



# Pharmaceutical Needs Assessment 2018

City of London Health and Wellbeing  
Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by the City of London Corporation. The production has been overseen by the PNA Steering Group for the City of London Health and Wellbeing Board with authoring support from Soar Beyond Ltd.

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## Executive summary

Every Health and Wellbeing Board (HWB) is now required to produce a Pharmaceutical Needs Assessment (PNA).

There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment, which may have an effect on pharmaceutical service needs.

This mapping of pharmaceutical services against local health needs provides City of London HWB with a framework for the strategic development and commissioning of services. It will enable local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This PNA has been produced through the PNA Steering Group for City of London HWB, commissioned by Hackney Council on behalf of the City of London Corporation with authoring support from Soar Beyond Ltd.

### NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England. Types of providers are:

- Community pharmacy contractors, including distance-selling pharmacies
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

Community pharmacies operate under a contractual framework agreed in 2005 which sets three levels of service:

<b>Essential services:</b>	Negotiated nationally. Provided from all pharmacies.
<b>Advanced services:</b>	Negotiated nationally. Provided from some pharmacies, specifically accredited.
<b>Enhanced services:</b>	Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned.

The contract enables NHS England Area Teams to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support for self-care from pharmacies. Since the 2015 PNA, there have been a number of contractual changes affecting community pharmacies.

## **Health in the City of London**

### **The area**

The City of London covers an area of 1.12 square miles. It has borders with Hackney, Westminster, Camden, Islington, Tower Hamlets, Southwark (Thames border) and Lambeth (Thames border).

### **The population**

According to GLA estimates for 2017 (interim 2015-based population projections), the resident population of the City of London is 7,553. Alongside its small resident population, the City of London is a major location of employment. In the 2011 Census, a total of 360,075 people reported a workday location within the City of London. Most of the residential population is concentrated in the north of the City of London, near the border with Islington, with a smaller proportion to the east, near the border with Tower Hamlets.

The City has one of the highest numbers of rough sleepers in London. In 2015-16, a total of 440 people were seen rough sleeping in the City – an increase of 18% on the previous year.

Population projections indicate that the residential population of the City will grow by 38.5% over the next 20 years, from 7,553 in 2017 to 10,464 in 2037. Over the three-year period of this PNA (2018-21), the resident population of the City of London is projected to grow by 9.7% (or 761 people).

The local population of the City is ethnically diverse. Data from the 2011 Census shows that 60% of City residents identify themselves as white British or Irish – the average for England and Wales is 81%. A further 19% of City residents classify themselves as 'other' white. The total 'white' population in the City is 79%.

There are 953 homes planned for development in the City of London between 2017-18 and 2021-22.

The resident population of the City of London contains a smaller proportion of children compared with London as a whole, and a larger working-age and older population. There is a higher proportion of over 65-year-olds in the City of London, compared with London as a whole.

### **Health inequalities**

Overall, the City of London is a relatively affluent district. In the IMD2015, it is ranked 226 out of 326 local authority areas nationally, and the third least deprived in London. However, there are relatively high levels of deprivation in the area towards the east on the border with Tower Hamlets.



## **Health and illness**

Life expectancy has increased across the country. Over the period 2010-14, life expectancy at birth in the City was 89 years for females and 86.1 years for males, which have both increased since the 2015 PNA, when the averages were 86.2 for females and 82.8 for males (ONS 2008-12).

In both cases, these are above the averages for London (80.3 for males; 84.2 for females) and England (79.6 for males; 83 for females).

Higher proportions of residents with CHD and hypertension in the Barbican and Golden Lane areas are likely to be associated with the older population resident in this area.

## **Lifestyle**

Lifestyle issues are of a concern, especially those related to smoking, binge drinking and substance misuse. It is estimated that 13.3% of City of London residents smoke. Binge drinking and other risky drinking is more prevalent than the national average for the residents in the City of London. Heavy alcohol consumption and binge drinking is also prevalent in the City's daytime worker population.

## **Pharmacies in the City of London**

The City of London has 16 community pharmacies (as of 9 February 2018), the same number as the 2015 PNA, for a resident population of around 7,553. Using current population estimates, the number of community pharmacies per 100,000 resident population for the City is currently 211.8, which has increased slightly from 203.1 in 2015, due to a decrease in the total resident population. This may appear high when compared with the London (21.7) and England (21.5) average numbers of community pharmacies per 100,000. However, when we consider the workday population, estimated to be 360,075, then the average number of pharmacies per 100,000 population reduces to 4.4. This has increased slightly from 3.6 per 100,000 in the 2015 PNA. Therefore, it is considered that the relatively high number of pharmacies for the resident population is necessary to meet the high demand created by the daily influx of workers during the working week.

The majority, 14 (87.5%), of community pharmacies in the City of London are open on weekday evenings (after 6pm), seven (44%) are open on Saturdays and three (19%) on Sundays.

There is a much higher than national ratio of multiple providers to independents, with 87.5% of community pharmacies in the area being owned by a multiple provider (national average is 61.9% multiple providers based on 2015-16 figures).

## **Feedback on pharmaceutical services**

Views of pharmacy service users were gained from a questionnaire circulated for feedback from the general public.

From the 125 responses received from the public questionnaire:

- **93%** have a **regular or preferred pharmacy** that they visit

- **63%** visit their pharmacy **once a month or more**
- **87%** rated **as important** that the pharmacy is **close to their home**, **37%** rated **as important** that the pharmacy is **close to their GP surgery**
- **93%** had **no difficulties travelling** to their pharmacy
- **95%** reported having a **journey time of no more than 15 minutes**
- Most (**93%**) **walk** to their community pharmacy, **3%** use **public transport**, **2%** use a **car**
- When asked which additional services they would like to see provided by the local pharmacy, **81%** indicated **minor ailments scheme**, **80%** **flu vaccination**, **55%** **stop smoking service** and **54%** **sexual health services**
- **56%** had **no preferred day** to visit their pharmacy
- Only **8%** of respondents indicated that they have used an **internet pharmacy**: of these **77%** rated the service **good or excellent**
- **86%** of respondents rated their **last experience** of a community pharmacy in the City of London or Hackney as either **good or very good**

## Conclusions

### Current provision – necessary and other relevant services

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

For the purposes of this PNA, necessary services are defined as essential services and the following advanced services, Medicines Use Review (MUR), New Medicine Service (NMS) and flu vaccination. The other advanced services, Appliance Use Review (AUR), Stoma Appliance Customisation (SAC) and NHS Urgent Medicines Supply Advanced Service (NUMSAS), are, however, considered relevant as they contribute toward improvement in provision of and access to pharmaceutical services.

For the purpose of this PNA, enhanced services are defined as pharmaceutical services which secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in the City of London, and are commissioned by NHS England.

For the purpose of this PNA, locally commissioned services are those which secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in the City of London and are commissioned by the Clinical Commissioning Group (CCG) or local authority, rather than by NHS England.

City of London HWB recognises that a number of HWBs which border the City of London contribute toward meeting the pharmaceutical needs of City of London residents and their contribution has been taken into consideration where appropriate.

No other relevant services have been identified from outside the HWB area which have secured improvements or better access in the City of London.

### Necessary services – gaps in provision

In reference to Section 6 and as required by Paragraph 2 of Schedule 1 to the Pharmaceutical Regulations 2013:

### ***Access to essential services***

In order to assess the provision of essential services against the needs of the residents of the City of London, City of London HWB considers access and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

### ***Access to essential services in normal working hours***

City of London HWB has determined that access and opening hours of pharmacies across the whole City of London area are reasonable in all the circumstances. For the purpose of clarity, 'normal working hours' has been taken as 9am to 6pm on weekdays.

*There is no gap in the provision of essential services during normal working hours across the whole HWB area.*

### ***Access to essential services outside normal working hours***

There is one 100-hour contract pharmacy open to 11pm each weekday and a further 13 pharmacies open beyond 6pm each weekday across the locality. Thirteen of the pharmacies are open by 7.30am and the remaining three all by 8.30am at the latest. Seven pharmacies are open on Saturdays and three pharmacies are open on Sundays. These are geographically spread across the HWB area.

Based upon the results of the public questionnaire and access to pharmacies across the City of London, there is no evidence to suggest there is a gap in service provision to essential services outside normal hours in this locality.

*There is no gap in the overall provision of essential services outside normal working hours within the whole HWB area.*

### ***Access to necessary advanced services***

There is no identified gap in the provision of necessary advanced services. MURs, NMS and flu vaccination services are each available in 94% of pharmacies across the HWB. A flu vaccination service is also provided from GP practices.

City of London HWB will monitor the uptake and need for necessary services and consider the impact of any changes in this locality in the future which may provide evidence that a need exists.

*There are no gaps in the provision of necessary advanced services across the whole HWB area.*

### **Access to enhanced services**

There are three enhanced services currently commissioned by NHS England from pharmacies in the City of London.

- Minor ailments service
- Medicines optimisation service
- London vaccination service

Although the first two services are only provided from one (the same) community pharmacy, provision is considered appropriate as this pharmacy is located to the north of the HWB area which has the highest population density. It is therefore considered that local residents will have sufficient access to the services.

The HWB has also considered analysis and evidence of significant cross-border activity from the previous 2015 PNA, which identified a number of pharmacies in the neighbouring boroughs of Islington and Tower Hamlets that provide pharmaceutical services to City of London residents. On this basis, we have concluded that the pharmaceutical needs of the resident population are well served, both by City of London and out-of-area pharmacies.

The London vaccination service is provided from 15 of the 16 community pharmacies (only the distance-selling pharmacy does not provide the service) and these are geographically spread throughout the HWB area. Access is therefore considered appropriate.

Some of the enhanced services listed in the 2013 Directions (see Section 1.3.1) are now commissioned either by City and Hackney CCG or City Corporation, and therefore fall outside of the definition of both enhanced services and pharmaceutical services.

*There are no gaps in the provision of enhanced services across the whole HWB area.*

### **Future provision of necessary services**

City of London HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in the HWB area.

*No gaps in the need for pharmaceutical services in specified future circumstances have been identified across the whole HWB area.*

### **Improvements and better access – gaps in provision**

As described in Section 6 and required by Paragraph 4 of Schedule 1 to the Pharmaceutical Regulations 2013:

#### **Current and future access to essential services**

City of London HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements or better access to essential services in the HWB area.

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

### **Current and future access to advanced services**

In 2016-17, MURs, NMS and flu services were available in 94% of pharmacies across the HWB area.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services due to the much smaller proportion of the population that may require these services. Pharmacies and DACs may choose which appliances they provide and may also choose whether to provide the two related advanced services.

Data relating to the provision of NUMSAS is not currently available and it is not possible to determine if either current or future provision is adequate to meet demand. It could be that future access is insufficient if only one of the pharmacy contractors, as indicated in the pharmacy contractor questionnaire, is willing to provide the NUMSAS. However, the HWB has not been presented with any data at present to indicate a gap exists.

*There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to advanced services across the whole HWB area.*

### **Current and future access to enhanced services**

NHS England currently commissions three enhanced services from pharmacies in the City of London.

Some of the enhanced services listed in the 2013 Directions (see Section 1.3.1) are now commissioned by City and Hackney CCG or City Corporation and therefore fall outside the definitions of both enhanced services and pharmaceutical services.

There are no gaps identified in respect of securing improvements or better access to enhanced services provision as identified either now or in specified future circumstances.

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

### **Other NHS services**

As required by Paragraph 5 of Schedule 1 to the Pharmaceutical Regulations 2013, City of London HWB has had regard for any other NHS services that may affect the need for pharmaceutical services in the HWB area.

*Based on current information, no gaps have been identified in respect of securing improvements or better access to other NHS services either now or in specified future circumstances across the whole HWB area.*

### **Locally commissioned services**

With regard to enhanced services and locally commissioned services, City of London HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services.

The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through City and Hackney CCG (such as Increasing Access to End of Life Medicines), City Corporation (such as smoking cessation, supervised consumption and needle exchange) or via Hackney Council on behalf of City Corporation via a Memorandum of Understanding (MoU) (such as healthy start vitamins and sexual health services).

The HWB notes that although some LCS are not commissioned from a large number of community pharmacies, the resident population does have good access to each of these services.

The HWB has not been presented with any evidence to date which concludes that any of these LCS should be expanded.

*Based on current information, no gaps have been identified in respect of securing improvements or better access to LCS either now or in specified future circumstances in the whole of the HWB area. However regular service reviews are recommended in order to establish if currently and in future scenarios locally commissioned services secure improvement or better access across all HWB localities.*

## Section 1: Introduction

### 1.1 Background

The Health Act 2009<sup>1</sup> made amendments to the NHS Act 2006, requiring each Primary Care Trust (PCT) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment and any revised assessment. The regulations required the Pharmaceutical Needs Assessment (PNA) to be published by 1 February 2011. There was also a requirement to rewrite the PNA every three years or sooner if there were significant changes to the pharmaceutical needs of the area.

The responsibility for the development, publishing and updating of PNAs became the responsibility of Health and Wellbeing Boards (HWBs) as a result of the Health and Social Care Act 2012.<sup>2</sup> The Act dramatically reformed the NHS from 1 April 2013. PCTs were abolished and HWBs, Clinical Commissioning Groups (CCGs) and NHS England were formed.

- HWBs, hosted by each 'upper tier' local authority, have their membership drawn from local leaders (including NHS England, CCGs and local government) and are responsible for the continual improvement of the health and wellbeing of the local population
- CCGs are clinically-led NHS bodies responsible for planning, purchasing and monitoring the majority of local health services including hospital, community, emergency and mental health care
- NHS England oversees the operations of the CCGs as well as commissioning primary and specialist services (such as cancer care). Along with CCGs, it has the responsibility of improving health outcomes and reducing health inequalities

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),<sup>3</sup> hereafter referred to as the 'Pharmaceutical Regulations 2013' came into force on 1 April 2013. Unless required to be produced earlier, the Pharmaceutical Regulations 2013 permitted HWBs a temporary extension of the PNAs previously produced by the PCT; HWBs were then required to publish their first PNA by 1 April 2015 at the latest. The Pharmaceutical Regulations 2013 require each HWB to publish a statement of its revised assessment within three years of its previous publication and this document fulfils this regulatory requirement.

The Pharmaceutical Regulations 2013 were updated by the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014.

This PNA has considered these amendments but the Pharmaceutical Regulations 2013 have been referenced throughout.

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<sup>1</sup> Health Act 2009 - [www.legislation.gov.uk/ukpga/2009/21/contents/enacted](http://www.legislation.gov.uk/ukpga/2009/21/contents/enacted)

<sup>2</sup> Health and Social Care Act 2012 - [www.legislation.gov.uk/ukpga/2012/7/contents/enacted](http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted)

<sup>3</sup> The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 - [www.legislation.gov.uk/uksi/2013/349/contents/made](http://www.legislation.gov.uk/uksi/2013/349/contents/made)

Since the 2015 PNA, there have been a number of contractual changes affecting community pharmacies. These are considered separately later in this PNA.

Financial support for Essential Small Pharmacy Scheme (ESPS) came to an end on 31 March 2015. Arrangements had existed for many years which provided modest financial support for small pharmacies in areas where they were needed for patients, but where the level of business was otherwise too low for a pharmacy to be viable. At the time, it was estimated there were no more than 100 such pharmacies in England.

Those pharmacies that remained low volume and more than 1 km from the next nearest pharmacy had a number of options:

- Cease to provide pharmaceutical services
- Return to the pharmaceutical list and receive standard funding
- Agree a new LPS (Local Pharmaceutical Service) contract with the local NHS England team

There are no pharmacies within the City of London on LPS contracts.

On 20 July 2015, as part of the 2015-16 community pharmacy funding settlement, NHS England agreed to allow community pharmacies in England to offer a seasonal influenza (flu) vaccination service for patients in at-risk groups. This became the fifth Advanced Service in the English Community Pharmacy Contractual Framework (CPCF) and provision of the service commenced from 16 September 2015. The main aims of the service are:

- To sustain and maximise uptake of flu vaccination in at-risk groups by building on the capacity of community pharmacies as an alternative to GPs
- To provide more opportunities and improve convenience for eligible patients to access flu vaccinations
- To reduce variation and provide consistent levels of population coverage of community pharmacy flu vaccination across England by providing a national framework

The service has continued to be recommissioned for subsequent flu seasons. Those pharmacies which provided the service for the 2015-16 flu season are listed in Appendix A.

On 20 October 2016, the Department of Health (DH) and NHS England announced that as part of the 2016-17 and 2017-18 community pharmacy funding settlement, money from the Pharmacy Integration Fund (PhIF) would be used to fund a national pilot for a community pharmacy NHS Urgent Medicines Supply Advanced Service (NUMSAS). This new service replaces the Pharmacy Urgent Repeat Medication (PURM) service, which was launched on 1 December 2014. The service allowed pharmacies to provide emergency repeat medications at NHS expense, without the need for a prescription or GP appointment.



The service recognised that on occasions patients may mistakenly run out of urgent repeat medication when their GP surgery is closed. PURM prevented the need to access urgent care to obtain a prescription for the medication.

NUMSAS is commissioned to run from 1 December 2016 to 31 March 2018 with a review point to consider progress in September 2017. The service is not directly accessible and can only be accessed via a referral from NHS 111, who holds a list of providers of the service. There is no publicly available list of providers of the service. The PNA recognises that a funded service which supports the supply of urgent medicines from pharmacies would reduce the burden on urgent care services and GPs and improve patient care. Consideration will be given to the type of commissioned service that would be most beneficial once the NUMSAS service evaluation is complete.

At the same time, the DH confirmed the introduction of a Pharmacy Access Scheme (PhAS), the aim of which is to ensure that a baseline level of patient access to NHS community pharmacy services is protected. The PhAS will protect access in areas where there are fewer pharmacies with higher health needs and ensure no area is left without access to NHS community pharmaceutical services. Qualifying pharmacies receive an additional payment which will protect them from the full effect of reduction in funding which was imposed from December 2016. There are no pharmacies in the City funded under the PhAS.

The Government also introduced a 'quality payment scheme'. To qualify for payment, pharmacies have to meet four gateway criteria:

- Provision of at least one advanced service
- NHS Choices entry up to date
- Staff able to send and receive NHS email
- Ongoing utilisation of the Electronic Prescription Service (EPS)

Fulfilling the gateway criteria does not earn the pharmacy the quality payment in itself. Payment depends on how many of the quality criteria the pharmacy meets, and the criteria are weighted based on how difficult they are to meet. At each review point, pharmacies need to make a declaration to the NHS Business Services Authority and payment will be based on how many criteria are met.

Also, in October 2016, Healthy Living Pharmacy (HLP) Level 1 became one of the Quality Payment criteria under the new funding model for the National Pharmacy Contract. At this point, pharmacies moved to the Public Health England Quality Criteria for HLP Level 1 Self-assessment. For full details of HLP, please see Section 4.8.

On 5 December 2016, an amendment to the Pharmaceutical Regulations 2013 came into effect affecting pharmacy consolidations. This allowed NHS pharmacy businesses to apply to consolidate the services provided on two or more sites into a single site.

Applications to consolidate are dealt with as 'excepted applications' under the Pharmaceutical Regulations 2013, which means, in general terms, that they will not be assessed against the PNA. Instead, consolidation applications will follow a simpler

procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation.

Some provision is also made in respect of continuity of services. For example, if NHS England intends to commission an 'enhanced service' from the applicant that has been provided at or from the closing premises, then the applicant is required to provide undertakings to continue to provide those services following consolidation. If NHS England is satisfied the consolidation would create a gap in service provision, it must refuse the application.

If the HWB does not consider that a gap in service provision is created as a consequence, it must publish a supplementary statement, alongside its PNA, recording its view.

## **1.2 Purpose of the Pharmaceutical Needs Assessment (PNA)**

NHS England is required to publish and maintain 'pharmaceutical lists' for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHS England must consider any applications for entry onto the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHS England to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHS England to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the Pharmaceutical Regulations 2013 and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHS England regarding applications to the pharmaceutical list may be appealed to the NHS Family Health Services Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the Local Authority's Joint Strategic Needs Assessment (JSNA).<sup>4</sup>

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHS England and the CCGs, these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

## **1.3 Scope of the PNA**

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

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<sup>4</sup> JSNA - [www.hackney.gov.uk/jsna](http://www.hackney.gov.uk/jsna)

- Necessary services: current provision
- Necessary services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

As already mentioned, the PNA is aligned with the City and Hackney JSNA.

To appreciate the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHS England. They are:

- Pharmacy contractors
- Dispensing appliance contractors
- Local pharmaceutical service providers
- Dispensing doctors

For the purposes of this PNA, 'pharmaceutical services' has been defined as those which are or may be commissioned under the provider's contract with NHS England. A detailed description of each provider type and the pharmaceutical services as defined in their contract with NHS England is set out in Sections 1.3.1 to 1.3.6.

### **1.3.1 Pharmacy contractors**

Pharmacy contractors operate under the CPCF initially agreed in 2005<sup>5</sup> which has undergone a number of contractual changes and amendments, the most recent of which are for 2017-18. The CPCF sets three levels of service under which pharmacy contractors operate.

*Essential services* – these are nationally negotiated and must be provided from all pharmacies:

- Dispensing of medicines
- Repeat dispensing
- Safe disposal of unwanted medicines
- Promotion of healthy lifestyles
- Signposting
- Support for self-care
- Clinical governance

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<sup>5</sup> CPCF 2016-18 - [www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/](http://www.england.nhs.uk/commissioning/primary-care/pharmacy/framework-1618/)

- Dispensing appliances (if considered 'normal course of business'; contractor does have the ability to make a decision not to dispense at all)

*Advanced services* – there are six advanced services within the CPCF. They are negotiated nationally and any contractor may provide any of these services if they meet the requirements set out in the 2013 Directions.<sup>6</sup> They are:

- Medicines Use Reviews (MURs)
- New Medicine Service (NMS)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation (SAC)
- Flu vaccination service
- NHS Urgent Medicines Supply Advanced Service (NUMSAS)

A full list of those pharmacy contractors who provide the necessary advanced services (MUR, NMS and flu) in the City of London (correct as of 9 February 2018) can be found in Appendix A.

*Enhanced services* – these were published alongside the 2013 Directions. They are negotiated locally by NHS England Area Teams and may only be provided by contractors directly commissioned by NHS England. They are:

- Anticoagulant monitoring service
- Care home service
- Disease-specific management service
- Gluten-free supply service
- Independent prescribing service
- Home delivery service
- Language access service
- Medication review service
- Minor ailments service
- Needle and syringe exchange service
- On-demand availability of specialist drugs service\*\*
- Out-of-hours service
- Patient group direction service\*
- Prescriber support service
- Schools service
- Screening service\*
- Stop smoking service\*
- Supervised administration service\*
- Supplementary prescriber service

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<sup>6</sup> The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 - [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/193012/2013-03-12\\_-\\_Advanced\\_and\\_Enhanced\\_Directions\\_2013\\_e-sig.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf)

The responsibility for public health services transferred from PCTs to local authorities with effect from 1 April 2013.

In the City of London these services\* are currently commissioned by City Corporation and these services\*\* are currently commissioned by City and Hackney CCG. In both cases these services (marked \* and \*\*) are not considered enhanced or pharmaceutical services. The 2013 Directions, however, permit NHS England to commission them from pharmacy contractors if asked to do so by a local authority or CCG, and this is the situation with regard to the Minor Ailments Service and the Medicines Optimisation Service.

In this case, if commissioned by NHS England, they are enhanced services and fall within the definition of pharmaceutical services. In the City of London, NHS England currently commissions three enhanced services from pharmacies: A Minor Ailments Scheme (MAS), Medicines Optimisation Service (MOS) and the London vaccination service (enhanced flu service).

Pharmacy contractors comprise both those located within the City of London as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as distance-selling pharmacies.

Although distance-selling pharmacies may provide services from all three levels (essential, advanced and enhanced services), and must provide all essential services, they may not provide essential services face-to-face on the premises.

Additionally, they must provide services to the whole population of England. There is one distance-selling pharmacy located within the City of London (an increase of one from the previous 2015 PNA):

- Aposave Ltd, 107-111 Fleet Street, London EC4A 2AB

It should be noted that distance-selling pharmacies throughout England (there were 266 (2.3%) in 2015-16,<sup>7</sup> an increase from 211 in 2014) are capable of providing services to the City of London.

### **1.3.2 Dispensing Appliance Contractors (DACs)**

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription, such as stoma and incontinence aids, dressings, bandages etc.

DACs must provide a range of essential services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the advanced services of AURs and SAC.

Pharmacy contractors, dispensing doctors and LPS providers may supply appliances but DACs are unable to supply medicines.

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<sup>7</sup> General Pharmaceutical Services in England – 2006-7 to 2015-16: <https://digital.nhs.uk/>

There are currently no DACs in the City of London. However, residents can access DACs from elsewhere in the UK if required. There were 112 DACs in England 2015-16.<sup>8</sup>

### **1.3.3 Local Pharmaceutical Service (LPS) providers**

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by NHS England and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from the national contract. Payment for service delivery is locally agreed and funded.

There are no LPS pharmacies in the City of London.

### **1.3.4 Dispensing GP practices**

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities'.

GP premises for dispensing must be listed within the pharmaceutical list held by NHS England and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

There are no dispensing GP practices in the City of London.

### **1.3.5 Other providers of pharmaceutical services in areas neighbouring the City of London**

There are seven other HWB areas which border the City of London:

- Hackney HWB
- Westminster HWB
- Camden HWB
- Islington HWB
- Tower Hamlets HWB
- Southwark HWB (Thames border)
- Lambeth HWB (Thames border)

In determining the needs of, and pharmaceutical service provision to, the population of the City of London, consideration has been made to the pharmaceutical service

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<sup>8</sup> General Pharmaceutical Services in England – 2015/16: <https://digital.nhs.uk/>

provision from the neighbouring HWB areas. The most significant residential populations are clustered towards the north (near the Islington border) and the east (near the border with Tower Hamlets).

Previous work undertaken for the 2015 PNA identified that City-registered patients also make heavy use of out-of-area pharmacies for their dispensing needs and at least 61% of prescriptions were found to be dispensed elsewhere.

A significant number of City residents, in particular those living in the east, are registered with GPs across the border in Tower Hamlets, and it is reasonable to expect that some of their pharmaceutical needs will be met by pharmacies that serve these GP practices.

### **1.3.6 Other services and providers in the City of London**

As stated in Section 1.3, for the purpose of this PNA, 'pharmaceutical services' have been defined as those which are, or which may be, commissioned under the provider's contract with NHS England.

The following are providers of pharmacy services in the City of London but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

**NHS Hospitals** – pharmaceutical service provision is provided to patients by the following hospitals:

- St Bartholomew's Hospital, West Smithfield, London EC1A 7BE
- Homerton University Hospital NHS Foundation Trust, Homerton Row, London E9 6SR
- East London NHS Foundation Trust, 9 Alie Street, London E1 8DE
- Tavistock and Portman NHS Foundation Trust, 120 Belsize Lane, London NW3 5BA

**Prisons** – in the City of London there are no prisons or young offender's institutions.

**Education Establishments** – There are a number of higher education establishments within the City of London, meaning a large number of students commute into the City. However, there are no student halls of residence and no specific pharmacy provision.

**Minor injury units, walk-in centres and urgent care centres** – residents of the City have access to minor injuries unit at:

- St Bartholomew's Hospital, West Smithfield, London EC1A 7BE. It is open Monday to Friday 8am-4pm

There are no walk-in centres or urgent care centres in the City of London.

The following are services commissioned by organisations other than NHS England or provided privately, and which are therefore out of scope of the PNA.

**Local authority-commissioned services** – City Corporation commissions the following LCS from community pharmacies in the City of London.

- Smoking Cessation
- Supervised Consumption

- Needle exchange
- Sexual Health:
  - emergency hormonal contraception services (EHC)
  - chlamydia and gonorrhoea screening
  - chlamydia treatment
  - condom distribution
- Healthy Start Vitamins

All these services are commissioned in at least one pharmacy within the City.

Sexual Health Services and Healthy Start Vitamins are commissioned by Hackney Council on behalf of City Corporation, under a Memorandum of Understanding (MoU).

Smoking Cessation, needle exchange and supervised consumption services are commissioned through a third-party provider who then contracts with community pharmacies within the City to provide the service. All community pharmacies within the City are commissioned to provide smoking cessation services, with the exception of the distance-selling pharmacy.

A full list of services and community pharmacy providers can be found in Appendix A.

**City and Hackney CCG-commissioned services** – City and Hackney CCG commissions one service – Increasing Access to End of Life Medicines – from community pharmacies in the City of London.

No pharmacies were commissioned to provide the service for 2015-16 in the City, however residents have access to the service in the community pharmacies in Hackney.

**Privately provided services** – most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy/DAC and the customer/patient.

The following are examples of services and may fall within the definition of an enhanced service.

However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service
- Home delivery service, eg direct supply of medicines/appliances to the home
- Patient group direction service, eg hair loss therapy, travel clinics
- Screening service, eg skin cancer

Services will vary between provider and are occasionally provided free of charge, such as home delivery.

#### **1.4 Process for developing the PNA**

A paper was presented to City of London HWB in May 2017. The purpose of the paper was to inform City of London HWB of its statutory responsibilities under the Health and Social Care Act to produce and publish a revised PNA at least every three years. The



last PNA for the City of London was published in March 2015 and is therefore due to be reassessed by March 2018.

The HWB delegated responsibility to produce the PNA to the Director of Public Health. After a competitive tender process, Public Health City commissioned Soar Beyond Ltd to undertake the PNA.

Soar Beyond Ltd was chosen from a selection of potential candidates due to its significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

As part of the PNA process, an 'Equality Impact Assessment' (EIA) was completed to identify if there had been an impact on any group with protected characteristics. No specific needs or impact on any particular group were identified.

### **Step 1: Steering group**

On 14 July 2017, the City and Hackney PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

### **Step 2: Project management**

At this first meeting, Soar Beyond Ltd and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix E shows an approved timeline for the project.

### **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA<sup>9</sup> and JSNA. Supplementary statements have not been produced.

### **Step 4a: Public questionnaire on pharmacy provision**

A public questionnaire to establish views about pharmacy services was produced by the Steering Group which was circulated to:

- All pharmacy contractors in the City of London to distribute to the public
- All GP practices in the City of London to distribute to the public
- All public libraries in the City of London to distribute to the public
- City of London Healthwatch membership
- All community groups and providers mainly in the City of London
- St Bartholomew's hospital
- City of London Healthwatch website

The link to the online survey was also tweeted via 'Healthy City' and 'Business Healthy' accounts.

A total of 125 responses were received. A copy of the public questionnaire can be found in Appendix C and the detailed responses can be found in Appendix H.

### **Step 4b: Pharmacy contractor questionnaire**

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<sup>9</sup> City and Hackney PNA 2015 - <https://www.hackney.gov.uk/>

The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. The Local Pharmaceutical Committee (LPC) supported this questionnaire to gain responses.

A total of 14 responses were received. A copy of the pharmacy contractor questionnaire can be found in Appendix D and the responses in Appendix I.

#### **Step 5: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly.

#### **Step 6: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA took place between 11 December 2017 and 9 February 2018. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also posted on the City Corporation website.

#### **Step 7: Collation and analysis of consultation responses**

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix G.

#### **Step 8: Production of final PNA**

The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group.

The final PNA was presented to City of London HWB for approval and publication before 1 April 2018.

### **1.5 Localities for the purpose of the PNA**

The PNA Steering Group, at its second meeting, considered how the localities within the City of London HWB geography would be defined. It was decided that the City of London HWB geography would be used to define a single locality for the PNA.

A list of providers of pharmaceutical services in the locality is found in Appendix A.

The information contained in Appendix A has been provided by NHS England (who is legally responsible for maintaining the pharmaceutical list for each HWB area), City Corporation, London Borough of Hackney, City and Hackney CCG and from local intelligence. The Steering Group agreed that providers previously included in the City 2015 PNA would continue to be included in the 2018 PNA.

## Section 2: Context for the PNA

### 2.1 Joint Strategic Needs Assessment (JSNA)

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the City and Hackney JSNA.

JSNAs are assessments of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, CCGs or NHS England. JSNAs are produced by HWBs and are unique to each local area. The policy intention is for HWBs to also consider wider factors that impact on their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities.

The purpose of JSNAs and related Joint Health and Wellbeing Strategies (see Section 2.2) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.<sup>10</sup>

The PNA should therefore be read alongside the JSNA.

### 2.2 Joint Health and Wellbeing Strategy

The current City Corporation Joint Health and Wellbeing Strategy 2017/18-2020/21<sup>11</sup> (JHWBS) is guided by the JSNA and other relevant sources of information, such as the City and Hackney CCG's Five Year Strategic Plan 2014-19. The strategy draws together the work of many key organisations working in partnership to improve the health and wellbeing of people in the City of London.

The commissioning of services to address ill health is informed by these key strategic documents.

The JHWBS identifies five key priorities:

- Good mental health for all
- A healthy urban environment
- Effective health and social care integration
- All children have the best start in life
- Promoting healthy behaviours

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<sup>10</sup> DH. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. 20 March 2013 - [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)

<sup>11</sup> City of London Corporation. Joint Health and Wellbeing Strategy 2017/18-2020/21 - [www.cityoflondon.gov.uk](http://www.cityoflondon.gov.uk)

## 2.3 Integrated commissioning

In 2017, the London Borough of Hackney, City Corporation and City and Hackney CCG established a formal integrated commissioning partnership, building on a long history of joint working across health and social care in the local area. This is the start of a journey to establish an Accountable Care System, with pooled commissioning budgets. The new system involves a partnership across the local authorities, NHS and voluntary and community sector, as well as patients and residents, all working together to improve the health and wellbeing of local people – with a major focus on prevention, self-care and care closer to home.

## 2.4 Population characteristics

This chapter summarises the demographic and health characteristics of the local populations of the City of London that are relevant to our assessment of need for pharmaceutical services.

### Demography

This section describes local population size, composition and anticipated future trends.

#### 2.4.1 Population estimates

According to GLA estimates for 2017, the resident population of the City of London is 7,553. There are 7,913 people registered with a GP who live in the City, which is larger than the resident population (NHS Digital, April 2017). This is thought to be largely due to a mobile population, who do not 'de-register' promptly when they move out of the area.

Most City residents (72.3%) register with NHS City and Hackney GPs – primarily the Neaman Practice. A significant proportion are also registered with GP practices in Tower Hamlets (15.9%), Camden (6.4%) and Islington (3.0%). A small proportion of residents will not be registered with GPs; however, this information is not available.

A summary of the local population is shown in Table 1.

*Table 1 - Number of residents and registered patients in the City of London*

Locality	Residents <sup>a</sup> Population	GP-registered <sup>b</sup> Count
City of London	7,553	7,913

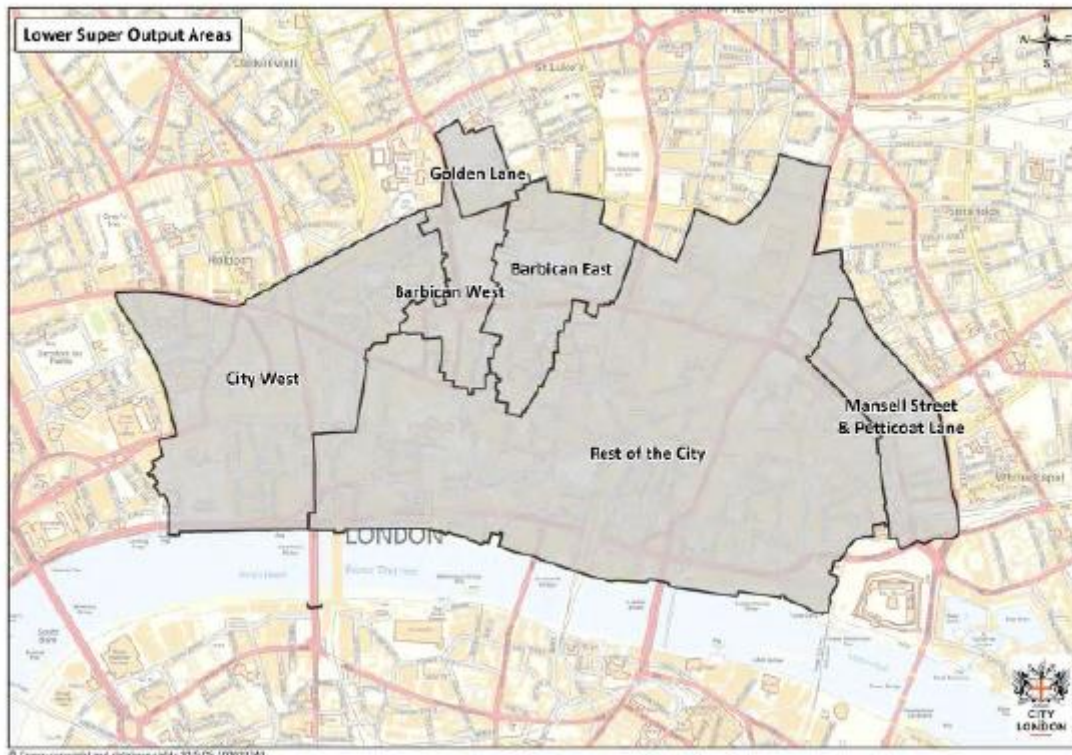
Source: <sup>a</sup>[GLA 2017 \(interim 2015-based population projections\)](#); <sup>b</sup> [NHS Digital April 2017](#)

Alongside its small resident population, the City of London is a major location of employment. In the 2011 Census, a total of 360,075 people reported a workday location within the City of London.

It should also be noted that the City of London has one of the highest numbers of rough sleepers in London; in 2015-16, a total of 440 people were seen sleeping rough in the City – an increase of 18% on the previous year.<sup>12</sup>

Small area data used by the NHS and UK Census often uses Lower-level Super Output Areas (LSOAs, a neighbourhood area housing approximately 1,000 to 2,000 people) geography which is not well recognised by residents – the maps shown in this document use these areas, and Figure 1 gives locally known descriptions to help identify them. Note that some data sources based on the 2001 Census do not separate the LSOAs labelled as ‘City West’ and ‘Rest of the City’.

*Figure 1 - Lower-level Super Output Area (LSOA) local descriptions*

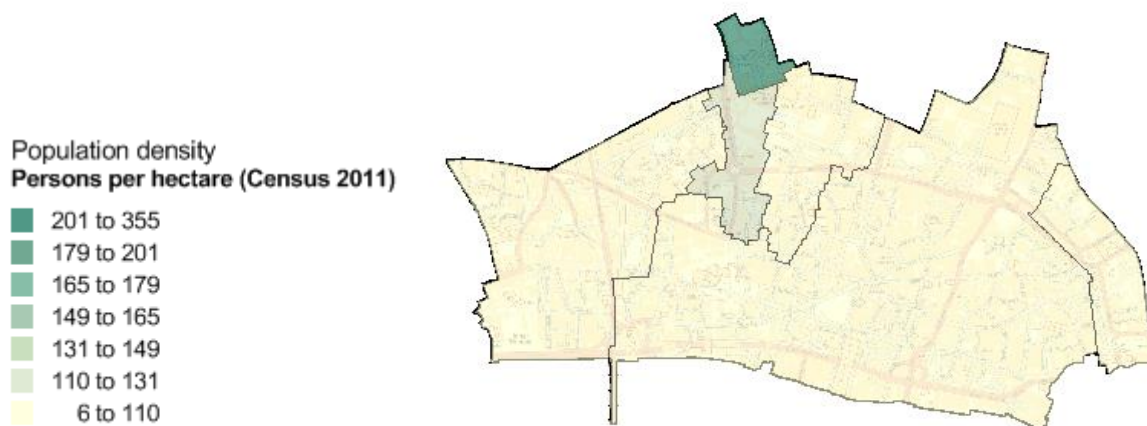


*Source: City of London resident population – Deprivation Index 2015 report*

The population density of the City of London is shown in Figure 2. The map shows the very high localised concentrations of residential population in the north of the City (near the Golden Lane and Barbican estates). The east of the City also contains a small, but important, residential population around Mansell Street and Petticoat Lane near the border with Tower Hamlets.

