MEETING
HEALTH & WELL-BEING BOARD
DATE AND TIME
THURSDAY 4TH JUNE, 2015
AT 10.00 AM
VENUE
HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF HEALTH & WELL-BEING BOARD (Quorum 3)

Chairman: Councillor Helena Hart (Chairman),
Vice Chairman: Dr Debbie Frost (Vice-Chairman)

Dr Charlotte Benjamin
Paul Bennett
Dr Andrew Howe
Chris Munday
Councillor Sachin Rajput
Regina Shakespeare
Dr Clare Stephens
Councillor Reuben Thompstone
Dawn Wakeling
Vacancy (Barnet Healthwatch)
Chris Miller

Substitute Members

Julie Pal
Councillor Wendy Prentice
Councillor David Longstaff
Bernadette Conroy
Dr Ahmer Farooqui
Dr Barry Subel
Maria O'Dwyer
Nicola Francis
Mathew Kendall
Dr Jeffrey Lake

You are requested to attend the above meeting for which an agenda is attached.

Andrew Charlwood – Head of Governance

Governance Services contact: Salar Rida 020 8359 7113, salar.rida@barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

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Minutes of the Health & Well-Being Board

12 March 2015

AGENDA ITEM 1

Board Members:

*Cllr Helena Hart (Chairman)
*Dr Debbie Frost (Vice-Chairman)

* Dr Charlotte Benjamin	* Regina Shakespeare	Dawn Wakeling
Paul Bennett	Selina Rodrigues	* Cllr Sachin Rajput
* Dr Andrew Howe	* Dr Clare Stephens	* Chris Miller
* Kate Kennally	* Cllr Reuben Thompstone	

* denotes Member Present

Substitute members:

Cllr David Longstaff	Nicola Francis	Maria O'Dwyer
*Mathew Kendall	Dr Jeffrey Lake	* Julie Pal
	David Riddle	Cllr Wendy Prentice

Also in attendance:
Dr Laura Fabunmi (Public Health)
Sarah Hellier (HB Public Law)

1. MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):

The Chairman of the Health & Well-Being Board Councillor Helena Hart, welcomed all attendees to the meeting. She indicated that the Minutes needed to be amended to show both the Chairman and Vice Chairman were present together with Councillor Longstaff, Dr Jeffrey Lake and Matthew Kendall as substitutes also being present. Members of the Board were provided with a verbal update on the progress of actions from the previous minutes of the Health & Well-Being Board on 29 January 2015.

In relation to the CCG Implementation of co-commissioning item, it was noted that Healthwatch will receive an update on co-commissioning which was presented to the CCG Governing Body in February and which included the Joint Committee's terms of reference.

It was noted that the Annual Report of the Director of Public Health has been circulated to primary care services via the CCG, CommUNITY Barnet and the Partnership Boards.

It was further noted that the first meeting of the Early Years Sub-Group was held on 25 February 2015.

The Board heard that in relation to the Healthwatch Update report, a meeting has been arranged between Adult Services and Healthwatch Barnet and that a progress report will be presented by Healthwatch at the June Health & Well-Being Board which will include information on the progress made by all providers.

RESOLVED that the minutes of the Health & Well-Being Board meeting held on 29 January 2015 be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

Apologies for absence were received from:

Dawn Wakeling (substituted by Mathew Kendall)
Selina Rodrigues (substituted by Julie Pal)
Paul Bennett

3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

There were none.

4. REPORT OF THE MONITORING OFFICER (IF ANY) (Agenda Item 4):

None.

5. PUBLIC QUESTIONS AND COMMENTS (IF ANY) (Agenda Item 5):

None were received.

6. FEEDBACK FROM CONSULTATION ON PUBLIC HEALTH COMMISSIONING PLAN (Agenda Item 6):

The Chairman welcomed the report which sets out the key findings from the public consultation conducted by the Council in relation to the Public Health Commissioning Plan.

The Chairman expressed concern for the low response rate of only seven respondents. The Chairman noted that as part of the consultation, two respondents had indicated that alcohol, exercise and obesity would require further robust solutions. It was noted that this Report Agenda included an item on obesity and that the Health and Well-Being Board will receive a paper on substance misuse in June.

Dr Andrew Howe, Director of Public Health, informed the Board about the feedback received from the public consultation, drawing the attention of the Board to the consultation responses which are in line with the direction of the commissioning plan and stated that the Public Health Commissioning Plan 2015-2020 aligns with the priorities identified in the Health and Well-Being Strategy 2012-2015 and is informing the Council's Corporate Plan. The Director of Public Health stated that some of the indicators and targets will be developed following data received at the end of the financial year.

Following queries from Board Members, Dr Andrew Howe noted that the priority objectives identified in the Public Health Commissioning Plan 2015-2020 will reflect the importance of providing protection to individuals against Female Genital Mutilation (FGM) and sexual exploitation.

Julie Pal, CommUNITY Barnet Chief Executive Officer, stated the importance of engaging with residents to ensure their understanding of services and their role in their own health and well-being, the Director of Public Health agreed and stated that the Health and Well-Being Strategy refresh offers an appropriate opportunity for this.

The Strategic Director for Commissioning, Kate Kennally, welcomed the ambitions identified in the Public Health Commissioning Plan and asked the Director of Public Health to comment on areas of development. The Director of Public Health informed the Board that the school nursing and substance misuse procurement exercises are almost complete and that work is being completed ahead of the transfer of the Health Visiting service to the Local Authority on 1 October 2015.

RESOLVED that:

1. **The Health and Well-Being Board notes the consultation feedback on the draft Public Health Commissioning Plan.**

2. **The Health and Well-Being Board notes that no changes have been made to the Public Health Commissioning Plan 2015-2020 as consultation feedback was overwhelmingly supportive of the Plan.**

3. **The Health and Well-Being Board approves the final Public Health Commissioning Plan 2015-2020.**

7. STRATEGIC APPROACH TO OBESITY (Agenda Item 7):

The Chairman of the Health and Well-Being Board invited Dr Laura Fabunmi, Consultant in Public Health, to join the table and stressed the importance of partnership working in order to commence the development of a response to obesity, both for adults and children.

The Chairman stated the difficulty of making a real difference to the entire overweight and obese adult population in Barnet (over 55%) and the need to look at prevention initiatives. She placed particular emphasis on preventing those at the upper scale of overweight from becoming obese.

Dr Andrew Howe, the Director of Public Health introduced the item and Dr Laura Fabunmi gave the Board an overview of the paper including the four tiers of services for weight management, stating the difficulty of gaining a true picture of prevalence in the borough due to self-reports and difficulties in routinely collecting BMI data by all GP practises and stated that obesity levels double from reception to Year 6 for children.

The Board heard the importance of making use of open spaces to encourage physical activity and promoting schemes that reduce obesity and incorporating these into the strategy and action plan.

Dr Fabunmi stated that, in terms of the pathway for children, tier 1 is running well, interventions aimed at enabling children to be more active and improving healthy eating habits are available in children's centres and schools. However, the lack of tier 2 has been a big gap; this has just been commissioned and will start in April. For adults, a business case for tier 2 was presented to the Board (Appendix 3 of the report).

Dr Laura Fabunmi explained the need for reviewing the commissioning of Tier 3 services to ensure that a clear pathway exists which clarified the referral pathways for both children and adults and further informed that this is the responsibility of the CCG. Dr Debbie Frost stated that this is something the CCG need to further consider from an NCL perspective in addition to the relevant resources.

The Chairman asked Dr Fabunmi to explain the type of service which was envisioned for the expenditure of £25,000 a year for 2 years. Dr Fabunmi explained that the business case outlines an evidence based approach.

The Board discussed the funding model for the tier 2 intervention, stating that there will be a lot of demand and to consider a reduced fee structure in order for more people to access the intervention.

Dr Clare Stephens, Barnet Clinical Commissioning Group, explained the importance of a family based approach when promoting physical activity and healthy eating habits. Dr Stephens further noted the importance of looking for contribution and involvement of Education. Dr Fabunmi explained that the Public Health Team are working with schools on a number of programmes.

The Strategic Director for Commissioning, Kate Kennally, stated that the re-commissioning of LBB Leisure Services offers an opportunity to take this agenda forward and will include a family based approach. The Strategic Director for Commissioning went on to stress the importance of culturally appropriate interventions.

The Chairman and Councillor Reuben Thompstone had visited Wingfield Children Centre, a Barnet Healthy Children Centre, and had been very impressed with the support being offered to families particularly with regard to healthy eating.

Action: That partners on the Health and Well-Being Board nominate their representative for the Obesity Steering Group.

RESOLVED that:

1. **The Health and Well-Being Board agrees that tackling obesity is a priority and ensures partners engage with the system-wide approach recommended for both children and adults, in particular that the obesity care pathway is developed with partners.**

2. **Additional recommendation: That Barnet CCG reviews the Tier 3 provision in conjunction with the Obesity Steering Group.**

3. **The Health and Well-Being Board agrees to the development of strategic statement and action plan, based on the needs assessment and stakeholder events, which all partners should sign up to, facilitating system wide action.**

4. **The Health and Well-Being Board supports the commissioning of a Tier 2 adult weight management service as set out in the Public Health Commissioning Plan (2015-2020) and develop the weight management offer.**

8. BETTER CARE FUND - POOLED BUDGET PROGRESS (Agenda Item 8):

The Chairman thanked colleagues for their efforts to progress the Better Care Fund and noted that final approval of the Barnet Better Care Fund (BCF) Plan was received from NHS England on 6 February 2015. She drew the Board's attention to very positive comments contained in NHS England's letter of approval.

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It was noted that following approval by the Health and Well-Being Board, the final draft pooled fund arrangements for 2015/2016 will be reported to the Policy and Resources Committee on 24 March 2015 and the CCG Audit Committee in March 2015.

Dr Debbie Frost, Chairman of Barnet CCG, welcomed the approval and commended the partnership working and noted that conversations are ongoing about the contingencies between partners.

Following requests from the Board, particularly regarding section 256 funding which comes from the NHS for social care, the Adults and Communities Director Mathew Kendall, noted the importance of clarifying the difference between the Source and Purpose of BCF funding in Table 1 at page 91 of the Agenda report.

The Adults and Communities Director explained that the pooled fund for 2015/16 is not new or additional funding, but the reallocation of existing service budgets for services to a pooled fund structure.

RESOLVED that the Health and Well-Being Board notes the proposed approach to the BCF pooled fund for the delivery of services in the BCF Plan, prior to final approval by the Council's Policy and Resources Committee and NHS Barnet CCG Audit Committee, as noted at the HWBB meeting on 29 January 2015.

9. 6 MONTH UPDATE- DOMESTIC VIOLENCE AND VIOLENCE AGAINST WOMEN AND GIRLS ACTION PLAN (Agenda Item 9):

The Board noted the Domestic Violence (DV) and Violence against Women and Girls (VAWG) Report which provides a six monthly update as requested by the Health and Well-Being Board in September 2014.

The Chairman informed the Board that the JSNA will incorporate the DV and VAWG agenda and that this will also be reflected in the 2015 refresh of the Health and Well-Being Strategy.

The Chairman highlighted the recent training session organised about Child Sexual Exploitation and stressed the importance of linking this training with the DV and VAWG agenda. She stressed the important role that GP practices across the Borough had to play in early identification and reporting and the necessity of this for early intervention.

The Strategic Director for Commissioning, Kate Kennally, welcomed the update and stated the importance of the lessons learnt from the Domestic Homicide review for the Local Authority, the NHS and primary care.

The Strategic Director for Commissioning highlighted the importance of early identification of domestic violence in primary care and the need for adequate training to equip health staff to recognise when someone may be experiencing domestic violence.

Chris Miller, Independent Chairman of the Adults and Children's Safeguarding Boards, explained the importance of suitable training to identify risks and the impact this has on the quality and quantity of referrals about DV and VAWG. Mr Miller further noted that NHS England has provided commitment of partial funding for a training programme for GP practices in Barnet.

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Dr Debbie Frost commended the discussion and expressed support for a pragmatic approach to pilot the training programme with a cohort of GP practices in Barnet. Dr Frost stated that financial implications will also need to be considered.

Dr Frost also mentioned the importance of including violence against boys and men in the discussion. The Strategic Director for Commissioning stated that the Council's DV service has staff trained to work with boys and men.

Action: For the Council's Domestic Violence Lead Coordinator to commence discussions about proposals of a pilot, phased GP training programme (including prevalence mapping) with Vivienne Stimpson, Director of Quality and Governance (Barnet CCG) and Chris Miller, Chairman of the Adults and Children's Safeguarding Boards.

RESOLVED that:

1. **The Health and Well-Being Board notes the recommendations of the completed Domestic Homicide Review (DHR A) recommendations pertinent to health organisations as set out under section 2 of this report.**

2. **The Health and Well-Being Board members consider the way forward for the IRIS project in Barnet following the rejection by NHS England to fund this initiative in its entirety.**

10. MINUTES OF THE HEALTH AND SOCIAL CARE INTEGRATION PROGRAMME BOARD (Agenda Item 10):

The Chairman welcomed the minutes of the Health and Social Care Integration (HSCI) Programme Board and noted that the report sets out the progress made to deliver the vision for integration in Barnet through the successful implementation of a health and social care integration programme.

The Adults and Communities Director, Mathew Kendall, stated that the meeting was very positive and that there was a clear direction to further the HSCI Model.

Dr Debbie Frost agreed that the meeting was good, particularly hearing from people delivering care to patients and noted the closer focus on patients and care delivery.

RESOLVED that the Health and Well-Being Board notes the minutes of the Health and Social Care Integration Board of 17th February 2015

11. FORWARD WORK PROGRAMME (Agenda Item 11):

The Board noted the items on the Forward Work Programme for the period March 2015 to January 2016 as set out in Appendix 1 of the report.

The Strategic Director for Commissioning, Kate Kennally, asked about the appropriate engagement with the CCG around their Delivery Plan. Regina Shakespeare (Interim Director of Commissioning and Chief Operating Officer Barnet CCG) informed the Board that the current submission date of the CCG Delivery Plan to NHS England is on 10th

April 2015 and that this date could be subject to change due to tariff calculations, therefore it was not appropriate for the paper to come to the Health & Well-Being Board for consultation in June and separate engagement is required around the Delivery Plan. It was noted that the Delivery Plan focuses on finance and activity and that the CCG Strategic Plan will be presented to the Health and Well-Being Board in June for consultation.

The Board also agreed to receive an update on the strategic direction for mental health services in June. Dr Charlotte Benjamin advised that a stakeholder meeting will take place in May.

The Board also agreed to receive a paper, in July, on learning disability services covering the expiry of the section 75 joint commissioning agreements and links with re-commissioning of services for March 2016.

Action: For Barnet CCG to circulate papers relating to the CCG Delivery Plan to all members of the Health and Well-Being Board for comments.

RESOLVED that:

1. **The Health and Well-Being Board notes the Forward Work Programme and proposes any necessary additions and amendments to the forward work programme (Appendix 1).**

2. **The Health and Well-Being Board Members proposes updates to the forward work programme before the first day in each calendar month, so that the work programme can be published on the Council's website more efficiently, with the most up to date information available.**

3. **The Health and Well-Being Board aligns its work programme with the work programmes of the new Council Committees (namely the Adults and Safeguarding Committee, the Children, Education, Libraries and Safeguarding Committee), Health Overview and Scrutiny Committee and Barnet CCG's Board (Appendix 2).**

4. **Additional Recommendation: The Health and Well-Being Board establish a one-off sub-group consisting of the Director of Public Health, the Strategic Director for Commissioning and the Commissioning Director for Adults and Health and Healthwatch Barnet to meet with the CCG to review and provide comments on the CCG Delivery Plan prior to submission to NHS England.**

12. ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 12):

There were none.

The meeting finished at 12 noon.

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AGENDA ITEM 6

	Health and Well-Being Board **4 June 2015**
Title	**North East & North Central London Annual Health Protection Profiles, 2014**
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	February 2015
Status	Public
Enclosures	Appendix 1: Health Protection Summary for London Borough of Barnet Appendix 2: Annual Health Protection Profile for Barnet
Officer Contact Details	Dr Tania Misra, Consultant in Communicable Disease Control, PHE, 020 3837 7084 (option 1), email: Tania.misra@phe.gov.uk Dr Andrew Howe, Director of Public Health 02084209504; Andrew.howe@harrow.gov.uk

Summary

This is an annual report of North East and North Central London Health Protection Team, Public Health England summarising of all infectious disease notifications, outbreaks and incidents related to health protection that were dealt with by the North East and North Central London Health Protection Team in 2014. There is also a summary of immunisation coverage and important infections such as Sexually Transmitted Infections and Healthcare Associated Infections in North East and North Central London.

The attached summary focuses on the data in this report that pertains specifically to Barnet, and discusses its interpretation and implications for London Borough of Barnet only.

Recommendations

1. **That the Health and Well-Being Board notes the contents of the report and the appendix as assurance of the Health Protection functions of Public Health.**

1. WHY THIS REPORT IS NEEDED

1.1 The report (appendix 1) covers Health Protection issues related to North East & North Central London (NENCL), with a focus on Barnet, which occurred in 2014. It serves to ensure that the board is sighted of the Health Protection assurance function of the Director of Public Health.

1.2 The report is published annually by the Health Protection Team in NENCL, to record work done in relation to health protection by the team, on behalf of the 13 boroughs in NE and NC London.

1.3 Background and Introduction

1.3.1 Public Health England (PHE) is the expert national public health agency which fulfils the Secretary of State for Health's statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation.

1.3.2 PHE ensures there are effective arrangements in place nationally and locally for preparing, planning and responding to health protection concerns and emergencies, including the future impact of climate change. PHE provides specialist health protection, epidemiology and microbiology services across England. For Barnet these arrangements are managed by the North East and North Central Health Protection Team based in Fleetbank House, City of London.

1.3.3 Improvement in the public's health has to be led from within communities, rather than directed centrally. This is why every upper tier and unitary local authority now has a legal duty to improve the public's health, overseen by local Health and Well-being Boards.

1.3.4 PHE will support local authorities, and through them Clinical Commissioning Groups, by providing evidence and knowledge on local health needs, alongside practical and professional advice on what to do to improve health, and by taking action nationally where it makes sense to do so. PHE in turn is the public health adviser to NHS England.

1.3.5 PHE works in partnership with the Chief Medical Officer for England and with colleagues in Scotland, Wales and Northern Ireland to protect and improve the public's health, as well as internationally through a wide-ranging global health programme.

1.3.6 NHS England has the responsibility for commissioning immunisation programmes for Barnet residents.

1.3.7 Health Protection Profiles are prepared annually by the NENCL Health

Protection Team to provide a summary of the health protection issues affecting each borough in the sector (appendix 1).

1.4 Local Health Protection Arrangements

1.4.1 The Director of Public Health (DPH) is responsible for exercising the new public health functions on behalf of the Council. The DPH has the responsibility for "the exercise by the authority of any of its functions that relate to planning for, and responding to, emergencies involving a risk to public health".

1.4.2 The delivery of Health Protection will need strong working relationships and the legislative framework that underpins this objective ensures that organisations do what is required. At the local level NHS Barnet Clinical Commissioning Group and the NHS England have a duty to cooperate with the Council in respect of health and wellbeing.

1.4.3 Unitary, upper tier and London borough local authorities have a new statutory duty to carry out the Secretary of State's health protection role under regulations made under section 6C of the National Health Service Act 2006 (NHS Act 2006) to take steps to protect the health of their populations from all hazards, ranging from relatively minor outbreaks and contaminations, to full-scale emergencies, and to prevent as far as possible those threats arising in the first place.

1.4.4 Currently, health protection at the local level is delivered by a partnership of the NHS, the Public Health England and local authorities. Public Health England leads and delivers the specialist health protection functions to the public and in support of the NHS, local authorities and others, through local health protection units a network of microbiological laboratories and its national specialist centres.

1.5 Barnet's profile, a section of the full annual report of North East and North Central London Health Protection Team, is attached at appendix 1. This summarises key health protection incidents and outbreaks for Barnet, and the main infectious disease reported from Barnet in 2014. It also includes immunisation coverage, and key infections like Sexually Transmitted Infections and HIV, and TB. The graphs referred to in the profile are from the annual report and tabled at the meeting.

2. REASONS FOR RECOMMENDATIONS

2.1 Under the Health and Social Care Act 2012 the statutory Health and Well-being Board has a duty to protect the health of the population. This includes assuring that steps are taken to protect the health of their populations from all hazards, ranging from relatively minor outbreaks and contaminations, to full-scale emergencies, and to prevent as far as possible those threats arising in the first place.

2.2 Regulations made under the NHS Act 2006, require a local authority to 'provide information and advice to every responsible person and relevant

body within, or which exercises functions in relation to, the authority's area, with a view to promoting the preparation of appropriate local health protection arrangements'. This duty is exercised by the Council's Director of Public Health (DPH). In order to undertake this duty, and to provide appropriate advice as to the adequacy of local health protection arrangements, the DPH needs to be assured and satisfied that there are adequate health protection immunisation plans in place in the Borough.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 None

4. POST DECISION IMPLEMENTATION

4.1 Provided Health and Well-Being is satisfied with the report, Director of Public Health will continue to monitor and report Barnet's health protection profile.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 Key elements of health protection work, in relation to immunisations and prevention of disease and disability, link with actions listed under sections 3.2 and 6.2 of the Health and Wellbeing Strategy.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 There are no direct financial implications for Barnet a result of the 2014 Health Protection Profile. It is recommended the report is used to inform the Joint Strategic Needs Assessment (JSNA). Any actions from the JSNA that require resources from the Local Authority are most likely to be funded from the Public Health Grant.

5.3 **Legal and Constitutional References**

5.3.1 Under section 2A of the NHS 2006 Act, the Secretary of State for Health has a duty to "take such steps as the Secretary of State considers appropriate for the purpose of protecting the public in England from disease or other dangers to health". In practice, Public Health England will carry out much of this health protection duty on behalf of the Secretary of State.

5.3.2 Regulations made under s.6C of the NHS Act 2006 impose duties on local authorities to exercise prescribed public health functions of the Secretary of State. This includes a duty to provide information and advice to prescribed bodies in order to promote the preparation of, or participation in, health protection arrangements against any threat to the health of the local population, including infectious disease, environmental hazards and extreme weather events.

5.3.3 The Council's Constitution sets out the Terms of Reference (Responsibility for Functions – Annex A) of the Health and Well-Being Board:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
- Specific responsibilities for:
    - Overseeing public health
    - Developing further health and social care integration

5.4 **Risk Management**

5.4.1 Health protection needs constant appraisal and will always be in need of strengthening. There is great value in joint working and good communication, to maintain and/or heighten awareness, identify issues and provide for a more robust and effective response to problems, both current and emerging.

5.5 **Equalities and Diversity**

5.5.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.5.2 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services

5.5.3 In addition all templates should advise the inclusion of:

- Up to date information about the Equalities impact of the proposal and details of how this has been assessed
- Sources of data
- Assessment of equalities risks and what has been done to mitigate them

5.6 **Consultation and Engagement**

5.6.1 The Appendix provides details of health protection issues, broken down into protected characteristic, where this is relevant.

5.6.2 This report will be circulated to PHE's partners and stakeholders – local authority Public Health teams, LA Environmental Health teams, NHSE, acute trust IC teams.

6. BACKGROUND PAPERS

6.1 None

Health Protection Summary for London Borough of Barnet

By Tania Misra

The London borough of Barnet, situated in the north-west of London, has a population of 364,000. In common with many London boroughs it is ethnically diverse. It has the largest proportion of Jewish people in any local government area in the United Kingdom (15.5%). Barnet is a relatively affluent borough, and has a deprivation index of 5.7, which is considerably lower than the England average of 20.4. The health of people in Barnet is generally better than the England average. However about 19.9% (14,215) children live in poverty, and with 595 homeless people, the rate of statutory homelessness in adults (4.1) is also worse than the England average (2.4).

Barnet has 67 GP practices, managed within a single Clinical Commissioning Group (Barnet CCG). The people of Barnet have access to 6 local hospitals - Royal Free Hospital, Northwick Park Hospital, Chase Farm Hospital, Barnet Hospital, Edgware Community Hospital and Finchley Memorial Hospital. Of these, the latter 3 are located in the borough of Barnet.

The borough also has around 103 care homes registered with the Care Quality Commission. Barnet has 158 free early education providers / nurseries (including pre-school nurseries associated with primary schools) and 98 primary schools, 27 secondary schools and 4 special schools. This is relatively high compared with other NENCL boroughs.

In 2014 there were 45 health protection related incidents and outbreaks in Barnet, reported to the NENCL Health Protection Team. Most of these were associated with schools, nurseries and hospitals. The most common causes of incidents and outbreaks were: norovirus or gastrointestinal illnesses (12), tuberculosis (10), varicella (6), scarlet fever / rash type illness (4) conjunctivitis (2) influenza (2), and environmental exposures (4).

The total number of infectious diseases reported from Barnet to the NENCL health protection team was a higher in 2014 (773) compared with 2013 (676). This is due to a 3-fold increase in scarlet fever notifications (75 vs 26) and a doubling of mumps notifications (75 vs 38) in 2014, compared to 2013 numbers. A relatively higher number of GI infections - namely Salmonellosis (64 in 2014, 48 in 2013), Shigellosis (40 in 2014, 34 in 2013) and VTEC E.coli (15 in 2014, 9 in 2013) - were also reported in 2014, compared to 2013.

On the positive side, there has however been a considerable reduction in the number of reported measles cases in Barnet (9 cases reported in 2014, 32 cases reported in 2013), which is most likely due to improving vaccination coverage of the MMR vaccine (which may not yet be reflected in the immunisation statistics in this report).

Population rates of specific infectious disease in Barnet tend to be on the average to the low side compared with other London boroughs in NENCL, with the notable exception of Salmonellosis, where Barnet had the highest reported rate in NENCL in 2014. The Barnet rate for Salmonellosis was 17.58 per 100,000 population, and the NENCL Average was 12.32 cases per 100,000 population. This is explained by an outbreak of Salmonella infections linked with a birthday party held in 2014, where a possible source of the infection could not be identified.

Vaccine Preventable Diseases

Rates of vaccine coverage, recorded through COVER data show that DTP/IPV/Hib coverage in Q3, 2014 in 1 year olds and 2 year olds in Barnet is below the national average and the London average. Similarly, PCV vaccination coverage and Men C vaccination coverage in 1 year olds is also below the London and national average.

MMR (1 dose) coverage at 2 years fell from 87.8% to 78.3%, and MMR (2 dose) coverage at 5 years fell from 78.1% to 71.6% in Q3, 2014. Barnet's MMR coverage for both is the 3rd lowest of all NENCL boroughs in Q3, 2014, and considerably below the England average of 91.8% (1 dose) at 2 years and 88.5% (2 dose) at 5 years. It is likely that when the annual data for 2014 is compiled, these proportions for all childhood vaccinations will be higher.

Coverage of HPV vaccine for all 3 doses in Barnet (69.5%) has improved considerably compared to coverage in 2012 (62.1%). It is still the fourth lowest in NENCL and is 10% lower than the London average (80.0%) and 17% lower than the England average (86.7%).

For Influenza vaccination coverage, looking at the period between September 2014 and January 2015 - Barnet - with 70.9% coverage - performed better than the London average of 69.2%, and only slightly below the national average (72.8%). The flu vaccination coverage in at-risk groups (6 m to 65 yrs) was 48.4%, compared to a London average of 49.8% and an England average of 50.3%. The flu vaccination coverage in pregnant women in 2013/14 was 37.8%, compared to a London average of 39.9% and an England average of 44.1%.

The vaccination coverage proportion for pneumococcal vaccine in the over 65 year old age group in 2013/14 in Barnet (64.4%) is above the London average (63.3%) and close to the England average (68.9%).

Vaccine coverage of hepatitis B at 50% is considerably lower in Barnet, compared to other NENCL boroughs. Barnet has the 3rd lowest coverage for this vaccine, compared to other NENCL boroughs where values are available for comparison.

It is possible that the true vaccination rates are significantly higher than those shown in the official statistics, due to problems with data uploads to the COVER system. However, it is not possible to confirm this yet, and there are on-going discussions with NHS England, which hope to resolve this issue.

TB

The incidence of TB in Barnet (20.9/100,000) in 2013, is higher than the England average of 12.3/100,000 although significantly below the average incidence for London of 36.3 per 100,000 and one of the lowest in NENCL. TB incidence in Barnet has declined significantly since 2012, when it was 30.5/ 100,000 population (Source: London TB register).

The higher than average levels of homelessness (this is statutory homeless, not street homelessness) in Barnet may be a contributory factor to TB incidence. However, TB treatment completion rates in Barnet are among the highest rates in NENCL compared with other NENCL boroughs, and it ranks 2nd out of 13 boroughs in NENCL. Treatment completion rates have risen slightly from from 91% in 2012, to 92% in 2013.

TB is one of the common infections in Barnet outbreaks and incidents reported to the Health Protection Team. In 2014, ten TB incidents were managed jointly by the TB team at Barnet Hospital and the NENCL Health protection team; some with the assistance from the London TB Extended Contact Tracing Team (LTBEx. TB remains a priority for the NENCL Health Protection Team, and the recently published TB Strategy for England also recognises the importance of dealing with TB nationally as a priority. The NENCL HPT will be working closely with colleagues in the Local Authority and the NHS to assist in implementing this strategy.

STIs and HIV

In 2013, 2676 acute Sexually Transmitted Infections (STIs) were diagnosed in Barnet residents, and of these, there were 1440 males and 1236 females. The Acute STI rate for Barnet residents is 736.4/100,000 residents (higher in males = 812.9, than in females = 661.7), which is lower than the London (1332/100,000) and England (810.9/100,000) rates

Chlamydia detection rates in young adults aged 15-24 in Barnet are considerably lower than the England average (1098 compared with 2016) and one of the lowest of the boroughs in NENCL (the best performing borough has detection rates almost three times higher). However the detection rate in Barnet has decreased by 14% in 2013 compared with 2012 and like most other boroughs in NENCL, Barnet has not demonstrated an increase in chlamydia detection rates over this time period.

Similar to all boroughs in NENCL, Barnet has seen a rise in the number of people living with HIV over the last five years. The number of people living with HIV and known to NHS and Social Care services has increased from 640 in 2009 to 750 in 2013. This represents a 17% increase over the 5 year period. The predominant route of acquiring HIV infection in this group is heterosexual sex.

The proportion of people presenting with HIV at a late stage of infection – (proportion of adults aged 15 years or more diagnosed with a CD4 cell count less than 350 cells per mm^3 among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis and with known residence based information) improved in Barnet in 2013 (51.5%), compared to 2012 (when it was 55.5%), as it did in all NENCL

boroughs with one exception (LB Enfield). However, the Barnet HIV late diagnosis rate (51.5) is higher than the England average (45.0) and approximately double the rate of the best performing boroughs in NENCL (Islington rate = 25.9, and City of London rate = 23.0).

Air Pollution

The fraction of annual all-cause adult mortality attributable to anthropogenic (human-made) particulate air pollution in Barnet is around 6.4 which is slightly higher than the average for England. This fraction has fallen from 7.0% in 2010, in line with the small decline seen in most London Boroughs and in England overall. Nevertheless this represents 162 preventable deaths for the Borough in adults aged 25+, and the loss of 1,701 life years.

References:

1. Health Profiles. APHO, Public Health England. http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=Barnet&REGION=50156&LA=50146&SPEAR=.

2. London Borough of Barnet Website: https://www.barnet.gov.uk/citizen-home/directories

3. Barnet CCG website: http://www.barnetccg.nhs.uk/about-us/ccg-member-practices.htm

4. Wikipedia http://en.wikipedia.org/wiki/London_Borough_of_Barnet

5. Office for National Statistics (2012): *2011 Census: Ethnic group, local authorities in England and Wales*,

6. Estimating Local Mortality Burdens Associated with Particulate Air Pollution, CRCE, PHE, April 2014 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332854/PHE_CRCE_010.pdf).

All websites listed - Last accessed 26/04/15

Public Health England

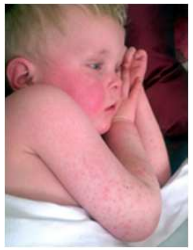
Annual Health Protection Profile for Barnet, 2014

Dr Tania Misra, Consultant in Health Protection,
NE & NC London Health Protection Team, PHE
4thth June 2015

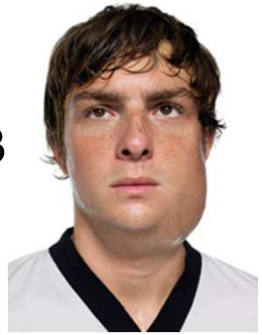
Public Health England

Infectious Diseases in Barnet

The total number of infectious diseases reported from Barnet to the NENCL health protection team was higher in 2014 (773) compared with 2013 (676).

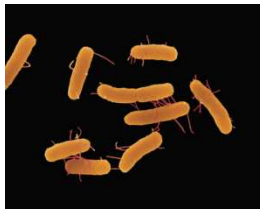


A 3-fold increase in scarlet fever notifications (75 vs 26)

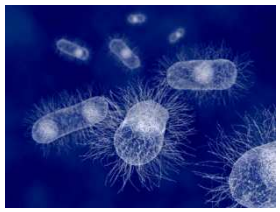


A doubling of mumps notifications (75 vs 38) in 2014, compared to 2013

Salmonellosis (64 in 2014, 48 in 2013)*



Shigellosis (40 in 2014, 34 in 2013)



VTEC E.coli (15 in 2014, 9 in 2013)

Reduction in the number of reported measles cases in Barnet (9 cases reported in 2014, 32 cases reported in 2013)

Public Health England

Health Protection Incidents and Outbreaks in Barnet

- In 2014 there were 45 health protection related incidents and outbreaks in Barnet, reported to the NENCL Health Protection Team.
- Most of these were associated with schools, nurseries, hospitals, workplace.
- The most common causes of incidents and outbreaks were:

  - Norovirus or gastrointestinal illnesses (12)
  - Tuberculosis (10)
  - Varicella / Chickenpox (6)
  - Scarlet fever / rash type illness (4)
  - Conjunctivitis (2)
  - Influenza (2)
  - Environmental exposures (4)

Public Health England

Immunisation Coverage in Barnet

Table 1. Immunisation coverage in Barnet at 12 m, Q3 2014

	12m DTaP/ IPV/ Hib%	12m MenC%	12m PCV%
Barnet	85.0	86.6	84.1
London	90.0	92.7*	90.3
England	94.1	95.5*	94.0

*Q 1 data available only for London and England for 12 m Men C

Public Health England

Immunisation Coverage in Barnet

Table 1. Immunisation coverage in Barnet at 24 m, Q3 2014

	24m_ DTaP/IPV / Hib%	24m_ PCV B%	24m_ Hib MenC%	24m_ MMR 1%
Barnet	84.2	78.1	77.9	78.3
London	92.3	85.5	86.1	86.0
England	95.6	91.9	91.8	91.8

Public Health England

Immunisation Coverage in Barnet

Table 1. Immunisation coverage in Barnet at 5 y, Q3 2014

	5y_ DTaP/ Pol%	5y_ MMR1%	5y_ MMR2%	5y_ DTaP/ IPV B%	5y_Hib MenC B
Barnet	93.6	90.6	71.6	70.7	87.1
London	92.8	91.2	80.5	78.0	87.3
England	95.8	94.6	88.5	88.0	92.7

Public Health England

Immunisation coverage in Barnet

Human Papilloma Virus (HPV) vaccine uptake (2013/14) –

Coverage of HPV vaccine for all 3 doses in Barnet (69.5%) has improved considerably compared to coverage in 2012 (62.1%)

It is still the fourth lowest in NENCL and is 10% lower than the London average (80.0%) and 17% lower than the England average (86.7%).

School nursing teams are working hard to ensure optimal coverage of this important vaccine.

Public Health England

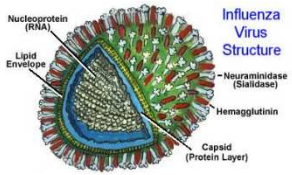
Immunisation coverage in Barnet

Seasonal influenza immunisations in over 65s:

Looking at the period between September 2014 and January 2015 - Barnet - with **70.9%** coverage - performed better than the London average of **69.2%.** However, this was slightly below the national average (**72.8%**).

The coverage in at-risk groups (6 m to 65 yrs) was **48.4%**, compared to a London average of **49.8%** and an England average of **50.3%**

The coverage in pregnant women was **37.8%**, compared to a London average of **39.9%** and an England average of **44.1%**



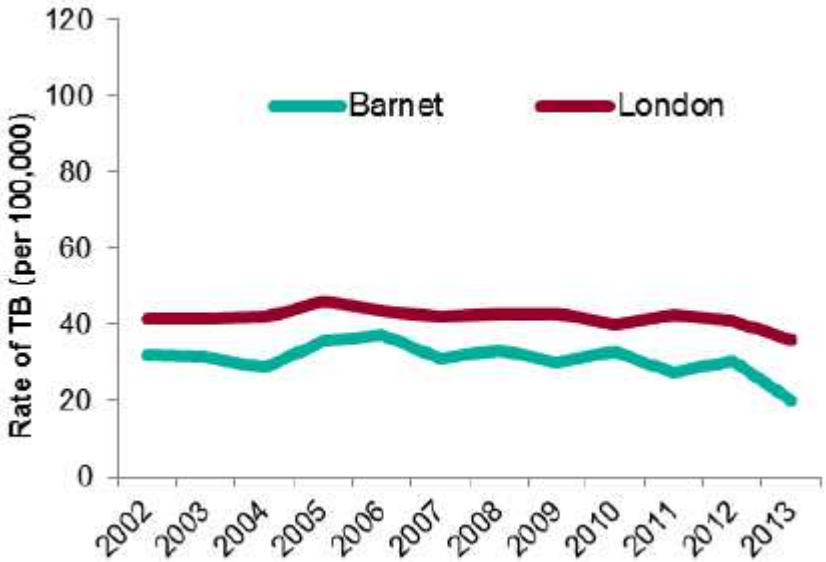
(source: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407946/2903322_SeasonalFlu_GP_Jan2015_acc2.pdf)

Public Health England

Tuberculosis in Barnet – 2013 data

- 76 TB cases reported in Barnet in 2013
- 343 TB notifications from NC London, and 3020 cases of TB in London
- Rate = 20.9/100,000 population (London rate = 36.3/100,000 (range = 6 - 107)
- 59% of cases had pulmonary involvement
- 3.9% of TB cases had social risk factors
- A small number of TB cases were infectious
- Two contact tracing exercises were undertaken in 2014, in order to offer screening to those who were exposed

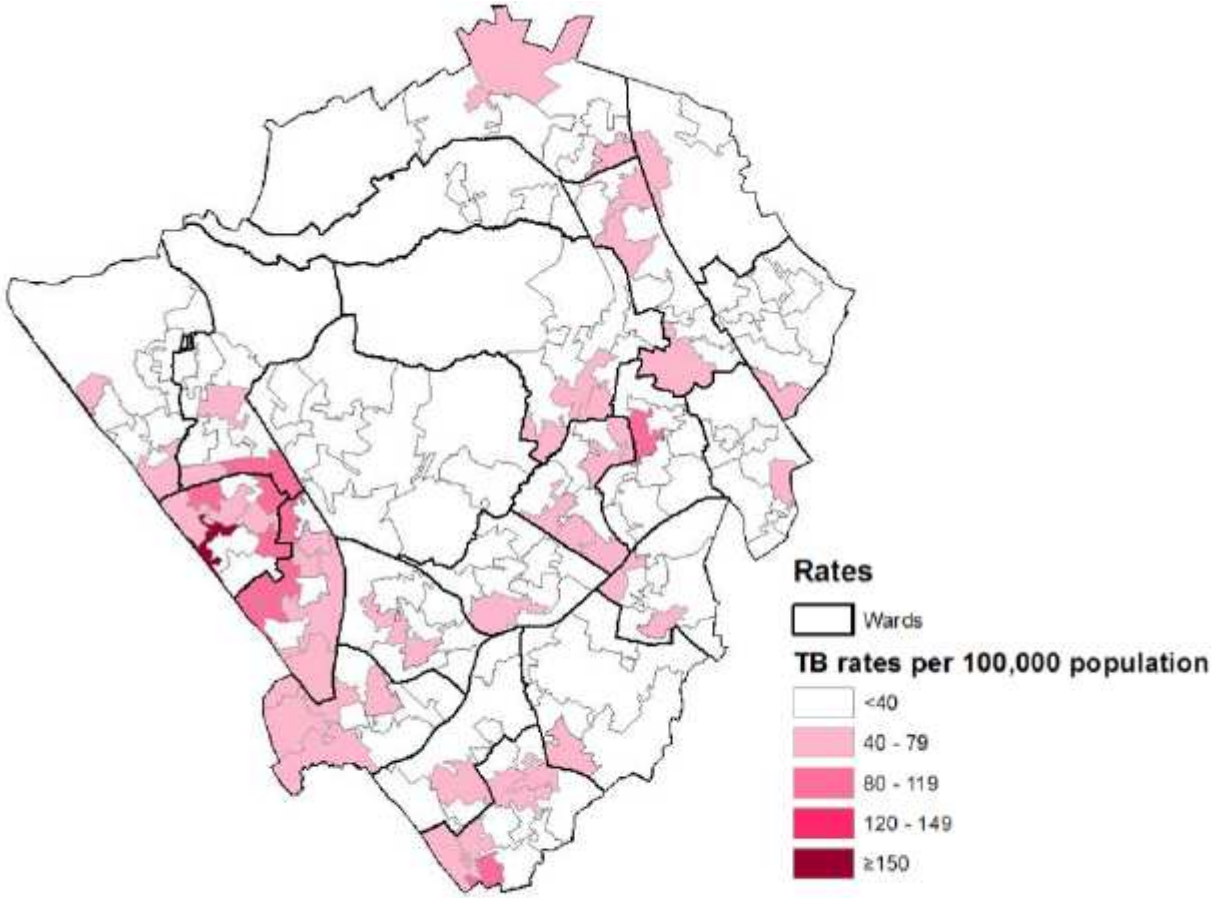
Annual TB incidence rate



Source: LTBR

Public Health England

3 year average TB incidence rate by Lower Super Output Area:2011-2013



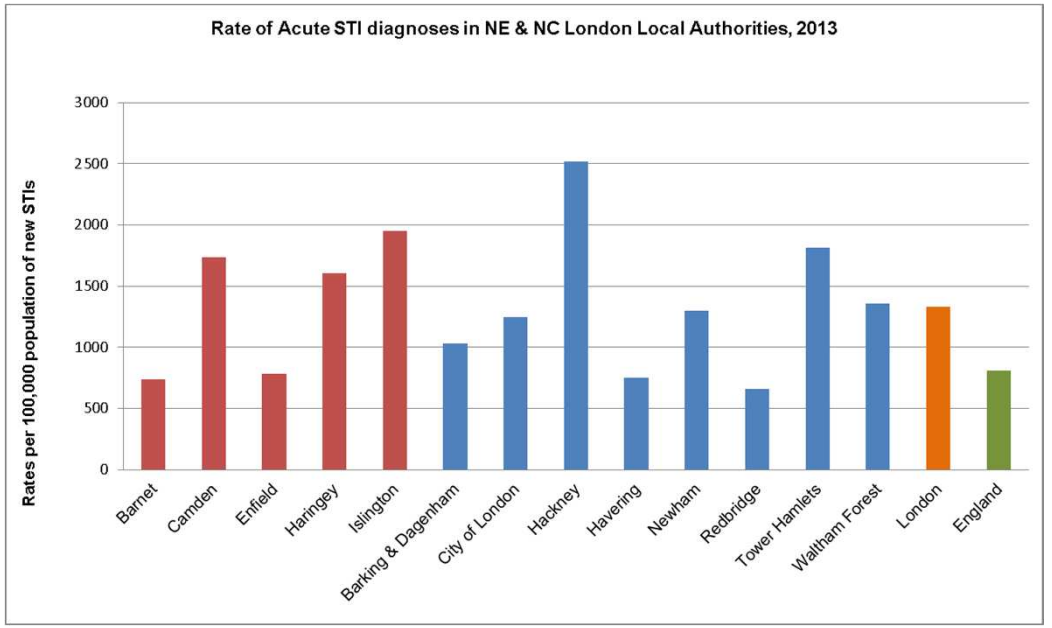
10 Source: PHOF data

Public Health England

Sexually Transmitted Infections in Barnet, 2013

- 2676 acute Sexually Transmitted Infections (STIs) were diagnosed in residents in 2013
- Males = 1440
- Females = 1236
- Acute STI Rate = 736.4 per 100,000 residents
- (males 812.9, females 661.7)
- London rate = 1332/100,000
- England rate = 810.9/100,000.

Rates of STI diagnoses in NENCL, 2013

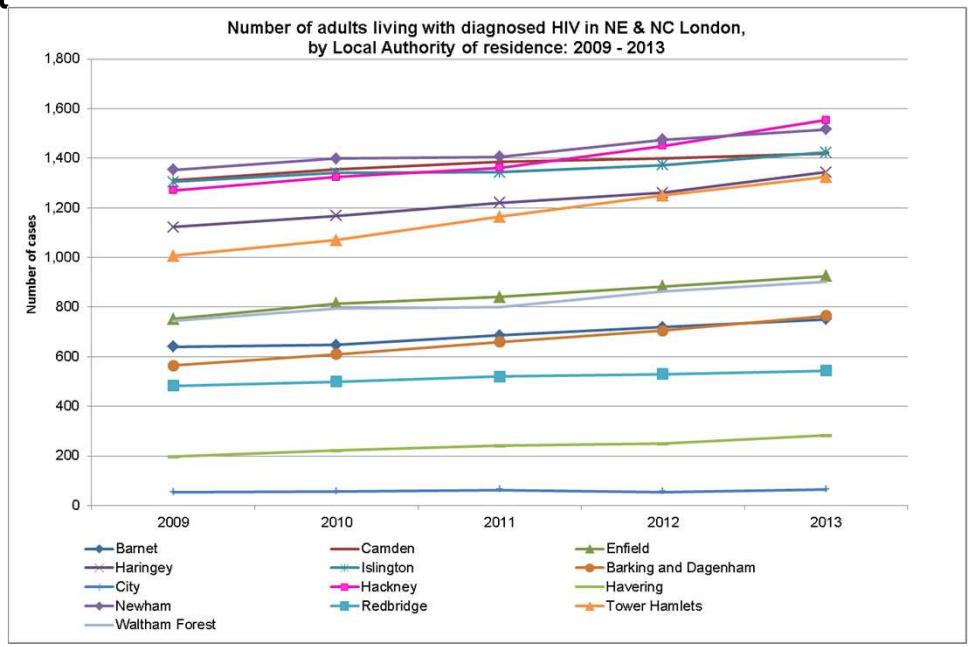


Chlamydia detection rates in young adults aged 15-24 in Barnet are considerably lower than the England average (1098 compared with 2016) and one of the lowest in NENCL

Public Health England

HIV in Barnet – 2013 data

- Similar to all boroughs in North East and North Central London, Barnet has seen a rise in the number of people living with HIV over the last five years
- The number of people living with HIV and known to NHS and Social Care services has increased from 640 in 2009 to 750 in 2013. This represents a 17% increase over the 5 year period
- The main route of acquiring HIV infection in this group is through heterosexual sex



Public Health England

HIV in Barnet – 2013 data

- The proportion of people presenting with HIV at a late stage of infection – (proportion of adults aged 15 years or more diagnosed with a CD4 cell count less than 350 cells per mm3 among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis and with known residence based information) improved in Barnet in 2013 (51.5%), compared to 2012 (55.5%)

- However, the Barnet HIV late diagnosis rate (51.5%) is higher than the England average (45.0%) and approximately double the rate of the best performing boroughs in NENCL (Islington rate = 25.9%, and City of London rate = 23.0%).

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AGENDA ITEM 7

	Health and Well-Being Board **4 June 2015**
Title	**Better Care Fund Pooled Budget - Update**
Report of	Director of Integrated Commissioning CCG Commissioning Director – Adults and Health, LBB
Wards	All
Date added to Forward Plan	March 2015
Status	Public
Enclosures	None
Officer Contact Details	Melanie Brooks, Assistant Director Melanie.brooks@barnet.gov.uk Tel: 020 8359 4253

Summary

Barnet Council (LBB) and Barnet Clinical Commissioning Group (BCCG) agreed to enter into a pooled budget arrangement from 1st April 2015. Both organisations have received endorsement from their prospective internal governance bodies namely LBB Policy and Resources Committee on 24th March 2015 and BCCG Audit Committee on 19th April 2015.

Following the endorsements, this report intends to update the HWBB Board on the setting up of the pooled budget fund and mitigation of the financial risk in the pay for performance element of the fund. It also informs the Board of the timetable for quarterly reporting for the programme of work under the Better Care Fund.

Recommendations

1. **That the Health and Well-Being Board notes the progress in establishing the pooled budget fund between London Borough of Barnet and Barnet Clinical Commissioning Group.**
2. **That the Health and Well-Being Board notes the timetable for Better Care Fund (BCF) quarterly reporting and agrees that the Chairman and Vice-Chairman of the Health and Well-Being Board continue to sign off progress reports to NHS England.**

3. That the Health and Well-Being Board endorses the approach to address the identified potential financial risk.

1. WHY THIS REPORT IS NEEDED

1.1 From April 2015, the Department of Health (DH) required councils and Clinical Commissioning Groups (CCGs) to pool their budgets allocated for the delivery of the schemes of work in the Better Care Fund (BCF) Plan. This would enable the Council, the CCG and the Health and Well-Being Board (HWBB) to determine investment and realise the target benefits and outcomes identified.

1.2 The HWBB Finance Group will act as the pooled fund executive and will be responsible for monitoring progress in delivering the target benefits and outcomes in the BCF Plan and Business Case, including oversight of work and spend.

1.3 The Policy and Resources Committee, on 24th March 2015, gave authority for the Council to enter into a pooled budget with NHS Barnet CCG. They also delegated authority to the Commissioning Director for Adults and Health to finalise the operational arrangements for the Better Care Fund 2015-2016 pooled budget with NHS Barnet Clinical Commissioning Group, and to execute a new schedule to the section 75 agreement for Integrated Care and a Deed of Variation to initiate the pooled fund arrangement. The Deed of variation is agreed in principle by the CCG who are currently seeking legal advice before final agreement.

2. CONTINGENCY FUND

2.1 The Better Care Fund is due to realise £5.7m of net benefits over 2016/17 through to 2019/20: £3.1m QIPP savings for Barnet CCG, £1m Commissioning Plan savings for the Council, through reducing residential care placements, plus £1.6m in other savings for both organisations across the delivery of integrated services. The majority of savings will be made within acute hospital spend.

2.2 An agreement in principle has been made with NHS England that the target for reducing non elective admissions (NEL) of 3.5% will have 1.6% of demographic growth applied. The application of demographic growth reduced the risk of the maximum pay for performance (P4P) element to £1.2m from £2m. It should be noted that the full BCF allocation is part of the CCG baseline annual allocation from NHS England and hence is included in the CCG core budget for 2015/16. The P4P element relates to the degree to which a CCG is permitted to release funds into the BCF pool, in proportion to their achievement against their NEL target; i.e. if some reduction is achieved, some P4P will be released from the CCG to the pooled fund. The full £1.2m of risk to the fund will only materialise if no reduction at all is achieved.

2.3 In terms of mitigating this risk, Barnet's pooled fund executive has identified a contingency provision of £800k in this year's fund. This leaves a potential total remaining risk exposure of £400k of which equates to 0.02%. To mitigate the financial risk to both organisations, it is proposed that the remaining £400k, if

needed, is identified from within the existing Better Care Fund of £23.412m through controllable expenditure until the risk has been mitigated and reassessed. The individual elements of where the £400k can be released have yet to be identified. It should be noted that the full £400k will only be required if no performance improvement is achieved against the target and none or some of it may be required in the future. Officers will review this on a regular basis throughout the year, based on the trajectory of NEL target achievement.

2.4 Spend on the BCF will be restricted by £400k. This restriction will exclude the £4.2m for the protection of social care and the £846k to implement the Care Act. These are part of the national conditions for the BCF and statutory new burdens, and restrictions in this would therefore mean that Barnet was failing to meet core BCF requirements.

3. BETTER CARE FUND REPORTING

3.1 The timetable for reporting on the Better Care Fund metrics has recently been issued and set out in table 1 below. As part of its responsibility for monitoring the programme of work, the Health and Well-Being Board will be required to sign off the quarterly reports prior to formal submission. The reporting will be primarily based on the Barnet Part 2 template of the Better Care Fund submission.

Table 1

Reporting Quarter	Submission Deadline
Quarter 4 14/15	29/05/2015
Quarter 1 15/16	28/08/2015
Quarter 2 15/16	27/11/2015
Quarter 3 15/16	26/02/2016
Quarter 4 15/16	27/05/2016

3.2 Quarter 4 reporting period covers January – March 2015. Given the timescales, the first report was agreed by the Chairman and Vice Chairman of the Health and Well-Being Board (HWBB), in line with previous delegated authority in relation to the BCF and has been circulated to the HWBB. The HWBB is asked to continue to delegate sign off of BCF reports to NHS England and the Department of Health to the HWBB Chair, Vice Chairman and HWBB Finance Group. These reports will then be circulated to all members of the HWBB for information.

3.3 The Report to NHS England requires the HWBB to provide a Yes/No/In progress statement against the seven conditions of the BCF with a statement explaining the position. There is also a narrative requiring the HWBB to set out progress against the BCF Plan and Performance trajectories.

3.4 A performance dashboard on the BCF will be presented to the HWBB on a quarterly basis which will provide the key metrics and an exception report to the BCF Plan.

4. REASONS FOR RECOMMENDATIONS

4.1 The Better Care Fund submission outlined a number of schemes and initiatives for implementation to enable benefits realisation. Owing to the potential financial risk that has been identified, a review of the current programme of work will be completed to identify how the financial risk, should it materialise, is mitigated. As the accountable body, the HWBB will, through the HWBB Finance Group, sign off any proposed revisions of the current programme of work.

4.2 A comprehensive programme of work under the Health and Social Care Integration programme to deliver benefits outlined as part of the Better Care Fund submission is underway. The reporting will enable the HWBB to review progress and direct any action plans that may be required.

5. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

5.1 None.

6. POST DECISION IMPLEMENTATION

6.1 Once agreed by the LBB and BCCG governing bodies, further exploration will take place of elements of where the identified £400k can be released from, should the risk materialise.

6.2 For future reports, the BCF reporting schedule will be reviewed against the calendar of meetings of the HWBB and HWBB Finance Group to ensure sufficient time is built in for sign off prior to formal submission.

7. IMPLICATIONS OF DECISION

7.1 Corporate Priorities and Performance

7.1.1 Implementation of the BCF plan and individual initiatives will help deliver the overarching aims of the Barnet Health and Well-Being Strategy 2012 to 2015, LBB Commissioning Intentions and BCCG 5 year Strategic Plans.

7.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

7.2.1 The BCF 2015/16 Budget is outlined below:

	Source	Type	£000
1	LBB	Adult Social Care Capital Grant	806
2	LBB/NHS	Section 256 Funding	6,634
3	BCCG	Carers Breaks	806
4	BCCG	Enablement	1,860
5	LBB	Disabled Facilities Grant (DFG)	1,066

6	BCCG	NHS Funding *(Note - Includes £846K for Care Act Implementation)*	12,240
		Total	**23,412**

7.2.2 The financial position facing both the Council and the Clinical Commissioning Group (CCG) continues to be challenging and will continue in the medium to long term.

7.2.3 Barnet CCG is steadily improving its financial position with a cumulative deficit at end 2014/15 of £11m against a plan of £24m and a plan for 2015/16 showing a further reduction in the cumulative deficit to £4m by the end of the year. Nevertheless, several major provider contracts for 2015/16 have not yet been settled and other risks continue on achieving the patient pathway changes to move activity out of the expensive acute sector, so the CCG continues to face significant financial challenges.

7.2.4 The Council's medium term financial plan requires the Council to continue to reduce its existing net expenditure, delivering further savings of £17m in 2015/16 and a further £74m from 2016 to 2020. The savings are driven predominantly by a reduction in Central Government support but also an increase in demand for Councils services, in particular adult social care.

7.2.5 The Adults and Communities delivery unit within the Council exceeded its budget in 2014/15 of £90.746m by £2.472m. The service has experienced an increase in demand for Adult Social Care Services, exacerbated by the needs of existing clients becoming more complex due to an aging population. This is coupled with the fact that the clients who used to pay 100% of their own care now have depleted funds and therefore become the financial responsibility of the council for their care needs. At the same time, during the course of the year we have seen an increase in the number of ordinary residents and clients who have been placed in Barnet by another borough (and who, following a claim, become the responsibility of Barnet's Adult Social Care Service). These financial pressures will create competing demands for the service in the short to long term and the financial risk of growth versus efficiency opportunities will need to be carefully managed.

7.2.6 £800k of the BCF for 2015/16 is currently identified as a contingency. Should some or all of it not be required to mitigate the risk of the pay for performance element, its use will be determined by the HWB finance group in accordance with its terms of reference as the pooled budget executive.

7.2.7 Of the £6.634m identified in paragraph 7.2.1 as Section 256 funding, £4.2m is currently ring fenced to protect adult social care services in 2015/16. This money is used to support integrated care services being implemented to achieve BCF performance targets. The level of risk in the adult social care budget may have an impact on the use of this £4.2m in future years. This would have a negative impact on the implementation of the Better Care Fund model and targets, as the Council will be required to prioritise care package

spend. The Council will closely monitor and manage this risk. However, to mitigate the risk of any potential reduction of the Council contribution to integrated care, the Council will explore with the CCG how the full £6.6m S256 funding can be used in future years to protect social care's contribution to the BCF model.

7.3 **Legal and Constitutional References**

7.3.1 Section 75 Agreements for Integrated Care between BCCG and LBB, Section 75 of the NHS Act 2006 (pooled budgets arrangements).

7.3.2 Under the Council's Constitution (Responsibility for Functions Annex A) the Health and Well-Being Board has the following responsibility within its Terms of Reference:

(*3); 'To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.'*

(9); Specific responsibility for:

- *Overseeing public health*
- *Developing further health and social care integration*

7.4 **Risk Management**

7.4.1 Clear governance has been set up to manage and monitor the fund through the HWBB Finance Group. The Group will act as the pooled fund executive and responsible for monitoring progress in delivering the target benefits and outcomes in the BCF Plan and Business Case, including oversight of work and spend.

7.4.2 The Better Care Fund has a contingency provision of £800k which leaves a remaining potential risk exposure of £400k to the Fund which equates to 0.02%. To mitigate the financial risk to both organisations it is proposed that the remaining £400k, should it materialise, is identified from within the existing Better Care Fund of £23,412m through controllable expenditure until the risk has been mitigated and reassessed.

7.5 **Equalities and Diversity**

7.5.1 In implementing the BCF initiative, the Council with its partners seeks to ensure that in the provision of services and allocation of resources, it helps to remove any barriers to access to health provision and remove health inequalities. Due regard will be give to ensure that all relevant aspects of Equalities and Diversity are considered.

7.5.2 Health partners as relevant public bodies must discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports. Proposals are therefore assessed for their impact on equality and diversity in line with the Barnet CCG Equality Delivery System. A requirement of the BCF is to guarantee that no community is left behind or disadvantaged – the commissioning system therefore needs to be focused on reducing health inequalities and advancing equality in its drive to improve outcomes for patients and service users.

7.5.3 in order to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people from different groups
- Foster good relations between people from different groups

7.6 **Consultation and Engagement**

7.6.1 The BCF plan and 5 tier model was developed with consultation with service users, patients, Healthwatch Barnet and the Older People's Partnership Board.

8. BACKGROUND PAPERS

8.1 Final Barnet BCF Plan approved as part of the Part 1 BCF Plan submission approved by NHSE on 6th February 2015, Health and Well-Being Board 29 January 2015, item 6: https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7784&Ver=4

8.2 NHS England operationalisation guidance of Better Care Fund Plans: http://www.england.nhs.uk/wp-content/uploads/2015/03/bcf-operationalisation-guidance-1516.pdf

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AGENDA ITEM 8

	Health and Well- Being Board **4 June 2015**
Title	**Progress report on on-going development of mental health services within Barnet Clinical Commissioning Group and Barnet Council**
Report of	Commissioning Director - Adults and Health; CCG Director of Integrated Commissioning
Wards	All
Date added to Forward Plan	12 March 2015
Status	Public
Enclosures	None
Officer Contact Details	Rodney D'Costa, Head of Joint Commissioning Adults and Health, Commissioning Group rodney.d'costa@barnet.gov.uk 020 8359 4304

Summary

This report provides an overview of on-going projects relating to mental health service provision, currently underway within Barnet Clinical Commissioning Group (BCCG) and Barnet Council (LBB).

This report is set against a background of the discussions led by the TDA (Trust Development Agency) in relation to the Dalton Report re the longer term financial sustainability of the Barnet Enfield and Haringey Mental Health Trust (BEHMHT) which is not in a position to become a Foundation Trust. This ongoing work is now supported by Carnall Farrar consultancy with involvement from key stakeholders including the TDA, NHS England (NHSE) and the respective CCGs and Councils.

The report therefore provides a progress update and notes the future direction of travel for mental health service provision in Barnet. The overall direction of travel is towards a model of service provision that is more focused on quality and patient outcomes in the context of a sustainable health and social care economy, less reliance on secondary care, more support provided in primary care and community settings and promoting a social work (as

opposed to a clinical) model of care.

It is also important to note that the projects within BCCG and LBB are interrelated and that any proposals on the future state will be aligned wherever possible (for example in relation to specifications and patient / service user outcomes) by Officers in the respective organisations prior to these being brought before Members for consideration. This work is also informed by other local and national initiatives; respectively work by BEHMHT on an Enablement Pathway; and the Crisis Care Concordat which was launched by the London Strategic Clinical Network in the capital on 27 October 2014 and any emerging work on developing Child and Adolescent Mental Health Services (CAMHS).

Recommendations

1. **That the Health and Well-Being Board notes and comments as appropriate on the progress on current interrelated work on mental health service provision within Barnet CCG and LBB.**

1. WHY THIS REPORT IS NEEDED

1.1 This report provides Members with an overview and direction of travel of current work within Barnet Clinical Commissioning Group (BCCG) and London Borough of Barnet (LBB) relating to reimagining mental health service provision in Barnet.

1.2 There are a number of key pieces of work underway within BCCG and LBB, namely:

- BCCG – Mental Health Review (October 2014) and Reimagining Mental Health project
- LBB – Commissioning Intentions 2015/16 and Redefining Adult Mental Health Social Care project

1.3 The overall direction of travel is towards a model of service provision that is more focused on quality and patient outcomes in the context of a sustainable health and social care economy, less reliance on secondary care, more support provided in primary care and community settings and promoting a social work (as opposed to a clinical) model of care. It is also important to note that this work is interrelated and that any proposals on the future state will be aligned wherever possible (for example in relation to specifications and patient / service user outcomes) by Officers in the respective organisations prior to these being brought before Members for consideration.

1.4 This work is also informed by other local and national initiatives; respectively work by Barnet Enfield and Haringey Mental Health Trust (BEHMHT) on an Enablement Pathway; and the Crisis Care Concordat which was launched by the London Strategic Clinical Network in the capital on 27 October 2014 and any emerging work on developing CAMHS services.

1.5 The following sections describe in detail the various work streams.

1.6 **BCCG related work:**

1.6.1 During the latter part of 2014, Barnet CCG undertook a comprehensive review of its mental health activity, including commissioning a full health needs assessment, financial review and equalities impact assessment. The report and recommendations from that review have been agreed by the CCG Board, and reported to the Transformation Board.

1.6.2 The key recommendation from the review is that mental health care and support needs to be much more service user focused, less reliant on secondary care (i.e. BEHMHT) and with more support provided in primary care and community settings. A Reimagining Mental Health workshop took place on 24th February 2015. Some of the themes which emerged from the presentations and discussions included the following:

- a co-production model could deliver better, more targeted health and social care services through a community–based approach;
- resources could be directed more appropriately through better collaboration between all organisations; and continued involvement of people with mental health needs and carers is key to shaping future services.

1.6.3 A series of breakfast meetings will be taking place (launched on 14 May 2015) to gather and focus stakeholder views which in turn will feed into a steering group that will make recommendations and support the development of a work plan.in the context of transformational work taking place within North Central London cluster of CCGS (refer to paragraphs 1.6.4-6 below). The overall outcome of this work is to improve outcomes for people with mental health problems and their family carers in Barnet. The Council is a key stakeholder in this process and together with the CCG will ensure alignment of interrelated projects.

1.6.4 As discussed in the summary Carnall Farrar consultancy has been engaged by the North Central London (NCL) cluster of CCGs i.e. Barnet, Enfield, Haringey, Camden and Islington to support work on improving health outcomes, reducing inequality and achieving financial sustainability in relation to BEHMHT. The key stakeholders involved include the TDA, NHS England (NHSE) and the respective CCGs and Councils

1.6.5 Carnall Farrar's brief is to produce 4 key deliverable in the short term:

- A detailed financial baseline which sets out the scale and nature of the financial problem from a commissioner and provider perspective.
- A forward plan for developing a strategic change programme to deliver sustainability across NCL.
- A proposal on CCG governance to take this work forward.
- A finance, data and transformation readiness assessment of BEHMHT, considering how to create a viable future for mental health services in NCL.

Carnall Farrar has already started to facilitate a series of NCL / BEHMHT

contracting workshops as part of the above brief. At the initial workshop on 8 April 2015, a set of principles was agreed amongst the stakeholders. The outcome of this work is expected before September 2015 and one of the expected outcomes is a programme of transformational work as agreed by the key stakeholders.

1.6.6 In addition to the above, BCCG has defined its mental health commissioning intentions as follows:

- To implement and embed the new IAPT (Increasing Access to Psychological Therapies) service model linked to LTC (Long Term Conditions);
- Develop a business case for extended PCMH (Patient-Centred Medical Home) to integrate management of physical and mental health conditions;
- Review Mental Health crisis and acute services in order to improve productivity and develop a 'Crisis Concordat' action plan (this work is already underway);
- Evaluate RAID (Rapid Assessment Intervention Discharge) and psychiatric liaison services to inform future commissioning based on outcomes.

1.7 **Other related work**

1.8 BEHMHT Enablement Pathway:

1.8.1 'Enablement' is a strengths-based model of care, founded on the principles of self-help and independence, focusing on keeping patients well and preventing the need for higher level care whenever possible. The aim is to enable patients to identify and work towards their own community, social and employment goals. For example, in services for older adults, while recovery principles apply to service users, in many cases the aim of enablement would be to educate and empower carers to manage their relative's situation. Similarly with CAMHs (Child and Adolescent Mental Health Services), educational approaches can be aimed at children or parents.

1.8.2 Within BEHMHT work has recently commenced to operationalize enablement across all service lines in consultation with Trust staff, patients and stakeholders, including commissioners from Barnet, Enfield and Haringey.

1.9 Crisis Concordat and urgent care funding:

1.9.1 The Government launched the Crisis Care Concordat in 2014, as guidance for improving access to and quality of care for people with mental health needs in crisis. To support this, all areas of the country were required to develop and sign a declaration of commitment to the Concordat, and develop an action plan to meet the Concordat's principles (by end March 2015). A London-wide declaration was launched in October 2014, and a range of strategic partners have signed up to it. For health, all London CCGs have signed. For local government, London Councils have signed, as have the Association of Directors of Adult Social Services and the Mayor's Office.

1.9.2 Government made £5.67m of targeted funding available until 31 March 2015 to improve mental health crisis care and early intervention in psychosis. CCGs

were required to bid for funding specific projects to achieve the broad outcomes for the funding. Barnet CCG was allocated £227,750; Enfield CCG £180,763; Haringey CCG £165,211. The total for BEH is therefore £573,724 and the three CCGs have pooled their resources for joint projects with Enfield as the lead borough. Camden and Islington are working together, and were awarded £146,148 and £126,509 respectively.

1.9.3 Governance for the funding is via Enfield CCG as lead commissioner. Funding for Projects was allocated as follows:

1	Commission independent/voluntary sector to provide additional contacts/services/activity opportunities
2*	Develop a trust wide pathway that results in crisis prevention and reduced acute presentations; map existing crisis pathway and develop crisis concordat transformation action plan, to include identifying chaotic, vulnerable service users who repeatedly present to services in crisis and identify alternative interventions.
3	Early Intervention in Psychosis service – reduce waiting times, clear waiting list
4*	Undertake a review of the Early Intervention in Psychosis fidelity to the model as well as map the access and crisis pathway for people aged 14-18 years
5	IAPT waiting list reduction [Barnet only*]

* Note: Projects (2) and (4) were tendered and won by Resolving Chaos - http://resolving-chaos.org/. Resolving Chaos was commissioned to work with all key stakeholders (including LBB).

Resolving Chaos has completed the projects and presented recommendations, focusing on service implications at Primary Care level and the Early Intervention in Psychosis Service. The recommendations are informing the development of a tri borough Care Crisis Concordat.

1.10 **LBB related work:**

1.10.1 In November 2014, the Adults and Safeguarding Committee approved its Commissioning Plan for consultation as part of the wider engagement with residents to inform the Council's medium term financial strategy. Following a programme of resident engagement the Commissioning Plan for the period 2015/16 to 2019/20 was finalised and then approved by the Adults and Safeguarding Committee at its meeting on 19 March 2015.

1.10.2 The implications for residents are:

- Improved whole system response when mental health issues arise that supports recovery, social inclusion and enablement.
- Better support for individuals with mental health issues to retain or regain employment and suitable housing that supports their well-being.
- Greater involvement in the planning of social care services and use of direct payments to fund care and support.

1.10.3 The implications for providers are:

- A new specification for mental health social work focused on employment, housing, earlier intervention and enablement.
- A shift in demand and spend from expensive specialist registered provision of community based services.
- Increased demand for community based services including early intervention and prevention.
- Greater integration of housing with social care.

1.10.4 Barnet Council's mental health commissioning intentions focus on 6 aspects:

a) Re-focusing of social care on recovery, social inclusion and enablement. Promote a social work role which focuses on protective factors located outside of a medical model with much stronger working with primary care.

b) Renewing the focus on the quality of services through strengthening the voice of workers and service users through the delivery model.

c) Introduce a 'Consultant Social Worker' role into adult mental health services to provide independent challenge and review of support proposals for people with mental health needs and who require specialist mental health services.

d) Integrated pathways across the wider public sector and establish a 'hub' which provides coordinated support to help people with mental health problems (back) into work.

e) Increased range of accommodation options.

f) Promoting mental wellbeing and reducing stigma through establishing joint commissioning of social care with public mental health provision.

1.10.5 The above commissioning intentions are being taken forward within the Council by the "Redefining Adult Mental Health Social Care Project". Officers are currently drafting the service specification for the redefined model prior to it being approved by Members for implementation. It is anticipated that the Adults and Safeguarding Committee meeting on 8 June 2015 will receive a detailed update report on the proposed service specification and a project delivery plan. Once the outline specification has been approved by Adults & Safeguarding Committee, a business case and implementation plan will be developed, which will include testing and piloting elements of the model. The current section 75 (s75) Mental Health agreement between LBB and BEHMHT, which expires in July 2015 will be extended for the required period to allow for a safe transition to the new model.

1.10.6 The current full year budget for the Integrated Mental Health Service contained within the s75 agreement is as follows:

Council Contribution	£2,132,989
BEHMHT Contribution	£7,700,904
Total Budget	£9,833,893

1.10.7 Committee will also want to be informed of the Employment Support initiatives for people with a mental illness in Barnet. Working with the Council's Joint Commissioning Unit, the Public Health team sought to address mental health need within the Borough and build on the success of the employment support / return to work pilot by commissioning two further services. These were as follows:

- Individual Placement & Support (IPS):-
  Twining Enterprise was commissioned to provide an IPS service. The service commenced in early November 2014 and will continue until the end of March 2016. The service, based within the Community Teams within BEHMHT, is aimed at people with severe and enduring mental health needs. Over the contract period, the service will engage and assess 180 service users and aim to achieve 54 job outcomes. A job outcome is defined as paid employment of at least 16 hours per week. The total funding for this project is £160k.

- Motivational & Psychological Support (MaPS):-
  Future Path Solutions Ltd was commissioned to provide motivational and psychological support to Job Centre Plus customers. This initiative (a continuation of the successful pilot which ran from January to October 2014) started earlier in November 2014 and will continue to March 2016. Over the contract period, no fewer than 300 people will be engaged of whom 124 people will commence employment which is similarly defined as paid work of at least 16 hours a week. This initiative costs £180k over the contract period.

1.10.8 The Council has been working closely with the West London Alliance (WLA) to successfully obtain central government funding for a further employment support project to support people with a mental health difficulty into employment. Barnet Council has been asked to lead on the delivery of this initiative and is expected to go to the market later this year. Barnet has been able to establish this lead position because of the infrastructure established by virtue of the use of the ring-fenced grant to develop the aforementioned IPS and MaPS initiatives.

2. REASONS FOR RECOMMENDATIONS

2.1 Not Applicable as the report is a progress update on current work within LBB and BCCG.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not Applicable as the report is a progress update on current work within LBB and BCCG.

4. POST DECISION IMPLEMENTATION

4.1 Any comments from Members on this report will be considered by the project teams within LBB and BCCG undertaking the redefining work and incorporated within the final proposals and recommendations of the projects' reports for approval by LBB and CCG Board Members.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The key projects described in this report are closely aligned to the remit of the HWBB as it relates to key leaders from the health and care system working together to improve the health and well-being of local communities through local commissioning of health care, social care and public health; informed by the Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy. There is also close alignment with the strategic aims of LBB and BCCG as reflected in these two organisations' commissioning intentions for mental health services in Barnet.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 None in the context of this report. As noted in paragraph 1.10.6, the current s75 agreement for Mental Health will need to be extended and then renewed to reflect the future state.

5.3 Legal and Constitutional References

5.3.1 The Council's Constitution (Document 15a: Responsibility for Functions Annexe A) sets out the Terms of Reference for the Health and Well-Being Board. These responsibilities include:

(3) To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

(4) To consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.

(5) To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.

(6) To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities

across the range of responsibilities of all partners in order to achieve this.

(7) To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.

5.4 **Risk Management**

5.4.1 None in the context of this report. However, in a wider sense this report assists in ensuring that any risks are managed under the Mental Health Act 1983 and 2005 as not receiving this report would present a risk to the HWBB in that they would not be kept up to date on developments relating to mental health service provision, quality and outcomes for patients and service users.

5.5 **Equalities and Diversity**

5.5.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires that a public authority must, in the exercise of its functions, **have due regard** to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.5.2 For the purposes of the Public Sector Equalities Duty and by virtue of the Equality Act 2010, the relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

5.5.3 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services.

5.5.4 Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports. Proposals are therefore assessed for their impact on equality and diversity in line with the Barnet CCG Equality Delivery System.

5.5.5 People with mental health problems often have disabilities which may be directly connected to their mental health and the projects are being developed with these considerations in mind to ensure that services meet the needs of a diverse population.

5.6 **Consultation and Engagement**

5.6.1 As noted in the main body of the report, the key projects described have both involved extensive consultation and engagement with relevant stakeholders including “experts by lived experience” through the Mental Health Partnership Board and the breakfast meetings described in 1.6.3. This engagement will continue to inform the work of the projects and help shape the proposals for the future state.

6. BACKGROUND PAPERS

6.1 Business Planning, Adults and Safeguarding Committee 20 November 2014, item 7 appendix A Commissioning Plan 2015 - 2020: http://barnet.moderngov.co.uk/documents/s19321/Appendix%20A%20-%20Commissioning%20Plan.pdf

6.2 Business Planning, Adults and Safeguarding Committee 19 March 2015, item 8 appendix A Commissioning Plan 2015 - 2020: http://barnet.moderngov.co.uk/documents/s22062/Appendix%20A%20-%20Adults%20and%20Safeguarding%20Commissioning%20Plan.pdf

6.3 NHS Barnet CCG Board Clinical Cabinet Meeting, 23 October 2014 – Review of Mental Health Services (restricted Agenda item)

6.4 Mental Health Crisis Concordat, February 2014: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

AGENDA ITEM 9

	Health and Well-Being Board **4 June 2015**
Title	**Barnet CCG Operational Plan 2015 - 2016 Report**
Report of	CCG Chair
Wards	All
Date added to Forward Plan	12 March 2015
Status	Public
Enclosures	Appendix 1: CCG Operational Plan
Officer Contact Details	Matt Powls Performance and Planning (Interim), Barnet CCG matthew.powls@barnetccg.nhs.uk

Summary

Barnet Clinical Commissioning Group's refreshed Operational Plan 2015-2016 outlines, in one document, strategic goals, NHS England planning requirements, key health and wellbeing priorities, CCG statutory duties and commissioning priorities aimed at delivering improved the health and wellbeing outcomes for the Barnet population.

The Operational Plan refresh updates the Barnet Clinical Commissioning Group (BCCG) 2013/14 original plan and takes account of revised commissioning priorities, additional statutory obligations, financial planning and reflects the direction of travel outlined in the NHS Forward View into Action: Planning for 2015/16.

The Plan summarises the key operational commissioning intentions for 2015/16 and locally-defined responses to meeting mandatory requirements as set out in the NHS Outcomes Framework, NHS Constitution and other national service indicators.

The operational plan identifies key actions relating to the implementation of Better Care Fund (BCF) Plan, to ensure a transformation in integrated health and social care.

Recommendations

1. **That the Health and Well-Being Board notes the Barnet CCG Operational Plan 2015-2016 report.**

1. WHY THIS REPORT IS NEEDED

1.1 Local authorities and Clinical Commissioning Groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies, through the Health and Wellbeing Board.

1.2 Barnet Clinical Commissioning Group (BCCG) Operational Plan 2015 – 16 reflects a commitment to the delivery of Joint Health and Wellbeing priorities as reflected in the Joint Health and Wellbeing Strategy.

1.3 BCCG is also guided by planning requirements as reflected in the Five Year Forward View, which set out a clear strategic framework within which context this years' planning round will sit and provides the basis for the development of new commissioning, contractual and financial models to stimulate and support the development of new models of care.

1.4 Everyone Counts; planning for patients 2014/15 – 2018/19, published in December 2013, set out detailed medium term (2 years) ambitions and long term (5 years strategic plans).

1.5 The Operational Plan 2015 – 16 (appendix 1) is for the Health and Wellbeing Board to note.

1.6 The Plan identifies strategic delivery programmes, quality and safety assurance processes in securing NHS Constitution and Mandate priorities.

1.7 BCCG Operational Plan sets out measures for the delivery of strategic commissioning intentions/plans informed by joint health and wellbeing priorities and compliance with BCCG statutory duties. The 2015/16 Plan will assure achievement of key area, informed by agreed principles:

- Improve inequalities in health by ensuring that the local focus is centred on patient's individual health improvements and experience
- Prepare children and young people for a healthy life, to ensure the development and effective commissioning of children's and young persons' services
- Provide the Right Care at the Right Time in the Right Place, to ensure that patients can access clinically safe and cost effective unscheduled care.
- Equalities objectives for 2015/16, to ensure meeting of public sector equality duty.

1.8 The Operational Plan will also maintain a focus on the following essentials:

- Quality
- Access
- innovation

- Value for money

2. REASONS FOR RECOMMENDATIONS

2.1 Health and wellbeing board to note the BCCG Operational Plan in the spirit of partnership working.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 None

4. POST DECISION IMPLEMENTATION

4.1 BCCG business as usual processes

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 None

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 N/A

Legal and Constitutional Reference

5.2.2 Section 15 of the Constitution Responsibility for Functions Annex A requires the Health and Wellbeing Board to jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet Joint Strategic Needs Assessment (JSNA) to all relevant strategies and policies

5.2.3 The HWBB must also consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.

5.3 **Risk Management**

5.3.1 Risk logs developed at individual project or work stream level.

5.4 **Equalities and Diversity**

5.4.1 Ensures that BCCG meets its Equalities Duties

5.5 **Consultation and Engagement**

5.5.1 Engagement has taken place with multiple stakeholders during the development of the Plan.

6. BACKGROUND PAPERS

6.1 Everyone Counts, December 2013: http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf

6.2 NHS Five Year Forward View, October 2015: http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

NHS
Barnet Clinical Commissioning Group

BCCG Refreshed Operational Plan 2015/16

Date: May 2015

Local clinicians working with local people for a healthier future

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Section 1.
Overview and Context

Barnet CCG Operational Plan Refresh 2015/16

- **BCCG refreshed 2 Year Operational Plan 2015-2016** sets out in one document the key health issues, statutory duties and commissioning priorities which will be addressed to improve the health and wellbeing in Barnet.
- The Operational Plan refresh updates the BCCG 2013/14 original plan & takes account of revised commissioning priorities, additional statutory obligations and financial planning and to reflect the direction of travel outlined in the NHS Forward View Into Action: Planning for 2015/16.
- The plan summarises the key operational commissioning intentions for 2015/16 and locally-defined responses to meeting mandatory requirements as set out in the NHS Outcomes Framework, NHS Constitution and other national service indicators.
- The operational plan identifies key actions in the full implementation of Better Care Fund (BCF) Plan, to ensure a transformation in integrated health and social care
- The plan identifies strategic delivery programmes, quality and safety assurance processes in securing NHS Constitution and Mandate priorities. The plan also provides a summary of the CCG's 5 Year Strategic Plan in the form of a "Plan on a Page".

Barnet CCG Operational Plan
Refresh 2015/16

BCCG Operational plan sets out measures for the delivery of strategic commissioning intentions/plans informed by Joint Health and Wellbeing priorities and compliance with Barnet CCG (BCCG) statutory duties. The 2015/16 will assure achievement of key area:

- Improve inequalities in health by ensuring that the local focus is centred on patient's individual health improvements and experience
- Prepare Children and Young People for a Healthy life, to ensure the development and effective commissioning of children's and young persons' services
- Provide the Right Care at the Right Time in the Right Place, to ensure that patients can access clinically safe and cost effective unscheduled care.
- Mental Health and Learning disability
- Equalities objectives for 2015/16, to ensure meeting of public sector equality duty

The operational plan will also maintain a focus on the following essentials:

- Quality
- Access
- innovation
- Value for money

BCCG 5 Year Strategic Plan and Delivery Plan 2014/19

BCCG 5 Year Strategic and Delivery Plan 2014/19 outlines the BCCG's approach to delivering transformational change in health and social care, to improve health and social outcomes over the course of five years. The strategic objectives are:

- **Strategic Goal 1**: Promote health and wellbeing, enabling Barnet's population to be as healthy as they can be and make informed choices about their health and lifestyle
- **Strategic Goal 2**: Utilise the knowledge and skills of GP membership, ensuring patient centred consistent primary care for the people of Barnet.
- Develop proactive and innovative Primary care network to provide more local care and joined up care
- **Strategic Goal 3**: Ensure Right Care First Time, working with patients, the public, GOs, the London Borough of Barnet, service providers and other stakeholders, BCCG will develop new service models and pathways to meet the health and social care needs of our population.
- **Strategic Goal 4**: Develop local and joined up care – working with primary care, the London Borough of Barnet and other health and social care partners, to streamline and join up complex care and support for the frail and elderly, and those with complex long term conditions, with care provided at home or as close to home as possible.

