

Document Details	
Title	Draft Final Report Redbridge Health and Well-Being Board Pharmaceutical Needs Assessment 2018
Version:	1.0
Date of Issue:	February 2018
Project description:	Report created by the Public Health Action Support Team (PHAST)

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Executive Summary

It is a statutory requirement for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

This PNA has been undertaken during a time of uncertainty around how pharmacy services will develop over the next three years. The 2016 Murray report reviewed the Pharmacy Contract Revisions 2016 and recommended major changes to the way in which pharmaceutical services should be delivered. Key changes to the Pharmacy Contract include simplifying the NHS pharmacy remuneration system, helping pharmacies to become more efficient and innovative and encouraging longer prescription durations where clinically appropriate. However, at the time of writing, these recommendations have not yet been implemented given they are currently under judicial review. It is complex to predict the impact on residents of such changes before it is understood which services may be reduced, changed or closed.

Since the last Redbridge PNA was published in 2015, no major changes to pharmaceutical provision have been observed and provision is generally good. There are 53 community pharmacies in the Redbridge HWB area for a population of about 300,000, an average of 17.8 pharmacies per 100,000 population. The England and London averages are 21.3 and 21.4 respectively. All localities have at least one community pharmacy, however the rate varies across the borough with Fairlop having a higher number per resident than the rest of the borough.

Overall access is good. Over 98% of residents are within one mile of a pharmacy, and for 98% of residents, the closest pharmacy is within the borough. There are five 100-hour pharmacies across the borough providing Sunday opening. Demand for community pharmacies is unlikely to increase due to national policy and population growth. Current national policies highlight the potential of community pharmacy to deliver enhanced community-based healthcare access thereby reducing demand on urgent and primary care services.

Since the 2015 PNA was published, both the resident population and GP registered population of the borough has increased. Analysis of housing data shows that there are likely to be population increases in parts of the borough, particularly in Cranbrook and Loxford, with housing projections showing an extra 11,000 people by 2021 in this locality. As these developments take place there will be an increasing requirement for pharmacy services, although as a locality which is quite densely populated where pharmacies tend to be accessible

A review of the Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA) identified that there may be scope for pharmacies to support local health needs. The borough continues to experience deprivation with high rates of unemployment with the demography comprised of a young, fast growing, mobile population.

Addressing many of Redbridge's 'areas of opportunity', as identified in the JSNA and JHWS, could include an expanded role for pharmacists. Priority areas identified by

Redbridge's Health and Wellbeing Board (HWB) are as follows in which there are potential roles for pharmacists:

- Achieve the best start in life
- Diabetes prevention and management
- Mental wellbeing
- Cancer survival
- Living well in a decent home you can afford to live in
- End of life care

Other areas that pharmacists could play a role in include collaborating with initiatives aimed at reducing domestic violence, and supporting enhanced promotion of the following: flu vaccination amongst health care workers; improved housing with a focus on vulnerable adults; monitoring of hospital admissions caused by injuries in children; healthy weight; social prescribing; living well with people with multiple chronic illness and monitoring the tipping point into need for health and care services.

Decisions concerning the promotion of pharmacist led services for these programmes will need to be based on more focused health needs assessments and commissioning strategies.

Conclusions

The Redbridge HWB has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the HWB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in the borough and those pharmacies in neighbouring boroughs adjoining the borough of Redbridge.

The PNA is required to clearly state what is considered to constitute necessary services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

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

The advanced, enhanced and locally commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.

When assessing the provision of necessary services in Redbridge, the following have been considered:

- The maps showing the location of pharmacies within Redbridge and the Index of Multiple Deprivation
- The number, distribution and opening times of pharmacies within Redbridge
- Pharmacy locations across the border
- Population density in Redbridge
- The increase in daytime population
- Projected population growth
- The ethnicity of the population
- Neighbourhood deprivation in Redbridge
- Location and opening hours of GP practices providing extended opening hours
- Location and opening hours of NHS Dental contractors
- Results of the public questionnaire
- Proposed new housing developments.

Based on the latest information on the projected changes in population of the HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density.

The detailed conclusions are as follows (key types of pharmacy services are specifically detailed below).

- No gaps have been identified in **necessary services** (essential services) that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole borough.
- There is no gap in the provision of **necessary services** (essential services) **during normal working hours** across the whole borough.
- There are no gaps in the provision of **necessary services** (essential services) **outside of normal working hours** across the whole borough.
- There are no gaps in the provision of **advanced services** (relevant services) at present or over the next three years that would secure improvement or better access to advanced services across the whole borough.
- There are no gaps in the provision of **advanced services** across the whole borough.
- No gaps have been identified that if provided either now or in the future would secure improvements, or better access to **enhanced services** (relevant services) across the whole borough.
- There are no gaps in the provision of **enhanced services** across the whole borough.
- There are no gaps in the provision of **locally commissioned services** (relevant services) at present or over the next three years that would secure improvement or better access to **locally commissioned services** across the whole borough.
- There are no gaps in the provision of **locally commissioned services** across the whole borough.

The conclusions reached in this report include assessments that have addressed protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Redbridge.

Based on the review of building plans and population projections, there may be a need to review the level of pharmacy services in specific places in the borough in the period up to 2021.

Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access across the whole borough.

The locality structure provides an opportunity, for pharmacies and other primary care providers to work together to deliver advanced and enhanced services that cross geographical areas, and meet the needs of the population.

Whether there is sufficient choice of pharmacy in Redbridge was reviewed, it was decided there was sufficient choice of pharmacy in Redbridge for the following reasons: NHSE have assessed the need for pharmacies and generally found there are too many; here necessary pharmacies qualify for the Pharmacy Access Service in Redbridge and London

boroughs have a greater choice of pharmacy provider compared to many other areas in England.

The borough recognises that there may be developments in pharmacy provision that may not mirror the traditional model of a high street pharmacy, for example, online prescriptions or pharmacists working more closely with primary care.

Key to Services

- **Necessary services** (essential services) are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.
- **Advanced services** (relevant services) are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS).
- **Enhanced services** (relevant services) commissioned by NHS England are pharmaceutical services, such as Minor Ailments, services to Care Homes, language access and patient group directions.
- **Locally commissioned services** (relevant services) are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population.

1 Introduction

1.1 Background

It is a statutory requirement under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The last PNA in Redbridge was published in 2015.

1.2 Purpose of the PNA

The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

As such, it is required to cover the following:

- what services are necessary to meet the needs of the local population
- which services have improved and/or have better access since the publication of the last PNA
- what provision is currently available, highlighting any immediate or future gaps in services
- any impact other NHS services have on pharmaceutical services
- how the assessment was carried out and the resulting conclusions.

This information is held by NHS England to maintain a pharmaceutical list for the local area. This list is used to consider applications for new pharmacies as well as the relocation of existing pharmacies and to commission additional services.

The PNA bases its assessment on current and predicted demographics as well as analysing the health needs of the local population.

1.3 Scope of the PNA

The PNA covers local pharmaceutical providers, dispensing doctors and appliance contractors. It does not cover pharmaceutical services in hospitals or prisons.

The minimum requirement for PNAs include the following:

- a statement of the pharmaceutical services currently provided that are necessary to meet needs in the area
- a statement of pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision)
- a statement of the other relevant services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area

- a statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area
- a statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services
- an explanation of how the assessment has been carried out (including how the consultation was carried out)
- a map of providers of pharmaceutical services
- consultation. HWB must consult the bodies set out in Regulation 8 at least once during the process of developing PNA. The minimum consultation period required is 60 days.

1.4 Process for developing the PNA

A Steering Group of key stakeholders was set up to oversee the PNA process. Terms of reference for the group are at Appendix H – Terms of Reference.

An open tender process selected the Public Health Action Support Team (PHAST), a not for profit social enterprise company to develop the PNA.

The activities of the process and timescales are set out in the project chart in Appendix I – Gantt chart. This involved:

- updating information and evidence since the previous PNA, including latest priorities
- setting the scene for pharmacy services
- updating information on the population of and latest health information
- conducting surveys of pharmacies, of pharmacy users and of particular interest groups who may have specific needs
- preparing a draft for consultation.

Following this consultation, the comments will be assessed by the steering group and the final PNA will be published early in 2018.

1.5 Localities for the purpose of the PNA

This PNA analyses services by locality, as set out in Figure 1. These specified areas are the health and social care communities agreed localities for place based provision of services.

Figure 1 Redbridge localities and wards

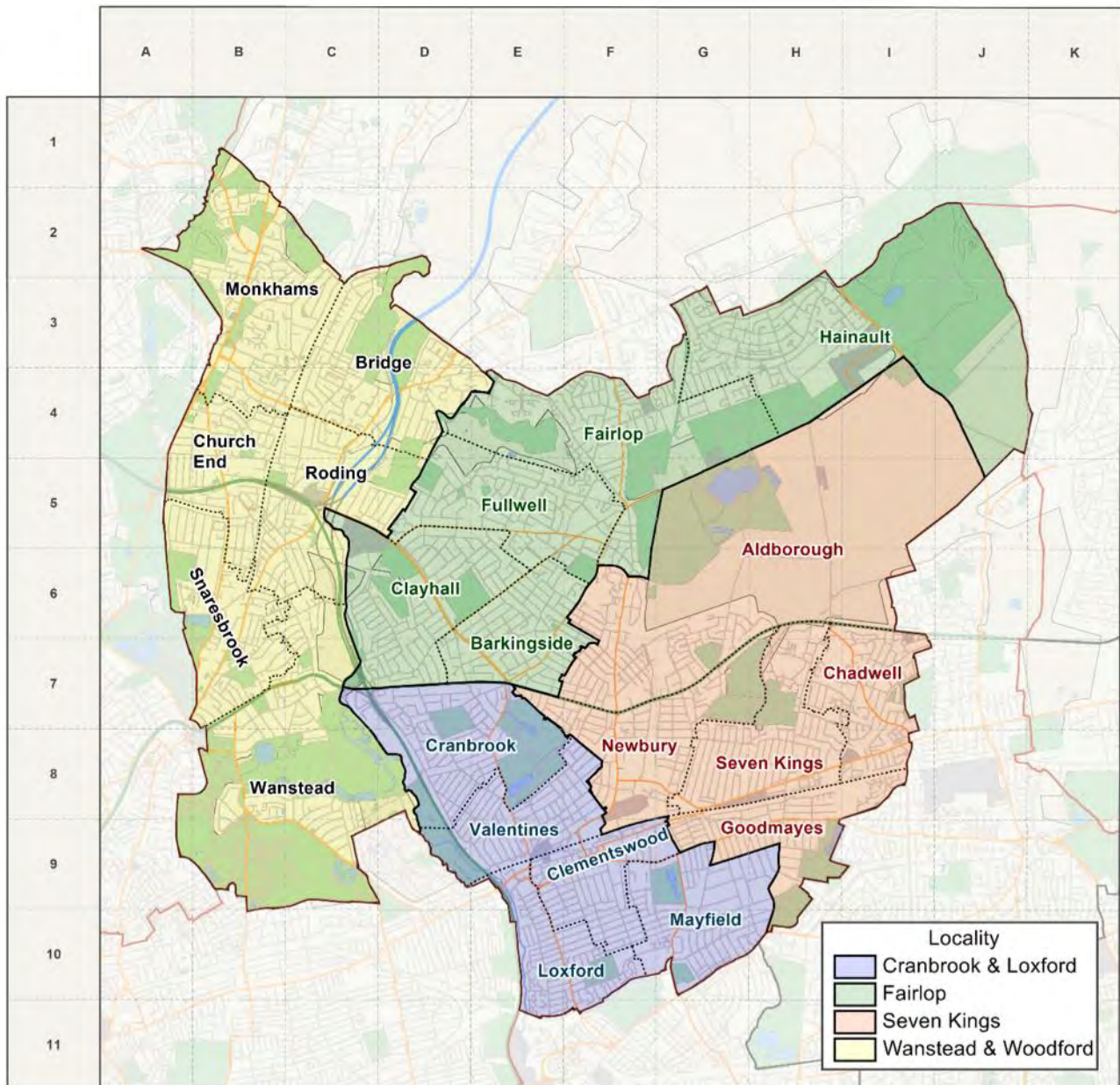


Table 1 Localities in Redbridge

Locality	Ward
Cranbrook & Loxford	Valentines
	Clementswood
	Cranbrook
	Loxford
	Mayfield
Fairlop	Barkingside
	Clayhall
	Fairlop
	Fullwell
	Hainault
Seven Kings	Aldborough
	Chadwell
	Goodmayes
	Newbury
	Seven Kings
Wanstead & Woodford	Bridge
	Church End
	Monkhams
	Roding
	Snaresbrook
	Wanstead

2 Context for the PNA

2.1 National context

The current round of PNAs, due to be published by 31 March 2018, are being undertaken in a time of uncertainty around how pharmacy services will develop over the next three years. The 2016 Murray report recommends major changes to the way in which pharmaceutical services should be delivered. At the time of writing, the changes to the Pharmacy Contract have not yet been fully implemented. It is complex to predict the impact of such alterations on residents before it is understood which services may be reduced, changed or closed.

2.2 Local context

In Redbridge, integration of health and adult social care and primary care in localities is central to its health and wellbeing strategy. This will involve pharmacy services becoming closely aligned to this integrated community model.

2.2.1 Redbridge's health and wellbeing strategy vision is as follows.

“All people in Redbridge are able to live long, happy and independent lives in good health as we pursue good health outcomes with communities through economic, social and environmental policy, and develop a health and care system that is focused on prevention, delivered close to home, integrated and-coordinated, and seeks to achieve maximum value for money.”

Redbridge's response to the pressures of increased needs and demand for health and social care in the context of budgetary constraints has been to seek integrated care pathways and cost-effective service models through partnership and collaboration, where possible and appropriate. As stated in their recent JSNA “Great strides have been made in starting the journey to develop a sustainable health and care system fit for the future, which will play its part in delivering better health and wellbeing for people in the borough. This works on several levels:

- At a locality level, there are four community health and social care localities in Redbridge (Fairlop, Loxford & Cranbrook, Wanstead & South Woodford and Seven Kings). We have started to develop a new service model delivered through these four health and social care localities in order to meet the needs of communities locally.
- At a borough level - developing innovative partnerships that will culminate in a new borough Plan.
- At a local sub-regional level (Barking & Dagenham, Havering & Redbridge) - working closely with partners in Barking and Dagenham and Havering to map out a plan for a sustainable health and care system that includes new models of care in our local hospital trust (BHRUT) and community health trust (NELFT) to deliver improvements in quality and outcomes.
- And at a sub-regional level (across seven CCGs, eight local authorities and other NHS providers in North East London) - developing plans for the future health and

care system in East London, across different organisations to ensure that transformation meets the needs of people in Redbridge, and makes a significant contribution to improving their health and wellbeing and reducing health inequalities.”

2.3 National policies on pharmacy services

2.3.1 Legal framework for PNAs – the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013

The [National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) set out PNA requirements (Part 2, Regulations 3–9).

Available at: http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi_20130349_en.pdf

The minimum requirement for PNAs include the following:

- A statement of the pharmaceutical services currently provided that are necessary to meet needs in the area.
- A statement of pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision).
- A statement of the other relevant services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area.
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by a local authority, the NHS commissioning board (NHS England), a clinical commissioning group (CCG) or an NHS trust, which affect the needs for pharmaceutical services.
- An explanation of how the assessment has been carried out (including how the consultation was carried out).
- A map of providers of pharmaceutical services.
- Consultation. HWB must consult the bodies set out in Regulation 8 at least once during the process of developing PNA. The minimum consultation period required is 60 days.

2.3.2 The National Health Service Act 2006

Part 7 of the [NHS Act 2006](#) applies to ‘pharmaceutical services and local pharmaceutical services’ and includes a description of pharmaceutical arrangements that must be put in place within an area and the type of professional authorised to prescribe (Section 126).

2.3.3 2008 White paper

The 2008 White Paper, [Pharmacy in England: Building on strengths – delivering the future](#), sets out ‘a vision for building on the strengths of pharmacy, using the sector’s capacity and capability to deliver further improvements in pharmaceutical services’.¹ The White Paper advocated expanding the pharmacy role to include additional clinical services e.g. treating common minor ailments, providing public health services such as smoking cessation support and sexual health services, supporting those with long-term conditions, delivering some clinical services such as blood tests and screening programmes and involvement in clinical pathways that support integrated care.

2.3.4 The Murray Report

The Chief Pharmaceutical Officer for England, Dr Keith Ridge, commissioned an [independent Community Pharmacy Clinical Services Review](#) (‘the Murray report’) published by The King’s Fund in December 2016. The review summarises national policies that describe opportunities for expanding the role of the community pharmacist.

‘Community pharmacy has the potential to help meet both the short term and long-term challenge to provide better outcomes as part of wider integrated services that are efficient and that work for patients. It is widely recognised that community pharmacists and their teams are an underutilised resource. Pharmacists undergo a four-year full-time university degree plus a year’s work-placed preregistration training culminating in a further academic examination before being admitted to the pharmaceutical register. In addition to this many also undertake post-graduate academic qualifications and training. Pharmacy technicians are also highly trained and are a registered profession working in all health sectors.’²

2.3.5 NHS Community Pharmacy Contractual Framework (the ‘Pharmacy Contract’)

The Pharmacy Contract is made up of three different service types:

- Necessary services (essential services) are commissioned by NHS England and are provided by all pharmacy contractors. These services include the dispensing of medicines and appliances, repeat dispensing, disposal of unwanted medicines, clinical governance, promotion of healthy lifestyles, signposting and support for self-care. For the purposes of this PNA, necessary services are defined as all Essential Services.
- Advanced services are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service

¹ Pharmacy in England Building on strengths – delivering the future. Department of Health. 2008

² Murray R. Community Pharmacy Clinical Services Review. The Kings Fund. December 2016

(NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS). For the purposes of this PNA, relevant services are defined as all Advanced Services.

- Locally commissioned/enhanced services are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population. For the purposes of this PNA, relevant services are defined as all Locally commissioned and Enhanced Services.

2.3.6 2016 Changes to the Pharmacy Contract

2.3.6.1 Overview

On 20 October 2016, the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17. Contractors providing NHS pharmaceutical services under the framework will receive £2.687 billion for 2016/17, a reduction of 4% compared with 2015/16. This will be followed by a further 3.4% reduction to £2.592 billion in 2017/18.³

Stakeholder consultation by the Department of Health (DH) has led to key changes in the national pharmacy contract with the aim of creating a more efficient service that is better 'integrated with the wider health and social care system' in order to 'relieve pressure on GPs and Accident and Emergency Departments, ensure optimal use of medicines, and will mean better value and patient outcomes.'⁴

The findings outlined in the [consultation document](#) suggested that efficiencies can be made without compromising service quality or public access because:

- 'There are more pharmacies than necessary to maintain good patient access;
- 'Most NHS funded pharmacies qualify for a complex range of fees, regardless of the quality of service and levels of efficiency of that provider;
- 'More efficient dispensing arrangements remain largely unavailable to pharmacy providers.'

2.3.6.2 Key changes in the way pharmaceutical services are delivered

Key changes include:

- simplifying the NHS pharmacy remuneration system
- helping pharmacies to become more efficient and innovative
- encouraging longer prescription durations where clinically appropriate
- to develop the role of community pharmacist outside of the community pharmacy

For full details see the Department of Health's Community Pharmacy in 2016/2017 and Beyond: Final Package.

³ [Consultation document](#)

⁴ Community Pharmacy in 2016/2017 and Beyond: Final Package. Department of Health. October 2016

2.3.6.3 Change to payment fees

Pharmacy currently receive an establishment payment as long as they dispense above a certain prescription volume – this will be gradually phased out over a number of years, starting with a 20% reduction in December 2016 and reduced by 40% on 1 April 2017.⁵ A range of fees including the professional or ‘dispensing’ fee, practice payment, repeat dispensing payment and monthly electronic prescription payment service payment will be consolidated into a single activity fee.

2.3.6.4 A new quality payments scheme

A range of quality criteria have been introduced which, if achieved, will help to integrate community pharmacy into the wider NHS/Public Health agenda. Contractors adhering to gateway criteria will receive a quality payment if they meet one or more of the quality criteria, details of which can be viewed at <http://psnc.org.uk/services-commissioning/essential-services/quality-payments/>.

2.3.6.5 The Pharmacy Access Scheme (PhAS)

Changes also include the introduction of a new Pharmacy Access Scheme (PhAS). The scheme is designed to ensure populations have access to a pharmacy, especially those with high dependency that live in regions where pharmacies are sparsely located. A national formula has been used to identify 1,356 pharmacies which will receive an additional payment to ensure that they are protected from the full effects of the December 2016 funding cut.

2.3.6.6 Changes to Regulations to Facilitate Pharmacy Mergers

Amendments to NHS 2013 Regulations⁶ were made in December 2016, including a new regulation that facilitates the consolidation of two or more pharmacies onto one existing site. ‘Importantly a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.’⁷

“Applications to consolidate will be dealt with as ‘excepted applications’ under the 2013 Regulations, which means in general terms they will not be assessed against ... the pharmaceutical needs assessment (‘PNA’) produced by the Health and Wellbeing Board, (HWB). Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation.... If the NHSCB is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. The opinion of the HWB on this issue must be given when the application is notified locally and representations are sought (Regulations 12 and 13).

⁵ <http://psnc.org.uk/funding-and-statistics/cpcf-funding-changes-201617-and-201718/>

⁶ National Health Service (Pharmaceutical Services, Charges and Prescribing) Regulations 2013

⁷ <http://psnc.org.uk/contract-it/pharmacy-mergers-consolidations/>

If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement published alongside its pharmaceutical needs assessment recording its view (amendment of regulation 6).⁸

2.4 Joint Strategic Needs Assessment (JSNA) Review

2.4.1 Introduction

Redbridge's Health and Wellbeing Board brings together commissioners and providers of services (across the NHS, public health, adult social care and children's services), elected councillors and Health Watch to assess local needs, provide an overarching strategy for health and wellbeing, scrutinise policies and performance and support the integration of services.

Their Joint Health and Wellbeing Strategy (JSNA) outlines priorities for improving the health and wellbeing of those who live and work in the borough and reflects the changing health and social care needs of the population, as described by the JSNA.

The London Borough of Redbridge JSNA "identifies health and wellbeing issues experienced by people who live in Redbridge and ways in which these could be addressed".⁹ The 2017 JSNA draft report can be viewed at

<https://www.redbridge.gov.uk/media/2185/health-and-wellbeing-strategy-2017-to-2021.pdf>

2.4.2 Selected data and analysis

2.4.2.1 Demography

Redbridge has the thirteenth largest population in London with an estimated 301,416 people (2016). This fast-growing borough is projected to grow by 15% (43,679 people) by 2025, and then to reach 370,433 by 2041 (a 32% increase on the 2011 population). This increase is due to more births than deaths, internal migration and international migration. This growing population will present both opportunities and challenges for economic development, housing, transportation and the provision of health and social care services.

2.4.2.2 Age distribution

The borough has also seen considerable change to the numbers of residents among various age groups in recent years – notably a greater proportion of children and young people (27.6%) in comparison to both London (24.7%) and England (23.7%).

2.4.2.3 Ethnicity

Redbridge is one of the most ethnically diverse boroughs in London with around 63% of residents belonging to black or minority ethnic groups. By 2026, this is likely to increase to 70%. The borough has a significant population of Asian origin – 18% of residents identified themselves as having Indian ethnicity, 13% Pakistani, 7% Bangladeshi and 10% other

⁸ National Health Service England. The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016

⁹ <https://www.redbridge.gov.uk/health-and-wellbeing/public-health-strategies-and-policies/>

Asian during the 2011 Census. The number of residents from an Asian background is projected to grow by 25% over the next decade.

Although 45% of residents identified themselves as white British in the 2011 census, this is likely to be reduced by 8% over the next decade.

Diversity is significantly greater among younger age groups in the borough with 78% of under 14-year-olds being from a minority ethnic background in 2016 (compared to 33% amongst the over 65s).

2.4.2.4 Children

A dramatic rise in the numbers of children and young people resident in the borough accounts in part for the population increase. Optimising the health and wellbeing of this younger population is essential in reducing the burden on future health and social care services.

2.4.2.5 Older People

Life expectancy in Redbridge has increased to 80.5 years for males and 84.2 years for females in 2013-15 (from 77.3 among males and 81 among women in 2001-3) – longer than both national and London averages. However, over the past ten years, healthy life expectancy has decreased for men (62.8 years) and remained static for women (63.1 years) – fewer years of healthy life than national and London averages. This decline in life expectancy for both men and women occurred between 2013-15. The difference was not statistically significant and appears to be due to a slight increase in deaths due to cardiovascular disease.

Geographical regions of deprivation within the borough impact life expectancy with residents living in the most deprived areas experiencing lower life expectancy than those in the least deprived areas.

The three most common causes of mortality within the borough include cancer, cardiovascular disease and respiratory/lung disease.

2.4.2.6 Healthy Lifestyle

Around 22.3% of adults (16 years and over) in the borough are obese with higher risk of obesity among lower socioeconomic groups. Tackling obesity is a complex issue due to the high cultural diversity of Redbridge – the greatest prevalence is seen among those from Black or Black British ethnic groups.

Over 64,000 adults in Redbridge would be classed as physically inactive as they do not manage to participate in even 30 minutes of physical activity per week (guidelines recommend a minimum of 150 minutes of activity per week). Survey results also indicate that residents only consume just over two of the five recommended portions of fruit and vegetables daily.

Around 11.5% of the residents are smokers – equating to an estimated 26,630 tobacco smokers in 2015 including around 3 in every 100 women giving birth. The figure has however fallen considerably in recent years.

There are an estimated 15,515 higher risk drinkers in Redbridge (consuming an average of 8 units per day of alcohol for men, and 6 per day for women) thus at increased risk of alcohol related harm.

Within the borough, there are approximately 1,500 opiate/ crack cocaine users.

In 2015 the rate of new STI's was similar among Redbridge residents in comparison to England average and lower than London (810 per 100 000 Redbridge, 815 England and 1606 London).

Data indicates that at any one time a considerable number of residents are likely to be experiencing poor mental wellbeing which is important in maintaining good general wellbeing.

2.4.3 Latest priorities and implications for pharmacy services

While the role of pharmacists is not directly referred to in the JSNA, an expanded role for pharmacists could enable their involvement in addressing many of Redbridge's priorities.

The priority areas are identified at national, regional and local levels.

Priority areas identified by Redbridge for this report include children, older people, LTCs, age distribution and healthy lifestyles. The potential role of pharmacists in addressing these priorities is suggested below.

2.4.3.1 Ethnicity

- *Potential pharmacist role:* language access service

2.4.3.2 Children

- *Potential pharmacist role:* Healthy Start vitamins, Healthy Start service, vaccination service, promoting healthier lifestyles and schools service

2.4.3.3 Older People

- *Potential pharmacist role:* supportive services, care home service, carer support, domiciliary support service, palliative care service, home delivery service, blood pressure monitoring, dementia identification service, repeat prescription service, medication review service, medicines assessment and compliance support service, post-hospital discharge medication support, Appliance Use Reviews (AURs), Medicines Use Reviews (MURs), new medicines service, out of hours access to medicines, electronic prescriptions and independent prescribing by pharmacists

2.4.3.4 Long-term Conditions

- *Potential pharmacist role:* supportive services, carer support, domiciliary support service, palliative care service, home delivery service, blood pressure monitoring, repeat prescription service, medication review service, medicines assessment and compliance support service, post-hospital discharge medication support, Appliance Use Reviews (AURs), Medicines Use Reviews (MURs), new medicines service, out of hours access to medicines, electronic prescriptions and independent prescribing by pharmacists

2.4.3.5 Healthy Lifestyles

- *Potential pharmacist role:* NHS Health Checks, weight management service and promoting healthier lifestyles

2.5 Joint Health and Wellbeing Strategy (JHWS) Review

2.5.1 Introduction

The Health and Wellbeing Board's 2017-2021 *Health and Wellbeing Strategy for Redbridge* sets out an approach and key ambitions for improving the health and wellbeing of people and communities within the borough. The draft JHWS can be viewed at:

<https://mylife.redbridge.gov.uk/media/20844/large-print-final-draft-redbridge-hwb-strateg-2017-2021-for-consultation.pdf>

2.5.2 Latest priorities

Redbridge has ten strategic approaches to health and wellbeing over the next four years as well as six overarching ambitions; these are outlined below.¹⁰

2.5.2.1 Proposed strategic direction

- **Prevention:** strategies to prevent poor health/disability arising, identify problems early, timely access to treatment, care or support where required
- **Tackling root causes of ill health:** a bad start in life, maltreatment and abuse, unhealthy homes, low income, poor educational attainment, worklessness, poor quality jobs, social isolation
- **The wider role of health and social care services:** ensure services address physical, mental and emotional wellbeing, and play their part in safeguarding vulnerable people
- **Supporting people to live in good health:** partners will support residents – to be physically active, with a healthy balanced diet and a good understanding of how to protect and sustain their mental health and wellbeing. Targeted support will help people reduce smoking and tobacco use, drug and alcohol use, harmful sexual practices, sedentary behaviour and poor diet
- **Access to good quality information and advice:** social prescribing, supporting isolated/vulnerable residents, signposting resources, empowering people to engage in their communities (volunteering, caring, civic and democratic involvement)
- **Health protection activity:** reducing threats to health posed by communicable diseases, environmental hazards, and extreme weather
- **New models of care:** specific needs of communities will be addressed, with more care delivered in the home or close to home. This will involve shared entry points into services, single or shared assessment processes, and delivery through integrated teams where appropriate
- **Recovery and self-care:** develop information and support for people to manage their own health condition(s) or disability, utilising technological advances and ensuring people maintain their independence for as long as possible. Re-ablement,

¹⁰ Draft: A Health and Wellbeing Strategy for Redbridge 2017-21. Redbridge Health and Wellbeing Board. 2017

rehabilitation and recovery pathways will reduce long term reliance on statutory services wherever possible

- **Celebrate the considerable contribution of carers:** identify ways of helping carers stay physically and mentally well
- **Assessing emerging challenges and opportunities including:** supporting individuals with complex or multiple disease and disability, frailty and dementia, obesity, liver disease, and delivery of personalised medical interventions arising from genetic advances.

2.5.2.2 Six Ambitions to be achieved over the next four years

1. Achieve the best start in life

Children and young people achieve optimum health and wellbeing from pregnancy through to transition to adulthood.

2. Diabetes prevention and management

Local people are physically active and achieve a healthy weight. People with, or at risk of developing, diabetes are identified early and supported to prevent or manage their condition.

3. Mental wellbeing

Local people are supported to maintain good mental health and emotional wellbeing and maximise their resilience to and recovery from adverse situations and events.

4. Cancer survival

Building on work to reduce cancer risk, local people increase their awareness of cancer symptoms, leading to earlier presentation. Prompt detection in primary care and an increased uptake of cancer screening programmes contributes to longer term survival from cancer as residents are able to benefit from interventions only effective in early stage disease.

5. Living well in decent home you can afford to live in

Local people can access homes that meet their needs for shelter and warmth, are accessible and safe, and with sufficient space to avoid overcrowding. These homes are affordable for people on low income, leaving sufficient resources to lead a healthy life. Those at risk of homelessness are supported to retain or find a home, and rough sleepers are supported off the streets

6. End of life care

People who are reaching the end of life are identified early, offered a comprehensive holistic assessment, and supported with their social, practical, emotional and spiritual needs. Care is coordinated across settings and services and delivered by a multidisciplinary workforce that supports people to die in accordance with their personalised care plan, for example at home, in a hospice or other appropriate location.

2.6 Commissioning Priorities Review

2.6.1 Introduction

Redbridge Clinical Commissioning Group (CCG) are responsible for working together with health and social care partners to plan and buy healthcare on behalf of the local population. The CCG is made up of all the GP Practices in the borough and its governing body includes experienced GPs, other healthcare professionals, senior NHS managers and a patient representative. Further information about the CCG can be found at:

<http://www.redbridgeccg.nhs.uk/>

2.6.2 Jointly commissions services by Barking & Dagenham, Havering and Redbridge (BHR) CCGs

Redbridge CCG jointly commissions services with its neighbouring CCGs in Barking & Dagenham and Havering. The three boroughs work together taking a joint approach to issues such as primary care commissioning and the development of the Barking and Dagenham, Havering and Redbridge (BHR) accountable care system.¹¹ As they share the same acute hospital providers, as well as the same community and mental health service providers, joint working where appropriate is a logical strategy to improve the health of residents across the three boroughs.¹²

2.6.3 Latest priorities

The CCG Operating Plan 2017/19 sets out the 'must do' priorities for 2017-19 related to delivery of Five Year Forward View Priorities, covering general practice, urgent and emergency care, elective care, cancer, mental health and learning disabilities.

¹¹ Barking and Dagenham Clinical Commissioning Group Annual Report and Accounts 2016/17

¹² NHS England. Benefits of delegated Commissioning: a case study. January 2017

2.7 Public Health Outcomes Framework Review

2.7.1 Introduction

National priority areas for improving health and wellbeing are set out by the Department of Health as an outcomes framework to offer local authorities a tool (most notably, <http://www.phoutcomes.info/>) and as PDF profiles for each local authority. These tools allow accessible analysis of trends over time and comparison of figures between different areas.

The Public Health Outcomes Framework (PHOF) for England, 2013-2016 sets out a vision 'to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest' ¹¹ with a focus on two high-level outcomes:

- increased healthy life expectancy
- reduced differences in life expectancy and healthy life expectancy between communities.

2.7.2 Latest public health outcomes framework: priorities for improvement

The May 2017 Public Health England health profile for Redbridge highlights poor performance as compared to the England average for the following indicators:

2.7.2.1 Domain: wider determinants of health

- Children in low income families
- Pupil absence
- Percentage of people aged 16-64 in employment (persons, female)
- The rate of complaints about noise
- Statutory homelessness

2.7.2.2 Domain: health improvement

- Low birth weight of term babies
- Child excess weight in 10-11 year olds
- Proportion of the population meeting the '5 a day' - adults
- Average number of portions of vegetables consumed daily- adults
- Successful completion of alcohol treatment
- Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison
- Cancer screening coverage- breast, cervical, bowel

2.7.2.3 Domain: health protection

- Chlamydia detection rate (15-24 year olds)
- Population vaccination coverage – MMR for two doses (5 years old), flu (aged 65+), Flu (at risk individuals), HPV vaccination coverage for 2 doses (females 13-14 year olds), Shingles vaccination, Flu (2-4 years old)
- Incidence of TB

2.7.2.4 Domain: healthcare and premature mortality

- Under 75 mortality rates from all cardiovascular diseases (persons, male)
- Emergency readmissions within 30 days of discharge from hospital
- Health related quality of life for older people

2.8 Implications for pharmacy services

2.8.1 Introduction

Community pharmacists work at the heart of communities and are trusted professionals in supporting individual, family and community health. Pharmacies are uniquely placed to deliver public health services due to their access, location and informal environment.¹³

2.8.2 Tiers of Community Pharmacy Service

As previously mentioned, the Pharmacy Contract describes three tiers of community service. See Appendix E – Pharmacy opening hours and services for further details of all services within each tier. The broad spectrum of services described highlights the potential for pharmacist involvement in improving population health and wellbeing beyond just the dispensing of medicines.

2.8.3 Modifiable behaviours/healthier lifestyles

Non-communicable diseases (NCDs) affect people of all ages. Modifiable behaviours such as physical inactivity, poor diet, harmful alcohol or tobacco use all increase the risk of non-communicable diseases. Although community pharmacies already offer health promoting services, they have the potential to play an increasing role in the future, in promoting health and wellbeing by combatting such behaviours through joint working (often in partnership with other service providers) on health improvement initiatives. Key areas to address include strategies to:

- Build trust with the public to improve the level of insight and honesty regarding health behaviours that other health professionals might not have access to.
- Promote healthier lifestyles via motivational interviewing; education, information and brief advice; providing on-going support for behaviour change; and signposting to other services or resources.

¹³ The community pharmacy offer for improving the public's health. Local Government Association. 2016

- Be recognised as optimal, providers in the process of delivering health improvement initiatives and planning integrated care pathways.

2.8.4 Addressing inequalities

Long-term and lifestyle related conditions are more prevalent in deprived populations. Often the only healthcare facility located in an area of deprivation, pharmacies have the potential to play a vital role in improving the health of deprived communities by offering convenient and equitable access to health improvement services.¹⁴

Pharmacy staff often reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services. Pharmacies may also offer a language access service where required.

Pharmacy support could prove particularly valuable in more deprived communities or for vulnerable groups such as ethnic minorities who have a variety of poorer health outcomes.

2.8.5 Healthy Start/children

The Department of Health's *Healthy Start*¹⁵ scheme helps pregnant women and children under four in low-income families eat healthily through the provision of breastfeeding and nutrition support including free food and vitamin vouchers. The scheme provides vitamin supplements through arrangements with local community pharmacies.

Other ways in which pharmacists may play a role in child health include school services, promoting healthier lifestyles and weight management services for children.

2.8.6 Older people/care homes

Preventative approaches ensure older people remain healthy and independent in the community for longer, and to reduce the cost of health and social care services for this growing population. Pharmacists can support patients as they get older in maintaining their independence and avoiding hospital admissions through understanding safe use of medicines, offering services closer to home, providing healthy lifestyle and self-care advice (where appropriate), signposting services and when necessary making GP referrals. There is also potential for pharmacist teams to be involved in providing various forms of support and care home service that benefit the elderly.

¹⁴ The community pharmacy offer for improving the public's health. Local Government Association. 2016

¹⁵ <https://www.healthystart.nhs.uk/>

2.8.7 Long-term conditions

For people living with long-term conditions pharmacy can play an important role in raising awareness of the risks associated with long term conditions, medicines optimisation, patient reviews (monitoring medicines, appliances etc.), providing advice regarding health promotion and signposting and support for self-care.

A key recommendation of the Murray report includes integrating community pharmacists and their teams into long-term condition management pathways.¹⁶ Pharmacists may form part of an integrated care pathway working alongside GPs and other community practitioners to deliver optimal, integrated care closer to home.

¹⁶ Murray R. Community Pharmacy Clinical Services Review. The Kings Fund. December 2016

3 Population characteristics

Figures used in this and other sections are based on the information available during the summer of 2017 when the tables were compiled. It has not always been possible to update them if later figures have been published since this time. Figures used will tend to be the latest available, but on occasions certain breakdowns of the figures require going back to earlier published data, including the 2011 Census. Where this is the case, overall totals may not always tally, but it is the breakdowns of the figures that are important.

3.1 Current population

In 2016, the population of Redbridge was 299,249 (50% female and 50% male). The population of Redbridge has increased by 17% over the last 10 years, similar to London at 16% but higher than England at 8.4%.