<sup>12</sup> City and Hackney JSNA 2016: Housing and Homelessness. [Accessed 14 September 2017] - [www.hackney.gov.uk](http://www.hackney.gov.uk)

Figure 2 - Population density in the City of London (Census 2011)



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### 2.4.2 Age profile

Compared with England, Greater London has a younger population profile, with more 20 to 45-year-olds and young children than nationally.

Table 2 shows the numbers in each age band in the City of London, for males and females separately. The local population age profile is summarised in Figure 3 with further detail in Figure 4.

Table 2 - Number of males and females by age band in the City of London (GLA 2017)

Age band	Males	Females
0–4	131	142
5–9	132	196
10–14	116	98
15–19	102	126
20–24	266	246
25–29	491	378
30–34	516	276
35–39	273	229
40–44	241	177
45–49	379	212
50–54	356	238
55–59	321	199
60–64	232	197
65–69	182	227
70–74	173	131
75–79	131	106
80–84	60	80
85–89	55	62
90+	27	49

Figure 3 - Comparison of child, working-age, and older populations in the City of London and London (GLA 2017)

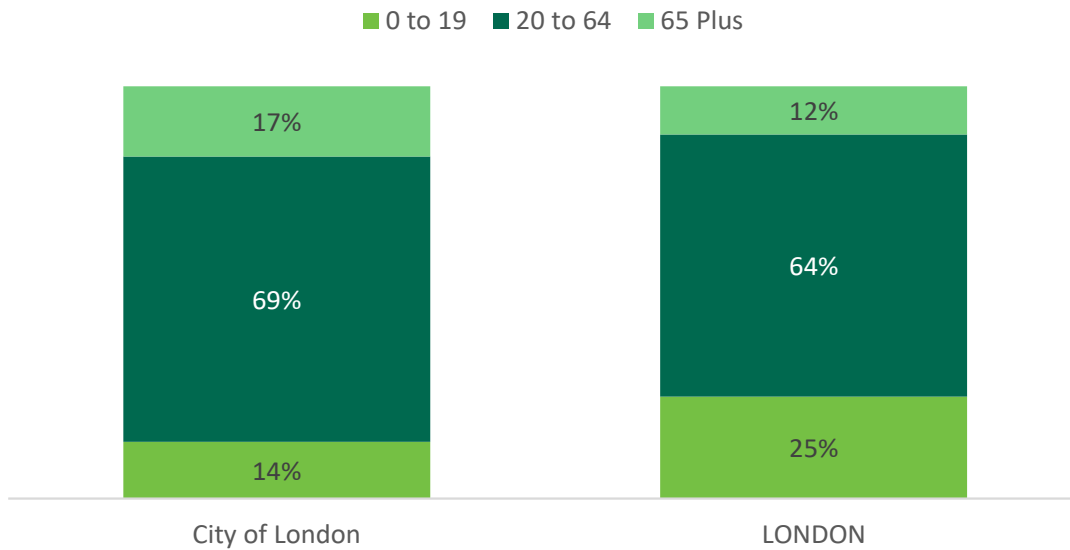
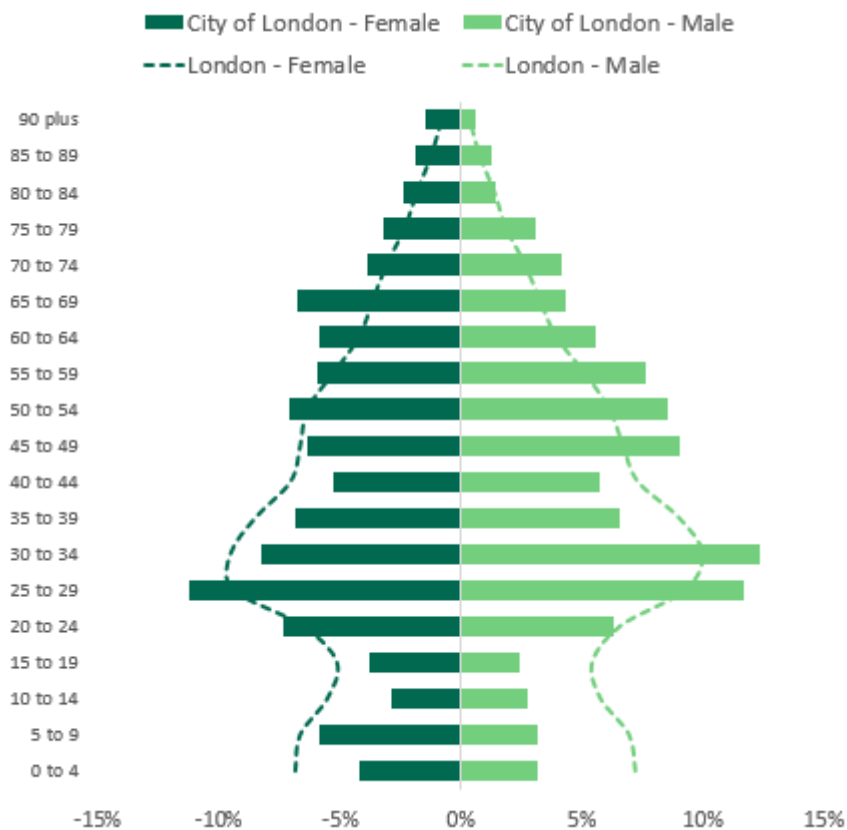


Figure 4 shows that the resident population of the City of London contains a smaller proportion of children compared with London as a whole, and a larger working-age and older population (25 to 69-year-old males in particular).

Figure 4 - Comparison of the resident City of London population with London by age band and gender (GLA 2017)



Most female City workers are in their mid-20s to mid-30s, while most men are in their mid-20s to mid-40s. A total of 61% of City workers are male.

### 2.4.3 Population projections

The GLA and the ONS both produce trend-based population projections. In London, an additional key factor in predicting population growth is considered to be housing capacity. The GLA uses information from the 2013 London Strategic Housing Land Availability Assessment (SHLAA),<sup>13</sup> which takes into account future housing growth, to produce a set of SHLAA-based population projections. The figures reported here are based on a version of these projections released in February 2017 and were the most up to date available at the time of writing (September 2017). Population estimates take account of residents of care homes.

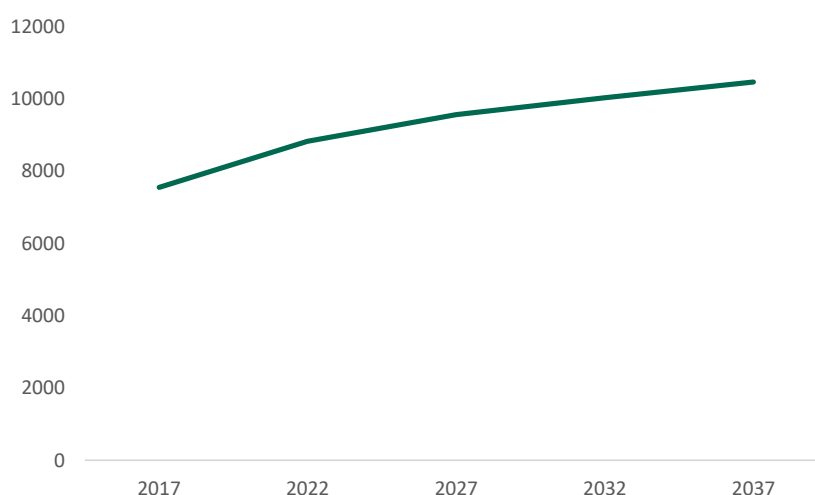
The projections indicate that the residential population of the City will grow by 38.5% over the next 20 years, from 7,553 in 2017 to 10,465 in 2037 (Table 3 and Figure 5).

Over the three-year period covered by the PNA (2018-2021), the resident population of the City of London is projected to grow by 9.7% (or 761 people).

*Table 3 - Projected population growth in the City of London (GLA 2017)*

Year	City
2017	7,553
2022	8,822
2027	9,561
2032	10,029
2037	10,465
% growth	38.5%

*Figure 5 - Projected population growth in the City of London (GLA 2017)*



Alongside population growth, the population structure of the area is expected to change over the next 20 years (Table 4 and Figure 6).

<sup>13</sup> GLA. The London Strategic Housing Land Availability Assessment 2013. January 2014. [Accessed 14 September 2017] - [www.london.gov.uk/](http://www.london.gov.uk/)



A small overall growth in the number of 0–19-year-olds is expected, with this group expected to decline as a proportion of the growing population.

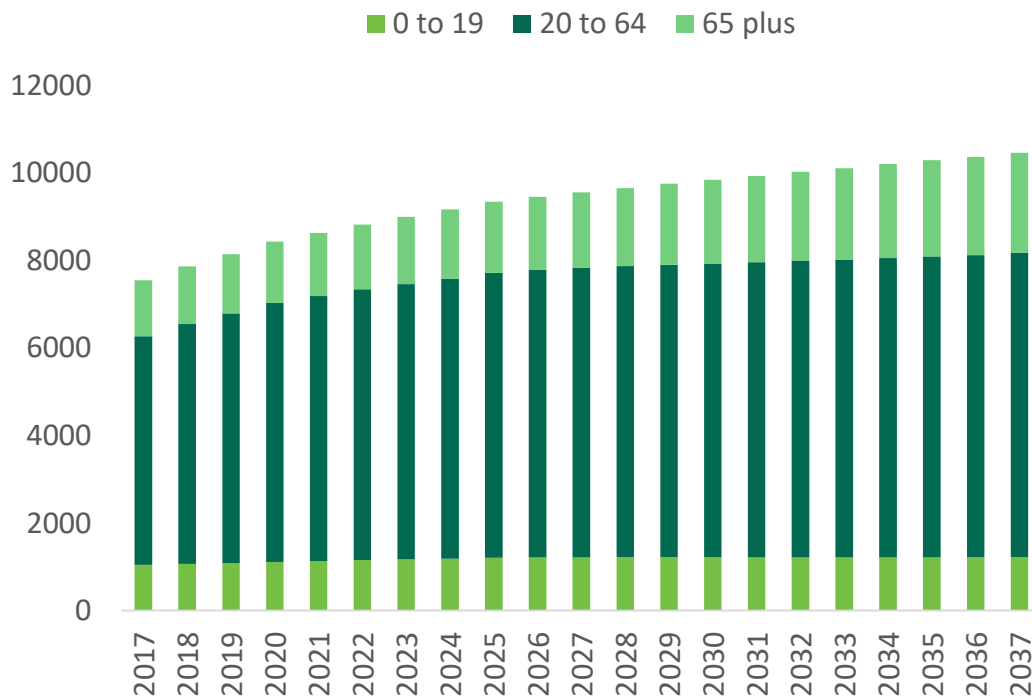
In the City of London, the number of working-age people is expected to grow, but to decline by 4% as a proportion of the population.

The population of older people is also expected to grow, in absolute terms and as a share of the population, in the City of London.

Table 4 - Population projections by age band in the City of London (GLA 2017)

Locality	Year	0-19	20-64	65+	Total
City of London	2017	1,043 14%	5,229 69%	1,281 17%	7,553
	2022	1,154 13%	6,192 70%	1,476 17%	8,822
	2027	1,218 13%	6,616 69%	1,728 18%	9,561
	2032	1,213 12%	6,789 68%	2,027 20%	10,029
	2037	1,222 12%	6,950 66%	2,293 22%	10,465

Figure 6 - Population projections by age band in the City of London (GLA 2017)



## 2.4.4 Housing developments

There are 953 homes planned for development in the City of London over 2017-18 to 2021-22 (see Table 5 for further details).

Table 5 - Planned housing developments in the City of London 2017-18 to 2021-22

	2017-18	2018-19	2019-20	2020-21	2021-22	Total
<b>City of London</b>	283	443	127	36	64	<b>953</b>

Source: City of London Local Plan Monitoring Report – Housing, Jan 2017

## 2.4.5 Ethnicity

The local population of the City of London is very ethnically diverse. Data from the 2011 Census shows that 60% of City residents identify themselves as white British or Irish – the average for England and Wales is 81% (Table 6). A further 19% of City residents classify themselves as ‘other’ white. The total ‘white’ resident population in the City is 79%. The City worker population is 79% white (including white British, Irish and ‘other’ white).

Table 6 - Percentage of resident populations in different ethnic groups (Census 2011)

Ethnic Group (%)	City of London	London	England/Wales
<b>White</b>			
British	57.5%	44.9%	80.5%
Irish	2.4%	2.2%	0.9%
Gypsy/Irish Traveller	0.0%	0.1%	0.1%
Other white	18.6%	12.6%	4.4%
<b>Mixed/multiple</b>			
White/black Caribbean	0.5%	1.5%	0.8%
White/black African	0.5%	0.8%	0.6%
White/Asian	1.5%	1.2%	0.3%
Other mixed	1.4%	1.5%	0.5%
<b>Asian</b>			
Indian	2.9%	6.6%	2.5%
Pakistani	0.2%	2.7%	2.0%
Bangladeshi	3.1%	2.7%	0.8%
Chinese	3.6%	1.5%	0.7%
Other Asian	2.9%	4.9%	1.5%
<b>Black</b>			
African	1.3%	7.0%	1.8%
Caribbean	0.6%	4.2%	1.1%
Other black	0.7%	2.1%	0.5%
<b>Other</b>			
Arab	0.9%	1.3%	0.4%
Any other	1.2%	2.1%	0.6%

### 2.4.6 Marital status and maternity

According to the 2011 Census, 29.6% of City of London residents were living in a married or civil partnered couple. This is below the national average.

In 2014, there were just over 60 live births to City residents (a rate of 38 per 1,000). This is below the national average.

### 2.4.7 Deprivation

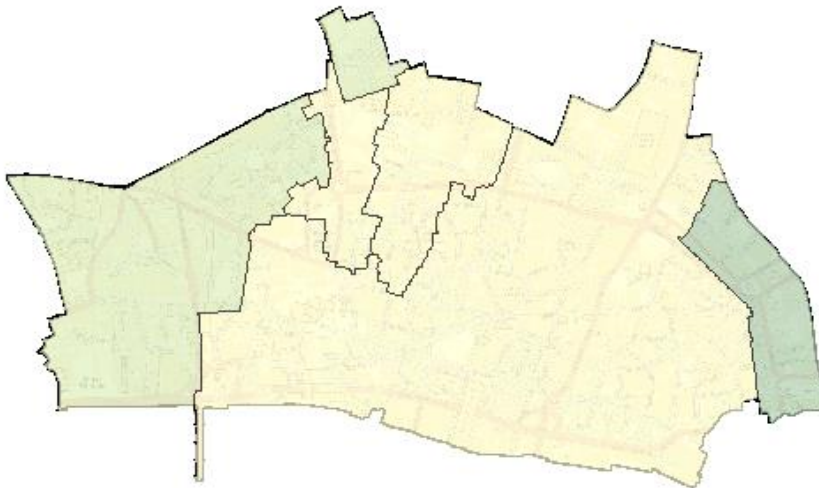
The Index of Multiple Deprivation 2015 (IMD2015) gives a measure of deprivation based on a combined score, incorporating a wide range of indicators across seven domains (income, employment, health/disability, education/skills/training, barriers to housing and services, crime, and living environment). It is calculated at lower-level super output area (LSOA) level and is the most widely used measure of deprivation in England.

Overall, the City of London is a relatively affluent district. In the IMD2015, it is ranked 226 out of 326 local authority areas nationally, and the third least deprived in London. However, there are relatively high levels of deprivation in the area towards the east on the border with Tower Hamlets (Figure 7).

*Figure 7 - Neighbourhood deprivation in the City of London (IMD2015)*

Socio-economic deprivation in the City (IMD 2015)

- 27.9 to 35.2
- 20.6 to 27.9
- 13.3 to 20.6
- 6 to 13.3



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Table 7 presents the average IMD2015 scores for the City compared with London and England. The larger the number, the higher the level of average deprivation.

Table 7 - Average deprivation score for the City of London (IMD2015)

Area	Average IMD score
City of London	14.30
London	23.58
England	21.67

## 2.5. Health profile

In this section, we describe various aspects of the local population's health relevant to pharmacy service provision, including mortality, morbidity and risk factors for poor health. Due to the small resident population in the City of London, some data covering the area is not available to avoid releasing potentially disclosive information. In other cases, figures are reported together with Hackney in national statistics.

### 2.5.1 Infant mortality

Reducing infant mortality is a national public health priority, and it can be an indicator for overall child and maternal health. It is associated with deprivation and is influenced by a range of factors.

In 2013-15, recorded mortality among infants under 1 resident in Hackney and the City of London was high compared to England and London (Table 8). Local analysis suggest that this high rate may be partially explained by some incorrect coding during this period. Due to small numbers, separate data covering the City of London is not available.

Table 8 - Infant mortality in City and Hackney (ONS 2013-15)

Area	Infant mortality rate (per 1,000 live births)	Neonatal mortality rate (per 1,000 live births)	Perinatal mortality rate (per 1,000 live births and stillbirths)
Hackney and City of London	5.4	3.6	7.6
London	3.4	2.3	6.9
England	3.9	2.7	6.7

*Infant mortality* is defined as deaths under 1 year; *Neonatal mortality* is deaths under 28 days; *Perinatal mortality* includes stillbirths and deaths under 7 days.

### 2.5.2 Life expectancy

Over recent decades, life expectancy has increased nationally – though this increase appears to have halted in recent years.<sup>14</sup> Nationally, male life expectancy is consistently lower than for females and this pattern is reflected in the City of London.

<sup>14</sup> Public Health England. Health Profile for England. 2017. [www.gov.uk/government/publications/health-profile-for-england](http://www.gov.uk/government/publications/health-profile-for-england)

However, compared with London and England, life expectancy is relatively high in the City (Table 9).

*Table 9 - Life expectancy at birth in the City of London (ONS 2010-14 for the City, and otherwise 2012-14)*

Area	Male	Female
City of London	86.1	89.0
London	80.3	84.2
England	79.6	83.0

### 2.5.3 Disease prevalence

GP practice registers contain information on prevalence of certain diseases based on data collected from patients. However, this data source may under-represent actual prevalence. We also know that patients recorded on disease registers are more likely to have other important risk factors including smoking, overweight/obesity and co-morbidities.

Table 10 shows numbers registered in some key conditions (Coronary Heart Disease (CHD), Chronic Obstructive Pulmonary Disease (COPD), hypertension, and diabetes) in the City of London. Figures 8a-d show the proportion of patients registered by LSOA in the City. Higher proportions of residents with CHD and hypertension in the Barbican and Golden Lane areas are likely to be associated with the older population resident in this area, while the Mansell Street and Petticoat Lane area in the east of the City is the most socio-economically deprived part of the district.

GP data shows that all of these conditions are related to different demographic groups in the local populations. For example:

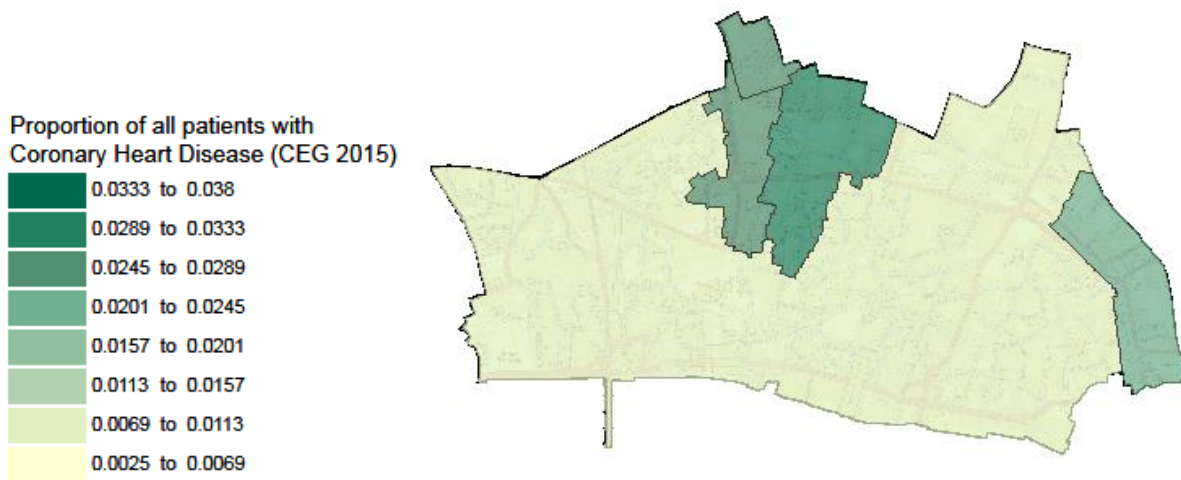
- *Age* – rates of CHD, COPD, hypertension and diabetes are highest in older age groups
- *Ethnicity* – CHD is most prevalent in people of South Asian ethnicity and diabetes in South Asian and black ethnic groups; the highest rates of COPD are in white communities, and highest rates of hypertension in black communities
- *Care groups* – CHD, COPD and hypertension are particularly prevalent among deaf people, blind people, and people who are unable to regularly leave the house; diabetes is more prevalent among blind people and those who are unable to regularly leave the house
- *Deprivation* – the highest rates of COPD, hypertension and diabetes are found in people who live the most deprived areas

*Table 10 - GP-recorded numbers with important conditions in the City of London (CEG 2015)*

Area	CHD	COPD	Hypertension	Diabetes
City of London*	147	54	824	213

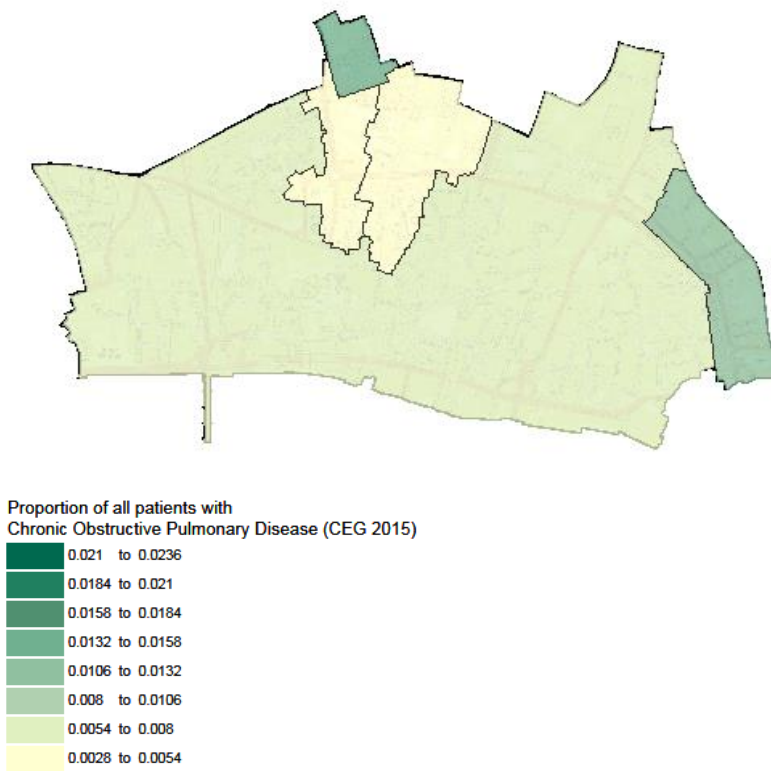
\*Data excludes residents registered in practices outside City and Hackney, Tower Hamlets and Newham

Figure 8a - GP-recorded proportion of the population with CHD (CEG 2015)



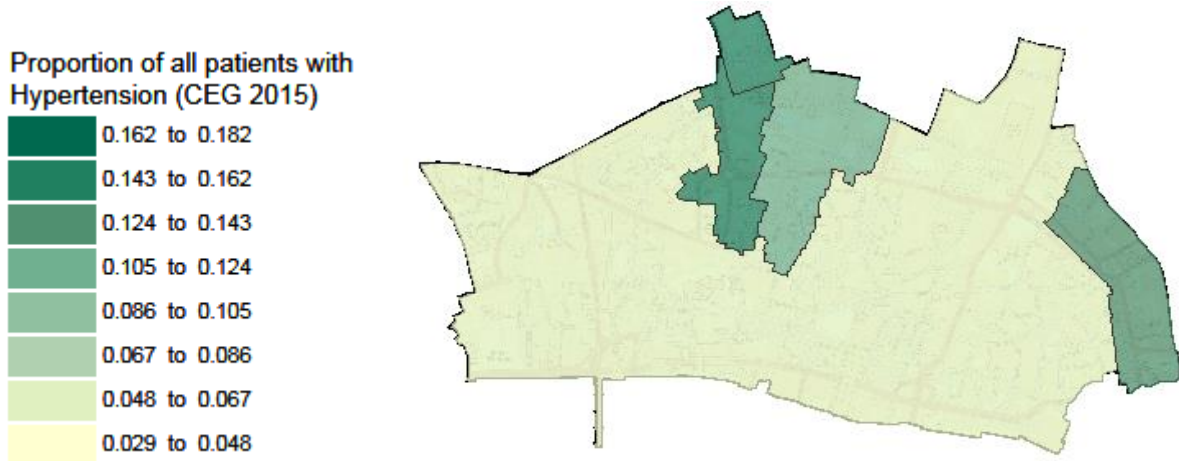
Data excludes residents registered in practices outside City and Hackney, Tower Hamlets, and Newham

Figure 8b - GP-recorded proportion of the population with COPD (CEG 2015)



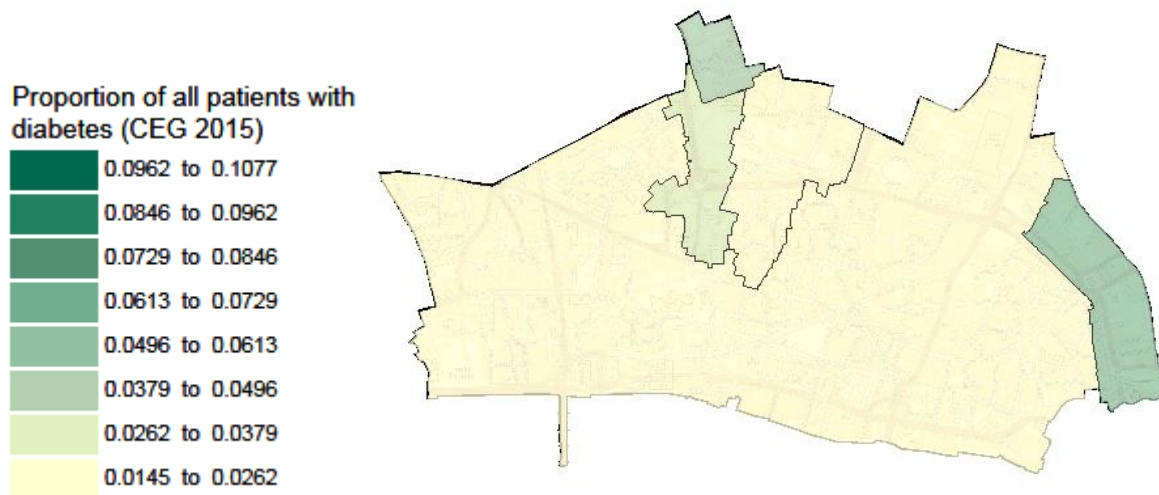
Data excludes residents registered in practices outside City and Hackney, Tower Hamlets, and Newham

Figure 8c - GP-recorded proportion of the population with hypertension (CEG 2015)



Data excludes residents registered in practices outside City and Hackney, Tower Hamlets and Newham

Figure 8d - GP-recorded proportion of the population with diabetes (CEG 2015)



Data excludes residents registered in practices outside City and Hackney, Tower Hamlets and Newham

### 2.5.4 Smoking

The most important preventable risk factor for poor health and premature mortality is smoking. Prevalence in London is falling, as are the national rates. Due to small numbers, comparable headline data is not available for the City of London – however, the Integrated Household Survey in 2014 estimated that 13.3% of City residents smoked.

More local smoking data is available from GP registers. It should be noted that prevalence estimates from this source exceed the most recent HSE survey figures so may overestimate true levels of smoking. On the other hand, it may be that smokers do not always report this to their GP. Nevertheless, GP data does provide a useful source of comparative information on smoking behaviours in different areas and among different groups of the population.

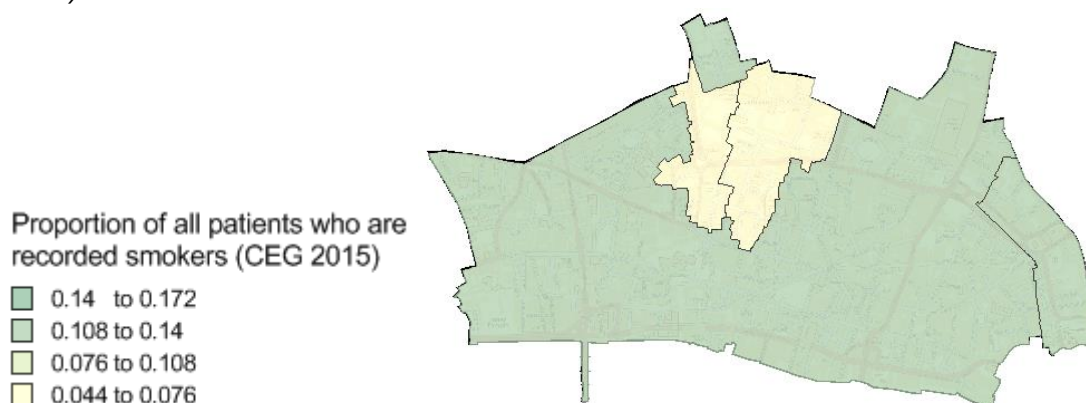
Smoking prevalence varies across different demographic groups in the population. The same GP data shows that smoking is more common among men, 25 to 49-year-olds,

and people who live in more deprived areas, white ethnic groups and people with serious mental illness.

The GP data shows that the proportion of smokers in the resident population is lowest in the Barbican area (Figure 9).

In 2012, a survey of City workers reported that 24.7% of respondents smoked, either regularly or occasionally – a significantly higher rate than the national average.<sup>15</sup>

Figure 9 - GP-recorded proportion of the population who are current smokers (CEG 2015)



Data excludes residents registered in practices outside City and Hackney, Tower Hamlets and Newham

### 2.5.5 Alcohol

Estimates of binge drinking prevalence in the population are estimated from the Health Survey for England, and these are used to model estimates at ward level (Table 11).

According to this source, binge drinking and other risky drinking is more prevalent than the national average in City of London residents. Heavy alcohol consumption and binge drinking is also prevalent in the City’s daytime worker population.

Table 11 - Estimates of prevalence of drinking behaviours in the City of London

Area	Binge drinking prevalence	Abstainers	Drinkers		
			Lower risk drinking (% drinkers)	Increasing risk drinking (% drinkers)	Higher risk drinking (% drinkers)
City	25.3%	14.3%	69.4%	21.7%	8.9%
London	14.3%	22.4%	73.4%	19.7%	6.9%
England	20.1%	16.5%	73.3%	20.0%	6.8%

Source: Modelled estimates from Local Alcohol Profiles for England (LAPE). Drinkers and abstainers apply to 2011. Binge drinkers to 2006-08.

### 2.5.6 Substance misuse

It is difficult to estimate the size of populations of illegal drug users. A model has been developed using data sources such as police and drug treatment service statistics. It

<sup>15</sup> City of London. The public health and primary healthcare needs of City workers. May 2012. [Accessed 14 September 2017] - [www.cityoflondon.gov.uk/business/economic-research-and-information/](http://www.cityoflondon.gov.uk/business/economic-research-and-information/)



is estimated that there are 15 injecting drug users resident in the City of London (Table 12).

*Table 12 - Estimated numbers of drug users in the City (2010-11)*

<b>Drug use</b>	<b>City of London</b>
Opiate and/or crack cocaine use	<b>46</b> (95%CI: 25-67)
Opiate use	<b>35</b> (95%CI: 23-52)
Crack cocaine use	<b>43</b> (95%CI: 26-61)
Injecting drug use	<b>15</b> (95%CI: 8-23)

Source: University of Glasgow and Liverpool John Moores University [Accessed 14 September 2017]. [www.nta.nhs.uk/](http://www.nta.nhs.uk/)

### **2.5.7 Blood-borne viruses (BBVs)**

Another model, produced by Public Health England (PHE), estimates that 77 City residents are infected with the hepatitis C virus, most of whom are current or previous injecting drug users. Approximately half of those infected with hepatitis C remain undiagnosed and, therefore, they are not receiving treatment and are at risk of unknowingly spreading the infection.<sup>16</sup>

In 2016, the diagnosed HIV prevalence rate in the City of London was 11.2 per 1,000 population aged 15–59 years. This is much higher than the average rate for London (5.8) and England (2.3), although figures for the City should be treated with caution as they are based on very small numbers – 72 individuals in total.

In the UK as a whole, PHE estimates that 1 in 2 injecting drug users has contracted hepatitis C, 1 in 6 has hepatitis B and 1 in 100 has HIV. Other risk factors for these BBVs include having unprotected sex and being born in a high-risk country (including sub-Saharan Africa, parts of the Middle East and South East Asia).

### **2.5.8 Obesity**

The National Child Measurement Programme measures all state school children in England at Reception and Year 6, providing detailed rates of obesity. However, significant proportions of children in the City of London do not attend state schools and the disaggregated figures are not reported for the City.

Adult obesity data from GP records may underestimate true prevalence. However, local data shows that the relatively wealthy population resident in the City of London has a lower overall rate of adult obesity than neighbouring Hackney (data not shown).

<sup>16</sup> PHE. Hepatitis C in the UK: 2017 report. July 2017. [Accessed 1 December 2017] - [www.gov.uk](http://www.gov.uk)

### 2.5.9 Teenage pregnancy

Teenage pregnancy is relatively uncommon. Data for the City of London cannot be published due to small numbers preventing the identification of individuals. However, nationally, and in London, teenage pregnancy rates have improved significantly in recent years.<sup>17</sup>

### 2.5.10 Sexually Transmitted Infections (STIs)

The highest rate of STI diagnosis is chlamydia in 15 to 24-year-olds. The rate of diagnosis reflects both the underlying population prevalence and the number of tests performed; a 'high-performing' service can be expected to test a significant proportion of the population at risk of infection.

In the City, 32.3% of eligible young people were tested for chlamydia in 2016 as part of the National Chlamydia Screening Programme (Table 13). The diagnosis rate was 1,843 per 100,000.

*Table 13 - Chlamydia testing data for 15 to 24-year-olds (PHE 2016)*

Area	% of population tested	Diagnosis rate per 100,000
City of London	32.3%	1,843
London	27.0%	2,309
England	20.7%	1,882

In general, rates of STI diagnosis are higher in males, in particular in men who have sex with men.

### 2.5.11 Tuberculosis (TB)

According to PHE, in 2013-15 there were eight new cases of TB recorded among City of London residents. Although the numbers in the City have reduced in recent years, there are only small numbers of cases and this difference is not statistically significant.

<sup>17</sup> ONS. Conceptions in England and Wales: 2015. 2017.

## **Section 3: NHS pharmaceutical services provision, currently commissioned**

### **3.1 Community pharmacies**

The City of London has 16 community pharmacies (as of 9 February 2018), the same number of pharmacies as in the 2015 PNA, for a resident population of around 7,553. Using current population estimates, the number of community pharmacies per 100,000 resident population for the City of London is currently 211.8, which has increased from 203.1 in 2015, due to the resident population having decreased slightly from the 2015 PNA. This may appear high when compared with the London (21.7) and England (21.5) average number of community pharmacies per 100,000 (2015-16 data). However, when we consider the workday population, estimated to be 360,075, then the average number of pharmacies per 100,000 population reduces to 4.4, which has increased slightly from 3.6 per 100,000 in the 2015 PNA. Therefore, it is considered that this high distribution of pharmacies is necessary to meet the high demand created by the daily influx of workers during the working week.

London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas of Hackney (17.7), Westminster (38.0), Camden (27.2), Islington (19.8), Tower Hamlets (16.3), Southwark (19.4), Lambeth HWB (20.1). It is considered that a number of residents and daytime workers will access pharmacies in neighbouring HWB areas.

The pharmacy user questionnaire undertaken in the summer of 2017 received 125 responses. Of those who responded, 93% reported that they had a preferred or regular pharmacy which they use. When asked what factors they considered when choosing their pharmacy, 87% indicated 'close to home' and 37% 'close to GP surgery' as the most important reasons. Friendly staff, prompt service, expertise/quality of advice and trust were also important factors. A total of 93% of respondents walk to their community pharmacy, while only 2% use a car. The full results of the pharmacy user questionnaire are detailed in Section 5.

Section 1.3 lists the essential services of the pharmacy contract. It is assumed that provision of all of these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for the City locality is explored in Section 6.

#### **3.1.1 Choice of community pharmacies**

Table 14 shows the breakdown of community pharmacy ownership in the City of London. The data shows that pharmacy ownership is different from that seen in the rest of London, as the City has a much higher percentage of multiple pharmacies compared with nationally.

Table 14 - Community pharmacy ownership, 2015-16

Area	Multiples (%)	Independent (%)
England	61.9	38.1
London	39.2	60.8
City (2017 data)	87.5	12.5

### 3.1.2 Weekend and evening provision

It is estimated that, collectively, community pharmacies in England are open approximately 150,000 hours per week more than 10 years ago.<sup>18</sup> This has been mainly driven through the opening of '100-hour' pharmacies. There are 1,161 (9.9%) community pharmacies in England open for 100 hours or more per week. This has increased significantly from 2013-14, when there were 773 (6.7%).

Table 15 shows that the City of London has a similar percentage of its pharmacies open for 100 hours or more compared with regionally and nationally. However, as a number this is just one pharmacy. Most 100-hour pharmacies are open late on weekdays. Weekend provision is discussed in Sections 3.4.3. and 3.4.4.

Table 15 - Numbers of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour pharmacies
England (2015-16 data)	1,161 (9.9%)
London region	103 (5.5%)
City	1 (6%)

### 3.2 Dispensing Appliance Contractors (DACs)

There are no DACs in the City of London, however, DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 14 responses and 50% of respondents reported that they provide stoma and/or incontinence appliances.

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 the City of London. There were 112 DACs in England in 2015-16.

### 3.3 Distance-selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations 2013. It may not provide essential services face-to-face and therefore provision is by mail order and/or internet. As part of the terms of service for distance-selling

<sup>18</sup> Dispensing Health: Pharmacy Voice. Who do you think we are? Community Pharmacy: dispensers of health, 2014. [www.dispensinghealth.org](http://www.dispensinghealth.org)

pharmacies, provision of all essential services offered must be offered throughout England.

It is therefore likely that patients within the City of London will be receiving pharmaceutical services from distance-selling pharmacies outside the City of London. There is one distance-selling pharmacy in the City of London:

- Aposave Ltd, 107-111 Fleet Street, London EC4A 2AB

This has increased by one since 2015. Figures in 2015-16 show that in England there were 266 distance-selling pharmacies, accounting for 2.3% of the total number of pharmacies (London: 20 (1.1%)). This has increased significantly from 2015, when there were 211 distance-selling pharmacies, accounting for 1.8% of all pharmacy contractors. The London figure has increased from 0.8% to 1.1% of all pharmacy contractors.

The public questionnaire identifies that 8% of respondents have used a distance-selling pharmacy (internet pharmacy). Of those who did use an internet pharmacy, 78% found the service to be excellent or good.

### **3.4 Access to community pharmacies**

The majority of community pharmacy providers in the City of London provide extended opening hours, being open early in the morning (before 9am) and closing after 6pm in the evening. As such they provide good access for long periods of the day for local residents.

