A detailed summary of the health needs of the population of the three CCGs can be found in Appendix 1.

Households projection

The total number of East Sussex households is projected to increase from 254,703 in 2016 to 275,705 in 2026. Increases at borough and district level are shown in Figure 8.

Figure 8: Projected changes in the number of households in East Sussex, 2016-2026



Source: ESiF dwelling-led Household Projections

The number of East Sussex households is projected to increase by 8% between 2016 and 2026. This is equivalent to an additional 21,000 households.

East Sussex is recognised as an area of where the housing stock is likely to increase considerably in the next 20 years. Consultation with East Sussex County Council planners and the local district planning offices has highlighted some areas where large increases in new housing will affect the pharmaceutical needs of the population. Planned large housing developments in areas such as Hailsham in Wealden, Bexhill in Rother and Eastbourne may result in the PNA for those areas needing to be reassessed. Areas where we know that there is a large proposed development have been identified in the following tables.

Currently these developments are not expected to be fully in place in the next 3 years (within the life of this PNA document) but these areas will be reviewed regularly. Most of the district areas have produced their long term plans and planners will inform the HWB of any long term projects which could have an effect on the health needs of a district.

Table 5 summarises housing development plans for local district and borough councils in East Sussex. Sources of housing planning information are shown in the footnote.[i]

Table 5: Planned housing growth in East Sussex Local Authorities

	Planned			Built since start of plan period	Outstanding from 2016	
	Period	Total	Annual	Total	Total	Annual
Eastbourne Borough	2006-2027 (21yrs)	5,022	239	2,318	2,704	246
Hastings Borough	2011-2028 (17yrs)	3,400	200	888	2,512	209
Lewes District	2010-2030 (20yrs)	6,900	345	1,306	5,594	392
Rother District	2011-2028 (17yrs)	5,700	335	856	4,844	404
Wealden District	2013-2028 (15yrs)	11,456	764	2,194	9,292	842

Provisional Wealden data are shown, subject to a formal Council decision on their options appraisal.

Lewes District Council From 2016 Lewes District Council (LDC) has plans to build a further 5,594 dwellings by 2030 at an average rate of 392 per year. The highest concentrations of dwellings (over 200 per settlement) will be in Newhaven, Lewes Town, Peacehaven & Telescombe, Seaford and Ringmer & Broyle Side.

During the period between 2010 and 2030, a minimum of 6,900 net additional dwellings will be delivered in the district. Part of this total will be met as follows:

- 1,020 completions in the period between April 2010 and April 2015
- The delivery of 1,558 commitments across the plan area
- An allowance for 600 dwellings to be permitted on unidentified small-scale windfall sites during the plan period and subsequently delivered
- An allowance for 125 dwellings to be permitted on rural exception sites during the plan period and subsequently delivered.

The remaining 3,597 net additional dwellings will be distributed as follows, Tables 6 and 7:

[i] **Housing provision data sources:**
Eastbourne: Core Strategy Local Plan, Adopted February 2013. Data as at 1st April 2016.
Hastings: The Hastings Planning Strategy. Adopted February 2014. Hastings Development Management Plan.
Lewes: Joint Core Strategy - Main Modifications, August 2015. JCS Adopted May 2016.
Rother: Core Strategy, Adopted September 2014. Local Plan Monitoring Report . 1st April 2016
Wealden: Wealden Local Plan Draft Proposed Submission 14th March 2017. The local plan has not been adopted so these are subject to change

Table 6: Housing to be delivered on strategic site allocations in Lewes District:

Site	To be delivered by 2030
North Street, Lewes	415
Old Malling Farm, Lewes	240
North of Bishops Lane, Ringmer	110
Greenhill Way,Wivelsfield	113
Harbour Heights, Newhaven	400
Lower Hodden Farm, Peacehaven	450
Total	**1,728**

Table 7: Planned housing growth at the following settlements in Lewes District

Settlement	To be delivered by 2030
Ringmer & Broyle side	215
Lewes	220
Newhaven	425
Peacehaven	255
Seaford	185
Burgess Hill, Wivelsfield	100
Barcombe	30
N&S Chailey	40
Cooksbridge	30
Ditchling	15
Newick	100
Wivelsfield Green	30
Plumpton Green	50
Total	**1,695**

About 200 net additional units in locations are yet to be determined.
Source: Lewes District Council and South Downs National Park Authority Joint Core Strategy (JCS) (http://www.lewes.gov.uk/corestrategy/). This sets out the distribution of housing growth over the Plan period (2010-2030). Adopted in May 2016 LDC; June 2016 SDNPA.

Eastbourne Borough Council has plans to build a further 2704 dwellings by 2027 at a rate of 246 dwellings per year.The highest concentration of dwellings (over 200 per settlement) will be in Town Centre, Seaside, Upperton, Meads, Ocklynge & Rodmill and Langney, Table 8.

Table 8: Planned housing development by settlement in Eastbourne, 2006-2026

Neighbourhood	Housing to be delivered by 2026
Town Centre	931
Upperton	371
Seaside	230
Old Town	66
Ocklynge & Rodmill	221
Roselands & Bridgemere	95
Hampden Park	75
Langney	147
Shinewater and North Langney	53
Summerdown & Saffrons	41
Meads	259
Ratton & Willingdon village	6
St.Anthony's and Langney Point	2
Sovereign Harbour	150
Eastbourne Borough Total	**2,647**

Source: EBC as at 31st Dec 2016

Planned housing development in Wealden district is shown in Table 9.

Table 9: Planned Housing Development Wealden District Council 2013-2028

Neighbourhood	Dwellings to be built by 2028
Hailsham and surrounding area (including strategic urban extension in the parish of Hellingly)	3819
Polegate and Willingdon	683
Stone Cross	1439
Berwick Station	33
Westham	4
Ninfield	144
Herstmonceux	146
Horam	457
Heathfield	344
Uckfield	1216
Buxted	1
Mayfield	23
Crowborough	271
Rotherfield	1
Groombridge	0
Hartfield	3
Forest Row	9

Wadhurst	104
Unsustainable & outside settlements	565
Wealden District Total	**9,262**

Out of the plan total of 11,456 dwellings, a total of 2,194 dwellings have been built in Wealden since the start of the plan period. This gives a figure of 9,262 outstanding dwellings.

Hastings and Rother share a housing development strategy. According to the Hastings & Rother housing needs assessment published in June 2013, it was projected that Hastings would require 3,950 and Rother 4,898 dwellings, at a rate of 388 and 338 per year respectively in order to cope with population growth and related housing demand. Latest estimates show Hastings intend to build a further 2,512 dwellings by 2028 at an average rate of 209/year, and Rother a further 4,844 dwellings by 2028, at an average rate of 404/year. Tables 10 and 11 show planning focus areas in the updated housing strategies:

Table 10: Planned housing development by Planning Focus Areas in Hastings by 2028

Planning Focus Area	Housing to be delivered by 2028
Little Ridge and Ashdown	387
Greater Hollington	153
Filsham Valley and Bulverhythe	791
St.Helens	186
Silverhill and Alexandra Park	237
Maze Hill & Burtons' St.Leonards	157
Central St.Leonards and Bohemia	78
Hastings Town Centre	88
Hillcrest and Ore Valley	312
Clive Vale and Ore Village	41
Hastings BoroughTotal	**2,430**

Source: Hastings Development Management Plan. Adopted Sept 2015.

The plan also includes a potential 50-70 new homes in Old Town, and 50-70 new homes in West Hill, Hastings. There will also be windfall development.

Table 11: **Planned housing development in Rother, 2016-2021**

Area	Housing to be delivered Total 2016 to 2021
Bexhill	1176
Battle	91
Rye	64
Rural parishes	478
Hastings fringes	88
Rother District Total	**1,897**

Source: RDC Strategic planning service 3/11/16. Housing land supply and housing trajectory April 2016. Further details of large site commitments (total 2024) and allocations (500) as at 1st April are in Ref.[19]

3. Current pharmaceutical service provision

Introduction

This section describes in detail the current pharmacy and dispensing service provision in East Sussex, including services provided by community pharmacies, internet/distance selling pharmacies, dispensing GP practices, other NHS and non-NHS institutions.

Information on level of access to pharmaceutical services, including opening hours, distance and travel times is also presented. Maps are included to show geographical coverage levels.

Pharmaceutical service performance levels for East Sussex are compared with regional and national averages, where applicable, and a summary with recommendations is included.

3.1 Summary

Pharmaceutical service providers

There are currently 112 community pharmacies in East Sussex, equivalent to 20.6 pharmacies per 100,000 population. The Kent, Surrey and Sussex (KSS) regional average is 19.4/100,000 and the England average is 21.6 /100,000.

There are 14 dispensing GP practices in East Sussex providing dispensing services in the rural areas to a proportion of their registered patients. When all dispensing service providers are included in the calculation there are 23 pharmacies per 100,000 population.

There are four internet/distance selling pharmacies based in East Sussex and no dispensing appliance contractors (DACs).

Other NHS pharmaceutical service providers in East Sussex include East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust (SCFT) and Sussex Partnership NHS Foundation Trust (SPFT).

Cross border NHS pharmacy services that have an impact on the East Sussex population include pharmacies in Brighton & Hove City, West Sussex and Kent.

Relevant non-NHS service providers include three private healthcare hospitals, 337 nursing and care homes and three hospices.

Opening hours

Of the 108 community pharmacies:

- nine have 100 hours per week core contracts,
- 99 have the standard 40 hours per week contract.
- Two thirds (67%) of pharmacies are open in at least part of the evening on weekdays.
- Most pharmacies (90%) across the county are open on Saturday for at least part of the day,
- 21% are open on Sundays.

Travel times to access a pharmacy: by public transport

- Around 35,000 residents of East Sussex (7%) cannot access a pharmacy during the day on a weekday within half an hour (one way) using public transport.
- 23,000 of these people (4% of the county's population) cannot access any pharmaceutical provision at all using public transport.
- On weekday evenings these proportions rise considerably, nearly 74,000 people are (14%) unable to access a pharmacy within 30 minutes, and over 54,000 people with no access at all.

On Saturdays:

- More pharmacies are open in the morning than are open all day, and this is reflected in accessibility.
- While nearly 49,000 people cannot access a pharmacy in the morning within 30 minutes, this rises to 56,000 in the afternoon, with 31,000 (6%) having no access.

Access on a Sunday is more of a challenge:

- Nearly a third of people (155,000) are unable to get to pharmacy within half an hour using public transport, and 73,000 (14%) have no access at all.
- Access in Wealden on a Sunday is poorest, with nearly two thirds (63%) of people living more than 30 minutes from a pharmacy, and nearly a quarter (22%) having no access at all.

Travel times to access a pharmacy: by car

- Five per cent of East Sussex residents (27,000 people) cannot drive to a pharmacy within 15 minutes.
- Nearly 42,000 (8%) are further than a15 minute drive from a pharmacy in the evening.
- At weekends there are 35,000 (7%) unable to drive to a pharmacy within 15 minutes on a Saturday morning, and this increases to 45,000 (8%) in the afternoon.
- A quarter of East Sussex residents, 129,000 people, cannot access a pharmacy within 15 a minute drive on a Sunday, but there are big variations across the districts, with 59% of residents of Wealden unable to drive to a pharmacy on a Sunday within 15 minutes.

Dispensing Activity and Medicines Use Reviews

During the period 2014/15 to 2015/16 pharmacies in East Sussex dispensed an average of 839,160 items per month. This is a greater monthly average than reported in the previous PNA when 790,000 items were dispensed per month during 2012/13. There is notable variation in dispensing activity by pharmacy in localities.

In 2014 /15, the average annual number of medicines use reviews (MURs) per community pharmacy ranged from 241 in HWLH CCG to 328 in EHS CCG. There was a similar pattern in 2015/16 with a lower average number of MURs being undertaken in HWLH CCG.

The average annual number of MURs per pharmacy in KSS Region was 300 in 2014/15 and 304 in 2015/16. The average annual numbers of MUR per pharmacy in England were 272 and 280 respectively.

Only one provider, in the Hailsham and Polegate locality, provided Appliance Use Reviews (AURs), 39 in total, in the period 2014/15 and 2015/16. A total of 275 AURs were undertaken by providers in KSS region in the same time period, most of which were conducted at the providers' premises.

Locally Commissioned Services:

Less than half of East Sussex pharmacies (51) provide Emergency Hormonal Contraception and Chlamydia screening services but the majority (66) provide the condom distribution service.

Substance misuse services provided through pharmacies are the needle and syringe exchange programme and supervised consumption of prescribed medicines, both of which are considered adequate by the ESCC commissioner.

3.2 Community pharmacies

There are currently 112 pharmacies in East Sussex. This is the same number as in the 2014 Pharmaceutical Needs Assessment. Lists of pharmacies by CCG are reproduced in Appendices 4, 5 and 6.

The distribution of pharmacies by CCG and localities is presented in Table 12. Figure 9 illustrates the distribution across the county. Figures 10 and 11 provide locations and names of pharmacies in Eastbourne, and Bexhill and Hastings and Figure 12 their distribution according to the Index of Multiple Deprivation (IMD).

Table 12: Total pharmacies* and number per 100,000 population by CCG and locality

CCG	Locality	All pharmacies+	Population**	Number of pharmacies per 100,000 population
Eastbourne, Hailsham & Seaford		40	189,984	21.1
	Eastbourne	26	115,256	22.6
	Hailsham & Polegate	9	47,137	19.1
	Seaford	5	27,591	18.1
Hastings and Rother		40	184,777	21.6
	Bexhill	11	46,659	23.6
	Hastings & St.Leonards	22	98,621	22.3
	Rural Rother	7	39,497	17.7
High Weald Lewes Havens		32	167,409	18.6
	Lewes & Havens	15	96,032	15.6
	High Weald	17	71,377	23.8
East Sussex		112	544,064	20.6
Kent, Surrey & Sussex*		891	4,580,798	19.4
England*		11,813	54,786,327	21.6

+Community pharmacies on a CCG pharmaceutical list, including internet or mail order, **Oct 2016**
***England CP total as at March 2015 *KSS and England Mid 2015 population estimates
** March 2016 locality population estimates in East Sussex JSNAA.
East Sussex population total is the sum of these locality populations.

Figure 9: Location of community pharmacies and dispensing practices in East Sussex, 2017

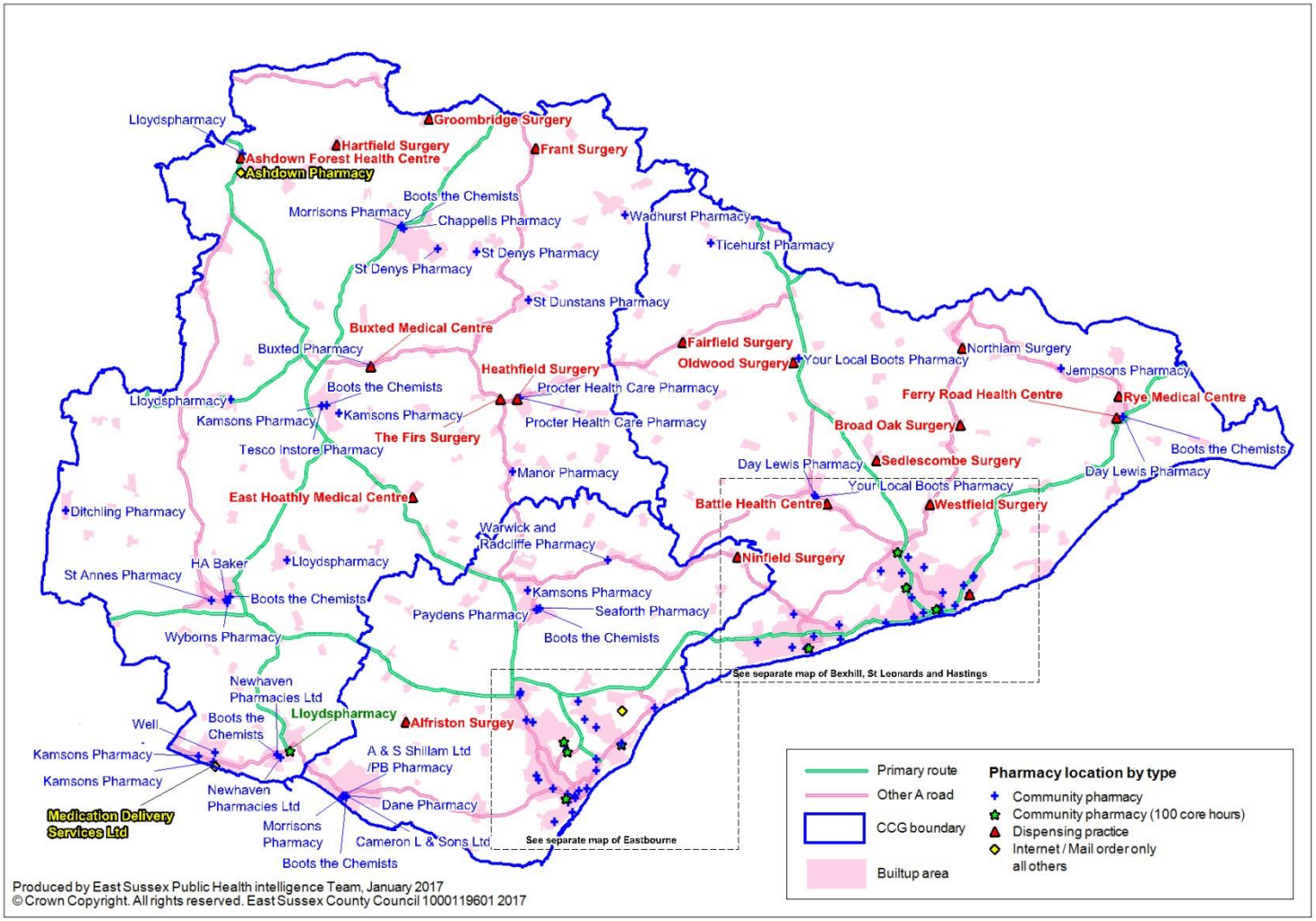


Figure 10: Location of community pharmacies in Eastbourne

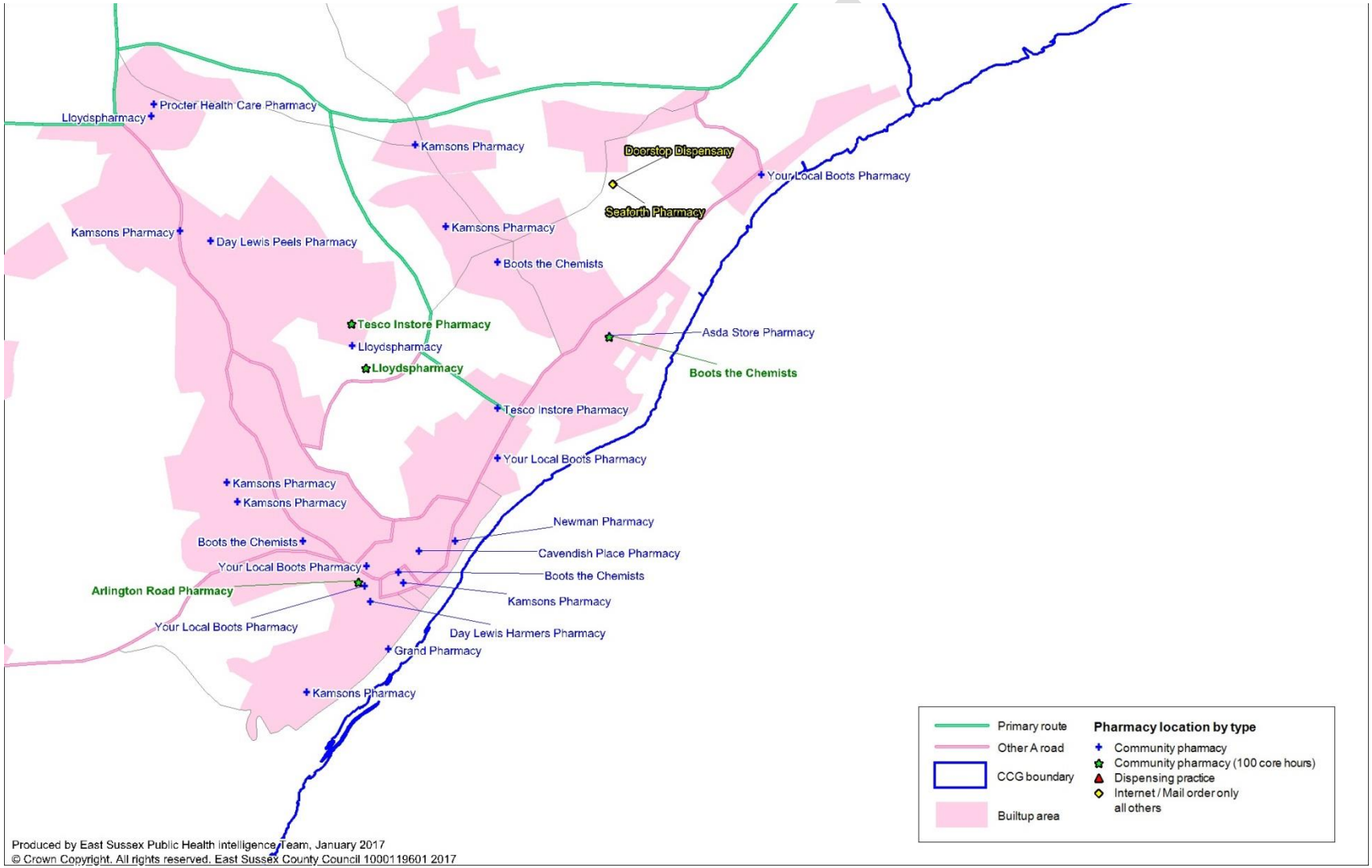


Figure 11: Location of community pharmacies in Bexhill & Hastings

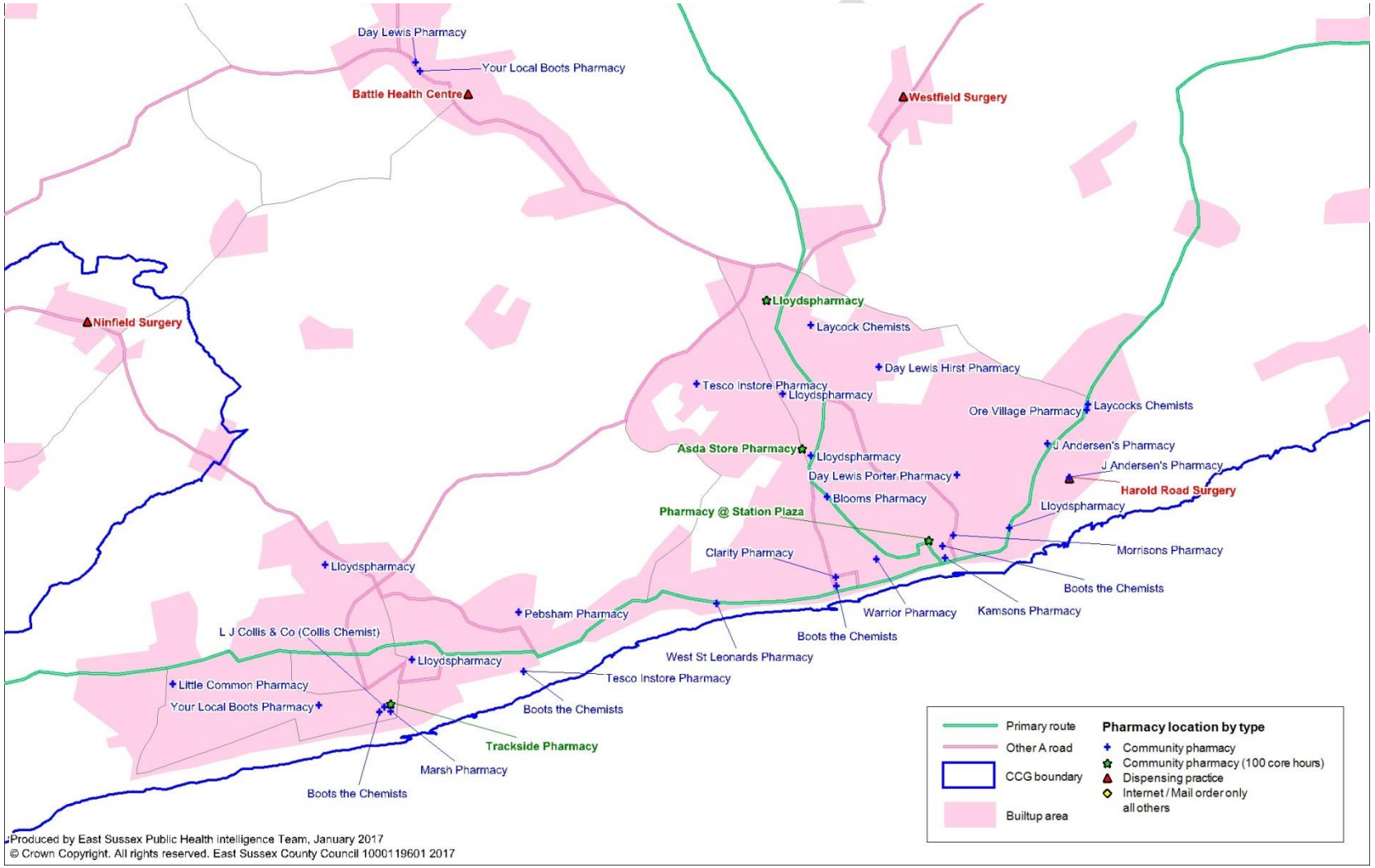
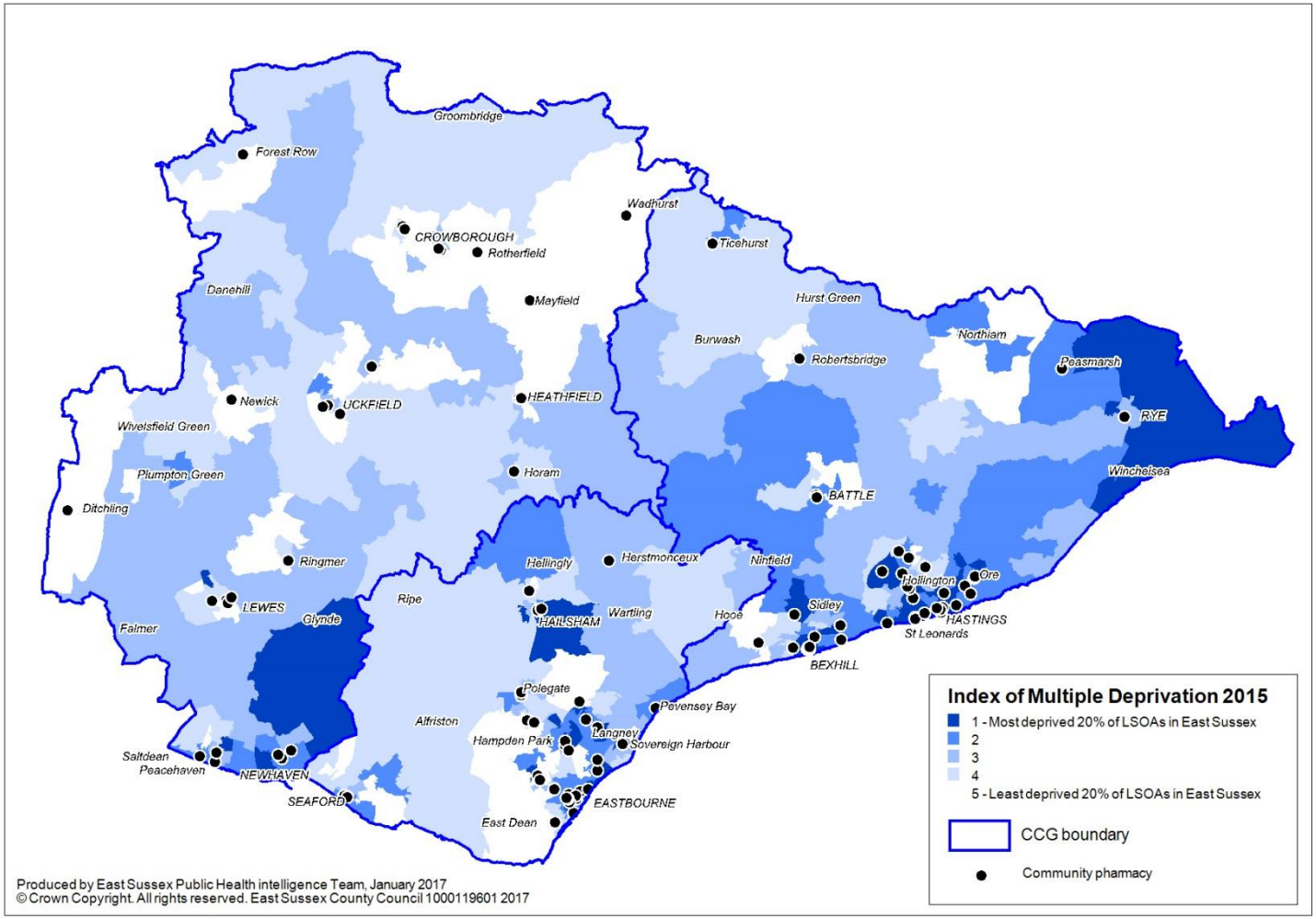


Figure 12: Distribution of community pharmacies in East Sussex by IMD score



There are 20.6 community pharmacies per 100,000 population in East Sussex, ranging from 18.6 per 100,000 in High Weald Lewes Havens CCG to 21.6 per 100,000 in Hastings & Rother CCG.

This is slightly higher than the KSS regional average of 19.4 per 100,000 population and lower than the England average of 21.6 per 100,000 population.[20]

Pharmacy services in rural areas are supplemented by Dispensing Practices. 3.4 Dispensing GP practices

Internet/distance selling pharmacies

Online pharmacies, Internet pharmacies, or Mail Order Pharmacies are pharmacies that operate over the Internet and send orders to customers through the mail or shipping companies. The *National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013* detail a number of conditions for distance selling pharmacies:

- must provide the full range of *essential services* during opening hours to all persons in England presenting prescriptions;
- cannot provide *essential services* face to face;
- must have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours; and
- must be registered with the General Pharmaceutical Council.[21]

Patients have the right to access pharmaceutical services from any community pharmacy including mail order/wholly internet pharmacy of their choice and therefore can access any of the many internet pharmacies available nationwide. Currently there are four internet pharmacies based in East Sussex, two in EHS CCG and two in HWLH CCG. Unlike some on-line pharmacies nationally, these do not provide medicines- related consultations.

3.3 Dispensing Appliance Contractors

Dispensing Appliance Contractors (DACs) hold an NHS contract to dispense dressings and appliances, as defined in the Drug Tariff, at the request of a patient (or their representative).

There are **no** Dispensing Appliance Contractors within East Sussex. Patients residing within East Sussex may wish to exercise their right to have an appropriate prescription dispensed by a Dispensing Appliance Contractor from outside this area under the patient choice scheme.

3.4 Dispensing GP practices

Dispensing GP practices are permitted to deliver dispensing services to patients in certain circumstances. These are summarised in the NHS Regulations.[22]

> The term ***pharmaceutical services***, used in the context of the provision of services by a medical practitioner, means the dispensing of drugs and appliances, but **not** the other pharmaceutical services that contractors on a pharmaceutical list could provide

Dispensing from the practice is permitted where:

- A patient would have serious difficulty in obtaining any necessary drugs or appliances from a chemist by reason of distance, or inadequacy of means of communication (colloquially known as the *serious difficulty test* which can apply

anywhere in the country), **or**

- A patient is *resident* in *an area which is rural* in character, *known as a controlled locality*, and lives at a distance of *more than one mile (1.6km) from a community pharmacy's premises.* (This does not include distance selling chemist premises). The pharmacy's premises do not have to be in a controlled locality.

There are 14 GP practices that have permission to dispense medicines in East Sussex. There are 11 main surgery premises with dispensaries. There are nine branch practices where dispensing of medicines also takes place, Table 13.

Of the population registered with general practices in East Sussex, 17.5% are registered with a dispensing practice. However, not all patients registered with a dispensing practice will meet the criteria for receiving dispensing services.[23] The distribution of dispensing practices by locality is shown in Table 13 and Figure 9 above. All pharmacies in East Sussex are listed by CCG in Appendices 4,5,6, while those practices providing a dispensing service are shown in Appendix 7.

Table 13: Dispensing GP practices and branches by CCG and locality as at October 2016

CCG and locality	Number of dispensing GP practices	Number of dispensing *branch* practices
Eastbourne, Hailsham & Seaford	**0**	**1**
Eastbourne Central	-	-
Hailsham & Polegate	-	-
Seaford	-	1
Hastings and Rother	**7**	**4**
Bexhill*	-	1
Hastings & St.Leonards	1	-
Rural Rother	6	3
High Weald Lewes Havens	**4**	**4**
High Weald	4	4
Lewes Havens	-	-
East Sussex	**11**	**9**

Source: Dispensing Practices in England from NHS Business Authority

*Relates to Ninfield branch surgery, physically located in EHS CCG area but attached to Collington Surgery in Bexhill locality which is in H&R CCG.

3.5 Other pharmaceutical services

ESHT provides both acute hospital and outpatient services in East Sussex. Acute hospital services are provided over two sites at Eastbourne District General Hospital, and The Conquest Hospital in Hastings. The hospital pharmacy service operates from both acute sites with a single Chief Pharmacist overseeing both.

Pharmacy services in the form of a ward top up system, medicines for inpatient use and medicines to be taken home (TTO) are provided for inpatients. Outpatient appointments may result in a recommendation being sent to the patient's GP for prescribing medicines. These are subsequently dispensed in community pharmacies, or practice dispensaries, as appropriate. The exceptions are where there is an immediate need for treatment and for unusual, or hospital available only medicines. The hospital pharmacy also provides specialist medicinal supplies within the hospital itself (e.g. anaesthetics to surgical theatres).

Sussex Community NHS Foundation Trust (SCFT) runs three community hospitals across the county, Crowborough, Lewes, and Uckfield. Rye and Bexhill Hospitals are run by ESHT. Current community hospital services in East Sussex are summarised below, Table 14.

Table 14: Community Hospitals in East Sussex

Community Hospital	Services provided
Crowborough War Memorial SCFT	24 bed general ward, Minor Injuries Unit (SCFT), Outpatients (SCFT) X-ray (SCFT) Crowborough birthing centre (MTW)
Lewes Victoria SCFT	18 bed medical ward (SCFT), Minor Injuries Unit (SCFT), Outpatients and X-ray (SCFT)
Uckfield Community SCFT	16 bed medical ward (SCFT), Minor Injuries Unit (SCFT), Outpatients(ESHT) and X ray (ESHT).
Rye, Winchelsea and District Memorial ESHT	19 bed general medical/rehabilitative ward; long and short term private patients.
Bexhill ESHT	Day surgery, 54 beds (intermediate, palliative and rehabilitation services), outpatients, radiology and physiotherapy.

Source: SCFT

Pharmacy services at ESHT community and acute locations are overseen by the Chief Pharmacist at ESHT.

Sussex Partnership NHS Foundation Trust (SPFT)

SPFT provides mental health services across Sussex, covering East and West Sussex and Brighton & Hove. This includes services for Child and Adolescent Mental Health, Learning Disabilities, Adult Mental Health, Older People's Mental Health, and Secure and Forensic Mental Health. There is a secure mental health facility in East Sussex for adults. The Trust also provides Child & Adolescent Mental Health services in Hampshire and Kent.

The Trust has an extensive, specialist pharmacy team that provides prescribing advice, education and medicines optimisation both to inpatient services, to community mental health teams, and to some care homes.

Medicines are provided to inpatient psychiatric units by Western Sussex Hospitals Trust under contract, and the majority of outpatient dispensing is done by community pharmacies.

The Lansdowne Unit

There is a secure children's home in East Sussex provided by East Sussex County Council, commissioned by NHS England.

Prison services

HM Prison Lewes is situated within East Sussex with a capacity of 742 male offenders (convicted and remand adult, local young remand offenders).[24]

Health Care Services at HMP Lewes are commissioned by NHSE and provided by Sussex Partnership NHS Foundation Trust (SPFT).

There is a 19 bed inpatient unit, an outpatient facility, a pharmacy and a range of clinics.

Substance misuse services are provided under contract by Change Grow Live (CGL) in partnership with SPFT. Detoxification is offered if needed and there is a dedicated 26 bed stabilisation unit.

The nearest prison for female offenders is located at East Sutton Park, Maidstone (NHS West Kent).

Cross border NHS services

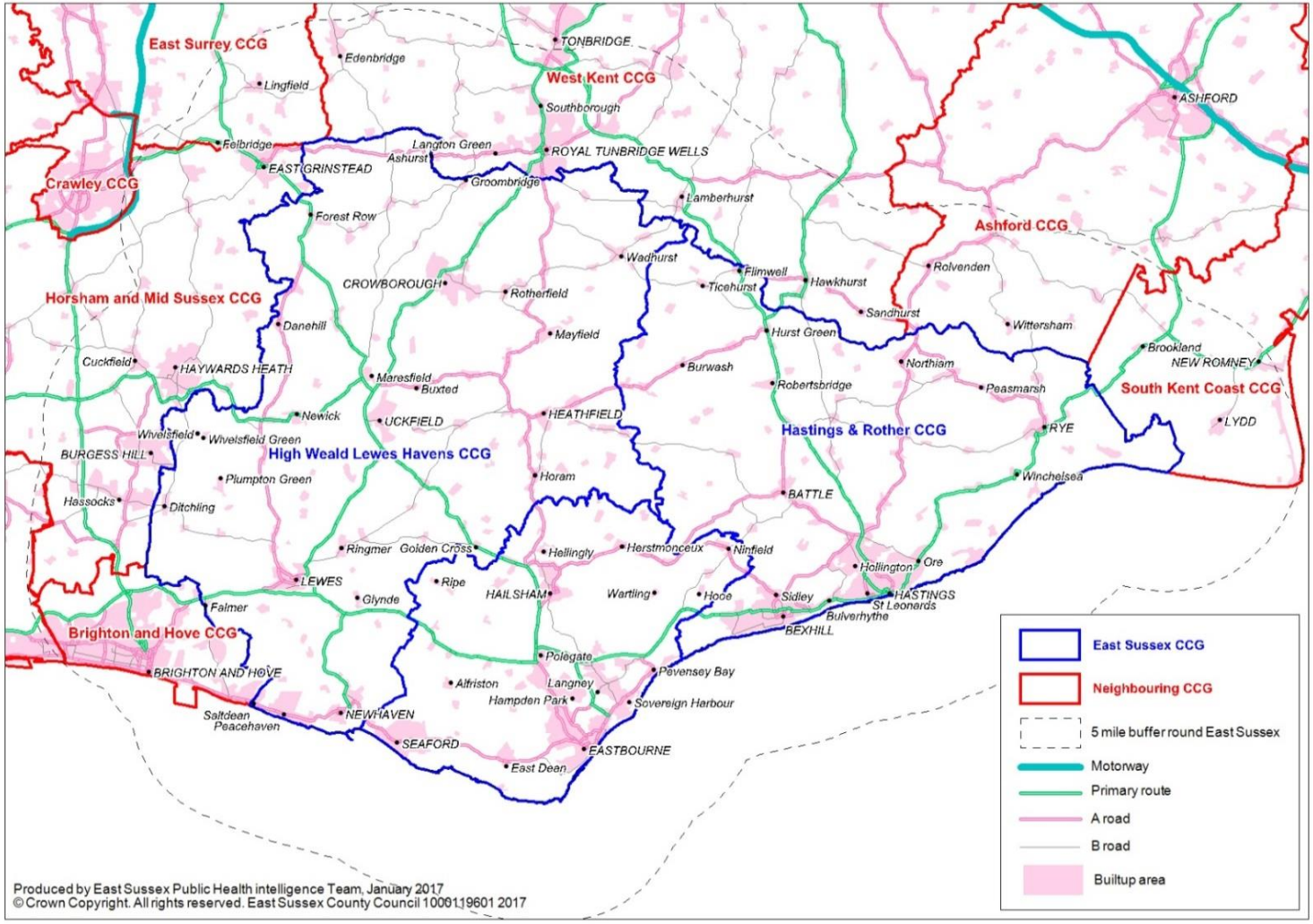
East Sussex is bounded to the west by Brighton & Hove City and West Sussex and to the north by Kent and Surrey (Figure 13). Patients who live toward the borders of the county may choose to access pharmaceutical services from pharmacies located in the major towns close to these borders, namely Brighton & Hove, Burgess Hill, Haywards Heath, East Grinstead and Royal Tunbridge Wells, all of which are found within five miles of the East Sussex border.

Residential, nursing and care homes, and hospices

There are 337 residential and nursing care homes and three hospices registered in East Sussex. All care homes are scrutinised by Care Quality Commission inspectors. Clinical services are provided by General Practitioners, who write NHS prescriptions (FP10s) for their registered patients. These are then dispensed by local community pharmacies (as an essential service).

In the East Sussex Better Together area, a Medicines Optimisation in Care Homes service has been commissioned from Sussex Community NHS Foundation Trust. A team of pharmacists and technicians carry out clinical medication reviews and support staff with the safe storage and handling of medicines.

Figure 13: East Sussex and neighbouring CCGs



Non NHS services

Private hospitals

There are three private healthcare sites within East Sussex: the Esperance (BMI Healthcare) in Eastbourne, the Horder Centre (Horder Healthcare) in Crowborough, and the Spire Hospital Sussex (Spire Healthcare) in Hastings. These provide a number of specialties, including surgical and non-surgical services. All have in-house pharmacy departments supplying the pharmaceutical needs of patients.

3.6 Community pharmacy: definitions of opening hours

Core hours: Those hours a pharmacy is formally contracted to provide NHS pharmaceutical services.

Supplementary hours: Additional hours a pharmacy opens beyond their core hours. These can be modified with 90 days' notice.

Opening hours of pharmacies include a pharmacy's core hours, 40 hours per week, and supplementary hours.

Supplementary hours may be varied by giving three months' notice, whereas core hours are not variable.

One hundred hour pharmacies are obliged to fulfil this minimum requirement per week unless prevented from doing so by legislation.

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

Of the 112 pharmacies in East Sussex, **nine** have a core hours contract of 100 hours. The remaining 99 (excluding 4 internet pharmacies) have standard 40 hour contracts. Pharmacies with 40 hour contracts *can* open for longer under supplementary hours arrangements.

Table 15 provides the numbers and responses to the provider survey of pharmacies with 40 and 100 hour contracts, by CCG and by locality. The higher proportion of 100 hour pharmacies located within Hastings & Rother and Eastbourne, Hailsham and Seaford CCGs reflects the distribution of large towns within the county, Figure 14.

