HARINGEY PRIMARY CARE TRUST

PHARMACEUTICAL NEEDS ASSESSMENT

2010

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DRAFT

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1. Executive Summary

1.1 Context

Haringey is a cosmopolitan borough of old and new communities with a diverse and growing population. However, the health of the people in Haringey is generally worse than the England average. Life expectancy in men, infant mortality and rates of teenage pregnancy appear worse than the England average. There are health inequalities within Haringey by location, gender, level of deprivation and ethnicity. Haringey has at least ten wards among the most deprived areas in England. Men from the most deprived wards have six years shorter life expectancy than those in the least deprived.

As commissioners of local health services and partners in Haringey Strategic Partnership we have a pivotal role to play in addressing these issues and meeting our overarching responsibilities to:

- Improve the overall health and wellbeing of our population
- Improve health outcomes for local people
- Improve life expectancy of our population and to tackle the significant health inequalities that exist between communities in Haringey

NHS Haringey has a network of 56 pharmacy contractors providing dispensing services and a range of other nationally and locally commissioned services to meet the needs of Haringey's diverse population e.g. medicines use review, smoking cessation, minor ailments scheme, emergency hormonal contraception, needle & supervised drug treatment.

1.2 The Pharmaceutical Needs Assessment

This document describes our assessment of the need for pharmaceutical services in Haringey. It has been developed through a steering group with stakeholders and has also been informed through

- an assessment of health needs and priorities
- mapping need against service provision
- benchmarking service provision against similar PCT's provision and
- feedback from professionals and the public through stakeholder meetings and questionnaires.

The purpose of a Pharmaceutical Needs Assessment (PNA) is

- To inform and support the future commissioning of pharmaceutical services in Haringey
- To provide the basis for determining market entry to NHS Pharmaceutical Services

1.3 Our Assessment

Our assessment of the pharmaceutical need and provision of services followed four steps:

Step 1: Analysis of PCT Priorities and Health Needs
Step 2: Collation and summary of routine pharmacy contracting and activity data with national and local benchmarking
Step 3: Patient Experience
Step 4: Drawing together and synthesis of health needs, priorities and mapping against service provision

The final step is our professional and public consultation which will occur between October and December 2010.

1.3.1 Essential services

In order to assess the provision of essential services against the needs of our population we have looked at the distribution of pharmacies, their opening hours, the neighbourhood population, average travel times to the nearest pharmacy and the provision of dispensing services. We consider these to be the key factors in determining the extent to which the current provision of essential services meets the needs of our population.

NHS Haringey has 56 pharmacy contractors who provide pharmaceutical services to our population.

The opening of three 100 hour pharmacies in the last five years together with eight extended hours pharmacies means that our population has improved access to pharmacies across an extended period of the day.

We do not believe that any further extended hours pharmacies are required to meet the needs of our population. The opening hours of pharmacies provide our population with good access to services across the week.

We consider that access to essential services, specifically dispensing services, is a **necessary service** the need for which is secured through our pharmacy contractors. **We have not found any evidence of a gap in this service**.

1.3.2 Advanced services

Since 2005 community pharmacies have been able to provide medicines use reviews (MUR) under the Advanced Services within the community pharmacy contract. Contractors may choose to provide MURs and must make a declaration to the PCT of conformity with the required standards to provide the service.

With 91% of pharmacies providing MUR services, the distribution and provision is similar to that of essential services. Benchmarking data also show

that the level of provision is 61% higher than the London average and 130% higher than the national average.

Our analysis demonstrates that the overall provision of MUR services in Haringey is wholly adequate with provision closely matching that of essential services. Our population is able to access MUR services and has a reasonable choice of provider.

We consider the MUR service is a **relevant service** and conclude that there are **no gaps in provision**.

We have not identified any areas where were we could improve access to essential services.

1.3.3 Smoking Cessation Services

If we are to succeed in getting people to stop smoking in Haringey, we need to access hard-to-reach groups and address health inequalities. Smoking is the primary reason for the gap in life expectancy between rich and poor. We consider the smoking cessation service to be a **necessary service**.

42 (77%) pharmacies provide smoking cessation services and are distributed across the four neighbourhoods. In combination with smoking cessation services provided by General Practices and other smoking cessation advisers and specialist services (group support and hard to reach clients) there is good access across the four neighbourhoods.

The provision of smoking cessation services from pharmacies is 33% higher than the London average and 89% higher than the England average.

We conclude that the overall provision of pharmaceutical services in Haringey is good, compared to provision in London and England. Our population is able to access smoking cessation services and has a good choice of provider. **We conclude that there are no gaps in provision**.

There is a relatively lower number of quitters achieved in pharmacies in the North and South East Haringey neighbourhoods where the reported smoking prevalence is higher than the Haringey average. Although the PCT commissions its provider service to target the hard to reach groups, the PCT should consider whether the current pharmacy service provided in the North and South East Haringey neighbourhoods could be reviewed to increase the number of quitters in these neighbourhoods with highest need.

1.3.4 Chlamydia Screening and Treatment

Pharmacies provide Chlamydia screening kits to sexually active males and females under the age of 25, for example when purchasing condoms,

dispensing oral contraceptive pills and supplying EHC, in agreement with the local Chlamydia Screening Office.

Pharmacies also provide Chlamydia antibiotic treatment under a patient group direction to patients testing positive and to sexual contacts of patients testing positive. Patients screened via any route can be offered treatment at a pharmacy of their choice by the Chlamydia Screening Office.

The Chlamydia screen and treat service in pharmacies has yet to fully develop. Our experience is mirrored in other PCTs where uptake, generally has been low, however in areas where pharmacy is a destination for young people the service works well.

We have concluded that the Chlamydia screening and treatment service is a **relevant service** for our population and one which pharmacy, alongside other providers, makes a valuable contribution to. The pharmacy service has been particularly well accessed by young women who have tested positive for Chlamydia. **We conclude that there are no gaps in provision.**

We will review the uptake and commissioning of this service to ensure the best fit with our objectives and with other screening programmes.

1.3.5 Emergency Hormonal Contraception (EHC)

Pharmacists supply Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to clients in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD specifies the age range of clients that are eligible for the service; it facilitates supply to young persons under 16 in appropriate circumstances.

The EHC service through pharmacies provides important access to EHC for women in Haringey. Without this service access would only be available via a GP appointment, A&E, walk-in centre or sexual health service clinic. This would limit access considerably.

We consider the EHC service is a **necessary service.** There is adequate provision of EHC services in areas of greatest need. **We conclude that there are no gaps in provision.**

1.3.6 Minor Ailments Scheme

The minor ailments scheme is commissioned from all pharmacies in Haringey. The pharmacies provide advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription. Where appropriate the pharmacy may sell over the counter (OTC) medicines to the person to help manage the minor

ailment. The pharmacy operates a triage system, including referral to other health and social care professionals, where appropriate.

The Minor Ailment Scheme is an important service; it makes good use of pharmacies as an accessible and flexible resource. We consider the Minor Ailments Scheme is a **necessary service** which provides additional primary care capacity, particularly in deprived communities. **There are no gaps in provision.**

1.3.7 Supervised Consumption of Subutex and Methadone

This service requires the pharmacist to supervise the consumption of prescribed medicines (methadone or subutex) at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service. The pharmacy provides support and advice to the patient, including referral to primary care or specialist centres where appropriate.

1.3.8 Needle & Syringe Exchange Scheme

Pharmacies provide access to sterile needles and syringes, and sharps containers for return of used equipment. They offer a user-friendly, non-judgmental, client-centred and confidential service. Used equipment is returned by the service user for safe disposal and the service user is provided with appropriate health promotion materials.

Pharmacies provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate. The pharmacy promotes safe practice to the user, including advice on sexual health and sexually transmitted infections (STIs), HIV and Hepatitis C transmission and Hepatitis B immunisation.

Assessing the need for needle exchange and supervised consumption services from community pharmacies is difficult using the available data. The services are provided in all four neighbourhoods and when mapped against the Index of Multiple Deprivation score are available in areas with high need. We will continue to review the provision and needs with Haringey Drug and Alcohol Action Team stakeholders to ensure that commissioning and provision are aligned with needs.

The provision of needle exchange and supervised consumption from pharmacies is a service that is **necessary** to secure good access across the PCT area. **The pattern of provision is consistent with the needs of our population and we do not believe that there are any gaps in provision.**

1.3.9 Hepatitis B and C Screening and Hepatitis B Vaccination

This is a service being piloted in four pharmacies until March 2011.

Pharmacists offer screening to all of their regular needle exchange service users for Hepatitis B and C status and give basic advice and information. They check with regular clients of needle exchange if they have had Hepatitis B vaccination. Eligible patients who do not have any contra-indications to vaccination or fall under the exclusion criteria of the Patient Group Direction will be offered vaccination by a pharmacist. The vaccination will be administered under the authority of a locally agreed Patient Group Direction which will include the locally agreed eligibility criteria.

This service is being piloted in four pharmacies currently providing needle and syringe exchange services. The pilot service is commissioned by the Drug and Alcohol Action Team and managed by Drug and Alcohol Services Haringey. Future commissioning of the service is dependant on a review at the end of the pilot phase.

1.3.10 Anti-Coagulant and Stroke Prevention Service

The anti-coagulant and stroke prevention service is provided by 1 community pharmacy and 5 General Practices in Haringey. The service providers are responsible for sampling, testing and dosing patients according to locally agreed protocols approved by NHS Haringey. Providers are also responsible for communicating dosing recommendations to patients and their GPs. Clinical support and advice is provided by the Haematology Department at the North Middlesex University Hospital and by the Anticoagulant team at the Whittington Hospital.

Anti-coagulant and stroke prevention services are provided for in the community in each of the 4 localities. Each service provider has additional capacity and could manage an increased number of patients being transferred from secondary care.

The provision of the anti-coagulant and stroke prevention services from primary care providers is a service that is **relevant** to secure good access across the PCT area. The pattern of provision is consistent with the needs of our population and **we do not believe that there are any gaps in provision.**

1.4 Other Services and Future Commissioning

In addition to the Enhanced Services that NHS Haringey currently commissions, NHS Directions include a list of Enhanced Services which PCTs may commission under local arrangements from community pharmacists.

The PNA Steering Group considered how these fit with the PCT's strategic plan and from our community pharmacy survey we identified what percentage of community pharmacies stated that they would be willing to provide these enhanced services, were they to be commissioned.

The steering group prioritised those services that best fit the PCT's strategic plan by identifying those that contributed to the most priority areas.

Where these services will sit in the future is not yet clear. The White Paper, *Liberating the NHS* suggests that some of these services would naturally sit with new GP consortia and others with public health in the local authority.

The mechanism for taking forward these ideas will emerge as the details of the programme of change are confirmed. We will revisit these services at that time to identify how these could be taken forward.

1.5 Conclusions

We have assessed the pharmaceutical services available for our diverse population, reviewed the provision of the services against the health needs of our diverse population and benchmarked service provision against similar PCT's provision.

Our pharmaceutical needs assessment has concluded that our population currently has good access to essential, advanced and enhanced services at times and locations from where they are needed.

1.6 Next Steps

This is our second pharmaceutical needs assessment; the first under the new regulations. We are now consulting on this draft with stakeholders and partners. The final PNA will be completed by mid January, ready for approval by the PCT Board on 26th January 2011. The final PNA will be published by February 2011.

2. Introduction

To be world class commissioners primary care trusts (PCTs) need to have a system in place for commissioning pharmaceutical services based on a comprehensive, well researched and up-to-date pharmaceutical needs assessment (PNA) that allows specific local needs to be targeted and focuses decisions on local priorities.

There is an increased emphasis on pharmaceutical services' contribution to health improvement and public health. PNAs should contribute to the Joint Strategic Needs Assessment (JSNA) and identify the needs of the people living within a neighbourhood and how pharmaceutical services are meeting that need or could meet that need. It is also intended to be a prospective look at the future needs.

The PNA will be used by NHS Haringey (the PCT) to make commissioning and market entry decisions, by contractors as a guide to market entry, by the Strategic Health Authority to monitor the PCT's commissioning competencies for world class commissioning and by the public as a source of information.

The National Health Service (NHS) Act 2006 describes the duty of PCTs, in accordance with regulations, to arrange for provision of pharmaceutical services for its population. Pharmaceutical services are services that are provided under arrangements made by a primary care trust by the following persons:

(a) the provision of pharmaceutical services (including directed services) with a person on a pharmaceutical list;
(b) the provision of local pharmaceutical services under a local pharmaceutical scheme (LPS) (but not LP services which are not local pharmaceutical services); or
(c) the dispensing of drugs and appliances with a person on a dispensing doctor's list (but not other NHS services that may be provided under arrangements made by a primary care trust with a dispensing doctor).

It is acknowledged in this PNA that there are providers of services which would not fall under the above definition of pharmaceutical services but nonetheless affect the PCT's assessment of the overall need for services in its area. For example, Smoking Cessation, Emergency Hormonal Contraception and Chlamydia screening are also provided by GP surgeries, PCT provider services and other commissioned provides. Anticoagulant monitoring is provided by GP surgeries and acute trusts.

The NHS (Pharmaceutical) Regulations 2005 outline the process PCTs must comply with in dealing with applications for new pharmacies under the regulatory system known as 'control of entry' (COE). The Regulations Advisory

Group is currently considering market entry regulations and aims to consult on the revised regulations in autumn 2010. The current regulations remain in force until any new regulations are laid. The current regulations stipulate that any entry to the market must be assessed whether the grant of an application is necessary or expedient in order to secure adequate pharmaceutical services in a particular neighbourhood. There are four automatic exemptions to the COE assessment. These exemptions are:

- Pharmacies based in approved retail areas which incorporate or will incorporate leasehold retail premises the gross floor space of which exceeds or will exceed 15,000 square metres and are away from town centres
- Pharmacies that intend to open for more than 100 hours per week
- Applications from members of a consortia wishing to establish new 'one-stop primary care centres' (minimum list size of 18,000 patients)
- Distance selling, wholly mail order or internet based pharmacy services

Within the regulatory framework, any of the exempt applications must be granted by the PCT on the condition that they will provide services as directed by the PCT and hence this is a condition of their inclusion on the pharmaceutical list. Therefore, it is essential that PCTs are keenly aware of pharmacy services needed in the community, together with any gaps or opportunities in service provision so that these can be commissioned and thus contribute to more effective patient care.

NHS Haringey currently has five pharmacies granted applications under the 100 hour exemption (with two of the five expected to start trading in the next 6 months). All are asked to provide all enhanced services currently commissioned by the PCT within three months of opening, subject to the availability of training resources and PCT funding. The PCT also has one pharmacy based in an approved retail area.

The pharmaceutical needs assessment (PNA) is an effective tool the PCT will utilise in order to clearly understand the current provision and potential for pharmacy services to identify and meet health needs.

3. Context for PNAs

3.1 The National Picture

Pharmacy in England[1], published in 2008, set out the government's vision for a 21st century pharmaceutical service. The paper identified a number of strengths of the current system:

- A network of pharmacies in the heart of communities which are easily accessible and with a broad window of opening times
- A highly trained workforce
- Premises which provide an informal 'everyday' environment and which reach all parts of the population
- A contractual framework which supports a range of clinical services

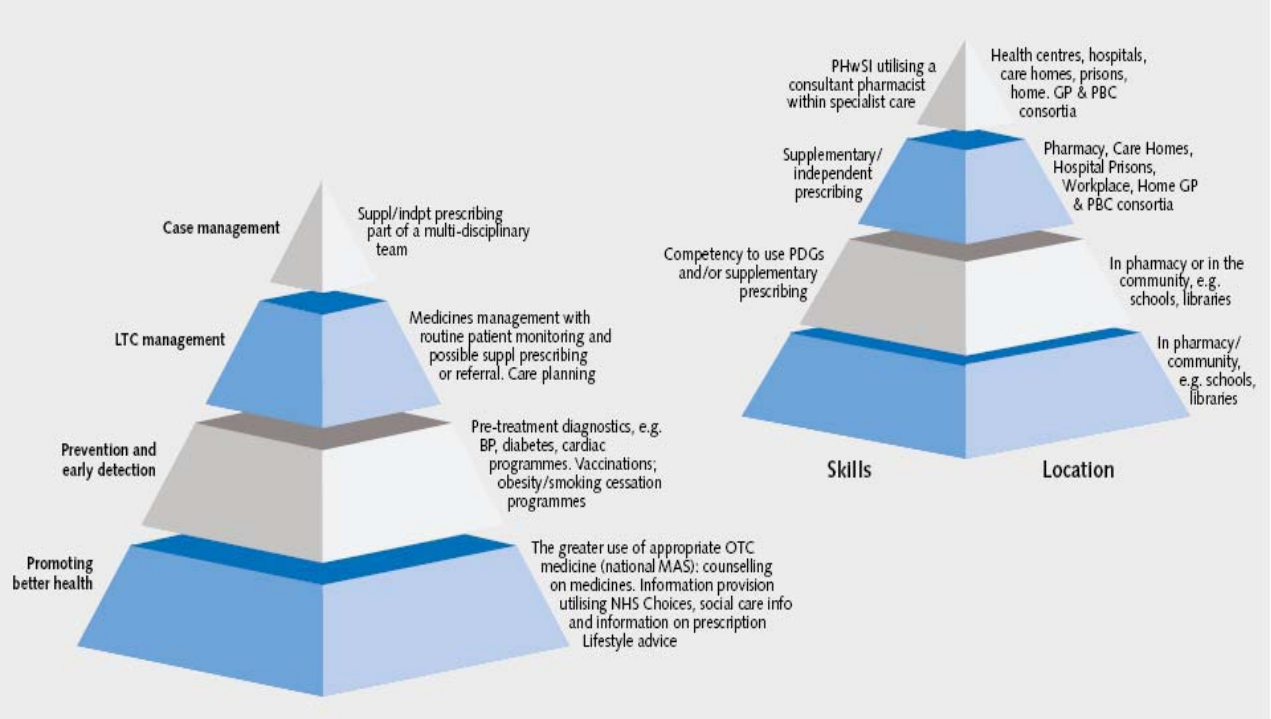
Underlying these strengths, there is a clear directive to ensure that commissioners ensure maximum delivery of services within the existing contractual framework. The paper then proposes improvements which will develop pharmacies' contribution to overall health and wellbeing. These could include:

- Better use of pharmacists' expertise to ensure safer and more efficient use of medicines, including over the counter (OTC) medicines. This would address issues such as unused medicines, adherence to medicines by patients, and access to urgently needed and end of life care medicines.
- Increasing the pharmacies' participation in promoting healthy life styles such as weight management, healthy diets and reducing alcohol abuse.
- Using pharmacies to provide prevention services such as Chlamydia screening and other screening programmes and access to contraception.
- Supporting people with long term conditions (LTC) such as supporting self-care and through medicines management.
- Closer involvement with developing integrated care pathways.

Whilst the role of pharmacy in ensuring the safe use of medicines will always be important, the white paper emphasises the role of community pharmacies' contribution to health improvement. There is a clear role for community pharmacies to make a significant contribution to public health and to the transformation of community services in Haringey. The white paper summarised the role of community pharmacies in Figure 1:

[1] Pharmacy in England: building on strengths – delivering the future. Department of Health. April 2008

Figure 1: The potential contribution of pharmacy to different levels of patient care



This model of care shows clearly how community pharmacies can contribute to the commissioning aims of the PCT. The services with the highest population health impact are: reducing smoking, heart disease, strokes and cancer, under-18 conception rate, safe and effective use of medicines, services for substance misusers and immunisation services. The white paper highlights the opportunity to provide innovative services in convenient locations for people with long term conditions and those, for example, who require monitoring and adjustment of their anticoagulant treatment, or services related to substance misuse and sexual health. The white paper also points to development of health community clinical pharmacy teams, where pharmacists, including Pharmacists with Special Interest (PwSIs) and consultant pharmacists, will collaborate to improve the use of medicines and achieve better outcomes for patients.

Finally, the white paper gives an additional emphasis to the evaluation of community pharmacy services, particularly on patient experience, clinical outcomes, quality of provision, and value for money.

3.2 Improving Pharmaceutical Services[2]:

This is one in a series of guides to commissioning primary care services published to support the Darzi reports. The message to use community pharmacies to support national priorities, to integrate community pharmacy providers into service developments and to ensure maximum delivery of existing services, is emphasised. In addition, the guide requires PCTs to develop a clear vision for pharmaceutical services as part of primary care within their strategic plans and how this vision will be implemented within annual operating plans.

The document also outlines a number of ways in which community pharmaceutical services can support community health services. These include:

- Community nurses, allied health professionals, community hospitals and other sites, that reach across the whole population
- Services that help people back into their own homes, support carers and prevent unnecessary admissions
- Specialist services and practitioners
- Services that interface with social care

The guide also describes the role of PCT medicines management and prescribing support teams in these and other functions (such as support to primary care professionals and care homes).

The distinctive features of commissioning pharmaceutical services have been noted (Section2). Some are common across primary care but others are peculiar to pharmaceutical services. They offer challenges and opportunities in market development to improve health care and to make sure that we provide services that meet people's needs.

3.3 Guides from NHS Employers[3]

The first of these guides makes clear the purpose of the PNA including the role of PNAs in defining criteria for commissioning services and for commissioning enhanced services. Although this guide offers a broader interpretation of the range of service providers to be included in the PNA, we will limit these, as already stated, for this PNA. The purpose of the PNA is to:

- Understand the pharmaceutical needs of the PCT population
- Take stock of the current community pharmacy services provided
- Consider the potential of community pharmacy in redesigning services
- Take a rational approach to commissioning services from community pharmacy

[2] World Class Commissioning: Improving Pharmaceutical Services. Department of Health. April 2009.
[3] Pharmaceutical Needs Assessment (PNAs) as part of world class commissioning. Guidance for primary care trusts. NHS Employers. January 2009.

- Identify (transparently) which services should be provided by applicants using the exemptions to the control of entry rules

The guide also develops the world class commissioning competencies most important for PNAs and the structure and content of a PNA (which is being followed here).

The second guide provides the building blocks for a PNA. Mapping tools provided in the guide have also informed this PNA.

3.4 Health Act 2009

Although not all the regulations which support the implementation of the Health Act have been issued, the Act points to much stronger commissioning of community pharmaceutical services. The Act directs PCTs to commission services against their assessments of pharmaceutical needs and their local health priorities. In order to meet these needs, a stronger role of community pharmacists in local planning is envisaged.

The Health Act 2009 requires all PCTs to

- develop and publish a Pharmaceutical Needs Assessment and
- to use PNAs as the basis for determining market entry into NHS Pharmaceutical Services

The new Regulations – The National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010 are a result of work on the first clause to require PCTs to develop and publish PNAs. In 2010 an advisory group is focusing on the draft regulations to support the use of PNAs in determining pharmacy applications.

3.5 The Context of NHS Haringey

This section and sections 5 and 6 draw on Towards Joint Strategic Needs Assessment (JSNA) in Haringey (August 2008) and Haringey Health Report 2006.

The recommendations of the JSNA are then picked up in our Strategic Plan 2008-13, Neighbourhood Development Plans and Operating Plan 20010/11.

We have identified 5 goals which closely match our assessment of our population's needs, the views of our stakeholders and our performance on key health outcomes, but which also are clearly aligned with and demonstrate implementation of Healthcare for London.

These are as follows:

Table 2

No	Goal	No	Initiatives
1	Guided by and learning from individuals and communities we will use innovative, holistic and empowering strategies to engage local people in their own health and wellbeing	1	Growing Healthy Communities
2	We will ensure that all children and young people in Haringey are safe and have the best possible chance of a healthy start in life.	2	Maternity – improving early access
		3	Early Years – working through children's centres to safeguard and promote health
		4	School Age Children - working through extended schools to safeguard and promote health
		5	Aiming High for Disabled Children
3	We will commission mental health and wellbeing services that are timely, effective, culturally appropriate, provided in the least stigmatising environment and as close to home as possible	6	Improving Children and Young People's mental health
		7	Increasing Access to Psychological Therapies (IAPT) for adults
		8	Developing a more effective model of care
4	We will commission an equitable, fully integrated approach to preventing and managing long term conditions	9	Preventing Long Term Conditions – smoking, alcohol, weight management and vascular checks
		10	Long Term Conditions management - integrated approach through networked primary care model
		11	Improving Rehabilitation and Intermediate Care
		12	Improving End of Life Care
5	We will implement World Class Primary Care and by doing so address the fundamental inequalities in the quality of and access to primary care in Haringey.	13	World Class Primary Care – quality and access

We have undergone an ongoing and iterative process in the development of these priorities drawing extensively on the prioritisation process that underpinned our Commissioning Investment Strategy as well as being informed by National and London priorities e.g. Next Stage Review and Healthcare for London.
http://www.haringey.nhs.uk/press_room/public_meetings/search_results.asp?frmdate=23+July+2008&Submit=Search

The development of our investment priorities involved a clinically led Priorities Panel assessing new investment in the context of our strategic objectives as follows:

Clinical effectiveness
What evidence is there that the intervention is clinically effective?

Cost effectiveness
How many people will benefit from the proposed investment? How much do they benefit? (relative to the proposed level of investment).
And / or
Will the proposed investment deliver a significant improvement in quality or safety of clinical service to existing patients?

Equity
Is the investment proportionate – i.e. meeting an equivalent level of need and potential to benefit as against other proposed investments and existing service provision? (So - don't fund a 'Rolls Royce' service for one condition or client group but only a 'Ford Escort' service for another).

National Priority
Including: Statutory duty, Existing requirement not currently met, national requirement , national priority for local action, vital sign other, national policy other e.g. NSF.

Local Priority
Extent to which addresses inequalities in health, fit with LAA strategic priorities and targets, local stakeholder concern.

It also involved key stakeholder input – both from local partners and from patients and the public in terms of our priorities future direction.

These priorities represent the high impact things that we need to get right to make the step change in health outcomes and health inequalities of our population in the next 5 years. They focus on early intervention and upstream work based in the community. They closely reflect the key messages from section 3 of our strategic plan as follows:

Healthy communities – Haringey is a very diverse borough comprising many different communities with different needs and cultures. We know that we have particular difficulties in getting across the healthy living message to the very people who need it most – for example in terms of accessing services such as breast and cervical screening and early booking during pregnancy. We believe that we need to make a step change in how we tackle health improvement and inequalities by changing the nature of the relationship with our local communities so that they become the guides and innovators from whom we learn to better support them to become fully engaged in their own health. This reflects Healthcare for London priorities around improving the ongoing effectiveness and mainstreaming of health promotion and addressing health inequalities.

Children and Young People – We have a relatively young population and a high birth rate with high levels of deprivation and added complexities from the mobility and diversity of the population. We have high levels of infant mortality, childhood obesity and teenage pregnancy which reflect health inequalities more generally in the borough. We know that to make a real impact in the longer term on the health and wellbeing of our population and in closing the health gap we must focus on ensuring that children and young people get the best start in life. There are high levels of local and national concern in the light of baby P which underline the importance of making safeguarding and healthy starts one of our core local priorities. This reflects Healthcare for London and Next Stage Review priorities.

Mental health – we have very high levels of mental health need in Haringey and it has been a priority for us for a number of years. We know that to really start to address the mental health needs of our population we need to build effective upstream services that support people's mental well being and provide early access and intervention when things start to go wrong – hence our focus on prevention, working with children and young people and looking at how services might support people better and closer to home. This reflects key messages from serious incidents and stakeholders and reflects Healthcare for London and Next Stage Review priorities and principles around prevention.

Long term conditions People with LTCs are the biggest users of healthcare with 80% of GP attendances relating to people with LTCs. There are stark differences in life expectancy in Haringey. Tackling premature mortality in the 20-60 age group is the key to addressing health inequalities and improving health of the population. Long term conditions (LTCs) like diabetes and heart failure play a significant part in the ongoing health of people in Haringey. This burden is felt more acutely by people from BME communities and by deprived communities. We need to transform the way we work with people with long term conditions to focus much more on prevention, and early and accessible community-based care that enables people to manage their conditions better and with fewer complications in the long term. Hence we are focusing in particular on addressing the behaviours that have the most significant impact on health (smoking, drinking alcohol, weight), as well as improving the way we manage people with long terms conditions from self-management, rehabilitation and intermediate care through to the quality of end of life care. This reflects key messages from stakeholders as well as reflecting Healthcare for London and Next Stage Review priority and underpinning principles around localising care.