A list of community pharmacies in the City of London and their opening hours can be found in Appendix A.

#### **3.4.1 Routine daytime access to community pharmacies**

The City of London only covers an area of 1.12 square miles and there are 16 pharmacies geographically spread throughout this area. As such, residents have excellent access to a number of pharmacies. It is estimated that the time taken to access one of them, due to the short distances, should not be a problem and that residents are able to do so with minimal travel difficulty. The public questionnaire revealed 93% of respondents report 'no difficulty in travelling to their pharmacy' and so it is concluded that access is adequate.

When considering the GP practices providing extended hours (Section 4.9), there is only one, and that is open until 7.45pm on weekdays. There is a pharmacy located 0.4 miles away from the practice, open until 8pm on weekdays, and therefore access is considered adequate.

#### **3.4.2 Routine weekday evening access to community pharmacies**

The number, location and opening hours of community pharmacy providers open beyond 6pm, Monday to Friday (excluding bank holidays) are listed in Table 16. As can be seen from Table 16, the City population has good access to community pharmacies in the evening. This is because the majority (14 (87.5%)) of providers in

the City of London are open after 6pm. A further analysis of provision is detailed in Section 6.

*Table 16 - Community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6pm*

<b>Pharmacy name and address</b>	<b>Opening hours (Mon-Fri, excluding bank holidays)</b>
Boots 11 Octagon Arcade, London EC2M 2AB	6.30am-11pm
Boots 120 Fleet Street, London EC4A 2BE	7.30am-7.30pm
Boots 138-140 Fenchurch Street, London EC3M 6BL	7.30am-7pm
Boots Unit 21, One New Change Shopping Centre, 8 Bow Lane, London EC4M 9AG	7.30am-8pm
Boots 54 King William Street, London EC4R 9AA	7am-7.30pm
Boots 60 Gracechurch Street, London EC3V 0HR	7.30am-8pm
Boots 59-60 Houndsditch, London EC3A 7BE	7.30am-6.30pm
Boots 200 Bishopsgate, London EC2M 4NR	7am-9pm
Boots 104 Cheapside, London EC2V 6DN	7am-7pm
Boots 80 Cannon Street, London EC4N 6AE	7am-7pm
Boots 88 Aldgate High Street, London EC3N 1LH	7am-7.30pm
Boots 100 New Bridge Street, London EC4V 6JJ	7.30am-8pm
Boots Unit 9, Building 2, Paternoster Square, Newgate Street, London EC4M 7DX	7.30am-7pm
Boots Unit 4-6, 143-171 Moorgate, London EC2M 6XQ	7am-8pm

### **3.4.3 Routine Saturday daytime access to community pharmacies**

There are seven pharmacies (44%) open on Saturdays in the City of London. Two are open until 8pm and the remaining five until 6pm. Access is therefore considered adequate.

Table 17 lists all pharmacies in the City of London which open on Saturdays. A further analysis of provision is detailed in Section 6.

*Table 17 - Community pharmacy providers open Saturdays*

<b>Pharmacy name and address</b>	<b>Saturday opening hours</b>
Boots 11 Octagon Arcade, London EC2M 2AB	8am-8pm
Boots Unit 21, One New Change Shopping Centre, 8 Bow Lane, London EC4M 9AG	10am-6pm
Boots 54 King William Street, London EC4R 9AA	10am-6pm
Boots 60 Gracechurch Street, London EC3V 0HR	11am-6pm
Boots 200 Bishopsgate, London EC2M 4NR	9am-8pm
Boots 104 Cheapside, London EC2V 6DN	9am-6pm
Boots 80 Cannon Street, London EC4N 6AE	10am-6pm

### **3.4.4 Routine Sunday daytime access to community pharmacies**

There are three pharmacies (19%) open on Sundays in the City of London. One is open until 8pm and the remaining two until 6pm. Access is therefore considered adequate.

*Table 18 - Community pharmacy providers open Sundays*

<b>Pharmacy name and address</b>	<b>Sunday opening hours</b>
Boots 11 Octagon Arcade, London EC2M 2AB	9am-8pm
Boots Unit 21, One New Change Shopping Centre, 8 Bow Lane, London EC4M 9AG	12pm-6pm
Boots 200 Bishopsgate, London EC2M 4NR	12pm-6pm

### **3.4.5 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.

Annually, NHS England requests feedback from community pharmacies on their bank holiday intentions. For most bank holidays, a number of providers have planned to

open and NHS England has deemed provision as satisfactory and not commissioned any further provision.

NHS England may often need to commission a bank holiday rota service from a small number of pharmacies, particularly in some areas, for Easter Sunday and Christmas Day.

### 3.5 Advanced service provision from community pharmacies

Section 1.3 lists all advanced services which may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. Data supplied from NHS England has been used to demonstrate provision of MURs, NMS and flu vaccination. Table 19 lists a summary of the latest available data (2016-17) on provision of advanced services.

The data relating to immunisation relates to the 2016-17 season and only details information for those contractors who provided the service within that period.

*Table 19 - Advanced service provision*

Advanced Service	Percentage of providers currently providing		
	England	London	City
Medicines Use Review (MUR)	94.4%	94.2%	94%
New Medicine Service (NMS)	80.8%	76.9%	94%
Flu vaccination	61.6%	60.2%	94%
NUMSAS*	-	-	6.2%
Appliance Use Review (AUR)**	1.2%	0.5%	0
Stoma Appliance Customisation (SAC)**	14.7%	4.0%	0

\*NUMSAS: No data available for England and London

\*\*AUR and SAC data includes provision from DACs

The percentage of providers of the MUR service is comparable to that provided nationally and regionally. The NMS and flu service provision is higher than the regional and national averages. Appendix A lists those community pharmacies who have provided these services in 2016-17.

Of respondents to the community pharmacy contractor questionnaire, 100% indicated that they do have a consultation room which complies with the requirements to perform NMS and MUR services. Respondents indicated that hand-washing facilities are located either within or close to the consultation area in 71% of their premises and 100% identify that the consultation room is in a closed area.

There has been no recorded provision of the AUR or SAC service from community pharmacy providers in the City of London up to 28 April 2017. The number of providers of the AUR and SAC is also very low regionally and nationally. There were only 140



community pharmacy or DAC providers nationally (1.2%) and 10 community pharmacy or DAC providers (0.5%) in the whole of London in 2015-16.

### **3.6 Enhanced service provision**

Under the pharmacy contract, enhanced services are those directly commissioned by NHS England (Section 1.3.1). Therefore, any locally commissioned services commissioned by CCGs or City Corporation are not considered here. They are outside the scope of the PNA but are considered in Section 4.

The following are enhanced services, commissioned by NHS England from pharmacies in the City of London:

- Minor ailments service
- Medicines optimisation service
- London vaccination service

There is one pharmacy providing the minor ailments and medicines optimisation service in the City of London and 15 providers of the London vaccination service. Details of which pharmacies are commissioned to provide enhanced services are found in Appendix A.

Minor ailments are self-limiting conditions that require little or no medical intervention. Often patients with minor ailments choose to self-treat or purchase medicines 'over the counter'. The minor ailments service is designed to provide easy access to medicines for minor ailments, free of charge on the NHS, without the need for a GP appointment.

There have been few published evaluations of the effectiveness of minor ailments services. However, research suggests that up to 18% of GP appointments and 8% of A&E attendances are for minor ailments. Providing a service through community pharmacies for the management of minor ailments has the opportunity to reduce primary and urgent care appointments, freeing capacity for management of more complex patients.

The medicines optimisation service is for patients of all ages who experience difficulties taking their medicines as prescribed and helps to improve compliance and reduce waste. The service aims to improve patient compliance by:

- Improving their understanding of their medicines
- Simplifying the medicines regimen and ordering process, where possible and appropriate
- Identifying practical problems in taking their medicines and, where appropriate, providing compliance aids
- Providing advice and support to the patient and/or carer, including referral to other health and social care professionals where appropriate

The service aims to support independent living and assist patients for whom failure to comply with their prescribed medicines could have serious implications for their health. As such, it is expected that this service will be used most heavily by older, more

vulnerable patients. It is intended that all patients receiving assistance through the service have their needs reviewed on a regular basis.

The 'London vaccination service' is in addition to the national advanced flu vaccination service and includes a 'top-up' element for seasonal flu as well as pneumococcal vaccinations for certain cohorts and MenACWY for 18 to 24-year-olds living in London permanently or temporarily.

Whereas the national advanced service delivers a flu vaccination provision for those aged 18 years and over, the London vaccination service covers additional groups of patients, including carers and the homeless, and a lower age bracket (2 to 18 years), as well as providing pneumococcal vaccine for eligible cohorts.

### **3.7 Pharmaceutical service provision provided from outside the City of London**

The City of London is bordered by seven other HWB areas: Hackney, Westminster, Camden, Islington, Tower Hamlets, Southwark and Lambeth. As previously mentioned, like most of central London, the City has a comprehensive transport system. As a result, it is anticipated that many residents in the City of London will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside the City of London by which City residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of the City of London boundaries. Analysis and activity of neighbouring HWB pharmacies was captured in the previous 2015 PNA and this has been taken into account as well as the location of cross-border pharmacies identified in Map C.

## **Section 4: Other services which may impact on pharmaceutical services provision**

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be free of charge, privately funded or commissioned by the local authority or CCG.

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list.

### **4.1 Local authority-commissioned services provided by community pharmacies in the City**

Community pharmacy services are commissioned via City Corporation.

The following services are commissioned through pharmacies in the City of London:

- Smoking cessation
- Supervised consumption
- Needle exchange
- Sexual health
  - emergency hormonal contraception
  - chlamydia and gonorrhoea screening
  - chlamydia treatment
  - condom distribution
- Healthy Start Vitamins

In the case of supervised consumption, needle exchange services and smoking cessation, these are commissioned by a third-party provider who contracts with community pharmacies to provide the service.

The Healthy Start vitamins and sexual health service are commissioned by Hackney Council on behalf of City Corporation under an MoU.

A full list of services and community pharmacy providers can be found in Appendix A.

### **4.2 CCG-commissioned services**

City and Hackney CCG currently commissions one service, the 'Increasing Access to End of Life Medicines' service. No pharmacies were commissioned to provide the service for 2015-16 in the City, however, residents have access to the service in the community pharmacies in Hackney.

### **4.3 Other services provided from community pharmacies**

As part of the community pharmacy contractor questionnaire, found in Appendix D, respondents were asked to indicate which services they would be willing to provide if commissioned. The majority of pharmacies indicated that they either already provide some of these services or would be willing to provide if commissioned.

A summary of the community pharmacy contractor questionnaire responses is detailed in Appendix I.

#### **4.4 Domiciliary services**

It is estimated that 54 City residents are considered housebound. It is unclear if this translates into a need for prescription delivery services and if current provision fulfils this need. From the pharmacies who responded to the contractor questionnaire, 57% offered a collection of prescriptions service from GP practices and 21% offer a free delivery service. Housebound patients may also be able to access free home delivery services from neighbouring HWB areas.

Contractors providing MURs may provide them at patients' homes, upon agreement with NHS England. No data is available on numbers of domiciliary MURs provided in the City of London.

#### **4.5 Language services**

Of the pharmacies who responded to the community pharmacy contractor questionnaire, eight reported that they offer at least one additional language in addition to English. The most common spoken additional languages for the nine that responded were Bengali (56%), Hindi (56%) and Gujarati (33%).

#### **4.6 Services for people with a disability**

As a requirement of the Equality Act 2010,<sup>19</sup> community pharmacies must make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including those with a disability. From the community pharmacy contractor questionnaire, 83% indicated they have wide door access, 55% have ramped access and 83% have an electric door.

#### **4.7 Electronic prescription service**

Many GP practices are now able to transmit prescriptions electronically to a pharmaceutical service provider (community pharmacy or DAC). This system is known as EPS Release 2 and means that the patient no longer needs to obtain a paper prescription and present it at their pharmacy for dispensing. National figures indicate that 91.6% of GP practices provide this service, whereas 100% of GP practices in the City of London provide this service.

Electronic prescriptions are sent directly to the pharmacy nominated by the patient. GP practices which provide this service may transmit electronic prescriptions to a pharmacy who has a dispensing system enabled to receive electronic ('Release 2') prescriptions. All of the respondents (100%) to the community pharmacy contractor questionnaire report that they have a system which is compliant to receive electronic prescriptions.

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<sup>19</sup> The Equality Act 2010 - [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

#### **4.8 Healthy Living Pharmacy (HLP)**

The political intention and context for HLPs was set out in the 2008 pharmacy white paper, 'Pharmacy in England: Building on Strengths, Delivering the Future'.<sup>20</sup> This called for community pharmacies to have a greater role and participation in public health provision as healthy living hubs.

HLPs put their local community's health and wellbeing at the core of everything they do. They consistently deliver a range of services to a high standard and are recognised with an HLP Quality Mark. The HLP framework involves a system-wide approach to support change across the profession and within the workplace; an organisational development tool and a brand that unites community pharmacies while changing public perceptions about what community pharmacies can offer in supporting their health.

Important HLP enablers to support delivery include:

- Workforce development
- Engagement with the community and other providers
- Premises that are fit for purpose and support health promotion

To date, significant benefits have been realised from HLP by commissioners, contractors and employees, and, imperatively, the public has fully welcomed the concept. Analysis of the National Pathfinder reports indicated the value of HLPs for:

- Commissioners, showing that community pharmacies are able to deliver health and wellbeing services to meet local health needs
- Public health teams, who understood the potential for HLPs to deliver these types of health services effectively
- Pharmacy contractors – the results of the quantitative survey to assess the benefits of HLP status on contractors was positive for all contractor types. Implementation of the HLP concept was seen as worthwhile for the business by over 70% of contractors

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<sup>20</sup> DH. Pharmacy in England: Building on Strengths, Delivering the Future. April 2008. [www.gov.uk/](http://www.gov.uk/)

Figure 10 - The Healthy Living Pharmacy Framework

LOCAL HEALTH NEED				
HEALTHY LIVING PHARMACY FRAMEWORK				
PUBLIC HEALTH MODEL				
NEED	CORE	LEVEL 1 <i>Promotion</i>	LEVEL 2 <i>Prevention</i>	LEVEL 3 <i>Protection</i>
Smoking	Health promotion, self care, signposting, OTC supply	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS stop smoking service, cancer awareness, Health Check	COPD and cancer risk assessment with referral. Prescriber for stop smoking service.
Obesity	Health promotion, self care, signposting, OTC supply	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS weight management service, cancer awareness, Health Check	Prescriber e.g. obesity, CVD, diabetes. Cancer risk assessment
Alcohol	Health promotion, self care, signposting	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS alcohol intervention service, cancer awareness, Health Check	Structured care planned alcohol service. Cancer risk assessment
Physical Activity	Health promotion, self care, signposting	Pro-active health promotion. Brief advice, assess willingness, signpost to services	NHS Health Checks, healthy lifestyle consultation service	Structured physical activity plans, activity prescriptions
Sexual Health	Health promotion, self care, signposting, OTC supply	Pro-active health promotion. Brief advice, signpost to services	NHS EHC & chlamydia screen and treat PGD service	Assessment, support, contraception & vaccination
Men's Health	Health promotion, self care, signposting	Pro-active health promotion. Brief advice, signpost to services	NHS Health Check. PGD Treatment. Cancer awareness.	PwSI/Prescriber in men's health
Substance Misuse	Health promotion, self care, signposting	Supervised consumption, needle & syringe exchange	Harm reduction Hep B & C screening	Client assessment, support and prescribing. Hep B vaccination
Other	Health promotion, self care, signposting	Oral health, travel health, sun & mental health awareness	Cancer early detection and treatment adherence support, vaccination	Prescriber for travel health and immunisation and vaccination
Minor Ailments	Health promotion, self care, OTC supply, signposting	NHS service (advice and treatment with P & GSL medicines)	NHS service (PGD treatment)	NHS service (prescribed POMs)
Long-term Conditions	Health promotion, self care, signposting, dispensing supply, risk management	Medicines optimisation (New Medicine Service and Medicine Use Reviews)	Parameter monitoring, clinical review and management	Prescriber/PwSI for LTCs
ENABLERS - QUALITY CRITERIA				
Workforce Development	Core capabilities	Health Champion Leadership skills	Behavioural change skills Leadership skills	PwSI/Prescriber Leadership skills
Environment	GPHC standards	Advanced IT and premises	Enhanced IT and premises	Enhanced IT and premises
Engagement	Operational	Primary Care	Community	Public Health & Clinical leadership
PHARMACY CAPABILITY				

In October 2016, HLP Level 1 became one of the Quality Payment criteria under the new funding model for the National Pharmacy Contract. At this point, pharmacies moved to the PHE Quality Criteria for HLP Level 1 Self-assessment.<sup>21</sup>

The HLP Quality Mark is a useful and important platform by which existing and new public health pharmaceutical services can be developed to target areas of local need, as well as services that can be made available for everyone. This includes services that can assist with earlier identification, screening and management of risk factors for life-shortening diseases, reducing premature deaths and major morbidity, and targeting pharmaceutical support for patients with long-term conditions to enhance quality of life, reducing health inequity and health inequalities. This will be increasingly important as the NHS seeks to develop new models of care that are patient-centred and focus care in the community in a way that frees up GP time and reduces the burden on out-of-hours services and secondary care.

A full list of HLPs in the City of London will be available in early 2018.

#### 4.9 GP practices providing extended hours

There is only one GP practice in the City of London that provides extended hours. Identifying practices which provide extended hours allows the HWB to determine if

<sup>21</sup> [www.gov.uk/government/publications/healthy-living-pharmacy-level-1-quality-criteria](http://www.gov.uk/government/publications/healthy-living-pharmacy-level-1-quality-criteria)

there is a need for additional pharmaceutical services, to ensure adequate service provision for those who might access these services during those hours.

Table 20 provides details of the GP practice which provides extended hours and the nearest community pharmacy which is open during and beyond these hours.

*Table 20 - GP practice providing extended hours services and corresponding community pharmacy open during these hours*

<b>GP practice name and address</b>	<b>Extended opening hours</b>	<b>Name of nearest community pharmacy open during extended hours</b>	<b>Distance of community pharmacy to GP Practice</b>
The Neaman Practice 15 Half Moon Court, London EC1A 7HF	Mon 6.30pm- 7.45pm	Boots, Unit 21, One New Change Shopping Centre, London EC4M 9AG	0.4 miles

These tables indicate that residents who use the GP practice during the extended hours should have reasonable access to a community pharmacy in a timely manner. There is also a 100-hour pharmacy open to 11pm each weekday evening.

#### **4.10 NHS dental contractors**

There are a number of NHS dental contractors in the City of London. Identifying these allows the HWB to determine if there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services.

*Table 21 - List of providers of dental services in, or near, the City of London*

<b>Dental practice name</b>	<b>Address</b>
Barbican Orthodontics	84-85 Long Lane, London EC1A 9ET
Newham Family Dental Care	16-18 Goswell Road, London EC1M 7AA
EC1 Dental Practice	344 Old Street, London EC1V 9DS
Dentessentials Dental Care	75 Curtain Road, London EC2A 3BS

## Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (Appendix C) and compiled by the City and Hackney PNA Steering Group. This was circulated by the local authority to a range of stakeholders:

- All pharmacy contractors in the City of London to distribute to the public
- All GP practices in the City of London to distribute to the public
- All public libraries in the City of London to distribute to the public
- City Healthwatch membership
- All community groups and providers mainly in the City of London
- St Bartholomew's Hospital
- City of London Healthwatch website

The link to the online survey was also tweeted via 'Healthy City' and 'Business Healthy' accounts.

From the 125 responses received from the public questionnaire:

- **93%** have a **regular or preferred** pharmacy that they visit
- **63%** visit their pharmacy **once a month or more**
- **87%** rated as important that the pharmacy is **close to their home**, **37%** that the pharmacy is **close** to their **GP surgery**, **17%** that the pharmacy is close to where they work, **69%** that the pharmacy has friendly staff and **59%** due to expertise/quality of advice received; **44%** said it was due to the opening times
- **93%** had **no difficulties travelling** to their **pharmacy**
- Of those who expressed a difficulty in travelling to their pharmacy, **29%** (4 respondents) had problems with the **location**, **14%** (2 respondents) said it was due to **wheelchair or other access problems**, **57%** (8 respondents) said it was due to other reasons. It should be noted that respondent numbers were low for this particular question
- **95%** reported having a **journey time of no more than 15 minutes**
- Most (**93%**) **walk** to their community pharmacy, **3%** use public transport, **2%** use a car
- **62%** indicated that they used pharmacies **up to every month** for the purchase of **over-the-counter medicines**
- When asked which additional services they would like to see provided by the local pharmacy, **81%** indicated **minor ailments scheme**, **80%** **flu vaccination**; **55%** **stop smoking service** and **54%** **sexual health services**
- **35%** indicated that their **preferred day** to visit their pharmacy was **Monday to Friday**, **8%** of respondents indicated that the most convenient day to visit the pharmacy was **Saturday**, and **56%** **had no preferred day**
- **Only 8%** of respondents indicated that they have **used** an **internet pharmacy**: of these **77%** rated the service good or excellent
- **86%** of respondents rated their **last experience** of a community pharmacy in the City of London or Hackney as **either good or very good**



A full copy of the results can be found in Appendix H.

Table 22 provides the demographic analysis of respondents.

*Table 22 - Demographic analysis of the community pharmacy user questionnaire*

Total number of responses		Sex (%)					
		Male			Female		
125		47%			53%		
Age (%)							
Under 16	16–24	25–34	35–44	45–54	55–64	65–84	85+
0%	0%	7%	8%	24%	15%	39%	6%
Illness or disability (%)?							
Yes				No			
17%				83%			
Ethnic origin (%)					Questionnaire	2011 Census	
White – British					72%	57.5%	
White – Welsh					3%		
White – Scottish					3%		
White – Northern Irish					0%		
White – Irish					1%	2.4%	
Gypsy or Irish Traveller					0%	0.0%	
White – European mixed					1%	*	
White – North American					2%	*	
White – other Western European					1%	*	
White – other					3%	18.6%	
White and Black Caribbean					0%	0.5%	
White and Black African					0%	0.5%	
White and Asian					0%	1.5%	
Any other mixed background					1%	1.4%	
Indian					5%	2.9%	
Pakistani					0%	0.2%	
Bangladeshi					2%	3.1%	
Chinese					2%	3.6%	
Any other Asian					0%	2.9%	
Black – any black ethnic origin					0%	2.6%	
Arab					0%	0.9%	
Jewish					3%	*	
Prefer not to say					2%	*	
Other ethnic group					1%	1.2%	

\* Data not available

## **Section 6: Analysis of health needs and pharmaceutical service provision**

### **6.1 Pharmaceutical services and health needs**

Sections 2.1 and 2.2 discuss the JSNA and the JHWBS for the City of London. The main priorities are summarised below and can be supported by the provision of pharmaceutical services within the City of London:

- Good mental health for all
- A healthy urban environment
- Effective health and social care integration
- All children have the best start in life
- Promoting healthy behaviours

Medicines optimisation is vital in the successful control of many long-term conditions, such as circulatory diseases, mental health and diabetes, therefore having a positive impact on morbidity and mortality. Disease-specific guidance, such as that from the National Institute for Health and Care Excellence (NICE), regularly emphasises the importance of medicines optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

No firm plans have been identified which relate specifically to pharmaceutical services within the JSNA or JHWBS.

### **6.2 Essential services**

The Essential Services (ES) of the community pharmacy contract must be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing
- ES 3: Disposal of unwanted medicines
- ES 4: Promotion of healthy lifestyles
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Clinical governance

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on lifelong medicines as part of their treatment, such as statins or insulin.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of error in taking medicines or the taking of out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking (a key priority of the JHWBS between 2017-18 and 2020-21) healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, eg FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target 'at-risk' groups within the local population to promote understanding and access to screening programmes, eg men in their forties for NHS Health Checks

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most-accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role and for further research. This has been highlighted as a key area for improving health outcomes in the City JHWBS, in particular in increasing out-of-hospital care and treating people closer to home and in their own communities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the City JHWBS.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, for example decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, for example foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral.

ES7 provides the governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within the City of London.

### **6.3 Advanced services**

Advanced services are not mandatory for providers to provide. In many cases, there are restrictions within the provision and/or availability of these services. For example, in the case of MURs, the pharmacy providing these services must meet the following requirements for consultation areas:

- The consultation area should be where both the patient and the pharmacist can sit down together
- The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff)
- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy

Although the HWB has determined advanced services as necessary services, for the purpose of the PNA, the HWB contends that a lack of provision or access to an advanced service from a particular pharmacy may not automatically translate into a gap. City of London HWB would wish to support all existing pharmaceutical service providers to make available all advanced services where a need exists.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced services have a role in highlighting issues with medicines or appliance adherence and also in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term conditions management. Advanced services provide an opportunity to identify issues with side effects or changes in dosage, to confirm that the patient understands the role of the medicine or appliance in their care, and for medicine optimisation. Appropriate referrals can be made to GPs or other care settings resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the CCG. Advanced services may also identify other issues such as general mental health and wellbeing concerns, providing an opportunity to signpost to other local services or services within the pharmacy, such as repeat dispensing.

The inclusion of flu vaccination as one of the advanced services contributes to improved access and opportunity for the public to receive their seasonal vaccine, thus reducing demand on GP practices and helping the HWB achieve its objectives. Information from the PSNC website<sup>22</sup> indicates that a total of 950,765 vaccinations were administered for the 2016-17 influenza season.

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<sup>22</sup> Pharmaceutical Services Negotiating Committee. [Accessed 1 June 2017] - [www.psnc.org.uk/](http://www.psnc.org.uk/)

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, COPD or CVD, or carers against diseases such as seasonal flu or shingles. These can cause additional health complications that can be associated with unplanned hospital admissions.

Promotion of self-care is an important aspect to the management of many long-term conditions. Advanced services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

#### **6.4 Enhanced services**

There are currently three pharmaceutical enhanced services commissioned through community pharmacies from NHSE in the City of London.

- London vaccination service
- Minor ailments service
- Medicines optimisation service

##### **6.4.1 London vaccination service**

This service is provided in addition to the national advanced flu vaccination service and includes a 'top-up' element to cover additional groups of patients, such as carers, as well as providing vaccination for those aged 2 to 18 years. There is also provision for pneumococcal vaccination to eligible cohorts and MenACWY for 18 to 24-year-olds living permanently or temporarily in London.

##### **6.4.2 Minor ailments service**

Minor Ailments Schemes (MAS) are commissioned by NHS England on a borough and area basis and not on a pan-London model. It should be noted there is heterogeneity in service description across London and that some MAS are commissioned by CCGs rather than by NHSE.

##### **6.4.3 Medicines optimisation service**

The service aims to support independent living and assist patients for whom failure to comply with their prescribed medicines could have serious implications for their health. As such, it is expected that this service will be used most heavily by older, more vulnerable patients. It is intended that all patients receiving assistance through the service have their needs reviewed on a regular basis.

#### **6.5 Locally commissioned services**

Appendix A provides a summary of LCS within City of London pharmacies and Sections 4.1 and 4.2 provide a description of those services. It is important to note the commissioning status of each service as this defines whether it is an LCS.

LCS are included within this assessment where they affect the need for pharmaceutical services or where the further provision of these services would secure improvements or better access to pharmaceutical services.

### **6.5.1 Increasing access to end of life medicines**

Good End of Life Care (EoLC) ensures all residents have a dignified, controlled and peaceful end to their life, regardless of age and cause of death. To achieve a good outcome, the needs of the patient, carer and family should be identified and services provided to meet these needs.

The aim of the EoLC/palliative care pharmacy rota service is to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of EoLC pathways. There should be adequate provision to these drugs for both in-hours and out-of-hours settings, supporting home death scenarios.

Within the City of London, there are no pharmacies commissioned to provide this service. There are, however, 10 community pharmacies commissioned to provide this service in the neighbouring Hackney HWB and access is considered sufficient for residents of the City of London.

### **6.5.2 Stop smoking services**

Smoking is the UK's single greatest cause of preventable illness and early death. Adults who smoke lose on average 13 to 14 years of their lives and more than 86,000 people in the UK die from smoking each year.

Stop smoking services provide support for individuals who wish to quit smoking and are resident and/or working within the City boundaries, therefore reducing the overall smoking prevalence across the City of London.

Pharmacists offer support through the provision of a range of advice and support services, together with the provision of relevant medication.

Services provided include:

- Delivery of an initial assessment
- Provision of information about endorsed smoking cessation medication
- Provision of face-to-face support (if wanted) for up to six sessions
- Establishment of a date for quitting and cooperation to achieve CO readings
- A commitment to support a minimum of 20 smokers to year per pharmacy

Stop smoking services are referred to as an enhanced service within the 2013 Directions. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service, but currently they are not in the City of London. There were 15 pharmacies commissioned to provide this service in the City of London for 2016-17.

### **6.5.3 Sexual health pharmacy services**

Hackney Council on behalf of City Corporation commissions pharmacies to provide sexual health services, under the MoU.

The key services provided include:

- Registering young people on 'Come Correct', the London C Card Scheme
- Supplying condoms to registered members
- Supplying chlamydia and gonorrhoea postal testing kits to sexually active young people between 15 and 24 years old
- Supplying antibiotic treatment for chlamydia for young people who have a diagnosis (as well as their sexual contacts)
- Supplying EHC to all women who need it
- Increasing awareness of the risks of contacting STIs
- Signposting clients to available services
- Referring vulnerable and young people to sexual health and reproductive services

In the City of London, two of the community pharmacies are commissioned to provide sexual health services.

Sexual health services are referred to as an enhanced service within the 2013 Directions. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service, but currently they are not in the City of London.

#### **6.5.4 Supervised consumption**

Community pharmacies have been utilised for a number of years by drug and alcohol service providers in the provision of supervised and needle exchange services.

Supervised consumption involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy. It is a medicines adherence service which aims to:

- Reduce the risk of harm to the client by over- or under-usage of drug treatment
- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market
- Reduce the risk of harm to the community by accidental exposure to prescribed medicines

One pharmacy in the City of London is commissioned to provide this service. This is situated in the north of the locality in the most densely populated residential area.

Supervised administration services are referred to as an enhanced service within the 2013 Directions. In theory, they may be commissioned by NHS England as an enhanced service but currently they are commissioned by City Corporation.

#### **6.5.5 Needle exchange**

The needle exchange service is provided from one community pharmacy in the City.

#### **6.5.6 Healthy Start vitamins**

The commissioning of this service is led by the London Borough of Hackney Public Health Team. The service provides all pregnant women, new mothers and children

with free Healthy Start vitamins as well as advice on broad public health issues such as early booking, immunisations, breastfeeding, diet and exercise.

Due to high levels of Vitamin D deficiency in Hackney and the City of London, Healthy Start vitamins shall be provided free to:

- All pregnant women or women who have a child up to one year old
- All children from birth to their fourth birthday

The Public Health Team advertises and promotes the Healthy Start for All vitamin scheme to professionals and the public, and it advises people to register at their local participating pharmacy to collect their vitamins. The service is provided free to all those who meet the eligibility criteria.

In the City of London HWB area, there are three pharmacies commissioned to provide this service.

City of London HWB has not been presented with any evidence to date which concludes that any of these other NHS services should be expanded. Based on current information, City of London HWB has not identified a need to commission any other NHS services not currently commissioned.

## **6.6 PNA locality**

As described in Section 1.5, the PNA Steering Group decided that the City of London HWB geography would be used to define a single locality for the PNA. Health data is available at this level and this is discussed in Section 2.

The following provides a more detailed analysis of the health needs of the City of London HWB locality as a whole.

The City of London HWB locality has a total resident population of 7,553, but this increases to 360,075 when the working-day population is considered. The majority of the resident population is concentrated in the north of the City (near the Barbican estate). The east of the City also contains a small residential population near the border with Tower Hamlets.

There are 16 pharmacies within the City of London. Pharmacy opening times are listed in Sections 3.4.2, 3.4.3, 3.4.4 and Appendix A. The total number of pharmacies may seem high for the resident population, but when the workday population is included, the number is considered reasonable.

Of these 16 community pharmacies, 14 hold a standard 40-core hour contract, one holds a 100-core hour contract, and there is one distance-selling pharmacy.

Of the 16 pharmacies:

- 14 pharmacies (87.5%) are open after 6pm on weekdays
- 16 pharmacies (100%) are open from 8.30am or earlier on weekdays
- 7 pharmacies (44%) are open on Saturdays
- 3 pharmacies (19%) are open on Sundays



- 15 pharmacies (94%) provide MURs
- 15 pharmacies (94%) provide NMS
- 15 pharmacies (94%) provide flu vaccination services

Regarding access to locally commissioned services within the 16 pharmacies:

- 0 pharmacies (0%) provide access to end of life medicines
- 2 pharmacies (12%) provide the sexual health service
- 15 pharmacies (94%) provide the smoking cessation service
- 3 pharmacies (19%) provide the Healthy Start vitamins service
- 1 pharmacy (6%) provides supervised consumption service
- 1 pharmacy (6%) provides needle exchange

The pharmacies providing these locally commissioned services are geographically spread across the locality and have varying opening times.

Regarding access to enhanced services:

- 15 pharmacies (94%) provide the London vaccination service.
- 1 pharmacy (6%) provides the MAS
- 1 pharmacy (6%) provides the medicines optimisation service

The pharmacies providing the vaccination service are geographically spread across the locality and have varying opening hours. Although there is only one pharmacy providing the MAS and medicines optimisation service, and it is the same pharmacy, it is located in the most densely populated area for residents in the north of the locality and so access is considered adequate. As the area of the City of London is only 1.12 square miles, those residents who live to the east of the locality can also access the services of this pharmacy if required. However, they may also choose to use the services of pharmacies which lie across the border within neighbouring Tower Hamlets HWB area.

The local population of the City of London is ethnically diverse (Table 6). There is a correlation between health inequalities and the levels of diversity in a population. Some minority ethnic groups are at increased risk of certain diseases and health conditions and others are more or less likely to engage in health-harming behaviours (such as smoking and alcohol consumption).

Pharmaceutical services need to reflect the needs of our diverse local population, as well as to respond to particular cultural requirements, while also providing a broad range of services to our entire population.

Overall, the City of London is a relatively affluent district. In the IMD2015, it is ranked 226 out of 326 local authority areas nationally, and the third least deprived in London. However, there are relatively high levels of deprivation in the area towards the east on the border with Tower Hamlets.

There is a strong relationship between deprivation and health. People living in poverty are more likely to be in poor health, experience low levels of wellbeing and engage in health-harming behaviours (eg smoking).

Life expectancy, a measure of current all-cause mortality applied to age bands, is a key national public health indicator. Compared with London (80.3 years male; 84.2 years female) and England (79.6 male; 83 female), life expectancy is relatively high in the City (86.1 male; 89 female). Examples of pharmacy services which can help reduce premature mortality include smoking cessation, healthy living advice, MURs and long-term conditions management.

Ensuring that medicines are used safely and effectively also improves outcomes and reduces the risk of hospital admission. It is estimated that at least 5% of all admissions to hospital are medicines-related.<sup>23</sup>

Non-adherence is a significant challenge in managing long-term conditions. The WHO estimates that between one third and one half of all dispensed medication is not taken as intended. This not only denies the patient the benefit of the treatment, but also costs the health system in drugs that are wasted as a result.

There are plans to develop 953 new homes in the City of London between 2017-18 and 2021-22. These proposed new developments have been considered and it has been concluded that there is a sufficient number of community pharmacy contractors to ensure adequate provision of pharmaceutical services to meet any increased demand.

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and LCS.

### **6.7 Necessary services – gaps in service provision**

For the purposes of this PNA, necessary services are defined as all essential services and the following advanced services; Medicines Use Review (MUR), New Medicine Service (NMS) and flu vaccination.

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

- The maps showing the location of pharmacies within the City of London and the Index of Multiple Deprivation. (Maps A and B)
- The number, distribution and opening times of pharmacies within the City of London (Appendix A)
- Pharmacy locations across the border (Map C)
- Population density in the City of London (Figure 2)
- Projected population growth (Table 3 and Figure 5)
- The ethnicity of the population (Table 6)

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<sup>23</sup> Nivya K, Kiran V, Rangoo N et al. Systemic review on drug related hospital admissions – A pubmed based search. January 2015. Saudi Pharmaceutical Journal 2015, Vol. 23, Issue 1. [Accessed 9 October 2014] - [www.sciencedirect.com](http://www.sciencedirect.com)

- Neighbourhood deprivation in the City of London (Figure 7)
- Location and opening hours of GP practices providing extended opening hours (Section 4.9)
- Location and opening hours of NHS Dental contractors (Section 4.10)
- Results of the public questionnaire (Section 5)
- Proposed new housing developments (Table 5)

In the City of London, there are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the morning, evening, on Saturdays and on Sundays. There is one 100-hour pharmacy and 13 other pharmacies across the HWB area which are open beyond 6pm on weekday evenings. These are spread across the City of London. This is a high proportion of the pharmacies.

There were no firm plans received relating to pharmaceutical services for the following:

- Changes in the number or sources of prescriptions, ie changes of primary medical services
- Developments which would change the pattern of local social traffic, ie shopping centres, out-of-town developments etc.
- Development of NHS Services
- Commissioning of public health services by community pharmacies
- Any CCG services
- Pharmacies to provide social care or occupational health aids or equipment

City of London HWB has concluded that there is no gap in necessary service provision.

### **6.8 Improvements and better access – gaps in service provision**

The public questionnaire did not record any specific themes relating to pharmacy opening times (Section 5). City of London HWB therefore concludes there is no significant information to indicate there is a gap in current provision with regard to access.

The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times, based upon the current information and evidence available.

City of London HWB will consider the response by pharmacy contractors to the changing expectations of the public towards pharmacy opening times during the time horizon of this PNA.

With regard to enhanced services, City of London HWB is mindful that only those services commissioned by NHS England are regarded as pharmaceutical services.

However, since 1 April 2013, there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services (Section 1.3.1).

Therefore, the absence of a particular service being commissioned by NHS England is, in some cases, addressed by a service being commissioned through City and Hackney CCG (such as Increasing Access to End of Life Medicines) and through City Corporation (as in the case of supervised consumption, needle exchange and smoking cessation) and by Hackney Council on behalf of City Corporation, under an MoU (such as sexual health services and Healthy Start Vitamins). This PNA identifies these as Locally Commissioned Services (LCS).

City of London HWB notes that not all LCS are provided by each community pharmacy. In some cases, the LCS is provided by a provider in a neighbouring HWB area, such as Hackney.

City of London HWB has not been presented with any evidence to date which concludes that any of these LCS should be decommissioned or that any of them should be expanded.

## **Section 7: Conclusions**

### **7.1 Current provision – necessary and other relevant services**

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

For the purposes of this PNA, necessary services are defined as essential services and the following advanced services; Medicines Use Review (MUR), New Medicine Service (NMS) and flu vaccination. The other advanced services, Appliance Use Review (AUR), Stoma Appliance Customisation (SAC) and NHS Urgent Medicines Supply Advanced Service (NUMSAS) are, however, considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, enhanced services are defined as pharmaceutical services which secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in the City of London and are commissioned by NHS England.

For the purpose of this PNA, locally commissioned services are those which secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in the City of London and are commissioned by the CCG or local authority, rather than by NHS England.

City of London HWB recognises that a number of HWBs which border the City of London contribute toward meeting the pharmaceutical needs of City residents and their contribution has been taken into consideration where appropriate. No other relevant services have been identified from outside the HWB area which have secured improvements or better access in the City of London.

