

Pharmaceutical Needs Assessment for

The Royal Borough of Greenwich

2018 - 2021

Compiled by



Healthy Dialogues^{LTD}

— Behaviour Change Solutions For Health —



ROYAL *borough of*
GREENWICH

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Executive Summary

Community pharmacies are a healthcare resource located within the heart of communities. They provide prescription medications, health promotion, signposting and retail health and care products. They can be the first point contact for patients seeking medical information or advice.

Each Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services for their population; this is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- inform local plans for the commissioning of specific and specialised pharmaceutical services
- to support the decision making process for applications for new pharmacies or changes of pharmacy premises undertaken by NHS England

There are 62 community pharmacies located within the Royal Borough of Greenwich. This PNA assesses the health and wellbeing needs of the population, including patients' and the public's views, with respect to NHS or Local Authority commissioned pharmacy services. The current pharmacy provision and services is also examined in detail. Key findings are outlined below.

Key demographics and health needs of Greenwich

The Royal Borough of Greenwich is a densely populated borough with a young population. The population, particularly the over 65s is expected to increase substantially in the next ten years.

Two out of five residents identify as being from BME groups, and 16.9% state that English is not their main language. Woolwich Common, Plumstead and Glyndon wards have the highest population who do not have proficiency in English.

There are a number of risk factors of concern for health in Greenwich that are explored in this PNA. They include, obesity, under-18 conceptions and low flu vaccination coverage.

The major causes of the differences in life expectancy and healthy life expectancy between the least and most deprived of Greenwich are Cancer, Respiratory disease, Mental ill-health and conditions that are amenable to changes in health behaviours such as stopping smoking, reducing alcohol intake, increasing physical activity and having a healthy diet. Premature mortality is higher in the north of the borough and highest in Woolwich Riverside and Glyndon.

Key findings from patient and public engagement

A community survey was disseminated across Greenwich. 453 people responded to tell us how they use their pharmacy and their views on specific ('necessary') pharmacy services.

Most respondents stated that they are happy with necessary pharmacy services and this is because of their good location, friendly staff and accessibility in regards to opening times and public transport. They reported mostly using their pharmacies for obtaining prescription medications including repeat prescription medications and over the counter medications.

Overall the community survey shows that the **pharmacy provision for NHS services is sufficient for supplying a necessary service with no gaps in the borough**. However some respondents suggested improvements could be made in the provision of opening hours.

Health and Wellbeing Board Statements on Service Provision Necessary Services

These services are fundamental for patients to obtain prescribed medicines in a safe and reliable manner. All pharmacies that are commissioned to provide NHS prescriptions are required to deliver and comply with the specifications for all pharmacy essential services, these are:

- Dispensing
- Repeat dispensing
- Disposal of waste medicines
- Support for self-care
- Public health
- Signposting
- Clinical governance

The range of essential services provided in Greenwich Pharmacies are **sufficient for supplying a necessary pharmaceutical service** in the Greenwich.

However, there are **gaps in the provision** relating to early mornings and later evening opening hours and languages spoken within pharmacies.

Other Relevant Services

These are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to medicines. They include Medicine Use Reviews, New Medicines Service, Flu Vaccination and NHS Urgent Medicines Supply Advanced Service. Most residents can readily access a pharmacy that provides these services, therefore, they are found to be **sufficient for supplying a relevant service**.

Other Services

Other services which are additional services which can be commissioned from community pharmacies include:

- NHS England London Region commissioned services:
 - Minor Ailments Scheme
 - London Pharmacy Vaccination Service
 - London Enhanced Vaccination Service
- Public Health commissioned services:
 - Supervised Consumption
 - Needle Exchange Services
 - Stop Smoking Services
 - Emergency Hormonal Contraception
 - Chlamydia Screening and Treatment

The Health and Wellbeing board considers these services to be **sufficient to secure good access to necessary and relevant pharmaceutical services** in Greenwich.

Improvements and better access

There are three services or gaps in services which the Health and Wellbeing Board considers could, if provided, secure improvements, or better access to pharmaceutical services of a specific type.

There is a gap in the provision of Chlamydia Screening and Treatment and Emergency Hormonal Contraception within the Eltham South Ward.

The Health and Wellbeing board believes that if these services were provided in the Eltham South ward they **may secure better access** to these pharmaceutical services.

Chapter 1 - Introduction

Purpose of the Pharmaceutical Needs Assessment

- 1.1 Local pharmacies play a pivotal role in Greenwich working in the centre of communities and supporting local individuals, families and carers. They can be patients' and the public's first point of contact and, for some, their only contact with a healthcare professional.
- 1.2 The Pharmaceutical Needs Assessment (PNA) identifies the key health needs of the local population and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the borough. The purpose of the PNA is to:
 - Inform local plans for the commissioning of specific and specialised pharmaceutical services
 - Support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
- 1.3 This document can also be used to:
 - Assist the Health and Wellbeing Board (HWB) to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is adequate.
 - Inform interested parties of the pharmaceutical needs in the borough and enable work on planning, developing and delivery of pharmaceutical services for the population.

Policy Background

- 1.4 From 2006, NHS Primary Care Trusts (PCTs) had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised assessment.
- 1.5 With the abolition of Primary Care Trusts and the creation of Clinical Commissioning Groups in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Commissioners of Health Services (CCGs), Public Health, Adult Social Care, Children's services and HealthWatch.
- 1.6 The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Board for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.
- 1.7 The existing Pharmaceutical Needs Assessment (2015-18) needs to be updated. The Pharmaceutical Needs Assessment 2018-21 must be produced and published by 1st April 2018. Within this period (2018-21), the Health and Wellbeing Board are also required to revise their latest PNA publication if they deem there to be significant changes in pharmaceutical services.
- 1.8 The PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:
 - Any relevant local pharmaceutical committee (LPC) for the HWB area

- Any local medical committee (LMC) for the HWB area
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
- Any local HealthWatch organisation for the HWB area, and any other patient, consumer and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
- Any NHS Trust or NHS Foundation Trust in the HWB area
- NHS England
- Any neighbouring Health and Wellbeing board.

1.9 The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards provide guidance on the requirements that should be contained in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations and associated guidance.

Minimum requirements of the PNA

1.10 As outlined in the 2013 regulations, this PNA must include a statement of the following:

- **Necessary Services – Current Provision:** services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area”. This includes services provided in the borough as well as those in neighbouring boroughs.
- **Necessary Services – Gaps in Provision:** services not currently being provided which are regarded by the HWB to be necessary “in order to meet a current need for pharmaceutical services”.
- **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”.
- **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWB considers would “secure improvements, or better access to pharmaceutical services” if provided.
- **Other Services:** any services provided or arranged by the local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.

1.11 Additionally the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made.

Circumstances under which the PNA is to be revised or updated

1.12 It is important that the PNA reflects changes that affect the need for pharmaceutical services in Greenwich. Where the HWB becomes aware that a change may require the PNA to be updated, then a decision to revise the PNA will be made.

1.13 Not all changes in a population or an area will result in a change to the need for pharmaceutical services. However, where these changes do require a review of

pharmaceutical services, the HWB will issue supplementary statements to update the PNA.

- 1.14** The PNA will be updated every three years.

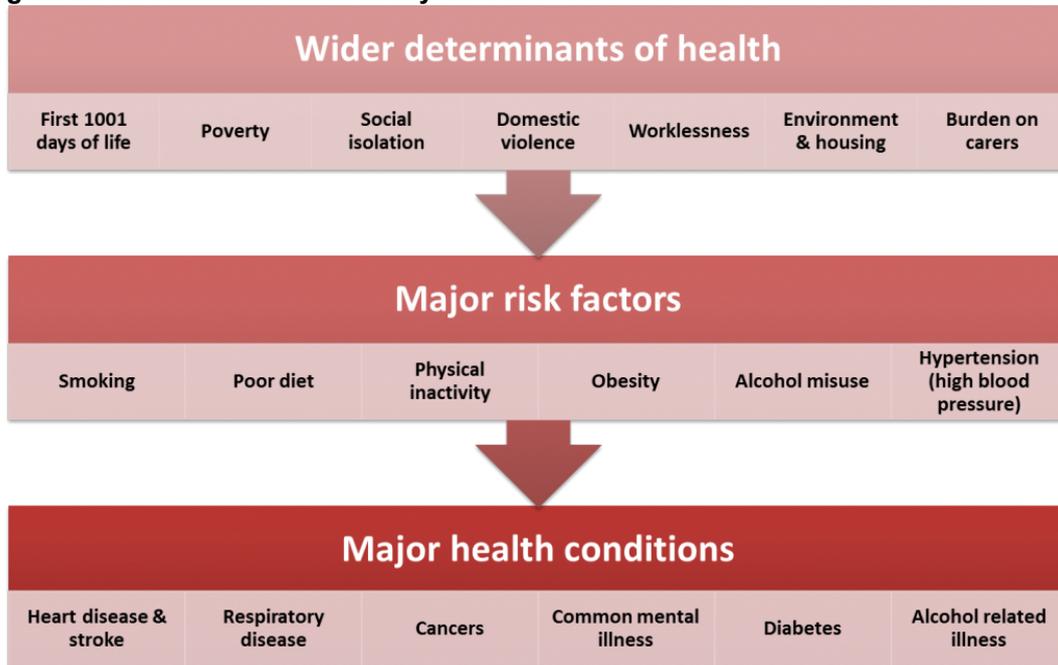
Additional Considerations

- 1.15** Recent pharmacy funding cuts is a concern for some independent pharmacies. From October 2016 the government has imposed a two-year funding package that will lead to 4% reduction in funding in 2016/17 and a further 3.4% reduction in 2017/18.
- 1.16** In consideration of these funding cuts, the Department of Health introduced the Pharmacy Access Scheme (PhAS) in December 2016, to ensure that access to NHS community pharmaceutical services is protected, particularly in areas where there is higher health needs. Qualifying pharmacies, i.e. those with high dependency and located where pharmacy services are sparse, receive an additional payment that will protect them from the full effect of the reduction in funding imposed from December 2016.
- 1.17** The Government has also introduced a Quality Payment Scheme from December 2016 to March 2018. Pharmacies qualify for additional funding if they meet the following four criteria:
- Provision of at least one advanced service
 - NHS Choices entry up to date
 - Staff able to send and receive NHS email
 - On-going utilisation of the Electronic Prescription Service (EPS)
- 1.18** This PNA has taken these policies changes into consideration when looking at potential gaps in provision.

Chapter 2 - Local Health and Wellbeing Priorities

- 2.1 All Health and Wellbeing Boards are required to produce a Health and Wellbeing Strategy that sets out how partners will meet local health needs, improve outcomes and reduce health inequalities within the borough.
- 2.2 *Healthy Greenwich, Healthy People* is the Greenwich Health and Wellbeing Strategy for 2015 – 2018. It sets out plans to address health and wellbeing issues and the social influences that can impact on health outcomes of the population of Greenwich throughout their life course. Its four priorities are based on local health challenges and opportunities identified through Joint Strategic Needs Assessments; these are:
- i. **Good physical health:** A focus on obesity - making the borough a place that provides an environment, services and support to enable people of all ages to eat good, healthy food and to be physically active as part of their daily lives.
 - ii. **Good mental health:** ensuring a strong focus on environments and services that support the development and maintenance of good mental health throughout the life-course, from conception to older age.
 - iii. **A healthy workforce:** a workforce that promotes good health – using the workplace across all our organisations in the borough to promote and support good health and wellbeing of employees. Developing all of our employees as agents of good health and wellbeing amongst the wider Greenwich population.
 - iv. **Overseeing the effectiveness of the health and care system in Greenwich:** overseeing and monitoring the effectiveness of programmes to improve all JSNA priorities, and the changes to the health and care system in the borough.
- 2.3 The Health and Wellbeing Board is currently reviewing its existing strategy which will be updated in 2018. The Board has considered the existing priorities and that these will remain priorities for the next Health and Wellbeing Strategy.
- 2.4 Joint Strategic Needs Assessments are strategic valuations of the health and wellbeing needs of local populations. Their purpose is to provide a high level evaluation of the key issues for the local population, highlight where there are gaps and trends and provide insights and guidance for commissioners to set strategic priorities.
- 2.5 The Greenwich JSNA comprises of in-depth topic-specific reports categorised under three priority areas: Wider determinants of health, Major risk factors and Major health conditions (see Figure 2.1). For further information on the Royal Borough of Greenwich JSNA please refer to <http://www.greenwichjsna.org>.

Figure 2.1 Greenwich JSNA Priority areas



Source: <http://www.greenwichjsna.org>

2.6 The **You're Welcome Programme** in Greenwich has been running since 2008. It was set up to ensure that health services including pharmacies meet the needs of young people and are young-people friendly. Services that meet the quality standards can gain the You're Welcome award. Strong partnership working between Public Health and Wellbeing and the Youth Support Service has led to the borough achieving the highest number of services accredited in London. The quality standards cover the following topic areas:

- Accessibility
- Publicity
- Confidentiality and consent
- The environment
- Staff training, skills, attitudes and values
- Joined up working
- Monitoring and evaluation, and involvement of young people
- Health issues for adolescents.

2.7 **South East London Sustainability and Transformation Plans (STP)** outlines how organisations within the sub-region will work together to establish a placed based leadership and decision making structure that focuses on the population of South East London. Their aim is to collectively identify priorities for South East London and to help ensure that health and care services are built around the needs of residents. They have committed over the next five years to:

- Support people to be in control of their physical and mental health and have a greater say in their own care
- Help people to live independently and know what to do when things go wrong
- Help communities to support each other
- Make sure primary care services are sustainable and consistently excellent and have an increased focus on prevention

- Reduce variation in outcomes and address inequalities by raising the standards in our health services
- Develop joined-up care so that people receive the support they need when they need it
- Deliver services that meet the same high quality standards whenever and wherever care is provided
- Spend money wisely, to deliver better outcomes and avoid waste.

2.8 This PNA has taken these local policies and strategies into consideration when reviewing the pharmaceutical needs.

Chapter 3 - The Development of the PNA

- 3.1 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies (see Table 3.1). This includes:
- Nationally published data
 - The Greenwich Joint Strategic Needs Assessment
 - Local policies and strategies such as the Joint Health and Wellbeing Strategy
 - A survey to Greenwich pharmacy providers
 - A survey to the patients and public of Greenwich

Table 3.1 PNA 2018-21 data sources

Health need and priorities	<ul style="list-style-type: none">• National benchmarking ward and borough-level data from Public Health England• Royal Borough of Greenwich Joint Strategic Needs Assessment (JSNA)• Office of National Statistics 2014 mid-year estimates• Synthesis from national datasets and statistics
Current Pharmaceutical Services	<ul style="list-style-type: none">• Commissioning data held by the NHS England• Commissioning data held by Royal Borough of Greenwich Questionnaire of community pharmacy providers
Patients and the Public	<ul style="list-style-type: none">• Community questionnaire

- 3.2 These data have been combined to describe the Greenwich population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWB) to improve the health and wellbeing of our population.
- 3.3 Comments made during the consultation process will be added once the consultation period is over.

Methodological considerations

Geographical Coverage

- 3.4 For the purposes of the PNA the geographical area of Greenwich is presented using two approaches to define localities:
- **Electoral wards** are used to summarise demographic and health need. Greenwich has 17 in total, these are illustrated in figure 3.1.
 - Provision and choice of pharmacies is determined by using a 500 and 1000 **metres radius** from the centre of the postcode of each pharmacy. This is considered to be approximately a 10-20 minute walk from the outer perimeter of the buffer zone created.

Figure 3.1 Royal Borough of Greenwich Electoral Wards



- 3.5 The 500m and 1000m-radius approach illustrates where there is pharmacy coverage and where there is no pharmacy coverage. The coverage distances were chosen by the Steering Group as being a reasonable measure to identify variation and choice (for example, see Figure 6.1).
- 3.6 However, whilst highlighting variation, it is not always used to determine gaps in services; in some instances, wider measures are more appropriate (e.g. where there is lower patient demand for services, such as needle exchange and dispensing outside normal working hours). These instances have all been stated in the relevant sections of the report.

Pharmacy Contractor Survey

- 3.7 The contractor survey was sent to the community pharmacies within Greenwich and the response rate was 98% (60/62). The results from this survey are referred to throughout this document.

Patient and Public Survey

- 3.7 Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. 453 Greenwich residents and workers responded to the survey, their views were explored, including detailed analysis of the Protected Characteristics.

Governance and Steering Group

- 3.8 The development of the PNA was advised by a Task and Finish Steering group whose membership included representation from:
- Royal Borough of Greenwich Public Health team

- Royal Borough of Greenwich Communications team
- Greenwich Clinical Commissioning Group
- Bexley, Bromley and Greenwich Local Pharmaceutical Committee (LPC)
- Healthwatch

The membership and Terms of Reference of the Steering Group is described in Appendix A.

Regulatory consultation process and outcomes

- 3.9 The PNA for 2018-21 will be published for statutory consultation in November 2017 for 60 days and will also be open on the Council website for public comment. All comments will be considered and incorporated into the final report to be published by 1st April 2018.

Chapter 4 - Demographics and Health Needs

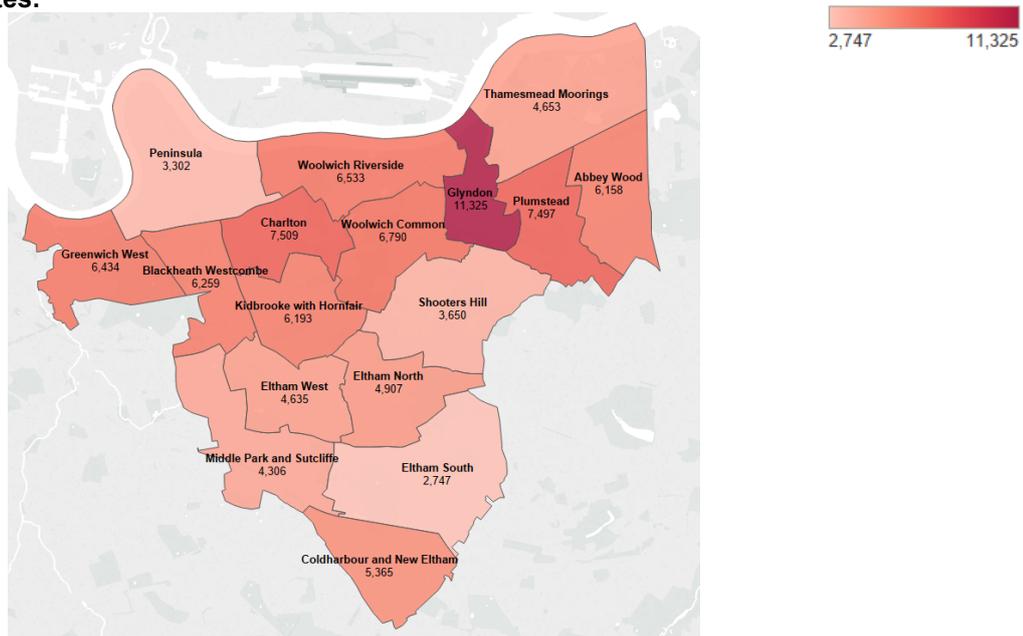
- 4.1 This chapter presents an overview of health and wellbeing in Greenwich, particularly the areas likely to impact on needs for community pharmacy services. It includes an analysis of the latest Greenwich population and inequalities projections.
- 4.2 The analysis of health needs and population changes are outlined in four sub-sections of this chapter and are guided by the Greenwich JSNA priority areas. These are:
- Greenwich Profile
 - Wider Determinants of Health
 - Major Risk Factors
 - Major Health Conditions.
- 4.3 All the maps that follow present the size of population in relation to different factors such as population density, deprivation and obesity. They are displayed in gradients, where the lower the marker, the lighter the colour. The gradients are illustrated in the legends attached to each map.

Greenwich Profile

Overall population

- 4.4 The Royal Borough of Greenwich is a densely populated South East London Borough located at the south bank of the river Thames. Around 15% of its total area is occupied by green and open space.
- 4.5 Greater London Authority estimates that there are 279,564 residents in Greenwich in 2017 and 113,964 households (GLA, 2017).
- 4.6 The population density is higher among the northern wards of Greenwich, and is particularly high in Glyndon, where 11,335 people reside per square kilometre. Eltham South is the least densely populated at 2,747 people per square kilometre (Figure 4.1).

Figure 4.1 Population Density of Greenwich per square kilometre by Ward, mid-2014 estimates.

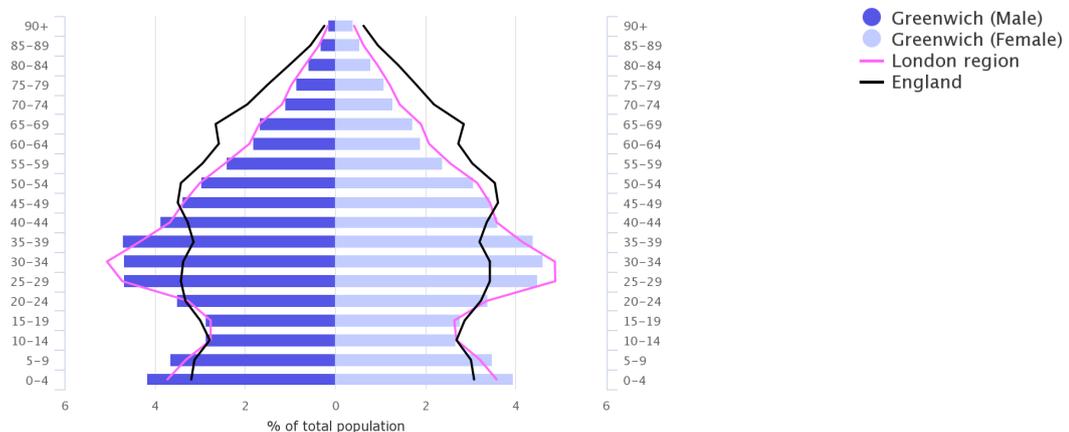


Source: ONS, 2015

Age and Gender Structure

- 4.7 Overall there is similar numbers of males and females living in the borough. There are however a greater number of older women, likely due to longer life expectancy for females. The average age of the population is 35 years, an age lower than the London overall average age (37 years) (GLA Population estimates).
- 4.8 Greenwich has a fairly large young population. 21.9% of the population are aged between **0-15 years**. This is much higher than London (13.9%).
- 4.9 The proportion of **working age population** is slightly lower than that of the rest of London. 67.7% of the population are age between 16 and 64.
- 4.10 10.4% of Greenwich residents are **aged 65 and over**. This is lower than London overall (12.5%). Figure 4.2 presents a breakdown of the age and gender of Greenwich residents.