BCCG's Ambitions for 2015-2019

- Establish BCCG as the health systems leader for Barnet and across the 5 CCGs to create a resilient health system in North Central London;
- Manage the local health system to commission urgent care access for patients when they need it, to the appropriate services, ensuring the system is resilient to surges in demand
- Ensure good quality, safe healthcare in all settings
- Implementation of a Barnet Strategy that is clinically-led, and deliver the best possible care to patients and their carers
- Enhance quality and safety of care, embedding Francis recommendations
- Improved Quality & Outcomes by delivering across the five domains
- Reduce inequalities in access to health services & outcomes achieved
- Improve Patient Safety through continuous improvements & target for providers to be in the top of National Reporting & Learning Service reporting
- Providers to have action plans to implement the "6 Cs" action points from the Francis Review
- Achieving Parity for Mental Health – review of needs, models and gaps and commissioning of outcome based service models
- Transforming care of people with learning disability

Local Drivers

- Barnet Joint Health and Wellbeing Strategy: 2012-2015 (undergoing a refresh)
- Barnet Joint Strategic Needs Assessment: 2011 -2015 (undergoing a refresh)
- BCCG Commissioning Plan 2014/15 -2015/19
- Barnet CCG Five year Strategy 2014-2019 and Delivery Plan 2014/15 and 2015/16
- North Central London (NCL) Five Year Strategy 2014 – 2019
- Barnet, Enfield and Haringey (BEH) Clinical Strategy
- Barnet Primary Care Strategy
- Barnet Clinical Commissioning Group Recovery Plan 2013
- Barnet Adults and Safeguarding Commissioning Plan 2015 - 2020
- Barnet Mental Health Strategy
- Barnet Suicide Prevention Strategy
- Barnet Learning Disability Commissioning Plan
- Better Care Fund Plan
- Finchley Memorial Hospital
- GP Network Formation

Section 2.
Vision, Goals and Priorities

Barnet CCG Vision & Priorities

Barnet CCG Vision:

"Barnet CCG will work in partnership with local people to improve the health and wellbeing of the local population of Barnet, find solutions to challenges, and commission new and improved collaborative pathways of care which address the health needs for the Barnet population"

To position the BCCG for the full realization of the vision, commissioning priorities have been agreed, underpinned by clinical commissioning programmes.

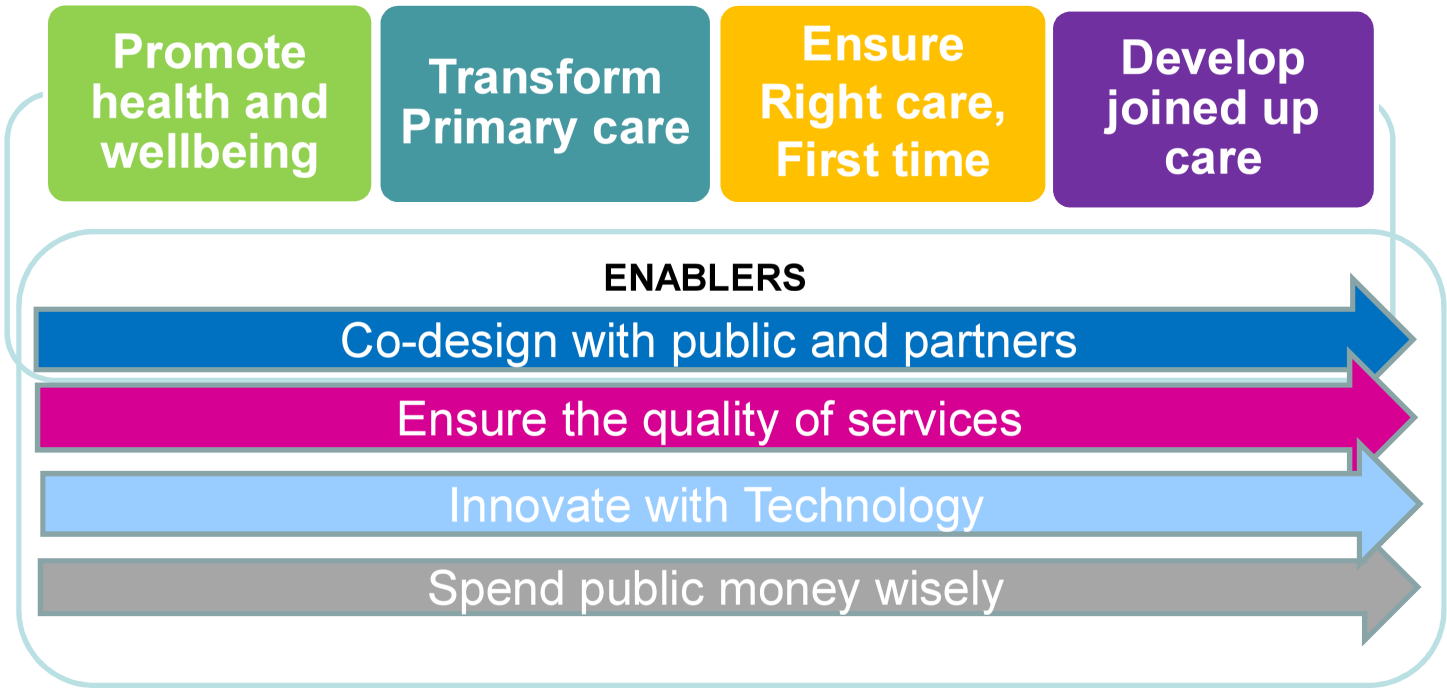
Barnet CCG Values:

- Treat all with compassion, dignity and respect
- Person centred care that supports people to be as healthy as they can be
- Work in partnership and collaborate with all
- Reduce dependency and promote self-care

Strategic Goals

VISION

Working with local people to develop seamless, accessible care for a healthier Barnet.



2015/2016 Priorities

Section 3.
Our Health Economy – A Snapshot

Barnet Health and Social Care Economy

- **The health economy** spans across the five boroughs of North Central London (NCL), and comprises five Clinical Commissioning Groups, six acute and specialized trusts (of which three are Foundation Trusts), six community and/or mental health trusts and 240+ GP Practices.

- **Primary Care** There are 67 General Practices covering a registered population of 396,769 patients (as of 1 April 2015.)

- **Central London Community Health NHS Trust** Central London Community Health (CLCH) delivers a comprehensive portfolio of community services. They employ more than 3,000 health professionals and support staff to provide community and in-patient services to almost 1 million people across Barnet, Hammersmith, Fulham, Chelsea and Westminster. These are currently commissioned using block contracts.

- **Barnet, Enfield and Haringey Mental Health Trust**. Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) provides a range of mental health services for adults and children.

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Health in Barnet

Adult health

- In 2012, 20.5% of adults were classified as obese. The rate of alcohol related harm hospital stays was 507*, better than the average for England. This represents 1,580 stays per year. The rate of self-harm hospital stays was 111.1*, better than the average for England. This represents 405 stays per year. The rate of smoking related deaths was 204*, better than the average for England. This represents 328 deaths per year. Estimated levels of adult excess weight and smoking are better than the England average. The rate of TB is worse than average. The rate of people killed and seriously injured on roads is better than average. The rate of statutory homelessness is worse than average. Rates of violent crime, long term unemployment, new cases of malignant melanoma, drug misuse, and early deaths from cardiovascular diseases and early deaths from cancer are better than average.

•Rate per 100,000 population

The CCG has a responsibility to improve the health of the local population

Improving Health & Reducing Inequalities

Health:

- The health of people in Barnet is generally better than the England average. Deprivation is lower than average, however about 19.9% (14,200) children live in poverty. Life expectancy for both men and women is higher than the England average.

Living longer:

- Life expectancy at birth in females (85.0 years) is higher than males (81.9). In most deprived areas of Barnet life expectancy at birth is 7.8 years lower for men (81.9) and 5.6 years lower for women in the most deprived areas of Barnet than in the least deprived areas.

Child health:

- In Year 6, 19.1% (559) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 26.8*, better than the average for England. This represents 22 stays per year. Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are better than the England average.

Improving Health and Reducing Health Inequalities

Clinical Commissioning Groups (CCGs) have duties to:

- Have regard to the need to reduce inequalities in access to health services and the outcomes achieved;
- Exercise its functions with a view to securing that health services are provided in an integrated way, and are integrated with health-related services and social care services, where it considers that this would reduce inequalities in access to those services or the outcomes achieved;
- Include in an annual commissioning plan an explanation of how it proposes to discharge its duty to have regard to the need to reduce inequalities;
- Include in an annual report an assessment of how effectively it has discharged its duty to have regard to the need to reduce inequalities

Local Action:

- Action plan on health inequalities
- Development of an assurance process to guide implementation
- Reduction in CVD mortality and cancer under 75 years for men and women

Section 4.

Meeting Barnet's Health Needs Through Partnership Working

BCCG and London Borough of Barnet Joint Approach to Improving Health-Priorities for 2015/16

Joint Health and Wellbeing strategy set the key priorities for health and wellbeing informed by the JSNA findings/intelligence. BCCG's commissioning intention and service development initiatives supports strategic priorities set out in the JHWB.

BCCG's commitments to the JHWB are reflected in the following key areas:

- Strong emphasis on self-management
- Promoting good health and wellbeing
- Supporting people to remain independent

BCCG and LBB have agreed a number of key principles that will inform partnership approach by partners in both health protection and health improvements. This are expected to be reflected in the refreshed JHWB for 2015/16

The principles are as follows:

- Putting the emphasis on prevention through strengthening impact of early intervention across the borough.
- Making health and wellbeing a personal agenda. Main emphasis being on enabling individuals and families to take action through timely information, advice and education

BCCG and London Borough of Barnet Joint Approach to Improving Health-Priorities for 2015/16

Agreed principles to inform future priorities:

- Making health and wellbeing a local agenda by identifying in regeneration and neighbourhood plans and schemes, to leverage improved health outcomes for the population.
- Joining up services to ensure timely and effective solutions to individual problems by exploring options to maximise on use of available assets and resources. The development of the new health and wellbeing campus at the **old Finchley Memorial Hospital site being one of the options,** recently under discussion as a potential model for further improvements in health and social care integration
- Developing greater local community capacity to achieve change by strengthening working arrangements with local and voluntary group to deliver on expected health improvement and wellbeing outcomes

BCCG and LBB's 'Joint Commissioning Unit':

- HWB partners have planned resources to deliver prevention initiatives as part of the Better Care Fund
- Focus on prevention and early intervention through workforce development and raised public awareness

Adults Social Care and Health Joint Commissioning Priorities for 2015/16

- Refresh of the Joint Health and Wellbeing Strategy (JHWB) to reflect emerging priorities and key messages from the Joint Strategic Needs Assessment (JSNA)
- Joint Implementation of the Better Care Plan for 2015/16
- Joint Implementation of the Care Act Plan
- Development of the Obesity Strategy
- Implementation of the Francis Report (2013) recommendations
- The CCG self-assessment completed in 2014/15 for learning disability and safeguarding and actions for improvements are currently being developed
- To effect improvements in the **Barnet CCG safeguarding arrangements**. The CCG acknowledges that although the framework focuses primarily on the present statutory responsibility to safeguard children, the same principle will apply in relation to arrangements to protect adults **from April 2015**
- To support providers and prepare for unannounced Care Quality Commission Inspection of Safeguarding Children and Looked After Children
- Continue to work with Barnet Safeguarding Children's Board and NHS England to ensure that the protection of children and young people from both sexual harm behaviour and **sexual exploitation**, neglect and domestic violence remains a priority

North Central London Strategic Partnerships

NCL Strategic 5 Year Strategic Plan:

- Shared aims and objectives for collaboration to deliver on the strategic plan:-
- Achieve clinical improvements and better health outcomes for local people across NCL
- Deliver other tangible benefits for patients which might also include reduction in waiting times, easier access to services, smoother care pathways
- Ensure efficiencies in service delivery including better value for money and associated savings, through improved leverage with providers
- Achieve greater resilience and better risk management within organisations and across NCL as a whole
- Bring in and share additional knowledge and expertise across NCL CCGs
- Declutter CCG workloads and avoid duplication of effort
- Reduce fragmentation and inconsistency of delivery across the five boroughs
- Strengthen and build a sustainable health economy for NCL within the context of an agreed vision.

Section 5.

Successfully Meeting National Requirements and Standards

National Performance Requirements for 2015/16

- Planning guidance, NHS England has sets out how the NHS Budget will be invested to drive continuous improvements and to make high quality of care for all
- This is to ensure that the NHS is on a solid footing, capable of being focused on quality through a period of significant economic challenges and delivering models of care that will be sustainable in the future
- **Everyone Counts; planning for patients 2014/15 – 2018/19** published in December 2013 set out detailed medium term (2 years) ambitions and long term (5 years strategic plans
- **The Forward View into Action: planning for 2015/16** published in December 2014, set out the expectations for all NHS organizations in this years' planning round.
- **Five Year Forward View** set out a clear strategic framework within which context this years' planning round will sit and provides the basis for the development of new commissioning, contractual and financial models to stimulate and support the development of new models of care
- The Five Year Forward View makes a robust case for change, what change might look like and how it can be achieved. It outlines various models of care to suport change in the future

National Performance Requirements for 2015/16

The Five Year Forward View argues for:

- Radical upgrade in prevention and public health focused programmes on prevention, smoking, alcohol and obesity
- Patients taking more control over their health and lives
- Improvements to urgent care systems, maternity services, care homes and smaller hospitals
- Integrated health and social care models

- **The Supplementary information for commissioner planning, 2015/16,** published on the 5th January 2015, provides supporting information on the new business rules and planning assumptions for commissioners. Underpinning the rules is the following:
- Drive to deliver on the QIPP Agenda
- Focus on outcomes
- Quality and
- Public Patient Engagement

NHS Constitution Standards Targets

- **The NHS Constitution** establishes the principles & values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, to ensure that the NHS operates fairly and effectively.
- **The guidance** calls for better joint working between commissioners and providers to ensure realistic and deliverable joint plans for meeting of NHS constitution standards.
- The BCCG is committed to delivery of all commitments outlined in the NHS Constitution and NHS Mandate.
- **The Mandate** sets out the following ambitions for the NHS:
  - Help people live well for longer
  - Manage ongoing physical and mental health conditions
  - Help people to recover from episodes of ill health or following injury
  - Make sure people experience better care
  - Provide safe care
  - Free the NHS to innovate
  - Support the NHS to play a broader role in society
  - Make better use of resources

Delivery Across the five domains & Seven Outcomes

Barnet CCG's targets for delivery against the five domains and seven outcome measures, based upon local population needs and current performance.

- Domain 1: Preventing people from dying prematurely
- Domain 2: Enhancing quality of life for people with long-term conditions
- Domain 3: Helping people to recover from episodes of ill-health or following injury
- Domain 4: Ensuring that people have positive experience of care
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Seven Key Outcomes

- In line with national expectations, the CCGs remains committed to ensuring that commissioning intentions deliver improved outcomes on the following seven key areas:
- Reducing years of life lost for treatable conditions
- Improving the health related quality of life for people with long-term conditions
- Reducing avoidable admissions and develop more integrated care in the community outside hospital

Delivery Across the five domains & Seven Outcomes

Seven Key Outcomes (continued)

- Increasing the proportion of elderly living independently at home following post discharge from hospital
- Reducing the proportion of people reporting very poor experience of inpatient care
- Reducing the proportion of people reporting very poor experience of primary care
- Making significant progress towards eliminating avoidable deaths in hospital

Current areas requiring improvements:

- Reducing inequalities
- Reducing inequalities for Looked after Children and people with a learning disability
- Increase in the number of people having a positive experience of hospital care
- Increasing the number of people having a positive experience of care outside hospital, in general practice and in the community
- Making significant progress towards eliminating avoidable deaths in our hospitals
- Implementation of the Equality Delivery System (EDS2)
- Quality improvements in child and adult safeguarding

Priorities for Operational Delivery and Performance Requirements for 2015/16

National planning guidance identified five key elements for operational delivery in 2015/6 and these are:

- **Improving Quality & Outcomes** – requires a refresh of existing plans to improve against the NHS Outcomes Framework using the CCG 5 year ambitions and 7 locally set targets. This includes a commitment to build on the publication of surgical outcome data for 13 specialties' in 15/16
- **Improving Patient Safety** – continuous improvements and embedding responses to the Frances, Berwick and Winterbourne View reports. Establishing patient safety collaborative, supporting the "sign up to safety campaign and the new CQUINs. CCG and providers expected to work together to improve antibiotic prescribing in primary and secondary care. Acute providers to agree service delivery and improvements plans with commissioners setting out how they will make progress with at least five of the ten clinical standards for seven days services in 15/16
- **Meeting NHS Constitution Standards** – a review and refresh of performance standards expected and agreement on activity levels for elective care, emergency care and diagnostics

Priorities for Operational Delivery and Performance Requirements for 2015/16

- **Achieve Parity for Mental Health** – CCG are required to plan the roll out of new access and waiting time's targets with providers, for mental health services, as outlined in the new NHS Mandate.
- This includes meeting commitments for dementia and improved access to IAPT. The implementation of the outcomes of the Crisis Care Concordat and the provision of mental health support in NHS 111 Service, alongside the 24/7 Crisis Home Care Treatment Teams, preventing mental health assessments in police cells.
- CCG is required to work with partners to invest in CAHMS and reduce out of area placements. There is an additional focus on improving services for eating disorders, following the announcement of £30m additional funding for the services
- **Transforming Care of people with learning disabilities –** evidence progress against the recommendation of the Winterbourne View Concordat
- **The Forward view into Action: Planning for 2015/16** and Supplementary information for commissioner planning, 2015/16 stipulates fundamental elements to be addressed by the CCG Operational plans

Priorities for Operational Delivery and Performance Requirements for 2015/16

Fundamental elements to be covered in Operational Plan;

- An approach to improving outcomes as set out in the NHS Framework
- The CCGs approach to improving health and reducing inequalities (linked to health and wellbeing strategy)
- CCGs approach to ensuring a 'parity of esteem' between physical and mental health commissioning
- CCGs approach to improving access to local services for everyone
- Details of how the CCG will meet NHS Constitution standards and performance trajectories
- Details of the CCG's response to the Francis, Berwick and Winterbourne View Reports
- CCGs approach to Safeguarding
- Approach and improvement ambitions in relation to patients safety and patient experience
- Compassion in Practice and efficiency plans to deliver on QIPP Targets

Section 6.

Commissioning Priorities, Plans and System Development

Key Programmes & Commissioning Priorities 2015/16

Primary Care - Vision agreed across North Central London:

"We want to ensure the sustainability of the health economy and reduce the variability of services through an increase in the quality of the offer to patients, enabling all patients to access a wide range of integrated services from premises that are fit for purpose and with the support to manage their own care "

Priority areas for delivering the vision (including those to be led by NHS England)

- Provide high quality care for all through a continued commitment to drive improvements in patient centred, clinically safe and effective care through the way services are delivered , ensuring care is **coordinated** around the needs of our patients
- Care is delivered in a way that is **accessible** to our population, which will contribute to an improved patient experience for our patients
- Our practices working in **a proactive** way to empower patients to take a greater role in their care, encouraging prevention and supporting people to receive the care they need in the community with which they live
- Development of our **workforce** ensuring that we are a leader in primary care workforce development, ensuring we recruit the best staff and retain them securing the future of our workforce
- Work towards ensuring that our **premises** are of the highest possible quality within the resources we have, seeking out opportunities for improvement
- Develop our **technology and information systems** ensuring that these are fit for purpose to support our primary care services

Key Programmes & Commissioning Priorities 2015/16

Primary Care Key Initiatives:

- Agree a Primary Care Strategy for Barnet.
- Develop access by commissioning additional primary care appointments by hubs, to move towards 7-8 days a week.
- Develop the provider landscape by supporting practices working together at scale in Network(s).
- Develop co-ordinated care by extending the Care Home LIS (including weekly GP ward rounds) to more homes.
- Develop co-ordinated care with a new model of primary care mental health care support.
- Develop co-ordinated care by the increased use of agreed pathways and protocols, including IT solutions.
- Develop co-ordinated care by an IT project to share access to GP records across practices, Networks, with partner providers across the system, and with the Barnet Integrated Locality Team.
- Enhance IT by delivering improved technology including a mobile working solution for GPs, and initiatives to support practices to make best use of their clinical systems.
- Support workforce development, by supporting Learning through Peer Review, and initiatives for practice nurses and health care support workers.
- Focus premises development on the regeneration areas in Colindale, the use of Finchley Memorial Hospital, and primary care infrastructure fund proposals.

Key Programmes & Commissioning Priorities 2015/16

Joint Commissioning Children Services priorities:

- Focus on the most complex children through the 0-25 service
- Re-modelling CAMHS based on population need, evidence and economic modelling
- Re-modelling therapies based on population need, evidence and economic modelling
- Develop the 0-25 service health aspect working with users
- Transition planning across all services
- Review of recommended free Apps for children young people and their families
- Remodelling and implementation the early years Barnet core offer through an integrated approach through Childrens centres
- Implementation of the children & Family Act 2014
- Implementation of findings from the health select committee on CAMHs and The future in Mind

Children and Young People:

- Early Years provision
- CAMHS
- Re-commissioning O/T and physiotherapy services across education, health and social care

Key Programmes & Commissioning Priorities 2015/16

Older People Integrated Care (OPIC) Priorities for 2015/16:

MDT and CNS pilot has been extended until March 2016 - key headline for these areas is to implement a more robust system to collect evidence that will fully establish what and how outcomes have been met in terms relation to quality of care and patient experience and reduction/ increase in service cost.

- Patient experience
- Patient health outcomes
- Patient social care outcome

Risk Stratification: the current contract with ends 30th June 2015. A decision is pending whether or not this contract will be extended to March 2016. The service models below are under consideration for implementation;

Service Options Under consideration:

A new communication plan so practices recognise the benefits of the using the risk tool regularly and New training programme targeting practice nurses, GP's and PM or

Consider whether risk tool should be commissioned by Barnet or tri borough .Go out to tender to find a new Risk Stratification Tool provider .

Key Programmes & Commissioning Priorities 2015/16

BCF 2015/16 Planned Activity

- Use preparation from planning to implement and deliver plans through 15-16 with fully agreed BCF investment and utilise learning from previous schemes.
- Establish and monitor financial flows to and from the pooled budget including those contributed from parties outside health and social care.
- Fully functioning benefits tracking and financial monitoring model to monitor progress and outcomes.
- Scope further plans for future years.

Prevention

- Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5%
- Achieve the breast feeding 6-8 week target
- Encourage healthy lifestyles and choices to combat obesity in children and young people.
- Continue to support children and young people's mental health and emotional wellbeing.

BCCG Clinical Commissioning Programmes & Commissioning Plans

BCCG delivers its strategic objectives through clinical commissioning programmes. This:

Elective and General Surgery Clinical Commissioning Programme - focus areas:

- Secondary and primary care clinicians working together to improve the effectiveness and efficiency of elective care pathways, and to ensure that patients have good health outcomes for planned health services.
- Supporting and enabling GPs to manage patient care appropriately and effectively in primary care
- Ensuring that if a referral to secondary care is required, it is made appropriately with prior assessment and diagnostic information available to the Consultant.
- Patients Receive care that is Consultant led with patient centred care, focussed upon minimal assessment diagnostic appointments with the use of one stop clinics and innovation

BCCG Clinical Commissioning Programmes & Commissioning Plans

Elective Care Clinical Commissioning Programme 2015/16 Priorities

- Continue with initiatives to move care closer to home where possible providing services in settings and locations closer to people's homes making services easier for patients to access.
- To ensure that patients are seen by the appropriate clinician with the appropriate skills first time
- To ensure that there is sufficient capacity in acute care to deal with red flags and more complex patients requiring their specialist knowledge and that waiting times for complex problems are reduced
- Ensure that GP practices utilise the referral management system as part of the demand management programme
- To increase the knowledge and skills of local GPs using the Peer Learning review as a leaver for developing improvement and appropriate education
- Ensure that every referral that is made is appropriate, it goes to the right place the first time around and it has the relevant information to aid early diagnosis and management of the patient

BCCG Clinical Commissioning Programmes & Commissioning Plans

Emergency and Urgent care Commissioning Programme 2015/16 Priorities

- Implement the Barnet, Enfield and Haringey (BEH) Clinical strategy for urgent care ensuring effective estate utilization and commissioning of services
- Reduction in Adult and Childhood admissions for ambulatory care conditions
- Reductions in admissions as a result of alcohol related harm
- Improved access to primary care and out of hours services to reduce the number of patients who use emergency and urgent care services for primary care
- Develop new integrated service models of unscheduled care that will result in patient entry in the care pathway

Supporting Service delivery initiatives in place:

- NHS 111 supporting the delivery of a whole system transformation across unscheduled care
- Integrated walk-in centres and Out of Hours (OOHs) service

BCCG Clinical Commissioning Programmes & Commissioning Plans

Mental Health and Learning Disabilities Clinical Programme

Dementia Redesign:

- Memory Assessment Service is currently under development to increase capacity and to work alongside an Alzheimer's Society Dementia Advisor.

Additional Service delivery initiatives in place:

- Improved Access to Psychological Therapies (IAPT)
- RAID
- Primary care Mental health

Expected Outcomes:

- Increase in the number of patients receiving psychological therapies to 10% of those assessed as having depression or anxiety disorders
- Early intervention in Psychosis services
- Suicide prevention: 100% of psychiatric in-patients on CPA followed up within 7 days of discharge
- Improving Access to Psychological Therapies: 6000 people receiving IAPT treatment by 2015/16

BCCG Clinical Commissioning Programmes & Commissioning Plans

Quality:

- 100% of all service providers have the requisite accreditation for their clinical specialty
- Develop and ratify all primary care pathways across all elective specialties
- Lead clinicians to provide education programme for 95% of their referring cohort
- Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of all patients (all cancers) (NHS Constitution)
- Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers (NHS Constitution)
- All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice (NHS Constitution)
- Reducing time spent in hospital by people with long-term conditions focusing on unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome framework)

BCCG Clinical Commissioning Programmes & Commissioning Plans

Children and Young People & Maternity Services

Working with the London Borough of Barnet and NHS England the programme priorities are as follows:

- Effective implementation of the Maternity Pathways Tariffs
- The implementation of the Barnet, Enfield and Haringey Clinical Strategy that will transfer the provision of maternity services at Chase Farm and support increasing number of women to use the expanded services at Barnet and North Middlesex Hospital
- To ensure appropriate use of paediatric tertiary services at Great Ormond Street Hospital and ensure that children and families are supported within secondary and primary care when appropriate
- Achieve more effective and efficient provision of paediatric speech and language therapy services through a joint procurement arrangement with the LBB
- Continue to roll out the Family Nurse Partnership service
- Development of the section 75 agreement with local authority for the joint commissioning of Child and Adolescent Mental Health services, reflective of emerging priorities

Plans to Improve Early Diagnosis of Cancer

BCCG Plans for 2015/16:

For Barnet, the 1 year survival rate is low for Cancer, there is an increase in trend of incidences of breast cancer and a rise in prostate cancer.

Priorities for 2015/16

- Diagnosing cancer earlier to deliver productivity benefits as a result of pathways that are less complex, requiring less resources to co-ordinate.
- To implement best practice in the clinical management of early stage cancers, ensuring that they are treated less aggressively, which is cost effective and may eventually be cost saving.
- BCCG aims to meet Patients waiting for a diagnostic test targets – wait of less than 6 from referral (NHS Constitution)
- Maximum 31-day wait for subsequent treatment where the treatment is surgery (NHS Constitution)
- Develop local tariffs for care closer to home

Plans to Improve Early Diagnosis of Cancer

BCCG Plans for 2015/16:

Early detection – screening

- Implementation of an early detection and population awareness strategy to help reduce the number of patients diagnosed when their cancer is at a late stage. More GPs will be trained to spot the signs of cancer early, for example, using a Macmillan decision support tool that flags up combinations of symptoms that could be caused by cancer. The one-year survival for a newly diagnosed cancer patient is significantly reduced if the cancer is diagnosed through an emergency route.
- Commissioners will improve the take-up of national screening programmes through closer working with the screening hub. All CCGs in NCL are reporting falling rates of uptake of bowel cancer screening, with a variation from 34% to 41% - and significantly below the England target level of 60%.
- Commissioners will also support the roll-out of Bowel Scope, new bowel cancer screening for those in or around their 55th year, and join-up the pathway from screening to treatment. In addition, we will consider opportunities over the lifetime of the strategy for the co-commissioning of other screening if appropriate

System Development - Primary Care Networks 2015/16

Network engagement to drive forward CCG Delivery/Operational plan and transformation work on clinical pathways.

Investment commitments for 2015/16:

- Primary Care Network Development
- Roll out of Community Education Provider Training Program, to support ECPS linked also to Phlebotomy training for practice nurses
- South Network Pilot development
- Network workforce development to support training for telephone triage for Practice Nurses and GPs
- EMIS Community for integrated care to support effective sharing of patient information
- Pan Barnet GP Network Development

Opportunities to Drive Health Improvements

- BCCG plans to improve outcomes and patient experience for cancer patients through early diagnosis using the approach set out in the 2014 5 Year Cancer Commissioning Strategy for London.
- Providers of cancer services in BCCG and across North Central London are monitored against cancer commissioning intentions, within the cancer quality assurance framework of Clinical Quality Review meetings in NCL (as part of business as usual
- Referral to Treatment (RTT) performance
- Reducing avoidable emergency admissions
- Mental Health support and recovery
- Prevention and health improvements
- Health inequalities
- QIPP Efficiency Savings
- Primary Care prescribing
- Community health commissioning

Section 7.

BCCG's Commitment to Parity of Esteem and the Prevention Agenda

Parity of Esteem Between Physical and Mental Health Commissioning

BCCG's approach will be underpinned by high impact measures, to secure the achievement of parity for mental health include:

- The implementation of new access and waiting time standards – Tri-borough commissioners have included the new access standards within contracts for 15/16
- The strengthening of liaison psychiatry.
- Improvements in crisis support.
- The development/redesign of community child and adolescent mental health services

Tri-Borough Mental Health Strategy have set the following standards and commitments:

- 75% of people referred to cluster 1-4 services to be treated within 6 weeks, 95% within 18 of referral
- The review of models of acute liaison as part of commitment to the crisis care concordat
- 50% of people experiencing a first episode of psychosis to receive treatment within two weeks of referral
- Work with diagnosis rate of 70% of people aged 65 and over on the dementia register.

Parity of Esteem Between Physical and Mental Health Commissioning

Key developments in 2014/15

- With additional funding for EIP/crisis care, BCCG in partnership with Enfield and Haringey CCGs, together with the mental health trust undertook a review of crisis pathway for people aged 14-18 years.
- The review outcomes to be used in developing improved (and more timely) access to EIP and crisis intervention and prevention support, linked to the CAHMS review and remodelling
- Perinatal Mental Health service developed across Barnet, Enfield (Lead CCG) and Haringey to improve maternal and 'foetal to infant' mental health
- BCCG re-commissioned the CAHMS Out of Hours Emergency Service for Children and Young People who present in emergency settings
- Extended primary care plans are in place, including specific work stream in relation to stable Cluster 11 patients on depot being discharged to primary care , with local support plans
- This is expected to be the first phase of work stream that will be scaled and calibrated to meet cluster need, linked to the mental health review recommendations

BCCG's Prevention Commitments 2015/16

BCCG's prevention commitments:

BCCG will continue to build on existing preventative and intervention based services, in line the Barnet Integration Model and with focus on effecting further improvements in the following areas:

- Vaccination
- Falls prevention and re-ablement to increasingly shift services towards prevention and early help in order to reduce and delay ill health and poor wellbeing, as well reducing costs to health and social care

Reducing health inequalities for Looked After children and adults:

- The enhanced service specification has been reviewed 2014/15
- The General Practitioners participating have been trained
- The Designated Doctor for Looked After children quality assures the GP health assessments
- The Designated Nurse for Looked After children manages the Barnet out of borough health assessments

BCCG's Prevention Commitments 2015/16

BCCG's prevention commitments:

Learning Disability

The Children and Family Act 2014 is being implemented:

- Personal budgets framework and process are being developed
- Health broker service is being scoped to establish payment process
- Local offer includes health information
- A memorandum of understanding and policy has been agreed between BCCG and LBB
- Partnership working is ongoing on the 0-15 service, focusing on improving wrap around service for the most complex children and young people, including transition to adult provision

Young Offenders:

- Joint work with Public Health in scoping health trainers/coaches to work with the most vulnerable children and young people (young offenders., looked after children, children on the edge of exclusion and excluded children and young people) is ongoing. The aim is to use motivational approaches to encourage the adoption of healthier lifestyle.

BCCG Meeting the Prevention Agenda

The planning guidance reinforces the Five Year Forward View's renewed emphasis on the **prevention agenda.** Six different approaches to improving health and wellbeing are set out. These are:

- Clinical commissioning groups (CCGs) are required to set quantifiable targets and standards for reducing local health inequalities and improving outcomes for health and wellbeing.
- Strengthened national action on prevention on key health and wellbeing issues.
- A national evidence-based diabetes prevention programme to be implemented.
- Proposals will be developed for improving NHS services for helping individuals stay in work or return to employment.
- Incentives will be extended for employers who provide effective health programmes for employees.
- NHS Employers will be required to improve the physical and mental health and wellbeing of their staff

The Joint Health and Wellbeing Strategy is currently undergoing a refresh and will reflect emerging national requirements and key messages from the refreshed JSNA (2015/19)

BCCG Meeting the Prevention Agenda

BCCG's current approach:

- Clinical pathway development is underway, aimed at key areas including respiratory, heart failure and liver disease (primary care)
- BCCG initiatives relating to atrial fibrillation that focus on rhythm and rate control and anti-coagulation
- Tier 1 and Tie 2 of the Barnet integrated care model , rolled out
- Prevention/wellbeing programme under development encompassing broad range of existing services targeted at Long term conditions (LTC)
- Joint Commissioning taking a lead role in linking existing and new self-assessment and wellbeing services into LTC pathways (e.g. access to the dementia service at point of diagnosis and onwards, stroke navigator)
- IAPT currently linked to LTC and frail elderly patients
- Risk stratification tool in place to identify those with greatest need, to target intervention
- Joint commissioning embedding support for carers within current services, through increased access to carers assessment and with targeted interventions (CRISP training for dementia, access to carers centre

Section 8.

BCCG's Response to Reports of National Significance

BCCG's Response to the Frances, Berwick & Winterbourne View Reports

In the context of the recommendations from the Francis, Berwick and Keogh reports (Department of Health 2013), BCCG will seek assurance from providers that;

- fundamental standards and measures of compliance are always met
- Providers demonstrate openness and candour
- Providers promote the provision of compassionate, caring and committed nursing
- Providers promote strong leadership
- Providers provide information and data on services and outcomes that is transparent to both service users and the public

The Winterbourne Concordat set a target for registers to be developed, with reviews and personalised care planning to be in place for all clients meeting the Winterbourne View Criteria by 1 June 2014.

The Concordat also required that health care commissioners to review all current hospital placements, and to provide appropriate support to everyone inappropriately placed in hospital (assessment & treatment) to move to community-based support as quickly as possible and no later than 1 June 2014

Section 9.

Meaningful Patient Safety, Experience and Enagement

Patient Safety and Patient Experience

Measures to improve patient safety in 2015/16 will include:

- An expectation that commissioners and providers will continue to drive forward and embed improvements in response to the Francis report, the failings at Winterbourne View and the Berwick Review.
- The identification of sepsis and acute kidney injury as two specific clinical priorities that will be the subject of new indicators for the 2015/16 Commissioning for Quality and Innovation (CQUIN) incentive framework.
- Improvements in antibiotic prescribing.
- Continued progress in implementing the clinical standards for seven day services.

Key actions 2015/16 for Empowering patients:

- Patients to have on-line access to their GP records.
- Strengthening and extension of personal health budgets and personalised commissioning.
- Patient choice will be strengthened with specific initiatives in mental health and community services.

Plans for Making Significant Progress Towards Eliminating Avoidable Deaths

BCCG Plans for 2015/16:

- Regular monitoring of infection control in place and monitored through CQRG with providers. MRSA currently has a zero tolerance in all providers where BCCG is the lead commissioners.- where there are breaches in these thresholds the Trust is held to account and have to provide robust action plans to address shortfalls in care
- C diff - Each provider is assigned a threshold according to their performance which is measured by NHSE. The number of cases where there are breaches in care are investigated and presented to the CCG along with action plans to address the issues
- Pressure Ulcers – All providers are encouraged to report both acquired and non-acquired grade 3 and 4 pressure ulcers via StEIS. The CCG actively work with the Trusts to identify residential/care and nursing homes which have high frequencies of grade 3 and 4 pressure ulcers. Review of the Tissue Viability Service is currently underway with a view to re-configure with increased resources across primary and community care to increase support for people with leg and pressure ulcers
- Falls – The providers are provide falls data as part of their performance reports and these are monitored by occupied bed day to ensure that BCCG can bench mark the Trusts against the national figure.

Compassion in Practice

The BCCG endorses and supports commitments set out in compassion in practice, and will work with providers to ensure that they develop and implement plans to ensure that the values are adhered to.

The 6c's are:

- **Care** - care is core business and that of organisations, and the care delivered helps the individual person and improves the health of the whole community.
- **Compassion** - how care is given through relationships based on empathy, respect and dignity.
- **Competence** - all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatment
- **Communication** - central to successful caring relationships and to effective team working.
- **Courage** - enables clinicians to do the right thing for the people they care for, and to speak up when they have concerns
- **Commitment** - a commitment to patients and populations is a cornerstone of what nurses do.

Patient Care & Engagement Improvement plans for 2015/16

BCCG Plans for 2015/16:

- More regular GP feedback on services through electronic surveys etc.
- Additional appointments commissioned from GP practices across Barnet over winter 2014/15, to improve access out of normal GP hours. Learning from this, the CCG will develop plans to improve access in 2015/16
- More patient input into patient pathways and acute services
- Regular patient experience surveys, with outcomes actioned and addressed during contract monitoring meetings To improve patient experience in hospital
- Implement plans to monitor patient experience across all services through outcomes based contracts and Friends and Family Tests (FFT)
- Set specific CQUINs for vulnerable groups e.g. Learning Disabilities (LD) and Mental Health
- Through the Teams around the Practice (TAP) service and Locally Commissioned Services (LCS), improve the experience of healthcare for people with Mental Illness through better training for staff and focus on physical as well as mental health of patients.

Section 10.

BCCG – A Story of Successful Delivery

BCCG – A Story of Success

Barnet CCG have achieved the 67% national diagnosis rate target, one of only 14 in London to achieve the ambition. This is higher than the London regional rate of 65%. In 12 months, Barnet CCG achieved an increase of over 10%.

Barnet council have recently confirmed the additional funding for two extra dementia advisors taking the total available for Barnet residents up to three. The dementia advisors are provided through the Alzheimer's Society and support people with dementia following diagnosis throughout the life course of their condition.

The CCG implemented a local enhanced scheme aimed at ensuring that there is the appropriate level of monitoring associated with the repeat prescribing of methotrexate, to monitor the impact of this cytotoxic medication.

The CCG has supported the provision of the National Enhanced Service for anticoagulation within primary care.

The CCG implemented a locally enhanced service to improve access to primary care for people who are homeless.

BCCG – A Story of Success

Equality Delivery System (EDS2)

BCCG has adopted the Equality Delivery System (EDS2), which provided a robust framework for assessing performance against 4 ED's goals and 18 outcomes. Using the legacy grading, the following have been achieved;

- Developed governance in the organisation to oversee Equality and Diversity
- Provided training for all staff on Equality and Diversity and equality analysis
- Engaged patients and carers from diverse communities regarding commissioning intention and priorities
- Developed tools to carry out equality analysis
- Produced regular updates for the governing body on equality policies
- Worked with providers, Healthwatch and partners to address health inequalities across our commissioned services
- Ensure that the Human Resources policies and practices are fully reflective of the requirements of the Equalities Act 2010 in relation to disabled applicants and staff and we currently monitor equality data to include it in annual Equality Information

BCCG – A Story of Success

Quality

Key outcomes achieved:

- A quality and safety team, with senior support for communications, assurance, governance and adult safeguarding in place
- Enhanced quality assurance for mental health and are currently undertaking a review of mental health provision, which has included patient and GP engagement
- Establishment of a Patient Reference Group and Public and Patient Engagement Committee, which is being championed by our Lay member Lead for PPE
- Review of Francis, Berwick and Keogh through contract monitoring process and embedding of core standards
- Quality assurance at the Royal Free NHS Trust Hospital, with a focus on ten key clinical risks. Additionally, a workshop was held in April to develop key themes for organisational development within RFH and the CCGs
- Establishment of a Clinical Harm Group to seek assurance to address the Referral to Treatment backlog at Barnet Chase Farm Hospital

BCCG – A Story of Success

- Extension of Rapid Response Service
- Commissioning of long-term condition management service for people with breathing problems, with plans to extend to all long-term conditions
- Expanded multi- disciplinary team reviews for Frail Older People, supported by Care Navigators
- Rapid Assessment Interface and Discharge (RAID) service for Barnet Chase Farm and Royal Free Hospital, aimed at improving patient experience and outcomes by reducing A&E waits
- Plans in plan to ensure that patients with mental health conditions receive appropriate assessments and support, integrating mental health and physical health care and reducing length of stay on acute wards
- Introduction of a new Falls Prevention Service
- Dementia Pathway Redesign and network of community services established
- BEH Clinical Strategy successfully implemented, resulting in a reduction in services provided at Chase Farm Hospital in Enfield
- Six community clinics established; Cardiology, Gynaecology, Dermatology, ENT,Opthalmology and Musculoskeletal (MSK

Section 11.

Monitoring BCCG's Development as a High Performing Commissioner

Balance Scorecard – How we'll Demonstrate BCCG is a High Performing Commissioner

CCG assurance balance scorecard framework with related indicators will inform the performance monitoring of the BCCG Operational Plan. :

Balance Score-card provides a framework to translate strategies into operational terms. The approach views organizational performance from four perspectives i.e. the objectives and measures are categorized into four perspectives (Customer perspective, finance, Internal process & learning and development

The concept of balance relate to the following key areas; balance between financial and non financial indicators of success; balance between internal and external constituents of the organization and balance between lag and lead indicators of performance.

With its increase use in the public sector it has evolved.

NHS Assurance Balanced Scorecard has five domains (perspectives):

Domain 1: Are local people getting good quality care -

Domain 2: Are patients rights under the NHS Constitution being promoted

Domain 3: Are Health Outcomes improving for local people

Domain 4: Is the CCG delivering services within their financial plans

Domain 5: Are conditions of CCG authorisation being addressed

Balance Scorecard – How we'll Demonstrate BCCG is a High Performing Commissioner

The Balance Scorecard (**BSC**) subject to further engagement with Clinical Cabinet is the proposed **primary tool to underpinning** the **CCG Assurance Framework.**

Its **scope will** include the **key aspects** of a **CCG's** operational **delivery** for which NHS England must be **assured.** This includes the:

- **the quality of care** being provided to patients
- the **NHS Constitution**
- the **Outcomes Framework**
- **financial performance**
- progress in addressing remaining **CCG authorisation** criteria
- progress in delivering any agreed **action plans** to address **performance issues** identified as part of assurance

The **Scorecard** is intended to **supplement the wider discussions** taking place between Area teams and CCGs, and to **summarise key issues** – not to replace these detailed conversations

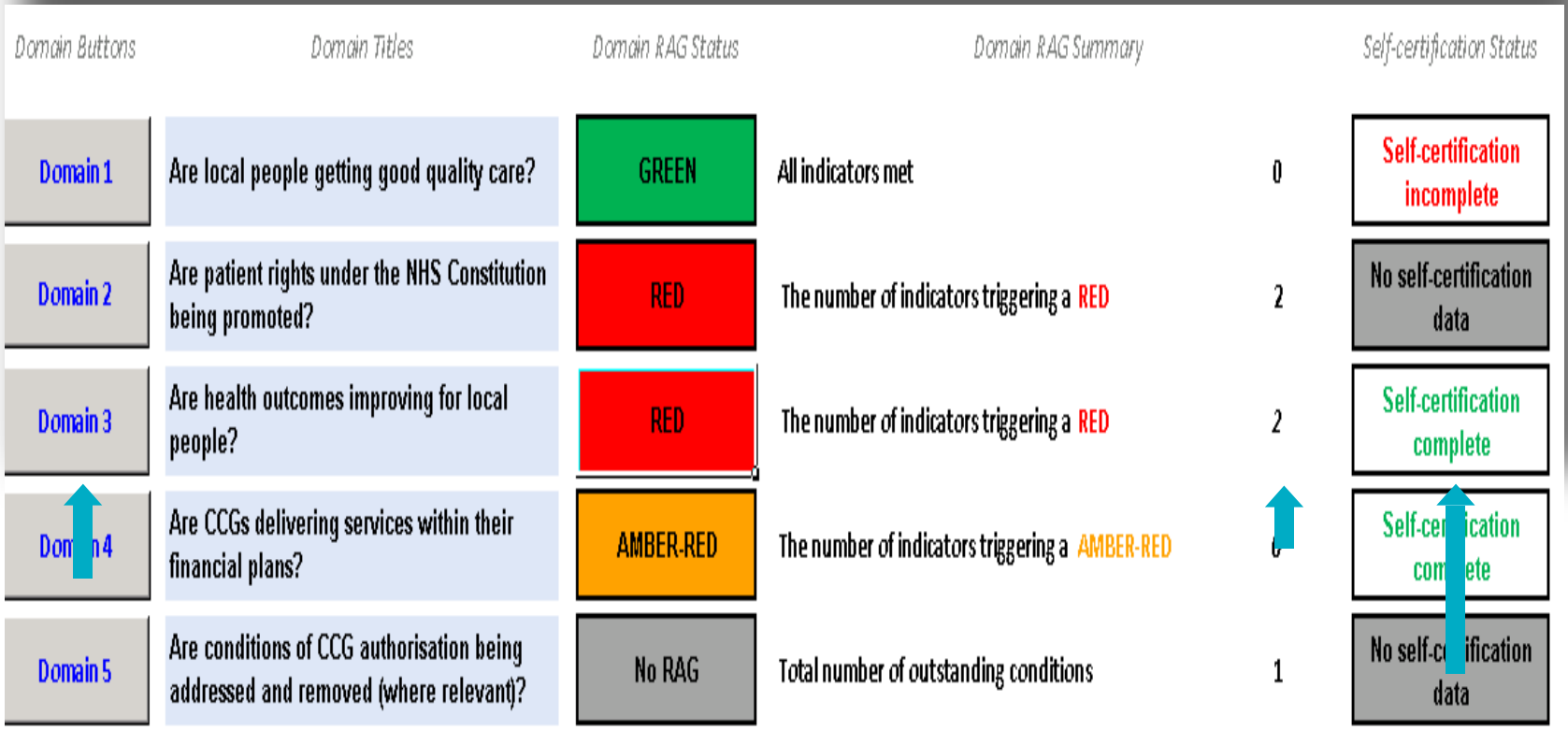
Balance Scorecard – How we'll Demonstrate BCCG is a High Performing Commissioner

Balance scorecard framework will inform the performance monitoring of the BCCG Operational Plan.

Key expected benefits of the Balanced Scorecard Framework:

- Eliminate duplication
- Focuses on key elements of success
- As a driver of performance it creates clear links between purpose/mission and how to achieve it
- Simplifies management reporting by establishing what are the most important elements and designing effective measures and targets
- Creates linkages with strategy and commissioning priorities
- Integrates statutory and internal performance measures, encouraging a balance between internal and external focus
- Monthly reporting cycle provides an opportunity to identify areas of potential service improvement and cost savings
- Ensures that there is a common understanding of key performance drivers in the provider services and how these can be utilized to drive up service improvements

Core Features of the BCCG Assurance Balanced Score Card



Domain Buttons	Domain Titles	Domain RAG Status	Domain RAG Summary		Self-certification Status
Domain 1	Are local people getting good quality care?	GREEN	All indicators met	0	Self-certification incomplete
Domain 2	Are patient rights under the NHS Constitution being promoted?	RED	The number of indicators triggering a RED	2	No self-certification data
Domain 3	Are health outcomes improving for local people?	RED	The number of indicators triggering a RED	2	Self-certification complete
Domain 4	Are CCGs delivering services within their financial plans?	AMBER-RED	The number of indicators triggering a AMBER-RED	0	Self-certification complete
Domain 5	Are conditions of CCG authorisation being addressed and removed (where relevant)?	No RAG	Total number of outstanding conditions	1	No self-certification data

Section 12.
2015/16 Financial Overview

Financial Overview: 2015/16

The NHS has a single-year financial settlement for 2015/16, as set out in Chancellor's spending round in June 2013. Planning Guidance confirms that locally agreed plan to deliver on commitments in 2014/15, as set out in 'Everyone Count', are to stand. The expectation is for CCG to continue to implement the Five Year plan.

Overarching objectives for 2015/16 as set out in planning guidance are:

- Refresh of the second year of the existing two-year operational plan to sustain and continue with improvements on NHS Performance, based on existing mandate priorities
- Establishing a foundation for longer-tem transformation, based on the Five Year Forward View (5YFV)
- 5YFV sets out the case for 2.3% efficiency per year across NHS expenditure in return for additional investment

Strategic Enables for 2015/16:

- CQUIN framework for providers, the Quality Premium and CCG Outcome Indicators
- The National Tariff

BCCG Financial Summary

Service Line	Year-to-Date (000s)				Annual (000s)				Status
	Plan	Actual	Variance	% Var	Plan	Forecast Out-turn	Variance	% Var	
Resource Allocation	**(388,550)**	**(388,550)**	**0**	**0.00%**	**(428,235)**	**(428,235)**	**0**	**0.00%**	AMBER
In-Sector Acute Trust	190,256	194,461	(4,205)	-2%	207,552	212,556	(5,003)	-2%	RED
Out of Sector Trusts	18,473	18,924	(451)	-2%	20,152	20,555	(403)	-2%	RED
Other Acute	29,087	21,977	7,110	24%	38,978	31,992	6,986	18%	GREEN
Acute Demand Reserve	(30)	(1,672)	1,642	-5473%	4,665	(1,687)	6,352	136%	GREEN
Acute Commissioning Total	**237,787**	**233,691**	**4,096**	**2%**	**271,348**	**263,417**	**7,931**	**3%**	GREEN
Mental Health	34,486	34,214	272	1%	37,754	37,592	163	0%	AMBER
Continuing Care	23,799	23,230	569	2%	25,820	25,306	514	2%	GREEN
Community Health	39,989	38,743	1,246	3%	43,598	42,282	1,316	3%	GREEN
Prescribing	44,339	45,140	(801)	-2%	48,475	49,360	(885)	-2%	RED
Primary Care Services	3,480	3,412	68	2%	3,795	3,722	73	2%	GREEN
Other Non Acute	710	617	93	13%	2,299	2,025	274	12%	GREEN
Non Acute Commissioning total	**146,803**	**145,356**	**1,447**	**1%**	**161,741**	**160,286**	**1,455**	**1%**	AMBER
Programme Corporate Cost	**8,221**	**7,121**	**1,100**	**13%**	**8,971**	**8,101**	**870**	**10%**	GREEN
Running Cost	**8,594**	**8,415**	**179**	**2%**	**10,120**	**9,518**	**602**	**6%**	GREEN
Contingency, Non-Recurrent and Transformation Fund	**0**	**0**	**0**	**0%**	**0**	**0**	**0**	**0%**	AMBER
(Surplus)/Deficit	**(12,853)**	**(6,032)**	**(6,822)**	**53%**	**(23,944)**	**(13,086)**	**(10,858)**	**45%**	GREEN

Key Messages

Acute:
Pressures in acute contracts reflects increased activity and historic RTT issues (£5.4m). These are more than offset by Acute readmission & threshold and the release of RTT reserve(£7m), the release of 13/14 provision as well as the Acute demand reserve (£6.4m).

Non Acute:
Pressures continue to remain within prescribing (£0.9m) which is offset by surpluses principally attributed to Continuing Care and Community, which relates to the provision of the Finchley Memorial Hospital rent reimbursement.

Figures based on month 10 submissions (un-favourable positions in brackets)

Financial Overview – Planning Assumptions: 2015/16

NHS England and Monitor's proposals on the national tariff.:

- The planning guidance sets out key financial assumptions for 2015/16.
- 2015/16 Plan has 1.71 demographic uplift added for all the months
- There is no allowance for seasonality in the trajectories
- Provider efficiency requirement set at 3.8%.
- The marginal rate for non-elective activity above the 2008/09 – based base line to be increased from 30 to 50%.
- Specialised activity above planned levels to be funded at a 50% marginal rate.

QIPP Requirements and Targets for 2015/17

2014/15 QIPP Delivered is £10.2m

2015/16 QIPP Plan is £14.6m

BCCG plans to deliver at least 3.5% of clinically led efficiency savings every year.

- Governance of the QIPP Programme is through the Programme Management Office.
- Accountability for the programme rests with the CFO, individual Executive Directors and Governing Body Leads are responsible for delivery of approved schemes.
- Oversight of the QIPP Programme Board is through the Head of PMO, QIPP Leadership Group, and Finance Performance and QIPP Committee

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AGENDA ITEM 11

	Health and Well-Being Board **4 June 2015**
Title	**Pharmaceutical Needs Assessment**
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	March 2015
Status	Public
Enclosures	Appendix A – Steering Group Terms of Reference Appendix B – Community pharmacy questionnaire Appendix C – Non-NHS Services Appendix D – Pharmaceutical needs across the lifecourse Appendix E – Graphical overview of hours Appendix F – Summary of services by pharmacy Appendix G – Consultation response form Appendix H – Consultation feedback and outcome Appendix I – PNA maintenance process Appendix J – Full Barnet Pharmaceutical Needs Assessment
Officer Contact Details	Carole Furlong, Consultant in Public Health Carole.furlong@harrow.gov.uk 020 8420 9508

Summary

This report is a Pharmaceutical Needs Assessment (PNA) for Barnet (full PNA attached at Appendix J). It is a requirement of the Health and Well-Being Board under the Health and Social Care Act 2012 to approve the PNA for publication on the Council's website.

The report considers the current need for pharmaceutical services and the future need over the coming three years. It identifies that there may be a need for up to two further pharmacies in the Hendon Locality due to population expansion. This recommendation will inform NHS England in their market entry decisions about pharmaceutical services in the borough.

In addition to the mandatory consideration of need for future pharmacies, the report also highlights where access to services could be improved by longer opening hours, particularly before 9am and weekends. These are not mandatory recommendations and will need to be balanced with available resources and be economically viable for pharmacists.

Recommendations

1. **That the Health and Well-Being Board notes the report and the appendices and approves the Pharmaceutical Needs Assessment for publication on the Council's website as required by the Health and Social Care Act 2012.**

1. WHY THIS REPORT IS NEEDED

1.1 The Pharmaceutical Needs Assessment (PNA) is the document that the NHS uses when deciding if new pharmacies are needed. It can also be used to make decisions on which NHS funded services need to be provided by local community pharmacies.

1.2 The Health and Social Care Act 2012 changed the responsibilities for commissioning of pharmaceutical services to meet the new provider landscape. From April 2013, local Health and Well Being Boards (HWBBs) have the responsibility to undertake a Pharmaceutical Needs Assessment (PNA).

1.3 The Department of Health will continue to have the power to make regulations. NHS England has the responsibility to commission pharmaceutical services taking into account the local need for services. If someone wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list and must prove they are able to meet a pharmaceutical need. This is commonly known as the NHS "market entry" system.

1.4 As a valuable and trusted public health resource with millions of contacts with the public each day, community pharmacy teams have potential to be used to provide services out of a hospital or practice environment and to reduce health inequalities. In addition, community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and long term partner.

1.5 The report considers the access to pharmaceutical services across the borough and around the borders in neighbouring boroughs. It looks at where pharmacies are situated, their opening hours and the services they deliver. Each service is mapped to show the coverage across the borough.

1.6 The recommendations for conducting a PNA suggest looking at a sub-borough but supra-ward level structure. For the purpose of the Barnet PNA, the borough was divided into three areas which are coterminous with the Council's Area Committees (Hendon, Finchley and Golders Green, and

Chipping Barnet – see main report page 7 for details) and access to pharmaceutical services has been considered at this level rather than at a ward level. Although where data was available at a ward basis this has sometimes been used. Throughout the PNA access issues are not considered at a ward level but for all residents.

1.7 The report considers the local population structure and changes in the local population expected in the next 3 years ad recognises the housing strategy for Barnet exceeds the limits of the PNA.

1.8 The report makes a few suggestions for improvements within the current services which can be met by the current provision. This includes early opening to match the GP extended opening hours.

1.9 The report identifies that there may be a need for up to two further pharmacies providing essential services (e.g. dispensing) in the Hendon locality (covering Hale, Edgware, Burnt Oak, Colindale, Mill Hill, Hendon and West Hendon) due to increases in local population size within the next 3 years.

1.10 The report also identifies that the opening times of pharmacies may need to be reviewed if GP opening hours are extended to seven days per week.

1.11 The report also considers the future aspirations for services within pharmacies recognising their important role in the community. The report recognises that

- Access could be improved for the working population through extended opening hours and weekend opening;
- Pharmacies should work towards meeting the requirements of the Equalities Act with particular regards to people with a disability;
- By broadening the commissioning of services within available resources, access to advanced, enhanced, and locally commissioned services could be improved for the whole population.

1.12 The future aspirations are not mandatory will need to be balanced with available resources and be economically viable for pharmacists.

1.13 The report has been through the mandatory 60 day consultation. Responses to the consultation include those from NHS England and the Local Pharmaceutical Committee. All responses were considered by the steering group and the consultation draft amended as necessary.

2. REASONS FOR RECOMMENDATIONS

2.1 The Board is asked to approve the PNA for publication. The draft report has been subject to a mandatory 60 day consultation and amendments made as a result.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable

4. POST DECISION IMPLEMENTATION

4.1 The report will be posted to the Council's website together with all appendices.

4.2 Appendix I gives details of how the PNA will be maintained over the next three years. Quarterly reviews of any changes notified by NHS England or but other commissioners of pharmaceutical services will take place. If there are no changes, no further action will be needed. If there are changes, a judgement will be made as to whether these constitute a significant change in need across or within the borough. This may necessitate a new PNA be undertaken. However, it is most likely that any changes will be minor in nature and will not have a significant effect on pharmaceutical needs. In this case a supplementary statement detailing the changes will be produced. If necessary, the map of services will be updated. Supplementary statements will be issued up to four times per year if necessary.

4.3 The findings of the pharmaceutical needs assessment will inform the decisions about market entry by NHS England in its role as the commissioner of pharmaceutical services.

4.4 Other recommendations and aspirations are mentioned but are not mandatory and will be considered by partner organisations within current budget constraints. It should be noted that they will also have to be economically viable for pharmacists.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The PNA aligns with the strategies and commissioning intentions of partner organisations in particular the 2012-15 Health and Wellbeing Strategy's twin overarching aims (Keeping Well; and Keeping Independent); the Barnet Council Corporate Plan, the Barnet Core Strategy; Barnet Housing strategy 2015-25; the Growth and Regeneration Programme and Barnet CCG's strategic plans.

5.1.2 The report recognises the important role of pharmacy in the delivery of health and wellbeing services. Although it identifies potential roles, these are only suggestions and are not recommendations.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The funding to undertake the PNA was identified as part of the public health ring-fenced grant. Expenditure associated with the PNA is not incurred annually but required to be updated on a 3 yearly basis. The next PNA will be due in April 2018 and the funding will need to be identified within the public health grant envelope.

5.2.2 The PNA is undertaken to allow NHS England to make decisions about market entry. It has no direct cost implications to the council or CCG.

5.2.3 To maintain the PNA it will be necessary to review any changes on a regular basis, this will cost in the region of £5,000 to £10,000 per year, which will be funded from the Public Health Grant. If changes are minor a supplementary

statement will be issued if however, the change in pharmaceutical need is substantial the next PNA may need to be brought forward from the 2018 date. We do not currently expect this to happen.

5.3 **Legal and Constitutional References**

5.3.1 Health and Well-Being Boards are statutorily required to produce a Pharmaceutical Needs Assessment. These requirements are set out in Section 128A of the NHS Act 2006, as amended by Section 206 of the 2012 Health and Social Care Act.

5.3.2 The Department of Health has laid regulations for undertaking Pharmaceutical Needs Assessments in Regulations 3 - 9 and Schedule 1 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

5.3.3 The Council's Constitution (Responsibility for Functions) sets out the Terms of Reference of the Health and Well Being Board which includes:

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.
- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- Specific responsibilities for:
    - Overseeing public health
    - Developing further health and social care integration

5.4 **Risk Management**

5.4.1 The delay in publishing the PNA was considered a risk in the last financial year. The delay was caused by the large number of inaccuracies in the data received from NHS England and their response to this issue. With the publication of the PNA, this risk is now resolved.

5.5 **Equalities and Diversity**

5.5.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010

- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.5.2 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.5.3 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services.

5.5.4 The purpose of any needs assessment, including the PNA, is to look at current and predicted future need for a particular service or group of patients. The purpose of the PNA is to report on the need for access to pharmaceutical services so that NHS England can approve or reject applications for additions to the pharmaceutical list.

5.5.5 The PNA has considered access to services and equalities categories where data is available.

5.6 **Consultation and Engagement**

5.6.1 The consultation on the PNA began on 23rd January and ended on 26th March. This period was in accordance with the minimum 60 day consultation required by the Regulations.

5.6.2 In all, 20 responses were obtained. All feedback was consolidated into a document for review by the PNA Steering Group on the 21st April 2015.

5.6.3 A full overview of all comments, together with the PNA Steering Group response is attached in Appendix H. Where applicable, the draft PNA was updated to reflect the decisions of the PNA Steering Group.

6. BACKGROUND PAPERS

6.1 None

Pharmaceutical Needs Assessment

PNA Steering Group Terms of Reference

Appendix A

Joint Barnet & Harrow Pharmaceutical Needs Assessment
Steering Group

Terms of Reference

1. Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.

The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services.

A decision has been taken for the London Borough of Barnet and the London Borough of Harrow to work collaboratively in the development of their respective PNAs.

2. Role

The Barnet & Harrow Steering Group (PNA SG) has been established to:

- Oversee and drive the formal process required for the development of a PNA for each Borough
- Ensure that the published PNA complies with all the requirements set out under the Regulations
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health & Wellbeing Strategy, the CCGs' Commissioning Strategy Plans and other relevant strategies
- Establish arrangements to ensure the appropriate maintenance of the PNA, following publication, as required by the Regulations

3. Key Objectives

- Champion the work to develop the PNA with internal and external stakeholders, including patients, service users and the public
- Approve the project plan and timeline
- Drive the project ensuring that key milestones are met
- Ensure that the requirements for the development and content of PNAs are followed and that the appropriate assessments are undertaken, in line with the Regulations

- Determine the localities which will be used for the basis of the assessment
- Undertake an assessment of the pharmaceutical needs of the population and make recommendations based on this assessment
- Determine the criteria for necessary and relevant services and apply these to pharmaceutical services, taking into account stakeholder feedback including views from patients and the public
- Determine the maps which will be included in the PNA
- Approve the framework for the PNA
- Develop and approve a draft PNA for formal consultation with stakeholders
- Oversee the consultation ensuring that this meets the requirements set out in the Regulations
- Consider and act upon formal responses received during the formal consultation process, making appropriate amendments to the PNA
- Develop and approve a consultation report as required by the Regulations and ensure that this is included within the final PNA
- Submit the final PNA to the Health & Wellbeing Board for approval prior to publication
- Consider and document the processes by which the HWB will discharge its responsibilities in relation to maintaining the PNA; and formally responding to consultations initiated by neighbouring HWBs. This includes making a recommendation on the long term structures required to underpin these responsibilities
- Document and manage potential and actual conflicts of interests

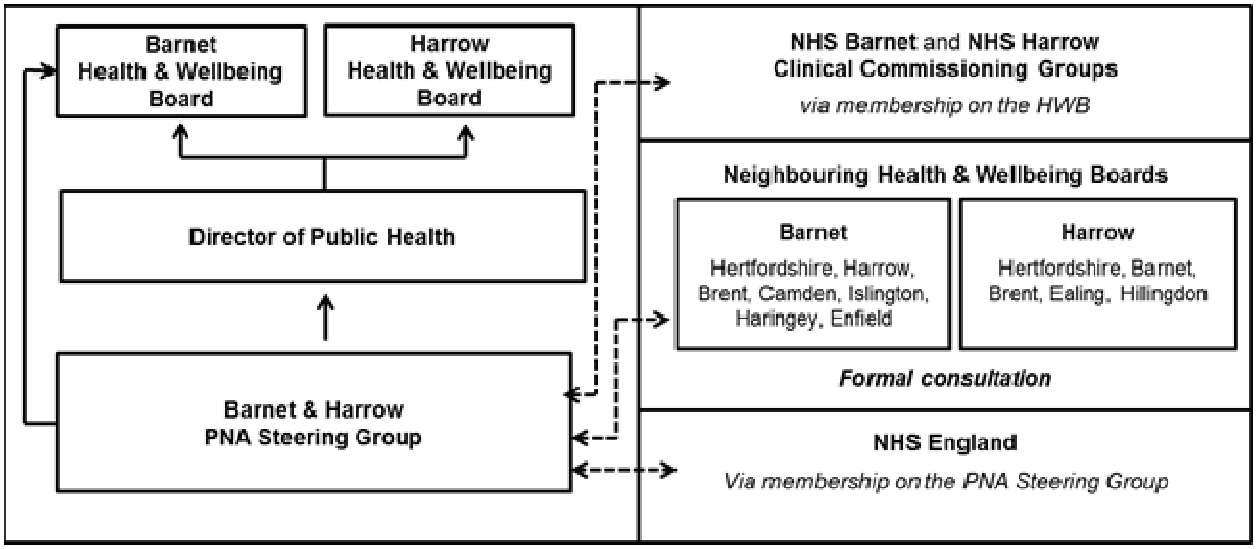
4. Governance

The following Governance arrangements have been established:

- The HWBs have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBs to the Joint Director of Public Health (DPH)
- The Barnet & Harrow PNA SG has been established to support the DPH with the discharge of all functions relating to the PNA in each Borough
- The London Borough Barnet and London Borough Harrow HWBs ("The HWBs") have given the Authority for a Joint PNA Steering Group to be established across the London Borough of Barnet (LBB) and the London Borough of Harrow (LBH)
- The PNA SG reports directly to the DPH and is accountable to each HWB through this route. In addition, the PNA Steering Group will provide formal reports to each HWB
- In addition, the PNA SG will keep the following organisations informed of progress:
    - NHS England via membership on PNA SG
    - NHS Barnet CCG and NHS Harrow CCG via membership on the PNA SG

- A separate PNA will be developed for each Borough. The draft PNA for consultation and the final PNA will be presented to the respective HWBs for approval

The diagram below illustrates the accountability and reporting lines between the Barnet & Harrow PNA SG and the various committees and organisations with which it needs to interact with respect to discharging its responsibilities:



Transparent arrangements to manage actual and potential conflicts of interest have been established as follows:

- A register of interests will be maintained. This will be updated at each PNA Steering Group meeting and signed by members.
- The register will be kept under review by the HWB.
- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- Where a member has a conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

5. Meeting Frequency

The PNA SG will meet, either on a face to face basis or virtually (conference call or email discussion), approximately every 4 - 6 weeks, in accordance with the needs of the project plan.

Following publication of the final PNA, the PNA Steering Group will be convened on an 'as required' basis to fulfil its role in timely maintenance of the PNA.

6. Project Management

Webstar Lane Ltd has been commissioned to provide consultancy support to prepare the PNA and will also provide project management support.

Vanessa Lane is the Webstar Lane Director, with overall responsibility for developing the PNA and project managing the process.

7. Membership

CORE MEMBERS	
Name	**Role**
Carole Furlong	Chair; Harrow & Barnet Lead for the PNA
Michael Levitan	Chief Executive & Secretary, Middlesex Group LPC
Colin Daff	Medicines Management Lead, NHS Barnet CCG
Mandeep Butt	Lead Prescribing Adviser, NHS Harrow CCG
Claire Mundle	London Borough Barnet
Philip Crowther	Planning Lead - London Borough Harrow
Honorine Focho	NHS England Rep - Barnet
Evelyn Jeremi / Vanessa Piper	NHS England Rep - Harrow
Jawad Merali & Riaz Esmail	Community Pharmacists - Barnet
Michael Grossman	Community Pharmacist - Harrow
Selina Rodrigues	HealthWatch Barnet
Arvind Sharma / Antonetta Fernandes	HealthWatch Harrow
Vanessa Lane	Director & Project Lead, Webstar Lane Ltd
Nilesh Goswami	Project Management, Webstar Lane Ltd
EXTENDED / ADVISORY MEMBERS	
Name	**Role**
Dr Debbie Frost	GP & Chair, NHS Barnet CCG
Dr Lawrence Gould	GP & Clinical Director, NHS Harrow CCG
Karen Ahmed	London Borough Barnet
Philip Crowther	Planning Lead - London Borough Harrow
Claire Mundle	London Borough Barnet

The PNA SG may co-opt additional support and subject matter expertise as necessary. In carrying out its remit, the PNA SG may interface with a wider range of stakeholders.

8. Quorum

- Chair (or nominated deputy)
- Community Pharmacist (LPC, or local contractor from each Borough)
- One other member from each Borough
- Webstar Lane Representative

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Pharmaceutical Needs Assessment

Community Pharmacy Questionnaire

Appendix B

Pharmaceutical Needs Assessment
Community Pharmacy Questionnaire

Please complete and return this questionnaire by **Wednesday 9 July 2014**

This should be marked for the attention of Vanessa Lane and sent to the following email address: pna-support@webstar-lane.co.uk, or if you prefer may be sent by post to: London Borough Barnet PNA Questionnaire, c/o Webstar Lane 336 Pinner Road, North Harrow HA1 4LB

If you have any queries before completing the questionnaire, please do not hesitate to contact Vanessa on 07880 602088

1. Premises Details		
1.1	Company Name (i.e. Legal Entity)	
1.2	Trading Name	
1.3	Address	
1.4	Address	
1.4	Postcode	
1.4	Email address	
1.5	Telephone Number	
1.6	Fax Number	
1.7	Name of person(s) we should contact with any queries (if different from above)	
1.8	Please confirm we may store the above details and use these to contact you	☐ 1 Yes ☐ 0 No

2. Type of Contract		
2.1	Contract Type	**Please confirm the type of contract held:** ☐ 1 National Pharmaceutical Services Contract **ONLY → Go to 2.3** ☐ 2 Local Pharmaceutical Services Contract **ONLY → Go to 2.2** ☐ 3 National Pharmaceutical Services Contract **AND** Local Pharmaceutical Services Contract **→ Go to 2.2**
2.2	Local Pharmaceutical Services Contracts (including ESPLPS)	**Where you hold a Local Pharmaceutical Services contract then please confirm the type of LPS contract:** ☐ 1 Essential Small Pharmacy Local Pharmaceutical Services contract → **Go to 2.3** ☐ 2 Other - please give details in the box below: → **Go to 2.3**
2.3	Other Relevant Information	**Please indicate if any of the following apply:** **Contract granted under an "Exempt" category** ☐ 1 100 Hour Pharmacy ☐ 2 Mail order or internet based pharmacy (i.e. distance selling) ☐ 3 Out of Town Shopping Development ☐ 4 One Stop Primary Care Centre ☐ 5 Not applicable

3. Pharmacy Opening Hours									
		3.1 Total Opening Hours				3.2 Core Hours			
		*Please state the **full opening hours** for your pharmacy (i.e. your core and supplementary hours) in this section*				*Please state your **core hours** in this section*			
		When recording lunch time please record times that the pharmacy is closed to the public or where a full pharmaceutical service is not available *Please use 24 hour clock e.g. 08:00 or 18:00*				*Please use 24 hour clock e.g. 08:00 or 18:00*			
		Opening time	**Closing Time**	**Lunch-time (from - to)**		**Opening time**	**Closing Time**	**Lunch-time (from - to)**	
a	**Monday**								
b	**Tuesday**								
c	**Wednesday**								
d	**Thursday**								
e	**Friday**								
f	**Saturday**								
g	**Sunday**								

4. Advanced Service Provision				
Service		**4.1 Currently Provided**	**4.2 Willing to provide in future?** *ONLY answer if service **NOT** currently provided*	**4.3** *It would be helpful to understand why pharmacies **may not wish** to provide a given service. We invite you to provide your reason(s) in this column**
a	**Medicines use reviews**	☐$_1$ Yes ☐$_0$ No → ↓	☐$_1$ Yes ☐$_0$ No →	
b	**New medicine service**	☐$_1$ Yes ☐$_0$ No → ↓	☐$_1$ Yes ☐$_0$ No →	
c	**Appliance use reviews**	☐$_1$ Yes ☐$_0$ No → ↓	☐$_1$ Yes ☐$_0$ No →	
d	**Stoma Appliance Customisation Service**	☐$_1$ Yes ☐$_0$ No → ↓	☐$_1$ Yes ☐$_0$ No →	

* *Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services*

5. Enhanced & Locally Commissioned Service Provision					
This section relates to enhanced services, commissioned by NHS England; and other services which are commissioned locally by the London Borough Barnet, NHS Barnet Clinical Commissioning Group. ***Please click or tick the relevant box to indicate your response****.*					
Service		**5.1 Currently Provided** *In order to answer "Yes", you* ***must have signed an SLA*** *and be paid for the service*	**5.2 Willing to provide in future?** ***ONLY*** *answer if service NOT currently provided*	**5.3** *For pharmacies* ***providing a service or willing to provide a service in the future****, it would be helpful to understand what support you may require to deliver the service**	**5.4** *It would be helpful to understand why pharmacies* ***may not wish*** *to provide a given service. We invite you to provide your reason(s) in this column**
a	**Minor ailments**	☐1 Yes ☐0 No →	☐1 Yes ☐0 No →		
b	**Seasonal flu Vaccine**	☐1 Yes ☐0 No →	☐1 Yes ☐0 No →		
c	**Public holiday rotas**	☐1 Yes ☐0 No →	☐1 Yes ☐0 No →		
d	**Supervised consumption (drug misuse)**	☐1 Yes ☐0 No →	☐1 Yes ☐0 No →		
e	**Needle Exchange**	☐1 Yes ☐0 No →	☐1 Yes ☐0 No →		
f	**Stop Smoking**	☐1 Yes ☐0 No →	☐1 Yes ☐0 No →		
g	**Alcohol IBA**	☐1 Yes ☐0 No →	☐1 Yes ☐0 No →		

5. Enhanced & Locally Commissioned Service Provision					
This section relates to enhanced services, commissioned by NHS England; and other services which are commissioned locally by the London Borough Barnet, NHS Barnet Clinical Commissioning Group. ***Please click or tick the relevant box to indicate your response.***					
Service		**5.1 Currently Provided** *In order to answer "Yes", you* ***must have signed an SLA*** *and be paid for the service*	**5.2 Willing to provide in future?** ***ONLY*** *answer if service NOT currently provided*	**5.3** *For pharmacies* ***providing a service or willing to provide a service in the future****, it would be helpful to understand what support you may require to deliver the service**	**5.4** *It would be helpful to understand why pharmacies* ***may not wish*** *to provide a given service. We invite you to provide your reason(s) in this column**
h	**Chlamydia screening**	☐ 1 Yes ☐ 0 No →	☐ 1 Yes ☐ 0 No →		
i	**EHC supply under PGD**	☐ 1 Yes ☐ 0 No →	☐ 1 Yes ☐ 0 No →		
j	**NHS Health Checks**	☐ 1 Yes ☐ 0 No →	☐ 1 Yes ☐ 0 No →		
k	**Targeted MURs - Osteoporosis**	☐ 1 Yes ☐ 0 No →	☐ 1 Yes ☐ 0 No →		
l	**Based on your knowledge of the healthcare needs of the patients and public who use your pharmacy, do you think that any other NHS service should be commissioned?**				

* *Please note that this information will be non-attributable and will be used for the purposes of planning and commissioning services*

6. Non- NHS Healthcare Related Services provided in your Pharmacy

*Please provide an overview of services which you offer within your pharmacy, which are **NOT commissioned** by an external agency (such as NHS England, Public Health, the CCG, Local Government etc). Non-NHS services may include repeat prescription collection & delivery services; travel clinics; "health checks" e.g. BP measurement, flu vaccinations paid for directly by the patient etc. You may add rows if you wish*

	Service	Brief description of service
6.1		
6.2		
6.3		
6.4		
6.5		
6.6		

7. The Pharmacy as a Whole - Meeting the Needs of Those with Disabilities		
Please provide details of arrangements which are in place to meet the needs of those with disabilities. Please click on / tick the relevant box to indicate your response		
7.1 Can wheel chair users access **all public areas and services** within your premises?	☐ 1 Yes ☐ 0 No →	7.2 If "No", please describe below which areas or services are inaccessible:
7.3 Which of the following facilities, to aid those who are hearing impaired, do you have? *Please tick all that apply*	☐ 1 Hearing Loop ☐ 2 Signing ☐ 3 Other - please specify → ☐ 4 None	
7.4 Which of the following facilities, to aid those who are visually impaired, do you have? *Please tick all that apply*	☐ 1 Large print labels ☐ 2 Braille ☐ 3 Other - please specify → ☐ 4 None	
7.5 What support do you offer for those with cognitive impairment e.g.: ▪ People with dementia ▪ People with learning disabilities etc.? *Please tick all that apply*	☐ 1 'Aide memoire' for their medicines ☐ 2 Monitored Dosage Systems ☐ 3 Easy to read information ☐ 4 Large print labels ☐ 5 Other - please specify → ☐ 6 None	
7.6 Does your pharmacy offer a dementia friendly environment? *See Appendix A for information*	☐ 1 Yes ☐ 2 Working towards this - give details → ☐ 0 No	

8. Languages spoken within the Pharmacy			
Please provide details of any languages, other than English, spoken by you or your staff (you may add rows if necessary)			
8.1	8.2	8.3	8.4
8.5	8.6	8.7	8.8

9. Consultation Area(s)			
Please provide details of your consultation area(s) and its characteristics & facilities. Please click on / tick the relevant box to indicate your response			
9.1 How many consultation areas does your pharmacy have?	☐ 1 None → Go to **Q.9.6**	☐ 2 One	☐ 3 More than one → **9.2** If more than one please say how many: _____
9.3 How many consultation areas **are a closed room**?	☐ 1 None	☐ 2 One	☐ 3 More than one → **9.4** Please state how many are closed: _____
9.5 Characteristics of the consultation area(s) If you have more than one consultation area then please tick any that apply to any of the consultation areas in your pharmacy. *Please click on / tick the box where a feature applies* *Leave blank where it doesn't apply*	☐ 1 Sink with hot water	☐ 5 CCTV	☐ 9 Hearing loop
	☐ 2 Examination couch	☐ 6 Telephone	☐ 10 Computer terminal
	☐ 3 Patient toilet facilities near by	☐ 7 Space for a chaperone	☐ 11 PMR access
	☐ 4 Panic button	☐ 8 Wheel chair access	☐ 12 Internet access
9.6 Do you plan to introduce a consultation area in the future?	☐ 0 No → Go to **Q.9.7**	☐ 1 Yes – within 12 months	☐ 2 Yes – more than 12 months
9.7 If you have no plans for a consultation area, it would be helpful to understand your reasons for this. Please describe them: →			
9.8 Are you willing to provide consultations in a patient's home?	☐ 1 Yes	☐ 0 No	

10. Secure Exchange of Information

Please provide details as to how your pharmacy ensures secure exchange of confidential information. Please click on / tick the relevant box to indicate your response

10.1 Does the pharmacy have a secure N3 connection?	☐ 1 Yes	☐ 2 No, but planned within 12 months	☐ 3 No, planned in >12 months	☐ 4 No and no future plans
10.2 Does your pharmacy have an nhs.net email account?	☐ 1 Yes	☐ 2 No, but planned within 12 months	☐ 3 No, planned in >12 months	☐ 4 No and no future plans

11. Looking to the Future

*In this section, we wish to seek your views on services which could potentially be delivered by community pharmacy in the future. We would ask you to base your suggestions on **your knowledge of the healthcare needs of the people who use your pharmacy** when completing this section. Please feel free to add rows if you wish. We would also ask you to note, that whilst this information will inform our assessment and statement of pharmaceutical need, this should not be regarded as an indication that these service developments will be commissioned in the future*

	Proposed Service	Rationale, including the health needs which will be addressed
11.1		
11.2		
11.3		
11.4		

12. Final Thoughts or Comments
If you have any final thoughts or comments, which you think would be relevant to the Pharmaceutical Needs Assessment, please describe them in the box below

Thank you very much for your time.

Please complete and return this questionnaire by **Wednesday 9 July 2014.**

This should be marked for the attention of Vanessa Lane and sent to the following email address: pna-support@webstar-lane.co.uk, or if you prefer may be sent by post to:

London Borough Barnet PNA Questionnaire
c/o Webstar Lane
336 Pinner Road
North Harrow
HA1 4LB

Appendix A
Dementia Friendly Environment Checklist

Please note: this information has been provided for information only. We do not expect pharmacies to complete the checklist

Quiet Space

- Do you have a quiet space for someone who might be feeling anxious or confused? *A few minutes with a supportive person might be all that's needed to continue the transaction.*

Signage

- Are your signs clear, in bold face with good contrast between text and background?
- Is there a contrast between the sign and the surface it is mounted on? *This will allow the person to recognise it as a sign*
- Are the signs fixed to the doors they refer to? *They should not be on adjacent surfaces if at all possible*.
- Are signs at eye level and well-lit?
- Are signs highly stylised or use abstract images or icons as representations? *These should be avoided*
- Are signs placed at key decision points for someone who is trying to navigate your premises for the first time? *People with dementia may need such signs every time they come to your premises*
- Are signs for toilets and exits clear? *These are particularly important.*
- Are glass doors clearly marked?

Lighting

- Are entrances well-lit and make as much use of natural light as possible?
- Are there pools of bright light or deep shadows? *These should be avoided*

Flooring

- Are there any highly reflective or slippery floor surfaces? *Reflections can cause confusion.*
- Are changes in floor finish flush rather than stepped? *Changes in floor surfaces can cause some confusion due to perceptual problems. If there is a step at the same time you also introduce a trip hazard.*

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Pharmaceutical Needs Assessment

Non-NHS Services

Appendix C

Community pharmacy contractors, in Barnet, may provide a range of services directly to their customers, which are not commissioned by NHSE, the LA, the CCG or other NHS Services. These are referred to as 'Non-NHS' services within the PNA.

The table below provides a flavour of these non-NHS services, although the scope of the service offered varies from pharmacy to pharmacy.

Customers may be required to pay for some for some of these services; however, others may be provided 'free of charge' as a value added service.