### **7.2 Necessary services – gaps in provision**

In reference to Section 6, and as required by Paragraph 2 of Schedule 1 to the Pharmaceutical Regulations 2013:

#### **7.2.1 Access to essential services**

In order to assess the provision of essential services against the needs of the residents of the City of London, the HWB considers access and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

##### **7.2.1.1 Access to essential services normal working hours**

City of London HWB has determined that access and opening hours of pharmacies across the whole HWB area are adequate to meet the needs of its residents. For clarity, 'normal working hours' is taken as being from 9am to 6pm on weekdays.

*There are no gaps in the provision of essential services during normal working hours across the whole HWB area.*

#### **7.2.1.2 Access to essential services outside normal working hours**

There is one 100-hour contract pharmacy open to 11pm each weekday and a further 13 pharmacies open beyond 6pm each weekday across the locality. Thirteen of the pharmacies are open by 7.30am and the remaining three all by 8.30am at the latest. Seven pharmacies are open on Saturdays and three pharmacies open on Sundays. These are geographically spread across HWB area.

Based upon the results of the public questionnaire and access to pharmacies across the City of London, there is no evidence to suggest there is a gap in service provision of essential services outside normal hours in this locality.

*There are no gaps in the provision of essential services outside normal working hours across the whole HWB area.*

#### **7.2.2 Access to necessary advanced services**

There is no identified gap in the provision of necessary advanced services. Medicines Use Reviews (MURs), New Medicine Service (NMS) and flu vaccination services are each available in 94% of pharmacies across the HWB. A flu vaccination service is also provided from GP practices.

City of London HWB will monitor the uptake and need for necessary services and consider the impact of any changes in this locality in the future which may provide evidence that a need exists.

*There are no gaps in the provision of necessary advanced services across the whole HWB area.*

#### **7.2.3 Access to enhanced services**

There are three enhanced services currently commissioned by NHS England from pharmacies in the City of London HWB area.

- Minor ailments service
- Medicines optimisation service
- London vaccination service

Although the first two services are only provided from one (the same) community pharmacy, provision is considered appropriate as this pharmacy is located to the north of the HWB area which has the highest population density. It is therefore considered that local residents will have sufficient access to the services.

The HWB has also considered analysis and evidence of significant cross-border activity from the previous 2015 PNA, which identified a number of pharmacies in the neighbouring boroughs of Islington and Tower Hamlets that provide pharmaceutical services to City of London residents. On this basis, we have concluded that the pharmaceutical needs of the residential population are well served, both by City and out-of-area pharmacies.

The London vaccination service is provided from 15 of the 16 community pharmacies (the distance-selling pharmacy is the only pharmacy which does not provide this service) and these are geographically spread throughout the HWB area. Access is therefore considered appropriate.

*There are no gaps in the provision of enhanced services across the whole HWB area.*

### **7.3 Future provision of necessary services**

City of London HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in the HWB area.

*No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the whole HWB area.*

### **7.4 Improvements and better access – gaps in provision**

As described in Section 6 and as required by Paragraph 4 of Schedule 1 to the Pharmaceutical Regulations 2013:

#### **7.4.1 Current and future access to essential services**

City of London HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements or better access to essential services.

*No gaps have been identified in essential services that if provided either now or in the future would secure improvements or better access to essential services across the whole HWB area.*

#### **7.4.2 Current and future access to advanced services**

In 2016-17, MURs, NMS and flu services were available in 94% of pharmacies across the HWB area.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other advanced services due to the much smaller proportion of the population that may require these services. Pharmacies and DACs may choose which appliances they provide and may also choose whether to provide the two related advanced services.

Data relating to the provision of NUMSAS is not currently available and it is not possible to determine if either current or future provision is adequate to meet demand. It could be that future access is insufficient if only one of the pharmacy contractors, as indicated in the pharmacy contractor questionnaire, is willing to provide the NUMSAS. However, the HWB has not been presented with any data at present to indicate a gap exists.

*There are no gaps in the provision of advanced services at present or in the future that would secure improvement or better access to advanced services across the whole HWB area.*

#### **7.4.3 Current and future access to enhanced services**

NHS England currently commissions three enhanced service from pharmacies in the City of London.

Some of the enhanced services listed in the 2013 Directions (Section 1.3.1) are now commissioned by City and Hackney CCG (access to end of life medicines), through City Corporation (such as supervised consumption, needle exchange and smoking cessation) and by Hackney Council on behalf of City Corporation, via an MoU (such as sexual health services and Healthy Start vitamins), and therefore fall outside the definition of both enhanced services and pharmaceutical services.

There are no gaps identified in respect of securing improvements or better access to enhanced services provision as identified in Section 6.4 either now or in specified future circumstances.

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

#### **7.5 Other NHS services**

As required by Paragraph 5 of Schedule 1 to the Pharmaceutical Regulations 2013, City of London HWB has had regard for any other NHS Services that may affect the need for pharmaceutical services in the City of London.



*Based on current information, no gaps have been identified in respect of securing improvements or better access to other NHS services either now or in specified future circumstances across the whole HWB area.*

## **7.6 Locally commissioned services**

With regard to enhanced services and locally commissioned services, only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through the City and Hackney CCG (such as Increasing Access to End of Life Medicines), through City Corporation (such as smoking cessation, supervised consumption and needle exchange) and by Hackney Council on behalf of City Corporation (such as sexual health and Healthy Start vitamins). This PNA identifies those as Locally Commissioned Services (LCS).

City of London HWB has not been presented with any evidence to date which concludes that any of these enhanced services or LCS should be expanded.

*Based on current information, no gaps have been identified in respect of securing improvements or better access to LCS either now or in specified future circumstances in the whole of the HWB area. However regular service reviews are recommended in order to establish if currently and in future scenarios LCS secure improvement or better access across the whole HWB area.*

## Appendix A: List of pharmaceutical service providers in City of London

ODS	Map ref	Provider type	Pharmacy name	Address	Opening hours			PhAS	City of London commissioned services					City and Hackney CCG commissioned services	NHS England advanced services					NHS England enhanced services				
					Mon-Fri	Saturday	Sunday		Smoking cessation	Supervised contraception	Needle exchange	Sexual health services*	Healthy Start vitamins		Increasing Access to End of Life Medicines	MUR	NMS	AUR	SAC	Flu vaccination	NUMSAS	MOS	MAS	Enhanced flu service
FGG53	101	Community 100 hrs	Boots	11 Octagon Arcade, London EC2M 2AB	6.30am- 11pm	8am-8pm	9am-8pm	N	Y	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N
FHK56	102	Community 40 hrs	Boots	120 Fleet Street, London EC4A 2BE	7.30am- 7.30pm	Closed	Closed	N	Y	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	Y
FF501	103	Community 40 hrs	Boots	138-140 Fenchurch Street, London EC3M 6BL	7.30am-7pm	Closed	Closed	N	Y	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N
FHN79	104	Community 40 hrs	Boots	Unit 21, One New Change Shopping Centre, 8 Bow Lane, London EC4M 9AG	7.30am-8pm	10am-6pm	12pm-6pm	N	Y	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N
FFJ28	105	Community 40 hrs	Boots	54 King William St, London EC4R 9AA	7am-7.30pm	10am-6pm	Closed	N	Y	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N
FGQ44	106	Community 40 hrs	Boots	60 Gracechurch St, London EC3V 0HR	7.30am-8pm	11am-6pm	Closed	N	Y	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N

ODS	Map ref	Provider type	Pharmacy name	Address	Opening hours			PhAS	City of London commissioned services					City and Hackney CCG commissioned services	NHS England advanced services					NHS England enhanced services				
					Mon-Fri	Saturday	Sunday		Smoking cessation services	Supervised consumption	Needle exchange	Sexual health services*	Healthy Start vitamins		Increasing Access to End of Life Medicines	MUR	NMS	AUR	SAC	Flu vaccination	NUMSAS	MOS	MAS	Enhanced flu service
FXQ43	107	Community 40 hrs	Boots	59-60 Houndsditch, London EC3A 7BE	7.30am-6.30pm	Closed	Closed	N	Y	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N
FGC54	108	Community 40 hrs	Boots	200 Bishopsgate, London EC2M 4NR	7am-9pm	9am-8pm	12pm-6pm	N	Y	Y	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N
FTP53	109	Community 40 hrs	Boots	104 Cheapside, London EC2V 6DN	7am-7pm	9am-6pm	Closed	N	Y	N	Y	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N
FDC23	110	Community 40 hrs	Boots	80 Cannon St, London EC4N 6AE	7am-7pm	10am-6pm	Closed	N	Y	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	Y
FTH22	111	Community 40 hrs	Boots	88 Aldgate High St, London EC3N 1LH	7am-7.30pm	Closed	Closed	N	Y	N	N	Y	Y	N	Y	Y	N	N	Y	N	N	N	Y	N
FVC98	112	Community 40 hrs	Boots	Unit 4-6, 143-171 Moorgate, London EC2M 6XQ	7am-8pm	Closed	Closed	N	Y	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N
FVK70	113	Community 40 hrs	Boots	100 New Bridge St, London EC4V 6JJ	7.30am-8pm	Closed	Closed	N	Y	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N

ODS	Map ref	Provider type	Pharmacy name	Address	Opening hours			PhAS	City of London commissioned services					City and Hackney CCG commissioned services	NHS England advanced services				NHS England enhanced services					
					Mon-Fri	Saturday	Sunday		Smoking cessation service	Supervised consumption	Needle exchange	Sexual health services*	Healthy Start vitamins		Increasing Access to End of Life Medicines	MUR	NMS	AUR	SAC	Flu vaccination	NUMSAS	MOS	MAS	Enhanced flu service
FXD18	114	Community 40 hrs	Boots	Unit 9, Building 2, Paternoster Square, Newgate St, London EC4M 7DX	7.30am-7pm	Closed	Closed	N	Y	N	N	N	N	N	Y	Y	N	N	Y	N	N	N	Y	N
FDO99	115	Community 40 hrs	Chauhan S Chemist (Niemans)	36 Goswell Road, London EC1M 7AA	8.30am-6pm	Closed	Closed	N	Y	Y	N	Y	N	N	Y	Y	N	N	Y	Y	Y	Y	Y	N
FD506	116	Distance-Selling	Aposave Ltd	107-111 Fleet Street, London EC4A 2AB	8am-5pm	Closed	Closed	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

\* Sexual Health Service includes: condom distribution, pregnancy testing, morning-after pill and signposting to other services.

## Appendix B: PNA Steering Group terms of reference

### Purpose

To ensure the development of City and Hackney's 2018 Pharmaceutical Needs Assessments (PNAs) so that City and Hackney Health and Wellbeing Boards (HWBs) meet their statutory responsibility for publishing their PNAs in line with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (the Pharmaceutical Regulations 2013).

### Objectives

- To oversee the development of the PNAs in accordance with, and ensure both the City and Hackney PNAs comply with, the Pharmaceutical Regulations 2013
- Ensure the PNAs take into account the local demography within the City of London and Hackney boroughs and ascertain whether there is sufficient choice and accessibility (physical access, language etc.) with regard to obtaining pharmaceutical services
- Promote integration of the PNAs with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy, the CCGs' Commissioning Strategy Plans and other relevant strategies
- Ensure the consultation on the PNAs meets the requirements of Regulation 8 of the Pharmaceutical Regulations 2013. In particular, ensure that both patients and the public are involved in the development of the PNAs
- Ensure all appropriate stakeholders in the City of London and Hackney are aware, engaged and involved in the development of the PNAs
- Present the PNAs' first and final drafts to the HWBs
- Publish the PNAs on the local authorities' websites by April 2018

### Governance

- The Health and Social Care Act 2012 transferred the statutory responsibility for PNAs from NHS Primary Care Trusts (PCTs) to HWBs from 1 April 2013, with a requirement to publish a revised assessment at least every three years
- This Steering Group has been established to oversee the production of the 2018 PNAs for both the City of London Corporation and the London Borough of Hackney, reporting progress and presenting the final reports to each HWB on or before their March 2018 meetings
- The HWBs will be informed of progress towards the production of the PNAs and relevant milestones through the HWBs' Programme Manager's quarterly updates
- If a statement or decision from the HWB is needed in relation to the production of the draft PNA, the Chair of the Steering Group is welcome to draft a formal report for consideration
- The Steering Group will report directly to the Directors of Public Health and is accountable to the City of London and the London Borough of Hackney HWBs

## Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in late 2017 or early 2018 to sign off the 2018 PNAs for submission to the HWBs.

## Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
  - any Local Pharmaceutical Committee for its area
  - any Local Medical Committee for its area
  - any persons on the pharmaceutical lists and any dispensing doctors list for its area
  - any LPS chemist in its area
  - any local Healthwatch organisation for its area
  - any NHS trust or NHS foundation trust in its area
  - the NHS CB
  - any neighbouring HWB
- Ensure that due process is followed
- Report to each HWB on both a draft and a final PNA
- Publish a final PNA for each HWB by end 1 April 2018

## Membership

Delegate	Job title	Organisation
Shailen Rao	Managing Director	Soar Beyond Ltd
Anjna Sharma	Associate Director	Soar Beyond Ltd
Rozalia Enti	Head of Medicines Management	City and Hackney CCG
Alexander (Sandy) Miller	Public Health Intelligence Team Leader	LB Hackney
Hitesh Patel	Chief Executive	City and Hackney LPC
Dr Fiona Sanders	Chair	City and Hackney LMC
Tara Piasetski	Senior Public Health Intelligence	LB Hackney
Gurvinder Sidhu	Strategic Comms Advisor	LB Hackney
Jayne Taylor	Consultant in Public Health	LB Hackney
Sarah Thomas	Health and Wellbeing Lead	City Corporation
Lynn Strother	Manager	City of London Healthwatch
Jon Williams	Director	Healthwatch Hackney

Soar Beyond is not to be a core member, although the meeting will be chaired by Soar Beyond. Each core member has one vote. The Director of Public Health (or Public Health representative) of the London Borough of Hackney will have the casting vote, if required. Core members may provide a deputy to attend meetings in their absence. The Steering Group shall be quorate with five core members in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision. To be included in decision-making, members' (or their nominated deputies') attendance is essential.

In attendance at meetings will be representatives of Soar Beyond Ltd who has been commissioned by City Corporation and the London Borough of Hackney to support the development of the PNAs. Other additional members may be co-opted if required.

## Appendix C: Public questionnaire



### Tell us what you think of pharmacy services in the City of London

We want to hear what you think of pharmacy services in the City of London to help us develop services in the future. Your views will help us to develop our Pharmaceutical Needs Assessment (PNA) which will look at health needs in the City of London, the level and accessibility of pharmacy services and how these will be maintained and developed in the future.

We would be grateful if you could answer some questions about your own experience and views. The questionnaire should take no longer than five minutes to complete. **The information in the questionnaire you provide is confidential.** Please be honest with your answers so we can accurately assess areas where pharmacies are already performing well and areas that need improvement. Information returned in the Equalities Monitoring section will be recorded separately from your questionnaire response.

If you would like to complete this online, please go to:

<https://www.surveymonkey.co.uk/r/CITYOFLONDON-Public>

Or scan the QR code below:



**Closing date for this questionnaire is 1 September 2017**

**Please return the questionnaire to your pharmacist or GP / pharmacy / library**

**or post back to:**

Darren Hagan  
Soar Beyond  
1 Marchmont Gate  
Maxted Road  
Hemel Hempstead  
HP2 7BE



**Please provide your full postcode:**

.....

Should you require this questionnaire in any other format or language, please email or call:

[alexander.miller@hackney.gov.uk](mailto:alexander.miller@hackney.gov.uk) or **0208 356 8131**

N.B. All information supplied will be kept strictly confidential, held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party.

**1) How often have you visited the pharmacy in the last six months?**

For yourself:		For someone else:	
Once a week or more		Once a week or more	
Once a month		Once a month	
Once every few months		Once every few months	
Once in six months		Once in six months	
Less than once in six months		Less than once in six months	

**2) Do you have a regular or preferred pharmacy that you visit in the City of London or Hackney?**

Yes		No	
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If yes, and you are happy to do so, please provide the name and address:

.....  
 .....

**3) When considering a choice of pharmacy, which of the following helps you choose? (Please select all that apply)**

Close to home		Close to GP surgery	
Close to work		Prompt service	
They offer a specific service		Expertise/quality of advice	
Choice of the person I am representing		Languages spoken by pharmacy staff	
Friendly staff		Trust	
Opening times			
Other, please specify: .....			

**4) Who would you normally visit the pharmacy for? (Please select all that apply)**

Yourself		A family member	
Neighbour/friend		Someone you are a carer for	
Other, please specify: .....			

**5) If you visit the pharmacy on behalf of someone else, please give a reason why. (You may select more than one answer)**

Opening hours of the pharmacy not suitable for them		Access (for example disability/transport)	
Person I am representing does not speak English		More convenient	
Housebound person		All of the above	
Other, please specify: .....			

**6) How would you usually travel to the pharmacy? (Please select one answer)**

Car		Taxi	
Public transport		Walk	
Bicycle		Other, please specify: .....	

**7) On average, how long does it take you to travel to a pharmacy? (Please select one answer)**

0 to 15 minutes		16 to 30 minutes	
Over 30 minutes		Varies	
Don't know			

**8) Do you have any difficulties when travelling to a pharmacy?**

Yes		No	
If yes, please select one of the following reasons:			
Location of pharmacy		Parking difficulties	
Wheelchair or other access problems		Public transport availability	
Other, please specify: .....			

**9) What is the most convenient day for you to visit a pharmacy? (Please select one answer)**

Monday to Friday		Saturday	
Sunday		Varies	
Don't know			

**10) When do you prefer to visit a pharmacy? (Please select one answer)**

Early morning (before 9am)		Morning (9am-12pm)	
Lunchtime (12pm-2pm)		Afternoon (2pm-6pm)	
Early evening (6pm-8pm)		Late evening (after 8pm)	
Varies		Don't know	

**11) How regularly do you typically buy over-the-counter (ie non-prescription) medicine from a pharmacy? (Please select one answer)**

Daily		Weekly	
Every two weeks		Monthly	
Yearly		Never	

**12) Which of the following pharmacy services**

**(<http://www.nhs.uk/nhsengland/aboutnhservices/pharmacists/pages/pharmacistsandchemists.aspx>) are you aware that a pharmacy may provide? (Please select all that apply)**

Obtaining prescription medicines		Repeat dispensing services (batch prescriptions)	
Buying over-the-counter medicines		Emergency supply of prescription medicines	
New Medicine Service/Medicines Use Reviews (a detailed discussion with your pharmacist – how you take your existing and newly prescribed medicines)		Immediate access to specialist drugs, eg palliative care medicines	
Home delivery and prescription collection services		Disposal of unwanted medicines	
Needle exchange		Flu vaccination services	
Minor Ailments Service/Minor Illness Service		Stopping smoking/nicotine replacement therapy	
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)		Supervised consumption of methadone and buprenorphine	
Advice from your pharmacist		Other, please specify: .....	

**13) What services would you like to see provided by your local pharmacy?**

	Yes	No	Don't know
Obtaining prescription medicine			
Repeat dispensing services			
Buying over-the-counter medicines			
Advice from your pharmacist			
Emergency supply of prescription medicines			
New Medicine Service/Medicines Use Reviews			
Immediate access to specialist drugs, eg palliative care medicines			
Home delivery and prescription collection services			
Disposal of unwanted medicines			
Needle exchange			
Flu vaccination services			
Minor Ailments Service			
Stopping smoking/nicotine replacement therapy			
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)			
Supervised consumption of methadone and buprenorphine			
Other, please specify: .....			

**14) Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit?**

Yes		No	
Don't know			

**15) How do you rate your last experience of a community pharmacy in the City of London or Hackney?**

Very good		Good	
Neither good nor poor		Poor	
Very poor		Never	
Not applicable (I have not used a pharmacy in City or Hackney)			

**16) Have you ever used an internet pharmacy to obtain prescription medicines?**

Yes		No – go to question 19	
-----	--	------------------------	--

**17) If yes, how would you rate your overall satisfaction with the internet pharmacy?**

Very good		Good	
Neither good nor poor		Poor	
Very poor		Varies	
Other, please specify: .....			

**18) Are you aware that a service is available whereby your GP practice can send your prescription electronically to your chosen City of London or Hackney pharmacy?**

Yes		No	
-----	--	----	--

**19) If you use your City of London or Hackney pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)**

Paper request form to my GP practice		Paper request form through my pharmacy	
By email to my GP practice		Online request to my GP practice	
My pharmacy orders on my behalf		A mobile app	
Varies		Not applicable	
Other, please specify: .....			

**Any other comments you would like to make about your pharmacy in the City of London or Hackney?**

.....

.....

.....

.....

.....

.....

**Thank you for completing this questionnaire**

Your answers to this survey are private and will be kept in line with the Data Protection Act. If

you wish to be kept informed about the Pharmaceutical Needs Assessment and the consultation we will be running, you can give us your contact details here:

Name	
Address	
Telephone number	
Email	

Preferred method of communication					
Telephone		Email		Post	

## City of London Equalities Monitoring Form

### Why do we monitor?

The City of London has a legal responsibility to promote and advance equality. To help us to do this, it is important we have a good understanding of how our services are being accessed and who is using or would like to use our services. With up-to-date and accurate information, we are able to:

- Better understand our service users/residents and shape our services to meet their specific needs.
- Identify and tackle any issues different people may have when accessing our services (or information about our services).
- Ensure that people who need our services the most are able to access them.

It is your choice whether you answer these questions. Your replies will not be used in a way that identifies you however they will help us to understand how community needs may vary; and helps us make informed decisions on how we develop services

<b>Age - what is your age group?</b>							
Under 16		16-17		18-24		25-34	35-44
45-54		55-64		65-84		85+	

<b>Caring responsibilities</b>	
A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail disabled or has mental health or substance misuse problems.	
<b>Do you regularly provide unpaid support caring for someone?</b>	
Yes	No

<b>If yes, how many hours do you spend providing unpaid care in a typical week?</b>			
0 to 4 hours		5 to 9 hours	10 to 19 hours
20 to 34 hours		35 to 49 hours	Over 50 hours

<b>Do you consider yourself to be disabled?</b>	
Yes	No
If yes, do you have any access needs, eg sign language interpreter, information in large print. Please specify if you wish:	
.....	
Under the Equality Act you are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.	

<b>Ethnicity - are you....?</b>			
White - British		White - Welsh	
White - Scottish		White - Northern Irish	
White - Irish		Gypsy or Irish Traveller	
White - Australian/New Zealander		White - European mixed	
White - Italian		White - Kurdish	
White - North American		White - other Eastern European	
White - other Western European		White - Polish	
White - Turkish		White - Turkish Cypriot	
White other - please describe .....			
White and Black Caribbean		White and Black African	
White and Asian			
Any other mixed background - please describe .....			
Indian		Pakistani	
Bangladeshi		Chinese	
Nepali		Sri Lankan Sinhalese	
Sri Lankan Tamil		Sri Lankan other	
Vietnamese			
Any other Asian - please describe .....			
Black Caribbean		Black - British	
Black - Angolan		Black - Congolese	
Black - Ghanaian		Black - Nigerian	
Black - Sierra Leonean		Black - Somali	
Black - Sudanese			
Other Black African - please describe .....			
Arab		Afghan	
Egyptian		Filipino	
Iranian		Iraqi	
Japanese		Korean	
Kurdish		Latin/South/Central American	
Lebanese		Libyan	
Malay		Moroccan	
Polynesian		Thai	
Turkish		Vietnamese	
Yemeni		Jewish	
Charedi Jew		Prefer not to say	
Other ethnic group - please describe .....			



<b>Ethnicity - are you....?</b>			
<b>Gender - are you....</b>			
Male		Female	
If you prefer to use your own term, please provide this here: .....			
<b>Is your gender identity different to the sex you were assumed to be at birth?</b>			
Yes, it's different		No, it's the same	

<b>Marriage or civil partnership</b>			
Are you married?			
Yes		No	
Are you in a civil partnership?			
Yes		No	

<b>Pregnancy or maternity</b>			
Have you been pregnant and/or on maternity leave during the past 2 years?			
Yes		No	

<b>Religion - are you....</b>			
Atheist/no religious belief		Buddhist	
Charedi		Christian	
Hindu		Jewish	
Muslim		Secular beliefs	
Sikh			
Other, please specify: .....			

<b>Sexual orientation - are you....</b>			
Bisexual		Gay man	
Lesbian or Gay woman			
Other, please specify: .....			

**Thank you for completing this questionnaire**



## Appendix D: Pharmacy contractor questionnaire



### **PNA Pharmacy Questionnaire** **City Health and Wellbeing Board**

Soar Beyond are supporting the City of London to produce their 2018 Pharmaceutical Needs Assessment. We are undertaking a survey of all pharmacy contractors in the City.

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at:

<https://www.surveymonkey.co.uk/r/CITYOFLONDON-Pharmacy-Contractor>

Please complete the questionnaire by **1 September 2017**, and return any completed paper copies of the survey to:

Darren Hagan,  
Soar Beyond,  
1 Marchmont Gate,  
Maxted Road,  
Hemel Hempstead  
HP2 7BE

**Premises Details**

Contractor Code (ODS Code)	
Name of contractor (ie name of individual, partnership or company owning the pharmacy business)	
Trading Name	
Address of contractor pharmacy	
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (ie it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this pharmacy a Distance-Selling Pharmacy? (ie it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy email address	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
Can the LPC store the above information and use it to contact you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Core Hours of Opening**

Day	Open from	To	Lunchtime (from-to)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Total Hours of Opening**

Day	Open from	To	Lunchtime (from-to)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Consultation Facilities**

There is a consultation area (meeting the criteria for the Medicines Use Review service) (tick as appropriate)

On premises	None	<input type="checkbox"/>
	Available (including wheelchair access)	<input type="checkbox"/>
	Available (without wheelchair access)	<input type="checkbox"/>
	Planned within the next 12 months	<input type="checkbox"/>
	Other (please specify)	
Where there is a consultation area, is it a closed room?		<input type="checkbox"/> Yes <input type="checkbox"/> No

During consultations are there hand-washing facilities	In the consultation area	<input type="checkbox"/>
	Close to the consultation area	<input type="checkbox"/>
	None	<input type="checkbox"/>

Patients attending for consultations have access to toilet facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Off-site	The pharmacy has access to an off-site consultation area (ie one which the former PCT or NHS England local team has given consent for use)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	The pharmacy is willing to undertake consultations in patient's home/other suitable site	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Access to the Pharmacy**

The pharmacy is accessible for wheelchair users	Ramped access	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wide door	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Electric door	<input type="checkbox"/> Yes <input type="checkbox"/> No

Languages spoken (in addition to English) – please list	
---	--

**IT Facilities in the Pharmacy**

Electronic Prescription Service Release 2 enabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
NHSmil being used	<input type="checkbox"/> Yes <input type="checkbox"/> No
NHS Summary Care Record enabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Up to date NHS Choices entry	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Healthy Living Pharmacies (HLP)**

Select the one that applies.

The pharmacy has achieved HLP status	<input type="checkbox"/>
The pharmacy is working toward HLP status	<input type="checkbox"/>
The pharmacy is not currently working toward HLP status	<input type="checkbox"/>

**Services**

Does the pharmacy dispense appliances?

Yes, all types	<input type="checkbox"/>
Yes, excluding stoma appliances	<input type="checkbox"/>
Yes, excluding incontinence appliances	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances	<input type="checkbox"/>
Yes, just dressings	<input type="checkbox"/>
Other (please identify)	
None	<input type="checkbox"/>

**Advanced Services**

Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
Medicines Use Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance Use Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Urgent Medicine Supply Advanced Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Enhanced<sup>24</sup> and Other Locally Commissioned Services**

Which of the following services does the pharmacy provide, or would be willing to provide?

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Anticoagulant monitoring service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral distribution service <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia testing service <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia treatment service <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EHC) <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disease-Specific Medicines Management Service:</b>					
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>24</sup> 'Enhanced Services' are those commissioned by the local NHS England Team. CCGs and Local Authorities can commission Other Locally Commissioned Services that are equivalent to the Enhanced Services, but for the purpose of developing the PNA are called 'Other Locally Commissioned Services' not 'Enhanced Services'.

<sup>25</sup> These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the local NHS England Team. The local NHS England Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
Emergency contraception service <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency supply service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-free food supply service (ie not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home delivery service (not appliances) <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent prescribing service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?					
Language access service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication review service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines assessment and compliance support service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailments Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUR Plus/ Medicines Optimisation Service <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an MUR Plus/Medicines Optimisation Service, what therapeutic areas are covered?					
Needle and syringe exchange service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management – adults <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management – children	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Not-Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name the medicines covered by the Patient Group Direction					
Phlebotomy Service <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Screening Service</b>					
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)					
Seasonal Influenza Vaccination Service <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other vaccinations<sup>(25)</sup></b>					
Childhood vaccinations	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at-risk workers or patients)	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccines	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Currently providing under contract with the local NHS England Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Other (please state)					
Sharps Disposal Service <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, what therapeutic areas are covered?					
Vascular Risk Assessment Service (NHS Health Check) <sup>(25)</sup>	<input type="checkbox"/> <sup>(25)</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Non-commissioned Services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – selected patient groups - list criteria:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – selected areas – list areas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – chargeable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Dosage Systems – free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Dosage Systems – chargeable	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Is there a particular need for a locally commissioned service in your area?</b> <b>If yes, what is the service requirement and why?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**Details of the Person Completing this Questionnaire - if questions arise**

Contact name	Contact telephone number

## Appendix E: PNA project plan

### Project plan for City and Hackney PNAs

One Steering Group will oversee all actions. Unless noted, actions will be same for each HWB.

	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
<b>Contract commencement date (15 June 2017)</b>										
<b>Kick-off meeting with local authority Authorised Officer (AO)</b> <ul style="list-style-type: none"> <li>Detailed project plan shared and agreed with AO (by 30 June 2017)</li> <li>Agree accountabilities</li> <li>Identify and approach potential members for PNA Steering Group</li> <li>Draft Terms of Reference shared</li> <li>Communications Plans agreed, including frequency and mechanism for local authority checkpoint meetings</li> <li>Contacts list developed for key stakeholders</li> <li>RAG rated Risk and Issues Logs set up</li> <li>Assurance reports for July HWB meetings to share project plan and governance update</li> </ul>										
<b>Steering Group meeting Number 1</b> <ul style="list-style-type: none"> <li>Steering Group and Project Governance established</li> <li>Project plan shared and agreed</li> <li>Communications Plan and Terms of Reference agreed</li> <li>PNA localities agreed</li> <li>Questionnaire templates shared and agreed</li> </ul>		12								
<b>Stakeholders identified</b> <ul style="list-style-type: none"> <li>For dissemination of information</li> <li>Contact details obtained and initial contact made</li> <li>Share project plan and brief on what the Pharmaceutical Needs Assessment is</li> </ul>										
<b>Checkpoint meeting with local authority AO (web or face-to-face)</b>										
<b>Data collection and stakeholder engagement</b> <ul style="list-style-type: none"> <li>Distribution of pharmacy user questionnaires (advertising posters also sent to all pharmacies and GP practices in the HWB areas)</li> <li>Distribution of pharmacy contractor questionnaires</li> </ul>										

	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
<b>Information collection</b>										
<ul style="list-style-type: none"> <li>• Receipt and review of planning and strategy documents JSNAs, Housing Strategies, Commissioning Intentions, STP etc.</li> <li>• List of all providers of pharmaceutical services from NHS England</li> <li>• List of any commissioned services by CCGs, eg minor ailment services, out of hours, local hospitals</li> <li>• Information from local authorities, eg demographics, specific health needs and any commissioned services</li> </ul>										
<b>Checkpoint meeting with local authority AO (web or face-to-face)</b>										
<b>Deadline for questionnaires to be completed</b>										
<b>Steering Group meeting Number 2</b> – agree and finalise data for draft PNAs				28						
<b>Current and future service provision detailing and analysis</b>										
<ul style="list-style-type: none"> <li>• Pharmacies categorised by type (40hr/100hr/internet) – maps provided as per Pharmaceutical Regulations 2013, to include cross-border pharmacies. The following maps will also be provided if commissioned by the local authorities: <ul style="list-style-type: none"> <li>○ Opening times maps produced</li> <li>○ Travel access maps: drive times (average, peak, off-peak), walking, public transport – plus population numbers by travel time</li> <li>○ Demographics analysis (supported by local authority)</li> <li>○ Health and lifestyle analysis (supported by local authority)</li> </ul> </li> <li>• Planning – housing developments and new care home developments listed and analysed for prospective impact on future pharmaceutical needs (supported by local authorities)</li> <li>• Pharmacies who provide advanced services</li> <li>• Pharmacies who provide enhanced/locally commissioned services</li> </ul>										
<b>Checkpoint meeting with local authority AO (web or face-to-face)</b>										
<b>Collation and analysis of all information collected</b>										
<ul style="list-style-type: none"> <li>• Triangulate information received from duplicate sources, identifying and resolving any discrepancies and gaps</li> <li>• Comparison with information and recommendations from 2015 PNAs</li> </ul>										
<b>Review and identify gaps in service, current and future</b>										
<ul style="list-style-type: none"> <li>• Identification of any changes (service provision, current and future needs etc.)</li> <li>• Identify potential gaps</li> <li>• Make recommendations</li> </ul>										

	Jun 2017	Jul 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
<b>Draft PNAs completed</b>										
<ul style="list-style-type: none"> <li>Complete the draft assessments, clearly articulating any gaps identified and propose recommendations</li> <li>Compile specific consultation questions</li> <li>Highlight any specific communities and/or providers identified as affected by the analysis of gaps</li> </ul>										
<b>Steering Group meeting Number 3</b> – agree draft PNAs										
<ul style="list-style-type: none"> <li>Briefing paper for Dec/Jan HWB meetings to share draft PNA and consultation plan</li> </ul>						30				
<b>Checkpoint meeting with local authority AO (web or face-to-face)</b>										
<b>Consultation period (11 December 2017-9 February 2018)</b>										
<ul style="list-style-type: none"> <li>Host PNA on Corporation's websites (supported by local authorities)</li> <li>Advertise consultations through existing consultation channels (communications and engagements leads with CCGs, Healthwatch, Patient Participation Groups etc.)</li> <li>Send links of draft PNAs to consultees as required by the Pharmaceutical Regulations (listed within the Communications Plan), and any specific individuals, populations and stakeholder groups identified within the stakeholder engagements undertaken in the summer</li> <li>If required, hold direct stakeholder engagement events (face-to-face meetings, webinars, online surveys etc.) with specific populations/providers identified as potentially affected by the analysis of gaps</li> </ul>										
<b>Checkpoint meetings with local authority AO to update on consultation feedback</b>										
<b>Consultation findings reports</b>										
<ul style="list-style-type: none"> <li>Collate, analyse and make recommendations on the consultation responses</li> </ul>										
<b>Steering Group meeting Number 4</b> – make changes to the draft PNAs and agree final PNAs										8
<b>Final PNA</b>										
<ul style="list-style-type: none"> <li>Produce final documents in pdf format for uploading to Corporation's websites</li> <li>Consultation findings report and final PNAs to HWB meetings in February 2018 for approval</li> <li>Send links of final PNAs to consultees as required by the Pharmaceutical Regulations (listed within the Communications Plan), and any specific individuals, populations and stakeholder groups identified within the stakeholder engagement undertaken in the summer</li> </ul>										
<b>Checkpoint meeting with local authority AO (web or face-to-face)</b>										
<b>PNAs published (ahead of City and Hackney deadline of 1 April 2018)</b>										

## Appendix F: Consultation plan and list of stakeholders

Stakeholder		Engagement during PNA production			Draft
	Role	PNA briefing letter sent (Y/N)	Steering Group representation (Y/N)	Questionnaire (pharmacy contractor/public)	Draft PNA link sent (Y/N)
<b>Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)</b>	Director of Public Health	N	N	N	Y
	Public Health Intelligence Team Leader	Y	Y	Y	Y
	Public Health Consultant	Y	Y	All	Y
	Healthwatch	Y	Y	All	Y
	LPC	Y	Y	All	Y
	Pharmacy Contractors	Y	Y	All	Y
	LMC	Y	Y	All	Y
	Neighbouring HWB	N	N	None	Y
	Neighbouring LMC	N	N	None	Y
	Neighbouring LPC	N	N	None	Y
	Libraries	N	N	Public	Y
	NHS Foundation Trust Chief Pharmacist – Bart’s Health	N	N	None	Y
	NHS Foundation Trust Assistant Pharmacist – Bart’s Health	N	N	None	Y
	Medicines Optimisation Lead Pharmacist	N	N	None	Y
	NHS Foundation Trust Lead Pharmacist	N	N	None	Y
NHS England	Y	Y	All	Y	

Stakeholder		Engagement during PNA production			Draft
	Role	PNA briefing letter sent (Y/N)	Steering Group representation (Y/N)	Questionnaire (pharmacy contractor/public)	Draft PNA link sent (Y/N)
<b>Other Consultees</b>	Public Health Manager	N	N	None	Y
	Head of Medicines of Medicines Management	Y	Y	All	Y
	Communications and Engagement Manager	Y	Y	All	Y
	Strategic Communications Advisor	Y	Y	All	Y
	Senior Public Health Intelligence	Y	Y	All	Y
	Head of Equality	N	N	None	Y
	Communications Lead	N	N	None	Y
	CCG Primary Care team	N	N	None	Y
	Adult Services Commissioner	N	N	None	Y
	Health and Wellbeing Lead	N	N	None	Y

## Appendix G: Summary of consultation responses and comments

As required by the Pharmaceutical Regulations 2013,<sup>26</sup> City of London HWB held a 60-day consultation on the draft PNA from 11 December 2017 to 9 February 2018.

The draft PNA was hosted on the City Corporation website and invitations to review the PNA, and comment, were sent to a wide range of stakeholders including all community pharmacies in the City. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in the City as identified by City Corporation and City Healthwatch. Responses to the consultation were possible via an online survey, paper or email.

There were in total 3 responses, all of them (100%) were responses to the internet survey, there were no paper copies or email comments. There were 2 responses (67%) received from the public, and 1 (33%) from 'other' (NHS England).

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA
- Quality of service provided by pharmacies

All responses were considered by the PNA Steering Group at its meeting on 8 March 2018 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. Should you wish to view these comments please contact the Public Health Team, [alexander.miller@hackney.gov.uk](mailto:alexander.miller@hackney.gov.uk).

Following is a summary of responses to the specific questions, asked during the consultation.

