

Pharmaceutical Needs Assessment 2025 – 2028

Redbridge Health and Wellbeing Board

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Executive Summary

The Health and Social Care Act 2012⁽¹⁾ transferred responsibility for developing and maintaining Pharmaceutical Needs Assessments (PNAs) from Primary Care Trusts (PCTs) to Health and Wellbeing Boards (HWBs). Under this legislation, each board was mandated to publish its first PNA by April 1, 2015, with subsequent updates required every three years or sooner if significant changes in service provision arise, provided an earlier review is justified. The previous PNA⁽²⁾ for Redbridge was published on October 1 2022, following a nationally agreed one year extension of the life of the 2018 PNA due to the COVID pandemic. The next update is scheduled for release by October 1 2025.

PNAs play an important part in public health and healthcare planning. They are strategic documents used to inform the development of local healthcare planning and commissioning of services. PNAs assess the availability and accessibility of pharmaceutical services, taking into account the health needs of the local population, identifying where there may be a lack of pharmaceutical services or unmet needs.

The Health and Care Act 2022⁽³⁾ restructured the commissioning of community pharmacy services, shifting responsibility from NHS England (NHSE) to Integrated Care Boards (ICBs), while NHSE retained oversight. As of April 1, 2023, NHS North East London (NEL) ICB assumed this role. Recent announcements indicate that the architecture of the NHS is likely to undergo significant changes during the lifespan of this Pharmaceutical Needs Assessment (2025-2028). These potential changes include shifts in service delivery models and integration with local healthcare systems. As these developments are subject to ongoing policy discussions and government reviews, the information provided in this document reflects the current position as of the date of publication.

The PNA remains a crucial document for the ICB in evaluating applications for inclusion in the pharmaceutical list and plays a key role in commissioning enhanced community pharmacy and locally tailored services.

To develop this PNA, the London Boroughs of Barking and Dagenham, Havering, and Redbridge jointly commissioned external contractor North of England Commissioning Support (NECS), an independent subject matter expert organisation. The PNA was overseen by a joint steering group, comprising representatives from the London Boroughs of Barking and Dagenham, Havering, and Redbridge, NEL ICB, and Healthwatch Barking and Dagenham, Healthwatch Havering and Healthwatch Redbridge. Their collective aim was to assess current service provision, address commissioning challenges, and set future priorities for community pharmacy services in each of the three London boroughs.

Community Pharmacy North East London (CPNEL) were also consulted following the steering group meetings about the draft PNA, and feedback provided was incorporated into the document.

A statutory consultation was conducted between 16 June and 15 August 2025 gathering input from statutory consultees, the public, and other stakeholders. The final PNA integrates this feedback and aligns with the health priorities outlined in Redbridge's Joint Strategic Needs Assessment (JSNA)⁽⁴⁾. The reference section in Appendix 7 details data sources utilised in the production of this PNA. Unless otherwise stated, the information relating to services is correct as of April 2025.

This PNA examines the current provision of pharmacy services in Redbridge and evaluates potential gaps in service delivery.

This PNA covers the following areas:

- An overview of the PNA process, including the identification of localities.
- An analysis of current and future health needs.
- A description of community pharmacies in Redbridge.
- An evaluation of existing service provision, accessibility, and any gaps.
- Insights into potential future roles for community pharmacies.
- An assessment of community pharmacy's contributions to the Health and Wellbeing Strategy⁽⁵⁾.
- Key findings from stakeholder engagement and the statutory consultation.
- A summary of findings and the PNA statement.

The 2013 NHS (Pharmaceutical and Local Pharmaceutical) regulations⁽⁶⁾ require the HWB to include a statement of necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation. For the purpose of this PNA, the HWB has agreed that as in the previous PNA, necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework⁽⁷⁾. Essential services are mandatory for all NHS community pharmacies.

Relevant services are those pharmaceutical services, other than necessary services, that contribute to meeting the health and well-being needs of the population. Redbridge HWB has identified advanced services and national enhanced services as relevant services that secure improvements or better access to pharmaceutical services, contributing to meeting the need for pharmaceutical services in the HWB area.

Services provided by pharmacies located in neighbouring HWB areas are considered relevant Services where they play a role in meeting patient needs.

Pharmaceutical service providers in Redbridge

Redbridge has 53 community pharmacies (as of April 2025). Redbridge has an average of 17.0 community pharmacies per 100,000 population, compared with 18.3 per 100,000 in England and 19.4 per 100,000 in London (based on an ONS mid-2022 population estimate of 310,911⁽⁸⁾).

The Greater London Authority (GLA) population dataset estimates that the population of Redbridge is 319,574 (2025 estimate, based on central fertility and 10-year migration assumptions)⁽⁹⁾. Wherever possible, this document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions)⁽⁹⁾ as the base population. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used instead.

Conclusions:

Current provision of necessary services

- There is **no current gap** in the current provision of necessary services **during normal working hours** across Redbridge to meet the needs of the population.
- There is **no current gap** in the current provision of necessary services **outside normal working hours** across Redbridge to meet the needs of the population.
- **No gaps** have been identified in the need for pharmaceutical services in **future** circumstances across Redbridge

Improvements and better access

- There are **no gaps in the provision of advanced services** at present or in the future (lifetime of this PNA) that would secure improvements or better access in Redbridge.
- There are **no gaps in the provision of enhanced services** at present or in the future (lifetime of this PNA) that would secure improvements or better access in Redbridge.
- Based on current information **no current gaps have been identified in respect of securing improvements or better access to locally commissioned services or local enhanced services**, either now or in specific future (lifetime of this PNA) circumstances across Redbridge to meet the needs of the population.

1 Introduction

1.1 Background

The Health Act 2009⁽¹⁰⁾ established a legal requirement for all Primary Care Trusts (PCTs) to publish a Pharmaceutical Needs Assessment (PNA) by February 1, 2011. Subsequently, the Health and Social Care Act 2012⁽¹⁾ transferred responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs).

Under this framework, each HWB was mandated to publish its first PNA by April 1, 2015. Thereafter, updates must be issued every three years following the previous publication or sooner if significant changes affect pharmaceutical service availability, provided an early update is warranted.

Redbridge HWB last published its PNA in October 2022⁽²⁾ and has now prepared an updated version for release by October 1, 2025.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ define the statutory requirements for PNAs. The development of this PNA adhered to the guidance outlined in the PNA Information Pack for Local Authority Health and Wellbeing Boards⁽¹¹⁾, published by the Department of Health in October 2021.

As stipulated by these regulations, the PNA must include a statement identifying any pharmaceutical services that the HWB has determined are lacking within its area but are deemed necessary to:

- address a current need,
- meet a future need in specified circumstances
- provide improvements or better access if implemented or
- provide future improvements or better access in specified future circumstances

This PNA relates to community pharmacies (including distance selling pharmacies and dispensing appliance contractors) and dispensing GP practices. Prison pharmacy and hospital pharmacy are beyond the scope of the PNA.

1.2 Purpose

The PNA provides a comprehensive evaluation of both current and future pharmaceutical needs within the local population. It outlines the area's health needs (Section 4), assesses the availability of existing pharmaceutical services, and identifies any service gaps (Sections 7 and 8). Additionally, it highlights potential new services to address unmet health needs and support the objectives of the Health and Wellbeing Strategy 2024 – 2028⁽⁵⁾.

The PNA is informed by the Joint Strategic Needs Assessment (JSNA)⁽⁴⁾ and serves as a key strategic commissioning document, primarily guiding North East London Integrated Care Board (NEL ICB) in determining applications for inclusion in the pharmaceutical list, in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾.

Beyond this primary function, the PNA is also instrumental in:

- Ensuring that decisions regarding market entry for pharmaceutical services are based on robust and relevant data.
- Informing commissioning plans for pharmaceutical services that could be delivered by community pharmacists or other providers to meet local needs - these services may be commissioned by local authorities, NHS England, or NEL ICB (Sections 7 and 8).
- Supporting the commissioning of high-quality pharmaceutical services, including locally enhanced services.
- Ensuring that pharmaceutical and medicines optimisation services align with the health priorities outlined in the Health and Wellbeing Strategy⁽⁵⁾.
- Promoting opportunities for community pharmacies to play a vital role in improving the health and well-being of Redbridge residents.

1.3 Pharmacy market

Community pharmacies (including distance selling pharmacies and dispensing appliance contractors) play a crucial role in dispensing medications, medical appliances, and devices to NHS patients. While they operate independently from the NHS, they deliver essential healthcare services on its behalf to the public.

Under the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013⁽⁶⁾, individuals or entities—such as pharmacists, appliance dispensers, or, in some rural areas, GPs—who wish to provide NHS pharmaceutical services must apply through Primary Care Support England (PCSE) for inclusion on the Pharmaceutical List. Applicants must demonstrate their ability to meet a pharmaceutical need as outlined in the PNA. However, some exceptions exist, such as applications for distance-selling pharmacies (i.e., internet or mail-order services).

There are five types of market entry applications for inclusion on the Pharmaceutical List:

- Meeting a current need identified in the PNA.
- Addressing a future need projected in the PNA.
- Enhancing current access to pharmaceutical services.
- Improving future access to meet anticipated demand.
- Providing an unforeseen benefit, where an applicant presents evidence of an unanticipated need not identified in the existing PNA.

Community pharmacies and appliance contractors are responsible for dispensing medications, appliances, and medical devices to NHS patients. They are not a direct part of the NHS but provide essential services on behalf of the NHS to the general public.

1.4 National context

The NHS Long Term Plan in 2019⁽¹²⁾ set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead. The plan acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy.

The government has developed a new plan for the NHS – Fit for the Future: 10-year Health Plan for England⁽¹³⁾. The first step in developing the plan was Lord Darzi's independent report on the State of the NHS in England⁽¹⁴⁾. The report was published in September 2024, and it identified challenges faced by the health service which will be addressed by the plan. Recent announcements suggest that there will be future changes to the architecture of the NHS during the lifespan of this PNA, including abolition of NHSE, to help build the health service for the future.

Building directly on Lord Darzi's findings, the NHS 10-Year Health Plan⁽¹³⁾ outlines a vision to unlock the "huge potential" he identified by transforming community pharmacies into integrated, clinically active "neighbourhood health service" centres. These enhanced roles will see pharmacies contribute more significantly to prevention, long-term condition management, and local care delivery - addressing the risks Darzi warned of by shifting resources and services closer to where patients need them most.

HWBs, along with relevant partners, should continue to ensure that community pharmacy services continue to meet the needs of their populations.

1.5 Pharmacy services NHS overview

The NHS Business Services Authority (NHSBSA) published a report on General Pharmaceutical Services in England 2015/16 – 2023/24⁽¹⁵⁾.

This report notes that there were more than 12,009 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for around 90% of their total income⁽¹⁶⁾.

Community pharmacies in England provide a range of services including

- Dispensing and Repeat dispensing
- Support for self-care
- Signposting patients to other healthcare professionals
- Participation in set public health campaigns (e.g. to promote healthy lifestyles)

- Disposal of unwanted medicines.

Key findings of General Pharmaceutical Services in England 2015/16 - 2023/24⁽¹⁵⁾ indicated that:

- There were 12,009 active community pharmacies and 112 active appliance contractors in England during 2023/24. This is the first increase shown since 2017/19. It is important to note that if a pharmacy has opened, submitted a prescription to the NHSBSA and then closed again in the same year, it would still be classed as an active pharmacy. When a pharmacy contract changes providers, it can remain in the same premises but may be given a new organisation code. This measure uses the pharmacy organisation code to determine active pharmacies.
 - However, as at December 2025, the total number of active pharmacies in England is estimated at 10,430 according to the NHSBSA Consolidated Pharmaceutical List Q3 2024/25. This is the number used in this PNA to calculate the average number of pharmacies per 100,000 population.
- The number of items dispensed by community pharmacies in England between 2022/23 and 2023/24 increased by 3.15% from 1.08 billion to 1.11 billion. Overall, the number of items dispensed is 11.8% higher than the 995 million items dispensed in 2015/16.
- 1.08 billion prescription items were dispensed via the Electronic Prescription Service (EPS) in 2023/24, 96.1% of all items dispensed in the year. This is an increase of 60.7 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £10.2 billion in 2023/24. Costs reimbursed to contractors increased in 2023/24 for the fifth consecutive year. Costs increased by 4.97% between 2022/23 and 2023/24 from £9.72 billion to £10.2 billion, the highest costs in 9 years.
- The number of vaccines administered by pharmacies as part of the Influenza Vaccination advanced service decreased in 2023/24 after increasing every year since the service began in 2015/16. In 2023/24 there were 3.77 million vaccines administered by 9,170 community pharmacies, at an average of 412 vaccines per pharmacy. This was a decrease of 24.7% on the 5.01 million vaccines administered in 2022/23.
- New medicines services (NMSs) have shown sizable increases for the last three financial years. Thirteen additional conditions were added to the specification list in September 2021. The number of NMSs claimed in 2023/24 has increased by 42% from 2022/23.
- Pharmacy First, which was introduced on 31 January 2024, continues to grow with over 750,000 interactions nationally in September 2024 compared with an average of 141,000 per month in the first 3 months.

1.6 Community Pharmacy Contractual Framework

The Department of Health and Social Care (DHSC), NHSE, and the Pharmaceutical Services Negotiating Committee (PSNC, now known as Community Pharmacy England) agreed a five-year plan, 2019-2024, the Community Pharmacy Contractual Framework (CPCF)⁽¹⁷⁾ which described a vision for how community pharmacy will support delivery of the NHS Long Term Plan⁽¹²⁾.

In April 2025, agreement was reached between the Department of Health and Social Care (DHSC), NHSE and Community Pharmacy England (CPE), on the funding arrangements for both the Community Pharmacy Contractual Framework (CPCF) for 2024 to 2025 and 2025 to 2026⁽⁷⁾, and Pharmacy First. These new arrangements aim to reflect joint ambition to focus on stabilising medicines supply and pharmacy funding for this core function. This funding also provides an uplift to key clinical service fees, while supporting Pharmacy First to continue to grow and embed at pace.

At the time of publication of the 2025-28 PNA there was no community pharmacy contractual framework in place to support delivery of the NHS 10 Year Health Plan⁽¹³⁾. It is clear however that the role of community pharmacy within healthcare systems is evolving, and that there may be consequent changes in pharmaceutical need. These will become clearer in the future.

The success of the Pharmacy Quality Scheme (PQS) across the CPCF in 2019-2024 was recognised within the review of the CPCF with a targeted PQS being reinstated from 1st April 2025.

The criterial focus included:

- Being signed up to deliver Pharmacy First pathway and the pharmacy contraception service
- Develop or update a palliative and end of life care action plan
- Referral of patients aged 5 to 15 years who do not have a spacer and all patients using 3 or more short-acting bronchodilators without any corticosteroid inhaler in 6 months
- Pharmacy First – completion of clinical audit and ensure all registered professionals have completed appropriate training.
- Emergency contraception: ensure relevant staff have completed appropriate training
- New medicine service: ensure relevant staff have completed relevant depression training
- Enhanced Disclosure and Barring Service (DBS) checks undertaken for all registered pharmacy professionals within the last 3 years
- Hypertension Case Finding Service

1.7 Working across the North East London Integrated Care System

Integrated care systems (ICSs) were set up in 2022 to facilitate joint working across local partners, such as the NHS, councils, voluntary sector organisations and others. Their aim is to improve health and care services – with a focus on prevention, better outcomes and reducing health inequalities. They achieve this by creating services based on local need.

The 42 ICSs in England are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. ICSs were legally established on 1 July 2022, covering all of England. These arrangements built on partnerships that were already in place across the country.

They aim to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

Integrated care boards (ICBs) are NHS organisations responsible for planning health services for their local population. There is one ICB in each ICS area. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to the integrated care partnership's integrated care strategy.

The NHS organisations and upper-tier local authorities in each ICS run a joint committee called an integrated care partnership (ICP). This is a broad alliance of partners who all have a role in improving local health, care and wellbeing. They may also include social care providers, the voluntary, community and social enterprise sector and others with a role in improving health and wellbeing for local people such as education, housing, employment or police and fire services.

Each ICP must develop a long-term strategy to improve health and social care services and people's health and wellbeing in the area. They may also take on additional responsibilities, as agreed locally between the members.

1.8 Redbridge strategic objectives

The Health and Care Act 2022⁽³⁾ established Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) as part of the health and care system. The North East London Integrated Care Partnership (ICP) brings together councils in North East London including London Borough of Redbridge, NEL ICB, NHS providers and other partners to foster collaboration among health service commissioners, public health, and social care providers. This partnership aims to

enhance the health and wellbeing of the residents of North East London, including those in Redbridge.

HWBs continue to play a key role in setting the strategic direction to improve the health and wellbeing of people in their communities.

As part of its responsibilities, the board develops a Joint Strategic Needs Assessment (JSNA)⁽⁴⁾, which evaluates the health and wellbeing of the Redbridge population and compares it with national averages. Alongside the JSNA, the PNA is also an integral component of understanding health needs to inform the development of the Joint Health and Wellbeing Strategy⁽⁵⁾.

The Redbridge Joint Health and Wellbeing Strategy 2024 – 2028⁽⁵⁾ sets out ambitions for working with partners to improve the physical and mental health of residents. The strategy recognises the pillars for good health, support and wellbeing:

- Prevention and early intervention
- Tackling the causes of poor health
- Supporting good health
- Community benefits
- Health protection
- Recovery and self-care
- Caring roles

The ambitions of the strategy are:

- Starting well – positive beginnings for babies, children and young people
- Living and feeling well – building resilience for living and wellbeing
- Caring well – prevention and care of long-term conditions.

2 The Health System in Redbridge

GP Practices in Redbridge deliver primary medical services for the same core hours of 8.00am until 6.30pm, Mondays to Fridays. Within Redbridge, Primary Care Networks (PCNs) ensure enhanced access for their patients is in place between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.

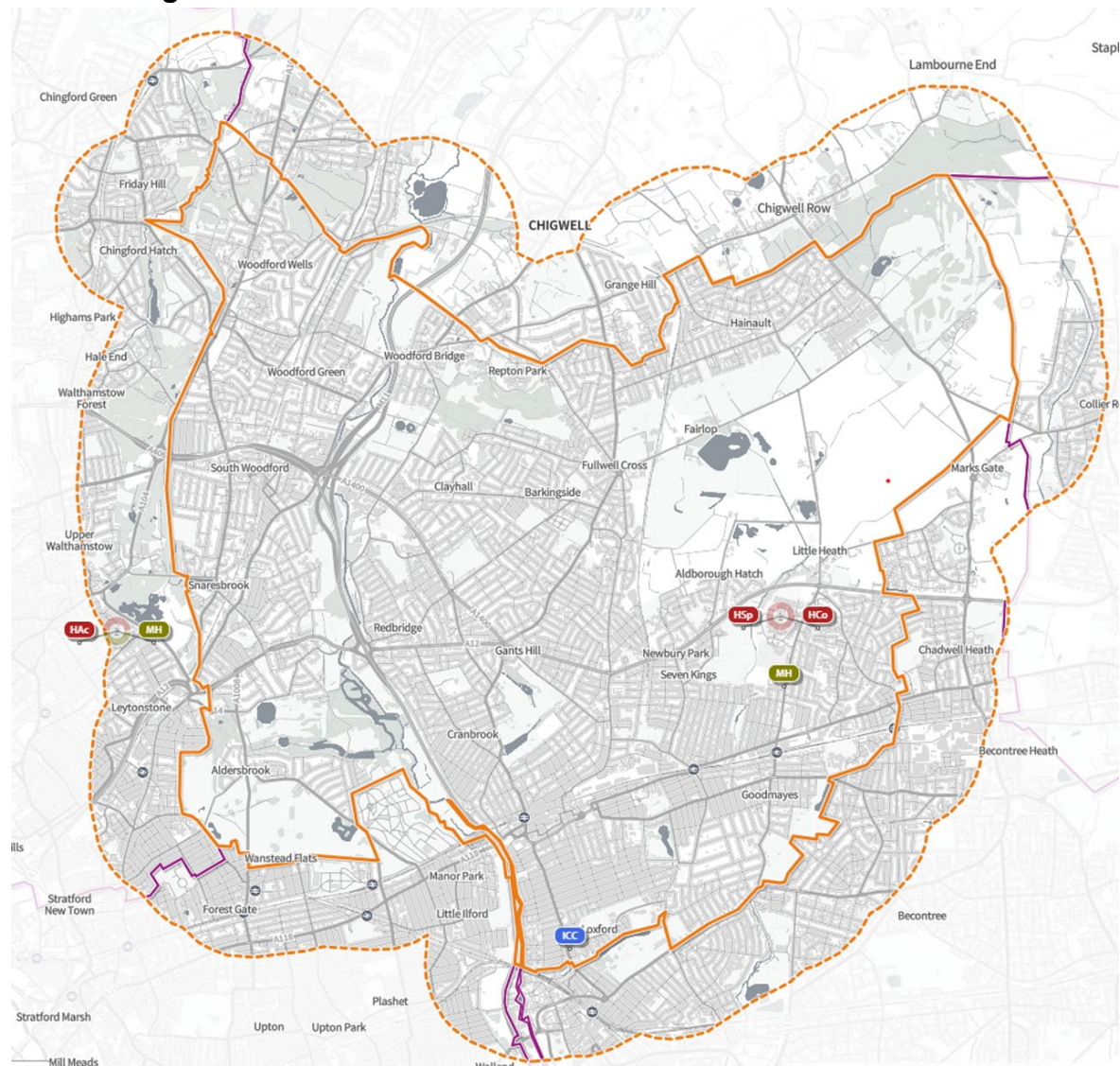
The GP out-of-hours service has appointments available seven days a week to cover the evenings and overnight, as well as on weekends and bank holidays.

King George Hospital in Redbridge has an Accident and Emergency Department and an Urgent Treatment Centre, open 24 hours, 7 days a week.

People living in Redbridge primarily go to Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) and Whipps Cross hospital (part of Barts Health NHS Trust which is in the neighbouring borough of Waltham Forest) for hospital services. The North East London NHS Foundation Trust provides mental health services for the residents of Redbridge. Hospital pharmacies do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

Figure 1 shows the locations of hospitals, urgent treatment centres and walk-in centres in Redbridge and 1 kilometre over the border.

Figure 1: Locations of hospitals, urgent treatment centres and walk-in centres in Redbridge and 1km over the border



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Key

- MH** - Mental Health Facility
- HCo** - Community Hospital
- HsP** - Specialist Hospital
- ICC** - Intermediate Care Centre
- HAc** - Acute Hospital

3 Pharmaceutical Needs Assessment Process

3.1 PNA development group

As set out within section 1 of this PNA, the legislation that describes the duties of the HWB in regard to PNAs is the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ (as amended). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local PNA must be maintained by the HWB during its life.

The development of the PNA was advised by members of the steering group which was established in March 2025. Representatives on the steering group included:

- Senior officers from the London Boroughs of Havering, Barking and Dagenham and Redbridge
- North East London Integrated Care Board
- Healthwatch Barking and Dagenham, Healthwatch Havering and Healthwatch Redbridge.

The PNA draft was also shared with CPNEL, who provided feedback.

The following points were agreed:

- Terms of reference of the steering group, including the frequency of meetings
- Determination of localities for the PNA
- Definition of necessary pharmaceutical services, other relevant services and other NHS services
- Timeline of the PNA process
- Structure of the PNA document
- CPNEL (Community Pharmacy Northeast London) agreed not to conduct a pharmacy questionnaire as pharmacy services data can be sourced from NEL ICB and NHSBSA
- Process and questionnaires for engagement and consultation
- Appropriate governance, including declaration of interests, and reporting arrangements.

3.2 Determination of localities

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ state that, in making its assessment of needs, the HWB should have regard to the different needs of different localities in its area. In accordance with this, the steering group considered how to assess these different needs and concluded that the most appropriate means of dividing the Redbridge area was to use the localities adopted in the previous PNA, which are the current electoral ward boundaries.

3.3 Necessary pharmaceutical services

The 2013 regulations⁽⁶⁾ require the HWB to include a statement of necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation.

For the purpose of this PNA, the HWB has agreed that as in the previous PNA, necessary services are defined as the essential services in the NHS CPCF. Essential services are mandatory for community pharmacies.

At the time of publication, the essential services are:

- Dispensing medicines
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles (Public Health)
- Signposting
- Support for self-care
- Discharge medicines service.
- Healthy Living Pharmacies
- Dispensing of appliances (in the "normal course of business")

These services are described in more detail in Section 7.

Relevant services are those pharmaceutical services, other than necessary services, that contribute to meeting the health and well-being needs of the population. The HWB has identified such relevant services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

The HWB has agreed that relevant services include advanced services and enhanced services within the NHS CPCF in addition to locally commissioned services. Such services provided by pharmacies located in neighbouring HWB areas are considered relevant services where they play a role in meeting patient needs, particularly from adjoining neighbouring London Boroughs.

The statement of pharmaceutical service provision in Section 12 is based on this definition of necessary pharmaceutical services.

3.4 Other relevant services

Pharmaceutical services not included as necessary services have been deemed by the HWB as other relevant services. These are pharmaceutical services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision contributes to meeting the health and wellbeing needs of the population. The provision of these has secured improvements, or better access, to pharmaceutical services for the population of Redbridge.

The HWB has determined that relevant services for the purposes to this PNA are **advanced services and national enhanced services** within the NHS CPCF. These are:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service
- The COVID-19 Vaccination Programme

The HWB has also determined that services provided by pharmacies located in neighbouring HWB areas are considered relevant services where they play a role in meeting patient needs, particularly in border regions.

The statement of pharmaceutical service provision in section 12 is based on this definition of other relevant services.