Service	Description of service
Repeat Prescription Services	▪ Ordering repeat medication from the GP on behalf of the patient (includes a check as to what is required rather than ordering all repeat medicines) ▪ Collecting the repeat prescription from the GP ▪ Home delivery service
Health Assessments and Diagnostic Testing	▪ Blood pressure checks ▪ Cholesterol tests ▪ Blood glucose tests ▪ Body mass index calculation ▪ Pregnancy testing
Travel Services	▪ Advice on keeping healthy on holiday ▪ Sale of 'Over the counter' anti-malarial medication ▪ Supply of 'prescription only' anti-malarial medication under a PGD ▪ Travel vaccines
Vaccination	▪ Seasonal influenza vaccine (e.g. for people who do not meet NHS criteria)
Erectile Dysfunction service	▪ Advice and supply of medicines (under PGD) to men who suffer from erectile dysfunction
Hair loss	▪ Supply of medication (via PGD) for hair loss (to promote hair retention)
Support for Long Term Conditions	▪ Asthma
Weight management services	▪ Advice on healthy eating, exercise and weight management ▪ Lipotrim Programme. This consists of: ○ Supply of total food replacement products ○ Set goal for weight loss ○ Weekly pharmacy visits to monitor weight and ketones in urine ○ Support and encouragement to stick to the programme ○ Support with returning to regular meals (plus maintenance products if required
Independent Living Aids	▪ Supply of aids to support independent living at home
Incontinence Support	▪ Supply of non-prescribed incontinence products
Podiatry services	▪ Foot care and other podiatry services from within the pharmacy

Pharmaceutical Needs Assessment

Potential Pharmaceutical Needs across the Lifecourse

Appendix D

Potential Pharmaceutical Needs Across the Lifecourse

Part 1 - All Ages

The public health issues of dental health and healthy weight extend right across the lifecourse.

Everyone will experience minor illness at some time of their life, and the pharmacy has been promoted as the 'first port of call'.

A long-term condition may be diagnosed at any age; although more prevalent in later life, the effects are profound on individuals and families at any stage of life.

Sadly, some conditions in childhood may also be life-limiting and so end-of-life care should also be a priority across the lifecourse.

Age group	Need	Relevant Pharmacy Service/s
All ages	Dental health	• Sale of dental health aids e.g. toothpaste, floss, mouthwash • Advice about sugar-free medicines
	Management of long-term conditions	• Screening services • Medicines Use Review • New Medicines Service • Prescription intervention • Condition-specific services e.g. inhaler technique • Repeat dispensing service • Influenza vaccination
	Treatment of minor ailments	• Minor ailments services • Sale of non-prescription medicines
	Healthy weight	• Weight management
	End of life care	• Palliative therapy services

Part 2 - Pre-Conception & Pregnancy

Possibly the first time that a previously healthy young woman has interacted with the health services. An anxious time where fertility or an unplanned pregnancy may equally be the issue. A crucial time for making connections and supporting new parents (mothers and fathers). Parental health behaviours have a profound effect on their children (e.g. research on smoking).

There is some research to suggest that once a young woman becomes pregnant, less attention is paid to future unsafe sex and the risk of STI transmission so these are important ongoing messages. The risk of a further quick unplanned pregnancy is also there, so ongoing contraceptive needs should be assessed if this is not desired.

Pregnancy in the context of a long-term condition, especially where potentially teratogenic medicines are being taken (e.g. epilepsies), need specialist advice and the pharmacist can make that link.

Pharmacies sell many pregnancy and early childhood-linked products, so there are many opportunities for contact about broader health issues.

Age group	Need	Relevant Pharmacy Service/s
Pre-conception and Pregnancy	Pre-conception health	• Sale of folic acid • Weight management • Alcohol IBA / referral to services • Smoking cessation • Advice for drug misusers – referral to specialist services • STI testing
	Pregnancy confirmation	• Sale of pregnancy tests • Pregnancy test service • Referral to midwife • STI testing
	Effects of long-term medicines taken by the mother	• Clinical medication review • Medicines Use Review • New Medicines Service • Prescription Intervention • Advice for drug misusers – referral to specialist services and supervised consumption
	Vaccination (e.g. whooping cough)	• Vaccination services
	Birth planning	• Hire of TENS machines • Sale of complementary therapies • Signposting to antenatal classes

Part 3 - Childhood (Birth – 11 years)

An anxious time for new parents. Self-medication for minor ailments, and distinguishing between the minor and major is a new and onerous task. Research has shown that parents can be vague about the correct dosage of basic children's medicines like paracetamol, and that they may not engage with dosage changes as the child grows. Dosing for children who were premature babies should also be carefully calculated.

Having a child diagnosed early with a long-term condition is also stressful, and support from the pharmacist could be appreciated alongside specialist care.

Early health behaviours could set a pattern for life, so healthy teeth and healthy weight are good areas of discussion during this stage.

There is an intensive vaccination schedule associated with childhood, and pharmacy may be able to provide information and encourage uptake.

Parental mental and physical health should also be monitored as the relationship allows.

Pharmacies sell many early childhood-linked products, so there are many opportunities for contact about broader health issues.

Age group	Need	Relevant Pharmacy Service/s
Birth-12 months	Breastfeeding / Nutrition	• Sale of infant formula • Sale of treatments for breastfeeding side-effects • Signposting to groups and advice • Healthy Start Vitamins
	Infant deaths / Stillbirth	• Minor ailments service • Advice about SIDS (sleeping position, smoking)
	Prematurity	• Advice on medicines use in pre-term babies, including non-prescription medicines
	Contraceptive advice for mother	• Emergency contraception • Contraception advice • Sale of condoms
	Parental mental health (e.g. postnatal depression)	• Signposting from sale of relevant non-prescription medicines (sleep aids, complementary therapies) • Referral to specialist services
Preschool Up to 5 years	Nutrition	• Healthy Start Vitamins
	Sports injuries	• Minor ailments services • Sale of non-prescription medicines
Primary School 5-11 years	Sports injuries	• Minor ailments services • Sale of non-prescription medicines

Need across Childhood	Relevant Pharmacy Service/s
Accidental injury	• Medicines disposal • Needle exchange • Sale of child safety aids • Minor ailments services • Sale of non-prescription medicines
Family Smoking	• Smoking cessation
Growth and Development	• Signposting to advice
Healthy weight (parents)	• Weight management
Parenting support	• Signposting to community resources • Advice about non-prescription medicines
Vaccination	• Influenza vaccination services • Signposting

Part 4 – Adulthood (12-59 years)

Adolescence - most young people thrive and take on adult responsibilities but some have more health service needs due to:

- Unintentional Injury (principally road traffic accidents)
- Diagnosis of a long-term condition
- Development/emergence of a mental health problem
- Adoption of health risk behaviours (which often cluster) e.g. smoking, alcohol use, unsafe sex

Young Adulthood – major transitions into work, new relationships and parenthood – but more young adults now stay with parents for longer, and adolescence may be prolonged

Middle Adulthood – consolidation of families, new parenting challenges as children move through adolescence and young adulthood, and middle adult's own health risk behaviours or hereditary risk factors may start to manifest in long-term conditions e.g. high cholesterol, smoking-related disease, hypertension

Age group	Need	Relevant Pharmacy Service/s
Adolescence 12-19 years	Accidental injury	• Signposting • Medicines Use Review (medicines and driving)
	Sports injuries	• Minor ailments services • Sale of non-prescription medicines
	Transfer of responsibility for medicine-taking	• Medicines Use Review • New Medicines Service
	Vaccination	• Signposting for boosters • HPV vaccination
Young Adulthood 20-35 years	Accidental injury	• Signposting • Medicines Use Review (medicines and driving)
Middle Adulthood 36-59 years	Healthy families	• For parents – drug misuse, smoking, alcohol advice
	Sexual health	• STI testing (including chlamydia • Contraceptive advice • Sale of condoms • Erectile dysfunction counselling • Menopause counselling
	Cardiovascular risk	• Signposting and counselling

Need across Adulthood	Relevant Pharmacy Service/s
Alcohol use	• Alcohol IBA • Referral to specialist treatment • Signposting and advice
Drug misuse	• Advice and signposting • Needle exchange • Supervised consumption
Exercise	• Signposting to community resources
Mental health	• Signposting from sale of relevant non-prescription medicines (sleep aids, complementary therapies) • Referral to specialist services
Sexual Health / Pregnancy	• Emergency Contraception • STI testing (including chlamydia) • Sale of Folic Acid • Sale of pregnancy tests • Pregnancy test service • Referral to midwife
Smoking	• Smoking cessation

Part 5 – Older Adulthood (over 60 years)

The chance of managing multiple long-term conditions and polypharmacy increases. The maintenance of independence and continued home living may depend on creating a manageable medication regimen and paying close attention to side-effects (thus e.g. preventing falls). Carers in all settings must be included as partners in care.

Visits to hospital are more likely. End-of-life care is a concern.

The challenges of medication administration in care homes are well documented, and pharmacists could provide advice and systems to optimise this.

Age group	Need	Relevant Pharmacy Service/s
Older Adulthood 60+ years	Care home engagement	• Pharmacist advice (medicines storage etc.) • Independent prescribing • Medicines Use Review • Clinical Medication Review
	Carer engagement	• Medicines Use Review • Clinical Medication Review • Signposting to services
	Dementia screening & management	• Medicines Use Review • Clinical Medication Review • Signposting to services
	Falls prevention	• Medicines Use Review • Clinical Medication Review • New Medicine Service
	Maintaining independence	• Home delivery service • Hosiery fitting service • Sale of incontinence aids • Sale of mobility aids • Minor ailments service
	Medication adherence	• Home delivery service • Compliance aids e.g. Monitored Dosage Systems (care home or community) • Medicines Use Review • Clinical Medication Review • New Medicine Service
	Sexual health	• STI testing • Sale of condoms • Erectile dysfunction counselling
	Smoking	• Smoking cessation

References:

PHE plan of work for children and young people
https://publichealthmatters.blog.gov.uk/wp-content/uploads/sites/33/2014/01/life-course-approach.png

Healthy Child Programme 0-5 (DH England, 2009)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

National Service Framework for Older People (DH England 2001)
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4071283.pdf

National Service Framework for Children, Young People and Maternity Services (DH England and DfES 2004)
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4090523.pdf

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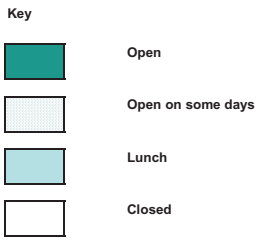
Pharmaceutical Needs Assessment

Appendix E

Pharmacy Opening Hours



Weekday Opening Hours

Trading Name	Post Code	Ward	08:00	08:30	09:00	09:15	09:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	15:00	15:30	16:00	16:30	17:00	17:30	18:00	18:15	18:30	18:45	19:00	19:30	20:00	20:15	20:30	21:00	21:30	22:00	23:00	00:00
CHIPPING BARNET LOCALITY																																					
Hampden Square Pharmacy	N14 5JR	Brunswick Park			09:00																					18:30											
Haria Chemists	N11 1NE	Brunswick Park			09:00																							19:00									
Shore Pharmacy	N20 0BA	Brunswick Park			09:00																			18:00													
Lloydspharmacy	N12 9AY	Coppetts			09:00																							19:00									
Pharmocare	N10 1LR	Coppetts			09:00																							19:00									
Tesco Instore Pharmacy	N12 0SH	Coppetts		08:30																													21:00				
Brand-Russell Chemist	EN4 8TD	East Barnet			09:00																			18:00													
Sainsbury's Pharmacy	EN4 8RQ	East Barnet	08:00																																	22:00	
SVR Chemist Ltd	EN4 8QZ	East Barnet		08:30																						18:30										
Boots	EN5 5XP	High Barnet		08:30																						18:30										
Mountford Chemists	EN4 8RR	High Barnet			09:00																							19:00									
Parry Jones & Co	EN5 5UR	High Barnet			09:00																		17:30														
Wilkinson Chemist	EN5 5SZ	High Barnet			09:00									13:00: Thu				17:30: Mon, Tue, Wed, Fri																			
Greenfield Pharmacy	EN5 1ES	Oakleigh			09:00																							19:00									
Oakleigh Pharmacy	N20 0TX	Oakleigh			09:00																							19:00									
Boots	N20 9HJ	Oakleigh			09:00																					18:30										
Boots	N20 9HS	Totteridge		08:30																																	00:00
Lipkin Chemist	N20 8QG	Totteridge			09:00																			18:00													
Prima Pharmacy	EN5 2TB	Underhill			09:00											17:00: Thu; 18:00: Mon, Tue, Wed, Fri																					
FINCHLEY & GOLDERS GREEN																																					
Akhtar Chemists	NW2 3EE	Childs Hill			09:00																							19:00									
Akshar Pharmacies	NW2 1HR	Childs Hill			09:00									14:00: Thu				18:00: Mon, Tue, Wed, Fri																			
Boots	NW11 7RR	Childs Hill		08:30																				18:00													
Boots	NW11 8LN	Childs Hill		08:30																										20:00							
Castle Chemist	NW2 2QJ	Childs Hill			09:00																			18:00													
Jethro's Ltd	NW11 8HB	Childs Hill			09:00																		18:00: Fri		19:00:Mon,Tue,Wed, Thu												
Maxwell Gordon Pharmacy	NW2 1EX	Childs Hill			09:00																			18:00													
Warman-Freed Pharmacy	NW11 8EL	Childs Hill		08:30																																	00:00
C.W. Andrew Pharmacy	N2 9PJ	East Finchley			09:00																							19:00									
Cootes Pharmacy	N2 9AS	East Finchley			09:00																					18:30										
Links Pharmacy	N2 0SZ	East Finchley			09:00																					18:30										
Oakdale Pharmacy	N2 8AQ	East Finchley			09:00																			18:00													
Gateway Chemist	N3 2LN	Finchley Church End			09:00														18:00: Thu, Fri		18:30: Mon, Tue, Wed																
Reena Pharmacy	N3 3HP	Finchley Church End			09:00																			18:00													
Bishops Pharmacy	N2 0DW	Garden Suburb			09:00																			18:00													
Boots	NW11 0QS	Garden Suburb		08:30																						18:30										
Hugh Lloyd Dispensing Chemist	NW11 6JJ	Garden Suburb			09:00																			18:00													
Landy's Chemist	NW11 0AA	Garden Suburb			09:00																							19:00									
Landy's Express	NW11 7TH	Garden Suburb			09:00									16:00: Fri				18:00: Mon, Tue, Wed, Thu																			
Westlake Pharmacy	NW11 7ES	Garden Suburb			09:00																			18:00													
Victoria Pharmacy	NW11 9ES	Golders Green			09:00													17:00: Fri		18:30: Mon, Tue, Wed, Thu																
W Price Chemist	NW2 1NT	Golders Green			09:00																							19:00									
Aucklands Pharmacy	N3 1XP	West Finchley			09:00																							19:00									
Carter's Pharmacy	N12 8LT	West Finchley			09:00																			18:00													
Cootes Pharmacy	N3 2DN	West Finchley			09:00																					18:30										
Gordon Smith Pharmacy	N3 2RA	West Finchley			09:00																					18:30										
Pickles Chemist	N3 1XT	West Finchley			09:00																			18:00													
Tesco Instore Pharmacy	N3 1XP	West Finchley	08:00																												20:00						
Boots	N12 9QR	Woodhouse		08:30																						18:30										
Charles Sampson Pharmacy	N12 9QU	Woodhouse			09:00																					18:30										
Fairview Pharmacy	N12 0JE	Woodhouse	08:00																												20:00						
Torrington Park H.C.C. Ltd	N12 9SS	Woodhouse		08:30																				18:00													

The opening hours within this appendix reflect the total opening hours, reported by Barnet Community Pharmacies with minor adjustments to ensure compliance with core hours on the NHS Pharmaceutical List

Weekday Opening Hours

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HENDON LOCALITY																																					
Heron Pharmacy	HA8 0EJ	Burnt Oak			09:00																							19:00									
H Shah Dispensing Chemist	NW9 6RS	Colindale			09:00									13:30: Thu										18:45: Mon, Tue, Wed, Fri													
H.A. McParland Chemist	NW9 5XB	Colindale			09:00												17:30: Thu			18:00: Mon,Tue, Wed, Fri																	
Pelican Healthcare (DAC)	NW9 5XY	Colindale	08:00																			17:00															
Sainsbury's Pharmacy	NW9 6JX	Colindale	08:00																					20:00: Mon, Tue, Wed				21:00: Thu, Fri									
Avenue Pharmacy	HA8 7JX	Edgware			09:00																							19:00									
Boots	HA8 7BD	Edgware		08:30																								19:00									
Derek Clarke Pharmacy	HA8 7JH	Edgware			09:00																							19:00									
Mango Pharmacy	HA8 7HF	Edgware			09:00																			18:00													
Singer Pharmacy	HA8 8JS	Edgware		08:30																								19:00									
Superdrug Pharmacy	HA8 7BD	Edgware			09:00																			18:00													
Cullimore Chemist	HA8 8SX	Hale			09:00																			18:00													
Hale Pharmacy	HA8 9QW	Hale			09:00									13:00: Thu													18:30: Mon, Tue, Wed, Fri									
Pharmco Chemist	HA8 9BU	Hale			09:00											17:00: Thu				18:00: Mon, Tue, Wed, Fri																	
C.J. Pharmacy	NW4 4EB	Hendon			09:00																							19:00									
HC Heard Chemists	NW4 2ES	Hendon			09:00																							19:00									
Sabel Chemist	NW4 2DT	Hendon					09:30																			18:30											
Zaxgate Ltd	NW4 2EL	Hendon				09:15																			18:15												
Acorn Pharmacy	NW7 3JR	Mill Hill			09:00																					18:30											
Boots	NW7 3LH	Mill Hill			09:00																					18:30											
Care Chemists	NW7 3DA	Mill Hill			09:00												18:00: Fri			19:00: Mon, Tue, Wed, Thu																	
Day Lewis Pharmacy	NW7 2HX	Mill Hill		08:30																						18:30											
Day Lewis Pharmacy	NW7 1AF	Mill Hill			09:00																			18:00												
Regent Pharmacy	NW7 2NU	Mill Hill			09:00																			18:00												
Boots	NW4 3FB	West Hendon					09:30																								20:00						
Broadway Chemist	NW9 7EE	West Hendon			09:00																					18:30											
Hendon Pharmacy	NW4 3XH	West Hendon			09:00																					18:30											
John Wilson Chemists	NW4 3UX	West Hendon			09:00																							19:00									

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Saturday Opening Hours

Trading Name	Post Code	Ward	08:00	08:30	09:00	09:15	09:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	15:00	15:30	16:00	16:30	17:00	17:30	18:00	18:15	18:30	18:45	19:00	19:30	20:00	20:15	20:30	21:00	21:30	22:00	23:00	00:00
CHIPPING BARNET LOCALITY																																					
Hampden Square Pharmacy	N14 5JR	Brunswick Park			09:00									13:00																								
Haria Chemists	N11 1NE	Brunswick Park			09:00											14:00																						
Shore Pharmacy	N20 0BA	Brunswick Park			09:00									13:00																								
Lloydspharmacy	N12 9AY	Coppetts			09:00																		17:30														
Pharmocare	N10 1LR	Coppetts			09:00																			18:00														
Tesco Instore Pharmacy	N12 0SH	Coppetts		08:30																													21:00				
Brand-Russell Chemist	EN4 8TD	East Barnet			09:00																			18:00													
Sainsbury's Pharmacy	EN4 8RQ	East Barnet	08:00																																	22:00	
SVR Chemist Ltd	EN4 8QZ	East Barnet																																			
Boots	EN5 5XP	High Barnet		08:30																						18:30											
Mountford Chemists	EN4 8RR	High Barnet			09:00											14:00																					
Parry Jones & Co	EN5 5UR	High Barnet			09:00																		17:30														
Wilkinson Chemist	EN5 5SZ	High Barnet			09:00																		17:30														
Greenfield Pharmacy	EN5 1ES	Oakleigh			09:00											14:00																					
Oakleigh Pharmacy	N20 0TX	Oakleigh			09:00																			18:00													
Boots	N20 9HJ	Oakleigh			09:00																		17:30														
Boots	N20 9HS	Totteridge			09:00																																00:00
Lipkin Chemist	N20 8QG	Totteridge			09:00									13:00																							
Prima Pharmacy	EN5 2TB	Underhill			09:00									13:00																							
FINCHLEY & GOLDERS GREEN																																					
Akhtar Chemists	NW2 3EE	Childs Hill			09:00																							19:00									
Akshar Pharmacies	NW2 1HR	Childs Hill			09:00									13:00																							
Boots	NW11 7RR	Childs Hill		08:30																				18:00													
Boots	NW11 8LN	Childs Hill		08:30																										20:00							
Castle Chemist	NW2 2QJ	Childs Hill					09:30																17:30														
Jethro's Ltd	NW11 8HB	Childs Hill																																			
Maxwell Gordon Pharmacy	NW2 1EX	Childs Hill			09:00																			18:00													
Warman-Freed Pharmacy	NW11 8EL	Childs Hill		08:30																																	00:00
C.W. Andrew Pharmacy	N2 9PJ	East Finchley			09:00																			18:00													
Cootes Pharmacy	N2 9AS	East Finchley			09:00																			18:00													
Links Pharmacy	N2 0SZ	East Finchley			09:00											14:00																					
Oakdale Pharmacy	N2 8AQ	East Finchley						10:00																18:00													
Gateway Chemist	N3 2LN	Finchley Church End						10:00														17:00															
Reena Pharmacy	N3 3HP	Finchley Church End			09:00											14:00																					
Bishops Pharmacy	N2 0DW	Garden Suburb																																			
Boots	NW11 0QS	Garden Suburb		08:30																						18:30											
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Landy's Express	NW11 7TH	Garden Suburb																																			
Westlake Pharmacy	NW11 7ES	Garden Suburb																																			
Victoria Pharmacy	NW11 9ES	Golders Green																																			
W Price Chemist	NW2 1NT	Golders Green					09:30							13:00																							
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Gordon Smith Pharmacy	N3 2RA	West Finchley			09:00											14:00																					
Pickles Chemist	N3 1XT	West Finchley					09:30													16:00																	
Tesco Instore Pharmacy	N3 1XP	West Finchley	08:00																											20:00							
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Torrington Park H.C.C. Ltd	N12 9SS	Woodhouse																																			

The opening hours within this appendix reflect the total opening hours, reported by Barnet Community Pharmacies with minor adjustments to ensure compliance with core hours on the NHS Pharmaceutical List

Saturday Opening Hours

Trading Name	Post Code	Ward	08:00	08:30	09:00	09:15	09:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	15:00	15:30	16:00	16:30	17:00	17:30	18:00	18:15	18:30	18:45	19:00	19:30	20:00	20:15	20:30	21:00	21:30	22:00	23:00	00:00
HENDON LOCALITY																																					
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H.A. McParland Chemist	NW9 5XB	Colindale			09:00																	17:00															
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Sainsbury's Pharmacy	NW9 6JX	Colindale	08:00																											20:00							
Avenue Pharmacy	HA8 7JX	Edgware			09:00																		17:30														
Boots	HA8 7BD	Edgware		08:30																				18:00													
Derek Clarke Pharmacy	HA8 7JH	Edgware			09:00																			18:00													
Mango Pharmacy	HA8 7HF	Edgware			09:00									13:00																							
Singer Pharmacy	HA8 8JS	Edgware																																			
Superdrug Pharmacy	HA8 7BD	Edgware			09:00																		17:30														
Cullimore Chemist	HA8 8SX	Hale			09:00									13:00																							
Hale Pharmacy	HA8 9QW	Hale			09:00									13:00																							
Pharmco Chemist	HA8 9BU	Hale			09:00									13:00																							
C.J. Pharmacy	NW4 4EB	Hendon			09:00											14:00																					
HC Heard Chemists	NW4 2ES	Hendon																																			
Sabel Chemist	NW4 2DT	Hendon						10:00								14:00																					
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Acorn Pharmacy	NW7 3JR	Mill Hill			09:00																		17:30														
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Day Lewis Pharmacy	NW7 2HX	Mill Hill																																			
Day Lewis Pharmacy	NW7 1AF	Mill Hill			09:00									13:00																							
Regent Pharmacy	NW7 2NU	Mill Hill			09:00									13:00																							
Boots	NW4 3FB	West Hendon			09:00																									20:00							
Broadway Chemist	NW9 7EE	West Hendon																																			
Hendon Pharmacy	NW4 3XH	West Hendon																																			
John Wilson Chemists	NW4 3UX	West Hendon			09:00																			18:00													

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Sunday Opening Hours

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Boots	HA8 7BD	Edgware																																			
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Cullimore Chemist	HA8 8SX	Hale						10:00								14:00																						
Hale Pharmacy	HA8 9QW	Hale																																			
Pharmco Chemist	HA8 9BU	Hale																																			
C.J. Pharmacy	NW4 4EB	Hendon																																			
HC Heard Chemists	NW4 2ES	Hendon																																			
Sabel Chemist	NW4 2DT	Hendon																																			
Zaxgate Ltd	NW4 2EL	Hendon																																			
Acorn Pharmacy	NW7 3JR	Mill Hill																																			
Boots	NW7 3LH	Mill Hill						10:00														16:00																
Care Chemists	NW7 3DA	Mill Hill						10:00								14:00																						
Day Lewis Pharmacy	NW7 2HX	Mill Hill																																			
Day Lewis Pharmacy	NW7 1AF	Mill Hill																																			
Regent Pharmacy	NW7 2NU	Mill Hill																																			
Boots	NW4 3FB	West Hendon										12:00												18:00														
Broadway Chemist	NW9 7EE	West Hendon																																			
Hendon Pharmacy	NW4 3XH	West Hendon																																			
John Wilson Chemists	NW4 3UX	West Hendon																																			

The opening hours within this appendix reflect the total opening hours, reported by Barnet Community Pharmacies with minor adjustments to ensure compliance with core hours on the NHS Pharmaceutical List

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Pharmaceutical Needs Assessment

Appendix F

Summary of Services by Pharmacy

BARNET
LONDON BOROUGH

Pharmaceutical Service Provision

Trading Name	Post Code	Ward	Essential Services	Advanced Services				Enhanced Services
				Medicines Use Reviews	New Medicine Service	Stoma Appliance Customisation	Appliance Use Reviews	London Pharmacy Vaccination Service
CHIPPING BARNET LOCALITY								
Hampden Square Pharmacy	N14 5JR	Brunswick Park	♦	♦	♦			♦
Haria Chemists	N11 1NE	Brunswick Park	♦	♦	♦			
Shore Pharmacy	N20 0BA	Brunswick Park	♦	♦	♦			♦
Lloydspharmacy	N12 9AY	Coppetts	♦	♦	♦			♦
Pharmocare	N10 1LR	Coppetts	♦	♦				♦
Tesco Instore Pharmacy	N12 0SH	Coppetts	♦	♦	♦			♦
Brand-Russell Chemist	EN4 8TD	East Barnet	♦	♦	♦			♦
Sainsbury's Pharmacy	EN4 8RQ	East Barnet	♦	♦	♦			
SVR Chemist Ltd	EN4 8QZ	East Barnet	♦	♦	♦			♦
Boots	EN5 5XP	High Barnet	♦	♦	♦			♦
Mountford Chemists	EN4 8RR	High Barnet	♦	♦	♦			♦
Parry Jones & Co	EN5 5UR	High Barnet	♦	♦	♦			
Wilkinson Chemist	EN5 5SZ	High Barnet	♦	♦	♦			♦
Greenfield Pharmacy	EN5 1ES	Oakleigh	♦	♦	♦			♦
Oakleigh Pharmacy	N20 0TX	Oakleigh	♦	♦	♦			♦
Boots	N20 9HJ	Oakleigh	♦	♦	♦			
Boots	N20 9HS	Totteridge	♦	♦	♦			♦
Lipkin Chemist	N20 8QG	Totteridge	♦	♦	♦			♦
Prima Pharmacy	EN5 2TB	Underhill	♦	♦	♦			♦
FINCHLEY & GOLDERS GREEN LOCALITY								
Akhtar Chemists	NW2 3EE	Childs Hill	♦	♦	♦			
Akshar Pharmacies	NW2 1HR	Childs Hill	♦					
Boots	NW11 7RR	Childs Hill	♦	♦	♦			
Boots	NW11 8LN	Childs Hill	♦	♦	♦			♦
Castle Chemist	NW2 2QJ	Childs Hill	♦	♦	♦			
Jethro's Ltd	NW11 8HB	Childs Hill	♦	♦				
Maxwell Gordon Pharmacy	NW2 1EX	Childs Hill	♦	♦	♦			♦
Warman-Freed Pharmacy	NW11 8EL	Childs Hill	♦	♦				
C.W. Andrew Pharmacy	N2 9PJ	East Finchley	♦	♦	♦			♦
Cootes Pharmacy	N2 9AS	East Finchley	♦	♦	♦			♦
Links Pharmacy	N2 0SZ	East Finchley	♦	♦	♦			♦
Oakdale Pharmacy	N2 8AQ	East Finchley	♦	♦	♦			♦
Gateway Chemist	N3 2LN	Finchley Church End	♦	♦	♦			♦
Reena Pharmacy	N3 3HP	Finchley Church End	♦	♦	♦			♦
Bishops Pharmacy	N2 0DW	Garden Suburb	♦	♦				
Boots	NW11 0QS	Garden Suburb	♦	♦	♦			
Hugh Lloyd Dispensing Chemist	NW11 6JJ	Garden Suburb	♦	♦	♦			
Landy's Chemist	NW11 0AA	Garden Suburb	♦	♦	♦			♦
Landy's Express	NW11 7TH	Garden Suburb	♦	♦	♦			
Westlake Pharmacy	NW11 7ES	Garden Suburb	♦	♦	♦			♦
Victoria Pharmacy	NW11 9ES	Golders Green	♦	♦	♦	♦	♦	
W Price Chemist	NW2 1NT	Golders Green	♦					
Aucklands Pharmacy	N3 1XP	West Finchley	♦	♦		♦		
Carter's Pharmacy	N12 8LT	West Finchley	♦					
Cootes Pharmacy	N3 2DN	West Finchley	♦	♦				♦
Gordon Smith Pharmacy	N3 2RA	West Finchley	♦	♦	♦			♦
Pickles Chemist	N3 1XT	West Finchley	♦	♦	♦	♦	♦	♦
Tesco Instore Pharmacy	N3 1XP	West Finchley	♦	♦	♦			♦
Boots	N12 9QR	Woodhouse	♦	♦	♦			♦
Charles Sampson Pharmacy	N12 9QU	Woodhouse	♦	♦				
Fairview Pharmacy	N12 0JE	Woodhouse	♦	♦	♦			♦
Torrington Park H.C.C. Ltd	N12 9SS	Woodhouse	♦					
HENDON LOCALITY								
Heron Pharmacy	HA8 0EJ	Burnt Oak	♦	♦	♦	♦	♦	♦
H Shah Dispensing Chemist	NW9 6RS	Colindale	♦					
H.A. McParland Chemist	NW9 5XB	Colindale	♦	♦	♦			♦
Pelican Healthcare	NW9 5XY	Colindale	♦			♦	♦	
Sainsbury's Pharmacy	NW9 6JX	Colindale	♦	♦	♦			
Avenue Pharmacy	HA8 7JX	Edgware	♦					
Boots	HA8 7BD	Edgware	♦	♦	♦			♦
Derek Clarke Pharmacy	HA8 7JH	Edgware	♦	♦	♦		♦	♦
Mango Pharmacy	HA8 7HF	Edgware	♦	♦	♦			♦
Singer Pharmacy	HA8 8JS	Edgware	♦	♦	♦			
Superdrug Pharmacy	HA8 7BD	Edgware	♦	♦	♦			♦
Cullimore Chemist	HA8 8SX	Hale	♦	♦				
Hale Pharmacy	HA8 9QW	Hale	♦	♦	♦		♦	♦
Pharmco Chemist	HA8 9BU	Hale	♦	♦	♦			
C.J. Pharmacy	NW4 4EB	Hendon	♦	♦				
HC Heard Chemists	NW4 2ES	Hendon	♦	♦				
Sabel Chemist	NW4 2DT	Hendon	♦	♦	♦			♦
Zaxgate Ltd	NW4 2EL	Hendon	♦	♦	♦			♦
Acorn Pharmacy	NW7 3JR	Mill Hill	♦					
Boots	NW7 3LH	Mill Hill	♦	♦	♦			
Care Chemists	NW7 3DA	Mill Hill	♦	♦	♦	♦	♦	♦
Day Lewis Pharmacy	NW7 2HX	Mill Hill	♦	♦	♦			♦
Day Lewis Pharmacy	NW7 1AF	Mill Hill	♦	♦	♦			♦
Regent Pharmacy	NW7 2NU	Mill Hill	♦	♦	♦			♦
Boots	NW4 3FB	West Hendon	♦	♦	♦	♦	♦	♦
Broadway Chemist	NW9 7EE	West Hendon	♦	♦	♦			
Hendon Pharmacy	NW4 3XH	West Hendon	♦					
John Wilson Chemists	NW4 3UX	West Hendon	♦	♦	♦			♦

Local Pharmaceutical Service Provision

Trading Name	Post Code	Ward	Emergency Hormonal Contraception	Stop Smoking	Supervised Consumption	Needle & Syringe Programme	Alcohol IBA
CHIPPING BARNET LOCALITY							
Hampden Square Pharmacy	N14 5JR	Brunswick Park	♦	♦			♦
Haria Chemists	N11 1NE	Brunswick Park		♦	♦		♦
Shore Pharmacy	N20 0BA	Brunswick Park		♦			♦
Lloydspharmacy	N12 9AY	Coppetts		♦	♦		
Pharmocare	N10 1LR	Coppetts		♦	♦		
Tesco Instore Pharmacy	N12 0SH	Coppetts	♦	♦			♦
Brand-Russell Chemist	EN4 8TD	East Barnet	♦	♦	♦	♦	♦
Sainsbury's Pharmacy	EN4 8RQ	East Barnet		♦			
SVR Chemist Ltd	EN4 8QZ	East Barnet					
Boots	EN5 5XP	High Barnet	♦	♦	♦		
Mountford Chemists	EN4 8RR	High Barnet				♦	♦
Parry Jones & Co	EN5 5UR	High Barnet		♦			
Wilkinson Chemist	EN5 5SZ	High Barnet		♦	♦	♦	♦
Greenfield Pharmacy	EN5 1ES	Oakleigh		♦	♦	♦	♦
Oakleigh Pharmacy	N20 0TX	Oakleigh	♦	♦	♦		♦
Boots	N20 9HJ	Oakleigh		♦			
Boots	N20 9HS	Totteridge	♦	♦	♦		
Lipkin Chemist	N20 8QG	Totteridge					
Prima Pharmacy	EN5 2TB	Underhill					
FINCHLEY & GOLDERS GREEN LOCALITY							
Akhtar Chemists	NW2 3EE	Childs Hill		♦	♦		
Akshar Pharmacies	NW2 1HR	Childs Hill					
Boots	NW11 7RR	Childs Hill		♦	♦		
Boots	NW11 8LN	Childs Hill	♦	♦	♦		
Castle Chemist	NW2 2QJ	Childs Hill		♦			
Jethro's Ltd	NW11 8HB	Childs Hill					
Maxwell Gordon Pharmacy	NW2 1EX	Childs Hill			♦		♦
Warman-Freed Pharmacy	NW11 8EL	Childs Hill					
C.W. Andrew Pharmacy	N2 9PJ	East Finchley		♦	♦		♦
Cootes Pharmacy	N2 9AS	East Finchley					♦
Links Pharmacy	N2 0SZ	East Finchley		♦	♦		♦
Oakdale Pharmacy	N2 8AQ	East Finchley			♦		
Gateway Chemist	N3 2LN	Finchley Church End		♦			
Reena Pharmacy	N3 3HP	Finchley Church End		♦			♦
Bishops Pharmacy	N2 0DW	Garden Suburb			♦		
Boots	NW11 0QS	Garden Suburb					
Hugh Lloyd Dispensing Chemist	NW11 6JJ	Garden Suburb					
Landy's Chemist	NW11 0AA	Garden Suburb		♦	♦		
Landy's Express	NW11 7TH	Garden Suburb			♦		
Westlake Pharmacy	NW11 7ES	Garden Suburb					
Victoria Pharmacy	NW11 9ES	Golders Green					
W Price Chemist	NW2 1NT	Golders Green					
Aucklands Pharmacy	N3 1XP	West Finchley					
Carter's Pharmacy	N12 8LT	West Finchley			♦		
Cootes Pharmacy	N3 2DN	West Finchley					♦
Gordon Smith Pharmacy	N3 2RA	West Finchley	♦	♦	♦		
Pickles Chemist	N3 1XT	West Finchley		♦	♦	♦	
Tesco Instore Pharmacy	N3 1XP	West Finchley	♦	♦			
Boots	N12 9QR	Woodhouse	♦	♦	♦	♦	
Charles Sampson Pharmacy	N12 9QU	Woodhouse					
Fairview Pharmacy	N12 0JE	Woodhouse			♦		
Torrington Park H.C.C. Ltd	N12 9SS	Woodhouse					
HENDON LOCALITY							
Heron Pharmacy	HA8 0EJ	Burnt Oak	♦	♦	♦		
H Shah Dispensing Chemist	NW9 6RS	Colindale		♦			
H.A. McParland Chemist	NW9 5XB	Colindale	♦	♦	♦	♦	
Pelican Healthcare	NW9 5XY	Colindale					
Sainsbury's Pharmacy	NW9 6JX	Colindale		♦	♦	♦	
Avenue Pharmacy	HA8 7JX	Edgware					
Boots	HA8 7BD	Edgware	♦	♦	♦		
Derek Clarke Pharmacy	HA8 7JH	Edgware		♦	♦	♦	♦
Mango Pharmacy	HA8 7HF	Edgware	♦	♦	♦		♦
Singer Pharmacy	HA8 8JS	Edgware		♦	♦		♦
Superdrug Pharmacy	HA8 7BD	Edgware		♦	♦	♦	
Cullimore Chemist	HA8 8SX	Hale			♦		
Hale Pharmacy	HA8 9QW	Hale			♦	♦	
Pharmco Chemist	HA8 9BU	Hale			♦		♦
C.J. Pharmacy	NW4 4EB	Hendon		♦	♦	♦	
HC Heard Chemists	NW4 2ES	Hendon					
Sabel Chemist	NW4 2DT	Hendon		♦			♦
Zaxgate Ltd	NW4 2EL	Hendon		♦	♦		
Acorn Pharmacy	NW7 3JR	Mill Hill			♦		
Boots	NW7 3LH	Mill Hill		♦			
Care Chemists	NW7 3DA	Mill Hill		♦	♦		
Day Lewis Pharmacy	NW7 2HX	Mill Hill		♦			
Day Lewis Pharmacy	NW7 1AF	Mill Hill					
Regent Pharmacy	NW7 2NU	Mill Hill		♦	♦		♦
Boots	NW4 3FB	West Hendon		♦			
Broadway Chemist	NW9 7EE	West Hendon		♦	♦		
Hendon Pharmacy	NW4 3XH	West Hendon					
John Wilson Chemists	NW4 3UX	West Hendon	♦				

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Pharmaceutical Needs Assessment

Consultation Response Form

Appendix G

Barnet Pharmaceutical Needs Assessment
Consultation Response Form

1. About you - please provide the details requested below. *This is very important in case we have any questions with respect to the feedback you provide*

Name	
Job Title	
Pharmacy Name Or Organisation Name	
Address	
Telephone No.	
Please confirm that you are happy for us to store these details in case we need to contact you about your feedback?	*Please indicate response using * or delete as applicable* Yes ☐ No ☐

2. Has the purpose of the PNA been explained sufficiently within section 1.1 of the draft PNA document?

*Please indicate response using * or delete as applicable*

Yes		No		Not sure	

If "No" or "Not sure", please explain why in the box below:

3. Does Section 1.3 clearly set out the scope of the PNA?

*Please indicate response using * or delete as applicable*					
Yes		No		Not sure	

If “No” or “Not sure”, please explain why in the box below:

4. Does Section 2 clearly set out the local context and implications for the PNA?

*Please indicate response using * or delete as applicable*					
Yes		No		Not sure	

If “No” or “Not sure”, please explain why in the box below:

5. Do you think that the pharmaceutical needs of the population have been accurately reflected within the PNA?

*Please indicate response using * or delete as applicable*					
Yes		No		Not sure	

If “No” or “Not sure”, please explain why in the box below:

6. For each of the services below, please indicate if you agree that the PNA has provided a reasonable description of the service and if you agree with the conclusions?

*Please indicate response using * or delete as applicable for each service*						
Section 3.2.1: Essential Services	Yes		No		Not sure	
Section 3.2.3.1: Medicines Use Reviews	Yes		No		Not sure	
Section 3.2.3.2: New Medicine Service	Yes		No		Not sure	
Section 3.2.3.3: Appliance Use Review Service	Yes		No		Not sure	
Section 3.2.3.4: Stoma Appliance Customisation Service	Yes		No		Not sure	
Section 3.2.4.1: London Pharmacy Vaccination Service	Yes		No		Not sure	
Section 3.3.2: Emergency Hormonal Contraception	Yes		No		Not sure	
Section 3.3.3: Stop Smoking	Yes		No		Not sure	
Section 3.3.4: Supervised Consumption	Yes		No		Not sure	
Section 3.3.5: Needle and Syringe Programme	Yes		No		Not sure	
Section 3.3.6: Alcohol IBA	Yes		No		Not sure	

If you have answered “No” or “Not sure” to one or more of the above please explain why in the box below:

7. Do you agree with the “Looking to the Future” section as set out in section 3.4?

*Please indicate response using * or delete as applicable*					
Yes		No		Not sure	

If “Yes”, please explain why in the box below:

8. Are you aware of any pharmaceutical services, which have been commissioned, but which have not been included in the PNA?

*Please indicate response using * or delete as applicable*					
Yes		No		Not sure	

If "Yes", please explain why in the box below:

9. Is there any additional information which you think should be included in the PNA (and which you have not mentioned above)?

*Please indicate response using * or delete as applicable*					
Yes		No		Not sure	

If "Yes", please explain why in the box below:

10. **NHS England <u>only</u>**:
Has the PNA provided you with enough information to inform market entry decisions

*Please indicate response using * or delete as applicable*					
Yes		No		Not sure	

If "Yes", please explain why in the box below:

11. **Service Commissioners only**:
Has the PNA provided you with enough information to inform how you may commission services from pharmacy in the future?

*Please indicate response using * or delete as applicable*					
Yes		No		Not sure	

If "Yes", please explain why in the box below:

12. **Community Pharmacies only**:
Has the PNA provided you with enough information to help your own future service provision and plans?

*Please indicate response using * or delete as applicable*					
Yes		No		Not sure	

If "Yes", please explain why in the box below:

13. **Community Pharmacies only**:
Please review the information in Appendix E (Opening Hours) and Appendix F (Service Provision) for accuracy? If you identify any issues please provide details below

	Is the information Accurate? *Please indicate response using * or delete as applicable*				If "No", please provide details:
Opening Hours	Yes		No		
Service Provision	Yes		No		

14. If you have any further comments, please detail these in the box below

Please return this feedback form, by email, to pna-consultation@webstar-lane.co.uk, noting that the deadline for submitting comments is midnight on 26 March 2015.

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Pharmaceutical Needs Assessment

Consultation Feedback & Response

Appendix H

Consultation Feedback & Outcome

1. Accuracy

A number of issues of accuracy were raised during the process:

Organisation	Suggested Inaccuracy	PNA Steering Group Decision	PNA Amended?
Pelican Healthcare Ltd NW9 5XY	▪ We offer Stoma Appliance Customisation and Appliance Use Reviews	▪ The PNA Steering Group was advised that the DAC had been included in the relevant sections of the draft PNA for the Stoma Appliance Customisation Service and Appliance Use reviews, but was inadvertently omitted from Appendix F ▪ It was agreed that Appendix F should be updated to address this	Yes
Cullimore Chemist HA8 8SX	▪ NHS England have been advised that the pharmacy wishes to change its opening hours with immediate effect: ○ Mon - Fri: 09:00 - 18:00 ○ Saturday: 09:00 - 13:00 ○ Sunday: 10:00 - 14:00	▪ The PNA Steering Group was advised that the draft PNA was based on weekday opening of 09:00 – 18:00; closed on Saturday; 10:00 – 13:00 on Sundays ▪ The following amendments were agreed: ○ The tables, maps and text will be updated to reflect the fact that the pharmacy now opens on a Saturday ○ The text will be updated to reflect longer opening hours on a Sunday ○ Appendix E will be updated to reflect the revised pharmacy opening hours	Yes
Parry Jones Pharmacy EN5 5UR	▪ Stop Smoking Services are provided	▪ Barnet Commissioners have confirmed that this pharmacy has been commissioned to provide the service ▪ The tables, maps, text and Appendix F will be updated to reflect this change	Yes
Boots UK	▪ Boots (Whetstone) N20 9HJ closes at 6:30pm Mon-Fri, not 7pm as listed	▪ Appendix E shows that the pharmacy closes at 18:30 ▪ No changes are required	No
Boots UK	▪ Boots N20 9HS and Boots NW7 3LH do not provide needle exchange service	▪ The PNA Steering Group noted that Boots N20 9HS was included on the original list, provided by Barnet, of pharmacies which had been commissioned to provide the service; and Boots NW7 3LH had stated in the community pharmacy questionnaire that they provided the service ▪ Barnet commissioners have subsequently confirmed that neither pharmacy offers the service ▪ The tables, map, text and Appendix F will be updated	Yes
Boots UK	▪ Boots N12 9QR does provide the London Pharmacy Vaccination Service	▪ Appendix F shows that this pharmacy does provide the service ▪ No changes are required	No

Organisation	Suggested Inaccuracy	PNA Steering Group Decision	PNA Amended?
Mango Pharmacy HA8 7HF	▪ We offer EHC but this isn't mentioned in Appendix F	▪ The pharmacy wasn't included on the original list, provided by the Barnet Commissioner, of pharmacies which have been commissioned to provide the service ▪ It was noted that the pharmacy has sent evidence that they have been accredited and Barnet has now confirmed that the pharmacy has now been commissioned ▪ The tables, map, text and Appendix F will be updated	Yes
Pharmco Chemists HA8 9BU	▪ Pharmco opening hours are 9am - 5pm on Thursday not Friday as stated	▪ The PNA Steering Group was advised that the correct hours have been used for the PNA ▪ However, Appendix E included a typographical error which will be amended	Yes
Pharmco Chemists HA8 9BU	▪ The Chemists now provide supervised consumption	▪ The pharmacy wasn't included on the original list, provided by the Barnet Commissioner, of pharmacies which have been commissioned to provide the service ▪ Barnet has confirmed that the pharmacy has now been commissioned to provide the service ▪ The tables, map, text and Appendix F will be updated to reflect this inaccuracy and a number of other changes in commissioning	Yes
NHS England London Region	▪ Details of pharmacies with differences in core hours: ▪ There are number of pharmacies where the core hours held by NHS England appear to differ from those opening hours listed in Appendix E. ▪ In line with the regulations, these hours cannot be listed as there is no evidence that a change to core hours was agreed by either NHS England or Barnet PCT. ▪ We attach a spreadsheet which highlights where the core hours held by NHS England are different and what those core hours are. ▪ NHS England will write to these contractors informing them of the information held by NHS England and advising them of the process to follow if they wish to apply for those hours to be changed	▪ Following a post-consultation follow up question, NHS England has confirmed that the following amendment is required: o FVX21 Regent Pharmacy. The core hours do not list lunch hours, these should be removed.	Yes

2. Detailed Comments

This section sets out the detailed comments which were received during the formal consultation and summarises the response of the PNA Steering Group. The section has been organised in accordance with the specific questions asked within the consultation response template which, which can be found in Appendix G of the PNA; where no specific comments were received then this noted.

For each question, we summarise the percentage of respondents who agreed, disagreed or were not sure with respect to the information contained within the PNA (noting that respondents who did not answer a given question, those that did not return the feedback response form and those for whom a question was not applicable were excluded from this analysis).

We then list the specific comments received and set out the PNA Steering Group decision noting whether or not the PNA has been amended. Where no specific comments were received in relation to a question then we explicitly state this. Where a respondent did not use the response template then the comment has been included in the most relevant section. On occasion, a comment may have been moved to a more relevant section within this document.

Has the purpose of the PNA been explained sufficiently (PNA Section 1.1)?			
Yes = 100% (n=17)	No = 0%	Not sure = 0%	Not answered / Feedback Form Not Used (n=3)
No detailed comments received			

Does Section 1.3 of the PNA clearly set out the scope?			
Organisation	**Detailed Comment**	**PNA Steering Group Decision**	**PNA Amended?**
Yes = 100% (n=17)	No = 0% Not sure = 0%	Not answered / Feedback Form Not Used (n=3)	
Boots UK	▪ PURM service commissioned by NHS London not listed on page 5 but mentioned on page 40. Should it also be included on page 5?	▪ The PNA Steering Group was advised that the Pharmacy Urgent Repeat Medication (PURM) Service is a pilot scheme ▪ The future of the service has not yet been decided and this is the reason that it hasn't been included within the scope of the PNA as set out on page 5 of the draft PNA ▪ The PNA Steering Group noted the comment and determined that no changes were required	No

Does Section 2 clearly set out the local context and implications for the PNA?			
Organisation	**Detailed Comment**	**PNA Steering Group Decision**	**PNA Amended?**
Yes = 88.2% (n=15)	No = 5.9% (n=1) Not sure = 5.9% (n=1)	Not answered / Feedback Form Not Used (n=3)	
NHS England London Region	▪ The table on page 18 is blurred and difficult to read.	▪ The PNA Steering Group was advised that the table is not available in a higher resolution format ▪ It was noted that whilst it is difficult to read, the text is still legible ▪ The comment was noted	No
NHS England London Region	▪ We note the references on page 20 to the formation of GP federations, and the development of Community based hubs, however there is no detail of these, and no assessment as to whether these might change or otherwise have an impact on the need for pharmaceutical services	▪ The PNA Steering Group was advised that no information was available on GP federations and community based hubs at the time of writing ▪ NHS Barnet CCG confirmed that there are 3 GP localities: North, South and West which align with the PNA localities of Chipping Barnet, Finchley & Golders Green and Hendon respectively; and that there are 5 GP networks (one locality has one network; and the other localities have two networks each) ▪ The information from the CCG also included an overview of key priorities and pilots ▪ It was agreed that the PNA would be updated to include this additional information	No

Do you think the pharmaceutical needs of the population have been accurately reflected in the PNA?			
Yes = 76.5% (n=13)	No = 17.6% (n=3)	Not sure = 5.9% (n=1)	Not answered / Feedback Form Not Used (n=3)
▪ A number of respondents raised comments in relation to pharmacy opening hours under this question during the consultation ▪ These comments have been moved to the next question which explored the extent to which the draft PNA provides a reasonable description of the service and the conclusions for each service			

For each of the below, please indicate if you agree that the PNA has provided a reasonable description of the service and if you agree with the conclusions?

	Yes	No	Not Sure	Not answered / Feedback form not used / Answer not clear
Essential Services	93.3% (n=14)	0% (n=0)	6.7% (n=1)	n=5
Medicines Use Reviews & Prescription Intervention Service	73.3% (n=11)	20.0% (n=3)	6.7% (n=1)	n=5
New Medicine Service	73.3% (n=11)	20.0% (n=3)	6.7% (n=1)	n=5
Appliance Use Reviews	93.3% (n=14)	0% (n=0)	6.7% (n=1)	n=5
Stoma Appliance Customisation Service	80.0% (n=12)	6.7% (n=1)	13.3% (n=2)	n=5
London Pharmacy Vaccination Service	80.0% (n=12)	6.7% (n=1)	13.3% (n=2)	n=5
Emergency Hormonal Contraception	78.6% (n=11)	14.3% (n=2)	7.1% (n=1)	n=6
Stop Smoking Service	85.7% (n=12)	7.1% (n=1)	7.1% (n=1)	n=6
Supervised Consumption	78.6% (n=11)	14.3% (n=2)	7.1% (n=1)	n=6
Needle & Syringe Programme	71.4% (n=10)	21.4% (n=3)	7.1% (n=1)	n=6
Alcohol IBA	71.4% (n=10)	7.1% (n=1)	21.4% (n=3)	n=6

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	▪ The statements on Page 27 the statement (last point in each) on Deprivation and Population densities appear to contradict one another around the number of pharmacies	▪ The PNA Steering Group was advised that the draft PNA (page 27) looks at the distribution of pharmacies taking into account deprivation and population density ▪ It was noted that these are two very different parameters, therefore, it is not necessarily surprising that the findings provide potentially conflicting information on the number of pharmacies in some areas. However, the text, table and maps demonstrate that some areas e.g. Burnt Oak which has higher levels of deprivation and a high population density but a low number of pharmacies per head ▪ The PNA Steering Group noted the comment but determined that no changes were required	No
NHS England London Region	▪ Not clear on the map on pages 29 which is the DAC contract – colours are very similar	▪ The PNA Steering Group noted that the maps use a range of colours to denote different types of pharmacy and the DAC; and that the legend states “DAC” to differentiate this contractor from the pharmacies ▪ It was agreed that, because other changes were required to the maps, that the colour of the symbol denoting the DAC would be amended	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	▪ There is reference in a number of places, including on maps, of a pharmacy that opens for at least 100 hours per week (The maps on pages 29 & 30 identify this as Warman-Freed Pharmacy). ▪ Whilst this pharmacy does open such hours, it would be useful to highlight that it was not granted a "100 hour exemption" and therefore there is the potential that this pharmacy could reduce its hours in the future without having to apply to NHS England	▪ The PNA Steering Group was advised that: ○ Page 26 summarises the type of pharmacy contract; if the pharmacy which opens for 100 hours had had a contract granted under the exemptions then this would have been noted on this page ○ Page 31 makes reference to one pharmacy opening for 100 hours. ▪ The PNA Steering Group agreed that it would be made clear that there are no pharmacies granted under the 100 exemption (page 26); and that the following statement would be incorporated into the text on page 31 *"In terms of overall opening hours, 1 pharmacy is open for more than 100 hours (this is not a 100 hour contract granted under the exemption); and a further 5 are open for more than 80 hours; there is potential for all these pharmacies to change their hours in the future"*	Yes
NHS England London Region	▪ On Page 31 the PNA refers to a Bank Holiday rota, and that NHS England commissions an enhanced service on "Special Bank Holidays" and refers to up to a maximum of 6 pharmacies open between the hours of 10am and 6pm. For clarity, the only days that NHS England commissions a service is on Christmas Day and Easter Sunday. ▪ The LPS pharmacy at Finchley Memorial Hospital is open 365 days per year, and in addition NHS England currently commissions a small number of pharmacies in addition to ensure provision. This is reviewed each year.	▪ The PNA Steering Group was advised that the text in the draft PNA is based on the service level agreement provided by the NHS England ▪ However, it was agreed that the draft PNA will be updated to reflect the statements of clarity provided by NHS England during the consultation ▪ The PNA Steering Group also determined that the final PNA should also reflect that other bank holidays aren't included in the current arrangement as follows: *"Whilst Fairview Pharmacy is open from 8am – 8pm on 365 days a year, there is a gap on other Bank Holidays because NHS England does not commission a rota on these days"*	Yes
NHS England London Region	▪ On page 26 it is stated that NHS England has no plans to review the LPS contract at FMH. This is not accurate – the contract sets out that there should be a 6-monthly review between the contract holder and NHS England. ▪ We can confirm that NHS England has no plans to terminate this contract and has no reasons to expect the contract not to run for the full 10 years	▪ The PNA Steering Group noted the comment and agreed that page 26 of the final PNA would be amended to reflect NHS England's comments	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	▪ The PNA refers to the ESPLPS contract. The contract holder has now been given notice that it will terminate on 31st March 2015.	▪ The PNA Steering Group was advised that following a post-consultation question, NHS England has provided the following text for the final PNA: *"All pharmacies in London that held an ESPLPS contract on the 31st March 2015 were returned to the relevant pharmaceutical lists. This means that Cullimore Pharmacy is now on the pharmaceutical list in Barnet HWB area. It is for the pharmacy owners to decide if they wish to submit an LPS proposal for NHS England to consider, bearing in mind the factors and criteria NHS England London Region has already made public that it will use to assess any such applications"* ▪ It was agreed that this text would be incorporated into the PNA	Yes
Barnet, Enfield & Haringey LPC	▪ The ESPLPS pharmacy called Cullimore Chemist, HA8 8SX, within Hale Ward, based in Hendon Locality at the time of writing the draft PNA faces an uncertain future if it returns to the pharmaceutical list (as described on page 26). This pharmacy currently holds an Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) contract. ▪ The ESPLPS is a national scheme that provides pharmacy contractors, located more than 1km from the nearest pharmacy with guaranteed income if their dispensing volume falls below 26,400 items per annum. The aim of this service is to secure provision of pharmacy services in areas where a pharmacy would otherwise not be viable. ▪ This pharmacy will have a right of return to the pharmaceutical list from 1 April 2015. With this option there is a risk that the pharmacy may not be financially viable in the future, which may prompt closure. The impact of this risk could be closure which would affect a sizable population to the rear of Glengall Road within the Hale Ward, Edgware, within Hendon Locality which would find themselves without a pharmacy and healthcare facility.	▪ The PNA Steering Group considered the information provided by the LPC and discussed the wider implications associated with this pharmacy returning to the pharmaceutical list, noting the following: ○ The pharmacy continues to dispense a low number of items ○ It is located in Hale ward and Hendon locality both of which have a below average number of pharmacies per 100,000 population; the pharmacy serves to increase choice in the area and its location is particularly accessible to the population who live to the rear of Glengall Road ○ Hale ward has a moderate population density (population density is not available at LSOA level to provide a more detailed assessment) ○ The pharmacy is located adjacent to areas which have higher levels of deprivation ▪ Taking the above factors into consideration, the PNA Steering Group agreed that the final PNA would include the following text: ○ Page 48 "Capacity will be further reduced if the ESPLPS pharmacy ceases to be viable" ○ Add "there will be a specific gap in the Hale ward and surrounding area which the pharmacy currently serves"	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	▪ We understand that the multiple deprivation score in this super-locality may be lower than that for Hale ward as a whole. ▪ Closure of this pharmacy might prompt another application to open a pharmacy in much the same place. ▪ We should like the Health and Wellbeing Board to support the establishment of this pharmacy to help the needs of a population in this area who may find themselves without healthcare within a reasonable distance.		
Barnet, Enfield & Haringey LPC	▪ On page 38, if 4,000,088 prescription items were dispensed by Barnet pharmacies, then a further 1,044.159 were dispensed out of the Borough of Barnet with 12.2% dispensed as shown in the table on page 39. ▪ This figure equates to 615398 prescriptions. Perhaps the tables may need to reflect this fact please?	▪ The PNA Steering Group reviewed the text on page 38 and 39 of the draft PNA. This states that: ○ The total number of items dispensed against prescriptions issued by Barnet prescribers was 5,044,119 ○ Barnet pharmacies dispensed 79.3% of these items and the remaining 20.7% i.e. 1,044,031 items, were either dispensed outside of the area or were personally administered by GPs ○ The table provides details of the pharmacies & DACS which dispensed the highest number of Barnet prescriptions. These organisations account for 12.2% of the total items ○ This means that 8.5% of items were dispensed or personally administered by the remaining organisations (noting that a total of 3,788 organisations dispensed or administered an item) ○ Totals were not included in the table because the information represents a small proportion of the organisations which dispensed prescriptions ▪ The PNA Steering Group noted the comment but determined that no changes were required to the PNA	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Barnet, Enfield & Haringey LPC	▪ The table on page 40 of the draft PNA indicates opening hours of both GPs and pharmacies. ▪ From this table it can be shown that the provision pharmacy makes to local primary care is far greater than that of GPs on Saturdays and Sundays within the Borough of Barnet. Hence we contend the comments made within the assessment "looking at the future" on page 95 are unjustified in relation to increasing the opening hours for community pharmacies at weekends. ▪ Nevertheless the provision that is made around the Borough after 19.00 hours and 20.00 hours on weekdays is enough to meet the current demands with pharmacies opening to midnight in various places. ▪ The LPC would concede that there may be an increase in demand for prescriptions to be dispensed as a result of practices opening to see patients prior to 9 am in the mornings. ▪ We note that 44 practices open prior to 8 am weekdays and 11 prior to 7am weekdays. We do not know from the table whether those eleven are part of those 44 GP practices? ▪ Could this issue be clarified within the PNA?	▪ The PNA Steering Group reviewed the relevant pages within the draft PNA (pages 40, 41, 50 and 95) ▪ The opening hours, which are proposed as part of the HWB future aspirations for pharmacy services and premises on page 95, reflect the fact that it is desirable for the full range of pharmaceutical (essential, advanced and enhanced) and locally commissioned services to be available during extended hours. The table also notes that, where relevant, that hours should be co-ordinated with GP opening. The intention of the aspirations is to discourage submission of applications which are based on the minimum 40 core hours and which do not demonstrate a willingness to provide the full range of services ▪ In relation to the graphs comparing GP opening hours (pages 40 & 41), each time band shows the number of GP practices which are open on one or more days a week. Therefore, up to 11 practices are open by 7am; and up to 44 practices are open by 8am. So the 11 practices are part of the 44 practices ▪ The PNA Steering Group concluded that the document was sufficient clear and determined that no changes were required	No
Barnet, Enfield & Haringey LPC	▪ We disagree with the statement on page 40 around "The Future", which says In the future, "if Barnet GPs move towards a 7 day a week service, the current pattern of pharmacy opening hours is unlikely to be sufficient to meet the pharmaceutical needs of our population, in terms of being able to access their medicines in a timely manner". ▪ The LPC say there is currently no evidence to support this statement, the evidence we do have is shown on the table on page 40, to which we have made valid comment.	▪ The PNA Steering Group was advised that the comment relates to pages 40, 41, 51 and 96 of the draft PNA ▪ It was agreed that the statement would be reworded as follows: *"if Barnet GPs move to a 7 day a week service, the current pattern of pharmacy opening hours may need to be reviewed, to ensure that pharmaceutical needs are met in terms of residents securing timely access to medicines following a GP consultation. At the time of publication, the arrangements for the operational delivery, and timescales, of such changes are not known."*	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Barnet, Enfield & Haringey LPC	▪ On page 40 the LPC suggest that the two pharmacies that are open close to the Barnet border both in Brent and Enfield are open providing pharmaceutical services during the extended period surgery hours. ▪ Perhaps these pharmacies could be highlighted with name and address and opening hours on this page of the PNA please?	▪ The PNA Steering Group was advised that the pharmacies which open by 8am and which remain open later in the evening and which are close to the border are: ○ Asda, NW9 0AS ○ Boots, N14 5BN ▪ It was agreed to update the PNA with the names of the pharmacies and post codes	Yes
Fairview Pharmacy N12 0JE	▪ The pharmaceutical needs have not been considered accurately in the context of unscheduled care providers. ▪ For the WIC at Edgware, the majority of medication is provided at the point of use using pre-packs and virtually no FP10s are used to prescribe medication. However, the PNA states there is a gap in provision which is incorrect. ▪ The local pharmacies around the WIC in Burnt Oak have written to NHS England directly, as well as the LPC expressing an interest in providing a service should the need be identified. Fairview Pharmacy in particular has been in discussions over the years and most recently with the commissioners at CLCH (Central London Community Healthcare). The response has always been there is no need as the majority of medication is provided at the point of need.	▪ The PNA Steering Group reviewed pages 41, 47, 48 and 50 of the draft PNA ▪ Post consultation CLCH NHS Trust has confirmed that: ○ The number of FP10s issued from ECH WIC is 536; and FMH WIC was 15,460 ○ There are no plans to change the arrangement as the CCG is still responsible for the budget ○ In 2016/17, the budget may be devolved to CLCH at which point the Trust may explore opportunities for VAT efficiencies and current arrangements for prescribing and supply of medicines. It is not known what the implications for NHS Pharmaceutical Services will be (if any) at the time of publication ▪ The Steering Group discussed the text within the draft PNA in the context of the new information. It was determined that whilst pharmacy opening hours do not necessarily align with those of the WICs, that this was not a gap because pharmaceutical services would only be required rarely ▪ It was agreed that the final PNA would be updated to this effect	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Barnet, Enfield & Haringey LPC	▪ It has been mentioned on page 41 that Edgware Community Hospital ECH is open to provide walk in centre services as an unscheduled care provider to the public. It is also mentioned that a potential gap exists in relation to the provision of pharmaceutical services. ▪ We disagree entirely with the suggestion that pharmaceutical services may be required close to Edgware Community Hospital to meet out of hours prescriptions. The LPC has had many discussions with ECH asking them to issue prescriptions, but they have steadfastly refused over a number of years. Their reply is that they provide pre-packed "to take away" medicine to cover the needs of their patients. ▪ Hence we believe the need you have identified with regard to ECH is erroneous. ▪ We would like the PNA to not reflect a gap in provision with regard to ECH. The LPC disagrees with the conclusions stated. ▪ We consider the use of out of hours rota arrangements a better way to meet any future need no matter how small that need might be with pharmacies sharing that load between them equitably with the commissioner providing some financial support.	▪ The PNA Steering Group was advised that this comment is similar to that raised by Fairview Pharmacy and have been dealt with as above ▪ It was noted that NHS England have advised HWBs not to make any firm recommendations with respect to how identified needs (current and future) and improvements (current and future) should be met i.e. the PNA should stop at articulating the need. Whilst it is accepted that additional hours could be provided by the existing network of pharmacies, perhaps by way of a rota, it is not appropriate to state this as a potential solution within the PNA. This is because it is for commissioners to determine how these needs and improvements should be met ▪ It was determined that no further changes, over and above those agreed above, were required	No
Burnt Oak Pharmacy HA8 5EP (Out of area pharmacy)	▪ The PNA states there is a gap in the provision of services out of hours, this is incorrect and the Edgware walk in centre does dispense majority of their medication in pre-packs. ▪ I have written to the LPC alongside the other pharmacies in the Burnt oak area if there were a gap pharmacy services provision we would be more than happy to fill any requirements that were identified.	▪ PNA Steering Group noted that this comment is similar to those raised by Fairview Pharmacy and the LPC above and that no further changes were required	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Central London Community Healthcare (CLCH) NHS Trust SW1E 6QP	▪ Barnet is served well with pharmacies with respect to opening hours. I agree there would be benefit in having a 'rota' in place for evenings and Sunday openings to reflect FP10s that may be issued by unscheduled care providers or if GP surgery times are extended. ▪ As stated on page 41, the walk in centres hold stock to supply patients and would in rare circumstances issue FP10s. ▪ I am not convinced there is a gap in pharmaceutical provision that necessitates additional pharmacy contracts being granted. Barnet is served well with pharmacies with respect to opening hours. I agree there would be benefit in having a 'rota' in place for evenings and Sunday openings to reflect FP10s that may be issued by unscheduled care providers or if GP surgery times are extended.	▪ PNA Steering Group noted that this comment is similar to those raised by Fairview Pharmacy and the LPC and that no further changes were required ▪ The PNA Steering Group was advised that the recommendation for an additional pharmacy (page 51 of the draft PNA relates to meeting the pharmaceutical needs arising from a growing population and regeneration of areas within the Hendon locality rather than the misalignment of pharmacy opening hours with other services ▪ In response to a post consultation question, CLCH provided the following information on the future use of FP10 prescriptions (page 44 of the draft PNA): ○ There are no current plans to change the arrangement as the CCG is still responsible for the budget ○ In 2016/17, the budget may be devolved to CLCH at which point the Trust may explore opportunities for VAT efficiencies and current arrangements for prescribing and supply of medicines. It is not known what the implications for NHS Pharmaceutical Services will be (if any) at the time of publication ▪ It was agreed that the final PNA would be updated to include this additional information	Yes
NHS England London Region	▪ Apart from the references to new health centres (on page 46 and then referred to elsewhere) it is not clear if the HWB has clarified if there are any other plans for changes to primary medical care provision. If it has not identified any such plans it would be helpful for this to be stated	▪ The PNA Steering Group noted the comment and agreed that the following statement would be included in the final PNA: *"At the time of publication we are not aware of any other plans with respect to changes in primary medical care provision"*	Yes
NHS England London Region	▪ Page 50 – there is a mention of Pharmacy opening hours being out of date on NHS Choices – it is to be noted that Pharmacies have access to NHS Choices and can amend these hours (following approval from NHSE) to reflect their current opening hours.	▪ The PNA Steering Group noted the comment but determined that no changes were required to the final PNA, as the comment relates to service delivery rather than pharmaceutical needs	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	▪ A statement of the pharmaceutical services that the HWB has identified as services that are provided: (b) outside the area of the HWB but which nevertheless contribute towards meeting the need for pharmaceutical services in its area (if the HWB has identified such services). ▪ No. Although the PNA does on page 39 list the pharmacies and DAC providers that are outside the HWB area which dispense 20% of scripts issued by Barnet prescribers and on pages 38 -41 provide an overview of dispensing, the narrative does not meet the requirements of this regulation.	▪ The PNA Steering Group was advised that the comment referred to page 38 – 39 of the draft PNA ▪ NHS England has not stated why the section does not meet the requirement of the Regulations ▪ The Regulations only require a statement to be included if such services have been identified ▪ Page 39 notes the important role played by cross border dispensing and provides information on the out of area pharmacies and DACs which dispensed the highest numbers of Barnet prescriptions ▪ Taking this into account the PNA Steering Group determined that the draft PNA does meet the requirements of the regulations	No
NHS England London Region	▪ Schedule 1, paragraph 4 – improvements and better access: gaps in provision 4. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied ▪ (b) Would, if in specified future circumstances they were provided (whether or not they were located in the area of the HWB), secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type, in its area. ▪ No, although we note on Page 40 of the PNA discusses the future and states: o if Barnet GPs move towards a 7 day a week service, the current pattern of pharmacy opening hours is unlikely to be sufficient to meet the pharmaceutical needs of our population, in terms of being able to access their medicines in a timely manner o It also mentions the PURM and whether this would continue in the future – the HWBB are in support of its continuation to help in improving access to medicines as long as it proved value for money and reduced pressure on GP and unscheduled care services	▪ The PNA Steering Group was advised that the comment refers to page 40 of the PNA ▪ NHS England has not stated why the section does not meet the requirement of the Regulations ▪ The Regulations only require a statement to be included if such services have been identified ▪ The PNA Steering Group determined that the draft PNA does meet the requirements of the regulations in that it supports the roll out of the PURM service if this is demonstrated to represent value for money and deliver reduced pressure on GP and unscheduled care services ▪ It was noted that the potential move of GPs to a 7 day week service is actually a future pharmaceutical need and not relevant to this Regulation (which relates to improvements)	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	▪ Does the PNA demonstrate that the following have been taken into consideration with regard to "identifying future needs"? ▪ Yes – as set out on pages 46 -48 there are three developments with a possibility of 2,550 new homes in the following areas over the next 8-10 years in Mill Hill, Colindale, Brent Cross and Cricklewood. ▪ However it is difficult to link these developments to the population growths referred to elsewhere – e.g. on page 48 it suggests that the population in Hendon will rise by 12,000 by 2018.	▪ The PNA Steering Group was advised the comment refers to pages 45 – 48 of the PNA: ○ Page 45 – the table projects population growth for wards and localities between 2014 and 2018 ○ Page 46 – provides for each locality a summary of the significant developments which are anticipated ▪ It was agreed to swap the page order and that it would be made clear that Brent Cross and Cricklewood fall within West Hendon & Golders Green ward respectively	Yes
NHS England London Region	▪ Page 47 – mention is made of Brentwood & Cricklewood – this should be Brent Cross. Additionally there is a newer document which outlines timescales of some of these developments – would suggest referring to the 2015-2025 Barnet Strategy document	▪ The PNA Steering Group agreed that the inaccuracy on page 47 should be amended ▪ The page would be updated to reflect the 2015-2025 (noting that this strategy document is still draft and subject to change)	Yes
NHS England London Region	▪ Schedule 1, paragraph 2 – necessary services: gaps in provision 2. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied- (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area. ▪ Yes, but the statements on future need of essential services (pages 48, 51 and 96) do not quite follow the requirements of this regulation and as a result are ambiguous and open to interpretation. ▪ In particular the PNA states that "additional pharmacies may be required in the Hendon locality…", but then states "we have estimated that two additional pharmacies would be sufficient…". The latter statement suggests that the HWB has come to a conclusion that there is a clear need for additional pharmacies, but this is inconsistent with	▪ The PNA Steering Group was advised that the comment refers to pages 48, 51 and 96 and the relevant paragraphs were reviewed ▪ It was agreed that the text was potentially misleading and agreed that the following amendments: ○ Page 48: make it clear that there **"may"** be a future need to increase pharmaceutical provision ○ Remove the reference to 2, 4 and 6 pharmacies; making it clear that an additional 2 pharmacies would maintain the locality at around the Barnet average ○ Page 96, make it clear that the future need is dependent upon assumptions in terms of population growth, housing etc. coming to fruition	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	the previous phrase “may be required”. ▪ Furthermore, the narrative on page 48 refers to either 2, 4 or 6 pharmacies being required. Whilst we believe this refers to the number of pharmacies that would be required to maintain the average number of pharmacies at either the current Barnet, London and England average of pharmacies per population, we are concerned this could be open to misinterpretation, and could be read as setting out that there is a need for 6 additional pharmacies in the locality. This needs to be clarified ▪ We note that the PNA acknowledges that future requirements are based on the assumption that all of the developments will deliver as planned and in the timelines mentioned. The PNA acknowledges that these developments will come into fruition beyond the life of this PNA and will require to be revisited.		
Boots UK	▪ Pages 47-48 mention future gaps but not current gaps.	▪ The PNA Steering Group was advised that pages 47 and 48 of the draft PNA relate to the future capacity of pharmaceutical services; and this is the reason why current gaps are not specifically detailed ▪ The conclusions on page 50 and 51 of the draft PNA set out the current and future gaps; and the consequent current and future pharmaceutical needs ▪ The PNA Steering Group noted the comment but agreed no changes were required	No
NHS England London Region	▪ We note that the PNA on several pages (pages 50, 56 and 70) refers to there being “potential gaps” in the provision of a number of services. This is confusing, and it would be better if the document clarified whether there is a gap or not in the services – the word “potential” is unhelpful.	▪ The PNA Steering Group agreed that the use of the word potential was unhelpful and agreed to change this on all relevant pages	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	MURs ▪ We believe that this service should be assessed as necessary. ▪ In addition, the PNA has identified that 8 pharmacies do not offer the service at all, but needs to explain the reasons for it - there is insufficient information for existing pharmacy owners / potential applicants to understand what the implications of these gaps. Even where a pharmacy does not have a consultation area and no space to develop one, the Directions allow for the pharmacy to still deliver the service. ▪ We also note the principles set out on page 24 that describe the criteria used when considering if a service was to be deemed necessary or one that is not necessary but secures improvements or better access. These are very helpful, however we have difficulty following how these principles have led to both MUR and NMS being deemed to be not necessary.	▪ The PNA Steering Group reconsidered whether or not the MUR service should be determined as necessary to meet the pharmaceutical needs of the population ▪ It was noted that this decision had been made following a detailed discussion at a previous PNA Steering Group meeting to which NHS England had been invited but had not attended ▪ The PNA sets out the reasons underpinning the decision to determine the service as being relevant; whilst the service does meet some of the criteria (page 24) which make it *more likely* to be determine as necessary, a key reason for the final decision is that other services and professions offer medicines reviews which are comparable to the MUR service ▪ The final decision of the PNA Steering Group was that its determination that MURs are relevant still applied ▪ In relation to pharmacies not providing the service, the PNA Steering Group was advised as follows: ○ Pharmacies were not asked to provide reasons as to why they do not offer the service in the community pharmacy questionnaire so the information is not available ○ The 3 month rule means that a resident cannot access the service from an alternative pharmacy; therefore the gap cannot be met through the granting of new contracts. Therefore, the PNA recommends under 'further provision' that 'we would like to see all pharmacies offering MURs' the same section suggests that offering MURs in the domiciliary setting would improve access for people who cannot get to the pharmacy. ▪ The Steering Group was of the opinion that pharmacies not offering the service is a commissioning issue and anticipates that NHS England will work with the pharmacies to understand why the service is not offered ▪ The following amendment was agreed: *"Providing MURs in the domiciliary setting will allow pharmacies without a consultation area to deliver the service"*	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Barnet, Enfield & Haringey MH Trust	▪ Systematic review of the implications for the PNA Targeting MURs to specific groups e.g. those with diabetes, history or risk of CVD or stroke, asthma, COPD and those with a mental health disorder will support achievement of local strategic priorities in terms of improving outcomes and helping to reduce medicines waste. ▪ It would be useful if community pharmacists could be actively encouraged to target patients with a mental health condition for the 30% of MURs which are not tied to the other specified conditions	▪ The PNA Steering Group was advised that the PNA page 23 already notes that targeting MURs at people with a history of mental illness ▪ The comment was noted	No
NHS England London Region	NMS ▪ We believe that this service should be assessed as necessary. The PNA has identified that 18 pharmacies do not offer the service at all, but needs to explain the reasons for it - there is insufficient information for existing pharmacy owners / potential applicants to understand what the implications of these gaps ▪ We also note the principles set out on page 24 that describe the criteria used when considering if a service was to be deemed necessary or one that is not necessary but secures improvements or better access. These are very helpful, however we have difficulty following how these principles have led to both MUR and NMS being deemed to be not necessary	▪ The PNA Steering Group reconsidered whether or not the NMS should be determined as necessary and that this decision had been made following a detailed discussion at a PNA Steering Group meeting to which NHS England had been invited but had not attended ▪ The PNA sets out the reasons underpinning the decision to determine the service as being relevant; whilst the service does meet some of the criteria (page 24) which make it *more likely* to be determine as necessary, key reasons for the final decision is that other services and professions offer medicines reviews which are comparable to the NMS; and the long term future of the service is currently not known ▪ The final decision of the PNA Steering Group was that its determination that the NMS is relevant still applied ▪ In relation to pharmacies not providing the service: ○ Pharmacies were not asked to provide reasons as to why they do not offer the service in the community pharmacy questionnaire ○ The draft PNA makes the recommendation under 'further provision' that 'we would like to see all pharmacies offering the NMS; and for those pharmacies which don't offer the service to signpost to pharmacies which do ▪ The PNA Steering Group was of the opinion that pharmacies not offering the service is a commissioning issue for NHS England to address ▪ The PNA Steering Group concluded that no changes were required for the final PNA	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Oakdale Pharmacy N2 8AQ	MURS and NMS ▪ MURs and the NMS are important services in Pharmacies. It is important to know why certain Pharmacies are not hitting the required numbers in line with their dispensing numbers. ▪ The Pharmacies that are not hitting adequate numbers in relation to their dispensing should be approached to find the reasons why as the community/patients are missing out of an important service which helps the patient understand their medication and get them to use the medication correctly and properly.	▪ The PNA Steering Group was advised that the comment refers to pages 53 – 60 of the draft PNA ▪ It was noted that the comment raises an important point with respect to variability in performance; however, this is a commissioning / monitoring issue rather than information which needs to be included within the PNA ▪ The PNA Steering Group determined that no changes were required	No
NHS England London Region	AURs ▪ On page 64 there is reference to 7 pharmacies providing AUR service. NHS England has no record of any arrangements having been made with any pharmacy in Barnet to provide this service, and has no records of any pharmacy having been paid for providing an AUR since April 2013. ▪ We believe that the HWB should clarify with those pharmacies whether they have met the requirements set out in the Drug Tariff to be able to provide the service	▪ The PNA Steering Group was advised that information on which pharmacies provide AURs together with activity data, was requested from NHS England but not provided ▪ For this reason the PNA relies on information provided by the pharmacies in the community pharmacy questionnaire ▪ It was noted that the same methodology has been used for the SAC service, but this has not be questioned by NHS England ▪ The PNA Steering Group believes that it is the responsibility of NHS England, as the commissioner of NHS Pharmaceutical services, to assure itself that pharmacies meet the requirements set out in the Drug Tariff to provide the service ▪ In the event that it transpires that one or more pharmacies are not accredited to provide AURs then a supplementary statement will be issued ▪ The final PNA will be amended to note that none of the pharmacies which offer the service have been active since 2013	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Pelican Healthcare Limited NW9 5XY	▪ We are Dispensing Appliance Contractors, based in London. We specialise in dispensing Ostomy/Continence appliances from section 9 of the Drug Tariff. ▪ All our Customer Care Staff have a BTEC qualification in Ostomy and Continence care, and as such can offer friendly help and advice and thus help with the patient's pathway from hospital to home. ▪ We offer EPS for surgeries who offer this service too, as well as a bespoke cutting service for ostomy appliances. ▪ As we specialise in this area, we are able to monitor stock, liaising GP Practices and the Patient, on a monthly basis and so avoid stock piling. ▪ All our staff are also trained to spot any excessive ordering (which may be the onset of skin issues) This can easily be resolved, by liaising with either the NHS nurse or if required one of our own Community, Specialist Stoma Care Nurses, who would also be available to conduct a visit if necessary, and sort out any issues.	▪ The PNA Steering Group noted the comment, which describes the specific services offered by the DAC	No
NHS England London Region	▪ Schedule 1, paragraph 3 – other relevant services: current provision 3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided: (a) in the area of the HWB and which, although they are not necessary to meet the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access to pharmaceutical services in its area ▪ No. Although the PNA makes several statements about services being relevant, the statements fail to meet the regulatory requirements in that they do NOT state if the services have secured improvements or better access to pharmaceutical services in its area. ○ Pg 56 – MUR – the PNA describes this service as "relevant to meet the pharmaceutical needs	▪ The PNA Steering Group agreed the following amendments to the wording: ▪ MURs – *"We have determined that MURs are not necessary to meet a pharmaceutical need, but are relevant in that they improve* ***access*** *to medicines reviews and clinical support for the following reasons.."* ▪ SACS – *"Our analysis of dispensing indicates that Barnet residents may choose to access stoma customisation both within and outside of the area. They may also opt to receive stoma customisation support from the hospital or clinic providing their ongoing care i.e. the pharmacy or DAC based service offers improvements in relation to choice and accessibility"* ▪ AURs – *"The service potentially provide a choice of provider for people who prefer to use a pharmacy or*	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	of the population" ○ Pg 60 – NMS – the PNA states that the service "is relevant in that it improves access to medicine reviews and clinical support". ○ Page 63 – Stoma appliance customisation service is deemed as relevant for 2 reasons, one of which is access to stoma based customisation and the other that it provides theoretical but unproven benefits. ○ Page 66 - AURs – the PNA states they are relevant because the service is available from pharmacy and non-pharmacy providers, and that there is insufficient evidence to demonstrate improved patient outcomes. ○ We do note that the PNA does state that on pg 70 that the London Pharmacy Vaccination Service is not necessary but relevant and offers improved choice and access – we believe this does meet the regulatory requirements. However the statement on page 96 that identifies a current need for the commissioning of the Vaccination Service from as many pharmacies as possible in Barnet suggests that this service is considered necessary, and therefore does not appear to align with the narrative on page 70.	*DAC based service rather than the hospital or clinic providing their ongoing care; as such the service may improve accessibility"* ▪ The PNA Steering Group determined that no amendment was required for the NMS because the statement already notes the service improves access [to medicine reviews and clinical support] and already states that it is not necessary to meet the pharmaceutical needs of the population ▪ The PNA Steering Group confirmed its original determination that the London Pharmacy vaccination service is a relevant service. It agreed to move the statement on page 96 of the draft PNA from current need to current improvements	
NHS England London Region	London Pharmacy Vaccination Service ▪ There is an inconsistency on the numbers of pharmacies listed as providing the Vaccination service. ▪ On page 67 it states 46 pharmacies; on page 70 it refers to 32. We believe the correct figure for 2014/15 is that 46 pharmacies in Barnet were commissioned to provide the service.	▪ The PNA Steering Group was advised the correct number of pharmacies is 46 and that the inaccuracy will be amended	Yes
Oakdale Pharmacy N2 8AQ	▪ The amount of medicine wastage by patients not taking the medicines correctly and how Pharmacies can minimise this. This should be quantified and the possible savings that can be achieved reported back to the commissioners.	▪ The PNA Steering Group was advised that there is no local data on the amount of medicines wastage in Barnet ▪ The comment was noted	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Oakdale Pharmacy N2 8AQ	▪ I have recently taken over the Pharmacy and very keen to offer these services e.g. EHC but cannot get a response from the commissioners to allow me to offer the service. This could have been an opportunity for new Pharmacies to apply for a contract in the area, however the present Pharmacies are wanting to offer the service but no opportunity to get accredited.	▪ The PNA Steering Group noted the comment and agreed that these difficulties should be flagged with NHS England and the CCG for further consideration	No
H Haria Chemist N11 1NE	▪ We do not have the right facilities to perform these services adequately	▪ The PNA Steering Group was advised that this comment had been made in the context of the pharmacy's own service provision and in relation to enhanced and locally commissioned service ▪ The comment was noted	No
Boots UK	▪ I think that it would be helpful to clearly specify which services are necessary and which are relevant and if there are gaps or not early on in the document.	▪ The PNA Steering Group felt that the PNA is well structured and it is easy to find the information as to which services are necessary and which are relevant ▪ It did not agree with the suggestion that summary tables or an executive summary were required	No
Pharmacy Finchley & Golders Green	Pharmaceutical & Locally Commissioned Services ▪ Some of the services are planned for August 2015 when I have a new pharmacist working with me on 2-3 days each week and will therefore have time to carry out the services. Needle exchange - I have asked about but have been told there is enough provision in the area ▪ Some of the services are planned for August 2015 when I have a new pharmacist working with me on 2-3 days each week and will therefore have time to carry out the services. Needle exchange - I have asked about but have been told there is enough provision in the area	▪ The PNA Steering Group was asked to note that: ○ The pharmacy requested that its details were not stored so the locality only has been provided ○ The pharmacy seems to have answered all questions in section 3.2 - 3.3 from the perspective of their own services rather than the content of the PNA Section 3.2 - 3.3 ▪ The PNA Steering Group noted the comment and agreed that the willingness to provide services will be flagged with commissioners	No

