



10. Health

Overview

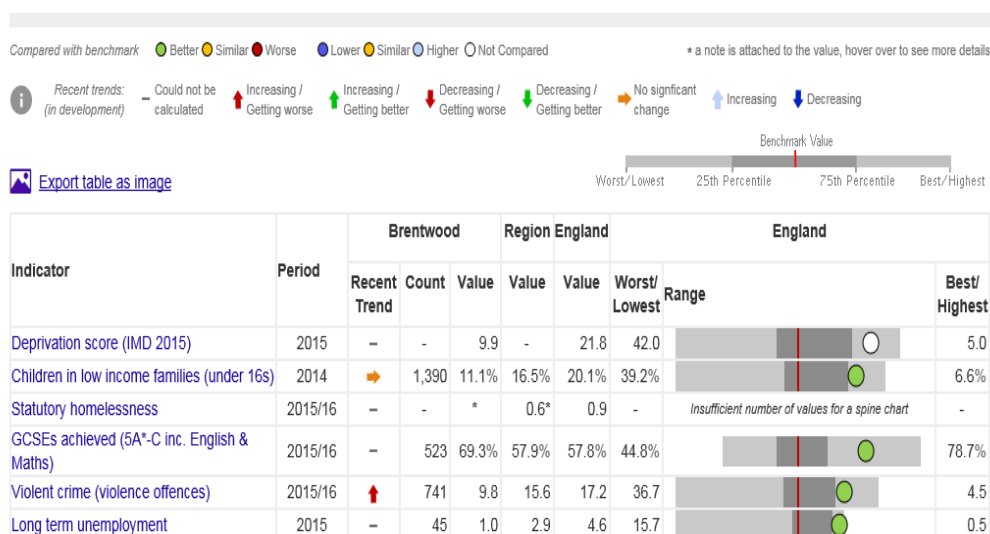
- 10.1 For the purposes of the IDP, health services consist of the following:
- a. General Practitioner (GP) services;
 - b. hospitals;
 - c. ambulance services;
 - d. public health and community healthcare;
 - e. dentists;
 - f. pharmacies, and
 - g. opticians.
- 10.2 Social care is discussed under Chapter 9. This chapter is mainly concerned with non-private health infrastructure, although it is recognised that the Borough is served by a range of private health facilities.

Public Health Profile

- 10.3 Public Health England produce a series of public health profiles through its research observatory, with the last profile for the Brentwood Borough being produced in 2015¹. From this profile it can be noted that the health of people in Brentwood is generally better than the England average, with life expectancy for both men and women higher than the England average. Figure 10.1 below provides a snapshot of some public health headlines.

¹ <http://www.apho.org.uk/resource/item.aspx?RID=50445> Information and figures taken from this profile and <http://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/3007000/pat/6/par/E12000006/ati/101/are/E07000068>

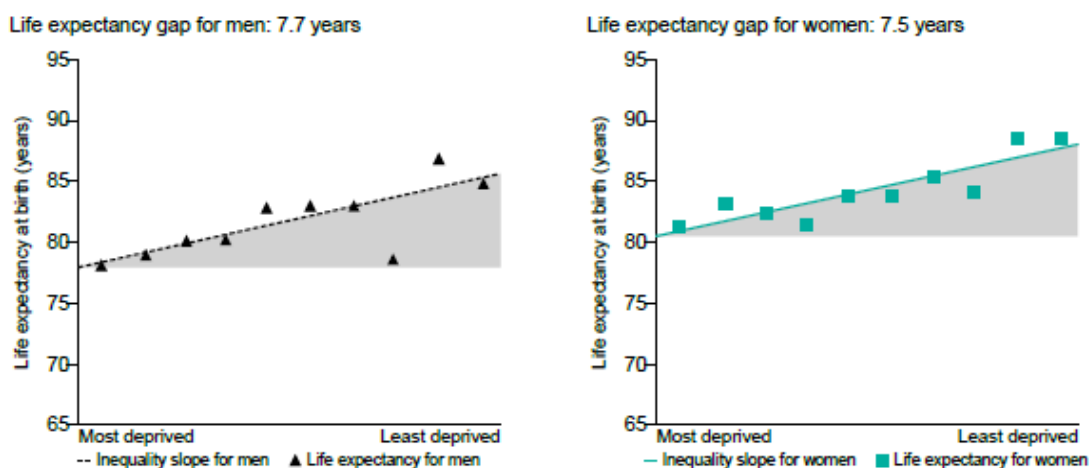
Figure 10.1 Public Health Headlines



10.4 It can be noted that deprivation is lower in Brentwood than the England average, however about 10.8% (almost 1,400) children are considered to live in low income families.

10.5 The life expectancy gap for men is 7.7 years between the most deprived areas or Brentwood and the least deprived. For women the gap is 7.5 years. This is illustrated below in Figure 10.2.

Figure 10.2 Life Expectancy



10.6 The rates of child and adult obesity is lower in Brentwood than the England average and the rates of alcohol-specific stays among under 18's and levels of teenage pregnancy are lower than the England averages. For adult health, the rates of self-harm, smoking, sexually transmitted diseases, drug misuse, early deaths from cardiovascular disease and early deaths from cancer are all lower than the England average. The rates of physical activity of local people is also higher than the England average.