Figure 4.2: Proportion of resident population by age-band and gender, Mid-year 2015 estimates for Greenwich



Source: PHE, 2017

4.11 Most of the 0-15 population live in the north-eastern wards of Thamesmead Moorings, Abbey Wood and Woolwich Common. Eltham South and Greenwich West host the highest proportion of young adults. The highest proportion of the 25-64 population reside in the northwest of the borough whereas the highest proportion of the older adults reside in the south of the borough (see figures 4.3 to 4.6).

Figure 4.3: % of 0-15 Population by Ward, 2014 mid-year estimates.

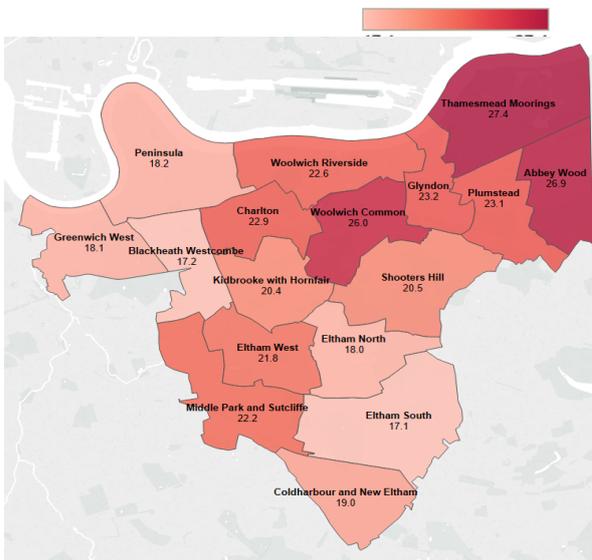


Figure 4.4: % of 16-24 Population by Ward, 2014 mid-year estimates.

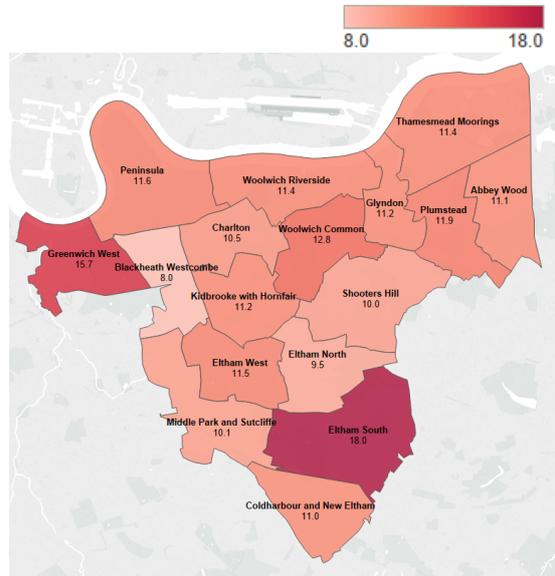


Figure 4.5: % of 25-64 Population by Ward, 2014 mid-year estimates.

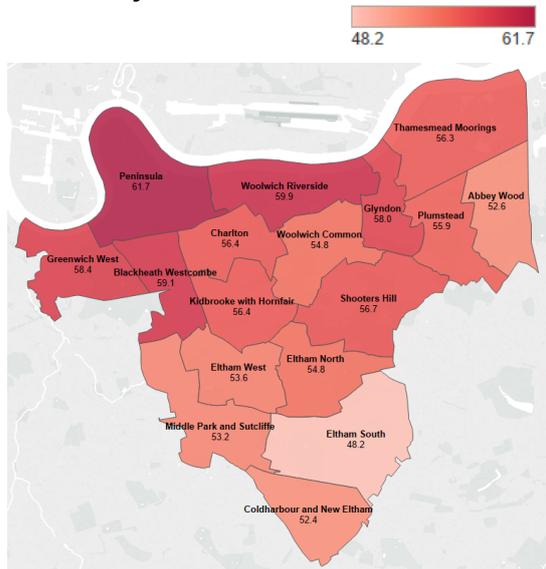
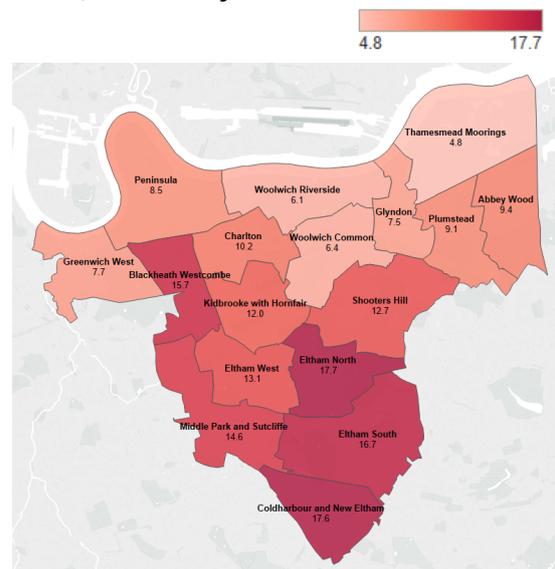


Figure 4.6: % of 65 + Population by Ward, 2014 mid-year estimates.



Source: PHE, 2017

Ethnicity and diversity

4.12 35.4% of the resident population was **born abroad**, slightly higher than London's average of 36.6%. The largest migrant population is from Nigeria, Nepal and India respectively (ONS, 2015).

Pharmacy provision for cultural and language barriers

Areas where diversity is higher correlate with areas of higher levels of deprivation and poorer health.

Cultural and language barriers can create problems for people who wish to engage with healthcare services. Pharmacies can address this by employing staff from diverse backgrounds who can speak multiple languages.

4.13 Nearly two out of five (41%) of the Greenwich resident population are from **BME groups**, a high proportion of whom are black or black British. 11% of the population are from ‘other White’ groups which includes eastern European nationals (GLA, 2017).

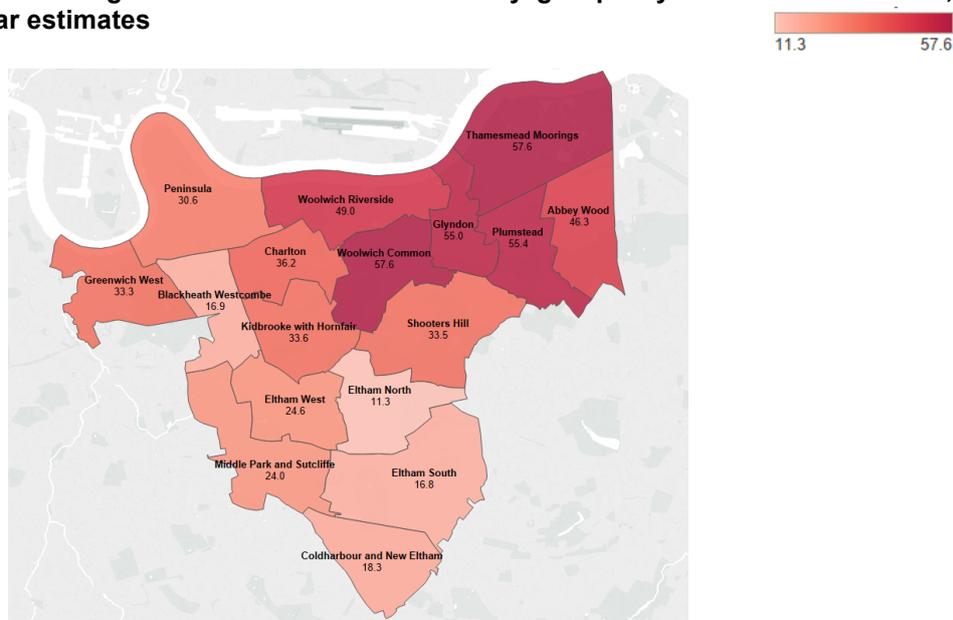
Table 4.1 Black and Minority Ethnic population breakdown for Greenwich, London and England and Wales

Region	White	Mixed	Asian or Asian British	Black or Black British	Other
Royal Greenwich	59%	6%	14%	20%	1%
Inner London	57%	6%	18%	16%	3%
Outer London	57%	5%	24%	12%	2%

Source: GLA, 2017

4.16 Most of the Black and Minority Ethnic population reside in the north-eastern wards of the borough, particularly Thamesmead Moorings, Woolwich Common, Plumstead and Glyndon.

Figure 4.7: Percentage of black and ethnic minority groups by wards in Greenwich, 2014 mid-year estimates

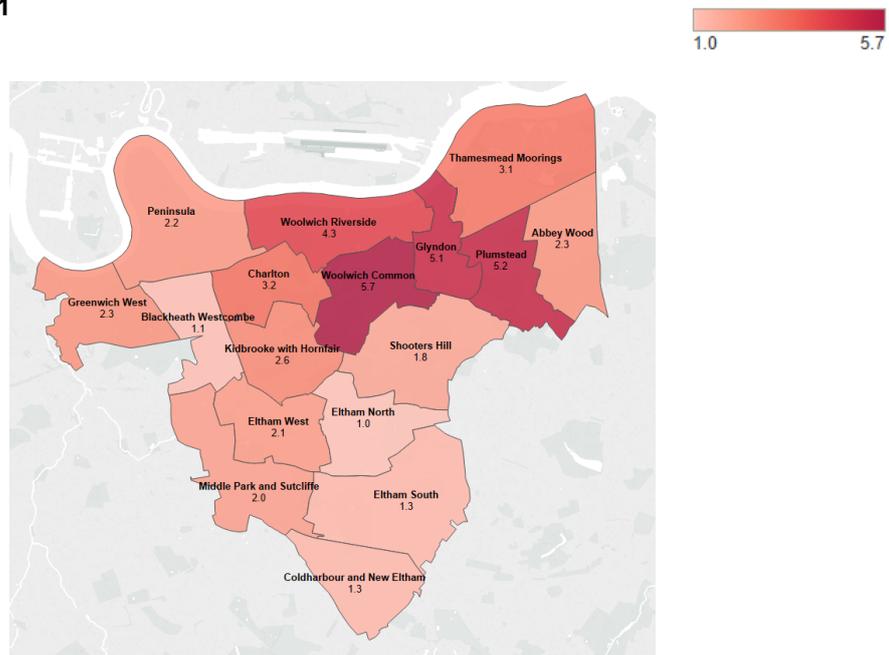


Source: PHE, 2016

4.14 16.9% of the borough’s residents who are aged 3+ state their **main language is not English** (2011 census). This is likely to increase significantly due to levels of international migration.

4.15 Figure 4.8 shows a breakdown of the population who **do not speak English well or at all** by ward. Woolwich Common, Plumstead and Glyndon have the highest population who do not have proficiency in English, this correlates with the wards with the highest BME population.

Figure 4.8: Percentage of people that cannot speak English well or at all by Ward in Greenwich in 2011



Source: PHE, 2016

4.16 Nepalese, French, and Lithuanian are the most commonly spoken languages after English (Table 4.4).

Table 4.2: Proportion of languages spoken in Greenwich

Language	%
English	83.1%
Nepalese	2.1%
French	0.9%
Lithuanian	0.9%
Chinese	0.8%
Punjabi	0.7%
Somali	0.7%
Turkish	0.6%
Yoruba	0.6%
Spanish	0.6%

Source: ONS Census, 2011

Population Growth

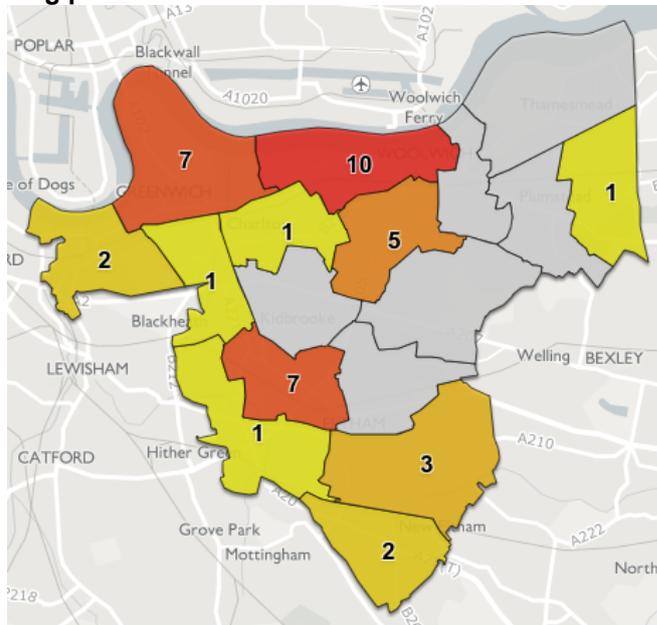
4.4 There are several proposed **large-scale development sites** in the borough that may result in significant and concentrated increases in population when completed. All of these are likely to require reconsideration of pharmaceutical requirements once they are in place (likely to be towards the end of this PNA period). According to the Greater London Authority, there are 40 development schemes proposing 10 or more units, 23 construction sites have started construction while another 17

Changes in populations

Sustained population increases will be taken into consideration in this PNA. Population increases will likely increase demand on community pharmacy services, and different population groups will have different needs which need to be reviewed on a regular basis and taken into consideration when deciding whether to update the PNA earlier than 2021.

have obtained planning permission as at October 2018 (see Figure 4.9). The majority of these development sights are in Woolwich Riverside, Peninsula and Eltham West.

Figure 4.9: Number of medium and large-scale housing development sites that have acquired planning permission in Greenwich from October 2018



Source: Local Government Association, 2017

- 4.17 The population of the borough is expected to increase by 17% between 2016 and 2026 to 316,423 residents (ONS 2014-based sub-national population projections). These figures are based on mid-year population estimates and assumptions such as future fertility, mortality and migration.
- 4.18 The wards with the highest anticipated population increases are Woolwich Riverside, Peninsula and Eltham West, where the larger number of developments are planned or underway. Peninsula ward's population is expected to double in size between 2016 and 2026 (from 18,141 to 36,746 residents).
- 4.19 Overall, population projections anticipate the largest increase to be in adults aged 65+ at around 30%.

Increasing elderly population

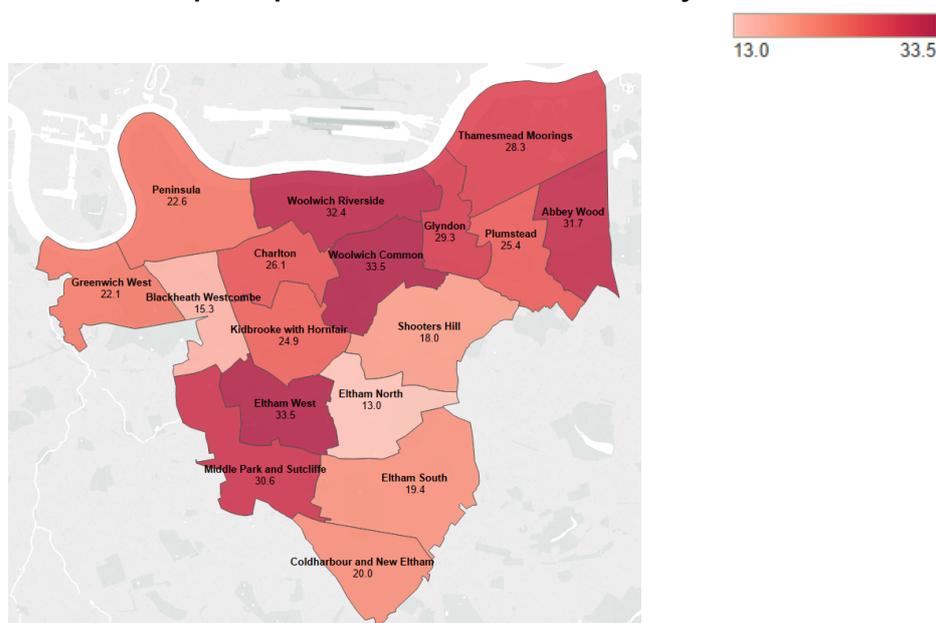
Older people as a whole are the majority users of healthcare. The biggest costs are for those with complex needs, long-term conditions, and functional, sensory or cognitive impairment including dementia. Pharmacies can accommodate these needs by offering services such as Medicines Use Reviews and Dementia-Friendly environments.

Wider Determinants of Health

- 4.20 There are a range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and ultimately health outcomes. These are outlined in *Fair Society, Healthy Lives: The Marmot Review* report and include factors such life expectancy, healthy life expectancy, education, employment and fuel poverty. We will explore these in this chapter.

- 4.21 The **Index of Multiple Deprivation** is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following categories: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.
- 4.22 Figure 4.10 illustrates significant differences between the north and south of the borough. The wards with this highest multiple deprivation scores are Woolwich Common and Eltham West in central north of Greenwich. Eltham North and Blackheath Westcombe have the lowest scores for multiple deprivation.

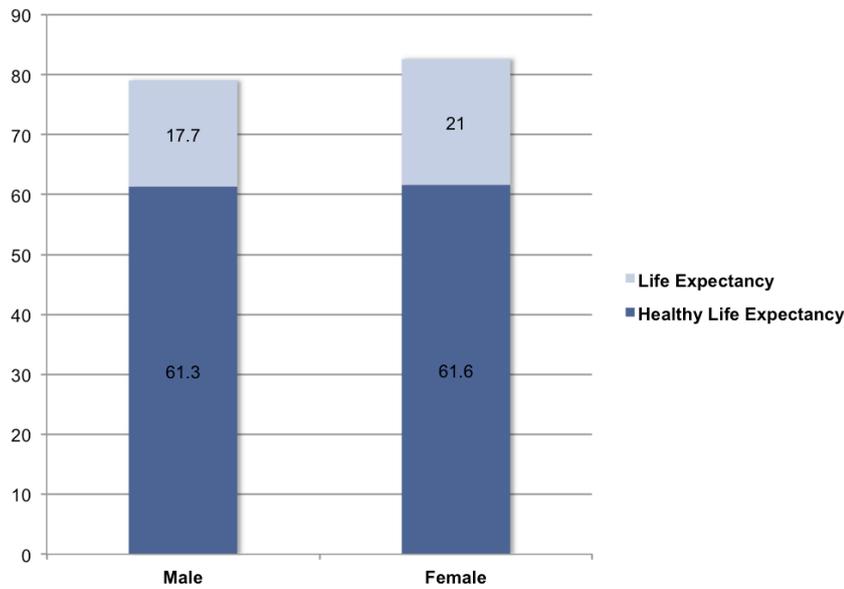
Figure 4.10 The Index of Multiple Deprivation scores in Greenwich by ward in 2015



Source: PHE, 2016

- 4.23 **Life expectancy** for males at birth in Greenwich is 79, and 82.6 years for females (2013-15 figures, PHE). This is similar to national figures for life expectancy.
- 4.24 **Healthy life expectancy** at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.
- 4.25 The healthy life expectancy for males in the borough is 61.3 and for females it is 61.6. This is slightly lower than England figures. These figures indicate that males living in Greenwich could live with ill health for 17.7 years and females for 21 years (see figure 4.13).

Figure 4.13 Life expectancy and Healthy life expectancy in years for males and females in Greenwich in 2013-15



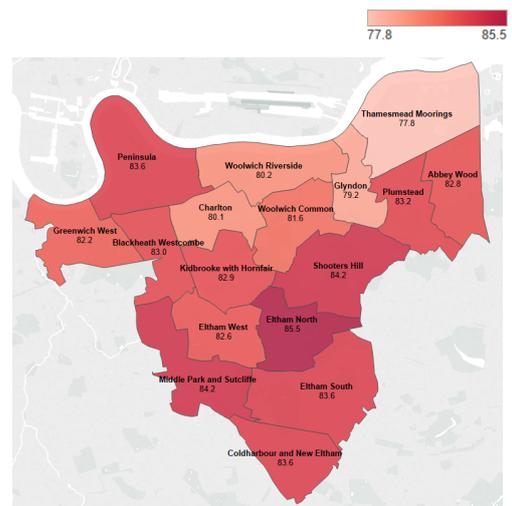
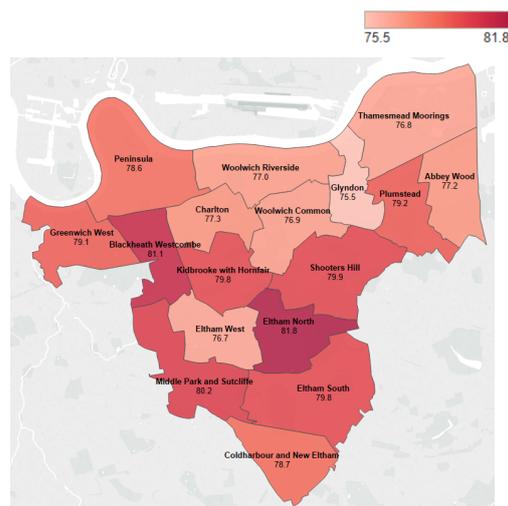
Source: PHE, 2016

4.26 There is some variation in life expectancy across the social gradient in Greenwich. The **Slope Index of Inequality**, which measures the absolute difference in life expectancy between the most and least deprived areas, shows a 5.5 year life expectancy gap for men and a 4.7 year gap for women between those who live in the most deprived areas and the least deprived areas.

4.27 A breakdown of life expectancy figures for 2012-14 by wards is illustrated in Figures 4.11 and 4.12. Eltham North, where deprivation is lowest has highest life expectancy for both males and females.