Table 2 and Table 3 show the age breakdown of the current population. The borough's age structure is similar to London, but generally younger than the England average. The over 65s are 12% of the population, in line with London but lower than England at 18%.

Table 2 Population estimates by age and gender for Redbridge, London and England: mid-2016

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Population		Redbridge						ONS - Mid-2016		
Age Range	Number	Male			Female			Total		
		Number	% of Total Population	% of Total Population	% of Total Population	Number	Number	%		
85+	1879	0.6%				1.2%	3479	5358	1.8%	
65 - 84	14677	4.9%				5.6%	16713	31390	10.5%	
50 - 64	22858	7.6%				8.0%	23842	46700	15.6%	
20 - 49	67249	22.5%				22.0%	65959	133208	44.5%	
5 - 19	30737	10.3%				9.6%	28770	59507	19.9%	
0 - 4	11931	4.0%				3.7%	11155	23086	7.7%	
All Ages	149331	49.9%	35%	0%	0%	35%	50.1%	149918	299249	100%

Population		London						ONS - Mid-2016		
Age Range	Number	Male			Female			Total		
		Number	% of Total Population	% of Total Population	% of Total Population	Number	Number	%		
85+	50878	0.6%				1.0%	89433	140311	1.6%	
65 - 84	404899	4.6%				5.4%	475914	880813	10.0%	
50 - 64	661877	7.5%				7.8%	688962	1350839	15.4%	
20 - 49	2149252	24.5%				23.8%	2095201	4244453	48.3%	
5 - 19	786982	9.0%				8.5%	748933	1535915	17.5%	
0 - 4	325403	3.7%				3.5%	310158	635561	7.2%	
All Ages	4379291	49.8%	35%	0%	0%	35%	50.2%	4408601	8787892	100%

Population		England						ONS - Mid-2016		
Age Range	Number	Male			Female			Total		
		Number	% of Total Population	% of Total Population	% of Total Population	Number	Number	%		
85+	471396	0.9%				1.6%	856696	1328092	2.4%	
65 - 84	4020074	7.3%				8.2%	4534675	8554749	15.5%	
50 - 64	5018607	9.1%				9.3%	5163121	10181728	18.4%	
20 - 49	11073301	20.0%				19.9%	11023221	22096522	40.0%	
5 - 19	4959903	9.0%				8.5%	4718027	9677930	17.5%	
0 - 4	1757639	3.2%				3.0%	1671407	3429046	6.2%	
All Ages	27300920	49.4%	35%	0%	0%	35%	50.6%	27967147	55268067	100%

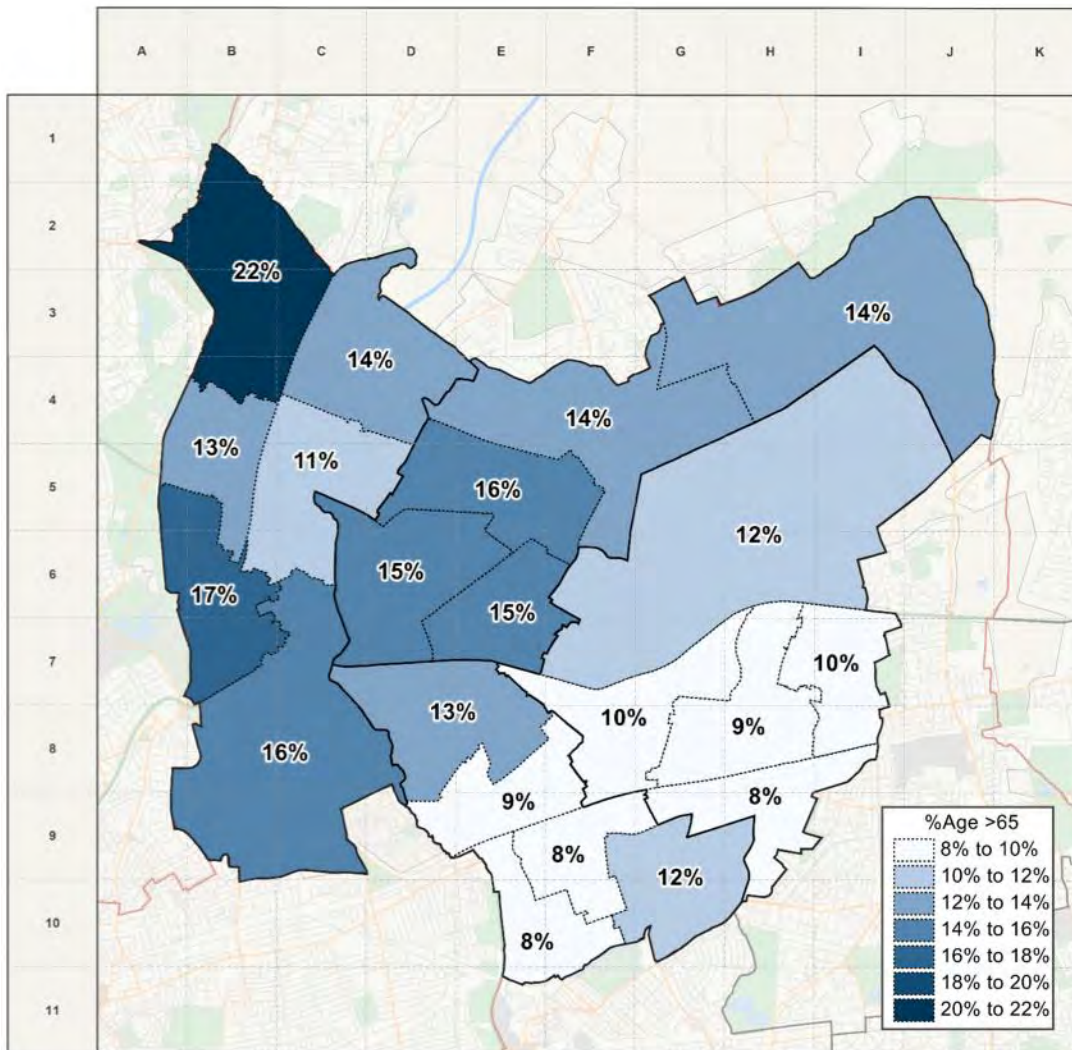
Table 3 MYE2 - Population estimates by age for Redbridge, London and England: mid-2016

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Age Range	Redbridge	London	England
85+	1.8%	1.6%	2.4%
65 - 84	10.5%	10.0%	15.5%
50 - 64	15.6%	15.4%	18.4%
20 - 49	44.5%	48.3%	40.0%
5 - 19	19.9%	17.5%	17.5%
0 - 4	7.7%	7.2%	6.2%

Figure 2 Percentage of the ward population over the age of 65

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevel/midyearpopulationestimatesexperimental>



3.2 Population distribution by localities

Table 4 shows the age distribution by locality. Seven Kings is the largest of the localities, with Fairlop the smallest. Wanstead and Woodford has a lower proportion of children than the other localities, and along with Fairlop, has a higher proportion of over 65s.

Table 4 Age distribution by locality – ward level mid-year population estimates (experimental statistics) – mid-2015

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Area	Locality	Age Range %						Gender %		Population Number
		0 - 4	5 - 19	20 - 49	50 - 64	65 - 84	85+	Male	Female	
Redbridge	Cranbrook & Loxford	9.2%	21.6%	46.4%	13.1%	8.2%	1.4%	50.6%	49.4%	76875
Redbridge	Fairlop	6.4%	20.0%	41.8%	17.1%	12.5%	2.2%	49.0%	51.0%	67642
Redbridge	Seven Kings	8.4%	21.5%	45.7%	14.5%	8.4%	1.4%	50.0%	50.0%	79520
Redbridge	Wanstead & Woodford	6.8%	16.1%	44.5%	17.4%	12.9%	2.3%	48.9%	51.1%	72756
Redbridge		7.8%	19.9%	44.7%	15.5%	10.4%	1.8%	49.7%	50.3%	296793
London		7.3%	17.4%	48.7%	15.1%	10.0%	1.6%	49.7%	50.3%	8673713
England		6.3%	17.5%	40.3%	18.2%	15.4%	2.4%	49.3%	50.7%	54786327

3.3 Population density

Table 5 shows the population density (people per square kilometre) by locality and compared with London and England. The borough has a similar population density to London, but within the borough, the Cranbrook and Loxford locality has more people per square kilometre than the other three. All figures are considerably above the England average which includes rural areas.

Table 5 Ward level mid-year population estimates (experimental statistics) – mid-2015: SAPE18DT8

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>








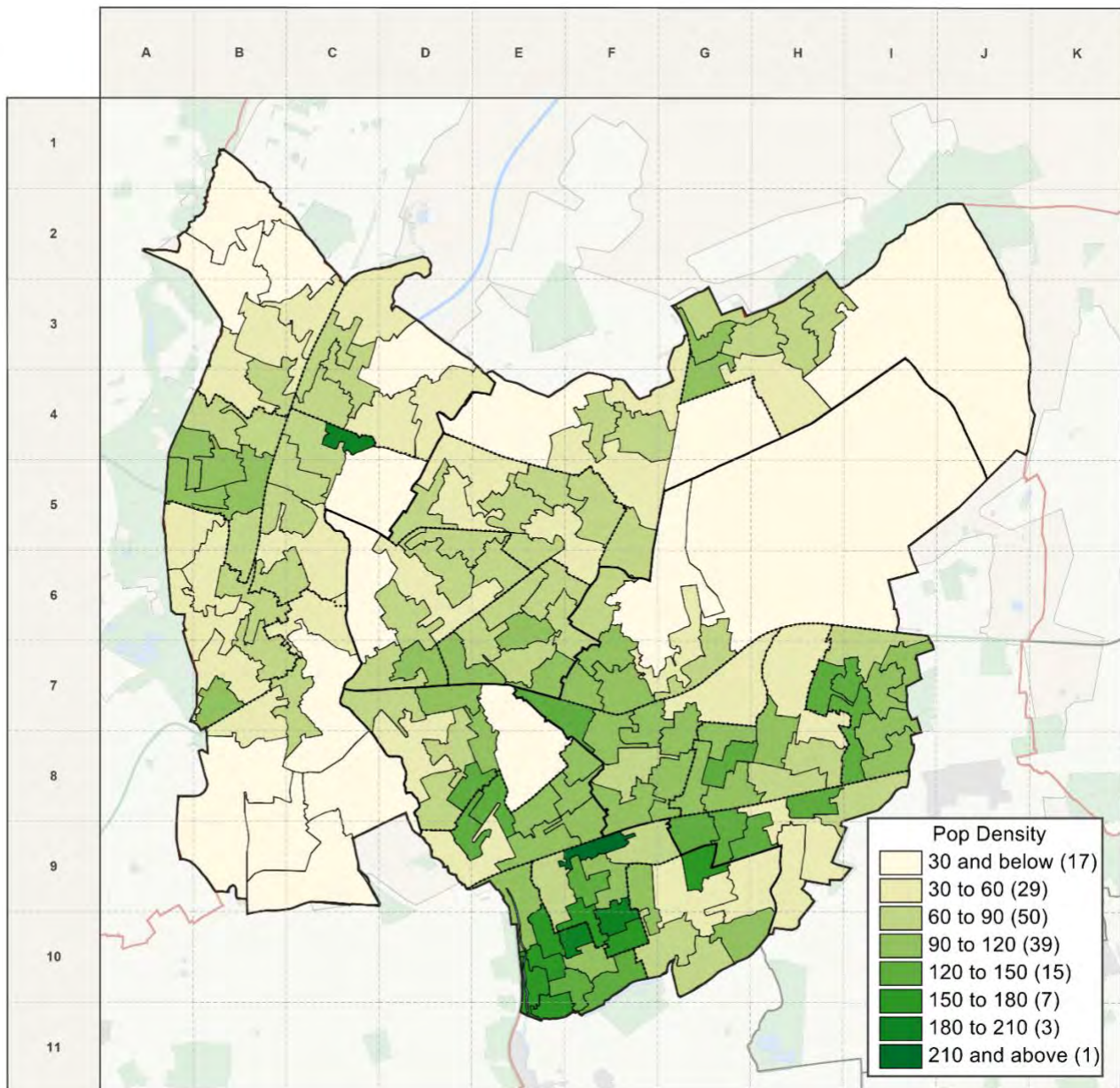
Area	Locality	Population	sq.km	People per sq.km
Redbridge	Cranbrook & Loxford	76875	8.3	9231.0 
	Fairlop	67642	15.4	4381.2 
	Seven Kings	79520	16.0	4978.8 
	Wanstead & Woodford	72756	16.7	4363.8 
Redbridge		296793	56	5261 
London		8673713	1572	5518 
England		54786327	129213	424 

Figure 3 LSOA population density

Source: Census 2011

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>



3.4 Ethnicity

Table 6 indicates that the percentage of the population that is white (including white other) is 42.5%, lower than both London and England. There is a large Asian population spread across the borough, but particularly in Seven Kings and Cranbrook and Loxford.

Table 6 Ethnicity by locality

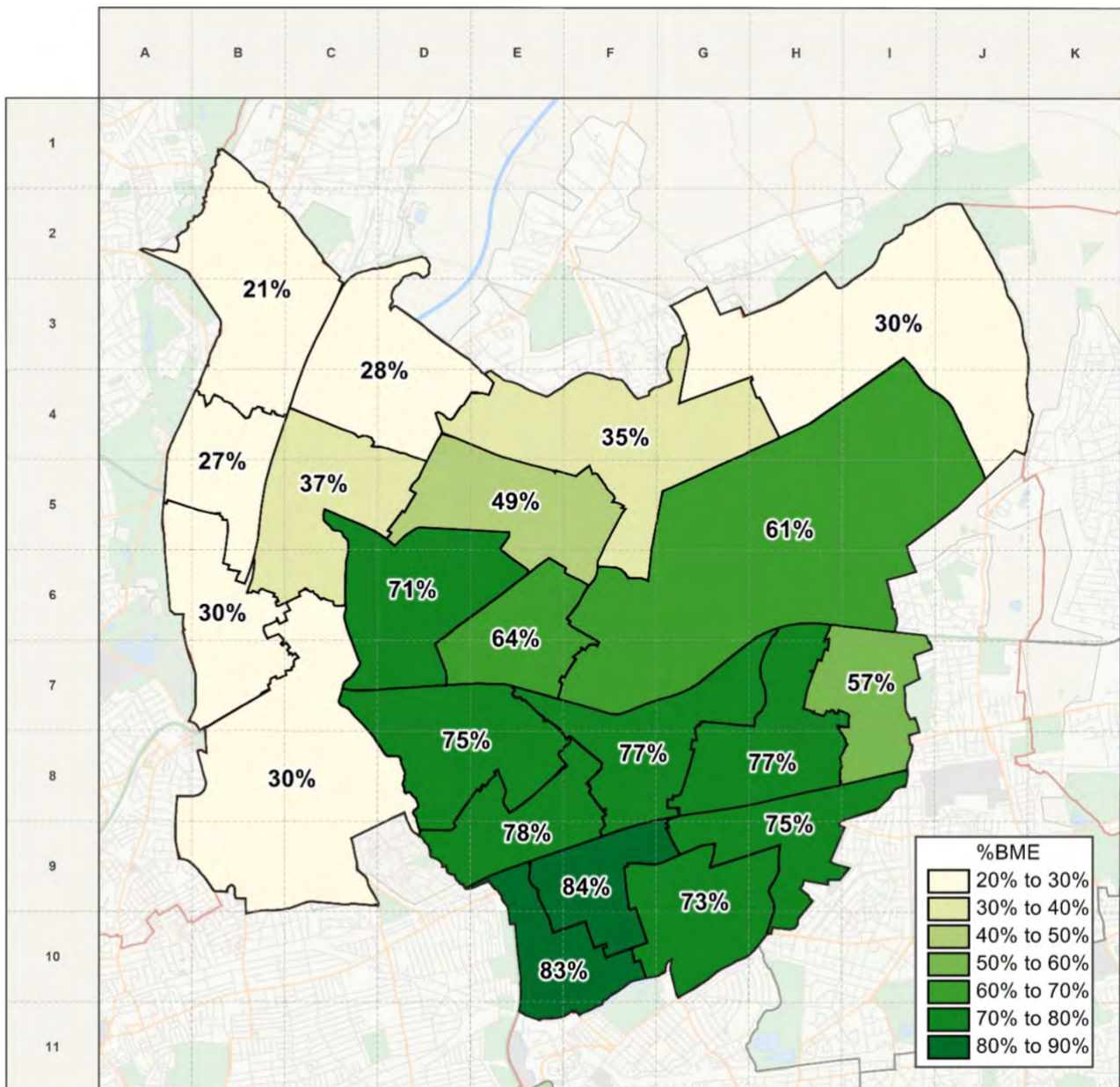
<http://www.nomisweb.co.uk/census/2011/ks201ew>

Area	Locality	Ethnicity %					Population Number
		White	Mixed	Asian	Black	Other	
Redbridge	Cranbrook & Loxford	20.9%	3.4%	61.5%	10.7%	3.4%	76875
Redbridge	Fairlop	50.2%	3.8%	36.5%	7.1%	2.4%	67642
Redbridge	Seven Kings	30.3%	4.3%	50.9%	11.3%	3.2%	79520
Redbridge	Wanstead & Woodford	70.9%	5.0%	16.4%	6.1%	1.6%	72756
Redbridge		42.5%	4.1%	41.8%	8.9%	2.7%	278970
London		59.8%	5.0%	18.5%	13.3%	3.4%	8173941
England		85.4%	2.3%	7.8%	3.5%	1.0%	53012456

Figure 4 Percentage of the ward population from mixed, Asian, black or other ethnic group

Source: Census 2011

<http://www.nomisweb.co.uk/census/2011/ks201ew>



3.5 Deprivation

Since the last PNA, a new national Index of Multiple Deprivation (IMD 2015) has been published and is examined here for the borough. IMD is typically analysed by small areas called Lower Super Output Areas (LSOAs) which have an average population of 1500 and a minimum of 1000. Each LSOA is categorised into one of ten groups nationally (known as deciles) according to whether the area is in the 10% of most deprived areas (decile 1), the next 10% (decile 2) and so on. Looking at localities or other larger areas it is possible to create a deprivation score by scoring 1 for an area in decile 1, 2 for the next and so on. The higher the score the less deprived is the area. Table 7 shows the distribution of LSOAs for each locality, the borough overall and for London.

For Redbridge, there are 161 LSOAs. Overall the borough has a deprivation score or ranking (see above) of 5.2 compared with 4.8 for London and 5 for England, implying slightly less deprivation than in other areas. There is variation across the borough with Cranbrook and Loxford with a score of 3.9 indicating more deprivation, and Wanstead and Woodford with a figure of 6.9 indicating a less deprived area.

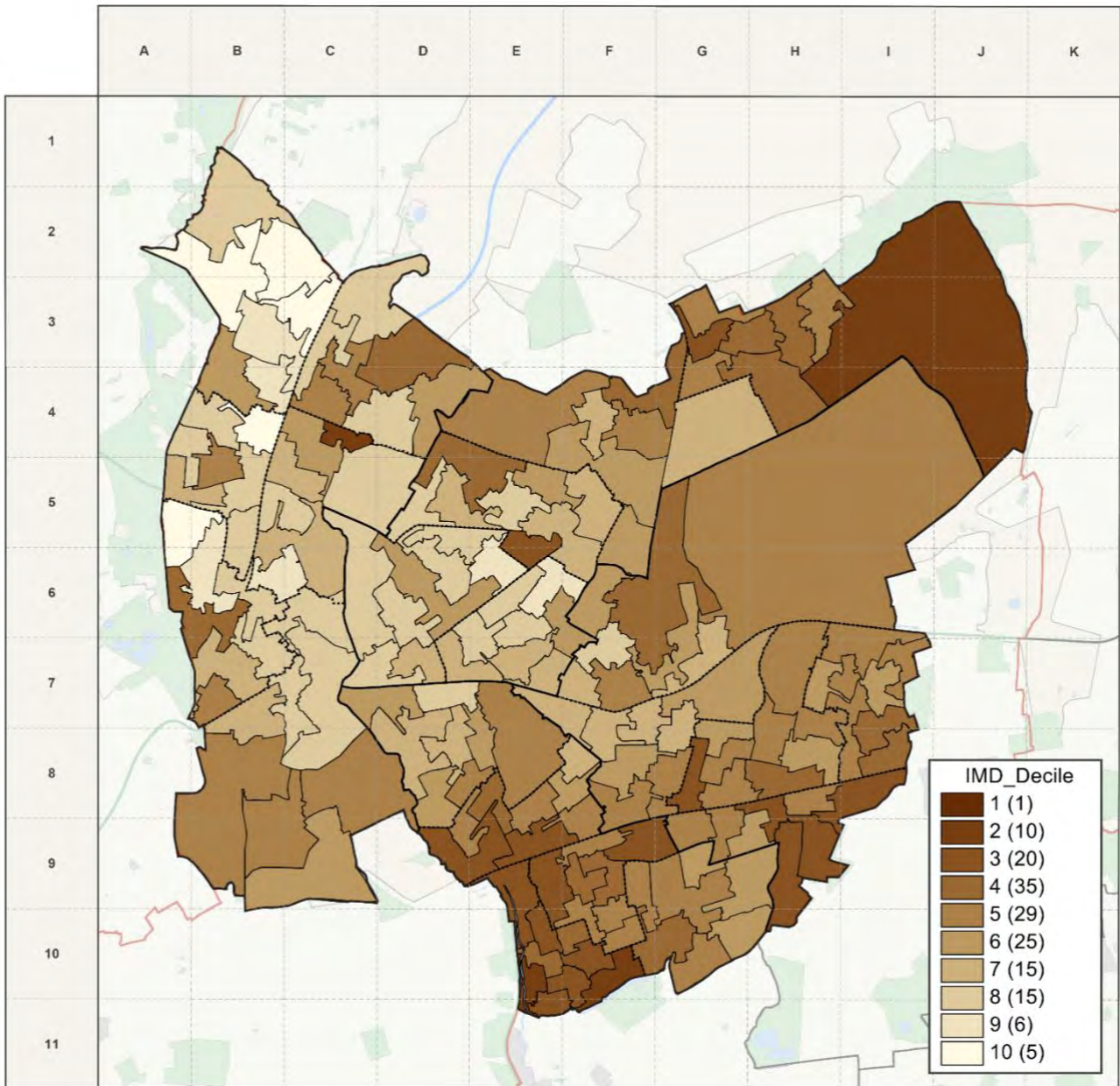
Table 7 English Indices of Deprivation - 2015 - For LSOAs in each ward and locality in Redbridge

www.gov.uk/government/statistics/english-indices-of-deprivation-2015

Area	Locality	% of LSOA's in each Index of Multiple Deprivation England decile										Total LSOA's	
		1	2	3	4	5	6	7	8	9	10	LSOA Number	Average IMD Rank
Redbridge	Cranbrook & Loxford	0%	18%	23%	30%	18%	10%	3%	0%	0%	0%	40	3.9
Redbridge	Fairlop	0%	5%	13%	10%	18%	23%	13%	13%	5%	0%	39	5.6
Redbridge	Seven Kings	0%	3%	13%	36%	28%	18%	3%	0%	0%	0%	39	4.5
Redbridge	Wanstead & Woodford	2%	0%	2%	12%	9%	12%	19%	23%	9%	12%	43	6.9
Redbridge	Redbridge	1%	6%	12%	22%	18%	16%	9%	9%	4%	3%	161	5.2
London	London	6%	17%	16%	13%	11%	10%	9%	8%	7%	4%	4835	4.8

Figure 5 English Indices of Deprivation - 2015 – for LSOAs in each ward and locality in Redbridge

www.gov.uk/government/statistics/english-indices-of-deprivation-2015



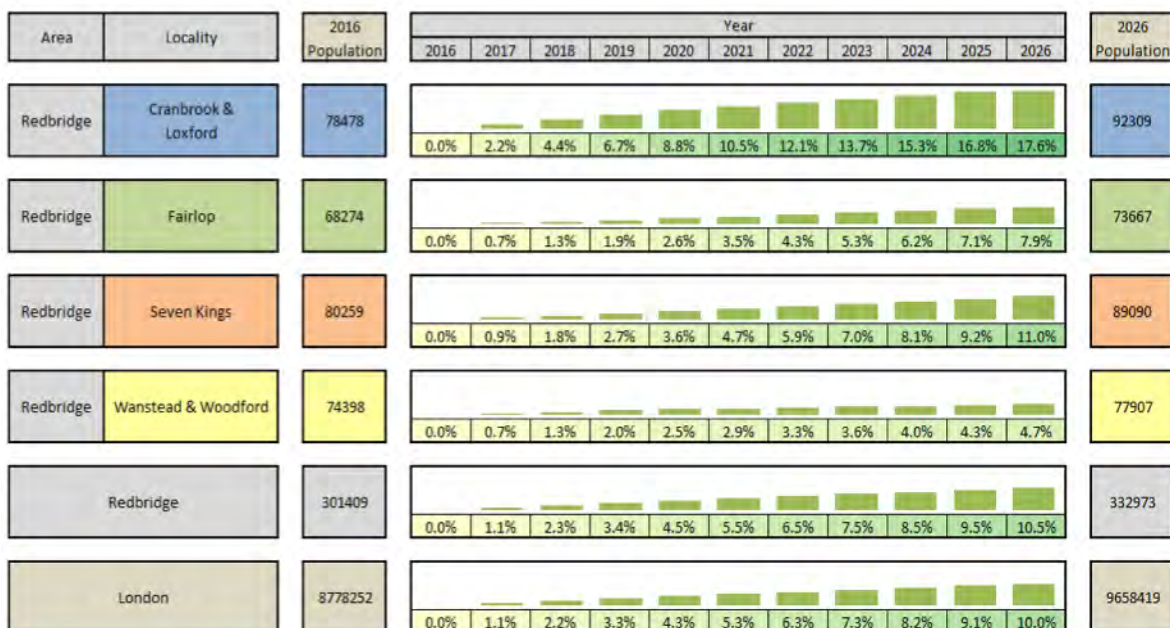
3.6 Population projections

Population projections are used for a range of purposes and are often considered of equal validity as they are each based on specific assumptions. The particular assumptions here show a projected increase of some 5.5 % up to 2021 (the time frame for this PNA) rising to 10.5 % in 10 years. Locality projections show the highest rises in Cranbrook and Loxford.

Table 8 Projected change in ward population from 2016 to 2026

GLA 2015-based Demographic Projections – ward projections

Ward-level housing-led projection incorporating assumed development from the 2013 SHLAA



Projections are shown in Table 9. These show rises expected across most age groups. The over 65s rate rises across the whole borough and the projected increases in Cranbrook and Loxford are spread evenly across the age groups.

Table 9 Projected change in ward population from 2016 to 2021 – age and gender
GLA 2015-based Demographic Projections – ward projections
Ward-level housing-led projection incorporating assumed development from the 2013 SHLAA.

Area	Locality	2016 Population	Age Range %						Gender %		Projected Change	2021 Population
			0 - 4	5 - 19	20 - 49	50 - 64	65 - 84	85+	Male	Female		
Redbridge	Cranbrook & Loxford	78478	8.0%	11.8%	10.9%	8.6%	10.9%	11.2%	10.7%	10.4%	10.5%	86748
Redbridge	Fairlop	68274	-4.9%	3.5%	1.6%	8.4%	6.7%	6.1%	4.2%	2.8%	3.5%	70648
Redbridge	Seven Kings	80259	-2.6%	8.1%	2.5%	6.7%	10.9%	10.6%	5.2%	4.2%	4.7%	84042
Redbridge	Wanstead & Woodford	74398	-9.5%	13.3%	-2.8%	8.7%	6.6%	9.9%	3.8%	2.1%	2.9%	76590
Redbridge		301409	-1.2%	9.1%	3.4%	8.1%	8.4%	9.3%	6.1%	5.0%	5.5%	318028
London		8778252	-0.8%	6.8%	3.1%	10.6%	8.8%	12.9%	5.9%	4.8%	5.3%	9247065

3.7 Healthy and lifestyles

Table 10 Public Health England – Health Profile – Redbridge

Community Indicators		Redbridge		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Deprivation score (IMD 2015)	2015	-	20.2	-	0.0	Could not be Calculated	0.0
Children in low income families (under 16s)	2014	12290	19.8%	23.4%	9.6%		39.2%
Statutory homelessness	2015/16	188	1.7	1.2	0.2		4.4
GCSEs achieved	2015/16	2187	65.5%	61.3%	54.8%		74.6%
Violent crime (violence offences)	2015/16	5247	17.9	21.8	12.4		35.2
Long term unemployment	2016	486	2.5	4.1	1.7		6.8

Children's and young people's health		Redbridge		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Smoking status at time of delivery	2015/16	129	3.0%	5.0%	1.8%		8.6%
Breastfeeding initiation	2014/15	3381	*	86.1%	0.0%	Insufficient number of values	0.0%
Obese children (Year 6)	2015/16	820	23.5%	23.2%	11.0%		28.5%
Hospital stays for alcohol-specific conditions (under 18s)	13/14 - 15/16	29	13.0	22.4	11.7		47.0
Under 18 conceptions	2015	77	13.8	19.2	10.6		31.0

Adults Health and Lifestyle		Redbridge		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Smoking prevalence in adults	2016	-	10.4%	15.2%	7.4%		22.3%
Percentage of physically active adults - current method	2015/16	-	59.0	64.6	55.7		73.7
Percentage of physically active adults - historical method	2015	-	57.5%	57.8%	44.8%		69.3%
Excess weight in adults	2013 - 15	-	66.7%	58.8%	46.5%		70.6%

Disease and Poor Health		Redbridge		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Cancer diagnosed at early stage	2015	445	51.4%	50.2%	41.6%		55.3%
Hospital stays for self-harm	2015/16	206	66.0	93.8	58.7		193.0
Hospital stays for alcohol-related harm	2015/16	1048	419.0	545.0	390.0		785.0
Recorded diabetes	2014/15	18670	7.9%	6.1%	3.7%		8.8%
Incidence of TB	2013 - 15	394	44.9	30.4	5.9		85.6
New sexually transmitted infections (STI)	2016	1345	684.0	1547.0	684.0		3288.0
Hip fractures in people aged 65 and over	2015/16	198	516.0	509.0	391.0		671.0
Estimated dementia diagnosis rate (aged 65+)	2017	1757	69.3%	71.1%	59.1%		90.6%

Life Expectancy and Causes of Death		Redbridge		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Life expectancy at birth (Male)	2013 - 15	-	80.5	80.2	77.5		83.4
Life expectancy at birth (Female)	2013 - 15	-	84.2	84.1	81.8		86.4
Infant mortality	2013 - 15	35	2.5	3.4	2.0		5.4
Killed and seriously injured on roads	2013 - 15	154	17.5	25.7	11.8		64.3
Suicide rate	2013 - 15	58	8.9	8.6	6.7		11.3
Smoking related deaths	2013 - 15	760	216.3	260.4	183.3		394.9
Under 75 mortality rate: cardiovascular	2013 - 15	451	83.4	77.4	45.4		108.8
Under 75 mortality rate: cancer	2013 - 15	611	111.6	129.7	105.8		169.6
Excess winter deaths	Aug 12 - Jul 15	396	24.4	18.6	10.5		30.5

Inequality Indicators		Redbridge		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Premature mortality from all causes (Male)	2013 - 15	1011	367	398	304		543
Premature mortality from all causes (Female)	2013 - 15	666	226	246	181		323
Per cent of ethnic minorities (Female)	2015	69100	58.0%	38.7%	10.4%		62.2%
Per cent of ethnic minorities (Male)	2015	62900	54.7%	35.8%	10.6%		60.9%
Dependency ratio	2015	106169	55.7%	48.5%	33.9%		63.3%

● Better ● Similar ● Worse ○ Not Compared

Full analysis of the health of the people of Redbridge is available on the council's website in the Annual Public Health Report at

<https://www.redbridge.gov.uk/health-and-wellbeing/annual-public-health-report/>

and in the summary JSNA at

<https://redbridge.gov.uk/media/3496/jsna-in-brief.pdf>

Key figures for the borough are also available on Public Health England's fingertips system at:

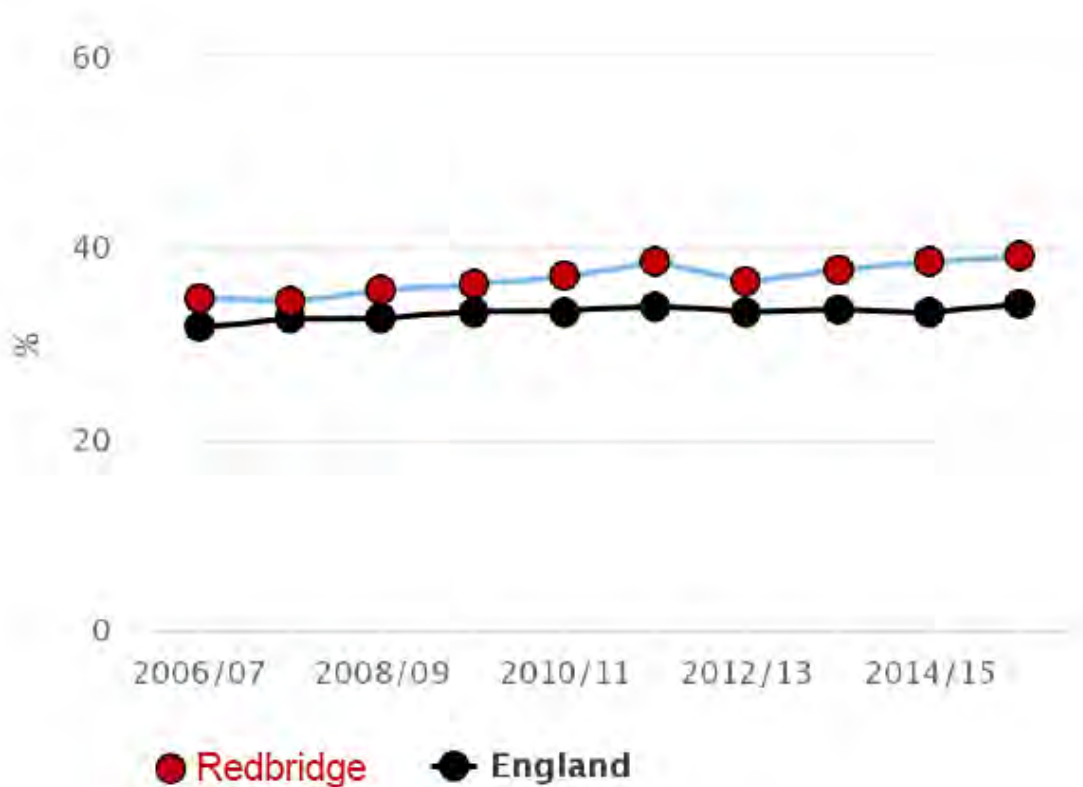
<http://fingertipsreports.phe.org.uk/health-profiles/2017/e09000026.pdf>

Many of the borough's health indicators compare well with London and England averages. Some areas worthy of note are:

1. The percentage of 10-11 year olds with excess weight has risen recently and at 39.1% is above the England figure of 34.2% but slightly below London at 38.1%.

Figure 6 Child excess weight in 4-5 and 10-11 year olds in Redbridge

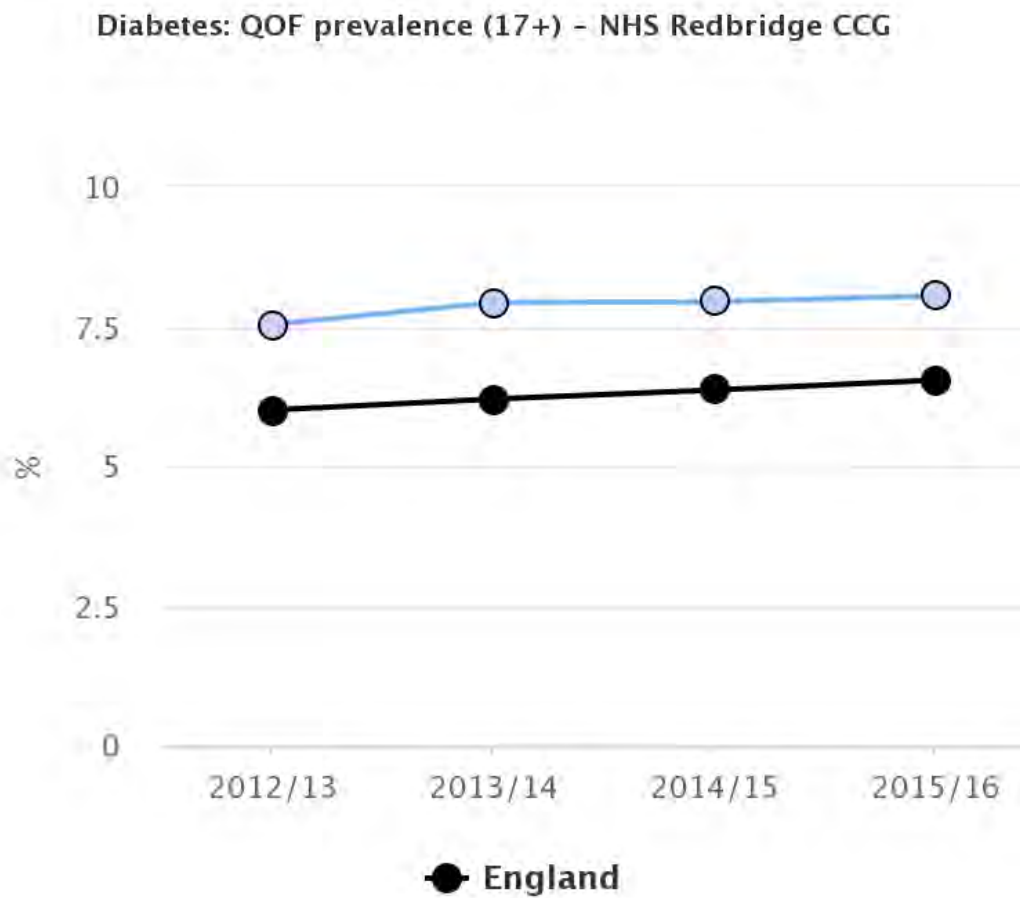
Source: PHOF



2. The percentage of adults classified as overweight or obese (66%) is also higher than the London average of 59%, and the percentage of physically active adults is only 59% compared with the London average of 64.6%.
3. The prevalence of diabetes is higher in Redbridge at 8.1% than London 6.3% and England at 6.5% (see Figure 7).

Figure 7 Diabetes prevalence

Source: QOF



Action on the management of diabetes and risk factors such as physical inactivity are important priorities for primary care services.

