



# Pharmaceutical Needs Assessment 2015

Barking and Dagenham  
Health and Wellbeing Board

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Draft

This Pharmaceutical Needs Assessment (PNA) has been produced through the PNA Steering Group for Barking and Dagenham Health and Wellbeing Board by the London Borough of Barking and Dagenham with authoring support from Soar Beyond Ltd.

## Executive summary

Every Health and Wellbeing Board (HWB) is now required to produce a Pharmaceutical Needs Assessment (PNA).

This mapping of pharmaceutical services against local health needs provides Barking and Dagenham HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- understand the pharmaceutical needs of the population
- gain a clearer picture of pharmaceutical services currently provided
- make appropriate decisions on applications for NHS pharmacy contracts
- commission appropriate and accessible services from community pharmacies
- clearly identify and address any local gaps in pharmaceutical services
- target services to reduce health inequalities within local health communities

This draft PNA has been produced through the PNA Steering Group for Barking and Dagenham HWB by the London Borough of Barking and Dagenham (LBBB), with authoring support from Soar Beyond Ltd. The consultation on the draft PNA took place between 19<sup>th</sup> December 2014 and 27<sup>th</sup> February 2015.

### NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England. Types of providers are:

- community pharmacy contractors, including distance-selling pharmacies
- dispensing appliance contractors
- local pharmaceutical service providers
- dispensing doctors

Community pharmacies operate under a contractual framework agreed in 2005 which sets out three levels of service:

<b>Essential services:</b>	Negotiated nationally. Provided from all pharmacies
<b>Advanced services:</b>	Negotiated nationally. Provided from some pharmacies, specifically accredited
<b>Enhanced services:</b>	Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned

This contract enables NHS England area teams to commission services to address local needs, whilst still retaining the traditional dispensing of medicines and access to support for self-care from pharmacies.



## **Health in Barking and Dagenham**

### **The area**

Barking and Dagenham is a borough on the north east of London. It has borders with the other London boroughs of Newham, Havering, Redbridge, Greenwich and Bexley. Main urban areas in the borough include the towns of Barking and Dagenham and the area between the towns of Ilford and Romford. Covering an area of just under 14 square miles, Barking and Dagenham is bordered in the east partly by the River Rom and in the south fully by the River Thames.

### **The population**

The population has grown by almost 20% over the last 15 years and by almost 25% over the last 25 years. The current estimated population is 194,352(2013). This number is projected to rise to:

- 210,300 by 2017 (8.2%)
- 218,100 by 2019 (12.2%)

These rates are similar to the England average (7.1% and 13.1% respectively).

LBBDD plans to develop 6,000 homes during 2014-2019 which will help support the growing population and demand for housing.

Barking and Dagenham has a similar proportion of non-white ethnic population (42%) to the London average of 40%, and significantly greater than the England average of 15%.

The increasing population and its diversity will require significant planning for the delivery of services, in particular to meet its varied health and social care needs.

### **Health inequalities**

The borough, on the whole, is relatively more deprived than other parts of London. The most deprived areas are concentrated largely in the West, and the least deprived in the North locality.

### **Health and illness**

Life expectancy at birth for men in Barking and Dagenham (77.6 years) is lower than in both England (79.2 years) and London (79.7 years). Life expectancy in women (82.0 years) is also lower than both the London (83.8 years) and England (83.0 years) average values. There is a variation in life expectancy between wards, with River having the lowest life expectancy for both men and women. Abbey has the highest for men and Longbridge the highest for women.

### **Lifestyle**

Lifestyle issues are of a concern in some areas, particularly smoking prevalence as overall, the borough, has a significantly higher rate than London and England. 10% of mothers are smokers when they have their baby, compared with 5% for London as a whole.

The impact of this is that Barking and Dagenham has worse rates than London and England for many of the indicators of ill health and mortality associated with smoking.

**Pharmacies in Barking and Dagenham**

Barking and Dagenham has 38 community pharmacies (as at 30<sup>th</sup> January 2015) for a population of about 194,352. Provision of current pharmaceutical services and locally-commissioned services are well distributed serving all the main population centres. There is excellent access to a range of services commissioned, and privately provided from, pharmaceutical service providers.

Using current population estimates, the number of community pharmacies per 100,000 population for Barking and Dagenham is currently 19.6. Barking and Dagenham is well-served with community pharmacies, although the rate of provision is currently less than London and England average. Table 1 shows the change in the numbers of community pharmacies compared with regional and national averages over the previous few years.

*Table 1 - Number of community pharmacies per 100,000 population*

<b>Community pharmacies per 100,000 population</b>			
	<b>England</b>	<b>London SHA</b>	<b>Barking and Dagenham</b>
<b>2013/14</b>	21.7	22.3	19.6
<b>2012/13</b>	21.6	22.5	20.3*
<b>2011/12</b>	21.2	22.2	19.2*
<b>2010/11</b>	21.1	23.3	20.5*

*\*This figure is an estimate and includes DAC and DSP therefore the figure may differ for estimates based solely on community pharmacy contractors.*

The majority of community pharmacies in Barking and Dagenham are open weekday evenings (79%) and Saturdays (97%).

A number are open on Sundays (18%), mainly in shopping areas. There is also a much higher than national ratio of independent providers to multiples offering a good choice of providers to local residents (national average is 39% independent providers versus 50% in Barking and Dagenham).

**Feedback on pharmaceutical services**

Views of pharmacy service users were gained from a questionnaire circulated for comments from the general public.

From the 480 responses received from the public questionnaire:

- **91%** rated their overall satisfaction on the service received from their local pharmacy as **‘Excellent’** or **‘Good’**
- **32%** indicated that they used pharmacies **up to every month for the purchase of over the counter medicines**, with **82%** having a **regular or preferred pharmacy** they use

- **85%** rated the ease of obtaining medication as **'Excellent'** or **'Good'**
- **42%** rated as important that the pharmacy is **close to their GP surgery**; **73%** that the pharmacy is **close to their home**; **20%** that the pharmacy is **close to where they work** and **31%** that the pharmacy has **friendly staff**
- **61%** walk to their community pharmacy; **32%** use a **car / taxi**; **6%** use **public transport**; **2%** use **other forms** (wheelchair, mobility scooter)
- **80%** had **no difficulties travelling** to their pharmacy; **15%** had **parking difficulties**; **4%** had **problems with the location** of the pharmacy; and **1%** had **problems of public transport availability**
- a significant number of respondents had no **most convenient day (58%)** or **time (49%)** to **visit their pharmacy**
- **71%** of respondents report having a **journey time of no more than 10 minutes**
- **91%** rated their **confidence in the pharmacists knowledge and advice** as **'Excellent'** or **'Good'**

## **Conclusions**

### **Current provision – necessary and other relevant services**

Barking and Dagenham HWB has identified necessary services as essential services and advanced services as required by Paragraphs 1 and 3 of Schedule 1 to the Regulations

Barking and Dagenham HWB has identified enhanced services as pharmaceutical services which secure improvements or better access to, or have contributed towards meeting the need for, pharmaceutical services in the area of the HWB.

Barking and Dagenham HWB has identified locally commissioned services as those which secure improvements or better access to, or have contributed towards meeting the need for, pharmaceutical services in the area of the HWB.

### **Necessary services – gaps in provision**

As required by Paragraph 2 of Schedule 1 to the Regulations:

#### ***Access to essential services***

In order to assess the provision of essential services against the needs of the residents of Barking and Dagenham, the HWB consider access (travelling times by car, public transport and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

#### ***Access to essential services normal working hours***

Barking and Dagenham HWB has determined that the travelling times by car, public transport and walking and opening hours of pharmacies in all six localities, and across the whole HWB area, are reasonable in all the circumstances.

*There is no gap in the provision of essential services during normal working hours across the whole HWB area.*

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

Supplementary opening hours are offered by all pharmacies in each locality. There are also three 100 hour contract pharmacies and four “late night” pharmacies open until at least 8pm on week days or weekends. Almost one in five or 18% of pharmacies within the HWB area are either 100 hour or late night opening pharmacies. These are geographically spread across the HWB area and present in four localities. This is a significant proportion of pharmacies. There is no pharmacy open on Sunday in the East locality. Based upon the results of the patient survey, population density and access to pharmacies across the HWB area there is no gap in services which would equate to the need for access to essential services outside normal hours in this locality. The HWB will monitor the uptake and need for necessary services. It will also consider the impact of any changes in this locality in the future which may provide evidence that a need exists.

*There are no gaps in the provision of essential services outside of normal working hours across the whole HWB area.*

### **Access to advanced services**

There is no identified gap in the provision of advanced services as medicines use reviews (MURs) are accessible in 89-100% of pharmacies across all six localities and new medicines service (NMS) is available in 83-100% of pharmacies across all six localities.

*There are no gaps in the provision of advanced services across the whole HWB area.*

### **Access to enhanced services**

There is no identified gap in the provision of enhanced services as minor ailments services are accessible in 62-100% of pharmacies across all six localities and immunisation services are accessible in 78-100% of pharmacies across all six localities.

*There are no gaps in the provision of enhanced services across the whole HWB area.*

### **Future provision of necessary services**

Barking and Dagenham HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in any of the six localities.

*No gaps in the need for pharmaceutical services in specified future circumstances have been identified across the whole HWB area.*

### **Improvements and better access – gaps in provision**

As required by Paragraph 4 of Schedule 1 to the 2013 Regulations:

#### ***Current and future access to essential services***

Barking and Dagenham HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements, or better access, to essential services in any of the six localities.

*No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services across the whole HWB area.*

#### ***Current and future access to advanced services***

In 2013/14 MURs are available in 89-100% of pharmacies across all localities and NMS is available in 83-100% of pharmacies across all localities. Where applicable, NHS England should encourage all pharmacies and pharmacists to become eligible to deliver the service in all pharmacies so that more suitable patients are able to access and benefit from this service.

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

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

*There are no gaps in the provision of advanced services at present or in the future that would secure improvement, or better access, to advanced services across the whole HWB area.*

### **Current and future access to enhanced services**

NHS England commissions the immunisation service and minor ailments service from pharmacies. NHS England currently commissions the Pharmacy Urgent Repeat Medication (PURM) service. This is being run as a pilot, and will be reviewed in April 2015. Should this service be fully commissioned beyond this time, Barking and Dagenham HWB will consider provision and access to this service.

Some of the enhanced services listed in the 2013 Directions are now commissioned by Barking and Dagenham Clinical Commissioning Group (CCG) (anti-coagulation) or LBBD (NHS health checks, emergency hormonal contraception, chlamydia screening, condom supply, stop smoking, supervised consumption, needle exchange and transforming community equipment services) and therefore fall outside of the definition of both enhanced services and pharmaceutical services.

There are no gaps identified in respect of securing improvements, or better access, to enhanced services provision on a locality basis as identified in Section 6 either now or in specified future circumstances. The HWB will monitor the uptake and need for enhanced services within the HWB area to establish if these services are meeting the needs of the local population.

*No gaps have been identified that if provided either now or in the future would secure improvements, or better access, to enhanced services across the whole HWB area.*

### **Other NHS services**

As required by Paragraph 5 of Schedule 1 to the 2013 Regulations, Barking and Dagenham HWB has had regard for any other NHS services that may affect the need for pharmaceutical services in the area of the HWB.

*Based on current information no gaps have been identified in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances across the whole HWB area.*

### **Locally commissioned services**

With regard to enhanced services and locally commissioned services, the HWB has acknowledged that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Barking and Dagenham Clinical Commissioning Group (CCG) (anti-coagulation) or LBBD (NHS health checks, emergency hormonal contraception (EHC), chlamydia screening, condom supply, stop smoking, supervised consumption, needle exchange and transforming community equipment services (TCES)). This PNA identifies those as locally commissioned services (LCS).

The HWB has noted, with the exception of TCES in North locality, all LCS are accessible to the population in all PNA localities.

With the exception of anti-coagulation service, the HWB has not been presented with any evidence to date which concludes that any of these LCS should be decommissioned or that any of them should be expanded. Based on current information, the HWB has not identified a need to commission any LCS not currently commissioned.



# Section 1: Introduction

## 1.1 Background

The PNA provides key evidence which informs commissioning and strategic decisions for pharmaceutical services to residents and workers within the borough.

It is also intended to support a broad range of strategies to improve health and wellbeing including the Joint Health and Wellbeing Strategy 2012-2015<sup>1</sup>, Better Care Fund work programme<sup>2</sup>, Children & Young People's Plan<sup>3</sup>, Community Strategy 2013-2016<sup>4</sup>, NHS Barking and Dagenham Clinical Commissioning Group's 5 year strategic plan<sup>5</sup>, and Care Act 2014<sup>6</sup> implementation. The PNA makes reference to developments in the borough that deliver on the Council's vision for one borough; one community; London's growth opportunity.

It is a statutory duty of the Health and Wellbeing Board to publish a PNA for the London Borough of Barking and Dagenham (LBBd) by 1 April 2015.

The Health Act 2009, 128A<sup>7</sup>, made amendments to the NHS Act 2006 requiring Primary Care Trusts (PCTs) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment and any revised assessment. The regulations required the Pharmaceutical Needs Assessment (PNA) to be published by the 1<sup>st</sup> February 2011. There was also a requirement to re-write the PNA every three years or earlier if there were significant changes to the pharmaceutical needs of the area. Barking and Dagenham PCT produced their first PNA in February 2011.

The responsibility for the development, publishing and updating of PNAs became the responsibility of Health and Wellbeing Boards (HWBs) as a result of the Health and Social Care Act 2012<sup>8</sup>. The Act reformed the NHS from 1<sup>st</sup> April 2013 - PCTs were abolished and Health and Wellbeing Boards (HWBs), Clinical Commissioning Groups (CCGs) and NHS England were formed:

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<sup>1</sup> Barking and Dagenham Partnership, Joint Health and Wellbeing Strategy 2012 to 2015: <http://www.lbbd.gov.uk/AboutBarkingandDagenham/PlansandStrategies/Documents/HealthandWellbeingStrategy.pdf>

<sup>2</sup> Barking and Dagenham Better Care Fund Plan Summary  
<http://www.lbbd.gov.uk/AdultSocialCare/Documents/BD%20BCF%20summaryV2.pdf>

<sup>3</sup> London Borough of Barking and Dagenham. (2011) Summary Needs Assessment Barking and Dagenham's Children and Young People's Plan 2011-2016. (Online) Available from: <http://www.lbbd.gov.uk/ChildrenAndYoungPeople/CYPP/Documents/CYPP-Needs-Analysis.pdf> (Accessed 10 December 2014).

<sup>4</sup> <http://www.lbbd.gov.uk/CouncilandDemocracy/MeetingsAndPlans/Documents/CommunityStrategy2013-16.pdf>

<sup>5</sup> NHS England. (2013) Everyone Counts: Planning for patients 2014/15 to 2018/19. (Online) Available from: <http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf> (accessed 16 November 2014)

<sup>6</sup> <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>7</sup> Health Act 2009 - <http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england?view=plain>

<sup>8</sup> Health and Social Care Act 2012 - <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>



- HWBs, a statutory Executive body, have their membership drawn from local leaders (including NHS England, CCGs and local government) and are responsible for the continual improvement of the health and wellbeing of the local population
- CCGs are GP - led NHS bodies responsible for planning, purchasing and monitoring the majority of local health services including hospital, community, emergency and mental health care
- NHS England oversees the operations of the CCGs as well as commissioning primary and specialist services (such as cancer care). Along with CCGs, it has the responsibility of improving health outcomes and reducing health inequalities

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349)<sup>9</sup>, hereafter referred to as the Pharmaceutical Regulations 2013, came into force on 1<sup>st</sup> April 2013. Unless required to be produced earlier, these regulations permitted HWBs to a temporary extension of the PNAs previously produced by the PCT; HWBs are now required to publish their first PNA by 1<sup>st</sup> April 2015 at the latest.

The 2013 Regulations were updated to The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1<sup>st</sup> April 2014. This PNA has considered these amendments but the 2013 Regulations have been referenced throughout.

## **1.2 Purpose of the PNA**

NHS England is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHS England must consider any applications for entry onto the pharmaceutical list. The Pharmaceutical Regulations 2013 requires NHS England to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

As the PNA will become the basis for NHS England to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations, and with due process, and that the PNA is accurately maintained and up-to-date. Although decisions made by NHS England regarding applications to the pharmaceutical list may be appealed to the NHS Family Health Services Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

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<sup>9</sup> Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA)<sup>10</sup>. The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHS England and the CCGs, these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

### **1.3 Scope of the PNA**

The Pharmaceutical Regulations 2013<sup>9</sup> gives details of the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- necessary services: current provision
- necessary services: gaps in provision
- other relevant services: current provision
- improvements and better access: gaps in provision
- other services

In addition, the PNA details how the assessment was carried out. This includes:

- how the localities were determined
- the different needs of the different localities
- the different needs of people who share a particular characteristic
- a report on the PNA consultation

As already mentioned, the PNA is aligned with the Barking and Dagenham JSNA<sup>10</sup>.

To appreciate the definition of pharmaceutical services as used in this PNA, it is firstly important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHS England. They are:

1. pharmacy contractors
2. dispensing appliance contractors
3. local pharmaceutical service providers
4. dispensing doctors

For the purposes of this PNA, pharmaceutical services have been defined as those which are / may be commissioned under the provider's contract with NHS England. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHS England, are detailed below.

#### **1.3.1 Pharmacy contractors**

Pharmacy contractors operate under the Community Pharmacy Contractual Framework initially agreed in 2005. This sets three levels of service under which they operate.

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<sup>10</sup> Barking and Dagenham Joint Strategic Needs Assessment:  
<http://www.barkinganddagenhamjsna.org.uk/Pages/jsnashome.aspx>

**Essential services** - these can be found in Schedule 4 of the Pharmaceutical Regulations 2013<sup>9</sup>. They are nationally negotiated and must be provided from all pharmacies:

- dispensing of medicines
- repeat dispensing
- safe disposal of unwanted medicines
- promotion of healthy lifestyles
- signposting
- support for self-care
- clinical governance

**Advanced services** - these can be found in Parts 2 and 3 of The NHS Act 2006, the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, the 2013 Directions<sup>11</sup>.

They are negotiated nationally and any contractor may provide:

- medicines use reviews (MURs)
- new medicines services (NMS)
- appliance use reviews (AURs)
- stoma appliance customisation (SAC)

A full list of provision of advanced services provided by pharmacies in Barking and Dagenham HWB area (correct as of 4<sup>th</sup> November 2014) can be found in Appendix A.

**Enhanced services** - these can be found in Part 4 of the 2013 Directions<sup>11</sup>. They are negotiated locally by NHS England Area Teams and may only be provided by contractors directly commissioned by NHS England:

- anticoagulant monitoring service
- antiviral collection service
- care home service
- disease specific management service
- emergency supply service\*
- gluten free supply service
- independent prescribing service
- home delivery service
- language access service
- medication review service
- minor ailment service

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<sup>11</sup> The 2013 Directions -

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/193012/2013-03-12 -  
\\_Advanced\\_and\\_Enhanced\\_Directions\\_2013\\_e-sig.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf)

and amendment

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/266023/p  
harmaceutical\\_services\\_directions\\_amendment\\_2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266023/pharmaceutical_services_directions_amendment_2013.pdf)

- needle and syringe exchange service\*
- on-demand availability of specialist drugs service
- out of hours service
- patient group direction service\*
- prescriber support service
- schools service
- screening service\*
- stop smoking service\*
- supervised administration service\*
- supplementary prescriber service

The responsibility for public health services transferred from PCTs to local authorities with effect from 1<sup>st</sup> April 2013. A number of these services\* are sometimes commissioned by local authorities, and are therefore not considered enhanced or pharmaceutical services. The 2013 Directions<sup>11</sup>, however, permit NHS England to commission them from pharmacy contractors if asked to do so by a local authority.

In this case, if commissioned by NHS England, they are enhanced services and fall within the definition of pharmaceutical services. In Barking and Dagenham HWB area, NHS England currently commission one public health service from pharmacies: the immunisation service.

The enhanced services listed above are commissioned by NHS England where a need has been identified. Section 3.4 details the enhanced services commissioned by NHS England from pharmacies in Barking and Dagenham HWB area. Appendix A lists all providers of these services.

Pharmacy contractors comprise both those located within the Barking and Dagenham HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers - such as distance-selling pharmacies. Although distance-selling pharmacies may provide services from all three levels as described above, and must provide all 'essential' services, they may not do so 'face-to-face'.

Additionally, they must provide services to the whole population of England. There are no distance-selling pharmacies located within Barking and Dagenham HWB area. It should also be noted that distance-selling pharmacies throughout England (there were 211 in 2013/14<sup>12</sup>) are capable of providing services to Barking and Dagenham HWB area.

### **1.3.2 Dispensing appliance contractors**

Dispensing appliance contractors (DACs) operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the 2013 Regulations<sup>12</sup>. They can

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<sup>12</sup> General Pharmaceutical Services in England - 2003-04 to 2013-14:  
<http://www.hscic.gov.uk/article/2021/Website-Search?productid=16440&q=general+pharmaceutical+2014&sort=Relevance&size=10&page=1&area=both#top>

supply appliances from an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. DACs must provide a range of essential services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the advanced services of appliance use reviews (AURs) and stoma appliance customisation (SAC).

Pharmacy contractors, dispensing doctors and local pharmaceutical service (LPS) providers may supply appliances but DACs are unable to supply medicines.

There is one DAC in the Barking and Dagenham HWB area:

- Fittleworth Medical, 7 The Midas Business Centre, Wantz Road, Dagenham RM10 8PS

Residents can also access DACs from elsewhere in the UK if required. There were 112 DACs in England 2013/14<sup>12</sup>.

### **1.3.3 Local pharmaceutical service providers**

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group. This contract is locally commissioned by NHS England and provision for such contracts is made in the 2013 Regulations<sup>12</sup> in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from the national contract. Payment for service delivery is locally agreed and funded.

There are no local pharmaceutical service provider (LPS) pharmacies in the Barking and Dagenham HWB area.

### **1.3.4 Dispensing GP practices**

The 2013 Regulations<sup>12</sup>, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations. These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities'.

GP premises for dispensing must be listed within the pharmaceutical list held by NHS England and patients retain the right of choice to have their prescription dispensed from a community pharmacy, if they wish.

There are no dispensing GP practices in the Barking and Dagenham HWB area.

### **1.3.5 Other providers of pharmaceutical services in neighbouring HWB areas**

There are five other HWB areas which border the Barking and Dagenham HWB area:

- Havering HWB
- Redbridge HWB

- Newham HWB
- Greenwich HWB
- Bexley HWB

In determining the needs of, and pharmaceutical services provision to, the population of the Barking and Dagenham HWB area, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas. It should be noted that the HWBs to the south (Greenwich and Bexley) are fully divided from Barking and Dagenham by the River Thames and therefore provision within these HWB areas may not be readily accessible to residents of Barking and Dagenham.

Map A provides a detailed analysis of pharmacy contractors which lie across the Barking and Dagenham HWB border but are within easy reach of the Barking and Dagenham area. All maps have been generated using post codes therefore location is only an approximation on the maps generated for the PNA. As a result certain pharmacy locations may appear to be on the border with localities or the outside the HWB area. All pharmacies illustrated in Map A and subsequent Maps D, E and F are located within the HWB area.

### **1.3.6 Other services and providers in Barking and Dagenham HWB area**

As mentioned earlier, for the purpose of this PNA, pharmaceutical services have been defined as those which are, or may be, commissioned under the provider's contract with NHS England.

The following are providers of pharmacy services in Barking and Dagenham HWB area but not defined pharmaceutical services.

**Hospitals** – in Barking and Dagenham there are two hospitals sites. Pharmacies services on both sites are provided in-house to all patients by the hospital trust:

- Barking Hospital, Upney Lane, Barking, Essex. IG11 9LX
- Fenshawe Centre (out patients only), 57 Halbutt Street, Dagenham, Essex. RM9 5AR.

In addition, residents of Barking and Dagenham may receive hospital services from NHS trusts outside the HWB area. The following are some of the hospitals in surrounding HWB areas (all providing in-house pharmacy services to patients):

- King George Hospital, Barley Lane, Goodmayes, Essex. IG3 8YB
- Queen's Hospital, Rom Valley Way, Romford, RM7 0AG
- Brentwood Community Hospital (outpatients only), Crescent Drive, Brentwood, Essex. CM15 8DR
- Victoria Centre, Pettits Lane, Romford, Essex. RM1 4HP

**Prisons** - in Barking and Dagenham HWB area there are no prisons.

**Minor injury units and walk-in centres** - Barking Community Hospital, Upney Lane, Barking, IG11 9LX provides a GP led walk-in centre and operates as a minor injury unit too.



The following are services provided by NHS pharmaceutical providers in Barking and Dagenham HWB area, commissioned by organisations other than NHS England or provided privately, and therefore out of scope of the PNA.

**CCG commissioned services** – Barking and Dagenham commission an anticoagulation service from one pharmacy in the HWB area. The CCG have however served notice to terminate this service from 1<sup>st</sup> April 2015 from this pharmacy.

**Local authority services** - LBBD commission the following 'locally commissioned services' from community pharmacies in Barking and Dagenham HWB area:

- emergency hormonal contraception services
- condom supply service
- chlamydia screening
- stop smoking services
- NHS health checks
- supervised consumption service
- needle exchange service
- transforming community equipment services (TCES) programme

**Privately provided services** - most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy / DAC and the customer / patient. The following are examples of services and may fall within the definition of an enhanced service. However as these services have not been commissioned by the NHS, and are funded and provided privately, they are not a pharmaceutical service:

- care home service e.g. direct supply of medicines / appliances and support medicines management services to privately run care homes
- home delivery service e.g. direct supply of medicines / appliances to the home
- patient group direction service e.g. hair loss therapy, travel clinics
- screening service e.g. skin cancer

Services will vary between provider and are occasionally provided free of charge e.g. home delivery.

### **1.3.7 Other services which may affect the need for pharmaceutical services**

**Care homes** – care home providers will often make arrangements with individual community pharmacies to provide services for the entire resident population of the care home. This may not necessarily be a nearby community pharmacy. Changes in care home provision may therefore have a change on the needs for pharmaceutical service provision.

**Dental services** – dentists may prescribe medicines for patients, and therefore changing dental provision may have a change on the need for pharmaceutical service provision.

**Non-medical prescribers in the community** – legislation now permits a number of non-medical professions to be permitted to prescribe medicines e.g. nurses,

pharmacists, physiotherapists, chiropractors. Some of these professionals work within community-based teams e.g. community matrons. Changing service provision may therefore lead to a changing need for pharmaceutical service provision.

**GP ‘out of hours’ providers** – In early 2015, Barking and Dagenham CCG announced the trial opening of GP services in the evening between 6.30pm and 10pm. This may directly impact upon the need for pharmaceutical services. There are three 100 hour contract pharmacies and four “late night” pharmacies open until at least 8pm on week days or weekends. Almost one in five or 18% of pharmacies within the HWB area are either 100 hour or late night opening pharmacies.

**Commissioning and provision changes** – Commissioners in Barking and Dagenham have signalled their intentions to consider changes to how health and social care services are provided throughout the borough. Such changes include the planned move to 7-day GP services, the integration of primary and secondary care services, the provision of more ‘out of hospital’ care, and the ‘centralising’ of some services. As plans become more detailed, the impact on pharmaceutical service provision will need to be continually reflected in the PNA.

This PNA has considered known planned changes in all of the above. Where definite plans and timescales are known, this has been reflected within this document.

#### **1.4 Process for developing the PNA**

As a direct result of the Health and Social Care Act<sup>8</sup>, a paper was presented to Barking and Dagenham HWB on 17<sup>th</sup> September 2013.

The purpose of the paper was to inform the HWB of its statutory responsibilities under the Health and Social Care Act<sup>8</sup> to produce and publicise a PNA for its area by 1<sup>st</sup> April 2015.

The HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA to a steering group. It also agreed to the funding necessary to research and produce the PNA.

The responsibility to oversee the production of the document on behalf of the HWB was assigned to the Public health department of the Council. The department subsequently commissioned Soar Beyond Limited to undertake the PNA. Soar Beyond was chosen from a selection of potential candidates due to their significant experience in providing services to assist pharmaceutical commissioning, including the production and publication of PNAs. They also have a dedicated PNA project management team.

#### **Step 1: Steering group**

On 30<sup>th</sup> September 2014 Barking and Dagenham’s PNA Steering Group was established. The terms of reference and membership of the PNA Steering Group can be found in Appendix B.



## **Step 2: Project management**

At its first meeting, Soar Beyond and the steering group presented and agreed the project plan and ongoing maintenance of the project plan. Appendix F shows an approved time line for the project.

## **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements<sup>13</sup> and JSNA<sup>10</sup>. It was agreed that the existing PNA and subsequent supplementary statements were accurate and up-to-date and the Head of Health Intelligence would be responsible for the ongoing maintenance of the current PNA until this PNA is published.

## **Step 4a: Public survey on pharmacy provision**

A public survey to establish views about pharmacy services was produced by the steering group which was circulated to:

- all pharmacy contractors in Barking and Dagenham to distribute to the public
- all GP practices in Barking and Dagenham to distribute to the public
- Healthwatch Barking and Dagenham
- leisure centres and libraries within Barking and Dagenham
- local authority website
- social media

A total of 480 responses were received. A copy of the public survey can be found in Appendix C and the detailed responses can be found in Appendix I.

## **Step 4b: Pharmacy survey**

The steering group agreed a survey to be distributed to the local community pharmacists to collate information for the PNA. The local LPC supported this survey to gain responses.

A copy of the pharmacy survey can be found in Appendix D.

## **Step 4c: Commissioner survey**

The steering group agreed a survey to be distributed to all relevant commissioners in Barking and Dagenham to inform the PNA.

A copy of the commissioner survey can be found in Appendix E.

## **Step 5: Preparing the draft PNA for consultation**

The steering group, facilitated by the Director of Public Health with support from Soar Beyond, reviewed and revised the content and detail of the existing PNA.

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<sup>13</sup> Barking and Dagenham PNA and subsequent supplementary statements, accessed on 11/9/14 – [http://www.Barking and Dagenham.gov.uk/downloads/download/3050/pharmaceutical\\_needs\\_assessment](http://www.Barking and Dagenham.gov.uk/downloads/download/3050/pharmaceutical_needs_assessment)

The process took into account the JSNA<sup>10</sup> and other relevant strategies in order to ensure the priorities were identified correctly. A draft PNA was approved for consultation by the PNA Steering Group at its meeting on 8<sup>th</sup> December 2014.

### **Step 6: Consultation**

In line with the 2013 Regulations<sup>12</sup>, a consultation on the draft PNA was undertaken between 19<sup>th</sup> December 2014 and 27<sup>th</sup> February 2015. The draft PNA and consultation response form were issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also be posted on the LBBDD's website.

### **Step 7: Collation and analysis of consultation responses**

The consultation responses were collated and analysed by the Council's Engagement Manager and Soar Beyond. A summary of the responses received and analysis is noted in Appendix I.

### **Step 8: Production of final PNA**

The collation and analysis of consultation responses was used by the project manager to revise the draft PNA and a final PNA will be presented to the PNA Steering Group. The final PNA was presented to the Barking and Dagenham HWB for approval and publication before 1<sup>st</sup> April 2015.

## **1.5 Localities for the purpose of the PNA**

The PNA Steering Group, at its second meeting, considered how the localities within Barking and Dagenham would be defined.

Whilst it is recognised that the CCG localities are defined by the GP Practices, the local authority ward boundaries provides reasonable statistical rigor, and residents will more likely use pharmacies close to where they live rather than where their GPs are located.

It was therefore agreed that localities coterminous with the council wards would be used to define the localities of the borough. .

The localities used for the PNA for Barking and Dagenham was based on that used in the description of the summary needs assessment for the Council's Children and Young People's Plan<sup>3</sup>. The localities listed below are made up of the following wards:

- East – Alibon, Eastbrook and Heath wards
- West – Abbey and Gascoigne wards
- North – Chadwell Heath and Whalebone wards
- Central – Becontree, Mayesbrook, Parsloes and Valence wards
- South East – Goresbrook, River and Village wards
- South West – Longbridge, Eastbury and Thames wards.

A list of providers of pharmaceutical services in each locality is found in Appendix A.

The information contained in Appendix A has been provided by NHS England (who are legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), LBBDD, Barking and Dagenham CCG and

North East London LPC. Providers who were previously listed in the 2011 PNA for Barking and Dagenham continued to be considered within this PNA. Information was provided from NHS England on community pharmacies' opening hours. In some cases this differed from that provided by contractors through the pharmacy contractor survey. In these cases, opening hours information in the PNA reflects the information provided from the contractor, as the opinion of the PNA Steering Group was that this reflects current provision, upon which this assessment has been made.

Draft

## **Section 2: Context for the PNA**

### **2.1 Joint strategic needs assessment**

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Barking and Dagenham Joint Strategic Needs Assessment (JSNA)<sup>10</sup> which is currently being refreshed. The JSNA, as well as defining the needs of the local population, also identifies a strategic direction of service delivery to meet those needs, and commissioning priorities to improve the public's health and reduce inequalities. The PNA should therefore be read alongside the JSNA.

### **2.2 Barking and Dagenham Health and Wellbeing Strategy**

The current Barking and Dagenham Health and Wellbeing Board Strategy (2012/14)<sup>1</sup> is guided by the JSNA and other relevant sources of information. The following are the four priority areas that have been identified as key to the improvement of the health of the local population and in reducing health inequalities:

- supporting local people to make lifestyle choices at an individual level which will positively improve the quality and length of their life and overall increase the health of the population
- protecting local people from threats to their health and wellbeing
- improving treatment and care by benchmarking against best practice and where we identify that care has failed
- ensuring that patients, service users and carers have control and choice over the shape of the care and support that they receive in all care settings

The Health and Wellbeing Strategy (HWBS) highlights the need for a multiagency approach (including local pharmaceutical service providers) in addressing the above priorities in order to realise a more coherent and effective response and to accomplish set outcomes.

Regulation 9 of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations<sup>11</sup> requires that HWBS, when carrying out assessments for the purpose of publishing PNAs, have regard to:

- the number of people in its area who require pharmaceutical services
- the demography of its area
- the risks to the health or wellbeing of people in its area

Pharmaceutical service providers have the potential to play a greater role in identifying and helping address priority health needs as they are strategically placed in the community and have daily interactions with the local population.

Evidence from the Healthy Living Pharmacy Initiative<sup>14</sup> implemented since 2010 shows that community pharmacies can make a significant impact in the improvement of health and wellbeing of local populations.

In consideration of the three areas highlighted above, the sections below further examine Barking and Dagenham’s population characteristics and major causes of ill health as a pre-requisite to understanding local health needs and how pharmaceutical service providers can be involved in various interventions

The Health and Wellbeing Strategy for 2012-2015 is being refreshed; the new strategy will be published in spring 2015. Figure 1 sets out on a ‘plan on a page’ the ambitions for the current strategy which are not expected to change significantly, although the programmes and deliverables to support the strategy will have evolved during the last three years.

Figure 1 - Health and Wellbeing Strategy 2012-2015 plan on a page

**Barking and Dagenham Health and Wellbeing Strategy 2012-15. Plan on a page**

	Care and Support	Protection and Safeguarding	Improvement and Integration of Services	Prevention
<b>Pre-birth, early years</b>	All children are offered a health review.	Children are protected through vaccination from preventable diseases.	More children and families have access to urgent care in the community.	More babies are breastfed, more children are physically active.
<b>Primary school</b>	More children with special education needs have improved health and education outcomes.	Fewer children experience bullying, hate crime or domestic violence.	More children with chronic or complex needs are supported to continue education.	Children are supported to maintain a healthy weight.
<b>Adolescence</b>	More young parents access the Family Nurse Partnership, and support from children centers.	More adolescents protect their health through take up of chlamydia screening.	More services are young people friendly.	Fewer teens smoke or problem drink.
<b>Early adulthood</b>	More people living with severe mental illness will be physically healthy.	Fewer women will have unplanned or unwanted pregnancies.	Services for people living with sickle cell disease or with diabetes will improve.	More young adults will exercise regularly and use active forms of transport.
<b>Maternity</b>	All women receive high quality support during pregnancy and labour.	The majority of women take up the offer of antenatal screening, during pregnancy.	Maternity pathways are clear, integrated and include safeguarding.	More women have their first maternity appointment by the 13th week of pregnancy.
<b>Established adults</b>	More adults aged over 40 take up the offer of a health check.	More adults take the opportunity to protect their health through cancer screening.	More adults with early signs of chronic disease are identified in primary care and get appropriate treatment.	More adults will maintain a healthy weight and have access to healthy food.
<b>Older adults</b>	More of those with signs of dementia or depression are recognised in primary care and referred for treatment.	More older adults protect their health through seasonal flu vaccination	Residents approaching end of life can do so with dignity with more enabled to die in their own homes.	More take regular exercise using borough green spaces and are actively engaged in their community.
<b>Vulnerable and minority groups</b>	All individuals with learning difficulties or disabilities have a key worker and a structured health and wellbeing plan.	More people from minority groups feel confident to report abuse and harassment.	More integrated support is provided to troubled families.	The gap in health outcomes is reduced between those from minorities and the wider population

<sup>14</sup> National Pharmaceutical Association, (2012) Health Living Pharmacy: overview (online) Available from: [http://www.npa.co.uk/Documents/HLP/HLP\\_overview\\_12.11.pdf](http://www.npa.co.uk/Documents/HLP/HLP_overview_12.11.pdf) (Accessed: 10<sup>th</sup> December 2014)

The outcomes contained within the strategy are to:

- increase the life expectancy of people living in Barking and Dagenham
- close the gap between the life expectancy in Barking and Dagenham with the London average
- improve health and social care outcomes through integrated services

## **2.3 Commissioning priorities to improve health and wellbeing**

The HWB have agreed the following priority areas where action is necessary to improve health and wellbeing.

### **2.3.1 Transformation of health and social care**

This aims to address health and social care outcomes through shared priorities and indicators particularly around those geared to reducing hospital admissions, supporting care outside of the hospital and reducing A and E attendances. Some of the more common reasons for acute care are time-limited children's conditions like gastrointestinal and chest conditions. In adults and older people it is chronic lung disease, dementia related issues, falls and terminal illness. Actions that expand and reinforce interventions that decrease illness and disease progression to support the delivery of health and social care outcomes are prioritised, these include:

- immunisation of adults and children – whilst the responsibility for commissioning lies with NHS England, local support is still needed to improve immunisation rates
- early disease identification and effective early interventions especially for diabetes, high blood pressure, irregular heart beat (atrial fibrillation), chronic lung disease and certain cancers
- breast feeding which is proven to decrease gastrointestinal conditions and infectious diseases
- fall prevention and bone fracture prevention in those defined as high risk
- dementia prevention through addressing hypertension, diabetes and cardiovascular disease control and treatment
- sustaining and expanding current programmes to reduce the health and social care impact of isolation on vulnerable people and families
- maintaining vulnerable people, especially older people, enabling them to live in their own homes safely, without fuel poverty (winter warmth) while minimising their risk of hospital admission from hypothermia and respiratory infection
- chronic obstructive pulmonary disease (COPD) – ensuring effective treatments including pulmonary rehabilitation
- improving availability and access to relevant services that support reduction in alcohol intake
- end of life care – pathway analysis and improvement



### **2.3.2 Reducing premature mortality**

The top three priorities that would impact on premature mortality are:

- reducing smoking prevalence
- reducing obesity and increasing physical activity
- diagnosing disease early and treating effectively

Priorities for intervention:

- there is substantial scope for public health programmes and initiatives to promote cancer prevention as well as increase screening coverage and early diagnosis as outlined in the recommendations from the JSNA<sup>10</sup>. Enhancing the promotion of the breast, bowel and cervical screening programmes in Barking and Dagenham both through public awareness campaigns as well as through primary care staff (general practice and pharmacy) would be expected to result in greater uptake of each of the three programmes. Subsequently, this would contribute to improving cancer outcomes through earlier diagnosis. Currently, other than invitational letters from the screening programme, there is little promotion of the services locally
- supporting national campaigns to raise awareness of the signs and symptoms of common cancers, including innovative outreach campaigns. Such campaigns would increase public awareness of symptoms and subsequently earlier diagnosis and improved patient outcomes
- increasing the availability of smoking cessation services, with easy local access at times and venues that make it easy for the smoker to attend

### **2.3.3 Tackling obesity and increasing physical activity**

Obesity accounts for a great deal of disability, illness and premature death in Barking and Dagenham and is a contributory factor in arthritis, diabetes, and cardiovascular disease. Childhood and adult overweight and obesity levels and inactivity levels are very high in the borough, with 40% of 10-11 year olds and 64% of adults overweight or obese and 39% of adults classified as inactive. To lengthen life in the borough and to narrow the gap with the rest of London, we must reduce obesity. Our two main evidence-based ways focus on helping residents to reduce the amount they routinely eat and drink, improve their diets and increase the length of time each week they are physically active. While obesity prevention is complex, there is good evidence to support the use of reducing barriers to healthier eating and regular activity, particularly where this is tailored to different groups' needs.

Priorities for intervention include:

- local partners working together to ensure public health interventions to promote breastfeeding, child nutrition and physical activity are embedded and easy to access
- supporting weight management interventions through advice and information about weight loss and how to build higher levels of physical activity into daily life

- improving the uptake of sport and physical activity and building on the legacy of the 2012 Olympics games

### **2.3.4 Improving sexual and reproductive health**

Barking and Dagenham faces a challenge in terms of sexual and reproductive health with rising levels of sexually transmitted infections (STIs), terminations of pregnancy and human immunodeficiency virus infections (HIV). Numbers and rates may be low in comparison with some of the inner London boroughs, but they are higher than in the neighbouring boroughs of Redbridge and Havering. There is a comparatively young population compared with the England average and a high rate of teenage pregnancies although this has declined from the peaks seen in 2002/03. HIV prevalence is high at 6.07 per 1,000 persons aged 15-59 years. Late diagnosis levels are of particular concern, with 54.2% of adults aged 15 and over newly diagnosed with HIV infection having CD4 counts of less than 350 cells per mm<sup>3</sup> (as a percentage of the number of adults newly diagnosed with HIV infection). Of the 764 people known to have HIV infection in the borough, 83% were infected heterosexually, 59% are female, the main ethnic group affected is black African and the highest age group infected is 35–49 years. This means that the local pattern of HIV infection is very different to the common belief that this is an infection in men who have sex with men.

Priorities for intervention:

- more needs to be done to halt the spread of STIs and HIV infection. Targeted work such as community outreach and near-patient testing is needed to encourage more people to be tested and be advised about prevention
- there is a need to increase access (in terms of geography, timing and timeliness), to services that support better sexual health and address the challenges of teenage pregnancy
- services must be non-judgmental and 'young person friendly'. Available services and screening should be promoted widely, to increase awareness of the need for better sexual health and to encourage people of all ages to attend for treatment and care

### **2.3.5 Improving child health and early years**

The evidence and analysis set out in 'Fair Society, Healthy Lives' has been developed and strengthened by the report of the 'Independent Review on Poverty and Life Chances'. The reports draw attention to the impact of family background, parental education, good parenting, primary education and the opportunities for learning and development in the crucial first five years of life.

They identified what matters most in preventing poor children becoming poor adults as:

- healthy pregnancy
- good maternal mental health
- secure bonding with the child



- love and responsiveness of parents with clear boundaries
- primary education
- opportunities for a child's cognitive, language and social and emotional development
- good services including health services, children's centres and high quality childcare
- priorities for intervention:
- the transition of the health visitor service, currently commissioned by NHS England, to council commissioning from October 2015 must be seamless so that children are not disadvantaged by changes in commissioning arrangements
- the school nursing service currently has 11 nurses working with 60 schools which creates a high caseload. In addition, the increasing numbers of children on the school role means that the service will continue to be under pressure. Support for children and young people should be creatively explored to assess additional ways of supporting their health and wellbeing development
- there are around 450 looked after children in Barking and Dagenham the majority of whom have been removed from their families due to domestic violence. This puts Barking and Dagenham in the top quartile for numbers of children in this situation and considering their psychological and physical needs, as well as those of other vulnerable groups such as young offenders and disabled young people, needs joint action across the borough to improve outcomes
- there has been a reported increase in the numbers of alcohol affected children and young people attending A&E although the under 18 alcohol admission rate is low compared with the national average. Availability of accessible brief intervention advice on alcohol and structured care programmes are needed to support young people and their families.

### **2.3.6 Improving community safety**

In partnership with the Community Safety Partnership there are a number of areas from a health and wellbeing perspective that need consideration:

- youth offending is increasing with the increase in the numbers of young people living in the borough and the impact of gang activity. In 2012/13 348 young people under the age of 18 years were arrested. Effective work by the Youth Offending Service has seen a reduction in first time entrants to the service from 2,205 in 2005/6 to 472 in 2012/13
- the increase in young re-offenders is being linked to emerging gang activity. Gang members are more prolific offenders and have different profiles to the major youth offending population and transfer in from other boroughs due to cheaper accommodation

- the Serious Youth Violence Partnership is considering the public health needs of this group in particular in the context of sexual exploitation and violence where females associated with gang members have been subject to assaults and abuse
- there are a number of sex workers working across a tri-borough patch of Barking and Dagenham, Redbridge and Newham and a cross-borough strategic approach to responding to the needs of the population is being planned. However, there is a gap in outreach provision for this group and an outreach service is needed so that their health needs can be addressed more effectively.

### **2.3.7 Alcohol and substance misuse**

Barking and Dagenham has a high rate of alcohol related hospital admissions with a rate of 2,276 per 100,000 of the population in 2012/13 compared with the London average of 2,035. Although the rate is down 1% from the previous year, alcohol misuse still presents a significant challenge to the borough. The impact of alcohol misuse is experienced across the spectrum: primary care, acute trust, police, licensing and environment all have a significant strategic role to play in achieving improved outcomes.

The Department of Health estimates that interventions for dependent drinkers (a range of interventions to suit a variety of users – those based on cognitive behavioural approaches have the best chance of success) that with the average local population of 350,000 for every £583,464 invested there would be a saving of £1,808,737 in return on the investment. For every additional £1m invested in appropriate levels of intervention, up to 1,200 alcohol related hospital admissions could be avoided

Priorities for intervention:

- early identification and intervention in cases of alcohol misuse is key to reducing alcohol-related hospital admissions and reducing alcohol-related anti-social behaviour in the long-term. Alcohol identification and brief advice (IBA) is the evidence based approach that should be embedded in a local health system to achieve this aim. The coverage of alcohol IBA in Barking and Dagenham is limited and consideration should be made of the impact investment in this could have on alcohol misuse
- Barking and Dagenham's alcohol treatment outcomes have a high success rate with around 70% of individuals being discharged from treatment with a successful outcome. However, there is still significant potential in the system to treat more individuals and improve pathways into community based treatment such as community detox, preventing attendance at A&E. There is a strong evidence base for providing pharmacological detox with psychosocial interventions in the community that are highly cost-effective compared with emergency admission and residential detox and rehabilitation

- the consumption of high strength ciders and lagers and street drinking is a significant problem for retailers, licensing and the police. The adoption of the Ipswich Model could have a positive impact on alcohol related disorder in the major centres in the borough. This model involves the voluntary participation of retailers in banning the sale of high strength ciders and lagers and this has been proven to be effective in Ipswich.  
However, the utility of this approach in an urban environment such as Barking and Dagenham has yet to be investigated and will require significant buy-in from retailers to be a success
- in relation to alcohol related violence, identification of alcohol hot spots analysis is contributing to an improved intelligence led response to reducing alcohol related violent crime. This is a data sharing initiative based on the Cardiff Model that uses anonymous information collected at A&E. This is shared with the Community Safety Partnership so that preventative policing approaches can be used where there has been an instance of alcohol related violence
- Barking and Dagenham's success rate in drug treatment completions has been recognised as high by Public Health England. There is a strong evidence base for investing in drug treatment with research suggesting that every £1 invested in drug treatment saves society two and a half times that in the crime and health costs of drug addiction. National Institute for Health and Care Excellence (NICE) estimates the costs generated by each injecting drug-user adds up to £480,000 over their lifetimes. While people are in treatment they use fewer illegal drugs and commit less crime to fund the purchase of drugs from street dealers. There is also less risk to the public's health from drug litter.  
Additionally, individual users are better able to cope, so can attend education and training, hold down jobs and look after their families.

### **2.3.8 Improving mental health**

The Health and Wellbeing Strategy recognises that poor mental health is a massive 'burden of disease' affecting our residents and that poverty, disadvantage, disability, chronic illness, exclusion and debt are major factors that drive it, while trauma, domestic violence, hate crime and bullying at school and work also create much stress, depression and anxiety.

The economic downturn together with changes to the benefits system and cuts in public services were expected to lead to a great deal of stress for disadvantaged adults and families. These changes have already resulted in many residents having severe housing problems and a substantial increase in homelessness.

People with existing mental health problems are particularly vulnerable to changing circumstance and need support and advice.

Many residents with less severe (but nevertheless misery-creating) mental health problems will go undetected or untreated and will encounter barriers to getting help and getting better.

The Health and Wellbeing Strategy aims to increase the number of troubled families getting integrated help and increase access to mental health services for people from ethnic minorities.

Priorities for intervention:

- the need for a mental wellbeing strategy to address the economic and social determinants of poor mental health, prevention and detection of problems and good access to help, support and treatment
- there is a great deal of evidence to support the use of interventions such as psychological therapies and school-based programmes. However there is also evidence to support programmes addressing the social determinants of mental health, such as interventions to reduce the impact of debt

### **2.3.9 Reducing injuries and accidents**

The Health and Wellbeing Strategy aims to reduce falls and accidents in the home among older people which adds to pressures on local hospitals as well as increasing risks of earlier death. The borough has a higher than average rate of older people admitted to hospital due to falls and injuries.

Priorities for intervention:

- the need to reduce the risk of traffic accidents in order to make big increases in the numbers of children and adults walking and cycling
- the need to reduce the risk of vulnerable older people being admitted to hospital for falls and injuries through falls prevention and bone fracture prevention programmes

## **2.4 NHS Barking and Dagenham Clinical Commissioning Group Strategy**

The clinical commissioning group (CCG) strategy follows the principles of *Everyone Counts: Planning for Patients 2014/15 – 2018/19*<sup>5</sup>, working towards achievement of seven outcomes objectives:

1. securing additional years of life for the people of England with treatable mental and physical health conditions.
2. improving the health related quality of life of the 15 million+ people with one or more long-term conditions, including mental health conditions.
3. reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.
4. increasing the proportion of older people living independently at home following discharge from hospital.
5. increasing the number of people with mental and physical health conditions having a positive experience of hospital care.
6. increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.

7. making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

## 2.5 Population characteristics

### 2.5.1 Overview

The population of Barking and Dagenham has grown by 19.7% over the past 15 years and 24.3% over the past 25 years. The 2013 mid-year population estimates is 194,352, although this is now around 198,410 based on projections for 2014.

The population changes in recent years were graphically demonstrated by the 2011 census. The population size increased by 13% between the 2001 and 2011 census. The number of people living in Barking and Dagenham that were born outside of the UK had increased from one in ten people to nearly one in three people (31%). Even so, Barking and Dagenham still had one of the highest proportions in London of people born in England, ranking ninth of the 33 boroughs, and nearly three-quarters of those born outside of the UK had been resident in the UK for five or more years.

Table 2 below shows the number of people living in each of the defined localities.

*Table 2 - Population size, Barking and Dagenham localities, 2013*

Locality	Persons	Men	Women
East	32,816	15,805	17,011
West	26,055	13,545	12,510
North	21,587	10,419	11,168
Central	44,177	21,238	22,939
South East	33,864	16,265	17,599
South West	35,853	17,668	18,185
<b>TOTAL</b>	<b>194,352</b>	<b>94,940</b>	<b>99,412</b>

*Source: Office for National Statistics (ONS)*

Currently all of the Barking and Dagenham population live in areas classified as urban by ONS

### 2.5.2 Age distribution of the population

Table 3 shows the number of men, women and persons living in Barking and Dagenham split by five year age group.

Table 3 - Barking and Dagenham population by age group, men, women and persons, 2013

Age band (years)	Men		Women		Persons	
	N	%	N	%	N	%
Under 1	2,159	2.27%	1,853	1.86%	4,012	2.06%
1-4	7,979	8.40%	7,621	7.67%	15,600	8.03%
5-9	8,781	9.25%	8,123	8.17%	16,904	8.70%
10-14	6,665	7.02%	6,334	6.37%	12,999	6.69%
15-19	6,861	7.23%	6,189	6.23%	13,050	6.71%
20-24	6,312	6.65%	6,401	6.44%	12,713	6.54%
25-29	7,240	7.63%	8,145	8.19%	15,385	7.92%
30-34	7,435	7.83%	8,531	8.58%	15,966	8.21%
35-39	7,263	7.65%	7,969	8.02%	15,232	7.84%
40-44	6,894	7.26%	7,179	7.22%	14,073	7.24%
45-49	6,147	6.47%	6,690	6.73%	12,837	6.61%
50-54	5,501	5.79%	5,518	5.55%	11,019	5.67%
55-59	4,202	4.43%	4,101	4.13%	8,303	4.27%
60-64	3,254	3.43%	3,466	3.49%	6,720	3.46%
65-69	2,687	2.83%	2,858	2.87%	5,545	2.85%
70-74	1,826	1.92%	2,305	2.32%	4,131	2.13%
75-79	1,593	1.68%	2,167	2.18%	3,760	1.93%
80-84	1,174	1.24%	1,867	1.88%	3,041	1.56%
85+	967	1.02%	2,095	2.11%	3,062	1.58%
TOTAL	94,940	100.00%	99,412	100.00%	194,352	100.00%

Source: ONS

Barking and Dagenham has a very different population age distribution to other parts of England. It has the highest proportion of children aged 0-4 years and 0-14 years in England. One in four of the population is under the age of 15, and one in ten is under the age of five years. The number of young and very young has increased rapidly, putting pressure on schools and children's services. The number of children under the age of five increased by almost 50% between the 2001 and 2011 censuses (18,676 in 2011 compared with 12,542 in 2001) and the number of children under the age of 15 increased by one quarter (45,674 in 2011 compared with 36,112 in 2001).

The high proportion of children is balanced by a smaller proportion of the working age population than that in London and a smaller proportion of older people than in England as a whole. The proportion of people over the age of 40 is similar in Barking and Dagenham to that in London (37.5% Barking and Dagenham, 39.7% London), but very different to England as a whole where 49% of people are aged 40 or over. For people aged 20-39, Barking and Dagenham has a smaller proportion than London (31% compared with 36% for London) but a higher proportion than England (27%).

Table 4 shows the population proportions in five year age bands for Barking and Dagenham and England and Figure 2 shows the population age distribution for Barking and Dagenham, London and England as a population tree.



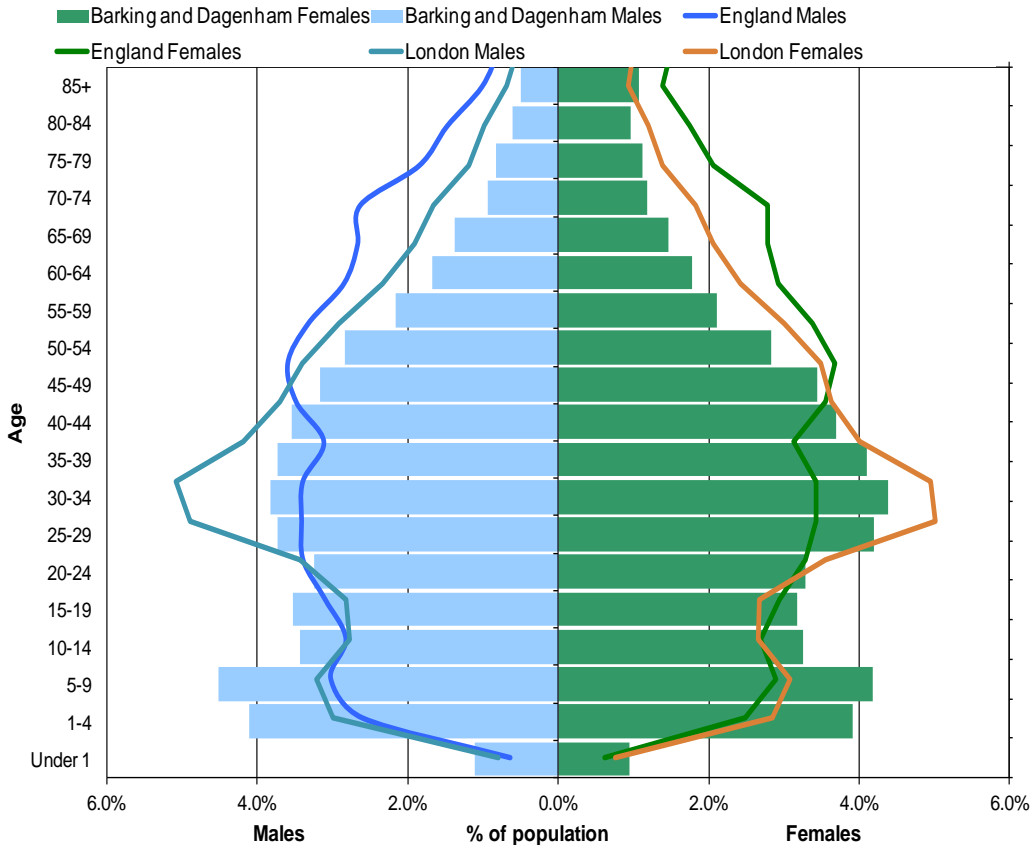
This visibly demonstrates the high proportion of children and low proportion of older people in Barking and Dagenham.

Table 4 - Proportion of population by age group, Barking and Dagenham and England, 2013

Age band (years)	Barking and Dagenham	England
Under 1	2.06%	1.26%
1-4	8.03%	5.08%
5-9	8.70%	5.92%
10-14	6.69%	5.53%
15-19	6.71%	6.04%
20-24	6.54%	6.69%
25-29	7.92%	6.84%
30-34	8.21%	6.84%
35-39	7.84%	6.25%
40-44	7.24%	7.04%
45-49	6.61%	7.29%
50-54	5.67%	6.72%
55-59	4.27%	5.78%
60-64	3.46%	5.46%
65-69	2.85%	5.42%
70-74	2.13%	3.91%
75-79	1.93%	3.24%
80-84	1.56%	2.41%
85+	1.58%	2.30%
TOTAL	100.00%	100.00%

Source: ONS

Figure 2 - Population size by age band, Barking and Dagenham, London and England, 2013



Source: ONS 2013 mid-year population estimates

### 2.5.3 Population distribution and density

The population of Barking and Dagenham is spread across 17 wards. The average population per ward is 11,450, with the lowest numbers in Parsloes (9,900) and the highest numbers in Thames (14,750), Gascoigne (14,050) and Abbey (13,650). Table 5 shows the age distribution for each ward, based on school age, working age and retirement age, demonstrating how the age distribution varies between wards. Gascoigne and Thames having a high proportion of children and a low proportion of people aged 65 years and over. Eastbrook and Chadwell Heath have relatively high proportions of people aged 65 and over, balanced out in Eastbrook by a smaller proportion of children and in Chadwell Heath by a slightly smaller proportion of people of working age.

*Table 5 - Ward level population age distribution, Barking and Dagenham, 2013*

Ward name	Population - 2013	Children aged 0-15 - 2013	Working-age (16-64) - 2013	Older people aged 65+ - 2013	% All Children aged 0-15 - 2013	% All Working-age (16-64) - 2013	% All Older people aged 65+ - 2013	Mean Age - 2013	Median Age - 2013
Abbey	13,650	3,450	9,550	700	25.3	70.0	5.1	29.5	29.0
Alibon	10,400	2,700	6,600	1,100	26.0	63.5	10.6	33.8	33.0
Becontree	12,050	3,000	8,000	1,100	24.9	66.4	9.1	33.0	32.0
Chadwell He	10,150	2,450	6,150	1,550	24.1	60.6	15.3	36.2	34.0
Eastbrook	10,600	2,150	6,900	1,550	20.3	65.1	14.6	37.7	36.0
Eastbury	11,700	3,000	7,550	1,150	25.6	64.5	9.8	33.4	32.0
Gascoigne	14,050	4,450	8,800	800	31.7	62.6	5.7	29.0	29.0
Goresbrook	11,300	2,900	7,150	1,200	25.7	63.3	10.6	34.1	33.0
Heath	10,950	2,800	6,850	1,300	25.6	62.6	11.9	34.4	32.0
Longbridge	11,650	2,550	7,650	1,400	21.9	65.7	12.0	35.2	32.0
Mayesbrook	10,400	2,750	6,500	1,150	26.4	62.5	11.1	33.9	33.0
Parsloes	9,900	2,550	6,250	1,100	25.8	63.1	11.1	34.3	33.0
River	11,400	3,000	7,250	1,150	26.3	63.6	10.1	33.4	32.0
Thames	14,750	4,650	9,250	850	31.5	62.7	5.8	28.7	28.0
Valence	10,000	2,500	6,300	1,200	25.0	63.0	12.0	34.8	34.0
Village	10,850	2,650	6,950	1,250	24.4	64.1	11.5	34.5	33.0
Whalebone	10,850	2,500	7,000	1,300	23.0	64.5	12.0	35.3	34.0

Source: GLA (SHLAA)

Population density is affected by the different geographical sizes of the wards, and the population focus along the East-West axis of the A13. The wards with the highest population density are Gascoigne and Abbey, reflecting the concentration of people around Barking town centre. The wards with the lowest population density are Thames in the south, where substantial development is planned, and Chadwell Heath in the north (Map G). Thames ward therefore stands out as having the highest population number and the lowest population density, although the density will increase as the developments on former industrial land take place.



## 2.5.4 Population deprivation levels

Barking and Dagenham is a borough with high levels of deprivation. The borough is ranked as the seventh most deprived in London and nationally it is ranked as the 22nd most deprived local authority. Of the 109 lower super output areas (LSOAs) in the borough, 11 of these are ranked in the top 10% of the most deprived wards in England (Map C).

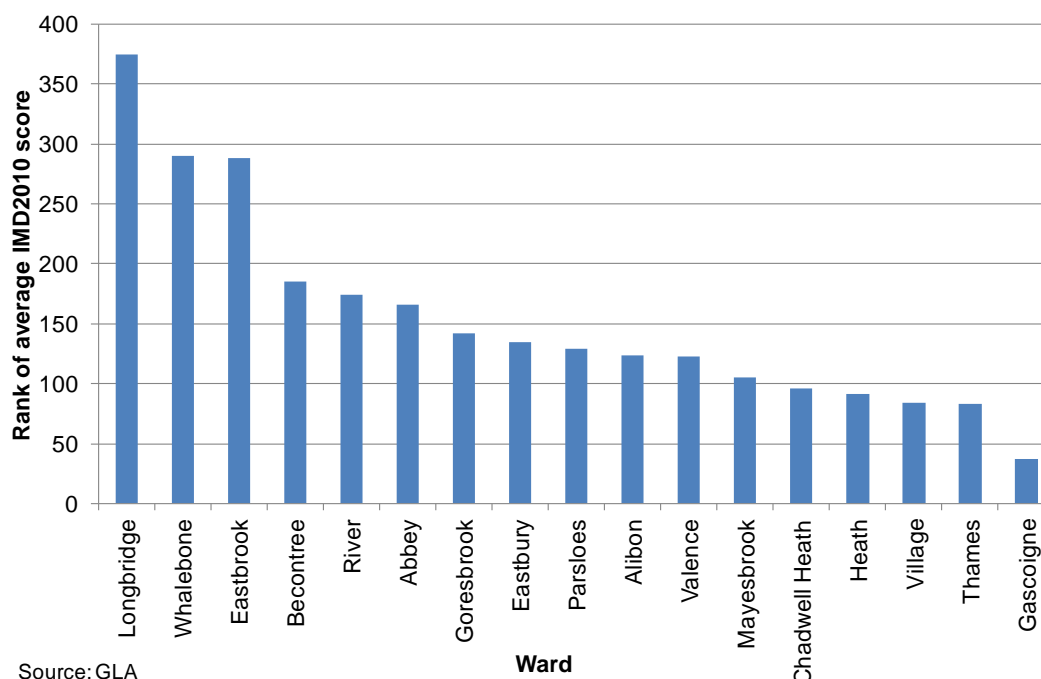
Apart from Abbey and Longbridge, all the LSOAs within the remaining wards are ranked in the top half of the most deprived categories nationally (Table 6 and Figure 3).