3.5 Other NHS services

Other NHS services that the HWB considers affect the need for pharmaceutical services are deemed to be:

- a) those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:
 - hospital pharmacies
 - personal administration of items by GP practices
 - public health services commissioned by the local authority:
 - Supervised consumption
 - Needle exchange
 - Sexual Health Services

- ICB-commissioned 'local enhanced services (as this reduces the need for such services to be commissioned as national enhanced services):
 - NEL Palliative End of Life Care (PEoLC) Service
 - NEL Community Pharmacy Selfcare Advice Service (CPSAS)
 - NEL Anticoagulation Service
 - Bank Holiday Rota
 - Influenza and Covid-19 vaccination by GP practices.
- b) NHS services that increase the demand for pharmaceutical services including:
- GP out of hours services (where a prescription is issued)
 - walk-in centres and minor injury units (where a prescription is issued)
 - community nursing prescribing
 - dental services.

The statement of pharmaceutical service provision in section 12 is based on this definition of other NHS services.

3.6 Assessing health needs

The Local Government and the Public Involvement in Health Act 2007⁽¹⁸⁾ created the duty to undertake JSNAs. From April 2008, this duty was carried out by with local authorities and PCTs. The Health and Social Care Act 2012⁽¹⁾ transferred this duty, to local authorities and CCGs to be exercised by HWBs, with the Health and Care Act 2022⁽³⁾ transferring the CCG's responsibilities to ICBs.

This PNA is directly aligned to the Redbridge JSNA⁽⁴⁾ and the statement of health needs, presented in section 4 of this document, are consistent with it.

3.7 Current provision within Redbridge

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous PNA as a baseline, with updated information being provided by NHSBSA NEL ICB and the public health service in Redbridge.

3.8 Future provision

This PNA seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9 (1) and (2)⁽⁶⁾, had regard to:

- The demography of Redbridge

- Whether there is sufficient choice regarding obtaining pharmaceutical services within Redbridge
- The different needs of the localities within Redbridge
- The pharmaceutical services provided in the area of any neighbouring HWB
- Any other NHS services provided for the population in or outside of Redbridge
- Likely changes to the demography of Redbridge and/or the risks to the health or well-being of its residents.

The Equality Act (2010)⁽¹⁹⁾ requires that in making this assessment, the needs of different population groups have been taken into account. Section 4 describes the different groups that have been considered as part of this PNA. The final PNA has been subject to an equality impact assessment.

3.9 Stakeholder engagement

The views of the public were gathered in the form of a questionnaire on Pharmacy Services. The questionnaire was made available between 28th April – 5th June 2025 and promoted using the council's social media, and Healthwatch Redbridge.

In total, 73 questionnaire responses were received. These have been considered as part of this PNA. Section 10 and Appendix 2 of this document provide a summary of the analysis and outcomes of the public engagement.

3.10 Statutory consultation

The formal consultation on the draft PNA for Redbridge ran from 16 June to 15 August 2025 in line with the guidance on developing PNAs.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013)⁽⁶⁾, all statutory consultees received an email containing a copy of the draft PNA, along with information about the consultation and a link to the consultation questionnaire. Feedback received was considered in the development of the PNA.

In total, 8 questionnaire responses were received along with additional feedback from the London Pharmacy Commissioning Hub on behalf of NEL ICB. These have been considered as part of this PNA. Section 10 and Appendix 4 of this document provides a summary of the outcomes of the consultation, including changes made to the PNA following the consultation.

4 Demographics and Health Needs

This section includes information from the latest published Redbridge JSNA, data from the Office for Health Improvement and Disparities Fingertips tool, and various other data sources with the purpose of highlighting key areas of potential impact for pharmacy commissioning. Data from all sources is based on the most up to date information available when accessed in April and May 2025.

Wherever possible, this document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions) as the base population. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used instead.

For more detailed information on health needs, the JSNA can be accessed at: [Redbridge: Joint strategic needs assessment \(JSNA\)](#)

4.1 Introduction

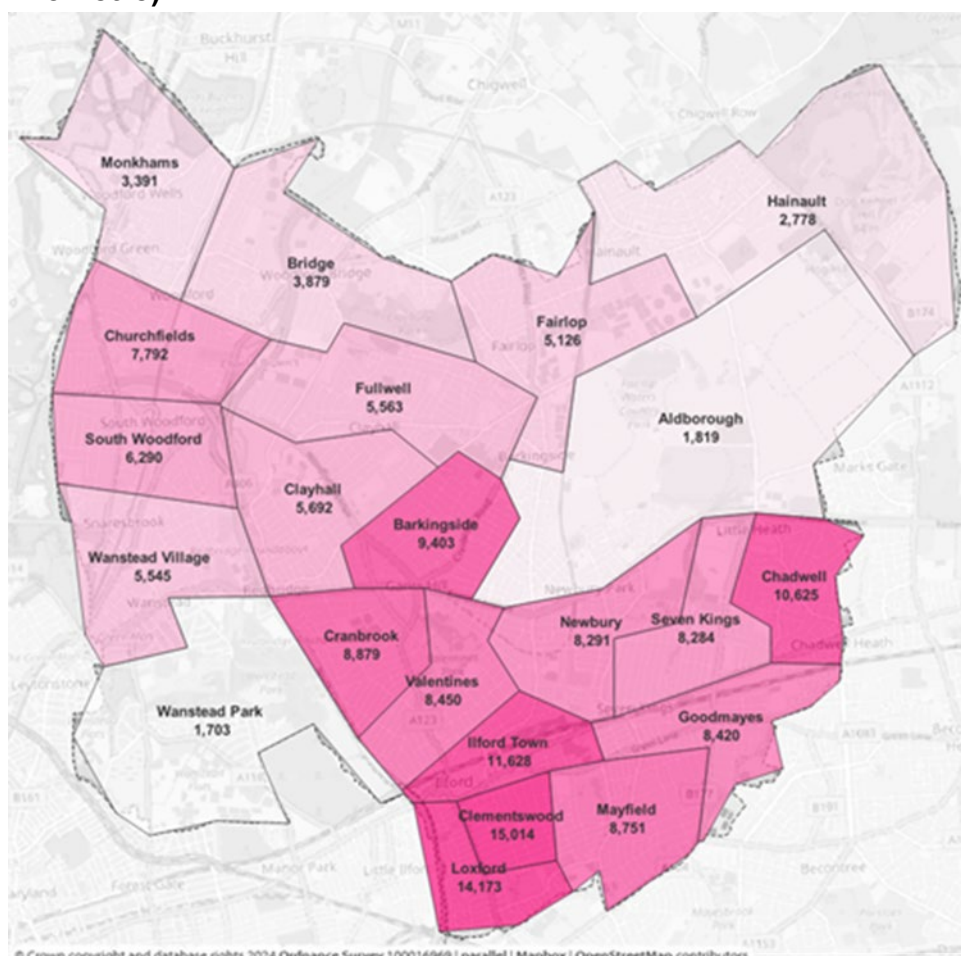
The London Borough of Redbridge is a North East London borough located in Outer London. It shares borders with the boroughs of Waltham Forest, Newham, Barking and Dagenham, and Havering, and also borders the county of Essex to the north. Redbridge encompasses a mix of suburban and urban areas and includes several local centres. The borough's local centres of Barkingside, Gants Hill, South Woodford and Wanstead are comparable in scale. Ilford and Wanstead are identified as two main town centres, however, South Woodford is a larger centre than Wanstead and arguably, the main town centre in the west of the borough. Ilford is the largest and a key commercial and retail hub.

4.2 Demographic characteristics

4.2.1 Population size and density

Greater London Authority estimates that the population of Redbridge is 319,574 in 2025 (Housing-led population projections)⁽⁹⁾. The borough's population density is lower than the London average: 5,502 compared to 5,598 per square kilometre, with the most densely populated wards (figure 3) being the southern wards of Clementswood (15,014), Ilford Town (11,628) and Loxford (14,173) (see figure 2)⁽²¹⁾.

Figure 2: Population density of Redbridge (number of residents per square kilometre)



Source: ONS: Census March 2021⁽²¹⁾

4.2.2 Age and gender structure

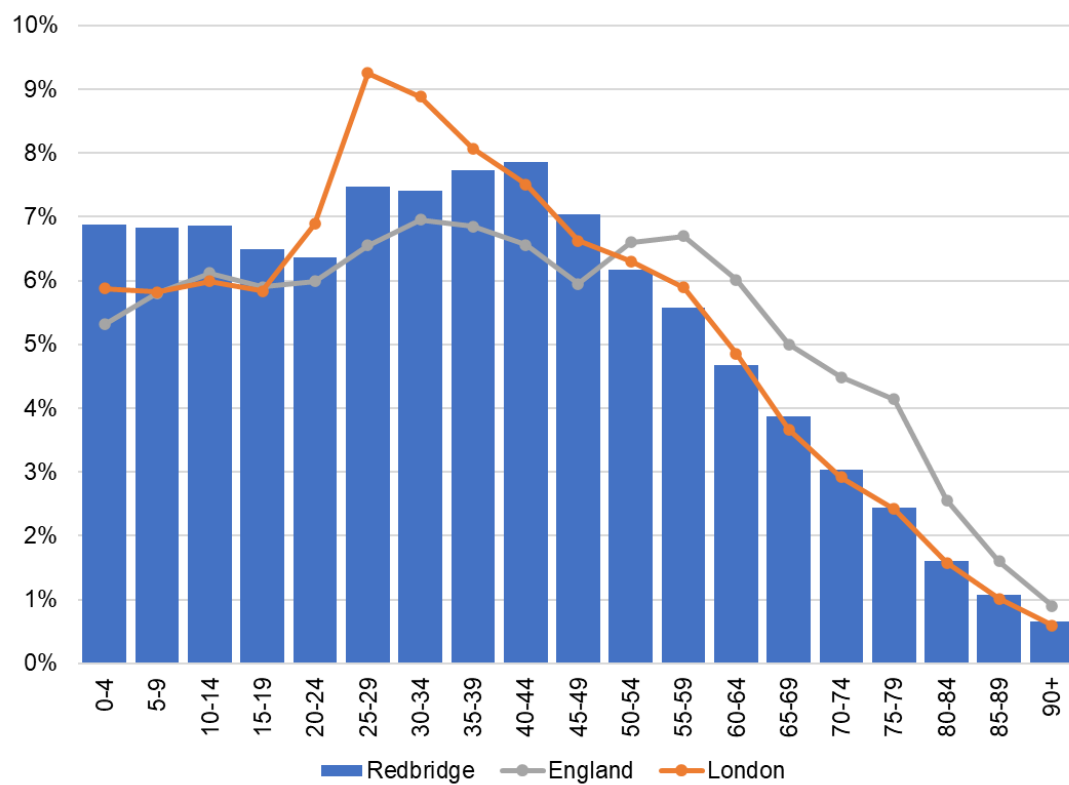
Figures 3 and 4 show the age profile of Redbridge compared with London and England. According to 2023 mid-year estimates Redbridge has a comparatively young population; with 27.1% (84,761) of the population aged 0-19 compared to England 23.1% and London 23.5%⁽²²⁾.

The main variation between Redbridge and London is that Redbridge has a lower proportion of adults aged 20 to 35 years and, as mentioned above, a greater proportion of children (aged 0–19)⁽²²⁾.

12.7% (39,699) of Redbridge residents are aged 65 and over. This is relatively consistent with London 12.2% but lower than England 18.7%⁽²²⁾.

The average (median) age of Redbridge is 36 years of age. Redbridge has a higher average (median) age than London (35 years) and a lower average (median) age than England (40 years)⁽²³⁾.

Figure 3: Age band population breakdown for Redbridge, London and England



Source: ONS Mid-Year Population Estimates, England and Wales, June 2023⁽²²⁾

Figure 4: Age and Gender Population Breakdown for Redbridge, London and England



Source: ONS Mid-Year Population Estimates, England and Wales, June 2023⁽²²⁾

4.2.3 Ethnicity and diversity

Areas where diversity is higher, correlate with areas of higher levels of deprivation and poorer health. 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. In addition, community pharmacies can access commissioned translation services.

More than half (64%) of the Redbridge resident population are from Black, Asian and other Ethnic minority groups. The percentage of the population of an Asian ethnicity in Redbridge is more than double that of London and five times the England average⁽²⁴⁾.

Table 1: Ethnicity population breakdown for Redbridge, London and England

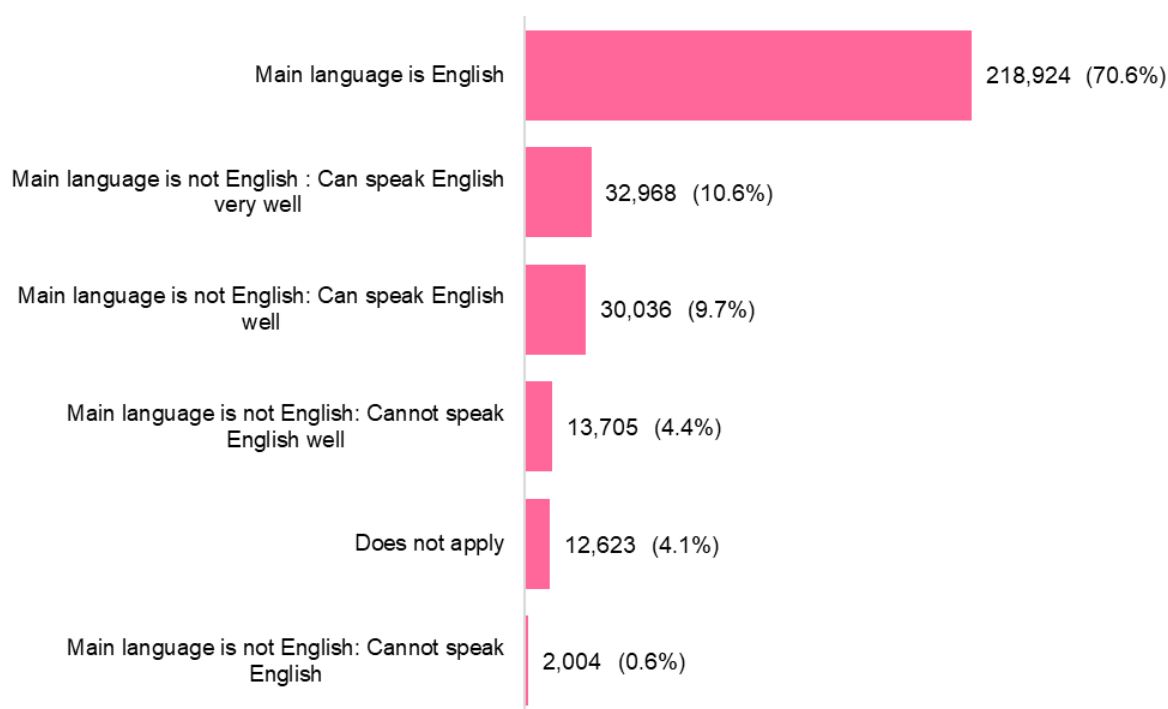
Area	Asian	Black	White	Mixed/Other
Redbridge	47.3%	8.4%	34.8%	9.5%
London	20.7%	13.5%	53.8%	12.1%
England	9.6%	4.2%	81.0%	5.1%

Source: ONS Ethnic group, England and Wales: Census 2021⁽²⁴⁾

Proficiency in English

Figure 5 shows the proficiency in English within the borough. In Redbridge, English is the main language for 70.6% of residents. Although the majority of people within Redbridge speak English as their first language or speak it very well, there remains approximately 16,000 individuals who cannot speak English well or at all⁽²⁵⁾.

Figure 5: Proficiency in English for those aged 3+ years for Redbridge



Source: ONS Census 2021⁽²⁵⁾

4.2.4 Vulnerable populations and protected characteristics

In addition to the age and ethnicity of the resident population, there are other sections of the population and communities who can be defined as 'vulnerable' or have additional needs. These individuals often experience barriers to accessing universal health care services and poorer health outcomes as a result. However, they also increase demands on services in local areas which need to be considered.

Children looked after (CLA) and children in care populations

Most children become looked after as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences⁽²⁶⁾. As of 31st March 2024, Redbridge had 310 children classified as looked after. The rate was calculated as 40 per 10,000 child population, which was lower than the outer London average (45 per 10,000 child population) and the England average (70 per 10,000 child population)⁽²⁷⁾.

The same data period also highlights that there were 130 children who ceased to be looked after⁽²⁷⁾.

Children with special educational needs population

Pupils with Special Educational Needs or Disabilities (SEND) face barriers that make it harder for them to learn than most pupils of the same age. In addition, they often experience poorer outcomes than their peers in educational achievement, physical and mental health status, social opportunities, and transition to adulthood. In 2023/24, 14.2% of school pupils in Redbridge were identified as having special educational needs, this is significantly lower than the London (17.6%) and England (18.4%) average⁽²⁰⁾.

Asylum seekers

Based upon the Immigration System Statistics from the Home Office (December 2024)⁽²⁸⁾, there were 1,515 people seeking asylum in Redbridge. This is approximately 0.5% of the population, slightly higher than the England average (0.4%). This data is made up from three specific programmes; Homes for Ukraine scheme, Afghanistan Resettlement Programme and Supported Asylum scheme.

People seeking asylum face significant challenges in terms of their health needs including barriers in accessing pharmacy services, stemming from legal, structural, social, and personal challenges.

Asylum seekers may not be fully aware of their rights to free prescriptions under NHS rules, or the requirement to complete the NHS Low Income Scheme (HC2 certificate). While prescription medicines may be free for those with HC2 certificates, over-the-counter medications must often be paid for out-of-pocket, which may not be feasible for those living on limited asylum support (£47.39 per week as of 2025). Differing beliefs about illness and treatment may lead to reluctance to take prescribed medication or preference for traditional remedies. There may also be a fear that accessing any NHS service could lead to immigration checks or reporting, even though pharmacy access is not shared with immigration authorities.

Community pharmacies often lack access to interpreters, leading to difficulties in understand medical instructions, asking questions, or navigating pharmacy processes. Mental health issues are common in asylum-seeking populations, but stigma, combined with a lack of culturally sensitive care, can prevent people from

seeking or adhering to treatment. Similarly, some asylum seekers report feeling unwelcome or discriminated against in healthcare settings, including pharmacies, which can deter future visits.

Continuity of Care is another challenge, with Asylum seekers often moving between accommodations by the Home Office. This can lead to disruption of relationships with local healthcare providers and pharmacies, as well as inconsistent record-keeping or loss of documents during relocations; making it difficult for pharmacists to review medical histories or avoid drug interactions.

Recommendations to Reduce Barriers for Pharmacies:

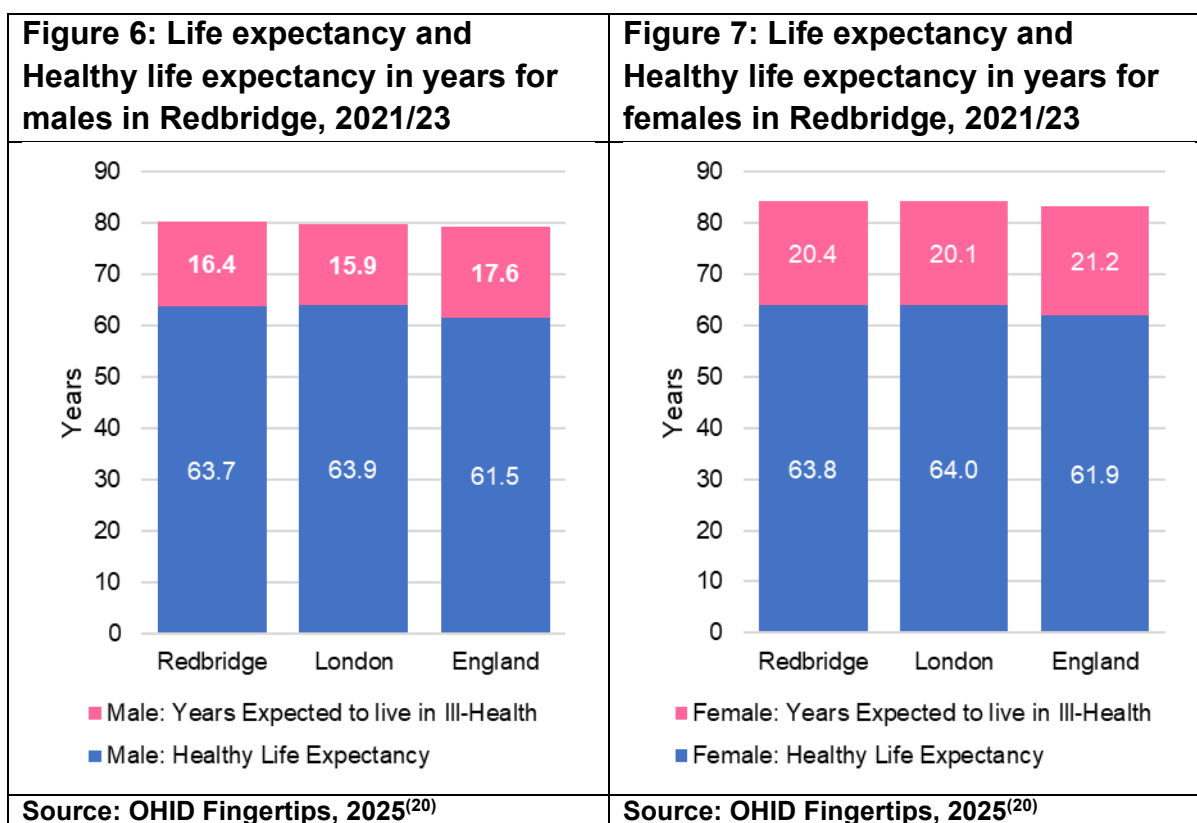
- Improve access to interpreters in community pharmacies.
- Train pharmacy staff in cultural competence and NHS entitlement rules.
- Simplify the prescription exemption process.
- Increase outreach to asylum communities about their healthcare rights and how to access services.

4.3 Life expectancy

Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. Healthy life expectancy at birth shows the years a person can expect to live in good health (rather than in poor health). Disability-free expectancy at birth is a measure of the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that limits activities.

Figure 6 and Figure 7 shows the life expectancy at birth for both males and females across Redbridge, London and England, using the most recently available data (2021-2023).

- The life expectancy at birth for males in Redbridge is 80.1 years which is higher than the England average (79.1 years) and similar to the London average of 79.8 years.
- Healthy life expectancy at birth for males in Redbridge, is 63.7 years which is similar to London (63.9 years) and similar to the England average (61.5 years).



- The life expectancy at birth for females in Redbridge is 84.2, which is similar to the England average (83.1) and the London average of 84.1 years.
- Healthy life expectancy at birth for females in Redbridge, is 63.8 which is similar to London (64.0) and the England average (61.9).

In Redbridge the Health life expectancy is similar for both males and females despite males having a life expectancy 4.1 years below females.

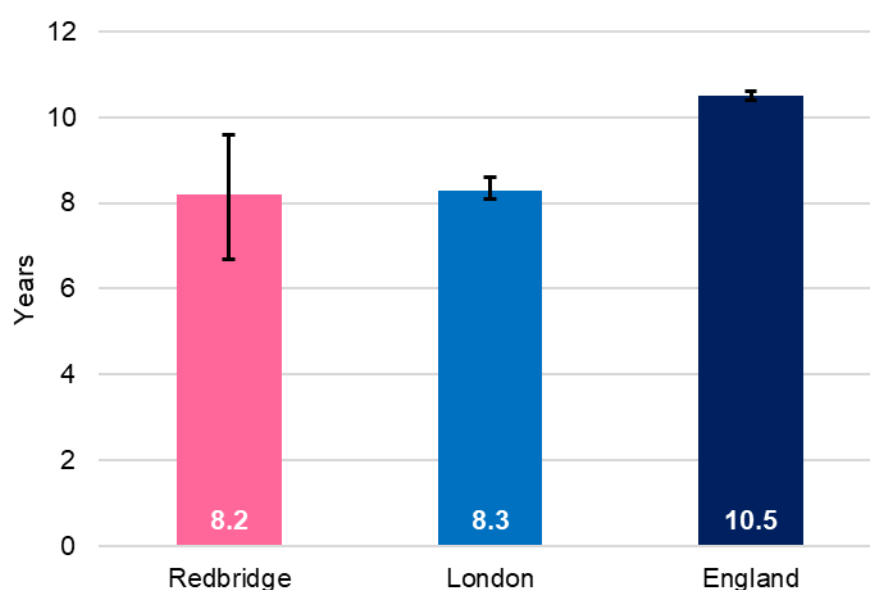
This means on average females will live for longer in poor health compared to males.

The inequality in life expectancy at birth metric shows the gap in life expectancy between the most and least deprived areas within a local authority or region. It is calculated separately for males and females.

Figure 8 and Figure 9 shows the slope index of inequality of life expectancy in males and females in Redbridge, London and England respectively. It represents the range in years of life expectancy across the social gradient from most to least deprived. These are the most recent data for the period 2021-2023.