Primary care is most people's main contact with and experience of local health services and it plays a pivotal role in promoting healthy behaviours and identifying and treating ill health. We know that primary care in Haringey is not consistently of a high standard in terms of access, quality and range of services available. Patients, particularly the most vulnerable and disadvantaged, have particularly highlighted access as a key issue in primary care. If we can ensure high quality and accessible local services for everyone

in Haringey we believe that this will make a significant impact in health outcomes across the board and will play a crucial part in closing the health gap in the borough. This is a key Healthcare for London and Next Stage Review priority.

Clearly the priorities set out above do not in themselves cover every investment, improvement and innovation that we will be making over the next 5 years. Instead it is an attempt to describe our core direction and purpose during that period – those fundamental issues which we must tackle in order to address the most pressing health inequalities and health outcomes in our population.

Equally, there are a number of areas of work which clearly fit within our identified priorities for the next 5 years but which are at an early stage of planning and development and/or are dependent on other strategic development and as such cannot be included as fully formed initiatives in our plan for that reason. These will be included in more detail in further iterations of our strategic plan in the coming year and include:

- Urgent Care Strategy
- Carers Strategy
- Older People's Mental Health Strategy

We have identified 10 outcomes which closely reflect these priorities, within the parameters for choice set out in World Class Commissioning.

- Life expectancy
- Health inequalities
- Primary care access
- Childhood immunisation
- Teenage pregnancy
- Crisis resolution
- Smoking quitters
- CVD mortality
- Cancer mortality
- Diabetic retinopathy screening

In choosing these outcomes we have considered the fit with the spread of our strategic priorities, the degree of ambition which these outcomes represent (for example childhood immunisation), our commitment to working in partnership to tackle some of the most pressing and challenging local issues (e.g. Teenage Pregnancy) as well as enabling us to see our progress as part of a process of continuous improvement of our commissioning function – for example diabetic retinopathy screening.

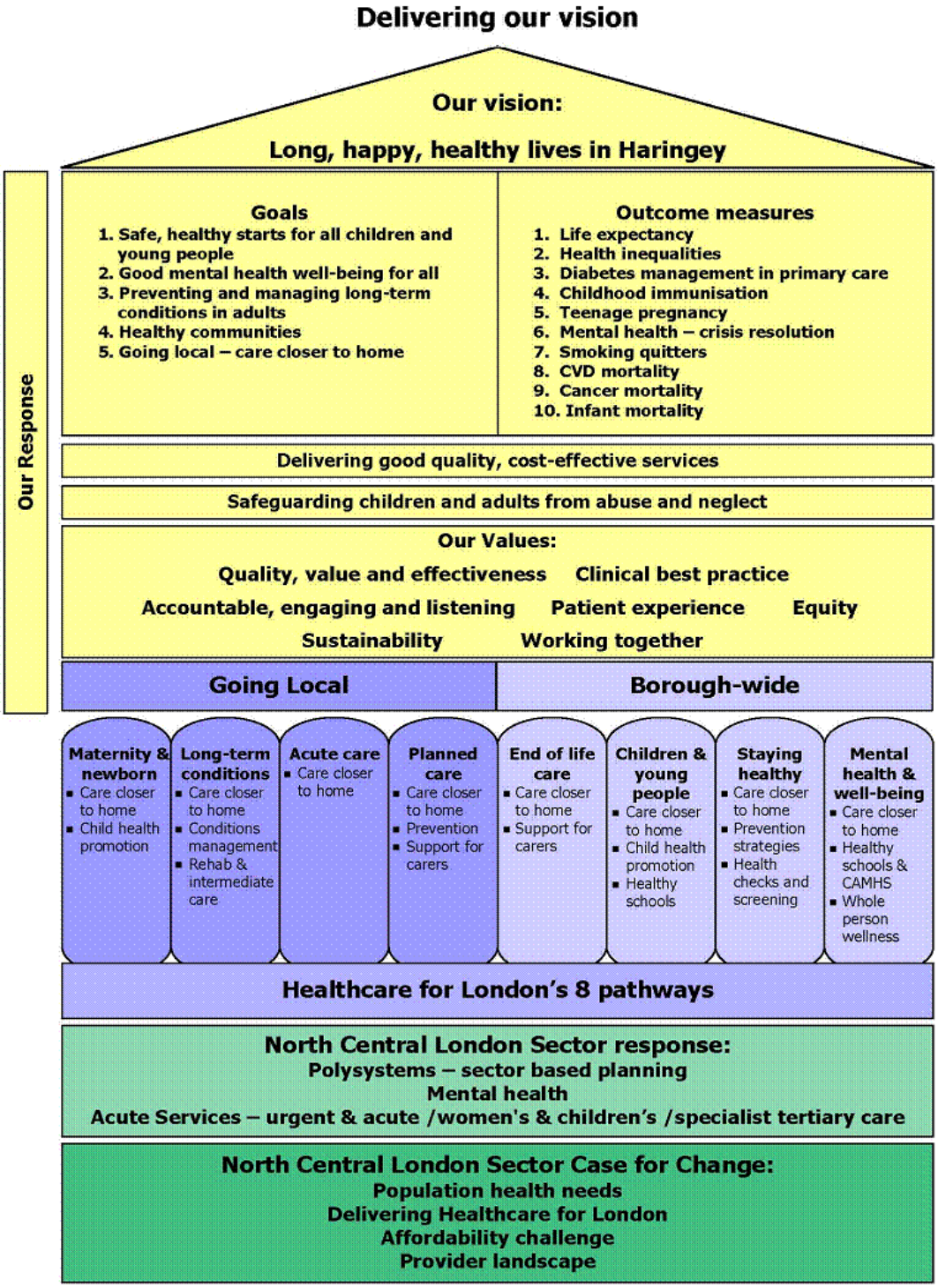
We do not think that 10 outcomes will sufficiently enable us to understand our progress and these should be seen in the context of our wider basket of indicators and success measures set out in section 5 and appendix 8 of our strategic plan.

Equality and Diversity

Haringey is a vibrant and diverse borough and is set to become increasingly so over the next 10 years and beyond. More than 190 languages are spoken locally and the borough is characterised in parts by a highly transient population. As a commissioner we are setting up processes to systematically embed Equalities Impact Assessment of policies, strategies and business cases. We have sought to mainstream equality and diversity within our commissioning systems and processes with expertise provided by our Equality and Diversity specialist who is lead for Race for Health. Our Board signed up to the adoption of the Race for Health pledges we are following through on this with a set of performance measures for equality and diversity across our roles as a commissioner, provider and employer.

We have built on our work to date in Equalities Impact Assessments (notably the Primary Care Strategy EIA on access) for each of our goals and initiatives.

Figure 2. NHS HARINGEY STRATEGY MAP



4. Process & methodology followed in developing the PNA

Development of the PNA has been informed by the world class commissioning competency requirements in relation to development of a PNA, outlined in the first of the NHS Employers' guides.

A Pharmaceutical Needs Assessment Steering group was established to:

- Oversee the PNA process
- To ensure an active engagement plan and process, providing engagement from all stakeholders
- To communicate to the wider audience how the PNA is being developed
- To ensure that the outputs of the PNA are utilized to influence commissioning

Membership of group:

- Board Support: a sponsor for the project (at board director level): Director of Adult Services and Performance
- Strategic Support: internal champions within the PCT: Public Health Consultant, Head of Medicines Management & Commissioning, Community Pharmacy Clinical Executive Committee Member
- Operational Support and Project Management: a management lead for the PNA: Head of Medicines Management & Commissioning & Community Pharmacy Commissioning Manager
- Partnership Support: an external champion for community pharmaceutical services: Chief Executive/Chair, Haringey Local Pharmaceutical Committee
- PBC support: a PBC champion: PBC Clinical Director &Head of Medicines Management & Commissioning
- Patient and Public Involvement: via LINks
- Technical Support: Public Health Consultant and Public Health Information Analyst

The PNA differs from other needs assessments in that the contents and manner of preparation are all set out in regulations. In some ways this is similar to the requirement on PCTs to prepare JSNAs.

However the PNA differs in that there is a PNA specific consultation process. The PNA is asked to consider the need for a specific type of service (e.g. pharmaceutical services) and the PNA is being prepared in order to support market entry decisions in the future.

NHS Haringey's PNA has been developed using a mixture of methods drawing on a range of information source and reinforced through engagement with patients and providers (Appendix A). This has included:

- A questionnaire distributed at eight public meetings and placed on the PCT website
- A questionnaire of community pharmacy contractors and a stakeholder meeting
- A review of PCT held commissioning data

A small core group (Head of Medicines Management, Public Health Information Analyst, Community Pharmacy Commissioning Manager and Community Pharmacy Clinical Lead) was established to draft the PNA following the steps detailed below:

Table 3

Step	Data Source(s)	Activity
Step 1	**PCT Priorities & Health Needs**	
	• Towards Joint Strategic Needs Assessment in Haringey (August 2008) • Haringey Health Report 2006 • Strategic Plan 2008-13 • Neighbourhood Development Plans (4) 2009 • Operating Plan 2010/11 • Propose at what level data within the PNA should be analysed	Analysis and synthesis of relevant data
Step 2	**Pharmacy Profile and Activity**	
	• Routine contracting and activity data which is held by the PCT • A postal survey of pharmacy contractors in Haringey and stakeholder meeting • National benchmarking using NHS • Information Centre data	Collation and summary of data
Step 3	**Patient Experience**	
	• A survey of attendees of eight public meetings • An on-line survey posted on the NHS Haringey Website • A review of complaints received by NHS Haringey Patient Advice and Liaison Service	Collation and summary of data
Step 4	**Synthesis and Assessment**	
	Drawing together and synthesis of health needs, priorities and mapping against service provision	Drafting of the PNA and synthesis of the assessment and recommendations
Step 5	A web-based questionnaire of health and social care stakeholders. PCTs are required to consult on their PNA	Consultation will run from 15th October to 15th December

These data have been combined to provide a picture of our population, their current and future health needs and how our pharmacy network can be used to support the PCT to improve the health and wellbeing of our population.

The development process combines the PCT's strategic plans, draws on the JSNA which describes the health needs of our population and links this to the commissioning of pharmacy services. The PNA provides a foundation for further work to develop a pharmacy commissioning strategy for the PCT.

An engagement, communication and consultation plan was developed and approved by the Pharmaceutical Needs Assessment Steering group (Appendix A).

The formal consultation period will run from 15th October to 17th December.

Board approval Wednesday 26th January 2011.

Final PNA published by February 2011.

5. Local Health Needs

Haringey is a very diverse borough both in terms of its ethnic mix and levels of wealth and disposable income. The east of the borough is more ethnically diverse than the west of the borough and has higher proportions of people from BME groups. Most of the areas with high levels of deprivation are also in the east.

In contrast the west of the borough has a lower proportion of people from BME groups and some of the areas within it are amongst the wealthiest in the country. As with other areas of London there are patches of wealth within deprived areas and patches of deprivation within wealthy areas. This should be remembered when describing the population of Haringey. As an example, Hornsey ward resides in the west of the borough but has small area which is amongst the most deprived in the country.

This contrast has a major effect on the health and well being of the population of Haringey. People in the west have better health outcomes and access health services more than those that are in greatest need living in the east of the borough. These differences have created inequalities in health between the east and the west of the borough, which is being addressed in partnership with the local authority.

In order to change the inequality that exists in the borough the wider determinants of health (education, income, housing, environment etc.) need to be addressed so that health outcomes can be improved in the east of the borough.

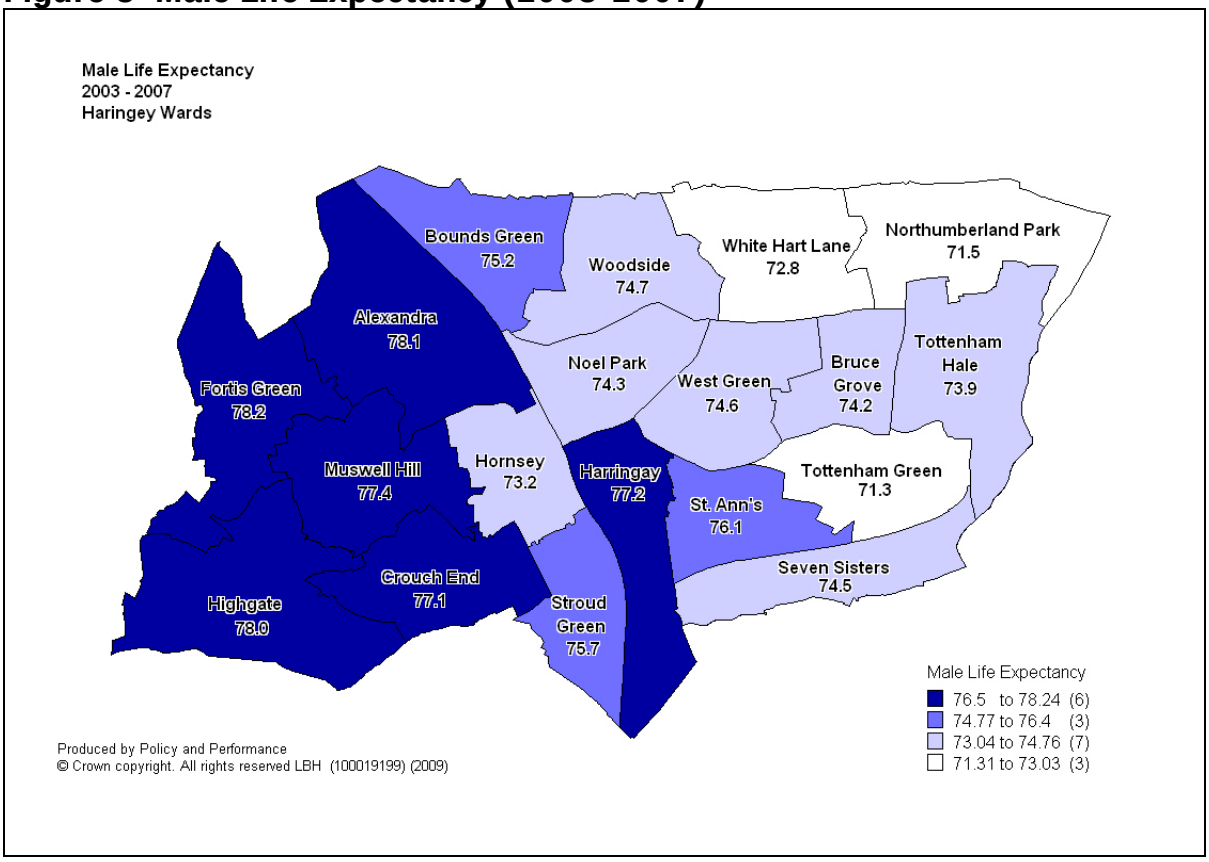
Section 3.6 has already described some of the health needs in Haringey that are encompassed in Haringey's strategic goals; namely developing healthier communities; the health of children and young people and the management of residents with long term conditions. The following section describes the broader health needs of the population and how it differs across the borough.

5.1 Life Expectancy and mortality

Life expectancy is often used as a key indicator of health within a geographical region. It identifies areas where people are dying younger than in other areas. The key issues that affect differentials in life expectancy are adults that die young from diseases such as cancer and Circulatory diseases and infants that die in the first year of life (Infant Mortality). Life expectancy for males is below the national average but female life expectancy is just above.

Life expectancy varies significantly between wards in Haringey for both males and females. For Males there is a gap of 6.9 years between Tottenham Green ward (71.3 years) and Fortis Green ward (78.2 years). Figure 3 clearly shows the stark differences in life expectancy in males between the east and the west of the borough.

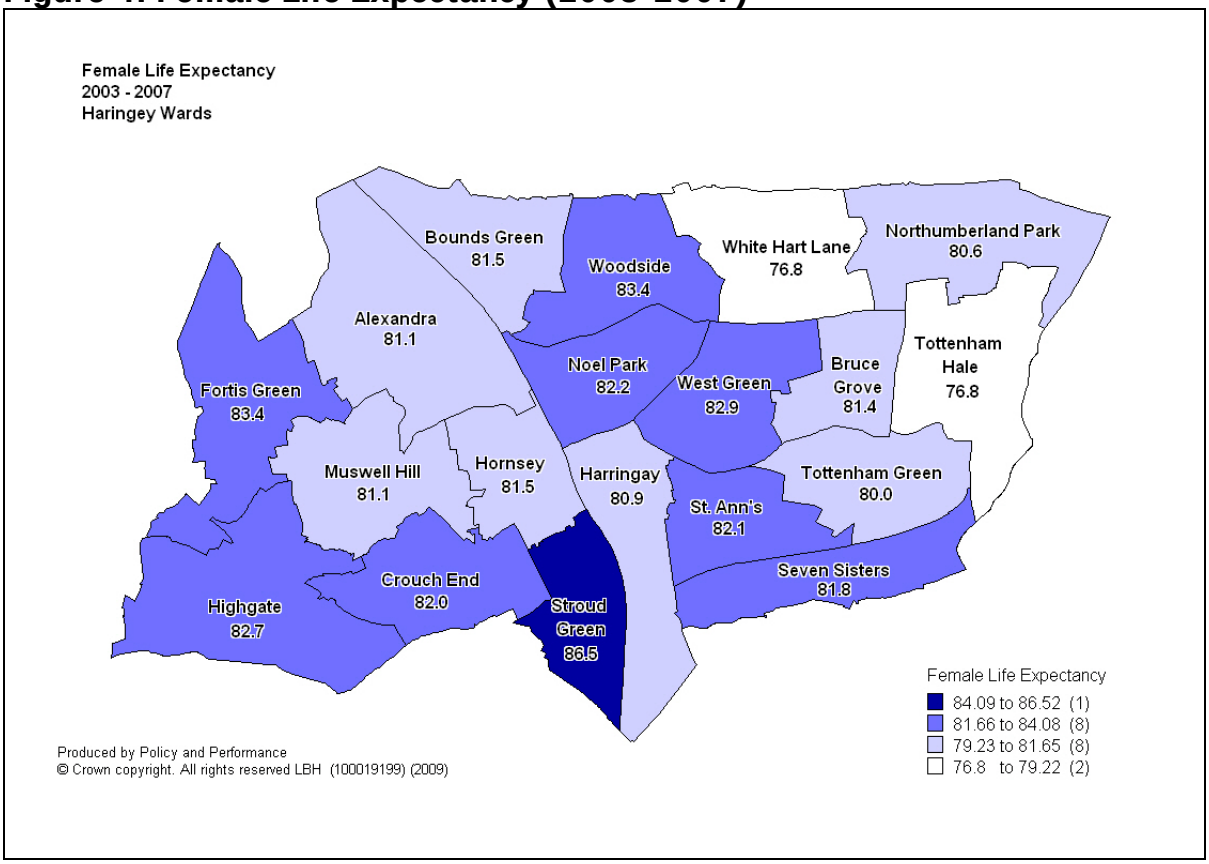
Figure 3 Male Life Expectancy (2003-2007)



Source: LHO

Whilst female life expectancy in Haringey is above the national average, the differences within wards in the borough are stark. Male life expectancy is closely link to levels of deprivation, but this is not the case for females where the distribution of life expectancy across Haringey is not clear. This said, the gap in life expectancy is 9.7 years; 76.8 years in Tottenham Hale and 86.5 in Fortis Green.

Figure 4: Female Life Expectancy (2003-2007)



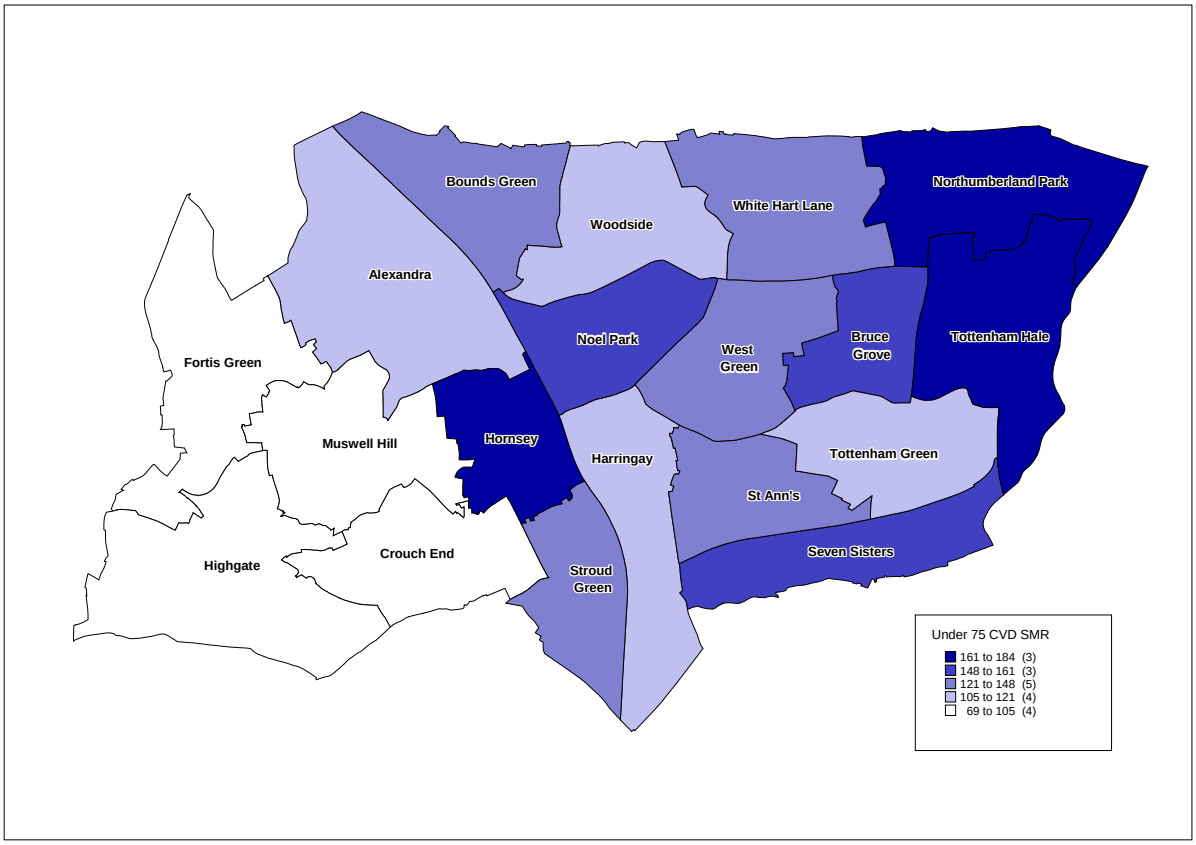
Source: LHO

The main causes of death in Haringey that have the biggest impact on life expectancy are circulatory disease and cancer. For each of these diseases the rate of death in Haringey amongst the under 75's is higher than the national average although this again is masked by differences within the borough.

Cancer and Circulatory disease

Circulatory diseases (CVD) accounted for 34% of all deaths and 27% of deaths amongst under 75's in Haringey between 2005 and 2007. Figure 5 describes the differences in mortality amongst under 75's across Haringey. All of the highest rates are in the east of the borough with the exception of Hornsey ward. Within the east the highest rates are in NE Tottenham, notably in Northumberland Park and Tottenham Hale wards where the circulatory disease death rates are 68% and 84% above the national averages.

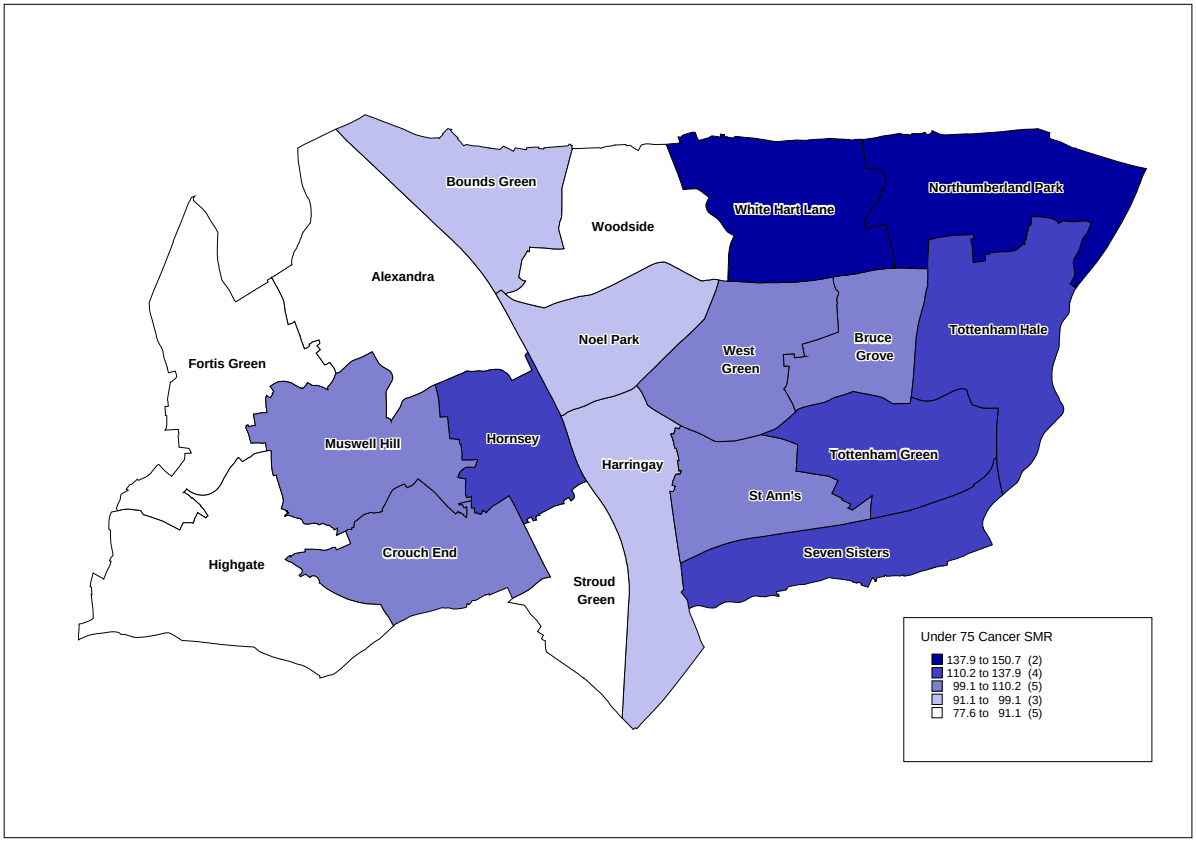
Figure 5: Under 75 Circulatory disease SMR (2003-2007)



Source: LHO : Standardised against England

Whilst cancer mortality amongst the under 75's is higher than the national average there are also stark differences in mortality rates within the borough. The lowest rates are in the west of the borough; the lowest in Alexandra ward where the rate of death is 23% below the national average. All of the wards with the lowest rates are in the west with the exception of Woodside ward. In contrast the wards with the highest totals are in the east of the borough. The highest rates are in White Hart Lane and Northumberland Park wards where rates of death amongst the under 75's are 50% and 43% above the national average (see figure 6).