*Table 6 - Deprivation at ward level, rank of average deprivation score and %age LSOAs in worst 50% for England*

Ward	(ID2010) - Rank of average score (within London) - 2010	(ID2010) % of LSOAs in worst 50% nationally - 2010
Longbridge	375	66.7%
Whalebone	290	100.0%
Eastbrook	288	100.0%
Becontree	185	100.0%
River	174	100.0%
Abbey	166	85.7%
Goresbrook	142	100.0%
Eastbury	135	100.0%
Parsloes	129	100.0%
Alibon	124	100.0%
Valence	123	100.0%
Mayesbrook	105	100.0%
Chadwell Heath	96	100.0%
Heath	91	100.0%
Village	84	100.0%
Thames	83	100.0%
Gascoigne	37	100.0%

Source: GLA

Figure 3 - Rank of average score for Index of Deprivation 2010 (within London), Barking and Dagenham wards, 2010



Source: GLA

Five of the six defined localities<sup>3</sup> for the needs assessment fall within either the eighth or ninth most deprived categories within London. At national level, the West is ranked in the top 10% most deprived category (Table 7).

Table 7 - Index of Multiple Deprivation (IMD) 2010 score, Barking and Dagenham decile and London decile, Barking and Dagenham localities

Locality	IMD*	Barking and Dagenham IMD decile**	London IMD decile**
West	38.1	8	9
South east	35.2	5	8
Central	35.0	5	8
East	33.5	4	8
South West	32.5	3	8
North	31.6	2	8

\*IMD = Index of multiple deprivation 2010<sup>15</sup>

\*\* The Barking and Dagenham and London IMD deciles are calculated using IMD scores for individual wards within those areas<sup>16</sup>

Source: PHE

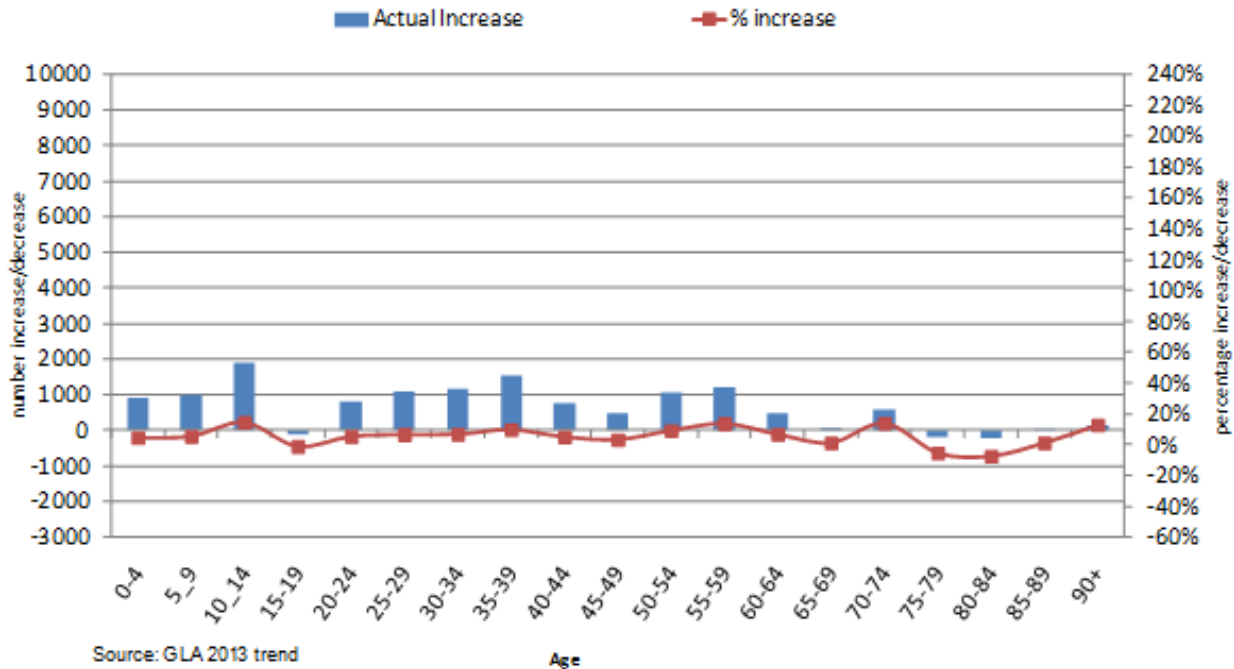
<sup>15</sup>Public Health England. (2011) Summary IMD 2010 scores for non-LSOA geographies. (Online) Available from: <http://www.apho.org.uk/resource/item.aspx?RID=111280> (Accessed 3 November 2014)

<sup>16</sup> Department for Communities and Local Government (2011) The English Indices of Deprivation 2010. (Online) Available from: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/6320/1870718.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6320/1870718.pdf) (Accessed 3 November 2014)

### 2.5.5 Predicted population growth

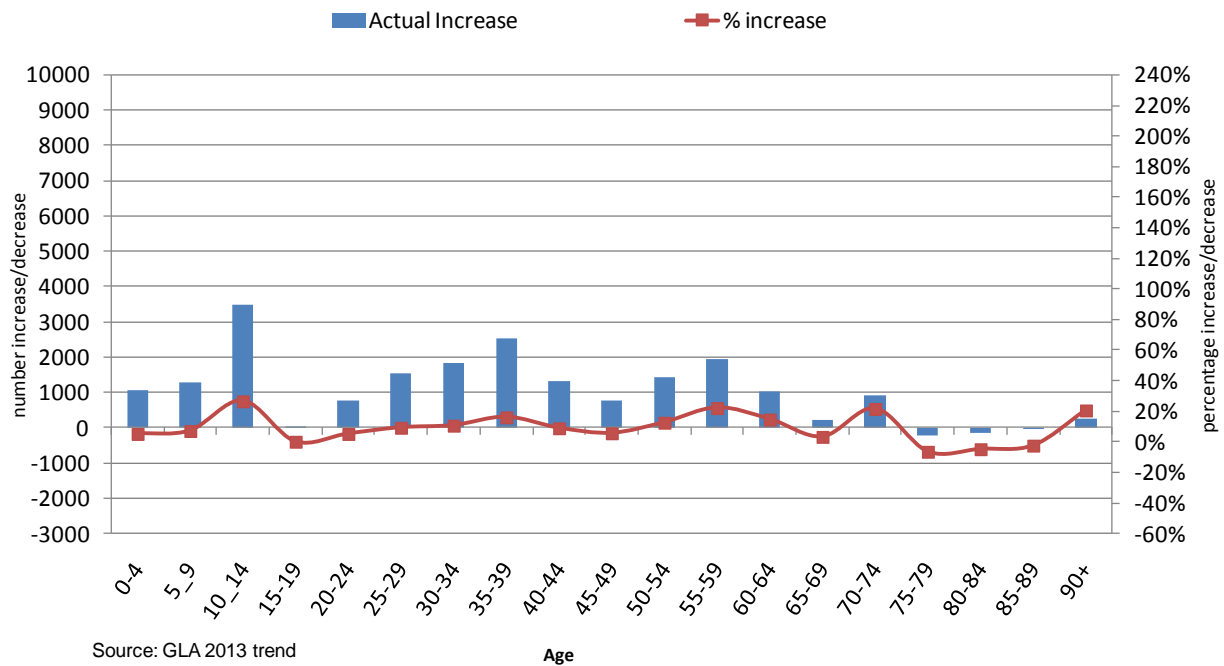
The Greater London Authority (GLA) forecasts suggest that the borough population will go up 6% to an estimated 213,000 by 2017, and a further 9% increase to an estimated 227,000 by 2021. Figures 4 and 5<sup>17</sup> show significant increases in the ages 10-14, 55-59, 70-74 and 90+ compared to the rest of the age groups

Figure 4 - Increase / decrease in population by 5 year age band between years chosen 2014-2017



<sup>17</sup> [GREATER LONDON AUTHORITY \(2014\) Ward Profiles and Atlas. \(Online\) Available from: http://data.london.gov.uk/dataset/ward-profiles-and-atlas](http://data.london.gov.uk/dataset/ward-profiles-and-atlas) (Accessed 10 December 2014)

Figure 5 - Increase / decrease in population by five year age band between years chosen 2014-2021



### 2.5.6 Local development plan

In the next 20 years, Barking and Dagenham will undergo its biggest transformation since the borough was first industrialised and urbanised. The Thames Gateway, of which it forms the heart, is the largest regeneration area in Europe. It is crucial to the government's plans to develop sustainable communities in the south-east and to the London Mayor's ambition to ensure prosperity is more evenly shared between east and west in London.

The borough contains the UK's biggest brownfield regeneration site at Barking Riverside and the future home of London's environmental technologies at Dagenham Dock. A major sustainable community will be developed on land released by Ford Co Ltd in South Dagenham and Barking town centre will be revitalised to become the town centre of choice for the new communities.

The Council has adopted a growth strategy setting out how the regeneration of the borough will be achieved. The strategy objectives are:

- attracting Investment
- creating a Higher Skilled Workforce
- building Businesses
- widening the Housing Choice<sup>18</sup>

The key development opportunities in the borough are shown in Figures 6a and 6b.

<sup>18</sup> London Borough of Barking and Dagenham (2014) Regeneration. (Online) Available from: <http://www.lbbd.gov.uk/Regeneration/Pages/home.aspx> (Accessed 19 November 2014)

Figure 6a - Key development opportunities, Barking and Dagenham Growth Strategy



Source: [http://www.lbbd.gov.uk/Regeneration/Regenerationvision/Documents/GrowthStrategy36pp2013\\_v3\\_print.pdf](http://www.lbbd.gov.uk/Regeneration/Regenerationvision/Documents/GrowthStrategy36pp2013_v3_print.pdf)



Figure 6b - Key development opportunities, Barking and Dagenham Growth Strategy



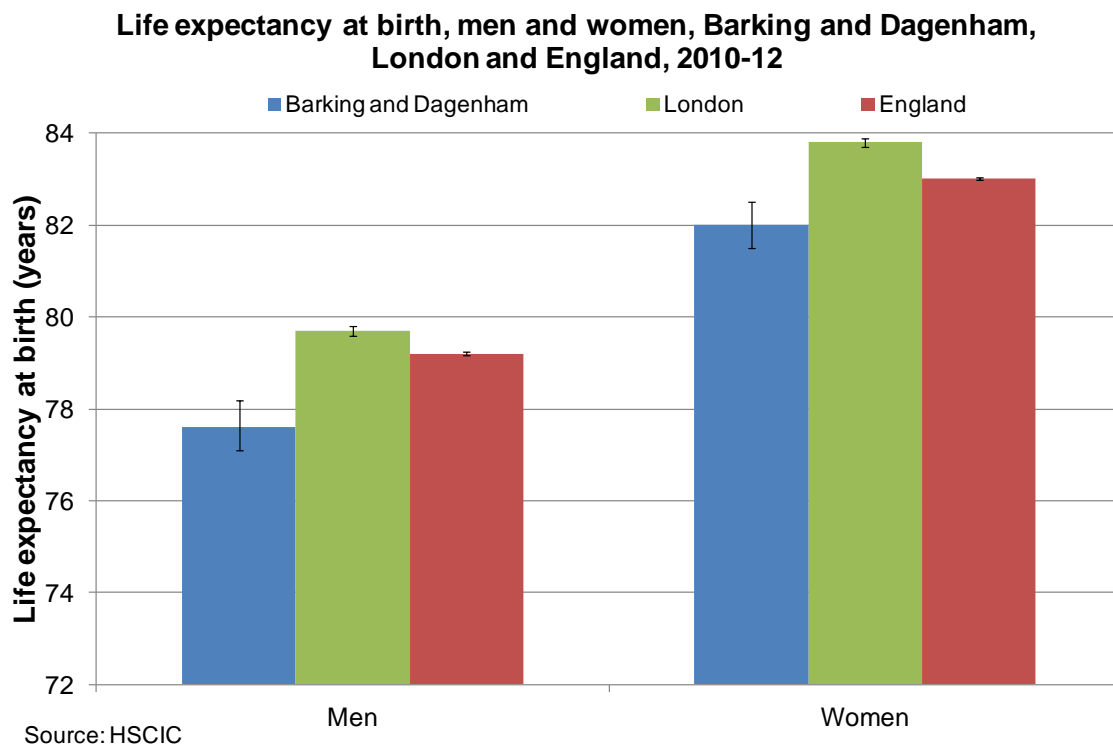
Source: [http://www.lbbd.gov.uk/Regeneration/Regenerationvision/Documents/GrowthStrategy36pp2013\\_v3\\_print.pdf](http://www.lbbd.gov.uk/Regeneration/Regenerationvision/Documents/GrowthStrategy36pp2013_v3_print.pdf)

### 2.5.7 Life expectancy

Life expectancy is higher in women than in men in Barking and Dagenham (82.0 years and 77.6 years respectively), as it is in London and England. Life expectancy at birth for men in Barking and Dagenham (77.6 years) is lower than in both England (79.2 years) and London (79.7 years). Life expectancy in women (82.0 years) is also lower than both the London (83.8 years) and England (83.0 years) average values<sup>19</sup>. Figure 7 demonstrates these life expectancy differences.

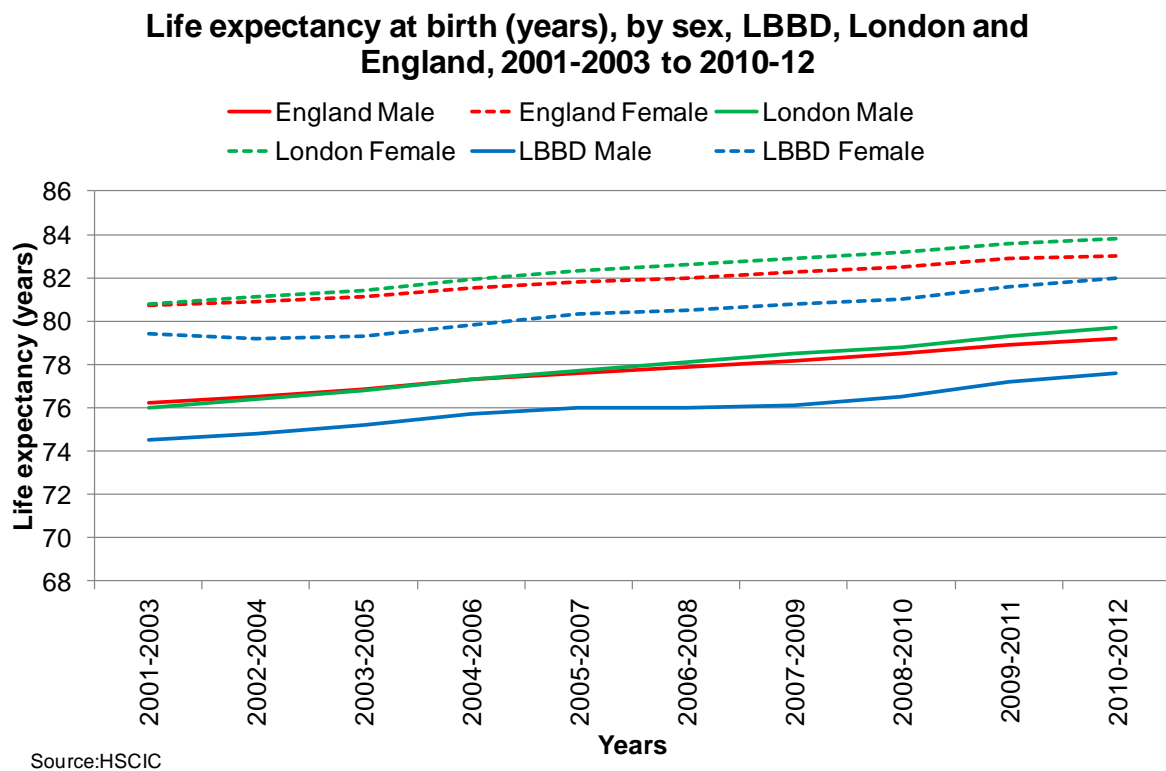
<sup>19</sup> Health and Social Care Information Centre (2014) Indicator portal. (Online) Available from: <https://indicators.ic.nhs.uk/webview/> (Accessed 10 October 2014)

Figure 7 - Life expectancy at birth, men and women, 2010-2012



Life expectancy in the borough, as in other parts of the country, has increased in recent years however without reducing the gap between Barking and Dagenham and London and England since 2001 (Figure 8).

Figure 8 - Life expectancy at birth (years), 2010-2012





At ward level, there is a variation in life expectancy between wards, with River having the lowest life expectancy for both men and women. Abbey has the highest for men, and Longbridge the highest for women (Figures 9 and Table 8).

Figure 9 - Life expectancy at birth, Barking and Dagenham wards, 2008-2012

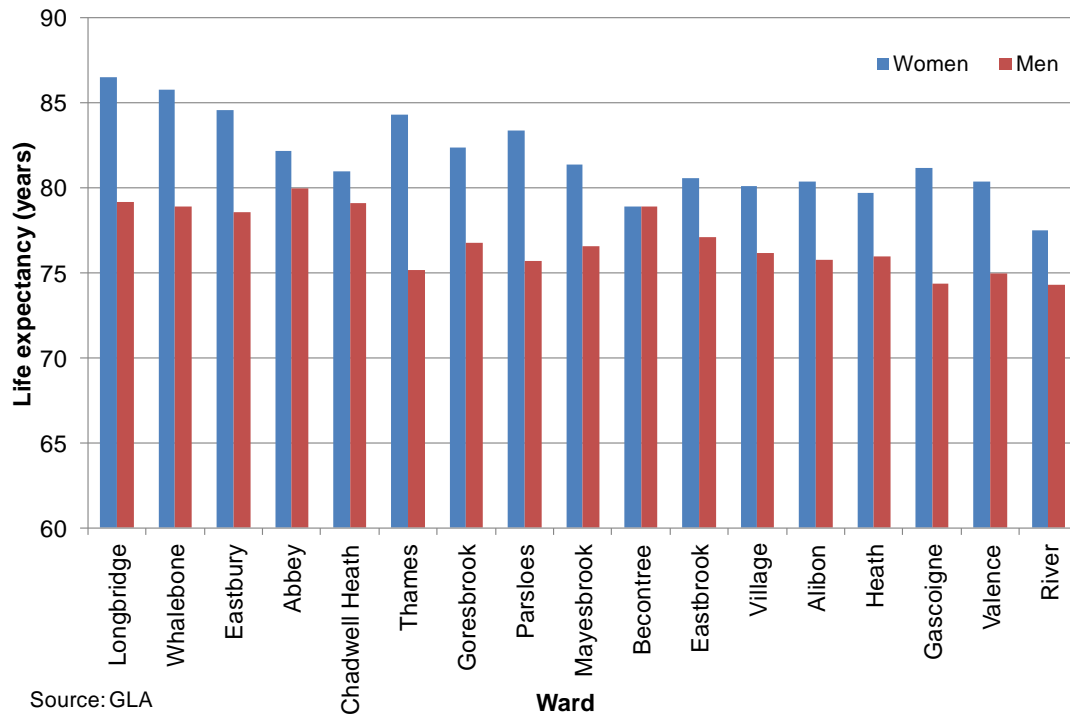


Table 8 - Life expectancy by ward, 2008-2012

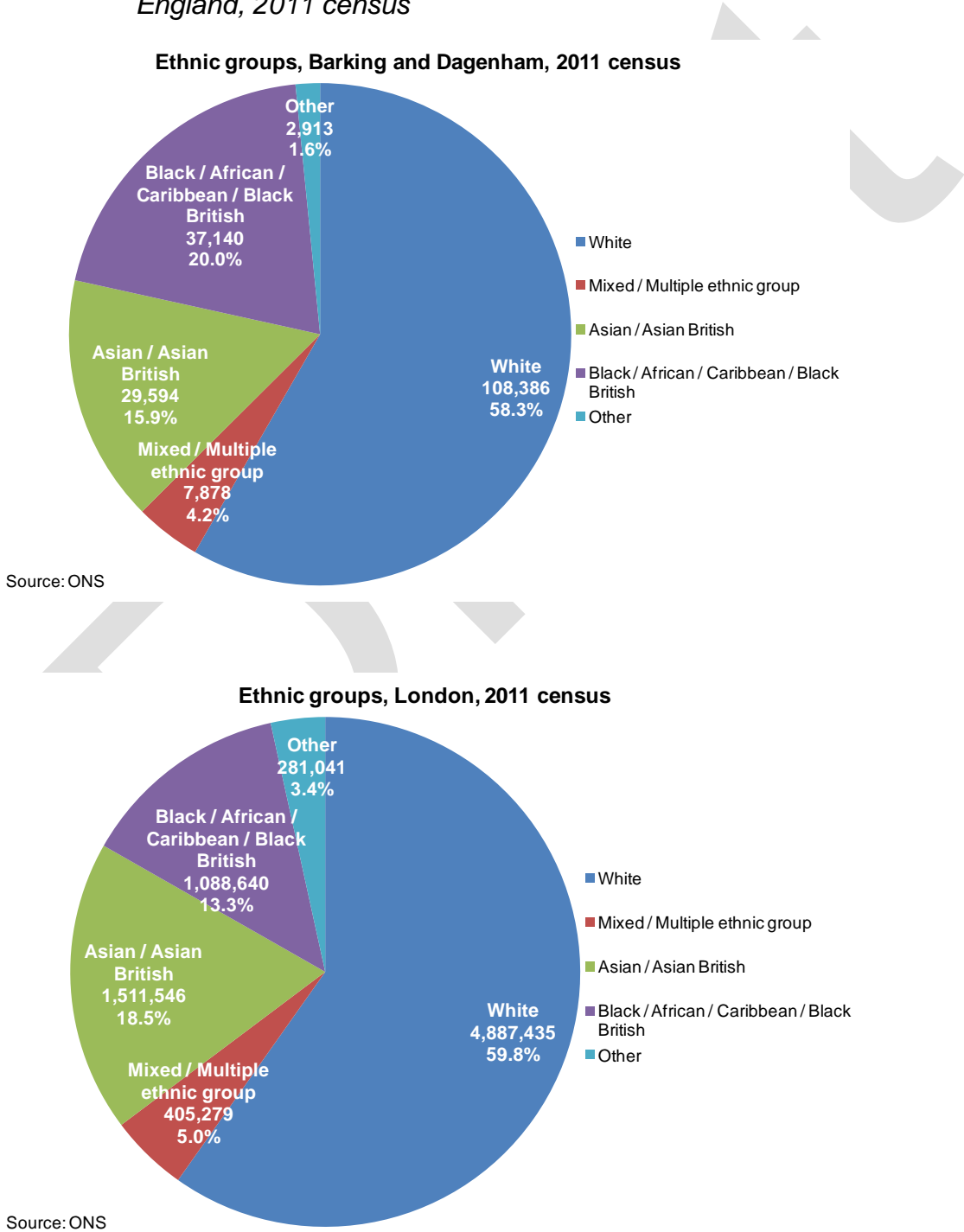
Ward	Female life expectancy - 2008-2012	Male life expectancy - 2008-2012
Longbridge	86.5	79.2
Whalebone	85.8	78.9
Eastbury	84.6	78.6
Abbey	82.2	80.0
Chadwell Heath	81.0	79.1
Thames	84.3	75.2
Goresbrook	82.4	76.8
Parsloes	83.4	75.7
Mayesbrook	81.4	76.6
Becontree	78.9	78.9
Eastbrook	80.6	77.1
Village	80.1	76.2
Alibon	80.4	75.8
Heath	79.7	76.0
Gascoigne	81.2	74.4
Valence	80.4	75.0
River	77.5	74.3

## 2.5.8 Specific populations

### 2.5.8.1 Ethnicity

Barking and Dagenham has a very ethnically diverse population. The proportion of people from black, Asian, minority ethnic (BAME) groups is much higher than in the general England population. Compared with London, Barking and Dagenham has a higher proportion of people from black ethnic groups and a lower proportion from Asian ethnic groups (Figure 10).

Figure 10 - Distribution of population by ethnicity, Barking and Dagenham, London and England, 2011 census



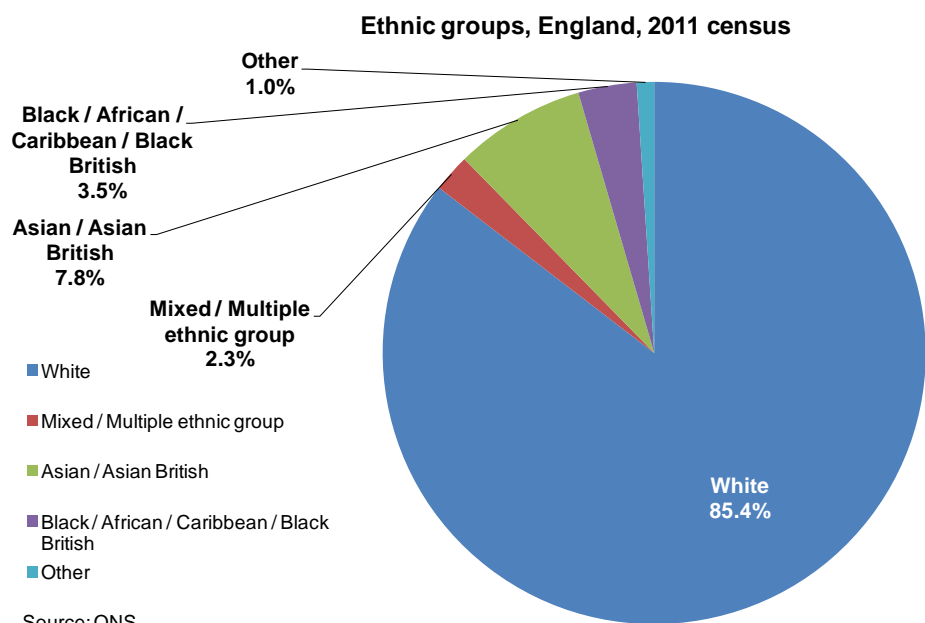


Figure 10 provides further detail on the ethnic breakdown of the Barking and Dagenham population. The population of white Europeans born outside the UK are mainly from the new European countries of Lithuania, Poland and Romania. Of those born in Africa, 40% are from Nigeria, three-quarters of those born in the Middle East and Asia were born in India, Pakistan and Bangladesh with an almost equal division between those three countries.

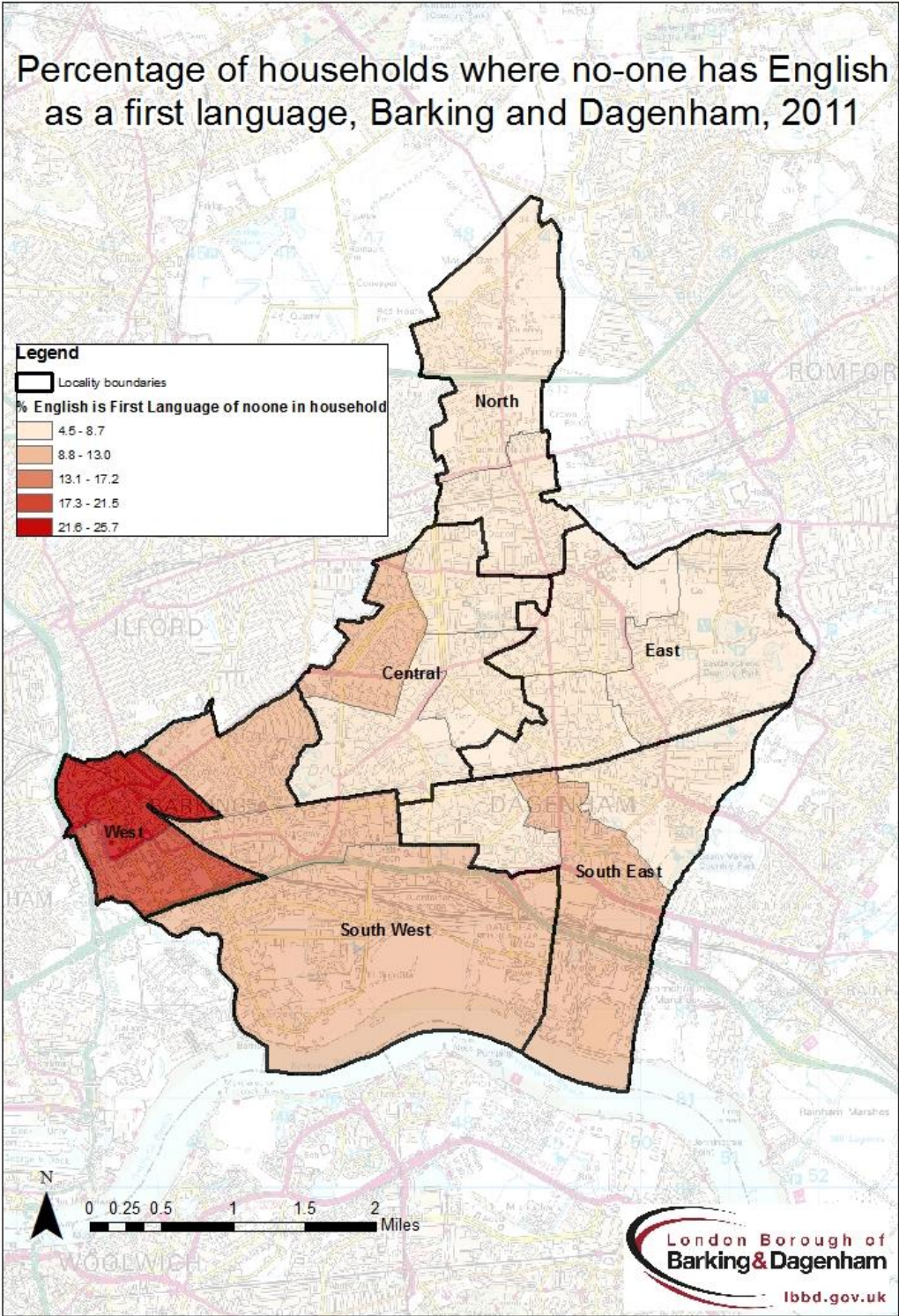
*Table 9 - Detailed ethnic group breakdown, Barking and Dagenham, 2011 census*

Ethnic group	Number of people
White: English/Welsh/Scottish/Northern Irish/British	91,949
White: Irish	1,730
White: Gypsy or Irish Traveller	182
White: Other White	14,525
Mixed/multiple ethnic group: White and Black Caribbean	2,669
Mixed/multiple ethnic group: White and Black African	2,128
Mixed/multiple ethnic group: White and Asian	1,246
Mixed/multiple ethnic group: Other Mixed	1,835
Asian/Asian British: Indian	7,436
Asian/Asian British: Pakistani	8,007
Asian/Asian British: Bangladeshi	7,701
Asian/Asian British: Chinese	1,315
Asian/Asian British: Other Asian	5,135
Black/African/Caribbean/Black British: African	28,685
Black/African/Caribbean/Black British: Caribbean	5,227
Black/African/Caribbean/Black British: Other Black	3,228
Other ethnic group: Arab	973
Other ethnic group: Any other ethnic group	1,940

Source: ONS

Four out of every five households in Barking and Dagenham, all people have English as their main language, although one in ten households has no one in the household for whom English is their main language. For the remainder, at least one person in the household speaks English as their main language, although in about one in 30 households this person is a child under the age of 16 years (Figure 11).

Figure 11 - Percentage of households where no-one has English as a first language, Barking and Dagenham wards, 2011



This detailed information about country of birth and language spoken helps understanding about the needs for service availability. At ward level, Abbey, Gascoigne, Thames, Longbridge and Eastbury have the highest proportions of people not born in the UK and the greatest likelihood of needing health and wellbeing advice in a language other than English (Tables 10 and Figure 12).

*Table 10 - BAME groups, country of birth and first language, Barking and Dagenham wards, 2011 census*

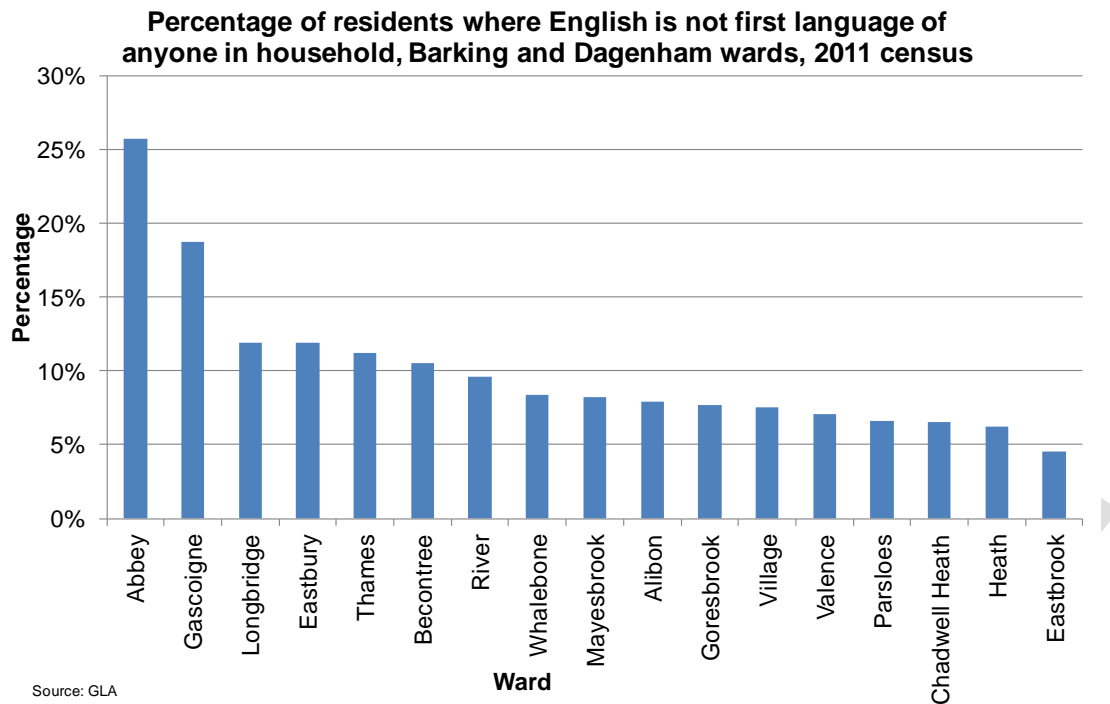
Ward	% BAME - 2011	% Not Born in UK - 2011	% English is First Language of no one in household - 2011
Abbey	71.9	57.3	25.7
Gascoigne	60.4	48.2	18.7
Longbridge	57.4	33.3	11.9
Thames	54.9	37.2	11.2
Whalebone	44.0	29.2	8.4
Eastbury	41.7	32.2	11.9
Becontree	41.2	30.1	10.5
River	38.4	30.9	9.6
Chadwell Heath	37.9	24.8	6.5
Village	34.8	26.0	7.5
Goresbrook	33.3	26.8	7.7
Heath	32.3	24.1	6.2
Valence	31.5	23.3	7.1
Mayesbrook	31.2	25.0	8.2
Parsloes	30.9	23.3	6.6
Alibon	29.9	24.7	7.9
Eastbrook	24.8	19.0	4.5

Source: GLA<sup>20</sup>

<sup>20</sup> GLA uses White or not white. It does not separate out the White: Other group. This is important to note due to White: Other originating predominantly from EU accession countries



Figure 12 - Percentage of residents where English is not first language of anyone in the household



Detailed information is also available from the 2011 census about the percentage of residents in each ward from BAME groups and those not born in the UK. Abbey, Gascoigne, Longbridge and Thames wards consistently make the top four wards with over a third of their populations in these categories (Figure 13 and 14).

Figure 13 - Percentage of residents from BAME groups

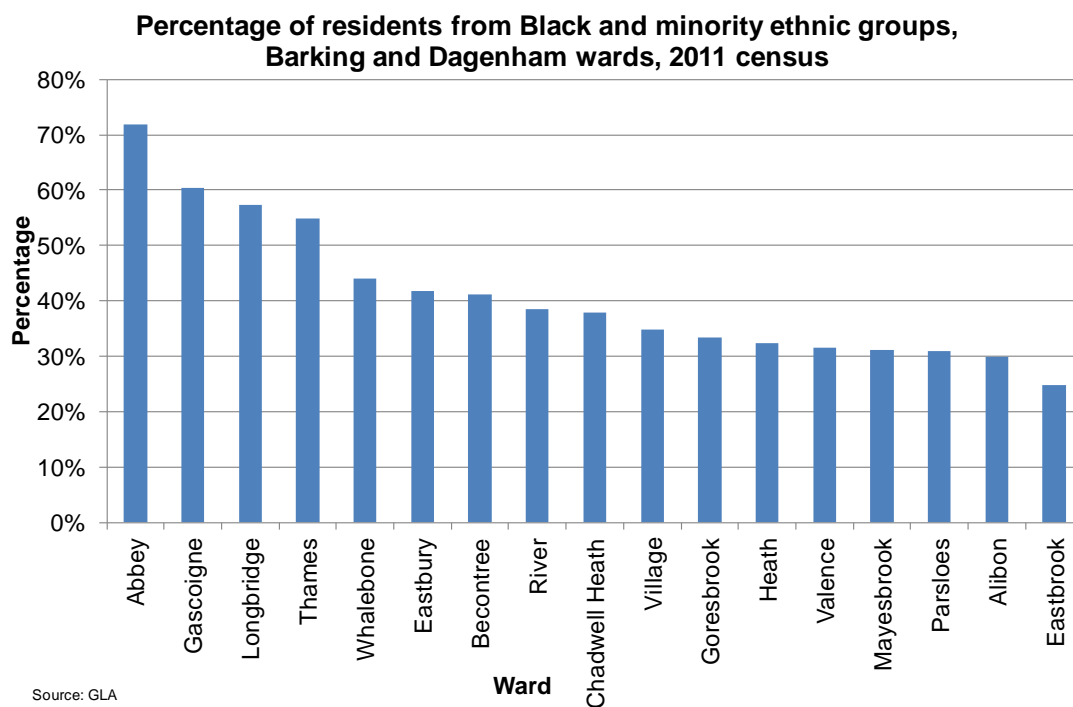
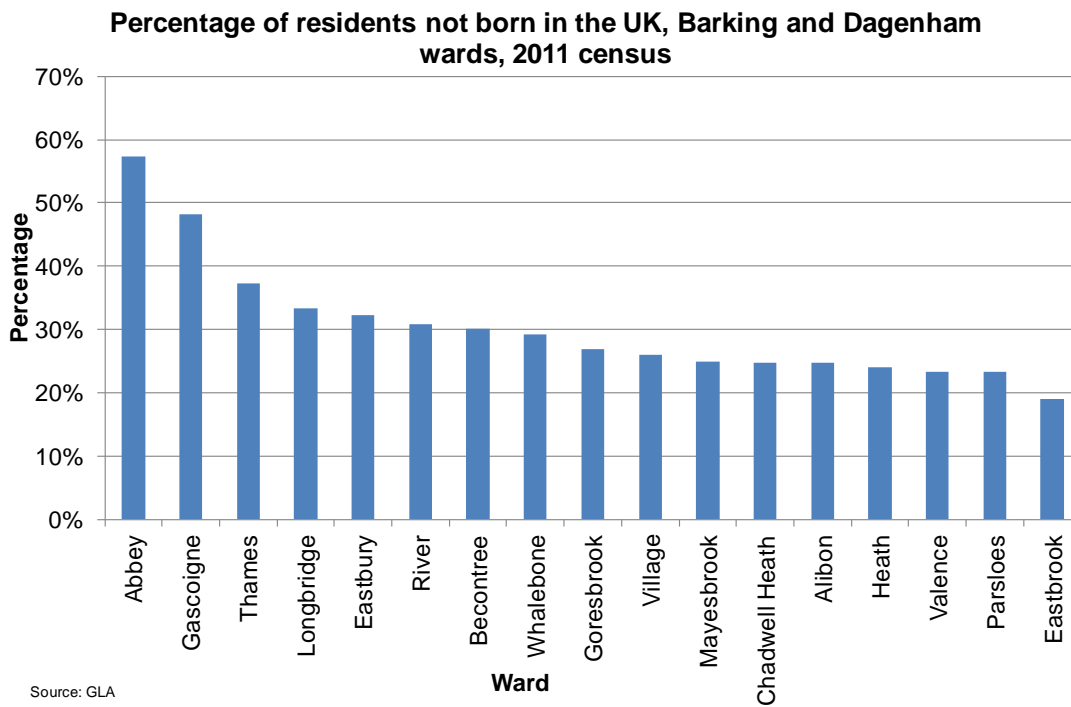
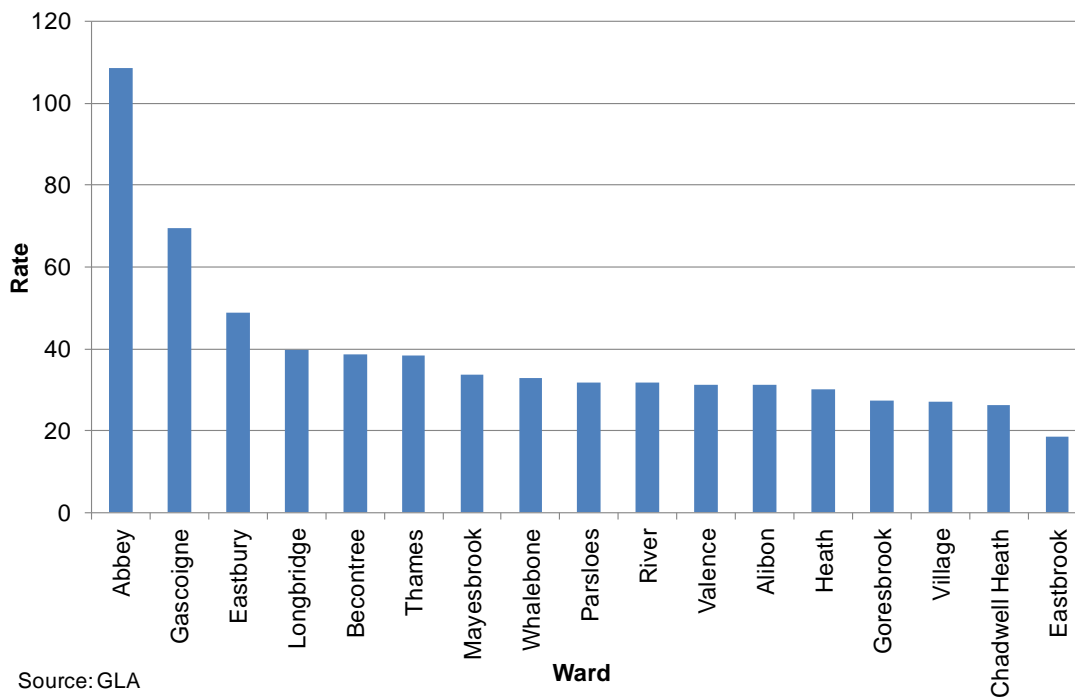


Figure 14 - Percentage of residents not born in the UK



Data on new National Insurance registrations of migrant workers shows where new migrants are most likely to live in Barking and Dagenham (Figure 15), with Abbey having the highest rate, 109 per 1,000 aged 16-64, followed by Gascoigne (70/1,000) and Eastbury (49/1000).

Figure 15 - New registrations of a national insurance number (NINO) from overseas national per 1,000 aged 16-64 years old (migrant workers)





## **2.5.8.2 Children**

Some of the relevant key findings from the JSNA Chapters on children are summarised below:

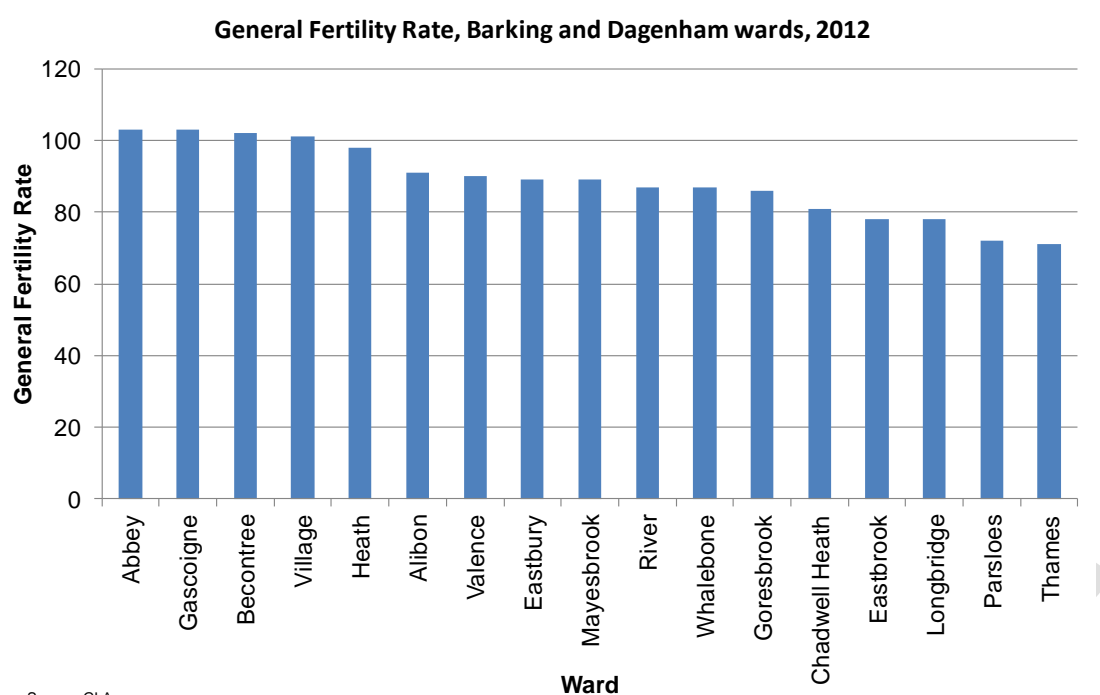
### **2.5.8.2.1 Population**

- the 2011 Census found that the population of children aged 0-4 years had grown by 49% in the previous ten years: this was the highest growth for this age group of any local authority in England and Wales
- the most recent midyear population estimates from the Office for National Statistics (ONS) state that in 2013 there were 19,612 children under five years of age in the borough, 10% of the total borough population of 194,352 and 62,565 (32%) children and young people aged 0-19 years
- ONS population projections (2012) predict the number of 0-19 year olds in the borough is to rise to 72,117 (32.5%) by 2020 which will lead to a potential strain on children's services

### **2.5.8.2.2 Births and early years**

- in 2013, there were 3,796 live births to residents in the borough, with 63% of these births being to mothers born outside of the UK and of these, 70% were to mothers born outside Europe
- the number of births to Barking and Dagenham residents increased by 45% between 2004 and 2012 (2,751 births in 2004, 3,984 in 2012). Fertility rates vary across the different wards with the highest rates in Abbey, Gascoigne, Becontree, Village and Heath and the lowest in Parsloes and Thames (Figure 16)
- there is continuing evidence of an increase in health risk behaviours, such as smoking. Around 10% of women are smokers at the time they deliver their baby and although the percentage is reducing, it remains the highest level in London, where the average is 4.6%
- there have been reductions in the proportion of births to younger mothers: the number of conceptions in women under the age of 18 years decreased from 46.3 per 1,000 women aged 15-17 years in 2011 to 35.4 in 2012. However this is significantly worse than the London and England averages (25.9 and 27.7 per 1,000 women aged 15-17 years)
- immunisation uptake has improved significantly and moved substantially closer to the local target of 90% uptake but still remains below the national target of 95% across all childhood immunisations
- breastfeeding reporting has improved but only around three-quarters of mothers initiate breastfeeding and by the time of the 6-8 week check only half of mothers are wholly or partially breastfeeding. This compares with the average for London of 85% of mothers initiating breastfeeding and 60% continuing to breastfeed at 6-8 weeks

Figure 16 - General fertility rate, Barking and Dagenham wards, 2012



Source: GLA

### 2.5.8.2.3 Child poverty

- in 2011 33.9% of children under 16 in the borough were living in poverty, compared to 26.5% in London and 20.6% in England. This can have a huge impact on a child's start to life, and to future educational achievement and employment prospects
- as a result of the increase in child population there has also been an increase in the number of households with dependent children, especially in the number of lone parent households, which increased by over 40% from 2001 to 2011. There was an increase in the proportion of lone parents in employment, although much of this is part-time employment and over 50% of lone parents are not in employment
- the 2011 Census showed that although the proportion of adults over 16 years in the borough with no qualifications had fallen from 42.3% in 2001 to 27.9% in 2011, this remains higher than the London and England averages (17.6% and 22.5% respectively). There is a strong correlation between parental education levels and early child outcomes. Positive parenting with an active home learning environment contributes significantly to a child's educational and vocational achievements

### 2.5.8.2.4 School aged population

- there has been a year on year increase in the number of school age children in Barking and Dagenham since 2008. In January 2014 there were 38,954 pupils in all primary and secondary schools, a rise of 1,774 (5.9%) on the previous year

- the number of pupils in secondary schools in Barking and Dagenham grew by 2.6% from 2013 to 2014. In January 2014 there were 13,618 pupils singly enrolled in secondary schools. In the same timescale, the numbers of pupils in our statistical neighbours on average have not changed. Nationally, the figure has increased by 0.3% while London has increased by 2.1%. (Note: data for 2011 nationally, London and statistical neighbours includes dually registered pupils)
- the number of pupils who are entitled to free school meals (FSM) can be used as a proxy for the level of deprivation, as it is linked to parental income. The percentage of school children eligible for FSM dropped to 24% in the January 2014 Census compared to 27% in the previous census. Barking and Dagenham FSM proportion still remains above the national and London averages
- in May 2014 there were 526 young people (16-18 years) not in employment, education or training (NEET) in the borough, which is 6.6% of the 16–18 year olds in the borough. In the same period, 11.2% of the 16-18 population were recorded as 'situation unknown'. As of Quarter 4 2013/14, 6.9% of the 16-18 population were NEET.

Table 11 shows the number of school age children resident in Barking and Dagenham by single year age group.

*Table 11 - Population size, school aged children, Barking and Dagenham, London and England, mid 2013 estimates*

Age (years)	Barking and Dagenham		London	England
	N	% of total population (all ages)	% of total population (all ages)	% of total population (all ages)
4	3,837	1.97%	1.38%	1.24%
5	3,872	1.99%	1.38%	1.26%
6	3,793	1.95%	1.32%	1.21%
7	3,371	1.73%	1.26%	1.19%
8	3,084	1.59%	1.20%	1.14%
9	2,784	1.43%	1.14%	1.12%
10	2,689	1.38%	1.11%	1.09%
11	2,645	1.36%	1.07%	1.07%
12	2,686	1.38%	1.08%	1.09%
13	2,518	1.30%	1.08%	1.12%
14	2,461	1.27%	1.09%	1.16%
15	2,827	1.45%	1.09%	1.17%
16	2,753	1.42%	1.11%	1.20%
TOTAL	39,320			

Source: ONS

### **2.5.8.3 Looked after children**

There were 441 children (ages 0-18) in care in Barking and Dagenham as of 27 October 2014<sup>21</sup>. Looked after children and young people share many of the same health risks and problems as their peers, but often to a greater degree. They often enter care with a worse level of health than their peers in part due to the impact of poverty, abuse and neglect.

### **2.5.8.4 Adults in residential and nursing care**

Table 12 shows the number of adults (ages 18+) that received residential or nursing care during the period 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014. It should be noted that individuals may be counted more than once if they had more than one period and / or type of care.

*Table 12 - Adults in nursing or residential care in Barking and Dagenham, 2013/14*

Reason for needing care	Number in residential care	Number in nursing care
Physical disability	319	232
Mental Health	128	48
Learning disability	73	<5
Substance misuse	<5	0
Other vulnerable people	8	5

*Source: LBBD (unpublished)*

### **2.5.8.5 Older people**

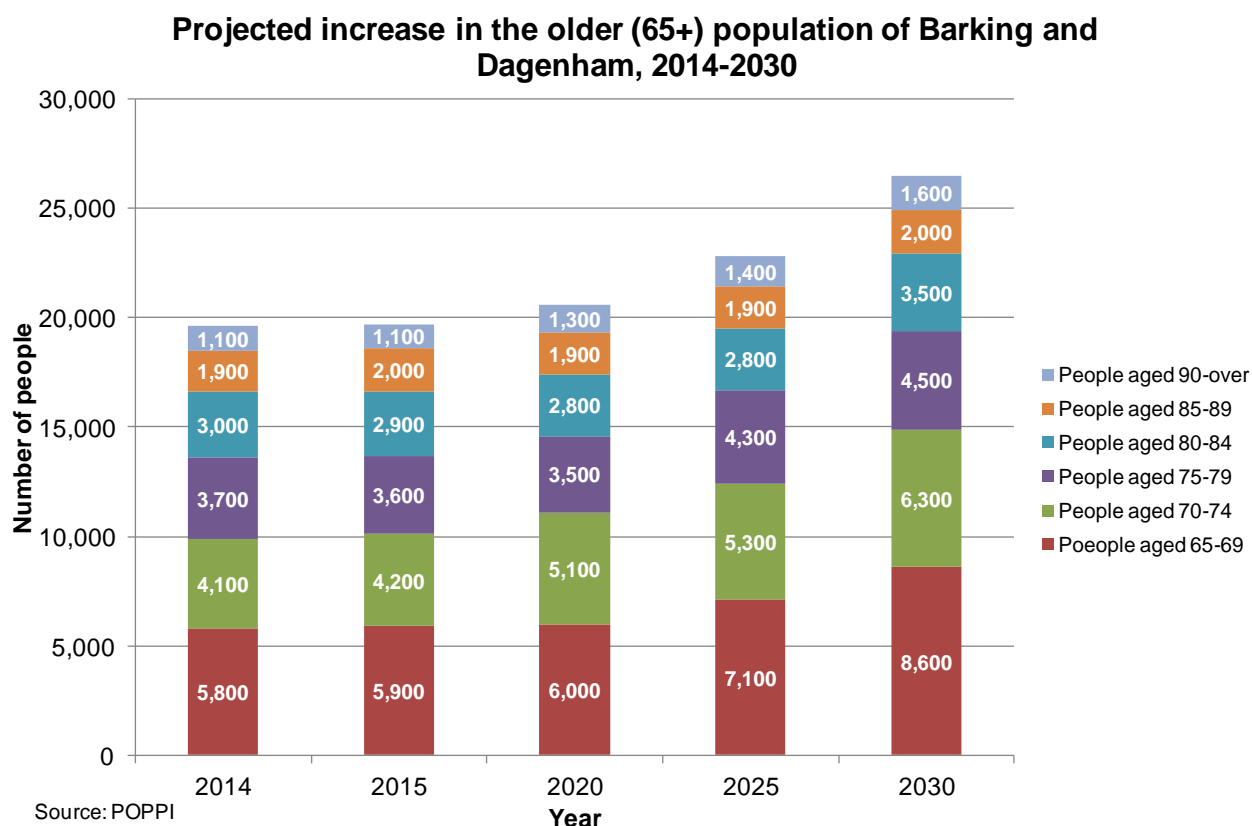
The need for publicly funded care and social support is related to age, gender, dependency, household type and household tenure. Physical or mental frailty, lack of informal care, unsuitable housing and lack of money to pay for their own support will all impact on the extent to which older people are able to manage without social support. The likelihood of people needing care rises sharply as they move into their eighties.

While the proportion of the population aged 65 and over is relatively small in Barking and Dagenham compared with England as a whole, the absolute numbers are predicted to increase as overall population size increases. Figure 17 shows the predicted increases, and also demonstrates that an increase in the number of people over the age of 80 years, the age at which care needs increase, is not anticipated until after 2025.

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<sup>21</sup> Internal council data source

Figure 17 - Projected increase in the older population (age (65+), 2014-2030, Barking and Dagenham



### 2.5.8.6 Less able populations

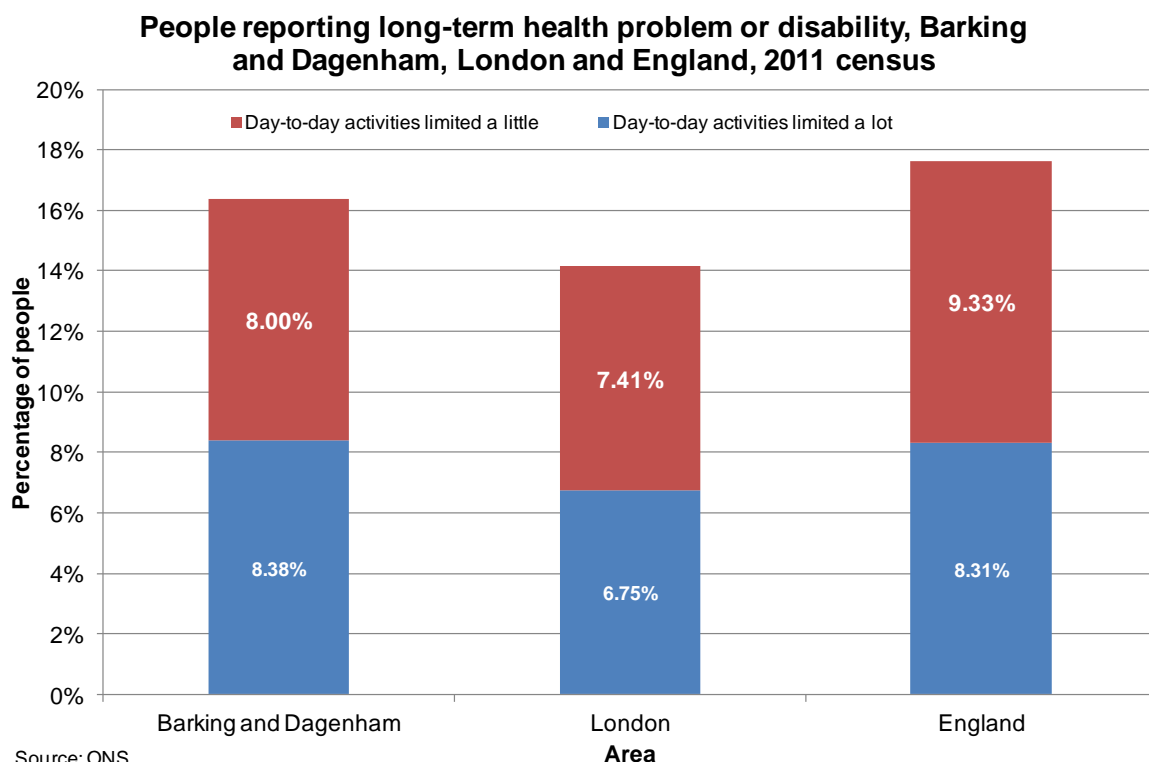
People with disabilities or long term problems may need additional support and easy access to services may make a real difference to their ability to live independently. Data on limitation of activities was collected in the 2011 census, and shows that nearly 16,000 people living in Barking and Dagenham have a lot of limitation to their day to day activities because of poor health or disabilities (Table 13 and Figure 18).

Table 13 - Long-term health problem or disability, Barking and Dagenham, London and England, 2011 census

	Day-to-day activities limited a lot		Day-to-day activities limited a little		Day-to-day activities not limited	
	N	%	N	%	N	%
Barking and Dagenham	15,584	8.38%	14,876	8.00%	155,451	83.62%
London	551,664	6.75%	605,501	7.41%	7,016,776	85.84%
England	4,405,394	8.31%	4,947,192	9.33%	43,659,870	82.36%

Source: ONS

Figure 18 - Long-term disability, Barking and Dagenham, London and England, 2011



### 2.5.8.7 Visual and hearing impairment

#### 2.5.8.7.1 Children

Data about children with visual and hearing impairments is collected by school nurses and collated into the school census. Figure 30 shows data from the Schools Census 2014 conducted in January 2014. At 5<sup>th</sup> November 2014 the special educational needs (SEN) database records show that 55 children have an SEN statement with their main category listed as hearing impairment and 28 children have an SEN statement with their main category listed as visual impairment.

Table 14 - Children with special educational needs (hearing and visual impairment) attending schools in Barking and Dagenham

	Main category of need	Secondary category of need	Total
Visual impairment	32	16	48
Hearing impairment	72	28	100

Source: Schools Census 2014

### 2.5.8.7.2 Adults

The predicted number of adults (aged 18-64 years) with serious visual impairment in 2014 is 78 (Figure 15). The estimated rate of 40 per 100,000 adults is the same as the England rate and below the London rate of 44 per 100,000.

*Figure 15 - Predicted numbers of people with visual impairment, adults, Barking and Dagenham*

Age group and category of impairment	2014	2015	2020	2025	2030
18-24 Serious visual impairment	12	12	12	14	15
25-33 Serious visual impairment	21	21	23	24	24
35-44 Serious visual impairment	19	20	22	24	25
45-54 Serious visual impairment	16	16	17	19	21
55-64 Serious visual impairment	10	10	12	14	15
65-74 Moderate or severe visual impairment	554	566	622	694	834
75+ Predicted to have a moderate or severe visual impairment	1,203	1,190	1,178	1,209	1,438
75+ Predicted to have registerable eye condition	621	614	608	666	742

Source: PANSI

Visual impairment is much more common in older adults, as can be seen from the large number of people with moderate or severe visual impairment over the age of 65 years. Such impairments include degenerative eye disorders such as cataracts and macular degeneration, as well as the impact of long term diseases such as diabetes.

The total population aged 18 and over predicted to have a profound hearing impairment in Barking and Dagenham in 2014 is 269 people (Table 16). The rate for Barking and Dagenham of 16 per 100,000 people is below the London and England rates (17 and 21 per 100,000 respectively).

*Table 16 - Predicted numbers of people with hearing impairment, adults, Barking and Dagenham*

Age group and category of impairment	2014	2015	2020	2025	2030
18-24 Predicted to have a profound hearing impairment	0	0	0	0	0
25-34 Predicted to have a profound hearing impairment	0	0	0	0	0
35-44 Predicted to have a profound hearing impairment	0	0	0	0	0
45-54 Predicted to have a profound hearing impairment	11	12	12	13	15
55-64 Predicted to have a profound hearing impairment	19	20	24	27	29
65-74 Predicted to have a profound hearing impairment	62	62	68	76	91
75-84 Predicted to have a profound hearing impairment	43	41	40	45	51
85+ Predicted to have a profound hearing impairment	134	134	137	144	152

Source: PANSI



Moderate or severe hearing loss is much more common, with the rate for Barking and Dagenham being 1,928 per 100,000 population, lower than the London (2,069) and England (2,351) rates. Hearing deteriorates with age and a much larger number of older people will have mild or moderate hearing loss that can be managed with the use of a hearing aid.

**2.5.8.8 People with learning disabilities**

Estimates of GP registered patients<sup>22</sup> known to have learning disabilities can be compared with the projections predicted number and forecast future numbers from PANSI. The estimated rate per 100,000 for people aged 18-64 years is 348, slightly above the England rate of 342 but below the London rate of 375 (Table 17).

*Table 17 - Prevalence of learning disabilities, Aged 18+, QOF 2013-14*

	Number	Prevalence (%)*
Barking and Dagenham	725	0.50%
London	25,302	0.36%
England	214,352	0.48%

\*Prevalence using age 18+ list size for denominator

Source: HSCIC

*Table 18 - Predicted numbers of people with learning disability, adults aged 18-24, Barking and Dagenham*

Age group	2014	2015	2020	2025	2030
People aged 18-24 predicted to have a learning disability	504	512	519	560	634
People aged 25-34 predicted to have a learning disability	807	822	886	906	901
People aged 35-44 predicted to have a learning disability	727	739	833	917	959
People aged 45-54 predicted to have a learning disability	568	581	626	672	756
People aged 55-64 predicted to have a learning disability	350	359	433	492	524
Total population aged 18-64 predicted to have a learning disability	2,955	3,013	3,296	3,546	3,774

Source: PANSI

**2.5.8.9 Homelessness**

Homelessness has increased sharply in recent years as the impact of the economic recession and changes in benefits entitlements have affected people.

<sup>22</sup> Health and Social Care Information Centre (2014) Quality and Outcomes Framework (QOF)- 2013-14. (Online) Available from: <http://www.hscic.gov.uk/article/2021/Website-Search?productid=16273andq=qof&sort=Relevance&size=10&page=1&area=both#top> (Accessed 10 December 2014)

As of 19<sup>th</sup> October 2014 the number of cases in temporary accommodation was 1,392<sup>23</sup>. Each case can comprise of more than one person, for example it could mean one family. The published number for 2013/14 was 1,386, giving a crude rate of 19 per 1,000 estimated total households, ranking 7<sup>th</sup> in London, where the average rate is 12.8<sup>24</sup>.

The ONS estimates that there were no people rough sleeping in Barking and Dagenham in autumn 2013<sup>25</sup>.

### **2.5.8.10 Asylum seekers and refugees**

Data about asylum seekers and refugees is collected by the Home Office. The numbers are shown in Table 19.

*Table 19 - Asylum seekers in receipt of Section 95 support, as at end of quarter 2 2014*

	Total supported under Section 95	In receipt of subsistence only	In dispersed accommodation
Barking and Dagenham	140	40	100
London	2,708	1,776	932
England	26,720	3,090	23,630

Source: Home Office

### **2.5.8.11 Daytime population**

The population present in Barking and Dagenham during the normal working day is mainly influenced by the numbers who commute out of the borough to work and those that commute from outside the borough to work within it (Table 20)<sup>26</sup>. Barking and Dagenham has good transport links which enable people to travel into and out of the borough with relative ease.