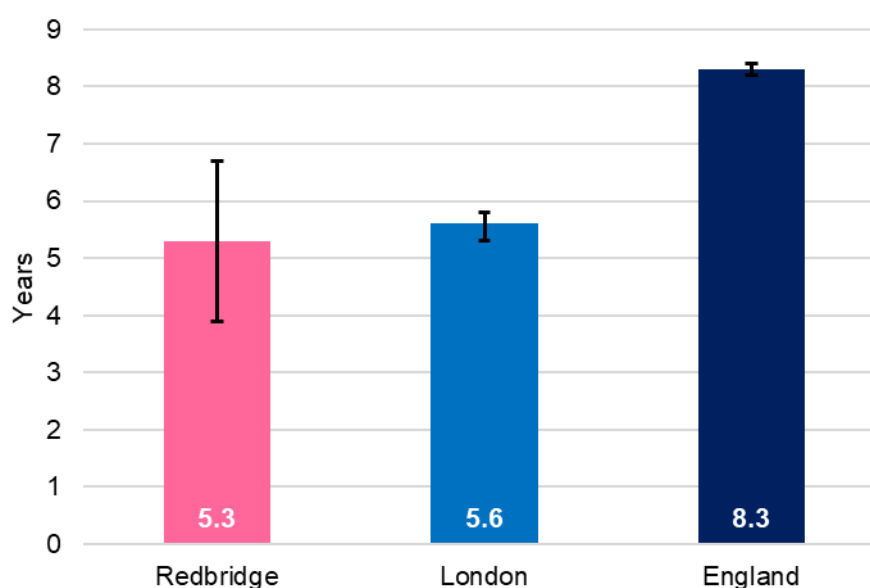
In addition to the gender inequalities in life expectancy, there are inequalities by deprivation. The inequality in life expectancy at birth for males in Redbridge is 8.2 years which is similar to London (8.3 years) and lower than the England average (10.5 years). This indicates that individuals from less deprived areas can live 8.2 years (on average) more than those from the most deprived areas.

Figure 8: Inequality in life expectancy at birth (males), 2021/23



Source: OHID Fingertips, 2025

Figure 9: Inequality in life expectancy at birth (females), 2021/23



Source: OHID Fingertips, 2025

The inequality in life expectancy at birth for females in Redbridge is 5.3 years, which is similar to the London value (5.6 years) and lower than the England average (8.3 years). This is slightly less than the inequality gap for males but still highlights that on average, females from the most deprived areas die half a decade before females from more affluent areas within Redbridge.

4.4 Wider determinants of health

4.4.1 Deprivation

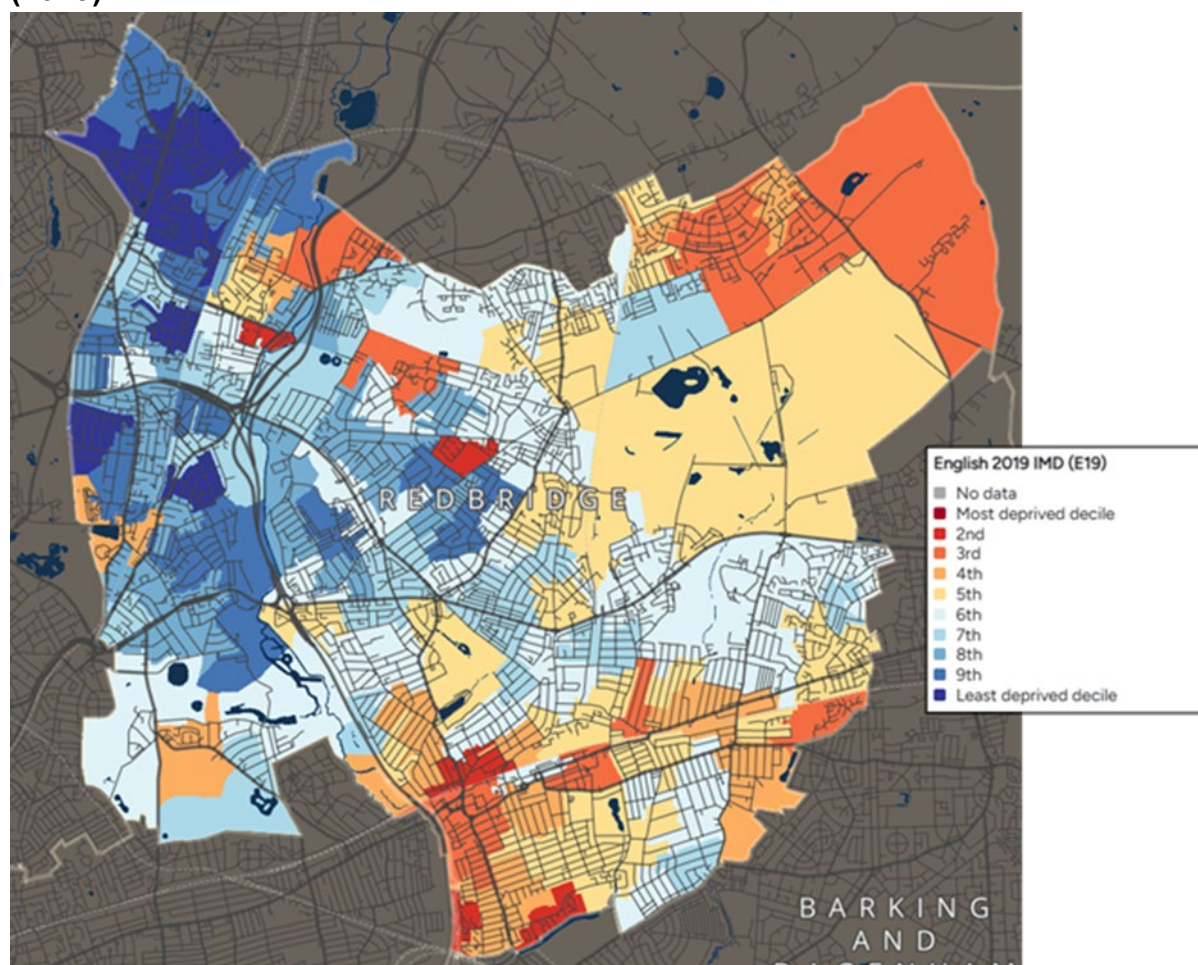
The Index of Multiple Deprivation 2019 (IMD2019)⁽²⁹⁾ measures socioeconomic disadvantage across seven domains, the domains are combined using the following weightings to produce the overall IMD score:

- Income (22.5%)
- Employment (22.5%)
- Health Deprivation & Disability (13.5%)
- Education, Skills and Training (13.5%)
- Barriers to housing and services (9.3%)
- Crime (9.3%)
- Living environment (9.3%).

The overall IMD2019 is a weighted average of the indices for the seven domains. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas have an average population of 1500. Figure 10 shows the LSOAs within Redbridge and the variation in deprivation across the borough.

- Redbridge has 159 LSOA's, 5 are among the most deprived 20% of neighbourhoods nationally. There are no LSOA areas within the most deprived 10% in the country⁽³⁰⁾.
- Redbridge is ranked as the 160th most deprived local authority in England (out of 317)⁽³⁰⁾.
- Redbridge ranks as the 152nd most deprived district in England on the Income Deprivation Affecting Children index (IDACI)⁽³⁰⁾.
- Redbridge ranks as the 35th most deprived district in England on the Income Deprivation Affecting Older People index (IDAOPI)⁽³⁰⁾.

Figure 10: Deprivation deciles in Redbridge by LSOA and areas of residence (2019)



Source: An output of the Geographic Data Service (GeoDS.ac.uk), a Smart Data Research UK investment: ES/Z504464/1⁽³¹⁾

4.4.2 Regeneration and population growth

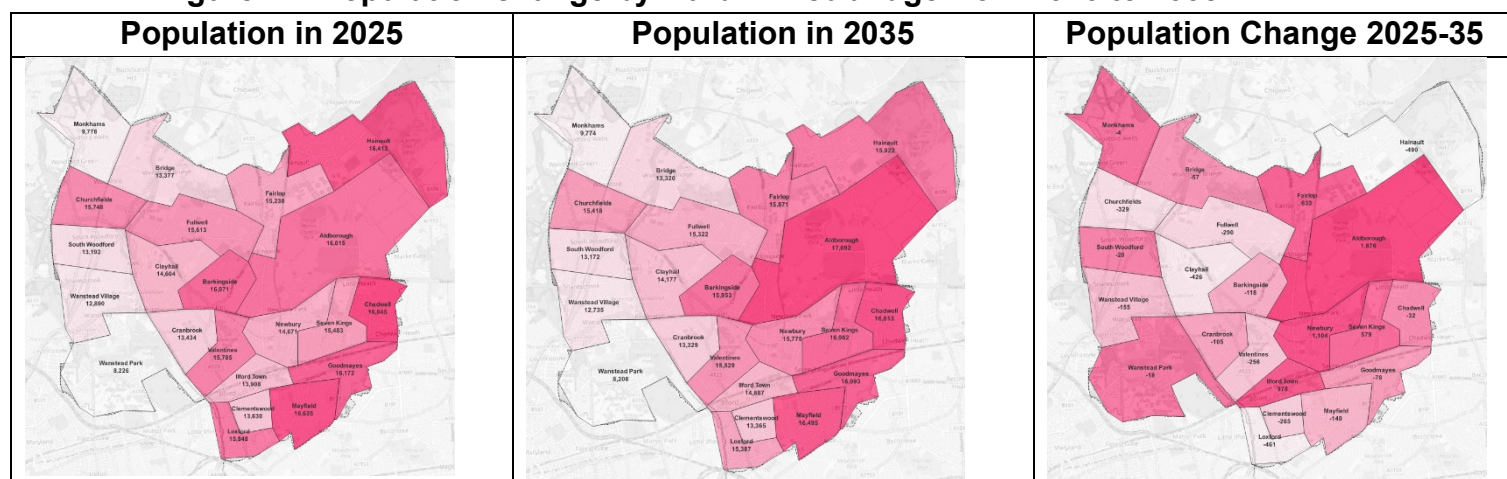
Table 2 shows Redbridge is projected to grow by 1,725 (0.5%) from 2025 to 2035. The biggest increase is projected to happen in the Aldborough ward (1,676). 17 wards are projected to have a lower population in 2035 compared to 2025⁽⁹⁾.

Table 2: Population change by ward in Redbridge from 2025 to 2035

Ward Name	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
Borough Total	0.1%	0.0%	-0.1%	-0.1%	0.0%	0.0%	0.1%	0.1%	0.1%	0.2%
Aldborough	0.8%	0.6%	0.6%	0.6%	1.0%	1.2%	1.3%	1.4%	1.4%	1.1%
Barkingside	0.0%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.2%	0.1%
Bridge	0.0%	-0.2%	-0.2%	-0.2%	-0.1%	0.0%	0.1%	0.0%	0.0%	0.1%
Chadwell	0.0%	-0.2%	-0.2%	-0.2%	-0.1%	0.1%	0.0%	0.1%	0.1%	0.0%
Churchfields	-0.1%	-0.2%	-0.3%	-0.3%	-0.3%	-0.3%	-0.2%	-0.2%	-0.2%	-0.1%
Clayhall	-0.2%	-0.3%	-0.3%	-0.3%	-0.4%	-0.4%	-0.3%	-0.3%	-0.3%	-0.1%
Clementswood	-0.4%	-0.3%	-0.3%	-0.3%	-0.2%	-0.2%	-0.2%	-0.1%	-0.1%	0.0%
Cranbrook	0.0%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.2%	0.0%
Fairlop	0.1%	-0.1%	-0.2%	-0.2%	0.4%	0.7%	0.8%	0.9%	0.9%	0.9%
Fullwell	-0.1%	-0.2%	-0.3%	-0.2%	-0.2%	-0.2%	-0.2%	-0.2%	-0.2%	-0.1%
Goodmayes	0.5%	0.3%	0.1%	0.1%	-0.2%	-0.3%	-0.3%	-0.3%	-0.3%	-0.2%
Hainault	-0.1%	-0.3%	-0.3%	-0.4%	-0.4%	-0.4%	-0.3%	-0.3%	-0.3%	-0.2%
Ilford Town	2.4%	2.0%	1.8%	1.7%	0.5%	-0.1%	-0.4%	-0.5%	-0.5%	0.1%
Loxford	-0.1%	-0.3%	-0.5%	-0.4%	-0.4%	-0.4%	-0.3%	-0.3%	-0.2%	-0.1%
Mayfield	0.2%	0.1%	0.1%	0.2%	-0.1%	-0.3%	-0.4%	-0.4%	-0.4%	0.0%
Monkhams	0.1%	0.0%	-0.1%	-0.1%	-0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
Newbury	-0.1%	-0.3%	-0.3%	-0.4%	0.7%	1.2%	1.5%	1.7%	1.7%	1.5%
Seven Kings	-0.1%	-0.1%	-0.3%	-0.2%	0.3%	0.6%	0.8%	0.9%	0.9%	0.9%
South Woodford	0.3%	0.1%	0.0%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	0.0%
Valentines	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Wanstead Park	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Wanstead Village	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

Source: GLA, Housing-led population projections: 2022-based 10-year migration
Central Fertility Identified Capacity⁽⁹⁾

Figure 11: Population change by ward in Redbridge from 2020 to 2035



Source: GLA, Housing-led population projections: 2022-based 10-year migration
Central Fertility Identified Capacity⁽⁹⁾

London Borough of Redbridge's five-year housing land supply plan aims to increase the supply of housing (in particular affordable housing) to meet changing needs and increased demands due to the changing population. Table 3 below details the projected net number of new houses per year 2025/26 – 2029/30. Appendix 5 details

the larger developments anticipated during the lifespan of this PNA. These have been taken into account when developing the PNA.

Table 3: Five Year Housing Land Supply in Redbridge

Ward	Totals 2025- 2030	Completions 2024/25	Supply 2025/26	Supply 2026/27	Supply 2027/28	Supply 2028/29	Supply 2029/30
Aldborough	513	101	1	0	105	200	207
Barkingside	107	94	3	0	12	89	3
Bridge	20	12	1	5	10	3	1
Chadwell	142	4	1	7	7	8	119
Churchfields	146	20	6	5	42	73	20
Clayhall	97	20	65	9	20	2	1
Clementswood	25	45	0	4	17	1	3
Cranbrook	54	10	7	2	9	29	7
Fairlop	132	16	9	6	80	28	9
Fullwell	45	32	29	-1	6	10	1
Goodmayes	1119	205	352	284	34	216	233
Hainault	29	107	1	0	23	3	2
Ilford Town	682	14	362	7	16	117	180
Loxford	154	8	0	2	32	5	115
Mayfield	198	-2	179	1	14	5	-1
Monkhams	79	4	4	0	17	52	6
Newbury	215	8	61	38	7	107	2
Seven Kings	87	14	55	2	5	21	4
South Woodford	115	14	34	21	12	37	11
Valentines	115	34	32	15	25	29	14
Wanstead Park	29	0	0	0	26	2	1
Wanstead Village	159	8	6	29	14	91	19
Total	4261	768	1207	436	533	1128	957

Source: London Borough of Redbridge Planning Department

4.4.3 Air pollution

The greatest burden of air pollution usually falls on the most vulnerable in the population, in particular the young and older people. Individuals particularly at risk include those with existing respiratory problems and chronic illnesses such as asthma and chronic obstructive pulmonary disease (COPD). Higher levels of pollution in inner city areas in London like Redbridge will contribute to respiratory disease morbidity and earlier mortality. In 2023, 5.7% of mortality in Redbridge is attributed to particulate air pollution. This is the same as London but higher than England overall at 5.2%⁽²⁰⁾.

4.4.4 Crime and community safety

The most obvious health impact of crime is on the physical and mental health of victims, their friends and relatives. However, crime can also impact on the health of those who are not direct victims. This can come in the form of stress and fear of living in high crime areas.

The most common offences in the borough from, April 2024 to March 2025 were violence against the person (30,515), theft (21,687), vehicle offences (14,923) and drug offences (4,361)⁽³²⁾.

The work of the Community Safety Partnership (CSP) directly supports the Safe and Healthy strand of the Redbridge Plan 2022-26, by identifying priorities and agreeing approaches to improving safety in the borough. The over-arching objectives of the partnership are to:

- Reduce crime and anti-social behaviour
- Reduce re-offending
- Reduce alcohol and substance misuse

The priorities agreed by the Redbridge Community Safety Partnership are:

- Women and girls' safety
- Domestic abuse
- Drug-related crime and street violence
- Anti-social behaviour
- Burglary

4.5 Modifiable risk factors

The King's Fund⁽³³⁾ examined how four modifiable risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four behaviours.

4.5.1 Smoking

Smoking is identified as the greatest contributor to premature death and disease. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

Smoking Prevalence in Adults (aged 18 and over) as per the annual population survey (APS) is 10.1% in 2021-2023. This is similar to the London value of 11.6% and the England value of 12.4%⁽²⁰⁾.

How pharmacies support:

- Nicotine Replacement Therapy
- Active Intervention Smoking Cessation
- Smoking cessation service
- Supporting annual public health campaigns
- Promotion of Healthy Lifestyle and signposting to local authority provided stop smoking services

4.5.2 Healthy weight

Excess weight is one of the most significant and complex public health challenges. It can have a significant impact on individual and family health and wellbeing, employment and education, and contribute to significant costs across health, social care and a wide range of services.

Overweight and living with obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly: Type 2 diabetes, Hypertension (high blood pressure), Some cancers, Heart disease, Stroke and Liver disease.

58.0% of adults in Redbridge are overweight (including obesity) in 2023/24, this is similar to the London Rate of 57.8% but lower than the England value of 64.5%⁽²⁰⁾.

Focussing on obesity in 2023/24 Redbridge has an obesity prevalence of 20.7%, this is similar to the London value of 20.2% but lower than the England value of 26.5%⁽²⁰⁾.

How pharmacies support:

- Healthy Lifestyle Advice - offering information, advice and support
- NHS Weight Management Programme referral
- Signposting to Local Authority Tier 2 weight management programmes
- Hypertension case finding service
- Supporting annual public health campaigns

4.5.3 Physical activity

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20 to 35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and

with improved mental health. In older adults physical activity is associated with increased functional capacities.

The Chief Medical Officer currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (MVPA), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency.

While increasing the activity levels of all adults who are not meeting the recommendations is important, targeting those adults who are significantly inactive (i.e. engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease.

Physical inactivity is defined as engaging in less than 30 moderate intensity equivalent (MIE) minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

In 2023/24, 27.4% of adults (19+) in Redbridge were considered physically inactive, this is higher than the London value of 22.7% and the England value of 22.0%⁽²⁰⁾.

4.5.4 Alcohol use

In 2023/24 there were 1,246 admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition in Redbridge. This equates to 454 per 100,000 population. This is lower than the London value of 564 per 100,000 and the England value of 612 per 100,000⁽²⁰⁾.

There has been an increase in the rate of admission episodes for alcohol-specific conditions in Redbridge from 392 per 100,000 in 2022/23 to 454 in 2023/24⁽²⁰⁾.

The rate of admission episodes for alcohol-specific conditions is significantly higher for males (752 per 100,000) compared to females (172 per 100,000) both in Redbridge and nationally⁽²⁰⁾.

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

4.5.5 Unsafe sex

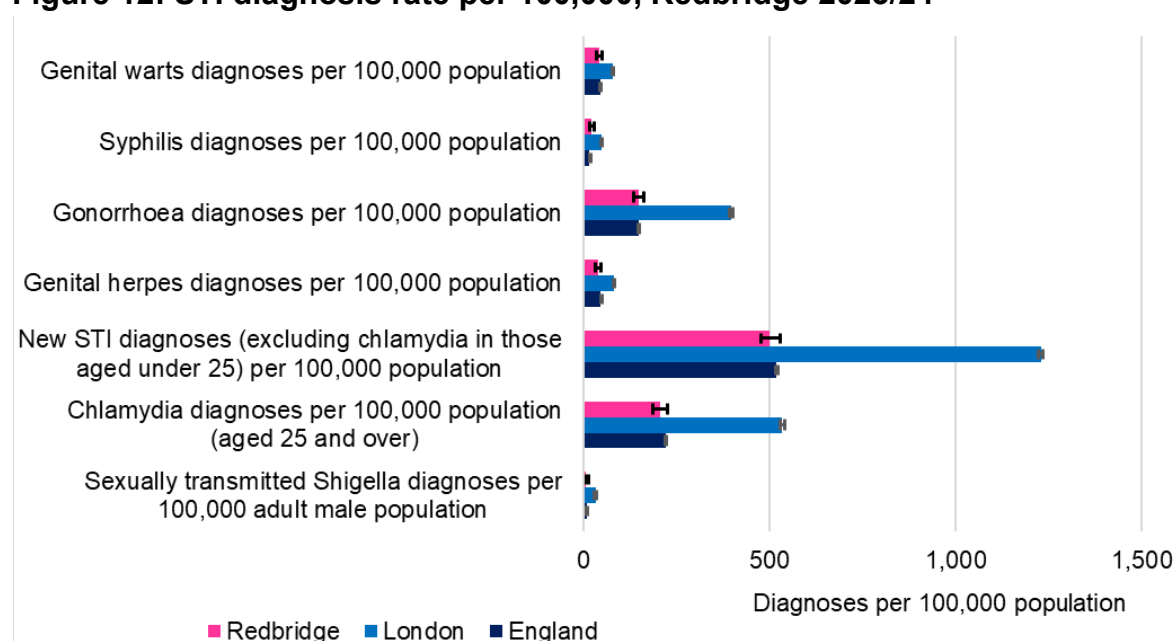
Good sexual health is also an important public health issue and is fundamental to wellbeing and health. Poor sexual health can cause social, economic, emotional, and health costs as well as stark health inequalities. Several key population groups can be identified for whom there are greater risks of experiencing sexual ill health

including gay, bisexual or other men who have sex with men, Black and minority ethnic groups and women of reproductive age.

In 2023-24 the sexually transmitted infections (STI) diagnosis rate per 100,000 population in Redbridge was 615, this is significantly lower than the London value of 1,488 per 100,000 and the England value of 704 per 100,000⁽²⁰⁾.

Figure 12 below shows the detailed breakdown of numerous STI metrics per 100,000 population in Redbridge, London and England in 2023/24. Redbridge has a lower diagnostic rate than London for all STI metrics, and lower than the England value for all but syphilis and gonorrhoea per 100,000 adult male population⁽²⁰⁾.

Figure 12: STI diagnosis rate per 100,000, Redbridge 2023/24



Source: OHID Fingertips⁽²⁰⁾

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with access to a full range of contraception choices alongside safe sex health promotion and the promotion of safer sexual behaviour.

How pharmacies support:

- Contraception and emergency contraception
- Testing for some STIs and dispensing of treatment
- Vaccine bookings (hepatitis B, HPV)
- Thrush treatment
- Bacterial vaginosis

4.6 Maternal health

In 2023, Redbridge recorded 4,108 live births, resulting in a Crude Birth Rate (CBR) of 13.1 births per 1,000 people. This rate is higher than London average of 11.7 and the England average of 9.8. indicating a significantly higher birth rate in Redbridge⁽³⁴⁾.

The General Fertility Rate (GFR) in Redbridge (2023) was 60.7 births per 1,000 women aged 15–44, significantly above the London rate of 48.8 and the England rate of 49.9. Redbridge has the second highest GFR in London⁽³⁴⁾.

Regarding long-term fertility trends, Redbridge had a Total Fertility Rate (TFR) of 1.77, meaning women in the area are expected to have, on average, 1.77 children over their lifetime. This contrasts with a lower TFR of 1.35 in London and 1.44 in England overall⁽³⁴⁾.

These figures highlight Redbridge as an area with higher fertility rates compared to both the regional and national averages.

How pharmacies support:

- Provision of free condoms (C-card scheme)
- Free emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services
- Dual screening service
- Healthy start vitamins

4.6.1 Teenage pregnancy

Areas of deprivation often have the highest teenage conception rates and the lowest percentage of conceptions leading to abortions. Consequently, deprived areas can have comparatively high incidence of teenage maternities and can be therefore disproportionately affected by the poorer outcomes associated with teenage conceptions.

Children born to mothers under 20 have higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are also three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth.

Based upon data for 2021, Redbridge had a low rate of under 18 conceptions and a low rate of which led to abortion compared with London and England⁽²⁰⁾.

In 2023/24, 0.3% of children born were to teenage mothers (aged between 12 and 17). This is consistent with the London value of 0.3% but lower than the England average of England 0.6%⁽²⁰⁾.

4.7 Children and young people

4.7.1 Wider determinants of health for children

27% of the population are aged 0-18. This is higher than both the London region and England both 22%.

Children's education and development of skills are important for their own wellbeing and for that of the nation as a whole. Learning ensures that children develop the knowledge and understanding, skills, capabilities and attributes that they need for mental, emotional, social and physical wellbeing now and in the future. Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances.

Attainment 8 measures the scores of pupils at the end of key stage 4 in all maintained secondary schools, academies and free schools. The achievement is measured across 8 qualifications.

The average attainment 8 score in Redbridge is 54.3, significantly higher than the London average of 50.7 and the England average of 46.2⁽²⁰⁾.

Persistent school absences for all pupils in Redbridge are 17.0%, lower than the England average 19.9%. This is continued in persistent absences for pupils eligible for free school meals, with the local authority score of 26.2% compared to England average of 34.4%. Persistent absences for pupils looked after by the local authority is in line with the national average the local authority score of 21.1% compared to England average of 21.0%⁽³⁵⁾.

4.7.2 Modifiable risk factors for children

Oral health is an integral part of overall health; when children are not healthy this affects their ability to learn, thrive and develop. This indicator allows benchmarking of oral health of young children across England and is an excellent proxy measure of assessing the impact of the commissioning of oral health improvement programmes on the local community. Dental caries is a synonymous term for tooth decay.

The percentage of 5-year-olds with experience of visually obvious dental decay (at least one tooth decayed, missing or filled) in Redbridge is 34.5%. This is significantly higher than both the London region (27.4%) and England average (22.4%)⁽²⁰⁾.

The children in Reception (aged 4-5 years) in Redbridge (18.1%) have a lower percentage of those overweight (including obesity) compared to London (20.9%) and the England average (22.1%)⁽²⁰⁾.