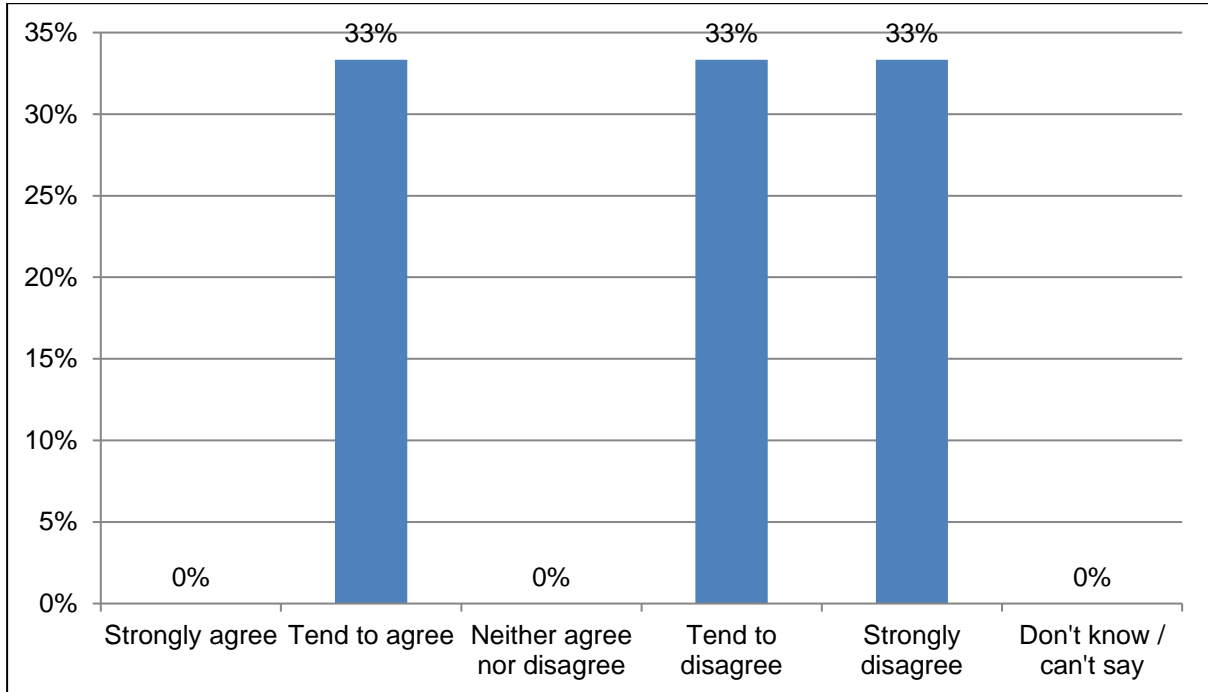
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<sup>26</sup> Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

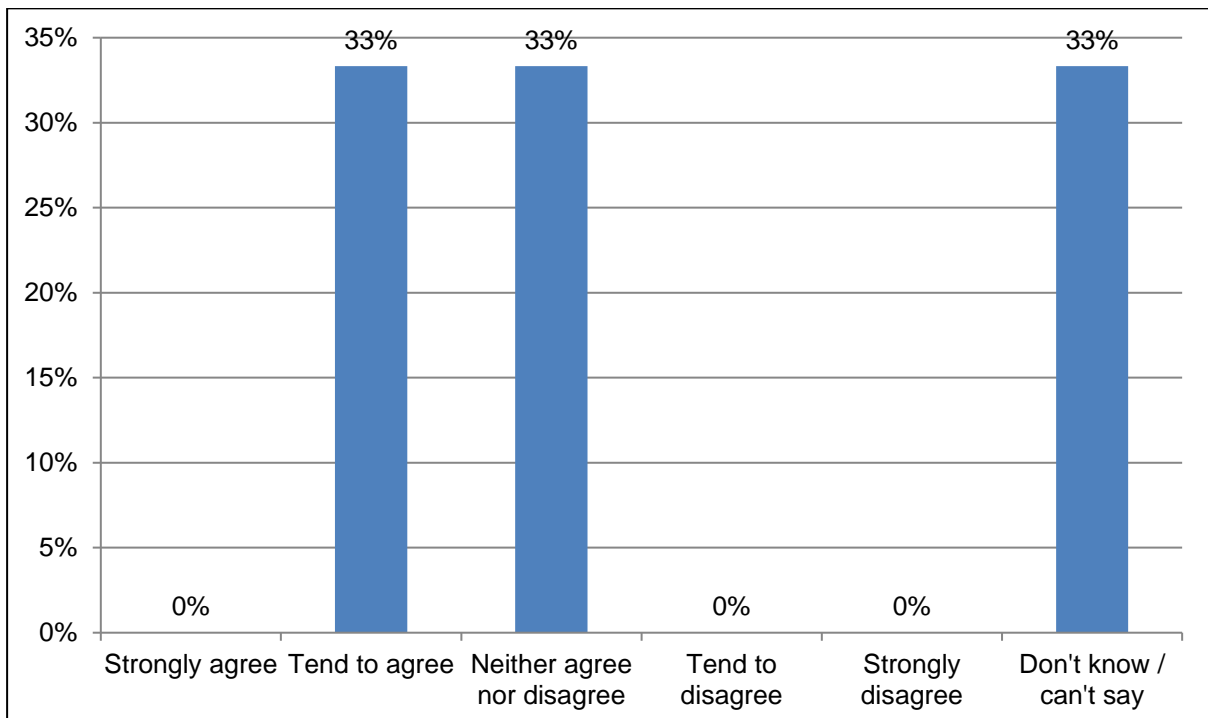


**Consultation questions and responses:**

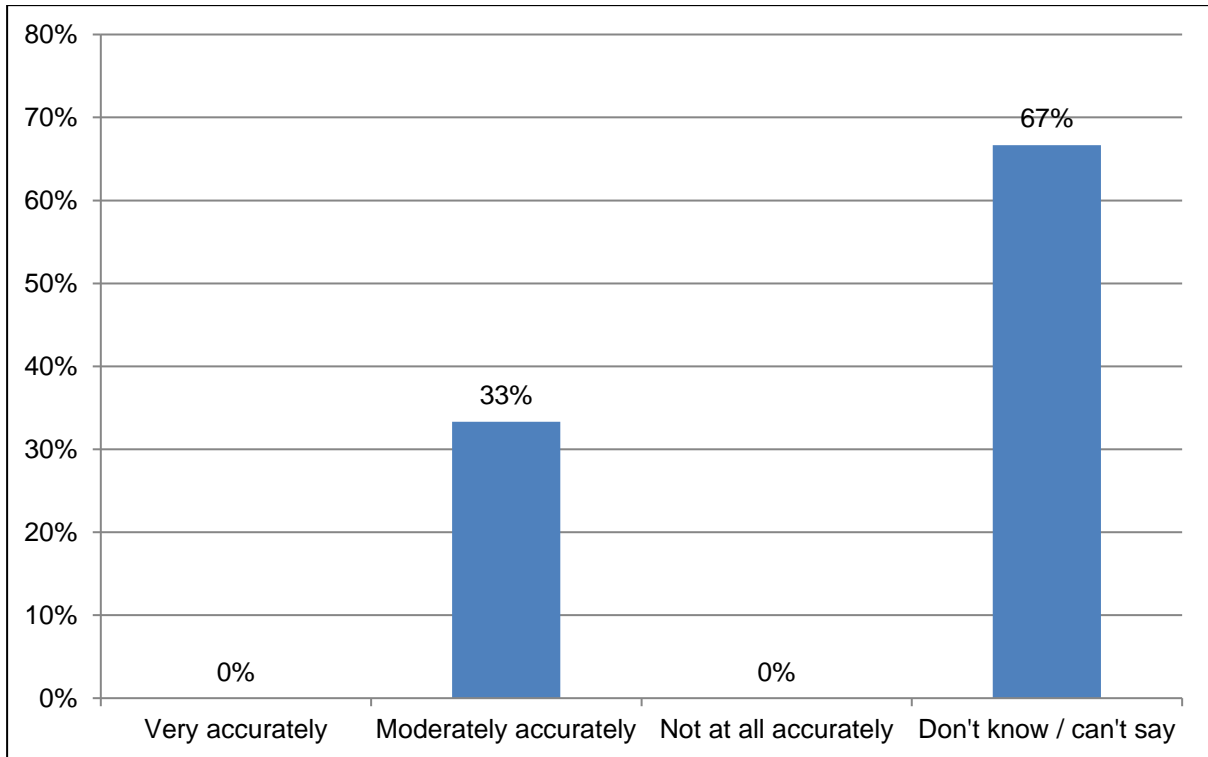
**Q1. The City of London draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?**



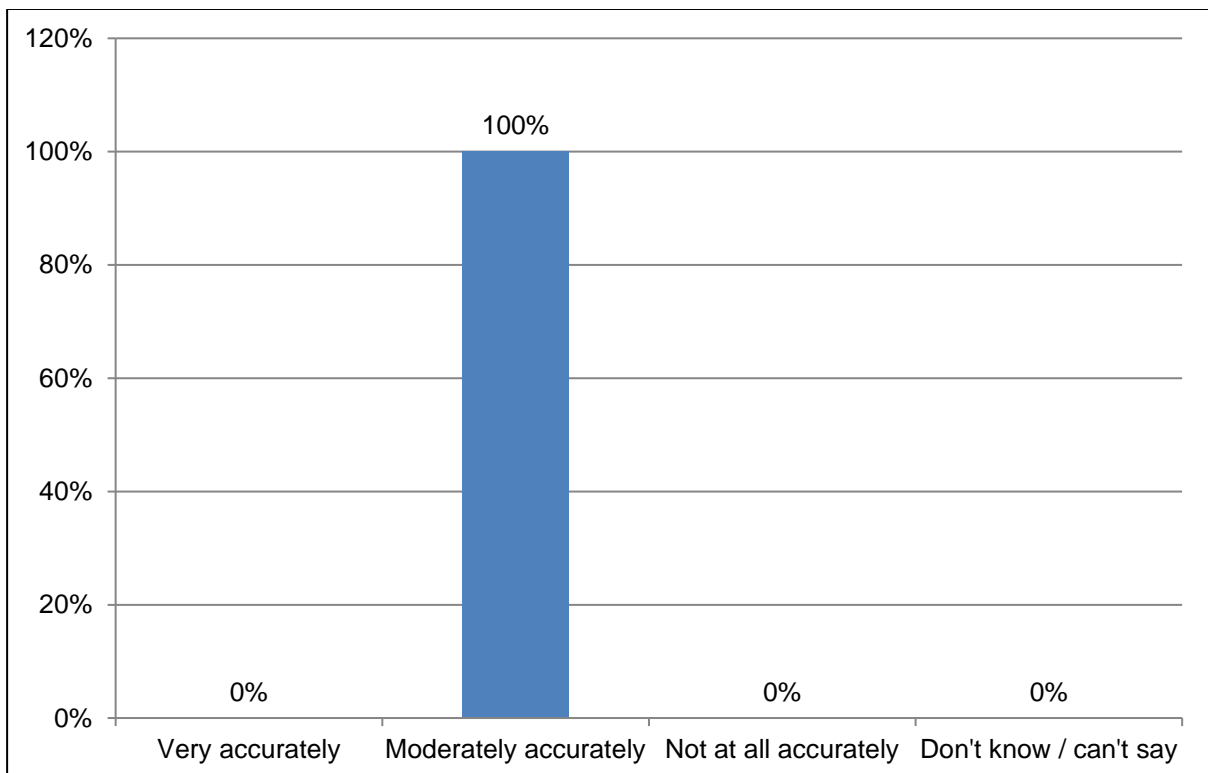
**Q2. To what extent do you agree or disagree with the other conclusions contained within the draft PNA? (Please see the Executive Summary and Conclusions section of the draft PNA document)**



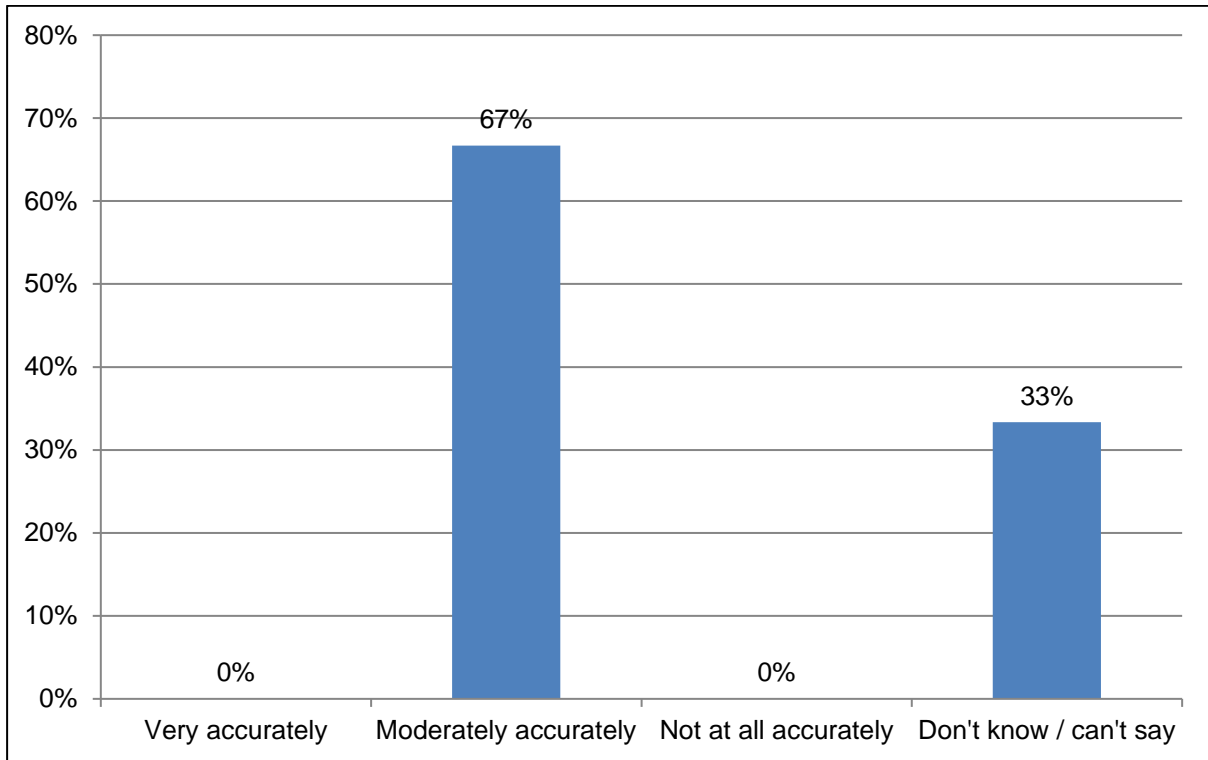
**Q3. In your opinion, how accurately does the draft PNA reflect the current provision of pharmaceutical services in the City? (See Sections 3, 4 and 7 of the draft PNA)**



**Q4. In your opinion, how accurately does the draft PNA reflect the current pharmaceutical needs of the City's population? (See Section 7 of the draft PNA)**



**Q5. In your opinion, how accurately does the draft PNA reflect the future pharmaceutical needs of the City's population (over the next three years)?**

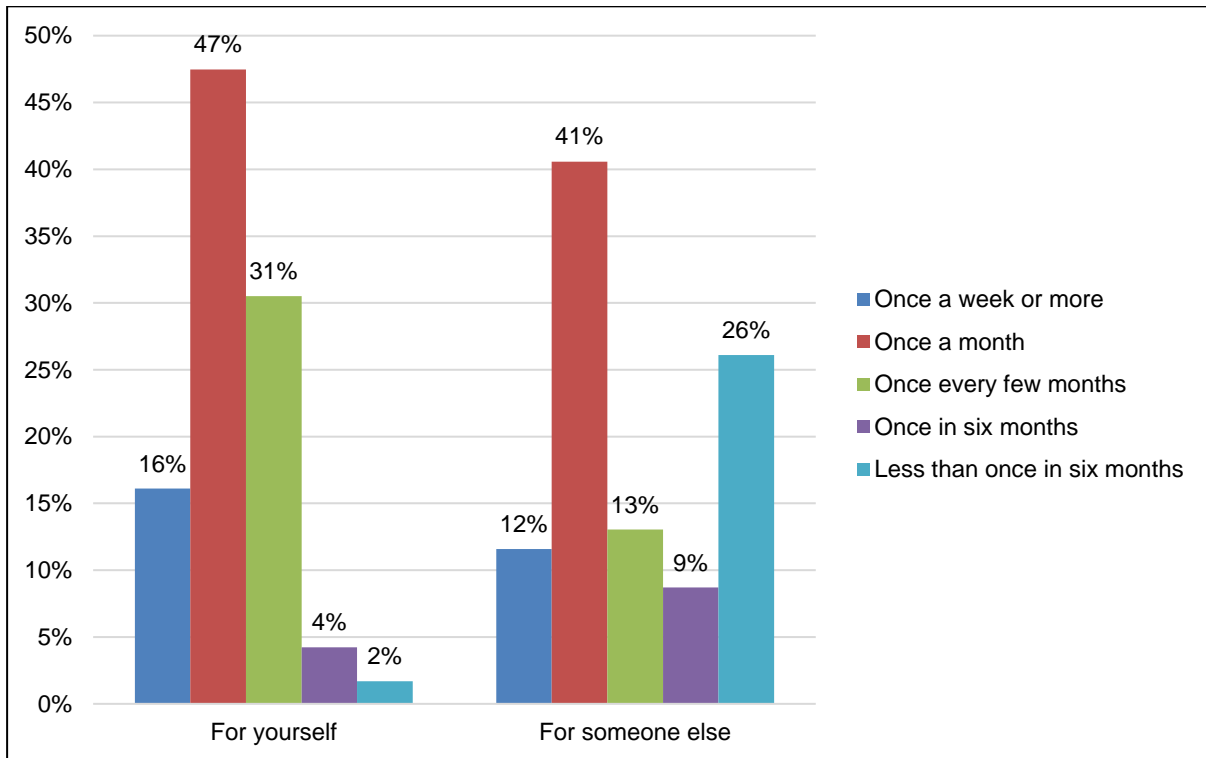


**Q6- Any other comments.**

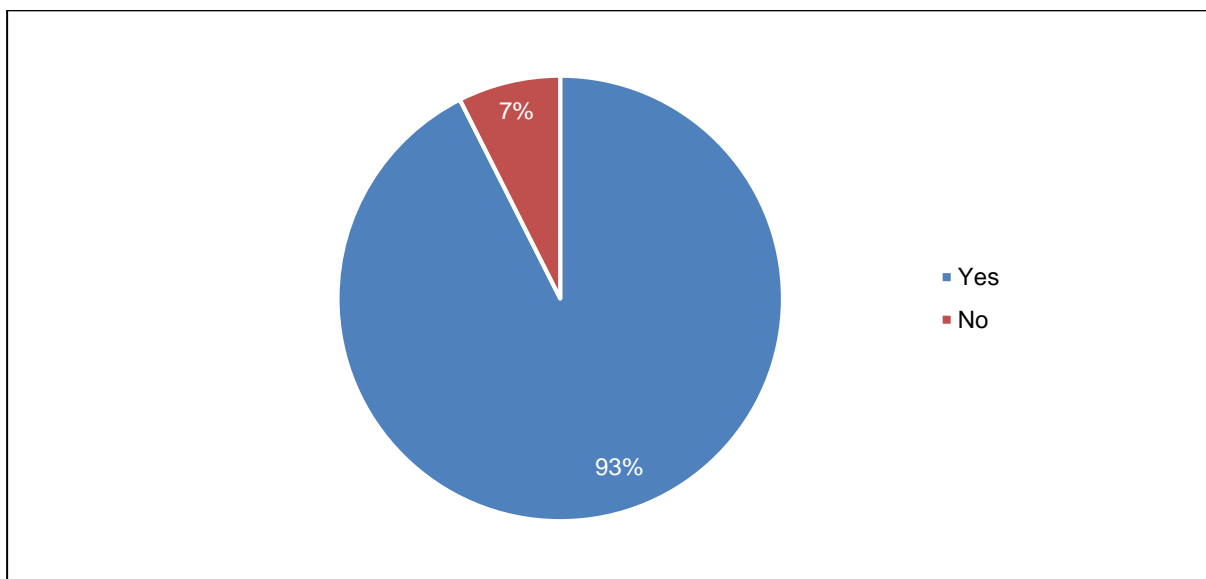
*Comments received are included in the consultation report, available under request.*

## Appendix H: Results of the public questionnaire

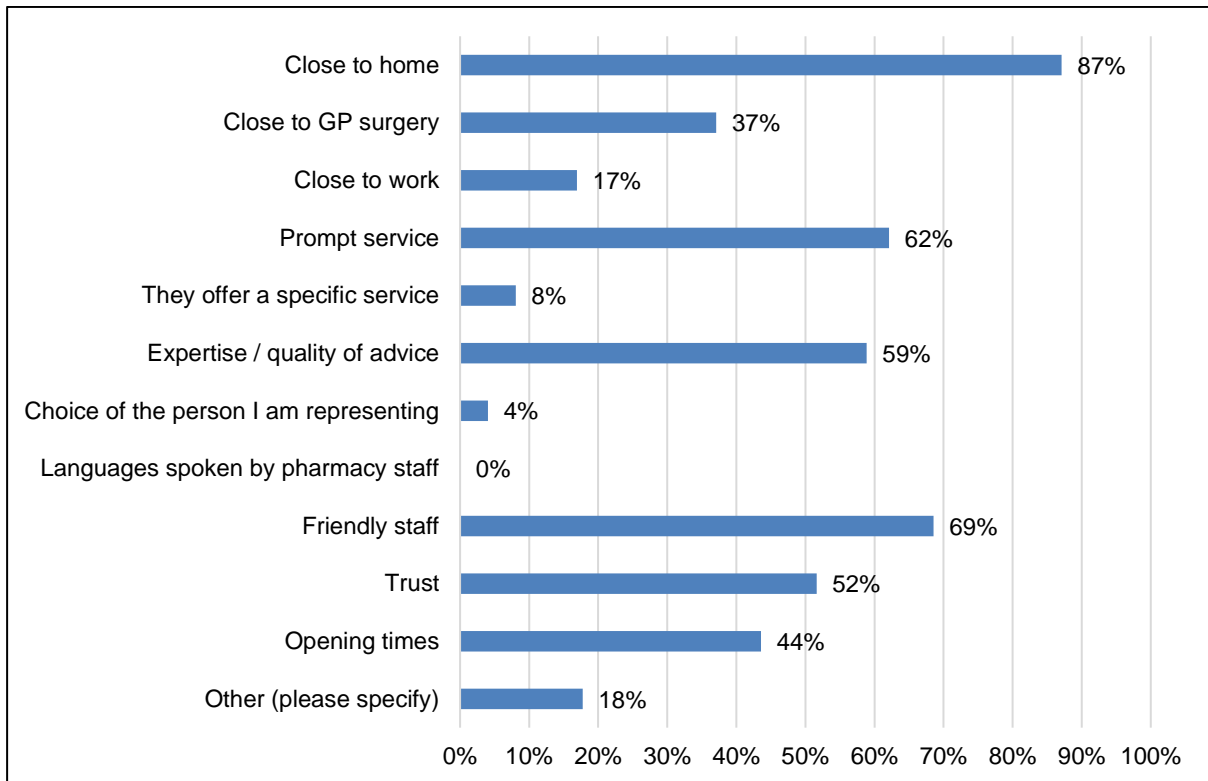
### Q1. How often have you visited the pharmacy in the last six months?



### Q2. Do you have a regular or preferred pharmacy that you visit in the City of London or Hackney?

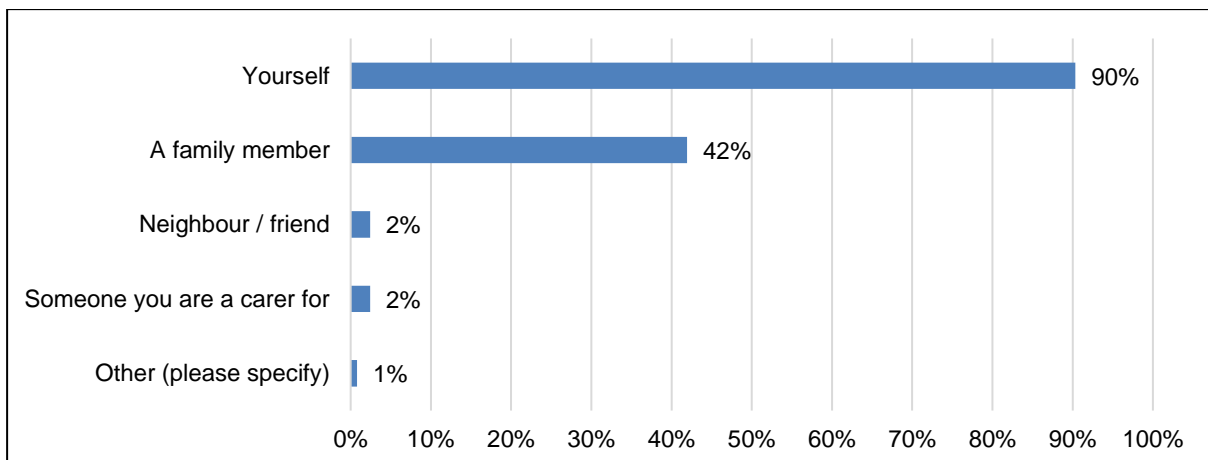


**Q3. When considering a choice of pharmacy, which of the following helps you choose? (Please select all that apply)**



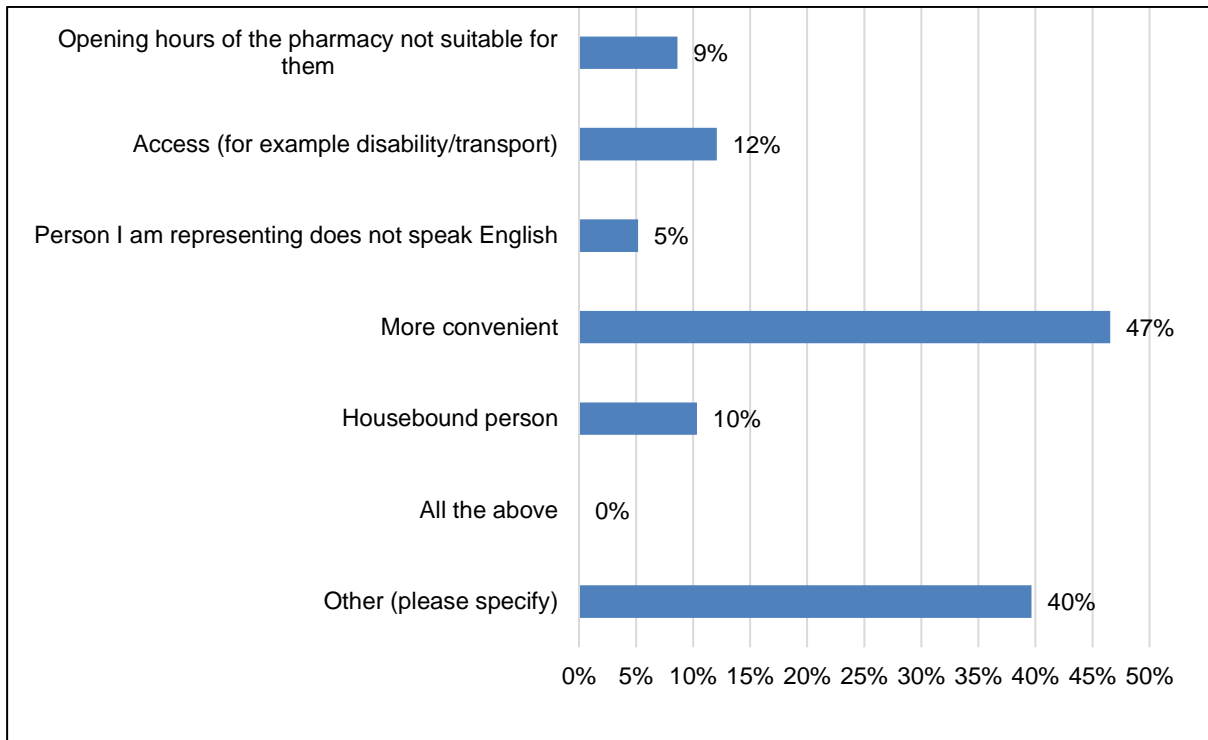
Quality of advice (1)	Cleanliness (1)
Delivery (2)	Location (1)
Quality of service (6)	

**Q4. Who would you normally visit the pharmacy for? (Please select all that apply)**



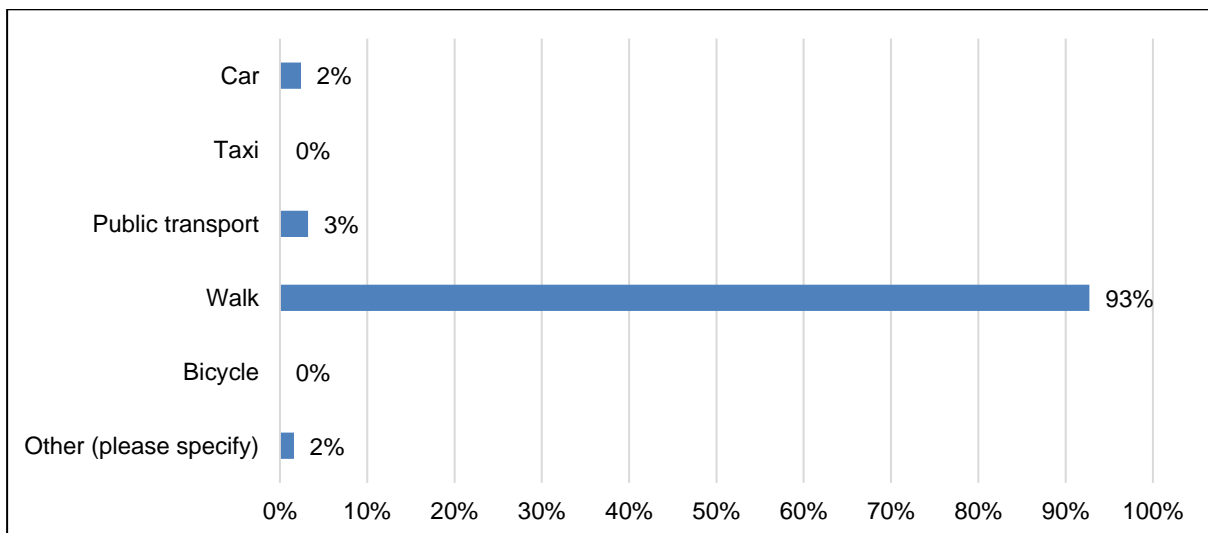
Spouse (1)
------------

**Q5. If you visit the pharmacy on behalf of someone else, please give a reason why (You may select more than one answer)**



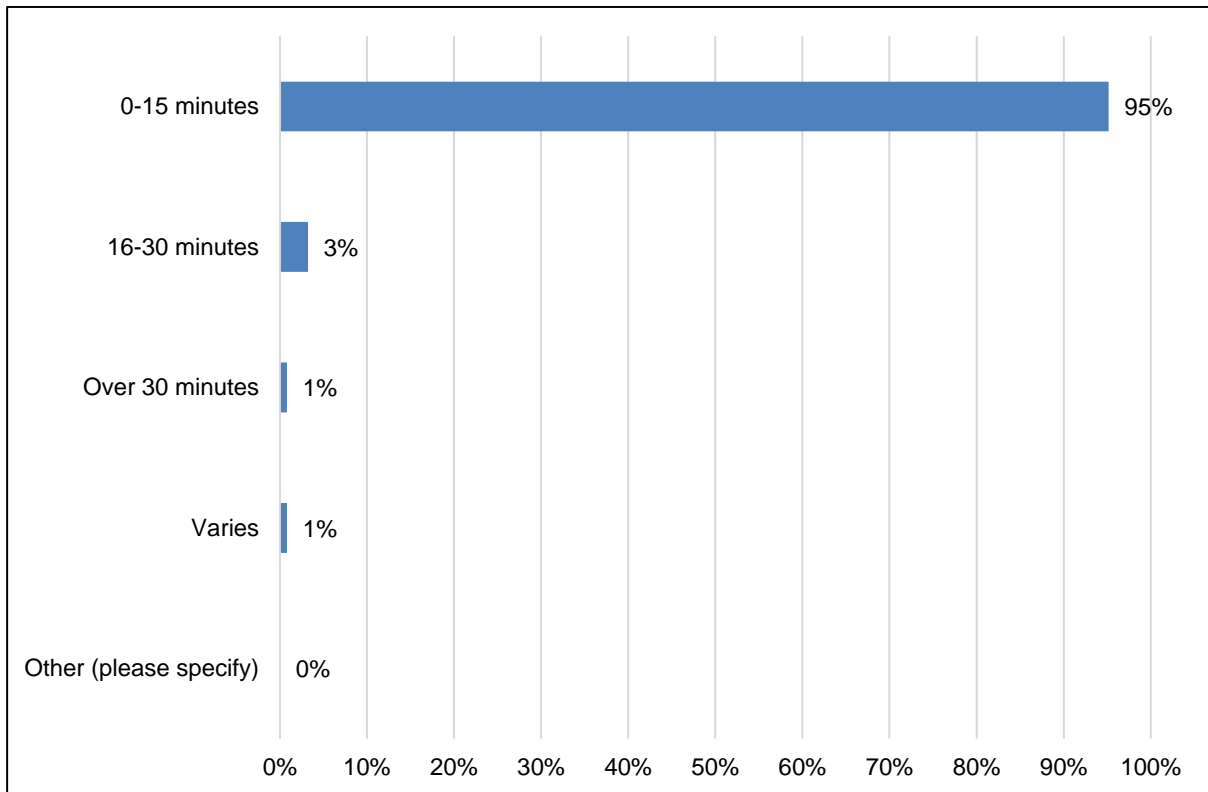
Child (9)	Disability (1)
Efficiency (3)	Elderly (2)
Mobility (1)	

**Q6. How would you usually travel to the pharmacy? (Please select one answer)**

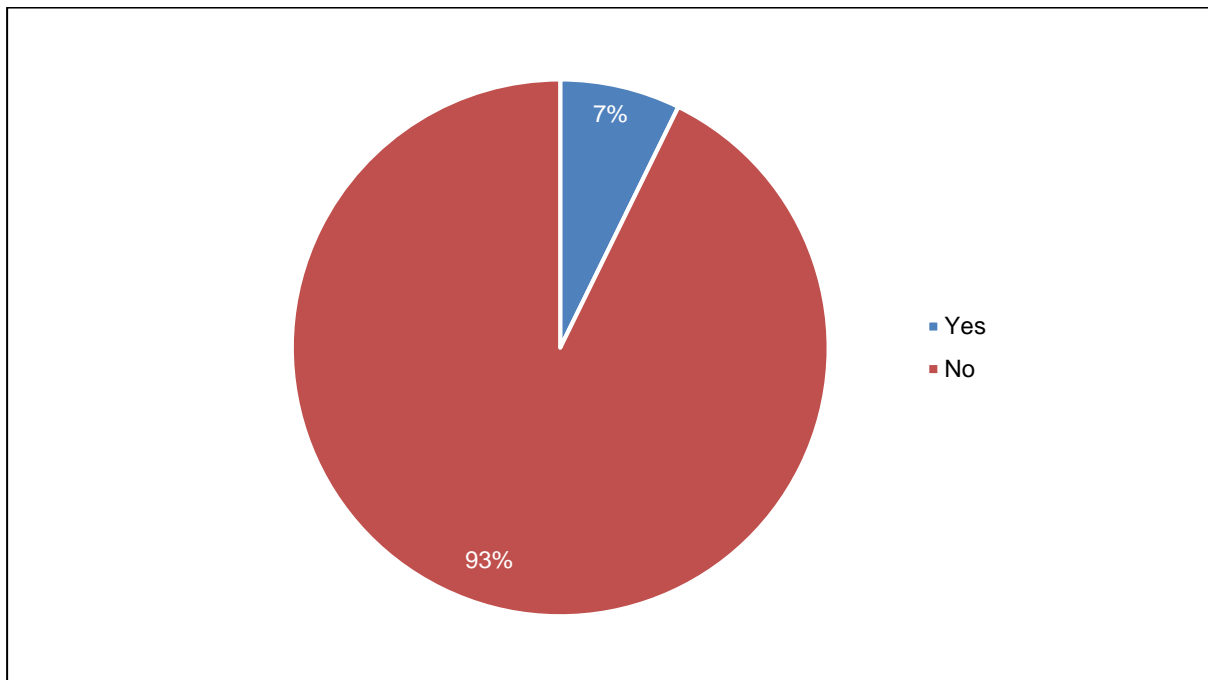


Walk (1)	Public transport (1)
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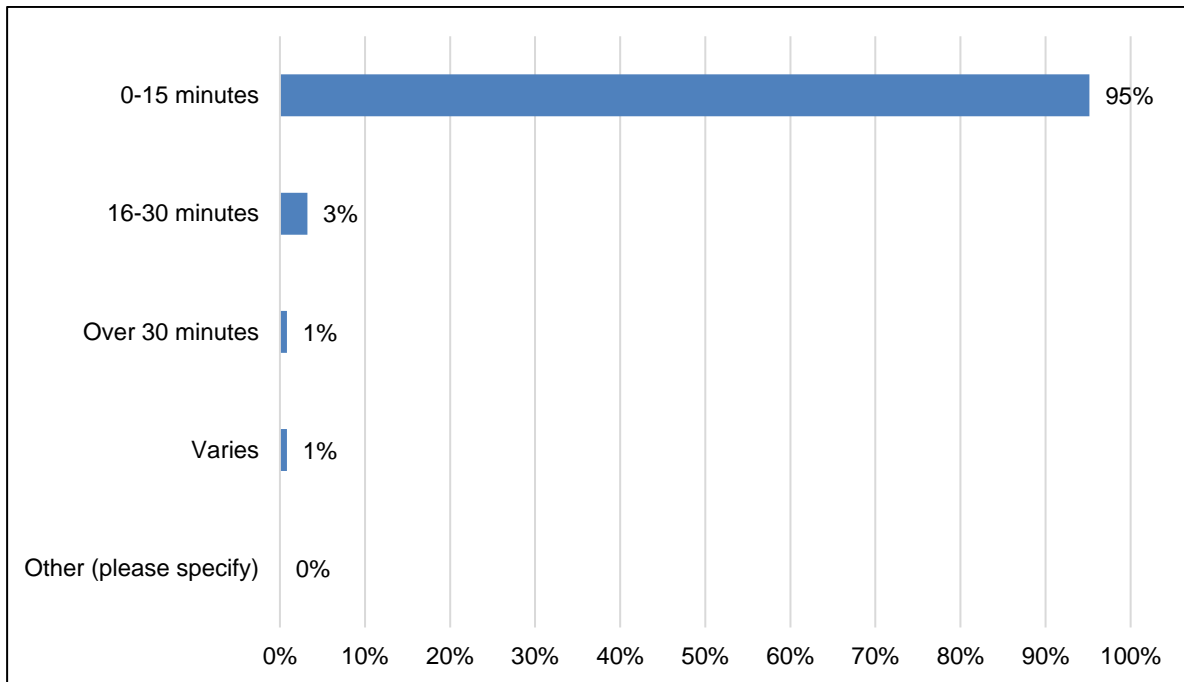
**Q7. On average, how long does it take you to travel to a pharmacy?  
(Please select one answer)**



**Q8. Do you have any difficulties when travelling to a pharmacy?**



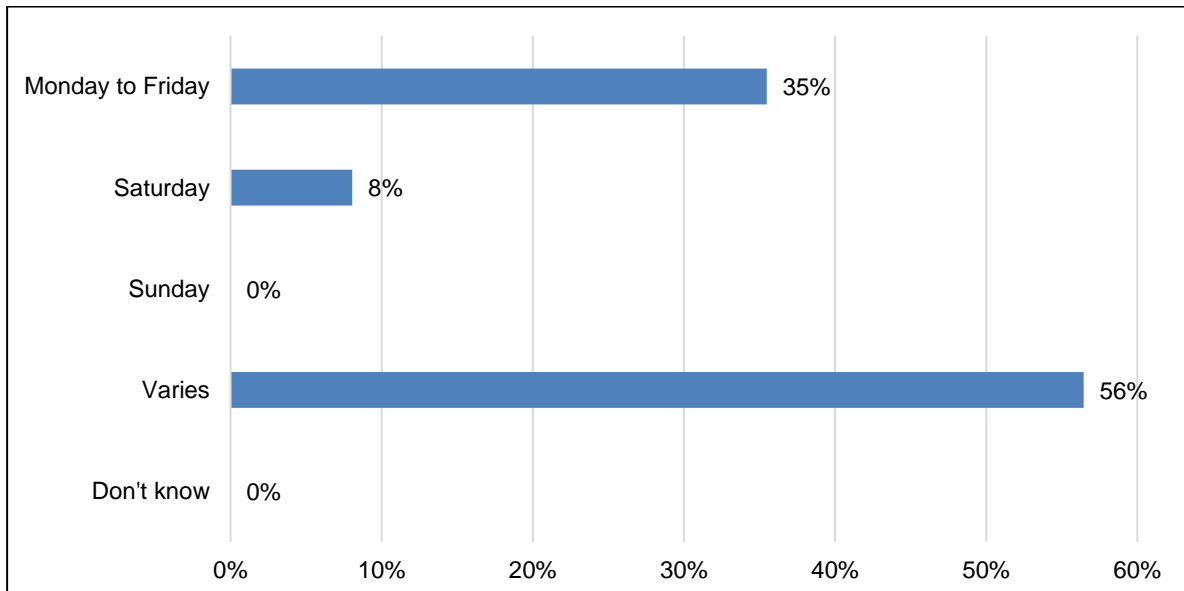
**Q9. If you answered yes to the previous question, please select one of the following reasons**