<sup>23</sup> Department for Communities and Local Government (2014) Rough Sleeping in England: Autumn 2013. (Online) Available from: <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2013>: (accessed 10 November 2014)

<sup>24</sup> Public Health England (2014) Public Health Outcomes Framework. (Online) Available from: <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000041/pat/6/ati/102/page/3/par/E12000007/are/E09000002> (Accessed 17 November 2014)

<sup>25</sup> Department for Communities and Local Government (2014) Rough sleeping in England: Autumn 2013. (online) Available from: <https://www.gov.uk/government/statistics/rough-sleeping-in-england-autumn-2013> (Accessed 10 November 2014)

<sup>26</sup> Greater London Authority (2013) Daytime population, borough (Online) Available from: <http://data.london.gov.uk/datastore/package/daytime-population-borough> (Accessed 21 October 2014)

The GLA estimates that the workday population in Barking and Dagenham (excluding tourists) is 169,853 people<sup>27</sup>. Of these, 31% are estimated to be in employment, compared to 46% across London. Nearly 36% are not in work, compared to 26% nationally, whereas the rest, are children under five and of school age.

*Table 20 - Daytime population, Barking and Dagenham, London and England, 2012*

Components	Barking and Dagenham		London	
Total Daytime Population (includes tourists)	190,382		10,783,949	
Workday Population (excludes tourists)	<b>169,853</b>	% of workday population	<b>9,405,092</b>	% of workday population
In work (employee)	46,983	27.7%	4,340,344	46.1%
In work (self-employed)	6,264	3.7%	733,235	7.8%
Not in work	61,473	36.2%	2,424,497	25.8%
Population aged 0-4	18,643	11.0%	602,918	6.4%
School children aged 5 or over	36,490	21.5%	1,304,098	13.9%
Overseas Staying visitors	1,499		265,148	
Domestic Staying Visitors	236		19,600	
Day Trip Visitors	18,795		1,094,110	

Source: GLA

### **2.5.8.12 Traveller population**

The 2011 census identified 182 people living in Barking and Dagenham who stated “White: Gypsy or Irish Traveller” as their ethnicity<sup>28</sup>.

This group makes up approximately 0.10% of the Barking and Dagenham population – the same proportion as in London and England.

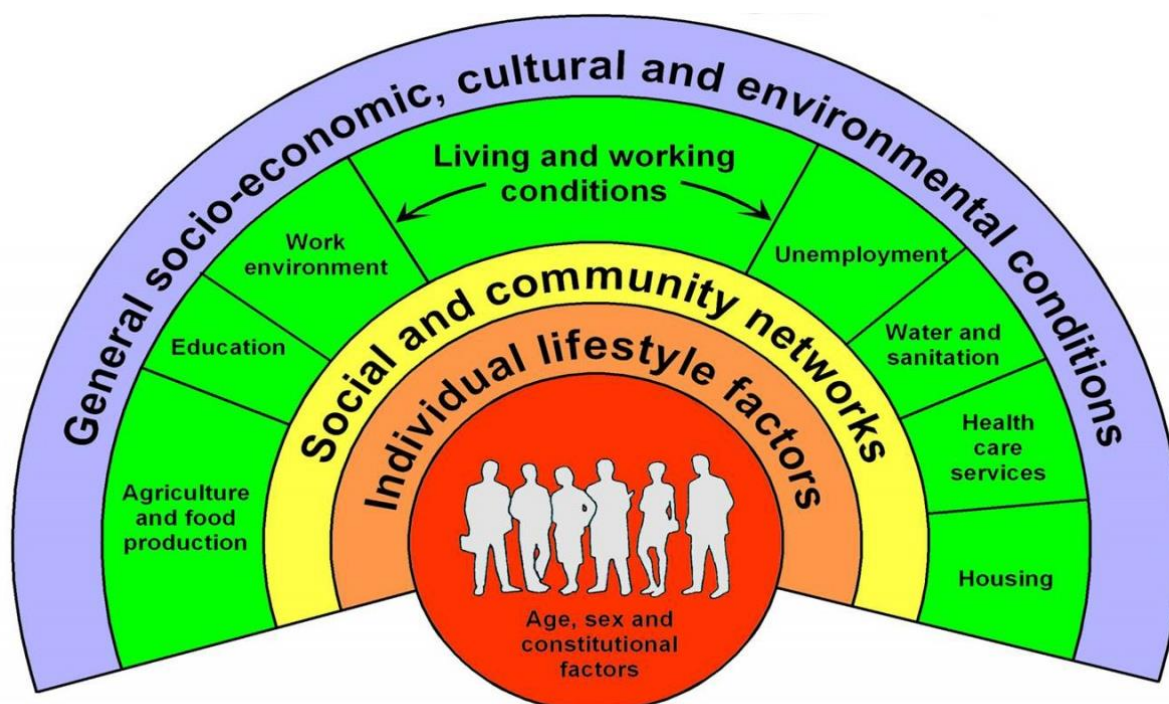
## **2.6 Health and lifestyles**

People’s health is influenced by a range of wider determinants, which are popularly illustrated in a diagram first drawn up by Dahlgren and Whitehead in 1991 (Figure 19).

<sup>27</sup> Greater London Authority (2013) Daytime population, borough. (Online) Available from: <http://data.london.gov.uk/datastore/package/daytime-population-borough> (Accessed 21 October 2014)

<sup>28</sup> Office For National Statistics (2012) 2011 Census Key Statistics for Local Authorities in England and Wales. (Online) Available from: <http://www.ons.gov.uk/ons/rel/census/2011-census/key-statistics-for-local-authorities-in-england-and-wales/index.html> (Accessed 1 November 2014)

Figure 19 - The wider determinants of health



Source: Dahlgren and Whitehead, 1991

There are four main lifestyle factors that impact on health: smoking, diet, physical activity and drinking alcohol.

### 2.6.1 Smoking

The prevalence of smoking in people aged 18 and over is significantly higher in Barking and Dagenham than in London and England<sup>29</sup> as shown in Table 21.

The impact of this is that Barking and Dagenham has worse rates than London and England for many of the indicators of ill health and mortality associated with smoking (Table 22).

Table 21 - Prevalence of smoking, persons aged 18+, 2013

	Smoking prevalence (18+)	95% lower CI	95% upper CI
Barking and Dagenham	1.23%	0.96%	1.49%
London	1.23%	1.19%	1.27%
England	0.94%	0.93%	0.96%

Source: PHOF

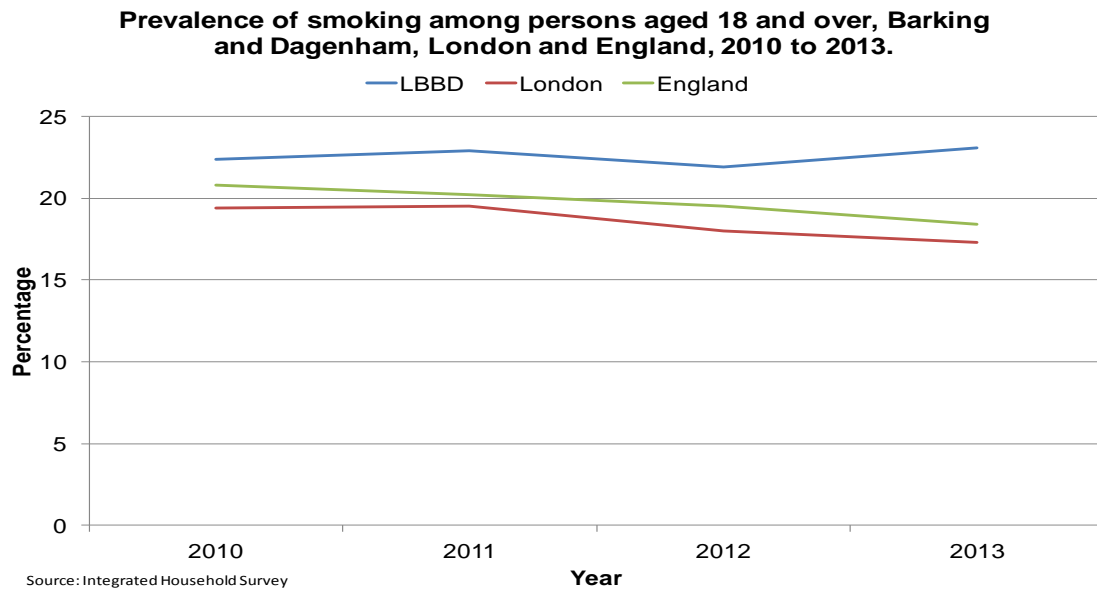
<sup>29</sup> PUBLIC HEALTH ENGLAND (2014) Public Health Outcomes Framework. (Online) Available from: <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E1200007/are/E0900002> (Accessed 6 November 2014)

Table 22 - Comparison of smoking indicators, Barking and Dagenham against London and England

Indicator	LBBB compared to:	
	London	England
Smoking attributable mortality	LBBB has a worse rate	LBBB has a worse rate
Smoking attributable deaths from heart disease	LBBB has a similar rate	LBBB has a similar rate
Smoking attributable deaths from stroke	LBBB has a similar rate	LBBB has a similar rate
Deaths from lung cancer	LBBB has a worse rate	LBBB has a worse rate
Deaths from chronic obstructive pulmonary disease	LBBB has a worse rate	LBBB has a worse rate
Lung cancer registrations	LBBB has a worse rate	LBBB has a worse rate
Oral cancer registrations	LBBB has a similar rate	LBBB has a similar rate
Smoking attributable hospital admissions	LBBB has a similar rate	LBBB has a worse rate
Smoking prevalence - routine and manual	LBBB has a similar rate	LBBB has a similar rate
Smoking status at time of delivery	LBBB has a worse rate	LBBB has a better rate

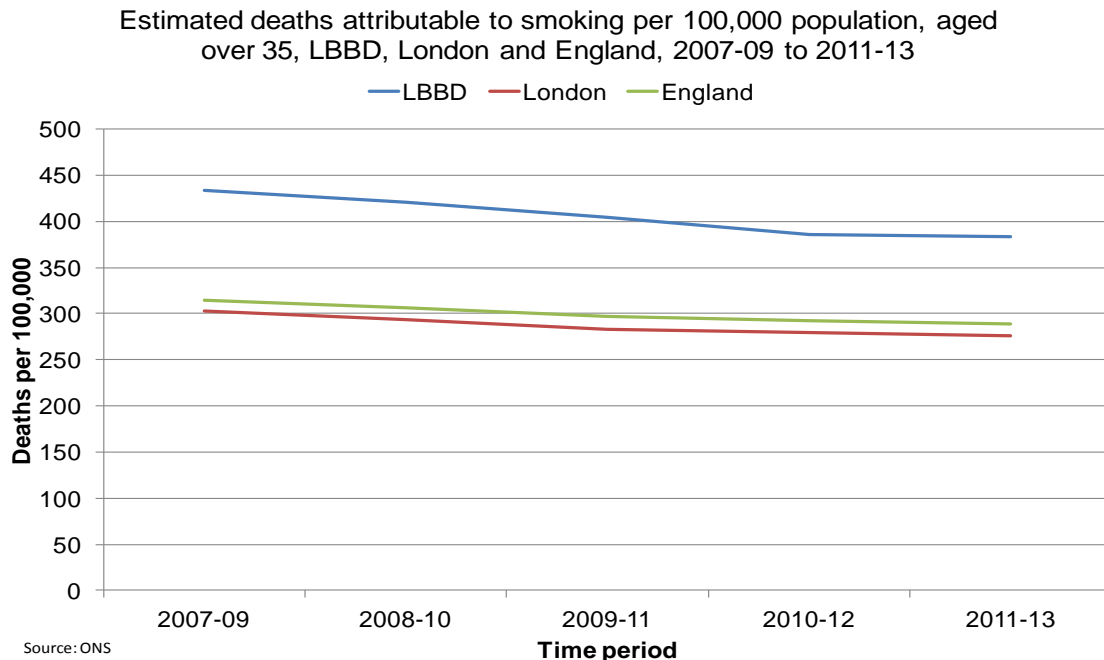
The prevalence of smoking is not reducing in Barking and Dagenham as it is in London and England and much more effort is needed to increase access to smoking cessation support and to encourage people to want to give up smoking.

Figure 20 - Smoking prevalence time trend, Barking and Dagenham, London and England, 2010-2013



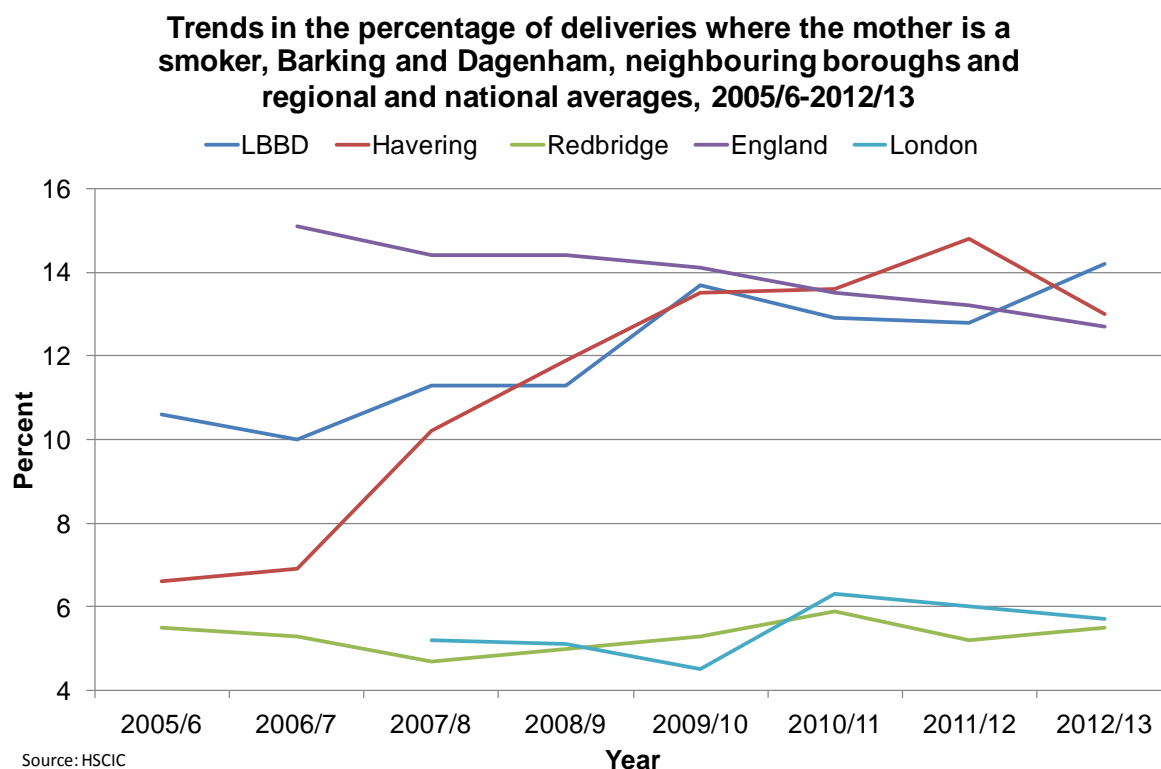
However smoking attributable deaths are reducing slightly, this may be due to earlier diagnosis and more effective management of diseases caused by smoking (Figure 21)

Figure 21 – Estimated deaths attributable to smoking per 100,000 population, aged over 35, LBBB, London and England 2008-2009 to 2011-2013



Smoking during pregnancy and with children is harmful to the health of the unborn baby and increases the risk of sudden unexplained death in infancy (SUDI). In Barking and Dagenham, 10% of mothers are smokers when they have their baby, compared with 5% for London as a whole (Figure 22)

Figure 22 – Trends in %age of deliveries where the mother is a smoker, Barking and Dagenham, neighbouring boroughs and regional / national averages 2005/6 to 2012/13



## 2.6.2 Diet and obesity

There were 18,757 people on the 2013/14 QOF register for obesity in Barking and Dagenham<sup>30</sup>. This gives a disease prevalence of 12.36% in Barking and Dagenham (list size age 16+ denominator).

Children are weighed by the National Child Measurement Programme (NCMP) in reception class and year 6. There is a dramatic difference in child obesity between the two age groups, with children in reception (aged 4-5 years) being around half as likely to be overweight or obese as children in year 6 (aged 10-11 years).

Table 23 shows that Thames, River and Abbey have the highest percentage of overweight and obese children in the younger age group and Village and River in the higher age group. Adding both percentages together shows River and Village have the highest percentages for both ages combined.

<sup>30</sup> Health and Social Care Information Centre (2014) Quality and Outcomes Framework (QOF) -2013-14. (online) Available from: <http://www.hscic.gov.uk/searchcatalogue?productid=16273&q=qof&sort=Relevance&size=10&page=1#top> (Accessed 10 November 2014)

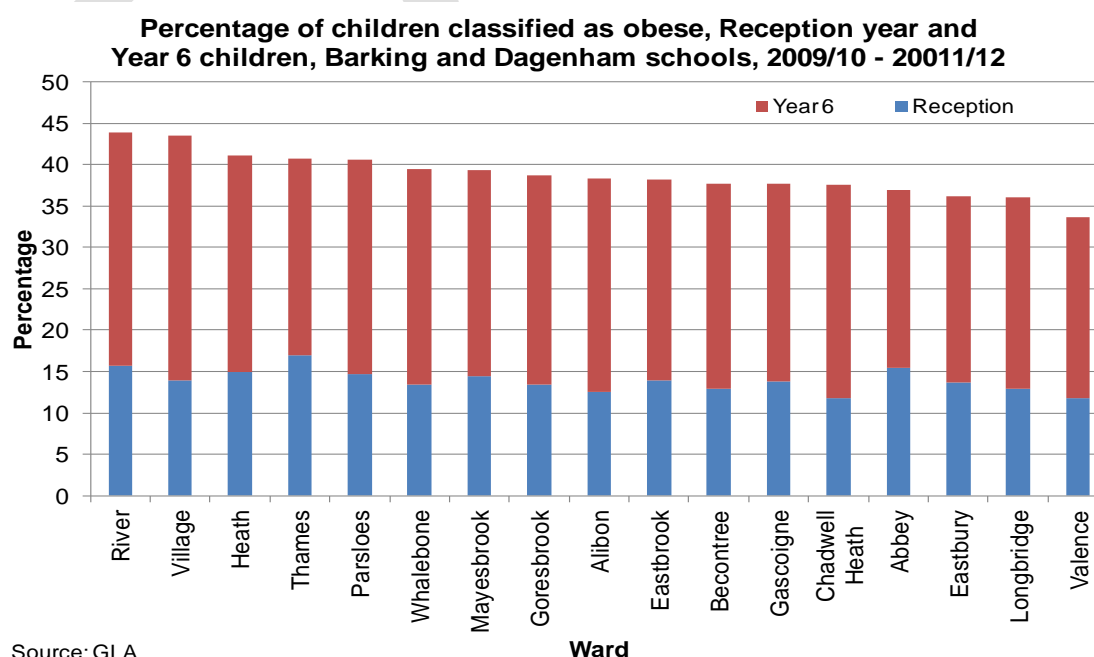


Table 23 - Percentage of children classified as obese, reception and year 6 children, Barking and Dagenham wards, 2009/10-2011/12

Ward	% children in reception year who are obese - 2009/10-2011/12	% children in year 6 who are obese - 2009/10-2011/12
River	15.64	28.26
Village	13.97	29.54
Heath	14.94	26.21
Thames	16.96	23.74
Parsloes	14.62	26.00
Whalebone	13.38	26.15
Mayesbrook	14.47	24.94
Goresbrook	13.46	25.24
Alibon	12.50	25.85
Eastbrook	13.94	24.32
Becontree	12.86	24.87
Gascoigne	13.84	23.89
Chadwell Heath	11.75	25.82
Abbey	15.42	21.47
Eastbury	13.62	22.61
Longbridge	12.95	23.10
Valence	11.75	21.88

Source: GLA

Figure 23 - Percentage of children classified as obese, reception and rear 6 children, Barking and Dagenham wards, 2009/10-2011/12



Source: GLA

### 2.6.3 Breastfeeding

Breastfeeding is recommended for the first six months of life and helps to protect the baby from infections and, in the longer term from weight, problems. The majority of mothers do breastfeed their baby immediately after birth but by 6-8 weeks less than half of mothers are fully or partially breastfeeding (Table 24)

Table 24 - Breastfeeding at 6-8 weeks, 2013/14, Barking and Dagenham, London and England

Area	Number of maternities	Number breastfeeding at 6 to 8 weeks	Prevalence of breastfeeding at 6 to 8 weeks*
Barking and Dagenham	4,350	2,022	46.5%
London	113284	68685	60.6%
England	628,445	287,999	45.8%

Source: NHS England

\*It is important to note that Barking and Dagenham CCGs data did not meet validation criteria. London and England also include data from areas that did not meet validation criteria so numbers should be interpreted with extreme caution.

### 2.6.4 Physical activity

Adults in Barking and Dagenham need to increase their levels of physical activity. Only 44.5% of adults achieve the 150 minutes of physical activity a week that is the recommendation of the Chief Medical Officers, and 38.8% are classified as inactive<sup>31</sup>. These levels are below the London (55.5% and 28.4%) and England averages (55.6% and 28.9%)

### 2.6.5 Alcohol and drug misuse

Although excessive drinking of alcohol and alcohol related hospital admissions are comparable with London levels, they are of concern and taking action to reduce alcohol consumption is a local priority.

<sup>31</sup> Public Health England (2014) Public Health Outcomes Framework. (Online) Available from: <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/par/E12000007/are/E09000002> (Accessed 19 November 2014)

Table 25 - Alcohol drinking prevalence in Barking and Dagenham, mid 2009 (synthetic estimates<sup>32</sup>)

Type of drinking	Percentage	Lower 95% CI	Upper 95% CI
Lower risk	76.5%	53.5%	90.7%
Increasing risk	16.8%	8.9%	35.0%
Higher risk	6.6%	2.2%	23.9%
Binge drinking	14.2%	12.4%	16.2%

Source: LAPE

### 2.6.5.1 Alcohol and related disease

Table 26 shows the number and rate of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised) for 2012/13. The rate for Barking and Dagenham is significantly lower than the rate for England but not significantly different to the rate for London<sup>33</sup>.

Table 26 - Alcohol-related hospital admissions, 2012/13

	N	DSR*	95% lower CI	95% upper CI
Barking and Dagenham	843	552	513	593
London	38,568	554	548	560
England	325,866	637	635	639

Source: PHOF

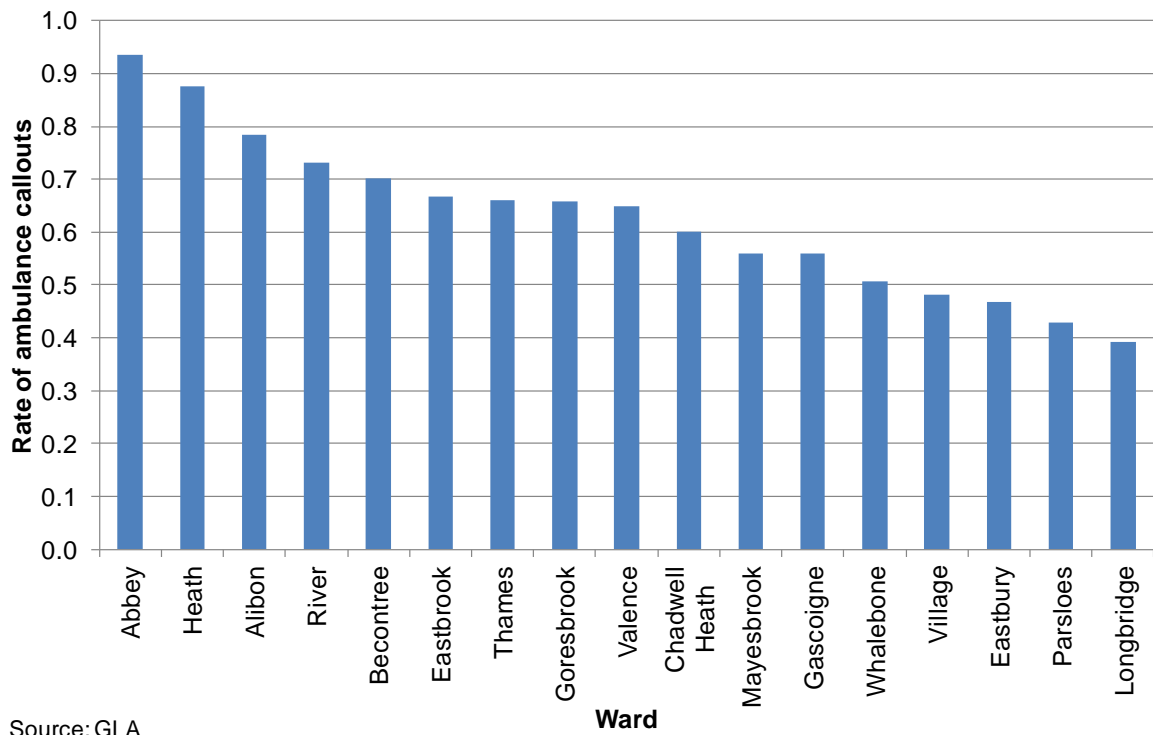
\*Directly standardised rate per 100,000 population

Data on ambulance call outs for alcohol related illness gives some indication of where in the borough excess alcohol consumption is of greatest concern (Figures 24)

<sup>32</sup> Public Health England (2014) Local Alcohol Profiles for England. (Online) Available from: <http://www.lape.org.uk/data.html> (Accessed 6 November 2014)

<sup>33</sup> Public Health England (2014) Public Health Outcomes Framework. (Online) Available from <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/3/par/E12000007/are/E09000002> (Accessed 6 November 2014)

Figure 24 - Ambulance call-outs by ward for alcohol related incidents, 2013

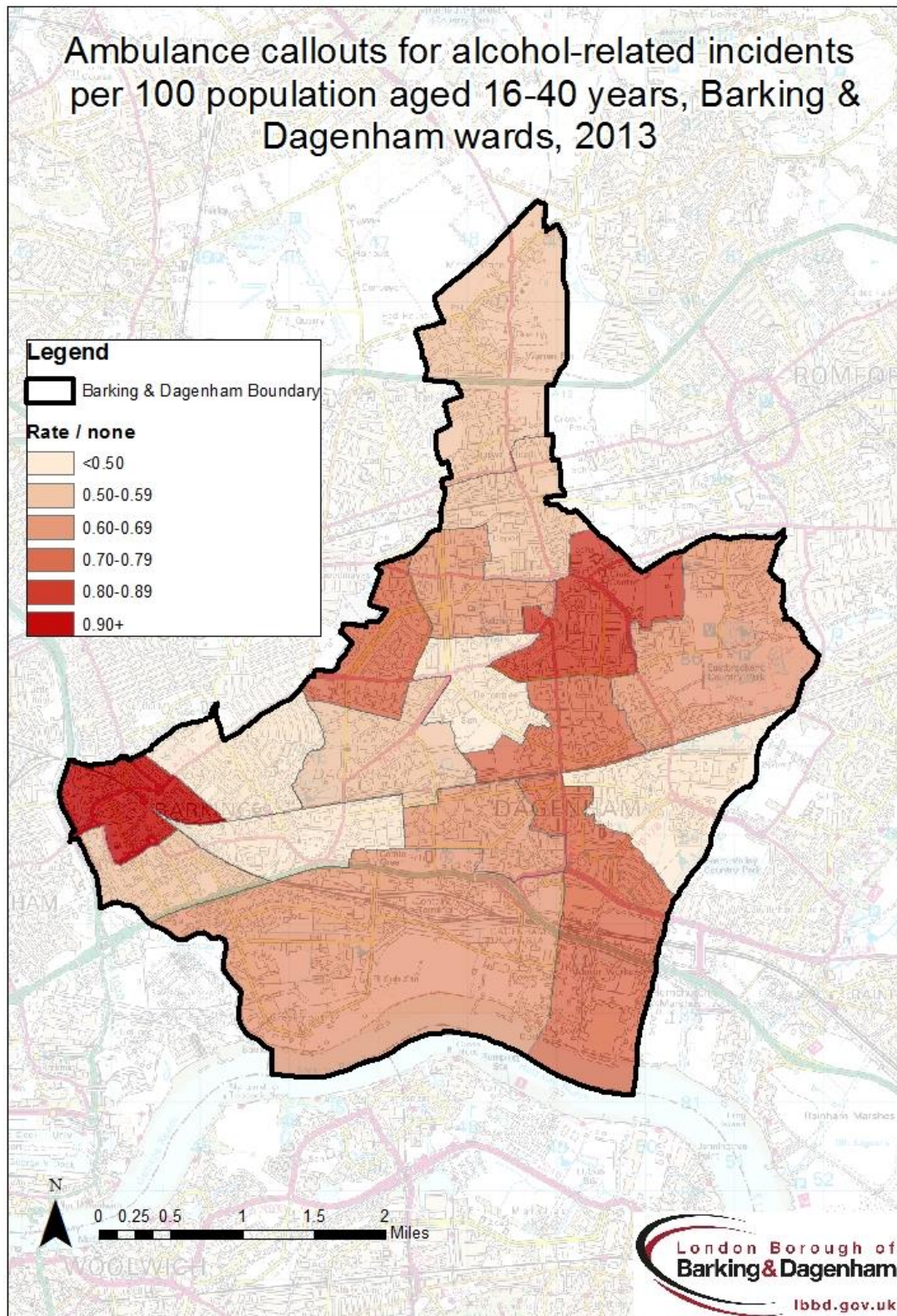


Source: GLA

DRUG



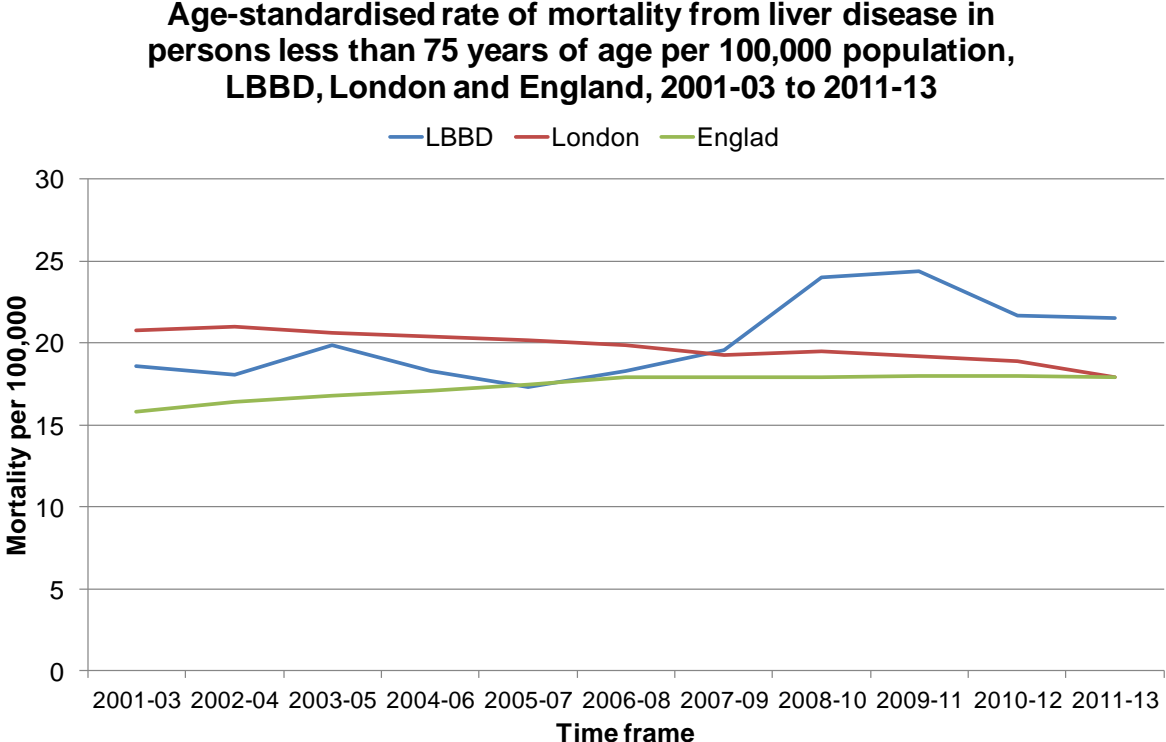
Figure 25 - Ambulance call outs for alcohol related incidents, Barking and Dagenham wards, 2013



Source: GLA

Deaths from liver disease, the majority of which will be related to excess alcohol consumption, are increasing in Barking and Dagenham while in London as a whole they have decreased (Figure 26).

Figure 26 – Age-standardised rate of mortality from liver disease in persons less than 75 years of age per 100,000 population LBB, London and England 2001-2003 to 2011-2013



**2.6.5.2 Drug misuse**

In 2012/13 there were 436 opiate users in treatment out of an estimated 696 (Glasgow prevalence estimates), meaning that 63% of the estimated opiate users in Barking and Dagenham received treatment during that period<sup>34</sup>.

**2.6.6 Sexual health and teenage pregnancy**

**2.6.6.1 Chlamydia**

The National Chlamydia Screening Programme operates in Barking and Dagenham with intention of diagnosing and treating chlamydia infection and preventing future illness and infertility which can result from not treating this infection. In women this is often symptomless. 30% of people under the age of 25 years were screened in 2013 and positivity rates were similar to the national average (Table 27).

<sup>34</sup> Barking and Dagenham Substance Misuse Strategy Team Substance 2014/15 Needs Assessment Executive Summary Report

Table 27 - Chlamydia detection rate, 2013

	N	Crude rate*	95% lower CI	95% upper CI
Barking and Dagenham	539	2,087	1,915	2,271
London	23,421	2,179	2,151	2,207
England	139,237	2,016	2,005	2,026

\*Crude rate per 1,000 population aged 15-24

Source: PHOF

It is important to note that increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity<sup>35</sup>.

### 2.6.6.2 Teenage pregnancy

Although teenage pregnancy has reduced in Barking and Dagenham, it remains high compared with the rate in London and England (Table 28).

Table 28 - Conceptions in females aged under 18, 2012

	N	Conception rate*	95% lower CI	95% upper CI
Barking and Dagenham	133	35.4	29.6	41.9
London	3,504	25.9	25.0	26.7
England	26,157	27.7	27.4	28.1

Source: PHOF<sup>36</sup>.

### 2.6.7 Oral Health

Children in Barking and Dagenham have poor dental health. The recently published survey of three year olds<sup>37</sup> showed that 18% of three year old children in Barking and Dagenham have decayed, missing or filled teeth (DMF) compared with 13.6% for London and 12% for England. The average number of teeth affected in the population as a whole was 0.45 in Barking and Dagenham, 0.42 in London and 0.36 in England.

<sup>35</sup> Public Health England (2014) Public Health Outcomes Framework. (Online) Available from <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000043/pat/6/ati/102/page/6/par/E12000007/are/E09000002> (Accessed 6 November 2014)

<sup>36</sup> Public Health England (2014) Public Health Outcomes Framework. (Online) Available from <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000002> (Accessed 6 November 2014)

<sup>37</sup> Public Health England (2014) Dental public health epidemiology programme: Oral health survey of three-year-old children 2013: A report on the prevalence and severity of dental decay. (Online) Available from: <http://www.nwph.net/dentalhealth/reports/DPHEP%20for%20England%20OH%20Survey%203yr%202013%20Report.pdf> (Accessed 18 November 2014)



Of those with tooth decay, the average number of teeth affected was 2.49 in Barking and Dagenham, 3.11 in London and 3.08 in England, so although there is a higher percentage of children affected in Barking and Dagenham they have less teeth affected.

The estimated percentage of children with early childhood caries is 6.2% in Barking and Dagenham, 5.3% in London and 3.9% in England. DMF levels are known to correlate with deprivation so the higher levels locally are unsurprising.

Data from 2011/12 on tooth decay in five year old children showed a borderline significantly higher average of DMF teeth in children aged five in Barking and Dagenham than in England overall<sup>38</sup>. The average for London was the same as the average for Barking and Dagenham (Table 29).

Table 29 - Tooth decay in children aged 5, 2011/12

	Mean DMFT* per child	95% lower CI	95% upper CI
Barking and Dagenham	1.23	0.96	1.49
London	1.23	1.19	1.27
England	0.94	0.93	0.96

\*DMFT = Decayed, missing or filled teeth

Source: PHOF

**2.7 Mortality and ill health**

This section describes mortality and the leading causes of ill health in Barking and Dagenham.

**2.7.1 Premature mortality**

Although life expectancy, even in Barking and Dagenham, is around 80 years, premature mortality is conventionally defined as death before the age of 75 years.

Figure 27 details the premature (all-cause) mortality rate for Barking and Dagenham as a whole and for each of the localities. The rate for Barking and Dagenham is 439 people per 100,000 population. Table 30 shows the most recently available England rate, for 2010-2012, is 350 per 100,000 population and for London the rate is 341 per 100,000 population, demonstrating how high the rate for Barking and Dagenham is by comparison.

<sup>38</sup> Public Health England (2014) Public Health Outcomes Framework. (Online) Available from <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/3/par/E12000007/are/E09000002> (Accessed 6 November 2014)

Barking and Dagenham ranks 128<sup>th</sup> out of 150 local authorities for premature deaths, with ranking for the main causes at 142<sup>nd</sup> for lung disease, 137<sup>th</sup> for cancer, 118<sup>th</sup> for heart disease and stroke and 95<sup>th</sup> for liver disease<sup>39</sup>.

Figure 27 – Directly standardised all-cause premature mortality rate (<75 years), Barking and Dagenham 2009-2013

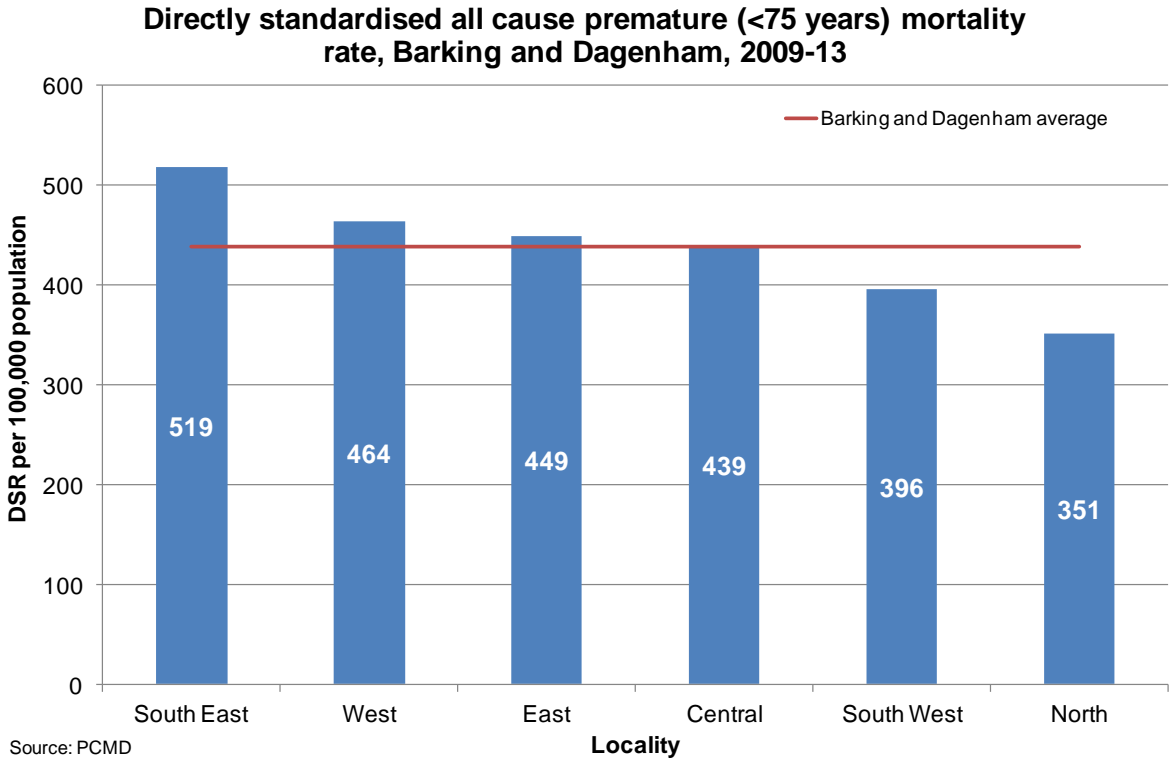


Table 30 - Directly standardised premature (<75 years) mortality rate, Barking and Dagenham, London and England, 2010-12 pooled

Area	Directly standardised mortality rate in men	Lower confidence limit	Upper confidence limit	Directly standardised mortality rate in women	Lower confidence limit	Upper confidence limit	Directly standardised mortality rate in persons	Lower confidence limit	Upper confidence limit
Barking and Dagenham	530.91	492.50	571.38	349.52	320.27	380.64	435.41	411.52	460.28
London	427.45	422.55	432.38	261.42	257.77	265.10	340.83	337.81	343.86
England	427.30	425.67	428.94	276.56	275.28	277.83	349.84	348.81	350.87

Source: HSCIC

**2.7.2 All age all-cause mortality**

All age all-cause mortality is a measure of the rate at which people die. The rate is higher in Barking and Dagenham than in London and England as a whole (Figure 28) and although the rate is decreasing, as is the rate for London and England, the gap between the local rate and the rates for London and England are not narrowing (Table 31).

<sup>39</sup> Public Health England (2014) Healthier Lives, Mortality Rankings. (Online) Available from: <http://healthierlives.phe.org.uk/topic/mortality/area-details#are/E09000002/par/E92000001/ati/102/pat/> (Accessed 17 November 2014)

Figure 28 - All age all-cause mortality trend, Barking and Dagenham, London and England, 1993-2015



Source: PHE Health Needs assessment Toolkit

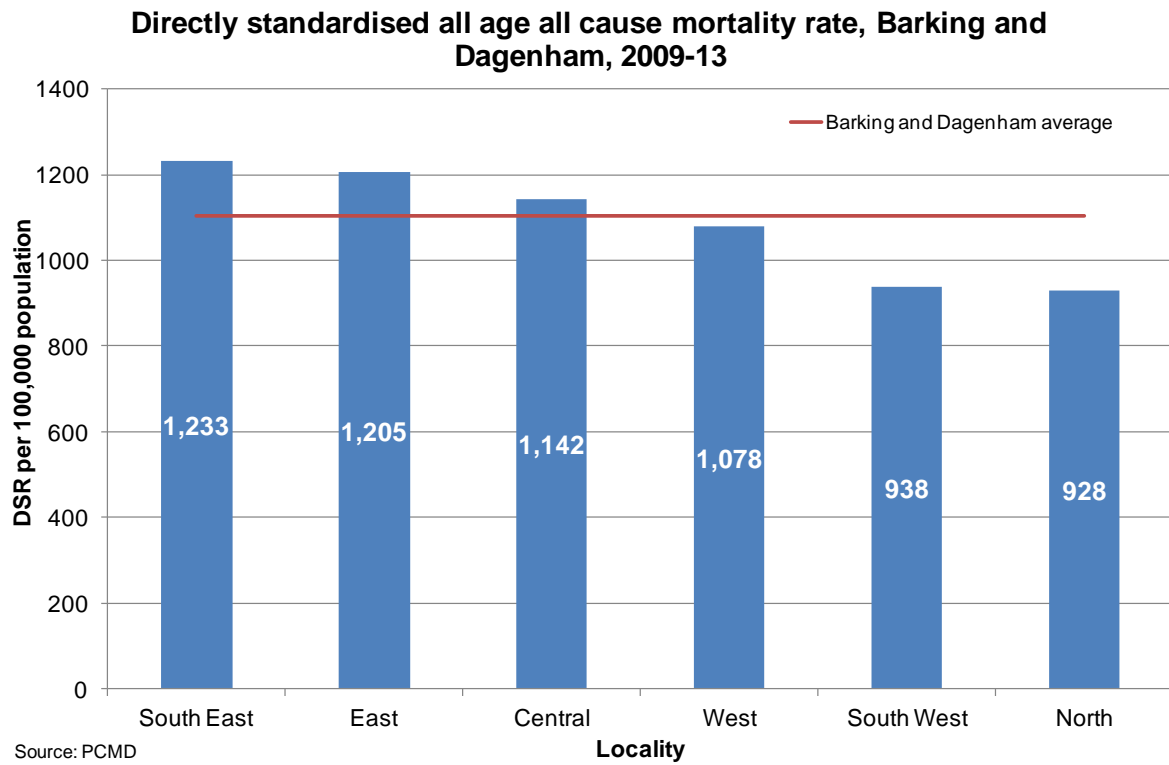
Table 31- Directly standardised all age all-cause mortality rate, 2010-2-12 pooled

Area	Directly standardised mortality rate in men	Lower confidence limit	Upper confidence limit	Directly standardised mortality rate in women	Lower confidence limit	Upper confidence limit	Directly standardised mortality rate in persons	Lower confidence limit	Upper confidence limit
Barking and Dagenham	1308.85	1245.18	1374.79	937.81	895.55	981.51	1092.16	1056.52	1128.67
London	1111.82	1103.23	1120.47	795.01	789.13	800.92	932.58	927.66	937.51
England	1165.69	1162.79	1168.60	853.41	851.41	855.41	988.25	986.60	989.91

Source: HSCIC

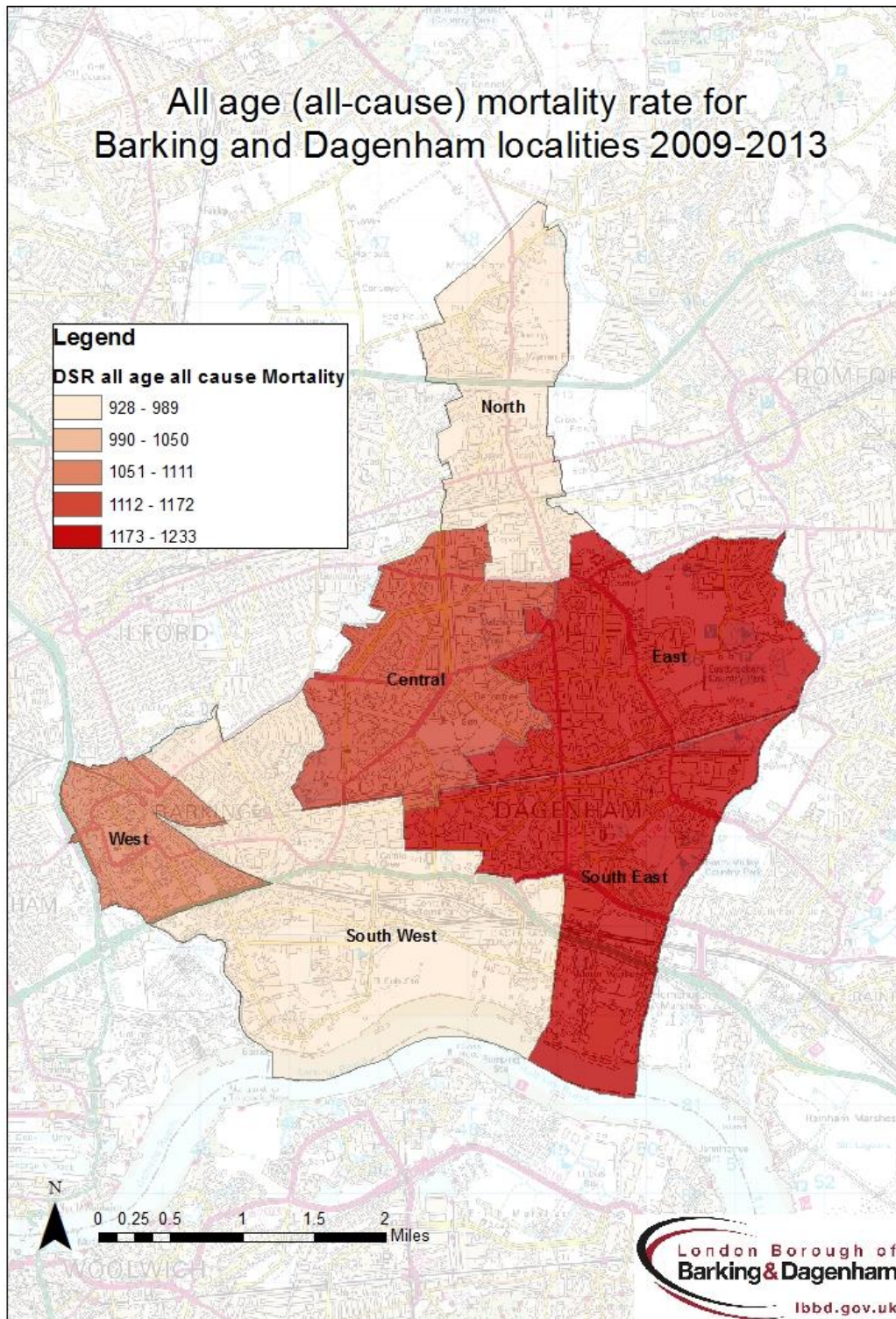
Although all age all-cause mortality is reducing, there are big differences between localities (Figures 29 and 30). The highest and above borough death rates are in South East (1122/100,000). The lower and below borough death rates are in the North (928/100,000) and South West localities.

Figure 29 – Directly standardised all age all-cause mortality rate, Barking and Dagenham 2009-2013



DRG

Figure 30 - All age all-cause mortality, Barking and Dagenham localities, 2009-2013



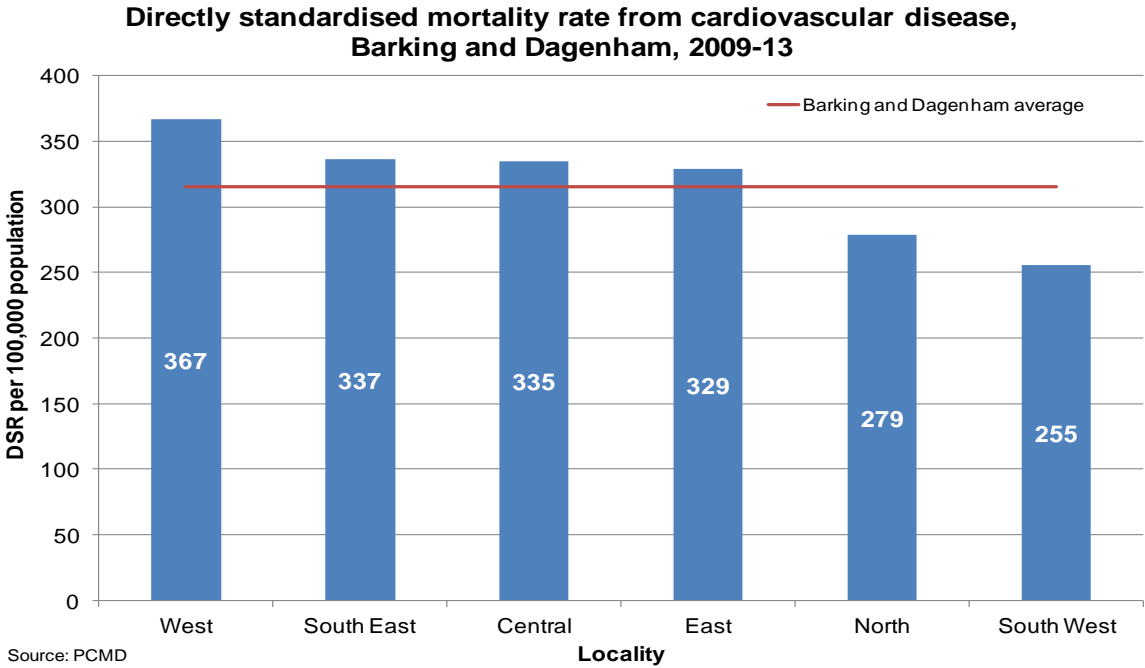
Source: Public Health England



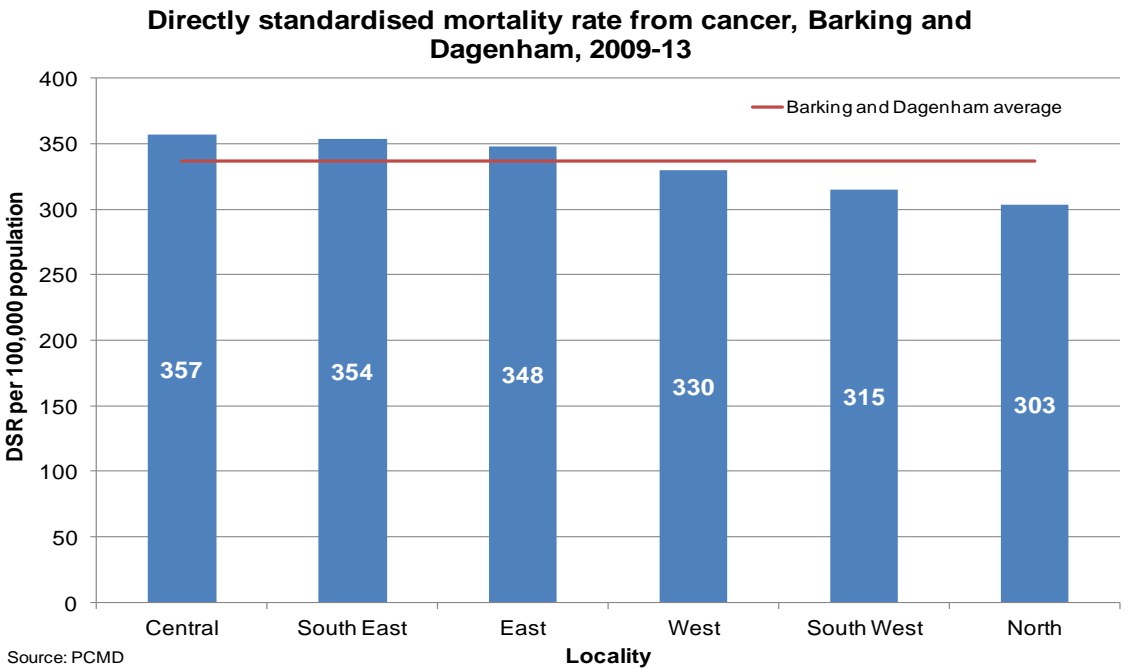
**2.7.3 Deaths from cardiovascular disease and cancers**

Cardiovascular disease (CVD) and cancers are the leading causes of death in Barking and Dagenham. Although there are small differences in the ranking between localities, North and South West localities are below the Barking and Dagenham average for deaths from both conditions (Figures 31 and 32).

*Figure 31 – Directly standardised mortality rate from CVD, Barking and Dagenham 2009-2013*



*Figure 32 – Directly standardised mortality rate from cancer, Barking and Dagenham 2009-2013*



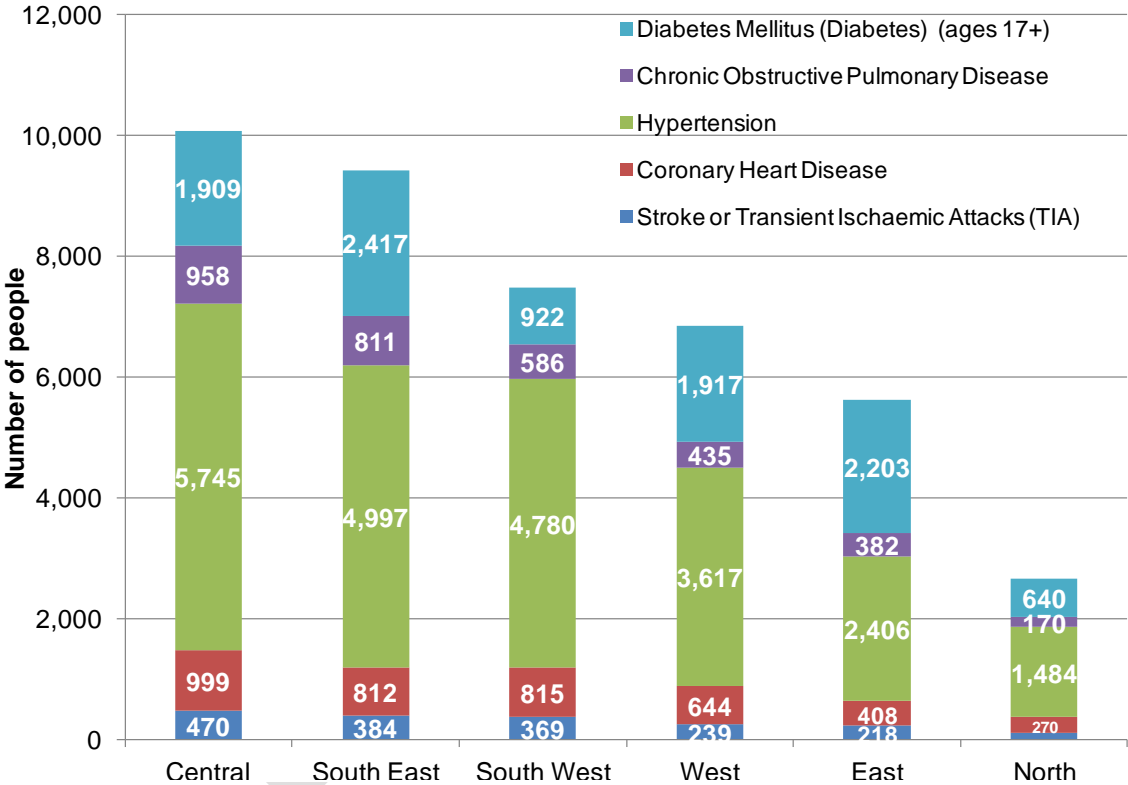
### 2.7.4 Prevalence of long term conditions

The numbers of people with the common long term diseases in each locality is shown in Table 32.

Table 32 - Prevalence of diseases by locality

Condition	West		North		Central		East		South West		South East	
	N	%	N	%	N	%	N	%	N	%	N	%
Stroke or Transient Ischaemic Attacks (TIA)	239	13.4%	101	5.7%	470	26.4%	218	12.2%	369	20.7%	384	21.6%
Coronary Heart Disease	644	16.3%	270	6.8%	999	25.3%	408	10.3%	815	20.6%	812	20.6%
Hypertension	3,617	15.7%	1,484	6.4%	5,745	24.9%	2,406	10.4%	4,780	20.8%	4,997	21.7%
Chronic Obstructive Pulmonary Disease	435	13.0%	170	5.1%	958	28.7%	382	11.4%	586	17.5%	811	24.3%
Diabetes Mellitus (Diabetes) (ages 17+)	1,917	19.2%	640	6.4%	1,909	19.1%	2,203	22.0%	922	9.2%	2,417	24.2%

Figure 33 - Prevalence of disease by locality



Source: Health Analytics

#### 2.7.4.1 Diabetes

The prevalence of diabetes is increasing with increasing obesity in the population. Type 1 diabetes, which normally develops in childhood, is much less common than Type 2 diabetes.



Table 33 - Number of people recorded as having diabetes, Barking and Dagenham, 2014

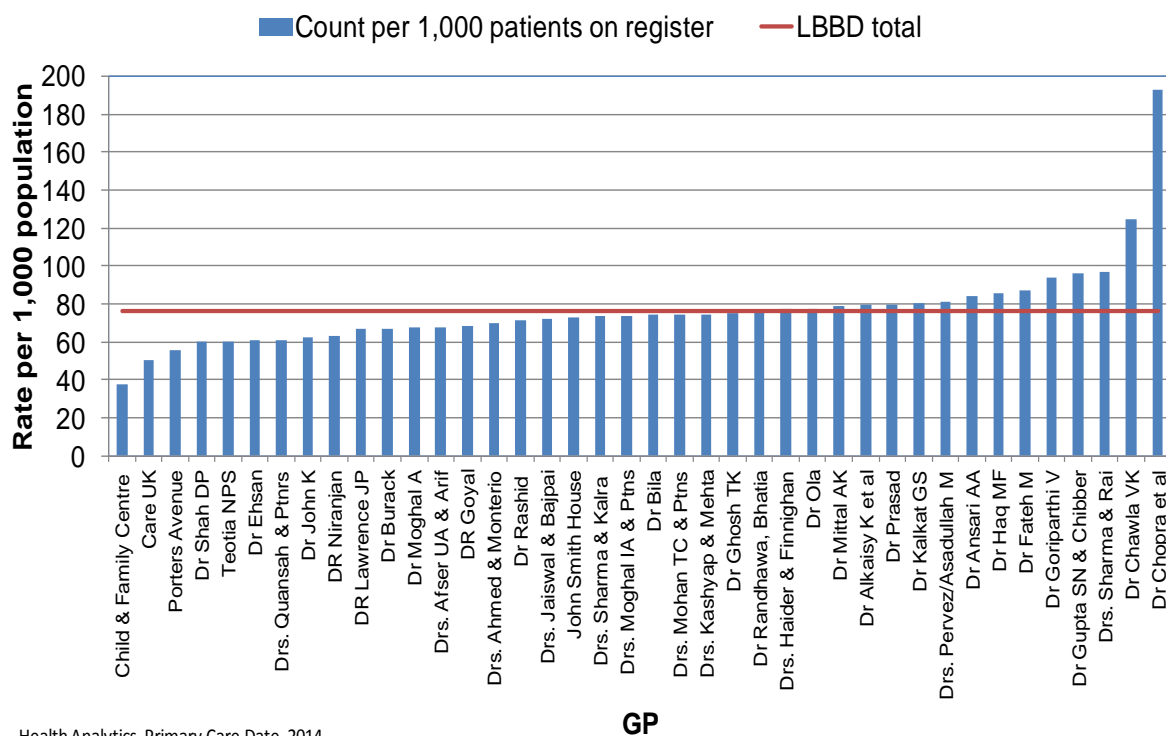
Type of diabetes	Number of people	Prevalence*
Type 1	570	0.37%
Type 2	9,784	6.31%
Type Unspecified	1,678	1.08%
Total	12,032	7.76%

\*Prevalence in age 17+ population

Source: Health Analytics

Figure 34 – Registered GP patients with a diabetic condition, rate per 1,000 population, by practice Barking and Dagenham as at 19<sup>th</sup> November 2014

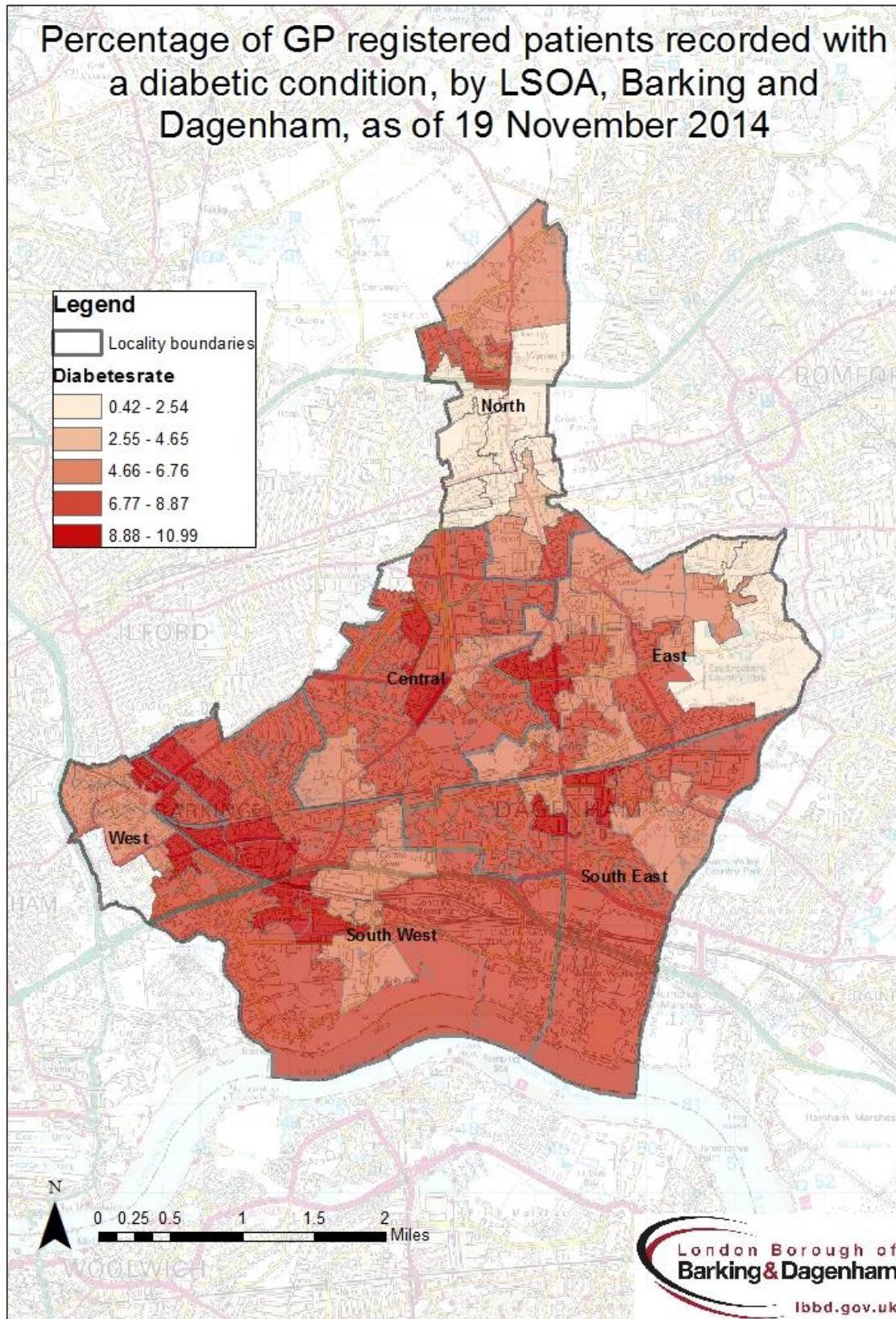
**Registered GP patients with a diabetic condition, rate per 1,000 population, by practice, Barking and Dagenham, as of 19 November 2014**



Health Analytics, Primary Care Date, 2014

GP

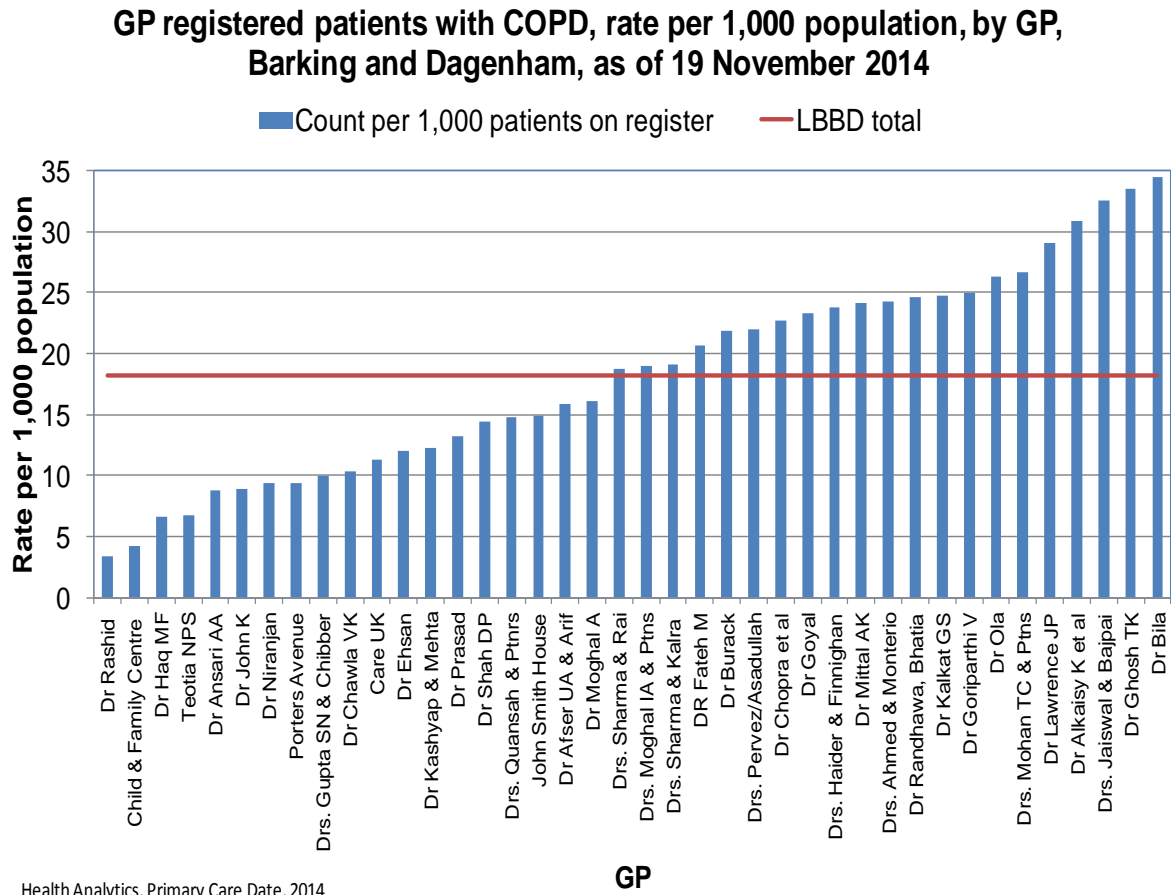
Figure 35 - Percentage of GP registered patients with a diabetic condition



### 2.7.4.2 Chronic obstructive pulmonary disease

There are 3,688 people diagnosed with chronic obstructive pulmonary disease (COPD) in Barking and Dagenham<sup>40</sup>, with a disease prevalence of 1.74%. Figure 36 shows the practice variation across the borough.