Figure 4.11: Life expectancy at birth of Males by Ward in Greenwich, 2012-14

Figure 4.12 Life expectancy at birth of Females by Ward in Greenwich, 2012-14



Source: PHE 2016

Poverty

- 4.28 An estimated 49.3% of residents are **dependent** on the working age population in the borough, much lower than England (60.7%). This is based on the number of dependants less likely to be working such as children under 16 years and those who are of state pension age or above (PHE, 2016).
- 4.29 However, 789 (4.2%) people of the working age population of the borough are **long-term unemployed** (based on 2016 figures, PHE). This is significantly higher than the England rate at 3.7%.
- 4.30 14,145 (25.9%) children residing in the borough are from **low-income families**, a figure significantly higher than the overall national one of 20.1% (PHE, 2014).
- 4.31 9.2% of people did not have enough income to **afford sufficient fuel** in 2015. This is lower than the national rate of 10.6% and a decrease from 10.7% from the previous year (PHE, 2015).

Pharmacy provision within deprived communities

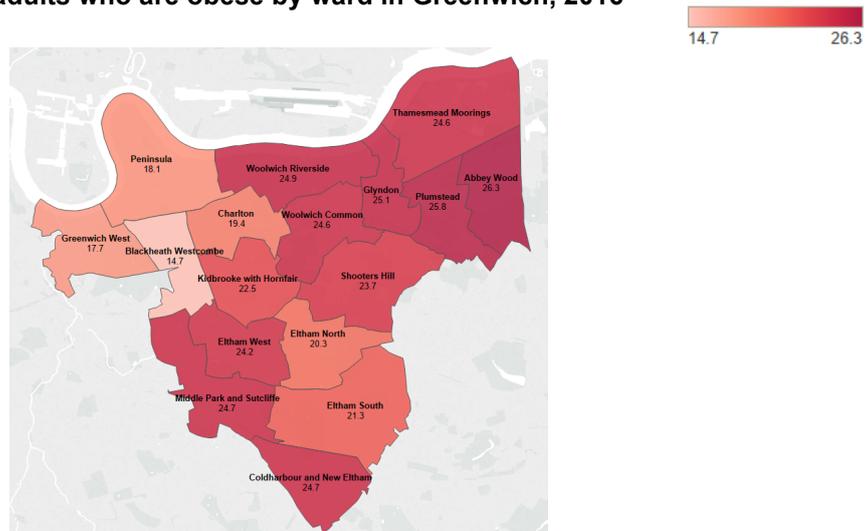
Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities.

The PNA will take into account whether the services provided by pharmacies are available in our most deprived communities and are sufficient to meet their local populations.

Major Risk Factors

- 4.32 Health-related behaviours such as smoking, drinking alcohol to excess, being physical inactive and having a poor diet can significantly impact on health outcomes. While more population-based initiatives will have a marked impact on the health of the whole of the population, initiatives that focus on individuals can support them to make health behaviour changes for better health outcomes for themselves.
- 4.33 **Obesity** is recognised as a major determinant of premature mortality and avoidable ill health. The proportion of adults who are overweight or obese in Greenwich is 63.8%. This is comparable to London at 64.8% but slightly lower than England where 76.2% of adults are overweight or obese.
- 4.34 Figure 4.14 presents the levels of obesity broken down by ward in Greenwich. The levels of obesity vary across the borough; the highest rates are northeast wards of Abbey Wood and Plumstead. Blackheath Westcombe has the lowest rates where 14.7% of the adult population are obese.

Figure 4.14: % of adults who are obese by ward in Greenwich, 2016



Source: PHE 2016

4.22 Childhood obesity is on the rise and can have significant impact on health outcomes. A child who is **overweight or obese** can have increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

4.23 About one in four reception age children (27.4%) are overweight or obese, the highest rate in London. 42.9% of Year 6 children are overweight or obese, the fourth highest rate in London.

4.24 At a ward level, Thamesmead Moorings has the highest rates of excess weight in Reception and Year 6 children (see Figure 4.15 and Figure 4.16).

Making Every Opportunity Count

The 'walk-in' nature of pharmacies means that they are ideally placed to offer opportunistic screening and brief interventions for a better health and wellbeing. Training to Make Every Opportunity Count is easily accessible online.

Pharmacies can signpost people to the support they need to make positive health behaviour changes using the Greenwich Community Directory or the Greenwich Health and Wellbeing line.

Figure 4.15: % of children who are overweight or obese in Reception Year in Greenwich, 2012/13-2013/14

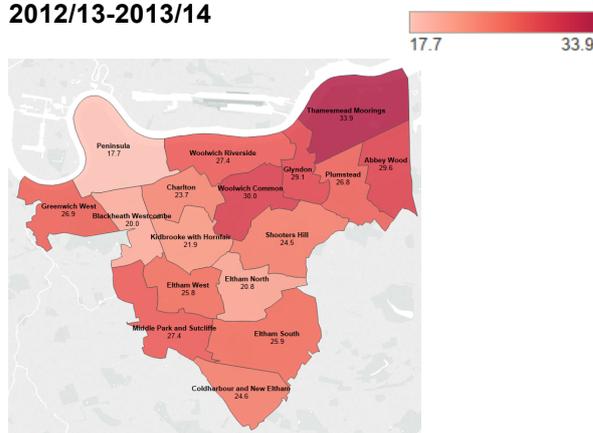
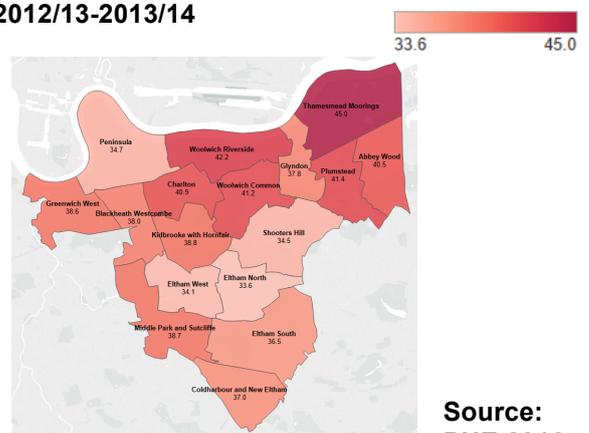


Figure 4.16: % of children who are overweight or obese in Year 6 by ward in Greenwich, 2012/13-2013/14



Source: PHE 2016

4.25 Approximately one in five of adults (22.7%) residing in the borough are considered **physically inactive**, meaning they engage in less than 30 minutes of moderate physical activity per week. People who are physically inactive increase their chances of cardiovascular disease, coronary heart disease and stroke. People who have a physically active lifestyle reduce their risk of obesity, diabetes, osteoporosis and some cancers and enjoy improved mental health.

4.26 **Smoking** is the leading cause for preventable death in the world. 17.4% of adults surveyed in Greenwich smoke. This is a higher rate than London and England where 15.2% and 15.5% smoke respectively.

Stop Smoking Services

Pharmacies may provide proactive promotion of smoking cessation through to provision of full NHS stop smoking programme.

4.27 There were 130 **under-18 conceptions** in the borough in 2015, slightly higher than regional and national comparators. Most teenage pregnancies are unplanned and around half end in abortion. Teenage mothers nationally are three times as likely to suffer from post-natal depression, are less likely to breastfeed and more likely to smoke (PHE, 2017).

4.28 **Falls** are the largest cause of emergency hospital admissions and a major cause of loss of independence, disability or death in older people. 2,313 per 100,000 emergency admissions for the over 65s in Greenwich are due to falls. This is similar to London and national rates (PHE, 2015/16) but there has been an increase in falls over recent years.

Falls Prevention

Pharmacy services can support people to manage their medicines and signpost them to services that can assist them to live independently and prevent falls thereby prevent hospital admissions.

4.29 **Dental decay** is a highly preventable condition increased by a high-sugar diet. Nearly one quarter (23.9%) of children have decayed, missing or filled teeth in Greenwich; this is lower than regional and national figures (PHE, 2014/15).

4.30 **Flu vaccinations** can prevent illness and hospital admissions. 68.1% of over 65s, 30.8% of 2-4 year olds and 50% of the 'at-risk' population were vaccinated for the flu in 2016/17. These coverage rates low in comparison with the rest of England (PHE, 2016/17).

Vaccinations

Due to better flexibility of opening hours and convenient locations, pharmacies can improve uptake of some vaccinations.

4.31 **Substance misuse** in young people is linked to mental health issues such as depression, disruptive behaviour and suicide. It is also linked to adverse experiences and behaviours such as truancy, exclusion from school, homelessness, time in care and serious or frequent offending. 91 hospital admissions in the period 2013/14 to 2015/16 for young people aged 15 to 24 years are due to substance misuse. This is similar to England figures (PHE, 2017).

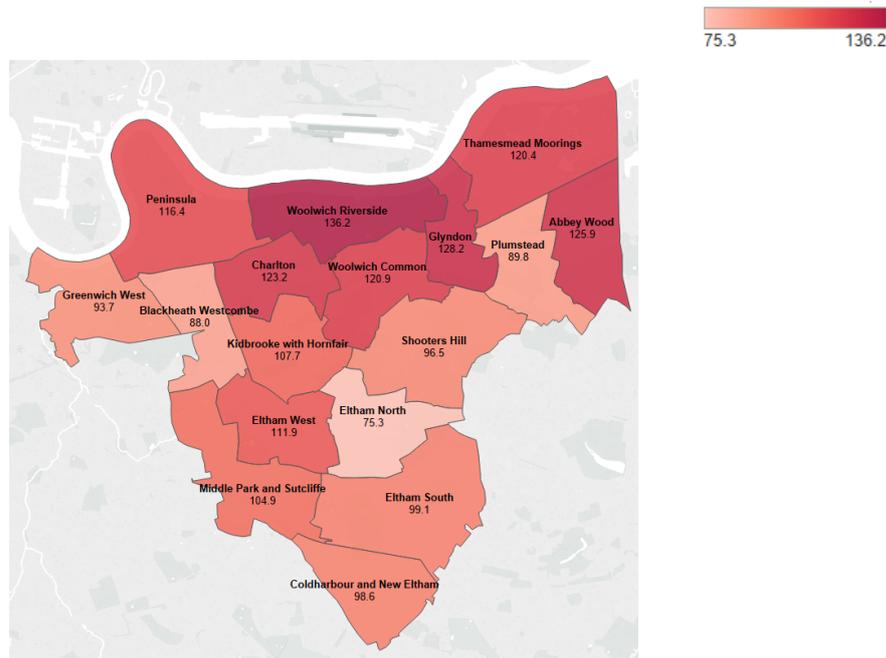
Substance misuse services

Pharmacies may provide needle and syringe services; supervised consumption of medicines to treat addiction, e.g. methadone; Hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations.

Major Health Conditions

- 4.35 The standardised mortality ratio is a good indicator of the prevalence of risk factors, prevalence and severity of disease, and the effectiveness of interventions and treatment. The differences of early mortality rates in different areas can reveal where focus is needed to reduce variation in life expectancy and health inequalities.
- 4.36 Figure 4.17 presents the standardised mortality ratio for deaths from all causes aged under 75, otherwise known as premature mortality. This measure is used to identify deaths usually considered 'avoidable'. Premature mortality is higher in the north of the borough and highest in Woolwich Riverside and Glyndon.

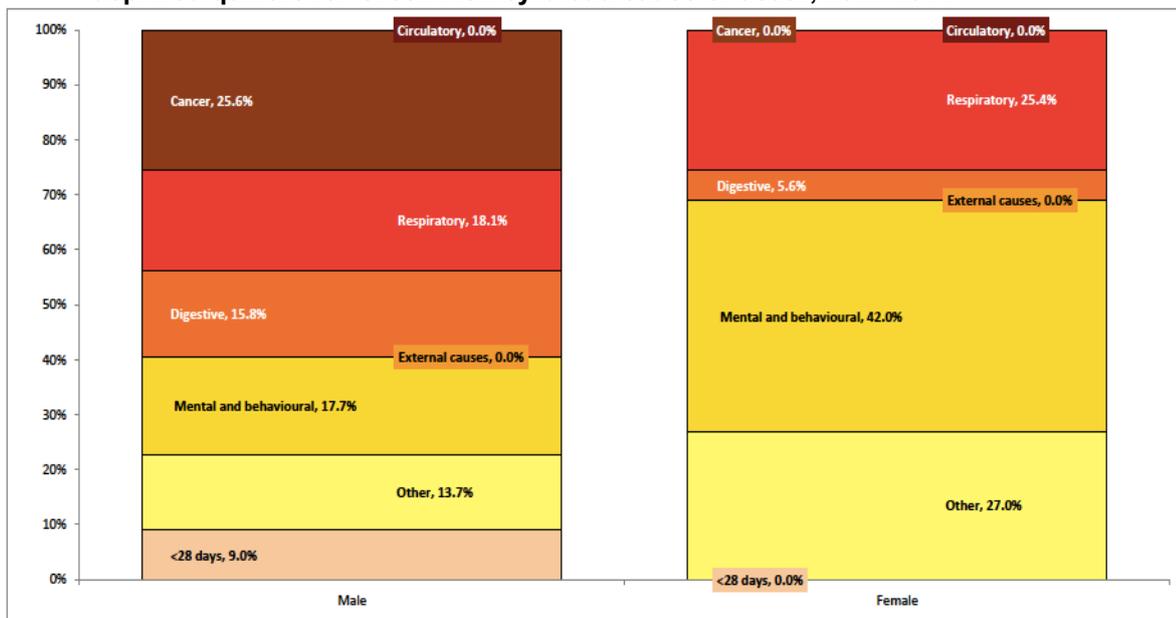
Figure 4.17 Standardised mortality ratio 2010-2014 by Ward in Greenwich in 2015



Source: PHE, 2016

- 4.37 Cancer is the biggest **cause of the differences in life expectancy** between deprivation quintiles in males, accounting for 26.6%. This is followed by respiratory diseases which includes flu, pneumonia and chronic obstructive airway disease at 18.1% and mental and behavioural causes at 17.7%. Figure 4.18 presents the differences in life expectancy by cause between the most deprived and the least deprived quintiles of the borough.
- 4.38 Mental and behavioural causes account for 42% of the cause of the differences in life expectancy in females from the borough (Figure 4.18). Following that is respiratory diseases, which includes flu, pneumonia, and chronic obstructive airway disease (25.4%).

Figure 4.18: Life expectancy gap between the most deprived quintile and the least deprived quintile for Greenwich by broad cause of death, 2012-2014



PHE, 2016

4.39 Cancer, respiratory diseases, common mental illness are all priorities identified in the Royal Borough of Greenwich Joint Strategic Needs Assessment as are heart disease and stroke, diabetes and alcohol-related illness. We explore each of these in this chapter, as well as sexually transmitted diseases.

Cancer

4.40 The overall prevalence of cancers is 1.6% of NHS Greenwich CCG (2015/16). This is fairly similar to the sub-regional figure of 1.7% and lower than the national figure of 2.4%.

4.41 NHS Greenwich CCG **screening coverage** for bowel, breast and cervical cancers are low in comparison to England.

4.42 The **premature mortality rate for cancer** (i.e. under 75 years) for males is high in comparison to the national rate. Currently 169.4 per 100,000 male residents of the borough die prematurely each year from cancer, compared with 152.1 for England. Premature mortality considered preventable has been on a downward trend over the last decade, however, the borough figures have always been higher than regional and national rates (see Figure 4.16).

Early detection and diagnosis of cancers

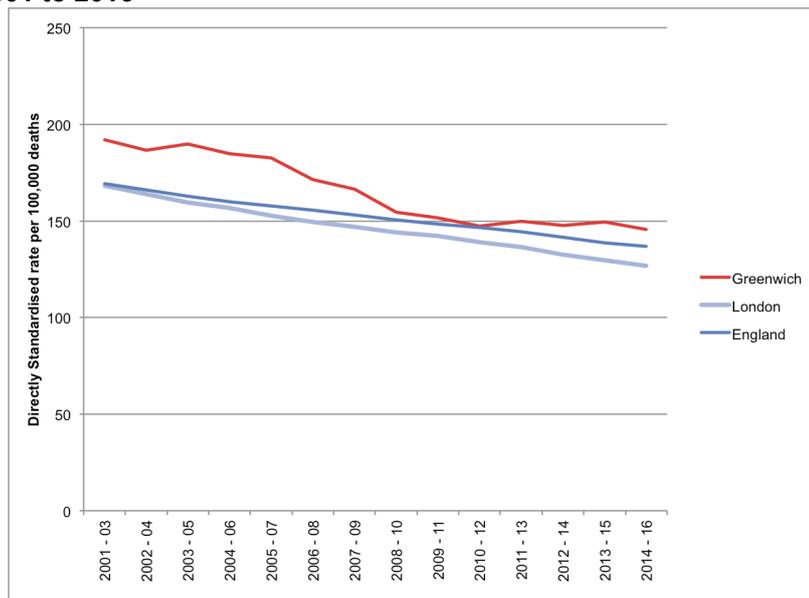
Pharmacists can play an important role in the early detection and diagnosis of cancer.

Raising awareness through public health campaigns and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.

4.43 Female premature mortality rate is 124.2 which is similar to England figures.

4.44 The proportion of deaths from **lung cancer** is substantially higher in Greenwich than England overall (Figure 4.19). At 71.4 deaths per 100,000 Greenwich has the third highest lung cancer death rate in London.

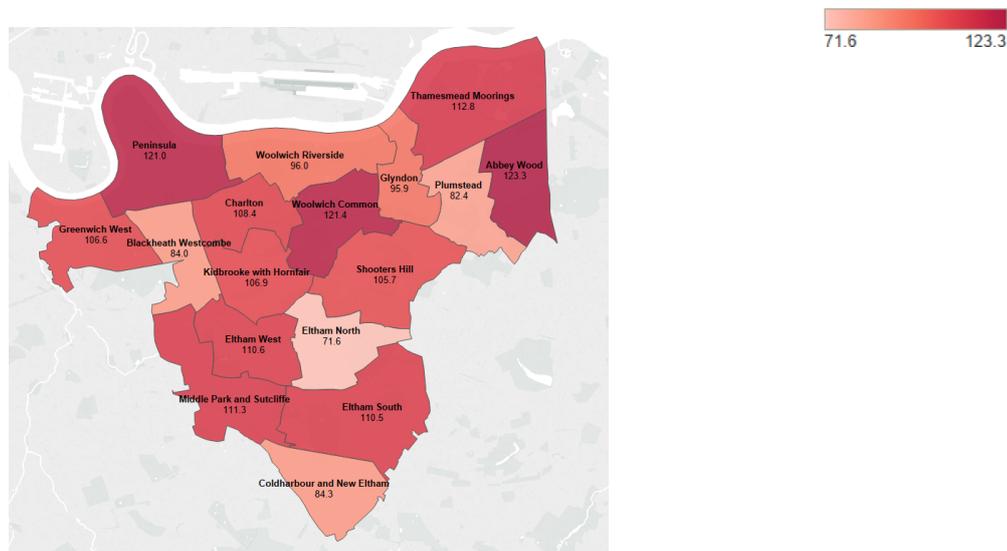
Figure 4.19: Under 75 mortality rate from cancer for Greenwich, London and England from 2001 to 2016



Source: PHE, 2017

4.45 Standardised mortality is highest in Abbey Wood, Woolwich Common and Peninsula (see figure 4.20).

Figure 4.20: Under 75 mortality rate from cancer by ward in Greenwich, London and England, 2013-15



Source: PHE, 2016

Medicine Use Reviews and the New Medicine Service

Many long-term conditions and illnesses are managed with the use of medication. Pharmacy services play an important part of the long-term conditions pathway by ensuring that medicines are used effectively and safely and therefore improving outcomes for patients.

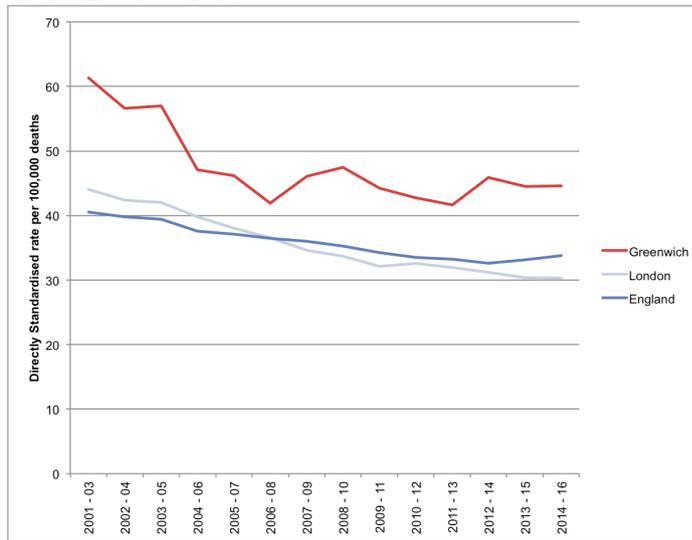
Pharmacies can support patients, clinicians and carers to achieve the maximum benefit from medicines whilst reducing the risks associated with treatment.

Targeted Medicine Use Reviews and the New Medicine Service can encourage patients to adhere to their prescribed regimen, help to manage medicines related risks and reduce re-admissions to hospital. It is recommended that patients with long-term conditions taking multiple medicines be reviewed at regular intervals.

Respiratory Diseases

- 4.46 The under 75 mortality rate for respiratory disease in Greenwich is the 2nd highest in London. 44.6 per 100,000 deaths are due to respiratory disease. This is substantially higher than the national rate of 33.8 per 100,000 deaths. Figure 4.21 presents the trend in mortality rate and shows that the under 75 mortality rate for Greenwich has been higher than London and England since 2001.