There are wide variations in diabetes prevalence across the borough, with low rates in Wanstead and Woodford. The Annual Public Health Report provides more details on the latest trends in diabetes and other conditions and variations across the borough.

3.8 Life expectancy and mortality

Life Expectancy rates in the borough are generally the same as London and above those for England. Healthy life expectancy rates are slightly lower than those for both London and England indicating longer periods in poor health.

Table 11 Life expectancy and healthy life expectancy

Source: PHOF

Indicator	Gender	Redbridge	London	England
Life expectancy	Male	80.5	80.2	79.5
	Female	84.2	84.1	83.1
Healthy life expectancy	Male	62.8	64.1	63.4
	Female	63.1	64.1	64.1
Life expectancy at 65	Male	19.1	19.1	18.7
	Female	21.7	21.7	21.1

Figure 8 shows mortality by specific output areas for males, indicating variations that exist across the borough.

Figure 8 Mortality rates by medium super output area 2010-14

Source: ONS

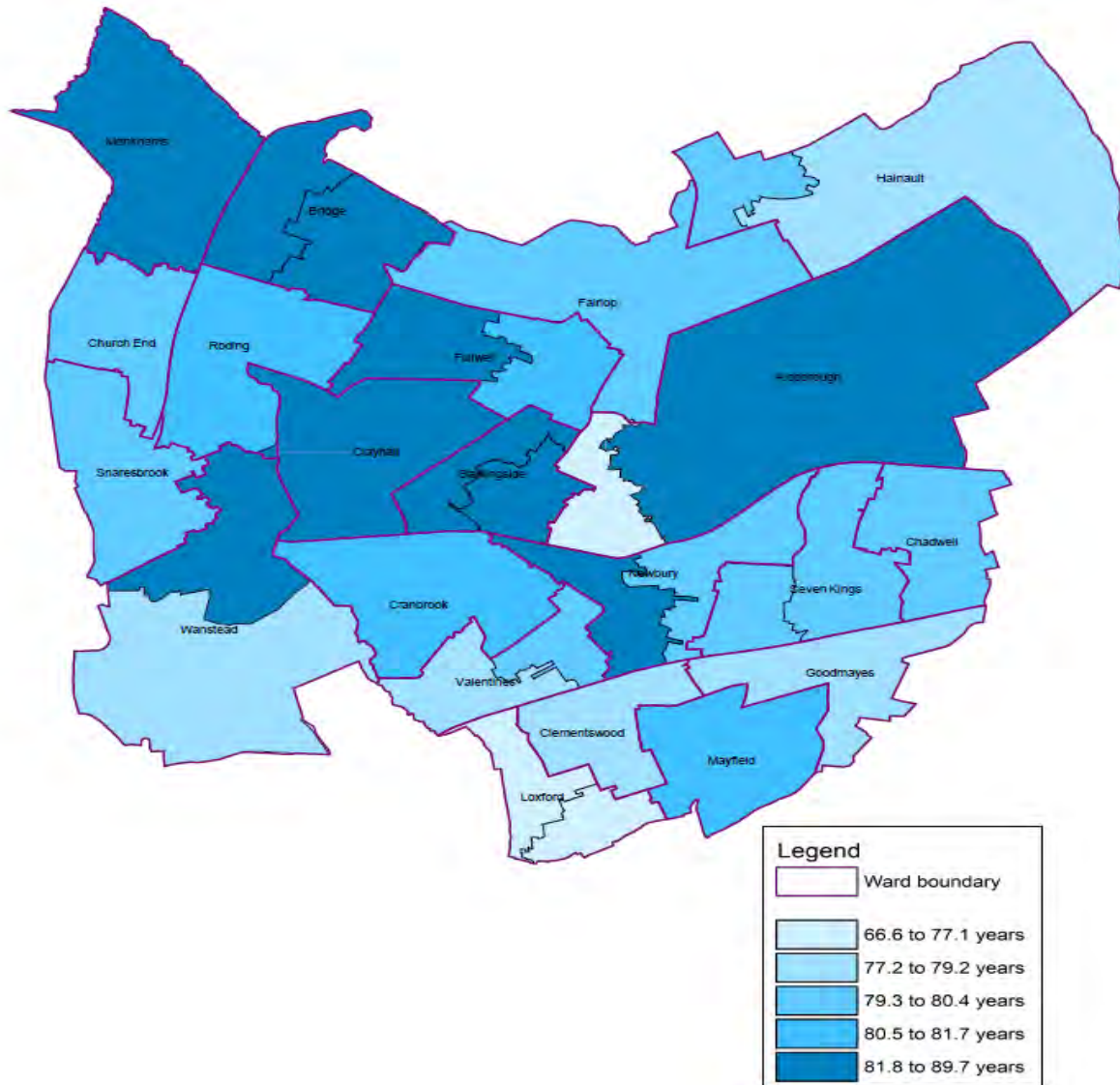


Table 12 shows the key mortality rates for Redbridge, which are lower than the London and England rates, although the rate for cardiovascular disease for under 75s is higher than both London and England.

Table 12 Key mortality rates for Redbridge

Source: PHOF indicators 2013-2015

Indicator	Redbridge	London	England
Mortality rates from preventable causes (4.03)	148.6	170.8	184.5
Mortality under 75 from CVD (4.04)	83.4	77.4	74.6
Mortality under 75 from cancer (4.05)	111.6	129.9	138.8
Mortality under 75 from respiratory disease (4.07)	23.6	30.4	33.1

3.9 Redbridge housing trajectory

Current plans (as at September 2017) show there will be a considerable population increase in the borough. The submitted Redbridge Local Plan has identified a series of Development Opportunity Sites with potential capacity for 18,936 new homes between 2015 and 2030. This will lead to a potential growth in population of nearly 18,936 people by 2030. The borough includes:

- GLA Housing Zone – Ilford Town Centre - Sainsbury’s have a planning application to redevelop their site in a large residential scheme. Building is already underway on the old Britannia Music site.
- Ilford Opportunity Area
- Four Crossrail Stations

Table 13 reflects current plans for the PNA period indicating a particularly large increase for the Loxford locality.

Table 13 Population increases 2015-2020

Locality	Area	Increase
Waterford	North	93
Waterford	Central	184
Waterford	South	65
Fairlop	North	1,798
Fairlop	Central	346
Fairlop	South	102
Loxford	NW	439
Loxford	East	0
Loxford	Central	7,178
Loxford	South	3,331
Seven Kings	North	543
Seven Kings	East	121
Seven Kings	Central	564
Seven Kings	Cent/W	1,161
East	South	195
East	West	483
TOTAL		16,603

4 Pharmaceutical service provision within Redbridge

4.1 NHS England pharmaceutical services currently commissioned from community pharmacies

4.1.1 Introduction

Community pharmacies provide three tiers of pharmaceutical services commissioned by NHS England:

Essential services – all pharmacies are required to provide

Advanced services – to support patients with safe use of medicines

Enhanced services and locally commissioned services

Pharmacy owners (contractors) must provide essential services, but they can choose whether they wish to provide advanced and enhanced services.

4.1.2 Essential service provision currently commissioned from community pharmacies

The necessary services (essential services) offered by all pharmacy contractors are specified by a national contractual framework that was agreed in 2005. For the purposes of this PNA, necessary services are defined as all essential services.

The following description of these services is an excerpt from a briefing summary on NHS community pharmacy services by the Pharmaceutical Services Negotiating Committee:

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at:

http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi_20130349_en.pdf

Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

- **Dispensing** – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.
- **Repeat dispensing** – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.
- **Disposal of unwanted medicines** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
- **Promotion of Healthy Lifestyles** (Public Health) – opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient

groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

- **Signposting patients to other healthcare providers** – pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.
- **Support for self-care** – the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
- **Clinical governance** – pharmacies must have a system of clinical governance to support the provision of excellent care, requirements include:
 - provision of a practice leaflet for patients
 - use of standard operating procedures
 - patient safety incident reporting to the National Reporting and Learning Service (NRLS)
 - conducting clinical audits and patient satisfaction surveys
 - having complaints and whistle-blowing policies
 - acting upon drug alerts and product recalls in order to minimise patient harm
 - having cleanliness and infection control measures in place.

NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide the evidence will be asked to provide an action plan, outlining with timescales, how it will then achieve compliance. These self-assessments are supported by contract monitoring visits.

4.1.3 Advanced service provision currently commissioned from community pharmacies

In addition to essential services, the community pharmacy contractual framework allows pharmacies to opt to provide any of four advanced services to support patients with the safe use of medicine, which currently include:

- Appliance Use Review (AUR)
- Medicines Use Review (MUR)
- New Medicine Service (NMS)
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)
- Stoma Appliance Customisation (SAC)

- **Flu Vaccination Service**

These services can only be referred to as enhanced services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services.

NHS seasonal flu vaccination programme

The NHS seasonal flu vaccination programme is also currently commissioned as an advanced service. From 2015-16, NHS England commissioned a new advanced service from all community pharmacies who can vaccinate patients in at-risk groups against flu. In May 2016, NHS England announced the Community Pharmacy Seasonal Influenza Vaccination programme would be re-commissioned for the 2016-17 flu season. This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets.

In addition, NHS England London Region commissions PPV and Meningitis for 19-24 year olds and influenza vaccinations for people who work in care homes.

NHS England works with all pharmacies and other agencies to ensure that they are contributing to the system-wide implementation of safety alerts e.g. National Patient Safety Agency (NPSA) alerts on: anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc. In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

Through the provision of MURs, DRUMs, clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot is commissioned as an advanced service and runs from 1 December 2016 - 31 March 2018.

This pilot is a replacement for the previous PURM (Pharmacy Urgent Repeat Medicines) pilot. For more details on the background of the service (i.e. funding, announcement) please see the introduction from PSNC.

4.1.4 Enhanced Services

The third tier of pharmaceutical service that may be provided from pharmacies are the enhanced services. These are services that can be commissioned locally from pharmacies by NHS England. Examples of enhanced services include:

- anticoagulation monitoring
- care home service
- disease specific medicines management service
- gluten free food supply service
- independent prescribing service

- home delivery service
- language access service
- medication review service
- medicines assessment and compliance support
- minor ailment service
- on demand availability of specialist drugs
- out of hours service
- patient group direction service (not related to public health services)
- prescriber support service
- schools service
- supplementary prescribing service

These services can only be referred to as enhanced services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services.

4.2 Locally commissioned services

Pharmacies are commissioned to provide a number of services by the LA, the CCG and NHS England and the pharmacies providing these services are shown in Appendix D– Pharmacy opening hours and services.

The public health team in the local authority commissions Sexual Health services (C-Card and Emergency Hormonal Contraception Services and chlamydia screening and treatment) from local pharmacies as well as Needle exchange(Nex) and supervised consumption(SC) services. The pharmacies are identified in Appendix D– Pharmacy opening hours and services.

4.3 Dispensing appliance contractor

Appliance suppliers are a sub-set of NHS pharmaceutical contractors that supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.

4.4 Distance-selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations, 2013. It may not provide essential services face-to-face at the pharmacy premises and therefore provision may only be by mail order and/or the internet. As part of the terms of service for distance-selling pharmacies, provision of all their services must be offered throughout England. It is therefore likely that patients within Redbridge will be receiving pharmaceutical services from a distance-selling pharmacy from outside the borough. Currently, there is four distance-selling pharmacy in the Redbridge HWB area.

4.5 Self-care pharmacy initiative

The self-care pharmacy initiative aims to bring together health and social care, and self-care (including self-management) with health improvement for those with long-term conditions. The aim is to facilitate better and more effective use of pharmaceutical services and capacities with a focus on empowering patients to take better control of their own health and live independently in their local communities.

4.6 Community pharmaceutical services for people from special groups

- Collection and delivery services – home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport
- Language services

4.7 Community pharmacies in Redbridge

There are 53 community pharmacies in Redbridge (as at September 2017) for a population of 296,793. This is an average of 17.9 pharmacies per 100,000 population, lower than the London and England figures of around 21. The highest rate was in Fairlop at 25 per 100,000 population. The analysis of access later in this PNA shows that some 98% of the population has access within 20 minutes walking time.

Table 14 Breakdown of average community pharmacies per 100,000 population

Source: London and England Data from: Health and Social Care Information Centre (2015/16)

Area	Number of community pharmacies	Total population (mid 2015 estimates)	Average number of community pharmacies per 100,000 population
Cranbrook & Loxford	12	76875	15.6
Fairlop	17	67642	25.13
Seven Kings	12	79520	15.09
Wanstead & Woodford	12	72756	16.49
Redbridge	53	296793	17.86
London	1853	8673713	21.36
England	11688	54786327	21.33

The information on community pharmacies, opening hours and core /supplementary hours correlates with the data provided by NHS England in their data pack issued in July 2017. This information is updated from time to time. Current information on individual pharmacies can be found on the NHS Choices website.

4.8 Choice of community pharmacies

Table 15 shows a breakdown of community pharmacy ownership in the borough. The data shows that a lower proportion are multiple chains than for England, although at 45% is slightly higher than the London average of 39%. There remains a good selection of pharmacy providers well spread across the localities.

Table 15 Community Pharmacy ownership

Sources: Redbridge data from NHS England; London and England Data from: Health and Social Care Information Centre (2015/16)

Area	Multiples	Independent	Multiple %
Cranbrook & Loxford	5	7	42%
Fairlop	9	8	53%
Seven Kings	6	6	50%
Wanstead & Woodford	4	8	33.3%
Redbridge	24	29	45%
London	726	1127	39%
England	7240	4448	62%

4.9 Intensity of current community pharmacy providers

For most pharmacy providers, dispensing provides the majority of their activity. Table 16 shows their average monthly dispensing activity. The data shows that the average activity in Redbridge is higher than the average for both London but slightly lower than for England in total. This may reflect the average age of the residents.

Table 16 Average number of monthly dispensed item per community pharmacy

Sources: Redbridge data (first quarter 2017/18) from:

https://data.gov.uk/dataset/ccg_prescribing_data

Redbridge	6652
London	5642
England	7096

4.10 Access to pharmacy services

Opening hours for pharmacies are shown in Appendix D– Pharmacy opening hours and services and Appendix F – Maps show the numbers and locations of pharmacies open in the evenings and at weekends.

There are four 100 hour pharmacies in the borough (7.5 % of the total), broadly similar to the figures for London and England. Table 17 shows the spread across the borough.

Table 17 Number of 100 hour pharmacies

Area	Number of community pharmacies	Number of 100 hour pharmacies	Percentage of 100 hour pharmacies
Cranbrook & Loxford	12	0	0.0%
Fairlop	17	2	11.8%
Seven Kings	12	1	8.3%
Wanstead & Woodford	12	1	8.3%
Redbridge	53	4	7.5%
London	1853	103	5.6%
England	11688	1161	9.9%

Figure 9 Location of pharmacies in Redbridge by locality and ward

The pharmacies shown below are also the pharmacies open on weekdays (where symbols overlap the pharmacy code is written by the side).

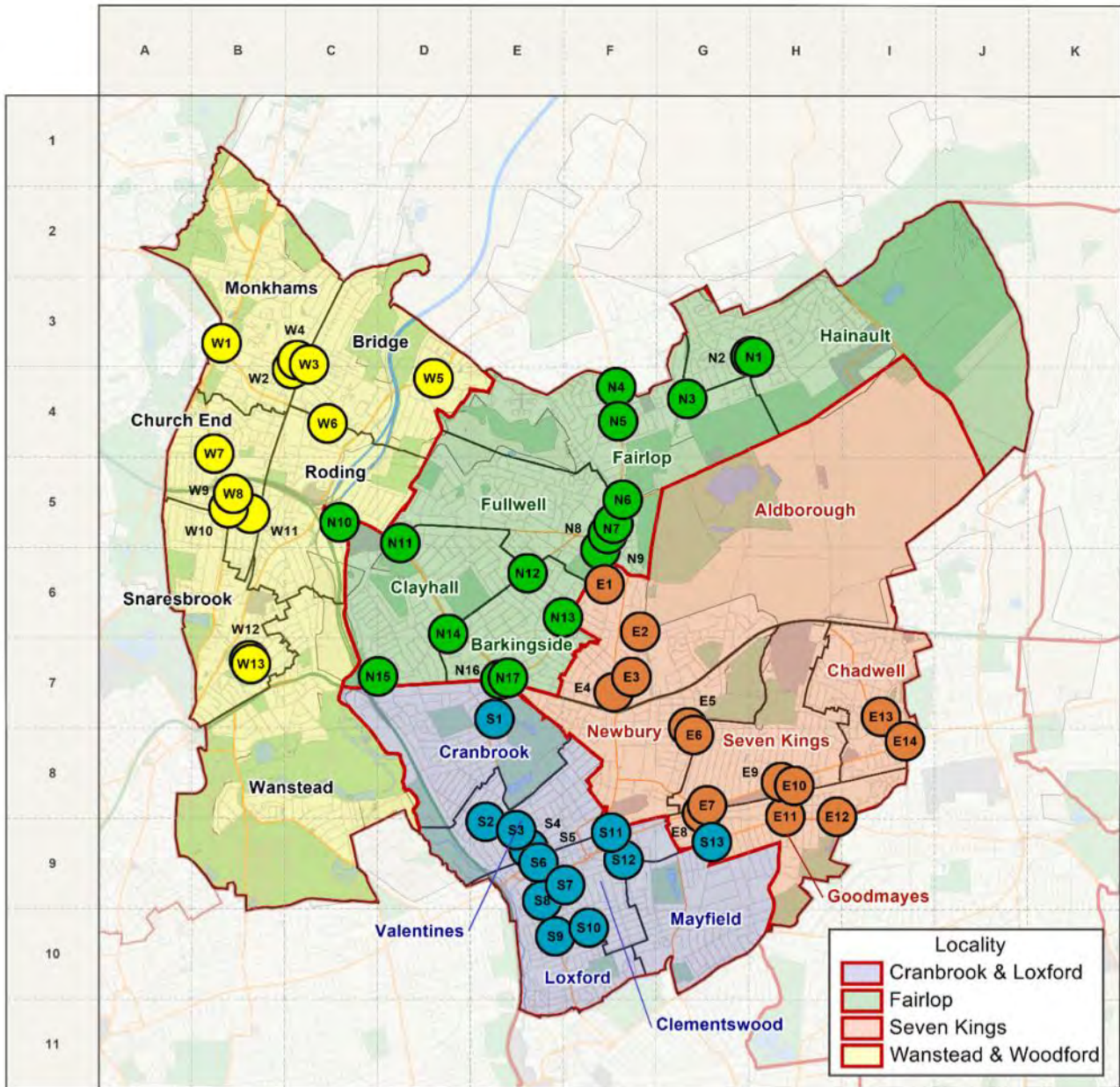


Table 18 Pharmacy look-up list (sorted by map ID and pharmacy name)

MAP ID	Name	ODS Code	Postcode	Ward Name	Locality	Alphabetical Lookup	MAP ID
S1	BEEHIVE PHARMACY	FQV26	IG1 3RD	Cranbrook	Cran & Lox	AA Polypharma Ltd	N12
S2	PELTON CHEMISTS	FT835	IG1 3AL	Valentines	Cran & Lox	AA Polypharma Ltd	N17
S3	ROHPHARM LTD	FK675	IG1 4PU	Valentines	Cran & Lox	ALLANS CHEMIST	E14
S4	SUPERDRUG PHARMACY	FGA58	IG1 4NF	Valentines	Cran & Lox	ALLENS PHARMACY	W8
S5	BOOTS THE CHEMISTS	FM067	IG1 1DG	Clementswood	Cran & Lox	BEEHIVE PHARMACY	S1
S6	BOOTS THE CHEMISTS	FE174	IG1 1DE	Clementswood	Cran & Lox	Bestway National Chemist	N5
S7	DP Pharmacy	FEL84	IG1 1HW	Clementswood	Cran & Lox	Bestway National Chemist	N7
S8	P & S CHEMIST	FNA31	IG1 2RJ	Clementswood	Cran & Lox	Bestway National Chemist	W3
S9	BRITANNIA PHARMACY	FCX56	IG1 2RZ	Loxford	Cran & Lox	BOOTS THE CHEMIST	N1
S10	WOODLANDS PHARMACY	FEY00	IG1 1PR	Clementswood	Cran & Lox	BOOTS THE CHEMIST	W9
S11	My direct pharmacy	FHR36	IG1 1TY	Clementswood	Cran & Lox	BOOTS THE CHEMIST	W12
S12	BRITANNIA PHARMACY	FMN80	IG1 1XG	Clementswood	Cran & Lox	BOOTS THE CHEMISTS	S5
S13	BRITANNIA PHARMACY	FC396	IG3 9JX	Mayfield	Cran & Lox	BOOTS THE CHEMISTS	S6
N1	BOOTS THE CHEMIST	FJL42	IG7 4DN	Hainault	Fairlop	BOOTS THE CHEMISTS	N9
N2	LLOYDS PHARMACY	FR823	IG7 4DN	Hainault	Fairlop	BORNO CHEMISTS LTD	N6
N3	LLOYDS PHARMACY	FWM34	IG6 3BS	Fairlop	Fairlop	BORNO CHEMISTS LTD	E3
N4	Chigwell Pharmacy	FJ605	IG6 2TA	Fairlop	Fairlop	BRITANNIA PHARMACY	S9
N5	Bestway National Chemist	FCV89	IG6 2LD	Fairlop	Fairlop	BRITANNIA PHARMACY	S12
N6	BORNO CHEMISTS LTD	FKA10	IG6 2JU	Fairlop	Fairlop	BRITANNIA PHARMACY	S13
N7	Bestway National Chemist	FXY87	IG6 2AH	Fullwell	Fairlop	BRITANNIA PHARMACY	E4
N8	FAIRLOP PHARMACY	FNA07	IG6 2AH	Fullwell	Fairlop	BRITANNIA PHARMACY	E5
N9	BOOTS THE CHEMISTS	FM888	IG6 2AD	Fullwell	Fairlop	Chigwell Pharmacy	N4
N10	TESCO INSTORE PHARMACY	FPC57	IG8 8GE	Clayhall	Fairlop	CHRYSTALLS	W2
N11	DAY LEWIS PHARMACY	FCX67	IG5 0LQ	Clayhall	Fairlop	CHURCHFIELD PHARMACY	W7
N12	AA Polypharma Ltd	FAX12	IG5 0EW	Barkingside	Fairlop	ClickRx Limited	W6
N13	DAY LEWIS PHARMACY	FV839	IG6 1JN	Barkingside	Fairlop	CORDEVE CHEMIST LTD	E13
N14	J R RICHARDS CHEMIST	FFG00	IG4 5ET	Barkingside	Fairlop	DANIELS PHARMACY	W11
N15	Roding Pharmacy	FQX71	IG4 5BQ	Clayhall	Fairlop	DAY LEWIS PHARMACY	N11
N16	SHELDONS	FD728	IG2 6NE	Barkingside	Fairlop	DAY LEWIS PHARMACY	N13
N17	AA Polypharma Ltd	FLX84	IG2 6JX	Barkingside	Fairlop	DP Pharmacy	S7
E1	TESCO INSTORE PHARMACY	FCR80	IG6 1HY	Aldborough	Seven Kings	EDEN PHARMACY	E11
E2	LLOYDS PHARMACY	FJF69	IG2 7SH	Aldborough	Seven Kings	FAIRLOP PHARMACY	N8
E3	BORNO CHEMISTS LTD	FNK71	IG2 7LT	Aldborough	Seven Kings	J R RICHARDS CHEMIST	N14
E4	BRITANNIA PHARMACY	FG463	IG2 6BN	Aldborough	Seven Kings	LLOYDS PHARMACY	N2
E5	BRITANNIA PHARMACY	FDK37	IG3 8JB	Newbury	Seven Kings	LLOYDS PHARMACY	N3
E6	Medsbox Ltd	A2	IG3 8EZ	Newbury	Seven Kings	LLOYDS PHARMACY	E2
E7	WELLCHEM	FQD31	IG3 8RA	Seven Kings	Seven Kings	LLOYDS PHARMACY	E12
E8	PHARMARAM	FTL36	IG3 8BS	Goodmayes	Seven Kings	LLOYDS PHARMACY	W1
E9	ZADAMS PHARMACY	FGK94	IG3 8TG	Seven Kings	Seven Kings	MAYORS PHARMACY	W4
E10	TESCO INSTORE PHARMACY	FPN09	RM6 4HY	Seven Kings	Seven Kings	Medsbox Ltd	E6
E11	EDEN PHARMACY	FG274	IG3 9UB	Goodmayes	Seven Kings	My direct pharmacy	S11
E12	LLOYDS PHARMACY	FN372	IG3 9RT	Goodmayes	Seven Kings	OCEAN PHARMACY	W10
E13	CORDEVE CHEMIST LTD	FYT00	RM6 4NP	Chadwell	Seven Kings	P & S CHEMIST	S8
E14	ALLANS CHEMIST	FMC24	RM6 4AL	Chadwell	Seven Kings	PELTON CHEMISTS	S2
W1	LLOYDS PHARMACY	FAN19	IG8 0XE	Monkhams	Wan & Wood	PHARMARAM	E8
W2	CHRYSTALLS	FXH15	IG8 0HL	Monkhams	Wan & Wood	Roding Pharmacy	N15
W3	Bestway National Chemist	FA065	IG8 7QF	Bridge	Wan & Wood	ROHPHARM LTD	S3
W4	MAYORS PHARMACY	FH113	IG8 0DY	Monkhams	Wan & Wood	SHELDONS	N16
W5	THE BRIDGE PHARMACY	FEP64	IG8 8AL	Bridge	Wan & Wood	SUPERDRUG PHARMACY	S4
W6	ClickRx Limited	A1	IG8 7BN	Roding	Wan & Wood	TESCO INSTORE PHARMACY	N10
W7	CHURCHFIELD PHARMACY	FJ842	E18 2PB	Church End	Wan & Wood	TESCO INSTORE PHARMACY	E1
W8	ALLENS PHARMACY	FTL30	E18 2LY	Church End	Wan & Wood	TESCO INSTORE PHARMACY	E10
W9	BOOTS THE CHEMIST	FJY11	E18 1AY	Church End	Wan & Wood	THE BRIDGE PHARMACY	W5
W10	OCEAN PHARMACY	FPL60	E18 2QL	Church End	Wan & Wood	WANSTEAD PHARMACY	W13
W11	DANIELS PHARMACY	FNA06	E18 1AN	Church End	Wan & Wood	WELLCHEM	E7
W12	BOOTS THE CHEMIST	FLM83	E11 2AE	Snaresbrook	Wan & Wood	WOODLANDS PHARMACY	S10
W13	WANSTEAD PHARMACY	FLD13	E11 2AE	Snaresbrook	Wan & Wood	ZADAMS PHARMACY	E9

Figure 10 Location of pharmacies in Redbridge with mid-2015 population estimates for LSOA (dot density)

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

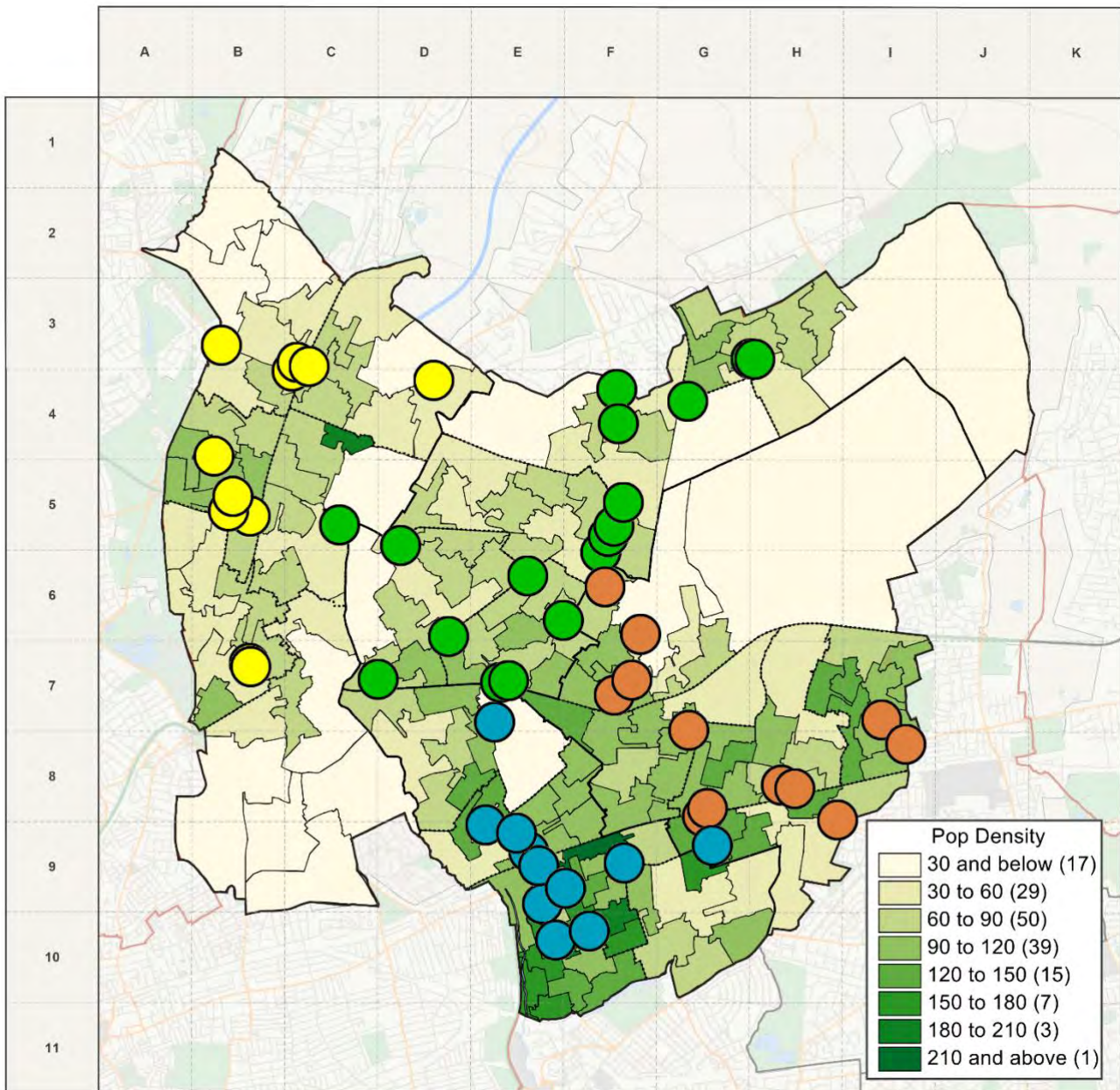


Figure 11 Location of pharmacies in Redbridge with LSOA Deprivation Decile

All community pharmacies are displayed on this map and can individually be identified from Figure 9 and Table 18.

www.gov.uk/government/statistics/english-indices-of-deprivation-2015

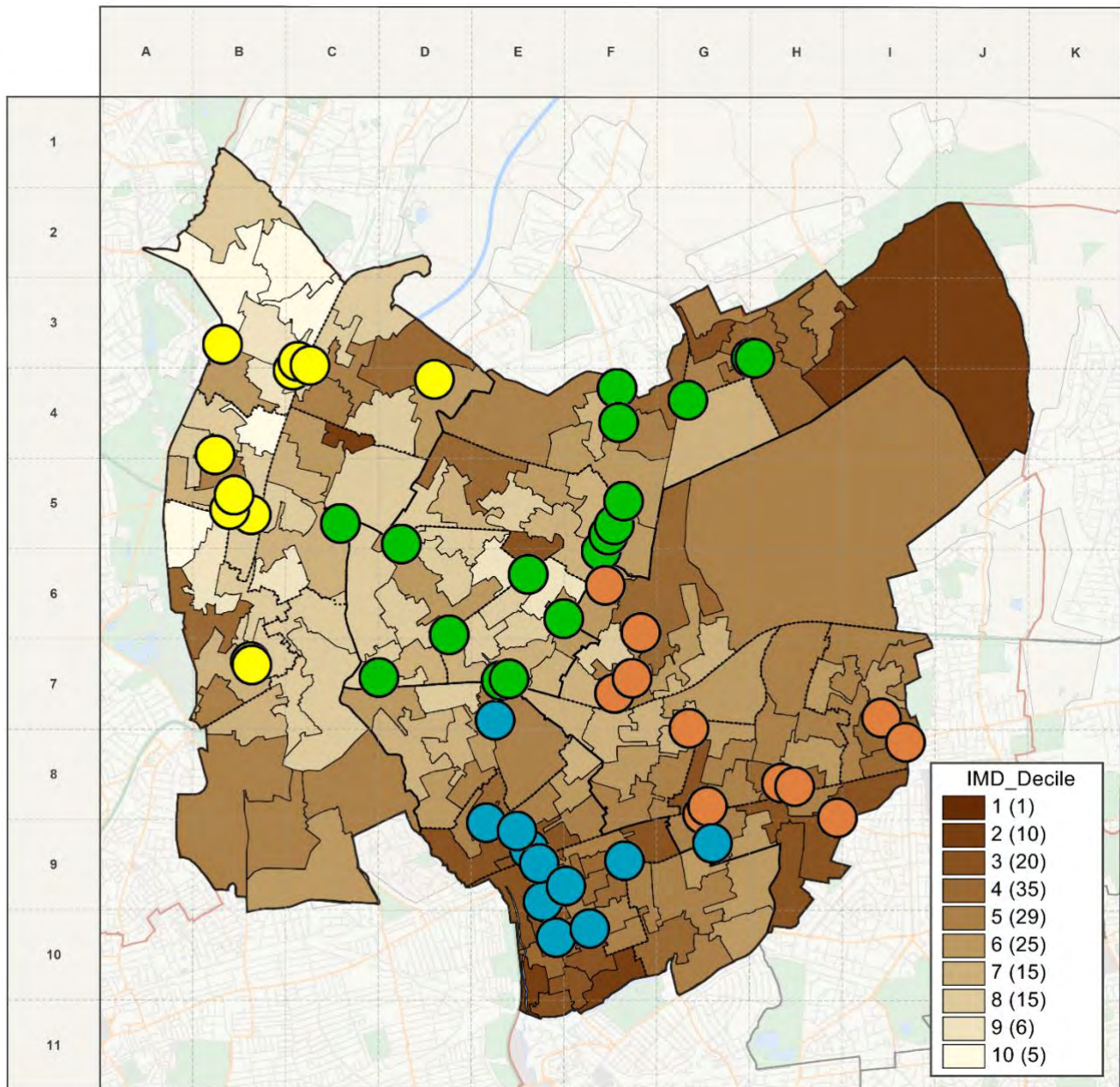


Figure 12 Location of pharmacies by locality in Redbridge and surrounding areas

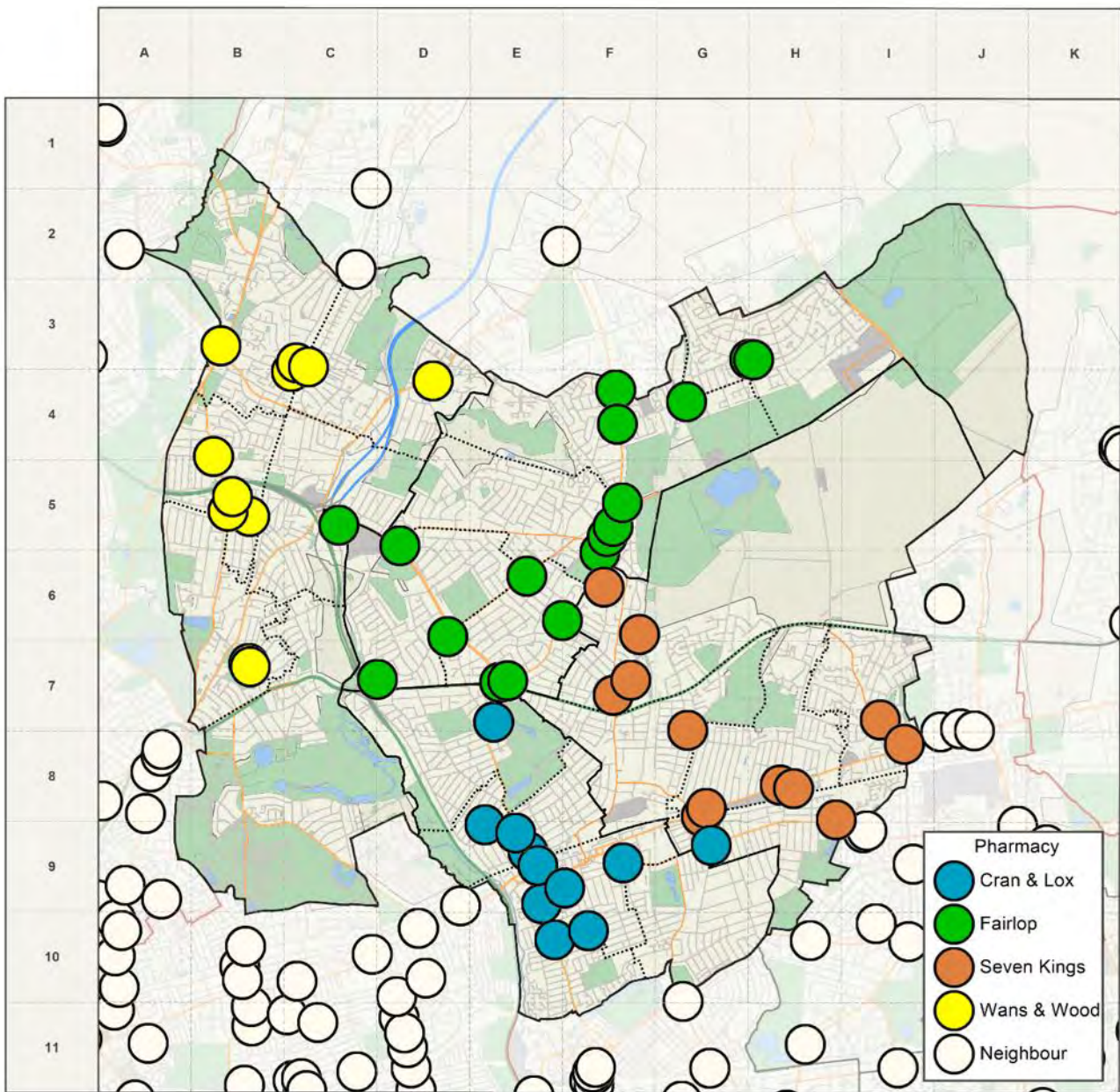
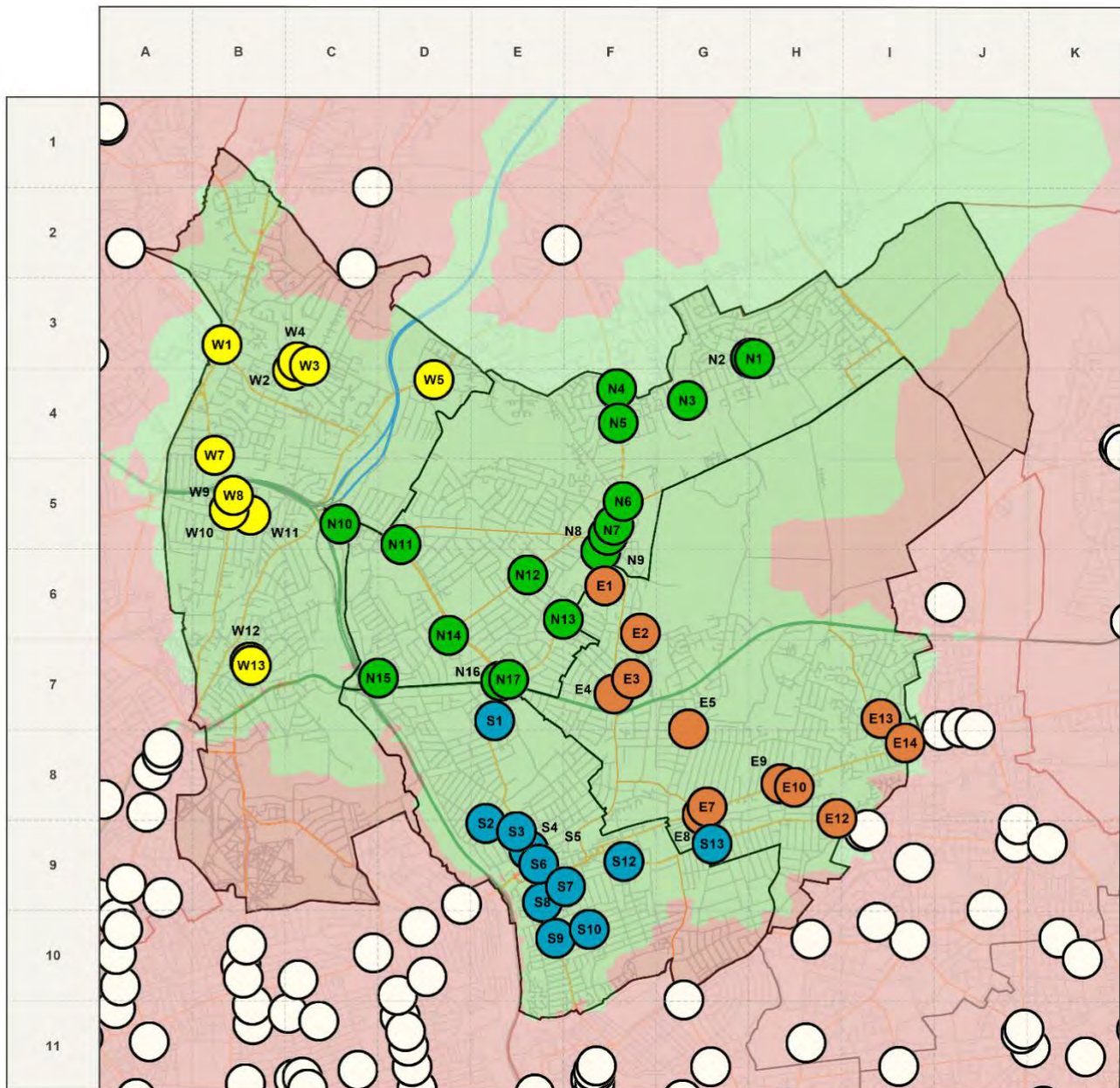


Figure 13 The territories of pharmacies inside and outside Redbridge that give the shortest journey time by car

The green area shows where in the borough it is quicker to drive to a pharmacy inside the borough rather than outside. This is based on average travel speeds by car.