10.7 Local public health priorities include improving the health of older people, increasing vaccination coverage, and reducing cardiovascular disease by reducing the prevalence of

obesity. Brentwood has a slightly higher proportion of over 65s compared to Essex county as a whole although a 17% increase is expected between 2015 and 2025 equating to 2,600 more people. This ageing population is likely to put greater demand on health, social care services and housing needs.²

- 10.8 Census data on general health also indicates a relatively positive picture of the Brentwood population. With higher proportion of people within Brentwood reporting very good health than the regional and England comparative percentages. At the other end of the spectrum the District also had lower levels of residents, as a percentage, reporting fair health, bad health and very bad health, than those across the region and England as a whole. This information is detailed below in Figure 10.3. Further detailed information on the health needs within the Basildon and Brentwood CCG area is available through the Integrated Joint Strategic Needs Assessment (JSNA) 2014.³

Figure 10.3: General Health

General Health (QS302EW)									
				Brentwood		East of England		England	
				Non-Metropolitan District	%	Region	%	Country	%
All Usual Residents	Count	Persons	Mar-11	73601		5846965		53012456	
Very Good Health	Count	Persons	Mar-11	37548	51.02	2761271	47.23	25005712	47.17
Good Health	Count	Persons	Mar-11	24537	33.34	2060157	35.24	18141457	34.22
Fair Health	Count	Persons	Mar-11	8565	11.64	752324	12.87	6954092	13.12
Bad Health	Count	Persons	Mar-11	2306	3.14	212830	3.64	2250446	4.25
Very Bad Health	Count	Persons	Mar-11	645	0.88	60383	1.03	660749	1.25
Total					100.02		100.01		100.01

² Information reproduced from Essex Local Authority Portraits – A Profile of People Living in Brentwood May 2016 Organisational Intelligence.

³ NHS Basildon and Brentwood CCG – Essex County Council 'Integrated Joint Strategic Needs Assessment (JSNA) 2014

National Planning Policy

- 10.9 The new NPPF places a strong emphasis upon the importance of supporting strong vibrant and healthy communities through the planning process and enabling and supporting healthy lifestyles, as well as the design of healthy places (para 8b, 91c and 122e). Strategic policies in local plans should make sufficient provision for community facilities, including health (para 20). There are also several linked public health themes in the NPPF connected with open space / greenspaces provision and minimising noise and air pollution.

NHS Five Year Forward View

- 10.10 Published in March 2017, the publication 'Next Steps on the NHS Five Year Forward View' sets out some of the key challenges / issues facing the NHS and how these are to be tackled over the short-term.⁴ These challenges include:
- a. We're getting healthier, but we're using the NHS more. Life expectancy has been rising by five hours a day, but the need for modern NHS care continues to grow. Demand for health care is highly geared to our growing and aging population. Demand is also heavily impacted by rising public expectations for convenient and personal care, the effectiveness of prevention and public health, and availability of social care. Even more significant is the steady expansion of new treatments and cures, of which the public are often unaware.
 - b. The quality of NHS care is demonstrably improving, but we're becoming far more transparent about care gaps and mistakes. And although they are substantially lower than they were a decade ago, waiting times have been edging up.
 - c. Staff numbers are up, but staff are under greater pressure.
 - d. The public are highly satisfied with the NHS but are concerned for its future.

Clinical Commissioning Groups

- 10.11 As part of the changes to the NHS brought about by the Health and Social Care Act 2012 as from 1 April 2013, Basildon and Brentwood Clinical Commissioning Group (BBCCG) is now responsible for planning, designing and buying NHS services for the majority of people in Brentwood and Basildon. Part of the Brentwood Borough also has a surgery which reports to the Thurrock Clinical Commissioning Group (West Horndon). CCGs are responsible for planned hospital care, rehabilitation care, urgent and emergency care, most community health services and mental health and learning disability services.⁵ Sustainability and Transformation Plans (STPs) are being prepared for wider areas that incorporate several CCG areas. Draft STP's were, published in October 2016, summarising the work to date and

⁴ <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>

⁵ Information reproduced from Basildon & Brentwood CCG Operational Plan 2016/17.

outlining how system-wide plans can be delivered across organisations. The STP is an iterative document and will be reviewed periodically.

- 10.12 The BBCCG's Operational Plan details the principal mission of the group, with a focus upon three main pillars – strengthening primary care, integrating care and ensuring sustainability of the local system. Figure 10.4 outlines the main themes in more detail.

Figure 10.4 Brentwood and Basildon CCG Mission Themes

Strengthening Primary Care

Ensuring effective collaboration between GP practices.

Aligning community health and social care teams around general practice.

Clinical leadership in preventing ill health and promoting wellbeing locally.

Ensuring explicit recognition by all providers of the lead role primary care play in coordinating the care of the registered population.

Integrating Care

Ensuring effective care coordination and care planning.

Establishing shared care records, utilising a single Personal Care Plan approach for the people of Basildon & Brentwood.

Focusing on preventative care and empowerment of individuals.

Harnessing the power of community resources to support resilience eg. social prescribing and carer support.

Encouraging pathways for smooth transfer of patient care from secondary care to primary care and vice versa.

Ensuring Sustainability of the Local System

Delivery of short- and longer-term financial sustainability.

Repatriation of patients into local providers.

Workforce strategies that address short- and longer-term needs of the system.

Effective use of estates across the care system (and beyond).