Figure 36 – GP registered patients with COPD, rate per 1,000 population by GP, Barking and Dagenham as at 19<sup>th</sup> November 2014

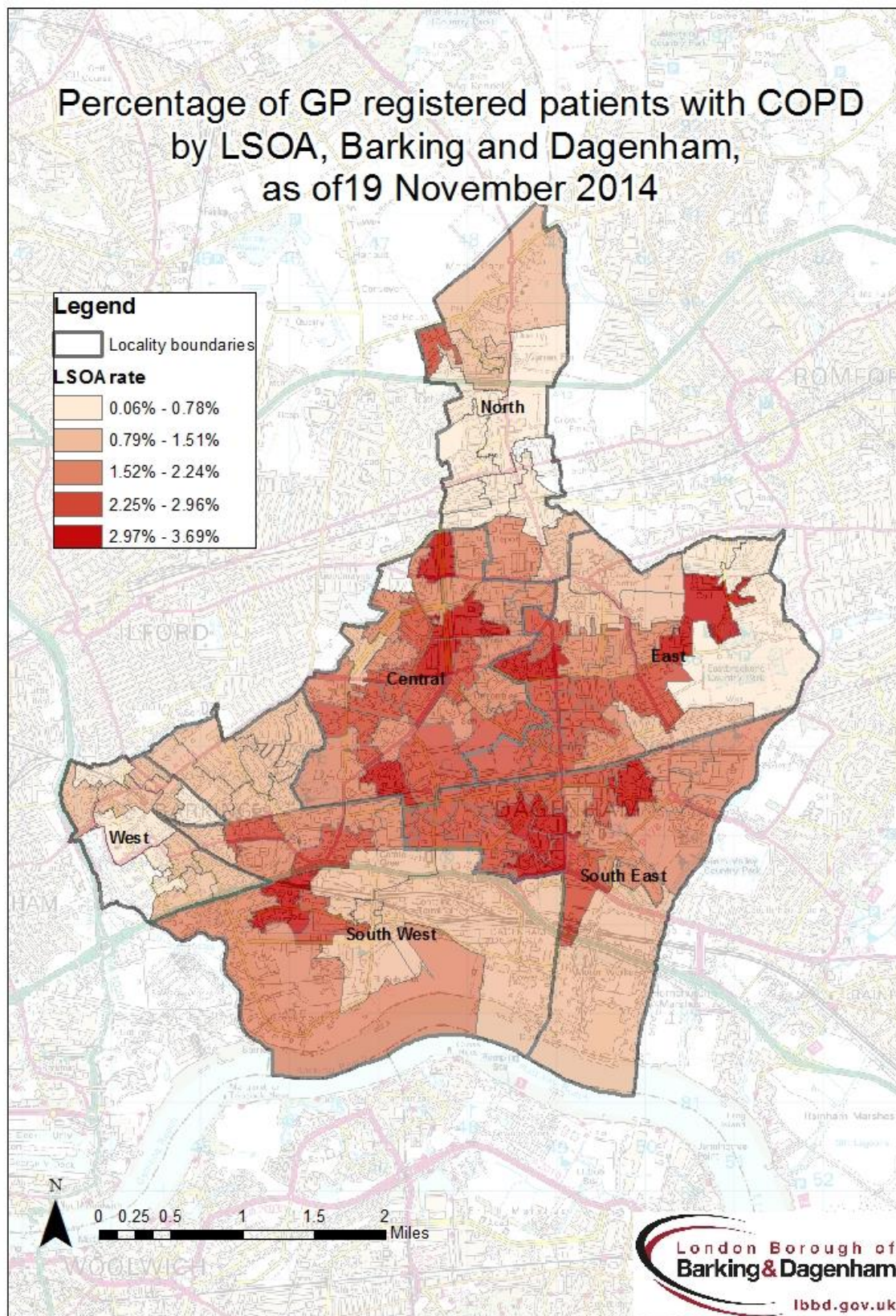


Health Analytics, Primary Care Date, 2014

<sup>40</sup> Health Analytics



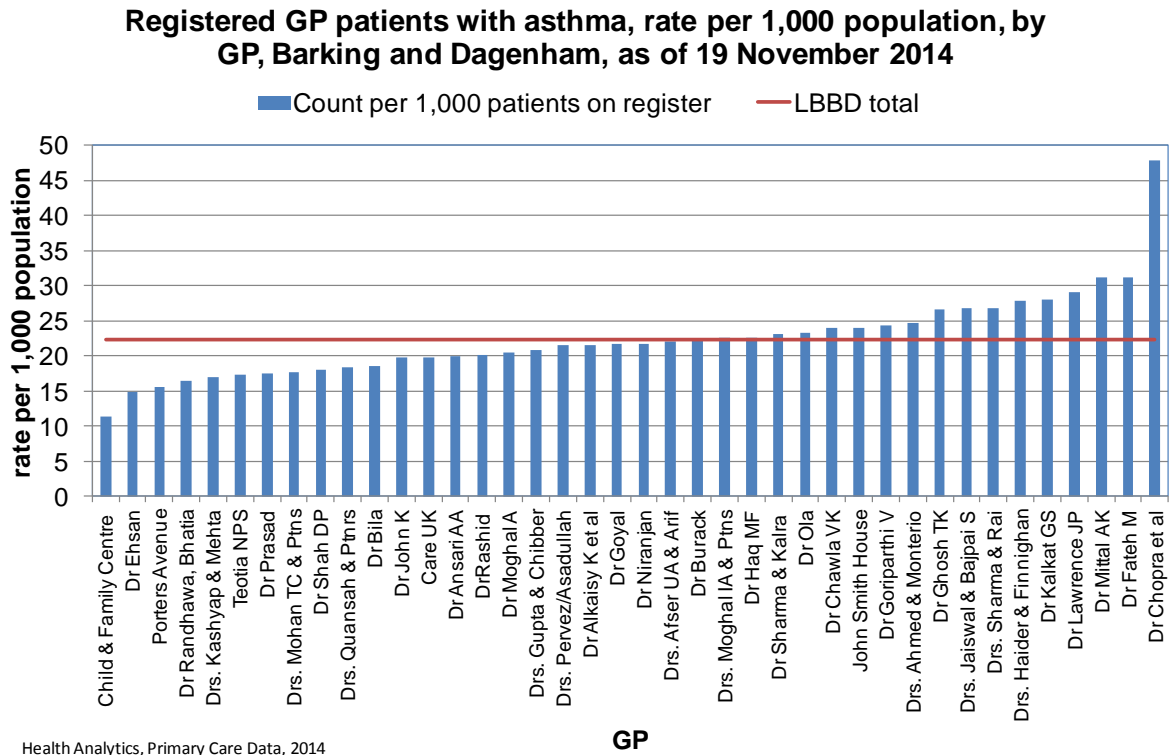
Figure 37 - Percentage of GP registered patients with COPD



### 2.7.4.3 Asthma

There are 10,720 people in Barking and Dagenham who have a diagnosis of asthma (excluding patients with asthma who have been prescribed no asthma-related drugs in the previous 12 months)<sup>41</sup>. Figure 38 shows the variation at practice levels given a disease prevalence of 5.05% in Barking and Dagenham

Figure 38 - Prevalence of asthma by postcode district

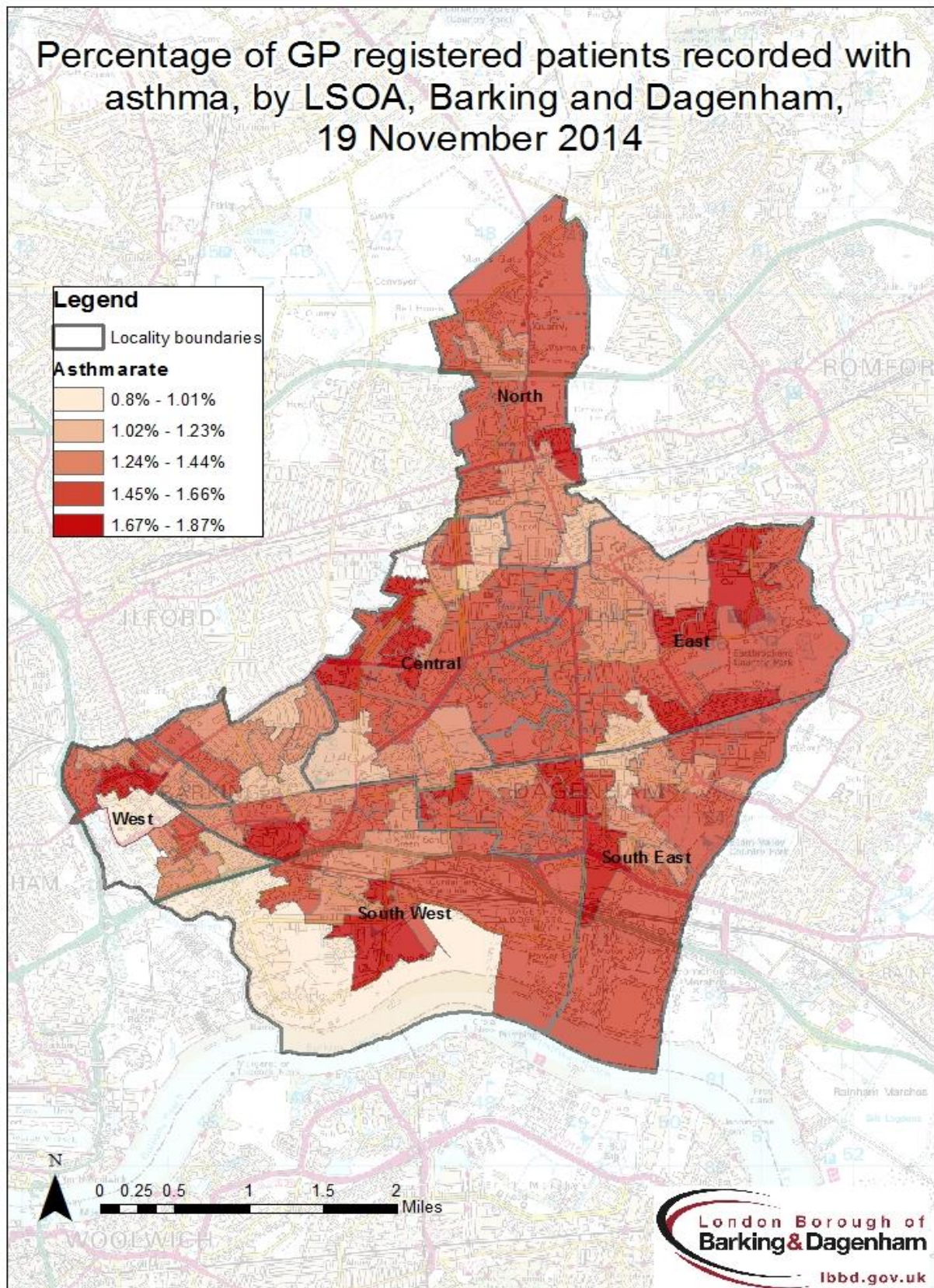


Health Analytics, Primary Care Data, 2014

<sup>41</sup> Health Analytics, 28/10/14



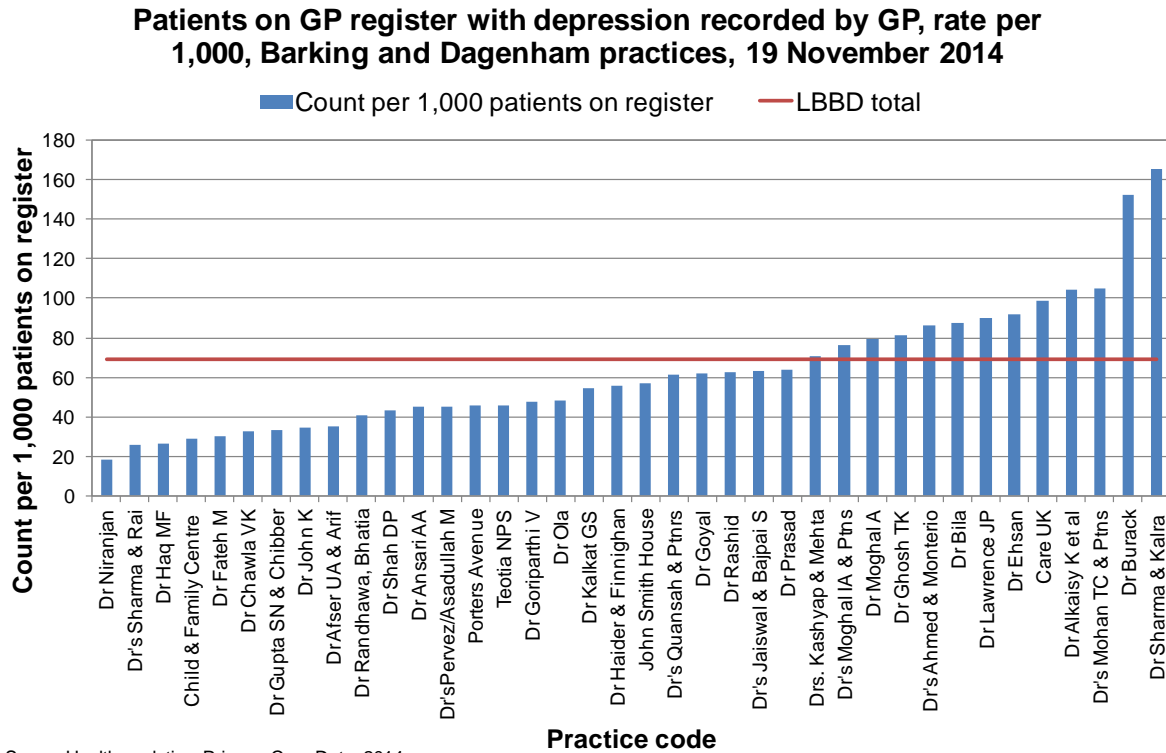
Figure 39 - Percentage of GP registered patients with asthma



### 2.7.4.4 Depression

There are 10,724 people diagnosed with depression in Barking and Dagenham<sup>42</sup>. This gives a disease prevalence of 6.82% in Barking and Dagenham (Figure 40).

Figure 40 – Patients on GP register with depression recorded by GP, rate per 1,000 Barking and Dagenham practices, 19<sup>th</sup> November 2014

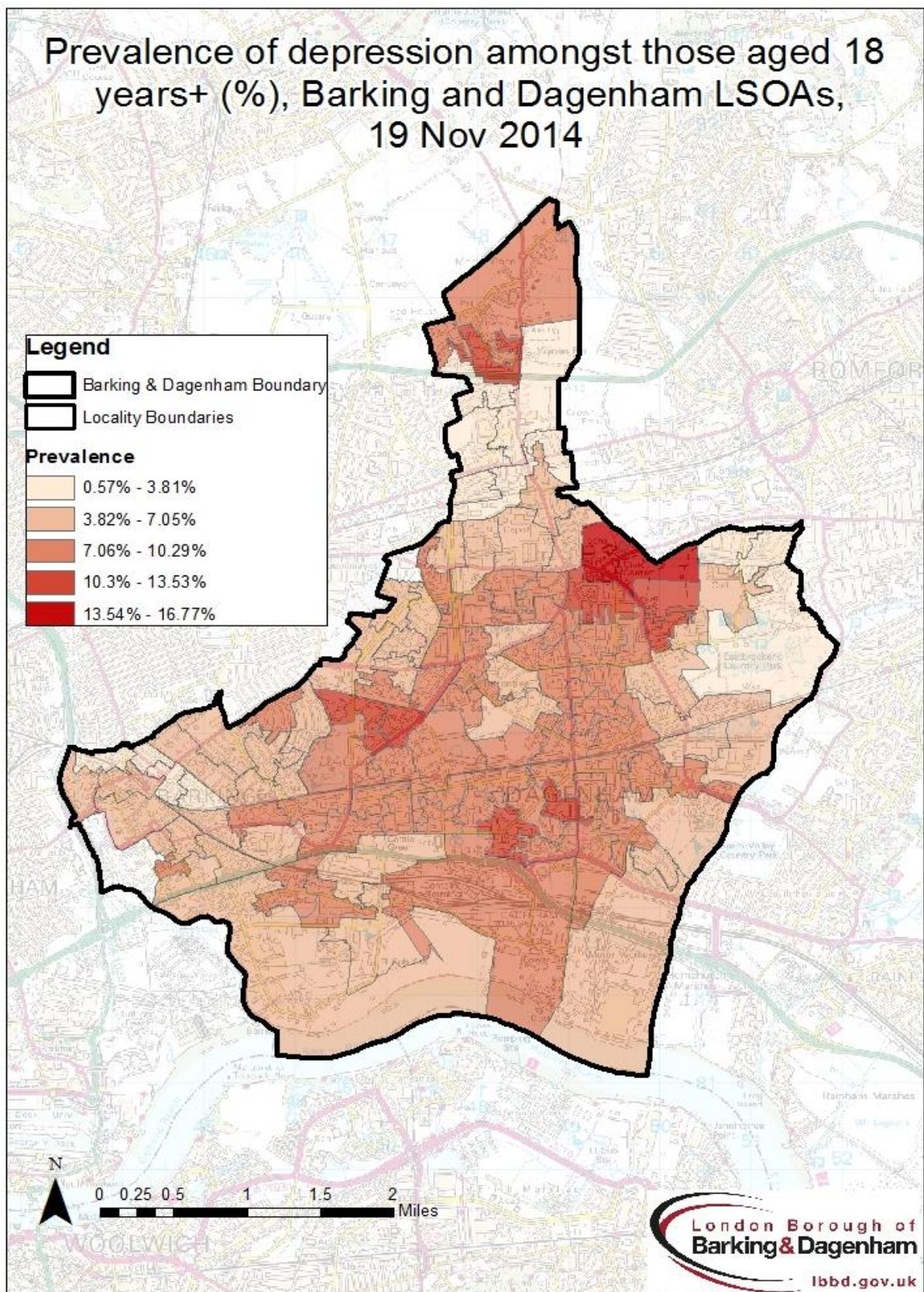


Source: Health analytics, Primary Care Data, 2014

<sup>42</sup> Health Analytics



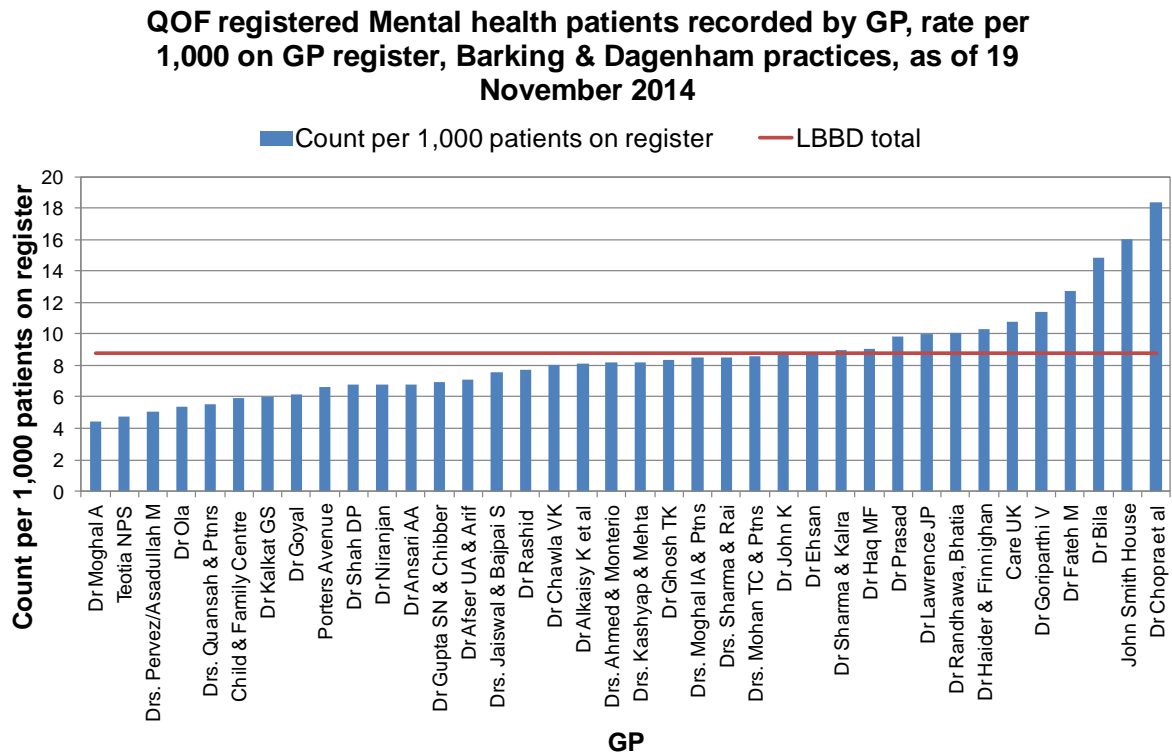
Figure 41 - Prevalence of depression by LSOA



### 2.7.4.5 Mental health

There were 1,562 people on the 2013/14 QOF register for mental health conditions in Barking and Dagenham (Figure 42). This gives a disease prevalence of 0.76%<sup>43</sup> in Barking and Dagenham.

Figure 42 – QOF registered mental health patients, Barking and Dagenham at 19<sup>th</sup> November 2014

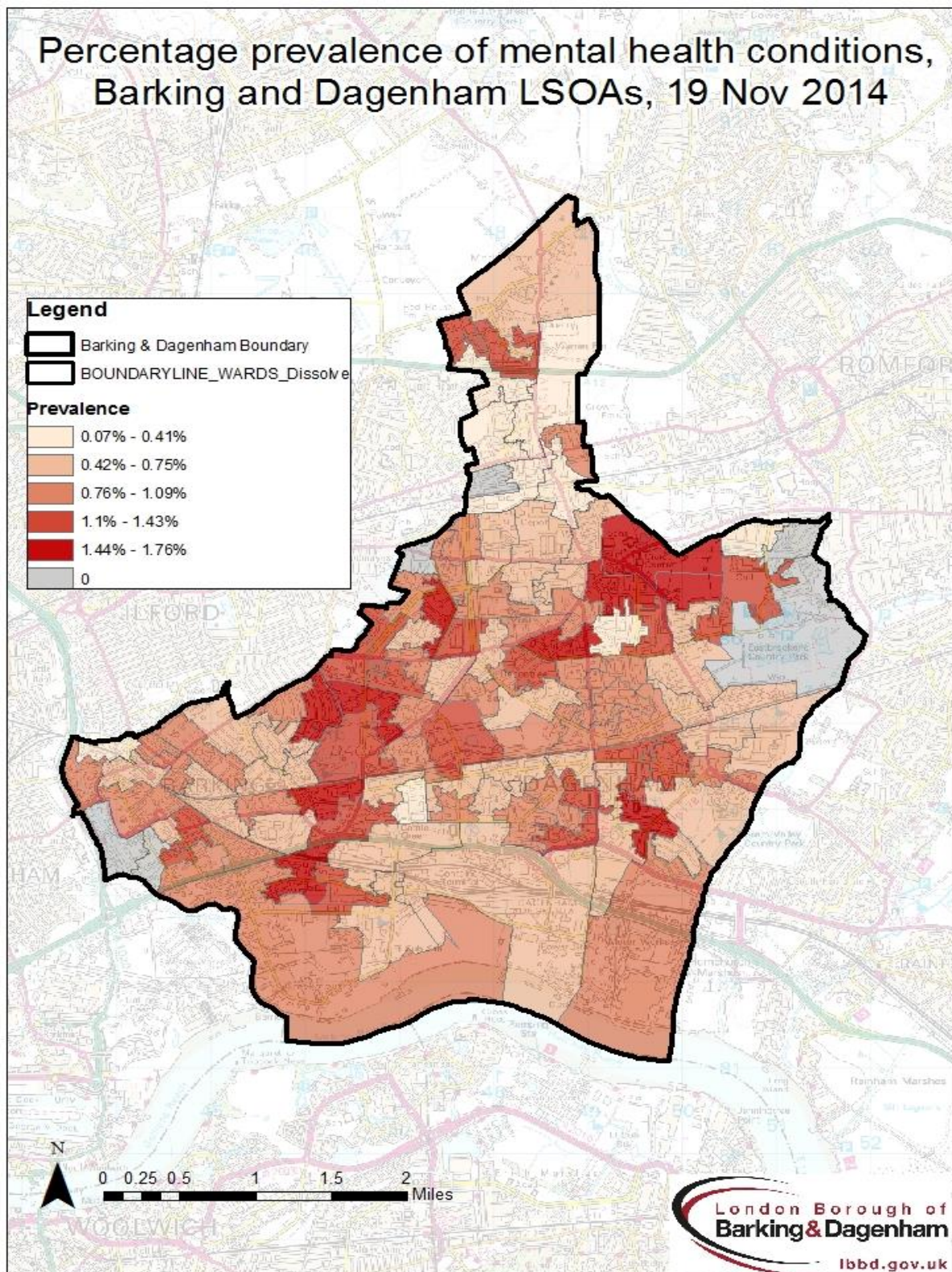


Source: Health Analytics, Primary Care Data, 2014

<sup>43</sup> Health and Social Care Information Centre (2014) Quality and Outcomes Framework (QOF) -2013-14. (Online) Available from: <http://www.hscic.gov.uk/searchcatalogue?productid=16273&q=qof&sort=Relevance&size=10&page=1#top> (Accessed 29 October 2014)



Figure 43 - Prevalence of QOF mental health register conditions

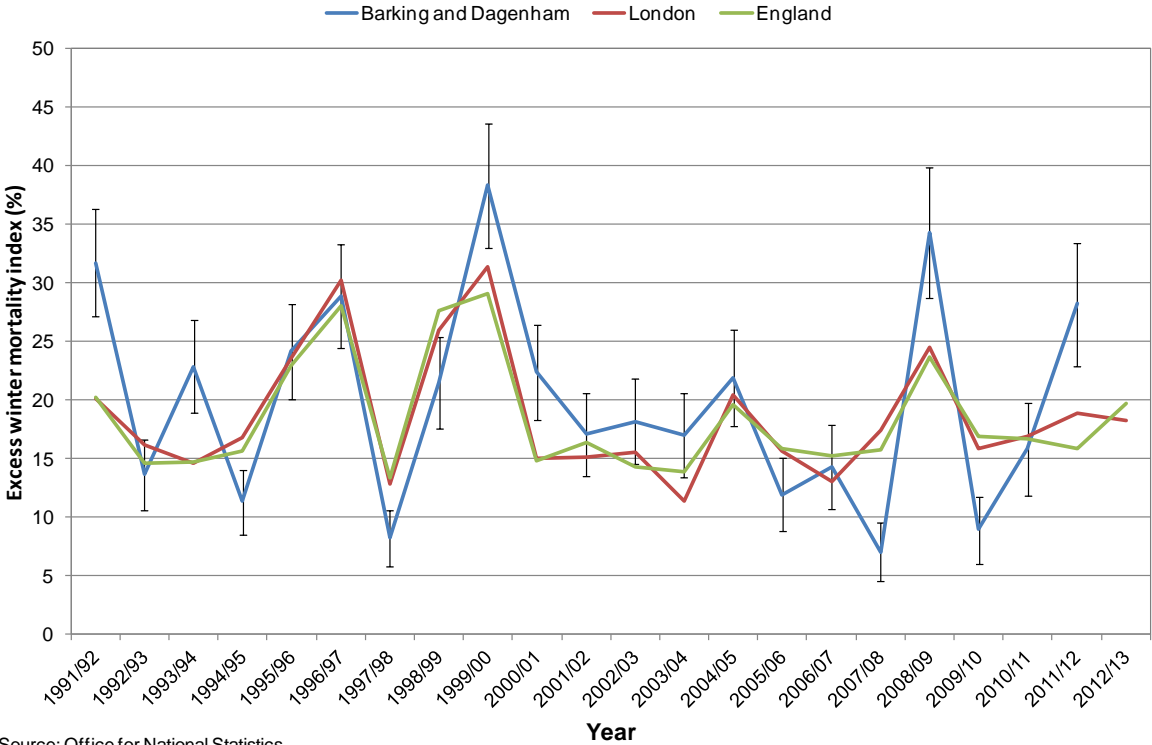


### 2.7.5 Excess winter deaths

People are more likely to die in conditions of extreme temperature. In England, there are usually more deaths in winter than in summer. Cold weather and being cold through living in a home with persistently low temperatures impacts on physical health and causes death from circulatory and lung diseases that would not have occurred in warmer temperatures and warmer homes. There are also excess deaths that result from extreme weather events including from freezing conditions (snow and ice causing falls, fractures and road traffic accidents).

Figure 44 shows the trend in excess winter deaths over time. The level fluctuates between years in Barking and Dagenham, London and England. This is as would be expected because excess winter deaths are affected by weather and particularly associated with periods of very low temperature. Generally the trend over time seen in Barking and Dagenham closely follows the trend in London and England. Barking and Dagenham does however show a greater degree of variation and in many years the index is significantly higher or lower than that for London and England.

Figure 44 - Excess winter mortality index, %, annual trend for Barking and Dagenham, London and England, 1991/92 – 2012/13



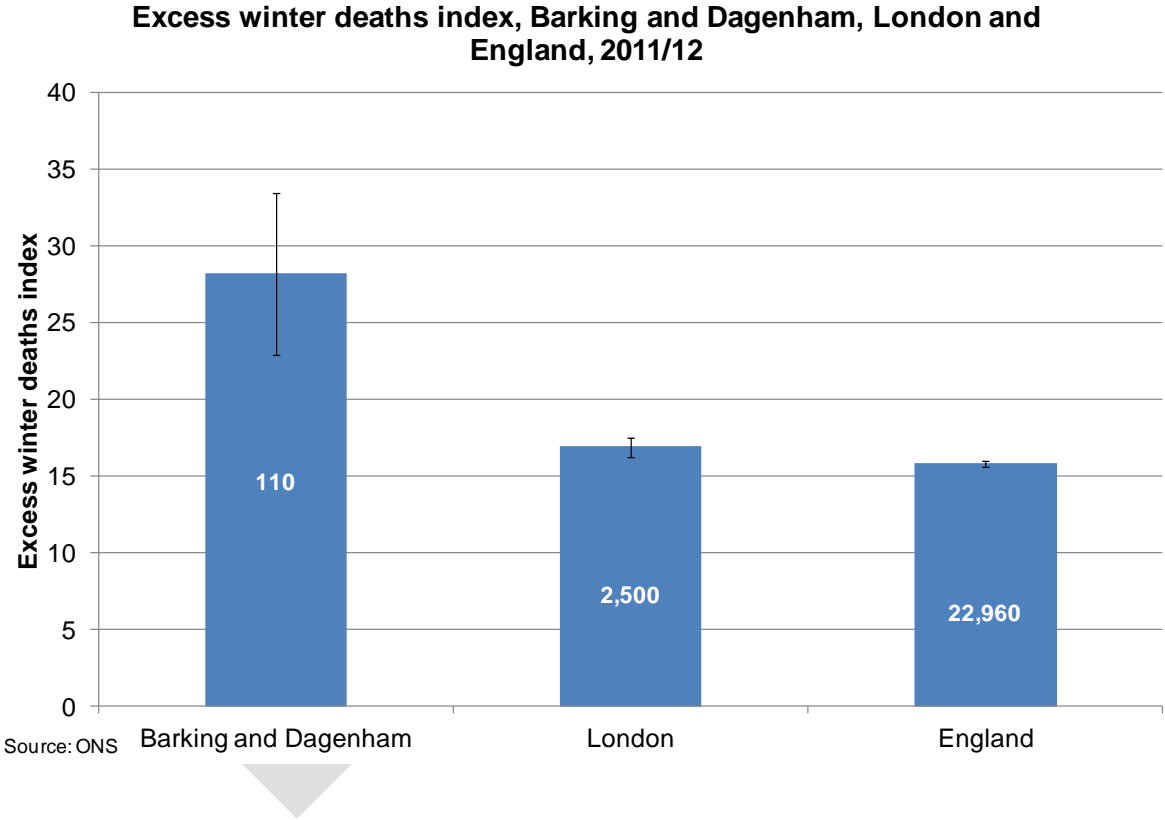
Source: Office for National Statistics

Table 34 and Figure 45 show that in 2011/12 the excess winter deaths (EWD) index was significantly higher than that for both London and England; with the index being almost twice as high for Barking and Dagenham (28.2%) than for England (15.8%).

Table 34 - Excess winter deaths, index (%) and number, 2011/12

	Excess winter deaths		95% CI	
	N	Index	LCL	UCL
Barking and Dagenham	110	28.2	22.9	33.4
London	2,500	16.9	16.2	17.5
England	22,960	15.8	15.6	16.0

Figure 45 - Excess winter deaths index, 2011/12



## **Section 3: NHS pharmaceutical services provision; currently commissioned**

### **3.1 Community pharmacies**

There are 38 community pharmacies in Barking and Dagenham HWB area (as of 30<sup>th</sup> January 2015) for a population of 194,352. This equates to an average of 19.6 pharmacies per 100,000 population. Latest data shows the England average is 21.7 community pharmacies per 100,000 population and London average is 22.3 community pharmacies per 100,000 population. London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and / or more convenient. There is a varying rate of community pharmacies per 100,000 population in neighbouring HWB areas to Barking and Dagenham: Havering (18.9), Redbridge (19.9), Newham (21.9), Greenwich (23.9) and Bexley (19.3). There were 480 responses received to the pharmacy user questionnaire undertaken in the autumn of 2014. Over 82% of respondents use the same pharmacy (have a regular pharmacy they go to). When asked what factors they considered when choosing their pharmacy, over 73% indicated 'Close to home' and over 42% 'Close to GP surgery' as important reasons. 61% respondents walk to their community pharmacy, whilst 32% use a car or taxi. The full results of the pharmacy user survey is detailed in Section 5.

Table 35 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. Populations in all localities have access to extensive public transport links and road networks and for some populations the nearest community pharmacy provision from their home may be in a neighbouring locality or HWB area. Maps D to F show the travel times to nearest community pharmacy for residents of Barking and Dagenham HWB area.



Table 35 - Breakdown of average community pharmacies per 100,000 population<sup>12</sup>

Area	Number of community pharmacies (as of 30/1/15)	Total population (mid 2013 estimates)	Average number of community pharmacies per 100,000 population (as of 30/1/15)
East locality	4	32,816	15.2
West locality	8	26,055	30.7
North locality	5	21,587	23.2
Central locality	9	44,177	20.4
South East locality	6	33,864	17.7
South West locality	6	35,853	16.7
Barking and Dagenham Health and Wellbeing Board area (2013/14 data)	38	194,352	19.6
London region (2013/14 data)	1,851*	8,308,000	22.3*
England (2013/14 data)	11,647*	-	21.7*

\*Data includes distance-selling (internet) pharmacies, which do not provide face-to-face services

Section 1.3 lists the essential services of the pharmacy contract. It is assumed that provision of all of these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in Section 6.

### 3.1.1 Choice of community pharmacies

Table 36 shows the breakdown of community pharmacy ownership in Barking and Dagenham. The data shows that pharmacy ownership is at levels between those seen regionally and higher than those seen nationally, with no one provider having a monopoly in any locality. People in Barking and Dagenham therefore have a good choice of pharmacy providers.

Table 36 - Community pharmacy ownership, 2013/14<sup>12</sup>

Area	Multiples (%)	Independent (%)
England	61.2	38.8
London	38.9	61.1
Barking and Dagenham (2014 data)	50	50



### 3.1.2 Intensity of current community pharmacy providers

For most community pharmacy providers, dispensing provides the majority of their activity. Table 37 shows the average monthly dispensing activity from community pharmacies. The data shows that average activity in Barking and Dagenham is higher than the London region, but lower than the England average.

Table 37 - Average dispensed items per community pharmacy, 2013/14<sup>12</sup>

Area	Average number of monthly dispensed item per community pharmacy
England	6,784
London region	5,393
Barking and Dagenham (2012/13 data)	6,328

### 3.1.3 Weekend and evening provision

It is estimated that collectively, community pharmacies in England are open approximately 150,000 hours per week more than 10 years ago<sup>44</sup>. This has been mainly driven through the opening of 100 hour pharmacies. There are over 700 community pharmacies in England open for 100 hours or more per week.

Table 38 shows that Barking and Dagenham has a higher percentage of its pharmacies open for 100 hours or more compared with regionally and nationally. All 100 hour pharmacies are open late and at the weekends.

Table 38 - Numbers of 100 hour pharmacies (and percentage of total)

Area	Number hour pharmacies	Percentage of 100 hour pharmacies
England (2012/13 data) <sup>12</sup>	773	6.7%
London region	71	3.8%
Barking and Dagenham	3	7.7%
East locality	0	0.0%
West locality	2	25.0%
North locality	1	20.0%
Central locality	0	0.0%
South East locality	0	0.0%
South West locality	0	0.0%

<sup>44</sup> 'Who do you think we are? Community Pharmacy: dispensers of health', Pharmacy Voice: <http://www.dispensinghealth.org/wp-content/uploads/2014/01/DH-Launch-FINA1.pdf>

### **3.2 Dispensing appliance contractor**

There is one dispensing appliance contractor (DAC) in Barking and Dagenham HWB area:

- Fittleworth Medical, 7 The Midas Business Centre, Wantz Road, Dagenham RM108PS

DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. 36 responses (95%) were received from the community pharmacy contractor questionnaire. 97% of respondents reported that they provide stoma and / or incontinence appliances.

As part of the essential services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that some patients will obtain appliances delivered from DACs outside the HWB area. There were 112 DACs in England in 2013/14<sup>12</sup>.

### **3.3 Distance-selling pharmacies**

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations, 2013<sup>9</sup>. It may not provide essential services face-to-face at the pharmacy premises, and therefore provision is by mail order and / or wholly internet. As part of the terms of service for distance-selling pharmacies, provision of all services offered must be offered throughout England. It is therefore likely that some patients within Barking and Dagenham HWB area will be receiving pharmaceutical services from a distance-selling pharmacy outside Barking and Dagenham HWB area. There are no distance-selling pharmacies in Barking and Dagenham HWB area. Figures in 2013/14<sup>12</sup> show that in England there were 211 distance-selling pharmacies, accounting for 1.8% of the total number of pharmacies (London: 14 (0.8%)).

### **3.4 Access to community pharmacies**

The majority of community pharmacy providers in Barking and Dagenham HWB area are sited in areas co-located with shops, GP practices or other routine destinations; many also provide extended opening hours. As such they attract a high level of convenience.

The white paper, 'Pharmacy in England: Building on strengths – delivering the future'<sup>45</sup> noted that 99% of the population – even those living in the most deprived areas – can get to a community pharmacy within 20 minutes by car and 96% by walking or using public transport. Maps D to F provide a travel analysis of the population of Barking and Dagenham to their nearest community pharmacy.

A list of community pharmacies in Barking and Dagenham HWB area and their opening hours can be found in Appendix A.

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<sup>45</sup> 'Pharmacy in England: Building on strengths – delivering the future', Department of Health (2008) - <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

### 3.4.1 Routine daytime access to community pharmacies

Percentages of the Barking and Dagenham HWB area and average daytime drive time, walking and public transport travel times to their nearest community pharmacy can be found in Table 39.

Average drive time to community pharmacies in Barking and Dagenham is shown in Map D. Average public transport time to community pharmacies is shown in Map E. Average walking time to community pharmacies is shown in Map F. A recently published article<sup>46</sup> suggests that over 89% of the population of England has a maximum 20 minute walk to a community pharmacy, however this figure falls to as low as 14% in rural areas. The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates and high burden of disease.

Map D illustrates that, 98.2% of residents within the HWB area have an average drive time not exceeding five minutes to their nearest community pharmacy. Map E illustrates that, 100% of the residents within the HWB area have an average public transport time not exceeding 15 minutes to their nearest pharmacy. Map F illustrates that 95% of the residents of HWB area have an average walking time not exceeding 20 minutes to their nearest pharmacy. There are also many localities in Barking and Dagenham with populations amongst the most deprived in England.

*Table 39 - Percentage of population of Barking and Dagenham HWB and average daytime travel times to nearest community pharmacy*

	<b>Average peak drive</b>	<b>Average public transport</b>	<b>Average walking</b>
<b>0-5 mins</b>	98.2%	29.5%	20.1%
<b>0-10 mins</b>	100.0%	88.2%	64.6%
<b>0-15 mins</b>	100.0%	100.0%	89.3%
<b>0-20 mins</b>	100.0%	100.0%	95.0%
<b>0-25 mins</b>	100.0%	100.0%	97.3%
<b>0-30 mins</b>	100.0%	100.0%	100.0%

<sup>46</sup> 'The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England', BMJ Open 2014, Vol. 4, Issue 8 - <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

### 3.4.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6pm, Monday to Friday (excluding bank holidays) varies within each locality; they are listed in the table below. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level and, as can be found from Table 40, the population of Barking and Dagenham have reasonable access to community pharmacies in the evening as the majority of providers in Barking and Dagenham HWB area are open after 6pm. A further analysis of provision in each locality is detailed in Section 6.

Table 40 - Community pharmacy providers open Mon-Fri (excl. bank holidays (BHs)) beyond 6pm

Locality	Pharmacy name and address	Opening hours (Mon-Fri, excl. BHs)
East locality	Britannia Pharmacy 5 Althorne Way, Dagenham, Essex. RM10 7AY	09:00-19:00
	Oxlow Chemist 217 Oxlow Lane, Dagenham, Essex. RM10 7YA	09:00-19:00
	Talati Chemists 282 The Heathway, Dagenham, Essex. RM10 8QS	09:00-18:30
	Waller Pharmacy 279 Heathway, Dagenham, Essex. RM9 5AQ	09:00-18:30
West locality	Boots The Chemists Ltd 68 East Street, Barking, Essex. IG11 8EQ	09:00-19:00
	Daynight Pharmacy 17 Station Parade, Barking, Essex. IG11 8ED	08:00-23:59
	Lords Chemist 35 Station Parade, Barking, Essex. IG11 8EB	09:00-19:30
	Mayors Chemist 214 Ripple Road, Barking, Essex. IG11 7PR	09:00-19:30 (Thurs 09:00-16:00)
	S S Kalsi 125 St.Marys Parade, Gascoigne Road, Barking, Essex. IG11 7TF	09:00-18:30 (Thurs 09:00-17:30)

Locality	Pharmacy name and address	Opening hours (Mon-Fri, excl. BHs)
	Tesco Instore Pharmacy Highbridge Road, Barking, Essex. IG11 7BS	Mon 08:00-22:00, Tue-Fri 06:00-22:00
	Thomas Chemist 19 Ripple Road, Barking, Essex. IG11 7NN	09:00-18:30
North locality	Lloyds Pharmacy 167- 169 High Road, Chadwell Heath, Romford, Essex. RM6 6NL	09:00-18:30
	Mastaa-Care Pharmacy 26 Whalebone Lane South, Dagenham, Essex. RM8 1BJ	09:00-19:00 (Thurs 09:00-17:30)
	Sainsburys Pharmacy 97-131 High Road, Chadwell Heath, Essex. RM6 6PA	08:00-20:00
	Super.Care Pharmacy+ 198-200 High Road, Chadwell Heath, Romford, Essex. RM6 6LU	08:00-23:59
Central locality	Alvin Rose Chemist 606 Longbridge Road, Dagenham, Essex. RM8 2AJ	09:00- 19:00
	David Lewis Chemist 16 Porters Avenue, Dagenham, Essex. RM8 2AQ	09:00-20:00
	Hannigan Pharmacy 240 Bennetts Castle Lane, Beacontree, Dagenham. RM8 3UU	09:00-18:30
	Lloyds Pharmacy 281 Wood Lane, Dagenham, Essex. RM8 3NL	09:00-19:00
	Nuchem Pharmacy 778 Green Lane Dagenham Essex, RM8 1YT	09:00-18:30
	Sandbern Pharmacy 703-705 Green Lane, Dagenham, Essex. RM8 1UU	Mon- Fri 09:00-19:30
	Valence Pharmacy 453 Becontree Avenue, Dagenham, Essex. RM8 3UL	09:00-18:30

Locality	Pharmacy name and address	Opening hours (Mon-Fri, excl. BHs)
South East locality	Day Lewis Pharmacy 149 Broad Street, Dagenham, Essex. RM10 9HX	09:00-19:00
	Hedgemans Pharmacy 428 Hedgemans Road, Dagenham, Essex. RM9 6BU	09:00-19:00
	Kry-Ba Pharmacy 21 Goresbrook Road, Dagenham, Essex. RM9 6XA	09:00-18:30
South West locality	Asda Pharmacy Merrielands Crescent, Dagenham, Essex. RM9 6SJ	08:00-22:00
	Boots Pharmacy 454 Lodge Avenue, Dagenham, Essex. RM9 4QS	09:00-18:30
	Britannia Pharmacy 19 Faircross Parade, Upney Lane, Barking, Essex. IG11 8UW	09:00-19:00 (Thurs: 09:00-18:00)
	Britannia Pharmacy Thames Valley Health Centre, Bastable Avenue, Barking, Essex. IG11 0LG	09:00-19:00
	Newlands Pharmacy 359 Ripple Road, Barking, Essex. IG11 9PN	09:00-19:00

### 3.4.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on a Saturday vary within each locality. Over 97% of pharmacies in Barking and Dagenham HWB area are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Table 41 shows that almost all of the pharmacies in Barking and Dagenham HWB area are open on Saturdays. A further analysis of provision is detailed in Section 6.



Table 41 - Community pharmacy providers open on Saturdays

Locality	Pharmacy name and address	Saturday opening hours
East locality	Britannia Pharmacy 5 Althorne Way, Dagenham, Essex. RM10 7AY	09:00-13:00
	Oxlow Chemist 217 Oxlow Lane, Dagenham, Essex. RM10 7YA	09:00-13:00
	Talati Chemists 282 The Heathway, Dagenham, Essex. RM10 8QS	09:00-14:00
	Waller Pharmacy 279 Heathway, Dagenham, Essex. RM9 5AQ	09:00-17:30
West locality	Boots The Chemists Ltd 68 East Street, Barking, Essex. IG11 8EQ	09:00-19:00
	Daynight Pharmacy 17 Station Parade, Barking, Essex. IG11 8ED	10:00-23:59
	Lords Chemist 35 Station Parade, Barking, Essex. IG11 8EB	09:00-17:00
	Mayors Chemist 214 Ripple Road, Barking, Essex. IG11 7PR	09:00-16:00
	S S Kalsi 125 St.Marys Parade, Gascoigne Road, Barking, Essex. IG11 7TF	09:00-13:00
	Superdrug Chemist 12-13 Station Parade, Barking, Essex. IG11 8DN	08:30-18:00
	Tesco Instore Pharmacy Highbridge Road, Barking, Essex. IG11 7BS	06:00-22:00
	Thomas Chemist 19 Ripple Road, Barking, Essex. IG11 7NN	09:00-17:30
North locality	Lloyds Pharmacy 167- 169 High Road, Chadwell Heath, Romford, Essex. RM6 6NL	09:00-13:00
	Mastaa-Care Pharmacy 26 Whalebone Lane South, Dagenham, Essex. RM8 1BJ	09:00-14:00

Locality	Pharmacy name and address	Saturday opening hours
	Sainsburys Pharmacy 97-131 High Road, Chadwell Heath, Essex. RM6 6PA	08:00-20:00
	Super.Care Pharmacy+ 198-200 High Road, Chadwell Heath, Romford, Essex. RM6 6LU	08:00-23:59
	The Co-Operative Pharmacy 107 Rose Lane, Chadwell Heath, Romford, Essex. RM6 5NR	09:00-17:00
<b>Central locality</b>	Alvin Rose Chemist 606 Longbridge Road, Dagenham, Essex. RM8 2AJ	09:00-17:30
	Andrew Bass Pharmacy 1148 Green Lane, Becontree Heath, Dagenham, Essex. RM8 1BP	09:00-13:00
	Britannia Pharmacy 453 Porters Avenue, Dagenham, Essex. RM9 4ND	09:00-13:00
	David Lewis Chemist 16 Porters Avenue, Dagenham, Essex. RM8 2AQ	09:00-17:30
	Hannigan Pharmacy 240 Bennetts Castle Lane, Beacontree, Dagenham. RM8 3UU	09:00-13:00
	Lloyds Pharmacy 281 Wood Lane, Dagenham, Essex. RM8 3NL	09:00-17:30
	Nuchem Pharmacy 778 Green Lane Dagenham Essex, RM8 1YT	09:00-19:00
	Sandbern Pharmacy 703-705 Green Lane, Dagenham, Essex. RM8 1UU	09:00-14:00
	Valence Pharmacy 453 Becontree Avenue, Dagenham, Essex. RM8 3UL	09:00-14:00
<b>South East locality</b>	Boots The Chemist 17 The Mall, Heathway, Dagenham, Essex. RM10 8RD	08:30-17:30

Locality	Pharmacy name and address	Saturday opening hours
	Day Lewis Pharmacy 2 Royal Parade, Church Street, Dagenham, Essex. RM10 9XB	09:00-13:00
	Day Lewis Pharmacy 149 Broad Street, Dagenham, Essex. RM10 9HX	09:00-14:00
	Hedgemans Pharmacy 428 Hedgemans Road, Dagenham, Essex. RM9 6BU	09:00-17:30
	Kry-Ba Pharmacy 21 Goresbrook Road, Dagenham, Essex. RM9 6XA	09:00-14:00
<b>South West locality</b>	Asda Pharmacy Merrielands Crescent, Dagenham, Essex. RM9 6SJ	09:00-20:00
	Boots Pharmacy 454 Lodge Avenue, Dagenham, Essex. RM9 4QS	09:00-13:00
	Britannia Pharmacy 11 Faircross Parade, Longbridge Road, Braking, Essex. IG11 8UN	09:00-18:00
	Britannia Pharmacy 19 Faircross Parade, Upney Lane, Barking, Essex. IG11 8UW	09:00-13:00
	Britannia Pharmacy Thames Valley Health Centre, Bastable Avenue, Barking, Essex. IG11 0LG	09:00-14:00
	Newlands Pharmacy 359 Ripple Road, Barking, Essex. IG11 9PN	09:00-14:00

#### 3.4.4 Routine Sunday daytime access to community pharmacies

The number, location, and opening hours of community pharmacy providers open on a Sunday vary within each locality. Fewer pharmacies are open on Sundays than any other day in Barking and Dagenham HWB area, however each of the main shopping areas has a pharmacy open on Sundays. A further analysis of provision is detailed in Section 6.

Table 42 - Community pharmacy providers open on Sundays

Locality	Pharmacy name and address	Openings hours (Sundays)
<b>East locality</b>	No pharmacies open	
<b>West locality</b>	Boots the Chemists Ltd 68 East Street, Barking, Essex. IG11 8EQ	11:00-17:00
	Daynight Pharmacy 17 Station Parade, Barking, Essex. IG11 8ED	11:00-17:00
	Tesco Instore Pharmacy Highbridge Road, Barking, Essex. IG11 7BS	10:00-16:00
<b>North locality</b>	Sainsburys Pharmacy 97-131 High Road, Chadwell Heath, Essex. RM6 6PA	10:00-16:00
	SuperCare+ Pharmacy 198-200 High Road, Chadwell Heath, Romford, Essex. RM6 6LU	11:00-16:00
<b>Central locality</b>	Sandbern Pharmacy 703-705 Green Lane, Dagenham, Essex. RM8 1UU	10:00-16:00
<b>South East locality</b>	Boots The Chemist 17 The Mall, Heathway, Dagenham, Essex. RM10 8RD	10:00-16:00
<b>South West locality</b>	Asda Pharmacy Merriellands Crescent, Dagenham, Essex. RM9 6SJ	10:00-16:00

### 3.4.5 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. Whilst many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open - often for limited hours.

The number, location and opening hours of community pharmacy providers open on a bank holiday vary within each locality and on different bank holidays. Annually, NHS England requests feedback from community pharmacies on their bank holiday intentions. For most bank holidays, a number of providers have planned to open and NHS England has deemed provision as satisfactory and not commissioned any further provision.

However, on occasion, NHS England may need to commission a bank holiday rota service from a small number of pharmacies, particularly in some areas for Easter Sunday and Christmas Day.

**3.5 Advanced service provision from community pharmacies**

Section 1.3 lists all advanced services which may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. Data supplied from NHS England has been used to demonstrate in Appendix A which pharmacies have previously claimed (and therefore provided) MURs and NMSs until 31<sup>st</sup> March 2014. Table 43 lists a summary of the latest available data (2012/13) on provision of advanced services.

*Table 43 - Advanced service provision*

Advanced Service	Percentage of providers currently providing (Average number per provider, 2012/13)					
	England		London		Barking and Dagenham	
	Average number	%	Average number	%	Average number	%
<b>Medicines use reviews (MURs)</b>	267	92.0%	263	89.9%	340	97.4%
<b>New medicines service (NMS)</b>	68	82.3%	74	78.7%	100	94.7%
<b>Appliance use review (AUR)*</b>	197	1.2%	242	0.5%	22	1.3%
<b>Stoma appliance customisation (SAC)*</b>	635	15.2%	921	4.1%	3,520	7.5%

*\*AUR and SAC data includes provision from Dispensing Appliance Contractors*

The average number per provider and percentage of providers of both the MUR and NMS services in Barking and Dagenham HWB area are higher than the regional and national levels. Appendix A lists those community pharmacies that have provided these services (up until 31<sup>st</sup> March 2014).

Only three community pharmacies in Barking and Dagenham HWB area (2.6% of providers) had not provided the NMS service and one community pharmacy in Barking and Dagenham HWB area (7.9% of providers) had not provided the MUR service.

100% of respondents to the community pharmacy contractor questionnaire indicated that they have a consultation room which complies with the requirements to perform NMS / MUR services. The percentage of pharmacies providing the SAC service is low compared with nationally, but greater than rates seen regionally.

The percentage of providers of the AUR is very similar to that seen nationally: there were only 143 community pharmacy or DAC providers nationally (1.2%), and 9 community pharmacy or DAC providers (0.5%) in the whole of London in 2012/13.

### **3.6 Enhanced service provision**

Under the Regulations<sup>9</sup>, enhanced services are those directly commissioned by NHS England. Therefore any 'locally commissioned services' commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA, but are considered in Chapter 4.

There are currently three enhanced services commissioned by NHS England from pharmacies in Barking and Dagenham HWB area:

- Immunisation services
- Minor Ailments Service
- Pharmacy Urgent Repeat Medication (PURM) service

A list of pharmacies contracted to provide the Immunisation service is detailed in Appendix A. In December 2014 NHS England launched the Pharmacy Urgent Repeat Medication (PURM) service, which is to run to April 2015. NHS England has indicated that this service will be evaluated, and if successful consideration will be given to future commissioning of it.

### **3.7 Pharmaceutical service provision provided from outside Barking and Dagenham HWB area**

Barking and Dagenham HWB area is bordered by five other HWB areas:

- Havering
- Redbridge
- Newham
- Greenwich
- Bexley

As previously mentioned, like most London boroughs, Barking and Dagenham has a comprehensive transport system. As a result, it is anticipated that many residents in Barking and Dagenham HWB area will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond. It is not practical to list here all those pharmacies outside the HWB area by which Barking and Dagenham residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Barking and Dagenham HWB area boundaries, and are demonstrated on Maps D to F. Further analysis of cross-border provision is undertaken in Section 6. 82% of respondents to the pharmacy user questionnaire noted that they choose a pharmacy provider close to their home, whilst 42% chose a provider close to their GP. Over 80% had no difficulties in accessing their community pharmacy, whilst 15% had difficulties with parking. 85% rated ease of obtaining medication as excellent or good.



### **3.8 SelfCare Pharmacy**

Self-care is a means of improving patient experience and outcomes and reducing pressure on acute as well as other primary care and community services.

#### **3.8.1 The SelfCare Pharmacy model**

The SelfCare Pharmacy is a way of supporting the health of local populations and co-morbidities of patients who have stable long-term conditions.

The North East London Local Pharmaceutical Committee along with local CCG, the Local Authority and Department of Health are supporting the SelfCare Pharmacy model in Barking and Dagenham.

Pharmacists in SelfCare pharmacies undergo training in health coaching in at least four clinical conditions. These are currently cardiovascular disease, diabetes, respiratory disease and mental health. In addition, the pharmacist would undertake training in the SelfCare Pharmacy and the SelfCare Plan.

- innovative pharmacy practice that involves managing co-morbidities and stable long term conditions, using therapeutic and psychological tools.
- brings together public health, social care, and self-care and goes beyond the concept of self-management of single disease.
- it focuses on empowering the patient to take control of their own health condition and live independently in their communities. Reduces unplanned hospitalisation as well as A and E admissions.

#### **3.8.2 Health coaching skills**

Pharmacists are trained in health coaching to transfer responsibility for care to patients from the pharmacist. They are present to facilitate a prioritised behaviour change to manage long term conditions and living independently.

Offering guidance for setting realistic, manageable milestones to achieve their personal goals. With subsequent sessions of coaching, an improvement in health outcomes will be expected.

#### **3.8.3 Philosophy of SelfCare Pharmacy Practice**

- socially responsible pharmacy practice
- part of an integrated primary care for patients
- understanding the wider determinants of health
- fairness and Human rights

#### **3.8.4 Entry of patients into the SelfCare Pharmacy**

- self-referral patient
- newly diagnosed long term condition patient at GP surgery: GPs will prescribe a Pharmacy Care Plan that will be completed in community pharmacies.
- long term condition patient (repeat prescriptions) regularly presenting at pharmacy

- hospital discharge patient: Discussions are ongoing about electronic discharge summaries from North East London Foundation Trust (NELFT) being sent to a community pharmacy in North East London.

### **3.8.5 Pharmacy SelfCare Plan**

- this is a written process – the result is a written record
- it puts the person, their needs and choices at the centre of the process. It focuses on goal setting and outcomes that support the person to achieve optimal health and wellbeing
- it encourages prevention of disease and future complications
- plans of how to get the best out of medicines (medicines optimisation)
- it encourages independent living – need for daily living aids and mobility aids
- it might include contingency plans to manage 'crisis' episodes e.g. early identification of signs of a 'crisis' episode

Draft

## **Section 4: Other services which may impact on pharmaceutical services provision**

Community pharmacies and GP practices provide a range of other services. These are not considered pharmaceutical services under the 2013 Pharmaceutical Regulations<sup>9</sup> and may be either free of charge, privately funded or commissioned by NHS England, the local authority or the CCG.

Examples of such services include delivery services, allergy testing, care homes services, and sexual health services; this is not an exhaustive list.

### **4.1 Local authority commissioned services provided by community pharmacies in Barking and Dagenham**

LBBB commissions the following services from community pharmacies:

- NHS health checks
- support to stop smoking service
- sexual health service:
  - emergency contraception service
  - chlamydia screening
  - condom distribution
- substance misuse service
  - supervised consumption of methadone and buprenorphine service
  - needle exchange service
- transforming community equipment services (TCES) programme

All services may also be provided from other providers e.g. GP practices. A full list of services and community pharmacy providers can be found in Appendix A.

### **4.2 Clinical commissioning group commissioned services**

Barking and Dagenham CCG currently commissions an anti-coagulation service in one community pharmacy:

- Britannia Pharmacy, 11 Faircross Parade, Longbridge Road, Barking, Essex, IG11 8UU

This service has been given notice of withdrawal from 1<sup>st</sup> April 2015. Local authority and CCG commissioners were asked for their views on which services they would consider commissioning from community pharmacy providers. Many services are already commissioned by the CCG or local authority from other providers. For the majority of services, the CCG or local authority would be willing to commission from community pharmacies. A copy of the survey can be found in Appendix E and the full results of the survey in Appendix K.

### **4.3 Other services provided from community pharmacies**

As part of the community pharmacy contractor survey, found in Appendix D, community pharmacies were asked to indicate against a range of other services which they currently provide, would be willing to provide or would not be willing to provide. A number of pharmacies indicated that they currently provide a number of these services. Apart from those services commissioned by the local authority, these services are not currently commissioned.

Therefore any services are privately provided and funded. A summary of the community pharmacy contractor survey is detailed in Appendix J.