Do you agree with the "Looking to the Future" section (section 3.4)?			
Organisation	**Detailed Comment**	**PNA Steering Group Decision**	**PNA Amended?**
Yes = 55.6% (n=10)	No = 16.7% (n=3) Not sure = 27.8% (n=5)	Not answered / Feedback Form Not Used (n=2)	
Chief Pharmacist Barnet, Enfield & Haringey MH Trust	▪ Specifically with promoting the agenda of community pharmacy being widely recognised, and used, as a first port of call, reducing demand on other services particularly General Practice and unscheduled care providers.	▪ The PNA Steering Group noted the comment which supports the PNA recommendations	No
Links Pharmacy N2 0SZ	▪ The vision is set out and explained at an appropriate level	▪ The PNA Steering Group noted the comment	No
Barnet, Enfield & Haringey LPC	▪ On page 92 "The Assessment 3.4- Looking to the Future" the introduction contradicts the view based purely on statistics reached elsewhere in the draft PNA. It states "Capacity, within our existing network, which is currently under-utilised and which provides a real opportunity to expand the role and services provided". ▪ The logic described about extra pharmacies being required is articulated on the basis that there is less than the average number of pharmacies per 100,000 people in an area. ▪ The LPC is concerned about two opposing views from the Health and Wellbeing Board within the same document effectively dealing with the same subject, e.g. page 96 under future need re: essential services where you estimate two further (additional) pharmacies may be needed to be sufficient to maintain the current Barnet average.	▪ The PNA Steering Group was advised the comment refers to the following statement (page 92): "**Capacity**, within our existing network, which is currently under-utilised and which provides a real opportunity to expand the role and services provided" ▪ The statement refers to current capacity but also reflects the fact that a relatively small number of pharmacies have been commissioned to provide some of the existing locally commissioned services; and that there are opportunities to commission a broader range of services from pharmacies ▪ The LPC correctly identifies that capacity is lower in some localities (Chipping Barnet and Hendon) whereas Finchley & Golders Green is generally well resourced ▪ It is proposed that the statement be reworded: *"Under-utilisation of our existing network of pharmacies which provides a real opportunity to expand the role and services provided"*	Yes
Mango Pharmacy HA8 7HF	▪ PNA includes in future commissioning minor ailments scheme which should be rolled out across ALL pharmacies, not just a handful of them	▪ The PNA Steering Group noted that page 93 makes reference to development and roll-out of a minor ailments scheme ▪ It was confirmed that the service is still a pilot and that a paper has been submitted to the CCG Board with respect to wider roll out ▪ The comment was noted	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Boots UK	▪ It would be great if anticoagulation monitoring services could be commissioned through pharmacies as this is a much more convenient model for patients and is cost effective for commissioners. ▪ Similarly NHS health checks can easily be delivered through pharmacy.	▪ The PNA Steering Group noted that NHS Health Checks have been included as a service which may be commissioned from pharmacy on page 94 ▪ The CCG confirmed there are no specific plans to commission anticoagulation services directly from community pharmacy. However, in the future should the CCG invite tenders for the provision of a community based anti-coagulation service then community pharmacies will be entitled to submit bids as part of this process	No
Barnet, Enfield & Haringey LPC	▪ The LPC understands that any improvement in opening hours suggested by the Health and Wellbeing Board would be aspirational, but in reality the provision of greater time from a professional and business perspective must be accompanied by the reality that the services are likely to be used by the population as a whole. ▪ Limited use of professional services on Sundays, Saturdays and Saturday evenings and early mornings may place a strain on those providing such services. ▪ The LPC disagrees with the conclusions stated. ▪ We consider the use of out of hours rota arrangements a better way to meet any future need no matter how small that need might be with pharmacies sharing that load between them equitably with the commissioner providing some financial support. ▪ We should like the conclusions drawn to be tempered with phrases that signify the current reality in terms of provision of services by pharmacies with pharmacy professionals providing those services. The draft PNA is the basis of a Pharmaceutical Needs Assessment. ▪ Community pharmacies across the Borough provide ready and easy access to patients and the public. If such need existed universally on Sundays the LPC is sure community pharmacies would respond. ▪ As for extended hours openings early mornings	▪ The PNA Steering Group was advised that the comment refers to references, throughout the PNA, to improvements in access which could be achieved through extending opening hours on weekdays; weekends and Sundays; & the HWB aspirations for pharmacy services and premises (page 95) and the summary of gaps (page 96). ▪ The improvements recognise that the availability of pharmaceutical and locally commissioned services is reduced at these time of days; and such improvements may be helpful for people of working age who work full time or provide important access to services e.g. EHC out of hours and at weekends ▪ With respect to an out of hours rota as a means of providing additional hours, it is recognised that this would potentially provide a solution for essential services (but not necessarily for other advanced, enhanced and locally commissioned services as not all pharmacies offer these); however, NHS England has advised HWBs not to make any firm recommendations with respect to how identified needs (current and future) and improvements (current and future) should be met i.e. the PNA should stop at articulating the need because it is for the commissioners to determine how these needs and improvements should be met ▪ Page 95 is intended to set out aspirations of the HWB to be considered by those who are making applications to provide pharmaceutical services	Yes

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	and late evenings and late Saturday evenings, providing pharmaceutical resource for the few would not necessarily be "good value for money" if these were commissioned services which the Council Taxpayer or Taxpayer were expected to pick up. ▪ The LPC is always willing to help facilitate "pharmacy rota" services to help meet the needs of a small group of people within the Borough with defined needs. ▪ A robust assessment has been carried out which indicates there is currently and before 2018 limited new need; if new need were apparent, then resources would be required to meet that the need. ▪ Community pharmacies are willing to seek accreditation to provide high quality advanced and enhanced services should they be required and commissioned. ▪ Community pharmacy is more than pulling its weight in terms of the service of healthcare provision across the Borough and beyond its borders. ▪ Patients and the public are able to access from each pharmacy in the Borough a minimum of 40 core contracted hours each week, with many pharmacies providing their highly qualified professional services over quoted additional hours which require three months' notice to NHS England before they can withdraw from those quoted additional hours, even for a temporary period. ▪ The LPC understands there may be some changes to opening hours of GP surgeries, but the detail of how many extra patients would be seen by GPs is absent from this PNA, as such, it is impossible to say what services may be needed to match an unspecified demand. ▪ The LPC has said previously that community pharmacies will always meet any unmet need	▪ The purpose is to discourage applications which are based upon a minimum service level of 40 hours and no ambition to provide a wider range of pharmaceutical and locally commissioned service ▪ In the draft PNA, the aspirations do not apply to existing contractors (except where specific gaps or opportunities have been identified and as summarised throughout the draft PNA and on pages 96 & 97 of the draft PNA) and it was agreed that this may be an oversight ▪ The PNA Steering Group agreed to incorporate the following rewording into the text on page 95 as follows: *"Throughout the document, we have identified the HWB aspirations for pharmacy premises and services, for existing contractors. These are summarised in the table on the right. It follows, we would anticipate that these aspirations be prioritised for future applications"*	

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
	should there be such a need. ▪ If there were extra demand an existing pharmacy business would always strive to meet such activity, as this would make good professional and business sense. ▪ All services if provided over longer hours may give greater choice to patients and the public, but such choice with no or little demand may result in resources being wasted. ▪ Resources are finite and the provision of extra resource to improve choice may not necessarily meet those aims and objectives when the resource could be targeted more effectively at tackling unmet need in another location. This is why the LPC believes the use of targeted "Rota" arrangements could meet need rather than satisfying the notion of improved choice.		
NHS England London Region	▪ We are concerned that the aspiration of pharmacy services and premises as defined by the HWB and set out on page 95 could be viewed as a template for potential applicants to use this as the basis for submitting and application to fill a gap where none of these services are being currently being provided by contractors in Barnet	▪ The PNA Steering Group was advised that the comment refers to the aspirations for pharmacy services and premises as set out in the table on page 95 of the PNA. As such, it is similar to the comment above made by the LPC and no additional amendments over and above those already described are required	No
Boots UK	▪ I don't feel that the aspirations for pharmacy opening hours are realistic bearing in mind that the pharmacy contract model doesn't account for extended hours – the hours mentioned are far more than the core 40 hours which is what pharmacies are required to open by their NHS contract. ▪ Would an extended opening hours' service be commissioned to cover the extra opening hours to make it commercially viable if the footfall during the extended hours didn't warrant opening?	▪ The PNA Steering Group was advised that the comment refers to references to extending opening hours throughout the PNA as well as page 95 ▪ NHS England has asked HWBs not to make firm recommendations with respect to how identified needs and improvements should be met i.e. the PNA should not go beyond articulating the needs and improvements. This is because it is for commissioners to determine how to address the gaps, needs and improvements through commissioning strategy. It may be that NHS England does commission a service but it is not for the PNA to direct this ▪ The PNA Steering Group noted the comment	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Oakdale Pharmacy N2 8AQ	▪ The document states applications that would be prioritised for future applications for Pharmaceutical services. ▪ This is very dangerous for future applications as it's very clear that the present Pharmacies are wanting to offer the services but the commissioners are not providing the ways of getting accredited for providing the service.	▪ The PNA Steering Group noted that this comment is similar to that raised by the LPC and NHS England above and that no additional amendments over and above those already described are required ▪ The concerns regarding the commissioning of services and support with accreditation were noted with a view to flagging this with commissioners	No
Boots UK	▪ A need for enhanced consultation room facilities will be driven by commissioned services so if no services are commissioned that require a sink then there is no incentive for a pharmacy to invest in installing one.	▪ The PNA Steering Group was advised that the comment refers to the aspirations for pharmacy services and premises as set out in the table on page 95 of the PNA ▪ It was noted that some existing services e.g. London Pharmacy vaccination service require appropriate infection control measures (which would include a sink) to be in place; and some of the potential future services e.g. NHS Health Checks, would require this facility if commissioned ▪ The PNA Steering Group noted the comment	No
Pelican Healthcare Limited NW9 5XY	▪ We believe that if a need exists then, it is our duty to facilitate this need, adapting the way we do our daily business to suit the needs of a patient, and thus reducing the demand on other services. ▪ We have also had a patient first motto, and this has continued throughout our Company at all our sites. ▪ Our DAC has adapted through the years to ensure that we can offer the best service possible to our patients. ▪ Our staff ensure that they work closely with the surgeries to ensure that, prescriptions are managed correctly and requests are made for items that are required and not just repeated. ▪ With the way we work closely with the Patients, this avoids un-necessary demands on other services, using our own specialist nurses for help and advice and where necessary visits to assist any problems a patient may have.	▪ The PNA Steering Group noted the comment which has been made from the perspective of the service which the DAC provides	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Oakdale Pharmacy N2 8AQ	▪ TCES is an important service that could be provided by Pharmacies. ▪ Providing mobility aids to the house bound or those just coming home from Hospital would be an invaluable service and would speed up patients leaving Hospital beds earlier. ▪ Could this service not be commissioned from Pharmacy?	▪ The PNA Steering Group was advised that "Transforming Community Equipment Services" have been successfully commissioned from pharmacies in some areas ▪ It was noted that there is CLCH and LA store for mobility aids, so a service is already commissioned. Furthermore, there is no identified need to commission the service via community pharmacy	No

Are you aware of any pharmaceutical services, which have been commissioned, but which have not been included in the PNA?			
Organisation	**Detailed Comment**	**PNA Steering Group Decision**	**PNA Amended?**
Pelican Healthcare Limited NW9 5XY	▪ Although we have been on previous documentation, it would be great to see us there with an explanation of what we do as a Dispensing Appliance Contractor, and specialise in. ▪ We have found that knowledge of what we do and offer is not widely available to Patients and GP's where a need for our services exists.	▪ The PNA Steering Group was advised that the following sections make reference to the DAC: ○ Scope (page 5) – provides an overview of the essential and advanced services provided by DACs ○ Dispensing (page 39) makes reference to DACs in relation to the dispensing of prescriptions issued by Barnet prescribers ○ Stoma Appliance Customisation Service (pages 61 – 63) and AURs (pages 64 – 66), where the analysis and text makes reference to this DACs and DACs in general ▪ The PNA Steering Group agreed to amend the PNA (page 39 of the draft) to make reference to DACs providing repeat dispensing and EPS	Yes

Is there any additional information which should be included in the PNA?			
Organisation	**Detailed Comment**	**PNA Steering Group Decision**	**PNA Amended?**
NHS England London Region	▪ Apart from a single reference to them on page 5, the PNA does not set out how it has taken into consideration the provision of pharmaceutical services to residents living in care homes. We believe this to be an omission	▪ The PNA Steering Group was advised that this observation, by NHS England, is not correct. The following pages make reference to Care Homes: ○ Page 14, under Older People which mentions the increased vulnerability of those living in care homes to depression ○ Page 14, there is dedicated section to care homes, which notes recommendations from the NICE guidance SC1 in relation to medicines management ○ Page 95, includes an aspiration for pharmacies to provide advanced services in the domiciliary setting, including care homes (subject to NHS England approval) ▪ The PNA Steering Group concluded that the PNA makes sufficient reference to the specific pharmaceutical needs of people in care homes; and outside of these, their needs have been considered alongside the general population	No
NHS England London Region	▪ What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves? ○ The PNA states (pg 23) that they are piloting a MAS and are developing a pharmacy led service. However there is no further explanation of this. ○ Pg 92 discusses “looking to the future” potential service developments but also stresses that their local strategies are still in developments so are unable to set out specific circumstances where services will be commissioned.	▪ The PNA Steering Group was advised that the minor ailments service is still a pilot and that the PNA provides as much information as is available at the time of publication ▪ The comment was noted	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	▪ Reference is made on page 24 to using 2012/13 pharmacy data from the HSCIC. 2013/14 data has been available on that site since November 2014.	▪ The PNA Steering Group was advised that HSCIC data, as described on page 24 of the draft PNA, has been used for benchmarking purposes ▪ The 2013/14 data hasn't been used for the PNA because this does not provide the same level of detail as the 2012/13 data i.e. information is only available at local area team, regional & England level ▪ Whilst the updated information could be used for the regional and England comparison, this would mean that the benchmarking data for the CIPFA comparator areas would not be comparable	No
NHS England London Region	Does the PNA consider the following factors in terms of "benefits of sufficient choice - What is the extent to which there is sufficient choice of providers in the locality, which may be improved, by additional providers? ▪ No. Although the PNA does state that there is good access and choice of pharmacy, we cannot find any narrative that describes the choice of providers. Whilst this could be implied by the information given in terms of the names of the pharmacies, these are the trading names and do not always identify the owners. The PNA states that in most localities there is good access and choice of pharmacy. The PNA does identify that there are some areas of Barnet where residents may need to travel more than a mile to access a pharmacy – this is particularly where there are lower population densities. (eg page 27). The PNA has discussed that the borough will need additional providers due the level of development in the borough, it discusses the need for an additional 2 pharmacies to maintain the Barnet average.	▪ The PNA Steering Group was advised that the NHS England standard operating procedure proposes its own parameters for considering choice; however, the Regulations only require that HWBs consider "whether in its area there is sufficient choice with regard to obtaining pharmaceutical services" and do not include any further explicit requirements about how this assessment should be made ▪ The draft PNA states the factors which were taking into account when considering choice. These were considered in a detailed discussion paper by the PNA Steering Group on the 8 September 2014; the paper included an appendix setting out a summary of previous 'unforeseen' benefit applications. ▪ Contractor type (independent pharmacies and multiples; and more than one pharmacy in an area) was included within the discussion paper. All localities include a mix of contractor types. This was not considered to be relevant to the quality or availability of services. 'Contractor Type' had not formed the basis of any unforeseen benefits applications or appeals ▪ As well as considering choice in relation to the number of pharmacies per 100,000 and opening hours, the draft PNA looks at choice in relation to disabilities and protected characteristics (page 42 & 49) and in relation to non-pharmacy providers (e.g. SACs and AURs services, London Pharmacy Vaccination Service, EHC)	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Pelican Healthcare Limited NW9 5XY	▪ I think it would be great if Trusts had access to literature from Pharmacies and DAC's so that as well as building a case file via this PNA, there could be information as to what is being accessed by patients to confirm how they publicise their services, ensuring that essential services do reach the end users.	▪ PNA Steering Group was advised that page 51 of the draft PNA includes the following statement *"There is a need to provide up to date information on pharmacy services and opening hours in a variety of forms, rather than relying on NHS Choices"* ▪ It was that this would be amended to include dispensing appliance contractor services	Yes
Pelican Healthcare Limited NW9 5XY	▪ As there are no dedicated questions for DAC's, I feel that we may be overlooked, and would like to see a dedicated section for our licences, and knowledge about our services.	▪ Question 9 on the consultation response form inadvertently did not make reference to DACs, however, the draft PNA does include DACs in the analysis in the relevant sections (refer to comment and response on page 30 of this appendix) ▪ The PNA Steering Group determined that no further changes, over and above those already agreed, were required	No
NHS England London Region	▪ The PNA does not appear to have taken into consideration how dental services can have an impact on the need for pharmaceutical services	▪ The PNA Steering Group was advised that pharmaceutical services in relation to dental needs may include dispensing FP10 prescriptions, supplying sugar free medicines, and provision of health promotion advice ▪ However, it determined that a detailed assessment of dental services (and the optometry contractor profession) was not warranted ▪ *"Supply of sugar free medicines may be particularly beneficial for children"* will be added to the 'meeting the needs of those with protected characteristics'	Yes
NHS England London Region	▪ Schedule 1, paragraph 3 – other relevant services: current provision 3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided: (b) outside the area of the HWB and which, although they do not contribute towards meeting the need for pharmaceutical services in its area, nevertheless have secured improvements, or better access, to pharmaceutical services in its area; ▪ No. However, in making a number of statements highlighted above (SACs and AURs) the PNA does refer to these also being provided from outside of the area of the HWB.	▪ It was noted that NHS England has not stated why the section does not meet the requirement of the Regulations ▪ The Regulations only require a statement of pharmaceutical services to be included if such services have been identified ▪ The PNA Steering Group determined that the draft PNA does meet the requirements of the regulations in that it makes reference to AURs and SACs, provided from outside the HWB area and explores the contribution made by these providers (as highlighted by NHS England in its comment)	No

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
NHS England London Region	▪ Schedule 1, paragraph 3 – other relevant services: current provision 3. A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided (c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area. ▪ We cannot find such a statement.	▪ The PNA Steering Group was advised that the Regulations only require that HWBs make a statement if it has identified such services ▪ In Barnet, no pharmaceutical services have been identified outside of the area other than those described within the draft PNA and this is the reason that the PNA is silent	No

Has the PNA provided adequate information to inform market entry decisions (NHS England only) or how you will commission services from pharmacy (all service commissioners)?

- NHS England stated that the draft PNA required clarification and amendment to reflect the detailed comments made in the consultation (as described throughout this appendix)
- No comments were received from potential service commissioners in relation to how services are commissioned from pharmacy

Does the PNA give enough information to help with your own future service provision (pharmacies and DACs only)?

Organisation	Detailed Comment	PNA Steering Group Decision	PNA Amended?
Yes = 33.3% (n=4)	No = 8.3% (n=1) Not sure = 58.3% (n=7)	Not answered / Feedback Form Not Used / Not applicable (n=8)	
Links Pharmacy N2 0SZ	▪ I am in a position to pursue by approaching the commissioner with propositions to provide services where currently there is a gap and as a result an opportunity	▪ The PNA Steering Group noted the comment	No
Mango Pharmacy HA8 7HF	▪ Section 3.4 provides an insight into future service provision	▪ The PNA Steering Group noted the comment	No

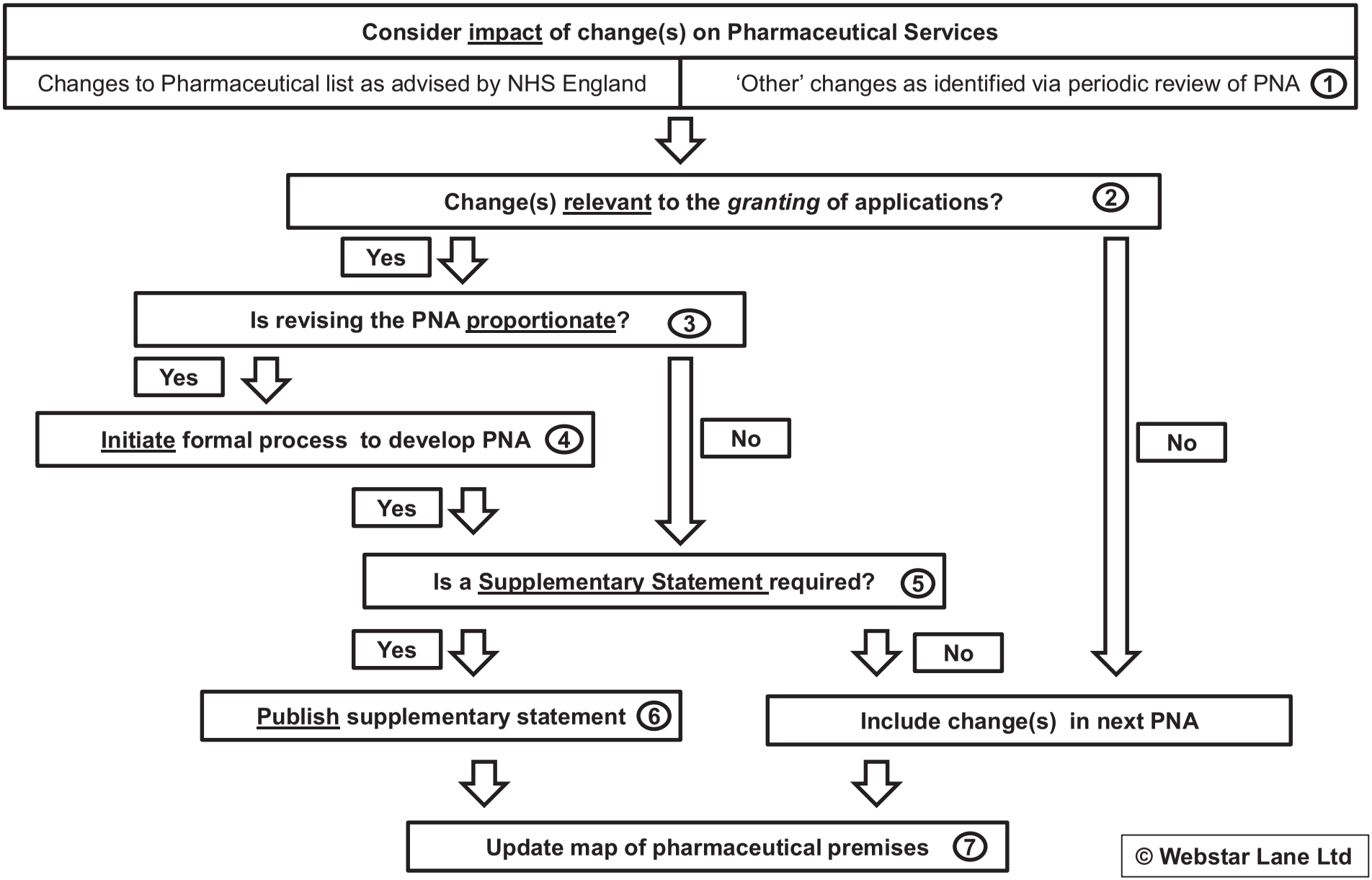
Pharmaceutical Needs Assessment

Maintenance Process

Appendix I

BARNET
LONDON BOROUGH

Maintaining the PNA
Decision Tree



Maintaining the PNA
Advice & Recommendations

Note	Advice & Recommendations
1	**Review of PNA** • It is good practice to periodically review the PNA to identify if the assessment is still pertinent (this should be annually & after each change in pharmaceutical services) • Factors to review include changes in: o Health needs, as identified in the JSNA o 'Other' services which are locally commissioned services by PH, the CCG or other NHS organisations o Other factors e.g. demography, planned developments etc. which were identified as affecting current or future pharmaceutical services
2	**Granting applications** • The 5 types of market entry application are: o Current Need o Future Need o Improvements or better access o Future improvements or better access o Unforeseen benefits (i.e. the applicant provides evidence of need that was not foreseen when the PNA was published) • The impact of the following, on granting applications, must be considered: o A new pharmacy opening o A pharmacy closing o Relocation of a pharmacy o A change in hours o Changes in other services including advanced services, enhanced services and locally commissioned services • A change in ownership or trading name of a pharmacy will not generally impact upon granting of applications
3	**Proportionality of revising the PNA** • The following are examples of changes which may raise a need for further assessment, through a revision of the PNA: o A change which has a material impacts upon pharmaceutical need, access, choice etc. within a locality or the HWB area o Several changes, in pharmaceutical services, have occurred since the PNA was published and the collective impact upon pharmaceutical need is not clear o Planned service changes have not gone ahead or unexpected population or demographic changes potentially affect the original conclusions of the PNA with respect to current and future need • Minor changes e.g. small changes in hours, minor relocations are more likely to result in a 'disproportionate to revise the PNA' decision • However, each change should be considered on its own merits; and the reasons underpinning the decision as to whether or not to revise the PNA should be documented • This step may be skipped if the PNA is already being revised

Maintaining the PNA
Advice & Recommendations

Note	Advice & Recommendations
4	**Revising the PNA** • The requirements for PNAs are set out within the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 and must be adhered to • It takes a minimum of 9 – 12 months to develop a PNA (this includes the minimum 60 day consultation period) • Robust governance arrangements should be established to underpin the process. This would normally include establishing a Steering Group or Task & Finish Group to drive the process • It is recommended that a project management approach is followed
5	**Supplementary Statements** • This is a statement of fact published to explain changes in the availability of pharmaceutical services • A supplementary statement should be published if: o There has been a change in pharmaceutical services relevant to the granting of applications o The process to revise the PNA has been initiated and it is determined that this is necessary to prevent detriment to pharmaceutical services within the area • Whilst it is not necessary to publish a supplementary statement if a change does not impact upon the granting of applications, it may be helpful to do so as this provides a mechanism to advise local stakeholders on minor changes in pharmaceutical services • A supplementary statement must not be used as a means of assessing need. Where further assessment is needed the only option is to initiate the formal process to revise the PNA
6	**Publication of Supplementary Statements** • A supplementary statement must be published alongside the original PNA which it is updating • The supplementary statement effectively becomes part of this PNA
7	**Update the map** • The regulations require that HWBs keep the map showing pharmaceutical premises up to date • This requirement applies to all changes to the pharmaceutical list, not just changes which affect the granting of applications • It is good practice, but not a requirement, to update other maps, which may have been included within the PNA

Pharmaceutical Needs Assessment

Final for Health & Wellbeing Board Approval

May 2015

Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417)

BARNET
LONDON BOROUGH

Pharmaceutical Needs Assessment
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- Appendix H – Consultation Feedback and Outcome
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1. Background

1.1 Why a PNA is needed

Overview

- The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013[1] (and amendments) set out the system for market entry
- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA). Box 1 summarises the duties of a HWB in relation to PNAs
- A PNA sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. Box 2 summarises the information which the PNA must contain and the matters which must be taken into account when making the assessment
- The PNA is subsequently used by NHS England to consider applications to open a new pharmacy or to move an existing pharmacy and when commissioning services. It may also act as a reference source for existing NHS pharmaceutical services contractors who may wish to change the services they provide and/or by potential new entrants to the market
- In undertaking our assessment, we have recognised that our community pharmacies have a key role to play in helping us to develop and deliver the best possible pharmaceutical services. In this respect, the PNA will be used by Barnet Borough Council and NHS Barnet Clinical Commissioning Group in the development of commissioning strategies
- This document has been prepared by Barnet's HWB, in accordance with the Regulations. It replaces the PNA published by the former Barnet Primary Care Trust

Box 1 - Duties of the HWB

1. **Publish** its first PNA by 1 April 2015
2. **Maintain** the PNA, in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s). A map of provision must be kept up to date. A new PNA must be published every 3 years
   The HWB must make the PNA, and any supplementary statements, available to NHS England and neighbouring HWBs
3. **Respond to consultations,** by a neighbouring HWB, on a draft of their PNA. In doing so, the HWB must consult with the Local Pharmaceutical Committee (LPC) and the Local Medical Committee (LMC) for its area and have due regard to their representations

Box 2 – Requirements for the PNA

The **matters** which the HWB must consider are:

- The demography and health needs of the population
- Whether or not there is reasonable choice in the area
- Different needs of different localities
- The needs of those who share a protected characteristic[2]
- The extent to which the need for pharmaceutical services are affected by:
  - Pharmaceutical services outside the area
  - Other NHS services

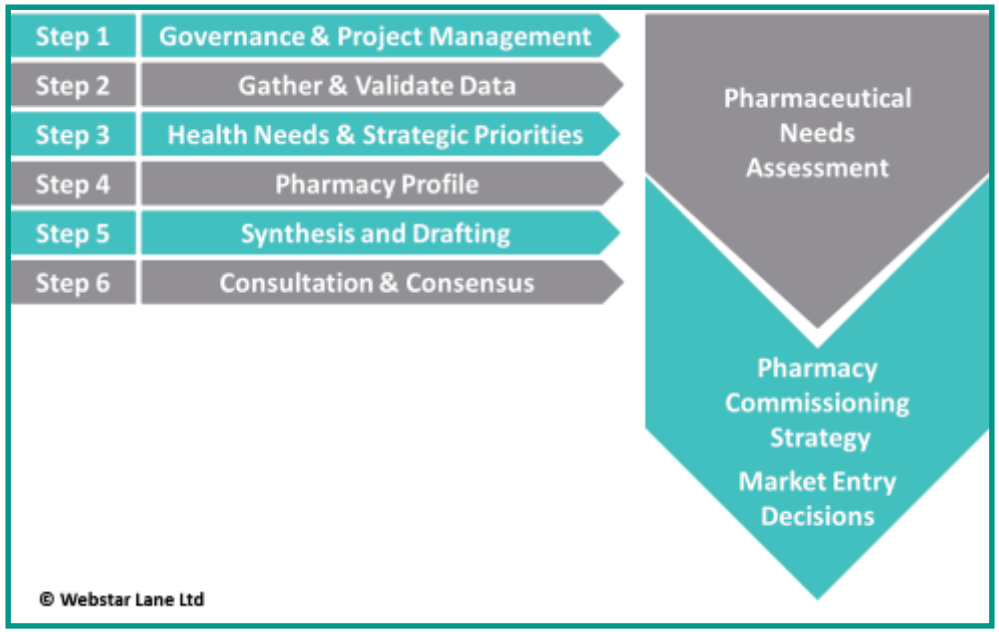
Schedule 1 of the Regulations[1] set out the **information** the PNA must include:

- A statement of the following:
  - Services which are considered to be **necessary** to meet a pharmaceutical need; and other **relevant** services which have secured improvements in, or better access to pharmaceutical services; making reference to current provision and any current or future gaps
  - How other services may impact upon pharmaceutical services
- A map identifying where pharmaceutical services are provided
- An explanation of how the assessment was carried out including:
  - How the localities were determined
  - How different needs of different localities, and the needs of those with protected characteristics[2], have been taken into account
  - Whether further provision of pharmaceutical services would secure improvements, or better access (taking into account both pharmaceutical and other NHS services inside and outside of the area)
  - Likely future pharmaceutical needs
  - A report on the consultation

1. Background
1. 2 Methodology

Overview

- The Barnet PNA has been developed using a structured approach. The scope for the assessment is set out on the next page
- The diagram below provides a high level overview of the process adopted; and the table on the right hand side summarises the key activities which were carried out at each stage
- Throughout the process, the views of stakeholders were captured and used to inform the assessment and conclusions set out in our PNA
- The formal statutory consultation was then used to test and challenge our assessment and conclusions prior to producing the final PNA for approval by the HWB and publication
- The final PNA was approved by the HWB on the [date]



	Activity
Step 1 Governance & Project management	• A Steering Group was established to oversee and drive the development of the PNA. Terms of Reference are attached in Appendix A • Webstar Lane Ltd was appointed to provide subject matter expertise and project management support
Step 2 Gather and validate data	• Information and data was requested from managers and commissioners within Barnet Council, NHS England and Barnet CCG • A questionnaire was designed and disseminated to community pharmacies to verify current service provision and to secure insights into other aspects of service delivery. A copy is attached in Appendix B • The data from the questionnaire was used to identify and address anomalies with the data supplied by service commissioners to produce an accurate dataset
Step 3 Health Needs & strategic priorities	• A desktop review of the JSNA and key strategies was undertaken • This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services
Step 4 Pharmacy profile	• The current profile of pharmaceutical services, was documented on a service by service basis. • This was supplemented with a benchmarking exercise using our CIPFA comparators (where data was available)
Step 5 Synthesis & assessment	• Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision • Pre-determined principles were used to underpin the decision making process
Step 6 Formal consultation	• A formal consultation was undertaken between 23 January 2015 & midnight on 26 March 2015 in accordance with the Regulations • Comments were collated and presented to the Steering Group for discussion and decision • The consultation report is attached in Section 4

1. Background
1. 3 Scope

Contractors included on the Pharmaceutical List for Barnet
***78 Pharmacies & 1 Dispensing Appliance Contractor* - Refer to Page 26 for further details**

Pharmacy Contractors	Dispensing Appliance Contractors	Local Pharmaceutical Services Contractors	Dispensing Doctors
Community pharmacists; National contract	*Provide appliances but not medicines*	Local contract, commissioned by NHSE	
77 pharmacies	**1 DAC**	**1 pharmacy**	**None**

Pharmaceutical Services

Community pharmacists provide:

- **Essential Services**
  - Dispensing (includes electronic prescription services) and actions associated with dispensing
  - Repeatable dispensing
  - Disposal of unwanted medicines
  - Promotion of healthy lifestyles:
    - Prescription linked interventions
    - Public health campaigns
  - Signposting / Support for self-care
- **Advanced Services**
  - Medicines use reviews (MURs) and Prescription Intervention Service
  - New Medicines Service (NMS)
  - Appliance Use Reviews (AURs)
  - Stoma Appliance Customisation Services (SACS)
- **Enhanced Services**
  - London Pharmacy Vaccination Service
  - Bank Holiday Rota Service

Dispensing Appliance Contractors provide

- **Essential Services**
  - Dispensing and actions associated with dispensing appliances
  - Repeatable dispensing
  - Electronic prescription services
  - Home delivery for specified appliances
  - Provision of supplementary items (e.g. disposable wipes)
- **Advanced Services**
  - Stoma Appliance Customisation Services (SACS)
  - Appliance Use Reviews (AURs)

Other services commissioned from Pharmacies

Services Commissioned by Public Health

- Emergency hormonal contraception
- Stop smoking
- Supervised consumption
- Needle & syringe programme
- Identification and brief advice on alcohol

Services commissioned by NHS Barnet CCG – None

Services commissioned by NHS Trusts or Foundation Trusts - None

Other services which affect the need for Pharmaceutical Services

- Royal Free London NHS FT provides acute services at Barnet General Hospital (A&E), Chase Farm & the Royal Free Hospitals (A&E)
- University College London Hospitals provides acute services (includes A&E)
- Central London Community Health Care NHS Trust – this Trust provides community services including the Walk in Centres at Finchley Memorial Hospital and Edgware Community Hospital
- Barnet, Enfield and Haringey Mental Health Trust provides a range of mental health services for adults & children and drug & alcohol services
- Barndoc provides the GP out of hours service
- Sexual Health & GUM Services
- Care Homes

The following services have been excluded from the scope of this PNA because they do not fall within the Regulations and do not impact market entry decisions:

- Non-NHS services provided by community pharmacies (Appendix C)
- The in-house pharmacy services provided by all of the NHS Trusts providing Acute, Community and Mental Health Service

2. Local Context

2.1 The Place

- The London Borough of Barnet is based in North London
- The resident population is 369,088 (ONS mid year estimate, 2013)
- It is the second largest London Borough by population; the fourth largest by area (33 square miles) and is home to a growing and diverse population
- Barnet has the most town centres in London. There are 20 major, district and local town centres which vary in size and purpose
- About 38% of the borough is undeveloped, 28% is designated green belt and 8% is metropolitan open land. The rest of the borough is made up of suburban areas with a population density of 38.63 people per hectare. This is lower than for London as a whole (48.12) but nearly ten times the figure for England (3.94)
- Barnet borders with several other HWB areas:
  - Hertfordshire (to the North)
  - Harrow and Brent (to the West)
  - Camden & Haringey (to the South East)
  - Enfield (to the East)
- Our assessment has taken into account pharmaceutical services provided in these neighbouring HWB areas
- For benchmarking, we have used the Chartered Institute for Public Finance & Accountability (CIPFA) statistically comparable authorities. The comparators (see below) include all but one of our neighbouring HWB areas as well as other London Boroughs

CIPFA Statistically Comparable Authorities			
Barnet	Brent	Bromley	Bexley
Ealing	Enfield	Havering	Hillingdon
Hounslow	Kingston upon Thames	Merton*	Redbridge
Sutton*	Richmond upon Thames	Wandsworth	
Benchmarking data only available in combined form as Sutton & Merton			

2. Local Context
2.1 The Place (cont...)

Localities

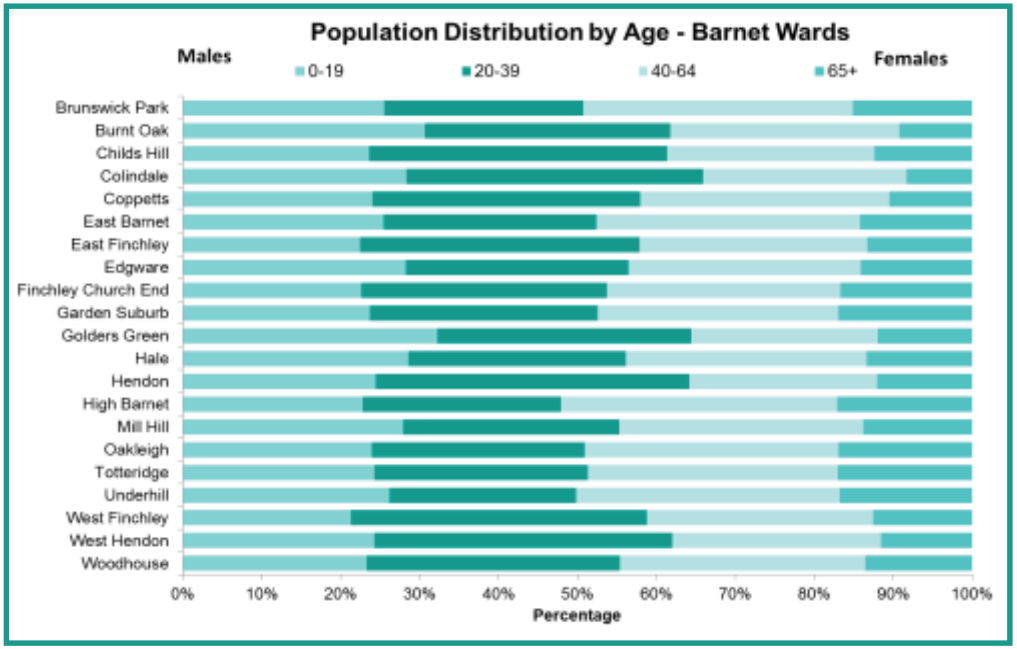
- The PNA regulations require that the HWB divides its area into localities which are then used as a basis for structuring the assessment
- For the purpose of our PNA, we have adopted a ward based locality structure that divides the Borough into three locality areas (refer to the table on the right)
- The rationale for adopting this structure may be summarised as follows:
  - The locality structure is consistent with that used by Barnet Council for the planning of adult and children services; and for housing
  - The structure reflects the resident population of Barnet (as opposed to the GP registered population) and is co-terminus with wards
  - The localities are characterised by trends towards similar demographics:
    - Hendon Locality includes the major regeneration areas in Barnet and is characterised by higher rates of deprivation and a younger population than they other two localities
    - Chipping Barnet is a more affluent locality with large areas of green space
    - Finchley and Golders Green has the greatest proportion of older people living alone
  - The structure facilitates us to better assess the impact of projected population changes; including those which may arise as a result of significant housing and commercial developments within our Borough
- It should be noted that whilst the localities will form the basis of our PNA, we may also make reference to wards either as a means of pin-pointing specific issues within the localities; or where locality level information is not available. This is particularly the case where we identify extremes with respect to diversity, health needs and/or service provision

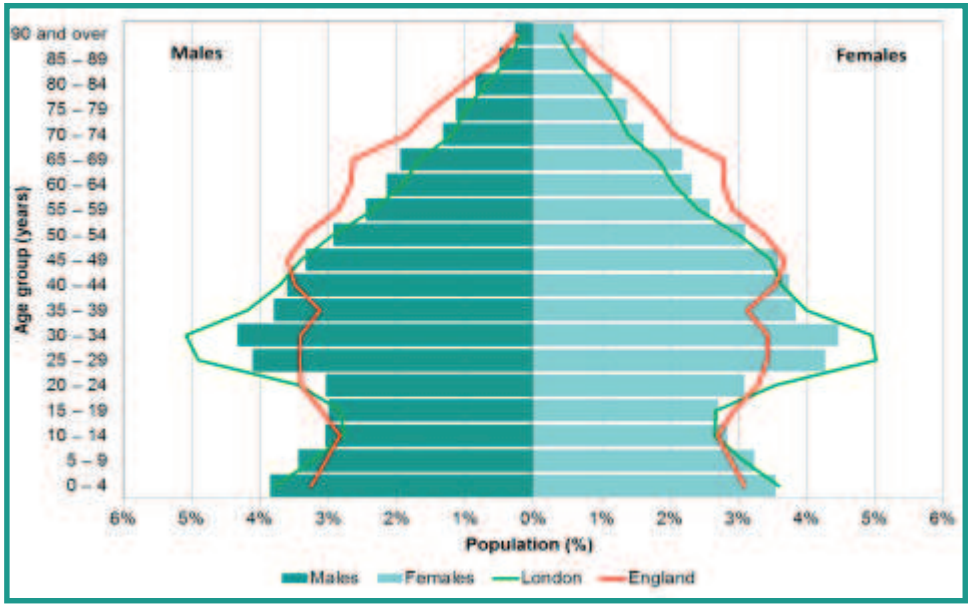
Locality	Ward(s)
Chipping Barnet	• Brunswick Park • Coppetts • East Barnet • High Barnet • Oakleigh • Totteridge • Underhill
Finchley & Golders Green	• Childs Hill • East Finchley • Finchley Church End • Garden Suburb • Golders Green • West Finchley • Woodhouse
Hendon	• Burnt Oak • Colindale • Edgware • Hale • Hendon • Mill Hill • West Hendon

2. Local Context
2.2 Demography

Population & Age Distribution

- Barnet has a resident population 369,088 (ONS mid year estimates, 2013)
- The population pyramid (on the right) demonstrates:
  - A gender split of males 48.9% to females 51.1%
  - Approximately 13.7% of the population is aged 65+
- The age distribution graph (below) shows how age varies across wards:
  - Within Chipping Barnet, the wards tend to have a higher proportion of people aged 65+ (particularly High Barnet & Totteridge) compared with those in the Finchley & Golders Green and Hendon localities
  - Hendon tends to have wards with higher proportions of children and young people aged 0-19 (particularly Burnt Oak, Hale and Colindale)
  - Finchley & Golders Green tends to have wards with a higher proportion of people of working age (particularly West Finchley, East Finchley and Childs Hill)





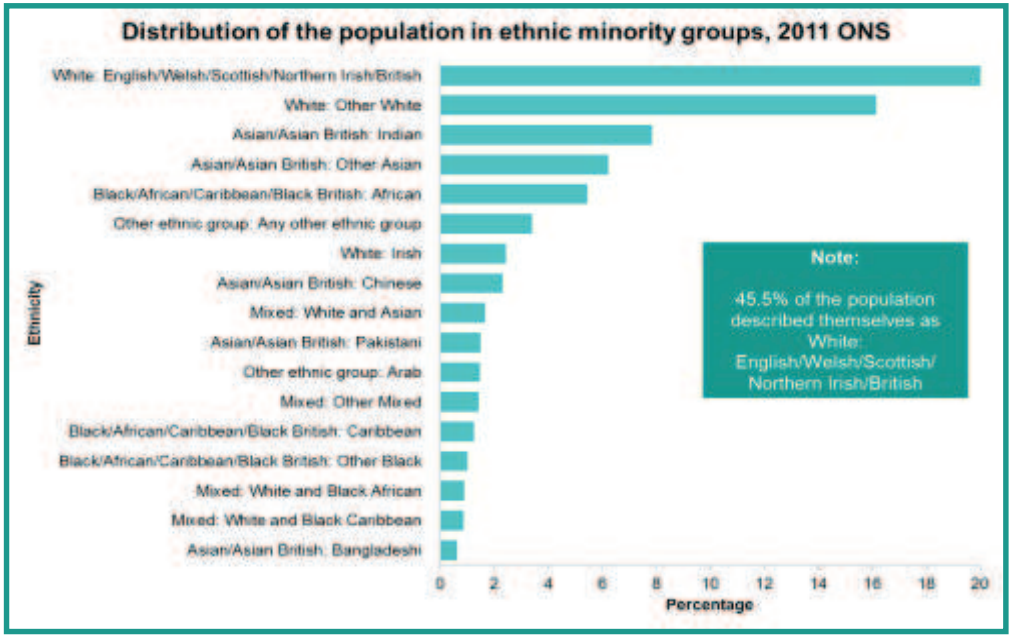
What this means for the PNA

- The age of a person has an impact upon how and when they may need to use pharmaceutical services. This is summarised in Appendix D – *"Pharmaceutical Needs Across the Lifecourse"*
- A survey of the population in England[3] showed that the people more likely to visit a pharmacy once a month or more are: older people, children, women aged 55+ and those with a long-term condition. Conversely men, younger adults and people in employment are less likely to visit a pharmacy
- Barnet has a large younger population. It is important that pharmacies maximise opportunities to target health promotion and public health interventions in order to improve health and prevent or delay the onset of disease and long term conditions. Similarly, it is important that services are responsive to, and meet the needs of, the over 65s
- The growing population has implications for future demand for all services, including pharmacy services. Our assessment will consider the capacity of the existing pharmacy network to meet this demand

2. Local Context
2.2 Demography (cont...)

Ethnicity

- Barnet's Black, Asian and Minority Ethnic groups (BAME) represents over one third of the population (118,000) and is due to increase to 35% over the next 5 years
- Much of the increase attributable to high birth rates rather than international migration leading to greater levels of diversity in the younger populations. As a result the old age bands are progressively less diverse
- The fastest growing ethnic group is "Other" which includes Iranians, Afghans and Arabs. The Black Other community is experiencing the second fastest an increase of 15% expected by 2016
- The largest ethnic group is the Indian community; and Barnet also has one of the largest Chinese populations in the UK
- Over 38% of the resident population were born abroad and over 23% people aged 3+ have a main language which is not English



Language	No. Pharmacies	Percentage	Other languages spoken (<6% pharmacies)
Hindi	59	77%	Greek Farsi Portuguese Bengali Iranian Kiswahili Swedish Cantonese Turkish Somali Spanish Polish
Gujarati	53	69%	
Urdu	23	30%	
Punjabi	21	27%	
Swahili	20	26%	
Gujarati	14	18%	
Polish	9	12%	
French	9	12%	
Arabic	8	10%	
Romanian	7	9%	
Italian	5	6%	

What this means for the PNA

- There is a correlation between health inequalities and the levels of diversity within the population. For example, BAME communities are exposed to a range of health challenges from low birth weight and infant mortality through to higher incidence of long term conditions such as diabetes and cardiovascular disease
- It is essential that pharmaceutical services meet the specific needs of all communities within Barnet as well as providing a broad and appropriate range of services to the general population
- The diversity of spoken languages potentially presents a challenge for the effective communication of medication related information; and health promotion and lifestyle advice
- A significant number of staff within our pharmacies speak languages other than English, and there is reasonable alignment with the most common languages spoken in Barnet. Where possible we will take opportunities to signpost patients to pharmacies where their first language is spoken with a view to improving access to pharmaceutical and health promotion advice

2. Local Context
2.2 Demography (cont...)

Deprivation
- Whilst Barnet is a generally prosperous borough there is significant deprivation in certain areas with a wide gap between the richest and the poorest
- Barnet is ranked 165th out of the 326 local authorities in England with respect to deprivation. It is less deprived than it was 3 years ago but there is wide variation across the Borough:
  - There are pockets of relatively high deprivation and these are particularly pronounced to the west on the A5 corridor
  - Deprivation is substantially higher in Burnt Oak and Colindale (Hendon locality) than the rest of the borough
  - No Lower Super Output Areas (LSOAs) in Barnet fall within the ten per cent most deprived nationally; this is six fewer than 2007. However 35 of 210 (17%) rank in the lowest ten per cent on at least one domain

Life Expectancy
- Life expectancy is a measure of how long a person, born into an area, would be expected to live by reference to current observed rates of mortality
- The Standardised Mortality Rate (SMR) for Barnet is 88, the 8th lowest rate in London. Out of Barnet's neighbouring authorities only Harrow has a lower SMR
- In Barnet average life expectancy (2010-12 data) for:
  - Women is: 84.5 years compared with 83.0 for England
  - Men is: 81.4 years compared with 79.2 for England
- The gap in life expectancy between the best and worst helps to illustrate how inequalities affect the population differently
- The 2014 Health Profile for Barnet identifies that the gap in life expectancy, between those who live in the most deprived 10% of Barnet and the least deprived 10% is 7.8 years for men and 5.6 years for women

Religion
- Barnet is a religiously diverse local authority area. The 2011 census provides an overview of religions practiced within the Borough:

Christian	41.2%
No religion	15.7%
Jewish	15.2%
Muslim	10.3%
Hindu	6.2%
Buddhist	1.3%
Sikh	0.4%
Agnostic	0.1%

What this means for the PNA
- There is a correlation between deprivation, higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. This has a negative impact upon health outcomes and contributes towards health inequalities
- Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs, as well as facilitating the self-management of those with long term conditions
- The PNA will need to take into account whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet health needs
- With respect to religion, pharmaceutical services need to ensure that advice on medicines and medicines-related issues are tailored to meet the needs of specific religious beliefs. For example, residents may seek advice on:
  - Whether or not a particular medicinal product includes ingredients which are derived from animals
  - Taking medicines during periods of fasting e.g. Ramadan

2.3 Health Needs

2.3.1 Lifestyle

Overview

- Lifestyle has a significant impact upon the health and outcomes of an individual
- Within Barnet, the lifestyle factors and behaviours which are a cause for concern include:

Smoking

- 15% of Barnet adults smoke. This is the one of the lowest rates in London and lower than the national average (18.4%) but still represents over 60,000 people
- Smoking is more prevalent in particular ethnic communities (Bangladeshi and Irish); and in people who live in our most deprived wards and who do not normally visit a GP
- Whilst more men than women smoke, it is of note that, in Barnet:
  - 10% of expectant mothers smoke in pregnancy (this is higher than the London average)
  - Deaths from COPD are now higher amongst women than men
  - Deaths from lung cancer in women will soon become more common than deaths from breast cancer

Poor diet

- 89.3% of babies are breastfeed at initiation. This is significantly better than the England average (73.9%)
- There is a correlation between fast food and obesity. Barnet has a slightly lower proportion of fast food outlets (73 outlets per 100,000) compared to the England average (77.9 per 100,000)

Physical inactivity

- Over 90% of adults in Barnet do not take part in the recommended level of physical activity; with Barnet currently ranked 23rd out of 33 London Boroughs for levels of adult physical activity
- 19.1% of children in year 6 are classified as obese and fewer Barnet children spend less than 3 hours / week on school sport

Substance misuse

- Excessive and binge drinking poses significant health and social risks. Nationally 1 in 4 adults are binge drinkers and middle class drinkers are more likely to indulge in "heavy" drinking
- In Barnet there were almost 1,580 alcohol related hospital admissions in 2012/13. While alcohol related hospital admissions are increasing, they remain below the regional and national averages.
- Likewise, binge drinking is significantly lower in Barnet than for England and London

Risky sexual behaviour

- Sexual health is influenced by a number of factors including sexual behaviour and attitudes
- Unprotected sex can lead to poor sexual health and unplanned pregnancy
- There is a strong correlation between alcohol and poor sexual health outcomes

In the pages which follow, we explore the health consequences of these lifestyle choices, together with a range of other diseases. ***The implications for the PNA are set out on* pages 22 and 23**

2.3 Health Needs

2.3.1 Health Consequences of Lifestyle Choices

Cardiovascular Disease and Stroke

- Cardiovascular disease (CVD) is the main cause of death in Barnet. The table on the right summarises mortality rates (2011/13).
- It is estimated that 80% of cases of CVD are preventable either through modification of lifestyle, and the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant or anti-platelet therapy, anti-diabetic medication etc)

Diabetes

- The percentage of recorded cases of diabetes is 5.9% (2012) compared with 5.8 & 6% for London & England
- It is associated with long-term complications including heart disease, stroke, blindness, amputation and chronic kidney disease
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity
- There is also a correlation with:
  - Deprivation: those living in the most deprived areas have a higher risk
  - Ethnicity: the risk for people of South Asian origin is six times greater; and Black-African Caribbean origin is five times greater than for white people. There is a greater risk of long-term complications in these groups

Cancer

- The table on the right summarises cancer mortality rates
- Four lifestyle factors: tobacco, diet, alcohol and obesity account for one third of all cancers

Chronic Respiratory Disease

- The table summarises mortality rates associated respiratory disease
- 'Preventable' deaths are lower (better) than the London and England averages; the standardised mortality rate for 'all deaths' is lower (better) higher than the London and England values
- In Barnet, the mortality rate for COPD (2011-13) for which smoking is the main cause, was 33.7 per 100,000. This is statistically lower that the London and England values (50.9 and 51.5 respectively)

Hospital admissions

- The table on the right summarises the impact of smoking on hospital admissions

Under 75 mortality rates from cardiovascular disease per 100,000 population

2011-13 data	Men	Women	Total
All Deaths (Barnet) (London; England)	**89.6** (113.5 109.5)	**39.4** (49.6; 48.6)	**62.9** (80.1, 78.2)
Preventable – (Barnet) (London; England)	**58.3** (76.4; 76.7)	**23.3** (26.3; 26.5)	**39.7** (50.2; 50.9)

Under 75 mortality rates from cancer per 100,000 population

2011-13 data	Men	Women	Total
All Deaths (Barnet) (London; England)	**132.5** (155.6; 160.9)	**105.7** (119.6; 129.2)	**118.0** (136.5; 144.4)
Preventable (Barnet) (London ; England)	**71.1** (89.1; 91.3)	**61.8** (71.2; 76.9)	**66.0** (79.6; 83.8)

Under 75 mortality rates from respiratory disease per 100,000 population

2011-13 data	Men	Women	Total
All Deaths (Barnet) (London; England)	**30.0** (40.1; 39.1)	**17.0** (24.5; 27.6)	**23.0** (31.9; 33.2)
Preventable (Barnet) (London; England)	**16.9** (21.4; 20.1)	**7.3** (13.2; 15.2)	**11.8** (17.1; 17.6)
COPD (Barnet) (London; England)	-	-	**33.7** (50.9; 51.5)

Smoking –Related Hospital Admissions –Total (2010-11)

No. of Admissions (Barnet); (London; England)	**1,054** (1,331; 1,420)

Source: Public Health Outcomes Framework; Tobacco Control Profiles

* Preventable deaths are those which could be avoided through public health interventions

2.3 Health Needs
2.3.2 Health Consequences of Lifestyle Choices (cont…)

Substance Misuse

- The World Health Organisation (WHO) defines the misuse of drugs or alcohol as "*the use of a substance for a purpose not consistent with legal or medical guidelines".* It may also be defined as *"a pattern of substance use that increases the risk of harmful consequences for the user"*
- Substance misuse is associated with a range of adverse physical, mental health and/or social consequences
- The table (on the right) summarises the number of hospital admissions which are attributable to substance misuse

A. Drug Misuse

- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV, which may cause chronic poor health and can lead to serious disease and premature death
- In Barnet the estimated prevalence of opiate and/or crack cocaine users is 6.2/100,000 which is lower than the London and England average (9.3 and 8.6 respectively)
- The Health Protection Agency (HPA) have estimated that in England (2013) of current or previous drug injectors:
  - 16% are Hepatitis B Positive
  - 53% are Hepatitis C positive
  - 1.2% are HIV positive

B. Alcohol misuse

- Drinking more than the recommended daily allowance, and particularly binge drinking (defined as at least twice the daily recommended amount of alcohol in a single drinking session i.e. 8+ units for men and 6+ units for women), has health consequences which include:
  - **Liver disease:** The under 75 mortality rate in 2011/13 was 11.1/100,000. This is statistically better than the London (15.7/100,000) and England average (15.7/100,000)
  - **Alcohol related deaths (2012):** The Local Alcohol Profile for Barnet identifies that alcohol related mortality in men is 55.6 per 100,000 for males and 18.6 per 100,000 for females. This is lower than the regional average which is 59.1 and 24.5 for males and females respectively

Sexual Health

- Sexually transmitted infections (STIs) and HIV can cause a range of illnesses which may lead to premature death:
  - The rate of new diagnoses of sexually transmitted diseases (excluding chlamydia in those aged under 25 years) was 899 per 100,000 population compared with 1,492 for London and 832 for England (2013)
  - The rate of chlamydia diagnosis in those aged 15-24 years was 1,098 for Barnet compared with 2,179 for London and 2,016 for England (CTAD data; 2013). This rate of diagnosis was significantly below the goal for Barnet
  - The gonorrhoea diagnosis rate (per 100,000) was 60.2; this is lower than the London rate of 155.4 and statistically higher than the England rate of 52.9 (2013)
  - 51.5% HIV is diagnosed at late stage (CD4 <350) in those aged 15+. This is statistically similar to both the London (40.5%) and England (45%) averages (2011-13 data)
- Unwanted pregnancy has a significant impact, particularly in young girls; and termination of pregnancy can have long term physical and psychological effects leading to health problems in the future:
  - In 2013, the total number of abortions in Barnet was 1,624; a rate of 19.2 per 1,000 females which is high compared to abortion rates for London 21.7 and England 16.1
  - Teenage pregnancy often leads to poor health and social outcomes for mother and baby. In 2012, the under 18s birth rate (per 1,000) in Barnet was 14.7 and was statistically lower than the London (25.9) and England (27.7) averages

Hospital admissions (per 100,000 population)	
Alcohol related (Barnet; 2012/13) (London, England)	**507** (554; 637)
Substance misuse – 15 – 24 year olds (Barnet; 2010/11 – 12/13) (London; England)	45.2 (58.1; 75.2)

2.3 Health Needs
2.3.3 Other Considerations

Mental Health
- At least one in four people will experience a mental health problem at some point in their life; and one in six adults has a mental health problem at any one time
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders
- In Barnet:
  - The prevalence of mental health disorders (based on QOF data) in 2012/13 was 0.96% compared with 1.03% for London and 0.84% for England
  - The recorded suicide rate (5.7/100,000) is lower than the national average (8.8/100,000)
- A vast array of medication is available to treat various mental health disorders including anxiety, depression, schizophrenia etc
- Adherence is often poor; this is partly a result of the conditions themselves but also a reflection of the unpleasant side effects of many of the medicines

Older People
- The frequency of ill health rises with increasing age
- People aged 65+ occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions to hospitals
- Older people are particularly vulnerable to:
  - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities
  - ***Dementia****: The prevalence in Barnet is 0.6% of the registered population (QoF). Alzheimer's disease is the most common form of dementia*
  - **Cardiovascular disease and Diabetes**
  - **Falls:** In 2012/13, the rate (per 100,000) of older people, who sustained an injury due to a fall was:
    - 5,686 for those aged 80+; this was similar to the London average (5,528) but higher than the England rate (5,015)
    - 1,086 for those aged 65 – 79; this is similar to London average (1,108) higher than England rate (975)

Care Homes
- With increasing numbers of frailer older people with long term conditions and complex requirements including palliative needs, care homes are providing care that historically has been provided by hospitals
- In Barnet, the number of people (per 100,000) aged 18+ in residential care in 2012/13 was 386, compared to 311 and 497 for London and England respectively
- As care is provided by generalists supported by specialists, it is recognised that specialism is required to meet the needs of the individual residents and the care homes.
- Recommendations from the NICE *"Managing Medicines in Care Homes (SC1)"* that directly relate to pharmacy involvement include:
  - The ongoing supply and demand of medicines prescribed to patients.
  - Advice/support for patients' care plans; and to staff with regards to identifying & managing adverse effects due to medicines
  - Support the disposal of medicines from care homes
  - Support delivery of the local anticipatory medicines pathways
  - Advice/support to staff on the medication administration records for patients
  - Provide a key contact for queries, around medicines, for resident/family members when the patient is temporarily away from care home
- Adopting a proactive approach to managing medicines in care homes is likely to make a contribution towards reducing unplanned admissions to hospital

Disability
- In the UK approximately 15% of the population may be defined as disabled; applied to Barnet's population this translates as around 52,000 people; it is estimated there are approximately 12,600 adults with a serious physical disability, and a further 29,500 with a moderate physical disability. These numbers are set to increase significantly over the next ten years
- More specifically, Barnet has estimated it may have over 9,000 residents with a neurological impairment; over 23,000 residents with a visual or hearing impairment; over 1,600 children with statement of special educational needs; Almost 1,000 adults with learning disabilities; 2,600 residents with autism

2.3 Health Needs
2.3.3 Other Considerations

Seasonal Influenza
- Seasonal influenza may cause severe illness and complications in vulnerable groups including:
  - Children aged under 6 months
  - Older people
  - Pregnant women
  - Those with underlying disease especially chronic respiratory disease, cardiac disease and immunosuppression
- Seasonal influenza vaccine is recommended for people falling into these clinical groups
- The Department of Health target for 2013/14 was 75% or higher for both the over 65 years and those aged under 65 who fall into 'risk' groups
- In Barnet, seasonal influenza vaccination uptake in 2013/14 was:
  - For the over 65s, the vaccination rate was 71.8%; this was better than the London rate (70%) and England rate (73.2%)
  - 51.7% of those aged 6 months to 64, in 'at risk' groups were vaccinated. This is lower than the average rates for London and England (52.0% and 52.3%)

Pneumococcal immunisation
- People within the following groups, who are at risk of complications arising as a result of a pneumococcal infection, are eligible for pneumococcal vaccination:
  - All children under the age of two
  - Adults aged 65 or over
  - Children and adults with certain long-term health conditions, such as a serious heart or kidney condition
- In 2012/13:
  - 67.4% of the eligible population (aged 65+) received pneumococcal (PPV) vaccination; this was less than the previous year's coverage and below the England rate (69.1%). However, this rate was above the London average of 64.1%
  - Conversely, the % of eligible children who received the complete course of pneumococcal (PCV) vaccine by their 1st birthday was 92.3% compared to 90.8% and 94.4% for London & England respectively

Childhood immunisation
- A priority is to achieve 'herd' immunity against infectious diseases (i.e. 95% of the eligible population immunised against the disease)
- Barnet is not meeting the national vaccination targets for childhood immunisations; and performs below the regional and/or national levels in the following areas:
  - **Measles, Mumps & Rubella (MMR) uptake**
    - 87.8% of eligible children received one dose on or after their 1st birthday and anytime up until their 2nd birthday (compared to 87.1% and 92.3% for London & England)
    - 78.1% of eligible children who have received two doses of MMR on or after their 1st birthday and anytime up until their 5th birthday (compared to 80.8% and 87.8% for London & England)
  - **Haemophilus Influenzae Type b (Hib) / Meningococcal C (MenC)**
    - Uptake at 2 years and 5 years was 87.8% & 86.9% respectively. This performance was statistically similar to the London (87.3 & 86.9 respectively) and statically worse than England (92.7% & 91.5% respectively) averages
  - **Human Papillomavirus (HPV)**
    - 62.1% of those aged 12 -13 years had had all 3 doses. This is significantly lower than the London and England averages (78.9% and 86.1%)

In the next section, we show how healthcare strategy (nationally and locally, within Barnet) sets out to tackle the lifestyle behaviours and health needs outlined in the preceding pages.

The implications for the PNA are set out on pages 22 and 23

2.4 Health Services Strategy

2.4.1 National Strategy

Overview

- Healthcare Strategy is set by a range of health and care organisations working in an integrated way:
  - **Public Health England** (PHE) is the national body responsible for improving and protecting the nation's health. PHE undertake and inform health protection, health improvement and health and social care commissioning. Locally, Directors of Public Health are responsible to the Secretary of State for Health for advising local authorities on the best ways to improve the health of the population
  - **Local Authorities** (LAs) which have responsibility for public health and improving the health of the population
  - **Health and Wellbeing Boards** (HWBs) which must be established by each LA. The HWB is responsible for overseeing the health and wellbeing needs of its local community and for developing a Joint Health and Wellbeing Strategy, which provides a framework to inform the commissioning of integrated and/or co-ordinated health, social care and public health services based on local need. Membership of the HWB includes local commissioners of health and social care, elected members of the LA and representatives from Healthwatch
  - **NHS England** (NHSE) is the national body responsible for commissioning 'primary care services' from GPs, pharmacies, dentists and optometrists. In addition, it is responsible for commissioning healthcare services for prisons (and other custodial organisations), the armed forces and a range of specialised and highly specialised services
  - **Clinical Commissioning Groups** (CCGs) commission the majority of NHS healthcare for their area. Core responsibilities include securing continuous improvements in the quality of services commissioned, reducing health inequalities, enabling choice, promoting patient involvement, securing integration and promoting innovation and research
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, in this section we set out high level strategic priorities together with the implications for the PNA
- It should be noted that much of this strategy is evolving. Our assessment reflects emerging themes and priorities at the time the PNA was written

NHS England

- NHS England's ambition, to ensure "high quality health care for all, now and in the future", is set out within *"Everyone Counts: Planning for Patients 2014/15 to 2018/19"*. The document describes a five-year transformation programme. A nationwide consultation exercise, "*A Call to Action"*, has been undertaken in order to secure commitment to the above transformation programme
- Some of the key changes relevant to pharmaceutical services include:
  - Providing a broader range of services, from the wider primary care providers (including pharmacy), in order to improve access and support for patients with a moderate mental health or physical long term condition
  - A more integrated system of community-based care focused on improving health outcomes which include:
    - Developing new models of primary care which provide holistic services, particularly for frail older people & those with complex needs
    - A greater focus on preventing ill health
    - Involving patients and carers more fully in managing their health
    - The establishment of urgent and emergency care networks to improve access to the highest quality services in the most appropriate setting
    - A move towards providing responsive and patient-centred services seven days a week. Initially the focus will be on urgent and emergency care with pilots to improve access to GP services in the evenings and at weekends

Five Year Forward View 2014

- There is an emerging consensus on what needs to be done within the NHS and with partner organisations:
  - The most important action relates to prevention to tackle the rising burden of avoidable illness arising from obesity, smoking, alcohol and other major health risks
  - Patients and their carers need to be given far more control in managing their own care
  - Barriers preventing effective service integration need to be broken down
- Care needs to be organised around the individuals with multiple health conditions and not based on single disease pathways

2.4 Health Services Strategy
2.4.2 Local Strategies

Joint Health & Wellbeing Strategy (JHWS) for Barnet 2012 - 2015	
• Barnet's Health & Well Being Strategy (BHWS) identified deaths attributable to cancer, circulatory disease, suicides and infant deaths as key mortality indicators whilst in all 4 categories rates are lower than London and England comparators they have been identified for special attention. • Six key principles have been identified and agreed within the Health and Well Bring Strategy that underpin the approach to implementation: 1. Putting the emphasis on prevention 2. Making health and well being a personal agenda 3. Making health and well being a local agenda 4. Joining up services to ensure timely and effective solutions to individual problems 5. Developing greater local community capacity to achieve change 6. Strengthening partnerships for change and improvement	
Theme 1: Preparation for a healthy life Children in Barnet have above average health, educational attainment and life chances but the experience is not uniform across the Borough and inequalities need to be addressed	**Theme 2: Well being in the community** Major developments in Barnet will see significant population growth in new and improved neighbourhoods
Theme 3: How we live Every day people make decisions that affect their health and well-being	**Theme 4: Care when needed** Barnet wishes to facilitate people aging well, minimising the need for care and support by actively planning for retirement, living in 'lifetime' homes, staying active, maintaining friendships & being valued
Priority Areas that may be supported by Pharmacy	
• Improved access to effective and culturally sensitive Maternity Services and post-natal support to families facing the greatest risks	• Encourage and enable smokers to quit
• Improved take up of pre-school vaccination levels – particularly MMR	• Support people who are overweight and obese to lose weight
• Early identification and actions to reduce the impact of disease and disability	• Provision of information & support on range of leisure, health, housing and support issues
• Support a comprehensive frail elderly pathway that spans Health and Social Care	• Community pharmacists can signpost and potentially act as a more generic resource centre

2.4 Health Services Strategy
2.4.2 Local Strategy

Taken from: Barnet CCG Integrated Strategic and Operating Plan 2013 - 2015

NHS BARNET CCG — **Local clinicians working with local people for a healthier future** — **NHS BARNET CCG**

We will work in partnership with local people to strive to: Improve the health and wellbeing of the population of Barnet , find solutions to challenges and commission new and improved collaborative pathways of care which address the health needs for the Barnet population.

Context

Health Inequalities in Cancer, CVD, Stroke and Respiratory conditions There were 294 early deaths from cancer, 158 from CVD and Stroke and 153 deaths related to winter in Barnet. in 2011/12	Barnet has the second largest cohort of Children in London with a 6.8% increase in the next 5 years.	Elderly population set to rise by 21% over next 10 years. Over 90 population to increase by 55% (1600)	Economic pressures and historic debt in the local health economy (7 years of over investment in Acute NHS Services)	The London Borough with the largest number of nursing home beds (999.)	Projected 26% increase in people with Dementia by 2020 (4743)	Challenged Local NHS Providers

Objectives	Clinical Commissioning Programmes	Initiatives	Outcomes To meet National Outcome Indicator Targets, and NHS Constitution standards, local, Health and Wellbeing and QIPP Outcome Measures – For example
Improve Inequalities in Health	Health and Well Being	Review of Cardiology Care Pathway, Prevention CQUIN Supporting Public Health colleagues to develop and implement " preparing for a healthy life programme Lead with the London Borough of Barnet on the "Care when needed" programme, Identifying potential stroke patients	Improve Potential Years of Life Lost (PYLL) from causes considered amenable to health care for adults and children and young people by 3.2% (59 deaths) Diagnosing unrecognised atrial fibrillation patients Reduce the Under 75 mortality rate for Cardiovascular disease
Prepare Children and Young People for a Healthy Life	Children, Young People and Maternity	Maternity Care Pathways and Tariff Acute Paediatric Care Pathways Strategic Commissioning of CAMHS Barnet Children and Young Person's Plan Joint Procurement of Speech and Language Therapy	90% of pregnant women in Barnet to access NICE compliant maternity care by 12 weeks Gestation by March 2014. Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5% by 2015. Maintain Immunisation rates at above national and regional target rates with preschool immunisations covering at least 90% of all children of Barnet
Provide the Right Care at the Right Time, in the Right Place	Elective Care	Care Closer to Home – ENT, Ophthalmology, MSK, Pain Management, Gastroenterology Glaucoma screening. Cancer early diagnosis Acute Medicines Management Diabetes and Respiratory care pathways	90% of Admitted patients will have started treatment within 18 weeks from referral Increased percentage of patients using community health services All patients who have cancelled operations on or after the day of admission for non clinical reasons will be offered another date within 28 days, or provided at the time and hospital of the patients choice.
	Emergency and Urgent Care	NHS 111; Urgent Care Centre; Ambulatory Care; GP Out of Hours Primary Care front Door at Barnet Hospital Elderly Assessment Service	Reduce unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) Reduce emergency admissions for acute conditions that should not usually require hospital admission. The OOH Service meets all the national OOHs Quality Standards
Develop an Integrated Care System across health and social care	Mental Health and Learning Disabilities	Improving Access to Psychological Therapies RAID, Primary Care Mental Health Team Development Alcohol Standards, Complex and Secure Care pathways London Model of Care – Long Term Conditions	Year on year increase based on the 2009/10 baseline of people with a learning disability and those with a mental illness who have received an annual health check. Increase the number of patients receiving psychological therapies to 10% of those assessed as having depression or anxiety disorders.
	Frail Older People	Primary Care Risk Stratification, Care Navigators, Multidisciplinary Team and Case Management. Rapid Response and Enablement Plus, Palliative Care Services, Telehealth and Telecare, Admission Avoidance, Fracture Liaison Services, Enhanced Falls Service, Stroke Care Pathway, Dementia Care pathway.	Increase the percentage of people aged 65+ who are still at home 91 days after discharge into rehabilitation services to 87% in 2013 with a stretch target to reach 90% by 2015. Increase in the number of people who are receiving end of life care that are supported to die outside of hospital.

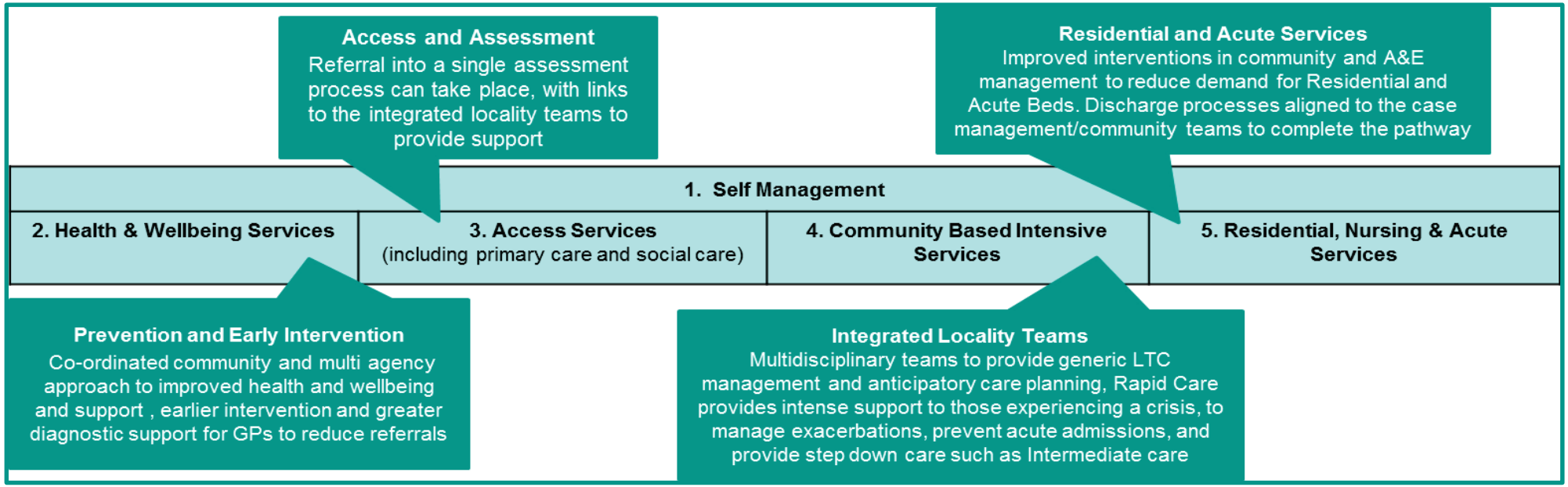
Enablers

Quality, Safety and Patient Experience	Primary Care Strategy	Medicines Management	BEH Clinical Strategy	Demand Management , and Productivity	Health Promotion and Well Being

2.4 Health Services Strategy
2.4.2 Local Strategies

Integrated Care Strategy for Older People

- London Borough of Barnet and NHS Barnet CCG have developed an Outline Business Case for integrated provision of services for:
  - Frail and Elderly (aged 65+)
  - Long Term Conditions (people aged 55 – 65)
  - People living with Dementia
  - End of Life Care
- The model proposed focuses on:
  - Better coordination (across the wider health and social care community)
  - Investment in prevention and self-management as the key to maximising wellbeing and independence.
  - Improving quality of life and outcomes
  - Reducing the demand for services particularly in residential and acute care.
  - Integrating the approach to access, assessment and delivery responses through a single system
- A five tier model (diagram below) has been developed and aims to make the best use of the assets of communities and individuals to maximise quality of life and maintain independence; Integrated Locality Teams are at the heart of the model with risk stratification, improved anticipatory care, rapid care and effective care navigation as central components



2.4 Health Services Strategy
2.4.2 Local Strategy

North Central London Strategic Planning Group

- This 5 year plan has been developed to align plans across the 5 NCL CCGs, Public Health & NHS England
- It acknowledges fundamental change is needed in the delivery of healthcare to reflect patient need, expectation and to use medical and technology advances to maximise the "value"
- The vision is to develop an integrated care network between organisations focused on outcomes with patients taking greater responsibility for their own health and accessing care appropriately in order to tackle the NCL- wide challenges (see box below)

Challenges for CCGs in NCL

- **Population Level**
  - Predictably poor health outcomes and inequalities in health outcome
  - Lack of focus on prevention
  - Lack of personal responsibility for health
  - Too little supported self-management
  - An increasing demand on services from an ageing population
- **Organisational**
  - Reactive, poorly co-ordinated services, with little integration
  - Focused on organisations needs not patients'
  - Fragmented, duplicative and inefficient
  - Reliance on unplanned care
  - Payments and incentives that do not support integration

Transformation Approach

A. Clinically-led service re-design

- Change emphasis to systematic prevention of disease, earlier diagnosis, reduction in inequalities & support for self-management
- Clinical pathways that are high quality, safe, effective & efficient
- Integrate health and social care within and between organisations focused on outcomes and facilitated by shared digital records
- Provide easy access to services delivered in ways and settings most convenient to them; and which enhances choice
- Reduce costs by focusing on the delivery of effective (evidence-based) and efficient (right first time) care, elimination of unnecessary duplication and fragmentation of care

Provider Landscape

- GP practices forming federations to improve access, chronic disease management and improve efficiencies; with primary care, community services & social services wrapped around federations of GP practices
- Further development of Community-based 'Hubs', where professional support, training and multi-disciplinary working will be based, enabling the majority of patients to receive care in the community
- Reducing capacity in hospitals and reliance on hospital care

Network Development and Service Provision

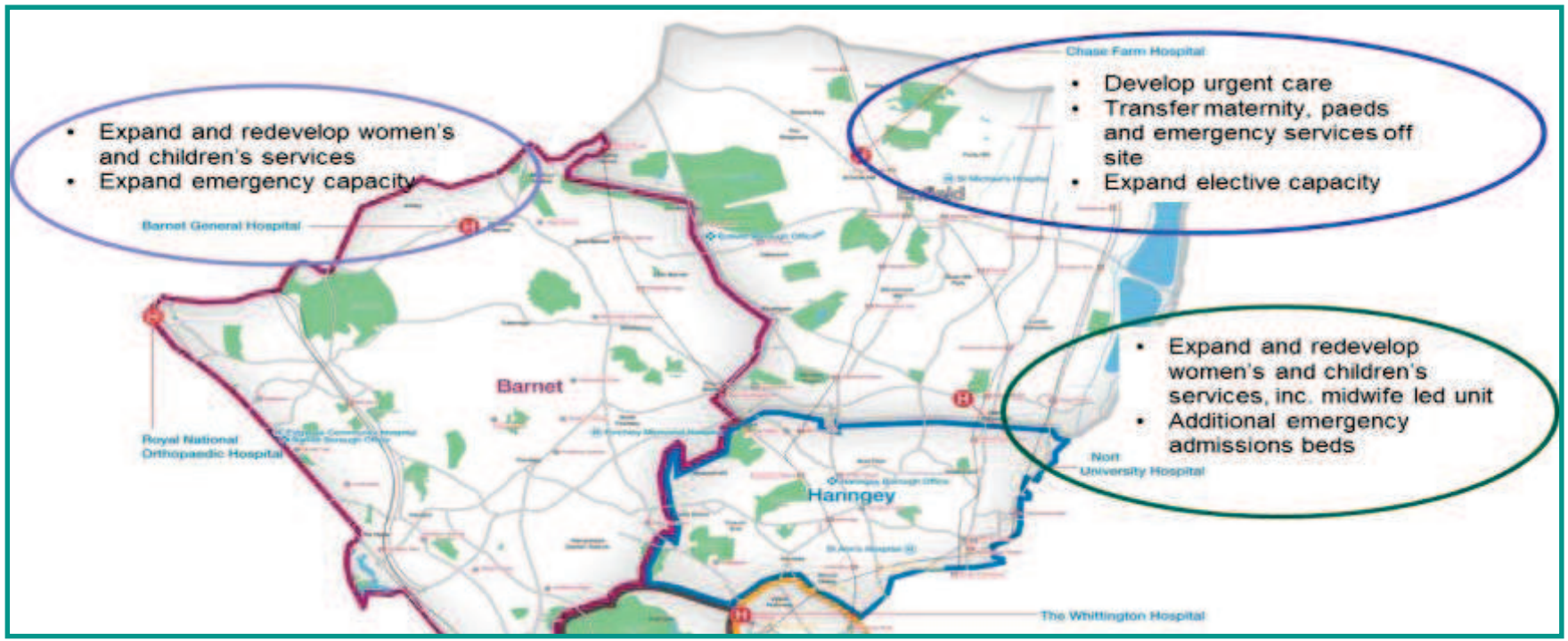
- North, South & West Localities align with the PNA localities of Chipping Barnet, Finchley & Golders Green & Hendon respectively (noting that 5 networks are being developed within the 3 localities
- Key priorities for network service provision have been defined (table)
- The implications for NHS pharmaceutical services are not yet known

Key priorities	Pilots	Network
Coordinated care Patient-centred, coordinated care and GP-patient continuity	• Primary Care Mental Health Model • Elderly Care Service • Diagnostic services – 24hr BP monitoring, Spirometry, ECG	South network West network North network
Accessible care responsive, timely and accessible service that responds to different patient preferences and access needs	• Minor Illness and dressings service; AND GP / Nurse triage • Primary Care Mental Health Model • Diagnostic services	West network South network North network
Proactive care Supporting the health and wellness of the population and keeping people healthy	• Wellness service • Primary Care Mental Health Model	West network South network

2.4 Health Services Strategy
2.4.2 Local Strategy

Acute Reconfiguration

- Barnet, Enfield & Haringey have developed a clinical strategy for the acute services across the three boroughs to improve the provision of hospital services to the local population
- The strategy is based on delivering safer, higher quality care from a sustainable medical workforce and hospital base
- The A&E department at Chase Farm closed in December 2013 and was replaced with a 12 hour urgent care centre and expanded elective capacity. In addition, maternity, paediatric and emergency services were transferred to other hospital sites
- Women, children and emergency services capacity was expanded at Barnet General and North Middlesex Hospitals
- In addition, Barnet CCG has secured step up/step down capacity with additional rehabilitation beds Finchley and Edgware and a renewed focus on admission avoidance
- The management of Barnet General Hospital has recently been acquired by the Royal Free NHS Foundation Trust
- The strategy also envisages improvements to primary and community services across the 3 boroughs



2.5 Implications for the PNA

2.5.1 Overview

The Local Context - What this means for the PNA

Overview

- In considering the implications for the PNA, we have found it helpful to refer to the national picture
- Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport[4]
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons[5]. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population
- The strengths of community pharmacy may be summarised as:
  - **Medicines Expertise**
    - Medicines are the most common medical intervention. Non-adherence, to prescribed medicines, is a silent but significant challenge in managing long term conditions. It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended[6]. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole.
    - Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber[7]. As such, they have a central role to play in the management of long term conditions
  - **Provider of public health services**
    - Pharmacy is increasingly becoming a provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services. This is a reflection of its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public

On the next page, we:

- Explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section of the PNA
- Set out the factors which our assessment will need to take into account in relation to the provision of pharmaceutical and other locally commissioned services
- Appendix D – provides an overview of pharmaceutical need across the lifecourse and has been used to inform our thinking particularly in relation to future pharmaceutical services

2.5 Implications for the PNA
2.5.2 Systematic review

The Local Context - What this means for the PNA (continued)

Dispensing Services
- The provision of dispensing services ensure that people can obtain the medicines they need
- Our PNA explores both the accessibility and future capacity of dispensing services

Health Promotion & Brief Advice
- The high number of people using pharmacies is a real opportunity to *"Make every Contact Count"*[8].
- Future campaigns should focus on modifying lifestyle behaviours with a view to supporting prevention of CVD, diabetes and respiratory disease; and improving health in those with mental illness

Signposting
- Pharmacies need to be equipped to facilitate signposting of patients to other health and social care services e.g. drug & alcohol services, sexual health services, specialist stop smoking services etc

Medicines Use Reviews (MURs) & New Medicines Service (NMS)
- Medicines play a critical part in preventing illness and improving outcomes for people with LTCs
- MURs and/or NMS reviews play a pivotal role in helping people to take their medicines as prescribed, in identifying adverse effects and potentially reducing unplanned admissions and re-admissions to hospital.
- Targeting reviews to specific groups e.g. those with diabetes, history or risk of CVD or stroke, asthma, COPD and those with a mental health disorder, will support achievement of local strategic priorities in terms of improving outcomes and helping to reduce medicines waste
- Integrating community pharmacy more closely into new GP networks and new models of care would facilitate delivery of seamless care

Pharmacy-based immunisation
- The pan-London commissioning of the Influenza and pneumococcal vaccination improves access for Barnet residents and contributes towards achieving 'vaccination targets' and 'herd immunity'

Stop Smoking
- Pharmacy based stop smoking services have been shown to be effective and cost effective, and NRT to support a quit may be supplied to clients at the point of consultation.
- Smoking prevalence varies across Barnet; and it is important that services are tailored accordingly.