- 10.13 The BBCCG operating plan recognises the important role that General Practices (GP), play in local communities and as one of the cornerstones of the National Health Service (NHS). A key focus for the Operational Plan is to improve access to GP practice services through the expansion in capacity and provision of alternative consultation and care / support where appropriate. In practical terms, this translates to:

- a. Expanding the times that routine GP services are available.
 - b. Expanding the ways in which primary medical advice can be accessed.
 - c. Increasing access to alternative forms of community support which can appropriately divert demand from GP practices, and
 - d. Supporting the recruitment and retention of GPs and Practice Nurses.
- 10.14 NHS England and the Basildon and Brentwood CCG are working together to help plan and develop new ways of working within primary care facilities, in line with the BBCCG's Five Year Forward View plan⁶, to increase capacity in ways other than physical space. NHS England is also seeking to develop sustainable solutions through proactive coordinated care, including hubs, rather than the individual replacement of surgeries. There is also a significant focus upon premises for training and increasing capacity through technology.
- 10.15 Primary care transformation is also one of the key themes in the current Thurrock CCG Operating Plan.⁷ During 2015/16 Thurrock had a number of quality issues with regards to primary care, with several practices receiving poor Care Quality Commission ratings. Major concerns have focused upon the Tilbury area, which has a very low number of GP's per head of population. The CCG has been working with NHS England to transform primary care in the area to include:
- a. Developed four primary care health hubs which are helping to deliver 7 day a week primary care access to patients.
 - b. Developed a new IT system to improve booking into the new health hubs.
 - c. Supported NHS England to re-procure a number of practices where GPs have retired.
 - d. Developed a Joint Strategic Needs Assessment (JSNA) for Tilbury and Purfleet (Grays and Corringham to follow) incorporating all elements of health care including mental health.
 - e. Begun planning with Thurrock Council to build two new primary care healthy living centres.
 - f. Following a consultation, decommissioned the walk in centre in Grays because it was not offering an equitable service to the Thurrock population.
 - g. Developed a CCG primary care development team to focus on quality and governance support to practices in preparation for the forthcoming Locally Enhanced Services - Any Qualified Provider (AQP) process.

⁶ BBCCG 'Transforming health and care outcomes for the people of Basildon and Brentwood – Our 5 Year Strategic Plan

⁷ NHS Thurrock Clinical Commissioning Group Operational Plan 2016-17.

Primary Care Services

- 10.16 The Primary Care Strategies of the CCG's focus on the following key areas:
- a. General Practice to be provided at scale aligned to defined neighbourhoods;
 - b. the creation of a neighbourhood multi-disciplinary primary care workforce embedded in the Care Closer to Home model of care. This will provide General Practice that is fully integrated; including the local authority and voluntary sectors;
 - c. improved use of technology in General Practice;
 - d. improved quality of care and safety of General Practice;
 - e. increased patient access to fit for purpose estate suitable for the delivery of modern General Practice;
 - f. supporting the development of a resilient General Practice workforce, and
 - g. improved GP Training Facilities
- 10.17 A particular focus of the STPs is bringing simple diagnostics into communities. The CCG is also looking at more prevention-based and integrated service provision with social care. This growing focus on bringing care provision into the community may see the creation of health care 'hubs'/networks. To facilitate these strategies there will be a requirement to invest in infrastructure, which may include the need to deliver new facilities.
- 10.18 There are also STP priorities related to increased use of technology including, but not limited to:
- a. enabling patients and citizens to receive the care and support they need to live healthier, happier lives outside of a care setting;
 - b. providing the information and tools to allow the local population to take responsibility for their own health and wellbeing;
 - c. supporting professionals in delivering care with digital capability must enhancing working lives, not adding unnecessary challenges, and
 - d. delivering the technology solutions to operate in an efficient and cost-effective way which supports continued high performance and future sustainability.

Local Hospitals

- 10.19 Correspondence from Basildon and Thurrock University Hospitals NHS has detailed that the regulators NHS Improvement has given permission for the proposals to merge the trust with the two further trusts which run Broomfield and Southend Hospitals. The current aim is to have a single NHS organisation by mid-2019. All three hospitals will continue to provide outpatient appointments, children's services and day surgery. All three hospitals will also

provide 24/7 A&E and maternity services. There will be no reduction in beds, frontline staffing or in the overall budget.

- 10.20 In line with Primary Care Strategies and shifting care closer to home where possible, it is envisaged that the impact on the acute sector will culminate in the greater complexity of health needs of patients presenting in the acute sector. Hospitals will need to be redesigned to treat the patients of the future, with specific redesign based upon:
- a. greater community-based care for less acute patients;
 - b. ageing population;
 - c. hospital facilities which maximise the potential to treat the most-needy in the most efficient manner possible, centralising services and maximising economies of scale;
 - d. greater treat and discharge models of care, linking to increased community and social care provision;
 - e. move to designated day-case and ambulatory models of care and settings;
 - f. increased health needs/acuity of those patients presenting in the acute sector;
 - g. provision of the transfer of patients to less acute settings as soon as clinically appropriate, providing patients with care closer to home as soon as possible;
 - h. the centralisation of support functions and services, such as Pharmacy, enabling the greater provision of community healthcare whilst maintaining the most acute patient care within the acute setting, and
 - i. return of patients from specialist centres outside the local area back to local services as soon as appropriate.

Ambulance Services⁸

- 10.21 The East of England Ambulance Service NHS Trust (EEAST) Estates Strategy (2017-2022) indicates that a range of national initiatives are underway aimed at improving performance and sustainability within the NHS. There is widespread agreement from the stakeholders sponsoring these initiatives about the changes required within ambulance services and across the wider urgent and emergency system. Addressing these changes requires the Trust to develop revised operating models and strategies for all aspects of its services, including operational support services such as the Estates Service.