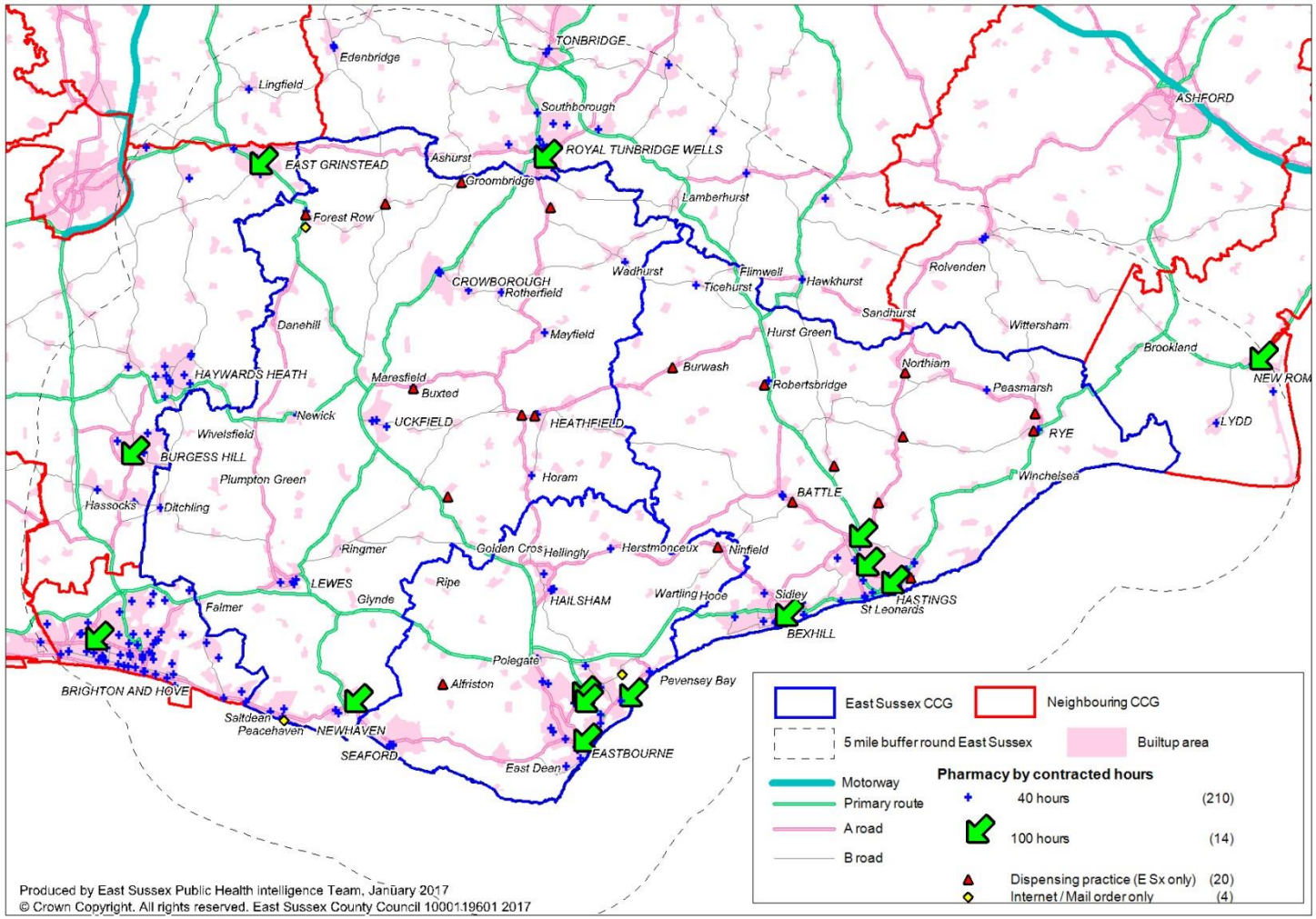
Table 15: Community pharmacies in East Sussex by core hour contract type, by CCG and by locality*

	Responded to survey		
	Yes	No	Grand Total
Eastbourne, Hailsham and Seaford CCG	**20**	**20**	**40**
Eastbourne locality	**12**	**14**	**26**
Community pharmacy	9	11	20
Community pharmacy (100 core hours)	2	2	4
Internet / Mail order	1	1	2
Hailsham and Polegate locality	**6**	**3**	**9**
Community pharmacy	6	3	9
Seaford locality	**2**	**3**	**5**
Community pharmacy	2	3	5
Hastings and Rother CCG	**21**	**19**	**40**
Bexhill locality	**4**	**7**	**11**
Community pharmacy	4	6	10
Community pharmacy (100 core hours)		1	1
Crowborough locality**	**1**		**1**
Community pharmacy	1		1
Hastings and St Leonards locality	**12**	**10**	**22**
Community pharmacy	12	7	19
Community pharmacy (100 core hours)		3	3
Rural Rother locality	**4**	**2**	**6**
Community pharmacy	4	2	6
High Weald Lewes Havens CCG	**15**	**17**	**32**
Crowborough locality	**4**	**5**	**9**
Community pharmacy	3	5	8
Internet / Mail order	1		1
Havens locality	**4**	**4**	**8**
Community pharmacy	4	2	6
Community pharmacy (100 core hours)		1	1
Internet / Mail order		1	1
Lewes locality	**4**	**3**	**7**
Community pharmacy	4	3	7
Uckfield locality	**3**	**5**	**8**
Community pharmacy	3	5	8
Grand Total	**56**	**56**	**112**

* Community pharmacies on a CCG pharmaceutical list at October 2016
Includes 4 internet/mail order pharmacies: 2 in EHS; 2 in HWLH CCGs
**This H&R CCG pharmacy in Crowborough is located in High Weald locality
Crowborough and Uckfield are new localities derived from High Weald locality
Lewes and Havens locality has been subdivided into its constituent parts

Source: ESCC pharmacy survey

Figure 14: **Location of East Sussex community pharmacies by core-hour contract type (40 and 100 hours)**



Out of hours services

Out of hours services are defined as those hours not routinely covered by GP practices (i.e. those between 18:30 and 08:00 hours Monday to Friday, and all day on Saturdays, Sundays and Public Holidays). During these times general medical services are largely channelled through the Out of Hours provider, IC24 which provides general medical services to all patients in need of immediate medical treatment. When no pharmacy is open, the Out of Hours providers have access to medicines under the *National Out of Hours Formulary*. Only if they do not have appropriate stock is there a need to issue a patient with a prescription.

Much of out of hours is covered by community pharmacy with 67% of pharmacies open in the evening after 5:30 pm, 90% of pharmacies across the county open on a Saturday for at least part of the day, and 21% are open on a Sunday, Table 16.

There are 17 pharmacies offering the out of hours (extended hours) service during weekdays and at weekends.

Table 16: "Out of Hours" community pharmacy opening hours by contract type in East Sussex

Core hours contract	Number	Weekday Evening (open after 17:30)	Any Saturday opening	Any Sunday opening
40 hours	99	63	88	14
100 hours	9	9	9	9
All pharmacies	**108***	**72**	**97**	**23**
% of total		**67%**	**90%**	**21%**

*Denominator excludes internet pharmacies

Source: Pharmacy contracts database NHS England-South (South East) Oct 2016

Figure 15 shows the location of pharmacies in East Sussex and neighbouring CCGs on weekdays while Figure 16 shows locations of pharmacies open in the evening (after 17:30 hrs). Figure 17 shows those pharmacies currently operating the defined out of hours scheme.

Figure 18 shows pharmacies open on Saturday mornings only and Figure 19 all day Saturday. Figure 20 shows pharmacies open on a Sunday.

Figure 15: **Pharmacies in East Sussex and neighbouring CCGs open during weekdays**

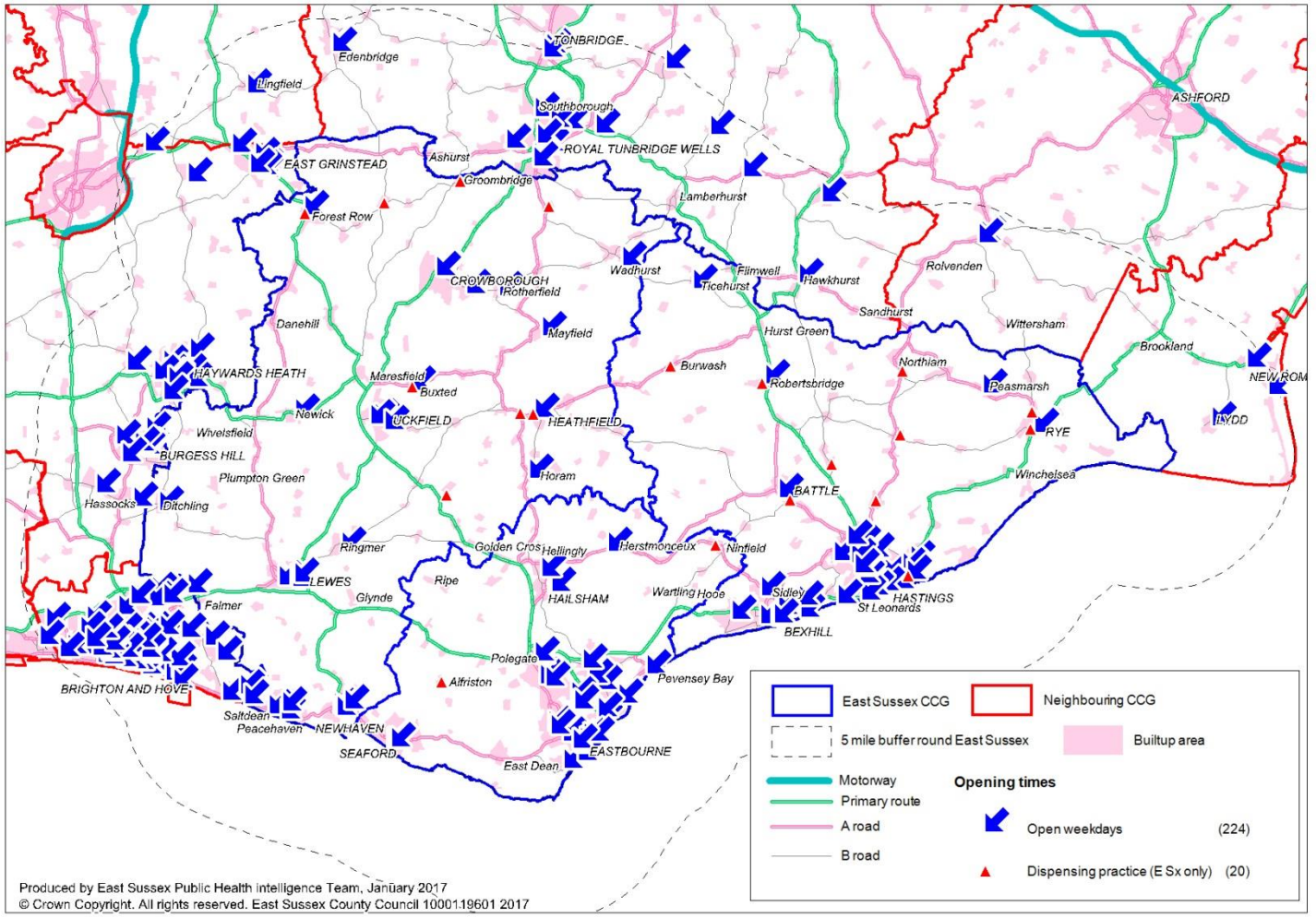


Figure 16: Pharmacies in East Sussex and neighbouring CCGs open during evenings (after 5:30 p.m.)

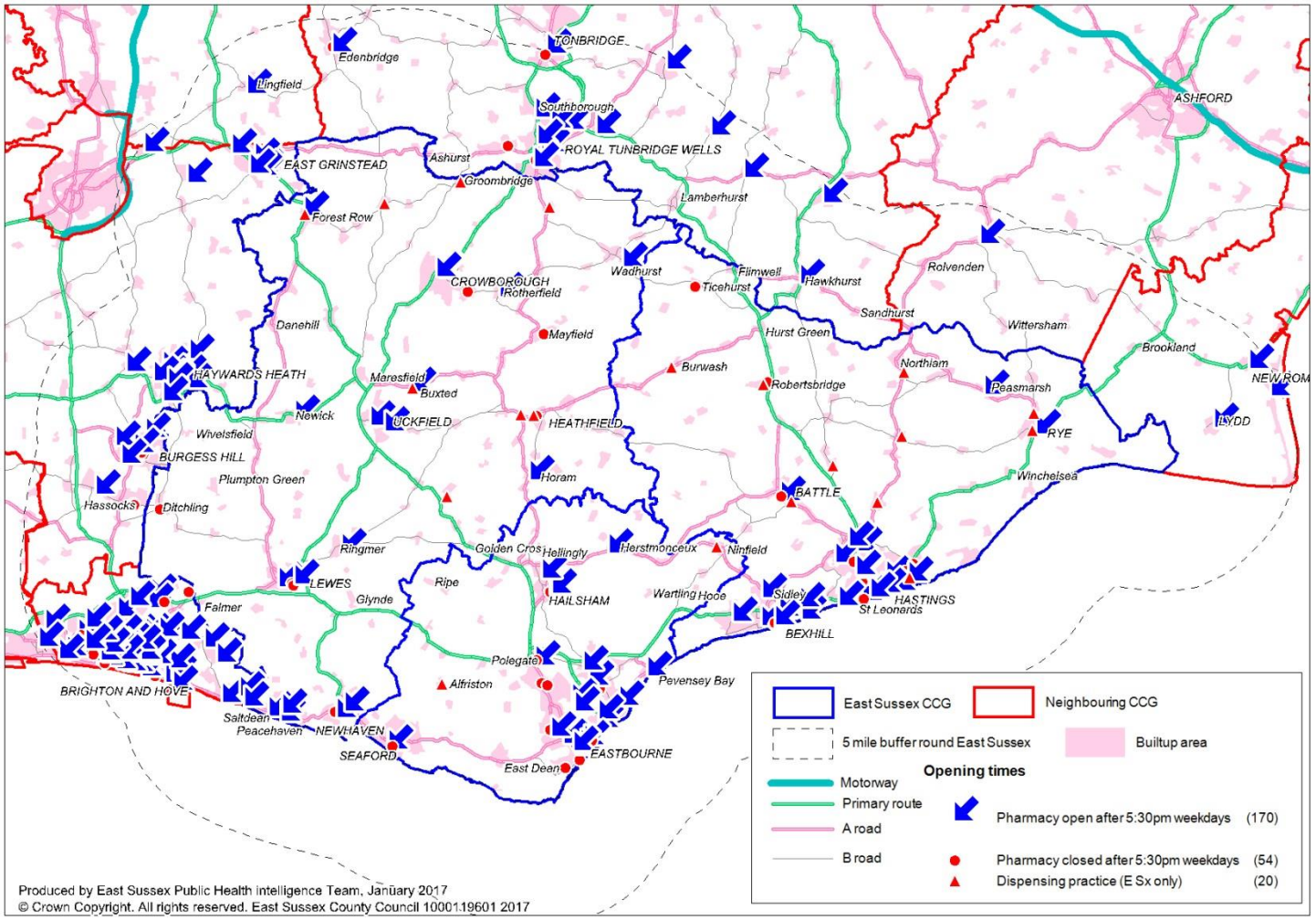


Figure 17: Pharmacies operating during defined out of hours times

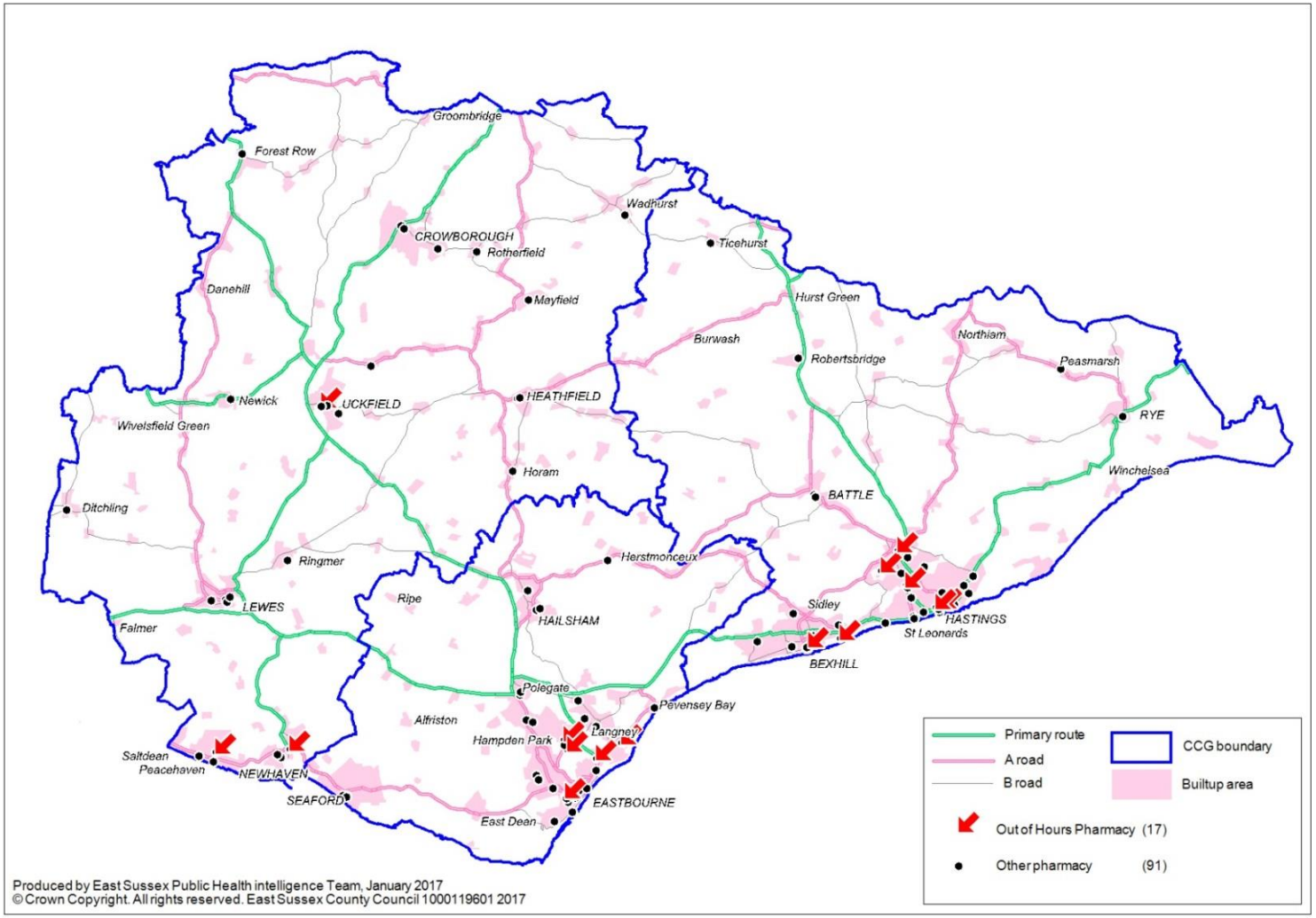


Figure 18: Pharmacies in East Sussex and neighbouring CCGs open on Saturday mornings

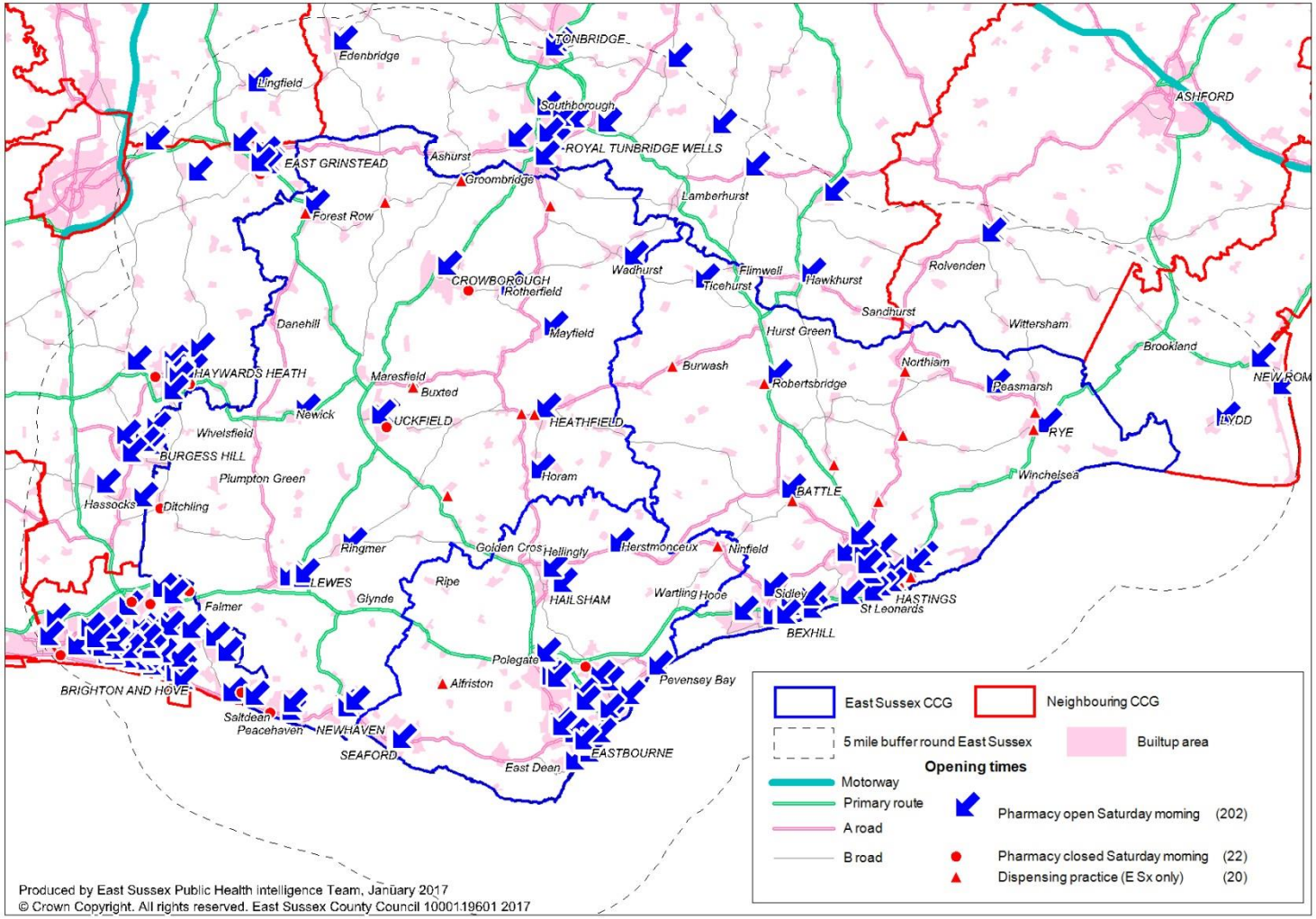


Figure 19 Pharmacies in East Sussex and neighbouring CCGs open on Saturday all day

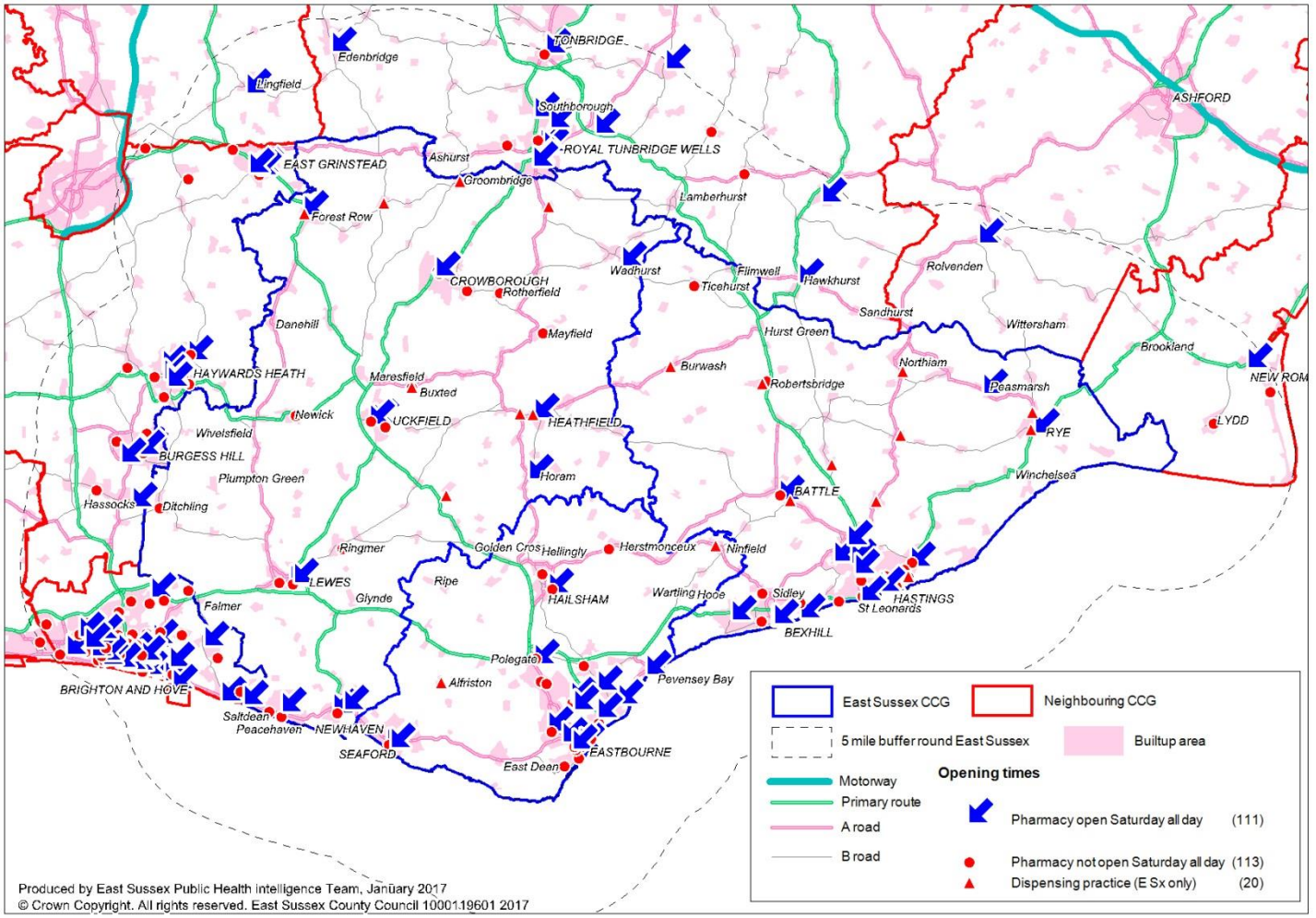


Figure 20: Pharmacies in East Sussex and neighbouring CCGs open on Sundays

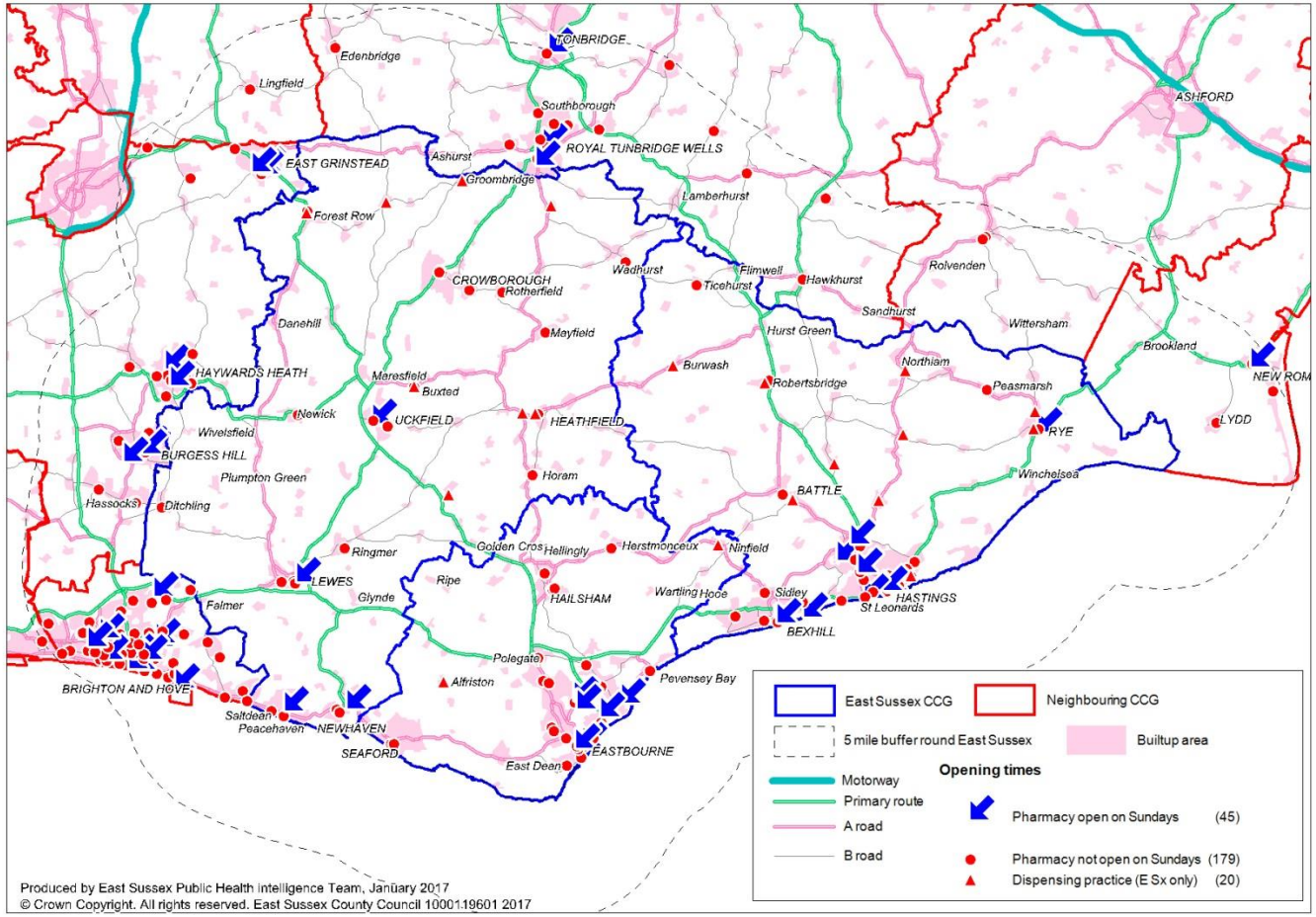
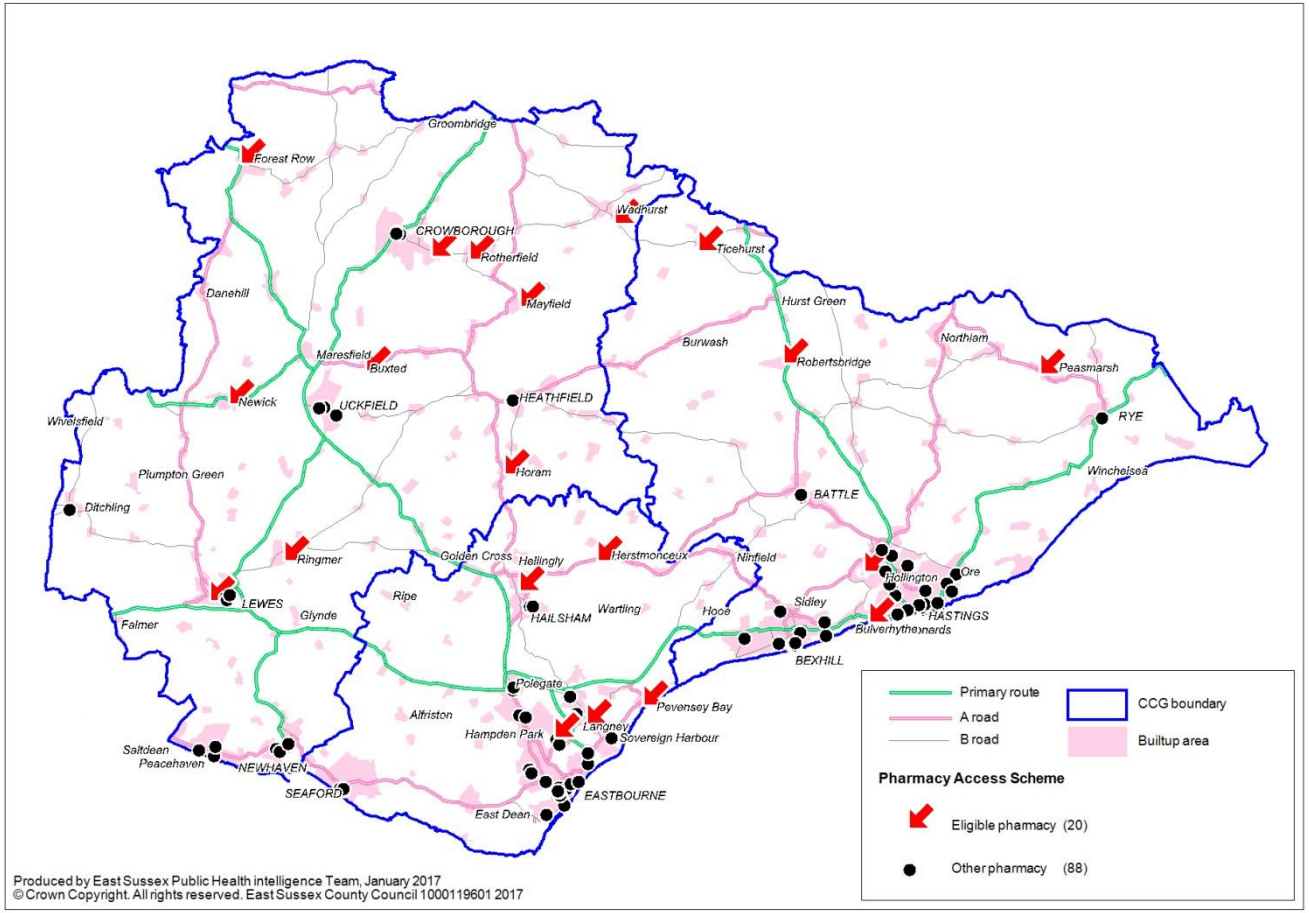


Figure 21: Distribution of community pharmacies Eligible for Pharmacy Access Scheme



Access to pharmaceutical services

There are 108 community pharmacies, and four internet pharmacies, Table 17. Figure 21 above shows those 20 pharmacies eligible for the pharmacy access scheme (PAS).

Table 17: Number of pharmaceutical providers by CCG and locality

CCG	Locality	Internet or mail order based*	Community pharmacies*
Eastbourne, Hailsham & Seaford		2	38
	Eastbourne	2	24
	Hailsham & Polegate		9
	Seaford		5
Hastings and Rother+		0	40
	Bexhill		11
	Hastings& St Leonards		22
	Rural Rother		6
High Weald Lewes Havens		2	30
	High Weald	1	16
	Lewes Havens	1	14
East Sussex		4	108

* Community pharmacies on an NHS England pharmaceutical list at October 2016
+ CCG total includes one pharmacy in High Weald locality (Crowborough).
Source: NHS England

3.7 Distance and travel times

In an NHS Litigation Authority ruling (Box) about a case of access and choice of pharmaceutical services, a travel distance of six miles by car or public transport was considered reasonable in rural areas.

> The Committee noted the applicant's assertion that there is no choice of pharmacy … and the Committee agreed with this. However, the Committee noted that it should have regard to there being a reasonable choice with regard to obtaining pharmaceutical services in the area ... the nearest … **approximately six miles away**. The Committee noted that there is an hourly bus service to surrounding areas, and taking into account the rural nature … relatively high car ownership the Committee considered that there is a reasonable choice with regard to obtaining pharmaceutical services.
>
> NHS Litigation Authority 17182
> http://www.nhsla.com/Pages/Publications.aspx?library=fhsau%7cdecisions%7cpharmaceutical2012%7c2013/2014

Evening opening for the purpose of this needs assessment is classified as any pharmacy open after 17:30 hours. Two thirds of pharmacies in East Sussex are open for some period after this time, with closing times ranging from 18:00 hours to midnight.

3.8 Travel Times to Access Pharmacies:

We have also assessed access to community pharmacy using TRACC software to model travel times to a pharmacy at different times of the week using different modes of transport (car, public transport which includes buses and trains, and walking), Table 18. This model takes into account traffic flow and volume at different times of the week, as well as distance.[25]

Table 18: Opening hours of pharmacies, number and proportions with no access by day of the week

	Opening hours of pharmacy				
	All day	Evening	Saturday morning	Saturday all day	Sunday
 No access within 30 mins (% and number)	6.6% 34,500	14.0% 73,700	9.2% 48,700	10.7% 56,500	29.5% 155,400
 No access within 30 mins (% and number)	17.6% 92,400	24.7% 129,800	21.4% 112,900	29.5% 155,600	53.1% 279,700
 No access within 15 mins (% and number)	5.1% 26,800	7.9% 41,700	6.7% 35,200	8.5% 44,700	24.6% 129,403

Source: ESCC

By Public Transport (Figures 23, 26, 29, 31 and 34)

Around 35,000 residents of East Sussex (7%) cannot access a pharmacy during the day on a weekday within half an hour (one way) using public transport, and 23,000 of these people (4% of the county's population) cannot access any pharmaceutical provision at all using this mode of transport, Figure 23 shows daytime access for the two way journey.

When we look at access to pharmacies on weekday evenings (defined as after 6 p.m.) these proportions rise considerably, with nearly 74,000 people (14%) unable to access a pharmacy within 30 minutes, and over 54,000 people with no access at all. Figure 26 shows evening access for the two way journey.

On Saturdays, more pharmacies are open in the morning than are open all day, and this is reflected in accessibility. While nearly 49,000 people cannot access a pharmacy in the morning within 30 minutes, this rises to 56,000 in the afternoon, with 31,000 (6%) having no access. Figures 29 and 31 show Saturday access for the two way journey.

Access on a Sunday is more of a challenge, with nearly a third of people (155,000) unable to get to pharmacy within half an hour using public transport, and 73,000 (14%) with no access at all. Access in Wealden on a Sunday is poorest, with nearly two thirds (63%) of people living more than 30 minutes from a pharmacy, and nearly a quarter (22%) having no access at all. Figure 34 shows the two way journey by public transport on a Sunday.

By Walking (Figures 22, 25, 28 and 33)

Eighty-two per cent (82%) of East Sussex residents live within a half hour walk of a pharmacy which is open on a weekday in the day. However, this means that 92,000 people (18%) cannot access any pharmaceutical provision by walking for 30 minutes, Figure 22.

In the evenings, a quarter of residents (130,000) live more than 30 minutes' walk from a pharmacy, Figure 25. While 21% (113,000) cannot access provision on a Saturday morning, Figure 28, this rises to 30% (155,600) on a Saturday afternoon, Figure 33.

Access on a Sunday is again poorest, with more than half of the population (53%, or 280,000 people) unable to walk to a pharmacy within half an hour.

By Car (Figures 24, 27, 30, 32, and 35)

When looking at drive time, we have added 5 minutes to each journey to account for the time taken to find a parking space, park and secure a car, in line with Department for Transport (DfT) accessibility data.

Five per cent (5%) of East Sussex residents (fewer than 27,000 people) cannot drive to a pharmacy within 15 minutes during the day, Figure 24. Nearly 42,000 (8%) are further than 15 minutes from a pharmacy in the evening, Figure 27.

At weekends there are 35,000 (7%) unable to drive to a pharmacy within 15 minutes on a Saturday morning, Figure 30 and this increases to 45,000 (8%) in the afternoon, Figure 32.

A quarter of East Sussex residents cannot access a pharmacy by car within 15 minutes on a Sunday, 129,000 people, Figure 35, but there are big variations across the districts, with 59% of residents of Wealden unable to access a pharmacy on a Sunday within 15 minutes.

In conclusion: Which parts of East Sussex have the least access to a pharmacy?

Where people have access to a car there is adequate access in terms of travel times to a pharmacy in all parts of the county, including weekends.

By public transport (two way journeys) there are small areas during the day and even larger rural areas of the county with no access on Saturdays and Sundays. This is particularly the case in the Hailsham area.

The wards with the least access are summarised in Appendix 8. The maps show one way journey times unless otherwise stated. There are streets in Lewes, Rye and Old Hastings with cobbled streets which may affect pedestrian and wheelchair access to a pharmacy.