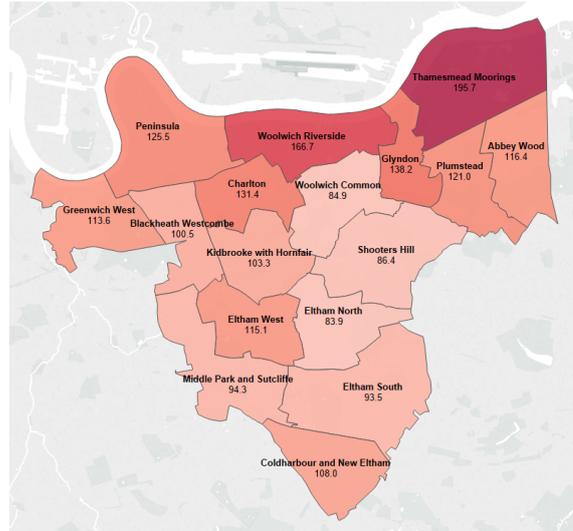
Figure 4.21: Under 75 mortality rate from respiratory disease for Greenwich, London and England from 2001 to 2015



Source: PHE, 2017

- 4.47 The Under-75 mortality rate from respiratory disease is highest in Thamesmead Moorings and Woolwich Riverside (see Figure 4.22).

Figure 4.22: Under 75 mortality rate from respiratory disease by ward in Greenwich, London and England from 2013 to 2015



Source: PHE, 2016

- 4.48 **Chronic Obstructive Pulmonary Disease (COPD)** is a respiratory disease that is a highly preventable cause of morbidity and mortality. 1.5% of NHS Greenwich registered patients had a diagnosis of COPD in 2015/16, slightly lower than England overall where 1.9% of the population have COPD. It is estimated that only 1 in 3

cases of COPD have been detected meaning that detection rates are low (PHE, 2017).

- 4.49 **Tuberculosis** is high in Greenwich. NHS Greenwich CCG recorded a three-year average crude rate of 30.4 per 100,000 population were diagnosed with TB. This is higher than the rest of London at 27.1 and England at 10.9 per 100,000 population (PHE, 2017).

Mental illnesses

- 4.50 Common mental illnesses include depression, general anxiety disorder, panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder. NHS England estimates that 16.1% of the Greenwich population have a **common mental illness**. This is similar to London (16.4%) and higher than England (15.6%). 5.1% of GP registered patients report that they have a long-term mental health problem (QOF, 2016).

Medicine adherence

Medicines are a key component of health and mental health care and pharmacists have the expertise required to improve adherence to medication support the reduction of inappropriate use of medicines.

- 4.51 Severe mental illnesses include disorders that produce psychotic symptoms and severe forms of other disorders such as depression and bipolar disorder. 1.18% of the GP population have a diagnosis of a **severe mental illness**. 1.46 % of people registered with a GP in Greenwich are known to have a severe mental illness. This is substantially higher than England (0.9%) but likely due to good identification and reporting by GPs (QOF, 2016).

- 4.52 Nearly half of Greenwich patients who have a severe mental illness (45.1%) smoke (PHE, 2014/15). This can substantially impact on their life expectancy and healthy life expectancy.

- 4.53 The number of people living with **dementia** is increasing. Approximately 1,284 people (0.5% of GP registered patients) have dementia in Greenwich, half of whom are over 85 years of age.

Dementia Friendly pharmacies

Pharmacies can be a very important place that people living with dementia need to access. Dementia friendly pharmacies can support people living with dementia to feel confident and empowered to do things that they have always been able to do such as collecting a prescription.

- 4.54 **Loneliness and isolation** of older people is a risk factor for ill-health and wellbeing and premature mortality. People who are lonely and social-isolated are more likely to need healthcare resources and long-term care. 9,418 of Greenwich's older generation (65+) are living alone and are at risk of loneliness and isolation (2011 census).

Heart disease and stroke

- 4.55 Currently, 5,926 or 2.1% of GP registered adults in Greenwich have a diagnosis of **Coronary Heart Disease**. This is similar to regional figures (2%) and national figures (3.2%). An estimated 2,213 more Greenwich residents have Coronary Heart Disease that is not yet diagnosed (QOF, 2015/16).

- 4.56 Public Health England estimates that 12.1 per 100,000 Greenwich residents who are under 75 years have had a **stroke**. Currently 1.1% of the GP registered population, of all ages are recorded as having had a stroke (QOF, 2015/16), this is similar to

London and lower than England, which is 1.7%. An estimated 1.57% of Greenwich retirees (over 65s) have had a stroke (ERPHO, 2011).

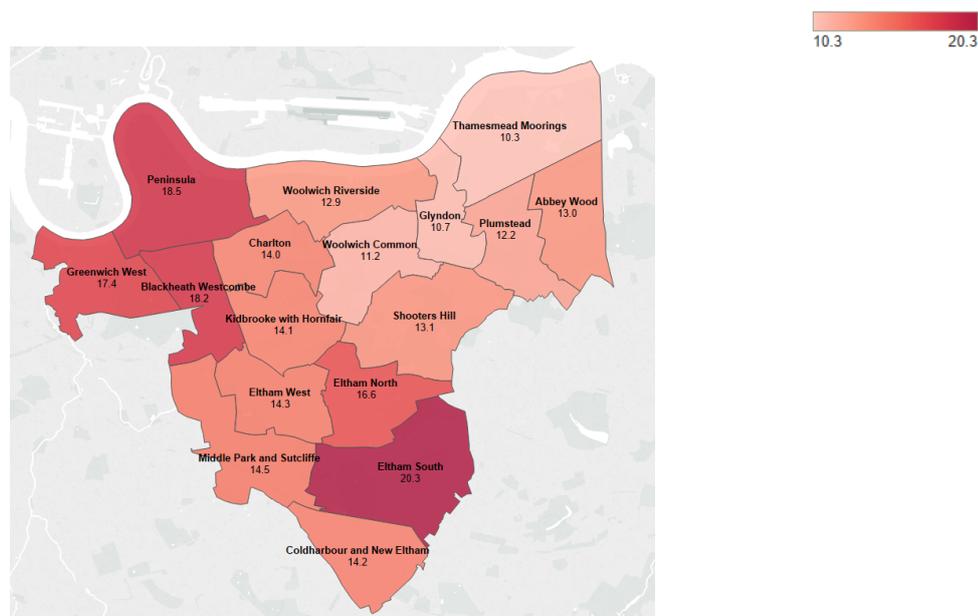
Alcohol-related illness

- 4.57 Alcohol consumption contributes to morbidity and mortality from a diverse range of conditions. 40.7 per 100,000 deaths are alcohol-related which is similar to London and lower than England.
- 4.58 2,182 admissions people per 100,000 hospital admissions in 2015/16 were alcohol related, this is similar to national figures and lower than London.
- 4.59 **Binge drinking** is high in Greenwich. One in three (31.5%) of adults binge drink on their highest drinking day (2011-14), the highest number in London. Figure 4.23 presents the proportion of binge drinking adults in Greenwich at ward level. It shows that binge drinking is prevalent throughout the borough but highest in Eltham South, Peninsula and Blackheath Westcombe.

Alcohol Misuse Services

Pharmacies may provide Alcohol misuse services that include proactive brief interventions and advice on alcohol with referrals or signposting to specialist services for problem drinkers.

Figure 4.23: % of adults (16+) who binge drink in Greenwich, modelled estimate for 2017



Source: PHE, 2016

Sexually Transmitted Infections

- 4.60 There are currently 1,135 residents in Greenwich are diagnosed with **HIV**. This equates to 6.24 per 1000 people and is higher than London and England averages. In 2014-16, 36.5% of cases were diagnosed late, compared to the London average of 33.7%. Late diagnosis carries with it an increased risk of poor health and death and it increases the chances of onward transmission.
- 4.61 Of those who are tested for **Sexually Transmitted Infections** (STIs), 5% tested positively for an infection (excluding chlamydia) in Greenwich, similar to London figures. Chlamydia detection rates are one of the highest in London, 3,047 cases of Chlamydia were detected per crude rate of 100,000 population aged 15-24 years.

Summary of Demographics and Health Needs of Greenwich

This chapter looks at the overall health and wellbeing of the population of Greenwich guided by the JSNA priority areas.

Greenwich Profile

The Royal Borough of Greenwich is a densely populated South East London Borough with a fairly young population.

Two in five residents are from the BME community and at least one in six residents state that English is not their main language, a high proportion of whom reside in the North East wards of the borough. Nepalese, French, and Lithuanian are the most commonly spoken languages after English.

The population is expected to increase by 17% in the next 10 years, particularly in the Woolwich Riverside, Peninsula and Eltham West wards. The largest increase is expected within the 65+ age group.

Wider Determinants of Health

Life expectancy for is 79 years for male residents and 82.6 for female residents of Greenwich overall. At ward level, life expectancy is highest in Eltham North and lowest in Glyndon for males and Thamesmead Moorings for females.

Unemployment in Greenwich is high and one in four children are from low-income families.

Major Risk Factors

The proportion of children who are overweight or obese is high in Greenwich, particularly in Thamesmead Moorings where one in three reception age children and nearly half of Year 6 children are overweight or obese.

Under-18 conceptions are high in comparison to London and England.

Flu vaccination coverage is low in comparison to the rest of England.

Two out of three adults are overweight or obese, one in five adults are physically inactive and 17.4% of adults smoke.

Major Health Conditions

The major causes of the differences in life expectancy and healthy life expectancy between the least and most deprived of Greenwich are Cancer, Respiratory disease, and Mental ill-health. Cancer screening coverage in Greenwich is low and premature mortality by cancer is high. Mortality is highest in Abbey Wood, Woolwich Common and Peninsula wards.

Premature mortality for respiratory diseases is the 2nd highest in London. Thamesmead Moorings and Woolwich Riverside present the highest premature mortality rates in Greenwich. TB prevalence and COPD detection rates are areas for concern.

An estimated 16.1% have a common mental illness; currently 5.1% of the GP -registered population has a known long-term mental health problem.

Chapter 5 - Patient and Public Engagement

- 5.1** This chapter discusses the results of the patient and public engagement that was carried in the Royal Borough of Greenwich between the 18th of October and 11th of November 2017. We also examine the health needs specific to protected characteristics and vulnerable groups that we have engaged with during this process and the implications they may have on the PNA.
- 5.2** A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.
- 5.3** A community questionnaire (Appendix B) was used to engage with residents to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the communication team of the Royal Borough of Greenwich.
- 5.4** A detailed engagement plan and methods of dissemination of the questionnaire are referenced in Appendix C. We worked with Greenwich Action for Voluntary Sector, HealthWatch and members of the Steering Group to identify several key stakeholders and groups within the statutory and voluntary sector to facilitate engagement.
- 5.5** The community questionnaire was disseminated using online survey software and paper copies. We engaged with 453 residents in Greenwich, Table 5.1 outlines the type of community engagement activity for this PNA.
- 5.6** The three main protected characteristics we aimed to capture as part of the engagement process were:
- BME communities (42% of respondents)
 - Over 65's (31% of respondents)
 - Pregnant and breastfeeding women (12% of respondents)

Table 5.1: Engagement activity for the Greenwich PNA from the 18th October to the 11th of November 2017

Type of engagement activity	Numbers of questionnaires
Community Pharmacies	
• Neem Tree Pharmacy	67
• Whinchat Pharmacy	
Outreach within Libraries	
• The Woolwich Centre Library	
• The Greenwich Centre Library	200
• Thamesmere Library	
• Eltham Library and Leisure Centre	
Outreach at the Big Red Bus Club	10
Caribbean Social Forum	41

Sheltered Residential Schemes and Extra Care	66
Online	69
Total	453

Results of the Community Pharmacy Questionnaire

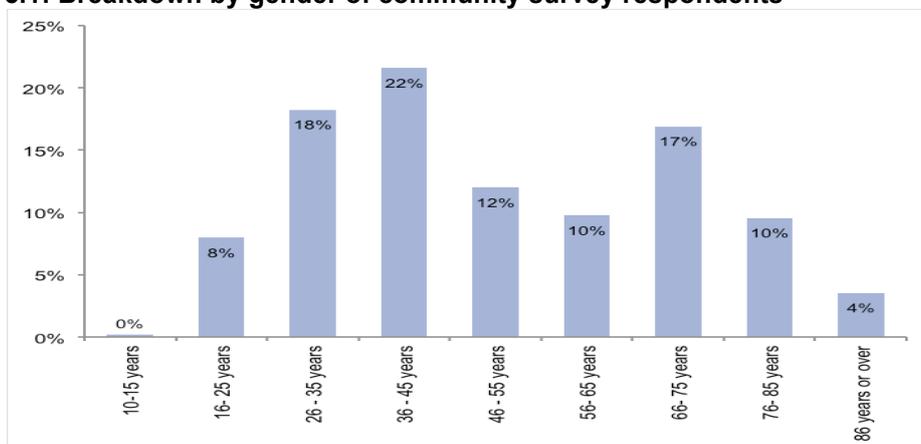
5.7 The 453 questionnaires collated were analysed to better understand the use of community pharmacies by residents of Greenwich and identify any potential gaps in service provision for the protected characteristics.

Demographics of sample population

5.8 A breakdown of **gender** shows that 68% of our respondents were female and 32% were males.

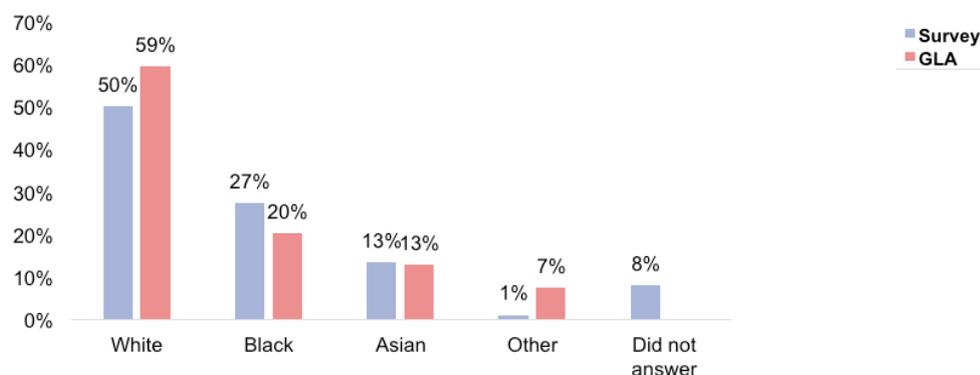
5.9 The survey sample represented a good mix of different **age** groups. We have a comparatively high representation of the over 65's (see Figure 5.1).

Figure 5.1: Breakdown by gender of community survey respondents



5.10 Ethnicity is also broadly representative of the ethnic breakdown of the population of Greenwich. Figure 5.2 shows a comparison of the ethnicity of the survey respondents and overall Greenwich population.

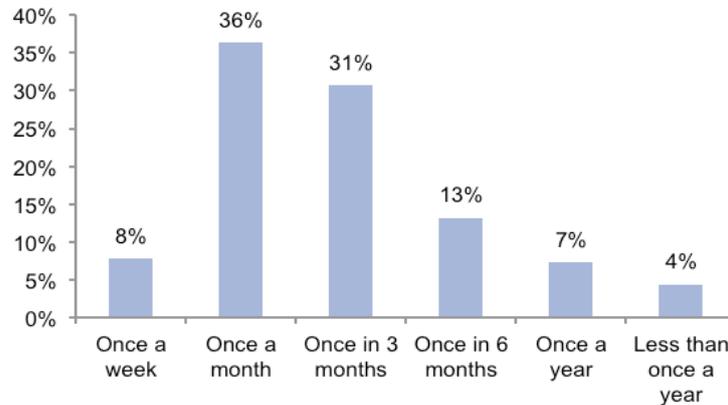
Figure 5.2: Breakdown by ethnicity of community survey respondents and overall Greenwich population (GLA Projections 2017), 18th October to the 11th of November 2017



Overall use of Pharmacies

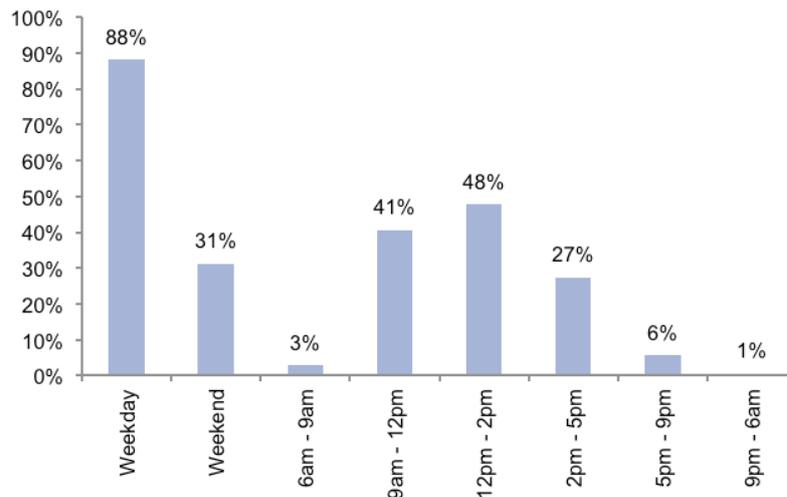
- 5.11** When asked about **how they use the pharmacy**, about 36% of our respondents use the pharmacy monthly and 31% use it once every three months. Only about 8% of our respondents use the pharmacy weekly.

Figure 5.2: Breakdown of frequency of use in pharmacies by respondents, 18th October to the 11th of November 2017



- 5.12** Most respondents (88%) use the pharmacy on weekdays. The most popular times of use are between 12pm- 2pm and 9am to 12pm. More than a quarter of the respondents use the pharmacy between 2-5 pm (see Figure 5.3).

Figure 5.3: Breakdown of day and time of use of survey respondents



- 5.13** When asked **why they use their chosen pharmacy most often**, 53% of respondents stated that they are satisfied with the overall service they receive from their pharmacies. 76% of respondents said that the most important reason for using a pharmacy was its location; this was followed by: friendly staff, the pharmacy being open when they need it and convenience by public transport.

- 5.14** Nearly 95% respondents use the pharmacy for their own needs, about 43% use it for their spouses/partners and 35% for their children.

- 5.15** The top five **pharmacy services respondents are using** are:

- Obtaining prescription medication (92%)
- Over the counter medication (70%)
- Repeat prescriptions (63%)

- Advice from pharmacist about how to take prescription medication or what over the counter medication to buy (55%)
- Advice from pharmacist on how to manage minor ailments/injuries such as cold, cough etc. (49%)

5.16 The top six **pharmacy services respondents are aware of but do not use** are:

- Prescription collection service (24%)
- Home delivery service (24%)
- Electronic prescription service (24%)
- Flu vaccination service (20%)
- Advice from pharmacist on healthy lifestyles (20%)
- Stop smoking/nicotine replacement therapy (20%)

5.17 The top 5 services **respondents would use if available** are:

- Home delivery and prescription collection service - 8%
- Health checks including glucose Health checks including blood glucose, cholesterol, blood pressure and BMI (height and weight) - 8%
- Emergency supply of prescription medicines - 7%
- StrepA sore throat test and treatment - 6%
- Travel vaccination service – 5%

5.18 Ninety respondents commented on how their pharmacy could be improved. Of those, 30 respondents are happy with the service being provided. Longer opening hours and reduction of waiting times were the top **changes people wanted to see** in their pharmacies. Having friendly and efficient staff, proper seating while people waiting for medications and having medication in stock were other improvements suggested by users. A few users suggested that blood tests should be made available at pharmacies.

5.19 Thirty respondents left **additional feedback**. Seventeen were happy with the services being provided; a few of them rating their pharmacy as excellent. Those respondents expressed that they really valued the friendly and knowledgeable staff and the fact that pharmacists have the time to talk them through their medication and conditions.

5.20 Eight respondents were unhappy with their pharmacies and the reasons for this included: their specific medication not in stock, no private room for consultation and lack of proper seating. One respondent felt that more pharmacies were needed near Cutty Sark as the provision of services as well as opening times were insufficient.

Protected Characteristics

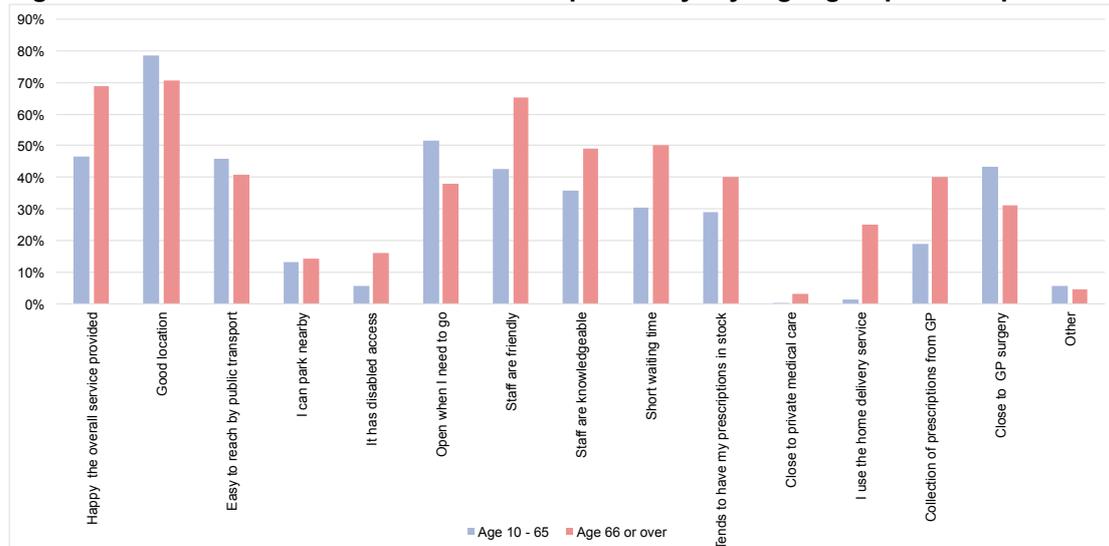
Age

5.21 The current age profile and projections of the borough are discussed in Chapter 4. Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers. Pharmacies providing services to vulnerable adults and children are required to be aware of the safeguarding guidance and local safeguarding arrangements.

5.22 To understand any differences in the use and experience of pharmacies in older people we have carried out the analysis by grouping the age groups that are over 65 and comparing this with the age groups under the age of 65.