### **4.4 Collection and delivery services**

From the pharmacy contractor survey, 84% of pharmacies offer a free delivery service of dispensed medicines, upon request and 7% offer a chargeable delivery service. Over three out of four pharmacies offer this service only to selected patient groups. Almost all pharmacies who responded offer a repeat prescription service, to order repeat prescriptions on the patient's behalf, collect the prescription from their surgery and dispense it ready for the patient to collect / be delivered.

### **4.5 Language services**

All pharmacies that responded to the community pharmacy contractor questionnaire reported that they offer at least one additional language in addition to English. A total of 23 languages, other than English, were reported as spoken in pharmacies in Barking and Dagenham. Most common spoken additional languages were Urdu and Hindi (15% of respondents), Gujarati (14% of respondents) and Punjabi (13%).

### **4.6 Services for less-abled people**

As a requirement of the Equalities Act 2012, community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all equalities groups, including less-abled persons

### **4.7 Electronic prescription service**

Many GP practices are now able to transmit prescriptions electronically to a pharmaceutical service provider (community pharmacy or dispensing appliance contractor). This system is known as EPS Release 2 and means that the patient no longer needs to obtain a paper prescription and present it at their pharmacy for dispensing. Electronic prescriptions are sent directly to the pharmacy nominated by the patient. GP practices which are enabled to provide this service may transmit electronic prescriptions to a pharmacy who has a dispensing system enabled to receive electronic ('Release 2') prescriptions. 100% of respondents to the community pharmacy contractor questionnaire report that they have a system which is compliant to receive electronic prescriptions.

Data available on which pharmacies in England are enabled to offer the EPS is available from NHS Choices<sup>47</sup>. Appendix A contains information (correct as 4<sup>th</sup> November 2014) from the NHS Choices website showing that 100% of pharmacies in Barking and Dagenham HWB area are enabled to provide the EPS.

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<sup>47</sup> NHS Choices website: <http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

## Section 5: Findings from the public survey

A public survey about pharmacy provision was developed (Appendix C) and compiled by Barking and Dagenham PNA Steering Group. This was circulated to a range of stakeholders listed below:

- all pharmacy contractors in the borough to distribute to the public
- all GP practices in the borough to distribute to the public
- the local Healthwatch
- leisure centres and libraries within the borough
- the Council website and,
- social media

A total of 480 surveys were received. A summary of the results can be found in Appendix I.

Table 44 provides the demographic analysis of respondents.

- **91%** rated their overall satisfaction on the service received from their local pharmacy as **'Excellent'** or **'Good'**
- **32%** indicated that they used pharmacies **up to every month for the purchase of over the counter medicines**, with **82%** having a regular or preferred pharmacy they use
- **85%** rated the ease of obtaining medication as **'Excellent'** or **'Good'**
- **42%** rated as important that the pharmacy is **close to their GP surgery**; **73%** that the pharmacy is **close to their home**; **20%** that the pharmacy is **close to where they work** and **31%** that the pharmacy has **friendly staff**
- **61%** walk to their community pharmacy; **32%** use a **car / taxi**; **6%** use **public transport**; **2%** use **other forms** (wheelchair, mobility scooter)
- **80%** had **no difficulties travelling** to their pharmacy; **15%** had **parking difficulties**; **4%** had **problems with the location** of the pharmacy; and **1%** had **problems of public transport availability**
- A significant number of respondents had no **most convenient day (58%)** or **time (49%)** to **visit their pharmacy**
- **71%** of respondents report having a **journey time of no more than ten minutes**
- **91%** rated their **confidence in the pharmacists knowledge and advice** as **'Excellent'** or **'Good'**



Table 44 - Demographic analysis of the community pharmacy user questionnaire respondents

Sex (%)					
Male			Female		
34.13%			65.87%		
Age (%)					
U18	18-24	25-34	35-44	45-59	60+
0.25%	6.84%	13.92%	19.75%	32.15%	27.09%
Illness or disability (%)?					
Yes			No		
14.38%			85.62%		
Ethnic origin (%)				Survey	2011 census
Arab				0	0.5%
Asian / Asian British - Bangladeshi				1.58%	4.1%
Asian / Asian British - Indian				4.22%	4%
Asian / Asian British - Pakistani				2.11%	4.3%
Asian / Asian British - Chinese				0.26%	0.7%
Asian / Asian British - Other (please state)				0.53%	2.8%
Black / African / Caribbean / Black British - African				3.43%	15.4%
Black / African / Caribbean / Black British - Caribbean				2.64%	2.8%
Black / African / Caribbean / Black British - Other (please state)				1.32%	1.7%
Gypsy or Traveller of Irish Heritage				0	0.1%
Dual Heritage - White and Asian				0.79%	0.7%
Dual Heritage - White and Black African				0.79%	1.1%
Dual Heritage - White and Black Caribbean				1.85%	1.4%
Dual Heritage – Other (please state)				0	1%
White - British				73.61%	49.5%
White - Irish				3.17%	0.9%
White - Other				3.43%	7.8%
Other ethnic group (please state)				0.26%	1%

## **Section 6: Analysis of health needs and pharmaceutical service provision**

### **6.1 Pharmaceutical services and health needs**

Section 2 and Barking and Dagenham Health and Wellbeing Board Strategy (2012/14)<sup>1</sup> show the four priorities that can be supported by the provision of pharmaceutical services within the HWB area which in broad terms are

- prevention
- protection
- improvement
- personalisation

Medicines management is vital in the successful control of many long-term conditions e.g. circulatory diseases, mental health, diabetes, therefore having a positive impact on morbidity and mortality. Disease-specific guidance e.g. National Institute for Health and Care Excellence (NICE) regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

### **6.2 Essential services**

The essential services (ES) of the community pharmacy contract must be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing
- ES 3: Disposal of unwanted medicines
- ES 4: Promotion of healthy lifestyles
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Clinical governance

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on lifelong medicines as part of their treatment e.g. statins or insulin.

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

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

ES4 provides the ability to:

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

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Evidence shows that community pharmacists are potentially the most accessed healthcare professionals in any health economy<sup>44</sup> and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms<sup>44</sup>. Although the evidence base is currently very small in measuring the effectiveness and cost effectiveness of community pharmacies’ contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role and for further research. This has been highlighted as a key area for improving health outcomes in the Joint Health and Wellbeing Strategy and supports all four priority areas.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in the supporting all eight priorities and could have a supportive role in all four priority areas.

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

ES7 provides the governance structure for the delivery of pharmacy services. This structure is set out within the 2013 regulations and includes:

- a patient and public involvement programme
- a clinical audit programme
- a risk management programme
- a clinical effectiveness programme
- a staffing and staff programme
- an information governance programme

It provides an opportunity to audit pharmacy services and influence to the evidence base for the best practice and contribution of pharmacy services especially to meeting local health priorities within Barking and Dagenham HWB area.

Many of the Barking and Dagenham CCG commissioning intentions<sup>48</sup> are in partnership with neighbouring Havering CCG and Redbridge CCG and therefore may incorporate pharmacies in all three corresponding HWB areas and are outlined in the Barking and Dagenham, Havering and Redbridge Integrated Care Coalition Strategic Plan June 2014<sup>48</sup>.

This strategic plan highlights the “Primary Care Transformational Programme” Barking and Dagenham, Havering and Redbridge CCGs are committed to playing its part in ensuring that primary care services in the borough meet the needs of local people. The CCGs want to empower and support patients and carers to maintain independence, and work in partnership in an integrated, co-ordinated health and social care system to achieve this.

Fundamental to achieving this vision will be the role of general practice and the wider primary care 'family' (i.e. community pharmacy, dentistry and high street opticians), however, primary care needs to transform in three main ways to deliver:

- improvement in the quality and performance of primary care
- general practice working more effectively with others to deliver co-ordinated and integrated care
- where appropriate, smaller general practice units working together as a single unit to realise better outcome and benefits for patients and the local health economy

The Primary Care Transformation Programme aims to allow local GPs to lead a system that empowers patients to feel more supported to manage long term conditions, increase positive patient experience and reduce unplanned attendances and admissions to hospital.

The programme has three key areas of focus:

- the development of the primary care provider market to ensure that it is fit for purpose and ready to respond to commissioning intentions
- quality improvement: identifying local needs and working with partners to set standards
- the co-commissioning of primary care services by NHSE, public health and the CCGs to provide a whole-system approach to meet our population needs

### **6.3 Advanced services**

Evidence shows that up to half of medicines may not be taken as prescribed, or simply not taken at all.

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<sup>48</sup> Barking and Dagenham Commissioning Strategy Plan: [www.barkingdagenhamccg.nhs.uk/.../PT-presentation-6-11-2012.pdf](http://www.barkingdagenhamccg.nhs.uk/.../PT-presentation-6-11-2012.pdf)

Advanced services have a role in highlighting issues with medicines or appliance adherence issues and also in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term conditions management. Advanced services provide an opportunity to identify issues with side effects, changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines, and in some cases, cost saving for the CCG. Advanced services may also identify other issues such as general mental health and well-being, providing an opportunity to signpost to other local services or service within the pharmacy e.g. seasonal flu immunisation or repeat dispensing.

Promotion of self-care is an important aspect to the management of many long-term conditions and a key element to support priority three. Advanced services are accessible in six localities (Section 6) and provide a key opportunity for the pharmacist to do so e.g. promoting the importance of dry weight monitoring in heart failure management. Other opportunities involving medicines management are highlighted in the Case for Change – Integrated Care across Barking and Dagenham CCG, Havering CCG and Redbridge CCG<sup>48</sup>.

#### **6.4 Enhanced services**

In Barking and Dagenham there are three pharmaceutical enhanced services commissioned by NHS England (Section 3.6) which are a minor ailments service, immunisation services, and the Pharmacy Urgent Repeat Medication (PURM) service. Enhanced services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services. Appendix A provides details of the pharmacies providing enhanced services.

The Pharmacy Urgent Repeat Medication (PURM) service was launched on 1<sup>st</sup> December 2014. The service allows pharmacies to provide emergency repeat medications at NHS expense, without the need for a prescription or GP appointment. The service recognises that on occasions patients may mistakenly run out of urgent repeat medication when their GP surgery is closed, and prevents the need to access urgent care to obtain a prescription for the medication. The service is currently being run as a pilot until 1<sup>st</sup> April 2015, when it will be evaluated. For the purpose of this PNA, provision of this service has not been analysed. Should a full service be commissioned beyond 1<sup>st</sup> April 2015, the HWB will consider the provision of this service.

Commissioning, delivery and regulation of immunisation services are now shared at national level between NHS England, Public Health England (PHE) and the Department of Health (DH); the local operating model divides responsibilities between NHS England, PHE and Barking and Dagenham Local Authority.

#### **6.4.1 Immunisation services**

In Barking and Dagenham, a total of 38,143 vaccines were administered of which 3,120, or 8.18%, were provided in community pharmacies.

The number of pharmacies per CCG area ranged from 14 to 49 – a rate of 6.85 pharmacies per 100,000 people to 18.47 per 100,000. The mean was 13 per 100,000.

In Barking and Dagenham 31 pharmacies, or 82%, provided immunisation services in 2013/14, this equates to 15.9 per 100,000. These are geographically spread across the borough and the service is accessible in six localities.

Immunisation is a key intervention to protect at-risk groups such as older people, people living with diabetes, COPD, CVD or carers against diseases such as seasonal flu or shingles which can cause additional health complications that can be associated with unplanned hospital admissions. Therefore, there is a vital need for this service which supports all priority areas but in particular one and two.

There is a strong evidence base for the role of immunisation in reducing morbidity and mortality in the adult and child population. For example, seasonal flu immunisation is established as an effective and cost effective intervention in reducing unplanned hospital admissions in many long-term conditions e.g. respiratory disease, circulatory disease.

In 2014/15, an additional immunisation service will be commissioned from pharmacies by NHS England in line with national immunisation programmes. This service is the pneumococcal immunisation programme.

#### **6.4.2 Minor ailments service**

The aims of a minor ailment scheme or service are to improve access to treatment for people with minor ailments by encouraging them to utilise a pharmacist, and thereby decrease attendances at GP practices and other care settings e.g. urgent care for the treatment of minor ailments. In doing so, this can increase capacity within GP practices and other care settings. There is a growing evidence base for the effectiveness of such schemes.

The Barking and Dagenham JSNA<sup>10</sup> does not specifically consider minor ailments schemes provided by pharmacies however this service also supports the self-care agenda which features strongly in the Joint Health and Wellbeing Strategy<sup>1</sup>.

Minor ailments schemes are commissioned by NHS England on a borough basis and not on a pan-London model. It should be noted there is heterogeneity in service description across London.

At September 2014, 33 pharmacies, or 87%, are commissioned to provide a minor ailment scheme in the HWB area. These pharmacies are geographically spread across the borough and the service is accessible in all six localities. Activity levels were not available for this service from NHS England.

Appendix A shows details of pharmacies providing this enhanced service.



## **6.5 Locally commissioned services**

Appendix A provides a summary of locally commissioned services (LCS) within Barking and Dagenham pharmacies described in Section 4.1 and 4.2. It is important to note the commissioning status of each service as this defines whether or not it is a locally commissioned service.

Locally commissioned services are included within this assessment where they affect the need for pharmaceutical services, or where the further provision of these services would secure improvements or better access to pharmaceutical services. Some of these services are considered.

### **6.5.1 Locally commissioned services by Barking and Dagenham CCG**

Barking and Dagenham CCG commission one locally commissioned service from only one pharmacy (Britannia Pharmacy, map reference 7); this is an Anti-coagulation Service. This service will be decommissioned on 31<sup>st</sup> March 2015 therefore has not been considered in the PNA.

Anti-coagulation services are referred to as an enhanced service within the Pharmaceutical Directions<sup>11</sup>. In theory they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBBD. If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population.

### **6.5.2 Locally commissioned services by LBBD**

#### **6.5.2.1 Stop smoking services**

Smoking is the UK's single greatest cause of preventable illness and early death. Adults who smoke lose on average 13 to 14 years of their lives and more than 86,000 people in the UK die from smoking each year. It is a major issue highlighted in the Barking and Dagenham JSNA<sup>10</sup> and Joint Health and Wellbeing Strategy<sup>1</sup>. The prevalence of smoking in people aged 18 and over is significantly higher in Barking and Dagenham than in London and England<sup>49</sup> and is discussed in Section 2 in detail.

Thirty pharmacies, or 79%, of the pharmacies in the borough, 30 (or 79%), are commissioned to provide stop smoking services. These are spread across the HWB area and the service is available in the six localities. Nationally pharmacies have been an established provider of stop smoking services for a number of years.

Stop smoking services are referred to as an enhanced service within the Directions<sup>11</sup>. In theory they may be commissioned by NHS England as a pharmaceutical enhanced service, but currently they are not in Barking and Dagenham. If NHS England chooses to commission this service from pharmacies in Barking and Dagenham in the future, the capacity, quit rates and accessibility of all providers of stop smoking services within

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<sup>49</sup> <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/6/par/E12000007/are/E09000002> accessed 6/11/14

localities and within the whole HWB area should be considered along with the commissioning intentions for pharmacies.

### **6.5.2.2 Emergency hormonal contraception**

Sexual health has a major focus in the Barking and Dagenham JSNA<sup>10</sup> and Joint Health and Wellbeing Strategy<sup>1</sup>, with pharmacies role highlighted in service provision.

Teenage conception includes all conceptions before the mother's 20th birthday, but the national focus is on conception under 18. The conception rate is the number of pregnancies that start before the mother's 18th birthday (per 1,000 young women aged 15 to 17) and includes pregnancies that end either in birth or in termination.

There is a comparatively young population compared with the England average and a high rate of teenage pregnancies although this has declined from the peaks seen in 2002/03. In 2012, teenage pregnancy rates are higher than the London and national average in England and are discussed in Section 2.

Emergency hormonal contraception (EHC) is provided as a free service to females aged 13 to 24 years of age presenting at a commissioned pharmacy in the HWB area. 21 pharmacies, or 55% are commissioned to provide this service. These are geographically spread across the HWB area and the service is accessible in six localities. Nationally, pharmacies have been an established provider of EHC for a number of years.

Activity data for this service was not available however there is a very strong evidence base for the use of EHC in reducing unplanned or unwanted pregnancies, especially within teenage years. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy within England as recommended by NICE.

The drug, Levonorgestrel is used for emergency hormonal contraception. Through this service it is supplied under a patient group direction (PGD) service to women who meet the criteria for inclusion of the PGD and service specification. Note the drug can also be prescribed using an NHS prescription. It may also be bought as an over-the-counter medication from pharmacies, however the user must be 16 years or over hence the need for a PGD service within pharmacies, which provides access from 13 years of age.

PGD services are referred to as an enhanced service within the Pharmaceutical Directions. In theory they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBBD.

If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population. When establishing service need and the commissioning intentions for pharmacies,

It should also consider the capacity, activity and accessibility of all providers who have the potential to supply Levonorgestrel under PGD on an NHS prescription or as an over-the-counter medication in Barking and Dagenham.

### **6.5.2.3 Chlamydia screening**

The National Chlamydia Screening Programme (NCSP), which started locally in Barking and Dagenham in 2008, specifically targets 15-24 year olds. 30% of people under the age of 25 years were screened in 2013. Positivity rates were similar to the national average and are discussed in Section 2. In 2012/13, there was a coverage of 25% nationally and 27% for London, with an 8% positivity rate for London and England alike (Chlamydia Testing Activity Dataset 2013). Activity data specifically for the pharmacy based service was not available. There is a strong evidence base for the effectiveness of chlamydia screening programmes in reducing the prevalence of chlamydia within the population.

There is no treatment element to this service and therefore this is not currently a PGD service.

Twenty one pharmacies (55%), are commissioned to provide this service. These are geographically spread across the HWB area and the service is accessible in six localities. Nationally, pharmacies have been an established provider of chlamydia screening for a number of years.

Screening services are referred to as an enhanced service within the Pharmaceutical Directions<sup>11</sup>. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBBB. If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population. It should also consider the capacity, activity and accessibility of all providers of chlamydia screening services in Barking and Dagenham when establishing service need and the commissioning intentions for pharmacies.

### **6.5.2.4 Condom supply service**

The service is commonly known as the C-card scheme and is a free condom distribution service. The C-card scheme operates in tandem with the EHC and chlamydia service.

Activity data for this service was not available however there is a very strong evidence base for the use of free condom services in reducing unplanned or unwanted pregnancies and reducing the transmission of STI. Their use forms part of an overall national strategy to reduce the rate of teenage pregnancy within England as recommended by NICE.

Twenty one pharmacies (55%), are commissioned to provide this service. These are geographically spread across the HWB area and the service is accessible in six localities. Nationally, pharmacies have been an established provider of the C-card scheme.

Condom supply, or this type of supply service, are not referred to as an enhanced service within the Pharmaceutical Directions<sup>11</sup>.

Therefore they may not be commissioned by NHS England as a pharmaceutical enhanced service. This service can only be commissioned as a LCS.

#### **6.5.2.5 NHS Health Checks**

The NHS Health Check is a vascular risk assessment aimed at calculating the risk of a cardiovascular event within ten years of the day of the check. They are aimed at adults in England aged 40 to 74, and form part of the Putting Prevention First, NHS programme<sup>50</sup>. Crucially, a NHS Health Check can detect potential problems before they do real damage.

Everyone is at risk of developing heart disease, stroke, diabetes, kidney disease and some forms of dementia. The NHS Health Check can help to detect risk factors such as obesity and high blood pressure associated with these health problems and gives an opportunity to give personalized advice on how to reduce these risks. It is a free service to the public including any follow-up tests or appointments. Many of the risk factors associated with CVD are also associated risk factors for cancer e.g. smoking.

Ten pharmacies, or 26%, are commissioned to provide this service. These are geographically spread across the HWB area and the service is accessible in six localities. Nationally, pharmacies have been an established provider of NHS Health Checks for a number of years.

Screening services are referred to as an enhanced service within the Pharmaceutical Directions<sup>11</sup>. In theory they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBBD. If NHS England chooses to commission this service in from pharmacies the future, this should be based upon a defined need within the population. It should also consider the capacity, activity and accessibility of all providers of NHS Health Checks in Barking and Dagenham when establishing service need and the commissioning intentions for pharmacies.

#### **6.5.2.6 Other screening services**

Increasingly, community pharmacies have been commissioned to provide screening services therefore providing additional choice and access to local populations. Currently chlamydia and NHS Health Checks are the only screening services commissioned from pharmacies within the HWB area.

Some examples of others are HIV screening, alcohol screening and weight management. The commissioners survey (Appendix E) highlighted the potential for utilising pharmacies for some of these screening services. The Joint Health and Wellbeing Strategy highlights the importance of screening programmes with access to screening services have a significant role in the supporting numerous outcomes highlighted but in particular priorities one and two.

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<sup>50</sup> Putting Prevention First: Vascular Checks: risk assessment and management, DH, 2008. [www.healthcheck.nhs.uk/document.php?o=227](http://www.healthcheck.nhs.uk/document.php?o=227)

### **6.5.2.7 Substance misuse services**

Community pharmacies have been utilised for a number of years by Drug and Alcohol Action Team (DAAT) service providers in the provision of supervised consumption services and needle exchange services.

Access to DAAT services have a significant role in supporting several outcomes highlighted in the Joint Health and Wellbeing Strategy and are discussed in Section 2.

#### **6.5.2.7.1 Supervised consumption**

Supervised consumption involves the client consuming opioid substitution products under the direct supervision of a pharmacist in a community pharmacy. It is a medicines adherence service which aims to:

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

30 pharmacies, or 79%, in Barking and Dagenham are commissioned to provide this service. These are geographically spread across the borough and the service is accessible in six localities.

Alcohol and drug use, especially in the younger population, is a health priority for Barking and Dagenham.

Supervised administration services are referred to as an enhanced service within the Pharmaceutical Directions<sup>11</sup>. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBBD. If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population.

When establishing service need and the commissioning intentions for pharmacies, it should also consider the capacity, activity and accessibility of all providers of supervised administration substance misuse services within Barking and Dagenham.

#### **6.5.2.7.2 Needle exchange service**

This service is an integral part of the harm reduction strategy for drug users. It aims to reduce the spread of blood borne pathogens e.g. Hepatitis B, Hepatitis C, HIV and to act as a referral point for service users to other health and social care services.

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

12 pharmacies, or 32%, in Barking and Dagenham are commissioned to provide this service.

Needle and syringe exchange services are referred to as an enhanced service within the Pharmaceutical Directions<sup>11</sup>.

In theory they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBBD. If NHS England chooses to commission this service from pharmacies in the future, this should be based upon a defined need within the population. It should also consider the capacity, activity and accessibility of all providers of needle and syringe exchange services within Barking and Dagenham when establishing service need and the commissioning intentions for pharmacies.

#### **6.5.2.8 Transforming community equipment services**

Transforming community equipment services (TCES) project is a London region wide programme to accelerate the implementation of a retail solution for simple aids to daily living (SADLs) across London. Simple aids are those items such as eating and drinking utensils, grab rails, bathing aids, furniture, sensory aids and raised toilet seats which help people to be independent.

Currently if a person qualifies for local authority social care support, an assessment by an occupational therapist, physiotherapist or community nurse will take place and the assessor orders the equipment which is loaned to the user. The user has no choice in the equipment given to them, which is also usually second hand. Local authorities across England are free to adopt this model as part of Transforming Adult Social Care Services. London however, is the first region to gain commitment to a regional approach.

Under the TCES programme, accredited retailers, including community pharmacies, are reimbursed for supplying ability aids and equipment against 'prescriptions' (N.B. not NHS FP10 forms). Pharmacies register as accredited retailers under TECS with the Community Equipment Dispenser Accreditation Body (CEDAB)

By utilising pharmacies as distribution hubs. TECS is located right in the heart of local communities.

17 pharmacies, or 45%, in the HWB area are commissioned to provide this service. These are geographically spread across the borough, the service is available in every locality with the exception of North.

TCES or this type of supply service is not referred to as an enhanced service within the Pharmaceutical Directions<sup>11</sup>. Therefore they may not be commissioned by NHS England as a pharmaceutical enhanced service. This service can only be commissioned as a LCS.

#### **6.6 PNA localities**

There are 38 pharmacies within the HWB area, these are illustrated in Map A. Pharmacy opening times are listed in Sections 3.4.2, 3.4.3, 3.4.4, Map A and Appendix A.

As described within Section 1.5, the PNA Steering Group decided that the Barking and Dagenham HWB should be divided into six localities for the PNA:



- Central
- East
- North
- South East
- South West
- West

Substantial health data are available at this level, and populations and their health needs vary widely between wards. This is illustrated to varying degrees per locality and subsequently discussed in detail in Section 2.

Taking the health needs highlighted in each locality into consideration including Map B and Map C, this chapter considers the pharmaceutical service provision within each locality. The location of pharmacies by locality is illustrated in Map A.

### **6.6.1 Central locality**

There are nine community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 20.4. This is slightly greater than the Barking and Dagenham average (19.6), less than the London average of 22.5 and less than the England average of 21.6 (Table 31, Section 3.1). This locality has the highest number of pharmacies and an IMD score of 35 (Figure 10, Section 2). This is the most populated locality. All nine pharmacies hold a standard 40 core hour contract. There are no 100 hour contract pharmacies however there is one “late night” pharmacy open until 8pm on weekdays (David Lewis Pharmacy, map reference 12)

Based upon the nine pharmacies:

- seven pharmacies (78%) are open after 6pm weekdays
- nine pharmacies (100%) are open on Saturdays
- one pharmacy (11%) is open on Sunday
- eight pharmacies (89%) provide MURs
- eight pharmacies (89%) provide NMS

Regarding access to enhanced services within the locality:

- nine pharmacies (100%) provide MAS
- seven pharmacies (78%) provide immunisation services

Regarding access to locally commissioned services within the locality:

- two pharmacies (22%) provides NHS Health Checks
- eight pharmacies (89%) provide stop smoking services
- five pharmacies (56%) provide EHC, chlamydia screening and condoms supply
- seven pharmacies (78%) provide supervised consumption
- one pharmacy (11%) provides needle exchange
- seven pharmacies (78%) provide TCES

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the locality population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB localities.

### **6.6.2 East locality**

There are four community pharmacies and one DAC in this locality and the estimated average number of community pharmacies per 100,000 population is 15.2, which is the lowest estimate for any locality. This estimate is less than the Barking and Dagenham average (19.6), less than the London average (22.5) and less than the England average of 21.6 (Table 2, Section 3.1). This locality (and North locality) have the lowest number of pharmacies and an IMD score of 33.5 (Figure 10, Section 2). All four pharmacies hold a standard 40 core hour contract. The DAC is opening for 12 hours on weekdays until 8pm and for four hours on a Saturday. There are no 100 hour contract or “late night” pharmacies in the locality.

Based upon the four pharmacies:

- four pharmacies (100%) are open after 6pm weekdays
- four pharmacies (100%) are open on Saturdays
- zero pharmacies (0%) are open on Sunday
- four pharmacies (100%) provide MURs
- four pharmacies (100%) provide NMS

Regarding access to enhanced services within the locality:

- four pharmacies (100%) provide MAS
- four pharmacies (100%) provide immunisation services

Regarding access to locally commissioned services within the locality:

- two pharmacies (50%) provide NHS Health Checks
- four pharmacies (100%) provide stop smoking services
- four pharmacies (100%) provide EHC, chlamydia screening and condoms supply
- two pharmacies (50%) provide supervised consumption
- three pharmacies (75%) provide needle exchange
- four pharmacies (100%) provide TCES

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services.

Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the locality population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB localities.

### **6.6.3 North locality**

There are five community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 22.4, which is greater than the Barking and Dagenham average (19.6), almost equals the London average (22.5) and is greater than the England (21.6) (Table 2, Section 3.1). This locality is the less populated, the least number of pharmacies (with East locality) and an IMD score of 31.6 which is the lowest of any locality (figure 10, Section 2). Four pharmacies hold a standard 40 core hour contract. There is one 100 hour contract pharmacy (Super.Care Pharmacy+, map reference 32) and one of the other four pharmacies is a “late night” pharmacy open until 8pm on Monday to Saturday and for six hours on Sunday weekdays (Sainsburys Pharmacy, map reference 30)

Based upon the five pharmacies:

- four pharmacies (80%) are open after 6pm weekdays
- five pharmacies (100%) are open on Saturday
- two pharmacies (40%) are open on Sunday
- five pharmacies (100%) provide MURs
- five pharmacies (100%) provide NMS

Regarding access to enhanced services within the locality:

- five pharmacies (100%) provide MAS
- four pharmacies (80%) provide immunisation services

Regarding access to locally commissioned services within the locality

- one pharmacy (20%) provides NHS Health Checks
- four pharmacies (80%) provide stop smoking services
- one pharmacy (20%) provides EHC, chlamydia screening and condoms supply
- one pharmacy (20%) provides supervised consumption
- two pharmacies (40%) provide needle exchange
- zero pharmacies (0%) provide TCES

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the locality population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB localities.

#### **6.6.4 South East locality**

There are six community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 17.7, which is less than the Barking and Dagenham average (19.6), less than the London average (22.5) and less than the England average of 21.6 (Table 2, Section 3.1). This locality has an IMD score of 35.2 (Figure 10, Section 2). All six pharmacies hold a standard 40 core hour contract. There are no 100 hour contract pharmacies and none of the six pharmacies could be regarded as a “late night” pharmacy.

Based upon the six pharmacies:

- three pharmacies (50%) are open after 6pm weekdays
- five pharmacies (83%) are open on Saturdays
- one pharmacy (17%) is open on Sunday
- six pharmacies (100%) provide MURs
- six pharmacies (100%) provide NMS

Regarding access to enhanced services within the locality:

- six pharmacies ( 100%) provide MAS
- five pharmacies (83%) provide immunisation services

Regarding access to locally commissioned services within the locality:

- three pharmacies (50%) provide NHS Health Checks
- four pharmacies (67%) provide stop smoking services
- three pharmacies (50%) provide EHC, chlamydia screening and condoms supply
- six pharmacies (100%) provide supervised consumption
- one pharmacy (17%) provides needle exchange
- one pharmacy (17%) provides TCES

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the locality population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB localities.

#### **6.6.5 South West locality**

There are six community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 16.7, which is less than the Barking and Dagenham average (19.6), less than the London average (22.5) and less than the England average of 21.6 (Table 2, Section 3.1). This locality has an IMD score of 32.2 (Figure 10, Section 2). All six pharmacies hold a standard 40 core hour contract.

There are no 100 hour contract pharmacies however two of the six pharmacies could be regarded as a “late night” pharmacy, (Asda Pharmacy - map reference 3, and Britannia Pharmacy – map reference 11)

Based upon the six pharmacies:

- five pharmacies (83%) are open after 6pm weekdays
- six pharmacies (100%) are open on Saturdays
- one pharmacy (17%) is open on Sunday
- six pharmacies (100%) provide MURs
- five pharmacies (83%) provide NMS

Regarding access to enhanced services within the locality:

- six pharmacies (100%) provide MAS
- five pharmacies (83%) provide immunisation services

Regarding access to locally commissioned services within the locality:

- one pharmacy (17%) provides anti-coagulation service
- two pharmacies (33%) provide NHS Health Checks
- five pharmacies (83%) provide stop smoking services
- four pharmacies (67%) provide EHC, chlamydia screening and condoms supply
- six pharmacies (100%) provide supervised consumption
- one pharmacy (17%) provides needle exchange
- one pharmacy (17%) provides TCES

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs.

Although specific data are not available, the locality population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB localities.

Barking Riverside is a new neighbourhood being developed along a 2km shore of the Thames. Outline planning consent has been granted for a total of 10,800 new homes. It is anticipated that by March 2015 there will be in the region of 700 homes occupied. Planning consent has been agreed for around a further 700 dwellings for the period 2015-2017. Planning currently restricts the development to up to 1,500 homes until further significant transport infrastructure is built. During 2014 and 2015, public consultations are being held regarding the extension of existing rail lines to cover the Riverside development. Eventually it is anticipated the 10,800 homes will provide housing for a population in the region of 29,000 new residents, which require significant new community infrastructure including healthcare services. Until further detailed development plans are known, the HWB will continue to work with NHS England and

the local council to understand the community infrastructure plans and healthcare provision needs of this growing community. It is anticipated that the pharmaceutical service of the predicted population of Barking Riverside through the time horizon of this PNA will be met by existing nearby providers.

### **6.6.6 West locality**

There are eight community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 30.7, which is the highest estimate for any locality. This estimate is also much higher than the Barking and Dagenham average (19.6), the London average (22.5) and the England average of 21.6 (Table 2, Section 3.1). This locality has an IMD score of 38.1 which is the highest for any locality (Figure 10, Section 2). Six pharmacies hold a standard 40 core hour contract. There are two 100 hour contract pharmacies which is the highest proportion for any locality. None of the other six pharmacies could be regarded as a “late night” pharmacy.

Based upon the eight pharmacies:

- seven pharmacies (88%) are open after 6pm weekdays
- eight pharmacies (100%) are open on Saturdays
- three pharmacies (38%) are open on Sunday
- eight pharmacies (100%) provide MURs
- eight pharmacies (100%) provide NMS

Regarding access to enhanced services within the locality

- five pharmacies (62%) provide MAS
- eight pharmacies (100%) provide immunisation services

Regarding access to locally commissioned services within the locality

- one pharmacy (12%) provides NHS Health Checks
- six pharmacies (75%) provide stop smoking services
- four pharmacies (50%) provide EHC, chlamydia screening and condoms supply
- eight pharmacies (100%) provide supervised consumption
- three pharmacies (38%) provide needle exchange
- four pharmacies (50%) provide TCES

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services.

Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs.

Although specific data are not available, the locality population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB localities.



## 6.7 Necessary services – gaps in service provision

For the purposes of this PNA, necessary services are defined as:

- essential services provided at all premises on the pharmaceutical list during all the opening hours of the pharmacy in line with their terms of service as set out in the 2013 Regulations
- advanced services in line with their terms of service as set out in the 2013 Regulations

The HWB have considered the White Paper Pharmacy in England: Building on strengths – delivering the future (2008)<sup>45</sup> which states that it is strength of the current system that community pharmacies are easily accessible. The HWB consider that the population of Barking and Dagenham currently experience this situation in all six PNA localities.

The HWB has considered the following when assessing the provision of necessary services in the HWB area and each of the six PNA localities:

- the location of pharmacies within each of the six PNA localities and across the whole Barking and Dagenham HWB area (Map A )
- the BAME levels by electoral ward compared to the relative location of pharmacy premises (Map B)
- the IMD and deprivation ranges compared to the relative location of pharmacy premises (Map C)
- percentage of population of the HWB area and the average daytime travel times to nearest community pharmacy (Section 3)
- using average drive time, 98.2% residents can access their nearest pharmacy by car within five minutes, increasing to 100% within ten minutes (Map D)
- using average public transport times, 88.2% of residents can access their nearest pharmacy within ten minutes, increasing to 100% within 15 minutes (Map E)
- using average walking times, 95% of residents can access their nearest pharmacy within 20 minutes, increasing to 100% within 30 minutes (Map F)
- the number, distribution and opening times of pharmacies within each of the six PNA localities and across the whole Barking and Dagenham HWB area (Appendix A and Map A)
- the choice of pharmacies covering the each of the six PNA localities and the whole HWB area (Appendix A)
- results of the patient survey (Section 5 and Appendix I)
- estimate of the average number of community pharmacies per 100,000 population (Section 3)
- average dispensed item per community pharmacy (Section 2)
- key housing developments sites within Barking and Dagenham HWB area (Section 2)

- population density compared to the relative location of pharmacy premises (Map G)
- projected population growth (Section 2)

***The HWB has concluded there are no gaps in the provision of necessary services across the HWB area***

In each locality, there are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and on Sunday. There are three 100 hour pharmacies spread across two localities (Table 5, Section 3).

The HWB has concluded that there is no gap in necessary service provision.

The HWB will consider the change in health needs of each of the six localities as the housing developments listed in Section 2 progress through the three year time horizon of the PNA. The HWB will consider the responses from the public, pharmacy contractors and other stakeholders involved in these developments when considering the changing health needs of the residents of the HWB area.

The Barking and Dagenham CCG Commissioning Strategy Plan<sup>48</sup> and Joint Health and Wellbeing Strategic Plan<sup>1</sup> both refer to initiatives that could have an impact on the provision of pharmaceutical services in Barking and Dagenham in the next three years e.g. relocation of secondary care-based services into primary care settings and Primary Care Transformation Programme. These could see an increase in demand for pharmaceutical services in primary care settings within the HWB area. These will be considered by the HWB as the CCG progresses with its commissioning intentions.

Changes in the provision of GP practice based services are occurring e.g. extension in opening hours. Future development of the primary care estate and resultant changes in service provision e.g. introduction of primary care hubs could see an increase in demand for pharmaceutical services in primary care settings within the HWB area. It is unclear if these will occur during the time horizon of this PNA. Any changes will be considered by the HWB as the CCG progresses with its commissioning intentions.

### **6.8 Improvements and better access – gaps in service provision**

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

The HWB recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered however a principle of proportionate consideration should apply.

The patient survey did not record any specific themes relating to pharmacy opening times (Section 5). The HWB therefore concludes there is no significant information to indicate there is a gap in the current provision of pharmacy opening times. The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times based upon the current information and evidence available. The HWB will consider the response by pharmacy contractors to the changing expectations of the public towards pharmacy opening times during the time horizon of this PNA.

With regard to enhanced services, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. However, since 1<sup>st</sup> April 2013, there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services (Section 1.3.1). Therefore, the absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through the Barking and Dagenham CCG and through LBBD (Section 4.1 and 4.2). This PNA identifies those as LCS.

The HWB notes, with the single exception of TCES in North locality, all enhanced services and LCS are accessible to the population in all PNA localities. The HWB also notes that it is unclear in some cases if these services are meeting the needs of the local population due to a lack of activity data and service review. Nevertheless, the HWB has not been presented with any evidence to date which concludes that any of these enhanced services or LCS should be decommissioned or expanded. Based on current information, the HWB has not identified a need to commission any enhanced pharmaceutical services not currently commissioned.

Assessing all information used to construct this PNA, the HWB consider the location, number, distribution and choice of pharmacies covering each of the six localities and the whole HWB area providing enhanced services and LCS, to provide an improvement and better access for population. Based on the current information and evidence available, this conclusion also applied when considering any future circumstances within the time horizon of the PNA.

## **Section 7: Conclusions**

### **7.1 Current provision – necessary and other relevant services**

Barking and Dagenham HWB has identified necessary services in Section 6 as essential services and advanced services as required by Paragraphs 1 and 3 of Schedule 1 to the Regulations

Barking and Dagenham HWB has identified enhanced services in Section 3.6 as pharmaceutical services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Barking and Dagenham HWB has identified locally commissioned services in Sections 4.1 and 4.2 which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

### **7.2 Necessary services – gaps in provision**

In reference to Section 6 and required by Paragraph 2 of Schedule 1 to the Regulations:

#### **7.2.1 Access to essential services**

In order to assess the provision of essential services against the needs of the residents of Barking and Dagenham, the HWB consider access (travelling times by car, public transport and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

##### **7.2.1.1 Access to essential services normal working hours**

Barking and Dagenham HWB has determined that the travelling times by car, public transport and walking and opening hours of pharmacies in all six localities and across the whole HWB area are reasonable in all the circumstances.

*There is no gap in the provision of essential services during normal working hours across the whole HWB area.*

##### **7.2.1.2 Access to essential services outside normal working hours**

Supplementary opening hours are offered by all pharmacies in each locality. There are also three 100 hour contract pharmacies and four “late night” pharmacies open until at least 8pm on week days or weekends.

Almost one in five (18%), of pharmacies within the HWB area are either 100 hour or late night opening pharmacies (open until at least 8pm on weekdays).

These are geographically spread across the HWB area and present in four localities out of six (West, North, Central and South West). This is a substantial proportion of pharmacies. There is no pharmacy open on Sunday in the East locality. Based upon the results of the patient survey, population density (Section 2) and access to pharmacies across the HWB area there is no gap in service which would equate to the need for access to essential services outside normal hours in this locality. The HWB will monitor the uptake and need for necessary services and will consider the impact of any changes in these localities in the future which may provide evidence that a need exists.

*There are no gaps in the provision of essential services outside of normal working hours across the whole HWB area.*

### **7.2.2 Access to advanced services**

Section 6 defines the level of access to advanced services. There is no identified gap in the provision of advanced services as medicines use reviews (MURs) are accessible in 89-100% of pharmacies across all six localities and new medicines services (NMS) are available in 83-100% of pharmacies across all six localities.

*There are no gaps in the provision of advanced services across the whole HWB area.*

### **7.2.3 Access to enhanced services**

Section 6 defines the level of access to enhanced services. The PURM service is currently being run as a pilot until April 2015. There is no identified gap in the provision of enhanced services as minor ailments services are accessible in 62-100% of pharmacies across all six localities and immunisation services are accessible in 78-100% of pharmacies across all six localities.

*There are no gaps in the provision of enhanced services across the whole HWB area.*

#### **7.2.4 Future provision of necessary services**

Barking and Dagenham HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in any of the six localities.

The population growth, coupled with the growing ageing population, will be key drivers for the need for continued growth of pharmaceutical service provision. For each new planned housing development, listed in section 2.5.6, the location and accessibility of existing pharmaceutical service provision has been reviewed by the HWB to ensure there is adequate provision for the new community. Considering the new developments planned for the borough, the HWB is satisfied that in all cases, adequate provision exists for all services in all areas of new developments for the time horizon of this PNA.

*No gaps in the need for pharmaceutical services in specified future circumstances have been identified across the whole HWB area.*

#### **7.3 Improvements and better access – gaps in provision**

As described in Section 6 and required by Paragraph 4 of Schedule 1 to the 2013 Regulations:

##### **7.3.1 Current and future access to essential services**

Barking and Dagenham HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements to or better access to essential services in any of the six localities.

It is recognised that commissioners have expressed strategies on varying how health and social care may be provided in the borough in the future. The HWB are not aware of any firm plans affecting the need for pharmaceutical service provision.

A trial extension of GP practice appointments (between 6.30pm and 10pm weekdays) is currently underway, with a potential to extend to Saturday and Sundays. The HWB considers that there are no gaps for pharmaceutical service provision as a result of the extended GP practice services on weekday evenings and weekends throughout the whole HWB area. Should a need for additional pharmaceutical service provision be proposed within any particular area, existing providers should be encouraged to meet this need, and therefore not be translated into a gap in service provision.



*No gaps have been identified in essential services that if provided either now or in the future would secure improvements, or better access, to essential services across the whole HWB area.*

### **7.3.2 Current and future access to advanced services**

In 2013/14 MURs are available in 89-100% of pharmacies across all localities and NMS is available in 83-100% of pharmacies across all localities. Where applicable, NHS England should encourage all pharmacies and pharmacists to become eligible to deliver the service in all pharmacies so that more suitable patients are able to access and benefit from this service.

Demand for the appliance advanced services stoma appliance customisation (SAC) and appliance use reviews (AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require the services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. NHS England should encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

*There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to advanced services across the whole HWB area.*

### **7.3.3 Current and future access to enhanced services**

NHS England commissions two enhanced services from pharmacies. It also commissions immunisation services from other non-pharmacy providers, principally GP practices.

Some of the enhanced services listed in the 2013 Directions (Section 1.3.1) are now commissioned by Barking and Dagenham CCG (anti-coagulation) or LBBD (NHS Health Checks, Emergency Hormonal Contraception (EHC), chlamydia screening, condom supply, stop smoking, supervised consumption, needle exchange and Transforming Community Equipment Services (TCES) and therefore fall outside of the definition of both enhanced services and pharmaceutical services.

There are no gaps identified in respect of securing improvements, or better access, to enhanced services provision on a locality basis as identified in Section 6 either now or in specified future circumstances. The HWB will monitor the uptake and need for

enhanced services within the HWB area to establish if these services are meeting the needs of the local population.

*No gaps have been identified that if provided either now or in the future would secure improvements, or better access to enhanced services across the whole HWB area.*

*Comprehensive service reviews are required in order to establish if currently and in future scenarios enhanced services secure improvement or better access as an enhanced services across the whole HWB area.*

#### **7.4 Other NHS services**

As required by Paragraph 5 of Schedule 1 to the 2013 Regulations, Barking and Dagenham HWB has considered the implications of any other NHS services that may affect the need for pharmaceutical services in the area of the HWB.

*Based on current information no gaps have been identified in respect of securing improvements, or better access, to other NHS services either now or in specified future circumstances across the whole HWB area.*

#### **7.5 Locally commissioned services**

With regard to enhanced services and locally commissioned services, the HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through Barking and Dagenham CCG (anti-coagulation) or LBBB (NHS Health Checks, EHC, chlamydia screening, condom supply, stop smoking, supervised consumption, needle exchange and TCES). This PNA identifies those as locally commissioned services (LCS).

The HWB notes that, with the single exception of TCES in North locality, all LCS are accessible to the population in all PNA localities. The HWB also notes that it is unclear if these services are meeting the needs of the local population due to a lack of activity data and a lack of service review. With the exception of anti-coagulation service, the HWB has not been presented with any evidence to date which concludes that any of these LCS should be decommissioned or expanded. Based on current information, the HWB has not identified a need to commission any LCS not currently commissioned.

*Regular service reviews are recommended in order to establish if currently and in future scenarios locally commissioned services secure improvement or better access across the whole HWB area.*

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## Appendix A: List of pharmaceutical service providers in Barking and Dagenham HWB area

### East locality

Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)		CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15						
								MURs	NMS	Minor Ailments Service	Immunisation Service		Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange	Tier 2 Smoking cessation service	Sexual Health (Inc. EHC, Chlamydia Screening and Condom Distribution)
9	Britannia Pharmacy	5 Althorne Way, Dagenham, RM10 7AY	40hr	09:00-19:00	09:00-13:00	Closed	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y
22	Fittleworth Medical	7 The Midas Business Centre, Wantz Road, Dagenham RM10 8PS	DAC	08:00-20:00	09:00-13:00	Closed	Y	N	N	N	N	N	N	N	N	N	N	N	N
28	Oxlow Chemist	217 Oxlow Lane, Dagenham, RM10 7YA	40hr	09:00-19:00	09:00-13:00	Closed	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	Y
34	Talati Chemists	282 The Heathway, Dagenham, RM10 8QS	40hr	09:00-18:30	09:00-14:00	Closed	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	Y
39	Waller Pharmacy	279 Heathway, Dagenham, Essex. RM9 5AQ	40hr	09:00-18:30	09:00-17:30	Closed	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y

## West locality

Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)		CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15						
								MURs	NMS	Minor Ailments Service	Immunisation Service		Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange	Tier 2 Smoking cessation service	Sexual Health (Inc. EHC, Chlamydia Screening and Condom Distribution)
6	Boots The Chemists Ltd.	68 East Street, Barking, Essex. IG11 8EQ	40hr	09:00-19:00	09:00-19:00	11:00-17:00	Y	Y	Y	Y	Y	N	N	N	Y	N	N	N	
16	Daynight Pharmacy	17 Station Parade, Barking, Essex. IG11 8ED	100hr	08:00-23:59	10:00-23:59	11:00-17:00	Y	Y	N	N	Y	N	N	N	Y	Y	Y	N	
23	Lords Chemist	35 Station Parade, Barking, Essex. IG11 8EB	40hr	09:00-19:30	09:00-17:00	Closed	Y	Y	Y	Y	Y	N	N	Y	Y	Y	Y	Y	
25	Mayors Chemist	214 Ripple Road, Barking, Essex. IG11 7PR	40hr	09:00-19:30 (Thurs 09:00-16:00)	09:00-16:00	Closed	Y	Y	Y	Y	Y	N	N	Y	Y	N	N	N	

Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)		CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15						
								MURs	NMS	Minor Ailments Service	Immunisation Service		Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange	Tier 2 Smoking cessation service	Sexual Health (Inc. EHC, Chlamydia Screening and Condom Distribution)
29	S S Kalsi	125 St.Marys Parade, Gascoigne Road, Barking, Essex. IG11 7TF	40hr	09:00-18:30 (Thur 09:00-17:30)	09:00-13:00	Closed	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	N
33	Superdrug Chemist	12-13 Station Parade, Barking, Essex. IG11 8DN	40hr	08:30-18:00	08:30-18:00	Closed	Y	Y	Y	N	Y	N	N	N	Y	N	Y	Y	Y
35	Tesco Instore Pharmacy	Highbridge Road, Barking, Essex. IG11 7BS	100hr	Mon 08:00-22:00, Tue-Fri 06:00-22:00	06:00-22:00	10:00-16:00	Y	Y	Y	N	Y	N	N	N	Y	N	Y	Y	Y
37	Thomas Chemist	19 Ripple Road, Barking, Essex. IG11 7NN	40hr	09:00-18:30	09:00-17:30	Closed	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y	Y



## North locality

Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)		CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15					
								MURs	NMS	Minor Ailments Service	Immunisation Service		Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange	Tier 2 Smoking cessation service
20	Lloyds Pharmacy	167- 169 High Road, Chadwell Heath, Romford, Essex. RM6 6NL	40hr	09:00-18:30	09:00-13:00	Closed	Y	Y	Y	N	N	N	Y	N	Y	N	Y	N
24	Mastaa-Care Pharmacy	26 Whalebone Lane South, Dagenham, Essex. RM8 1BJ	40hr	09:00-19:00 (Thur 09:00-17:30)	09:00-14:00	Closed	Y	Y	Y	Y	Y	N	N	N	N	Y	Y	N
30	Sainsburys Pharmacy	97-131 High Road, Chadwell Heath, Essex. RM6 6PA	40hr	08:00-20:00	08:00-20:00	10:00-16:00	Y	Y	Y	Y	N	N	N	N	N	N	N	N

Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)		CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15						
								MURs	NMS	Minor Ailments Service	Immunisation Service		Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange	Tier 2 Smoking cessation service	Sexual Health (Inc. EHC, Chlamydia Screening and Condom Distribution)
32	Super.Care Pharmacy+	198-200 High Road, Chadwell Heath, Romford, Essex. RM6 6LU	100hr	08:00-23:59	08:00-23:59	11:00-16:00	Y	Y	Y	Y	Y	N	N	N	Y	N	Y	N	
36	The Co-Operative Pharmacy	107 Rose Lane, Chadwell Heath, Romford, Essex. RM6 5NR	40hr	09:00-18:00	09:00-17:00	Closed	Y	Y	Y	Y	N	N	N	N	N	Y	Y	Y	

## Central locality

Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)		CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15					
								MURs	NMS	Minor Ailments Service	Immunisation Service		Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange	Tier 2 Smoking cessation service
1	Alvin Rose Chemist	606 Longbridge Road, Dagenham, Essex. RM8 2AJ	40hr	09:00-19:00	09:00-17:30	Closed	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y
2	Andrew Bass Pharmacy	1148 Green Lane, Becontree Heath, Dagenham, Essex. RM8 1BP	40hr	09:00-18:00	09:00-13:00	Closed	Y	N	N	Y	Y	N	N	Y	N	N	N	N
8	Britannia Pharmacy	453 Porters Ave, Dagenham, Essex. RM9 4ND	40hr	09:00-18:00	09:00-13:00	Closed	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y

Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)		CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15						
								MURs	NMS	Minor Ailments Service	Immunisation Service		Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange	Tier 2 Smoking cessation service	Sexual Health (Inc. EHC, Chlamydia Screening and Condom Distribution)
12	David Lewis Chemist	16 Porters Ave, Dagenham, Essex. RM8 2AQ	40hr	09:00-20:00	09:00-17:30	Closed	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y	
17	Hannigan Pharmacy	240 Bennetts Castle Lane, Beacontree, Dagenham. RM8 3UU	40hr	09:00-18:30	09:00-13:00	Closed	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	N	
21	Lloyds Pharmacy	281 Wood Lane, Dagenham, Essex. RM8 3NL	40hr	09:00-19:00	09:00-17:30	Closed	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	
27	NuChem Pharmacy	778 Green Lane Dagenham Essex, RM8 1YT	40hr	09:00-18:30	09:00-19:00	Closed	Y	Y	Y	Y	N	N	N	Y	Y	N	Y	Y	

Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)		CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15						
								MURs	NMS	Minor Ailments Service	Immunisation Service		Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange	Tier 2 Smoking cessation service	Sexual Health (Inc. EHC, Chlamydia Screening and Condom Distribution)
31	Sandbern Pharmacy	703-705 Green Lane, Dagenham, Essex. RM8 1UU	40hr	Mon- Fri 09:00-19:30	09:00-14:00	10:00-16:00	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y	
38	Valence Pharmacy	453 Becontree Avenue, Dagenham, Essex. RM8 3UL	40hr	09:00-18:30	09:00-14:00	Closed	Y	Y	Y	Y	Y	N	N	N	N	N	Y	N	

## South East locality

Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)		CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15					
								MURs	NMS	Minor Ailments Service	Immunisation Service		Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange	Tier 2 Smoking cessation service
5	Boots the Chemist	17 The Mall, Heathway, Dagenham, Essex. RM10 8RD	40hr	08:30-17:30	08:30-17:30	10:00-16:00	Y	Y	Y	Y	N	N	Y	N	Y	N	N	Y
13	Day Lewis Pharmacy	2 Royal Parade, Church Street, Dagenham, Essex. RM10 9XB	40hr	09:00-18:00	09:00-13:00	Closed	Y	Y	Y	Y	Y	N	N	N	Y	N	Y	N
14	Day Lewis Pharmacy	149 Broad Street, Dagenham, Essex. RM10 9HX	40hr	09:00-19:00	09:00-14:00	Closed	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y	N



Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)		CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15					
								MURs	NMS	Minor Ailments Service	Immunisation Service		Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange	Tier 2 Smoking cessation service
15	Day Lewis Pharmacy	7 Beadles Parade, Rainham Road South, Dagenham, Essex. RM10 8YL	40hr	09:00-18:00	Closed	Closed	Y	Y	Y	Y	Y	N	N	N	Y	N	N	N
18	Hedgemans Pharmacy	428 Hedgemans Road, Dagenham, Essex. RM9 6BU	40hr	09:00-19:00	09:00-17:30	Closed	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y	Y
19	Kry-Ba Pharmacy	21 Goresbrook Road, Dagenham, Essex. RM9 6XA	40hr	09:00-18:30	09:00-14:00	Closed	Y	Y	Y	Y	Y	N	Y	N	Y	N	Y	Y

## South West locality

Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)	CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15						
								MURs	NMS			Minor Ailments Service	Immunisation Service	Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange
3	Asda Pharmacy	Merrielands Crescent, Dagenham, Essex. RM9 6SJ	40hr	08:00-22:00	09:00-20:00	10:00-16:00	Y	Y	N	Y	Y	N	Y	N	N	N	Y	N
4	Boots Pharmacy	454 Lodge Avenue, Dagenham, Essex. RM9 4QS	40hr	09:00-18:30	09:00-13:00	Closed	Y	Y	Y	Y	N	N	N	N	Y	Y	N	N
7	Britannia Pharmacy	11 Faircross Parade, Longbridge Road, Braking, Essex. IG11 8UN	40hr	09:00-18:00 (Thur 09:00-13:00)	09:00-18:00	Closed	Y	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y

Map ref	Name of Pharmacy	Address	Type of contract	Mon-Fri Opening Hours	Sat Opening Hours	Sun Opening Hours	Electronic Prescription Service, as per NHS Choices (Y/N)	NHS England Advanced service providers		NHS England Enhanced Services- providers in 2013/14 (Y/N)		CCG commissioned service providers in 2014/15	Local Authority commissioned service providers in 2014/15					
								MURs	NMS	Minor Ailments Service	Immunisation Service		Anti-coagulation service	NHS Health Checks	TCES	Supervised consumption	Needle exchange	Tier 2 Smoking cessation service
10	Britannia Pharmacy	19 Faircross Parade, Upney Lane, Barking, Essex. IG11 8UW	40hr	09:00-19:00 (Thurs: 09:00-18:00)	09:00-13:00	Closed	Y	Y	Y	Y	Y	N	N	N	Y	N	Y	Y
11	Britannia Pharmacy	Thames Valley Health Centre, Bastable Avenue, Barking, Essex. IG11 0LG	40hr	09:00-19:00	09:00-14:00	Closed	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y
26	Newlands Pharmacy	359 Ripple Road, Barking, Essex. IG11 9PN	40hr	09:00-19:00	09:00-14:00	Closed	Y	Y	Y	Y	Y	N	N	N	Y	N	Y	Y

## **Appendix B: PNA Steering Group Terms of Reference**

### **1. Objective / purpose**

To support the production of a Pharmaceutical Needs Assessment on behalf of the Barking and Dagenham Health and Wellbeing Board, to ensure that it satisfies the relevant regulations including consultation requirements.

### **2. Accountability**

The steering group is to report to the Barking and Dagenham Health and Wellbeing Board.

### **3. Membership**

The steering group is to consist of:

- Health and Wellbeing Board lead member for the PNA (Chair)
- NHS England Area Team representative
- Local Medical Committee representative
- Local Pharmaceutical Committee representative
- Dispensing Doctors representative (if applicable)
- Clinical Commissioning Group (CCG) representative
- Council – Consultation Lead
- CCG Head of Patient and Public Involvement
- Healthwatch representative (lay member)

Additional members may be co-opted on to the group for particular roles.

### **4. Frequency of meetings**

Meetings in 2014/15 will be arranged at key stages of the project plan. The steering group will meet in December 2014 to sign off the PNA for submission to the Health and Wellbeing Board.

### **5. Responsibilities**

- Soar Beyond to provide a clear and concise PNA process
- Soar Beyond to collate and analyse information to inform the PNA
- steering group to review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- Soar Beyond to facilitate the process of consultation to ensure the steering group consult with the bodies stated in Regulation 8 of The NHS Regulations 2013:

- any Local Pharmaceutical Committee for its area
  - any Local Medical Committee for its area
  - any persons on the pharmaceutical lists and any dispensing doctors list for its area
  - any LPS chemist in its area
  - any Local Healthwatch organisation for its area
  - any NHS trust or NHS foundation trust in its area
  - the NHSCB
  - any neighbouring HWB
- ensure that due process is followed
  - report to Health and Wellbeing Board on both a draft and final PNA.
  - publish a final PNA by end 1<sup>st</sup> April 2015.

Draft

## Appendix C: Patient survey

### Tell us what you think of pharmacy services

We want to hear what you think of pharmacy services in Barking and Dagenham to help us develop services in the future. Your views will help us to develop our Pharmacy Needs Assessment (PNA), which will look at health needs in Barking and Dagenham, the level and accessibility of pharmacy services and how these will be maintained and developed in the future.

We would be grateful if you would take a few minutes to answer the questions below about your own experience and views. The information you provide is confidential. Please be honest with your answers so we can accurately assess areas where pharmacies are already performing well and areas that need improvement. Information returned about you will be recorded separately from your questionnaire response.

**Closing date for this questionnaire is 3<sup>rd</sup> November 2014**

**Please return the questionnaire to your GP practice or Pharmacist or by post to:**

Ellen Doran

London Borough of Barking and Dagenham, Room 218, Barking Town Hall, 1 Town Square, Barking, IG11 7LU

Should you require this questionnaire in any other format or language, please contact  
Name

E-mail: [Ellen.doran@lbbd.gov.uk](mailto:Ellen.doran@lbbd.gov.uk)

Tel. no: 02082273861

N.B. All information supplied will be kept strictly confidential, held securely, and used for the purpose of planning appropriate services for all communities, it will not be passed on to any third party.



1) How often have you visited the pharmacy in the last 6 months?

For yourself:

- More than once a week
- Once a week
- Once every couple of weeks
- Once a month
- Once every few months
- Once in 6 months

For someone else:

- More than once a week
- Once a week
- Once every couple of weeks
- Once a month
- Once every few months
- Once in 6 months

2) Do you have a regular or preferred pharmacy that you visit?

- Yes
- No

3) When considering choice of pharmacy, which of the following helps you choose?  
(Please select all that apply)

- Close to home
- Close to GP surgery
- Close to work
- They offer a specific service
- Friendly staff
- Prefer not to say
- Other, please specify

4) Who would you normally visit the pharmacy for? (Please select all that apply)

- Yourself
- A family member
- Neighbour / friend
- Someone you are a carer for
- Other, please specify

5) If you visit your pharmacy on behalf of someone else, please give a reason why (you may select more than one answer).

- Opening hours of the pharmacy not suitable for patient
- Access (for example disability / transport)
- Most convenient
- Other, please specify

6) How would you usually travel to the pharmacy? (Please select one answer)

- Car / taxi
- Public transport
- Walk
- Bicycle
- Other, please specify

7) On average, how long does it take you to travel to a pharmacy? (Please select one answer)

- 0 to 10 minutes
- 10 to 20 minutes
- 20 to 30 minutes
- Over 30 minutes
- Don't know / not sure / varies

8) Do you have any difficulties when travelling to your pharmacy due to the following reasons? (Please select one answer)

- Location of pharmacy
- Parking difficulties
- Public transport availability
- No difficulties

9) What is the most convenient day for you to visit your pharmacy? (Select one answer)

- Monday to Friday
- Saturday
- Sunday
- Don't mind / varies

10) What is the most convenient time for you to visit your pharmacy? (Please select one answer)

- Morning
- Lunchtime
- Afternoon
- Early evening
- Late evening
- Don't mind / varies

11) How regularly do you buy an over the counter medicine from a pharmacy? (Please select one answer)

- More than once a week
- Weekly
- More than once a month
- Monthly
- More than once a year but less than monthly
- Yearly
- Less than once a year
- Never
- Prefer not to say

12) Do you buy an over the counter medicine from anywhere else? (Please select all that apply)

- Nowhere else
- Supermarket
- The internet
- Garage / petrol station
- Local / community shop
- Other shop
- Vending machine
- Prefer not to say

13) How do you rate the ease of obtaining medication (for example - waiting time or stock availability)?

- Excellent
- Good
- Fair
- Poor

14) Are you provided with sufficient information about your medication (such as dosage and side effects)?

- Yes
- No

15) Would you ask your pharmacist for advice about medication prescribed by your GP?

- Yes
- No

16) Which of the following pharmacy services are you aware that your pharmacy provides? (Please select all that apply)

- Dispensing of prescriptions
- Repeat prescriptions
- Home delivery and prescription collection services
- Buying over the counter medicines
- Advice from your pharmacist (e.g. healthy lifestyle, medicines advice, signposting)
- Disposing of unwanted medicines
- Sitting down with your pharmacist and talking about how to use your medicines
- Stopping smoking / nicotine replacement therapy
- Sexual health services (pregnancy testing, Chlamydia testing / treating, condom distribution, emergency contraception)
- Palliative care
- Getting medicines for free without a prescription for minor ailments
- Supervised consumption of methadone and buprenorphine
- Needle exchange

17) How often have you used any of the following services at your pharmacy?

	At least once a month	Every 1 – 3 months	Occasionally	Never
Dispensing of prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeat dispensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home delivery and prescription collection services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buying over the counter medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice from your pharmacist (e.g. healthy lifestyle, medicines advice, signposting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposing of unwanted medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting down with your pharmacist and talking about how you use your medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop smoking/nicotine replacement therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health services (pregnancy testing, Chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting medicines for free without a prescription for minor ailments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



18) How would you rate your confidence in the pharmacist's knowledge and advice?

- Excellent
- Good
- Fair
- Poor

19) Did you know the pharmacists can give private consultations?

- Yes
- No

20) Is there a private consultation room available in the pharmacy you normally visit?

- Yes
- No
- Don't know

21) Would you like to see any other services provide by pharmacists?

	Yes	No
Annual review of medication	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol/lipid measurement and advice	<input type="checkbox"/>	<input type="checkbox"/>
Head lice management	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy testing	<input type="checkbox"/>	<input type="checkbox"/>
Prescription home delivery service	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

22) Please could we have the name of the pharmacy you use the most?

23) How do you rate your overall satisfaction with this pharmacy?

- Excellent
- Good
- Fair
- Poor

Any other comments you would like to make about your pharmacy?

***Thank you for your time completing this questionnaire***

If you wish to be kept informed about the Pharmaceutical Needs Assessment and the consultation we will be running, you can give us your contact details here

Name

Address

Telephone

Email

Preferred method of communication

Your answers to this survey are private and will be kept in line with the Data Protection Act.

**Please return the questionnaire to your GP practice or Pharmacist or by post to:**

Ellen Doran

London Borough of Barking and Dagenham, Room 218, Barking Town Hall, 1 Town Square, Barking, IG11 7LU

**Thank you for completing this survey**



## Appendix D: Pharmacy contractor survey

### Barking & Dagenham PNA Pharmacy Contractor Survey

We would be grateful if you would take a few minutes to answer the questions below about your pharmacy and the services you currently offer or plan to offer in the future. Your views will help us to develop our Pharmacy Needs Assessment (PNA) which will look at health needs in Barking & Dagenham.