Figure 22: Daytime access to pharmacies by walking

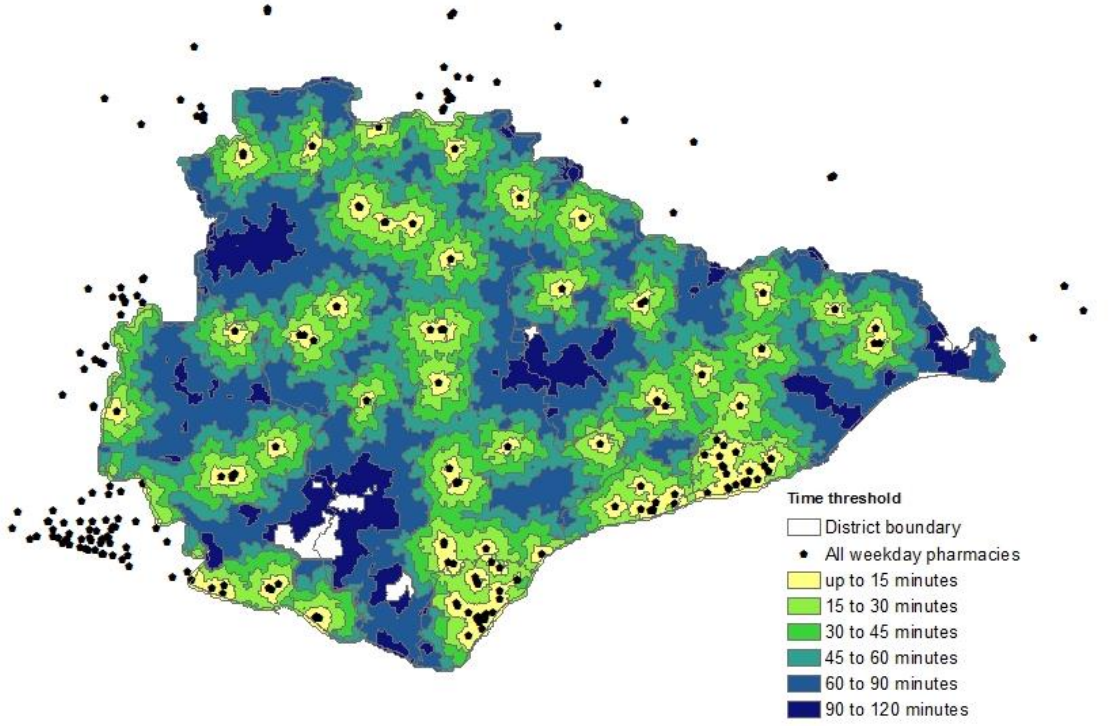


Figure 23: Daytime access to pharmacies by Public Transport – two way journey

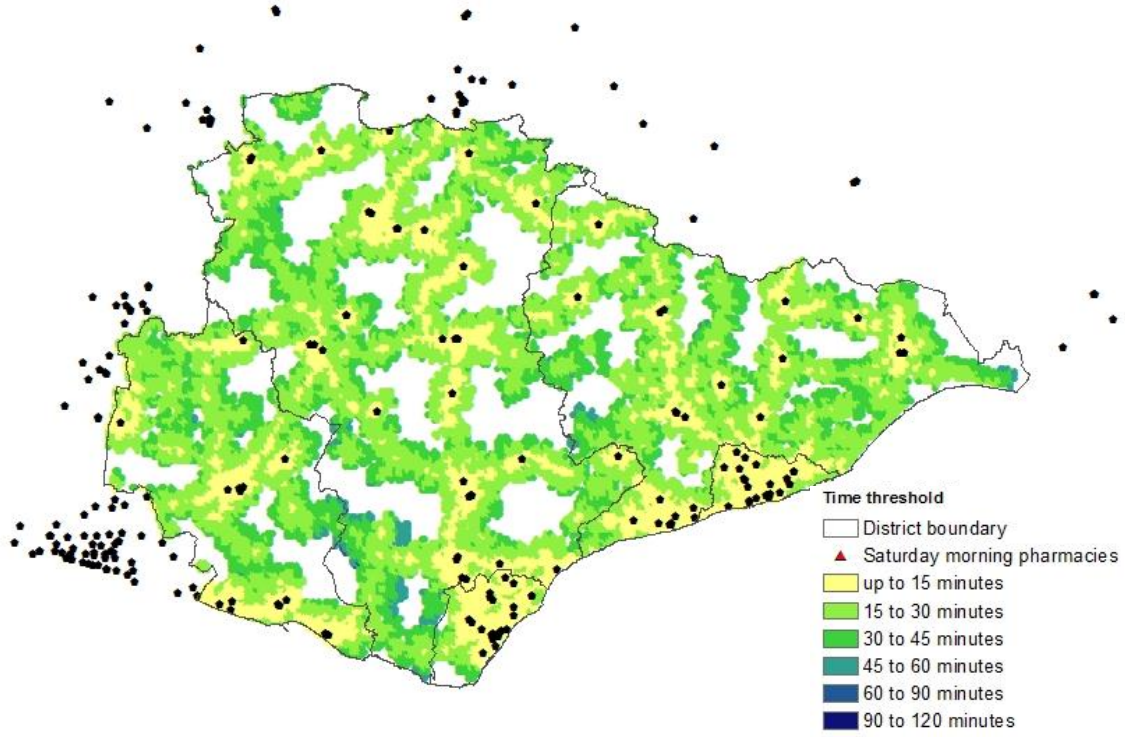


Figure 24: Daytime access to pharmacies by car

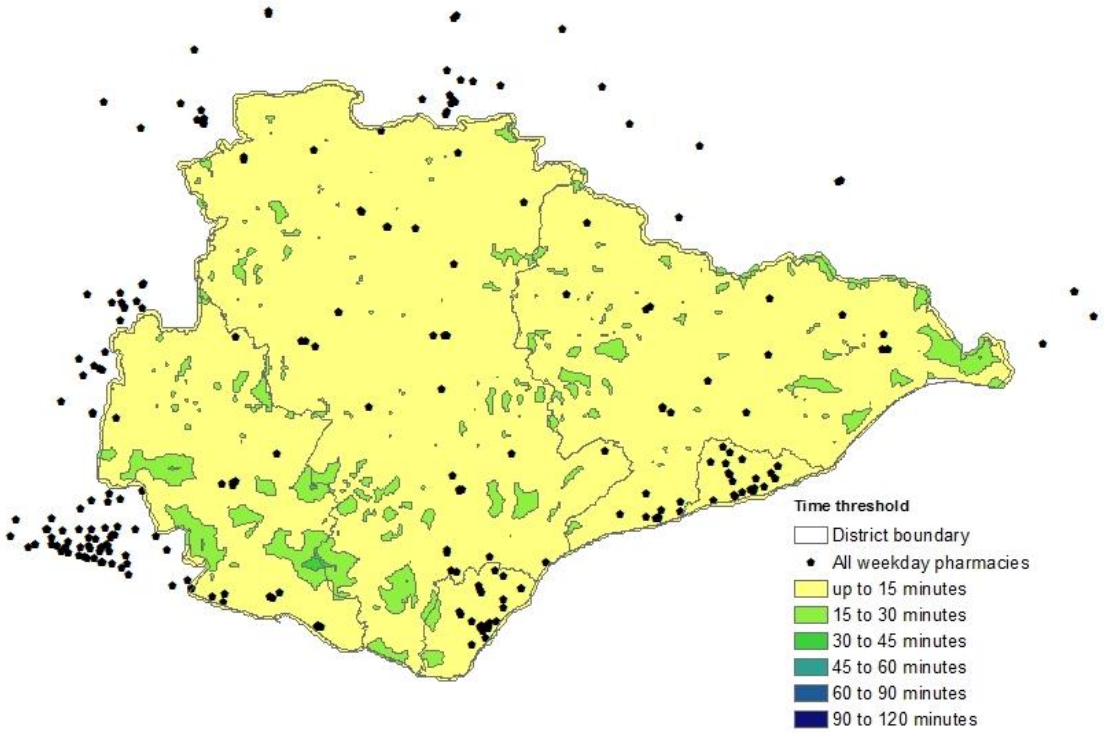


Figure 25: Weekday evening access (after 6 p.m.) to pharmacies by walking

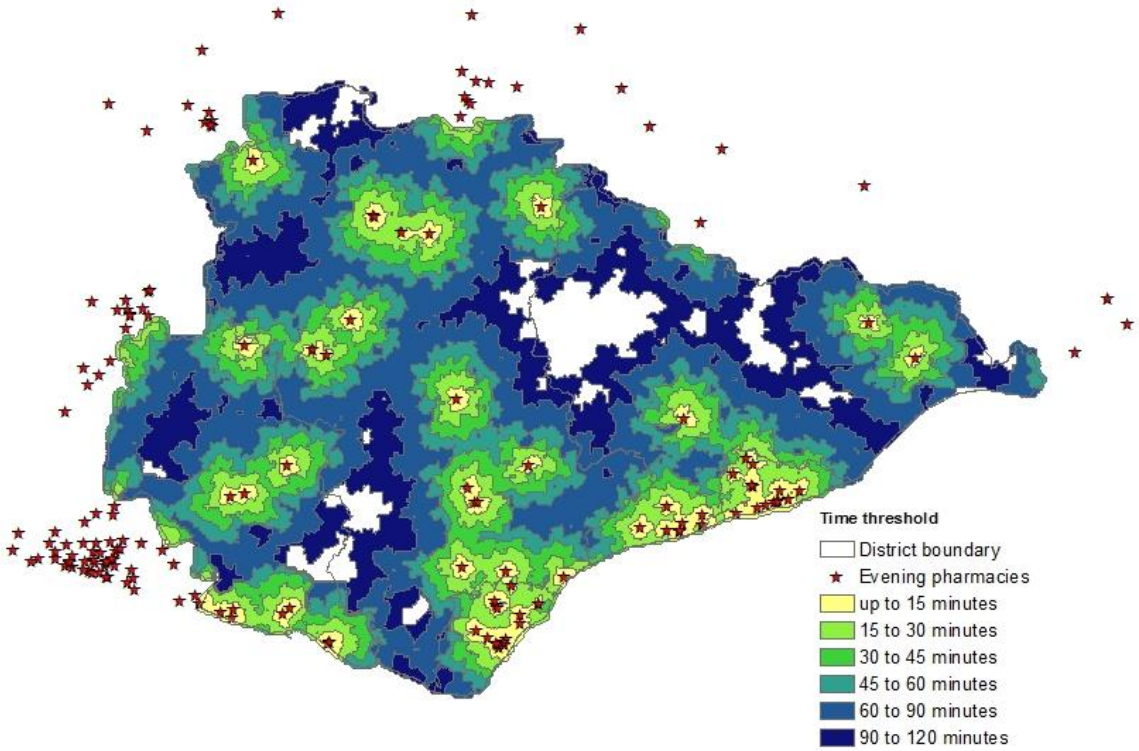


Figure 26: Evening access to pharmacies by Public Transport – two way journey

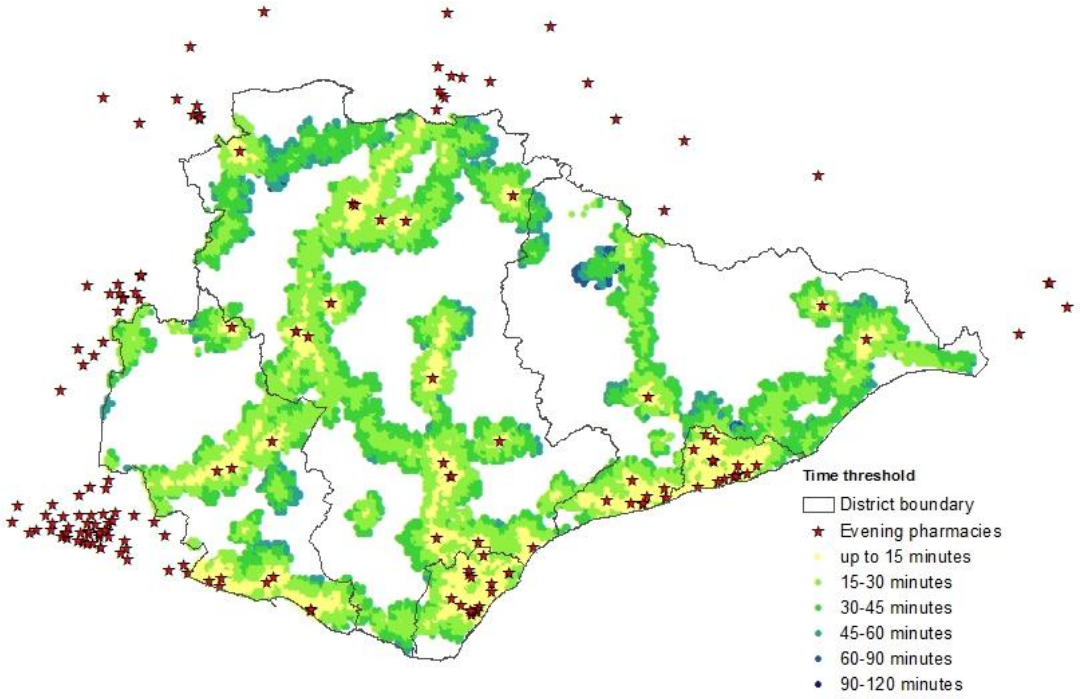


Figure 27: Evening access to pharmacies by car

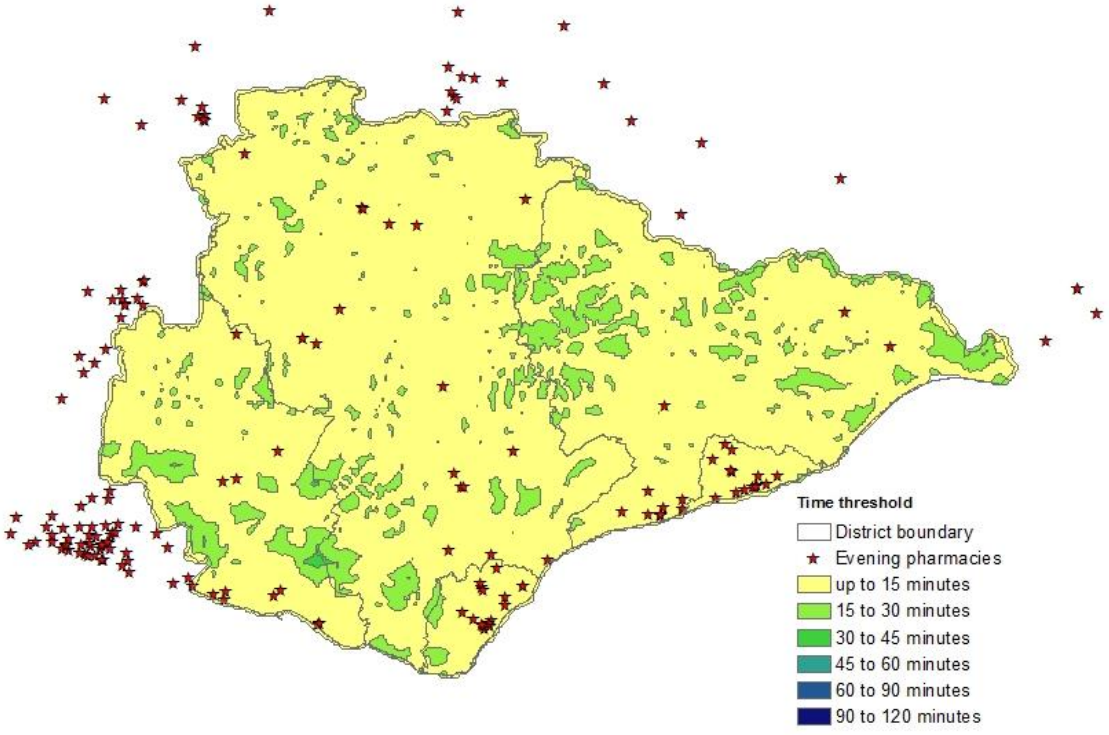


Figure 28: Saturday morning access to pharmacies by walking

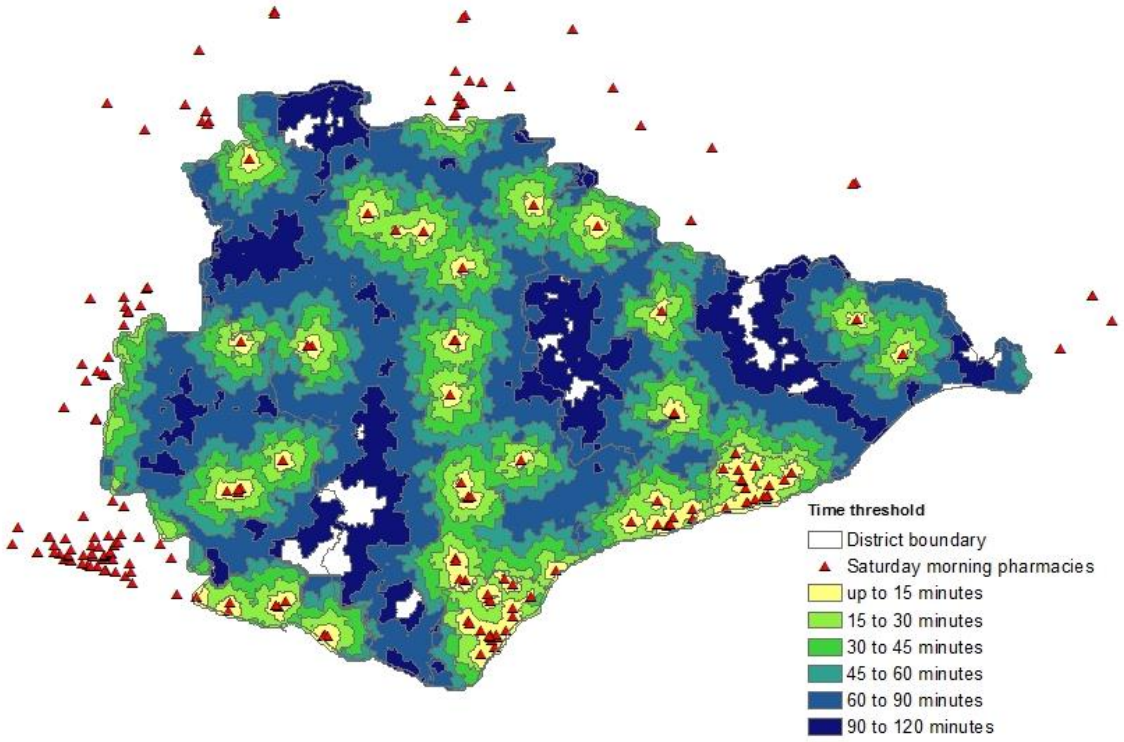


Figure 29: Saturday morning access to pharmacies by Public Transport – two way journey

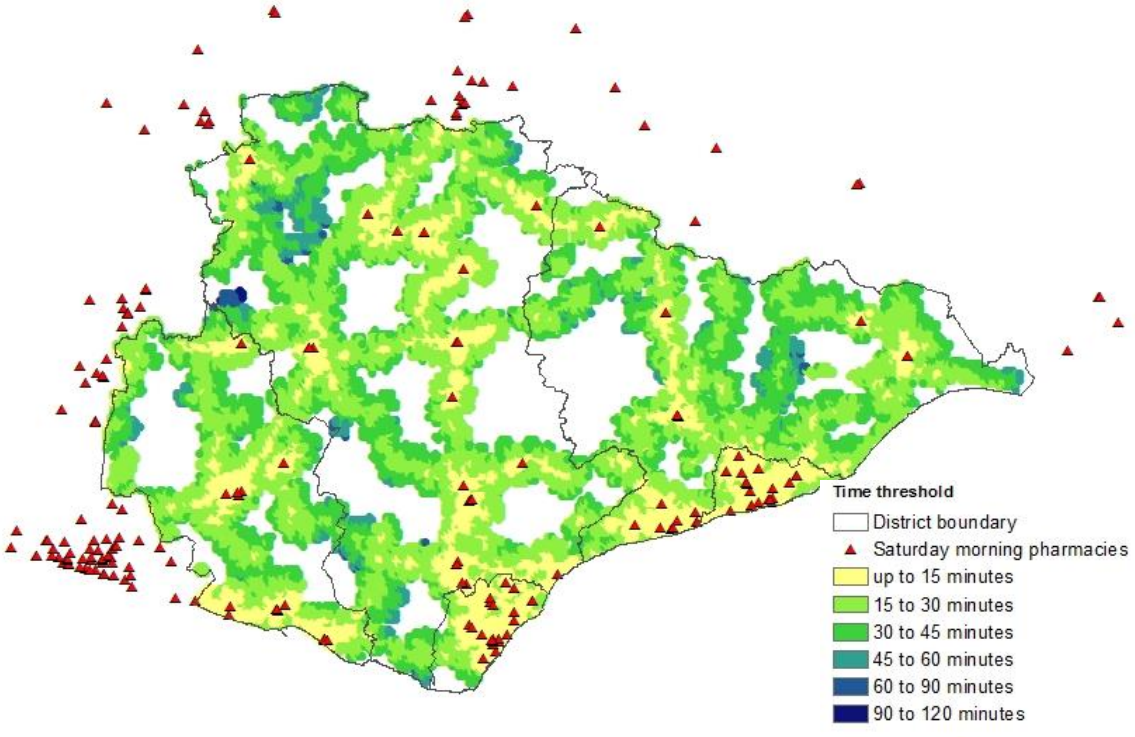


Figure 30: Saturday morning access to pharmacies by car

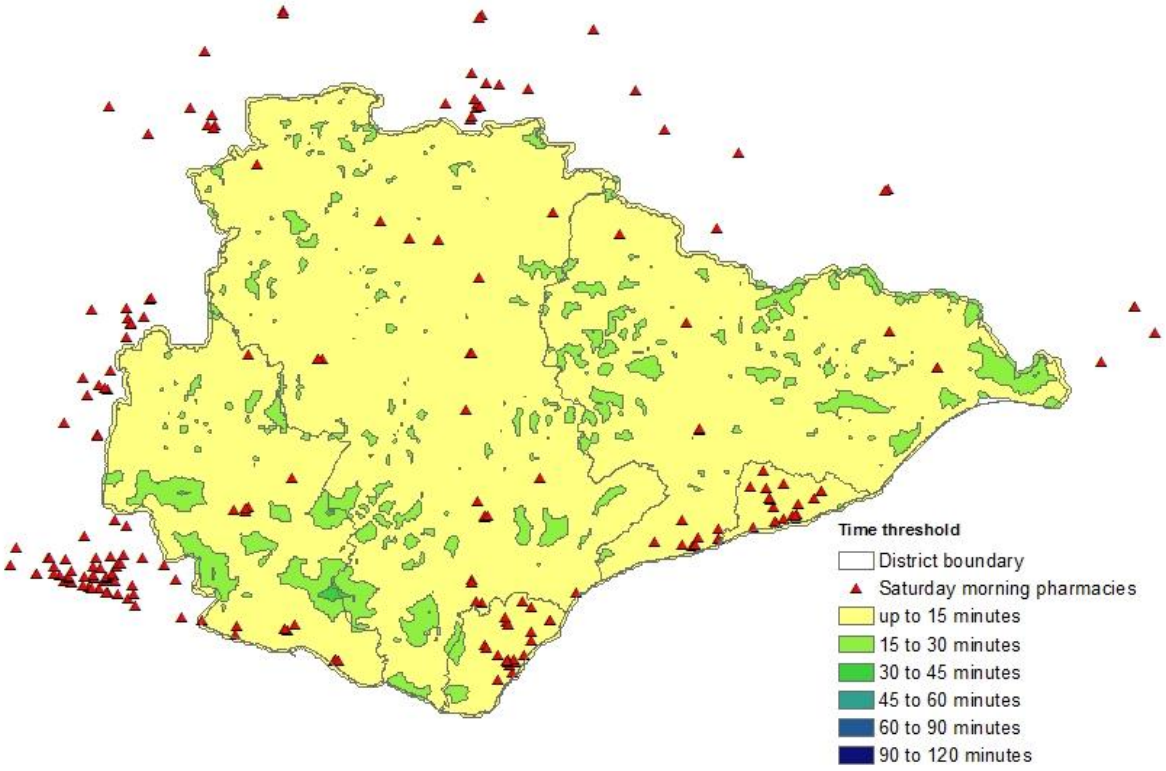


Figure 31: Saturday afternoon access to pharmacies by Public Transport – two way journey

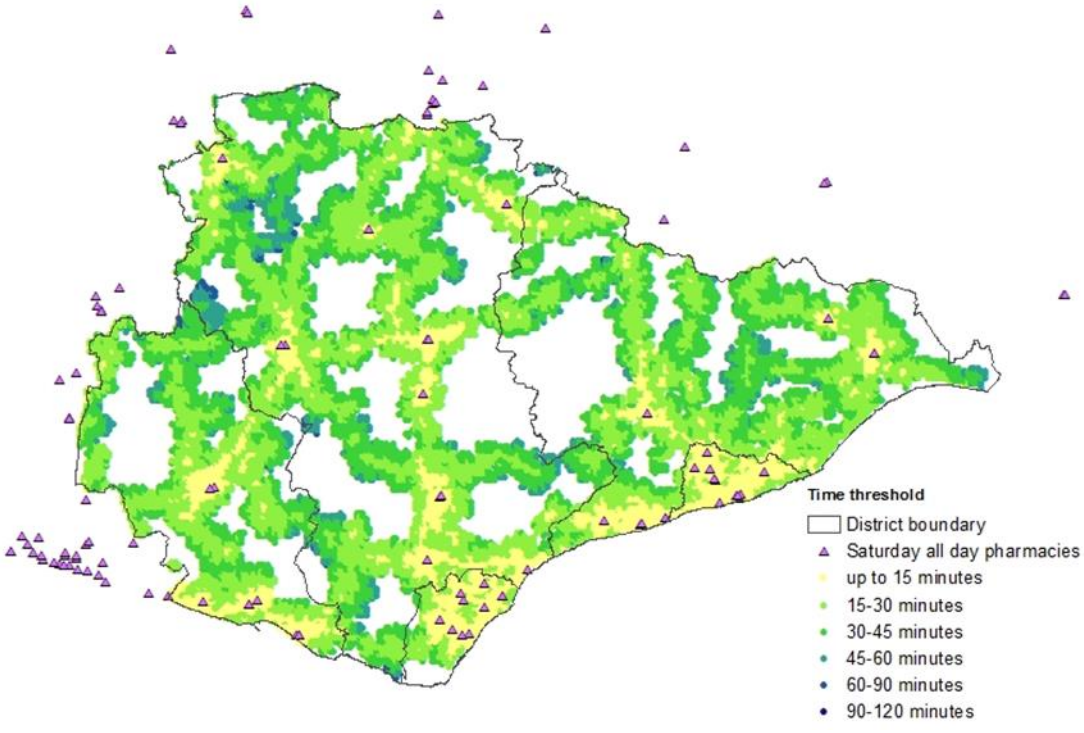


Figure 32: Saturday afternoon access by car

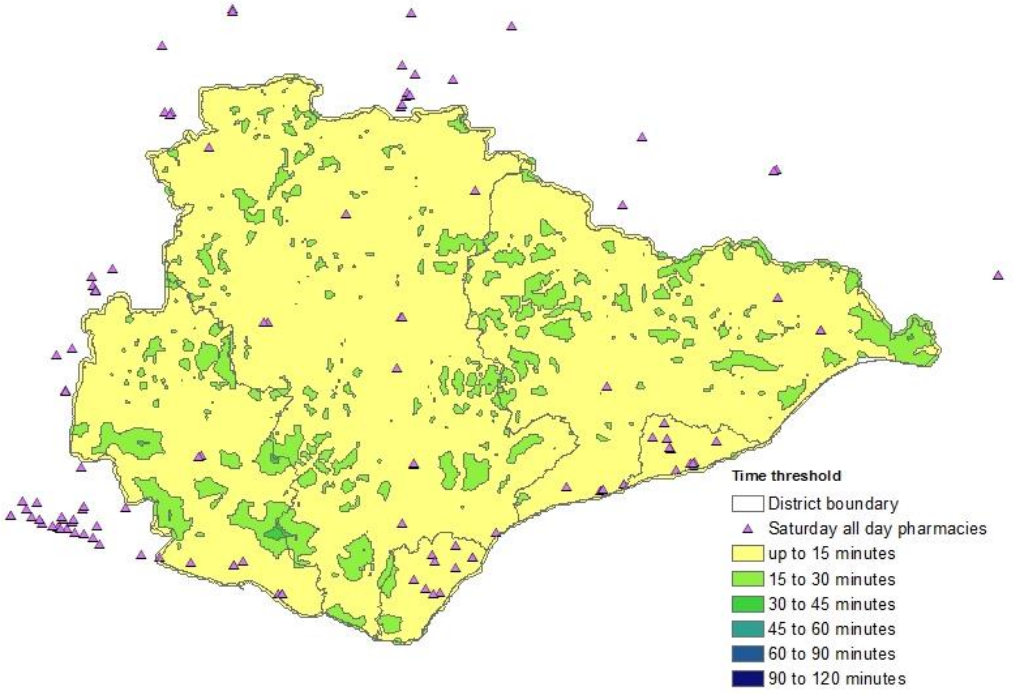


Figure 33: Saturday afternoon access by walking

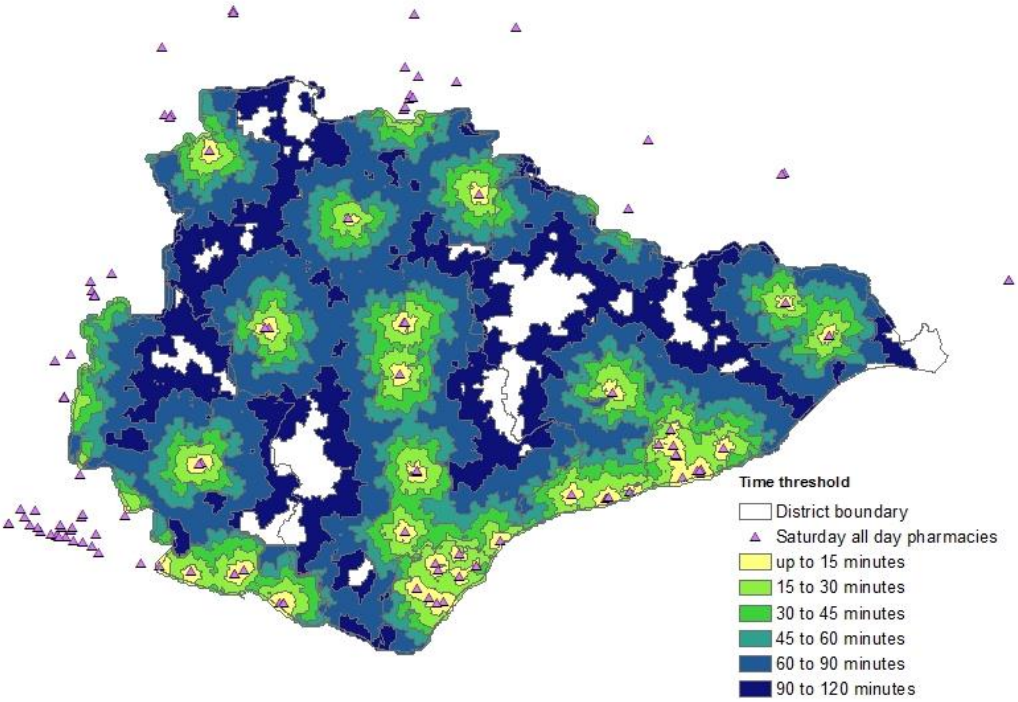


Figure 34: Sunday access to pharmacies by Public Transport – two way journey

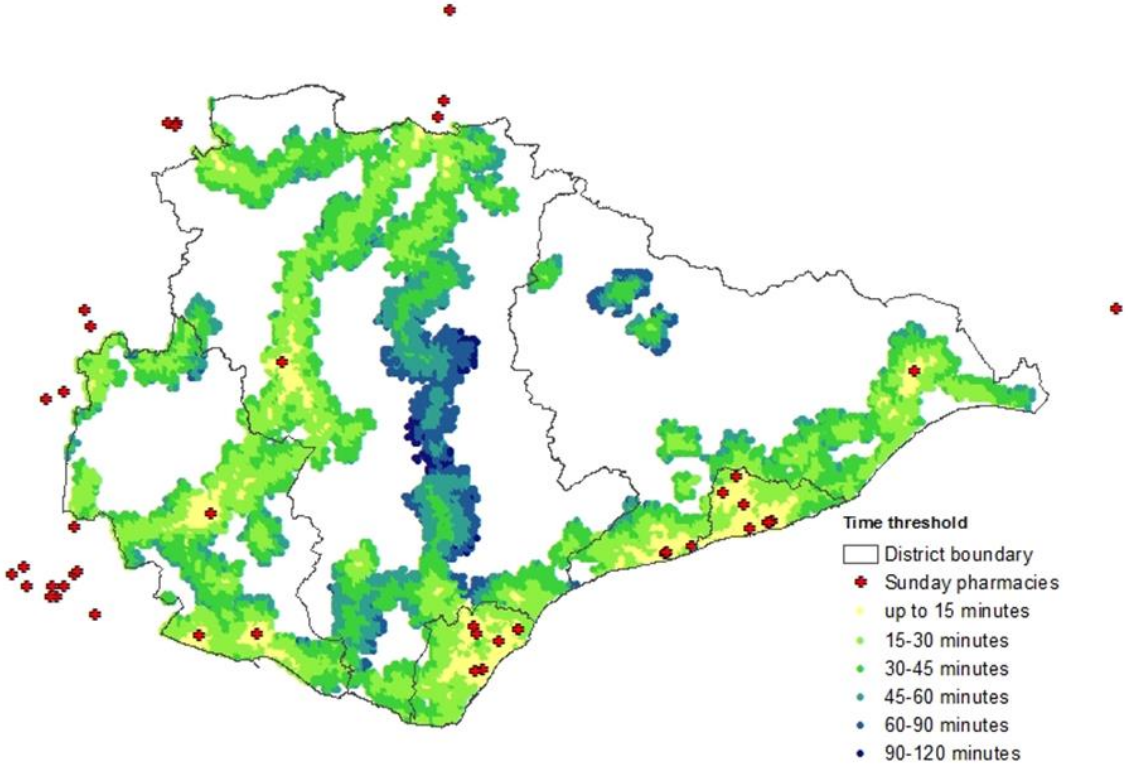


Figure 35: Sunday access to pharmacies by car

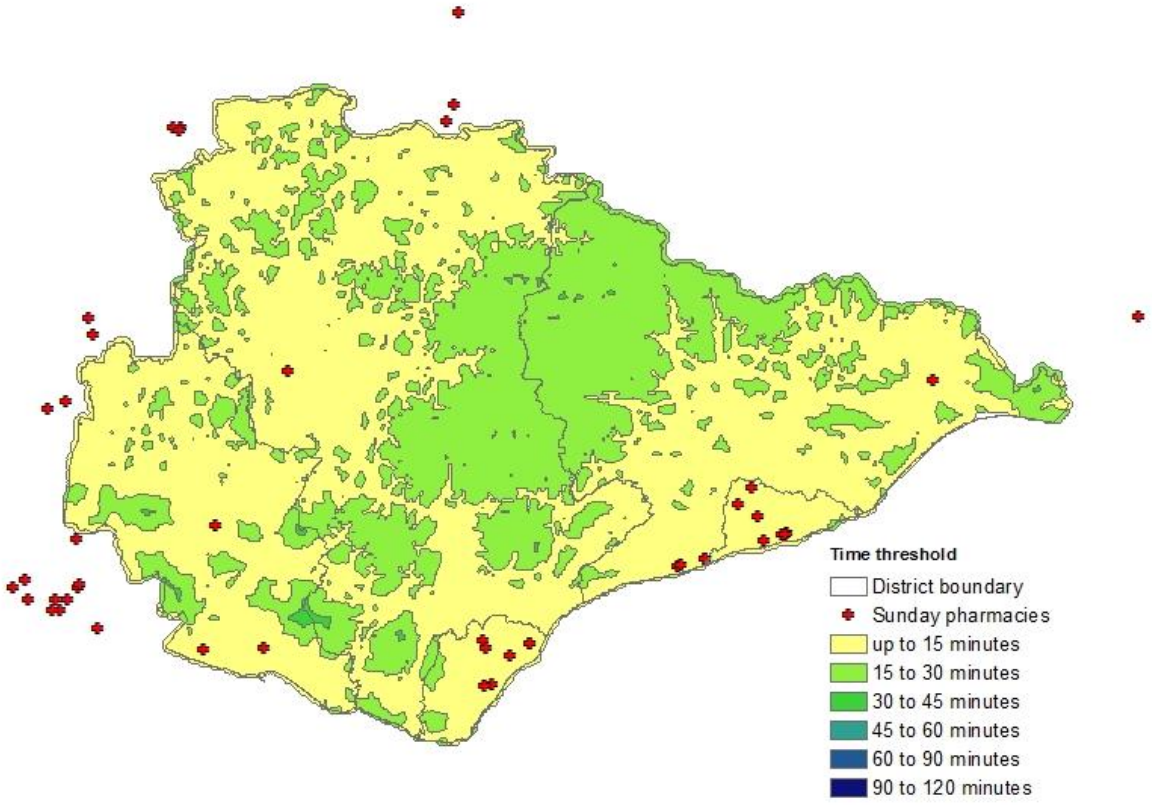
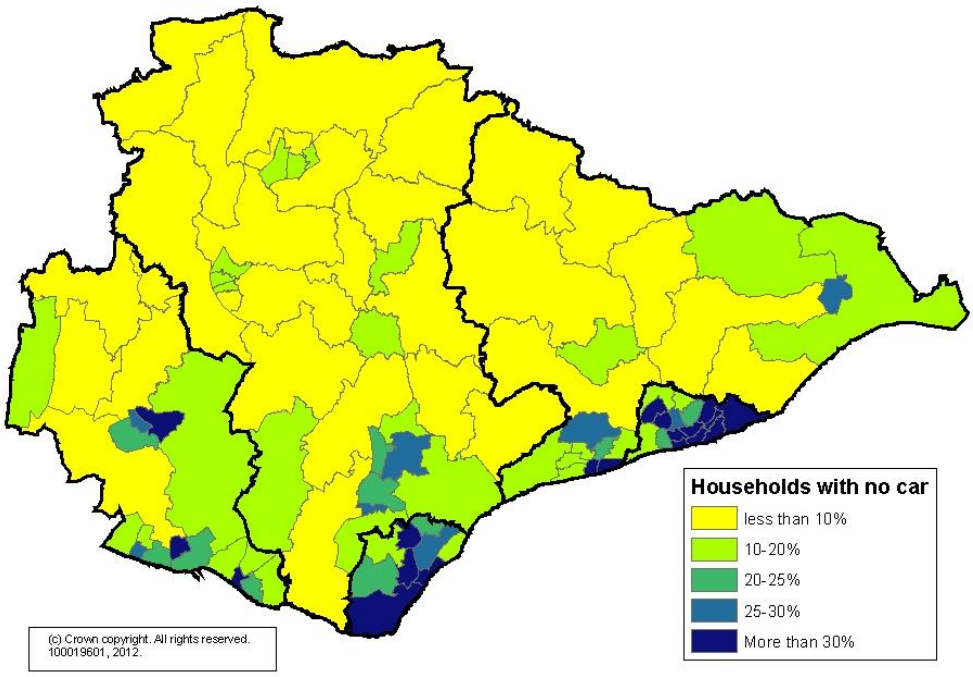


Figure 36: Percentage of households without a car in East Sussex in 2011, by ward



Source: Census 2011

According to the 2011 census the proportion of households with no access to a car is lower in East Sussex (22%) than the national average (26%). However there is a substantial proportion of pensioner households who do not have a car, (36.3%), Table 19.

Table 19: Households (all and pensioner households) without a car in 2011

	All households		Households without a car		% of households without a car	
	All households	Pensioner households	All households	Pensioner households	All households	Pensioner households
Eastbourne	45,012	12,468	12,911	5,670	28.7%	45.5%
Hastings	41,159	8,249	13,693	3,961	33.3%	48.0%
Lewes	42,181	11,948	8,488	4,223	20.1%	35.3%
Rother	40,877	13,939	7,781	4,577	19.0%	32.8%
Wealden	62,676	17,767	7,801	4,926	12.4%	27.7%
East Sussex	**231,905**	**64,371**	**50,674**	**23,357**	**21.9%**	**36.3%**

Source: 2011 Census, ONS

3.9 NHS pharmaceutical service provision

This section provides further details on the provision of NHS Pharmaceutical Services as defined in the Community Pharmacy Contractual Framework. Whilst it is recognised that dispensing doctors' practices provide valuable services to their registered dispensing patients, these services are limited by statute to the dispensing of prescriptions only.

Community Pharmacies provide three tiers of Pharmaceutical Services, defined in the Regulations.

- Essential Services – services all pharmacies are required to provide.
- Advanced Services – additional services which pharmacies can provide
- Locally Commissioned Services (LCS).

Locally commissioned public health and NHS services are an important part of the contribution community pharmacy makes to the health and wellbeing of the population. Although not part of the Community Pharmacy Contractual Framework, these are also presented in this section.

Essential service provision

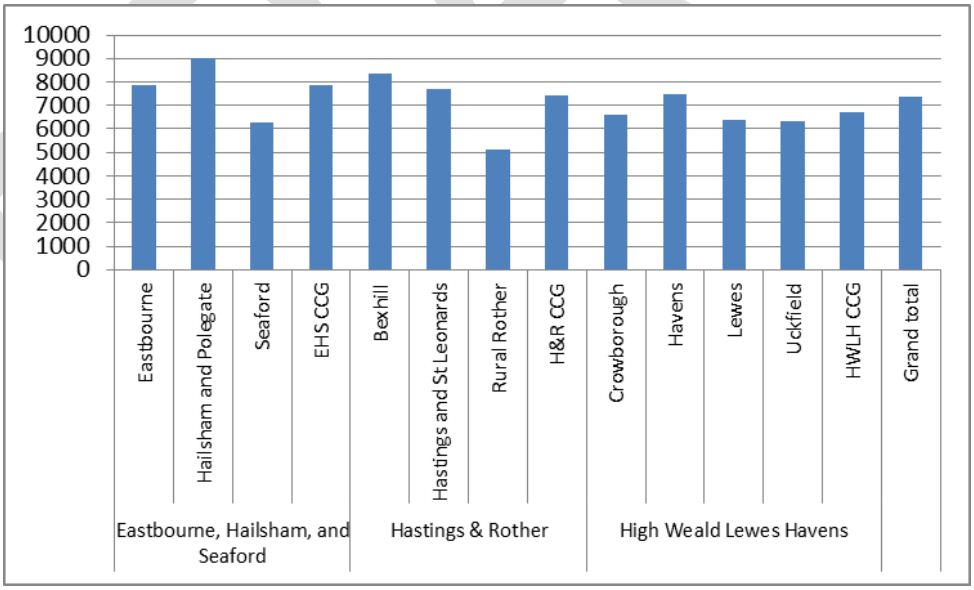
Essential services are specified by a national contractual framework and ***all*** community pharmacies are required to provide all the essential services. NHS England is responsible for ensuring that all pharmacies deliver essential services as specified.

Routine dispensing of medicines

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

During the years 2014-15 and 2015-16 pharmacies in East Sussex dispensed an average of 839,160 prescription items per month in total. They dispensed an average of 7,385 items per pharmacy, per month during this period. There is little variation from month to month in the number of items dispensed in each locality (data not shown). Figure 37 shows total monthly dispensing activity, per pharmacy, per month in each locality in each CCG.

Figure 37: Routine monthly dispensing activity by community pharmacy 2014/15 and 2015/16



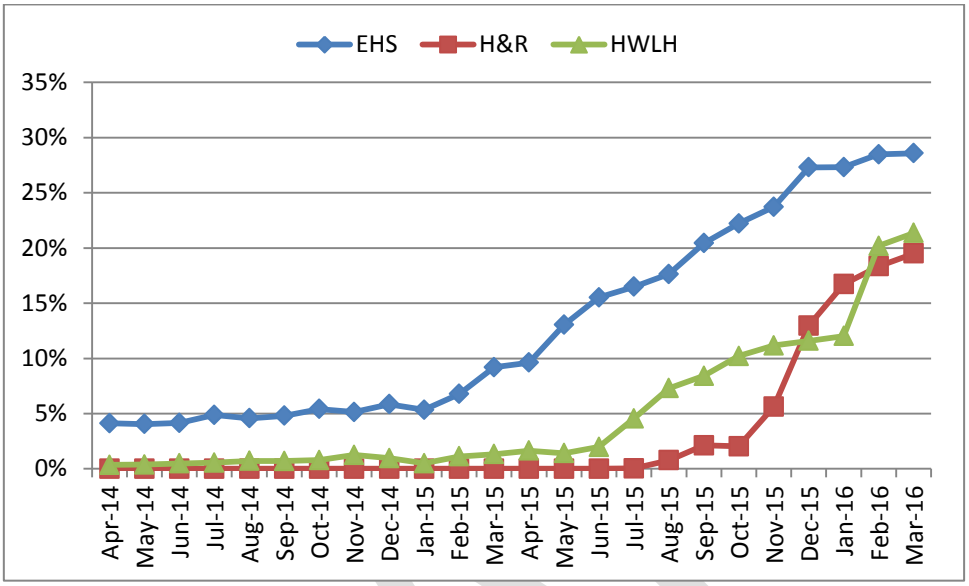
Source: NHS BSA

Pharmacies in East Sussex dispensed, on average, more than England (6,985 items per pharmacy per month) and Kent, Surrey and Sussex average (6,922 items per pharmacy per month) for the period 2014/15 and 2015/16. This largely reflects the older age profile of the county.