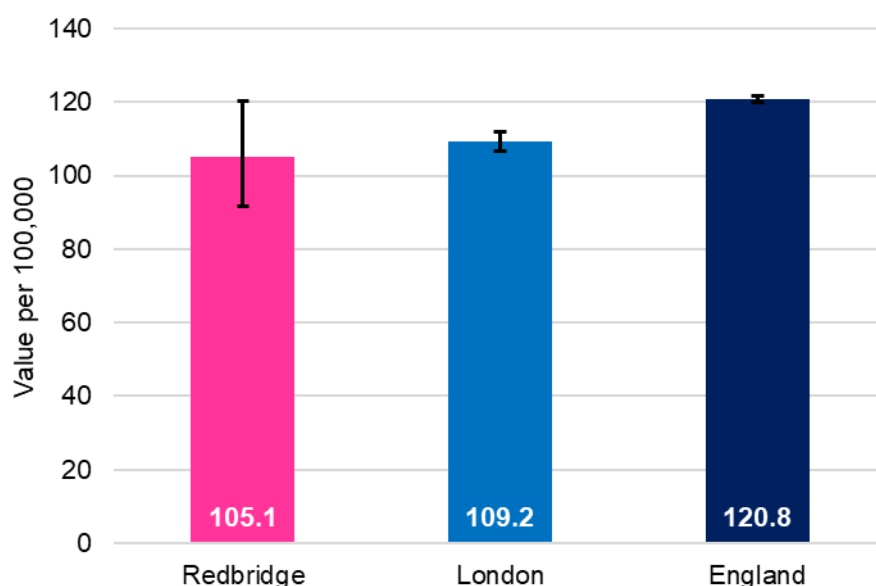
Children in year 6 (aged 10-11) years in Redbridge, again have a significantly higher percentage of those overweight (including obesity) at 38.4% compared to London (37.8%) and the England average (35.8%)⁽²⁰⁾.

4.8 Cancer

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment. Preventable mortality means deaths before the age of 75 from cancer that could be prevented through effective public health and primary prevention interventions, compared to existing life expectancy. It can also be affected by behaviour, socioeconomic factors and lifestyle, such as smoking, and drug and alcohol consumption.

Figure 13 shows the under-75 mortality rate from cancer in 2023 for Redbridge compared to London and the England average. The standardised mortality rate per 100,000 population under-75 who died from cancer in Redbridge was 105.1 per 100,000 population, which was similar to rate for London (109.2 per 100,000 population) but lower than the rate for England (120.8 per 100,000 population).

Figure 13: Standardised mortality rate per 100,000 population under-75 who died from cancer, 2023



Source: OHID Fingertips⁽²⁰⁾

How pharmacies support:

- Advice and support
- Signposting
- New medicine service
- Discharge medicine service
- Smoking cessation
- Becoming Healthy living pharmacies
- Supporting public health campaigns

4.9 Long-term conditions

A long-term condition is a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies. The NHS Long Term Plan⁽¹²⁾ has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer healthier lives and reduce the demand for and delays in treatment and care focusing on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – particularly in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have increased risk of developing long-term conditions; better management can help to reduce health inequalities.

For all the conditions discussed below, the identification of people who already have or who are at risk of developing disease followed by successful management of their conditions is important to the efforts to reduce premature mortality, morbidity and inequalities in health. Data from this section is predominantly obtained from the Quality and Outcomes Framework (QOF). It should be noted that this only includes patients who are recorded on GP practice disease registers.

4.9.1 Circulatory disease

Cardiovascular disease (CVD) includes several different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke, and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease (CKD) and is more prevalent in lower socio-economic and minority ethnic groups.

The following outlines the QOF prevalence for coronary heart disease (CHD), stroke and hypertension in 2023/24 in Redbridge, London and England. The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is as follows:

- CHD prevalence in Redbridge is 2.1%, which is higher than the London (1.9%) but lower than the England average (3.0%) ⁽²⁰⁾.
- Stroke prevalence (all ages) in Redbridge is 1.1%, which is consistent with the London average (1.1%) and lower than the England average (1.9%) ⁽²⁰⁾.
- Hypertension prevalence (all ages) in 2023/24 in Redbridge is 11.8%, which is higher than London (11.1%) but lower than the England average (14.8%) ⁽²⁰⁾. However, the estimated prevalence of hypertension for Redbridge is 22.4%, highlighting a potential case-finding gap ⁽³⁶⁾.
- Diabetes prevalence in Redbridge is significantly higher than in London and England. 9.7% of adults in Redbridge have a diagnosis of diabetes, compared with 7.0% in London and 7.7% across England ⁽²⁰⁾.

How pharmacies support:

- Signposting to preventative services e.g. smoking cessation, weight management
- Hypertension case finding service (including ambulatory blood pressure monitoring)
- Medicines optimisation
- New medicine service
- Discharge medicine service

4.9.2 Respiratory disease

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a wide variety of conditions, including common conditions such as asthma, and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and influenza, and less common diseases such as interstitial lung disease and mesothelioma.

Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also family and friends who provide care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention is linked to smoking cessation activities and broader tobacco control.

The QOF prevalence of COPD in Redbridge (0.6%) is lower than the London value of (1.0%) and significantly lower than the England average of 1.9%.

The recorded (diagnosed) prevalence for asthma in people aged 6 years and over in Redbridge was (5.0%), this is higher than the London (4.7%) value but significantly lower than the England average (6.5%).

4.10 Older people

As more people live longer, what we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities and settings is well recognised.

However, although we are adding years to life, healthy life expectancy describes a different picture with significant variation seen across England. Declines in mortality rates have not been matched by declines in morbidity and marked inequalities between the least deprived and the most deprived communities remain. Over 4 million (or 40%) of people in the UK over the age of 65 have limiting long-term conditions. These include conditions such as diabetes, heart disease, respiratory disease, cancer and dementia. Redbridge has a larger percentage of older people compared to England and London. In Redbridge 12.7% (39,699) of people are aged 65+.

As of May 2025, Care Quality Commission data reports that there are currently 75 care homes located within Redbridge with a total of 1,389 beds. 12 of these care homes are Nursing homes, the other 63 are residential homes⁽³⁷⁾.

The population vaccination coverage in Redbridge in 2023/24 for those aged 65 and over was 68.3%, which higher than London (65.9%) but lower than the England average (77.8%)⁽²⁰⁾.

How pharmacies support:

- New medicine service
- Discharge medicine service
- Repeat prescription service
- Reasonable adjustments to aid medicine compliance (large print, non-child-proof lids, reminder charts)
- Provision of medicine in compliance aids (Not a commissioned service but may be reasonable adjustment to meet person's needs)
- Advice to carers and supported living services regarding medicines
- Care home advice and support

4.11 Summary

Redbridge is a borough within London with a population of approximately 319,574.

The age profile of Redbridge is younger than that of London and England but has a smaller percentage of adults aged 20 to 35 compared with London.

It is relatively less deprived compared with other local authorities within England, ranking 160 out of 317. However, income deprivation affecting older people is an issue.

The population is ethnically diverse with 34.8% of the population identified as White. Asian ethnic groups account for almost half the population. While the majority of people within the area are shown to speak English as their first language or at least speak English well, there are approximately 16,000 people who do not. This highlights potentially communication barriers which may require consideration.

The life expectancy at birth for males in this borough is reported as similar to London and higher than the England average. Healthy life expectancy at birth is also similar to the London and England averages. Overall, males in this area will (on average) live to the age of 80.1 but spend 16.4 years of that in poor health.

The life expectancy at birth for females in this borough is reported as similar to the London and England averages. Healthy life expectancy at birth is also similar to the London and England averages. Overall, females in this area will (on average) live to the age of 83.1 years but spend 20.4 years of that in poor health.

Generally, the prevalence of recorded long-term conditions in Redbridge is higher than the London average and similar to England. The age profile of the borough may explain the variation between the area and the London average. The prevalence of diabetes is significantly higher.

Although the recorded prevalence does not vary significantly from the England average, there may be opportunities for case finding in conditions such as hypertension.

Although the prevalence of people living with increased weight or obesity in Redbridge is lower than the England average for adults, the levels of physical inactivity are significantly higher.

The percentage of children with visibly obvious dental decay at the age of 5 years old is higher than the London and England averages.

5 Current Provision of Pharmaceutical Services

5.1 Overview

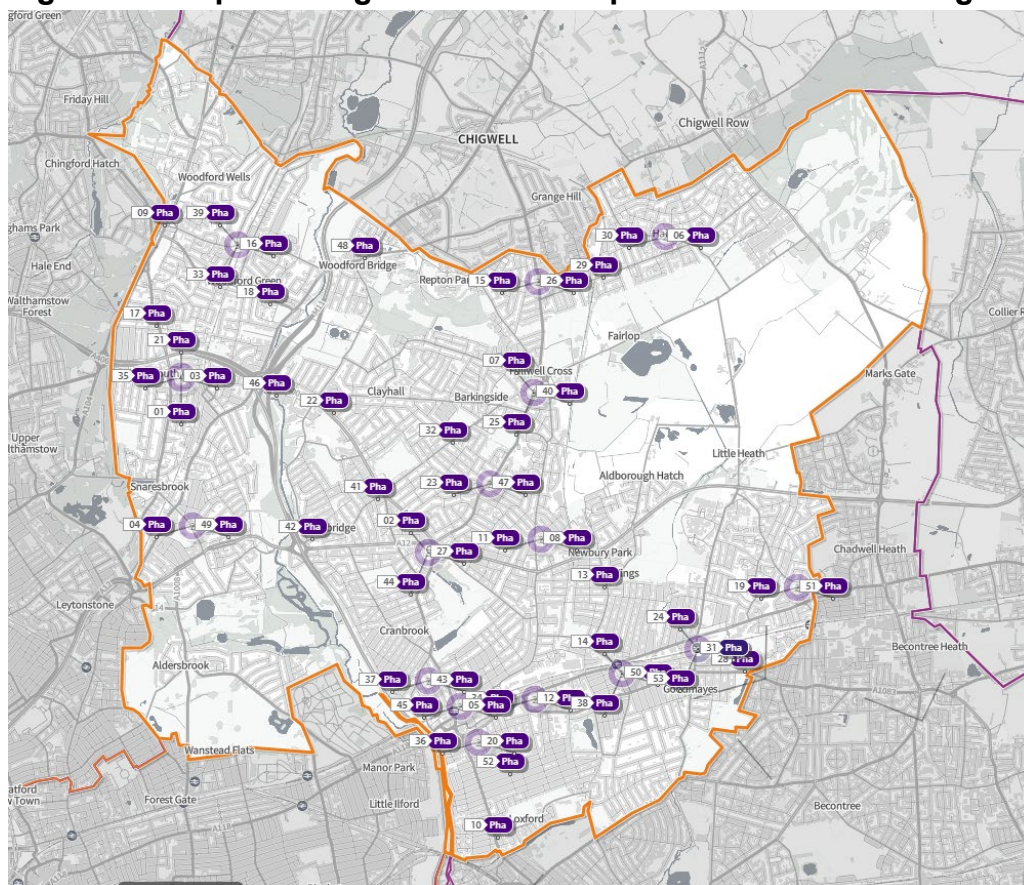
The London Pharmacy Commissioning Hub (LPCH) is responsible for administering pharmacy services and maintaining up-to-date information on the opening hours of all pharmacies, on behalf of NEL ICB.

The information reflects the number of pharmacies at the time the data was reported (April 2025).

Figure 14 illustrates the locations of pharmacies across the borough, and table 4 lists the pharmacies and the map index.

A table listing the current pharmacy services and key opening times is attached in Appendix 3.

Figure 14: Map showing the location of pharmacies in Redbridge



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Table 4: List of pharmacies in Redbridge and map index

Map index	Code	Name	Address		Map index	Code	Name	Address
1	FTL30	Allens Pharmacy	19 Electric Parade		28	FRQ53	Goodmayes Pharmacy	2 Brooks Parade
2	FQV26	Beehive Pharmacy	8 Beehive Lane		29	FV452	Hainault Station Pharmacy	208 New North Road
3	FJY11	Boots	172 George Lane		30	FPP80	Icon Pharmacy	155 Manford Way
4	FLM83	Boots	59-61 High Street		31	FKF63	Longwood Pharmacy	162-166 Longwood Gardens
5	FE174	Boots	117-119 High Road		32	FH113	Mayors Pharmacy	113-115 Snakes Lane West
6	FJL42	Boots	169 Manford Way		33	FHR36	Mydirectpharmacy	Unit 19
7	FKA10	Borno Chemists Limited	15 Broadway Market		34	FPL60	Ocean Pharmacy	30 High Road
8	FNK71	Borno Chemists Limited	69 Perrymans Farm Road		35	FNA31	P & S Chemist	111 Ilford Lane
9	FWN26	Britannia Pharmacy	429-431 High Road		36	FT835	Pelton Chemist	81 Belgrave Road
10	FCX56	Britannia Pharmacy	Loxford Polyclinic		37	FTL36	Pharmaram Chemist	600 High Road
11	FG463	Britannia Pharmacy	21/23 Horns Road		38	FJW16	Pyramid Pharmacy	2 Jubilee Parade
12	FMN80	Britannia Pharmacy	53 Green Lane		39	FDL63	Pyramid Pharmacy	125 High Street
13	FDK37	Britannia Pharmacy	265 Aldborough Road South		40	FPP02	Redbridge Pharmacy	11 Redbridge Lane East
14	FC396	Britannia Pharmacy	414-416 Green Lane		41	FQX71	Roding Pharmacy	214 Redbridge Lane East
15	FJ605	Chigwell Pharmacy	Chigwell Medical Centre		42	FK675	Rohpharm Ltd	149 Cranbrook Road
16	FXH15	Chrystalls Pharmacy	12 The Broadway		43	FD728	Sheldons Pharmacy	367 Eastern Avenue
17	FJ842	Churchfields Pharmacy	211 High Road		44	FGA58	Superdrug Pharmacy	50 Cranbrook Road
18	FP222	Clickrx	Unit 11 Broadmead IC		45	FPC57	Tesco Instore Pharmacy	Southend Road
19	FYT00	Cordeva Ltd Chemist	70 Chadwell Heath Lane		46	FCR80	Tesco Instore Pharmacy	796 Cranbrook Road
20	FEL84	DP Pharmacy	84 Albert Road		47	FEP64	The Bridge Pharmacy	696/702 Chigwell Road
21	FNA06	Daniels Pharmacy	133 George Lane		48	FLD13	Wanstead Pharmacy	75-77 High Street
22	FCX67	Day Lewis Pharmacy	6 Claybury Broadway		49	FQD31	Well-Chem Pharmacy	641 High Road
23	FV839	Day Lewis Pharmacy	642 Cranbrook Road		50	FMC24	Wellbeing Pharmacy	1207 High Road
24	FG274	Eden Pharmacy	79-85 Goodmayes Road		51	FEY00	Woodlands Pharmacy	119 Hampton Road
25	FNA07	Fairlop Pharmacy	87 High Street		52	FML03	Zadams Pharmacy	841 High Road
26	FHL60	Fencepiece Pharmacy	109 Fencepiece Road		*	FPN09	Tesco Instore Pharmacy	822 High Road
27	FLX84	Gold's Pharmacy Gants Hill	24 Seven Ways Parade					

*Added to SHAPE index as incorrectly assigned to neighbouring borough

5.1.1 Core hours

53 community pharmacy contractors provide essential Services (see Section 7) as part of the NHS CPCF. Most community pharmacies provide a core of 40 hours per week although some pharmacies in Redbridge are contracted to provide more core hours.

Core opening hours can only be changed by first applying to North East London ICB and as with all applications, these may be granted or refused.

5.1.2 Supplementary hours

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving the ICB a minimum of 5 weeks' notice of the intended change where a decrease in hours will occur.

Although notification must also be given to the ICB for an increase in hours, there is no notice period stated, however owners are encouraged to give as much notice as possible.

46 pharmacies in Redbridge currently provide some supplementary hours, ranging from 2 to 50.5 hours per week.

5.2 100-hour pharmacies

100-hour pharmacies were required to open for at least 100 hours per week until May 2023 when the Department of Health and Social Care (DHSC) introduced a number of changes to the regulations. Amongst those changes was the option for 100-hour pharmacies to reduce their weekly opening hours to no less than 72, subject to various requirements, which included continuation of 7-day provision and late opening on weekdays. The changes were introduced in an effort to maintain the availability of this provision against a backdrop of pharmacy closures. 100-hour pharmacies were seen as particularly vulnerable to closure due to higher operating costs. Although hours may have been reduced, these pharmacies are still described as 100-hour pharmacies in the regulations and throughout the PNA.

Redbridge has three 100-hour contracted pharmacies:

- Chigwell Pharmacy, 300 Fencepiece Road, Hainault, IG6 2TA
- Fairlop Pharmacy, 87 High Street, Barkingside, IG6 2AH
- Ocean Pharmacy, 30 High Road, South Woodford, E18 2QL

Since this change in the regulations was introduced, two of these 100-hour pharmacies have reduced their core hours to between 72 and 84 hours per week.

5.3 Pharmacy Access Scheme

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS). This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher population health needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy.

There are no PhAS providers in Redbridge.

5.4 Dispensing appliance contractors

Dispensing appliance contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

Dispensing appliance contractors are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely and on a national level, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient. They are not therefore directly linked to the provision of pharmaceutical services in any specific locality so are not considered as part of the needs assessment.

There are no changes from the previous PNA and there are no DACs in Redbridge.

As part of the essential services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Redbridge.

5.5 Distance selling pharmacies

Distance selling pharmacies are required to deliver the full range of essential services, though the 2013 regulations⁽⁶⁾ do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then deliver them free of charge to the patient.

They must provide essential services to anyone, anywhere in England, where requested to do so and may choose to provide advanced services, but when doing so must ensure that they do not provide any essential services whilst the patient is at the pharmacy premises.

As of 31 March 2024, there were 409 distance selling premises in England, based in 115 HWB areas. This is an increase on the figures for 2020-21 when there were 372 DSPs in England.

Not every HWB therefore has one in their area, however it is likely that some of their residents will use one.

There are two DSPs in Redbridge HWB area:

- My Direct Pharmacy, Redbridge Enterprise Centre, Thomson Way, Ilford, IG11TY
- ClickRX, Unit 11, Broadmead Industrial Estate, Woodford Green, IG8 7BN

5.6 Dispensing doctors

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

There are no dispensing GP practices in Redbridge.

5.7 Hospital pharmacy services

NHS hospital trusts and private hospitals do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

5.8 Out of area providers of pharmaceutical services

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the Redbridge area that provide dispensing services to the registered population of Redbridge. This is detailed in section 6.2

5.9 Government consultations

5.9.1 Pharmacy Supervision

The Government has recently undertaken a consultation exercise to gather views on a proposed change to the regulations on pharmacy supervision. The changes, if enacted, would allow greater delegation of tasks in a community pharmacy, allowing the pharmacist to focus more on clinical services and other patient facing activity. This could free up capacity and enable community pharmacists to deliver a wider range of NHS services.

The results of the consultation have not been shared at the time of writing.

5.9.2 Hub and Spoke Dispensing

Hub and spoke dispensing occur when a community pharmacy 'spoke' sends prescriptions to another pharmacy 'hub' to be dispensed and is used currently by pharmacy multiples to free up pharmacist time at the spoke and achieve economies of scale at the hub. Legislation permits this provided certain conditions are met, but both parties must be part of the same legal entity.

Following a government consultation in 2022, the government has committed to a change in legislation from the 1 October 2025. The change allows hub and spoke dispensing across different legal entities. This will allow independent pharmacies to develop similar models, which levels the playing field across the sector.

This change should create and/or preserve capacity for pharmacists to deliver patient-facing services.

5.9.3 Independent prescribing

Independent prescribing by pharmacists has been available since 2006, and in recent years there has been a drive to upskill the current pharmacist workforce, enabling a large number of pharmacists to qualify as independent prescribers. Alongside this, newly registered pharmacists qualifying from 2026 will automatically become independent prescribers following changes made by schools of pharmacy to reflect this significant change to pharmacists' workload.

Despite there being a number of independent prescribing pharmacists working in community pharmacy in England, there are currently no clinical services commissioned nationally by NHS England that enable NHS prescriptions to be issued by independent prescribing pharmacists working in community pharmacy. In 2024, NHS England and integrated care boards (ICBs) have continued to develop the Community Pharmacy Independent Prescribing Pathfinder Programme, designed to establish a framework for the commissioning of community pharmacy services

that incorporate independent prescribing. There is currently a pathfinder site located in Redbridge.

The community pharmacy independent prescribing pathfinder programme has demonstrated that community pharmacists can take a more active role in managing chronic conditions such as hypertension. There is potential to increase their scope of practice further to manage patients with diabetes, respiratory conditions and more complex cardiovascular conditions.

Over the next few years, there could be a significant change to the delivery of community pharmacy services, as the skills and capabilities of community pharmacists are utilised to build on clinical services already commissioned as advanced pharmaceutical services, or to add into locally commissioned services.

6 Access to Community Pharmacy Services in Redbridge

There are 53 community pharmacies in Redbridge, including three 100-hour pharmacies and two distance selling pharmacies.

6.1 Number, type of pharmacies and geographical distribution

Table 5: Distribution of community pharmacies, by ward locality

Ward	Number of Pharmacies (including DSPs)	Pharmacies open before 9am weekdays	Pharmacies open after 7pm weekdays	Pharmacies open Saturday	Pharmacies open Sunday
Aldborough	2	0	1	1	1
Barkingside	6	2	3	5	2
Bridge	2	0	0	1	0
Chadwell	3	0	1	3	1
Churchfields	2	1	0	1	1
Clayhall	3	1	0	2	1
Clements-wood	3	0	1	3	0
Cranbrook	1	0	1	1	1
Fairlop	4	2	2	3	1
Fullwell	2	1	0	1	1
Goodmayes	3	0	0	3	0
Hainault	2	1	0	2	0
Ilford Town	4	0	0	3	1
Loxford	1	1	1	1	0
Mayfield	1	0	0	1	1
Monkhams	3	1	0	3	0
Newbury	1	0	0	1	0
Seven Kings	2	0	0	2	0
South Woodford	4	3	1	3	2
Valentines	2	0	0	2	0
Wanstead Park	0	0	0	0	0
Wanstead Village	2	1	0	2	2
Total	53	14	11	44	15

Source: NEL ICB Pharmaceutical List and SHAPE⁽³⁸⁾

Table 6: Average number of pharmacies per 100,000 population and persons per pharmacy in Redbridge compared to London and England

Area	Number of community pharmacies	2022 population estimate	Pharmacies per 100,000 population	Persons per pharmacy
Redbridge	53	310,911	17.0	5,866
London	1,724	8,866,180	19.4	5,143
ENGLAND	10,430	57,112,542	18.3	5,476

Source: ONS⁽⁸⁾, NEL ICB Pharmaceutical List and NHSBSA Consolidated Pharmaceutical List Q3 2024/25⁽⁴⁰⁾

Consideration of the number of pharmacies compared to the resident population of Redbridge, London and England is shown in Table 6. 2022 population estimates have been used to allow national comparison. This shows that overall, Redbridge has a slightly lower number of pharmacies per 100,000 population compared to the London and England averages.

6.2 Dispensing activity in Redbridge

To assess the average dispensing activity levels in Redbridge community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity provided by NEL ICB was mapped to Redbridge using pharmacy codes and addresses.

Table 7: Average number of items dispensed per pharmacy in Redbridge, 2023/24

	No of pharmacies	Number of prescription items dispensed by pharmacies (2023/24)	Average no. of prescription items dispensed per pharmacy (2023/24)
Redbridge	53	5,270,057	99,435
England	10,430	1,113,000,000	106,711

Source: NEL ICB Pharmaceutical List, NHSBSA Dispensing Data⁽³⁹⁾ and NHSBSA Consolidated Pharmaceutical List Q3 2024/25⁽⁴⁰⁾

Table 7 show that pharmacies in Redbridge dispense slightly lower than average numbers of items than the England average.

The people of Redbridge typically have their prescriptions dispensed by pharmacies in the borough. In 2024-25, 84% of prescriptions issued by GP practices in Redbridge were dispensed by pharmacies in Redbridge, with at least a further 11% dispensed in pharmacies in neighbouring boroughs. In 2020-21, 83% of prescriptions generated in Redbridge were dispensed by pharmacies in the borough.

6.3 Access to pharmacies by opening hours

As described in section 5.2, standard community pharmacy contractors are required to open for a minimum of 40 core hours per week, unless a reduction is agreed with NHSE. These core hours are provided as part of essential pharmacy services. In Redbridge, 10 pharmacies are contracted for more than 40 core hours per week, and 46 pharmacies choose to provide supplementary hours to meet the needs of their populations. These extra hours range from 2 hours per week to 50.5 hours per week.

In Redbridge, there are currently:

- 44 pharmacies open on Saturday mornings
- 37 pharmacies which remain open after 1pm on Saturday afternoons
- 15 pharmacies that are open on Sundays.

These operating hours allow pharmacies greater scope to respond to local population needs and preferences. The 2 DSPs do not open on weekends.

6.4 Ease of access to pharmacies

The following sections provide a summary of the opening hours of community pharmacies in Redbridge split between weekdays and weekend provision. On weekdays, a pharmacy is shown as open in a time slot if it is open at that time on at least three out of the five weekdays (Monday to Friday). Full information regarding opening hours is described in appendix 3 including any variations to this general overview.

Where maps and tables have been included to illustrate travel times to pharmacies and population within the boundaries, these have been taken from SHAPE Atlas⁽³⁸⁾.