Public Health Services

- 10.22 Responsibility for public health was moved out of the NHS into local government in April 2013. Health and Wellbeing Boards (HWBs) promote co-operation from leaders in the health and social care system to improve the health and wellbeing of their local population and

⁸ Information on ambulance services and public health adapted from IDP submission by the Community Health Partnership.

reduce health inequalities. HWBs are responsible for producing a Joint Health & Wellbeing Strategies (JHWS), Joint Strategic Needs Assessments (JSNA) and Pharmaceutical Needs Assessments (PNA) for the Basildon borough area.

- 10.23 Public health services are commissioned by Essex County Council in partnership with the respective local authorities. These services are primarily focused on prevention and early intervention, specifically developing measures that help to reduce illness and to tackle the causes of poor health at source. This includes initiatives to increase activity and healthy living, such as cycling and walking, as well as provision of green space within developments. The strategic overview of the STPs includes consideration of these issues.
- 10.24 Priorities for Public Health within spatial planning include supporting access to quality open and green/blue space, healthy diets including improving access to local and fresh food, improving community cohesion and reducing social isolation, supporting air quality, increasing active living through movement and play across all ages and supporting good quality housing design across the life course. Reducing health inequalities underpins our work.
- 10.25 Local data on Public Health is published annually by a number of national organisations including Public Health England and the NHS. This includes the local Health Profiles and the Public Health Outcomes Framework. Assessment of Public Health and Wellbeing need will be supported by the Health Impact Assessment processes, local evidence base and current Public Health Policy.

Existing Infrastructure, Gaps and Programmes

General Practice – Infrastructure, Gaps and Programmes

- 10.26 There are ten GP Surgeries (eight main surgeries and two branch surgeries) covering Brentwood Borough, which are detailed below in Figure 10.5 and Figure 10.6. Historically, the optimum number of patients per GP was 1,750. Using a simple calculation it can be noted that a number of the surgeries are operating at figures beyond the optimum number of patients per GP. These are highlighted in blue.

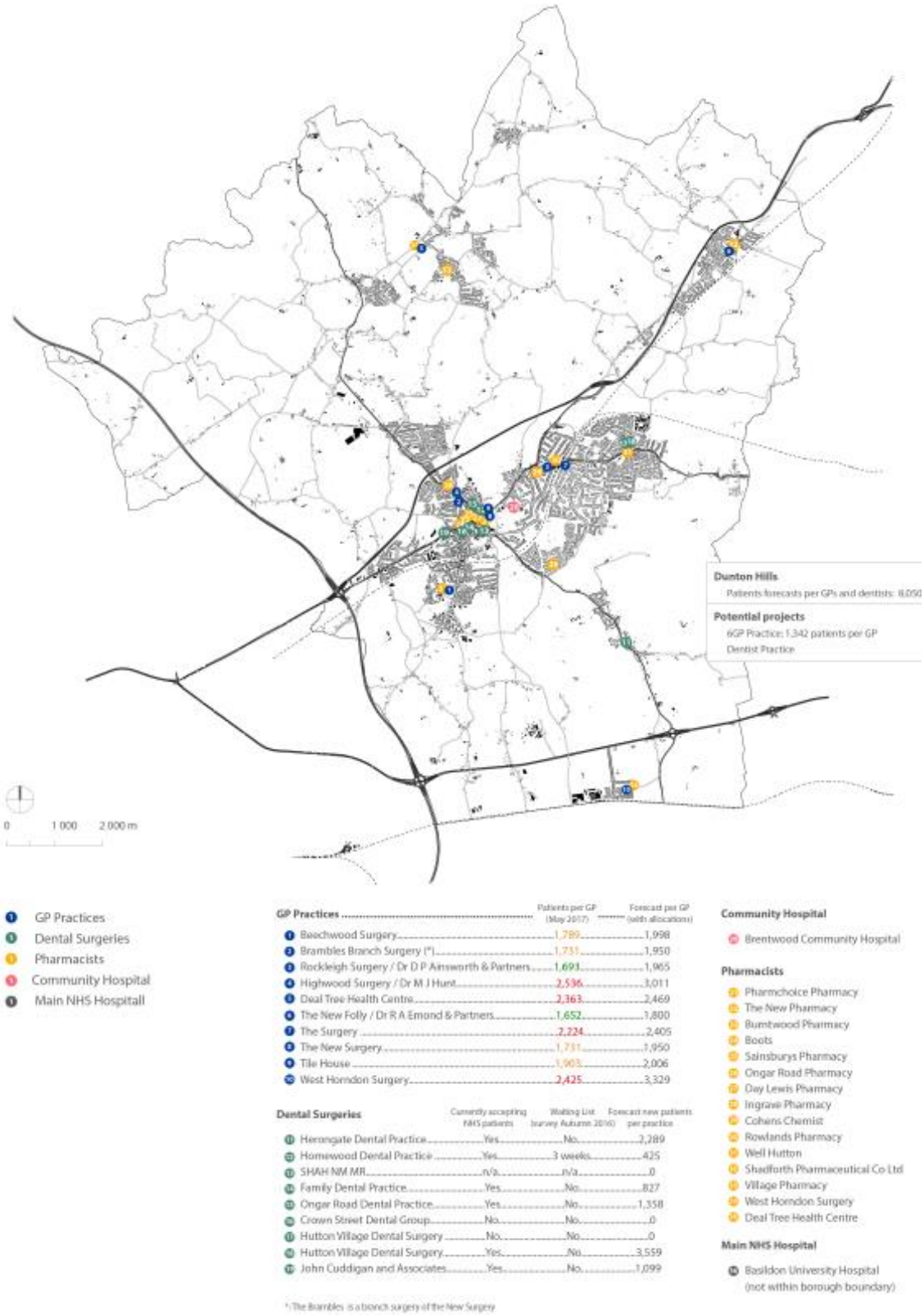
Figure 10.5: GP Practices

GP	Postcode	GP Code	Operational Details	Weighted Patient List Size (01/10/17)	NIA (m2)
Beechwood Surgery,	CM14 5WF	F81023	Larger 6 GP practice.	10730	968