Electronic prescribing:

There has been a steady increase in the amount of electronic prescriptions dispensed in the last two financial years, Figure 38. There is more electronic prescribing in EHS CCG, as a proportion of all prescribing in that area, and this is increasing in the other two CCGs.

Figure 38: Electronic prescribing by CCG



Source: NHS BSA

Repeat dispensing

Table 20 shows the proportion of repeat dispensing (RD) that is undertaken electronically in each CCG. This is still very low. There has been more targeting of doctors doing electronic prescribing in HWLH which accounts for the difference in the higher percentage of electronic repeat dispensing compared to the other CCGs.

Table 20 Proportion of electronic repeat dispensing by CCG

		Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17
EHS	EPS%	68	65	61	66	70	64
	RD%	1	1	1	1	1	1
H&R	EPS%	40	43	44	44	46	41
	RD%	1	1	1	1	1	1
HWLH	EPS%	47	42	46	45	48	44
	RD%	6	4	6	6	6	6

Source: NHSE

Clinical Governance

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

Public Health Campaigns (promotion of healthy lifestyles)

Each year pharmacies are required to participate in up to six campaigns at the request of NHS England. This can involve the display and distribution of leaflets provided by NHS England e.g. skin cancer awareness.

In addition, pharmacies are required to undertake prescription-linked interventions on major areas of public health concern, such as encouraging smoking cessation.

Disposal of unwanted medicines

Pharmacies are obliged to accept back unwanted medicines from patients.

Signposting

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

Supporting self-care

Pharmacies help in the management of minor ailments and common conditions, by the provision of advice and where appropriate, the sale of medicines, including dealing with referrals from NHS 111 which can be expected to increase in future.

Pharmacies are monitored by NHS England to ensure proper provision of these services (either in person or by submission of a self-assessment questionnaire). This includes the requirement to submit summaries of patient surveys, details of complaints received and a clinical audit. In addition, they are all obliged to participate in a multidisciplinary audit as directed by NHS England.

Advanced service provision

There are five Advanced Services within the NHS community pharmacy contract:

- Flu vaccination
- Medicines Use Reviews
- New Medicines Service
- Stoma Appliance Customisation
- Appliance Use Reviews
- NUMSAS

Community pharmacies can opt to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

Pharmacies are required to seek approval from NHS England before providing these services, are required to have an appropriate consultation area and have a pharmacist who has been accredited by a Higher Education institution to provide the service.

Flu vaccination:

Table 21 shows the number and risk group of patients given a ‘flu vaccine at their pharmacy.

Table 21: Flu vaccinations given in the pharmacy 2015/16

CCG	65s and over			Under 65s at risk			Pregnant mothers		
	Number given in Pharmacy	% of all flu vaccines given	% of eligible patients	Number given in Pharmacy	% of all flu vaccines given	% of eligible patients	Number given in Pharmacy	% of all flu vaccines given	% of eligible patients
EHS	1,019	2.8%	2.0%	314	3.2%	1.5%	17	2.3%	1.0%
H&R	948	2.9%	2.0%	244	2.4%	1.1%	24	3.4%	1.3%
HWLH	180	0.7%	0.5%	60	0.8%	0.3%	3	0.5%	0.2%
Total	2,147	2.3%	1.6%	618	2.3%	1.0%	44	2.1%	0.9%

Source: ImmForm:

Notably 17% of practices reported no 'flu vaccines were given to their patients aged 65 and over in a pharmacy setting.Interestingly, 23% of practices reported no vaccines were given to under 65s in a clinical risk group in a pharmacy, while 56% of practices reported none were given to pregnant mothers in a pharmacy setting.

There has been a marked increase in the number of 'flu immunisations given in East Sussex pharmacies (data as at 17th January 2017).

- EHS CCG 3,746
- HWLH CCG 1,736
- H&R CCG 3,189
- **ESx Total 8,671**

Medicines Use Reviews (MURs) and Prescription Intervention Service.

The Medicines Use Review (MUR) and Prescription Intervention Service consist of accredited pharmacists undertaking structured adherence (compliance) centred reviews with patients taking multiple medicines, particularly those receiving medicines for long term conditions.

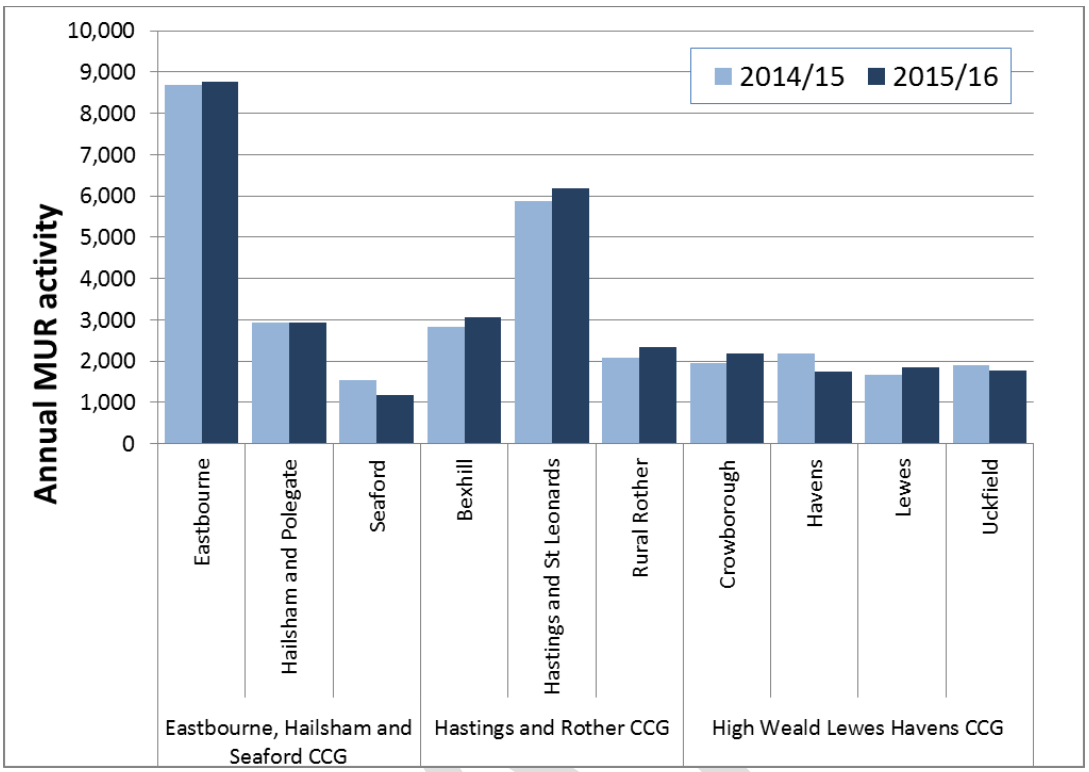
Target groups have been agreed to guide the selection of patients to whom the service will be offered. The MUR process attempts to establish a picture of the patient's use of their medicines – both prescribed and non-prescribed. The review helps patients understand their therapy, identifies any problems and helps find possible solutions.[26]

A prescription intervention is where the pharmacist responds to a significant adherence problem with a person's medication. The issues are likely to be highlighted as part of the dispensing process.

The pharmacist will: establish the patient's use, understanding and experience of taking all their medicines; identify, assist in the resolution of ineffective use of medicines by the patient; identify side-effects and drug interactions that may be affecting the patient's compliance with instructions given to him/her. The net effect of these medicines reviews is to improve the clinical and cost-effectiveness of drugs prescribed to patients and reduce the wastage of medicines.

The total number of Medicine Use Reviews is summarised in Figure 39 for the period 2014/15 and 2015/16.

Figure 39: Total Number of Medicines Use Reviews per year

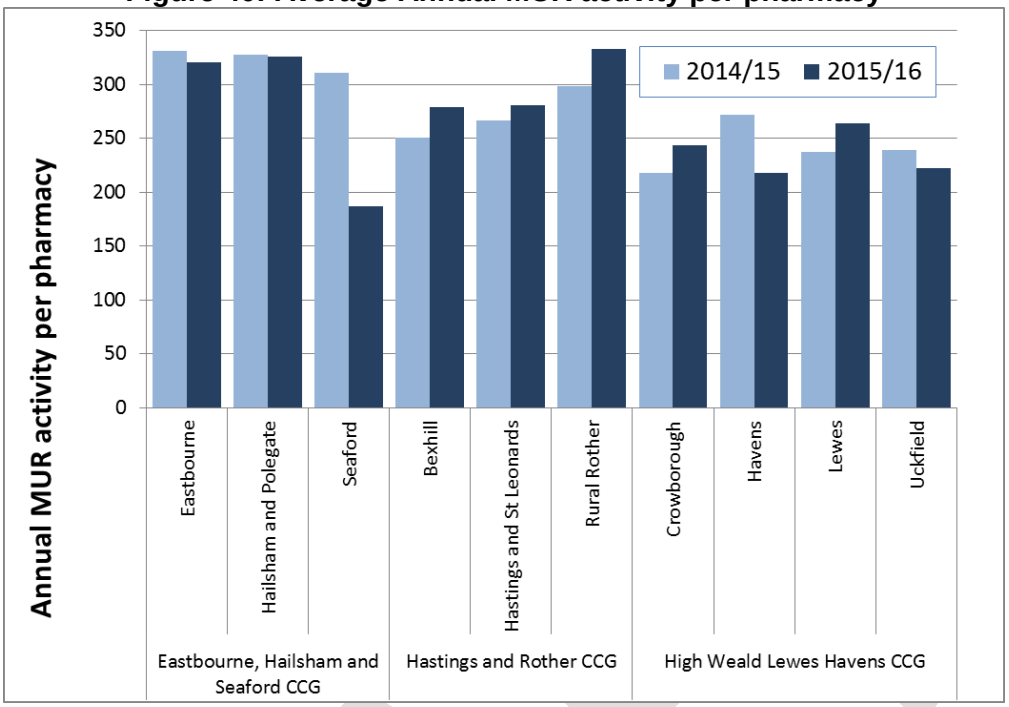


Source: NHS BSA

At CCG level, in 2014 /15, the average annual number of Medicines Use Reviews (MURs) per community pharmacy ranged from 241 in HWLH CCG to 328 in EHS CCG, Figure 40.

There was a similar pattern in 2015/16 with fewer MURs undertaken in HWLH CCG. The average annual number of MURs per pharmacy in KSS Region was 300 in 2014/15 and 304 in 2015/16. In England the annual rates per pharmacy were 272 and 280 respectively.

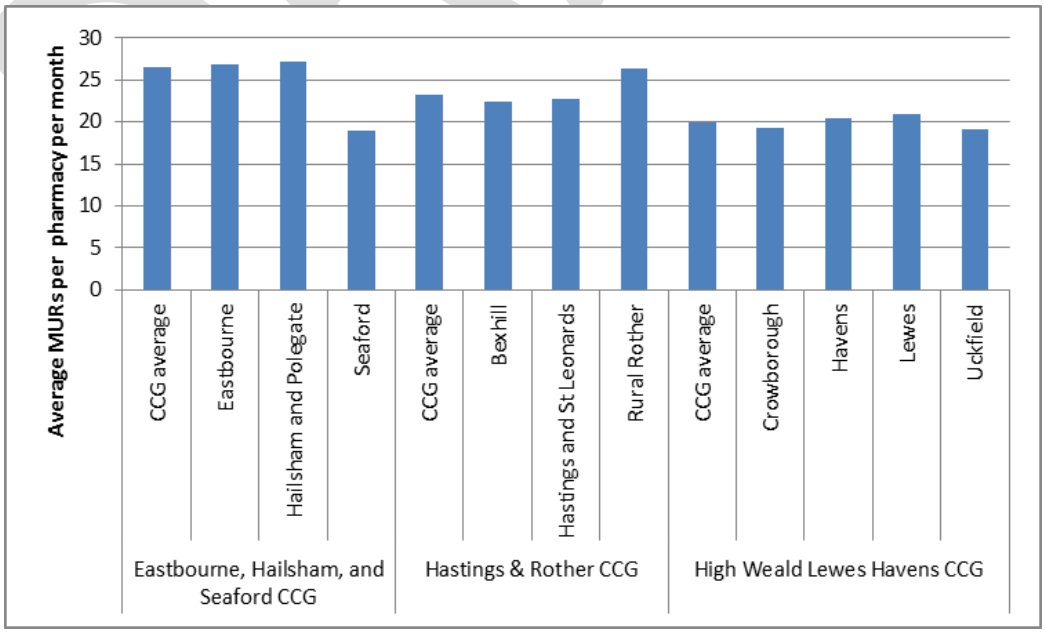
Figure 40: Average Annual MUR activity per pharmacy



Source: NHS BSA

During this time period, in EHS CCG only two pharmacies appear not to have provided any MURs. Similarly in H&R CCG and HWLH CCG only two pharmacies did not appear to have provided this service. There was some variation in the average monthly number of MURs undertaken per pharmacy between East Sussex localities, Figure 41.

Figure 41: Average number of Medicines Use Reviews (MURs) per month, per community pharmacy, 2014/15 to 2015/16

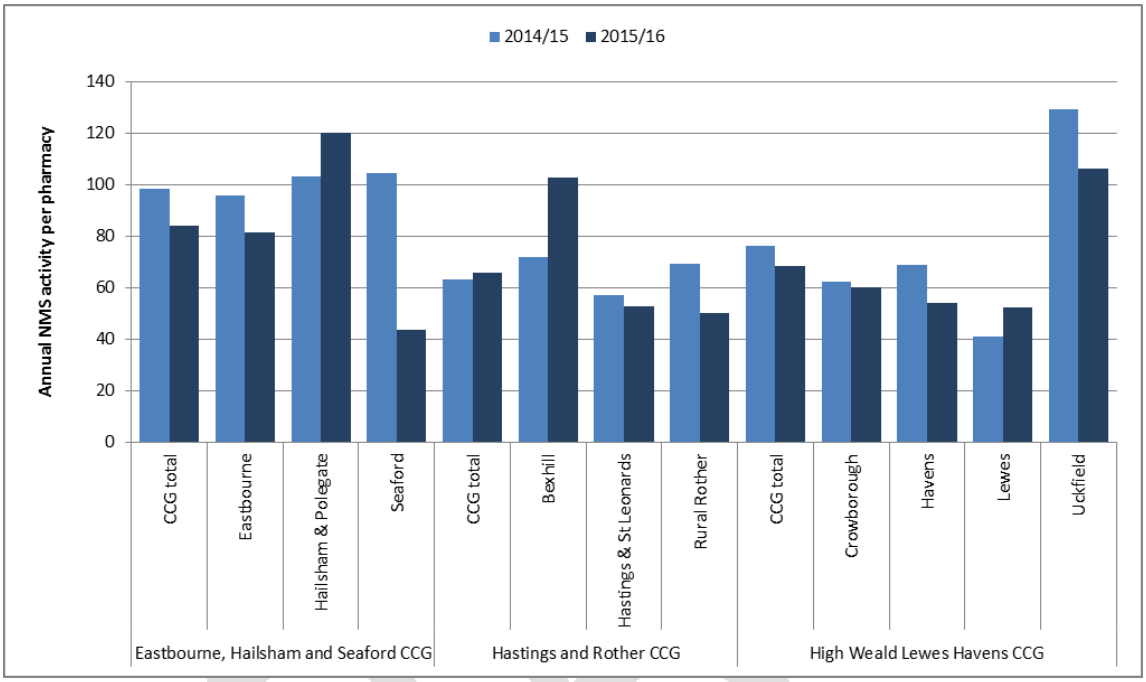


Source: NHS BSA

New Medicines Service

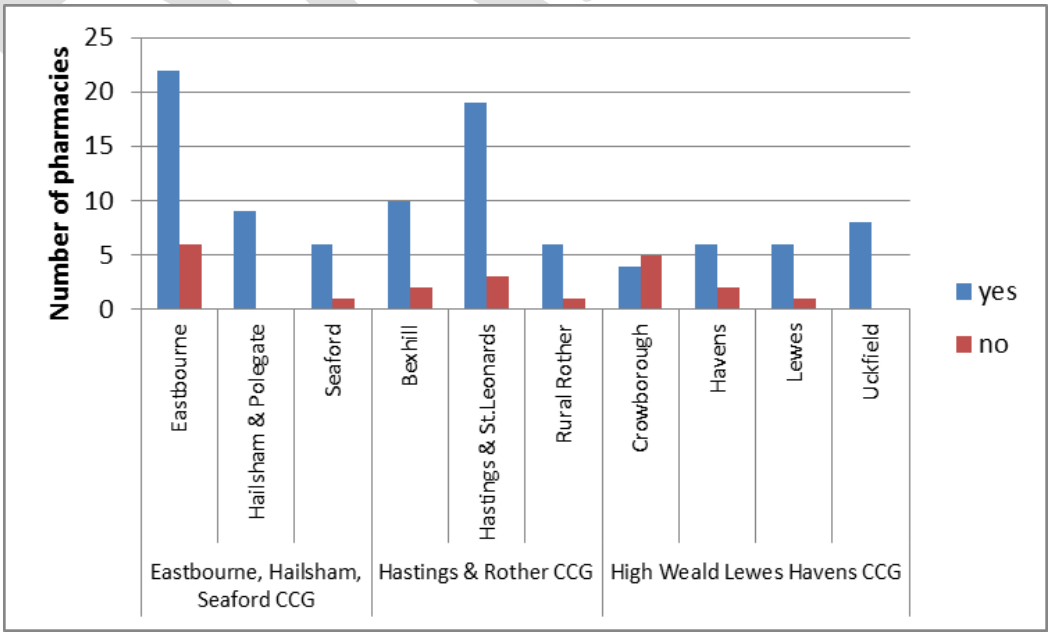
The New Medicine Service (NMS) provides support for people with long-term conditions who have been newly prescribed a medicine to help improve their understanding and use of their medicine. The average annual number of NMS checks per pharmacy is shown in Figure 42 and the number of pharmacies providing the service in Figure 43.

Figure 42: Average Annual Number of NMS checks per pharmacy by locality



Source: NHS BSA

Figure 43: Number of East Sussex pharmacies providing the NMS service by locality during 2014-16



Source: NHS BSA

It is surprising that nearly a quarter of pharmacies appear not to have provided the NMS service or have not submitted data if they have done so.

Appliance Use Reviews (AURs)

Appliance Use Reviews aim improve the patient's knowledge and use of a 'specified appliance' for example an inhaler by:

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

The service can be provided by pharmacies that normally provide the specified appliances in the normal course of their business as long as they meet the conditions of service.[27]

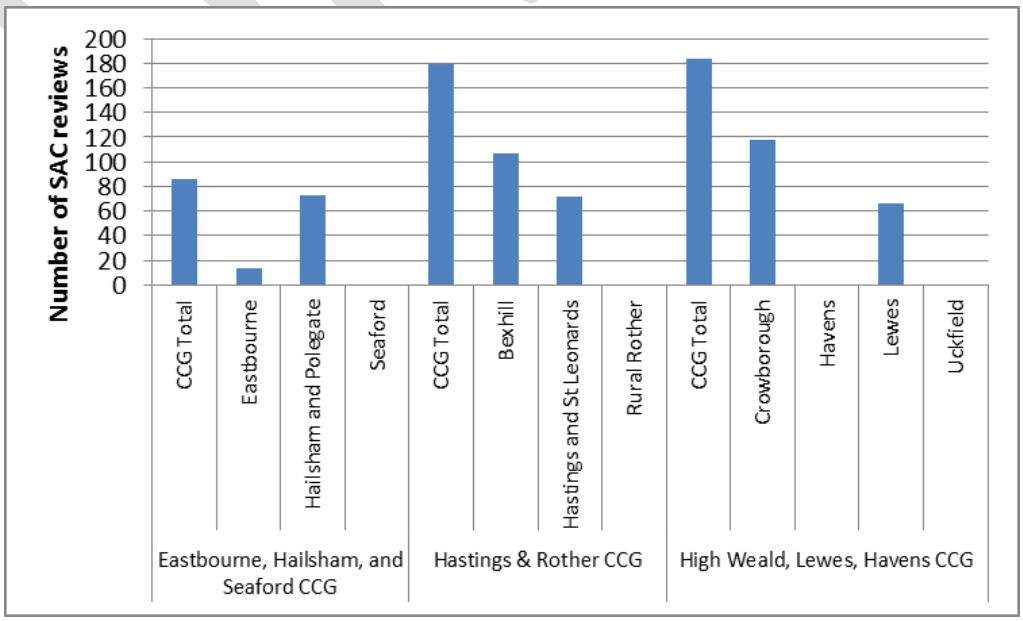
Only one provider (in Hailsham and Polegate locality) provided this service, with a total of 39 AURs in the period 2014/15 and 2015/16. A total of 275 AURs were undertaken by providers in KSS region in the same time period, most of which were conducted at the providers' own premises.

Stoma Appliance Customisation (SAC) Service

A stoma is an outlet in the abdominal wall where faecal matter can be safely collected following surgery on the bowel. A stoma appliance is a bag placed over the outlet. The Stoma Appliance Customisation (SAC) service involves the customisation of a stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of their usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

The SAC service is mainly aimed at Dispensing Appliance Contractors, but can be provided by pharmacies in the normal course of their business, as long as they meet the conditions of service.[28] The number of SAC reviews for the period 2014-16 is shown in Figure 44.

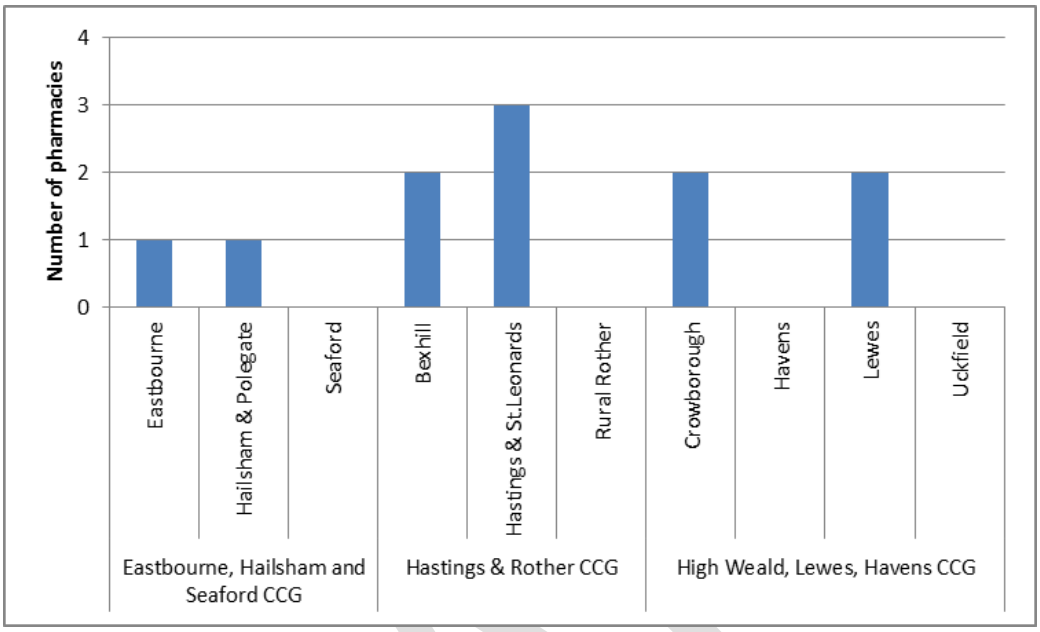
Figure 44: Community Pharmacy Stoma Appliance Customisation checks 2014-16



Source: NHS BSA

A total of 2,909 SAC reviews were undertaken by Community Pharmacies in the KSS Region during the same time period. The number of pharmacies providing a SAC service in East Sussex is shown in Fig 45.

Figure 45: Community Pharmacies providing a SAC service, by locality, 2014-16



Source: NHS BSA

Only a small proportion (10%) of CPs provided the SAC service across East Sussex between 2014-16. There was no provision in some localities e.g. Seaford, Rural Rother, Havens and Uckfield. There appears to have been little change since the last PNA in 2014. In the years 2014/15 to 2015/16, fourteen percent of pharmacies provided the service in England, while in KSS Region 10.5% of pharmacies provided a SAC service.

Locally Commissioned Services (LCS)

Locally commissioned pharmacy services are contracted by different commissioners, including local authorities, Clinical Commissioning Groups and NHS England's Area Teams. Presented here are those services commissioned in East Sussex by the local authority (ESCC) public health department and CCGs.

Public Health Locally Commissioned Services

East Sussex County Council commissions pharmacies to provide a range of public health services. These include: Stop Smoking, Emergency Hormonal Contraception, C Card and Chlamydia Screening, Needle and Syringe Exchange and Supervised Administration of Medicines.

Stop Smoking Service

There are approximately 1000 deaths each year attributable to smoking in East Sussex. Smoking prevalence across the county is at 18%,slightly higher than the national average of 16.9%. This varies within the county with 14.3% of the population in Wealden smoking compared to 26% of the Hastings population. [29]

Currently there are 46 pharmacies signed up to deliver NHS stop smoking services under the Public Health Local Service Agreement (PHLSA) in East Sussex, Table 22 and Figure 46. Pharmacies are seen as key providers of stop smoking services due to their opening

hours, accessibility and ability to give advice and supply nicotine replacement therapy (NRT).

Table 22: Pharmacies commissioned to provide stop smoking service in East Sussex by CCG

Eastbourne, Hailsham & Seaford CCG	Hastings and Rother CCG	High Weald Lewes Havens CCG	Total
15/38	23/40	8/30	46/108

Source: PH Dept ESCC, 25th November 2016

In addition to pharmacies, stop smoking services are also provided by GP practices and the specialist stop smoking service provider Quit 51 commissioned by East Sussex County Council. Overall, the pharmacy stop smoking service success rate (proportion of people who set a quit date who give up after four weeks) for the county is 47%, against the national success rate of 50%.

Table 23 shows that overall performance for the stop smoking service is at 75% of where we would expect to be in quarter 2, 2016/17. The GPs and pharmacies have helped 98 people to stop smoking between April and September 2016. It also shows variation between the CCG areas with pharmacies in Hastings and Rother CCG area supporting the largest proportion of the overall pharmacy 4 week quitters. Of the 48 pharmacies signed up to the PHLSA **only 19** are actively delivering a stop smoking service (Pharmoutcomes, accessed January 2017).

To ensure there is optimum access and support for smokers who want to quit across the county it is important that as many of the total 108 pharmacies in East Sussex are providing an effective stop smoking service. Pharmacies should be confident they can engage with and identify if their clients would like to quit smoking and be able to offer an in house service or, where is this not viable, refer to the specialist stop smoking service. Public Health are working with the Local Pharmaceutical Committee and the specialist provider (Quit 51) to:

- understand further the challenges faced by pharmacies regarding provision of stop smoking services.
- ensure that pharmacies have access to support where necessary including training to provide stop smoking services and ensure all successful and unsuccessful. attempts to quit have been recorded on Pharmoutcomes to ensure timely payment.
- Ensure there is effective communication between the pharmacies, East Sussex Public Health and the specialist stop smoking services to address any issues or problems as they occur or avoid them in the first place.

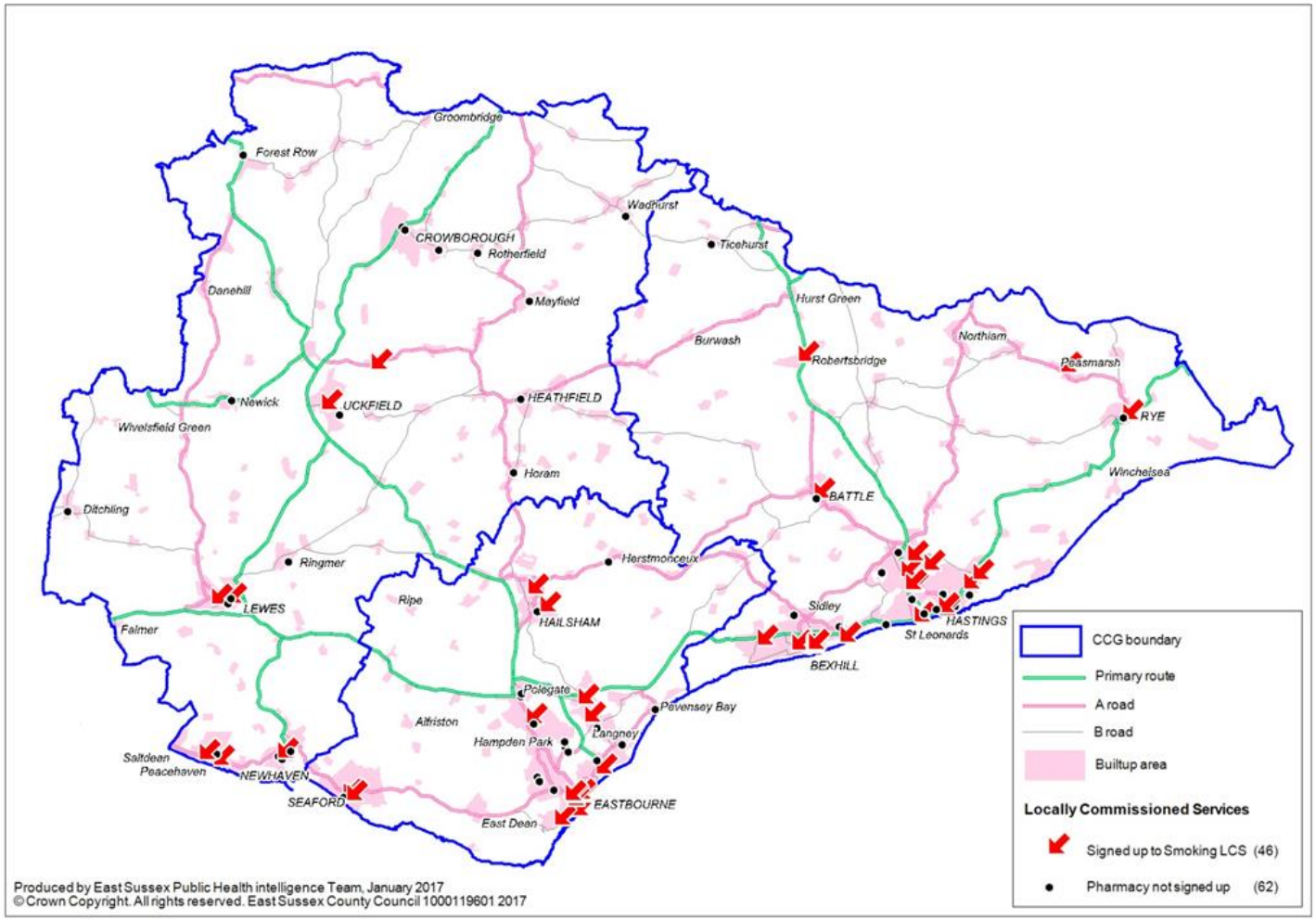
Table 23: Smoking cessation activity in GP practices and community pharmacy

		2016/17 as at Q2		
		4 WKQ Target	4 WKQ Actuals	Achievement of Target
East Sussex	Specialist service	547	431	79%
	GP	294	153	67%
	Pharmacy		45	
	Total	**841**	**629**	**75%**
EHS CCG	Specialist service	194	149	77%
	GP	104	48	58%
	Pharmacy		12	
	Total	**298**	**209**	**70%**
H&R CCG	Specialist service	187	161	86%
	GP	100	79	111%
	Pharmacy		32	
	Total	**287**	**272**	**95%**
HWLH CCG	Specialist service	166	121	73%
	GP	90	26	30%
	Pharmacy		1	
	Total	**256**	**148**	**58%**

Source: PH Department ESCC

Pharmacies commissioned to provide the stop smoking service in East Sussex are shown in Figure 46.

Figure 46: pharmacies commissioned to provide a stop smoking service



Sexual Health Services Provided in Pharmacies

Pharmacies represent an important part of the wider sexual health system, offering emergency hormonal contraception, pregnancy tests, condoms and chlamydia tests as a free service for under 25s.

Historically, promotion of pharmacies as a provider of sexual health services has been poor. The new website www.eastsussexsexualhealth.co.uk will direct people to local pharmacies. Pharmacies will often be the first geographical point of access for these services.

Table 24 shows the number pharmacies that have been commissioned to provide specified sexual health services in East Sussex.

Table 24: Pharmacies commissioned to provide sexual health services Nov 2015

Service	EH&S CCG	H&R CCG	HWL&H CCG	ESx Total
EHC Sign Up	14/38	22/40	15/30	**51**
C-Card Services	23/38	23/40	20/30	**66**
Chlamydia Screening Service	15/38	21/40	15/30	**51**

Source: PH ESCC

Emergency Hormonal Contraception (EHC) and free pregnancy testing for under 25s

The emergency hormonal contraception service is available through pharmacies and provides important access to EHC for women in East Sussex. Without this EHC service access would only be available via a GP appointment or sexual health clinics. Less than half (51) of pharmacies in East Sussex have been commissioned to provide this service. There is the opportunity for more pharmacies to sign up and provide the service.

Since the last PNA, the service specification was simplified and accreditation requirements made clearer. Additional EHC training was commissioned through CPPE, The Centre for Pharmacy Postgraduate Education (CPPE) www.cppe.ac.uk and carried out on four occasions in 2014-15. It continues with one course per year and additional courses when requested from pharmacists.

The pharmacy activity and contractual arrangements are being reviewed and aligned to the development of the healthy living pharmacy model, where applicable. In light of the development of HLPs a more targeted approach to the availability of the service may be preferable in future.

Pharmacies commissioned to provide an Emergency Hormonal Contraception EHC Service in East Sussex are shown in Figure 47.

C Card Condom distribution service

The East Sussex C-Card scheme is a free and confidential co-ordinated condom distribution network for young people aged 13 – 24 years in East Sussex. It aims to provide quick and confidential access to condoms, supported by evidence-based, accurate contraceptive and sexual health information, and signposting to comprehensive contraceptive and sexual health services.

The scheme has been established in East Sussex for a number of years and currently includes providers from the following organisations/sectors: East Sussex County Council, local NHS organisations, pharmacies, GP surgeries, local colleges and schools, youth

groups and other community and voluntary sector organisations. The service's main aim is to reduce STI prevalence and rates of teenage pregnancy in East Sussex.

The service is available to all young people who are provided with appropriate advice regarding sexual health matters and then issued with a C Card. The C Card can then be presented to any of the service providers who will then issue a supply of free condoms. To provide the condom distribution service the pharmacy must have at least one trained health care assistant.

C Cards are widely accepted by 66 pharmacies. The C Card service through pharmacies provides important access to free condoms for young people in East Sussex. Without this service access would only be available via a limited number of service providers including Sexual Health Clinics, some GP surgeries and youth clubs. This would considerably limit access to free condoms and advice.

Pharmacies commissioned to provide condom distribution in East Sussex are shown in Figure 48.

Chlamydia screening

This service targets young people aged below 25 who are at the highest risk of Chlamydia infection. Pharmacies are part of a wider system for chlamydia screening including primary care, specialist services, and through web-based home sampling. In East Sussex 51 pharmacies have been commissioned to provide the service.

Chlamydia screening service provided by pharmacies in East Sussex was rated as poor by commissioners in the last PNA.

Pharmacies are currently dependant on the individual requesting a postal test kit. The testing process is reliant on the kits being returned for the diagnostic test and being correctly completed.

Some pharmacies have innovated by placing chlamydia test kits in baskets in the general shop area to remove the need for the individual to request the test. This may increase the number of tests taken and subsequently returned.

There is now a chlamydia engagement worker who directly targets community pharmacies in areas identified as having low testing access. The worker offers support and explains the process of chlamydia screening. As a result, testing in community pharmacies has shown an increase in testing and in pharmacies signing up to the contract.

Pharmacies commissioned to provide the Chlamydia Screening Service in East Sussex are shown in Figure 49.

Figure 47: Pharmacies commissioned to provide Emergency Hormonal Contraception EHC Service in East Sussex

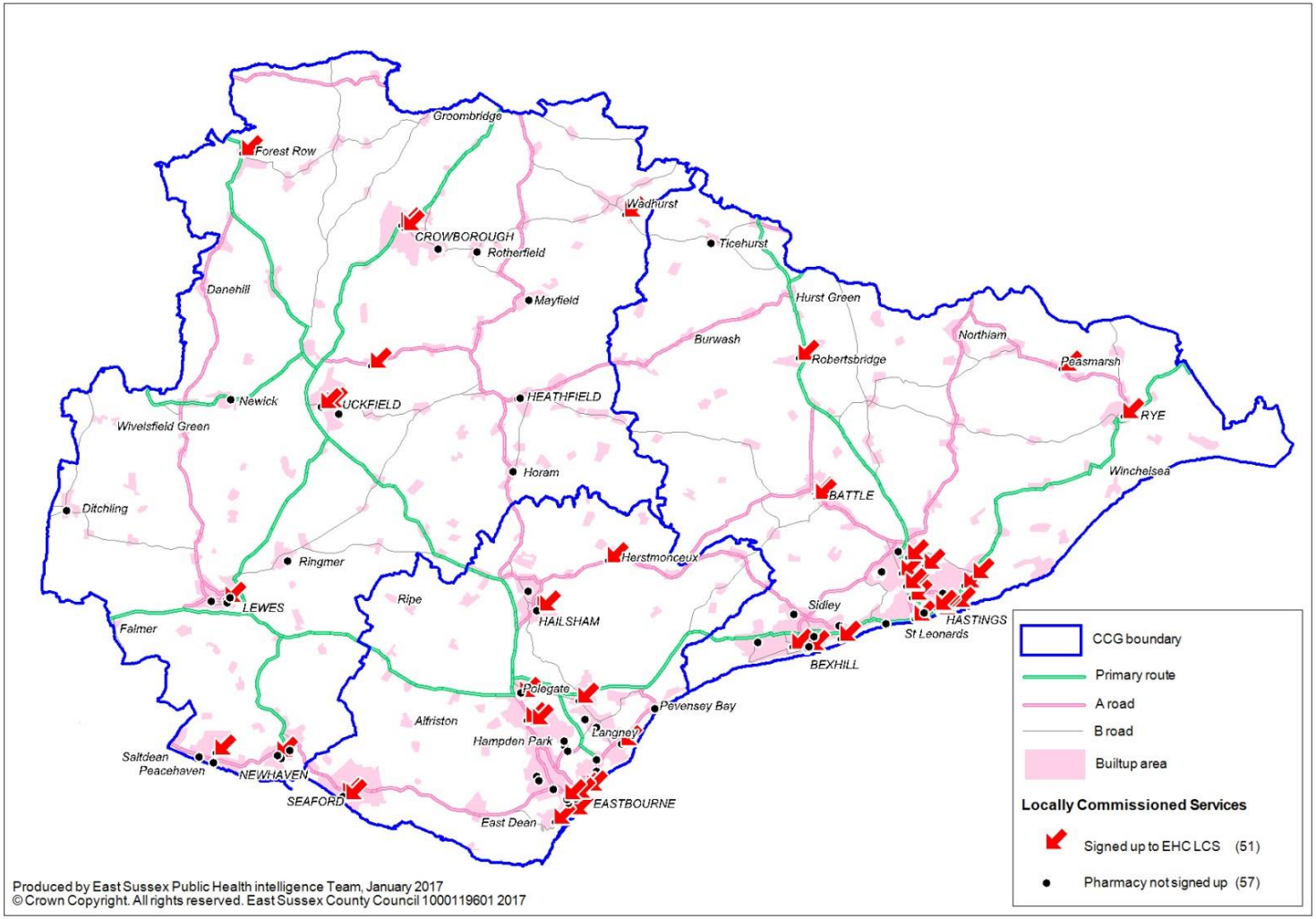


Figure 48: Pharmacies commissioned to provide condom distribution service in East Sussex

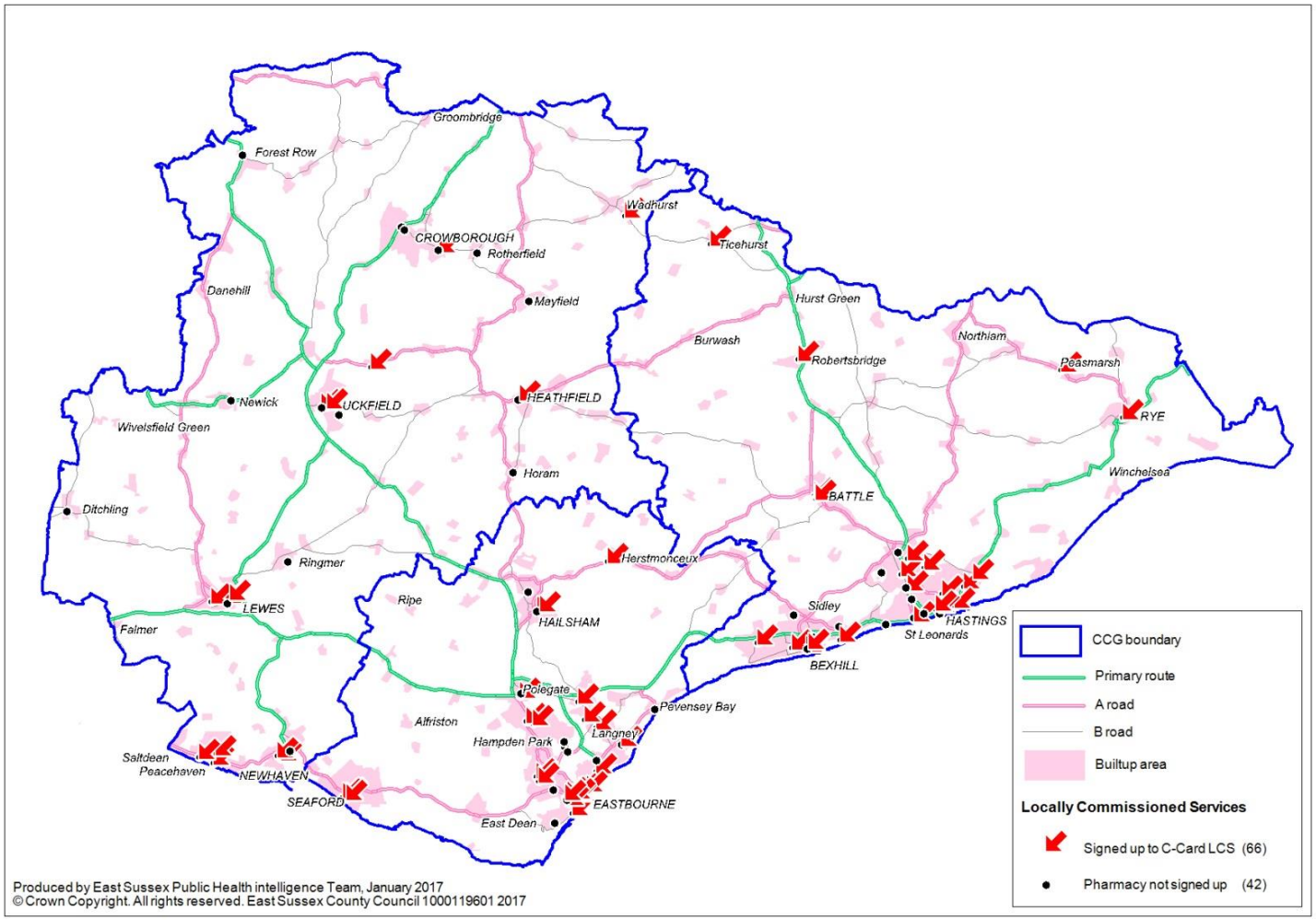
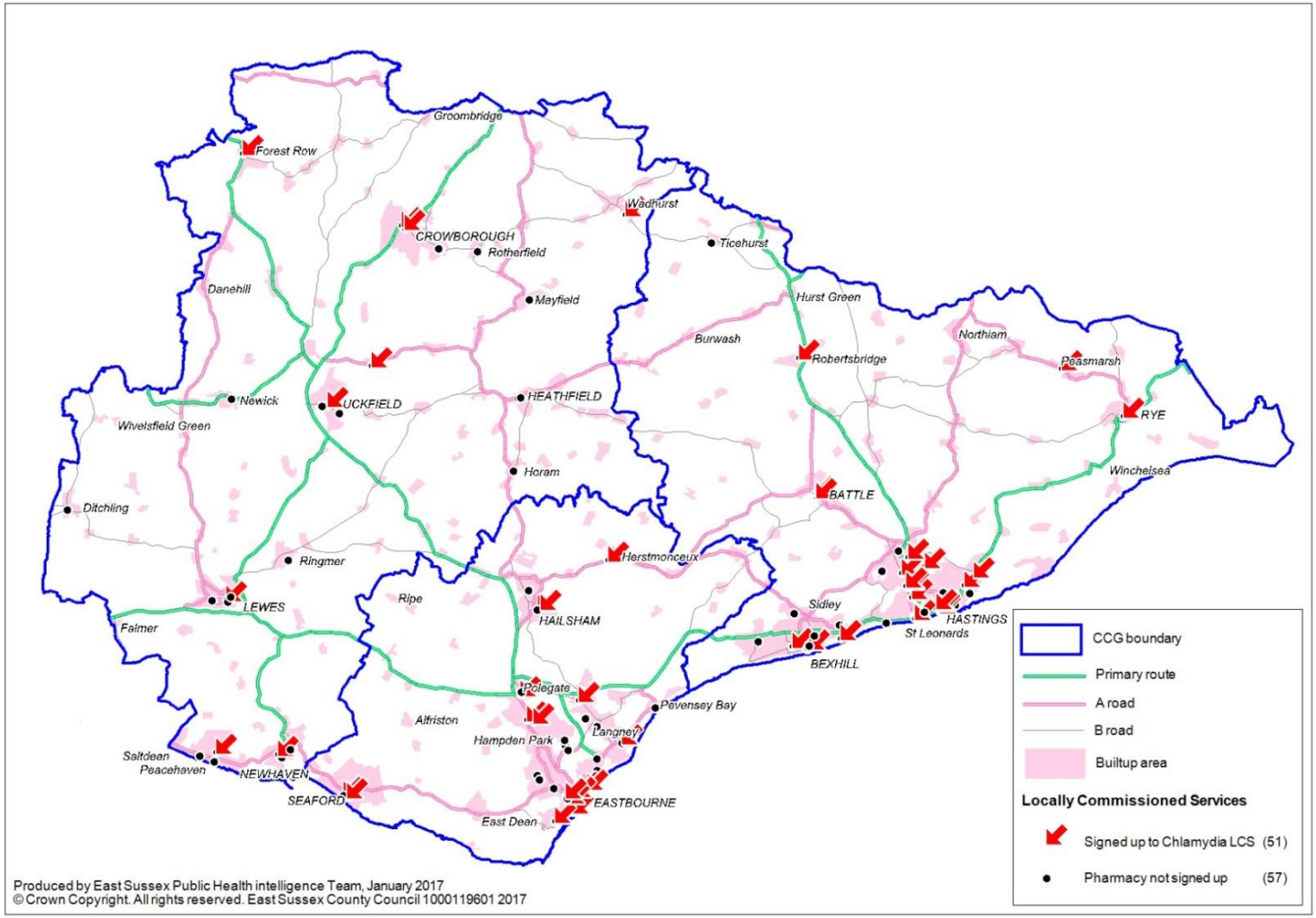


Figure 49: Pharmacies commissioned to provide Chlamydia Screening Service in East Sussex



Substance misuse service

Pharmacies are commissioned to provide two substance misuse services in East Sussex: (1) supervised consumption of prescribed medicines; and (2) the needle and syringe exchange programme.