6.4.1 Weekday opening

There is extensive access to community pharmacy across Redbridge during the hours from 9am until 6pm on weekdays in all localities. 48 pharmacies remain open without closing for lunchtime. See Appendix 3 for details.

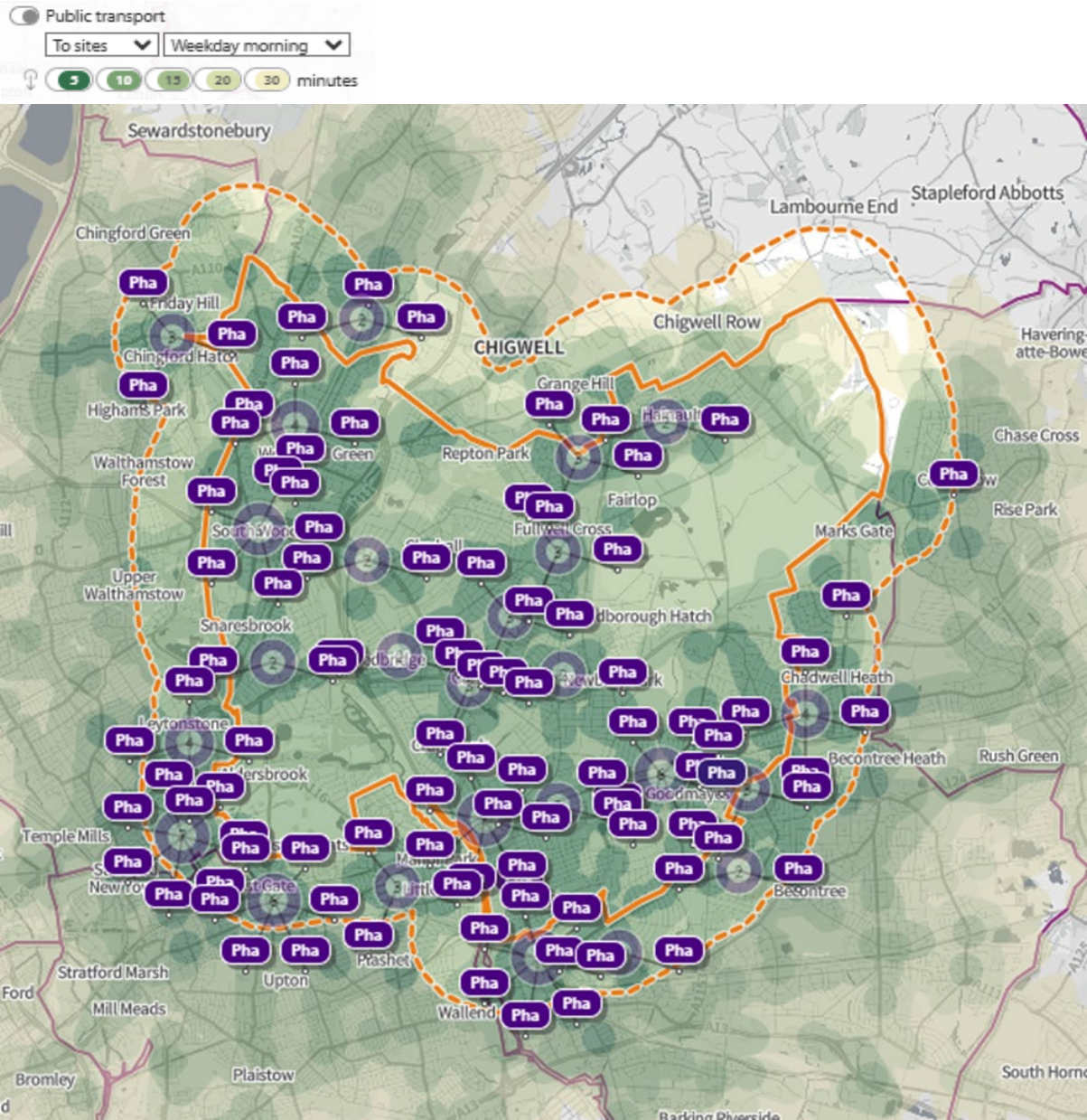
6.4.1.1 Weekday daytime

Most community pharmacies in Redbridge are open from 9am on weekday mornings, except for two which open later. 14 pharmacies offer opening times before 9am, which are sometimes provided as supplementary hours. During the weekday daytime, there is adequate access to pharmacies across all localities, with 95.6% of the population able to get to their nearest pharmacy within a 12-minute walk, and all residents in all areas able to access a pharmacy within a 10-minute public transport or 5-minute private transport journey (see figures 15, 16 and 17).

Table 8: Access to pharmacies by travel time on foot – weekday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	124,960	186,555	311,515	40.1%
6	196,184	115,331	311,515	63.0%
9	258,040	53,475	311,515	82.8%
12	297,690	13,825	311,515	95.6%
15	303,466	8,049	311,515	97.4%

Figure 16: Access to pharmacies by travel time on public transport – weekday morning (with 1km buffer zone outside Redbridge boundary)

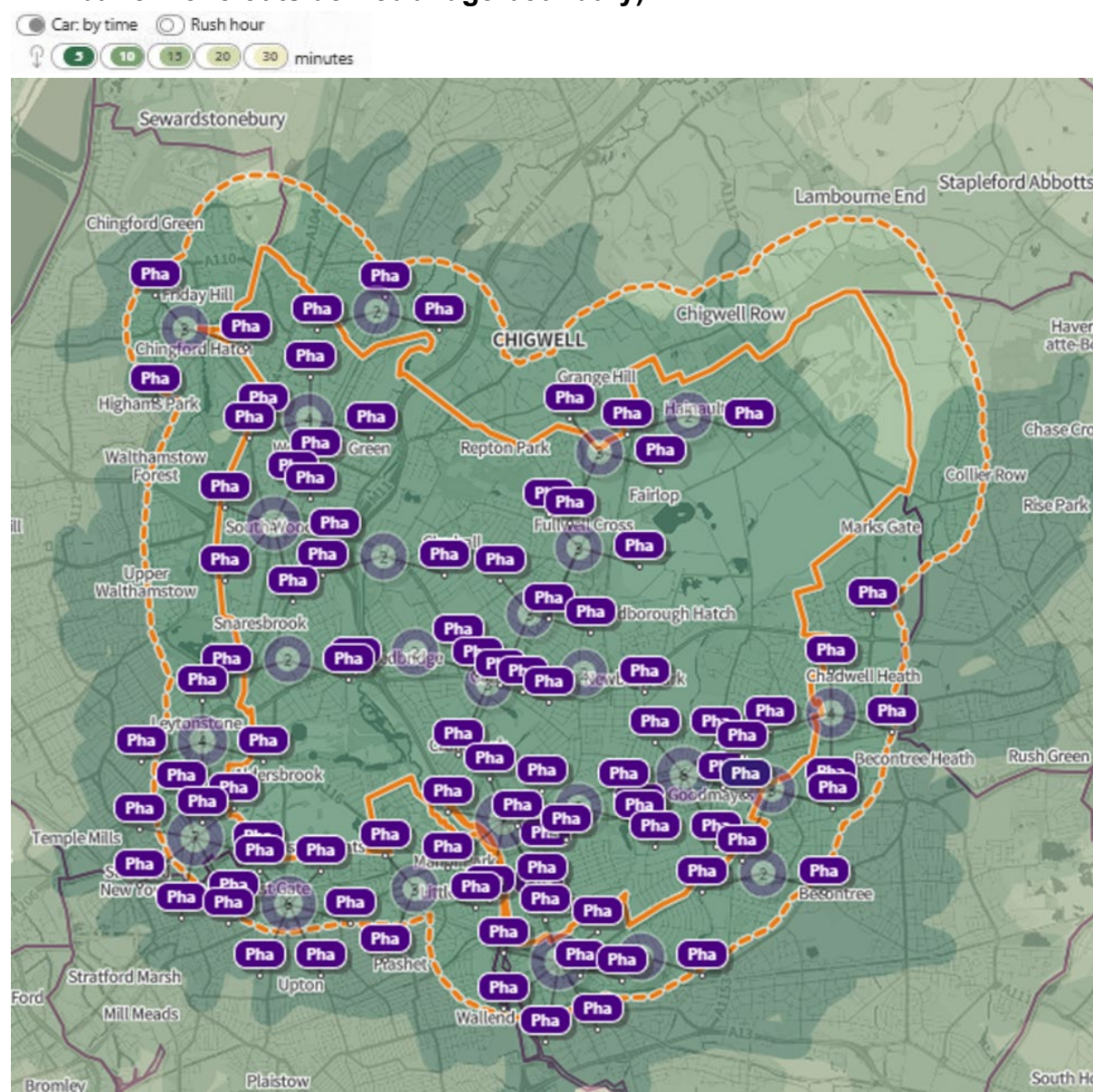


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Table 9: Access to pharmacies by travel time on public transport – weekday morning

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	218,497	93,018	311,515	70.1%
10	311,515	0	311,515	100.0%
15	311,515	0	311,515	100.0%
20	311,515	0	311,515	100.0%
30	311,515	0	311,515	100.0%

Figure 17: Access to pharmacies by travel time by car – weekday daytime (with 1km buffer zone outside Redbridge boundary)



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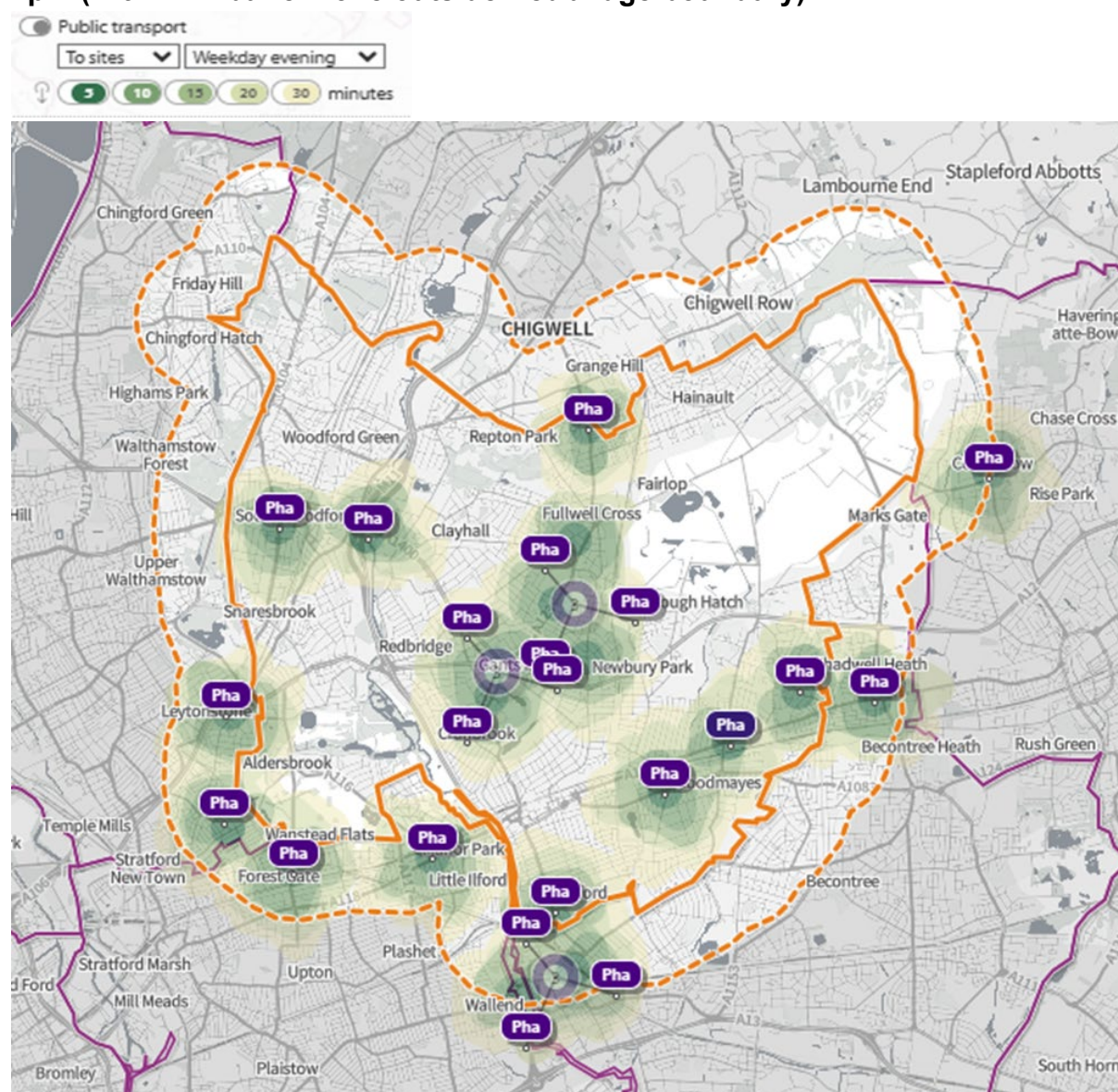
Table 10: Access to pharmacies by travel time by car – weekday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	311,515	0	311,515	100.0%
10	311,515	0	311,515	100.0%
15	311,515	0	311,515	100.0%
20	311,515	0	311,515	100.0%
30	311,515	0	311,515	100.0%

6.4.1.2 Weekday evenings

All 53 pharmacies remain open until at least 6pm, after which there is a reduction in provision with 30 pharmacies open until 7pm. After 7pm there is extended access provided by eight 40-hour and three 100-hour contract pharmacies, and from pharmacies in neighbouring HWB areas. All residents have access to a pharmacy within 30 minutes via public transport (figure 18) and within 10 minutes by private transport (figure 19) after 7pm.

Figure 18: Map showing travel time by public transport weekday evenings after 7pm (with 1km buffer zone outside Redbridge boundary)

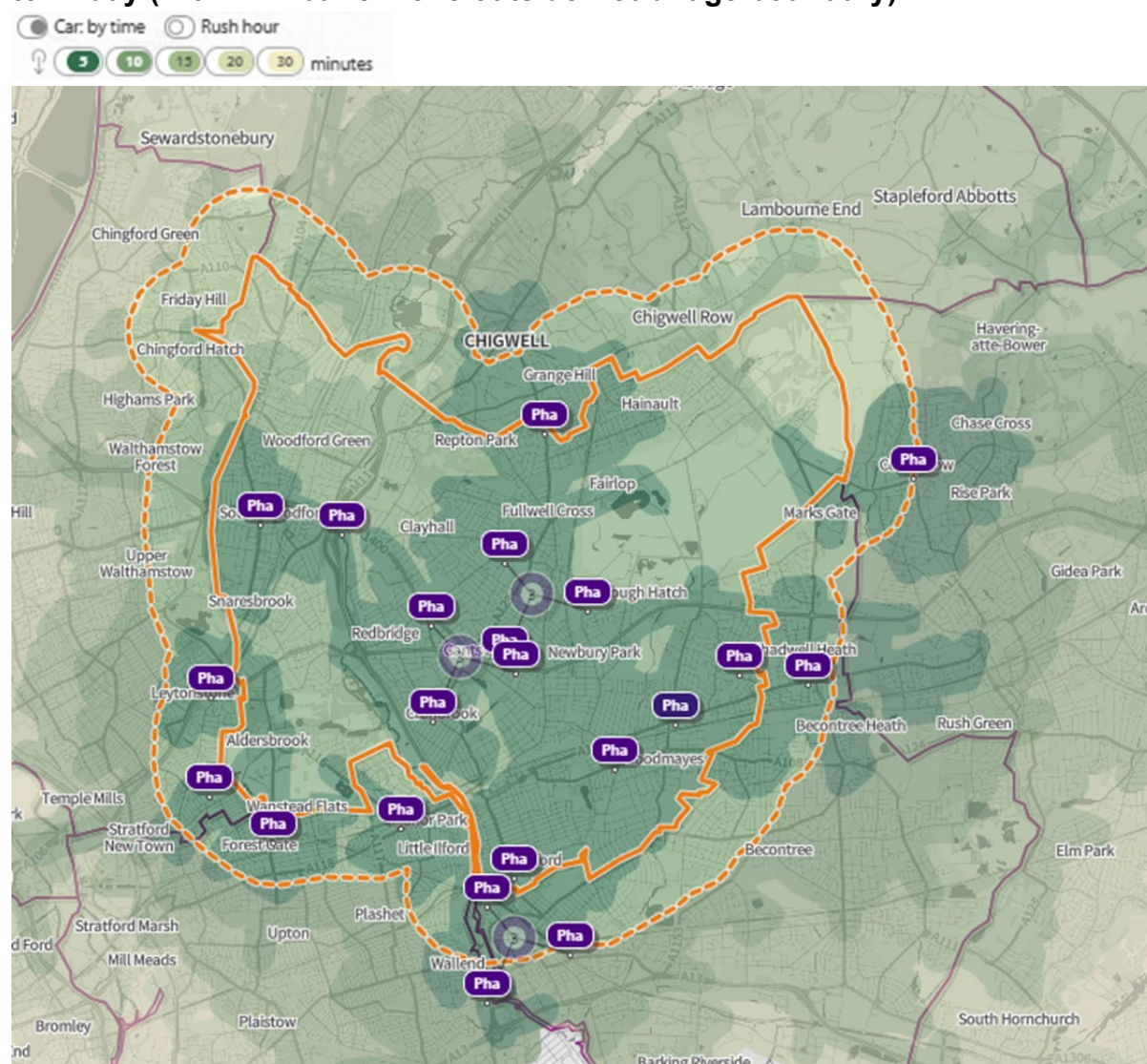


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Table 11: Travel time by public transport weekday evenings after 7pm

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	86,925	224,590	311,515	27.9%
10	216,787	94,728	311,515	69.6%
15	295,640	15,875	311,515	94.9%
20	308,706	2,809	311,515	99.1%
30	311,515	0	311,515	100.0%

Figure 19: Map showing travel time by car weekday evenings after 7pm Monday to Friday (with 1km buffer zone outside Redbridge boundary)



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Table 12: Travel time by car weekday evenings after 7pm Monday to Friday

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	281,440	30,075	311,515	90.3%
10	311,515	0	311,515	100.0%
15	311,515	0	311,515	100.0%
20	311,515	0	311,515	100.0%
30	311,515	0	311,515	100.0%

6.4.2 Weekend opening

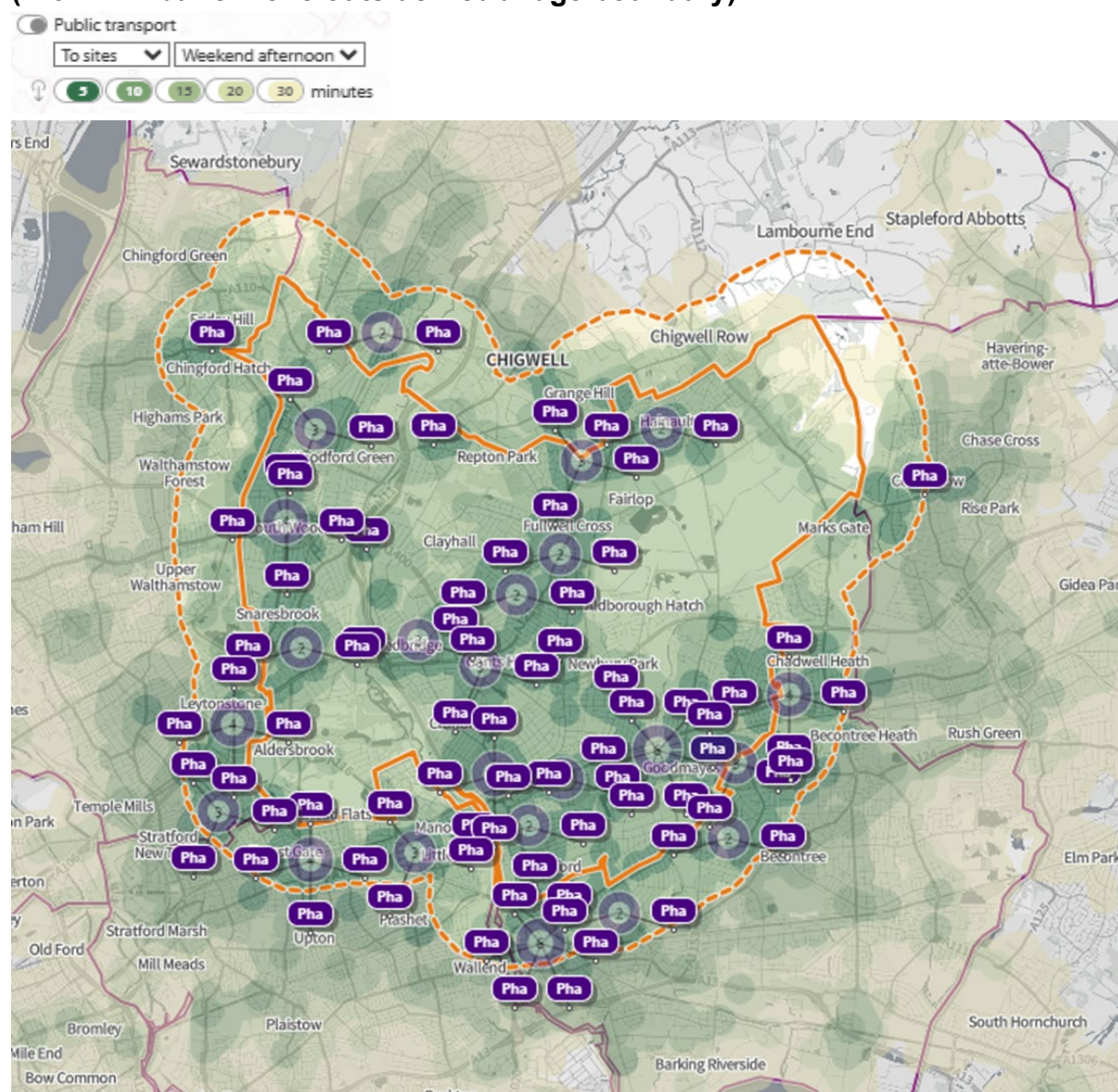
6.4.2.1 Saturday opening

In total, 44 pharmacies open on Saturday mornings. This reduces to 37 pharmacies that remain open on Saturday afternoons after 1pm. 100% of the Redbridge population are within a 15-minute travel time via public transport on Saturday afternoons (see figure 20), and within 5 minutes by private transport (see figure 21).

After 6pm, nine pharmacies remain open. After 7pm, this reduces to the two pharmacies operating under 100-hour contracts. All residents are within a 10-minute journey time by car to the nearest pharmacy (figure 22), and 100% are within a 30-minute journey time by public transport (figure 23) after 7pm.

Access on Saturdays is considered adequate in all localities.

Figure 20: Map showing travel time by public transport on Saturday afternoon (with 1km buffer zone outside Redbridge boundary)



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Table 13: Travel time by public transport on Saturday afternoon

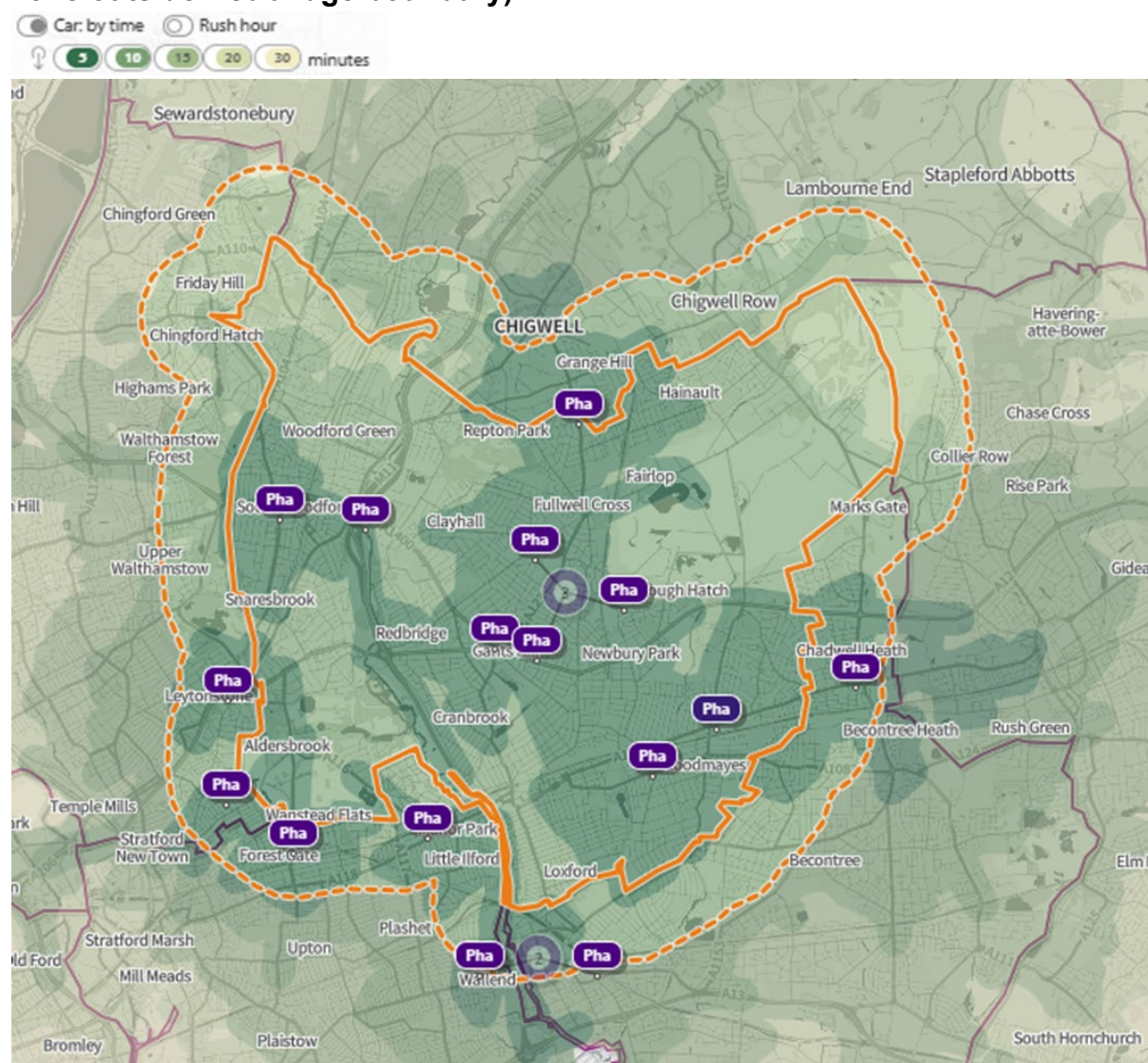
Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	190,212	121,303	311,515	61.1%
10	301,392	10,123	311,515	96.8%
15	311,515	0	311,515	100.0%
20	311,515	0	311,515	100.0%
30	311,515	0	311,515	100.0%

Map of the Chigwell area showing bus routes and travel times. The map includes labels for various locations such as Sewardstonebury, Chingford Green, Chingford Hatch, Highams Park, Walthamstow Forest, Upper Walthamstow, Snarebrook, Leytonstone, Aldersbrook, Temple Mills, Stratford New, Stratford Marsh, Old Ford, Mill Meads, Bromley, Plaistow, Wallend, Upton, Flasher, Mand, Flat, Chigwell Row, Grange Hill, Repton Park, Clayhall, Fullwell Cross, Fairlop, Marks Gate, Rise Park, Gidea, Chadwell Heath, Becontree Heath, Rush Green, Becontree, and South Hornchurch. The map also shows major roads like A110 and A112. A legend at the top indicates travel times by car (5, 10, 15, 20, 30 minutes) and by rush hour (5, 10, 15, 20, 30 minutes).