Pastoral Way, Warley, Brentwood, Essex,					
Brambles Branch Surgery, Geary Drive, Brentwood	CM14 4FZ	F81085	From 1st October 2013 - The New Surgery has taken over Brambles Surgery and this will be utilised as a branch surgery. Patients previously registered with Brambles Surgery, as well as patients from The New Surgery may access medical care at this Branch. When the Brambles Branch Surgery is closed all patients should contact the main surgery in Shenfield Road 01277 218393 to access medical care or to register with the practice. (3 GPs)	13020	115.9
Rockleigh Court Surgery, 136 Hutton Road Shenfield Brentwood Essex	CM15 8NN	F81102	4 GP practice	6143	161
The Highwood Surgery, Geary Drive, Brentwood, Essex	CM15 9DY	F81737	1 GP practice	2189	148
Deal Tree Health Centre Blackmore Road Doddinghurst Brentwood Essex	CM15 0HU	F81215	4 GP practice	9898	784
The New Folly Surgery :Bell Mead Ingatestone Essex	CM4 0FA	F81163	4 GP practice	6573	243
Mount Avenue Surgery Address:Mount Avenue Shenfield	CM13 2NL	F81055	Larger 7 GP practice.	11870	438

Brentwood Essex					
The New Surgery Address:8 Shenfield Road Brentwood Essex	CM15 8AB	F81085	Larger 8 GP practice	13020	592.8
Tile House Surgery Address:The Tile House, 33 Shenfield Road Brentwood Essex	CM15 8AQ	F81038	Larger 7 GP practice	13303	555
West Horndon Surgery, 129 Station Rd, West Horndon, Brentwood CM13 3NB	CM13 3NB	F81134	4 GP practice (also linked to Peartree Surgery)	n/a	n/a

Figure 10.6: GP Practices Across the Borough



10.27 There are currently no particular 'gaps' in the front-end GP services identified, although it is noted that a number of practices are potentially under pressure in terms of patient numbers. This situation is not unique to Brentwood, but is part of the wider challenges facing the NHS. It was also a strong feedback theme from local residents during consultation on earlier

stages of the Local Plan. A number of the practices are also physical constrained, which makes the delivery of current services challenging – this is a particular issue in discussions with West Horndon Surgery.

- 10.28 The BBCCG has indicated that there is potential a need to ensure that supporting physical infrastructure such as superfast broadband / fibre optics and public transport connectivity is good to ensure that they can deliver healthcare services to patients through a range of media and that services are accessible to all.
- 10.29 At the local level the main improvements in health infrastructure provision within the Brentwood Borough are focused upon:
- a. adding depth and range to existing GP services, by building upon local expertise, collaboration between practices and combined learning;
 - b. providing patients with wider access to health information and services through media and on-line resources;
 - c. better aligning community health and social care;
 - d. maximising opportunities to develop Brentwood Community Hospital in terms of the range of services and specialisms.
- 10.30 These improvements are central to BBCCG ambitions for the Brentwood area. West Horndon Surgery has also expressed a need to move to larger premises which are better suited to delivering modern healthcare services. This requirement is linked to current need.

Hospitals and Acute Care – Infrastructure, Gaps and Programmes

- 10.31 The Basildon and Thurrock University Hospitals NHS Foundation Trust (BTUH) currently serves the Brentwood area and provides a range of health services including:
- a. an extensive range of acute medical services at Basildon University Hospital, including accident and emergency services and the Essex Cardiothoracic Centre
 - b. outpatients, diagnostics and a day surgery unit at Orsett Hospital (Orsett also houses a minor-injuries unit), and
 - c. diagnostic services (x-ray and phlebotomy) at the St. Andrew's Centre, Billericay.
- 10.32 The Queens Hospital in Romford is also within relatively close distance of the Brentwood Borough and the North-East London NHS Foundation Trust and Southend University Hospital NHS Foundation Trust provide a range of specialist patient services at Brentwood Community Hospital. Surrounding main acute hospitals also include Southend, Broomfield and Harlow. Two large community hospitals serve the area, Brentwood Community Hospital and Mayflower Community Hospital (Billericay).