Figure 6 Under 75 Cancer SMR (2003-2007)

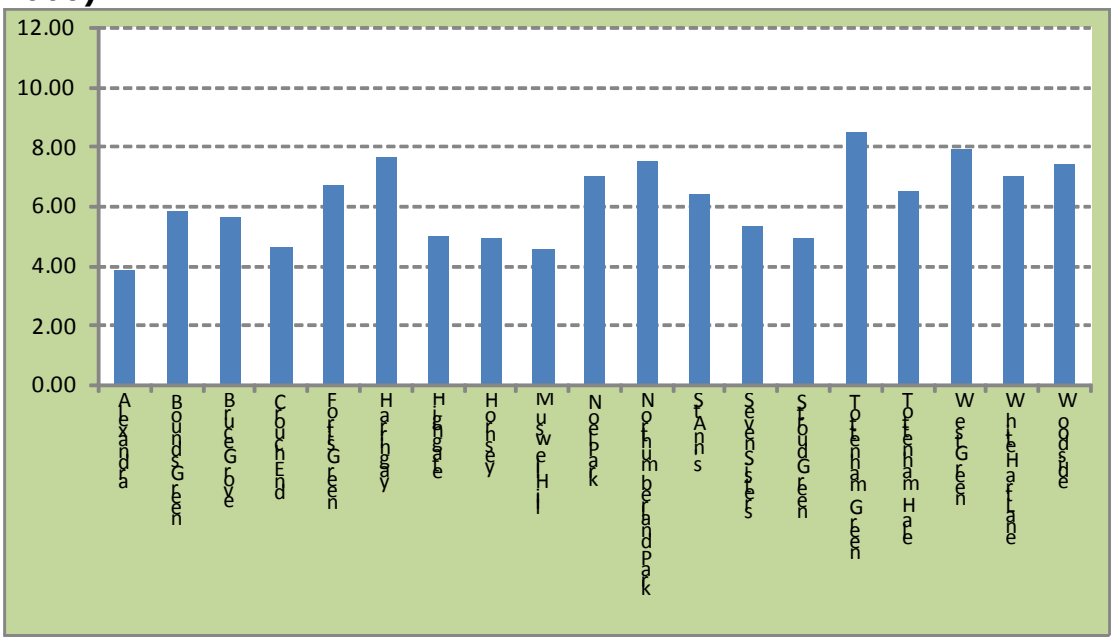


Source: LHO Standardised against England

Infant Mortality

Although the number of deaths amongst children under 1 are small (approximately 20-25 per year) a link to higher rates amongst deprived areas has been found. A proxy measure for infant mortality is Low Birth weight, often linked with late access to maternity services and poor lifestyle choices adopted by the mother while pregnant. Within Haringey the highest proportions of low birth weight babies are all in the east of the borough (see figure7). The highest rates are in Tottenham Green, West Green, Northumberland Park and Harringay wards. These wards have Infant Mortality rates which are significantly higher than the London and National average

Figure 7: Percentage of Low birth weight babies by ward (2007-2009)



Source: PHBF

Suicide

Suicide rates in Haringey are similar to the national averages. Between 2005 and 2007 there were 55 deaths that were described as either suicide or event of undetermined intent, which has a considerable impact on life expectancy. Poverty and suicide are closely linked. A recent study of young people admitted to hospital as a result of self harming suggested that rates were much higher in the east of the borough, within the Tottenham area.

5.2 Lifestyle factors

Lifestyle choices have an effect on both the current and long term health of the population. Evidence suggests that in general poor lifestyle choices are often linked to poverty and there are some links with ethnicity. Therefore areas in the east of the borough tend to have more people that smoke, drink more alcohol than recommended, do not exercise enough and are more likely to have higher BMI's than the population in the east of the borough.

Childhood obesity

In Haringey results of the 2008 annual National Child Measurement Programme show high rates of children at risk of obesity* (23.2%) in the 10 to 11 age group (Year 6). This is above the London average (21.6%) and England average (18.3%). The prevalence of children at risk of obesity in the

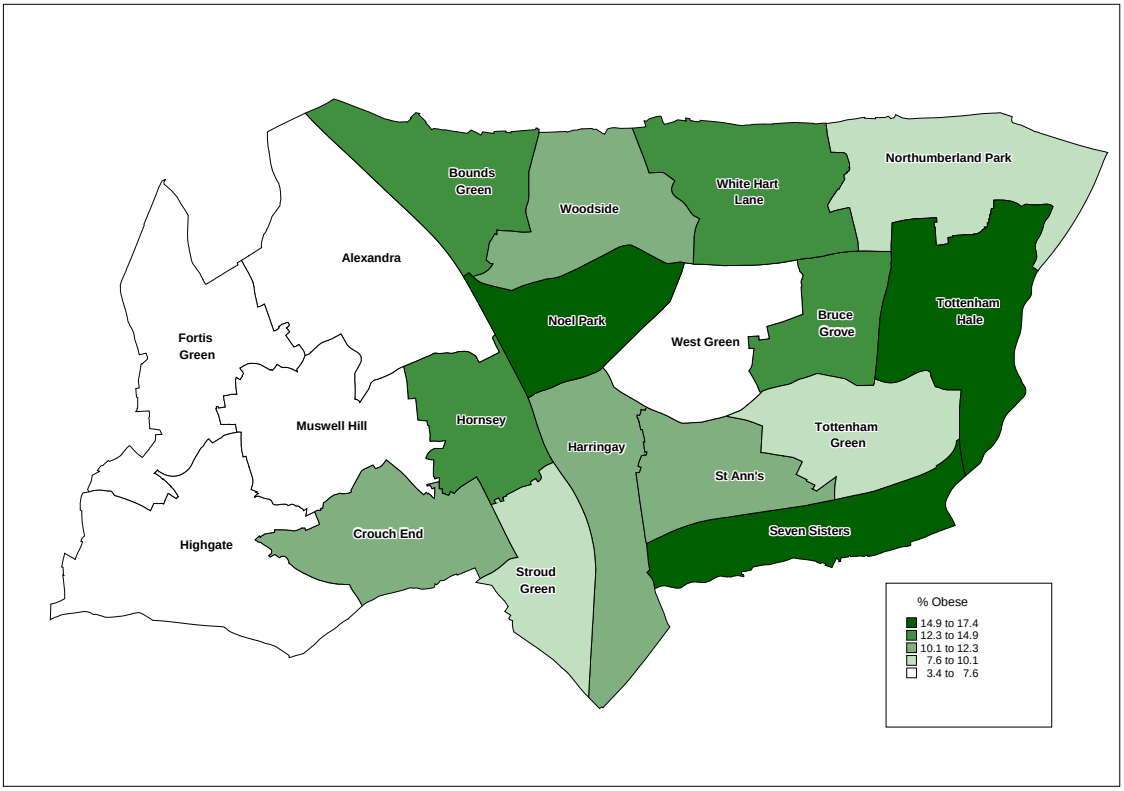
4 to 5 age group (Reception Year) was 10%, which is comparable to the London and England average.

Further analysis of the child growth patterns across England and London revealed differences between ethnic groups. The largest prevalence of those at risk of obesity was found in the Black African and Caribbean and Other Black groups in addition to the mixed race White and Black groups. There were also a higher proportion of children at risk of obesity in the Bangladeshi, Pakistani, other White and White Irish categories. Children in the White British, White and Asian, Indian and Chinese categories had significantly lower rates of risk of obesity[4].

The overall prevalence of children at risk of obesity is significantly higher across London compared to England. This is linked to the far greater numbers of children of Black ethnic origin who were shown to have significantly higher Body Mass Index (BMI) than other ethnic groups.

Figures 8 and 9 show the differences in obesity levels in both reception and year 6. Rates for both age groups are highest in the east of the borough.

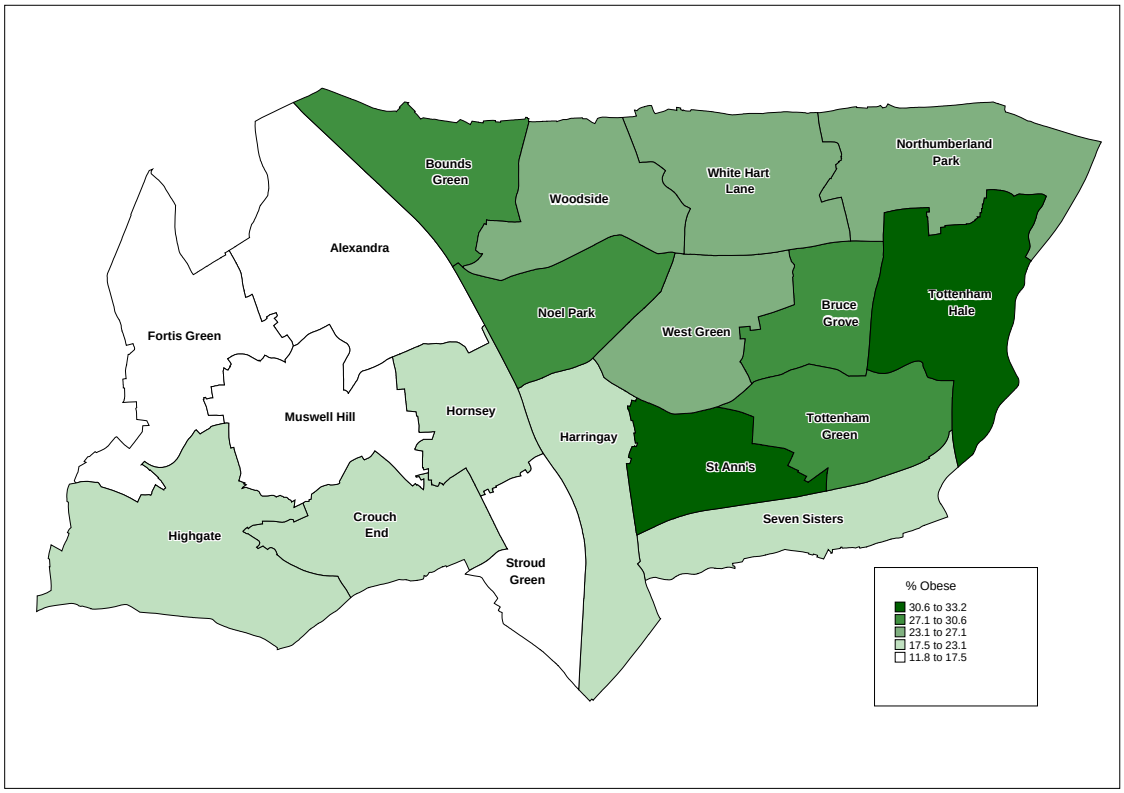
Figure 8: Obesity in reception year - 2008



Source: NHS Haringey

[4] Munro-Wild H, Fellows C (2009) Weighty Matters: The London findings of the National Child Measurement Programme 2006 to 2008, London Health Observatory

Figure 9: Obesity in reception year - 2008



Source: NHS Haringey

Alcohol misuse

In 2007/08 the directly standardised rate of deaths due to alcohol in Haringey was 3.5 per 100,000 population for females and 15.8 per 100,000 for males. These are both below the London average. There were 1,820 alcohol-related ambulance calls in Haringey in 2008 and the rate of admission for alcohol-related harm was 1,404 per 100,000 population (directly age and sex-standardised) in 2007/8.[5]

Although below the London average, there is cause for concern about the level of alcohol misuse in Haringey. As the figure below shows the rate of wholly alcohol-attributable hospital admissions in Haringey has risen sharply over the last 5 years (see figure 10).

[5] Hospital Episode Statistics, England 2007/09

Figure 10: The rate of wholly alcohol-attributable hospital admissions in Haringey 2004/5-2007/8

Source: Hospital Episode Statistics, 2004 - 2008

Smoking

The latest available data suggests that current smoking prevalence in Haringey is about 28.3% compared to 23.3% in London and 24.1% in England as a whole. Highest smoking prevalence of between 29 and 33% was estimated in Noel Park, Tottenham Green, Northumberland Park, Tottenham Hale and White Hart Lane[6].

Every year in Haringey there are around 260 deaths that are related to smoking, which represents about 19% of total deaths in borough and 1,120 hospital admissions.

Physical Activity

The national results of the Active People Survey 2007/08 revealed that 21.3% of adults (aged 16 and over) participate in physical activity three times a week for 30 minutes at a moderate intensity, indicating an increase of 0.32% over the previous 2 years. However London rates fall below these figures at 20.2%, indicating a 1.1% decrease over the same period.

A similar trend is evident in Haringey, where participation rates have decreased from 22.9% in 2006/07 to 19.8% in 2007/08, although this decrease does not represent a statistically significant change.

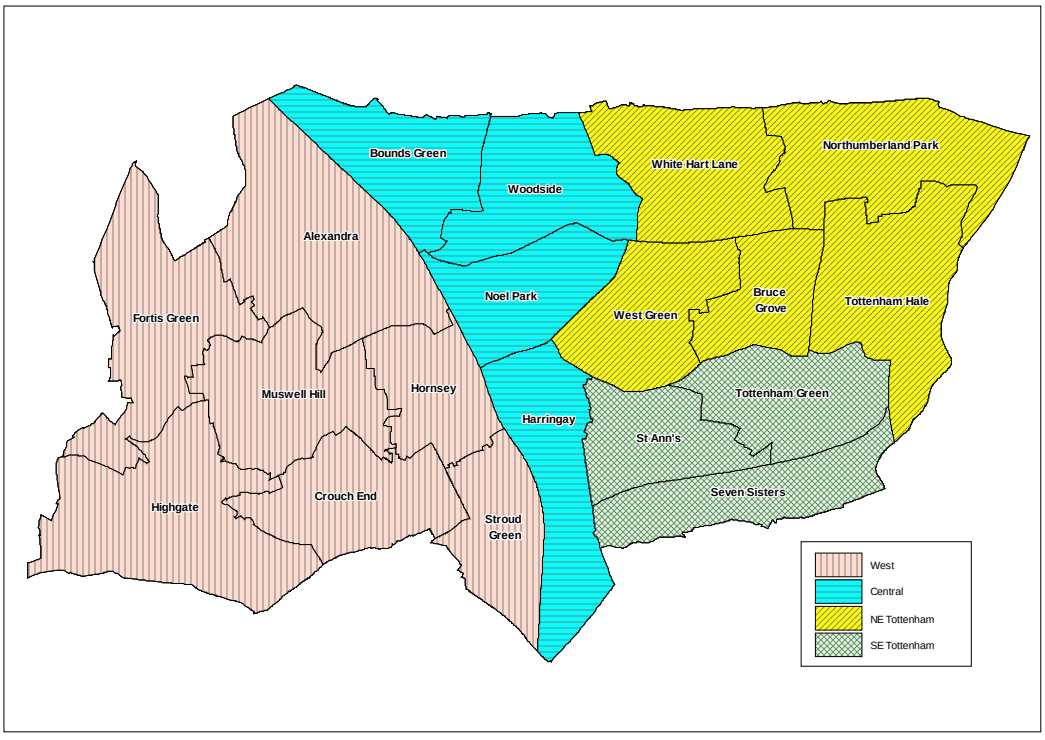
[6] Available at www.neighbourhood.statistics.gov.uk

6. Neighbourhoods definition and description

The choice of neighbourhoods for the PNA has been influenced by the historical development of neighbourhoods in Haringey. The PCT has decided to use four neighbourhoods for a number of reasons:

- Health needs at this level have already been defined via other work streams: e.g. Dr Foster health needs analysis and their use in other key documentation.
- They follow Practice Based Consortia commissioning areas and potential development of neighbourhood health centres
- They are four very distinctive geographical regions with differing health needs and demographics.
- They are widely used by other agencies in Haringey.

Figure 11: Haringey Neighbourhoods



The East and the West of the borough are split by a railway line which forms a physical barrier between the two. The west is very different in terms of demography and health outcomes from the east. The west therefore makes up the first of the four neighbourhoods. The East of the borough is more ethnically diverse. The central neighbourhood is concentrated around the Green Lanes area, which is predominantly Greek / Turkish. The third and fourth neighbourhoods make up the eastern borders of Haringey. Tottenham

is ethnically rich with a concentration of Black population from both Africa and the Caribbean. In order to make them a manageable size Tottenham is split into two neighbourhoods; North East Tottenham and South East Tottenham.

Led by our clinicians, we are building on a process of engagement and we are clear that the neighbourhood commissioning teams are the key mechanism to take forward the changes needed in primary and community services. This will help us meet the NCL Sector approach to care pathway and neighbourhood development.

6.1 Neighbourhood Development Plans

Our four neighbourhoods have produced development plans which include:

- a detailed population needs assessment of each area including segmentation analysis and needs assessments of specific topics
- how each neighbourhood will implement the principles of our primary care strategy
- local priorities

Copies can be downloaded from NHS Haringey's website, and the neighbourhoods' profiles are summarised in table 6.

The level of engagement in neighbourhoods is good with group involvement in the commissioning process, driving service changes and improvements. We will increase the level of collaboration and joint working with neighbourhood groups to ensure that they make a greater impact on future service redesign. We will also be alert to the potential for conflict of interest where those involved in commissioning decisions also have an interest in service provision.

The table and charts below detail the wards in each neighbourhood and where they are geographically located:

Table 4 The four neighbourhoods:

West	Central	NE Tottenham	SE Tottenham
Alexandra	Bounds Green	Bruce Grove	St Ann's
Crouch End	Harringay	Northumberland Park	Seven Sisters
Fortis Green	Noel Park	Tottenham Hale	Tottenham Green
Highgate	Woodside	West Green	
Hornsey		White Hart Lane	
Muswell Hill			
Stroud Green			

Key demographic data:

	West	Central	NE Tottenham	SE Tottenham
Population[7]	79245	49331	65403	42400
Over 65 No.	7159	4024	5241	3800
Over 65 %	9.0%	8.2%	8.0%	9.0%
Under 5 No.	5627	3844	6241	3488
Under 5 %	7.1%	7.8%	9.5%	8.2%
% non White British[8]	35.7%	58.6%	67.5%	66.4%
Average Deprivation score[9]	21.77	38.28	46.26	41.70

6.2 Disease registers

A significant number of older people will spend the later years of their lives living with a chronic disease. These are usually diseases that have to be managed rather than cured and may eventually contribute to their death.

GP practices collate registers of people with chronic disease. This data is not broken down by age and sex so we cannot report how many of the people on registers are older people. However, for the purpose of this needs assessment it can be assumed that for most of the chronic diseases the majority of patients on the registers for the following diseases will be from older age groups.

[7] GLA R2008 Population Projections (Data for 2010)
[8] 2001 Census
[9] Department of Communities and Local Government, Indices of Deprivation 2007

Table 5: Prevalence levels of chronic disease by GP Collaborative (March 2009)

Collaborative	Asthma		Atrial Fibtilation		Cancer		CHD		Kidney Disease		COPD		Dementia	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
West	3942	4.70	603	0.72	909	1.08	1370	1.63	1101	1.31	463	0.55	231	0.28
Central	2900	4.88	347	0.58	570	0.96	1277	2.15	964	1.62	549	0.92	114	0.19
NE	3476	5.08	399	0.58	544	0.80	1247	1.82	1444	2.11	544	0.80	180	0.26
SE	2303	3.89	214	0.36	482	0.81	843	1.42	603	1.02	366	0.62	77	0.13
	Depression		Diabetes		Epilepsy		Heart Failure		Hypertension		Hypothyroidism		Learning Diff	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
West	3244	3.86	2174	2.59	315	0.38	390	0.46	7045	8.39	1752	2.09	69	0.08
Central	3557	5.99	2697	4.54	283	0.48	314	0.53	6871	11.57	992	1.67	144	0.24
NE	4209	6.15	3390	4.95	331	0.48	354	0.52	8478	12.39	847	1.24	186	0.27
SE	3057	5.16	2483	4.19	219	0.37	230	0.39	6159	10.40	645	1.09	154	0.26
	MH		Obesity		Palliative Care		Smoking		Stroke					
	Number	%	Number	%	Number	%	Number	%	Number	%				
West	839	1.00	4980	5.93	69	0.08	12883	15.35	727	0.87				
Central	751	1.26	5877	9.90	31	0.05	11332	19.09	555	0.93				
NE	865	1.26	7265	10.62	33	0.05	13642	19.94	690	1.01				
SE	774	1.31	5244	8.86	28	0.05	10056	16.98	399	0.67				

Source: QMAS

Table 5 shows the difference in prevalence between the 4 GP collaborative areas in Haringey. Prevalence in Haringey is lower than national levels, which is in part due to the fact that the population is generally younger than the population of England as a whole. Of more interest is the variation in prevalence across the 4 areas. The largest register is for Hypertension which affects a large proportion of older people, although it can be managed well by use of medication. Prevalence of Hypertension varies between 8.4% of the population in the West of the borough to 12.4% in NE Tottenham. The NE area also has the highest levels for chronic kidney disease, smoking, diabetes and stroke. The west collaborative has the highest levels of cancer. The central collaborative has highest levels of registered coronary heart disease, heart failure and chronic obstructive pulmonary disease (COPD).

Table 6 summarises some of the health needs information that is available at collaborative level.

Table 6 :A profile of need				
Neighbourhood	**West**	**Central**	**North East**	**South East**
Neighbourhood	Biggest of the four neighbourhoods with 15 practices for 85,000 registered patients.	12 practices list sizes from 1,167 to 16,410.	14 practices list sizes from 2,035 to 10,631.	15 practices for 52,000 registered patients.
Population: deprivation	Some of least deprived areas in the country, but also encompassing some areas in 20% most deprived e.g. Stroud Green & Hornsey.	Located between some of least deprived areas in England in West Haringey & some of most deprived areas in NE Haringey. Noel Park has small areas in 5% most deprived in the country.	83% of population characterised as deprived. Parts of White Hart Lane & Northumberland Park are in the most deprived 3% nationally.	Includes areas in the top 20% most deprived in the country, e.g. Tottenham Green & Seven Sisters wards.
Age	Older population with low proportion (20%) of <20s compared to Haringey. Over 65s (9%) is above Haringey and below London average.	Relatively middle-aged with low proportion under 20s; lower proportion of 65+; higher proportion of under 5s.	Relatively young population with a high concentration of under 20s. White Hart Lane has high level of 75+ yrs.	Younger population than Haringey average with high proportion of <20s (25.5%) and<5s (7.4%).
Ethnicity	White British (64%) above Haringey average; Other White (13%); Black (7%).	59% from a BME group, higher than England and Wales averages.	High level of 64% from BME groups.	White British (33.6%) below Haringey average; Other White 18.0%); Black Caribbean (13.5%) & Black African (12.1%). 80% of Tottenham Green is BME.
Health needs lifestyles	With the exception of Alexandra, rates of low birth weight are below Haringey average. Predicted unmet needs relate to stroke, respiratory disease, mental health, cancer diagnosis, treatment & screening; alcohol support, increased antenatal, asthma & childhood obesity.	Higher than average mortality for stroke, CHD and circulatory disease. Increased levels of diabetes, asthma, breast cancer childhood cancer and multiple conditions of very young children.	A younger population who are generally healthy but with unhealthy lifestyles. Specific health needs around lifestyle, inequalities, children's health & well-being, women's health & for LTCs. Significant proportion of mental health problems.	Low birth weight lower than Haringey average in Seven Sisters but higher in St Ann's. Tottenham Green has Haringey's highest rate. 21% characterised by above average mortality due to stroke, CHD & CVD. This group does not have high individual need of majority, but would benefit from preventative work e.g. cancer screening, antenatal support.
Lifestyles	74% characterised as predominantly white, affluent, older families. 20% younger & more diverse with good general health. 6% in very poor health relating primarily to unhealthy lifestyles and general health education.	13% characterised by poor health, low incomes, poor diet, high unemployment and high total number of children.	83% characterised as in general poor health. High rates of risk factors leading to poor health & disease e.g. smoking, alcohol misuse, obesity & lack of exercise.	Ethnically diverse with high proportion of black residents, low incomes, poor diet, high unemployment & poor health. 37% have highest individual needs of Haringey.
Life expectancy as at July 2009	Men above Haringey average 73.2 to 78.2; Women 80.5 to 82.9 AAACM lower than Haringey average but with higher mortality for cancer in <75s.	Higher than Haringey average. Men 73.5 to 76.4. Women 80.2 to 83.7. AACM higher for <75s CFD deaths.	Lower than Haringey average. Men 71.6. Women 78.1 years. AAACM higher than Haringey average.	Lower than Haringey average. Men 70.6 to 76.3. Women 79.6 to 82.4. AAACM above Haringey average particularly in <75s due to CVD & cancer.

7. Current Provision

The pharmaceutical regulations governing PNA require the PCT to define pharmaceutical services in terms of:

- Services currently commissioned that are **necessary** to meet a current need
- Services not currently commissioned that will be **necessary** in specified future circumstance
- Services not currently commissioned that would secure **improvements or better access** to pharmaceutical services
- Services that are currently commissioned which are **relevant** but do not constitute "necessary services".

In reaching these conclusions the PCT is expected to explain where it has taken account of other services which have influenced its assessment.

This section describes each of the services currently commissioned in Haringey and describes the PCT's assessment of the need for each one.

7.1 Essential Services

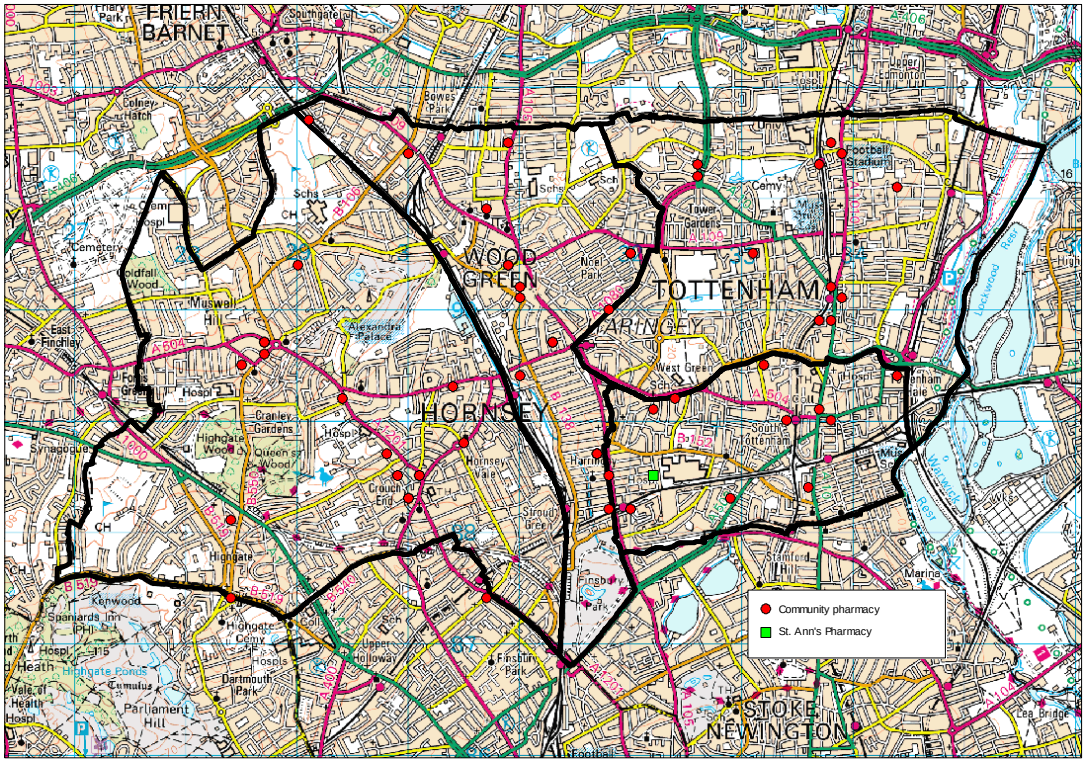
In order to assess the provision of essential services against the needs of our population we have looked at the distribution of pharmacies, their opening hours, the neighbourhood population, average public transport travel times to the nearest pharmacy and the provision of dispensing services. We consider these to be the key factors in determining the extent to which the current provision of essential services meets the needs of our population.

NHS Haringey has 56 pharmacy contractors who provide pharmaceutical services to our population see Appendix Map B1.

7.1.1 Distribution of Current Pharmacies and Provision of Pharmaceutical Services in Haringey and By Neighbourhood

The distribution of pharmacies in Haringey can be seen in Map 1 and distribution by neighbourhood in table 7 below and Appendix Map B2.