Mobility (4)

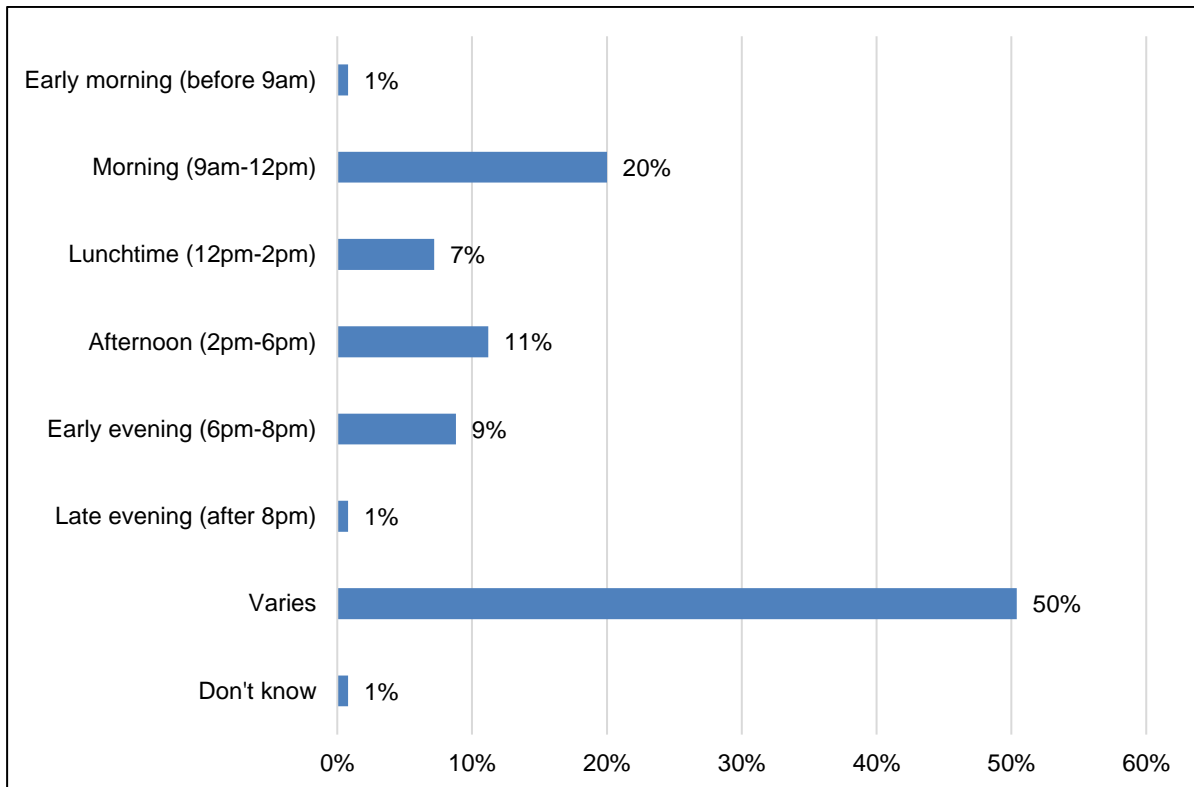
Mental Health (1)

**Q10. What is the most convenient day for you to visit a pharmacy?  
(Please select one answer)**

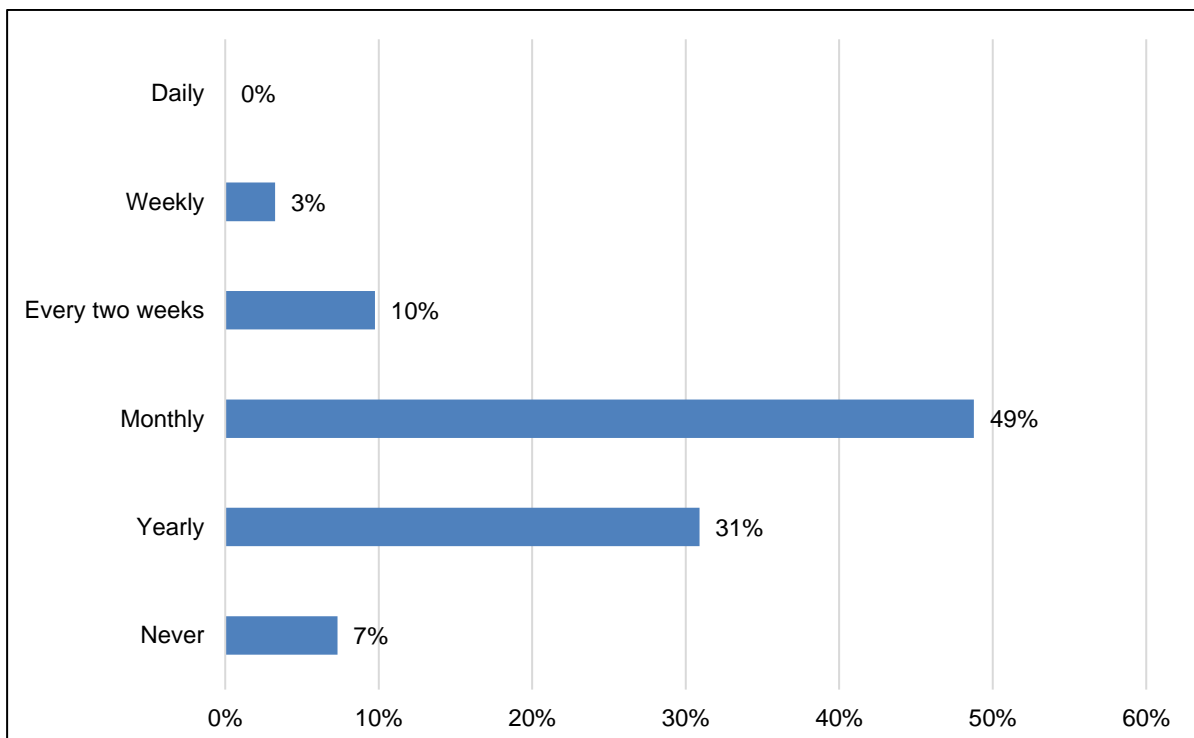




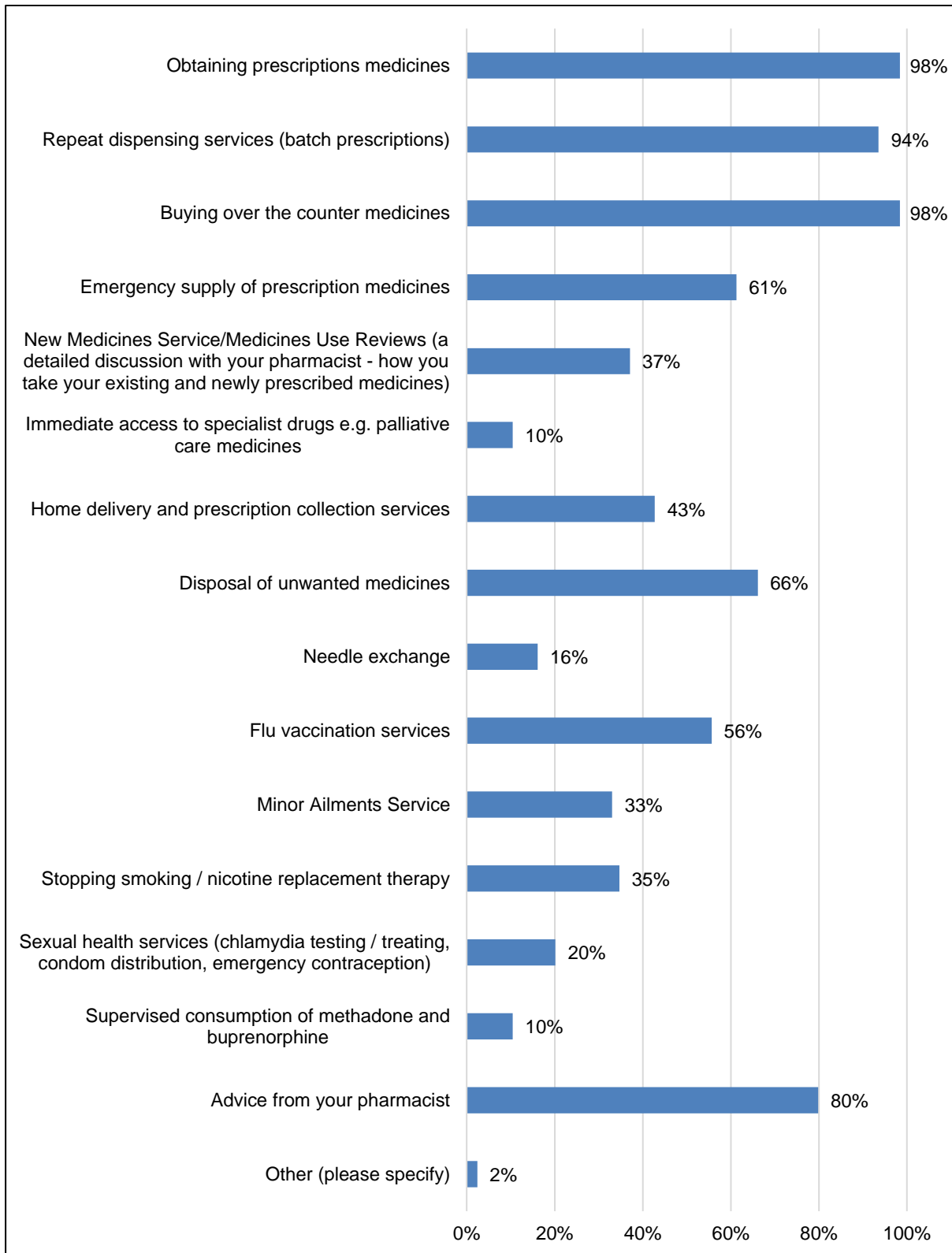
**Q11. When do you prefer to visit a pharmacy? (Please select one answer)**



**Q12. How regularly do you typically buy an over-the-counter (ie non-prescription) medicine from a pharmacy?**

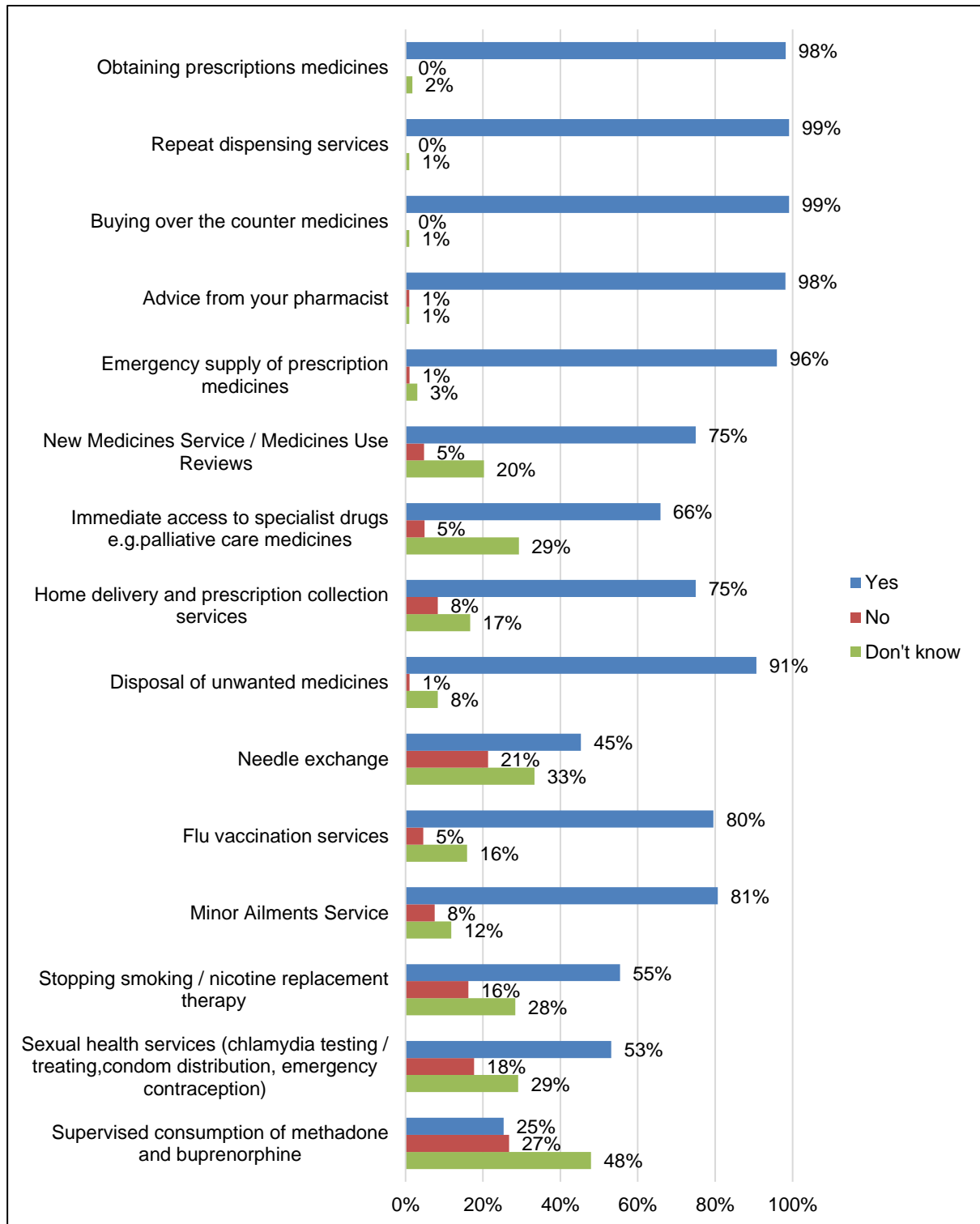


**Q13. Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select all that applies)**



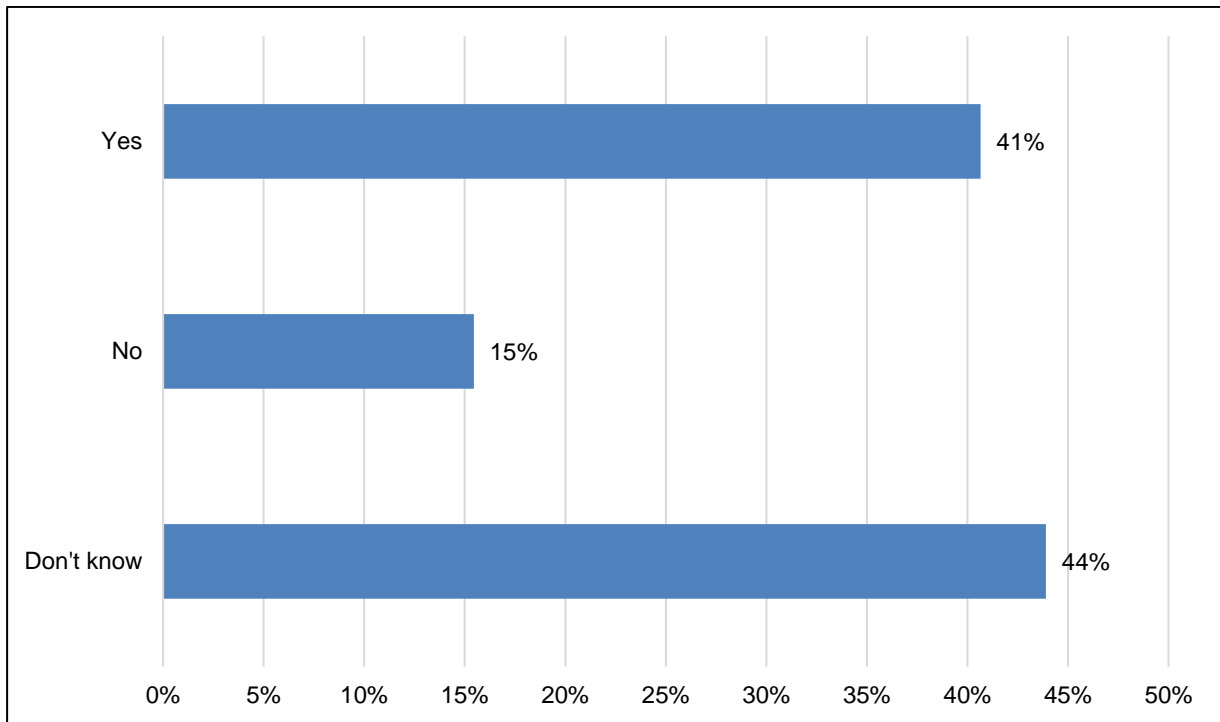
Travel vaccinations (1)

### Q14. What services would you like to see provided by your local pharmacy?

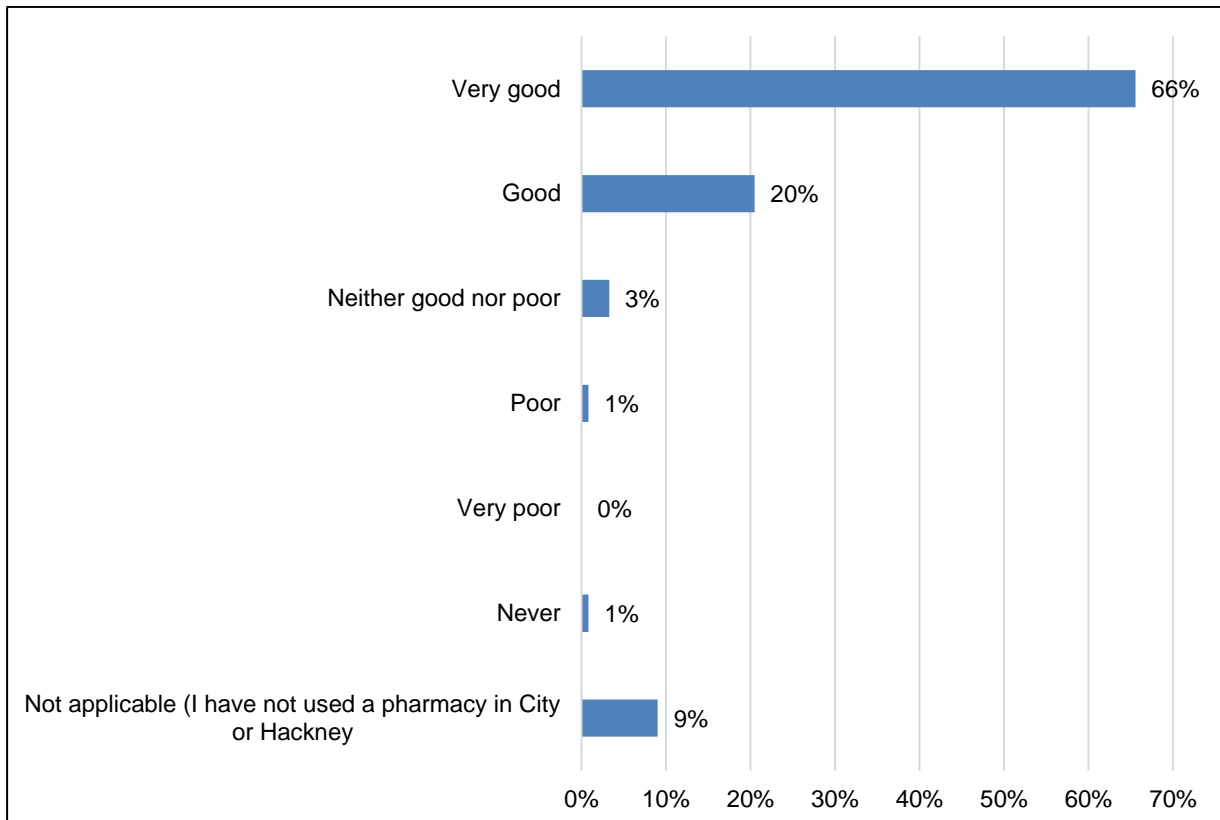


Stop smoking (1)	Travel vaccinations (1)
Medicine reviews (1)	

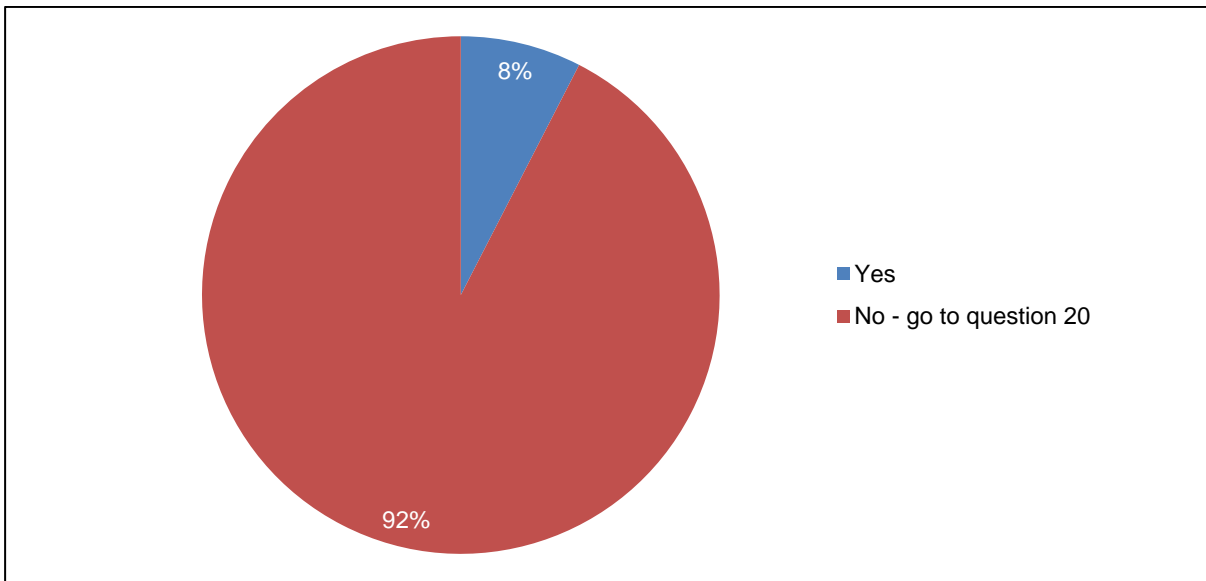
**Q15. Is there a consultation room available where you cannot be overhead in the pharmacy you normally visit?**



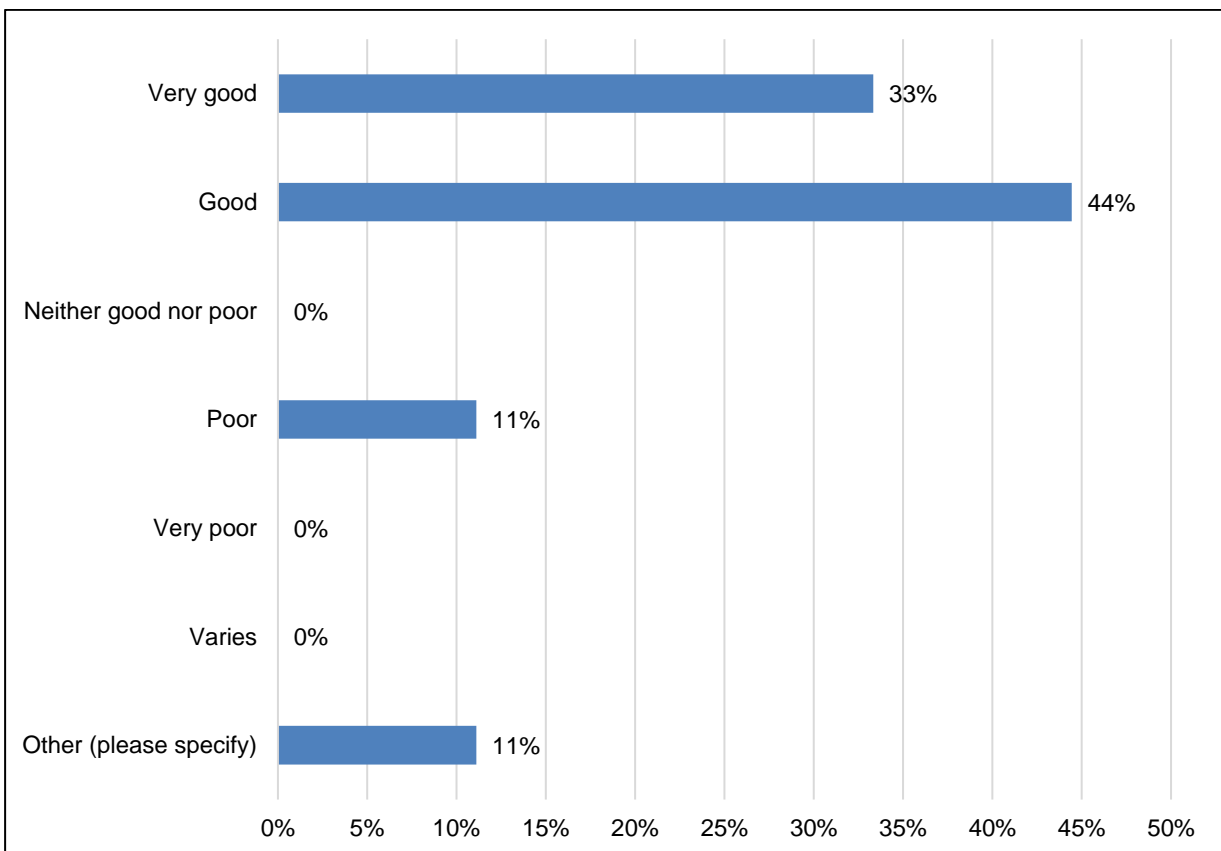
**Q16. How do you rate your last experience of a community pharmacy in City of London or Hackney?**



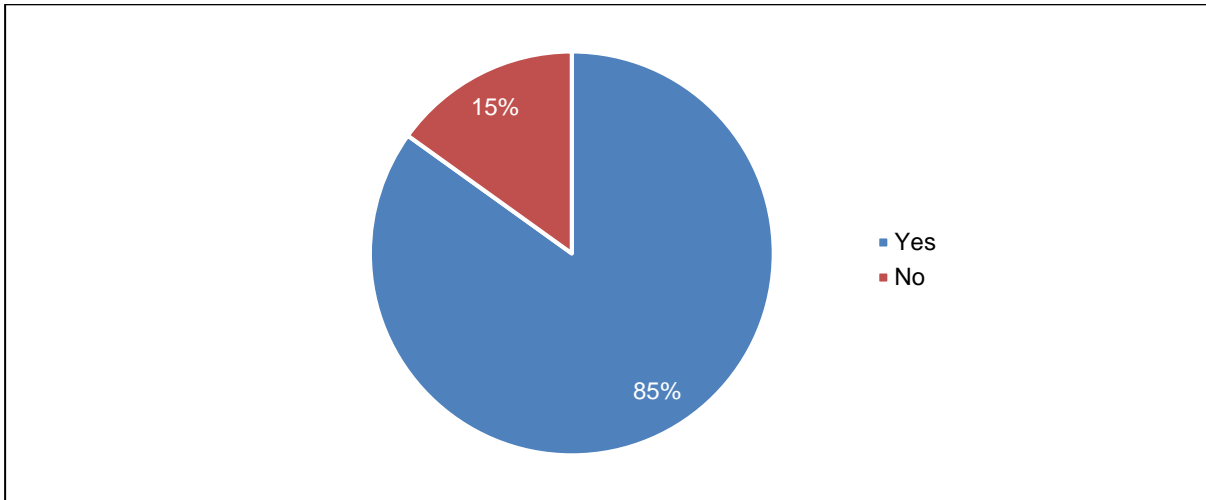
**Q17. Have you ever used an internet pharmacy to obtain prescription medicines?**



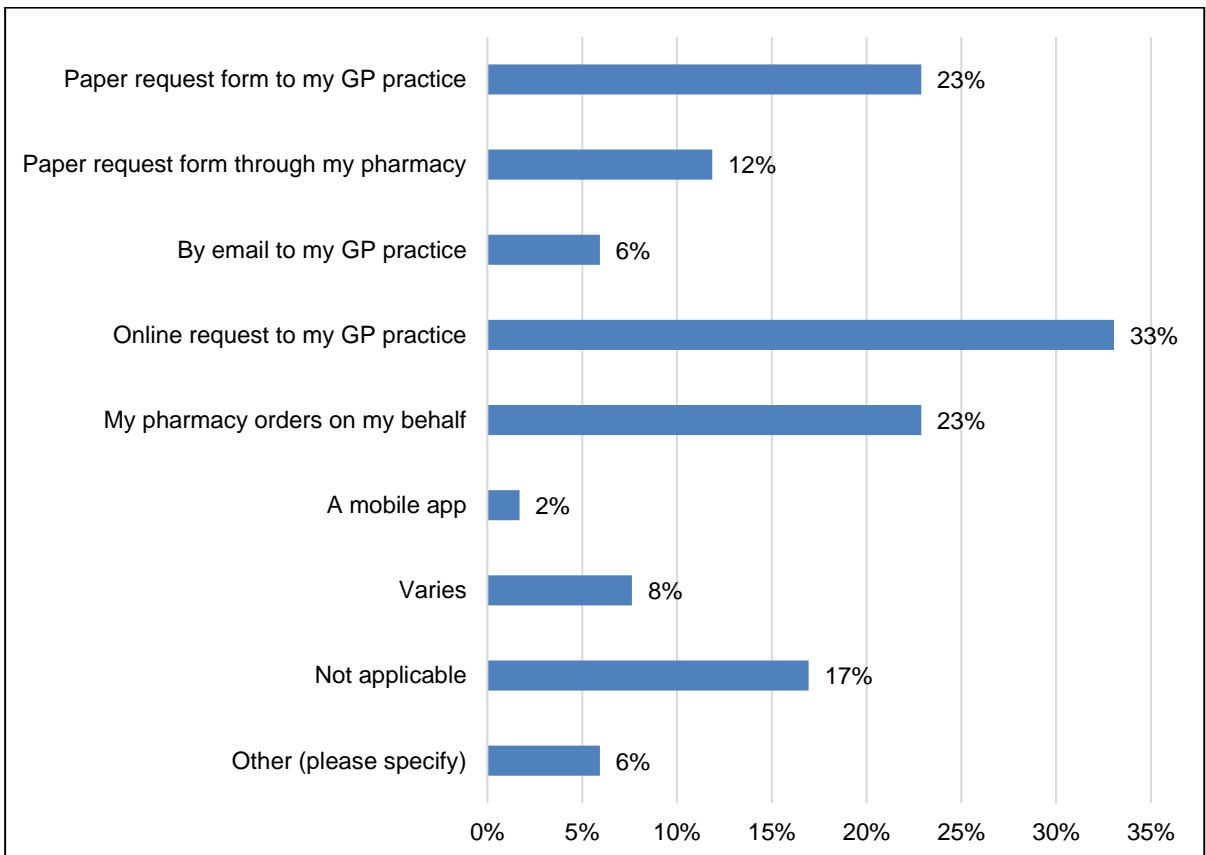
**Q18. If yes, how would you rate your overall satisfaction with the internet pharmacy?**



**Q19. Are you aware that a service is available whereby your GP practice can send your prescription electronically to your chosen City of London or Hackney pharmacy?**



**Q20. If you use your City of London or Hackney pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)**



Personal request to my GP practice (3)	Phone (2)
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**Q21. Any other comments you would like to make about your pharmacy in the City of London or Hackney**

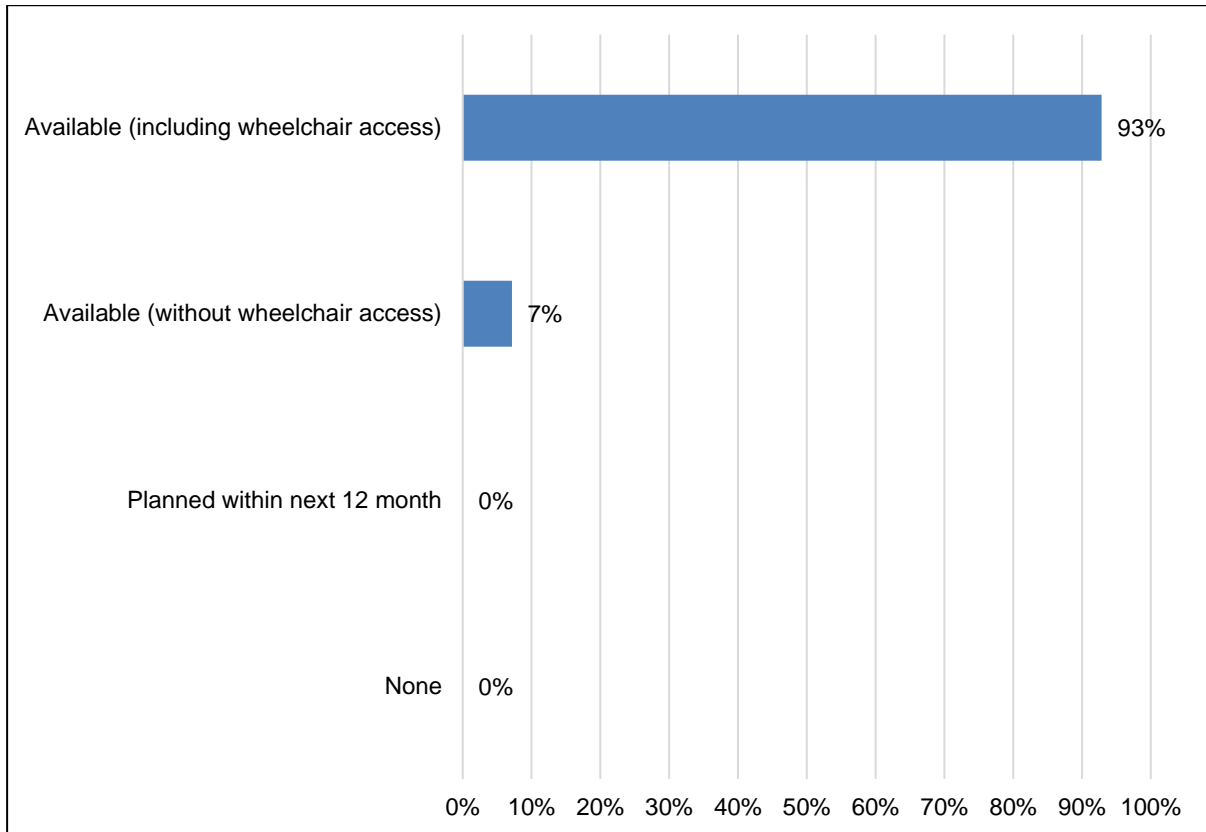
Efficient (1)	Excellent service (10)
Extremely important (4)	Friendly service (2)
Good service (2)	Helpful service (4)
Longer opening hours (2)	

Please note that some figures will add up to more than 100%. This is either due to respondents being able to give more than one response to a question or figures having been rounded up to the nearest whole percentage.

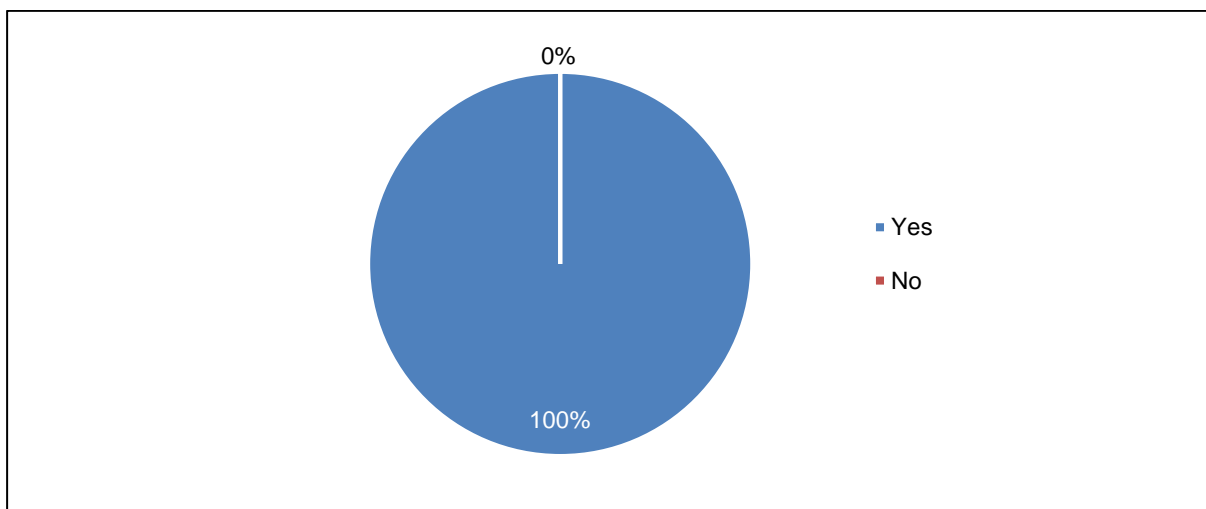
## Appendix I: Results of the pharmacy contractor questionnaire

Q1 to Q3 were pharmacy-specific questions

Q4. Is there a consultation area (meeting the criteria for the Medicines Use Review service)?

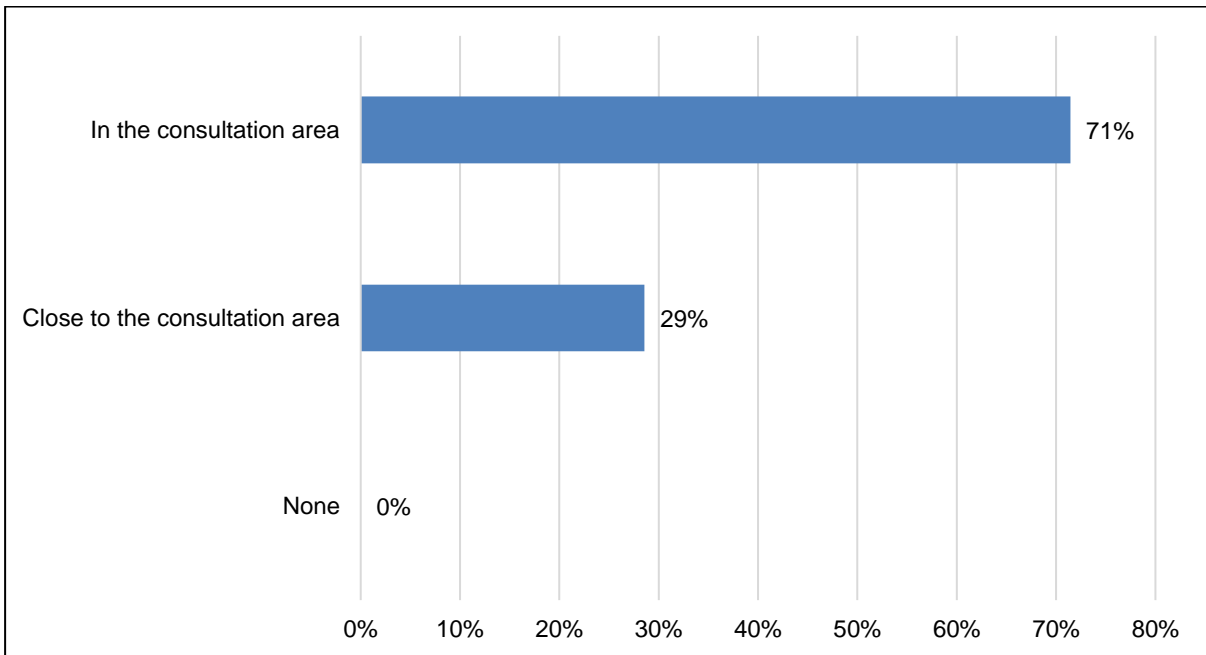


Q5. Where there is a consultation area, is it a closed room?