- 10.33 It is noted earlier in the chapter that NHS Improvement has given permission for the proposals to merge with the BTUH trust with the two trusts which run Broomfield and Southend Hospitals. Further to this announcement, the following recommendations are likely to progress:
- a. Basildon, Broomfield and Southend hospitals will continue to provide the services our patients use the most, including full A&E and maternity services.
 - b. There will be a move to separate planned surgery from unplanned surgery to reduce delays and cancellations for patients and;
 - c. Some specialist services will be consolidated to improve the outcomes for patients.
 - d. Orsett Hospital will close when four integrated medical centres are in place for staff and services.
- 10.34 It is considered that this programme will unlock over £100m of additional funding to invest in new buildings and facilities. Attention will also focus upon improving bus infrastructure between the various hospitals and medical facility sites.
- 10.35 Within the Borough there is one community hospital located at Crescent Drive, Shenfield, which provides a range of services, including:
- cardiology;
 - child health care services;
 - COPD services;
 - dermatology;
 - ear, nose and throat;
 - epilepsy;
 - general medicine;
 - mobility and falls service;
 - nephrology;
 - Parkinson's disease services;
 - physiotherapy
 - sexual health services
 - stroke services
 - tissue viability services
 - urology

- 10.36 The services at the hospital are delivered by a number of Foundation Trusts, plus Connect Health.
- 10.37 There is an ongoing programme to improve the utilisation of Brentwood Community Hospital, to reduce the void costs associated with the building and making better use of the opportunity for providing a significant range of health and care services to the local population and beyond.

Ambulance Services – Infrastructure, Gaps and Programmes

- 10.38 The East of England Ambulance Service NHS Trust (EEAST) Estates Strategy (2017-2022) proposes the following estate transformation strategy:
- configuration of the estate as necessary to meet a vision to provide cost effective and efficient premises of the right size, location and condition to support the delivery of clinical care to the community served by the Trust;
 - a resulting regional estate configuration which consists of: network of 18 ambulance 'hubs', and
 - each 'hub' will support a 'cluster' of community ambulance stations, tailored to meet service delivery and patient response specific to their local area.

Dentists – Infrastructure, Gaps and Programmes

- 10.39 Within the Brentwood Borough area there are 8 dentist practices and one specialist Orthodontic Centre. Six of the dentist practices currently accept NHS patients.⁹ Figure 10.7 below provides a list of the dentists, operational details and feedback on waiting lists. From a telephone survey it is clear that there is still some existing capacity within the Brentwood Borough with regards to Dentists accepting NHS patients.

Figure 10.7: Brentwood Borough - Dental and Orthodontic Surgeries

	Dental Surgeries	Operational Details	Patients per Dentist /Waiting List (24/10/16)
1	Herongate Dental Practice 152 Brentwood Road, Herongate, Brentwood, CM13 3PD, 01277 810239	3 dentist practice	No waiting list / accepting NHS patients

⁹ This information was collected in October 2016 and there is a need to update on a refresh of the IDP.

2	Homewood Dental Practice 21 Shenfield Road Brentwood, CM15 8AG, 01277 220147	large practice - 11 dentists	Waiting list - approximately 3 weeks - 20/25 on waiting list / Accept NHS patients
3	SHAH NM MR Brentwood Orthodontic Centre 17 Shenfield Road Brentwood, CM15 8AG, 01277 848818	2 orthodontists plus numerous other staff	Could not get through on phone / specialist services
4	Family Dental Practice 2 South Street Brentwood, CM14 4BJ, 01277 233282	2 dentist practice	No waiting list / accepting NHS patients
5	Ongar Road Dental Practice 16 Ongar Road Brentwood, CM15 9AX, 01277 848777	large practice - 8 dentists / ortho	No waiting list / accepting NHS patients
6	Crown Street Dental Group Old Kings Yard 16a Crown street Brentwood, CM14 4BA, 01277 221014	2 General Dentists / 2 Specialist dentists / 1 Implant Specialist	No waiting list / Not accepting NHS patients
7 8	Hutton Village Dental Surgery / Hutton Village Dental Coram Green Coram Green, Hutton CM13 1LR, 0844 815 1015	7 dentists / professional staff	1 practice for private patients / 1 practice for NHS patients. No waiting list for NHS services
9	John Cuddigan and Associates 163 High Street Brentwood, CM14 4SD, 01277 210213	3 dentists	No waiting list / accepting NHS patients

Pharmacies – Infrastructure, Gaps and Programmes

- 10.40 There are thirteen pharmacies in Brentwood, one of which holds a 100 hour contract. All pharmacies are open from 9:00am to 17:30pm Monday to Friday (with the exception of one afternoon closure). Five pharmacies open earlier, with the earliest opening time 07:00am. Two pharmacies are open beyond 18:30pm, with the latest closure at 22:00pm.
- 10.41 Saturday service in the district is slightly reduced, however all except one pharmacy are open at some time during the day. Two pharmacies are only open in the morning, the remainder offer afternoon service provision until at least 16:00pm. The latest closing time is 22:00pm. Earliest opening hours on a Saturday is 07:00am. Three pharmacies open on Sunday, two between 10:00am and 16:00pm, and the other open from 09:00am until 21:00pm.
- 10.42 There were no pharmacies within Brentwood that administered disease specific medicine management, but the majority are willing to provide. There were also limited screening services provided. Several provided seasonal vaccinations, care home services and a medication review service. 12 pharmacies provide MURs, considered a relevant service by the PNA.
- 10.43 Figures 10.8 and 10.9 below provides information on pharmacy service provision within the Brentwood Borough area. The core information contained in this section has been extracted from the Essex Pharmaceutical Needs Assessment (PNA) – Basildon and Brentwood (2015).¹⁰

Figure 10.8: Pharmacies – Overview of Services

Pharmacy Name	Address	Supervised Consumption (ECC)	Needle and Syringe (ECC)	Sexual Health (ECC)	Smoking Cessation (Lead Provider)	NHS Health Checks (ECC)	MURS (NHSE)	Specific Type
Boots UK Limited	51 High Street, Brentwood, CM14 4RH	Yes		Yes	Yes		Yes	
Burntwood Pharmacy	27 Shenfield Rd, Brentwood, CM15 8AG			Yes	Yes		Yes	
Cohen's Pharmacy	138 Hutton Road, Brentwood, CM15 8NL	Yes					Yes	
Day Lewis Pharmacy	Pastoral Way, Brentwood, CM14 5WF				Yes		Yes	

¹⁰ <https://www.essexinsight.org.uk/Resource.aspx?ResourceID=1094&cookieCheck=true&JScript=1> – further update may be available.