Map 1: Distribution of Community Pharmacies (October 2010)



Source: NHS Haringey

Table 7 Distribution by Neighbourhood and Benchmarking by Population*

	West	Central	North East	South East	Haringey	PCT Cluster	London	England
Number of Pharmacies	17	15	11	13	56	297	1,777	10,475
Population	79,245	49,331	65,403	42,400	236,379	1,261,000	7,619,800	51,444,200
Average number items dispensed per pharmacy					4,059	4,508	4,510	6,129
Pharmacies per 100,000 population	21.5	30.4	16.8	30.7	23.7	23.6	23.3	20.4

* Figures for England and London are from 2008/09 DH Statistical Bulletin

7.1.2 Travel Times

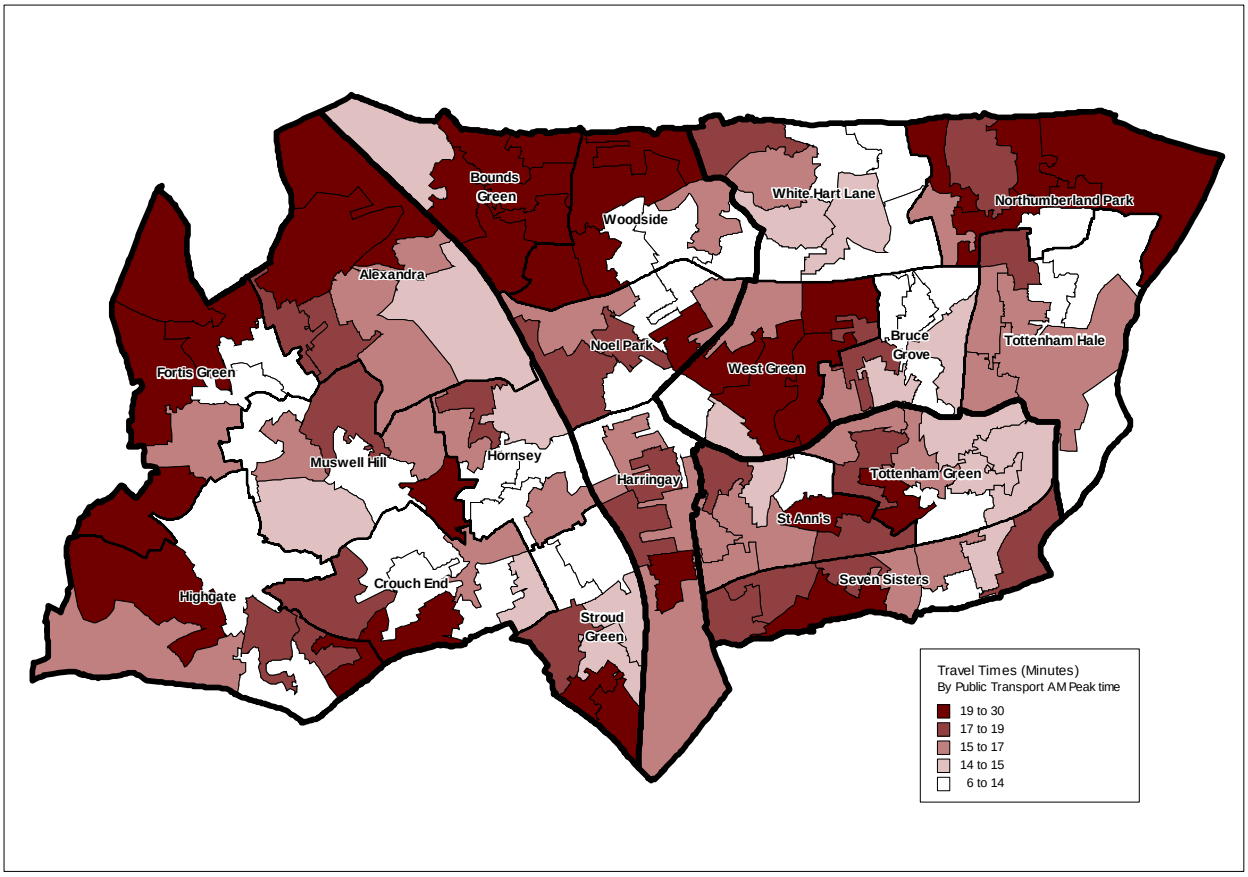
In 2009 Commissioning Support for London commissioned the development of a travel times tool so that travel times to primary and acute care could be mapped and better understood. As a consequence the HSTAT tool was developed. The tool generates travel times from the centre of a Super Output Area to a defined postcode. These times are based on Transport for London

Travel times and distinguish between public transport and driving times as well as peak and off peak times.

The resultant times should only be used as an indicator and are not 100% accurate. This is because the travel time that is derived is from the middle of the Super Output Area. Some Super Output Areas cover a large area and therefore times can vary from different locations within it. In Haringey, the majority of Super Output Areas are small and the effect should therefore be minimal.

Map 2 shows the average, public transport, travel time from each Super Output Area to the nearest pharmacy. There will be instances when the public transport travel time is longer than the walking time.

Map 2



7.1.3 Analysis of Distribution of Pharmacies

The overall provision of pharmaceutical services in Haringey of 23.7 pharmacies per 100,000 population is similar to the London and PCT cluster average of 23.3 and 24 per 100,000 population respectively and higher than the England average of 20.4 per 100,000 population. The number of items dispensed per pharmacy in Haringey is 34% below the England average and 10% below the London and PCT cluster average.

Across the four neighbourhoods in Haringey the provision ranges from 17 pharmacies in the North East to 31 pharmacies in the South East, although there are 5 pharmacies (Appendix Map B4) just over the border of the North East neighbourhood (within Haringey) which if included in the North East would provide almost the average Haringey provision.

The longest public transport travel time from a Super Output Area to a pharmacy is 30 minutes. However, walking and driving times are shorter in these areas than public transport times. Appendix Map B4 shows that areas on the Haringey border, with longer public transport travel times, have pharmacies just over the border boundary.

7.1.4 Conclusions on Provision and Distribution

The above analyses demonstrates that the overall provision of pharmaceutical services in Haringey is adequate, compared to Haringey's PCT cluster and provision in London. The lower than average items dispensed per pharmacy further supports this.

When taking into account the number of pharmacies on the border of the North East Neighbourhood, the provision of pharmacy services in each neighbourhood is also adequate.

Our population is able to access pharmaceutical services and has a reasonable choice of provider.

7.1.5 Opening Hours

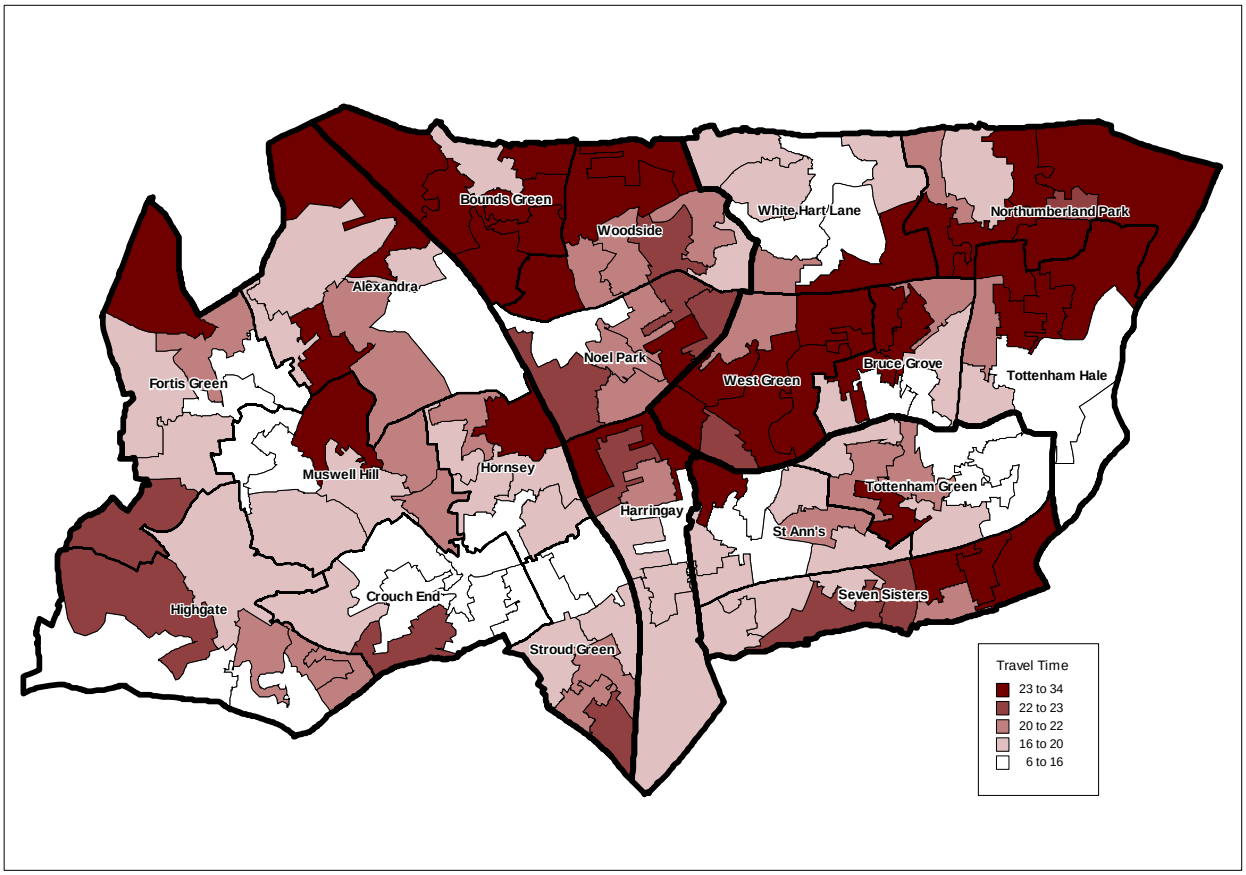
Haringey has three pharmacies open for 100 hours per week and a total of 13 pharmacies open for 7 days a week. The distribution of pharmacies open until 6pm, 7pm and later on Monday to Friday can be seen in Appendix Map B5. The distribution of pharmacies open on Saturday and Sunday can be seen in Appendix Maps B6 and B7.

Appendix B Table 19 gives details of the opening hours of each pharmacy in Haringey.

7.1.6 Sunday Opening

Table 8

Map 3 The average, public transport, travel time from each Super Output Area to the nearest pharmacy.



7.1.7 Out of Hours Services

The Carson Review (2004) of out of hours provision made recommendations relating to medicines supply in the out of hours setting. The review placed the responsibility for ensuring that patients receive medicines, if required, out of hours on the out of hours provider and not on the patient. Out of hours provision in Haringey is provided by Harmoni which provides a telephone, clinic and home visiting service.

However arrangements are in place to ensure patients using the out of hours service are also able to obtain medicines from Harmoni where these are required urgently and / or a prescription to be dispensed during the in hours period where the clinician is satisfied that this is appropriate.

7.1.7 Analysis of the Opening Hours

50 of the 56 pharmacies in Haringey are open on Saturday and 12 are open on Sunday. There is a high concentration of pharmacies open on Sunday in the South East Neighbourhood.

The provision of pharmaceutical services on a Saturday is similar to the overall provision and distribution of pharmaceutical services.

21% of pharmacies are open on a Sunday with the longest public transport travel time from a Super Output Area to a pharmacy being between 23 and 34 minutes. Travel by car will be considerably shorter.

7.1.8 Conclusion on the Opening Hours of Pharmaceutical Services

The opening of three 100 hour pharmacies in the last five years together with eight extended hours pharmacies means that our population has improved access to pharmacies across an extended period of the day.

We do not believe that any further extended hours pharmacies are required to meet the needs of our patients.

7.1.9 Essential Services – conclusions

We consider that access to essential services, specifically dispensing services, is a **necessary service** the need for which is secured through our pharmacy contractors.

The opening hours of pharmacies provide our population with good access to services across the week.

We have not found any evidence of a gap in this service.

7.1.10 Essential Services – future improvements

We have not identified any areas where we need to improve access to essential services.

7.2 Advanced Services

Since 2005 community pharmacies have been able to provide medicines use reviews (MUR) under the Advanced Services within the community pharmacy contract. Contractors may choose to provide MURs and must make a declaration to the PCT of conformity with the required standards to provide the service.

This service includes medicines use reviews undertaken periodically, as well as those arising in response to the need to make a significant prescription intervention during the dispensing process. An MUR is about helping patients use their medicines more effectively. Recommendations made to prescribers may also relate to the clinical or cost effectiveness of treatment. The aim of the service is to improve patient knowledge, adherence and use of medicines by establishing the patient's actual use, understanding and experience of

taking their medicines; identifying, discussing and resolving poor or ineffective use of their medicines; identifying side effects and drug interactions that may affect patient compliance; improving the clinical and cost effectiveness of prescribed medicines and reducing medicine wastage.

- An MUR will normally be carried out face to face with the patient in the Pharmacy's consultation area.

A summary of the MUR and any recommendations will be sent to the patient's GP, using the nationally agreed recording template. A copy of the MUR summary and recommendations will be given to the patient.

If a Pharmacy wants to provide MURs in another location, e.g. patients' homes or day care centres, they must seek the prior approval of the PCT for this. Only when it is not practical for the patient to get to the Pharmacy should an MUR be conducted by telephone.

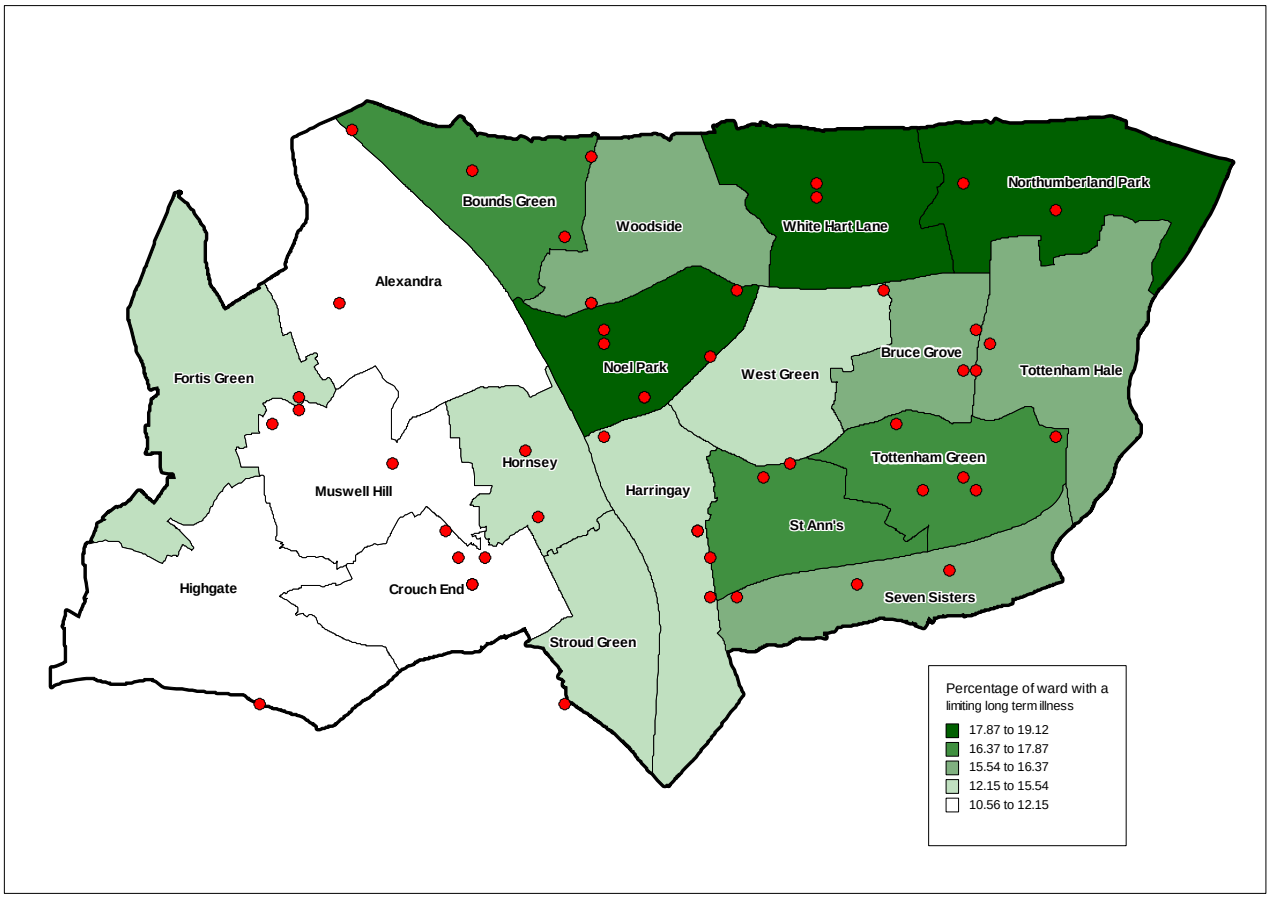
7.2.1 Premises and Consultation Areas

Of the 56 pharmacies in Haringey, 51(53) have a consultation area (91%) and are accredited to provide MURs providing good access to pharmacies with the facilities to undertake confidential consultations with patients.

Advanced Service - Medicines Use Review

Table 9

Map 4 Pharmacy Provision of Medicines Use Review and Percentage of a ward with a Limiting Long Term Illness



7.2.2 Analysis of the Provision of MUR Services

With 91% of pharmacies providing MUR services, the distribution and provision is similar to that of essential services. Benchmarking data also show that the level of provision is 61% higher than the London average and 130% higher than the national average.

7.2.3 Conclusion on the Provision of Medicines Use Review Services

The above analysis demonstrates that the overall provision of MUR services in Haringey is wholly adequate with provision closely matching that of essential services.

Our population is able to access MUR services and has a reasonable choice of provider.

We consider the MUR service is a **relevant service** and conclude that there are **no gaps in provision**.

7.2.4 MUR Services – future improvements

We have not identified any areas where were we could improve access to essential services.

7.3 Enhanced Services

We commission the following locally enhanced services from our pharmacy contractors in Haringey

- Smoking Cessation
- Chlamydia Screening and Treatment
- Emergency Hormonal Contraception (EHC)
- Minor Ailments Scheme
- Supervised Consumption of Subutex and Methadone
- Needle Exchange Scheme
- Hepatitis B and C Screening and Hepatitis B Vaccination
- Anti-Coagulant and Stroke Prevention Service

7.4 Smoking Cessation Service

7.4.1 Aims and intended service outcomes

If we are to succeed in getting people to stop smoking in Haringey, we need to access hard-to-reach groups and address health inequalities. Smoking is the primary reason for the gap in life expectancy between rich and poor.

	WHAT IS REQUIRED TO ACHIEVE THIS?
GOLD	➢ **Access to dedicated advice (opportunistic appointments)** ➢ **Have Level 2 trained staff who have attended an annual Smoking Cessation update and had peer clinical assessments** ➢ **Must achieve a minimum of 4 quitters in the first quarter and 3 quitters in subsequent quarters** ➢ **Have a proactive system in place for lost to follow ups and smoking cessation promotion** ➢ **Must achieve a 50% conversion rate of referrals to full quitters** ➢ **Engage with the Smoking Cessation Project Team and commit to audit of services** ➢ **Lost to follow up forms are submitted within 5 weeks of quit date** ➢ **Potential to adapt as systems are developed (for example receiving patients referred from other pharmacy's)** ➢ **Submit 4 wk quitter data online through PCT Smoking Cessation Website**
SI	➢ **Has a level 2 trained smoking cessation advisor and is willing to engage with peer assessment and Annual Level 2 update**

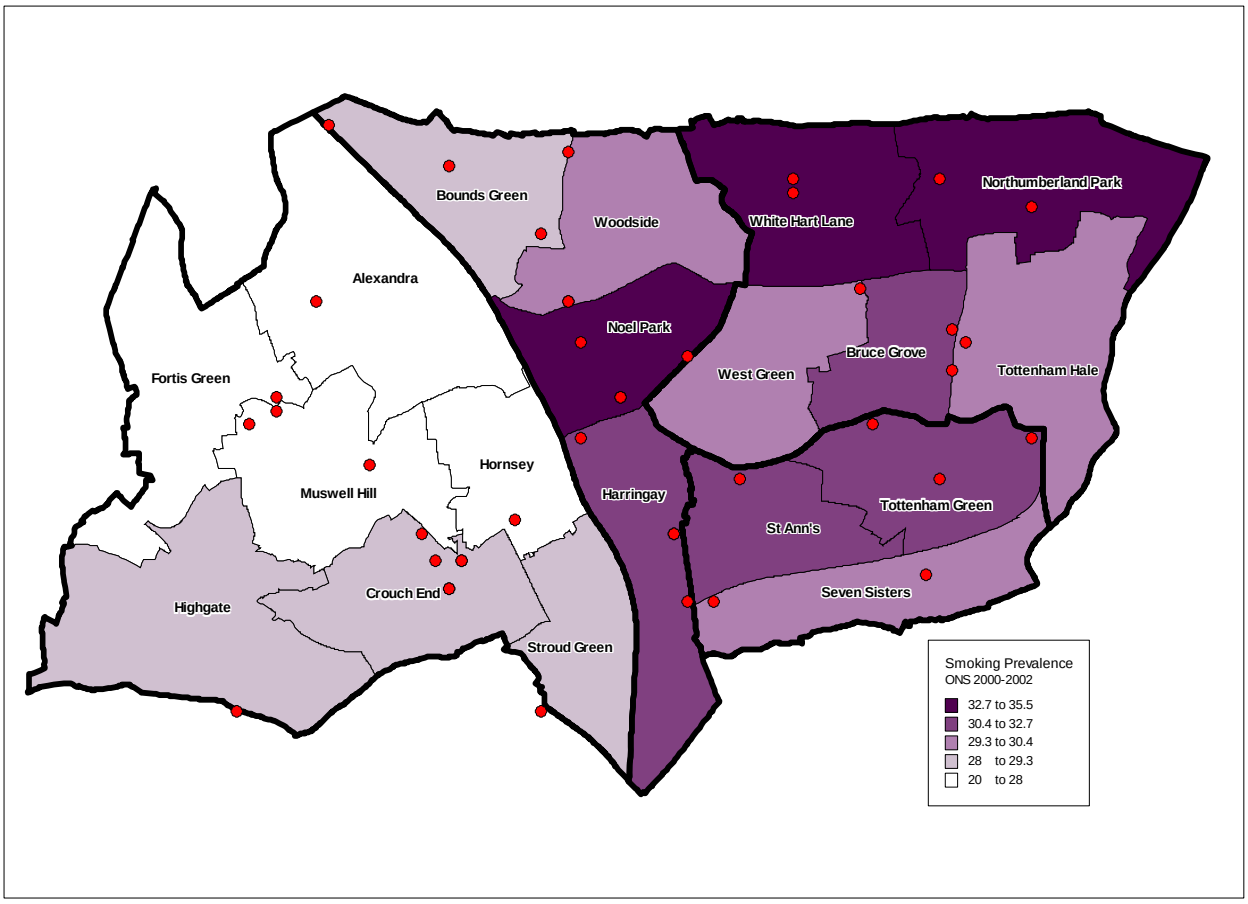
L V E R	➢ **Submits at least 1 quitter per quarter** ➢ **Performs some smoking cessation promotion** ➢ **At least a 25% conversion rate of cessation patients to full quitters** ➢ **Interact with the Smoking Cessation Project Team and engage with quarterly audit of services** ➢ **Actively moving towards data submission through PCT Smoking Cessation Website**
B R O N Z E	➢ **A pharmacy that does not perform smoking cessation services at the current time** ➢ **Level 1 Trained smoking Cessation member of staff** ➢ **Patients are referred into locally provided cessation services by completing referral form**

7.4.2 Provision of Smoking Cessation Services

In additional to the provision of smoking cessation services from pharmacies, gold, silver and bronze services are also provided by General Practices and other smoking cessation advisers and specialist services (group support and hard to reach clients) are provided by the PCT Provider Service.

Table 10

Map 5 The provision of smoking cessation services against smoking prevalence



7.4.3 Analysis of Provision and Distribution of Smoking Cessation Services

42 (77%) pharmacies provide smoking cessation services and are distributed across the four neighbourhoods. In combination with smoking cessation services provided by General Practices and other smoking cessation advisers and specialist services (group support and hard to reach clients) there is good access across the four neighbourhoods.

The provision of smoking cessation services from pharmacies is 33% higher than the London average and 89% higher than the England average.

7.4.4 Conclusion on the Provision of Smoking Cessation Services

The above analyses demonstrates that the overall provision of pharmaceutical services in Haringey is good, compared to provision in London and England.

We consider the smoking cessation service to be **a necessary service** and that our population is able to access smoking cessation services and has a good choice of provider. **We conclude that there are no gaps in provision.**

7.4.5 Smoking Cessation Services – future improvements

There are a relatively lower number of quitters achieved in pharmacies in the North and South East Haringey neighbourhoods where the reported smoking prevalence is higher than the Haringey average. Although the PCT commissions its provider service to target the hard to reach groups, the PCT should consider whether the current pharmacy service provided in the North and South East Haringey neighbourhoods could be reviewed to increase the number of quitters in these neighbourhoods with highest need.

7.5 Chlamydia Screening and Treatment Service

Pharmacies provide Chlamydia screening kits to sexually active males and females under the age of 25, for example when purchasing condoms, dispensing oral contraceptive pills and supplying EHC, in agreement with the local Chlamydia Screening Office. Advice on how to utilise the kit, how to return it for testing and what will happen following completion of the test is provided in line with the approach adopted by the local Chlamydia Screening Office. The service forms part of the locally run National Chlamydia Screening Program (NCSP).

Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service. Pharmacies link into existing local networks of sexual health and community contraceptive services so that there is a robust and rapid referral pathway for people who need onward signposting to services that provide on-going contraception, for example long acting reversible contraception (LARC) and diagnosis and management of sexually transmitted infections (STIs). Pharmacies provide support and advice to people accessing the service, including advice on safe sex, condom use and advice on the use of regular contraceptive methods, when required.

Pharmacies provide Chlamydia antibiotic treatment under a patient group direction to patients testing positive and to sexual contacts of patients testing positive. Patients screened via any route can be offered treatment at a pharmacy of their choice by the Chlamydia Screening Office.

7.5.1 Aims and intended service outcomes

- To increase access to the NCSP by providing additional locations where people can access screening.
- To increase access to treatment of Chlamydia infection, if deemed appropriate.
- To increase access for young people, to sexual health advice and referral on to specialist services where required.
- To increase clients' knowledge of the risks associated with STIs.

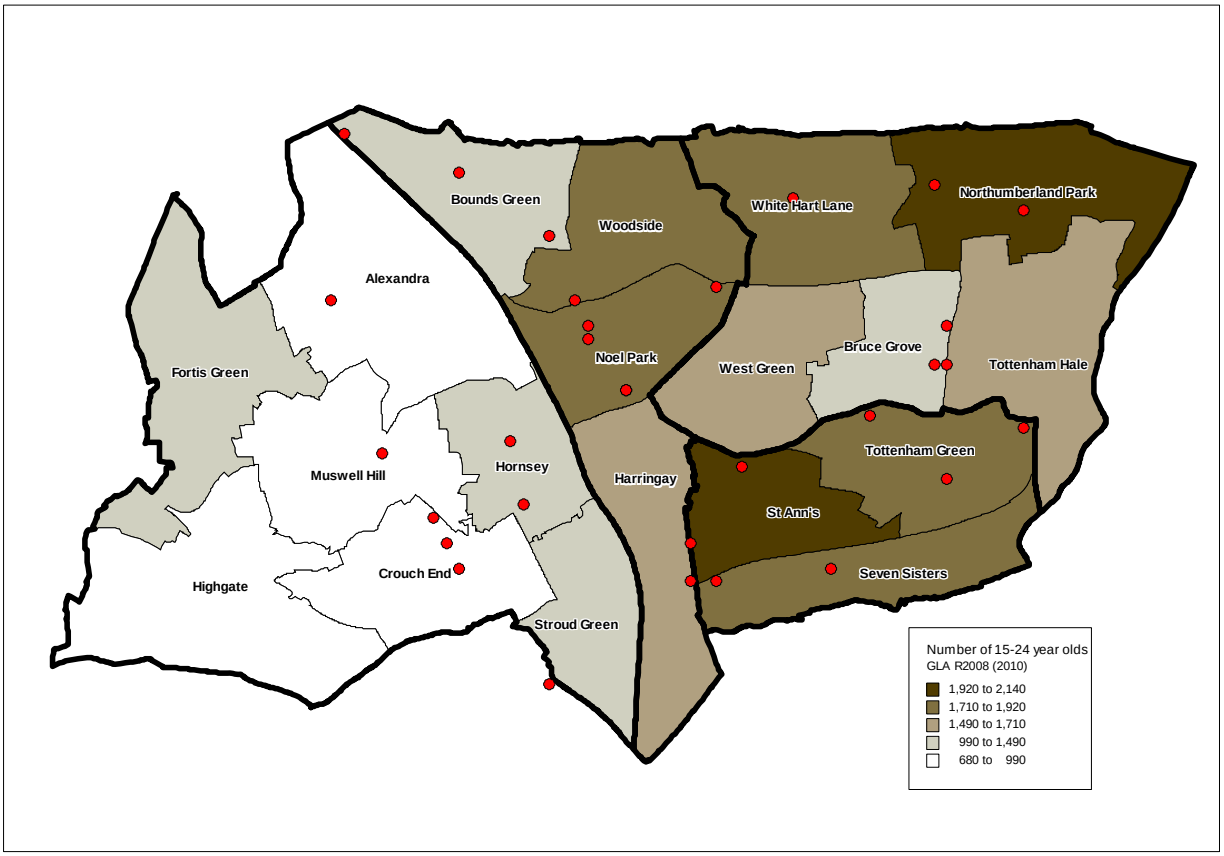
- To strengthen the network of contraceptive and sexual health services to help provide easy and swift access to advice.