- 5.23** We found that the weekly and monthly use of pharmacies in the Over 65's group is higher than the Under 65 population. They also tend to use the pharmacy less over the weekends as compared to the Under 65 population.
- 5.24** The use of home delivery services is more prevalent in the Over 65s. Thirty-eight of respondents who are over 65 use the home delivery service as compared to 14 in the Under 65 age group.
- 5.25** Overall satisfaction with pharmacies in the Over 65 age group is higher at nearly 70% as compared to 46% in the Under 65 group. Good location, friendly staff and not having to wait too long for prescriptions are their top reasons for choosing the pharmacy they frequent (see Figure 5.4).

Figure 5.4: Reasons for use of chosen pharmacy by age group of respondents



- 5.26** The top three services used by Over 65s are:
- Obtaining prescription medicines
 - Repeat prescriptions
 - Over the counter medication
- 5.27** The top three services the Over 65s are aware of but do not use are:
- Flu vaccination service
 - Home delivery service and prescription collection service
 - Advice from pharmacist on healthy lifestyles
- 5.28** The top four services the Over 65s will use if available are:
- Health checks
 - StrepA sore throat test and treat
 - Travel vaccination
 - Blood pressure measurement
- 5.29** Out of 135 respondents who are over 65, 31 responded to the question about what could be improved about their pharmacy. 50% of them were happy with the service they received. The main improvement respondents suggested was longer opening hours (16%).

5.30 Based on the sample that we surveyed, we did not identify any gaps in access to the provision of pharmaceutical services based on age.

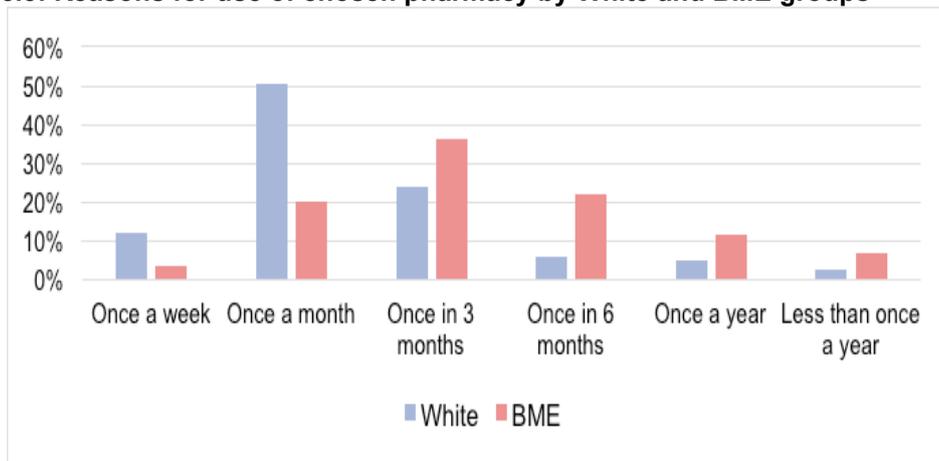
Ethnicity

5.31 The sample population surveyed for this PNA was slightly under represented BAME groups. 227 of the respondents identified as White, 124 as Black African/Caribbean or other Black, 61 as Asian. 38% of the white population was Over 65 as compared to 31% in the overall sample.

5.32 For the purposes of studying differences in the use and experience of pharmacies, we compared all Black and Ethnic Minority populations with groups identifying as White (including British, Irish, and other White).

5.33 The sample data suggests that the BME population’s weekly and monthly use of pharmacies is lower than the white population (see Figure 5.5). However, on further analysis we found that 40% of the White population is over 65 whereas in the BME groups this age group was only 20% which reflects the ethnicity difference by age group across the borough. Therefore, more frequent use of pharmacies by the White population is most likely due to the age profile.

Figure 5.5: Reasons for use of chosen pharmacy by White and BME groups



5.34 The overall satisfaction with the pharmacy of their choice is higher in the White population as compared to the BME population (60% versus 38%); but this again could be because older people tend to have better satisfaction levels with pharmacies.

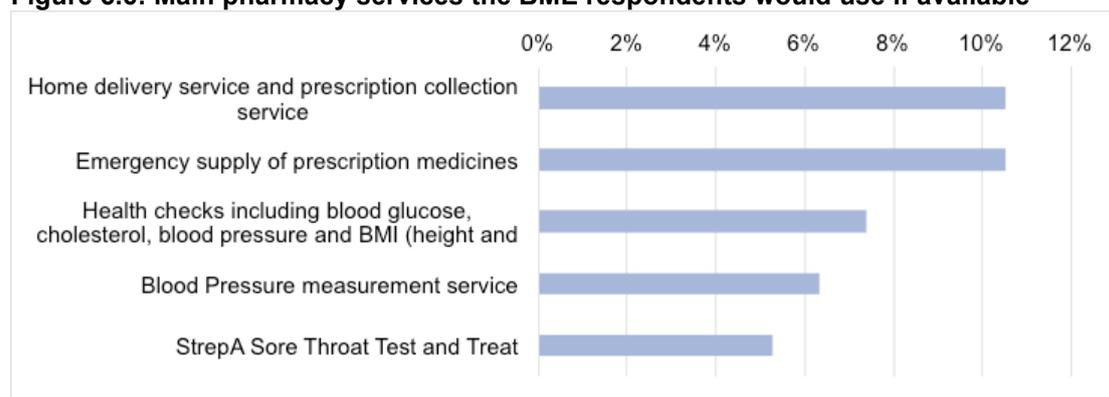
5.35 No significant differences were noted in the day and time of use by White and BME populations.

5.36 The top three services being used by the BME population are similar to those in the general population; obtaining prescription medication, over the counter medication and repeat prescriptions.

5.37 The top three services that they would use if available are:

- Home delivery service
- Emergency supply of medication
- Health checks (see Figure 5.6)

Figure 5.6: Main pharmacy services the BME respondents would use if available



5.38 When asked about what could be improved about their pharmacy, only 23 BME respondents left comments. Seven were happy with the service provided and the main improvement the remainder wanted was longer opening hours.

5.39 In the White ethnic groups, 39 respondents commented, 18 of whom were happy with the services provided. Reduced waiting times, longer opening hours and having more friendly and knowledgeable staff were the key improvements this group wanted to see.

5.40 Based on this community survey analysis, no gaps were identified in the provision of pharmaceutical services to different ethnic groups, however improvements could be made in the provision of opening hours.

Pregnancy and maternity

5.41 Fifty-one (12%) respondents to our community survey were pregnant or breastfeeding. Of these, 50 were in the 26-45 age group.

5.42 Women in this group are more likely to use the pharmacy once every three months rather than weekly or monthly. Other than that, there is no significant difference in their use of pharmacies in comparison to the rest of the survey population.

5.43 The top three services this group uses already are:

- to obtain prescription medication
- over the counter medication
- advice from the pharmacist about how to take prescription medication or what over the counter medication to buy

5.44 The top three services they are aware of but do not use are:

- prescription collection service
- electronic prescription service
- emergency supply of prescription medication.

5.45 The top three services they would use if available are:

- Home delivery of prescription medication
- Advice from pharmacist on healthy lifestyles
- Health checks

5.46 Respondents in this group did not leave qualitative comments for analysis on suggested improvements or gaps.

5.47 Based on the sample population, no gaps have been identified in the provision of pharmaceutical services for pregnant and breastfeeding women.

Gender and gender reassignment

5.48 Of the survey respondents, 304 identified as female and 141 identified as male. No respondents identified as transgender.

5.49 Overall women are more satisfied with their pharmacies than men. They also tend to use the pharmacies for their children more than their male counterparts.

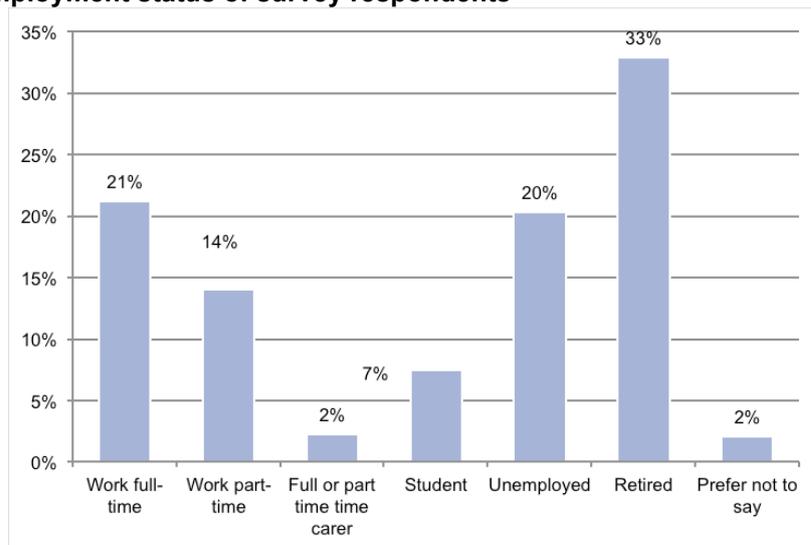
5.50 The use and experience of pharmacies across genders was quite similar. Therefore we found no gaps in the provision of services pertaining to gender.

Employment Status

5.51 A breakdown of employment status is shown in Figure 5.7. Most respondents were retired or full time employed.

5.52 Students use pharmacies either yearly or less than yearly. Other than that, no significant differences are noted in the use and overall experience of local pharmacies. We found no gaps in the provision of services pertaining to employment status.

Figure 5.7: Employment status of survey respondents



Disability and Long-Term Conditions

5.53 All pharmacies must comply with the Disability Discrimination Act 1995. Pharmacy contractors may have assessed the extent to which it would be appropriate to install hearing loops, or provide access ramps wide aisles to allow wheelchair access. Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment.

5.54 Seventy-six respondents identified as disabled, 172 identified as having a long-term condition and 66 said they had both.

5.55 The frequency of pharmacy use by the group with disability and/or long-term conditions is mainly weekly and monthly.

- 5.56** 77% of respondents with a disability and about 70% who have a long-term condition are happy with the overall services being provided at their pharmacy of choice. Good location and friendly staff are important factors in their choice of pharmacy. Weekdays between 9 am-12pm seems to be the most popular time for use of pharmacies.
- 5.57** Twenty-seven respondents with disability commented on whether improvements can be made to their pharmacies; 12 were happy with the services being provided. Suggestions for improvement are around reducing waiting times, and friendly and knowledgeable staff.
- 5.58** Forty-six respondents who have a long-term condition commented on whether improvements were needed to their pharmacies. Twenty-one respondents are happy with the service they receive. Suggestions for improvement include longer opening hours, reduced waiting times and friendly and knowledgeable staff.
- 5.59** The top three services being used by disabled respondents are similar to the general sample. Top three services they will use if available are:
- StrepA sore throat test and treat
 - Specialist medication service such as palliative care
 - Travel vaccinations
- 5.60** The top three services that respondents with long-term conditions will use if available are:
- StrepA sore throat test and treat
 - Health checks
 - Travel vaccination service
- 5.61** Based on the response to the questionnaires, the pharmacies are meeting the needs of this protected characteristic and no gaps have been identified. There were no comments on disability specific access requirements or any barriers to use.

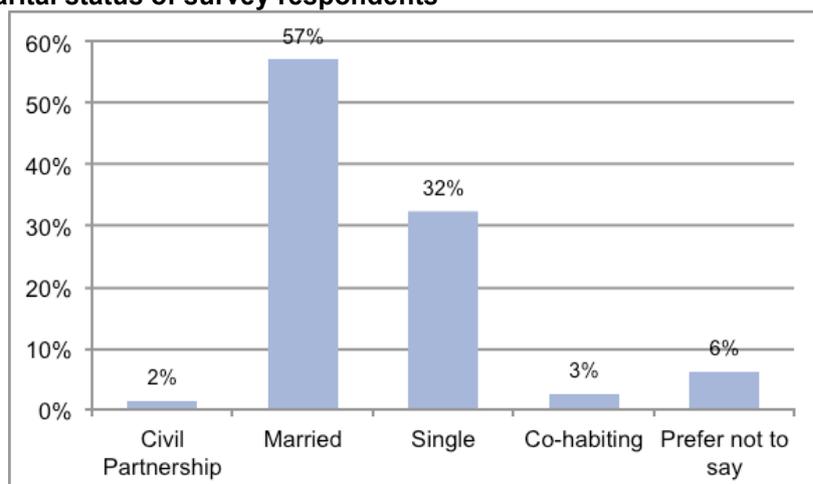
Sexual Orientation

- 5.62** Of the total respondents, 392 identified as heterosexual, eight identified as LGBT and 39 respondents preferred not to disclose their sexual orientation. The sample size for non-heterosexual orientations was too small to comment on any differences between these groups in terms of use and needs with respect to pharmaceutical services. Therefore no gaps were identified for this protected characteristic.

Marital Status

- 5.63** 251 respondents identified themselves as married, seven were in a civil partnership and 12 were co-habiting. 142 identified as single (see Figure 5.8).

Figure 5.8: Marital status of survey respondents



- 5.64** No differences were noted in the use and experience of those who are single and those who are married, co-habiting or in a civil partnership. Therefore no gaps were identified pertaining to marital status.
- 5.65** The patient and public engagement undertaken as part of the PNA 2018-2021 process, shows that the current provision of pharmaceutical services is sufficient to meet the current needs of the population and overall well received.

Summary of the Patient and Public Engagement and the Protected Characteristics

Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups.

Overall, 453 Greenwich residents and workers responded to the survey. Results showed that residents choose their pharmacy based on ease of location, friendly staff and accessibility in regards to opening times and public transport.

Pharmacies are predominantly used for obtaining prescription medications, over the counter medications or repeat prescription medications.

Generally people are happy with the pharmacy services they receive in Greenwich. A small number of survey respondents made some suggestions for improvement, these were mainly around longer opening hours and a reduction in waiting times.

Overall findings show that the pharmacy provision is sufficient for supplying a necessary service with no gaps in the borough. However improvements could be made in the provision of opening hours.

Chapter 6 - Access to Pharmaceutical Essential Services

- 6.1** All pharmacy contractors required to deliver and comply with the specifications for all Essential services, these are:
- Dispensing
 - Repeat dispensing
 - Disposal of waste medicines
 - Support for self-care
 - Public health
 - Signposting
 - Clinical governance
- 6.2** Pharmacy contractors can choose whether they wish to provide Advanced, Enhanced or Locally Commissioned services. These services are explored in Chapter 7.
- 6.3** This chapter assesses of the adequacy of provision of essential services by considering:
- Distribution and choice
 - Geographical distribution of pharmacies, within and outside the borough
 - Distribution in relation to health services
 - Opening hours
 - Accessibility

Pharmacy Distribution and Choice

- 6.4** There are currently 62 pharmacies in Greenwich as of October 2017. These have been marked on Figure 6.1, listed in Appendix D.
- 6.5** One pharmacy, Jarman & Dixon is part of the Greenwich CCG and was listed in previous Greenwich PNAs. Geographically it lies within Bromley borough and has therefore been excluded from list of Greenwich pharmacies in this PNA.
- 6.6** There are currently 22 community pharmacies per 100,000 residents. This is similar to both the London and England averages (General Pharmaceutical Services in England 2006/07 to 2015/16).
- 6.7** There are 16 pharmacies outside the Greenwich located within 500m of its border and another 19 between 500m and 1,000m of its border. These have been included in the pharmacies shown in Figure 6.1 and also in Appendix D.
- 6.8** The geographical distribution of the pharmacies by electoral ward is shown in Figure 6.1 and Table 6.1. As seen Shooters Hill is the only ward that does not contain any pharmacies. However this ward is largely covered in Green Spaces including Oxlea's Wood, Oxlea's Meadow and Shooters Hill Golf Club.

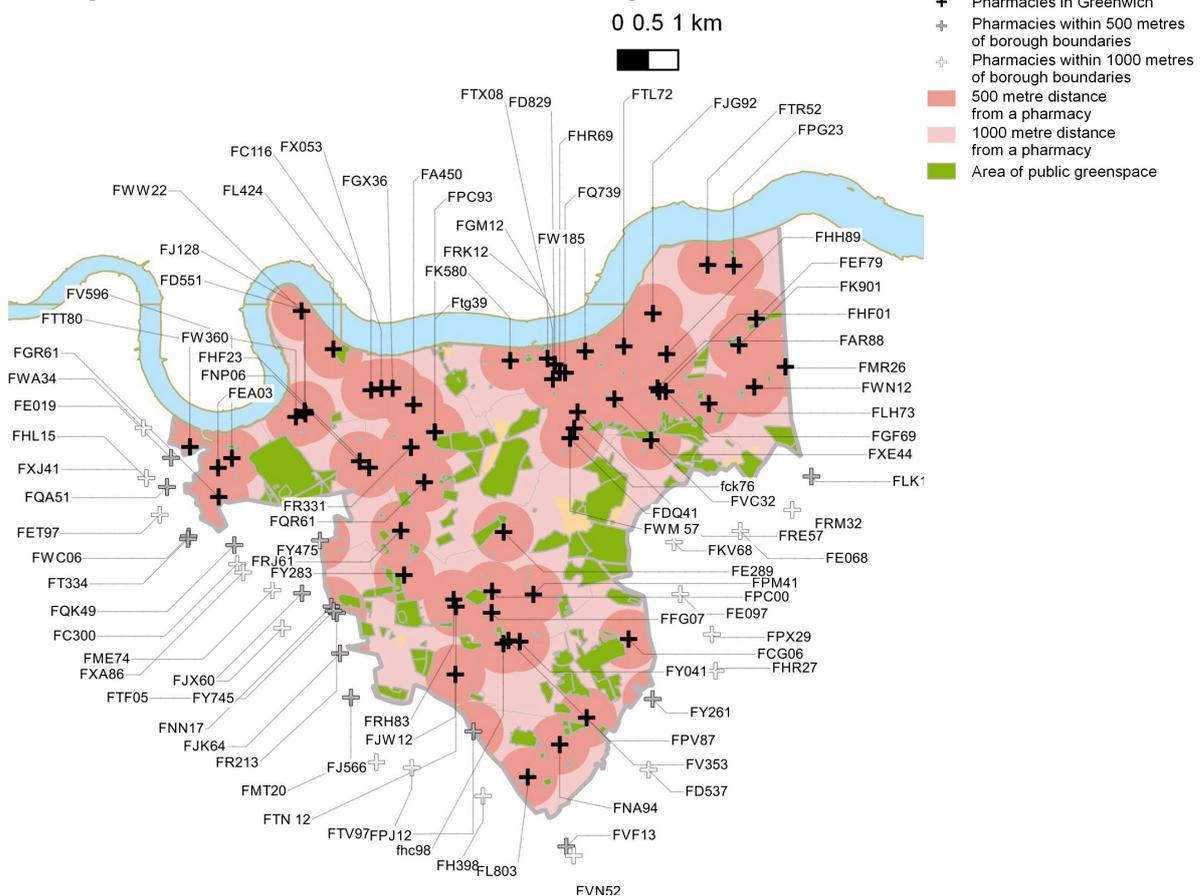
Table 6.1: Distribution of pharmacies by ward

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Peninsula	8	Abbey Wood	4
Woolwich Riverside	7	Greenwich West	4
Woolwich Common	5	Eltham North	3
Plumstead	5	Blackheath Westcombe	2
Eltham South	5	Coldharbour and New Eltham	2
Eltham West	5	Glyndon	2
Thamesmead Moorings	4	Kidbrooke with Hornfair	1
Charlton	4	Middle Park and Sutcliffe	1

Source: Contractor Survey and NHS England, 2017

6.9 Figure 6.1, shows a 500m and 1000m radius buffer drawn from the centre of each pharmacy postcode. This shows that most of the borough is within 1000m of at least one pharmacy. There are some gaps within Shooters Hill ward. However this area is mostly green space and therefore would not be likely to be viable for a pharmacy.

Figure 6.1: Distribution of pharmacies in Greenwich and within 500m and 1km of the borough boundaries, with 500m and 1km coverage, October 2017



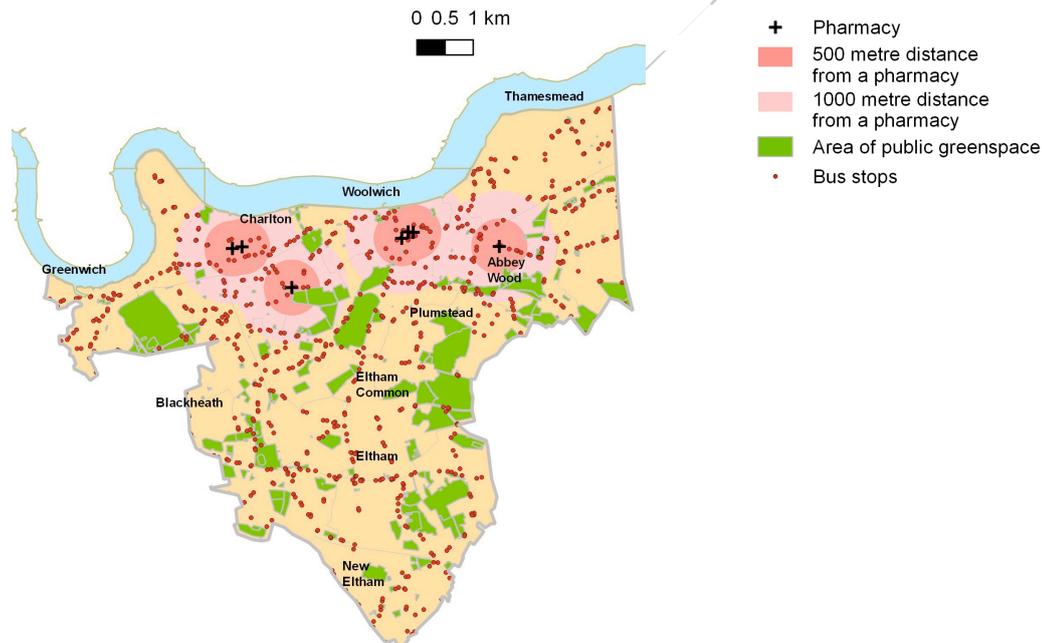
Source: Contractor Survey and NHS England, 2017

6.10 The ward of Middle Park and Sutcliff has cover within one kilometre of a pharmacy; however it has a significant road network that may make access slightly harder than

Opening times

- 6.15** Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.
- 6.16** Opening times were obtained from NHS England in August 2017. Additionally, marketing entry updates to the NHS England pharmaceutical list were reflected on the original list. Opening times were also collected as a part of the pharmacy contractor survey.
- 6.17** This PNA has used the core and supplementary hours reported by pharmacies from the contractor survey to produce the figures below. For pharmacies that did not respond and for pharmacies in surrounding boroughs, we have used the opening times as held by NHS England on October 2017.
- 6.18** NHS England has seven 100-hour pharmacies (core) on their list for Greenwich. These are presented in Figure 6.3 and Table 6.2.