Substance Misuse
- Supervised consumption and needle & syringe services help to address the consequences of substance misuse including blood borne infections, & reducing drug related crime
- Alcohol Identification and Brief Advice plays a role in reducing the consequences of alcohol misuse.
- It is important that pharmacy based services reflect the different needs of the populations in relation to substance misuse.

Emergency Hormonal Contraception (EHC)
- In Barnet, community pharmacy improves access to EHC
- Some women prefer to use town centre pharmacies as these offer a sense of anonymity when compared to more 'local' pharmacies. This will be taken into account when considering accessibility and provision of the service
- In some areas, community pharmacy provides integrated sexual health services including chlamydia screening and treatment, pregnancy testing, free condoms and oral contraception

Pharmacy-First Minor Ailments Schemes
- In many areas, pharmacies provide valuable advice and support for people with self limiting conditions who would otherwise visit their GP or another unscheduled care provider
- A minor ailments scheme has been piloted in Barnet and a 'pharmacy-led' service is currently in development

Monitoring
- Pharmacy potentially has a role in monitoring medication e.g. anti-coagulants, blood pressure checks etc

Self and Personalised care
- The accessibility of community pharmacy, coupled with the role it plays in dispensing and medicines optimisation, places it in an ideal position to support the self care agenda for people with LTCs
- There is a need to consider how community pharmacy support may be built into personalised care plans

Screening, Diagnostics and Case Finding
- Pharmacies potentially have a role to play in identifying unmet need (e.g. undiagnosed diabetes & hypertension)
- In some areas pharmacies successfully support delivery of the NHS Health Check programme; a pharmacy based service is under consideration in Barnet
- Some pharmacies offer screening as a non-NHS service

3. The Assessment
3.1 Introduction and approach

Overview

- This section sets out the current provision of pharmaceutical services and other locally commissioned services within Barnet
- In making this assessment, we have taken into account a variety of data sources (refer to box below) and have determined broad principles to underpin our decisions in relation to:
  - Determining whether or not a service is **necessary** (i.e. required) to meet a pharmaceutical need or **relevant** because it has **secured improvements or better access to pharmaceutical services.** Refer to table on the right hand side
  - Determining whether or not there is sufficient choice with respect to obtaining pharmaceutical services. Refer to the box below (on the right).
- We have also considered the impact of a range of other factors, on the need for pharmaceutical services, including:
  - Services provided outside of the HWB area
  - NHS Services provided by other NHS Trusts
  - Specific circumstances which influence future needs including projected changes in population size, demography, health needs, future plans for commissioning or service delivery and other local plans

Factor	Principle(s) for Determining "Necessary" Services
Who can provide the service?	• Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it was more likely to be determined as necessary
Health needs & benefits	• Where there is a clear local health need for a given service, it was more likely to be determined as necessary
Published Evidence	• Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it was more likely to be determined as necessary
Performance	• Where a service is delivered by a range of providers, if pharmacy performs well compared with other providers, the service was more likely to be determined as necessary
Accessibility	• Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours; weekend access etc) then it was more likely to be determined as necessary

Data Sources

- Pharmacy data from the Health & Social Care Information Centre (2012/13)
- Data and information collected or held by NHS England and Barnet Council in relation to the planning, commissioning and delivery of pharmaceutical services and other locally commissioned services
- The findings from the community pharmacy questionnaire which was issued to pharmacies (and a modified version was issued to, and competed by the DAC) in June 2014. A 98.7% response rate was achieved
- The views of stakeholders within our partner organisations.
- The Joint Strategic Needs Assessment (JSNA), National and local healthcare strategy; and other relevant strategies

Choice

- For patients, choice is a mechanism to drive up the quality of services and improve satisfaction. For the overall health system, choice encourages appropriate and cost effective use of available services
- The factors which have been taken into account, for each service, when considering whether or not there is sufficient choice in Barnet are the:
  - Current level of access to NHS pharmaceutical services in the area
  - Extent to which existing services already offer a choice
  - Extent to which choice may be improved through the availability of additional providers or additional facilities
  - Extent to which current service provision adequately responds to the changing needs of the community it serves
  - Need for specialist or other services which would improve the provision of, or access to services for vulnerable people or specific populations

3.2 Pharmaceutical Services

3.2.1 Essential Services

Overview

- All community pharmacies and Dispensing Appliance Contractors (DACs) are expected to provide essential services, as set out in the 2013 Regulations, although the scope of services for pharmacies and DACs is different
- The table, on the right, provides a brief overview of the full range of essential services provided by community pharmacies. In addition, pharmacies must comply with clinical governance requirements. These are summarised in the table below.=
- DACs are required to provide dispensing, repeatable dispensing and electronic prescription services for appliances; supply supplementary items e.g. disposable wipes; and offer home delivery for specified appliances
- Essential services are fundamental to enable patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS (FP10) prescriptions forms the primary basis of this evaluation, we also assess other elements including health promotion, sign-posting and support for self care throughout our PNA
- As dispensing is a core requirement for all contractors it will be used to explore key service fundamentals including: the distribution of pharmacies, access and future capacity

Clinical Governance	
Use of standard operating procedures	Commitment to staff training, management and appraisals
Demonstrate evidence of pharmacist Continuing Professional Development	Compliance with Health and Safety and the Equality Act 2010
Operate a complaints procedure	Significant event analysis
Patient safety & incident reporting	Patient satisfaction surveys
Clinical audit	

Essential Services provided by Community Pharmacies

Dispensing and actions associated with dispensing

- Supply of medicines or appliances
- Advice given to the patient about the medicines being dispensed and possible interactions with other medicines
- Recording of all medicines dispensed, advice provided, referrals and interventions made using a Patient Medication Record (PMR)
- Electronic prescription services (EPS) allow the prescriber to electronically transmit a prescription to a patient's chosen pharmacy for dispensing. The system is more efficient than the paper based system and potentially reduces errors

Repeat dispensing

- Allows patients, who have been issued with a repeatable prescription to collect repeat medication, for up to a year, from their pharmacy without having to request a new prescription from their GP
- The pharmacist must ascertain the patient's need for a repeat supply of a particular medicine before each dispensing and communicate significant issues to the prescriber with suggestions on medication changes as appropriate.

Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines.

Signposting, Healthy Lifestyles & Public Health Campaigns

- Opportunistic advice, information and signposting around lifestyle and public health issues
- NHS England sets the health promotion campaigns although HWBs may have the discretion to run alternative campaigns in the future

Support for self-care

- Provision of advice and support to enable patients to derive maximum benefit from caring for themselves or their families
- This may include self-limiting conditions as well as long term conditions

3.2.1 Essential Services
3.2.1.1 Distribution

Overview

- Barnet has 78 community pharmacies, which hold a range of contracts:
  - 77 of the pharmacies provide pharmaceutical services under the national contract
  - With respect to Local Pharmaceutical Services:
    - 1 pharmacy currently holds an LPS contract
    - Up until 31 March 2015, 1 pharmacy held an Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) contract but this has now been terminated and the pharmacy has returned to the pharmaceutical list
    - The table, below, provides further details on the LPS contracts
  - No pharmacies in Barnet have been granted a contract under the four exemptions to the NHS (Pharmaceutical Services) Regulations 2005*
- There is one dispensing appliance contractor (DAC)
- There are no GP dispensing practices

Local Pharmaceutical Services in Barnet	
Fairview Pharmacy (Finchley & Golders Green Locality; Woodhouse ward)	• The pharmacy is based within the Finchley Memorial Hospital, the base for a Walk-in Centre • It opens from 8am – 8pm every day and provides a range of advanced, enhanced and locally commissioned services • The contract was awarded in 2013 and runs for 10 years • At the time of publication, NHS England no plans to terminate this contract and has no reasons to expect the contract not to run for the full 10 years
Cullimore Chemist (Hendon Locality; Hale Ward)	• The ESPLPS was a national scheme, which had been in place since 2006, that provided pharmacy contractors, located more than 1km from the nearest pharmacy with a guaranteed income if their dispensing volume falls below 26,400 items per annum. The aim was to secure provision of pharmacy services in areas where a pharmacy may not be viable • NHS England has advised that all pharmacies in London that held an ESPLPS contract on the 31st March 2015 have returned to the relevant pharmaceutical lists • All former ESPLPS pharmacies have the right to apply for a new LPS contract; and it is for the pharmacy owners to decide if they wish to submit a proposal to NHS England, taking into account the criteria and factors which NHS England London Region will use to assess any such applications • Cullimore Pharmacy, historically held an ESPLPS contract, but has now returned to the pharmaceutical list in Barnet HWB area. The potential implications of this are explored on page 48 of the PNA

- The four exemptions were: Pharmacies in large out of town retail developments; Pharmacies undertaking to open for a minimum of 100 hours a week; Pharmacies in new one stop primary care centres; Mail order or internet pharmacies

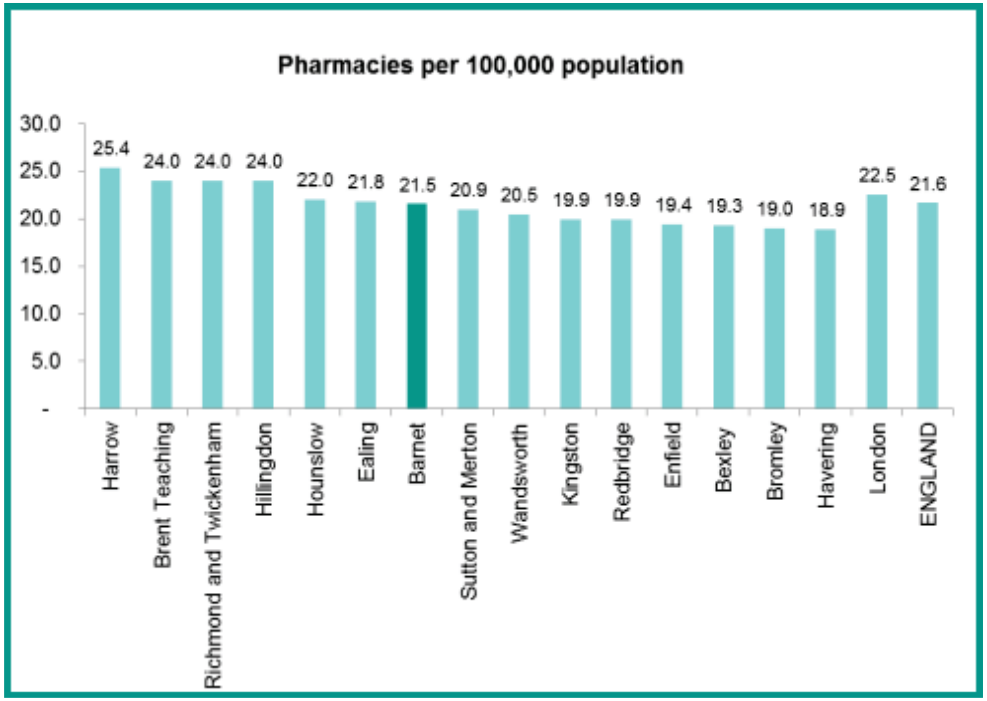
3.2.1 Essential Services
3.2.1.1 Distribution (cont...)

Number and Distribution of pharmacies

- The graph (on the right) sets the provision of pharmacy services within Barnet into context using our CIPFA comparators, together with the London and England average
- The data demonstrate that Barnet has a similar number of pharmacies per 100,000 to the England average but is slightly below the London average. With respect to our other comparators, Barnet sits within the middle of the group
- The table (next page) and **Maps 1 & 2** (subsequent pages) provide an overview of the distribution of pharmacies:
  - There is a choice of pharmacy in all localities and also in most wards (all wards apart from Underhill and Burnt Oak have two or more pharmacies)
  - There are several pharmacies, outside of our area, which are accessible to our residents who live close to the borders (those within a 1 mile radius of the Barnet boundary have been shown on the maps).
  - The majority of GP surgeries are within 0.5 miles of a pharmacy and all GPs are within 1mile of a pharmacy, demonstrating good alignment between the services

Deprivation

- There is not necessarily a good correlation between the number of pharmacies (per 100,000 population) and deprivation:
  - The Hendon Locality, which has three wards ranked within the top 5 on the IMD, is slightly below average in terms of the number of pharmacies it has. At ward level, Colindale (ranked 1 on the IMD) and Burnt Oak (ranked 2 on the IMD) are significantly below the London and England averages (12.7 and 5.3 respectively)
  - Whilst the Chipping Barnet Locality has a below average number of pharmacies it is generally more affluent than the other localities. However, there is a deprived area (Underhill ward; ranked 5 on the IMD), within the locality, which is significantly below average in terms of the number of pharmacies; furthermore, residents within the ward may have to travel more than a mile to access this pharmacy or one in a neighbouring ward
  - West Hendon (Hendon locality) and East Finchley (Finchley & Golders Green locality) are ranked 3 and 5 on the IMD but have an above average number of pharmacies



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

Population Density

- Map 2 demonstrates that there is generally a reasonable correlation between the number of pharmacies and population density:
  - Finchley and Golders Green has the highest population density and a higher than average number of pharmacies per 100,000
  - Similarly, there tends to be good access to pharmacies (either within the localities or in neighbouring areas), in the areas with higher population density within the other two localities
  - There are some areas of Barnet where residents may have to travel more than a mile to access a pharmacy. These areas tend to have lower population densities and include Totteridge & parts of High Barnet (Chipping Barnet) and small parts of Edgware (Hendon Locality). However, parts of Underhill (Chipping Barnet), Burnt Oak, Hale (Hendon Locality) and Garden Suburb (Finchley & Golders Green) have higher population densities but are less well served by pharmacies

3.2.1 Essential Services

3.2.1.1 Distribution of Contractors (cont...)

Locality	Ward	IMD Rank*	Pharmacies	Population (2014)	Pharmacies / 100,000 population	Pharmacies by locality	Locality Pharmacies / 100,000 population
Chipping Barnet	Brunswick Park	15	3	16919	17.7	19	16.4
	Coppetts	8	3	17471	17.2		
	East Barnet	17	3	16531	18.1		
	High Barnet	19	4	15748	25.4		
	Oakleigh	16	2	16093	12.4		
	Totteridge	20	3	16129	18.6		
	Underhill	5	1	16616	6.0		
Finchley & Golders Green	Childs Hill	6	8	20379	39.3	32	25.2
	East Finchley	4	4	16304	24.5		
	Finchley Church End	18	2	16188	12.4		
	Garden Suburb	21	6	16367	36.7		
	Golders Green	9	2	22879	8.7		
	West Finchley	14	6	16869	35.6		
	Woodhouse	10	4	18041	22.2		
Hendon	Burnt Oak	2	1	18859	5.3	27	20.2
	Colindale	1	3	23655	12.7		
	Edgware	11	6	17037	35.2		
	Hale	12	3	17671	17.0		
	Hendon	7	4	18669	21.4		
	Mill Hill	13	6	19201	31.2		
	West Hendon	3	4	18364	21.8		
Total			**78**	**375,990**		**78**	**20.7**

* IMD = Index of Multiple Deprivation (2010) where 1 is the highest rank and 21 is the lowest within Barnet; the 5 wards ranked highest in terms of deprivation are highlighted

The DAC is located in Colindale ward in the Hendon Locality

Pharmaceutical Needs Assessment
Map 1: Map of Provision

Legend

- Pharmacies
- 100 Hour Pharmacies
- Dispensing Appliance Contractors (DAC)
- LPS Pharmacies
- GP Surgeries
- Non-Pharmacy Providers:
  - A Barnet General Hospital - EN5 3DJ - Acute Hospital, A&E
  - B Edgware Community Hospital - HA8 0AD - Mental Health Triage Service & Walk In Centre
  - C Finchley Memorial Hospital - N12 0JE* - Walk In Centre (*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)

- Barnet
- Barnet Localities
- Wards

Percentile rank of IMD score 2010 by LSOA

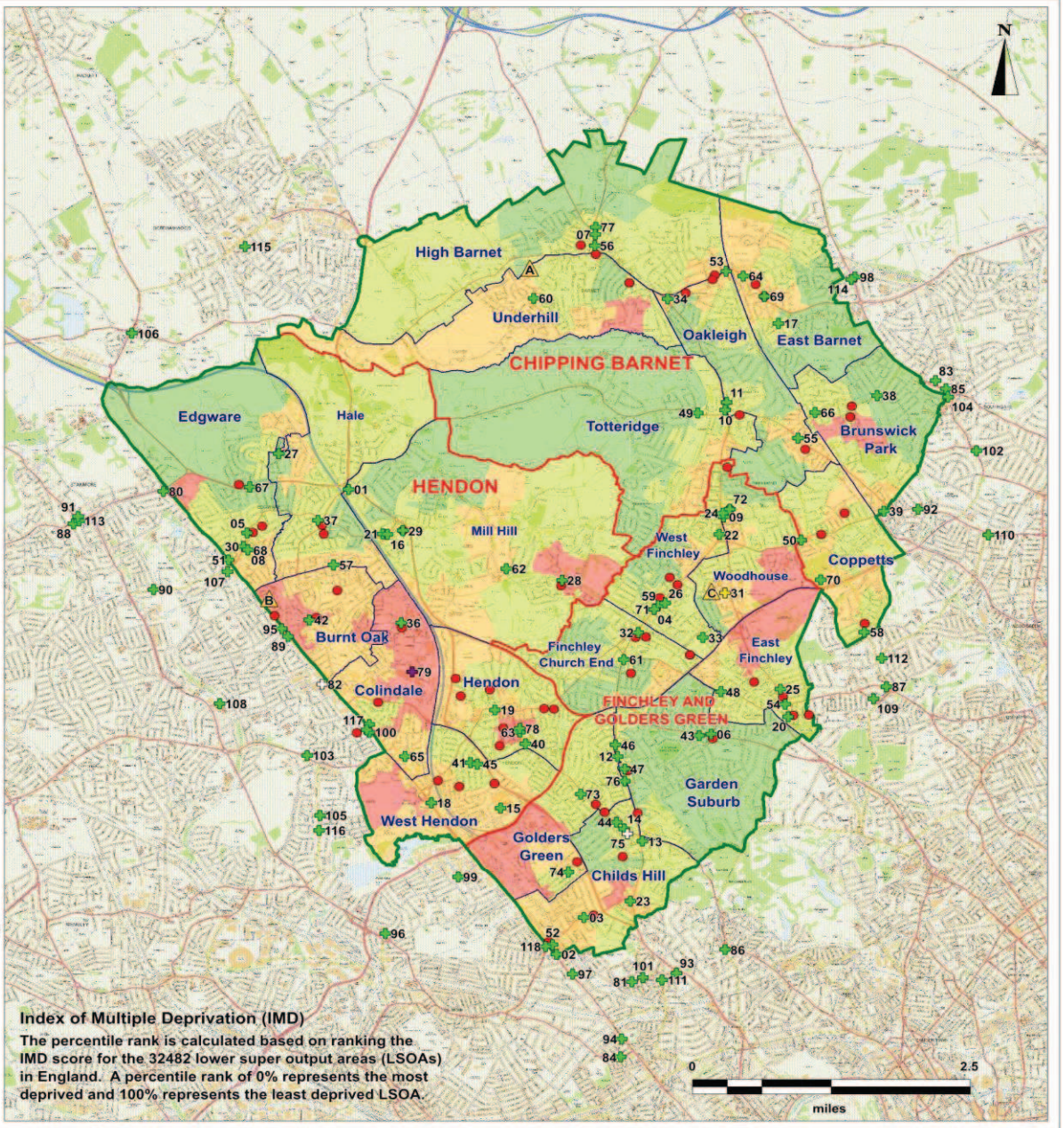
- < 25 %
- 25 to 49.9 %
- 50 to 74.9 %
- 75 to 100 %

Barnet Pharmacies

01 Acorn Pharmacy - NW7 3JR
02 Acktar Chemists - NW2 3EE
03 Akshar Pharmacies - NW2 1HR
04 Aucklands Pharmacy - N3 1XP
05 Avenue Pharmacy - HA8 7JX
06 Bishops Pharmacy - N2 0DW
07 Boots - EN5 5XP
08 Boots - HA8 7BD
09 Boots - N12 9QR
10 Boots - N20 9HS
11 Boots - N20 9HJ
12 Boots - NW11 0QS
13 Boots - NW11 7RR
14 Boots - NW11 8LN
15 Boots - NW4 3FB
16 Boots - NW7 3LH
17 Brand-Russell Chemist - EN4 8TD
18 Broadway Chemist - NW9 7EE
19 C.J. Pharmacy - NW4 4EB
20 C.W. Andrew Pharmacy - N2 9PJ
21 Care Chemists - NW7 3DA
22 Carter's Pharmacy - N12 8LT
23 Castle Chemist - NW2 2QJ
24 Charles Sampson Pharmacy - N12 9QU
25 Cootes Pharmacy - N2 9AS
26 Cootes Pharmacy - N3 2DN
27 Cullimore Chemist - HA8 8SX
28 Day Lewis Pharmacy - NW7 1AF
29 Day Lewis Pharmacy - NW7 2HX
30 Derek Clarke Pharmacy - HA8 7JH
31 Fairview Pharmacy - N12 0JE
32 Gateway Chemist - N3 2LN
33 Gordon Smith Pharmacy - N3 2RA
34 Greenfield Pharmacy - EN5 1ES
35 H Shah Dispensing Chemist - NW9 6RS
36 H.A. McParland Chemist - NW9 5XB
37 Hale Pharmacy - HA8 9QW
38 Hampden Square Pharmacy - N14 5JR
39 Haria Chemists - N11 1NE
40 HC Heard Chemists - NW4 2ES
41 Hendon Pharmacy - NW4 3XH
42 Heron Pharmacy - HA8 0EJ
43 Hugh Lloyd Dispensing Chemist - NW11 6JJ
44 Jethro's Ltd - NW11 8HB
45 John Wilson Chemists - NW4 3UX
46 Landy's Chemist - NW11 0AA
47 Landy's Express - NW11 7TH
48 Links Pharmacy - N2 0SZ
49 Lipkin Chemist - N20 8QG
50 Lloydspharmacy - N12 9AY
51 Mango Pharmacy - HA8 7HF
52 Maxwell Gordon Pharmacy - NW2 1EX
53 Mountford Chemists - EN4 8RR
54 Oakdale Pharmacy - N2 8AQ
55 Oakleigh Pharmacy - N20 0TX
56 Parry Jones & Co - EN5 5UR
57 Pharmco Chemist - HA8 9BU
58 Pharmocare - N10 1LR
59 Pickles Chemist - N3 1XT
60 Prima Pharmacy - EN5 2TB
61 Reena Pharmacy - N3 3HP
62 Regent Pharmacy - NW7 2NU
63 Sabel Chemist - NW4 2DT
64 Sainsbury's Pharmacy - EN4 8RQ
65 Sainsbury's Pharmacy - NW9 6JX
66 Shore Pharmacy - N20 0BA
67 Singer Pharmacy - HA8 8JS
68 Superdrug Pharmacy - HA8 7BD
69 SVR Chemist Ltd - EN4 8QZ
70 Tesco Instore Pharmacy - N12 0SH
71 Tesco Instore Pharmacy - N3 1XP
72 Torrington Park H.C.C. Ltd - N12 9SS
73 Victoria Pharmacy - NW11 9ES
74 W Price Chemist - NW2 1NT
75 Warman-Freed Pharmacy - NW11 8EL
76 Westlake Pharmacy - NW11 7ES
77 Wilkinson Chemist - EN5 5SZ
78 Zaxgate Ltd - NW4 2EL
79 Pelican Healthcare - NW9 5XY (DAC)

Out of area Pharmacies within 1 mile of Barnet

80 Andrews Pharmacy - HA8 8AE
81 Aqua Pharmacy - NW6 1NF
82 Asda Pharmacy - NW9 0AS
83 Asda Pharmacy - N14 5PW
84 Bliss Chemist - NW6 7SX
85 Boots - N14 5BN
86 Boots - NW3 6TE
87 Boots - N10 1DN
88 Boots - HA7 4AL
89 Burnt Oak Pharmacy - HA8 5EP
90 Canons Pharmacy - HA8 6RW
91 Care Chemist - HA7 4EB
92 Cooper Chemist Pharmacy - N11 1AH
93 Dales Pharmacy - NW3 6HN
94 Day Lewis Pharmacy - NW6 7JR
95 Doshi Pharmacy - HA8 5EN
96 Frank Wreford Chemist - NW10 0AA
97 Green Light Pharmacy - NW2 3HD
98 Greenacre Pharmacy - EN4 0DL
99 Grossman Pharmacy - NW2 7ET
100 Heron Pharmacy - NW9 6LP
101 HV Thomas Dispensing Chemist - NW6 1ND
102 Jhoots Pharmacy - N14 6LH
103 Judds Chemist - NW9 0BT
104 K. Waterhouse - N14 5EN
105 Leigh Pharmacy - NW9 8LG
106 Manor Pharmacy - WD6 3BZ
107 Medicare Dispensing Chemist - HA8 6LB
108 Morrisons Pharmacy - NW9 9RL
109 Muswell Hill Pharmacy - N10 3HN
110 NR Patel Chemists - N13 4SE
111 Ramco Pharmacy - NW6 1LJ
112 Redwood Pharmacy - N10 2AA
113 Sainsburys Pharmacy - HA7 4DA
114 Simmons Pharmacy - EN4 0DA
115 Tesco Instore Pharmacy - WD6 1EH
116 The Co-Operative Pharmacy - NW9 8JS
117 The Hyde Pharmacy - NW9 6LR
118 W N Gimmack Chemist - NW2 3HT



Index of Multiple Deprivation (IMD)

The percentile rank is calculated based on ranking the IMD score for the 32482 lower super output areas (LSOAs) in England. A percentile rank of 0% represents the most deprived and 100% represents the least deprived LSOA.

BARNET LONDON BOROUGH

Pharmaceutical Needs Assessment
Map 2: Map of Provision

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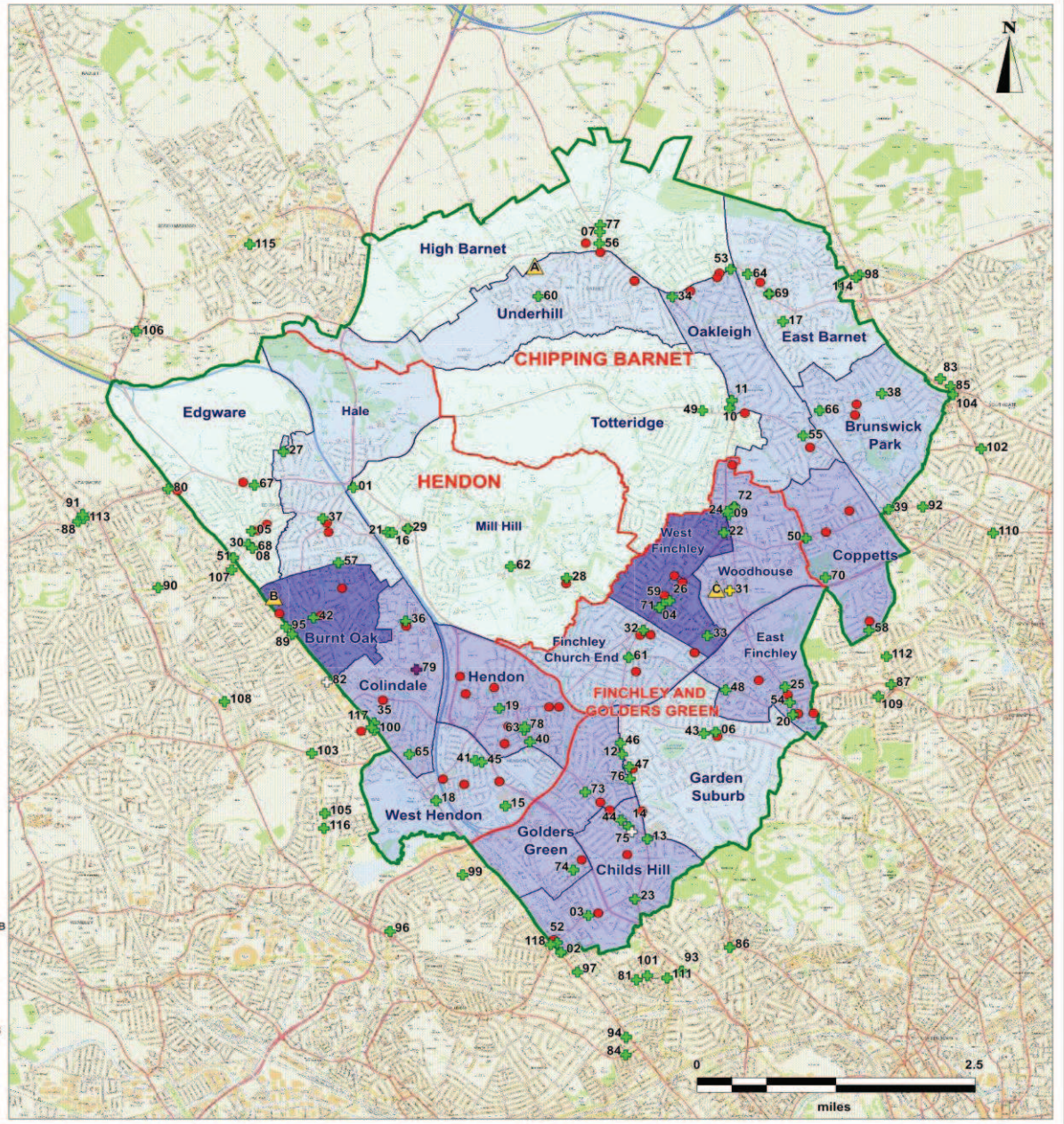
- Barnet
- Barnet Localities
- Wards

Population Density Persons per Hectare

73 to 89
59 to 72
45 to 58
31 to 44
17 to 30



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60 Prima Pharmacy - EN5 2TB
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62 Regent Pharmacy - NW7 2NU
63 Sabel Chemist - NW4 2DT
64 Sainsbury's Pharmacy - EN4 8RQ
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79 Pelican Healthcare - NW9 5XY (DAC)

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115 Tesco Instore Pharmacy - WD6 1EH
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117 The Hyde Pharmacy - NW9 6LR
118 W N Gimmack Chemist - NW2 3HT

BARNET LONDON BOROUGH

3.2.1 Essential Services
3.2.1.2 Opening Hours & Access

Overview
- A community pharmacy must open for a minimum of 40 core hours unless it was been granted a contract under the "100 hour exemption"* or NHS England has granted a contract on the basis of more than 40 core hours, under the current market entry system. Additional hours, over and above core hours, are termed "supplementary hours". DACs are required to open for a minimum of 30 core hours
- If a pharmacy or DAC wishes to amend its core hours, it must seek permission from NHS England. Supplementary hours may be changed by the contractor, providing that NHS England are given 90 days' notice
- In this section, we explore the impact of opening hours on access & choice

Current Picture
- The table (next page), Maps (3-7) and Appendix E provide an overview of opening hours and geographical coverage throughout the week
- In terms of overall opening hours, 1 pharmacy is open for more than 100 hours (this is not a 100 hour contract granted under the exemption); and a further 5 are open for more than 80 hours; there is potential for all these pharmacies to change their hours in the future
- Opening hours for some pharmacies are complicated and there is a need to publicise these to the public

Weekdays
- All 78 pharmacies are open between the hours of 9:30am to 5:30pm
- 3 (4%) pharmacies close for lunch and 8 pharmacies close early (i.e. before 5:30pm on either a Thursday or Friday); whilst this reduces choice during this period, there is still reasonable access in all localities
- With respect to extended hours:
  - 4 (5%) pharmacies are open by 8:00am
  - 30 (38%) remain open until 7:00pm or later; almost all areas have a pharmacy within 1 mile which is open. Exceptions are High Barnet, Underhill, Totteridge (Chipping Barnet locality) and Hale and Mill Hill (Hendon locality)
  - Two pharmacies remains open until midnight (one in the Chipping Barnet Locality and the other in the Finchley & Golders Green localities); and one pharmacy remains open until 10pm in the Chipping Barnet locality
  - There is a 100 hour pharmacy (Asda, NW9 0AS), located on the Brent/Barnet Border which opens at 7am (7:30am on Monday) until 11pm

Saturdays
- 66 (85%) pharmacies open at some point during the day:
  - All of these pharmacies are open between 10am – 1pm
  - 58 (74%) are open by 9am and the earliest a pharmacy opens is 8am (one in each of the Chipping Barnet and Hendon Localities; and two in the Finchley and Golders Green Locality)
  - 44 (56%) remain open until 5pm; and a further 10 (13%) are open at 7pm or later; of these 3 remain open until 10pm or after
  - Asda, NW9 0AS in Brent opens from 7am – 10pm
- This pattern of opening means that there is relatively good access, and choice of pharmacy in all localities up until 5pm in the evening
- After this time, access and choice become more limited, particularly in the Hendon and Chipping Barnet localities, where residents may have to travel more than 2 miles to access a pharmacy

Sundays
- 19 (24%) pharmacies open for between 4 and 15.5 hours; with 14 of these opening for 6 or more hours
- In terms of access:
  - Each locality has four or more pharmacies open; and there is an option to access additional pharmacies in neighbouring HWB areas
  - Within the Chipping Barnet locality (High Barnet, Underhill and Totteridge) and the Hendon Locality (Hale & Mill Hill), some residents may have to travel more than 2 miles to access a pharmacy

Overnight
- There is no access to pharmacy services, within Barnet, from midnight until 8am on any day of the week

Bank Holiday Rota – Enhanced Service

Currently, NHS England commissions an enhanced service on Christmas Day and Easter Sunday. On these days, a small number of pharmacies open between the hours of 10.00am - 6.00pm. The service is reviewed annually. This service provides valuable access to pharmacy services and we have determined that it is ***necessary*** to meet the pharmaceutical needs of our population

Whilst Fairview Pharmacy is open from 8am – 8pm on 365 days a year, there is a gap on the other Bank Holidays because NHS England does not commission a rota (as described above) on these days

* The NHS (Pharmaceutical Services) Regulations 2005, had four exemptions which included pharmacies which were contracted to open for 100 hours a week

3.2.1 Essential Services
3.2.1.2 Opening Hours & Access (cont...)

Locality	Ward	Number of Pharmacies Offering Essential Services								
		Weekdays					Saturdays			Sunday
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point
Chipping Barnet	Brunswick Park	0	3	1	0	0	3	0	0	0
	Coppetts	0	3	3	0	0	3	3	1	1
	East Barnet	1	3	1	0	0	2	2	1	1
	High Barnet	0	4	1	1	0	4	3	0	1
	Oakleigh	0	3	2	0	0	3	2	0	0
	Totteridge	0	2	1	0	0	2	1	1	1
	Underhill	0	1	0	1	1	1	0	0	0
Finchley & Golders Green	Childs Hill	0	8	4	1	0	7	6	3	2
	East Finchley	0	4	1	0	0	4	3	0	0
	Finchley Church End	0	2	0	0	0	2	1	0	0
	Garden Suburb	0	6	1	1	0	3	3	0	2
	Golders Green	0	2	1	1	0	1	0	0	1
	West Finchley	1	6	2	0	0	6	4	1	1
	Woodhouse	1	4	1	0	1	3	3	1	2
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0
	Colindale	1	3	1	1	0	3	2	1	1
	Edgware	0	6	4	0	0	5	4	0	2
	Hale	0	3	0	2	1	3	0	0	1
	Hendon	0	4	2	0	0	3	1	0	0
	Mill Hill	0	6	1	0	0	5	3	0	2
	West Hendon	0	4	2	0	0	2	2	1	1
Grand Total		**4**	**78**	**30**	**8**	**3**	**66**	**44**	**10**	**19**
Percentage of Total		**5%**	**100%**	**38%**	**10%**	**4%**	**85%**	**56%**	**13%**	**24%**

Notes

6 pharmacies close early on a Thursday (two at 13:00; one at 13:30; one at 14:00; and two at 17:00)
2 pharmacies close early on a Friday (one at 16:00; and one at 17:00)
The DAC (Colindale ward, Hendon locality) opens from 08:00 – 17:00 on weekdays only

Pharmaceutical Needs Assessment
Map 3: Weekday Extended Hours

Legend

- Pharmacies
- 100 Hour Pharmacies
- LPS Pharmacies
- GP Surgeries
- Barnet
- Barnet Localities
- Wards

Distance Buffers

0.5 Mile 1 Mile

Non-Pharmacy Providers:

A Barnet General Hospital - EN5 3DJ
- Acute Hospital, A&E

B Edgware Community Hospital - HA8 0AD
- Mental Health Triage Service & Walk In Centre

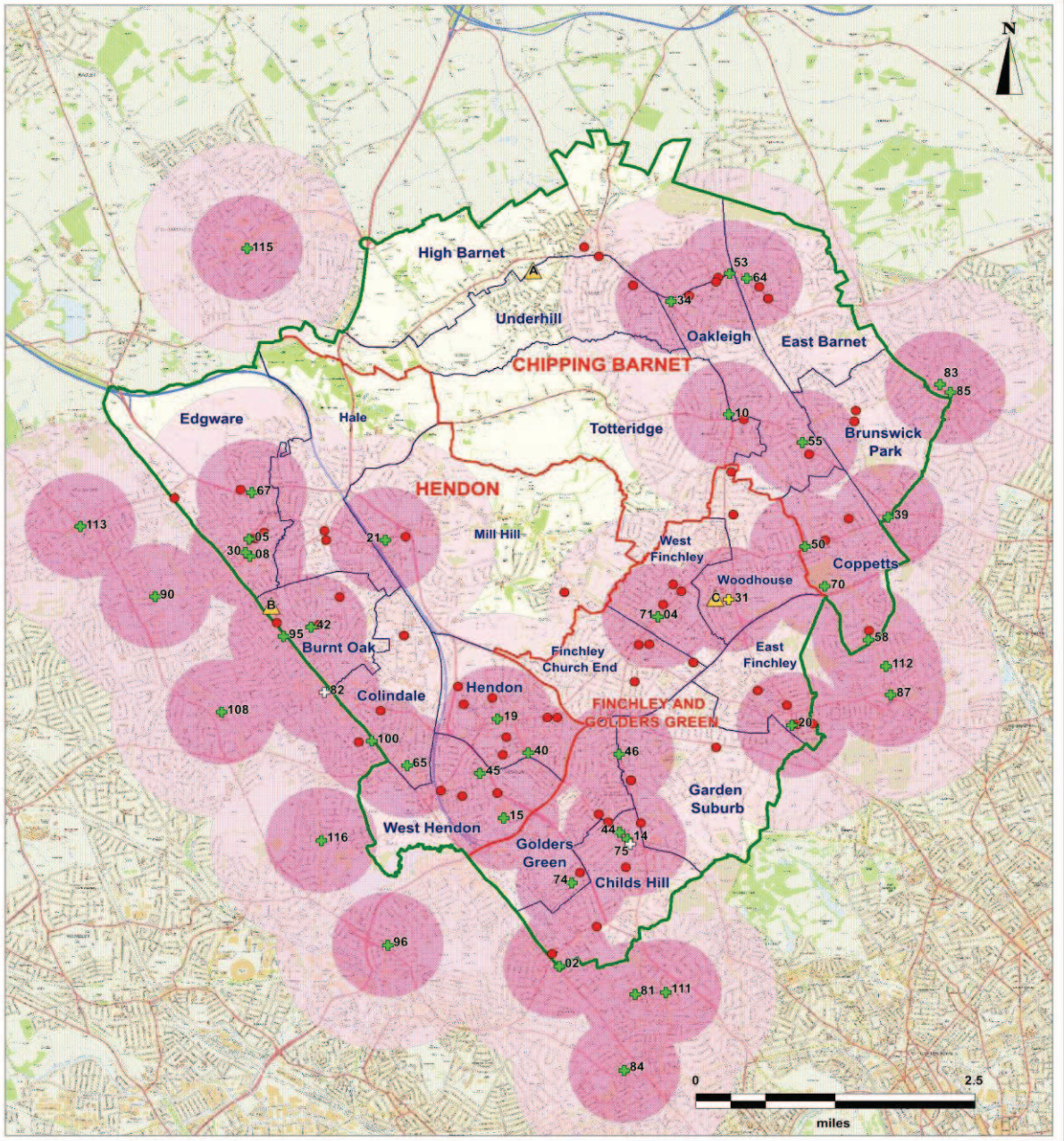
C Finchley Memorial Hospital - N12 0JE*
- Walk In Centre (*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)

Barnet Pharmacies

02 Acktar Chemists - NW2 3EE
04 Aucklands Pharmacy - N3 1XP
05 Avenue Pharmacy - HA8 7JX
08 Boots - HA8 7BD
10 Boots - N20 9HS
14 Boots - NW11 8LN
15 Boots - NW4 3FB
19 C.J. Pharmacy - NW4 4EB
20 C.W. Andrew Pharmacy - N2 9PJ
21 Care Chemists - NW7 3DA
30 Derek Clarke Pharmacy - HA8 7JH
31 Fairview Pharmacy - N12 0JE
34 Greenfield Pharmacy - EN5 1ES
39 Haria Chemists - N11 1NE
40 HC Heard Chemists - NW4 2ES
42 Heron Pharmacy - HA8 0EJ
44 Jethro's Ltd - NW11 8HB
45 John Wilson Chemists - NW4 3UX
46 Landy's Chemist - NW11 0AA
50 Lloydspharmacy - N12 9AY
53 Mountford Chemists - EN4 8RR
55 Oakleigh Pharmacy - N20 0TX
58 Pharmocare - N10 1LR
64 Sainsbury's Pharmacy - EN4 8RQ
65 Sainsbury's Pharmacy - NW9 6JX
67 Singer Pharmacy - HA8 8JS
70 Tesco Instore Pharmacy - N12 0SH
71 Tesco Instore Pharmacy - N3 1XP
74 W Price Chemist - NW2 1NT
75 Warman-Freed Pharmacy - NW11 8EL

Out of area Pharmacies within 1 mile of Barnet

81 Aqua Pharmacy - NW6 1NF
82 Asda Pharmacy - NW9 0AS
83 Asda Pharmacy - N14 5PW
84 Bliss Chemist - NW6 7SX
85 Boots - N14 5BN
87 Boots - N10 1DN
90 Canons Pharmacy - HA8 6RW
95 Doshi Pharmacy - HA8 5EN
96 Frank Wreford Chemist - NW10 0AA
100 Heron Pharmacy - NW9 6LP
108 Morrisons Pharmacy - NW9 9RL
111 Ramco Pharmacy - NW6 1LJ
112 Redwood Pharmacy - N10 2AA
113 Sainsburys Pharmacy - HA7 4DA
115 Tesco Instore Pharmacy - WD6 1EH
116 The Co-Operative Pharmacy - NW9 8JS



Pharmaceutical Needs Assessment
Map 4: Open on Saturday

Legend

- Pharmacies
- 100 Hour Pharmacies
- LPS Pharmacies
- GP Surgeries
- Non-Pharmacy Providers:
  - A Barnet General Hospital - EN5 3DJ - Acute Hospital, A&E
  - B Edgware Community Hospital - HA8 0AD - Mental Health Triage Service & Walk In Centre
  - C Finchley Memorial Hospital - N12 0JE* - Walk In Centre (*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)

- Barnet
- Barnet Localities
- Wards

Percentile rank of IMD score 2010 by LSOA

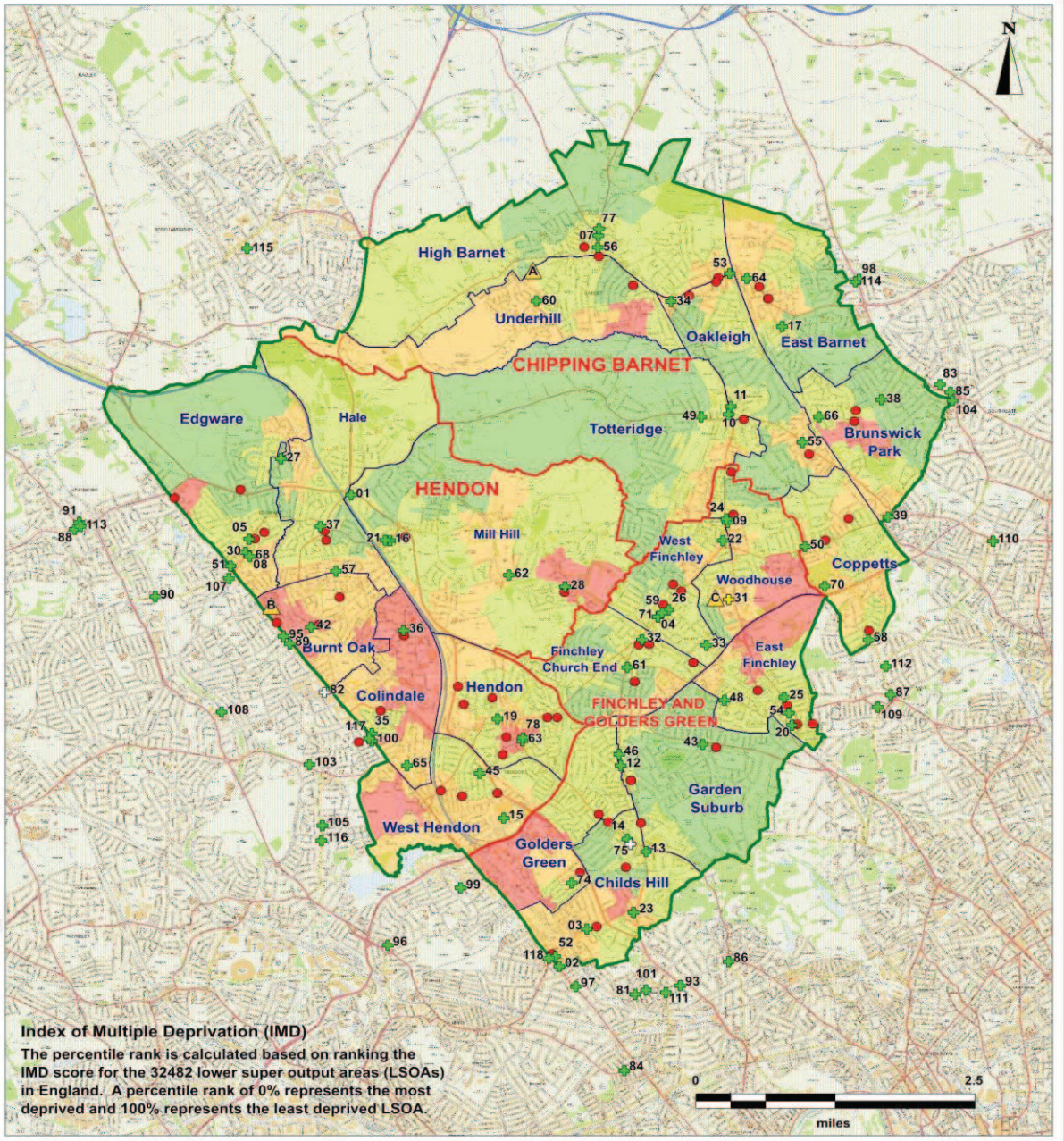
- < 25 %
- 25 to 49.9 %
- 50 to 74.9 %
- 75 to 100 %

Barnet Pharmacies

01 Acorn Pharmacy - NW7 3JR
02 Acktar Chemists - NW2 3EE
03 Akshar Pharmacies - NW2 1HR
04 Aucklands Pharmacy - N3 1XP
05 Avenue Pharmacy - HA8 7JX
07 Boots - EN5 5XP
08 Boots - HA8 7BD
09 Boots - N12 9QR
10 Boots - N20 9HS
11 Boots - N20 9HJ
12 Boots - NW11 0QS
13 Boots - NW11 7RR
14 Boots - NW11 8LN
15 Boots - NW4 3FB
16 Boots - NW7 3LH
17 Brand-Russell Chemist - EN4 8TD
19 C.J. Pharmacy - NW4 4EB
20 C.W. Andrew Pharmacy - N2 9PJ
21 Care Chemists - NW7 3DA
22 Carter's Pharmacy - N12 8LT
23 Castle Chemist - NW2 2QJ
24 Charles Sampson Pharmacy - N12 9QU
25 Cootes Pharmacy - N2 9AS
26 Cootes Pharmacy - N3 2DN
27 Cullimore Chemist - HA8 8SX
28 Day Lewis Pharmacy - NW7 1AF
30 Derek Clarke Pharmacy - HA8 7JH
31 Fairview Pharmacy - N12 0JE
32 Gateway Chemist - N3 2LN
33 Gordon Smith Pharmacy - N3 2RA
34 Greenfield Pharmacy - EN5 1ES
35 H Shah Dispensing Chemist - NW9 6RS
36 H.A. McParland Chemist - NW9 5XB
37 Hale Pharmacy - HA8 9QW
38 Hampden Square Pharmacy - N14 5JR
39 Haria Chemists - N11 1NE
42 Heron Pharmacy - HA8 0EJ
43 Hugh Lloyd Dispensing Chemist - NW11 6JJ
45 John Wilson Chemists - NW4 3UX
46 Landy's Chemist - NW11 0AA
48 Links Pharmacy - N2 0SZ
49 Lipkin Chemist - N20 8QG
50 Lloydspharmacy - N12 9AY
51 Mango Pharmacy - HA8 7HF
52 Maxwell Gordon Pharmacy - NW2 1EX
53 Mountford Chemists - EN4 8RR
54 Oakdale Pharmacy - N2 8AQ
55 Oakleigh Pharmacy - N20 0TX
56 Parry Jones & Co - EN5 5UR
57 Pharmco Chemist - HA8 9BU
58 Pharmocare - N10 1LR
59 Pickles Chemist - N3 1XT
60 Prima Pharmacy - EN5 2TB
61 Reena Pharmacy - N3 3HP
62 Regent Pharmacy - NW7 2NU
63 Sabel Chemist - NW4 2DT
64 Sainsbury's Pharmacy - EN4 8RQ
65 Sainsbury's Pharmacy - NW9 6JX
66 Shore Pharmacy - N20 0BA
68 Superdrug Pharmacy - HA8 7BD
70 Tesco Instore Pharmacy - N12 0SH
71 Tesco Instore Pharmacy - N3 1XP
74 W Price Chemist - NW2 1NT
75 Warman-Freed Pharmacy - NW11 8EL
77 Wilkinson Chemist - EN5 5SZ
78 Zaxgate Ltd - NW4 2EL

Out of area Pharmacies within 1 mile of Barnet

81 Aqua Pharmacy - NW6 1NF
82 Asda Pharmacy - NW9 0AS
83 Asda Pharmacy - N14 5PW
84 Bliss Chemist - NW6 7SX
85 Boots - N14 5BN
86 Boots - NW3 6TE
87 Boots - N10 1DN
88 Boots - HA7 4AL
89 Burnt Oak Pharmacy - HA8 5EP
90 Canons Pharmacy - HA8 6RW
91 Care Chemist - HA7 4EB
93 Dales Pharmacy - NW3 6HN
95 Doshi Pharmacy - HA8 5EN
96 Frank Wreford Chemist - NW10 0AA
97 Green Light Pharmacy - NW2 3HD
98 Greenacre Pharmacy - EN4 0DL
99 Grossman Pharmacy - NW2 7ET
100 Heron Pharmacy - NW9 6LP
101 HV Thomas Dispensing Chemist - NW6 1ND
103 Judds Chemist - NW9 0BT
104 K. Waterhouse - N14 5EN
105 Leigh Pharmacy - NW9 8LG
107 Medicare Dispensing Chemist - HA8 6LB
108 Morrisons Pharmacy - NW9 9RL
109 Muswell Hill Pharmacy - N10 3HN
110 NR Patel Chemists - N13 4SE
111 Ramco Pharmacy - NW6 1LJ
112 Redwood Pharmacy - N10 2AA
113 Sainsburys Pharmacy - HA7 4DA
114 Simmons Pharmacy - EN4 0DA
115 Tesco Instore Pharmacy - WD6 1EH
116 The Co-Operative Pharmacy - NW9 8JS
117 The Hyde Pharmacy - NW9 6LR
118 W N Gimmack Chemist - NW2 3HT



Index of Multiple Deprivation (IMD)

The percentile rank is calculated based on ranking the IMD score for the 32482 lower super output areas (LSOAs) in England. A percentile rank of 0% represents the most deprived and 100% represents the least deprived LSOA.

BARNET LONDON BOROUGH

Pharmaceutical Needs Assessment
Map 5: Open on Saturday up until 5pm or later

Legend

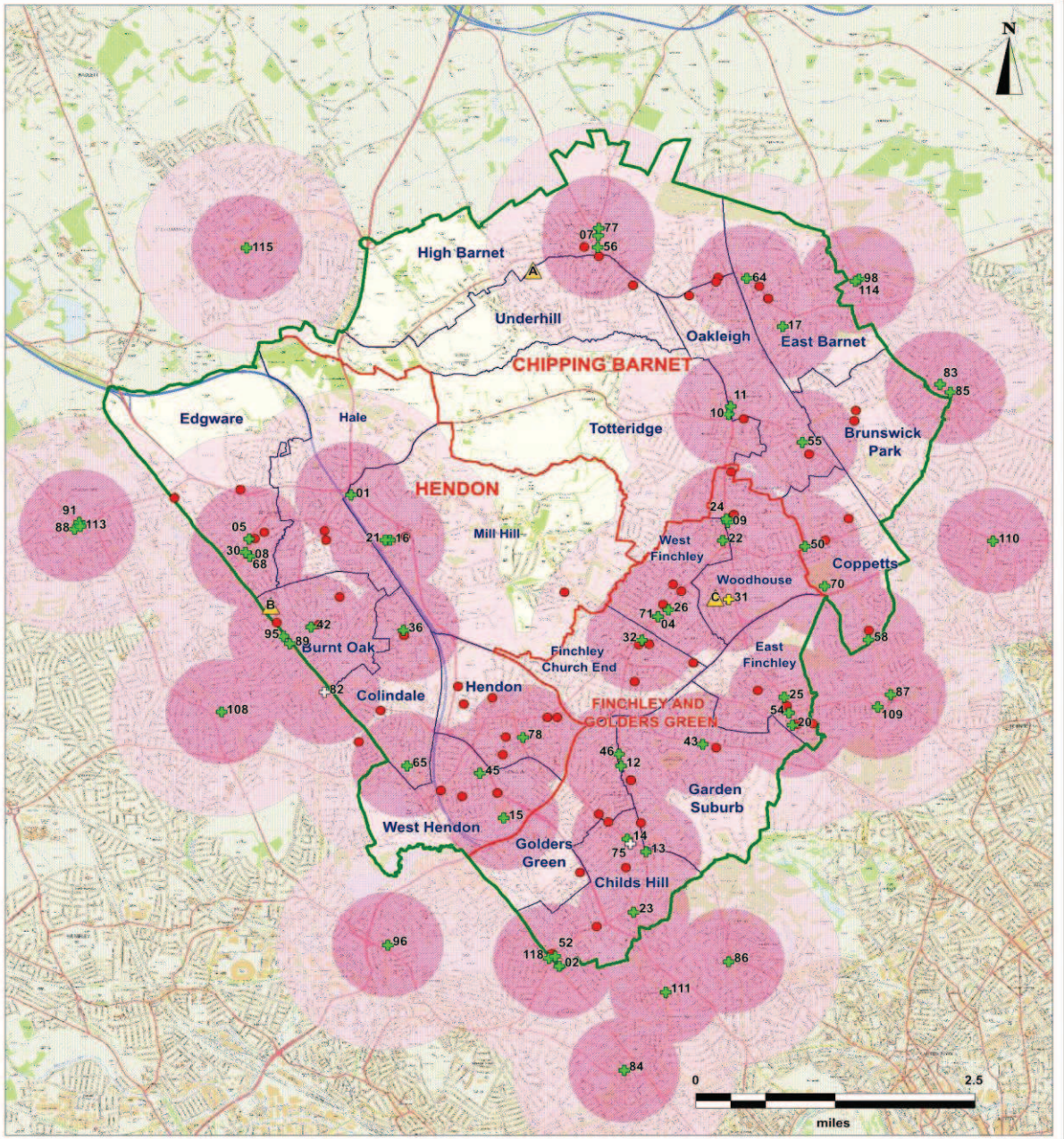
- Pharmacies
- 100 Hour Pharmacies
- LPS Pharmacies
- GP Surgeries
- Non-Pharmacy Providers:
  - A Barnet General Hospital - EN5 3DJ
    - Acute Hospital, A&E
  - B Edgware Community Hospital - HA8 0AD
    - Mental Health Triage Service & Walk In Centre
  - C Finchley Memorial Hospital - N12 0JE*
    - Walk In Centre (*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)
- Barnet
- Barnet Localities
- Wards
- Distance Buffers: 0.5 mile, 1 mile

Barnet Pharmacies

01 Acorn Pharmacy - NW7 3JR
02 Acktar Chemists - NW2 3EE
04 Aucklands Pharmacy - N3 1XP
05 Avenue Pharmacy - HA8 7JX
07 Boots - EN5 5XP
08 Boots - HA8 7BD
09 Boots - N12 9QR
10 Boots - N20 9HS
11 Boots - N20 9HJ
12 Boots - NW11 0QS
13 Boots - NW11 7RR
14 Boots - NW11 8LN
15 Boots - NW4 3FB
16 Boots - NW7 3LH
17 Brand-Russell Chemist - EN4 8TD
20 C.W. Andrew Pharmacy - N2 9PJ
21 Care Chemists - NW7 3DA
22 Carter's Pharmacy - N12 8LT
23 Castle Chemist - NW2 2QJ
24 Charles Sampson Pharmacy - N12 9QU
25 Cootes Pharmacy - N2 9AS
26 Cootes Pharmacy - N3 2DN
30 Derek Clarke Pharmacy - HA8 7JH
31 Fairview Pharmacy - N12 0JE
32 Gateway Chemist - N3 2LN
36 H.A. McParland Chemist - NW9 5XB
42 Heron Pharmacy - HA8 0EJ
43 Hugh Lloyd Dispensing Chemist - NW11 6JJ
45 John Wilson Chemists - NW4 3UX
46 Landy's Chemist - NW11 0AA
50 Lloydspharmacy - N12 9AY
52 Maxwell Gordon Pharmacy - NW2 1EX
54 Oakdale Pharmacy - N2 8AQ
55 Oakleigh Pharmacy - N20 0TX
56 Parry Jones & Co - EN5 5UR
58 Pharmocare - N10 1LR
64 Sainsbury's Pharmacy - EN4 8RQ
65 Sainsbury's Pharmacy - NW9 6JX
68 Superdrug Pharmacy - HA8 7BD
70 Tesco Instore Pharmacy - N12 0SH
71 Tesco Instore Pharmacy - N3 1XP
75 Warman-Freed Pharmacy - NW11 8EL
77 Wilkinson Chemist - EN5 5SZ
78 Zaxgate Ltd - NW4 2EL

Out of area Pharmacies within 1 mile of Barnet

85 Boots - N14 5BN
86 Boots - NW3 6TE
87 Boots - N10 1DN
88 Boots - HA7 4AL
89 Burnt Oak Pharmacy - HA8 5EP
91 Care Chemist - HA7 4EB
95 Doshi Pharmacy - HA8 5EN
96 Frank Wreford Chemist - NW10 0AA
98 Greenacre Pharmacy - EN4 0DL
108 Morrisons Pharmacy - NW9 9RL
109 Muswell Hill Pharmacy - N10 3HN
110 NR Patel Chemists - N13 4SE
111 Ramco Pharmacy - NW6 1LJ
113 Sainsburys Pharmacy - HA7 4DA
114 Simmons Pharmacy - EN4 0DA
115 Tesco Instore Pharmacy - WD6 1EH
118 W N Gimmack Chemist - NW2 3HT
82 Asda Pharmacy - NW9 0AS
83 Asda Pharmacy - N14 5PW
84 Bliss Chemist - NW6 7SX



BARNET LONDON BOROUGH

Pharmaceutical Needs Assessment
Map 6: Open on Saturday up until 7pm or later

Legend

- Pharmacies
- 100 Hour Pharmacies
- LPS Pharmacies
- GP Surgeries
- Barnet
- Barnet Localities
- Wards

Distance Buffers

0.5 mile 1 mile

Non-Pharmacy Providers:

A Barnet General Hospital - EN5 3DJ
- Acute Hospital, A&E

B Edgware Community Hospital - HA8 0AD
- Mental Health Triage Service & Walk In Centre

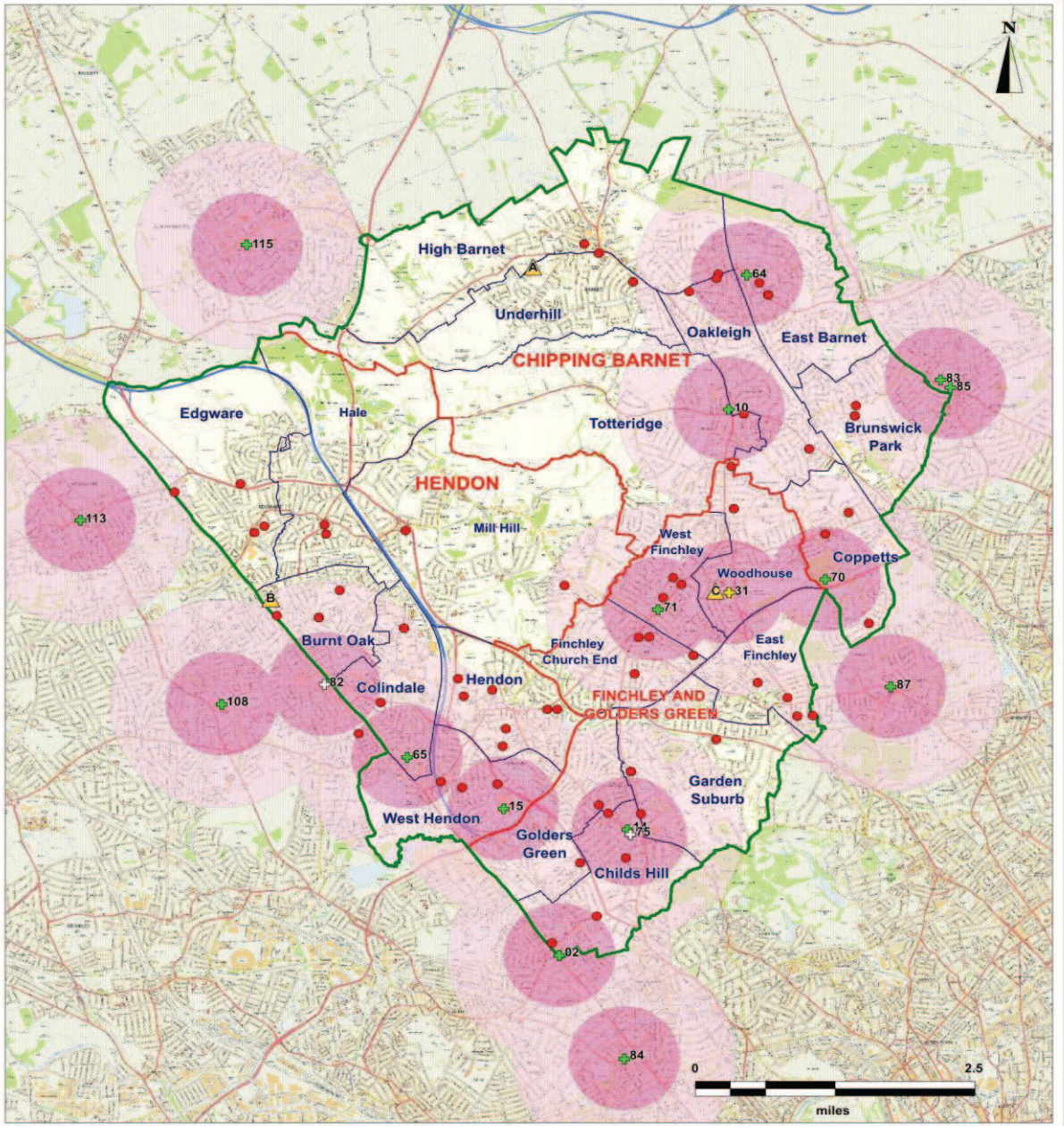
C Finchley Memorial Hospital - N12 0JE*
- Walk In Centre (*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)

Barnet Pharmacies

02 Acktar Chemists - NW2 3EE
10 Boots - N20 9HS
14 Boots - NW11 8LN
15 Boots - NW4 3FB
31 Fairview Pharmacy - N12 0JE
64 Sainsbury's Pharmacy - EN4 8RQ
65 Sainsbury's Pharmacy - NW9 6JX
70 Tesco Instore Pharmacy - N12 0SH
71 Tesco Instore Pharmacy - N3 1XP
75 Warman-Freed Pharmacy - NW11 8EL

Out of area Pharmacies within 1 mile of Barnet

82 Asda Pharmacy - NW9 0AS
83 Asda Pharmacy - N14 5PW
84 Bliss Chemist - NW6 7SX
85 Boots - N14 5BN
87 Boots - N10 1DN
108 Morrisons Pharmacy - NW9 9RL
113 Sainsburys Pharmacy - HA7 4DA
115 Tesco Instore Pharmacy - WD6 1EH



BARNET LONDON BOROUGH

Pharmaceutical Needs Assessment
Map 7: Open on Sunday

Legend

- Pharmacies
- 100 Hour Pharmacies
- LPS Pharmacies
- GP Surgeries

Distance Buffers

0.5 mile 1 mile

- Barnet
- Barnet Localities
- Wards

Percentile rank of IMD score 2010 by LSOA

- < 25 %
- 25 to 49.9 %
- 50 to 74.9 %
- 75 to 100 %

Non-Pharmacy Providers:

A Barnet General Hospital - EN5 3DJ
- Acute Hospital, A&E

B Edgware Community Hospital - HA8 0AD
- Mental Health Triage Service & Walk In Centre

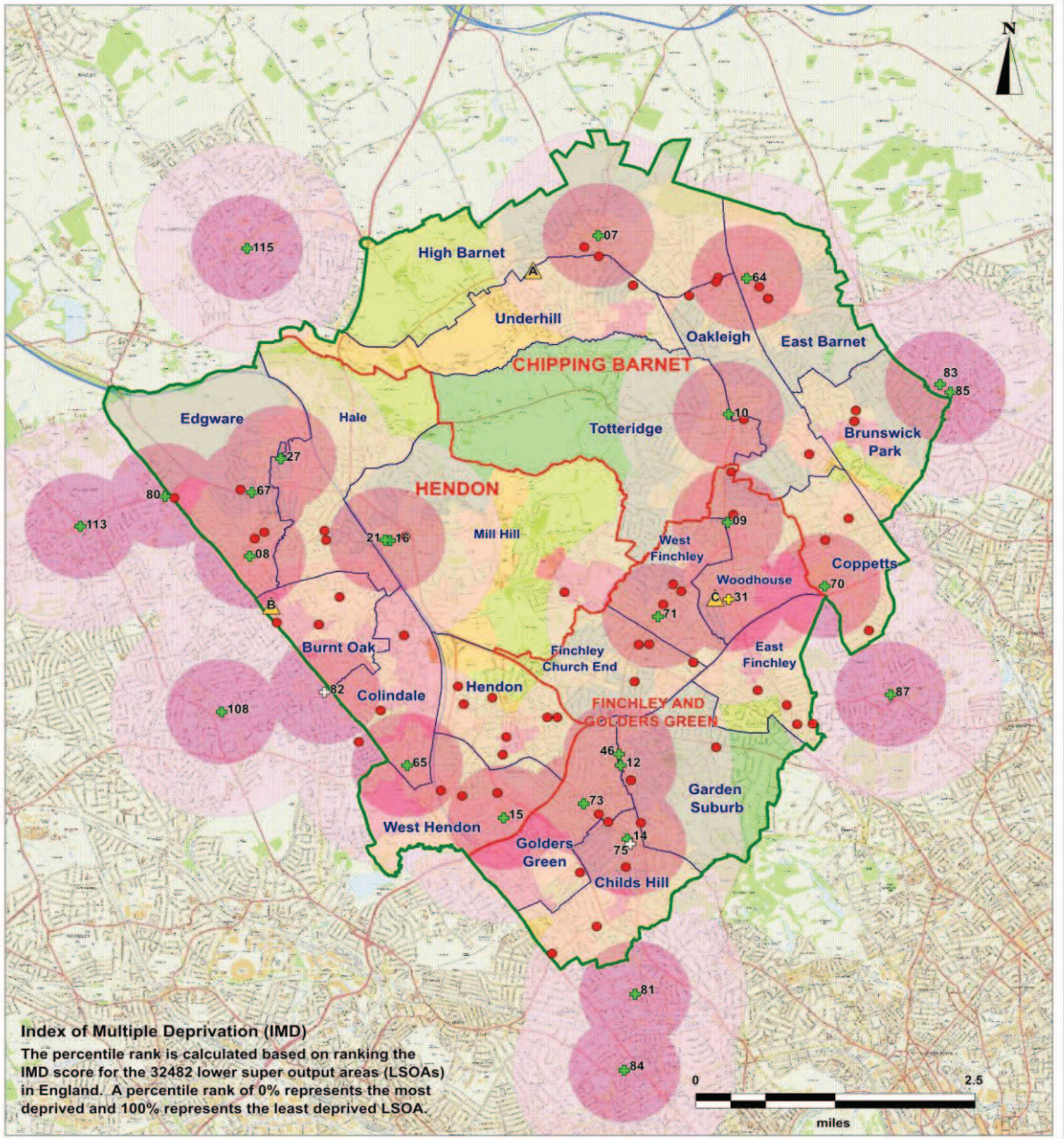
C Finchley Memorial Hospital - N12 0JE*
- Walk In Centre (*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)

Barnet Pharmacies

07 Boots - EN5 5XP
08 Boots - HA8 7BD
09 Boots - N12 9QR
10 Boots - N20 9HS
12 Boots - NW11 0QS
14 Boots - NW11 8LN
15 Boots - NW4 3FB
16 Boots - NW7 3LH
21 Care Chemists - NW7 3DA
27 Cullimore Chemist - HA8 8SX
31 Fairview Pharmacy - N12 0JE
46 Landy's Chemist - NW11 0AA
64 Sainsbury's Pharmacy - EN4 8RQ
65 Sainsbury's Pharmacy - NW9 6JX
67 Singer Pharmacy - HA8 8JS
70 Tesco Instore Pharmacy - N12 0SH
71 Tesco Instore Pharmacy - N3 1XP
73 Victoria Pharmacy - NW11 9ES
75 Warman-Freed Pharmacy - NW11 8EL

Out of area Pharmacies within 1 mile of Barnet

80 Andrews Pharmacy - HA8 8AE
81 Aqua Pharmacy - NW6 1NF
82 Asda Pharmacy - NW9 0AS
83 Asda Pharmacy - N14 5PW
84 Bliss Chemist - NW6 7SX
85 Boots - N14 5BN
87 Boots - N10 1DN
108 Morrisons Pharmacy - NW9 9RL
113 Sainsburys Pharmacy - HA7 4DA
115 Tesco Instore Pharmacy - WD6 1EH

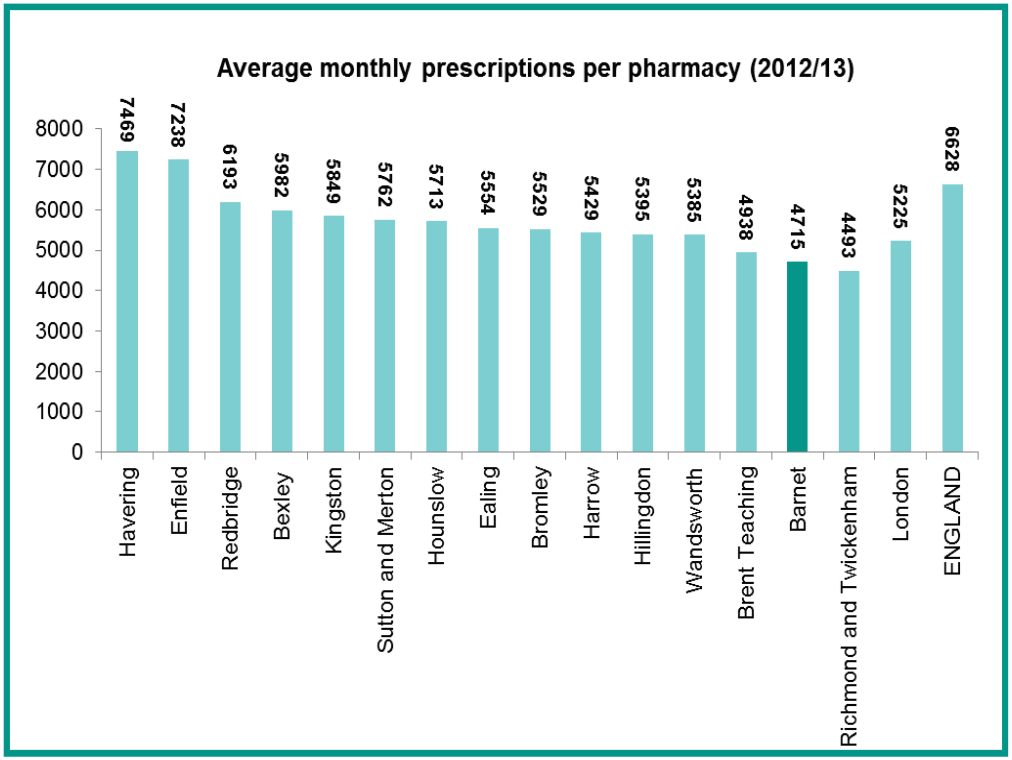


BARNET LONDON BOROUGH

3.2.1 Essential Services
3.2.1.3 Dispensing

Overview
In our review of dispensing we look at a number of factors including:
- The pattern of dispensing. This includes a high level comparison with our CIPFA comparators together with a more detailed look at Barnet.
- The extent to which the dispensing needs of our residents are met by pharmacies in neighbouring areas.
- The role of repeat dispensing and electronic transfer of prescriptions.
- The future capacity of our pharmacies to continue to meet pharmaceutical needs in relation to essential services.