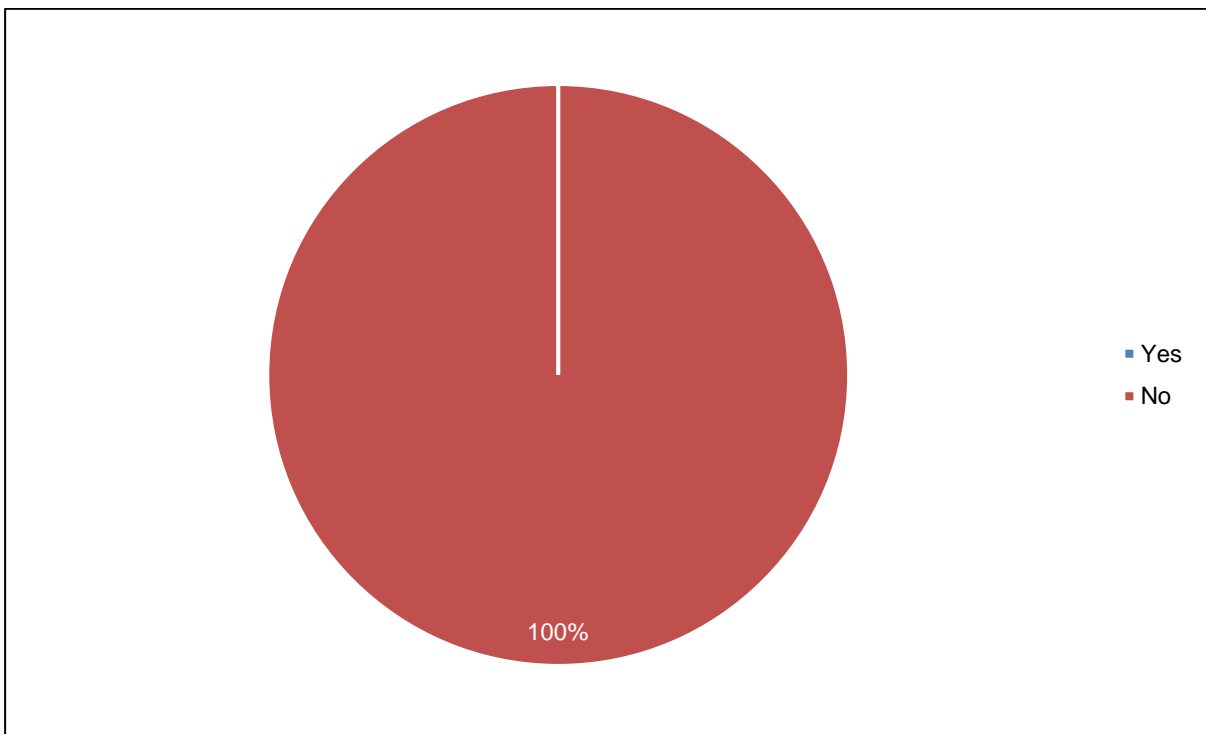




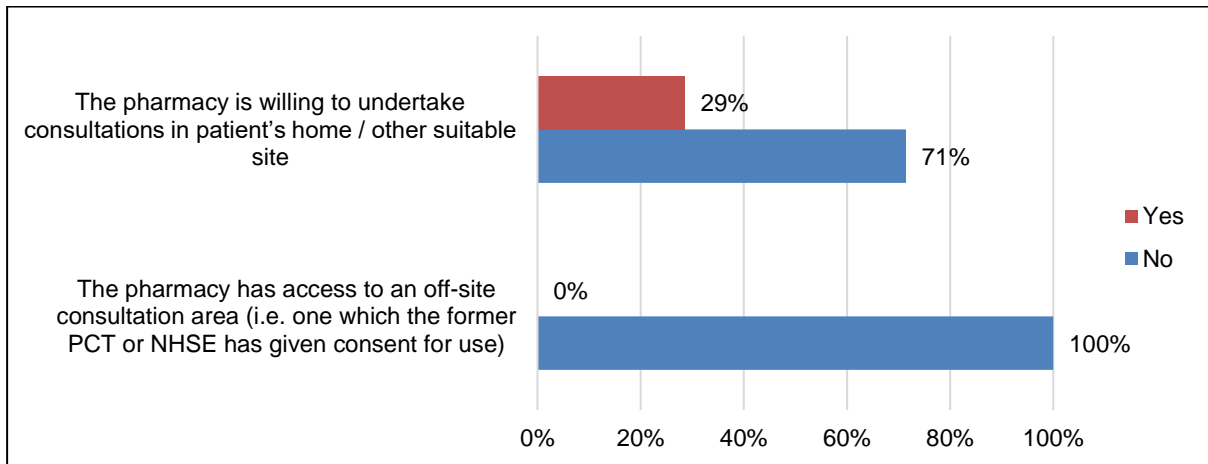
**Q6. During consultations are there hand-washing facilities?**



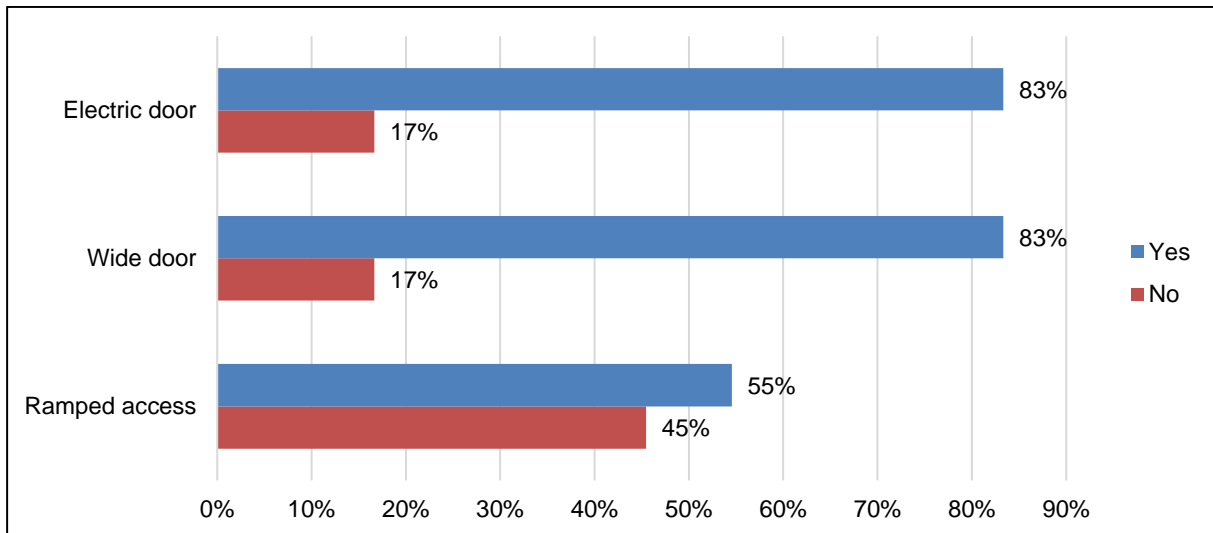
**Q7. Do patients attending for consultations have access to toilet facilities?**



**Q8. Off-site consultation areas**



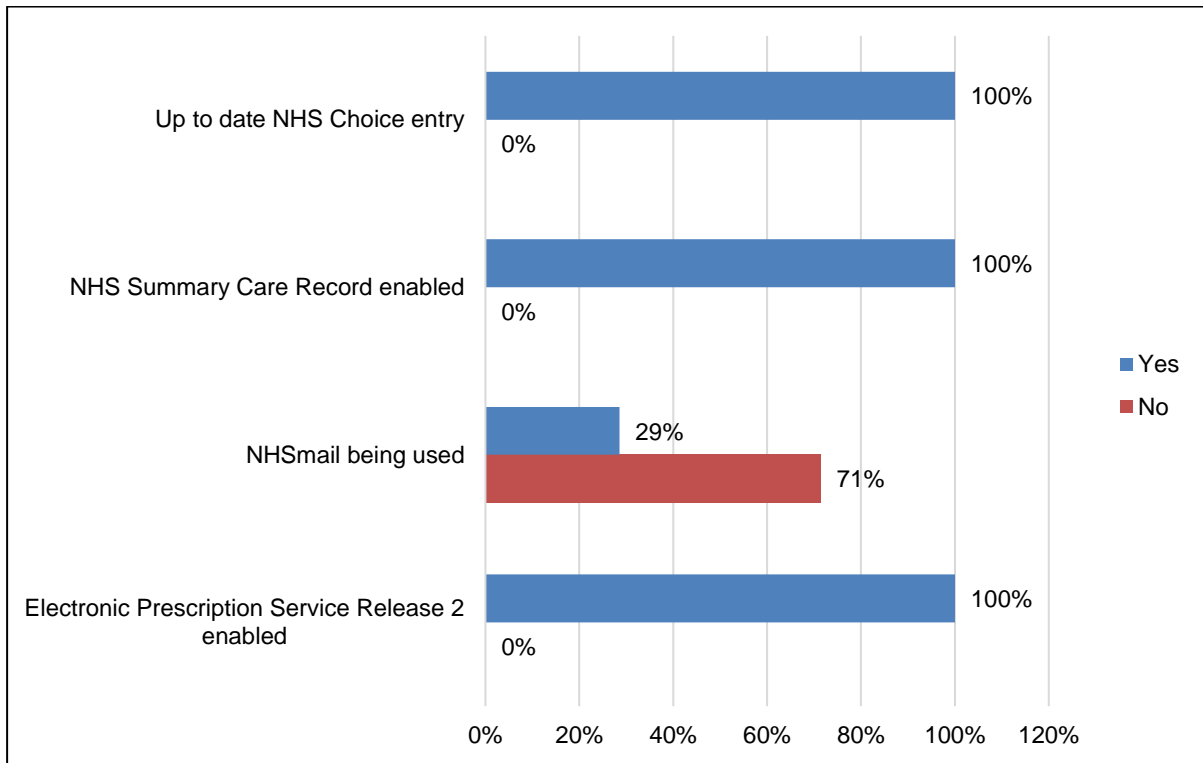
**Q9. The pharmacy is accessible for wheelchair users**



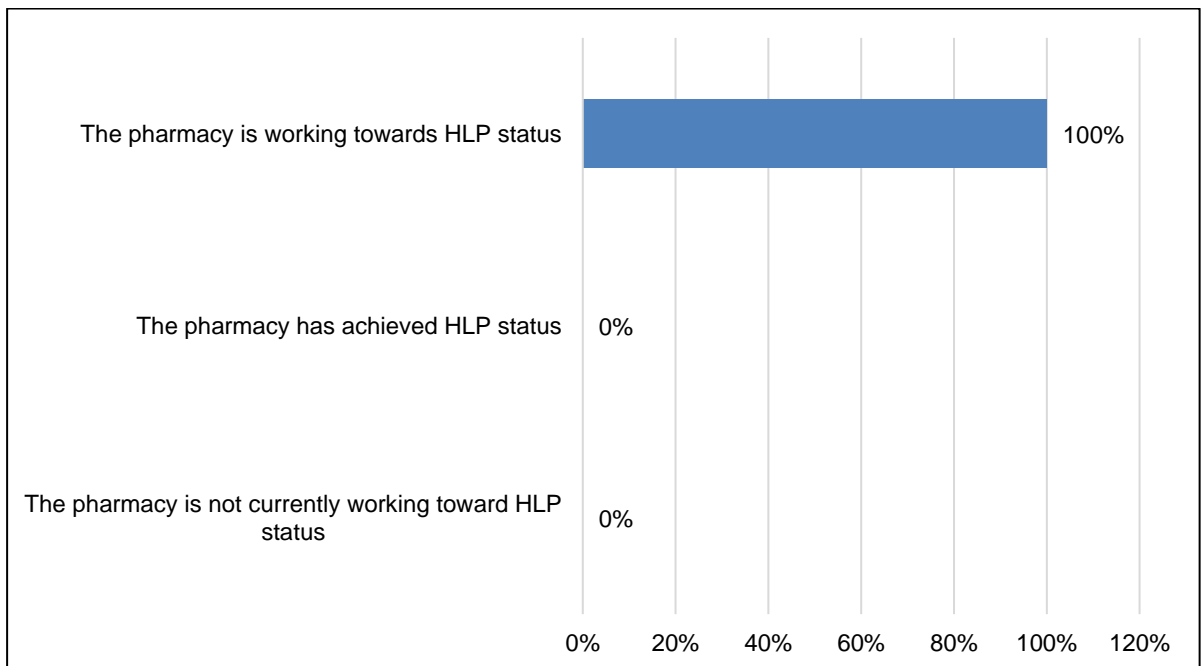
**Q10. Languages spoken in the community (in addition to English)**

Bengali (5)	Tamil (1)
Urdu (2)	Swedish (1)
Farsi (1)	French (2)
Romanian (1)	Gujarati (3)
Hindi (5)	Italian (1)
Spanish (2)	Swahili (1)
Russian (1)	Punjabi (1)
Slovak (1)	Filipino (1)
Nigerian (1)	Polish (1)
Arabic (1)	Amharic (1)

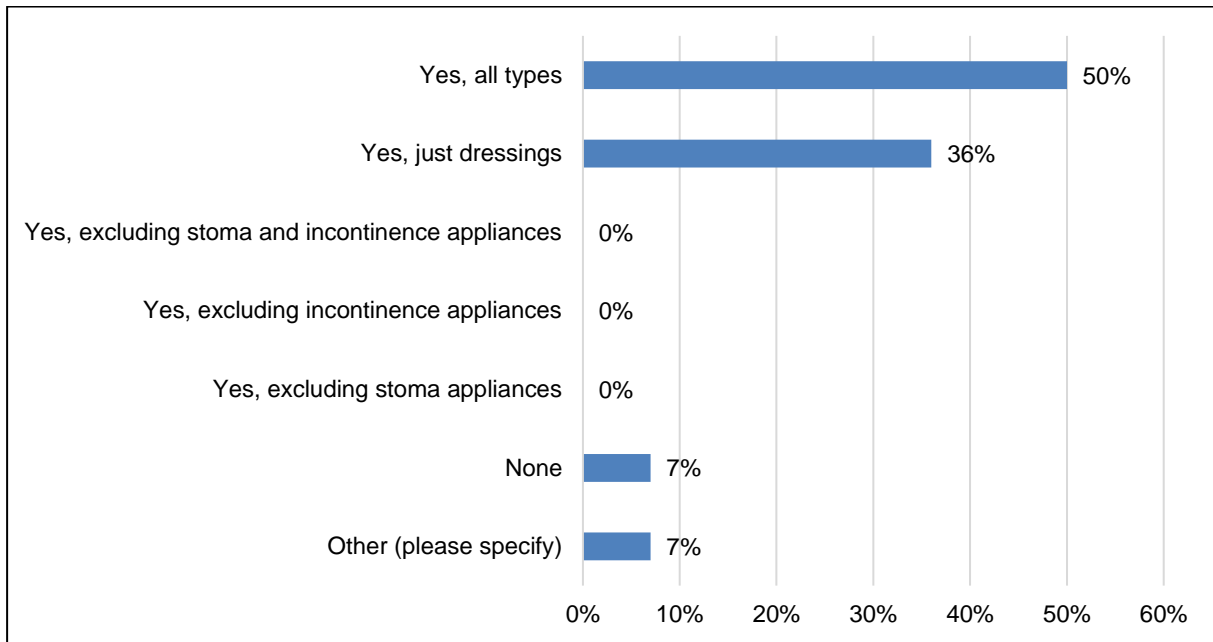
**Q11. IT facilities in the pharmacy**



**Q12. Please read the following statements and select the one that applies**

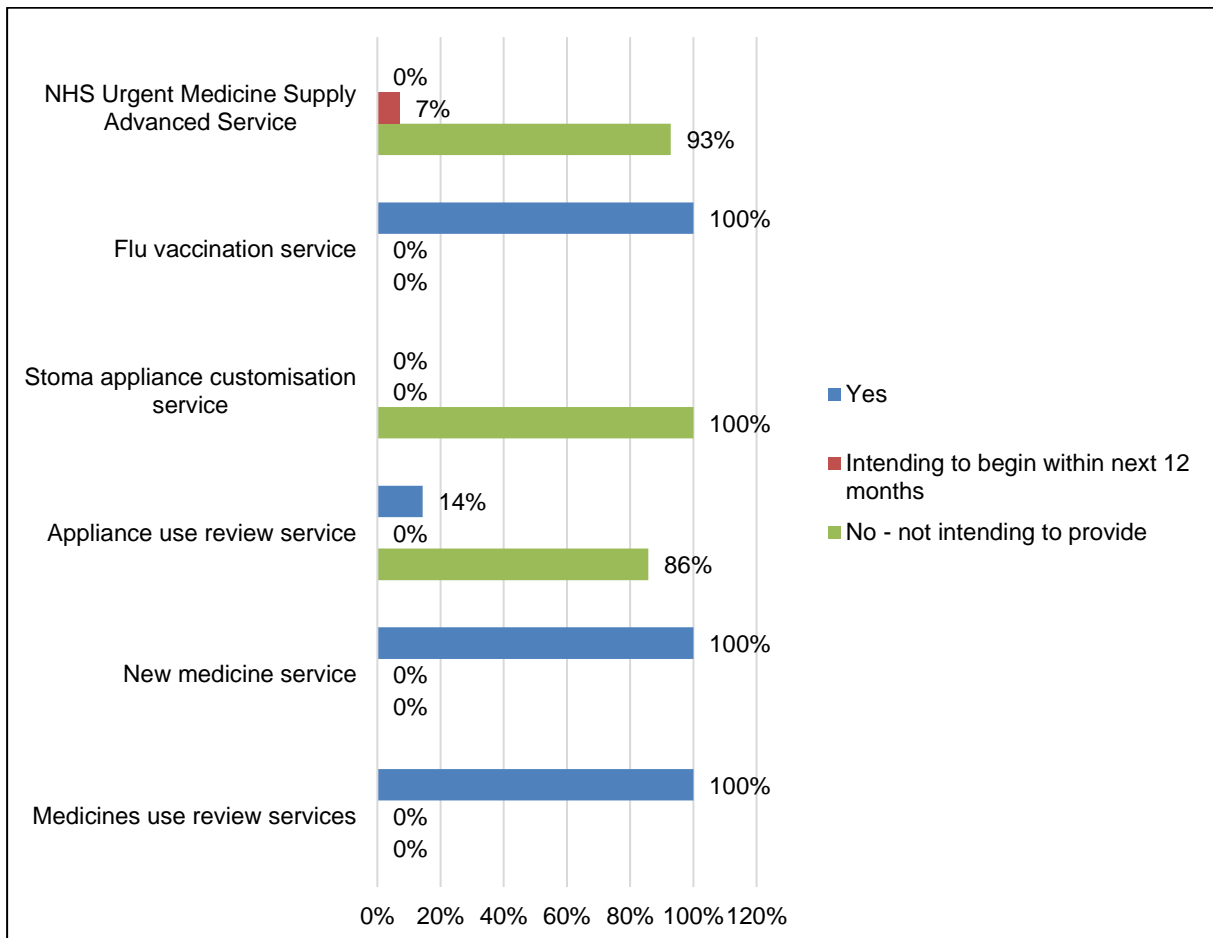


**Q13. Does the pharmacy dispense appliances?**

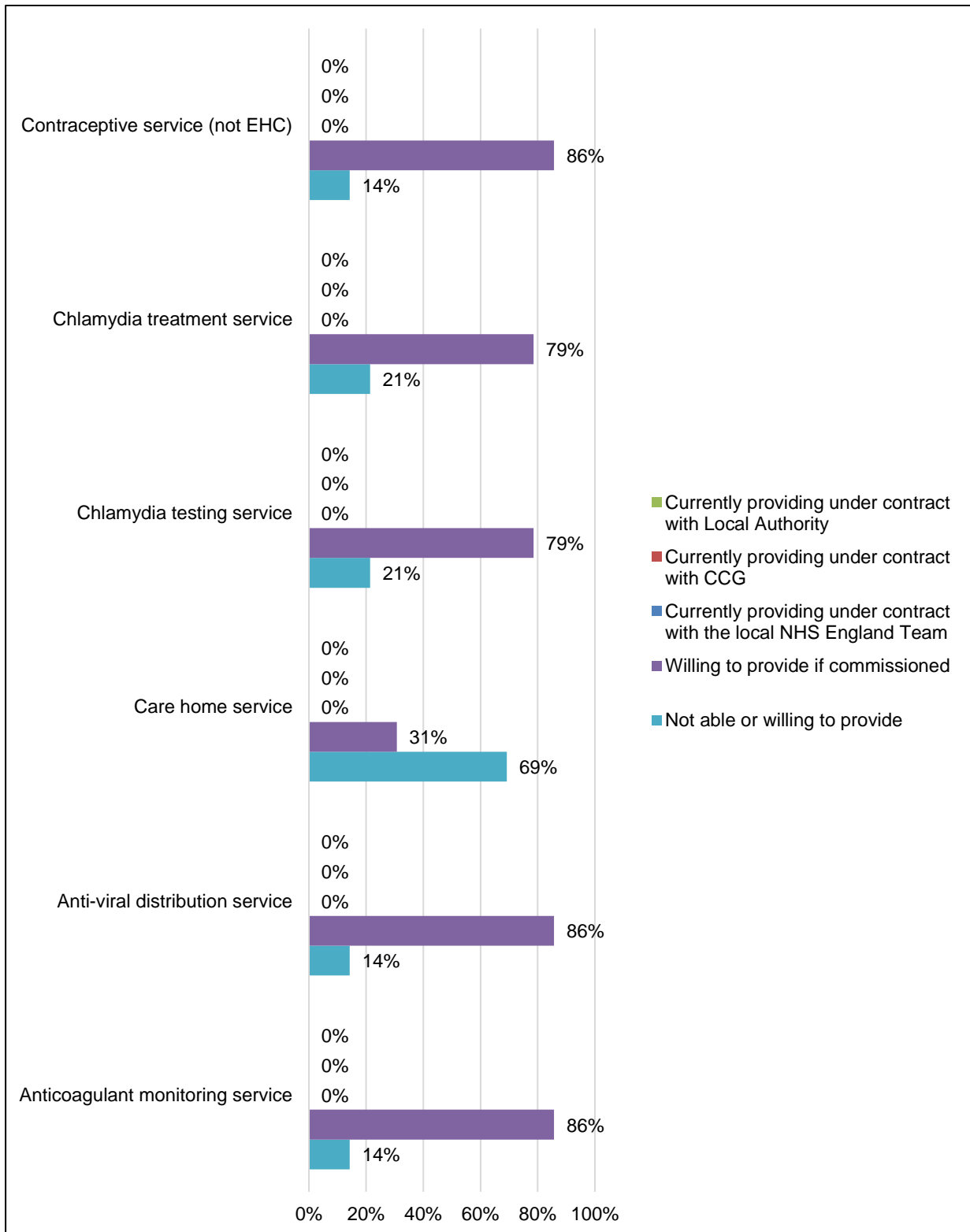


Regarding NHS mail the pharmacy will have NHS access from Nov 2017 (1)

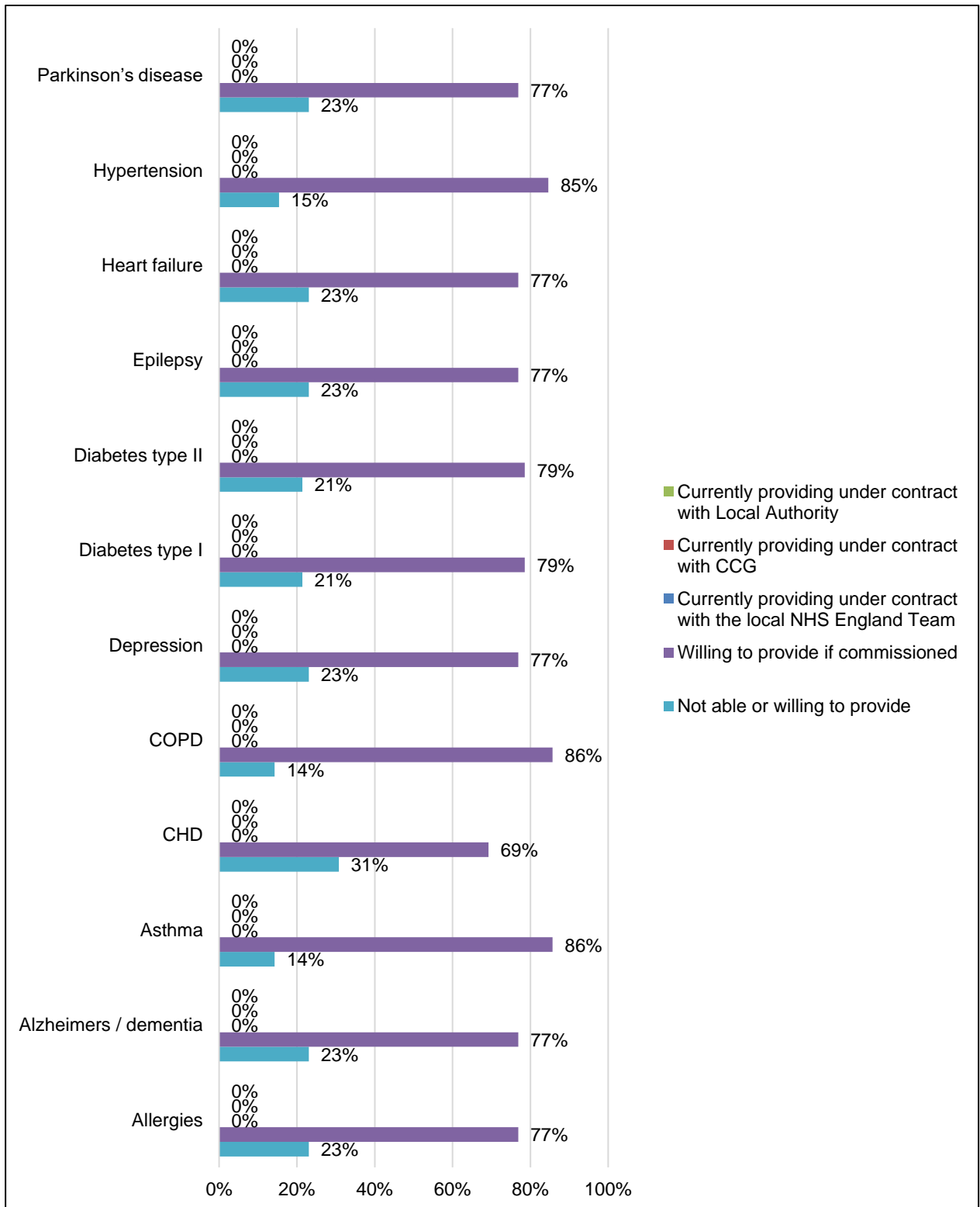
**Q14. Does the pharmacy provide the following services?**



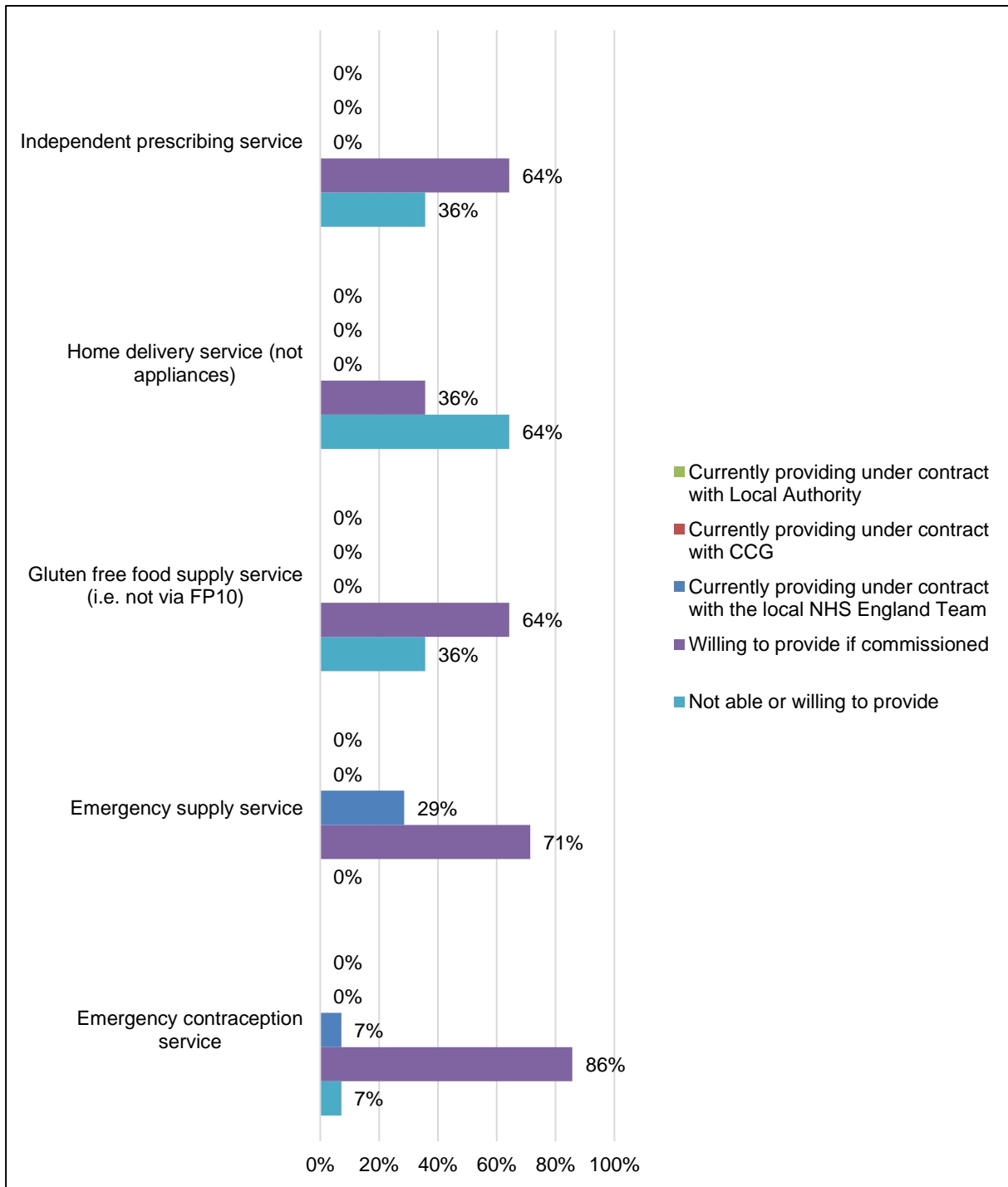
**Q15. Which of the following services does the pharmacy provide, or would be willing to provide?**



**Q16. Which of the following services does the pharmacy provide, or would be willing to provide?**

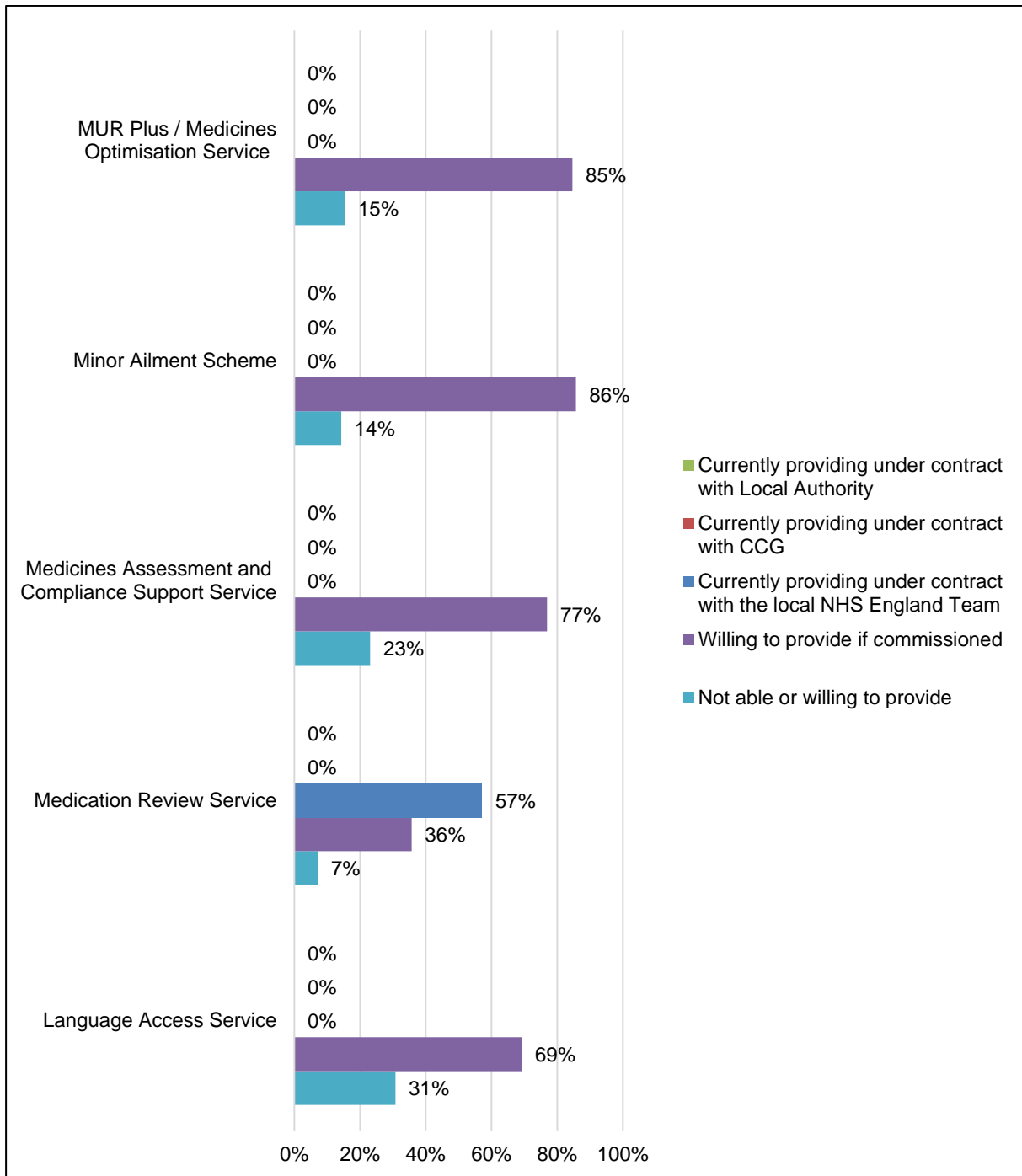


**Q17. Which of the following services does the pharmacy provide, or would be willing to provide?**



Free home delivery service (1)	
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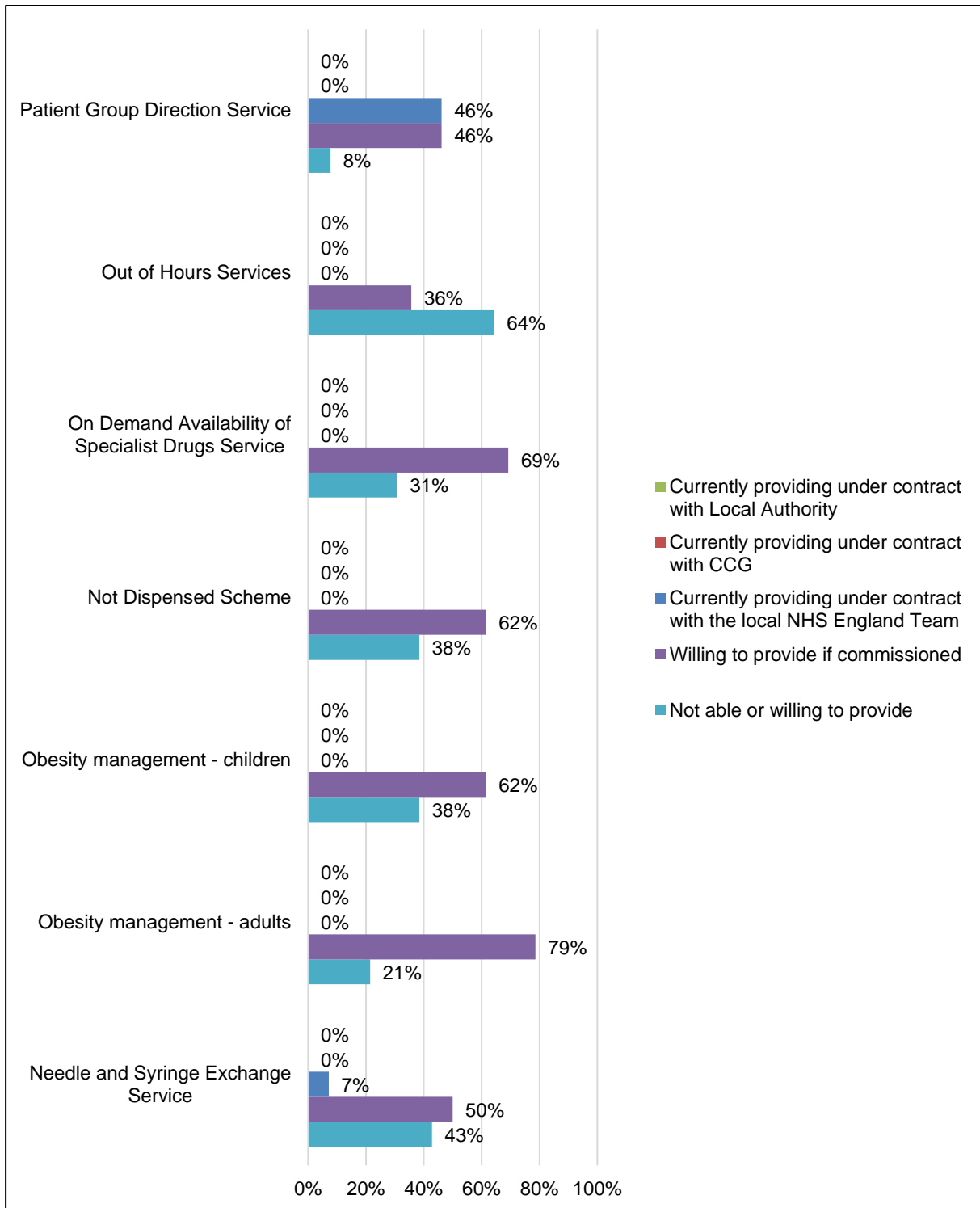
**Q18. Which of the following services does the pharmacy provide, or would be willing to provide?**



Asthma (1)	Diabetes (1)
Hypertension (1)	Anticoagulants (1)