Figure 6.3: 100-hour pharmacies in Greenwich and their 500m and 1km coverage, October 2017



Source: Contractor Survey and NHS England, 2017

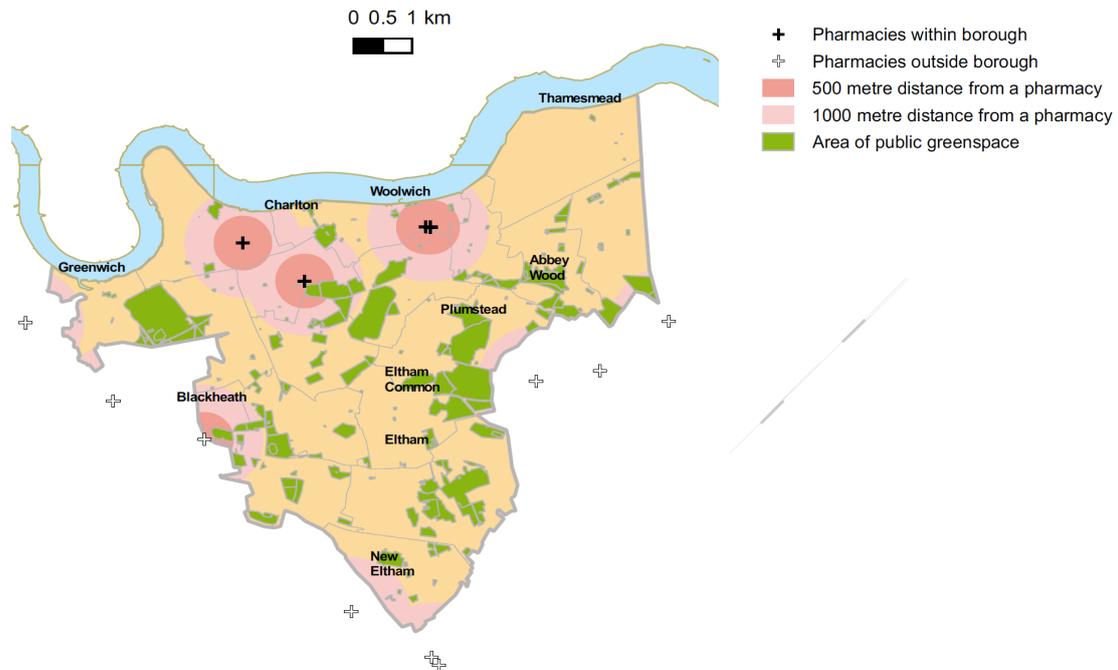
Table 6.2: 100-hour pharmacies in Greenwich, October 2017

Pharmacy	Address	Ward
Alpha Chemist	7 Greens End	Woolwich Riverside
Alpharm Chemist	116 Plumstead High Street	Plumstead
Asda Pharmacy	Bugsby Way	Peninsula
Boots Uk Ltd	Greenwich Retail Pak	Peninsula
Grove Pharmacy	No 17 The Village	Charlton
Tesco In-Store Pharmacy	13 Old Stable Row	Woolwich Common
Woolwich Late Night Pharmacy	Woolwich New Road	Woolwich Riverside

Source: NHS England, 2017

6.19 Four pharmacies are open before 9am on weekdays within the borough with a further three open in boroughs around Greenwich within 500m outside the border and a further six between 500 and 1,000m of the borough's borders. These are presented in Figure 6.4 and Table 6.3 and show that there is a gap of early opening pharmacies in the most areas of the borough.

Figure 6.4: Pharmacies that are open before 9am on a weekday and their 500m and 1km coverage, October 2017



Source: Contractor Survey and NHS England, 2017

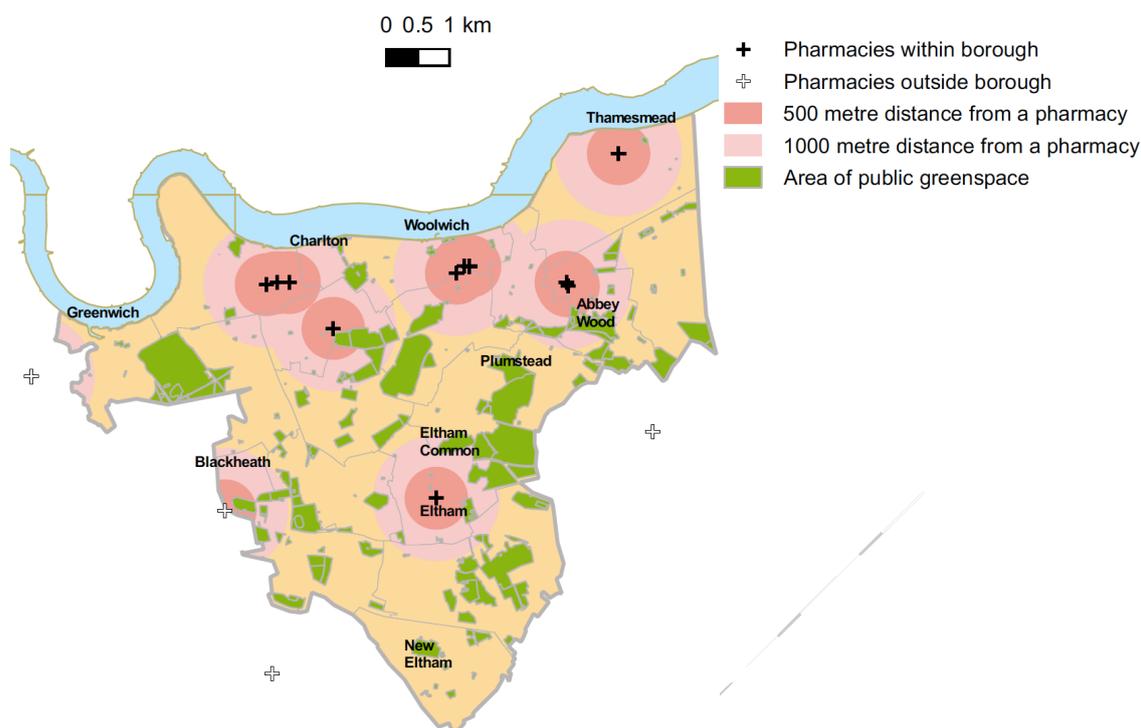
Table 6.3: Pharmacies open before 9am on weekdays in Greenwich

Pharmacy	Address	Ward
Alpha Chemist	7 Greens End	Woolwich Riverside
Asda Pharmacy	Bugsby Way	Peninsula
Grove Pharmacy	No 17 The Village	Charlton
Woolwich Late Night Pharmacy	Woolwich New Road	Woolwich Riverside

Source: Contractor Survey and NHS England, 2017

6.20 There are 11 pharmacies still open after 7pm on weekdays with one other pharmacy within 500m of Greenwich and three more between 500 and 1,000m of the borough (see Figure 6.5 and Table 6.4).

Figure 6.5: Pharmacies that are open after 7pm on weekdays and their 500m and 1km coverage, October 2017



Source: Contractor Survey and NHS England, 2017

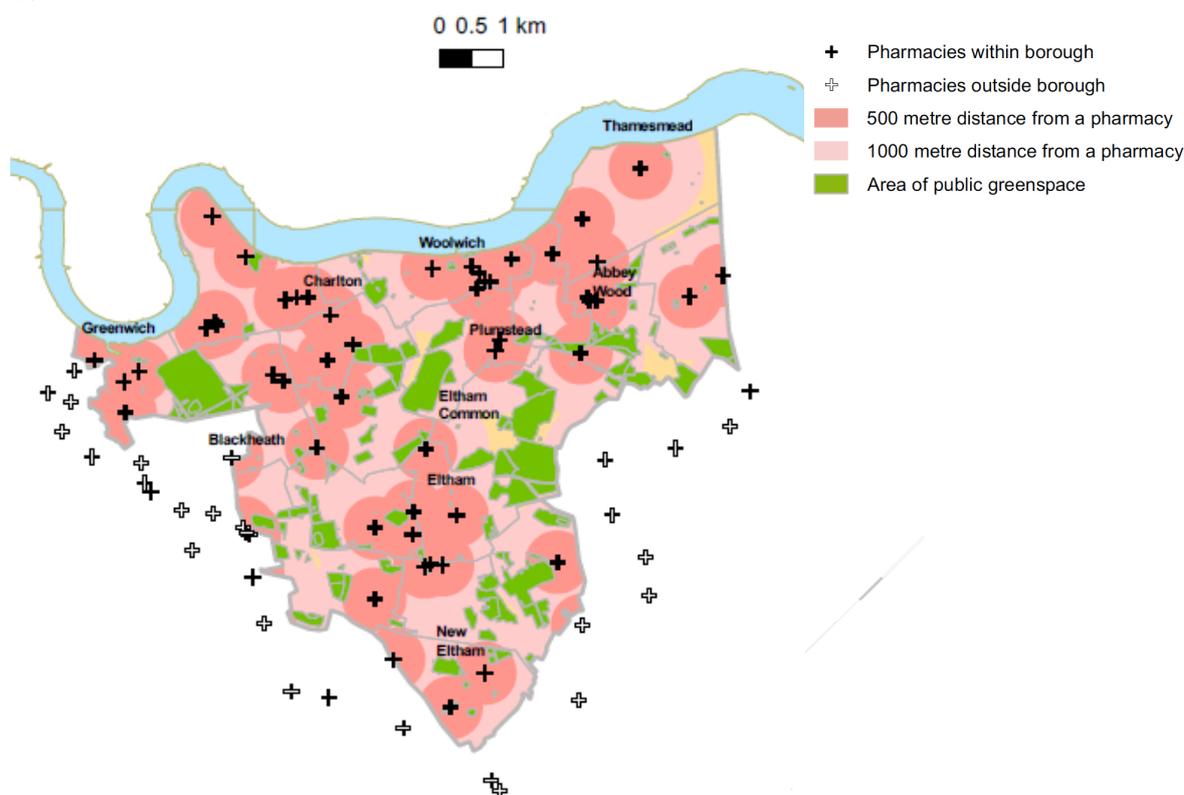
Table 6.4: Pharmacies closing after 7pm on weekday in Greenwich

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Peninsula	3	Woolwich Common	1
Woolwich Riverside	2	Charlton	1
Plumstead	2	Thamesmead Moorings	1
Eltham North	1		

Source: Contractor Survey and NHS England, 2017

6.21 Most of the pharmacies in Greenwich are open on Saturday (53/62). There are a further 15 outside the borough but within 500m of Greenwich are open on Saturday and 18 more between 500m and 1,000m (Figure 6.6 and Table 6.5).

Figure 6.6 Pharmacies open on Saturday and their 500m and 1km coverage, October 2017



Source: Contractor Survey and NHS England, 2017

Table 6.5: Locations of pharmacies open on Saturday in Greenwich by ward

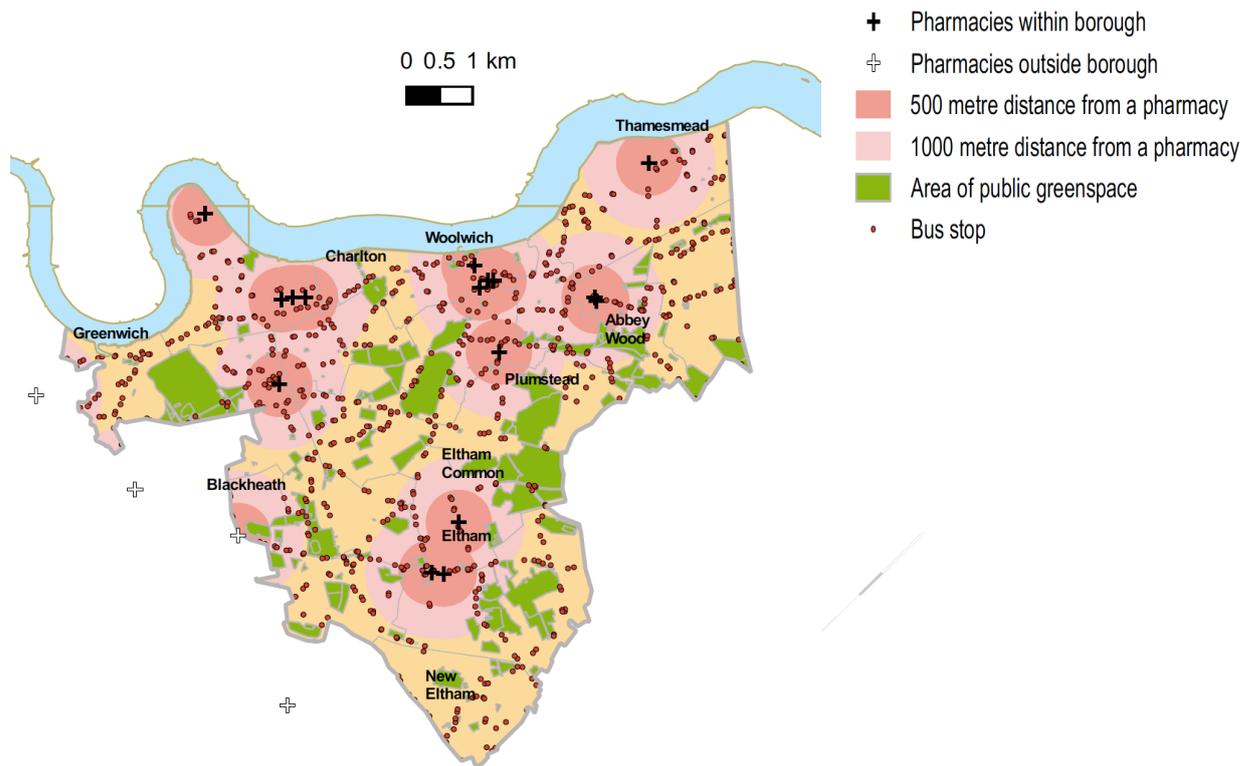
Ward	Number of Pharmacies	Ward	Number of Pharmacies
Peninsula	8	Eltham West	3
Woolwich Riverside	7	Eltham North	3
Greenwich West	4	Coldharbour and New Eltham	2
Charlton	4	Blackheath	2
Plumstead	4	Westcombe	2
Woolwich Common	4	Abbey Wood	2
Eltham South	4	Middle Park and Sutcliffe	1
Thamesmead Moorings	3	Kidbrooke with Hornfair	1
		Glyndon	1

Source: Contractor Survey and NHS England, 2017

6.22 Seventeen pharmacies are open on a Sunday within the borough with one more open in boroughs around Greenwich within 500m of the border and three more situated between 500m and 1,000m of the borough's borders (Figure 6.7, Table 6.6).

6.23 The pharmacies that are open on Sundays are not widespread across the borough, however they are situated within town centres and most are situated along bus routes (see Figure 6.7). This means that those that are open are still quite easily accessible.

Figure 6.7: Pharmacies open on a Sunday and their 500m and 1km coverage, October 2017



Source: Contractor Survey and NHS England, 2017

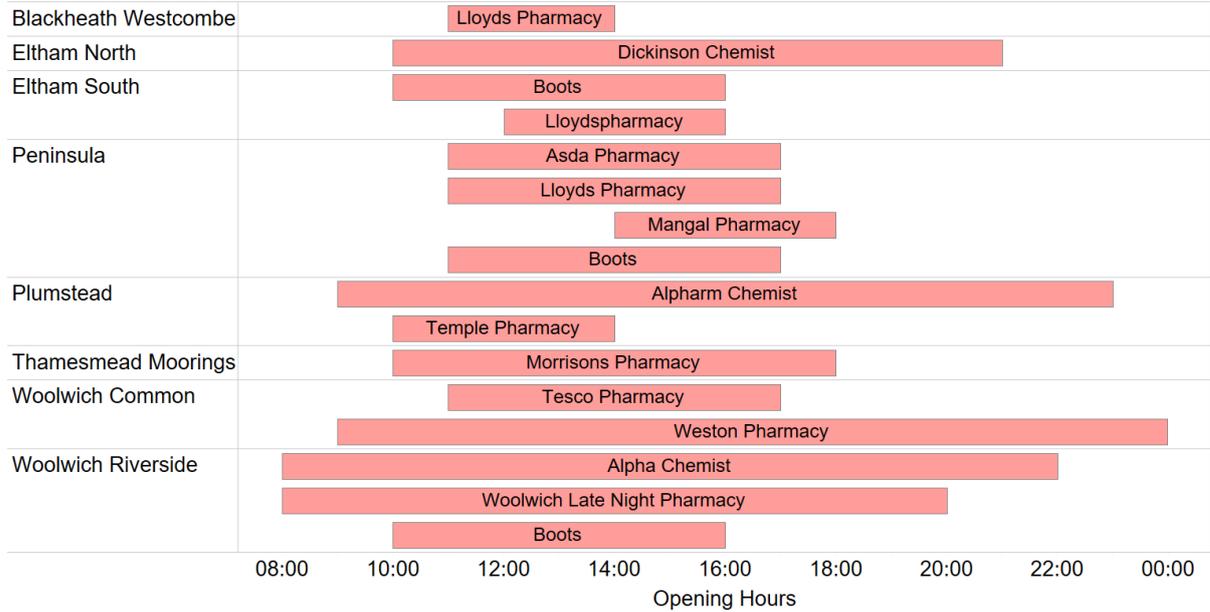
Table 6.6: Pharmacies open on Sunday by ward

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Peninsula	4	Plumstead	2
Woolwich Riverside	3	Thamesmead Moorings	1
Woolwich Common	2	Eltham North	1
Eltham South	2	Blackheath Westcombe	1

Source: Contractor Survey and NHS England, 2017

6.24 Figure 6.8 presents the Sunday opening times of pharmacies in Greenwich. It shows that there is always a pharmacy open at some point in the borough between 8am and midnight on Sundays.

Figure 6.8: Opening times of pharmacies on Sundays



Source: Contractor Survey and NHS England, 2017

6.25 Overall there is good pharmacy coverage across the borough. However there are gaps for open pharmacies in the early mornings and evenings. This is reflective of the feedback from the patient and public engagement where respondents requested longer opening hours. There is an opportunity for existing pharmacies to provide longer opening hours, particularly for those situated in town centres and along bus routes.

Parking

6.26 Forty-one of the pharmacies that responded to the contractor survey have free car parking. Nineteen have paid car parking nearby. Thirty-seven pharmacies have disabled parking close to the premises.

Appliance contractors

6.27 Appliance contractors provide services to people who need appliances such as stoma and incontinence care aids, trusses, hosiery, surgical stockings and dressings. They range from small sole-trader businesses to larger companies. They do not supply drugs. However, pharmacies and dispensing doctors can also supply appliances.

6.28 There are no appliance-only contractors in Greenwich.

6.29 Thirty-six of the pharmacies that responded to the survey supply stoma care aids with six intending to begin within the next 12 months.

6.30 Forty pharmacies noted that they supply incontinence aids with four others intending to begin within the next 12 months.

6.31 Forty-five of the pharmacies that responded to the survey supply dressings.

Communication

6.32 The most common **languages** spoken by residents in the borough other than English are Nepalese, French and Lithuanian. The most common languages besides English

spoken by pharmacy staff where the top three languages are Hindi, Gujarati and Punjabi. 0.9% of the local population speak Lithuanian, yet no pharmacies employ a member of staff who speaks Lithuanian.

6.33 Table 6.7 lists the most common languages spoken by a member of staff in the pharmacies that responded to the survey.

Table 6.7: Top 10 languages spoken by a member of staff at the pharmacies in Greenwich

Language	Number of Pharmacies
Hindi	27
Gujarati	24
Punjabi	18
French	8
Urdu	8
Nepalese	7
Nigerian	5
Yoruba	5
Spanish	5
Tamil	5

Source: Contractor Survey, 2017

Consultation Rooms

6.34 Ideally, pharmacies should have consultation areas or rooms with wheelchair access in order to be able to offer a broad range of services.

6.35 Forty-eight of the community pharmacies that responded to the survey reported having a clearly signposted private consulting room all of which having seating available for patients.

6.36 Forty-seven of the pharmacies report having consulting rooms that comply with MUR/NMS requirements.

6.37 Forty-seven pharmacies offer **hand-washing facilities** close to the consultation room. Patients have access to **toilet facilities** in 21 pharmacies.

Disability Access

6.38 Forty-six of the pharmacies with a consultation room indicated that they were **accessible to wheelchair users**.

6.39 Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment. Thirty-nine pharmacies that responded to the survey provide **printed information in large print format** and 36 provide it in **Easy Read format**. Information printed in **Braille** is available in three pharmacies.

Collection and Delivery of medication

- 6.40 Repeat dispensing** allows patients to collect their repeat prescriptions from a pharmacy without having to request a new prescription from their GP. The benefits of repeat dispensing include reduction of medicine waste, reduction in GP practice workload, improved predictability of pharmacy workload and greater convenience for patients. This service is available in 46 pharmacies in the borough.
- 6.41** Pharmacies in Greenwich further improve access by providing delivery services to the local population. Thirty-five of the pharmacies surveyed reported that they **deliver dispensed medicines**, free of charge on request (see Table 6.8), 48 collect prescriptions from surgeries.

Table 6.8: Collection of prescriptions and delivery of medication

Type of collection or delivery service	Number of pharmacies
Collection of prescriptions from surgeries	48
Delivery of dispensed medicines - free of charge on request	35

Source: Contractor Survey, 2017

Information Technology

- 6.42** IT can improve high quality care by enabling storage accessibility of patient records, electronic prescribing and improve medicines management. Thirty-eight of the pharmacies surveyed reported to have access to an **IT system** within the consultation room with another seven intending one within the next 12 months. Thirty-six of these pharmacies have access to patient records from this IT system.
- 6.43** Forty-nine pharmacies report being **Release 2** enabled. Forty-four pharmacies have access to **Microsoft Office applications** while 49 have access to **NHS.net email**.