Current Picture
- The graph, on the right, compares the **average** pharmacy dispensing rate in Barnet with our CIPFA comparators and the London and England average. The data demonstrates that the dispensing rate for Barnet pharmacies is lower than all but one of our comparators and the London and England averages
- A detailed review of the total number of items dispensed against prescriptions written by Barnet prescribers has been undertaken in order to identify where these were either dispensed or personally administered by a GP surgery (e.g. injections):
  - The total number of items dispensed was 5,044,119 (Jun 13 – May 14).
  - In total 3,788 organisations either dispensed, or personally administered, one more items
  - 79.3% of these items were dispensed by Barnet pharmacies
  - 20.7% were either dispensed by pharmacies outside of the area or were personally administered by GP surgeries
- The table on the right, demonstrates:
  - Dispensing rates in all localities are below the London and England averages; and are lower than many of our comparator areas
  - The dispensing rate in the Finchley & Golders Green locality is particularly low; this may be a data anomaly or could be attributable to a number of factors including variation in local prescribing practice, a reflection of patient choice with respect to the pharmacy they use and/or service provision to neighbouring areas



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

Locality	No. of Pharmacies	Items Dispensed	% Total Items	Annual Items / Pharmacy	Items / Pharmacy / Month
Chipping Barnet	19	1,115,817	27.9%	58,727	4,894
Finchley & Golders Green	32	1,421,450	35.5%	44,420	3,702
Hendon	27	1,462,821	36.6%	54,179	4,515
Total	**78**	**4,000,088**	**100%**	**51,283**	**4,274**

3.2.1 Essential Services
3.2.1.3 Dispensing (cont...)

Cross Border Dispensing

- The table on the right provides an overview of cross-border dispensing and includes the 'top 25' pharmacies and DACs which have dispensed the most items against prescriptions written by Barnet Prescribers
- Cross border dispensing is important in that it serves to improve access to pharmaceutical services, particularly for those residents who live close to the borders with other Health & Wellbeing Board areas, or for those who choose to get their prescription dispensed closer to their place of work or via a distance selling pharmacy

Repeat Dispensing

- Repeat dispensing allows patients, who have been issued with a repeatable prescription, to collect their repeat medication from their pharmacy, or DAC, without having to request a new prescription from their GP
- Benefits of repeat dispensing include:
  - Reduced GP practice workload, freeing up time for clinical activities.
  - Greater predictability in workload for pharmacies which facilitates the delivery of a wider range of pharmaceutical services
  - Reduced waste as pharmacies only dispense medicines which are needed
  - Greater convenience for patients
- The repeat dispensing rate is 8% of total items dispensed against prescriptions issued by Barnet GPs. The rate, is relatively low compared with some areas but is continuing to increase year on year

Electronic Prescription Services (EPS)

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy or DAC. The system is more efficient and reduces errors; it can reduce trips for patients between the GP surgery and pharmacy
- NHS England lead on EPS with support from the CCG
- All GP practices in Barnet have gone live with EPS

HWB Area	Trading Name	Postcode	% Total Items Dispensed
Brent	Asda Pharmacy	NW9 0AS	2.04%
	Heron Pharmacy	NW9 6LP	
	The Hyde Pharmacy	NW9 6LR	
	Day Lewis Pharmacy	NW6 7JR	
Camden	Dales Pharmacy	NW3 6HN	0.26%
Enfield	Asda Pharmacy	N14 5PW	1.45%
	Boots	N14 5BN	
	Boots	N9 0HW	
	Cooper Chemist Pharmacy	N11 1AH	
	Chemist Online	EN3 7PJ	
Haringey	Pharmacia Naturale	N8 9TN	0.16%
Harrow	Andrews Pharmacy	HA8 8AE	7.29%
	Boots	HA1 1HS	
	Boots	HA7 4AL	
	Doshi Pharmacy	HA8 5EN	
	Burnt Oak Pharmacy	HA8 5EP	
	Fairview Pharmacy	HA8 0GA	
	Canons Pharmacy	HA8 6RW	
	Care Chemist	HA7 4EB	
	Sainsburys Pharmacy	HA7 4DA	
Hertfordshire	Boots	AL1 3DH	0.31%
	Tesco Instore Pharmacy	EN6 2PB	
	Tesco Instore Pharmacy	WD6 1EH	
Other	COLOPLAST LTD	PE2 6BJ	0.64%
	FAMEVALLEY LIMITED	PR1 6AS	

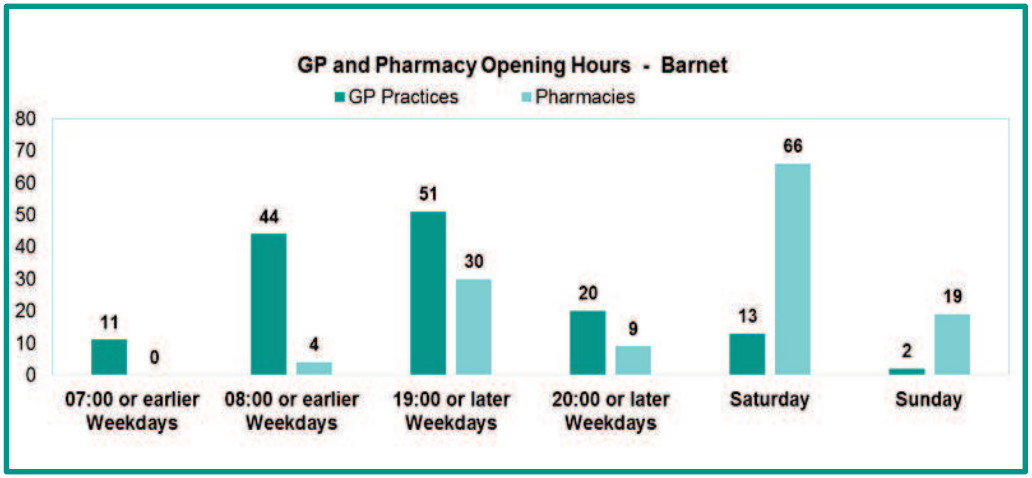
Notes on table above

- A total of 3,788 organisations either dispensed or personally administered one or more items written on prescriptions issued by Barnet prescribers
- Barnet pharmacies dispensed 79.3% of the items
- The remaining 20.7% were either dispensed out of the area or were personally administered by a GP surgery

3.2.1 Essential Services
3.2.1.3 Dispensing (cont...)

Alignment with Other NHS services
- An important pharmaceutical need is for residents to get timely access to dispensing. This is critical for medicines which need to be started urgently e.g. palliative care medicines
- We therefore looked at pharmacy opening hours in the context of GP opening hours and other NHS services

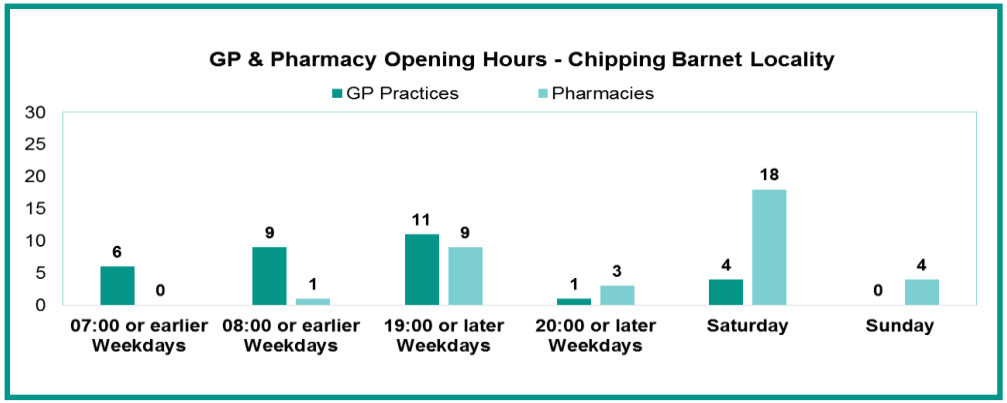
General Practice
- GP core hours are 8am – 6:30pm on Mondays to Fridays; in addition some GP practices open for extended hours
- The graph (right) compares GP and pharmacy opening during extended hours *on one or more days each week*; and the next page summarises this at locality level. The graphs demonstrate that:
- On weekday mornings:
  - Up to 11 GP surgeries open by 7am across all localities; however, no Barnet pharmacies open before 8am. There is a 100 hour pharmacy located in Brent which borders Barnet via the Hendon locality; this pharmacy opens at 7:30am on Monday; and 7am on Tuesday – Friday
  - By 8am, up to 44 GP practices have opened, but only 4 Barnet pharmacies are open. There are 5 out of area pharmacies open by 8am, but only two of these (Asda, NW9 0AS in Brent; and Boots, N14 5BN in Enfield) are located close to the Barnet border
- On weekday evenings:
  - Up to 51 GP surgeries remain open until 7pm or later; this compares with 30 pharmacies within Barnet. Whilst this provides reasonable access to dispensing services, choice is more limited
  - Up to 20 GP surgeries are open until 8pm or later; a small number of pharmacies are open in each locality; and access and choice are very limited. Two out of area pharmacies, located adjacent to the border of Barnet (one in Brent; and one in Enfield) are open at this time
- On Saturdays and Sundays a small number of GP surgeries are open and there is a good choice of pharmacy
- The implication of the above is that, during extended hours on weekdays, residents may have to travel a considerable distance to get their prescription dispensed or wait until their regular or closest pharmacy is open

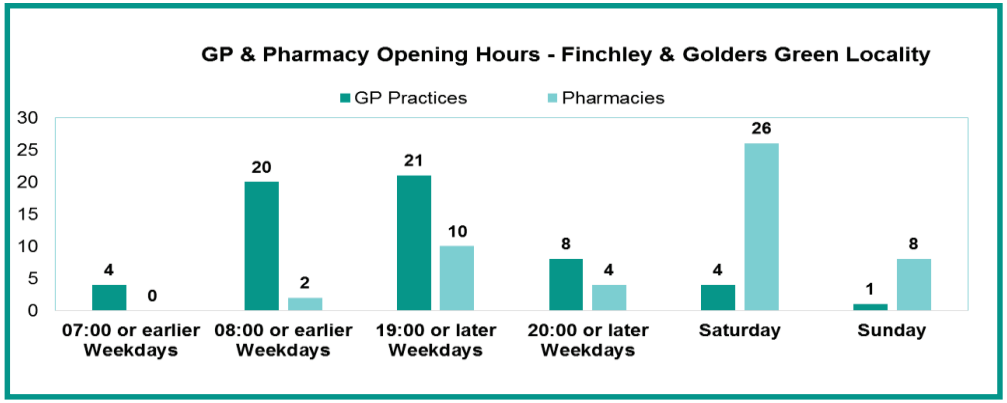


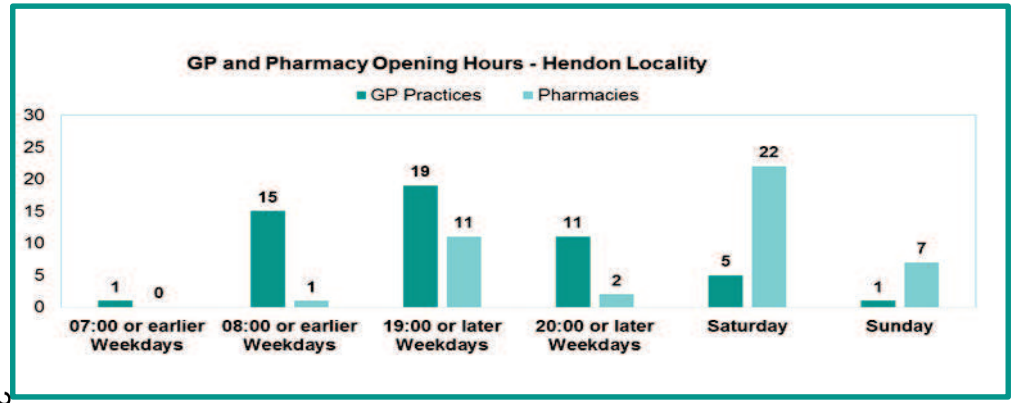
Pharmacy Urgent Repeat Medication (PURM) Service
- In December 2014, NHS England launched a Pharmacy Urgent Repeat Medication service. This is a pilot scheme which will run until April 2015
- Under the service, NHS 111 refers people directly to pharmacies when they are in need of an emergency supply of medicines
- The aim of the service is to reduce pressure on unscheduled care services and GP appointments at times of high demand

The Future
- If Barnet GPs move towards a 7 day a week service, the current pattern of pharmacy opening hours may need to be reviewed. This will be to ensure that the pharmaceutical needs of our population are met in terms of residents securing timely access to medicines following a GP consultation. At the time of publication, the arrangements for the operational delivery, and timescales, of such changes are not known
- It is our understanding, that NHS England plans to evaluate the PURM service and, if deemed to be successful, consideration will be given to commissioning this in the future. *We believe that this service potentially plays a valuable role in improving access to medicines. We would be supportive of a further roll out, providing the evaluation demonstrates both value for money and reduced pressure on GP and unscheduled care services*

3.2.1 Essential Services
3.2.1.3 Dispensing (cont...)







Unscheduled Care Providers

- Patients may access services from the following providers, within Barnet, during extended hours (all available 365 days a year):
  - Walk-in Centre (WIC) at Edgware Community Hospital (ECH; Burnt Oak, Hendon Locality) which opens from 7am – 9pm
  - Walk-in Centre at Finchley Memorial Hospital (FMH; Woodhouse, Finchley & Golders Green) which opens from 8am – 9pm
  - Barndoc, the GP out of hours service, which operates overnight between 6:30pm and 8am; face to face consultations may be undertaken at either ECH or FMH
  - The A&E Department based at Barnet General Hospital (Underhill, Chipping Barnet Locality) open 24 hours a day
- All of these providers stock medicines for supply to patients, although FP10 prescriptions may sometimes be used if a non-stock medicine is required (in a 12 month period, 536 and 15,460 FP10s were issued from ECH and FMH respectively)
- We have identified that pharmacy opening hours do not align with unscheduled care providers at the following times:
  - In the mornings, the ECH WIC opens at 7am, however:
    - The earliest time a pharmacy in Barnet opens is 8am
    - There is an out of area pharmacy (Asda, NW9 0AS) located on the border with Brent which is convenient for ECH. Whilst it opens from 7am on Tuesday – Saturday it doesn't open until 7:30am on a Monday
    - On Sundays, the majority of pharmacies in Barnet and neighbouring areas open at either 10am or 11am. Only three pharmacies open before 10am (one at 8:00, another at 8:30 and the third at 9am). All of these are located in the Finchley and Golders Green locality and are some distance away from ECH
  - In the evenings, both WICs remain open until 9pm. However, on Sunday evening only one Barnet pharmacy remains open after 8pm; this is located in Childs Hill (Finchley & Golders Green locality) and is approximately 3 miles away from FMH and 5 miles away from ECH
  - There is a period overnight, when no pharmacies are open
- Whilst the above pattern of opening may require residents to travel further, or could rarely lead to a delay in accessing dispensing for an urgent FP10 prescription, we do not believe that there is gap in provision. This is because very few FP10 prescriptions are issued during the hours when there is limited access to a pharmacy; and we are not aware of any complaints in this respect

3.2.1 Essential Services
3.2.1.4 Access & Support for those with Disabilities

Overview
- A key consideration in relation to access, is the extent to which a pharmacy has taken action to meet the needs of those with a disability
- The Equality Act 2010 requires pharmacies to make reasonable adjustments to support the needs of those with protected characteristics. They receive a payment as contribution towards providing auxiliary aids, for people eligible under this Act, who require support with taking their medicines
- This was explored in our community pharmacy questionnaire

Current Picture
- The table (on the next page) summarise the findings from our community pharmacy questionnaire at locality level and ward level
- 69 (88%) pharmacies are fully accessible to wheel chairs (and pushchairs), demonstrating that wheel chair users and parents / carers of babies and young children are not disadvantaged with respect to access or choice
- 63% of pharmacies told us they are willing to undertake consultations in patients' homes. This would improve access for people who are housebound; or those who are less able to get a pharmacy without assistance
- The range of support which is available to aid communication with those who are hearing impaired is relatively limited:
  - 22% of pharmacies have hearing loops
  - 19% have a member of staff who is able to use sign language
  - This potentially reduces access and choice, for those people who are dependent upon such support
- 81% of pharmacies have facilities to provide large print labels for those with visual impairment or for those with learning disabilities or cognitive impairment
- 10% pharmacies offer labels with Braille (although it should be noted that many original packs are embossed with braille by the manufacturer)

Current Picture (cont…)
- Aside from large print labels, a range of support is offered for people with cognitive impairment / learning disabilities:
  - 15% supply "Aide memoires" (e.g. reminder charts) if needed
  - 87% have easy to read information available
  - 36% provide monitored dosage systems; whilst there is no published evidence to demonstrate the benefits of these systems, they may be beneficial for individual people who have complex medicine regimens and for those who are easily confused
- We also asked pharmacies if they provided a dementia friendly environment (refer to our community pharmacy questionnaire in Appendix B for further details):
  - 86% pharmacies confirmed that this was the case
  - 9% said they were working towards this

Opportunities to Secure Improvements
- Our community pharmacy questionnaire demonstrates that some pharmacies have taken steps to support people with disabilities particularly with respect to:
  - Offering consultations in patients' homes improves access to pharmacy services to those who are less able to get to a pharmacy or housebound
  - Ensuring all public areas of the pharmacy are wheelchair & buggy friendly
  - Providing appropriate facilities and support for people with hearing impairment
  - Providing large print labels to support people with learning disabilities / cognitive impairment; the visually impaired
  - Introducing simple measures e.g. reminder charts to help people take their medicines as prescribed
  - Making sure the pharmacy environment is welcoming and suitable for people with dementia
- However, we would like to see more pharmacies following this lead; and anticipate that all pharmacies take reasonable steps to meet the minimum requirements of the Equality Act 2010

3.2.1 Essential Services

3.2.1.4 Access & Support for those with Disabilities

Supporting People with Disabilities											
Locality	Ward	Wheel chair Access	Hearing Impairment		Visual Impairment / Blindness		Cognitive Impairment				Dementia Friendly Environment
			Hearing Loop	Signing	Large print labels	Braille on labels	'Aide Memoire' for medicines	Easy to read Information	Monitored Dosage Systems	Large Print Labels	
Chipping Barnet	Brunswick Park	3	0	2	3	2	0	3	2	3	3
	Coppetts	2	2	0	1	0	0	3	0	1	3
	East Barnet	1	2	1	3	0	1	3	1	3	2
	High Barnet	3	1	2	4	2	0	3	0	4	4
	Oakleigh	3	0	1	3	1	0	3	2	3	3
	Totteridge	2	1	0	1	0	0	2	0	1	2
	Underhill	0	0	0	1	0	1	0	1	1	1
Finchley & Golders Green	Childs Hill	7	2	1	1	1	0	1	0	1	1
	East Finchley	3	1	1	1	0	0	2	1	1	2
	Finchley Church End	2	0	0	6	0	1	5	4	6	5
	Garden Suburb	6	1	1	2	0	0	2	0	2	2
	Golders Green	2	0	2	3	0	2	3	3	3	3
	West Finchley	5	1	1	6	0	0	6	2	6	5
	Woodhouse	4	1	0	3	0	0	3	1	3	3
Hendon	Burnt Oak	1	0	0	7	0	0	7	2	7	7
	Colindale	3	1	0	3	1	1	4	1	3	4
	Edgware	6	3	2	1	0	1	1	1	1	2
	Hale	2	0	0	5	0	0	6	4	5	6
	Hendon	4	0	0	2	0	1	2	2	2	2
	Mill Hill	5	1	1	4	1	2	5	1	4	4
	West Hendon	4	0	0	3	0	2	4	0	3	3
DAC	DAC	1	0	0	0	0	0	0	0	0	0
	Total	69	17	15	63	8	12	68	28	63	67
	% Total	88%	22%	19%	81%	10%	15%	87%	36%	81%	86%

Notes

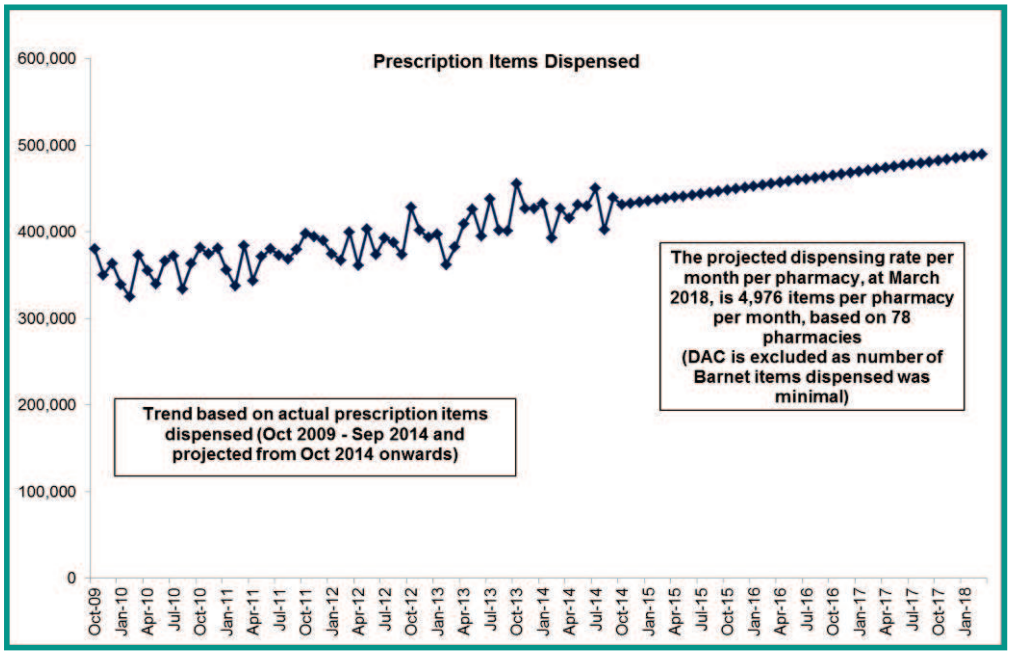
* Results exclude the pharmacy which did not respond to the questionnaire (Askshar Pharmacies)

The questionnaire results were inconsistent with respect to the provision of large print labels (more pharmacies said they provide these for the visually sighted than for cognitive impairment). Because the question was intended to understand if this facility was available, the results for visual impairment have been used

3.2.1 Essential Services
3.2.1.5 Future capacity

Future Capacity

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Barnet pharmacies. The graph on the right plots the number of items dispensed per month, between October 09 and September 2014 and projected through to March 2018
- The graph illustrates that the trend is for the volume of items to continue to increase. Assuming that the number of pharmacies remain constant, the average number of items per month has been estimated to be 4,976 per pharmacy per month. This dispensing rate is higher than the current rate in any locality within Barnet but continues to remain below the averages for London, England and most of our CIPFA comparators
- Whilst there are the following limitations with the analysis, it provides a guide to the future dispensing capacity of pharmacies:
  - The items data doesn't include prescriptions issued by out of area prescribers and other prescribers e.g. dentists, hospital FP10s etc
  - We have assumed that the proportion of cross border dispensing and personally administered items by GP practices will remain at 20.7%
  - It doesn't allow for changes in prescribing patterns which may arise as a result of changes in evidence, guidelines, local demography etc



Prescription Pricing Division; Electronic Prescribing & Cost Data for NHS Barnet CCG;

Other NHS Services within Barnet

- **The Royal Free London NHS Foundation Trust**
  - This Trust provides acute services at Barnet General Hospital and Chase Farm and medicines are supplied to out-patients by the in-house pharmacies. Dispensing has been outsourced to Lloydspharmacy (under a private arrangement) at the Royal Free Hospital. We are not aware of plans to change the arrangement
- **Central London Community Health Care NHS Trust**
  - Community services include the Walk in Centres at Finchley Memorial Hospital and Edgware Community Hospital, COPD and family planning.
  - FP10s are used (this includes nurse prescribing) and are linked to the CCG primary care drugs budget There are no plans to change this arrangement whilst the CCG retains budgetary responsibility
  - In 2016/17, the budget may be devolved to CLCH. The Trust may review arrangements for the supply and prescribing of medicines. It is not known what the implications for NHS Pharmaceutical services will be (if any)

Other NHS Services (cont…)

- **Barnet, Enfield and Haringey Mental Health Trust**
  - This Trust provides a range of mental health services. FP10s are used by some of the services and we are not aware of plans to change this
- **Barndoc**
  - Provides GP out of hours services. FP10 prescriptions are sometimes used where a medicine is not stocked. The contract runs until 2015; future arrangements beyond this are not known

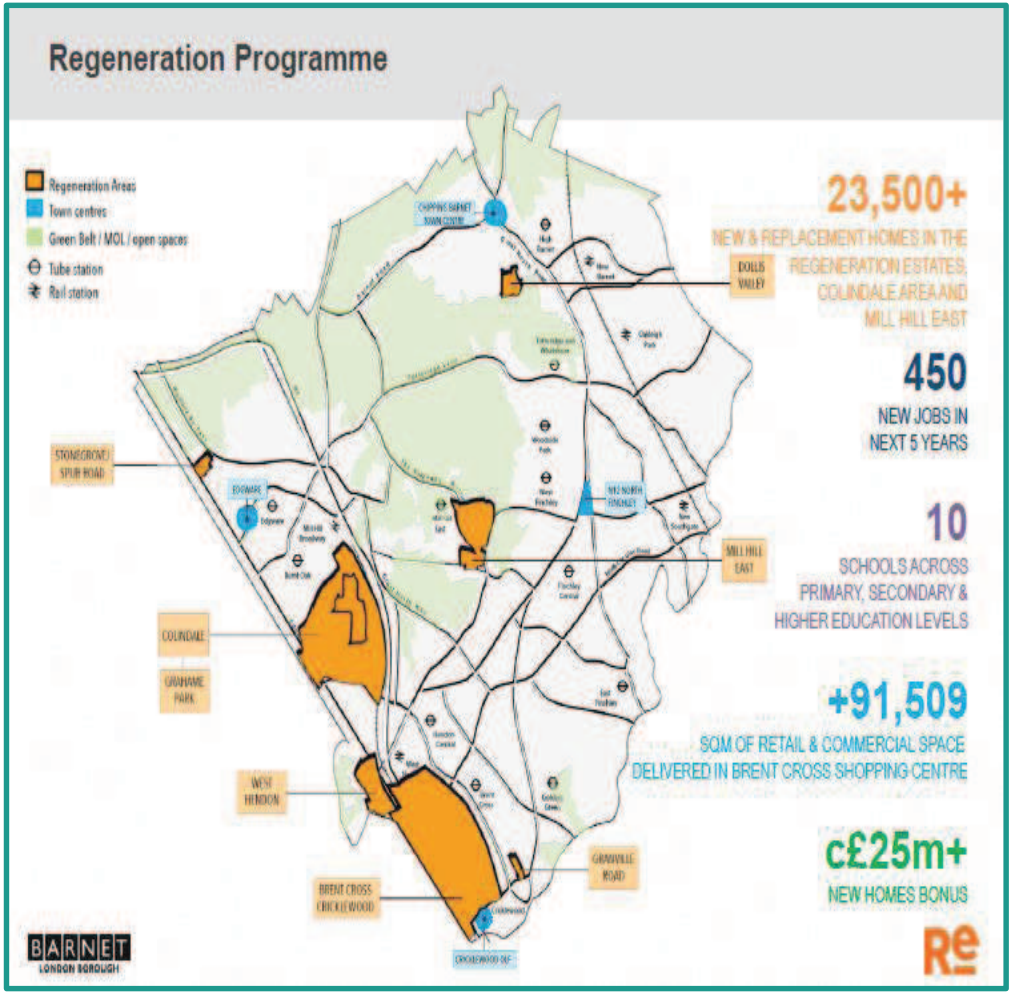
Housing and Commercial Developments

Barnet is currently undergoing a programme of significant economic, housing & commercial development which will impact upon the population size and demographic profile of the area. These developments will impact upon future NHS Pharmaceutical Services.

This is explored in more detail on pages 45 - 48

3.2.1 Essential Services
3.2.1.5 Future capacity (cont...)

- Barnet is undergoing a significant regeneration programme and we summarise the key developments, which are of relevance to NHS Pharmaceutical Services, in this section
- The housing target is 23,490 new homes which equates to 2,350 new homes per annum from 2015/16 to 2025/26
- There are three major strategic developments, where there is capacity to deliver 20,000 new homes by 2025:
  1. **Mill Hill (Hendon Locality)**
     - 2,000+ new homes with a target of 15% being affordable housing
     - As part of this development a new local healthcare facility accommodating 2 to 3 GPs has been proposed. At the time of writing, development of this facility has not been initiated
  2. **Colindale (Hendon Locality)**
     - 10,000 new homes (30% have been designated as affordable over the next 10 years; noting that 50% of these already have planning permission & significant numbers are already under construction)
     - A new healthcare centre, possibly on the British Library (Fairview site), is planned; and re-provision of health care at Grahame Park
     - There is also extensive development of the surrounding area
  3. **Brent Cross (West Hendon, Hendon Locality) & Cricklewood (Golders Green; Finchley & Golders Green Locality) Regeneration Area**
     - A new primary care centre
     - 91,500m^2 retail space at Brent Cross
     - Up to 27,000 new jobs over the next 20 – 30 years
     - Creation of a new town centre spanning the North Circular
     - 7,500 new homes
     - Pedestrian bridge to join up the Brent Cross & Cricklewood communities
- Improvements to the road network, new strategic road linkages, local roads, pedestrian and cycle routes and improved public transport links are planned as part of the regeneration strategy. This will assist with improving accessibility of pharmacy services across the Borough
- At the time of publication, we are not aware of any other plans with respect to changes in primary medical care provision other than those described here



References

- Local Development Plan (Barnet Core Strategy for 2012)
- Barnet Growth & Regeneration Plan; Appendix 1 – Annual Regeneration Report
- Nov 12 – March 2014; Forward Plan April 2014 – March 2015
- Barnet Draft Housing Strategy 2015 - 25 [note: the information within the PNA is provision and may be subject to change following publication of the final strategy in the summer of 2015

3.2.1 Essential Services
3.2.1.5 Future capacity (cont...)

Locality	Ward	IMD Rank*	No. of Pharmacies	Pharmacies by locality	Population (2014)	Pharmacies per 100,000 population (2014)	Locality Pharmacies per 100,000 Population (2014)	Projected Population (2018)	Pharmacies per 100,000 population (projected)	Locality Pharmacies per 100,000 Projected Population 2018)	Difference by Locality	Difference by ward
Chipping Barnet	Brunswick Park	15	3	19.0	16919	17.7	16.4	17554	17.1	15.9	-0.5	-0.6
	Coppetts	8	3		17471	17.2		17721	16.9			-0.2
	East Barnet	17	3		16531	18.1		17113	17.5			-0.6
	High Barnet	19	4		15748	25.4		16336	24.5			-0.9
	Oakleigh	16	3		16093	18.6		16420	18.3			-0.4
	Totteridge	20	2		16129	12.4		17206	11.6			-0.8
	Underhill	5	1		16616	6.0		17443	5.7			-0.3
Finchley & Golders Green	Childs Hill	6	8	32.0	20379	39.3	25.2	21180	37.8	24.1	-1.1	-1.5
	East Finchley	4	4		16304	24.5		16582	24.1			-0.4
	Finchley Church End	18	2		16188	12.4		16685	12.0			-0.4
	Garden Suburb	21	6		16367	36.7		16723	35.9			-0.8
	Golders Green	9	2		22879	8.7		25783	7.8			-1.0
	West Finchley	14	6		16869	35.6		17255	34.8			-0.8
	Woodhouse	10	4		18041	22.2		18545	21.6			-0.6
Hendon	Burnt Oak	2	1	27.0	18859	5.3	20.2	19442	5.1	18.6	-1.6	-0.2
	Colindale	1	3		23655	12.7		29717	10.1			-2.6
	Edgware	11	6		17037	35.2		17759	33.8			-1.4
	Hale	12	3		17671	17.0		18017	16.7			-0.3
	Hendon	7	4		18669	21.4		18936	21.1			-0.3
	Mill Hill	13	6		19201	31.2		21651	27.7			-3.5
	West Hendon	3	4		18364	21.8		19865	20.1			-1.6
Barnet - Total			**78**	**78**	**375,990**	**20.7**	**20.7**	**397,933**	**19.6**	**19.6**		**-1.1**

Notes

- IMD = Index of Multiple Deprivation (2010) where 1 is the highest rank and 21 is the lowest within Barnet
- Greater London Authority (GLA) SHLAA populations projections are linked to housing development trajectories. The level of growth is constrained so that the resulting estimate of household numbers fits with the available dwellings. The SHLAA is an assessment of the land that is likely to be available to developers within the next 5 years, 10 years and 15 years i.e. trajectories are constructed based on these 3 time periods
- London and England averages for the number of pharmacies per 100,000 (2012/13) are 22.5 and 21.6 respectively; it is not possible to project these forward to 2018

3.2.1 Essential Services
3.2.1.5 Future capacity (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for Pharmaceutical Needs of the Locality
Chipping Barnet	• By 2018, it is estimated that the locality population will increase by almost 4,300 people. This would effectively reduce the number of pharmacies per 100,000 by 0.5; and move the locality slightly further away from the current London and England averages • The average no. of items dispensed per pharmacy per month is above the Barnet average but lower than the London and England averages, demonstrating there is 'capacity' in the existing pharmacy network • Access to pharmacies, on weekdays and Saturdays is reasonable. However, only one pharmacy opens on weekday mornings by 8am and choice is more limited on weekday & Saturday evenings and on Sundays • There is poor alignment with GP extended opening hours, particularly on weekday mornings	• **No future gaps in pharmaceutical need but there are opportunities for improvements in access and choice** ○ The overall increase in population is small (3.7%). Whilst a small decrease in the number of pharmacies per 100,000 is anticipated, we have not identified any issues with respect to capacity within the existing network of pharmacies to meet the future pharmaceutical needs of the resident population. This is because the locality is more affluent than other parts of Barnet; the areas with higher population density are generally well served by pharmacies; and dispensing rates are below the London and England averages ○ ***Improvements could be achieved, now and in the future***, through the provision of additional opening hours particularly on weekday mornings, weekday & Saturday evenings and on Sundays. This would improve alignment with GP opening hours; improve access and choice to pharmacy services; and enhance capacity within the existing network of pharmacies ○ Pharmacies also have the option increasing the number of pharmacists and staff to help meet increases in dispensing volume
Finchley & Golders Green	• By 2018, it is estimated that the locality population will increase by just over 5,700 people. This would effectively reduce the number of pharmacies per 100,00 by 1.1. However, the locality has an above average number of pharmacies and is well resourced • The Brent Cross & Cricklewood regeneration impacts upon this locality although the timescale of housing developments are not confirmed • The average no. of items dispensed is significantly below the Barnet and London and England average • Access to pharmacies on weekdays and Saturdays is reasonable. However, only two pharmacies open on weekday mornings by 8am and choice is more limited on weekday & Saturday evenings and on Sundays. The locality does benefit from a pharmacy which is open for 100 hours per week • There is poor alignment with GP extended opening hours, particularly on weekday mornings • There is a period on Sunday mornings & evenings when the FMH WIC is open but no pharmacies are open; we have determined that this is not a gap in provision	• **No future gaps in pharmaceutical need but there are opportunities for improvements in access and choice** ○ The overall increase in population is relatively small (4.5%). Whilst a small decrease in the number of pharmacies per 100,000 is anticipated, the locality remains above the current Barnet, London and England averages. Taking this into account, alongside the below average dispensing rate, we have concluded that there is sufficient capacity within the existing network of pharmacies to meet the future pharmaceutical needs of the locality's population, including those arising as a result of the regeneration programme ○ ***Improvements could be achieved, now and in the future***, through the provision of additional opening hours particularly on weekday mornings, weekday & Saturday evenings and on Sundays. This would improve alignment with GP opening hours; improve access and choice to pharmacy services; and enhance capacity within the existing network of pharmacies ○ Pharmacies also have the option increasing the number of pharmacists and staff to help meet increases in dispensing volume

3.2.1 Essential Services
3.2.1.5 Future capacity (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for Pharmaceutical Needs of the Locality
Hendon	• By 2018, it is estimated that the locality population will increase by almost 12,000. This would effectively reduce the number of pharmacies per 100,000 by 1.6; moving the locality away from the current London and England averages. It is of note that, within the locality, Colindale (ranked 1 on the IMD) and West Hendon (ranked 3 on the IMD) show a decrease of 2.6 and 1.6 pharmacies per 100,000 respectively • The former ESPLPS is based in Hendon and has returned to the pharmaceutical list (refer to page 26) • The locality is undergoing a significant programme of regeneration (as described on page 46) including several thousand new homes, the creation of new jobs, improved road infrastructure and public transport, a significant expansion of retail space and up to 3 new healthcare centres. In addition, a new town centre will be created. This programme is likely to result in further increases in population (not necessarily accounted for by the SHLAA projections), changes in population demographics and will generate a flux of people entering and leaving the locality on a daily basis • The average no. of items dispensed per pharmacy is below the London and England averages but above the Barnet average • Access to pharmacies, on weekdays and Saturdays is reasonable. However, only one pharmacy opens on weekday mornings by 8am and choice is more limited on weekday & Saturday evenings and on Sundays • There is poor alignment with GP extended opening hours, particularly on weekday mornings (although residents may access the services of a 100 hour pharmacy, in the early morning, just over the border in Brent) • There are periods during the day when the ECH WIC is open but there are no pharmacies open (refer to page 41 for details); we have determined that this is not a gap in provision	• **Opportunities for improvement in access and choice; and there may be future gaps in pharmaceutical need** o The estimated 8.9% increase in population, the local regeneration programme, plans for new healthcare centres and high levels of deprivation (particularly in the wards which are being developed), are significant enough to impact upon capacity to meet future pharmaceutical needs. This is in terms of dispensing, delivery of health promotion & other pharmacy-based services o If the former ESPLPS pharmacy ceases to be viable, capacity will be further reduced. This would also leave a specific gap within this area of Hale ward as this pharmacy is located adjacent to areas with higher levels of deprivation; and is particularly accessible for those who live to the rear of Glengall Road o ***In the short term, improvements*** *could be achieved through* additional pharmacy hours, particularly in the mornings (weekdays, Saturdays and Sundays) and on Sunday evening. This would improve alignment with GP opening hours; improve access and choice to pharmacy-based services; and enhance capacity within the existing network of pharmacies to meet the increasing pharmaceutical needs of the locality o ***In the long term, there may be a future need to increase pharmaceutical provision.*** There is not a national formula to inform an appropriate number and distribution of pharmacies for a given area. We have estimated that two additional pharmacies, ***may*** be required, to maintain the locality at around the Barnet average. This would facilitate ensuring that the future pharmaceutical needs of this locality are met o It is anticipated that any new pharmacies will meet our aspirations for premises and pharmacy services as set out on page 95, particularly in relation to extended hour opening and willingness to provide the full range of pharmaceutical and locally commissioned services o We also see advantages for our population, in terms of integrating care and services, through the co-location of pharmacy services with the new healthcare facilities, once open. Similarly, there would be benefits in terms of access to the local community if a pharmacy is located within the new town centre o The gaps, and associated impact upon future pharmaceutical needs, are based on the assumption that the population grows as described and that the housing, commercial and transport developments come to fruition o Finally, it should be noted that the developments described will continue beyond 2018 and this assessment will need to be revisited in future PNAs

3.2.1 Essential Services

3.2.1.6 Meeting the Needs of Specific Populations

Meeting the needs of those with a protected characteristic		

Age	✓	• Advice and support needs to be tailored according to a patient's age. For example:
		  ○ Older people often take multiple medications and are more susceptible to side effects
		  ○ Parents may require advice on managing their child's medicines during school hours or advice on managing minor ailments; supply of sugar free medicines may be particularly beneficial for children
		• People of working age, may wish to access services outside of normal working hours e.g. on weekdays before or after work; or at weekends

Disability	✓	• Many pharmacy users may be considered as disabled. This may include disability as a consequence of their disease as well as physical, sensory or cognitive impairment
		• Pharmacies offer a range of support including:
		  ○ The provision of large print labels for those who are visually impaired
		  ○ Supply of original packs with braille or medicines labelled in braille for those who are blind
		  ○ The use of hearing loops to aid communication for those with impaired hearing (we have identified that support could be improved
		  ○ Provision of a multi-compartment compliance aids which *may* help to improve adherence in those who have cognitive impairment
		• People with a disability may have to exercise a choice and choose a pharmacy which better addresses their needs

Gender	✓	• We have identified that younger adults, particularly men, are less likely to visit pharmacies. We, therefore, need to ensure that our pharmacies maximise opportunities to target health promotion and public health interventions (e.g. alcohol IBA and stop smoking services) at this group
Race	✓	• Language may be a barrier to effectively delivering advice on taking medicines, health promotion advice and public health interventions. We have identified an opportunity to sign post patients to pharmacies where their first language is spoken • BAME communities are exposed to a range of health challenges from low birth rate and infant mortality through to a higher incidence of long term conditions. People in this group are more likely to take medicines. This provides an opportunity to target health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes
Religion or belief	✓	• Pharmacies are able to provide medicines related advice to specific religious groups and need to be aware of the religious beliefs of the population which they serve. For example, advice on taking medicines during Ramadan; advice on whether or not a medicine contains ingredients derived from animals
Pregnancy and maternity	✓	• Pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning to become pregnant • They play a vital role in helping to ensure that pregnant and breast feeding mothers avoid medicines which may be harmful
Sexual orientation	✖	• No specific needs identified
Gender reassignment	✓	• Pharmacies may be part of the care pathway for people undergoing gender reassignment and play a role in ensuring the medicines which form part of that treatment are available and provided without delay or impediment
Marriage & civil partnership	✖	• No specific needs identified

3.2.1 Essential Services
3.2.1.7 Conclusions

Conclusions on Essential Services

- Essential services are provided by all NHS Pharmaceutical Services contractors. We have, therefore, used provision of these services to explore a range of factors which are relevant to the pharmaceutical needs of our population
- We have determined that essential services are **necessary to meet the pharmaceutical needs of our population** for the following reasons:
  - Dispensing is a fundamental service which ensures that patients can access prescribed medicines in a safe, reliable and timely manner. FP10 prescriptions may only be dispensed by providers of NHS Pharmaceutical Services
  - Through supporting health promotion campaigns; and a proactive approach to delivering health promotion and sign posting advice, community pharmacy plays a valuable role in addressing the health needs, and tackling the health inequalities, of Barnet's population

Distribution of Pharmacies

- Barnet has a below average number of pharmacies and the distribution of these is not uniform
- There is not necessarily a correlation between deprivation and the number of pharmacies per 100,000, particularly in the Hendon locality
- The number of pharmacies per 100,000 generally correlates well with population density; although there are some more densely population areas where residents may have to travel more than a mile to access a pharmacy
- There is a choice of pharmacy in all localities and residents also have the option of accessing a pharmacy within a neighbouring HWB area. Our maps demonstrate that almost all areas of the Borough are within 1 mile of a pharmacy (either within the area or in a neighbouring area). We have estimated (using mapping tools) that all residents may access a pharmacy within 20 minutes by car, when all 78 pharmacies are open

Opening Hours

- In considering opening hours, we have taken into account that Barnet has a relatively high proportion of people who are of working age who may wish to access pharmacy services outside of working hours; and we have looked at the alignment of pharmacy opening hours with other services
- On weekdays (9:30am - 5:30pm) and Saturdays up until 5pm residents have good access to, and a choice of pharmacy. Outside of these hours, we have identified the following gaps, where extending opening hours may result in improvements in access and/or choice. Specifically:
  - Residents in the Chipping Barnet and Hendon localities may have to travel in excess of two miles to access pharmacy services on weekday mornings (before and including 8am) and evenings (7pm onwards); Saturday evenings (after 5pm)
  - On Sundays, some residents in all localities may have to travel 2 miles or further to access pharmacy services
- Barnet GP and pharmacy opening hours do not align well on weekday mornings. There is a gap in terms of timely access to medicines following a GP consultation because a number of GP surgeries (in all localities) open at 7am but no Barnet pharmacies are open before 8am; and there is limited access and a reduced choice of pharmacy services from 8am until 9am which is when the majority of pharmacies open
- Pharmacy opening hours do not necessarily align with the unscheduled care providers at the following times, however, this does not represent a gap because the number of FP10 prescriptions issued at these times is low and we are not aware of any complaints in this respect:
  - **Weekday & Saturday mornings:** the ECH WIC open at 7am but no Barnet pharmacies are open before 8am
  - **Sundays:** Only 3 pharmacies open before 10am and only one remains open after 8pm. All these pharmacies are located in Finchley & Golders Green
  - **Overnight:** There is no access to pharmacy services overnight
- There is a gap on bank holidays, other than Christmas Day and Easter Sunday, in that NHS England do not commission the enhanced service rota
- The availability of pharmacy, and DAC, opening times and services is not well publicised; some residents do not have access to the internet to review NHS choices (which may be out of date)

3.2.1 Essential Services
3.2.1.7 Conclusions (cont...)

Conclusions on Essential Services

Dispensing

- The dispensing rate for Barnet pharmacies is lower than the majority of our CIPFA comparators and the London & England averages
- 79.3% of prescription items written by GPs in Barnet are dispensed by Barnet pharmacies. Out of area pharmacies, DACs and personally administered items by GPs account for the other 20.7%
- There is scope to increase repeat dispensing services because of the benefits for patients and the health economy in general

Access & Support for People with Disabilities

- Some pharmacies within Barnet have taken steps to provide support for people with physical, sensory and cognitive impairment and disabilities

Future Capacity

- In considering future capacity we have taken into account the trend for growth in prescription items, the local housing & regeneration programme; and have looked at these in the context of opening hours, deprivation and population density. We have identified that there may be insufficient future capacity, to meet the pharmaceutical needs of the Hendon locality which has high levels of deprivation and is set to see significant population growth as a result of a programme of commercial and housing developments

Overall Conclusions for Essential Services

Current Need

- Additional pharmacy opening hours are needed between 7-9 am on weekdays, in all localities, to ensure alignment with GP opening hours and to promote timely access to dispensing
- Additional pharmacy provision is required on all bank holidays (not just Christmas Day and Easter Sunday)
- Up to date information on pharmacy and DAC opening hours and services, is needed in a variety of forms, rather than relying on NHS Choices

Future Need

- Additional pharmacies may be required, in the Hendon locality, to meet the future pharmaceutical needs of the population arising as a result of population growth and the local regeneration programme; we have estimated that two additional pharmacies would be sufficient to maintain the locality at around the current Barnet average. Ideally there will be co-location with new healthcare centres; and a pharmacy based in the new town centre
- If Barnet GPs move to a 7 day a week service, the current pattern of pharmacy opening hours may need to be reviewed, to ensure that residents can secure timely access to medicines following a GP consultation. At the time of publication, the arrangements for the operational delivery, and timescales, of such changes are not known

Current and Future Improvements or Better Access

- In all localities, additional opening hours on weekday mornings (before 9am), weekday and Saturday evenings and on Sundays, would improve access, convenience and choice to dispensing and other essential services, both now and in the future. This would be beneficial for residents who work full time and who prefer to use a pharmacy outside of working hours; and would facilitate ensuring there is sufficient capacity to meet the future pharmaceutical needs of a growing population
- More pharmacies could provide support for people with disabilities, particularly those with hearing impairment
- Community pharmacy is not optimally utilised particularly in the context of a primary care led NHS and improving the health of the population

3.2.2 Premises

3.2.2.1 Consultation Areas

Overview

- Consultation areas provide a place in which private discussions may be held within a pharmacy. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services and also facilitate confidentiality when a pharmacy user wishes to seek advice on a sensitive matter
- For advanced services, the characteristics of a pharmacy consultation area have been defined[9]:
  - There must be a sign designating the private consultation area.
  - The area or room must be:
    - Clean and not used for the storage of any stock
    - Laid out and organised so that any materials or equipment which are on display are healthcare related
    - Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected
- In recognition of the interdependency between the commissioning of a broad range of services and the presence of a suitable consultation area, we explored the facilities available in our community pharmacy questionnaire; the table on the right summarises the results.

Conclusions on Consultation Areas

- Almost all pharmacies (91%) have at least one consultation area which in the majority of cases is a confidential closed room (85%); 6 pharmacies have two consultation areas
- Most consultation areas are well equipped, but there opportunities to:
  - Ensure the use of technology is embraced in order to facilitate confidential discussions and information exchange, where required by the service
  - Improve security through the use of CCTV and panic buttons
  - Make adaptations to support those with disabilities, particularly meeting the needs of wheelchair users and those with a hearing impairment
- 51% pharmacies said they are willing to provide consultations in a patient's home; this would support improving access for the housebound and/or those who find it difficult to access pharmacy services without support from a carer

Consultation Areas & Facilities

Feature	Rationale	No. (n=78)	%
On-site	Facilitates 'walk in' approach to service delivery	71	91%
Closed room	For confidentiality	66	85%
Space for a chaperone	Important for patients who wish to be accompanied during a consultation	51	65%
Wheel chair access	Improves access to a confidential area for those with a physical disability	48	62%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	15	19%
Computer	For contemporaneous patient records	49	63%
Internet access	Access to on-line resources	53	68%
Medication records	Access to patients' medication history during the consultation	40	51%
Telephone	Allows confidential calls to be made	31	40%
Sink with hot water	Required for services which include examination or taking samples	46	59%
Examination couch	Allows for a broader range of services to be provided	8	10%
CCTV	Affords protection and security	8	10%
Panic button	Affords protection and security	18	23%
Other Facilities on the Premises			
Patient toilet	Facilitates provision of samples	35	45%

* Results include the DAC but exclude the pharmacy which did not respond to the questionnaire (Akshar Pharmacies)

3.2.3 Advanced Services

3.2.3.1 Medicines Use Review & Prescription Interventions

Overview

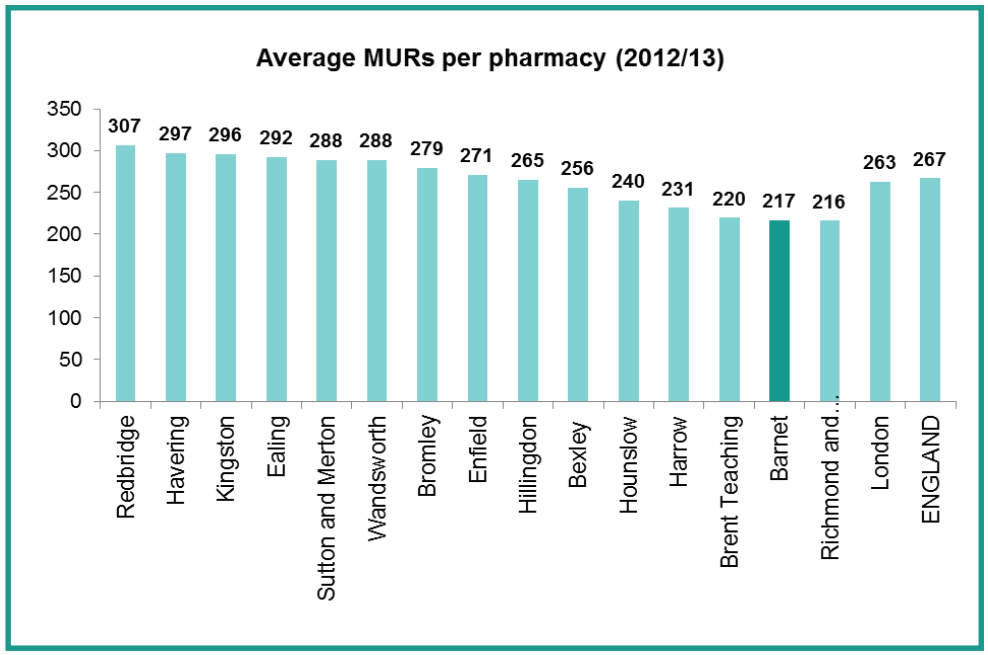
- The Medicines Use Review (MURs) & Prescription Intervention (PI) service consists of structured reviews for people taking multiple medicines
- The service aims to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste
- MURs tend to be proactive and targeted at specific patient groups whereas PIs are more reactive and are usually undertaken following the identification of a serious adherence issue
- The pharmacy must have a consultation area which complies with specified criteria; and the pharmacist undertaking the service must be accredited to do so. A pharmacy may also seek permission, from NHS England, to provide MURs in the domiciliary setting
- A pharmacy may:
  - Only offer an MUR to a patient who has been using the pharmacy for 3 months or more (this is known as the '3 month rule') . The 3 month rule does not apply to prescription interventions
  - Undertake up to 400 MURs per annum
  - From 2014/15, 70% of MURs must be directed to target groups i.e.
    - People on high risk medicines (NSAIDs, anti-coagulants, anti-platelets, diuretics)
    - Those who have been recently discharged from hospital
    - People who have been prescribed certain respiratory medicines
    - Those taking 4 or more medicines and who either have cardiovascular disease or whom are at risk of cardiovascular disease

The Evidence Base

- The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies[10]:
  - 49% of patients reported receiving recommendations to change how they take their medicines, and of these 90% were likely to make the change(s)
  - 77% had their medicines knowledge improved by the MUR
  - 97% of patients thought the place where the MUR was conducted was sufficiently confidential
  - 85% of patients scored the MUR 4 or 5 on a usefulness scale where 1 was not useful and 5 very useful

The Current Picture

- 70 (90%) pharmacies offer Medicine Use Reviews
- The graph below compares Barnet with our CIPFA comparators:
  - In Barnet, the average number of MURs per pharmacy was 217
  - This performance is significantly below most of our comparators areas; and the London & England averages
  - All areas are below the maximum threshold of 400 MURs per annum.
- The table (next page) demonstrates:
  - Good access on weekdays (9:30am–5:30pm) & Saturdays (10am–1pm).
  - Limited access on weekday mornings (up until, and including 8am), Saturday evenings, weekday evenings and Sundays
- **Map 8** shows a good distribution of pharmacies offering the service.
- With respect to activity (see lower table on next page):
  - All pharmacies which offer the service are active
  - There is variation between pharmacies in terms of the number of MURs undertaken with pharmacies in Chipping Barnet being the most active
  - Overall, 14,357 MURs were undertaken (against a possible maximum of 28,000)



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

3.2.3 Advanced Services

3.2.3.1 Medicines Use Review & Prescription Interventions

Locality	Ward	Number of Pharmacies Offering Medicines Use Review & Prescription Interventions									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	3	1	0	0	3	0	0	0	0
	Coppetts	0	3	3	0	0	3	3	1	1	0
	East Barnet	1	3	1	0	0	2	2	1	1	0
	High Barnet	0	4	1	1	0	4	3	0	1	0
	Oakleigh	0	3	2	0	0	3	2	0	0	0
	Totteridge	0	2	1	0	0	2	1	1	1	0
	Underhill	0	1	0	1	1	1	0	0	0	0
Finchley & Golders Green	Childs Hill	0	7	4	0	0	6	6	3	2	1
	East Finchley	0	4	1	0	0	4	3	0	0	0
	Finchley Church End	0	2	0	0	0	2	1	0	0	0
	Garden Suburb	0	6	1	1	0	3	3	0	2	0
	Golders Green	0	1	0	1	0	0	0	0	1	1
	West Finchley	1	5	2	0	0	5	3	1	1	1
	Woodhouse	1	3	1	0	0	3	3	1	2	1
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	1	2	1	0	0	2	2	1	1	1
	Edgware	0	5	3	0	0	4	3	0	2	1
	Hale	0	3	0	2	1	3	0	0	1	0
	Hendon	0	4	2	0	0	3	1	0	0	0
	Mill Hill	0	5	1	0	0	4	2	0	2	1
	West Hendon	0	3	2	0	0	2	2	1	1	1
Grand Total		**4**	**70**	**28**	**6**	**2**	**60**	**41**	**10**	**19**	8
Percentage of Total		5%	90%	36%	8%	3%	77%	53%	13%	24%	10%

	MUR Activity 2013/14			
	Chipping Barnet	Finchley & Golders Green	Hendon	Barnet
No. of active pharmacies (2013/14)	19	28	23	70
No. MURs undertaken (range)	9 - 405	1- 400	3 - 404	1 - 405
Total Activity	5,350	4,178	4,829	14,357
MURs per 1,000 people	46.3	32.9	36.2	38.2

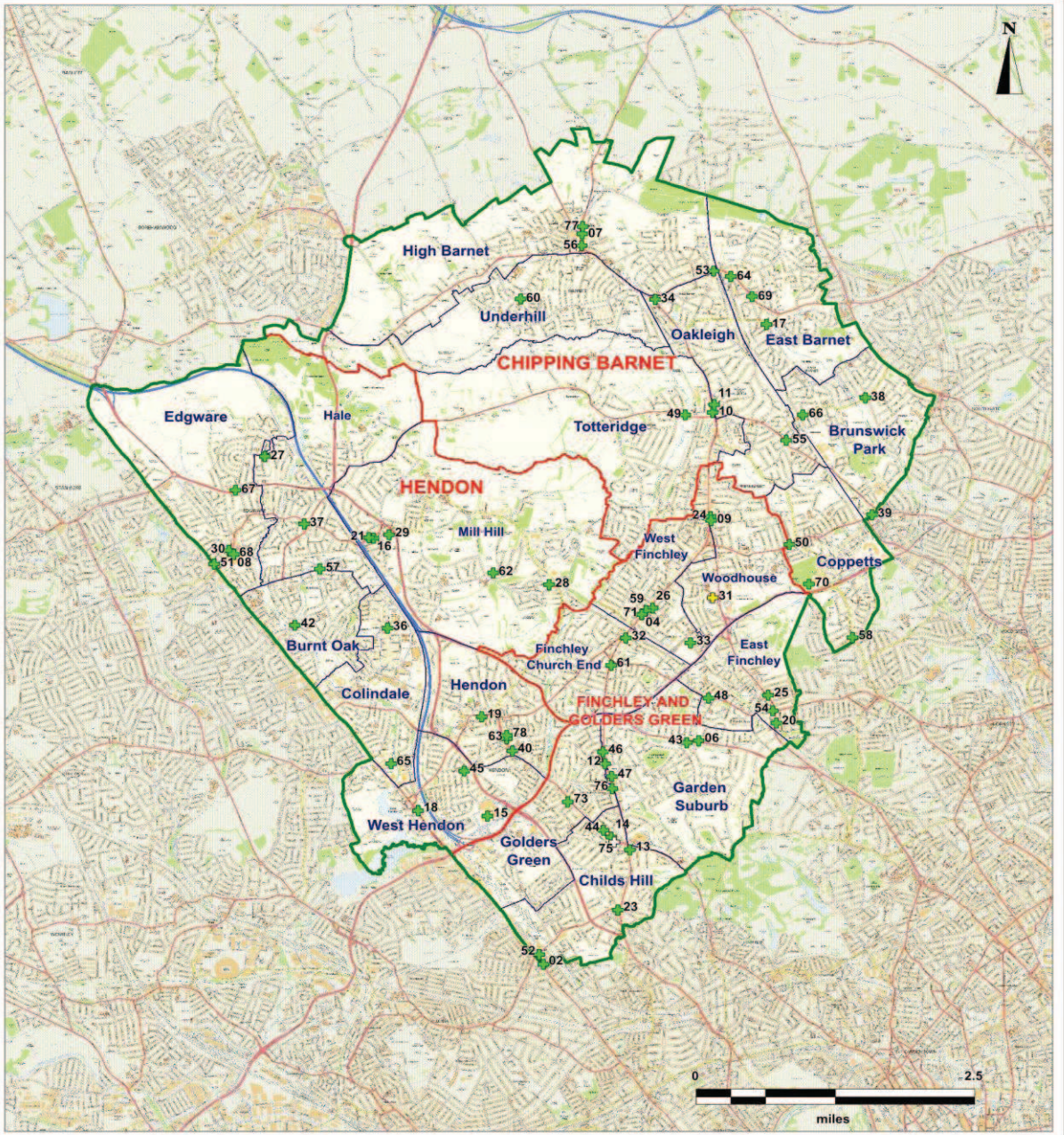
Pharmaceutical Needs Assessment
Map 8: Medicine Use Reviews & Prescription Interventions

Legend

- Pharmacies
- 100 Hour Pharmacies
- LPS Pharmacies
- Barnet
- Barnet Localities
- Wards

Barnet Pharmacies

02 Acktar Chemists - NW2 3EE
04 Aucklands Pharmacy - N3 1XP
06 Bishops Pharmacy - N2 0DW
07 Boots - EN5 5XP
08 Boots - HA8 7BD
09 Boots - N12 9QR
10 Boots - N20 9HS
11 Boots - N20 9HJ
12 Boots - NW11 0QS
13 Boots - NW11 7RR
14 Boots - NW11 8LN
15 Boots - NW4 3FB
16 Boots - NW7 3LH
17 Brand-Russell Chemist - EN4 8TD
18 Broadway Chemist - NW9 7EE
19 C.J. Pharmacy - NW4 4EB
20 C.W. Andrew Pharmacy - N2 9PJ
21 Care Chemists - NW7 3DA
23 Castle Chemist - NW2 2QJ
24 Charles Sampson Pharmacy - N12 9QU
25 Cootes Pharmacy - N2 9AS
26 Cootes Pharmacy - N3 2DN
27 Cullimore Chemist - HA8 8SX
28 Day Lewis Pharmacy - NW7 1AF
29 Day Lewis Pharmacy - NW7 2HX
30 Derek Clarke Pharmacy - HA8 7JH
31 Fairview Pharmacy - N12 0JE
32 Gateway Chemist - N3 2LN
33 Gordon Smith Pharmacy - N3 2RA
34 Greenfield Pharmacy - EN5 1ES
36 H.A. McParland Chemist - NW9 5XB
37 Hale Pharmacy - HA8 9QW
38 Hampden Square Pharmacy - N14 5JR
39 Haria Chemists - N11 1NE
40 HC Heard Chemists - NW4 2ES
42 Heron Pharmacy - HA8 0EJ
43 Hugh Lloyd Dispensing Chemist - NW11 6JJ
44 Jethro's Ltd - NW11 8HB
45 John Wilson Chemists - NW4 3UX
46 Landy's Chemist - NW11 0AA
47 Landy's Express - NW11 7TH
48 Links Pharmacy - N2 0SZ
49 Lipkin Chemist - N20 8QG
50 Lloydspharmacy - N12 9AY
51 Mango Pharmacy - HA8 7HF
52 Maxwell Gordon Pharmacy - NW2 1EX
53 Mountford Chemists - EN4 8RR
54 Oakdale Pharmacy - N2 8AQ
55 Oakleigh Pharmacy - N20 0TX
56 Parry Jones & Co - EN5 5UR
57 Pharmco Chemist - HA8 9BU
58 Pharmocare - N10 1LR
59 Pickles Chemist - N3 1XT
60 Prima Pharmacy - EN5 2TB
61 Reena Pharmacy - N3 3HP
62 Regent Pharmacy - NW7 2NU
63 Sabel Chemist - NW4 2DT
64 Sainsbury's Pharmacy - EN4 8RQ
65 Sainsbury's Pharmacy - NW9 6JX
66 Shore Pharmacy - N20 0BA
67 Singer Pharmacy - HA8 8JS
68 Superdrug Pharmacy - HA8 7BD
69 SVR Chemist Ltd - EN4 8QZ
70 Tesco Instore Pharmacy - N12 0SH
71 Tesco Instore Pharmacy - N3 1XP
73 Victoria Pharmacy - NW11 9ES
75 Warman-Freed Pharmacy - NW11 8EL
76 Westlake Pharmacy - NW11 7ES
77 Wilkinson Chemist - EN5 5SZ
78 Zaxgate Ltd - NW4 2EL



3.2.3 Advanced Services

3.2.3.1 Medicines Use Review & Prescription Interventions

Meeting the needs of those with a protected characteristic		
Age	✓	Older people, on multiple medications for long term conditions may require MURs. People of working age may wish to access this service during extended hours
Disability	✓	MURs help to assess & provide support to patients to help improve adherence to medicines e.g. provision of large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment
Gender	×	No specific needs identified
Race	✓	Language may be a barrier to delivering MURs
Religion or belief	×	No specific needs identified
Pregnancy and maternity	✓	MURs may help women who are planning pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	×	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines
Marriage & civil partnership	×	No specific needs identified

Further Provision

- We would like to see all Barnet pharmacies offering MURs to address the gap, whereby some residents cannot access the service because it is not offered by their regular pharmacy
- We wish to see all pharmacies targeting the service at people who will benefit the most. This will support pharmacies delivering the maximum number of MURs per annum
- To improve access we would like to see more pharmacies opening earlier in the morning and staying open later in the evening, where there is a demand for service provision at these times
- Providing MURs in the domiciliary setting would allow pharmacies without a consultation area to deliver the service; & may improve access for people who are less able to visit a pharmacy

The Future

We anticipate there will be an increase in the number of people requiring MURs as our population ages, as a result of population growth & local housing developments and because of local strategy to provide more care outside of hospital. Our benchmarking analysis demonstrates that there is sufficient capacity, within the current pharmacy network, to meet this future need.

Conclusions

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:
  - People with long term conditions with multiple medicines benefit from regular reviews
  - It is estimated that up to 20% of all hospital admissions are medicines related[11] and arise as a result of treatment failure or unintended consequence (e.g. a side effect or taking the wrong dose).
- We have determined that MURs are not necessary to meet a pharmaceutical need, but are **relevant** in that they **improve access** to medicines reviews and clinical support. The following factors have influenced this decision:
  - Whilst MURs may only be provided by community pharmacists there are other comparable services that can be provided by other healthcare professionals (e.g. practice nurses, hospital pharmacists)
  - There is published evidence to demonstrate the benefits of MURs
  - There is good alignment with local strategic priorities in that MURs contribute towards the effective management of long term conditions
- 70 pharmacies offer the service; 5 are willing to do so in the future
- We have identified the following gaps:
  - 8 pharmacies don't offer the service at all
  - Limited access on weekday & Saturday mornings up until including 8:00am; Saturday afternoons; and Sundays. This pattern of opening may present a constraint for people who work full time and who may prefer to use pharmacy services in the early morning or at the weekend
  - There is scope for pharmacies to increase the number of MURs which are undertaken; this applies to all localities
  - The 3 month rule means that the service may not be accessed from a pharmacy other than the regular pharmacy. This has implications in that residents using pharmacies which don't offer the service and those who wish to use the service during extended hours cannot choose to go to alternative pharmacy

3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Overview

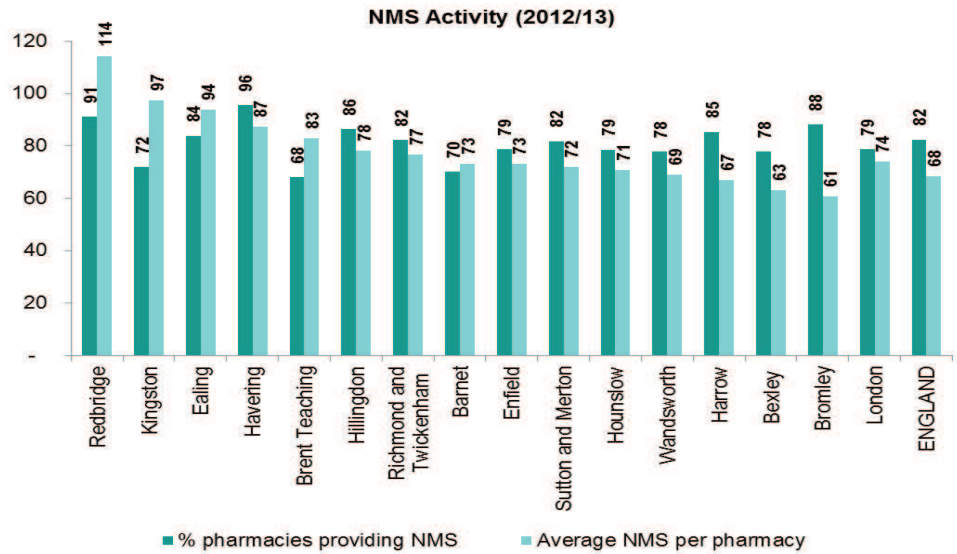
- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a **newly prescribed medicine**, to help improve medicines adherence
- The service is focused on the following patient groups and conditions:
  - Asthma and COPD
  - Diabetes (Type 2)
  - Hypertension
  - Antiplatelet / anticoagulant therapy
- Patients are either referred into the service by a prescriber when a new medicine is started (this can be from primary or secondary care) or are identified opportunistically by the community pharmacist
- The number of NMS interventions which a pharmacy may undertake is linked to their volume of dispensing in any given month

The Evidence Base

- A recent randomised controlled trial[11] demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and be cost effective:
  - The NMS increased adherence by around 10% and increased identification in the numbers of medicine related problems and solutions
  - Economic modelling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less than the those in the comparator group
  - Pharmacy ownership however, was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent
- In a study evaluating a telephone based pharmacy advisory service[12], pharmacists met patients' needs for information and advice on medicines, when starting treatment

The Current Picture

- 60 (77%) pharmacies offer the NMS
- Benchmarking data (graph below) summarises Barnet's provision and performance against our CIPFA comparators:
  - The proportion of pharmacies offering the service is lower than the London and England average and many of our comparator areas
  - The average number of NMS reviews undertaken is on par with the London average but higher than the England average
- The table (next page) shows:
  - Good access on weekdays (9:30am–5:30pm) & Saturdays (10am– 1 pm)
  - More limited access on weekday mornings (up until, and including 8am), Saturday evenings, weekday evenings and Sundays
- **Map 9** shows a good distribution of pharmacies offering the service
- With respect to activity (see lower table on next page):
  - All pharmacies which offer the service are active
  - There is variation between pharmacies in terms of the number of NMS reviews undertaken. Pharmacies in Chipping Barnet are most active; the number of reviews undertaken in Finchley and Golders Green is very low



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

3.2.3 Advanced Services
3.2.3.2 New Medicine Service (NMS)

Locality	Ward	Number of Pharmacies Offering the New Medicine Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	3	1	0	0	3	0	0	0	0
	Coppetts	0	2	2	0	0	2	2	1	1	1
	East Barnet	1	3	1	0	0	2	2	1	1	0
	High Barnet	0	4	1	1	0	4	3	0	1	0
	Oakleigh	0	3	2	0	0	3	2	0	0	0
	Totteridge	0	2	1	0	0	2	1	1	1	0
	Underhill	0	1	0	1	1	1	0	0	0	0
Finchley & Golders Green	Childs Hill	0	5	2	0	0	5	5	2	1	3
	East Finchley	0	4	1	0	0	4	3	0	0	0
	Finchley Church End	0	2	0	0	0	2	1	0	0	0
	Garden Suburb	0	5	1	1	0	3	3	0	2	1
	Golders Green	0	1	0	1	0	0	0	0	1	1
	West Finchley	1	3	1	0	0	3	1	1	1	3
	Woodhouse	1	2	1	0	0	2	2	1	2	2
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	1	2	1	0	0	2	2	1	1	1
	Edgware	0	5	3	0	0	4	3	0	2	1
	Hale	0	2	0	2	1	2	0	0	0	1
	Hendon	0	2	0	0	0	2	1	0	0	2
	Mill Hill	0	5	1	0	0	4	2	0	2	1
	West Hendon	0	3	2	0	0	2	2	1	1	1
Grand Total		**4**	**60**	**22**	**6**	**2**	**53**	**36**	**9**	**17**	**18**
Percentage of Total		5%	77%	28%	8%	3%	68%	46%	12%	22%	**23%**

	NMS Activity 2013/14			
	Chipping Barnet	Finchley & Golders Green	Hendon	Barnet
No. of active pharmacies (2013/14)	18	22	20	60
No. NMS Reviews undertaken (range)	1 - 430	1- 110	3 - 404	2 - 261
Total Activity	1,575	599	1,374	3,548
NMS reviews per 1,000 people	13.6	4.7	10.3	9.4

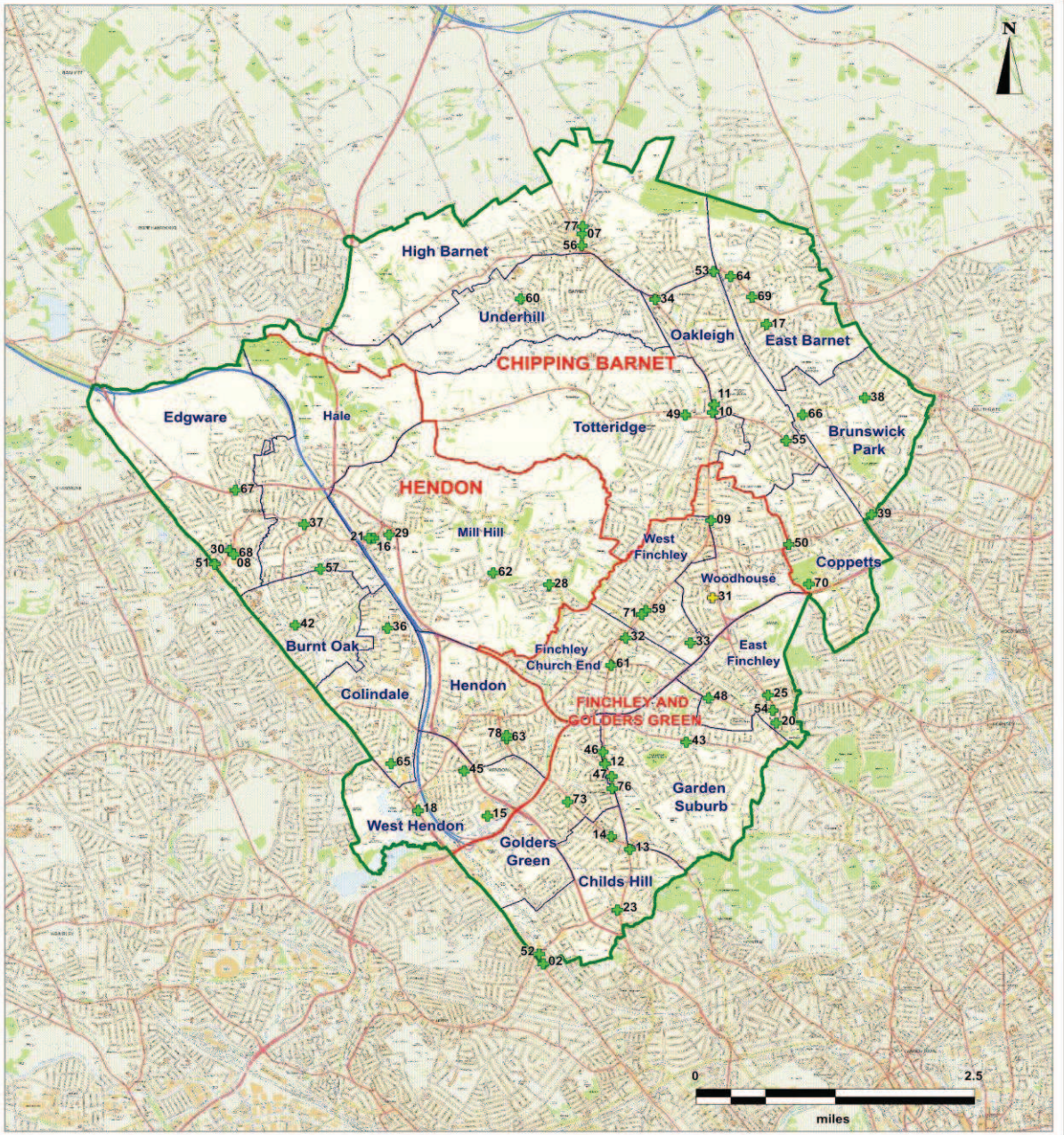
Pharmaceutical Needs Assessment
Map 9: New Medicine Service

Legend

- Pharmacies
- LPS Pharmacies
- Barnet
- Barnet Localities
- Wards

Barnet Pharmacies

02 Acktar Chemists - NW2 3EE
07 Boots - EN5 5XP
08 Boots - HA8 7BD
09 Boots - N12 9QR
10 Boots - N20 9HS
11 Boots - N20 9HJ
12 Boots - NW11 0QS
13 Boots - NW11 7RR
14 Boots - NW11 8LN
15 Boots - NW4 3FB
16 Boots - NW7 3LH
17 Brand-Russell Chemist - EN4 8TD
18 Broadway Chemist - NW9 7EE
20 C.W. Andrew Pharmacy - N2 9PJ
21 Care Chemists - NW7 3DA
23 Castle Chemist - NW2 2QJ
25 Cootes Pharmacy - N2 9AS
28 Day Lewis Pharmacy - NW7 1AF
29 Day Lewis Pharmacy - NW7 2HX
30 Derek Clarke Pharmacy - HA8 7JH
31 Fairview Pharmacy - N12 0JE
32 Gateway Chemist - N3 2LN
33 Gordon Smith Pharmacy - N3 2RA
34 Greenfield Pharmacy - EN5 1ES
36 H.A. McParland Chemist - NW9 5XB
37 Hale Pharmacy - HA8 9QW
38 Hampden Square Pharmacy - N14 5JR
39 Haria Chemists - N11 1NE
42 Heron Pharmacy - HA8 0EJ
43 Hugh Lloyd Dispensing Chemist - NW11 6JJ
45 John Wilson Chemists - NW4 3UX
46 Landy's Chemist - NW11 0AA
47 Landy's Express - NW11 7TH
48 Links Pharmacy - N2 0SZ
49 Lipkin Chemist - N20 8QG
50 Lloydspharmacy - N12 9AY
51 Mango Pharmacy - HA8 7HF
52 Maxwell Gordon Pharmacy - NW2 1EX
53 Mountford Chemists - EN4 8RR
54 Oakdale Pharmacy - N2 8AQ
55 Oakleigh Pharmacy - N20 0TX
56 Parry Jones & Co - EN5 5UR
57 Pharmco Chemist - HA8 9BU
59 Pickles Chemist - N3 1XT
60 Prima Pharmacy - EN5 2TB
61 Reena Pharmacy - N3 3HP
62 Regent Pharmacy - NW7 2NU
63 Sabel Chemist - NW4 2DT
64 Sainsbury's Pharmacy - EN4 8RQ
65 Sainsbury's Pharmacy - NW9 6JX
66 Shore Pharmacy - N20 0BA
67 Singer Pharmacy - HA8 8JS
68 Superdrug Pharmacy - HA8 7BD
69 SVR Chemist Ltd - EN4 8QZ
70 Tesco Instore Pharmacy - N12 0SH
71 Tesco Instore Pharmacy - N3 1XP
73 Victoria Pharmacy - NW11 9ES
76 Westlake Pharmacy - NW11 7ES
77 Wilkinson Chemist - EN5 5SZ
78 Zaxgate Ltd - NW4 2EL



BARNET LONDON BOROUGH

3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Meeting the needs of those with a protected characteristic		
Age	✓	Older people on multiple medications for long term conditions may benefit from the NMS. People of working age may wish to access this service during extended hours
Disability	✓	The NMS helps to assess & provide support to patients to help improve adherence to medicines e.g. large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the NMS
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	NMS may help women who are *planning* pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- We would like to see all pharmacies offer the NMS; where a pharmacy does not offer the service, they should be encouraged to signpost to an alternative pharmacy
- To improve access we would like to see more pharmacies opening earlier in the morning and staying open later in the evening, where there is a demand for service provision at these times
- Adopting an integrated approach to service delivery, whereby pharmacies and prescribers in primary and secondary work closely together, may increase the number of people referred into the service and secure improvements for patients

The Future

- The NMS was originally implemented as a time-limited intervention. NHS England has stated it will continue to commission the service in 2014/15. *We wish to see all pharmacies in Barnet offering, and proactively delivering the service, for as long as this is commissioned .*
- Our benchmarking analysis demonstrates there is sufficient capacity in the system, to meet any increased future demand

Conclusions

- The NMS has been shown to improve adherence with a newly prescribed medicine; helps to manage medication related risks; and improves outcomes through tackling the following problems[11]:
  - Only 16% people take a new medicine as prescribed
  - 10 days after starting a new medicine, almost one third of patients are non-adherent
  - Up to 20% of hospital admissions are medicines-related and arise as a result of failure or unintended consequence of the prescribed medicine
- On balance, we have determined that the service is not necessary to meet a pharmaceutical need, but is **relevant in that it improves access to medicines reviews and clinical support.** The following factors have influenced this decision:
  - The service may only be provided by community pharmacists but other healthcare professionals may offer comparable services
  - There is published evidence to demonstrate the benefits of the NMS
  - There is good alignment with local strategic priorities in that the service contributes towards the effective management of long term conditions and admission avoidance
  - The number of reviews undertaken in Barnet is on par with London and higher than England averages
  - The long term future of the service is not known at this point in time.
- 60 pharmacies offer the service; a further 11are willing to do so
- We have identified the following gaps:
  - 18 pharmacies don't offer the service at all
  - Limited access on weekday & Saturday mornings up until including 8:00am; Saturday afternoons; and Sundays. This pattern of opening may present a constraint for people who work full time and who may prefer to use pharmacy services in the early morning or at the weekend
  - There is variation between localities with respect to the number of reviews undertaken but the reasons for this are not clear

3.2.3 Advanced Services
3.2.3.3 Stoma Appliance Customisation Service (SACS)

Overview

- This service involves the customisation of stoma appliances, based on a patient's measurements or a template
- The aim of the service is to ensure proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste
- There are no limits on the number of SACS which may be undertaken

The Current Picture

- 6 (8%) pharmacies and the DAC advised us, in the community pharmacy questionnaire, that they offer the SAC service:
  - No pharmacies in Chipping Barnet offer the service
  - There is one or more pharmacies offering the service, on weekdays and Saturdays and Sundays in the other two localities
  - On Sundays, only one pharmacy in the Golders Green & Finchley locality offers the service
- 51 of the 72 pharmacies which don't offer the service, told that they would be willing to provide the service in the future
- Benchmarking data (table on the right) for 2012/13 shows the number of SACS undertaken by Barnet pharmacies compared with our CIPFA comparators and demonstrates:
  - The areas which have a dispensing appliance contractors, which includes Barnet (all highlighted in the table) have much higher activity
  - The areas which only have community pharmacies have significantly lower activity
- With respect to non-pharmacy providers, stoma customisation is a specialist service and many residents will be supported by the hospital or clinic responsible for their on-going care

The Evidence Base

- There is no published evidence to demonstrate the benefits of SACS
- The stated benefits of improving the duration of usage and reducing waste are theoretical

CIPFA Comparator Area	SAC Service 2012/13	
	Total	Average No. per Pharmacy / DAC
Wandsworth	7,598	7,598
Brent Teaching	6,708	6,708
Kingston	6,253	3,127
Sutton and Merton	5,983	1,197
Barnet	**834**	**278**
Redbridge	107	27
Havering	70	18
Enfield	65	9
Bromley	63	9
Ealing	43	14
Bexley	29	6
Richmond and Twickenham	15	8
Hillingdon	12	6
Hounslow	8	4
Harrow	5	5
London	70,883	921
England	1,117,971	635

3.2.3 Advanced Services
3.2.3.3 Stoma Appliance Customisation Service (SACS)

Locality	Ward	Number of Pharmacies Offering the Stoma Appliance Customisation Service			Not offered at all
		Weekdays	Saturdays	Sunday	
Chipping Barnet	Brunswick Park	0	0	0	3
	Coppetts	0	0	0	3
	East Barnet	0	0	0	3
	High Barnet	0	0	0	4
	Oakleigh	0	0	0	3
	Totteridge	0	0	0	2
	Underhill	0	0	0	1
Finchley & Golders Green	Childs Hill	0	0	0	8
	East Finchley	0	0	0	4
	Finchley Church End	0	0	0	2
	Garden Suburb	0	0	0	6
	Golders Green	1	0	1	1
	West Finchley	2	2	0	4
	Woodhouse	0	0	0	4
Hendon	Burnt Oak	1	1	0	0
	Colindale	0	0	0	3
	Edgware	0	0	0	6
	Hale	0	0	0	3
	Hendon	0	0	0	4
	Mill Hill	1	1	1	5
	West Hendon	1	1	1	3
Grand Total		6	5	3	72
Percentage of Total		8%	6%	4%	92%

The DAC, located in Colindale ward in the Hendon Locality, provides the Stoma Appliance Customisation Service

3.2.3 Advanced Services
3.2.3.3 Stoma Appliance Customisation Service (SACS)

SACS – Out of Area Provision

- In order to effectively review out of area provision of SACS, it is necessary to review the dispensing of stoma appliances
- The total number of stoma appliances, dispensed against prescriptions issued by Barnet GPs was 22,628 (Jun 13 – May 14)
- The table on the right summarises how this breaks down between Barnet and out of area pharmacies and DACs:
  - 29.3% of items were dispensed within Barnet. Barnet pharmacies dispensed anywhere between 1 and 658 items.
  - 70.7% of items were dispensed outside of the area.
- Taking the above into account, it follows that a significant proportion of Barnet residents will access the SACS outside of the area

Meeting the needs of those with a protected characteristic		
Age	✓	Older people are more likely to have stomas and therefore may require access to the SACS
Disability	✓	SACS help to assess need & provide support to help people with disabilities manage their stoma
Gender	×	No specific needs identified
Race	✓	Language may be a barrier to delivering successful SACS
Religion or belief	×	No specific needs identified
Pregnancy and maternity	✓	SACS may be required during pregnancy to help accommodate changing body shape
Sexual orientation	×	No specific needs identified
Gender reassignment	×	No specific needs identified
Marriage & civil partnership	×	No specific needs identified

Stoma Appliance Dispensing			
		Items	% Total
Barnet Pharmacies & DAC	Chipping Barnet	1711	7.6%
	Finchley & Golders Green	2476	10.9%
	Hendon	2449	10.8%
	Total Barnet	**6,636**	**29.3%**
Out of Area Pharmacies	>100 items per pharmacy / DAC	1,448	6.4%
	<100 items per pharmacy / DAC	14,544	64.3%
	Total - Out of Area	**15,992**	**70.7%**

Conclusions

- The service aims to ensure the proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste
- Within Barnet, 5 pharmacies and 1 DAC provide the SAC service. Whilst access and choice are limited the benchmarking data shows that activity rates are average
- We have concluded that the pharmacy & DACs based SAC service, within Barnet, is not necessary to meet a pharmaceutical need but it is a **relevant service** for the following reasons:
  - Our analysis of dispensing indicates that Barnet residents may choose to access pharmacy or DAC based stoma customisation both within and outside of the area. They may also opt to receive stoma customisation support from the hospital or clinic providing their ongoing care i.e. the pharmacy or DAC based service offers improvements in relation to choice and accessibility
  - The SAC service provides theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved patient outcomes or value for money
- 51 pharmacies stated in our pharmacy survey, that they would be willing to provide the service in the future
- We have not identified any current or future gaps with the service

3.2.3 Advanced Services
3.2.3.4 Appliance Use Reviews (AURs)

Overview
- Appliance Use Reviews (AURs) may be provided by community pharmacies and dispensing appliance contractors. They may be carried out by an appropriately trained pharmacist or specialist nurse either within the contractor's premises or in a patient's own home
- The purpose of AURs is to improve a patient's knowledge and use of any 'specified appliance' that they have been prescribed. The pharmacy would normally dispense and undertake a review with a view to improving adherence and to minimise waste by resolving any issues related to poor or ineffective use of the appliance by the patient
- The number of AURs which may be undertaken is linked to the volume of appliances dispensed i.e. 1/35 of specified appliances (see box on the right)

The Current Picture
- 7 (9%) pharmacies and the DAC advised us, in the community pharmacy questionnaire, that they offer the AUR service:
  - No pharmacies in Chipping Barnet offer the service
  - There are one or more pharmacies offering the service on weekdays in Hendon and Finchley and Golders Green
  - On Saturdays and Sundays only one pharmacy offers the service in the Finchley & Golders Green locality
  - On Sundays, only 3 pharmacies offering the service are open across the whole of Barnet
- 54 of the 71 pharmacies which don't offer the service, told us that they would be willing to provide the service in the future
- Benchmarking data (table on the right) for 2012/13 shows that Barnet pharmacies only provided 22 AURs and these were all provided at home. NHS England has advised us that there has been no pharmacy-related activity since 2013
- CIPFA comparator areas, with the exception of those which have a DAC, do not provide this service
- With respect to non-pharmacy providers, advice on the use of appliances may be offered by the hospital or clinic responsible for ongoing care

Specified Appliances
- Catheter appliances, accessories & maintenance solutions
- Laryngectomy or tracheostomy appliance
- Anal irrigation kits
- Vacuum pump or constrictor rings for erectile dysfunction
- Stoma appliances
- Incontinence appliances