There are 62 pharmacies approved to provide supervised consumption of prescribed medicines. There are 37 pharmacies providing the needle and syringe exchange.

The East Sussex Drugs and Alcohol Team (DAAT) coordinate the local strategy for these services. The commissioner is of the opinion that the current service provision in East Sussex is consistent with the needs of the local population.

Table 25 shows number of pharmacies currently providing the two services by CCG and Figures 50 and 51 their locations.

Table 25: Pharmacies commissioned to provide substance misuse service in East Sussex

Type of service	Eastbourne, Hailsham & Seaford CCG	Hastings and Rother CCG	High Weald Lewes Havens CCG	ESx Total
Needle and Syringe exchange programme	11/38	18/40	8/30	37/108
Supervised consumption of prescribed medicines	25/38	27/40	10/30	62/108

Source: ESCC PH department

Supervised consumption of prescribed medicines for substance misusers

The main purpose of this service is to reduce mortality and harm among high-risk substance users. People who have been prescribed a controlled drug for treatment of a substance use disorder and who require the consumption of their medication to be supervised are included.

Pharmacies that have been commissioned to provide this service also provide support and advice to the customer, including referral to primary care or specialist services when appropriate. They also report missed doses or other behavioural concerns to the prescriber.

A ‘level two’ service is provided by some pharmacies. This extends the contractor’s responsibilities to include testing for alcohol using a breathalyser device. This approach is used to enable pharmacies to supply a supervised consumption service to customers when alcohol use has been identified as an additional risk factor by the prescriber.

Needle and syringe exchange programme

The main purpose of this service is to reduce the transmission of blood-borne infections by providing free, sterile injecting equipment and advice.[30] The service is offered to people who inject illicit drugs, including performance and image enhancing drugs.

The local specialist substance misuse service provider coordinates the needle and syringe programme. Commissioned pharmacies supply pre-packed bags containing sterile syringes, needles and other items to adult customers on request. Customers may leave used items, suitably contained in a sharps bin within the pharmacy, for disposal as sharps waste. The pharmacist may use the opportunity to advise on other health related issues in this hard to reach population.

Figure 50: Pharmacies commissioned to provide needle and syringe exchange programme service in East Sussex

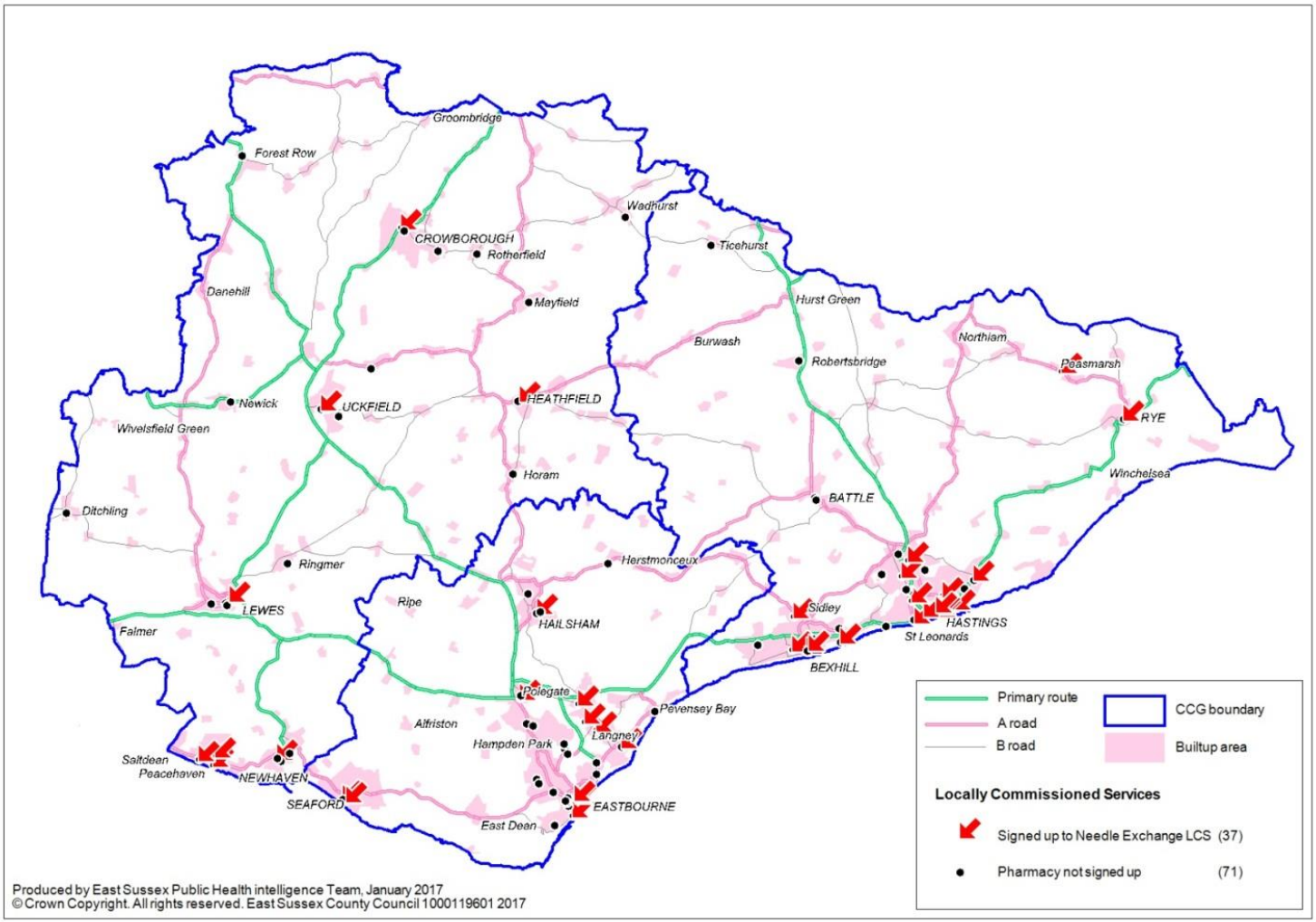
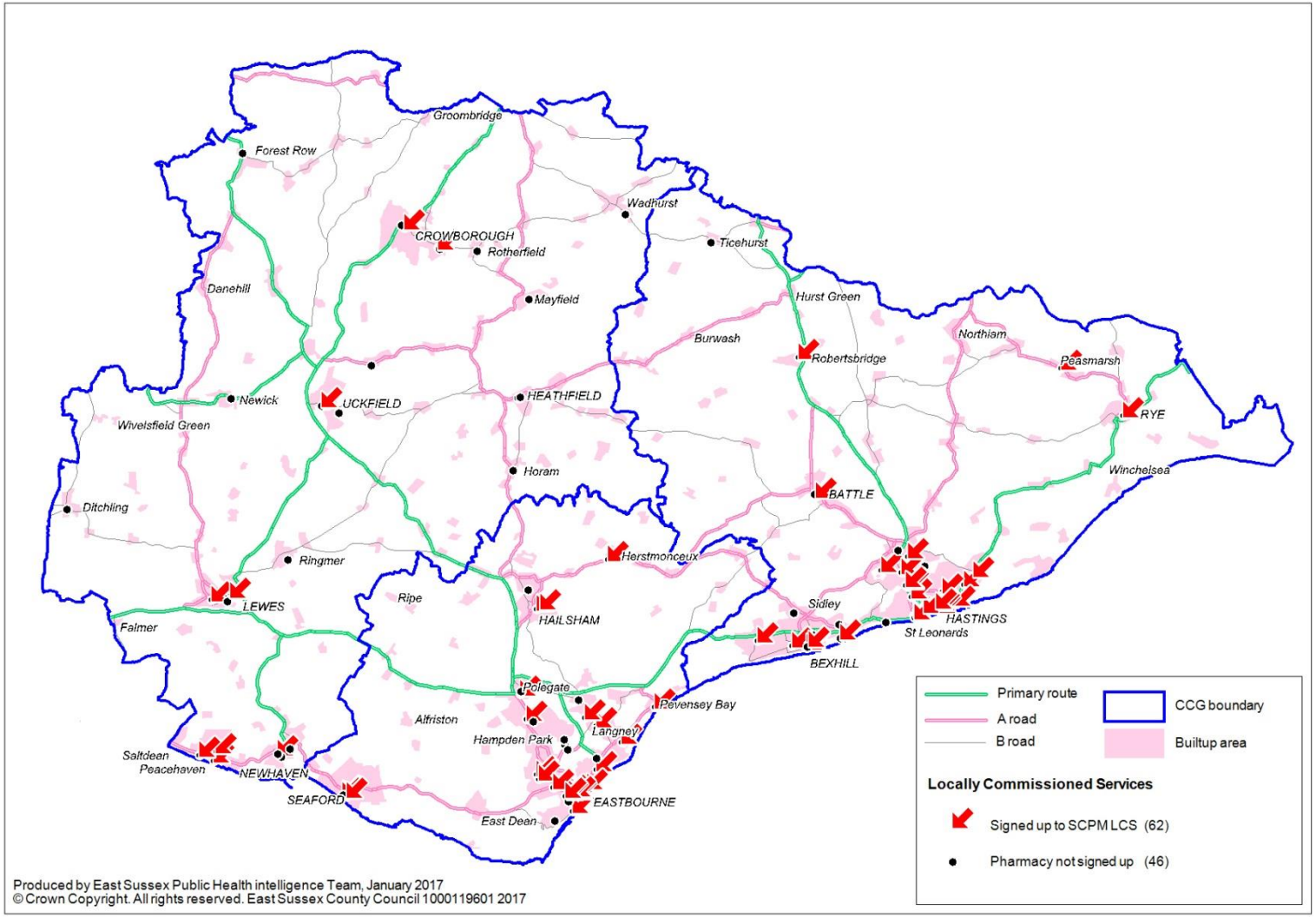


Figure 51: Pharmacies commissioned to provide supervised consumption of prescribed medication in East Sussex



CCG commissioned palliative Care Services

The palliative care Just-In-Case box scheme is commissioned from some pharmacies in the EHS and H&R CCG areas in order to:

- Improve access for people to palliative care medicines when they are required by ensuring prompt access and continuity of supply out of hours. Community nurses can administer these medicines once they have been prescribed by a doctor.

- Support people, carers and clinicians by providing them with up-to-date information, advice and referral where appropriate.

In 2015/16 there were approximately 415 Just In Case (JIC) boxes claimed for in H&R CCG and 250 in EHS CCG. They are used as part of the Hospice at Home service. The JIC box service is not currently commissioned from local pharmacies in HWLH CCG.

The following numbers of patients were recorded on GP palliative care registers in East Sussex CCGs in 2015/16:

H&R	606
EHS	918
HWLH	474

Source: General Practice Quality and Outcomes Framework

4 The patient/public survey

4.1 Background and sample

A total of 2,027 telephone interviews were conducted with East Sussex residents between late October and early December 2016.

Quotas were set for age, gender and working status to match the population across five district council areas of Eastbourne, Hastings, Lewes, Rother and Wealden. In total, the number of interviews achieved by CCG area was as follows: 645 interviews in the Eastbourne, Hailsham and Seaford CCG, 806 in the Hastings & Rother CCG and 576 interviews in the High Weald Lewes Havens CCG.

The demographic makeup of the sample is shown in Table 26 below.

Table 26: Demographics of user survey respondents

	Number	Percentage
Gender		
Male	944	46.6
Female	1083	53.4
Total respondents	2027	100.0
Age group		
16-24 years	230	11.3
25-44 years	522	25.8
45-59 years	504	24.9
60 years+	771	38.1
Total respondents	2027	100.0
Working status		
Working full time	595	29.4
Working part time	570	28.1
Not working	862	42.5
Total respondents	2027	100.0
Ethnic group		
White	1967	97.0
Non-white	55	2.7
Prefer not to say	5	0.2
Total respondents	**2027**	**100.0**

Source: ESCC Pharmacy User Survey Autumn 2016

This sample is a good representation of the population of East Sussex.

- Ethnicity: The response rates across groups are broadly similar to the Census results. These replies were 2.7% of the sample.
- Disability: The response rate is slightly lower than the Census population, but still represents a proportionate response. These replies were 16.1% of the sample.
- Sexuality: The response rate is higher than the national estimates, as would be expected for East Sussex. These replies were 9.3% of the sample.

4.2 Key findings from 2017 user survey are:

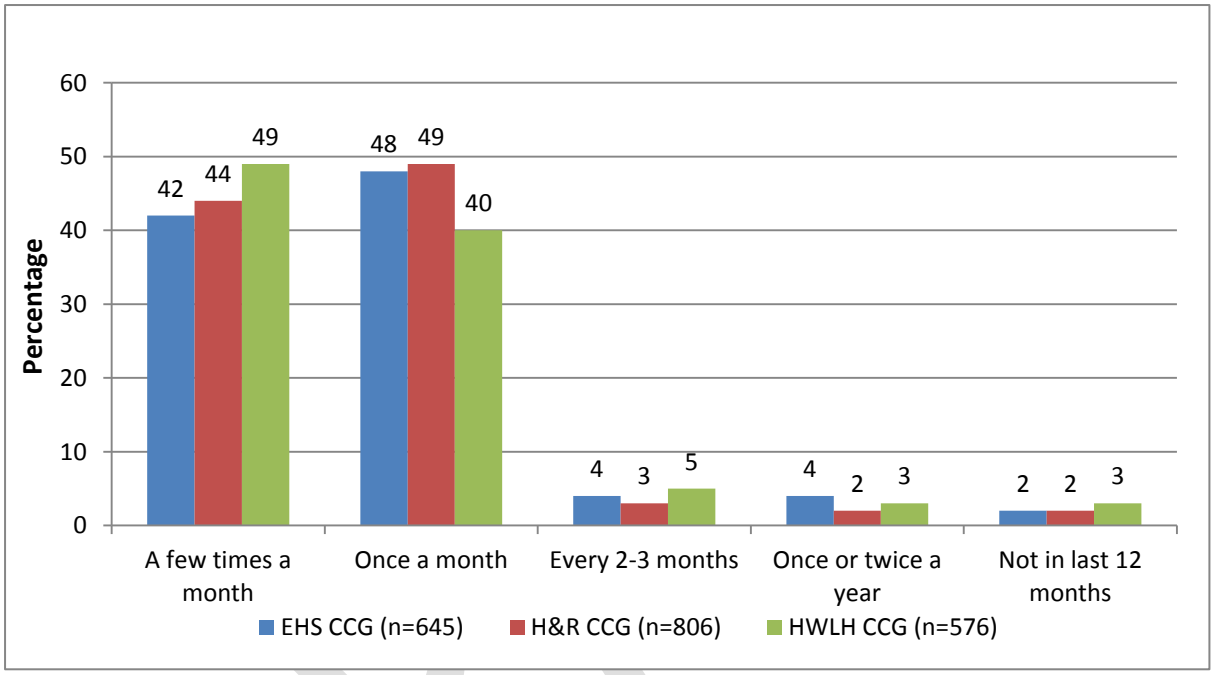
- Around four out of ten respondents visit a pharmacy for any reason more than once a month and a similar proportion do so monthly.
- Around one-in-five visit a pharmacy for a health reason several times a month and almost half of all residents do so once a month.
- Most respondents use pharmacies between 9am and 6pm during the week.
- Respondents generally find it easy to find an open pharmacy during the day and have few issues with accessibility. Finding an open pharmacy at the weekend is more challenging but finding somewhere open in the evening is even more so.
- A large proportion were aware that services such as flu vaccines, healthy eating advice, urgent supplies of medicines out of hours, contraception services and annual reviews of medicines were available from their pharmacy. Fewer however were aware of stop smoking advice or were aware of chlamydia screening.
- Most respondents agreed that services such as flu vaccines, medicine use checks, and the home delivery of medicines should be available from their pharmacy. Fewer however agreed that medicine advice and support to local care homes or that sexual health services for young people should be so. Home visits by pharmacists had the lowest levels of support.
- Most people agreed that pharmacists give them clear advice on how medicines should be taken, and that their pharmacist provides a generally good service. Fewer felt that they could speak to their pharmacist without being overheard.
- Pharmacy services might be improved further by better customer service and/or staff training, better and/or more parking facilities (especially for the disabled), privacy issues being addressed and pharmacies offering longer open hours.

4.3 Use of pharmacies

How often do you visit a pharmacy for any reason?

More than four out of ten respondents (42% - 49%) in each of the three CCGs visit a pharmacy more than once a month, with HWLH having the highest proportion doing so. Similar numbers of respondents visit once a month (40% - 49%), with HWLH having relatively the fewest (see Figure 52 below). All information below is from the user survey.

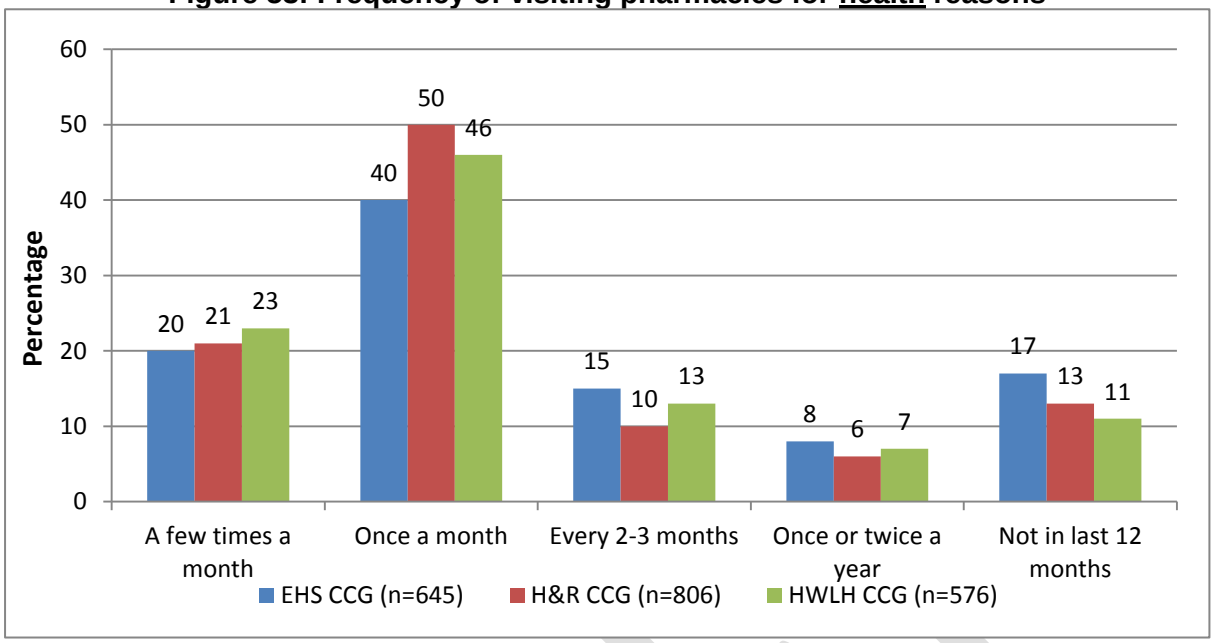
Figure 52: Frequency of visiting pharmacies for <u>any</u> reason



How often do you visit a pharmacy for a health reason?

Asked the same question in relation to visiting pharmacies for a health reason, our largest group were visiting once a month (40%-50%), the second most common frequency being a few times a month (20% - 23%). More than 10% in all three CCGs had not visited at all in the last 12 months, the largest proportion being in EHS CCG (see Figure 53).

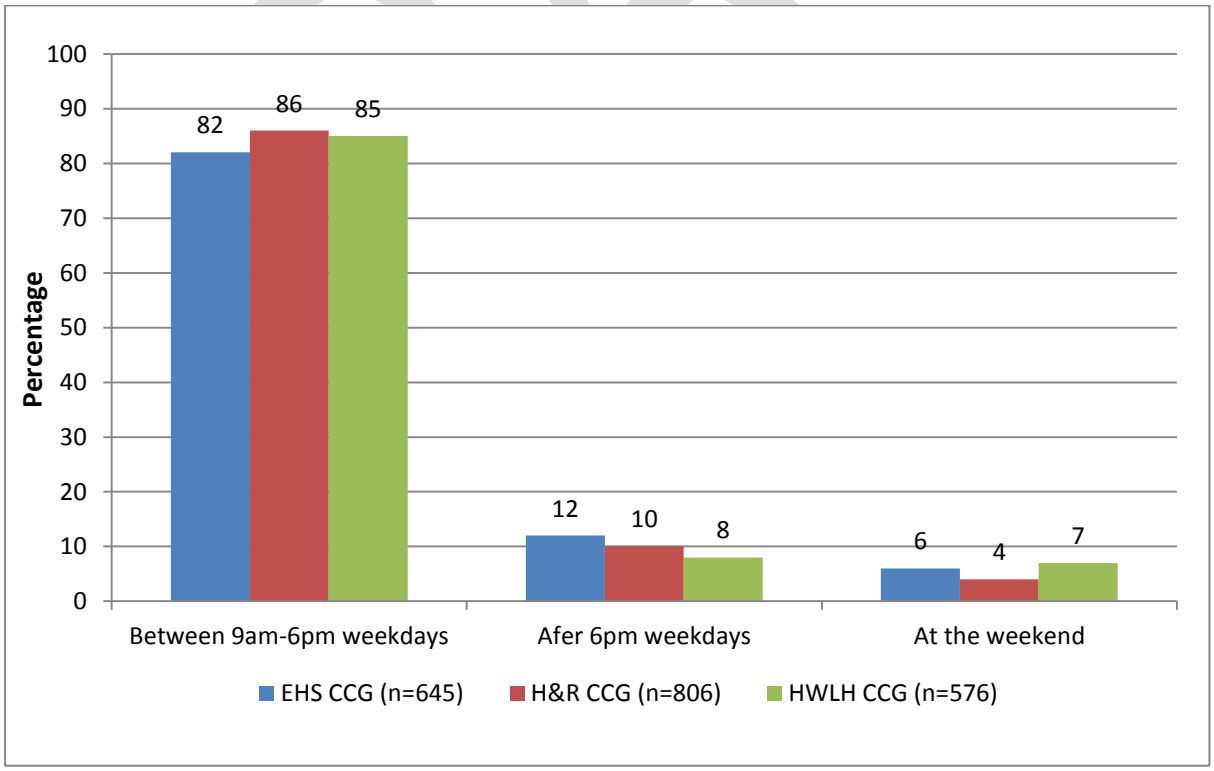
Figure 53: Frequency of visiting pharmacies for health reasons



When do you most commonly use pharmacy services?

The majority of respondents in the three CCGs (82% - 86%) use pharmacy services between 9am and 6pm on weekdays. Around one in ten use pharmacy services after 6pm on weekdays, with the least numbers (4% - 7%) doing so at the weekend (see Figure 54).

Figure 54: Times when respondents use pharmacy services



Access to local pharmacy services

Eastbourne, Hailsham and Seaford (EHS) CCG

Residents in the EHS CCG appear to rate the ability to find an open pharmacy during the day as high – 74% said this was 'good', and being able to get in and out of the premises was also rated highly (73% giving a 'good' score). Fewer felt they were able to find an open pharmacy at the weekends but even so, 45% rated this as 'good' and 38% as 'fair'. Finding an open pharmacy after 6pm in the evening was more of a problem as 21% rated this 'poor' and 59% giving this a 'fair' score (see Table 27).

Table 27: Access to pharmacy in EHS CCG (n= 645)

Pharmacy service	% Good	% Fair	% Poor
To find an open pharmacy during the day	74	15	11
To find an open pharmacy in the evening (after 6pm)	20	59	21
To find an open pharmacy at weekends	45	38	17
To get in and out of the pharmacy premises	73	27	1

Hastings & Rother (H&R) CCG

Four out of five scored finding an open pharmacy during the day as 'good', and almost as many (77%) rated getting in and out of the pharmacy premises as 'good' too. Finding an open pharmacy at the weekend appears to be *easier to do in H&R CCG* than in EHS CCG, but again finding a pharmacy in the evening is also not seen as easy to do (see Table 28).

Table 28: Access to pharmacy in H&R CCG (n= 806)

Pharmacy service	% Good	% Fair	% Poor
To find an open pharmacy during the day	80	12	9
To find an open pharmacy in the evening (after 6pm)	30	51	19
To find an open pharmacy at weekends	65	24	11
To get in and out of the pharmacy premises	77	22	1

High Weald Lewes Havens (HWLH) CCG

More than 70% of residents in HWLH gave a 'good' rating for both finding an open pharmacy during the day and getting in and out of pharmacy premises. Although half rated as 'good' their ability to find an open pharmacy at weekends almost 1-in-5 rated this as 'poor', whilst one-third rated as 'poor' their ability to find an open pharmacy in the evenings (see Table 29).

Table 29: Access to pharmacy in HWLH CCG (n= 576)

Pharmacy service	% Good	% Fair	% Poor
To find an open pharmacy during the day	72	16	13
To find an open pharmacy in the evening (after 6pm)	12	56	33
To find an open pharmacy at weekends	51	29	20
To get in and out of the pharmacy premises	73	26	1

Availability of specific services in local pharmacies

Eastbourne, Hailsham and Seaford (EHS) CCG

More than half of residents (56% - 58%) in the EHS CCG were aware that flu vaccines, healthy eating and living advice, the urgent supply of medicines out of hours, annual review of medicines and contraception services to the under 25s were available from their local pharmacy. Fewer (46%) were aware of stop smoking advice being available, but only around one-in-four were aware of chlamydia screening for the under 25s (see Table 30).

Table 30: Availability of specific services in EHS CCG (n=645)

Service	% Yes	% No
Flu vaccine	56	44
Stop smoking advice	46	54
Healthy eating and living advice	57	43
Urgent supply of medicines out of hours	57	43
Annual review of medicines	56	44
Chlamydia screening (under 25s)	27	73
Contraception services (under 25s)	58	42

Hastings & Rother (H&R) CCG

More than 60% of residents in H&R CCG were aware that flu vaccines, and that annual reviews of medicines were available from their local pharmacy. Slightly less than 60% were aware of healthy eating and living advice, the urgent supply of medicines out of hours and of contraception services to the under 25s. Only 38% were aware of stop smoking advice and as few as 22% were aware of chlamydia screening services for under 25s (see Table 31).

Table 31: Availability of specific services in H&R CCG (n=806)

Service	% Yes	% No
Flu vaccine	62	38
Stop smoking advice	38	62
Healthy eating and living advice	58	42
Urgent supply of medicines out of hours	57	43
Annual review of use of your medicines	62	38
Chlamydia screening (under 25s)	22	78
Contraception services (under 25s)	56	44

High Weald Lewes Havens (HWLH) CCG

More than 60% of residents in H&R CCG were aware that flu vaccines, annual reviews of medicines, and the urgent supply of medicines out of hours were available from their local pharmacy. Slightly fewer (58%) were aware of healthy eating and living advice whilst just over half (53%) were aware of stop smoking advice and contraception services for the under 25s. A little more than one-quarter were aware of chlamydia screening services for the under 25s (see Table 32).

Table 32: Availability of specific services in HWLH CCG (n=576)

Service	% Yes	% No
Flu vaccine	63	37
Stop smoking advice	53	47
Healthy eating and living advice	58	42
Urgent supply of medicines out of hours	61	39
Annual review of use of your medicines	65	35
Chlamydia screening (under 25s)	26	74
Contraception services (under 25s)	53	47

Pharmacy delivered services expectations

Eastbourne, Hailsham and Seaford (EHS) CCG

Most residents in the EHS CCG agree that medicine use checks, home delivery of prescriptions and flu vaccines should be available from their local pharmacy. Slightly fewer agree that pharmacies should provide access to medicines to manage symptoms for people who are dying whilst around two-thirds agree that medicine advice and support to local care homes and sexual health services to the under 25s should be available too. Only 30% agreed that home visits by pharmacies should be available and the same proportion actually disagreed that this service should be available (see Table 33).

Table 33: Expectations for the availability of specific services in EHS CCG (n=645)

Service	% Agree	% Neither Agree nor Disagree	% Disagree
Flu vaccine	79	18	3
Medicine Use Checks	89	10	1
Home delivery of prescriptions	84	13	3
Home visits by pharmacists	30	40	30
Medicine advice and support to local care homes	69	27	4
Access to medicines to manage symptoms for people who are dying	74	23	4
Sexual health services to the under 25s	65	29	6

Hastings & Rother (H&R) CCG

More than 80% of residents in the H&R CCG agreed that the home delivery of medicines and medicine use checks should be available from their local pharmacy, whilst at least three-quarters agreed that pharmacies should provide flu vaccines, medicine advice and support to local care homes and access to medicines to manage symptoms for people who were dying. Slightly fewer (72%) agreed that sexual health services to the under 25s should be provided by local pharmacies, but less than one-third agreed that home visits should be

provided by pharmacies with similar proportions both disagreeing or being undecided (see Table 34).

Table 34: Expectations for the availability of specific services in H&R CCG (n=806)

Service	% Agree	% Neither Agree nor Disagree	% Disagree
Flu vaccine	77	19	4
Medicine Use Checks	84	16	0
Home delivery of prescriptions	90	8	3
Home visits by pharmacists	31	35	33
Medicine advice and support to local care homes	75	23	2
Access to medicines to manage symptoms for people who are dying	79	19	2
Sexual health services to the under 25s	72	19	9

<u>High Weald Lewes Havens (HWLH) CCG</u>

In the HWLH CCG we saw the highest level of agreement for the availability of medicine use checks and the home delivery of medicines both above 85%. Fewer, but still the majority of respondents, agreed that flu vaccines, medicine advice and support to local care homes and access to medicines to manage symptoms for people who are dying should also be available from their pharmacy. Just one-in-three agree with home visits by pharmacies with almost the same proportions disagreeing or being undecided about this service (see Table 35).

Table 35: Expectations for the availability of specific services in HWLH CCG (n=576)

Service	% Agree	% Neither Agree nor Disagree	% Disagree
Flu vaccine	75	20	5
Medicine Use Checks	87	13	1
Home delivery of prescriptions	86	11	3
Home visits by pharmacists	33	36	31
Medicine advice and support to local care homes	70	27	3
Access to medicines to manage symptoms for people who are dying	76	21	3
Sexual health services to the under 25s	69	23	8

We also asked respondents if there any other services that they thought their local pharmacy should offer. The main topics were around being able to get advice on medicines and their side effects, being able to get basic prescriptions, having health checks including simple tests such as blood tests, as well as advice on travel, i.e. any injections required, etc.

4.4 Pharmacy staff

Eastbourne, Hailsham and Seaford (EHS) CCG

Eight out of ten respondents in the EHS CCG agree with the statements that 'my pharmacist gives me clear advice on how medicines should be taken' and 'my pharmacist provides a good service'. A little less than two-thirds (64%) agreed that 'if I want to, I can speak to my pharmacist without being overheard', *although one in five disagreed*. However just 55% agreed that they preferred to see their regular pharmacist rather than a temporary one, with over one in three being undecided about this (see Table 36).

Table 36: Relations with pharmacy staff in EHS CCG (n=645)

Statement	% Agree	% Neither Agree nor Disagree	% Disagree
I prefer to see my regular pharmacist rather than a temporary one	55	37	9
If I want to, I can speak to my pharmacist without being overheard	64	15	21
My pharmacist gives me clear advice on how medicines should be taken	80	19	1
My pharmacist provides a good service	80	19	1

Hastings & Rother (H&R) CCG

More than 80% of respondents in the H&R CCG agree with the statements that 'my pharmacist gives me clear advice on how medicines should be taken' and 'my pharmacist provides a good service'. Almost three-quarters agreed that if they wanted to, they could speak to their pharmacist without being overheard, but just over half agreed that they preferred to see their regular pharmacist rather than a temporary one, although two in five were undecided (see Table 37).

Table 37: Relations with pharmacy staff in H&R CCG (n=806)

Statement	% Agree	% Neither Agree nor Disagree	% Disagree
I prefer to see my regular pharmacist rather than a temporary one	53	40	6
If I want to, I can speak to my pharmacist without being overheard	74	15	11
My pharmacist gives me clear advice on how medicines should be taken	83	15	1
My pharmacist provides a good service	83	15	1

High Weald Lewes Havens (HWLH) CCG

More than 80% of respondents in the HWLH CCG agree with the statements that 'my pharmacist gives me clear advice on how medicines should be taken' and 'my pharmacist provides a good service'. Over two-thirds agreed that if they wanted to, they could speak to their pharmacist without being overheard, and slightly fewer (60%) agreed that they preferred to see their regular pharmacist rather than a temporary one, with 30% being undecided (see Table 38).

Table 38: Relations with pharmacy staff in HWLH CCG (n=576)

Statement	% Agree	% Neither Agree nor Disagree	% Disagree
I prefer to see my regular pharmacist rather than a temporary one	60	30	11
If I want to, I can speak to my pharmacist without being overheard	69	16	15
My pharmacist gives me clear advice on how medicines should be taken	86	13	1
My pharmacist provides a good service	85	14	1

We asked respondents for suggestions for how their local pharmacy could improve their medicine and health services. The key topics were around better customer service and staff training needs, better/more parking especially for the disabled, and privacy issues.

4.5 People with additional needs relating to a disability

Less than 5% of respondents in each of our three CCG areas (2% - 4%) had access needs relating to a disability. Of these, more than half of those in EHS CCG said their needs were always met and one third said they were sometimes met. In H&R just 50% felt their needs were always met and over one in three that they were sometimes met. Whilst in HWLH CCG only 40% said their needs were always met, the same number that they were sometimes met but one fifth felt that they were never met (see Table 39).

Table 39: Accessibility needs and meeting those needs (n=2,027)

CCG	Proportion with access needs relating to a disability	How often those access needs are met		
		% Always	% Sometimes	% Never
Eastbourne, Hailsham and Seaford CCG (n=645)	4%	57	35	9
Hastings & Rother CCG (n=806)	3%	50	38	12
High Weald Lewes Havens CCG (n=576)	2%	40	40	20

We asked respondents to explain why they say their pharmacy never meets their access needs. The main topics were again around access and parking.

Communication needs and meeting those needs

Less than 5% of respondents in each of our three CCG areas (2% - 3%) had communication needs. Of these more than one-third in EHS CCG said their needs were always met whilst more than half said they were sometimes met. In H&R less than one fifth felt their needs were always met, over 40% that they were sometimes met but almost as many again that they were never met. In HWLH CCG just less than one in four said their needs were always met, with almost 2 out of 5 that they were sometimes met and the same proportion that they were never met (see Table 40).

Table 40: Communication needs and meeting those needs (n=2,027)

CCG	Proportion with communication needs	How often communication needs are met		
		% Always	% Sometimes	% Never
Eastbourne, Hailsham and Seaford CCG (n=645)	2%	38	54	8
Hastings & Rother CCG (n=806)	3%	18	43	39
High Weald Lewes Havens CCG (n=576)	3%	22	39	39

We asked respondents to explain why they say their pharmacy never meets their communication needs. Most issues were around the need for more empathy from pharmacy staff in the way they communicate with customers.

Assisting adult family members or friends

5% of respondents in EHS CCG said that they assisted an adult family member or friend in their use of pharmacy services, with 4% saying so in both H&R and HWLH CCG areas (Table 41).

Table 41: Proportion assisting adult family members or friends (n=2,027)

CCG	Proportion who assist adult family members and/or friends
Eastbourne, Hailsham and Seaford CCG (n=645)	5%
Hastings & Rother CCG (n=806)	4%
High Weald Lewes Havens CCG (n=576)	4%

Finally we asked for any additional suggestions for how local pharmacies could improve the way that they meet customer needs and provide support. This highlighted several topics previously raised including customer service issues and training needs, basic health advice being offered, lack of parking, longer opening hours and privacy concerns.

4.6 Qualitative analyses of user survey 2016

Which other services should be offered by local pharmacies?

There were additional comments from approximately 200 people and the themes emerging were:

Minor illnesses and pharmacist prescribing (32%):
There was strong support for readily accessible, timely advice about symptoms from pharmacists particularly for young children and for pregnant mothers. Many respondents thought that pharmacists should be allowed to prescribe for minor illnesses or injuries.

Health checks (22%):
There was strong support for pharmacists providing routine health checks such as blood pressure and cholesterol testing. Some would like more specific advice about healthy ageing.

Medicines explanation (10%):
A number of respondents mentioned they would like to have more explanation from the pharmacist about interactions with over the counter products and the side effects of their medicines. Educational sessions put on by the pharmacy were mentioned.

Freeing up the GPs time (5%); must focus on core business (5%):
Several people recognised the potential benefits of freeing up their own GP's appointments for when they really need it. Others warned that pharmacists must concentrate on getting their core business (dispensing medicines) right before they try to take on anything else.

Personal information (8%):
Several people mentioned the apparent lack of concern from some staff about personal privacy and personal information when in the pharmacy.

Information about the pharmacy (6%):
Several people mentioned that the information given about when the pharmacy is open and what to do if not open could be improved on.

Pharmacy premises (5%):
A few people described problems with available parking.

Pharmacist skills/qualifications (7%):
Some people were unsure and even concerned about the level of qualification and skills of their pharmacist. Some would like to see better customer service skills.

Travel advice (6%):
There was some support for pharmacies providing travel advice and delivering this service.

How can local pharmacies improve their medicine and health services?

Personal privacy and respect for personal information (48%)
Although pharmacies have consultation rooms it seems that they are not being used for consultations. There is a consistent message that the failure to respect people's personal information is influencing their perceptions of the whole service.

Customer service and consequences of high staff turnover (40%)
Many people mentioned that customer service skills need to be improved. The lack of continuity of staff made it difficult to trust the advice given in some pharmacies.

Parking and disabled access to premises (24%)
Some people mentioned their difficulties with this.

Consistency of advice and consultation skills (12%)
As a consequence of a changing workforce the advice received by some people is inconsistent.

Maintaining core functions (dispensing correctly)(2%)
The importance of getting the scripts correct was emphasised by a small number of respondents.