Summary of necessary services: current provision (Schedule 1, paragraph 1) and necessary services: gaps in provision (Schedule 1, paragraph 2)

Necessary services are fundamental for patients to obtain prescribed medicines in a safe and reliable manner. All pharmacies are required to deliver and comply with the specifications for all essential services.

The Greenwich Health and Wellbeing Board considers that the range of opening hours, options for delivery of medications and the close proximity of pharmacies to local residents and transport facilities is **sufficient for supplying a necessary pharmaceutical service in the borough.**

However there are gaps in the provision of early mornings and evening opening hours. There is an opportunity for pharmacies, particularly those within town centres or along bus routes to improve accessibility by increasing their opening hours into the mornings and late evenings.

Additionally there is an opportunity to make improvements in the provision of languages spoken within the pharmacies as currently they are not reflective of the languages spoken by the local residential population. No pharmacies employ Lithuanian speakers, yet Lithuanian is the third most common foreign language spoken by Greenwich residents.

Chapter 7 - Advanced, Locally Enhanced and Locally Commissioned Services Provided by Pharmacies

Categorisation of pharmaceutical services

- 7.1** This chapter explores the provision of the Advanced, Locally Enhanced and Locally commissioned services provided by pharmacies within the Relevant and Other services as stipulated by the PNA regulations. These are services that are not essential to pharmacy provision however pharmacies can choose to deliver these services or be commissioned to do so.
- 7.2** **Advanced services** are NHS England commissioned services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation as necessary.
- 7.3** **Locally Enhanced Services** are services commissioned locally by the NHS England London Region team.
- 7.4** **Other Locally Commissioned Services** are Public Health Services commissioned by the Royal Borough of Greenwich in order to address some specific needs of the population.
- 7.5** The categorisation of these services into those stipulated by the PNA regulations (defined in Chapter 1) for Greenwich are summarised in Table 7.1.

Table 7.1: Summary of categorisation of services into those stipulated by PNA regulations

Necessary services: current provision (Schedule 1, paragraph 1)	Necessary services: gaps in provision (Schedule 1, paragraph 2)
Pharmacy services are sufficient for providing a necessary pharmacy provision across Greenwich.	Early morning and late evening opening hours and languages spoken by pharmacy staff.
Other relevant services: current provision (Schedule 1, paragraph 3)	
<ul style="list-style-type: none"> • Medicine Use Review service (Advanced Service) • New Medicine Service (Advanced Service) • National NHS England Flu Service (Advanced Service) • NHS Urgent Medicine Supply Advanced Service (Advanced Service) 	
Other services (Schedule 1, paragraph 5)	
<p>NHS England Commissioned Services:</p> <p>Public Health Commissioned Services:</p>	<ul style="list-style-type: none"> • Minor Ailments Scheme (Enhanced service) • London Pharmacy Vaccination Service (Enhanced Service) • London Enhanced vaccination service (Enhanced Service) • Supervised Consumption (Locally Commissioned Service) • Needle Exchange Services (Locally Commissioned Service) • Stop Smoking Services (Locally Commissioned Service) • Emergency Hormonal Contraception (Locally Commissioned Service) • Chlamydia Screening and Treatment (Locally Commissioned Service)
Improvements and better access: gaps in provision (Schedule 1, paragraph 4)	
The Health and Wellbeing board considers that if Chlamydia Screening and Treatment and Emergency Hormonal Contraception were provided in the Eltham South ward they may support better access to these pharmaceutical services.	

- 7.6** This chapter outlines the Other Relevant Services, Other Services and Improvements and better access of pharmacy services in Greenwich.
- 7.7** Information about services the pharmacies provided was obtained from the contractor survey but for the 8 pharmacies that did not complete the survey, their service provision was supplemented by data held by NHS England and the Royal Borough of Greenwich.

Other Relevant Services: current provision (Schedule 1, paragraph 3)

7.8 There are four services within the NHS community pharmacy contractual framework considered relevant by the Health and Wellbeing Board. Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the legal Directions.

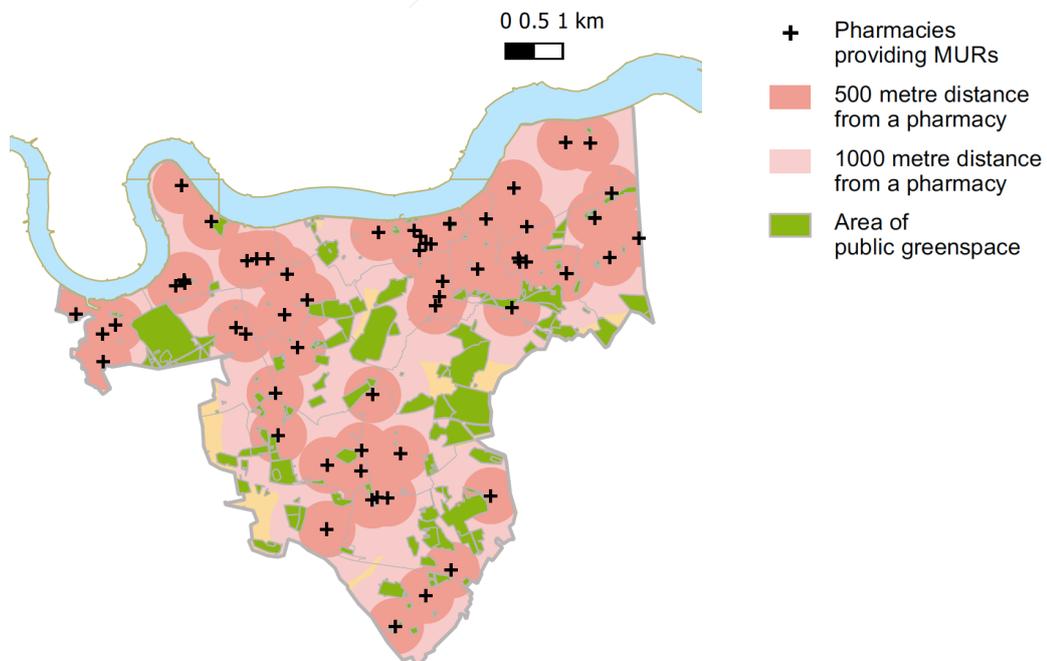
Medicines Use Reviews (MURs)

7.9 The Medicines Use Review and Prescription Intervention Service (MUR) is part of the community pharmacy contractual framework and was the first of the advanced services to be introduced. The purpose of MUR is to improve the patients' knowledge and use of medicines with their agreement, through a specific consultation between the pharmacist and the patient. In particular, this is achieved by:

- establishing the patient's actual use, understanding and experience of taking medicines
- identifying, discussing and resolving poor or ineffective use of medicines
- identifying side effects and drug interactions that may affect the patient's compliance with the medicines prescribed for them
- improving clinical and cost effectiveness of medicines prescribed also helping to reduce medicines wastage

7.10 MURs improve adherence with the prescribed regimen, help to manage risks related to poor medicines management thereby improving patient outcomes and reducing hospital admissions. MUR pharmacies and their reach are displayed in Figure 7.1 and listed in Appendix D).

Figure 7.1: Pharmacies that provide MURs in the Greenwich and their 500m and 1km coverage, October 2017



Source: Contractor Survey and NHS England, 2017

7.11 All but one of the pharmacies in Greenwich report that they provide MURs, the exception being Pharmacy Online, a distance selling pharmacy. NB although there are a few areas to the south west of the Borough that are not covered within a 1 kilometre

of a pharmacy providing MURs in Greenwich there are pharmacies in Bromley and Lewisham that provide these services.

- 7.12** Pharmacies who are contracted to deliver MURs can provide up to 400 MURs each year. NHS England provide recorded activity to show which pharmacies are actively offering the MUR service. Table 7.2 summaries MURs activity in the financial year 2016/17. The most MURs were provided in the north of the borough in line with where the highest population density is and where there are higher levels of health issues.

Table 7.2: Number of MURs provided, Greenwich pharmacies, 2016/17

Ward	Number of Pharmacies	Total Number of MURs provided	Average Number per Pharmacy
Abbey Wood	4	833	208.3
Blackheath Westcombe	3	1051	350.3
Charlton	4	1111	277.8
Coldharbour and New Eltham	2	527	263.5
Eltham North	3	653	217.7
Eltham South	5	1867	373.4
Eltham West	4	1260	315.0
Glyndon	2	555	277.5
Greenwich West	4	672	168.0
Kidbrooke with Hornfair	1	412	412.0
Middle Park and Sutcliffe	1	138	138.0
Peninsula	8	1890	236.3
Plumstead	5	1802	360.4
Thamesmead Moorings	4	887	221.8
Woolwich Common	5	1351	270.2
Woolwich Riverside	7	2264	323.4
Total	62	17273	278.6

Source: NHS England, 2017

- 7.13** Given the wide distribution of MUR services across the borough the Health and Wellbeing Board considered that there is sufficient for supplying a relevant service with no gaps. Should there be any additional need in reflection of projected population growth there is scope within existing provision to meet this need.

New Medicines Services (NMS)

- 7.14** The New Medicine Service (NMS) supports patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence.

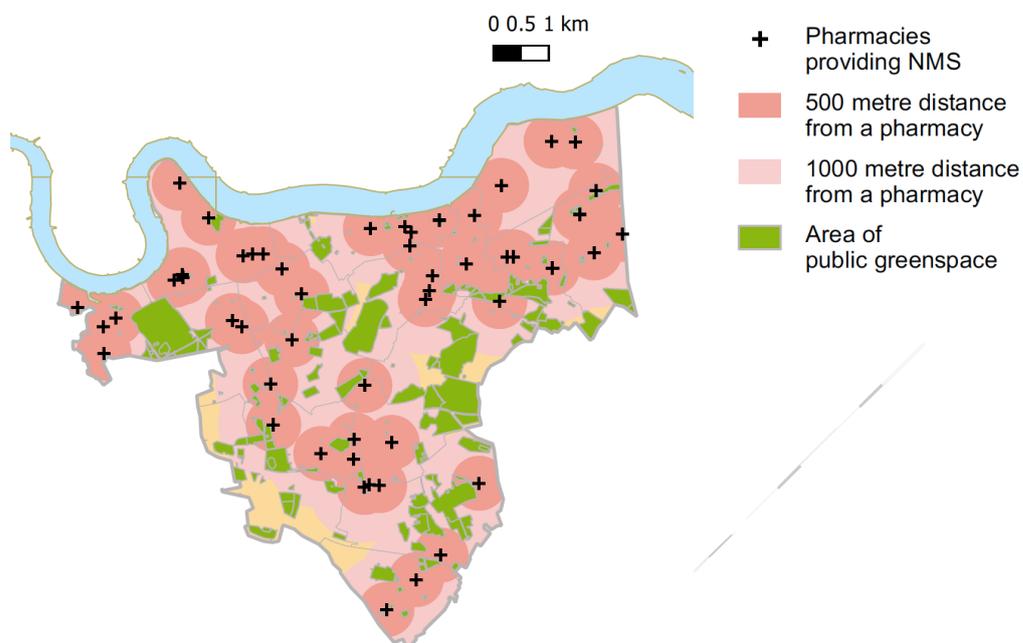
- 7.15** This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition, and help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet or anticoagulation therapy
- Hypertension

- 7.16** New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.

7.17 Fifty-one pharmacies delivered NMS in 2016/17 according to NHS England data. Figure 7.2 presents the distribution of pharmacies that deliver NMS in Greenwich. Table 7.3 below summaries NMS activity in the financial year 2016/17.

Figure 7.2: Pharmacies that provide NMS in Greenwich and their 500m and 1km coverage, October 2017



Source: Contractor Survey and NHS England, 2017

Table 7.3: Number of NMS provided, Greenwich pharmacies, 2016/17

Ward	Number of Pharmacies	Total Number of NMSs provided	Average Number per Pharmacy
Abbey Wood	3	160	53.3
Blackheath Westcombe	3	155	51.7
Charlton	3	59	19.7
Coldharbour and New Eltham	2	223	111.5
Eltham North	2	64	32.0
Eltham South	5	422	84.4
Eltham West	4	357	89.3
Glyndon	2	74	37.0
Greenwich West	3	136	45.3
Kidbrooke with Hornfair	1	107	107.0
Peninsula	8	144	18.0
Plumstead	4	108	27.0
Thamesmead Moorings	3	284	94.7
Woolwich Common	4	328	82.0
Woolwich Riverside	4	251	62.8
Grand Total	51	2872	56.3

Source: NHS England, 2017

7.18 NMS are supplied widely across the borough within areas of high density and need, therefore the Health and Wellbeing Board consider that this is sufficient for supplying a relevant service with no gaps. There is also scope within existing provision to meet any additional need that may arise as a result of population changes. NB although there a few areas to the south west of the Borough that are not covered within a 1 kilometre of a pharmacy providing NMS in Greenwich there are pharmacies in Bromley and Lewisham that provide these services.

National NHS England Flu Service

7.1 Flu vaccination by injection, commonly known as the "flu jab" is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

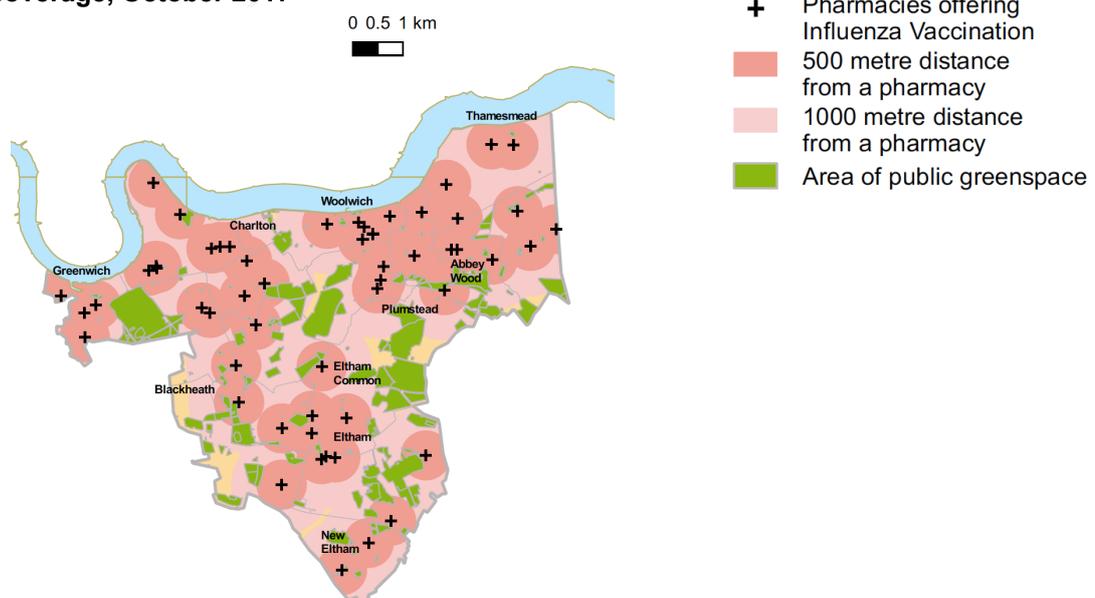
- anyone over the age of 65
- pregnant women
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems

7.2 GPs currently provide the majority of flu vaccinations and pharmacies can help improve access to this service given their convenient locations, extended opening hours and walk-in service. The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake of the flu vaccine by those who are 'at-risk' due to ill-health or long terms condition.

7.3 In addition to the Advanced Flu Service the NHS England London Region commissions the London Pharmacy Vaccination Service (2017/18). This can be provided by any pharmacy in London. It provides a vaccination service where there may otherwise be gaps and is offered to a wider patient group.

7.4 A large proportion of pharmacies in the borough provide flu vaccines (57/62). The distribution of these pharmacies is shown in Figure 7.3 and Table 7.4.

Figure 7.3: Pharmacies that provide Flu Vaccinations in Greenwich and their 500m and 1km coverage, October 2017



Source: Contractor Survey and NHS England commissioning Data, 2017

Table 7.4: Pharmacies that provide Flu Vaccinations in Greenwich by ward, October 2017

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Peninsula	8	Eltham West	4
Woolwich Riverside	6	Eltham North	3
Eltham South	5	Abbey Wood	3
Plumstead	4	Blackheath Westcombe	2
Charlton	4	Coldharbour and New Eltham	2
Woolwich Common	4	Glyndon	2
Thamesmead Moorings	4	Kidbrooke with Hornfair	1
Greenwich West	4	Middle Park and Sutcliffe	1

Source: Contractor Survey and NHS England, 2017

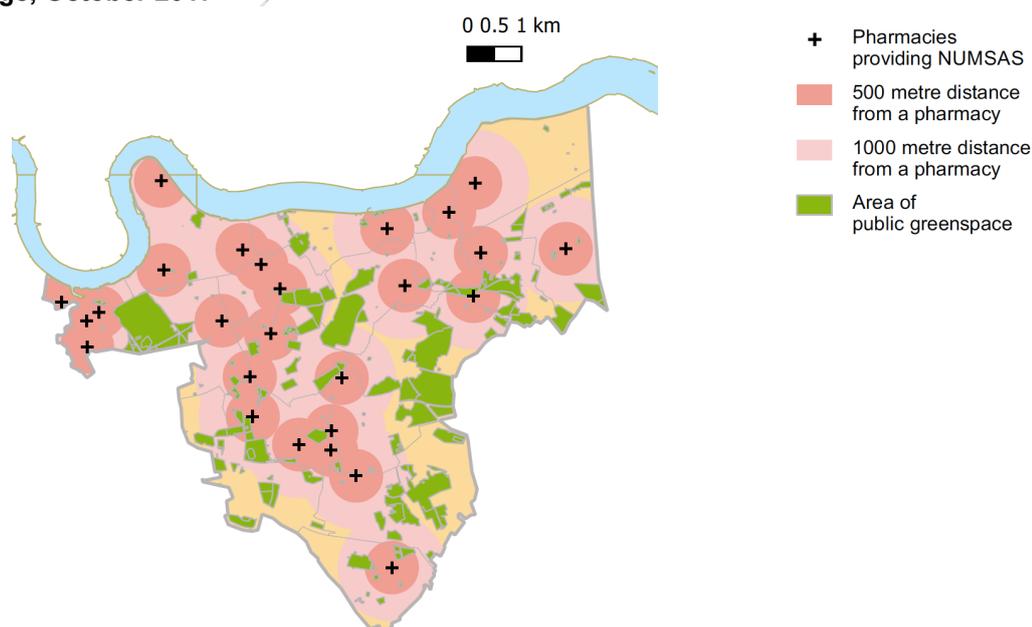
7.5 As shown in Figure 7.3 and Table 7.4 the pharmacy provision of flu vaccination is easily accessible throughout the borough. The Health and Wellbeing Board considers that the current provision of flu vaccinations is sufficient for supplying a relevant service with no gaps.

NHS Urgent Medicines Supply Advanced Service (NUMSAS)

7.6 The NUMSAS is a pilot service that was set up to relieve the pressure on urgent and emergency care services by shifting the demand from GP out-of-hours providers to community pharmacy. It enables appropriate urgent access to medicines or appliances through community pharmacies. Patients who contact NHS 111 can access this service.

7.7 Uptake of the service has been commendable with 27 pharmacies currently offering the service and another 13 intending to begin it within the next 12 months. The distribution of pharmacies offering an NHS Urgent Medicines Supply Advanced service is outlined in Table 7.5 below and displayed in Figure 7.4.

Figure 7.4: Pharmacies that provide NUMSAS in Greenwich and their 500m and 1km coverage, October 2017



Source: NHS England 2017

Table 7.5: Pharmacies that provide NHS Medicines Supply Advanced Service in Greenwich by ward, October 2017

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Greenwich West	4	Coldharbour and New Eltham	1
Eltham West	4	Woolwich Riverside	1
Peninsula	3	Thamesmead Moorings	1
Charlton	3	Woolwich Common	1
Plumstead	2	Blackheath Westcombe	1
Eltham North	2	Abbey Wood	1
Kidbrooke with Hornfair	1	Glyndon	1
Eltham South	1		

Source: NHS England, 2017

- 7.8 The Health and Wellbeing Board considers that the existing NUMSAS is sufficient for supplying a relevant service and with the additional capacity expected in 2018/19 will be able to cope with future demand.

Summary of Other Relevant Services: current provision (schedule 1, paragraph 3).

Community pharmacies can choose to provide any or all of the four Other Relevant Services within the NHS community pharmacy contractual framework, as long as they meet the requirements set out in the Secretary of State Directions. The advanced services are:

- Medicine Use Review service (MURs)
- New Medicine Service (NMS)
- National NHS England Flu Service
- NHS Urgent Medicines Supply Advanced Service

The number and proximity of pharmacies locally means residents in the borough live close to or can easily access a pharmacy that provides these services. The Health and Wellbeing Board considers that the **current provision is therefore sufficient for supplying a relevant service with no gaps.**

Other Services: current provision (schedule 1, paragraph 5)

- 7.9 Certain enhanced services are commissioned by NHS England Regulations 2013. The responsibilities for commissioning some of the locally enhanced services under the previous regulations now sits within public health and are commissioned by Local Authorities.
- 7.10 The following section outlines the enhanced services currently commissioned by NHS England London Region and the Royal Borough of Greenwich and explores their relevance to the local population needs

NHS England Commissioned Services

Minor Ailment Scheme

- 7.11 The Minor Ailment Scheme offers free advice and treatment for minor, self-limiting conditions such as mild skin conditions, coughs and colds and aches and pains. This service helps to relieve pressure from GPs and Secondary Care.
- 7.12 Five pharmacies in the borough provide a Minor Ailment Scheme (see Table 7.6) and 46 reported being willing to provide the service if commissioned.