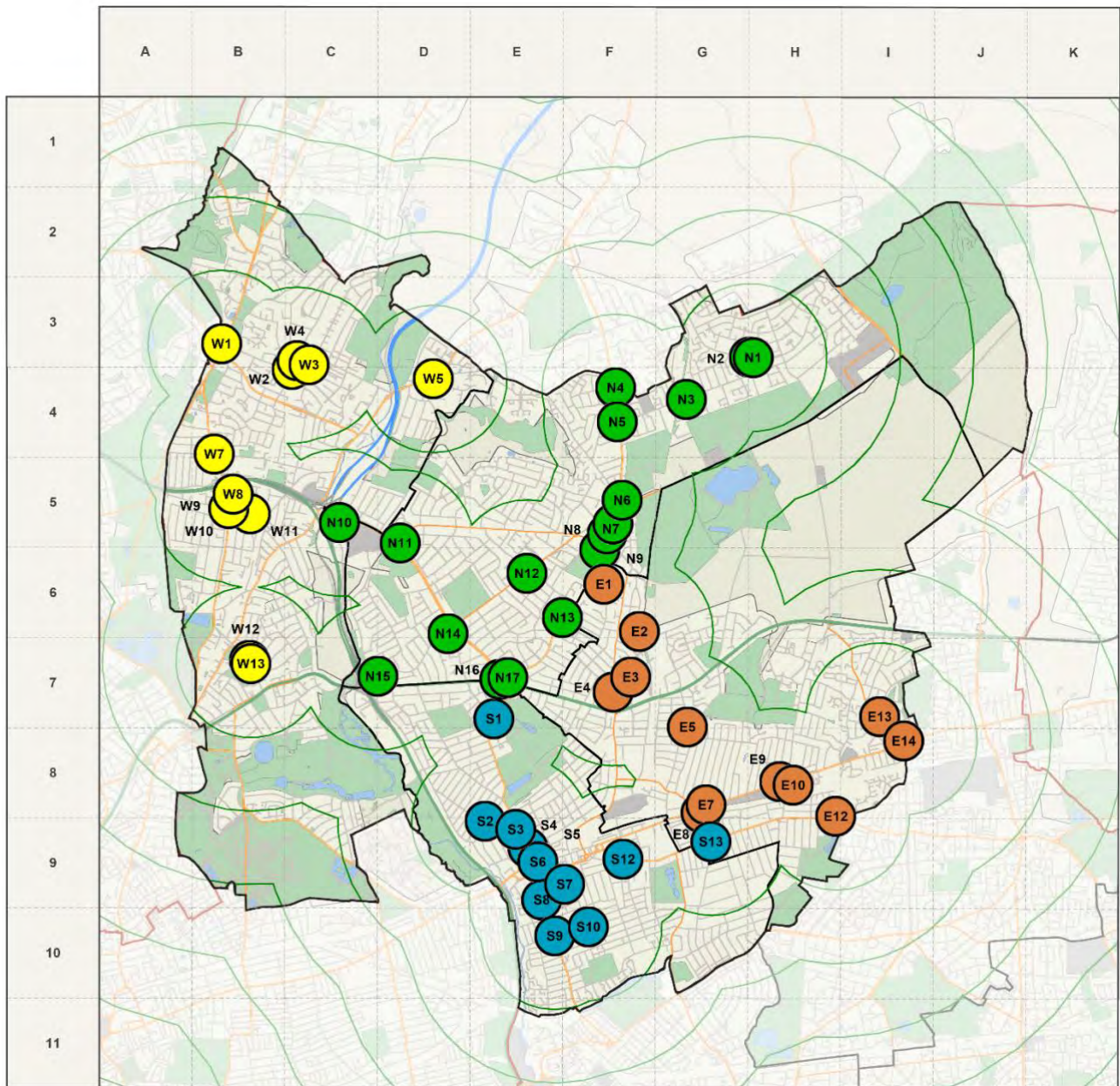
293,763 people have their nearest pharmacy (travel time by road) in Redbridge (green area of Figure 13).

Of the 296,793 Redbridge residents, 21,200 (7.1%) have their nearest pharmacy outside Redbridge's boundary (red area of Figure 13).

Of those living in neighbouring areas, 18,300 have their nearest pharmacy in Redbridge (green area outside Redbridge of Figure 13).

The neighbouring populations account for 6.2% of the total population that have their nearest pharmacy in Redbridge.

Figure 14 Radiant travel distance to nearest pharmacy in Redbridge (0.5 mile increments)



Radiant Distance (Miles)	Walking Time (Minutes)	Population	
		Number	Percent
0.5	10	254700	85.8%
1	20	38500	13.0%
1.5	30	3300	1.1%
2	40	300	0.1%

5 Stakeholder Engagement

5.1 General stakeholder engagement

5.1.1 Introduction

Pharmacies are an important asset within local communities offering several NHS services. Public health was transferred to local government under the Health and Social Care Act 2012. Therefore, since 2013, local authorities have been responsible to implement the government's strategies for improving the health of their local populations.

5.1.2 Why public engagement and consultation is important?

PHAST was commissioned by Redbridge council to develop its current PNA and consult and engage with stakeholders. Public involvement in commissioning enables residents to voice their views, needs and wishes, and to contribute to plans, proposals, and decisions about the services available in their local communities.

The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), CCGs and NHS England have duties to involve the public in commissioning (under sections 14Z2 and 13Q respectively). The local authorities also have a duty to consult and involve residents in planning and commissioning.

5.2 Outline methodology of stakeholder engagement

5.2.1 Aims

The aims of the consultation and engagement are:

1. To encourage constructive feedback from key professional stakeholders and communities throughout the PNA process. This includes ensuring good stakeholder engagement during the statutory PNA formal consultation, which lasts for a minimum period of 60 days.
2. To ensure a wide range of key public stakeholders offer opinions and views on what is contained within in the draft PNA.

5.2.2 Process

To meet Aim 1 above, PHAST set up a stakeholder advisory group for the PNA to give advice from the start of the process. The Terms of Reference for the PNA stakeholder advisory board is given in Appendix H – Terms of Reference.

The advisory group identified two separate processes which were needed to satisfy Aim 2 as follows:

- A statutory consultation on the draft PNA as set out in the PNA regulations.
- A wider engagement with local communities and residents to get their views on the services offered by local pharmacies and their experiences of using the pharmacies.

Please see Appendix G – Draft statutory PNA consultation process for details regarding the statutory consultation.

5.3 Pharmacy survey

The Redbridge Pharmacy Contractor Survey was conducted to inform the PNA. The survey was developed and refined to ensure the Public Health lead as well as the LPC lead were all in agreement with its content. It covered the full range of topic areas relating to the development of community pharmacies. The online survey was hosted and managed by the Local Pharmaceutical Committee (LPC) team.

All Redbridge pharmacies were invited to take part by way of an invitation letter, which was emailed by the LPC to each pharmacy. The survey was open between the 11 August – 29 September 2017 and during this period weekly email reminders were sent out to those who had not responded. The closing date was then extended by three weeks to optimise the response rates.

At the time of survey, there were 55 pharmacies in Redbridge. All 55 pharmacies completed the survey, giving the overall response rate of 100%.

The survey findings were as follows:

- There are 55 pharmacies in Redbridge (13 pharmacies from the Cranbrook and Loxford, 17 pharmacies from Fairlop, 13 from Seven Kings and 12 pharmacies from Wanstead and Woodford). All 55 pharmacies completed the survey, giving the overall response rate of 100%.
- The majority of pharmacists have a bus stop within a two-minute walking distance of their pharmacy. Only two pharmacies are more than a five-minute walk from the nearest bus stop.
- The majority of pharmacies have disabled parking available within ten metres of the pharmacy (46/55), have unaided wheelchair access at the entrance (45/55) and have all areas of the pharmacy floor wheelchair accessible (54/55).
- Just under half of the pharmacies have automatic door assistance for disabled customers (26/55) and over half have large print labels and leaflets (34/55) and just under half have a hearing loop (23/55) to support customers with sensory problems. More than a third have wheelchair ramp access (21/55). A minority of pharmacies have additional facilities to help disabled customers such as bell at the front door disabled toilet access, handrails and internet pharmacy.
- Some of the pharmacies have constraints on developing their premises just under a quarter (13/55) have limited room for expansion, three have listed building status and under half (23/55) are rented buildings.
- Just over half (30/55) of the pharmacies have toilets that patients can access for screening.
- The majority (52/55) of pharmacies have a consultation room on-site with wheelchair access.
- The majority of pharmacies have good facilities within their consultation areas including seating for three or more people (37/55), a bench and table (52/55), a

computer terminal (47/55) and a sink (43/55) within the consultation area. Just over a third (21/55) have a separate area/room for advanced services for consultations with customers.

- Very few of the pharmacies have two or more pharmacists on duty at any time during the week.
- A few of the pharmacies involve a second pharmacist for reasons such as additional dispensary support, relieving pharmacists for administration work, supporting medication reviews and covering shift handovers/lunch breaks.
- A large number of pharmacies had pharmacists who have special interests in specific health areas such flu vaccinations (43/55); about half of the pharmacies had healthy living pharmacists (27/55); and less than half had special interests in asthma (19/55), diabetes (21/55) and mobility aids (14/55).
- A large number of pharmacies have regular pharmacists who speak more than one language. The most common additional languages spoken are Asian languages such as Punjabi, Urdu, Gujarati and Hindi. Only eight pharmacies did not have a regular pharmacist who spoke more than one language.
- In terms of dispensing appliances, three-fifths (33/55) of pharmacies dispense all types of appliances. Only five pharmacists do not dispense any appliances.
- In terms of offering advanced services, all but one of the pharmacies provide the New Medicines Service and all pharmacies provide Medicines Use Review.
- In terms of providing enhanced services, the majority of pharmacists provide home delivery service (41/55), Medication Review Service (43/55) and flu vaccination service (47/55); about half EHC (27/55), Minor Ailments Scheme (25/55); and less than half provide the stop smoking Service (20/55) and supervised administration service (19/55).
- Pharmacists were asked whether they would be willing to provide some of the enhanced services in the future. Although currently only four pharmacies provide anticoagulant monitoring service, a further 41 pharmacists would be willing to provide this in the future. Other services that a large number of pharmacists stated they would be willing to provide include medicines assessment and compliance support (39/55), the NHS Health Check Programme (41/55), out of hours service (34/55), prescriber support service (39/55), schools service (36/55), childhood vaccinations (36/55), HPV screening (39/55) and sharps disposal service (26/55).
- In terms of locally commissioned services that pharmacists currently provide, around half of pharmacies provide the chlamydia screening (26/55), emergency hormonal contraception (26/55), Minor Ailment Scheme (26/55), stop smoking service (22/55) and supervised administration of opioid substitution treatment (22/55).
- Additional non-NHS funded services provided by pharmacies included all but two pharmacies providing collection of prescriptions from surgeries (53/55), and all but five pharmacies offering delivery of dispensed medicines free of charge on request (50/55).

- The majority of pharmacies provide blood pressure diagnostic services (46/55) and more than half offer blood glucose (30/55) and weight recording (31/55); just under half provide height recording (24/55), pregnancy tests (22/55), total cholesterol (19/55) and body mass index (BMI) calculation (26/55). A small number of pharmacies offer other services such as carbon monoxide readings (13//55).
- The majority of pharmacies are prepared to provide additional services if they were commissioned to do so. These include alcohol screening, health coaching, disease specific medicines, independent describing service, medicines assessment, supplementary prescribing, vascular risk assessment and weight management. About half the pharmacies are willing to provide an expanded incontinent service, gluten free food supply service, phlebotomy service and structured self-care support service.
- Almost all the pharmacies in Redbridge have good quality computer equipment that includes internet access, NHS Summary Care Records and printing facilities. Software includes dispensary software, electronic prescription service and all are Release 2 enabled.

For a detailed review of the survey responses please see Appendix J– Pharmacy survey.

5.4 Pharmacy Users Views - Community Pharmacy Patient Questionnaire (CPPQ) Highlights

The final question in the survey asked the pharmacies the following –

“All pharmacies are required to conduct an annual Community Pharmacy Patient Questionnaire (CPPQ).

Using the results from your most recent CPPQ please identify the five most frequent requests from patients as either improvements or additions to your services.”

For a summary of the key findings from the pharmacies CPPQ results in Redbridge borough please see the word clouds on the following pages. The larger texts describe the most frequently made comments by the pharmacy users.

5.5 Redbridge Residents Survey

The Resident Survey was held during the formal consultation process, that was conducted between 25th October 2017 and 5th January 2018. The design of the resident survey was approved by the PNA steering group and made available in accessible formats to optimise responses from those people living in Redbridge with protected characteristics that were related to ability to read and complete surveys. Survey Monkey was used to collect responses.

Details about the resident survey results are described below. The Survey Monkey questionnaires are provided in Figure 17 and Figure 18 respectively. Figure 19 shows the easy read version of the resident survey.

The analyses of the residents' survey results are shown in Appendix C – Residents Survey. Overall 21 residents completed the survey. About 53% were white British; 20% Asian; 16% white other and 1% Black. 75% were female, the age range was well represented between 25 years and 64 years no-one over 65 years completed this survey. About 32% were heterosexual and 11% gay men 32% preferred not to say. Just over 30% stated they had a disability of these respondents with a disability, nearly 80% had a physical disability just over 30% had a sensory impairment 15% had learning disabilities and 10% preferred not to say. About 32% were Christian; 16% were Muslim; 11%; 5% Jewish and 26% said they had no religion.

Over 80% of the respondents are satisfied with pharmacy opening hours; 45% are satisfied with the pharmacist: medicines reviews; 40% of the respondents considered pharmacists promoted a healthy lifestyle and 35% are satisfied with the availability of a private space & pharmacies signposting them to other services.

When asked what pharmacies in the borough could do better over 52% requested longer opening hours; 42% wanted a private room for advice; 38% wanted health information on healthy lifestyle; around 23% wanted more information about the medication and about 18% wanted an improved location for their pharmacy.

The written comments about how pharmacies could improve the services in Redbridge are very similar to those in Figure 15 and Figure 16 which are infographics developed from patients' comments.

Figure 15 Feedback from pharmacy users

Feedback from pharmacy users - How pharmacies could improve



Figure 16 How pharmacies could improve

Feedback from pharmacy users

How pharmacies could improve



6 Conclusions

The Redbridge HWB has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the HWB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in the borough and those pharmacies in neighbouring boroughs adjoining the borough of Redbridge. The PNA is required to clearly state what is considered to constitute necessary services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

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

The advanced, enhanced and locally commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.

When assessing the provision of necessary services in Redbridge, the following have been considered:

- The maps showing the location of pharmacies within Redbridge and the Index of Multiple Deprivation
- The number, distribution and opening times of pharmacies within Redbridge
- Pharmacy locations across the border
- Population density in Redbridge
- The increase in daytime population
- Projected population growth
- The ethnicity of the population
- Neighbourhood deprivation in Redbridge
- Location and opening hours of GP practices providing extended opening hours
- Location and opening hours of NHS Dental contractors
- Results of the public questionnaire
- Proposed new housing developments.

Based on the latest information on the projected changes in population of the HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density.

The detailed conclusions are as follows (key types of pharmacy services are specifically detailed below).

6.1 Necessary services

No gaps have been identified in **necessary services** (essential services) that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole borough.

There is no gap in the provision of **necessary services** (essential services) during normal working hours across the whole borough.

There are no gaps in the provision of **necessary services** (essential services) outside of normal working hours across the whole borough.

6.2 Advanced services

There are no gaps in the provision of advanced services (relevant services) at present or over the next three years that would secure improvement or better access to advanced services across the whole borough.

There are no gaps in the provision of advanced services across the whole borough.

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

6.3 Enhanced services

There are no gaps in the provision of enhanced services (relevant services) across the whole borough.

There are no gaps in the provision of locally commissioned services at present or over the next three years that would secure improvement or better access to locally commissioned services across the whole borough.

6.4 Locally commissioned services

There are no gaps in the provision of locally commissioned services (relevant services) across the whole borough.

Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access across the whole borough.

The conclusions reached in this report include assessments that have addressed protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Redbridge.

Based on the review of building plans and population projections, there may be a need to review the level of pharmacy services in the Cranbrook and Loxford locality of the borough in the period up to 2021, taking into account the spread of existing services in the area

Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access across the whole borough.

The locality structure provides an opportunity, for pharmacies and other primary care providers to work together to deliver advanced and enhanced services that cross geographical areas, and meet the needs of the population.

Whether there is sufficient choice of pharmacy in Redbridge was reviewed, it was decided there was sufficient choice of pharmacy in Redbridge for the following reasons: NHSE have assessed the need for pharmacies and generally found there are too many; here necessary pharmacies qualify for the Pharmacy Access Service in Redbridge and London boroughs have a greater choice of pharmacy provider compared to many other areas in England.

The borough recognises that there may be developments in pharmacy provision that may not mirror the traditional model of a high street pharmacy, for example, online prescriptions or pharmacists working more closely with primary care.

Key to Services

- **Necessary services** (essential services) are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.
- **Advanced services** (relevant services) are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS).
- **Enhanced services** (relevant services) commissioned by NHS England are pharmaceutical services, such as Minor Ailments, services to Care Homes, language access and patient group directions.
- **Locally commissioned services** (relevant services) are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population.

7 Appendix A –PNA Formal Consultation Methodology

A formal consultation and a wider resident survey on local pharmacies was conducted between 25th October 2017 and 5th January 2018.

The PNA formal consultation process including the formal consultation questionnaire was approved by the PNA steering group. It was decided that a resident survey should also be included at this stage. Resident survey was also approved by the PNA steering group was made available in accessible formats. The resident survey was translated in easy read format. Survey Monkey was used to collect responses. Details about the resident survey results are described in Section 5.

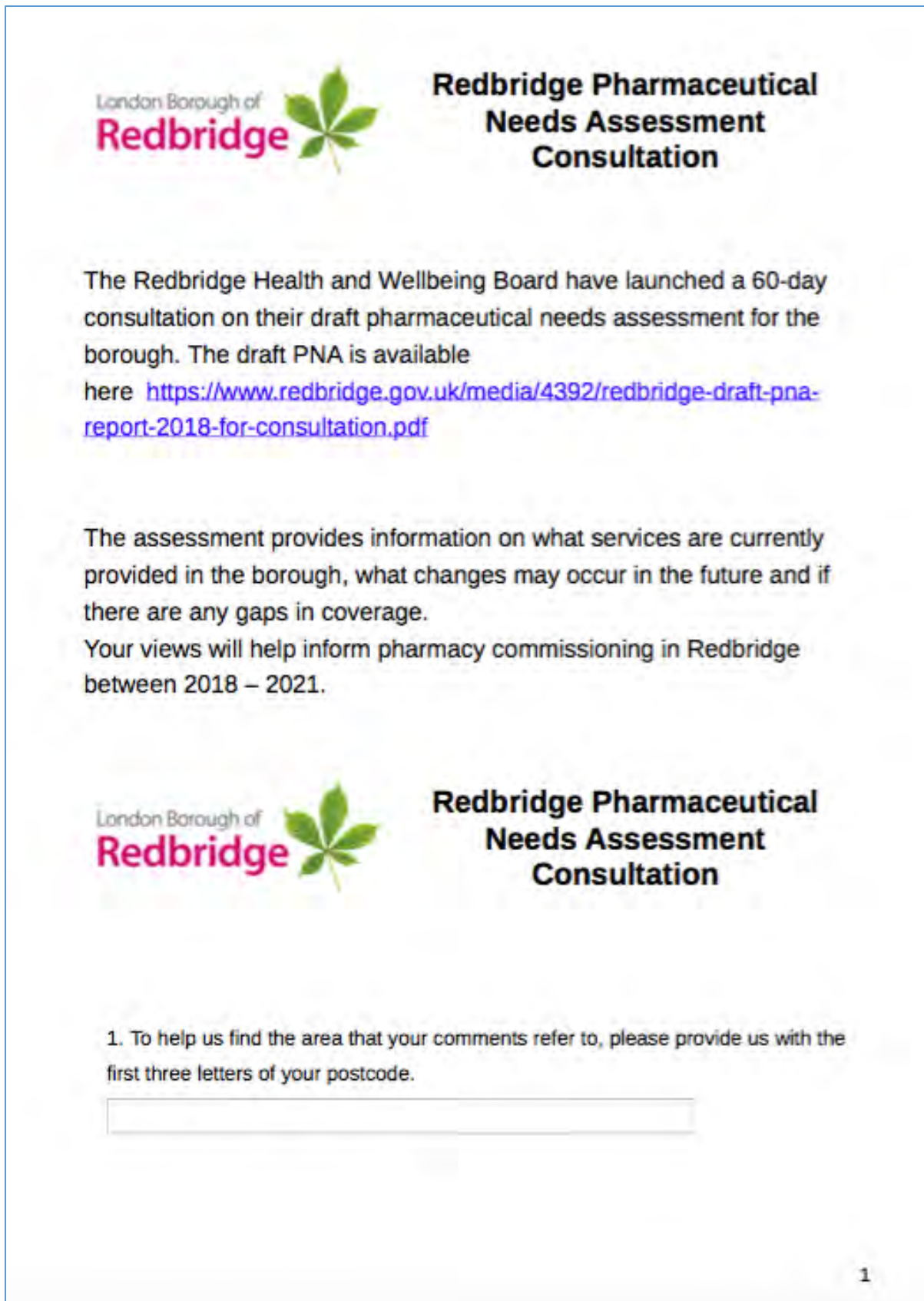
The Survey Monkey questionnaires are provided in Figure 17 and Figure 18 respectively. Figure 19 shows the easy read version of the resident survey.


- The draft PNA documents were uploaded on the local authority website with the Survey Monkey links.
- A PNA infographics and PowerPoint presentation was produced as shown in Figure 20.
- The communications team at the borough sent out communications about the consultation and survey through their normal channels.
- The communications plan for the consultation and survey is provided in Table 19 and Table 20, respectively.
- A letter (Figure 21) for the formal consultation was sent to stakeholders.

Residents Survey

The Resident Survey was held during the formal consultation process. The design of the resident survey was approved by the PNA steering group and made available in accessible formats to optimise responses from those people living in Redbridge with protected characteristics that were related to ability to read and complete surveys. Survey Monkey was used to collect responses. Details about the resident survey results are described in section 5. The Survey Monkey questionnaires are provided in in Figure 17 and Figure 18 respectively. Figure 19 shows the easy read version of the resident survey.

Figure 17 Redbridge Formal PNA Consultation Questionnaires




 **Redbridge Pharmaceutical
Needs Assessment
Consultation**

The Redbridge Health and Wellbeing Board have launched a 60-day consultation on their draft pharmaceutical needs assessment for the borough. The draft PNA is available here <https://www.redbridge.gov.uk/media/4392/redbridge-draft-pna-report-2018-for-consultation.pdf>

The assessment provides information on what services are currently provided in the borough, what changes may occur in the future and if there are any gaps in coverage.

Your views will help inform pharmacy commissioning in Redbridge between 2018 – 2021.

 **Redbridge Pharmaceutical
Needs Assessment
Consultation**

1. To help us find the area that your comments refer to, please provide us with the first three letters of your postcode.

2. Please tell us if your responding on behalf of an organisation or as an individual

Organisation

Individual

3. If you are responding on behalf of an organisation please provide the name of the organisation/provider

4. Does the document clearly explain why a pharmaceutical needs assessment needs to be carried out?

Yes

No

Do not know

5. Do you think the draft pharmaceutical needs assessment fairly describes the current and future needs for pharmacy services in Redbridge?

Yes

No

Do not know

If No, please provide your reasons

6. Do you think the pharmaceutical needs assessment provides a fair assessment of pharmacy services in the borough?

Yes

No

If No, please give your reasons

7. To what extent do you agree or disagree on the recommendations made in this report?

Strongly agree

Disagree

Agree

Strongly disagree

Neither agree or disagree

If you disagree, please provide your reasons

8. Please tell us below if you feel that there is anything else that should be included in the document.



Redbridge Pharmaceutical Needs Assessment Consultation

About You

The following information is for our records, and aims to ensure that we listen to the views of all sectors of our community. It will help us understand responses in greater detail by seeing 'who thinks what'. Like the rest of the form, all the questions are optional and any responses received will be treated in confidence.

9. Gender

10. Age

11. Race/Ethnic origin

12. Religion/Faith

Other (please specify)

13. Sexual orientation

14. Do you have disability?



**Redbridge Pharmaceutical
Needs Assessment
Consultation**

15. Which of following conditions do you have ? (Please tick all that apply)

- | | |
|---|---|
| <input type="radio"/> A physical disability | <input type="radio"/> Learning difficulties |
| <input type="radio"/> A hearing impairment | <input type="radio"/> Prefer not to say |
| <input type="radio"/> A sight impairment | |

Other (please specify)



Have your say on pharmacy services in Redbridge

A pharmaceutical needs assessment (PNA) helps ensure everyone in Redbridge has access to a pharmacy and the services they provide.

The PNA outlines what services are currently provided, what changes may occur in the future and if there are any gaps in coverage.

The Redbridge Health and Wellbeing Board is consulting on the draft PNA, which will be used by NHS England to determine services in the borough for 2018 – 2021.

1. How satisfied are you with pharmacy services in the borough?

	Very satisfied	Satisfied	I am neither satisfied nor unsatisfied	Unsatisfied	Very dissatisfied
Access and opening hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of a private room for advice and health checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines review and advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy lifestyle information and advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signposting to other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What could pharmacies in your borough do better?

- Location
- Opening hours
- Explain my medication
- Private room for advice and health checks
- Information on healthy lifestyles

3. How can we make better use of the current pharmacies in your borough?

4. What new services could pharmacies in the borough introduce in the future?



Have your say on pharmacy services in Redbridge

About You

The following information is for our records, and aims to ensure that we listen to the views of all sectors of our community. It will help us understand responses in greater detail by seeing 'who thinks what'. Any responses received will be treated in confidence.

5. Gender

6. Age

7. Religion/Faith

Other (please specify)

8. Race/Ethnic origin

9. Sexual orientation

10. Do you have a disability?

11. Which of following conditions do you have? (Please tick all that apply)

- A physical disability
- A sight impairment
- A hearing impairment
- Learning disabilities
- Prefer not to say

Other (please specify)

Figure 18 Redbridge Residents Survey



Have your say on pharmacy services in Redbridge

A pharmaceutical needs assessment (PNA) helps ensure everyone in Redbridge has access to a pharmacy and the services they provide.

The PNA outlines what services are currently provided, what changes may occur in the future and if there are any gaps in coverage.

The Redbridge Health and Wellbeing Board is consulting on the draft PNA, which will be used by NHS England to determine services in the borough for 2018 – 2021.

1. How satisfied are you with pharmacy services in the borough?

	Very satisfied	Satisfied	I am neither satisfied nor unsatisfied	Unsatisfied	Very dissatisfied
Access and opening hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of a private room for advice and health checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines review and advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy lifestyle information and advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signposting to other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. What could pharmacies in your borough do better?

- Location
- Opening hours
- Explain my medication
- Private room for advice and health checks
- Information on healthy lifestyles

3. How can we make better use of the current pharmacies in your borough?

4. What new services could pharmacies in the borough introduce in the future?

About You

The following information is for our records, and aims to ensure that we listen to the views of all sectors of our community. It will help us understand responses in greater detail by seeing 'who thinks what'. Any responses received will be treated in confidence.

2. What could pharmacies in your borough do better?

- Location
- Opening hours
- Explain my medication
- Private room for advice and health checks
- Information on healthy lifestyles

3. How can we make better use of the current pharmacies in your borough?

4. What new services could pharmacies in the borough introduce in the future?

**About
You**

The following information is for our records, and aims to ensure that we listen to the views of all sectors of our community. It will help us understand responses in greater detail by seeing 'who thinks what'. Any responses received will be treated in confidence.

5. Gender

6. Age

7. Religion/Faith

Other (please specify)

8. Race/Ethnic origin

9. Sexual orientation


10. Do you have a disability?

11. Which of following conditions do you have? (Please tick all that apply)

- A physical disability
- A sight impairment
- A hearing impairment
- Learning disabilities
- Prefer not to say

Other (please specify)

Figure 19 Easy read survey

London Borough of
Redbridge 

Let's talk about your chemist – easy read questionnaire

We want to make sure that your chemist (also called a pharmacy) is giving you the things that you need. We are talking with people who live in Redbridge about this.


Please tell us about the chemist that you use most often


What we are asking you to do

Please complete this questionnaire. All of your answers will be confidential, so please feel free to be as honest as you can. Please send back your completed questionnaire by **5pm on Friday 5th January 2018**

Any questions

If you have any questions about this questionnaire:

 **Phone us on Public Health**

 Email us: **Public health email**

Or you may ask for help from your carer, family member or support worker.

What to do with your completed questionnaire

When you have finished the questionnaire please send it to:

Please insert address for PH team

Thank you for your help.

1. How happy are you with the opening hours at your local chemist?



Please tick (✓) 1 box

I am happy with this	<input type="checkbox"/>	☺
I am neither happy or unhappy	<input type="checkbox"/>	☹
I am unhappy with this	<input type="checkbox"/>	☹

2. How happy are you getting around at your local chemist?



Please tick (✓) 1 box

I am happy with this	<input type="checkbox"/>	☺
I am neither happy or unhappy	<input type="checkbox"/>	☹
I am unhappy with this	<input type="checkbox"/>	☹

3. How happy are you with the consultation room at your local chemist?



Please tick (✓) 1 box

I am happy with this	<input type="checkbox"/>	☺
I am neither happy or unhappy	<input type="checkbox"/>	☹
I am unhappy with this	<input type="checkbox"/>	☹

4. Do you collect medicines or pills at your local chemist?



Please tick (✓) 1 box

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

5. Are you happy with the advice you get at your local chemist?



Please tick (✓) 1 box

I am happy with this	<input type="checkbox"/>	☺
I am neither happy or unhappy	<input type="checkbox"/>	☹
I am unhappy with this	<input type="checkbox"/>	☹

6. Are you happy with the advice you get from your chemist about how to stay healthy?



Please tick (✓) 1 box

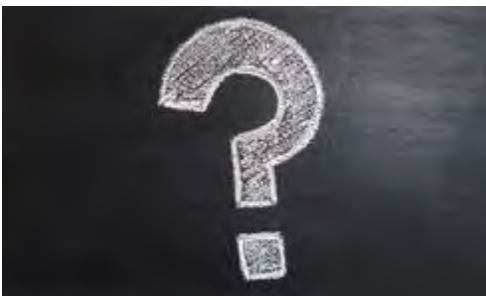
I am happy with this	<input type="checkbox"/>	☺
I am neither happy or unhappy	<input type="checkbox"/>	☹
I am unhappy with this	<input type="checkbox"/>	☹

7. Do you go to the chemist for anything else?



Please tell us:

8. What could be better at your local chemist?



Please tick (✓) 1 box

<input type="checkbox"/>	Where it is
<input type="checkbox"/>	The opening hours
<input type="checkbox"/>	Help with your medication
<input type="checkbox"/>	Room to see someone on your own
<input type="checkbox"/>	Help to stay healthy

9. What types of things or services would you like at your local chemist?



Please tell us:

10. Is there anything else you would like to tell us about your local chemist?



Please tell us:

About You - optional

To make sure that we are hearing from all residents, it is important that we ask you a few questions about yourself. As with all your questions, your answers will be completely confidential. If you do not wish to answer any of these questions please tick 'Prefer not to say'.

Are you... please **tick ONE box only**

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Prefer not to say

How old are you? Please **tick ONE box only**

<input type="checkbox"/>	Between 16 to 17 years	<input type="checkbox"/>	Between 55 to 64 years
<input type="checkbox"/>	Between 18 to 24 years	<input type="checkbox"/>	Between 65 to 74 years
<input type="checkbox"/>	Between 25 to 34 years	<input type="checkbox"/>	Between 75 to 84 years
<input type="checkbox"/>	Between 35 to 44 years	<input type="checkbox"/>	85 years and over
<input type="checkbox"/>	Between 45 to 54 years	<input type="checkbox"/>	Prefer not to say

To which of these groups do you consider you belong?

Please **tick ONE box only**

<input type="checkbox"/>	White (British, Irish, or any Other White background)	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Mixed (White and Black Caribbean, White and Black African, White and Asian, or any other mixed background)	<input type="checkbox"/>	Latin American
<input type="checkbox"/>	Asian or Asian British (Indian, Pakistani, Bangladeshi, or any Other Asian background)	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Black or Black British (Caribbean, African or any Other Black background)	<input type="checkbox"/>	Any Other ethnic group – please tell us:

Do you have any of the following? **Please tick AS MANY AS APPLY**

<input type="checkbox"/>	A physical impairment or disability	<input type="checkbox"/>	A learning disability or difficulty
<input type="checkbox"/>	Sight loss	<input type="checkbox"/>	A long-standing illness
<input type="checkbox"/>	Hearing loss	<input type="checkbox"/>	None of the above
<input type="checkbox"/>	A mental health problem or illness	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Other – please tell us:		

Thank you for your help.

The deadline for sending in your response is **XX January at 5pm.**

What to do with your completed questionnaire

Please return your completed questionnaire to us at the address below.

Address –PH team

Figure 20 PowerPoint Presentations and Infographics that Summarise the Redbridge PNA



REDBRIDGE
PHARMACEUTICAL
NEEDS ASSESSMENT

London Borough of
Redbridge

WHAT ARE PHARMACEUTICAL SERVICES?

ESSENTIAL SERVICES

These include:

- The dispensing of medicines
- Promotion of healthy lifestyles
- Support for self-care

ADVANCED SERVICES

These include:

- Medicines use review
- The new medicines service for community pharmacists
- Appliance use reviews and the stoma customisation service for dispensing appliance contractors


ENHANCED SERVICES

Enhanced Services


NOTE:
Local authority and CCG may also commission services from local pharmacies to meet local health needs such as smoking cessation, sexually transmitted diseases weight management and morning after pill

WHAT IS A PHARMACEUTICAL NEEDS ASSESSMENT (PNA)?


A PNA DESCRIBES THE PHARMACEUTICAL NEEDS of residents living in Redbridge.




AND MAKES AN ASSESSMENT whether the current provision of pharmaceutical services meet the needs of the local community.




WHAT IS THE PURPOSE OF A PNA?



PNA will help to make decision to open new pharmacy or to not open a new pharmacy


















CHANGE LOCATION OR EXTEND SERVICES IN REDBRIDGE


HOW DID WE ESTABLISH THE PHARMACEUTICAL NEEDS OF REDBRIDGE ?

We did this by

Studying the population characteristics and future housing developments as well as the predicted population growth

 Local demographics	 Population health	 Health behaviours
<ul style="list-style-type: none">  Population size  Age structure  Gender and social and economic characteristics- ethnicity, deprivation indices 	<ul style="list-style-type: none">  Life expectancy  Long terms conditions  Population growth  Housing plans 	<ul style="list-style-type: none">  Smoking  Physical activity  Substance misuse





WHY ARE WE CONSULTING YOU?