The Evidence Base
- There is no published evidence to demonstrate the benefits of AURs
- The stated benefits of improving adherence and reducing waste are theoretical

ONS Comparator Area	No. of AURs provided (2012/13)			
	Home	Premises	Total	% at Home
Brent Teaching	311	10	321	97%
Wandsworth	173	147	320	54%
Barnet	**22**	**0**	**22**	**100%**
Sutton and Merton	7	0	7	100%
Bexley	0	0	0	0%
Bromley	0	0	0	0%
Ealing	0	0	0	0%
Enfield	0	0	0	0%
Harrow	0	0	0	0%
Havering	0	0	0	0%
Hillingdon	0	0	0	0%
Hounslow	0	0	0	0%
Kingston	0	0	0	0%
Redbridge	0	0	0	0%
Richmond and Twickenham	0	0	0	0%
London	1820	354	2174	84%
England	23,554	4593	28147	84%

3.2.3 Advanced Services
3.2.3.4 Appliance Use Reviews (AURs)

Locality	Ward	Number of Pharmacies Offering Appliance Use Reviews			Not offered at all
		Weekdays	Saturdays	Sunday	
Chipping Barnet	Brunswick Park	0	0	0	3
	Coppetts	0	0	0	3
	East Barnet	0	0	0	3
	High Barnet	0	0	0	4
	Oakleigh	0	0	0	3
	Totteridge	0	0	0	2
	Underhill	0	0	0	1
Finchley & Golders Green	Childs Hill	0	0	0	8
	East Finchley	0	0	0	4
	Finchley Church End	0	0	0	2
	Garden Suburb	0	0	0	6
	Golders Green	1	0	1	1
	West Finchley	1	1	0	4
	Woodhouse	0	0	0	4
Hendon	Burnt Oak	1	1	0	0
	Colindale	0	0	0	3
	Edgware	1	1	0	6
	Hale	1	1	0	3
	Hendon	0	0	0	4
	Mill Hill	1	1	1	5
	West Hendon	1	1	1	3
Grand Total		7	6	3	72
Percentage of Total		9%	8%	4%	92%

The DAC, located in Colindale ward in the Hendon Locality, provides the Appliance Use Review Service

3.2.3 Advanced Services
3.2.3.4 Appliance Use Reviews (AURs)

AURs – Analysis of Provision

- We have used dispensing of incontinence appliances as a means of exploring provision of AURs
- The total number of incontinence appliances, dispensed against prescriptions issued by Barnet GPs was 7,982 (Jun 13 – May 14)
- The table (on the right) summarises how this breaks down between Barnet and out of area pharmacies and DACs:
  - 29.7% of items were dispensed within Barnet
  - 70.3% of items were dispensed outside of the area
  - The maximum number of AURs which could be provided to people using incontinence appliances was 228; 68 within Barnet; & 160 outside of the area
  - Similarly, for stoma appliances (see page 63), the maximum number would be 190 and 457 for Barnet and outside of the area respectively

Meeting the needs of those with a protected characteristic		
Age	✓	Older people are more likely to use appliances and as such require AURs
Disability	✓	Disabled people are more likely to use appliances and as such may require AURs
Gender	✓	Appliance advice can be specific to gender
Race	✓	Language may be a barrier to delivering successful AURs
Religion or belief	×	No specific needs identified
Pregnancy & maternity	×	No specific needs identified
Sexual orientation	×	No specific needs identified
Gender reassignment	×	No specific needs identified
Marriage & civil partnership	×	No specific needs identified

Appliance Use Review Dispensing				
		Items	% Total	Max No. AURs
Barnet Pharmacies & DAC	Chipping Barnet	653	8.2%	19
	Finchley & Golders Green	775	9.7%	22
	Hendon	940	11.8%	27
	Total Barnet	**2,368**	**29.7%**	**68**
Out of Area Pharmacies	>100 items per pharmacy / DAC	1331	16.7%	38
	<100 items per pharmacy / DAC	4283	53.7%	122
	Total - Out of Area	**5,614**	**70.3%**	**160**

Conclusions

- The aim of AURs is to improve knowledge and use of 'specified appliances' with a view to improving outcomes and reducing waste
- In Barnet, 7 pharmacies offer the AURs service; and 54 have said they are willing to do so in the future
- The number of AURs undertaken in Barnet is low. The following reasons explain this:
  - The AURs limit impacts upon the number of people eligible for the service
  - Over 70% appliances are dispensed outside of the area; and it follows that AURS will be undertaken outside the area
  - The reviews are specialist in nature and patients often receive the support they need from the hospital or clinic responsible for their ongoing care
  - Hospitals may refer directly to appliance manufacturers who supply directly; such patients may not be aware that pharmacies offer AURs
- We have determined that AURs are not necessary to meet a pharmaceutical need **but are relevant** for the following reasons:
  - The service potentially provide a choice of provider for people who prefer to use a pharmacy or DAC based service rather than the hospital or clinic providing their ongoing care; as such the service may improve accessibility
  - There is insufficient published evidence to demonstrate improved patient outcomes or value for money
- We are not aware of any complaints or dissatisfaction with the current service level and have not identified any current or future gaps

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Overview

- The aim of the immunisation programme is to minimise the health impact of disease through effective prevention
- The London Pharmacy Vaccination service has been established to deliver population-wide evidence based immunisation programmes with a view to:
  - Ensuring timely delivery of immunisations to achieve optimum coverage for the target population
  - Promote a choice of provider for patients and facilitate the *"Every Contact Counts"* approach by offering co-administration opportunities where an individual is eligible for two or more vaccinations under different immunisation programmes
  - Improving access to vaccination services
  - Addressing the historically low uptake of seasonal influenza vaccination by those aged under 65 who fall into an 'at risk' group and those aged 65+
- The scope of service current includes the following portfolio from September 2014 - March 2015:
  - Pneumococcal polysaccharide vaccination
  - Seasonal Influenza vaccinations

The Current Picture

- 46 (59%) pharmacies are commissioned to provide the service
- The table on the next page summarises availability of services:
  - There is reasonable access, and a choice of pharmacy, on weekdays (9:30am-5:30pm) and on Saturday (10am – 1pm) in all localities
  - Service availability is more limited in all localities during extended hours, which is when people of working may wish to access the service:
    - Only two pharmacies offering the service (in the Finchley & Golders Green locality) are open on weekday mornings at 8am
    - Only one pharmacy is open on Saturday evening within the Hendon Locality
- **Map 10** provides an overview of the distribution of pharmacies against a background of the older people (65+) population and shows that all localities have a choice of provider
- **Non Pharmacy providers**: include GPs and community nurses

Provider Criteria

- The following criteria in order to provide the service:
  - There must be a designated consultation area or alternative premises that meets specific criteria including workspace & infection control requirements
  - The service must be provided by an accredited pharmacist working under the NHS England Core PGD for Administration of 2014/15 Vaccinations, as well as individual PGDs for the pneumococcal and seasonal influenza vaccinations
  - A Declaration of Competences for Vaccination Services (the London Service); including Centre of Pharmacy Postgraduate Education (CPPE) on immunisations and basic life support training must be completed
  - Pharmacists must attend relevant study days/courses, keeping up to date with clinical literature
  - Pharmacist must be aware of the need to have hepatitis B vaccination.
  - Standard operating procedures must be available
  - All pharmacy staff must be trained on the operation of the scheme, with full details available for locum pharmacists
  - Pharmacies participating in the service are expected to work in partnership with local GPs to identify and encourage those that have failed to attend previous vaccination appointments

The Evidence Base

- In 2011/12, pharmacies in one area used 'PharmOutcomes' to record vaccinations and notify GP colleagues[13]:
  - 4,192 people were vaccinated (approximately 15% of total vaccinated).
  - 35% were under 65 and in 'at risk' groups (other providers vaccinated 17% in this category)
  - 19% patients stated vaccination was unlikely without pharmacy access.
  - 97% rated the service as 'excellent'
  - 13% of patients cited difficulties in obtaining the vaccine from other providers
- A literature review[14] of community pharmacy delivered immunisation services demonstrates:
  - Immunisation can be safely delivered through community pharmacy
  - Patient medication records are effective at identifying 'at risk' clients to be invited for immunisation and this can increase uptake of vaccine
  - User satisfaction with pharmacy based services is high
  - Support for non-physician delivered immunisation is greater for adults than children

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Locality	Ward	Number of Pharmacies Offering London Pharmacy Vaccination Service									
		Weekdays					Saturdays			Sunday	
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	Not offered at all
Chipping Barnet	Brunswick Park	0	2	0	0	0	2	0	0	0	1
	Coppetts	0	3	3	0	0	3	3	1	1	0
	East Barnet	0	2	0	0	0	1	1	0	0	1
	High Barnet	0	3	1	1	0	3	2	0	1	1
	Oakleigh	0	2	2	0	0	2	1	0	0	1
	Totteridge	0	2	1	0	0	2	1	1	1	0
	Underhill	0	1	0	1	1	1	0	0	0	0
Finchley & Golders Green	Childs Hill	0	2	1	0	0	2	2	1	1	6
	East Finchley	0	4	1	0	0	4	3	0	0	0
	Finchley Church End	0	2	0	0	0	2	1	0	0	0
	Garden Suburb	0	2	1	0	0	1	1	0	1	4
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	1	4	1	0	0	4	2	1	1	2
	Woodhouse	1	2	1	0	0	2	2	1	2	2
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	0	1	0	0	0	1	1	0	0	2
	Edgware	0	4	2	0	0	4	3	0	1	2
	Hale	0	1	0	1	0	1	0	0	0	2
	Hendon	0	2	0	0	0	2	1	0	0	2
	Mill Hill	0	4	1	0	0	3	1	0	1	2
	West Hendon	0	2	2	0	0	2	2	1	1	2
Grand Total		2	46	18	3	1	43	28	6	11	32
Percentage of Total		3%	59%	23%	4%	1%	55%	36%	8%	14%	41%

Pharmaceutical Needs Assessment
Map 10: London Pharmacy Vaccination Service

Legend

- Pharmacies
- LPS Pharmacies
- Barnet
- Barnet Localities
- Wards

Percentage of population aged 65 plus by Ward

- 15.2 to 16.9 %
- 13.5 to 15.1 %
- 11.8 to 13.4 %
- 10.1 to 11.7%
- 8.4 to 10.0 %

Barnet Pharmacies

07 Boots - EN5 5XP
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21 Care Chemists - NW7 3DA
25 Cootes Pharmacy - N2 9AS
26 Cootes Pharmacy - N3 2DN
28 Day Lewis Pharmacy - NW7 1AF
29 Day Lewis Pharmacy - NW7 2HX
30 Derek Clarke Pharmacy - HA8 7JH
31 Fairview Pharmacy - N12 0JE
32 Gateway Chemist - N3 2LN
33 Gordon Smith Pharmacy - N3 2RA
34 Greenfield Pharmacy - EN5 1ES
36 H.A. McParland Chemist - NW9 5XB
37 Hale Pharmacy - HA8 9QW
38 Hampden Square Pharmacy - N14 5JR
42 Heron Pharmacy - HA8 0EJ
45 John Wilson Chemists - NW4 3UX
46 Landy's Chemist - NW11 0AA
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49 Lipkin Chemist - N20 8QG
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51 Mango Pharmacy - HA8 7HF
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54 Oakdale Pharmacy - N2 8AQ
55 Oakleigh Pharmacy - N20 0TX
58 Pharmocare - N10 1LR
59 Pickles Chemist - N3 1XT
60 Prima Pharmacy - EN5 2TB
61 Reena Pharmacy - N3 3HP
62 Regent Pharmacy - NW7 2NU
63 Sabel Chemist - NW4 2DT
66 Shore Pharmacy - N20 0BA
68 Superdrug Pharmacy - HA8 7BD
69 SVR Chemist Ltd - EN4 8QZ
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71 Tesco Instore Pharmacy - N3 1XP
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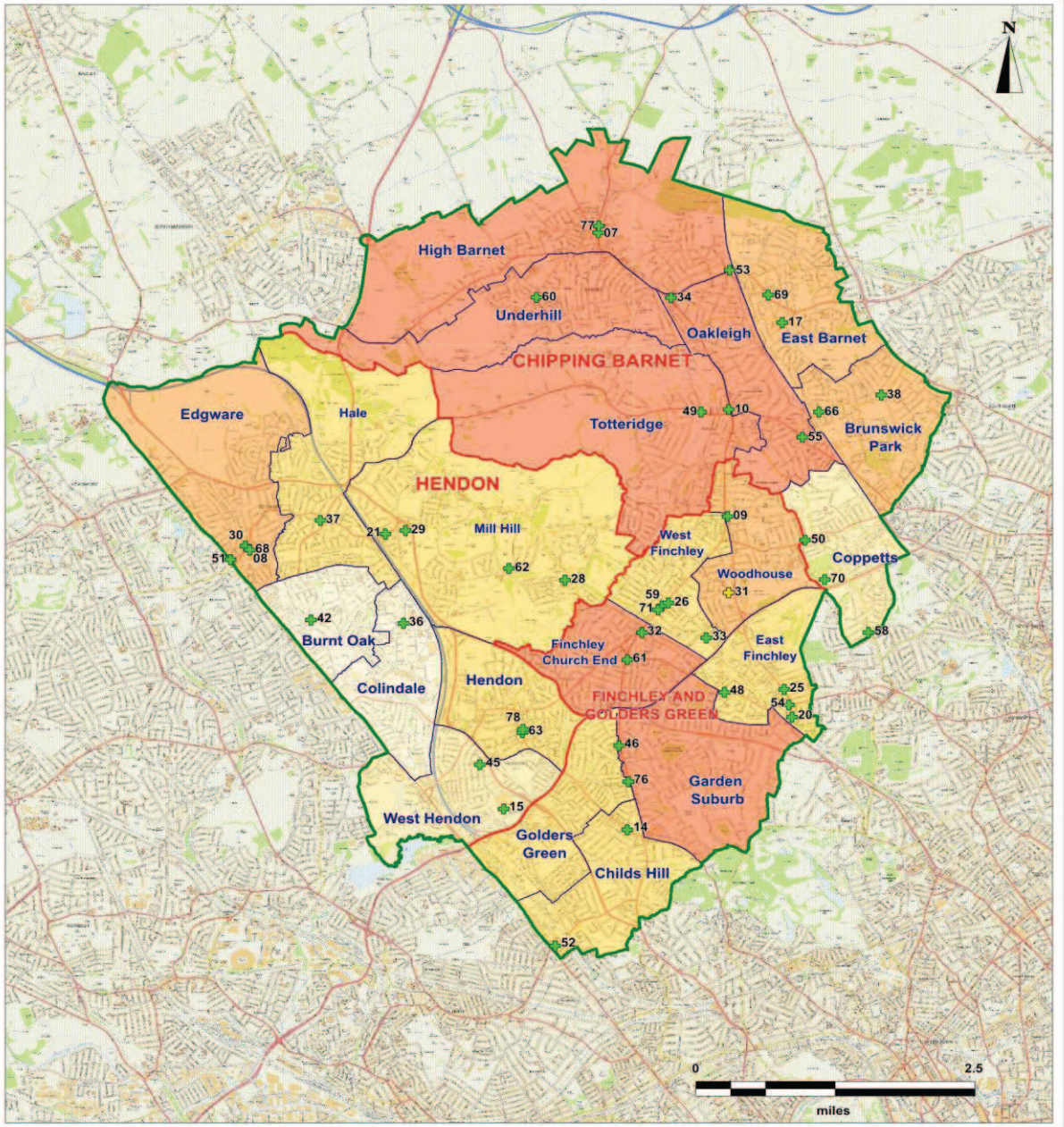
78 Zaxgate Ltd - NW4 2EL



BARNET LONDON BOROUGH

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Meeting the needs of those with a protected characteristic		
Age	✓	The service is available to those over 65 and under 65 in at risk groups; people of working age may wish to access the service during extended hours
Disability	✓	Pharmacy services may be more accessible and convenient for people with a physical disability
Gender	✗	No specific needs identified.
Race	✓	BAME people are more likely to be in the "at risk" groups
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	The service is available to women who are pregnant
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- We wish to see this service commissioned from as many pharmacies as possible in Barnet to support increased uptake of seasonal influenza vaccine in those aged under 64 who are at risk; it is of note that 17 pharmacies told us, in the community pharmacy questionnaire, that they would be willing to provide this service
- In particular, we wish to see all pharmacies which are open for extended hours on weekdays, Saturdays and Sundays offering the service. This would improve access for people who work full time and who may find it difficult to attend for vaccination during working hours.

The Future

- NHS England has advised that they may wish to broaden the current portfolio to include shingles, pertussis, Fluenz ® and rotavirus vaccination

Conclusions

- The London Pharmacy Vaccination Service has been established to improve the uptake of immunisation, to provide a choice of provider and to facilitate implementation of *"Every Contact Counts"* by offering co-administration of different vaccines, where these are clinically indicated
- The scope of the service, in 2013/14, includes seasonal influenza and pneumococcal vaccines
- We have concluded that this service is not necessary to meet a pharmaceutical need but is **relevant** in that:
  - Community pharmacy is one of a range of providers offering the vaccinations. Many are open during extended hours on weekdays and at weekends. As such, the pharmacy-based service **offers improvements in both access and choice**
  - There is emerging published evidence to support the role of community pharmacy in delivering immunisation services
  - The service will support Barnet with achieving vaccination targets and coverage, particularly in those aged under 64 years who are at risk
- 46 pharmacies are currently offering the vaccination service; 18 pharmacies have advised that they would be willing to provide the service in the future
- There are opportunities to improve service availability during extended hours on weekdays, Saturdays and Sundays
- The London Pharmacy Vaccination Service was launched in September 2014 and it is, therefore, too earlier to evaluate its impact

3.3 Locally Commissioned Services

3.3.1 Overview

Overview

- The Regulations[1] require that the HWB considers how other services affect the need for pharmaceutical services. Within our PNA, we look at this from two perspectives:
  a. Firstly, we review how other NHS services impact upon pharmaceutical need (this is considered throughout the PNA)
  b. Secondly, an assessment of services which have been directly commissioned from pharmacy by other organisations
- In this section of the PNA, we undertake a detailed review of the services which have been directly commissioned from pharmacy:
  - Emergency Hormonal Contraception
  - Stop Smoking Service
  - Supervised Consumption Service
  - Needle and Syringe Programme
  - Alcohol Identification and Brief Advice
- In undertaking our assessment, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out current and future gaps and identifying areas for further improvement
- We have found it helpful to consider whether or not a locally commissioned service is necessary to meet a pharmaceutical need; or if we believe that it is relevant in that it secures improvements in access or choice
- It should be noted that applications **must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services) and should not be submitted on the basis of gaps or needs identified for locally commissioned services

Healthy Living Pharmacy (HLP) Programme

- Barnet Council has been working in partnership with Barnet Clinical Commissioning Group and Barnet Local Pharmacy Committee (LPC) and Social Care System to develop the Healthy Living Pharmacy (HLP) concept in the borough
- The concept of the HLP builds upon the role of community pharmacies and attempts to establish them as a key element within public health services. It aims to do this through the delivery of high quality services, advice and intervention as well as regular health promotion activities
- The ambition for Healthy Living Pharmacies is as follows:
  - A community pharmacy that consistently delivers a range of high quality health and wellbeing services
  - Has achieved defined quality criteria requirements and met productivity targets linked to local health needs
  - Has a team that proactively promotes health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, physical activity, sexual health, healthy eating and alcohol
  - Has a trained Health Champion who is proactive in promoting health and wellbeing messages, signposts the public to appropriate services and enables and supports the team in demonstrating the 'ethos' of an HLP
  - Has premises that are fit for purpose for promoting health and wellbeing messages as well as delivering commissioned services
  - Engages with the local community and other health and social care professionals, especially their local GP practice
  - Is recognisable by the public through the display of the HLP logo
- The concept in Barnet has been approved and, at the time of publication, training is being undertaken

3.3 Locally Commissioned Services
3.3.2 Emergency Hormonal Contraception

Overview
- The pharmacy-based service provides access to emergency hormonal contraception (EHC) to young women aged 13-19 years, who have had unprotected sexual intercourse within the last 72 hours
- Pharmacies supply and supervise the consumption of levonorgestrel 1,500 micrograms
- Those seeking the EHC service are also opportunistically offered free condoms and access to the C-Card scheme
- This service aims to:
  - Increase access and knowledge of EHC and other types of contraception for women aged between 13 - 19 years
  - Raise awareness of safer sexual practice
  - Reach to sexually active young people who do not use sexual health services
  - Signpost to specialist services where required
  - Allow faster response to clients' needs, without the need to see a doctor

The Current Picture
- 15 (19%) pharmacies have been commissioned to provide the service
- The table (next page) and **Map 11** (subsequent page) provide an overview of the availability and distribution of the service:
  - There is not necessarily a correlation between service provision and need, particularly in the Hendon locality which has a high percentage of females aged 13 – 19 but only 4 pharmacies (all located at the eastern boundary of the locality) offering the service and only one with any recorded activity
  - There is a choice of pharmacy, in all localities, on weekdays (9:30am – 5:30pm) and Saturdays up until 5pm
  - Access is more limited during extended hours
  - The service can only be accessed on weekday mornings, up until and including 8am, in 1 pharmacy in Finchley & Golders Green
- **Non-pharmacy providers** include: GP surgeries, Barnet General Hospital, Vale Drive Contraception & Sexual Health Clinic, Torrington Park Contraception & Sexual Health Clinic, Finchley Pregnancy Advisory Service, Grahame Park Contraception & Sexual Health Clinic, Edgware Hospital Contraception & Sexual Health Clinic, Edgware Pregnancy Advisory Service

Provider Criteria
- Pharmacists delivering this service must:
  - Attend an NHS Barnet accreditation workshop and have a DRB check
  - Complete the relevant CPPE Open Learning Programmes: Emergency Hormonal Contraception, dealing with difficult discussions, contraception, Child Protection and e-assessment
- Pharmacies are required to:
  - Provide dedicated window or wall space to advertise the availability of the service
  - Have an approved private and confidential consultation area
  - Put into place standard operating procedures (including safeguarding and Fraser competency)
  - Have indemnity insurance

The Evidence Base
- The effectiveness of pharmacy-based EHC services, at reducing unwanted pregnancies, has been demonstrated in studies:
  - Pharmacy-based services provide timely access to EHC, with most women able to receive it within 24 hours of unprotected intercourse[15,16]
  - EHC services (including supply against prescription, under PGDs or over the counter sales) are highly rated by women who use them[14,15]
  - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, but it is not possible to separate out the contribution of the community pharmacy service[17]
  - Evidence of EHC impact is generally lacking, although one randomised controlled trial noted fewer A&E visits[18]. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referral, links to contraception advice and pregnancy testing[19]
  - 10% of women, choose pharmacy supply of EHC to maintain anonymity. Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more 'local' pharmacies[15]

3.3 Locally Commissioned Services
3.3.2 Emergency Hormonal Contraception

Locality	Ward	Number of Pharmacies Offering Emergency Hormonal Contraception Service									
		Weekdays					Saturdays			Sunday	Not offered at all
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	1	0	0	0	1	0	0	0	2
	Coppetts	0	1	1	0	0	1	1	1	1	2
	East Barnet	0	1	0	0	0	1	1	0	0	2
	High Barnet	0	1	0	0	0	1	1	0	1	3
	Oakleigh	0	1	1	0	0	1	1	0	0	2
	Totteridge	0	1	1	0	0	1	1	1	1	1
	Underhill	0	0	0	0	0	0	0	0	0	1
Finchley & Golders Green	Childs Hill	0	1	1	0	0	1	1	1	1	7
	East Finchley	0	0	0	0	0	0	0	0	0	4
	Finchley Church End	0	0	0	0	0	0	0	0	0	2
	Garden Suburb	0	0	0	0	0	0	0	0	0	6
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	1	2	1	0	0	2	1	1	1	4
	Woodhouse	0	1	0	0	0	1	1	0	1	3
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	0	1	0	0	0	1	1	0	0	2
	Edgware	0	2	1	0	0	2	1	0	1	4
	Hale	0	0	0	0	0	0	0	0	0	3
	Hendon	0	0	0	0	0	0	0	0	0	4
	Mill Hill	0	0	0	0	0	0	0	0	0	6
	West Hendon	0	1	1	0	0	1	1	0	0	3
Grand Total		**1**	**15**	**8**	**0**	**0**	**15**	**12**	**4**	**7**	**63**
Percentage of Total		**1%**	**19%**	**10%**	**0%**	**0%**	**19%**	**15%**	**5%**	**9%**	**81%**

Pharmaceutical Needs Assessment
Map 11: Emergency Hormonal Contraception

Legend

- Pharmacies
- Barnet
- Barnet Localities
- Wards

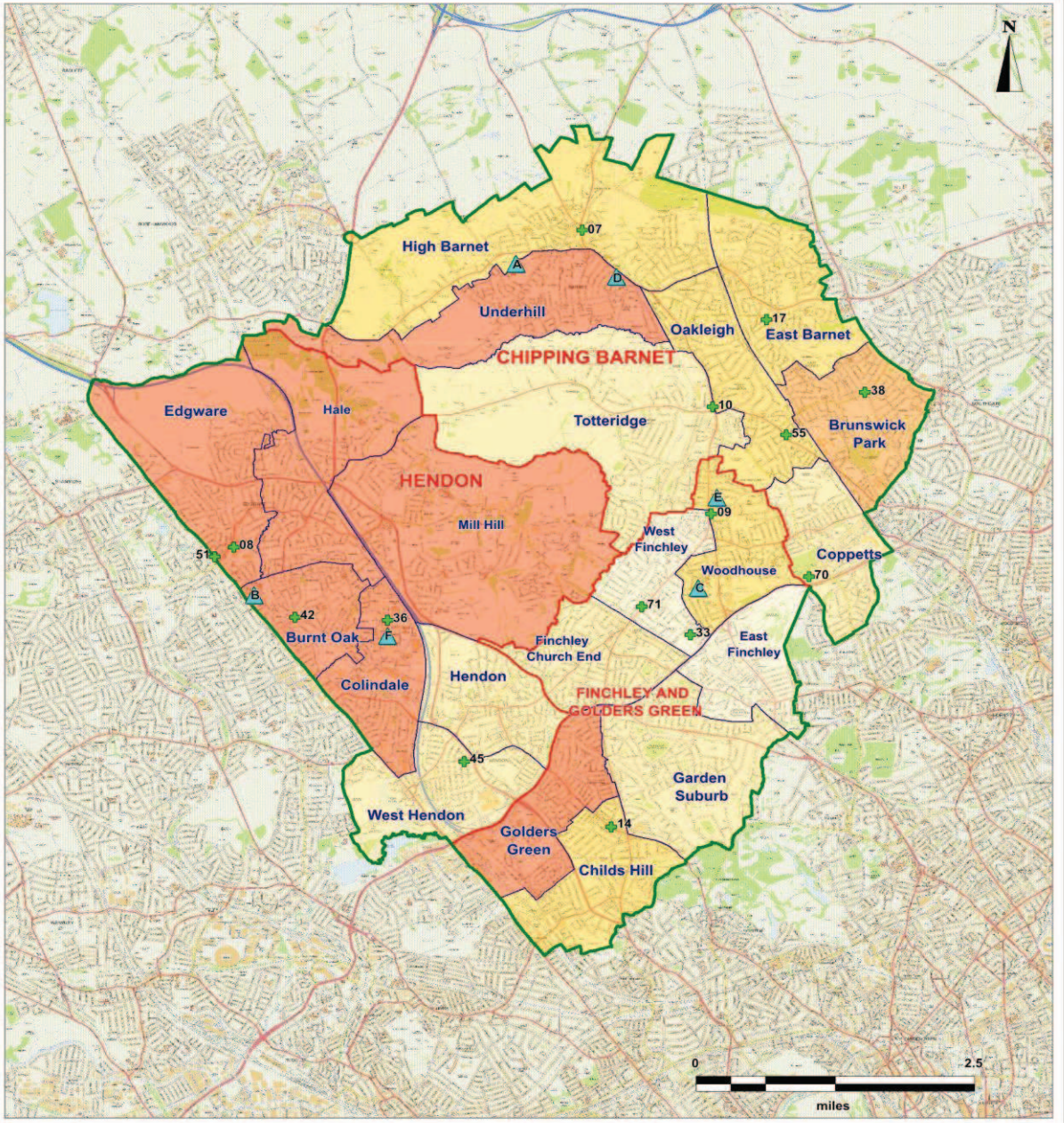
Non-Pharmacy Providers:
A Barnet General Hospital - EN5 3DJ
B Edgware Community Hospital - HA8 0AD
C Finchley Pregnancy Advisory Service - N12 0JE*
D Vale Drive Health Centre - EN5 2ED
E Torrington Park - N12 9SS*
F Grahame Park - NW9 5XT*

Percentage of Female Population aged 13 to 19 by Ward

- 8.1 to 8.9 %
- 7.4 to 8.0 %
- 6.7 to 7.3 %
- 6.0 to 6.6 %
- 5.3 to 5.9 %

Barnet Pharmacies

07 Boots - EN5 5XP
08 Boots - HA8 7BD
09 Boots - N12 9QR
10 Boots - N20 9HS
14 Boots - NW11 8LN
17 Brand-Russell Chemist - EN4 8TD
33 Gordon Smith Pharmacy - N3 2RA
36 H.A. McParland Chemist - NW9 5XB
38 Hampden Square Pharmacy - N14 5JR
42 Heron Pharmacy - HA8 0EJ
45 John Wilson Chemists - NW4 3UX
51 Mango Pharmacy - HA8 7HF
55 Oakleigh Pharmacy - N20 0TX
70 Tesco Instore Pharmacy - N12 0SH
71 Tesco Instore Pharmacy - N3 1XP



3.3 Locally Commissioned Services
3.3.2 Emergency Hormonal Contraception

Meeting the needs of those with a protected characteristic		
Age	✓	Service only available to those aged 13 – 19
Disability	✓	Service and advice may need to be tailored for those with learning disabilities and cognitive impairment.
Gender	✓	The service is only appropriate for women
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Activity and Performance
- The table below demonstrates that only 7 pharmacies are actively delivering the service; some at very low levels
- Pharmacies identified the need for training; lack of demand and customers coming from other areas as barriers to service delivery

EHC – Summary of Activity (2013/14) By Locality				
Locality	No. of Pharmacies Commissioned	No. of Active pharmacies	No. of Doses Supplied	% Total Doses
Chipping Barnet	6	2	44	42%
Finchley & Golders Green	4	4	44	42%
Hendon	4	1	17	16%

Further Provision
- The service needs to be more closely aligned with need; ideally residents should have access to EHC, within their own localities, every day of the week. This is important because EHC needs to be taken as soon as possible after unprotected intercourse and certainly within a maximum of 72 hours
- We would like to see the service commissioned from pharmacies which open for extended hours, to improve access for young women who work full time

The Future
The pharmacy-based service is currently being reviewed and will consider: Current provision, access issues, a revised training programme for pharmacists and recruitment of additional pharmacists.

Conclusions
- This pharmacy-based service provides timely access to EHC for young women aged 13 – 19 years old
- We have determined that the service is **necessary to meet the pharmaceutical needs** of our population:
  - There is published evidence to demonstrate the benefits of pharmacy – based EHC supply, particularly for young women
  - The service is an important element of the Teenage Pregnancy Strategy
- 15 pharmacies have been commissioned to provide the service; 50 have indicated that they would be willing to provide this in the future
- Service accessibility, including late at night and at weekends, usually sets pharmacy aside from other providers. However, this is not necessarily the case in Barnet, as we have identified gaps in provision, during extended hours on weekdays and on Sundays, including in localities with higher need i.e. Hendon locality
- Only 7 pharmacies are actively delivering the service. We will be evaluating the reasons for this as part of our service review with the aim of increasing the number of accredited and active pharmacies

3.3 Locally Commissioned Services
3.3.3 Stop Smoking

Overview
- Barnet pharmacies provide Level 1 and 2 top smoking services ; this includes opportunistic information and advice; and supply of Nicotine Replacement Therapy (NRT) and other stop smoking aids
- This service, which is available to any smoker aged 12 or above who is motivated to quit, aims to:
  - Improve access and choice to stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids
  - Reduce smoking related illnesses and deaths by helping people to give up smoking
  - Improve the health of the population by reducing exposure to passive smoking
  - Help service users access additional treatment by offering referral to specialist services where appropriate
- Pharmacies are expected to achieve a 4 week quit rate of 35% or higher

The Current Picture
- 46 (59%) pharmacies have been commissioned to provide the service
- The table (next page) and **Map 12** (subsequent page) provide an overview of the availability and distribution of the service:
  - There is good access, and a choice of pharmacy, in all localities on weekdays during the day and in the evening; and on Saturdays up until 7pm
  - Access is more limited on Sundays when the service is only offered by 18% of pharmacies; and on weekday at 8am when only one pharmacy in each locality is open
- The table, on the right, summarises the relative performance of pharmacies (2013/14 data):
  - Only 26 pharmacies are active
  - There is variation between localities with respect to the number of quit dates set with Hendon being most active
  - In terms of quit rates, whilst individual pharmacies have achieved the target of 35%, this has not been achieved in Finchley & Golders Green
- Non-pharmacy providers include: Central London Community Services NHS Trust and GP practices

Provider Criteria
- Pharmacists must:
  - Complete a local level 2 Smoking Cessation training programme and the online National Centre for Smoking Cessation Training (Level 1 and 2)
  - Demonstrate competency in providing advice on smoking cessation in accordance with the Stop Smoking Service accredited training programme and register with the Stop Smoking Service
  - Ensure attendance at least one mandatory update training session, as arranged by the Stop Smoking Service
- The pharmacy must:
  - Have a private space for confidential counselling of clients
  - Designate window & wall space to advertise the service & display materials
  - Have indemnity insurance, policies and standard operating procedures.

The Evidence Base
- There is good evidence to support the role of community pharmacists in stop smoking services[14,15]:
  - Studies have demonstrated the effectiveness and cost effectiveness of pharmacy-based stop smoking services, in improving quit rates
  - Community pharmacists trained in behaviour-change methods are effective in helping clients stop smoking. Training increases knowledge, self-confidence and the positive attitude of pharmacists and their staff
  - Involving pharmacy support staff may increase the provision of brief advice and recording of smoking status in patient medication records
  - Abstinence rates from one-to-one treatment services provided by community pharmacists versus primary care nurses are similar

	No. Active Pharmacies	Quit Date Set	No. DH Validated Quits	% Quitters	No. Achieving target (35%)
Chipping Barnet	9	147	61	41%	3
Finchley & Golders Green	4	63	18	29%	2
Hendon	13	207	80	39%	7
Barnet	26	417	159	38%	12

3.3 Locally Commissioned Services
3.3.3 Stop Smoking

Locality	Ward	Number of Pharmacies Offering Stop Smoking Service									
		Weekdays					Saturdays			Sunday	Not offered at all
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	3	1	0	0	3	0	0	0	0
	Coppetts	0	3	3	0	0	3	3	1	1	0
	East Barnet	1	2	1	0	0	2	2	1	1	1
	High Barnet	0	3	0	1	0	3	3	0	1	1
	Oakleigh	0	3	2	0	0	3	2	0	0	0
	Totteridge	0	1	1	0	0	1	1	1	1	1
	Underhill	0	0	0	0	0	0	0	0	0	1
Finchley & Golders Green	Childs Hill	0	4	2	0	1	4	4	2	1	4
	East Finchley	0	2	1	0	0	2	1	0	0	2
	Finchley Church End	0	2	0	0	0	2	1	0	0	0
	Garden Suburb	0	1	1	0	0	1	1	0	1	5
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	1	3	1	0	0	3	1	1	1	3
	Woodhouse	0	1	0	0	0	1	1	0	1	3
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	1	3	1	1	0	3	2	1	1	0
	Edgware	0	5	3	0	0	4	3	0	2	1
	Hale	0	0	0	0	0	0	0	0	0	3
	Hendon	0	3	1	0	0	3	1	0	0	1
	Mill Hill	0	4	1	0	0	3	2	0	2	2
	West Hendon	0	2	1	0	0	1	1	1	1	2
Grand Total		**3**	**46**	**21**	**2**	**1**	**43**	**30**	**8**	**14**	**32**
Percentage of Total		4%	59%	27%	3%	1%	55%	38%	10%	18%	**41%**

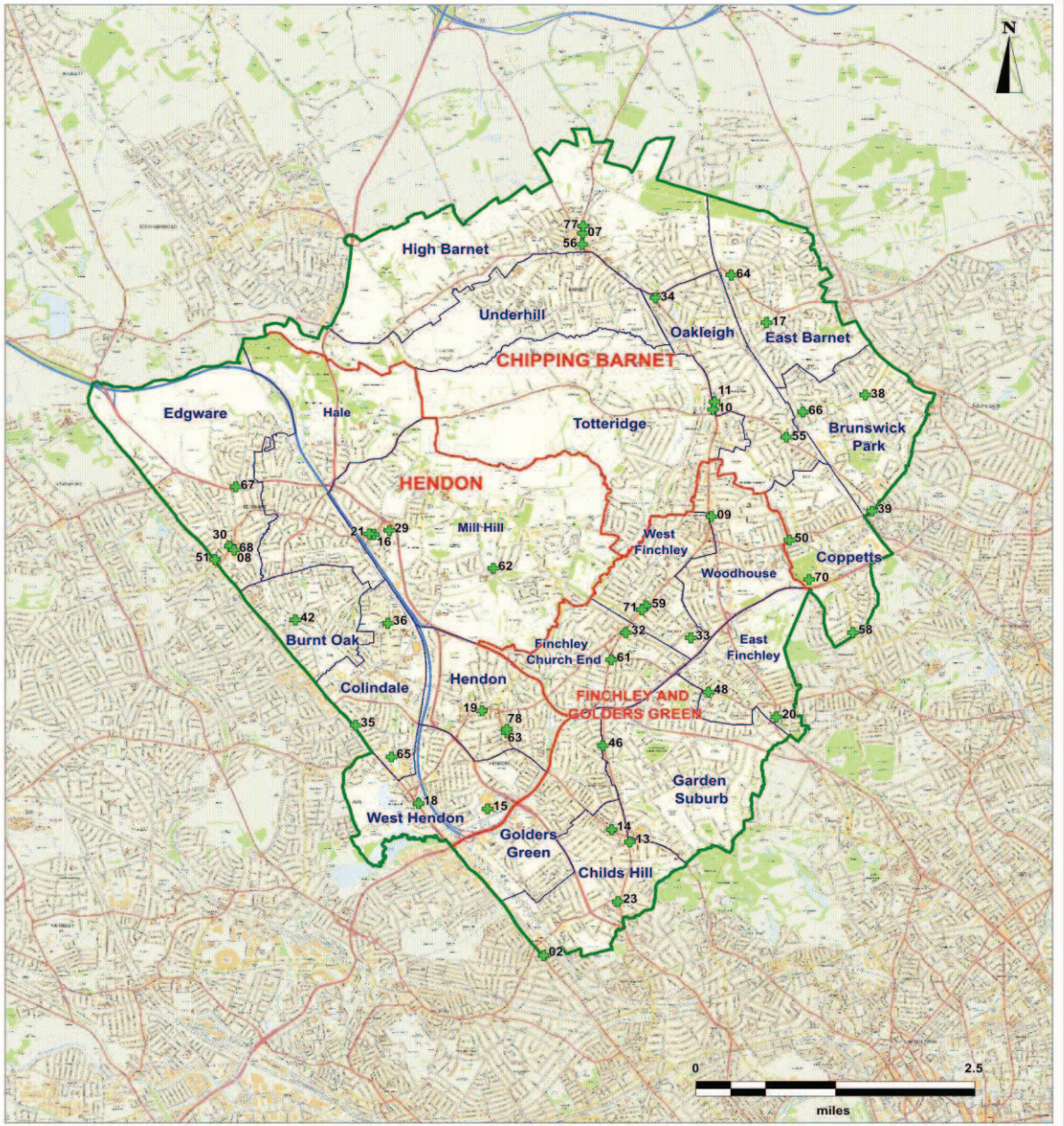
Pharmaceutical Needs Assessment
Map 12: Stop Smoking Service

Legend

- Pharmacies
- Barnet
- Barnet Localities
- Wards

Barnet Pharmacies

02 Acktar Chemists - NW2 3EE
07 Boots - EN5 5XP
08 Boots - HA8 7BD
09 Boots - N12 9QR
10 Boots - N20 9HS
11 Boots - N20 9HJ
13 Boots - NW11 7RR
14 Boots - NW11 8LN
15 Boots - NW4 3FB
16 Boots - NW7 3LH
17 Brand-Russell Chemist - EN4 8TD
18 Broadway Chemist - NW9 7EE
19 C.J. Pharmacy - NW4 4EB
20 C.W. Andrew Pharmacy - N2 9PJ
21 Care Chemists - NW7 3DA
23 Castle Chemist - NW2 2QJ
29 Day Lewis Pharmacy - NW7 2HX
30 Derek Clarke Pharmacy - HA8 7JH
32 Gateway Chemist - N3 2LN
33 Gordon Smith Pharmacy - N3 2RA
34 Greenfield Pharmacy - EN5 1ES
35 H Shah Dispensing Chemist - NW9 6RS
36 H.A. McParland Chemist - NW9 5XB
38 Hampden Square Pharmacy - N14 5JR
39 Haria Chemists - N11 1NE
42 Heron Pharmacy - HA8 0EJ
46 Landy's Chemist - NW11 0AA
48 Links Pharmacy - N2 0SZ
50 Lloydspharmacy - N12 9AY
51 Mango Pharmacy - HA8 7HF
55 Oakleigh Pharmacy - N20 0TX
56 Parry Jones & Co - EN5 5UR
58 Pharmocare - N10 1LR
59 Pickles Chemist - N3 1XT
61 Reena Pharmacy - N3 3HP
62 Regent Pharmacy - NW7 2NU
63 Sabel Chemist - NW4 2DT
64 Sainsbury's Pharmacy - EN4 8RQ
65 Sainsbury's Pharmacy - NW9 6JX
66 Shore Pharmacy - N20 0BA
67 Singer Pharmacy - HA8 8JS
68 Superdrug Pharmacy - HA8 7BD
70 Tesco Instore Pharmacy - N12 0SH
71 Tesco Instore Pharmacy - N3 1XP
77 Wilkinson Chemist - EN5 5SZ
78 Zaxgate Ltd - NW4 2EL



BARNET LONDON BOROUGH

3.3 Locally Commissioned Services
3.3.3 Stop Smoking

Meeting the needs of those with a protected characteristic		
Age	✓	The service may be accessed by anyone aged 12 years or over. Smoking prevalence may vary between age groups and there are opportunities to target services at specific age segments of the population
Disability	✓	Services and advice need to be tailored to meet the specific needs of those with learning disabilities and cognitive impairment
Gender	✗	Smoking prevalence is higher in young women
Race	✓	Language may be a barrier to delivering the service. BAME groups more susceptible to Diabetes, CVD etc made worse by smoking
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Good evidence of improved outcomes in pregnancy
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified.

Further Provision

- We wish to see all commissioned pharmacies proactively identifying (e.g. through their patient medication records or opportunistic interventions within the pharmacy) patients who may benefit from the stop smoking service
- We would like to see improved access to the service during extended hours, where there is demand for this
- In our community pharmacy questionnaire, 14 pharmacies said they would be willing to provide the service in the future

The Future

- A review of the service is required to understand why some pharmacies do not perform as well as others (noting that the context of such a review would need to take into account that Barnet has a relatively low smoking prevalence rate compared with the England average)

Conclusions

- Stop smoking services are vital with respect to reducing the health consequences and inequalities associated with smoking
- We have determined that, on balance, the service is not necessary to meet the pharmaceutical needs of our population but is **relevant in that it improves access to stop smoking support.** The following factors have underpinned this decision:
  - There is published evidence to support community pharmacy-based stop smoking services
  - Pharmacy is one a range of providers commissioned to provide stop smoking services, and potentially has benefits in that it may be accessed during extended hours and at weekends in some localities
  - The service supports us with meeting our strategic priorities around cardiovascular disease, cancer and COPD
  - Pharmacy performance is variable, particularly with respect to achieving the required quit rate
- 46 pharmacies have been commissioned to provide the service; however, only 26 of these are active
- Access to the service is good on weekdays (9:30 – 5pm) and Saturdays (up to 7pm)
- We have identified that availability is reduced at other times and gaps, which may make it difficult for people who work full time to access the service, include :
  - Weekday mornings up until and including 8am; the service is only available in one pharmacy in each locality
  - Sundays where only 14 pharmacies are open

3.3 Locally Commissioned Services
3.3.4 Supervised Consumption

Overview

- The pharmacy based supervised consumption service, has been commissioned in accordance with National Drug Misuse Guidelines
- It aims to support service users to comply with their prescribed opiate substitute medication. As such it helps to reduce incidents of accidental death through overdose; reduce the diversion of controlled drugs into the community and supports harm reduction by reducing the need for service users to inject drugs
- Pharmacists are required to:
  - Supervise the consumption of methadone or buprenorphine on a daily basis (or dispense when the pharmacy is closed)
  - Monitor the patient's response to prescribed treatment; and withhold treatment if this is in the interest of patient safety, liaising with the prescriber or named key worker as appropriate
  - Undertake health promotion activities which may include displaying leaflets and/or provision of opportunistic advice)
  - Signpost or refer on to other substance misuse services as necessary

Provider Criteria

- Pharmacists should have completed (or have plans to complete within 6 months of joining the scheme) the CPPE package on 'Substance Use and Misuse'
- The pharmacy must ensure that the service is only provided by an accredited pharmacist
- There must be a consultation area which provides sufficient confidentiality for the service user
- The pharmacy must put into place indemnity insurance, relevant policies and standard operating procedures

The Current Picture

- 41 (53%) pharmacies have been commissioned s
- The table (next page) and **Map 13** (subsequent page) provide an overview of the availability and distribution of the service:
  - There is good access, and a choice of pharmacy, on weekdays (9:30am – 5:30pm); and Saturdays (10:00am – 5pm) in all localities
  - Access outside of these hours is more limited, particularly:
    - Up until and including 8am on weekdays, when only two pharmacies offering the service are open
    - On weekday and Saturday evenings; and Sundays when choice is reduced in all localities
- Ambulance data indicates that Colindale and Burnt Oak wards in the Hendon locality have the highest number drug related call outs
- Non-pharmacy providers of the service include BEHMT (the current provider of Drug and Alcohol services)

The Evidence Base

- Studies have demonstrated the effectiveness of community pharmacy- based supervised consumption services at improving adherence, improving outcomes and reducing medicine diversion[14,15]:
  - There is moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users
  - Recent evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination
  - Most drug users value community pharmacy-based services highly

3.3 Locally Commissioned Services
3.3.4 Supervised Consumption

Locality	Ward	Number of Pharmacies Offering the Supervised Consumption Service									
		Weekdays					Saturdays			Sunday	Not offered at all
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	1	1	0	0	1	0	0	0	2
	Coppetts	0	2	2	0	0	2	2	0	0	1
	East Barnet	0	1	0	0	0	1	1	0	0	2
	High Barnet	0	2	0	1	0	2	2	0	1	2
	Oakleigh	0	2	2	0	0	2	1	0	0	1
	Totteridge	0	1	1	0	0	1	1	1	1	1
	Underhill	0	0	0	0	0	0	0	0	0	1
Finchley & Golders Green	Childs Hill	0	4	2	0	0	4	4	2	1	4
	East Finchley	0	3	1	0	0	3	2	0	0	1
	Finchley Church End	0	0	0	0	0	0	0	0	0	2
	Garden Suburb	0	3	1	1	0	1	1	0	1	3
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	0	3	0	0	0	3	1	0	0	3
	Woodhouse	1	2	1	0	0	2	2	1	2	2
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	1	2	1	0	0	2	2	1	1	1
	Edgware	0	5	3	0	0	4	3	0	2	1
	Hale	0	3	0	2	1	3	0	0	1	0
	Hendon	0	2	1	0	0	2	1	0	0	2
	Mill Hill	0	3	1	0	0	3	2	0	1	3
	West Hendon	0	1	0	0	0	0	0	0	0	3
Grand Total		2	41	18	4	1	37	26	5	11	37
Percentage of Total		3%	53%	23%	5%	0%	47%	33%	6%	14%	47%

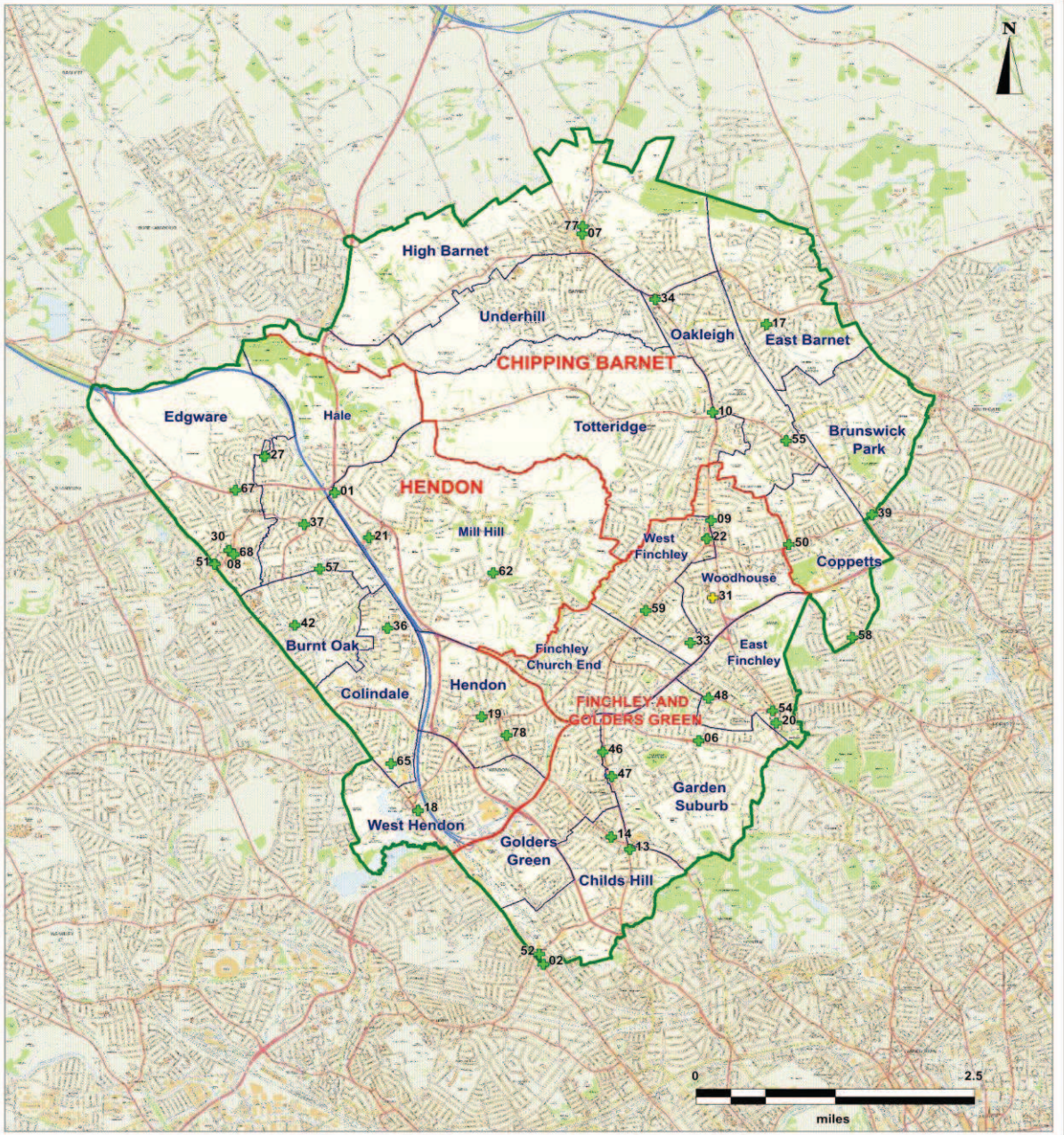
Pharmaceutical Needs Assessment
Map 13: Supervised Consumption Service

Legend

- Pharmacies
- LPS Pharmacies
- Barnet
- Barnet Localities
- Wards

Barnet Pharmacies

01 Acorn Pharmacy - NW7 3JR
02 Acktar Chemists - NW2 3EE
06 Bishops Pharmacy - N2 0DW
07 Boots - EN5 5XP
08 Boots - HA8 7BD
09 Boots - N12 9QR
10 Boots - N20 9HS
13 Boots - NW11 7RR
14 Boots - NW11 8LN
17 Brand-Russell Chemist - EN4 8TD
18 Broadway Chemist - NW9 7EE
19 C.J. Pharmacy - NW4 4EB
20 C.W. Andrew Pharmacy - N2 9PJ
21 Care Chemists - NW7 3DA
22 Carter's Pharmacy - N12 8LT
27 Cullimore Chemist - HA8 8SX
30 Derek Clarke Pharmacy - HA8 7JH
31 Fairview Pharmacy - N12 0JE
33 Gordon Smith Pharmacy - N3 2RA
34 Greenfield Pharmacy - EN5 1ES
36 H.A. McParland Chemist - NW9 5XB
37 Hale Pharmacy - HA8 9QW
39 Haria Chemists - N11 1NE
42 Heron Pharmacy - HA8 0EJ
46 Landy's Chemist - NW11 0AA
47 Landy's Express - NW11 7TH
48 Links Pharmacy - N2 0SZ
50 Lloydspharmacy - N12 9AY
51 Mango Pharmacy - HA8 7HF
52 Maxwell Gordon Pharmacy - NW2 1EX
54 Oakdale Pharmacy - N2 8AQ
55 Oakleigh Pharmacy - N20 0TX
57 Pharmco Chemist - HA8 9BU
58 Pharmocare - N10 1LR
59 Pickles Chemist - N3 1XT
62 Regent Pharmacy - NW7 2NU
65 Sainsbury's Pharmacy - NW9 6JX
67 Singer Pharmacy - HA8 8JS
68 Superdrug Pharmacy - HA8 7BD
77 Wilkinson Chemist - EN5 5SZ
78 Zaxgate Ltd - NW4 2EL



BARNET LONDON BOROUGH

3.3 Locally Commissioned Services
3.3.4 Supervised Consumption

Meeting the needs of those with a protected characteristic		
Age	✓	The service is aimed at young people and adults
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities
Gender	×	No specific needs identified
Race	✓	Language may be a barrier to delivering the supervised consumption service
Religion or belief	×	No specific needs identified
Pregnancy and maternity	×	No specific needs identified
Sexual orientation	×	No specific needs identified
Gender reassignment	×	No specific needs identified
Marriage & civil partnership	×	No specific needs identified

Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access for service users
- We anticipate the external review will provide further insights into how we can more effectively align service provision with need
- In our community pharmacy questionnaire, pharmacies identified a need for further training. Barriers to delivering the service including concerns about safety and a perception of lack of demand

The Future

- An externally commissioned needs assessment of adult alcohol and drug services has recently been completed
- This will be used to inform future commissioning of the service

Conclusions

- The supervised consumption service provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve patients' outcomes and to reduce the diversion of drugs into the community
- We have determined that this service is **necessary to meet the pharmaceutical needs of our population** for the following reasons:
  - The service is primarily available through community pharmacy
  - Published evidence suggests that a community pharmacy model of supervised consumption can improve health outcomes for service users including improved adherence to treatment
  - There is good alignment with local strategic priorities with respect to reducing the consequences of substance misuse
- 41 pharmacies are commissioned to provide the service. In our pharmacy questionnaire, a further 16 pharmacies stated they would be willing to provide this service in the future
- With respect to service access, we have identified this is more limited on weekday mornings up until & including 8am; on weekday evenings and Saturday evenings and on Sunday. The implication of this is that service users may have less flexibility as to when they are able to attend the pharmacy; it also means that pharmacies which do not open at weekends are not able to offer such close supervision of their service users

3.3 Locally Commissioned Services
3.3.5 Needle & Syringe Programme

Overview
- The Westminster Drug Project (WDP) is the prime contractor for the needle and syringe programme and subcontracts with Barnet pharmacies
- The aim of the service is protect the health and reduce the rate of blood borne viruses and drug related deaths among injecting service users until they are ready and willing to cease injecting and achieve a drug-free life
- Pharmacies are required to:
  - Provide clean injecting equipment and encourage exchange for used needles and syringes
  - Support with the safe disposal of used equipment
  - Provide health promotion advice, in relation to both substance misuse and sexual health
  - Refer on to specialist drug and alcohol services.
  - Signpost on to other health and social care professions, to support their broader needs (e.g. hepatitis and HIV screening, primary care etc)

The Current Picture
- 12 (15%) pharmacies have been commissioned to provide the service
- The table (next page) and **Map 14** (subsequent page) provide an overview of the availability and distribution of the service:
  - There are two or more pharmacies commissioned to provide the service in each locality
  - However, because the service is only commissioned from a small number of pharmacies, access and choice is limited at all times. In particular:
    - Up until and including 8am on weekdays only one pharmacy offering the service is open; this is based in the Hendon locality
    - On weekday evenings (7pm onwards) there is limited provision and none in Finchley and Golders Green locality
    - On Saturday evenings (7pm onwards), only one pharmacy (Hendon locality) offering the service is open
    - On Sundays there are only four pharmacies that offer the service
- Ambulance data indicates that Colindale and Burnt Oak wards in the Hendon locality have the highest number drug related call outs
- Non-pharmacy providers of the service include WDP

Provider Criteria
- Pharmacists must:
  - Complete an appropriate CPPE package and maintain appropriate CPD
  - Ensure that the service is supervised by an accredited pharmacist
  - Ensure that pharmacy staff involved in the service attend mandatory training sessions
- The pharmacy must:
  - Have a consultation area which provides sufficient confidentiality
  - Ensure there are sufficient stocks of kits; and store these safely so they are inaccessible to customers and in accordance with sterile medical equipment
  - Put into place indemnity insurance, relevant policies (including a needle stick injury policy) and standard operating procedures; and ensure that staff have read and understood these
  - Ensure protective equipment to deal with spillages is readily available and kept close to the storage site
  - Display the national logo or a locally approved logo
  - Ensure the service is available on Monday to Saturday (with the exception of Bank Holidays)

The Evidence Base
- The effectiveness of Needle and Syringe Exchange services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies[14,15]:
  - Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only
  - Most drug users value community pharmacy-based services highly

3.3 Locally Commissioned Services
3.3.5 Needle & Syringe Programme

Locality	Ward	Number of Pharmacies Offering Needle Exchange Service									
		Weekdays					Saturdays			Sunday	Not offered at all
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	0	0	0	0	0	0	0	0	3
	Coppetts	0	0	0	0	0	0	0	0	0	3
	East Barnet	0	1	0	0	0	1	1	0	0	2
	High Barnet	0	2	1	1	0	2	1	0	0	2
	Oakleigh	0	1	1	0	0	1	0	0	0	2
	Totteridge	0	0	0	0	0	0	0	0	0	2
	Underhill	0	0	0	0	0	0	0	0	0	1
Finchley & Golders Green	Childs Hill	0	0	0	0	0	0	0	0	0	8
	East Finchley	0	0	0	0	0	0	0	0	0	4
	Finchley Church End	0	0	0	0	0	0	0	0	0	2
	Garden Suburb	0	0	0	0	0	0	0	0	0	6
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	0	1	0	0	0	1	0	0	0	5
	Woodhouse	0	1	0	0	0	1	1	0	1	3
Hendon	Burnt Oak	0	0	0	0	0	0	0	0	0	1
	Colindale	1	2	1	0	0	2	2	1	1	1
	Edgware	0	2	1	0	0	2	2	0	0	4
	Hale	0	1	0	1	0	1	0	0	0	2
	Hendon	0	1	1	0	0	1	0	0	0	3
	Mill Hill	0	0	0	0	0	0	0	0	0	6
	West Hendon	0	0	0	0	0	0	0	0	0	4
Grand Total		**1**	**12**	**5**	**2**	**0**	**12**	**7**	**1**	**2**	**66**
Percentage of Total		**1%**	**15%**	**6%**	**3%**	**0%**	**15%**	**9%**	**1%**	**3%**	**85%**

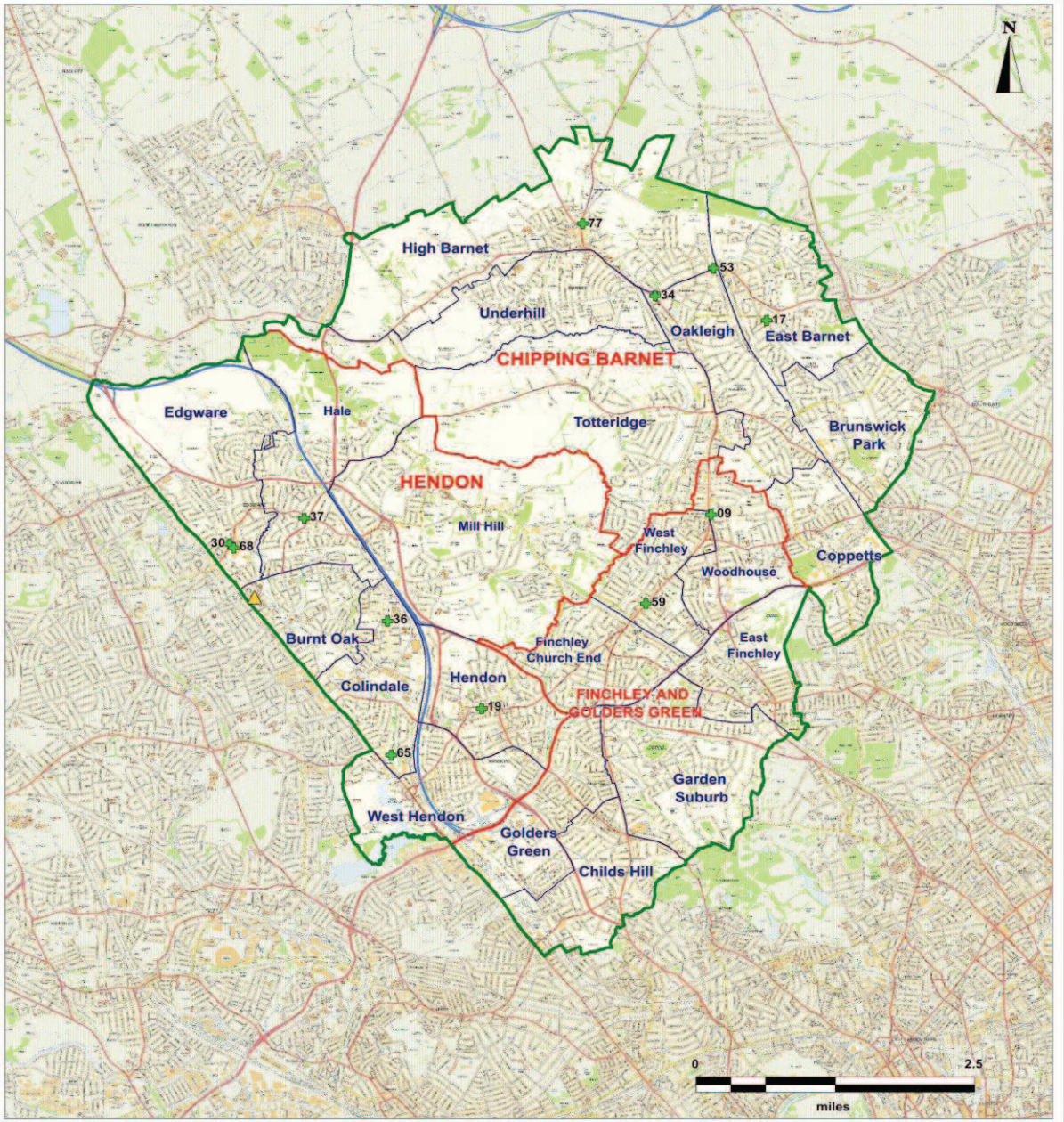
Pharmaceutical Needs Assessment
Map 14: Needle & Syringe Exchange Programme

Legend

- Pharmacies
- Barnet
- Barnet Localities
- Wards
- Non-Pharmacy Providers:
  - BDAS, Dennis Scott Unit, Edgware Community Hospital - HA8 0AD

Barnet Pharmacies

09 Boots - N12 9QR
17 Brand-Russell Chemist - EN4 8TD
19 C.J. Pharmacy - NW4 4EB
30 Derek Clarke Pharmacy - HA8 7JH
34 Greenfield Pharmacy - EN5 1ES
36 H.A. McParland Chemist - NW9 5XB
37 Hale Pharmacy - HA8 9QW
53 Mountford Chemists - EN4 8RR
59 Pickles Chemist - N3 1XT
65 Sainsbury's Pharmacy - NW9 6JX
68 Superdrug Pharmacy - HA8 7BD
77 Wilkinson Chemist - EN5 5SZ



BARNET LONDON BOROUGH

3.3 Locally Commissioned Services
3.3.5 Needle & Syringe Programme

Meeting the needs of those with a protected characteristic		
Age	✓	The service is aimed at young people and adults
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access for service users
- We anticipate the external review will provide further insights into how we can more effectively align service provision with need
- In our community pharmacy questionnaire, pharmacies identified a need for further training. Barriers to delivering the service including concerns about safety and a perceived lack of demand

The Future

- An externally commissioned needs assessment of adult alcohol and drug services has recently been completed
- This will be used to inform future commissioning of the service

.

Conclusions

- The needle and syringe programme is an important public health service which reduces risks to injecting drug users and the general public
- We have determined that this service is **necessary** to meet the pharmaceutical needs of our population for the following reasons:
  - The service is primarily available through community pharmacy.
  - There is published evidence that pharmacy-based needle exchange programmes are cost effective and improve outcomes
  - There is good alignment with local strategic priorities with respect to reducing the consequences of substance misuse
- 12 pharmacies are commissioned to provide the service. In our pharmacy questionnaire, a further 39 pharmacies stated they would be willing to provide this service in the future
- Whilst the service is available in all localities, access and choice is relatively limited at all times particularly in Finchley & Golders Green
- We have identified the following gaps in that there is no access to the service, however, the extent to which this impacts upon pharmaceutical need is being explored as part of the external review:
  - Up until and including 8am on weekdays
  - On weekday evenings (7pm onwards) especially in Finchley & Golders Green where the service is not available at all
  - On Saturday evenings (7pm onwards) when the service is only available from one pharmacy in the Hendon locality
  - Sundays

3.3 Locally Commissioned Services
3.3.6 Identification & Brief Advice (IBA) on Alcohol

Overview
- The alcohol IBA service is intended to provide screening and appropriate brief advice, to people who have either requested advice on alcohol or opportunistically to those attending the pharmacy for other services
- A screening tool, in the form of a scratch card, is used to establish the level of drinking and identify service users for advice
- Brief advice, lasting 5 – 10 minutes, includes: potential harm caused by the identified level of drinking, reasons for changing behaviour, barriers to change, practical strategies to help reduce alcohol consumption and agreed goals
- The aims of the service are to:
  - Increase the identification of higher risk drinking
  - Increase access to effective brief advice on alcohol
  - Reduce the harm and hospital admissions caused by higher risk
  - Improve health by encouraging responsible drinking
  - Increase access to the alcohol services where appropriate

Provider Criteria
- The pharmacy based IBA advisors will have:
  - Attended and completed, to the satisfaction of the commissioner, a two hour IBA training session provided by the Public Health Team
  - Demonstrated competency in providing IBA on alcohol
  - Registered with the Public Health Team as an IBA provider
- The pharmacy must:
  - Have a consultation area which provides sufficient confidentiality
  - Put into place indemnity insurance, relevant policies and standard operating procedures
  - Provide window space to advertise the service; and wall space to display materials
  - Ensure all staff are trained in the operation of the service
  - Signpost to other pharmacies when the service is not available within their own premises

The Current Picture
- 21 (27%) pharmacies have been commissioned to provide the service, with 6 or more in each locality
- The table (next page) and **Map 15** (subsequent page) provides an overview of the availability and distribution of the service
- The service is only commissioned from a small number of pharmacies, this limits opportunity for targeting customers; and reduces choice for residents who proactively seek out the service.
  - There is no access up until and including 8am on weekdays
  - Very limited on weekday evenings with only pharmacy providing the service in Finchley & Golders Green
  - On Saturday evenings (7pm onwards) with only one pharmacy providing the service in the Chipping Barnet locality.
  - On Sunday with only 2 pharmacies providing the service and no provision in Finchley & Golders Green
- Ambulance data indicates that Childs Hill (Finchley & Golders Green locality), Burnt Oak and West Hendon (Hendon locality) are the top three wards for alcohol related call outs

The Evidence Base
- There is little empirical evidence in the reviews of effectiveness of community pharmacy based services for alcohol misuse[15]. However, there is some evidence of success on a small scale from local initiatives.
- Anecdotal evidence for successful alcohol intervention programmes is beginning to grow from the healthy living pharmacy (HLP) work programme[20]

3.3 Locally Commissioned Services
3.3.6 Identification & Brief Advice (IBA) on Alcohol

Locality	Ward	Number of Pharmacies Offering Alcohol IBA Service									
		Weekdays					Saturdays			Sunday	Not offered at all
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	3	1	0	0	3	0	0	0	0
	Coppetts	0	1	1	0	0	1	1	1	1	2
	East Barnet	0	1	0	0	0	1	1	0	0	2
	High Barnet	0	2	1	1	0	2	1	0	0	2
	Oakleigh	0	2	2	0	0	2	1	0	0	1
	Totteridge	0	0	0	0	0	0	0	0	0	2
	Underhill	0	0	0	0	0	0	0	0	0	1
Finchley & Golders Green	Childs Hill	0	1	0	0	0	1	1	0	0	7
	East Finchley	0	3	1	0	0	3	2	0	0	1
	Finchley Church End	0	1	0	0	0	1	0	0	0	1
	Garden Suburb	0	0	0	0	0	0	0	0	0	6
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	0	1	0	0	0	1	1	0	0	5
	Woodhouse	0	0	0	0	0	0	0	0	0	4
Hendon	Burnt Oak	0	0	0	0	0	0	0	0	0	1
	Colindale	0	0	0	0	0	0	0	0	0	3
	Edgware	0	3	2	0	0	2	1	0	1	3
	Hale	0	1	0	1	1	1	0	0	0	2
	Hendon	0	1	0	0	0	1	0	0	0	3
	Mill Hill	0	1	0	0	0	1	0	0	0	5
	West Hendon	0	0	0	0	0	0	0	0	0	4
Grand Total		**0**	**21**	**8**	**2**	**1**	**20**	**9**	**1**	**2**	**57**
Percentage of Total		0%	27%	10%	3%	1%	26%	12%	1%	3%	**73%**

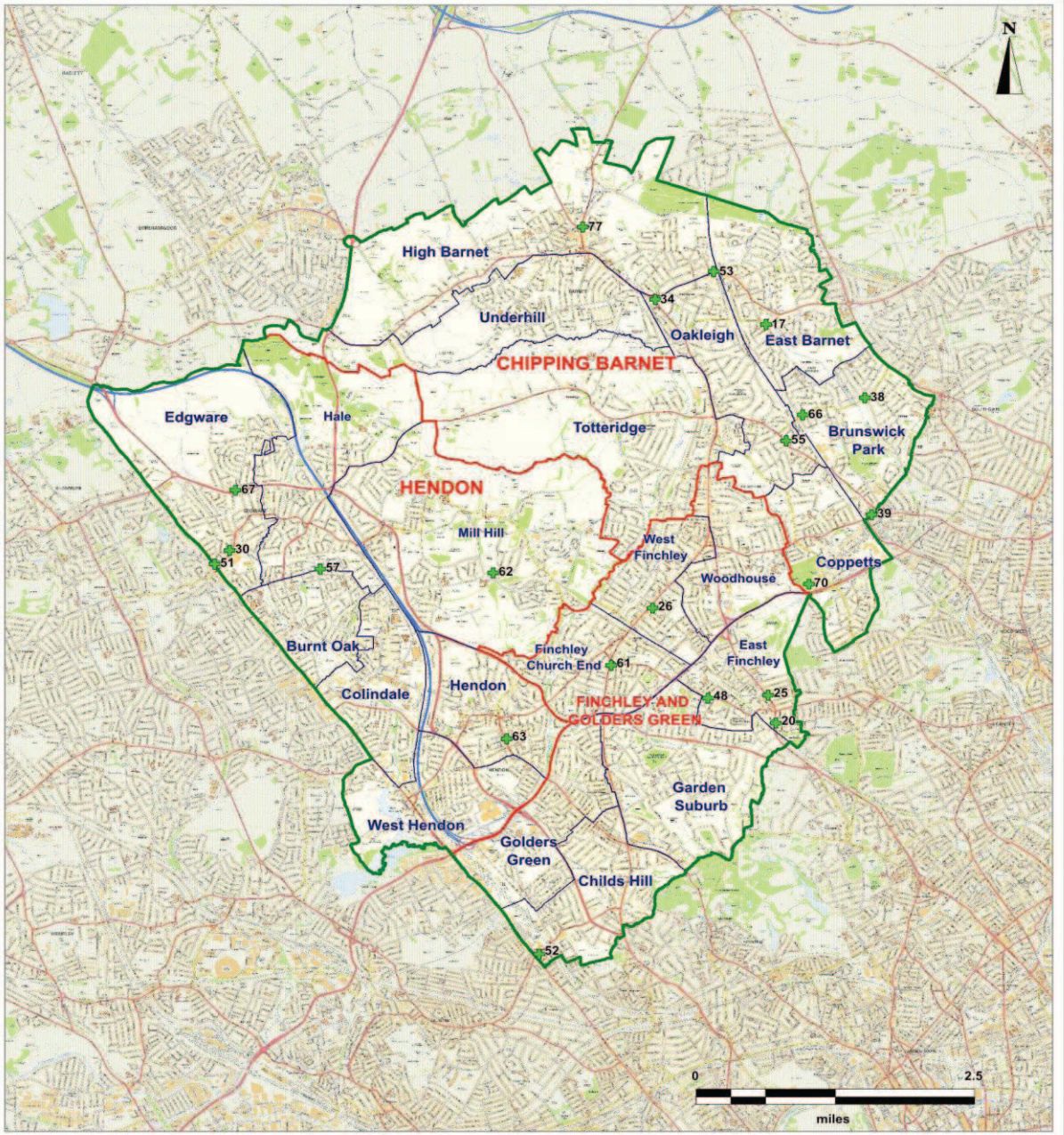
Pharmaceutical Needs Assessment
Map 15: Alcohol Identification and Brief Advice (IBA)

Legend

- Pharmacies
- Barnet
- Barnet Localities
- Wards

Barnet Pharmacies

17 Brand-Russell Chemist - EN4 8TD
20 C.W. Andrew Pharmacy - N2 9PJ
25 Cootes Pharmacy - N2 9AS
26 Cootes Pharmacy - N3 2DN
30 Derek Clarke Pharmacy - HA8 7JH
34 Greenfield Pharmacy - EN5 1ES
38 Hampden Square Pharmacy - N14 5JR
39 Haria Chemists - N11 1NE
48 Links Pharmacy - N2 0SZ
51 Mango Pharmacy - HA8 7HF
52 Maxwell Gordon Pharmacy - NW2 1EX
53 Mountford Chemists - EN4 8RR
55 Oakleigh Pharmacy - N20 0TX
57 Pharmco Chemist - HA8 9BU
61 Reena Pharmacy - N3 3HP
62 Regent Pharmacy - NW7 2NU
63 Sabel Chemist - NW4 2DT
66 Shore Pharmacy - N20 0BA
67 Singer Pharmacy - HA8 8JS
70 Tesco Instore Pharmacy - N12 0SH
77 Wilkinson Chemist - EN5 5SZ



BARNET LONDON BOROUGH

3.3 Locally Commissioned Services
3.3.6 Identification & Brief Advice (IBA) on Alcohol

Meeting the needs of those with a protected characteristic		
Age	✓	The service is aimed at young people and adults
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities; telephone support is available for those who are housebound or less able to visit a pharmacy
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access as well as providing additional opportunities to proactively target pharmacy users for the service.
- We anticipate the service review, which is due to be finished by the end of 2014, will inform the extent to which the service is rolled out further.
- In our community pharmacy questionnaire, pharmacies identified a need for training

The Future

A formal evaluation of the service is due to commence soon and be available by the end of February 2015. This will inform future plans for the service

Conclusions

- The alcohol IBA service is intended to proactively identify, and offer brief advice, to people who misuse alcohol, with a view to reducing the amount of alcohol they drink
- We have determined that this service is not necessary to meet the pharmaceutical needs of the population, but is **relevant in that it provides valuable access to health promotion advice**. The following factors have been taken into account:
  - At this point in time, the service is only available through community pharmacy but GPs may start undertaking IBA as part of their over 40s health checks and/or for new patients
  - There is very little published evidence to demonstrate the effectiveness of pharmacy-based alcohol misuse services; however, evidence is emerging from HLP programmes that alcohol IBA in pharmacies is effective
  - The service is relatively new and has not yet been fully evaluated
  - The service supports our local priorities in relation to substance misuse
- 21 pharmacies have been commissioned to provide the service; 41 pharmacies are willing to provide this service in the future
- The service is available in all localities although choice is relatively limited
- We have identified the following potential gaps :
  - There is no access to the service up until and including 8am on weekdays in all localities
  - Access to the service is very limited in the evenings (weekday and Saturdays) and on Sunday
  - The service is available in the localities with the highest ambulance call outs for alcohol related reasons, but no pharmacies have been commissioned in the wards of Burnt Oak or West Hendon which may reduce opportunistic targeting of pharmacy users in these areas

3. The Assessment
3.4 Looking to the Future

Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided
- In this section, we describe our vision and ambition for how community pharmacy may support the delivery of our local strategic priorities and public health outcomes as set out in section 2.4
- In determining our vision (summarised in the table on the right), we have reflected on the strengths of community pharmacy in terms of its:
  - **Accessibility**, often during extended hours and without an appointment
  - **Knowledge and skills**, both in relation to medicines expertise and healthcare more generally
  - **Broad customer base**, who use pharmacies for a variety of health and non-healthcare reasons
  - **Under-utilisation**, of our existing network of pharmacies which provides a real opportunity to expand the role and services provided
- The use of medicines is the most common intervention in primary care. In this respect we have recognised the need to see pharmacy more closely integrated into patient pathways, as well as a wider role in medicines optimisation This would help to promote seamless care, as well as potentially facilitating improved outcomes.
- It is our intention that the potential service developments, set out on page 93 & 94, will be considered alongside other priorities by Barnet Council and our partner organisations when developing future commissioning strategy
- However, because local strategy is still emerging and we are redesigning various services and pathways, it is not possible to set out the specific circumstances under which such services will be commissioned (*if at all*)
- Finally, procurement rules are such that where it is determined that community pharmacy has a role to play in the delivery of an existing or new service then this may be subject to a formal tendering process, to which pharmacies will be invited to participate

Our Vision for Pharmacy	
An established 'first port of call'	*We wish to see community pharmacy widely recognised, and used, as a first port of call, reducing demand on other services particularly General Practice and unscheduled care providers. We envisage that this may include building upon existing, and potentially commissioning new, pharmacy based services such as a minor ailments service*
An enhanced role in Self Care	*Pharmacy is well placed to support Barnet residents with self-care. There are opportunities to enhance the role of pharmacists in helping people to manage long term conditions and facilitating them living independently at home*
A wider role within primary care	*There are opportunities to maximise the role which community pharmacy undertakes within primary care, with a view to enhancing choice for our residents, providing care closer to home and optimising use of skill mix. This may include commissioning a wider range of pharmacy-based services to be provided by pharmacists (or their staff) and/or through other healthcare professionals from working within pharmacy premises e.g. NHS Health Checks*
A network of Public Health Practitioners	*A key ambition is to create a network of public health practitioners, using the concept of Healthy Living Pharmacies as a solid foundation upon which to deliver, and potentially expand, the range of public health activities undertaken within pharmacy. Through a more integrated offering, that we will maximise opportunities to make "Every Contact Count"*
Taking pharmacy to Barnet Residents	*We believe there are opportunities to provide more pharmacy services on an outreach basis – whether this is directly to people in their own homes or in other settings e.g. the work place*

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JHWS Principles & Priorities	CCG Priorities	Integrated Care
Healthy Living Pharmacies • Training (commencing in 2015), roll out & ongoing development of the HLP programme as a foundation for delivering public health services through pharmacy	• An established "first port of call" • An enhanced role in self-care • A network of public health practitioners – *"Making Every Contact Count"*	• Emphasis on prevention • Improved uptake of vaccinations especially MMR • Encourage and support smokers to quit • Provision of information & support on range of leisure, health, housing and support issues • Support people who are overweight and obese to lose weight	• Improve inequalities in Health • Prepare children & young people for a Healthy life e.g. reduce smoking in pregnancy, immunisation rates	• Investment in prevention and self-management as the key to maximising wellbeing and independence
Minor Ailments Service • Development & roll out of a pharmacy-driven minor ailments service for a wide range of common conditions • This could include supply of prescription only medicines under patient group directions	• An established 'first port of call' • A wider role within primary care • An enhanced role in self-care	• Keeping Independent & promoting self-care • Making health & wellbeing a personal agenda • Developing local community capacity	• Right care, in the right place, at the right time	• Investment in prevention and self-management as the key to maximising wellbeing and independence

Screening & Diagnostics
• Pharmacy based screening and/or diagnostics e.g.
  ○ NHS Health Checks
  ○ Blood-borne virus testing
  ○ Spirometry
• These could be undertaken by pharmacists or other healthcare professionals working within pharmacies.
	• A wider role in primary care	• Emphasis on prevention
		• Early identification and actions to reduce the impact of disease and disability
			• Improve inequalities in Health e.g. NHS Health Checks to reduce under 75 cardiovascular mortality rate
			• Capacity for NHS Health Checks (particularly where performance issues with existing providers)
				• Frail and Elderly (aged 65+)
				• Long Term Conditions (people aged 55 – 65)
				• People living with Dementia
				• End of Life Care

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JHWS Principles & Priorities	CCG Priorities	Integrated Care
Integrated medicines optimisation • Develop integrated medicines optimisation services for people who are cared for in more than one setting • Opportunities may include: ○ Patients identified as high risk, with regards to medicines, post discharge referred into community pharmacy for follow up ○ Support for patients to improve adherence e.g. aide memoires, text messages, domiciliary services ○ Facilitate exchange of medicines information between clinical settings ○ Identification, & notification to prescribers, of people not taking preventative medicines e.g. those at high risk of CVD	• An enhanced role in self-care • A wider role in primary care • Taking pharmacy to Barnet Residents	• Joining up services to ensure timely and effective solutions to individual problems • Early identification and actions to reduce the impact of disease and disability • Support a comprehensive frail elderly pathway that spans health and social care	• Right care, in the right place, at the right time e.g. acute medicines management; reduce unplanned admissions; increase percentage of people aged 65+ who are still at home 91 days after discharge	• Self management • Frail and Elderly (aged 65+) • Long Term Conditions (people aged 55 – 65) • People living with Dementia
Weight management • Scope could include: ○ Advice & brief interventions on weight management, healthy eating & exercise, ○ Pharmacy-based weight management service	• An enhanced role in self-care • A network of public health practitioners – *"Making Every Contact Count"*	• Emphasis on prevention • Support people who are overweight and obese to lose weight	• Improve inequalities in Health e.g. reduce under 75 cardiovascular mortality rate	• Self management • Long Term Conditions (people aged 55 – 65)