Pharmacy Name	Address	Supervised Consumption (ECC)	Needle and Syringe (ECC)	Sexual Health (ECC)	Smoking Cessation (Lead Provider)	NHS Health Checks (ECC)	MURS (NHSE)	Specific Type
Ingrave Pharmacy	21 E.Ham Crescent, B'wood, CM13 2BN	Yes		Yes	Yes		Yes	
Ongar Road Pharmacy	249 Ongar Road, Brentwood, CM15 9DZ	Yes	Yes		Yes		Yes	
Pharmchoice Pharmacy	9 Ingrave Road, Brentwood, CM15 8AP	Yes			Yes			HH
Rowlands Pharmacy	222 Hutton Road, Shenfield, CM15 8PA			Yes	Yes		Yes	
Sainsburys Pharmacy	51 W. Hunter Way, B'wood, CM14 4WQ						Yes	
Shadforth Pharmaceutical	80 High Street, Ingatestone, CM4 9DW			Yes	Yes		Yes	
The Co-operative Pharmacy	201 Rayleigh Road, Hutton, CM13 1LZ	Yes	Yes				Yes	
The New Pharmacy	33a High Street, Brentwood, CM14 4RG			Yes	Yes		Yes	
Village Pharmacy	86 Church Ln, Doddinghurst, CM15 0NG	Yes		Yes	Yes		Yes	

Figure 10.9: Locally Commissioned Pharmacy Services in Brentwood

Brentwood Service	Service description	Current provision	Gaps
Needle syringe provision- a <i>relevant</i> service	The aim of the needle exchange service is to minimise harm associated with the use of injecting equipment by drug users. The service provides clean injecting equipment and takes in used	Two pharmacies provide needle & syringe provision, with others willing to provide with training.	No gaps are identified. The two pharmacies in the area provide adequate provision. There is provision at

Brentwood Service	Service description	Current provision	Gaps
	equipment for safe disposal. The service also provides an opportunity to signpost users to treatment services and to convey health promoting messages.	Pharmacies provide important access during evenings and weekends.	weekends providing valuable access. There is further access to provision from the wider treatment system during weekdays
Supervised Consumption- <i>a necessary service</i>	The aims of the supervised consumption service are to provide support to drug users in treatment and assurance to drug treatment teams about compliance with prescribed treatment. The pharmacist supervises, often daily, the taking of drug treatment by patients in the pharmacy. The service is part of the national framework for drug treatment services.	7 pharmacies provide the service. There is good provision in terms of opening hours across these pharmacies. It performs a crucial role in the treatment system ensuring compliance with treatment and reducing possible diversion into the community.	No gaps are identified.
Sexual health services- <i>a relevant service</i>	The aim of the EHC service is to provide a safe and accessible route for women wishing to obtain emergency contraception. It forms part of the outcome for avoiding unwanted pregnancy and reducing teenage pregnancy. The aim of the Chlamydia screening service is to promote screening for Chlamydia and to provide advice and signposting to services for at risk people. The service allows pharmacies to offer the option of a Chlamydia test to the target population and to offer treatment if the test is positive.	7 pharmacies offer sexual health services There is provision from the wider treatment system, however, pharmacies provide important walk in access during evenings and weekends.	No gaps are identified.
Stop Smoking Services- <i>a relevant service</i>	Stop Smoking Services includes the provision of advice on stopping smoking and supply of nicotine replacement therapy (NRT). A key differentiator of pharmacy stop smoking services from other providers is the ability to supply medicines at the point of care. Pharmacies are seen as key providers of stop smoking services due to their opening hours,	10 of the pharmacies currently offer smoking cessation services. There is provision from the wider treatment system, however, pharmacies provide important walk in access and provision of NRT at point of care during normal and	No gaps are identified.

Brentwood Service	Service description	Current provision	Gaps
	<p>accessibility and ability to advice and supply NRT.</p> <p>Stopping smoking is the single most effective health care intervention that can be made.</p> <p>Community pharmacy contractors also sell a broad range of over the counter NRT which can be used by smokers intending to stop smoking to manage their own quit attempt.</p>	extended evening and weekend hours.	
NHS Health Checks- a <i>relevant</i> service	The aim of the service is to deliver NHS Health Checks from community pharmacies in Essex in areas where the GP does not wish to provide the service to their local population. It is an important service in identifying early onset of certain long term conditions.	None of the pharmacies provide this service. It is widely provided by GPs and community providers in the area.	No gaps are identified.

10.44 From the resident survey conducted for the PNA, 84% stated that they have not experienced any problems accessing their usual pharmacy or dispensing doctor. The provision of necessary and relevant pharmaceutical services in the locality is considered to be adequate and no gaps have been identified at different times of the day. Locally commissioned services from local authorities and CCGs fall outside the definition of enhanced services; they have no bearing on pharmacy applications.