Table 14: Travel time by car during Saturday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	311,515	0	311,515	100.0%
10	311,515	0	311,515	100.0%
15	311,515	0	311,515	100.0%
20	311,515	0	311,515	100.0%
30	311,515	0	311,515	100.0%

Figure 22: Map showing travel time by car on Saturday evening (with 1km buffer zone outside Redbridge boundary)

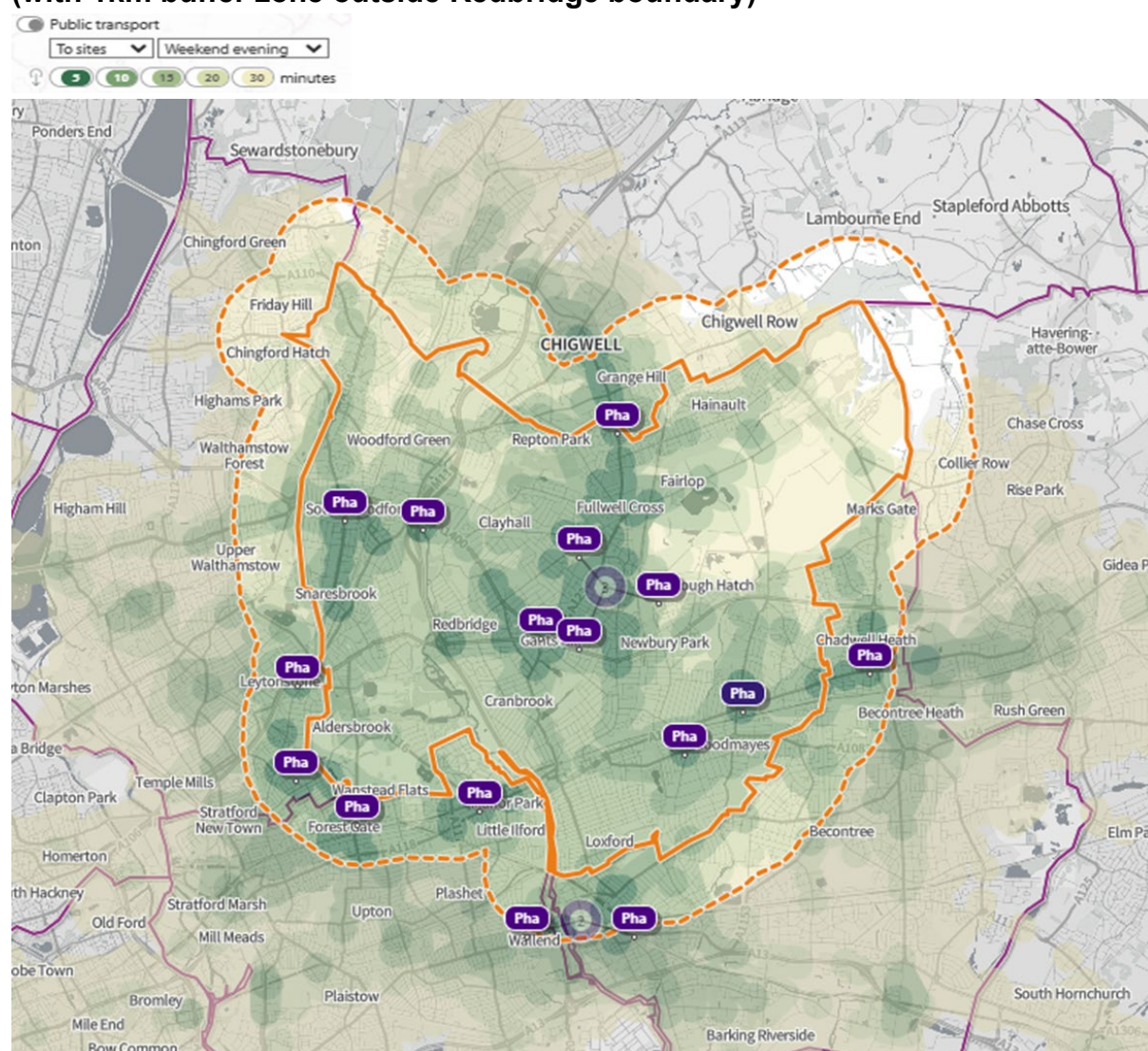


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Table 15: Travel time by car during Saturday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	279,477	32,038	311,515	89.7%
10	311,515	0	311,515	100.0%
15	311,515	0	311,515	100.0%
20	311,515	0	311,515	100.0%
30	311,515	0	311,515	100.0%

Figure 23: Map showing travel time by public transport on Saturday evening (with 1km buffer zone outside Redbridge boundary)



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Table 16: Travel time by public transport on Saturday evening

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	57,872	253,643	311,515	18.6%
10	181,626	129,889	311,515	58.3%
15	294,550	16,965	311,515	94.6%
20	310,109	1,406	311,515	99.5%
30	311,515	0	311,515	100.0%

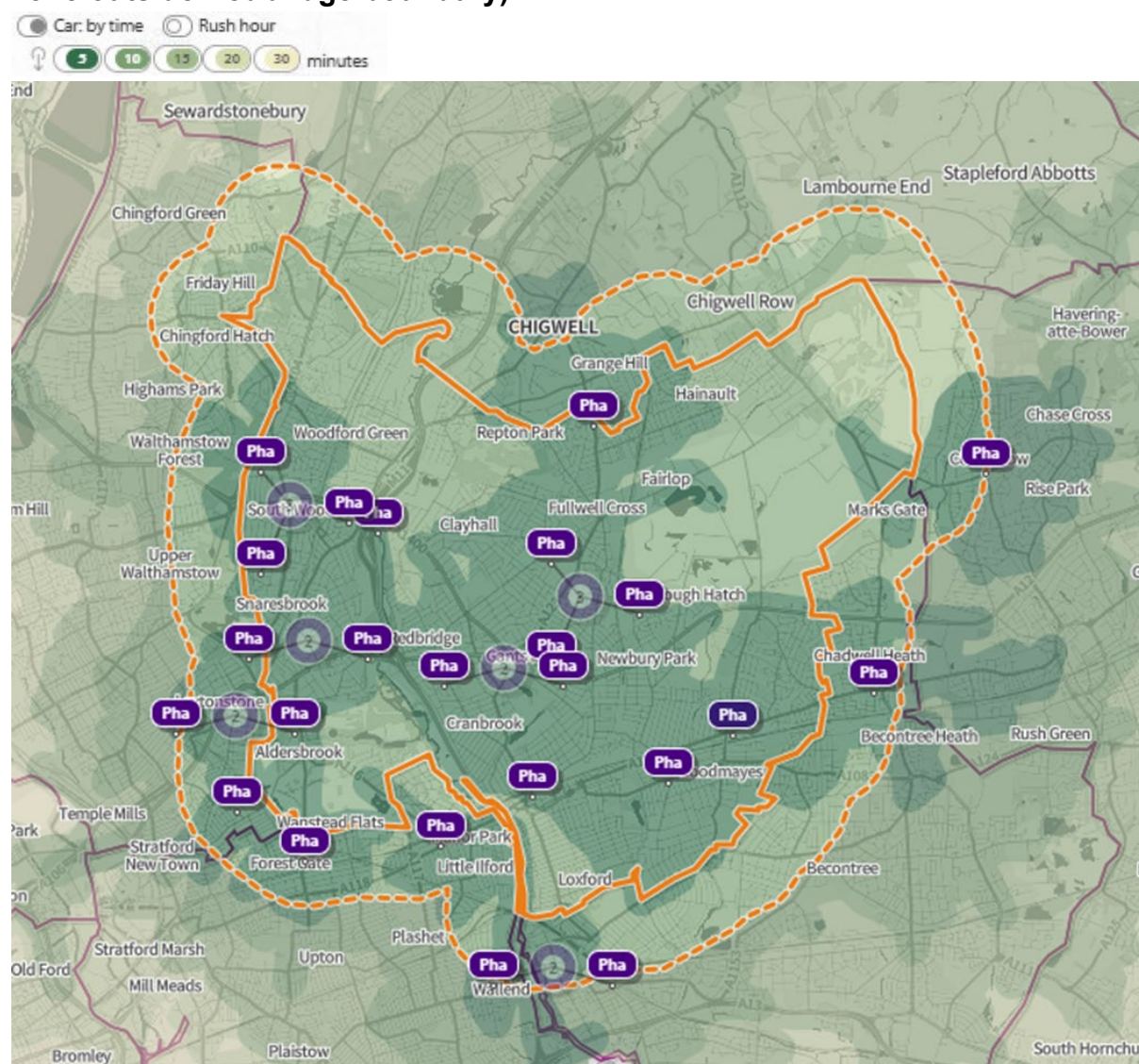
6.4.2.2 Sunday opening

In total, 15 pharmacies in Redbridge are open on Sundays.

Figure 24 shows that on a Sunday all residents across Redbridge are within a 10-minute journey time to their nearest pharmacy by car and all are within a 30-minute public transport journey time (see figure 25).

Access on Sundays is considered adequate in all localities.

Figure 24: Map showing travel time by car on Sunday daytime (with 1km buffer zone outside Redbridge boundary)

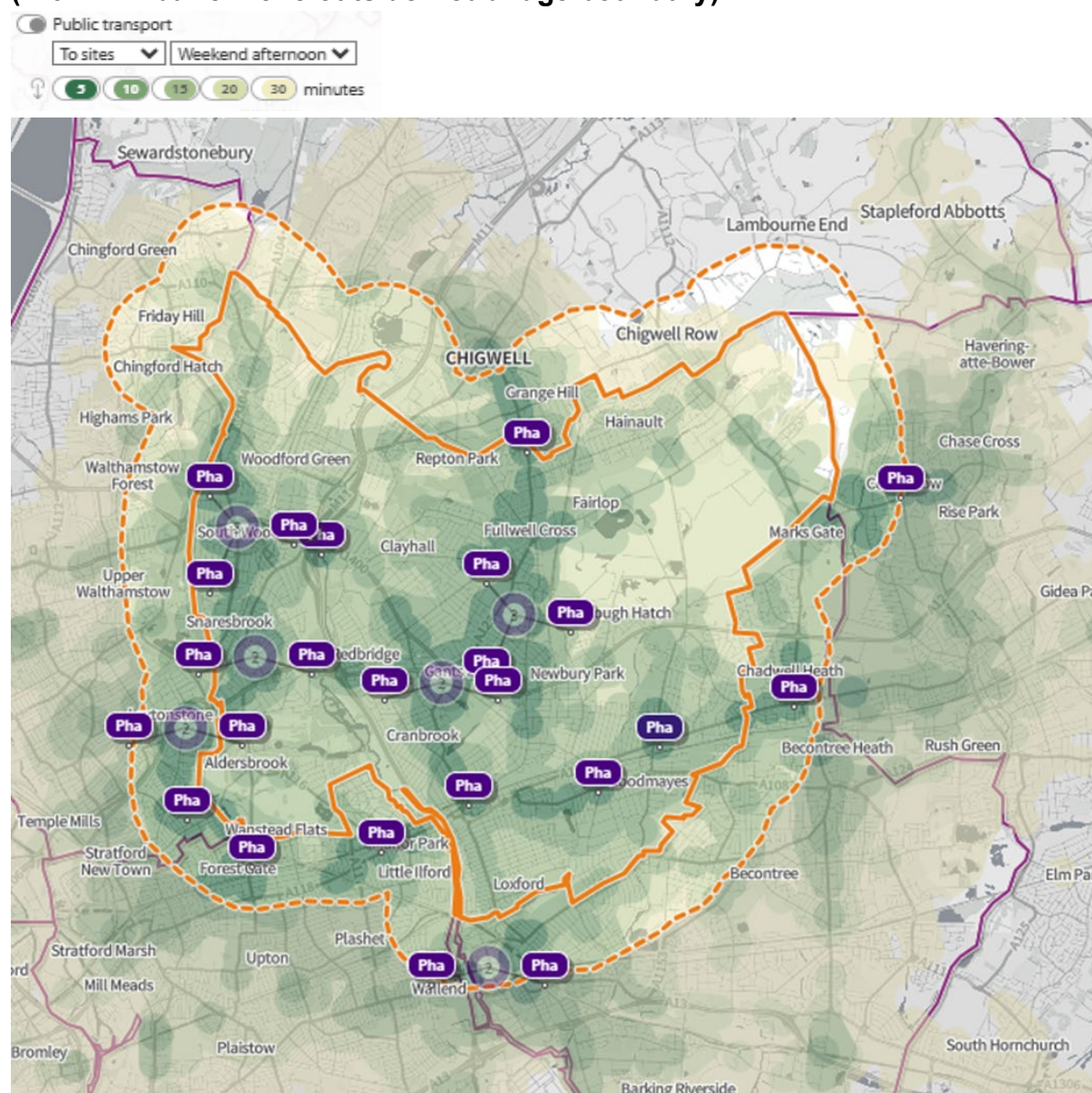


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Table 17: Travel time by car on Sunday daytime

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	292,086	19,429	311,515	93.8%
10	311,515	0	311,515	100.0%
15	311,515	0	311,515	100.0%
20	311,515	0	311,515	100.0%
30	311,515	0	311,515	100.0%

Figure 25: Map showing travel time by public transport on Sunday afternoon (with 1km buffer zone outside Redbridge boundary)



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Table 18: Travel time by public transport on Sunday afternoon

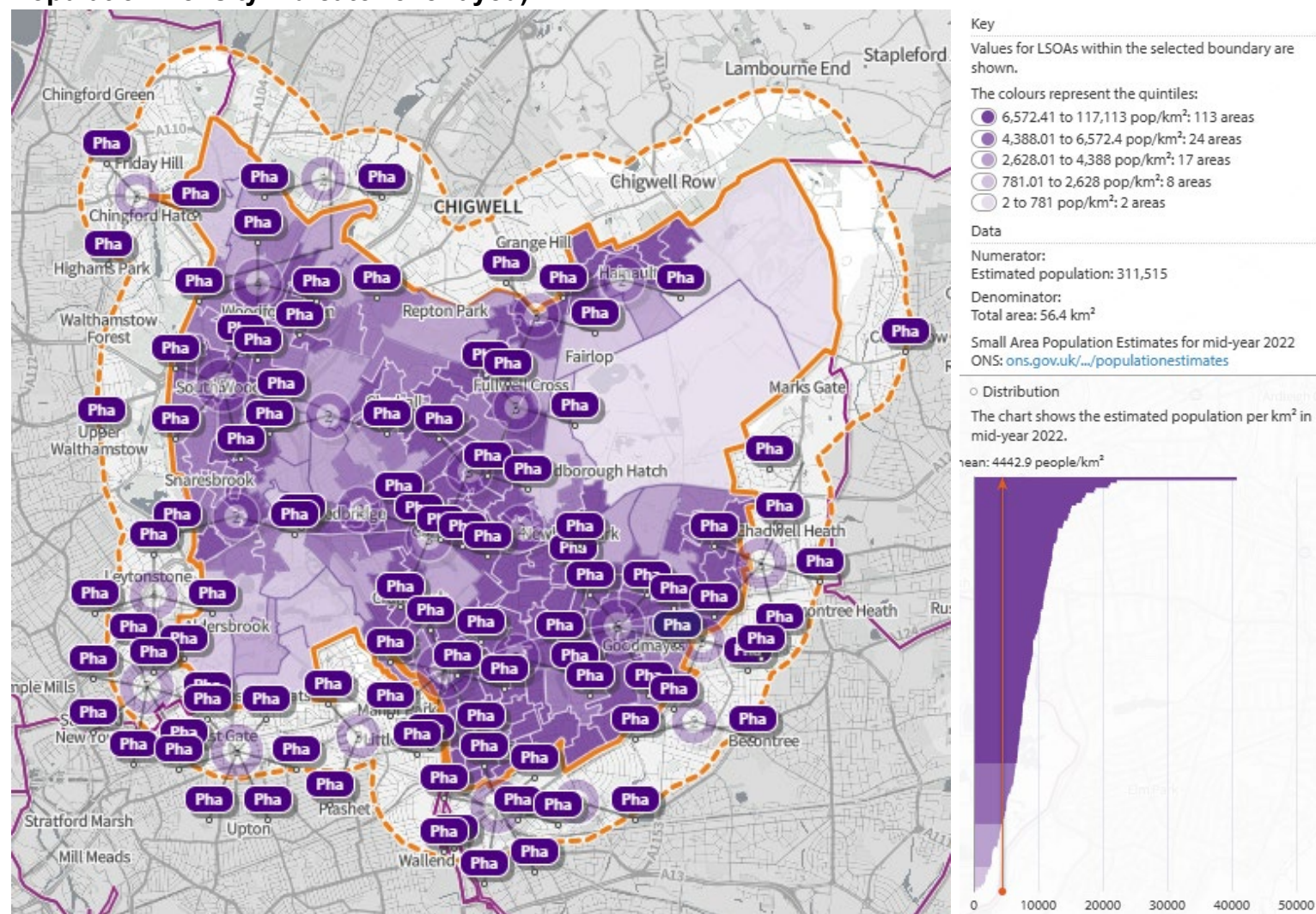
Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	85,590	225,925	311,515	27.5%
10	215,904	95,611	311,515	69.3%
15	298,487	13,028	311,515	95.8%
20	310,109	1,406	311,515	99.5%
30	311,515	0	311,515	100.0%

6.4.3 Access to pharmacy services out of the Redbridge area

It is important to note that pharmacy services that are out of the Redbridge area provide additional access for people to pharmaceutical services.

In particular, there are pharmacies close to residents who live on or close to the borough boundaries. Figure 26 demonstrates the pharmacy locations within the Redbridge boundaries and the neighbouring areas.

Figure 26: Location of pharmacies within Redbridge and 1km over the border in to neighbouring areas (National Population Density indicator overlayed)



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Other options for accessing pharmacy services include choosing to have prescriptions dispensed closer to someone's place of work for convenience or to utilise distance selling pharmacy services.

In addition, some prescriptions may be specialist items which services such as dispensing appliance contractors can supply. This may also be facilitated using out of area provision.

6.4.4 Feedback from public regarding pharmacy opening hours

82% (60) of respondents to the public questionnaire said that their local pharmacy had convenient opening hours for them.

When asked about convenient times to visit a pharmacy, 78% (57 respondents) indicated weekdays between 8am and 4:59pm. 42% (31 respondents) found weekday evenings (5pm to 7:59pm) to be convenient and 38% (28 respondents) found Saturday daytime to be convenient.

Appendix 2 summarises all responses from the public questionnaire.

6.5 Disability access

To comply with the Equality Act 2010⁽¹⁹⁾, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers
- Large print labels
- Being conscious of placement of labels and position of braille
- Reminder charts, showing which times of day medicines are to be taken
- Monitored dosage system (MDS) to improve their adherence to medicines taking.

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSE regulations and guidance almost all pharmacies now comply with the need to have a consultation room as specified in order to deliver advanced services.

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying "Consultation room"
- Distinct from the general public areas of the pharmacy premises
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

5% (4) of respondents (4) to the public questionnaire commented on the pharmacy buildings and felt that their pharmacy was too small, or cluttered leading to a poor environment for buggies and wheelchairs.

Pharmacies are required to complete an annual questionnaire to demonstrate compliance with the CPCF. One of the questions in this review is to ensure that there has been a review of accessibility to the premises. These reviews and actions from them would be implemented regularly.

6.6 Access to translation services

As clinical services have expanded and become more available in community pharmacy, the need has grown for translation services to support the diverse population in North East London. NEL ICB has commissioned translation services from April 2025 to support the expansion of clinical services in community pharmacies, recognising the diverse patient population across North East London. Pharmacies can now register with the ICB approved language to access these services, where needed to deliver effective consultations. Pharmacies are reimbursed for translation costs (from approved provider) utilised when delivering NHS pharmacy-based services.

7 Pharmaceutical Services Overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013⁽⁴¹⁾.

NHS England (NHSE) commissions pharmaceutical services via the national Community Pharmacy Contractual Framework (CPCF)⁽⁷⁾. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- **Essential Services:** services all community pharmacies are required to provide.
- **Advanced Services:** services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide providing they meet the requirements set out in the directions.
- **National Enhanced Services:** nationally specified services that are commissioned by NHS England. Currently, there is just one such service – COVID-19 vaccination programme.

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSE to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements.

There are no LPS pharmacies in Redbridge

Locally commissioned community pharmacy services can also be contracted via different routes and by different commissioners, including Local Authorities and the Integrated Care board (ICB).

7.1 Essential services

The CPCF states that all pharmacies are required to provide the essential services.

The essential services are:

- Dispensing medicines ordered on NHS prescriptions, together with information and advice, to enable safe and effective use by patients and carers, and maintenance of appropriate records.
- Repeat Dispensing, i.e. a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time.

- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home.
- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns.
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services.
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle.
- Healthy Living Pharmacies (HLP) - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities. HLP became an essential service requirement in 2020/21 as agreed in the five-year CPCF which reflects the priority attached to public health and prevention work. The NHS Terms of Service were amended to include HLP requirements, with supplementary information on the details being included in guidance on the regulations, published by NHSE. Pharmacies have had to ensure they are compliant with the HLP requirements since 1 January 2021.
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.
- Dispensing of appliances (in the "normal course of business").

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions.
- For certain appliances, offer to deliver them to the patient and provide access to expert clinical advice.
- Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

7.1.1 Digital solutions

Under the terms of service, community pharmacies are now required to have digital solutions in place to provide connectivity across healthcare settings.

Staff working at the pharmacy can access a patient's NHS Summary Care Record (SCR) via the National Care Records Service (NCRS), and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those

registered professionals should access patients' SCR's whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement, that it is appropriate to do so for example: prescription queries, advising patients on suitable medication, providing emergency supplies.

7.2 Advanced services

In addition to the essential services, the NHS CPCS allows for the provision of 'advanced services'. Community pharmacies can choose to provide any of these services, providing they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements regarding premises. They are commissioned by NHSE and the specification and payment is agreed nationally.

Advanced services currently (2025) include:

- Appliance use review
- Influenza vaccination service
- Hypertension case-finding service
- Lateral flow device tests supply service
- New medicine service
- Pharmacy contraception service
- Pharmacy First service
- Smoking cessation service
- Stoma appliance customisation service

Local information about whether a pharmacy is signed up to deliver an advanced service was unavailable from NEL ICB for some services, and activity data from NHSBSA was used with the assumption that zero activity indicated the pharmacy was not signed up to deliver the service. It should also be noted that some pharmacies may be signed up to deliver the service but may not have actively delivered the service.

Table 19 shows the number of pharmacies providing each of the advanced services.

Table 19: Number of community pharmacies providing advanced services, in Redbridge

Pharmacy advanced Service	Number of pharmacies providing this service
Appliance Use Review	0
Influenza Vaccination Service	31
Hypertension Case-Finding Service	47
Lateral Flow Device Tests Supply Service	9
New Medicines Service	52
Pharmacy Contraception Service	50
Pharmacy First Service	50
Smoking Cessation Service	0
Stoma Appliance Customisation service	0

Data Source: NEL ICB, NHSBSA Dispensing Contractors' Data⁽⁴²⁾ (January 25 data accessed May 25)

7.2.1 Appliance use review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance'.

This service is usually provided by the mail order appliance contractors as a specialism of the services although this service could also be provided by local community pharmacies. In Redbridge, no pharmacy is currently providing this service.

7.2.2 Influenza vaccination service

Community pharmacy has been providing influenza vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal influenza vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

Information from NHSBSA indicated that 31 of the community pharmacies in Redbridge provided the Influenza Vaccination service.