Closing date for this questionnaire is 3rd November 2014

This survey is based upon the PSNC Pharmacy Questionnaire v4 (December 2013) as approved by Barking & Dagenham LPC

## Barking & Dagenham PNA Pharmacy Contractor Survey

### Premises Details

\*1. Contractor Code (ODS Code)

\*2. Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)

\*3. Trading Name

\*4. Address of Contractor

\*5. Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at the pharmacy)

Yes

No

\*6. Pharmacy email address

\*7. Pharmacy telephone

8. Pharmacy fax

9. Pharmacy website address

10. Can we store the above information and use this to contact you?

Yes

No

## Barking & Dagenham PNA Pharmacy Contractor Survey

### Opening time and accessibility

#### \* 11. Core hours of opening

	From	To	Lunchtime start	Lunchtime end
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### \* 12. Total hours of opening

	From	To	Lunchtime start	Lunchtime end
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Barking & Dagenham PNA Pharmacy Contractor Survey

### Consultation Facilities

**\* 13. On the premises, is there a consultation area (meeting the criteria for the Medicines Use Review service)?**

- None
- Available (including wheelchair access)
- Available (without wheelchair access)
- Planned within the next 12 months
- Other (please specify)

**14. Where there is a consultation area, is it a closed room?**

- Yes
- No

**\* 15. Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or Area Team has given consent for use)**

- Yes
- No

**\* 16. Is the pharmacy willing to undertake consultations in patient's home/ other suitable site?**

- Yes
- No

**\* 17. During consultations, are there hand-washing facilities?**

- In the consultation area
- Close to the consultation area
- None

**\* 18. Do patients attending consultations have access to toilet facilities?**

- Yes
- No

**19. Languages spoken (in addition to English)**



## Barking & Dagenham PNA Pharmacy Contractor Survey

### IT Facilities

**\* 20. Electronic Prescription Service (select any that apply)**

- Release 1 enabled
- Release 2 enabled
- Intending to become Release 1 enabled within next 12 months
- Intending to become Release 2 enabled within next 12 months
- No plans for EPS at present

## Barking & Dagenham PNA Pharmacy Contractor Survey

### Services

#### \* 21. Essential services

Does the pharmacy dispense appliances?

- Yes, all types
- Yes, excluding stoma appliances
- Yes, excluding incontinence appliances
- Yes, excluding stoma and incontinence appliances
- Yes, just dressings
- None
- Other (please specify)

#### \* 22. Advanced services

Does the pharmacy provide the following services?

	Yes	Intending to begin within the next 12 months	No, and not intending to provide
Medicines Use Review service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Medicine service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appliance Use Review service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stoma Appliance Customisation service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Barking & Dagenham PNA Pharmacy Contractor Survey

### \* 23. Enhanced and Other locally Commissioned Services

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

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Anticoagulant Monitoring Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-viral Distribution Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Home Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia Testing Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia Treatment Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive Service (not EHC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \* 24. Other than dispensing services, does your pharmacy offer any of the following disease specific services?

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimer's/dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Type I	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Type II	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Barking & Dagenham PNA Pharmacy Contractor Survey

**\* 25. Which of the following services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Emergency Hormonal Contraception Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gluten Free Food Supply Service( i.e. not via FP10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Delivery Service (not appliances)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Prescribing Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

**\* 26. Which of the following services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Language Access Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Review Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines Assessment and Compliance Support Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minor Ailment Scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MUR plus/ Medicines Optimisation Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If currently providing MUR plus/ Medicines Optimisation Service, what therapeutic areas are covered?

## Barking & Dagenham PNA Pharmacy Contractor Survey

**\* 27. Which of the following services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Needle and Syringe Exchange Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity management (adults and children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On Demand Availability of Specialist Drugs Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of Hours Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Group Direction Service (name the medicines covered by the Patient Group direction below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phlebotomy Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriber Support Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Insert medicines covered by the Patient Group direction below

## Barking & Dagenham PNA Pharmacy Contractor Survey

**\* 28. Are the following screening and monitoring services offered?**

	Currently provide via NHS	Currently provide privately	Currently provide via LA	Would be willing to provide if commissioned	Not willing or able to provide
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gonorrhoea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Pylori	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HbA1C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal Influenza Vaccination Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**\* 29. Which of the following other vaccination services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Childhood vaccinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis (at risk workers or patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel vaccines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

▼

▼

## Barking & Dagenham PNA Pharmacy Contractor Survey

**\* 30. Which of the following services does the pharmacy provide, or would be willing to provide?**

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Sharps Disposal Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop Smoking Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised Administration Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Risk Assessment Service (NHS Health Check)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Supplementary Prescribing Service (what therapeutic areas are covered?)



## Barking & Dagenham PNA Pharmacy Contractor Survey

### Non-commissioned services

\* 31. Does the pharmacy provide any of the following?

	Yes	No
Collection of prescriptions from GP practices	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines - free of charge on request	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines - selected patient groups	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines – selected areas	<input type="radio"/>	<input type="radio"/>
Delivery of dispensed medicines - chargeable	<input type="radio"/>	<input type="radio"/>

## Barking & Dagenham PNA Pharmacy Contractor Survey

### Details of the person completing this form

\* 32. Contact name of person completing questionnaire, if questions arise

\* 33. Contact telephone number

## Barking & Dagenham PNA Pharmacy Contractor Survey

Thank you for completing this survey.

Your answers to this survey are private and will be kept in line with the Data Protection Act.

## Appendix E: Commissioner Survey

### Barking & Dagenham PNA - Commissioner Questionnaire

We would be grateful if you would take a few minutes to answer the questions below about pharmacy services that are, or may be, commissioned from pharmacies in Barking & Dagenham. Your views will help us to develop our Pharmacy Needs Assessment (PNA) which will look at health needs in Barking & Dagenham.

Closing date for this questionnaire is 3rd November 2014.

N.B. All information supplied will be kept strictly confidential, held securely, and used for the purpose of planning appropriate services for all communities, it will not be passed on to any third party.

## Barking & Dagenham PNA - Commissioner Questionnaire

### 1. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Anticoagulant Monitoring Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-viral Distribution Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care Home Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia Testing Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chlamydia Treatment Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive service (not EHC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Barking & Dagenham PNA - Commissioner Questionnaire

### Disease Specific Medicines Management Service

2. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Allergy management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alzheimers/dementia management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHD management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes type I management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes type II management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epilepsy management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Failure management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parkinson's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Hormonal Contraception Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gluten Free Food Supply Service (i.e. not via FP10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Delivery Service (not appliances)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Prescribing Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If currently providing an Independent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Barking & Dagenham PNA - Commissioner Questionnaire

Prescribing Service, what therapeutic areas are covered?					
Language Access Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Review Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines Assessment and Compliance Support Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minor Ailment Scheme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MUR Plus/Medicines Optimisation Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Needle and Syringe Exchange Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity management (adults and children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On Demand Availability of Specialist Drugs Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Out of Hours Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phlebotomy Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriber Support Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please state)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					



## Barking & Dagenham PNA - Commissioner Questionnaire

### Screening Service

3. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Alcohol screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gonorrhoea screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. pylori screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HbA1C screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV screening service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal Influenza Vaccination Service (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please state below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Barking & Dagenham PNA - Commissioner Questionnaire

### Other vaccinations

4. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Childhood vaccinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis (at risk workers or patients)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel vaccines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Barking & Dagenham PNA - Commissioner Questionnaire

### Other miscellaneous

**5. Which of the following services do you commission or may be considering commissioning from local community pharmacies?**

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Sharps Disposal Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop Smoking Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervised Administration Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplementary Prescribing Service (what therapeutic areas are covered?)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Risk Assessment Service (NHS Health Check)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please state below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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## Barking & Dagenham PNA - Commissioner Questionnaire

Thank you for completing this survey.

Your answers to this survey are private and will be kept in line with the Data Protection Act.

## Appendix F: PNA timeline

Stage	Dates	Key Actions	Outcomes
<b>Set up</b>	August-September 2014	<ul style="list-style-type: none"> <li>• HWB paper to outline PNA responsibilities</li> <li>• Produce project plan and secure resources.</li> <li>• Agree work stream plans and timelines.</li> </ul>	<ul style="list-style-type: none"> <li>• Delegated authority to PNA Steering Group for PNA production.</li> <li>• Isolation of necessary funding and resource for PNA production.</li> <li>• Formation of PNA Steering Group and PNA Project Group. Roles and responsibilities defined. Terms of Reference and meeting dates agreed.</li> </ul>
<b>Information finding</b>	September-November 2014	<ul style="list-style-type: none"> <li>• First steering group meeting</li> <li>• Receive information from local authority, LPC, CCG, NHS England, contractors and public.</li> </ul>	<ul style="list-style-type: none"> <li>• Work streams and timeline agreed.</li> <li>• Public and pharmacy questionnaires agreed.</li> <li>• Consultation plan drafted.</li> <li>• Localities agreed.</li> <li>• Maps agreed.</li> <li>• Public Health and Pharmaceutical provision information presented.</li> <li>• Results from public and pharmacy questionnaires presented.</li> <li>• Pharmaceutical provision and access maps presented.</li> </ul>
<b>Analysis</b>	November 2014	<ul style="list-style-type: none"> <li>• Further, focussed public engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis of information finding. Collation of findings to inform draft PNA. Consideration of need for further public qualitative feedback.</li> <li>• Identification and agreement to any potential gaps in provision of services</li> <li>• Agreement of consultation plan.</li> </ul>
<b>Draft PNA Production</b>	November-December 2014	<ul style="list-style-type: none"> <li>• Electronic circulation of various draft PNA documents to steering group members</li> <li>• HWB Board paper.</li> </ul>	<ul style="list-style-type: none"> <li>• Agreement of final draft PNA for consultation</li> <li>• Presentation to HWB on progress and draft PNA</li> </ul>

Stage	Dates	Key Actions	Outcomes
		<ul style="list-style-type: none"> <li>• Second steering group meeting.</li> </ul>	
<b>Consultation</b>	19 <sup>th</sup> December 2014 to 27 <sup>th</sup> February 2015		<ul style="list-style-type: none"> <li>• Distribution and consultation on draft PNA.</li> <li>• Feedback obtained on draft PNA</li> <li>• Collation of responses to consultation.</li> </ul>
<b>Final considerations</b>	February-March 2015	<ul style="list-style-type: none"> <li>• Third steering group meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis of consultation responses.</li> <li>• Agreement on Final PNA</li> </ul>
<b>HWB approval</b>	March 2015	<ul style="list-style-type: none"> <li>• Health and Wellbeing Board report</li> </ul>	<ul style="list-style-type: none"> <li>• Approval and sign-off by HWB Board of Final PNA.</li> <li>• Obtain HWB approval and resource allocation for ongoing review / update PNA</li> </ul>
<b>Publish Final PNA</b>	March 2015	<ul style="list-style-type: none"> <li>• Circulate final PNA and host on HWB / Council website</li> </ul>	<ul style="list-style-type: none"> <li>• HWB PNA now 'live' and used by NHS England to consider 'Control of Entry' applications</li> </ul>

## Appendix G: Consultation plan and list of stakeholders

PNA Engagement and Consultation Plan								
Stakeholder		Engagement during PNA production			Draft PNA consultation			
	Role	PNA Briefing letter sent (Y/N)	Steering group representation (Y/N)	Questionnaire (Contractor/ Service User/ Commissioner)	Briefing letter sent (Y/N)	Draft PNA link sent (Y/N)	Meeting/ workshop attendance	Other
<b>Consultee as required by Pharmaceutical Regulations, 2103, Part 2 (8)</b>	HWB Area LPC	Y	Y	None	Y	Y	No further activity undertaken	
	HWB Area LMC	Y	Y	None	Y	Y		
	Pharmacy contractor	Y	N	Contractor	Y	Y		
	Dispensing appliance contractor	Y	N	Contractor	Y	Y		
	Local Healthwatch	Y	Y	Service User	Y	Y		
	Various relevant patient groups	N	N	Service User	Y	Y		
	Various relevant community group	N	N	Service User	Y	Y		
	Barking, Havering and Redbridge University Hospital Trust	N	N	None	Y	Y		
	Barts Health	N	N	None	Y	Y		
	NHS England Area Team	Y	Y	Commissioner	Y	Y		
	Havering HWB	N	N	None	Y	Y		
	Redbridge HWB	N	N	None	Y	Y		
	Newham HWB	N	N	None	Y	Y		
	Greenwich HWB	N	N	None	Y	Y		
Bexley HWB	N	N	None	Y	Y			



## PNA Engagement and Consultation Plan

Stakeholder		Engagement during PNA production			Draft PNA consultation			
	Role	PNA Briefing letter sent (Y/N)	Steering group representation (Y/N)	Questionnaire (Contractor/ Service User/ Commissioner)	Briefing letter sent (Y/N)	Draft PNA link sent (Y/N)	Meeting/ workshop attendance	Other
<b>Other consultee</b>	Havering LPC	Y	N	None	Y	Y	No further activity undertaken	
	Redbridge LPC	N	N	None	Y	Y		
	Newham LPC	N	N	None	Y	Y		
	Greenwich LPC	N	N	None	Y	Y		
	Bexley LPC	N	N	None	Y	Y		
	Havering LMC	N	N	None	Y	Y		
	Redbridge LMC	N	N	None	Y	Y		
	Newham LMC	N	N	None	Y	Y		
	Greenwich LMC	N	N	None	Y	Y		
	Bexley LMC	N	N	None	Y	Y		
	B+D CCG	Y	Y	Commissioner	Y	Y		
	LA Health Intelligence	Y	Y	Commissioner	Y	Y		
	LA Substance Misuse Team	Y	Y	Commissioner	Y	Y		

## **Appendix H: Summary of consultation responses and comments**

As required by the Pharmaceutical Regulations 2013<sup>9</sup>, Barking and Dagenham HWB held a consultation on the draft PNA from 20<sup>th</sup> December 2014 to 27<sup>h</sup> February 2015.

The draft PNA was hosted on the Barking and Dagenham Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Barking and Dagenham. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Barking and Dagenham as identified by Barking and Dagenham Council and Barking and Dagenham Healthwatch. Responses to the consultation were possible via an online survey, paper or email.

There were in total 43 responses of which 39 were to the internet survey, one was to the paper survey, and three were email comments. 13 responses were received from the public, 18 from community pharmacies, two from Barking and Dagenham Council employees, two businesses and six from 'other' (including NHS England, Barking and Dagenham Clinical Commissioning Group and Barking and Dagenham LPC).

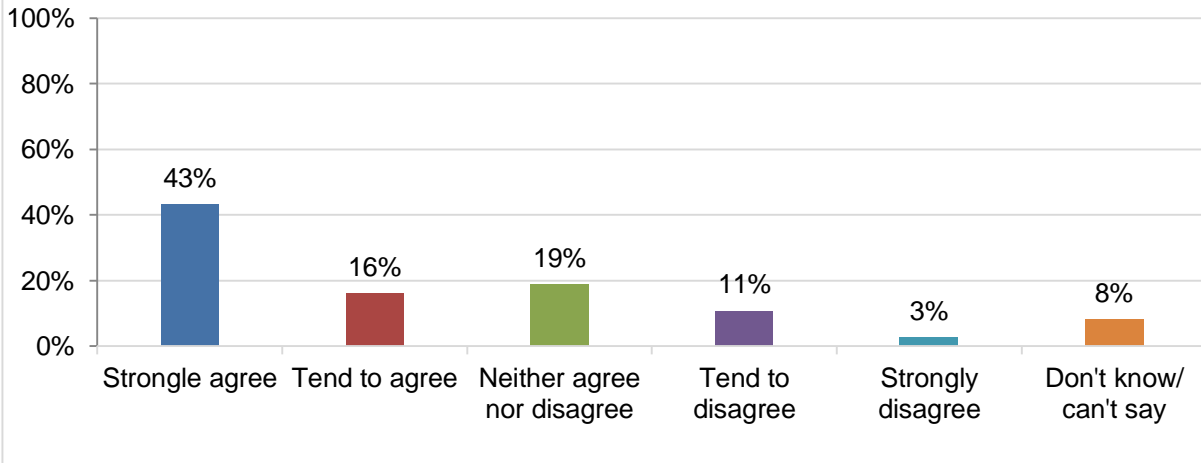
The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA. All responses were considered by the PNA Steering Group at its meeting on 5<sup>th</sup> March 2015 for the final report.

- Information provided in the PNA
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA
- Population changes with Barking and Dagenham and future service provision

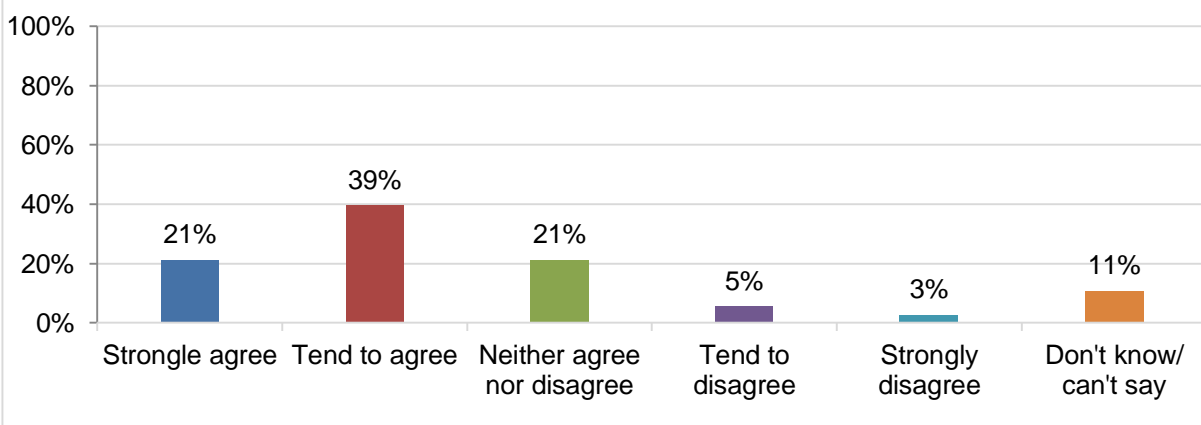
A number of additional comments were received that were considered by the steering group in the production of the final PNA. Should you wish to view these comments please contact Ellen Doran, London Borough of Barking and Dagenham, Room 218, Barking Town Hall, 1 Town Square, Barking, IG11 7LU.

Below is a summary of responses to the specific questions, asked during the consultation.

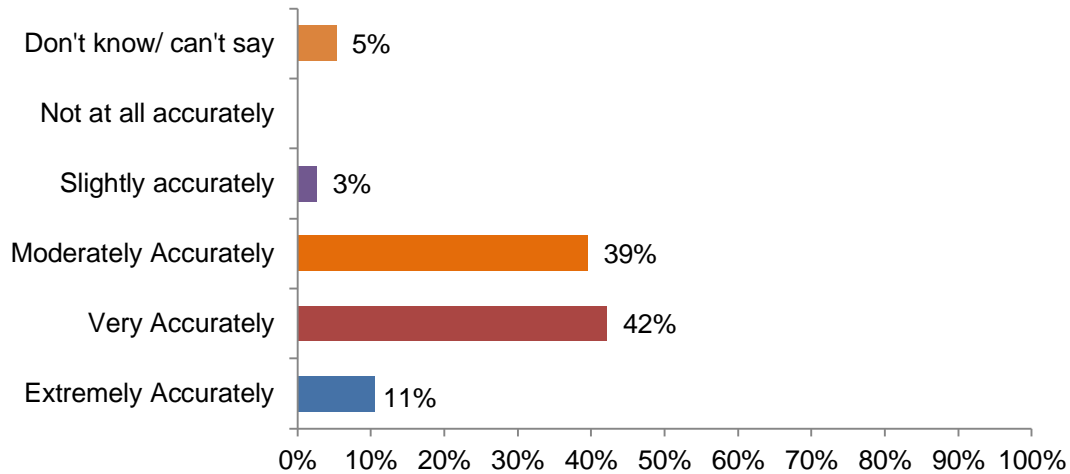
**Q1. The Barking and Dagenham draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?**



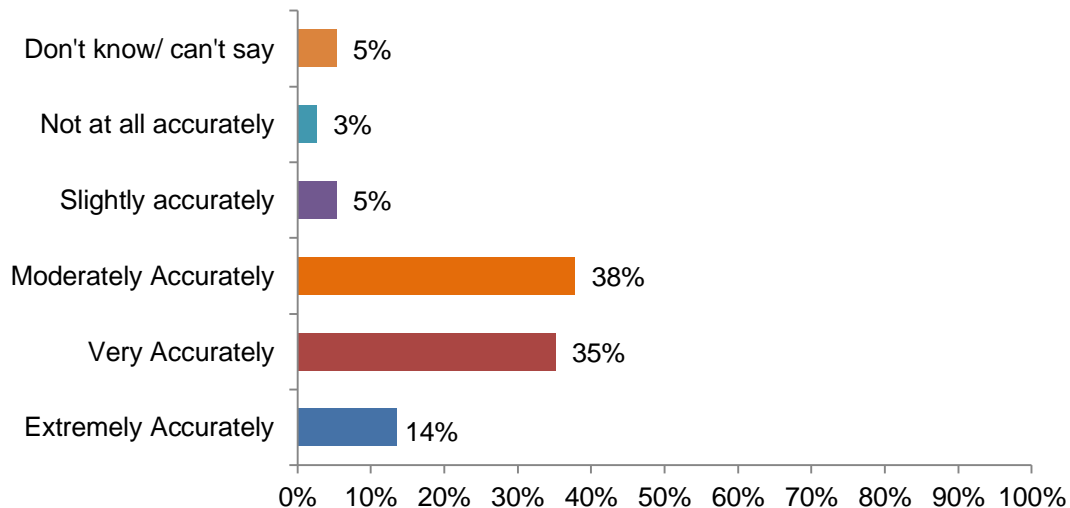
**Q2. To what extent do you agree or disagree with the other conclusions contained within the draft PNA?**



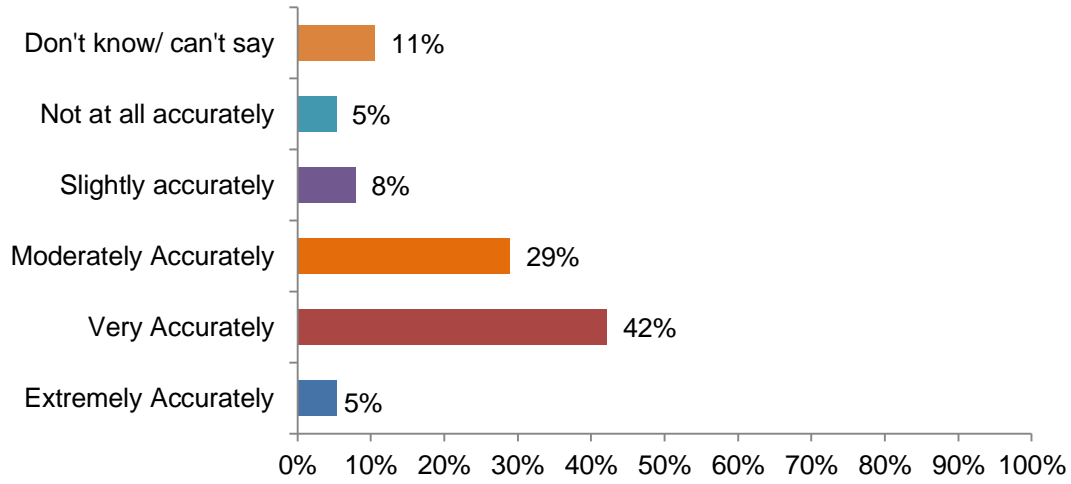
**Q3. In your opinion, how accurately does the draft PNA reflect current provision of pharmaceutical services in Barking and Dagenham?**



**Q4. In your opinion, how accurately does the draft PNA reflect the current pharmaceutical needs of Barking and Dagenham's population?**

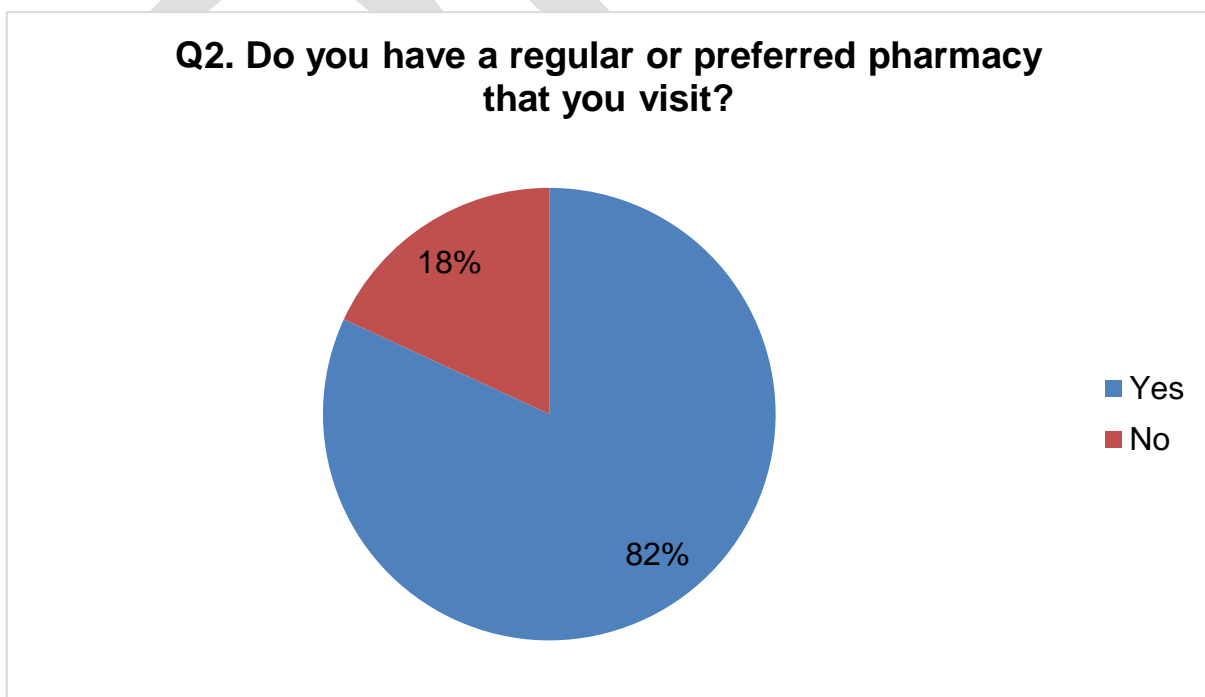
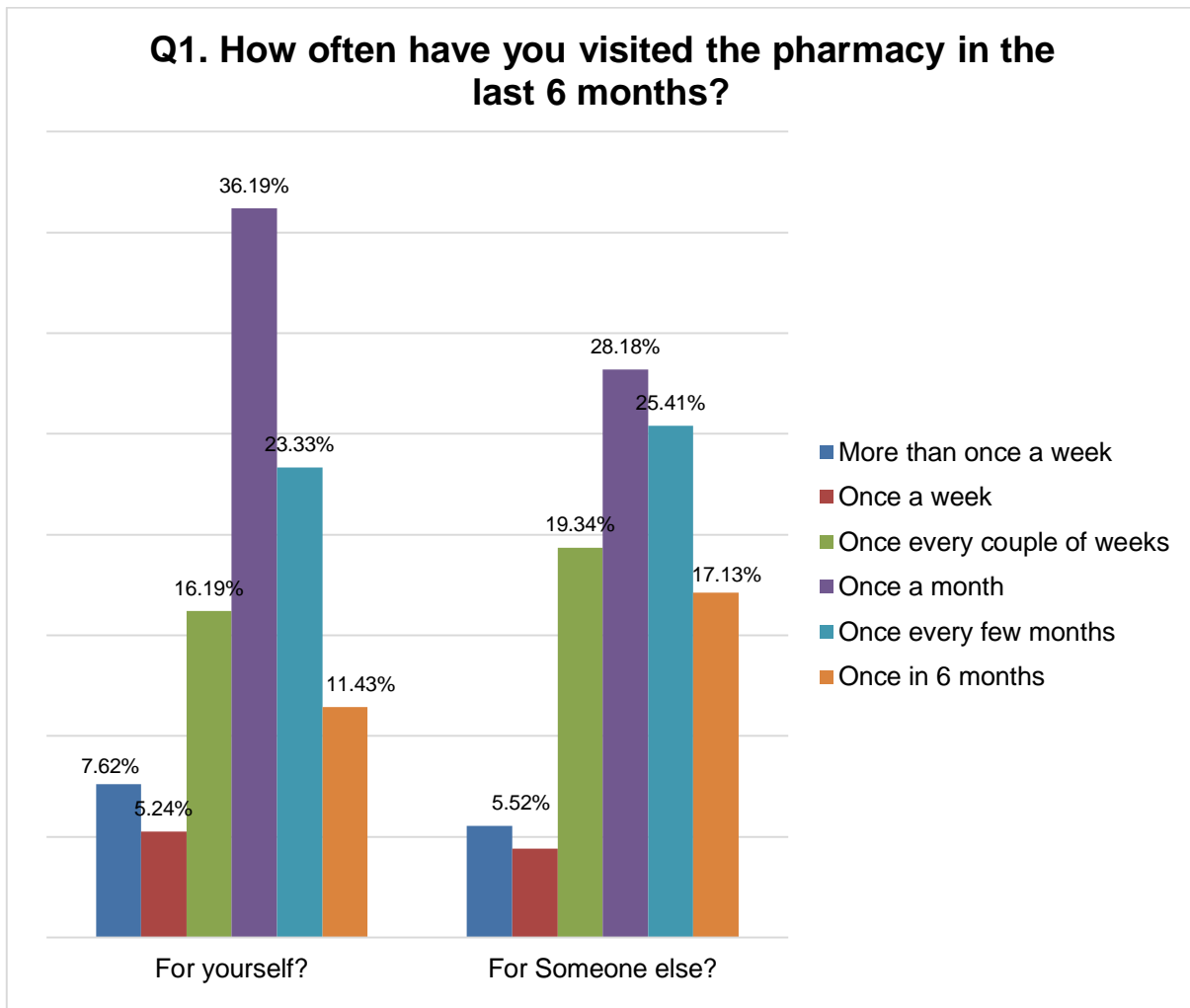


**Q5. In your opinion, how accurately does the draft PNA reflect future pharmaceutical needs of Barking and Dagenham's population (over the next 3 years)?**

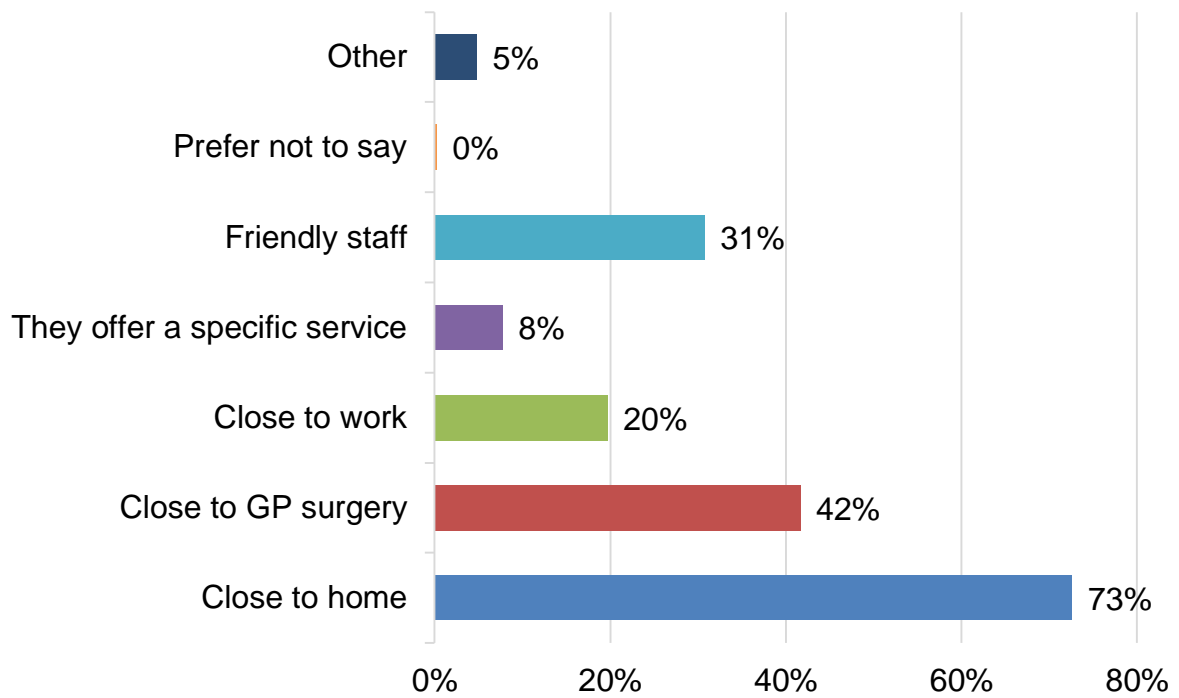


Draft

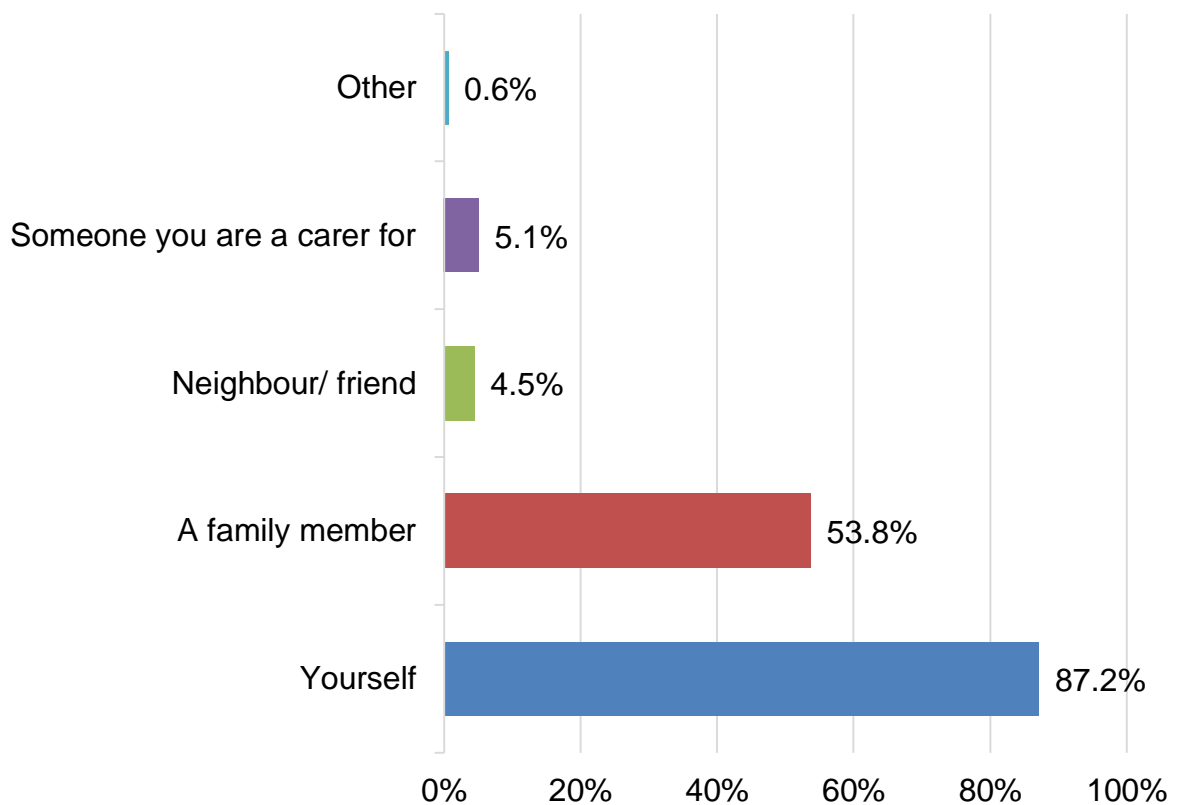
## Appendix I: Results of the patient survey



**Q3. When considering choice of pharmacy, which of the following helps you choose?**

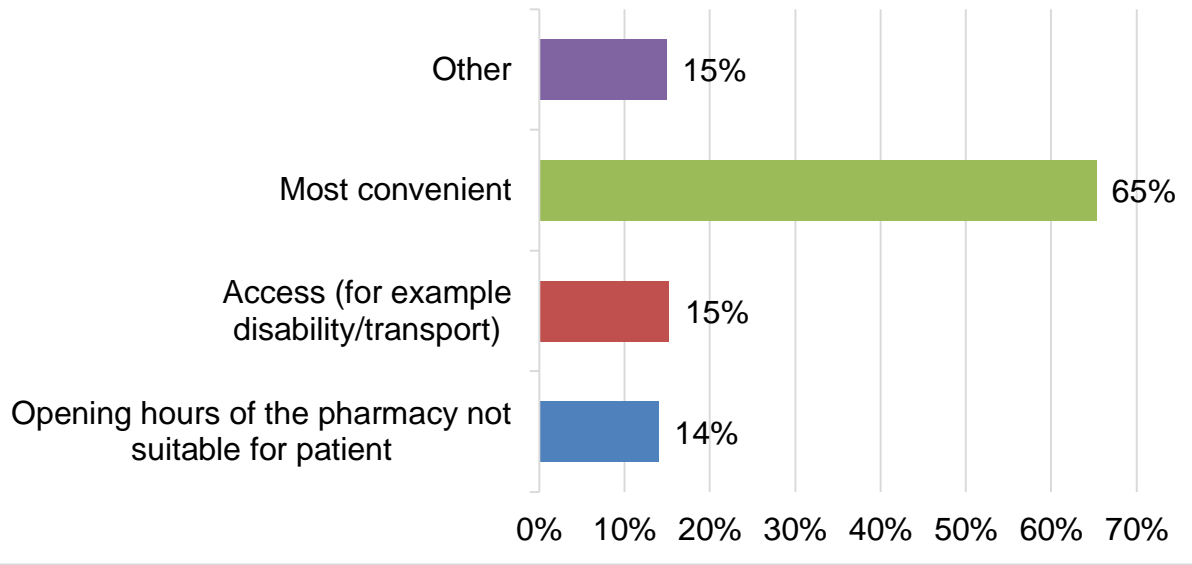


**Q4. Who would you normally visit the pharmacy for?**





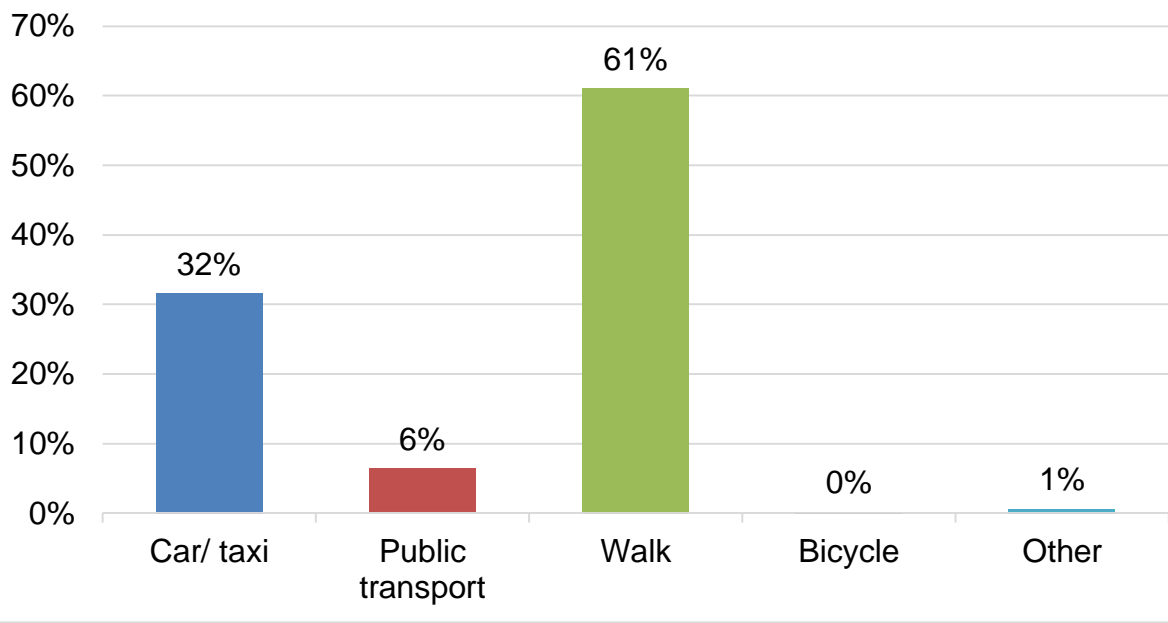
**Q5. If you visit your pharmacy on behalf of someone else, please give a reason why**



**Reasons**

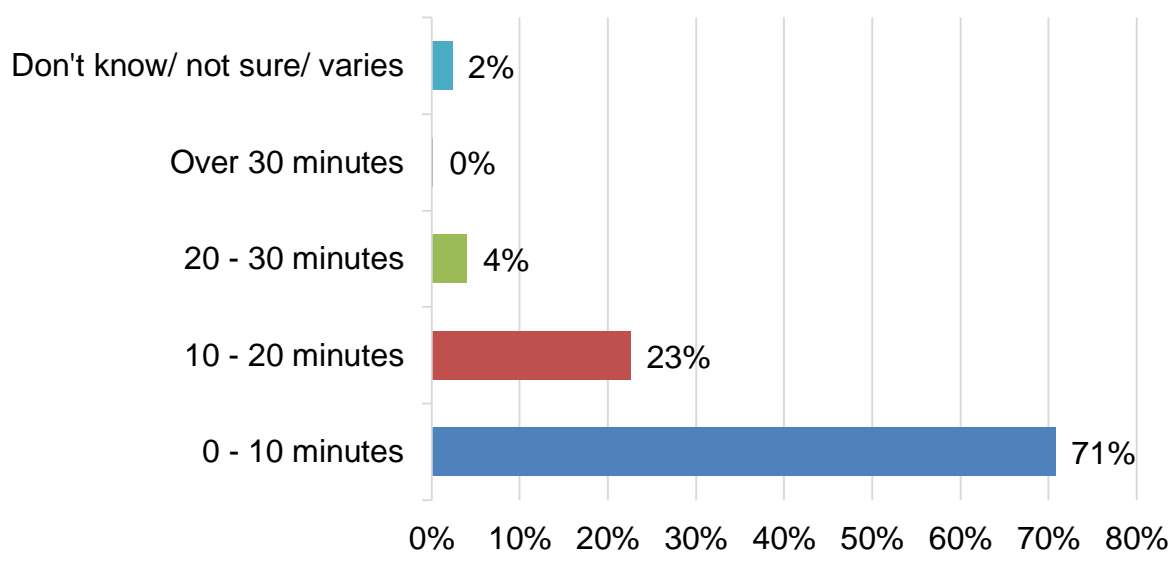
My child and husband are at college and work	Patient not always well enough to visit the pharmacy
I collect prescriptions for family members because I am home	Pharmacists good advice
Person is housebound	Collect mine and partners prescription
On behalf of my daughter who is still a child	Grandchild
My husband	Picking up over counter medicine
Partner	My husband's working hours
Mother has dementia	For my partner and children
Children (I visit pharmacy for them)	The person cannot go
Under 16	Husband is lorry driver so I pick up his repeat prescription sometimes
My wife has disability problems	I do not visit pharmacy on behalf of others

**Q6. How would you usually travel to a pharmacy?**

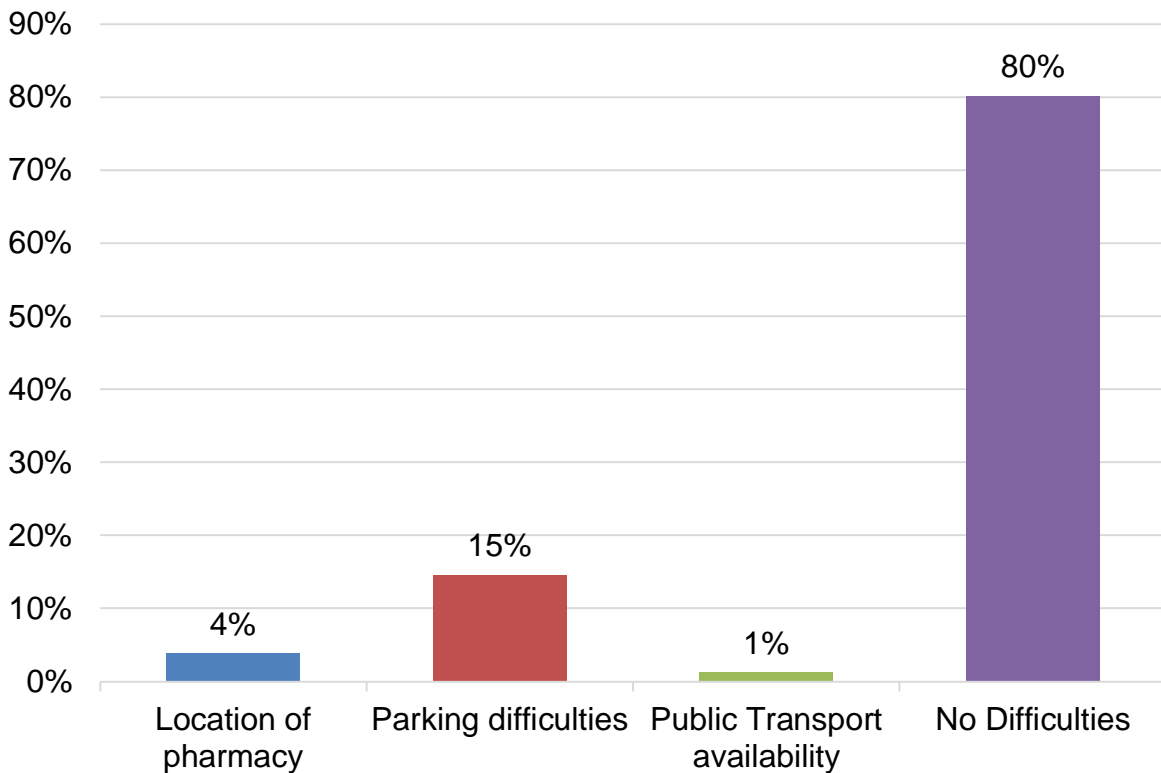


<b>Other</b>
Wheelchair
Mobility Scooter
Delivered to my home

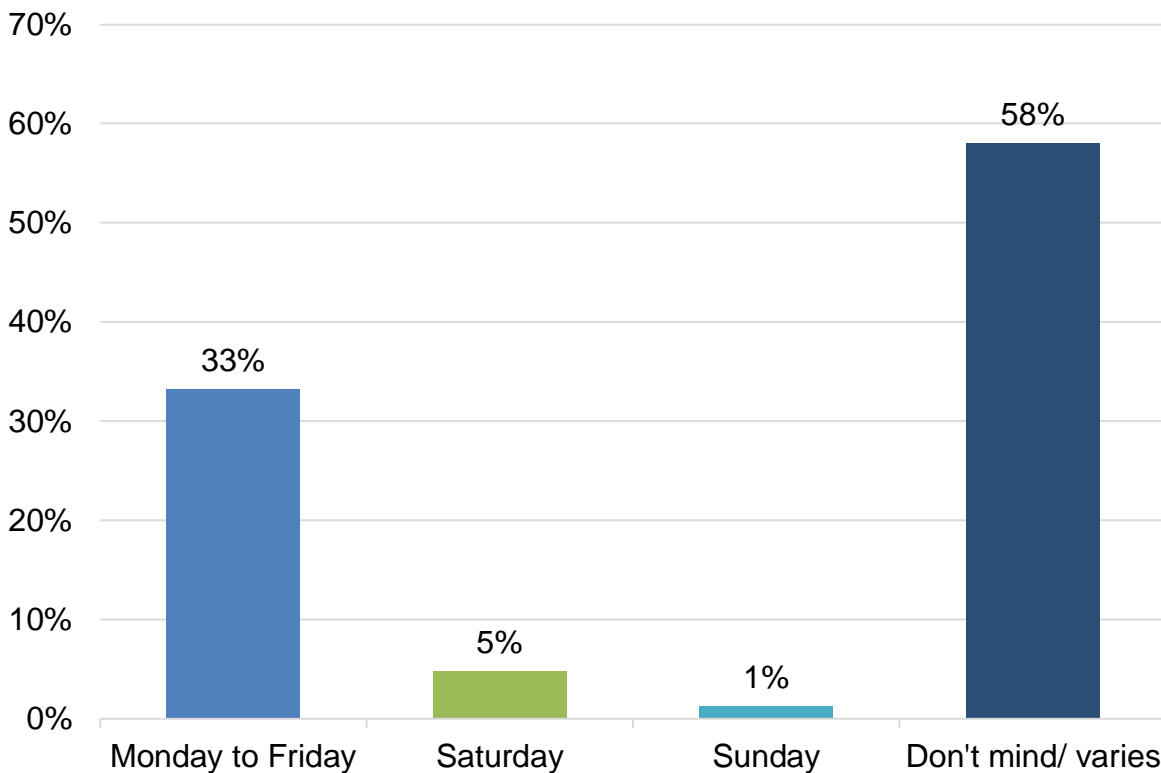
**Q7. On average, how long does it take you to travel to a pharmacy?**



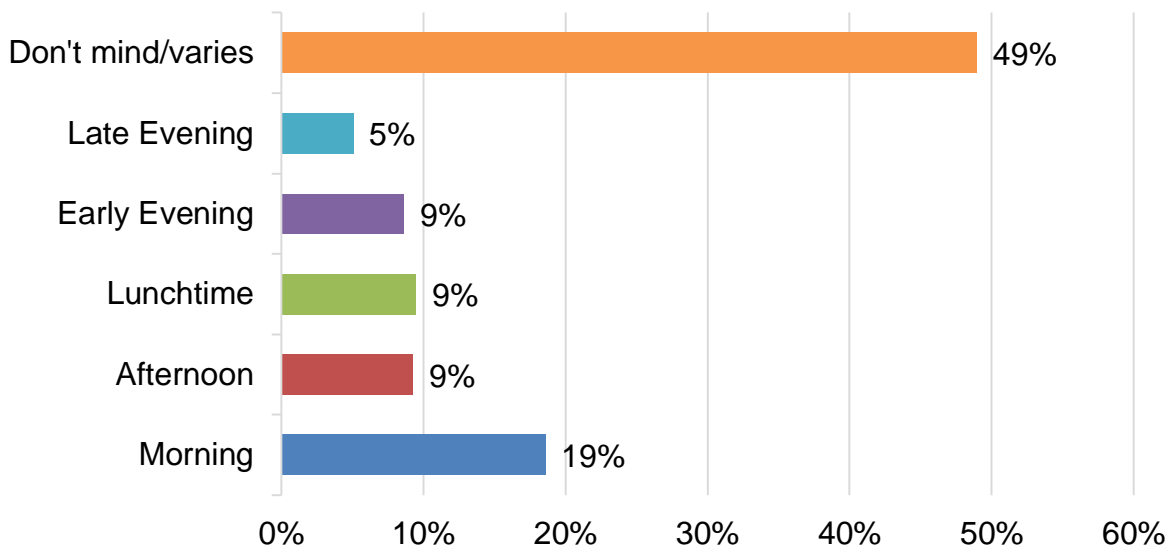
**Q8. Do you have any difficulties when travelling to your pharmacy due to the following reasons?**



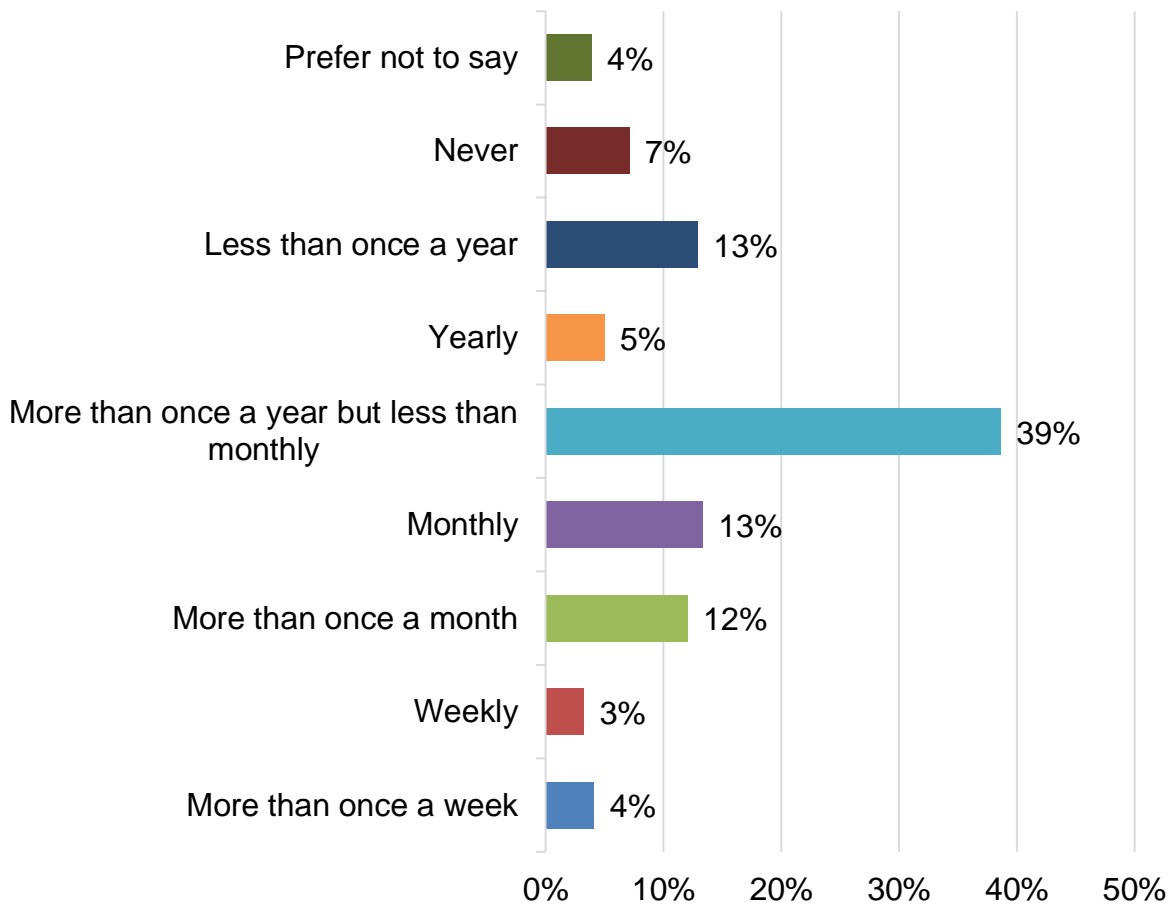
**Q9. What is the most convenient day for you to visit your pharmacy?**



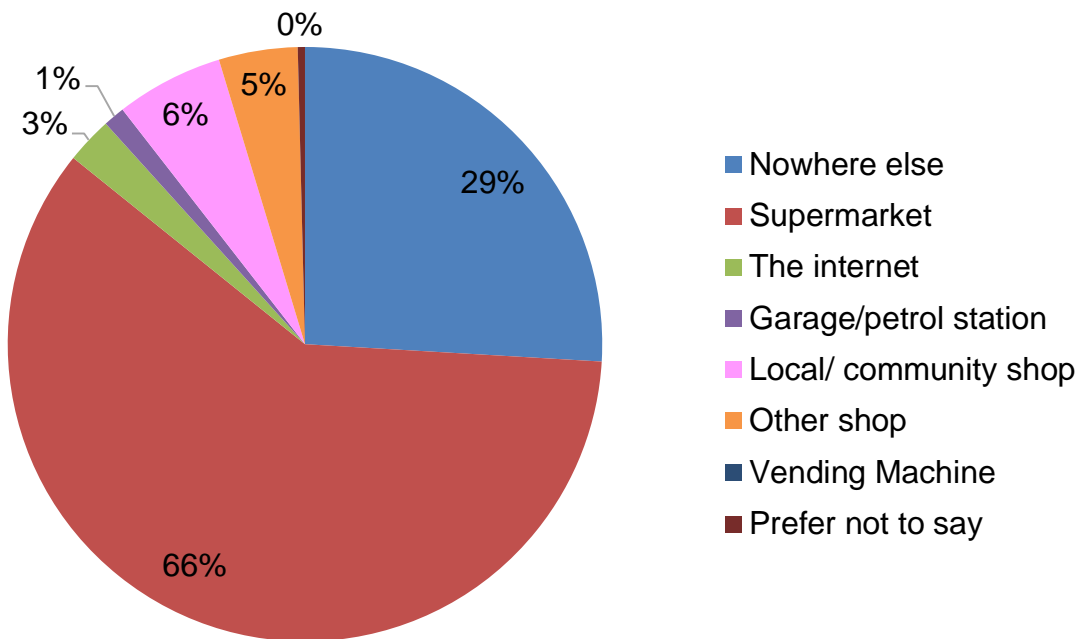
**Q10. What is the most convenient time for you to visit your pharmacy?**



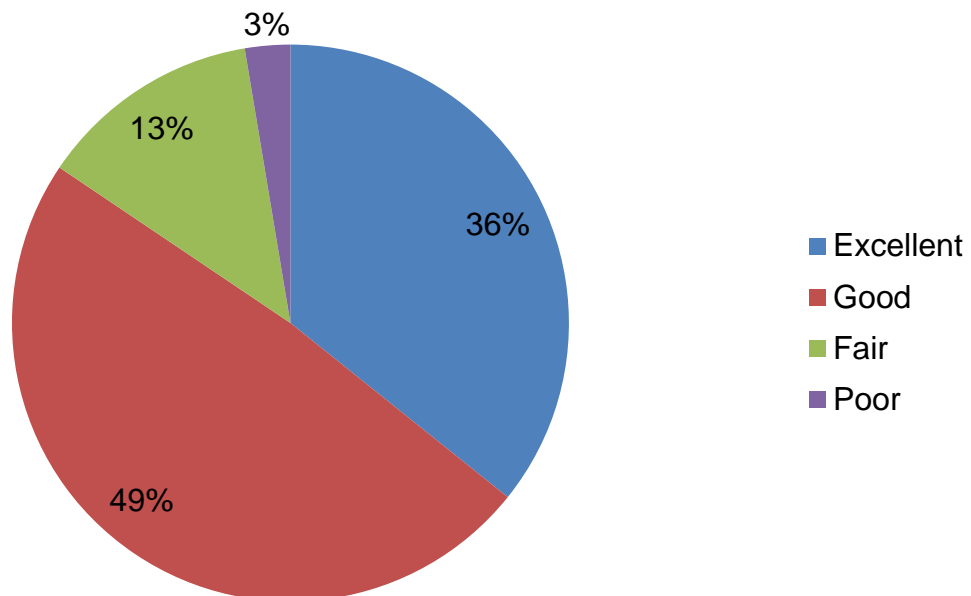
**Q11. How regularly do you buy an over the counter medicine from a pharmacy?**



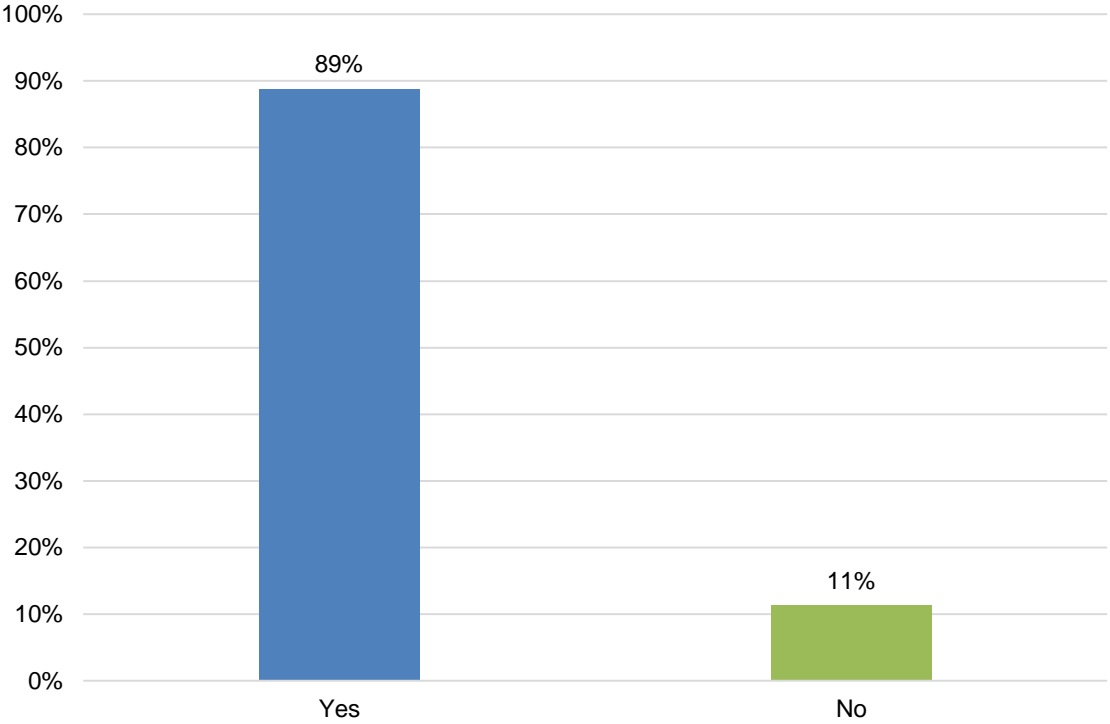
**Q12. Do you buy over the counter medicines anywhere else?**



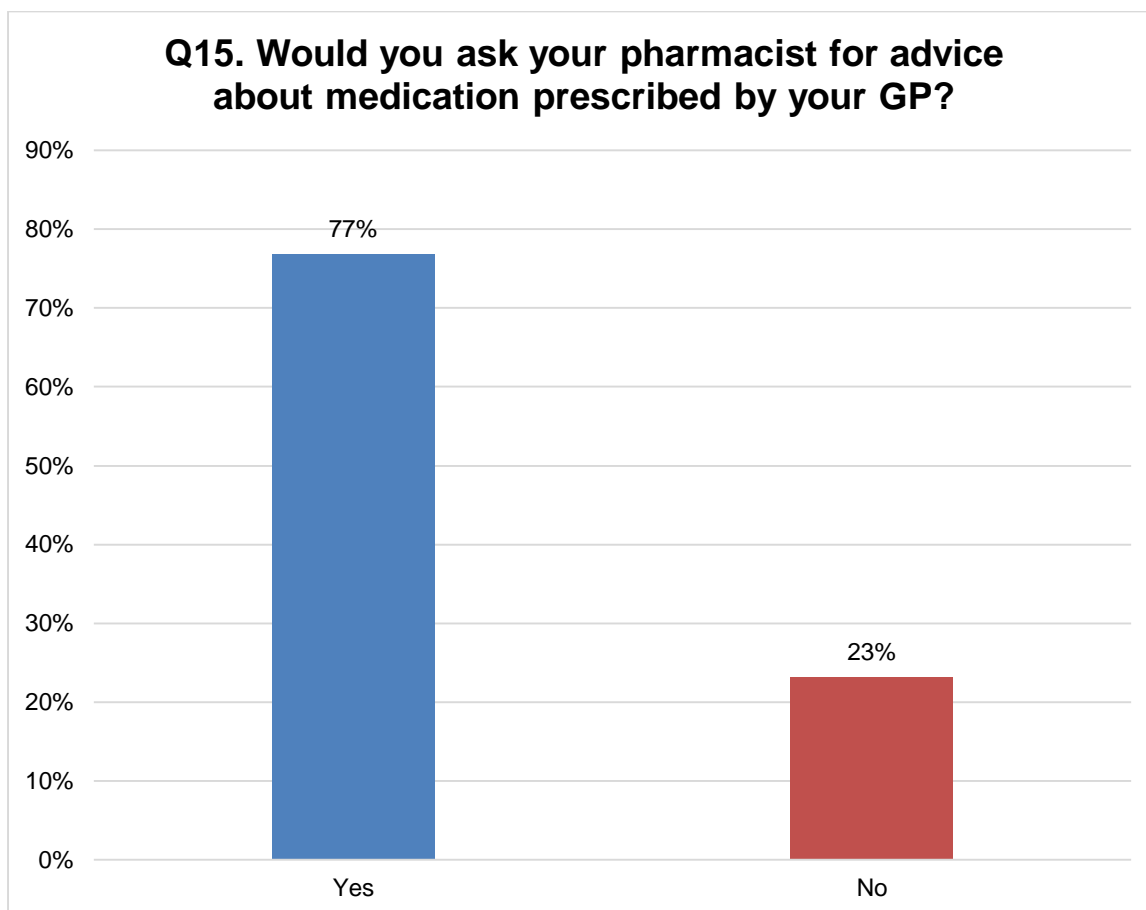
**Q13. How do you rate the ease of obtaining medication (For example - waiting time or stock availability)?**