In conclusion:
There seems to be little change from the issues identified in the 2014 PNA report.

4.7 Compliments and comments about pharmacy services in East Sussex

The following general compliments were made during the user survey.

From the telephone survey:

•I've always found the pharmacist very helpful and they have given me good advice on what to take if I am feeling under the weather

•I find them really understanding and helpful even when the staff changes they still have good people

•I get really good service most of the time

•I have no complaints about the service

•I have no real complaints

•I know people who have issues but I've always found them really understanding and helpful

•I think it all works fairly well

•It's a good service

•It's a good service overall

•It's fine. Better than I've experienced abroad

•It's good

•… it's good service

•… service is good

•…they mostly can't do enough for me

•… they provide a good service mostly

•… I find it quite a good service really

•The service has always been good

•The staff are mostly helpful

•They are all lovely and helpful and they do a difficult job

•They are helpful most of the time so I can't really complain

•They are mostly lovely people and very helpful

•They are really helpful

•They provide a good service

•They're fine to me

4.8 Why are some needs not being met?

As can be seen from Tables 36, 37 and 38 above in each of the three CCGs the vast majority of people reported that their pharmacy gives them a good service.

Out of a sample of 2,027 people who were randomly selected from East Sussex, a small number of people (19) expressed comments about general disability needs and specifically those with communications difficulties. The latter are particularly relevant to training issues in view of the new NHS information access standard. Some of these are quoted verbatim below.

General disability:

- *Although I'm not disabled I need a wheelchair to get me from the car into the building but they always kick up a fuss about it*
- *I'm a bit slow moving and they get impatient when I don't respond straight away*
- *More tolerance to disabled users*

Hearing impairment:

- *I can't hear at the moment so something written down would help but they aren't prepared to do that*
- *I don't know they just seem to get irritated if I can't hear properly or I misinterpret what they say to me*
- *I just can't hear clearly but they either completely ignore that fact or shout which is extremely rude*
- *I'm slightly deaf and they get irritated when I keep saying "pardon" or if I don't respond straight away*
- *They need to speak louder and slower but that seems beyond them*

- *They just need to speak a bit louder but they don't understand that and the staff changes so much that once one person has got to know me, they suddenly leave and it's somebody else*

Vision impairment:

- *I'm waiting for a full report on my condition which will probably say I am blind in one eye but because I don't wear glasses they think I should be able to read everything quickly and I can't*
- *I can't see and I can't hear very well so they have to be very patient with me. Unfortunately they don't seem capable of that*
- *I'm wearing an eye patch at the minute which limits what you can see and I'm a little deaf so I could do with something in larger print but you have to ask several times before you get it*

Learning disability

- *Sign language would be useful*
- *It would help if they had somebody with sign language experience*

General attitude to patients:

- *They seem to find it difficult to communicate with me altogether and only talk to the person I'm with*
- *I feel they're just not interested in helping*
- *I'm not stupid but sometimes I don't understand straight away but they have no patience*
- *Just more patience is needed*
- *Just the need for more clarity when they speak but that seems to irritate them*

General compliments from the on-line consultation

Some very positive general comments were expressed on-line by residents during the consultation.

“My experience of the service from the community pharmacy near my parents home has been excellent. As my late father became progressively ill and unable to communicate, at every stage, the pharmacy staff were patient, kind and thoughtful. Nothing was too much trouble, where they explained how to take his medicines and were always only a phone call away to help if we were stuck. The offer to deliver medicines when my mother could not leave him alone was very important to us at that time.”

“As a teacher and mum of two young children I was pleased to see the PNA highlights the needs locally for pharmacies and supports associated training. … I have always found my local pharmacy really helpful when I have needed advice or picked up medicines for my children. At all times the pharmacist has made the effort to come out and speak to me, often with a crying child next to me so I could not hear so well. They have always showed patience, empathy and made sure I left understanding what to do and feeling re-assured.”

5. Health needs & service mapping

Table 42 provides a summary of identified priority health needs derived from the East Sussex JSNAA for the three CCGs and their *localities*, mapped against current service provision, and potential service developments for pharmacy in the county. [31]

Further detailed analyses of health needs for each CCG are shown in Appendix 1.

Potential services have been identified as relevant to meeting the known health needs of the area, or were identified in the pharmacy provider questionnaire as areas of interest for further development.

Current pharmaceutical provision has been separated by service type (advanced services and locally commissioned public health services) reflecting the commissioning and contractual arrangements for these services.

Potential/suggested developments have been categorised in the same way.

Table 42: East Sussex CCGs and localities, summary of health needs and commissioned pharmacy services

Eastbourne,Hailsham and Seaford CCG
• Significantly lower mortality from causes considered preventable when compared to England. • Eastbourne LA has a significantly higher percentage than the national average for their population who report general health as bad, or very bad, and who report having a long-term limited illness or disability. • Wealden LA has significantly higher life expectancy at birth and age 65 for males and females compared to England. • Highest prevalence of asthma of the East Sussex CCGs. • Similar diabetes prevalence to England and East Sussex: worse for people with Diabetes Mellitus having regular foot checks. • Highest prevalence of Chronic Kidney Disease. • Lower proportions of (all) cancers diagnosed at early stage compared to national. 1year survival rates lower than England • Highest incidence of colorectal cancer (all persons) of the three CCGs but lower mortality (all persons). • Premature mortality is significantly lower from cardiovascular diseases considered preventable. • Higher (QoF) incidence and prevalence of depression compared to England. • Higher GP reported prevalence of people with severe mental illness.

- Higher rate of admissions due to intentional self-harm.
- Higher recorded (QoF) prevalence of dementia compared to England but a lower percentage of their dementia patients who have had a care review in the previous 12 months. Short stay admissions for people with dementia are significantly higher compared to England.
- The percentages of deaths that occur in care homes are significantly higher than for England.
- Ambulatory care sensitive condition admissions for acute conditions are significantly higher than expected for EHS CCG when compared to East Sussex (age and sex standardised).

Locality	Health needs	Number of pharmacies	Current pharmacy services	Suggested developments
Eastbourne	Lower uptakes of screening Higher indicators for reported Mental Health prevalence, emergency mental health admissions and emergencies for people with psychosis Higher ratio for ambulatory care sensitive acute conditions Higher falls admissions Higher A&E attendances for all ages significantly higher attendances for persons aged 65 years and over Higher rate for children and young people aged 5-19 years attending A&E Higher rates than East Sussex of both elective and emergency admissions for persons aged 65 years and over	**26**	Higher total MURs per year High annual MURs per pharmacy	Small proportion provide smoking cessation Small proportion provide palliative care scheme Majority provide chlamydia testing Less than half provide EHC Small proportion provide condom distribution Small proportion provide needle exchange. Majority provide supervised consumption
Hailsham & Polegate	Higher prevalence of asthma Higher Chronic Obstructive Pulmonary Disease prevalence Lower pneumococcal vaccination Higher prevalence for Coronary Heart Disease Higher prevalence of Diabetes Mellitus Highest locality rate of Chronic Kidney Disease	**9**	High level of NMS	
Seaford	Higher prevalence of asthma Lower pneumococcal vaccination Higher prevalence of Coronary Heart Disease Higher emergency Diabetes Mellitus admissions Fewer A&E attendances for all ages Lower attendances for persons aged 65 years and over	**5**	Low total MURs per year Low annual MUR per pharmacy No pharmacy provided SAC service	

Hastings & Rother CCG

- Hastings Borough: significantly poorer overall health than England in terms of life expectancy, general health status, limiting long term illness or disability and mortality from causes that are considered preventable.
- Rother District: significantly higher percentage of its population reporting bad or very bad general health and reporting a limiting long-term illness or disability but has *significantly higher life expectancy* compared to England and significantly *lower* mortality from causes considered preventable.
- Significantly *lower* percentage of women who have an antenatal assessment before 13 weeks compared to England.
- Women known to be smokers at the time of delivery is significantly higher compared to England.
- Significantly higher (QoF) prevalence of Chronic Obstructive Pulmonary Disease compared to England. Significantly higher diabetes prevalence compared to England.
- Significantly lower percentages of cancers with a valid stage recorded and diagnosed at stage 1 or 2 compared to the national average.
- Survival at 1 year is significantly lower than for England for all cancers, as well as for breast, lung and colorectal cancers.
- Hastings Borough: significantly higher premature mortality from cancer and those considered preventable, and also significantly higher premature mortality from lung cancer.
- Hastings Borough has significantly more premature deaths from all cardiovascular diseases.
- CCG has higher prevalence of circulatory disease groups. *CCG has lower* CHD admissions and premature deaths compared to England
- Significantly higher (QoF) incidence and prevalence of depression compared to England. Long-term mental health problem, anxious or depressed was significantly higher for the CCG compared to the national average.
- Significantly higher rates of admissions due to intentional self-harm compared to England. Significantly higher GP reported prevalence of people with severe mental illness.
- Short stay admissions for people with dementia are significantly higher compared to England.
- Significantly higher percentages of deaths that occur in hospices.
- CCG has higher smoking prevalence.
- Hastings Borough 65% of adults, and in Rother District 64% of adults, are estimated to be overweight or obese.
- CCG Lower uptakes of breast and bowel cancer screening compared to East Sussex.
- CCG has a significantly higher rate than England for people killed or seriously injured on roads.

Locality	Health needs	Number of community pharmacies	Current services	Suggested developments
Hastings & St.Leonards	Highest smoking prevalence Higher smoking-attributable hospital admissions and mortality. Higher premature mortality from all	**22**	High total number of MURs per year	Just over half provide smoking cessation Less than half provide

	respiratory diseases Lower seasonal 'flu vaccine uptake 65s and over Worse across a range of alcohol indicators and alcohol-specific mortality. Higher prevalence rates than England across circulatory disease groups Lower breastfeeding indicators. Lower uptakes of all screening indicators compared to East Sussex. Highest proportion of obese children in Reception year			palliative care scheme Majority provide chlamydia testing Just over half provide EHC Small proportion provide condom distribution Small proportion provide needle exchange Majority provide supervised consumption.
Bexhill	Higher 'flu vaccine uptake High dementia prevalence	**11**	High level of NMS checks	
Rural Rother	Higher alcohol-related road traffic accidents Higher uptake for screening	**6**	High annual MUR per pharmacy. No pharmacy SAC service	

High Weald Lewes Havens CCG
• Higher life expectancy compared to England. Lower mortality from causes considered preventable. • Lewes district has a significantly higher percentage of the population reporting a limiting long term illness of disability when compared to the national average. • Significantly lower percentage of women who have an antenatal assessment before 13 weeks compared to England. • Better than England for mothers smoking at time of delivery, smoking-attributable hospital admissions and smoking-attributable mortality. • Better than England across a range of alcohol-related hospital admission indicators. Wealden alcohol-related road traffic accidents are significantly higher than the national average. • Significantly higher rate than England for people killed or seriously injured on roads. • Significantly *lower* uptake of Health Checks. Uptakes are better than East Sussex for cervical, breast and bowel cancer screening. • For all childhood immunisations, High Weald Lewes Havens CCG has the lowest uptake of the three CCGs. • CCG has a significantly lower (QoF) prevalence of Chronic Obstructive Pulmonary Disease compared to England. CCG has significantly lower premature mortality from respiratory diseases compared to England. • Lower diabetes prevalence compared to England. The adult diabetes prevalence rate for HWLH CCG is significantly *lower* compared to East Sussex and the lowest of the three CCGs. • Compared to England premature mortality is significantly lower for all cardiovascular diseases and those considered preventable, CHD and stroke. • Compared to East Sussex *lower* prevalence of Coronary Heart Disease, heart failure, AF, hypertension. Lower mortality for all circulatory diseases for persons aged 0-74. • Lowest rate/ratios for: GP reported incidence of depression, prevalence of mental health disorders, emergency hospital admissions for mental and behavioural disorders, and for people with psychoses of all the East Sussex CCGs. • Lower proportion of expected cases of dementia diagnosed than the other East Sussex CCGs. • Incidence (age standardised rate) of all cancers for High Weald Lewes Havens CCG is the highest rate of the three CCGs. Rate of mortality for all cancers is the lowest for this CCG. • Highest incidence of breast cancer (age standardised rate) of the three CCGs. • Highest incidence (age standardised rate) of prostate cancer of the three CCGs. • High Weald has a significantly lower asthma prevalence (rate per 1,000) compared to East Sussex as does the CCG. CCG prevalence rate of COPD is significantly lower compared to East Sussex, as do both localities • Ambulatory care sensitive condition admissions for chronic and acute conditions are significantly lower than expected for the CCG when compared to East Sussex (age and sex standardised).

HWLH Locality	Health Needs	Number of pharmacies	Services	Suggested developments
Lewes Havens	Higher admission rate due to self harm Higher admissions due to respiratory illness for under 19s Higher rate of A&E attendances for 65 and over and 85 and over and for under 4s	**15**	Low total MURs Low average MUR per pharmacy	A small proportion provide smoking cessation Small proportion provide palliative care scheme Majority provide chlamydia testing Under half provide EHC. Small proportion provide condom distribution
High Weald		**17**	Low total MURs Low average MURs per pharmacy	

6 Community pharmacy provider survey

An on-line survey of all 112 community and on-line pharmacies in East Sussex was co-ordinated using Citizen Space, the ESCC consultation website, for the period 14th October to 30th November 2016.

The overall response rate from all East Sussex pharmacies was 50% (56/112). Two reminders were sent to community pharmacies and replies were also encouraged via the PharmOutcomes pharmacy management system.

Six pharmacies submitted more than one reply to the survey; the most recent reply was taken for that pharmacy. Duplicate entries were removed from the dataset on this basis. Response rates by CCG and type of pharmacy are shown in Table 43 below. (Response data are also available by locality).

Table 43: Response rates by CCG and type of pharmacy

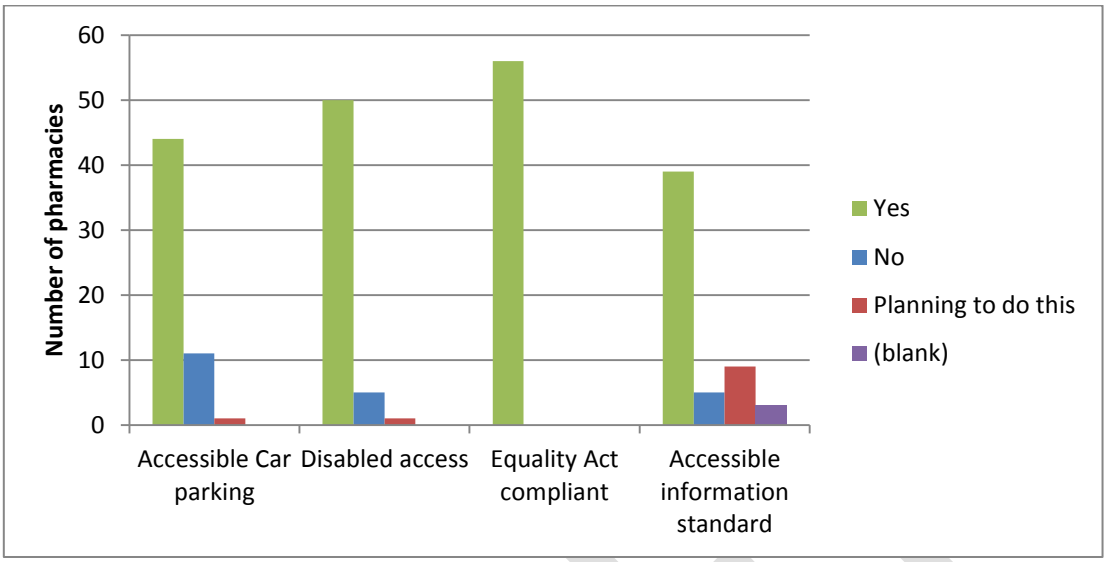
	Yes	No	Grand Total	Response Rate
EHS	**20**	**20**	**40**	**50%**
Community pharmacy	17	17	34	50%
Community pharmacy (100 core hours)	2	2	4	50%
Internet / Mail order	1	1	2	50%
H&R	**21**	**19**	**40**	**53%**
Community pharmacy	21	15	36	58%
Community pharmacy (100 core hours)		4	4	0%
HWLH	**15**	**17**	**32**	**47%**
Community pharmacy	14	15	29	48%
Community pharmacy (100 core hours)		1	1	0%
Internet / Mail order	1	1	2	50%
Grand Total	**56**	**56**	**112**	**50%**

Source: ESCC pharmacy survey

The services that your pharmacy provides

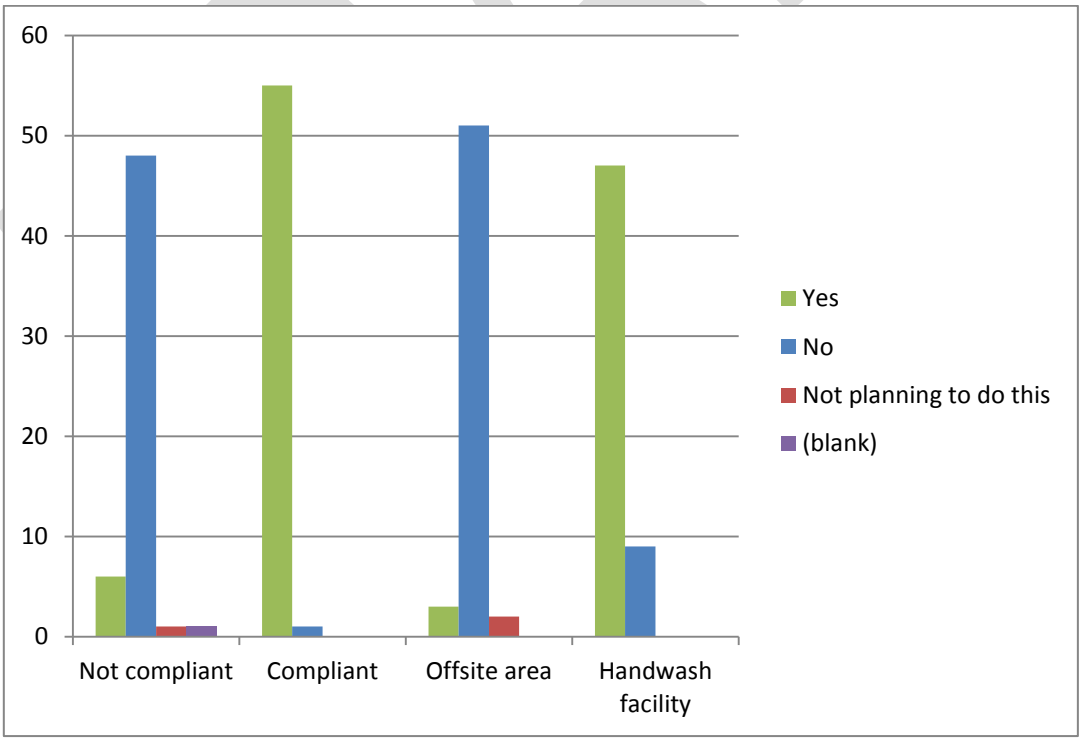
Most pharmacies provide disabled access to their premises and accessible car parking is available. All stated that they comply with the Equality Act. Not all pharmacies yet meet the NHS accessible information standard but most have plans to do so, Figure 55.

Figure 55: Facilities provided by the pharmacy



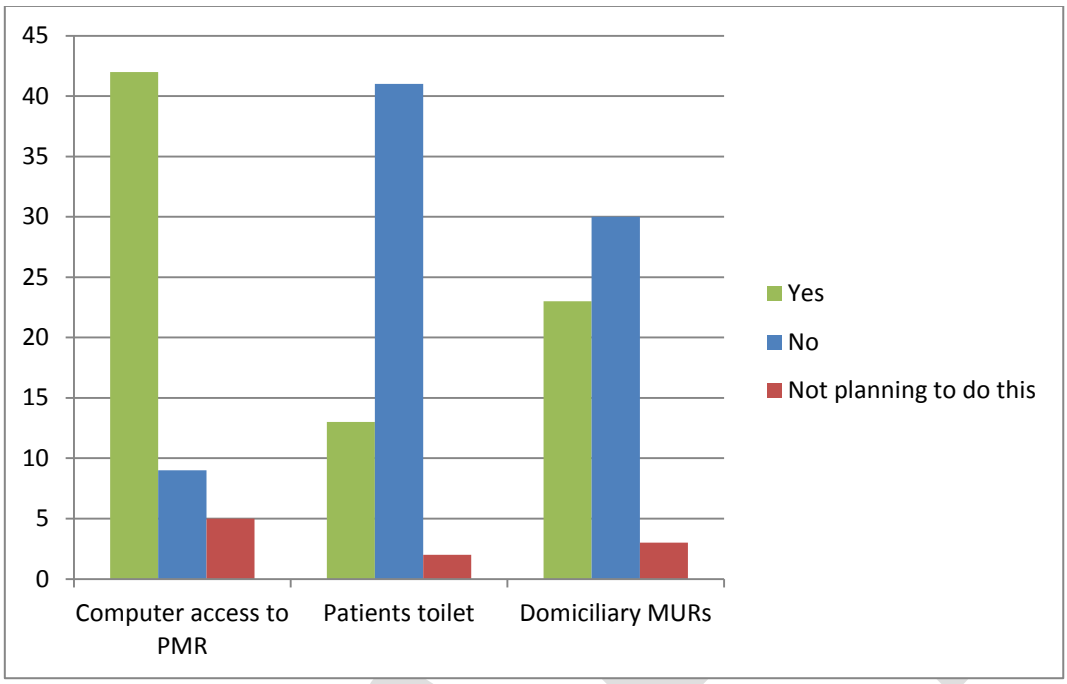
Most pharmacies have a consultation area that is compliant with the service specification, though in a small proportion this is not compliant. Handwashing facilites are available for most consultation rooms, Figure 56.

Figure 56: Consultation facilities in the pharmacy



Most pharmacies do not have a patient's toilet. Most have access to patient medical records, Figure 57. The majority of pharmacies do not currently undertake domiciliary Medicines Use Reviews.

Figure 57: Services in the pharmacy



If you said that your pharmacy branch would not want to provide any of the facilities or services listed in the previous question, please say which facility or service and why? The replies are listed in Table 44.

Table 44: Reasons for not wanting to provide domiciliary MURs and toilet facilities

Domiciliary Medicines Use Reviews E.g. for the housebound
As we don't have any policies or Standard Operating Procedures for that.
Not enough staff (pharmacist, ACT) to provide domiciliary MUR, NMS.
We are not providing domiciliary medicines review or domiciliary NMS as is not (company) policy
Toilet facilities
If customers need to use a toilet in an emergency they can use the staff toilet. There is also a public toilet just across the road.
No room for toilet facilities. No appropriate pipe route for hand-washing in consultation room.
We cannot provide access to toilets for the public. There is no room on the premises to build these facilities.

Please tell us about the information and communication technologies you have at your pharmacy branch:

Enabled for electronic prescriptions

All responding pharmacies had at last one computer EPSR2 enabled with the majority (40/56) having at least three quarters of computers EPSR2 enabled.

SMART cards

In 79% of pharmacies more than half of pharmacists and other staff had SMART cards.

Summary Care Records

In 61% of pharmacies more than half of pharmacists had access to Summary Care Records, whereas in 7 pharmacies none of the pharmacists appear to have access.

Does the pharmacy branch have access to nhs.net for transfer of confidential patient data?

Sixty-four percent of pharmacies stated that they have access to nhs.net, while 36 percent did not. A much higher proportion of responding pharmacies in HWLH CCG (87%) have access to nhs.net than in EHS CCG (55%) and H&R CCG (57%).
The reasons given are shown in Table 45.

Table 45: Reasons why pharmacies do not have access to NHS net

If the pharmacy doesn't have access to nhs.net, please say why:
Company computer cannot allow
Didn't use for too long and lost it - Currently reapplying.
Forgotten passwords - renewing in hand
I have requested access but my request has not been materialized.
Need to set up new account after previous one was closed by NHS.
NHS mail will be requested over the next 8 weeks.
We haven't been given any, not to my knowledge
On its way, arranged by Head Office.
Only got Pharmoutcomes to send to GP.
We use fax and telephone conversations or send letters directly to surgeries.
Was not aware we could do this.
Not aware of it.
We have internal email access

Has your pharmacy branch revised its Standing Operating Procedures(SOPs) for Electronic Transfer of Prescriptions?

Nearly all pharmacies 96% have revised their standing operating procedures for the electronic transfer of prescriptions.

How many staff hold up to date Disclosure and Barring Service checks (DBS)?

These are required if a pharmacy is visiting or entering a patients home to provide a service. Just under half of pharmacies 45% report having a full-time pharmacist with an up to date DBS check.

How many hours per week would there be two or more pharmacists available at your pharmacy branch?

In more than half 52% of pharmacies there would be **no** time during which there would be two persons on duty, and in a further 21% this would be for less than 10 hours per week.

This question was interpreted in different way by two respondents (from pharmacies which are not 100 hour per week pharmacies). They appear to have answered this by summing the total hours of the staff present, rather than the total time in the working week during which two pharmacists would be on duty.

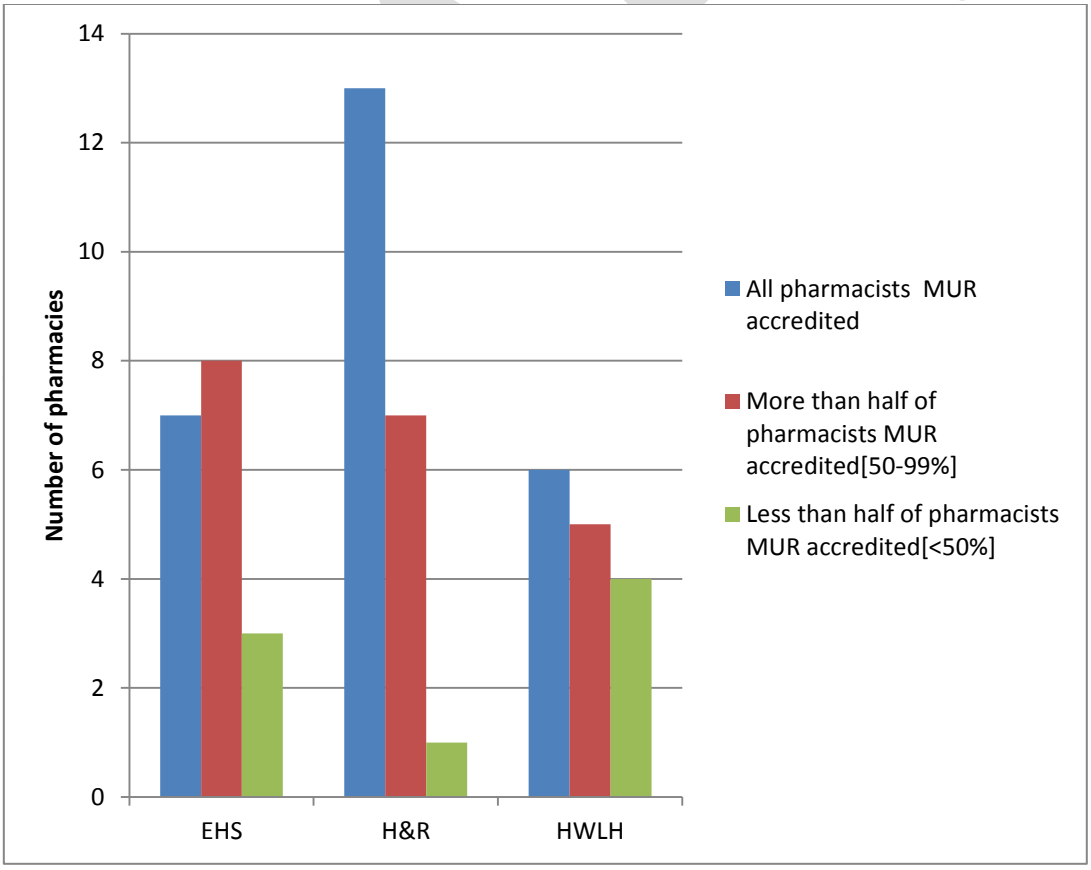
How many of the pharmacists currently practicing at your pharmacy branch are accredited to deliver each of the following services?

The following figures show the proportion of the total number of pharmacists in each pharmacy who are accredited to provide each advanced service, by CCG.

a) Medicines Use Reviews (MUR) accreditation

More than half of the pharmacists are accredited to undertake MURs in the majority of pharmacies, Figure 58. In a small number of pharmacies less than half of pharmacy staff are accredited

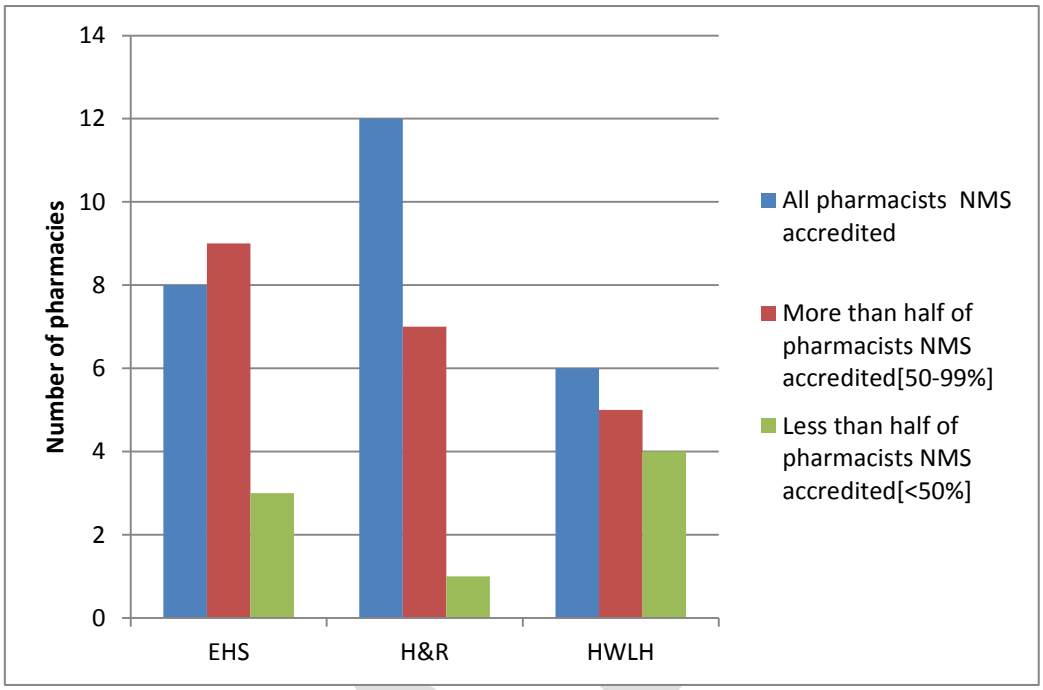
Figure 58: Pharmacist accreditation for MURs



b) New Medicines Service (NMS)

Similarly, more than half of pharmacists are accredited to undertake the New Medicines Service (NMS) in the majority of pharmacies, Figure 59.

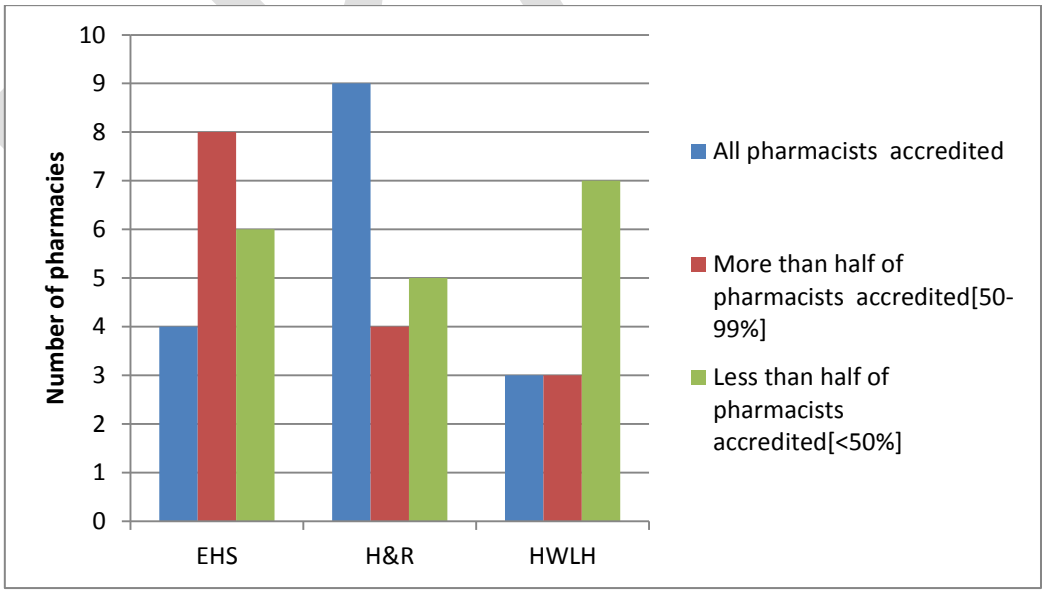
Figure 59: New Medicines Service accreditation



c) Flu vaccine accreditation

Eighty-three pharmacies are currently providing this service this year 2016/17. Some pharmacists are not yet accredited to give flu vaccines in those pharmacies that responded to the survey, Figure 60.

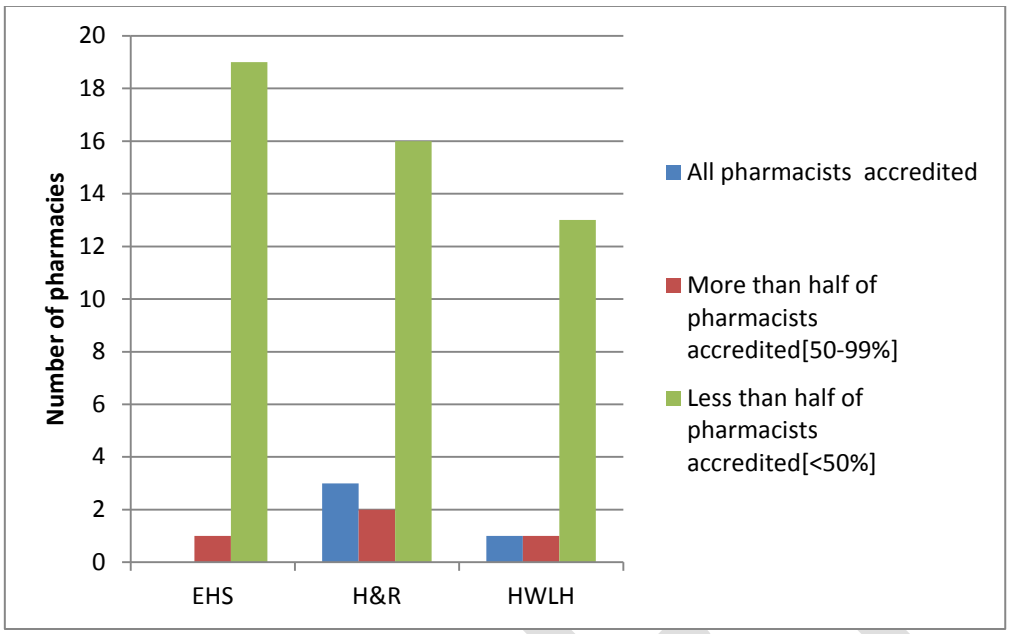
Figure 60: Flu vaccine accreditation



Smoking cessation accreditation

A very large number of responding pharmacies in all three CCGs reported no pharmacist being accredited for doing smoking cessation, Figure 61. This is not surprising as, in general, qualified pharmacists are not delivering this service in the pharmacy.

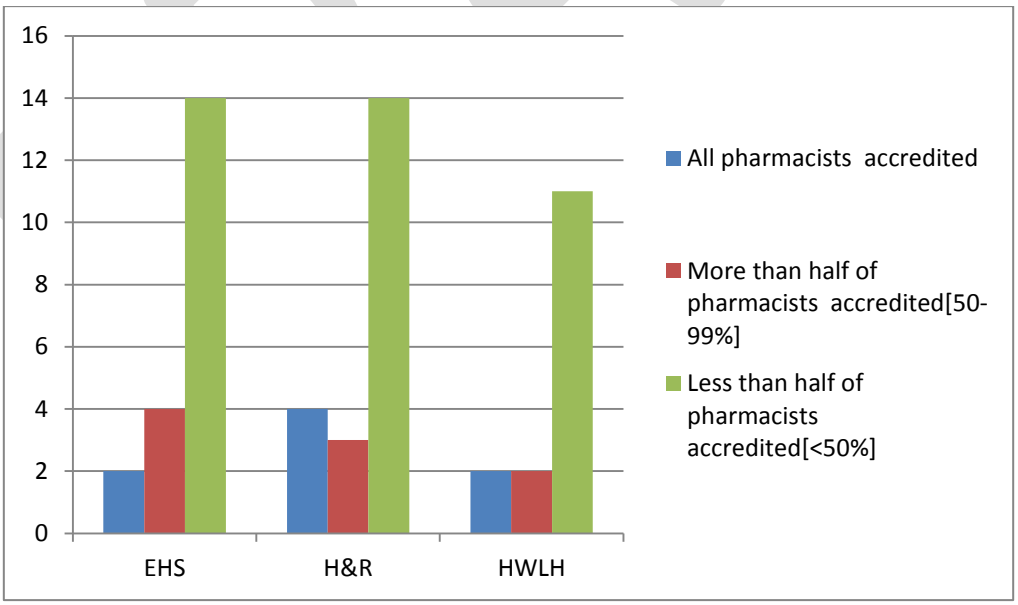
Figure 61: Smoking cessation accreditation



C-card registration and supply accreditation

Many pharmacies report that very few pharmacists are accredited to provide the C-card service, Figure 62. Only a very small number (three pharmacies) undertake the registration process.

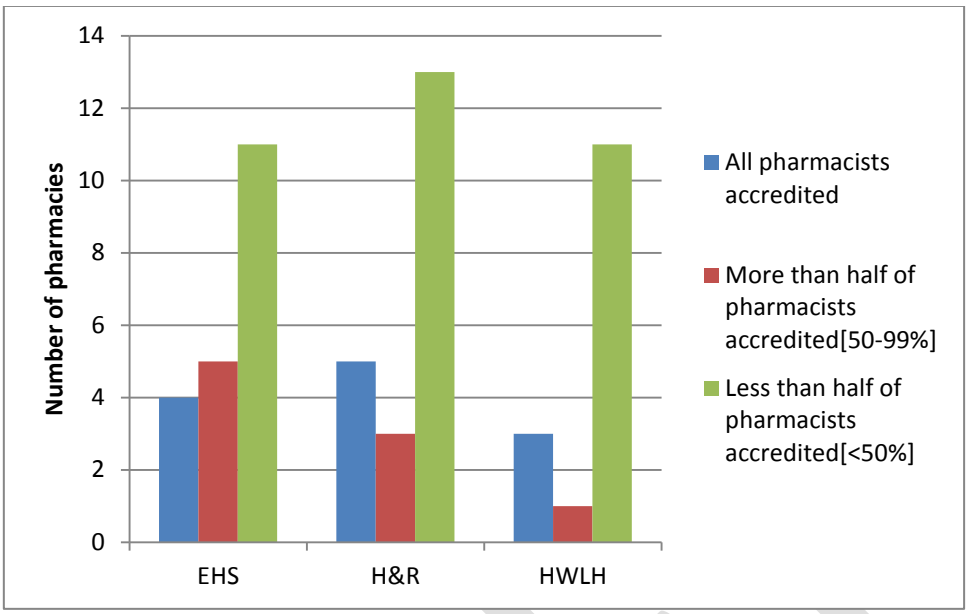
Figure 62: C-Card registration and supply



Emergency Hormonal Contraception (EHC) accreditation

A sizeable proportion of pharmacies in each CCG reported that they have no pharmacist who is accredited to provide EHC, Figure 63. This may reflect staff turnover or rotation of staff.

Figure 63: EHC accreditation



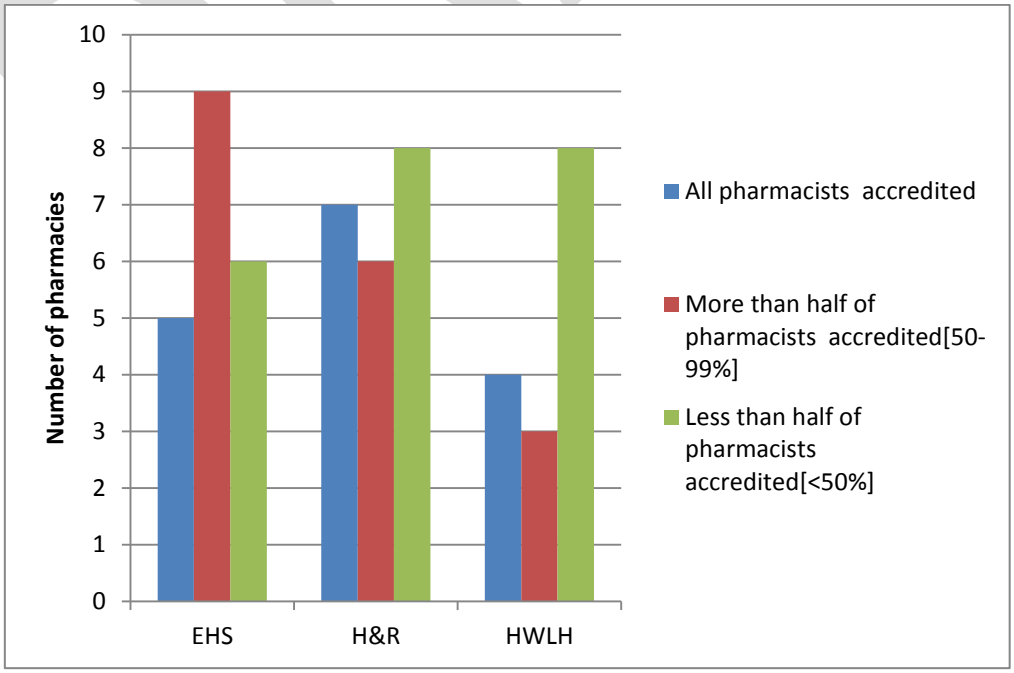
d) Chlamydia tests

There is no requirement for pharmacists to be accredited to distribute chlamydia testing kits.

Substance misuse accreditation:
The majority of responding pharmacies reported that over half of their staff were accredited to provide a substance misuse service, Figure 64.