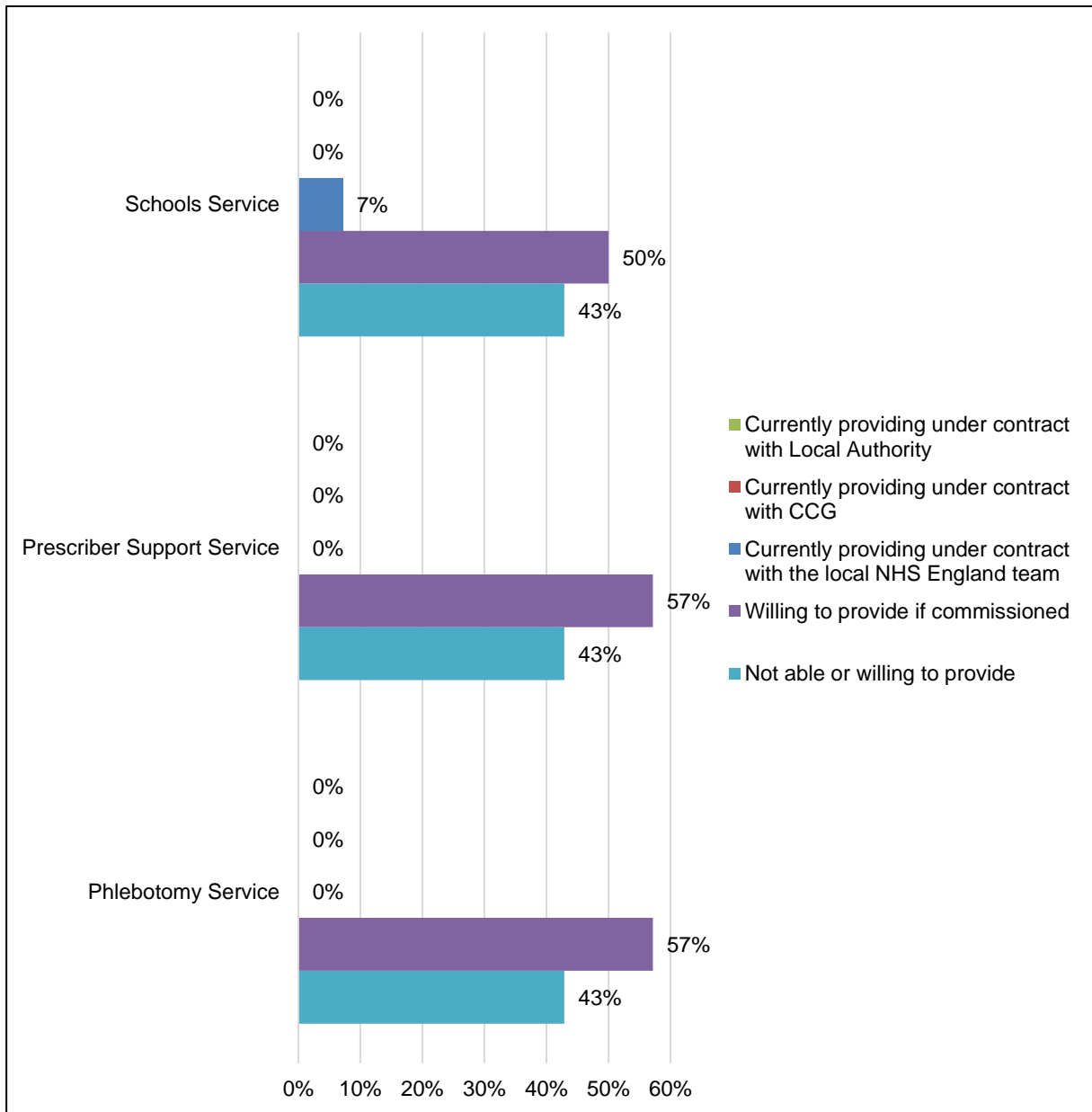


**Q19. Which of the following services does the pharmacy provide, or would be willing to provide?**

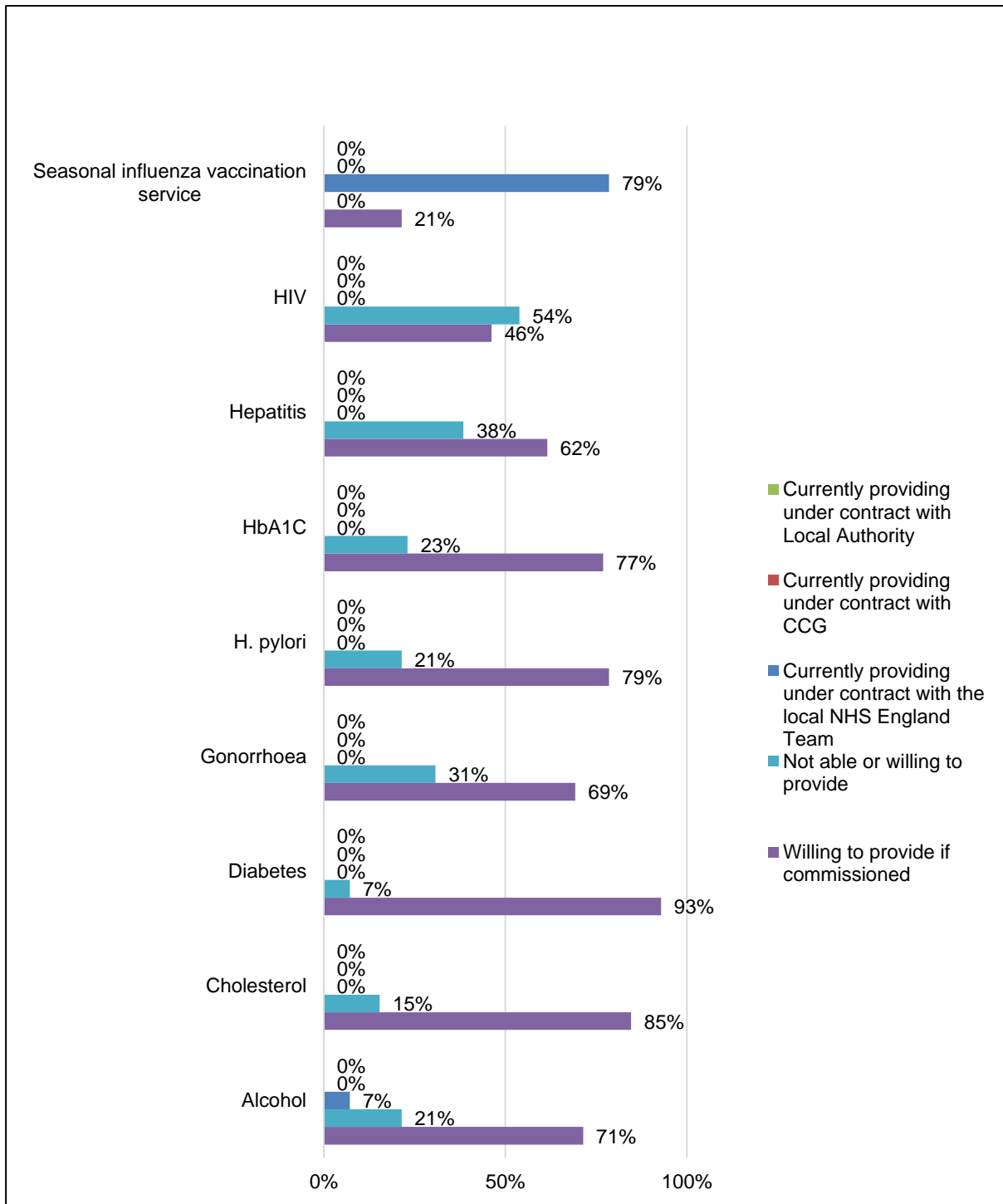


Travel vaccines (1)	NRT (1)
Stop smoking (1)	Flu vaccinations (2)
Champix (1)	

**Q20. Which of the following services does the pharmacy provide, or would be willing to provide?**

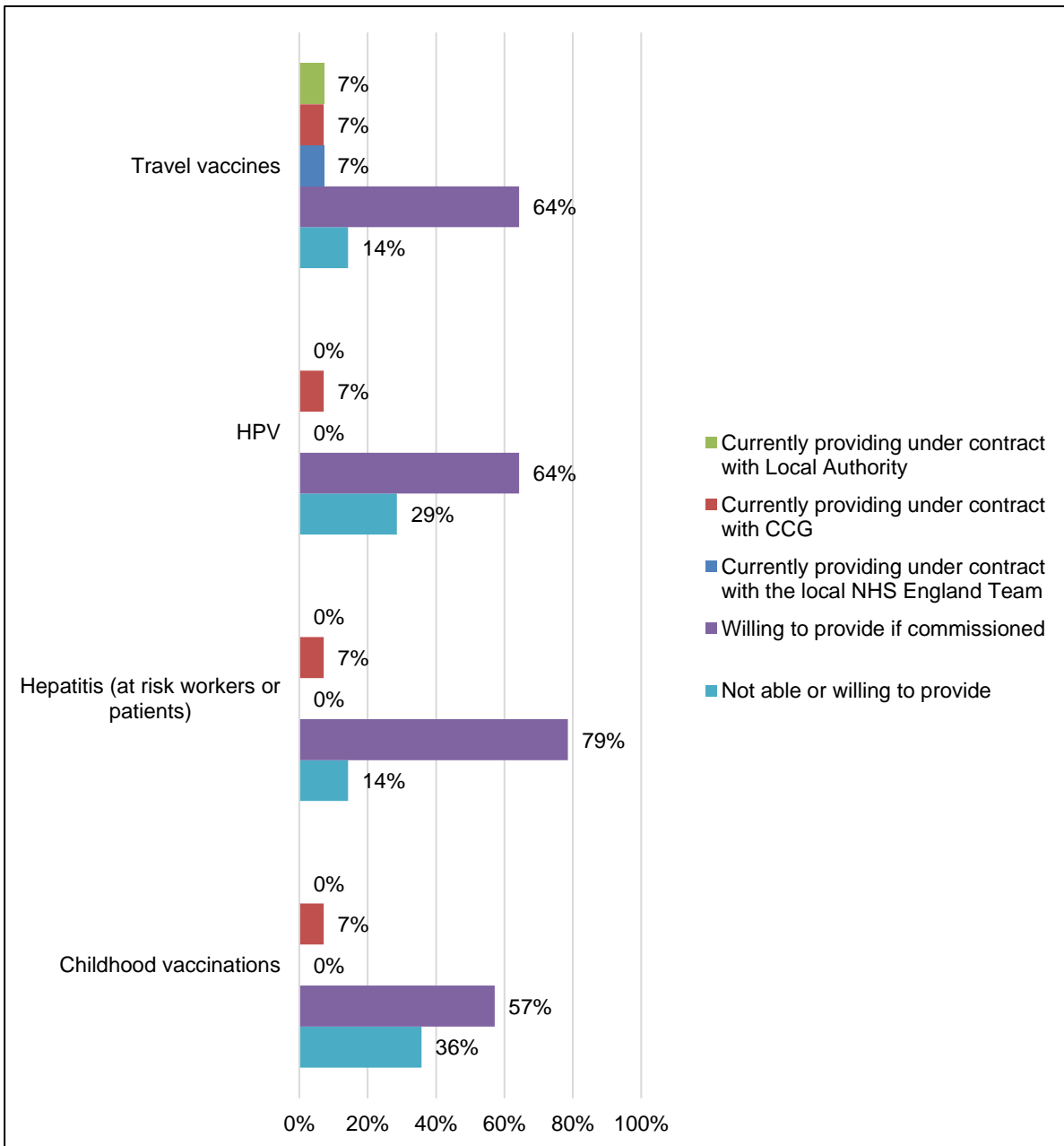


**Q21. Which of the following services does the pharmacy provide, or would be willing to provide?**



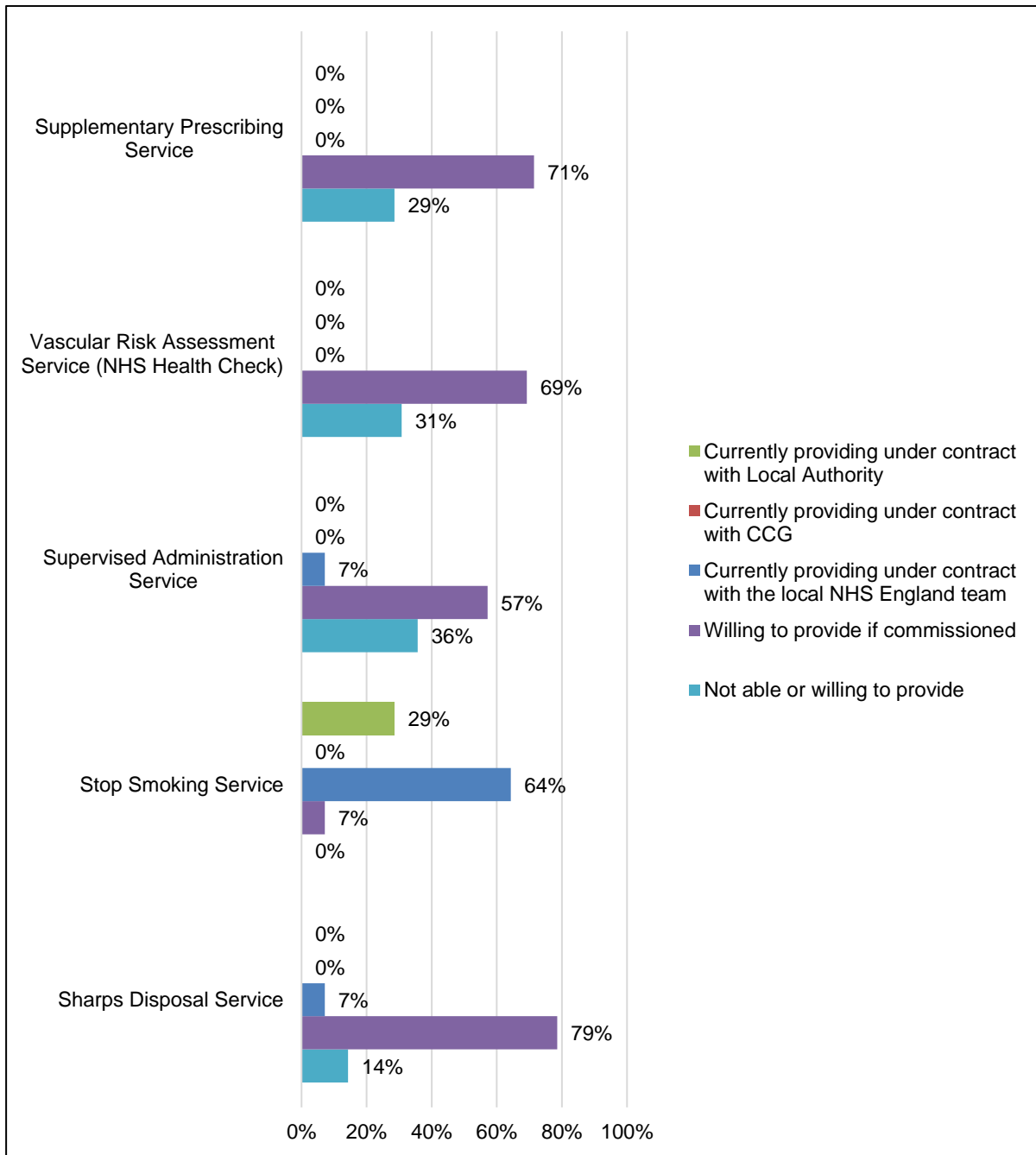
Pneumonia vaccination service (1)	
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**Q22. What other vaccination services does the pharmacy provide, or would be willing to provide?**

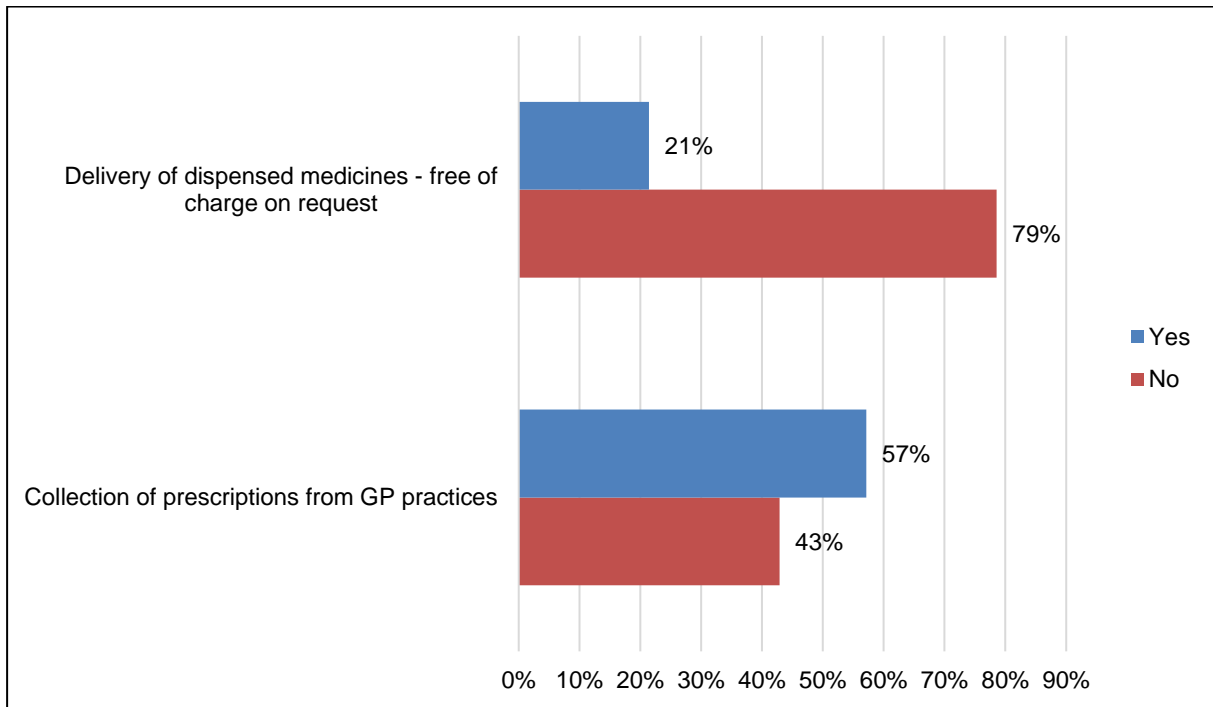


All provided with PGDs (1)

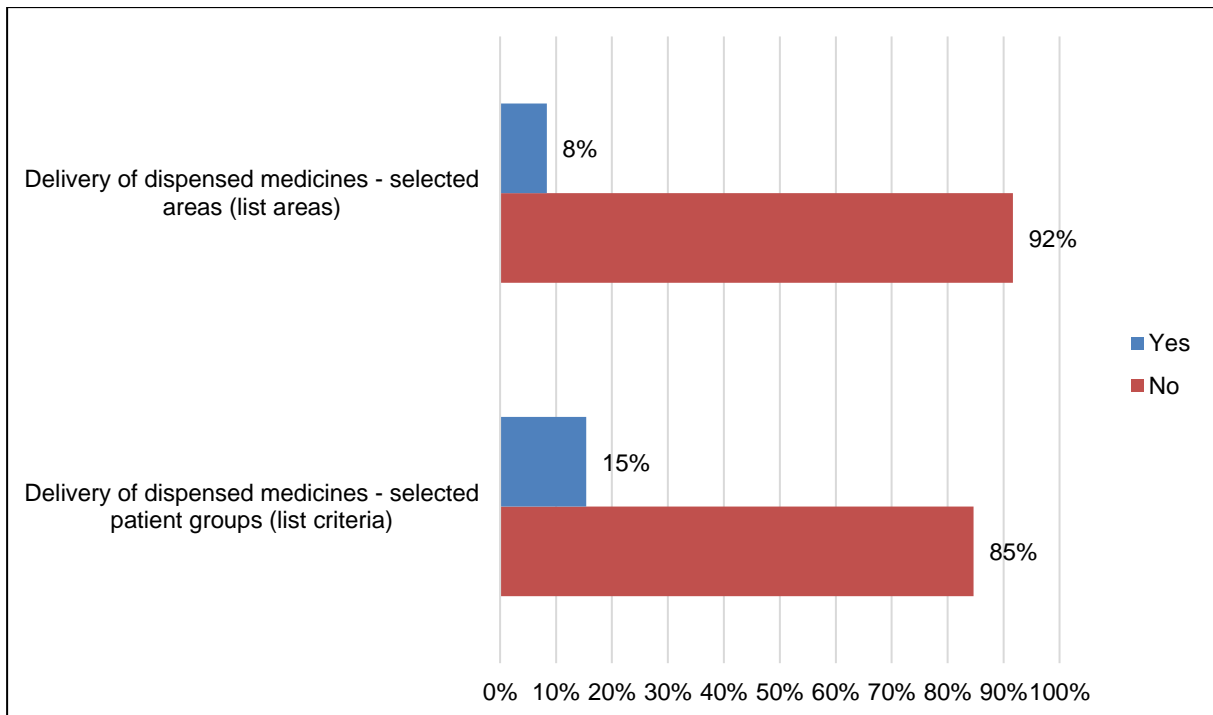
**Q23. Which of the following services does the pharmacy provide, or would be willing to provide?**



**Q24. Does the pharmacy provide any of the following?**



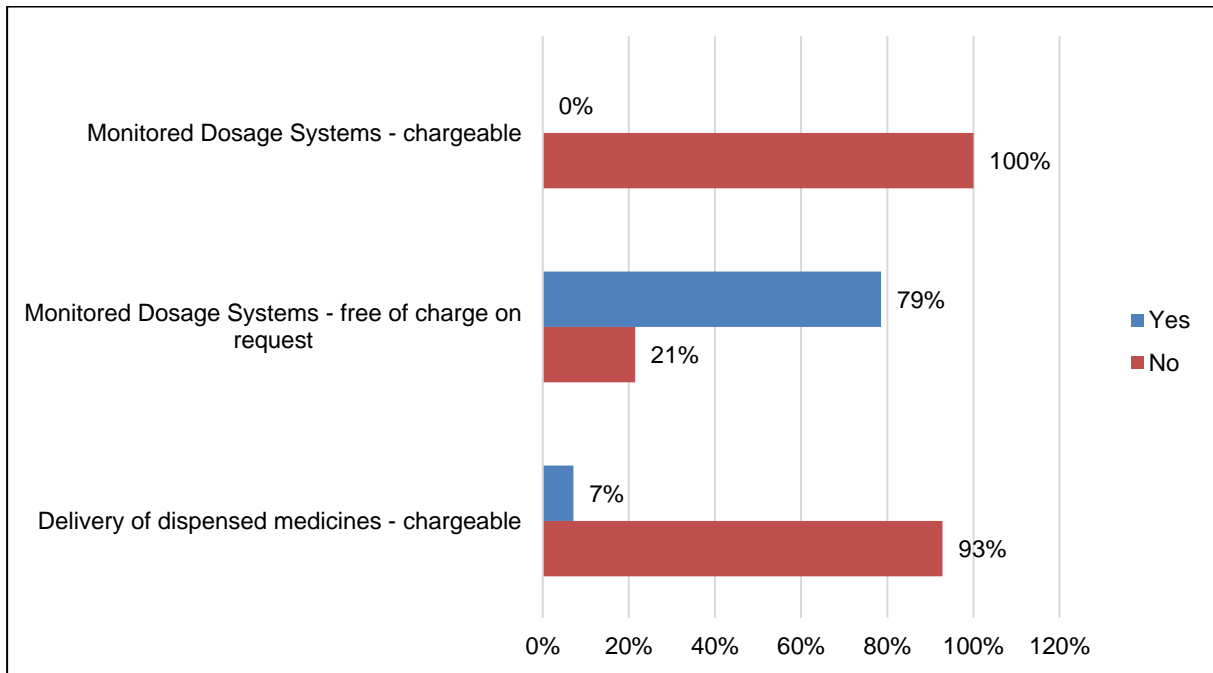
**Q25. Does the pharmacy provide any of the following?**



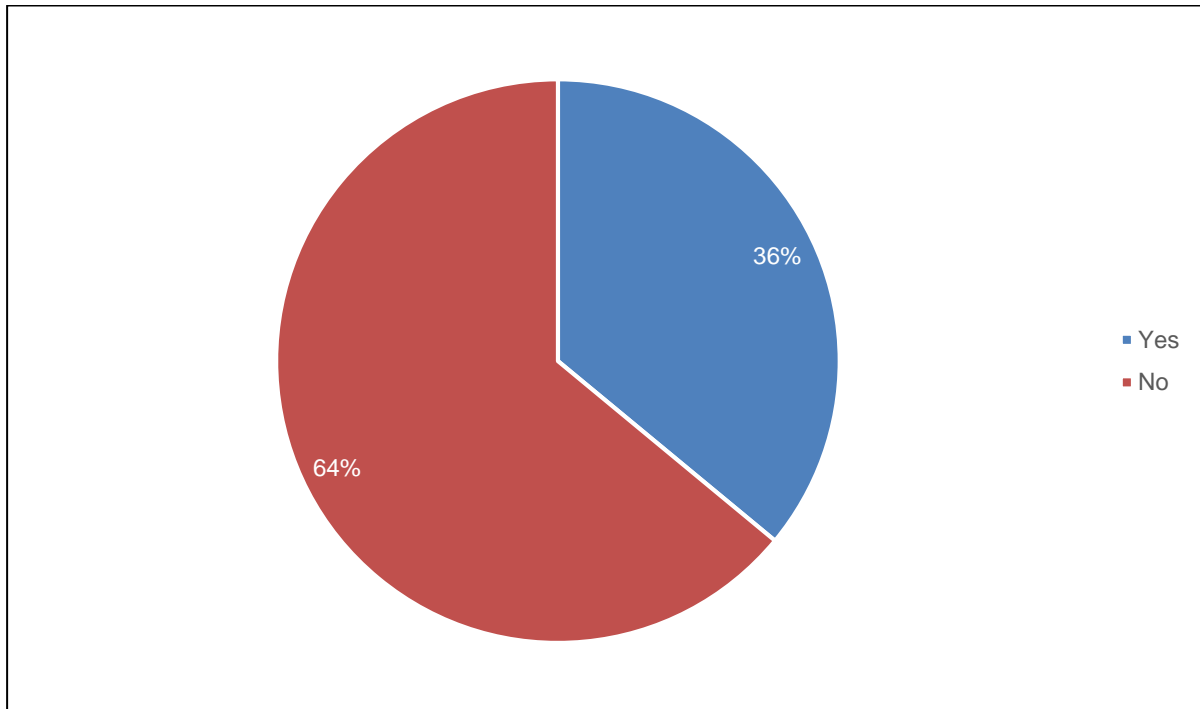
**Patient groups**

Housebound (4)	Elderly (1)
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**Q26. Does the pharmacy provide any of the following?**



**Q27. Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why**



Delivery of medicines (2)	Contraceptive service (2)
Blood pressure monitoring (1)	EHC (1)

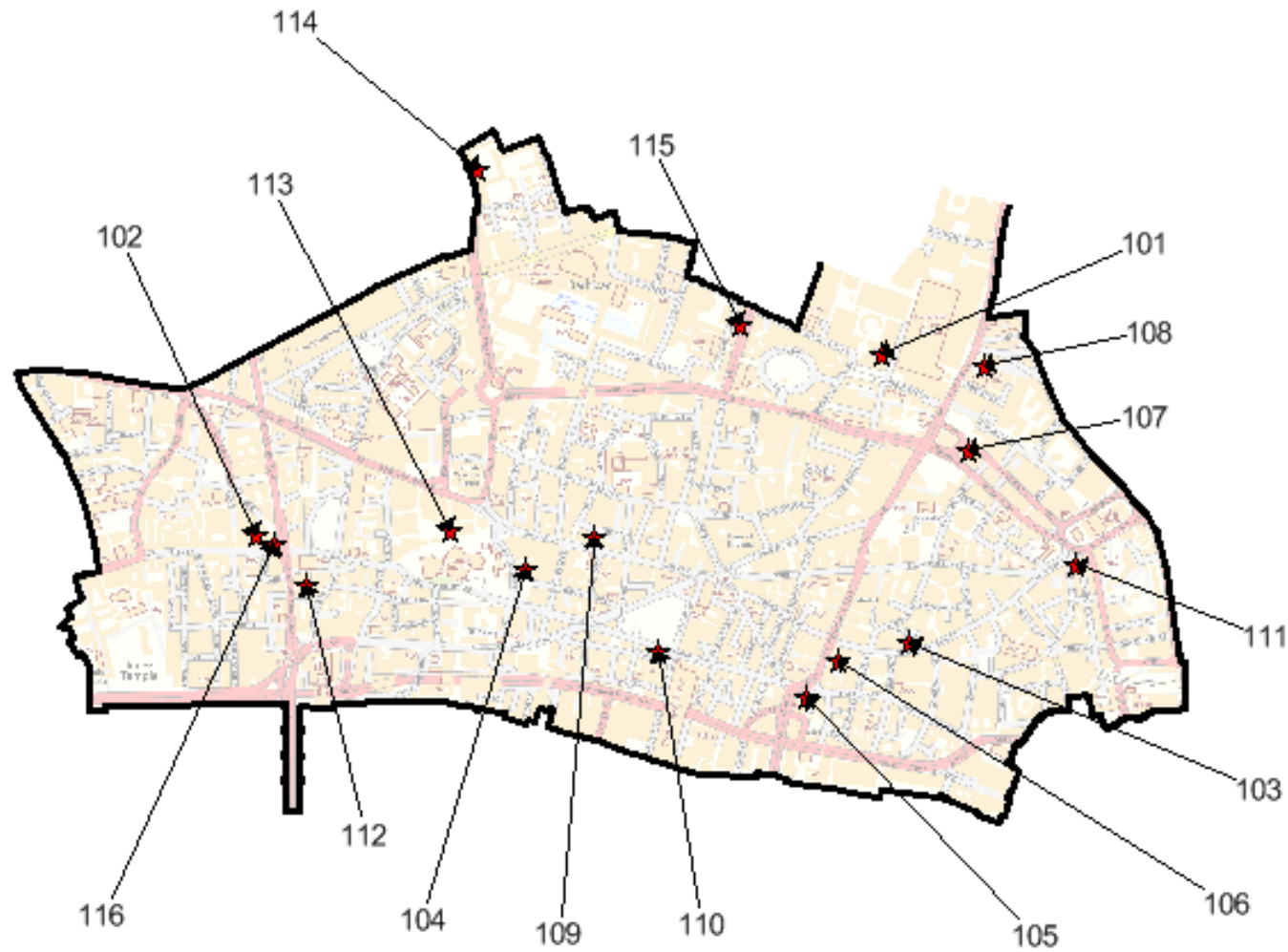
## Abbreviations

AO – Authorised Officer  
AUR – Appliance Use Review  
BBV – Blood-Borne Virus  
CB – Commissioning Board  
CCG – Clinical Commissioning Group  
CEG – Clinical Effectiveness Group  
CHD – Coronary Heart Disease  
COPD – Chronic Obstructive Pulmonary Disease  
CPCF – Community Pharmacy Contractual Framework  
CVD – Cardiovascular Disease  
DAC – Dispensing Appliance Contractor  
DH – Department of Health  
EHC – Emergency Hormonal Contraception  
EIA – Equality Impact Assessment  
EoLC – End of Life Care  
EPS – Electronic Prescription Service  
ES – Essential services  
ESPS – Essential Small Pharmacy Scheme  
FAST – Face Arms Speech Time  
GLA – Greater London Authority  
GP – General Practitioner  
HIV – Human Immunodeficiency Virus  
HLP – Healthy Living Pharmacy  
HMSO – Her Majesty’s Stationery Office  
HSE – Health and Safety Executive  
HWB – Health and Wellbeing Board  
IMD – Index of Multiple Deprivation  
JHWBS – Joint Health and Wellbeing Strategy  
JSNA – Joint Strategic Needs Assessment  
LAPE – Local Alcohol Profiles for England  
LCS – Locally Commissioned Services  
LPS – Local Pharmaceutical Service

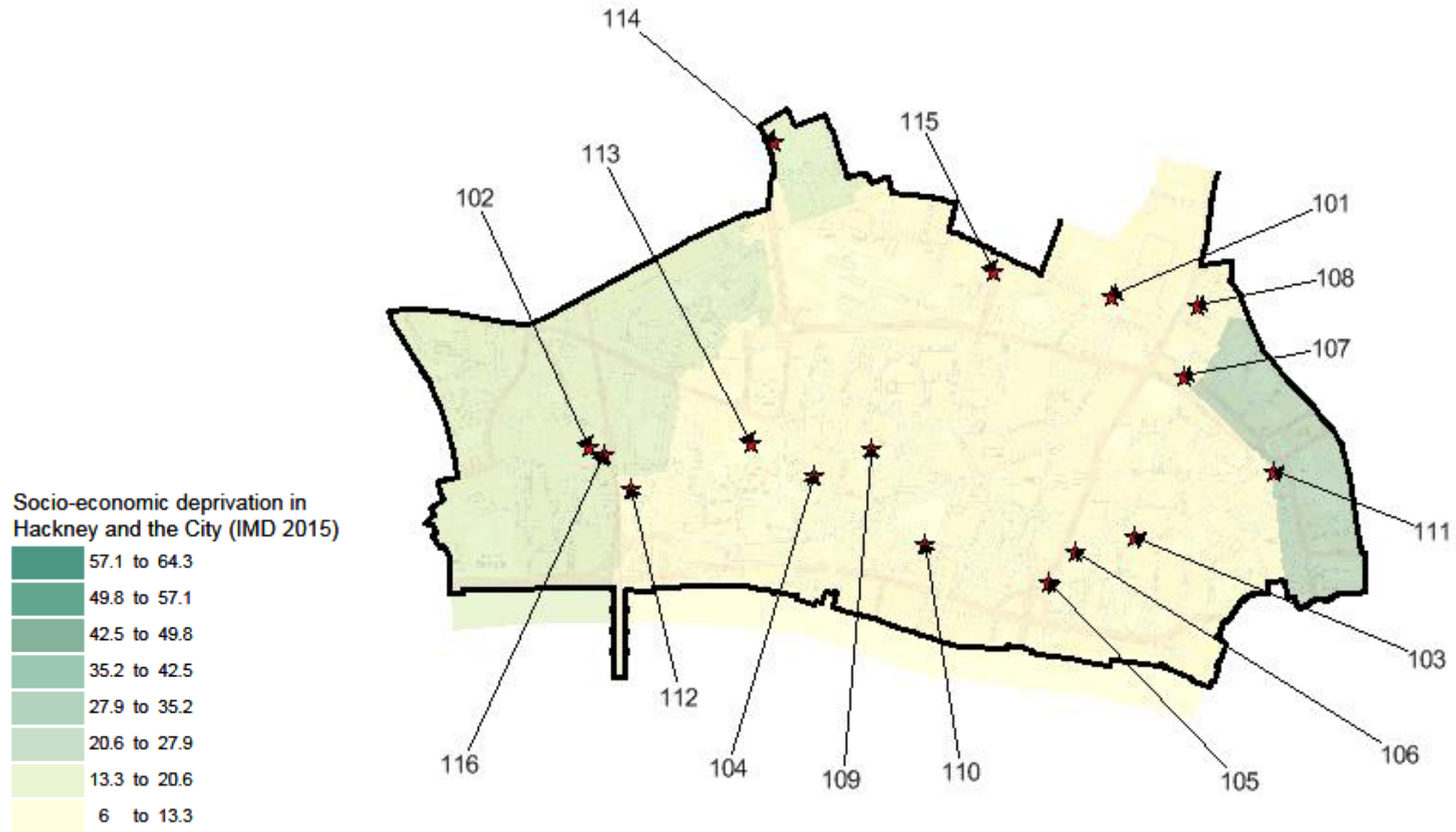


LSOA – Lower Super Output Areas  
MAS – Minor Ailments Scheme  
MenACWY – Meningococcal ACWY  
MoU – Memorandum of Understanding.  
MOS – Medicines Optimisation Service  
MUR – Medicines Use Review  
NHS – National Health Service  
NHS BSA – NHS Business Services Authority  
NHSE – NHS England  
NICE – National Institute for Health and Care Excellence  
NMS – New Medicines Service  
NUMSAS – NHS Urgent Medicine Supply Advanced Service  
ONS – Office for National Statistics  
PCT – Primary Care Trust  
PGD – Patient Group Direction  
PhAS – Pharmacy Access Scheme  
PHE – Public Health England  
PhIF – Pharmacy Integration Fund  
PNA – Pharmaceutical Needs Assessment  
PPV – Pneumococcal Polysaccharide Vaccine  
PSNC – Pharmaceutical Services Negotiating Committee  
PURM – Pharmacy Urgent Repeat Medication  
SAC – Stoma Appliance Customisation  
SHLAA – Strategic Housing Land Availability Assessment  
STI – Sexually Transmitted Infection  
TB – Tuberculosis  
WHO – World Health Organization

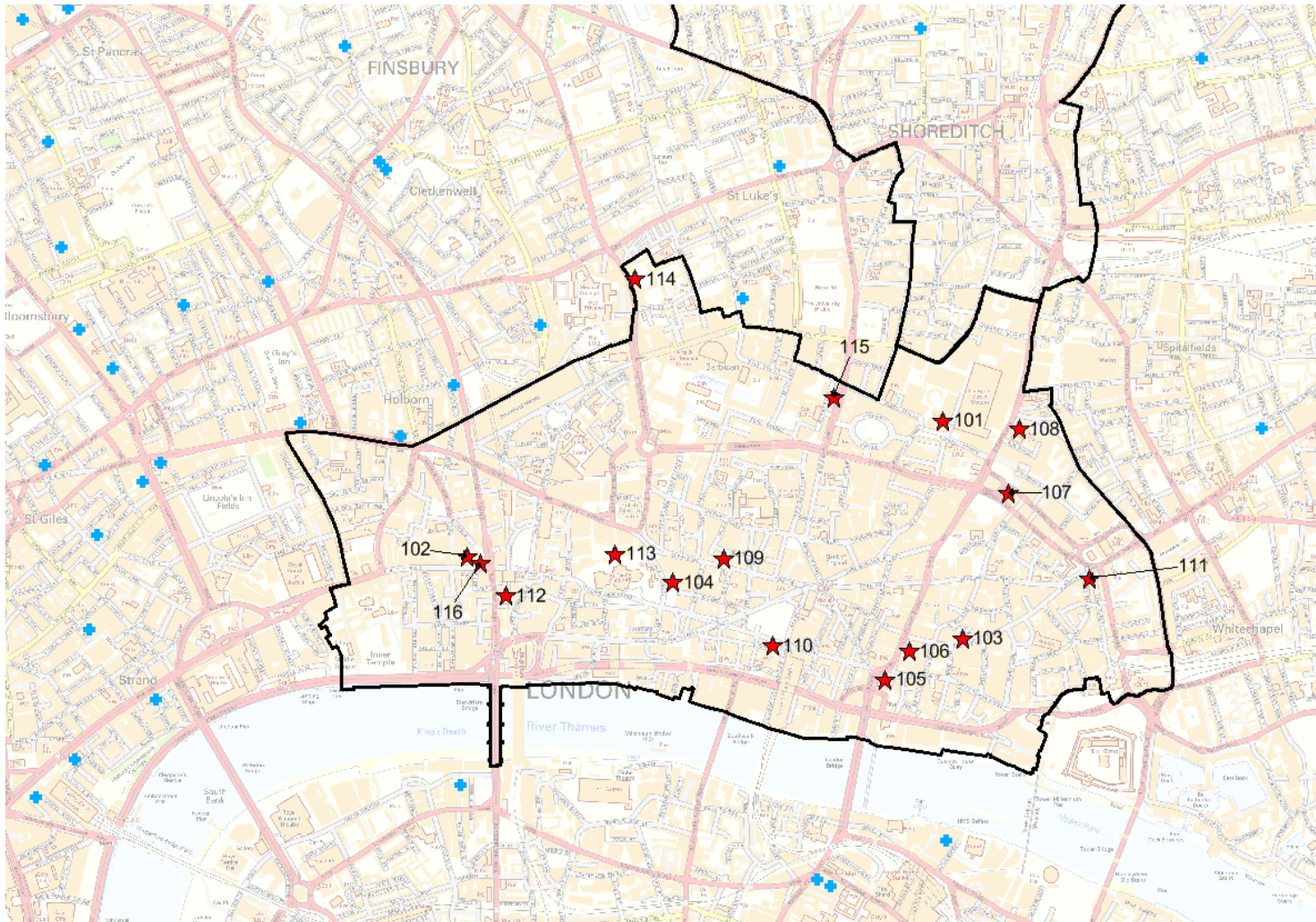
### Map A: Location of the City of London pharmacies



## Map B: Location of the City of London pharmacies with the Index of Multiple Deprivation 2015



## Map C: Location of cross-border pharmacies



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