3. The Assessment
3.4 Looking to the Future

Our Aspiration for Pharmacy Services and Premises

- Throughout the document, we have reflected upon both the gaps and the areas for improvement as described within our PNA; and our vision and ambition for pharmacy
- In doing so, we have identified the HWB aspirations for pharmacy premises and services, for existing contractors. These are summarised in the table on the right
- It follows that we would anticipate that these aspirations be priorities for future applications

Element	Aspiration for Pharmacy Services & Premises

Pharmacy opening hours	• 7 day a week opening
	• Extended hour opening as part of core hours:
	  ○ Weekdays (which ever is longest):
	  • Open by 8am (or earlier) and not closing before 7pm; or
	  • As a minimum, opening at the same time as GP surgeries and closing 30 minutes later
	  ○ Saturday, open from 9am–5pm as a minimum; ideally open until 7pm or later; and co-ordinated with GP opening where applicable
	  ○ Sunday, open for a minimum of 6 hours and co-ordinated with GP opening, where applicable

Advanced services	• Accredited & prepared to offer MURs, NMS, AURs & SACs • Willing to provide services in the domiciliary setting, including care homes (subject to NHS England approval)
Enhanced services	• Accredited and prepared to offer all currently commissioned services, relevant to the needs of the local population • Prepared to seek accreditation for & offer future enhanced services (if required)
Locally commissioned services	• Accredited and prepared to offer all locally commissioned services relevant to the needs of their population • Prepared to seek accreditation for & offer future locally commissioned services (if required) • Actively seek to improve standards of care

Consultation Area	• Minimum of one area, fully compliant with the Regulations and with the following additional characteristics:
	  ○ Space for a chaperone and/or a wheel chair
	  ○ Sink with hot water
	  ○ Equipped with a telephone, computer, secure IT connection & access to NHS.net email
	  ○ Access to patient medication records
	  ○ Security measures i.e. panic button & CCTV
	  ○ Patient toilet nearby

Meeting the needs of those with a disability	• Premises and services should be suitably adapted to meet the needs of those with a disability including:
	  ○ Wheelchair access to all public areas within the pharmacy
	  ○ Hearing loop, including within the consultation area
	  ○ Provision of support for people with cognitive impairment
	  ○ Provision of a ‘dementia friendly’ environment

3. The Assessment
3.5 Conclusions – Summary of Gaps

	Summary of Needs and Improvements
Current Need	• **Essential Services** ○ Additional pharmacy opening hours are needed between 7-9am on weekdays, all localities, to improve alignment with GP opening hours to ensure timely access to dispensing ○ Additional pharmacy provision is required on all bank holidays (not just Christmas Day and Easter Sunday) ○ Up to date information on pharmacy & DAC opening hours and services, is needed in a variety of forms (not just via on NHS Choices)
Future Need	• **Essential Services** ○ Additional pharmacies may be required, in the Hendon locality, to meet the future pharmaceutical needs arising as a result of population growth and the local regeneration programme We have estimated that two additional pharmacies would be sufficient to maintain the locality at around the current Barnet average (assuming that estimated population growth and housing developments come to fruition). Ideally there will be co-location with new healthcare centres; and a pharmacy based in the new town centre. We have set out our aspirations for pharmacy services and premises and would anticipate any new pharmacies will meet these particularly in relation to extended hour opening and willingness to offer the full range of pharmaceutical and locally commissioned services ○ If Barnet GPs move to a 7 day a week service, the current pattern of pharmacy opening hours may need to be reviewed, to ensure that residents can secure timely access to medicines following a GP consultation. At the time of publication, the arrangements for the operational delivery, and timescales, of such changes are not known
Improvements or Better Access	• **All services (essential, advanced, enhanced and locally commissioned)** ○ In all localities, extending opening hours on weekday mornings (before 9am), weekday and Saturday evenings (after 7pm) and on Sundays, would improve access, convenience and choice to all pharmaceutical and locally commissioned services. This would be beneficial for the working population of Barnet • **Meeting the needs of those with disabilities** ○ There are opportunities for more pharmacies to provide support for people with disabilities particularly those with hearing impairment ○ We anticipate that all pharmacies will take reasonable steps to meet the minimum requirements of the Equality Act 2010 • **Advanced services** ○ MURs and NMS – we wish to see all pharmacies providing these services (unless there is a valid reason not to do so) ○ Providing MURs (subject to NHS England approval) in the domiciliary setting would improve access for the housebound and those less able to visit a pharmacy without support; it would also facilitate service provision by those pharmacies which do not have a consultation area ○ We wish to see all pharmacies targeting MURs and NMS reviews at people who will benefit the most. This will support pharmacies delivering the maximum number of MURs per annum as well helping to improve outcomes ○ An integrated approach to NMS delivery, whereby pharmacies and prescribers in primary and secondary work closely together, may increase the number of people referred into the service and secure improvements for our residents • **Enhanced Services – Further Provision** ○ **London Pharmacy Vaccination Service:** We wish to see this service commissioned from as many pharmacies as possible to support increased uptake of seasonal influenza vaccine in those aged under 64 who are at risk; and to maintain and/or improve uptake of PPV vaccine in those aged 65+

3. The Assessment
3.5 Conclusions – Summary of Gaps

	Summary of Needs and Improvements
Improvements or Better Access (cont…)	• **Locally commissioned services** ○ **EHC:** Residents should have access to EHC, within their own localities, every day of the week. This is important because EHC needs to be taken as soon as possible after unprotected intercourse and certainly within a maximum of 72 hours ○ **Supervised consumption:** Commissioning the service from a wider range of pharmacies which open for extended hours and at weekends, would improve access for service users and enhance the level of supervision at weekends which is particularly important for high risk patients ○ **Needle & Syringe programme:** Commissioning the service from a wider range of pharmacies which open for extended hours and at weekends, would improve access and choice for service users ○ **Alcohol IBA:** Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access as well as providing additional opportunities to proactively target pharmacy users for the service
Future improvements or Better Access	• **All services (essential, advanced, enhanced and locally commissioned)** ○ In all localities, extending opening hours on weekday mornings (before 9am), weekday and Saturday evenings (after 7pm) and on Sundays, would improve access, convenience and choice to all pharmaceutical and locally commissioned services. This would be beneficial for the working population of Barnet and would facilitate ensuring there is sufficient capacity to meet the future pharmaceutical needs of a growing population • **Advanced services** ○ MURs and NMS – we wish to see all existing, and any new, pharmacies providing these services (unless there is a valid reason not to do so) • **Locally commissioned services** ○ For all locally commissioned services, we need to understand why some pharmacies are more active than others ○ **Stop Smoking services:** we need to understand why some pharmacies are not achieving the required quit rates; and provide support to help address this ○ **Substance misuse (supervised consumption and needle & syringe programme):** An external review of substance misuse services has been undertaken; the findings will be used to inform how we can more closely align these services with need ○ **EHC:** we plan to review the EHC service with a view to deciding the extent to which the service will be rolled out more widely across Barnet ○ **Alcohol IBA:** we plan to review the Alcohol IBA service with a view to deciding the extent to which the service will be rolled out more widely across Barnet • **Meeting the needs of those with a disability** ○ We would wish to ensure that new pharmacies have taken appropriate steps to meet the needs of people with disabilities. Specifically, we anticipate that all premises have step free access and that public areas of the pharmacy are accessible to wheel chairs; that a hearing loop is installed and that the pharmacy provides large print labels and labels with braille

4. Consultation Report

Consultation Approach

- Barnet Health and Wellbeing Board has undertaken a consultation on a draft of its Pharmaceutical Needs Assessment
- The consultation was issued and managed electronically:
  - All stakeholder groups, as stated within the Regulations, were invited to participate; in addition, a wider audience was invited to participate. Full details are summarised in the table below
  - Stakeholders were notified by email to provide advance notification that they were being invited to participate in the consultation; a hard copy letter was sent as back up
  - The draft PNA and associated appendices were posted on a dedicated page on the Council website; participants were advised that they may request a hard copy of the draft PNA, free of charge, if required. All paper copies were provided within 14 days, in accordance with the Regulations
  - Respondents were required to complete a standard response form and return this electronically; however, consultation feedback was accepted in different formats providing that this was submitted in writing
- The consultation was initiated on the 23 January 2015 and ended at midnight on the 26 March 2015. This period was in accordance with the minimum 60 day consultation required by the Regulations

Consultation Outcome

- In total, 20 responses were received to the consultation, as follows:
  - NHS England
  - 15 community pharmacies (this included one submission from Boots on behalf of all branches within Barnet; and one 'out of area pharmacy' which was potentially affected by the conclusions within the draft PNA)
  - The Dispensing Appliance Contractor
  - Middlesex Pharmaceutical Group of LPCs (with authority and on behalf of Barnet, Enfield and Haringey LPC) representing pharmacy services within the London Borough of Barnet
  - Two NHS Trusts (Barnet, Enfield & Haringey Mental Health Trust; and Central London Community Healthcare NHS Trust)
- 4 pharmacies submitted late responses (3 of these were received on the 27 March 2015; and the fourth early in the morning on the 30 March 2015). All these pharmacies had experienced difficulties in downloading the PNA documents from the website. In recognition of this difficulty, all late responses were accepted
- All feedback was consolidated into a document for review by the PNA Steering Group on the 17 February 2015.
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix H. Where applicable, the draft PNA was updated to reflect the decisions of the PNA Steering Group

Stakeholder Groups invited to Participate in the Consultation	
Stakeholders Specified Within the Regulations	**Other Stakeholder Groups**
• Healthwatch Barnet • Barnet, Enfield & Haringey Local Pharmaceutical Committee (via the Middlesex Pharmaceutical Group of LPCs) • Barnet Local Medical Committees • Barnet NHS Pharmaceutical Services Contractors (78 pharmacies and 1 Dispensing Appliance Contractor) • Barnet, Enfield & Haringey Mental Health Trust • Central London Community Healthcare NHS Trust • The Royal Free London NHS Foundation Trust • Neighbouring Health & Wellbeing Boards (Harrow, Hertfordshire, Brent, Haringey, Enfield and Camden)	• NHS Barnet Clinical Commissioning Group • Members of the Barnet Health & Wellbeing Board

Annex A
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Annex B
Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	LPC	Local Pharmaceutical Committee
AUR	Appliance Use Reviews	LSOA	Lower Layer Super Output Area
BAME	Black, Asian and Minority Ethnic	LTC	Long Term Condition
BEHMT	Barnet, Enfield & Haringey Mental Health Trust	MAS	Minor Ailments scheme
CCG	Clinical Commissioning Group	MenC	Meningococcal C
CCTV	Closed Circuit Television	MMR	Measles, Mumps and Rubella
CIPFA	Chartered Institute for Public Finance & Accountability	MURs	Medicines Use Reviews
CNS	Central Nervous System	NHSE	NHS England
COPD	Chronic Obstructive Pulmonary Disease	NICE	National Institute for Health & Care Excellence
CPD	Continuing professional development	NMS	New Medicine Service
CPPE	Centre of Pharmacy Postgraduate Education	NRT	Nicotine Replacement Therapy
CVD	Cardiovascular Disease	NSAID	Nonsteroidal anti-inflammatory drugs
DACs	Dispensing Appliance Contractors	NCL	North Central London
ECH	Egware Community Hospital	OCU	Opiate / Crack Cocaine User
EHC	Emergency hormonal contraception	ONS	Office of National Statistics
EPS	Electronic prescription services	PCV	Pnemococcal Conjugate Vaccine
FMH	Finchley Memorial Hospital	PGD	Patient Group Direction
FP10	NHS Prescription Form	PHE	Public Health England
GLA	Greater London Authority	PI	Prescription Intervention
GP	General practitioner	PMR	Patient Medication Record
GUM	Genito-urinary medicine	PNA	Pharmaceutical Needs Assessment
Hib	Haemophilus Influenzae Type B	PPV	Pneumococcal Polysaccharide vaccine
HIV	Human Immunodeficiency Virus	PSNC	Pharmaceutical Services Negotiating Committee
HLP	Healthy living pharmacy	PURM	Pharmacy Urgent Repeat Medication
HPA	Health Protection Agency	QoF	Quality and Outcomes Framework
HPV	Human Papillomavirus	RPSGB	Royal Pharmaceutical Society of Great Britain
HWB	Health & Wellbeing Board	SACS	Stoma Appliance Customisation Services
IBA	Identification and Brief Advice	SHLAA	Strategic Housing Land Availability Assessment
IMD	Index of multiple deprivation	STIs	Sexually transmitted infections
JHWS	Joint Health & Wellbeing Strategy	UPSI	Unprotected Sexual Intercourse
JSNA	Joint Strategic Needs Assessment	WDP	Westminster Drug Project
LAs	Local Authorities	WHO	World Health Organisation
LMC	Local Medical Committee	WIC	Walk-in Centre

AGENDA ITEM 12

	Health and Well-Being Board **4 June 2015**
Title	**Winterbourne View – Assuring Transformation**
Report of	Commissioning Director – Adults and Health
Wards	All
Date added to Forward Plan	March 2015
Status	Public
Enclosures	Appendix 1 Summary overview of the Green Paper 'No Voice Unheard, No Right Ignored'
Officer Contact Details	Sue Tomlin – Joint Commissioning Manager Learning Disabilities sue.tomlin@barnet.gov.uk 0208 359 4902

Summary

This report updates the Board on progress made in delivering the Winterbourne (Assuring Transformation) programme. It updates on the ongoing work to improve and adapt current services to meet patients' needs in community settings and also to develop new services. A recent programme of patient Care and Treatment Reviews has created individual patient action plans and this has helped to identify blockages, solutions and prioritise commissioning activity. Wherever possible family members and representatives have been involved in these reviews.

The current position is that the number of Barnet patients who meet the criteria has reduced by four. There are now 12 patients from Barnet, this equates to prevalence of in-patient care data for London which is 11 – 12 per 1,000 people with a learning disability[1]. Three patients were discharged in the final quarter of 2014/15.

There have been no new admissions since September 2014 and Barnet CCG Continuing Health Care team continues to work closely with the Integrated Community Learning Disabilities service to identify and plan appropriate support for those at risk of admission.

[1] Transforming Care for PWLD - next steps - Jan 2015 (Annex B: Prevalence data from 2013 LD National census).

A number of the patients are subject to consent orders through the Court of Protection; others are placed at specialist services providing for their complex continuing health care needs including some patients who are receiving treatment under the Mental Health Act.

Recommendations

1. **That the Board notes the contents of the report and appendix to the report including the progress made on patient discharges, the update on patients subject to the Winterbourne View Concordat and the current position in delivering the Assuring Transformation programme.**

1. WHY THIS REPORT IS NEEDED

1.1 In December 2012 the Department of Health (DoH) published the Winterbourne View Concordat, a programme of action designed to transform services for people with learning disabilities or autism and mental health conditions. The recently published Green paper 'No Voice Unheard, No Right Ignored' (DoH)[2] is in response to the issues and challenges identified through the programme (see appendix 1 for a summary). This consultation for people with learning disabilities, autism and mental health conditions seek views on a range of possible options for changes to the law to enable them to live independently.

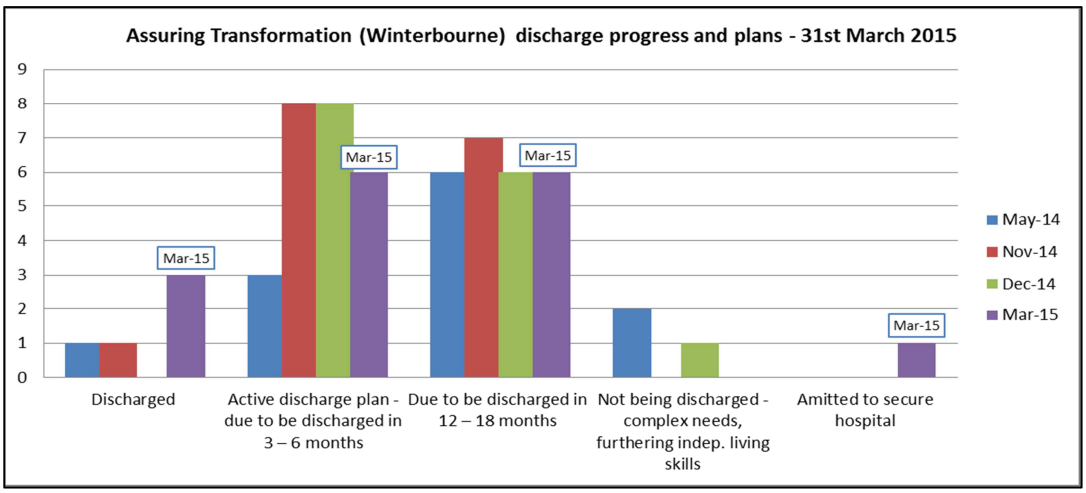
1.2 There are active discharge plans in place for many of the remaining patients. Commissioners and care co-ordinators are working closely with providers to develop solutions which are in the patients' best interests. Person centred care plans for each individual include actions to improve the quality of the current service provided as well as preparation for discharge and transition. All patients have access to advocacy and to social workers.

1.3 We are also working closely with family members and working collaboratively across the Council, the CCG and current and potential care and support and housing service providers. Commissioners have also met with the Care Quality Commission as part of their inspections of services.

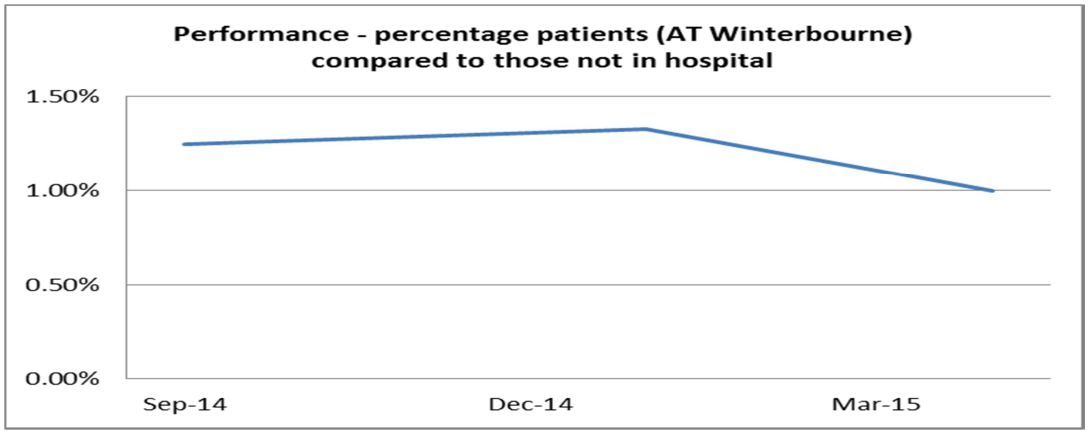
1.4 The Court of Protection orders have meant that certain actions are required before we can prepare patients for discharge. An application to the Court will be prepared to provide for a deprivation of liberty authorisation and, if required, to determine whether it is in the best interest for each individual patient to move. Whilst progress to discharge is being made for many of the patients the Winterbourne View Concordat cannot be applied to all cases equally and that where people remain this is considered to be in their best interests. Families have been consulted on the options and alternatives, where possible.

1.5 The table below shows progress since May 2014 up to end of March 2015 and the current proposed discharge timescales.

2 Summary at Appendix 1



1.6 Patient discharges during the last period have resulted in improved performance as shown in graph below[3].



1.7 Detailed Care and Treatment Reviews (CTRs) have recently been undertaken for all of the patients. For the majority the reviews identified that their care and support needs could be met within an appropriate community setting. The reviews have also resulted in a set of recommendations for the service providers, care co-ordinators and commissioners and individual patient action plans.

1.6 Priority themes from the CTRs were:

- Providers to review training for care teams and staff and monitor outcomes and impact on service quality and patient experience

[3] Calculation based on current cohort (12) divided by all adults with a learning disability in Barnet 6,830 – source national data and prevalence rates (PANSI and POPPI - 2014).

- Providers to produce updated, comprehensive operationalised plans and individualised plans including risk assessments, communication passports and person centred plans including showing clearly how Positive Behaviour Support is embedded within their organisations
- Work with care co-ordinators and other stakeholders and advocates to continue to improve engagement and communication with family members, carers and appointed representatives in decision-making, discharge planning and particularly to look at the range of alternatives and options available
- Providers to offer and engage in a variety of activities to improve patients' experiences and quality of life, to identify patients' preferences more clearly and have a broader view of goals and aspirations through effective person centred planning
- Providers to adopt appropriate methods and assessment tools to understand function of behaviours of patients
- A lack of rights based advocacy – although advocacy is in place there were difficulties because of communication barriers and understanding of complex needs and behaviours that challenge.

1.7 These themes now form action plans for the individual providers and feed into the overarching Winterbourne action plan. Where necessary the Official solicitor will be informed and may make representations

2. REASONS FOR RECOMMENDATIONS

2.1 The Concordat and Transforming Care - Next Steps[4] recommend that Health and Well-Being boards provide support and have oversight of Winterbourne activity.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable in the context of this report.

4. POST DECISION IMPLEMENTATION

4.1 Commissioners are working closely with NHS England to review progress, and the themes emerging from the CTRs. The provider focused action plans and the recommendations for each individual are reported to NHS England and are updated fortnightly. In addition fortnightly telephone conferences are held by NHS England to update and inform on progress. Information on our cohort of patients is now updated live and submitted monthly via a new data capture platform to the Health and Social Care Information Centre which enables real time reporting.

4.2 The Winterbourne View (WBV) Steering Group meets monthly to monitor progress against care plans and will be ensuring scrutiny of each placement and individual action and transition plans. The Winterbourne action plan is being reviewed and reframed to reflect current priorities and actions from Transforming Care - Next Steps.

[4] Jointly produced by DoH, ADASS, CQC, HEE and the LGA in response to Sir Stephen Bubb report to NHS England

4.3 Priorities identified so far are the procurement of specialist providers; commissioners are working with existing approved providers to increase the amount of specialist accommodation and support services. The plan includes new housing provision, identifying new support providers and working with existing providers to develop their services to meet the high levels of needs of the cohort.

4.4 As plans to discharge the current cohort of patients' progress, we are considering how best we can identify those at risk of admission and how care pathways and services are working with people to prevent and avoid crisis. The WBV programme is linked closely to the review of the Integrated Community Learning Disability service and the Section 75 agreement which will make recommendations on the future of community provision and how the service will respond to meet the increasing complexity of need.

4.5 As well as addressing individual actions for patients, the cross cutting issues identified are being addressed by providers with the support of the CCG and Council and our commissioning plans are being updated. We are working closely with the London Commissioning Network[5] to ensure joint regional working and to share information on specialist services and best practice.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The programme supports the core principles of opportunity and fairness set out in the Council's Corporate Plan 2015/20 and its intention that health and social care services will be personalised and integrated, with more people supported to live longer in their own homes.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The costs of care for the cohort are met by Barnet CCG and through a Section 75 funding agreement with the Council. There are currently no additional resource implications within this budget. Short term specialist support to progress the discharge plans has been agreed to be funded within the existing budget. The cost of the complex continuing health care placements is closely monitored by the CCG.

5.2.2 The Integrated Community Learning Disability Service (CLDS) which comprises health and social care professionals from the Adults & Communities Delivery Unit, Central London Community Health Trust and Barnet, Enfield & Haringey Mental Health Trust and Barnet CCG Continuing Health Care Team co-ordinate and review care plans. The care and treatment reviews have been led by Commissioners from the Joint Commissioning Team.

5.3 Legal and Constitutional References

5.3.1 The Care Act 2014 places the Safeguarding Adults Boards on a statutory footing and strengthens accountability, information sharing and a framework

[5] Hosted by the London Social Care Partnership - LGA

for action to protect adults from abuse. The Care Act also strengthens the voice of people who use services and their carers in their care and support arrangements. Under the Care Act, people have a right to a choice of accommodation providing it is suitable to meet their needs.

5.3.2 The Care Act places new duties on Local Authorities to promote an efficient and effective market for adult social care and support as a whole in relation to both diversity and quality of services. This means collaborating closely with other relevant partners, including people with care and support needs and their families and carers. This should stimulate a diverse range of high quality services.

5.3.3 Powers and duties to provide care and treatment of those who lack capacity or who are mentally ill are set out in the Mental Capacity Act 2005, the mental Health Act 1983 and jurisdiction of the High Court.

5.3.4 There are currently in place, for some individuals, Orders form the Court of Protection which require the CCG and/or local authority to notify the Official Solicitor in advance of any decision to move the patient and we are complying with that Order

5.3.5 The Council's Constitution (Responsibility for Functions) section sets out the Terms of Reference of the Health and Well-Being Board which includes the following responsibilities:

(5) To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.

(7) To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.

(9) Specific responsibilities for:
- Overseeing public health
- Developing further health and social care integration

5.4 **Risk Management**

5.4.1 Individual action plans are being developed to progress discharge, for some of the residents there are health risks which need to be carefully considered due to their age and physical frailty.

5.4.2 There is a risk that as patient moves begin to take place from some services and beds close that the service will become unsustainable and service costs will increase. Planning is being undertaken to mitigate this potential risk with NHS England, commissioners from Hertfordshire and other London authorities and the provider to ensure that the service can continue to operate.

5.4.3 The Green paper (No Voice Unheard, No Right Ignored) has signalled a reduction in Assessment and Treatment beds for people with Learning Disabilities and Autism, community services and interventions need to be

sufficiently robust to meet complex needs. Accommodation and service gaps have been identified – there are few local providers who specialise in services to meet the needs of people with learning disabilities who have specific multiple needs including visual impairment, Autistic Spectrum Disorder and severe challenging behaviour. The action plan includes work to investigate and stimulate this section of the market working closely with regional health and CCG colleagues. A summary of the main issues in the Green paper is attached at appendix 1.

5.5 Equalities and Diversity

5.5.1 Impact assessments are undertaken for each patient as part of their person centred planning process and service designs.

5.5.2 The Joint Strategic Needs Assessment shows that people with learning disabilities are one of the most excluded groups in the community. They are much more likely to be socially excluded and have significant health risks and major health problems. The number of young people with complex disabilities and needs is increasing meaning that safeguards and quality assurance of care services for this group of people will remain a priority.

5.6 Consultation and Engagement

5.6.3 Family members, carers and representatives have been closely involved in the individual patient CTRs and care coordinators continue to ensure that this involvement continues as individual plans are developed. This is a key theme of the action plans.

5.6.4 Consultation on the Green paper closes at the end of May; commissioning responses are being co-ordinated by the London Learning Disabilities commissioners' network (through the LGA). Locally we will be working through the Learning Disability Partnership Board with people with Learning Disabilities and Autism, their family members and carers and local providers to consider the proposals.

6. BACKGROUND PAPERS

6.1 Health and Well-Being Board – Winterbourne View One Year On 29th November 2012 http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=6568&Ver=4

6.2 Health and Well-Being Board – Winterbourne View Update 27th June 2013 http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7557&Ver=4

6.3 Health and Well-Being Board – Quality & Safeguarding: learning from Winterbourne View Stocktake – 19th November 2013 http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7558&Ver=4

6.4 Health and Well Being Board – Winterbourne View Concordat - local progress update - 20th March 2014

http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7570&Ver=4

6.5 Barnet CCG Board - Winterbourne View Concordat - local progress update – May 2014

6.6 Barnet CCG Board - Winterbourne View Concordat - local progress update – November 2014

6.7 Barnet CCG Clinical Quality and Risk Committee – updates, January 2014, January 2015 & April 2015.

6.8 Green Paper- No Voice Unheard, No Right Ignored - March 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409816/Document.pdf

Summary overview of the Green Paper – No Voice Unheard, No Right Ignored

The aim of the Green Paper is to tackle the barriers and issues that have hindered the scale and pace of change following the Winterbourne View enquiry and concordat. It proposes a number of measures to further strengthen rights and representation for those needing support from the health and care sector to live well in the community. The fundamental principles are personal independence, choice and community provision and giving very clear accountability and responsibility throughout the system.

- **Putting people in charge of their life, supported by family and friends** – proposals include a named professional in charge of sharing information with individuals, families or carers, including their right to challenge care decisions.
- **Strengthening the challenges in the system to people being sent to hospital** – making it much harder to admit people to institutions by default and offering better support in the community.
- **Helping people live independently and be part of their communities -** proposed a specific duty for CCGs and local authorities to consider and plan to ensure there is enough community based support and treatment services This includes local authorities and commissioners improving provision in local markets and involving people with learning disabilities (LD) and Autism and their families and carers with all parts of the procurement process.
- **Making sure people receive the right care in the right place** by putting their needs at the heart of the decision making process.
- **Whether there should be changes to the Mental Health Act** in the way it applies to people with learning disabilities and autism.
- **Giving very clear accountability and responsibility throughout the system.**

The Green paper also proposes a model of shared funding to help people leave hospital sooner or prevent them from being admitted. It also proposes an expansion of the right to personal health budgets and strengthening of advocacy and safeguarding for those unable to articulate their care needs and concerns.

Consultation on the paper closes on 29th May 2015; responses are being co-ordinated by the London LD commissioners' network, with a group of commissioners from London sectors leading on specific sections. We will also be working through the Learning Disability Partnership Board with people with learning disabilities and Autism and family members and carers and local providers to consider the proposals.

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AGENDA ITEM 13

	Health and Well-Being Board **4 June 2015**
Title	**Minutes of the Financial Planning Sub-Group**
Report of	Commissioning Director – Adults and Health
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Enclosures	Appendix 1- Minutes of the Financial Planning Group – 18th March 2015
Officer Contact Details	Zoë Garbett Commissioning Lead – Health and Wellbeing zoe.garbett@barnet.gov.uk 0208 3593478

Summary

This report is a standing item which presents the minutes of the Financial Planning Sub-group and updates the Board on the joint planning of health and social care funding in accordance with the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and Barnet CCG's Quality Improvement and Productivity Plan (QIPP) and financial recovery plan.

Recommendations

1. **That the Health and Well-Being Board notes the minutes of the Financial Planning Sub-Groups of 18h March 2015.**

1. WHY THIS REPORT IS NEEDED

1.1 The Barnet Health and Well-Being Board on the 26th May 2011 agreed to establish a Financial Planning sub-group to co-ordinate financial planning and resource deployment across health and social care in Barnet. The financial planning sub-group meets bi-monthly and is required to report back to the Health and Well-Being Board.

1.2 The Barnet Health and Well-Being Board on the 13th November 2014 agreed to receive the minutes of the Health and Social Care Integration Board as a standard item on the agenda to ensure that adequate attention is given at Board level to the work that providers are doing to support delivery of Barnet's integrated care proposals

1.3 In 2015/16, the section 256 allocation for Barnet Council is £6,634,000 to deliver the main social care services which also have a health benefit. The NHS Barnet CCG minimum contribution to the Better Care Fund for the same period is £14,060,000. The Health and Well-Being Board Financial Planning Sub-Group will continue to utilise its delegated powers to approve spend against these budgets during 2015/16 which will support delivery of the vision for integrated care that has been developed for Barnet.

1.4 The budgets will be used to continue to support the delivery of existing initiatives, as well as any such new initiatives identified to support the delivery of Better Care Fund (BCF) outcomes and the appropriate protection of social care services.

1.5 Minutes of the meeting of the Financial Planning sub-group held on the 18th March 2015 are presented in appendix 1.

1.6 The Board are asked to note that in March the Financial Planning sub-group reviewed the operating context for the CCG and LBB given the changes that both organisations have experienced over the past nine months and therefore the relevance of the Financial Planning Sub-group and it was agreed to –

- Focus on areas of strategic joint work between the CCG and LBB which includes the section 75 agreements, the operation of the Joint Commissioning Unit and the Better Care Fund
- Change the name of the group to the Joint Commissioning Executive Group
- Review the Terms of Reference including updating the membership given personnel changes in both organisations
- Shape the Health and Well-Being Board work programme with the Health and Well-Being Board Chairman and Vice Chairman
- Support the development of the Health and Well-Being Strategy

1.7 The above changes will be discussed at the next Financial Planning Group and bought to the Health and Well-Being Board for approval on the 30 July 2015.

1.8 Also discussed at the Group in March –

- Agreed the way forward for LBB to engage with the CCG delivery plan before the submission of the plan to NHS England on the 7 April
- Discussed the risk share associated with the Better Care Fund
- Reviewed the Adults and Safeguarding Commissioning Plan, noting the financial implications and areas of joint working. The Children, Education, Libraries and Safeguarding Commissioning Plan was circulated to the group
- Mental health commissioning was discussed with regards to the improvements the CCG has seen in the IAPT service. The Group identified links between projects in Adults and Communities, the CCG and Public Health and where these need to be bought together in a report to the HWBB in June highlighting are vision for mental health in Barnet
- The Group heard a Children and Families Act update with good progress being made with the development of the 0 – 25 disability service, SEND reforms and personal health budgets. An update on CAMHS will be bought to the Group in June

2. REASONS FOR RECOMMENDATIONS

2.1 The Health and Well-Being Board established the Health and Well-Being Financial Planning Sub-Group to support it to deliver on its Terms of Reference; namely that the Health and Well-Being Board is required:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

2.2 Through review of the minutes of the Health and Well-Being Financial Planning Sub-Group, the Health and Well-Being Board can assure itself that the work taking place to ensure that resources are used to best meet the health and social care needs of the population of Barnet is fair, transparent, stretching and timely.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Provided the Health and Well-Being Board is satisfied by the progress being made by the Financial Planning Sub-Group to take forward its programme of work, the sub-group will progress its work as scheduled in the areas of the Better Care Fund, mental health re-commissioning and implementation of the SEND reforms as well as reviewing the Terms of Reference of the Group.

4.2 The Health and Well-Being Board is able to propose future agenda items of forthcoming sub-group meetings that it would like to see prioritised if it is not satisfied with the work that the Sub-Group is taking forward on its behalf.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Integrating care to achieve better outcomes for vulnerable population groups, including older people, those with mental health issues, and children and young people with special needs and disabilities, is a key ambition of Barnet's Health and Well-Being Strategy.

5.1.2 Integrating health and social care offers opportunities to deliver the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and the CCG's Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The Health and Wellbeing Financial Planning Sub-Group acts as the senior joint commissioning group for integrated health and social care in Barnet. it has the following functions that relate to the management of local resources:

a) *To oversee the development and implementation of plans for an improved and integrated health and social care system for children, adults with disabilities, frail elderly, those with long term conditions, and people experiencing mental health problems.*
b) *To govern the implementation and delivery of the Better Care Fund including the implementation of the 5 tier model for frail elderly, holding the Joint Commissioning Unit and partners to account for its delivery.*
c) *To approve the work programme of the Joint Commissioning Unit.*
d) *To agree any business cases arising from the Joint Commissioning Unit including in relation to the integrated care model*
e) *To recommend to the Health and Well-Being Board, Council Committees and the CCG Board how budgets should be spent to further integration between health and social care.*
f) *To ensure appropriate governance and management of additional budgets*

delegated to the Health and Well-Being Board.

5.2.2 Projects and enablement schemes linked to Section 256 funding are reviewed by the Financial Planning sub-group to ensure that the projects have a clear programme of work and that approved business cases are adequately resourced to deliver the agreed outcomes.

5.3 **Legal and Constitutional References**

5.3.1 The Health and Well-Being Board has the following responsibility within its Terms of Reference:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet.

5.3.2 The Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed functions of the NHS and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services under Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended). This legislative framework for partnership working allows for funds to be pooled into a single budget by two or more local authorities and NHS bodies in order to meet local needs and priorities in a more efficient and seamless manner. Funds pooled by the participating bodies into single budget can be utilised flexibly to support the implementation of commissioning strategies and improved service delivery. Arrangements made pursuant to Section 75 do not affect the liability of NHS bodies and local authorities for the exercise of their respective functions. The Council and CCG now have two overarching section 75 agreements in place.

5.3.3 Under the Health and Social Care Act 2012, a new s2B is inserted into the National Health Service Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area. The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires local authorities in conjunction with their partner CCG to prepare a strategy for meeting the needs of their local population. This strategy must consider the extent to which local needs can be more effectively met by partnering arrangements between CCGs and local authorities, and at 195 of the Health and Social Care Act there is a new duty-- Duty to encourage integrated working:

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

5.3.4 As yet, there is no express provision in statute or regulations which sets out new integrated health budgets arrangements, and so the s75 power remains.

5.3.5 NHS organisations also have the power to transfer funding to the Council under Section 256 of the National Health Service Act 2006, and the Council similarly has the power to transfer money to the NHS under Section 76 of the NHS Act 2006. These powers enable NHS and Council partners to work collaboratively and to plan and commission integrated services for the benefit of their population. The new integrated budgets arrangements replace the current use of Section 256 money although Section 256 will remain in place.

5.4 **Risk Management**

5.4.1 There is a risk, without aligned financial strategies across health and social care, of financial and service improvements not being realised or costs being shunted across the health and social care boundary. The Financial Planning sub-group has identified this as a key priority risk to mitigate, and the group works to align timescales and leadership of relevant work plans which affect both health and social care.

5.5 **Equalities and Diversity**

5.5.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

a) *eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
b) *advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
c) *foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

5.5.2 The protected characteristics are:

a) *age;*
b) *disability;*
c) *gender reassignment;*
d) *pregnancy and maternity;*
e) *race;*
f) *religion or belief;*
g) *sex;*
h) *sexual orientation.*

5.5.3 The MTFS has been subject to an equality impact assessment considered by Cabinet, as will the specific plans within the Priorities and Spending Review as these are developed. The QIPP plan has been subject to an equality impact assessment considered by NHS North Central London Board.

5.6 **Consultation and Engagement**

5.6.1 The Financial Planning sub-group will factor in engagement with users and stakeholders to shape its decision-making in support of the Priorities and Spending Review, and Barnet CCG's financial recovery plan.

5.6.2 The Financial Planning sub-group will also seek assurance from group members that there is adequate and timely consultation and engagement planned with providers as the integrated care model is implemented.

6. BACKGROUND PAPERS

6.1 None.

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DRAFT Minutes from the Health and Well-Being Board – Financial Planning Group
Wednesday 18th March 2015
North London Business Park
10.30am – 12.30pm

Present:
(KK) Kate Kennally, Strategic Director for Commissioning, London Borough of Barnet (LBB)
(DW) Dawn Wakeling, Commissioning Director – Adults and Health, LBB
(AD) Alisa Darr, Assistant Director of Finance, Barnet CCG
(HMG) Hugh McGarel-Groves (Chair), Chief Finance Officer, Barnet CCG
(MOD) Maria O'Dwyer, Director for Integrated Commissioning, Barnet CCG
(ZG) Zoë Garbett, Policy & Commissioning Advisor, LBB (minutes)
(JL) Jeffrey Lake, Consultant in Public Health, Barnet and Harrow Public Health Team

Apologies:
(MK) Mathew Kendall, Assistant Director- Community and Wellbeing, LBB

	ITEM	ACTION
1.	**Welcome / Apologies** KK introduced herself as Chair and welcomed those present. Alisa Darr (AD), who previously worked for LBB, was welcomed to the meeting and introduced her role as Assistant Director of Finance (Deputy 151 Officer).	
2.	**Minutes of the last meeting** The minutes of the last meeting, 14 January 2015, were agreed as final and signed off by the group. The minutes were signed off by the HWBB on 29 January 2015. Update on actions from 14 January 2015: • Children's and Families Act update – work before December had taken place to become compliant with the Act. Item 7 on today's agenda provides an update. • Co-commissioning of primary care – Item 8 on today's agenda provides an update. • CCG Delivery plan – ○ There was an action for KK to meet with Matt Powls (Interim Director of Performance and Planning, CCG); ZG has been taking this forward. ZG explained that she has met with Matt Powls (MP) to discuss the alignment of the CCG and LBB plans and strategies. ○ At the HWBB on 12 March it was agreed for the DASS, DSC and DPH to meet with MP to review the plan on behalf of the HWBB. **The HWBB will be sent the draft document 5 days before the meeting (by MP) to allow for comments to be fed in via the HWBB representatives.** This meeting had been provisionally scheduled for 9th April. HMG informed the group that the submission date has moved to 7th April with time for refreshing until 14th May. KK	**MP**

	stated that the review meeting needed to be held before the submission date (7th April) and asked **ZG to liaise with MP to organise** this. ○ **HMG to engage with AD around finances.** HMG stated that the CCG were trying not to change their financial position. ○ KK asked about the recovery plan mentioning QUIPP being extended to children's and mental health services and asked for LBB to be involved. ○ The CCG Strategic plan is going to the HWBB in June 2015. • HSCI Board – it was noted that there has been a meeting of this Board and the minutes had been considered by the HWBB on 12 March.	**ZG/MP** **HMG**
3	**Action log** The action log was reviewed and updated.	
	Strategic Health Partnerships KK wanted to take time to discuss the current context as there have been a number of changes for both the CCG and LBB over the past nine months. Discussions between the two organisations are taking place (at Strategic Summits) to review working relationships to ensure that we are working effectively together in this new landscape. Strategic Summits are attended by KK, DW, Andrew Travers (Chief Executive, LBB), Regina Shakespeare (Interim Director of Commissioning and Chief Operating Officer, CCG) and Debbie Frost (Chair, CCG). There have been three summits to date looking at capability, capacity and priorities. The key implications from Strategic Summit discussions are – • The HWBB Finance Group should be renamed as Joint Commissioning Executive Group and become responsible for all s75 agreements and continue to oversee the Better Care Fund. • LBB have appointed a Director of Children's Services, Chris Munday, who will start with LBB on 11 May 2015, therefore KK will no longer be a member of the HWBB or the HWBB Finance Group. KK will be involved in the Strategic Summits and other strategic meetings overseeing synergies. With the CCG working closer with neighbouring CCGs and LBB working closer with neighbouring Local Authorities, the Group discussed the increasing work taking place at a five borough level. KK posed a number of issues and questions the Group need to be mindful of – • Should individual borough Health and Social Care Integration (HSCI) programmes work more closely together? • What transformation work should to be at a five borough level? • What are the preconditions needed for local commissioning to support a strategic overview at a five borough level? This needs to be considered in 2015/16, by the end of quarter 3, linked with	

	financial planning, a position needs to be taken on what Barnet would like to work across a bigger footprint. HMG asked what the attitude and response from other boroughs has been with regards to joint working. DW explained that there had been a range of views. KK explained that there is an aim to hold a wider health and social care summit to look at strategic health partnerships to inform commissioning and budget planning. The Transformation Fund is overseen by the Collaboration Board (Co-Commissioning feeds into the Collaboration Board). MOD asked where delivery will sit. KK stated that this will not be part of this Group which will focus on commissioning and strategy. MOD highlighted the positive relationships and connections the CCG have developed with LBB delivery teams which need to be preserved; Health and Social Care Integration (HSCI) Board and project groups have a key role. **MOD is taking the MOUs to Audit Committee on 14 April. Need to come to the next meeting of this Group to ensure they are enacted.** **JL will also look at the five borough footprint and how Public Health can support this including looking at the role of the Public Health Workplan group.** By the next meeting (13 May 2015) - • **KK to circulate the Strategic Summit paper with the Group.** • **The Group to consider the Strategic Summit paper – agreeing that it is accurate before the next meeting and that it is used to inform work programmes.** • **KK and DW to write up and circulate the five borough discussion.** • **Strategic Summit discussions to be shaped into an approach taken forward by the Joint Commissioning Executive Group.** • **ZG to circulate ToR.** • **ToR of this Group to be reviewed by DW, MOD and Val White to ensure detail about BCF and s75 is correct. Revised ToR to be presented at the next meeting of this Group.**	**MOD /ALL** **JL** **KK** **ALL** **KK/DW** **ALL** **ZG** **DW/MOD/VW**
4.	**BCF Pooled Budget** DW explained that both organisations have the formalities in place to take this forward. A paper is being taken to the Council's Policy and Resources Committee on 24 March and to the CCG Audit Committee on 14 April for sign off. DW explained that the outstanding issues are –	

	• Risk around not achieving full performance related pay • Potential to change 3.5% reduction in non-elective admissions target – pay for performance element changes which is positive but risks need to be explored HMG explained the CCG concern about the financial risk and pressure in the system if the 3.5% reduction in non-elective admissions is not achieved. KK stated that LBB have a clear position that Care Act and s256 funds cannot be used for contingency. Each organisation needs to accept the risks of achieving the targets – for the CCG this is not reducing emergency admissions and for LBB this is not reducing stays in residential care. HMG stressed that there are different costs associated with different parts of the system and set out the view that each organisation could bear their own risks. MOD explained that meetings are taking place weekly to look at risks and identify contingencies. The 3.5% will be modelled by next week. MOD stressed that the risk of the community contract needs to be covered. KK clarified that this is an alignment of funds and not risk sharing; each organisation needs to own its own risks. As it is not the end of the financial year yet LBB position is not finalised and therefore the impact on 256 monies is not known. KK and MOD agreed that we need to focus on partnership working not money. **Principles of dealing with underperformance and reduced payments need to be resolved and agreed before the paper is presented on 24 March. DW, MOD, HMG and AD to meet as a priority.** HMG raised a concern about Dominic Battiston being reassigned and therefore leaving the HSCI Project with very short notice which poses a lot of risk given Karen Spooner is also leaving. DW has already raised dissatisfaction with this with the Partnership Director of Capita and the LBB staff who oversee the Capita contract as this was not discussed with anyone from the Council/CCG. **DW to obtain clear, written position of rationale and action taken from Capita and report back to the Group.**	**DW/ MOD/ HMG/ AD** **DW**
5.	**Final Adults and Safeguarding Commissioning Plan** DW presented this item which is going to Adult and Safeguarding Committee on the 19 March; the item is coming to this Group for information as the Group has seen previous versions of the report. The report explains that a consultation was carried out around the Council's five year commissioning plan. This report includes the final Adult and Safeguarding Commissioning Plan with updated Performance Indicators (PIs) and consultation feedback.	

	There are a number of projects detailed in the plans where the CCG and LBB are working on together such as the 0 – 25 disability service, mental health and the BCF. The Commissioning Plan links to the Strategic Health Partnership paper mentioned earlier. Heads of joint commissioning should use this plan as a core reference guide in discussions with the CCG. **MOD asked for the children's commissioning plan to be circulated to the Group.**	**ZG**
6.	**Mental Health Commissioning** MOD presented the mental health commissioning update which includes a briefing note that went to the HWBB on the 12 March 2015. MOD explained that IAPT is now functioning better, the waiting list inherited from BEH was 500 individuals which in now only 100. The service offer has changed to include more than just 1-1 sessions such as group sessions, online support and employment support (Richmond Fellowship). MOD went on to explain that targets set locally and nationally have not been met so there has been a lot of scrutiny from NHS England. MOD breakfast meetings will be starting next month to continue the good engagement work. MOD asked when the mental health work that Capita is carrying out will be available to review. DW stated that this will be towards the end of April. **MOD to be invited to be a member of the project group** to ensure joined up working. DW explained that Rachel Williamson (Policy Unit, LBB) is working on a critical path overview for the project. **DW to circulate the critical path. DW and MOD to look at Governance and timescales around separate products** The Group reviewed the briefing and discussed other related projects such as the employment (workshop on the 25 March, Public Health investment and Public Service Challenge Fund WLA) and IAPT. **JL to circulate Public Health MH briefing.** DW asked what Steering Group is referred to in the paper. MOD explained that this is a group who oversaw the review last year; Dr Charlotte Benjamin (CB) is reviewing membership. MOD highlighted that we need to be mindful of Enfield and Haringey partners who have taken interest in the work in the borough and align to better manage a wider footprint and shared providers. KK stated that a single expression of HSC MH vision in Barnet is need. KK stated that this is on the agenda for the HWBB in June and needs to be used to express all projects, links between projects, agreed mechanisms, links with other boroughs and come together to present our modern mental health service in Barnet. **DW, MOD, JL and CB to discuss and work on the paper.** CAMHS is outside of the	**DW** **DW** **DW/MOD** **JL** **DW/MOD/JL/CB**

	remit of this paper. **DW and MOD to discuss the possibility of a commissioner only discussion** with Liz Wise (CO of Enfield CCG). **JL to explore how the Directors of Public Health can contribute to discussions with neighbouring boroughs.** The Haringey DPH is the London lead for MH.	**DW/MOD** **JL**
7.	**Children and Families (C&F)** MOD explained that an update went to Clinical Cabinet last week to - • Update on the progress made on SEND • Introduce to Clinical Cabinet the 0 -25 MOD said that the papers were well received, costs are being finalised and taken to Finance, Performance and QIPP Committee in April. MOD stated that the out of hours service for CAMHS issue is a priority. An action plan is being worked on looking at paediatric resource and what is needed. KK expressed that she is positive about the pace setting of Barnet's CCG for personal health budgets and thanked MOD for leading this. MOD explained that the CCG are happy to sign the joint commissioning agreement. **KK to come back by end of week with confirmation of LBB signing.**	**KK**
8.	**CCG Co- commissioning update** MOD stated that the CCG's co-commissioning of primary care submission went to the Department of Health (DH) at the end of January. MOD explained that feedback from DH included the CCG being in development rather than shadow form with joint commissioning responsibilities from October 2015. MOD has support from the Local Medical Council (LMC). MOD went on to explain that the CCG has provisional approval from its Governing Body and is consulting with its GP membership; a letter is going out this week and GPs will have two weeks to vote. MOD stated that a committee is being established. Alison Blair (COO Islington) is leading co-commissioning developments across the boroughs. KK highlighted the importance of establishing the right links with the HWBB.	
11.	**AOB** The Group agreed that an update on the national and local challenges and changes with regards to CAMHS should come to the next meeting. **ZG to invite Judy Mace (Head of Joint Children's Commissioning) to the next meeting.**	**ZG**

AGENDA ITEM 14

	Health and Well-Being Board **4 June 2015**
Title	**Minutes of the Health and Social Care Integration (HSCI) Board**
Report of	Chair, NHS Barnet CCG Commissioning Director – Adults and Health
Wards	All
Date added to Forward Plan	November 2014
Status	Public
Enclosures	Appendix 1 - Minutes of the Health and Social Care Integration Board – 19 May 2015
Officer Contact Details	Melanie Brooks, Assistant Director Melanie.brooks@barnet.gov.uk Tel: 020 8359 4253

Summary

This report is a standing item which presents the minutes of the Health and Social Care Integration (HSCI) Board and updates the Health and Well-Being Board on the progress made to deliver the vision for integration in Barnet with substantially improved outcomes for patients, service users and their carers through the successful implementation of a health and social care integration programme.

Recommendations

1. **That the Health and Well-Being Board notes the minutes of the Health and Social Care Integration Board of 19 May 2015.**

1. WHY THIS REPORT IS NEEDED

1.1 HWBB has a clear vision for the integration of health and social care for frail elderly people and people with long-term conditions in Barnet and has set up an ongoing programme of work to deliver it. Commissioners, providers and partner organisations work together to join up care and deliver the very best outcomes for patients and people who use care in Barnet.

1.2 At the Barnet Health and Social Care Integration Summit meeting on 27 July 2012 leaders of the main health and social care commissioners and providers agreed to set up a single Health and Social Care Integration (HSCI) Board.

1.3 The HSCI Board will:

a) Lead work to realise the Concordat Vision for integrated care in Barnet, as agreed by all members.

b) Lead work to design, develop and deliver the vision for integrated health and social care in Barnet in line with the 5 Tier Model for Integrated Care and Barnet Better Care Fund (BCF) Plan.

c) Achieve significantly improved outcomes for patients, service users and their carers as detailed in the BCF Plan approved by NHS England in February 2015 and Business Case for Integration approved by the Barnet Clinical Commissioning Group (CCG) Board and Council in October and November 2014.

d) Continuously identify greater opportunities for more health and social care integration and innovation across the whole local care system in Barnet.

1.4 It gives final approval to projects/work proposed by the HSCI Steering Group and promotes the delivery of these initiatives and the realisation of benefits, delegating specific commissioning and delivery decisions to commissioners and providers accordingly.

1.5 The HSCI Board is therefore plays a significant role in driving forward health and social care integration. It oversees and provides strategic direction for the development of integrated health and social care services, proportionate to the level of investment that is required and the complexity of the work programme delivered.

1.6 The Barnet HWBB on 13th November 2014 agreed to receive the minutes of the HSCI Board as a standard item on the agenda to ensure that adequate attention is given at Board level to the work that providers are doing to support delivery of Barnet's integrated care proposals.

1.7 The HSCI Board held its first meeting of 2015 on the 19 May, to review progress and take stock of the current position. Appendix 1 contains minutes of this meeting.

1.8 Highlighted decisions or actions points from the meeting are:

- The Board signed off the Terms of Reference for the Health and Social Care Integration Steering Group.
- The Board noted that the programme of work was progressing well and that a number of initiatives are now in place to support the integrated care model.
- The Board also noted that an implementation lead was now in post to provide leadership and ensure a coherent benefits realisation plan is in place.
- The Board approved an approach and areas of focus for Tier 2 of the integrated care model. Further work will be required to develop a plan of work particularly around the referral pathways for universal services and expansion of the expert patient programme.
- The Board noted a report on falls referrals to the Rapid Care Service. The Board were keen for the data presented to be further broken down to understand the causes of falls.
- The Board approved a project initiation document for care homes review following a pilot in 2013 with a number of care homes to identify common issues and improvements needed to the standard of care within residential and care homes.
- The Board approved an initiation of a review of the Barnet Integrated Locality Team (BILT) which will help inform whether further investment is needed to roll out to other localities in Barnet.
- The Board noted that the Better Care Fund Q4 2014/15 reporting is due for submission to the DoH on 29th May 2015, and that a reporting schedule for 2015/16 has now been released by the DoH.
-

2. REASONS FOR RECOMMENDATIONS

2.1 The HSCI Board is responsible for defining the outcomes, content and projects of the integration programme (the programme plan) and for overall programme delivery, accountable to HWBB.

2.2 By reviewing the minutes of the HSCI Board, HWBB can assure itself that the necessary resources and skills required to deliver the programme are defined and the necessary resources and investment within member organisations are secured.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Provided HWBB is satisfied by the progress being made by the HSCI Board to deliver the programme of work on its behalf, the HSCI Board will continue to progress work as planned.

5. IMPLICATIONS OF DECISION

5.1 **Corporate Priorities and Performance**

5.1.1 Integrating care to achieve better outcomes for vulnerable population groups, including older people, those with mental health issues, and children and young people with special needs and disabilities, is a key ambition of Barnet's Health and Well-Being Strategy.

5.1.2 Integrating health and social care offers opportunities to deliver the Council's Medium Term Financial Strategy (MTFS) and Priorities and Spending Review (PSR), and the CCG's Quality, Innovation, Productivity and Prevention Plan (QIPP) and Financial Recovery Plan.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 The HSCI Board has the following functions that impact on and relate to the management of local resources for the delivery of integrated health and social care services in Barnet:

a) *Make decisions relating to changes to the strategy for integrated care, the Concordat and the aims and objectives of the work programme.*

b) *Give final approval for business cases for new projects or work and lead the delivery of work and realisation of benefits, ensuring they are realised and optimised across the whole local care system.*

c) *Manage significant strategic issues or risks that may affect the vision and long-term direction of the work programme and its successful delivery and impact and decide on changes to the scope, structure and the quality of the work programme and significant deliverables (i.e. adding or removing new, existing projects).*

d) *Make decisions relating to changes to the planned completion of agreed milestones or 'critical path' work plans or overall timeline for the delivery of the work programme.*

5.2.2 The HSCI Board also works closely with other relevant Boards or governance arrangements to support the setting of resources and achieving target benefits and outcomes.

5.2.3 The HSCI Steering Group, comprising director level representation from the LBB and the CCG, will make specific commissioning decisions relating to:

- Proposing budget and funding for services, challenge and assure the benefits of proposed projects or work and confirm suitable return on investment relating to health and social care integration
- Individual changes to the design and delivery of projects, work or services agreed for the work programme to manage risks and issues and realise benefits/outcomes.
- Defining and securing, in consultation with the HSCI Board as appropriate the resources, investment and skills required to deliver the programme.

5.2.4 The HWBB Finance Group will:

- Review and scrutinise and challenge the target benefits and outcomes and the budgets and financial resources allocated to the work programme.
- Recommend to the HWBB whether to accept the work programme , target benefits and outcomes and resources proposed by the HSCI Steering Group

5.2.5 The HWBB will give final approval to the scope of the work programme, target benefits and outcomes and the proposed budgets and financial resources accordingly.

5.3 **Legal and Constitutional References**

5.3.1 Under the Council's Constitution (Responsibility for Functions – Annex A) the Health and Well-Being Board has the following responsibility within its Terms of Reference:

To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated though the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

Specific responsibility for:

- *Overseeing public health*
- *Developing further health and social care integration*

5.3.2 Under Section 75 of the NHS Act 2006 and NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) the Council and NHS partners have the power to enter into integrated arrangements in relation to prescribed NHS functions and health-related functions of local authorities for the commissioning, planning and provision of staff, goods or services. The Council and CCG now have two overarching section 75 agreements in place.

5.3.3 Under the Health and Social Care Act 2012, a new s2B has been inserted into the NHS Act 2006 introducing a duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area.

5.3.4 The 2012 Act also amends the Local Government and Public Involvement in Health Act 2007 and requires Local Authorities together with partner CCGs to prepare a strategy to meet the needs of their local population.

5.3.5 This strategy must consider the extent to which local needs can be met more effectively through partnership arrangements between local authorities and CCGs and s195 of the Health and Social Care Act 2012 contains a new duty – a duty to encourage integrated working:

s195 (1) A Health and Wellbeing Board must, for the purpose of advancing

the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

s195 (2) A Health and Wellbeing Board must, in particular, provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 in connection with the provision of such services.

5.3.6 These provisions lay the foundations for the vision for integrated health and social care in Barnet and the corresponding work programme and governance arrangements to deliver on it. This includes the HSCI Board.

5.4 **Risk Management**

5.4.1 The work programme the HSCI Board oversees is delivered using programme and project management methodologies and governance arrangements. This includes clear processes to identify, report and manage individual or aggregate risks through senior management teams in the CCG and in LBB Adults and Communities and LBB/CCG Programme Management Offices.

5.4.2 Specific risks relating to BCF, which covers the majority of work overseen by the HSCI Board are included in the Final BCF Plan and the Business Case for Integration with mitigating actions. These are monitored regularly in accordance with the aforementioned governance process.

5.4.3 Strategically work has begun to assess over-arching governance arrangements for BCF in the context of a pooled fund and shared risk. This is essential to ensure robust management of the fund especially as the size and scope of the BCF and true pooled fund will increase (subject to necessary due diligence).

5.5 **Equalities and Diversity**

5.5.1 All public sector organisations and their partners are required under s149 of the Equality Act 2010 to have due regard to the need to:

e) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;

f) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

g) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.5.2 Relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.
The Council with its partners seeks to ensure that in the provision of services and allocation of resources it helps to remove any barriers to access to health provision and remove health inequalities.

6 Consultation and Engagement

5.5.3 The HSCI Board has engaged and continues to engage fully with users and

stakeholders to shape the strategic direction and decision-making it provides in support of the delivery of the BCF Plan and Business Case for Integration. The BCF Plan details the public engagement with patients and service users as well as with providers.

6. BACKGROUND PAPERS

6.1 Part 1 of the Final Barnet BCF Plan approved by NHSE on 6 February 2015 was presented to the HWBB on 29 January 2015 prior to submission to NHS England on 9 January 2015. Part 2 of the Plan is available for inspection on request from the officers listed on the front page of this report.

6.2 The draft Business Case for Integration for approval by the CCG Board and Council was presented to HWBB on 18 September 2014.

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Adult and Communities

MINUTES
Health & Social Care Integration Board

Date: 19th May 2015
Time: 13:00-15:00
Venue: Conference Room 3, Ground Floor, Building 2, NLBP

Attendees: Dawn Wakeling (DW), Maria O'Dwyer (MO), Gina Shakespeare (GS), Muyi Adekoya (MA), Katie Donlevy (KD), Rachel Wells (RW), Zoe Garbett (ZG), Chris Baxter (CB), Pam McClinton (PM), James Benson (JB), Mathew Kendall (MK), Julie Pal (JP), Karen Spooner (KS), Jeff Lake (JL), Grace Natoli (GN), Melanie Brooks (MB)
Apologies: Debbie Frost (DF), Jackie Laidlaw (JLL), Fiona Jackson (FJ)

Chair: Dawn Wakeling (DW)
Minutes: James Hallifax (JH)

No	Item	Lead
1	Minutes of the previous meeting and matters arising	
	Richard Milner and Peter Coles to be removed from Membership List. MO noted that BEH membership confirmation was still outstanding. MA agreed with a suggestion to include KPIs relating to End of Life into the BILT evaluation with input from North London Hospice colleagues. **Action:** MA to provide advanced care planning report at September meeting.	MA
2	Programme Update	
	MB informed that she had recently come into post as the BCF Implementation Lead and updated the Board on the number of projects and initiatives in place. **Community Point of Access** MA reported that 97% of GP practices are using the CPA. **OPIC** MA proposed focus on the level 1 group of patients as shown in her presentation. MA showed that, of responses received from practices, the majority of patients were in their own homes and housebound. RW suggested that this showed that more bespoke targeting was needed. JB asked that the outstanding responses to the survey be collated as soon as possible so that the data can be acted on before the next HSCI Board.	

	MA advised that extra work was needed to map the survey data to Social Care data, whether the patients are known to community healthcare and their addresses. **Action:** MA to provide update at next meeting.	MA
3	Health and Social Care Integration Steering Group Terms of Reference	
	The board agreed the Terms of Reference.	
4	Tier 2 Mobilisation and Planning	
	ZG gave an update on progress to date in relation to planning for Tier 2. ZG reported that Tiers 1 and 2 and closely linked and proposal is to merge the governance for both tiers through one steering group, with representation from Prevention. GS commented on the paper that the metrics around Tier 2 are currently too obscure. JP asked that the contributions of charities and voluntary organisations be more clearly highlighted. JL suggested clearer alignment with and demarcation from previous projects and the need to reflect what was in the business case. DW informed that LBB are training Dementia Friends and expanding the dementia adviser provision. KS suggested that there needed to be clear detail on what MECC will look like and what impact it will have on services. **Action:** ZG to report at the next meeting on joined-prevention, improvements to the referral pathway for universal services and the expansion of Expert Patients including impact, costs and success factors.	
5	Fall Referrals	
	KS gave a presentation to Board. She reported there is a high number of GP referrals which was a success for the project. MB asked about the links with enablement providers. KS replied that there are direct referral links with Housing 21. MO proposed a deep dive into the mobility and falls categories in the data presented.	

	MO suggested links with Tier 1 and 2 and the use of PACE and London Ambulance Service data.	
6	Care Homes PID	
	MA informed that the first meeting regarding the Care Homes PID and asked the group if the project could go ahead. KD and MK asked for more opportunity for input from their respective disciplines, hospitals and social care. JP asked that learning from Healthwatch also be included. JB suggested more direct involvement from care home managers. DW proposed that the project be taken forward in June and agreed that more involvement would be needed from other parties including CQC and the Barnet IQICH team. KD also emphasised the need to involve nurses, therapists and other medical professions. MK noted that a social care view was lacking and the need to ensure this is incorporated. GS suggested that the scope of the project was very heavy for a 6 week timescale. MO replied that the timescale would likely be extended. The PID was agreed.	
7	BILT Evaluation	
	MA proposed expanding the BILT pilot to the entire West locality in September and using an evaluation of this to inform a full investment plan. DW queried the reality of March 2016 as a date for full implementation across the localities. MA replied that it would be possible as the only test would be the expansion to West locality. MO suggested that March 2016 would be start of the implementation. GS asked whose information governance the BILT falls under. DW replied that there will be a specific information sharing agreement for BILT. GS asked that this be made clear in the PID. It was agreed by the board that the evaluation and expansion should go ahead. MO proposed further discussion between Health and Social Care colleagues in the steering group to look at the detail of the BILT expansion. KD highlighted the need for continual refinement of the BILT.	MA

	Action: MA to set up meeting for discussion and steering of the BILT expansion.	
8	AoB	
	BCF - DW informed that the BCF return is due 29th May and that MB, GN and MA are working on it. The schedule for reporting has also been released MO asked that GN share the reporting schedule with Matt Powls.	
9	Date of the next meeting	
	Tuesday 8th September 2:00 - 4:00pm North London Business Park, Conference Room 3	

AGENDA ITEM 15

	Health and Well-Being Board **4 June 2015**
Title	**Forward Work Programme**
Report of	Strategic Director for Commissioning
Wards	All
Date added to Forward Plan	January 2014
Status	Public
Enclosures	Appendix 1- Forward work programme of the Health and Well-Being Board Appendix 2- Forward work programme of Council Committees and Barnet CCG's Board
Officer Contact Details	Zoë Garbett Commissioning Lead – Health and Wellbeing zoe.garbett@barnet.gov.uk 0208 359 3478

Summary

This report introduces the forward work programme for the Health and Well-Being Board and outlines a series of considerations that will support the Board to manage and update its forward work programme effectively. These considerations are:

- The statutory responsibilities and key priorities of the Health and Well-Being Board
- The work programmes of other Strategic Boards in the Borough, thematic Committees and Health Overview and Scrutiny Committee
- The significant programmes of work being delivered in Barnet in 2015/16 that the Board should be aware of
- The nature of agenda items that are discussed at the Board

Recommendations

1. **That the Health and Well-Being Board notes the Forward Work Programme and proposes any necessary additions and amendments to the forward work programme (see Appendix 1).**

2. That Health and Well-Being Board Members agree to propose updates to the forward work programme before the first day in each calendar month, so that the work programme can be published on the Council's website more efficiently, with the most up to date information available.
3. That the Health and Well-Being Board aligns its work programme with the work programmes of the new Council Committees (namely the Adults and Safeguarding Committee, and the Children's, Education, Libraries and Safeguarding Committee), Health Overview and Scrutiny Committee, and Barnet CCG's Board (see Appendix 2).

1. WHY THIS REPORT IS NEEDED

1.1 At the Health and Well-being Board meeting on 13th November 2014 the Board committed to monthly updates of the forward work programme in alignment with other council committees.

1.2 The current forward work programme has been designed to cover both the statutory responsibilities of the Health and Well-Being Board and the key projects that have been identified as priorities by the Board at its various meetings and development sessions. The current work programme covers a 9 month period until the end of March 2016.

1.3 The forward work programme attached to this report at Appendix 1 supersedes the previous work programme presented to the Board on 12 March 2015 and suggests a refreshed schedule of reports and items for the following 9 months, reflecting the Board's statutory requirements, new responsibilities as the Commissioning Committee for public health (see below), agreed priorities, and objectives set out in the Health and Well-Being Strategy. Key items to note include a review of services for people with learning disabilities (July), CCG Co-Commissioning update (July) and Opportunities to align the Public Health and Planning Teams (September). The draft Substance Misuse Strategy has moved to July to allow for further consultation.

1.4 In June 2014, the Council moved to a Committee Structure of governance. In the Committee system, decisions will be taken by all-party, decision-making Committees, themed around the key areas of Council business. The new themed Council Committees are: Policy and Resources; Housing; Adults and Safeguarding; Assets; Regeneration and Growth; Environment; Community Leadership; and Children's, Education, Libraries and Safeguarding. The Health and Well-Being Board has been designated responsibility to approving the commissioning plans for public health. The principles of these committees are as follows:

- Only one Committee can make a decision; the decision cannot be taken by more than one Committee
- If it is not clear whose responsibility an issue comes under, it will be taken by Policy and Resources Committee

- Broadly, Policy and Resources will be supported by the Council's Strategic Commissioning Board; Performance and Contract Management by Delivery Board; and the Themed Committees by the Commissioning Board
- The number and themes of each Committee has been Member led.

1.5 The Health and Well-Being Board must ensure that it's forward work programme is compatible with the forward work programmes of the new Adults and Safeguarding and Children's, Education, Libraries and Safeguarding Committees. The Board also needs to seek alignment with the work programmes of the Council's Health Overview and Scrutiny Committee, and Barnet CCG's Governing Body, to ensure that these work programmes are discussed within the correct forums, with information shared across other Board's as appropriate. Updated forward work programmes (May – September 2015) for each of these Boards are attached at Appendix 2 to support the Board in planning its work programme effectively.

1.6 There are a number of work programmes being delivered in 2015/16 that will be of interest to the Health and Well-Being Board, and should be reflected in the Board's forward plan. These work programmes include, but are not limited to, the health visiting and school nursing review, delivery of the Children and Families Act and the Care Act 2014, the acquisition of Barnet and Chase Farm NHS Trust by the Royal Free NHS Foundation Trust and commissioning plans.

1.7 The Health and Well-Being Board has a varied and demanding programme of work to cover over the next 12 months. At the Health and Well-Being Board meeting on the 21st November 2013, the Board discussed the high number of agenda items and papers regularly presented at Board meetings and suggested that some of this work could be delegated to other Boards. It was also suggested that items which the Board was only required to note be considered in a different way. The Chairman noted that the Board need to factor in reasonable time for full discussions where agenda items require input from NHS England or other external partners and Members will wish to ensure that agendas do not contain more reports than the Board has time to properly consider.

2. REASONS FOR RECOMMENDATIONS

2.1 To maintain a programme of agenda items that will aid the Board in fulfilling its remit.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Following approval of the recommendations in this report, Board Members will be asked to update the forward work programme.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 The Health and Well-Being Board needs a robust forward work programme to ensure it can deliver on the key objectives of the Health and Well-Being

Strategy, including the annual priorities within the Strategy that were agreed at the November 2014 Board meeting.

5.1.2 Successful forward planning will enable the Board to meet strategic local and national deadlines for each organisation represented at the Board and transformational changes required to meet the savings targets for both the Council and the CCG.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 Currently, all items on the forward work programme of the Health and Well-Being Board will be managed within existing budgets.

5.3 **Legal and Constitutional References**

5.3.1 Health and Well-Being Boards have a number of statutory duties designated through the Health and Social Care Act (2012) that will inform what items should be taken to the Health and Well-Being Board meetings.

5.3.2 The Public Sector Equality Duty at s149 of the Equality Act 2010 will apply to CCGs and local authorities who as public authorities must in the exercise of their functions have due regard to the need to eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the 2010 Act and advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.3.3 The work programme should ensure that the Health and Well-Being Board is able to deliver on its terms of reference as set out in the Council's Constitution Responsibility for Functions- Annex A, which are set out below:

(1) To jointly ***assess the health and social care needs of the population*** *with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.*

(2) To ***agree a Health and Well-Being Strategy*** *for Barnet taking into account the findings of the JSNA and performance manage its implementation to ensure that improved outcomes are being delivered.*

(3) To work together to ***ensure the best fit between available resources to meet the health and social care needs of the population of Barnet*** *(including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.*

*(4) To **consider all relevant commissioning strategies from the CCG and the NHS Commissioning Board and its regional structures** to ensure that they are in accordance with the JSNA and the HWBS and refer them back for reconsideration.*

*(5) To **receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services** for users and patients.*

*(6) To **directly address health inequalities** through its strategies and have a **specific responsibility for regeneration and development as they relate to health and care**. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.*

*(7) To **promote partnership and, as appropriate, integration, across all necessary areas**, including the use of joined-up commissioning plans across the NHS, social care and public health.*

*(8) **Receive the Annual Report of the Director of Public Health** and commission and oversee further work that will improve public health outcomes.*

(9) Specific responsibilities for:
- ***Overseeing public health***
- ***Developing further health and social care integration.***

5.4 **Risk Management**

5.4.1 A forward work programme reduces the risks that the Health and Well-Being Board acts as a talking shop for the rubber stamping of decisions made elsewhere, or does not focus on priorities. It ensures that all decisions formally within the Board's statutory duties, Terms of Reference and other key issues relating to local health and care services are considered.

5.5 **Equalities and Diversity**

5.5.1 All items of business listed in the forward programme and presented at the Health and Well-Being Board will be expected to bear in mind the health inequalities across different parts of the Borough and will aim to reduce these inequalities. Individual and integrated service work plans sitting within the remit of the Health and Well-Being Board's work will need to demonstrate how the needs analysis contained in the Joint Strategic Needs Assessment (JSNA) has influenced the delivery options chosen, including differential outcomes between different communities.

5.6 **Consultation and Engagement**

5.6.1 The forward work programme will be set by the Members of the Health and Well-Being Board but the Health Overview and Scrutiny Committee also has the opportunity to refer matters to the Board.

5.6.2 The bi-annual Partnership Board Summits, and the meetings of the Partnership Board co-chairs, will provide opportunity for the Board to engage with each of the Partnership Boards on the forward work programme.

6. BACKGROUND PAPERS

6.1 None.

Health and Well-Being Board Work Programme

June 2015 – March 2016

Contact: Zoë Garbett
Commissioning Lead – Health and Wellbeing (LBB)
zoe.garbett@barnet.gov.uk

Subject	Decision requested	Report Of	Contributing Officer(s)
4 June 2015			
Barnet's Health Protection Profile – Public Health England report	**The Board is asked to comment on Barnet's Health Protection profile**	Consultant in Communicable Disease Control (Public Health England)	**Director of Public Health CCG**
Better Care Fund – Pooled Budget progress	**The Board is asked to review and comment on the progress of the Better Care Fund pooled budget arrangements**	Commissioning Director – Adults and Health	**CCG Director of Integrated Commissioning Associate Consultant – Health & Social Care Integration Programme**
Mental Health provision	**The Board is asked to review progress and discuss shared aspirations and plans for mental health provision**	CCG Chair Commissioning Director – Adults and Health	**Commissioning Director – Adults and Health Director of Integrated Commissioning**
CCG Strategic Plan refresh	**The Board is asked to review and input into the Strategic Plan and comment on the links between the Strategic Plan and the JSNA and HWBS**	CCG Chair	**Interim Director of Planning and Performance**
Pharmaceutical Needs Assessment	**The Board is asked to comment on the completed Pharmaceutical Needs Assessment (PNA)**	Director of Public Health	**Consultant in Public Health**
Winterbourne View – Assuring Transformation	**The Board is asked to note the contents of the paper, the progress made with regards to the Winterbourne View Concordat and the current position.**	Commissioning Director – Adults and Health	**Joint Commissioning Manager**
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Strategic Director for Commissioning	**Commissioning Lead – Health and Wellbeing, LBB**

Subject	Decision requested	Report Of	Contributing Officer(s)
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes from the Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health	**Associate Consultant – Health & Social Care Integration Programme**
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director for Commissioning	**Commissioning Lead – Health and Wellbeing, LBB**
30 July 2015			
Draft JSNA refresh and emerging priorities for the Health and Well-Being Strategy	**The Board is asked to comment on the draft JSNA and the implications for the Health and Well-Being Strategy refresh**	Director of Public Health	**Consultant in Public Health Commissioning Lead, LBB Commissioning Lead – Health and Wellbeing, LBB**
Report on the Partnership Boards/ Health and Well-Being Board catch up	**The Board is asked to comment on the report and take forward any delegated actions that arise out of the report**	Commissioning Director – Adults and Health	**Customer Care Service Manager, LBB Commissioning Lead – Health and Wellbeing, LBB**
Draft substance misuse strategy	**The Board is asked to comment on the draft substance misuse strategy**	Director of Public Health	**Consultant in Public Health**
Healthwatch update report	**The Board is asked to comment on the progress made by Healthwatch Barnet**	Healthwatch Barnet	**Head of Healthwatch**
Update- implementing recommendations from the TB situational report	**The Board is asked to comment on the progress made**	Director of Public Health	**Consultant in Public Health**
Services for people with learning disabilities	**The Board is asked to review commissioning plans for services for people with learning disabilities**	Commissioning Director – Adults and Health	**TBC**
CCG Co-commissioning update	**The Board is asked to note the progress that has been made locally towards co-commissioning with NHS England**	CCG Chair	**Director of Commissioning and Chief Operating Officer**
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Strategic Director for Commissioning	**Commissioning Lead – Health and Wellbeing, LBB**

Subject	Decision requested	Report Of	Contributing Officer(s)
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes**	Commissioning Director – Adults and Health	**Associate Consultant – Health & Social Care Integration Programme**
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director for Commissioning	**Commissioning Lead – Health and Wellbeing, LBB**
September 2015			
JSNA refresh	**The Board is asked to approve the refresh of the JSNA**	Director of Public Health	**Consultant in Public Health Commissioning Lead, LBB**
Draft Health and Wellbeing Strategy refresh	**The Board is asked to comment on the draft Health and Well-Being Strategy**	Commissioning Director – Adults and Health	**Consultant in Public Health Commissioning Lead – Health and Wellbeing, LBB**
Opportunities to align the Public Health and Planning teams – progress report	**The Board is asked to note the progress that has been made locally to align the work of the public health and planning teams**	Director of Public Health	**Consultant in Public Health**
Primary Care Strategy	**The Board is asked to note the CCG progress to develop Primary Care services and pathways**	CCG Chair	**Director of Commissioning and Chief Operating Officer**
Report of the Tobacco Control Alliance	**The Board is asked to comment on the progress made by the Alliance**	Director of Public Health	**Consultant in Public Health**
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Strategic Director for Commissioning	**Commissioning Lead – Health and Wellbeing, LBB**
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes**	Commissioning Director – Adults and Health	**Associate Consultant – Health & Social Care Integration Programme**

Subject	Decision requested	Report Of	Contributing Officer(s)
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director for Commissioning	**Commissioning Lead – Health and Wellbeing, LBB**
November 2015			
Health and Wellbeing Strategy (2015-20)	**The Board is asked to approve the Health and Well-Being Strategy**	Commissioning Director – Adults and Health	**Consultant in Public Health Commissioning Lead – Health and Wellbeing, LBB**
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Strategic Director for Commissioning	**Commissioning Lead – Health and Wellbeing, LBB**
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes from the Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health	**Associate Consultant – Health & Social Care Integration Programme**
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director for Commissioning	**Commissioning Lead – Health and Wellbeing, LBB**
January 2016			
Healthwatch update report	**The Board is asked to comment on the progress made by Healthwatch Barnet**	Healthwatch Barnet	**Head of Healthwatch**
Minutes of the Health and Well-Being financial planning group	**The Board is asked to approve the minutes of the Health and Well-Being financial planning group**	Strategic Director for Commissioning	**Commissioning Lead – Health and Wellbeing, LBB**
Minutes of the Health and Social Care Integration Programme Board	**The Board is asked to approve the minutes from the Health and Social Care Integration Programme Board**	Commissioning Director – Adults and Health	**Associate Consultant – Health & Social Care Integration Programme**
12 month Forward Work Programme	**The Board is asked to review and update the Forward Work Programme**	Strategic Director for Commissioning	**Commissioning Lead – Health and Wellbeing, LBB**

Subject	Decision requested	Report Of	Contributing Officer(s)
Unallocated			
Annual public health report	**The Board is asked to note the report**	Director of Public Health	**Consultant in Public Health**

Appendix 2 - Forward Work Programmes of Strategic Boards (May 2015 - August 2015)				
Calendar month	Strategic Board	Agenda Item	Nature of item (if known)	Report of
May				
11 May 2015	Health Overview and Scrutiny Committee	NHS Trust Quality Accounts		
28 May 2015	CCG Governing Body	Annual Report		
		Accounts 2015/16		
June				
25 June 2015	CCG Board	Standing items including action tracker, Chair's report		
		Clinical Quality and Risk Report		
		Assurance Framework		
		Clinical Quality and Risk Committee Minutes		
		Improved Access to Psychological Therapies		
		Update Report on Patient and Public Engagement / Patient Reference Group		
		Finance Report		
		Finance, Performance & Quality Innovation, Productivity & Prevention Minutes 23rd April 2015		
		Recovery Plan Update		
		Performance Exception Report		
		Referral Exception Report		
		Governing Body Committee Timetable		
		Questions from the Public		
8 June 2015	Adults and Safeguarding Committee	Enablement Contract Extension	Committee to receive a report on extending the Enablement Contract.	
		Your Choice Barnet Ltd Variation	This report seeks the Committee's agreement to vary the contract for provision of adult social care services between the Council and TheBarnetGroup Limited.	
		Mental Health Social Work: Community Support Model	Committee to receive a report on Mental Health Social Work: Community Support Model.	
		The Care Act 2014: Implementation of Part 1 and preparation for Part 2 in April 2016	This report on The Care Act 2014 will request a decision from the Committee on implementation of Part 1 and preparation for Part 2 in April 2016.	
10 June 2015	Children, Education, Libraries & Safeguarding Committee	Funding for schools 2016/17	To receive a report on the initial consultation with schools regarding the future provision for children and young people with Special Educational Needs and Disabilities	
July				
14 July 2015	Adults and Safeguarding Committee	Adults and Safeguarding Annual Performance Report including the Adult	Committee to receive the Annual Performance Report and the Adult Social Care Local Account.	
		Adults and Communities Delivery Unit Annual Complaints Report 2014/15	Committee to receive the Adults and Communities Delivery Unit Annual Complaints Report 2014/15.	
		Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014/15.	Committee to receive the Barnet Multi-Agency Safeguarding Adults Board Annual Report 2014/15.	
		Healthwatch Barnet Enter & View Summary Report 2014/15.	Committee to receive a Healthwatch Barnet Enter & View Summary Report 2014/15.	

16 July 2015	Children, Education, Libraries & Safeguarding Committee	Annual report of Barnet Safeguarding Children's Board	To receive and annual report on progress in delivering the priorities of the Barnet Safeguarding Children's Board	
		Future provision for children and young people with Special Educational Needs and Disabilities	To receive a report on the initial consultation with schools regarding the future provision for children and young people with Special Educational Needs and Disabilities	
August				
27 August 2015	CCG Board	Urgent items only		
September				
16 September 2015	Adults and Safeguarding Committee	Items to be added		
21 September 2015	Children, Education, Libraries & Safeguarding Committee	Library review	To approve the future shape of library provision in Barnet	
		Child and Adolescent Mental Health Services	To approve a revised commission for CAMHS services	
Unallocated item				
Unallocated item	Health Overview and Scrutiny Committee	Public Health Commissioning Intentions	Decision required before 29 May 2015	Director of Public Health (Barnet and Harrow)
		Royal Free London NHS Foundation Trust Acquisition - Update Report (to include Ambulances)	Committee to receive an update report from the Royal Free London NHS Foundation Trust provide an update report on the topic of Ambulances.	
		Liverpool Care Pathway and Hospitals	Committee to receive a report on the removal of the Liverpool Care Pathway and Hospitals.	
		Dehydration in Patients Admitted to Hospitals from Care Homes	Committee to receive a report on the admission of patients with dehydration to hospital.	
		Options for Unscheduled Care Services at Cricklewood GP Health Centre: Update Report	Committee to receive a further report on this matter which includes the views and concerns expressed by patient participation group.	
		Tuberculosis	Following the consideration of the Annual Report of the Director of Public Health, Committee have requested to receive a report on Tuberculosis.	Director of Public Health (Barnet and Harrow)

		East Barnet Health Centre	At their meeting on 30 March 2015, the Committee considered an update on the East Barnet Health Centre. The Committee invited representatives from NHS England and NHS Property Services to present on this. Both NHS England and NHS Property Services advised that due to their Purdah regulations, they would not be able to attend the meeting on 30 March 2015. The Committee have therefore requested that they attend a future meeting on the Committee to provide a further update and respond to Member's questions.	
Unallocated item	Children, Education, Libraries & Safeguarding Committee	Noam Conversion to Voluntary Aided Sector	To approve the granting of voluntary aided status to Noam Primary School.	Commissioning Director Children and Young People

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