7.2.3 Hypertension case-finding service (HCFS)

The HCFS was commenced as an advanced service in October 2021 to support the programme of identification of undiagnosed cardiovascular disease. Previously only being provided by pharmacists and pharmacy technicians, from December 2023, the service was further extended to be provided by suitably trained and competent non-registered pharmacy staff. From June 2025, all pharmacies must be registered to provide this service to be eligible for the variable fixed payment element of CPCF⁽⁷⁾.

The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
- Provide another opportunity to promote healthy behaviours to patients.

Information from NHSBSA indicated that 47 pharmacies were delivering the HCFS in Redbridge.

7.2.4 Lateral flow device (LFD) tests supply service

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using an LFD test if they develop symptoms suggestive of COVID-19. It is therefore important that they have LFD tests at their home in advance of developing symptoms, so they can promptly undertake a test.

The LFD tests supply service was introduced in November 2023 to provide eligible patients with access to LFD tests. It replaced a similar service known as 'COVID-19 Lateral Flow Device Distribution Service', or 'Pharmacy Collect'.

If a patient tests positive, they are advised to call their general practice, NHS 111, or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for, and will benefit from, NICE recommended COVID-19 treatments.

Information from NHSBSA indicated that 9 pharmacies provided the LFD tests supply service in Redbridge.

7.2.5 New medicine service (NMS)

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. However, reviews conducted across different disease states and different

countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended⁽⁴³⁾. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

The service provides support to people who are newly prescribed a medicine to manage a long-term condition, which will generally help them to appropriately improve their medication adherence and enhance self-management of the LTC. Specific conditions/medicines are covered by the service.

Information from the NHSBSA indicates that 52 community pharmacies were providing NMS in Redbridge.

7.2.6 Pharmacy contraception service (PCS)

The service provides an opportunity for community pharmacy to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with NICE Guidelines (NG102)⁽⁴⁴⁾.

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of Oral Contraception (OC), **and to continue** the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply are undertaken using PGDs to support the review and supply process; and
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide:

- Greater choice from where people can access contraception services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The service involves community pharmacists providing:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and

- Ongoing supply: where a person has been supplied with OC by a primary care provider, or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken where necessary.

Information from NEL ICB indicates that 50 community pharmacies were providing PCS in Redbridge.

Note that London Borough of Redbridge also currently commissions the supply of emergency contraception and other sexual health services via community pharmacy, although this is set to change in October 2025 when this service will become part of the PCS service. The current locally commissioned service is described in more detail in the local enhanced services section.

7.2.7 Pharmacy First service

The Pharmacy First service, which commenced on 31st January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women. Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

52 pharmacies in Redbridge are signed up to provide this service.

7.2.7.1. Pharmacy First bundling arrangements from 1 June 2025

From 1st June 2025, pharmacy owners wishing to provide Pharmacy First service must be also registered and able to deliver the HCFS, the PCS and the Pharmacy First service. The likely impact will be more pharmacies offering all three services, widening availability.

7.2.8 Smoking cessation advanced service

The smoking cessation advanced service commenced in March 2022 for people referred to community pharmacies by hospital services. This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required. It supplements other locally commissioned smoking cessation services, such as the London Borough of Redbridge-commissioned stop smoking service detailed in Section 8 of this document.

No pharmacies in Redbridge are actively providing this service but many are signed up to do so should the need arise.

7.2.9 Stoma appliance customisation Service (SAC)

The SAC service is based on modifying stoma appliance(s) to suit the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

As with the AUR service, this is typically undertaken by mail order appliance contractors. Currently no pharmacies in Redbridge are signed up to provide the service.

7.3 National enhanced services

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾ for a new type of enhanced service, the National Enhanced Service (NES). Under this type of service, NHSE commissions an enhanced service that is nationally specified. This requires NHSE to consult with CPE on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that is locally developed and designed to meet local health needs, and for which NHSE would consult with CPE. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.

At the time of writing, there are two NES commissioned by NHSE:

- COVID-19 vaccination programme.
- RSV and Pertussis Vaccination Service

The RSV and Pertussis Vaccination Service is only commissioned in specific NHS regions, which do not currently include Greater London.

7.3.1 COVID-19 vaccination programme

28 pharmacies are providing the Spring 2025 booster programme across Redbridge. 38 pharmacies in Redbridge will be providing this as part of the Autumn/Winter 2025 campaign.

8 Redbridge Locally Commissioned Services

Locally commissioned services are not described in the 2013 regulations⁽⁶⁾, but the term is often used to describe those services commissioned from pharmacies by Local Authorities and the Integrated Care board (ICB).

In the Redbridge area, pharmacy services are currently commissioned locally by the council's Public Health Team and North East London ICB. The latter are known as 'local enhanced services'. Table 20 shows the number of pharmacies providing each of these locally commissioned services.

Table 20: Number of community pharmacies providing locally commissioned and local enhanced services in Redbridge

Locally commissioned and local enhanced services	Number of pharmacies providing this service
NEL Palliative End of Life Care (PEoLC) Service	6
NEL Community Pharmacy Selfcare Advice Service (CPSAS)	48
NEL Anticoagulation Service	1
Bank Holiday Rota	See narrative below
Supervised consumption of opioid substitutes	19
Needle Exchange	10
Sexual Health Services	28

Source: London Borough of Redbridge, NEL ICB

8.1 ICB local enhanced services

At the time of preparing this PNA, North East London ICB commissioned the following services with community pharmacy:

- NEL Palliative End of Life Care (PEoLC) Service
- NEL Community Pharmacy Selfcare Advice Service (CPSAS)
- NEL Anticoagulation Service
- Bank Holiday Rota

8.1.1 Palliative End of Life Care (PEoLC) Service

The purpose of this service is to ensure 24/7 availability of PEoLC medicines through community pharmacies in NEL, in turn enabling the provision of PEoLC in accordance with patients' and families' preferences.

Community pharmacies commissioned to provide the out of hours service also supplement the in-hours provision of PEoLC medicines, commissioned through the 25/26 Pharmacy Quality Scheme, as part of the nationally commissioned Community Pharmacy Contractual Framework. They maintain a specific stock of PEoLC

medicines and are listed on the NHS Profile Manager as a 'Pharmacy Palliative Care Medication Stockholder'.

During out of hours, a rota system is operated, to provide the out of hours PEOLC medicine supply service. The pharmacies on-call will be so for the entirety of the week, inclusive of weekends and any bank holidays that may fall within that week. The community pharmacies are strategically located to ensure coverage of NEL is represented as fairly as possible, to allow for timely access to the medicines for all NEL residents.

In circumstances where a community pharmacist is unable to supply the PEOLC medicines, they must direct / signpost the individual to the nearest commissioned community pharmacy, checking first that they have the required medicine(s) in stock. Pharmacists and staff involved in the provision of the service will have received the appropriate training to deliver the service.

Palliative and End of Life care services are currently being reviewed across North East London to ensure that a consistent service is delivered across the entirety of the geography.

Community pharmacies are contracted to stock a comprehensive list of key EoL medications stock.

As of May 2025, 6 community pharmacies in Redbridge are currently participating in this scheme and there are also participating pharmacies in neighbouring boroughs.

8.1.2 NEL Community Pharmacy Selfcare Advice Service (CPSAS)

North East London Integrated Care Board has commissioned a two-year community pharmacy local enhanced service – Community Pharmacy Selfcare Advice Service (CPSAS) which launched on the 22 July 2024.

This service has been funded by the Population Health and Integration 'Shared Ambition' Fund, to help reduce health inequalities in NEL. This is a priority in the current context of significant health inequalities within our population, with those living in more deprived areas experiencing poorer health outcomes, and high cost of living pressures across NEL.

Any pharmacies in North East London who have signed up to this service can provide support to socially vulnerable NEL residents to self-manage their minor ailments with clinical advice and free over-the-counter medicines where indicated. The pharmacies will also provide overall health and wellbeing advice, this includes signposting/referral to other relevant local services e.g. blood pressure checks and sexual health services.

The eligibility criteria for CPSAS are registered patients with a NEL practice, who are currently receiving any financial related benefits e.g. Universal credit, Income support or related allowance and HC2 certificate. This also expands to their dependents who are 18 years of age and under. The CPSAS eligibility also includes specific populations such as young care leavers, homeless, refugee and asylum seekers in North East London.

The primary access to service was initially via a referral from patient's GP or NHS111 through the NHSE commissioned service – Pharmacy First, where walk-ins were only accepted for patients who are homeless, refugee and asylum seekers.

However from 4 August 2025, access to CPSAS was extended to walk in for all eligible patients. This extension was effected to widen access to patient groups who do not routinely visit their practices.

As of May 2025 there are 48 pharmacies in Redbridge who have signed up to provide CSPAS.

8.1.3 NEL Anticoagulation Service

Anticoagulant medication (commonly known as blood thinners) are used for a variety of indications. Primarily they are used in patients with clotting disorders and atrial fibrillation (irregular heartbeat) to reduce the risk of stroke and they are also used in the treatment of blood clots. Some of these medications require intensive monitoring due to the risk of bleeding if the dose is too high and also due to a significant number of interactions with food and medication.

A number of highly specialised pharmacies across the borough offer a community anticoagulation monitoring service. The service receives referrals for stable patients over 18 years old, registered with a GP in the borough, from secondary care. The pharmacy provides patient education, ongoing testing, monitoring and dose adjustment of the anticoagulation therapy. The service description is based on current NICE and other national and local guidance on anticoagulation therapy.

The service available across Barking and Dagenham, Havering and Redbridge is supplemented by GP practices locally who also participate in providing this service, allowing patient choice and equitable access to patients across the boroughs.

The community anticoagulation service across all NEL boroughs is currently under review and the procurement process for the new service is underway. A new NEL wide service is planned to be in place by January 2026 based on a successful procurement process. The new service may or may not include community pharmacy providers in the future, based on the outcome of the procurement process.

As of May 2025 there is one pharmacy in Redbridge providing this service.

8.1.4 Bank holiday rota

Routine bank holiday access to community pharmacies: Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours. The ICB manages an enhanced service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers. This is so that patients can easily access medication if required.

All pharmacies are obliged to participate in the rota if they are directed to do so by the ICB, although typically 2-3 pharmacies provide this service.

8.2 Redbridge Public Health commissioned services

As part of its range of public health interventions, Redbridge Public Health team currently commissions the following services from community pharmacies:

- Supervised consumption
- Needle exchange
- Sexual Health Services

8.2.1 Drug and alcohol dependence services

8.2.1.1 Supervised consumption

Substances such as heroin, opium and morphine are known as 'opioids'. Many opioids are 'psychoactive', which means they affect the way the brain works and can change a person's mood or behaviour. Opioid dependence is associated with a wide range of social and health problems, including a high risk of infection and mental health problems. It also presents a danger that a person could take a fatal overdose.

Services are commissioned from community pharmacies to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or buprenorphine) for dependent drug users.

To use the services, patients must have been assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use. Substance misuse services prescribe an opioid substitute, tailoring the selected product and dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

As the pharmacy staff supervise the patient's consumption of the opioid substitute in the pharmacy, risk of illegal diversion or consumption by anybody other than the patient is minimised.

19 community pharmacies currently provide the supervised consumption service across Redbridge.

8.2.1.2 Needle exchange

The aim of the needle exchange scheme is to reduce the spread of blood borne viruses (such as HIV, hepatitis B and hepatitis C) and other infections associated with the use of non-sterile injection equipment. It does so through the provision of sterile injecting equipment and other associated products. It also helps to reduce the risk of needle stick injuries to others by reducing drug related litter through the safe collection and disposal of equipment. In addition, the service provides information and advice, and acts as a gateway to other services, such as drug treatment centres.

The service is currently provided by 10 community pharmacies in Redbridge.

8.2.2 Sexual health service

Pharmacies are commissioned to provide free and confidential sexual health services incorporating sexual health information and advice, emergency hormonal contraception, chlamydia screening, chlamydia treatment, and condoms. The aims are to:

- Promote a preventative approach to sexual health and healthy living through information, advice and early intervention.
- Increase the availability and provision of high quality, cost effective sexual health interventions in Redbridge.
- Increase the uptake of the C-card condom distribution scheme amongst young people and increase condom use for our most at risk populations.
- Increase detection rates for STI, in particular Chlamydia and Gonorrhoea.
- Increase access to treatment of Chlamydia to young people and partners to reduce transmission rates.
- Reduce unintended conceptions for females aged 13 to 25 by improving access to emergency hormonal contraception. Over the life of the contract, the age range may be subject to change.
- Promote Long-Acting Reversible Contraception to women accessing condoms and EHC and offer signposting to Integrated Sexual Health Services or their GP.
- Provide high quality information & advice about safe sex and STIs.
- Provide high quality signposting to other health services (i.e., stop smoking, domestic violence support and addiction services).

28 pharmacies across Redbridge are commissioned to provide this service

8.3 Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by the local authority, ICB or NHSE. These services may not be aligned with the strategic priorities of the ICB or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for certain patient groups e.g. the housebound. However, these services are provided at the discretion of the pharmacy owner and may or may not incur an additional fee.

As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services may include:

- Delivery of dispensed medicines
- Dispensing of medicines into monitored dosage systems for patients not requiring reasonable adjustments

It is worth noting that patients are often surprised to find that these are not NHS services.

8.3.1 Medicine delivery service

Typically, most pharmacies offer prescription delivery services, which in many cases is free of charge. This can be very important to those with limited mobility.

At the time of writing the figures for Redbridge were not available.

8.3.2 Monitored dosage systems

Pharmacies are expected to make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010⁽¹⁹⁾. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67⁽⁴⁵⁾ recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system

should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

9 Current and Future Pharmacist Role

Redbridge HWB values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

London Borough of Redbridge strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and substance misuse.

The national vision for community pharmacy is in line with the local strategy and aspirations. Community pharmacy has a critical role to play in the Redbridge health system. It is essential that community pharmacy continues to be recognised and supported, so that they in turn can support the health needs of the population of Redbridge. It is also important that the people of Redbridge are aware of and fully utilise the services available from their community pharmacies.

Nationally, the demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff, and this has been further exacerbated by the demand for, and recruitment of community pharmacists (and other staff) employed within PCNs and other pharmacy services. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the introduction of new commissioned services, and have been tenacious, innovative and agile when launching them, locally, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy.

The NHS 10 Year Health Plan⁽¹³⁾ sets out a vision for community pharmacy being an integral part of neighbourhood health services, with a move from a dispensing focussed role to offering more clinical services. This will include:

- More community pharmacists becoming able to independently prescribe
- Management of long-term conditions
- Management of complex medication regimes
- Treatment of obesity, high blood pressure and high cholesterol
- Increased role in vaccine delivery (including human papillomavirus for those who have missed out on the school programme)
- Increased role in screening for risk of cardiovascular disease and diabetes

The plan also includes a move to modernise the approach to dispensing of medicines by using available technology, including dispensing robots, and developing hub and spoke models.

10 Engagement and Consultation

10.1 Overview of response to the public questionnaire

64 people responded to a public questionnaire on pharmacy services and access. Appendix 2 contains a full breakdown of the results. Not all respondents answered every question.

- 90% (66 respondents) had a preferred local community pharmacy
- 79% (58 respondents) stated that convenient location was a factor in their choice of pharmacy. 58% (42 respondents) stated that helpful staff was a factor in their choice and 51% (37 respondents) stated convenient opening hours was a factor in their choice
- When asked "to what extent do you agree or disagree that your local community pharmacy meets your needs", 62 respondents (85%) responded strongly agree or tend to agree
- 52% (38 respondents) travel to their pharmacy on foot and 21% (15 respondents) travel by car or taxi
- 51% (37 respondents) stated it took them 10 minutes or less to travel to their pharmacy, 90% (66 respondents) stated it took them 20 minutes or less. 5% (4 respondents) stated it took more than 20 minutes to get to their local pharmacy
- 82% of respondents (60 people) said that their local pharmacy had opening hours that were convenient for them
- When asked about convenient times to visit a pharmacy, 78% (57 respondents) indicated weekdays between 8am and 4:59pm
- 42% (31 respondents) found weekday evenings (5pm to 7:59pm) to be convenient and 38% (28 respondents) found Saturday daytime to be convenient.

10.2 Formal consultation

The formal consultation on the draft PNA for Redbridge ran from 16 June to 15 August in line with regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013⁽⁶⁾.

Eight responses were received to the consultation questionnaire, with additional feedback received from the London Pharmacy Commissioning Hub, on behalf of NEL ICB. The feedback received during the consultation process is summarised below:

- 75% of respondents agreed that the PNA reflects the current provision of pharmaceutical services.
- 100% of respondents believed that there were no gaps in provision of pharmaceutical services for Redbridge that were not identified in PNA.

- 62.5% of respondents felt the PNA reflects the needs of the local population.
- 62.5% felt that the PNA provided enough information to inform future pharmaceutical provision and plans for pharmacies and dispensing appliance contractors
- 75% of respondents fully agreed with the overall conclusions presented in the PNA, with 12.5% partially agreeing with the conclusions.

Appendix 4 details the consultation responses and the changes made to the PNA following the consultation.

11 Summary of Findings

There are 53 community pharmacies in Redbridge, consisting of 50 standard contract (40 hour) pharmacies and three 100-hour contract pharmacies. Two of the 40-hour contracts are distance selling pharmacies.

46 of the standard contract pharmacies deliver more than the 40-hours as part of their core contract, ranging between 42 and 90.5 hours per week. This is complemented by 11 pharmacies providing supplementary hours covering weekday evenings after 7pm.

44 pharmacies are open Saturday mornings and 37 remain open on Saturday afternoons.

15 pharmacies provide access to pharmaceutical services on Sundays.

11.1 Necessary services – current provision

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.

Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.

Access to pharmaceutical services in neighbouring boroughs and localities is good.

11.2 Other findings

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In particular, the Pharmacy First, pharmacy contraception, hypertension case-finding and new medicines services are well supported by the community pharmacies in Redbridge, with almost all pharmacies signed up to deliver these services. The lateral flow device supply and influenza vaccination services are also provided by a significant number of pharmacies.

Uptake of the smoking cessation service is less comprehensive, which is reflected nationally and is dependent on secondary care referral which beyond the control of pharmacies.

Additionally, a range of locally commissioned and local enhanced services are currently being commissioned either totally or in part from community pharmacies. These are; stocking of palliative care medicines, Community Pharmacy Self-care Advice Service sexual health services, supervised consumption, and needle exchange.

When community pharmacy provision is taken into account alongside that of other service providers, it is considered that provision of existing locally commissioned services across Redbridge is adequate and meets identified health needs.

Community pharmacies make a valuable contribution to the objectives of the Redbridge Health & Wellbeing Strategy and engagement work shows that people value the services provided by their local community pharmacy.

Community pharmacies may also offer a wide range of non-NHS services. Whilst some of these services are not aligned with the strategic priorities of the ICB or the council, they may be fulfilling a customer generated demand.

It is recognised that out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. This is of particular relevance in large urban areas served by many local authorities.

The number of community pharmacies has remained stable since the previous PNA, and no gaps have been identified as a result of recent closures. However, this stability may not continue, and any changes during the lifetime of the PNA will need to be carefully assessed to understand their potential impact.

12 Statement of Pharmaceutical Needs Assessment

After considering all the elements of the PNA, Redbridge HWB makes the following statement:

- For the purpose of this PNA, Redbridge HWB has agreed that necessary services are defined as the essential services in the NHS CPCF (see section 3.3).

Current provision of necessary services

- There is no current gap in the current provision of necessary services during normal working hours across Redbridge to meet the needs of the population.
- There is no current gap in the current provision of necessary services outside normal working hours across Redbridge to meet the needs of the population.
- No gaps have been identified in the need for pharmaceutical services in future circumstances across Redbridge

Improvements and better access

- There are no gaps in the provision of advanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Redbridge.
- There are no gaps in the provision of national enhanced services at present or in the future (lifetime of this PNA) that would secure improvements or better access in Redbridge.
- Based on current information no current gaps have been identified in respect of securing improvements or better access to locally commissioned services or local enhanced services, either now or in specific future (lifetime of this PNA) circumstances across Redbridge to meet the needs of the population.

In addition:

- Community pharmacy services play an important role in supporting the services provided by GP practices and Primary Care Networks as reflected by the changes in the essential, advanced and locally commissioned services as described in this report.
- A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. Almost all pharmacies provide some of these services, and we would wish to encourage residents to make greater use of all advanced services, and also that referrals via

healthcare services such as GP practices and secondary care services further utilise newer services, in particular regarding the Pharmacy First service.

- There is adequate provision of existing locally commissioned and local enhanced services across Redbridge. It is recommended that the public health team should continue to monitor this with partners including the ICB and Community Pharmacy North East London to ensure service levels are maintained.
- With regard to locally commissioned and local enhanced services, the public health team should continue to work with the ICB, Community Pharmacy North East London, community pharmacies, and PCNs to ensure that future services are commissioned to meet local health needs and that any changes serve to maintain or improve equity, access and choice.
- Pharmacies should ensure that accessibility to premises are kept under regular review to ensure equitable access to pharmaceutical services. Reasonable adjustments should be made where physical constraints are difficult or impossible to overcome.
- Commissioners of NHS as well as local pharmacy services should continue to consider how to communicate about the availability of services with the population of Redbridge and with other healthcare professional teams to increase awareness of engagement and interaction with services.
- Out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other. Commissioners should take cross border issues into account and consult with relevant stakeholders when they are reviewing, commissioning or decommissioning services, to avoid or mitigate against creating inequity of provision for the local population.

Appendix 1 - Membership of Steering Committee

- Kurt Ramsden, Medicines Optimisation Pharmacist Lead, North of England Commissioning Support Unit
- Donna Bradbury, Transformation and Delivery Manager, North of England Commissioning Support Unit
- Ryan Heslop, Principal Information Analyst, North of England Commissioning Support Unit
- Joanne Broadbent, Public Health Consultant, London Borough of Barking and Dagenham
- Katherine Gilcreest, Head of Support Housing, Environment and Communities, London Borough of Barking and Dagenham
- Faye Laker, Communications Team, London Borough of Barking and Dagenham
- Manisha Modhvadia, Healthwatch Manager, Healthwatch Barking and Dagenham
- Anthony Wakhisi, Public Health Principal, London Borough of Havering
- Ron Adams, Planning Department, London Borough of Havering
- Yvonne Lamothe, Communications Team, London Borough of Havering
- Vivien Saxby, Healthwatch Manager, Healthwatch Havering
- Yasmine Korimbux, Medicines Optimisation, NEL ICB
- Natasha Hobbs, Senior Analyst, NEL ICB
- Ian Diley, Public Health Consultant, London Borough of Redbridge
- Christopher Waller, Planning Department, London Borough of Redbridge
- Jocelyn Astle, Communications Team, London Borough of Redbridge
- Miranda Pears, Volunteer Coordinator, Healthwatch Redbridge
- Emma Smith, Committee Administrator, London-wide Local Medical Committees

CPNEL officers were also consulted on the draft PNA.

Appendix 2 - Community Engagement Questionnaire Results

There were 73 responses to the public questionnaire

Do you use pharmacies?

Option	Count	Percentage
Yes	72	99%
No	1	1%
Blank	0	0%

Do you have a regular or preferred local community pharmacy which you use?

Option	Count	Percentage
Yes	66	90%
No	2	3%
Prefer internet / Online pharmacy	0	0%
I use combination (online/traditional)	3	4%
Other (please specify)	1	1%
Blank	1	1%

If 'other', please specify:

Responses: 2

- I do not attend my local pharmacy due to lack of supplies, rude staff and always long queues.
- GP sends prescriptions to the local pharmacy so I use this one for prescriptions but prefer to go elsewhere due to poor customer service

Why do you choose the pharmacy that you most commonly use?

Option	Count	Percentage
Convenient opening hours	37	51%
Convenient location	58	79%
Helpful staff	42	58%
Services offered	33	45%
Other (please specify)	8	11%
Blank	1	1%

If 'other', please specify:

Responses: 8

- I no longer go to my local chemist because they seem to never have any stock there and have to wait for the medication because they never had it,

who wants to go to the doctors and get medication only to be told you have to come back next week to collect from the chemist. My chemist is so much better for medication, helpful staff, hours, always have my medication etc

- GP sends prescriptions to the local pharmacy, so I use this one for prescriptions but prefer to go elsewhere due to poor customer service
- Collection of meds
- My prescription is sent by GP every 2 months and I go there to collect it. It is also easy to park nearby
- They deliver to my home
- Has good free parking.
- It is next to my doctor's surgery so if there are any problems I can pop into my doctors.
- Have just always used them. Also, as it's a bit further away it allows me to go for a further walk and get exercise

To what extent do you agree or disagree that your local community pharmacy meets your needs?

Option	Count	Percentage
Strongly agree	33	45%
Tend to agree	29	40%
Neither agree nor disagree	6	8%
Tend to disagree	2	3%
Strongly disagree	1	1%
Don't know	0	0%
Blank	2	3%

Which services do you use at a pharmacy?

Option	Count	Percentage
Collect prescribed medicines and/or products	68	93%
Buy over the counter medicines	48	66%
Advice from your pharmacist e.g. including minor ailments and new medicines	42	58%
Dispose of unwanted medicine	28	38%
Disposal of used medical equipment e.g. needles / syringes	8	11%
Collect Covid-testing kits	7	10%
Access vaccinations e.g. Covid-19 or flu	28	38%
None	1	1%
Other (please specify)	9	12%
Blank	1	0%

If 'other', please specify:

Responses: 8

- Delivery of prescription medication
- Delivery of medicine
- Delivery Service
- My meds are delivered
- They deliver my medication
- Disposal of blister packs
- Pharmacy First
- They deliver my meds to my home too

Before today were you aware of any of the following additional services that pharmacies provide?