7.5.2 Provision of the Chlamydia Screening and Treatment Service

Table 11

Chlamydia Screening & Treatment	West	Central	North East	South East	Haringey
No. Pharmacies Chlamydia Screening	8	8	6	6	28
No. Pharmacies Chlamydia Treatment	7	7	6	6	26
Population	79,245	49,331	65,403	42,400	236,379
Pharmacies Screening per 100,000 population	10.1	16.2	9.2	14.2	11.8
Screening Activity 2009/10	32	14	1	10	57

Map 6 Location of Pharmacy Against Number of 15-24 Year Olds



7.5.3 Analysis of Provision and Distribution of the Chlamydia Screening and Treatment Service

32 (57%) of pharmacies provided Chlamydia screening and 30 (54%) provide Chlamydia treatment. There is a higher density of pharmacies in the areas with higher numbers of 15-24 years, the target group for screening.

The service was launched in January 2010 and activity has steadily increased. From a review of the all the Chlamydia screening service providers in Haringey, the pharmacy Chlamydia screening service has returned the highest rate of Chlamydia positive screens. Positive screens from pharmacies are four to five times the service provider average rate.

7.5.4 Conclusion on the Provision of the Chlamydia Screening and Treatment Service

The Chlamydia screen and treat service in pharmacies has yet to fully develop. Our experience is mirrored in other PCTs where uptake, generally has been low, however in areas where pharmacy is a destination for young people the service works well.

We have concluded that the Chlamydia screening and treatment service is a **relevant service** for our population and one which pharmacy, alongside other providers, makes a valuable contribution to. The pharmacy service has been particularly well accessed by young women who have tested positive for Chlamydia.

7.5.5 The Chlamydia Screening and Treatment Service – future improvements

We will review the uptake and commissioning of this service to ensure the best fit with our objectives and with other screening programmes.

7.6 Emergency Hormonal Contraception (EHC)

Pharmacists supply Levonorgestrel Emergency Hormonal Contraception (EHC) when appropriate to clients, in line with the requirements of a locally agreed Patient Group Direction (PGD). The PGD specifies the age range of clients that are eligible for the service; it facilitates supply to young persons under 16 in appropriate circumstances.

Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service. The supply is made free of charge to the client at NHS expense. Pharmacists link into existing networks for community contraceptive services so that women who need to see a doctor can be referred on rapidly. Clients excluded from the PGD criteria are referred to another local service that will be able to assist them, as soon as possible e.g. GP, community contraception service, or will be invited to purchase EHC over the counter.

The pharmacy provides support and advice to clients accessing the service, including advice on the avoidance of pregnancy and sexually transmitted infections (STIs) through safer sex and condom use, advice on the use of regular contraceptive methods and provide onward signposting to services that provide long-term contraceptive methods and diagnosis and management of STIs.

7.6.1 Aims and intended service outcomes

- To increase the knowledge, especially among young people, of the availability of emergency contraception[10] and contraception from pharmacies.
- To improve access to emergency contraception and sexual health advice.
- To increase the use of EHC by women who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies in the client group.
- To refer clients, especially those from hard to reach groups, into mainstream contraceptive services.
- To increase the knowledge of risks associated with STIs.
- To refer clients who may have been at risk of STIs to an appropriate service.
- To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.

7.6.2 Provision of the Emergency Hormonal Contraception Service

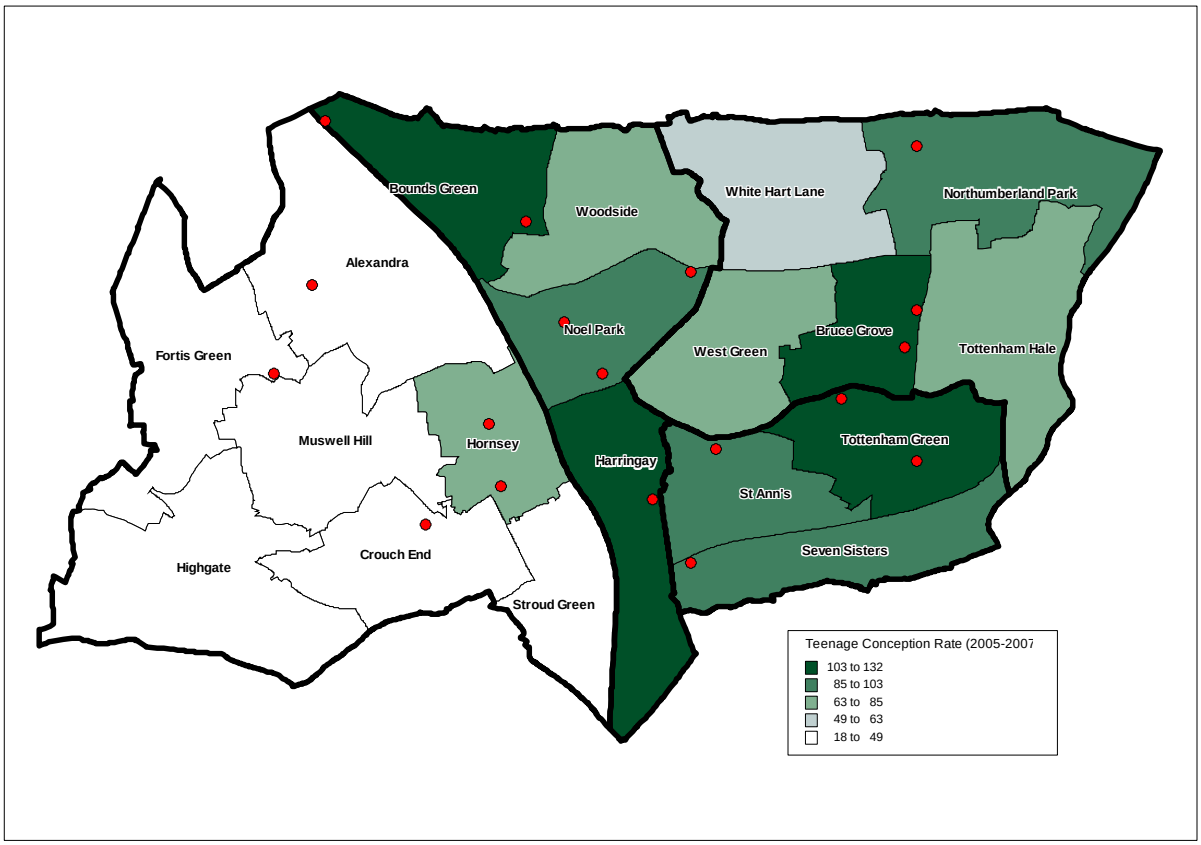
Table 12

Emergency Hormonal Contraception	West	Central	North East	South East	Haringey
Number of Pharmacies	4	6	4	4	18
Population	79,245	49,331	65,403	42,400	236,379
Pharmacies per 100,000 population	5.0	12.2	6.1	9.4	7.6
Activity 2009/10	135	146	156	146	583

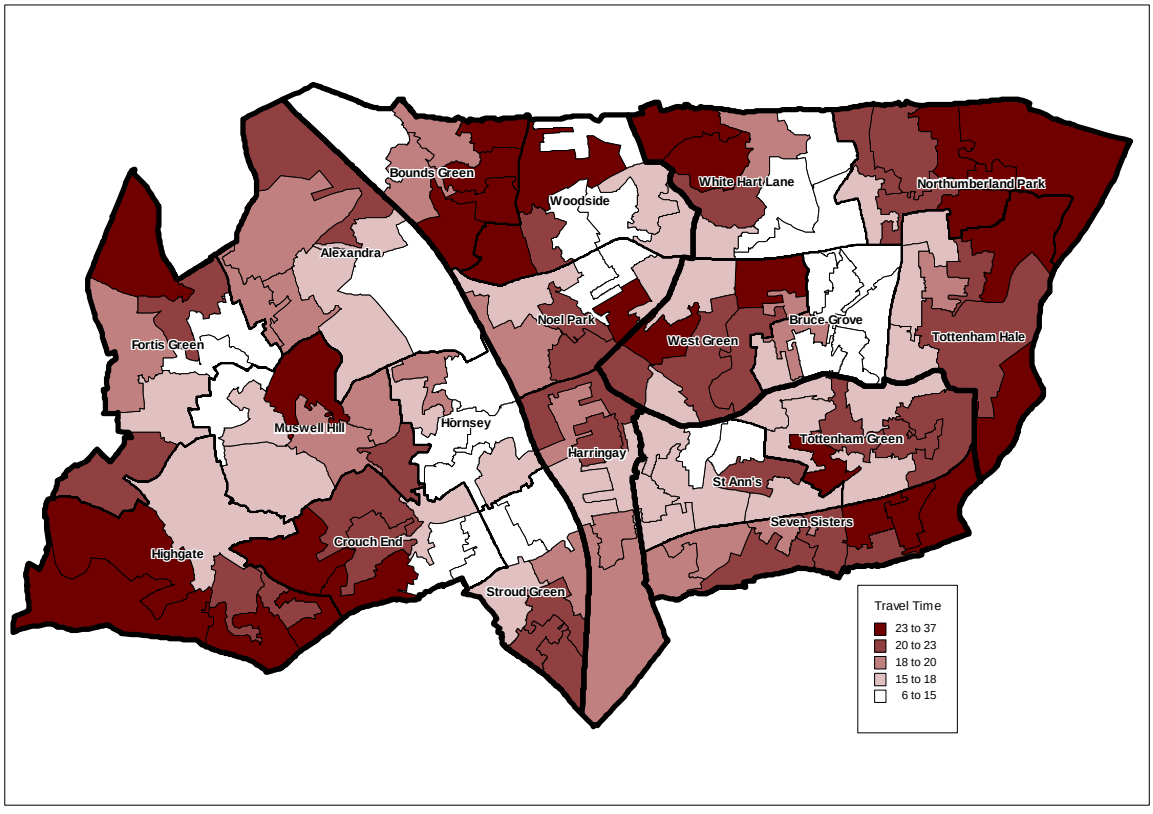
Emergency contraception services are available in each of the neighbourhoods with the highest density of pharmacy provision in Central Haringey and the lowest in the West.

[10] Emergency contraception methods are not limited to EHC and include the use of Intra-uterine devices (IUDs). Though this service would only supply EHC, it would raise awareness of other methods of emergency contraception that are available and facilitate access to these.

Map 7 Provision against the teenage conception rate



Map 8 The average public transport travel times to the nearest pharmacy



7.6.3 Analysis of Provision and Distribution of the Emergency Hormonal Contraception Service

The wards with the 2 highest levels of teenage conception rate have a pharmacy providing emergency hormonal contraception. From information we have about the post code of young women accessing the service we also know that young women will often choose not to access the nearest pharmacy but travel to the larger retail areas e.g. Wood Green, where they may feel they are less likely to be known to staff.

7.6.4 Conclusion on the Provision of the Emergency Hormonal Contraception Service

The EHC service through pharmacies provides important access to EHC for women in Haringey. Without this service access would only be available via a GP appointment, A&E, walk-in centre or sexual health service clinic; this would limit access considerably.

We consider the EHC service is a **necessary service.** There is adequate provision of EHC services in the areas of greatest need**. We conclude that there are no gaps in provision.**

7.7 Minor Ailments Scheme

The minor ailments scheme is commissioned from all pharmacies in Haringey. The pharmacies provide advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the minor ailment, for those people who would have otherwise gone to their GP for a prescription. Where appropriate the pharmacy may sell OTC medicines to the person to help manage the minor ailment. The pharmacy operates a triage system, including referral to other health and social care professionals, where appropriate.

7.7.1 The aims and intended service outcomes are

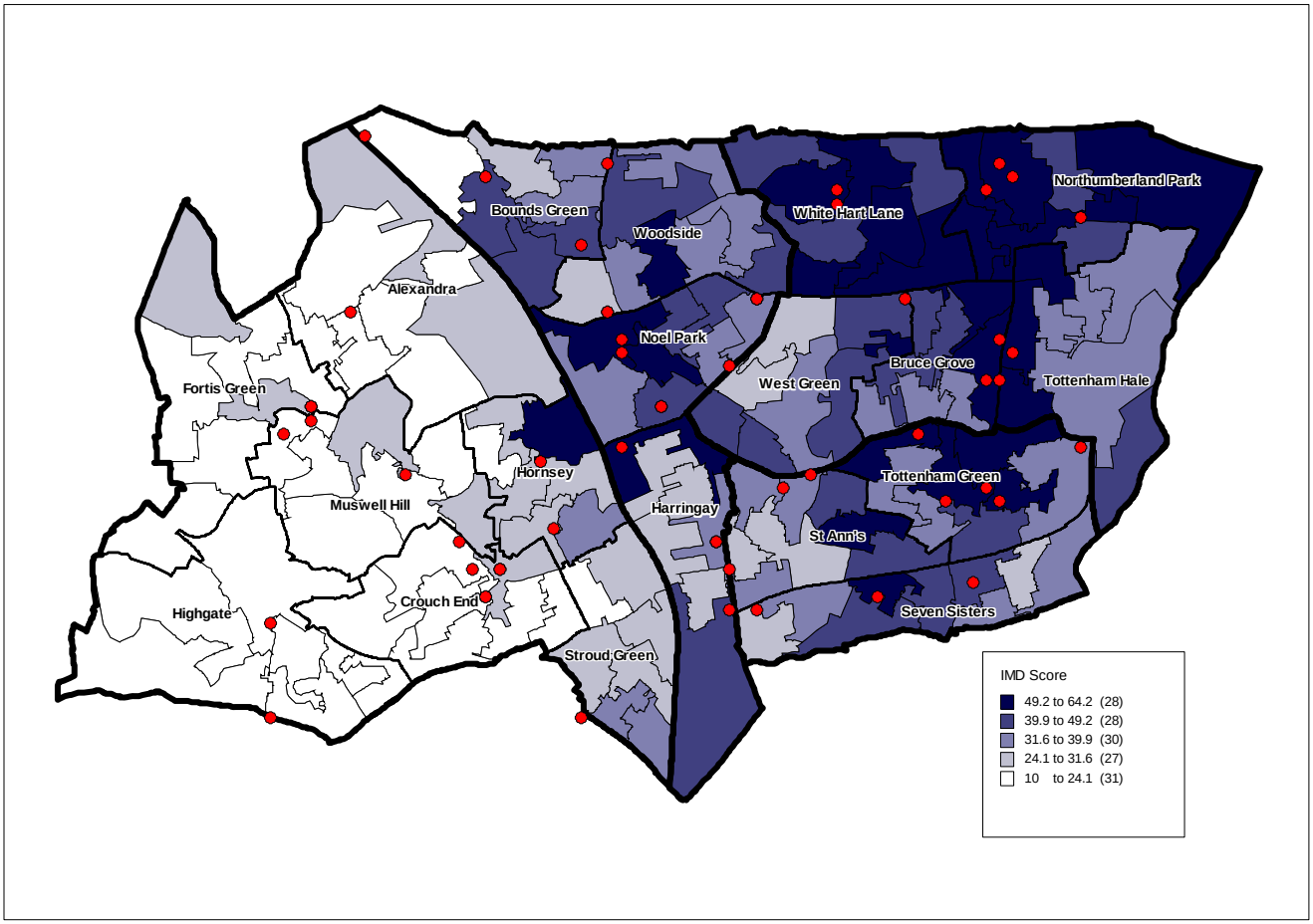
- To improve access and choice for people with minor ailments
- Promote self care through the pharmacy, including provision of advice and where appropriate medicines, dressings and/or appliances without the need to see a GP
- Operate a referral system from local medical practices or other primary care providers
- Supplying appropriate medicines and devices (dressings etc.) at NHS expense.
- To improve primary care capacity by reducing medical practice workload related to minor ailments.

7.7.2 Provision of the Minor Ailments Scheme

Table 13

Minor Ailments Scheme	West	Central	North East	South East	Haringey	London	England
Number of Pharmacies	17	15	11	13	56	1,023	4,833
Population	79,245	49,331	65,403	42,400	236,379	7,619,800	51,444,200
Pharmacies per 100,000 population	21.5	30.4	16.8	30.7	23.7	13.4	9.4
Activity 2009/10	3,322	2,400	4,056	1,908	11,686		

Map 9 Provision of Minor Ailments Service and Index of Multiple Deprivation



7.7.3 Conclusions on the Provision of the Minor Ailments Scheme Service

The Minor Ailment Scheme is an important service; it makes good use of pharmacies as an accessible and flexible resource. We consider the Minor

Ailments Scheme is a **necessary service** which provides additional primary care capacity, particularly in deprived communities. There are no gaps in provision.

7.8 Supervised Consumption of Subutex and Methadone

This service requires the pharmacist to supervise the consumption of prescribed medicines (methadone or subutex) at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient. Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service. The pharmacy provides support and advice to the patient, including referral to primary care or specialist centres where appropriate.

7.8.1 Aims and intended service outcomes

- To ensure compliance with the agreed treatment plan by:
    - dispensing in specified instalments[11] (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed),
    - ensuring each supervised dose is correctly consumed by the patient for whom it was intended.
- To reduce the risk to local communities of:
    - over usage or under usage of medicines;
    - diversion of prescribed medicines onto the illicit drugs market; and
    - accidental exposure to the supervised medicines.
- To provide service users with regular contact with health care professionals and to help them access further advice or assistance. The service user will be referred to specialist treatment centres or other health and social care professionals where appropriate.

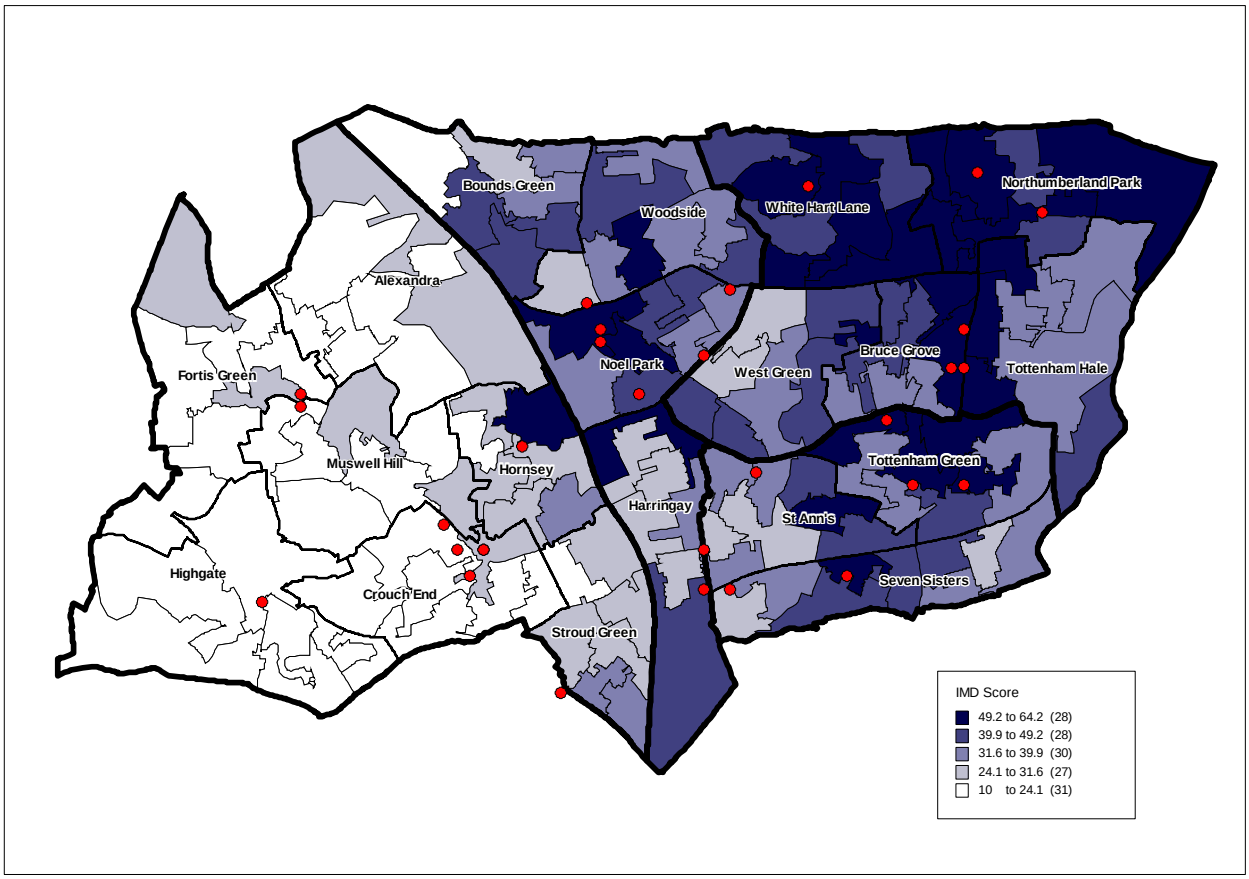
7.8.2 Provision of Supervised Consumption of Subutex and Methadone

Table 14

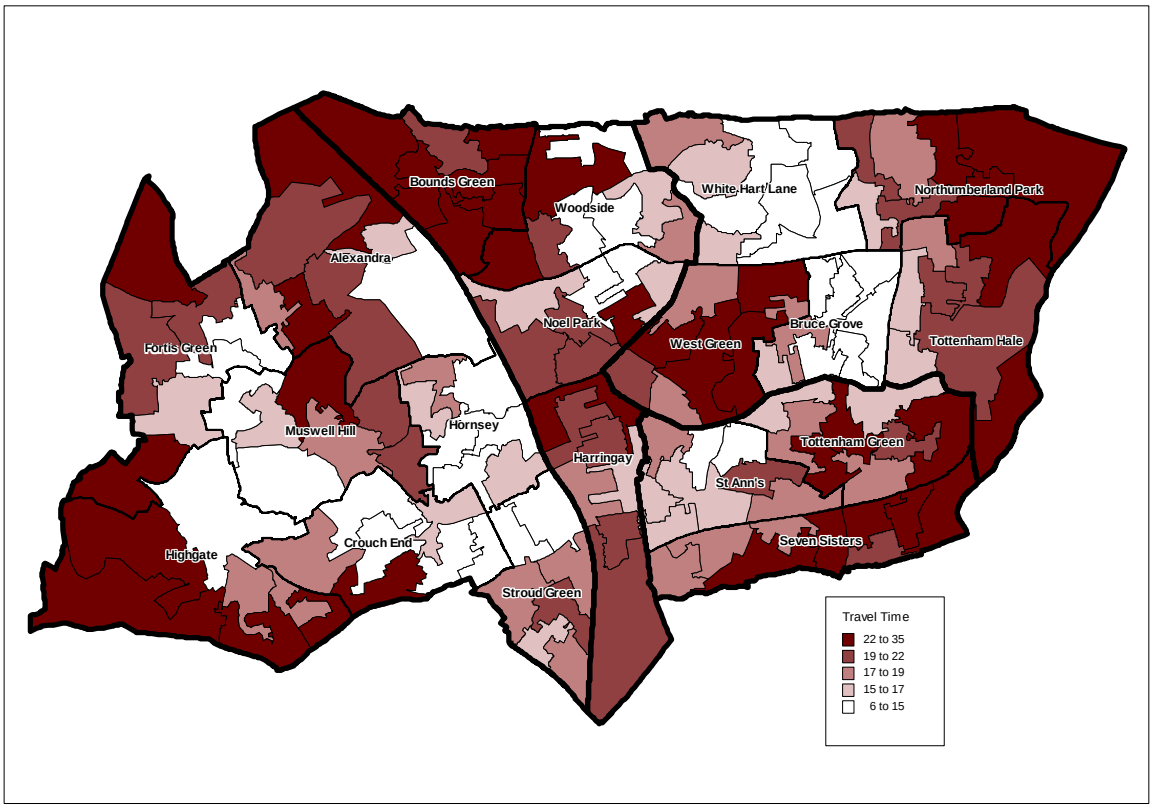
Supervised Consumption of Subutex	West	Central	North East	South East	Haringey
Number of Pharmacies	10	6	6	8	30
Population	79,245	49,331	65,403	42,400	236,379
Pharmacies per 100,000 population	12.6	12.2	9.2	18.9	12.7

[11] In this Service Specification it is assumed that instalment dispensing is provided for by the provisions of the Dispensing or Repeat Dispensing Essential Services. If this is not the case for a particular medicine which may be included in the service, local arrangements will need to be developed.

Map 10 Location of Pharmacy and Index of Multiple Deprivation



Map 11 The average public transport travel times to the nearest pharmacy



7.9 Needle & Syringe Exchange Scheme

Pharmacies provide access to sterile needles and syringes, and sharps containers for return of used equipment. They offer a user-friendly, non-judgmental, client-centred and confidential service. Used equipment is returned by the service user for safe disposal and the service user is provided with appropriate health promotion materials.

Pharmacies provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate. The pharmacy promotes safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

7.9.1 Aims and intended service outcomes

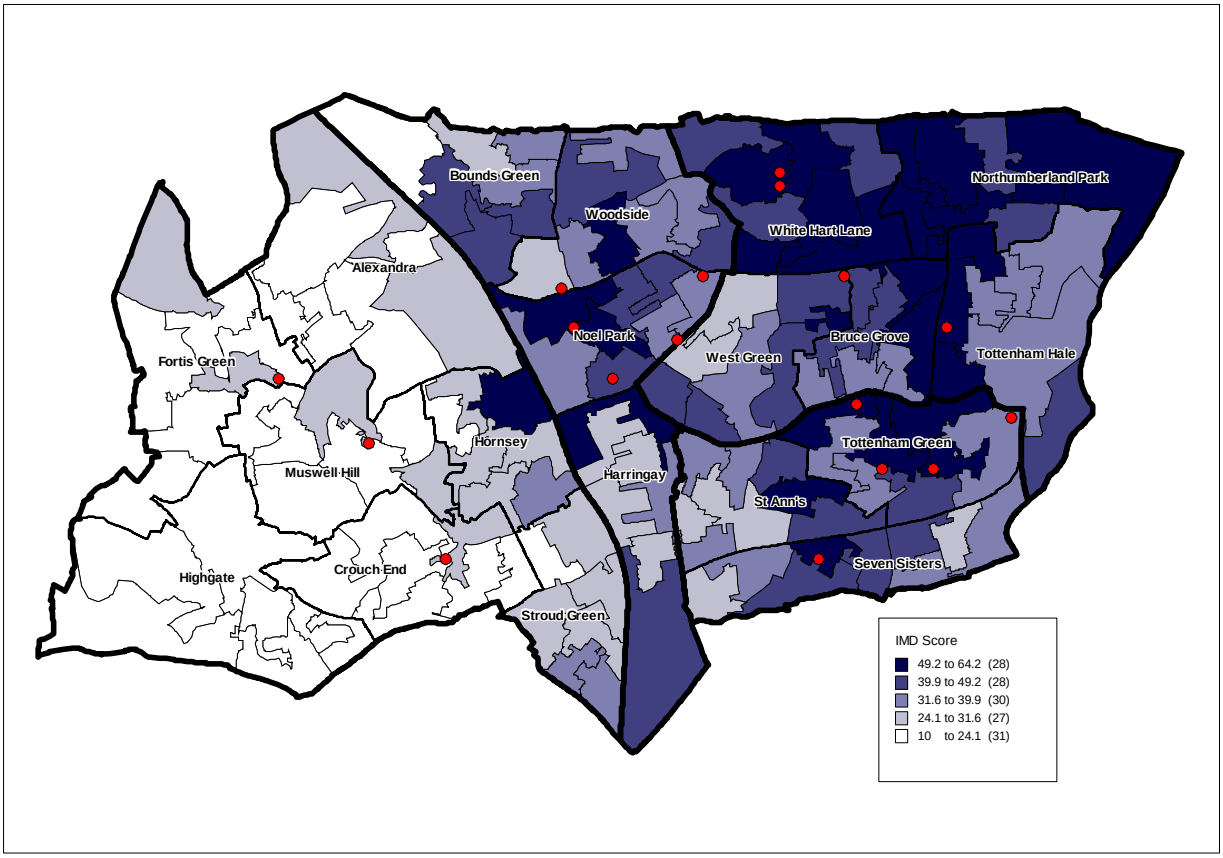
- To assist the service users to remain healthy until they are ready and willing to cease injecting and ultimately achieve a drug-free life with appropriate support
- To protect health and reduce the rate of blood-borne infections and drug
- related deaths among service users:
    - by reducing the rate of sharing and other high risk injecting behaviours;
    - by providing sterile injecting equipment and other support;
    - by promoting safer injecting practices; and
    - by providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use).
- To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.
- To help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.
- To aim to maximise the access and retention of all injectors, especially the highly socially excluded.
- To help service users access other health and social care and to act as a gateway to other services (e.g. key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc).