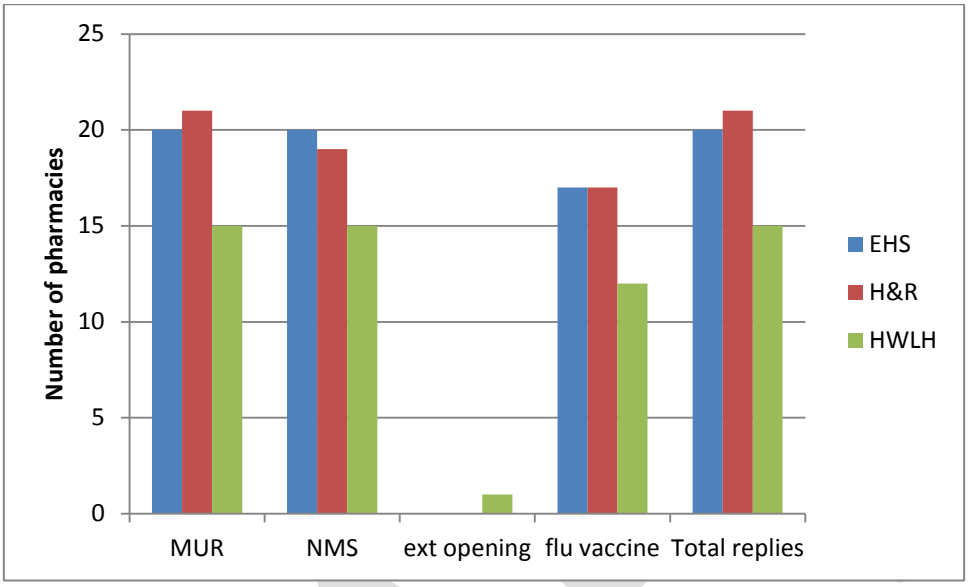
Figure 64: Substance misuse accreditation

e) Substance misuse services accreditation



Which services does your pharmacy branch provide?
Number of responding pharmacies providing each service by CCG, Figure 65.

Figure 65: Number of responding pharmacies providing each service by CCG



Of all responding pharmacies, most provide a medicines review service and a new medicines service.

Pandemic Influenza: anti-viral medicines provision
According to data held by the emergency planning section in ESCC PH in East Sussex, overall there are 19 community pharmacies in EHS CCG, 22 in H&R CCG and 19 in HWLH CCG who have agreed to become anti-viral collection points, if needed, during a pandemic.(Data are available on request).

Smoking cessation
Many responding pharmacies left the question about whether they provide smoking cessation blank. About a third (19/56) stated they provide the smoking cessation service, Table 46.

Table 46: Survey replies-do you provide smoking cessation?

	Smoking Cessation	(blank)	Grand Total
EHS	6	14	20
H&R	11	10	21
HWLH	2	13	15
Grand Total	**19**	**37**	**56**

Five pharmacies reported that they provide NHS Health Checks although they are not commissioned to do so by ESCC. There are no neighbouring local authorities commissioning NHS health checks from pharmacies in East Sussex. The respondents may have interpreted the question as referring to another form of health check.

One pharmacy reported providing anti-coagulant monitoring.

Sexual health services:
The majority of responding pharmacies say they provide chlamydia testing, Table 47.

Table 47: Survey replies-do you provide chlamydia testing?

	Chlamydia Testing	(blank)	Grand Total
EHS	13	7	20
H&R	12	9	21
HWLH	8	7	15
Grand Total	**33**	**23**	**56**

Nearly half reported providing emergency hormonal contraception (EHC), Table 48.

Table 48: Survey replies-do you provide emergency hormonal contraception?

	EHC	(blank)	Grand Total
EHS	9	11	20
H&R	11	10	21
HWLH	6	9	15
Grand Total	**26**	**30**	**56**

A minority of responding pharmacies offer the C card registration service, whereas nearly half report operating the C-Card condom distribution scheme, Table 49.

Table 49: Survey replies-do you provide the C-Card scheme?

	C Card Registration	Condom distribution	(blank)	Grand Total
EHS	1	10	9	20
H&R	8	5	8	21
HWLH	1	11	3	15
Grand Total	**10**	**26**	**20**	**56**

Substance misuse services:
A small number of responding pharmacies reported providing a needle exchange service, Table 50. The majority provide a supervised consumption of prescribed medicines service, Table 51.

Table 50: Survey replies-do you provide a needle exchange service?

	Needle Exchange	(blank)	Grand Total
EHS	4	16	20
H&R	5	16	21
HWLH	3	12	15
Grand Total	**12**	**44**	**56**

Table 51: Survey replies-do you provide a supervised consumption service?

	Supervised consumption	(blank)	Grand Total
EHS	15	5	20
H&R	14	7	21
HWLH	9	6	15
Grand Total	**38**	**18**	**56**

If funding were available, which services would your pharmacy branch be willing to provide now/in the future? Which would you not want to provide?

The answers to this question were not mutually exclusive. For example, some respondents stated they would be willing to provide a service if it were commissioned now, as well as if they were provided with more training, Figures 66, 67.

Figure 66: which services would you be willing to provide (I)?

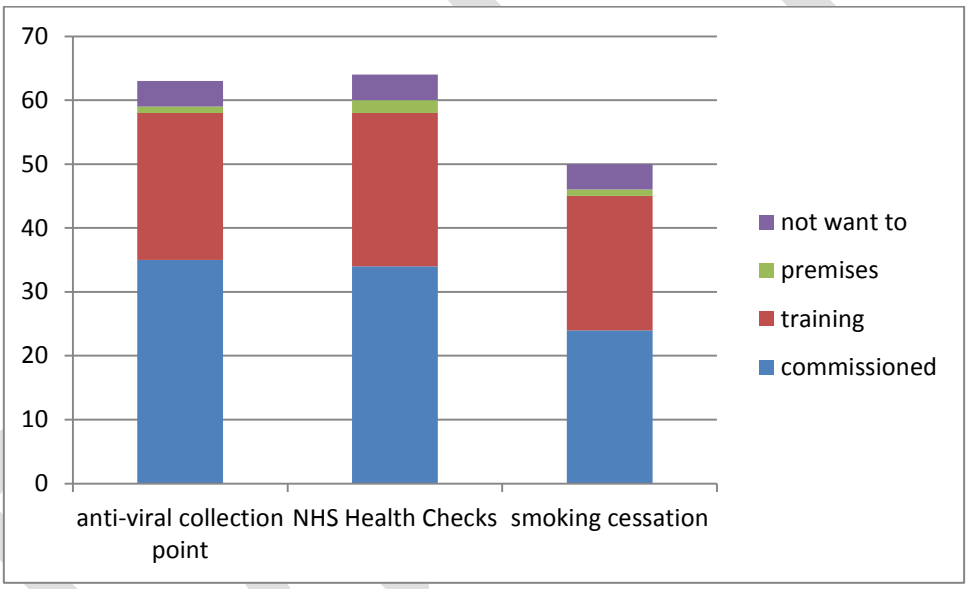
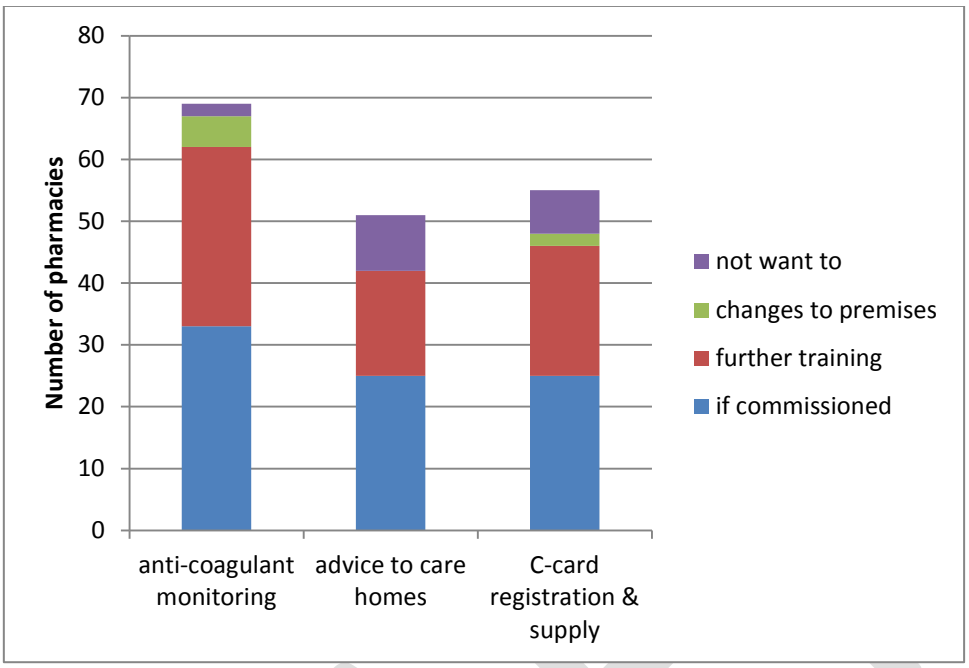


Figure 67: which services would you be willing to provide (II)?



Are there any other services your pharmacy branch would be willing to provide? Emergent themes from the community pharmacy survey were:

Pharmacy Urgent Repeat Medicines Service (PURMS): there was strong support for introducing this, with eighteen pharmacies specifically mentioning this.

Sessions working within GP practices to reconcile repeat prescribing and hospital discharges: there was strong support for this option (20 pharmacies). Supporting the triage of calls in practices by dealing with medication enquiries (15 pharmacies). One caveat mentioned was that this should not overlap with the work of any practice pharmacist.

A minor ailments scheme. There was very strong support for this (28 pharmacies)-one respondent mentioned that, if implemented, this should be appropriate to the locality.

Proactive ongoing support for **people with learning disabilities,**(8 pharmacies). **Hepatitis b vaccine** (19 pharmacies) and **blood borne virus testing** (9 pharmacies). Other suggestions included providing **travel clinics** and **anti-coagulant monitoring.**

If funding were available, what would be your top 2 priorities for developing the branch's services? These are shown in Table 53.

Table 52: Top 2 priorities for developing the services

The top priority
Minor ailments service (10 pharmacies)
Provision of an urgent repeat medicines service (5 pharmacies).
Working within GP practices to reconcile prescribing (3 pharmacies)
Expanding the 'flu vaccination service (3 pharmacies)

Expanding pharmacy based vaccinations (3 pharmacies) Domiciliary medicines management (2 pharmacies)
The second priority
Patient urgent repeat medicines service (PURMS) 3 pharmacies Services to reduce cardiovascular risk (blood pressure monitoring, weight management, cholesterol testing and providing NHS health check (7 pharmacies) Expand pharmacy based vaccinations for hepatitis B, travel and 'flu vaccine (4 pharmacies) Minor ailments service (2 pharmacies) Anti-coagulant monitoring (2 pharmacies)

If you said that your pharmacy branch would not want to provide any of the services if funding were available please say which service(s) and why? The following comments were made, Table 54:

Table 53: Reasons for not wanting to provide services

	Reason
C-card	C-card registration is quite "time-hungry" for a busy one pharmacist store so we do not currently feel we could spare the resource the service needs. No demand for this service here. I think NHS money can be used in a more useful way than give free condoms.
Smoking cessation	Seems quite time consuming, worry that other important pharmacy activities would get behind. (not provided) Due to ageing population, most of whom do not smoke.
Advice to care homes	We already provide med reviews for our homes and if you were to calculate overall they do use far lower percentage of medicines comparatively. Branch too small to take on.
Capacity	No plans to extend range of services in single pharmacist stores, preferring instead to focus on stores where the full range is able to be offered due to higher resource/expertise levels.

Do you provide any of the following services?

The replies are summarised according to the number of pharmacies providing the service, by CCG, Figures 68-73.

Figure 68: Which other services does your pharmacy provide (I) EHS CCG?

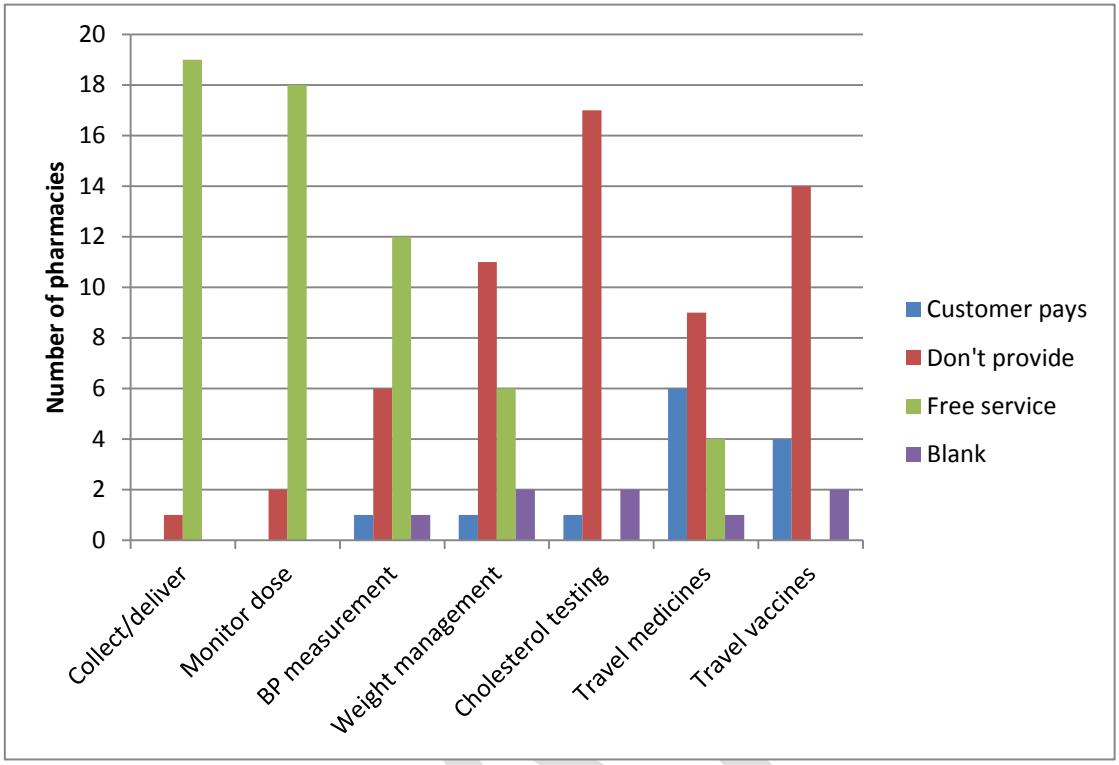


Figure 69: Which other services does your pharmacy provide (II) EHS CCG

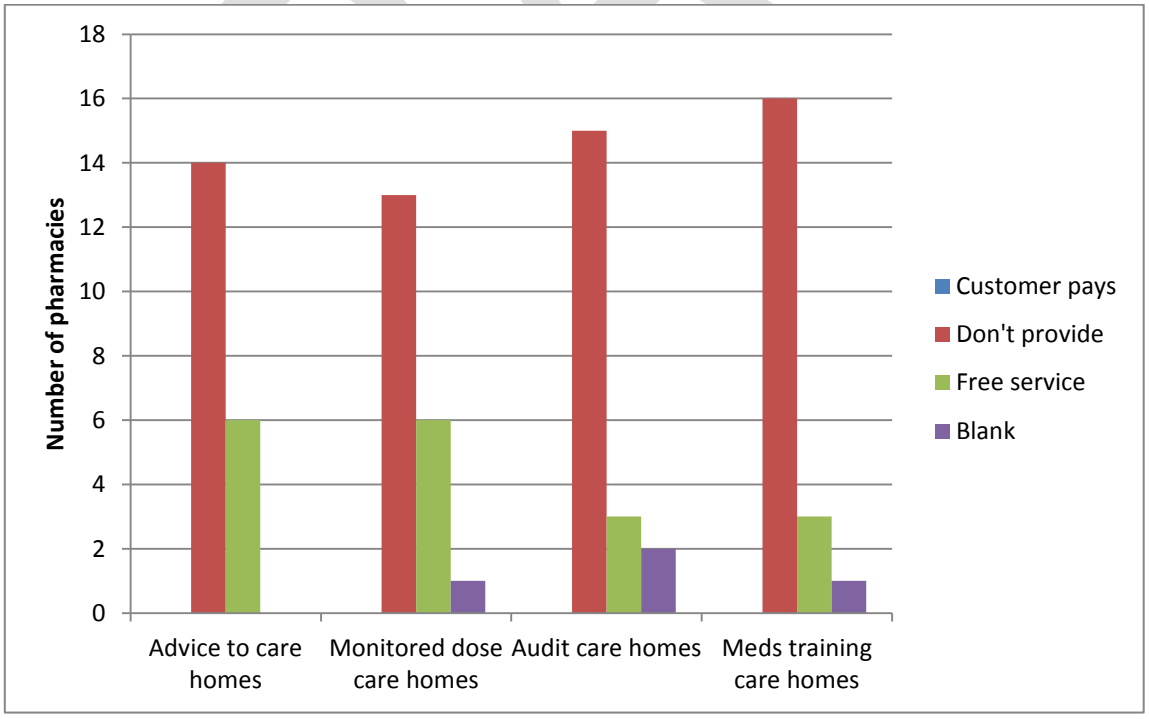


Figure 70: Which other services does your pharmacy provide (I) H&R CCG

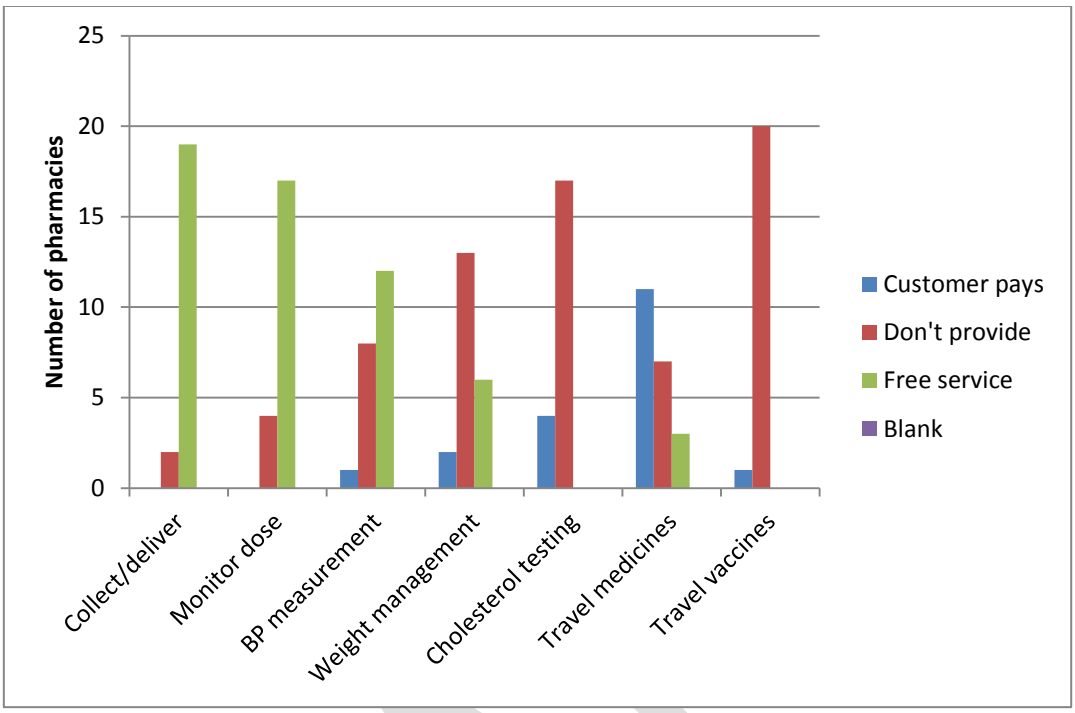


Figure 71: Which other services does your pharmacy provide (II) H&R CCG

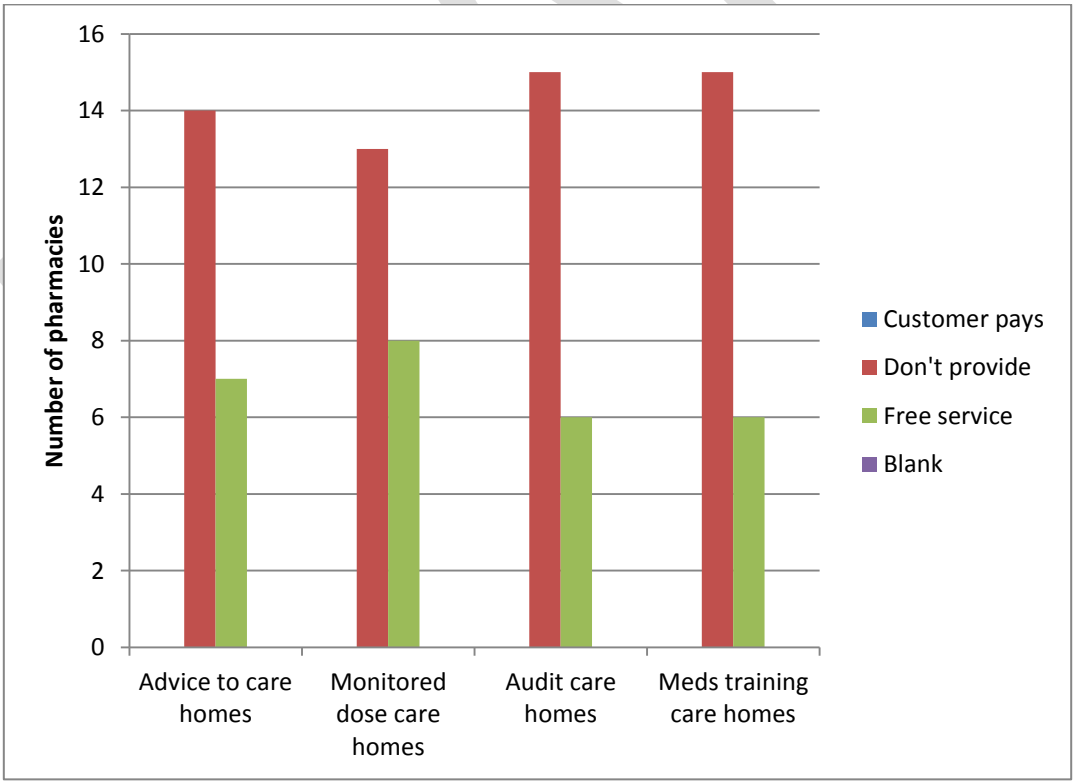


Figure 72: Which other services does your pharmacy provide (I) HWLH CCG

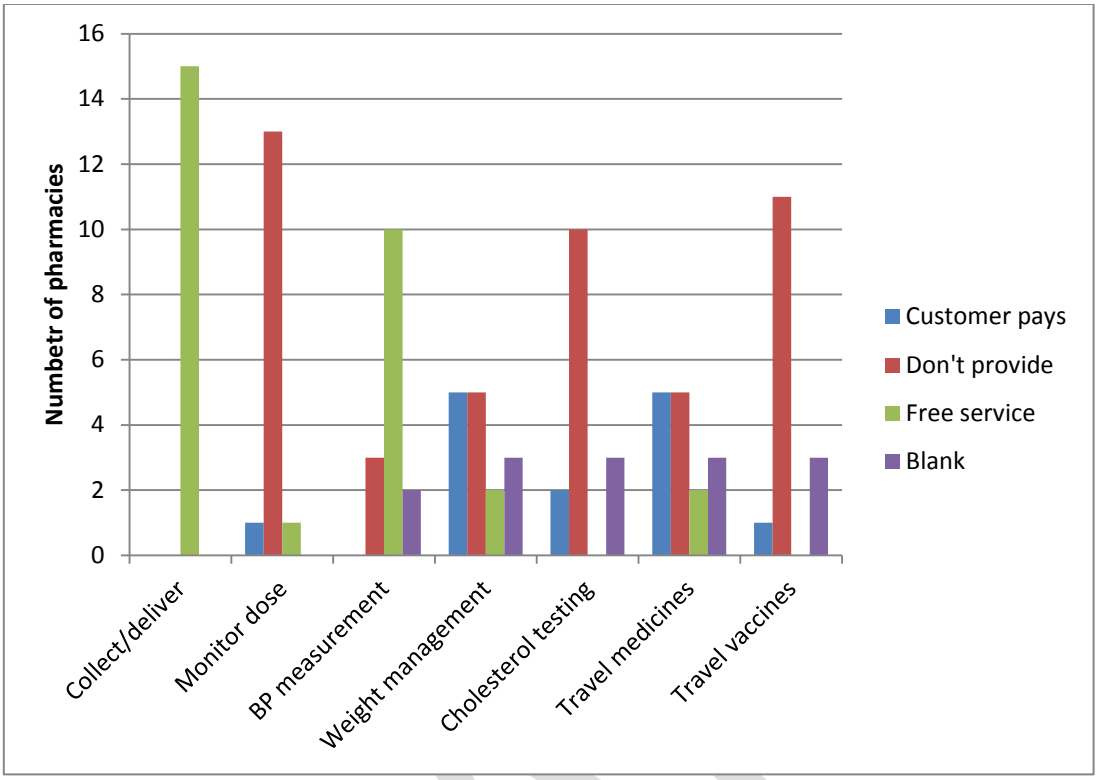
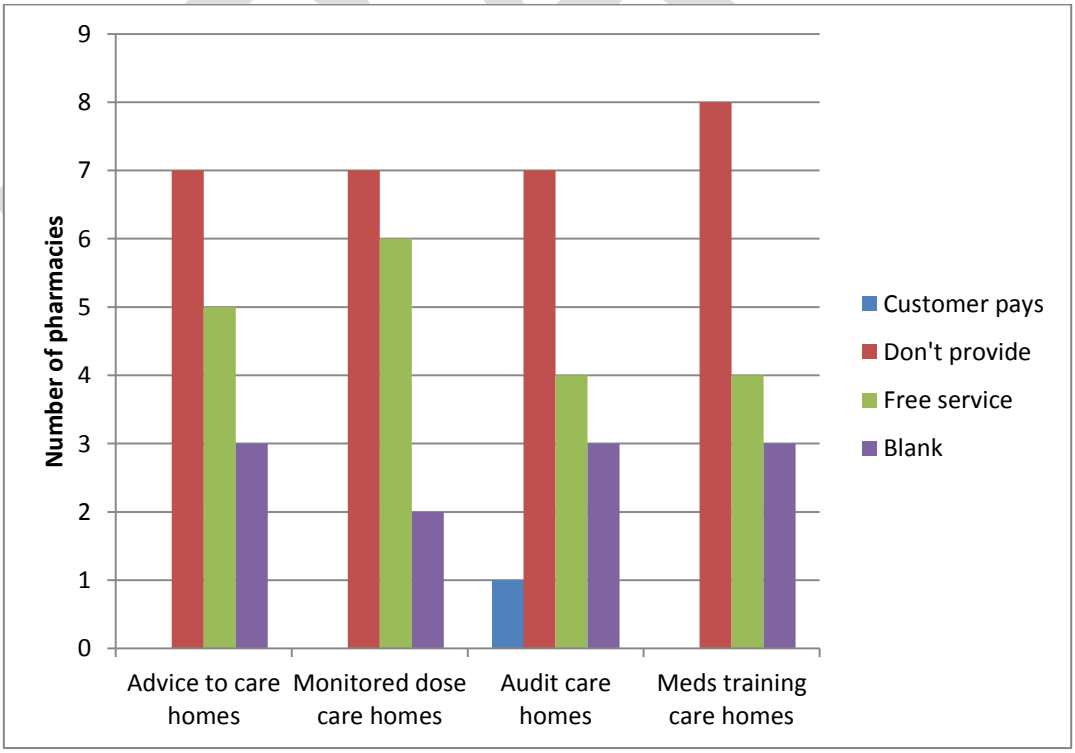


Figure 73: Which other services does your pharmacy provide (II) HWLH CCG



Which other services does your pharmacy provide?
Most pharmacies provide a collection and delivery service for prescriptions.

A small number of responding pharmacies (7/56) stated that they do not provide a monitoring service (which means using a compliance aid to organise medicines for each day of the week) for people in their own home, whilst the majority of pharmacies do (48/56).

Two thirds of pharmacies provide a free blood pressure measurement service, whereas one third don't provide this. In a small number the customer is expected to pay for this.

The majority of pharmacies do not provide a weight management service and in a small number (three) the customer pays for this.

A small number of pharmacies provide cholesterol testing, paid for by the customer.

Where travel medicines are being provided the customer pays for this, with only a small number of pharmacies providing a free travel medicines service.

Only a few (six) pharmacies state that they currently provide travel vaccines, four of which are in EHS CCG.

Care Homes:
About a third of pharmacies stated they provide advice to care homes, whilst the majority do not currently provide pharmaceutical advice to care homes.

Just over a third of pharmacies provide a monitored dosing service for care homes, although the majority do not currently provide this. Less than a quarter of pharmacies provide an audit service to care homes.

Likewise, fewer than a quarter of pharmacies provide medicines training to care home staff.

The following comments were received regarding providing additional services, Table 56.

Table 54: Comments about providing additional services:

- An initial assessment needs to be made into the current staffing levels and whether training is needed before a commissioned service is rolled out to the branch concerned.
- Please commission as many services as possible as we have the capacity to provide & demand from our customers, especially from our elderly customers who find pharmacy a much more convenient & friendly environment to refer to.
- Please use us as resource to provide further services but please ensure appropriate financial rewards in addition to the job satisfaction.
- We already carry out a lot of unpaid services as you can see. However increased services can require extra consultation areas, staff training and other resources so please remember long term savings are more important. Most pharmacists and GPs will tell you of their experience of many life saving efforts of the pharmacist, plus referrals that lead to better (QOF points) for patients and therefore the NHS
- To be involved in the ESBT scheme if possible.

- We are happy and willing to provide feasible services within the capacity of our independent pharmacy where commissioned.
- We are a very valued pharmacy in our neighbourhood and would like to offer valued services to our clients
- We are a large company so a lot is out of our hands
- We do collection of prescription but we don't deliver to patients
- We do not provide services to care homes as we have not been approached by any to provide a service, not because we refuse to!

7 Survey of Dispensing GP practices

Thirteen out of fourteen GP practices in East Sussex with a practice dispensary were invited to participate in an on-line survey. Alfriston Practice, a branch of Old School Surgery, was overlooked owing to an administrative error. This practice was included in the consultation process on the draft document. Follow up semi-structured interviews were undertaken with dispensary managers and practice managers in six practices by the public health practitioner. Questions on service provision, practice premises, information technology and staffing were included. The analyses below relate to the replies received from 13/14 practices.

What would be your top priority for developing the dispensary?

This was the most insightful part of the dispensing practice survey. A number of practices highlighted that some patients experience annoyance and confusion when they are required to go to a community pharmacy to have their prescription dispensed because of where they live, rather than having their medicines dispensed there and then at their own practice. From a patient perspective it appears an anomaly that other patients can have their medicines dispensed there. There have been occasions when this national rule (implemented by NHS England) has been overruled by GPs on grounds of clinical urgency. It was suggested some patients may also have chosen not to have their prescription dispensed because of this rule.

Other suggestions for development included having more space for the dispensary, training more dispensers and being allowed to dispense over-the-counter medicines.

Opening Hours: Most dispensaries were open during the normal working hours of the practice on weekdays. The earliest opening time was at 8 a.m. and the latest opening time (in a different practice) was until 7 p.m. Only one dispensary was reported as being open on a Saturday morning. (Data are available on request).None are open on Sundays.

Equality Act: All but one of the dispensaries comply with the Equality Act and the one non-compliant practice is in the process of implementing this.

Accessible Information Standard: All dispensaries comply with the NHS accessible information standard.

Information and Communication Technology: Only one practice is enabled for the electronic (EPSR2) transfer of prescriptions. A number of practices mentioned that this was not necessary as the communication between the prescriber and the dispensary takes place electronically within the practice.

Access to patient Summary Care Records (SCR): In two thirds of dispensaries the staff had access to patient summary care records to assist them.

Access to nhs.net for the transfer of confidential information: All dispensaries have access to nhs.net.

Staff within the GP dispensary: Three of the dispensaries employ a fully qualified pharmacy technician. All practices employ one or more dispensers.

Dispensing Review of Use of Medicines (DRUMS).

The aim of DRUMS is to review how a patient is using their prescribed medicines, and to coordinate prescriptions for medicines if out of synchrony. All dispensing practices provide this service.

Anti-coagulant monitoring: Most practices provide this service, arranged by the practice nurse.

Supervised consumption of prescribed medicines: One practice stated they provided supervised consumption of prescribed medicines. Most dispensing practices do not do this.

Palliative Care medicines: The palliative care medicines scheme (Just in Time boxes) were being offered by most dispensaries. In one practice the prescription was dispensed by a different pharmacy. One practice offering the service was unsure about receiving payment.

Anti-viral collection point in an influenza pandemic: There is some disagreement between the willingness to provide an anti-viral collection point as reported in this on-line/interview survey and the information held within the emergency planning team at ESCC. Emergency Planning records list ten practices that have stated they are willing to provide anti-viral collection points. The pandemic emergency plan information is being rechecked by the emergency planning officer.

Sessions within the practice to reconcile repeat prescribing and hospital discharges: Doctors within the practices reconcile prescribing. The initial checking of the discharge letters is undertaken by dispensary staff in one practice prior to these being seen by the GP.

Triage of calls about medication enquiries: doctors would triage calls about medication.

Support for people with learning disabilities: One practice provides a service to a number of learning disability homes. Another is keen to improve the existing service for people with a learning disability following a review of a small number of medicines-related incidents occurring in their practice.

Which services does your dispensary provide: collection and delivery of prescriptions: Most practices provide this as a free service. Local arrangements differ between practices as to how this is organised, including remote collection points and via volunteers. This is not a formal delivery service.

Monitored dosage for patients in own homes: The majority of practices stated they provided this, although this question may have been misunderstood as it is unlikely practices would have the necessary resources to do so, as this would require additional resources and staff time within the dispensary to prepare the packs.

Monitored dosage for patients in care homes: Most practices do not provide this, although two practices stated that they have done so in the past and stopped because it was too time consuming to prepare blister packs and required more space in the dispensary.

Travel medicines: Most practices would provide medicines for travel purposes e.g. anti-malarial drugs although the customer would pay.

Does your practice dispense appliances? All practices dispense dressings and hosiery. Most dispense incontinence appliances: this is arranged via the incontinence nursing service. All will dispense stoma appliances. This involves requesting these from an agency and the patient then collecting items from the dispensary.

8 GP practices survey

All 50 non-dispensing GP practices in East Sussex were invited to participate in an online survey which mainly included questions on their experience of local pharmaceutical services. The survey ran between 6th November and 19th December 2016 (six weeks). Practices were given a further week from 9th to 13th January to respond.

Six non-dispensing GP practices replied to the survey, two respondents were GPs, two practice managers, a practice pharmacist and one person who did not state their role.

Key findings

In view of the low response rate the quantitative data are not presented.

Qualitative evidence:

Pharmacy led lifestyle campaigns were described as fair or poor. Signposting to other services and resources was described as fair. Support for self care was described as fair.

Where essential services were described as poor the following comments were received, Table 55.

Table 55: Comments received from GP practices about essential services

- Still in early stages of repeat dispensing
- The population of Hailsham and the number of homes here have been grown very significantly in the past few years, but the provision of pharmaceutical services have not kept up with the growing demand. This has led to inadequate level of service here.
- There is a staggering variability between pharmacies ...
- The standards from our local Pharmacist….. is outstandingly high-and very good at many others- but some are very, very poor as supported by feedback from patients. It seems they are running everything for maximum ease for themselves and profit.
- Medicines Use Reviews were described as fair or poor. The New Medicines Service was similarly described. Flu vaccination was described as fair or poor. Appliance Use Reviews and Stoma Appliance Customisation were described as fair or poor.

Where advanced services were described as poor the following comments were received, Table 56.

Table 56: Comments received from GP practices about advanced services

- Having the pharmacies compete with us for flu vaccines is a threat to our income and ability to provide ongoing services. There is better use of their time and commissioning competing services breeds hostility and the exact opposite to what working relations should be.
- Flu vaccination is provided to patients who previously received at GP and not, as envisaged, to those who previously did not receive- however I believe at our practice relatively small numbers.
- Appliance providers tend to over order- I have raised my concerns with Stoma Nurses and Medicines management

The extended hours rota was described as good to poor-depending on locality. (This service is commissioned by NHSE). Smoking cessation comments ranged from good to poor. Condom supply was described as good to fair. Comments about EHC, pregnancy testing and chlamydia testing ranged from good to poor.

Needle exchange comments ranged from good to poor. Supervised consumption comments were mainly good. The palliative care scheme was described as mainly good. One GP respondent was especially supportive of the public health locally commissioned services.

The frequency of professional contact with pharmacies was every day in a typical month for all respondents. The quality of professional contact was mostly described as good.

Other comments received were:

- But very variable particularly when service seemed to be staffed by few Pharmacists
- Mostly good, but one pharmacy can be a real problem

Which other services would you like your local pharmacy to provide?

Four respondents wanted a pharmacy urgent repeat medicines service. The same respondents also wanted: sessions working within GP practices to reconcile repeat prescribing and hospital discharges; supporting the triage of calls in practices by dealing with medication enquiries.

All respondents wanted a minor ailments scheme. Three wanted a scheme to provide more pro-active support for people with learning disabilities.

Four respondents wanted collection and delivery of prescriptions. Three respondents wanted monitoring of drugs for patients in their own homes.

Four wanted pharmacies to provide advice and training to care homes.Four also wanted pharmacies to undertake audit for care homes. Two respondents wanted monitored dose schemes for care homes.

How could the pharmaceutical services provided in your area be improved?

Two suggested increasing the uptake of electronic repeat prescribing. Other comments received were:

- Delivery services are generally excellent.
- We need at least one more pharmacy in Hailsham to keep up with the increased demand.
- I believe they are essential to support the impending work force crisis of GP's

9 Care Homes Survey

The views of care homes were obtained via an on-line consultation between 6th November and 19th December 2016 (a period of 6 weeks).

Thirty one care homes replied, out of a total of 352 homes on the contact list. There were 19 residential homes, 8 nursing homes, and 4 combined nursing and residential homes in the replies. Respondents were mostly managers of the homes.

Please rate how well these pharmaceutical medicines services meet your residents' needs:

Dispensing of medicines including repeat dispensing?
Two homes rated this as poor, six as fair, while the majority 23 said this was good.

Disposal of unwanted medicines?
Three homes rated this as poor, four as fair, and the majority 21 rated this as good.

Pharmaceutical advice on use of medicines?
One home rated this as poor, five as fair, and the majority 25 rated this as good.

Monitoring duration of anti-microbial prescribing:
Two homes rated this as poor, six as fair, six as good, but the majority didn't know.

Palliative care medicines:
One home rated this as poor, six rated this as fair, and the majority 22 rated this as good.

Please rate how well these pharmaceutical public health services and campaigns meet your residents' needs:

Flu vaccination provided by the pharmacy
Two rated this as poor although in neither of these homes was the service being provided by a pharmacist which may account for the poor rating. Two rated this as fair. Nine said this was good. Many didn't know about this.

Smoking cessation
Two rated this as poor although in neither of these homes was the service being provided by a pharmacist which may account for the poor rating. Four rated this as fair. One said this was good. The majority didn't know about this.

Signposting residents or carers to sources of help
Two rated this as poor, seven as fair, three as good. Many didn't know.

Stoma Appliance Customisation
One home said this was poor, four rated this as fair, four as good. Many didn't know. It was mentioned by one home that the SAC service is managed by an outside company.

Cancer symptoms awareness, such as the persistent cough campaign
Two homes rated this as poor, four as fair, and four as good. Many didn't know.

Which other services does your local pharmacy provide and which services would you like them to provide?

Pharmacy Urgent Repeat Medicines Service
In the majority of these homes 23, the service is already being provided. Seven homes would like this to be provided.

Collection and delivery of prescriptions
Virtually all homes stated they receive this service.

Monitoring of drug dosage for clients in the care home
Twenty-one homes already receive this service. Eight would like to receive this.

A minor ailments scheme
Eight homes receive a service, while 18 would like to receive this service.

Medicines advice to the care home
Twenty-eight already receive this, two would like this service.

Medicines audit for the care home
Twenty-four homes already receive this. Five would like the pharmacy to provide a service.

Medicine training for the care home
Eighteen receive this service, while ten would like the pharmacy to provide this.

The following comments were received about how the service could be improved, Table 57.

Table 57: How could the pharmaceutical services provided in your area be improved?

- We have no problems that need addressing.
- More training and audits would be useful
- We use …Pharmacy In Hailsham and the service they give the home is of a high standard
- We have excellent support
- If they just do their job, at least the minimum, not for staff to have to fax, call many times before things get done properly. Not sure they have appropriate and sufficient training. Once we train a pharmaceutical representative how to do their job properly, they leave the job and we have to start again, appropriate and sufficient training should be provided by the pharmacy.
- If the pharmacy does not have a medicine in stock should also inform us immediately to enable us to take appropriate measures. Pharmacies working hours and delivery times are just not user friendly. It is a bit like the GP surgeries: people should be sick Monday to Friday between 9 to 5.
- Following up with drs and looking for repeat prescriptions in other areas
- We have just changed and the new pharmaceutical service is much better
- Medication audits to be more frequent to develop an action plan
- It would be helpful if they assisted with medicines audit (a service which was discontinued years ago)
- Earlier delivery before cycle is due to start
- I don't think there is anything else they could do that they are not already doing
- There currently are no areas which could be improved on with regards pharmaceutical services in the area
- Very happy with our pharmacy offer emergency mobile number
- Communication between doctors and pharmacies
- Quicker service between the surgery and pharmacy for urgent meds such as antibiotics. Now GPs no longer bring prescription pads we get delays
- Improved collection of returns. External audit.
- The training provided is online only. We prefer face to face training so therefore outsource this.
- Good relationship with the local pharmacy
- Delivery of medicines when requested.
- Our Pharmacy, privately owned, is very helpful.

10 Conclusions and recommendations

The main aim of the Pharmaceutical Needs Assessment (PNA) is to describe the current pharmaceutical services in East Sussex, systematically identify any gaps/unmet needs and make recommendations. To achieve this we reviewed and analysed East Sussex's demographic details, health needs, current service provision, and consulted the public, providers of pharmaceutical services and other stakeholders through surveys. The Objectives in Section 1.4 have been met.

We have examined the level of need for pharmaceutical services and the level of choice the current provision of pharmaceutical services offers to patients in East Sussex.

10.1 Identified need

Recommendation to NHSE: Encourage all community pharmacies to implement Level 1 of the Healthy Living Pharmacy (HLP), through the quality payments scheme.
Recommendation to CCGs and ESCC Public Health: commission the roll out of Level 2 Healthy Living Pharmacy (HLP) to areas of highest need.

Between 2017 and 2020 the East Sussex population is expected to increase by 1.3% overall, amounting to 7,300 more persons of all ages in total. Notably there is expected to be an increase of 5.3% in the 65 and over age group amounting to 7,460 persons, of whom an additional 1,570 will be aged 85 and over. There will be an expected decrease of 2,460 in the number of persons aged 18-64, a 0.8% reduction. There will be an *increase* of 2,311 in the 0-17 age group.

This presents a challenge for health and social care, including providers of pharmacy services. The increase in numbers of older people is expected to result in an increase in the prevalence of long-term conditions, including dementia and additional demand on health and social care services.