**Q14. Are you provided with sufficient information about your medication (such as dosage and side effects)**



DRUG



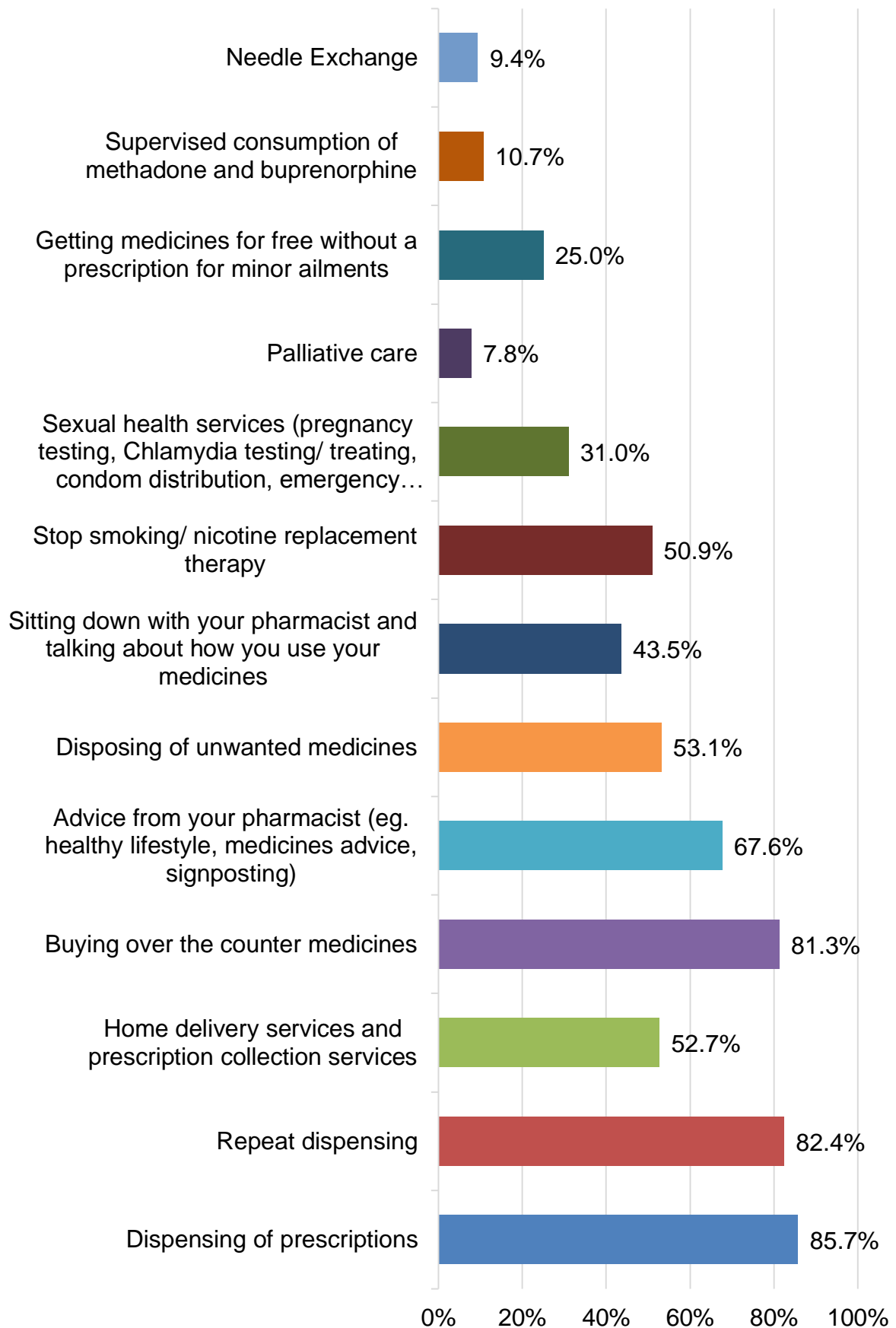
## Reasons

If advice on label/prescription vary from each other	Side effects, form of medication
If tabs should be taken with food etc.	Time of day to take or with or without food
Just to clarify dosage to be taken	When to take the medication etc.
Doctors doesn't always have time to explain but I can ask my pharmacy about any medication	Dosage of medication and side effects if taken with other medication
If unsure as to when to take and if they conflict with the other medication I am taking. The pharmacist knows my history	I have had kidney stones twice; most medication warns about taking if you have had kidney problems
New inhalers	I think the pharmacist is just as knowledgeable as the GP
The pharmacist often asks me how I am getting on with my medication	Pharmacist often know more about medication, side effects and how they work with other medication
If I could buy cheaper over the counter	Whether there is an alternative

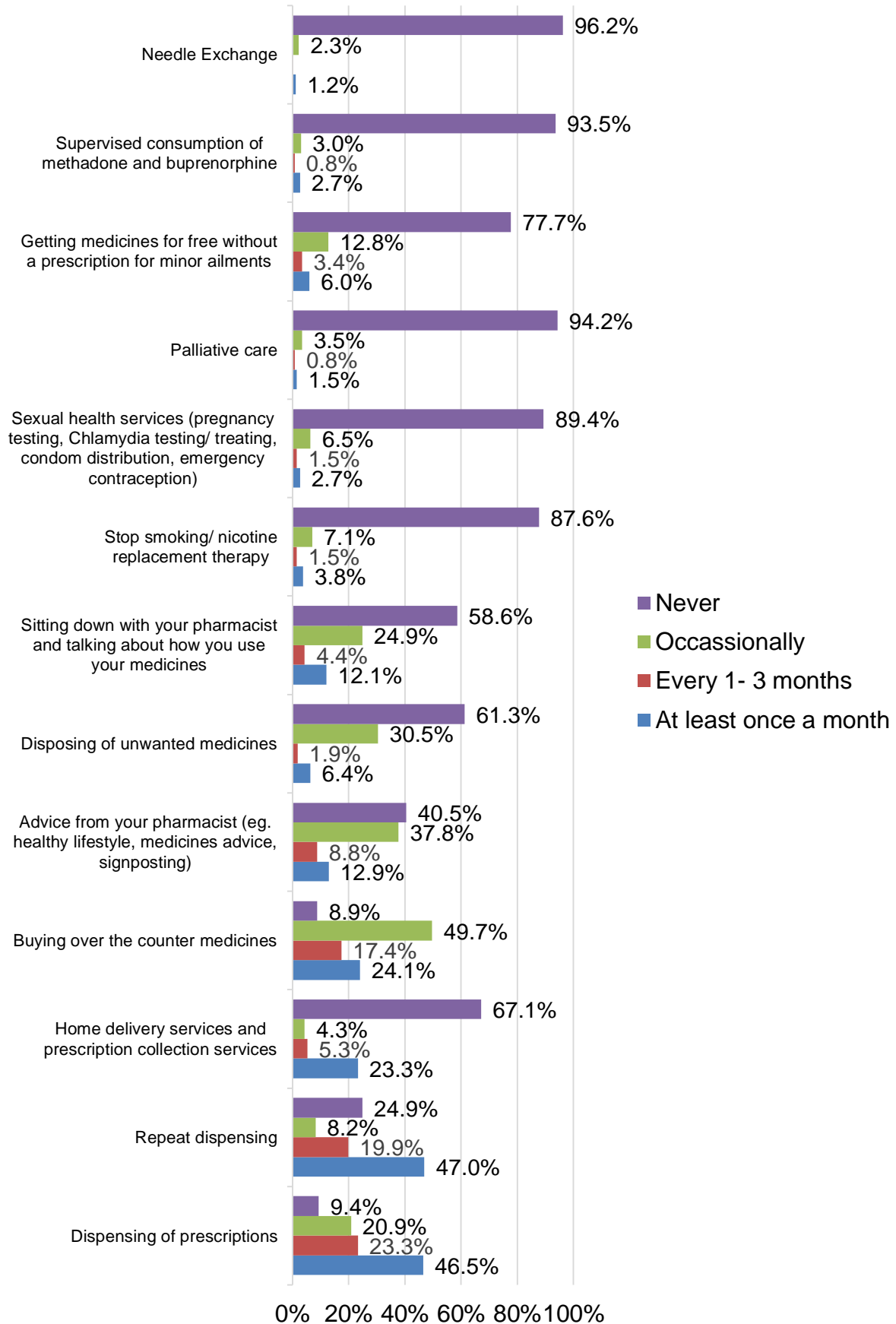


Side effects, advice	To make sure they are ok to use with current medication
If I got sick wrong with me	Clarification on whether it is OK to take with other medication
Asking advice about side effects or if a different type of tablet can be given because my Mum might not be able to swallow the make prescribed by the doctor	I would talk to a pharmacist if I had started taking a new medicine and was getting side-effects to check whether I should continue taking it or stop or see my GP. This would be helpful in the time waiting to see my GP - which can be a very long time!!
If I was not sure of the medication and needed more details	Diet to follow while on medication.
Not always given the correct product so I query it.	Side effects/availability/ generic substitutions
Side effects and if safe to take and drink alcohol	If it cheaper on prescription or over the counter, dosage, side effects etc.
Sometimes for clarification	Disposal of unused medicines, when to take with food etc.
Effect if using vitamins and other GP prescribed drugs	To ask if there are any other medication that could be taken
Side effects	To make sure I am not allergic to it as this has been prescribed for me in the past.
I take Warfarin / compatibility	

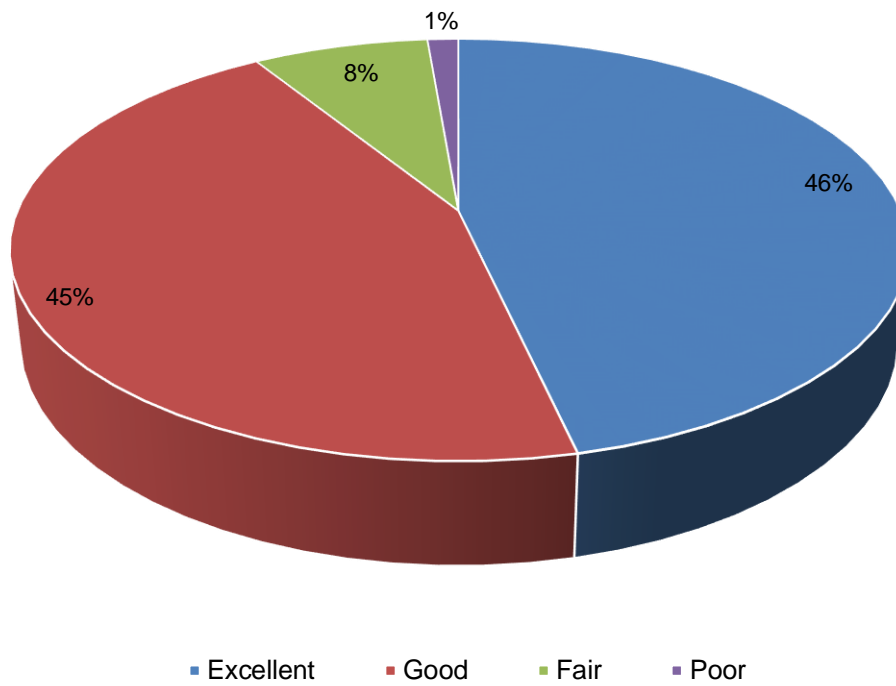
**Q16. Which of the following pharmacy services are you aware that your pharmacy provides?**



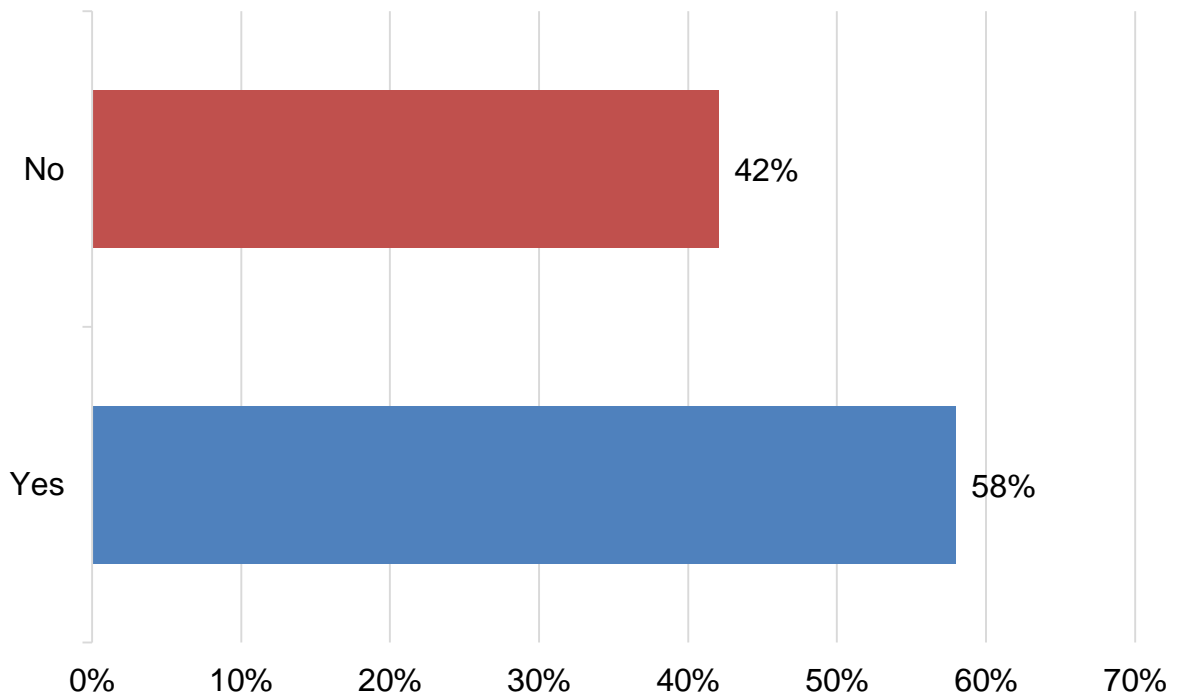
### Q17. How often do you use any of the following services at your pharmacy?



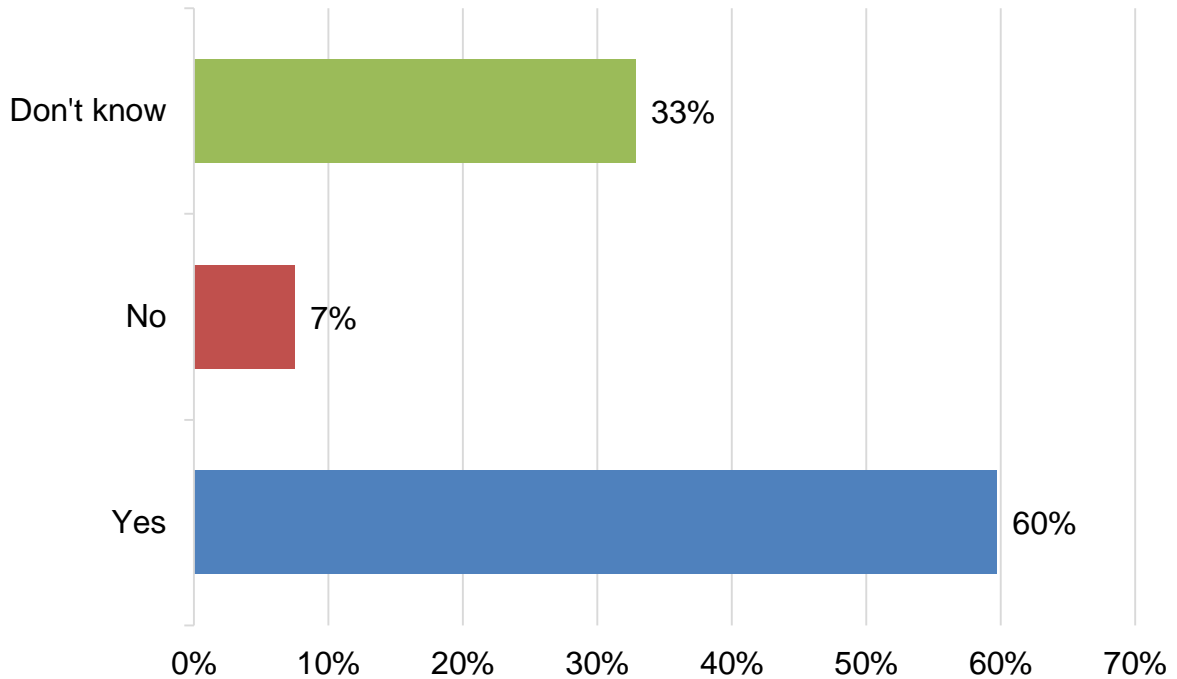
**Q18. How would you rate your confidence in the pharmacist's knowledge and advice?**



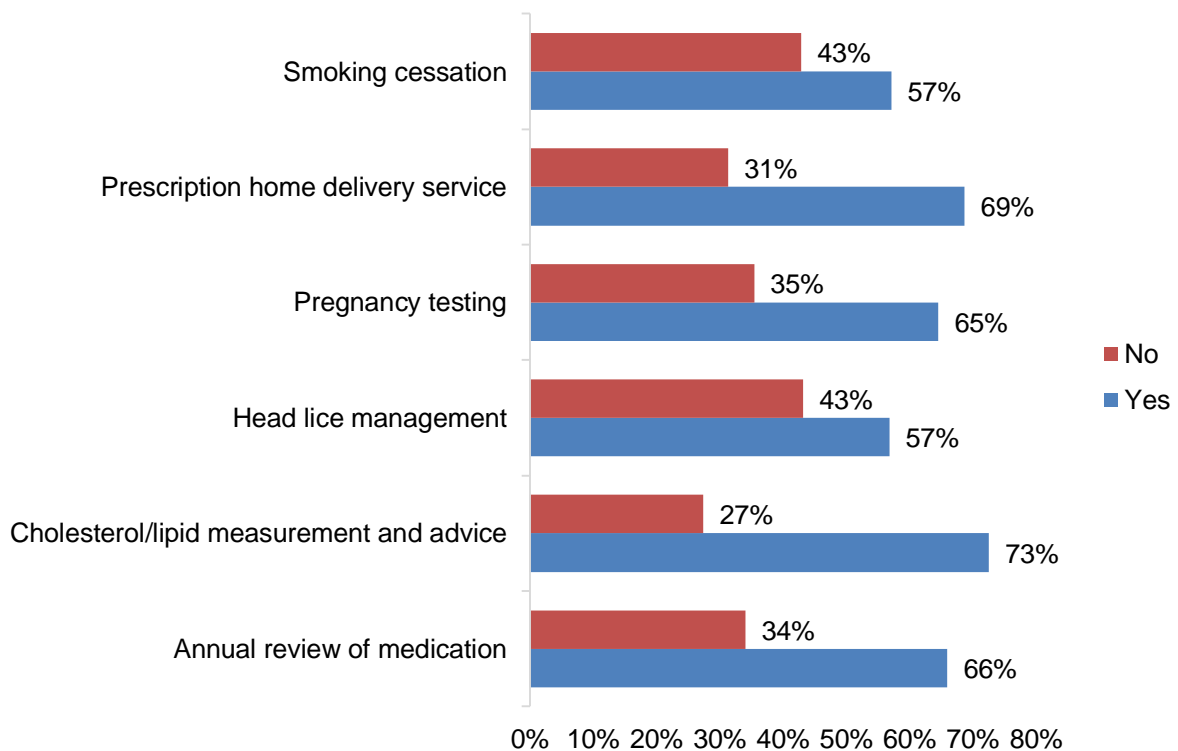
**Q19. Did you know the pharmacists can give private consultations?**



**Q20. Is there a private consultation room available in the pharmacy you normally visit?**

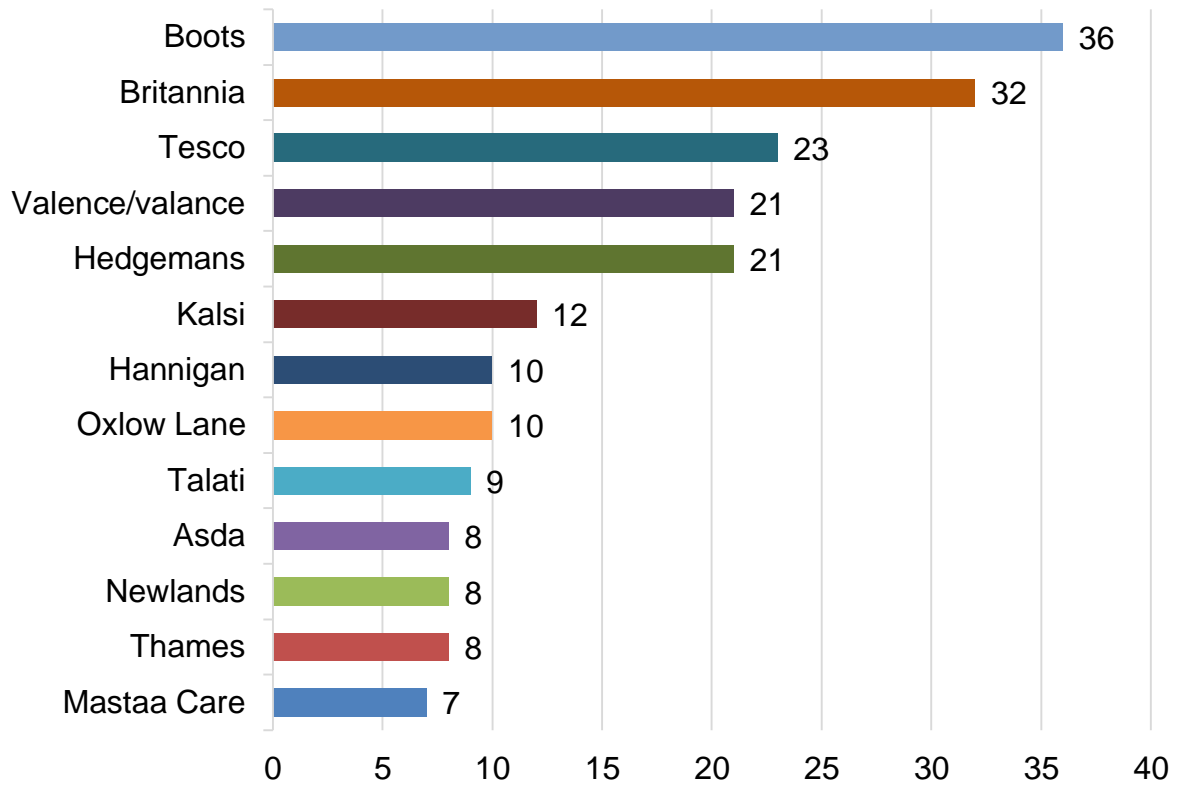


**Q21. Would you like to see any other services provided by pharmacists?**

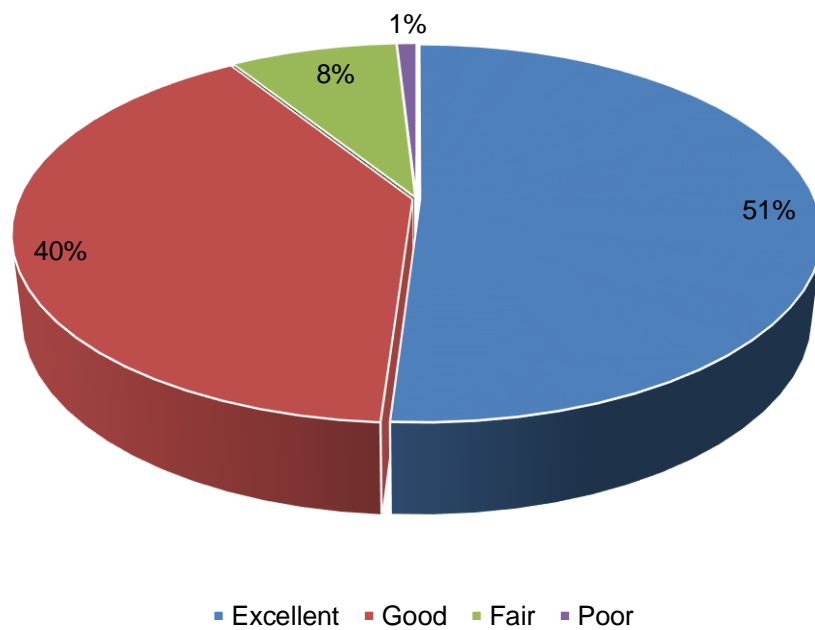


<b>Other</b>
B12 injection
Warfarin Service as they know what they are doing anywhere saves going to the clinic
Minor ailments - need to buy over-the-counter when, should be getting free
More sexual health services
Be able to prescribe medications mostly whatever is advised by the pharmacist is generally what the GP prescribe
Would like to see all the pharmacy open on a Sunday
Providing emergency prescriptions when people have run out of their usual medication. I know they can provide up to 7 days of medication if needed outside the opening hours of their GP surgery but they (Boots, Barking town centre) refuse to do it. This means a trip to the walk-in centre instead which is expensive to the NHS and completely unnecessary!
Longer opening hours on weekend
I do not use pharmacies frequently enough to comment
Anything to take the pressure off GP's
No - I am happy with the services my local pharmacy provides
Advice on continence for the elderly (signposting and stocking of appropriate pads)
Mole checking
Prescription for Coeliac to made available as it would be easier than visiting the doctor to obtain foods every month
I no longer smoke, can no longer get pregnant and rely on the doctor for repeat prescriptions and medicine review
General advice given more freely i.e. if medicines given, do you know what they may do
Blood pressure monitoring Diabetes testing Cholesterol monitoring
Where prescriptions not in stock, advice on where else to go
The ability to order larger occupational therapy and physiotherapy items and supplies
Being able to prescribe medication if it is repeats
Filling of assistive technology items such as medication reminders. Not just dosset boxes or blister packs
Asthma clinics and advice, food allergy testing, constipation advice
I guess all of the above would be useful for some, hence why I've ticked them all!
Diabetes checks doctors completely inefficient

**Q22. Please could we have the name and address of your pharmacy you use the most**



**Q23. How would you rate your overall satisfaction with this pharmacy?**





## Q24. Any other comments you would like to make about your pharmacy

Sometimes waiting times are long	The service used to be excellent it has deteriorated over the last 4 months
Very very good and excellent service	The travel advice I have received from pharmacies has been good, beyond just the vaccinations required around how to stay healthy in foreign countries.
Always willing to help. The Pharmacist is very helpful	Again, they should provide up to 7 days of a patient's regular medication in an emergency. I'm sure they are legally allowed to do this and as it takes pressure off NHS services they should contractually obliged to do it.
All the staff are 100%, especially Maya and Lina	Nearest Pharmacy to Laburnum Health Centre
You get a personal service. Prakash knows about my prescription - the ladies too. I often spend 20-25 minutes talking. I like the chemist.	They are often short staffed and do not seem to care that people are on their lunch break and need their prescriptions dispensed within 15-20 minutes so they can get back to work on time - there have been many occasions where I've waited half an hour only to go back to the counter and find my prescription still hasn't been dispensed so I've had to get my prescription back so I can go elsewhere after work.
They are most helpful when I need to know what an item might be classed as or numbers to find out medication status	They rarely have everything in stock. They are only open Monday to Friday (No weekends at all). They close between 1 and 2 every day (Unbelievable)
Stock - even on other medication. I always have to return very inconvenient	Very friendly staff, Pharmacist always ensures follow up is offered for asthma etc., flu jabs offered.
The staff are always very friendly and the service is excellent	The staff here are wonderful. They are caring and compassionate, helpful and professional. The best pharmacy I've visited in the borough by far.
Sometimes they do not have stock the medication I need, So I have to wait for it	Newlands BARKING always have the correct prescription and good customer service.
They make an excellent team. I shall be very sorry to lose them	The home delivery service at this pharmacy is very good and responsive
I have been coming here and have always been treated well	I don't have a dedicated pharmacy i use what is most convenient at the time
Electronic repeat prescription takes time - 48 hours	Needs more awareness!

The staff are always very helpful. I commend them	As well as medication, the other items they sell are always competitively priced, thus encouraging me to spend "locally".
Efficient, all staff are friendly	Ok with customer service but not too much
Very friendly efficient staff. Giving me advice on any queries that I have. This chemist helped me to stop smoking. Using patches and inhaler...I quit smoking on 28th February with the help from this chemist.	The only criticism is usually long wait for the pharmacy service and sometimes I have to return later to collect the medicine.
Not good at all. They need help us. Worst ever	It can get very busy at times and sometimes there is a muddle with people waiting for their prescriptions for a long time (they get forgotten). Mr Patel the main pharmacist himself is very knowledgeable, but the helpers are less so. More knowledge about alternative medicines and treatments and also extended evening hours one or two days a week may be useful.
They are friendly and always very helpful	They are usually very helpful.
Withhold prescriptions when their IT equipment is not working	Staff are sometimes rude and you could be ignored for some time before being served.
Early morning opening hours especially after school run	Pleasant and helpful staff
They need help, Pharmacy is slow and not organised	There is sometimes mix up with repeat prescriptions very poor when it comes to products to buy
Often runs short of supplies	I have always found the staff friendly and helpful
Staff are always polite and helpful. Pharmacist is never too busy to see you.	Staff are always friendly and helpful
All the staff are friendly and helpful and give you confidence	Never enough places to sit whilst you wait. Long walk from the disabled parking bays to the pharmacy.
Always friendly and helpful	I wish they would stop selling toys, games and plastic crap like some pound shop tacky market stall. also over the counter drugs at near supermarket prices
Very good	Too slow
Very helpful and very personally and answers all my queries	Need to keep more quantity of items
Bigger Consultation room	Absolutely brilliant service faultless

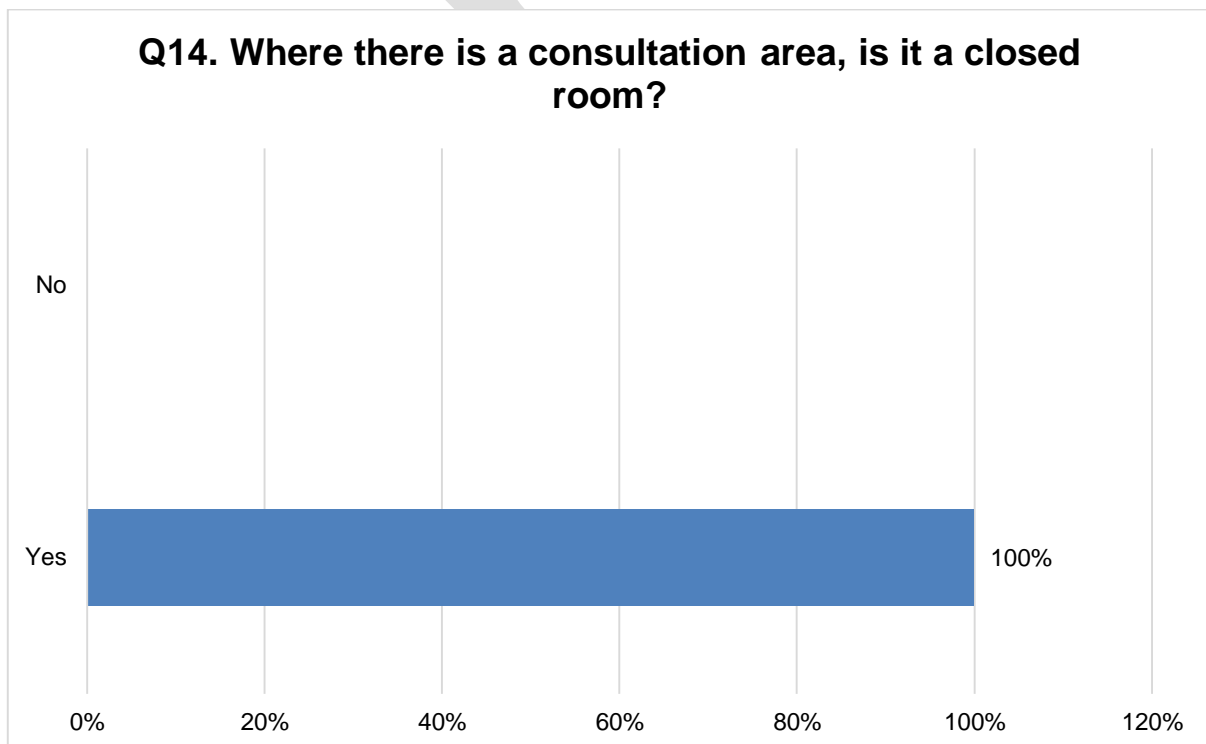
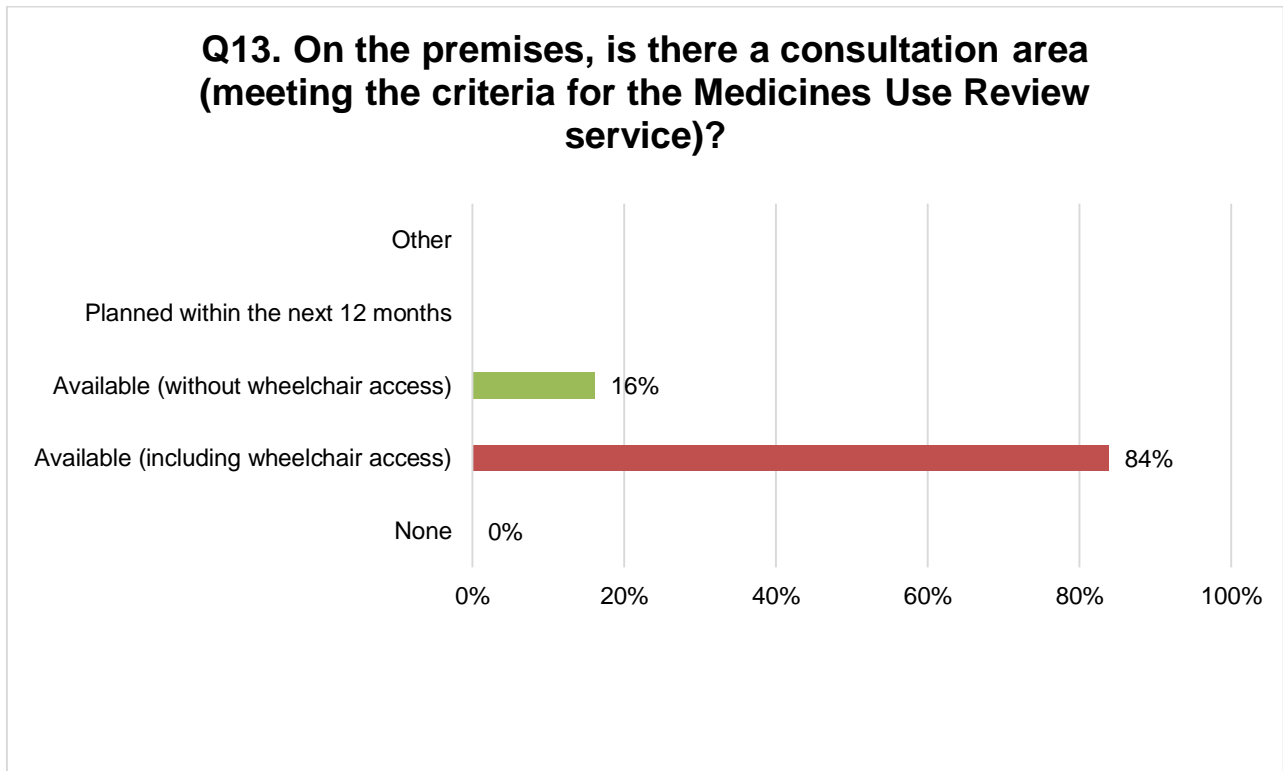
A very good service	I think it should open earlier in the morning and close later to cater for family's needs as it is always crowded after school
Friendly staffs, nice pharmacists and very helpful	They sometimes do not have the medication prescribed and I have to go elsewhere non repeat prescription medication.
Should be open till midnight	Always prepared to go the extra mile.
On 2 different occasions had to come back for owing item. Always shortage of stock, can be annoying but staff are friendly	Not enough staff and prescriptions never ready on time. And waiting while serving customers is dreadful
Should have the minor ailment scheme	Excellent pharmacy. Excellent delivery service, the lady driver is very helpful and patient. Bless her
More in stock items. So Don't need to come back for owing medications. But they do offer to deliver	Always friendly and I don't feel rushed
I have been visiting this pharmacy for over 20 years, The staff and pharmacist are always very friendly and helpful.	The staff are pleasant and helpful and the staff seem to stay for a long time so they get to know the customers and their needs and requirements
The waiting time to have the prescription is long sometimes it takes over 1/2 hour to get your prescription filled, they also don't call you when the medication is available or if you have a prescription to pick up, I would also like to see more under minor ailments being free for children.	The pharmacist always welcomes you and is happy to advise and his opinion is important - He doesn't give advice to order to sell you a product
They are very pleasant and never too busy	Helpful staff
Excellent service	Friendly bunch of people
My pharmacy are the best, give an excellent service	They keep changing the receptionist/pharmacist and they are too slow
They are very caring, helpful and always try to do what they can to help you	I would like to see the extended opening hours
They are very professional and give excellent service at all times. They are always friendly and helpful	Helpful and friendly, Nice people
The staff are all lovely	Always helpful
Very happy with the service	Sometimes they haven't got items in stock. Their stock control is poor. You have to wait. My repeat prescription is rarely made

	up and bagged ready for me to collect. I have to wait around even though they have enough time!
Brian is the first pharmacist every in my life who explains about medication when to take and effects etc. He has private room to discuss this	I find the pharmacist and everyone who works very polite, knowledgeable and helpful
Good service with friendly helpful staff	Very good service, Very helpful and knowledgeable
Wouldn't like to use another pharmacy even thou I have at least two others near to where I live the service I get is the top The staff are great	Would be nice to have a late opening one day a week and even a few hours during the weekend as it is not open at all of a weekend.
Excellent service from the pharmacist and the staff in the shop. Friendly, helpful always a pleasure.	I have been given wrong dose of my tablets not told a new tablet I was taking could cause heart trouble and missing meds I find the way it is run is poor as they don't have a regular supply of medicine having had to wait over a week for part meds
Have been offered excellent service regarding flu jabs, testing and asthma control saves me having to take a day off to go to GP	They are always very helpful
The only thing I have to say it when it comes to getting medication delivered it takes so long and they is always a moan when we order because my dad is taking 8 tables a day and the amount they supply is only enough to last him the week then we have to re order and they always make some comment when we explain it they go quiet	Helpful and kid staff with good knowledge of all medicines they offer
Medication often not ready for collection and I have to come back - even though I have allowed 48 hours, as advised by the GP Surgery	All the staff are always friendly and very helpful. Very efficient too, highly recommended.

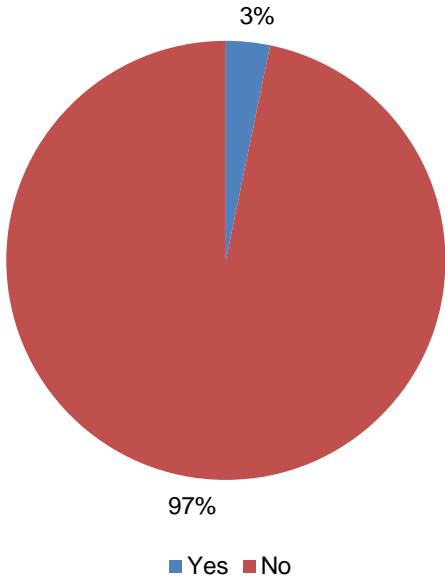
## Appendix J: Results of the pharmacy contractor survey

Q1 to Q10 are Pharmacy specific questions

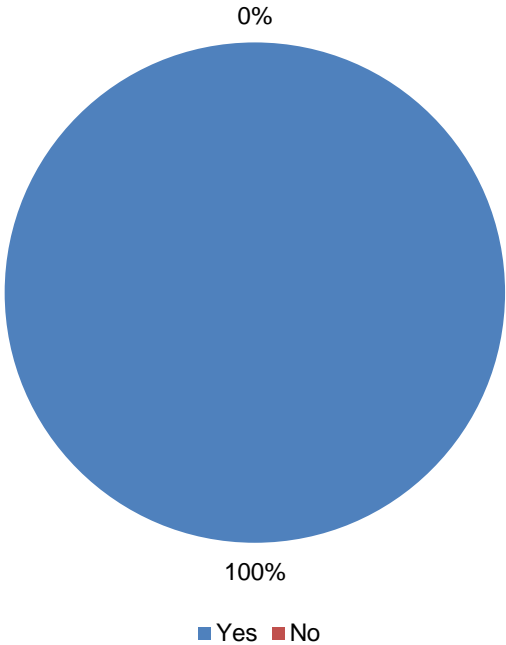
Q11 and 12 related to the pharmacy opening hours; this information is provided in appendix A for each pharmacy



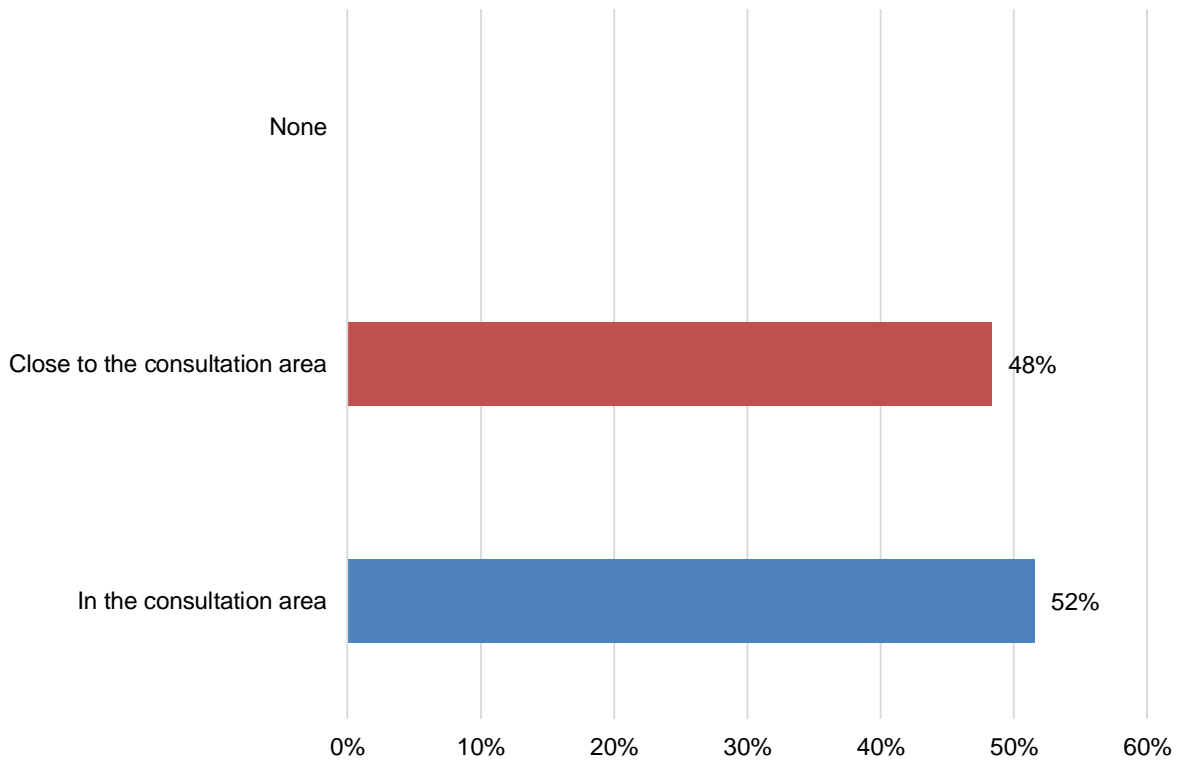
**Q15. Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or Area Team has given consent for use)**



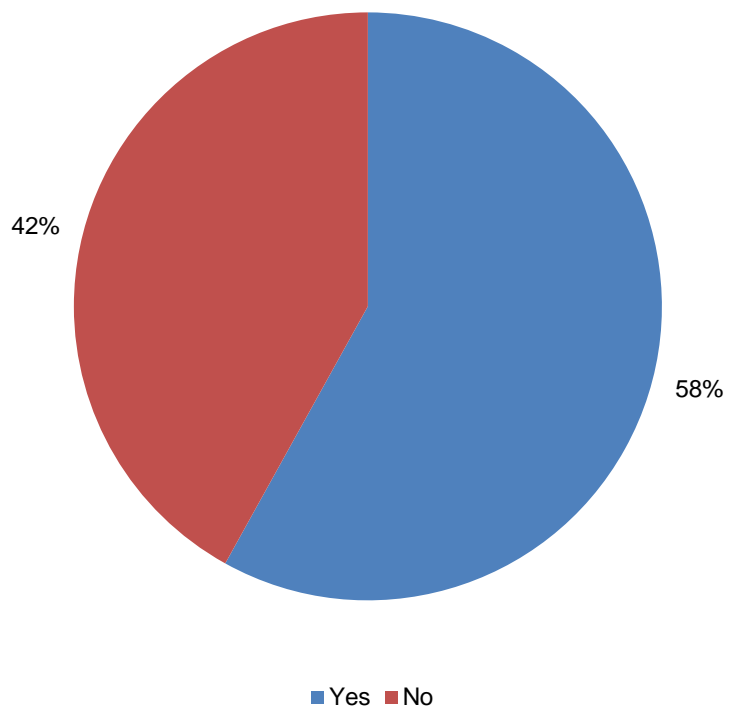
**Q16. Is the pharmacy willing to undertake consultations in patient's home/ other suitable site?**



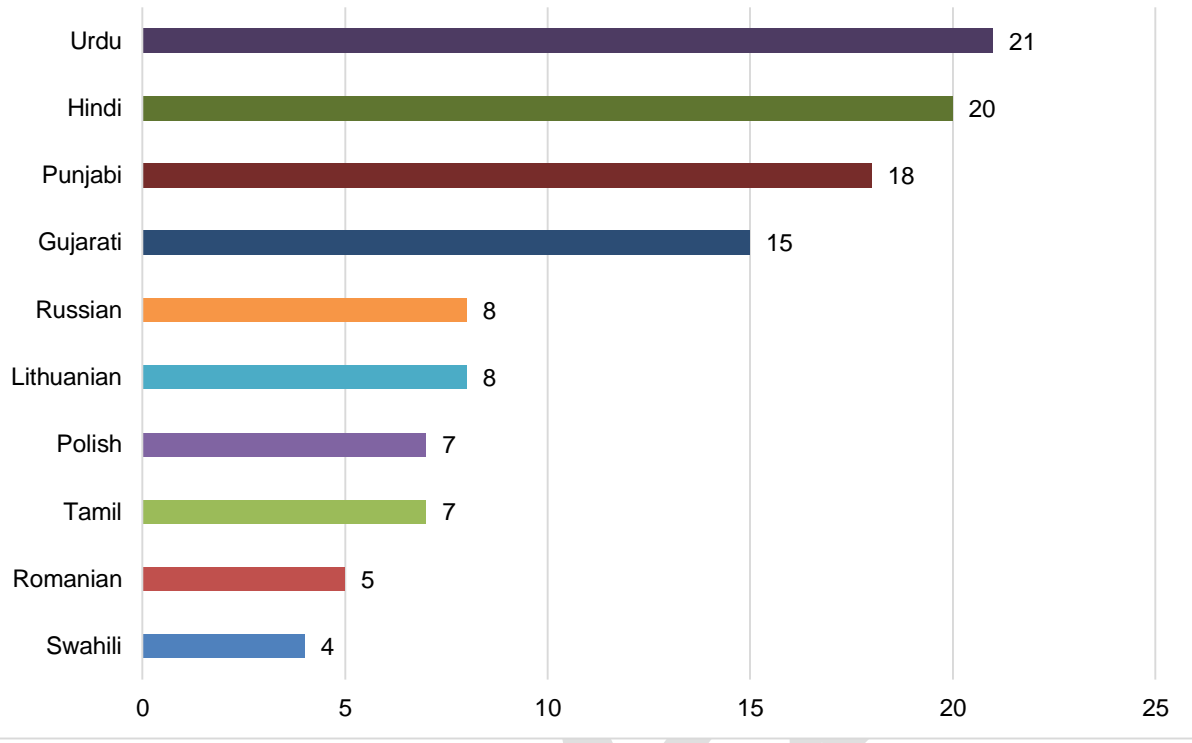
**Q17. During consultations, are there hand-washing facilities?**



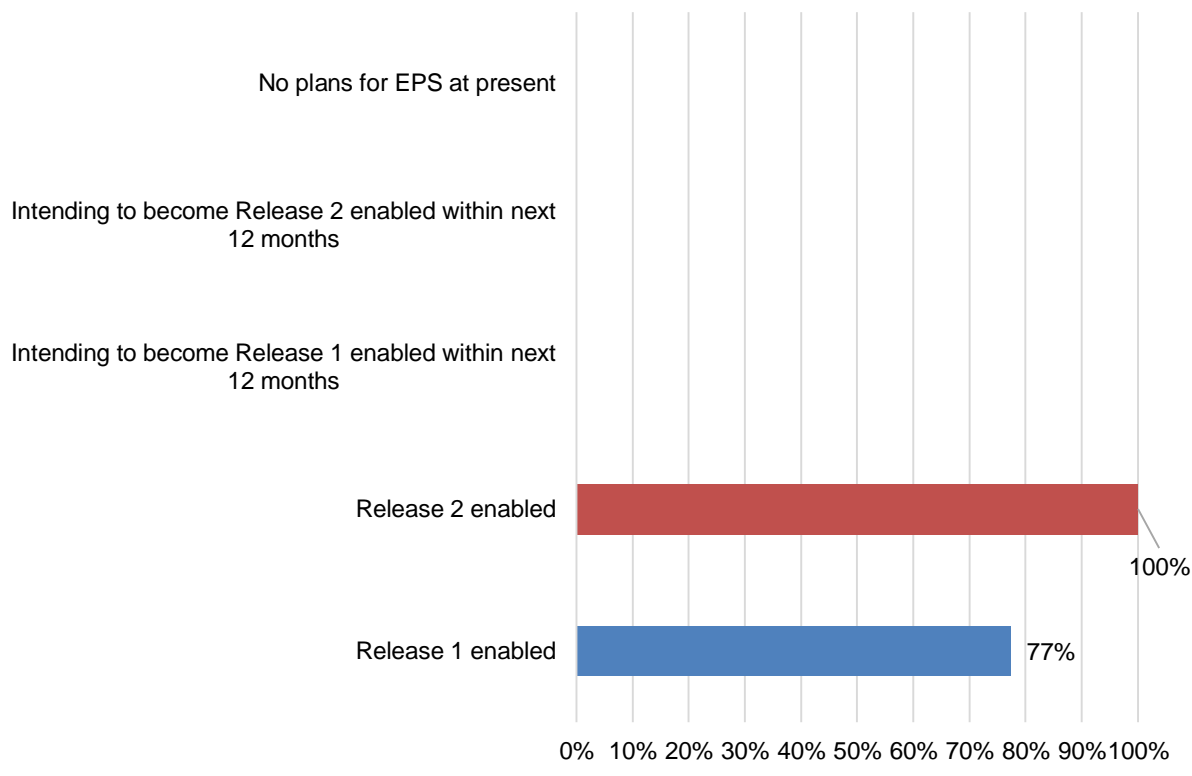
**Q.18 Do patients attending consultations have access to toilet facilities?**



### Q19. Top 10 Languages spoken (in addition to English)

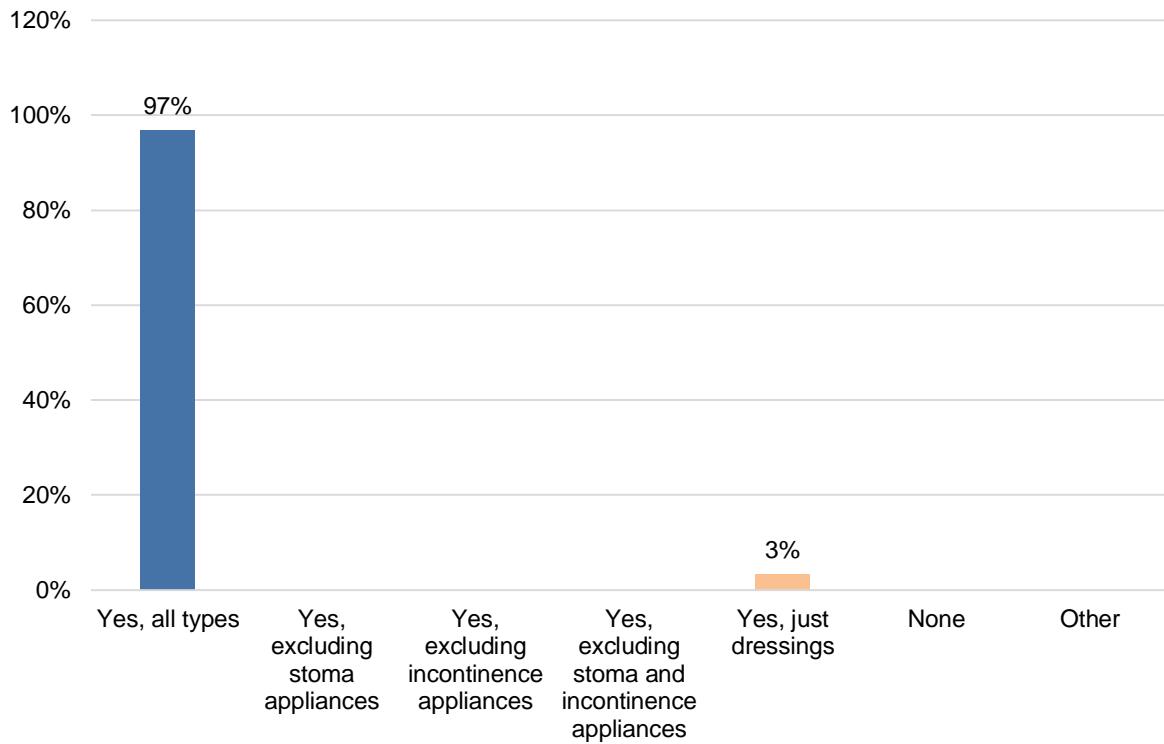


### Q20. Electronic Prescription Service (select any that apply)

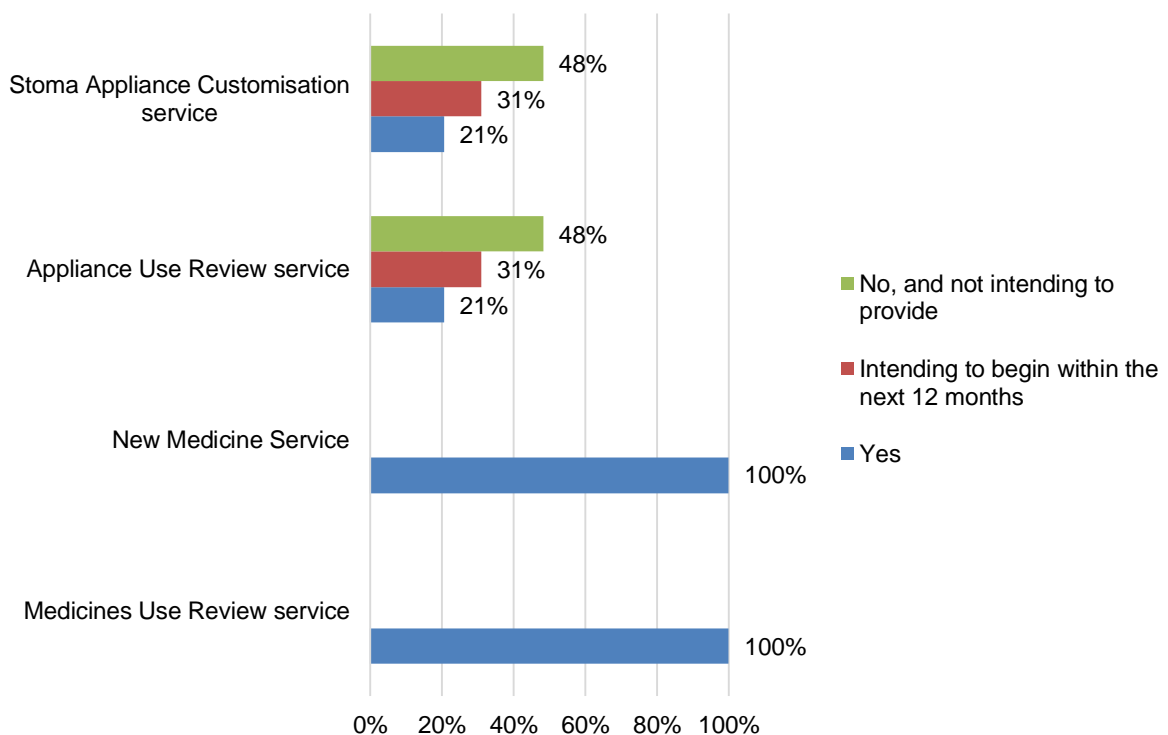




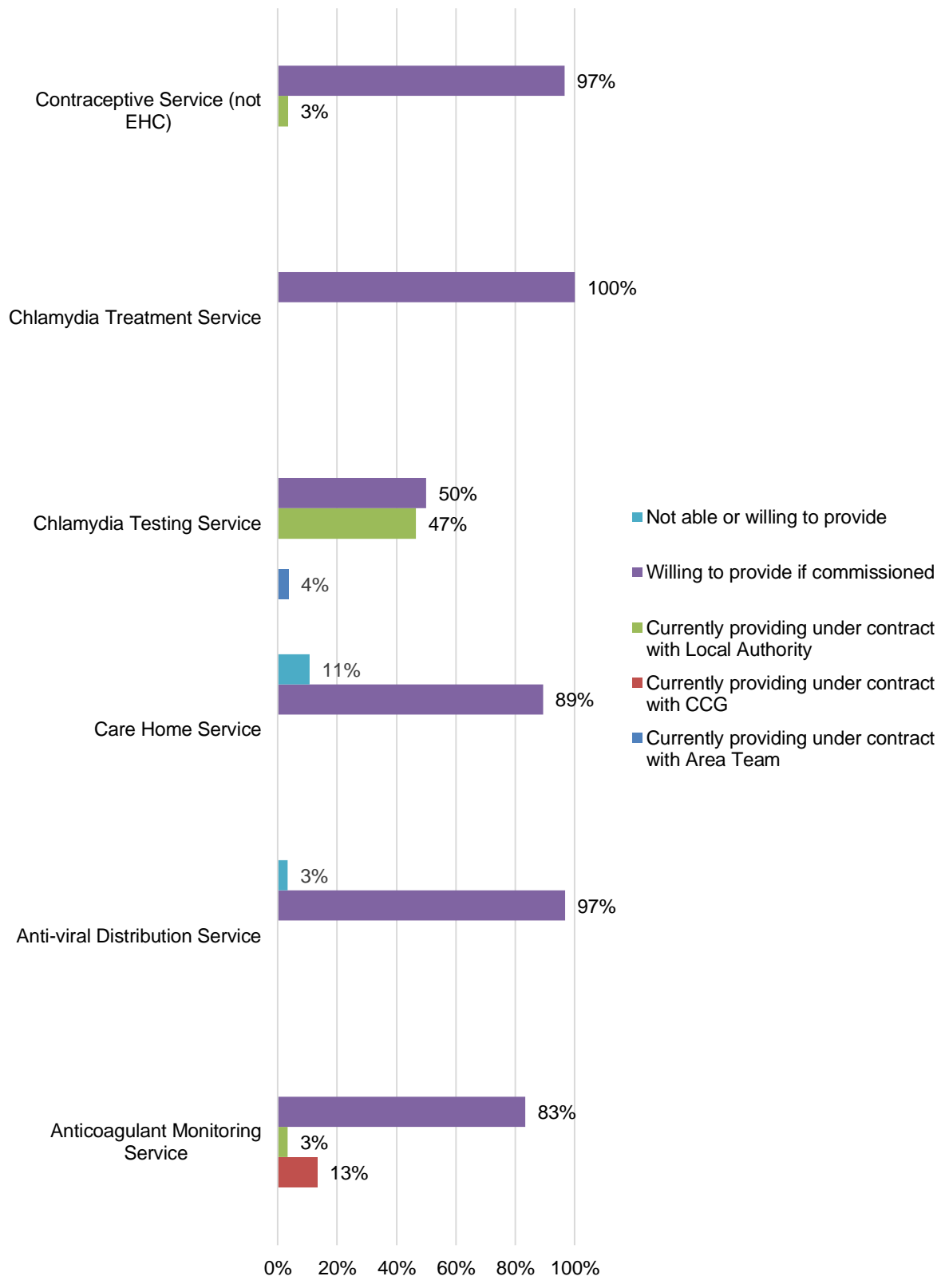
### Q21. Essential Services: Does the pharmacy dispense appliances?



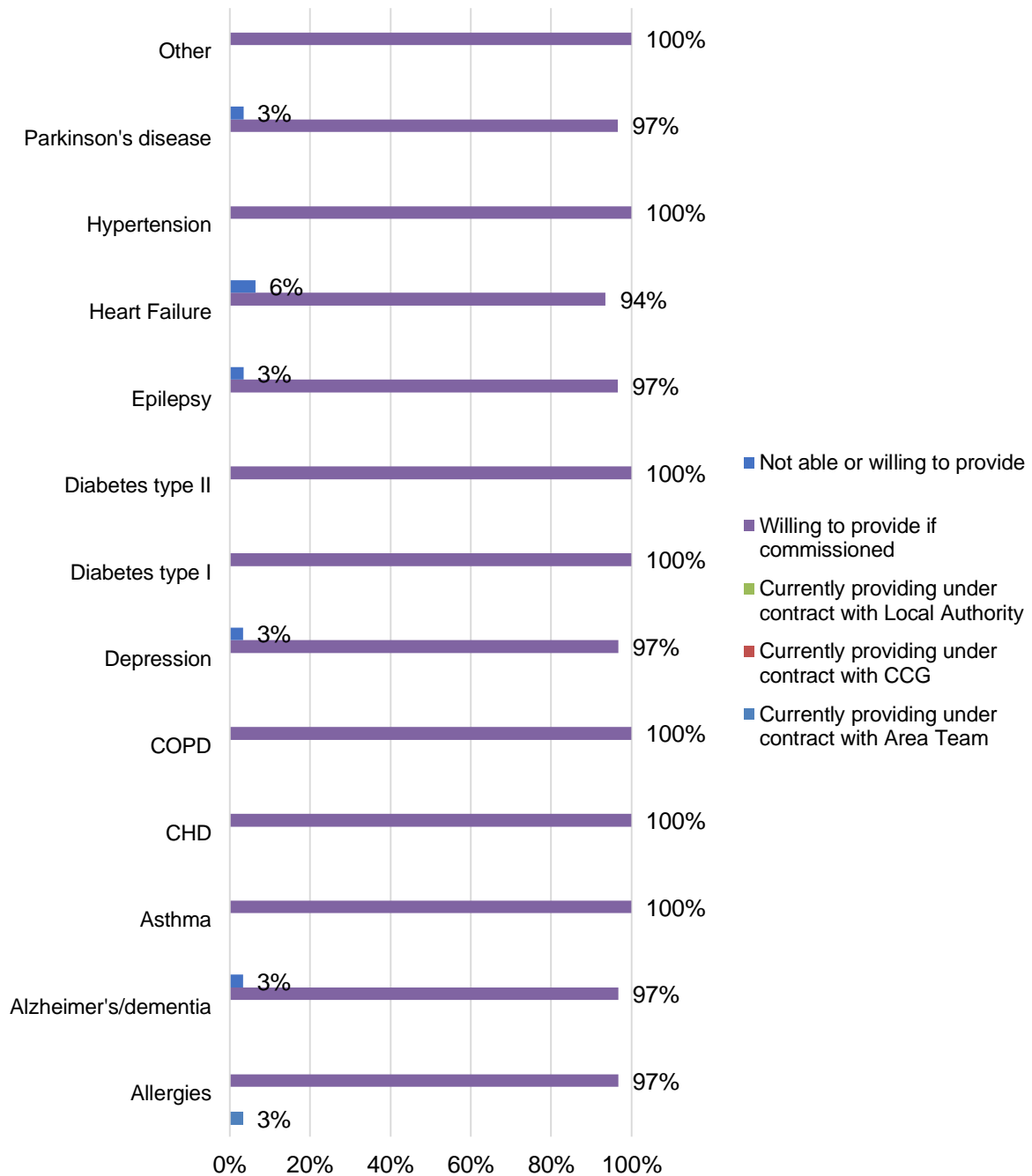
### Q22. Advanced Services: Does the pharmacy provide the following services?