7.9.2 Provision of Needle & Syringe Exchange Scheme

Table 15

Needle & Syringe Exchange Scheme	West	Central	North East	South East	Haringey	London	England
Number of Pharmacies	3	5	4	5	17	1,023	4,833
Population	79,245	49,331	65,403	42,400	236,379	7,619,800	51,444,200
Pharmacies per 100,000 population	3.8	10.1	6.1	11.8	7.2	13.4	9.4

Map 12 Location of Pharmacy Provision Against Index of Multiple Deprivation Score



7.9.3 Analysis of the Provision of Supervised Consumption of Subutex and Methadone

Assessing the need for services from community pharmacies is difficult using the available data. The services are provided in all four neighbourhoods and when mapped against the Index of Multiple Deprivation score are available in

areas with high need. We will continue to review the provision and needs with Drug and Alcohol Action Team stakeholders to ensure that commissioning and provision are aligned with needs.

7.9.4 Conclusion on the Provision of Supervised Consumption of Subutex and Methadone

The provision of needle exchange and supervised consumption from pharmacies is a service that is **necessary** to secure good access across the PCT area. The pattern of provision is consistent with the needs of our population and we do not believe that there are any gaps in provision.

7.10 Hepatitis B and C Screening and Hepatitis B Vaccination

This is a service being piloted in four pharmacies until March 2011.

7.10.1 Service description

- Pharmacists will offer screening to all of their regular needle exchange service users for Hepatitis B and C status and give basic advice and information.
- Pharmacists will check with regular clients of needle exchange if they have had Hepatitis B vaccination.
- Eligible patients who do not have any contra-indications to vaccination or fall under the exclusion criteria of the PGD will be offered vaccination by a pharmacist. The vaccination will be administered under the authority of a locally agreed Patient Group Direction which will include the locally agreed eligibility criteria.
- Pharmacists need to advise that a positive Hepatitis B and/or C test will need to be followed up with a full blood test which cannot be done at a pharmacy.
    - The service user must attend Drug and Alcohol Services Haringey for this follow up blood test.
- Pharmacists will also offer vaccination to any member of staff who operates the needle exchange service.

7.10.2 Aims and intended service outcomes

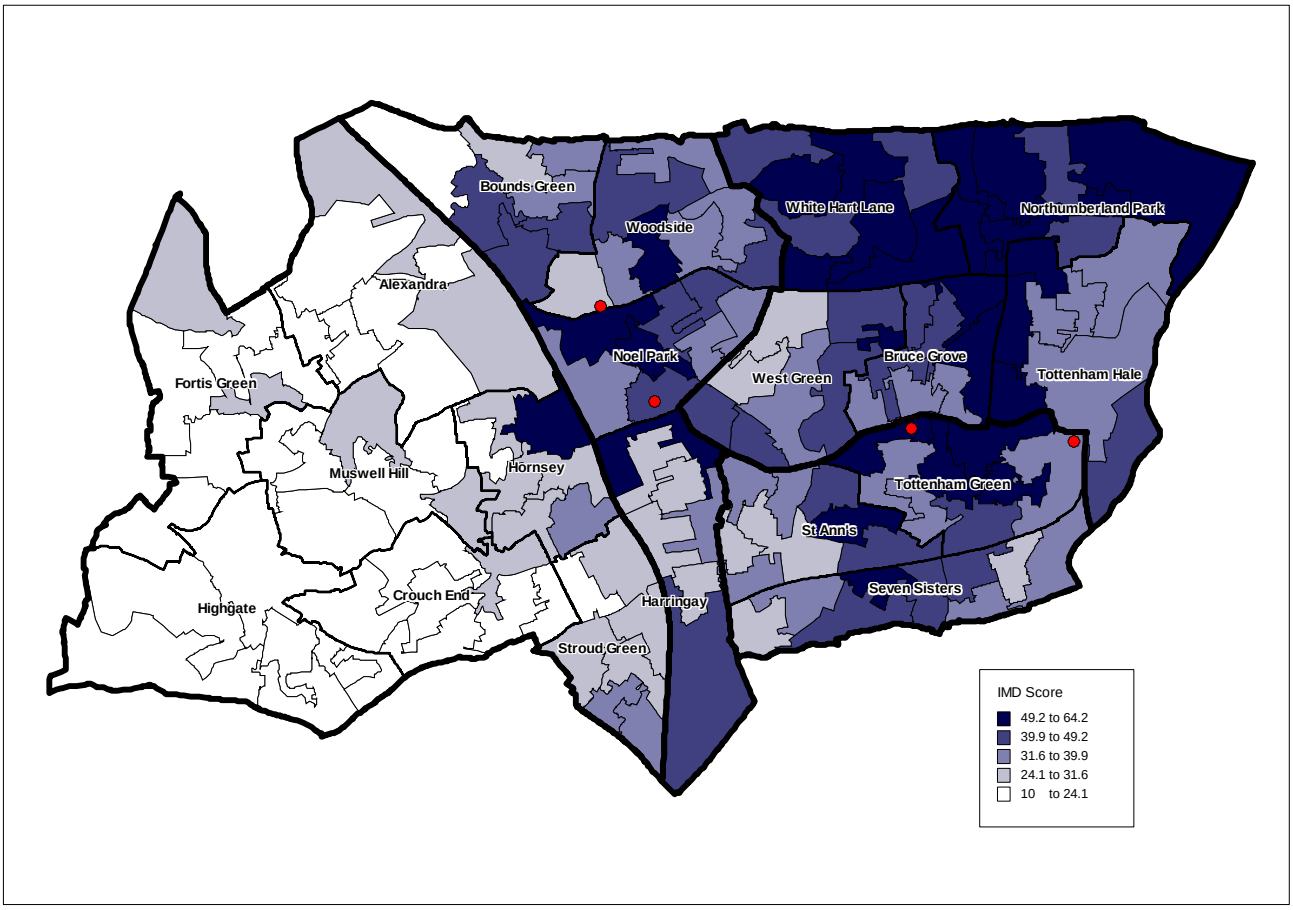
- To reduce the serious morbidity and mortality from Hepatitis by immunising intravenous drug users against Hepatitis B.
- To improve choice and access to vaccination/testing for IV drug users.
- To increase the provision of vaccination/testing to hard to reach groups.

7.10.3 Provision of the Hepatitis B and C Screening and Hepatitis B Vaccination Service

Table 16

Hepatitis B & C Screening & Hepatitis B Vaccination	West	Central	North East	South East	Haringey
Number of Pharmacies	0	2	0	2	4
Population	79,245	49,331	65,403	42,400	236,379
Pharmacies per 100,000 population	0.0	4.1	0.0	4.7	1.7

Map 13 Location of Pharmacy Provision Against Index of Multiple Deprivation Score



This service is being piloted in four pharmacies currently providing needle and syringe exchange services. The pilot service is commissioned by the Drug and Alcohol Action Team and managed by Drug and Alcohol Services Haringey. Future commissioning of the service is dependant on a review at the end of the pilot phase.

7.11 Anti-Coagulant and Stroke Prevention Service

7.11.1 Service Description

The anti-coagulant and stroke prevention service is provided by 1 community pharmacy and 5 General Practices in Haringey. The service providers are responsible for sampling, testing and dosing patients according to locally agreed protocols approved by NHS Haringey. Providers are also responsible for communicating dosing recommendations to patients and their GPs. Clinical support and advice is provided by the Haematology Department at the North Middlesex University Hospital and by the Anticoagulant team at the Whittington Hospital.

7.11.2 Aims and intended service outcomes

- To provide an excellent integrated Anticoagulant and Stroke Prevention service across primary and secondary care in which therapy is usually initiated in secondary care and maintenance of appropriate patients is managed in a primary care setting. With the maturation of the service it will be possible in the future for the decision to anti-coagulate a patient to be taken by the GP and the initiation and the maintenance to take place in the primary care setting.
- To provide more services that are near to patients and are easily accessible
- To provide increased capacity in the community to meet the rising demand for anticoagulant monitoring
- To shift the majority of the burden of anticoagulant monitoring from the Whittington and North Middlesex hospitals into the community allowing the hospitals to focus on new and problematic patients
- To ensure the same high quality of service to patients whether accessed in primary or secondary care
- To ensure that maintenance of patients is properly controlled and the need for continuation of therapy is reviewed regularly and discontinued where appropriate
- To support patients in understanding and managing their anti-coagulant treatment

7.11.3 Provision of Anti Coagulant and Stroke Prevention Service

Table 17

Anti - Coagulant & Stroke Prevention Service	West	Central	North East	South East	Haringey	London	England
Number of Primary Care Providers	2	1	2	1	6	1,023	4,833
Population	79,245	49,331	65,403	42,400	236,379	7,619,800	51,444,200

Primary Care Providers per 100,000 population	2.5	2.0	3.1	2.4	2.5	13.4	9.4

7.11.4 Analysis of the Provision of Anti-Coagulant and Stroke Prevention Services

Anti-coagulant and stroke prevention services are provided for in the community in each of the 4 localities. Each service provider has additional capacity and could manage an increased number of patients being transferred from secondary care.

7.11.5 Conclusions on the Provision of Anti-Coagulant and Stroke Prevention Services

The provision of the anti-coagulant and stroke prevention services from primary care providers is a service that is **relevant** to secure good access across the PCT area. The pattern of provision is consistent with the needs of our population and **we do not believe that there are any gaps in provision**.

8. Patient, Public and Stakeholder Engagement

What Has The Engagement & Communication Data Told Us?

8.1 Patient & Public Response

132 patient and public questionnaires were handed out at 9 meetings attended by representatives of NHS Haringey. The questionnaire was also posted on the front page of the NHS Haringey website in August and September 2010.

15 responses have been received from the public, 2 of which were completed on the website. The response rate was very low with only 10% of the questionnaires handed out being returned. These views cannot be considered to be representative of the general population of Haringey.

Appendix A3 gives the results. The main findings were

87% of people used a pharmacy to get prescription medicines
73% visit a pharmacy between every one to three months
54% had used one or more of the enhanced pharmacy services commissioned by the PCT
87% normally walk to a pharmacy
40% would like later evening opening (after 6pm)
33% would like more pharmacies to open on a Sunday

8.2 Our response to the main findings of the Patient and Public Questionnaire

The number of responses received was disappointing but may reflect that most patients did not have strong views or feel dissatisfied with their experience of pharmacy services.

3 respondents (40%) indicated that they would like more pharmacies to open later (after 6pm). Since 51 (91%) of pharmacies open after 6pm and 5 (9%) open after 7pm, we feel there is adequate late evening opening. We also expect 2 more pharmacies to be opening late and at weekends and will explore this further through our formal consultation.

8.3 Community Pharmacy Response

Pharmacists & GPs were invited to an evening event on 29th July 2010, held at St Ann's Hospital, (there was no GP representation on the day) where the draft PNA was presented. The evening was split into 3 sections

1) PNA Progress to Date which then included a break out session for Pharmacists to look through the draft PNA and have a brief discussion
2) the Engagement & Consultation Process where the Pharmacies completed a questionnaire, designed by the PCT about the draft PNA, which they were asked to complete on the night and
3) the next steps.

17 of the 56 Pharmacies were represented at this meeting which was also attended by the Local Pharmaceutical Committee (LPC).

Of the 17 Pharmacies 16 felt the purpose of the PNA had been explained sufficiently. The one that did not reply said "need some more details about the services". 16 reported that they felt the information in the PNA adequately reflected the current Pharmacy provision within Haringey, with the other saying they needed more time to go through the draft PNA. 12 felt the pharmaceutical needs of the population of Haringey had been adequately met. For those who did not the majority believed that ethnicity may not have been considered. Pharmacies also provide other pharmaceutical services which are not commissioned by the PCT. Finally they were asked for any other comments of which there were only 2:

- It is fair for the PCT to tell the existing stakeholders what is needed in this PCT's plan that is not provided by the existing Pharmacies
- Maybe ask Pharmacists/Pharmacies about their facilities e.g. consultation room with running water etc

Pharmacists also completed a questionnaire which focussed more on the existing provision of services in Haringey. This gave them the opportunity to express their willingness to provide current and future services should they be

commissioned by the PCT. Most Pharmacies would be happy to provide further services but there are a small number who would not or could not provide further services.

8.4 Our response to the main findings of the Community Pharmacy & GP Stakeholder Event

The presentation at the community pharmacy and GP stakeholder event did not include all of the detailed information about the population of Haringey that was included in the draft PNA. The description of health needs by locality have since been expanded to include more detail.

A further questionnaire to all community pharmacies has captured details of willingness to provide other pharmaceutical services, not currently commissioned by the PCT.

9. Future Developments

Haringey Council are currently updating their Housing Trajectory which sets out expected developments for each year up to 2026. This section will be revised at the end of October when the Housing Trajectory report is available.

A total of 680 additional homes were expected to be built in the borough in each year to 2013 and beyond, with a concentration of new homes in Tottenham Hale and Haringey Heartlands. Pharmaceutical Services in these 2 areas are currently well provided for and therefore are expected to meet the needs of these increases in population.

9.1. Other Enhanced Services

In addition to the Enhanced Services that NHS Haringey currently commissions, NHS Directions include a list of Enhanced Services which PCTs may commission under local arrangements from community pharmacists.

Table 18 below lists each of these enhanced services, considers how these fit with the PCT's strategic plan and identifies what percentage of community pharmacies stated that they would be willing to provide these enhanced services, were they to be commissioned.

The steering group prioritised those services that best fit the PCT's strategic plan by identifying those that contributed to the most priority areas.

Where these services will sit in the future is not yet clear. The White Paper, *Liberating the NHS* suggests that some of these services would naturally sit with new consortia and others with public health in the local authority.

The mechanism for taking forward these ideas will emerge as the details of the programme of change are confirmed. We will revisit these services at that time to identify how these could be taken forward.

Table 18 Mapping Potential Enhanced Pharmaceutical Services to the Strategic Plan & Pharmacies Willing to Provide Them

Services	Safe, healthy starts for all children and young people	Good mental health well-being for all	Preventing and managing long-term conditions in adults	Healthy communities	Going local – care closer to home	Score	No. Pharmacies Willing To Provide
Medication Review	N/A	Y	Y	Y	Y	4	20
Language Access Service (Languageline piloted in one pharmacy)	N/A	Y	Y	Y	Y	4	29
Medicines assessment and compliance Support Service	N/A	Y	Y	Y	Y	4	27
Care Home Service (recently decommissioned)	N/A	N/A	Y	Y	Y	3	39
Obesity Management (Adults & Children)	Y	N/A	Y	Y	N/A	3	42
Vascular Risk Assessment (NHS Healthchecks)	N/A	N/A	Y	Y	Y	3	44
Disease Specific Medicines Management Services	N/A	N/A	Y	Y	Y	3	48
Gluten Free Food Supply Service	Y	N/A	N/A	Y	N/A	2	39
Home Delivery Service	N/A	N/A	Y	N/A	N/A	1	20
Independent, Supplementary Prescribing Service	N/A	N/A	Y	N/A	Y	2	42
Prescriber Support Service	N/A	N/A	Y	Y	Y	3	40
Screening Service (currently commissioned for Chlamydia & Hepatitis B & C)	Y	N/A	Y	Y	Y	4	37
Vaccination Service	Y	N/A	Y	Y	Y	4	38

10. Conclusions

We have assessed the pharmaceutical services available for our diverse population and reviewed the provision of the services against the health needs of our diverse population and benchmarking service provision against similar PCT's provision.

Our pharmaceutical needs assessment has concluded that our population currently has good access to essential, advanced and enhanced services at times and locations from where they are needed.

10.1 Next Steps

This is our second pharmaceutical needs assessment; the first under the new regulations. We are now consulting on this draft with stakeholders and partners. The final PNA will be completed by mid January, ready for approval by the PCT Board on 26th January 2011. The final PNA will be published by February 2011.

11. Glossary

BP	Blood Pressure	LPC	Local Pharmaceutical Committee
CHD	Coronary Heart Disease	LPS	Local Pharmaceutical Services
COE	Control of Entry	LTC	Long Term Condition
COPD	Chronic Obstructive Pulmonary Disease	MUR	Medicines Use Review
EHC	Emergency Hormonal Contraception	NHSIC	NHS Information Centre
EPS	Electronic Prescription Service	NRT	Nicotine Replacement Therapy
GP	General Practitioner	ONS	Office of National Statistics
JSNA	Joint strategic needs assessment	PCT	Primary Care Trust
LES	Local Enhanced Service	PNA	Pharmaceutical Needs Assessment
LHO	London Health Observatory	SHA	Strategic Health Authority
LMC	Local Medical Committee	SOA	Super Output Area

Community pharmacy contract	The community pharmacy contract is made up of three service levels: **Essential Services, Advanced Services** and **Enhanced Services.** A definition can be found on page……
Consultation facilities / area	Most community pharmacies now have an area in the pharmacy where the patient and pharmacist can have a private consultation. The design and specification of these facilities varies from pharmacy to pharmacy.
Medicines Use Review	See page 44 for a definition.
ONS Cluster	PCTs which are grouped according to local social and economic factors.
Pharmacist	A registered pharmacist has typically completed five years of training which includes degree and post graduate training.
Pharmaceutical Services	These are services available from pharmacies and dispensing appliance contractors and dispensing GPs.
Pharamcy	A registered pharmacy premises that is regulated by the Royal Pharmaceutical Society and appears on the PCT's list.
Prescription item(s)	Each medicine on a prescription is counted as one item. A prescription may have many items.
Secondary Care	Hospital based care.

12. Appendices

Appendix A

Communication, Engagement and Consultation Strategy

Overview

In developing their first and subsequent PNAs, PCTs should include and have reference to patient experience data, including the views of patients, carers, the public and local stakeholders on their current experience of pharmaceutical services and their aspirations for the future.

In addition, under the draft Regulations, PCTs will be required to consult at least once on a draft of their PNA during the process and this consultation must last for a minimum of 60 days.

Additional advice around communication and engagement in PNAs is contained within the NHS Employers guidance *Developing Pharmaceutical Needs Assessment – A Practical Guide*[12], in particular *Guide 3: Involving patients and the public* and *Guide 5: Developing a communication plan*. PCTs need to effectively engage a wide range of stakeholders throughout the development of their PNA and thorough engagement will also reduce the risk of services, gaps, needs and / or developments being overlooked. *Guide 4: Engaging with practice based commissioners* is also of relevance.

Consultation on the draft PNA

It is recommended that PCTs share their timetable for the development of their PNA with identified local stakeholders as early on in the process as is possible, to facilitate their contribution to the consultation. Where possible, the timescale should be tailored around meetings of the Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC) and Local Involvement Network (LINk) to enable them to agree and submit their response.

The Regulations state that PCTs will be required to consult at least once on a draft of their PNA during its development (regulation [3f (2)]) and this consultation must last for a minimum of 60 days (regulation [3F(3)]). The minimum 60 day consultation starts on the day that the initial list of consultees are served with a draft. Convention is that the PNA is deemed to have been received two days after being served.

Regulation [3F(1)] lists those persons who must receive a copy of the draft PNA and be consulted on it. As a minimum, these are as follows:

[12] Pharmaceutical Needs Assessment (PNAs) as part of world class commissioning. Guidance for primary care trusts. NHS Employers. January 2009.

- Any Local Pharmaceutical Committee for its area (including one for its area and that of one or more other PCTs);
- Any Local Medical Committee for its area (including one for its area and that of one or more other PCTs);
- The persons on its pharmaceutical lists and its dispensing doctors' list (if it has one);
- Any LPS chemist with whom the PCT has made arrangements for the provision of any local pharmaceutical services;
- Any person with whom the PCT has made arrangements for the provision of dispensing services;
- Any relevant local involvement network, and any other patient, consumer or community group in its area which in the opinion of the PCT has an interest in the provision of pharmaceutical services in its area;
- Any NHS trust or NHS foundation trust in its area
- Any neighbouring PCT.

PCTs are also required to publish in their PNA a report on the consultation including analysis of the consultation responses and reasons for not acting upon any issues raised.

Development of the PNA

Prior to consulting local stakeholders on the draft PNA as outlined above, PCTs should ensure that the views of local people inform the development of their initial and subsequent PNA. The PNA Regulations do not impose a minimum (or maximum) period for this engagement activity, although reference is made in the guidance to the 12 week period recommended in the Government's Code of Practice on Consultation.

However, the Guidance does make clear that PCTs should use the Joint Strategic Needs Assessment (JSNA) as a starting point to identifying existing evidence of views and mechanisms for involvement, and that a variety of mechanisms for capturing views should be used as appropriate to the local population.

Wider Legislative Context and Policy Drivers for Communication and Engagement

Involving patients, carers and members of the public in developing and improving health services has a number of recognised benefits for commissioners, providers, individual participants and the wider population. Recent legislation and policy has also made it clear that the NHS needs to do more to systematically record and respond to the views of those who use health services, to ensure that services are patient-led and are designed to meet local needs.

The involvement of patients, carers, the public and local stakeholders in the development of the PNA will also ensure that NHS Haringey meets its statutory duties to involve the local population in services and decision-making under Section 242 of the NHS Act 2006 and the Local Government and Public Involvement in Health Act 2007.

Section 242 of the consolidated NHS Act 2006 (which replaced Section 11 of the Health and Social Care Act 2001) sets out the statutory requirement for NHS organisations to involve and consult patients and the public in:

- The planning and provision of services
- The development and consideration of proposals for changes in the way services are provided
- Decisions to be made by NHS organisations that affect the operation of services.

The Local Government and Public Involvement in Health Act 2007 places duties on PCTs to involve LINks in commissioning decisions and to report on consultation.
Also of relevance, Section 244 of the consolidated NHS Act 2006 (which replaced Section 7 of the Health and Social Care Act 2001) requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or substantial variation in the provision of services.

A substantial variation is not defined in Regulations – Section 244 applies to any proposal where there is a major change to services experienced by patients. It is not anticipated that the introduction or implementation of PNAs would constitute a formal consultation, however, the involvement of all relevant Overview and Scrutiny Committees will be actively sought.

In producing a report of the engagement activity to inform the draft PNA, and in reporting on the 60 day consultation, NHS Haringey will ensure adherence to the new NHS Duty to Report on Consultation, which came into force from 01 April 2010. NHS Haringey will produce a report on the PNA engagement activity and on the consultation on the draft PNA, which will cover:

- The persons who have been consulted;
- What information was provided to those persons;
- What matters those persons were consulted about;
- The result of the consultation, including a summary of the differences expressed by those consulted; and
- Details of the decisions or changes made following the consultation and the influence the results of the consultation had on that decision / change.

In addition, the best practice guidance *World Class Commissioning: Improving Pharmaceutical Services* outlines the steps that PCTs need to take to become

competent strategic commissioners of pharmaceutical services and lists examples of what level 4 would look like for pharmaceutical services. The following examples are of relevance to patient, carer and public communication and engagement in the PNA:

Competency 1 – Local Leadership

Reputation

- Key stakeholders agree that you are proactively commissioning comprehensive pharmaceutical services rather than responding to providers' intentions to provide specific services.
- You actively participate in and lead the local pharmaceutical agenda, effectively participating in multi-agency and NHS-wide agendas
- Local people strongly agree that the local NHS is improving pharmaceutical services.

Change leader for local organisations

- Key pharmaceutical stakeholders strongly agree that the PCT significantly influences their decisions and actions.
- Pharmaceutical providers consistently used the PNA to inform their business and service development plans.

Competency 2 – collaborative working with community partners

Ability to construct constructive partnerships

- Key stakeholders agree that you proactively engage their organisation to inform and drive both strategic planning and the design of pharmaceutical services
- You have worked constructively and effectively with partners and the public to produce a PNA which identifies the pharmaceutical needs of the population

Competency 3 – Continuous and meaningful engagement with the public and patients

Influence on local health opinions and aspirations

- You can demonstrate effective strategies for communicating with the local population in relation to uptake, safety and efficient use of pharmaceutical services.
- You can demonstrate specific health outcomes that have been delivered through changing public opinion and utilisation of pharmaceutical services

Public and patient engagement

- You can demonstrate the effectiveness of your involvement through improvements in people's health and their experience of pharmaceutical services.

- You can demonstrate how proactive engagement and partnership arrangements with the local community, including LINks, are embedded in all commissioning processes and drive decision-making in relation to pharmaceutical services.
- The local population strongly agree that the local NHS listens to the views of local people and acts in their interest.

Improvement of the patient experience

- You have embedded the collection of patient experience data in all contracts with pharmaceutical providers.
- You can demonstrate how ongoing integrated patient experience data systematically drives pharmaceutical commissioning decisions.
- Providers of pharmaceutical services use real time patient feedback to monitor and improve the services offered.

NHS Haringey Communication and Engagement Plan

Overview

NHS Employers *Guide 7: Timetable for Pharmaceutical Needs Assessment Process* indicates that involvement activity should take place across all stages of the PNA process:

- Mapping need and provision
- Synthesising data
- Prioritising developments
- Developing commissioning intentions
- Publishing final PNA

It is important that patient experience data, specifically information about local peoples' views on current pharmaceutical services and aspirations for the future, are taken into account when developing the PNA.

The communication and engagement plan will therefore be in two key stages:

- Involvement activity to inform the baseline assessment
- 60 day consultation on the draft PNA

Overview Timeline of Activity

- During August 2010, information regarding the PNA will be distributed to key local stakeholders and made available to patients, carers, and the public. Identified local stakeholders will also receive a copy of the PNA timetable.

- During July-Sept 2010 involvement activity will take place with local stakeholders and with voluntary and community groups, and targeted engagement activity to record the views of patients, carers and the

public including those groups who may be termed 'easy to overlook' will be undertaken.

- During Sept 2010 this data will be analysed and used to inform the draft PNA, which will be published in mid October 2010.

- During mid October to mid December 2010, feedback on the outcomes of the involvement and how these have be used to inform the draft PNA will be made available and identified stakeholders will be invited to participate in the consultation on the draft PNA.

- On 15th October 2010 a copy of the draft PNA, with a covering letter and response form, will be sent to identified local stakeholders including those persons identified in the Regulations as required consultees. The deadline for responses will be 15th December 2010.

- During December 2010 a report on the consultation will be produced and made available.

- By 31 January 2011 the final PNA will be published (this will include the report on consultation).

Further communication and engagement activity will be undertaken in subsequent years to inform PNA review and the publishing of new PNAs.

Communication and Engagement Activity – Summary

In order to capture views to inform the baseline assessment as part of the development of the draft PNA the following activity will be undertaken:

- Review of existing evidence of the local populations' views around pharmaceutical services including through previous engagement activity, the JSNA and Patient Advice and Liaison Services (PALS) / Complaints data
- Preparation of key messages and question areas for inclusion in communication with identified stakeholders and awareness-raising with members of the public (Appendix A2)
- Development of a survey to capture patient / service user views on current experiences of pharmaceutical services and future aspirations, for completion online at www.haringey.nhs.uk, distribution directly to identified local stakeholders (including required consultees) listed at appendix A1.
- Meetings with identified key stakeholders and required consultees including community pharmacists, GPs, LPC and LINk
- Awareness-raising of the PNA and engagement opportunities through existing communications mechanisms including newsletters and internet

Consultation Activity – Summary

As part of consultation on the draft PNA the following mechanisms will be utilised:

- A copy of the draft PNA will be sent to identified stakeholders, including required consultees, with a reply form for the submission of views (see list in Appendix A1)
- A number of individuals and organisations will be contacted to verify receipt of the draft PNA, including the LPC, LMC and LINk
- Development of a survey to capture the views of professionals and services who interact with pharmaceutical services for completion online at www.haringey.nhs.uk and distribution directly to identified local stakeholders (including required consultees) listed at appendix A1
- A public consultation meeting
- A consultation meeting with community pharmacists and GPs
- Attendance at meetings with identified voluntary and community sector organisations, including those working with individuals / groups who may be termed 'easy to overlook' and who may provide insight into areas of local public health concern
- Involvement of the Local Involvement Network (LINks), including reviewing documents / statements, such as about local peoples' willingness to travel to services
- Appropriate NHS Haringey representatives will meet with the LPC, LMC, LINk and any other appropriate groups identified to discuss the draft PNA, respond to questions and facilitate consultation response

Next Steps

- An Equality Impact Assessment (EIA) will be completed for the PNAs to inform development and implementation.
- Key messages and question areas will be developed.