Table 7.6: Locations of Minor Ailment provision by ward in Greenwich, October 2017

Pharmacy	Address	Ward
Asda Pharmacy	Bugsby Way	Peninsula
C.Jaypharm	Gallions Reach Healthcentre	Thamesmead Moorings
Lloydspharmacy	Sainsburys Superstore	Eltham South
Rose Pharmacy	24 Creek Road	Greenwich West
Village Pharmacy	9 The Village	Charlton

Source: Contractor Survey and NHS England, 2017

- 7.13 The Minor Ailment scheme, although few in number is quite widely spread in Greenwich. Therefore, the Health and Wellbeing Board considers that there is good coverage with the current provision of the Minor Ailment Scheme.

London Enhanced Vaccination Service

- 7.14 In addition to the London Pharmacy Vaccination service NHSE London also commission pneumococcal polysaccharide (PPV) vaccine for adults aged 65 and over who have a higher risk of developing pneumococcal infections.
- 7.15 NHS England list 48 pharmacies in the borough are providing a London Enhanced Vaccination Service (Table 7.7).

Table 7.7: Locations of Pharmacies providing London Enhanced Vaccination Service in Greenwich by Ward, August 2017

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Abbey Wood	2	Greenwich West	4
Blackheath Westcombe	2	Kidbrooke with Hornfair	1
Charlton	3	Peninsula	7
Coldharbour and New Eltham	2	Plumstead	4
Eltham North	2	Thamesmead Moorings	2
Eltham South	5	Woolwich Common	3
Eltham West	3	Woolwich Riverside	6
Glyndon	2		

Source: NHS England, 2017

- 7.16 The Health and Wellbeing Board considers the provision of the London Pharmacy Vaccination service as sufficient for supplying a necessary service with no gaps.

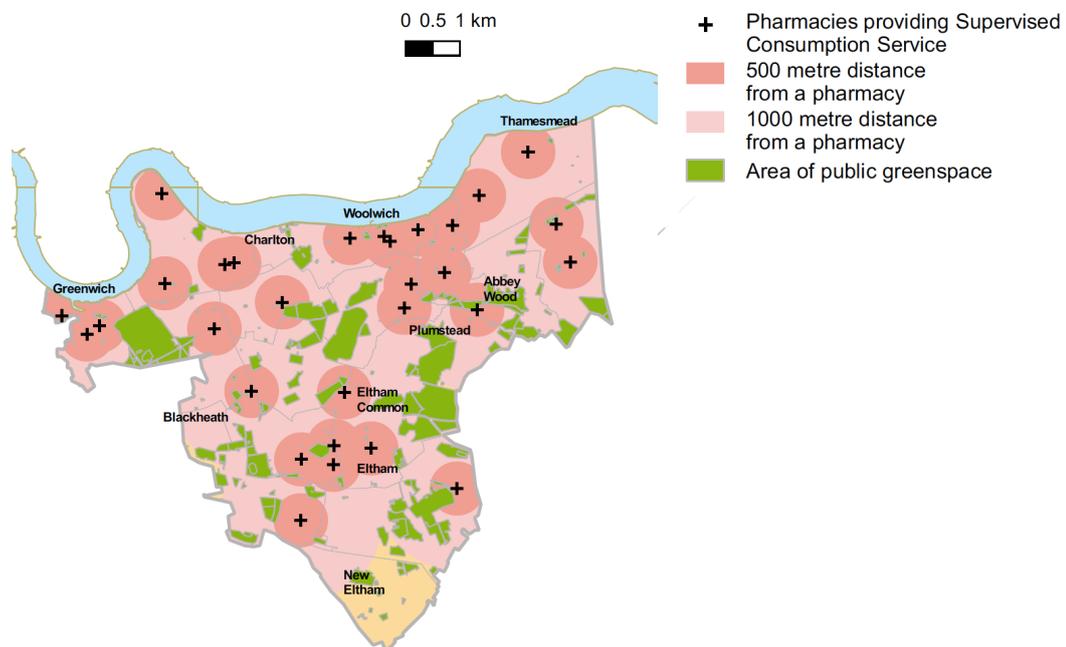
Public Health Commissioned Services

- 7.17 The Royal Borough of Greenwich public health commission six Public Health services that are relevant service to meet some specific needs of the local population. These are outlined below.

Supervised Consumption Service

- 7.18** Pharmacists providing a Supervised Administration Service supervise the consumption of medicines at the point of dispensing in a pharmacy. It ensures that the correct dosage has been administered properly and provides a confidential, non-judgmental approach for patients who need support to manage their medicines.
- 7.19** The Royal Borough of Greenwich commissions thirty-one pharmacies to provide a Supervised Consumption Service in the borough. These are presented in Figure 7.5 and Table 7.8). Thirteen pharmacies indicated they are willing to be commissioned for the service.

Figure 7.5: Pharmacies that provide Supervised Consumption in Greenwich and their 500m and 1km coverage, October 2017



Source: RBG Public Health Commissioning Data, 2017

Table 7.8: Locations of Pharmacies that provide Supervised Consumption in Greenwich by ward, October 2017

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Woolwich Riverside	4	Charlton	2
Peninsula	4	Abbey Wood	2
Greenwich West	3	Glyndon	2
Eltham North	3	Eltham South	1
Eltham West	3	Middle Park and Sutcliffe	1
Woolwich Common	2	Plumstead	1
Thamesmead Moorings	2	Blackheath Westcombe	1

Source: RBG Public Health Commissioning Data, 2017

- 7.20** In considering reach of this service across the borough and within areas of high deprivation and high need, the Health and Wellbeing Board identifies the level of Supervised Consumption to be sufficient, with no gaps.

Needle and Syringe Exchange

- 7.21** Good access to Needle and Syringe Exchange supports safer use of drugs by injecting drug users by reducing the transmission of viruses and other infections caused by needles and syringes, such as HIV and Hepatitis B and C.
- 7.22** A Needle and Syringe Exchange Service provides sterile needles, syringes and associated materials to drug misusers and disposes of used needles, syringes and associated materials. Additionally, the service offers advice to drug misusers and where appropriate makes referrals to other health care professionals or a specialist drug treatment centre.
- 7.23** The Royal Borough of Greenwich commissions six pharmacies to deliver a Needle and Syringe Exchange Service (Table 7.9).

Table 7.9: Pharmacies that provide a Needle and Syringe Exchange service in Greenwich, October 2017

Pharmacy	Address	Ward
Bestway, Well Pharmacy	27 Court Yard	Eltham South
Logans Pharmacy	209 Trafalgar Road	Peninsula
Rey Pharmacy	735 Sidcup Road	Coldharbour and New Eltham
Rose Pharmacy	24 Creek Road	Greenwich West
Whinchat Chemist	1 Whinchat Road	Glyndon
Woolwich Late Night Pharmacy	Lower Ground Floor, Equitable House	Woolwich Riverside

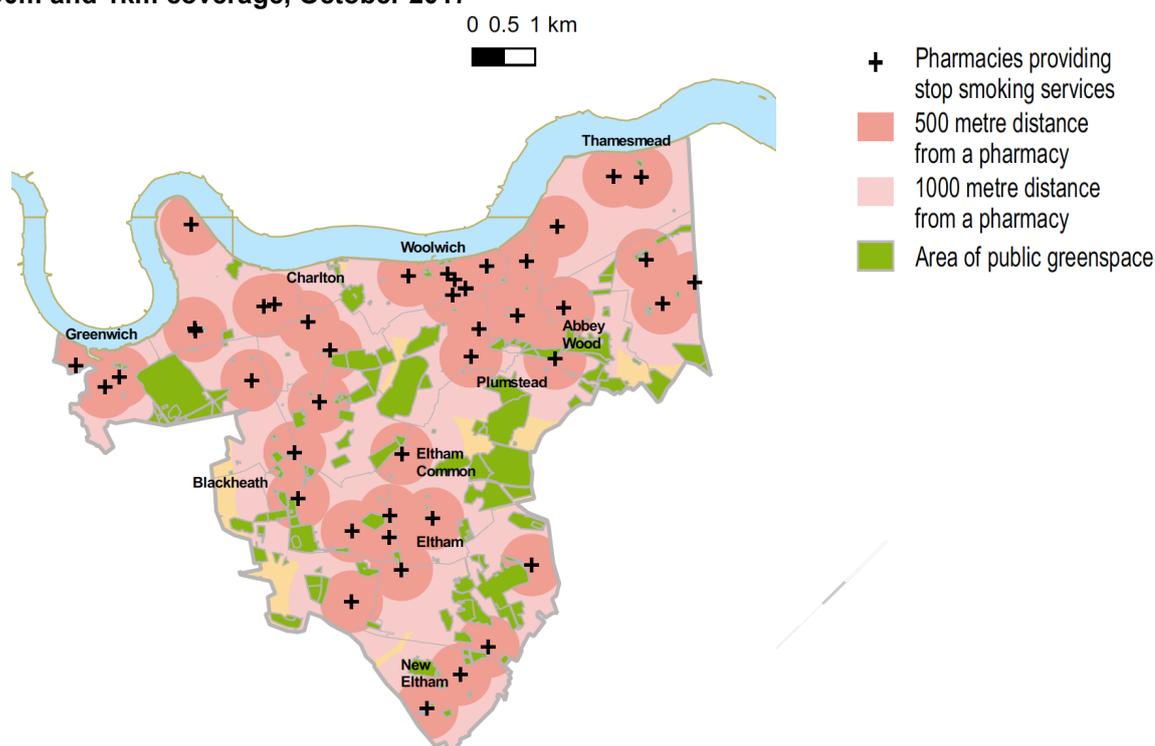
Source: RBG Public Health Commissioning Data, 2017

- 7.24** Given the specialist nature and low volumes of service use compared to normal dispensing, the Health and Wellbeing Board considers the level of these services to be sufficient, with no gaps.

Stop Smoking Service

- 7.25** Smoking is the single biggest preventable cause of death and inequalities and levels of smoking are high in Greenwich. Securing good access to stop smoking services increases the opportunity for the population to benefit from improvements in health including reduced risk of smoking related cancers, circulatory diseases and respiratory diseases.
- 7.26** A stop smoking service within a pharmacy can provide advice and support to patients wishing to give up smoking and where appropriate supply nicotine replacement therapies.
- 7.27** There is a good representation of pharmacies offering Stop Smoking Services with 35 currently commissioned to offer the service in Greenwich. Figure 7.6 and Table 7.10 outlines the reach of the stop smoking services by pharmacies in Greenwich.
- 7.28** In 2016/17, 364 people quit smoking with the support of a Greenwich Pharmacy, 139 of who are in routine or manual employment or are unemployed.

Figure 7.6: Pharmacies that provide Stop Smoking services in Greenwich and their 500m and 1km coverage, October 2017



Source: RBG Public Health Commissioning Data, 2017

Table 7.10: Locations of Pharmacy providing Stop Smoking services in Greenwich by ward, October 2017

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Peninsula	4	Plumstead	2
Greenwich West	4	Charlton	2
Eltham West	4	Abbey Wood	2
Woolwich Riverside	4	Blackheath Westcombe	1
Thamesmead Moorings	3	Eltham South	1
Woolwich Common	3	Middle Park and Sutcliffe	1
Eltham North	3	Glyndon	1

Source: RBG Public Health Commissioning Data, 2017

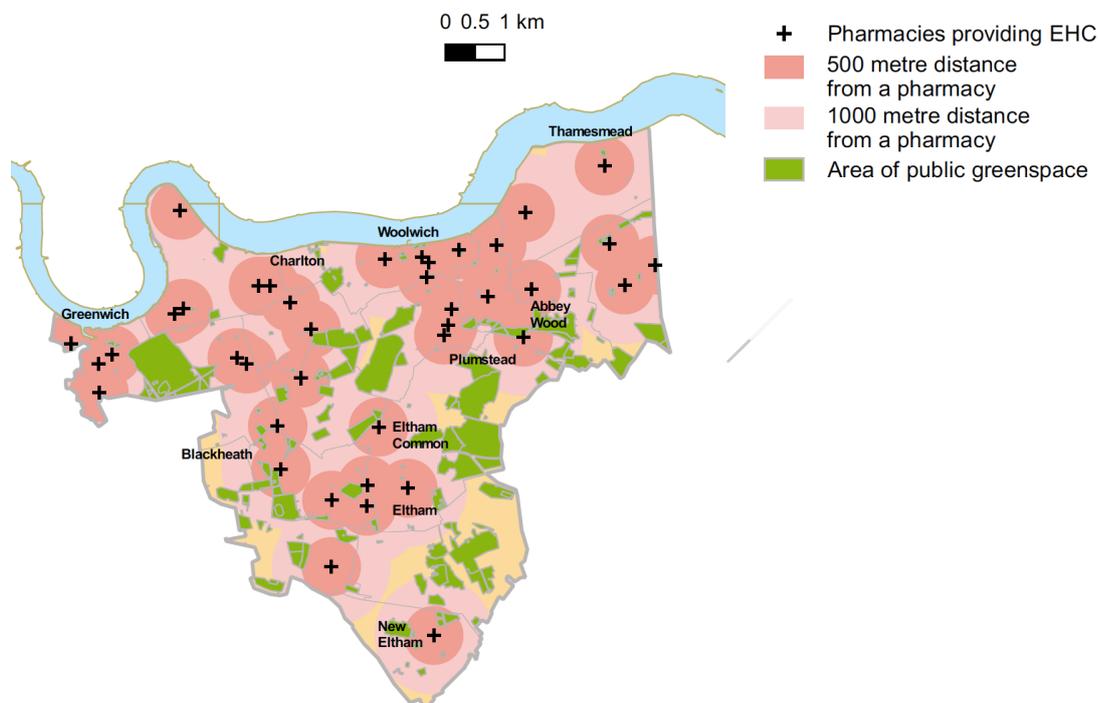
7.29 In considering the wide reach of Stop Smoking Services on offer, the Health and Wellbeing Board considers the Service provided in local pharmacies as sufficient for supplying a service with no gaps.

Emergency Hormonal Contraception (EHC)

7.30 Pharmacies commissioned by the local authority to deliver Emergency Hormonal Contraception can provide the Levonorgestrel 1.5mg tablet for females aged 21 and under presenting for emergency contraception after unprotected sexual intercourse or contraceptive failure. The aim of this service to provide a safe and accessible route for young women wishing to obtain emergency contraception. Pharmacies that provide EHC can provide signposting to mainstream contraception services and provide information in risks associated with sexually transmitted infections.

7.31 Twenty-five pharmacies are commissioned provide Emergency Hormonal Contraception by the Royal Borough of Greenwich (shown in Figure 7.7 and Table 7.11). These are widely spread across Greenwich, including within high-density areas. However there is an opportunity to increase provision in Eltham South where there is a high proportion of under 21s.

Figure 7.7: Pharmacies that provide Emergency Hormonal Contraception in Greenwich and their 500m and 1km coverage, October 2017



Source: Public Health Commissioned Data and Contractor Survey, 2017

Table 7.11: Locations of pharmacies that provide EHC by ward, October 2017

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Greenwich West	4	Glyndon	2
Woolwich Riverside	4	Charlton	1
Peninsula	3	Blackheath Westcombe	1
Eltham West	3	Eltham North	1
Woolwich Common	2	Plumstead	1
Abbey Wood	2	Thamesmead Moorings	1

Source: RBG Public Health Commissioned Data, 2017

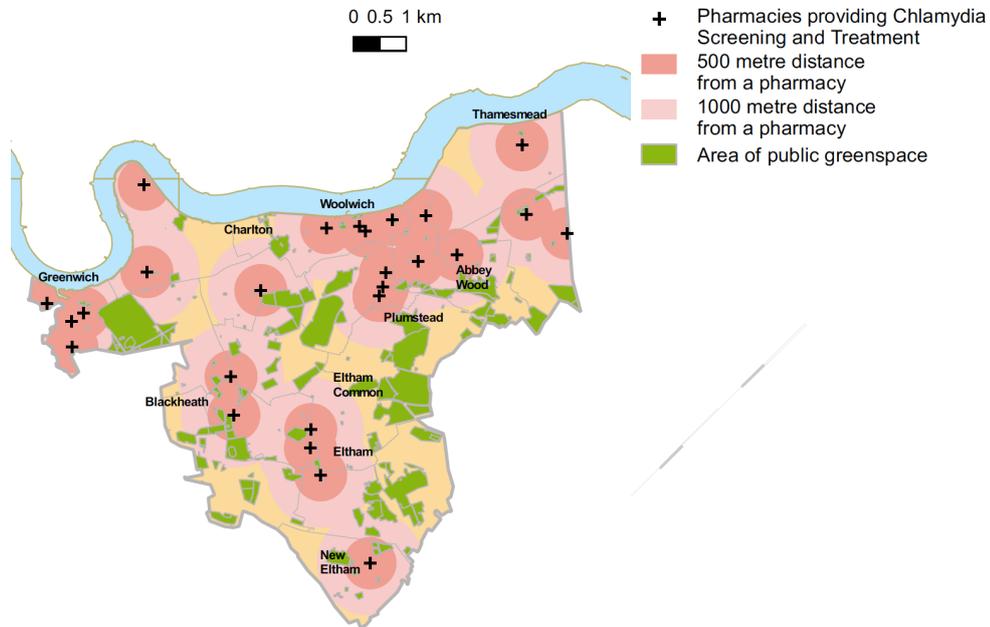
7.32 Health and Wellbeing Board considers that EHC for young women aged 21 and under provided in local pharmacies is sufficient for supplying a service. However there is a gap in Eltham South where there is a high proportion of young women.

Chlamydia Screening Testing

7.33 The aim of the Chlamydia screening service is to promote screening for Chlamydia in the 16 – 24 year old age group and to provide advice and signposting to services for at risk people. The service allows pharmacies to offer the option of a Chlamydia test to the target population and to then offer treatment if the test is positive.

7.34 Twenty-three pharmacies are commissioned to offer chlamydia treatment, commissioned by the Royal Borough of Greenwich. An outline of the number pharmacies offering chlamydia screening and treatment by ward is shown in Table 7.12 and are displayed in Figure 7.8.

Figure 7.8: Pharmacies that provide Emergency Hormonal Contraception in Greenwich and their 500m coverage, October 2017



Source: RBG Public Health Commissioned Data, 2017

Table 7.12: Locations of pharmacies that provide chlamydia screening and testing in Greenwich by ward, October 2017

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Greenwich West	4	Abbey Wood	1
Eltham West	3	Charlton	1
Woolwich Riverside	3	Eltham North	1
Peninsula	3	Blackheath Westcombe	1
Woolwich Common	2	Thamesmead Moorings	1
Glyndon	2	Plumstead	1

Source: RBG Public Health Commissioned Data, 2017

7.35 Health and Wellbeing Board considers that the chlamydia screening and testing provided in local pharmacies is sufficient for supplying a service. However there is an opportunity to increase provision in Eltham South where the 16-24 year population is high.

Improvements and better access: gaps in provision (Schedule 1, paragraph 4)

7.36 The Health and Wellbeing Board have identified two services that would, if they were provided, may secure improvements, or better access to pharmaceutical services of a specific type. These are the provision of emergency hormonal contraception and chlamydia screening and testing with Eltham South.

Summary of Other (Locally Enhanced) Services: current provision (schedule 1, paragraph 5) and Improvements and better access: gaps in provision (Schedule 1, paragraph 4)

The following section defines the other services commissioned and delivered in response to local health and wellbeing needs. It includes NHS England London Region commissioned services (Enhanced Services) and the RBG Public Health commissioned services (Locally Commissioned Services). The following services are **sufficient in providing a relevant services with no gaps**:

NHS England Commissioned Services:	<ul style="list-style-type: none">• Minor Ailments Scheme• London Pharmacy Vaccination Service• London Enhanced vaccination service
Public Health Commissioned Services:	<ul style="list-style-type: none">• Supervised Consumption• Needle Exchange Services• Stop Smoking Services• Emergency Hormonal Contraception• Chlamydia Screening and Treatment

The Health and Wellbeing Board have identified two services that would, if they were provided secure improvements, or better access to pharmaceutical services of a specific type. These are EHC and chlamydia screening and treatment within Eltham South.

Other health and wellbeing services provided within Greenwich Pharmacies

7.37 The Health and Wellbeing board has set its priorities based on its local population needs. These include developing a workforce that promotes good health among the Greenwich population. Pharmacies are well distributed in Greenwich, within areas of high need and high population density. There are a number of ways our pharmacies support the promotion of good health and wellbeing and address local health needs. These are listed below.

Health Champions

7.38 Health Champions are people who can bring enthusiasm, life experience knowledge to transform health and wellbeing in their communities. They can offer health promotion and signposting services, linking people to the wider community resources available to people.

7.39 Thirty-three pharmacies across Greenwich employ a Health Champion. These Healthy Champions were trained by Bexley, Bromley & Greenwich LPC and Health Education England on the RSPH level 2 Award in Understanding Health Improvement. Some have also received additional training on alcohol identification and brief advice, Dementia awareness and Type 2 Diabetes.

Dementia Friendly Environment

- 7.40** Dementia Friendly environments offer additional support and understanding to people who have Dementia. To achieve Dementia Friendly Status, pharmacy staff attend brief training on what it's like to live with dementia and make changes to their pharmacy environment so that it is more welcoming to some who suffers from dementia.
- 7.41** Forty-six pharmacies reported being a dementia friendly environment with three pharmacies noting intention to be so within the next 12 months.

Public Health Campaigns

- 7.42** Pharmacies are required to participate in up to six public health campaigns at the request of NHS England. This can involve delivering prescription-linked interventions such as smoking cessation or simply the display and distribution of leaflets provided by NHS England.
- 7.43** Only one campaign was delivered through pharmacies a year in the last few years. In November 2016 the campaign was focused on Oral Health and Pain Management for children and young people, in 2015 it was on Raising Awareness of Asthma Management in children and young people.
- 7.44** Bexley, Bromley & Greenwich LPC recognise the opportunity to deliver more public health campaigns to address local needs. The Health and Wellbeing Board propose that in light of this missed opportunity to deliver health promotion through pharmacies that some of the required public health campaigns be designed and managed by the local public health teams in collaboration with the LPCs. This public health campaigns can be aligned with the local Health and Wellbeing priorities.