The law about pharmacy needs assessment requires Redbridge Health and Wellbeing Board consult with partners on a draft PNA for 60 days. The consultation will take place between 25 October 2017 and 5 January 2018. At the same time, a resident survey will gather views on: 5th January 2018.

- The adequacy and quality of pharmacy provision in Redbridge
- How pharmacies can improve the quality of services they offer local residents
- How pharmacies can be used as a local resource for health
- What new and innovative services pharmacies could offer in the future

HOW WILL WE USE THE INFORMATION COLLECTED?

-  The feedback will be analysed and findings will be discussed by the stakeholder advisory group.
-  Advise the Redbridge Health and Wellbeing Board if any sections of the PNA need amendment prior to final publication
-  The findings will be published with the final PNA.
-  Data protection will be followed and no individual identifiable data will be published.



www.redbridge.gov.uk

Conclusions

- No gaps have been identified in **essential services** that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole Borough.
- There is no gap in the provision of **essential services during normal working hours** across the whole Borough.
- There are no gaps in the provision of **essential services outside of normal working hours** across the whole Borough.
- There are no gaps in the provision of **advanced services** at present or over the next three years that would secure improvement or better access to advanced services across the whole Borough.
- There are no gaps in the provision of **advanced services** across the whole Borough.
- No gaps have been identified that if provided either now or in the future would secure improvements, or better access to **enhanced services** across the whole Borough.
- There are no gaps in the provision of **enhanced services** across the whole Borough.
- There are no gaps in the provision of **locally commissioned services** at present or over the next three years that would secure improvement or better access to **locally commissioned services** across the whole Borough.
- There are no gaps in the provision of **locally commissioned services** across the whole Borough.

We would like to hear your views on pharmacy services in Redbridge. We are conducting a consultation on the PNA and a resident survey on pharmacy services.

The Redbridge PNA consultation and resident survey are on the Council Website at:-

<https://www.redbridge.gov.uk/health-and-wellbeing/public-health-strategies-and-policies/>

The consultation and resident survey close on 5th January 2018

Thank you

If you have any further questions please contact Duduzile Sher-Armi, Consultant in Public Health at Duduzile.Sher-Armi@redbridge.gov.uk

Table 19 LBBB Borough Joint Communications action plan

Stakeholders	Channel	Description	Responsible lead	Date	Complete
Local Area HWB	The Board Secretary	Board paper with draft report attached Board members and email link to consultation or collective feedback through secretary	Local Consultant in Public Health	25th October 2017	Yes
Neighbouring HWB	The Board Secretary	Email with PDF report and link to consultation	LA communication lead	25 th October 2017	Yes
Local Pharmaceutical Committee	The Secretary	Email with PDF report and link to Joint consultation	PHAST	25th October 2017	Yes
CCG Board	CCG Board secretary	Email with PDF report and link to Joint consultation	CCG representative on MASG	25 th October 2017	Yes
Local Pharmacists	LPC	Email with PDF report and link to consultation	LPC secretary	26 th October 2017	Yes

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Barking & Dagenham, Redbridge and Havering Local Medical Committee	LMC Secretary	Email with PDF report and link to Joint consultation	CCG communication lead	25 th October 2017	Yes
GP practices	Practice manager	Email with PDF report and link to consultation	CCG communication lead	26 th October 2017	Yes
Acute Trusts	Chief Pharmacist and Chief Executive	Mail with PDF report and link to Joint consultation	CCG communication lead	25 th October 2017	Yes
Lcal HealthWatch	HealthWatch Rep on MASG	Mail with PDF report and link to consultation Presentation if asked at a HealthWatch Board meeting	Email: PHAST Presentation: Local Consultant in Public Health	25 th October 2017	Yes
Patient Groups	HealthWatch	Mail with PDF and link to consultation	Health Watch representative on MASG	26 th October 2017	Yes
NHSE Area Team	NHSE lead for area	Mail with PDF and link to consultation	PHAST	25 th October 2017	Yes
East London STP Board	Board Secretary	Mail with PDF and link to Joint consultation	CCG communication lead	25 th October 2017	Yes

Table 20 Wider Engagement and consultation starting 25th October 2017

Who will we engage?	How will we engage?	Who will be lead the engagement	How will we collect feedback	List of Forums or groups that were engaged
Patient and community groups	<p>Through HealthWatch we will send out easy read summary and MonkeySurvey links</p> <p>We will use a standard Slide deck for presentation at Forums when requested and appropriate</p>	HealthWatch	<p>Through Monkey Survey</p> <p>We will make PDF of questionnaire available but the data will need to be entered in Monkey Survey by the organisor</p>	
Resident population	<p>Through the LA consultation channel</p> <ul style="list-style-type: none"> • Advert on Council Website • Resident Bulletin • Libraries • Screens • Social Media 	LA communication lead	Through Monkey Survey	
Registered population	<p>Through CCG consultation channel</p> <ul style="list-style-type: none"> • Advert on Council Website • GP screens • Social Media 	LA communication lead	Through Monkey Survey	
Voluntary and community sector	Any stakeholder groups	LA communication and CCG lead	Through Monkey Survey	

8 Appendix B – Consultation Log 2017/18

London Borough of Redbridge PNA Consultation Log 2017/2018 Version 01

Q1. Please tell us if your responding on behalf of an organisation or as an individual

Organisation = 100% (n=1) Individual = 0% (n=0)

Q2. Does the document clearly explain why a pharmaceutical needs assessment needs to be carried out?

Yes = 100% (n=1); (100% of those who answered) No = 0% (n=0); Do not know = 0 (n=0);
Not answered = 0% (n=0)

Q3. Do you think the draft pharmaceutical needs assessment fairly describes the current and future needs for pharmacy services in Redbridge?

Yes = 100% (n=1) ;(100% of those who responded) No = 0% (n=0); Do not Know= 0% (n=0);
Not answered = 0% (n=0)

Respondent	Detailed comment	PNA steering group's decision	PNA amended?
------------	------------------	-------------------------------	--------------

Q4. Do you think the pharmaceutical needs assessment provides a fair assessment of pharmacy services in the borough?

Yes = 100% (n=1); (100% of those who responded); No = 0% (n=0); Unsure = 0% (n=0);
Not answered = 0% (n=0)

Respondent	Detailed comment	PNA steering group's decision	PNA amended?
------------	------------------	-------------------------------	--------------

Q5. To what extent do you agree or disagree on the recommendations made in this report?

Agree = 100% (n=1); (100% of those who responded) Do not Agree = 0% (n=0); Neither Agree or disagree = 0% (n=0); Not answered = 0% (n=0)

Respondent	Detailed comment	PNA steering group's decision	PNA amended?
------------	------------------	-------------------------------	--------------

Q6. Please tell us below if you feel that there is anything else that should be included in the document (please write in box below)

Respondent	Detailed comment	PNA steering group's decision	PNA amended?
NHSE	<ol style="list-style-type: none"> 1. Whilst this PNA provides a lot of information regarding demographics, planning, population, prescribing levels etc viewing as a commissioner it lacks identifying what services are necessary and relevant. 2. The PNA has not defined which services are necessary or relevant anywhere in the PNA. It then makes checking if the relevant parts of the PNA are present difficult as the regulations refer to necessary services or other relevant services, which have not been identified. Page 10 clearly states what the minimum requirements are but these have not been provided. 3. There are statements in the PNA that there are no gaps in services etc, but there is nothing to show how this conclusion has been reached. There does not appear to have been much 	<p>PHAST lead had a teleconference with NHSE 8th January 2018 to discuss and agree each of the comments.</p> <p>The attached NHSE response log provides the points and amendments made.</p>	<p>Yes</p> <p>Please see detailed table below for responses to NHSE comments</p>

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	<p>analysis undertaken, if there has been, the details are not clear, as to how some of the statements made have been deduced.</p> <ol style="list-style-type: none"> 4. There are several pharmacies where the opening hour's information needs to be amended as above. 5. The PNA does not clearly define which services are commissioned and by whom, there is a table in the PNA which lists services, but it is not clear who is commissioning them. 6. There is a difference with the PNAs as to services commissioned by NHS England which are enhanced services and those commissioned elsewhere which are locally commissioned services. Where this is not clearly defined this can cause issues. 7. It is not clear how the PNA has made an assessment under Schedule 1, paragraph 6 (b). The details about new residential developments need to be clearer, where these are large scale developments, the name of the development and the location should be mentioned. So that it is clear which developments have been considered when the HWB have determined that there are no gaps in services now or in the future. 8. There are a number of amendments that need to be made urgently to ensure that the PNA complies with the regulations, currently the PNA will make market entry decisions difficult due to the information that is missing. <p>We will send in a more comprehensive report under separate cover.</p>		
Healthwatch	<p>HealthWatch spoke to a number of people who live and work in the borough before completing the PNA questions. Although people were happy with the PNA, they felt there were a number of areas that would lead to improved services and better health outcomes. The areas highlighted were:</p>	<p>These requests are not addressing the current PNA report on services. They are recommending how pharmacy services</p>	<p>We recommend that the HWB share these recommendations from HealthWatch</p>

Pharmaceutical Needs Assessment 2018

	<ol style="list-style-type: none"> 1. All pharmacy's need to have the facilities to check BMI. It was noted that whilst some have equipment to check the weight of people, height equipment was not always available. 2. Educating the local community on how qualified a pharmacist is. There are members of the public who have no idea what a pharmacist can provide. 3. Closer working between pharmacists and GPs, especially around prescribing medication. 4. Pharmacists have a lot of knowledge which would prove beneficial to patients. 5. Better organised information about support groups and services within all pharmacists. 	<p>can be improved in future. Many of these areas are already addressed more generally in the report.</p>	<p>with relevant decision makers and commissioners in Redbridge</p>
<p>NEL LPC</p>	<p>The integration and alignment of Pharmacy with the quality improvement agenda is important.</p> <p>Safety</p> <p>An assumption that prescribing of ever increasingly potent medicines and dispensing is safe is not true and Directors of Public Health with responsibility to CCGs and LAs must consider putting the item on the Risk register and seek action to manage the situation as prescribing increases for the elderly and the multi-morbid populations. Jeremy Hunt's views in HSJ have already been sent to you. There are separate systems for improving compliance with medicines (Medicines Use Reviews in pharmacies) and Medication Reviews in GP surgeries. With increasing urgency, these need aligning for effectiveness and safety. But, also action needs to reduce preventable errors whereby 165 people a day in BHR are harmed by taking prescribed medicines.</p> <p>A presentation was presented and accepted by the STP board on prescribing errors and improvement.</p> <p>Vision of Pharmacy</p>	<p>There had been some discussion at the PNA steering group about changes taking place and integration and role of pharmacies in these plans.</p> <p>However, it was agreed that as at the moment these plans are still under consideration, it would not be feasible to discuss this within the PNA.</p> <p>This is a separate piece of work that the local public</p>	<p>We recommend that the HWB share these recommendations from NEL LPC with relevant decision makers and commissioners in Redbridge</p>

Pharmaceutical Needs Assessment 2018

	NEL LPC have produced a value proposition on the future of pharmacy – High Street Clinic with 12-point proposals for how pharmacies can play a role in self-care, behavioural change and population health, prevention, social movement for health, reducing inequalities.	health team will be invited to advise/discuss with the STP or CCG board. The comments on the integration, role of pharmacy in quality improvement, and the vision for 21 st century are all important and need to be addressed as a separate piece of work	
NEL LPC	Having gone through each of the documents, I think they all do what they say on the tin, and I would congratulate on your team and the stakeholder group on a job well done, but and we would hope that the generic comments we've made will be considered, even if slightly out of scope. I think this would add value to the document itself.	PHAST and the PH leads would like to thank the LPC for the remarkable support and advice provided throughout the process.	

Q7. Please tell us about yourself

The numbers that answered were below 5, so data is not presented in keeping with data confidentiality

Q6. Please tell us below if you feel that there is anything else that should be included in the document (please write in box below)

Respondent	Detailed comment	PNA steering group's decision	PNA amended?
NHSE	<ol style="list-style-type: none"> 1. Whilst this PNA provides a lot of information regarding demographics, planning, population, prescribing levels etc viewing as a commissioner it lacks identifying what services are necessary and relevant. 2. The PNA has not defined which services are necessary or relevant anywhere in the PNA. It then makes checking if the relevant parts of the PNA are present difficult as the regulations refer to necessary services or other relevant services, which have not been identified. Page 10 clearly states what the minimum requirements are but these have not been provided. 3. There are statements in the PNA that there are no gaps in services etc, but there is nothing to show how this conclusion has been reached. There does not appear to have been much analysis undertaken, if there has been, the details are not clear, as to how some of the statements made have been deduced. 4. There are several pharmacies where the opening hour's information needs to be amended as above. 5. The PNA does not clearly define which services are commissioned and by whom, there is a table in the PNA which lists services, but it is not clear who is commissioning them. 6. There is a difference with the PNAs as to services commissioned by NHS England which are enhanced services and those commissioned elsewhere which are locally commissioned services. Where this is not clearly defined this can cause issues. 7. It is not clear how the PNA has made an assessment under Schedule 1, paragraph 6 (b). The details about new residential 	<p>PHAST lead had a teleconference with NHSE 8th January 2018 to discuss and agree each of the comments.</p> <p>The NHSE response log below provides the points and amendments made.</p>	<p>Yes</p> <p>Please see detailed table below for responses to NHSE comments</p>

Pharmaceutical Needs Assessment 2018

	<p>developments need to be clearer, where these are large scale developments, the name of the development and the location should be mentioned. So that it is clear which developments have been considered when the HWB have determined that there are no gaps in services now or in the future.</p> <p>8. There are a number of amendments that need to be made urgently to ensure that the PNA complies with the regulations, currently the PNA will make market entry decisions difficult due to the information that is missing.</p>		
<p>NEL LPC</p>	<p>The integration and alignment of Pharmacy with the quality improvement agenda is important, some examples</p> <p>Safety</p> <p>An assumption that prescribing of ever increasingly potent medicines and dispensing is safe is not true and Directors of Public Health with responsibility to CCGs and LAs must consider putting the item on the Risk register and seek action to manage the situation as prescribing increases for the elderly and the multi-morbid populations. Jeremy Hunt's views in HSJ have already been sent to you. There are separate systems for improving compliance with medicines (Medicines Use Reviews in pharmacies) and Medication Reviews in GP surgeries. With increasing urgency, these need aligning for effectiveness and safety. But, also action needs to reduce preventable errors whereby 165 people a day in BHR are harmed by taking prescribed medicines.</p> <p>A presentation was presented and accepted by the STP board on prescribing errors and improvement.</p>	<p>There had been some discussion at the PNA steering group about changes taking place and integration and role of pharmacies in these plans.</p> <p>However, it was agreed that as at the moment these plans are still under consideration, it would not be feasible to discuss this within the PNA.</p> <p>This is a separate piece of work that the local public health team will be invited</p>	<p>We recommend that the HWB share these recommendations from NEL LPC with relevant decision makers and commissioners in Redbridge</p>

Pharmaceutical Needs Assessment 2018

	<p>Vision of Pharmacy</p> <p>NEL LPC have produced a value proposition on the future of pharmacy – High Street Clinic with 12-point proposals for how pharmacies can play a role in self-care, behavioural change and population health, prevention, social movement for health, reducing inequalities.</p>	<p>to advise/discuss with the STP or CCG board.</p> <p>The comments on the integration, role of pharmacy in quality improvement, and the vision for 21st century are all important and need to be addressed as a separate piece of work</p>	
NEL LPC	<p>Having gone through each of the documents, I think they all do what they say on the tin, and I would congratulate on your team and the stakeholder group on a job well done, but and we would hope that the generic comments we've made will be considered, even if slightly out of scope. I think this would add value to the document itself.</p>	<p>PHAST and the PH leads would like to thank the LPC for the remarkable support and advice provided throughout the PNA process.</p>	

Q7. Please tell us about yourself

The numbers that answered were below 5, so data is not presented in keeping with data confidentiality

Detailed NHSE Responses

Log Ref.	Date, heading and source of comment	Comment detail	Proposed/final resolution	Report Amended Barking & Dagenham
1	8/1/18 NHS E Necessary services	Important to state which services are necessary <i>and relevant</i> in line with the regulations	Make necessary changes to the reports to state which services are necessary and relevant.	Amended
2	8/1/18 NHS E Commissioning	Be clear who is commissioning services	Amend reports to make commissioners clear for different services.	B&D Lead has confirmed accuracy
3	8/1/18 NHS E Other pharmacy services	Be clear as to whether other services have been considered (e.g. services in hospitals)	Details of which services have been considered will be placed in each report.	B&D lead confirmed additional pharmacy services offered by community hospital
4	8/1/18 NHS E Localities and protected characteristics	<ul style="list-style-type: none"> Say more about different needs for any groups with protected characteristics and whether there are other population groups to consider /mention e.g. travellers 	<ul style="list-style-type: none"> Explain in the reports that the assessments show no overall differences between/within localities. Explain this in the reports and provide links to locality profiles where available and any locality references in the JSNAs. 	Amended
5	8/1/18 NHS E Sufficient choice	<ul style="list-style-type: none"> Is there sufficient choice? Would improve provision offer additional choice? 	<p>Discussed with the PH lead. Set out in the reports that there is sufficient choice:</p> <ul style="list-style-type: none"> NHSE have assessed the need for pharmacies and generally found there are too many. Where necessary pharmacies qualify for the Pharmacy Access Service 	Amended

Pharmaceutical Needs Assessment 2018

			<ul style="list-style-type: none"> Boroughs have a greater choice of pharmacy provider 	
6	8/1/18 NHS E Explaining current Future changes	<ul style="list-style-type: none"> Need to be explicit about assumptions made and factors taken into account for the current and future assessments 	<ul style="list-style-type: none"> Reports will set out analyses and assumptions taken into account for the conclusions. Where possible, major developments in the next three years will be listed The need to review annually will be emphasised 	Amended
7	8/1/18 NHS E Applications for pharmacies	<ul style="list-style-type: none"> Ensure where applications have been made the PNA states whether they were successful – either change the PNA report or add supplementary statements. 	PNAs will <ul style="list-style-type: none"> Show the position as at a certain date Correct any errors in the consultation report Explain the requirement for the HWB to monitor and update, and add supplementary statements when necessary. 	Amended
8.	8/1/18 NHS E Consistency	<ul style="list-style-type: none"> Ensure consistency e.g. in pharmacy numbers and in definitions of essential services etc. Check that all services have the Flu service as part of advanced services. 	B&D Lead to review	BHR Lead confirmed the statements regarding flu vaccination service are accurate

Figure 21 Copy of the Redbridge PNA Formal Consultation Letter

9 Appendix C – Residents Survey

Figure 22

Q1: How satisfied are you with pharmacy services in the borough?

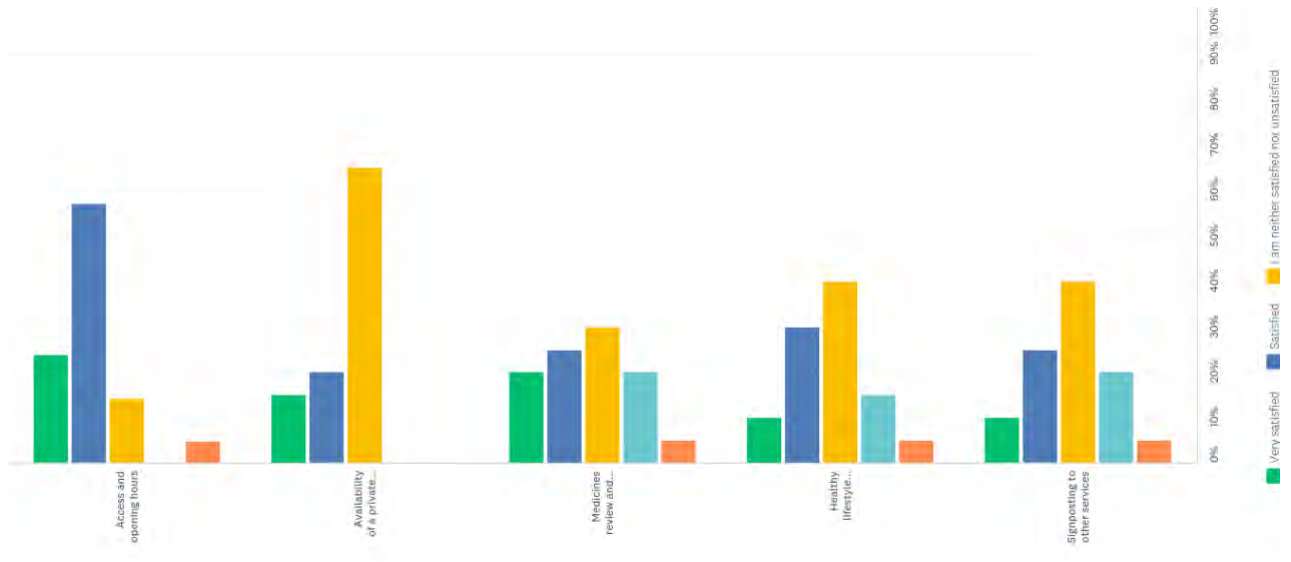
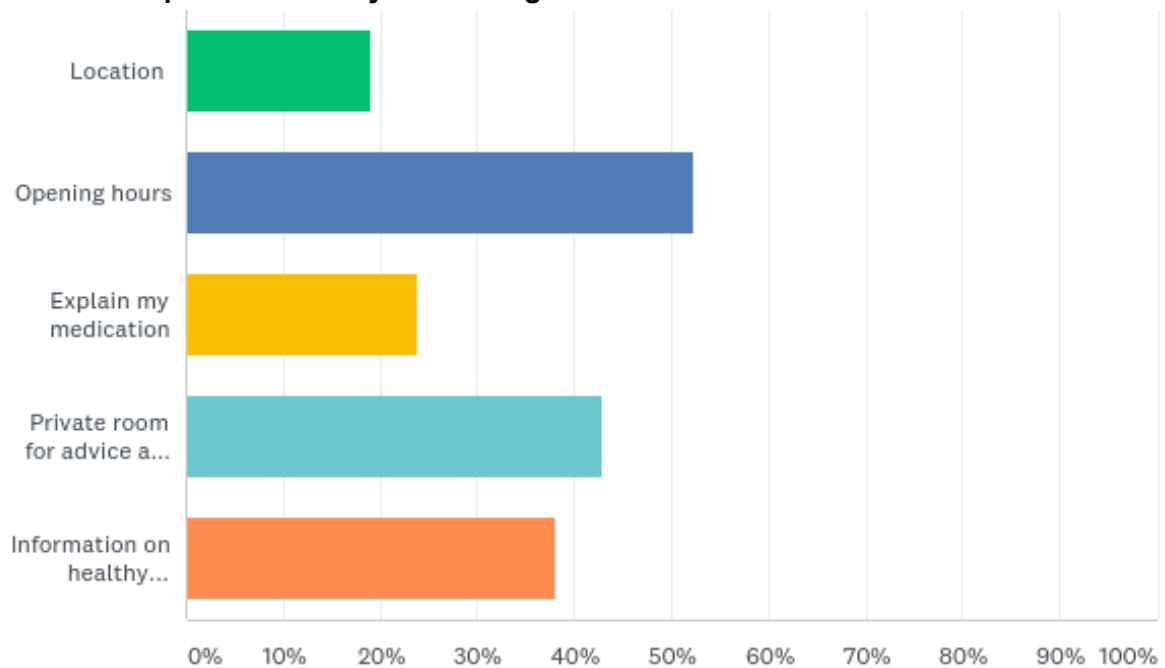


Figure 23

Q2: What could pharmacies in your borough do better?



Q3. How can we make better use of the current pharmacies in your borough?

See comments Figure 15 and Figure 16.

Q4 What new services could pharmacies in the borough introduce in the future?

See comments Figure 15 and Figure 16.

Figure 24 Q5 Gender

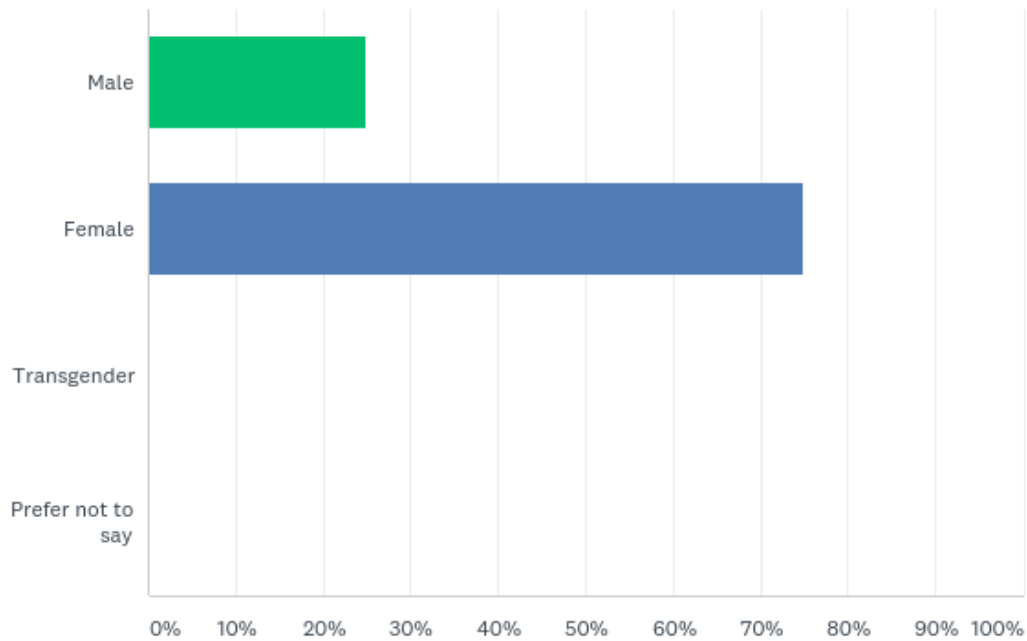


Figure 25 Q6 Age

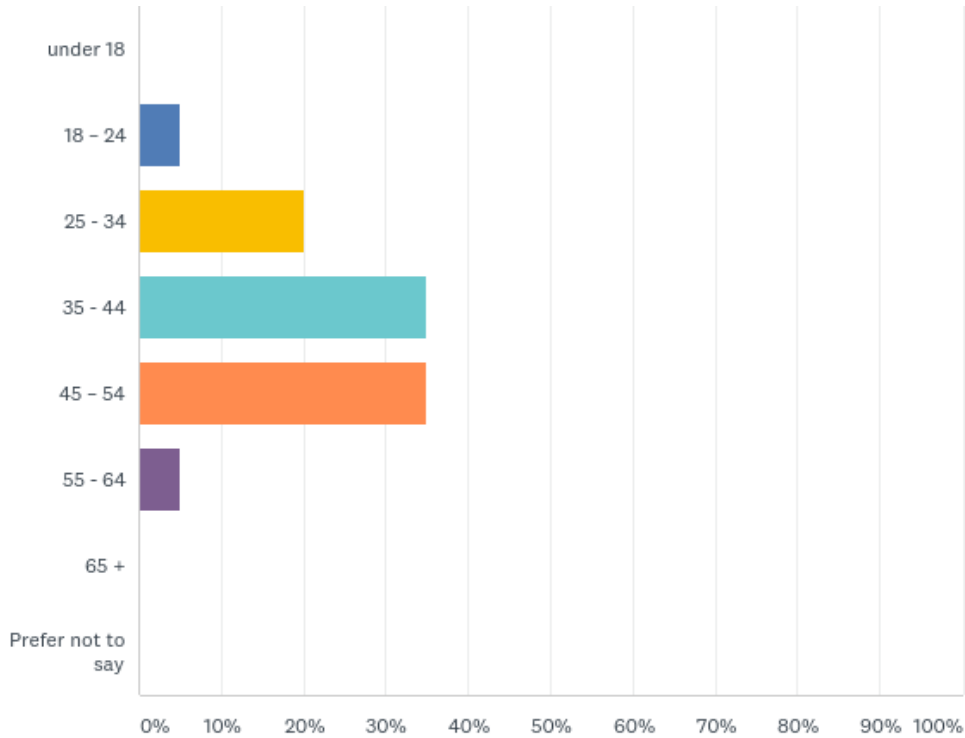


Figure 26 Q7 Religion/Faith

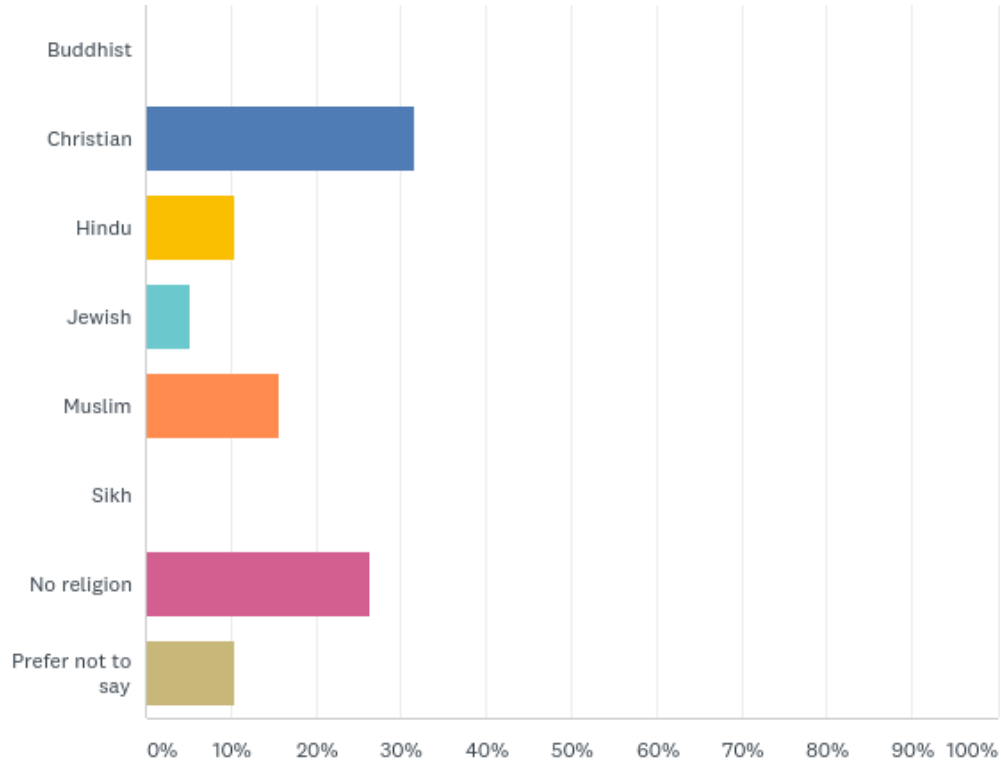


Figure 27 Q8 Race/Ethnic origin

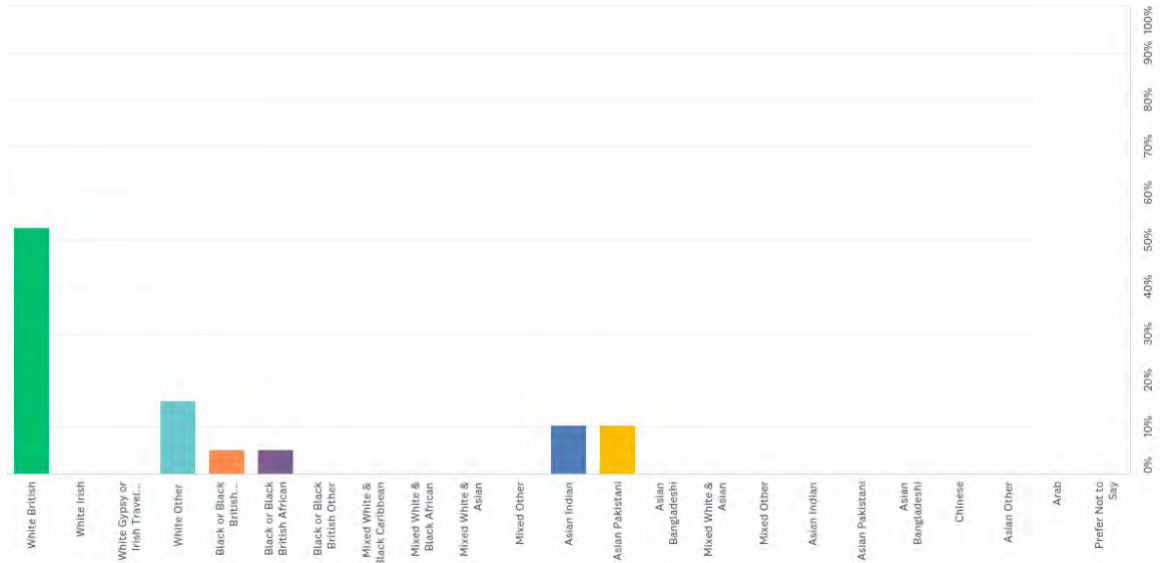


Figure 28 Q9 Sexual orientation

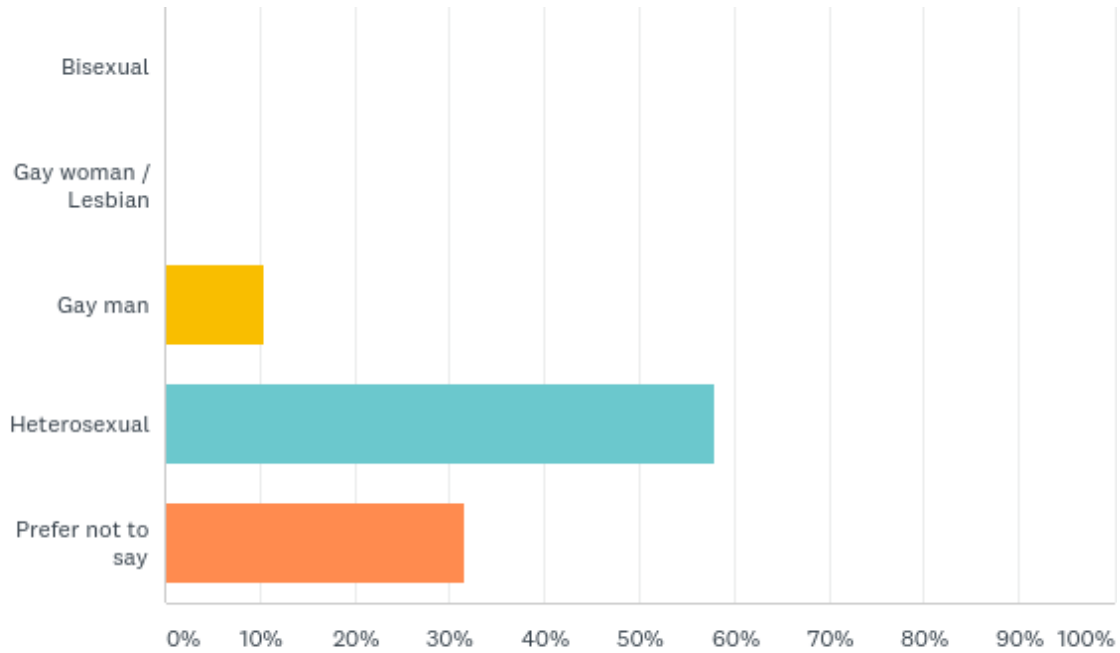


Figure 29 Q10 Do you have a disability?

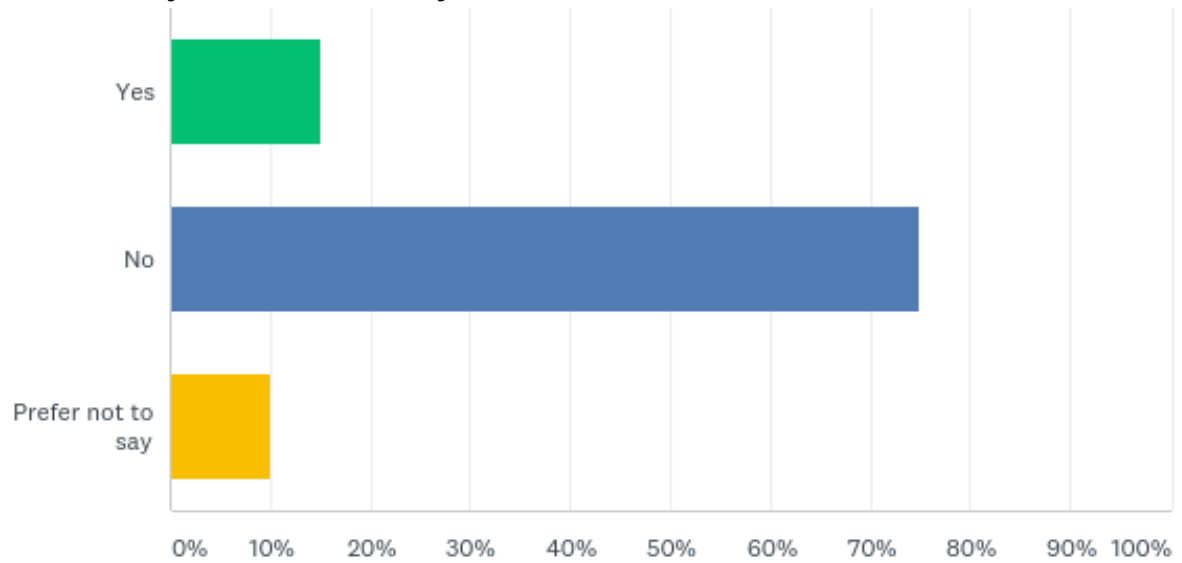
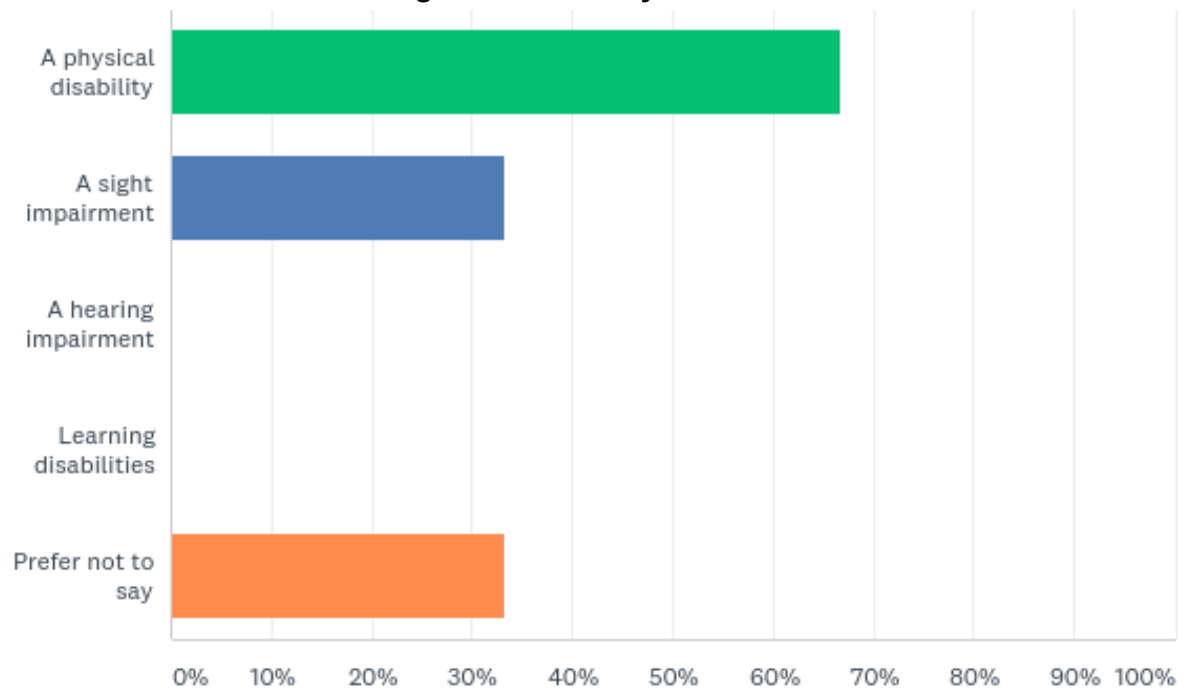


Figure 30 Q11 Which of the following conditions do you have?