Appendix A1

NHS Haringey Pharmaceutical Needs Assessments
Key Stakeholders for Communication and Engagement
(including required consultees)

Regulation [3F(1)] lists those persons who must receive a copy of the draft PNA and be consulted on it. As a minimum, these are as follows:

- Any Local Pharmaceutical Committee for its area (including one for its area and that of one or more other PCTs); **Barnet, Enfield & Haringey LPC**
- Any Local Medical Committee for its area (including one for its area and that of one or more other PCTs); **Haringey LMC**
- The persons on its pharmaceutical lists and its dispensing doctors' list (if it has one);
- Any LPS chemist with whom the PCT has made arrangements for the provision of any local pharmaceutical services;
- Any person with whom the PCT has made arrangements for the provision of dispensing services;
- Any relevant local involvement network, and any other patient, consumer or community group in its area which in the opinion of the PCT has an interest in the provision of pharmaceutical services in its area;
- Any NHS trust or NHS foundation trust in its area (Barnet, Enfield & Haringey Mental Health Trust, Whittington NHS Trust, North Middlesex University Hospital NHS Trust
- Any neighbouring PCT: NHS Islington/Enfield/Barnet/City & Hackney/Camden

Others

Haringey Council Overview and Scrutiny Committees (OSCs)
Local Involvement Networks (LINKs)
Local Strategic Partnerships (LSPs)/Haringey Strategic Partnership
Area Partnership Boards / Neighbourhood Consultative Forums
Area Assemblies

- Consultative Forum – Central
- Consultative Forum – West
- Consultative Forum – East
- Consultative Forum – South
- Haringey Community Link Forum
- HAVCO
- Adults and Older Peoples Forums
- Haringey Forum

Volunteer Development Agencies (VDAs) *

Also onwards distribution to membership (voluntary and community groups)

Voluntary and Community Groups - Patient, Consumer or Community Groups with an interest in pharmaceutical services *

- Age Concern Haringey
- Carers Centre – Haringey
- Diabetes UK Support Groups
- Haringey Carers
- Haringey MIND

Practice Based Commissioning Groups
Internal Stakeholders

- Board
- CEC
- NHS Haringey Staff including Health Improvement
- Strategic Delivery Groups

Four Patient Panels
Service Providers and Staff

- Dentists
- GPs
- Haringey Community Services

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Appendix A2 NHS Haringey Pharmaceutical Needs Assessment Communication and Engagement Activity

Stakeholder	Communication or Engagement	What do they need to know	What do they need to tell us	Method	Time
Community Pharmacists & GPs	Communication & Engagement	Purpose Timescales Key contacts PNA development process	Current provision Concerns with process Identify gaps in PNA Willingness to provide?	Evening engagement meeting CP newsletter Questionnaire GP e-newsletter	29/7/10 July 10 July 10
Hospital pharmacies	Communication	Timescales Key contacts	Current provision Consultation response Future plans to provide?	Newsletter to Chief Pharmacist	June 10
Other providers of pharmaceutical services – Camidoc, PCT Provider Services, BEH MHT	Communication	Key contacts	Current provision Consultation response Future plans to provide?	Newsletter to service lead	June 10
Local Authority/ Social services	Communication & Engagement	Purpose Timescales PNA development process	Links to medicine related services Consultation response	Briefing to Overview & Scrutiny Committee	6/9/10
Patients & public LINKs (20)[13] • Patient panels NE & SE (12) • OSC lead (5) • Well-being partnership group (15) • West Consultative Forum (30) • HAVCO (8) • Age Concern & Age UK (10) • Carers Centre – Haringey (15) • Haringey Carers (7)	Communication & Engagement	Purpose Timescales Key contacts	Current experiences of access to pharm. services Consultation response	PNA briefing shared and patient questionnaires distributed. PNA patient questionnaire posted on NHS Haringey Website	Aug 10 - Sept 10
Local Pharmaceutical	Communication &	Timescales	Involvement of core group	Pharmacy Liaison &	10.3.10

[13] Number of questionnaires distributed

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Committee (LPC)	Engagement	Key contacts PNA development process See draft PNA in development	Level of engagement with contractors Inform consultation process	Commissioning Group meetings LPC meeting Steering group member	5.5.10 7.7.10 1.9.10
Public health teams	Engagement	Timescales Key contacts PNA development process See draft PNA in development	Public health data including JSNA data Existing needs assessment work Mapping Gap identification	Core PNA project team meetings Steering group senior member	Every 2 -3 weeks. June – Sept 10
Other commissioners of pharmacy services e.g. DASH, DAAT commissioner, sexual health commissioner	Communication & Engagement	PNA in process Timescales Key contacts	Service data Identified gaps in service provision Consultation response	Briefing Questionnaire	July 10
Primary Care Trust • Commissioning Executive Committee • GRIP (executive management team)	Communication & Engagement	PNA process and their role Sign off PNA Timescales & Key contacts Consultation details	They are happy	Briefing documents, draft PNA & Final PNA • GRIP (executive management team) • Commissioning Executive Committee	 June 10 Sept 10
Neighbouring Primary Care Trusts	Communication & Engagement	PNA development process See draft PNA in development	Provision of services across borders	Meetings	May 10

Appendix A3 – Patient engagement questionnaire results

1. Why do you normally use a pharmacy?	No. Responses	%
To get prescription medicines	13	87%
To buy medicines	4	27%
To use other pharmacy services	7	47%
To buy other products	8	53%
Other	0	0%
2. How regularly do you visit a pharmacy?	**No. Responses**	**%**
Daily	0	0%
Weekly	3	20%
Monthly	4	27%
Every 2 months	1	7%
Every 3 months	6	40%
Twice a year	0	0%
Once a year	0	0%
Less than once a year	1	7%
3. Have you used any of the following pharmacy services in the last 12 months? (answer all that apply)	**No. Responses**	**%**
Minor Ailments Service	3	20%
Stop Smoking Service	2	13%
Emergency Hormonal Contraception (EHC)	1	7%
Chlamydia Screening	1	7%
Supervised consumption of methadone/subutex	1	7%
Needle Exchange	0	0%
Anticoagulant Monitoring Service	0	0%
Not Applicable to me	9	60%
4. Would you consider using a pharmacy for any of the following free NHS services? (tick all that apply)	**No. Responses**	**%**
A Care Home Service – Provide Advice on medicines to support patients and staff in care homes	3	20%
A Long Term Illness service – Provide advice and support to patients with a long term illness and monitor treatment	4	27%
A Gluten Free Food Supply Service – Order and supply Gluten Free food to patients without the need for a prescription	3	20%
A Home Delivery Service – Medicines delivered to patient's own home	7	47%
A Language Access Service – Provide advice and support about medicines in the patient's own language.	0	0%
A Medication Use Review Service – A one to one talk with the Pharmacist about how to use and take your medicines	8	53%
A Weight Management Service – Provide advice and support about weight and monitor progress	5	33%
A Compliance Assessment Service – To identify the best way to help vulnerable and special needs patients take their medicines	3	20%
Not Applicable to me	3	20%

5. Would you also consider using a Pharmacy for any of the following free NHS services? (answer all that apply)	**No. Responses**	**%**
A Minor Ailment Scheme – Supply advice and treatment to patients with a minor ailment/illness without having to see a doctor	6	40%
A Needle & Syringe Exchange Service – Provide sterile needles and syringes to drug users and safely dispose of used needles	2	13%
An End of Life Service – Pharmacy maintains a stock holding to ensure medicines commonly used to treat patients near the end of their life are always available	4	27%
Out of Hours Service – Dispense medicines and provide Pharmacy services outside of normal working hours	10	67%
Supply Prescription Medicine Service – To supply certain Prescription Medicines without the patient seeing a doctor e.g. contraceptive pill, stop smoking medicine etc	3	20%
A Prescriber Support Service – Support and advise doctors/prescribers on most appropriate medicines for patients in accordance with the latest national guidelines	3	20%
A Schools Service – To provide support and advice to children and staff on the safe use and storage of medicines	3	20%
A Screening Service – To identify patients that may develop a long term illness and provide advice on possible lifestyle changes to prevent the long term illness	5	33%
No, not applicable to me	2	13%
6. Finally for this section, would you consider using a Pharmacy for any of the following free NHS services? (answer all that apply)	**No. Responses**	**%**
A Stop Smoking Service – Advise and support patients wishing to stop smoking through the supply of appropriate drugs and aids if needed	3	20%
A Supervised Administration Service – Pharmacist oversees the administration of a prescribed medicine in the Pharmacy	3	20%
A Pharmacist Prescribing Service – The Pharmacist will prescribe medicines for patients from a restricted list of medicines in agreement with the patient's doctor	8	53%
A Vaccination Programme – Pharmacist vaccinates patients against various illnesses including seasonal flu, travel vaccines, childhood immunisations	7	47%
Sharps and Needle Disposal Service – Patients using needles, such as diabetics, can return used needles to the Pharmacy for safe disposal	3	20%
No, not applicable to me	2	13%
7. How do you normally travel to a Pharmacy?	**No. Responses**	**%**
Car	3	20%
Taxi	0	0%
Public Transport	2	13%
Walk	13	87%
Bicycle	0	0%
Other	0	0%

8. How easy is it for you to visit a Pharmacy?	**No. Responses**	**%**
Very easy	10	67%
Quite easy	5	33%
Don't know	1	7%
Not very easy	0	0%
Quite difficult	0	0%
9. How long does it normally take you to travel to a Pharmacy using the mode of transport indicated above?	**No. Responses**	**%**
5 to 10 minutes	8	53%
10 to 20 minutes	5	33%
20 to 30 minutes	1	7%
Over 30 minutes	1	7%
Did not respond	1	7%
10. What do you think about the opening times of Pharmacies that you use?	**No. Responses**	**%**
Happy with the current opening times	6	40%
Would like more late evening opening (after 6pm)	6	40%
Would like more early morning opening (before 9am)	1	7%
Would like more Pharmacies to open on a Saturday	4	27%
Would like more Pharmacies to open on a Sunday	5	33%
Other	0	0%
Did not respond	1	7%
11. Are you male of female?	**No. Responses**	**%**
Male	4	27%
Female	10	67%
Did not respond	1	7%
12. What is your postcode?	**No. Responses**	**%**
N4	0	0%
N6	1	7%
N8	7	47%
N10	1	7%
N11	0	0%
N15	2	13%
N17	2	13%
N22	1	7%
Other	0	0%
Did not respond	1	7%

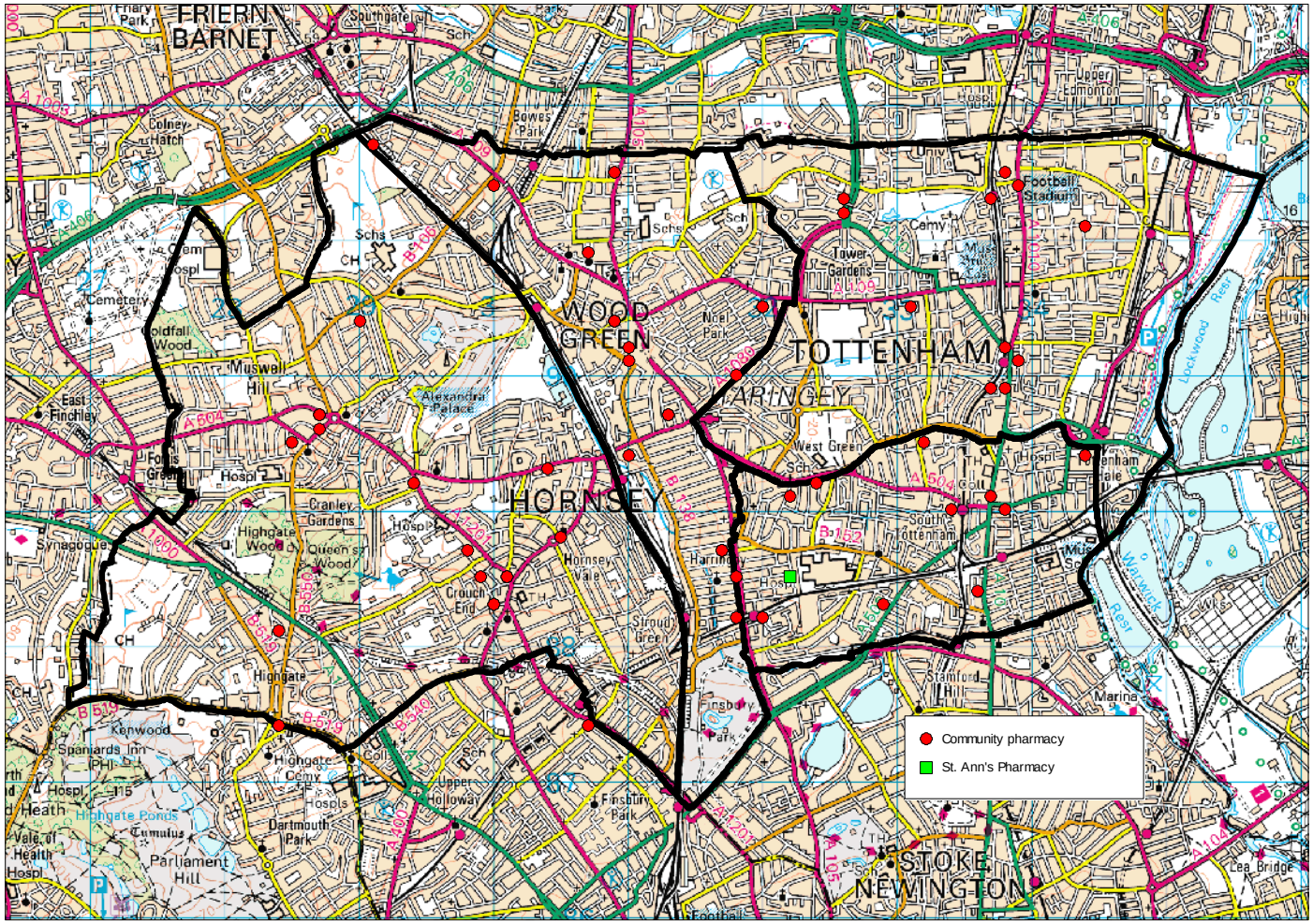
13. Your age	**No. Responses**	**%**
Under 16	0	0%
16 - 24	0	0%
25 - 34	3	20%
35 - 44	4	27%
45 - 54	2	13%
55 - 64	4	27%
65 - 74	0	0%
75 - 84	1	7%
85+	0	0%
Prefer not to say	0	0%
Did not respond	1	7%
14. Your ethnic group	**No. Responses**	**%**
White British	8	53%
White Irish	0	0%
White Other	3	20%
Mixed White/Black Caribbean	0	0%
Mixed White/Black African	0	0%
Mixed White/Asian	0	0%
Mixed Other	0	0%
Asian or Asian British - Pakistani	0	0%
Asian or Asian British - Indian	1	7%
Asian or Asian British - Bangladeshi	0	0%
Asian or Asian British - Other	1	7%
Black or Black British - Caribbean	1	7%
Black or Black British - African	0	0%
Black or Black British - Other	0	0%
Chinese	0	0%
Other Ethnic Group	1	7%

Appendix A4 – Consultation plans

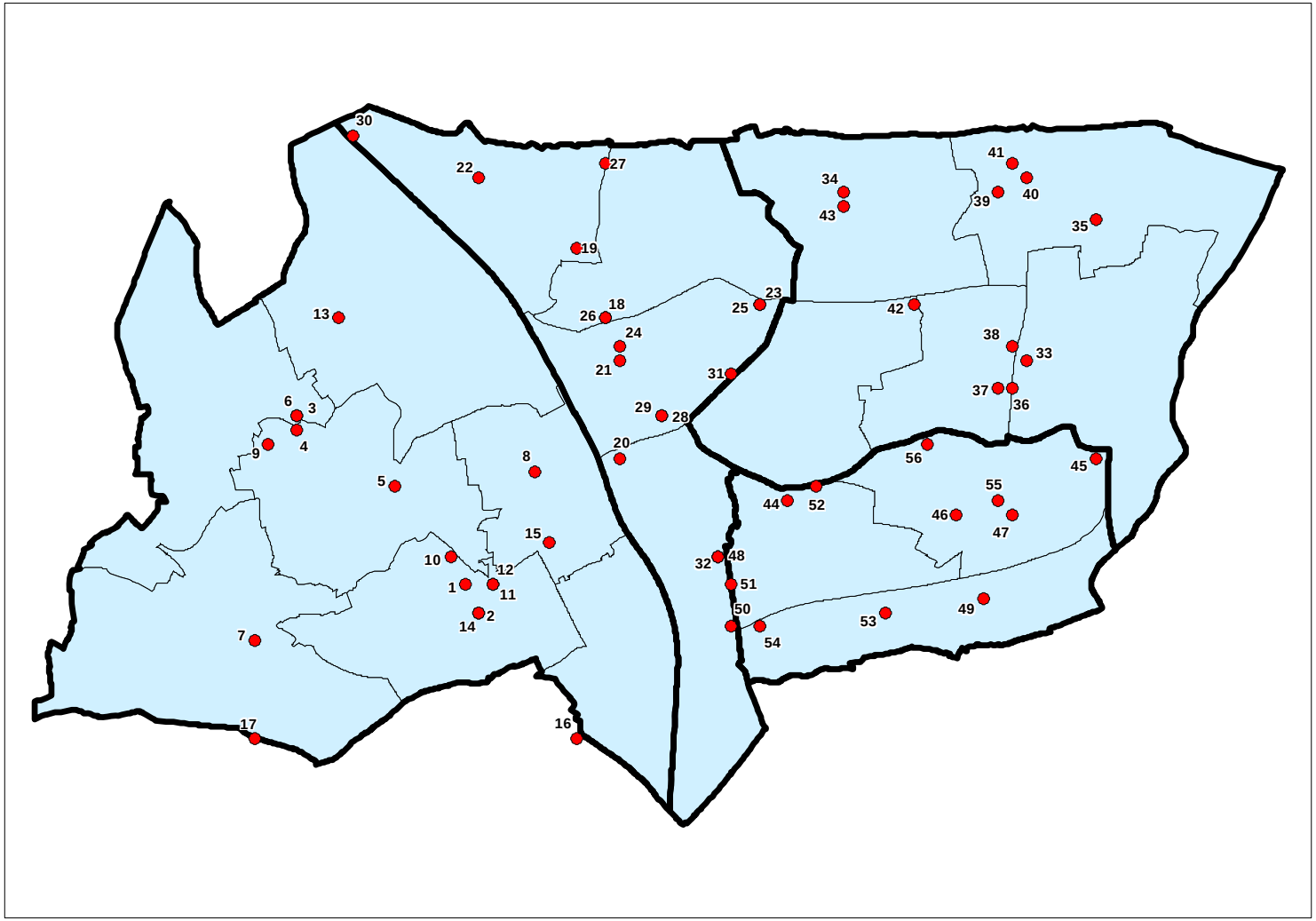
As part of consultation on the draft PNA the following mechanisms will be utilised:

- A copy of the draft PNA will be sent to identified stakeholders, including required consultees, with a reply form for the submission of views
- A number of individuals and organisations will be contacted to verify receipt of the draft PNA, including the LPC, LMC and LINk
- Development of a survey to capture the views of professionals and services who interact with pharmaceutical services for completion online at www.haringey.nhs.uk and distribution directly to identified local stakeholders (including required consultees) listed at appendix 1
- A public consultation meeting
- A consultation meeting with community pharmacists and GPs
- Attendance at meetings with identified voluntary and community sector organisations, including those working with individuals / groups who may be termed 'easy to overlook' and who may provide insight into areas of local public health concern
- Involvement of the Local Involvement Network (LINks), including reviewing documents / statements, such as about local peoples' willingness to travel to services
- Appropriate NHS Haringey representatives will meet with the LPC, LMC, LINk and any other appropriate groups identified to discuss the draft PNA, respond to questions and facilitate consultation response

APPENDIX B: MAPS
Map B1 Main Map



Map B2 Neighbourhood of pharmacies in Haringey



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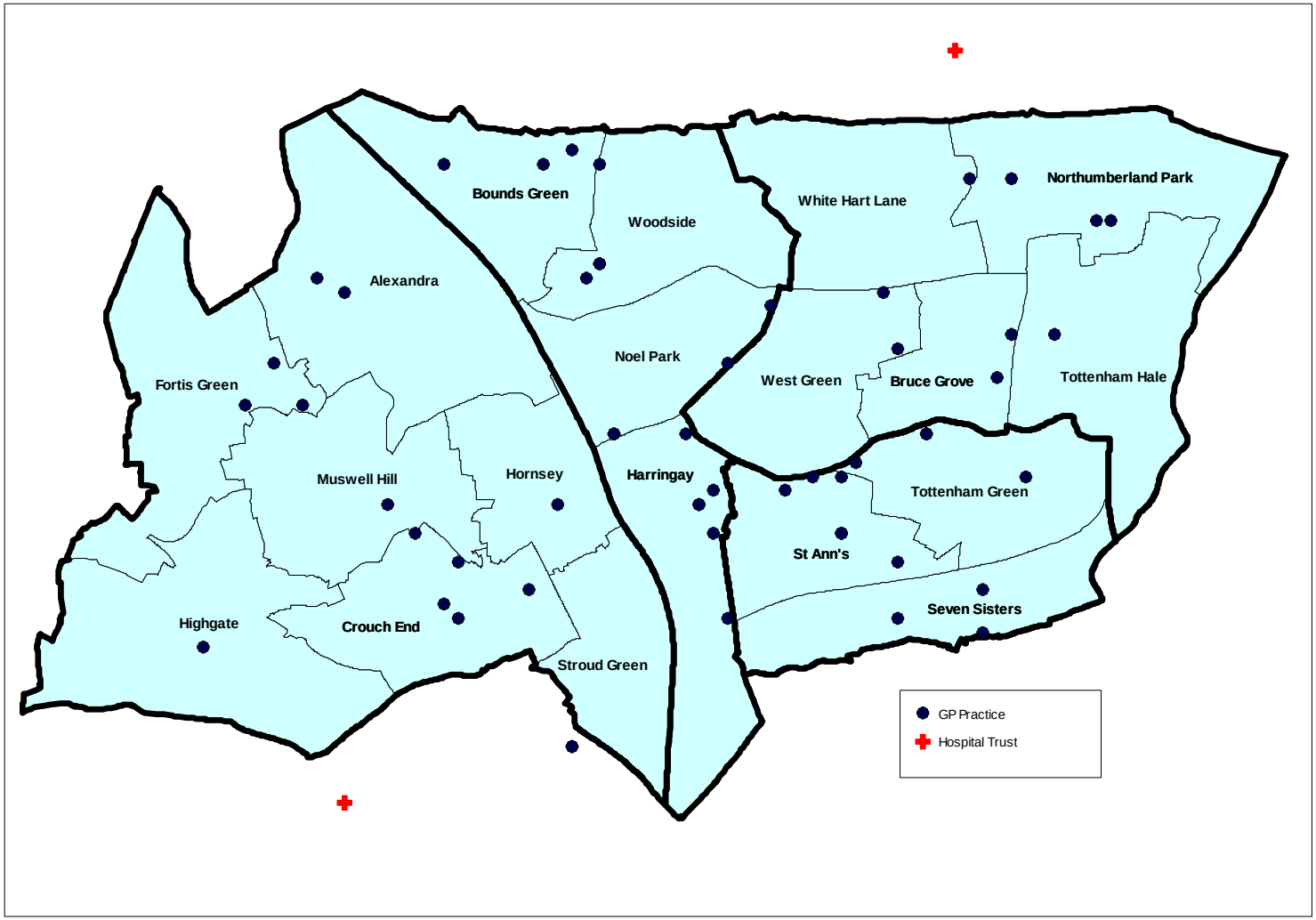
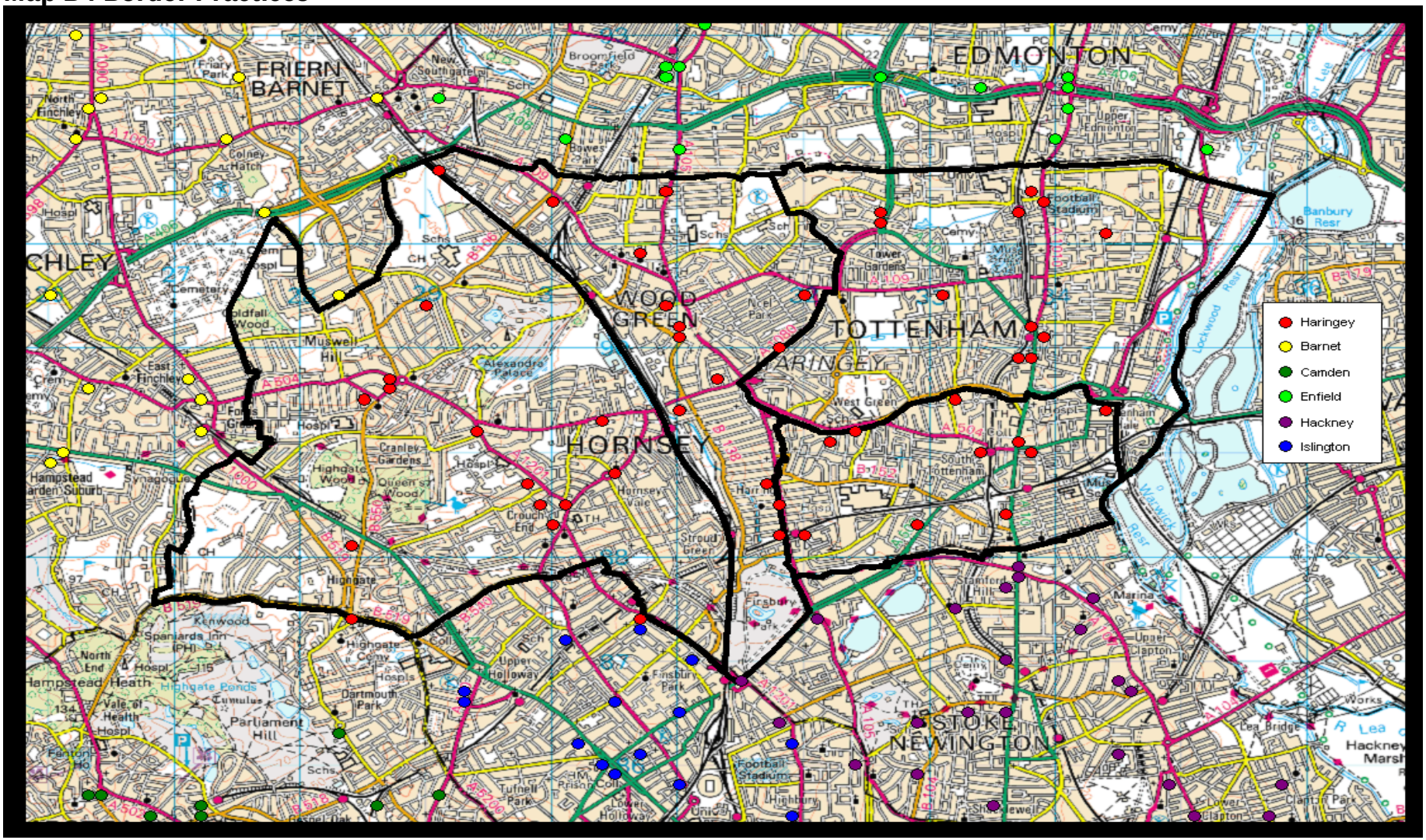
	West		Central		NE		SE
1	Amy Pharmacy	18	Pharmacy Express	33	Abbeylace	45	Boots (TH)
2	Boots (CE)	19	Alpha	34	Beauty-Chem	46	Chemgrange/Dobber
3	Boots (MH)	20	Avenue	35	Grace Pharmacy	47	Coopers
4	Broadway Pharmacy	21	Boots (WG)	36	Lloyds (464)	48	D P Mark
5	Coral Pharmacy	22	Clockwork Pharmacy	37	Napclan (465)/AJ Rones	49	Mansons
6	Dukes Pharmacy	23	Cross Chemists	38	Napclan (575)	50	Med-Chem UK Ltd
7	Hayward of Highgate	24	Greenwoods Pharmacy	39	Napclan (65a)	51	Parade Chemist
8	Medisense/Frost & Co	25	J Lord	40	Napclan (804)	52	Ram Pharmacy
9	Muswell Hill Pharmacy	26	Lloyds (240)	41	Napclan (867)/Shan	53	Safedale
10	Park Road Pharmacy	27	Lloyds (352)	42	Phillips	54	Sainsbury
11	Petter (49)	28	Mintons Chemist	43	Porters Pharmacy	55	Tesco
12	Pharmacy Naturale	29	Morrisons	44	Allcures	56	The Cadge
13	Redwood Pharmacy	30	Napclan t/a Warwick				
14	Reena	31	Savemore				
15	Saigrace	32	Stearns Pharmacy				
16	Santas Limited						
17	The Highgate Pharmacy						