**Q23. Enhanced and Other locally Commissioned Services: Which of the following services does the pharmacy provide, or would be willing to provide?**



**Q24. Other than dispensing services, does your pharmacy offer any of the following disease specific services?**

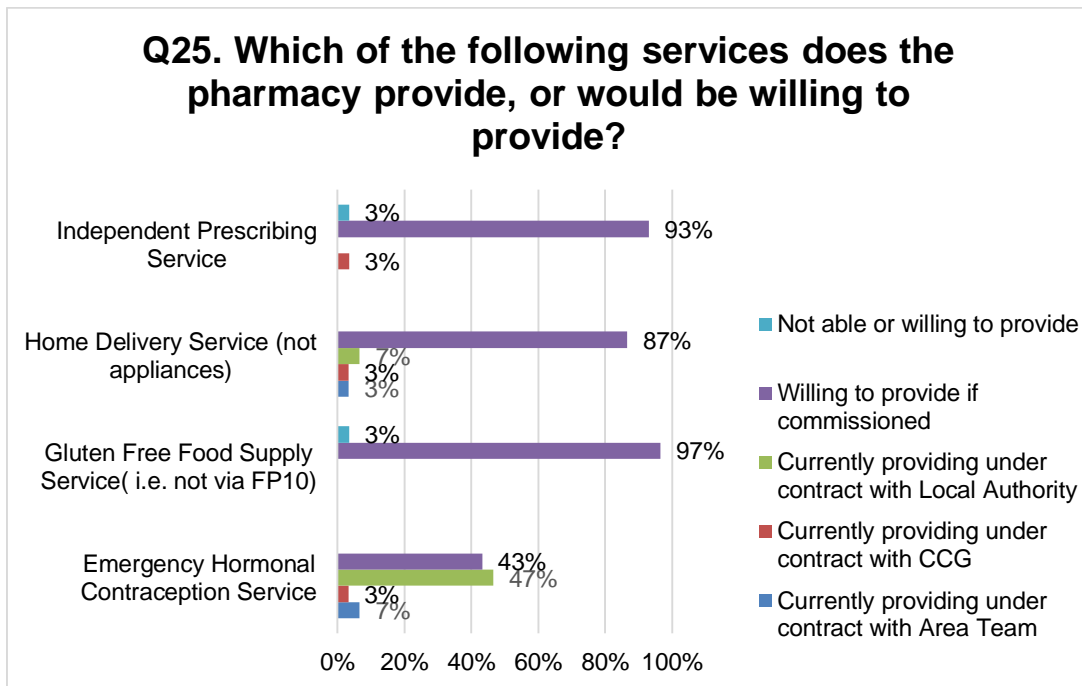


**Other**

Coaching for health, nutrition + diet clinic

We also provide TCES (Transforming Community Equipment Service) under contract with the Local Authority. This entails supplying (e.g. - disability equipment) against prescriptions issued by Occupational Therapists

We also provide TCES Transforming Community Equipment Service (provision of Equipment e.g. - disability products against requisitions from Occupational Therapists. This is commissioned by the Local Authority.



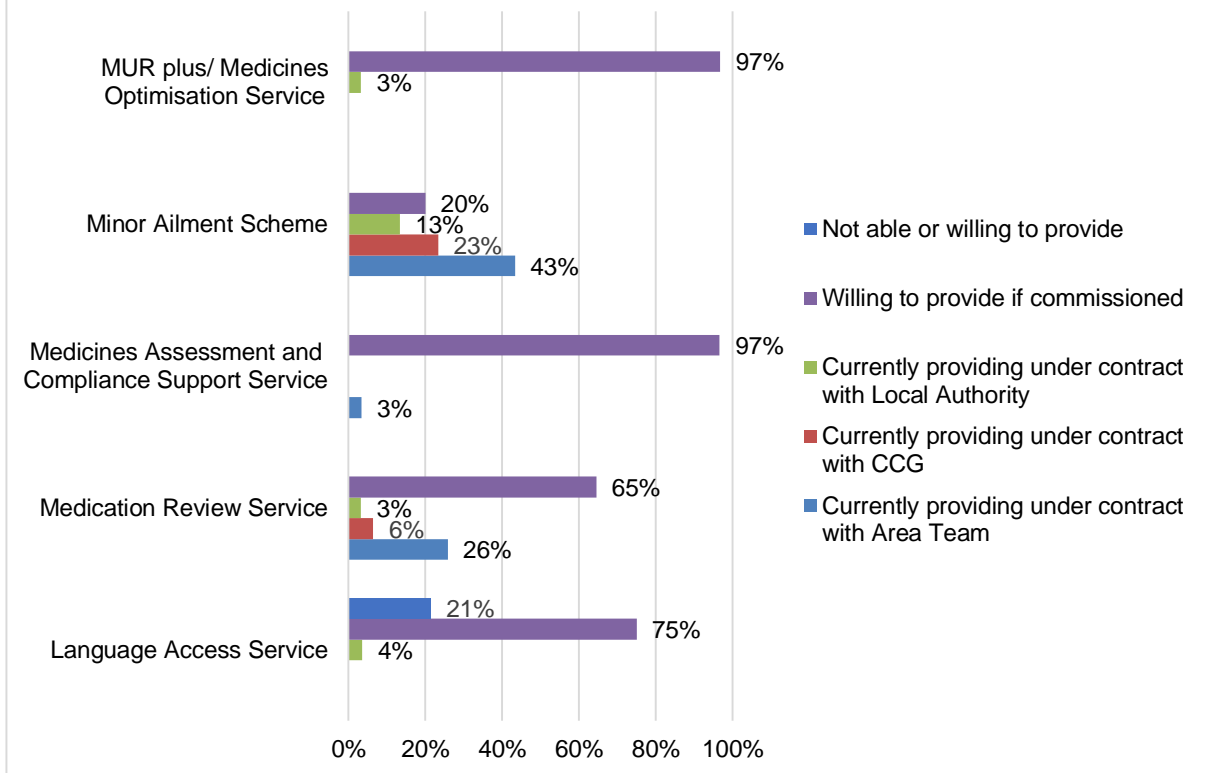
**If currently providing an Independent Prescribing Service, what therapeutic areas are covered?**

Free Home Delivery Service to patients currently provided as goodwill.

Anticoagulation, travel clinic

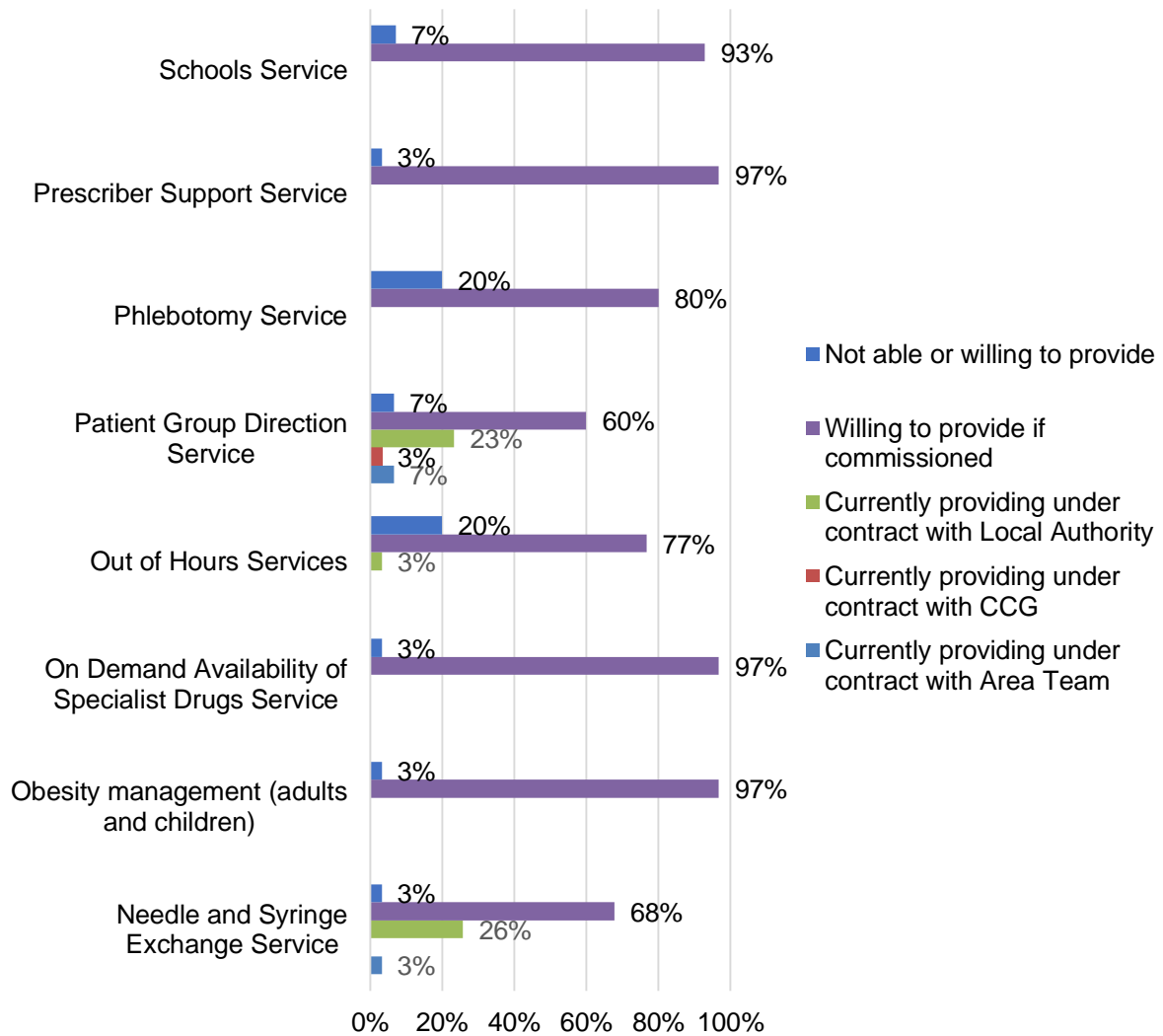
As commissioned

**Q26. Which of the following services does the pharmacy provide, or would be willing to provide?**



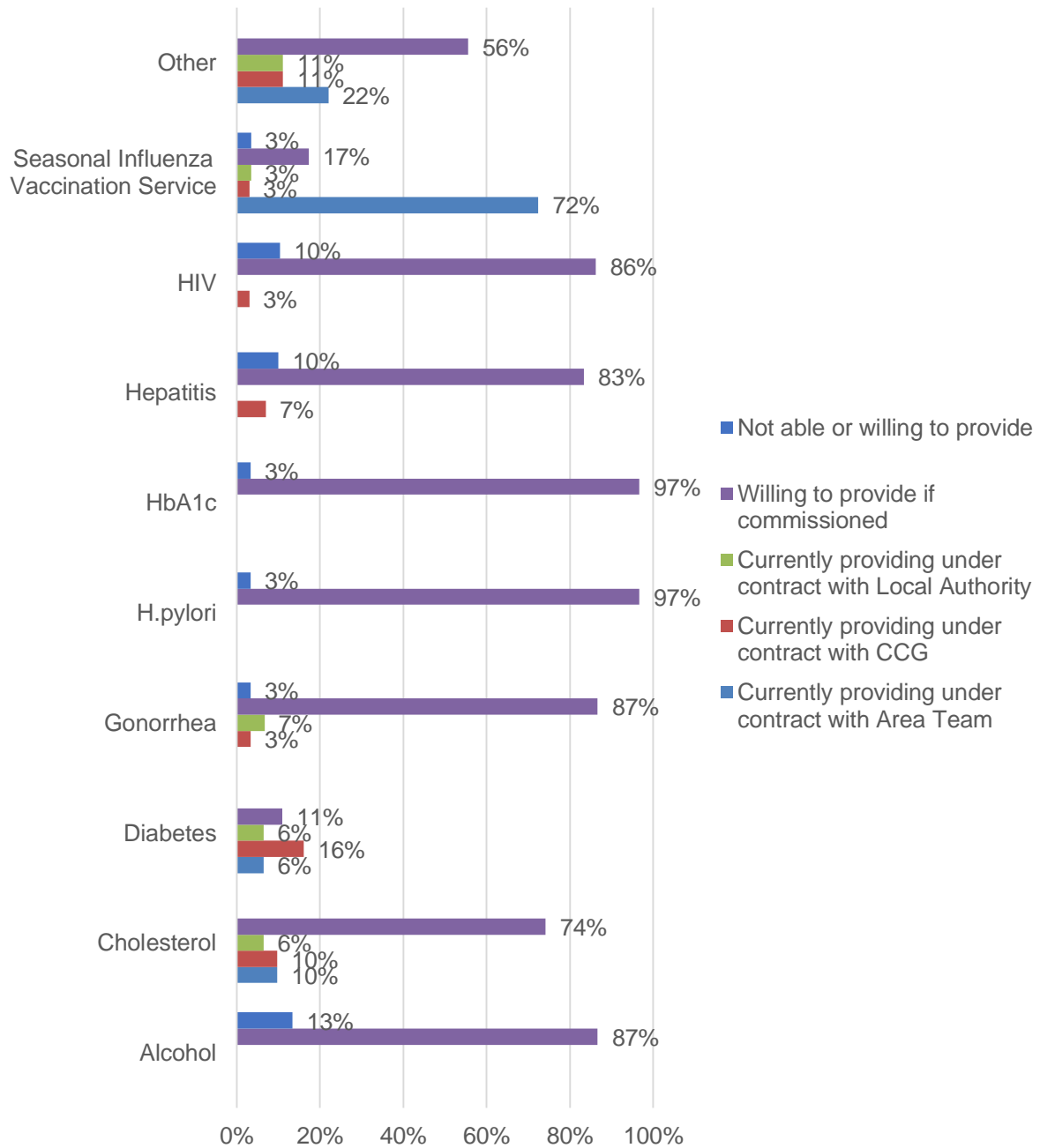
<b>If currently providing MUR plus/ Medicines Optimisation Service, what therapeutic areas are covered?</b>
Dermatitis

**Q27. Which of the following services does the pharmacy provide, or would be willing to provide?**



<b>Patient Group Direction(medicines covered by the Patient Group Direction)</b>
Malarone + sildenafil + Viagra Meningitis (Meaveu)
Levonorgestrel
Malarone, Ventolin, Sildenafil (Viagra)
Ventolin, Malarone, Sildenafil (Viagra)
Mefloquine, Doxycycline, Avotaquone/proguanil, sildenafil, tadalafil, vardenafil, salbutamol inhaler, champix, propecia, orlistat, contraceptive pills, emergency hormonal contraception, renicol, Xifaxanta, fluenz, Vaniqa
Levonell + ehl
Emergency Contraception Smoking Cessation
MAS meds
We are privately supplying under PGDs: Erectile Dysfunction (Sildenafil, Cialis, Levitra), Anti-Malarials (Malarone, Doxycycline, Lariam), Influenza and Hepatitis B Vaccine (all brands), Meningitis ACWY Vaccine (all brands), Hair Loss (Propecia), Emergency Contraception (Levonelle/ellaOne), Salbutamol Inhalers (asthma inhaler), Oral Contraceptive Pills (all brands) Travellers' Diarrhoea (Xifaxanta), Female Facial Hair (Vaniqa cream), Weight Loss (Orlistat 120mg), Period Delay (Norethisterone 5mg)
Levonelle – EHC via LA P Medicines – Minor Ailments via CCG

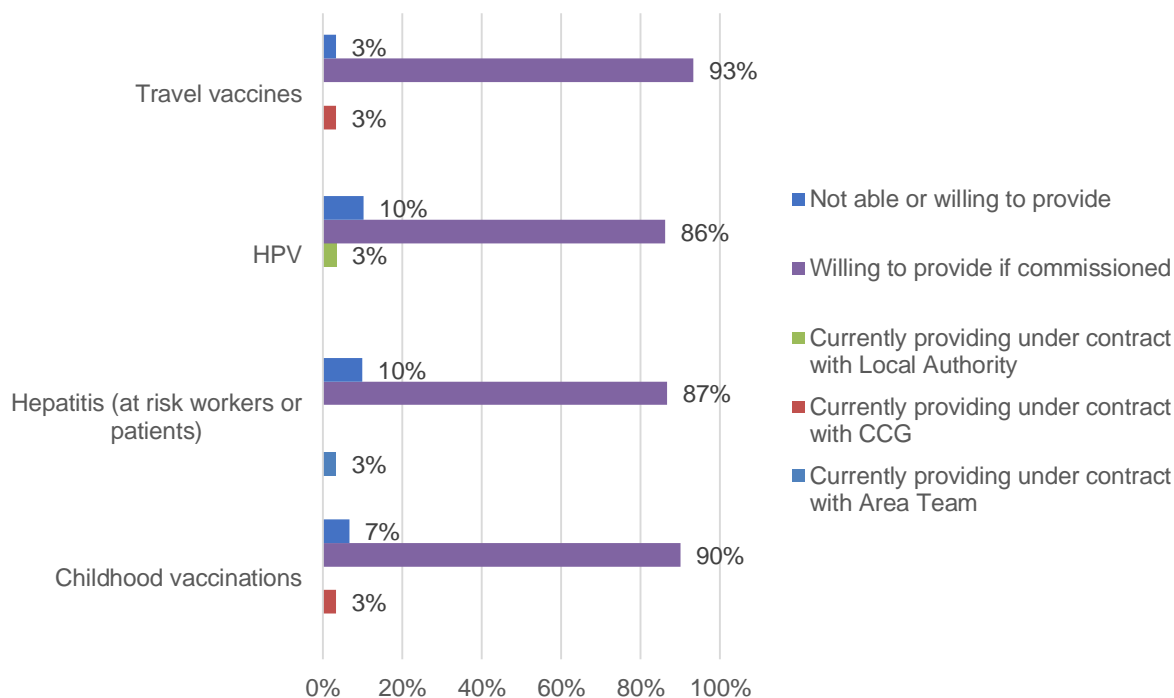
## Q28. Are the following screening and monitoring services offered?





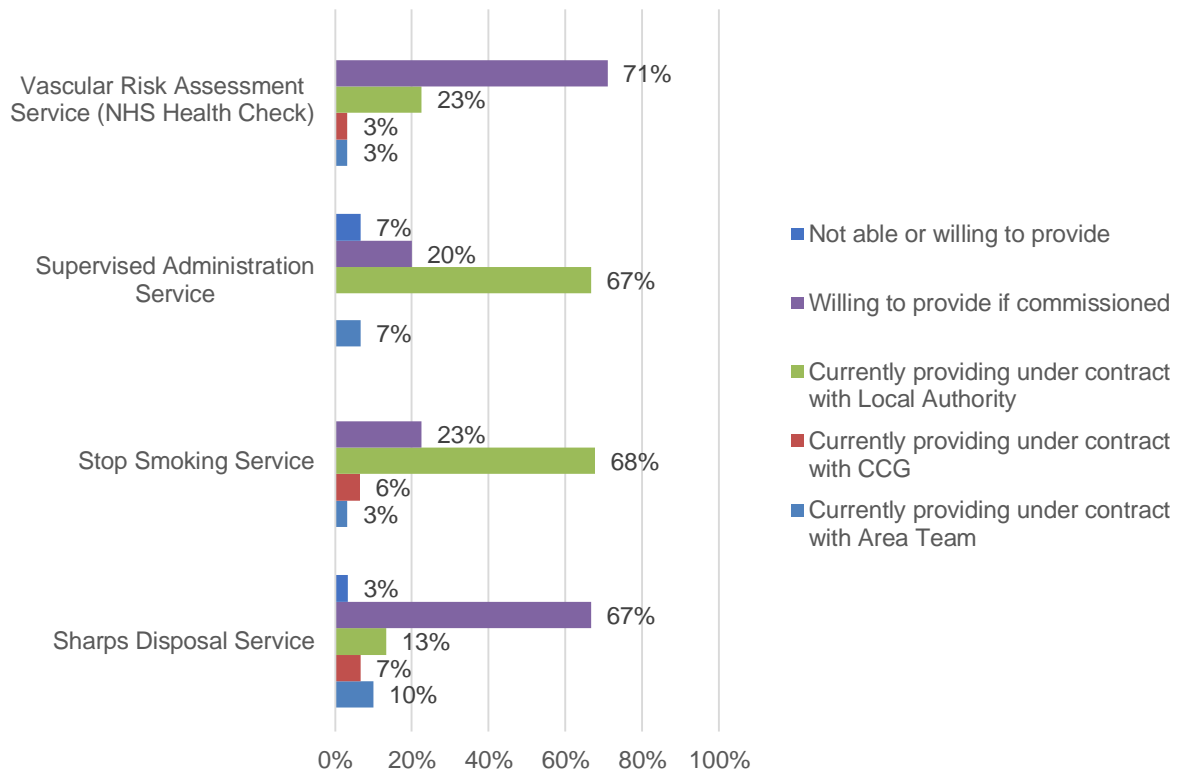
<b>Other</b>
Pneumococcal vaccine
Full travel vaccination clinic + child immunisation service
Vascular risk assessment
We also offer seasonal Influenza Vaccination service privately under PGD. We also offer Pneumonia Vaccination under the NHS PGD
We also Offer Seasonal Influenza Vaccination Service Privately.
Private Flu

**Q29. Which of the following other vaccination services does the pharmacy provide, or would be willing to provide?**

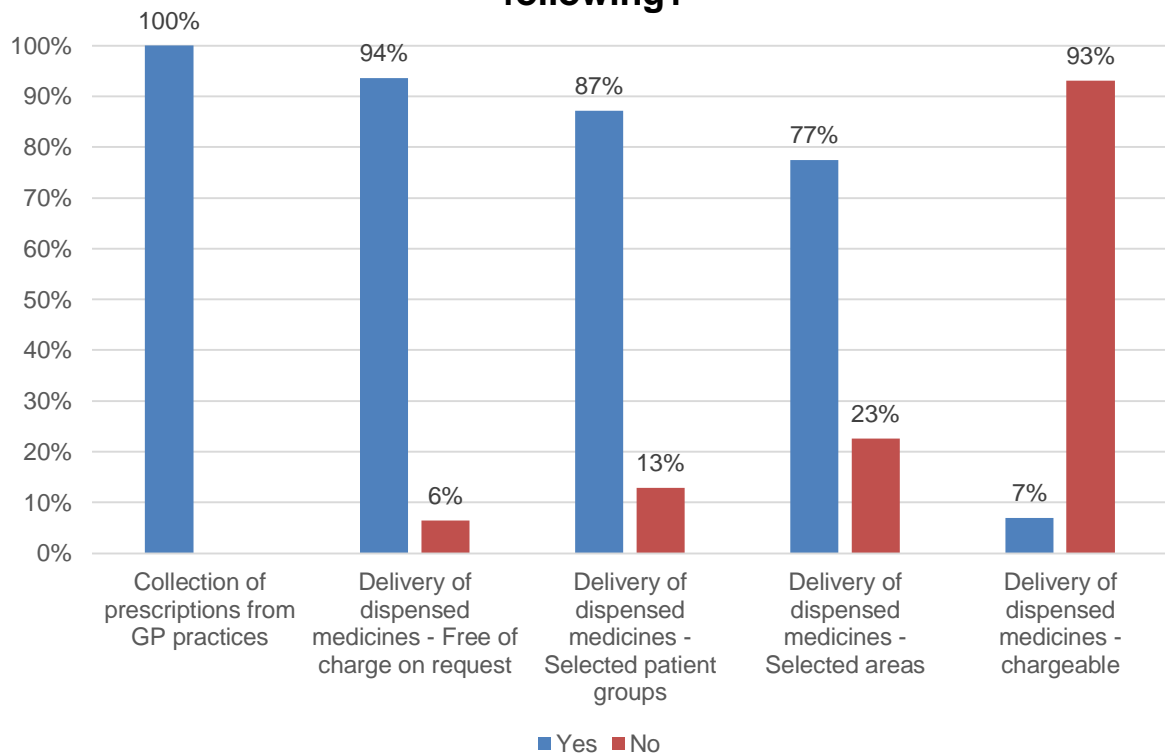


<b>Other</b>
Flu Vaccinations
We are also offering the Pneumonia Vaccination via the NHS.
We also offer seasonal Influenza Vaccination service privately under PGD. We also offer Pneumonia Vaccination under the NHS PGD

### Q30. Which of the following services does the pharmacy provide, or would be willing to provide?

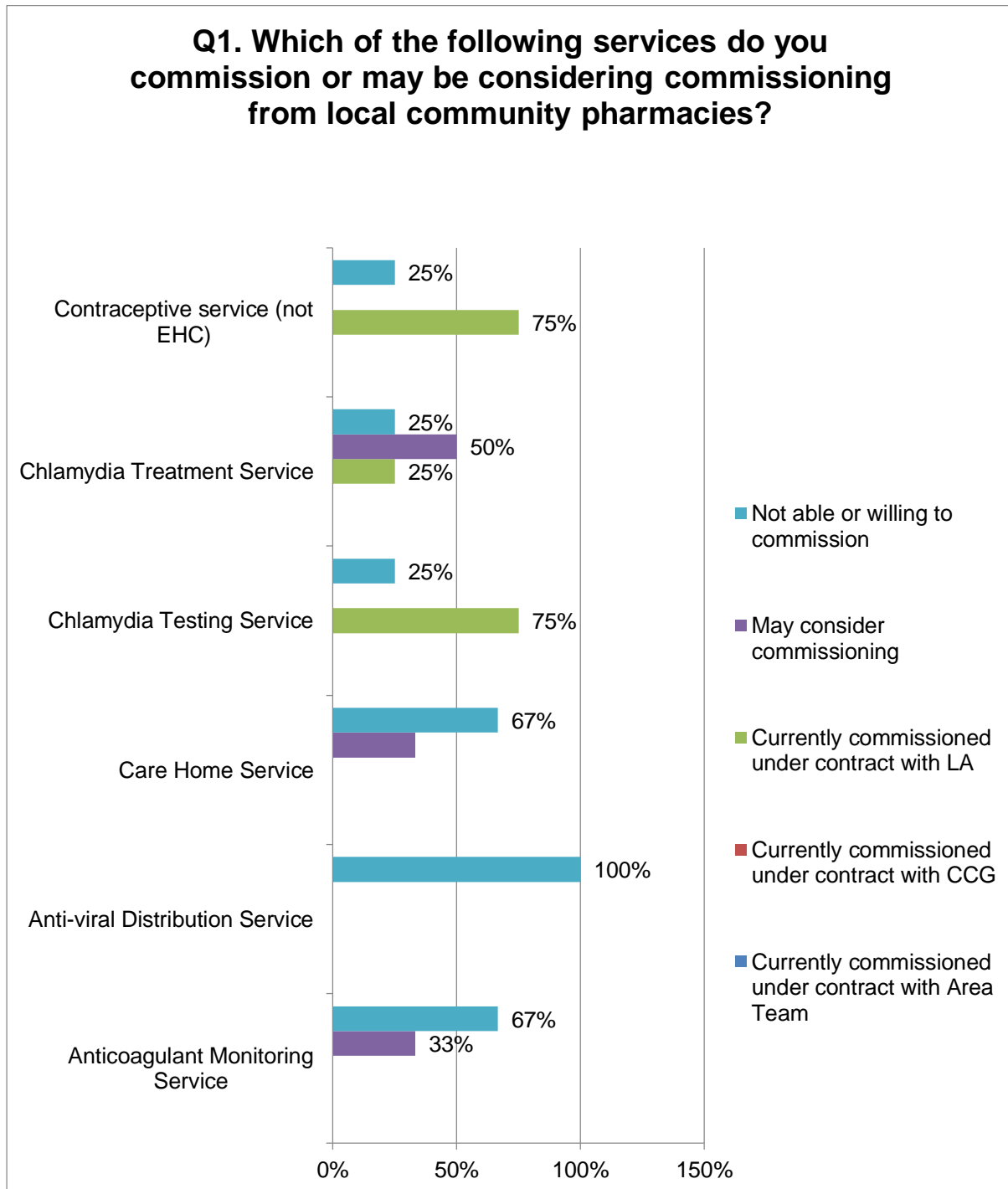


### Q31. Does the pharmacy provide any of the following?



## Appendix K: Results of the commissioner survey

NHS England, Local Authority and CCG commissioners were asked to respond to a series of questions regarding current and future service provision. The results of the survey are detailed below. It should be noted that no commissioner highlighted any intended current plans to commission new services through community pharmacies in Barking and Dagenham.



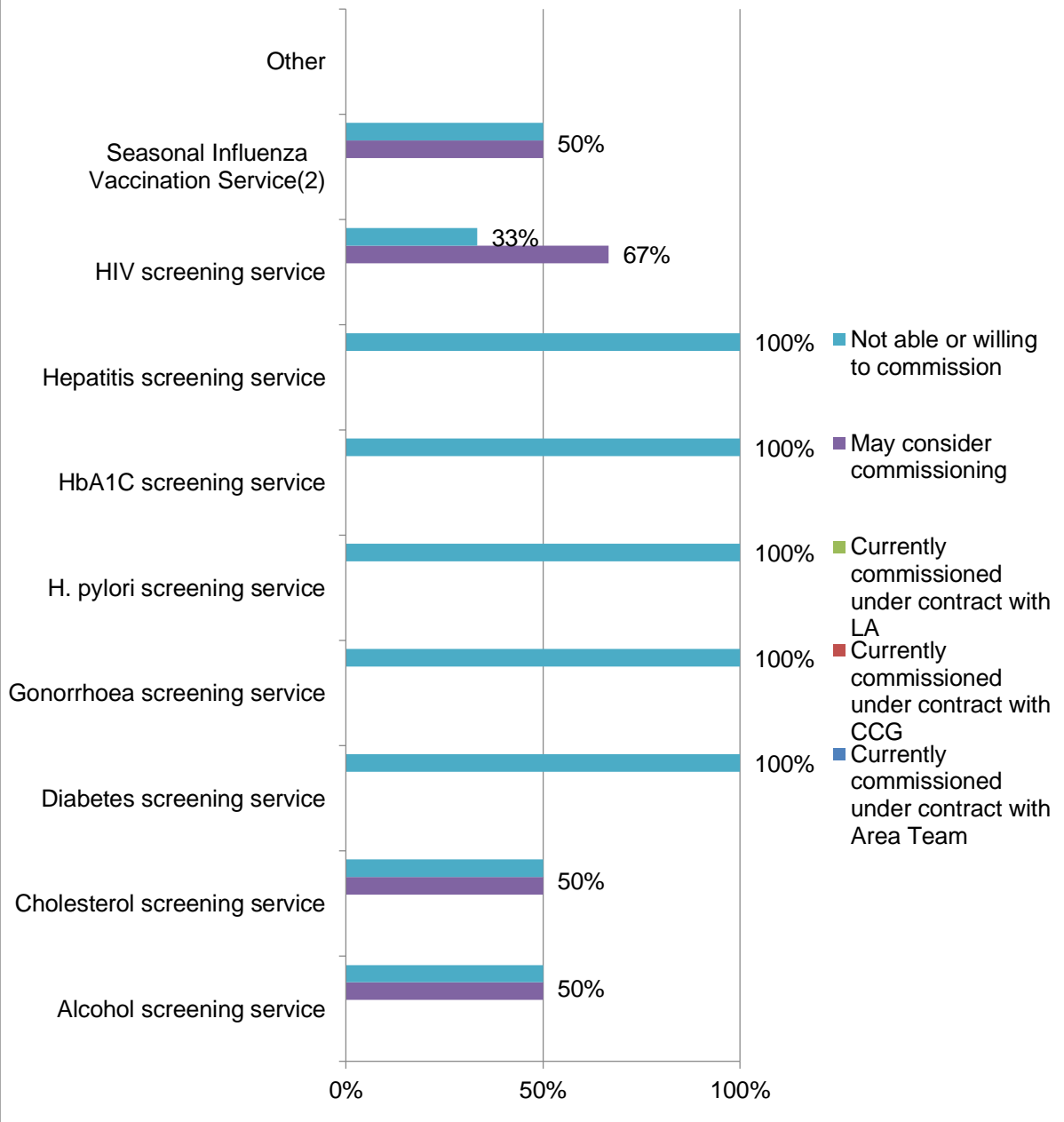
**Q2. Which of the following services do you commission or may be considering commissioning from local community pharmacies?**

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Allergy management service	0%	0%	0%	0%	100%
Alzheimer's/ dementia management service	0%	0%	0%	100%	0%
Asthma management service	0%	0%	0%	50%	50%
CHD management service	0%	0%	0%	67%	33%
COPD management service	0%	0%	0%	67%	33%
Depression management service	0%	0%	0%	50%	50%
Diabetes type I management service	0%	0%	0%	50%	50%
Diabetes type II management service	0%	0%	0%	67%	33%
Epilepsy management service	0%	0%	0%	50%	50%
Heart Failure management service	0%	0%	0%	67%	33%
Hypertension management service	0%	0%	0%	67%	33%
Parkinson's disease	0%	0%	0%	50%	50%
Emergency Hormonal Contraception Service	0%	0%	50%	0%	50%
Gluten Free Food Supply Service (i.e. not via FP10)	0%	0%	0%	0%	100%

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Home Delivery Service (not appliances)	0%	0%	0%	0%	100%
Independent Prescribing Service	0%	0%	0%	0%	100%
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?	0%	0%	0%	0%	100%
Language Access Service	0%	0%	0%	0%	100%
Medication Review Service	0%	0%	0%	50%	50%
Medicines Assessment and Compliance Support Service	0%	0%	0%	0%	100%
Minor Ailment Scheme	0%	0%	0%	0%	100%
MUR Plus/Medicines Optimisation Service	0%	0%	0%	0%	100%
If currently providing an MUR Plus/ Medicines Optimisation Service, what therapeutic areas are covered?	0%	0%	0%	0%	100%
Needle and Syringe Exchange Service	0%	0%	0%	50%	50%
Obesity management (adults and children)	0%	0%	0%	100%	0%
On Demand Availability of Specialist Drugs Service	0%	0%	0%	0%	100%
Out of Hours Services	0%	0%	0%	67%	33%

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Patient Group Direction Service (name the medicines covered by the Patient Group Direction)	0%	0%	67%	0%	33%
Phlebotomy Service	0%	0%	0%	0%	100%
Prescriber Support Service	0%	0%	0%	0%	100%
Schools Service	0%	0%	0%	0%	100%
Other (please state)	0%	0%	0%	0%	0%

**Q3. Which of the following services do you commission or may be considering commissioning from local community pharmacies?**



**Q4. Which of the following services do you commission or may be considering commissioning from local community pharmacies?**

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Childhood vaccinations	0%	0%	0%	0%	100%
Hepatitis (at risk workers or patients)	0%	0%	0%	0%	100%
HPV	0%	0%	0%	0%	100%
Travel vaccines	0%	0%	0%	0%	100%

**Q5. Which of the following services do you commission or may be considering commissioning from local community pharmacies?**

	Currently commissioned under contract with Area Team	Currently commissioned under contract with CCG	Currently commissioned under contract with LA	May consider commissioning	Not able or willing to commission
Sharps Disposal Service	0%	0%	50%	0%	50%
Stop Smoking Service	0%	0%	67%	0%	33%
Supervised Administration Service	0%	0%	50%	0%	50%
Supplementary Prescribing Service (what therapeutic areas are covered?)	0%	0%	0%	0%	100%
Vascular Risk Assessment Service (NHS Health Check)	0%	0%	0%	0%	100%
Other (please state below)	0%	0%	100%	0%	0%



## Abbreviations

AURs - Appliance Use Reviews  
BAME - Black Asian Minority Ethnic  
CCGs - Clinical Commissioning Groups  
CEDAB - Community Equipment Dispenser Accreditation Body  
COPD - Chronic obstructive pulmonary disease  
CTAD - Chlamydia Testing Activity Dataset  
CVD - Cardiovascular Disease  
DACs - Dispensing Appliance Contractors  
DH - Department of Health  
EHC - Emergency Hormonal Contraception  
HWB - Health and Wellbeing Board  
HWBS - Health and Wellbeing Board Strategy  
IMD - Index of Multiple Deprivation  
JSNA - Joint Strategic Needs Assessment  
LA - Local Authority  
LB - London Borough  
LPS - Local Pharmaceutical Service  
LSOAs - Lower Super Output Areas  
MAS - Minor Ailment Service  
MIU - Minor Injuries Unit  
MURs - Medicines Use Reviews  
NCSP - National Chlamydia Screening Programme  
NHS - National Health Service  
NMS - New Medicines Service  
ONS - Office for National Statistics  
PCTs - Primary Care Trusts  
PGD - Patient Group Direction  
PNA - Pharmaceutical Needs Assessment  
PSNC - Pharmaceutical Services Negotiating Committee  
PURM – Pharmacy Urgent Repeat Medication service  
SAC - Stoma Appliance Customisation

SADL - Simple Aids to Disability Living

SC - Supervised Consumption

SHA - Strategic Health Authority

STI - Sexually Transmitted Infection

TCES - Transforming Community Equipment Services

Draft

## Equality Impact Assessment

### COMMUNITY AND EQUALITY IMPACT ASSESSMENT

#### About the service or policy development

Name of service or policy	Pharmaceutical Needs Assessment
Lead Officer	Remi Omotoye
Contact Details	remi.omotoye@lbbd.gov.uk

#### Why is this service or policy development/review needed?

As per the Pharmaceutical Services Regulations 2013<sup>9</sup>, each Health and Wellbeing Board is required to produce a Pharmaceutical Needs Assessment (PNA) by 1<sup>st</sup> April 2015. The PNA will assess the provision of pharmaceutical services within Barking and Dagenham HWB area and its neighbouring areas, for the people of Barking and Dagenham. The PNA will be used by NHS England to determine access to pharmaceutical services and by Barking and Dagenham HWB in conjunction with the JSNA and other strategic documents to plan services to address health inequalities in the Barking and Dagenham HWB area.

Pharmaceutical services are the majority of services provided by community pharmacies, appliance contractors and some dispensing GP practices. Barking and Dagenham HWB area has community pharmacies and appliance contractors providing pharmaceutical services.

A PNA was produced by Barking and Dagenham PCT in 2011. The Barking and Dagenham HWB PNA will revise this existing PNA and plan for the next three years. Future revisions of the Barking and Dagenham HWB PNA will occur at least every three years.

#### 1. Community impact (this can be used to assess impact on staff although a cumulative impact should be considered).

What impacts will this service or policy development have on communities?  
Look at what you know? What does your research tell you?

##### Consider:

- National and local data sets – for example, **Knowing Our Community** ( [link to be inserted](#))
- Complaints
- Consultation and service monitoring information
- Voluntary and Community Organisations
- The Equality Act places a specific duty on people with 'protected characteristics'. The table below details these groups and helps you to consider the impact on these groups.

	Positive	Neutral	Negative	What are the positive and negative impacts?	How will benefits be enhanced and negative impacts minimised or eliminated?
<b>Local communities in general</b>		x		The PNA has assessed current health needs and access to pharmaceutical services. The assessment has made recommendations to fill any gaps in the provision of pharmaceutical services and also recommendations for improvements and / or better access to current provision. Prior to the production of the draft PNA a resident survey was undertaken to seek the public's views on access to pharmaceutical services in the Barking and Dagenham area. To ensure there is an equality of access for all people within Barking and Dagenham HWB area, the survey was distributed amongst a cross-section of Barking and Dagenham people. Residents within the protected characteristics groups were targeted to receive	The PNA has taken account of the health needs of all populations and consider how different populations' pharmaceutical needs vary and are currently met. The aim of the PNA is to address any health inequalities and / or variance to access pharmaceutical services. Recommendations to address these have been made where any variances were found.
<b>Age</b>		x			
<b>Disability</b>		x			
<b>Gender reassignment</b>		x			
<b>Marriage and civil partnership</b>		x			
<b>Pregnancy and maternity</b>		x			
<b>Race (including Gypsies, Roma and Travellers)</b>		x			
<b>Religion or belief</b>		x			
<b>Gender</b>		x			
<b>Sexual orientation</b>		x			
<p><b>Any community issues identified for this location?</b>  <i>See above link to ward profiles.</i>            If the project is based in a specific location please state where, or whether Borough wide. Please note any detail of relevance e.g. is it an area with high unemployment, or public transport limited?</p>					

			<p>feedback on any barriers to accessing pharmaceutical services by people from protected characteristics. Responses to the survey helped to inform the recommendations within the draft PNA and any potential gaps and / or improvements to pharmaceutical services in the Barking and Dagenham area. The draft PNA underwent an eight week consultation and views from the Barking and Dagenham public were sought. Populations from the protected characteristics populations were targeted within the consultation to seek their views upon the assessment and its recommendations.</p>	
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## 2. Consultation.

Provide details of what steps you have taken or plan to take to consult the whole community or specific groups affected by the service or policy development e.g. on-line consultation, focus groups, consultation with representative groups?  
***This is a vital step – see [full guidance \(PDF to be inserted\)](#).***

A pharmacy user questionnaire was undertaken. Steering group members were asked to provide local expertise as to how best / whom to engage with for the completion of the questionnaires. Many steering group members had experience from previous council consultations, what the equalities and health inequalities are and which groups needed to be targeted. This helped to inform the engagement activities necessary to give a better understanding of how to address the equalities and health inequalities.

Upon completion of the draft PNA, a public consultation exercise was undertaken to further seek the public's views on pharmaceutical services provision.

A paper and electronic-based questionnaire was undertaken to receive feedback from the public on pharmaceutical services.

Based on the feedback from the questionnaire, and steering group members' recommendations, specific consultation activities were planned.

## Monitoring and Review

How will you review community and equality impact once the service or policy has been implemented?  
*These actions should be developed using the information gathered in **Section 1 and 2** and should be picked up in your departmental/service business plans.*

Action	By when?	By who?
Review EIA before the publication of the draft PNA, before the consultation	19 <sup>th</sup> December 2014	

## 3. Next steps

It is important the information gathered is used to inform any Council reports that are presented to Cabinet or appropriate committees. This will allow Members to be furnished with all the facts in relation to the impact their decisions will have on different equality groups and the community as a whole.

Take some time to précis your findings below. This can then be added to your report template for sign off by the Strategy Team at the consultation stage of the report cycle.

Implications/ Customer Impact

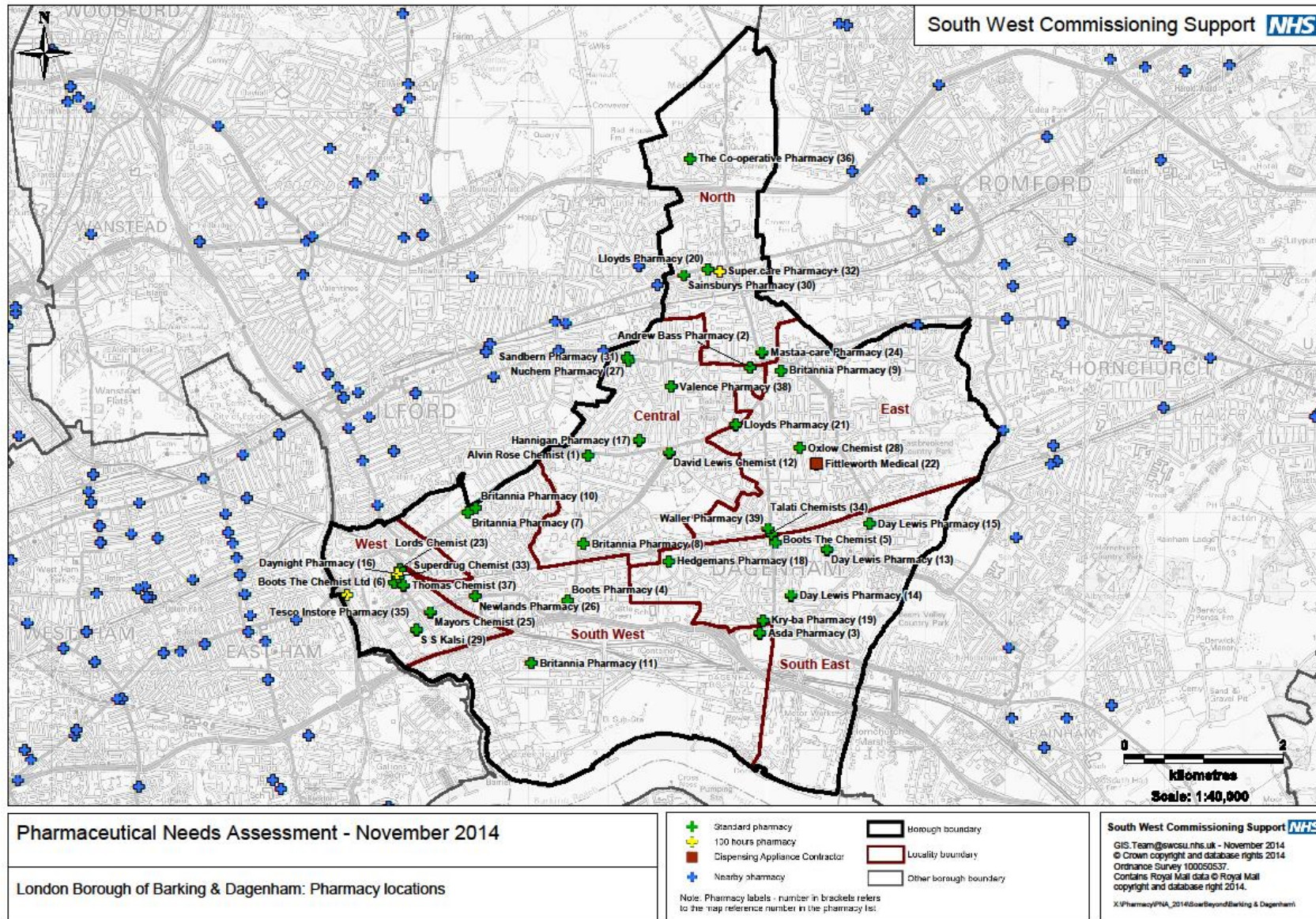
**5. Sign off**

The information contained in this template should be authorised by the relevant project sponsor or Divisional Director who will be responsible for the accuracy of the information now provided and delivery of actions detailed.

Name	Role (e.g. project sponsor, head of service)	Date

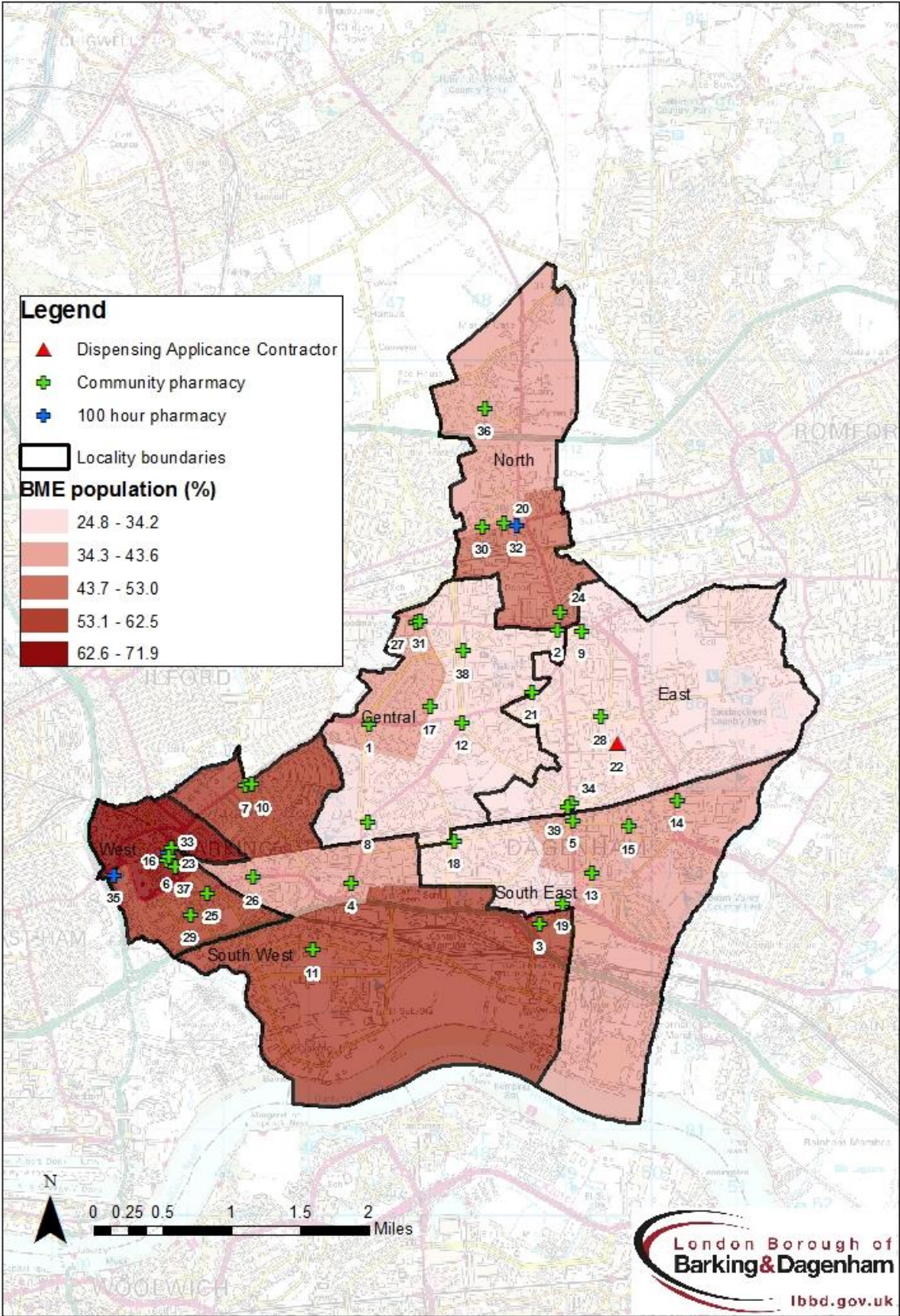


# Map A: Contractor locations and ward boundaries



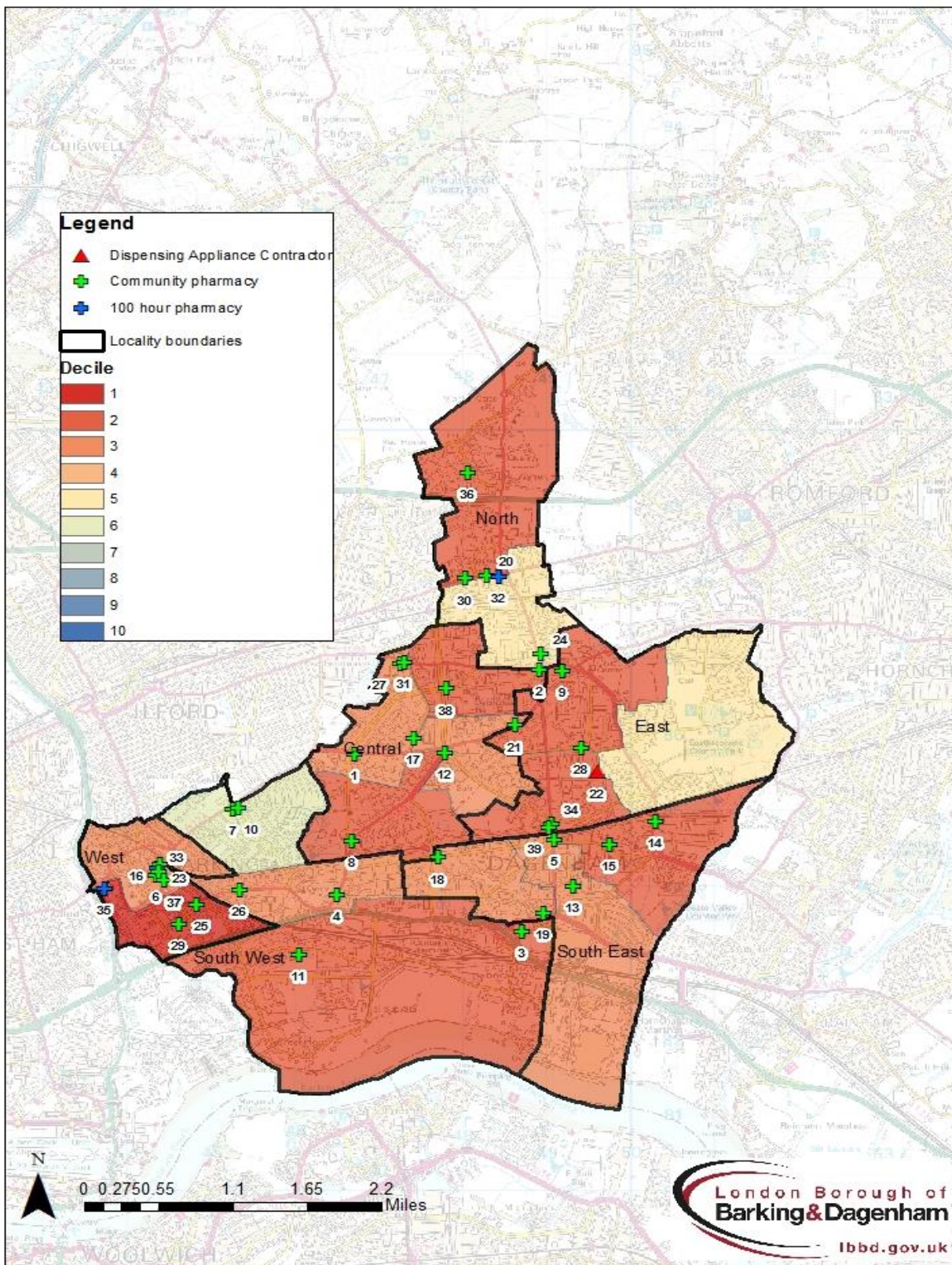


# Map B: Contractor locations and percentage BAME populations



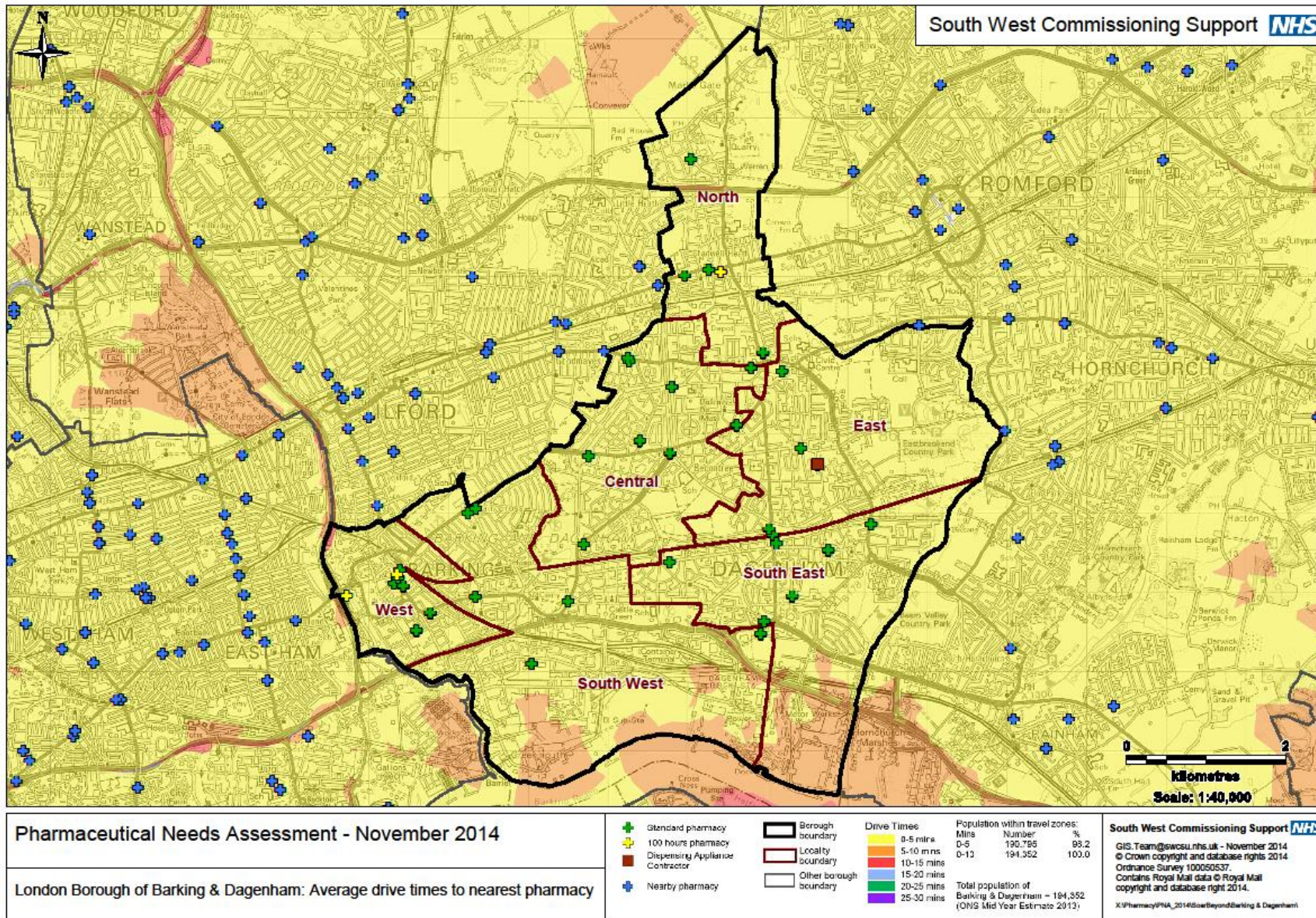


## Map C: Contractor locations and Index of Multiple Deprivation 2010 by Output Area



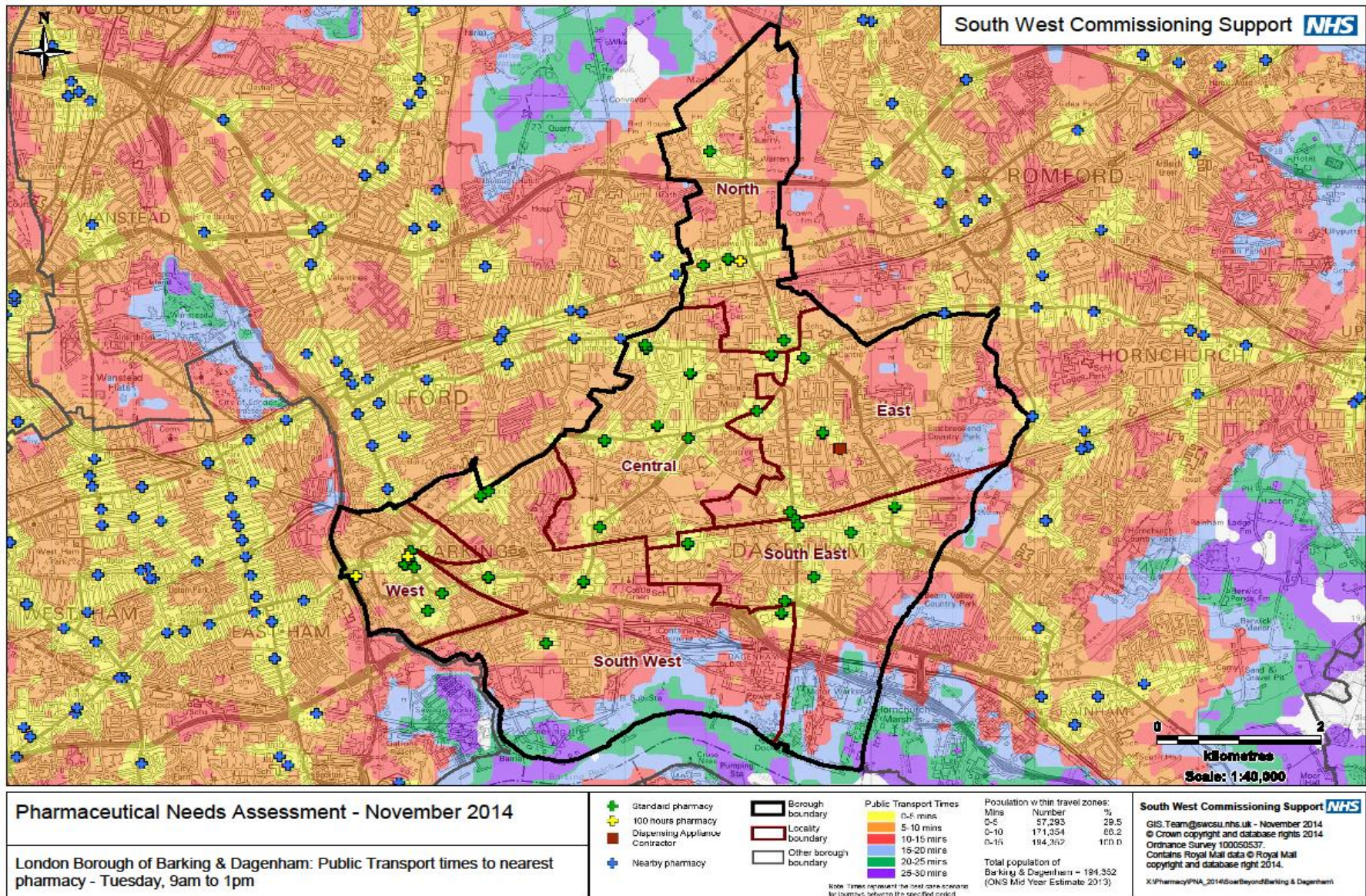


## Map D: Average drive times to nearest pharmacy



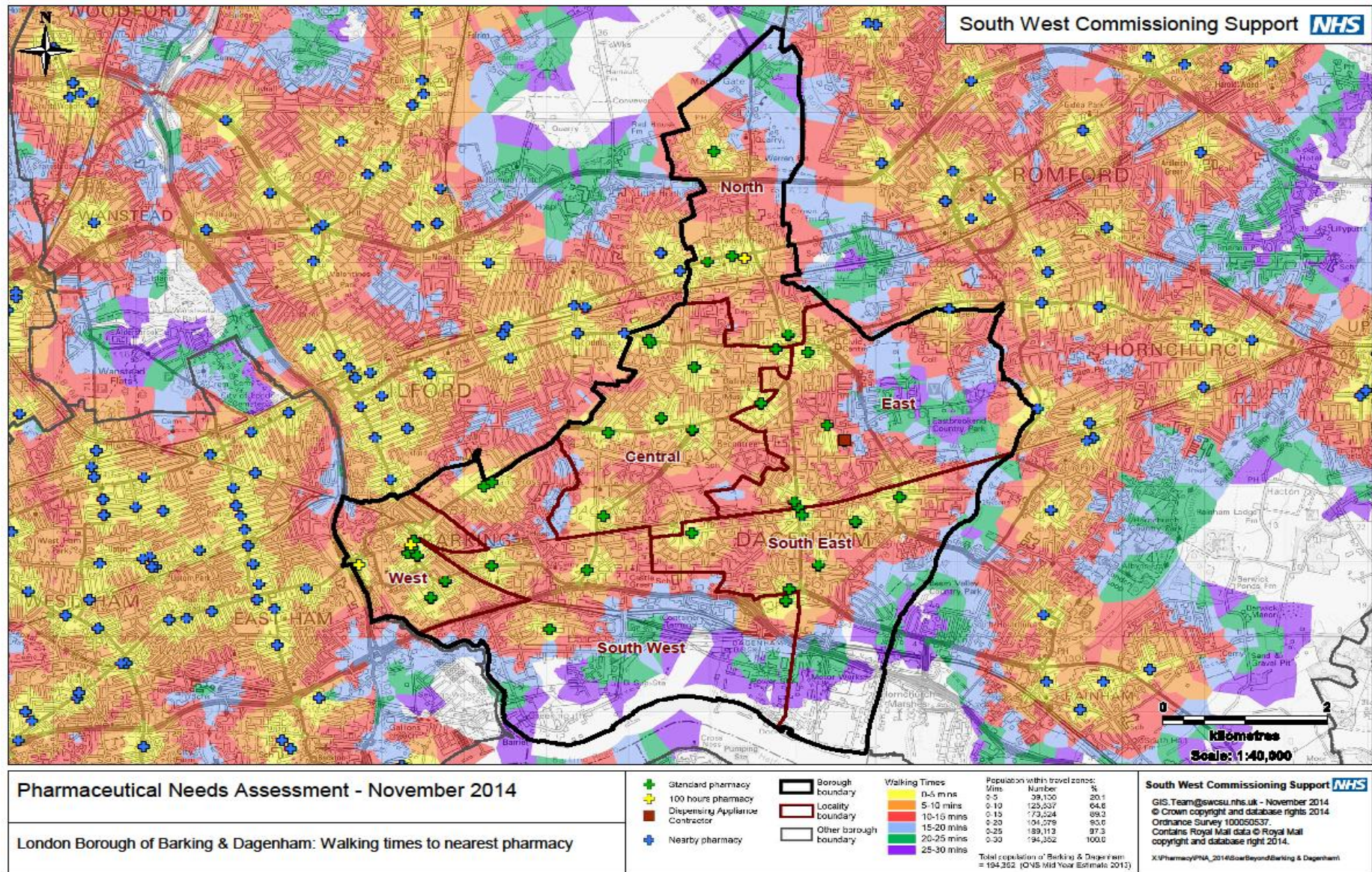


# Map E: Average public transport times to nearest pharmacy, Tuesday, 9am to 5pm





# Map F: Average walking times to nearest pharmacy





**Map G: Population density by ward in Barking and Dagenham**