Opticians – Infrastructure, Gaps and Programmes

10.45 At the time of surveying, there were six main opticians in the Brentwood Borough area and one specialist optometrist, listed below. No identified gaps in provision or new programmes have been identified.

- a. Specsavers Opticians – 22 High Street, Brentwood
- b. Templeman Opticians – 131 High Street, Brentwood
- c. Edward Watts Opticians – 14, Chelmsford Road, Shenfield
- d. Boots – 15 and 36-38 High Street, Brentwood
- e. Scrivens Opticians, Baytree Centre
- f. Vision Express, 26a, High Street, Brentwood
- g. Cole, Martin and Tregaskis Optometrist

Implications of Growth

General Practices

- 10.46 Feedback from NHS England on infrastructure planning generally indicates that it is NHS policy locally is to attempt to accommodate growth wherever possible within the current premises envelope, though this is likely to require capital works to adapt facilities over time, and only to seek new premises where this is demonstrably necessary.
- 10.47 It has been indicated from NHS England that the anticipated impact from Local Plan sites will necessitate planning contributions across the Borough towards increasing capacity for local primary care facilities, by means of extension, reconfiguration or refurbishment. It is also indicated that the proposed growth in the Brentwood Borough may require the provision of new health care infrastructure.
- 10.48 In relation to Dunton Hills Garden Village and West Horndon, EIA assessment feedback on the emerging planning application for Dunton Hills indicates that the development will have a significant impact upon primary healthcare provision and generate increased demands upon healthcare services in the area. It is anticipated that a residential development of this scale is likely to generate the need for a new primary health care facility. This would be subject to NHS England prioritisation and approval processes. Detailed design and requirements would need to be discussed and agreed with the developer at the appropriate stages.
- 10.49 The GP practice at West Horndon is at physical capacity and will also be impacted by other recent planning approvals within the vicinity. Subject to NHS England prioritisation and approval process, it is likely that new health infrastructure will be required in the new development itself and options need to be considered for how capacity can be provided through the timeline of the development. These options need to consider the scale and timing of any new facility. Phased development of the facility could be considered. Re-providing the existing GP surgery within the new facility should be considered as part of the options appraisal, but will require appropriate consultation with the current GP Practice and the existing West Horndon community.
- 10.50 In line with other comments, the scale and nature of the facility required is dependent on the range and frequency of services required. Initial calculations show that the fully completed development will require a health facility of circa 658.29 m² for GP services. This figure may increase if it is shown that significant space is needed in West Horndon for other health and social care services. NHS England is willing in principle to discuss co-location with other public services and potential temporary use of other public-sector buildings (and vice versa). Any co-location would require the normal building and operational standards for NHS buildings to be met. Feasible options to increase primary healthcare capacity therefore would need to be considered and established.

Hospitals

- 10.51 The BTUH has also indicated that due to the increase in population Basildon Hospital will need to expand their specialist services across the acute footprint to accommodate this predicted growth. BTUH will be seeking developer's contributions for this. Further information has been requested from the BTUH, vis the health partnership as to how the requirement has been calculated, particularly in light of recent hospital investments and the additional funding which the combined trust may be able to obtain through restructuring to invest in new buildings and facilities.
- 10.52 Brentwood Community Hospital is a significant resource, which the BBCCG is committed to fully utilise to strengthen the community-based provision of healthcare. There may be an opportunity to further invest in Brentwood Community Hospital as part of the overall investment required in the healthcare infrastructure for the Borough, although this should not detract from directly investing in local communities, where the healthcare infrastructure need is demonstrated and would support the sustainability of that location.

Dentists, Pharmacies and Opticians

- 10.53 It is difficult to fully evaluate the impact on dentist surgeries of the projected growth from the local plan allocations, but it is likely to require an investment in expanded or new facilities. Particular 'urban' pressure points are potentially Herongate Dental Practice, Ongar Road Dental Practice and Hutton Village Dental Practice. It is anticipated that Dunton Hills Garden Village will generate sufficient population to support a new practice, possibly as part of wider healthcare infrastructure.
- 10.54 The Local Plan may also create positive business opportunities for pharmacies and opticians. Again, where feasible there may be options to cluster services around other healthcare infrastructure.

Financial Considerations

- 10.55 NHS England have indicated that it is not possible to accurately determine the build cost or size of new health facilities at this stage and that much will depend on a large number of complex and inter-related factors that can only be resolved at a more advanced stage in the planning process. It will not be the case that each new health facility would be a fixed size or would have a fixed range of services. Clinically there are circumstances where co location of GP and other NHS or social care functions are desirable and would be considered or sought.
- 10.56 The Council agrees that further, more detailed option and cost analysis is required in relation to final healthcare infrastructure projects. However, based upon potential headline contributions indicated in correspondence from NHS England and the Council's own calculations using NHS formulae this equates to circa £3m linked to Local Plan allocations. This is an estimate only at this stage and is carried forward to Part B of the report.

- 10.57 It is noted that the BTUH will be seeking a developer contribution towards infrastructure costs associated the expansion of Basildon Hospital. Further clarification on this matter has been requested. The contribution level is significant and equates to circa £3013 per dwelling. The IDP currently includes this figure within the macro calculations to be found in Part B of the document, until the position is clarified.
- 10.58 In terms of ambulance services, the EEAST Estates & Development plans includes some allowance for growth in demographics of population changes and therefore any increase in requirements to meet these changes will require modelling to account for the required increased workforce. EEAST are currently participating in an independent service review commissioned by healthcare regulators to better understand what resources are needed to meet patient demand.

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