11 Appendix D– Pharmacy opening hours and services

The information on community pharmacies, opening hours and core /supplementary hours correlates with the data provided by NHS England in their data pack issued in July 2017. This information is updated from time to time. Current information on individual pharmacies can be found on the NHS Choices website.

Table 21 Opening times by pharmacy

Pharmacy	Day	Daily Opening Times (Half Hour Intervals)														Opening Time Hours									
		Core (Green) ● Supplementary (Yellow) ●														Core		Supplementary		Total					
		06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00	Daily	Weekly	Daily	Weekly	Daily	Weekly
AA Polypharma Ltd Fairlop ODS Code: FLX84 Post Code: IG2 6JX Map ID: N17 Contract Hours: 40 Hour Type: Community	Monday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		5.0		13.0	
	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		5.0		13.0	
	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		5.0		13.0	
	Thursday				●	●	●	●	●	●	●	●	●	●	●	●				8.0	40.0	5.0	50.5	13.0	90.5
	Friday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		5.0		13.0	
	Saturday				●	●	●	●	●	●	●	●	●	●	●	●				0.0		13.0		13.0	
	Sunday				●	●	●	●	●	●	●	●	●	●	●	●				0.0		12.5		12.5	
	AA Polypharma Ltd Barking ODS Code: FAX12 Post Code: IG5 0EW Map ID: N12 Contract Hours: 40 Hour Type: Community	Monday				●	●	●	●	●	●	●	●	●	●	●				9.0		0.5		9.5	
Tuesday					●	●	●	●	●	●	●	●	●	●	●	●				9.0		0.5		9.5	
Wednesday					●	●	●	●	●	●	●	●	●	●	●	●				9.0		0.5		9.5	
Thursday					●	●	●	●	●	●	●	●	●	●	●	●				4.0	40.0	1.0	7.0	5.0	47.0
Friday					●	●	●	●	●	●	●	●	●	●	●	●				9.0		0.5		9.5	
Saturday					●	●	●	●	●	●	●	●	●	●	●	●				0.0		4.0		4.0	
Sunday					●	●	●	●	●	●	●	●	●	●	●	●				0.0		0.0		0.0	
ALLANS CHEMIST Seven Kings ODS Code: FMC24 Post Code: RM6 4AL Map ID: E14 Contract Hours: 40 Hour Type: Community		Monday				●	●	●	●	●	●	●	●	●	●	●				8.0		1.0		9.0	
	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		1.0		9.0	
	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		1.0		9.0	
	Thursday				●	●	●	●	●	●	●	●	●	●	●	●				6.0	40.0	3.0	14.0	9.0	54.0
	Friday				●	●	●	●	●	●	●	●	●	●	●	●				6.0		3.0		9.0	
	Saturday				●	●	●	●	●	●	●	●	●	●	●	●				4.0		5.0		9.0	
	Sunday				●	●	●	●	●	●	●	●	●	●	●	●				0.0		0.0		0.0	
	ALLENS PHARMACY Wan & Wood ODS Code: FT130 Post Code: E18 2LY Map ID: W8 Contract Hours: 40 Hour Type: Community	Monday				●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
Tuesday					●	●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
Wednesday					●	●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
Thursday					●	●	●	●	●	●	●	●	●	●	●	●				8.0	40.0	2.0	18.5	10.0	58.5
Friday					●	●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
Saturday					●	●	●	●	●	●	●	●	●	●	●	●				0.0		8.5		8.5	
Sunday					●	●	●	●	●	●	●	●	●	●	●	●				0.0		0.0		0.0	
BEEHIVE PHARMACY Cran & Lox ODS Code: FQV26 Post Code: IG1 3RD Map ID: S1 Contract Hours: 40 Hour Type: Community		Monday				●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
	Thursday				●	●	●	●	●	●	●	●	●	●	●	●				4.0	40.0	6.0	19.0	10.0	59.0
	Friday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
	Saturday				●	●	●	●	●	●	●	●	●	●	●	●				4.0		1.0		5.0	
	Sunday				●	●	●	●	●	●	●	●	●	●	●	●				0.0		4.0		4.0	
	Bestway National Chemists Ltd Wan & Wood ODS Code: FA065 Post Code: IG8 7QF Map ID: W3 Contract Hours: 40 Hour Type: Community	Monday				●	●	●	●	●	●	●	●	●	●	●				8.0		1.0		9.0	
Tuesday					●	●	●	●	●	●	●	●	●	●	●	●				8.0		1.0		9.0	
Wednesday					●	●	●	●	●	●	●	●	●	●	●	●				8.0		1.0		9.0	
Thursday					●	●	●	●	●	●	●	●	●	●	●	●				8.0	40.0	1.0	22.0	9.0	62.0
Friday					●	●	●	●	●	●	●	●	●	●	●	●				8.0		1.0		9.0	
Saturday					●	●	●	●	●	●	●	●	●	●	●	●				0.0		9.0		9.0	
Sunday					●	●	●	●	●	●	●	●	●	●	●	●				0.0		8.0		8.0	
Bestway National Chemists Ltd Fairlop ODS Code: FCV89 Post Code: IG6 2LD Map ID: N5 Contract Hours: 40 Hour Type: Community		Monday				●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
	Thursday				●	●	●	●	●	●	●	●	●	●	●	●				8.0	40.0	2.0	14.0	10.0	54.0
	Friday				●	●	●	●	●	●	●	●	●	●	●	●				8.0		2.0		10.0	
	Saturday				●	●	●	●	●	●	●	●	●	●	●	●				0.0		4.0		4.0	
	Sunday				●	●	●	●	●	●	●	●	●	●	●	●				0.0		0.0		0.0	
	Bestway National Chemists Ltd Fairlop ODS Code: FX987 Post Code: IG6 2AH Map ID: N7 Contract Hours: 40 Hour Type: Community	Monday				●	●	●	●	●	●	●	●	●	●	●				8.0		1.0		9.0	
Tuesday					●	●	●	●	●	●	●	●	●	●	●	●				8.0		1.0		9.0	
Wednesday					●	●	●	●	●	●	●	●	●	●	●	●				8.0		1.0		9.0	
Thursday					●	●	●	●	●	●	●	●	●	●	●	●				8.0	40.0	1.0	14.0	9.0	54.0
Friday					●	●	●	●	●	●	●	●	●	●	●	●				8.0		1.0		9.0	
Saturday					●	●	●	●	●	●	●	●	●	●	●	●				0.0		9.0		9.0	
Sunday					●	●	●	●	●	●	●	●	●	●	●	●				0.0		0.0		0.0	
BOOTS THE CHEMIST Wan & Wood ODS Code: FJY11 Post Code: E18 1AY Map ID: W9 Contract Hours: 40 Hour Type: Community		Monday				●	●	●	●	●	●	●	●	●	●	●				6.0		6.0		12.0	
	Tuesday				●	●	●	●	●	●	●	●	●	●	●	●				6.0		6.0		12.0	
	Wednesday				●	●	●	●	●	●	●	●	●	●	●	●				6.0		6.0		12.0	
	Thursday				●	●	●	●	●	●	●	●	●	●	●	●				6.0	36.0	6.0	39.0	12.0	75.0
	Friday				●	●	●	●	●	●	●	●	●	●	●	●				6.0		6.0		12.0	
	Saturday				●	●	●	●	●	●	●	●	●	●	●	●				0.0		3.0		9.0	
	Sunday				●	●	●	●	●	●	●	●	●	●	●	●				6.0		6.0		6.0	
	BOOTS THE CHEMIST Fairlop ODS Code: FJL42 Post Code: IG7 4DN Map ID: N1 Contract Hours: 40 Hour Type: Community	Monday				●	●	●	●	●	●	●	●	●	●	●				7.0		1.5		8.5	
Tuesday					●	●	●	●	●	●	●	●	●	●	●	●				7.0		1.5		8.5	
Wednesday					●	●	●	●	●	●	●	●	●	●	●	●				7.0		1.5		8.5	
Thursday					●	●	●	●	●	●	●	●	●	●	●	●				7.0	40.0	1.5	11.0	8.5	51.0
Friday					●	●	●	●	●	●	●	●	●	●	●	●				7.0		1.5		8.5	
Saturday					●	●	●	●	●	●	●	●	●	●	●	●				5.0		3.5		8.5	
Sunday					●	●	●	●	●	●	●	●	●	●	●	●				0.0		0.0		0.0	

Pharmacy	Day	Daily Opening Times (Half Hour Intervals)														Opening Time Hours									
		Core (Green) ● Supplementary (Yellow) ●														Core		Supplementary		Total					
		06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00	Daily	Weekly	Daily	Weekly	Daily	Weekly
EDEN PHARMACY	Monday																			9.0		2.0		11.0	
Seven Kings	Tuesday																			9.0		2.0		11.0	
ODS Code	Wednesday																			9.0		2.0		11.0	
Post Code	Thursday																			4.0	40.0	5.0	22.0	9.0	62.0
Map ID	Friday																			9.0		2.0		11.0	
Contract Hours	Saturday																			9.0		2.0		11.0	
Type	Sunday																			0.0		0.0		0.0	
FAIRLOP PHARMACY	Monday																			16.0		0.0		16.0	
Fairlop	Tuesday																			16.0		0.0		16.0	
ODS Code	Wednesday																			16.0		0.0		16.0	
Post Code	Thursday																			16.0	112.0	0.0	0.0	16.0	112.0
Map ID	Friday																			16.0		0.0		16.0	
Contract Hours	Saturday																			16.0		0.0		16.0	
Type	Sunday																			16.0		0.0		16.0	
J R RICHARDS CHEMIST	Monday																			9.0		1.0		10.0	
Fairlop	Tuesday																			9.0		1.0		10.0	
ODS Code	Wednesday																			9.0		1.0		10.0	
Post Code	Thursday																			4.0	40.0	6.0	15.0	10.0	55.0
Map ID	Friday																			9.0		1.0		10.0	
Contract Hours	Saturday																			0.0		5.0		5.0	
Type	Sunday																			0.0		0.0		0.0	
LLOYDS PHARMACY	Monday																			6.0		6.0		12.0	
Seven Kings	Tuesday																			6.0		6.0		12.0	
ODS Code	Wednesday																			6.0		6.0		12.0	
Post Code	Thursday																			6.0	40.0	6.0	39.0	12.0	79.0
Map ID	Friday																			6.0		6.0		12.0	
Contract Hours	Saturday																			6.0		6.0		12.0	
Type	Sunday																			4.0		3.0		7.0	
LLOYDS PHARMACY	Monday																			6.0		4.5		10.5	
Fairlop	Tuesday																			6.0		4.5		10.5	
ODS Code	Wednesday																			6.0		4.5		10.5	
Post Code	Thursday																			8.0	40.0	1.5	23.0	9.5	63.0
Map ID	Friday																			6.0		4.5		10.5	
Contract Hours	Saturday																			6.0		2.5		8.5	
Type	Sunday																			2.0		1.0		3.0	
LLOYDS PHARMACY	Monday																			0.0		10.0		10.0	
Fairlop	Tuesday																			0.0		10.0		10.0	
ODS Code	Wednesday																			0.0		10.0		10.0	
Post Code	Thursday																			0.0	0.0	10.0	57.0	10.0	57.0
Map ID	Friday																			0.0		10.0		10.0	
Contract Hours	Saturday																			0.0		7.0		7.0	
Type	Sunday																			0.0		0.0		0.0	
LLOYDS PHARMACY	Monday																			8.0		2.0		10.0	
Wan & Wood	Tuesday																			8.0		2.0		10.0	
ODS Code	Wednesday																			8.0		2.0		10.0	
Post Code	Thursday																			8.0	40.0	2.0	18.5	10.0	58.5
Map ID	Friday																			8.0		2.0		10.0	
Contract Hours	Saturday																			0.0		8.5		8.5	
Type	Sunday																			0.0		0.0		0.0	
LLOYDS PHARMACY	Monday																			16.0		0.0		16.0	
Seven Kings	Tuesday																			16.0		0.0		16.0	
ODS Code	Wednesday																			16.0		0.0		16.0	
Post Code	Thursday																			16.0	101.0	0.0	0.0	16.0	101.0
Map ID	Friday																			16.0		0.0		16.0	
Contract Hours	Saturday																			15.0		0.0		15.0	
Type	Sunday																			6.0		0.0		6.0	
MAYORS PHARMACY	Monday																			7.0		2.5		9.5	
Wan & Wood	Tuesday																			7.0		2.5		9.5	
ODS Code	Wednesday																			7.0		2.5		9.5	
Post Code	Thursday																			7.0	40.0	2.5	16.5	9.5	56.5
Map ID	Friday																			7.0		2.5		9.5	
Contract Hours	Saturday																			5.0		4.0		9.0	
Type	Sunday																			0.0		0.0		0.0	
Medsbox Ltd	Monday																			0.0		0.0		0.0	
Seven Kings	Tuesday																			0.0		0.0		0.0	
ODS Code	Wednesday																			0.0		0.0		0.0	
Post Code	Thursday																			0.0	0.0	0.0	0.0	0.0	0.0
Map ID	Friday																			0.0		0.0		0.0	
Contract Hours	Saturday																			0.0		0.0		0.0	
Type	Sunday																			0.0		0.0		0.0	

Table 22 Pharmacy services offered per pharmacy by locality and ward

Locality	Ward	Pharmacy	Name	MAP ID	EPS 1 or 2	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Palliative Care	Care Homes	EHC	Chlamydia	C-Card	SC	NEX		
Cranbrook & Loxford	Clementswood	FE174	BOOTS THE CHEMISTS	S6		✓	✓						✓									
		FEL84	DP Pharmacy	S7		✓	✓				✓											
		FEY00	WOODLANDS PHARMACY	S10		✓					✓	✓	✓					✓	✓	✓		
		FHR36	My direct pharmacy	S11																		
		FM067	BOOTS THE CHEMISTS	S5		✓	✓				✓			✓				✓	✓	✓		
		FMN80	BRITANNIA PHARMACY	S12		✓	✓				✓	✓	✓	✓				✓	✓	✓		
	FNA31	P & S CHEMIST	S8		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓	✓	
	Cranbrook	FQV26	BEEHIVE PHARMACY	S1		✓	✓				✓	✓	✓									
	Loxford	FCX56	BRITANNIA PHARMACY	S9		✓	✓				✓	✓	✓	✓				✓	✓	✓		
	Mayfield	FC396	BRITANNIA PHARMACY	S13		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓	
	Valentines	FGA58	SUPERDRUG PHARMACY	S4		✓	✓				✓	✓	✓									
		FK675	ROHPHARM LTD	S3		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓	
	FT835	PELTON CHEMISTS	S2		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓		
Fairlop	Barkingside	FAX12	AA Polypharma Ltd	N12								✓										
		FD728	SHELDONS	N16		✓	✓															
		FFG00	J R RICHARDS CHEMIST	N14		✓	✓							✓								
		FLX84	AA Polypharma Ltd	N17		✓					✓	✓										
		FV839	DAY LEWIS PHARMACY	N13		✓	✓															
	Clayhall	FCX67	DAY LEWIS PHARMACY	N11		✓	✓				✓			✓								
		FPC57	TESCO INSTORE PHARMACY	N10		✓	✓				✓			✓								
		FQX71	Roding Pharmacy	N15		✓	✓				✓	✓	✓	✓				✓	✓	✓		
	Fairlop	FCV89	Bestway National Chemists	N5		✓	✓				✓	✓	✓	✓								
		FJ605	Chigwell Pharmacy	N4		✓	✓				✓	✓	✓	✓								
		FKA10	BORNO CHEMISTS LTD	N6		✓	✓				✓										✓	
		FWM34	LLOYDS PHARMACY	N3		✓	✓	✓														
	Fullwell	FM888	BOOTS THE CHEMISTS	N9		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓	
		FNA07	FAIRLOP PHARMACY	N8		✓					✓	✓	✓	✓				✓	✓	✓	✓	
		FXY87	Bestway National Chemists	N7		✓	✓				✓											
Hainault	FJL42	BOOTS THE CHEMIST	N1		✓	✓				✓			✓									
	FR823	LLOYDS PHARMACY	N2		✓	✓	✓	✓									✓	✓	✓	✓		
Aldborough	FCR80	TESCO INSTORE PHARMACY	E1		✓	✓				✓												
	FG463	BRITANNIA PHARMACY	E4		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓		
	FJF69	LLOYDS PHARMACY	E2		✓	✓				✓							✓	✓	✓	✓		
	FNK71	BORNO CHEMISTS LTD	E3		✓	✓				✓												
	FMC24	ALLANS CHEMIST	E14		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓		
Goodmayes	FYT00	CORDEVE DISPENSING	E13		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓		
	FG274	EDEN PHARMACY	E11		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓		
	FN372	LLOYDS PHARMACY	E12		✓	✓	✓	✓		✓	✓	✓	✓				✓	✓	✓	✓		
Newbury	FTL36	PHARMARAM	E8		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓		
	FDK37	BRITANNIA PHARMACY	E5		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓		
Seven Kings	Medsbox	Medsbox Ltd	E6																			
	FGK94	ZADAMS PHARMACY	E9		✓	✓				✓	✓	✓	✓				✓	✓	✓	✓		
	FPN09	TESCO INSTORE PHARMACY	E10		✓	✓				✓			✓									
Wanstead & Woodford	Bridge	FQD31	WELLCHEM	E7		✓	✓			✓	✓	✓	✓				✓	✓	✓	✓		
		FA065	Bestway National Chemists	W3		✓	✓				✓											
	Church End	FEP64	THE BRIDGE PHARMACY	W5		✓	✓	✓	✓		✓							✓	✓	✓	✓	
		FJ842	CHURCHFIELD PHARMACY	W7		✓	✓				✓	✓	✓	✓							✓	
		FJY11	BOOTS THE CHEMIST	W9		✓	✓				✓							✓	✓	✓	✓	
		FNA06	DANIELS PHARMACY	W11		✓	✓				✓							✓	✓	✓	✓	
		FPL60	OCEAN PHARMACY	W10		✓	✓				✓			✓				✓	✓	✓	✓	
	Monkhams	FTL30	ALLENS PHARMACY	W8		✓	✓				✓			✓				✓	✓	✓	✓	
		FAN19	LLOYDS PHARMACY	W1		✓	✓	✓	✓		✓											
		FH113	MAYORS PHARMACY	W4		✓	✓				✓			✓								
	Roding	FXH15	CHRYSTALLS	W2		✓	✓				✓	✓	✓								✓	
	Snaresbrook	ClickRx	ClickRx Limited	W6																		
FLD13		WANSTEAD PHARMACY	W13		✓	✓				✓	✓	✓					✓	✓	✓	✓		
	FLM83	BOOTS THE CHEMIST	W12		✓	✓				✓			✓									
Wanstead	None			No Pharmacies in Ward																		

Table 23 Pharmacy services offered by locality and ward

Locality	Ward	Pharmacy Number	EPS 1 or 2	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Palliative Care	Care Homes	EHC	Chlamydia	C-Card	SC	NEX
Cranbrook & Loxford	Clementswood	7	6	5				5	3	3	5			4	4	4	1	1
	Cranbrook	1	1	1				1	1	1	1							
	Loxford	1	1	1				1	1	1	1			1	1	1		
	Mayfield	1	1	1				1	1	1	1			1	1	1	1	
	Valentines	3	3	3				3	2	3	2			2	2	2	1	2
Fairlop	Barkingside	5	5	3				2	1	1	1							
	Clayhall	3	3	3				3	1	1	3			1	1	1		
	Fairlop	4	4	4	1	1		3	1	1	2						1	
	Fullwell	3	3	2				3	1	1	2			1	1	1	1	1
	Hainault	2	2	1	1	1		1			1			1	1	1	1	1
Seven Kings	Aldborough	4	4	4				3	2	2	1			1	1	1	1	1
	Chadwell	2	2	2				2	1	2	1			2	2	2		
	Goodmayes	3	3	3	1	1		3	2	3	2			3	3	3	2	1
	Newbury	2	1	1				1	1	1	1			1	1	1		
	Seven Kings	3	3	3				3	2	2	3			2	2	2	1	1
Wanstead & Woodford	Bridge	2	2	2	1	1		2		1				1	1	1		
	Church End	5	5	3				4	1	3	4			2	2	2	1	1
	Monkhams	3	3	3	1	1		2	1	1	2						1	1
	Roding	1																
	Snaresbrook	2	2	2				2	1	1	1			1	1	1		
	Wanstead	0																
Area	Locality	Pharmacy Number	EPS 1 or 2	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Palliative Care	Care Homes	EHC	Chlamydia	C-Card	SC	NEX
	Cranbrook & Loxford	13	0	12	11	0	0	11	8	9	10	0	0	8	8	8	3	3
	Fairlop	17	0	17	13	2	2	12	4	4	9	0	0	3	3	3	3	2
	Seven Kings	14	0	13	13	1	1	12	8	10	8	0	0	9	9	9	4	3
	Wanstead & Woodford	13	0	12	10	2	2	10	3	6	7	0	0	4	4	4	2	2
	Redbridge	57	0	54	47	5	5	45	23	29	34	0	0	24	24	24	12	10

The public health team in the local authority commissions Sexual Health services (C-Card and Emergency Hormonal Contraception Services and chlamydia screening and treatment) from local pharmacies as well as Needle exchange (Nex) and supervised consumption(SC) services.

12 Appendix E – Other service providers

Table 26 GP practices in Redbridge

ID	Practice_Name	Post_Code	Practice_Manager_Name	Branch / GP Led / Walk in Centre
1	Aldersbrook Medical Centre	E12 5DL	Johanna Randall	Main Practice
2	Balfour Road Surgery	IG1 4JE	Darshana Davda	Main Practice
3	Castleton Road Health Centre	IG3 9QW	Nasir Quraishi	Main Practice
4	Chadwell Heath Surgery	RM6 4AF	Karim Allam	Main Practice
5	Clayhall Clinic	IG5 0LG		Main Practice
6	Cranbrook Surgery	IG2 6EW	Karen Wilson	Main Practice
7	Eastern Avenue Medical Centre	IG4 5AW	Mukta Agrawal	Main Practice
8	Elmhurst Practice	E18 2QS	Lorraine Chapman	Main Practice
9	Fencepiece Road Medical Centre	IG6 2NB	Sadaf Khalid	Main Practice
10	Forest Edge Practice	IG7 4DF	Rob Orange	Main Practice
11	Fullwell Avenue Surgery	IG5 0SB	Rita Patel	Main Practice
12	Fullwell Cross Medical Centre	IG6 2HG	Andrew Watson	Main Practice
13	Gants Hill Medical Centre	IG2 6UW	Tahira Mughal	Main Practice
14	Glebelands Practice	E18 2AD	Steffi Cacciaguerra	Main Practice
15	Goodmayes Medical Centre	IG3 8XB	Sumathi Sundarajan	Main Practice
16	Goodmayes Medical Practice	IG3 9RN	Perri Hutchison	Main Practice
17	Granville Medical Centre	IG1 4JY	Susan Byrne	Main Practice
18	Grove Surgery	RM6 4YU	Jackie Dorman	Main Practice
19	Hainault Surgery	IG6 2XG	Tracy Whitrod	Main Practice
20	Health 1000	IG3 8YB	Colleen Atkinson	Main Practice
21	Heathcote Primary Care Centre	IG5 0QS	Lynn Howlett	Main Practice
22	Ilford Lane Surgery	IG1 2SN	Ganga Wardena	Main Practice
23	Ilford Medical Centre	IG1 1EE	Anita Vallamkonda	Main Practice
24	Kenwood Gardens Medical Centre	IG2 6YG	Afsana Begum	Main Practice
25	Mathukia's Surgery	IG1 2SF	Kartika Vyas	Main Practice
26	Newbury Park Group Practice	IG2 7LE	Karen Wilson	Main Practice
27	Oaktree Medical Centre	IG3 9TJ	Bukky Akpabio	Main Practice
28	Paul's Surgery	IG3 8BG	Sabina Patel	Main Practice
29	Queen Mary Practice	E18 2QS	Kamaljeet Bhangra	Main Practice
30	Roding Lane Surgery	IG8 8NR	Jignasha Piparia	Main Practice
31	Rydal Group Practice	IG8 9QJ	Jedlinski Dorota	Main Practice
32	Seven Kings Health Centre	IG3 8BG	Norah Sennett	Main Practice
33	Southdene Surgery	E18 1BD	Sonata Gaucaite	Main Practice
34	St. Clements Surgery	IG1 4LA	Shalini Solomon	Main Practice
35	The Broadway Surgery	IG8 0HF	Margaret Stacey	Main Practice
36	The Courtland Surgery	IG1 3DP	Pat Trotnow	Main Practice
37	The Doctor's House	IG3 8LF	Chrystal Dearlove	Main Practice
38	The Drive Surgery	IG1 3HZ	Prabhjot Bajwa	Main Practice
39	The Evergreen Practice	E11 2AQ	Louise Thomson	Main Practice
40	The Palms Medical Centre	IG2 7NW	Lynn Gibbings	Main Practice
41	The Practice Loxford	IG1 2SN		Main Practice
42	The Redbridge Surgery	IG4 5BZ	Sonali Handa	Main Practice
43	The Shrubberies Medical Centre	E18 1BD	Elaine Edwards	Main Practice
44	The Willows Medical Practice	IG7 4DF	Pam Gentry	Main Practice
45	Wanstead Place Surgery	E11 2SW	Sheree Horsey	Main Practice
46	York Road Surgery	IG1 3AF	Manit Dhesi	Main Practice

Table 27 Dental practices in Redbridge

ID	Dental Practice Name	Contract Type	Postcode	Practice Address	Name of Contractor
1	Barkingside Dental Care	GDS Contract	IG6 2AD	47A High Street Barkingside	Barkingside Dental Care Ltd
2	Belmont Dental Surgery	GDS Contract	IG1 1YN	26 Belmont Road ILFORD	Belmont Dental Practice
3	Bluebell Dental Practice	GDS Contract	IG6 2QP	140 Tomswood Hill ILFORD	Bluebell Dental Practice
4	Chadwell Dental Care	GDS Contract	RM6 4AL	1215 High Road Chadwell Heath	Chadwell Dental Practice Ltd
5	Chadwell Heath Dental Practice	GDS Contract	RM6 4BB	1054 High Road ROMFORD	Ms G Staneviciene
6	Chadwell Heath Dental Practice	GDS Contract	RM6 4BB	1054 High Road ROMFORD	Ms G Staneviciene
7	Chigwell Dental	GDS Contract	IG8 8AS	723 Chigwell Road Woodford Green	Sennik Ltd
8	Clarence House Dental Health	GDS Contract	IG2 6JE	58 Clarence Avenue ILFORD	MR F BASSEGGHI
9	Clayhall Avenue Dental Health	GDS Contract	IG5 0PN	137 Clayhall Avenue ILFORD	MR DG BORODA
10	Clements Road Practice	GDS Contract	IG1 1BE	152 Clements Road ILFORD	Clements Road Dental
11	Dental Health Centre	PDS Contract	IG2 6XA	128 Woodford Avenue ILFORD	The Orthodontic Gallery
12	Dental Health Centre	GDS Contract	IG2 6XA	128 Woodford Avenue ILFORD	MR E JOFFE
13	Dental Living	GDS Contract	IG5 0NZ	161 Clayhall Avenue ILFORD	Dental Living
14	Dental Practice Barkingside	GDS Contract	IG6 2AZ	6 Fremantle Road ILFORD	Miss Chaudry & Dr M Siddique
15	Dental Solutions	GDS Contract	IG1 2RR	161 Ilford Lane ILFORD	Dental Solutions Urgent Treatment
16	Dental Solutions	GDS Contract	IG1 2RR	161 Ilford Lane ILFORD	MR H SHAH
17	Dental Surgery	GDS Contract	IG2 6PQ	630 Eastern Avenue ILFORD	MR M SIMYAB
18	Dental Surgery	GDS Contract	IG2 6PQ	630 Eastern Avenue ILFORD	MR BM ROSENBLOOM
19	Dental Surgery	GDS Contract	IG4 5DF	185 Redbridge Lane East ILFORD	MRS DENISE WALTERS-PAYNE
20	Dental Wizards	GDS Contract	IG3 8LF	50 Cameron Road ILFORD	MR R MEHROTRA
21	First Impressions Orthodontic	PDS Contract	IG2 6JH	26 Clarence Avenue ILFORD	MR MM PATEL
22	Gentle Dental Care	GDS Contract	IG1 1AR	Unit 3, Lower Level The Exchange, High Road	Miss SK Dhindsa
23	Goodmayes Dental Practice	GDS Contract	IG3 9SD	624 Green Lane ILFORD	Goodmayes Dental Practice Ltd
24	Green Lane Dental Practice	GDS Contract	IG3 9LD	438 Green Lane ILFORD	MR SS SIHRA
25	Hainault Dental Practice	GDS Contract	IG6 3DX	299 New North Road ILFORD	MR A GANDECHA
26	Hainault Gentle Dental Care	GDS Contract	IG6 3EB	434 New North Road ILFORD	Hainault Gentle Dental Care Ltd
27	Hainault Health Centre	PDS Contract	IG7 4DF	Community Dental Service Manford Way	NHS Redbridge
28	Ilford Dental Practice	GDS Contract	IG1 1QE	216 High Road ILFORD	MR AD PATEL
29	Ilford Lane Family Dental Surgery	GDS Contract	IG1 2RZ	217 Ilford Lane ILFORD	Mr S & Mrs A Hirekodi
30	Woodford House Dental Practice	GDS Contract	IG8 9EF	162 High Road Woodford Green	MR AZ MALIK
31	Inglehurst Dental Practice	GDS Contract	IG4 5EU	51 Redbridge Lane East ILFORD	Inglehurst Dental Practice Ltd
32	IS Dental Care	GDS Contract	E11 2AA	11 High Street Wanstead	Mr I Sapiro &
33	LD'Cruz & A Grew	Prototype	IG8 0HL	6 The Broadway Woodford Green	Woodford Dental Care
34	Oasis Dental Care	GDS Contract	E18 2AB	16 Glebelands Avenue LONDON	Woodford Partnership
35	Pearls Dental Centre	GDS Contract	IG3 8SU	732 High Road ILFORD	MRS FI OLUYANNWO
36	PerioCare Dental Practice	GDS Contract	IG3 8XF	34A Barley Lane ILFORD	MR RS RAO
37	Rydal Orthodontic Clinic	PDS Contract	IG8 9QJ	375a High Road Woodford Green	MRS LC LYONS
38	Smile Dental Clinic	GDS Contract	IG3 8JB	271-273 Aldborough Road South ILFORD	MR YR SARWAR
39	Smile in London	GDS Contract	E11 2PU	19 Cambridge Park LONDON	Cambridge Park Dental Practice
40	The Gants Hill Dental Practice	GDS Contract	IG2 6RD	532 Cranbrook Road ILFORD	MISS R SHAH
41	Valentine Dental Health Centre	GDS Contract	IG1 4UR	274 Cranbrook Road ILFORD	Valentine Dental Practice Ltd
42	Wanstead Dental Practice	GDS Contract	E11 2HY	1 Nutter Lane Wansted	MR HJ PAY
43	Wanstead Village Dental	GDS Contract	E11 2AQ	Phoenix House, 24 High Street Wansted	MRS M SHAH
44	Wellesley House Dental Surgery	GDS Contract	IG1 4JT	9 Wellesley Road ILFORD	Wellesley House Dental Practice
45	Woodford Green Dental Centre	GDS Contract	IG8 7QQ	80 Snakes Lane East Woodford Green	WGDC LTD
46	Word of Mouth Dental Care	GDS Contract	IG6 2JX	2 Fencepiece Road ILFORD	MR R PAUL

Table 28 Urgent Care Centres in London

London - Urgent Care Centres	Address	Postcode
Urgent Care Centre: Chelsea and Westminster Hospital, West London CCG, London	Chelsea & Westminster Hospital, 369 Fulham Road, London	SW10 9NH
Urgent Care Centre: St Mary's Hospital UCC, Central London CCG, London	St Mary's Urgent Care Centre, St Mary's Hospital, Praed Street, London, Middlesex	W2 1NY
Urgent Care Centre: Fulham Centre for Health, Hammersmith & Fulham CCG, London	Charing Cross Hospital, Fulham Palace Road, London, Middlesex	W6 8RF
Urgent Care Centre: Hammersmith Centre for Health, Hammersmith CCG, London	Hammersmith Centre for Health, Hammersmith Hospital, Du Cane Road, London	W12 0HS
Urgent Care Centre: St Charles Urgent Care Centre, West London CCG, London	St Charles Centre for Health and Wellbeing, Exmoor Street, London, Middlesex	W10 6DZ
Urgent Care Centre - Queens Hospital - Havering - London	Queens Hospital, Rom Valley Way, Romford, Essex	RM7 0AG
Urgent Care Centre - King George Hospital - Redbridge - London	King George Hospital, Barley Lane, Ilford, Essex	IG3 8YB
Urgent Care Centre - Whipps Cross Hospital - Waltham Forest - London	Whipps Cross Hospital, Whipps Cross Road, Leytonstone	E11 1NR
Urgent Care Centre - Whittington Hospital UCC - Islington - London	Magdala Avenue, London	N19 5NF
Urgent Care Centre - North Middlesex Hospital UCC - Enfield - London	Sterling Way, London	N18 1QX
Urgent Care Centre - Royal Free Hospital UCC - Camden - London	Pond Street, London	NW3 2QG
Urgent Care Centre - Homerton Hospital - City and Hackney - London	HOMERTON ROW, LONDON	E9 6SR
Urgent Care Centre - Newham University Hospital - Newham - London	GLEN ROAD, LONDON	E13 8SL
Urgent Care Centre - Chase Farm Hospital UCC - Enfield - London	THE RIDGEWAY, ENFIELD	EN2 8JL
Urgent Care Centre: Northwick Park, Harrow CCG, London	Watford Road, Harrow	HA1 3UJ
Urgent Care Centre: Queen Marys Hospital, Bexley, London	Queen Marys Hospital, Froggnal Ave, Sidcup, Kent	DA14 6LT
Urgent Care Centre: Central Middlesex, Brent CCG, London	Urgent Care Centre, Central Middlesex Hospital, Acton Lane, London	NW10 7NS
Urgent Care Centre: Beckenham Beacon, Bromley, London	Beckenham Beacon, 379 Croydon Road, Beckenham	BR3 3QL
Urgent Care Centre: Guys Hospital, Southwark, London	Ground floor, Tabard Annexe, Great Maze Pond, Guy's Hospital, London	SE1 9RT
Urgent Care Centre: West Middlesex Hospital, Hounslow CCG, London	Urgent Care Centre, West Middlesex University Hospital, Twickenham Road, Isleworth, Middlesex	TW7 6AF
Urgent Treatment Centre - University College London Hospital - Camden - London	University College Hospital, 235 Euston Road, London	NW1 2BU
Urgent Care Centre: Hillingdon Hospital, Hillingdon CCG, London	Hillingdon Hospital, Pield Heath Road, Uxbridge	UB8 3NN
Urgent Care Centre: Croydon University Hospital, Croydon, London	Entrance via Woodcroft Road, 530 London Road, Thornton Heath	CR7 7YE
Urgent Care Centre: Princess Royal, Bromley, London	Princess Royal University Hospital, Farnborough Common, Orpington, Kent	BR6 8ND
Urgent Care Centre: Queen Elizabeth Hospital, Greenwich, London	Queen Elizabeth Hospital, Stadium Road, London,	SE18 4QH
Urgent Care Centre: St Thomas Hospital, Lambeth, London	St Thomas Hospital, Westminster Bridge Road, London	SE1 7EH
Urgent Care Centre: Lewisham Hospital, Lewisham, London	University Hospital Lewisham, Lewisham High Street, London,	SE13 6LH
Urgent Care Centre: St Georges Hospital, Wandsworth, London	St Georges Hospital, Blackshaw Road, London	SW17 0QT
Urgent Care Centre: St Helier Hospital, Sutton, London	St Helier Hospital, Wrythe Lane, Carshalton	SM5 1AA
Urgent Care Centre: Erith & District Hospital, Bexley, London	Erith & District Hospital, Park Crescent, Erith	DA8 3EE
Urgent Care Centre: Ealing Hospital, Ealing CCG, London	UXBRIDGE ROAD, SOUTHALL	UB1 3HW
Urgent Care Centre: Queen Marys Hospital (X-ray), Bexley, London	FROGNAL AVENUE, SIDCUP	DA14 6LT
Urgent Care Centre - Royal London Hospital - Tower Hamlets - London	ROYAL LONDON HOSPITAL, WHITECHAPEL ROAD, LONDON	E1 1BB