Service	Count of respondents aware	Percentage
Anticoagulation monitoring	5	7%
Antiviral distribution	3	4%
Home delivery service	49	67%
Needle exchange service	5	7%
NHS blood pressure check service	44	60%
Palliative/End of life medicines	4	5%
Pharmacy First	20	27%
Phlebotomy service	6	8%
Sexual health	13	18%
Self-care medicines service	12	16%
Stop smoking service	15	21%
Supervised administration service	7	10%
Vaccinations	48	66%
Blank	5	7%

How often do you use your pharmacy?

Option	Count	Percentage
At least once per week	8	11%
At least once per month	41	56%
At least once every 3 months	18	25%
At least once every 6 months	1	1%
At least once a year	0	0%
Less than once a year	0	0%
Other	4	5%
Blank	1	1%

If 'other', please specify:

Responses: 1

- Every two months for delivery

How important are the following factors when choosing a pharmacy?

Option	Extremely Important	Very Important	Moderately Important	Fairly important	Not important	Blank
Quality of service	56 (77%)	16 (22%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)
Convenience	42 (58%)	23 (32%)	5 (7%)	1 (1%)	0 (0%)	2 (3%)
Accessibility	45 (62%)	18 (25%)	5 (7%)	1 (2%)	0 (0%)	4 (5%)
Availability of Medication	67 (92%)	5 (7%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)

If you have not visited a community pharmacy in the last year, is there a reason for this?

Option	Count	Percentage
I have used internet/online pharmacy	4	5%
Someone has done it on my behalf	1	1%
I have had no requirement to use pharmacy services during this period	2	3%
Other	0	0%
Not applicable - I have visited a pharmacy in the last year	53	73%
Blank	13	18%

How would you rate your pharmacy?

Option	Count	Percentage
Excellent	36	49%
Very good	23	32%
Good	6	8%
Fair	7	10%
Poor	0	0%
Blank	1	1%

How do you normally travel to the pharmacy? (select the most common option you use)

Option	Count	Percentage
Car or taxi	15	21%
On foot	38	52%
Bus	8	11%
Train	0	0%
Tube	0	0%
N/A as medicines are delivered or collected by someone else	8	11%
Other	3	4%
Blank	1	1%

If 'other', please specify:

Responses: 2

- Used to walk to my local chemist but now I go by car
- On foot or by bus
- Bicycle

How long does it usually take you to get to the pharmacy?

Option	Count	Percentage
0-5 minutes	13	18%
6-10 minutes	24	33%
11-15 minutes	23	32%
16-20 minutes	6	8%
More than 20 minutes	4	5%
Blank	3	4%

How easy is it for you to get to the pharmacy?

Option	Very easy	Easy	Neither easy or difficult	Quite Difficult	Very Difficult	Don't know/ NA	Blank
On foot	32 (44%)	11 (15%)	11 (15%)	7 (10%)	7 (10%)	2 (3%)	3 (4%)
Public transport	17 (23%)	13 (18%)	7 (10%)	5 (7%)	5 (7%)	16 (22%)	10 (14%)
By car or taxi	29 (40%)	16 (22%)	6 (8%)	5 (7%)	2 (3%)	5 (7%)	10 (14%)

Does your pharmacy have access for disabled people and others with access requirements?

Option	Yes	No	Don't know	Blank
Wheelchair / pushchair access	43 (59%)	10 (14%)	18 (25%)	2 (3%)
Parking	21 (29%)	38 (52%)	12 (16%)	2 (3%)
Help for sensory impairments	4 (5%)	11 (15%)	55 (75%)	3 (4%)
Automatic doors	37 (51%)	28 (38%)	6 (8%)	2 (3%)

Do you have any difficulties in accessing a pharmacy?

Option	Count	Percentage
Yes	6	8%
No	66	90%
Blank	1	1%

Does your usual pharmacy have language/interpretation facilities?

Option	Count	Percentage
Yes	10	14%
No	7	10%
Don't know	55	75%
Blank	1	1%

If there is a pharmacy closer or more convenient which you don't use?

Option	Count	Percentage
Yes	29	40%
No	42	58%
Blank	2	3%

Please describe the reasons you do not use this pharmacy:

- One respondent felt their local pharmacy had gone downhill due to lack of supplies of medication, rude staff, hours, always busy. Also last year they forgot to give them a flu jab but text numerous messages to visit asthma clinic
- Five respondents noted that the reason they don't use their local pharmacy is due to them being poorly stocked and issues with medication supply.
- Poor customer service and rude staff were mentioned as a reason by 3 respondents.
- Convenience is given as a reason by 5 respondents for choosing a pharmacy other than the one closest to their home, whether it be because it is close to their place of work or their GP surgery.
- respondents gave good/available parking as the reason for their choice, whereas a lack of parking at their nearest pharmacy was given by 2 respondents as to why they don't use them
- Loyalty to a pharmacy they have always used was cited by 4 respondents.
- Quicker/better service at another pharmacy was the reason for 2 respondents
- Limited opening hours at nearest pharmacy, preferring a family business over a chain, and 'it's the one my GP sends the prescription to' were all cited by 1 respondent each.
- Availability of home delivery was a reason given by one respondent

Does your local pharmacy have convenient opening hours for you?

Option	Count	Percentage
Yes	60	82%
No	7	10%
Don't know/Not sure	5	7%
Blank	1	1%

What time is most convenient for you to visit a pharmacy?

Option	Count	Percentage
Weekdays (8am – 4.59pm)	57	78%
Weekday evenings (5pm – 8pm)	31	42%
Weekdays overnight (8pm to 7.59am)	6	8%
Saturdays (8am – 4.59pm)	28	38%
Saturdays (5pm to 7.59pm)	14	19%
Saturdays (8pm to 7.59am)	9	12%
Sundays (8am – 4.59pm)	21	29%
Sundays (5pm to 7.59pm)	10	14%
Sundays (8pm to 7.59am)	7	10%
Blank	4	5%

Do you have any other thoughts on your local pharmacy provision?

- The repeat prescription process is described as being 'chaotic' and 'a mess'.
- Four respondents commented on the pharmacy buildings and felt that their pharmacy was too small, or cluttered leading to a poor environment for buggies and wheelchairs, as well as being in need of refurbishment.
- Two respondents commented on a lack of seating for those waiting for prescriptions, with one also requesting availability of water dispensers, hand sanitiser and face masks.
- Two respondents thought that customer service needs to be improved, after experiencing poor attitude from staff. However, two other respondents commented that staff were helpful and had a good attitude.
- Communication is described as poor; this includes being unable to get through to pharmacies on the telephone or communication between the pharmacy and GP practice.
- One respondent commented about prescriptions not being available in time, and another described medicines availability as an issue.
- One commented "I believe my local chemist should be where I go to get my medication or go for advice etc."
- One respondent felt that 'most of the extra services don't exist.'
- Three respondents commented about how busy their pharmacies always seem to be, but two of these acknowledged that despite this, they are helpful and do a great job.
- Two respondents commented about expanding services to avoid long waiting times in GPs and hospitals, for example antibiotics/emergency medicines to be prescribed in the pharmacy.
- One respondent had issues with a chain pharmacy that involved a lack of knowledge and sensitivity around cultural and religious reasons for not being able to take some medication/supplements. They felt that improved training would improve customer service and trust.
- Another would like them to have greater knowledge of herbal medicines.
- One respondent commented they were grateful for delivery of medication.

Appendix 3 - Pharmacy Addresses and Opening Times

ODS Code	Pharmacy Name	Address 1	Address 2	Postcode	Weekday Opening	Weekday Closing	Saturday Opening	Saturday Closing	Sunday Opening	Sunday Closing
FTL30	Allens Pharmacy	19 Electric Parade	George Lane	E18 2LY	09:00	18:30	09:00	17:00	CLOSED	CLOSED
FQV26	Beehive Pharmacy	8 Beehive Lane	Gants Hill	IG1 3RD	09:00	20:30	09:00	18:00	09:00	17:00
FE174	Boots	117-119 HIGH ROAD	ILFORD	IG1 1DE	09:00	18:00	09:00	18:00	11:00	17:00
FJL42	Boots	169 Manford Way	Hainault	IG7 4DN	09:00	19:00	09:00	17:30	CLOSED	CLOSED
FJY11	Boots	172 George Lane	South Woodford	E18 1AY	08:30	19:00	09:00	18:00	10:00	16:00
FLM83	Boots	59/61 High Street	Wanstead	E11 2AE	09:00	19:00	09:00	18:00	10:00	17:00
FNK71	Borno Chemists Ltd	69 Perrymans Farm Road	Barkingside	IG2 7LT	09:00	19:00	CLOSED	CLOSED	CLOSED	CLOSED
FC396	Britannia Pharmacy	414-416 Green Lane	Seven Kings	IG3 9JX	09:00	20:00	09:00	20:00	10:00	17:30
FCX56	Britannia Pharmacy	Loxford Polyclinic	417 Ilford Lane	IG1 2SN	08:30	20:00	09:00	13:00	CLOSED	CLOSED
FDK37	Britannia Pharmacy	265 Aldborough Road South	Seven Kings	IG3 8JB	09:00	19:00 (18:00 on Thursdays)	09:00	17:30	CLOSED	CLOSED
FG463	Britannia Pharmacy	21-23 Horns Road	Iford	IG2 6BN	09:00	20:00	09:00	20:00	11:00	17:00
FMN80	Britannia Pharmacy	53 Green Lane	Iford	IG1 1XG	09:00	18:00 (21:00 on Thursdays since June2025)	09:00	13:00	CLOSED	CLOSED
FWN26	Britannia Pharmacy	429-431 High Road	Woodford Green	IG8 0XE	08:45	18:45	08:45	17:30	CLOSED	CLOSED
FJ605	Chigwell Pharmacy	300 Fencepiece Road	Hainault	IG6 2TA	08:00	21:00	09:00	20:00	09:00	17:00
FXH15	Chrystalls	12 The Broadway	Woodford Green	IG8 0HL	09:00	18:15	09:30	13:00	CLOSED	CLOSED
FJ842	Churchfield Pharmacy	211 High Road	South Woodford	E18 2PB	08:45	19:00	09:00	17:00	10:30	14:00
FP222	Clickrx	Unit 11, Broadmead Industrail Estate	Liston Way	IG8 7BN	09:00 (closed for lunch 13:00-14:00)	18:00	CLOSED	CLOSED	CLOSED	CLOSED
FYT00	Cordeve Dispensing Chemist	70 Chadwell Heath Lane	Chadwell Heath	RM6 4NP	09:00	19:30	09:00	17:00	CLOSED	CLOSED
FNA06	Daniels Pharmacy	133 George Lane	South Woodford	E18 1AN	08:45	18:00	CLOSED	CLOSED	CLOSED	CLOSED

ODS Code	Pharmacy Name	Address 1	Address 2	Postcode	Weekday Opening	Weekday Closing	Saturday Opening	Saturday Closing	Sunday Opening	Sunday Closing
FCX67	Day Lewis Pharmacy	6 Claybury Broadway	Ilford	IG5 0LQ	09:00 (closed for lunch 13:00-14:00)	18:30 (18:00 Thursdays)	CLOSED	CLOSED	CLOSED	CLOSED
FV839	Day Lewis Pharmacy	642 Cranbrook Road,	Ilford	IG6 1HJ	09:00	18:00	CLOSED	CLOSED	CLOSED	CLOSED
FEL84	DP Pharmacy	84 Albert Road	Ilford	IG1 1HW	09:00	18:30 (closes at 13:00 on Thursdays)	CLOSED	CLOSED	CLOSED	CLOSED
FG274	Eden Pharmacy	79/85 Goodmayes Road	Goodmayes	IG3 9UB	09:00	19:00 (closes at 14:00 on Thursdays)	09:00	15:00	CLOSED	CLOSED
FNA07	Fairlop Pharmacy	87 High St	Barkingside	IG6 2AH	11:20	21:00	11:20	21:00	10:00	00:00
FHL60	Fencepiece Pharmacy	109 Fencepiece Road	Barkingside	IG6 2LD	08:30	18:30	09:00	13:00	CLOSED	CLOSED
FLX84	Golds Pharmacy	24 Sevenways Parade	Gants Hill	IG2 6JX	09:00	22:00	09:00	22:00	09:30	22:00
FRQ53	Goodmayes Pharmacy	2 Brookes Parade	Green Lane	IG3 9RT	09:00	19:00	09:00	17:00	CLOSED	CLOSED
FV452	Hainault Station Pharmacy	208 New North Road	Hainault	IG6 3BS	09:00	18:30	09:00	13:00	CLOSED	CLOSED
FPP80	Icon Pharmacy	155 Manford Way	Chigwell	IG7 4DN	08:30	19:00	09:00	17:30	CLOSED	CLOSED
FKF63	Longwood Pharmacy	162-166 Longwood Gardens	Barkingside	IG5 0EW	09:00	18:30 (closes at 14:00 on Thursdays)	09:00	13:00	CLOSED	CLOSED
FH113	Mayors Pharmacy	113-115 Snakes Lane West	Woodford Green	IG8 0DY	09:00	18:30	09:00	18:00	CLOSED	CLOSED
FKA10	Meraj Pharmacy	15 Broadway Market	Fencepiece Road	IG6 2JU	09:00	18:30	CLOSED	CLOSED	CLOSED	CLOSED
FHR36	My Direct Pharmacy	Redbridge Enterprise Centre	Unit 19, Thomson Way	IG1 1TY	09:00	18:00	09:00	17:30	CLOSED	CLOSED
FPL60	Ocean Pharmacy	30 High Road	South Woodford	E18 2QL	07:30	22:00	07:30	22:00	09:00	22:00
FNA31	P & S Chemist	111 Ilford Lane	Ilford	IG1 2RJ	09:00	18:30	10:00	15:00	CLOSED	CLOSED
FT835	Pelton Chemists	81 Belgrave Road	Ilford	IG1 3AL	09:00	19:00	09:00	14:00	CLOSED	CLOSED
FTL36	Pharmaram	600 High Road	Seven Kings	IG3 8BS	09:00	19:00	09:00	19:00	CLOSED	CLOSED
FDL63	Pyramid Pharmacy	125 High Stret	Barkingside	IG6 2AH	08.30	18:00	09:00	17.00	CLOSED	CLOSED

ODS Code	Pharmacy Name	Address 1	Address 2	Postcode	Weekday Opening	Weekday Closing	Saturday Opening	Saturday Closing	Sunday Opening	Sunday Closing
FJW16	Pyramid Pharmacy (My Pharmacy from July 25)	2 Jubilee Parade	Snakes Lane East	IG8 7QF	09:00	18:00	09:00	13:00	CLOSED	CLOSED
FPP02	Redbridge Pharmacy	11 Redbridge Lane East	Ilford	IG4 5ET	09:00	19:00	10:00	14:00	CLOSED	CLOSED
FQX71	Roding Pharmacy	214 Redbridge Lane East	Redbridge	IG4 5BQ	08:30	19:00	08:30	17:00	CLOSED	CLOSED
FK675	Rohpharm	149 Cranbrook Road	Ilford	IG1 4PU	09:15	18:45	09:15	18:00	CLOSED	CLOSED
FD728	Sheldons	367 Eastern Avenue	Gants Hill	IG2 6NE	08:30	19:30	09:00	14:00	CLOSED	CLOSED
FGA58	Superdrug Pharmacy	50 Cranbrook Road	Ilford	IG1 4NF	09:00 (closed for lunch 14:00-14:30)	18:00	09:00	17:30	CLOSED	CLOSED
FCR80	Tesco Instore Pharmacy	796 Cranbrook Road	Barkingside	IG6 1HY	08:00	20:00	08:00	20:00	10:00	16:00
FPC57	Tesco Instore Pharmacy	Southend Road	Woodford Green	IG8 8GE	09:00 (closed for lunch 13:00-14:00)	19:00	09:00	19:00	11:00	17:00
FPN09	Tesco Instore Pharmacy	822 High Road	Chadwell Heath	RM6 4HY	09:00 (closed for lunch 13:00-14:00 from May 2025)	19:00	09:00	19:00	11:00	17:00
FEP64	The Bridge Pharmacy	696-702 Chigwell Road	Woodford Bridge	IG8 8AL	09:00	18:00	09:00	14:00	CLOSED	CLOSED
FLD13	Wanstead Pharmacy	75/77 High Street	Wanstead	E11 2AE	08:45	19:00	08:45	18:30	10:00	13:30
FMC24	Wellbeing Pharmacy	1207 High Road	Chadwell Heath	RM6 4AL	09:00	18:00	09:00	13:00	CLOSED	CLOSED
FQD31	Wellchem	641 High Road	Seven Kings	IG3 8RA	09:00	18:00	09:00	17:30	CLOSED	CLOSED
FEY00	Woodlands Pharmacy	119 Hampton Road	Ilford	IG1 1PR	09:00	19:00	08:00	13:00	CLOSED	CLOSED
FML03	Zadams Pharmacy	841 High Road	Goodmayes	IG3 8TG	09:00	19:00	09:00	13:00	CLOSED	CLOSED

Appendix 4 - Consultation on the Draft Pharmaceutical Needs Assessment for Redbridge

The formal consultation on the draft PNA for London Borough of Redbridge ran from 16 June to 15 August 2025 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time:

- NHS North East London Integrated Care Board
- North East London LPC
- North East London LMC
- Healthwatch Redbridge
- North East London NHS Foundation Trust
- Barking, Havering and Redbridge NHS Foundation Trust
- Essex Health and Wellbeing Board
- Epping Forest District Council
- Redbridge HWBB
- Newham HWBB
- Havering HWBB
- Waltham Forest HWBB
- Barking and Dagenham HWBB
- London Ambulance Service
- HealthBridge Direct

All consultees received an email containing a copy of the draft PNA, along with information about the consultation and a link to the consultation questionnaire. The draft PNA and a link to the questionnaire were also made available on the council's website to enable members of the public and other local organisations to provide their feedback.

Findings of the consultation:

There were 8 responses to the consultation questionnaire. Not all respondents answered every question. Below is a summary of the responses given.

Are you responding as:

Option	No. of responses	Percentage
A member of the public	3	37.5%
A local pharmacy	1	12.5%
Integrated Care Board	2	25%
Local Pharmaceutical Committee	2	25%

List of organisations responding:

- Boots UK Ltd.
- Community Pharmacy North East London

Do you live in the London Borough of Redbridge?

Option	No. of responses	Percentage
Yes	4	100%
No	0	0%

Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Redbridge?

Option	No. of responses	Percentage
Yes	6	75%
No	0	0%
Not sure	2	25%

If no or not sure, please specify why:

- Not sure what happens in Redbridge overall

Are there any gaps in service provision (when, where and which services are available) that have not been identified in the pharmaceutical needs assessment?

Option	No. of responses	Percentage
Yes	0	0%
No	8	100%
Not sure	0	0%

Does the draft pharmaceutical needs assessment reflect the needs of London Borough of Redbridge's population?

Option	No. of responses	Percentage
Yes	5	62.5%
No	0	0%
Not sure	3	37.5%

If no or not sure, please specify why:

- I don't know what everyone needs.
- As the population is transient, what is right today may not be adequate next year.

Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?

Option	No. of responses	Percentage
Yes	5	62.5%
No	0	0%
Not sure	3	37.5%

If no or not sure, please specify why:

- I don't have that info.
- Unclear if additional housing will impact need in areas highlighted for growth

Do you agree with the conclusions of the pharmaceutical needs assessment?

Option	No. of responses	Percentage
Yes	6	75%
No	1	12.5%
Partly	1	12.5%

If no or not sure, please specify why:

- I don't have the right info.

Do you have any other comments?

Comment	Response
Pharmacy won't deliver where I live as there's nowhere to park, so I sometimes have to miss doses of meds.	Home delivery is not a commissioned service in community pharmacy, so pharmacies choosing to provide this service are doing so with no reimbursement from the NHS. This service is outside of the scope of the PNA. It is worth noting that distance selling pharmacies provide a national delivery service (normally via national couriers).

Comment	Response
Page - 51 - Supplementary hours can be amended with 5 weeks notice, this is not true if increasing hours which can be done overnight.	Post consultation draft updated accordingly.
It is not the pharmaceutical need which is important but the wider needs of patients in terms of GP's and adequate hospital facilities.	The HWB note the comment. Any comments about services outside the scope of the PNA should be directed to the relevant commissioning body (in this case NEL ICB).
Well written & structured. Would have been helpful to identify if there were areas where pharmacies did not provide additional services.	Thank you for your comment. All advanced, enhanced and locally commissioned services are provided on a voluntary basis by pharmacy contractors and can change at any time. The HWB considers provision of these services to be adequate to meet the current needs of the people of Redbridge.

Amendments made to PNA following the consultation:

- Sections 3.10, 10.2 and appendix 4 updated to reflect the results of the statutory consultation
- Section 4 NMS added where appropriate
- Section 5.1.2 further detail included about notice periods required for changes to supplementary hours.
- Sections 1.4, 1.6 and section 9 amended to include references to the NHS 10-year Health Plan
- Sections 3.5 8, 8.1, 8.1.1 and 8.1.2 updated with correct service titles, descriptions and sign-up information
- Section 5.9 IP Pathfinder narrative expanded.
- Section 7.3 RSV and Pertussis Vaccination Service added
- Section 8.1.3 NEL Anticoagulation Service added
- Section 8.1.4 Bank holiday rota wording updated
- Section 8.3.2 MDS – sentence on information sharing deleted
- Section 12 – deleted bullet point in other findings regarding supplementary hours in response to Pharmacy Commissioning Hub Feedback for NEL ICB
- Opening hours updated in Appendix 3
- Additional information added to PNA to give more detail about larger housing developments anticipated during the lifespan of the PNA (appendix 5).

Appendix 5 - Larger Residential Developments Anticipated During Lifespan of PNA

Application Reference	Address	NET UNITS	Ward	Units to be delivered in 25/26	Units to be delivered in 26/27	Units to be delivered in 27/28	Units to be delivered in 28/29	Units to be delivered in 29/30
	Billet Road	900	Aldborough			100	200	200
2362/24	The Avenue PH, 902-910 Eastern Avenue	195	Newbury					195
4309/19	Development Site At Tesco Extra 822 High Road, High Road, Chadwell Heath, Romford	1280	Goodmayes				203	153
0140/20	Development Site At Ilford Retail Park 261 To 275 And Probation Office 277 To 289, High Road, Ilford	672	Ilford Town				110	110
2327/22	Sainsburys, 55 Roden Street, Ilford, IG1 2AA (Chapel Place)	1042	Loxford					105
2252/24	Development At Sports Ground Rear Of Greenleaf Drive Brandville Gardens And, Woodville Gardens, Barkingside, Ilford	114	Barkingside				114	
0680/21	706 - 720 (Homebase) High Road, Seven Kings	573	Ilford Town	200	279			
1843/21	Development At Car Park North Of Roding Court, Mill Road, Ilford	239	Goodmayes	239				
1189/20	Development Site At 1 To 3 Boundary Close And Former Hyleford School Site, Loxford Lane, Ilford	159	Newbury	159				

Appendix 6 - Abbreviations

Abbreviation	
AUR	Appliance Use Review
BSL	British Sign Language
C-card	Condom Card
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
COPD	Chronic obstructive pulmonary disease
COVID	Coronavirus -19
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPE	Community Pharmacy England
CPSAS	Community Pharmacy Self-care Advice Service
CVD	Cardiovascular disease
DAC	Dispensing appliance contractors
DBS	Disclosure and Barring Service
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care
EHC	Emergency hormonal contraception
ePACT	Electronic Prescription and Claims Transmission System
EPS	Electronic Prescription Service
GP	General Practitioners
HCFS	Hypertension Case-Finding Service
HC2 certificate	Full help with NHS costs for people on low income
HIV	Human Immunodeficiency Virus
HLP	Healthy Living Pharmacy
HWB	Health and Wellbeing Board
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Services
LFD	Lateral Flow Device
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
MDS	Monitored Dose Systems
NCRS	National Care Records Service
NEL	North East London
NECS	North of England Commissioning Support

Abbreviation	
NES	National Enhanced Services
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ONS	Office for National Statistics
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCSE	Primary Care Support England
PCTs	Primary Care Trust
PEoLC	Palliative End of Life Care
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PhIF	Pharmacy Integration Fund
PNA	Pharmacy Needs Assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PVD	Peripheral vascular disease
QOF	Quality Outcome Framework
SAC	Stoma Appliance Customisation Service
SCR	Summary Care Record
SMR	Structured Medication Review
STI	Sexually Transmitted Infection
UTC	Urgent Treatment Centre
UTI	Urinary Tract Infection

Appendix 7 - References and Data Sources

1. **The Health and Social Care Act 2012:**
<https://www.legislation.gov.uk/ukpga/2012/7/contents>
2. **Redbridge PNA 2022:** <https://www.redbridge.gov.uk/media/11096/redbridge-pna-2022-2025.pdf>
3. **The Health and Care Act 2022:** <https://www.legislation.gov.uk/ukpga/2022/31/contents>
4. **Redbridge Joint Strategic Needs Assessment (JSNA):**
<https://www.redbridge.gov.uk/media/12788/jsna-2024.pdf>
5. **Redbridge Health and Wellbeing Strategy:**
<https://www.redbridge.gov.uk/media/12252/redbridge-hws-2024-28-v2.pdf>
6. **NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:**
<https://www.legislation.gov.uk/uksi/2013/349/contents>
7. **Community Pharmacy Contractual Framework 2024-2025 and 2025 to 2026:**
[Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026)
8. **ONS Mid-2022 Ward-level population estimates:**
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>
9. **2022 GLA Population Projections 10yr Migration and Central Fertility Scenario:**
<https://data.london.gov.uk/demography/population-and-household-projections/>
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