East Sussex JSNAA scorecards show that all the three CCGs in East Sussex have deprived areas. Hastings and Rother CCG has the more deprived areas within its boundaries.[31]

Populations in deprived areas are characterised by poor health and unhealthy lifestyle related outcomes, lower life expectancy, a higher burden of ill health, and lower uptake of health protection services such as screening and vaccination. A recent report from the Royal College of Paediatrics emphasises that child health in the UK is lagging behind among deprived families. The report specifically raises concerns over obesity, mental health issues and mortality among the young.[32]

National health profiles highlight areas where East Sussex's local authority and CCG performance is below national average. Some of these areas need to be tackled in collaboration with pharmaceutical service providers. These include, high alcohol related admissions for under 18s, teenage pregnancy, adult smoking, obesity, sexually transmitted infections, diabetes, early deaths from heart disease, stroke and some cancers.[33]

The Equality Act 2010 requires all public bodies, including health service providers, to engage with the diverse communities affected by their activities and decisions in order to ensure policies and services are appropriate, accessible to all and meet different people's needs.[34] The three CCGs in East Sussex (EHS, H&R and HWLH) have policies around equal opportunities and health outcomes regardless of age, disability, ethnicity, gender, marital status, pregnancy/maternity, religion/belief, sexual orientation or socioeconomic status.[35] [36] [37]

The patient survey, undertaken in the Autumn of 2016, was designed so as to be able to collect information on special groups in East Sussex including ethnic minorities, the disabled, and people living with long term conditions.

The implementation of Healthy Living Pharmacies (HLPs) is one way to address health inequalities, particularly but not exclusively in deprived areas. Please see Appendix 9 which outlines the functions of a Healthy Living Pharmacy.

Please see Appendix 10 for details of the Making Every Contact Count scheme, and Appendix 11 for details of the Quality Payments scheme.

10.2 Choice

Regulation 9 of the NHS Pharmacy and Local Pharmaceutical Services Regulations 2013 sets out factors which HWBs must have regard to when assessing whether there is sufficient choice in obtaining pharmaceutical services. We utilised the specified factors in our assessment of choice:[38]

Recommendation to NHS England: Review the extended hours rota scheme for community pharmacy in light of the PNA findings.

What is the current level of access within East Sussex to NHS pharmaceutical services?

The ratio of the number of community pharmacies per 100,000 population, 20.6, is lower than the average for England 21.6 per 100,000. If the number of dispensing practices is also included in the calculation (but excluding internet and distance selling pharmacies) the ratio of pharmacies per 100,000 population in East Sussex is slightly higher than England, at 22.2 per 100,000. This England ratio does not include GP practice based dispensaries, however.

Where people have access to a car there is adequate access in terms of travel times to a pharmacy in all parts of the county, including weekends. Over a third of pensioner households do not have access to a car, however. The proportion not having access to a car varies by local authority.

By public transport (two way journeys) there are rural areas mainly in Wealden and Rother during the day with no access. There are even larger areas of the county with no access to a pharmacy by public transport on weekday evenings and on Saturdays and Sundays, particularly in the Hailsham area.

For people who are unable to afford any public transport (and can only access a pharmacy by walking) there is only reasonable access in urban areas.

Access to a pharmacy: opening times during the day and by day of the week

Ninety percent of pharmacies are open at some time on a Saturday. As in the previous PNA in 2014, just 21% of pharmacies are open on a Sunday.

Most respondents in the telephone survey make use of pharmacies between 9am and 6pm during the week. Respondents generally find it easy to find an open pharmacy during the day and have few issues with accessibility. Finding an open pharmacy at the weekend is more challenging but finding somewhere open in the evening is even more so.

In summary, the current level of access to NHS pharmaceutical services is adequate for those who own a car, or live in urban areas. There are larger areas of the county with no access to a pharmacy by public transport on weekday evenings and on Saturdays and Sundays, particularly in the Wealden (Hailsham) area.

Dispensing practices: distance from patients' homes to a community pharmacy

A specific issue was highlighted by dispensing practices where some registered patients are denied access to their own GP practice dispensary on the grounds that they live within a mile of a community pharmacy and must have their prescriptions dispensed there. This national rule is unlikely to change in the foreseeable future, although whenever a specific request is made the local pharmacy is asked whether it can deliver medicines.

Access to Advanced Services

Recommendation to ESCC Public Health: Review the public health locally commissioned services particularly sexual health and smoking cessation service.

There has been very little change in provision of advanced services since the last PNA in 2014. According to NHS Business Authority records for the period 2014 to 2016, the proportion of community pharmacies providing advanced services is: Medicines Use Review (MUR) 94%; New Medicines Service (NMS) 80%; and Stoma Appliance Customisation (SAC) 10%. There is only one provider of Appliance Use Reviews (AURs).

Specifically, if the clinical need is not being met by another provider, there is the opportunity to develop the stoma appliance customisation (SAC) service in Seaford and Rural Rother localities.

Provision of locally commissioned services is limited across the county.There is the opportunity for more pharmacies to offer emergency hormonal contraception and to raise awareness of chlamydia testing. Less than half of community pharmacies provide emergency hormonal contraception and chlamydia screening. The number of pharmacies providing emergency hormonal contraception and chlamydia screening is 51 (out of 108 in total).

More pharmacies could offer the condom distribution scheme.The condom distribution service is currently provided by 66 pharmacies.

While 48 pharmacies in East Sussex are commissioned to provide stop smoking services, only 19 pharmacies currently do so.

NHS Urgent Medication Supply Advanced Service (NUMSAS)

Recommendation to NHSE and all CCGs: Support implementation of the NHS Urgent Medication Supply Advanced Service (NUMSAS) through integration with other local urgent care services.

The NHS Urgent Medication Supply Advanced Service (NUMSAS) has been commissioned by NHS England from April 2017. In East Sussex, 49% of calls to NHS 111 occur on a Saturday or Sunday and 7% of these calls are requests for repeat prescriptions. These calls normally default to a GP appointment to arrange an urgent prescription and as a result block access to GP appointments for patients with greater clinical need. There is an opportunity to support the roll-out of NUMSAS in East Sussex and reduce the pressures on out of hours providers.

10.3 What is the extent to which services already offer people a choice, which may be improved by the provision of additional facilities?

Recommendation to NHSE: Use different forms of media to improve availability of information for the general public about alternative services when pharmacy is not open.

Recommendation to HEE, and NHSE: Consider the training needs of community pharmacists to address issues identified in the stakeholder surveys and the national training needs analysis e.g. Implementation of the Accessible Information Standard, Customer Service skills, Dementia friendly services etc.

Accessible parking and disabled access to premises

Most community pharmacies stated they already have accessible parking and disabled access. Where this is not the case there are plans to improve the access.

Accessible information and communication within the service

The majority of pharmacies state they meet the accessible information standard, or have plans to do so.

However, the qualitative evidence from the user survey would suggest that there are still unresolved communication issues within some pharmacies for patients with additional communication needs.

Information about the pharmacy opening hours and alternatives:

The user survey highlighted that the information given about when the pharmacy is open (and what to do if not open) could be improved on. To qualify for the new quality payments pharmacies will have to ensure their NHS Choices entry is up to date, which includes opening hours. Additionally, pharmacies will be able to claim a quality payment if their NHS 111 Directory of Services entry is up to date.

Personal privacy and respect for personal information

Most people in the user survey agreed that pharmacists give them clear advice on how medicines should be taken, and that their pharmacist provides a generally good service. Fewer felt that they could speak to their pharmacist without being overheard, however.

There is a consistent message that failure to respect people's personal information is influencing perceptions of the whole service. Most pharmacies stated they have consultation

rooms which comply with the service specification. However, from the user survey it seems that these are not being regularly used for consultations about personally sensitive information.

Pharmacy staff accreditation for providing advanced services
From the survey of community pharmacies more than half of the pharmacists are accredited to undertake MURs in the majority of pharmacies. This is also the case for providing the New Medicines Service.

The number of staff currently accredited to deliver smoking cessation could be increased. Emergency hormonal contraception availability could be increased with greater staff training.

Pharmacists skills and qualifications
Some users were unsure and even concerned about the level of qualification and skills of their pharmacist.

Customer service and high staff turnover
Many people mentioned that customer service skills need to be improved. The lack of continuity of staff made it difficult to trust the advice given in some pharmacies.

10.4 What additional facilities/services could be provided?

Recommendation to NHSE and CCGs: Include referral to community pharmacy for self care and treatment of minor ailments in local pathways, where appropriate.

Recommendation to NHSE, CCGs and ESCC Public Health: Actively support all community pharmacies to achieve the standards in the national contract Quality Payments Scheme.

Recommendation to CCGs and NHSE: Consider how joint working with general practice could improve medicines optimisation

Emergent themes from the community pharmacy and user surveys are summarized below.

NHS Urgent Medicine Supply Advanced Service (NUMSAS)
There was strong support for introducing this in both pharmacy and user surveys.

Minor Ailments Scheme
There was very strong support for a minor ailments scheme amongst pharmacies. A minor ailment scheme has not been commissioned locally, although this is being reviewed by NHSE as a possible addition to the advanced services.

In the user survey there was also strong support for readily accessible, timely advice about symptoms from pharmacists. This was felt to be the case particularly for illness in young children and for pregnant mothers. Many respondents thought that pharmacists should be allowed to prescribe for minor illnesses or injuries.

Focus on essential business and service quality:
Many people recognized the potential benefits of freeing up their own GP's appointments for when they really need them. Others warned that pharmacists must concentrate on getting their core business right, i.e. the dispensing of medicines, before they try to take on anything else.

Sessions working within GP practices:
Among pharmacies there was strong support for offering sessions within GP practices and supporting the triage of calls in practices by dealing with medication enquiries. This was not considered necessary in dispensing practices.

People with learning disabilities:
Proactive ongoing support for people with learning disabilities was identified as a particular issue in one of the dispensing practices. This issue was identified by the Royal Pharmaceutical Society as a training need for pharmacy staff generally.

Pharmacy based vaccinations:
Expanding the 'flu vaccination service is seen as a priority by some pharmacies. This may be especially beneficial where vaccine uptake in the local GP-based service has been consistently low and in hard-to-reach groups.

Pharmacy based vaccinations for hepatitis B and travel vaccines were also suggested as possible developments.

Reducing cardio-vascular disease risk in the population
There was strong support among people surveyed for pharmacists to provide services to reduce cardiovascular risk (blood pressure monitoring, weight management, cholesterol testing and providing NHS Health Checks).

A recent PHE report identifies the substantial number of undiagnosed people with high blood pressure in the population-for every 10 people diagnosed with high blood pressure there are a further seven who are undiagnosed.[39]

There is scope for undertaking NHS Health Checks in areas where uptake is poor from the GP-led service and in hard to reach groups. Pharmacies can continue to support the "know your numbers campaign" and participate in the CVD prevention, optimal value pathway.[40]

Interestingly, some people interviewed would like more specific advice about healthy ageing, with some pharmacies suggesting this as well.

Enhancing Medicines Management
There are further opportunities to reduce avoidable hospital admissions, readmissions and patient morbidity through further proactive medicines management in the community. Patients should be supported at home to enable them to take their own medicines to maintain their independence.

Medicines Use Reviews and Medicines Explanation

Recommendation to NHSE: Encourage pharmacists to undertake MURs in localities with low uptake.

Recommendation to CCGs: Consider implementing services that support community pharmacy to support hospital discharge e.g. Refer to Pharmacy

Recommendation to ESCC Public Health and CCGs: Include local education sessions about medicines from community pharmacists in Level 2 HLP service specification

In particular, there is the opportunity to increase the number of Medicines Use Reviews (MURs) in HWLH CCG localities, and in the Seaford locality in EHS CCG.

A number of users mentioned they would like to have more explanation from the pharmacist about interactions with over-the- counter products and the side effects of their medicines.

Educational sessions for the public about medicines that could be put on by the local pharmacy were suggested. There is an opportunity to explain to the public the rationale behind reducing the risk of MRSA and C.difficile infections, for example.

There is the opportunity to consider commissioning a service for Directly Observed Therapy for patients on TB treatment.

Repeat dispensing:

Recommendation to CCGs: Explore how community pharmacy could support the implementation of electronic repeat dispensing so that it becomes the norm for patients on long term medication.

In view of the relatively low level of electronic repeat dispensing at present there is the opportunity to develop this further.

Palliative Care

While many pharmacies in the ESBT area provide this, there is the opportunity for more pharmacies to take part in the palliative care medicines urgent provision scheme.

Raising awareness of existing services

Recommendation to ESCC Public Health and CCGs: Improve sign-posting to pharmacy public health services from other health care access points e.g. 111 & GP practices.

Recommendation to ESCC Public Health and CCGs: Encourage community pharmacies to signpost patients and carers to other appropriate local services through the HLP scheme.

A large proportion of service users were aware that services such as flu vaccines, healthy eating advice, urgent supplies of medicines out of hours, contraception services and annual reviews of medicines were available from their pharmacy. Fewer people were aware of stop smoking advice, or were aware of chlamydia screening.

Patient survey results indicate a significant proportion of patients are uncertain about accessing information on other NHS services at their local pharmaceutical service provider. A key objective of Healthy Living Pharmacies in future will be to train/provide resources on signposting to other NHS and local authority services.

Developing locally commissioned services

Recommendation to ESCC Public Health: Look to develop additional public health services where a local need is identified.

Many pharmacies appear willing to provide locally commissioned services. Local authority commissioners will wish to explore ways of ensuring more pharmacies sign up, are adequately trained and supported to provide high performing locally commissioned services.

In future, Healthy Living Pharmacies (HLPs) commissioned at level 2 will be required to offer sexual health, smoking cessation & flu vaccination advanced services. Improving access to sexual health advice is included in the latest NICE guidelines on reducing the transmission of STIs. These include providing free condoms, emergency contraception and accessing post exposure treatment after possible exposure to HIV.[41]

The community pharmacy survey highlighted other services that pharmacies are willing to provide. For example the provision of anti-coagulant monitoring was suggested.

There was some support for pharmacies providing accessible travel advice and delivering a local travel medicines service.

Information and Communication Technologies (ICT):

Recommendation to NHSE: Improve connectivity between community pharmacy and other services

As not all community pharmacies are linked to NHS net there is the opportunity to develop this further.

10.5 What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers?

As in the 2014 PNA we have identified no gap in service provision which would be improved by additional providers.

However, NHS England and local service commissioners need to continue working closely with community pharmacies to improve coverage and quality in specific services.

What is the extent to which current service provision in East Sussex is adequately responding to the changing needs of the community it serves?

East Sussex's population profile shows a significantly higher percentage of older people and fewer younger adults compared to the national average. These changing needs should be addressed by the HLP initiatives and additional pharmacist training.

Pharmaceutical service providers will be increasingly expected to participate in chronic disease prevention, identification and treatment.[42] More frail elderly people will be living in the community and with more people living with long-term conditions: diabetes, circulatory and respiratory diseases, neurological problems, and long term mental health problems. A proportion of older people will be expected to have mild cognitive impairment and dementia which will affect adherence to complex medicine regimes.

Among the younger population, pharmaceutical service providers will be expected to support

interventions around lifestyle-related problems: for example helping people to stop smoking and managing substance misuse. Pharmacies will contribute to the early diagnosis of sexually transmitted infections, to reducing teenage pregnancy, and to reducing obesity.

Is there a need for specialist or other services, which would improve the provision of, or *access to*, services such as for *specific populations* or *vulnerable groups*?

More proactive medicines management of long term conditions for people with a learning disability and those with cognitive impairment or dementia would be beneficial. More proactive promotion of screening programmes can help improve their uptake.

Community pharmacies can make a significant impact in improving the health and wellbeing of local communities.[43] By helping all people to understand the correct use of medicines, giving healthy lifestyle advice and support for self-care, pharmaceutical service providers can help contribute to better health and to reducing avoidable admissions to hospitals. This is even more pertinent for people in some population sub-groups with different belief systems about their health, different help-seeking behaviours and the use of prescribed and non-prescribed medicines.

The proactive promotion of chlamydia screening within pharmacies is to be encouraged. Chlamydia screening at population level should also improve as awareness is raised by the new website and with the availability of home testing.

What is the Health and Wellbeing Board HWB's assessment of the overall impact in East Sussex in the longer-term?

Recommendation to ESCC Public Health, NHSE and CCGs: Recognise and monitor the risk in the system if the contract funding cuts result in community pharmacies ceasing to deliver some of their unfunded activities such as home delivery of medicines which are outside the community pharmacy contractual framework.

It is important that community pharmacy is integrated into Sustainability and Transformation Plans (STPs). The Five Year Forward View looks to develop practical examples for new models of care and community pharmacy needs to be fully integrated into these new care models. Of the five new care models being developed two are particularly relevant for community pharmacy in East Sussex:

- Integrated primary and acute care systems (PACs) that are joining up GP, hospital, community and mental health services; this model is being followed in ESBT-please see Section 1.3.
- Multispecialty community providers (MCPs) that are moving specialist care out of hospitals into the community and establishing better out-of-hospital integration; this model is being followed in C4Y-please see Section 1.3.

Changes in the commissioning of NHS pharmacy contracts in future could impact on the financial viability of some pharmacies. Where amalgamations and closures occur this could affect whether the current and future needs of the local population will be met. The Health and Wellbeing Board will be expected to respond to any proposed changes to NHS England as the commissioner.

The Health and Wellbeing Board recognises the vital role pharmaceutical service providers play in the treatment and management of ill health and in promoting and improving the

health of the local population. Pharmacies will need to play an even greater role in more integrated out of hospital services, promotion of healthy living and in reducing health inequalities.

10.6 Future Need

Known firm plans for the development/expansion of new centres of population i.e. housing estates, or for changes in the pattern of population i.e. urban regeneration, local employers closing or relocating?

The population of East Sussex was 541,500 in 2016. Over the next 5 years to 2020 there are expected to be 21,700 births and 23,100 deaths. There are expected to be 124,500 people migrating into the county and 113,600 migrating out. This gives an estimated population by 2020 of 551,000, amounting to an increase of 9,500 people, (+1.8%).

Currently 16% of households in East Sussex are occupied by an older person living alone, higher than the England average (13%). The Hastings and St Leonards area (13%) has the lowest percentage whereas Bexhill (22%) has the highest. More older people means there will be more who have greater needs for assistance with taking their medicines. The number of carers is increasing and they will also benefit from a greater understanding of medicines being taken by the person they care for.

Six per cent of households are lone parent households. Hastings Borough (8%) has the highest percentage and Rother and Wealden districts (both 5%) the lowest. Lone parent households may particularly benefit from having readily available access to professional advice from a trained pharmacist.

We are not aware of any firm plans by any major local employers to close or relocate which would result in major changes to the demand for pharmaceutical services in consequence.

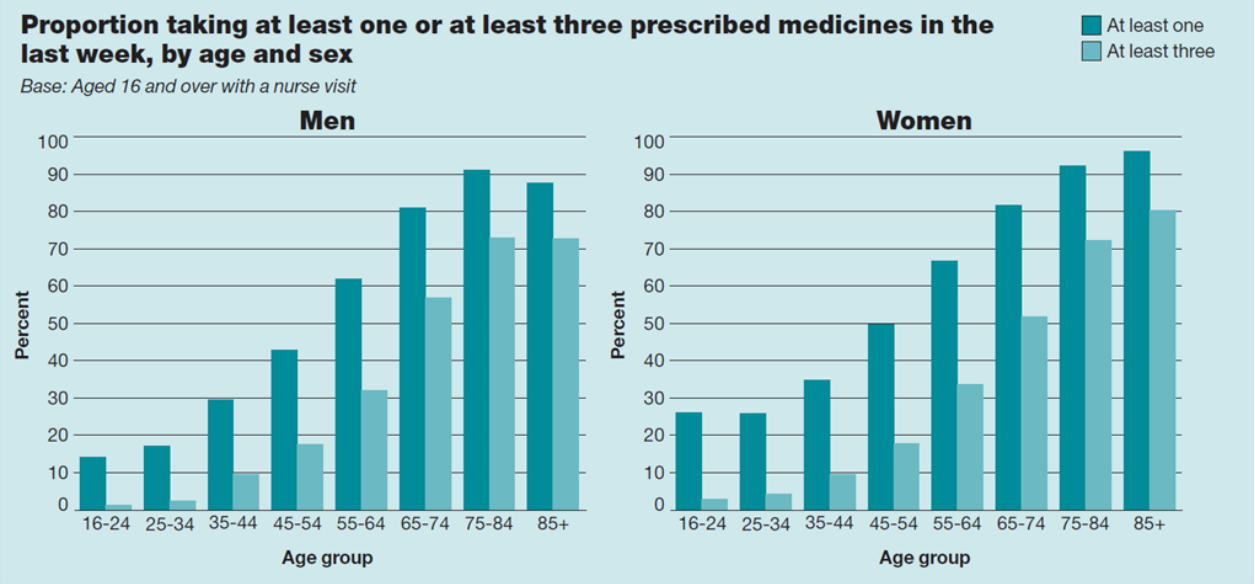
Dispensing Prescribed Medicines

Pharmacies in East Sussex dispensed an average of 7,385 items per pharmacy, per month, during the years 2014-15 and 2015-16. On average, this is more items per month, per pharmacy than in England (6,985 items per pharmacy per month) and in Kent, Surrey and Sussex (6,922 items per pharmacy, per month) for the same period 2014/15 and 2015/16. The greater amount of dispensing of routinely prescribed medicines largely reflects the older age profile of the county.

The routine dispensing workload and need for medicines advice is therefore likely to increase further in the next three years on account of the demographic changes. For example, comparing the periods April to November for 2015/16 and the equivalent months in 2016/17,growth in prescribing nationally was 2.4%, while in East Sussex CCGs it was (2.25%) in HWLH CCG, (1.19%) in EHS CCG and (1.22%) in H&R CCG. To mitigate this, all three CCGs are actively working on improving the repeat prescribing process and reducing wasteful prescribing. Their work on reducing inappropriate polypharmacy (taking multiple medicines) is going to reduce the prescribing volume growth.

The increasing proportion of people taking one or at least three medicines as they get older is shown in Figure 74.[44]

Figure 74: Proportion of persons taking one or at least three medicines in past week



Over 60% of medicines that are prescribed and dispensed in the community are for patients aged 60 and over (Source: HSE).[45] Prescribing in primary care taking patient demographic factors into account has been attempted using a method known as ASTRO-PUS.

The amount of prescribed medicines increases the lower the level of household income and the higher the amount of deprivation. People with longstanding illnesses are more than twice as likely to have taken prescribed medicines in the last week than those without a longstanding illness. Almost all people who needed help with activities of daily living take at least one prescribed medicine with most of them taking at least three.

10.7 Known firm plans in and arising from local joint strategic needs and assets assessments or joint health and wellbeing strategies?

The East Sussex Health and Wellbeing Board Strategy: Healthy Lives Healthy People 2016-19 aims to develop a fully integrated health and social care economy in East Sussex that promotes health and wellbeing. The aim is that people will receive proactive, joined up care, and be supported to live as independently as possible.[13]

The strategy aims to improve health and wellbeing and reduce health inequalities. Personal and community resilience will be supported, with prevention and early intervention at the heart of health and social care. People's experience of using services will be better, while staff will be working in a way that makes the most of their skills and professionalism. The cost of care will have been made more affordable and sustainable.

The local approach to meeting these challenges is through East Sussex Better Together (ESBT) and through Connecting 4 You programmes. Please see section 1.3 Changes in East Sussex Health and Social Care Economy:

A key element of the ESBT programme will be an accountable care model, covering the whole of health and social care sectors in H&R and EHS CCGs. There will be locality based multi-disciplinary teams of health and social care professionals.
In delivering the vision and priorities the HWB aims to:

- Take a whole life approach from conception to death enabling links to be made along the life course and at key life stages
- Develop an integrated whole system so that people get the right care, at the right time and in the best place, whether they are in the community, primary care, secondary care or specialist care
- Increase prevention and early intervention to improve people's chances of a healthy life and to help manage demand for health and care services in the future
- Reduce the inequalities in health outcomes that exist within and between different parts of the county and different groups of people, and improve access to information, advice and support
- Work with public, private and voluntary, community and social enterprise sector partners to join up health and care with wider services that affect people's health and wellbeing
- Value and build on the strengths, skills, knowledge and networks that individuals, families and communities have and can use, to overcome challenges and build positive and healthy futures.

Connecting 4 You holds the 'system leadership' overview of all of the work within the HWLH community 'model of care'. Different elements of the development work will be planned for and invested in at the different planning levels. The objective is to maximize efficient and effective delivery, and to avoid duplication and waste.

The components of the HWLH community 'model of care' will be delivered at the level most appropriate to the activity and as locally as possible, given the need for delivery to be at practicable and viable scale. High Weald, Lewes and the Havens sits within several existing planning footprints of varying size, as follows:

- **Sustainability and Transformation Plan** - Sussex and East Surrey
- **Place-based planning level** - Central Sussex and East Surrey Alliance (CSESA)
- **Pan-East Sussex** – East Sussex County Council footprint
- **Connecting 4 You/CCG level** – High Weald, Lewes and the Havens
- **Communities of Practice** – Crowborough, Uckfield, Lewes, the Havens

10.8 Known firm plans for changes in the number and/or sources of prescriptions

Will there be changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?

The East Sussex CCGs' plans do not indicate any major changes in providers of primary medical services.

Known firm plans for developments which would change the pattern of local *social traffic* and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments?

The East Sussex Growth strategy aims to enhance digital and physical connectivity in the county. There is a growth corridor under development along the A21 and A259 between Bexhill and Hastings. Included within this corridor are new housing allocations in Bexhill and new employment areas in the north of Bexhill and in Queensway.

Plans for the development of NHS services?

Extended GP hours will have an impact on local pharmaceutical services and their capacity to cope with increased demand for the dispensing of prescriptions.[46] In a letter to senior health leaders, the NHS England chief executive and NHS Improvement lead announced a series of measures to improve accident and emergency performance.[47]

Amongst these there is an expectation to roll out weekend and evening GP appointments to half of the population by March 2018 and 100 per cent by March 2019. All CCGs have been funded to achieve 100% population coverage of extended GP access by the end of March 2019. Core requirements (which can be added to by CCGs) are:

Timing of appointments:

- commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
- provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week; and
- appointments can be provided on a ***hub*** basis with practices working at scale.

Capacity:

- commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population. This equates to extra provision in:
    - H&R CCG – 94 hours per week rising to 141hours
    - EHS CCG – 97 hours per week rising to 146 hours

HWLH CCG- will meet the requirements set out in the GP Forward View for improved access.

Measurement:

- ensure usage of a nationally commissioned new tool to measure appointment activity by all participating practices, both in-hours and in extended hours

Advertising and ease of access:

- ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity in the community, so that it is clear to patients how they can access these appointments and associated service;
- ensure ease of access for patients including:

- all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
- patients should be offered a choice of evening, or weekend appointments on an equal footing to core hours appointments.

Digital:

- use of digital approaches to support new models of care in general practice.

Inequalities:

- issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve these in place.

There will be initial discussions to ensure achievement and delivery is appropriately planned and resourced in H&R and EHS CCG. The intention is to work closely with the public and patients, member practices and GP federations to ensure a sustainable solution is delivered. The CCGs aim to plan for 50% coverage in 2017/18 and 100% coverage for 2018/19.

10.9 Overall conclusions

Pharmaceutical service providers in East Sussex will play an important future role in:

- providing a range of clinical and public health services that will deliver improved health and be of consistently high quality.
- the management of long term conditions.
- new approaches to urgent and emergency care and access to general practice.
- providing services that will contribute more to out of hospital care.
- supporting the delivery of improved efficiencies across a range of services.

In order that the recent changes in the commissioning of pharmacy services can succeed in delivering the above, the changing needs of the population should be kept under continuous review.

11 Stakeholders consultation April-May 2017

Each Health and Wellbeing Board has a duty to consult with key stakeholders as defined in Regulation 8 of the above regulations. A minimum of 60 days were given to respond.

The following groups/organisations were consulted by means of an on-line web page, hosted by ESCC.

(a) The Local Pharmaceutical Committee (including any Local Pharmaceutical Committee for part of its area, or for its area and that of all or part of the area of one or more other HWBs);

(b) The Local Medical Committee (including any Local Medical Committee for part of its area, or for its area and that of all or part of the area of one or more other HWBs);

(c) Persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d) Any LPS chemist in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;

(e)The Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB has an interest in the provision of pharmaceutical services in its area; and

(f) Any NHS trust or NHS foundation trust in its area;

(g) NHS England

(h) Any neighbouring HWB: Brighton & Hove; West Sussex; Kent; Surrey.

Formal responses were received from Brighton & Hove City Council, West Sussex County Council and Kent County Council Health and Wellbeing Boards, and from the Local Pharmaceutical Committee. The overall view from statutory consultees was that the 2017 PNA is fit for purpose. Some minor amendments were requested:

- Clarification if mapping analyses included East Sussex residents accessing pharmaceutical services over the border into their respective counties. (Please see comment 9 below).
- Naming of towns for ease of use and corrections to the legend in some maps.
- Clarification of the wording regarding access to a pharmacy during the week and at weekends, and if train journeys were included in the public transport model.
- Technical observations about what is meant by the term provision of monitored dosing and dispensing appliance contractors.
- To define the representativeness of the patient survey sample in hard to reach groups more clearly.

There were seven replies to the ESCC online hub. The PNA was presented at a meeting of the East Sussex Seniors Forum and questions were raised on behalf of their respective members.

The following detailed comments were received from statutory organisations, from within ESCC, and from members of the public. The ESCC response to each is summarised below, Table 58.

Table 58: Questions arising from public consultation and ESCC response

Source	Comment	ESCC response
1.Member of public	Circulation will be limited without any paper copy and it would have wider impact if there was a summary available	An executive summary of the PNA was made available and posted on the ESCC consultation website.
2.Retired	"It is important that	"We fully agree with your note regarding the importance of

GP and East Sussex Seniors Forum	advice available at the pharmacy should be informed with adequate training beforehand to avoid either a delay in resolving the problem or expensive mistakes. In my experience this is not always the case but with increasingly advising patients to seek advice other than the GP this becomes more important. Again it will always be the more vulnerable who will carry the highest risk." Could you clarify the guidelines about what clinical advice a dispenser in pharmacy can give-the person you would meet at the counter (i.e not the trained pharmacist)?	pharmacists having appropriate training when dealing with primary care issues in future and the potential consequences for vulnerable people in the community who carry the greatest burden of risk." Please see recommendation in Section 10.3 re training needs of pharmacists. Pharmacy support staff must complete accredited training before they are allowed to recommend and sell medicines. They must also work under the supervision of the Pharmacist. Link to the information on the General Pharmaceutical Council (pharmacy regulatory body) https://www.pharmacyregulation.org/education/support-staff/medicines-counter-assistant
3.Practice Manager, Carers Breaks and Engagement Team, ASC ESCC	"The concerns we have raised have been around medication being delivered and the person living with dementia not being in when the delivery arrives…There does not appear to be a system to report to the GP that meds have not been delivered and are sitting at the pharmacy awaiting collection. Pharmacies may not always be aware that someone has dementia …*perhaps a notification to pharmacies if someone is diagnosed with dementia may be useful?* We often visit people living with dementia in their homes and have identified several cases where blister packs are being stored and the meds not taken. We then contact GP and support to review	Pharmacies are being encouraged to undertake dementia friends training and are rewarded via a quality payment. The Community Pharmacy Advisor is liaising with services for people with dementia and carers to discuss how pharmacies can support people who are housebound with their medicines. Stronger links with Carer's services and Community Support Workers are also being encouraged through the Healthy Living Pharmacy Level 2 programme. Training issues for pharmacy assistants and pharmacists are being discussed with ESCC community pharmacy adviser and CCG medicines management leads.

	medications and contact Adult Social Care…. We liaise with pharmacies regularly and review compliance and methods of administration with GPs."	
4.Member of public	One potential source of information which seems to have been omitted is a consumer assessment of the quality of advice which is currently available to them at their local pharmacy	A consumer assessment is outside the scope of this document however a training programme for pharmacists and pharmacy staff is a key element of the HLP level 2 programme. NHSE may wish to discuss further with Healthwatch.
5.Member of public	For everyone to know about the cost of their medication would be a strong incentive not to waste in any way.	CCGs are launching a medicines waste campaign on July 1st engaging with general practices and pharmacies to inform the public, patients and carers. The campaign ties in with the Health Living Pharmacy (HLP) initiative. CCGs have access to the national campaign with the message that "everyone has a part to play" in reducing medicines waste. Key messages are: only tick what you need, check stock at home before ordering and talk to your pharmacist about medicines queries. All these messages tie in with what the public consultation in 2016 at the Shaping Health and Social Care events told us that our local population wanted.
6.East Sussex Seniors Forum	Are there similar schemes to the medicines support scheme under development in Eastbourne and Hastings for referral to community pharmacy after hospital discharge for patients in BSUH/PRH and Tunbridge Wells Hospitals?	The CCG medicines management lead is raising the issue at a Regional meeting with a view to developing the scheme with the other acute hospitals serving East Sussex residents.
7.East Sussex Seniors Forum	Are there any impending threats to the viability of GP dispensaries at present?	Not that ESCC is currently aware of other than the current climate where GP practices are merging and/or closing and GP's are retiring. .
8.East Sussex Seniors Forum	How can we deal with the unintended consequences of changes in community pharmacy funding and the risks this could pose to the home delivery of medicines to vulnerable people?	The NHS Community Pharmacy Contract is commissioned and monitored by NHS England. Community pharmacies are private businesses. The delivery service provided by some community pharmacies is a business decision that cannot, unfortunately, be influenced under the terms of their NHS contract. The PNA has recognised that it could become an issue in the future if this service were to be withdrawn and the

	Is there a way in which these risks can be mitigated? Could home deliveries to vulnerable people be part of the Healthy Living Pharmacy initiative?	recommendation to monitor the risk has been included in the document. This is not a Healthy Living Pharmacy role.
9.W.Sussex and Kent HWB	How does your PNA relate to patients living in East Sussex on the border of Kent (and W.Sussex) using services over the county border?	The travel times analyses have taken into account the access to pharmacies on the borders of East Sussex in Kent, Brighton and West Sussex. The PNA report does not include use of local services commissioned by other neighbouring HWBs in their respective pharmacies which could be accessed by East Sussex residents.
10. LPC	More than 80% of respondents agreed that home delivery of medicines should be available from pharmacies. Consideration should be given to funding this service to ensure equity and continuity.	This service is provided free of charge by community pharmacies and is outside of the community pharmacy contractual framework and is not an NHS service.
11. LPC	To balance negative comments about communication with patients, the LPC would wish to see the number of respondents who gave plaudits together with some quoted verbatim.	An additional section including plaudits of pharmacies quoted verbatim has been added. 4.7 Compliments and comments about pharmacy services in East Sussex
12. Member of public	Have a more local chemist open for perhaps for a couple of hours on a Sunday, to help local people and those without transport. Each small town and village should have its own chemist.	There is a recommendation to NHSE to review the extended hours rota scheme for community pharmacy in light of the PNA findings. There is a revised rota in place to ensure satisfactory coverage at weekends. Agreement has been reached for pharmacies to open on Christmas Day and Easter Sunday for 4 hours at the same pharmacy from one year to the next to enable people to access a particular local service.
13.Brighton & Hove HWB	The NHS Urgent Medicines Supply (NUMSAS) service is not currently available in E. Sussex. There are instances of E.Sussex patients being referred to Brighton & Hove pharmacies out of hours for urgent medicines. The current impact on Brighton & Hove pharmacy services is not mentioned in the PNA.	NUMSAS is being introduced to East Sussex as part of a phased roll out and will be available, subject to the NHSE plan

Glossary

Accountable Care Model (ACM): An accountable care model is a way of integrating the whole health and social care system: primary prevention, primary and community care, social care, mental health, acute and specialist care. Accountable care focusses on incentivising professionals and providers, through aligned payment mechanisms, to break down organisational barriers and work more effectively together to improve health and wellbeing outcomes for populations.
Advanced Services: Five specific services within the NHS Community Pharmacy Contractual Framework (CPCF).Community pharmacies can choose to provide as long as they meet the requirements in the Secretary of State for Health's Directions.
A&E: Accident and Emergency
Ambulatory Care Sensitive conditions: those clinical problems which can be influenced by appropriate primary care management.
ASTRO-PU: Age, Sex and Temporary Resident Originated Prescribing Unit. Originally designed to weight prescribing in individual practice populations for age, sex and temporary residents. These units no longer include temporary residents in their calculation, although the abbreviation has been left unchanged. Weighted values evolve over time.
AUR: Appliance Use Review
BBV: Blood borne viruses: HIV, hepatitis b and c (HBV, HCV)
BNF: The British National Formulary-the pharmaceutical reference manual in the UK which provides information and advice to pharmacists, doctors and other prescribing professionals on prescribing, in addition to specific details about medicines available on the National Health Service (NHS).
Carer: Someone who looks after a friend or family member (an unpaid role).
Care worker: Someone who is paid by the patient, his or her relatives, or public bodies such as local authorities to look after a patient.
C-Card: Free condom distribution service
CCG: Clinical Commissioning Groups are responsible for commissioning healthcare services for the local areas that they cover.
COPD: Chronic Obstructive Pulmonary Disease
CPCF: The Community Pharmacy Contractual Framework- the overarching agreement between NHS England and community pharmacies governing provision of NHS services.
DBS: Disclosure and Barring Service
DfT: Department for Transport.
DH: Department of Health.
EHC: Emergency hormonal contraception, sometimes referred to as the 'morning after pill'.
EHS CCG: Eastbourne, Hailsham and Seaford CCG
EPS: Electronic prescription service. This NHS service enables prescribers, such as GPs and practice nurses, to send prescriptions electronically to a dispenser such as a pharmacy of the patient's choice.
EPSr2: Electronic Prescription Service release 2
ESCC: East Sussex County Council
ESDW: East Sussex Downs and Weald
ESHT: East Sussex Healthcare Trust
Essential Services: Services that all pharmacy contractors must provide under the Community Pharmacy Contractual Framework.
GIS: A geographic information system: an information system to assist with geographical analysis.
GMC: The General Medical Council-the UK organisation all medical doctors must be registered with.

GP OOH: GP out-of-hours service is part of the urgent care system. It provides services between 18:30 and 08:00 (including weekends). This is the period when GPs are not contractually obliged to see patients.
H&R CCG: Hastings & Rother CCG
HWB: Health and Wellbeing Board
HSCIC: The Health & Social Care Information Centre- the national provider of information, for health and social care.
HWLH CCG: High Weald Lewes Havens CCG
IC 24: Integrated Care 24 out of hours service.
IDACI: Income Deprivation Affecting Children Index
IDAOPI: Income Deprivation Affecting Older People Index
IMD: Index of Multiple Deprivation
JSNAA: Joint Strategic Needs and Assets Assessment
LA: Local authorities (councils) are the administrative bodies within local government.
Locally Commissioned Services: Services that are contracted on a local basis by different Commissioners. Commissioners include local authorities, Clinical Commissioning Groups (CCGs) and local NHS teams. They are not mandatory and, so, are not provided universally within England.
LMC: Local Medical Committee
LPC: Local Pharmaceutical Committees are the local organisations which represent community pharmacies. They work with NHS England, CCGs, local authorities and other healthcare professionals to plan healthcare services.
LSOA: Lower Super Output Areas are statistical areas (within England) with roughly 1,500 residents and 650 households.
MAS: Minor ailment service refers to the provision of advice to patients on minor ailments. This can be through a locally commissioned minor ailments service, or through over-the-counter, free or privately paid for, advice.
MMR: Measles, mumps, rubella vaccine
MUR: Medicines Use Reviews involve accredited pharmacists undertaking structured (medicines compliance) reviews with patients on multiple medicines, particularly those receiving medicines for long term conditions to help patients use their medicines more effectively.
NHS 111: This is part of the urgent care system. It is a phone service that provides patients with medical advice and is also the gateway to other points of delivery in the urgent care system.
GP out of hours (GP OOH).
NHS England: The organisation that leads the National Health Service (NHS) in England, setting priorities, providing direction and commissioning services on behalf of the NHS.
NICE: The National Institute for Health and Care Excellence provides national guidance and advice to improve health and social care.
NMS: The New Medicine Service provides support to patients with long-term conditions who are newly prescribed a medicine. It is intended to improve medicines adherence and is focused on particular patient groups and conditions.
NSP: Needle and syringe programmes provide injecting drug users with access to clean injecting equipment and effective disposal of used equipment, referred to as a needle exchange service.
NTA: The National Treatment Agency for Substance Misuse managed drug and alcohol treatment in England before 1st April 2013. Now part of Public Health England.
NUMSAS: NHS Urgent Medicine Supply Advanced Service (NUMSAS)
ONS: The Office for National is the recognised national statistical institute for the UK. It is responsible for collecting and publishing statistics related to the economy, population and society at national, regional and local levels.

OTC: Over the counter drugs are medicines sold directly to a consumer without a prescription from a healthcare professional, as compared to *prescription* medicines, which may be sold only to customers possessing a valid prescription.
PAS: Pharmacy Access Scheme
PGD: Patient Group Direction is a written instruction for the sale, supply and/or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PGDs allow specified health care professionals to supply and/or administer a medicine directly to a patient with an identified clinical condition without the need for a prescription or an instruction from a prescriber. The health care professional working within the PGD is responsible for assessing that the patient fits the criteria set out in the PGD.
PharmOutcomes: PharmOutcomes is a web-based system allowing pharmacy teams to record their locally commissioned services and payment claims.
POM: Prescription only medicines are those which must be prescribed by a doctor and are not licensed for sale to the general public.
PURM: Pharmacy Urgent Repeat Medicines refer to emergency supplies of medicines made available as part of a locally commissioned service.(Now known as NUMSAS).
Prescription item: A single item prescribed on a prescription form.
Prescribing error: A clinical error on a prescription script, for example the wrong drug or quantity.
PSNC: The Pharmaceutical Services Negotiating Committee is recognised by the UK Secretary for Health as representative of community pharmacy on NHS matters in England.
QALY: A quality-adjusted life year is a generic measure of disease burden, including both the quality and quantity of life lived. It is widely used in health economic evaluations as a measure of the change in a person's health, to assess the value for money of medical interventions.
SC: Supervised consumption is controlled, self-administration of prescribed methadone or buprenorphine by an addict in daily instalment doses at community pharmacies.
STI: sexually transmitted infections.
TIA: transient ischaemic attack: a period during which the brain is deprived of oxygen, arbitrarily defined as an episode lasting for less than 24 hours.
Urgent care: Urgent care is the provision of care where patients require prompt attention but where their condition is not considered life-threatening. Urgent care is provided by various organisations including GP out of hours services, Accident and Emergency departments, Walk-in centres, ambulance services, community pharmacies and other Urgent Care centres.

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