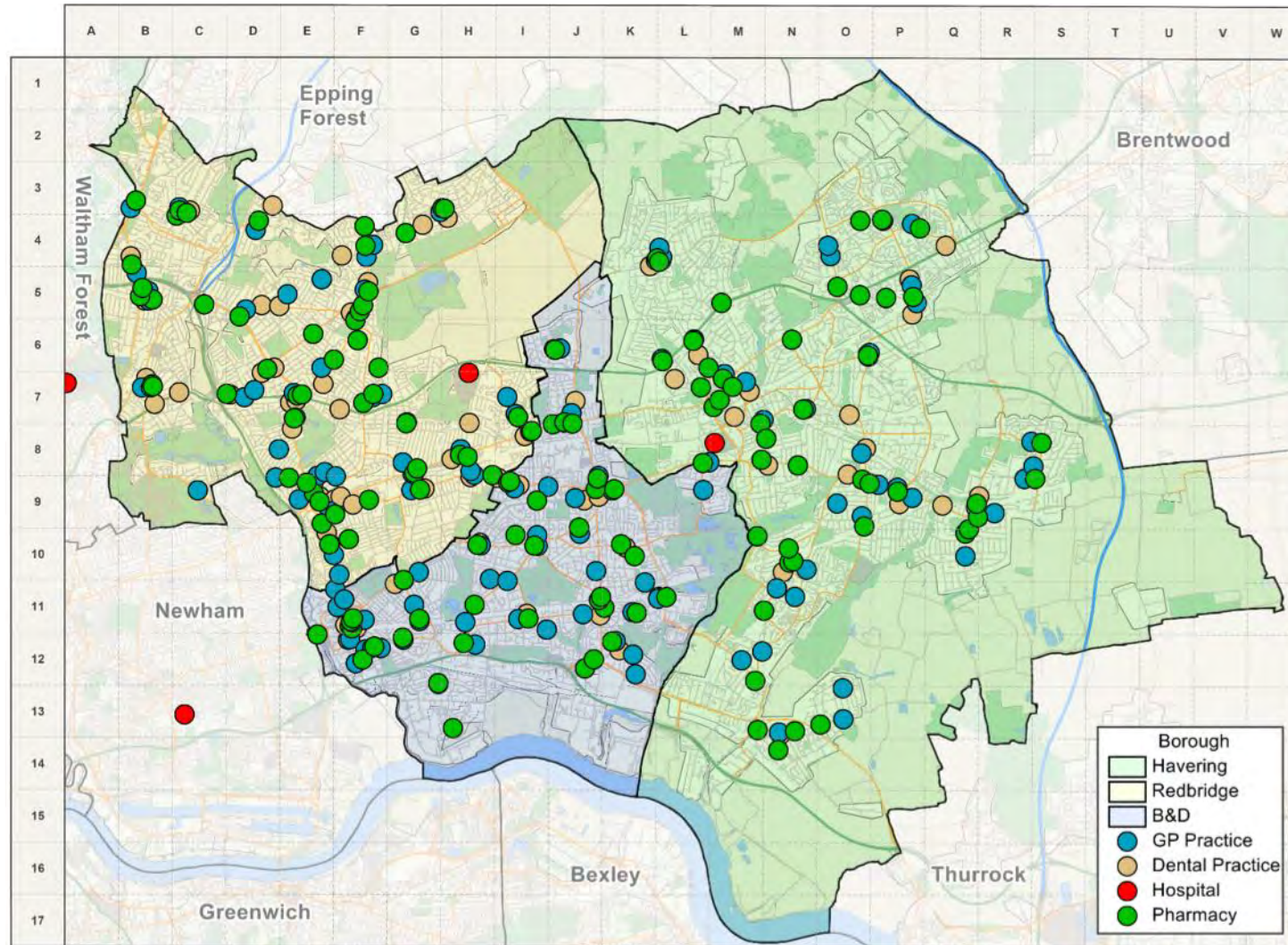
13 Appendix F – Maps

Barking and Dagenham, Havering and Redbridge have collaborated closely on the production of this PNA and share many common issues. A map of the pharmacies across all three boroughs is shown below

Figure 31 Key geographic features of the three boroughs



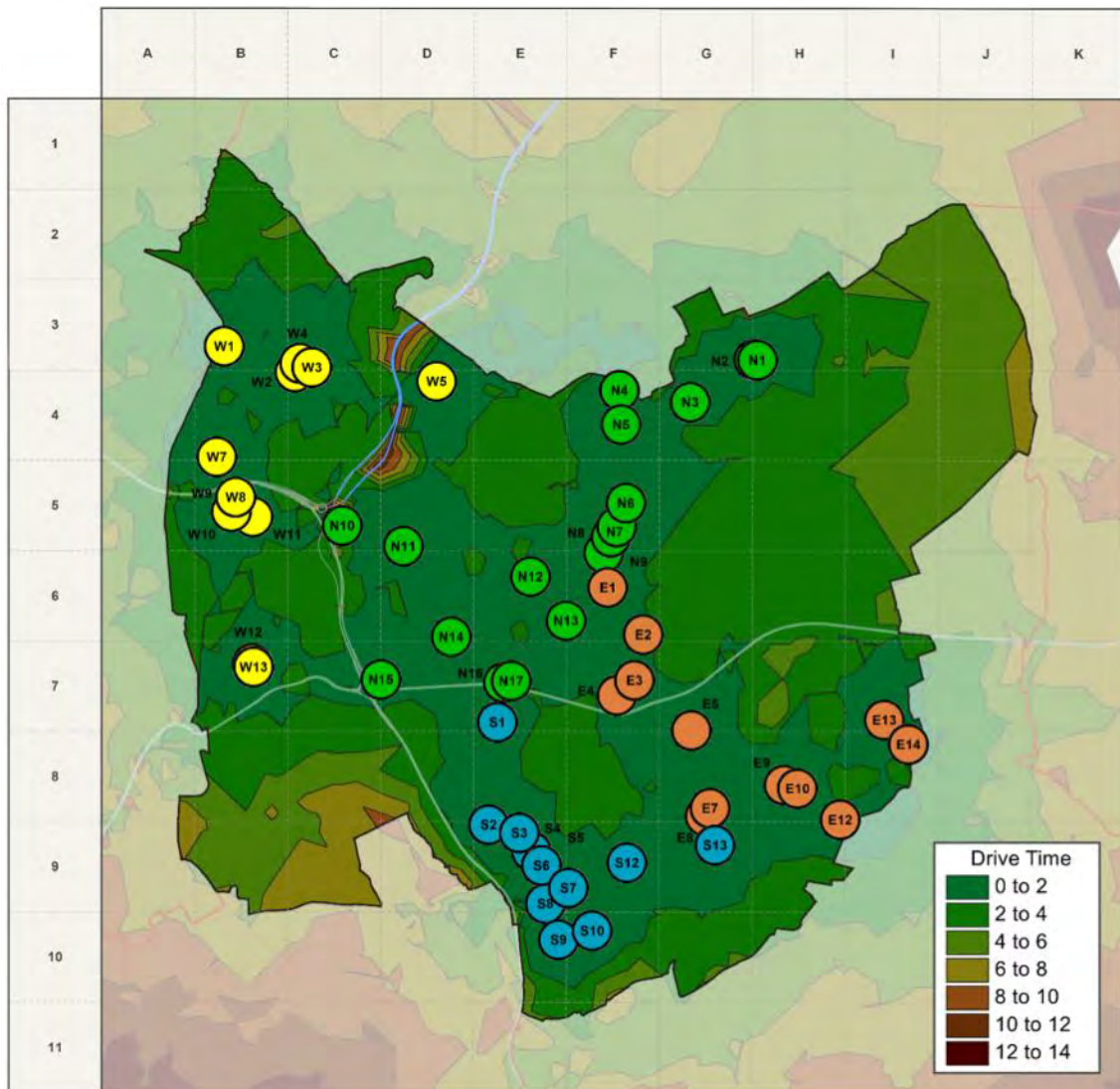
Figure 32 The location of health services in the three boroughs



2018

Figure 33 Drive time to nearest pharmacy in Redbridge (minutes)

This map shows the drive time to reach all pharmacies inside the borough when traveling by car at average speed on any roads.

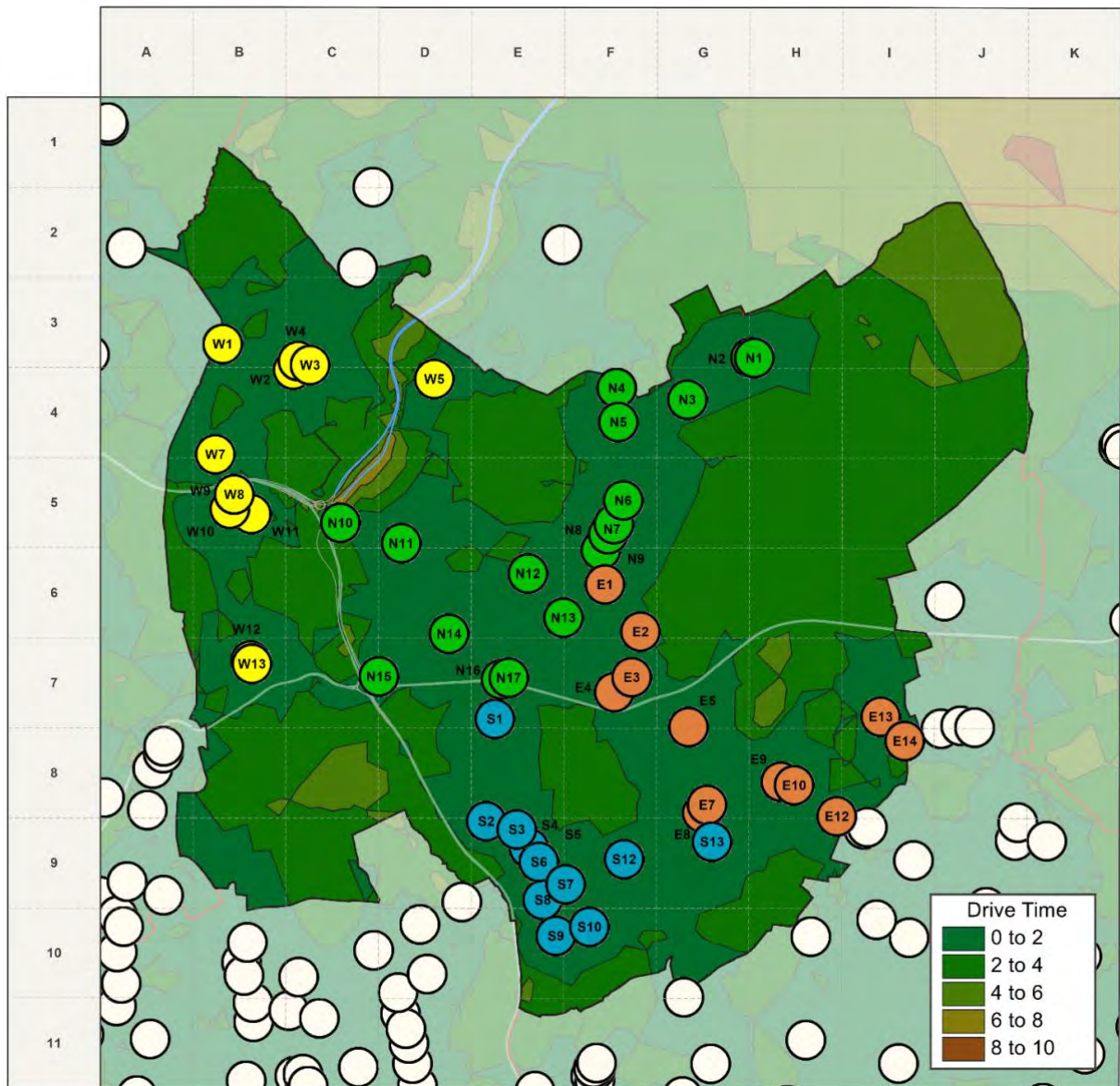


Travel Time Minutes	Population	
	Number	Percent
0 to 2	200800	67.6%
2 to 4	84000	28.3%
4 to 6	8300	2.8%
6 to 8	3200	1.1%
8 to 10	400	0.1%
10+	100	0.0%

2018

Figure 34 Drive time to nearest pharmacy in Redbridge or surrounding areas (minutes)

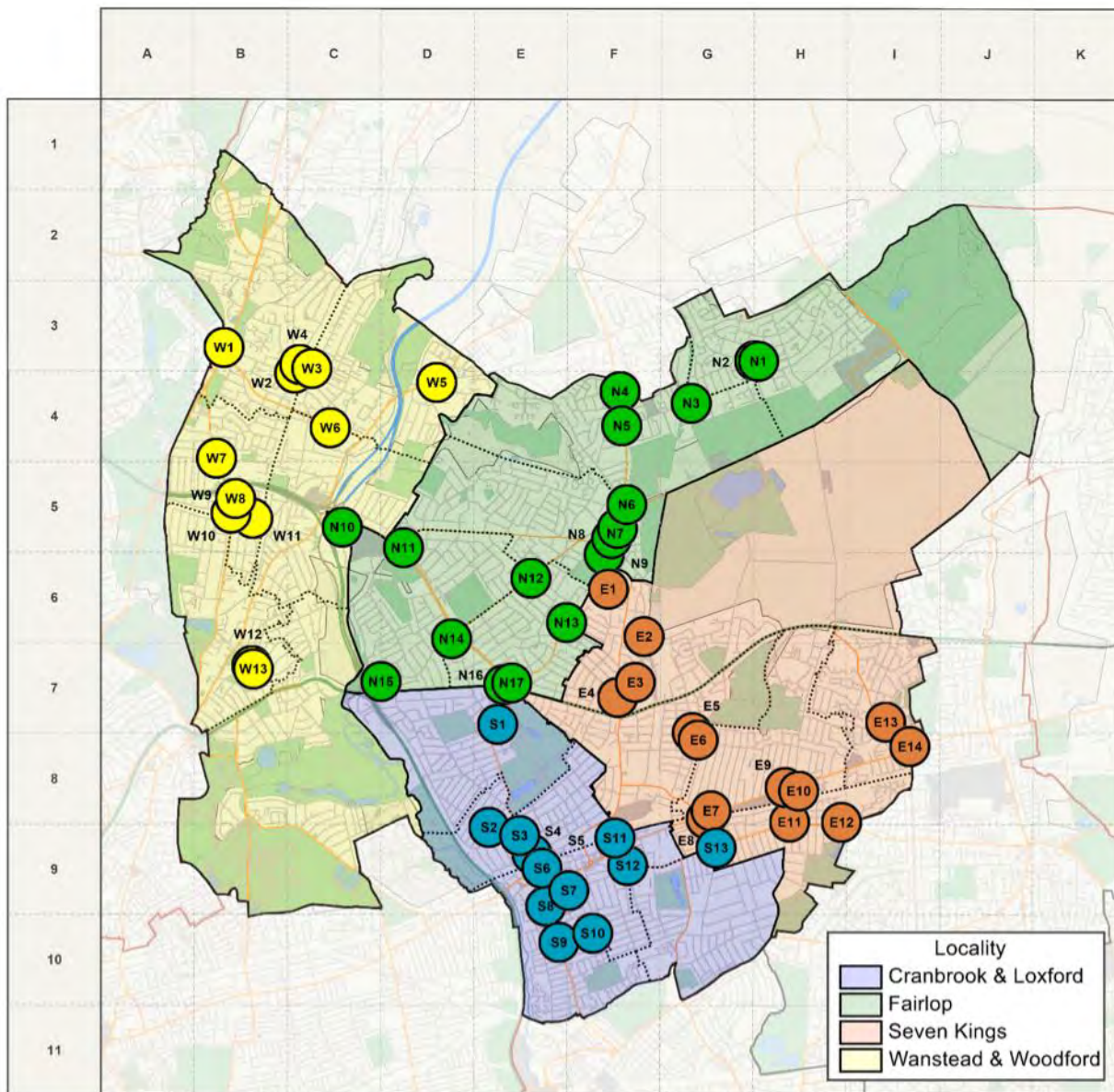
This map shows the drive time to reach all pharmacies inside the borough and in surrounding areas when traveling by car at average speed on any roads.



Travel Time Minutes	Population	
	Number	Percent
0 to 2	209100	70.4%
2 to 4	83900	28.3%
4 to 6	3700	1.2%
6 to 8	200	0.1%

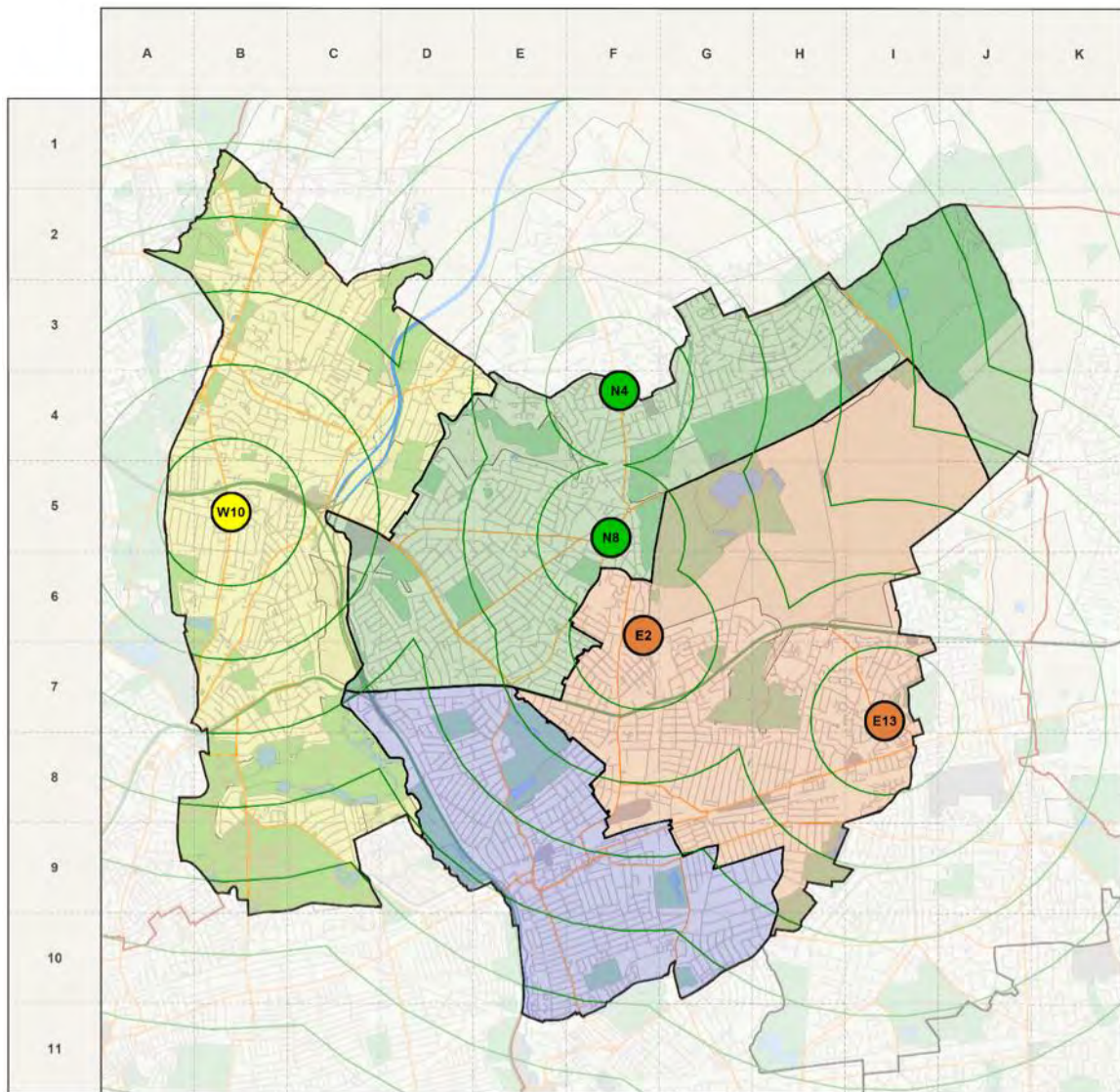
2018

Figure 35 Location of pharmacies by locality in Redbridge open on weekdays



2018

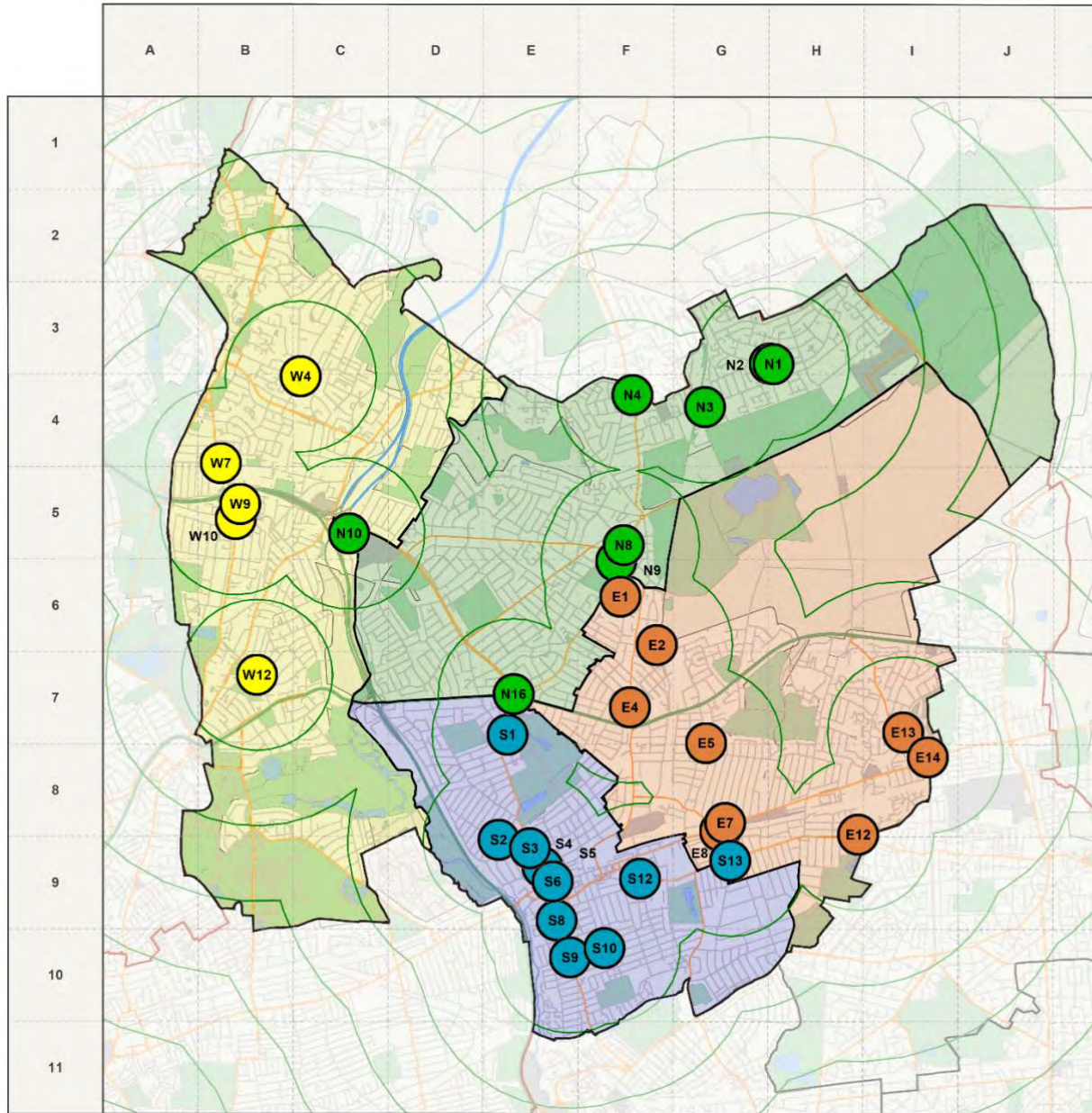
Figure 36 Location of pharmacies by locality in Redbridge open on weekday evenings



Radiant Distance (Miles)	Walking Time (Minutes)	Population	
		Number	Percent
0.5	10	59400	20.0%
1	20	84800	28.6%
1.5	30	76500	25.8%
2	40	48600	16.4%
2.5	50	23800	8.0%
3	60	3700	1.2%

2018

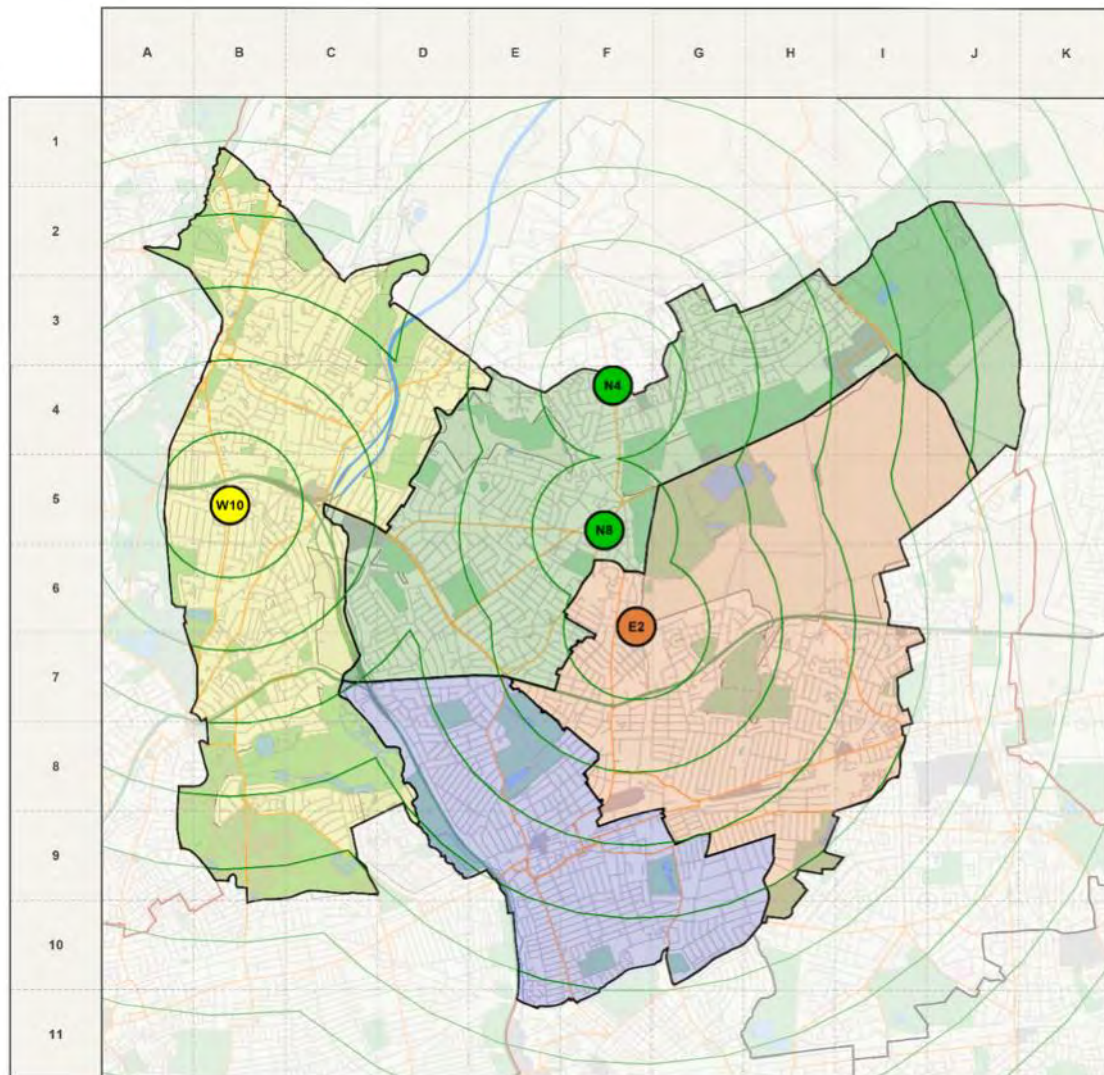
Figure 37 Location of pharmacies by locality in Redbridge open on Saturdays



Radiant Distance (Miles)	Walking Time (Minutes)	Population	
		Number	Percent
0.5	10	221700	74.7%
1	20	68600	23.1%
1.5	30	6200	2.1%
2	40	300	0.1%

2018

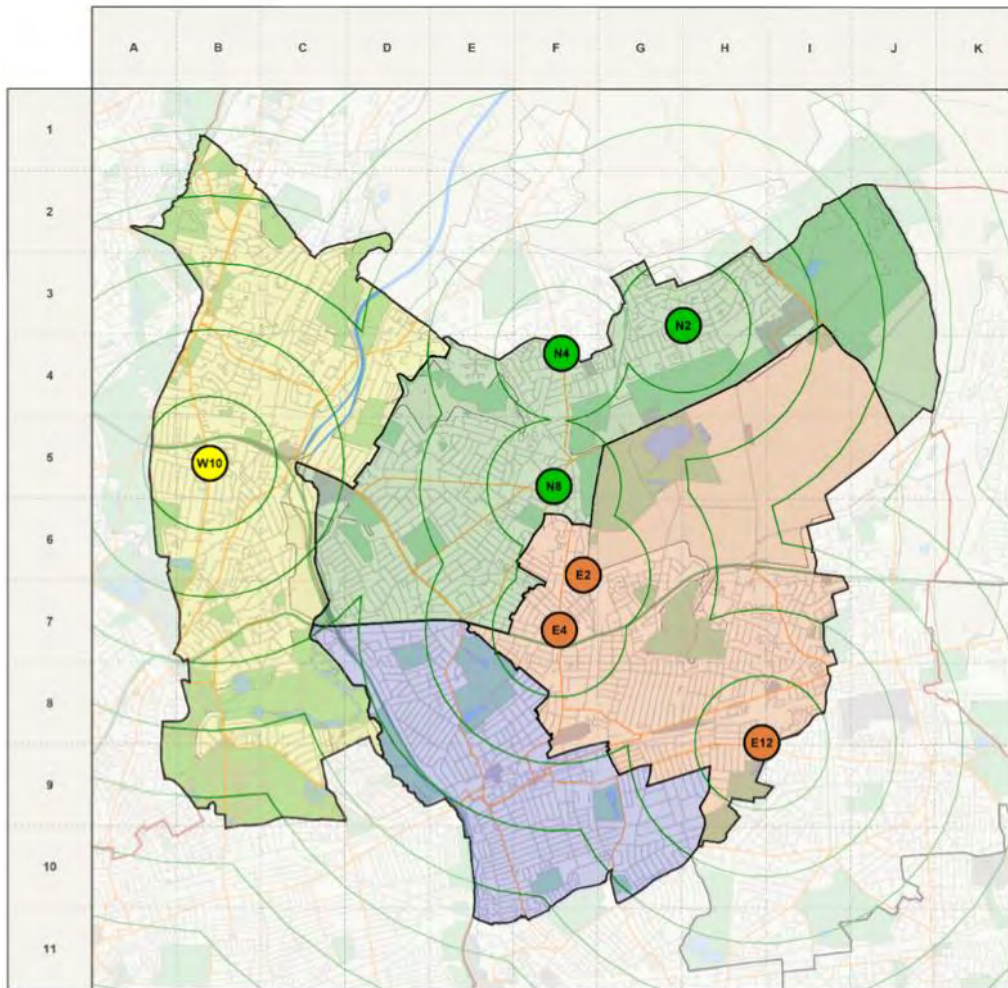
Figure 38 Location of pharmacies by locality in Redbridge open on Saturday evening



Radiant Distance (Miles)	Walking Time (Minutes)	Population	
		Number	Percent
0.5	10	43800	14.8%
1	20	71200	24.0%
1.5	30	82600	27.8%
2	40	67000	22.6%
2.5	50	28400	9.6%
3	60	3800	1.3%

2018

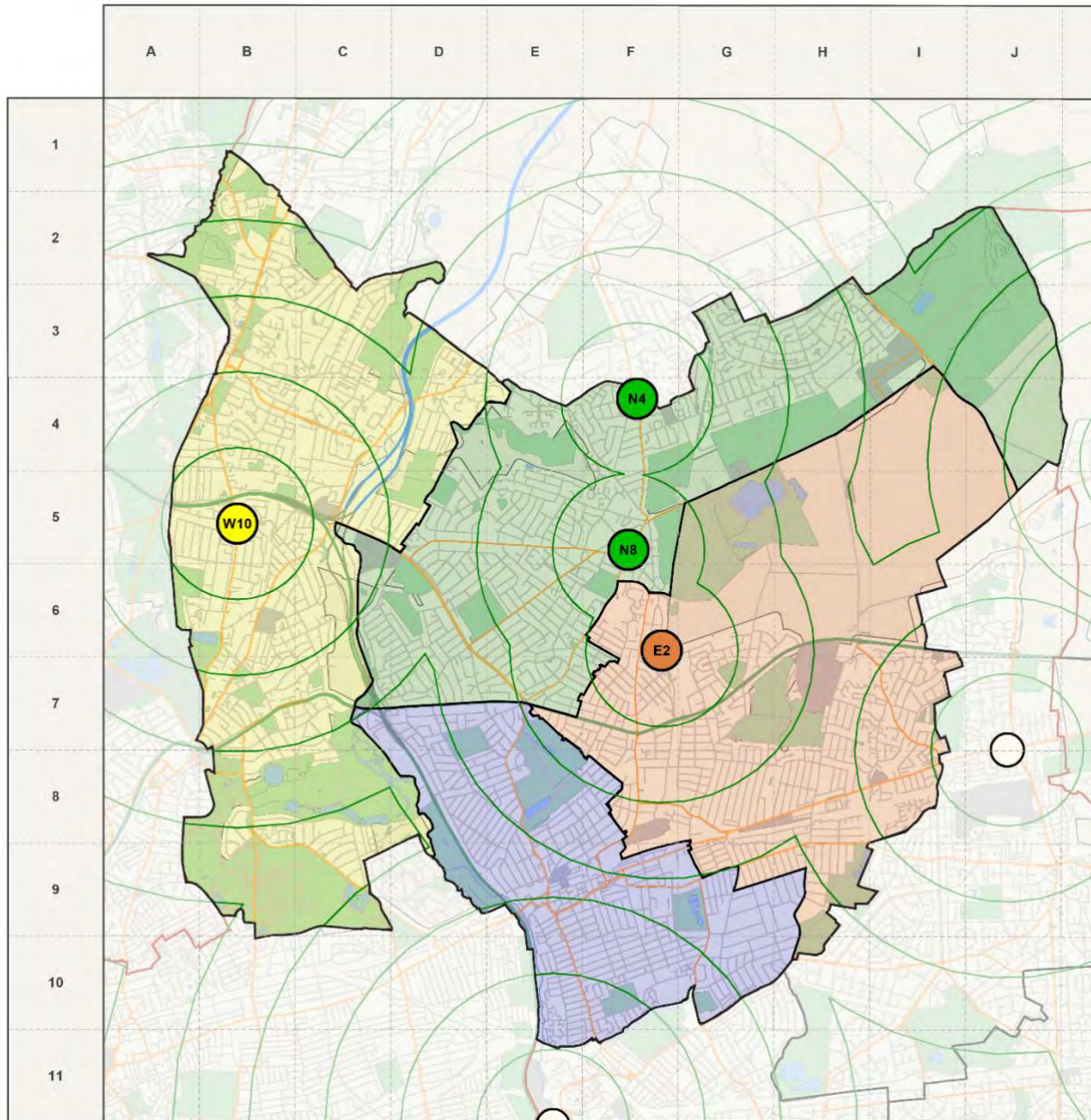
Figure 39 Location of pharmacies by locality in Redbridge open on open on Sunday



Radiant Distance (Miles)	Walking Time (Minutes)	Population	
		Number	Percent
0.5	10	76000	25.6%
1	20	102000	34.4%
1.5	30	80800	27.2%
2	40	28600	9.6%
2.5	50	9200	3.1%
3	60	200	0.1%

2018

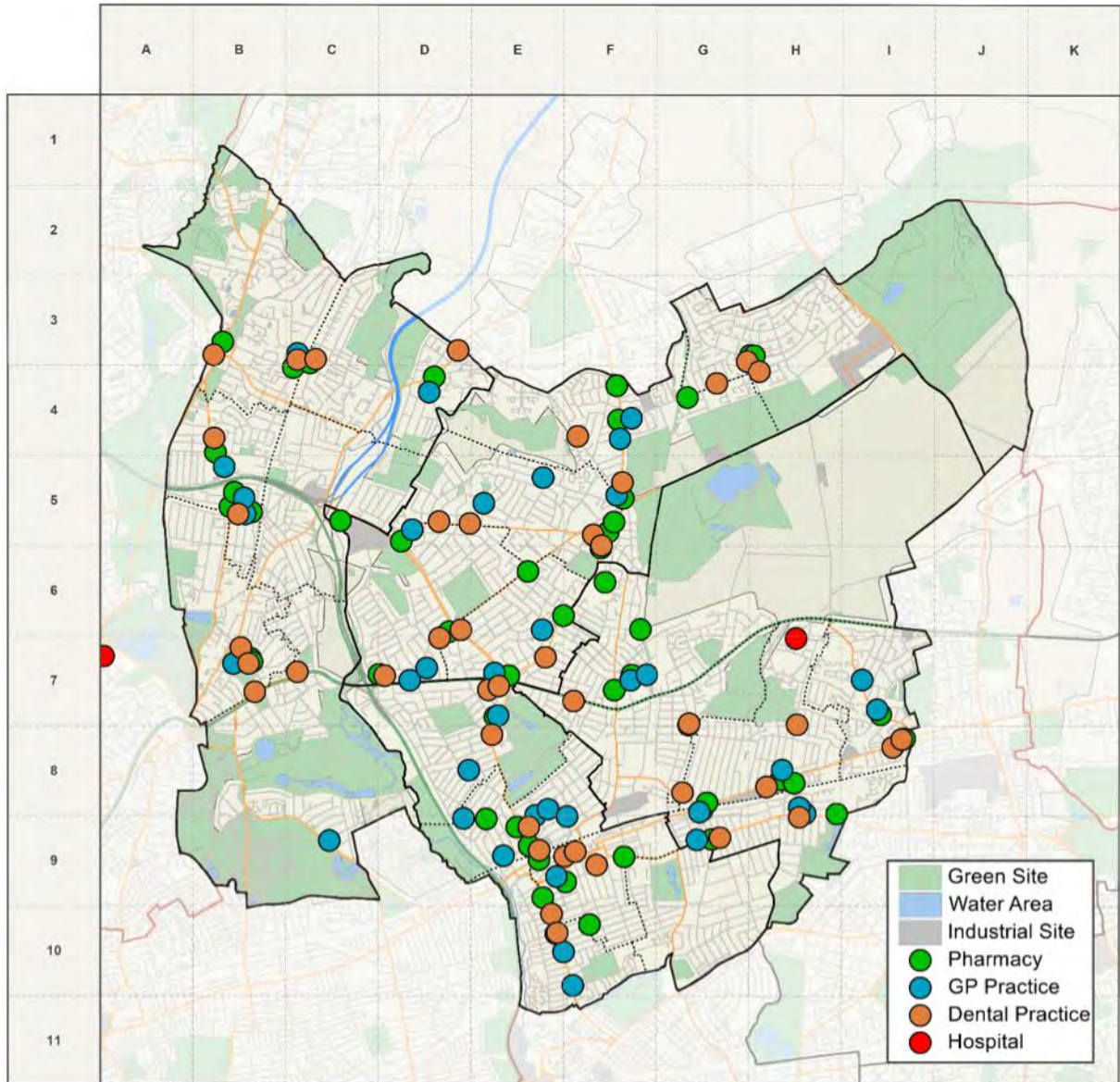
Figure 40 Location of 100-hour pharmacies by locality in Redbridge and surrounding areas



Radiant Distance (Miles)	Walking Time (Minutes)	Population	
		Number	Percent
0.5	10	44300	14.9%
1	20	95700	32.2%
1.5	30	106100	35.7%
2	40	45200	15.2%
2.5	50	5500	1.8%

2018

Figure 41 Location of pharmacies and other health services by locality in Barking and Dagenham (hospitals outside of the borough shown)

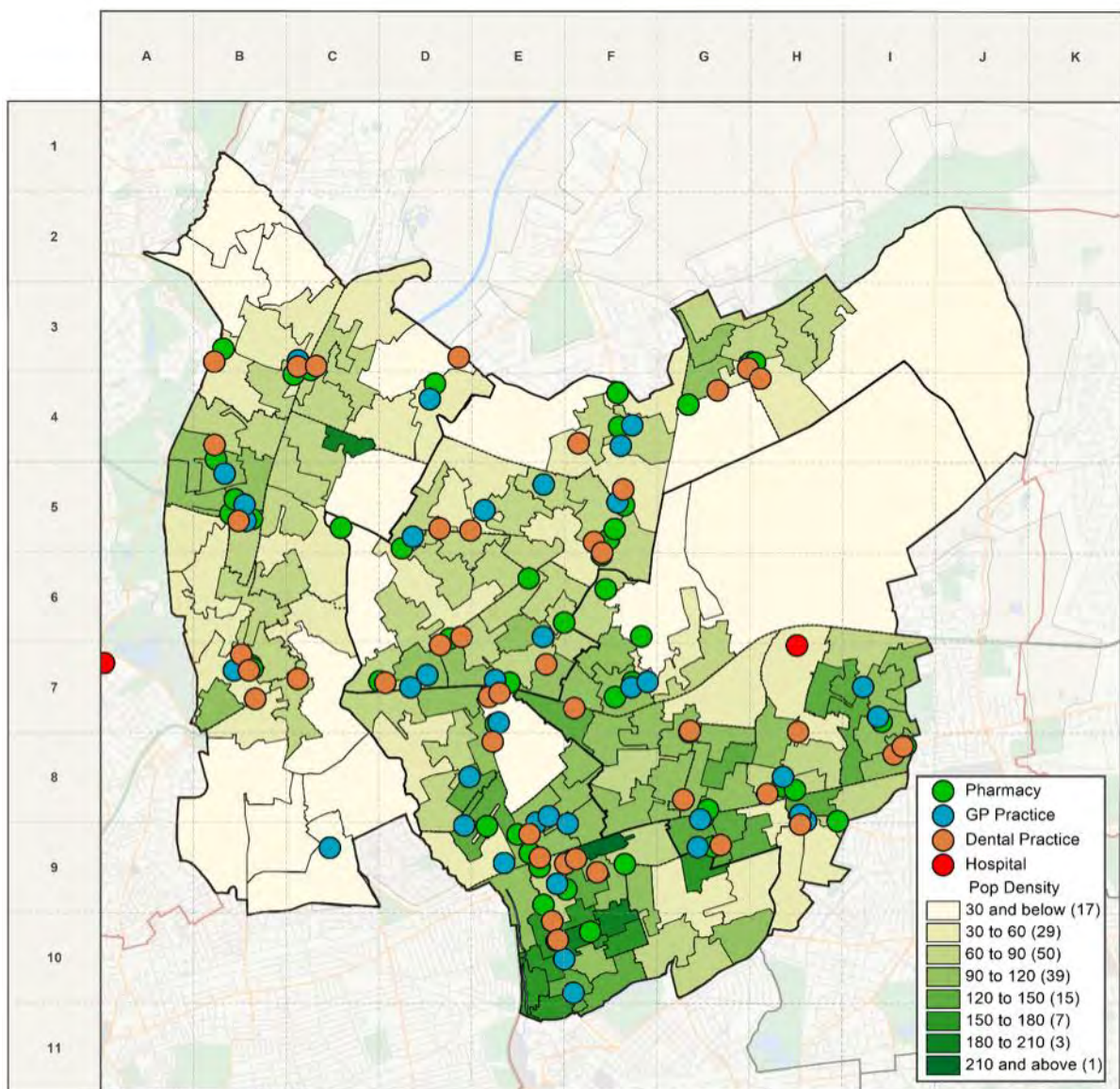


2018

Figure 42 Location of pharmacies and other health services in Barking and Dagenham with Mid-2015 Pop Est for LSOA (dot density)

Dot density is another way of presenting the population distribution with every person in an area signified by a dot. This presentation makes it easier to display geographical features as well, such as roads, green sites, industrial areas etc

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>



2018

15 Appendix G – Draft statutory PNA consultation process

The Pharmaceutical Regulations state that:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making:

- a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- e) any Local Healthwatch organisation for its area, and any other patient, consumer, or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area;
- f) any NHS trust or NHS foundation trust in its area;
- g) the NHSCB; and
- h) any neighbouring HWB.