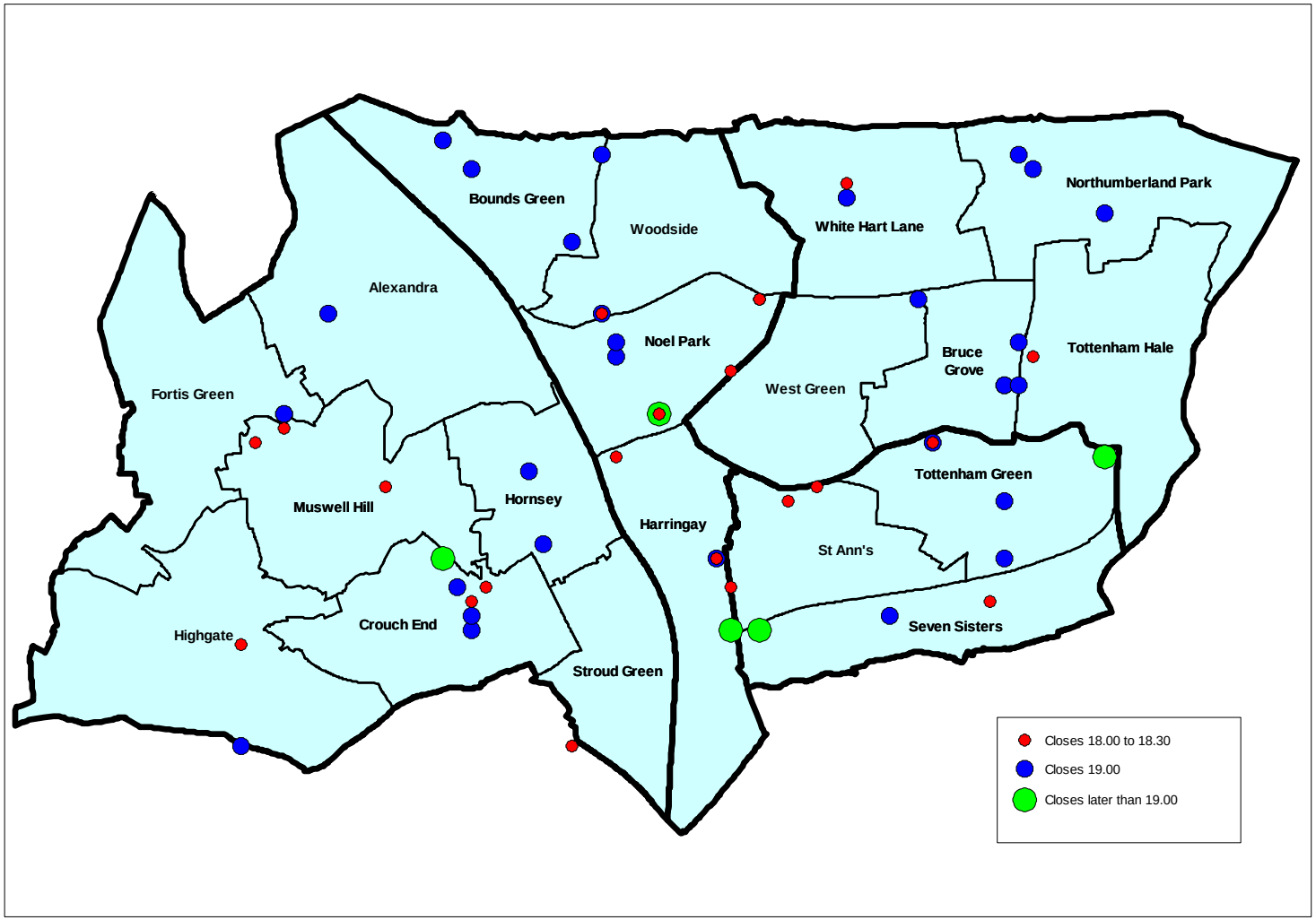
Map B3 GPs and Hospitals



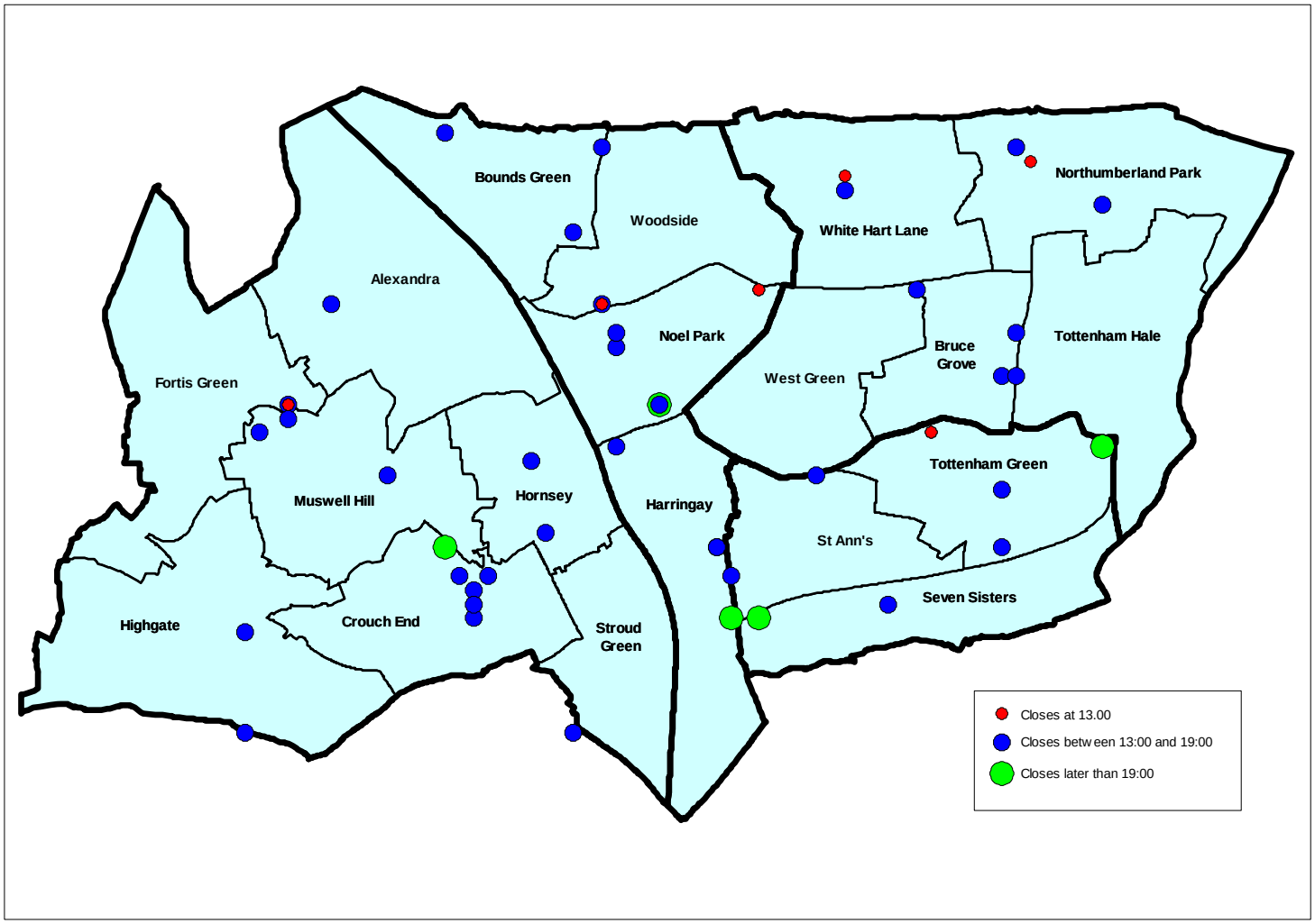
Map B4 Border Practices



Map B5 Opening Times: Monday to Friday



Map B6 Opening Times: Saturday



Map B7 Opening Times: Sunday

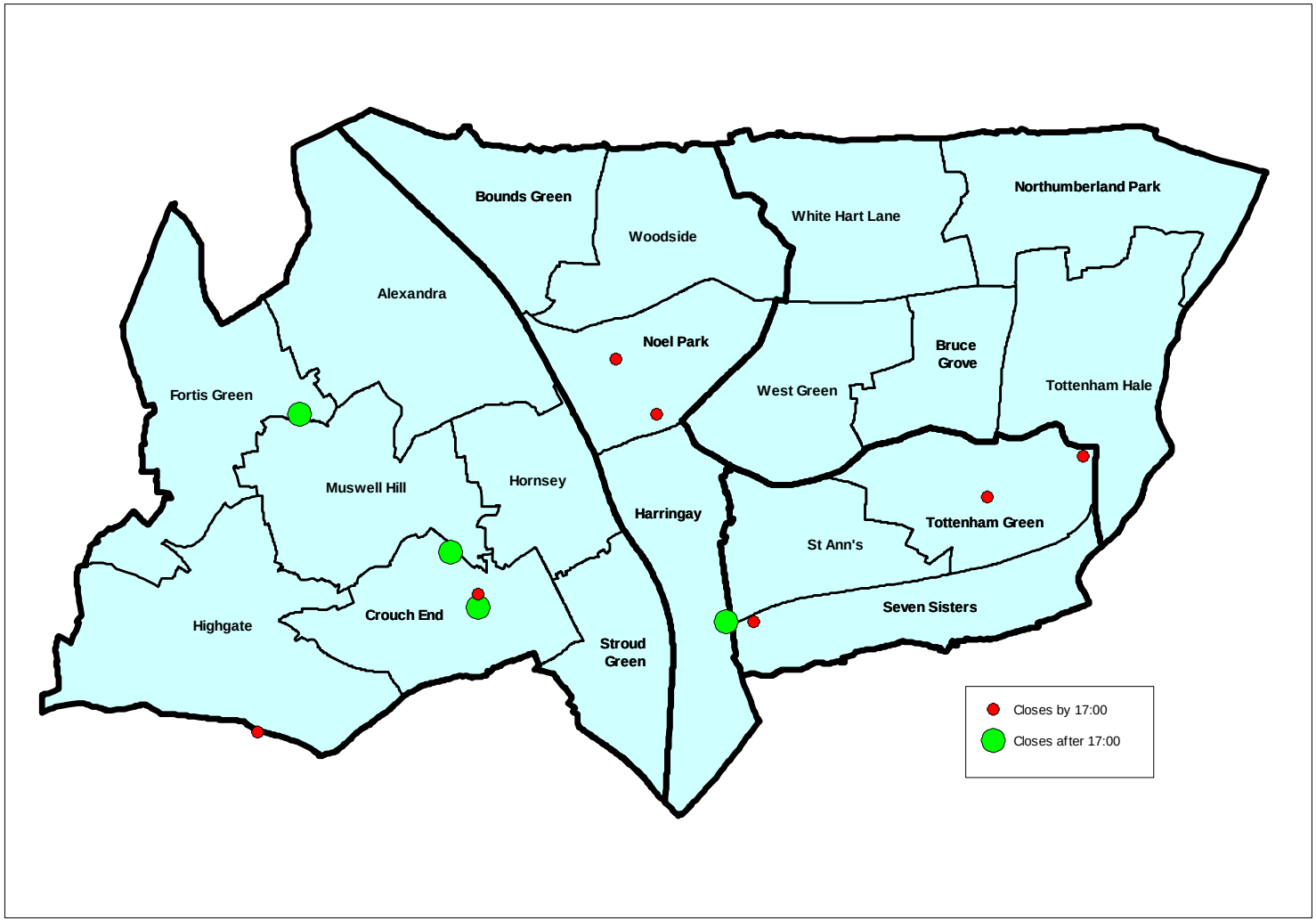


Table 19 Pharmacy Opening Times

Name of Pharmacy	Postcode	Opening Time	Closing Time	Opening Time	Closing Time	Opening Time	Closing Time
		Monday to Friday		Saturday		Sunday	
Redwood	N10 2AH	9.00am	7.00pm	9.00am	5.00pm	No	
Petter (47)	N8 8DT	9.00am	6.30pm	9.00am	6.00pm	11.00am	4pm
Hayward of Highgate	N6 4EJ	9.00am	6.00pm	9.00am	5.30pm	No	
Cross	N22 5DJ	9.00am	6.00pm	9.00am	1.00pm	No	
Savemore	N22 6SA	9.00am	6.30pm	No		No	
Napclan (804)	N17 0DH	9.00am	7.00pm	9.00am	1.00pm	No	
Napclan (867)	N17 8EY	9.00am	7.00pm	9.00am	5.30pm	No	
Allcures	N15 3PB	9.00am	6.15pm			No	
Ram	N15 3BL	9.00am	6.15pm	10am	5.00pm	No	
Stearns	N8 0RL	9.00am	6.15pm	10.00am	2.00pm	No	
Santas	N4 3RN	9.00am	6.30pm	9.00am	5.30pm	No	
Avenue	N8 0DU	9.00am	6.30pm	9.30am	1.30pm	No	
J Lord	N22 5DJ	9.00am	6.30pm	9.00am	1.00pm	No	
Mintons	N22 6BH	9.00am	6.30pm	9.00am	6.00pm	No	
Dowsett	N17 9DD	9.00am	6.30pm	No		No	
Beauty-Chem	N17 7LH	9.00am	6.00pm	9.00am	1.00pm	No	
Mansons	N15 6JR	9.00am	6.30pm	No		No	
The Cadge	N15 4JR	9.00am	6.00pm	9.00am	1.00pm	No	
Parade	N4 1LG	9.00am	6.30pm	9.00am	6.00pm	No	
Saigrace	N8 9BG	9.00am	7.00pm	10.00am	3.00pm	No	
Medisense	N8 7PS	9.00am	7.00pm	9.00am	6.00pm	No	
Alpha	N22 8ED	9.00am	7.00pm	10.0am	2.00pm	No	
Phillips	N17 6XF	9.00am	7.00pm	9.00am	5.30pm	No	
Highgate	N6 5HX	9.00am	7.00pm	9.00am	6.00pm	10.00am	2.00pm
D P Mark	N4 1JX	9.00am	7.00pm	9.00am	6.00pm	No	
Safedale	N15 6EP	9.00am	7.00pm	9.30am	2.00pm	No	
Coopers	N15 4JR	9.00am	7.00pm	9.00am	1.00pm	No	
Dobber	N15 4NR	9.30am	7.00pm	9.30am	6.00pm	No	
Amy	N8 8SY	9.00am	7.00pm	10.00am	6.00pm	No	
Pharmacy Naturale	N8 8PL	9.00am	6.30pm	9.00am	6.00pm	No	
Reena	N8 8AA	9.00am	7.00pm	9.00am	6.00pm	No	
Dukes	N10 1DJ	9.00am	7.00pm	9.00am	1.00pm	No	
Coral	N8 8LA	9.00am	6.30pm	9.30am	6.00pm	No	
Haria	N10 3HN	9.00am	6.30pm	9.00am	5.30pm	No	
Broadway Pharmacy	N10 3RS	9.00am	6.00pm	9.00am	5.00pm	**No**	
Clockwork	N11 2DN	9.00am	7.00pm	No	No	No	
Napclan (BG)	N11 2EU	9.00am	7.00pm	9.00am	6.00pm	**No**	
Greenwoods	N22 6DS	9.00am	7.00pm	9.00am	7.00pm	**No**	
Lloyds (240)	N22 4HH	9.00am	7.00pm	9.30am	5.30pm	No	
Pharmacy Express	N22 8HH	9.00am	6.30pm	9.00am	1.00pm	No	
Napclan (575)	N17 6SB	9.00am	7.00pm	9.00am	5.30pm	No	
A J Rones	N17 6QB	9.00am	7.00pm	9.00am	5.30pm	No	
Grace	N17 0HJ	9.00am	7.00pm	9.00am	6.30pm	No	
Napclan (65A)	N17 6QB	9.00am	7.00pm	No		No	
Lloyds (464)	N17 9JD	9.00am	7.00pm	9.00am	7.00pm	No	
Porters	N17 7BU	9.00am	7.00pm	9.00am	4.00pm		

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Name of Pharmacy	Postcode	Opening Time	Closing Time	Opening Time	Closing Time	Opening Time	Closing Time
		Monday to Friday		Saturday		Sunday	
Boots (CE)	N8 8DU	8.00am	7.00pm	8.00am	7.00pm	9.00am	6.00pm
Boots (MH)	N10 1DJ	8.00am	7.00pm	8.00am	7.00pm	9.30am	6.30pm
Boots (WG)	N22 6BA	9.00am	7.00pm	9.00am	7.00pm	11.00am	5.00pm
Lloyds (352)	N22 8JW	9.00am	7.00pm	9.00am	7.00pm	No	
Tesco	N15 4AJ	8.00am	7.00pm	8.00am	7.00pm	11.00am	5.00pm
Morrisons	N22 6BH	9.00am	9.00pm	9.00am	8.00pm	11.00am	5.00pm
Boots (THRP)	N15 4QD	8.00am	8.00pm	8.00am	8.00pm	11.00am	5.00pm
Sainsburys	N4 1UJ	7.00am	11.00pm	7.00am	10.00pm	11.00am	5.00pm
Park Road	N8 8JR	8.00am	11.00pm	8.00am	11.00pm	9.00am	7.00pm
Med Chem UK	N4 1DU	9.00am	12.00midnight	9.00am	12.00 midnight	10.00am	12.00 midnight

Appendix C

Equality Impact Assessment
Policy Full Impact Assessment

Name of the policy	Pharmaceutical Needs Assessment (PNA)

Name and details of those involved in the impact assessment, including contact details of the lead person involved	Dilo Lalande – Head of Partnerships and Stakeholder Engagement Pauline Taylor – Head of Medicines Management & Commissioning (Central) Dawn Nelson – Community Pharmacy Commissioning Manager

Step One: Identify the Aims and Outcomes

What are the main aims, purpose and outcomes of the policy? How does it link with the wider aims, objectives or policies of the organisation?
The purpose of a Pharmaceutical Needs Assessment (PNA) is • To inform and support the future commissioning of pharmaceutical services in Haringey • To provide the bases for determining market entry to NHS Pharmaceutical Services The PNA combines the PCT's strategic plans, draws on the JSNA which describes the health needs of our population and links this to the commissioning of pharmacy services. The PNA provides a foundation for further work to develop a pharmacy commissioning strategy for the PCT.

What are the main areas or activities of the policy?
This is a needs assessment to ascertain the adequacy of Pharmacy services in Haringey

Who are the key stakeholders?
• Barnet, Enfield & Haringey Local Pharmaceutical Committee • Haringey Local Medical Committee • All pharmacies on the PCTs pharmaceutical list. • The Haringey local involvement network • Any NHS trust or NHS foundation trust in its area (Barnet, Enfield & Haringey Mental Health Trust, Whittington NHS Trust, North Middlesex University Hospital NHS Trust • Any neighbouring PCT: NHS Islington/Enfield/Barnet/City & Hackney/Camden

Others

Haringey Council Overview and Scrutiny Committees (OSCs)
Local Involvement Networks (LINKs)
Local Strategic Partnerships (LSPs)/Haringey Strategic Partnership
Area Partnership Boards / Neighbourhood Consultative Forums
Area Assemblies

- Consultative Forum – Central
- Consultative Forum – West
- Consultative Forum – East
- Consultative Forum – South
- Haringey Community Link Forum
- HAVCO
- Adults and Older Peoples Forums
- Haringey Forum

Volunteer Development Agencies (VDAs) *

Also onwards distribution to membership (voluntary and community groups)

Voluntary and Community Groups - Patient, Consumer or Community Groups with an interest in pharmaceutical services *

- Age Concern Haringey
- Carers Centre – Haringey
- Diabetes UK Support Groups
- Haringey Carers
- Haringey MIND

Practice Based Commissioning Groups
Internal Stakeholders

- Board
- CEC
- NHS Haringey Staff including Health Improvement
- Strategic Delivery Groups

Four Patient Panels
Service Providers and Staff

- Dentists
- GPs
- Haringey Community Services

How will the policy be put into practice? Who will be responsible for it?
Although not all the regulations which support the implementation of the Health Act have been issued, the Act points to much stronger commissioning of community pharmaceutical services. The Act directs PCTs to commission services against their assessments of pharmaceutical needs and their local health priorities. In order to meet these needs, a stronger role of community

pharmacists in local planning is envisaged.

The Health Act 2009 requires all PCTs to

- develop and publish a Pharmaceutical Needs Assessment and
- to use PNAs as the bases for determining market entry into NHS Pharmaceutical Services

The new Regulations – The National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010 are a result of work on the first clause to require PCTs to develop and publish PNAs. In 2010 an advisory group is focusing on the draft regulations to support the use of PNAs in determining pharmacy applications.

How will the policy be measured in terms of it meeting its aims?
Through the engagement and consultation plan. When the market entry regulations are enacted through the PCT using the PNA to assess new applications to join the pharmaceutical list.

Step Two: Consider the Data and Research

What data is available to help inform the impact assessment? **What information is known from** • **Surveys, research, reports etc** • **Focus groups, patient / staff feedback etc** • **PALS, complaints etc** **Is there anything specific to any of the equality strands that could be included - i.e. race, religion / belief, disability, gender, sexual orientation and age.**
JSNA Public Health Data Community Pharmacy Patient Questionnaire Website Staff intranet Patient Panels Local Forums Voluntary Groups Overview and Scrutiny Committee Strategic Plan Neighbourhood development plan Operating plan

Are there any gaps in the information? What are the reasons for any lack of information? Please list them below in each area of race, religion / belief, disability, gender, sexual orientation and age

None

What additional information is required and how will this information be sought (including if any research is required to provide the information)?
Results of the professional and public consultation may change the PNA document

Step Three: Analysis of the Policy or Function

Does or could the policy have any impact on any of the equality strands in relation to • **Promoting and achieving equality** • **Eliminating discrimination**	**Yes**	**No**
Race	Y	
Religion or belief	Y	
Disability	Y	
Gender	Y	
Sexual Orientation	Y	
Age	Y	

Step Four: Assess the Likely Impact on Equality

Could the way that the policy is planned or delivered have a:

- **Negative impact on equality i.e. does it have the potential for disadvantage**
- **Positive impact on equality and contribute to promoting equality, equal opportunities or improving relations for each of the groups below**

Equality area	Positive impact	Negative impact	Reason
Race	Y	Y	The needs of ethnic minorities will be recognised in the PNA Negative – Potential for language barriers when it comes to filling in the survey – see action plan
Religion or belief	Y		Opportunity to express views in patient survey
Disability	Y		Looking to improve access and meet needs.
Gender	Y		Opportunity to express views in patient survey
Sexual Orientation	Y		Opportunity to express views in patient survey
Age	Y		Opportunity to express views in patient survey

Can the negative impact be minimised or improved? Explain how
This is not applicable as the consultation executive summary and the questionnaire will be translated into the required language upon request

Step Five: Consider the Alternatives

Detail any changes that can be made to the policy
N/A

Detail different or alternative ways the policy can be implemented
N/A

Is it possible to consider a different policy which still achieves your aim, but avoids any adverse impact
No

Step Six: Involve and Consult Relevant Stakeholders

What previous or planned consultation on the policy has taken place or will take place and what did it indicate?
Steering group meeting – The group understood the aims and purposes of the PNA. Membership: • Board Support: a sponsor for the project (at board director level): Director of Adult Services and Performance • Strategic Support: internal champions within the PCT: Public Health Consultant, Head of Medicines Management & Commissioning, Community Pharmacy Clinical Executive Committee Member • Operational Support and Project Management: a management lead for the PNA: Head of Medicines Management & Commissioning & Community Pharmacy Commissioning Manager • Partnership Support: an external champion for community pharmaceutical services: Chief Executive/Chair, Haringey Local Pharmaceutical Committee • PBC support: a PBC champion: PBC Clinical Director &Head of Medicines Management & Commissioning • Patient and Public Involvement: via LINks • Technical Support: Public Health Consultant and Public Health Information Analyst LPC (Local Pharmaceutical Committee) have been an inclusive member on the PNA Steering Group to feedback on the community pharmacy survey. NHS Haringey's PNA has been developed using a mixture of methods drawing on a range of information source and reinforced through engagement with patients and providers (Appendix A). This has included: • A questionnaire distributed at eight public meetings and placed on the PCT website

• A questionnaire of community pharmacy contractors and a stakeholder meeting • A review of complaints received by the PCT concerning Pharmacies

Is there anything from either local and/or national consultation that should be considered?
Only the national consultations taken place by DH around PNA regulations.

What arrangements are in place for involving disabled people in the process?
Approaching the Haringey Diversity and Equity Committee and the Disability Quality Working Group

What has the consultation identified in relation to each area of equality

Equality group	Summary of consultation carried out or planned
Race	Focus Groups need to be attended Patient Survey
Religion or belief	Patient Survey
Disability	Present at the Disability User Group Patient Survey
Gender	Patient Survey
Sexual Orientation	Approach LGBT (Lesbian Gay Bisexual Transsexual) Group. Patient Survey
Age	Patient Survey Youth groups Age UK Older and Bolder Forums

Are there any gaps in your consultation? Are there any experts / relevant groups that can be contacted to get further views or evidence? Please list them and explain how you will obtain their views.
The steering group has reviewed our engagement and consultation plan to help identify any relevant or hard to reach groups that should be consulted with. No gaps

Have you involved staff (who have or will have direct experience of implementing the policy) in taking forward this impact assessment? If yes how?
Yes – Equality Manager , Comms Lead, Medicines Management. A discussion has taken place to discuss the Impact assessment and changes have been made to the comms plan.

Step Seven: Make a Decision on the Policy or Function

The following matrix **may** assist in making the decision on whether to adopt the policy. It may not be relevant or appropriate to complete this matrix but it is included as a guide

What is the potential risk on equality of outcomes (delete as appropriate)

Highly likely to have an adverse effect on equality	May possibly have an adverse effect on equality	Probably will not have adverse effect **Low Risk**

What is the potential for benefit (delete as appropriate)

Highly likely to promote equality of opportunity and good relations **High potential**	May have the potential to promote equality and good relations	Probably will not promote equality or good relations

If the risk and benefit identified occurred, how substantial and severe would this be

	A few people may be adversely affected to some extent

Summarise the findings
There will be groups of people not taken into account or represented due to no public health data being available such as travellers or those people not registered to a GP. Limited resources may also hinder the results of a complete consultation.

What practical actions are required to reduce or remove any negative impact?
N/A

Step Eight: Reporting Results

Give details of how the results of the impact assessment will be published
On the NHS Haringey website and will be an appendix in the PNA document.

Step Nine: Monitoring and Review

Give details of the monitoring arrangements
Review PNA every 2 years or when a change in provision of pharmaceutical services occurs

Name (and contact details) of person completing the impact assessment documentation:	Dilo Lalande – Head of Partnerships and Stakeholder Engagement Pauline Taylor – Head of Medicines Management & Commissioning (Central) Dawn Nelson – Community Pharmacy Commissioning Manager
Date:	**13th October 2010**

Equality Impact Assessment Action Plan

Issue	Action required	How would you measure impact / outcomes in practice	Timescale	Responsible Officer
Language barrier to reaching ethnic groups.	Making the patient experience survey available in other languages. Focus Groups will also be conducted using the 'Links' network to capture BME views and incorporate them into the PNA	Monitor requests	November 2010	**Dilo Lalande**
Informing of the availability of the survey in other languages	Remodel the covering letter to healthcare professionals with patient surveys to include information about the availability of the survey	Report on Ethnicity breakdown	October 2010	**Dilo Lalande**
Not consulting enough with hard to reach communities.	Identify other focus groups. Focus groups include the LGBT community, Disability User Group, Age, BME Groups, Faith Groups through LINKs including traveller community.	Consultation will inform	October-November 2010	**Dilo Lalande**
Disability – making the patient survey accessible	We will ensure that accessibility through letter to health professionals	Letter to Healthcare professionals	October 2010	**Dilo Lalande**

	indicate that survey questionnaires are placed in practices where they are accessible to wheelchair users. Also ensure that patient survey is available online on our NHS Haringey website with accessibility options on fonts and colour schemes for disability users			