What is the statutory time requirements for the consultation?

The consultation must be for a minimum of 60 days. This consultation will start on XX and end on XX.

How are we consulting?

The survey for consultation is being conducted using a structured questionnaire using SurveyMonkey (see Appendix A).

The survey is advertised through:

- the Barking and Dagenham local authority consultation channels
- the CCG consultation channels, including all GP practices
- the LPC to all pharmacists and the public pharmacy groups
- the HealthWatch to local groups
- direct email to neighbouring CCG and Health and Wellbeing Boards
- direct email to Chief Pharmacist of acute and mental health trust.

2018

Wider engagement

The PNA advisory group and a follow-on meeting with the local authority communications lead and HealthWatch agreed the following groups and engagement method for the wider group.

Audience

The audience for the wider engagement will be

- HealthWatch identified current forums and groups
- Residents through local authority communications channels with voluntary sector/community groups, housing associations and residents.

Process

The questionnaire for the engagement is provided in Appendix A.

A PowerPoint slide deck explaining:

1. What is the PNA?
2. Why are we engaging with the local communities?
3. How will the data be used?
4. How will the communities receive feedback on the outcomes of the engagement process?
5. Questionnaire and link to SurveyMonkey

Similarly, the SurveyMonkey should have the descriptions (a-d) above in the introduction

It was also agreed to supply the focus groups with paper copies so that their responses can be collected immediately. An easy read pdf version will be made available.

Data analyses

Responses will be collected and analysed using quantitative and qualitative methods. Findings will be used to update the draft PNA.

2018

16 Appendix H – Terms of Reference

Barking & Dagenham, Redbrige and Havering (BHR) - PNA - Stakeholder Advisory Group (SAG) Terms of Reference

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.

Barking and Dagenham, Havering and Redbridge published the PNA in 2015 under these regulations. The Health and Wellbeing Board has now initiated the process to refresh the PNA; this is in accordance with the Regulations which require a new document to be published every 3 years.

Objective / Purpose

To support and advise the production of a Pharmaceutical Needs Assessment and to ensure that it satisfies the relevant regulations including consultation requirements and meets the needs of all communities.

Membership - The Stakeholder Advisory Reference Group membership is as follows:

Additional members may be co-opted on to the group for particular roles

Name	Role
Heema Shukla (Chair)	Lead PNA Stakeholder Engagement, PHAST
Sue Lloyd	Consultant in Public Health London Borough of Barking and Dagenham
Andrew Rixom	Consultant in Public Health London Borough of Havering
Dudzile Sher Arami	Consultant in Public Health London Borough of Redbridge
Cecilia Pyper	PNA lead, PHAST
Monica Imbert	Health Improvement Advanced Practitioner - Healthcare

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Richard Williams	Public health data and analyses lead, PHAST
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Hemant Patel	LPC representative
Dr Jagan John	LMC representative
Manisha Modavadia	HealthWatch Barking and Dagenham
Ian Buckmaster	HealthWatch Havering
Cathy Turland	HealthWatch Redbridge
Sonia Drozd	Drug and Alcohol service
Jill Williams	Shared Care Coordinator, London Borough of Barking and Dagenham

Frequency of meetings

There will be meetings in 2017/18 – July, Sept, Nov, Dec 2017 and January 2018

Role and Responsibilities - The Stakeholder Advisory Reference Group is established to:

- Advise on all aspects of stakeholder engagement including surveys
- To comment on the PNA process and documents from a stakeholder perspective in order to meet the requirements of the PNA
- To provide advice on the process of public consultation and how to deal with comments
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health & Wellbeing Strategy, CCG Commissioning Strategy Plan and other relevant strategies including the Sustainability and Transformation Plan
- Champion the work to develop the PNA with internal and external stakeholders, including patients, service users and the public

Key tasks of the Stakeholder Advisory Reference Group include to:

- Provide local support to the PHAST team by providing local intelligence – stakeholders
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- Ensure the PNA that is presented to the HWB is fully representative of the borough's needs.

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- Oversee the consultation ensuring that this meets the requirements set out in the Regulations Regulation 8 of The NHS Regulations 2013
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the 'Pharmaceutical Lists' and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS trust or NHS foundation trust in its area
 - NHS England
 - Any neighbouring HWB
 - Ensure that due process is followed
- Determine the impact of changes which have occurred since the current PNA was written, including: changes to the application process which allow consolidation of contracts; the new remuneration arrangements for community pharmacy (which apply from 1 December 2016) and the Pharmacy Access Scheme
- Approve the framework for the PNA
- Develop and approve a draft PNA for formal consultation with stakeholders
- 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

Quorum

Chair (or nominated deputy)

Community Pharmacist (LPC, Pharmacy Local Professional Network or local contractor)

Three other members

18 Appendix J– Pharmacy survey

Table 30 Total BHR response rates

The overall response rate for BHR was excellent – 139 out of 139 pharmacies responded to the survey.

Borough	Responded	Not responded
Barking and Dagenham	38	0
Havering	46	0
Redbridge	55	0
TOTAL	139	0

Table 31 Pharmacy response rates

There are 55 pharmacies in Redbridge (13 pharmacies from the Cranbrook and Loxford, 17 pharmacies from Fairlop, 13 from Seven Kings and 12 pharmacies from Wanstead and Woodford). All 55 pharmacies completed the survey, giving the overall response rate of 100%.

Locality	Number of pharmacies	Number of responses to PNA	Response rate (%)
Cranbrook and Loxford	13	13	100
Fairlop	17	17	100
Seven Kings	13	13	100
Wanstead and Woodford	12	12	100
TOTAL	55	55	100

Table 32 Is there a bus stop within walking distance of your pharmacy?

The majority of pharmacists have a bus stop within a two-minute walking distance of their pharmacy. Only two pharmacies are more than a five-minute walk from the nearest bus stop.

Locality	No	Yes, less than a 2-minute walk	Yes, 2-5 minute walk	Yes, more than a 5-minute walk
Cranbrook and Loxford	0	10	3	0
Fairlop	0	14	3	0
Seven Kings	0	9	2	2
Wanstead and Woodford	0	11	1	0
TOTAL	0	43	9	2

Table 33 Is there disabled parking and wheelchair access?

The majority of pharmacies have disabled parking available within ten metres of the pharmacy (46/55), have unaided wheelchair access at the entrance (45/55) and have all areas of the pharmacy floor wheelchair accessible (54/55).

Locality	Disabled parking available within 10 metres	Entrance has wheelchair access (unaided)	All areas of pharmacy floor are wheelchair accessible
Cranbrook and Loxford	13	12	13
Fairlop	11	12	17
Seven Kings	11	12	12
Wanstead and Woodford	11	9	13
TOTAL	46	45	54

Table 34 Are there facilities aimed at helping disabled customers?

Just under half of the pharmacies have automatic door assistance for disabled customers (26/55) and over half have large print labels and leaflets (34/55) and just under half have a hearing loop (23/55) to support customers with sensory problems. More than a third have wheelchair ramp access (21/55). A minority of pharmacies have additional facilities to help disabled customers such as bell at the front door disabled toilet access, handrails and internet pharmacy.

Locality	None	Automatic door assistance	Bell at front door	Disabled toilet access	Hearing loop	Large print labels/ leaflets	Wheelchair ramp access	Hand rails	Door chime at front door	Removable ramp	Internet pharmacy
Cranbrook and Loxford	0	9	0	3	4	9	6	2	3	1	3
Fairlop	2	6	1	3	8	11	5	0	1	0	3
Seven Kings	1	5	1	4	5	7	7	0	0	0	0
Wanstead and Woodford	1	6	1	1	6	7	3	2	1	0	1
TOTAL	4	26	3	11	23	34	21	4	5	1	7

Table 35 Are the premises subject to any of the following development constraints?

Some of the pharmacies have constraints on developing their premises just under a quarter (13/55) have limited room for expansion, three have listed building status and under half (23/55) are rented buildings.

Locality	None	Listed building status	Within a conservation area	Limited or no room for expansion	Temporary structure	Rented building	Other
Cranbrook and Loxford	0	0	0	4	0	5	4
Fairlop	0	0	0	5	1	8	5
Seven Kings	0	2	1	2	0	2	6
Wanstead and Woodford	0	1	2	2	0	8	1
TOTAL	0	3	3	13	1	23	16

Table 36 Does the premises have toilets that patients can access for screening?

Just over half (30/55) of the pharmacies have toilets that patients can access for screening.

Locality	Yes	No
Cranbrook and Loxford	10	3
Fairlop	5	12
Seven Kings	9	4
Wanstead and Woodford	6	6
TOTAL	30	25

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Table 37 Which of the following statements best describes your access to consultation facilities?

The majority (52/55) of pharmacies have a consultation room on-site with wheelchair access.

Locality	I have a consultation room on-site with wheelchair access	I have a consultation room on-site without wheelchair access	I have access to an off-site consultation facility	I have plans to establish a consultation room within the next 12 months	I do not have access to a consultation room and have no plans to establish this within 12 months
Cranbrook and Loxford	12	1	0	0	0
Fairlop	17	0	0	0	0
Seven Kings	12	1	0	0	0
Wanstead and Woodford	11	1	0	0	0
TOTAL	52	3	0	0	0

Table 38 Which of the following facilities do you have in your consultation area?

The majority of pharmacies have good facilities within their consultation areas including seating for three or more people (37/55), a bench and table (52/55), a computer terminal (47/55) and a sink (43/55) within the consultation area. Just over a third (21/55) have a separate area/room for advanced services for consultations with customers.

Locality	Seating for three or more people	A bench and/or a table	A computer terminal	A sink within the consultation area	A separate area/room suitable for advanced services for consultations with customers	None of the above	I do not have a consultation area
Cranbrook and Loxford	10	13	11	12	4	0	0
Fairlop	10	14	14	13	6	0	0
Seven Kings	9	13	10	8	3	0	0
Wanstead and Woodford	8	12	12	10	8	0	0
TOTAL	37	52	47	43	21	0	0

Table 39 Does the pharmacy normally have two or more pharmacists on duty at any time during the week?

Very few of the pharmacies have two or more pharmacists on duty at any time during the week.

Locality	No	Yes, 0-4 hours	Yes, 5-9 hours	Yes, 10-14 hours	Yes, 15-19 hours	Yes, 20-24 hours	Yes, 25-29 hours	Yes, 30+ hours
Cranbrook and Loxford	11	1	0	0	0	0	0	1
Fairlop	13	1	0	0	2	0	1	0
Seven Kings	7	2	1	0	1	0	1	1
Wanstead and Woodford	3	4	1	0	1	1	1	1
TOTAL	34	8	2	0	4	1	3	3

Table 40 If you have a second pharmacist, is the pharmacist there for a specific reason?

A few of the pharmacies involve a second pharmacist for reasons such as additional dispensary support, relieving pharmacists for administration work, supporting medication reviews and covering shift handovers/lunch breaks.

Locality	N/A	No	Yes, to give additional support to dispensary in busy periods	Yes, to relieve pharmacist for administration work	Yes, to provide support for additional services such as medication review	Yes, for handover during shifts	Yes, to cover lunch breaks	Yes, other
Cranbrook and Loxford	9	1	1	1	3	0	0	0
Fairlop	14	0	2	2	2	3	2	1
Seven Kings	8	2	2	2	2	3	1	2
Wanstead and Woodford	3	2	5	4	3	2	1	1
TOTAL	34	5	10	9	10	8	4	4

Table 41 Do any of your pharmacists have special interests?

A large number of pharmacies had pharmacists who have special interests in specific health areas such flu vaccinations (43/55); about half of the pharmacies had healthy living pharmacists (27/55); and less than half had special interests in asthma (19/55), diabetes (21/55) and mobility aids (14/55).

Special Interest	Cranbrook and Loxford	Fairlop	Seven Kings	Wanstead and Woodford	TOTAL
No	1	4	5	1	11
Flu vaccinations	12	12	8	11	43
To liaise with area team regarding services	5	3	1	4	13
Healthy Living Pharmacists, including goal setting and health coaching	9	8	5	5	27
Diabetes	8	6	2	5	21
Nutrition	4	2	1	2	9

Pharmaceutical Needs Assessment 2018

Asthma	6	4	3	6	19
Eczema	1	3	1	3	8
Macmillan Cancer	2	1	1	5	9
Continence	1	0	1	1	3
Dermatology	1	2	1	2	6
Mobility aids	5	2	3	4	14
Other	1	0	1	1	3

Table 42 Besides English, which of the following languages do any of your regular pharmacists speak?

A large number of pharmacies have regular pharmacists who speak more than one language. The most common additional languages spoken are Asian languages such as Punjabi, Urdu, Gujarati and Hindi. Only eight pharmacies did not have a regular pharmacist who spoke more than one language.

Languages spoken	Cranbrook and Loxford	Fairlop	Seven Kings	Wanstead and Woodford	TOTAL
None	0	5	0	3	8
Arabic	1	1	0	0	2
Bengali	4	1	1	1	7
Cantonese	0	0	0	0	0
Chinese	0	0	0	0	0
Czech	0	0	0	0	0
Farsi	0	0	0	1	1
French	0	1	1	3	5
Georgian	0	0	0	0	0
Gujarati	9	7	10	6	32
Hebrew	0	0	0	0	0
Hindi	9	9	10	6	34
Hungarian	0	0	0	0	0
Italian	0	0	1	0	1

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Japanese	0	0	0	0	0
Kurdish	0	0	0	1	1
Mandarin	0	0	0	0	0
Polish	0	0	0	0	0
Punjabi	6	5	7	4	22
Romanian	0	0	1	0	1
Russian	0	0	0	0	0
Somali	0	0	0	0	0
Spanish	0	0	1	1	2
Swahili	1	2	2	1	6
Urdu	7	4	8	3	22
Other	1	2	1	3	7

Table 43 Does the pharmacy dispense appliances?

In terms of dispensing appliances, three-fifths (33/55) of pharmacies dispense all types of appliances. Only five pharmacists do not dispense any appliances.

Locality	No	Yes, all types	Yes, excluding stoma appliances	Yes, excluding incontinence appliances	Yes, excluding stoma and incontinence appliances	Yes, just dressings
Cranbrook and Loxford	3	6	1	1	0	2
Fairlop	1	11	0	1	0	4
Seven Kings	0	8	1	0	0	4
Wanstead and Woodford	1	8	0	0	0	3
TOTAL	5	33	2	2	0	13

Table 44 Which of these ADVANCED services do you CURRENTLY provide?

In terms of offering advanced services, all but one of the pharmacies provide the New Medicines Service and all pharmacies provide Medicines Use Review.

Locality	Stoma customisation	Appliance use review	New medicines service	Medicines use review
Cranbrook and Loxford	0	1	13	13
Fairlop	0	1	17	17
Seven Kings	0	1	13	13
Wanstead and Woodford	0	1	12	12
TOTAL	0	4	55	55

Table 45 Which of these ENHANCED services do you CURRENTLY provide?

In terms of providing enhanced services, the majority of pharmacists provide home delivery service (41/55), Medication Review Service (43/55) and flu vaccination service (47/55); about half EHC (27/55), Minor Ailments Scheme (25/55); and less than half provide the stop smoking Service (20/55) and supervised administration service (19/55).

Service	Cranbrook and Loxford	Fairlop	Seven Kings	Wanstead and Woodford	TOTAL
Anti-coagulant monitoring service	2	0	1	1	4
EHC	8	4	10	5	27
Home Delivery Service (not appliances)	12	11	9	9	41
Medication Review Service	11	11	10	11	43
Medicines Assessment and Compliance Support	1	0	2	4	7
Minor Ailment Scheme	7	3	10	5	25
NHS Health Check programme	0	1	0	0	1
Oral contraceptive service	3	4	4	4	15
Out of hours service	2	3	1	0	6
Prescriber support service	0	0	0	1	1
Schools service	0	0	0	0	0
Flu vaccines	13	12	11	11	47
Childhood vaccination	2	1	0	1	4
HPV	0	1	0	1	2
Sharps disposal service	4	2	3	3	12
Stop smoking service	2	6	6	6	20
Supervised administration service	4	4	7	4	19

Table 46 Which of these ENHANCED services do you WILLING to provide?

Pharmacists were asked whether they would be willing to provide some of the enhanced services in the future. Although currently only four pharmacies provide anticoagulant monitoring service, a further 41 pharmacists would be willing to provide this in the future. Other services that a large number of pharmacists stated they would be willing to provide include medicines assessment and compliance support (39/55), the NHS Health Check Programme (41/55), out of hours service (34/55), prescriber support service (39/55), schools service (36/55), childhood vaccinations (36/55), HPV screening (39/55) and sharps disposal service (26/55).

Service	Cranbrook and Loxford	Fairlop	Seven Kings	Wanstead and Woodford	TOTAL
Anti-coagulant monitoring service	10	14	9	8	41
EHC	5	12	2	7	26
Home Delivery Service (not appliances)	0	5	3	1	9
Medication Review Service	0	6	3	1	10
Medicines Assessment and Compliance Support	10	12	10	7	39
Minor Ailment Scheme	4	12	2	5	23
NHS Health Check programme	10	12	11	8	41
Oral contraceptive service	9	11	8	7	35
Out of hours service	9	8	10	7	34
Prescriber support service	10	11	11	7	39
Schools service	9	9	10	8	36
Flu vaccines	0	5	2	1	8
Childhood vaccination	6	11	12	7	36
HPV	9	10	11	9	39
Sharps disposal service	5	8	7	6	26
Stop smoking service	7	8	6	3	24
Supervised administration service	6	7	4	3	20

Table 47 Which of these LOCALLY COMMISSIONED services do you CURRENTLY provide?

In terms of locally commissioned services that pharmacists currently provide, around half of pharmacies provide the chlamydia screening (26/55), emergency hormonal contraception (26/55), Minor Ailment Scheme (26/55), stop smoking service (22/55) and supervised administration of opioid substitution treatment (22/55).

Service	Cranbrook and Loxford	Fairlop	Seven Kings	Wanstead and Woodford	TOTAL
None	3	6	2	2	13
Chlamydia screening	9	4	9	4	26
Chlamydia treatment	8	3	8	4	23
Minor Ailment Scheme	8	3	10	5	26
Head lice eradication	0	0	3	1	4
Body weight assessment	0	0	1	0	1
Vascular screening assessment	0	0	0	0	0
Emergency hormonal contraception	9	3	10	4	26
Out of hours service	1	2	1	0	4
Palliative care	0	2	2	1	5
Needle exchange	4	1	3	2	10
Stop smoking service	3	6	7	6	22
Supervised administration of opioid substitution treatment	5	6	7	4	22
Other	0	0	0	0	0

Table 48 Does your pharmacy provide any of these non-NHS funded services?

Additional non-NHS funded services provided by pharmacies included all but two pharmacies providing collection of prescriptions from surgeries (53/55), and all but five pharmacies offering delivery of dispensed medicines free of charge on request (50/55).

Special Interest	Cranbrook and Loxford	Fairlop	Seven Kings	Wanstead and Woodford	TOTAL
None	1	0	0	0	1
Collection of prescriptions from surgeries	12	17	13	11	53
Delivery of dispensed medicines (free of charge on request)	12	15	11	12	50
Delivery of dispensed medicines (charged for service)	1	0	0	2	3
Other	0	0	0	0	0

Table 49 Does your pharmacy provide any diagnostic services?

The majority of pharmacies provide blood pressure diagnostic services (46/55) and more than half offer blood glucose (30/55) and weight recording (31/55); just under half provide height recording (24/55), pregnancy tests (22/55), total cholesterol (19/55) and body mass index (BMI) calculation (26/55). A small number of pharmacies offer other services such as carbon monoxide readings (13/55).

Service	Cranbrook and Loxford	Fairlop	Seven Kings	Wanstead and Woodford	TOTAL
Blood pressure	11	14	12	9	46
Blood glucose	10	5	8	7	30
Random glucose	4	2	6	5	17
Fasting glucose	3	4	5	6	18
HbA1c	1	0	0	0	1
BMI	5	6	8	7	26
Weight	8	7	10	6	31
Height	8	4	6	6	24
Waist	4	2	3	1	10
ECG	2	0	0	0	2
Blood lipids	2	1	1	1	5
Total Cholesterol	4	3	7	5	19
HDL Cholesterol	3	1	2	3	9
LDL Cholesterol	2	1	2	3	8
Triglycerides	1	1	1	1	4
CO reading	3	4	2	4	13
Temperature	2	0	0	0	2
Peak flow	1	1	0	1	3
Urine test	0	0	1	0	1
Pregnancy test	10	2	7	3	22
Sexual health test	3	1	2	2	8
Throat test	2	1	0	0	3

Other	0	0	0	0	0
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Table 50 Which services would you want to provide if commissioned to do so?

The majority of pharmacies are prepared to provide additional services if they were commissioned to do so. These include alcohol screening, health coaching, disease specific medicines, independent describing service, medicines assessment, supplementary prescribing, vascular risk assessment and weight management. About half the pharmacies are willing to provide an expanded incontinent service, gluten free food supply service, phlebotomy service and structured self-care support service.

Service	Cranbrook and Loxford	Fairlop	Seven Kings	Wanstead and Woodford	TOTAL
None	1	2	2	1	6
Alcohol screening and brief intervention	7	8	10	6	31
Brief intervention such as health coaching, motivational interviewing, etc	7	9	6	7	29
Disease specific medicines	7	10	7	6	30
Expanded incontinence service	4	5	4	7	20
Gluten free food supply service	7	7	7	8	29
Independent prescribing service	9	9	6	8	32
Medicines assessment	10	9	6	9	34
Phlebotomy service	4	5	8	6	23
Structured self-care support	6	5	5	6	22
Supplementary prescribing	7	6	6	8	27
Vascular risk assessment	9	7	6	7	29
Weight management	9	8	8	8	33
Other (please specify)	0	0	0	1	1

Table 51 Which of the following statements apply to your pharmacy?

Almost all the pharmacies in Redbridge have good quality computer equipment that includes internet access, NHS Summary Care Records and printing facilities. Software includes dispensary software, electronic prescription service and all are Release 2 enabled.

Service	Cranbrook and Loxford	Fairlop	Seven Kings	Wanstead and Woodford	TOTAL
All of the computers in our pharmacy access our dispensary software	9	16	12	10	47
We have a computer that can access the internet	12	17	12	12	53
The internet can be accessed whilst the PMR system is running	13	17	12	11	53
We have access to NHS Summary Care Records	12	17	13	12	54
We have a printer that can print A4	13	16	13	12	54
We currently provide Electronic Prescription Service (EPS)	13	16	13	12	54
We are Release 2 enabled	13	17	13	11	54

19 Appendix K – The Role of Community Pharmacy in Cancer Care in London

Introduction

Many London pharmacists and their counter staff have participated in training to improve their awareness of cancer (for example Cancer Research UK “Talk Cancer”) and there is now substantial knowledge and experience about cancer amongst community pharmacy teams. This summary recommends a series of interventions for community pharmacies across the cancer pathway, from prevention to end of life care. These are good practice rather than contractual activities and are therefore acknowledged to be aspirational.

Transforming cancer services

Why is this important?

Every year more than 47,000 Londoners learn they have cancer, and there are more than 220,000 people living with and beyond cancer. Half of all people born after 1960 will be diagnosed with cancer in their lifetime. Cancer is the leading cause of early death in London. More needs to be done to prevent cancer, to spot cancer sooner and to offer optimal treatment and care in every part of the capital.

Local cancer statistics help to understand the particular needs of each borough. These can be accessed through

- PHE Cancer Profile <https://fingertips.phe.org.uk/profile/cancerservices>
- Public Health Outcomes Framework <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
- Macmillan local cancer statistics <https://lci.macmillan.org.uk/England/>

Community pharmacies are ideally placed to play an important role in prevention, earlier diagnosis and support for people living with and beyond a diagnosis of cancer, due to their accessibility, opening hours and familiarity with the local population. In England, 89% of the population can walk to a community pharmacy within 20 minutes, rising to 98% in urban areas and 99% in areas of high deprivation.

In 2016, the Transforming Cancer Services Team for London undertook a survey of community pharmacists in London using the Professional Cancer Awareness Measure. The survey aimed to identify learning needs and is using the findings to support the development of a bespoke training portal for community pharmacy teams.

The role of community pharmacy in cancer care

Prevention of cancer

The NHS community pharmacy contract in England defines promotion of healthy lifestyles (public health) as an essential pharmacy service, and community pharmacies are required to participate in six local campaigns a year, which often include Stop Smoking. Other ‘unhealthy behaviours’ particularly sedentary lifestyles, obesity and excess alcohol increase the risk of cancer – yet there is low awareness by the general public that these increase the risk of cancer.

Opportunities to support healthy behaviours to reduce the risk of cancer

- During Medicine Use Reviews
- When dispensing long term medication
- As part of stop smoking services
- Making Every Contact Count (MECC) training
- Motivational interviewing skills
- Knowing how to signpost to social prescribing services
- Asking about and endorsing participation in breast, bowel and cervical screening

Earlier diagnosis of cancer

Studies have shown that up to 25% of community pharmacy customers have sought advice about symptoms that might indicate cancer, or have asked to buy a medication to treat these symptoms. Evidence from the ACE programme shows that with appropriately provided training, community pharmacists and their teams are competent in increasing public awareness of cancer and supporting earlier diagnosis through referral and signposting. Medicines counter assistants (MCAs) in particular are crucial as they are often the first and most frequent point of contact for pharmacy customers. The means MCAs are in a better position to get to know the local population and build relationships with regular pharmacy customers.

Opportunities to increase awareness of cancer and identify possible symptoms

- customers buying over the counter medication for persistent cough, gastro-intestinal problems
- during Medicine Use Reviews
- when dispensing long term medication (e.g. increased risk of bowel cancer in people with diabetes)
- as part of stop smoking services
- training to include understanding early diagnosis as a key factor in successful treatment and the importance of prompt presentation; supporting screening uptake, self-referral if screening is missed, or for older people, if no longer routinely invited
- 'symptom checkers' that customers can take to their GP to explain their symptoms
- Be Clear on Cancer campaign resources
- training in sensitive or difficult conversations

Living with and beyond cancer

The growth in the number of oral anticancer medicines which can be dispensed by community pharmacy has been associated with the need for pharmacists need to learn more about chemotherapy and other anti-cancer medication.

Even when anti-cancer medicines aren't directly dispensed in the community, patients taking these medicines use community pharmacies for advice and medicines to manage side-effects and other conditions. Around 70% of people with cancer have at least one other long-term condition.

Earlier diagnosis and more effective cancer treatments have made the management of some cancers similar to that for long-term conditions. For example, patients with chronic myeloid leukaemia treated with imatinib have more than 90% five-year survival rate and may continue on their medicine for many years. Community pharmacies are ideally placed to support self-management for people living with cancer as a long-term condition.

People who have been treated for cancer may be at greater risk than average of developing a second cancer, in addition to the possibility of recurrence of their cancer. Pharmacy teams can provide advice and support to make healthy lifestyle changes, such as stopping smoking, drinking alcohol sensibly, being physically active and maintaining a healthy weight, as well as signposting people to local services to support them. They can also endorse the importance of taking up screening invitations.

Patients with limited life expectancy may be receiving palliative and end of life care. They and those close to them may find the community pharmacy an accessible source of information and support.

Opportunities to support people living with and beyond a diagnosis of cancer

- dispensing anti-cancer therapy and medication for other long-term conditions
- providing advice and OTC medicines to help manage the side effects of treatment
- providing advice and OTC medicines to help manage the long-term effects of treatment
- providing advice and support to patients (and those close to them) receiving end of life care
- signposting people with cancer and those close to them to services (clinical and non-clinical)
- knowledge of local resources to support people with cancer and people close to them
- skills and knowledge to support people with long term conditions to self-manage
- training in having sensitive and difficult conversations
- Making Every Contact Count (MECC) training
- motivational interviewing skills
- knowing how to signpost to social prescribing services
- asking about and endorsing participation in breast, bowel and cervical screening

20 Appendix L – Acknowledgements

Name	Job title	Organisation
BHR Management Group		
Sue Lloyd	Consultant in Public Health London Borough of Barking & Dagenham	LBBD
Andrew Rixom	Consultant in Public Health London Borough of Havering	LBH
Duduzile Sher Arami	Consultant in Public Health London Borough of Redbridge	LBR
Rosanna Fforde	Intelligence and Analysis Officer	LBBD
Monica Imbert	Health Improvement Advanced Practitioner - Healthcare	LBBD
Anthony Wakhisi	Intelligence and Analysis Officer	LBH
Cecilia Pyper	PNA LEAD	PHAST
Richard Willmer	PNA Data coordinator	PHAST
Heema Shukla	Stakeholder engagement (Chair SAG)	PHAST
Sue Lloyd	Consultant in Public Health London Borough of Barking & Dagenham	LBBD
Andrew Rixom	Consultant in Public Health London Borough of Havering	LBH
Duduzile Sher Arami	Consultant in Public Health London Borough of Redbridge	LBR
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Richard Willmer	Director of Information and Intelligence	PHAST
Dr Heema Shukla	Stakeholder engagement	PHAST
Dr Torquil Pyper	PNA Analyst	PHAST
Tasmin Harrison	PNA Review	PHAST
Cheryl Westmacott	PNA Report Coordinator	PHAST
BHR PNA Stakeholder Advisory Group (SAG)		
The Management Group were also members of the stakeholder group		
Richard Willmer	Public health data and analyses lead, PHAST	PH
Mohamed Kanji	CCG Medicines Management Lead	CCG
Hemant Patel	LPC representative	LPC
Dr Jagan John	LMC representative	LMC
Manisha Modavadia	HealthWatch Barking and Dagenham	Healthwatch
Ian Buckmaster	HealthWatch Havering	Healthwatch
Cathy Turland	HealthWatch Redbridge	Healthwatch
Sonia Drozd	Drug and Alcohol service	Drug & Alc
Jill Williams	Shared Care Coordinator, London Borough of Barking and Dagenham	Shared Care
Other Individuals who supported the PNA Process		
Rebecca Dew	BHR PNA Survey Coordinator	LPC

Suzanne Wright	Communications and Equalities, Redbridge	
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21 Appendix M – Glossary of abbreviations and terms

AUR	Appliance Use Review
BHR	BHRUT Barking, Havering and Redbridge University Hospitals
CHP	Community Health Partnerships
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance contractor
EHC	Emergency hormonal contraception
GP	General Practitioner (family doctor)
EPS	Electronic Prescribing System
HUDU	Healthy Urban Development Unit
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LBH	London Borough of Havering
LBR	London Borough of Redbridge
LCS	Locally Commissioned Services
LIFT	Local Improvement Finance Trust
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
LTC	Long term conditions
MUR	Medicines Use Review and prescription intervention services
NEL	North East London
NELFT	North East London Foundation Trust Barking & Dagenham, Havering & Redbridge
NHS	National Health Service
NHSE	National Health Service England
NMS	New Medicines Service
PHE	Public Health England
PHAST	Public Health Action Support Team
PNA	Pharmaceutical needs assessment
SAC	Stoma Appliance Customisation Service (SAC)

Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations

Term or phrase	Definition as per regulation 2 of the 2012 Regulations	Explanation
Controlled localities/controlle d locality	Means an area that is a controlled locality by virtue of regulation 36(1) or is determined to be so in accordance with regulation 36(2).	A controlled locality is an area which has been determined, either by NHS England, a primary care trust a predecessor organisation or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be “rural in character”. It should be noted that areas that have not been formally determined as rural in character and therefore <i>controlled localities</i> , are not <i>controlled localities</i> unless and until NHS England determines them to be. Such areas may be considered as rural because they consist open fields with few houses but they are not a <i>controlled locality</i> until they have been subject to a formal determination.
Core opening hours	Is to be construed, as the context requires, in accordance with paragraph 23(2) of Schedule 4 or paragraph 13(2) of Schedule 5, or both.	Pharmacies are required to be open for 40 hours per week, unless they were approved under Regulation 13(1)(b) of the 2005 Regulations in which case they are required to open for 100 hours per week. Dispensing appliance contractors (DACs) are required to be open for not less than 30 hours per week.
Directed services	Means additional pharmaceutical services provided in accordance with directions under section 127 of the 2006 Act.	These are advanced and enhanced services as set out in Directions.
Dispensing doctor(s)	Is to be construed in accordance with regulation 46(1).	These are providers of primary medical services who provide pharmaceutical services from medical practice premises in the area of NHS England; and general practitioners who are not providers of primary medical services but who provide pharmaceutical services from medical practice premises in the area of the HWB.

Distance selling premises	Listed chemist premises, or potential pharmacy premises, at which essential services are or are to be provided but the means of providing those services are such that all persons receiving those services do so otherwise than at those premises.	<p>These premises could have been approved under the 2005 Regulations in which case they could be pharmacies or DACs. Under the 2012 and 2013 Regulations only pharmacy contractors may apply to provide services from distance selling premises.</p> <p>Distance-selling contractors are in the main internet and some mail-order, but they all cannot provide “essential services” to persons face to face at their premises and must provide a service across England to anyone who requests it.</p>
Enhanced services	Means the additional pharmaceutical services that are referred to in direction 4 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.	These are pharmaceutical services commissioned by NHS England, such as services to Care Homes, language access and patient group directions.
Essential services	Except in the context of the definition of “distance selling premises”, is to be construed in accordance with paragraph 3 of Schedule 4.	These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance- selling pharmacy contractors cannot provide essential services face to face at their premises.
Neighboring HWB	In relation to a HWB (HWB1), means the HWB of an area that borders any part of HWB1.	Used when, for example, an HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.
NHS chemist	Means an NHS appliance contractor or an NHS pharmacist.	

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